| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC ADMIN VACCINE SARSCOV2 30MCG/0.3ML 1ST DOSE | 0001A | CPT | | | | outpatient | | | 159 | | Aetna | Better Health | 50.16 | 31.55 | | | 47.7 | 151.05 | percent of total billed charges | |
| HC ADMIN VACCINE SARSCOV2 30MCG/0.3ML 1ST DOSE | 0001A | CPT | | | | outpatient | | | 159 | | Aetna | Commercial | 60.42 | 38 | | | 47.7 | 151.05 | percent of total billed charges | |
| HC ADMIN VACCINE SARSCOV2 30MCG/0.3ML 1ST DOSE | 0001A | CPT | | | | outpatient | | | 159 | | Consumer | Consumer | 151.05 | 95 | | | 47.7 | 151.05 | percent of total billed charges | |
| HC ADMIN VACCINE SARSCOV2 30MCG/0.3ML 1ST DOSE | 0001A | CPT | | | | outpatient | | | 159 | | First Health | First Health | 111.3 | 70 | | | 47.7 | 151.05 | percent of total billed charges | |
| HC ADMIN VACCINE SARSCOV2 30MCG/0.3ML 1ST DOSE | 0001A | CPT | | | | outpatient | | | 159 | | Americare | Americare | 119.25 | 75 | | | 47.7 | 151.05 | percent of total billed charges | |
| HC ADMIN VACCINE SARSCOV2 30MCG/0.3ML 1ST DOSE | 0001A | CPT | | | | outpatient | | | 159 | | Wellcare | Medicaid | 50.16 | 31.55 | | | 47.7 | 151.05 | percent of total billed charges | |
| HC ADMIN VACCINE SARSCOV2 30MCG/0.3ML 1ST DOSE | 0001A | CPT | | | | outpatient | | | 159 | | Corrections | Corrections | 127.2 | 80 | | | 47.7 | 151.05 | percent of total billed charges | |
| HC ADMIN VACCINE SARSCOV2 30MCG/0.3ML 1ST DOSE | 0001A | CPT | | | | outpatient | | | 159 | | Horizon | MGD | 60.87 | 38.28 | | | 47.7 | 151.05 | percent of total billed charges | |
| HC ADMIN VACCINE SARSCOV2 30MCG/0.3ML 1ST DOSE | 0001A | CPT | | | | outpatient | | | 159 | | First Trenton | First Trenton | 143.1 | 90 | | | 47.7 | 151.05 | percent of total billed charges | |
| HC ADMIN VACCINE SARSCOV2 30MCG/0.3ML 1ST DOSE | 0001A | CPT | | | | outpatient | | | 159 | | Aetna | Medicare | 48.97 | 30.8 | | | 47.7 | 151.05 | percent of total billed charges | |
| HC ADMIN VACCINE SARSCOV2 30MCG/0.3ML 1ST DOSE | 0001A | CPT | | | | outpatient | | | 159 | | Horizon | Indemnity | 60.87 | 38.28 | | | 47.7 | 151.05 | percent of total billed charges | |
| HC ADMIN VACCINE SARSCOV2 30MCG/0.3ML 1ST DOSE | 0001A | CPT | | | | outpatient | | | 159 | | Horizon | Medicare Blue | 47.7 | 30 | | | 47.7 | 151.05 | percent of total billed charges | |
| HC ADMIN VACCINE SARSCOV2 30MCG/0.3ML 1ST DOSE | 0001A | CPT | | | | outpatient | | | 159 | | Horizon | PPO | 60.87 | 38.28 | | | 47.7 | 151.05 | percent of total billed charges | |
| HC ADMIN VACCINE SARSCOV2 30MCG/0.3ML 1ST DOSE | 0001A | CPT | | | | outpatient | | | 159 | | Amerihealth | HMO/PPO | 103.35 | 65 | | | 47.7 | 151.05 | percent of total billed charges | |
| HC ADMIN VACCINE SARSCOV2 30MCG/0.3ML 1ST DOSE | 0001A | CPT | | | | outpatient | | | 159 | | Managed Care Inc | Managed Care Inc | 143.1 | 90 | | | 47.7 | 151.05 | percent of total billed charges | |
| HC ADMIN VACCINE SARSCOV2 30MCG/0.3ML 1ST DOSE | 0001A | CPT | | | | outpatient | | | 159 | | UHC | Medicaid | 50.16 | 31.55 | | | 47.7 | 151.05 | percent of total billed charges | |
| HC ADMIN VACCINE SARSCOV2 30MCG/0.3ML 1ST DOSE | 0001A | CPT | | | | outpatient | | | 159 | | Three Rivers | Three Rivers | 151.05 | 95 | | | 47.7 | 151.05 | percent of total billed charges | |
| HC ADMIN VACCINE SARSCOV2 30MCG/0.3ML 1ST DOSE | 0001A | CPT | | | | outpatient | | | 159 | | Multiplan | Multiplan | 127.2 | 80 | | | 47.7 | 151.05 | percent of total billed charges | |
| HC ADMIN VACCINE SARSCOV2 30MCG/0.3ML 1ST DOSE | 0001A | CPT | | | | outpatient | | | 159 | | WellPoint | WellPoint | 51.17 | 32.18 | | | 47.7 | 151.05 | percent of total billed charges | |
| HC ADMIN VACCINE SARSCOV2 30MCG/0.3ML 1ST DOSE | 0001A | CPT | | | | outpatient | | | 159 | | Qualcare | Qualcare | 119.25 | 75 | | | 47.7 | 151.05 | percent of total billed charges | |
| BKR CHG RHE/E(RHCE)AG.GENOTYPING(3002003) | 0001U | CPT | | | | outpatient | | | 668 | | 828 Amerihealth | Medicare | 720 | | | | 98.7 | 720 | fee schedule | |
| BKR CHG RHE/E(RHCE)AG.GENOTYPING(3002003) | 0001U | CPT | | | | outpatient | | | 668 | | 828 Aetna | Medicare | 720 | | | | 98.7 | 720 | fee schedule | |
| BKR CHG RHE/E(RHCE)AG.GENOTYPING(3002003) | 0001U | CPT | | | | outpatient | | | 668 | | 828 Aetna | Commercial | 253.84 | 38 | | | 98.7 | 720 | percent of total billed charges | |
| BKR CHG RHE/E(RHCE)AG.GENOTYPING(3002003) | 0001U | CPT | | | | outpatient | | | 668 | | 828 Americare | Americare | 501 | 75 | | | 98.7 | 720 | percent of total billed charges | |
| BKR CHG RHE/E(RHCE)AG.GENOTYPING(3002003) | 0001U | CPT | | | | outpatient | | | 668 | | 828 Horizon | PPO | 255.71 | 38.28 | | | 98.7 | 720 | percent of total billed charges | |
| BKR CHG RHE/E(RHCE)AG.GENOTYPING(3002003) | 0001U | CPT | | | | outpatient | | | 668 | | 828 Amerihealth | HMO/PPO | 434.2 | 65 | | | 98.7 | 720 | percent of total billed charges | |
| BKR CHG RHE/E(RHCE)AG.GENOTYPING(3002003) | 0001U | CPT | | | | outpatient | | | 668 | | 828 Aetna | Better Health | 210.75 | 31.55 | | | 98.7 | 720 | percent of total billed charges | |
| BKR CHG RHE/E(RHCE)AG.GENOTYPING(3002003) | 0001U | CPT | | | | outpatient | | | 668 | | 828 Consumer | Consumer | 634.6 | 95 | | | 98.7 | 720 | percent of total billed charges | |
| BKR CHG RHE/E(RHCE)AG.GENOTYPING(3002003) | 0001U | CPT | | | | outpatient | | | 668 | | 828 Corrections | Corrections | 534.4 | 80 | | | 98.7 | 720 | percent of total billed charges | |
| BKR CHG RHE/E(RHCE)AG.GENOTYPING(3002003) | 0001U | CPT | | | | outpatient | | | 668 | | 828 Horizon | Medicare Blue | 200.4 | 30 | | | 98.7 | 720 | percent of total billed charges | |
| BKR CHG RHE/E(RHCE)AG.GENOTYPING(3002003) | 0001U | CPT | | | | outpatient | | | 668 | | 828 UHC | Medicare | 720 | | | | 98.7 | 720 | fee schedule | |
| BKR CHG RHE/E(RHCE)AG.GENOTYPING(3002003) | 0001U | CPT | | | | outpatient | | | 668 | | 828 Horizon | MGD | 255.71 | 38.28 | | | 98.7 | 720 | percent of total billed charges | |
| BKR CHG RHE/E(RHCE)AG.GENOTYPING(3002003) | 0001U | CPT | | | | outpatient | | | 668 | | 828 Three Rivers | Three Rivers | 634.6 | 95 | | | 98.7 | 720 | percent of total billed charges | |
| BKR CHG RHE/E(RHCE)AG.GENOTYPING(3002003) | 0001U | CPT | | | | outpatient | | | 668 | | 828 Horizon | Indemnity | 255.71 | 38.28 | | | 98.7 | 720 | percent of total billed charges | |
| BKR CHG RHE/E(RHCE)AG.GENOTYPING(3002003) | 0001U | CPT | | | | outpatient | | | 668 | | 828 First Health | First Health | 497.6 | 70 | | | 98.7 | 720 | percent of total billed charges | |
| BKR CHG RHE/E(RHCE)AG.GENOTYPING(3002003) | 0001U | CPT | | | | outpatient | | | 668 | | 828 Multiplan | Multiplan | 534.4 | 80 | | | 98.7 | 720 | percent of total billed charges | |
| BKR CHG RHE/E(RHCE)AG.GENOTYPING(3002003) | 0001U | CPT | | | | outpatient | | | 668 | | 828 First Trenton | First Trenton | 601.2 | 90 | | | 98.7 | 720 | percent of total billed charges | |
| BKR CHG RHE/E(RHCE)AG.GENOTYPING(3002003) | 0001U | CPT | | | | outpatient | | | 668 | | 828 Qualcare | Qualcare | 501 | 75 | | | 98.7 | 720 | percent of total billed charges | |
| BKR CHG RHE/E(RHCE)AG.GENOTYPING(3002003) | 0001U | CPT | | | | outpatient | | | 668 | | 828 Wellcare | Medicare | 720 | | | | 98.7 | 720 | fee schedule | |
| BKR CHG RHE/E(RHCE)AG.GENOTYPING(3002003) | 0001U | CPT | | | | outpatient | | | 668 | | 828 UHC | Medicaid | 210.75 | 31.55 | | | 98.7 | 720 | percent of total billed charges | |
| BKR CHG RHE/E(RHCE)AG.GENOTYPING(3002003) | 0001U | CPT | | | | outpatient | | | 668 | | 828 Wellcare | Medicaid | 210.75 | 31.55 | | | 98.7 | 720 | percent of total billed charges | |
| BKR CHG RHE/E(RHCE)AG.GENOTYPING(3002003) | 0001U | CPT | | | | outpatient | | | 668 | | 828 Managed Care Inc | Managed Care Inc | 601.2 | 90 | | | 98.7 | 720 | percent of total billed charges | |
| BKR CHG RHE/E(RHCE)AG.GENOTYPING(3002003) | 0001U | CPT | | | | outpatient | | | 668 | | 828 WellPoint | WellPoint | 214.96 | 32.18 | | | 98.7 | 720 | percent of total billed charges | |
| BKR CHG RT- QUIC CSF | 0035U | CPT | | | | inpatient | | | 1723 | | 622.14 Multiplan | Multiplan | 1378.4 | 80 | | | 128.13 | 1636.85 | percent of total billed charges | |
| BKR CHG RT- QUIC CSF | 0035U | CPT | | | | inpatient | | | 1723 | | 622.14 Wellcare | Medicare | 540.99 | | | | 128.13 | 1636.85 | fee schedule | |
| BKR CHG RT- QUIC CSF | 0035U | CPT | | | | inpatient | | | 1723 | | 622.14 Aetna | Better Health | 543.61 | 31.55 | | | 128.13 | 1636.85 | percent of total billed charges | |
| BKR CHG RT- QUIC CSF | 0035U | CPT | | | | inpatient | | | 1723 | | 622.14 First Health | First Health | 1206.1 | 70 | | | 128.13 | 1636.85 | percent of total billed charges | |
| BKR CHG RT- QUIC CSF | 0035U | CPT | | | | inpatient | | | 1723 | | 622.14 Americare | Americare | 1292.25 | 75 | | | 128.13 | 1636.85 | percent of total billed charges | |
| BKR CHG RT- QUIC CSF | 0035U | CPT | | | | inpatient | | | 1723 | | 622.14 Amerihealth | Medicare | 540.99 | | | | 128.13 | 1636.85 | fee schedule | |
| BKR CHG RT- QUIC CSF | 0035U | CPT | | | | inpatient | | | 1723 | | 622.14 Aetna | Medicare | 540.99 | | | | 128.13 | 1636.85 | fee schedule | |
| BKR CHG RT- QUIC CSF | 0035U | CPT | | | | inpatient | | | 1723 | | 622.14 UHC | Medicaid | 543.61 | 31.55 | | | 128.13 | 1636.85 | percent of total billed charges | |
| BKR CHG RT- QUIC CSF | 0035U | CPT | | | | inpatient | | | 1723 | | 622.14 Qualcare | Qualcare | 1292.25 | 75 | | | 128.13 | 1636.85 | percent of total billed charges | |
| BKR CHG RT- QUIC CSF | 0035U | CPT | | | | inpatient | | | 1723 | | 622.14 WellPoint | WellPoint | 554.46 | 32.18 | | | 128.13 | 1636.85 | percent of total billed charges | |
| BKR CHG RT- QUIC CSF | 0035U | CPT | | | | inpatient | | | 1723 | | 622.14 Consumer | Consumer | 1636.85 | 95 | | | 128.13 | 1636.85 | percent of total billed charges | |
| BKR CHG RT- QUIC CSF | 0035U | CPT | | | | inpatient | | | 1723 | | 622.14 Horizon | MGD | 659.56 | 38.28 | | | 128.13 | 1636.85 | percent of total billed charges | |
| BKR CHG RT- QUIC CSF | 0035U | CPT | | | | inpatient | | | 1723 | | 622.14 UHC | Medicare | 540.99 | | | | 128.13 | 1636.85 | fee schedule | |
| BKR CHG RT- QUIC CSF | 0035U | CPT | | | | inpatient | | | 1723 | | 622.14 Horizon | PPO | 659.56 | 38.28 | | | 128.13 | 1636.85 | percent of total billed charges | |
| BKR CHG RT- QUIC CSF | 0035U | CPT | | | | inpatient | | | 1723 | | 622.14 Amerihealth | HMO/PPO | 1119.95 | 65 | | | 128.13 | 1636.85 | percent of total billed charges | |
| BKR CHG RT- QUIC CSF | 0035U | CPT | | | | inpatient | | | 1723 | | 622.14 Three Rivers | Three Rivers | 1636.85 | 95 | | | 128.13 | 1636.85 | percent of total billed charges | |
| BKR CHG RT- QUIC CSF | 0035U | CPT | | | | inpatient | | | 1723 | | 622.14 Wellcare | Medicaid | 543.61 | 31.55 | | | 128.13 | 1636.85 | percent of total billed charges | |
| BKR CHG RT- QUIC CSF | 0035U | CPT | | | | inpatient | | | 1723 | | 622.14 First Trenton | First Trenton | 1550.7 | 90 | | | 128.13 | 1636.85 | percent of total billed charges | |
| BKR CHG RT- QUIC CSF | 0035U | CPT | | | | inpatient | | | 1723 | | 622.14 Corrections | Corrections | 1378.4 | 80 | | | 128.13 | 1636.85 | percent of total billed charges | |
| BKR CHG RT- QUIC CSF | 0035U | CPT | | | | inpatient | | | 1723 | | 622.14 Horizon | NJ Health | 128.13 | | | | 128.13 | 1636.85 | fee schedule | |
| BKR CHG RT- QUIC CSF | 0035U | CPT | | | | inpatient | | | 1723 | | 622.14 Horizon | Indemnity | 659.56 | 38.28 | | | 128.13 | 1636.85 | percent of total billed charges | |
| BKR CHG RT- QUIC CSF | 0035U | CPT | | | | inpatient | | | 1723 | | 622.14 Managed Care Inc | Managed Care Inc | 1550.7 | 90 | | | 128.13 | 1636.85 | percent of total billed charges | |
| BKR CHG RT- QUIC CSF | 0035U | CPT | | | | inpatient | | | 1723 | | 622.14 Horizon | Medicare Blue | 516.9 | 30 | | | 128.13 | 1636.85 | percent of total billed charges | |
| HC CT CEREBRAL PERFUSION ANALYSIS W BLOOD FLOW/VOLUME | 0042T | CPT | | | | both | | | 3081 | | Aetna | Better Health | 972.06 | 31.55 | | | 924.3 | 2926.95 | percent of total billed charges | |
| HC CT CEREBRAL PERFUSION ANALYSIS W BLOOD FLOW/VOLUME | 0042T | CPT | | | | both | | | 3081 | | UHC | Medicaid | 972.06 | 31.55 | | | 924.3 | 2926.95 | percent of total billed charges | |
| HC CT CEREBRAL PERFUSION ANALYSIS W BLOOD FLOW/VOLUME | 0042T | CPT | | | | both | | | 3081 | | Aetna | Medicare | 948.95 | 30.8 | | | 924.3 | 2926.95 | percent of total billed charges | |
| HC CT CEREBRAL PERFUSION ANALYSIS W BLOOD FLOW/VOLUME | 0042T | CPT | | | | both | | | 3081 | | Americare | Americare | 2310.75 | 75 | | | 924.3 | 2926.95 | percent of total billed charges | |
| HC CT CEREBRAL PERFUSION ANALYSIS W BLOOD FLOW/VOLUME | 0042T | CPT | | | | both | | | 3081 | | First Health | First Health | 2156.7 | 70 | | | 924.3 | 2926.95 | percent of total billed charges | |
| HC CT CEREBRAL PERFUSION ANALYSIS W BLOOD FLOW/VOLUME | 0042T | CPT | | | | both | | | 3081 | | Horizon | MGD | 1179.41 | 38.28 | | | 924.3 | 2926.95 | percent of total billed charges | |
| HC CT CEREBRAL PERFUSION ANALYSIS W BLOOD FLOW/VOLUME | 0042T | CPT | | | | both | | | 3081 | | Consumer | Consumer | 2926.95 | 95 | | | 924.3 | 2926.95 | percent of total billed charges | |
| HC CT CEREBRAL PERFUSION ANALYSIS W BLOOD FLOW/VOLUME | 0042T | CPT | | | | both | | | 3081 | | Wellcare | Medicaid | 972.06 | 31.55 | | | 924.3 | 2926.95 | percent of total billed charges | |
| HC CT CEREBRAL PERFUSION ANALYSIS W BLOOD FLOW/VOLUME | 0042T | CPT | | | | both | | | 3081 | | Horizon | Indemnity | 1179.41 | 38.28 | | | 924.3 | 2926.95 | percent of total billed charges | |
| HC CT CEREBRAL PERFUSION ANALYSIS W BLOOD FLOW/VOLUME | 0042T | CPT | | | | both | | | 3081 | | Horizon | PPO | 1179.41 | 38.28 | | | 924.3 | 2926.95 | percent of total billed charges | |
| HC CT CEREBRAL PERFUSION ANALYSIS W BLOOD FLOW/VOLUME | 0042T | CPT | | | | both | | | 3081 | | Amerihealth | HMO/PPO | 2002.65 | 65 | | | 924.3 | 2926.95 | percent of total billed charges | |
| HC CT CEREBRAL PERFUSION ANALYSIS W BLOOD FLOW/VOLUME | 0042T | CPT | | | | both | | | 3081 | | Three Rivers | Three Rivers | 2926.95 | 95 | | | 924.3 | 2926.95 | percent of total billed charges | |
| HC CT CEREBRAL PERFUSION ANALYSIS W BLOOD FLOW/VOLUME | 0042T | CPT | | | | both | | | 3081 | | Corrections | Corrections | 2464.8 | 80 | | | 924.3 | 2926.95 | percent of total billed charges | |
| HC CT CEREBRAL PERFUSION ANALYSIS W BLOOD FLOW/VOLUME | 0042T | CPT | | | | both | | | 3081 | | Multiplan | Multiplan | 2464.8 | 80 | | | 924.3 | 2926.95 | percent of total billed charges | |
| HC CT CEREBRAL PERFUSION ANALYSIS W BLOOD FLOW/VOLUME | 0042T | CPT | | | | both | | | 3081 | | First Trenton | First Trenton | 2772.9 | 90 | | | 924.3 | 2926.95 | percent of total billed charges | |
| HC CT CEREBRAL PERFUSION ANALYSIS W BLOOD FLOW/VOLUME | 0042T | CPT | | | | both | | | 3081 | | Qualcare | Qualcare | 2310.75 | 75 | | | 924.3 | 2926.95 | percent of total billed charges | |
| HC CT CEREBRAL PERFUSION ANALYSIS W BLOOD FLOW/VOLUME | 0042T | CPT | | | | both | | | 3081 | | Horizon | Medicare Blue | 924.3 | 30 | | | 924.3 | 2926.95 | percent of total billed charges | |
| HC CT CEREBRAL PERFUSION ANALYSIS W BLOOD FLOW/VOLUME | 0042T | CPT | | | | both | | | 3081 | | Managed Care Inc | Managed Care Inc | 2772.9 | 90 | | | 924.3 | 2926.95 | percent of total billed charges | |
| HC CT CEREBRAL PERFUSION ANALYSIS W BLOOD FLOW/VOLUME | 0042T | CPT | | | | both | | | 3081 | | WellPoint | WellPoint | 991.47 | 32.18 | | | 924.3 | 2926.95 | percent of total billed charges | |
| BKR CHG RESPIRATORY PANEL PCR V (RPB | 0202U | CPT | | | | inpatient | | | 1327 | | 479.3 Aetna | Medicare | 416.78 | | | | 398.1 | 1260.65 | fee schedule | |
| BKR CHG RESPIRATORY PANEL PCR V (RPB | 0202U | CPT | | | | inpatient | | | 1327 | | 479.3 First Health | First Health | 928.9 | 70 | | | 398.1 | 1260.65 | percent of total billed charges | |
| BKR CHG RESPIRATORY PANEL PCR V (RPB | 0202U | CPT | | | | inpatient | | | 1327 | | 479.3 Amerihealth | HMO/PPO | 862.55 | 65 | | | 398.1 | 1260.65 | percent of total billed charges | |
| BKR CHG RESPIRATORY PANEL PCR V (RPB | 0202U | CPT | | | | inpatient | | | 1327 | | 479.3 Americare | Americare | 995.25 | 75 | | | 398.1 | 1260.65 | percent of total billed charges | |
| BKR CHG RESPIRATORY PANEL PCR V (RPB | 0202U | CPT | | | | inpatient | | | 1327 | | 479.3 Aetna | Better Health | 418.67 | 31.55 | | | 398.1 | 1260.65 | percent of total billed charges | |
| BKR CHG RESPIRATORY PANEL PCR V (RPB | 0202U | CPT | | | | inpatient | | | 1327 | | 479.3 Aetna | Commercial | 504.26 | 38 | | | 398.1 | 1260.65 | percent of total billed charges | |
| BKR CHG RESPIRATORY PANEL PCR V (RPB | 0202U | CPT | | | | inpatient | | | 1327 | | 479.3 Horizon | Indemnity | 507.98 | 38.28 | | | 398.1 | 1260.65 | percent of total billed charges | |
| BKR CHG RESPIRATORY PANEL PCR V (RPB | 0202U | CPT | | | | inpatient | | | 1327 | | 479.3 First Trenton | First Trenton | 1194.3 | 90 | | | 398.1 | 1260.65 | percent of total billed charges | |
| BKR CHG RESPIRATORY PANEL PCR V (RPB | 0202U | CPT | | | | inpatient | | | 1327 | | 479.3 Corrections | Corrections | 1061.6 | 80 | | | 398.1 | 1260.65 | percent of total billed charges | |
| BKR CHG RESPIRATORY PANEL PCR V (RPB | 0202U | CPT | | | | inpatient | | | 1327 | | 479.3 UHC | Medicare | 416.78 | | | | 398.1 | 1260.65 | fee schedule | |
| BKR CHG RESPIRATORY PANEL PCR V (RPB | 0202U | CPT | | | | inpatient | | | 1327 | | 479.3 Multiplan | Multiplan | 1061.6 | 80 | | | 398.1 | 1260.65 | percent of total billed charges | |
| BKR CHG RESPIRATORY PANEL PCR V (RPB | 0202U | CPT | | | | inpatient | | | 1327 | | 479.3 Horizon | PPO | 507.98 | 38.28 | | | 398.1 | 1260.65 | percent of total billed charges | |
| BKR CHG RESPIRATORY PANEL PCR V (RPB | 0202U | CPT | | | | inpatient | | | 1327 | | 479.3 Consumer | Consumer | 1260.65 | 95 | | | 398.1 | 1260.65 | percent of total billed charges | |
| BKR CHG RESPIRATORY PANEL PCR V (RPB | 0202U | CPT | | | | inpatient | | | 1327 | | 479.3 Amerihealth | Medicare | 416.78 | | | | 398.1 | 1260.65 | fee schedule | |
| BKR CHG RESPIRATORY PANEL PCR V (RPB | 0202U | CPT | | | | inpatient | | | 1327 | | 479.3 Qualcare | Qualcare | 995.25 | 75 | | | 398.1 | 1260.65 | percent of total billed charges | |
| BKR CHG RESPIRATORY PANEL PCR V (RPB | 0202U | CPT | | | | inpatient | | | 1327 | | 479.3 Managed Care Inc | Managed Care Inc | 1194.3 | 90 | | | 398.1 | 1260.65 | percent of total billed charges | |
| BKR CHG RESPIRATORY PANEL PCR V (RPB | 0202U | CPT | | | | inpatient | | | 1327 | | 479.3 WellPoint | WellPoint | 427.03 | 32.18 | | | 398.1 | 1260.65 | percent of total billed charges | |
| BKR CHG RESPIRATORY PANEL PCR V (RPB | 0202U | CPT | | | | inpatient | | | 1327 | | 479.3 Horizon | MGD | 507.98 | 38.28 | | | 398.1 | 1260.65 | percent of total billed charges | |
| BKR CHG RESPIRATORY PANEL PCR V (RPB | 0202U | CPT | | | | inpatient | | | 1327 | | 479.3 Horizon | Medicare Blue | 398.1 | 30 | | | 398.1 | 1260.65 | percent of total billed charges | |
| BKR CHG RESPIRATORY PANEL PCR V (RPB | 0202U | CPT | | | | inpatient | | | 1327 | | 479.3 Wellcare | Medicare | 416.78 | | | | 398.1 | 1260.65 | fee schedule | |
| BKR CHG RESPIRATORY PANEL PCR V (RPB | 0202U | CPT | | | | inpatient | | | 1327 | | 479.3 Horizon | NJ Health | 816.89 | | | | 398.1 | 1260.65 | fee schedule | |
| BKR CHG RESPIRATORY PANEL PCR V (RPB | 0202U | CPT | | | | inpatient | | | 1327 | | 479.3 UHC | Medicaid | 418.67 | 31.55 | | | 398.1 | 1260.65 | percent of total billed charges | |
| BKR CHG RESPIRATORY PANEL PCR V (RPB | 0202U | CPT | | | | inpatient | | | 1327 | | 479.3 Three Rivers | Three Rivers | 1260.65 | 95 | | | 398.1 | 1260.65 | percent of total billed charges | |
| BKR CHG RESPIRATORY PANEL PCR V (RPB | 0202U | CPT | | | | inpatient | | | 1327 | | 479.3 Wellcare | Medicaid | 418.67 | 31.55 | | | 398.1 | 1260.65 | percent of total billed charges | |
| HC NM MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT | 0331T | CPT | | | | outpatient | | | 4808 | | 1867.58 Horizon | Indemnity | 3142.4 | | | | 1516.92 | 4567.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT | 0331T | CPT | | | | outpatient | | | 4808 | | 1867.58 Americare | Americare | 3606 | 75 | | | 1516.92 | 4567.6 | percent of total billed charges | |
| HC NM MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT | 0331T | CPT | | | | outpatient | | | 4808 | | 1867.58 First Health | First Health | 3365.6 | 70 | | | 1516.92 | 4567.6 | percent of total billed charges | |
| HC NM MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT | 0331T | CPT | | | | outpatient | | | 4808 | | 1867.58 Aetna | Medicare | 1623.98 | | | | 1516.92 | 4567.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT | 0331T | CPT | | | | outpatient | | | 4808 | | 1867.58 First Trenton | First Trenton | 4327.2 | 90 | | | 1516.92 | 4567.6 | percent of total billed charges | |
| HC NM MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT | 0331T | CPT | | | | outpatient | | | 4808 | | 1867.58 Aetna | Commercial | 2650.34 | | | | 1516.92 | 4567.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT | 0331T | CPT | | | | outpatient | | | 4808 | | 1867.58 Aetna | Better Health | 1516.92 | 31.55 | | | 1516.92 | 4567.6 | percent of total billed charges | |
| HC NM MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT | 0331T | CPT | | | | outpatient | | | 4808 | | 1867.58 Amerihealth | Medicare | 1623.98 | | | | 1516.92 | 4567.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT | 0331T | CPT | | | | outpatient | | | 4808 | | 1867.58 Horizon | PPO | 3142.4 | | | | 1516.92 | 4567.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT | 0331T | CPT | | | | outpatient | | | 4808 | | 1867.58 Consumer | Consumer | 4567.6 | 95 | | | 1516.92 | 4567.6 | percent of total billed charges | |
| HC NM MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT | 0331T | CPT | | | | outpatient | | | 4808 | | 1867.58 Horizon | Medicare Blue | 1623.98 | | | | 1516.92 | 4567.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT | 0331T | CPT | | | | outpatient | | | 4808 | | 1867.58 Corrections | Corrections | 3846.4 | 80 | | | 1516.92 | 4567.6 | percent of total billed charges | |
| HC NM MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT | 0331T | CPT | | | | outpatient | | | 4808 | | 1867.58 Managed Care Inc | Managed Care Inc | 4327.2 | 90 | | | 1516.92 | 4567.6 | percent of total billed charges | |
| HC NM MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT | 0331T | CPT | | | | outpatient | | | 4808 | | 1867.58 Amerihealth | HMO/PPO | 3125.2 | 65 | | | 1516.92 | 4567.6 | percent of total billed charges | |
| HC NM MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT | 0331T | CPT | | | | outpatient | | | 4808 | | 1867.58 Wellcare | Medicaid | 1516.92 | 31.55 | | | 1516.92 | 4567.6 | percent of total billed charges | |
| HC NM MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT | 0331T | CPT | | | | outpatient | | | 4808 | | 1867.58 Horizon | MGD | 3142.4 | | | | 1516.92 | 4567.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT | 0331T | CPT | | | | outpatient | | | 4808 | | 1867.58 UHC | Medicaid | 1516.92 | 31.55 | | | 1516.92 | 4567.6 | percent of total billed charges | |
| HC NM MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT | 0331T | CPT | | | | outpatient | | | 4808 | | 1867.58 Three Rivers | Three Rivers | 4567.6 | 95 | | | 1516.92 | 4567.6 | percent of total billed charges | |
| HC NM MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT | 0331T | CPT | | | | outpatient | | | 4808 | | 1867.58 Wellcare | Medicare | 1623.98 | | | | 1516.92 | 4567.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT | 0331T | CPT | | | | outpatient | | | 4808 | | 1867.58 Multiplan | Multiplan | 3846.4 | 80 | | | 1516.92 | 4567.6 | percent of total billed charges | |
| HC NM MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT | 0331T | CPT | | | | outpatient | | | 4808 | | 1867.58 UHC | Medicare | 1623.98 | | | | 1516.92 | 4567.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT | 0331T | CPT | | | | outpatient | | | 4808 | | 1867.58 Qualcare | Qualcare | 3606 | 75 | | | 1516.92 | 4567.6 | percent of total billed charges | |
| HC NM MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT | 0331T | CPT | | | | outpatient | | | 4808 | | 1867.58 WellPoint | WellPoint | 1547.21 | 32.18 | | | 1516.92 | 4567.6 | percent of total billed charges | |
| HC NM MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT | 0332T | CPT | | | | outpatient | | | 4808 | | 1867.58 Aetna | Better Health | 1516.92 | 31.55 | | | 1516.92 | 4567.6 | percent of total billed charges | |
| HC NM MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT | 0332T | CPT | | | | outpatient | | | 4808 | | 1867.58 Aetna | Commercial | 2650.34 | | | | 1516.92 | 4567.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT | 0332T | CPT | | | | outpatient | | | 4808 | | 1867.58 UHC | Medicaid | 1516.92 | 31.55 | | | 1516.92 | 4567.6 | percent of total billed charges | |
| HC NM MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT | 0332T | CPT | | | | outpatient | | | 4808 | | 1867.58 Aetna | Medicare | 1623.98 | | | | 1516.92 | 4567.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT | 0332T | CPT | | | | outpatient | | | 4808 | | 1867.58 Corrections | Corrections | 3846.4 | 80 | | | 1516.92 | 4567.6 | percent of total billed charges | |
| HC NM MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT | 0332T | CPT | | | | outpatient | | | 4808 | | 1867.58 UHC | Medicare | 1623.98 | | | | 1516.92 | 4567.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT | 0332T | CPT | | | | outpatient | | | 4808 | | 1867.58 First Health | First Health | 3365.6 | 70 | | | 1516.92 | 4567.6 | percent of total billed charges | |
| HC NM MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT | 0332T | CPT | | | | outpatient | | | 4808 | | 1867.58 Americare | Americare | 3606 | 75 | | | 1516.92 | 4567.6 | percent of total billed charges | |
| HC NM MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT | 0332T | CPT | | | | outpatient | | | 4808 | | 1867.58 Cons

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC NM MYOCRD SYMP INNERVAL IMG PLNR QUAL&QUANT W/SPECT | 0332T | CPT | | | | outpatient | | | 4808 | 1867.58 | Wellcare | Medicare | 1623.98 | | | | 1516.92 | 4567.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCRD SYMP INNERVAL IMG PLNR QUAL&QUANT W/SPECT | 0332T | CPT | | | | outpatient | | | 4808 | 1867.58 | Horizon | Indemnity | 3142.4 | | | | 1516.92 | 4567.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCRD SYMP INNERVAL IMG PLNR QUAL&QUANT W/SPECT | 0332T | CPT | | | | outpatient | | | 4808 | 1867.58 | Three Rivers | Three Rivers | 4567.6 | 95 | | | 1516.92 | 4567.6 | percent of total billed charges | |
| HC NM MYOCRD SYMP INNERVAL IMG PLNR QUAL&QUANT W/SPECT | 0332T | CPT | | | | outpatient | | | 4808 | 1867.58 | Multiplan | Multiplan | 3846.4 | 80 | | | 1516.92 | 4567.6 | percent of total billed charges | |
| HC NM MYOCRD SYMP INNERVAL IMG PLNR QUAL&QUANT W/SPECT | 0332T | CPT | | | | outpatient | | | 4808 | 1867.58 | WellPoint | WellPoint | 1547.21 | 32.18 | | | 1516.92 | 4567.6 | percent of total billed charges | |
| HC NM MYOCRD SYMP INNERVAL IMG PLNR QUAL&QUANT W/SPECT | 0332T | CPT | | | | outpatient | | | 4808 | 1867.58 | Qualcare | Qualcare | 3606 | 75 | | | 1516.92 | 4567.6 | percent of total billed charges | |
| HC NM MYOCRD SYMP INNERVAL IMG PLNR QUAL&QUANT W/SPECT | 0332T | CPT | | | | outpatient | | | 4808 | 1867.58 | Wellcare | Medicaid | 1516.92 | 31.55 | | | 1516.92 | 4567.6 | percent of total billed charges | |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, PULSE GEN W TRANSVENOUS ELTRD | 0408T | CPT | | | | both | | | 88246 | 43269.7 | First Health | First Health | 61772.2 | 70 | | | 10829 | 83833.7 | percent of total billed charges | |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, PULSE GEN W TRANSVENOUS ELTRD | 0408T | CPT | | | | both | | | 88246 | 43269.7 | Amerihealth | HMO/PPO | 57399.9 | 65 | | | 10829 | 83833.7 | percent of total billed charges | |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, PULSE GEN W TRANSVENOUS ELTRD | 0408T | CPT | | | | both | | | 88246 | 43269.7 | UHC | Medicaid | 27841.61 | 31.55 | | | 10829 | 83833.7 | percent of total billed charges | |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, PULSE GEN W TRANSVENOUS ELTRD | 0408T | CPT | | | | both | | | 88246 | 43269.7 | Aetna | Better Health | 27841.61 | 31.55 | | | 10829 | 83833.7 | percent of total billed charges | |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, PULSE GEN W TRANSVENOUS ELTRD | 0408T | CPT | | | | both | | | 88246 | 43269.7 | Corrections | Corrections | 70596.8 | 80 | | | 10829 | 83833.7 | percent of total billed charges | |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, PULSE GEN W TRANSVENOUS ELTRD | 0408T | CPT | | | | both | | | 88246 | 43269.7 | Aetna | Commercial | 61403.35 | | | | 10829 | 83833.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, PULSE GEN W TRANSVENOUS ELTRD | 0408T | CPT | | | | both | | | 88246 | 43269.7 | Amerihealth | Medicare | 37625.83 | | | | 10829 | 83833.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, PULSE GEN W TRANSVENOUS ELTRD | 0408T | CPT | | | | both | | | 88246 | 43269.7 | Aetna | Medicare | 37625.83 | | | | 10829 | 83833.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, PULSE GEN W TRANSVENOUS ELTRD | 0408T | CPT | | | | both | | | 88246 | 43269.7 | Three Rivers | Three Rivers | 83833.7 | 95 | | | 10829 | 83833.7 | percent of total billed charges | |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, PULSE GEN W TRANSVENOUS ELTRD | 0408T | CPT | | | | both | | | 88246 | 43269.7 | Multiplan | Multiplan | 70596.8 | 80 | | | 10829 | 83833.7 | percent of total billed charges | |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, PULSE GEN W TRANSVENOUS ELTRD | 0408T | CPT | | | | both | | | 88246 | 43269.7 | UHC | Medicare | 37625.83 | | | | 10829 | 83833.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, PULSE GEN W TRANSVENOUS ELTRD | 0408T | CPT | | | | both | | | 88246 | 43269.7 | Americare | Americare | 66184.5 | 75 | | | 10829 | 83833.7 | percent of total billed charges | |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, PULSE GEN W TRANSVENOUS ELTRD | 0408T | CPT | | | | both | | | 88246 | 43269.7 | First Trenton | First Trenton | 79421.4 | 90 | | | 10829 | 83833.7 | percent of total billed charges | |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, PULSE GEN W TRANSVENOUS ELTRD | 0408T | CPT | | | | both | | | 88246 | 43269.7 | Qualcare | Qualcare | 66184.5 | 75 | | | 10829 | 83833.7 | percent of total billed charges | |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, PULSE GEN W TRANSVENOUS ELTRD | 0408T | CPT | | | | both | | | 88246 | 43269.7 | Horizon | Indemnity | 72805.98 | | | | 10829 | 83833.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, PULSE GEN W TRANSVENOUS ELTRD | 0408T | CPT | | | | both | | | 88246 | 43269.7 | Consumer | Consumer | 83833.7 | 95 | | | 10829 | 83833.7 | percent of total billed charges | |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, PULSE GEN W TRANSVENOUS ELTRD | 0408T | CPT | | | | both | | | 88246 | 43269.7 | Wellcare | Medicare | 37625.83 | | | 14535.07 | 10829 | 83833.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, PULSE GEN W TRANSVENOUS ELTRD | 0408T | CPT | | | | both | | | 88246 | 43269.7 | Horizon | Medicare Blue | 37625.83 | | | | 10829 | 83833.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, PULSE GEN W TRANSVENOUS ELTRD | 0408T | CPT | | | | both | | | 88246 | 43269.7 | United | CommercialPPO | 10829 | | | | 10829 | 83833.7 | case rate | |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, PULSE GEN W TRANSVENOUS ELTRD | 0408T | CPT | | | | both | | | 88246 | 43269.7 | United | Oxford | 10829 | | | | 10829 | 83833.7 | case rate | |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, PULSE GEN W TRANSVENOUS ELTRD | 0408T | CPT | | | | both | | | 88246 | 43269.7 | Horizon | MGD | 72805.98 | | | | 10829 | 83833.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, PULSE GEN W TRANSVENOUS ELTRD | 0408T | CPT | | | | both | | | 88246 | 43269.7 | Wellcare | Medicaid | 27841.61 | 31.55 | | | 10829 | 83833.7 | percent of total billed charges | |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, PULSE GEN W TRANSVENOUS ELTRD | 0408T | CPT | | | | both | | | 88246 | 43269.7 | Horizon | PPO | 72805.98 | | | | 10829 | 83833.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, PULSE GEN W TRANSVENOUS ELTRD | 0408T | CPT | | | | both | | | 88246 | 43269.7 | Managed Care Inc | Managed Care Inc | 79421.4 | 90 | | | 10829 | 83833.7 | percent of total billed charges | |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, PULSE GEN W TRANSVENOUS ELTRD | 0408T | CPT | | | | both | | | 88246 | 43269.7 | WellPoint | WellPoint | 28397.56 | 32.18 | | | 10829 | 83833.7 | percent of total billed charges | |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, VENTR ELCTRD ONLY | 0411T | CPT | | | | outpatient | | | 30632 | 11173.72 | Aetna | Better Health | 9664.4 | 31.55 | | | 5843 | 29100.4 | percent of total billed charges | |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, VENTR ELCTRD ONLY | 0411T | CPT | | | | outpatient | | | 30632 | 11173.72 | Amerihealth | Medicare | 9716.28 | | | | 5843 | 29100.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, VENTR ELCTRD ONLY | 0411T | CPT | | | | outpatient | | | 30632 | 11173.72 | Americare | Americare | 22974 | 75 | | | 5843 | 29100.4 | percent of total billed charges | |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, VENTR ELCTRD ONLY | 0411T | CPT | | | | outpatient | | | 30632 | 11173.72 | First Health | First Health | 21442.4 | 70 | | | 5843 | 29100.4 | percent of total billed charges | |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, VENTR ELCTRD ONLY | 0411T | CPT | | | | outpatient | | | 30632 | 11173.72 | Corrections | Corrections | 24505.6 | 80 | | | 5843 | 29100.4 | percent of total billed charges | |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, VENTR ELCTRD ONLY | 0411T | CPT | | | | outpatient | | | 30632 | 11173.72 | Horizon | Medicare Blue | 9716.28 | | | | 5843 | 29100.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, VENTR ELCTRD ONLY | 0411T | CPT | | | | outpatient | | | 30632 | 11173.72 | Aetna | Commercial | 15856.97 | | | | 5843 | 29100.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, VENTR ELCTRD ONLY | 0411T | CPT | | | | outpatient | | | 30632 | 11173.72 | Consumer | Consumer | 29100.4 | 95 | | | 5843 | 29100.4 | percent of total billed charges | |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, VENTR ELCTRD ONLY | 0411T | CPT | | | | outpatient | | | 30632 | 11173.72 | Amerihealth | HMO/PPO | 19910.8 | 65 | | | 5843 | 29100.4 | percent of total billed charges | |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, VENTR ELCTRD ONLY | 0411T | CPT | | | | outpatient | | | 30632 | 11173.72 | Horizon | Indemnity | 18801 | | | | 5843 | 29100.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, VENTR ELCTRD ONLY | 0411T | CPT | | | | outpatient | | | 30632 | 11173.72 | Aetna | Medicare | 9716.28 | | | | 5843 | 29100.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, VENTR ELCTRD ONLY | 0411T | CPT | | | | outpatient | | | 30632 | 11173.72 | Wellcare | Medicare | 9716.28 | | | | 5843 | 29100.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, VENTR ELCTRD ONLY | 0411T | CPT | | | | outpatient | | | 30632 | 11173.72 | Multiplan | Multiplan | 24505.6 | 80 | | | 5843 | 29100.4 | percent of total billed charges | |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, VENTR ELCTRD ONLY | 0411T | CPT | | | | outpatient | | | 30632 | 11173.72 | UHC | Medicare | 9716.28 | | | | 5843 | 29100.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, VENTR ELCTRD ONLY | 0411T | CPT | | | | outpatient | | | 30632 | 11173.72 | United | Oxford | 5843 | | | | 5843 | 29100.4 | case rate | |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, VENTR ELCTRD ONLY | 0411T | CPT | | | | outpatient | | | 30632 | 11173.72 | First Trenton | First Trenton | 27568.8 | 90 | | | 5843 | 29100.4 | percent of total billed charges | |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, VENTR ELCTRD ONLY | 0411T | CPT | | | | outpatient | | | 30632 | 11173.72 | Qualcare | Qualcare | 22974 | 75 | | | 5843 | 29100.4 | percent of total billed charges | |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, VENTR ELCTRD ONLY | 0411T | CPT | | | | outpatient | | | 30632 | 11173.72 | Horizon | PPO | 18801 | | | | 5843 | 29100.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, VENTR ELCTRD ONLY | 0411T | CPT | | | | outpatient | | | 30632 | 11173.72 | Wellcare | Medicaid | 9664.4 | 31.55 | | | 5843 | 29100.4 | percent of total billed charges | |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, VENTR ELCTRD ONLY | 0411T | CPT | | | | outpatient | | | 30632 | 11173.72 | Horizon | MGD | 18801 | | | | 5843 | 29100.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, VENTR ELCTRD ONLY | 0411T | CPT | | | | outpatient | | | 30632 | 11173.72 | United | CommercialPPO | 5843 | | | | 5843 | 29100.4 | case rate | |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, VENTR ELCTRD ONLY | 0411T | CPT | | | | outpatient | | | 30632 | 11173.72 | Managed Care Inc | Managed Care Inc | 27568.8 | 90 | | | 5843 | 29100.4 | percent of total billed charges | |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, VENTR ELCTRD ONLY | 0411T | CPT | | | | outpatient | | | 30632 | 11173.72 | WellPoint | WellPoint | 9857.38 | 32.18 | | | 5843 | 29100.4 | percent of total billed charges | |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, VENTR ELCTRD ONLY | 0411T | CPT | | | | outpatient | | | 30632 | 11173.72 | Three Rivers | Three Rivers | 29100.4 | 95 | | | 5843 | 29100.4 | percent of total billed charges | |
| HC INSERT/REPLACE CARDIAC MODULATION SYST, VENTR ELCTRD ONLY | 0411T | CPT | | | | outpatient | | | 30632 | 11173.72 | UHC | Medicaid | 9664.4 | 31.55 | | | 5843 | 29100.4 | percent of total billed charges | |
| HC INTERROGATION DEVICE EVAL IN PERSON, IMPLNTABLE CARDIAC MODULATION SYST | 0418T | CPT | | | | outpatient | | | 150 | 49.6 | Aetna | Medicare | 43.13 | | | | 43.13 | 142.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERROGATION DEVICE EVAL IN PERSON, IMPLNTABLE CARDIAC MODULATION SYST | 0418T | CPT | | | | outpatient | | | 150 | 49.6 | Consumer | Consumer | 142.5 | 95 | | | 43.13 | 142.5 | percent of total billed charges | |
| HC INTERROGATION DEVICE EVAL IN PERSON, IMPLNTABLE CARDIAC MODULATION SYST | 0418T | CPT | | | | outpatient | | | 150 | 49.6 | Amerihealth | HMO/PPO | 97.5 | 65 | | | 43.13 | 142.5 | percent of total billed charges | |
| HC INTERROGATION DEVICE EVAL IN PERSON, IMPLNTABLE CARDIAC MODULATION SYST | 0418T | CPT | | | | outpatient | | | 150 | 49.6 | Aetna | Commercial | 57 | 38 | | | 43.13 | 142.5 | percent of total billed charges | |
| HC INTERROGATION DEVICE EVAL IN PERSON, IMPLNTABLE CARDIAC MODULATION SYST | 0418T | CPT | | | | outpatient | | | 150 | 49.6 | Americare | Americare | 112.5 | 75 | | | 43.13 | 142.5 | percent of total billed charges | |
| HC INTERROGATION DEVICE EVAL IN PERSON, IMPLNTABLE CARDIAC MODULATION SYST | 0418T | CPT | | | | outpatient | | | 150 | 49.6 | Aetna | Better Health | 47.33 | 31.55 | | | 43.13 | 142.5 | percent of total billed charges | |
| HC INTERROGATION DEVICE EVAL IN PERSON, IMPLNTABLE CARDIAC MODULATION SYST | 0418T | CPT | | | | outpatient | | | 150 | 49.6 | Corrections | Corrections | 120 | 80 | | | 43.13 | 142.5 | percent of total billed charges | |
| HC INTERROGATION DEVICE EVAL IN PERSON, IMPLNTABLE CARDIAC MODULATION SYST | 0418T | CPT | | | | outpatient | | | 150 | 49.6 | Horizon | Medicare Blue | 43.13 | | | 35.39 | 43.13 | 142.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERROGATION DEVICE EVAL IN PERSON, IMPLNTABLE CARDIAC MODULATION SYST | 0418T | CPT | | | | outpatient | | | 150 | 49.6 | Wellcare | Medicaid | 47.33 | 31.55 | | | 43.13 | 142.5 | percent of total billed charges | |
| HC INTERROGATION DEVICE EVAL IN PERSON, IMPLNTABLE CARDIAC MODULATION SYST | 0418T | CPT | | | | outpatient | | | 150 | 49.6 | First Health | First Health | 105 | 70 | | | 43.13 | 142.5 | percent of total billed charges | |
| HC INTERROGATION DEVICE EVAL IN PERSON, IMPLNTABLE CARDIAC MODULATION SYST | 0418T | CPT | | | | outpatient | | | 150 | 49.6 | Multiplan | Multiplan | 120 | 80 | | | 43.13 | 142.5 | percent of total billed charges | |
| HC INTERROGATION DEVICE EVAL IN PERSON, IMPLNTABLE CARDIAC MODULATION SYST | 0418T | CPT | | | | outpatient | | | 150 | 49.6 | Amerihealth | Medicare | 43.13 | | | | 43.13 | 142.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERROGATION DEVICE EVAL IN PERSON, IMPLNTABLE CARDIAC MODULATION SYST | 0418T | CPT | | | | outpatient | | | 150 | 49.6 | First Trenton | First Trenton | 135 | 90 | | | 43.13 | 142.5 | percent of total billed charges | |
| HC INTERROGATION DEVICE EVAL IN PERSON, IMPLNTABLE CARDIAC MODULATION SYST | 0418T | CPT | | | | outpatient | | | 150 | 49.6 | Horizon | MGD | 83.46 | | | | 43.13 | 142.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERROGATION DEVICE EVAL IN PERSON, IMPLNTABLE CARDIAC MODULATION SYST | 0418T | CPT | | | | outpatient | | | 150 | 49.6 | Horizon | Indemnity | 83.46 | | | | 43.13 | 142.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERROGATION DEVICE EVAL IN PERSON, IMPLNTABLE CARDIAC MODULATION SYST | 0418T | CPT | | | | outpatient | | | 150 | 49.6 | UHC | Medicare | 43.13 | | | 25.54 | 43.13 | 142.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERROGATION DEVICE EVAL IN PERSON, IMPLNTABLE CARDIAC MODULATION SYST | 0418T | CPT | | | | outpatient | | | 150 | 49.6 | Managed Care Inc | Managed Care Inc | 135 | 90 | | | 43.13 | 142.5 | percent of total billed charges | |
| HC INTERROGATION DEVICE EVAL IN PERSON, IMPLNTABLE CARDIAC MODULATION SYST | 0418T | CPT | | | | outpatient | | | 150 | 49.6 | Qualcare | Qualcare | 112.5 | 75 | | | 43.13 | 142.5 | percent of total billed charges | |
| HC INTERROGATION DEVICE EVAL IN PERSON, IMPLNTABLE CARDIAC MODULATION SYST | 0418T | CPT | | | | outpatient | | | 150 | 49.6 | Three Rivers | Three Rivers | 142.5 | 95 | | | 43.13 | 142.5 | percent of total billed charges | |
| HC INTERROGATION DEVICE EVAL IN PERSON, IMPLNTABLE CARDIAC MODULATION SYST | 0418T | CPT | | | | outpatient | | | 150 | 49.6 | Horizon | PPO | 83.46 | | | | 43.13 | 142.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERROGATION DEVICE EVAL IN PERSON, IMPLNTABLE CARDIAC MODULATION SYST | 0418T | CPT | | | | outpatient | | | 150 | 49.6 | UHC | Medicaid | 47.33 | 31.55 | | | 43.13 | 142.5 | percent of total billed charges | |
| HC INTERROGATION DEVICE EVAL IN PERSON, IMPLNTABLE CARDIAC MODULATION SYST | 0418T | CPT | | | | outpatient | | | 150 | 49.6 | Wellcare | Medicare | 43.13 | | | | 43.13 | 142.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERROGATION DEVICE EVAL IN PERSON, IMPLNTABLE CARDIAC MODULATION SYST | 0418T | CPT | | | | outpatient | | | 150 | 49.6 | WellPoint | WellPoint | 48.27 | 32.18 | | | 43.13 | 142.5 | percent of total billed charges | |
| HC TRANSCATH RMVL/DEBULK INTRACARDIAC MASS W SUCTION, PERQ | 0644T | CPT | | | | inpatient | | | 19659 | 7517.39 | Horizon | MGD | 12648.82 | | | | 4702 | 18676.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCATH RMVL/DEBULK INTRACARDIAC MASS W SUCTION, PERQ | 0644T | CPT | | | | inpatient | | | 19659 | 7517.39 | First Trenton | First Trenton | 17693.1 | 90 | | | 4702 | 18676.05 | percent of total billed charges | |
| HC TRANSCATH RMVL/DEBULK INTRACARDIAC MASS W SUCTION, PERQ | 0644T | CPT | | | | inpatient | | | 19659 | 7517.39 | Amerihealth | Medicare | 6536.86 | | | | 4702 | 18676.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCATH RMVL/DEBULK INTRACARDIAC MASS W SUCTION, PERQ | 0644T | CPT | | | | inpatient | | | 19659 | 7517.39 | Aetna | Better Health | 6202.41 | 31.55 | | | 4702 | 18676.05 | percent of total billed charges | |
| HC TRANSCATH RMVL/DEBULK INTRACARDIAC MASS W SUCTION, PERQ | 0644T | CPT | | | | inpatient | | | 19659 | 7517.39 | Aetna | Commercial | 10668.16 | | | | 4702 | 18676.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCATH RMVL/DEBULK INTRACARDIAC MASS W SUCTION, PERQ | 0644T | CPT | | | | inpatient | | | 19659 | 7517.39 | First Health | First Health | 13761.3 | 70 | | | 4702 | 18676.05 | percent of total billed charges | |
| HC TRANSCATH RMVL/DEBULK INTRACARDIAC MASS W SUCTION, PERQ | 0644T | CPT | | | | inpatient | | | 19659 | 7517.39 | Americare | Americare | 14744.25 | 75 | | | 4702 | 18676.05 | percent of total billed charges | |
| HC TRANSCATH RMVL/DEBULK INTRACARDIAC MASS W SUCTION, PERQ | 0644T | CPT | | | | inpatient | | | 19659 | 7517.39 | Amerihealth | HMO/PPO | 12778.35 | 65 | | | 4702 | 18676.05 | percent of total billed charges | |
| HC TRANSCATH RMVL/DEBULK INTRACARDIAC MASS W SUCTION, PERQ | 0644T | CPT | | | | inpatient | | | 19659 | 7517.39 | Aetna | Medicare | 6536.86 | | | | 4702 | 18676.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCATH RMVL/DEBULK INTRACARDIAC MASS W SUCTION, PERQ | 0644T | CPT | | | | inpatient | | | 19659 | 7517.39 | Horizon | Medicare Blue | 6536.86 | | | | 4702 | 18676.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCATH RMVL/DEBULK INTRACARDIAC MASS W SUCTION, PERQ | 0644T | CPT | | | | inpatient | | | 19659 | 7517.39 | Consumer | Consumer | 18676.05 | 95 | | | 4702 | 18676.05 | percent of total billed charges | |
| HC TRANSCATH RMVL/DEBULK INTRACARDIAC MASS W SUCTION, PERQ | 0644T | CPT | | | | inpatient | | | 19659 | 7517.39 | UHC | Medicare | 6536.86 | | | | 4702 | 18676.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCATH RMVL/DEBULK INTRACARDIAC MASS W SUCTION, PERQ | 0644T | CPT | | | | inpatient | | | 19659 | 7517.39 | Managed Care Inc | Managed Care Inc | 17693.1 | 90 | | | 4702 | 18676.05 | percent of total billed charges | |
| HC TRANSCATH RMVL/DEBULK INTRACARDIAC MASS W SUCTION, PERQ | 0644T | CPT | | | | inpatient | | | 19659 | 7517.39 | United | CommercialPPO | 4702 | | | | 4702 | 18676.05 | case rate | |
| HC TRANSCATH RMVL/DEBULK INTRACARDIAC MASS W SUCTION, PERQ | 0644T | CPT | | | | inpatient | | | 19659 | 7517.39 | Corrections | Corrections | 15727.2 | 80 | | | 4702 | 18676.05 | percent of total billed charges | |
| HC TRANSCATH RMVL/DEBULK INTRACARDIAC MASS W SUCTION, PERQ | 0644T | CPT | | | | inpatient | | | 19659 | 7517.39 | Multiplan | Multiplan | 15727.2 | 80 | | | 4702 | 18676.05 | percent of total billed charges | |
| HC TRANSCATH RMVL/DEBULK INTRACARDIAC MASS W SUCTION, PERQ | 0644T | CPT | | | | inpatient | | | 19659 | 7517.39 | Three Rivers | Three Rivers | 18676.05 | 95 | | | 4702 | 18676.05 | percent of total billed charges | |
| HC TRANSCATH RMVL/DEBULK INTRACARDIAC MASS W SUCTION, PERQ | 0644T | CPT | | | | inpatient | | | 19659 | 7517.39 | Horizon | PPO | 12648.82 | | | | 4702 | 18676.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCATH RMVL/DEBULK INTRACARDIAC MASS W SUCTION, PERQ | 0644T | CPT | | | | inpatient | | | 19659 | 7517.39 | Horizon | Indemnity | 12648.82 | | | | 4702 | 18676.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCATH RMVL/DEBULK INTRACARDIAC MASS W SUCTION, PERQ | 0644T | CPT | | | | inpatient | | | 19659 | 7517.39 | Wellcare | Medicare | 6536.86 | | | | 4702 | 18676.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCATH RMVL/DEBULK INTRACARDIAC MASS W SUCTION, PERQ | 0644T | CPT | | | | inpatient | | | 19659 | 7517.39 | Wellcare | Medicaid | 6202.41 | 31.55 | | | 4702 | 18676.05 | percent of total billed charges | |
| HC TRANSCATH RMVL/DEBULK INTRACARDIAC MASS W SUCTION, PERQ | 0644T | CPT | | | | inpatient | | | 19659 | 7517.39 | Qualcare | Qualcare | 14744.25 | 75 | | | 4702 | 18676.05 | percent of total billed charges | |
| HC TRANSCATH RMVL/DEBULK INTRACARDIAC MASS W SUCTION, PERQ | 0644T | CPT | | | | inpatient | | | 19659 | 7517.39 | United | Oxford | 4702 | | | | 4702 | 18676.05 | case rate | |
| HC TRANSCATH RMVL/DEBULK INTRACARDIAC MASS W SUCTION, PERQ | 0644T | CPT | | | | inpatient | | | 19659 | 7517.39 | UHC | Medicaid | 6202.41 | 31.55 | | | 4702 | 18676.05 | percent of total billed charges | |
| HC TRANSCATH RMVL/DEBULK INTRACARDIAC MASS W SUCTION, PERQ | 0644T | CPT | | | | inpatient | | | 19659 | 7517.39 | WellPoint | WellPoint | 6326.27 | 32.18 | | | 4702 | 18676.05 | percent of total billed charges | |
| HC FN NEEDLE BX W/O IMG EA ADD'L | | 10004 | CPT | | | outpatient | | | 436 | | UHC | Medicaid | 137.56 | 31.55 | | | 130.8 | 1782 | percent of total billed charges | |
| HC FN NEEDLE BX W/O IMG EA ADD'L | | 10004 | CPT | | | outpatient | | | 436 | | Aetna | Medicare | 134.29 | 30.8 | | | 130.8 | 1782 | percent of total billed charges | |
| HC FN NEEDLE BX W/O IMG EA ADD'L | | 10004 | CPT | | | outpatient | | | 436 | | Wellcare | Medicaid | 137.56 | 31.55 | | | 130.8 | 1782 | percent of total billed charges | |
| HC FN NEEDLE BX W/O IMG EA ADD'L | | 10004 | CPT | | | outpatient | | | 436 | | Aetna | Better Health | 137.56 | 31.55 | | | 130.8 | 1782 | percent of total billed charges | |
| HC FN NEEDLE BX W/O IMG EA ADD'L | | 10004 | CPT | | | outpatient | | | 436 | | Horizon | MGD | 166.9 | 38.28 | | | 130.8 | 1782 | percent of total billed charges | |
| HC FN NEEDLE BX W/O IMG EA ADD'L | | 10004 | CPT | | | outpatient | | | 436 | | Amerihealth | HMO/PPO | 283.4 | 65 | | | 130.8 | 1782 | percent of total billed charges | |
| HC FN NEEDLE BX W/O IMG EA ADD'L | | 10004 | CPT | | | outpatient | | | 436 | | Americare | Americare | 327 | 75 | | | 130.8 | 1782 | percent of total billed charges | |
| HC FN NEEDLE BX W/O IMG EA ADD'L | | 10004 | CPT | | | outpatient | | | 436 | | First Health | First Health | 305.2 | 70 | | | 130.8 | 1782 | percent of total billed charges | |
| HC FN NEEDLE BX W/O IMG EA ADD'L | | 10004 | CPT | | | outpatient | | | 436 | | Horizon | PPO | 166.9 | 38.28 | | | 130.8 | 1782 | percent of total billed charges | |
| HC FN NEEDLE BX W/O IMG EA ADD'L | | 10004 | CPT | | | outpatient | | | 436 | | Consumer | Consumer | 414.2 | 95 | | | 130.8 | 1782 | percent of total billed charges | |
| HC FN NEEDLE BX W/O IMG EA ADD'L | | 10004 | CPT | | | outpatient | | | 436 | | Three Rivers | Three Rivers | 414.2 | 95 | | | 130.8 | 1782 | percent of total billed charges | |
| HC FN NEEDLE BX W/O IMG EA ADD'L | | 10004 | CPT | | | outpatient | | | 436 | | Multiplan | Multiplan | 348.8 | 80 | | | 130.8 | 1782 | percent of total billed charges | |
| HC FN NEEDLE BX W/O IMG EA ADD'L | | 10004 | CPT | | | outpatient | | | 436 | | Corrections | Corrections | 348.8 | 80 | | | 130.8 | 1782 | percent of total billed charges | |
| HC FN NEEDLE BX W/O IMG EA ADD'L | | 10004 | CPT | | | outpatient | | | 436 | | Horizon | Indemnity | 166.9 | 38.28 | | | 130.8 | 1782 | percent of total billed charges | |
| HC FN NEEDLE BX W/O IMG EA ADD'L | | 10004 | CPT | | | outpatient | | | 436 | | First Trenton | First Trenton | 392.4 | 90 | | | 130.8 | 1782 | percent of total billed charges | |
| HC FN NEEDLE BX W/O IMG EA ADD'L | | 10004 | CPT | | | outpatient | | | 436 | | Qualcare | Qualcare | 327 | 75 | | | 130.8 | 1782 | percent of total billed charges | |
| HC FN NEEDLE BX W/O IMG EA ADD'L | | 10004 | CPT | | | outpatient | | | 436 | | United | CommercialPPO | 1782 | | | | 130.8 | 1782 | case rate | |
| HC FN NEEDLE BX W/O IMG EA ADD'L | | 10004 | CPT | | | outpatient | | | 436 | | Horizon | Medicare Blue | 130.8 | 30 | | | 130.8 | 1782 | percent of total billed charges | |
| HC FN NEEDLE BX W/O IMG EA ADD'L | | 10004 | CPT | | | outpatient | | | 436 | | Managed Care Inc | Managed Care Inc | 392.4 | 90 | | | 130.8 | 1782 | percent of total billed charges | |
| HC FN NEEDLE BX W/O IMG EA ADD'L | | 10004 | CPT | | | outpatient | | | 436 | | WellPoint | WellPoint | 140.3 | 32.18 | | | 130.8 | 1782 | percent of total billed charges | |
| HC FN NEEDLE BX W/O IMG EA ADD'L | | 10004 | CPT | | | outpatient | | | 436 | | United | Oxford | 1782 | | | | 130.8 | 1782 | case rate | |
| HC FNA 1ST LESION WITH US | | 10005 | CPT | | | both |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC FNA 1ST LESION WITH US | 10005 | CPT | | | | both | | | 2469 | 925.36 | United | CommercialPPO | 1817 | | | 348.75 | 778.97 | 2345.55 | case rate | |
| HC FNA 1ST LESION WITH US | 10005 | CPT | | | | both | | | 2469 | 925.36 | Wellcare | Medicare | 804.66 | | | | 778.97 | 2345.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FNA 1ST LESION WITH US | 10005 | CPT | | | | both | | | 2469 | 925.36 | United | Oxford | 1817 | | | | 778.97 | 2345.55 | case rate | |
| HC FNA ADD LESION WITH US | 10006 | CPT | | | | both | | | 794 | | | Multiplan | Multiplan | 635.2 | 80 | | | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION WITH US | 10006 | CPT | | | | both | | | 794 | | | Amerihealth | HMO/PPO | 516.1 | 65 | | | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION WITH US | 10006 | CPT | | | | both | | | 794 | | | Horizon | MGD | 303.94 | 38.28 | | | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION WITH US | 10006 | CPT | | | | both | | | 794 | | | Aetna | Medicare | 244.55 | 30.8 | | 90.36 | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION WITH US | 10006 | CPT | | | | both | | | 794 | | | Consumer | Consumer | 754.3 | 95 | | | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION WITH US | 10006 | CPT | | | | both | | | 794 | | | Corrections | Corrections | 635.2 | 80 | | | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION WITH US | 10006 | CPT | | | | both | | | 794 | | | First Health | First Health | 555.8 | 70 | | | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION WITH US | 10006 | CPT | | | | both | | | 794 | | | Aetna | Better Health | 250.51 | 31.55 | | | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION WITH US | 10006 | CPT | | | | both | | | 794 | | | Qualcare | Qualcare | 595.5 | 75 | | | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION WITH US | 10006 | CPT | | | | both | | | 794 | | | Horizon | Indemnity | 303.94 | 38.28 | | 251.48 | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION WITH US | 10006 | CPT | | | | both | | | 794 | | | First Trenton | First Trenton | 714.6 | 90 | | | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION WITH US | 10006 | CPT | | | | both | | | 794 | | | Americare | Americare | 595.5 | 75 | | | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION WITH US | 10006 | CPT | | | | both | | | 794 | | | WellPoint | WellPoint | 255.51 | 32.18 | | 77.86 | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION WITH US | 10006 | CPT | | | | both | | | 794 | | | United | CommercialPPO | 1782 | | | | 238.2 | 1782 | case rate | |
| HC FNA ADD LESION WITH US | 10006 | CPT | | | | both | | | 794 | | | Horizon | Medicare Blue | 238.2 | 30 | | | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION WITH US | 10006 | CPT | | | | both | | | 794 | | | Horizon | PPO | 303.94 | 38.28 | | | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION WITH US | 10006 | CPT | | | | both | | | 794 | | | Managed Care Inc | Managed Care Inc | 714.6 | 90 | | | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION WITH US | 10006 | CPT | | | | both | | | 794 | | | Three Rivers | Three Rivers | 754.3 | 95 | | | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION WITH US | 10006 | CPT | | | | both | | | 794 | | | Wellcare | Medicaid | 250.51 | 31.55 | | 225.38 | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION WITH US | 10006 | CPT | | | | both | | | 794 | | | UHC | Medicaid | 250.51 | 31.55 | | 225.85 | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION WITH US | 10006 | CPT | | | | both | | | 794 | | | United | Oxford | 1782 | | | | 238.2 | 1782 | case rate | |
| HC FNA 1ST LESION W/FLURO | 10007 | CPT | | | | both | | | 2375 | 925.36 | First Trenton | First Trenton | 2137.5 | 90 | | | 749.31 | 2256.25 | percent of total billed charges | |
| HC FNA 1ST LESION W/FLURO | 10007 | CPT | | | | both | | | 2375 | 925.36 | Aetna | Medicare | 804.66 | | | | 749.31 | 2256.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FNA 1ST LESION W/FLURO | 10007 | CPT | | | | both | | | 2375 | 925.36 | Amerihealth | Medicare | 804.66 | | | | 749.31 | 2256.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FNA 1ST LESION W/FLURO | 10007 | CPT | | | | both | | | 2375 | 925.36 | Aetna | Better Health | 749.31 | 31.55 | | | 749.31 | 2256.25 | percent of total billed charges | |
| HC FNA 1ST LESION W/FLURO | 10007 | CPT | | | | both | | | 2375 | 925.36 | First Health | First Health | 1662.5 | 70 | | | 749.31 | 2256.25 | percent of total billed charges | |
| HC FNA 1ST LESION W/FLURO | 10007 | CPT | | | | both | | | 2375 | 925.36 | Americare | Americare | 1781.25 | 75 | | | 749.31 | 2256.25 | percent of total billed charges | |
| HC FNA 1ST LESION W/FLURO | 10007 | CPT | | | | both | | | 2375 | 925.36 | Horizon | PPO | 1557.02 | | | | 749.31 | 2256.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FNA 1ST LESION W/FLURO | 10007 | CPT | | | | both | | | 2375 | 925.36 | Corrections | Corrections | 1900 | 80 | | | 749.31 | 2256.25 | percent of total billed charges | |
| HC FNA 1ST LESION W/FLURO | 10007 | CPT | | | | both | | | 2375 | 925.36 | Horizon | MGD | 1557.02 | | | | 749.31 | 2256.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FNA 1ST LESION W/FLURO | 10007 | CPT | | | | both | | | 2375 | 925.36 | Consumer | Consumer | 2256.25 | 95 | | | 749.31 | 2256.25 | percent of total billed charges | |
| HC FNA 1ST LESION W/FLURO | 10007 | CPT | | | | both | | | 2375 | 925.36 | Horizon | Indemnity | 1557.02 | | | | 749.31 | 2256.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FNA 1ST LESION W/FLURO | 10007 | CPT | | | | both | | | 2375 | 925.36 | Aetna | Commercial | 1313.21 | | | | 749.31 | 2256.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FNA 1ST LESION W/FLURO | 10007 | CPT | | | | both | | | 2375 | 925.36 | Wellcare | Medicare | 804.66 | | | | 749.31 | 2256.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FNA 1ST LESION W/FLURO | 10007 | CPT | | | | both | | | 2375 | 925.36 | United | Oxford | 1817 | | | | 749.31 | 2256.25 | case rate | |
| HC FNA 1ST LESION W/FLURO | 10007 | CPT | | | | both | | | 2375 | 925.36 | United | CommercialPPO | 1817 | | | | 749.31 | 2256.25 | case rate | |
| HC FNA 1ST LESION W/FLURO | 10007 | CPT | | | | both | | | 2375 | 925.36 | Amerihealth | HMO/PPO | 1543.75 | 65 | | | 749.31 | 2256.25 | percent of total billed charges | |
| HC FNA 1ST LESION W/FLURO | 10007 | CPT | | | | both | | | 2375 | 925.36 | Managed Care Inc | Managed Care Inc | 2137.5 | 90 | | | 749.31 | 2256.25 | percent of total billed charges | |
| HC FNA 1ST LESION W/FLURO | 10007 | CPT | | | | both | | | 2375 | 925.36 | Wellcare | Medicaid | 749.31 | 31.55 | | | 749.31 | 2256.25 | percent of total billed charges | |
| HC FNA 1ST LESION W/FLURO | 10007 | CPT | | | | both | | | 2375 | 925.36 | Horizon | Medicare Blue | 804.66 | | | | 749.31 | 2256.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FNA 1ST LESION W/FLURO | 10007 | CPT | | | | both | | | 2375 | 925.36 | Multiplan | Multiplan | 1900 | 80 | | | 749.31 | 2256.25 | percent of total billed charges | |
| HC FNA 1ST LESION W/FLURO | 10007 | CPT | | | | both | | | 2375 | 925.36 | Three Rivers | Three Rivers | 2256.25 | 95 | | | 749.31 | 2256.25 | percent of total billed charges | |
| HC FNA 1ST LESION W/FLURO | 10007 | CPT | | | | both | | | 2375 | 925.36 | Qualcare | Qualcare | 1781.25 | 75 | | | 749.31 | 2256.25 | percent of total billed charges | |
| HC FNA 1ST LESION W/FLURO | 10007 | CPT | | | | both | | | 2375 | 925.36 | WellPoint | WellPoint | 764.28 | 32.18 | | | 749.31 | 2256.25 | percent of total billed charges | |
| HC FNA 1ST LESION W/FLURO | 10007 | CPT | | | | both | | | 2375 | 925.36 | UHC | Medicaid | 749.31 | 31.55 | | | 749.31 | 2256.25 | percent of total billed charges | |
| HC FNA 1ST LESION W/FLURO | 10007 | CPT | | | | both | | | 2375 | 925.36 | UHC | Medicare | 804.66 | | | | 749.31 | 2256.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FNA ADD LESION W/FLOURO | 10008 | CPT | | | | outpatient | | | 794 | | | Aetna | Better Health | 250.51 | 31.55 | | | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION W/FLOURO | 10008 | CPT | | | | outpatient | | | 794 | | | Horizon | Medicare Blue | 238.2 | 30 | | | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION W/FLOURO | 10008 | CPT | | | | outpatient | | | 794 | | | Corrections | Corrections | 635.2 | 80 | | | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION W/FLOURO | 10008 | CPT | | | | outpatient | | | 794 | | | WellPoint | WellPoint | 255.51 | 32.18 | | | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION W/FLOURO | 10008 | CPT | | | | outpatient | | | 794 | | | First Health | First Health | 555.8 | 70 | | | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION W/FLOURO | 10008 | CPT | | | | outpatient | | | 794 | | | Amerihealth | HMO/PPO | 516.1 | 65 | | | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION W/FLOURO | 10008 | CPT | | | | outpatient | | | 794 | | | Americare | Americare | 595.5 | 75 | | | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION W/FLOURO | 10008 | CPT | | | | outpatient | | | 794 | | | Aetna | Medicare | 244.55 | 30.8 | | | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION W/FLOURO | 10008 | CPT | | | | outpatient | | | 794 | | | Horizon | Indemnity | 303.94 | 38.28 | | | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION W/FLOURO | 10008 | CPT | | | | outpatient | | | 794 | | | Wellcare | Medicaid | 250.51 | 31.55 | | | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION W/FLOURO | 10008 | CPT | | | | outpatient | | | 794 | | | Horizon | MGD | 303.94 | 38.28 | | | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION W/FLOURO | 10008 | CPT | | | | outpatient | | | 794 | | | UHC | Medicaid | 250.51 | 31.55 | | | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION W/FLOURO | 10008 | CPT | | | | outpatient | | | 794 | | | Consumer | Consumer | 754.3 | 95 | | | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION W/FLOURO | 10008 | CPT | | | | outpatient | | | 794 | | | Multiplan | Multiplan | 635.2 | 80 | | | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION W/FLOURO | 10008 | CPT | | | | outpatient | | | 794 | | | United | CommercialPPO | 1782 | | | | 238.2 | 1782 | case rate | |
| HC FNA ADD LESION W/FLOURO | 10008 | CPT | | | | outpatient | | | 794 | | | United | Oxford | 1782 | | | | 238.2 | 1782 | case rate | |
| HC FNA ADD LESION W/FLOURO | 10008 | CPT | | | | outpatient | | | 794 | | | First Trenton | First Trenton | 714.6 | 90 | | | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION W/FLOURO | 10008 | CPT | | | | outpatient | | | 794 | | | Qualcare | Qualcare | 595.5 | 75 | | | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION W/FLOURO | 10008 | CPT | | | | outpatient | | | 794 | | | Horizon | PPO | 303.94 | 38.28 | | | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION W/FLOURO | 10008 | CPT | | | | outpatient | | | 794 | | | Managed Care Inc | Managed Care Inc | 714.6 | 90 | | | 238.2 | 1782 | percent of total billed charges | |
| HC FNA ADD LESION W/FLOURO | 10008 | CPT | | | | outpatient | | | 794 | | | Three Rivers | Three Rivers | 754.3 | 95 | | | 238.2 | 1782 | percent of total billed charges | |
| HC CT GUIDED ASPIRATION BIOPSY | 10009 | CPT | | | | both | | | 2488 | 925.36 | Aetna | Better Health | 784.96 | 31.55 | | | 784.96 | 2363.6 | percent of total billed charges | |
| HC CT GUIDED ASPIRATION BIOPSY | 10009 | CPT | | | | both | | | 2488 | 925.36 | UHC | Medicaid | 784.96 | 31.55 | | 296.1 | 784.96 | 2363.6 | percent of total billed charges | |
| HC CT GUIDED ASPIRATION BIOPSY | 10009 | CPT | | | | both | | | 2488 | 925.36 | Horizon | Indemnity | 1557.02 | | | | 784.96 | 2363.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT GUIDED ASPIRATION BIOPSY | 10009 | CPT | | | | both | | | 2488 | 925.36 | Amerihealth | Medicare | 804.66 | | | | 784.96 | 2363.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT GUIDED ASPIRATION BIOPSY | 10009 | CPT | | | | both | | | 2488 | 925.36 | First Health | First Health | 1741.6 | 70 | | | 784.96 | 2363.6 | percent of total billed charges | |
| HC CT GUIDED ASPIRATION BIOPSY | 10009 | CPT | | | | both | | | 2488 | 925.36 | Aetna | Medicare | 804.66 | | | | 784.96 | 2363.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT GUIDED ASPIRATION BIOPSY | 10009 | CPT | | | | both | | | 2488 | 925.36 | Corrections | Corrections | 1990.4 | 80 | | 691.6 | 784.96 | 2363.6 | percent of total billed charges | |
| HC CT GUIDED ASPIRATION BIOPSY | 10009 | CPT | | | | both | | | 2488 | 925.36 | Aetna | Commercial | 1313.21 | | | | 784.96 | 2363.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT GUIDED ASPIRATION BIOPSY | 10009 | CPT | | | | both | | | 2488 | 925.36 | United | Oxford | 1817 | | | | 784.96 | 2363.6 | case rate | |
| HC CT GUIDED ASPIRATION BIOPSY | 10009 | CPT | | | | both | | | 2488 | 925.36 | Horizon | MGD | 1557.02 | | | | 784.96 | 2363.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT GUIDED ASPIRATION BIOPSY | 10009 | CPT | | | | both | | | 2488 | 925.36 | UHC | Medicare | 804.66 | | | | 784.96 | 2363.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT GUIDED ASPIRATION BIOPSY | 10009 | CPT | | | | both | | | 2488 | 925.36 | Consumer | Consumer | 2363.6 | 95 | | | 784.96 | 2363.6 | percent of total billed charges | |
| HC CT GUIDED ASPIRATION BIOPSY | 10009 | CPT | | | | both | | | 2488 | 925.36 | Horizon | Medicare Blue | 804.66 | | | | 784.96 | 2363.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT GUIDED ASPIRATION BIOPSY | 10009 | CPT | | | | both | | | 2488 | 925.36 | Horizon | PPO | 1557.02 | | | | 784.96 | 2363.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT GUIDED ASPIRATION BIOPSY | 10009 | CPT | | | | both | | | 2488 | 925.36 | First Trenton | First Trenton | 2239.2 | 90 | | | 784.96 | 2363.6 | percent of total billed charges | |
| HC CT GUIDED ASPIRATION BIOPSY | 10009 | CPT | | | | both | | | 2488 | 925.36 | Americare | Americare | 1866 | 75 | | | 784.96 | 2363.6 | percent of total billed charges | |
| HC CT GUIDED ASPIRATION BIOPSY | 10009 | CPT | | | | both | | | 2488 | 925.36 | Wellcare | Medicaid | 784.96 | 31.55 | | | 784.96 | 2363.6 | percent of total billed charges | |
| HC CT GUIDED ASPIRATION BIOPSY | 10009 | CPT | | | | both | | | 2488 | 925.36 | WellPoint | WellPoint | 800.64 | 32.18 | | | 784.96 | 2363.6 | percent of total billed charges | |
| HC CT GUIDED ASPIRATION BIOPSY | 10009 | CPT | | | | both | | | 2488 | 925.36 | United | CommercialPPO | 1817 | | | | 784.96 | 2363.6 | case rate | |
| HC CT GUIDED ASPIRATION BIOPSY | 10009 | CPT | | | | both | | | 2488 | 925.36 | Three Rivers | Three Rivers | 2363.6 | 95 | | | 784.96 | 2363.6 | percent of total billed charges | |
| HC CT GUIDED ASPIRATION BIOPSY | 10009 | CPT | | | | both | | | 2488 | 925.36 | Managed Care Inc | Managed Care Inc | 2239.2 | 90 | | | 784.96 | 2363.6 | percent of total billed charges | |
| HC CT GUIDED ASPIRATION BIOPSY | 10009 | CPT | | | | both | | | 2488 | 925.36 | Amerihealth | HMO/PPO | 1617.2 | 65 | | | 784.96 | 2363.6 | percent of total billed charges | |
| HC CT GUIDED ASPIRATION BIOPSY | 10009 | CPT | | | | both | | | 2488 | 925.36 | Wellcare | Medicare | 804.66 | | | | 784.96 | 2363.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT GUIDED ASPIRATION BIOPSY | 10009 | CPT | | | | both | | | 2488 | 925.36 | Multiplan | Multiplan | 1990.4 | 80 | | | 784.96 | 2363.6 | percent of total billed charges | |
| HC CT GUIDED ASPIRATION BIOPSY | 10009 | CPT | | | | both | | | 2488 | 925.36 | Qualcare | Qualcare | 1866 | 75 | | | 784.96 | 2363.6 | percent of total billed charges | |
| HC CT GUIDED ASPIRATION BIOPSY EA ADDL LESION | 10010 | CPT | | | | both | | | 794 | | | Aetna | Better Health | 250.51 | 31.55 | | | 238.2 | 1782 | percent of total billed charges | |
| HC CT GUIDED ASPIRATION BIOPSY EA ADDL LESION | 10010 | CPT | | | | both | | | 794 | | | Americare | Americare | 595.5 | 75 | | | 238.2 | 1782 | percent of total billed charges | |
| HC CT GUIDED ASPIRATION BIOPSY EA ADDL LESION | 10010 | CPT | | | | both | | | 794 | | | First Trenton | First Trenton | 714.6 | 90 | | | 238.2 | 1782 | percent of total billed charges | |
| HC CT GUIDED ASPIRATION BIOPSY EA ADDL LESION | 10010 | CPT | | | | both | | | 794 | | | Amerihealth | HMO/PPO | 516.1 | 65 | | | 238.2 | 1782 | percent of total billed charges | |
| HC CT GUIDED ASPIRATION BIOPSY EA ADDL LESION | 10010 | CPT | | | | both | | | 794 | | | Aetna | Medicare | 244.55 | 30.8 | | | 238.2 | 1782 | percent of total billed charges | |
| HC CT GUIDED ASPIRATION BIOPSY EA ADDL LESION | 10010 | CPT | | | | both | | | 794 | | | First Health | First Health | 555.8 | 70 | | | 238.2 | 1782 | percent of total billed charges | |
| HC CT GUIDED ASPIRATION BIOPSY EA ADDL LESION | 10010 | CPT | | | | both | | | 794 | | | United | CommercialPPO | 1782 | | | | 238.2 | 1782 | case rate | |
| HC CT GUIDED ASPIRATION BIOPSY EA ADDL LESION | 10010 | CPT | | | | both | | | 794 | | | Corrections | Corrections | 635.2 | 80 | | | 238.2 | 1782 | percent of total billed charges | |
| HC CT GUIDED ASPIRATION BIOPSY EA ADDL LESION | 10010 | CPT | | | | both | | | 794 | | | WellPoint | WellPoint | 255.51 | 32.18 | | | 238.2 | 1782 | percent of total billed charges | |
| HC CT GUIDED ASPIRATION BIOPSY EA ADDL LESION | 10010 | CPT | | | | both | | | 794 | | | Consumer | Consumer | 754.3 | 95 | | | 238.2 | 1782 | percent of total billed charges | |
| HC CT GUIDED ASPIRATION BIOPSY EA ADDL LESION | 10010 | CPT | | | | both | | | 794 | | | Horizon | Indemnity | 303.94 | 38.28 | | | 238.2 | 1782 | percent of total billed charges | |
| HC CT GUIDED ASPIRATION BIOPSY EA ADDL LESION | 10010 | CPT | | | | both | | | 794 | | | Horizon | MGD | 303.94 | 38.28 | | | 238.2 | 1782 | percent of total billed charges | |
| HC CT GUIDED ASPIRATION BIOPSY EA ADDL LESION | 10010 | CPT | | | | both | | | 794 | | | Horizon | PPO | 303.94 | 38.28 | | | 238.2 | 1782 | percent of total billed charges | |
| HC CT GUIDED ASPIRATION BIOPSY EA ADDL LESION | 10010 | CPT | | | | both | | | 794 | | | Wellcare | Medicaid | 250.51 | 31.55 | | | 238.2 | 1782 | percent of total billed charges | |
| HC CT GUIDED ASPIRATION BIOPSY EA ADDL LESION | 10010 | CPT | | | | both | | | 794 | | | Managed Care Inc | Managed Care Inc | 714.6 | 90 | | | 238.2 | 1782 | percent of total billed charges | |
| HC CT GUIDED ASPIRATION BIOPSY EA ADDL LESION | 10010 | CPT | | | | both | | | 794 | | | Horizon | Medicare Blue | 238.2 | 30 | | | 238.2 | 1782 | percent of total billed charges | |
| HC CT GUIDED ASPIRATION BIOPSY EA ADDL LESION | 10010 | CPT | | | | both | | | 794 | | | Three Rivers | Three Rivers | 754.3 | 95 | | | 238.2 | 1782 | percent of total billed charges | |
| HC CT GUIDED ASPIRATION BIOPSY EA ADDL LESION | 10010 | CPT | | | | both | | | 794 | | | United | Oxford | 1782 | | | | 238.2 | 1782 | case rate | |
| HC CT GUIDED ASPIRATION BIOPSY EA ADDL LESION | 10010 | CPT | | | | both | | | 794 | | | Multiplan | Multiplan | 635.2 | 80 | | | 238.2 | 1782 | percent of total billed charges | |
| HC CT GUIDED ASPIRATION BIOPSY EA ADDL LESION | 10010 | CPT | | | | both | | | 794 | | | Qualcare | Qualcare | 595.5 | 75 | | | 238.2 | 1782 | percent of total billed charges | |
| HC CT GUIDED ASPIRATION BIOPSY EA ADDL LESION | 10010 | CPT | | | | both | | | 794 | | | UHC | Medicaid | 250.51 | 31.55 | | | 238.2 | 1782 | percent of total billed charges | |
| HC FNA W/O GUIDANCE | 10021 | CPT | | | | outpatient | | | 1360 | 524.43 | Amerihealth | Medicare | 456.03 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FNA W/O GUIDANCE | 10021 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Medicare | 456.03 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FNA W/O GUIDANCE | 10021 | CPT | | | | outpatient | | | 1360 | 524.43 | Wellcare | Medicare | 456.03 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FNA W/O GUIDANCE | 10021 | CPT | | | | outpatient | | | 1360 | 524.43 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC FNA W/O GUIDANCE | 10021 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Commercial | 744.24 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FNA W/O GUIDANCE | 10021 | CPT | | | | outpatient | | | 1360 | 524.43 | Multiplan | Multiplan | 1088 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC FNA W/O GUIDANCE | 10021 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | MGD | 882.42 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FNA W/O GUIDANCE | 10021 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Better Health | 429.08 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC FNA W/O GUIDANCE | 10021 | CPT | | | | outpatient | | | 1360 | 524.43 | Consumer | Consumer | 1292 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC FNA W/O GUIDANCE | 10021 | CPT | | | | outpatient | | | 1360 | 524.43 | Corrections | Corrections | 1088 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC FNA W/O GUIDANCE | 10021 | CPT | | | | outpatient | | | 1360 | 524.43 | UHC | Medicaid | 429.08 | 31.55 | | 173.32 | 125 | 1782 | percent of total billed charges | |
| HC FNA W/O GUIDANCE | 10021 | CPT | | | | outpatient | | | 1360 | 524.43 | First Health | First Health | 952 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC FNA W/O GUIDANCE | 10021 | CPT | | | | outpatient | | | 1360 | 524.43 | Americare | Americare | 1020 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC FNA W/O GUIDANCE | 10021 | CPT | | | | outpatient | | | 1360 | 524.43 | Qualcare | Qualcare | 1020 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC FNA W/O GUIDANCE | 10021 | CPT | | | | outpatient | | | 1360 | 524.43 | First Trenton | First Trenton | 1224 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC FNA W/O GUIDANCE | 10021 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | PPO | 882.42 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FNA W/O GUIDANCE | 10021 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | Indemnity | 882.42 | | | 443.79 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FNA W/O GUIDANCE | 10021 | CPT | | | | outpatient | | | 1360 | 524.43 | UHC | Medicare | 456.03 | | | 208.77 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FNA W/O GUIDANCE | 10021 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | Medicare Blue | 456.03 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FNA W/O GUIDANCE | 10021 | CPT | | | | outpatient | | | 1360 | 524.43 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC FNA W/O GUIDANCE | 10021 | CPT | | | | outpatient | | | 1360 | 524.43 | Three Rivers | Three Rivers | 1292 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC FNA W/O GUIDANCE | 10021 | CPT | | | | outpatient | | | 1360 | 524.43 | Wellcare | Medicaid | 429.08 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC FNA W/O GUIDANCE | 10021 | CPT | | | | outpatient | | | 1360 | 524.43 | Managed Care Inc | Managed Care Inc | 1224 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC FNA W/O GUIDANCE | 10021 | CPT | | | | outpatient | | | 1360 | 524.43 | United | CommercialPPO | 1782 | | | | 125 | 1782 | case rate | |
| HC FNA W/O GUIDANCE | 10021 | CPT | | | | outpatient | | | 1360 | 524.43 | WellPoint | WellPoint | 437.65 | 32.18 | | 436.56 | 125 | 1782 | percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 10030 | CPT | | | | both | | | 2436 | 925.36 | First Health | First Health | 1705.2 | 70 | | | 300 | 2314.2 | percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 10030 | CPT | | | | both | | | 2436 | 925.36 | Aetna | Medicare | 804.66 | | | | 300 | 2314.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO US OR CT GUIDED PERC DRA | 10030 | CPT | | | | both | | | 2436 | 925.36 | Americare | Americare | 1827 | 75 | | | 300 | 2314.2 | percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 10030 | CPT | | | | both | | | 2436 | 925.36 | Aetna | Commercial | 1313.21 | | | | 300 | 2314.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO US OR CT GUIDED PERC DRA | 10030 | CPT | | | | both | | | 2436 | 925.36 | Amerihealth | Medicare | 804.66 | | | | 300 | 2314.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO US OR CT GUIDED PERC DRA | 10030 | CPT | | | | both | | | 2436 | 925.36 | Amerihealth | HMO/PPO | 300 | | | | 300 | 2314.2 | fee schedule | |
| HC ANGIO US OR CT GUIDED PERC DRA | 10030 | CPT | | | | both | | | 2436 | 925.36 | Aetna | Better Health | 768.56 | 31.55 | | | 300 | 2314.2 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC ANGIO US OR CT GUIDED PERC DRA | 10030 | CPT | | | | both | | | 2436 | | 925.36 Corrections | Corrections | 1948.8 | 80 | | | 300 | | 2314.2 percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 10030 | CPT | | | | both | | | 2436 | | 925.36 Horizon | Medicare Blue | 804.66 | | | | 300 | | 2314.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO US OR CT GUIDED PERC DRA | 10030 | CPT | | | | both | | | 2436 | | 925.36 First Trenton | First Trenton | 2192.4 | 90 | | | 300 | | 2314.2 percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 10030 | CPT | | | | both | | | 2436 | | 925.36 Consumer | Consumer | 2314.2 | 95 | | | 300 | | 2314.2 percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 10030 | CPT | | | | both | | | 2436 | | 925.36 Multiplan | Multiplan | 1948.8 | 80 | | | 300 | | 2314.2 percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 10030 | CPT | | | | both | | | 2436 | | 925.36 Horizon | Indemnity | 1557.02 | | | | 300 | | 2314.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO US OR CT GUIDED PERC DRA | 10030 | CPT | | | | both | | | 2436 | | 925.36 UHC | Medicaid | 768.56 | 31.55 | | 625.83 | 300 | | 2314.2 percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 10030 | CPT | | | | both | | | 2436 | | 925.36 Wellcare | Medicaid | 768.56 | 31.55 | | | 300 | | 2314.2 percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 10030 | CPT | | | | both | | | 2436 | | 925.36 Qualicare | Qualicare | 1827 | 75 | | | 300 | | 2314.2 percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 10030 | CPT | | | | both | | | 2436 | | 925.36 UHC | Medicare | 804.66 | | | | 300 | | 2314.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO US OR CT GUIDED PERC DRA | 10030 | CPT | | | | both | | | 2436 | | 925.36 Horizon | MGD | 1557.02 | | | | 300 | | 2314.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO US OR CT GUIDED PERC DRA | 10030 | CPT | | | | both | | | 2436 | | 925.36 United | Oxford | 1817 | | | | 300 | | 2314.2 case rate | |
| HC ANGIO US OR CT GUIDED PERC DRA | 10030 | CPT | | | | both | | | 2436 | | 925.36 Managed Care Inc | Managed Care Inc | 2192.4 | 90 | | | 300 | | 2314.2 percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 10030 | CPT | | | | both | | | 2436 | | 925.36 Horizon | PPO | 1557.02 | | | | 300 | | 2314.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO US OR CT GUIDED PERC DRA | 10030 | CPT | | | | both | | | 2436 | | 925.36 Three Rivers | Three Rivers | 2314.2 | 95 | | | 300 | | 2314.2 percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 10030 | CPT | | | | both | | | 2436 | | 925.36 Wellcare | Medicare | 804.66 | | | | 300 | | 2314.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO US OR CT GUIDED PERC DRA | 10030 | CPT | | | | both | | | 2436 | | 925.36 United | Commercial/PPO | 1817 | | | | 300 | | 2314.2 case rate | |
| HC ANGIO US OR CT GUIDED PERC DRA | 10030 | CPT | | | | both | | | 2436 | | 925.36 WellPoint | WellPoint | 783.9 | 32.18 | | | 300 | | 2314.2 percent of total billed charges | |
| HC IMG GUID SOFT TISSUE LOC 1ST LESION | 10035 | CPT | | | | both | | | 2447 | | 925.36 Americare | Americare | 1835.25 | 75 | | | 550 | | 2324.65 percent of total billed charges | |
| HC IMG GUID SOFT TISSUE LOC 1ST LESION | 10035 | CPT | | | | both | | | 2447 | | 925.36 Aetna | Medicare | 804.66 | | | | 550 | | 2324.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMG GUID SOFT TISSUE LOC 1ST LESION | 10035 | CPT | | | | both | | | 2447 | | 925.36 Horizon | MGD | 1557.02 | | | | 550 | | 2324.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMG GUID SOFT TISSUE LOC 1ST LESION | 10035 | CPT | | | | both | | | 2447 | | 925.36 First Health | First Health | 1712.9 | 70 | | | 550 | | 2324.65 percent of total billed charges | |
| HC IMG GUID SOFT TISSUE LOC 1ST LESION | 10035 | CPT | | | | both | | | 2447 | | 925.36 Aetna | Commercial | 1313.21 | | | | 550 | | 2324.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMG GUID SOFT TISSUE LOC 1ST LESION | 10035 | CPT | | | | both | | | 2447 | | 925.36 Multiplan | Multiplan | 1957.6 | 80 | | | 550 | | 2324.65 percent of total billed charges | |
| HC IMG GUID SOFT TISSUE LOC 1ST LESION | 10035 | CPT | | | | both | | | 2447 | | 925.36 UHC | Medicaid | 772.03 | 31.55 | | | 550 | | 2324.65 percent of total billed charges | |
| HC IMG GUID SOFT TISSUE LOC 1ST LESION | 10035 | CPT | | | | both | | | 2447 | | 925.36 Aetna | Better Health | 772.03 | 31.55 | | | 550 | | 2324.65 percent of total billed charges | |
| HC IMG GUID SOFT TISSUE LOC 1ST LESION | 10035 | CPT | | | | both | | | 2447 | | 925.36 First Trenton | First Trenton | 2202.3 | 90 | | | 550 | | 2324.65 percent of total billed charges | |
| HC IMG GUID SOFT TISSUE LOC 1ST LESION | 10035 | CPT | | | | both | | | 2447 | | 925.36 Consumer | Consumer | 2324.65 | 95 | | | 550 | | 2324.65 percent of total billed charges | |
| HC IMG GUID SOFT TISSUE LOC 1ST LESION | 10035 | CPT | | | | both | | | 2447 | | 925.36 UHC | Medicare | 804.66 | | | | 550 | | 2324.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMG GUID SOFT TISSUE LOC 1ST LESION | 10035 | CPT | | | | both | | | 2447 | | 925.36 Amerihealth | HMO/PPO | 550 | | | | 550 | | 2324.65 fee schedule | |
| HC IMG GUID SOFT TISSUE LOC 1ST LESION | 10035 | CPT | | | | both | | | 2447 | | 925.36 Amerihealth | Medicare | 804.66 | | | | 550 | | 2324.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMG GUID SOFT TISSUE LOC 1ST LESION | 10035 | CPT | | | | both | | | 2447 | | 925.36 Qualicare | Qualicare | 1835.25 | 75 | | | 550 | | 2324.65 percent of total billed charges | |
| HC IMG GUID SOFT TISSUE LOC 1ST LESION | 10035 | CPT | | | | both | | | 2447 | | 925.36 Horizon | Medicare Blue | 804.66 | | | | 550 | | 2324.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMG GUID SOFT TISSUE LOC 1ST LESION | 10035 | CPT | | | | both | | | 2447 | | 925.36 Corrections | Corrections | 1957.6 | 80 | | | 550 | | 2324.65 percent of total billed charges | |
| HC IMG GUID SOFT TISSUE LOC 1ST LESION | 10035 | CPT | | | | both | | | 2447 | | 925.36 Horizon | Indemnity | 1557.02 | | | | 550 | | 2324.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMG GUID SOFT TISSUE LOC 1ST LESION | 10035 | CPT | | | | both | | | 2447 | | 925.36 Horizon | PPO | 1557.02 | | | | 550 | | 2324.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMG GUID SOFT TISSUE LOC 1ST LESION | 10035 | CPT | | | | both | | | 2447 | | 925.36 Managed Care Inc | Managed Care Inc | 2202.3 | 90 | | | 550 | | 2324.65 percent of total billed charges | |
| HC IMG GUID SOFT TISSUE LOC 1ST LESION | 10035 | CPT | | | | both | | | 2447 | | 925.36 United | Oxford | 1817 | | | | 550 | | 2324.65 case rate | |
| HC IMG GUID SOFT TISSUE LOC 1ST LESION | 10035 | CPT | | | | both | | | 2447 | | 925.36 United | Commercial/PPO | 1817 | | | | 550 | | 2324.65 case rate | |
| HC IMG GUID SOFT TISSUE LOC 1ST LESION | 10035 | CPT | | | | both | | | 2447 | | 925.36 WellPoint | WellPoint | 787.44 | 32.18 | | | 550 | | 2324.65 percent of total billed charges | |
| HC IMG GUID SOFT TISSUE LOC 1ST LESION | 10035 | CPT | | | | both | | | 2447 | | 925.36 Three Rivers | Three Rivers | 2324.65 | 95 | | | 550 | | 2324.65 percent of total billed charges | |
| HC IMG GUID SOFT TISSUE LOC 1ST LESION | 10035 | CPT | | | | both | | | 2447 | | 925.36 Wellcare | Medicaid | 772.03 | 31.55 | | | 550 | | 2324.65 percent of total billed charges | |
| HC IMG GUID SOFT TISSUE LOC 1ST LESION | 10035 | CPT | | | | both | | | 2447 | | 925.36 Wellcare | Medicare | 804.66 | | | | 550 | | 2324.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMG GUID SOFT TISSUE LOC EA ADDL LESION | 10036 | CPT | | | | outpatient | | | 2172 | | Consumer | Consumer | 2063.4 | 95 | | | 300 | | 2063.4 percent of total billed charges | |
| HC IMG GUID SOFT TISSUE LOC EA ADDL LESION | 10036 | CPT | | | | outpatient | | | 2172 | | Qualicare | Qualicare | 1629 | 75 | | | 300 | | 2063.4 percent of total billed charges | |
| HC IMG GUID SOFT TISSUE LOC EA ADDL LESION | 10036 | CPT | | | | outpatient | | | 2172 | | Amerihealth | HMO/PPO | 300 | | | | 300 | | 2063.4 fee schedule | |
| HC IMG GUID SOFT TISSUE LOC EA ADDL LESION | 10036 | CPT | | | | outpatient | | | 2172 | | Americare | Americare | 1629 | 75 | | | 300 | | 2063.4 percent of total billed charges | |
| HC IMG GUID SOFT TISSUE LOC EA ADDL LESION | 10036 | CPT | | | | outpatient | | | 2172 | | WellPoint | WellPoint | 698.95 | 32.18 | | | 300 | | 2063.4 percent of total billed charges | |
| HC IMG GUID SOFT TISSUE LOC EA ADDL LESION | 10036 | CPT | | | | outpatient | | | 2172 | | Aetna | Medicare | 668.98 | 30.8 | | | 300 | | 2063.4 percent of total billed charges | |
| HC IMG GUID SOFT TISSUE LOC EA ADDL LESION | 10036 | CPT | | | | outpatient | | | 2172 | | Aetna | Better Health | 685.27 | 31.55 | | | 300 | | 2063.4 percent of total billed charges | |
| HC IMG GUID SOFT TISSUE LOC EA ADDL LESION | 10036 | CPT | | | | outpatient | | | 2172 | | Corrections | Corrections | 1737.6 | 80 | | | 300 | | 2063.4 percent of total billed charges | |
| HC IMG GUID SOFT TISSUE LOC EA ADDL LESION | 10036 | CPT | | | | outpatient | | | 2172 | | First Health | First Health | 1520.4 | 70 | | | 300 | | 2063.4 percent of total billed charges | |
| HC IMG GUID SOFT TISSUE LOC EA ADDL LESION | 10036 | CPT | | | | outpatient | | | 2172 | | Horizon | Medicare Blue | 651.6 | 30 | | | 300 | | 2063.4 percent of total billed charges | |
| HC IMG GUID SOFT TISSUE LOC EA ADDL LESION | 10036 | CPT | | | | outpatient | | | 2172 | | UHC | Medicaid | 685.27 | 31.55 | | | 300 | | 2063.4 percent of total billed charges | |
| HC IMG GUID SOFT TISSUE LOC EA ADDL LESION | 10036 | CPT | | | | outpatient | | | 2172 | | Horizon | MGD | 831.44 | 38.28 | | | 300 | | 2063.4 percent of total billed charges | |
| HC IMG GUID SOFT TISSUE LOC EA ADDL LESION | 10036 | CPT | | | | outpatient | | | 2172 | | Horizon | Indemnity | 831.44 | 38.28 | | | 300 | | 2063.4 percent of total billed charges | |
| HC IMG GUID SOFT TISSUE LOC EA ADDL LESION | 10036 | CPT | | | | outpatient | | | 2172 | | Multiplan | Multiplan | 1737.6 | 80 | | | 300 | | 2063.4 percent of total billed charges | |
| HC IMG GUID SOFT TISSUE LOC EA ADDL LESION | 10036 | CPT | | | | outpatient | | | 2172 | | First Trenton | First Trenton | 1954.8 | 90 | | | 300 | | 2063.4 percent of total billed charges | |
| HC IMG GUID SOFT TISSUE LOC EA ADDL LESION | 10036 | CPT | | | | outpatient | | | 2172 | | Wellcare | Medicaid | 685.27 | 31.55 | | | 300 | | 2063.4 percent of total billed charges | |
| HC IMG GUID SOFT TISSUE LOC EA ADDL LESION | 10036 | CPT | | | | outpatient | | | 2172 | | Horizon | PPO | 831.44 | 38.28 | | | 300 | | 2063.4 percent of total billed charges | |
| HC IMG GUID SOFT TISSUE LOC EA ADDL LESION | 10036 | CPT | | | | outpatient | | | 2172 | | Managed Care Inc | Managed Care Inc | 1954.8 | 90 | | | 300 | | 2063.4 percent of total billed charges | |
| HC IMG GUID SOFT TISSUE LOC EA ADDL LESION | 10036 | CPT | | | | outpatient | | | 2172 | | Three Rivers | Three Rivers | 2063.4 | 95 | | | 300 | | 2063.4 percent of total billed charges | |
| HC IMG GUID SOFT TISSUE LOC EA ADDL LESION | 10036 | CPT | | | | outpatient | | | 2172 | | United | Commercial/PPO | 1782 | | | | 300 | | 2063.4 case rate | |
| HC IMG GUID SOFT TISSUE LOC EA ADDL LESION | 10036 | CPT | | | | outpatient | | | 2172 | | United | Oxford | 1782 | | | | 300 | | 2063.4 case rate | |
| HC I&D OF ABSCESS SIMPLE | 10060 | CPT | | | | outpatient | | | 659 | | 263.3 Amerihealth | Medicare | 228.96 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D OF ABSCESS SIMPLE | 10060 | CPT | | | | outpatient | | | 659 | | 263.3 First Health | First Health | 461.3 | 70 | | | 125 | | 1782 percent of total billed charges | |
| HC I&D OF ABSCESS SIMPLE | 10060 | CPT | | | | outpatient | | | 659 | | 263.3 Horizon | Indemnity | 443.04 | | | 194.58 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D OF ABSCESS SIMPLE | 10060 | CPT | | | | outpatient | | | 659 | | 263.3 Consumer | Consumer | 626.05 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC I&D OF ABSCESS SIMPLE | 10060 | CPT | | | | outpatient | | | 659 | | 263.3 First Trenton | First Trenton | 593.1 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC I&D OF ABSCESS SIMPLE | 10060 | CPT | | | | outpatient | | | 659 | | 263.3 UHC | Medicaid | 207.91 | 31.55 | | 125.77 | 125 | | 1782 percent of total billed charges | |
| HC I&D OF ABSCESS SIMPLE | 10060 | CPT | | | | outpatient | | | 659 | | 263.3 Aetna | Better Health | 207.91 | 31.55 | | 84.2 | 125 | | 1782 percent of total billed charges | |
| HC I&D OF ABSCESS SIMPLE | 10060 | CPT | | | | outpatient | | | 659 | | 263.3 Aetna | Medicare | 228.96 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D OF ABSCESS SIMPLE | 10060 | CPT | | | | outpatient | | | 659 | | 263.3 United | Oxford | 1782 | | | | 125 | | 1782 case rate | |
| HC I&D OF ABSCESS SIMPLE | 10060 | CPT | | | | outpatient | | | 659 | | 263.3 Horizon | PPO | 443.04 | | | 26.15 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D OF ABSCESS SIMPLE | 10060 | CPT | | | | outpatient | | | 659 | | 263.3 Multiplan | Multiplan | 527.2 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC I&D OF ABSCESS SIMPLE | 10060 | CPT | | | | outpatient | | | 659 | | 263.3 Managed Care Inc | Managed Care Inc | 593.1 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC I&D OF ABSCESS SIMPLE | 10060 | CPT | | | | outpatient | | | 659 | | 263.3 Horizon | MGD | 443.04 | | | 76.3 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D OF ABSCESS SIMPLE | 10060 | CPT | | | | outpatient | | | 659 | | 263.3 United | Commercial/PPO | 1782 | | | | 125 | | 1782 case rate | |
| HC I&D OF ABSCESS SIMPLE | 10060 | CPT | | | | outpatient | | | 659 | | 263.3 Aetna | Commercial | 373.66 | | | 122.94 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D OF ABSCESS SIMPLE | 10060 | CPT | | | | outpatient | | | 659 | | 263.3 Corrections | Corrections | 527.2 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC I&D OF ABSCESS SIMPLE | 10060 | CPT | | | | outpatient | | | 659 | | 263.3 Wellcare | Medicare | 228.96 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D OF ABSCESS SIMPLE | 10060 | CPT | | | | outpatient | | | 659 | | 263.3 WellPoint | WellPoint | 212.07 | 32.18 | | 111.52 | 125 | | 1782 percent of total billed charges | |
| HC I&D OF ABSCESS SIMPLE | 10060 | CPT | | | | outpatient | | | 659 | | 263.3 Qualicare | Qualicare | 494.25 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC I&D OF ABSCESS SIMPLE | 10060 | CPT | | | | outpatient | | | 659 | | 263.3 Three Rivers | Three Rivers | 626.05 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC I&D OF ABSCESS SIMPLE | 10060 | CPT | | | | outpatient | | | 659 | | 263.3 Americare | Americare | 494.25 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC I&D OF ABSCESS SIMPLE | 10060 | CPT | | | | outpatient | | | 659 | | 263.3 UHC | Medicare | 228.96 | | | 67.72 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D OF ABSCESS SIMPLE | 10060 | CPT | | | | outpatient | | | 659 | | 263.3 Wellcare | Medicaid | 207.91 | 31.55 | | 141.55 | 125 | | 1782 percent of total billed charges | |
| HC I&D OF ABSCESS SIMPLE | 10060 | CPT | | | | outpatient | | | 659 | | 263.3 Amerihealth | HMO/PPO | 125 | | | | 125 | | 1782 fee schedule | |
| HC I&D OF ABSCESS SIMPLE | 10060 | CPT | | | | outpatient | | | 659 | | 263.3 Horizon | Medicare Blue | 228.96 | | | 75.46 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D ABSC; COMPL OR MULTI | 10061 | CPT | | | | both | | | 1360 | | 524.43 Amerihealth | HMO/PPO | 125 | | | | 125 | | 1782 fee schedule | |
| HC I&D ABSC; COMPL OR MULTI | 10061 | CPT | | | | both | | | 1360 | | 524.43 Consumer | Consumer | 1292 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC I&D ABSC; COMPL OR MULTI | 10061 | CPT | | | | both | | | 1360 | | 524.43 Amerihealth | Medicare | 456.03 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D ABSC; COMPL OR MULTI | 10061 | CPT | | | | both | | | 1360 | | 524.43 Multiplan | Multiplan | 1088 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC I&D ABSC; COMPL OR MULTI | 10061 | CPT | | | | both | | | 1360 | | 524.43 First Health | First Health | 952 | 70 | | | 125 | | 1782 percent of total billed charges | |
| HC I&D ABSC; COMPL OR MULTI | 10061 | CPT | | | | both | | | 1360 | | 524.43 Aetna | Medicare | 456.03 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D ABSC; COMPL OR MULTI | 10061 | CPT | | | | both | | | 1360 | | 524.43 Aetna | Better Health | 429.08 | 31.55 | | 352.99 | 125 | | 1782 percent of total billed charges | |
| HC I&D ABSC; COMPL OR MULTI | 10061 | CPT | | | | both | | | 1360 | | 524.43 Aetna | Commercial | 744.24 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D ABSC; COMPL OR MULTI | 10061 | CPT | | | | both | | | 1360 | | 524.43 UHC | Medicaid | 429.08 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC I&D ABSC; COMPL OR MULTI | 10061 | CPT | | | | both | | | 1360 | | 524.43 Corrections | Corrections | 1088 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC I&D ABSC; COMPL OR MULTI | 10061 | CPT | | | | both | | | 1360 | | 524.43 Horizon | Indemnity | 882.42 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D ABSC; COMPL OR MULTI | 10061 | CPT | | | | both | | | 1360 | | 524.43 Wellcare | Medicaid | 429.08 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC I&D ABSC; COMPL OR MULTI | 10061 | CPT | | | | both | | | 1360 | | 524.43 Three Rivers | Three Rivers | 1292 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC I&D ABSC; COMPL OR MULTI | 10061 | CPT | | | | both | | | 1360 | | 524.43 Qualicare | Qualicare | 1020 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC I&D ABSC; COMPL OR MULTI | 10061 | CPT | | | | both | | | 1360 | | 524.43 Horizon | Medicare Blue | 456.03 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D ABSC; COMPL OR MULTI | 10061 | CPT | | | | both | | | 1360 | | 524.43 Americare | Americare | 1020 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC I&D ABSC; COMPL OR MULTI | 10061 | CPT | | | | both | | | 1360 | | 524.43 Horizon | PPO | 882.42 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D ABSC; COMPL OR MULTI | 10061 | CPT | | | | both | | | 1360 | | 524.43 First Trenton | First Trenton | 1224 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC I&D ABSC; COMPL OR MULTI | 10061 | CPT | | | | both | | | 1360 | | 524.43 Horizon | MGD | 882.42 | | | 495.24 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D ABSC; COMPL OR MULTI | 10061 | CPT | | | | both | | | 1360 | | 524.43 Managed Care Inc | Managed Care Inc | 1224 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC I&D ABSC; COMPL OR MULTI | 10061 | CPT | | | | both | | | 1360 | | 524.43 United | Commercial/PPO | 1782 | | | | 125 | | 1782 case rate | |
| HC I&D ABSC; COMPL OR MULTI | 10061 | CPT | | | | both | | | 1360 | | 524.43 UHC | Medicare | 456.03 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D ABSC; COMPL OR MULTI | 10061 | CPT | | | | both | | | 1360 | | 524.43 United | Oxford | 1782 | | | | 125 | | 1782 case rate | |
| HC I&D ABSC; COMPL OR MULTI | 10061 | CPT | | | | both | | | 1360 | | 524.43 Wellcare | Medicare | 456.03 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D ABSC; COMPL OR MULTI | 10061 | CPT | | | | both | | | 1360 | | 524.43 WellPoint | WellPoint | 437.65 | 32.18 | | 304.28 | 125 | | 1782 percent of total billed charges | |
| HC I&D PILONIDAL CYST | 10080 | CPT | | | | outpatient | | | 2364 | | 925.36 Aetna | Better Health | 745.84 | 31.55 | | | 125 | | 2245.8 percent of total billed charges | |
| HC I&D PILONIDAL CYST | 10080 | CPT | | | | outpatient | | | 2364 | | 925.36 Amerihealth | HMO/PPO | 125 | | | | 125 | | 2245.8 fee schedule | |
| HC I&D PILONIDAL CYST | 10080 | CPT | | | | outpatient | | | 2364 | | 925.36 Consumer | Consumer | 2245.8 | 95 | | | 125 | | 2245.8 percent of total billed charges | |
| HC I&D PILONIDAL CYST | 10080 | CPT | | | | outpatient | | | 2364 | | 925.36 Americare | Americare | 1773 | 75 | | | 125 | | 2245.8 percent of total billed charges | |
| HC I&D PILONIDAL CYST | 10080 | CPT | | | | outpatient | | | 2364 | | 925.36 Horizon | Medicare Blue | 804.66 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D PILONIDAL CYST | 10080 | CPT | | | | outpatient | | | 2364 | | 925.36 Aetna | Commercial | 1313.21 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D PILONIDAL CYST | 10080 | CPT | | | | outpatient | | | 2364 | | 925.36 Horizon | PPO | 1557.02 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D PILONIDAL CYST | 10080 | CPT | | | | outpatient | | | 2364 | | 925.36 Amerihealth | Medicare | 804.66 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D PILONIDAL CYST | 10080 | CPT | | | | outpatient | | | 2364 | | 925.36 Aetna | Medicare | 804.66 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D PILONIDAL CYST | 10080 | CPT | | | | outpatient | | | 2364 | | 925.36 Horizon | MGD | 1557.02 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D PILONIDAL CYST | 10080 | CPT | | | | outpatient | | | 2364 | | 925.36 First Health | First Health | 1654.8 | 70 | | | 125 | | 2245.8 percent of total billed charges | |
| HC I&D PILONIDAL CYST | 10080 | CPT | | | | outpatient | | | 2364 | | 925.36 Three Rivers | Three Rivers | 2245.8 | 95 | | | 125 | | 2245.8 percent of total billed charges | |
| HC I&D PILONIDAL CYST | 10080 | CPT | | | | outpatient | | | 2364 | | 925.36 Multiplan | Multiplan | 1891.2 | 80 | | | 125 | | 2245.8 percent of total billed charges | |
| HC I&D PILONIDAL CYST | 10080 | CPT | | | | outpatient | | | 2364 | | 925.36 UHC | Medicare | 804.66 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D PILONIDAL CYST | 10080 | CPT | | | | outpatient | | | 2364 | | 925.36 Wellcare | Medicaid | 745.84 | 31.55 | | | 125 | | 2245.8 percent of total billed charges | |
| HC I&D PILONIDAL CYST | 10080 | CPT | | | | outpatient | | | 2364 | | 925.36 Corrections | Corrections | 1891.2 | 80 | | | 125 | | 2245.8 percent of total billed charges | |
| HC I&D PILONIDAL CYST | 10080 | CPT | | | | outpatient | | | 2364 | | 925.36 Qualicare | Qualicare | 1773 | 75 | | | 125 | | 2245.8 percent of total billed charges | |
| HC I&D PILONIDAL CYST | 10080 | CPT | | | | outpatient | | | 2364 | | 925.36 United | Oxford | 1817 | | | 361.03 | 125 | | 2245.8 case rate | |
| HC I&D PILONIDAL CYST | 10080 | CPT | | | | outpatient | | | 2364 | | 925.36 WellPoint | WellPoint | 760.74 | 32.18 | | 736.45 | 125 | | 2245.8 percent of total billed charges | |
| HC I&D PILONIDAL CYST | 10080 | CPT | | | | outpatient | | | 2364 | | 925.36 UHC | Medicaid | 745.84 | 31.55 | | 380.98 | 125 | | 2245.8 percent of total billed charges | |
| HC I&D PILONIDAL CYST | 10080 | CPT | | | | outpatient | | | 2364 | | 925.36 Wellcare | Medicare | 804.66 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D PILONIDAL CYST | 10080 | CPT | | | | outpatient | | | 2364 | | 925.36 First Trenton | First Trenton | 2127.6 | 90 | | | 125 | | 2245.8 percent of total billed charges | |
| HC I&D PILONIDAL CYST | 10080 | CPT | | | | outpatient | | | 2364 | | 925.36 Horizon | Indemnity | 1557.02 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D PILONIDAL CYST | 10080 | CPT | | | | outpatient | | | 2364 | | 925.36 Managed Care Inc | Managed Care Inc | 2127.6 | 90 | | | 125 | | 2245.8 percent of total billed charges | |
| HC I&D PILONIDAL CYST | 10080 | CPT | | | | outpatient | | | 2364 | | 925.36 United | Commercial/PPO | 1817 | | | | 125 | | 2245.8 case rate | |
| HC I&D PILONIDAL CYST COMPLICATED | 10081 | CPT | | | | outpatient | | | 2488 | | 925.36 Amerihealth | HMO/PPO | 125 | | | | 125 | | 2363.6 fee schedule | |
| HC I&D PILONIDAL CYST COMPLICATED | 10081 | CPT | | | | outpatient | | | 2488 | | 925.36 Consumer | Consumer | 2363.6 | 95 | | | 125 | | 2363.6 percent of total billed charges | |
| HC I&D PILONIDAL CYST COMPLICATED | 10081 | CPT | | | | outpatient | | | 2488 | | 925.36 Horizon | PPO | 1557.02 | | | | 125 | | 2363.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D PILONIDAL CYST COMPLICATED | 10081 | CPT | | | | outpatient | | | 2488 | | 925.36 Americare | Americare | 1866 | 75 | | | 125 | | 2363.6 percent of total billed charges | |
| HC I&D PILONIDAL CYST COMPLICATED | 10081 | CPT | | | | outpatient | | | 2488 | | 925.36 Amerihealth | Medicare | 804.66 | | | | 125 | | 2363.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D PILONIDAL CYST COMPLICATED | 10081 | CPT | | | | outpatient | | | 2488 | | 925.36 Aetna | Better Health | 784.96 | 31.55 | | | 125 | | 2363.6 percent of total billed charges | |
| HC I&D PILONIDAL CYST COMPLICATED | 10081 | CPT | | | | outpatient | | | 2488 | | 925.36 First Trenton | First Trenton | 2239.2 | 90 | | | 125 | | 2363.6 percent of total billed charges | |
| HC I&D PILONIDAL CYST COMPLICATED | 10081 | CPT | | | | outpatient | | | 2488 | | 925.36 Aetna | Medicare | 804.66 | | | | 125 | | 2363.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D PILONIDAL CYST COMPLICATED | 10081 | CPT | | | | outpatient | | | 2488 | | 925.36 First Health | First Health | 1741.6 | 70 | | | 125 | | 2363.6 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC I&D PILONIDAL CYST COMPLICATED | 10081 | CPT | | | | outpatient | | | 2488 | 925.36 | Corrections | Corrections | 1990.4 | 80 | | | 125 | | 2363.6 percent of total billed charges | |
| HC I&D PILONIDAL CYST COMPLICATED | 10081 | CPT | | | | outpatient | | | 2488 | 925.36 | UHC | Medicare | 804.66 | | | | 125 | | 2363.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D PILONIDAL CYST COMPLICATED | 10081 | CPT | | | | outpatient | | | 2488 | 925.36 | Three Rivers | Three Rivers | 2363.6 | 95 | | | 125 | | 2363.6 percent of total billed charges | |
| HC I&D PILONIDAL CYST COMPLICATED | 10081 | CPT | | | | outpatient | | | 2488 | 925.36 | Horizon | Indemnity | 1557.02 | | | | 125 | | 2363.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D PILONIDAL CYST COMPLICATED | 10081 | CPT | | | | outpatient | | | 2488 | 925.36 | Aetna | Commercial | 945.44 | 38 | | | 125 | | 2363.6 percent of total billed charges | |
| HC I&D PILONIDAL CYST COMPLICATED | 10081 | CPT | | | | outpatient | | | 2488 | 925.36 | Managed Care Inc | Managed Care Inc | 2239.2 | 90 | | | 125 | | 2363.6 percent of total billed charges | |
| HC I&D PILONIDAL CYST COMPLICATED | 10081 | CPT | | | | outpatient | | | 2488 | 925.36 | Horizon | MGD | 1557.02 | | | | 125 | | 2363.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D PILONIDAL CYST COMPLICATED | 10081 | CPT | | | | outpatient | | | 2488 | 925.36 | UHC | Medicaid | 784.96 | 31.55 | | | 125 | | 2363.6 percent of total billed charges | |
| HC I&D PILONIDAL CYST COMPLICATED | 10081 | CPT | | | | outpatient | | | 2488 | 925.36 | Horizon | Medicare Blue | 804.66 | | | | 125 | | 2363.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D PILONIDAL CYST COMPLICATED | 10081 | CPT | | | | outpatient | | | 2488 | 925.36 | WellPoint | WellPoint | 800.64 | 32.18 | | | 125 | | 2363.6 percent of total billed charges | |
| HC I&D PILONIDAL CYST COMPLICATED | 10081 | CPT | | | | outpatient | | | 2488 | 925.36 | Multiplan | Multiplan | 1990.4 | 80 | | | 125 | | 2363.6 percent of total billed charges | |
| HC I&D PILONIDAL CYST COMPLICATED | 10081 | CPT | | | | outpatient | | | 2488 | 925.36 | United | Commercial/PPO | 1817 | | | | 125 | | 2363.6 case rate | |
| HC I&D PILONIDAL CYST COMPLICATED | 10081 | CPT | | | | outpatient | | | 2488 | 925.36 | Wellcare | Medicare | 804.66 | | | | 125 | | 2363.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D PILONIDAL CYST COMPLICATED | 10081 | CPT | | | | outpatient | | | 2488 | 925.36 | Wellcare | Medicaid | 784.96 | 31.55 | | | 125 | | 2363.6 percent of total billed charges | |
| HC I&D PILONIDAL CYST COMPLICATED | 10081 | CPT | | | | outpatient | | | 2488 | 925.36 | Qualcare | Qualcare | 1866 | 75 | | | 125 | | 2363.6 percent of total billed charges | |
| HC I&D PILONIDAL CYST COMPLICATED | 10081 | CPT | | | | outpatient | | | 2488 | 925.36 | United | Oxford | 1817 | | | | 125 | | 2363.6 case rate | |
| HC FB REMOVAL-SUBCUT | 10120 | CPT | | | | outpatient | | | 1360 | 524.43 | Qualcare | Qualcare | 1020 | 75 | | | 300 | | 1782 percent of total billed charges | |
| HC FB REMOVAL-SUBCUT | 10120 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Better Health | 429.08 | 31.55 | | 408.65 | 300 | | 1782 percent of total billed charges | |
| HC FB REMOVAL-SUBCUT | 10120 | CPT | | | | outpatient | | | 1360 | 524.43 | Amerihealth | Medicare | 456.03 | | | | 300 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FB REMOVAL-SUBCUT | 10120 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Medicare | 456.03 | | | | 300 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FB REMOVAL-SUBCUT | 10120 | CPT | | | | outpatient | | | 1360 | 524.43 | First Trenton | First Trenton | 1224 | 90 | | | 300 | | 1782 percent of total billed charges | |
| HC FB REMOVAL-SUBCUT | 10120 | CPT | | | | outpatient | | | 1360 | 524.43 | United | Oxford | 1782 | | | | 300 | | 1782 case rate | |
| HC FB REMOVAL-SUBCUT | 10120 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Commercial | 744.24 | | | | 300 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FB REMOVAL-SUBCUT | 10120 | CPT | | | | outpatient | | | 1360 | 524.43 | UHC | Medicaid | 429.08 | 31.55 | | 413.26 | 300 | | 1782 percent of total billed charges | |
| HC FB REMOVAL-SUBCUT | 10120 | CPT | | | | outpatient | | | 1360 | 524.43 | United | Commercial/PPO | 1782 | | | | 300 | | 1782 case rate | |
| HC FB REMOVAL-SUBCUT | 10120 | CPT | | | | outpatient | | | 1360 | 524.43 | Amerihealth | HMO/PPO | 300 | | | | 300 | | 1782 fee schedule | |
| HC FB REMOVAL-SUBCUT | 10120 | CPT | | | | outpatient | | | 1360 | 524.43 | Consumer | Consumer | 1292 | 95 | | | 300 | | 1782 percent of total billed charges | |
| HC FB REMOVAL-SUBCUT | 10120 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | MGD | 882.42 | | | | 300 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FB REMOVAL-SUBCUT | 10120 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | PPO | 882.42 | | | | 300 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FB REMOVAL-SUBCUT | 10120 | CPT | | | | outpatient | | | 1360 | 524.43 | WellPoint | WellPoint | 437.65 | 32.18 | | 409.51 | 300 | | 1782 percent of total billed charges | |
| HC FB REMOVAL-SUBCUT | 10120 | CPT | | | | outpatient | | | 1360 | 524.43 | Americare | Americare | 1020 | 75 | | | 300 | | 1782 percent of total billed charges | |
| HC FB REMOVAL-SUBCUT | 10120 | CPT | | | | outpatient | | | 1360 | 524.43 | First Health | First Health | 952 | 70 | | | 300 | | 1782 percent of total billed charges | |
| HC FB REMOVAL-SUBCUT | 10120 | CPT | | | | outpatient | | | 1360 | 524.43 | Managed Care Inc | Managed Care Inc | 1224 | 90 | | | 300 | | 1782 percent of total billed charges | |
| HC FB REMOVAL-SUBCUT | 10120 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | Indemnity | 882.42 | | | | 300 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FB REMOVAL-SUBCUT | 10120 | CPT | | | | outpatient | | | 1360 | 524.43 | Corrections | Corrections | 1088 | 80 | | | 300 | | 1782 percent of total billed charges | |
| HC FB REMOVAL-SUBCUT | 10120 | CPT | | | | outpatient | | | 1360 | 524.43 | Wellcare | Medicaid | 429.08 | 31.55 | | | 300 | | 1782 percent of total billed charges | |
| HC FB REMOVAL-SUBCUT | 10120 | CPT | | | | outpatient | | | 1360 | 524.43 | Wellcare | Medicare | 456.03 | | | | 300 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FB REMOVAL-SUBCUT | 10120 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | Medicare Blue | 456.03 | | | 342.37 | 300 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FB REMOVAL-SUBCUT | 10120 | CPT | | | | outpatient | | | 1360 | 524.43 | Multiplan | Multiplan | 1088 | 80 | | | 300 | | 1782 percent of total billed charges | |
| HC FB REMOVAL-SUBCUT | 10120 | CPT | | | | outpatient | | | 1360 | 524.43 | Three Rivers | Three Rivers | 1292 | 95 | | | 300 | | 1782 percent of total billed charges | |
| HC FB REMOVAL-SUBCUT | 10120 | CPT | | | | outpatient | | | 1360 | 524.43 | UHC | Medicare | 456.03 | | | 268.71 | 300 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FB REMOVAL COMPLICATED | 10121 | CPT | | | | outpatient | | | 5464 | 2132.36 | Aetna | Better Health | 1723.89 | 31.55 | | | 550 | | 5190.8 percent of total billed charges | |
| HC FB REMOVAL COMPLICATED | 10121 | CPT | | | | outpatient | | | 5464 | 2132.36 | Three Rivers | Three Rivers | 5190.8 | 95 | | | 550 | | 5190.8 percent of total billed charges | |
| HC FB REMOVAL COMPLICATED | 10121 | CPT | | | | outpatient | | | 5464 | 2132.36 | Corrections | Corrections | 4371.2 | 80 | | | 550 | | 5190.8 percent of total billed charges | |
| HC FB REMOVAL COMPLICATED | 10121 | CPT | | | | outpatient | | | 5464 | 2132.36 | United | Commercial/PPO | 2493 | | | | 550 | | 5190.8 case rate | |
| HC FB REMOVAL COMPLICATED | 10121 | CPT | | | | outpatient | | | 5464 | 2132.36 | Wellcare | Medicare | 1854.23 | | | | 550 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FB REMOVAL COMPLICATED | 10121 | CPT | | | | outpatient | | | 5464 | 2132.36 | Aetna | Medicare | 1854.23 | | | | 550 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FB REMOVAL COMPLICATED | 10121 | CPT | | | | outpatient | | | 5464 | 2132.36 | Aetna | Commercial | 3026.1 | | | | 550 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FB REMOVAL COMPLICATED | 10121 | CPT | | | | outpatient | | | 5464 | 2132.36 | Amerihealth | HMO/PPO | 550 | | | | 550 | | 5190.8 fee schedule | |
| HC FB REMOVAL COMPLICATED | 10121 | CPT | | | | outpatient | | | 5464 | 2132.36 | Americare | Americare | 4098 | 75 | | | 550 | | 5190.8 percent of total billed charges | |
| HC FB REMOVAL COMPLICATED | 10121 | CPT | | | | outpatient | | | 5464 | 2132.36 | First Trenton | First Trenton | 4917.6 | 90 | | | 550 | | 5190.8 percent of total billed charges | |
| HC FB REMOVAL COMPLICATED | 10121 | CPT | | | | outpatient | | | 5464 | 2132.36 | Multiplan | Multiplan | 4371.2 | 80 | | | 550 | | 5190.8 percent of total billed charges | |
| HC FB REMOVAL COMPLICATED | 10121 | CPT | | | | outpatient | | | 5464 | 2132.36 | WellPoint | WellPoint | 1756.32 | 32.18 | | | 550 | | 5190.8 percent of total billed charges | |
| HC FB REMOVAL COMPLICATED | 10121 | CPT | | | | outpatient | | | 5464 | 2132.36 | Consumer | Consumer | 5190.8 | 95 | | | 550 | | 5190.8 percent of total billed charges | |
| HC FB REMOVAL COMPLICATED | 10121 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | MGD | 3587.94 | | | | 550 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FB REMOVAL COMPLICATED | 10121 | CPT | | | | outpatient | | | 5464 | 2132.36 | Qualcare | Qualcare | 4098 | 75 | | | 550 | | 5190.8 percent of total billed charges | |
| HC FB REMOVAL COMPLICATED | 10121 | CPT | | | | outpatient | | | 5464 | 2132.36 | Amerihealth | Medicare | 1854.23 | | | | 550 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FB REMOVAL COMPLICATED | 10121 | CPT | | | | outpatient | | | 5464 | 2132.36 | UHC | Medicaid | 1723.89 | 31.55 | | 1712.44 | 550 | | 5190.8 percent of total billed charges | |
| HC FB REMOVAL COMPLICATED | 10121 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | PPO | 3587.94 | | | | 550 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FB REMOVAL COMPLICATED | 10121 | CPT | | | | outpatient | | | 5464 | 2132.36 | United | Oxford | 2493 | | | | 550 | | 5190.8 case rate | |
| HC FB REMOVAL COMPLICATED | 10121 | CPT | | | | outpatient | | | 5464 | 2132.36 | First Health | First Health | 3824.8 | 70 | | | 550 | | 5190.8 percent of total billed charges | |
| HC FB REMOVAL COMPLICATED | 10121 | CPT | | | | outpatient | | | 5464 | 2132.36 | Managed Care Inc | Managed Care Inc | 4917.6 | 90 | | | 550 | | 5190.8 percent of total billed charges | |
| HC FB REMOVAL COMPLICATED | 10121 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | Indemnity | 3587.94 | | | | 550 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FB REMOVAL COMPLICATED | 10121 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | Medicare Blue | 1854.23 | | | | 550 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FB REMOVAL COMPLICATED | 10121 | CPT | | | | outpatient | | | 5464 | 2132.36 | UHC | Medicare | 1854.23 | | | | 550 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FB REMOVAL COMPLICATED | 10121 | CPT | | | | outpatient | | | 5464 | 2132.36 | Wellcare | Medicaid | 1723.89 | 31.55 | | | 550 | | 5190.8 percent of total billed charges | |
| HC I&D HEMATOMA/SEROMA/FLUID COL | 10140 | CPT | | | | both | | | 5653 | 2132.36 | First Trenton | First Trenton | 5087.7 | 90 | | | 550 | | 5370.35 percent of total billed charges | |
| HC I&D HEMATOMA/SEROMA/FLUID COL | 10140 | CPT | | | | both | | | 5653 | 2132.36 | Aetna | Commercial | 3026.1 | | | | 550 | | 5370.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D HEMATOMA/SEROMA/FLUID COL | 10140 | CPT | | | | both | | | 5653 | 2132.36 | Consumer | Consumer | 5370.35 | 95 | | | 550 | | 5370.35 percent of total billed charges | |
| HC I&D HEMATOMA/SEROMA/FLUID COL | 10140 | CPT | | | | both | | | 5653 | 2132.36 | Corrections | Corrections | 4522.4 | 80 | | | 550 | | 5370.35 percent of total billed charges | |
| HC I&D HEMATOMA/SEROMA/FLUID COL | 10140 | CPT | | | | both | | | 5653 | 2132.36 | Aetna | Better Health | 1783.52 | 31.55 | | 1055.81 | 550 | | 5370.35 percent of total billed charges | |
| HC I&D HEMATOMA/SEROMA/FLUID COL | 10140 | CPT | | | | both | | | 5653 | 2132.36 | Americare | Americare | 4239.75 | 75 | | | 550 | | 5370.35 percent of total billed charges | |
| HC I&D HEMATOMA/SEROMA/FLUID COL | 10140 | CPT | | | | both | | | 5653 | 2132.36 | First Health | First Health | 3957.1 | 70 | | | 550 | | 5370.35 percent of total billed charges | |
| HC I&D HEMATOMA/SEROMA/FLUID COL | 10140 | CPT | | | | both | | | 5653 | 2132.36 | Horizon | PPO | 3587.94 | | | | 550 | | 5370.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D HEMATOMA/SEROMA/FLUID COL | 10140 | CPT | | | | both | | | 5653 | 2132.36 | Horizon | Medicare Blue | 1854.23 | | | 1620.47 | 550 | | 5370.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D HEMATOMA/SEROMA/FLUID COL | 10140 | CPT | | | | both | | | 5653 | 2132.36 | Aetna | Medicare | 1854.23 | | | | 550 | | 5370.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D HEMATOMA/SEROMA/FLUID COL | 10140 | CPT | | | | both | | | 5653 | 2132.36 | Horizon | Indemnity | 3587.94 | | | | 550 | | 5370.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D HEMATOMA/SEROMA/FLUID COL | 10140 | CPT | | | | both | | | 5653 | 2132.36 | UHC | Medicaid | 1783.52 | 31.55 | | 1289.88 | 550 | | 5370.35 percent of total billed charges | |
| HC I&D HEMATOMA/SEROMA/FLUID COL | 10140 | CPT | | | | both | | | 5653 | 2132.36 | Wellcare | Medicaid | 1783.52 | 31.55 | | 486.21 | 550 | | 5370.35 percent of total billed charges | |
| HC I&D HEMATOMA/SEROMA/FLUID COL | 10140 | CPT | | | | both | | | 5653 | 2132.36 | Amerihealth | HMO/PPO | 550 | | | | 550 | | 5370.35 fee schedule | |
| HC I&D HEMATOMA/SEROMA/FLUID COL | 10140 | CPT | | | | both | | | 5653 | 2132.36 | Multiplan | Multiplan | 4522.4 | 80 | | | 550 | | 5370.35 percent of total billed charges | |
| HC I&D HEMATOMA/SEROMA/FLUID COL | 10140 | CPT | | | | both | | | 5653 | 2132.36 | WellPoint | WellPoint | 1819.14 | 32.18 | | | 550 | | 5370.35 percent of total billed charges | |
| HC I&D HEMATOMA/SEROMA/FLUID COL | 10140 | CPT | | | | both | | | 5653 | 2132.36 | Managed Care Inc | Managed Care Inc | 5087.7 | 90 | | | 550 | | 5370.35 percent of total billed charges | |
| HC I&D HEMATOMA/SEROMA/FLUID COL | 10140 | CPT | | | | both | | | 5653 | 2132.36 | Horizon | MGD | 3587.94 | | | | 550 | | 5370.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D HEMATOMA/SEROMA/FLUID COL | 10140 | CPT | | | | both | | | 5653 | 2132.36 | United | Commercial/PPO | 2493 | | | | 550 | | 5370.35 case rate | |
| HC I&D HEMATOMA/SEROMA/FLUID COL | 10140 | CPT | | | | both | | | 5653 | 2132.36 | Amerihealth | Medicare | 1854.23 | | | | 550 | | 5370.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D HEMATOMA/SEROMA/FLUID COL | 10140 | CPT | | | | both | | | 5653 | 2132.36 | Three Rivers | Three Rivers | 5370.35 | 95 | | | 550 | | 5370.35 percent of total billed charges | |
| HC I&D HEMATOMA/SEROMA/FLUID COL | 10140 | CPT | | | | both | | | 5653 | 2132.36 | UHC | Medicare | 1854.23 | | | | 550 | | 5370.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D HEMATOMA/SEROMA/FLUID COL | 10140 | CPT | | | | both | | | 5653 | 2132.36 | Qualcare | Qualcare | 4239.75 | 75 | | | 550 | | 5370.35 percent of total billed charges | |
| HC I&D HEMATOMA/SEROMA/FLUID COL | 10140 | CPT | | | | both | | | 5653 | 2132.36 | United | Oxford | 2493 | | | | 550 | | 5370.35 case rate | |
| HC I&D HEMATOMA/SEROMA/FLUID COL | 10140 | CPT | | | | both | | | 5653 | 2132.36 | Wellcare | Medicare | 1854.23 | | | | 550 | | 5370.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCTURE DRAINAGE OF LESION | 10160 | CPT | | | | both | | | 1410 | 524.43 | Corrections | Corrections | 1128 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC PUNCTURE DRAINAGE OF LESION | 10160 | CPT | | | | both | | | 1410 | 524.43 | Amerihealth | Medicare | 456.03 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCTURE DRAINAGE OF LESION | 10160 | CPT | | | | both | | | 1410 | 524.43 | First Health | First Health | 987 | 70 | | | 125 | | 1782 percent of total billed charges | |
| HC PUNCTURE DRAINAGE OF LESION | 10160 | CPT | | | | both | | | 1410 | 524.43 | Americare | Americare | 1057.5 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC PUNCTURE DRAINAGE OF LESION | 10160 | CPT | | | | both | | | 1410 | 524.43 | Aetna | Commercial | 744.24 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCTURE DRAINAGE OF LESION | 10160 | CPT | | | | both | | | 1410 | 524.43 | Horizon | Indemnity | 882.42 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCTURE DRAINAGE OF LESION | 10160 | CPT | | | | both | | | 1410 | 524.43 | Amerihealth | HMO/PPO | 125 | | | | 125 | | 1782 fee schedule | |
| HC PUNCTURE DRAINAGE OF LESION | 10160 | CPT | | | | both | | | 1410 | 524.43 | Aetna | Better Health | 444.86 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC PUNCTURE DRAINAGE OF LESION | 10160 | CPT | | | | both | | | 1410 | 524.43 | UHC | Medicare | 456.03 | | | 408.08 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCTURE DRAINAGE OF LESION | 10160 | CPT | | | | both | | | 1410 | 524.43 | United | Commercial/PPO | 1782 | | | | 125 | | 1782 case rate | |
| HC PUNCTURE DRAINAGE OF LESION | 10160 | CPT | | | | both | | | 1410 | 524.43 | First Trenton | First Trenton | 1269 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC PUNCTURE DRAINAGE OF LESION | 10160 | CPT | | | | both | | | 1410 | 524.43 | Consumer | Consumer | 1339.5 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC PUNCTURE DRAINAGE OF LESION | 10160 | CPT | | | | both | | | 1410 | 524.43 | Horizon | MGD | 882.42 | | | 358.92 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCTURE DRAINAGE OF LESION | 10160 | CPT | | | | both | | | 1410 | 524.43 | Aetna | Medicare | 456.03 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCTURE DRAINAGE OF LESION | 10160 | CPT | | | | both | | | 1410 | 524.43 | Horizon | Medicare Blue | 456.03 | | | 401.84 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCTURE DRAINAGE OF LESION | 10160 | CPT | | | | both | | | 1410 | 524.43 | Horizon | PPO | 882.42 | | | 654.25 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCTURE DRAINAGE OF LESION | 10160 | CPT | | | | both | | | 1410 | 524.43 | WellPoint | WellPoint | 453.74 | 32.18 | | 106.31 | 125 | | 1782 percent of total billed charges | |
| HC PUNCTURE DRAINAGE OF LESION | 10160 | CPT | | | | both | | | 1410 | 524.43 | United | Oxford | 1782 | | | | 125 | | 1782 case rate | |
| HC PUNCTURE DRAINAGE OF LESION | 10160 | CPT | | | | both | | | 1410 | 524.43 | Managed Care Inc | Managed Care Inc | 1269 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC PUNCTURE DRAINAGE OF LESION | 10160 | CPT | | | | both | | | 1410 | 524.43 | Multiplan | Multiplan | 1128 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC PUNCTURE DRAINAGE OF LESION | 10160 | CPT | | | | both | | | 1410 | 524.43 | Wellcare | Medicaid | 444.86 | 31.55 | | 142.3 | 125 | | 1782 percent of total billed charges | |
| HC PUNCTURE DRAINAGE OF LESION | 10160 | CPT | | | | both | | | 1410 | 524.43 | Qualcare | Qualcare | 1057.5 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC PUNCTURE DRAINAGE OF LESION | 10160 | CPT | | | | both | | | 1410 | 524.43 | Three Rivers | Three Rivers | 1339.5 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC PUNCTURE DRAINAGE OF LESION | 10160 | CPT | | | | both | | | 1410 | 524.43 | UHC | Medicaid | 444.86 | 31.55 | | 143.35 | 125 | | 1782 percent of total billed charges | |
| HC PUNCTURE DRAINAGE OF LESION | 10160 | CPT | | | | both | | | 1410 | 524.43 | Wellcare | Medicare | 456.03 | | | 85.23 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D COMPLEX PO WOUND INFEC | 10180 | CPT | | | | outpatient | | | 9413 | 3737.2 | Aetna | Better Health | 2969.8 | 31.55 | | | 550 | | 8942.35 percent of total billed charges | |
| HC I&D COMPLEX PO WOUND INFEC | 10180 | CPT | | | | outpatient | | | 9413 | 3737.2 | Aetna | Commercial | 5303.58 | | | | 550 | | 8942.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D COMPLEX PO WOUND INFEC | 10180 | CPT | | | | outpatient | | | 9413 | 3737.2 | Amerihealth | Medicare | 3249.74 | | | | 550 | | 8942.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D COMPLEX PO WOUND INFEC | 10180 | CPT | | | | outpatient | | | 9413 | 3737.2 | Three Rivers | Three Rivers | 8942.35 | 95 | | | 550 | | 8942.35 percent of total billed charges | |
| HC I&D COMPLEX PO WOUND INFEC | 10180 | CPT | | | | outpatient | | | 9413 | 3737.2 | Aetna | Medicare | 3249.74 | | | | 550 | | 8942.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D COMPLEX PO WOUND INFEC | 10180 | CPT | | | | outpatient | | | 9413 | 3737.2 | UHC | Medicare | 3249.74 | | | | 550 | | 8942.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D COMPLEX PO WOUND INFEC | 10180 | CPT | | | | outpatient | | | 9413 | 3737.2 | Consumer | Consumer | 8942.35 | 95 | | | 550 | | 8942.35 percent of total billed charges | |
| HC I&D COMPLEX PO WOUND INFEC | 10180 | CPT | | | | outpatient | | | 9413 | 3737.2 | First Trenton | First Trenton | 8471.7 | 90 | | | 550 | | 8942.35 percent of total billed charges | |
| HC I&D COMPLEX PO WOUND INFEC | 10180 | CPT | | | | outpatient | | | 9413 | 3737.2 | WellPoint | WellPoint | 3029.1 | 32.18 | | | 550 | | 8942.35 percent of total billed charges | |
| HC I&D COMPLEX PO WOUND INFEC | 10180 | CPT | | | | outpatient | | | 9413 | 3737.2 | Americare | Americare | 7059.75 | 75 | | | 550 | | 8942.35 percent of total billed charges | |
| HC I&D COMPLEX PO WOUND INFEC | 10180 | CPT | | | | outpatient | | | 9413 | 3737.2 | Corrections | Corrections | 7530.4 | 80 | | | 550 | | 8942.35 percent of total billed charges | |
| HC I&D COMPLEX PO WOUND INFEC | 10180 | CPT | | | | outpatient | | | 9413 | 3737.2 | UHC | Medicaid | 2969.8 | 31.55 | | | 550 | | 8942.35 percent of total billed charges | |
| HC I&D COMPLEX PO WOUND INFEC | 10180 | CPT | | | | outpatient | | | 9413 | 3737.2 | Amerihealth | HMO/PPO | 550 | | | | 550 | | 8942.35 fee schedule | |
| HC I&D COMPLEX PO WOUND INFEC | 10180 | CPT | | | | outpatient | | | 9413 | 3737.2 | Multiplan | Multiplan | 7530.4 | 80 | | | 550 | | 8942.35 percent of total billed charges | |
| HC I&D COMPLEX PO WOUND INFEC | 10180 | CPT | | | | outpatient | | | 9413 | 3737.2 | United | Oxford | 2776 | | | | 550 | | 8942.35 case rate | |
| HC I&D COMPLEX PO WOUND INFEC | 10180 | CPT | | | | outpatient | | | 9413 | 3737.2 | Horizon | Indemnity | 6288.25 | | | | 550 | | 8942.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D COMPLEX PO WOUND INFEC | 10180 | CPT | | | | outpatient | | | 9413 | 3737.2 | First Health | First Health | 6589.1 | 70 | | | 550 | | 8942.35 percent of total billed charges | |
| HC I&D COMPLEX PO WOUND INFEC | 10180 | CPT | | | | outpatient | | | 9413 | 3737.2 | Qualcare | Qualcare | 7059.75 | 75 | | | 550 | | 8942.35 percent of total billed charges | |
| HC I&D COMPLEX PO WOUND INFEC | 10180 | CPT | | | | outpatient | | | 9413 | 3737.2 | Horizon | Medicare Blue | 3249.74 | | | | 550 | | 8942.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D COMPLEX PO WOUND INFEC | 10180 | CPT | | | | outpatient | | | 9413 | 3737.2 | United | Commercial/PPO | 2776 | | | | 550 | | 8942.35 case rate | |
| HC I&D COMPLEX PO WOUND INFEC | 10180 | CPT | | | | outpatient | | | 9413 | 3737.2 | Horizon | MGD | 6288.25 | | | | 550 | | 8942.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D COMPLEX PO WOUND INFEC | 10180 | CPT | | | | outpatient | | | 9413 | 3737.2 | Wellcare | Medicare | 3249.74 | | | | 550 | | 8942.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D COMPLEX PO WOUND INFEC | 10180 | CPT | | | | outpatient | | | 9413 | 3737.2 | Wellcare | Medicaid | 2969.8 | 31.55 | | | 550 | | 8942.35 percent of total billed charges | |
| HC I&D COMPLEX PO WOUND INFEC | 10180 | CPT | | | | outpatient | | | 9413 | 3737.2 | Horizon | PPO | 6288.25 | | | | 550 | | 8942.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D COMPLEX PO WOUND INFEC | 10180 | CPT | | | | outpatient | | | 9413 | 3737.2 | Managed Care Inc | Managed Care Inc | 8471.7 | 90 | | | 550 | | 8942.35 percent of total billed charges | |
| HC DEBR EXZ/INF SKIN <=10% BS | 11000 | CPT | | | | outpatient | | | 2117 | 826.02 | Aetna | Commercial | 1172.23 | | | | 550 | | 2011.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBR EXZ/INF SKIN <=10% BS | 11000 | CPT | | | | outpatient | | | 2117 | 826.02 | Horizon | PPO | 1389.87 | | | | 550 | | 2011.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBR EXZ/INF SKIN <=10% BS | 11000 | CPT | | | | outpatient | | | 2117 | 826.02 | Aetna | Medicare | 718.28 | | | | 550 | | 2011.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBR EXZ/INF SKIN <=10% BS | 11000 | CPT | | | | outpatient | | | 2117 | 826.02 | Amerihealth | Medicare | 718.28 | | | | 550 | | 2011.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBR EXZ/INF SKIN <=10% BS | 11000 | CPT | | | | outpatient | | | 2117 | 826.02 | Multiplan | Multiplan | 1693.6 | 80 | | | 550 | | 2011.15 percent of total billed charges | |
| HC DEBR EXZ/INF SKIN <=10% BS | 11000 | CPT | | | | outpatient | | | 2117 | 826.02 | Amerihealth | HMO/PPO | 550 | | | | 550 | | 2011.15 fee schedule | |
| HC DEBR EXZ/INF SKIN <=10% BS | 11000 | CPT | | | | outpatient | | | 2117 | 826.02 | Aetna | Better Health | 667.91 | 31.55 | | | 550 | | 2011.15 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC DEBR EXZ/INF SKIN <=10% BS | 11000 | CPT | | | | outpatient | | | 2117 | | 826.02 Horizon | MCD | 1389.87 | | | | 550 | | 2011.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBR EXZ/INF SKIN <=10% BS | 11000 | CPT | | | | outpatient | | | 2117 | | 826.02 Horizon | Indemnity | 1389.87 | | | | 550 | | 2011.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBR EXZ/INF SKIN <=10% BS | 11000 | CPT | | | | outpatient | | | 2117 | | 826.02 United | Oxford | 1782 | | | | 550 | | 2011.15 case rate | |
| HC DEBR EXZ/INF SKIN <=10% BS | 11000 | CPT | | | | outpatient | | | 2117 | | 826.02 Consumer | Consumer | 2011.15 | 95 | | | 550 | | 2011.15 percent of total billed charges | |
| HC DEBR EXZ/INF SKIN <=10% BS | 11000 | CPT | | | | outpatient | | | 2117 | | 826.02 UHC | Medicaid | 667.91 | 31.55 | | | 550 | | 2011.15 percent of total billed charges | |
| HC DEBR EXZ/INF SKIN <=10% BS | 11000 | CPT | | | | outpatient | | | 2117 | | 826.02 Qualcare | Qualcare | 1587.75 | 75 | | | 550 | | 2011.15 percent of total billed charges | |
| HC DEBR EXZ/INF SKIN <=10% BS | 11000 | CPT | | | | outpatient | | | 2117 | | 826.02 First Health | First Health | 1481.9 | 70 | | | 550 | | 2011.15 percent of total billed charges | |
| HC DEBR EXZ/INF SKIN <=10% BS | 11000 | CPT | | | | outpatient | | | 2117 | | 826.02 Americare | Americare | 1587.75 | 75 | | | 550 | | 2011.15 percent of total billed charges | |
| HC DEBR EXZ/INF SKIN <=10% BS | 11000 | CPT | | | | outpatient | | | 2117 | | 826.02 UHC | Medicare | 718.28 | | | | 550 | | 2011.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBR EXZ/INF SKIN <=10% BS | 11000 | CPT | | | | outpatient | | | 2117 | | 826.02 Wellcare | Medicaid | 667.91 | 31.55 | | | 550 | | 2011.15 percent of total billed charges | |
| HC DEBR EXZ/INF SKIN <=10% BS | 11000 | CPT | | | | outpatient | | | 2117 | | 826.02 WellPoint | WellPoint | 681.25 | 32.18 | | 632.74 | 550 | | 2011.15 percent of total billed charges | |
| HC DEBR EXZ/INF SKIN <=10% BS | 11000 | CPT | | | | outpatient | | | 2117 | | 826.02 Corrections | Corrections | 1693.6 | 80 | | | 550 | | 2011.15 percent of total billed charges | |
| HC DEBR EXZ/INF SKIN <=10% BS | 11000 | CPT | | | | outpatient | | | 2117 | | 826.02 United | CommercialPPO | 1782 | | | | 550 | | 2011.15 case rate | |
| HC DEBR EXZ/INF SKIN <=10% BS | 11000 | CPT | | | | outpatient | | | 2117 | | 826.02 First Trenton | First Trenton | 1905.3 | 90 | | | 550 | | 2011.15 percent of total billed charges | |
| HC DEBR EXZ/INF SKIN <=10% BS | 11000 | CPT | | | | outpatient | | | 2117 | | 826.02 Horizon | Medicare Blue | 718.28 | | | | 550 | | 2011.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBR EXZ/INF SKIN <=10% BS | 11000 | CPT | | | | outpatient | | | 2117 | | 826.02 Managed Care Inc | Managed Care Inc | 1905.3 | 90 | | | 550 | | 2011.15 percent of total billed charges | |
| HC DEBR EXZ/INF SKIN <=10% BS | 11000 | CPT | | | | outpatient | | | 2117 | | 826.02 Wellcare | Medicare | 718.28 | | | | 550 | | 2011.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBR EXZ/INF SKIN <=10% BS | 11000 | CPT | | | | outpatient | | | 2117 | | 826.02 Three Rivers | Three Rivers | 2011.15 | 95 | | | 550 | | 2011.15 percent of total billed charges | |
| HC DEBRIDE SKIN/MUSCLE FX | 11011 | CPT | | | | outpatient | | | 2488 | | 925.36 First Trenton | First Trenton | 2239.2 | 90 | | | 550 | | 2363.6 percent of total billed charges | |
| HC DEBRIDE SKIN/MUSCLE FX | 11011 | CPT | | | | outpatient | | | 2488 | | 925.36 Aetna | Medicare | 804.66 | | | | 550 | | 2363.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDE SKIN/MUSCLE FX | 11011 | CPT | | | | outpatient | | | 2488 | | 925.36 Amerihealth | HMO/PPO | 550 | | | | 550 | | 2363.6 fee schedule | |
| HC DEBRIDE SKIN/MUSCLE FX | 11011 | CPT | | | | outpatient | | | 2488 | | 925.36 Aetna | Commercial | 1313.21 | | | | 550 | | 2363.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDE SKIN/MUSCLE FX | 11011 | CPT | | | | outpatient | | | 2488 | | 925.36 Qualcare | Qualcare | 1866 | 75 | | | 550 | | 2363.6 percent of total billed charges | |
| HC DEBRIDE SKIN/MUSCLE FX | 11011 | CPT | | | | outpatient | | | 2488 | | 925.36 Horizon | MCD | 1557.02 | | | | 550 | | 2363.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDE SKIN/MUSCLE FX | 11011 | CPT | | | | outpatient | | | 2488 | | 925.36 Aetna | Better Health | 784.96 | 31.55 | | | 550 | | 2363.6 percent of total billed charges | |
| HC DEBRIDE SKIN/MUSCLE FX | 11011 | CPT | | | | outpatient | | | 2488 | | 925.36 Consumer | Consumer | 2363.6 | 95 | | | 550 | | 2363.6 percent of total billed charges | |
| HC DEBRIDE SKIN/MUSCLE FX | 11011 | CPT | | | | outpatient | | | 2488 | | 925.36 Horizon | PPO | 1557.02 | | | | 550 | | 2363.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDE SKIN/MUSCLE FX | 11011 | CPT | | | | outpatient | | | 2488 | | 925.36 Americare | Americare | 1866 | 75 | | | 550 | | 2363.6 percent of total billed charges | |
| HC DEBRIDE SKIN/MUSCLE FX | 11011 | CPT | | | | outpatient | | | 2488 | | 925.36 Amerihealth | Medicare | 804.66 | | | | 550 | | 2363.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDE SKIN/MUSCLE FX | 11011 | CPT | | | | outpatient | | | 2488 | | 925.36 Corrections | Corrections | 1990.4 | 80 | | | 550 | | 2363.6 percent of total billed charges | |
| HC DEBRIDE SKIN/MUSCLE FX | 11011 | CPT | | | | outpatient | | | 2488 | | 925.36 UHC | Medicaid | 784.96 | 31.55 | | | 550 | | 2363.6 percent of total billed charges | |
| HC DEBRIDE SKIN/MUSCLE FX | 11011 | CPT | | | | outpatient | | | 2488 | | 925.36 Multiplan | Multiplan | 1990.4 | 80 | | | 550 | | 2363.6 percent of total billed charges | |
| HC DEBRIDE SKIN/MUSCLE FX | 11011 | CPT | | | | outpatient | | | 2488 | | 925.36 United | Oxford | 1817 | | | | 550 | | 2363.6 case rate | |
| HC DEBRIDE SKIN/MUSCLE FX | 11011 | CPT | | | | outpatient | | | 2488 | | 925.36 Three Rivers | Three Rivers | 2363.6 | 95 | | | 550 | | 2363.6 percent of total billed charges | |
| HC DEBRIDE SKIN/MUSCLE FX | 11011 | CPT | | | | outpatient | | | 2488 | | 925.36 Managed Care Inc | Managed Care Inc | 2239.2 | 90 | | | 550 | | 2363.6 percent of total billed charges | |
| HC DEBRIDE SKIN/MUSCLE FX | 11011 | CPT | | | | outpatient | | | 2488 | | 925.36 First Health | First Health | 1741.6 | 70 | | | 550 | | 2363.6 percent of total billed charges | |
| HC DEBRIDE SKIN/MUSCLE FX | 11011 | CPT | | | | outpatient | | | 2488 | | 925.36 UHC | Medicare | 804.66 | | | | 550 | | 2363.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDE SKIN/MUSCLE FX | 11011 | CPT | | | | outpatient | | | 2488 | | 925.36 Horizon | Indemnity | 1557.02 | | | | 550 | | 2363.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDE SKIN/MUSCLE FX | 11011 | CPT | | | | outpatient | | | 2488 | | 925.36 Wellcare | Medicare | 804.66 | | | | 550 | | 2363.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDE SKIN/MUSCLE FX | 11011 | CPT | | | | outpatient | | | 2488 | | 925.36 Horizon | Medicare Blue | 804.66 | | | | 550 | | 2363.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDE SKIN/MUSCLE FX | 11011 | CPT | | | | outpatient | | | 2488 | | 925.36 United | CommercialPPO | 1817 | | | | 550 | | 2363.6 case rate | |
| HC DEBRIDE SKIN/MUSCLE FX | 11011 | CPT | | | | outpatient | | | 2488 | | 925.36 Wellcare | Medicaid | 784.96 | 31.55 | | | 550 | | 2363.6 percent of total billed charges | |
| HC DEBRIDE SKIN/MUSCLE FX | 11011 | CPT | | | | outpatient | | | 2488 | | 925.36 WellPoint | WellPoint | 800.64 | 32.18 | | | 550 | | 2363.6 percent of total billed charges | |
| HC DEBRIDE SKIN/MUSCLE/BONE FX | 11012 | CPT | | | | outpatient | | | 9413 | | 3737.2 Aetna | Better Health | 2969.8 | 31.55 | | | 550 | | 8942.35 percent of total billed charges | |
| HC DEBRIDE SKIN/MUSCLE/BONE FX | 11012 | CPT | | | | outpatient | | | 9413 | | 3737.2 Aetna | Commercial | 3576.94 | 38 | | | 550 | | 8942.35 percent of total billed charges | |
| HC DEBRIDE SKIN/MUSCLE/BONE FX | 11012 | CPT | | | | outpatient | | | 9413 | | 3737.2 UHC | Medicare | 3249.74 | | | | 550 | | 8942.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDE SKIN/MUSCLE/BONE FX | 11012 | CPT | | | | outpatient | | | 9413 | | 3737.2 Amerihealth | Medicare | 3249.74 | | | | 550 | | 8942.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDE SKIN/MUSCLE/BONE FX | 11012 | CPT | | | | outpatient | | | 9413 | | 3737.2 Horizon | Indemnity | 6288.25 | | | | 550 | | 8942.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDE SKIN/MUSCLE/BONE FX | 11012 | CPT | | | | outpatient | | | 9413 | | 3737.2 Aetna | Medicare | 3249.74 | | | | 550 | | 8942.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDE SKIN/MUSCLE/BONE FX | 11012 | CPT | | | | outpatient | | | 9413 | | 3737.2 First Trenton | First Trenton | 8471.7 | 90 | | | 550 | | 8942.35 percent of total billed charges | |
| HC DEBRIDE SKIN/MUSCLE/BONE FX | 11012 | CPT | | | | outpatient | | | 9413 | | 3737.2 Americare | Americare | 7059.75 | 75 | | | 550 | | 8942.35 percent of total billed charges | |
| HC DEBRIDE SKIN/MUSCLE/BONE FX | 11012 | CPT | | | | outpatient | | | 9413 | | 3737.2 First Health | First Health | 6589.1 | 70 | | | 550 | | 8942.35 percent of total billed charges | |
| HC DEBRIDE SKIN/MUSCLE/BONE FX | 11012 | CPT | | | | outpatient | | | 9413 | | 3737.2 Multiplan | Multiplan | 7530.4 | 80 | | | 550 | | 8942.35 percent of total billed charges | |
| HC DEBRIDE SKIN/MUSCLE/BONE FX | 11012 | CPT | | | | outpatient | | | 9413 | | 3737.2 United | CommercialPPO | 1817 | | | | 550 | | 8942.35 case rate | |
| HC DEBRIDE SKIN/MUSCLE/BONE FX | 11012 | CPT | | | | outpatient | | | 9413 | | 3737.2 Amerihealth | HMO/PPO | 550 | | | | 550 | | 8942.35 fee schedule | |
| HC DEBRIDE SKIN/MUSCLE/BONE FX | 11012 | CPT | | | | outpatient | | | 9413 | | 3737.2 Horizon | Medicare Blue | 3249.74 | | | | 550 | | 8942.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDE SKIN/MUSCLE/BONE FX | 11012 | CPT | | | | outpatient | | | 9413 | | 3737.2 Consumer | Consumer | 8942.35 | 95 | | | 550 | | 8942.35 percent of total billed charges | |
| HC DEBRIDE SKIN/MUSCLE/BONE FX | 11012 | CPT | | | | outpatient | | | 9413 | | 3737.2 Horizon | PPO | 6288.25 | | | | 550 | | 8942.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDE SKIN/MUSCLE/BONE FX | 11012 | CPT | | | | outpatient | | | 9413 | | 3737.2 Horizon | MGD | 6288.25 | | | | 550 | | 8942.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDE SKIN/MUSCLE/BONE FX | 11012 | CPT | | | | outpatient | | | 9413 | | 3737.2 Managed Care Inc | Managed Care Inc | 8471.7 | 90 | | | 550 | | 8942.35 percent of total billed charges | |
| HC DEBRIDE SKIN/MUSCLE/BONE FX | 11012 | CPT | | | | outpatient | | | 9413 | | 3737.2 Qualcare | Qualcare | 7059.75 | 75 | | | 550 | | 8942.35 percent of total billed charges | |
| HC DEBRIDE SKIN/MUSCLE/BONE FX | 11012 | CPT | | | | outpatient | | | 9413 | | 3737.2 UHC | Medicaid | 2969.8 | 31.55 | | | 550 | | 8942.35 percent of total billed charges | |
| HC DEBRIDE SKIN/MUSCLE/BONE FX | 11012 | CPT | | | | outpatient | | | 9413 | | 3737.2 Corrections | Corrections | 7530.4 | 80 | | 1238.4 | 550 | | 8942.35 percent of total billed charges | |
| HC DEBRIDE SKIN/MUSCLE/BONE FX | 11012 | CPT | | | | outpatient | | | 9413 | | 3737.2 Three Rivers | Three Rivers | 8942.35 | 95 | | | 550 | | 8942.35 percent of total billed charges | |
| HC DEBRIDE SKIN/MUSCLE/BONE FX | 11012 | CPT | | | | outpatient | | | 9413 | | 3737.2 United | Oxford | 1817 | | | | 550 | | 8942.35 case rate | |
| HC DEBRIDE SKIN/MUSCLE/BONE FX | 11012 | CPT | | | | outpatient | | | 9413 | | 3737.2 Wellcare | Medicaid | 2969.8 | 31.55 | | | 550 | | 8942.35 percent of total billed charges | |
| HC DEBRIDE SKIN/MUSCLE/BONE FX | 11012 | CPT | | | | outpatient | | | 9413 | | 3737.2 WellPoint | WellPoint | 3029.1 | 32.18 | | | 550 | | 8942.35 percent of total billed charges | |
| HC DEBRIDE SKIN/MUSCLE/BONE FX | 11012 | CPT | | | | outpatient | | | 9413 | | 3737.2 Wellcare | Medicare | 3249.74 | | | | 550 | | 8942.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEB SUBQ TISSUE <=20 SQ CM | 11042 | CPT | | | | outpatient | | | 1360 | | 524.43 Wellcare | Medicaid | 429.08 | 31.55 | | 111.59 | 429.08 | | 1782 percent of total billed charges | |
| HC DEB SUBQ TISSUE <=20 SQ CM | 11042 | CPT | | | | outpatient | | | 1360 | | 524.43 Corrections | Corrections | 1088 | 80 | | 429.08 | 429.08 | | 1782 percent of total billed charges | |
| HC DEB SUBQ TISSUE <=20 SQ CM | 11042 | CPT | | | | outpatient | | | 1360 | | 524.43 Americare | Americare | 1020 | 75 | | | 429.08 | | 1782 percent of total billed charges | |
| HC DEB SUBQ TISSUE <=20 SQ CM | 11042 | CPT | | | | outpatient | | | 1360 | | 524.43 Aetna | Better Health | 429.08 | 31.55 | | 766.53 | 429.08 | | 1782 percent of total billed charges | |
| HC DEB SUBQ TISSUE <=20 SQ CM | 11042 | CPT | | | | outpatient | | | 1360 | | 524.43 Aetna | Commercial | 744.24 | | | | 429.08 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEB SUBQ TISSUE <=20 SQ CM | 11042 | CPT | | | | outpatient | | | 1360 | | 524.43 Amerihealth | HMO/PPO | 550 | | | | 429.08 | | 1782 fee schedule | |
| HC DEB SUBQ TISSUE <=20 SQ CM | 11042 | CPT | | | | outpatient | | | 1360 | | 524.43 Consumer | Consumer | 1292 | 95 | | | 429.08 | | 1782 percent of total billed charges | |
| HC DEB SUBQ TISSUE <=20 SQ CM | 11042 | CPT | | | | outpatient | | | 1360 | | 524.43 First Health | First Health | 952 | 70 | | | 429.08 | | 1782 percent of total billed charges | |
| HC DEB SUBQ TISSUE <=20 SQ CM | 11042 | CPT | | | | outpatient | | | 1360 | | 524.43 Aetna | Medicare | 456.03 | | | | 429.08 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEB SUBQ TISSUE <=20 SQ CM | 11042 | CPT | | | | outpatient | | | 1360 | | 524.43 First Trenton | First Trenton | 1224 | 90 | | | 429.08 | | 1782 percent of total billed charges | |
| HC DEB SUBQ TISSUE <=20 SQ CM | 11042 | CPT | | | | outpatient | | | 1360 | | 524.43 Horizon | PPO | 882.42 | | | 713.25 | 429.08 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEB SUBQ TISSUE <=20 SQ CM | 11042 | CPT | | | | outpatient | | | 1360 | | 524.43 UHC | Medicaid | 429.08 | 31.55 | | 394.45 | 429.08 | | 1782 percent of total billed charges | |
| HC DEB SUBQ TISSUE <=20 SQ CM | 11042 | CPT | | | | outpatient | | | 1360 | | 524.43 UHC | Medicare | 456.03 | | | 364.23 | 429.08 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEB SUBQ TISSUE <=20 SQ CM | 11042 | CPT | | | | outpatient | | | 1360 | | 524.43 Amerihealth | Medicare | 456.03 | | | | 429.08 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEB SUBQ TISSUE <=20 SQ CM | 11042 | CPT | | | | outpatient | | | 1360 | | 524.43 WellPoint | WellPoint | 437.65 | 32.18 | | 364.22 | 429.08 | | 1782 percent of total billed charges | |
| HC DEB SUBQ TISSUE <=20 SQ CM | 11042 | CPT | | | | outpatient | | | 1360 | | 524.43 Horizon | MGD | 882.42 | | | 825.56 | 429.08 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEB SUBQ TISSUE <=20 SQ CM | 11042 | CPT | | | | outpatient | | | 1360 | | 524.43 Horizon | Medicare Blue | 456.03 | | | | 429.08 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEB SUBQ TISSUE <=20 SQ CM | 11042 | CPT | | | | outpatient | | | 1360 | | 524.43 United | CommercialPPO | 1782 | | | 717.09 | 429.08 | | 1782 case rate | |
| HC DEB SUBQ TISSUE <=20 SQ CM | 11042 | CPT | | | | outpatient | | | 1360 | | 524.43 Horizon | Indemnity | 882.42 | | | | 429.08 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEB SUBQ TISSUE <=20 SQ CM | 11042 | CPT | | | | outpatient | | | 1360 | | 524.43 Multiplan | Multiplan | 1088 | 80 | | | 429.08 | | 1782 percent of total billed charges | |
| HC DEB SUBQ TISSUE <=20 SQ CM | 11042 | CPT | | | | outpatient | | | 1360 | | 524.43 Managed Care Inc | Managed Care Inc | 1224 | 90 | | | 429.08 | | 1782 percent of total billed charges | |
| HC DEB SUBQ TISSUE <=20 SQ CM | 11042 | CPT | | | | outpatient | | | 1360 | | 524.43 Qualcare | Qualcare | 1020 | 75 | | | 429.08 | | 1782 percent of total billed charges | |
| HC DEB SUBQ TISSUE <=20 SQ CM | 11042 | CPT | | | | outpatient | | | 1360 | | 524.43 United | Oxford | 1782 | | | | 429.08 | | 1782 case rate | |
| HC DEB SUBQ TISSUE <=20 SQ CM | 11042 | CPT | | | | outpatient | | | 1360 | | 524.43 Wellcare | Medicare | 456.03 | | | | 429.08 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEB SUBQ TISSUE <=20 SQ CM | 11042 | CPT | | | | outpatient | | | 1360 | | 524.43 Three Rivers | Three Rivers | 1292 | 95 | | | 429.08 | | 1782 percent of total billed charges | |
| HC DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/< | 11043 | CPT | | | | outpatient | | | 2117 | | 826.02 Aetna | Commercial | 1172.23 | | | | 550 | | 2011.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/< | 11043 | CPT | | | | outpatient | | | 2117 | | 826.02 UHC | Medicaid | 667.91 | 31.55 | | | 550 | | 2011.15 percent of total billed charges | |
| HC DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/< | 11043 | CPT | | | | outpatient | | | 2117 | | 826.02 Consumer | Consumer | 2011.15 | 95 | | | 550 | | 2011.15 percent of total billed charges | |
| HC DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/< | 11043 | CPT | | | | outpatient | | | 2117 | | 826.02 Aetna | Better Health | 667.91 | 31.55 | | | 550 | | 2011.15 percent of total billed charges | |
| HC DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/< | 11043 | CPT | | | | outpatient | | | 2117 | | 826.02 UHC | Medicare | 718.28 | | | | 550 | | 2011.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/< | 11043 | CPT | | | | outpatient | | | 2117 | | 826.02 First Trenton | First Trenton | 1905.3 | 90 | | | 550 | | 2011.15 percent of total billed charges | |
| HC DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/< | 11043 | CPT | | | | outpatient | | | 2117 | | 826.02 Amerihealth | Medicare | 718.28 | | | | 550 | | 2011.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/< | 11043 | CPT | | | | outpatient | | | 2117 | | 826.02 Aetna | Medicare | 718.28 | | | | 550 | | 2011.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/< | 11043 | CPT | | | | outpatient | | | 2117 | | 826.02 Americare | Americare | 1587.75 | 75 | | | 550 | | 2011.15 percent of total billed charges | |
| HC DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/< | 11043 | CPT | | | | outpatient | | | 2117 | | 826.02 United | CommercialPPO | 1782 | | | | 550 | | 2011.15 case rate | |
| HC DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/< | 11043 | CPT | | | | outpatient | | | 2117 | | 826.02 Three Rivers | Three Rivers | 2011.15 | 95 | | | 550 | | 2011.15 percent of total billed charges | |
| HC DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/< | 11043 | CPT | | | | outpatient | | | 2117 | | 826.02 Horizon | PPO | 1389.87 | | | | 550 | | 2011.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/< | 11043 | CPT | | | | outpatient | | | 2117 | | 826.02 Multiplan | Multiplan | 1693.6 | 80 | | | 550 | | 2011.15 percent of total billed charges | |
| HC DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/< | 11043 | CPT | | | | outpatient | | | 2117 | | 826.02 Horizon | Indemnity | 1389.87 | | | | 550 | | 2011.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/< | 11043 | CPT | | | | outpatient | | | 2117 | | 826.02 Corrections | Corrections | 1693.6 | 80 | | | 550 | | 2011.15 percent of total billed charges | |
| HC DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/< | 11043 | CPT | | | | outpatient | | | 2117 | | 826.02 Amerihealth | HMO/PPO | 550 | | | | 550 | | 2011.15 fee schedule | |
| HC DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/< | 11043 | CPT | | | | outpatient | | | 2117 | | 826.02 Qualcare | Qualcare | 1587.75 | 75 | | | 550 | | 2011.15 percent of total billed charges | |
| HC DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/< | 11043 | CPT | | | | outpatient | | | 2117 | | 826.02 Managed Care Inc | Managed Care Inc | 1905.3 | 90 | | | 550 | | 2011.15 percent of total billed charges | |
| HC DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/< | 11043 | CPT | | | | outpatient | | | 2117 | | 826.02 United | Oxford | 1782 | | | | 550 | | 2011.15 case rate | |
| HC DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/< | 11043 | CPT | | | | outpatient | | | 2117 | | 826.02 WellPoint | WellPoint | 681.25 | 32.18 | | | 550 | | 2011.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/< | 11043 | CPT | | | | outpatient | | | 2117 | | 826.02 Wellcare | Medicare | 718.28 | | | | 550 | | 2011.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/< | 11043 | CPT | | | | outpatient | | | 2117 | | 826.02 First Health | First Health | 1481.9 | 70 | | | 550 | | 2011.15 percent of total billed charges | |
| HC DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/< | 11043 | CPT | | | | outpatient | | | 2117 | | 826.02 Horizon | Medicare Blue | 718.28 | | | | 550 | | 2011.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/< | 11043 | CPT | | | | outpatient | | | 2117 | | 826.02 Horizon | MGD | 1389.87 | | | | 550 | | 2011.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/< | 11043 | CPT | | | | outpatient | | | 2117 | | 826.02 Wellcare | Medicaid | 667.91 | 31.55 | | | 550 | | 2011.15 percent of total billed charges | |
| HC DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/< | 11044 | CPT | | | | outpatient | | | 5582 | | 2132.36 Horizon | PPO | 3587.94 | | | | 550 | | 5302.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/< | 11044 | CPT | | | | outpatient | | | 5582 | | 2132.36 Amerihealth | HMO/PPO | 550 | | | | 550 | | 5302.9 fee schedule | |
| HC DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/< | 11044 | CPT | | | | outpatient | | | 5582 | | 2132.36 Aetna | Commercial | 3026.1 | | | | 550 | | 5302.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/< | 11044 | CPT | | | | outpatient | | | 5582 | | 2132.36 Aetna | Medicare | 1854.23 | | | | 550 | | 5302.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/< | 11044 | CPT | | | | outpatient | | | 5582 | | 2132.36 Horizon | Medicare Blue | 1854.23 | | | | 550 | | 5302.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/< | 11044 | CPT | | | | outpatient | | | 5582 | | 2132.36 Horizon | MGD | 3587.94 | | | | 550 | | 5302.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/< | 11044 | CPT | | | | outpatient | | | 5582 | | 2132.36 Multiplan | Multiplan | 4465.6 | 80 | | | 550 | | 5302.9 percent of total billed charges | |
| HC DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/< | 11044 | CPT | | | | outpatient | | | 5582 | | 2132.36 Aetna | Better Health | 1761.12 | 31.55 | | | 550 | | 5302.9 percent of total billed charges | |
| HC DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/< | 11044 | CPT | | | | outpatient | | | 5582 | | 2132.36 Wellcare | Medicare | 1854.23 | | | | 550 | | 5302.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/< | 11044 | CPT | | | | outpatient | | | 5582 | | 2132.36 Amerihealth | Medicare | 1854.23 | | | | 550 | | 5302.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/< | 11044 | CPT | | | | outpatient | | | 5582 | | 2132.36 Horizon | Indemnity | 3587.94 | | | | 550 | | 5302.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/< | 11044 | CPT | | | | outpatient | | | 5582 | | 2132.36 Corrections | Corrections | 4465.6 | 80 | | | 550 | | 5302.9 percent of total billed charges | |
| HC DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/< | 11044 | CPT | | | | outpatient | | | 5582 | | 2132.36 United | Oxford | 1817 | | | | 550 | | 5302.9 case rate | |
| HC DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/< | 11044 | CPT | | | | outpatient | | | 5582 | | 2132.36 UHC | Medicaid | 1761.12 | 31.55 | | | 550 | | 5302.9 percent of total billed charges | |
| HC DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/< | 11044 | CPT | | | | outpatient | | | 5582 | | 2132.36 Qualcare | Qualcare | 4186.5 | 75 | | | 550 | | 5302.9 percent of total billed charges | |
| HC DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/< | 11044 | CPT | | | | outpatient | | | 5582 | | 2132.36 Americare | Americare | 4186.5 | 75 | | | 550 | | 5302.9 percent of total billed charges | |
| HC DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/< | 11044 | CPT | | | | outpatient | | | 5582 | | 2132.36 WellPoint | WellPoint | 1796.29 | 32.18 | | | 550 | | 5302.9 percent of total billed charges | |
| HC DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/< | 11044 | CPT | | | | outpatient | | | 5582 | | 2132.36 First Health | First Health | 3907.4 | 70 | | | 550 | | 5302.9 percent of total billed charges | |
| HC DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/< | 11044 | CPT | | | | outpatient | | | 5582 | | 2132.36 United | CommercialPPO | 1817 | | | | 550 | | 5302.9 case rate | |
| HC DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/< | 11044 | CPT | | | | outpatient | | | 5582 | | 2132.36 Consumer | Consumer | 5302.9 | 95 | | | 550 | | 5302.9 percent of total billed charges | |
| HC DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/< | 11044 | CPT | | | | outpatient | | | 5582 | | 2132.36 Wellcare | Medicaid | 1761.12 | 31.55 | | | 550 | | 5302.9 percent of total billed charges | |
| HC DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/< | 11044 | CPT | | | | outpatient | | | 5582 | | 2132.36 UHC | Medicare | 1854.23 | | | | 550 | | 5302.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/< | 11044 | CPT | | | | out

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC PARING/CUT BENIGN HK SNGL LESI | 11055 | CPT | | | | outpatient | | | 659 | 263.3 | Americare | Americare | 494.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC PARING/CUT BENIGN HK SNGL LESI | 11055 | CPT | | | | outpatient | | | 659 | 263.3 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC PARING/CUT BENIGN HK SNGL LESI | 11055 | CPT | | | | outpatient | | | 659 | 263.3 | Aetna | Commercial | 373.66 | | | 189.82 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PARING/CUT BENIGN HK SNGL LESI | 11055 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | PPO | 443.04 | | | 123.3 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PARING/CUT BENIGN HK SNGL LESI | 11055 | CPT | | | | outpatient | | | 659 | 263.3 | United | Commercial/PPO | 1782 | | | 227.62 | 125 | 1782 | case rate | |
| HC PARING/CUT BENIGN HK SNGL LESI | 11055 | CPT | | | | outpatient | | | 659 | 263.3 | First Trenton | First Trenton | 593.1 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC PARING/CUT BENIGN HK SNGL LESI | 11055 | CPT | | | | outpatient | | | 659 | 263.3 | Aetna | Medicare | 228.96 | | | 76.54 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PARING/CUT BENIGN HK SNGL LESI | 11055 | CPT | | | | outpatient | | | 659 | 263.3 | UHC | Medicare | 228.96 | | | 125.9 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PARING/CUT BENIGN HK SNGL LESI | 11055 | CPT | | | | outpatient | | | 659 | 263.3 | Consumer | Consumer | 626.05 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC PARING/CUT BENIGN HK SNGL LESI | 11055 | CPT | | | | outpatient | | | 659 | 263.3 | Corrections | Corrections | 527.2 | 80 | | 207.91 | 125 | 1782 | percent of total billed charges | |
| HC PARING/CUT BENIGN HK SNGL LESI | 11055 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | Medicare Blue | 228.96 | | | 40.82 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PARING/CUT BENIGN HK SNGL LESI | 11055 | CPT | | | | outpatient | | | 659 | 263.3 | Multiplan | Multiplan | 527.2 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC PARING/CUT BENIGN HK SNGL LESI | 11055 | CPT | | | | outpatient | | | 659 | 263.3 | UHC | Medicaid | 207.91 | 31.55 | | 201.15 | 125 | 1782 | percent of total billed charges | |
| HC PARING/CUT BENIGN HK SNGL LESI | 11055 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | MGD | 443.04 | | | 140.92 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PARING/CUT BENIGN HK SNGL LESI | 11055 | CPT | | | | outpatient | | | 659 | 263.3 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC PARING/CUT BENIGN HK SNGL LESI | 11055 | CPT | | | | outpatient | | | 659 | 263.3 | Wellcare | Medicaid | 207.91 | 31.55 | | 173.54 | 125 | 1782 | percent of total billed charges | |
| HC PARING/CUT BENIGN HK SNGL LESI | 11055 | CPT | | | | outpatient | | | 659 | 263.3 | Managed Care Inc | Managed Care Inc | 593.1 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC PARING/CUT BENIGN HK SNGL LESI | 11055 | CPT | | | | outpatient | | | 659 | 263.3 | Qualcare | Qualcare | 494.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC PARING/CUT BENIGN HK SNGL LESI | 11055 | CPT | | | | outpatient | | | 659 | 263.3 | Three Rivers | Three Rivers | 626.05 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC PARING/CUT BENIGN HK SNGL LESI | 11055 | CPT | | | | outpatient | | | 659 | 263.3 | WellPoint | WellPoint | 212.07 | 32.18 | | 93.78 | 125 | 1782 | percent of total billed charges | |
| HC PARING/CUTTING HPK; 2-4 LSNS | 11056 | CPT | | | | outpatient | | | 659 | 263.3 | Americare | Americare | 494.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC PARING/CUTTING HPK; 2-4 LSNS | 11056 | CPT | | | | outpatient | | | 659 | 263.3 | Multiplan | Multiplan | 527.2 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC PARING/CUTTING HPK; 2-4 LSNS | 11056 | CPT | | | | outpatient | | | 659 | 263.3 | Aetna | Commercial | 373.66 | | | 421.81 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PARING/CUTTING HPK; 2-4 LSNS | 11056 | CPT | | | | outpatient | | | 659 | 263.3 | Aetna | Medicare | 228.96 | | | 101.09 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PARING/CUTTING HPK; 2-4 LSNS | 11056 | CPT | | | | outpatient | | | 659 | 263.3 | Amerihealth | Medicare | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PARING/CUTTING HPK; 2-4 LSNS | 11056 | CPT | | | | outpatient | | | 659 | 263.3 | Aetna | Better Health | 207.91 | 31.55 | | 242.06 | 125 | 1782 | percent of total billed charges | |
| HC PARING/CUTTING HPK; 2-4 LSNS | 11056 | CPT | | | | outpatient | | | 659 | 263.3 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC PARING/CUTTING HPK; 2-4 LSNS | 11056 | CPT | | | | outpatient | | | 659 | 263.3 | Consumer | Consumer | 626.05 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC PARING/CUTTING HPK; 2-4 LSNS | 11056 | CPT | | | | outpatient | | | 659 | 263.3 | Corrections | Corrections | 527.2 | 80 | | 207.91 | 125 | 1782 | percent of total billed charges | |
| HC PARING/CUTTING HPK; 2-4 LSNS | 11056 | CPT | | | | outpatient | | | 659 | 263.3 | Qualcare | Qualcare | 494.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC PARING/CUTTING HPK; 2-4 LSNS | 11056 | CPT | | | | outpatient | | | 659 | 263.3 | UHC | Medicaid | 207.91 | 31.55 | | 193.85 | 125 | 1782 | percent of total billed charges | |
| HC PARING/CUTTING HPK; 2-4 LSNS | 11056 | CPT | | | | outpatient | | | 659 | 263.3 | First Health | First Health | 461.3 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC PARING/CUTTING HPK; 2-4 LSNS | 11056 | CPT | | | | outpatient | | | 659 | 263.3 | First Trenton | First Trenton | 593.1 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC PARING/CUTTING HPK; 2-4 LSNS | 11056 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | Indemnity | 443.04 | | | 131.31 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PARING/CUTTING HPK; 2-4 LSNS | 11056 | CPT | | | | outpatient | | | 659 | 263.3 | Wellcare | Medicare | 228.96 | | | 32.18 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PARING/CUTTING HPK; 2-4 LSNS | 11056 | CPT | | | | outpatient | | | 659 | 263.3 | Wellcare | Medicaid | 207.91 | 31.55 | | 164.61 | 125 | 1782 | percent of total billed charges | |
| HC PARING/CUTTING HPK; 2-4 LSNS | 11056 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | Medicare Blue | 228.96 | | | 71 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PARING/CUTTING HPK; 2-4 LSNS | 11056 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | MGD | 443.04 | | | 149.24 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PARING/CUTTING HPK; 2-4 LSNS | 11056 | CPT | | | | outpatient | | | 659 | 263.3 | WellPoint | WellPoint | 212.07 | 32.18 | | 114.56 | 125 | 1782 | percent of total billed charges | |
| HC PARING/CUTTING HPK; 2-4 LSNS | 11056 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | PPO | 443.04 | | | 138.55 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PARING/CUTTING HPK; 2-4 LSNS | 11056 | CPT | | | | outpatient | | | 659 | 263.3 | Managed Care Inc | Managed Care Inc | 593.1 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC PARING/CUTTING HPK; 2-4 LSNS | 11056 | CPT | | | | outpatient | | | 659 | 263.3 | Three Rivers | Three Rivers | 626.05 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC PARING/CUTTING HPK; 2-4 LSNS | 11056 | CPT | | | | outpatient | | | 659 | 263.3 | UHC | Medicare | 228.96 | | | 134.86 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PARING/CUTTING HPK; 2-4 LSNS | 11056 | CPT | | | | outpatient | | | 659 | 263.3 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC PARING/CUTTING HPK; 2-4 LSNS | 11056 | CPT | | | | outpatient | | | 659 | 263.3 | United | Commercial/PPO | 1782 | | | | 125 | 1782 | case rate | |
| HC PAR/CUT BEN HYPERK LESION>4 | 11057 | CPT | | | | outpatient | | | 659 | 263.3 | Aetna | Better Health | 207.91 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC PAR/CUT BEN HYPERK LESION>4 | 11057 | CPT | | | | outpatient | | | 659 | 263.3 | Aetna | Medicare | 228.96 | | | 109.85 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PAR/CUT BEN HYPERK LESION>4 | 11057 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | MGD | 443.04 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PAR/CUT BEN HYPERK LESION>4 | 11057 | CPT | | | | outpatient | | | 659 | 263.3 | Aetna | Commercial | 373.66 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PAR/CUT BEN HYPERK LESION>4 | 11057 | CPT | | | | outpatient | | | 659 | 263.3 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC PAR/CUT BEN HYPERK LESION>4 | 11057 | CPT | | | | outpatient | | | 659 | 263.3 | First Trenton | First Trenton | 593.1 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC PAR/CUT BEN HYPERK LESION>4 | 11057 | CPT | | | | outpatient | | | 659 | 263.3 | UHC | Medicaid | 207.91 | 31.55 | | 202.29 | 125 | 1782 | percent of total billed charges | |
| HC PAR/CUT BEN HYPERK LESION>4 | 11057 | CPT | | | | outpatient | | | 659 | 263.3 | Consumer | Consumer | 626.05 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC PAR/CUT BEN HYPERK LESION>4 | 11057 | CPT | | | | outpatient | | | 659 | 263.3 | Americare | Americare | 494.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC PAR/CUT BEN HYPERK LESION>4 | 11057 | CPT | | | | outpatient | | | 659 | 263.3 | Corrections | Corrections | 527.2 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC PAR/CUT BEN HYPERK LESION>4 | 11057 | CPT | | | | outpatient | | | 659 | 263.3 | Amerihealth | Medicare | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PAR/CUT BEN HYPERK LESION>4 | 11057 | CPT | | | | outpatient | | | 659 | 263.3 | Multiplan | Multiplan | 527.2 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC PAR/CUT BEN HYPERK LESION>4 | 11057 | CPT | | | | outpatient | | | 659 | 263.3 | Three Rivers | Three Rivers | 626.05 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC PAR/CUT BEN HYPERK LESION>4 | 11057 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | PPO | 443.04 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PAR/CUT BEN HYPERK LESION>4 | 11057 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | Indemnity | 443.04 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PAR/CUT BEN HYPERK LESION>4 | 11057 | CPT | | | | outpatient | | | 659 | 263.3 | First Health | First Health | 461.3 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC PAR/CUT BEN HYPERK LESION>4 | 11057 | CPT | | | | outpatient | | | 659 | 263.3 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC PAR/CUT BEN HYPERK LESION>4 | 11057 | CPT | | | | outpatient | | | 659 | 263.3 | United | Commercial/PPO | 1782 | | | | 125 | 1782 | case rate | |
| HC PAR/CUT BEN HYPERK LESION>4 | 11057 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | Medicare Blue | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PAR/CUT BEN HYPERK LESION>4 | 11057 | CPT | | | | outpatient | | | 659 | 263.3 | Qualcare | Qualcare | 494.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC PAR/CUT BEN HYPERK LESION>4 | 11057 | CPT | | | | outpatient | | | 659 | 263.3 | Wellcare | Medicare | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PAR/CUT BEN HYPERK LESION>4 | 11057 | CPT | | | | outpatient | | | 659 | 263.3 | Managed Care Inc | Managed Care Inc | 593.1 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC PAR/CUT BEN HYPERK LESION>4 | 11057 | CPT | | | | outpatient | | | 659 | 263.3 | Wellcare | Medicaid | 207.91 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC PAR/CUT BEN HYPERK LESION>4 | 11057 | CPT | | | | outpatient | | | 659 | 263.3 | UHC | Medicare | 228.96 | | | 137.98 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PAR/CUT BEN HYPERK LESION>4 | 11057 | CPT | | | | outpatient | | | 659 | 263.3 | WellPoint | WellPoint | 212.07 | 32.18 | | 154.48 | 125 | 1782 | percent of total billed charges | |
| HC TANGENTIAL BX SKIN SINGLE LES | 11102 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | Indemnity | 443.04 | | | | 207.91 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TANGENTIAL BX SKIN SINGLE LES | 11102 | CPT | | | | outpatient | | | 659 | 263.3 | Americare | Americare | 494.25 | 75 | | | 207.91 | 1782 | percent of total billed charges | |
| HC TANGENTIAL BX SKIN SINGLE LES | 11102 | CPT | | | | outpatient | | | 659 | 263.3 | Aetna | Better Health | 207.91 | 31.55 | | | 207.91 | 1782 | percent of total billed charges | |
| HC TANGENTIAL BX SKIN SINGLE LES | 11102 | CPT | | | | outpatient | | | 659 | 263.3 | Aetna | Medicare | 228.96 | | | | 207.91 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TANGENTIAL BX SKIN SINGLE LES | 11102 | CPT | | | | outpatient | | | 659 | 263.3 | First Trenton | First Trenton | 593.1 | 90 | | | 207.91 | 1782 | percent of total billed charges | |
| HC TANGENTIAL BX SKIN SINGLE LES | 11102 | CPT | | | | outpatient | | | 659 | 263.3 | Aetna | Commercial | 373.66 | | | | 207.91 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TANGENTIAL BX SKIN SINGLE LES | 11102 | CPT | | | | outpatient | | | 659 | 263.3 | First Health | First Health | 461.3 | 70 | | | 207.91 | 1782 | percent of total billed charges | |
| HC TANGENTIAL BX SKIN SINGLE LES | 11102 | CPT | | | | outpatient | | | 659 | 263.3 | Amerihealth | Medicare | 228.96 | | | | 207.91 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TANGENTIAL BX SKIN SINGLE LES | 11102 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | PPO | 443.04 | | | | 207.91 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TANGENTIAL BX SKIN SINGLE LES | 11102 | CPT | | | | outpatient | | | 659 | 263.3 | Consumer | Consumer | 626.05 | 95 | | | 207.91 | 1782 | percent of total billed charges | |
| HC TANGENTIAL BX SKIN SINGLE LES | 11102 | CPT | | | | outpatient | | | 659 | 263.3 | UHC | Medicare | 228.96 | | | 178.43 | 207.91 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TANGENTIAL BX SKIN SINGLE LES | 11102 | CPT | | | | outpatient | | | 659 | 263.3 | Corrections | Corrections | 527.2 | 80 | | | 207.91 | 1782 | percent of total billed charges | |
| HC TANGENTIAL BX SKIN SINGLE LES | 11102 | CPT | | | | outpatient | | | 659 | 263.3 | Managed Care Inc | Managed Care Inc | 593.1 | 90 | | | 207.91 | 1782 | percent of total billed charges | |
| HC TANGENTIAL BX SKIN SINGLE LES | 11102 | CPT | | | | outpatient | | | 659 | 263.3 | Amerihealth | HMO/PPO | 428.35 | 65 | | | 207.91 | 1782 | percent of total billed charges | |
| HC TANGENTIAL BX SKIN SINGLE LES | 11102 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | Medicare Blue | 228.96 | | | | 207.91 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TANGENTIAL BX SKIN SINGLE LES | 11102 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | MGD | 443.04 | | | | 207.91 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TANGENTIAL BX SKIN SINGLE LES | 11102 | CPT | | | | outpatient | | | 659 | 263.3 | United | Commercial/PPO | 1782 | | | | 207.91 | 1782 | case rate | |
| HC TANGENTIAL BX SKIN SINGLE LES | 11102 | CPT | | | | outpatient | | | 659 | 263.3 | Three Rivers | Three Rivers | 626.05 | 95 | | | 207.91 | 1782 | percent of total billed charges | |
| HC TANGENTIAL BX SKIN SINGLE LES | 11102 | CPT | | | | outpatient | | | 659 | 263.3 | United | Oxford | 1782 | | | | 207.91 | 1782 | case rate | |
| HC TANGENTIAL BX SKIN SINGLE LES | 11102 | CPT | | | | outpatient | | | 659 | 263.3 | Multiplan | Multiplan | 527.2 | 80 | | | 207.91 | 1782 | percent of total billed charges | |
| HC TANGENTIAL BX SKIN SINGLE LES | 11102 | CPT | | | | outpatient | | | 659 | 263.3 | Wellcare | Medicare | 228.96 | | | | 207.91 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TANGENTIAL BX SKIN SINGLE LES | 11102 | CPT | | | | outpatient | | | 659 | 263.3 | Qualcare | Qualcare | 494.25 | 75 | | | 207.91 | 1782 | percent of total billed charges | |
| HC TANGENTIAL BX SKIN SINGLE LES | 11102 | CPT | | | | outpatient | | | 659 | 263.3 | UHC | Medicaid | 207.91 | 31.55 | | 215.36 | 207.91 | 1782 | percent of total billed charges | |
| HC TANGENTIAL BX SKIN SINGLE LES | 11102 | CPT | | | | outpatient | | | 659 | 263.3 | WellPoint | WellPoint | 212.07 | 32.18 | | | 207.91 | 1782 | percent of total billed charges | |
| HC TANGENTIAL BX SKIN SINGLE LES | 11102 | CPT | | | | outpatient | | | 659 | 263.3 | Wellcare | Medicaid | 207.91 | 31.55 | | | 207.91 | 1782 | percent of total billed charges | |
| HC TANGENTIAL BX SKIN EA SEP/ADDL | 11103 | CPT | | | | outpatient | | | 174.94 | | First Trenton | First Trenton | 157.45 | 90 | | | 52.48 | 1782 | percent of total billed charges | |
| HC TANGENTIAL BX SKIN EA SEP/ADDL | 11103 | CPT | | | | outpatient | | | 174.94 | | Aetna | Better Health | 55.19 | 31.55 | | | 52.48 | 1782 | percent of total billed charges | |
| HC TANGENTIAL BX SKIN EA SEP/ADDL | 11103 | CPT | | | | outpatient | | | 174.94 | | First Health | First Health | 122.46 | 70 | | | 52.48 | 1782 | percent of total billed charges | |
| HC TANGENTIAL BX SKIN EA SEP/ADDL | 11103 | CPT | | | | outpatient | | | 174.94 | | Consumer | Consumer | 166.19 | 95 | | | 52.48 | 1782 | percent of total billed charges | |
| HC TANGENTIAL BX SKIN EA SEP/ADDL | 11103 | CPT | | | | outpatient | | | 174.94 | | Amerihealth | HMO/PPO | 113.71 | 65 | | | 52.48 | 1782 | percent of total billed charges | |
| HC TANGENTIAL BX SKIN EA SEP/ADDL | 11103 | CPT | | | | outpatient | | | 174.94 | | Horizon | Medicare Blue | 52.48 | 30 | | | 52.48 | 1782 | percent of total billed charges | |
| HC TANGENTIAL BX SKIN EA SEP/ADDL | 11103 | CPT | | | | outpatient | | | 174.94 | | Aetna | Medicare | 53.88 | 30.8 | | | 52.48 | 1782 | percent of total billed charges | |
| HC TANGENTIAL BX SKIN EA SEP/ADDL | 11103 | CPT | | | | outpatient | | | 174.94 | | Americare | Americare | 131.21 | 75 | | | 52.48 | 1782 | percent of total billed charges | |
| HC TANGENTIAL BX SKIN EA SEP/ADDL | 11103 | CPT | | | | outpatient | | | 174.94 | | Managed Care Inc | Managed Care Inc | 157.45 | 90 | | | 52.48 | 1782 | percent of total billed charges | |
| HC TANGENTIAL BX SKIN EA SEP/ADDL | 11103 | CPT | | | | outpatient | | | 174.94 | | Multiplan | Multiplan | 139.95 | 80 | | | 52.48 | 1782 | percent of total billed charges | |
| HC TANGENTIAL BX SKIN EA SEP/ADDL | 11103 | CPT | | | | outpatient | | | 174.94 | | Wellcare | Medicaid | 55.19 | 31.55 | | | 52.48 | 1782 | percent of total billed charges | |
| HC TANGENTIAL BX SKIN EA SEP/ADDL | 11103 | CPT | | | | outpatient | | | 174.94 | | Corrections | Corrections | 139.95 | 80 | | | 52.48 | 1782 | percent of total billed charges | |
| HC TANGENTIAL BX SKIN EA SEP/ADDL | 11103 | CPT | | | | outpatient | | | 174.94 | | Horizon | MGD | 66.97 | 38.28 | | | 52.48 | 1782 | percent of total billed charges | |
| HC TANGENTIAL BX SKIN EA SEP/ADDL | 11103 | CPT | | | | outpatient | | | 174.94 | | Horizon | Indemnity | 66.97 | 38.28 | | | 52.48 | 1782 | percent of total billed charges | |
| HC TANGENTIAL BX SKIN EA SEP/ADDL | 11103 | CPT | | | | outpatient | | | 174.94 | | Horizon | PPO | 66.97 | 38.28 | | | 52.48 | 1782 | percent of total billed charges | |
| HC TANGENTIAL BX SKIN EA SEP/ADDL | 11103 | CPT | | | | outpatient | | | 174.94 | | Qualcare | Qualcare | 131.21 | 75 | | | 52.48 | 1782 | percent of total billed charges | |
| HC TANGENTIAL BX SKIN EA SEP/ADDL | 11103 | CPT | | | | outpatient | | | 174.94 | | Three Rivers | Three Rivers | 166.19 | 95 | | | 52.48 | 1782 | percent of total billed charges | |
| HC TANGENTIAL BX SKIN EA SEP/ADDL | 11103 | CPT | | | | outpatient | | | 174.94 | | WellPoint | WellPoint | 56.3 | 32.18 | | | 52.48 | 1782 | percent of total billed charges | |
| HC TANGENTIAL BX SKIN EA SEP/ADDL | 11103 | CPT | | | | outpatient | | | 174.94 | | UHC | Medicaid | 55.19 | 31.55 | | | 52.48 | 1782 | percent of total billed charges | |
| HC TANGENTIAL BX SKIN EA SEP/ADDL | 11103 | CPT | | | | outpatient | | | 174.94 | | United | Commercial/PPO | 1782 | | | | 52.48 | 1782 | case rate | |
| HC TANGENTIAL BX SKIN EA SEP/ADDL | 11103 | CPT | | | | outpatient | | | 174.94 | | United | Oxford | 1782 | | | | 52.48 | 1782 | case rate | |
| HC PUNCH BX SKIN SINGLE LESION | 11104 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Better Health | 429.08 | 31.55 | | | 429.08 | 1782 | percent of total billed charges | |
| HC PUNCH BX SKIN SINGLE LESION | 11104 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Commercial | 744.24 | | | | 429.08 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCH BX SKIN SINGLE LESION | 11104 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | Medicare Blue | 456.03 | | | | 429.08 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCH BX SKIN SINGLE LESION | 11104 | CPT | | | | outpatient | | | 1360 | 524.43 | First Trenton | First Trenton | 1224 | 90 | | | 429.08 | 1782 | percent of total billed charges | |
| HC PUNCH BX SKIN SINGLE LESION | 11104 | CPT | | | | outpatient | | | 1360 | 524.43 | Consumer | Consumer | 1292 | 95 | | | 429.08 | 1782 | percent of total billed charges | |
| HC PUNCH BX SKIN SINGLE LESION | 11104 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Medicare | 456.03 | | | | 429.08 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCH BX SKIN SINGLE LESION | 11104 | CPT | | | | outpatient | | | 1360 | 524.43 | Amerihealth | Medicare | 456.03 | | | | 429.08 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCH BX SKIN SINGLE LESION | 11104 | CPT | | | | outpatient | | | 1360 | 524.43 | Amerihealth | HMO/PPO | 884 | 65 | | | 429.08 | 1782 | percent of total billed charges | |
| HC PUNCH BX SKIN SINGLE LESION | 11104 | CPT | | | | outpatient | | | 1360 | 524.43 | First Health | First Health | 952 | 70 | | | 429.08 | 1782 | percent of total billed charges | |
| HC PUNCH BX SKIN SINGLE LESION | 11104 | CPT | | | | outpatient | | | 1360 | 524.43 | Americare | Americare | 1020 | 75 | | | 429.08 | 1782 | percent of total billed charges | |
| HC PUNCH BX SKIN SINGLE LESION | 11104 | CPT | | | | outpatient | | | 1360 | 524.43 | UHC | Medicare | 456.03 | | | 160.08 | 429.08 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCH BX SKIN SINGLE LESION | 11104 | CPT | | | | outpatient | | | 1360 | 524.43 | Managed Care Inc | Managed Care Inc | 1224 | 90 | | | 429.08 | 1782 | percent of total billed charges | |
| HC PUNCH BX SKIN SINGLE LESION | 11104 | CPT | | | | outpatient | | | 1360 | 524.43 | Corrections | Corrections | 1088 | 80 | | | 429.08 | 1782 | percent of total billed charges | |
| HC PUNCH BX SKIN SINGLE LESION | 11104 | CPT | | | | outpatient | | | 1360 | 524.43 | Three Rivers | Three Rivers | 1292 | 95 | | | 429.08 | 1782 | percent of total billed charges | |
| HC PUNCH BX SKIN SINGLE LESION | 11104 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | Indemnity | 882.42 | | | | 429.08 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCH BX SKIN SINGLE LESION | 11104 | CPT | | | | outpatient | | | 1360 | 524.43 | Multiplan | Multiplan | 1088 | 80 | | | 429.08 | 1782 | percent of total billed charges | |
| HC PUNCH BX SKIN SINGLE LESION | 11104 | CPT | | | | outpatient | | | 1360 | 524.43 | Wellcare | Medicaid | 429.08 | 31.55 | | | 429.08 | 1782 | percent of total billed charges | |
| HC PUNCH BX SKIN SINGLE LESION | 11104 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | MGD | 882.42 | | | | 429.08 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCH BX SKIN SINGLE LESION | 11104 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | PPO | 882.42 | | | | 429.08 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCH BX SKIN SINGLE LESION | 11104 | CPT | | | | outpatient | | | 1360 | 524.43 | Qualcare | Qualcare | 1020 | 75 | | | 429.08 | 1782 | percent of total billed charges | |
| HC PUNCH BX SKIN SINGLE LESION | 11104 | CPT | | | | outpatient | | | 1360 | 524.43 | United | Oxford | 1782 | | | | 429.08 | 1782 | case rate | |
| HC PUNCH BX SKIN SINGLE LESION | 11104 | CPT | | | | outpatient | | | 1360 | 524.43 | UHC | Medicaid | 429.08 | 31.55 | | 447.31 | 429.08 | 1782 | percent of total billed charges | |
| HC PUNCH BX SKIN SINGLE LESION | 11104 | CPT | | | | outpatient | | | 1360 | 524.43 | United | Commercial/PPO | 1782 | | | | 429.08 | 1782 | case rate | |
| HC PUNCH BX SKIN SINGLE LESION | 11104 | CPT | | | | outpatient | | | 1360 | 524.43 | Wellcare | Medicare | 456.03 | | | | 429.08 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCH BX SKIN SINGLE LESION | 11104 | CPT | | | | outpatient | | | 1360 | 524.43 | WellPoint | WellPoint | 437.65 | 32.18 | | | 429.08 | 1782 | percent of total billed charges | |
| HC PUNCH BX SKIN EA SEP/ADD LES | 11105 | CPT | | | | outpatient | | | 217 | | Horizon | MGD | 83.07 | 38.28 | | | 65.1 | 1782 | percent of total billed charges | |
| HC PUNCH BX SKIN EA SEP/ADD LES | 11105 | CPT | | | | outpatient | | | 217 | | Aetna | Better Health | 68.46 | 31.55 | | | 65.1 | 1782 | percent of total billed charges | |
| HC PUNCH BX SKIN EA SEP/ADD LES | 11105 | CPT | | | | outpatient | | | 217 | | First Health | First Health | 151.9 | 70 | | | 65.1 | 1782 | percent of total billed charges | |
| HC PUNCH BX SKIN EA SEP/ADD LES | 11105 | CPT | | | | outpatient | | | 217 | | Aetna | Medicare | 66.84 | 30.8 | | | 65.1 | 1782 | percent of total billed charges | |
| HC PUNCH BX SKIN EA SEP/ADD LES | 11105 | CPT | | | | outpatient | | | 217 | | United | Commercial/PPO | 1782 | | | | 65.1 | 1782 | case rate | |
| HC PUNCH BX SKIN EA SEP/ADD LES | 11105 | CPT | | | | outpatient | | | 217 | | Americare | Americare | 162.75 | 75 | | | 65.1 | 1782 | percent of total billed charges | |
| HC PUNCH BX SKIN EA SEP/ADD LES | 11105 | CPT | | | | outpatient | | | 217 | | Corrections | Corrections | 173.6 | 80 | | | 65.1 | 1782 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC PUNCH BX SKIN EA SEP/ADD LES | 11105 | CPT | | | | outpatient | | | 217 | | Amerihealth | HMO/PPO | 141.05 | | | | 65.1 | 1782 | percent of total billed charges | |
| HC PUNCH BX SKIN EA SEP/ADD LES | 11105 | CPT | | | | outpatient | | | 217 | | Wellcare | Medicaid | 68.46 | 31.55 | | | 65.1 | 1782 | percent of total billed charges | |
| HC PUNCH BX SKIN EA SEP/ADD LES | 11105 | CPT | | | | outpatient | | | 217 | | Horizon | Medicare Blue | 65.1 | 30 | | | 65.1 | 1782 | percent of total billed charges | |
| HC PUNCH BX SKIN EA SEP/ADD LES | 11105 | CPT | | | | outpatient | | | 217 | | First Trenton | First Trenton | 195.3 | 90 | | | 65.1 | 1782 | percent of total billed charges | |
| HC PUNCH BX SKIN EA SEP/ADD LES | 11105 | CPT | | | | outpatient | | | 217 | | Multiplan | Multiplan | 173.6 | 80 | | | 65.1 | 1782 | percent of total billed charges | |
| HC PUNCH BX SKIN EA SEP/ADD LES | 11105 | CPT | | | | outpatient | | | 217 | | WellPoint | WellPoint | 69.83 | 32.18 | | | 65.1 | 1782 | percent of total billed charges | |
| HC PUNCH BX SKIN EA SEP/ADD LES | 11105 | CPT | | | | outpatient | | | 217 | | Consumer | Consumer | 206.15 | 95 | | | 65.1 | 1782 | percent of total billed charges | |
| HC PUNCH BX SKIN EA SEP/ADD LES | 11105 | CPT | | | | outpatient | | | 217 | | Horizon | Indemnity | 83.07 | 38.28 | | | 65.1 | 1782 | percent of total billed charges | |
| HC PUNCH BX SKIN EA SEP/ADD LES | 11105 | CPT | | | | outpatient | | | 217 | | Qualcare | Qualcare | 162.75 | 75 | | | 65.1 | 1782 | percent of total billed charges | |
| HC PUNCH BX SKIN EA SEP/ADD LES | 11105 | CPT | | | | outpatient | | | 217 | | Horizon | PPO | 83.07 | 38.28 | | | 65.1 | 1782 | percent of total billed charges | |
| HC PUNCH BX SKIN EA SEP/ADD LES | 11105 | CPT | | | | outpatient | | | 217 | | United | Oxford | 1782 | | | | 65.1 | 1782 | case rate | |
| HC PUNCH BX SKIN EA SEP/ADD LES | 11105 | CPT | | | | outpatient | | | 217 | | Managed Care Inc | Managed Care Inc | 195.3 | 90 | | | 65.1 | 1782 | percent of total billed charges | |
| HC PUNCH BX SKIN EA SEP/ADD LES | 11105 | CPT | | | | outpatient | | | 217 | | UHC | Medicaid | 68.46 | 31.55 | | | 65.1 | 1782 | percent of total billed charges | |
| HC PUNCH BX SKIN EA SEP/ADD LES | 11105 | CPT | | | | outpatient | | | 217 | | Three Rivers | Three Rivers | 206.15 | 95 | | | 65.1 | 1782 | percent of total billed charges | |
| HC INCISIONAL BX SKIN SINGLE LESI | 11106 | CPT | | | | outpatient | | | 2220 | | 826.02 Aetna | Medicare | 718.28 | | | | 700.41 | 2109 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISIONAL BX SKIN SINGLE LESI | 11106 | CPT | | | | outpatient | | | 2220 | | 826.02 United | CommercialPPO | 1817 | | | | 700.41 | 2109 | case rate | |
| HC INCISIONAL BX SKIN SINGLE LESI | 11106 | CPT | | | | outpatient | | | 2220 | | 826.02 Aetna | Commercial | 1172.23 | | | | 700.41 | 2109 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISIONAL BX SKIN SINGLE LESI | 11106 | CPT | | | | outpatient | | | 2220 | | 826.02 Corrections | Corrections | 1776 | 80 | | | 700.41 | 2109 | percent of total billed charges | |
| HC INCISIONAL BX SKIN SINGLE LESI | 11106 | CPT | | | | outpatient | | | 2220 | | 826.02 Three Rivers | Three Rivers | 2109 | 95 | | | 700.41 | 2109 | percent of total billed charges | |
| HC INCISIONAL BX SKIN SINGLE LESI | 11106 | CPT | | | | outpatient | | | 2220 | | 826.02 Amerihealth | Medicare | 718.28 | | | | 700.41 | 2109 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISIONAL BX SKIN SINGLE LESI | 11106 | CPT | | | | outpatient | | | 2220 | | 826.02 Amerihealth | HMO/PPO | 1443 | 65 | | | 700.41 | 2109 | percent of total billed charges | |
| HC INCISIONAL BX SKIN SINGLE LESI | 11106 | CPT | | | | outpatient | | | 2220 | | 826.02 Aetna | Better Health | 700.41 | 31.55 | | | 700.41 | 2109 | percent of total billed charges | |
| HC INCISIONAL BX SKIN SINGLE LESI | 11106 | CPT | | | | outpatient | | | 2220 | | 826.02 First Trenton | First Trenton | 1998 | 90 | | | 700.41 | 2109 | percent of total billed charges | |
| HC INCISIONAL BX SKIN SINGLE LESI | 11106 | CPT | | | | outpatient | | | 2220 | | 826.02 WellPoint | WellPoint | 714.4 | 32.18 | | | 700.41 | 2109 | percent of total billed charges | |
| HC INCISIONAL BX SKIN SINGLE LESI | 11106 | CPT | | | | outpatient | | | 2220 | | 826.02 Americare | Americare | 1665 | 75 | | | 700.41 | 2109 | percent of total billed charges | |
| HC INCISIONAL BX SKIN SINGLE LESI | 11106 | CPT | | | | outpatient | | | 2220 | | 826.02 Wellcare | Medicare | 718.28 | | | | 700.41 | 2109 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISIONAL BX SKIN SINGLE LESI | 11106 | CPT | | | | outpatient | | | 2220 | | 826.02 Horizon | MGD | 1389.87 | | | | 700.41 | 2109 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISIONAL BX SKIN SINGLE LESI | 11106 | CPT | | | | outpatient | | | 2220 | | 826.02 First Health | First Health | 1554 | 70 | | | 700.41 | 2109 | percent of total billed charges | |
| HC INCISIONAL BX SKIN SINGLE LESI | 11106 | CPT | | | | outpatient | | | 2220 | | 826.02 Multiplan | Multiplan | 1776 | 80 | | | 700.41 | 2109 | percent of total billed charges | |
| HC INCISIONAL BX SKIN SINGLE LESI | 11106 | CPT | | | | outpatient | | | 2220 | | 826.02 Consumer | Consumer | 2109 | 95 | | | 700.41 | 2109 | percent of total billed charges | |
| HC INCISIONAL BX SKIN SINGLE LESI | 11106 | CPT | | | | outpatient | | | 2220 | | 826.02 Horizon | PPO | 1389.87 | | | | 700.41 | 2109 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISIONAL BX SKIN SINGLE LESI | 11106 | CPT | | | | outpatient | | | 2220 | | 826.02 Horizon | Indemnity | 1389.87 | | | | 700.41 | 2109 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISIONAL BX SKIN SINGLE LESI | 11106 | CPT | | | | outpatient | | | 2220 | | 826.02 Qualcare | Qualcare | 1665 | 75 | | | 700.41 | 2109 | percent of total billed charges | |
| HC INCISIONAL BX SKIN SINGLE LESI | 11106 | CPT | | | | outpatient | | | 2220 | | 826.02 United | Oxford | 1817 | | | | 700.41 | 2109 | case rate | |
| HC INCISIONAL BX SKIN SINGLE LESI | 11106 | CPT | | | | outpatient | | | 2220 | | 826.02 Managed Care Inc | Managed Care Inc | 1998 | 90 | | | 700.41 | 2109 | percent of total billed charges | |
| HC INCISIONAL BX SKIN SINGLE LESI | 11106 | CPT | | | | outpatient | | | 2220 | | 826.02 Horizon | Medicare Blue | 718.28 | | | | 700.41 | 2109 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISIONAL BX SKIN SINGLE LESI | 11106 | CPT | | | | outpatient | | | 2220 | | 826.02 UHC | Medicaid | 700.41 | 31.55 | | 717.22 | 700.41 | 2109 | percent of total billed charges | |
| HC INCISIONAL BX SKIN SINGLE LESI | 11106 | CPT | | | | outpatient | | | 2220 | | 826.02 UHC | Medicare | 718.28 | | | | 700.41 | 2109 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISIONAL BX SKIN SINGLE LESI | 11106 | CPT | | | | outpatient | | | 2220 | | 826.02 Wellcare | Medicaid | 700.41 | 31.55 | | | 700.41 | 2109 | percent of total billed charges | |
| HC INCISIONAL BX SKIN EA SEP/ADD | 11107 | CPT | | | | outpatient | | | 259 | | Amerihealth | HMO/PPO | 168.35 | 65 | | | 77.7 | 1782 | percent of total billed charges | |
| HC INCISIONAL BX SKIN EA SEP/ADD | 11107 | CPT | | | | outpatient | | | 259 | | Horizon | MGD | 99.15 | 38.28 | | | 77.7 | 1782 | percent of total billed charges | |
| HC INCISIONAL BX SKIN EA SEP/ADD | 11107 | CPT | | | | outpatient | | | 259 | | Americare | Americare | 194.25 | 75 | | | 77.7 | 1782 | percent of total billed charges | |
| HC INCISIONAL BX SKIN EA SEP/ADD | 11107 | CPT | | | | outpatient | | | 259 | | First Health | First Health | 181.3 | 70 | | | 77.7 | 1782 | percent of total billed charges | |
| HC INCISIONAL BX SKIN EA SEP/ADD | 11107 | CPT | | | | outpatient | | | 259 | | Aetna | Better Health | 81.71 | 31.55 | | | 77.7 | 1782 | percent of total billed charges | |
| HC INCISIONAL BX SKIN EA SEP/ADD | 11107 | CPT | | | | outpatient | | | 259 | | Aetna | Medicare | 79.77 | 30.8 | | | 77.7 | 1782 | percent of total billed charges | |
| HC INCISIONAL BX SKIN EA SEP/ADD | 11107 | CPT | | | | outpatient | | | 259 | | Consumer | Consumer | 246.05 | 95 | | | 77.7 | 1782 | percent of total billed charges | |
| HC INCISIONAL BX SKIN EA SEP/ADD | 11107 | CPT | | | | outpatient | | | 259 | | UHC | Medicaid | 81.71 | 31.55 | | | 77.7 | 1782 | percent of total billed charges | |
| HC INCISIONAL BX SKIN EA SEP/ADD | 11107 | CPT | | | | outpatient | | | 259 | | Corrections | Corrections | 207.2 | 80 | | | 77.7 | 1782 | percent of total billed charges | |
| HC INCISIONAL BX SKIN EA SEP/ADD | 11107 | CPT | | | | outpatient | | | 259 | | United | Oxford | 1782 | | | | 77.7 | 1782 | case rate | |
| HC INCISIONAL BX SKIN EA SEP/ADD | 11107 | CPT | | | | outpatient | | | 259 | | Horizon | Indemnity | 99.15 | 38.28 | | | 77.7 | 1782 | percent of total billed charges | |
| HC INCISIONAL BX SKIN EA SEP/ADD | 11107 | CPT | | | | outpatient | | | 259 | | Multiplan | Multiplan | 207.2 | 80 | | | 77.7 | 1782 | percent of total billed charges | |
| HC INCISIONAL BX SKIN EA SEP/ADD | 11107 | CPT | | | | outpatient | | | 259 | | First Trenton | First Trenton | 233.1 | 90 | | | 77.7 | 1782 | percent of total billed charges | |
| HC INCISIONAL BX SKIN EA SEP/ADD | 11107 | CPT | | | | outpatient | | | 259 | | United | CommercialPPO | 1782 | | | | 77.7 | 1782 | case rate | |
| HC INCISIONAL BX SKIN EA SEP/ADD | 11107 | CPT | | | | outpatient | | | 259 | | Horizon | Medicare Blue | 77.7 | 30 | | | 77.7 | 1782 | percent of total billed charges | |
| HC INCISIONAL BX SKIN EA SEP/ADD | 11107 | CPT | | | | outpatient | | | 259 | | Qualcare | Qualcare | 194.25 | 75 | | | 77.7 | 1782 | percent of total billed charges | |
| HC INCISIONAL BX SKIN EA SEP/ADD | 11107 | CPT | | | | outpatient | | | 259 | | Managed Care Inc | Managed Care Inc | 233.1 | 90 | | | 77.7 | 1782 | percent of total billed charges | |
| HC INCISIONAL BX SKIN EA SEP/ADD | 11107 | CPT | | | | outpatient | | | 259 | | WellPoint | WellPoint | 83.35 | 32.18 | | | 77.7 | 1782 | percent of total billed charges | |
| HC INCISIONAL BX SKIN EA SEP/ADD | 11107 | CPT | | | | outpatient | | | 259 | | Horizon | PPO | 99.15 | 38.28 | | | 77.7 | 1782 | percent of total billed charges | |
| HC INCISIONAL BX SKIN EA SEP/ADD | 11107 | CPT | | | | outpatient | | | 259 | | Wellcare | Medicaid | 81.71 | 31.55 | | | 77.7 | 1782 | percent of total billed charges | |
| HC INCISIONAL BX SKIN EA SEP/ADD | 11107 | CPT | | | | outpatient | | | 259 | | Three Rivers | Three Rivers | 246.05 | 95 | | | 77.7 | 1782 | percent of total billed charges | |
| HC REM SKIN TAG <15 LESIONS | 11200 | CPT | | | | outpatient | | | 659 | | 263.3 Consumer | Consumer | 626.05 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC REM SKIN TAG <15 LESIONS | 11200 | CPT | | | | outpatient | | | 659 | | 263.3 Aetna | Commercial | 373.66 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM SKIN TAG <15 LESIONS | 11200 | CPT | | | | outpatient | | | 659 | | 263.3 Corrections | Corrections | 527.2 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC REM SKIN TAG <15 LESIONS | 11200 | CPT | | | | outpatient | | | 659 | | 263.3 Amerihealth | Medicare | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM SKIN TAG <15 LESIONS | 11200 | CPT | | | | outpatient | | | 659 | | 263.3 First Health | First Health | 461.3 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC REM SKIN TAG <15 LESIONS | 11200 | CPT | | | | outpatient | | | 659 | | 263.3 Aetna | Medicare | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM SKIN TAG <15 LESIONS | 11200 | CPT | | | | outpatient | | | 659 | | 263.3 Aetna | Better Health | 207.91 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC REM SKIN TAG <15 LESIONS | 11200 | CPT | | | | outpatient | | | 659 | | 263.3 WellPoint | WellPoint | 212.07 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC REM SKIN TAG <15 LESIONS | 11200 | CPT | | | | outpatient | | | 659 | | 263.3 First Trenton | First Trenton | 593.1 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC REM SKIN TAG <15 LESIONS | 11200 | CPT | | | | outpatient | | | 659 | | 263.3 Americare | Americare | 494.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC REM SKIN TAG <15 LESIONS | 11200 | CPT | | | | outpatient | | | 659 | | 263.3 Multiplan | Multiplan | 527.2 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC REM SKIN TAG <15 LESIONS | 11200 | CPT | | | | outpatient | | | 659 | | 263.3 Horizon | Indemnity | 443.04 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM SKIN TAG <15 LESIONS | 11200 | CPT | | | | outpatient | | | 659 | | 263.3 Three Rivers | Three Rivers | 626.05 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC REM SKIN TAG <15 LESIONS | 11200 | CPT | | | | outpatient | | | 659 | | 263.3 Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC REM SKIN TAG <15 LESIONS | 11200 | CPT | | | | outpatient | | | 659 | | 263.3 Qualcare | Qualcare | 494.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC REM SKIN TAG <15 LESIONS | 11200 | CPT | | | | outpatient | | | 659 | | 263.3 Horizon | Medicare Blue | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM SKIN TAG <15 LESIONS | 11200 | CPT | | | | outpatient | | | 659 | | 263.3 Horizon | MGD | 443.04 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM SKIN TAG <15 LESIONS | 11200 | CPT | | | | outpatient | | | 659 | | 263.3 UHC | Medicare | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM SKIN TAG <15 LESIONS | 11200 | CPT | | | | outpatient | | | 659 | | 263.3 Wellcare | Medicare | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM SKIN TAG <15 LESIONS | 11200 | CPT | | | | outpatient | | | 659 | | 263.3 Wellcare | Medicaid | 207.91 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC REM SKIN TAG <15 LESIONS | 11200 | CPT | | | | outpatient | | | 659 | | 263.3 Horizon | PPO | 443.04 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM SKIN TAG <15 LESIONS | 11200 | CPT | | | | outpatient | | | 659 | | 263.3 Managed Care Inc | Managed Care Inc | 593.1 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC REM SKIN TAG <15 LESIONS | 11200 | CPT | | | | outpatient | | | 659 | | 263.3 UHC | Medicaid | 207.91 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC REM SKIN TAG <15 LESIONS | 11200 | CPT | | | | outpatient | | | 659 | | 263.3 United | CommercialPPO | 1782 | | | | 125 | 1782 | case rate | |
| HC REM SKIN TAG <15 LESIONS | 11200 | CPT | | | | outpatient | | | 659 | | 263.3 United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10 | 11201 | CPT | | | | outpatient | | | 208.86 | | First Health | First Health | 146.2 | 70 | | | 62.66 | 1782 | percent of total billed charges | |
| HC RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10 | 11201 | CPT | | | | outpatient | | | 208.86 | | Consumer | Consumer | 198.42 | 95 | | | 62.66 | 1782 | percent of total billed charges | |
| HC RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10 | 11201 | CPT | | | | outpatient | | | 208.86 | | United | CommercialPPO | 1782 | | | | 62.66 | 1782 | case rate | |
| HC RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10 | 11201 | CPT | | | | outpatient | | | 208.86 | | Aetna | Medicare | 64.33 | 30.8 | | | 62.66 | 1782 | percent of total billed charges | |
| HC RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10 | 11201 | CPT | | | | outpatient | | | 208.86 | | Amerihealth | HMO/PPO | 125 | | | | 62.66 | 1782 | fee schedule | |
| HC RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10 | 11201 | CPT | | | | outpatient | | | 208.86 | | Aetna | Better Health | 65.9 | 31.55 | | | 62.66 | 1782 | percent of total billed charges | |
| HC RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10 | 11201 | CPT | | | | outpatient | | | 208.86 | | United | Oxford | 1782 | | | | 62.66 | 1782 | case rate | |
| HC RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10 | 11201 | CPT | | | | outpatient | | | 208.86 | | Americare | Americare | 156.65 | 75 | | | 62.66 | 1782 | percent of total billed charges | |
| HC RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10 | 11201 | CPT | | | | outpatient | | | 208.86 | | Horizon | MGD | 79.95 | 38.28 | | | 62.66 | 1782 | percent of total billed charges | |
| HC RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10 | 11201 | CPT | | | | outpatient | | | 208.86 | | Corrections | Corrections | 167.09 | 80 | | | 62.66 | 1782 | percent of total billed charges | |
| HC RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10 | 11201 | CPT | | | | outpatient | | | 208.86 | | WellPoint | WellPoint | 67.21 | 32.18 | | | 62.66 | 1782 | percent of total billed charges | |
| HC RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10 | 11201 | CPT | | | | outpatient | | | 208.86 | | Horizon | Medicare Blue | 62.66 | 30 | | | 62.66 | 1782 | percent of total billed charges | |
| HC RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10 | 11201 | CPT | | | | outpatient | | | 208.86 | | UHC | Medicaid | 65.9 | 31.55 | | | 62.66 | 1782 | percent of total billed charges | |
| HC RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10 | 11201 | CPT | | | | outpatient | | | 208.86 | | Horizon | Indemnity | 79.95 | 38.28 | | | 62.66 | 1782 | percent of total billed charges | |
| HC RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10 | 11201 | CPT | | | | outpatient | | | 208.86 | | Horizon | PPO | 79.95 | 38.28 | | | 62.66 | 1782 | percent of total billed charges | |
| HC RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10 | 11201 | CPT | | | | outpatient | | | 208.86 | | Multiplan | Multiplan | 167.09 | 80 | | | 62.66 | 1782 | percent of total billed charges | |
| HC RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10 | 11201 | CPT | | | | outpatient | | | 208.86 | | Three Rivers | Three Rivers | 198.42 | 95 | | | 62.66 | 1782 | percent of total billed charges | |
| HC RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10 | 11201 | CPT | | | | outpatient | | | 208.86 | | First Trenton | First Trenton | 187.97 | 90 | | | 62.66 | 1782 | percent of total billed charges | |
| HC RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10 | 11201 | CPT | | | | outpatient | | | 208.86 | | Wellcare | Medicaid | 65.9 | 31.55 | | | 62.66 | 1782 | percent of total billed charges | |
| HC RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10 | 11201 | CPT | | | | outpatient | | | 208.86 | | Qualcare | Qualcare | 156.65 | 75 | | | 62.66 | 1782 | percent of total billed charges | |
| HC RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10 | 11201 | CPT | | | | outpatient | | | 208.86 | | Managed Care Inc | Managed Care Inc | 187.97 | 90 | | | 62.66 | 1782 | percent of total billed charges | |
| HC SHVG SGL LSN. TRK ARM LEG 0.6-1CM | 11301 | CPT | | | | outpatient | | | 659 | | 263.3 Americare | Americare | 494.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC SHVG SGL LSN. TRK ARM LEG 0.6-1CM | 11301 | CPT | | | | outpatient | | | 659 | | 263.3 Horizon | Medicare Blue | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHVG SGL LSN. TRK ARM LEG 0.6-1CM | 11301 | CPT | | | | outpatient | | | 659 | | 263.3 Consumer | Consumer | 626.05 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC SHVG SGL LSN. TRK ARM LEG 0.6-1CM | 11301 | CPT | | | | outpatient | | | 659 | | 263.3 First Health | First Health | 461.3 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC SHVG SGL LSN. TRK ARM LEG 0.6-1CM | 11301 | CPT | | | | outpatient | | | 659 | | 263.3 Aetna | Commercial | 373.66 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHVG SGL LSN. TRK ARM LEG 0.6-1CM | 11301 | CPT | | | | outpatient | | | 659 | | 263.3 Amerihealth | Medicare | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHVG SGL LSN. TRK ARM LEG 0.6-1CM | 11301 | CPT | | | | outpatient | | | 659 | | 263.3 Aetna | Better Health | 207.91 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC SHVG SGL LSN. TRK ARM LEG 0.6-1CM | 11301 | CPT | | | | outpatient | | | 659 | | 263.3 Horizon | MGD | 443.04 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHVG SGL LSN. TRK ARM LEG 0.6-1CM | 11301 | CPT | | | | outpatient | | | 659 | | 263.3 First Trenton | First Trenton | 593.1 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC SHVG SGL LSN. TRK ARM LEG 0.6-1CM | 11301 | CPT | | | | outpatient | | | 659 | | 263.3 UHC | Medicare | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHVG SGL LSN. TRK ARM LEG 0.6-1CM | 11301 | CPT | | | | outpatient | | | 659 | | 263.3 Corrections | Corrections | 527.2 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC SHVG SGL LSN. TRK ARM LEG 0.6-1CM | 11301 | CPT | | | | outpatient | | | 659 | | 263.3 UHC | Medicaid | 207.91 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC SHVG SGL LSN. TRK ARM LEG 0.6-1CM | 11301 | CPT | | | | outpatient | | | 659 | | 263.3 Aetna | Medicare | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHVG SGL LSN. TRK ARM LEG 0.6-1CM | 11301 | CPT | | | | outpatient | | | 659 | | 263.3 Multiplan | Multiplan | 527.2 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC SHVG SGL LSN. TRK ARM LEG 0.6-1CM | 11301 | CPT | | | | outpatient | | | 659 | | 263.3 Managed Care Inc | Managed Care Inc | 593.1 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC SHVG SGL LSN. TRK ARM LEG 0.6-1CM | 11301 | CPT | | | | outpatient | | | 659 | | 263.3 Horizon | Indemnity | 443.04 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHVG SGL LSN. TRK ARM LEG 0.6-1CM | 11301 | CPT | | | | outpatient | | | 659 | | 263.3 Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC SHVG SGL LSN. TRK ARM LEG 0.6-1CM | 11301 | CPT | | | | outpatient | | | 659 | | 263.3 Qualcare | Qualcare | 494.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC SHVG SGL LSN. TRK ARM LEG 0.6-1CM | 11301 | CPT | | | | outpatient | | | 659 | | 263.3 Three Rivers | Three Rivers | 626.05 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC SHVG SGL LSN. TRK ARM LEG 0.6-1CM | 11301 | CPT | | | | outpatient | | | 659 | | 263.3 Horizon | PPO | 443.04 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHVG SGL LSN. TRK ARM LEG 0.6-1CM | 11301 | CPT | | | | outpatient | | | 659 | | 263.3 Wellcare | Medicaid | 207.91 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC SHVG SGL LSN. TRK ARM LEG 0.6-1CM | 11301 | CPT | | | | outpatient | | | 659 | | 263.3 Wellcare | Medicare | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHVG SGL LSN. TRK ARM LEG 0.6-1CM | 11301 | CPT | | | | outpatient | | | 659 | | 263.3 United | CommercialPPO | 1782 | | | | 125 | 1782 | case rate | |
| HC SHVG SGL LSN. TRK ARM LEG 0.6-1CM | 11301 | CPT | | | | outpatient | | | 659 | | 263.3 United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC SHVG SGL LSN. TRK ARM LEG 0.6-1CM | 11301 | CPT | | | | outpatient | | | 659 | | 263.3 WellPoint | WellPoint | 212.07 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC SHVG SKN LSN 1 TRNK/ARM/LEG >2 | 11303 | CPT | | | | outpatient | | | 1360 | | 524.43 Horizon | MGD | 882.42 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHVG SKN LSN 1 TRNK/ARM/LEG >2 | 11303 | CPT | | | | outpatient | | | 1360 | | 524.43 Aetna | Medicare | 456.03 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHVG SKN LSN 1 TRNK/ARM/LEG >2 | 11303 | CPT | | | | outpatient | | | 1360 | | 524.43 Horizon | PPO | 882.42 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHVG SKN LSN 1 TRNK/ARM/LEG >2 | 11303 | CPT | | | | outpatient | | | 1360 | | 524.43 Aetna | Commercial | 744.24 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHVG SKN LSN 1 TRNK/ARM/LEG >2 | 11303 | CPT | | | | outpatient | | | 1360 | | 524.43 Amerihealth | Medicare | 456.03 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHVG SKN LSN 1 TRNK/ARM/LEG >2 | 11303 | CPT | | | | outpatient | | | 1360 | | 524.43 Aetna | Better Health | 429.08 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC SHVG SKN LSN 1 TRNK/ARM/LEG >2 | 11303 | CPT | | | | outpatient | | | 1360 | | 524.43 Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC SHVG SKN LSN 1 TRNK/ARM/LEG >2 | 11303 | CPT | | | | outpatient | | | 1360 | | 524.43 Multiplan | Multiplan | 1088 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC SHVG SKN LSN 1 TRNK/ARM/LEG >2 | 11303 | CPT | | | | outpatient | | | 1360 | | 524.43 UHC | Medicaid | 429.08 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC SHVG SKN LSN 1 TRNK/ARM/LEG >2 | 11303 | CPT | | | | outpatient | | | 1360 | | 524.43 Corrections | Corrections | 1088 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC SHVG SKN LSN 1 TRNK/ARM/LEG >2 | 11303 | CPT | | | | outpatient | | | 1360 | | 524.43 Wellcare | Medicare | 456.03 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHVG SKN LSN 1 TRNK/ARM/LEG >2 | 11303 | CPT | | | | outpatient | | | 1360 | | 524.43 Horizon | Indemnity | 882.42 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHVG SKN LSN 1 TRNK/ARM/LEG >2 | 11303 | CPT | | | | outpatient | | | 1360 | | 524.43 First Health | First Health | 952 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC SHVG SKN LSN 1 TRNK/ARM/LEG >2 | 11303 | CPT | | | | outpatient | | | 1360 | | 524.43 Americare | Americare | 1020 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC SHVG SKN LSN 1 TRNK/ARM/LEG >2 | 11303 | CPT | | | | outpatient | | | 1360 | | 524.43 Horizon | Medicare Blue | 456.03 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHVG SKN LSN 1 TRNK/ARM/LEG >2 | 11303 | CPT | | | | outpatient | | | 1360 | | 524.43 Qualcare | Qualcare | 1020 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC SHVG SKN LSN 1 TRNK/ARM/LEG >2 | 11303 | CPT | | | | outpatient | | | 1360 | | 524.43 UHC | Medicare | 456.03 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC SHVG SKN LSN 1 TRNK/ARM/LEG >2 | 11303 | CPT | | | | outpatient | | | 1360 | | 524.43 | Consumer | Consumer | 1292 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC SHVG SKN LSN 1 TRNK/ARM/LEG >2 | 11303 | CPT | | | | outpatient | | | 1360 | | 524.43 | WellPoint | WellPoint | 437.65 | 32.18 | | | 125 | | 1782 percent of total billed charges | |
| HC SHVG SKN LSN 1 TRNK/ARM/LEG >2 | 11303 | CPT | | | | outpatient | | | 1360 | | 524.43 | United | Commercial/PPO | 1782 | | | | 125 | | 1782 case rate | |
| HC SHVG SKN LSN 1 TRNK/ARM/LEG >2 | 11303 | CPT | | | | outpatient | | | 1360 | | 524.43 | United | Oxford | 1782 | | | | 125 | | 1782 case rate | |
| HC SHVG SKN LSN 1 TRNK/ARM/LEG >2 | 11303 | CPT | | | | outpatient | | | 1360 | | 524.43 | First Trenton | First Trenton | 1224 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC SHVG SKN LSN 1 TRNK/ARM/LEG >2 | 11303 | CPT | | | | outpatient | | | 1360 | | 524.43 | Wellcare | Medicaid | 429.08 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC SHVG SKN LSN 1 TRNK/ARM/LEG >2 | 11303 | CPT | | | | outpatient | | | 1360 | | 524.43 | Managed Care Inc | Managed Care Inc | 1224 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC SHVG SKN LSN 1 TRNK/ARM/LEG >2 | 11303 | CPT | | | | outpatient | | | 1360 | | 524.43 | Three Rivers | Three Rivers | 1292 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC SHAVE LES S/N/H/F/G, 0.5CM/< | 11305 | CPT | | | | outpatient | | | 659 | | 263.3 | Consumer | Consumer | 626.05 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC SHAVE LES S/N/H/F/G, 0.5CM/< | 11305 | CPT | | | | outpatient | | | 659 | | 263.3 | Americare | Americare | 494.25 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC SHAVE LES S/N/H/F/G, 0.5CM/< | 11305 | CPT | | | | outpatient | | | 659 | | 263.3 | Aetna | Commercial | 373.66 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHAVE LES S/N/H/F/G, 0.5CM/< | 11305 | CPT | | | | outpatient | | | 659 | | 263.3 | Multiplan | Multiplan | 527.2 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC SHAVE LES S/N/H/F/G, 0.5CM/< | 11305 | CPT | | | | outpatient | | | 659 | | 263.3 | Aetna | Better Health | 207.91 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC SHAVE LES S/N/H/F/G, 0.5CM/< | 11305 | CPT | | | | outpatient | | | 659 | | 263.3 | Aetna | Medicare | 228.96 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHAVE LES S/N/H/F/G, 0.5CM/< | 11305 | CPT | | | | outpatient | | | 659 | | 263.3 | UHC | Medicare | 228.96 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHAVE LES S/N/H/F/G, 0.5CM/< | 11305 | CPT | | | | outpatient | | | 659 | | 263.3 | Qualcare | Qualcare | 494.25 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC SHAVE LES S/N/H/F/G, 0.5CM/< | 11305 | CPT | | | | outpatient | | | 659 | | 263.3 | Corrections | Corrections | 527.2 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC SHAVE LES S/N/H/F/G, 0.5CM/< | 11305 | CPT | | | | outpatient | | | 659 | | 263.3 | Horizon | Medicare Blue | 228.96 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHAVE LES S/N/H/F/G, 0.5CM/< | 11305 | CPT | | | | outpatient | | | 659 | | 263.3 | Amerihealth | HMO/PPO | 125 | | | | 125 | | 1782 fee schedule | |
| HC SHAVE LES S/N/H/F/G, 0.5CM/< | 11305 | CPT | | | | outpatient | | | 659 | | 263.3 | First Health | First Health | 461.3 | 70 | | | 125 | | 1782 percent of total billed charges | |
| HC SHAVE LES S/N/H/F/G, 0.5CM/< | 11305 | CPT | | | | outpatient | | | 659 | | 263.3 | Amerihealth | Medicare | 228.96 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHAVE LES S/N/H/F/G, 0.5CM/< | 11305 | CPT | | | | outpatient | | | 659 | | 263.3 | Horizon | MGD | 443.04 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHAVE LES S/N/H/F/G, 0.5CM/< | 11305 | CPT | | | | outpatient | | | 659 | | 263.3 | Horizon | Indemnity | 443.04 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHAVE LES S/N/H/F/G, 0.5CM/< | 11305 | CPT | | | | outpatient | | | 659 | | 263.3 | First Trenton | First Trenton | 593.1 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC SHAVE LES S/N/H/F/G, 0.5CM/< | 11305 | CPT | | | | outpatient | | | 659 | | 263.3 | United | Commercial/PPO | 1782 | | | | 125 | | 1782 case rate | |
| HC SHAVE LES S/N/H/F/G, 0.5CM/< | 11305 | CPT | | | | outpatient | | | 659 | | 263.3 | Horizon | PPO | 443.04 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHAVE LES S/N/H/F/G, 0.5CM/< | 11305 | CPT | | | | outpatient | | | 659 | | 263.3 | Wellcare | Medicaid | 207.91 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC SHAVE LES S/N/H/F/G, 0.5CM/< | 11305 | CPT | | | | outpatient | | | 659 | | 263.3 | Managed Care Inc | Managed Care Inc | 593.1 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC SHAVE LES S/N/H/F/G, 0.5CM/< | 11305 | CPT | | | | outpatient | | | 659 | | 263.3 | UHC | Medicaid | 207.91 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC SHAVE LES S/N/H/F/G, 0.5CM/< | 11305 | CPT | | | | outpatient | | | 659 | | 263.3 | Three Rivers | Three Rivers | 626.05 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC SHAVE LES S/N/H/F/G, 0.5CM/< | 11305 | CPT | | | | outpatient | | | 659 | | 263.3 | United | Oxford | 1782 | | | | 125 | | 1782 case rate | |
| HC SHAVE LES S/N/H/F/G, 0.5CM/< | 11305 | CPT | | | | outpatient | | | 659 | | 263.3 | Wellcare | Medicare | 228.96 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHAVE LES S/N/H/F/G, 0.5CM/< | 11305 | CPT | | | | outpatient | | | 659 | | 263.3 | WellPoint | WellPoint | 212.07 | 32.18 | | | 125 | | 1782 percent of total billed charges | |
| HC SHVNG SINGLE LESION 1.1-2.0CM | 11312 | CPT | | | | outpatient | | | 1360 | | 524.43 | First Health | First Health | 952 | 70 | | | 125 | | 1782 percent of total billed charges | |
| HC SHVNG SINGLE LESION 1.1-2.0CM | 11312 | CPT | | | | outpatient | | | 1360 | | 524.43 | UHC | Medicare | 456.03 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHVNG SINGLE LESION 1.1-2.0CM | 11312 | CPT | | | | outpatient | | | 1360 | | 524.43 | Aetna | Medicare | 456.03 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHVNG SINGLE LESION 1.1-2.0CM | 11312 | CPT | | | | outpatient | | | 1360 | | 524.43 | Aetna | Better Health | 429.08 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC SHVNG SINGLE LESION 1.1-2.0CM | 11312 | CPT | | | | outpatient | | | 1360 | | 524.43 | Horizon | MGD | 882.42 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHVNG SINGLE LESION 1.1-2.0CM | 11312 | CPT | | | | outpatient | | | 1360 | | 524.43 | Aetna | Commercial | 744.24 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHVNG SINGLE LESION 1.1-2.0CM | 11312 | CPT | | | | outpatient | | | 1360 | | 524.43 | Americare | Americare | 1020 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC SHVNG SINGLE LESION 1.1-2.0CM | 11312 | CPT | | | | outpatient | | | 1360 | | 524.43 | Corrections | Corrections | 1088 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC SHVNG SINGLE LESION 1.1-2.0CM | 11312 | CPT | | | | outpatient | | | 1360 | | 524.43 | Multiplan | Multiplan | 1088 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC SHVNG SINGLE LESION 1.1-2.0CM | 11312 | CPT | | | | outpatient | | | 1360 | | 524.43 | Amerihealth | Medicare | 456.03 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHVNG SINGLE LESION 1.1-2.0CM | 11312 | CPT | | | | outpatient | | | 1360 | | 524.43 | Amerihealth | HMO/PPO | 125 | | | | 125 | | 1782 fee schedule | |
| HC SHVNG SINGLE LESION 1.1-2.0CM | 11312 | CPT | | | | outpatient | | | 1360 | | 524.43 | Consumer | Consumer | 1292 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC SHVNG SINGLE LESION 1.1-2.0CM | 11312 | CPT | | | | outpatient | | | 1360 | | 524.43 | Qualcare | Qualcare | 1020 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC SHVNG SINGLE LESION 1.1-2.0CM | 11312 | CPT | | | | outpatient | | | 1360 | | 524.43 | Horizon | Indemnity | 882.42 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHVNG SINGLE LESION 1.1-2.0CM | 11312 | CPT | | | | outpatient | | | 1360 | | 524.43 | Horizon | Medicare Blue | 456.03 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHVNG SINGLE LESION 1.1-2.0CM | 11312 | CPT | | | | outpatient | | | 1360 | | 524.43 | Horizon | PPO | 882.42 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHVNG SINGLE LESION 1.1-2.0CM | 11312 | CPT | | | | outpatient | | | 1360 | | 524.43 | UHC | Medicaid | 429.08 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC SHVNG SINGLE LESION 1.1-2.0CM | 11312 | CPT | | | | outpatient | | | 1360 | | 524.43 | Wellcare | Medicaid | 429.08 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC SHVNG SINGLE LESION 1.1-2.0CM | 11312 | CPT | | | | outpatient | | | 1360 | | 524.43 | United | Commercial/PPO | 1782 | | | | 125 | | 1782 case rate | |
| HC SHVNG SINGLE LESION 1.1-2.0CM | 11312 | CPT | | | | outpatient | | | 1360 | | 524.43 | First Trenton | First Trenton | 1224 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC SHVNG SINGLE LESION 1.1-2.0CM | 11312 | CPT | | | | outpatient | | | 1360 | | 524.43 | Wellcare | Medicare | 456.03 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHVNG SINGLE LESION 1.1-2.0CM | 11312 | CPT | | | | outpatient | | | 1360 | | 524.43 | Managed Care Inc | Managed Care Inc | 1224 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC SHVNG SINGLE LESION 1.1-2.0CM | 11312 | CPT | | | | outpatient | | | 1360 | | 524.43 | WellPoint | WellPoint | 437.65 | 32.18 | | | 125 | | 1782 percent of total billed charges | |
| HC SHVNG SINGLE LESION 1.1-2.0CM | 11312 | CPT | | | | outpatient | | | 1360 | | 524.43 | Three Rivers | Three Rivers | 1292 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC SHVNG SINGLE LESION 1.1-2.0CM | 11312 | CPT | | | | outpatient | | | 1360 | | 524.43 | United | Oxford | 1782 | | | | 125 | | 1782 case rate | |
| HC EXC BEN LES TI/AL, 0.6-1.0CM | 11401 | CPT | | | | outpatient | | | 1360 | | 524.43 | Multiplan | Multiplan | 1088 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC EXC BEN LES TI/AL, 0.6-1.0CM | 11401 | CPT | | | | outpatient | | | 1360 | | 524.43 | Aetna | Medicare | 456.03 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BEN LES TI/AL, 0.6-1.0CM | 11401 | CPT | | | | outpatient | | | 1360 | | 524.43 | Horizon | MGD | 882.42 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BEN LES TI/AL, 0.6-1.0CM | 11401 | CPT | | | | outpatient | | | 1360 | | 524.43 | Aetna | Commercial | 744.24 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BEN LES TI/AL, 0.6-1.0CM | 11401 | CPT | | | | outpatient | | | 1360 | | 524.43 | Corrections | Corrections | 1088 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC EXC BEN LES TI/AL, 0.6-1.0CM | 11401 | CPT | | | | outpatient | | | 1360 | | 524.43 | Americare | Americare | 1020 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC EXC BEN LES TI/AL, 0.6-1.0CM | 11401 | CPT | | | | outpatient | | | 1360 | | 524.43 | Aetna | Better Health | 429.08 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC EXC BEN LES TI/AL, 0.6-1.0CM | 11401 | CPT | | | | outpatient | | | 1360 | | 524.43 | Amerihealth | Medicare | 456.03 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BEN LES TI/AL, 0.6-1.0CM | 11401 | CPT | | | | outpatient | | | 1360 | | 524.43 | Qualcare | Qualcare | 1020 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC EXC BEN LES TI/AL, 0.6-1.0CM | 11401 | CPT | | | | outpatient | | | 1360 | | 524.43 | Amerihealth | HMO/PPO | 125 | | | | 125 | | 1782 fee schedule | |
| HC EXC BEN LES TI/AL, 0.6-1.0CM | 11401 | CPT | | | | outpatient | | | 1360 | | 524.43 | Consumer | Consumer | 1292 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC EXC BEN LES TI/AL, 0.6-1.0CM | 11401 | CPT | | | | outpatient | | | 1360 | | 524.43 | Horizon | Medicare Blue | 456.03 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BEN LES TI/AL, 0.6-1.0CM | 11401 | CPT | | | | outpatient | | | 1360 | | 524.43 | Horizon | Indemnity | 882.42 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BEN LES TI/AL, 0.6-1.0CM | 11401 | CPT | | | | outpatient | | | 1360 | | 524.43 | First Trenton | First Trenton | 1224 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC EXC BEN LES TI/AL, 0.6-1.0CM | 11401 | CPT | | | | outpatient | | | 1360 | | 524.43 | First Health | First Health | 952 | 70 | | | 125 | | 1782 percent of total billed charges | |
| HC EXC BEN LES TI/AL, 0.6-1.0CM | 11401 | CPT | | | | outpatient | | | 1360 | | 524.43 | UHC | Medicare | 456.03 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BEN LES TI/AL, 0.6-1.0CM | 11401 | CPT | | | | outpatient | | | 1360 | | 524.43 | Horizon | PPO | 882.42 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BEN LES TI/AL, 0.6-1.0CM | 11401 | CPT | | | | outpatient | | | 1360 | | 524.43 | United | Oxford | 1782 | | | | 125 | | 1782 case rate | |
| HC EXC BEN LES TI/AL, 0.6-1.0CM | 11401 | CPT | | | | outpatient | | | 1360 | | 524.43 | UHC | Medicaid | 429.08 | 31.55 | | 418.65 | 125 | | 1782 percent of total billed charges | |
| HC EXC BEN LES TI/AL, 0.6-1.0CM | 11401 | CPT | | | | outpatient | | | 1360 | | 524.43 | Managed Care Inc | Managed Care Inc | 1224 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC EXC BEN LES TI/AL, 0.6-1.0CM | 11401 | CPT | | | | outpatient | | | 1360 | | 524.43 | United | Commercial/PPO | 1782 | | | | 125 | | 1782 case rate | |
| HC EXC BEN LES TI/AL, 0.6-1.0CM | 11401 | CPT | | | | outpatient | | | 1360 | | 524.43 | Wellcare | Medicaid | 429.08 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC EXC BEN LES TI/AL, 0.6-1.0CM | 11401 | CPT | | | | outpatient | | | 1360 | | 524.43 | Wellcare | Medicare | 456.03 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BEN LES TI/AL, 0.6-1.0CM | 11401 | CPT | | | | outpatient | | | 1360 | | 524.43 | Three Rivers | Three Rivers | 1292 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC EXC BEN LES TI/AL, 0.6-1.0CM | 11401 | CPT | | | | outpatient | | | 1360 | | 524.43 | WellPoint | WellPoint | 437.65 | 32.18 | | | 125 | | 1782 percent of total billed charges | |
| HC EXC BEN LES TI/A/1, 1.1-2.0CM | 11402 | CPT | | | | outpatient | | | 2364 | | 925.36 | Aetna | Commercial | 1313.21 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BEN LES TI/A/1, 1.1-2.0CM | 11402 | CPT | | | | outpatient | | | 2364 | | 925.36 | Americare | Americare | 1773 | 75 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC BEN LES TI/A/1, 1.1-2.0CM | 11402 | CPT | | | | outpatient | | | 2364 | | 925.36 | Horizon | PPO | 1557.02 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BEN LES TI/A/1, 1.1-2.0CM | 11402 | CPT | | | | outpatient | | | 2364 | | 925.36 | Aetna | Better Health | 745.84 | 31.55 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC BEN LES TI/A/1, 1.1-2.0CM | 11402 | CPT | | | | outpatient | | | 2364 | | 925.36 | Horizon | Medicare Blue | 804.66 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BEN LES TI/A/1, 1.1-2.0CM | 11402 | CPT | | | | outpatient | | | 2364 | | 925.36 | Amerihealth | Medicare | 804.66 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BEN LES TI/A/1, 1.1-2.0CM | 11402 | CPT | | | | outpatient | | | 2364 | | 925.36 | Amerihealth | HMO/PPO | 125 | | | | 125 | | 2245.8 fee schedule | |
| HC EXC BEN LES TI/A/1, 1.1-2.0CM | 11402 | CPT | | | | outpatient | | | 2364 | | 925.36 | Horizon | MGD | 1557.02 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BEN LES TI/A/1, 1.1-2.0CM | 11402 | CPT | | | | outpatient | | | 2364 | | 925.36 | Aetna | Medicare | 804.66 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BEN LES TI/A/1, 1.1-2.0CM | 11402 | CPT | | | | outpatient | | | 2364 | | 925.36 | First Trenton | First Trenton | 2127.6 | 90 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC BEN LES TI/A/1, 1.1-2.0CM | 11402 | CPT | | | | outpatient | | | 2364 | | 925.36 | United | Oxford | 1817 | | | | 125 | | 2245.8 case rate | |
| HC EXC BEN LES TI/A/1, 1.1-2.0CM | 11402 | CPT | | | | outpatient | | | 2364 | | 925.36 | UHC | Medicare | 804.66 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BEN LES TI/A/1, 1.1-2.0CM | 11402 | CPT | | | | outpatient | | | 2364 | | 925.36 | Multiplan | Multiplan | 1891.2 | 80 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC BEN LES TI/A/1, 1.1-2.0CM | 11402 | CPT | | | | outpatient | | | 2364 | | 925.36 | Consumer | Consumer | 2245.8 | 95 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC BEN LES TI/A/1, 1.1-2.0CM | 11402 | CPT | | | | outpatient | | | 2364 | | 925.36 | First Health | First Health | 1654.8 | 70 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC BEN LES TI/A/1, 1.1-2.0CM | 11402 | CPT | | | | outpatient | | | 2364 | | 925.36 | UHC | Medicaid | 745.84 | 31.55 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC BEN LES TI/A/1, 1.1-2.0CM | 11402 | CPT | | | | outpatient | | | 2364 | | 925.36 | Wellcare | Medicaid | 745.84 | 31.55 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC BEN LES TI/A/1, 1.1-2.0CM | 11402 | CPT | | | | outpatient | | | 2364 | | 925.36 | Three Rivers | Three Rivers | 2245.8 | 95 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC BEN LES TI/A/1, 1.1-2.0CM | 11402 | CPT | | | | outpatient | | | 2364 | | 925.36 | WellPoint | WellPoint | 760.74 | 32.18 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC BEN LES TI/A/1, 1.1-2.0CM | 11402 | CPT | | | | outpatient | | | 2364 | | 925.36 | Wellcare | Medicare | 804.66 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BEN LES TI/A/1, 1.1-2.0CM | 11402 | CPT | | | | outpatient | | | 2364 | | 925.36 | Qualcare | Qualcare | 1773 | 75 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC BEN LES TI/A/1, 1.1-2.0CM | 11402 | CPT | | | | outpatient | | | 2364 | | 925.36 | Corrections | Corrections | 1891.2 | 80 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC BEN LES TI/A/1, 1.1-2.0CM | 11402 | CPT | | | | outpatient | | | 2364 | | 925.36 | United | Commercial/PPO | 1817 | | | | 125 | | 2245.8 case rate | |
| HC EXC BEN LES TI/A/1, 1.1-2.0CM | 11402 | CPT | | | | outpatient | | | 2364 | | 925.36 | Horizon | Indemnity | 1557.02 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BEN LES TI/A/1, 1.1-2.0CM | 11402 | CPT | | | | outpatient | | | 2364 | | 925.36 | Managed Care Inc | Managed Care Inc | 2127.6 | 90 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC B9 LES MRGN TI/AL 2.1-3.0CM | 11403 | CPT | | | | outpatient | | | 3229 | | 925.36 | Aetna | Commercial | 1313.21 | | | | 125 | | 3067.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC B9 LES MRGN TI/AL 2.1-3.0CM | 11403 | CPT | | | | outpatient | | | 3229 | | 925.36 | Multiplan | Multiplan | 2583.2 | 80 | | | 125 | | 3067.55 percent of total billed charges | |
| HC EXC B9 LES MRGN TI/AL 2.1-3.0CM | 11403 | CPT | | | | outpatient | | | 3229 | | 925.36 | First Trenton | First Trenton | 2906.1 | 90 | | | 125 | | 3067.55 percent of total billed charges | |
| HC EXC B9 LES MRGN TI/AL 2.1-3.0CM | 11403 | CPT | | | | outpatient | | | 3229 | | 925.36 | Aetna | Better Health | 1018.75 | 31.55 | | | 125 | | 3067.55 percent of total billed charges | |
| HC EXC B9 LES MRGN TI/AL 2.1-3.0CM | 11403 | CPT | | | | outpatient | | | 3229 | | 925.36 | Americare | Americare | 2421.75 | 75 | | | 125 | | 3067.55 percent of total billed charges | |
| HC EXC B9 LES MRGN TI/AL 2.1-3.0CM | 11403 | CPT | | | | outpatient | | | 3229 | | 925.36 | First Health | First Health | 2260.3 | 70 | | | 125 | | 3067.55 percent of total billed charges | |
| HC EXC B9 LES MRGN TI/AL 2.1-3.0CM | 11403 | CPT | | | | outpatient | | | 3229 | | 925.36 | UHC | Medicare | 804.66 | | | | 125 | | 3067.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC B9 LES MRGN TI/AL 2.1-3.0CM | 11403 | CPT | | | | outpatient | | | 3229 | | 925.36 | Consumer | Consumer | 3067.55 | 95 | | | 125 | | 3067.55 percent of total billed charges | |
| HC EXC B9 LES MRGN TI/AL 2.1-3.0CM | 11403 | CPT | | | | outpatient | | | 3229 | | 925.36 | Aetna | Medicare | 804.66 | | | | 125 | | 3067.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC B9 LES MRGN TI/AL 2.1-3.0CM | 11403 | CPT | | | | outpatient | | | 3229 | | 925.36 | Qualcare | Qualcare | 2421.75 | 75 | | | 125 | | 3067.55 percent of total billed charges | |
| HC EXC B9 LES MRGN TI/AL 2.1-3.0CM | 11403 | CPT | | | | outpatient | | | 3229 | | 925.36 | Managed Care Inc | Managed Care Inc | 2906.1 | 90 | | | 125 | | 3067.55 percent of total billed charges | |
| HC EXC B9 LES MRGN TI/AL 2.1-3.0CM | 11403 | CPT | | | | outpatient | | | 3229 | | 925.36 | Horizon | PPO | 1557.02 | | | | 125 | | 3067.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC B9 LES MRGN TI/AL 2.1-3.0CM | 11403 | CPT | | | | outpatient | | | 3229 | | 925.36 | Amerihealth | HMO/PPO | 125 | | | | 125 | | 3067.55 fee schedule | |
| HC EXC B9 LES MRGN TI/AL 2.1-3.0CM | 11403 | CPT | | | | outpatient | | | 3229 | | 925.36 | Horizon | Indemnity | 1557.02 | | | | 125 | | 3067.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC B9 LES MRGN TI/AL 2.1-3.0CM | 11403 | CPT | | | | outpatient | | | 3229 | | 925.36 | Wellcare | Medicare | 804.66 | | | | 125 | | 3067.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC B9 LES MRGN TI/AL 2.1-3.0CM | 11403 | CPT | | | | outpatient | | | 3229 | | 925.36 | Corrections | Corrections | 2583.2 | 80 | | | 125 | | 3067.55 percent of total billed charges | |
| HC EXC B9 LES MRGN TI/AL 2.1-3.0CM | 11403 | CPT | | | | outpatient | | | 3229 | | 925.36 | Horizon | MGD | 1557.02 | | | | 125 | | 3067.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC B9 LES MRGN TI/AL 2.1-3.0CM | 11403 | CPT | | | | outpatient | | | 3229 | | 925.36 | Three Rivers | Three Rivers | 3067.55 | 95 | | | 125 | | 3067.55 percent of total billed charges | |
| HC EXC B9 LES MRGN TI/AL 2.1-3.0CM | 11403 | CPT | | | | outpatient | | | 3229 | | 925.36 | United | Oxford | 1817 | | | | 125 | | 3067.55 case rate | |
| HC EXC B9 LES MRGN TI/AL 2.1-3.0CM | 11403 | CPT | | | | outpatient | | | 3229 | | 925.36 | Horizon | Medicare Blue | 804.66 | | | | 125 | | 3067.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC B9 LES MRGN TI/AL 2.1-3.0CM | 11403 | CPT | | | | outpatient | | | 3229 | | 925.36 | Amerihealth | Medicare | 804.66 | | | | 125 | | 3067.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC B9 LES MRGN TI/AL 2.1-3.0CM | 11403 | CPT | | | | outpatient | | | 3229 | | 925.36 | UHC | Medicaid | 1018.75 | 31.55 | | | 125 | | 3067.55 percent of total billed charges | |
| HC EXC B9 LES MRGN TI/AL 2.1-3.0CM | 11403 | CPT | | | | outpatient | | | 3229 | | 925.36 | WellPoint | WellPoint | 1039.09 | 32.18 | | | 125 | | 3067.55 percent of total billed charges | |
| HC EXC B9 LES MRGN TI/AL 2.1-3.0CM | 11403 | CPT | | | | outpatient | | | 3229 | | 925.36 | United | Commercial/PPO | 1817 | | | | 125 | | 3067.55 case rate | |
| HC EXC B9 LES MRGN TI/AL 2.1-3.0CM | 11403 | CPT | | | | outpatient | | | 3229 | | 925.36 | Wellcare | Medicaid | 1018.75 | 31.55 | | | 125 | | 3067.55 percent of total billed charges | |
| HC EXC B9 LES MGN XCP SK TG >4C | 11406 | CPT | | | | outpatient | | | 5464 | | 2132.36 | Aetna | Commercial | 2076.32 | 38 | | | 550 | | 5190.8 percent of total billed charges | |
| HC EXC B9 LES MGN XCP SK TG >4C | 11406 | CPT | | | | outpatient | | | 5464 | | 2132.36 | Horizon | Medicare Blue | 1854.23 | | | | 550 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC B9 LES MGN XCP SK TG >4C | 11406 | CPT | | | | outpatient | | | 5464 | | 2132.36 | Amerihealth | Medicare | 1854.23 | | | | 550 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC B9 LES MGN XCP SK TG >4C | 11406 | CPT | | | | outpatient | | | 5464 | | 2132.36 | Horizon | Indemnity | 3587.94 | | | | 550 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC B9 LES MGN XCP SK TG >4C | 11406 | CPT | | | | outpatient | | | 5464 | | 2132.36 | Aetna | Medicare | 1854.23 | | | | 550 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC B9 LES MGN XCP SK TG >4C | 11406 | CPT | | | | outpatient | | | 5464 | | 2132.36 | Aetna | Better Health | 1723.89 | 31.55 | | | 550 | | 5190.8 percent of total billed charges | |
| HC EXC B9 LES MGN XCP SK TG >4C | 11406 | CPT | | | | outpatient | | | 5464 | | 2132.36 | Americare | Americare | 4098 | 75 | | | 550 | | 5190.8 percent of total billed charges | |
| HC EXC B9 LES MGN XCP SK TG >4C | 11406 | CPT | | | | outpatient | | | 5464 | | 2132.36 | First Trenton | First Trenton | 4917.6 | 90 | | | 550 | | 5190.8 percent of total billed charges | |
| HC EXC B9 LES MGN XCP SK TG >4C | 11406 | CPT | | | | outpatient | | | 5464 | | 2132.36 | Consumer | Consumer | 5190.8 | 95 | | | 550 | | 5190.8 percent of total billed charges | |
| HC EXC B9 LES MGN XCP SK TG >4C | 11406 | CPT | | | | outpatient | | | 5464 | | 2132.36 | Amerihealth | HMO/PPO | 550 | | | | 550 | | 5190.8 fee schedule | |
| HC EXC B9 LES MGN XCP SK TG >4C | 11406 | CPT | | | | outpatient | | | 5464 | | 2132.36 | Multiplan | Multiplan | 4371.2 | 80 | | | 550 | | 5190.8

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC EXC B9 LES MGN XCP SK TG >4C | 11406 | CPT | | | | outpatient | | | 5464 | 2132.36 | Managed Care Inc | Managed Care Inc | 4917.6 | 90 | | | 550 | 5190.8 | percent of total billed charges | |
| HC EXC B9 LES MGN XCP SK TG >4C | 11406 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | PPO | 3587.94 | | | | 550 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC B9 LES MGN XCP SK TG >4C | 11406 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | MGD | 3587.94 | | | | 550 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC B9 LES MGN XCP SK TG >4C | 11406 | CPT | | | | outpatient | | | 5464 | 2132.36 | Qualcare | Qualcare | 4098 | 75 | | | 550 | 5190.8 | percent of total billed charges | |
| HC EXC B9 LES MGN XCP SK TG >4C | 11406 | CPT | | | | outpatient | | | 5464 | 2132.36 | United | Commercial\|PPO | 2493 | | | | 550 | 5190.8 | case rate | |
| HC EXC B9 LES MGN XCP SK TG >4C | 11406 | CPT | | | | outpatient | | | 5464 | 2132.36 | United | Oxford | 2493 | | | | 550 | 5190.8 | case rate | |
| HC EXC B9 LES MGN XCP SK TG >4C | 11406 | CPT | | | | outpatient | | | 5464 | 2132.36 | Wellcare | Medicaid | 1723.89 | 31.55 | | | 550 | 5190.8 | percent of total billed charges | |
| HC EXC B9 LES MGN XCP SK TG >4C | 11406 | CPT | | | | outpatient | | | 5464 | 2132.36 | Wellcare | Medicare | 1854.23 | | | | 550 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC B9 LES MGN XCP SK TG >4C | 11406 | CPT | | | | outpatient | | | 5464 | 2132.36 | UHC | Medicaid | 1723.89 | 31.55 | | | 550 | 5190.8 | percent of total billed charges | |
| HC EXC B9 LES MGN XCP SK TG >4C | 11406 | CPT | | | | outpatient | | | 5464 | 2132.36 | WellPoint | WellPoint | 1758.32 | 32.18 | | | 550 | 5190.8 | percent of total billed charges | |
| HC EXCBENLES SCP/HND/FET <=.5CM | 11420 | CPT | | | | outpatient | | | 5464 | 2132.36 | Amerihealth | Medicare | 1854.23 | | | | 125 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCBENLES SCP/HND/FET <=.5CM | 11420 | CPT | | | | outpatient | | | 5464 | 2132.36 | Aetna | Better Health | 1723.89 | 31.55 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXCBENLES SCP/HND/FET <=.5CM | 11420 | CPT | | | | outpatient | | | 5464 | 2132.36 | Aetna | Commercial | 3026.1 | | | | 125 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCBENLES SCP/HND/FET <=.5CM | 11420 | CPT | | | | outpatient | | | 5464 | 2132.36 | First Health | First Health | 3824.8 | 70 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXCBENLES SCP/HND/FET <=.5CM | 11420 | CPT | | | | outpatient | | | 5464 | 2132.36 | First Trenton | First Trenton | 4917.6 | 90 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXCBENLES SCP/HND/FET <=.5CM | 11420 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | Indemnity | 3587.94 | | | | 125 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCBENLES SCP/HND/FET <=.5CM | 11420 | CPT | | | | outpatient | | | 5464 | 2132.36 | Aetna | Medicare | 1854.23 | | | | 125 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCBENLES SCP/HND/FET <=.5CM | 11420 | CPT | | | | outpatient | | | 5464 | 2132.36 | Consumer | Consumer | 5190.8 | 95 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXCBENLES SCP/HND/FET <=.5CM | 11420 | CPT | | | | outpatient | | | 5464 | 2132.36 | Qualcare | Qualcare | 4098 | 75 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXCBENLES SCP/HND/FET <=.5CM | 11420 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | Medicare Blue | 1854.23 | | | | 125 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCBENLES SCP/HND/FET <=.5CM | 11420 | CPT | | | | outpatient | | | 5464 | 2132.36 | Americare | Americare | 4098 | 75 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXCBENLES SCP/HND/FET <=.5CM | 11420 | CPT | | | | outpatient | | | 5464 | 2132.36 | Multiplan | Multiplan | 4371.2 | 80 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXCBENLES SCP/HND/FET <=.5CM | 11420 | CPT | | | | outpatient | | | 5464 | 2132.36 | Managed Care Inc | Managed Care Inc | 4917.6 | 90 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXCBENLES SCP/HND/FET <=.5CM | 11420 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | PPO | 3587.94 | | | | 125 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCBENLES SCP/HND/FET <=.5CM | 11420 | CPT | | | | outpatient | | | 5464 | 2132.36 | Amerihealth | HMO/PPO | 125 | | | | 125 | 5190.8 | fee schedule | |
| HC EXCBENLES SCP/HND/FET <=.5CM | 11420 | CPT | | | | outpatient | | | 5464 | 2132.36 | Corrections | Corrections | 4371.2 | 80 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXCBENLES SCP/HND/FET <=.5CM | 11420 | CPT | | | | outpatient | | | 5464 | 2132.36 | UHC | Medicare | 1854.23 | | | | 125 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCBENLES SCP/HND/FET <=.5CM | 11420 | CPT | | | | outpatient | | | 5464 | 2132.36 | Three Rivers | Three Rivers | 5190.8 | 95 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXCBENLES SCP/HND/FET <=.5CM | 11420 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | MGD | 3587.94 | | | | 125 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCBENLES SCP/HND/FET <=.5CM | 11420 | CPT | | | | outpatient | | | 5464 | 2132.36 | UHC | Medicaid | 1723.89 | 31.55 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXCBENLES SCP/HND/FET <=.5CM | 11420 | CPT | | | | outpatient | | | 5464 | 2132.36 | United | Commercial\|PPO | 1817 | | | 62.27 | 125 | 5190.8 | case rate | |
| HC EXCBENLES SCP/HND/FET <=.5CM | 11420 | CPT | | | | outpatient | | | 5464 | 2132.36 | Wellcare | Medicaid | 1723.89 | 31.55 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXCBENLES SCP/HND/FET <=.5CM | 11420 | CPT | | | | outpatient | | | 5464 | 2132.36 | WellPoint | WellPoint | 1758.32 | 32.18 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXCBENLES SCP/HND/FET <=.5CM | 11420 | CPT | | | | outpatient | | | 5464 | 2132.36 | United | Oxford | 1817 | | | | 125 | 5190.8 | case rate | |
| HC EXCBENLES SCP/HND/FET <=.5CM | 11420 | CPT | | | | outpatient | | | 5464 | 2132.36 | Wellcare | Medicare | 1854.23 | | | | 125 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC-SCALP HANDS ETC-0.6/1.0CM | 11421 | CPT | | | | outpatient | | | 2364 | 925.36 | Americare | Americare | 1773 | 75 | | | 125 | 2245.8 | percent of total billed charges | |
| HC EXC-SCALP HANDS ETC-0.6/1.0CM | 11421 | CPT | | | | outpatient | | | 2364 | 925.36 | UHC | Medicare | 804.66 | | | | 125 | 2245.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC-SCALP HANDS ETC-0.6/1.0CM | 11421 | CPT | | | | outpatient | | | 2364 | 925.36 | Aetna | Better Health | 745.84 | 31.55 | | | 125 | 2245.8 | percent of total billed charges | |
| HC EXC-SCALP HANDS ETC-0.6/1.0CM | 11421 | CPT | | | | outpatient | | | 2364 | 925.36 | Consumer | Consumer | 2245.8 | 95 | | | 125 | 2245.8 | percent of total billed charges | |
| HC EXC-SCALP HANDS ETC-0.6/1.0CM | 11421 | CPT | | | | outpatient | | | 2364 | 925.36 | Amerihealth | Medicare | 804.66 | | | | 125 | 2245.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC-SCALP HANDS ETC-0.6/1.0CM | 11421 | CPT | | | | outpatient | | | 2364 | 925.36 | Aetna | Commercial | 1313.21 | | | | 125 | 2245.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC-SCALP HANDS ETC-0.6/1.0CM | 11421 | CPT | | | | outpatient | | | 2364 | 925.36 | Aetna | Medicare | 804.66 | | | | 125 | 2245.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC-SCALP HANDS ETC-0.6/1.0CM | 11421 | CPT | | | | outpatient | | | 2364 | 925.36 | Horizon | Medicare Blue | 804.66 | | | | 125 | 2245.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC-SCALP HANDS ETC-0.6/1.0CM | 11421 | CPT | | | | outpatient | | | 2364 | 925.36 | Amerihealth | HMO/PPO | 125 | | | | 125 | 2245.8 | fee schedule | |
| HC EXC-SCALP HANDS ETC-0.6/1.0CM | 11421 | CPT | | | | outpatient | | | 2364 | 925.36 | Multiplan | Multiplan | 1891.2 | 80 | | | 125 | 2245.8 | percent of total billed charges | |
| HC EXC-SCALP HANDS ETC-0.6/1.0CM | 11421 | CPT | | | | outpatient | | | 2364 | 925.36 | Horizon | PPO | 1557.02 | | | | 125 | 2245.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC-SCALP HANDS ETC-0.6/1.0CM | 11421 | CPT | | | | outpatient | | | 2364 | 925.36 | Three Rivers | Three Rivers | 2245.8 | 95 | | | 125 | 2245.8 | percent of total billed charges | |
| HC EXC-SCALP HANDS ETC-0.6/1.0CM | 11421 | CPT | | | | outpatient | | | 2364 | 925.36 | First Trenton | First Trenton | 2127.6 | 90 | | | 125 | 2245.8 | percent of total billed charges | |
| HC EXC-SCALP HANDS ETC-0.6/1.0CM | 11421 | CPT | | | | outpatient | | | 2364 | 925.36 | Qualcare | Qualcare | 1773 | 75 | | | 125 | 2245.8 | percent of total billed charges | |
| HC EXC-SCALP HANDS ETC-0.6/1.0CM | 11421 | CPT | | | | outpatient | | | 2364 | 925.36 | First Health | First Health | 1654.8 | 70 | | | 125 | 2245.8 | percent of total billed charges | |
| HC EXC-SCALP HANDS ETC-0.6/1.0CM | 11421 | CPT | | | | outpatient | | | 2364 | 925.36 | WellPoint | WellPoint | 760.74 | 32.18 | | | 125 | 2245.8 | percent of total billed charges | |
| HC EXC-SCALP HANDS ETC-0.6/1.0CM | 11421 | CPT | | | | outpatient | | | 2364 | 925.36 | Corrections | Corrections | 1891.2 | 80 | | 782.74 | 125 | 2245.8 | percent of total billed charges | |
| HC EXC-SCALP HANDS ETC-0.6/1.0CM | 11421 | CPT | | | | outpatient | | | 2364 | 925.36 | Wellcare | Medicare | 804.66 | | | | 125 | 2245.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC-SCALP HANDS ETC-0.6/1.0CM | 11421 | CPT | | | | outpatient | | | 2364 | 925.36 | Horizon | MGD | 1557.02 | | | | 125 | 2245.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC-SCALP HANDS ETC-0.6/1.0CM | 11421 | CPT | | | | outpatient | | | 2364 | 925.36 | United | Oxford | 1817 | | | | 125 | 2245.8 | case rate | |
| HC EXC-SCALP HANDS ETC-0.6/1.0CM | 11421 | CPT | | | | outpatient | | | 2364 | 925.36 | Managed Care Inc | Managed Care Inc | 2127.6 | 90 | | | 125 | 2245.8 | percent of total billed charges | |
| HC EXC-SCALP HANDS ETC-0.6/1.0CM | 11421 | CPT | | | | outpatient | | | 2364 | 925.36 | Wellcare | Medicaid | 745.84 | 31.55 | | | 125 | 2245.8 | percent of total billed charges | |
| HC EXC-SCALP HANDS ETC-0.6/1.0CM | 11421 | CPT | | | | outpatient | | | 2364 | 925.36 | Horizon | Indemnity | 1557.02 | | | | 125 | 2245.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC-SCALP HANDS ETC-0.6/1.0CM | 11421 | CPT | | | | outpatient | | | 2364 | 925.36 | UHC | Medicaid | 745.84 | 31.55 | | | 125 | 2245.8 | percent of total billed charges | |
| HC EXC-SCALP HANDS ETC-0.6/1.0CM | 11421 | CPT | | | | outpatient | | | 2364 | 925.36 | United | Commercial\|PPO | 1817 | | | | 125 | 2245.8 | case rate | |
| HC EXCISN BENIGN LESION 1.1-2CM SCALP/NECK/HAND/FEET/GENITALIA | 11422 | CPT | | | | outpatient | | | 5464 | 2132.36 | Americare | Americare | 4098 | 75 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXCISN BENIGN LESION 1.1-2CM SCALP/NECK/HAND/FEET/GENITALIA | 11422 | CPT | | | | outpatient | | | 5464 | 2132.36 | Amerihealth | HMO/PPO | 125 | | | | 125 | 5190.8 | fee schedule | |
| HC EXCISN BENIGN LESION 1.1-2CM SCALP/NECK/HAND/FEET/GENITALIA | 11422 | CPT | | | | outpatient | | | 5464 | 2132.36 | Amerihealth | Medicare | 1854.23 | | | | 125 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISN BENIGN LESION 1.1-2CM SCALP/NECK/HAND/FEET/GENITALIA | 11422 | CPT | | | | outpatient | | | 5464 | 2132.36 | Corrections | Corrections | 4371.2 | 80 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXCISN BENIGN LESION 1.1-2CM SCALP/NECK/HAND/FEET/GENITALIA | 11422 | CPT | | | | outpatient | | | 5464 | 2132.36 | Aetna | Medicare | 1854.23 | | | | 125 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISN BENIGN LESION 1.1-2CM SCALP/NECK/HAND/FEET/GENITALIA | 11422 | CPT | | | | outpatient | | | 5464 | 2132.36 | First Health | First Health | 3824.8 | 70 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXCISN BENIGN LESION 1.1-2CM SCALP/NECK/HAND/FEET/GENITALIA | 11422 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | PPO | 3587.94 | | | | 125 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISN BENIGN LESION 1.1-2CM SCALP/NECK/HAND/FEET/GENITALIA | 11422 | CPT | | | | outpatient | | | 5464 | 2132.36 | Aetna | Better Health | 1723.89 | 31.55 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXCISN BENIGN LESION 1.1-2CM SCALP/NECK/HAND/FEET/GENITALIA | 11422 | CPT | | | | outpatient | | | 5464 | 2132.36 | Consumer | Consumer | 5190.8 | 95 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXCISN BENIGN LESION 1.1-2CM SCALP/NECK/HAND/FEET/GENITALIA | 11422 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | Indemnity | 3587.94 | | | | 125 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISN BENIGN LESION 1.1-2CM SCALP/NECK/HAND/FEET/GENITALIA | 11422 | CPT | | | | outpatient | | | 5464 | 2132.36 | First Trenton | First Trenton | 4917.6 | 90 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXCISN BENIGN LESION 1.1-2CM SCALP/NECK/HAND/FEET/GENITALIA | 11422 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | Medicare Blue | 1854.23 | | | | 125 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISN BENIGN LESION 1.1-2CM SCALP/NECK/HAND/FEET/GENITALIA | 11422 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | MGD | 3587.94 | | | | 125 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISN BENIGN LESION 1.1-2CM SCALP/NECK/HAND/FEET/GENITALIA | 11422 | CPT | | | | outpatient | | | 5464 | 2132.36 | Wellcare | Medicare | 1854.23 | | | | 125 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISN BENIGN LESION 1.1-2CM SCALP/NECK/HAND/FEET/GENITALIA | 11422 | CPT | | | | outpatient | | | 5464 | 2132.36 | UHC | Medicare | 1854.23 | | | | 125 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISN BENIGN LESION 1.1-2CM SCALP/NECK/HAND/FEET/GENITALIA | 11422 | CPT | | | | outpatient | | | 5464 | 2132.36 | Aetna | Commercial | 2076.32 | 38 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXCISN BENIGN LESION 1.1-2CM SCALP/NECK/HAND/FEET/GENITALIA | 11422 | CPT | | | | outpatient | | | 5464 | 2132.36 | Three Rivers | Three Rivers | 5190.8 | 95 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXCISN BENIGN LESION 1.1-2CM SCALP/NECK/HAND/FEET/GENITALIA | 11422 | CPT | | | | outpatient | | | 5464 | 2132.36 | UHC | Medicaid | 1723.89 | 31.55 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXCISN BENIGN LESION 1.1-2CM SCALP/NECK/HAND/FEET/GENITALIA | 11422 | CPT | | | | outpatient | | | 5464 | 2132.36 | Managed Care Inc | Managed Care Inc | 4917.6 | 90 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXCISN BENIGN LESION 1.1-2CM SCALP/NECK/HAND/FEET/GENITALIA | 11422 | CPT | | | | outpatient | | | 5464 | 2132.36 | WellPoint | WellPoint | 1758.32 | 32.18 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXCISN BENIGN LESION 1.1-2CM SCALP/NECK/HAND/FEET/GENITALIA | 11422 | CPT | | | | outpatient | | | 5464 | 2132.36 | Multiplan | Multiplan | 4371.2 | 80 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXCISN BENIGN LESION 1.1-2CM SCALP/NECK/HAND/FEET/GENITALIA | 11422 | CPT | | | | outpatient | | | 5464 | 2132.36 | United | Commercial\|PPO | 1817 | | | | 125 | 5190.8 | case rate | |
| HC EXCISN BENIGN LESION 1.1-2CM SCALP/NECK/HAND/FEET/GENITALIA | 11422 | CPT | | | | outpatient | | | 5464 | 2132.36 | Qualcare | Qualcare | 4098 | 75 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXCISN BENIGN LESION 1.1-2CM SCALP/NECK/HAND/FEET/GENITALIA | 11422 | CPT | | | | outpatient | | | 5464 | 2132.36 | United | Oxford | 1817 | | | | 125 | 5190.8 | case rate | |
| HC EXCISN BENIGN LESION 1.1-2CM SCALP/NECK/HAND/FEET/GENITALIA | 11422 | CPT | | | | outpatient | | | 5464 | 2132.36 | Wellcare | Medicaid | 1723.89 | 31.55 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXC BENIGN LS MRG ST S/N/H/F/G 1.1-3 | 11423 | CPT | | | | outpatient | | | 5464 | 2132.36 | Consumer | Consumer | 5190.8 | 95 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXC BENIGN LS MRG ST S/N/H/F/G 1.1-3 | 11423 | CPT | | | | outpatient | | | 5464 | 2132.36 | Aetna | Medicare | 1854.23 | | | | 125 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BENIGN LS MRG ST S/N/H/F/G 1.1-3 | 11423 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | Medicare Blue | 1854.23 | | | | 125 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BENIGN LS MRG ST S/N/H/F/G 1.1-3 | 11423 | CPT | | | | outpatient | | | 5464 | 2132.36 | UHC | Medicare | 1854.23 | | | | 125 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BENIGN LS MRG ST S/N/H/F/G 1.1-3 | 11423 | CPT | | | | outpatient | | | 5464 | 2132.36 | Aetna | Better Health | 1723.89 | 31.55 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXC BENIGN LS MRG ST S/N/H/F/G 1.1-3 | 11423 | CPT | | | | outpatient | | | 5464 | 2132.36 | Americare | Americare | 4098 | 75 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXC BENIGN LS MRG ST S/N/H/F/G 1.1-3 | 11423 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | Indemnity | 3587.94 | | | | 125 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BENIGN LS MRG ST S/N/H/F/G 1.1-3 | 11423 | CPT | | | | outpatient | | | 5464 | 2132.36 | Aetna | Commercial | 3026.1 | | | | 125 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BENIGN LS MRG ST S/N/H/F/G 1.1-3 | 11423 | CPT | | | | outpatient | | | 5464 | 2132.36 | Corrections | Corrections | 4371.2 | 80 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXC BENIGN LS MRG ST S/N/H/F/G 1.1-3 | 11423 | CPT | | | | outpatient | | | 5464 | 2132.36 | First Trenton | First Trenton | 4917.6 | 90 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXC BENIGN LS MRG ST S/N/H/F/G 1.1-3 | 11423 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | PPO | 3587.94 | | | | 125 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BENIGN LS MRG ST S/N/H/F/G 1.1-3 | 11423 | CPT | | | | outpatient | | | 5464 | 2132.36 | WellPoint | WellPoint | 1758.32 | 32.18 | | 1785.77 | 125 | 5190.8 | percent of total billed charges | |
| HC EXC BENIGN LS MRG ST S/N/H/F/G 1.1-3 | 11423 | CPT | | | | outpatient | | | 5464 | 2132.36 | First Health | First Health | 3824.8 | 70 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXC BENIGN LS MRG ST S/N/H/F/G 1.1-3 | 11423 | CPT | | | | outpatient | | | 5464 | 2132.36 | Amerihealth | HMO/PPO | 125 | | | | 125 | 5190.8 | fee schedule | |
| HC EXC BENIGN LS MRG ST S/N/H/F/G 1.1-3 | 11423 | CPT | | | | outpatient | | | 5464 | 2132.36 | United | Commercial\|PPO | 2493 | | | | 125 | 5190.8 | case rate | |
| HC EXC BENIGN LS MRG ST S/N/H/F/G 1.1-3 | 11423 | CPT | | | | outpatient | | | 5464 | 2132.36 | Amerihealth | Medicare | 1854.23 | | | | 125 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BENIGN LS MRG ST S/N/H/F/G 1.1-3 | 11423 | CPT | | | | outpatient | | | 5464 | 2132.36 | UHC | Medicaid | 1723.89 | 31.55 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXC BENIGN LS MRG ST S/N/H/F/G 1.1-3 | 11423 | CPT | | | | outpatient | | | 5464 | 2132.36 | Managed Care Inc | Managed Care Inc | 4917.6 | 90 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXC BENIGN LS MRG ST S/N/H/F/G 1.1-3 | 11423 | CPT | | | | outpatient | | | 5464 | 2132.36 | Three Rivers | Three Rivers | 5190.8 | 95 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXC BENIGN LS MRG ST S/N/H/F/G 1.1-3 | 11423 | CPT | | | | outpatient | | | 5464 | 2132.36 | Multiplan | Multiplan | 4371.2 | 80 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXC BENIGN LS MRG ST S/N/H/F/G 1.1-3 | 11423 | CPT | | | | outpatient | | | 5464 | 2132.36 | United | Oxford | 2493 | | | | 125 | 5190.8 | case rate | |
| HC EXC BENIGN LS MRG ST S/N/H/F/G 1.1-3 | 11423 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | MGD | 3587.94 | | | | 125 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BENIGN LS MRG ST S/N/H/F/G 1.1-3 | 11423 | CPT | | | | outpatient | | | 5464 | 2132.36 | Wellcare | Medicaid | 1723.89 | 31.55 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXC BENIGN LS MRG ST S/N/H/F/G 1.1-3 | 11423 | CPT | | | | outpatient | | | 5464 | 2132.36 | Qualcare | Qualcare | 4098 | 75 | | | 125 | 5190.8 | percent of total billed charges | |
| HC EXC BENIGN LS MRG ST S/N/H/F/G 1.1-3 | 11423 | CPT | | | | outpatient | | | 5464 | 2132.36 | Wellcare | Medicare | 1854.23 | | | | 125 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION LESION LID FACE 5<CM | 11440 | CPT | | | | outpatient | | | 2364 | 925.36 | First Trenton | First Trenton | 2127.6 | 90 | | | 125 | 2245.8 | percent of total billed charges | |
| HC EXCISION LESION LID FACE 5<CM | 11440 | CPT | | | | outpatient | | | 2364 | 925.36 | Aetna | Commercial | 1313.21 | | | | 125 | 2245.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION LESION LID FACE 5<CM | 11440 | CPT | | | | outpatient | | | 2364 | 925.36 | Aetna | Better Health | 745.84 | 31.55 | | | 125 | 2245.8 | percent of total billed charges | |
| HC EXCISION LESION LID FACE 5<CM | 11440 | CPT | | | | outpatient | | | 2364 | 925.36 | Aetna | Medicare | 804.66 | | | | 125 | 2245.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION LESION LID FACE 5<CM | 11440 | CPT | | | | outpatient | | | 2364 | 925.36 | Horizon | Indemnity | 1557.02 | | | | 125 | 2245.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION LESION LID FACE 5<CM | 11440 | CPT | | | | outpatient | | | 2364 | 925.36 | Americare | Americare | 1773 | 75 | | | 125 | 2245.8 | percent of total billed charges | |
| HC EXCISION LESION LID FACE 5<CM | 11440 | CPT | | | | outpatient | | | 2364 | 925.36 | First Health | First Health | 1654.8 | 70 | | | 125 | 2245.8 | percent of total billed charges | |
| HC EXCISION LESION LID FACE 5<CM | 11440 | CPT | | | | outpatient | | | 2364 | 925.36 | Amerihealth | Medicare | 804.66 | | | | 125 | 2245.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION LESION LID FACE 5<CM | 11440 | CPT | | | | outpatient | | | 2364 | 925.36 | Managed Care Inc | Managed Care Inc | 2127.6 | 90 | | | 125 | 2245.8 | percent of total billed charges | |
| HC EXCISION LESION LID FACE 5<CM | 11440 | CPT | | | | outpatient | | | 2364 | 925.36 | Multiplan | Multiplan | 1891.2 | 80 | | | 125 | 2245.8 | percent of total billed charges | |
| HC EXCISION LESION LID FACE 5<CM | 11440 | CPT | | | | outpatient | | | 2364 | 925.36 | Amerihealth | HMO/PPO | 125 | | | | 125 | 2245.8 | fee schedule | |
| HC EXCISION LESION LID FACE 5<CM | 11440 | CPT | | | | outpatient | | | 2364 | 925.36 | Corrections | Corrections | 1891.2 | 80 | | | 125 | 2245.8 | percent of total billed charges | |
| HC EXCISION LESION LID FACE 5<CM | 11440 | CPT | | | | outpatient | | | 2364 | 925.36 | Horizon | PPO | 1557.02 | | | | 125 | 2245.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION LESION LID FACE 5<CM | 11440 | CPT | | | | outpatient | | | 2364 | 925.36 | Consumer | Consumer | 2245.8 | 95 | | | 125 | 2245.8 | percent of total billed charges | |
| HC EXCISION LESION LID FACE 5<CM | 11440 | CPT | | | | outpatient | | | 2364 | 925.36 | Horizon | Medicare Blue | 804.66 | | | | 125 | 2245.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION LESION LID FACE 5<CM | 11440 | CPT | | | | outpatient | | | 2364 | 925.36 | Horizon | MGD | 1557.02 | | | | 125 | 2245.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION LESION LID FACE 5<CM | 11440 | CPT | | | | outpatient | | | 2364 | 925.36 | Wellcare | Medicare | 804.66 | | | | 125 | 2245.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION LESION LID FACE 5<CM | 11440 | CPT | | | | outpatient | | | 2364 | 925.36 | Qualcare | Qualcare | 1773 | 75 | | | 125 | 2245.8 | percent of total billed charges | |
| HC EXCISION LESION LID FACE 5<CM | 11440 | CPT | | | | outpatient | | | 2364 | 925.36 | United | Oxford | 1817 | | | | 125 | 2245.8 | case rate | |
| HC EXCISION LESION LID FACE 5<CM | 11440 | CPT | | | | outpatient | | | 2364 | 925.36 | Three Rivers | Three Rivers | 2245.8 | 95 | | | 125 | 2245.8 | percent of total billed charges | |
| HC EXCISION LESION LID FACE 5<CM | 11440 | CPT | | | | outpatient | | | 2364 | 925.36 | UHC | Medicaid | 745.84 | 31.55 | | | 125 | 2245.8 | percent of total billed charges | |
| HC EXCISION LESION LID FACE 5<CM | 11440 | CPT | | | | outpatient | | | 2364 | 925.36 | Wellcare | Medicaid | 745.84 | 31.55 | | | 125 | 2245.8 | percent of total billed charges | |
| HC EXCISION LESION LID FACE 5<CM | 11440 | CPT | | | | outpatient | | | 2364 | 925.36 | UHC | Medicare | 804.66 | | | | 125 | 2245.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION LESION LID FACE 5<CM | 11440 | CPT | | | | outpatient | | | 2364 | 925.36 | United | Commercial\|PPO | 1817 | | | | 125 | 2245.8 | case rate | |
| HC EXCISION LESION LID FACE 5<CM | 11440 | CPT | | | | outpatient | | | 2364 | 925.36 | WellPoint | WellPoint | 760.74 | 32.18 | | | 125 | 2245.8 | percent of total billed charges | |
| HC EXC BENIGN LESION LID FACE 0. | 11441 | CPT | | | | outpatient | | | 2364 | 925.36 | First Trenton | First Trenton | 2127.6 | 90 | | | 125 | 2245.8 | percent of total billed charges | |
| HC EXC BENIGN LESION LID FACE 0. | 11441 | CPT | | | | outpatient | | | 2364 | 925.36 | UHC | Medicare | 804.66 | | | | 125 | 2245.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BENIGN LESION LID FACE 0. | 11441 | CPT | | | | outpatient | | | 2364 | 925.36 | Aetna | Better Health | 745.84 | 31.55 | | | 125 | 2245.8 | percent of total billed charges | |
| HC EXC BENIGN LESION LID FACE 0. | 11441 | CPT | | | | outpatient | | | 2364 | 925.36 | First Health |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | 310119 | true | |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC EXC BENIGN LESION LID FACE 0. | 11441 | CPT | | | | outpatient | | | 2364 | | 925.36 Multiplan | Multiplan | 1891.2 | 80 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC BENIGN LESION LID FACE 0. | 11441 | CPT | | | | outpatient | | | 2364 | | 925.36 Corrections | Corrections | 1891.2 | 80 | | 785.64 | 125 | | 2245.8 percent of total billed charges | |
| HC EXC BENIGN LESION LID FACE 0. | 11441 | CPT | | | | outpatient | | | 2364 | | 925.36 Horizon | Medicare Blue | 804.66 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BENIGN LESION LID FACE 0. | 11441 | CPT | | | | outpatient | | | 2364 | | 925.36 Horizon | Indemnity | 1557.02 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BENIGN LESION LID FACE 0. | 11441 | CPT | | | | outpatient | | | 2364 | | 925.36 Qualcare | Qualcare | 1773 | 75 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC BENIGN LESION LID FACE 0. | 11441 | CPT | | | | outpatient | | | 2364 | | 925.36 Horizon | PPO | 1557.02 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BENIGN LESION LID FACE 0. | 11441 | CPT | | | | outpatient | | | 2364 | | 925.36 Wellcare | Medicaid | 745.84 | 31.55 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC BENIGN LESION LID FACE 0. | 11441 | CPT | | | | outpatient | | | 2364 | | 925.36 United | CommercialPPO | 1817 | | | | 125 | | 2245.8 case rate | |
| HC EXC BENIGN LESION LID FACE 0. | 11441 | CPT | | | | outpatient | | | 2364 | | 925.36 UHC | Medicaid | 745.84 | 31.55 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC BENIGN LESION LID FACE 0. | 11441 | CPT | | | | outpatient | | | 2364 | | 925.36 WellPoint | WellPoint | 760.74 | 32.18 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC BENIGN LESION LID FACE 0. | 11441 | CPT | | | | outpatient | | | 2364 | | 925.36 United | Oxford | 1817 | | | | 125 | | 2245.8 case rate | |
| HC EXCISN BENIGN LESION 1.1-2CM FACE/EAR/EYELID/NOSE/LIP/MUC MEMBR | 11442 | CPT | | | | outpatient | | | 2364 | | 925.36 Americare | Americare | 1773 | 75 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXCISN BENIGN LESION 1.1-2CM FACE/EAR/EYELID/NOSE/LIP/MUC MEMBR | 11442 | CPT | | | | outpatient | | | 2364 | | 925.36 First Trenton | First Trenton | 2127.6 | 90 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXCISN BENIGN LESION 1.1-2CM FACE/EAR/EYELID/NOSE/LIP/MUC MEMBR | 11442 | CPT | | | | outpatient | | | 2364 | | 925.36 Aetna | Commercial | 898.32 | 38 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXCISN BENIGN LESION 1.1-2CM FACE/EAR/EYELID/NOSE/LIP/MUC MEMBR | 11442 | CPT | | | | outpatient | | | 2364 | | 925.36 First Health | First Health | 1654.8 | 70 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXCISN BENIGN LESION 1.1-2CM FACE/EAR/EYELID/NOSE/LIP/MUC MEMBR | 11442 | CPT | | | | outpatient | | | 2364 | | 925.36 Amerihealth | HMO/PPO | 125 | | | | 125 | | 2245.8 fee schedule | |
| HC EXCISN BENIGN LESION 1.1-2CM FACE/EAR/EYELID/NOSE/LIP/MUC MEMBR | 11442 | CPT | | | | outpatient | | | 2364 | | 925.36 Qualcare | Qualcare | 1773 | 75 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXCISN BENIGN LESION 1.1-2CM FACE/EAR/EYELID/NOSE/LIP/MUC MEMBR | 11442 | CPT | | | | outpatient | | | 2364 | | 925.36 Aetna | Medicare | 804.66 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISN BENIGN LESION 1.1-2CM FACE/EAR/EYELID/NOSE/LIP/MUC MEMBR | 11442 | CPT | | | | outpatient | | | 2364 | | 925.36 Aetna | Better Health | 745.84 | 31.55 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXCISN BENIGN LESION 1.1-2CM FACE/EAR/EYELID/NOSE/LIP/MUC MEMBR | 11442 | CPT | | | | outpatient | | | 2364 | | 925.36 Horizon | Indemnity | 1557.02 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISN BENIGN LESION 1.1-2CM FACE/EAR/EYELID/NOSE/LIP/MUC MEMBR | 11442 | CPT | | | | outpatient | | | 2364 | | 925.36 Managed Care Inc | Managed Care Inc | 2127.6 | 90 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXCISN BENIGN LESION 1.1-2CM FACE/EAR/EYELID/NOSE/LIP/MUC MEMBR | 11442 | CPT | | | | outpatient | | | 2364 | | 925.36 Horizon | MGD | 1557.02 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISN BENIGN LESION 1.1-2CM FACE/EAR/EYELID/NOSE/LIP/MUC MEMBR | 11442 | CPT | | | | outpatient | | | 2364 | | 925.36 Multiplan | Multiplan | 1891.2 | 80 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXCISN BENIGN LESION 1.1-2CM FACE/EAR/EYELID/NOSE/LIP/MUC MEMBR | 11442 | CPT | | | | outpatient | | | 2364 | | 925.36 United | CommercialPPO | 1817 | | | | 125 | | 2245.8 case rate | |
| HC EXCISN BENIGN LESION 1.1-2CM FACE/EAR/EYELID/NOSE/LIP/MUC MEMBR | 11442 | CPT | | | | outpatient | | | 2364 | | 925.36 UHC | Medicaid | 745.84 | 31.55 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXCISN BENIGN LESION 1.1-2CM FACE/EAR/EYELID/NOSE/LIP/MUC MEMBR | 11442 | CPT | | | | outpatient | | | 2364 | | 925.36 Horizon | PPO | 1557.02 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISN BENIGN LESION 1.1-2CM FACE/EAR/EYELID/NOSE/LIP/MUC MEMBR | 11442 | CPT | | | | outpatient | | | 2364 | | 925.36 Consumer | Consumer | 2245.8 | 95 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXCISN BENIGN LESION 1.1-2CM FACE/EAR/EYELID/NOSE/LIP/MUC MEMBR | 11442 | CPT | | | | outpatient | | | 2364 | | 925.36 WellPoint | WellPoint | 760.74 | 32.18 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXCISN BENIGN LESION 1.1-2CM FACE/EAR/EYELID/NOSE/LIP/MUC MEMBR | 11442 | CPT | | | | outpatient | | | 2364 | | 925.36 Wellcare | Medicare | 804.66 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISN BENIGN LESION 1.1-2CM FACE/EAR/EYELID/NOSE/LIP/MUC MEMBR | 11442 | CPT | | | | outpatient | | | 2364 | | 925.36 Three Rivers | Three Rivers | 2245.8 | 95 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXCISN BENIGN LESION 1.1-2CM FACE/EAR/EYELID/NOSE/LIP/MUC MEMBR | 11442 | CPT | | | | outpatient | | | 2364 | | 925.36 UHC | Medicare | 804.66 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISN BENIGN LESION 1.1-2CM FACE/EAR/EYELID/NOSE/LIP/MUC MEMBR | 11442 | CPT | | | | outpatient | | | 2364 | | 925.36 Corrections | Corrections | 1891.2 | 80 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXCISN BENIGN LESION 1.1-2CM FACE/EAR/EYELID/NOSE/LIP/MUC MEMBR | 11442 | CPT | | | | outpatient | | | 2364 | | 925.36 Wellcare | Medicaid | 745.84 | 31.55 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXCISN BENIGN LESION 1.1-2CM FACE/EAR/EYELID/NOSE/LIP/MUC MEMBR | 11442 | CPT | | | | outpatient | | | 2364 | | 925.36 Horizon | Medicare Blue | 804.66 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISN BENIGN LESION 1.1-2CM FACE/EAR/EYELID/NOSE/LIP/MUC MEMBR | 11442 | CPT | | | | outpatient | | | 2364 | | 925.36 United | Oxford | 1817 | | | | 125 | | 2245.8 case rate | |
| HC EXC B9 LES MRGN XCP 5K TG F/E/E/N/LM 2.1-3.0CM | 11443 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 Aetna | Better Health | 1725.29 | 31.55 | | | 125 | | 5195 percent of total billed charges | |
| HC EXC B9 LES MRGN XCP 5K TG F/E/E/N/LM 2.1-3.0CM | 11443 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 Aetna | Commercial | 3026.1 | | | | 125 | | 5195 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC B9 LES MRGN XCP 5K TG F/E/E/N/LM 2.1-3.0CM | 11443 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 UHC | Medicaid | 1725.29 | 31.55 | | | 125 | | 5195 percent of total billed charges | |
| HC EXC B9 LES MRGN XCP 5K TG F/E/E/N/LM 2.1-3.0CM | 11443 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 Aetna | Medicare | 1854.23 | | | | 125 | | 5195 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC B9 LES MRGN XCP 5K TG F/E/E/N/LM 2.1-3.0CM | 11443 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 Corrections | Corrections | 4374.74 | 80 | | | 125 | | 5195 percent of total billed charges | |
| HC EXC B9 LES MRGN XCP 5K TG F/E/E/N/LM 2.1-3.0CM | 11443 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 UHC | Medicare | 1854.23 | | | | 125 | | 5195 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC B9 LES MRGN XCP 5K TG F/E/E/N/LM 2.1-3.0CM | 11443 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 Amerihealth | HMO/PPO | 125 | | | | 125 | | 5195 fee schedule | |
| HC EXC B9 LES MRGN XCP 5K TG F/E/E/N/LM 2.1-3.0CM | 11443 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 First Trenton | First Trenton | 4921.58 | 90 | | | 125 | | 5195 percent of total billed charges | |
| HC EXC B9 LES MRGN XCP 5K TG F/E/E/N/LM 2.1-3.0CM | 11443 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 Consumer | Consumer | 5195 | 95 | | | 125 | | 5195 percent of total billed charges | |
| HC EXC B9 LES MRGN XCP 5K TG F/E/E/N/LM 2.1-3.0CM | 11443 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 Americare | Americare | 4101.32 | 75 | | | 125 | | 5195 percent of total billed charges | |
| HC EXC B9 LES MRGN XCP 5K TG F/E/E/N/LM 2.1-3.0CM | 11443 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 United | CommercialPPO | 1817 | | | | 125 | | 5195 case rate | |
| HC EXC B9 LES MRGN XCP 5K TG F/E/E/N/LM 2.1-3.0CM | 11443 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 Horizon | MGD | 3587.94 | | | | 125 | | 5195 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC B9 LES MRGN XCP 5K TG F/E/E/N/LM 2.1-3.0CM | 11443 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 Wellcare | Medicare | 1854.23 | | | | 125 | | 5195 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC B9 LES MRGN XCP 5K TG F/E/E/N/LM 2.1-3.0CM | 11443 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 Multiplan | Multiplan | 4374.74 | 80 | | | 125 | | 5195 percent of total billed charges | |
| HC EXC B9 LES MRGN XCP 5K TG F/E/E/N/LM 2.1-3.0CM | 11443 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 First Health | First Health | 3827.89 | 70 | | | 125 | | 5195 percent of total billed charges | |
| HC EXC B9 LES MRGN XCP 5K TG F/E/E/N/LM 2.1-3.0CM | 11443 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 Horizon | PPO | 3587.94 | | | | 125 | | 5195 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC B9 LES MRGN XCP 5K TG F/E/E/N/LM 2.1-3.0CM | 11443 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 United | Oxford | 1817 | | | | 125 | | 5195 case rate | |
| HC EXC B9 LES MRGN XCP 5K TG F/E/E/N/LM 2.1-3.0CM | 11443 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 Qualcare | Qualcare | 4101.32 | 75 | | | 125 | | 5195 percent of total billed charges | |
| HC EXC B9 LES MRGN XCP 5K TG F/E/E/N/LM 2.1-3.0CM | 11443 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 WellPoint | WellPoint | 1759.74 | 32.18 | | | 125 | | 5195 percent of total billed charges | |
| HC EXC B9 LES MRGN XCP 5K TG F/E/E/N/LM 2.1-3.0CM | 11443 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 Managed Care Inc | Managed Care Inc | 4921.58 | 90 | | | 125 | | 5195 percent of total billed charges | |
| HC EXC B9 LES MRGN XCP 5K TG F/E/E/N/LM 2.1-3.0CM | 11443 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 Horizon | Indemnity | 3587.94 | | | | 125 | | 5195 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC B9 LES MRGN XCP 5K TG F/E/E/N/LM 2.1-3.0CM | 11443 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 Three Rivers | Three Rivers | 5195 | 95 | | | 125 | | 5195 percent of total billed charges | |
| HC EXC B9 LES MRGN XCP 5K TG F/E/E/N/LM 2.1-3.0CM | 11443 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 Horizon | Medicare Blue | 1854.23 | | | | 125 | | 5195 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC B9 LES MRGN XCP 5K TG F/E/E/N/LM 2.1-3.0CM | 11443 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 Wellcare | Medicaid | 1725.29 | 31.55 | | | 125 | | 5195 percent of total billed charges | |
| HC EXC BENIGH LESION LID FACE3.1- | 11444 | CPT | | | | outpatient | | | 5464 | | 2132.36 Aetna | Commercial | 3026.1 | | | | 300 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BENIGH LESION LID FACE3.1- | 11444 | CPT | | | | outpatient | | | 5464 | | 2132.36 First Health | First Health | 3824.9 | 70 | | | 300 | | 5190.8 percent of total billed charges | |
| HC EXC BENIGH LESION LID FACE3.1- | 11444 | CPT | | | | outpatient | | | 5464 | | 2132.36 Aetna | Better Health | 1723.89 | 31.55 | | | 300 | | 5190.8 percent of total billed charges | |
| HC EXC BENIGH LESION LID FACE3.1- | 11444 | CPT | | | | outpatient | | | 5464 | | 2132.36 United | Oxford | 1817 | | | | 300 | | 5190.8 case rate | |
| HC EXC BENIGH LESION LID FACE3.1- | 11444 | CPT | | | | outpatient | | | 5464 | | 2132.36 Americare | Americare | 4098 | 75 | | | 300 | | 5190.8 percent of total billed charges | |
| HC EXC BENIGH LESION LID FACE3.1- | 11444 | CPT | | | | outpatient | | | 5464 | | 2132.36 Horizon | PPO | 3587.94 | | | | 300 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BENIGH LESION LID FACE3.1- | 11444 | CPT | | | | outpatient | | | 5464 | | 2132.36 Aetna | Medicare | 1854.23 | | | | 300 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BENIGH LESION LID FACE3.1- | 11444 | CPT | | | | outpatient | | | 5464 | | 2132.36 First Trenton | First Trenton | 4917.6 | 90 | | | 300 | | 5190.8 percent of total billed charges | |
| HC EXC BENIGH LESION LID FACE3.1- | 11444 | CPT | | | | outpatient | | | 5464 | | 2132.36 Amerihealth | HMO/PPO | 300 | | | | 300 | | 5190.8 fee schedule | |
| HC EXC BENIGH LESION LID FACE3.1- | 11444 | CPT | | | | outpatient | | | 5464 | | 2132.36 Horizon | Indemnity | 3587.94 | | | | 300 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BENIGH LESION LID FACE3.1- | 11444 | CPT | | | | outpatient | | | 5464 | | 2132.36 Consumer | Consumer | 5190.8 | 95 | | | 300 | | 5190.8 percent of total billed charges | |
| HC EXC BENIGH LESION LID FACE3.1- | 11444 | CPT | | | | outpatient | | | 5464 | | 2132.36 WellPoint | WellPoint | 1758.32 | 32.18 | | 1639.98 | 300 | | 5190.8 percent of total billed charges | |
| HC EXC BENIGH LESION LID FACE3.1- | 11444 | CPT | | | | outpatient | | | 5464 | | 2132.36 Amerihealth | Medicare | 1854.23 | | | | 300 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BENIGH LESION LID FACE3.1- | 11444 | CPT | | | | outpatient | | | 5464 | | 2132.36 UHC | Medicaid | 1723.89 | 31.55 | | | 300 | | 5190.8 percent of total billed charges | |
| HC EXC BENIGH LESION LID FACE3.1- | 11444 | CPT | | | | outpatient | | | 5464 | | 2132.36 Corrections | Corrections | 4371.2 | 80 | | | 300 | | 5190.8 percent of total billed charges | |
| HC EXC BENIGH LESION LID FACE3.1- | 11444 | CPT | | | | outpatient | | | 5464 | | 2132.36 Managed Care Inc | Managed Care Inc | 4917.6 | 90 | | | 300 | | 5190.8 percent of total billed charges | |
| HC EXC BENIGH LESION LID FACE3.1- | 11444 | CPT | | | | outpatient | | | 5464 | | 2132.36 Horizon | Medicare Blue | 1854.23 | | | | 300 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BENIGH LESION LID FACE3.1- | 11444 | CPT | | | | outpatient | | | 5464 | | 2132.36 Multiplan | Multiplan | 4371.2 | 80 | | | 300 | | 5190.8 percent of total billed charges | |
| HC EXC BENIGH LESION LID FACE3.1- | 11444 | CPT | | | | outpatient | | | 5464 | | 2132.36 Three Rivers | Three Rivers | 5190.8 | 95 | | | 300 | | 5190.8 percent of total billed charges | |
| HC EXC BENIGH LESION LID FACE3.1- | 11444 | CPT | | | | outpatient | | | 5464 | | 2132.36 Wellcare | Medicare | 1854.23 | | | | 300 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BENIGH LESION LID FACE3.1- | 11444 | CPT | | | | outpatient | | | 5464 | | 2132.36 Horizon | MGD | 3587.94 | | | | 300 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BENIGH LESION LID FACE3.1- | 11444 | CPT | | | | outpatient | | | 5464 | | 2132.36 UHC | Medicare | 1854.23 | | | | 300 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BENIGH LESION LID FACE3.1- | 11444 | CPT | | | | outpatient | | | 5464 | | 2132.36 Qualcare | Qualcare | 4098 | 75 | | | 300 | | 5190.8 percent of total billed charges | |
| HC EXC BENIGH LESION LID FACE3.1- | 11444 | CPT | | | | outpatient | | | 5464 | | 2132.36 United | CommercialPPO | 1817 | | | | 300 | | 5190.8 case rate | |
| HC EXC BENIGH LESION LID FACE3.1- | 11444 | CPT | | | | outpatient | | | 5464 | | 2132.36 Wellcare | Medicaid | 1723.89 | 31.55 | | | 300 | | 5190.8 percent of total billed charges | |
| HC EXC BEN LESION - OVER 4.0CM | 11446 | CPT | | | | outpatient | | | 9413 | | 3737.2 Corrections | Corrections | 7530.4 | 80 | | | 550 | | 8942.35 percent of total billed charges | |
| HC EXC BEN LESION - OVER 4.0CM | 11446 | CPT | | | | outpatient | | | 9413 | | 3737.2 Aetna | Better Health | 2969.8 | 31.55 | | | 550 | | 8942.35 percent of total billed charges | |
| HC EXC BEN LESION - OVER 4.0CM | 11446 | CPT | | | | outpatient | | | 9413 | | 3737.2 Aetna | Medicare | 3249.74 | | | | 550 | | 8942.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BEN LESION - OVER 4.0CM | 11446 | CPT | | | | outpatient | | | 9413 | | 3737.2 Horizon | MGD | 6288.25 | | | | 550 | | 8942.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BEN LESION - OVER 4.0CM | 11446 | CPT | | | | outpatient | | | 9413 | | 3737.2 First Trenton | First Trenton | 8471.7 | 90 | | | 550 | | 8942.35 percent of total billed charges | |
| HC EXC BEN LESION - OVER 4.0CM | 11446 | CPT | | | | outpatient | | | 9413 | | 3737.2 Amerihealth | Medicare | 3249.74 | | | | 550 | | 8942.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BEN LESION - OVER 4.0CM | 11446 | CPT | | | | outpatient | | | 9413 | | 3737.2 Aetna | Commercial | 5303.58 | | | | 550 | | 8942.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BEN LESION - OVER 4.0CM | 11446 | CPT | | | | outpatient | | | 9413 | | 3737.2 Americare | Americare | 7059.75 | 75 | | | 550 | | 8942.35 percent of total billed charges | |
| HC EXC BEN LESION - OVER 4.0CM | 11446 | CPT | | | | outpatient | | | 9413 | | 3737.2 Horizon | PPO | 6288.25 | | | | 550 | | 8942.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BEN LESION - OVER 4.0CM | 11446 | CPT | | | | outpatient | | | 9413 | | 3737.2 Horizon | Indemnity | 6288.25 | | | | 550 | | 8942.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BEN LESION - OVER 4.0CM | 11446 | CPT | | | | outpatient | | | 9413 | | 3737.2 Consumer | Consumer | 8942.35 | 95 | | | 550 | | 8942.35 percent of total billed charges | |
| HC EXC BEN LESION - OVER 4.0CM | 11446 | CPT | | | | outpatient | | | 9413 | | 3737.2 Amerihealth | HMO/PPO | 550 | | | | 550 | | 8942.35 fee schedule | |
| HC EXC BEN LESION - OVER 4.0CM | 11446 | CPT | | | | outpatient | | | 9413 | | 3737.2 Managed Care Inc | Managed Care Inc | 8471.7 | 90 | | | 550 | | 8942.35 percent of total billed charges | |
| HC EXC BEN LESION - OVER 4.0CM | 11446 | CPT | | | | outpatient | | | 9413 | | 3737.2 Horizon | Medicare Blue | 3249.74 | | | | 550 | | 8942.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BEN LESION - OVER 4.0CM | 11446 | CPT | | | | outpatient | | | 9413 | | 3737.2 Multiplan | Multiplan | 7530.4 | 80 | | | 550 | | 8942.35 percent of total billed charges | |
| HC EXC BEN LESION - OVER 4.0CM | 11446 | CPT | | | | outpatient | | | 9413 | | 3737.2 United | Oxford | 2776 | | | | 550 | | 8942.35 case rate | |
| HC EXC BEN LESION - OVER 4.0CM | 11446 | CPT | | | | outpatient | | | 9413 | | 3737.2 UHC | Medicaid | 2969.8 | 31.55 | | | 550 | | 8942.35 percent of total billed charges | |
| HC EXC BEN LESION - OVER 4.0CM | 11446 | CPT | | | | outpatient | | | 9413 | | 3737.2 UHC | Medicare | 3249.74 | | | | 550 | | 8942.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BEN LESION - OVER 4.0CM | 11446 | CPT | | | | outpatient | | | 9413 | | 3737.2 First Health | First Health | 6589.1 | 70 | | | 550 | | 8942.35 percent of total billed charges | |
| HC EXC BEN LESION - OVER 4.0CM | 11446 | CPT | | | | outpatient | | | 9413 | | 3737.2 Wellcare | Medicaid | 2969.8 | 31.55 | | | 550 | | 8942.35 percent of total billed charges | |
| HC EXC BEN LESION - OVER 4.0CM | 11446 | CPT | | | | outpatient | | | 9413 | | 3737.2 Three Rivers | Three Rivers | 8942.35 | 95 | | | 550 | | 8942.35 percent of total billed charges | |
| HC EXC BEN LESION - OVER 4.0CM | 11446 | CPT | | | | outpatient | | | 9413 | | 3737.2 Wellcare | Medicare | 3249.74 | | | | 550 | | 8942.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BEN LESION - OVER 4.0CM | 11446 | CPT | | | | outpatient | | | 9413 | | 3737.2 Qualcare | Qualcare | 7059.75 | 75 | | | 550 | | 8942.35 percent of total billed charges | |
| HC EXC BEN LESION - OVER 4.0CM | 11446 | CPT | | | | outpatient | | | 9413 | | 3737.2 United | CommercialPPO | 2776 | | | | 550 | | 8942.35 case rate | |
| HC EXC BEN LESION - OVER 4.0CM | 11446 | CPT | | | | outpatient | | | 9413 | | 3737.2 WellPoint | WellPoint | 3029.1 | 32.18 | | | 550 | | 8942.35 percent of total billed charges | |
| HC EXC MAL LES TR/AXL 0.5CM/< | 11600 | CPT | | | | outpatient | | | 2364 | | 925.36 Aetna | Better Health | 745.84 | 31.55 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MAL LES TR/AXL 0.5CM/< | 11600 | CPT | | | | outpatient | | | 2364 | | 925.36 Amerihealth | Medicare | 804.66 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MAL LES TR/AXL 0.5CM/< | 11600 | CPT | | | | outpatient | | | 2364 | | 925.36 Consumer | Consumer | 2245.8 | 95 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MAL LES TR/AXL 0.5CM/< | 11600 | CPT | | | | outpatient | | | 2364 | | 925.36 UHC | Medicare | 804.66 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MAL LES TR/AXL 0.5CM/< | 11600 | CPT | | | | outpatient | | | 2364 | | 925.36 Aetna | Medicare | 804.66 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MAL LES TR/AXL 0.5CM/< | 11600 | CPT | | | | outpatient | | | 2364 | | 925.36 Americare | Americare | 1773 | 75 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MAL LES TR/AXL 0.5CM/< | 11600 | CPT | | | | outpatient | | | 2364 | | 925.36 Horizon | PPO | 1557.02 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MAL LES TR/AXL 0.5CM/< | 11600 | CPT | | | | outpatient | | | 2364 | | 925.36 Aetna | Commercial | 1313.21 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MAL LES TR/AXL 0.5CM/< | 11600 | CPT | | | | outpatient | | | 2364 | | 925.36 Multiplan | Multiplan | 1891.2 | 80 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MAL LES TR/AXL 0.5CM/< | 11600 | CPT | | | | outpatient | | | 2364 | | 925.36 Corrections | Corrections | 1891.2 | 80 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MAL LES TR/AXL 0.5CM/< | 11600 | CPT | | | | outpatient | | | 2364 | | 925.36 First Health | First Health | 1654.8 | 70 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MAL LES TR/AXL 0.5CM/< | 11600 | CPT | | | | outpatient | | | 2364 | | 925.36 Wellcare | Medicare | 804.66 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MAL LES TR/AXL 0.5CM/< | 11600 | CPT | | | | outpatient | | | 2364 | | 925.36 Horizon | Medicare Blue | 804.66 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MAL LES TR/AXL 0.5CM/< | 11600 | CPT | | | | outpatient | | | 2364 | | 925.36 Three Rivers | Three Rivers | 2245.8 | 95 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MAL LES TR/AXL 0.5CM/< | 11600 | CPT | | | | outpatient | | | 2364 | | 925.36 WellPoint | WellPoint | 760.74 | 32.18 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MAL LES TR/AXL 0.5CM/< | 11600 | CPT | | | | outpatient | | | 2364 | | 925.36 Amerihealth | HMO/PPO | 125 | | | | 125 | | 2245.8 fee schedule | |
| HC EXC MAL LES TR/AXL 0.5CM/< | 11600 | CPT | | | | outpatient | | | 2364 | | 925.36 Wellcare | Medicaid | 745.84 | 31.55 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MAL LES TR/AXL 0.5CM/< | 11600 | CPT | | | | outpatient | | | 2364 | | 925.36 First Trenton | First Trenton | 2127.6 | 90 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MAL LES TR/AXL 0.5CM/< | 11600 | CPT | | | | outpatient | | | 2364 | | 925.36 Qualcare | Qualcare | 1773 | 75 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MAL LES TR/AXL 0.5CM/< | 11600 | CPT | | | | outpatient | | | 2364 | | 925.36 Horizon | MGD | 1557.02 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MAL LES TR/AXL 0.5CM/< | 11600 | CPT | | | | outpatient | | | 2364 | | 925.36 United | Oxford | 1817 | | | | 125 | | 2245.8 case rate | |
| HC EXC MAL LES TR/AXL 0.5CM/< | 11600 | CPT | | | | outpatient | | | 2364 | | 925.36 UHC | Medicaid | 745.84 | 31.55 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MAL LES TR/AXL 0.5CM/< | 11600 | CPT | | | | outpatient | | | 2364 | | 925.36 Horizon | Indemnity | 1557.02 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MAL LES TR/AXL 0.5CM/< | 11600 | CPT | | | | outpatient | | | 2364 | | 925.36 Managed Care Inc | Managed Care Inc | 2127.6 | 90 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MAL LES TR/AXL 0.5CM/< | 11600 | CPT | | | | outpatient | | | 2364 | | 925.36 United | CommercialPPO | 1817 | | | | 125 | | 2245.8 case rate | |
| HC EXC MAL LES TR/AXL 0.6-1.0CM | 11601 | CPT | | | | outpatient | | | 2364 | | 925.36 Amerihealth | HMO/PPO | 125 | | | | 125 | | 2245.8 fee schedule | |
| HC EXC MAL LES TR/AXL 0.6-1.0CM | 11601 | CPT | | | | outpatient | | | 2364 | | 925.36 First Trenton | First Trenton | 2127.6 | 90 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MAL LES TR/AXL 0.6-1.0CM | 11601 | CPT | | | | outpatient | | | 2364 | | 925.36 Horizon | MGD | 1557.02 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calcul

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC EXC MAL LES TR/AXL 0.6-1.0CM | 11601 | CPT | | | | outpatient | | | 2364 | | 925.36 Three Rivers | Three Rivers | 2245.8 | 95 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MAL LES TR/AXL 0.6-1.0CM | 11601 | CPT | | | | outpatient | | | 2364 | | 925.36 Consumer | Consumer | 2245.8 | 95 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MAL LES TR/AXL 0.6-1.0CM | 11601 | CPT | | | | outpatient | | | 2364 | | 925.36 Horizon | Medicare Blue | 804.66 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MAL LES TR/AXL 0.6-1.0CM | 11601 | CPT | | | | outpatient | | | 2364 | | 925.36 Managed Care Inc | Managed Care Inc | 2127.6 | 90 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MAL LES TR/AXL 0.6-1.0CM | 11601 | CPT | | | | outpatient | | | 2364 | | 925.36 United | Oxford | 1817 | | | | 125 | | 2245.8 case rate | |
| HC EXC MAL LES TR/AXL 0.6-1.0CM | 11601 | CPT | | | | outpatient | | | 2364 | | 925.36 Qualcare | Qualcare | 1773 | 75 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MAL LES TR/AXL 0.6-1.0CM | 11601 | CPT | | | | outpatient | | | 2364 | | 925.36 UHC | Medicare | 804.66 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MAL LES TR/AXL 0.6-1.0CM | 11601 | CPT | | | | outpatient | | | 2364 | | 925.36 WellPoint | WellPoint | 760.74 | 32.18 | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MAL LES TR/AXL 0.6-1.0CM | 11601 | CPT | | | | outpatient | | | 2364 | | 925.36 Wellcare | Medicare | 804.66 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MAL LES TR/AXL 0.6-1.0CM | 11601 | CPT | | | | outpatient | | | 2364 | | 925.36 First Health | First Health | 1654.8 | 70 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MAL LES TR/AXL 0.6-1.0CM | 11601 | CPT | | | | outpatient | | | 2364 | | 925.36 Wellcare | Medicaid | 745.84 | 31.55 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MAL LES F/E/E/INL 0.5CM/< | 11640 | CPT | | | | outpatient | | | 2364 | | 925.36 First Health | First Health | 1654.8 | 70 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MAL LES F/E/E/INL 0.5CM/< | 11640 | CPT | | | | outpatient | | | 2364 | | 925.36 Aetna | Commercial | 1313.21 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MAL LES F/E/E/INL 0.5CM/< | 11640 | CPT | | | | outpatient | | | 2364 | | 925.36 Corrections | Corrections | 1891.2 | 80 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MAL LES F/E/E/INL 0.5CM/< | 11640 | CPT | | | | outpatient | | | 2364 | | 925.36 Consumer | Consumer | 2245.8 | 95 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MAL LES F/E/E/INL 0.5CM/< | 11640 | CPT | | | | outpatient | | | 2364 | | 925.36 Multiplan | Multiplan | 1891.2 | 80 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MAL LES F/E/E/INL 0.5CM/< | 11640 | CPT | | | | outpatient | | | 2364 | | 925.36 Amerihealth | HMO/PPO | 125 | | | | 125 | | 2245.8 fee schedule | |
| HC EXC MAL LES F/E/E/INL 0.5CM/< | 11640 | CPT | | | | outpatient | | | 2364 | | 925.36 Americare | Americare | 1773 | 75 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MAL LES F/E/E/INL 0.5CM/< | 11640 | CPT | | | | outpatient | | | 2364 | | 925.36 Aetna | Better Health | 745.84 | 31.55 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MAL LES F/E/E/INL 0.5CM/< | 11640 | CPT | | | | outpatient | | | 2364 | | 925.36 Horizon | Indemnity | 1557.02 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MAL LES F/E/E/INL 0.5CM/< | 11640 | CPT | | | | outpatient | | | 2364 | | 925.36 Aetna | Medicare | 804.66 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MAL LES F/E/E/INL 0.5CM/< | 11640 | CPT | | | | outpatient | | | 2364 | | 925.36 Wellcare | Medicare | 804.66 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MAL LES F/E/E/INL 0.5CM/< | 11640 | CPT | | | | outpatient | | | 2364 | | 925.36 Horizon | Medicare Blue | 804.66 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MAL LES F/E/E/INL 0.5CM/< | 11640 | CPT | | | | outpatient | | | 2364 | | 925.36 Qualcare | Qualcare | 1773 | 75 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MAL LES F/E/E/INL 0.5CM/< | 11640 | CPT | | | | outpatient | | | 2364 | | 925.36 Amerihealth | Medicare | 804.66 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MAL LES F/E/E/INL 0.5CM/< | 11640 | CPT | | | | outpatient | | | 2364 | | 925.36 First Trenton | First Trenton | 2127.6 | 90 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MAL LES F/E/E/INL 0.5CM/< | 11640 | CPT | | | | outpatient | | | 2364 | | 925.36 Horizon | MGD | 1557.02 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MAL LES F/E/E/INL 0.5CM/< | 11640 | CPT | | | | outpatient | | | 2364 | | 925.36 United | Commercial/PPO | 1817 | | | | 125 | | 2245.8 case rate | |
| HC EXC MAL LES F/E/E/INL 0.5CM/< | 11640 | CPT | | | | outpatient | | | 2364 | | 925.36 UHC | Medicare | 804.66 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MAL LES F/E/E/INL 0.5CM/< | 11640 | CPT | | | | outpatient | | | 2364 | | 925.36 Managed Care Inc | Managed Care Inc | 2127.6 | 90 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MAL LES F/E/E/INL 0.5CM/< | 11640 | CPT | | | | outpatient | | | 2364 | | 925.36 Horizon | PPO | 1557.02 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MAL LES F/E/E/INL 0.5CM/< | 11640 | CPT | | | | outpatient | | | 2364 | | 925.36 UHC | Medicaid | 745.84 | 31.55 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MAL LES F/E/E/INL 0.5CM/< | 11640 | CPT | | | | outpatient | | | 2364 | | 925.36 WellPoint | WellPoint | 760.74 | 32.18 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MAL LES F/E/E/INL 0.5CM/< | 11640 | CPT | | | | outpatient | | | 2364 | | 925.36 Three Rivers | Three Rivers | 2245.8 | 95 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MAL LES F/E/E/INL 0.5CM/< | 11640 | CPT | | | | outpatient | | | 2364 | | 925.36 Wellcare | Medicaid | 745.84 | 31.55 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MAL LES F/E/E/INL 0.5CM/< | 11640 | CPT | | | | outpatient | | | 2364 | | 925.36 United | Oxford | 1817 | | | | 125 | | 2245.8 case rate | |
| HC EXC MALG LESION EYELID 6-1.0C | 11641 | CPT | | | | outpatient | | | 2364 | | 925.36 Qualcare | Qualcare | 1773 | 75 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MALG LESION EYELID 6-1.0C | 11641 | CPT | | | | outpatient | | | 2364 | | 925.36 Amerihealth | Medicare | 804.66 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MALG LESION EYELID 6-1.0C | 11641 | CPT | | | | outpatient | | | 2364 | | 925.36 Amerihealth | HMO/PPO | 125 | | | | 125 | | 2245.8 fee schedule | |
| HC EXC MALG LESION EYELID 6-1.0C | 11641 | CPT | | | | outpatient | | | 2364 | | 925.36 Consumer | Consumer | 2245.8 | 95 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MALG LESION EYELID 6-1.0C | 11641 | CPT | | | | outpatient | | | 2364 | | 925.36 Corrections | Corrections | 1891.2 | 80 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MALG LESION EYELID 6-1.0C | 11641 | CPT | | | | outpatient | | | 2364 | | 925.36 Aetna | Better Health | 745.84 | 31.55 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MALG LESION EYELID 6-1.0C | 11641 | CPT | | | | outpatient | | | 2364 | | 925.36 Americare | Americare | 1773 | 75 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MALG LESION EYELID 6-1.0C | 11641 | CPT | | | | outpatient | | | 2364 | | 925.36 Aetna | Commercial | 1313.21 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MALG LESION EYELID 6-1.0C | 11641 | CPT | | | | outpatient | | | 2364 | | 925.36 WellPoint | WellPoint | 760.74 | 32.18 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MALG LESION EYELID 6-1.0C | 11641 | CPT | | | | outpatient | | | 2364 | | 925.36 Horizon | Medicare Blue | 804.66 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MALG LESION EYELID 6-1.0C | 11641 | CPT | | | | outpatient | | | 2364 | | 925.36 First Health | First Health | 1654.8 | 70 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MALG LESION EYELID 6-1.0C | 11641 | CPT | | | | outpatient | | | 2364 | | 925.36 Aetna | Medicare | 804.66 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MALG LESION EYELID 6-1.0C | 11641 | CPT | | | | outpatient | | | 2364 | | 925.36 First Trenton | First Trenton | 2127.6 | 90 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MALG LESION EYELID 6-1.0C | 11641 | CPT | | | | outpatient | | | 2364 | | 925.36 Horizon | MGD | 1557.02 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MALG LESION EYELID 6-1.0C | 11641 | CPT | | | | outpatient | | | 2364 | | 925.36 Three Rivers | Three Rivers | 2245.8 | 95 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MALG LESION EYELID 6-1.0C | 11641 | CPT | | | | outpatient | | | 2364 | | 925.36 Multiplan | Multiplan | 1891.2 | 80 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MALG LESION EYELID 6-1.0C | 11641 | CPT | | | | outpatient | | | 2364 | | 925.36 Horizon | Indemnity | 1557.02 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MALG LESION EYELID 6-1.0C | 11641 | CPT | | | | outpatient | | | 2364 | | 925.36 UHC | Medicare | 804.66 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MALG LESION EYELID 6-1.0C | 11641 | CPT | | | | outpatient | | | 2364 | | 925.36 Horizon | PPO | 1557.02 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MALG LESION EYELID 6-1.0C | 11641 | CPT | | | | outpatient | | | 2364 | | 925.36 United | Commercial/PPO | 1817 | | | | 125 | | 2245.8 case rate | |
| HC EXC MALG LESION EYELID 6-1.0C | 11641 | CPT | | | | outpatient | | | 2364 | | 925.36 Managed Care Inc | Managed Care Inc | 2127.6 | 90 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MALG LESION EYELID 6-1.0C | 11641 | CPT | | | | outpatient | | | 2364 | | 925.36 Wellcare | Medicaid | 745.84 | 31.55 | | | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MALG LESION EYELID 6-1.0C | 11641 | CPT | | | | outpatient | | | 2364 | | 925.36 UHC | Medicaid | 745.84 | 31.55 | | 790.04 | 125 | | 2245.8 percent of total billed charges | |
| HC EXC MALG LESION EYELID 6-1.0C | 11641 | CPT | | | | outpatient | | | 2364 | | 925.36 United | Oxford | 1817 | | | | 125 | | 2245.8 case rate | |
| HC EXC MALG LESION EYELID 6-1.0C | 11641 | CPT | | | | outpatient | | | 2364 | | 925.36 Wellcare | Medicare | 804.66 | | | | 125 | | 2245.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION MALIGNANT LESION F/E/E/INL 1.1-2.0 CM | 11642 | CPT | | | | outpatient | | | 2373.07 | | 925.36 Qualcare | Qualcare | 1779.8 | 75 | | | 125 | | 2254.42 percent of total billed charges | |
| HC EXCISION MALIGNANT LESION F/E/E/INL 1.1-2.0 CM | 11642 | CPT | | | | outpatient | | | 2373.07 | | 925.36 Amerihealth | Medicare | 804.66 | | | | 125 | | 2254.42 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION MALIGNANT LESION F/E/E/INL 1.1-2.0 CM | 11642 | CPT | | | | outpatient | | | 2373.07 | | 925.36 Horizon | MGD | 1557.02 | | | | 125 | | 2254.42 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION MALIGNANT LESION F/E/E/INL 1.1-2.0 CM | 11642 | CPT | | | | outpatient | | | 2373.07 | | 925.36 Consumer | Consumer | 2254.42 | 95 | | | 125 | | 2254.42 percent of total billed charges | |
| HC EXCISION MALIGNANT LESION F/E/E/INL 1.1-2.0 CM | 11642 | CPT | | | | outpatient | | | 2373.07 | | 925.36 Aetna | Better Health | 748.7 | 31.55 | | | 125 | | 2254.42 percent of total billed charges | |
| HC EXCISION MALIGNANT LESION F/E/E/INL 1.1-2.0 CM | 11642 | CPT | | | | outpatient | | | 2373.07 | | 925.36 UHC | Medicare | 804.66 | | | | 125 | | 2254.42 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION MALIGNANT LESION F/E/E/INL 1.1-2.0 CM | 11642 | CPT | | | | outpatient | | | 2373.07 | | 925.36 Amerihealth | HMO/PPO | 125 | | | | 125 | | 2254.42 fee schedule | |
| HC EXCISION MALIGNANT LESION F/E/E/INL 1.1-2.0 CM | 11642 | CPT | | | | outpatient | | | 2373.07 | | 925.36 Aetna | Commercial | 1313.21 | | | | 125 | | 2254.42 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION MALIGNANT LESION F/E/E/INL 1.1-2.0 CM | 11642 | CPT | | | | outpatient | | | 2373.07 | | 925.36 WellPoint | WellPoint | 763.65 | 32.18 | | | 125 | | 2254.42 percent of total billed charges | |
| HC EXCISION MALIGNANT LESION F/E/E/INL 1.1-2.0 CM | 11642 | CPT | | | | outpatient | | | 2373.07 | | 925.36 Corrections | Corrections | 1898.46 | 80 | | | 125 | | 2254.42 percent of total billed charges | |
| HC EXCISION MALIGNANT LESION F/E/E/INL 1.1-2.0 CM | 11642 | CPT | | | | outpatient | | | 2373.07 | | 925.36 Horizon | PPO | 1557.02 | | | | 125 | | 2254.42 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION MALIGNANT LESION F/E/E/INL 1.1-2.0 CM | 11642 | CPT | | | | outpatient | | | 2373.07 | | 925.36 Aetna | Medicare | 804.66 | | | | 125 | | 2254.42 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION MALIGNANT LESION F/E/E/INL 1.1-2.0 CM | 11642 | CPT | | | | outpatient | | | 2373.07 | | 925.36 Horizon | Indemnity | 1557.02 | | | | 125 | | 2254.42 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION MALIGNANT LESION F/E/E/INL 1.1-2.0 CM | 11642 | CPT | | | | outpatient | | | 2373.07 | | 925.36 First Trenton | First Trenton | 2135.76 | 90 | | | 125 | | 2254.42 percent of total billed charges | |
| HC EXCISION MALIGNANT LESION F/E/E/INL 1.1-2.0 CM | 11642 | CPT | | | | outpatient | | | 2373.07 | | 925.36 First Health | First Health | 1661.15 | 70 | | | 125 | | 2254.42 percent of total billed charges | |
| HC EXCISION MALIGNANT LESION F/E/E/INL 1.1-2.0 CM | 11642 | CPT | | | | outpatient | | | 2373.07 | | 925.36 Americare | Americare | 1779.8 | 75 | | | 125 | | 2254.42 percent of total billed charges | |
| HC EXCISION MALIGNANT LESION F/E/E/INL 1.1-2.0 CM | 11642 | CPT | | | | outpatient | | | 2373.07 | | 925.36 Multiplan | Multiplan | 1898.46 | 80 | | | 125 | | 2254.42 percent of total billed charges | |
| HC EXCISION MALIGNANT LESION F/E/E/INL 1.1-2.0 CM | 11642 | CPT | | | | outpatient | | | 2373.07 | | 925.36 Managed Care Inc | Managed Care Inc | 2135.76 | 90 | | | 125 | | 2254.42 percent of total billed charges | |
| HC EXCISION MALIGNANT LESION F/E/E/INL 1.1-2.0 CM | 11642 | CPT | | | | outpatient | | | 2373.07 | | 925.36 United | Commercial/PPO | 1817 | | | | 125 | | 2254.42 case rate | |
| HC EXCISION MALIGNANT LESION F/E/E/INL 1.1-2.0 CM | 11642 | CPT | | | | outpatient | | | 2373.07 | | 925.36 Three Rivers | Three Rivers | 2254.42 | 95 | | | 125 | | 2254.42 percent of total billed charges | |
| HC EXCISION MALIGNANT LESION F/E/E/INL 1.1-2.0 CM | 11642 | CPT | | | | outpatient | | | 2373.07 | | 925.36 Wellcare | Medicaid | 748.7 | 31.55 | | | 125 | | 2254.42 percent of total billed charges | |
| HC EXCISION MALIGNANT LESION F/E/E/INL 1.1-2.0 CM | 11642 | CPT | | | | outpatient | | | 2373.07 | | 925.36 UHC | Medicaid | 748.7 | 31.55 | | 726.15 | 125 | | 2254.42 percent of total billed charges | |
| HC EXCISION MALIGNANT LESION F/E/E/INL 1.1-2.0 CM | 11642 | CPT | | | | outpatient | | | 2373.07 | | 925.36 Horizon | Medicare Blue | 804.66 | | | | 125 | | 2254.42 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION MALIGNANT LESION F/E/E/INL 1.1-2.0 CM | 11642 | CPT | | | | outpatient | | | 2373.07 | | 925.36 United | Oxford | 1817 | | | | 125 | | 2254.42 case rate | |
| HC EXCISION MALIGNANT LESION F/E/E/INL 1.1-2.0 CM | 11642 | CPT | | | | outpatient | | | 2373.07 | | 925.36 Wellcare | Medicare | 804.66 | | | | 125 | | 2254.42 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EX MAL LES F/E/E/INL 2.1-3.0 C | 11643 | CPT | | | | outpatient | | | 5464 | | 2132.36 Amerihealth | HMO/PPO | 300 | | | | 300 | | 5190.8 fee schedule | |
| HC EX MAL LES F/E/E/INL 2.1-3.0 C | 11643 | CPT | | | | outpatient | | | 5464 | | 2132.36 Aetna | Better Health | 1723.89 | 31.55 | | | 300 | | 5190.8 percent of total billed charges | |
| HC EX MAL LES F/E/E/INL 2.1-3.0 C | 11643 | CPT | | | | outpatient | | | 5464 | | 2132.36 First Trenton | First Trenton | 4917.6 | 90 | | | 300 | | 5190.8 percent of total billed charges | |
| HC EX MAL LES F/E/E/INL 2.1-3.0 C | 11643 | CPT | | | | outpatient | | | 5464 | | 2132.36 Horizon | MGD | 3587.94 | | | | 300 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EX MAL LES F/E/E/INL 2.1-3.0 C | 11643 | CPT | | | | outpatient | | | 5464 | | 2132.36 Aetna | Commercial | 3026.1 | | | | 300 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EX MAL LES F/E/E/INL 2.1-3.0 C | 11643 | CPT | | | | outpatient | | | 5464 | | 2132.36 Amerihealth | Medicare | 1854.23 | | | | 300 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EX MAL LES F/E/E/INL 2.1-3.0 C | 11643 | CPT | | | | outpatient | | | 5464 | | 2132.36 Corrections | Corrections | 4371.2 | 80 | | | 300 | | 5190.8 percent of total billed charges | |
| HC EX MAL LES F/E/E/INL 2.1-3.0 C | 11643 | CPT | | | | outpatient | | | 5464 | | 2132.36 Horizon | PPO | 3587.94 | | | | 300 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EX MAL LES F/E/E/INL 2.1-3.0 C | 11643 | CPT | | | | outpatient | | | 5464 | | 2132.36 Horizon | Indemnity | 3587.94 | | | | 300 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EX MAL LES F/E/E/INL 2.1-3.0 C | 11643 | CPT | | | | outpatient | | | 5464 | | 2132.36 Aetna | Medicare | 1854.23 | | | | 300 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EX MAL LES F/E/E/INL 2.1-3.0 C | 11643 | CPT | | | | outpatient | | | 5464 | | 2132.36 Managed Care Inc | Managed Care Inc | 4917.6 | 90 | | | 300 | | 5190.8 percent of total billed charges | |
| HC EX MAL LES F/E/E/INL 2.1-3.0 C | 11643 | CPT | | | | outpatient | | | 5464 | | 2132.36 WellPoint | WellPoint | 1758.32 | 32.18 | | | 300 | | 5190.8 percent of total billed charges | |
| HC EX MAL LES F/E/E/INL 2.1-3.0 C | 11643 | CPT | | | | outpatient | | | 5464 | | 2132.36 UHC | Medicare | 1854.23 | | | | 300 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EX MAL LES F/E/E/INL 2.1-3.0 C | 11643 | CPT | | | | outpatient | | | 5464 | | 2132.36 First Health | First Health | 3824.8 | 70 | | | 300 | | 5190.8 percent of total billed charges | |
| HC EX MAL LES F/E/E/INL 2.1-3.0 C | 11643 | CPT | | | | outpatient | | | 5464 | | 2132.36 UHC | Medicaid | 1723.89 | 31.55 | | | 300 | | 5190.8 percent of total billed charges | |
| HC EX MAL LES F/E/E/INL 2.1-3.0 C | 11643 | CPT | | | | outpatient | | | 5464 | | 2132.36 Americare | Americare | 4098 | 75 | | | 300 | | 5190.8 percent of total billed charges | |
| HC EX MAL LES F/E/E/INL 2.1-3.0 C | 11643 | CPT | | | | outpatient | | | 5464 | | 2132.36 Three Rivers | Three Rivers | 5190.8 | 95 | | | 300 | | 5190.8 percent of total billed charges | |
| HC EX MAL LES F/E/E/INL 2.1-3.0 C | 11643 | CPT | | | | outpatient | | | 5464 | | 2132.36 Horizon | Medicare Blue | 1854.23 | | | | 300 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EX MAL LES F/E/E/INL 2.1-3.0 C | 11643 | CPT | | | | outpatient | | | 5464 | | 2132.36 United | Commercial/PPO | 1817 | | | | 300 | | 5190.8 case rate | |
| HC EX MAL LES F/E/E/INL 2.1-3.0 C | 11643 | CPT | | | | outpatient | | | 5464 | | 2132.36 Consumer | Consumer | 5190.8 | 95 | | | 300 | | 5190.8 percent of total billed charges | |
| HC EX MAL LES F/E/E/INL 2.1-3.0 C | 11643 | CPT | | | | outpatient | | | 5464 | | 2132.36 Wellcare | Medicare | 1854.23 | | | | 300 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EX MAL LES F/E/E/INL 2.1-3.0 C | 11643 | CPT | | | | outpatient | | | 5464 | | 2132.36 Multiplan | Multiplan | 4371.2 | 80 | | | 300 | | 5190.8 percent of total billed charges | |
| HC EX MAL LES F/E/E/INL 2.1-3.0 C | 11643 | CPT | | | | outpatient | | | 5464 | | 2132.36 United | Oxford | 1817 | | | | 300 | | 5190.8 case rate | |
| HC EX MAL LES F/E/E/INL 2.1-3.0 C | 11643 | CPT | | | | outpatient | | | 5464 | | 2132.36 Qualcare | Qualcare | 4098 | 75 | | | 300 | | 5190.8 percent of total billed charges | |
| HC EX MAL LES F/E/E/INL 2.1-3.0 C | 11643 | CPT | | | | outpatient | | | 5464 | | 2132.36 Wellcare | Medicaid | 1723.89 | 31.55 | | | 300 | | 5190.8 percent of total billed charges | |
| HC EXCISION MALIGNANT LESION F/E/E/INL 3.1-4.0 CM | 11644 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 Amerihealth | HMO/PPO | 550 | | | | 550 | | 5195 fee schedule | |
| HC EXCISION MALIGNANT LESION F/E/E/INL 3.1-4.0 CM | 11644 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 Horizon | Medicare Blue | 1854.23 | | | | 550 | | 5195 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION MALIGNANT LESION F/E/E/INL 3.1-4.0 CM | 11644 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 Corrections | Corrections | 4374.74 | 80 | | | 550 | | 5195 percent of total billed charges | |
| HC EXCISION MALIGNANT LESION F/E/E/INL 3.1-4.0 CM | 11644 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 Americare | Americare | 4101.32 | 75 | | | 550 | | 5195 percent of total billed charges | |
| HC EXCISION MALIGNANT LESION F/E/E/INL 3.1-4.0 CM | 11644 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 First Health | First Health | 3827.89 | 70 | | | 550 | | 5195 percent of total billed charges | |
| HC EXCISION MALIGNANT LESION F/E/E/INL 3.1-4.0 CM | 11644 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 Amerihealth | Medicare | 1854.23 | | | | 550 | | 5195 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION MALIGNANT LESION F/E/E/INL 3.1-4.0 CM | 11644 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 Aetna | Commercial | 3026.1 | | | | 550 | | 5195 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION MALIGNANT LESION F/E/E/INL 3.1-4.0 CM | 11644 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 Aetna | Better Health | 1725.29 | 31.55 | | | 550 | | 5195 percent of total billed charges | |
| HC EXCISION MALIGNANT LESION F/E/E/INL 3.1-4.0 CM | 11644 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 Horizon | MGD | 3587.94 | | | | 550 | | 5195 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION MALIGNANT LESION F/E/E/INL 3.1-4.0 CM | 11644 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 UHC | Medicare | 1854.23 | | | | 550 | | 5195 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION MALIGNANT LESION F/E/E/INL 3.1-4.0 CM | 11644 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 Multiplan | Multiplan | 4374.74 | 80 | | | 550 | | 5195 percent of total billed charges | |
| HC EXCISION MALIGNANT LESION F/E/E/INL 3.1-4.0 CM | 11644 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 Consumer | Consumer | 5195 | 95 | | | 550 | | 5195 percent of total billed charges | |
| HC EXCISION MALIGNANT LESION F/E/E/INL 3.1-4.0 CM | 11644 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 First Trenton | First Trenton | 4921.58 | 90 | | | 550 | | 5195 percent of total billed charges | |
| HC EXCISION MALIGNANT LESION F/E/E/INL 3.1-4.0 CM | 11644 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 Horizon | Indemnity | 3587.94 | | | | 550 | | 5195 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION MALIGNANT LESION F/E/E/INL 3.1-4.0 CM | 11644 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 Qualcare | Qualcare | 4101.32 | 75 | | | 550 | | 5195 percent of total billed charges | |
| HC EXCISION MALIGNANT LESION F/E/E/INL 3.1-4.0 CM | 11644 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 Aetna | Medicare | 1854.23 | | | | 550 | | 5195 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION MALIGNANT LESION F/E/E/INL 3.1-4.0 CM | 11644 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 UHC | Medicaid | 1725.29 | 31.55 | | | 550 | | 5195 percent of total billed charges | |
| HC EXCISION MALIGNANT LESION F/E/E/INL 3.1-4.0 CM | 11644 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 Wellcare | Medicare | 1854.23 | | | | 550 | | 5195 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION MALIGNANT LESION F/E/E/INL 3.1-4.0 CM | 11644 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 Managed Care Inc | Managed Care Inc | 4921.58 | 90 | | | 550 | | 5195 percent of total billed charges | |
| HC EXCISION MALIGNANT LESION F/E/E/INL 3.1-4.0 CM | 11644 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 United | Oxford | 2493 | | | | 550 | | 5195 case rate | |
| HC EXCISION MALIGNANT LESION F/E/E/INL 3.1-4.0 CM | 11644 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 Three Rivers | Three Rivers | 5195 | 95 | | | 550 | | 5195 percent of total billed charges | |
| HC EXCISION MALIGNANT LESION F/E/E/INL 3.1-4.0 CM | 11644 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 Horizon | PPO | 3587.94 | | | | 550 | | 5195 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION MALIGNANT LESION F/E/E/INL 3.1-4.0 CM | 11644 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 Wellcare | Medicaid | 1725.29 | 31.55 | | | 550 | | 5195 percent of total billed charges | |
| HC EXCISION MALIGNANT LESION F/E/E/INL 3.1-4.0 CM | 11644 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 United | Commercial/PPO | 2493 | | | | 550 | | 5195 case rate | |
| HC EXCISION MALIGNANT LESION F/E/E/INL 3.1-4.0 CM | 11644 | CPT | | | | outpatient | | | 5468.42 | | 2132.36 WellPoint | WellPoint | 1759.74 | 32.18 | | | 550 | | 5195 percent of total billed charges | |
| HC EXCISION MALIGNANT LESION F/E/E/INL >4.0 CM | 11646 | CPT | | | | outpatient | | | 9584.02 | | 3737.2 Aetna | Better Health | 3023.76 | 31.55 | | | 550 | | 9104.82 percent of total billed charges | |
| HC EXCISION MALIGNANT LESION F/E/E/INL >4.0 CM | 11646 | CPT | | | | outpatient | | | 9584.02 | | 3737.2 Amerihealth | Medicare | 3249.74 | | | | 550 | | 9104.82 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION MALIGNANT LESION F/E/E/IN

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM | 11646 | CPT | | | | outpatient | | | 9584.02 | 3737.2 | Consumer | Consumer | 9104.82 | 95 | | | 550 | 9104.82 | percent of total billed charges | |
| HC EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM | 11646 | CPT | | | | outpatient | | | 9584.02 | 3737.2 | UHC | Medicare | 3249.74 | | | | 550 | 9104.82 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM | 11646 | CPT | | | | outpatient | | | 9584.02 | 3737.2 | Horizon | MGD | 6288.25 | | | | 550 | 9104.82 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM | 11646 | CPT | | | | outpatient | | | 9584.02 | 3737.2 | First Health | First Health | 6708.81 | 70 | | | 550 | 9104.82 | percent of total billed charges | |
| HC EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM | 11646 | CPT | | | | outpatient | | | 9584.02 | 3737.2 | Corrections | Corrections | 7667.22 | 80 | | | 550 | 9104.82 | percent of total billed charges | |
| HC EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM | 11646 | CPT | | | | outpatient | | | 9584.02 | 3737.2 | Qualcare | Qualcare | 7188.02 | 75 | | | 550 | 9104.82 | percent of total billed charges | |
| HC EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM | 11646 | CPT | | | | outpatient | | | 9584.02 | 3737.2 | Three Rivers | Three Rivers | 9104.82 | 95 | | | 550 | 9104.82 | percent of total billed charges | |
| HC EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM | 11646 | CPT | | | | outpatient | | | 9584.02 | 3737.2 | UHC | Medicaid | 3023.76 | 31.55 | | | 550 | 9104.82 | percent of total billed charges | |
| HC EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM | 11646 | CPT | | | | outpatient | | | 9584.02 | 3737.2 | United | Commercial/PPO | 2776 | | | | 550 | 9104.82 | case rate | |
| HC EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM | 11646 | CPT | | | | outpatient | | | 9584.02 | 3737.2 | Wellcare | Medicaid | 3023.76 | 31.55 | | | 550 | 9104.82 | percent of total billed charges | |
| HC EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM | 11646 | CPT | | | | outpatient | | | 9584.02 | 3737.2 | United | Oxford | 2776 | | | | 550 | 9104.82 | case rate | |
| HC EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM | 11646 | CPT | | | | outpatient | | | 9584.02 | 3737.2 | Wellcare | Medicare | 3249.74 | | | | 550 | 9104.82 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM | 11646 | CPT | | | | outpatient | | | 9584.02 | 3737.2 | WellPoint | WellPoint | 3264.14 | 32.18 | | | 550 | 9104.82 | percent of total billed charges | |
| HC TRIM NONDYSTROPHIC NAILS ANY # | 11719 | CPT | | | | outpatient | | | 211 | 80.45 | Aetna | Better Health | 66.57 | 31.55 | | | 66.57 | 1782 | percent of total billed charges | |
| HC TRIM NONDYSTROPHIC NAILS ANY # | 11719 | CPT | | | | outpatient | | | 211 | 80.45 | Aetna | Commercial | 114.17 | | | | 66.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRIM NONDYSTROPHIC NAILS ANY # | 11719 | CPT | | | | outpatient | | | 211 | 80.45 | Aetna | Medicare | 69.96 | | | | 66.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRIM NONDYSTROPHIC NAILS ANY # | 11719 | CPT | | | | outpatient | | | 211 | 80.45 | Corrections | Corrections | 168.8 | 80 | | | 66.57 | 1782 | percent of total billed charges | |
| HC TRIM NONDYSTROPHIC NAILS ANY # | 11719 | CPT | | | | outpatient | | | 211 | 80.45 | Amerihealth | Medicare | 69.96 | | | | 66.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRIM NONDYSTROPHIC NAILS ANY # | 11719 | CPT | | | | outpatient | | | 211 | 80.45 | Horizon | MGD | 135.37 | | | 86.16 | 66.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRIM NONDYSTROPHIC NAILS ANY # | 11719 | CPT | | | | outpatient | | | 211 | 80.45 | Horizon | PPO | 135.37 | | | | 66.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRIM NONDYSTROPHIC NAILS ANY # | 11719 | CPT | | | | outpatient | | | 211 | 80.45 | First Trenton | First Trenton | 189.9 | 90 | | | 66.57 | 1782 | percent of total billed charges | |
| HC TRIM NONDYSTROPHIC NAILS ANY # | 11719 | CPT | | | | outpatient | | | 211 | 80.45 | Americare | Americare | 158.25 | 75 | | | 66.57 | 1782 | percent of total billed charges | |
| HC TRIM NONDYSTROPHIC NAILS ANY # | 11719 | CPT | | | | outpatient | | | 211 | 80.45 | Amerihealth | HMO/PPO | 125 | | | | 66.57 | 1782 | fee schedule | |
| HC TRIM NONDYSTROPHIC NAILS ANY # | 11719 | CPT | | | | outpatient | | | 211 | 80.45 | UHC | Medicaid | 66.57 | 31.55 | | 63.46 | 66.57 | 1782 | percent of total billed charges | |
| HC TRIM NONDYSTROPHIC NAILS ANY # | 11719 | CPT | | | | outpatient | | | 211 | 80.45 | United | Commercial/PPO | 1782 | | | | 66.57 | 1782 | case rate | |
| HC TRIM NONDYSTROPHIC NAILS ANY # | 11719 | CPT | | | | outpatient | | | 211 | 80.45 | First Health | First Health | 147.7 | 70 | | | 66.57 | 1782 | percent of total billed charges | |
| HC TRIM NONDYSTROPHIC NAILS ANY # | 11719 | CPT | | | | outpatient | | | 211 | 80.45 | Horizon | Indemnity | 135.37 | | | | 66.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRIM NONDYSTROPHIC NAILS ANY # | 11719 | CPT | | | | outpatient | | | 211 | 80.45 | WellPoint | WellPoint | 67.9 | 32.18 | | | 66.57 | 1782 | percent of total billed charges | |
| HC TRIM NONDYSTROPHIC NAILS ANY # | 11719 | CPT | | | | outpatient | | | 211 | 80.45 | Managed Care Inc | Managed Care Inc | 189.9 | 90 | | | 66.57 | 1782 | percent of total billed charges | |
| HC TRIM NONDYSTROPHIC NAILS ANY # | 11719 | CPT | | | | outpatient | | | 211 | 80.45 | Consumer | Consumer | 200.45 | 95 | | | 66.57 | 1782 | percent of total billed charges | |
| HC TRIM NONDYSTROPHIC NAILS ANY # | 11719 | CPT | | | | outpatient | | | 211 | 80.45 | UHC | Medicare | 69.96 | | | 18.5 | 66.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRIM NONDYSTROPHIC NAILS ANY # | 11719 | CPT | | | | outpatient | | | 211 | 80.45 | Horizon | Medicare Blue | 69.96 | | | | 66.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRIM NONDYSTROPHIC NAILS ANY # | 11719 | CPT | | | | outpatient | | | 211 | 80.45 | Three Rivers | Three Rivers | 200.45 | 95 | | | 66.57 | 1782 | percent of total billed charges | |
| HC TRIM NONDYSTROPHIC NAILS ANY # | 11719 | CPT | | | | outpatient | | | 211 | 80.45 | United | Oxford | 1782 | | | | 66.57 | 1782 | case rate | |
| HC TRIM NONDYSTROPHIC NAILS ANY # | 11719 | CPT | | | | outpatient | | | 211 | 80.45 | Wellcare | Medicare | 69.96 | | | | 66.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRIM NONDYSTROPHIC NAILS ANY # | 11719 | CPT | | | | outpatient | | | 211 | 80.45 | Multiplan | Multiplan | 168.8 | 80 | | | 66.57 | 1782 | percent of total billed charges | |
| HC TRIM NONDYSTROPHIC NAILS ANY # | 11719 | CPT | | | | outpatient | | | 211 | 80.45 | Qualcare | Qualcare | 158.25 | 75 | | | 66.57 | 1782 | percent of total billed charges | |
| HC TRIM NONDYSTROPHIC NAILS ANY # | 11719 | CPT | | | | outpatient | | | 211 | 80.45 | Wellcare | Medicaid | 66.57 | 31.55 | | | 66.57 | 1782 | percent of total billed charges | |
| HC DEBRIDEMENT NAIL ANY METHOD 1-5 | 11720 | CPT | | | | outpatient | | | 211 | 80.45 | First Trenton | First Trenton | 189.9 | 90 | | | 66.57 | 1782 | percent of total billed charges | |
| HC DEBRIDEMENT NAIL ANY METHOD 1-5 | 11720 | CPT | | | | outpatient | | | 211 | 80.45 | Aetna | Better Health | 66.57 | 31.55 | | 55.13 | 66.57 | 1782 | percent of total billed charges | |
| HC DEBRIDEMENT NAIL ANY METHOD 1-5 | 11720 | CPT | | | | outpatient | | | 211 | 80.45 | Aetna | Commercial | 114.17 | | | | 66.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDEMENT NAIL ANY METHOD 1-5 | 11720 | CPT | | | | outpatient | | | 211 | 80.45 | Consumer | Consumer | 200.45 | 95 | | | 66.57 | 1782 | percent of total billed charges | |
| HC DEBRIDEMENT NAIL ANY METHOD 1-5 | 11720 | CPT | | | | outpatient | | | 211 | 80.45 | Americare | Americare | 158.25 | 75 | | | 66.57 | 1782 | percent of total billed charges | |
| HC DEBRIDEMENT NAIL ANY METHOD 1-5 | 11720 | CPT | | | | outpatient | | | 211 | 80.45 | Corrections | Corrections | 168.8 | 80 | | 66.57 | 66.57 | 1782 | percent of total billed charges | |
| HC DEBRIDEMENT NAIL ANY METHOD 1-5 | 11720 | CPT | | | | outpatient | | | 211 | 80.45 | Wellcare | Medicare | 69.96 | | | 37.65 | 66.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDEMENT NAIL ANY METHOD 1-5 | 11720 | CPT | | | | outpatient | | | 211 | 80.45 | Amerihealth | Medicare | 69.96 | | | | 66.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDEMENT NAIL ANY METHOD 1-5 | 11720 | CPT | | | | outpatient | | | 211 | 80.45 | Horizon | Medicare Blue | 69.96 | | | 26.5 | 66.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDEMENT NAIL ANY METHOD 1-5 | 11720 | CPT | | | | outpatient | | | 211 | 80.45 | Horizon | PPO | 135.37 | | | | 66.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDEMENT NAIL ANY METHOD 1-5 | 11720 | CPT | | | | outpatient | | | 211 | 80.45 | Aetna | Medicare | 69.96 | | | 32.57 | 66.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDEMENT NAIL ANY METHOD 1-5 | 11720 | CPT | | | | outpatient | | | 211 | 80.45 | Horizon | Indemnity | 135.37 | | | 37.69 | 66.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDEMENT NAIL ANY METHOD 1-5 | 11720 | CPT | | | | outpatient | | | 211 | 80.45 | Amerihealth | HMO/PPO | 125 | | | | 66.57 | 1782 | fee schedule | |
| HC DEBRIDEMENT NAIL ANY METHOD 1-5 | 11720 | CPT | | | | outpatient | | | 211 | 80.45 | First Health | First Health | 147.7 | 70 | | | 66.57 | 1782 | percent of total billed charges | |
| HC DEBRIDEMENT NAIL ANY METHOD 1-5 | 11720 | CPT | | | | outpatient | | | 211 | 80.45 | Horizon | MGD | 135.37 | | | 45.71 | 66.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDEMENT NAIL ANY METHOD 1-5 | 11720 | CPT | | | | outpatient | | | 211 | 80.45 | United | Oxford | 1782 | | | | 66.57 | 1782 | case rate | |
| HC DEBRIDEMENT NAIL ANY METHOD 1-5 | 11720 | CPT | | | | outpatient | | | 211 | 80.45 | Managed Care Inc | Managed Care Inc | 189.9 | 90 | | | 66.57 | 1782 | percent of total billed charges | |
| HC DEBRIDEMENT NAIL ANY METHOD 1-5 | 11720 | CPT | | | | outpatient | | | 211 | 80.45 | WellPoint | WellPoint | 67.9 | 32.18 | | 40.25 | 66.57 | 1782 | percent of total billed charges | |
| HC DEBRIDEMENT NAIL ANY METHOD 1-5 | 11720 | CPT | | | | outpatient | | | 211 | 80.45 | Multiplan | Multiplan | 168.8 | 80 | | | 66.57 | 1782 | percent of total billed charges | |
| HC DEBRIDEMENT NAIL ANY METHOD 1-5 | 11720 | CPT | | | | outpatient | | | 211 | 80.45 | United | Commercial/PPO | 1782 | | | | 66.57 | 1782 | case rate | |
| HC DEBRIDEMENT NAIL ANY METHOD 1-5 | 11720 | CPT | | | | outpatient | | | 211 | 80.45 | Qualcare | Qualcare | 158.25 | 75 | | | 66.57 | 1782 | percent of total billed charges | |
| HC DEBRIDEMENT NAIL ANY METHOD 1-5 | 11720 | CPT | | | | outpatient | | | 211 | 80.45 | Three Rivers | Three Rivers | 200.45 | 95 | | | 66.57 | 1782 | percent of total billed charges | |
| HC DEBRIDEMENT NAIL ANY METHOD 1-5 | 11720 | CPT | | | | outpatient | | | 211 | 80.45 | UHC | Medicare | 69.96 | | | 51.94 | 66.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDEMENT NAIL ANY METHOD 1-5 | 11720 | CPT | | | | outpatient | | | 211 | 80.45 | Wellcare | Medicaid | 66.57 | 31.55 | | 53.32 | 66.57 | 1782 | percent of total billed charges | |
| HC DEBRIDEMENT NAIL ANY METHOD 1-5 | 11720 | CPT | | | | outpatient | | | 211 | 80.45 | UHC | Medicaid | 66.57 | 31.55 | | 63.45 | 66.57 | 1782 | percent of total billed charges | |
| HC DBRDMT NAIL ANY METH >6 | 11721 | CPT | | | | both | | | 211 | 80.45 | Aetna | Better Health | 66.57 | 31.55 | | 72.2 | 66.57 | 1782 | percent of total billed charges | |
| HC DBRDMT NAIL ANY METH >6 | 11721 | CPT | | | | both | | | 211 | 80.45 | Horizon | Indemnity | 135.37 | | | 44.17 | 66.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DBRDMT NAIL ANY METH >6 | 11721 | CPT | | | | both | | | 211 | 80.45 | Aetna | Medicare | 69.96 | | | 28.44 | 66.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DBRDMT NAIL ANY METH >6 | 11721 | CPT | | | | both | | | 211 | 80.45 | Aetna | Commercial | 114.17 | | | 26.41 | 66.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DBRDMT NAIL ANY METH >6 | 11721 | CPT | | | | both | | | 211 | 80.45 | Corrections | Corrections | 168.8 | 80 | | 66.57 | 66.57 | 1782 | percent of total billed charges | |
| HC DBRDMT NAIL ANY METH >6 | 11721 | CPT | | | | both | | | 211 | 80.45 | Americare | Americare | 158.25 | 75 | | | 66.57 | 1782 | percent of total billed charges | |
| HC DBRDMT NAIL ANY METH >6 | 11721 | CPT | | | | both | | | 211 | 80.45 | First Trenton | First Trenton | 189.9 | 90 | | | 66.57 | 1782 | percent of total billed charges | |
| HC DBRDMT NAIL ANY METH >6 | 11721 | CPT | | | | both | | | 211 | 80.45 | Amerihealth | HMO/PPO | 125 | | | 26.58 | 66.57 | 1782 | fee schedule | |
| HC DBRDMT NAIL ANY METH >6 | 11721 | CPT | | | | both | | | 211 | 80.45 | First Health | First Health | 147.7 | 70 | | | 66.57 | 1782 | percent of total billed charges | |
| HC DBRDMT NAIL ANY METH >6 | 11721 | CPT | | | | both | | | 211 | 80.45 | Qualcare | Qualcare | 158.25 | 75 | | | 66.57 | 1782 | percent of total billed charges | |
| HC DBRDMT NAIL ANY METH >6 | 11721 | CPT | | | | both | | | 211 | 80.45 | United | Commercial/PPO | 1782 | | | | 66.57 | 1782 | case rate | |
| HC DBRDMT NAIL ANY METH >6 | 11721 | CPT | | | | both | | | 211 | 80.45 | Consumer | Consumer | 200.45 | 95 | | | 66.57 | 1782 | percent of total billed charges | |
| HC DBRDMT NAIL ANY METH >6 | 11721 | CPT | | | | both | | | 211 | 80.45 | Wellcare | Medicaid | 66.57 | 31.55 | | 55.11 | 66.57 | 1782 | percent of total billed charges | |
| HC DBRDMT NAIL ANY METH >6 | 11721 | CPT | | | | both | | | 211 | 80.45 | Horizon | PPO | 135.37 | | | 67.66 | 66.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DBRDMT NAIL ANY METH >6 | 11721 | CPT | | | | both | | | 211 | 80.45 | Managed Care Inc | Managed Care Inc | 189.9 | 90 | | | 66.57 | 1782 | percent of total billed charges | |
| HC DBRDMT NAIL ANY METH >6 | 11721 | CPT | | | | both | | | 211 | 80.45 | Amerihealth | Medicare | 69.96 | | | | 66.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DBRDMT NAIL ANY METH >6 | 11721 | CPT | | | | both | | | 211 | 80.45 | Wellcare | Medicare | 69.96 | | | 19.39 | 66.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DBRDMT NAIL ANY METH >6 | 11721 | CPT | | | | both | | | 211 | 80.45 | Multiplan | Multiplan | 168.8 | 80 | | | 66.57 | 1782 | percent of total billed charges | |
| HC DBRDMT NAIL ANY METH >6 | 11721 | CPT | | | | both | | | 211 | 80.45 | Horizon | Medicare Blue | 69.96 | | | 31.98 | 66.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DBRDMT NAIL ANY METH >6 | 11721 | CPT | | | | both | | | 211 | 80.45 | Three Rivers | Three Rivers | 200.45 | 95 | | | 66.57 | 1782 | percent of total billed charges | |
| HC DBRDMT NAIL ANY METH >6 | 11721 | CPT | | | | both | | | 211 | 80.45 | Horizon | MGD | 135.37 | | | 57.49 | 66.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DBRDMT NAIL ANY METH >6 | 11721 | CPT | | | | both | | | 211 | 80.45 | UHC | Medicare | 69.96 | | | 43.97 | 66.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DBRDMT NAIL ANY METH >6 | 11721 | CPT | | | | both | | | 211 | 80.45 | UHC | Medicaid | 66.57 | 31.55 | | 62.58 | 66.57 | 1782 | percent of total billed charges | |
| HC DBRDMT NAIL ANY METH >6 | 11721 | CPT | | | | both | | | 211 | 80.45 | United | Oxford | 1782 | | | | 66.57 | 1782 | case rate | |
| HC DBRDMT NAIL ANY METH >6 | 11721 | CPT | | | | both | | | 211 | 80.45 | WellPoint | WellPoint | 67.9 | 32.18 | | 40.05 | 66.57 | 1782 | percent of total billed charges | |
| HC REM NAIL PLATE SIMPLE SNG | 11730 | CPT | | | | outpatient | | | 708 | 263.3 | Consumer | Consumer | 672.6 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC REM NAIL PLATE SIMPLE SNG | 11730 | CPT | | | | outpatient | | | 708 | 263.3 | Americare | Americare | 531 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC REM NAIL PLATE SIMPLE SNG | 11730 | CPT | | | | outpatient | | | 708 | 263.3 | Amerihealth | Medicare | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM NAIL PLATE SIMPLE SNG | 11730 | CPT | | | | outpatient | | | 708 | 263.3 | Multiplan | Multiplan | 566.4 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC REM NAIL PLATE SIMPLE SNG | 11730 | CPT | | | | outpatient | | | 708 | 263.3 | Aetna | Better Health | 223.37 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC REM NAIL PLATE SIMPLE SNG | 11730 | CPT | | | | outpatient | | | 708 | 263.3 | Aetna | Medicare | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM NAIL PLATE SIMPLE SNG | 11730 | CPT | | | | outpatient | | | 708 | 263.3 | Aetna | Commercial | 373.66 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM NAIL PLATE SIMPLE SNG | 11730 | CPT | | | | outpatient | | | 708 | 263.3 | Corrections | Corrections | 566.4 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC REM NAIL PLATE SIMPLE SNG | 11730 | CPT | | | | outpatient | | | 708 | 263.3 | First Health | First Health | 495.6 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC REM NAIL PLATE SIMPLE SNG | 11730 | CPT | | | | outpatient | | | 708 | 263.3 | First Trenton | First Trenton | 637.2 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC REM NAIL PLATE SIMPLE SNG | 11730 | CPT | | | | outpatient | | | 708 | 263.3 | Horizon | Medicare Blue | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM NAIL PLATE SIMPLE SNG | 11730 | CPT | | | | outpatient | | | 708 | 263.3 | Qualcare | Qualcare | 531 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC REM NAIL PLATE SIMPLE SNG | 11730 | CPT | | | | outpatient | | | 708 | 263.3 | Horizon | MGD | 443.04 | | | 120.39 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM NAIL PLATE SIMPLE SNG | 11730 | CPT | | | | outpatient | | | 708 | 263.3 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC REM NAIL PLATE SIMPLE SNG | 11730 | CPT | | | | outpatient | | | 708 | 263.3 | UHC | Medicare | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM NAIL PLATE SIMPLE SNG | 11730 | CPT | | | | outpatient | | | 708 | 263.3 | Horizon | Indemnity | 443.04 | | | 163.07 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM NAIL PLATE SIMPLE SNG | 11730 | CPT | | | | outpatient | | | 708 | 263.3 | UHC | Medicaid | 223.37 | 31.55 | | 190.39 | 125 | 1782 | percent of total billed charges | |
| HC REM NAIL PLATE SIMPLE SNG | 11730 | CPT | | | | outpatient | | | 708 | 263.3 | Managed Care Inc | Managed Care Inc | 637.2 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC REM NAIL PLATE SIMPLE SNG | 11730 | CPT | | | | outpatient | | | 708 | 263.3 | Wellcare | Medicare | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM NAIL PLATE SIMPLE SNG | 11730 | CPT | | | | outpatient | | | 708 | 263.3 | Wellcare | Medicaid | 223.37 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC REM NAIL PLATE SIMPLE SNG | 11730 | CPT | | | | outpatient | | | 708 | 263.3 | Horizon | PPO | 443.04 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM NAIL PLATE SIMPLE SNG | 11730 | CPT | | | | outpatient | | | 708 | 263.3 | Three Rivers | Three Rivers | 672.6 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC REM NAIL PLATE SIMPLE SNG | 11730 | CPT | | | | outpatient | | | 708 | 263.3 | United | Commercial/PPO | 1782 | | | | 125 | 1782 | case rate | |
| HC REM NAIL PLATE SIMPLE SNG | 11730 | CPT | | | | outpatient | | | 708 | 263.3 | WellPoint | WellPoint | 227.83 | 32.18 | | 200.69 | 125 | 1782 | percent of total billed charges | |
| HC REM NAIL PLATE SIMPLE SNG | 11730 | CPT | | | | outpatient | | | 708 | 263.3 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC NAIL AVULSION EA ADD'L | 11732 | CPT | | | | outpatient | | | 119 | | Americare | Americare | 89.25 | 75 | | | 35.7 | 1782 | percent of total billed charges | |
| HC NAIL AVULSION EA ADD'L | 11732 | CPT | | | | outpatient | | | 119 | | Aetna | Better Health | 37.54 | 31.55 | | | 35.7 | 1782 | percent of total billed charges | |
| HC NAIL AVULSION EA ADD'L | 11732 | CPT | | | | outpatient | | | 119 | | Corrections | Corrections | 95.2 | 80 | | | 35.7 | 1782 | percent of total billed charges | |
| HC NAIL AVULSION EA ADD'L | 11732 | CPT | | | | outpatient | | | 119 | | Aetna | Medicare | 36.65 | 30.8 | | | 35.7 | 1782 | percent of total billed charges | |
| HC NAIL AVULSION EA ADD'L | 11732 | CPT | | | | outpatient | | | 119 | | First Trenton | First Trenton | 107.1 | 90 | | | 35.7 | 1782 | percent of total billed charges | |
| HC NAIL AVULSION EA ADD'L | 11732 | CPT | | | | outpatient | | | 119 | | Consumer | Consumer | 113.05 | 95 | | | 35.7 | 1782 | percent of total billed charges | |
| HC NAIL AVULSION EA ADD'L | 11732 | CPT | | | | outpatient | | | 119 | | Horizon | Indemnity | 45.55 | 38.28 | | | 35.7 | 1782 | percent of total billed charges | |
| HC NAIL AVULSION EA ADD'L | 11732 | CPT | | | | outpatient | | | 119 | | First Health | First Health | 83.3 | 70 | | | 35.7 | 1782 | percent of total billed charges | |
| HC NAIL AVULSION EA ADD'L | 11732 | CPT | | | | outpatient | | | 119 | | Amerihealth | HMO/PPO | 125 | | | | 35.7 | 1782 | fee schedule | |
| HC NAIL AVULSION EA ADD'L | 11732 | CPT | | | | outpatient | | | 119 | | Horizon | Medicare Blue | 35.7 | 30 | | | 35.7 | 1782 | percent of total billed charges | |
| HC NAIL AVULSION EA ADD'L | 11732 | CPT | | | | outpatient | | | 119 | | Multiplan | Multiplan | 95.2 | 80 | | | 35.7 | 1782 | percent of total billed charges | |
| HC NAIL AVULSION EA ADD'L | 11732 | CPT | | | | outpatient | | | 119 | | Horizon | MGD | 45.55 | 38.28 | | | 35.7 | 1782 | percent of total billed charges | |
| HC NAIL AVULSION EA ADD'L | 11732 | CPT | | | | outpatient | | | 119 | | Horizon | PPO | 45.55 | 38.28 | | | 35.7 | 1782 | percent of total billed charges | |
| HC NAIL AVULSION EA ADD'L | 11732 | CPT | | | | outpatient | | | 119 | | United | Oxford | 1782 | | | | 35.7 | 1782 | case rate | |
| HC NAIL AVULSION EA ADD'L | 11732 | CPT | | | | outpatient | | | 119 | | Qualcare | Qualcare | 89.25 | 75 | | | 35.7 | 1782 | percent of total billed charges | |
| HC NAIL AVULSION EA ADD'L | 11732 | CPT | | | | outpatient | | | 119 | | UHC | Medicaid | 37.54 | 31.55 | | | 35.7 | 1782 | percent of total billed charges | |
| HC NAIL AVULSION EA ADD'L | 11732 | CPT | | | | outpatient | | | 119 | | Managed Care Inc | Managed Care Inc | 107.1 | 90 | | | 35.7 | 1782 | percent of total billed charges | |
| HC NAIL AVULSION EA ADD'L | 11732 | CPT | | | | outpatient | | | 119 | | Wellcare | Medicaid | 37.54 | 31.55 | | | 35.7 | 1782 | percent of total billed charges | |
| HC NAIL AVULSION EA ADD'L | 11732 | CPT | | | | outpatient | | | 119 | | Three Rivers | Three Rivers | 113.05 | 95 | | | 35.7 | 1782 | percent of total billed charges | |
| HC NAIL AVULSION EA ADD'L | 11732 | CPT | | | | outpatient | | | 119 | | United | Commercial/PPO | 1782 | | | | 35.7 | 1782 | case rate | |
| HC NAIL AVULSION EA ADD'L | 11732 | CPT | | | | outpatient | | | 119 | | WellPoint | WellPoint | 38.29 | 32.18 | | | 35.7 | 1782 | percent of total billed charges | |
| HC EVAC SUBUNGUAL HEMATOMA | 11740 | CPT | | | | outpatient | | | 424 | 168 | Amerihealth | Medicare | 146.09 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EVAC SUBUNGUAL HEMATOMA | 11740 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Better Health | 133.77 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC EVAC SUBUNGUAL HEMATOMA | 11740 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Commercial | 238.42 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EVAC SUBUNGUAL HEMATOMA | 11740 | CPT | | | | outpatient | | | 424 | 168 | Consumer | Consumer | 402.8 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC EVAC SUBUNGUAL HEMATOMA | 11740 | CPT | | | | outpatient | | | 424 | 168 | Three Rivers | Three Rivers | 402.8 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC EVAC SUBUNGUAL HEMATOMA | 11740 | CPT | | | | outpatient | | | 424 | 168 | First Health | First Health | 296.8 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC EVAC SUBUNGUAL HEMATOMA | 11740 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Medicare | 146.09 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EVAC SUBUNGUAL HEMATOMA | 11740 | CPT | | | | outpatient | | | 424 | 168 | Corrections | Corrections | 339.2 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC EVAC SUBUNGUAL HEMATOMA | 11740 | CPT | | | | outpatient | | | 424 | 168 | First Trenton | First Trenton | 381.6 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC EVAC SUBUNGUAL HEMATOMA | 11740 | CPT | | | | outpatient | | | 424 | 168 | Multiplan | Multiplan | 339.2 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC EVAC SUBUNGUAL HEMATOMA | 11740 | CPT | | | | outpatient | | | 424 | 168 | Americare | Americare | 318 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC EVAC SUBUNGUAL HEMATOMA | 11740 | CPT | | | | outpatient | | | 424 | 168 | Horizon | PPO | 282.68 | | | 67.45 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EVAC SUBUNGUAL HEMATOMA | 11740 | CPT | | | | outpatient | | | 424 | 168 | UHC | Medicaid | 133.77 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC EVAC SUBUNGUAL HEMATOMA | 11740 | CPT | | | | outpatient | | | 424 | 168 | Qualcare | Qualcare | 318 | 75 | | | 125 | 1782 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC EVAC SUBUNGUAL HEMATOMA | 11740 | CPT | | | | outpatient | | | 424 | 168 | Amerihealth | HMO/PPO | 125 | | | | 125 | | 1782 fee schedule | |
| HC EVAC SUBUNGUAL HEMATOMA | 11740 | CPT | | | | outpatient | | | 424 | 168 | WellPoint | WellPoint | 136.44 | 32.18 | | | 125 | | 1782 percent of total billed charges | |
| HC EVAC SUBUNGUAL HEMATOMA | 11740 | CPT | | | | outpatient | | | 424 | 168 | Horizon | Indemnity | 282.68 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EVAC SUBUNGUAL HEMATOMA | 11740 | CPT | | | | outpatient | | | 424 | 168 | Wellcare | Medicaid | 133.77 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC EVAC SUBUNGUAL HEMATOMA | 11740 | CPT | | | | outpatient | | | 424 | 168 | Horizon | MGD | 282.68 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EVAC SUBUNGUAL HEMATOMA | 11740 | CPT | | | | outpatient | | | 424 | 168 | Wellcare | Medicare | 146.09 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EVAC SUBUNGUAL HEMATOMA | 11740 | CPT | | | | outpatient | | | 424 | 168 | United | CommercialPPO | 1782 | | | | 125 | | 1782 case rate | |
| HC EVAC SUBUNGUAL HEMATOMA | 11740 | CPT | | | | outpatient | | | 424 | 168 | UHC | Medicare | 146.09 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EVAC SUBUNGUAL HEMATOMA | 11740 | CPT | | | | outpatient | | | 424 | 168 | Horizon | Medicare Blue | 146.09 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EVAC SUBUNGUAL HEMATOMA | 11740 | CPT | | | | outpatient | | | 424 | 168 | United | Oxford | 1782 | | | | 125 | | 1782 case rate | |
| HC EVAC SUBUNGUAL HEMATOMA | 11740 | CPT | | | | outpatient | | | 424 | 168 | Managed Care Inc | Managed Care Inc | 381.6 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC REMOVAL OF NAIL BED | 11750 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Medicare | 456.03 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL OF NAIL BED | 11750 | CPT | | | | outpatient | | | 1360 | 524.43 | UHC | Medicare | 456.03 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL OF NAIL BED | 11750 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Better Health | 429.08 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC REMOVAL OF NAIL BED | 11750 | CPT | | | | outpatient | | | 1360 | 524.43 | Amerihealth | HMO/PPO | 125 | | | | 125 | | 1782 fee schedule | |
| HC REMOVAL OF NAIL BED | 11750 | CPT | | | | outpatient | | | 1360 | 524.43 | Americare | Americare | 1020 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC REMOVAL OF NAIL BED | 11750 | CPT | | | | outpatient | | | 1360 | 524.43 | First Trenton | First Trenton | 1224 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC REMOVAL OF NAIL BED | 11750 | CPT | | | | outpatient | | | 1360 | 524.43 | Consumer | Consumer | 1292 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC REMOVAL OF NAIL BED | 11750 | CPT | | | | outpatient | | | 1360 | 524.43 | Amerihealth | Medicare | 456.03 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL OF NAIL BED | 11750 | CPT | | | | outpatient | | | 1360 | 524.43 | Multiplan | Multiplan | 1088 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC REMOVAL OF NAIL BED | 11750 | CPT | | | | outpatient | | | 1360 | 524.43 | WellPoint | WellPoint | 437.65 | 32.18 | | | 125 | | 1782 percent of total billed charges | |
| HC REMOVAL OF NAIL BED | 11750 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Commercial | 516.8 | 38 | | | 125 | | 1782 percent of total billed charges | |
| HC REMOVAL OF NAIL BED | 11750 | CPT | | | | outpatient | | | 1360 | 524.43 | First Health | First Health | 952 | 70 | | | 125 | | 1782 percent of total billed charges | |
| HC REMOVAL OF NAIL BED | 11750 | CPT | | | | outpatient | | | 1360 | 524.43 | Corrections | Corrections | 1088 | 80 | | 415.27 | 125 | | 1782 percent of total billed charges | |
| HC REMOVAL OF NAIL BED | 11750 | CPT | | | | outpatient | | | 1360 | 524.43 | Managed Care Inc | Managed Care Inc | 1224 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC REMOVAL OF NAIL BED | 11750 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | Medicare Blue | 456.03 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL OF NAIL BED | 11750 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | Indemnity | 882.42 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL OF NAIL BED | 11750 | CPT | | | | outpatient | | | 1360 | 524.43 | Qualcare | Qualcare | 1020 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC REMOVAL OF NAIL BED | 11750 | CPT | | | | outpatient | | | 1360 | 524.43 | UHC | Medicaid | 429.08 | 31.55 | | 429.08 | 125 | | 1782 percent of total billed charges | |
| HC REMOVAL OF NAIL BED | 11750 | CPT | | | | outpatient | | | 1360 | 524.43 | Wellcare | Medicare | 456.03 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL OF NAIL BED | 11750 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | PPO | 882.42 | | | 685.06 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL OF NAIL BED | 11750 | CPT | | | | outpatient | | | 1360 | 524.43 | Three Rivers | Three Rivers | 1292 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC REMOVAL OF NAIL BED | 11750 | CPT | | | | outpatient | | | 1360 | 524.43 | United | CommercialPPO | 1782 | | | | 125 | | 1782 case rate | |
| HC REMOVAL OF NAIL BED | 11750 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | MGD | 882.42 | | | 763.7 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL OF NAIL BED | 11750 | CPT | | | | outpatient | | | 1360 | 524.43 | Wellcare | Medicaid | 429.08 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC REMOVAL OF NAIL BED | 11750 | CPT | | | | outpatient | | | 1360 | 524.43 | United | Oxford | 1782 | | | | 125 | | 1782 case rate | |
| HC BX NAIL | 11755 | CPT | | | | outpatient | | | 2365 | 925.36 | Aetna | Medicare | 804.66 | | | | 125 | | 2246.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX NAIL | 11755 | CPT | | | | outpatient | | | 2365 | 925.36 | UHC | Medicare | 804.66 | | | | 125 | | 2246.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX NAIL | 11755 | CPT | | | | outpatient | | | 2365 | 925.36 | Horizon | Indemnity | 1557.02 | | | | 125 | | 2246.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX NAIL | 11755 | CPT | | | | outpatient | | | 2365 | 925.36 | Consumer | Consumer | 2246.75 | 95 | | | 125 | | 2246.75 percent of total billed charges | |
| HC BX NAIL | 11755 | CPT | | | | outpatient | | | 2365 | 925.36 | Americare | Americare | 1773.75 | 75 | | | 125 | | 2246.75 percent of total billed charges | |
| HC BX NAIL | 11755 | CPT | | | | outpatient | | | 2365 | 925.36 | Aetna | Commercial | 1313.21 | | | | 125 | | 2246.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX NAIL | 11755 | CPT | | | | outpatient | | | 2365 | 925.36 | Horizon | Medicare Blue | 804.66 | | | | 125 | | 2246.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX NAIL | 11755 | CPT | | | | outpatient | | | 2365 | 925.36 | Aetna | Better Health | 746.16 | 31.55 | | | 125 | | 2246.75 percent of total billed charges | |
| HC BX NAIL | 11755 | CPT | | | | outpatient | | | 2365 | 925.36 | First Trenton | First Trenton | 2128.5 | 90 | | | 125 | | 2246.75 percent of total billed charges | |
| HC BX NAIL | 11755 | CPT | | | | outpatient | | | 2365 | 925.36 | Amerihealth | Medicare | 804.66 | | | | 125 | | 2246.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX NAIL | 11755 | CPT | | | | outpatient | | | 2365 | 925.36 | Horizon | PPO | 1557.02 | | | | 125 | | 2246.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX NAIL | 11755 | CPT | | | | outpatient | | | 2365 | 925.36 | Corrections | Corrections | 1892 | 80 | | | 125 | | 2246.75 percent of total billed charges | |
| HC BX NAIL | 11755 | CPT | | | | outpatient | | | 2365 | 925.36 | Amerihealth | HMO/PPO | 125 | | | | 125 | | 2246.75 fee schedule | |
| HC BX NAIL | 11755 | CPT | | | | outpatient | | | 2365 | 925.36 | Multiplan | Multiplan | 1892 | 80 | | | 125 | | 2246.75 percent of total billed charges | |
| HC BX NAIL | 11755 | CPT | | | | outpatient | | | 2365 | 925.36 | United | CommercialPPO | 1817 | | | | 125 | | 2246.75 case rate | |
| HC BX NAIL | 11755 | CPT | | | | outpatient | | | 2365 | 925.36 | First Health | First Health | 1655.5 | 70 | | | 125 | | 2246.75 percent of total billed charges | |
| HC BX NAIL | 11755 | CPT | | | | outpatient | | | 2365 | 925.36 | Managed Care Inc | Managed Care Inc | 2128.5 | 90 | | | 125 | | 2246.75 percent of total billed charges | |
| HC BX NAIL | 11755 | CPT | | | | outpatient | | | 2365 | 925.36 | Qualcare | Qualcare | 1773.75 | 75 | | | 125 | | 2246.75 percent of total billed charges | |
| HC BX NAIL | 11755 | CPT | | | | outpatient | | | 2365 | 925.36 | Horizon | MGD | 1557.02 | | | | 125 | | 2246.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX NAIL | 11755 | CPT | | | | outpatient | | | 2365 | 925.36 | UHC | Medicaid | 746.16 | 31.55 | | | 125 | | 2246.75 percent of total billed charges | |
| HC BX NAIL | 11755 | CPT | | | | outpatient | | | 2365 | 925.36 | Three Rivers | Three Rivers | 2246.75 | 95 | | | 125 | | 2246.75 percent of total billed charges | |
| HC BX NAIL | 11755 | CPT | | | | outpatient | | | 2365 | 925.36 | United | Oxford | 1817 | | | | 125 | | 2246.75 case rate | |
| HC BX NAIL | 11755 | CPT | | | | outpatient | | | 2365 | 925.36 | Wellcare | Medicaid | 746.16 | 31.55 | | | 125 | | 2246.75 percent of total billed charges | |
| HC BX NAIL | 11755 | CPT | | | | outpatient | | | 2365 | 925.36 | WellPoint | WellPoint | 761.06 | 32.18 | | | 125 | | 2246.75 percent of total billed charges | |
| HC BX NAIL | 11755 | CPT | | | | outpatient | | | 2365 | 925.36 | Wellcare | Medicare | 804.66 | | | | 125 | | 2246.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RECONSTRUCTION OF NAIL BED | 11760 | CPT | | | | outpatient | | | 2222 | 826.02 | First Health | First Health | 1555.4 | 70 | | | 125 | | 2110.9 percent of total billed charges | |
| HC RECONSTRUCTION OF NAIL BED | 11760 | CPT | | | | outpatient | | | 2222 | 826.02 | Amerihealth | Medicare | 718.28 | | | | 125 | | 2110.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RECONSTRUCTION OF NAIL BED | 11760 | CPT | | | | outpatient | | | 2222 | 826.02 | Aetna | Better Health | 701.04 | 31.55 | | | 125 | | 2110.9 percent of total billed charges | |
| HC RECONSTRUCTION OF NAIL BED | 11760 | CPT | | | | outpatient | | | 2222 | 826.02 | Aetna | Medicare | 718.28 | | | | 125 | | 2110.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RECONSTRUCTION OF NAIL BED | 11760 | CPT | | | | outpatient | | | 2222 | 826.02 | Horizon | PPO | 1389.87 | | | | 125 | | 2110.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RECONSTRUCTION OF NAIL BED | 11760 | CPT | | | | outpatient | | | 2222 | 826.02 | Aetna | Commercial | 1172.23 | | | | 125 | | 2110.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RECONSTRUCTION OF NAIL BED | 11760 | CPT | | | | outpatient | | | 2222 | 826.02 | UHC | Medicare | 718.28 | | | | 125 | | 2110.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RECONSTRUCTION OF NAIL BED | 11760 | CPT | | | | outpatient | | | 2222 | 826.02 | Multiplan | Multiplan | 1777.6 | 80 | | | 125 | | 2110.9 percent of total billed charges | |
| HC RECONSTRUCTION OF NAIL BED | 11760 | CPT | | | | outpatient | | | 2222 | 826.02 | UHC | Medicaid | 701.04 | 31.55 | | 671.28 | 125 | | 2110.9 percent of total billed charges | |
| HC RECONSTRUCTION OF NAIL BED | 11760 | CPT | | | | outpatient | | | 2222 | 826.02 | Consumer | Consumer | 2110.9 | 95 | | | 125 | | 2110.9 percent of total billed charges | |
| HC RECONSTRUCTION OF NAIL BED | 11760 | CPT | | | | outpatient | | | 2222 | 826.02 | Wellcare | Medicare | 718.28 | | | | 125 | | 2110.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RECONSTRUCTION OF NAIL BED | 11760 | CPT | | | | outpatient | | | 2222 | 826.02 | Horizon | Medicare Blue | 718.28 | | | | 125 | | 2110.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RECONSTRUCTION OF NAIL BED | 11760 | CPT | | | | outpatient | | | 2222 | 826.02 | United | Oxford | 1782 | | | | 125 | | 2110.9 case rate | |
| HC RECONSTRUCTION OF NAIL BED | 11760 | CPT | | | | outpatient | | | 2222 | 826.02 | Americare | Americare | 1666.5 | 75 | | | 125 | | 2110.9 percent of total billed charges | |
| HC RECONSTRUCTION OF NAIL BED | 11760 | CPT | | | | outpatient | | | 2222 | 826.02 | United | CommercialPPO | 1782 | | | | 125 | | 2110.9 case rate | |
| HC RECONSTRUCTION OF NAIL BED | 11760 | CPT | | | | outpatient | | | 2222 | 826.02 | Wellcare | Medicaid | 701.04 | 31.55 | | | 125 | | 2110.9 percent of total billed charges | |
| HC RECONSTRUCTION OF NAIL BED | 11760 | CPT | | | | outpatient | | | 2222 | 826.02 | WellPoint | WellPoint | 715.04 | 32.18 | | | 125 | | 2110.9 percent of total billed charges | |
| HC RECONSTRUCTION OF NAIL BED | 11760 | CPT | | | | outpatient | | | 2222 | 826.02 | Corrections | Corrections | 1777.6 | 80 | | | 125 | | 2110.9 percent of total billed charges | |
| HC RECONSTRUCTION OF NAIL BED | 11760 | CPT | | | | outpatient | | | 2222 | 826.02 | Qualcare | Qualcare | 1666.5 | 75 | | | 125 | | 2110.9 percent of total billed charges | |
| HC RECONSTRUCTION OF NAIL BED | 11760 | CPT | | | | outpatient | | | 2222 | 826.02 | Amerihealth | HMO/PPO | 125 | | | 292.32 | 125 | | 2110.9 fee schedule | |
| HC RECONSTRUCTION OF NAIL BED | 11760 | CPT | | | | outpatient | | | 2222 | 826.02 | First Trenton | First Trenton | 1999.8 | 90 | | | 125 | | 2110.9 percent of total billed charges | |
| HC RECONSTRUCTION OF NAIL BED | 11760 | CPT | | | | outpatient | | | 2222 | 826.02 | Horizon | MGD | 1389.87 | | | 839.4 | 125 | | 2110.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RECONSTRUCTION OF NAIL BED | 11760 | CPT | | | | outpatient | | | 2222 | 826.02 | Horizon | Indemnity | 1389.87 | | | | 125 | | 2110.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RECONSTRUCTION OF NAIL BED | 11760 | CPT | | | | outpatient | | | 2222 | 826.02 | Three Rivers | Three Rivers | 2110.9 | 95 | | | 125 | | 2110.9 percent of total billed charges | |
| HC RECONSTRUCTION OF NAIL BED | 11760 | CPT | | | | outpatient | | | 2222 | 826.02 | Managed Care Inc | Managed Care Inc | 1999.8 | 90 | | | 125 | | 2110.9 percent of total billed charges | |
| HC RECONSTRUCT NAIL BED W GRAFT | 11762 | CPT | | | | outpatient | | | 6446 | 2398.47 | Amerihealth | Medicare | 2085.63 | | | | 300 | | 6123.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RECONSTRUCT NAIL BED W GRAFT | 11762 | CPT | | | | outpatient | | | 6446 | 2398.47 | Corrections | Corrections | 5156.8 | 80 | | | 300 | | 6123.7 percent of total billed charges | |
| HC RECONSTRUCT NAIL BED W GRAFT | 11762 | CPT | | | | outpatient | | | 6446 | 2398.47 | Americare | Americare | 4834.5 | 75 | | | 300 | | 6123.7 percent of total billed charges | |
| HC RECONSTRUCT NAIL BED W GRAFT | 11762 | CPT | | | | outpatient | | | 6446 | 2398.47 | Amerihealth | HMO/PPO | 300 | | | | 300 | | 6123.7 fee schedule | |
| HC RECONSTRUCT NAIL BED W GRAFT | 11762 | CPT | | | | outpatient | | | 6446 | 2398.47 | UHC | Medicare | 2085.63 | | | | 300 | | 6123.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RECONSTRUCT NAIL BED W GRAFT | 11762 | CPT | | | | outpatient | | | 6446 | 2398.47 | Aetna | Better Health | 2033.71 | 31.55 | | | 300 | | 6123.7 percent of total billed charges | |
| HC RECONSTRUCT NAIL BED W GRAFT | 11762 | CPT | | | | outpatient | | | 6446 | 2398.47 | Aetna | Commercial | 3403.75 | | | | 300 | | 6123.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RECONSTRUCT NAIL BED W GRAFT | 11762 | CPT | | | | outpatient | | | 6446 | 2398.47 | First Health | First Health | 4512.2 | 70 | | | 300 | | 6123.7 percent of total billed charges | |
| HC RECONSTRUCT NAIL BED W GRAFT | 11762 | CPT | | | | outpatient | | | 6446 | 2398.47 | First Trenton | First Trenton | 5801.4 | 90 | | | 300 | | 6123.7 percent of total billed charges | |
| HC RECONSTRUCT NAIL BED W GRAFT | 11762 | CPT | | | | outpatient | | | 6446 | 2398.47 | Horizon | Indemnity | 4035.69 | | | | 300 | | 6123.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RECONSTRUCT NAIL BED W GRAFT | 11762 | CPT | | | | outpatient | | | 6446 | 2398.47 | Consumer | Consumer | 6123.7 | 95 | | | 300 | | 6123.7 percent of total billed charges | |
| HC RECONSTRUCT NAIL BED W GRAFT | 11762 | CPT | | | | outpatient | | | 6446 | 2398.47 | UHC | Medicaid | 2033.71 | 31.55 | | | 300 | | 6123.7 percent of total billed charges | |
| HC RECONSTRUCT NAIL BED W GRAFT | 11762 | CPT | | | | outpatient | | | 6446 | 2398.47 | Managed Care Inc | Managed Care Inc | 5801.4 | 90 | | | 300 | | 6123.7 percent of total billed charges | |
| HC RECONSTRUCT NAIL BED W GRAFT | 11762 | CPT | | | | outpatient | | | 6446 | 2398.47 | Horizon | Medicare Blue | 2085.63 | | | | 300 | | 6123.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RECONSTRUCT NAIL BED W GRAFT | 11762 | CPT | | | | outpatient | | | 6446 | 2398.47 | Aetna | Medicare | 2085.63 | | | | 300 | | 6123.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RECONSTRUCT NAIL BED W GRAFT | 11762 | CPT | | | | outpatient | | | 6446 | 2398.47 | Wellcare | Medicare | 2085.63 | | | | 300 | | 6123.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RECONSTRUCT NAIL BED W GRAFT | 11762 | CPT | | | | outpatient | | | 6446 | 2398.47 | Three Rivers | Three Rivers | 6123.7 | 95 | | | 300 | | 6123.7 percent of total billed charges | |
| HC RECONSTRUCT NAIL BED W GRAFT | 11762 | CPT | | | | outpatient | | | 6446 | 2398.47 | Horizon | PPO | 4035.69 | | | | 300 | | 6123.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RECONSTRUCT NAIL BED W GRAFT | 11762 | CPT | | | | outpatient | | | 6446 | 2398.47 | Horizon | MGD | 4035.69 | | | | 300 | | 6123.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RECONSTRUCT NAIL BED W GRAFT | 11762 | CPT | | | | outpatient | | | 6446 | 2398.47 | United | CommercialPPO | 2493 | | | | 300 | | 6123.7 case rate | |
| HC RECONSTRUCT NAIL BED W GRAFT | 11762 | CPT | | | | outpatient | | | 6446 | 2398.47 | Multiplan | Multiplan | 5156.8 | 80 | | | 300 | | 6123.7 percent of total billed charges | |
| HC RECONSTRUCT NAIL BED W GRAFT | 11762 | CPT | | | | outpatient | | | 6446 | 2398.47 | WellPoint | WellPoint | 2074.32 | 32.18 | | | 300 | | 6123.7 percent of total billed charges | |
| HC RECONSTRUCT NAIL BED W GRAFT | 11762 | CPT | | | | outpatient | | | 6446 | 2398.47 | Qualcare | Qualcare | 4834.5 | 75 | | | 300 | | 6123.7 percent of total billed charges | |
| HC RECONSTRUCT NAIL BED W GRAFT | 11762 | CPT | | | | outpatient | | | 6446 | 2398.47 | United | Oxford | 2493 | | | | 300 | | 6123.7 case rate | |
| HC RECONSTRUCT NAIL BED W GRAFT | 11762 | CPT | | | | outpatient | | | 6446 | 2398.47 | Wellcare | Medicaid | 2033.71 | 31.55 | | | 300 | | 6123.7 percent of total billed charges | |
| HC WEDGE EXCISION SKIN NAIL FOLD (EG, FOR INGROWN TOENAIL) | 11765 | CPT | | | | outpatient | | | 1365.43 | 524.43 | First Health | First Health | 955.8 | 70 | | | 125 | | 1782 percent of total billed charges | |
| HC WEDGE EXCISION SKIN NAIL FOLD (EG, FOR INGROWN TOENAIL) | 11765 | CPT | | | | outpatient | | | 1365.43 | 524.43 | Americare | Americare | 1024.07 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC WEDGE EXCISION SKIN NAIL FOLD (EG, FOR INGROWN TOENAIL) | 11765 | CPT | | | | outpatient | | | 1365.43 | 524.43 | Horizon | MGD | 882.42 | | | 204.15 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WEDGE EXCISION SKIN NAIL FOLD (EG, FOR INGROWN TOENAIL) | 11765 | CPT | | | | outpatient | | | 1365.43 | 524.43 | Consumer | Consumer | 1297.16 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC WEDGE EXCISION SKIN NAIL FOLD (EG, FOR INGROWN TOENAIL) | 11765 | CPT | | | | outpatient | | | 1365.43 | 524.43 | Multiplan | Multiplan | 1092.34 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC WEDGE EXCISION SKIN NAIL FOLD (EG, FOR INGROWN TOENAIL) | 11765 | CPT | | | | outpatient | | | 1365.43 | 524.43 | Aetna | Commercial | 744.24 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WEDGE EXCISION SKIN NAIL FOLD (EG, FOR INGROWN TOENAIL) | 11765 | CPT | | | | outpatient | | | 1365.43 | 524.43 | Amerihealth | Medicare | 456.03 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WEDGE EXCISION SKIN NAIL FOLD (EG, FOR INGROWN TOENAIL) | 11765 | CPT | | | | outpatient | | | 1365.43 | 524.43 | Aetna | Better Health | 430.79 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC WEDGE EXCISION SKIN NAIL FOLD (EG, FOR INGROWN TOENAIL) | 11765 | CPT | | | | outpatient | | | 1365.43 | 524.43 | Horizon | Indemnity | 882.42 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WEDGE EXCISION SKIN NAIL FOLD (EG, FOR INGROWN TOENAIL) | 11765 | CPT | | | | outpatient | | | 1365.43 | 524.43 | Amerihealth | HMO/PPO | 125 | | | | 125 | | 1782 fee schedule | |
| HC WEDGE EXCISION SKIN NAIL FOLD (EG, FOR INGROWN TOENAIL) | 11765 | CPT | | | | outpatient | | | 1365.43 | 524.43 | Managed Care Inc | Managed Care Inc | 1228.89 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC WEDGE EXCISION SKIN NAIL FOLD (EG, FOR INGROWN TOENAIL) | 11765 | CPT | | | | outpatient | | | 1365.43 | 524.43 | Corrections | Corrections | 1092.34 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC WEDGE EXCISION SKIN NAIL FOLD (EG, FOR INGROWN TOENAIL) | 11765 | CPT | | | | outpatient | | | 1365.43 | 524.43 | Qualcare | Qualcare | 1024.07 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC WEDGE EXCISION SKIN NAIL FOLD (EG, FOR INGROWN TOENAIL) | 11765 | CPT | | | | outpatient | | | 1365.43 | 524.43 | Aetna | Medicare | 456.03 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WEDGE EXCISION SKIN NAIL FOLD (EG, FOR INGROWN TOENAIL) | 11765 | CPT | | | | outpatient | | | 1365.43 | 524.43 | First Trenton | First Trenton | 1228.89 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC WEDGE EXCISION SKIN NAIL FOLD (EG, FOR INGROWN TOENAIL) | 11765 | CPT | | | | outpatient | | | 1365.43 | 524.43 | Horizon | PPO | 882.42 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WEDGE EXCISION SKIN NAIL FOLD (EG, FOR INGROWN TOENAIL) | 11765 | CPT | | | | outpatient | | | 1365.43 | 524.43 | Three Rivers | Three Rivers | 1297.16 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC WEDGE EXCISION SKIN NAIL FOLD (EG, FOR INGROWN TOENAIL) | 11765 | CPT | | | | outpatient | | | 1365.43 | 524.43 | Horizon | Medicare Blue | 456.03 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WEDGE EXCISION SKIN NAIL FOLD (EG, FOR INGROWN TOENAIL) | 11765 | CPT | | | | outpatient | | | 1365.43 | 524.43 | UHC | Medicare | 456.03 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WEDGE EXCISION SKIN NAIL FOLD (EG, FOR INGROWN TOENAIL) | 11765 | CPT | | | | outpatient | | | 1365.43 | 524.43 | UHC | Medicaid | 430.79 | 31.55 | | 429.08 | 125 | | 1782 percent of total billed charges | |
| HC WEDGE EXCISION SKIN NAIL FOLD (EG, FOR INGROWN TOENAIL) | 11765 | CPT | | | | outpatient | | | 1365.43 | 524.43 | United | CommercialPPO | 1782 | | | | 125 | | 1782 case rate | |
| HC WEDGE EXCISION SKIN NAIL FOLD (EG, FOR INGROWN TOENAIL) | 11765 | CPT | | | | outpatient | | | 1365.43 | 524.43 | United | Oxford | 1782 | | | | 125 | | 1782 case rate | |
| HC WEDGE EXCISION SKIN NAIL FOLD (EG, FOR INGROWN TOENAIL) | 11765 | CPT | | | | outpatient | | | 1365.43 | 524.43 | Wellcare | Medicaid | 430.79 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC WEDGE EXCISION SKIN NAIL FOLD (EG, FOR INGROWN TOENAIL) | 11765 | CPT | | | | outpatient | | | 1365.43 | 524.43 | Wellcare | Medicare | 456.03 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WEDGE EXCISION SKIN NAIL FOLD (EG, FOR INGROWN TOENAIL) | 11765 | CPT | | | | outpatient | | | 1365.43 | 524.43 | WellPoint | WellPoint | 439.4 | 32.18 | | 437.66 | 125 | | 1782 percent of total billed charges | |
| HC INJ INTRALESIONAL =<7 LES | 11900 | CPT | | | | outpatient | | | 659 | 263.3 | Aetna | Better Health | 207.91 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC INJ INTRALESIONAL =<7 LES | 11900 | CPT | | | | outpatient | | | 659 | 263.3 | Aetna | Commercial | 373.66 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ INTRALESIONAL =<7 LES | 11900 | CPT | | | | outpatient | | | 659 | 263.3 | Consumer | Consumer | 626.05 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC INJ INTRALESIONAL =<7 LES | 11900 | CPT | | | | outpatient | | | 659 | 263.3 | Three Rivers | Three Rivers | 626.05 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC INJ INTRALESIONAL =<7 LES | 11900 | CPT | | | | outpatient | | | 659 | 263.3 | First Health | First Health | 461.3 | 70 | | | 125 | | 1782 percent of total billed charges | |
| HC INJ INTRALESIONAL =<7 LES | 11900 | CPT | | | | outpatient | | | 659 | 263.3 | UHC | Medicare | 228.96 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ INTRALESIONAL =<7 LES | 11900 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | PPO | 443.04 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ INTRALESIONAL =<7 LES | 11900 | CPT | | | | outpatient | | | 659 | 263.3 | Amerihealth | Medicare | 228.96 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ INTRALESIONAL =<7 LES | 11900 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | Medicare Blue | 228.96 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ INTRALESIONAL =<7 LES | 11900 | CPT | | | | outpatient | | | 659 | 263.3 | Aetna | Medicare | 228.96 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ INTRALESIONAL =<7 LES | 11900 | CPT | | | | outpatient | | | 659 | 263.3 | WellPoint | WellPoint | 212.07 | 32.18 | | | 125 | | 1782 percent of total billed charges | |
| HC INJ INTRALESIONAL =<7 LES | 11900 | CPT | | | | outpatient | | | 659 | 263.3 | UHC | Medicaid | 207.91 | 31.55 | | | 125 | | 1782 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC INJ INTRALESIONAL =<7 LES | 11900 | CPT | | | | outpatient | | | 659 | 263.3 | Multiplan | Multiplan | 527.2 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC INJ INTRALESIONAL =<7 LES | 11900 | CPT | | | | outpatient | | | 659 | 263.3 | Americare | Americare | 494.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC INJ INTRALESIONAL =<7 LES | 11900 | CPT | | | | outpatient | | | 659 | 263.3 | Qualcare | Qualcare | 494.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC INJ INTRALESIONAL =<7 LES | 11900 | CPT | | | | outpatient | | | 659 | 263.3 | Corrections | Corrections | 527.2 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC INJ INTRALESIONAL =<7 LES | 11900 | CPT | | | | outpatient | | | 659 | 263.3 | Wellcare | Medicaid | 207.91 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC INJ INTRALESIONAL =<7 LES | 11900 | CPT | | | | outpatient | | | 659 | 263.3 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC INJ INTRALESIONAL =<7 LES | 11900 | CPT | | | | outpatient | | | 659 | 263.3 | Wellcare | Medicare | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ INTRALESIONAL =<7 LES | 11900 | CPT | | | | outpatient | | | 659 | 263.3 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC INJ INTRALESIONAL =<7 LES | 11900 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | MGD | 443.04 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ INTRALESIONAL =<7 LES | 11900 | CPT | | | | outpatient | | | 659 | 263.3 | First Trenton | First Trenton | 593.1 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC INJ INTRALESIONAL =<7 LES | 11900 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | Indemnity | 443.04 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ INTRALESIONAL =<7 LES | 11900 | CPT | | | | outpatient | | | 659 | 263.3 | Managed Care Inc | Managed Care Inc | 593.1 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC INJ INTRALESIONAL =<7 LES | 11900 | CPT | | | | outpatient | | | 659 | 263.3 | United | Commercial/PPO | 1782 | | | | 125 | 1782 | case rate | |
| HC TAT TO CORR SKN DFCTS =< 6SQCM | 11920 | CPT | | | | outpatient | | | 2066 | 826.02 | Aetna | Commercial | 1172.23 | | | 1024.03 | 125 | 1962.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TAT TO CORR SKN DFCTS =< 6SQCM | 11920 | CPT | | | | outpatient | | | 2066 | 826.02 | Aetna | Medicare | 718.28 | | | | 125 | 1962.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TAT TO CORR SKN DFCTS =< 6SQCM | 11920 | CPT | | | | outpatient | | | 2066 | 826.02 | First Trenton | First Trenton | 1859.4 | 90 | | | 125 | 1962.7 | percent of total billed charges | |
| HC TAT TO CORR SKN DFCTS =< 6SQCM | 11920 | CPT | | | | outpatient | | | 2066 | 826.02 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1962.7 | fee schedule | |
| HC TAT TO CORR SKN DFCTS =< 6SQCM | 11920 | CPT | | | | outpatient | | | 2066 | 826.02 | Consumer | Consumer | 1962.7 | 95 | | | 125 | 1962.7 | percent of total billed charges | |
| HC TAT TO CORR SKN DFCTS =< 6SQCM | 11920 | CPT | | | | outpatient | | | 2066 | 826.02 | Corrections | Corrections | 1652.8 | 80 | | | 125 | 1962.7 | percent of total billed charges | |
| HC TAT TO CORR SKN DFCTS =< 6SQCM | 11920 | CPT | | | | outpatient | | | 2066 | 826.02 | Horizon | PPO | 1389.87 | | | | 125 | 1962.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TAT TO CORR SKN DFCTS =< 6SQCM | 11920 | CPT | | | | outpatient | | | 2066 | 826.02 | Aetna | Better Health | 651.82 | 31.55 | | | 125 | 1962.7 | percent of total billed charges | |
| HC TAT TO CORR SKN DFCTS =< 6SQCM | 11920 | CPT | | | | outpatient | | | 2066 | 826.02 | Americare | Americare | 1549.5 | 75 | | | 125 | 1962.7 | percent of total billed charges | |
| HC TAT TO CORR SKN DFCTS =< 6SQCM | 11920 | CPT | | | | outpatient | | | 2066 | 826.02 | Horizon | MGD | 1389.87 | | | | 125 | 1962.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TAT TO CORR SKN DFCTS =< 6SQCM | 11920 | CPT | | | | outpatient | | | 2066 | 826.02 | Managed Care Inc | Managed Care Inc | 1859.4 | 90 | | | 125 | 1962.7 | percent of total billed charges | |
| HC TAT TO CORR SKN DFCTS =< 6SQCM | 11920 | CPT | | | | outpatient | | | 2066 | 826.02 | Amerihealth | Medicare | 718.28 | | | | 125 | 1962.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TAT TO CORR SKN DFCTS =< 6SQCM | 11920 | CPT | | | | outpatient | | | 2066 | 826.02 | Multiplan | Multiplan | 1652.8 | 80 | | | 125 | 1962.7 | percent of total billed charges | |
| HC TAT TO CORR SKN DFCTS =< 6SQCM | 11920 | CPT | | | | outpatient | | | 2066 | 826.02 | United | Oxford | 1782 | | | | 125 | 1962.7 | case rate | |
| HC TAT TO CORR SKN DFCTS =< 6SQCM | 11920 | CPT | | | | outpatient | | | 2066 | 826.02 | UHC | Medicaid | 651.82 | 31.55 | | | 125 | 1962.7 | percent of total billed charges | |
| HC TAT TO CORR SKN DFCTS =< 6SQCM | 11920 | CPT | | | | outpatient | | | 2066 | 826.02 | First Health | First Health | 1446.2 | 70 | | | 125 | 1962.7 | percent of total billed charges | |
| HC TAT TO CORR SKN DFCTS =< 6SQCM | 11920 | CPT | | | | outpatient | | | 2066 | 826.02 | Qualcare | Qualcare | 1549.5 | 75 | | | 125 | 1962.7 | percent of total billed charges | |
| HC TAT TO CORR SKN DFCTS =< 6SQCM | 11920 | CPT | | | | outpatient | | | 2066 | 826.02 | Horizon | Indemnity | 1389.87 | | | | 125 | 1962.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TAT TO CORR SKN DFCTS =< 6SQCM | 11920 | CPT | | | | outpatient | | | 2066 | 826.02 | Three Rivers | Three Rivers | 1962.7 | 95 | | | 125 | 1962.7 | percent of total billed charges | |
| HC TAT TO CORR SKN DFCTS =< 6SQCM | 11920 | CPT | | | | outpatient | | | 2066 | 826.02 | Horizon | Medicare Blue | 718.28 | | | | 125 | 1962.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TAT TO CORR SKN DFCTS =< 6SQCM | 11920 | CPT | | | | outpatient | | | 2066 | 826.02 | UHC | Medicare | 718.28 | | | | 125 | 1962.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TAT TO CORR SKN DFCTS =< 6SQCM | 11920 | CPT | | | | outpatient | | | 2066 | 826.02 | Wellcare | Medicaid | 651.82 | 31.55 | | | 125 | 1962.7 | percent of total billed charges | |
| HC TAT TO CORR SKN DFCTS =< 6SQCM | 11920 | CPT | | | | outpatient | | | 2066 | 826.02 | Wellcare | Medicare | 718.28 | | | | 125 | 1962.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TAT TO CORR SKN DFCTS =< 6SQCM | 11920 | CPT | | | | outpatient | | | 2066 | 826.02 | United | Commercial/PPO | 1782 | | | | 125 | 1962.7 | case rate | |
| HC TAT TO CORR SKN DFCTS =< 6SQCM | 11920 | CPT | | | | outpatient | | | 2066 | 826.02 | WellPoint | WellPoint | 664.84 | 32.18 | | | 125 | 1962.7 | percent of total billed charges | |
| HC TATTOOING; 6.1 - 20.0 SQ CM | 11921 | CPT | | | | outpatient | | | 2117 | 826.02 | First Health | First Health | 1481.9 | 70 | | | 125 | 2011.15 | percent of total billed charges | |
| HC TATTOOING; 6.1 - 20.0 SQ CM | 11921 | CPT | | | | outpatient | | | 2117 | 826.02 | Corrections | Corrections | 1693.6 | 80 | | | 125 | 2011.15 | percent of total billed charges | |
| HC TATTOOING; 6.1 - 20.0 SQ CM | 11921 | CPT | | | | outpatient | | | 2117 | 826.02 | First Trenton | First Trenton | 1905.3 | 90 | | | 125 | 2011.15 | percent of total billed charges | |
| HC TATTOOING; 6.1 - 20.0 SQ CM | 11921 | CPT | | | | outpatient | | | 2117 | 826.02 | Amerihealth | HMO/PPO | 125 | | | | 125 | 2011.15 | fee schedule | |
| HC TATTOOING; 6.1 - 20.0 SQ CM | 11921 | CPT | | | | outpatient | | | 2117 | 826.02 | Consumer | Consumer | 2011.15 | 95 | | | 125 | 2011.15 | percent of total billed charges | |
| HC TATTOOING; 6.1 - 20.0 SQ CM | 11921 | CPT | | | | outpatient | | | 2117 | 826.02 | Aetna | Better Health | 667.91 | 31.55 | | | 125 | 2011.15 | percent of total billed charges | |
| HC TATTOOING; 6.1 - 20.0 SQ CM | 11921 | CPT | | | | outpatient | | | 2117 | 826.02 | Amerihealth | Medicare | 718.28 | | | | 125 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TATTOOING; 6.1 - 20.0 SQ CM | 11921 | CPT | | | | outpatient | | | 2117 | 826.02 | Aetna | Commercial | 1172.23 | | | | 125 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TATTOOING; 6.1 - 20.0 SQ CM | 11921 | CPT | | | | outpatient | | | 2117 | 826.02 | Wellcare | Medicare | 718.28 | | | | 125 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TATTOOING; 6.1 - 20.0 SQ CM | 11921 | CPT | | | | outpatient | | | 2117 | 826.02 | Horizon | Medicare Blue | 718.28 | | | | 125 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TATTOOING; 6.1 - 20.0 SQ CM | 11921 | CPT | | | | outpatient | | | 2117 | 826.02 | Horizon | Indemnity | 1389.87 | | | | 125 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TATTOOING; 6.1 - 20.0 SQ CM | 11921 | CPT | | | | outpatient | | | 2117 | 826.02 | Aetna | Medicare | 718.28 | | | | 125 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TATTOOING; 6.1 - 20.0 SQ CM | 11921 | CPT | | | | outpatient | | | 2117 | 826.02 | Managed Care Inc | Managed Care Inc | 1905.3 | 90 | | | 125 | 2011.15 | percent of total billed charges | |
| HC TATTOOING; 6.1 - 20.0 SQ CM | 11921 | CPT | | | | outpatient | | | 2117 | 826.02 | Multiplan | Multiplan | 1693.6 | 80 | | | 125 | 2011.15 | percent of total billed charges | |
| HC TATTOOING; 6.1 - 20.0 SQ CM | 11921 | CPT | | | | outpatient | | | 2117 | 826.02 | UHC | Medicare | 718.28 | | | | 125 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TATTOOING; 6.1 - 20.0 SQ CM | 11921 | CPT | | | | outpatient | | | 2117 | 826.02 | Americare | Americare | 1587.75 | 75 | | | 125 | 2011.15 | percent of total billed charges | |
| HC TATTOOING; 6.1 - 20.0 SQ CM | 11921 | CPT | | | | outpatient | | | 2117 | 826.02 | Three Rivers | Three Rivers | 2011.15 | 95 | | | 125 | 2011.15 | percent of total billed charges | |
| HC TATTOOING; 6.1 - 20.0 SQ CM | 11921 | CPT | | | | outpatient | | | 2117 | 826.02 | Qualcare | Qualcare | 1587.75 | 75 | | | 125 | 2011.15 | percent of total billed charges | |
| HC TATTOOING; 6.1 - 20.0 SQ CM | 11921 | CPT | | | | outpatient | | | 2117 | 826.02 | Horizon | PPO | 1389.87 | | | | 125 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TATTOOING; 6.1 - 20.0 SQ CM | 11921 | CPT | | | | outpatient | | | 2117 | 826.02 | Horizon | MGD | 1389.87 | | | | 125 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TATTOOING; 6.1 - 20.0 SQ CM | 11921 | CPT | | | | outpatient | | | 2117 | 826.02 | UHC | Medicaid | 667.91 | 31.55 | | | 125 | 2011.15 | percent of total billed charges | |
| HC TATTOOING; 6.1 - 20.0 SQ CM | 11921 | CPT | | | | outpatient | | | 2117 | 826.02 | WellPoint | WellPoint | 681.25 | 32.18 | | | 125 | 2011.15 | percent of total billed charges | |
| HC TATTOOING; 6.1 - 20.0 SQ CM | 11921 | CPT | | | | outpatient | | | 2117 | 826.02 | United | Commercial/PPO | 1782 | | | | 125 | 2011.15 | case rate | |
| HC TATTOOING; 6.1 - 20.0 SQ CM | 11921 | CPT | | | | outpatient | | | 2117 | 826.02 | United | Oxford | 1782 | | | | 125 | 2011.15 | case rate | |
| HC TATTOOING; 6.1 - 20.0 SQ CM | 11921 | CPT | | | | outpatient | | | 2117 | 826.02 | Wellcare | Medicaid | 667.91 | 31.55 | | | 125 | 2011.15 | percent of total billed charges | |
| HC TATTOOING; EA ADDL 20 SQ CM | 11922 | CPT | | | | outpatient | | | 95.68 | | Wellcare | Medicaid | 30.19 | 31.55 | | | 28.7 | 1782 | percent of total billed charges | |
| HC TATTOOING; EA ADDL 20 SQ CM | 11922 | CPT | | | | outpatient | | | 95.68 | | First Health | First Health | 66.98 | 70 | | | 28.7 | 1782 | percent of total billed charges | |
| HC TATTOOING; EA ADDL 20 SQ CM | 11922 | CPT | | | | outpatient | | | 95.68 | | Horizon | Medicare Blue | 28.7 | 30 | | | 28.7 | 1782 | percent of total billed charges | |
| HC TATTOOING; EA ADDL 20 SQ CM | 11922 | CPT | | | | outpatient | | | 95.68 | | Aetna | Better Health | 30.19 | 31.55 | | | 28.7 | 1782 | percent of total billed charges | |
| HC TATTOOING; EA ADDL 20 SQ CM | 11922 | CPT | | | | outpatient | | | 95.68 | | Americare | Americare | 71.76 | 75 | | | 28.7 | 1782 | percent of total billed charges | |
| HC TATTOOING; EA ADDL 20 SQ CM | 11922 | CPT | | | | outpatient | | | 95.68 | | Aetna | Medicare | 29.47 | 30.8 | | | 28.7 | 1782 | percent of total billed charges | |
| HC TATTOOING; EA ADDL 20 SQ CM | 11922 | CPT | | | | outpatient | | | 95.68 | | Horizon | MGD | 36.63 | 38.28 | | | 28.7 | 1782 | percent of total billed charges | |
| HC TATTOOING; EA ADDL 20 SQ CM | 11922 | CPT | | | | outpatient | | | 95.68 | | Amerihealth | HMO/PPO | 62.19 | 65 | | | 28.7 | 1782 | percent of total billed charges | |
| HC TATTOOING; EA ADDL 20 SQ CM | 11922 | CPT | | | | outpatient | | | 95.68 | | Horizon | PPO | 36.63 | 38.28 | | | 28.7 | 1782 | percent of total billed charges | |
| HC TATTOOING; EA ADDL 20 SQ CM | 11922 | CPT | | | | outpatient | | | 95.68 | | Multiplan | Multiplan | 76.54 | 80 | | | 28.7 | 1782 | percent of total billed charges | |
| HC TATTOOING; EA ADDL 20 SQ CM | 11922 | CPT | | | | outpatient | | | 95.68 | | Three Rivers | Three Rivers | 90.9 | 95 | | | 28.7 | 1782 | percent of total billed charges | |
| HC TATTOOING; EA ADDL 20 SQ CM | 11922 | CPT | | | | outpatient | | | 95.68 | | Consumer | Consumer | 90.9 | 95 | | | 28.7 | 1782 | percent of total billed charges | |
| HC TATTOOING; EA ADDL 20 SQ CM | 11922 | CPT | | | | outpatient | | | 95.68 | | United | Commercial/PPO | 1782 | | | | 28.7 | 1782 | case rate | |
| HC TATTOOING; EA ADDL 20 SQ CM | 11922 | CPT | | | | outpatient | | | 95.68 | | Qualcare | Qualcare | 71.76 | 75 | | | 28.7 | 1782 | percent of total billed charges | |
| HC TATTOOING; EA ADDL 20 SQ CM | 11922 | CPT | | | | outpatient | | | 95.68 | | Corrections | Corrections | 76.54 | 80 | | | 28.7 | 1782 | percent of total billed charges | |
| HC TATTOOING; EA ADDL 20 SQ CM | 11922 | CPT | | | | outpatient | | | 95.68 | | UHC | Medicaid | 30.19 | 31.55 | | | 28.7 | 1782 | percent of total billed charges | |
| HC TATTOOING; EA ADDL 20 SQ CM | 11922 | CPT | | | | outpatient | | | 95.68 | | First Trenton | First Trenton | 86.11 | 90 | | | 28.7 | 1782 | percent of total billed charges | |
| HC TATTOOING; EA ADDL 20 SQ CM | 11922 | CPT | | | | outpatient | | | 95.68 | | Horizon | Indemnity | 36.63 | 38.28 | | | 28.7 | 1782 | percent of total billed charges | |
| HC TATTOOING; EA ADDL 20 SQ CM | 11922 | CPT | | | | outpatient | | | 95.68 | | Managed Care Inc | Managed Care Inc | 86.11 | 90 | | | 28.7 | 1782 | percent of total billed charges | |
| HC TATTOOING; EA ADDL 20 SQ CM | 11922 | CPT | | | | outpatient | | | 95.68 | | WellPoint | WellPoint | 30.79 | 32.18 | | | 28.7 | 1782 | percent of total billed charges | |
| HC TATTOOING; EA ADDL 20 SQ CM | 11922 | CPT | | | | outpatient | | | 95.68 | | United | Oxford | 1782 | | | | 28.7 | 1782 | case rate | |
| HC INSERT DRUG IMPLANT DEVICE | 11981 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Better Health | 133.77 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC INSERT DRUG IMPLANT DEVICE | 11981 | CPT | | | | outpatient | | | 424 | 168 | First Trenton | First Trenton | 381.6 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC INSERT DRUG IMPLANT DEVICE | 11981 | CPT | | | | outpatient | | | 424 | 168 | Horizon | PPO | 282.68 | | | 21.68 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT DRUG IMPLANT DEVICE | 11981 | CPT | | | | outpatient | | | 424 | 168 | Americare | Americare | 318 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC INSERT DRUG IMPLANT DEVICE | 11981 | CPT | | | | outpatient | | | 424 | 168 | Amerihealth | Medicare | 146.09 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT DRUG IMPLANT DEVICE | 11981 | CPT | | | | outpatient | | | 424 | 168 | Horizon | MGD | 282.68 | | | 53.96 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT DRUG IMPLANT DEVICE | 11981 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Medicare | 146.09 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT DRUG IMPLANT DEVICE | 11981 | CPT | | | | outpatient | | | 424 | 168 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC INSERT DRUG IMPLANT DEVICE | 11981 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Commercial | 238.42 | | | 4.66 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT DRUG IMPLANT DEVICE | 11981 | CPT | | | | outpatient | | | 424 | 168 | Managed Care Inc | Managed Care Inc | 381.6 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC INSERT DRUG IMPLANT DEVICE | 11981 | CPT | | | | outpatient | | | 424 | 168 | Corrections | Corrections | 339.2 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC INSERT DRUG IMPLANT DEVICE | 11981 | CPT | | | | outpatient | | | 424 | 168 | Wellcare | Medicaid | 133.77 | 31.55 | | 116.53 | 125 | 1782 | percent of total billed charges | |
| HC INSERT DRUG IMPLANT DEVICE | 11981 | CPT | | | | outpatient | | | 424 | 168 | First Health | First Health | 296.8 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC INSERT DRUG IMPLANT DEVICE | 11981 | CPT | | | | outpatient | | | 424 | 168 | UHC | Medicare | 146.09 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT DRUG IMPLANT DEVICE | 11981 | CPT | | | | outpatient | | | 424 | 168 | Horizon | Indemnity | 282.68 | | | 50.79 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT DRUG IMPLANT DEVICE | 11981 | CPT | | | | outpatient | | | 424 | 168 | UHC | Medicaid | 133.77 | 31.55 | | 110.43 | 125 | 1782 | percent of total billed charges | |
| HC INSERT DRUG IMPLANT DEVICE | 11981 | CPT | | | | outpatient | | | 424 | 168 | Consumer | Consumer | 402.8 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC INSERT DRUG IMPLANT DEVICE | 11981 | CPT | | | | outpatient | | | 424 | 168 | United | Oxford | 1782 | | | 134.95 | 125 | 1782 | case rate | |
| HC INSERT DRUG IMPLANT DEVICE | 11981 | CPT | | | | outpatient | | | 424 | 168 | Horizon | Medicare Blue | 146.09 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT DRUG IMPLANT DEVICE | 11981 | CPT | | | | outpatient | | | 424 | 168 | WellPoint | WellPoint | 136.44 | 32.18 | | 110.19 | 125 | 1782 | percent of total billed charges | |
| HC INSERT DRUG IMPLANT DEVICE | 11981 | CPT | | | | outpatient | | | 424 | 168 | Three Rivers | Three Rivers | 402.8 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC INSERT DRUG IMPLANT DEVICE | 11981 | CPT | | | | outpatient | | | 424 | 168 | United | Commercial/PPO | 1782 | | | | 125 | 1782 | case rate | |
| HC INSERT DRUG IMPLANT DEVICE | 11981 | CPT | | | | outpatient | | | 424 | 168 | Multiplan | Multiplan | 339.2 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC INSERT DRUG IMPLANT DEVICE | 11981 | CPT | | | | outpatient | | | 424 | 168 | Wellcare | Medicare | 146.09 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT DRUG IMPLANT DEVICE | 11981 | CPT | | | | outpatient | | | 424 | 168 | Qualcare | Qualcare | 318 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC REMOVE DRUG IMPLANT | 11982 | CPT | | | | outpatient | | | 1418 | 524.04 | Aetna | Medicare | 455.69 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE DRUG IMPLANT | 11982 | CPT | | | | outpatient | | | 1418 | 524.04 | Multiplan | Multiplan | 1134.4 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC REMOVE DRUG IMPLANT | 11982 | CPT | | | | outpatient | | | 1418 | 524.04 | Aetna | Better Health | 447.38 | 31.55 | | 415.32 | 125 | 1782 | percent of total billed charges | |
| HC REMOVE DRUG IMPLANT | 11982 | CPT | | | | outpatient | | | 1418 | 524.04 | Amerihealth | HMO/PPO | 125 | | | 416.63 | 125 | 1782 | fee schedule | |
| HC REMOVE DRUG IMPLANT | 11982 | CPT | | | | outpatient | | | 1418 | 524.04 | Amerihealth | Medicare | 455.69 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE DRUG IMPLANT | 11982 | CPT | | | | outpatient | | | 1418 | 524.04 | Aetna | Commercial | 538.84 | 38 | | 385.91 | 125 | 1782 | percent of total billed charges | |
| HC REMOVE DRUG IMPLANT | 11982 | CPT | | | | outpatient | | | 1418 | 524.04 | Americare | Americare | 1063.5 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC REMOVE DRUG IMPLANT | 11982 | CPT | | | | outpatient | | | 1418 | 524.04 | Qualcare | Qualcare | 1063.5 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC REMOVE DRUG IMPLANT | 11982 | CPT | | | | outpatient | | | 1418 | 524.04 | Horizon | Medicare Blue | 455.69 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE DRUG IMPLANT | 11982 | CPT | | | | outpatient | | | 1418 | 524.04 | Consumer | Consumer | 1347.1 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC REMOVE DRUG IMPLANT | 11982 | CPT | | | | outpatient | | | 1418 | 524.04 | Horizon | PPO | 881.76 | | | 200.61 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE DRUG IMPLANT | 11982 | CPT | | | | outpatient | | | 1418 | 524.04 | Corrections | Corrections | 1134.4 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC REMOVE DRUG IMPLANT | 11982 | CPT | | | | outpatient | | | 1418 | 524.04 | UHC | Medicaid | 447.38 | 31.55 | | 398.77 | 125 | 1782 | percent of total billed charges | |
| HC REMOVE DRUG IMPLANT | 11982 | CPT | | | | outpatient | | | 1418 | 524.04 | First Health | First Health | 992.6 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC REMOVE DRUG IMPLANT | 11982 | CPT | | | | outpatient | | | 1418 | 524.04 | Three Rivers | Three Rivers | 1347.1 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC REMOVE DRUG IMPLANT | 11982 | CPT | | | | outpatient | | | 1418 | 524.04 | Wellcare | Medicare | 455.69 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE DRUG IMPLANT | 11982 | CPT | | | | outpatient | | | 1418 | 524.04 | Horizon | MGD | 881.76 | | | 832.91 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE DRUG IMPLANT | 11982 | CPT | | | | outpatient | | | 1418 | 524.04 | First Trenton | First Trenton | 1276.2 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC REMOVE DRUG IMPLANT | 11982 | CPT | | | | outpatient | | | 1418 | 524.04 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC REMOVE DRUG IMPLANT | 11982 | CPT | | | | outpatient | | | 1418 | 524.04 | Horizon | Indemnity | 881.76 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE DRUG IMPLANT | 11982 | CPT | | | | outpatient | | | 1418 | 524.04 | Wellcare | Medicaid | 447.38 | 31.55 | | 387.13 | 125 | 1782 | percent of total billed charges | |
| HC REMOVE DRUG IMPLANT | 11982 | CPT | | | | outpatient | | | 1418 | 524.04 | Managed Care Inc | Managed Care Inc | 1276.2 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC REMOVE DRUG IMPLANT | 11982 | CPT | | | | outpatient | | | 1418 | 524.04 | UHC | Medicare | 455.69 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE DRUG IMPLANT | 11982 | CPT | | | | outpatient | | | 1418 | 524.04 | United | Commercial/PPO | 1782 | | | | 125 | 1782 | case rate | |
| HC REMOVE DRUG IMPLANT | 11982 | CPT | | | | outpatient | | | 1418 | 524.04 | WellPoint | WellPoint | 456.31 | 32.18 | | 384.86 | 125 | 1782 | percent of total billed charges | |
| HC REMOVE W INS DRUG IMPLANT | 11983 | CPT | | | | outpatient | | | 1169 | 524.04 | United | Commercial/PPO | 1782 | | | | 125 | 1782 | case rate | |
| HC REMOVE W INS DRUG IMPLANT | 11983 | CPT | | | | outpatient | | | 1169 | 524.04 | Corrections | Corrections | 935.2 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC REMOVE W INS DRUG IMPLANT | 11983 | CPT | | | | outpatient | | | 1169 | 524.04 | UHC | Medicare | 455.69 | | | 45.35 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE W INS DRUG IMPLANT | 11983 | CPT | | | | outpatient | | | 1169 | 524.04 | First Health | First Health | 818.3 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC REMOVE W INS DRUG IMPLANT | 11983 | CPT | | | | outpatient | | | 1169 | 524.04 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC REMOVE W INS DRUG IMPLANT | 11983 | CPT | | | | outpatient | | | 1169 | 524.04 | Aetna | Better Health | 368.82 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC REMOVE W INS DRUG IMPLANT | 11983 | CPT | | | | outpatient | | | 1169 | 524.04 | Aetna | Medicare | 455.69 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE W INS DRUG IMPLANT | 11983 | CPT | | | | outpatient | | | 1169 | 524.04 | First Trenton | First Trenton | 1052.1 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC REMOVE W INS DRUG IMPLANT | 11983 | CPT | | | | outpatient | | | 1169 | 524.04 | WellPoint | WellPoint | 376.18 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC REMOVE W INS DRUG IMPLANT | 11983 | CPT | | | | outpatient | | | 1169 | 524.04 | Aetna | Commercial | 743.69 | | | 182.88 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE W INS DRUG IMPLANT | 11983 | CPT | | | | outpatient | | | 1169 | 524.04 | Americare | Americare | 876.75 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC REMOVE W INS DRUG IMPLANT | 11983 | CPT | | | | outpatient | | | 1169 | 524.04 | Horizon | PPO | 881.76 | | | 96.38 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE W INS DRUG IMPLANT | 11983 | CPT | | | | outpatient | | | 1169 | 524.04 | Amerihealth | Medicare | 455.69 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE W INS DRUG IMPLANT | 11983 | CPT | | | | outpatient | | | 1169 | 524.04 | Horizon | MGD | 881.76 | | | 107.37 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC REMOVE W INS DRUG IMPLANT | 11983 | CPT | | | | outpatient | | | 1169 | | 524.04 Consumer | Consumer | 1110.55 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC REMOVE W INS DRUG IMPLANT | 11983 | CPT | | | | outpatient | | | 1169 | | 524.04 Managed Care Inc | Managed Care Inc | 1052.1 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC REMOVE W INS DRUG IMPLANT | 11983 | CPT | | | | outpatient | | | 1169 | | 524.04 Horizon | Indemnity | 881.76 | | | 92.3 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE W INS DRUG IMPLANT | 11983 | CPT | | | | outpatient | | | 1169 | | 524.04 Multiplan | Multiplan | 935.2 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC REMOVE W INS DRUG IMPLANT | 11983 | CPT | | | | outpatient | | | 1169 | | 524.04 United | Oxford | 1782 | | | | 125 | | 1782 case rate | |
| HC REMOVE W INS DRUG IMPLANT | 11983 | CPT | | | | outpatient | | | 1169 | | 524.04 Three Rivers | Three Rivers | 1110.55 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC REMOVE W INS DRUG IMPLANT | 11983 | CPT | | | | outpatient | | | 1169 | | 524.04 Horizon | Medicare Blue | 455.69 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE W INS DRUG IMPLANT | 11983 | CPT | | | | outpatient | | | 1169 | | 524.04 Quelcare | Qualcare | 876.75 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC REMOVE W INS DRUG IMPLANT | 11983 | CPT | | | | outpatient | | | 1169 | | 524.04 UHC | Medicaid | 368.82 | 31.55 | | 179.83 | 125 | | 1782 percent of total billed charges | |
| HC REMOVE W INS DRUG IMPLANT | 11983 | CPT | | | | outpatient | | | 1169 | | 524.04 Wellcare | Medicare | 455.69 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE W INS DRUG IMPLANT | 11983 | CPT | | | | outpatient | | | 1169 | | 524.04 Wellcare | Medicaid | 368.82 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC SIMP REP TRUNK<=2.5CM | 12001 | CPT | | | | outpatient | | | 712 | | 263.3 Horizon | Indemnity | 443.04 | | | 125.28 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMP REP TRUNK<=2.5CM | 12001 | CPT | | | | outpatient | | | 712 | | 263.3 Aetna | Better Health | 224.64 | 31.55 | | 178.55 | 125 | | 1782 percent of total billed charges | |
| HC SIMP REP TRUNK<=2.5CM | 12001 | CPT | | | | outpatient | | | 712 | | 263.3 Horizon | Medicare Blue | 228.96 | | | 45.63 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMP REP TRUNK<=2.5CM | 12001 | CPT | | | | outpatient | | | 712 | | 263.3 Multiplan | Multiplan | 569.6 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC SIMP REP TRUNK<=2.5CM | 12001 | CPT | | | | outpatient | | | 712 | | 263.3 Wellcare | Medicaid | 224.64 | 31.55 | | 187.04 | 125 | | 1782 percent of total billed charges | |
| HC SIMP REP TRUNK<=2.5CM | 12001 | CPT | | | | outpatient | | | 712 | | 263.3 Americare | Americare | 534 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC SIMP REP TRUNK<=2.5CM | 12001 | CPT | | | | outpatient | | | 712 | | 263.3 Corrections | Corrections | 569.6 | 80 | | 102.8 | 125 | | 1782 percent of total billed charges | |
| HC SIMP REP TRUNK<=2.5CM | 12001 | CPT | | | | outpatient | | | 712 | | 263.3 Aetna | Commercial | 270.56 | 38 | | 71.88 | 125 | | 1782 percent of total billed charges | |
| HC SIMP REP TRUNK<=2.5CM | 12001 | CPT | | | | outpatient | | | 712 | | 263.3 UHC | Medicare | 228.96 | | | 80.28 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMP REP TRUNK<=2.5CM | 12001 | CPT | | | | outpatient | | | 712 | | 263.3 Aetna | Medicare | 228.96 | | | 63.17 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMP REP TRUNK<=2.5CM | 12001 | CPT | | | | outpatient | | | 712 | | 263.3 First Trenton | First Trenton | 640.8 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC SIMP REP TRUNK<=2.5CM | 12001 | CPT | | | | outpatient | | | 712 | | 263.3 Qualcare | Qualcare | 534 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC SIMP REP TRUNK<=2.5CM | 12001 | CPT | | | | outpatient | | | 712 | | 263.3 United | CommercialPPO | 1782 | | | | 125 | | 1782 case rate | |
| HC SIMP REP TRUNK<=2.5CM | 12001 | CPT | | | | outpatient | | | 712 | | 263.3 Consumer | Consumer | 676.4 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC SIMP REP TRUNK<=2.5CM | 12001 | CPT | | | | outpatient | | | 712 | | 263.3 Horizon | MGD | 443.04 | | | 129.74 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMP REP TRUNK<=2.5CM | 12001 | CPT | | | | outpatient | | | 712 | | 263.3 Amerihealth | HMO/PPO | 125 | | | 100.44 | 125 | | 1782 fee schedule | |
| HC SIMP REP TRUNK<=2.5CM | 12001 | CPT | | | | outpatient | | | 712 | | 263.3 Managed Care Inc | Managed Care Inc | 640.8 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC SIMP REP TRUNK<=2.5CM | 12001 | CPT | | | | outpatient | | | 712 | | 263.3 Amerihealth | Medicare | 228.96 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMP REP TRUNK<=2.5CM | 12001 | CPT | | | | outpatient | | | 712 | | 263.3 Three Rivers | Three Rivers | 676.4 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC SIMP REP TRUNK<=2.5CM | 12001 | CPT | | | | outpatient | | | 712 | | 263.3 Wellcare | Medicare | 228.96 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMP REP TRUNK<=2.5CM | 12001 | CPT | | | | outpatient | | | 712 | | 263.3 UHC | Medicaid | 224.64 | 31.55 | | 141.56 | 125 | | 1782 percent of total billed charges | |
| HC SIMP REP TRUNK<=2.5CM | 12001 | CPT | | | | outpatient | | | 712 | | 263.3 Horizon | PPO | 443.04 | | | 36.62 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMP REP TRUNK<=2.5CM | 12001 | CPT | | | | outpatient | | | 712 | | 263.3 First Health | First Health | 498.4 | 70 | | | 125 | | 1782 percent of total billed charges | |
| HC SIMP REP TRUNK<=2.5CM | 12001 | CPT | | | | outpatient | | | 712 | | 263.3 United | Oxford | 1782 | | | | 125 | | 1782 case rate | |
| HC SIMP REP TRUNK<=2.5CM | 12001 | CPT | | | | outpatient | | | 712 | | 263.3 WellPoint | WellPoint | 229.12 | 32.18 | | 158.81 | 125 | | 1782 percent of total billed charges | |
| HC RPR.SIM.SCALP ETC-2.6 TO 7.5CM | 12002 | CPT | | | | outpatient | | | 708 | | 263.3 Americare | Americare | 531 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC RPR.SIM.SCALP ETC-2.6 TO 7.5CM | 12002 | CPT | | | | outpatient | | | 708 | | 263.3 Aetna | Commercial | 373.66 | | | 76.31 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR.SIM.SCALP ETC-2.6 TO 7.5CM | 12002 | CPT | | | | outpatient | | | 708 | | 263.3 Aetna | Better Health | 223.37 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC RPR.SIM.SCALP ETC-2.6 TO 7.5CM | 12002 | CPT | | | | outpatient | | | 708 | | 263.3 Horizon | Indemnity | 443.04 | | | 146.85 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR.SIM.SCALP ETC-2.6 TO 7.5CM | 12002 | CPT | | | | outpatient | | | 708 | | 263.3 Amerihealth | Medicare | 228.96 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR.SIM.SCALP ETC-2.6 TO 7.5CM | 12002 | CPT | | | | outpatient | | | 708 | | 263.3 Amerihealth | HMO/PPO | 125 | | | 58.07 | 125 | | 1782 fee schedule | |
| HC RPR.SIM.SCALP ETC-2.6 TO 7.5CM | 12002 | CPT | | | | outpatient | | | 708 | | 263.3 Aetna | Medicare | 228.96 | | | 61.62 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR.SIM.SCALP ETC-2.6 TO 7.5CM | 12002 | CPT | | | | outpatient | | | 708 | | 263.3 Wellcare | Medicare | 228.96 | | | 60.96 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR.SIM.SCALP ETC-2.6 TO 7.5CM | 12002 | CPT | | | | outpatient | | | 708 | | 263.3 Corrections | Corrections | 566.4 | 80 | | 166.92 | 125 | | 1782 percent of total billed charges | |
| HC RPR.SIM.SCALP ETC-2.6 TO 7.5CM | 12002 | CPT | | | | outpatient | | | 708 | | 263.3 Horizon | PPO | 443.04 | | | 99.32 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR.SIM.SCALP ETC-2.6 TO 7.5CM | 12002 | CPT | | | | outpatient | | | 708 | | 263.3 United | Oxford | 1782 | | | 113.67 | 125 | | 1782 case rate | |
| HC RPR.SIM.SCALP ETC-2.6 TO 7.5CM | 12002 | CPT | | | | outpatient | | | 708 | | 263.3 Consumer | Consumer | 672.6 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC RPR.SIM.SCALP ETC-2.6 TO 7.5CM | 12002 | CPT | | | | outpatient | | | 708 | | 263.3 United | CommercialPPO | 1782 | | | | 125 | | 1782 case rate | |
| HC RPR.SIM.SCALP ETC-2.6 TO 7.5CM | 12002 | CPT | | | | outpatient | | | 708 | | 263.3 First Health | First Health | 495.6 | 70 | | | 125 | | 1782 percent of total billed charges | |
| HC RPR.SIM.SCALP ETC-2.6 TO 7.5CM | 12002 | CPT | | | | outpatient | | | 708 | | 263.3 First Trenton | First Trenton | 637.2 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC RPR.SIM.SCALP ETC-2.6 TO 7.5CM | 12002 | CPT | | | | outpatient | | | 708 | | 263.3 Multiplan | Multiplan | 566.4 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC RPR.SIM.SCALP ETC-2.6 TO 7.5CM | 12002 | CPT | | | | outpatient | | | 708 | | 263.3 Wellcare | Medicaid | 223.37 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC RPR.SIM.SCALP ETC-2.6 TO 7.5CM | 12002 | CPT | | | | outpatient | | | 708 | | 263.3 Qualcare | Qualcare | 531 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC RPR.SIM.SCALP ETC-2.6 TO 7.5CM | 12002 | CPT | | | | outpatient | | | 708 | | 263.3 Horizon | Medicare Blue | 228.96 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR.SIM.SCALP ETC-2.6 TO 7.5CM | 12002 | CPT | | | | outpatient | | | 708 | | 263.3 UHC | Medicaid | 223.37 | 31.55 | | 156.49 | 125 | | 1782 percent of total billed charges | |
| HC RPR.SIM.SCALP ETC-2.6 TO 7.5CM | 12002 | CPT | | | | outpatient | | | 708 | | 263.3 WellPoint | WellPoint | 227.83 | 32.18 | | 153.43 | 125 | | 1782 percent of total billed charges | |
| HC RPR.SIM.SCALP ETC-2.6 TO 7.5CM | 12002 | CPT | | | | outpatient | | | 708 | | 263.3 Horizon | MGD | 443.04 | | | 140.6 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR.SIM.SCALP ETC-2.6 TO 7.5CM | 12002 | CPT | | | | outpatient | | | 708 | | 263.3 Managed Care Inc | Managed Care Inc | 637.2 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC RPR.SIM.SCALP ETC-2.6 TO 7.5CM | 12002 | CPT | | | | outpatient | | | 708 | | 263.3 Three Rivers | Three Rivers | 672.6 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC RPR.SIM.SCALP ETC-2.6 TO 7.5CM | 12002 | CPT | | | | outpatient | | | 708 | | 263.3 UHC | Medicare | 228.96 | | | 71.09 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR.SIM.SCALP ETC-7.6 / 12.5CM | 12004 | CPT | | | | outpatient | | | 708 | | 263.3 Aetna | Medicare | 228.96 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR.SIM.SCALP ETC-7.6 / 12.5CM | 12004 | CPT | | | | outpatient | | | 708 | | 263.3 Amerihealth | HMO/PPO | 125 | | | | 125 | | 1782 fee schedule | |
| HC RPR.SIM.SCALP ETC-7.6 / 12.5CM | 12004 | CPT | | | | outpatient | | | 708 | | 263.3 Qualcare | Qualcare | 531 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC RPR.SIM.SCALP ETC-7.6 / 12.5CM | 12004 | CPT | | | | outpatient | | | 708 | | 263.3 Corrections | Corrections | 566.4 | 80 | | 81.44 | 125 | | 1782 percent of total billed charges | |
| HC RPR.SIM.SCALP ETC-7.6 / 12.5CM | 12004 | CPT | | | | outpatient | | | 708 | | 263.3 Amerihealth | Medicare | 228.96 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR.SIM.SCALP ETC-7.6 / 12.5CM | 12004 | CPT | | | | outpatient | | | 708 | | 263.3 Horizon | Indemnity | 443.04 | | | 67.04 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR.SIM.SCALP ETC-7.6 / 12.5CM | 12004 | CPT | | | | outpatient | | | 708 | | 263.3 Aetna | Better Health | 223.37 | 31.55 | | 203.36 | 125 | | 1782 percent of total billed charges | |
| HC RPR.SIM.SCALP ETC-7.6 / 12.5CM | 12004 | CPT | | | | outpatient | | | 708 | | 263.3 Aetna | Commercial | 269.04 | 38 | | | 125 | | 1782 percent of total billed charges | |
| HC RPR.SIM.SCALP ETC-7.6 / 12.5CM | 12004 | CPT | | | | outpatient | | | 708 | | 263.3 Americare | Americare | 531 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC RPR.SIM.SCALP ETC-7.6 / 12.5CM | 12004 | CPT | | | | outpatient | | | 708 | | 263.3 United | CommercialPPO | 1782 | | | | 125 | | 1782 case rate | |
| HC RPR.SIM.SCALP ETC-7.6 / 12.5CM | 12004 | CPT | | | | outpatient | | | 708 | | 263.3 First Trenton | First Trenton | 637.2 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC RPR.SIM.SCALP ETC-7.6 / 12.5CM | 12004 | CPT | | | | outpatient | | | 708 | | 263.3 Horizon | MGD | 443.04 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR.SIM.SCALP ETC-7.6 / 12.5CM | 12004 | CPT | | | | outpatient | | | 708 | | 263.3 First Health | First Health | 495.6 | 70 | | | 125 | | 1782 percent of total billed charges | |
| HC RPR.SIM.SCALP ETC-7.6 / 12.5CM | 12004 | CPT | | | | outpatient | | | 708 | | 263.3 Three Rivers | Three Rivers | 672.6 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC RPR.SIM.SCALP ETC-7.6 / 12.5CM | 12004 | CPT | | | | outpatient | | | 708 | | 263.3 Horizon | PPO | 443.04 | | | 83.27 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR.SIM.SCALP ETC-7.6 / 12.5CM | 12004 | CPT | | | | outpatient | | | 708 | | 263.3 WellPoint | WellPoint | 227.83 | 32.18 | | | 125 | | 1782 percent of total billed charges | |
| HC RPR.SIM.SCALP ETC-7.6 / 12.5CM | 12004 | CPT | | | | outpatient | | | 708 | | 263.3 Consumer | Consumer | 672.6 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC RPR.SIM.SCALP ETC-7.6 / 12.5CM | 12004 | CPT | | | | outpatient | | | 708 | | 263.3 UHC | Medicare | 228.96 | | | 67.63 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR.SIM.SCALP ETC-7.6 / 12.5CM | 12004 | CPT | | | | outpatient | | | 708 | | 263.3 Managed Care Inc | Managed Care Inc | 637.2 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC RPR.SIM.SCALP ETC-7.6 / 12.5CM | 12004 | CPT | | | | outpatient | | | 708 | | 263.3 Multiplan | Multiplan | 566.4 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC RPR.SIM.SCALP ETC-7.6 / 12.5CM | 12004 | CPT | | | | outpatient | | | 708 | | 263.3 UHC | Medicaid | 223.37 | 31.55 | | 211.97 | 125 | | 1782 percent of total billed charges | |
| HC RPR.SIM.SCALP ETC-7.6 / 12.5CM | 12004 | CPT | | | | outpatient | | | 708 | | 263.3 Horizon | Medicare Blue | 228.96 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR.SIM.SCALP ETC-7.6 / 12.5CM | 12004 | CPT | | | | outpatient | | | 708 | | 263.3 Wellcare | Medicare | 228.96 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR.SIM.SCALP ETC-7.6 / 12.5CM | 12004 | CPT | | | | outpatient | | | 708 | | 263.3 Wellcare | Medicaid | 223.37 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC RPR.SIM.SCALP ETC-7.6 / 12.5CM | 12004 | CPT | | | | outpatient | | | 708 | | 263.3 United | Oxford | 1782 | | | | 125 | | 1782 case rate | |
| HC RPR.SMP.SCALP ETC 12.6/20.0CM | 12005 | CPT | | | | outpatient | | | 1410 | | 524.43 UHC | Medicaid | 444.86 | 31.55 | | | 444.86 | | 1782 percent of total billed charges | |
| HC RPR.SMP.SCALP ETC 12.6/20.0CM | 12005 | CPT | | | | outpatient | | | 1410 | | 524.43 Aetna | Commercial | 744.24 | | | | 444.86 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR.SMP.SCALP ETC 12.6/20.0CM | 12005 | CPT | | | | outpatient | | | 1410 | | 524.43 Corrections | Corrections | 1128 | 80 | | | 444.86 | | 1782 percent of total billed charges | |
| HC RPR.SMP.SCALP ETC 12.6/20.0CM | 12005 | CPT | | | | outpatient | | | 1410 | | 524.43 Aetna | Better Health | 444.86 | 31.55 | | | 444.86 | | 1782 percent of total billed charges | |
| HC RPR.SMP.SCALP ETC 12.6/20.0CM | 12005 | CPT | | | | outpatient | | | 1410 | | 524.43 Amerihealth | HMO/PPO | 550 | | | | 444.86 | | 1782 fee schedule | |
| HC RPR.SMP.SCALP ETC 12.6/20.0CM | 12005 | CPT | | | | outpatient | | | 1410 | | 524.43 Multiplan | Multiplan | 1128 | 80 | | | 444.86 | | 1782 percent of total billed charges | |
| HC RPR.SMP.SCALP ETC 12.6/20.0CM | 12005 | CPT | | | | outpatient | | | 1410 | | 524.43 First Trenton | First Trenton | 1269 | 90 | | | 444.86 | | 1782 percent of total billed charges | |
| HC RPR.SMP.SCALP ETC 12.6/20.0CM | 12005 | CPT | | | | outpatient | | | 1410 | | 524.43 Americare | Americare | 1057.5 | 75 | | | 444.86 | | 1782 percent of total billed charges | |
| HC RPR.SMP.SCALP ETC 12.6/20.0CM | 12005 | CPT | | | | outpatient | | | 1410 | | 524.43 UHC | Medicare | 456.03 | | | | 444.86 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR.SMP.SCALP ETC 12.6/20.0CM | 12005 | CPT | | | | outpatient | | | 1410 | | 524.43 Quelcare | Qualcare | 1057.5 | 75 | | | 444.86 | | 1782 percent of total billed charges | |
| HC RPR.SMP.SCALP ETC 12.6/20.0CM | 12005 | CPT | | | | outpatient | | | 1410 | | 524.43 Horizon | MGD | 882.42 | | | | 444.86 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR.SMP.SCALP ETC 12.6/20.0CM | 12005 | CPT | | | | outpatient | | | 1410 | | 524.43 Aetna | Medicare | 456.03 | | | | 444.86 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR.SMP.SCALP ETC 12.6/20.0CM | 12005 | CPT | | | | outpatient | | | 1410 | | 524.43 Amerihealth | Medicare | 456.03 | | | | 444.86 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR.SMP.SCALP ETC 12.6/20.0CM | 12005 | CPT | | | | outpatient | | | 1410 | | 524.43 Consumer | Consumer | 1339.5 | 95 | | | 444.86 | | 1782 percent of total billed charges | |
| HC RPR.SMP.SCALP ETC 12.6/20.0CM | 12005 | CPT | | | | outpatient | | | 1410 | | 524.43 Managed Care Inc | Managed Care Inc | 1269 | 90 | | | 444.86 | | 1782 percent of total billed charges | |
| HC RPR.SMP.SCALP ETC 12.6/20.0CM | 12005 | CPT | | | | outpatient | | | 1410 | | 524.43 Wellcare | Medicare | 456.03 | | | | 444.86 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR.SMP.SCALP ETC 12.6/20.0CM | 12005 | CPT | | | | outpatient | | | 1410 | | 524.43 First Health | First Health | 987 | 70 | | | 444.86 | | 1782 percent of total billed charges | |
| HC RPR.SMP.SCALP ETC 12.6/20.0CM | 12005 | CPT | | | | outpatient | | | 1410 | | 524.43 Horizon | Medicare Blue | 456.03 | | | | 444.86 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR.SMP.SCALP ETC 12.6/20.0CM | 12005 | CPT | | | | outpatient | | | 1410 | | 524.43 Horizon | PPO | 882.42 | | | | 444.86 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR.SMP.SCALP ETC 12.6/20.0CM | 12005 | CPT | | | | outpatient | | | 1410 | | 524.43 United | Oxford | 1782 | | | | 444.86 | | 1782 case rate | |
| HC RPR.SMP.SCALP ETC 12.6/20.0CM | 12005 | CPT | | | | outpatient | | | 1410 | | 524.43 Horizon | Indemnity | 882.42 | | | | 444.86 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR.SMP.SCALP ETC 12.6/20.0CM | 12005 | CPT | | | | outpatient | | | 1410 | | 524.43 Three Rivers | Three Rivers | 1339.5 | 95 | | | 444.86 | | 1782 percent of total billed charges | |
| HC RPR.SMP.SCALP ETC 12.6/20.0CM | 12005 | CPT | | | | outpatient | | | 1410 | | 524.43 United | CommercialPPO | 1782 | | | | 444.86 | | 1782 case rate | |
| HC RPR.SMP.SCALP ETC 12.6/20.0CM | 12005 | CPT | | | | outpatient | | | 1410 | | 524.43 WellPoint | WellPoint | 453.74 | 32.18 | | | 444.86 | | 1782 percent of total billed charges | |
| HC RPR.SMP.SCALP ETC 12.6/20.0CM | 12005 | CPT | | | | outpatient | | | 1410 | | 524.43 Wellcare | Medicaid | 444.86 | 31.55 | | | 444.86 | | 1782 percent of total billed charges | |
| HC RPR.SMP.SCALP ETC 20.1/30 CM | 12006 | CPT | | | | outpatient | | | 1410 | | 524.43 Aetna | Medicare | 456.03 | | | | 444.86 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR.SMP.SCALP ETC 20.1/30 CM | 12006 | CPT | | | | outpatient | | | 1410 | | 524.43 Aetna | Commercial | 744.24 | | | | 444.86 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR.SMP.SCALP ETC 20.1/30 CM | 12006 | CPT | | | | outpatient | | | 1410 | | 524.43 Consumer | Consumer | 1339.5 | 95 | | | 444.86 | | 1782 percent of total billed charges | |
| HC RPR.SMP.SCALP ETC 20.1/30 CM | 12006 | CPT | | | | outpatient | | | 1410 | | 524.43 Horizon | Medicare Blue | 456.03 | | | | 444.86 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR.SMP.SCALP ETC 20.1/30 CM | 12006 | CPT | | | | outpatient | | | 1410 | | 524.43 Americare | Americare | 1057.5 | 75 | | | 444.86 | | 1782 percent of total billed charges | |
| HC RPR.SMP.SCALP ETC 20.1/30 CM | 12006 | CPT | | | | outpatient | | | 1410 | | 524.43 Amerihealth | HMO/PPO | 550 | | | | 444.86 | | 1782 fee schedule | |
| HC RPR.SMP.SCALP ETC 20.1/30 CM | 12006 | CPT | | | | outpatient | | | 1410 | | 524.43 First Health | First Health | 987 | 70 | | | 444.86 | | 1782 percent of total billed charges | |
| HC RPR.SMP.SCALP ETC 20.1/30 CM | 12006 | CPT | | | | outpatient | | | 1410 | | 524.43 Aetna | Better Health | 444.86 | 31.55 | | | 444.86 | | 1782 percent of total billed charges | |
| HC RPR.SMP.SCALP ETC 20.1/30 CM | 12006 | CPT | | | | outpatient | | | 1410 | | 524.43 Corrections | Corrections | 1128 | 80 | | | 444.86 | | 1782 percent of total billed charges | |
| HC RPR.SMP.SCALP ETC 20.1/30 CM | 12006 | CPT | | | | outpatient | | | 1410 | | 524.43 Horizon | MGD | 882.42 | | | | 444.86 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR.SMP.SCALP ETC 20.1/30 CM | 12006 | CPT | | | | outpatient | | | 1410 | | 524.43 Horizon | Indemnity | 882.42 | | | | 444.86 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR.SMP.SCALP ETC 20.1/30 CM | 12006 | CPT | | | | outpatient | | | 1410 | | 524.43 Horizon | PPO | 882.42 | | | | 444.86 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR.SMP.SCALP ETC 20.1/30 CM | 12006 | CPT | | | | outpatient | | | 1410 | | 524.43 First Trenton | First Trenton | 1269 | 90 | | | 444.86 | | 1782 percent of total billed charges | |
| HC RPR.SMP.SCALP ETC 20.1/30 CM | 12006 | CPT | | | | outpatient | | | 1410 | | 524.43 Amerihealth | Medicare | 456.03 | | | | 444.86 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR.SMP.SCALP ETC 20.1/30 CM | 12006 | CPT | | | | outpatient | | | 1410 | | 524.43 Multiplan | Multiplan | 1128 | 80 | | | 444.86 | | 1782 percent of total billed charges | |
| HC RPR.SMP.SCALP ETC 20.1/30 CM | 12006 | CPT | | | | outpatient | | | 1410 | | 524.43 WellPoint | WellPoint | 453.74 | 32.18 | | | 444.86 | | 1782 percent of total billed charges | |
| HC RPR.SMP.SCALP ETC 20.1/30 CM | 12006 | CPT | | | | outpatient | | | 1410 | | 524.43 Managed Care Inc | Managed Care Inc | 1269 | 90 | | | 444.86 | | 1782 percent of total billed charges | |
| HC RPR.SMP.SCALP ETC 20.1/30 CM | 12006 | CPT | | | | outpatient | | | 1410 | | 524.43 UHC | Medicare | 456.03 | | | | 444.86 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR.SMP.SCALP ETC 20.1/30 CM | 12006 | CPT | | | | outpatient | | | 1410 | | 524.43 UHC | Medicaid | 444.86 | 31.55 | | | 444.86 | | 1782 percent of total billed charges | |
| HC RPR.SMP.SCALP ETC 20.1/30 CM | 12006 | CPT | | | | outpatient | | | 1410 | | 524.43 Three Rivers | Three Rivers | 1339.5 | 95 | | | 444.86 | | 1782 percent of total billed charges | |
| HC RPR.SMP.SCALP ETC 20.1/30 CM | 12006 | CPT | | | | outpatient | | | 1410 | | 524.43 Quelcare | Qualcare | 1057.5 | 75 | | | 444.86 | | 1782 percent of total billed charges | |
| HC RPR.SMP.SCALP ETC 20.1/30 CM | 12006 | CPT | | | | outpatient | | | 1410 | | 524.43 United | CommercialPPO | 1782 | | | | 444.86 | | 1782 case rate | |
| HC RPR.SMP.SCALP ETC 20.1/30 CM | 12006 | CPT | | | | outpatient | | | 1410 | | 524.43 Wellcare | Medicare | 456.03 | | | | 444.86 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR.SMP.SCALP ETC 20.1/30 CM | 12006 | CPT | | | | outpatient | | | 1410 | | 524.43 United | Oxford | 1782 | | | | 444.86 | | 1782 case rate | |
| HC RPR.SMP.SCALP ETC 20.1/30 CM | 12006 | CPT | | | | outpatient | | | 1410 | | 524.43 Wellcare | Medicaid | 444.86 | 31.55 | | | 444.86 | | 1782 percent of total billed charges | |
| HC SIMPL REP FACE<=2.5CM | 12011 | CPT | | | | both | | | 659 | | 263.3 Consumer | Consumer | 626.05 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC SIMPL REP FACE<=2.5CM | 12011 | CPT | | | | both | | | 659 | | 263.3 First Trenton | First Trenton | 593.1 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC SIMPL REP FACE<=2.5CM | 12011 | CPT | | | | both | | | 659 | | 263.3 Aetna | Better Health | 207.91 | 31.55 | | 166.65 | 125 | | 1782 percent of total billed charges | |
| HC SIMPL REP FACE<=2.5CM | 12011 | CPT | | | | both | | | 659 | | 263.3 Horizon | Indemnity | 443.04 | | | 100.04 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMPL REP FACE<=2.5CM | 12011 | CPT | | | | both | | | 659 | | 263.3 Corrections | Corrections | 527.2 | 80 | | 141.48 | 125 | | 1782 percent of total billed charges | |
| HC SIMPL REP FACE<=2.5CM | 12011 | CPT | | | | both | | | 659 | | 263.3 Aetna | Commercial | 250.42 | 38 | | 96.56 | 125 | | 1782 percent of total billed charges | |
| HC SIMPL REP FACE<=2.5CM | 12011 | CPT | | | | both | | | 659 | | 263.3 Horizon | Medicare Blue | 228.96 | | | 57.68 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMPL REP FACE<=2.5CM | 12011 | CPT | | | | both | | | 659 | | 263.3 Aetna | Medicare | 228.96 | | | 45.96 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMPL REP FACE<=2.5CM | 12011 | CPT | | | | both | | | 659 | | 263.3 First Health | First Health | 461.3 | 70 | | | 125 | | 1782 percent of total billed charges | |
| HC SIMPL REP FACE<=2.5CM | 12011 | CPT | | | | both | | | 659 | | 263.3 Managed Care Inc | Managed Care Inc | 593.1 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC SIMPL REP FACE<=2.5CM | 12011 | CPT | | | | both | | | 659 | | 263.3 Qualcare | Q

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC SIMPL REP FACE<=2.5CM | 12011 | CPT | | | | both | | | 659 | 263.3 | Horizon | MGD | 443.04 | | | 87.99 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMPL REP FACE<=2.5CM | 12011 | CPT | | | | both | | | 659 | 263.3 | Horizon | PPO | 443.04 | | | 124.63 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMPL REP FACE<=2.5CM | 12011 | CPT | | | | both | | | 659 | 263.3 | Multiplan | Multiplan | 527.2 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC SIMPL REP FACE<=2.5CM | 12011 | CPT | | | | both | | | 659 | 263.3 | Americare | Americare | 494.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC SIMPL REP FACE<=2.5CM | 12011 | CPT | | | | both | | | 659 | 263.3 | Three Rivers | Three Rivers | 626.05 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC SIMPL REP FACE<=2.5CM | 12011 | CPT | | | | both | | | 659 | 263.3 | Wellcare | Medicare | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMPL REP FACE<=2.5CM | 12011 | CPT | | | | both | | | 659 | 263.3 | United | CommercialPPO | 1782 | | | 41.31 | 125 | 1782 | case rate | |
| HC SIMPL REP FACE<=2.5CM | 12011 | CPT | | | | both | | | 659 | 263.3 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC SIMPL REP FACE<=2.5CM | 12011 | CPT | | | | both | | | 659 | 263.3 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC SIMPL REP FACE<=2.5CM | 12011 | CPT | | | | both | | | 659 | 263.3 | Amerihealth | Medicare | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMPL REP FACE<=2.5CM | 12011 | CPT | | | | both | | | 659 | 263.3 | WellPoint | WellPoint | 212.07 | 32.18 | | 131.54 | 125 | 1782 | percent of total billed charges | |
| HC SIMPL REP FACE<=2.5CM | 12011 | CPT | | | | both | | | 659 | 263.3 | UHC | Medicaid | 207.91 | 31.55 | | 158.8 | 125 | 1782 | percent of total billed charges | |
| HC SIMPL REP FACE<=2.5CM | 12011 | CPT | | | | both | | | 659 | 263.3 | UHC | Medicare | 228.96 | | | 68.29 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMPLE REPAIR FACE>2.6<=5.0CM | 12013 | CPT | | | | outpatient | | | 659 | 263.3 | Aetna | Medicare | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMPLE REPAIR FACE>2.6<=5.0CM | 12013 | CPT | | | | outpatient | | | 659 | 263.3 | First Trenton | First Trenton | 593.1 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC SIMPLE REPAIR FACE>2.6<=5.0CM | 12013 | CPT | | | | outpatient | | | 659 | 263.3 | Amerihealth | Medicare | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMPLE REPAIR FACE>2.6<=5.0CM | 12013 | CPT | | | | outpatient | | | 659 | 263.3 | Corrections | Corrections | 527.2 | 80 | | 114.61 | 125 | 1782 | percent of total billed charges | |
| HC SIMPLE REPAIR FACE>2.6<=5.0CM | 12013 | CPT | | | | outpatient | | | 659 | 263.3 | Americare | Americare | 494.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC SIMPLE REPAIR FACE>2.6<=5.0CM | 12013 | CPT | | | | outpatient | | | 659 | 263.3 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC SIMPLE REPAIR FACE>2.6<=5.0CM | 12013 | CPT | | | | outpatient | | | 659 | 263.3 | Aetna | Commercial | 373.66 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMPLE REPAIR FACE>2.6<=5.0CM | 12013 | CPT | | | | outpatient | | | 659 | 263.3 | Aetna | Better Health | 207.91 | 31.55 | | 146.35 | 125 | 1782 | percent of total billed charges | |
| HC SIMPLE REPAIR FACE>2.6<=5.0CM | 12013 | CPT | | | | outpatient | | | 659 | 263.3 | Wellcare | Medicaid | 207.91 | 31.55 | | 159.19 | 125 | 1782 | percent of total billed charges | |
| HC SIMPLE REPAIR FACE>2.6<=5.0CM | 12013 | CPT | | | | outpatient | | | 659 | 263.3 | Managed Care Inc | Managed Care Inc | 593.1 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC SIMPLE REPAIR FACE>2.6<=5.0CM | 12013 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | Indemnity | 443.04 | | | 42.81 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMPLE REPAIR FACE>2.6<=5.0CM | 12013 | CPT | | | | outpatient | | | 659 | 263.3 | United | CommercialPPO | 1782 | | | | 125 | 1782 | case rate | |
| HC SIMPLE REPAIR FACE>2.6<=5.0CM | 12013 | CPT | | | | outpatient | | | 659 | 263.3 | Consumer | Consumer | 626.05 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC SIMPLE REPAIR FACE>2.6<=5.0CM | 12013 | CPT | | | | outpatient | | | 659 | 263.3 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC SIMPLE REPAIR FACE>2.6<=5.0CM | 12013 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | Medicare Blue | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMPLE REPAIR FACE>2.6<=5.0CM | 12013 | CPT | | | | outpatient | | | 659 | 263.3 | First Health | First Health | 461.3 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC SIMPLE REPAIR FACE>2.6<=5.0CM | 12013 | CPT | | | | outpatient | | | 659 | 263.3 | UHC | Medicare | 228.96 | | | 80.76 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMPLE REPAIR FACE>2.6<=5.0CM | 12013 | CPT | | | | outpatient | | | 659 | 263.3 | Three Rivers | Three Rivers | 626.05 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC SIMPLE REPAIR FACE>2.6<=5.0CM | 12013 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | MGD | 443.04 | | | 113.71 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMPLE REPAIR FACE>2.6<=5.0CM | 12013 | CPT | | | | outpatient | | | 659 | 263.3 | Multiplan | Multiplan | 527.2 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC SIMPLE REPAIR FACE>2.6<=5.0CM | 12013 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | PPO | 443.04 | | | 102.69 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMPLE REPAIR FACE>2.6<=5.0CM | 12013 | CPT | | | | outpatient | | | 659 | 263.3 | Wellcare | Medicare | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMPLE REPAIR FACE>2.6<=5.0CM | 12013 | CPT | | | | outpatient | | | 659 | 263.3 | UHC | Medicaid | 207.91 | 31.55 | | 179.25 | 125 | 1782 | percent of total billed charges | |
| HC SIMPLE REPAIR FACE>2.6<=5.0CM | 12013 | CPT | | | | outpatient | | | 659 | 263.3 | Qualcare | Qualcare | 494.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC SIMPLE REPAIR FACE>2.6<=5.0CM | 12013 | CPT | | | | outpatient | | | 659 | 263.3 | WellPoint | WellPoint | 212.07 | 32.18 | | 100.71 | 125 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.5.1 /7.5CM | 12014 | CPT | | | | outpatient | | | 659 | 263.3 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC RPR SIMP FACE ETC.5.1 /7.5CM | 12014 | CPT | | | | outpatient | | | 659 | 263.3 | Aetna | Better Health | 207.91 | 31.55 | | 164.81 | 125 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.5.1 /7.5CM | 12014 | CPT | | | | outpatient | | | 659 | 263.3 | First Trenton | First Trenton | 593.1 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.5.1 /7.5CM | 12014 | CPT | | | | outpatient | | | 659 | 263.3 | Consumer | Consumer | 626.05 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.5.1 /7.5CM | 12014 | CPT | | | | outpatient | | | 659 | 263.3 | First Health | First Health | 461.3 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.5.1 /7.5CM | 12014 | CPT | | | | outpatient | | | 659 | 263.3 | Americare | Americare | 494.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.5.1 /7.5CM | 12014 | CPT | | | | outpatient | | | 659 | 263.3 | Corrections | Corrections | 527.2 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.5.1 /7.5CM | 12014 | CPT | | | | outpatient | | | 659 | 263.3 | Aetna | Commercial | 250.42 | 38 | | | 125 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.5.1 /7.5CM | 12014 | CPT | | | | outpatient | | | 659 | 263.3 | Amerihealth | Medicare | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR SIMP FACE ETC.5.1 /7.5CM | 12014 | CPT | | | | outpatient | | | 659 | 263.3 | Aetna | Medicare | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR SIMP FACE ETC.5.1 /7.5CM | 12014 | CPT | | | | outpatient | | | 659 | 263.3 | Managed Care Inc | Managed Care Inc | 593.1 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.5.1 /7.5CM | 12014 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | Medicare Blue | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR SIMP FACE ETC.5.1 /7.5CM | 12014 | CPT | | | | outpatient | | | 659 | 263.3 | UHC | Medicaid | 207.91 | 31.55 | | 195.4 | 125 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.5.1 /7.5CM | 12014 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | MGD | 443.04 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR SIMP FACE ETC.5.1 /7.5CM | 12014 | CPT | | | | outpatient | | | 659 | 263.3 | WellPoint | WellPoint | 212.07 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.5.1 /7.5CM | 12014 | CPT | | | | outpatient | | | 659 | 263.3 | Wellcare | Medicare | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR SIMP FACE ETC.5.1 /7.5CM | 12014 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | Indemnity | 443.04 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR SIMP FACE ETC.5.1 /7.5CM | 12014 | CPT | | | | outpatient | | | 659 | 263.3 | Multiplan | Multiplan | 527.2 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.5.1 /7.5CM | 12014 | CPT | | | | outpatient | | | 659 | 263.3 | Three Rivers | Three Rivers | 626.05 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.5.1 /7.5CM | 12014 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | PPO | 443.04 | | | 102.45 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR SIMP FACE ETC.5.1 /7.5CM | 12014 | CPT | | | | outpatient | | | 659 | 263.3 | United | CommercialPPO | 1782 | | | | 125 | 1782 | case rate | |
| HC RPR SIMP FACE ETC.5.1 /7.5CM | 12014 | CPT | | | | outpatient | | | 659 | 263.3 | Qualcare | Qualcare | 494.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.5.1 /7.5CM | 12014 | CPT | | | | outpatient | | | 659 | 263.3 | Wellcare | Medicaid | 207.91 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.5.1 /7.5CM | 12014 | CPT | | | | outpatient | | | 659 | 263.3 | UHC | Medicare | 228.96 | | | 71.23 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR SIMP FACE ETC.5.1 /7.5CM | 12014 | CPT | | | | outpatient | | | 659 | 263.3 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC RPR SIMP FACE ETC.7.6 / 12.5CM | 12015 | CPT | | | | outpatient | | | 659 | 263.3 | Corrections | Corrections | 527.2 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.7.6 / 12.5CM | 12015 | CPT | | | | outpatient | | | 659 | 263.3 | Aetna | Commercial | 373.66 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR SIMP FACE ETC.7.6 / 12.5CM | 12015 | CPT | | | | outpatient | | | 659 | 263.3 | Aetna | Better Health | 207.91 | 31.55 | | 199.16 | 125 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.7.6 / 12.5CM | 12015 | CPT | | | | outpatient | | | 659 | 263.3 | Wellcare | Medicare | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR SIMP FACE ETC.7.6 / 12.5CM | 12015 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | Indemnity | 443.04 | | | 191.23 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR SIMP FACE ETC.7.6 / 12.5CM | 12015 | CPT | | | | outpatient | | | 659 | 263.3 | Aetna | Medicare | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR SIMP FACE ETC.7.6 / 12.5CM | 12015 | CPT | | | | outpatient | | | 659 | 263.3 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC RPR SIMP FACE ETC.7.6 / 12.5CM | 12015 | CPT | | | | outpatient | | | 659 | 263.3 | Consumer | Consumer | 626.05 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.7.6 / 12.5CM | 12015 | CPT | | | | outpatient | | | 659 | 263.3 | First Trenton | First Trenton | 593.1 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.7.6 / 12.5CM | 12015 | CPT | | | | outpatient | | | 659 | 263.3 | Americare | Americare | 494.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.7.6 / 12.5CM | 12015 | CPT | | | | outpatient | | | 659 | 263.3 | UHC | Medicaid | 207.91 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.7.6 / 12.5CM | 12015 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | Medicare Blue | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR SIMP FACE ETC.7.6 / 12.5CM | 12015 | CPT | | | | outpatient | | | 659 | 263.3 | Three Rivers | Three Rivers | 626.05 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.7.6 / 12.5CM | 12015 | CPT | | | | outpatient | | | 659 | 263.3 | Multiplan | Multiplan | 527.2 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.7.6 / 12.5CM | 12015 | CPT | | | | outpatient | | | 659 | 263.3 | Amerihealth | Medicare | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR SIMP FACE ETC.7.6 / 12.5CM | 12015 | CPT | | | | outpatient | | | 659 | 263.3 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC RPR SIMP FACE ETC.7.6 / 12.5CM | 12015 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | MGD | 443.04 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR SIMP FACE ETC.7.6 / 12.5CM | 12015 | CPT | | | | outpatient | | | 659 | 263.3 | Qualcare | Qualcare | 494.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.7.6 / 12.5CM | 12015 | CPT | | | | outpatient | | | 659 | 263.3 | UHC | Medicare | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR SIMP FACE ETC.7.6 / 12.5CM | 12015 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | PPO | 443.04 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR SIMP FACE ETC.7.6 / 12.5CM | 12015 | CPT | | | | outpatient | | | 659 | 263.3 | First Health | First Health | 461.3 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.7.6 / 12.5CM | 12015 | CPT | | | | outpatient | | | 659 | 263.3 | Managed Care Inc | Managed Care Inc | 593.1 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.7.6 / 12.5CM | 12015 | CPT | | | | outpatient | | | 659 | 263.3 | United | CommercialPPO | 1782 | | | | 125 | 1782 | case rate | |
| HC RPR SIMP FACE ETC.7.6 / 12.5CM | 12015 | CPT | | | | outpatient | | | 659 | 263.3 | WellPoint | WellPoint | 212.07 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.7.6 / 12.5CM | 12015 | CPT | | | | outpatient | | | 659 | 263.3 | Wellcare | Medicaid | 207.91 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.12.6 TO 20.0CM | 12016 | CPT | | | | outpatient | | | 1410 | 524.43 | First Trenton | First Trenton | 1269 | 90 | | | 444.86 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.12.6 TO 20.0CM | 12016 | CPT | | | | outpatient | | | 1410 | 524.43 | Aetna | Commercial | 535.8 | 38 | | | 444.86 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.12.6 TO 20.0CM | 12016 | CPT | | | | outpatient | | | 1410 | 524.43 | Americare | Americare | 1057.5 | 75 | | | 444.86 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.12.6 TO 20.0CM | 12016 | CPT | | | | outpatient | | | 1410 | 524.43 | Aetna | Better Health | 444.86 | 31.55 | | | 444.86 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.12.6 TO 20.0CM | 12016 | CPT | | | | outpatient | | | 1410 | 524.43 | Corrections | Corrections | 1128 | 80 | | | 444.86 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.12.6 TO 20.0CM | 12016 | CPT | | | | outpatient | | | 1410 | 524.43 | Aetna | Medicare | 456.03 | | | | 444.86 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR SIMP FACE ETC.12.6 TO 20.0CM | 12016 | CPT | | | | outpatient | | | 1410 | 524.43 | Consumer | Consumer | 1339.5 | 95 | | | 444.86 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.12.6 TO 20.0CM | 12016 | CPT | | | | outpatient | | | 1410 | 524.43 | Amerihealth | HMO/PPO | 550 | | | | 444.86 | 1782 | fee schedule | |
| HC RPR SIMP FACE ETC.12.6 TO 20.0CM | 12016 | CPT | | | | outpatient | | | 1410 | 524.43 | Managed Care Inc | Managed Care Inc | 1269 | 90 | | | 444.86 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.12.6 TO 20.0CM | 12016 | CPT | | | | outpatient | | | 1410 | 524.43 | Horizon | MGD | 882.42 | | | | 444.86 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR SIMP FACE ETC.12.6 TO 20.0CM | 12016 | CPT | | | | outpatient | | | 1410 | 524.43 | Multiplan | Multiplan | 1128 | 80 | | | 444.86 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.12.6 TO 20.0CM | 12016 | CPT | | | | outpatient | | | 1410 | 524.43 | Three Rivers | Three Rivers | 1339.5 | 95 | | | 444.86 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.12.6 TO 20.0CM | 12016 | CPT | | | | outpatient | | | 1410 | 524.43 | Horizon | PPO | 882.42 | | | | 444.86 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR SIMP FACE ETC.12.6 TO 20.0CM | 12016 | CPT | | | | outpatient | | | 1410 | 524.43 | Amerihealth | Medicare | 456.03 | | | | 444.86 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR SIMP FACE ETC.12.6 TO 20.0CM | 12016 | CPT | | | | outpatient | | | 1410 | 524.43 | Qualcare | Qualcare | 1057.5 | 75 | | | 444.86 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.12.6 TO 20.0CM | 12016 | CPT | | | | outpatient | | | 1410 | 524.43 | United | Oxford | 1782 | | | | 444.86 | 1782 | case rate | |
| HC RPR SIMP FACE ETC.12.6 TO 20.0CM | 12016 | CPT | | | | outpatient | | | 1410 | 524.43 | Wellcare | Medicare | 456.03 | | | | 444.86 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR SIMP FACE ETC.12.6 TO 20.0CM | 12016 | CPT | | | | outpatient | | | 1410 | 524.43 | First Health | First Health | 987 | 70 | | | 444.86 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.12.6 TO 20.0CM | 12016 | CPT | | | | outpatient | | | 1410 | 524.43 | UHC | Medicaid | 444.86 | 31.55 | | | 444.86 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.12.6 TO 20.0CM | 12016 | CPT | | | | outpatient | | | 1410 | 524.43 | Horizon | Indemnity | 882.42 | | | | 444.86 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR SIMP FACE ETC.12.6 TO 20.0CM | 12016 | CPT | | | | outpatient | | | 1410 | 524.43 | United | CommercialPPO | 1782 | | | | 444.86 | 1782 | case rate | |
| HC RPR SIMP FACE ETC.12.6 TO 20.0CM | 12016 | CPT | | | | outpatient | | | 1410 | 524.43 | Horizon | Medicare Blue | 456.03 | | | | 444.86 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR SIMP FACE ETC.12.6 TO 20.0CM | 12016 | CPT | | | | outpatient | | | 1410 | 524.43 | WellPoint | WellPoint | 453.74 | 32.18 | | | 444.86 | 1782 | percent of total billed charges | |
| HC RPR SIMP FACE ETC.12.6 TO 20.0CM | 12016 | CPT | | | | outpatient | | | 1410 | 524.43 | UHC | Medicare | 456.03 | | | | 444.86 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR SIMP FACE ETC.12.6 TO 20.0CM | 12016 | CPT | | | | outpatient | | | 1410 | 524.43 | Wellcare | Medicaid | 444.86 | 31.55 | | | 444.86 | 1782 | percent of total billed charges | |
| HC SIMPLE REPAIR F/E/E/N/LM 20.1CM-30.0 CM | 12017 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Aetna | Better Health | 424.32 | 31.55 | | | 424.32 | 1782 | percent of total billed charges | |
| HC SIMPLE REPAIR F/E/E/N/LM 20.1CM-30.0 CM | 12017 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Aetna | Commercial | 744.24 | | | | 424.32 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMPLE REPAIR F/E/E/N/LM 20.1CM-30.0 CM | 12017 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Horizon | Indemnity | 882.42 | | | | 424.32 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMPLE REPAIR F/E/E/N/LM 20.1CM-30.0 CM | 12017 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Aetna | Medicare | 456.03 | | | | 424.32 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMPLE REPAIR F/E/E/N/LM 20.1CM-30.0 CM | 12017 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Horizon | MGD | 882.42 | | | | 424.32 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMPLE REPAIR F/E/E/N/LM 20.1CM-30.0 CM | 12017 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Amerihealth | HMO/PPO | 550 | | | | 424.32 | 1782 | fee schedule | |
| HC SIMPLE REPAIR F/E/E/N/LM 20.1CM-30.0 CM | 12017 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Corrections | Corrections | 1076.94 | 80 | | | 424.32 | 1782 | percent of total billed charges | |
| HC SIMPLE REPAIR F/E/E/N/LM 20.1CM-30.0 CM | 12017 | CPT | | | | outpatient | | | 1344.92 | 524.43 | First Trenton | First Trenton | 1210.43 | 90 | | | 424.32 | 1782 | percent of total billed charges | |
| HC SIMPLE REPAIR F/E/E/N/LM 20.1CM-30.0 CM | 12017 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Consumer | Consumer | 1277.67 | 95 | | | 424.32 | 1782 | percent of total billed charges | |
| HC SIMPLE REPAIR F/E/E/N/LM 20.1CM-30.0 CM | 12017 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Amerihealth | Medicare | 456.03 | | | | 424.32 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMPLE REPAIR F/E/E/N/LM 20.1CM-30.0 CM | 12017 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Multiplan | Multiplan | 1076.94 | 80 | | | 424.32 | 1782 | percent of total billed charges | |
| HC SIMPLE REPAIR F/E/E/N/LM 20.1CM-30.0 CM | 12017 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Americare | Americare | 1008.69 | 75 | | | 424.32 | 1782 | percent of total billed charges | |
| HC SIMPLE REPAIR F/E/E/N/LM 20.1CM-30.0 CM | 12017 | CPT | | | | outpatient | | | 1344.92 | 524.43 | First Health | First Health | 941.44 | 70 | | | 424.32 | 1782 | percent of total billed charges | |
| HC SIMPLE REPAIR F/E/E/N/LM 20.1CM-30.0 CM | 12017 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Horizon | Medicare Blue | 456.03 | | | | 424.32 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMPLE REPAIR F/E/E/N/LM 20.1CM-30.0 CM | 12017 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Horizon | PPO | 882.42 | | | | 424.32 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMPLE REPAIR F/E/E/N/LM 20.1CM-30.0 CM | 12017 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Managed Care Inc | Managed Care Inc | 1210.43 | 90 | | | 424.32 | 1782 | percent of total billed charges | |
| HC SIMPLE REPAIR F/E/E/N/LM 20.1CM-30.0 CM | 12017 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Wellcare | Medicare | 456.03 | | | | 424.32 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMPLE REPAIR F/E/E/N/LM 20.1CM-30.0 CM | 12017 | CPT | | | | outpatient | | | 1344.92 | 524.43 | UHC | Medicare | 456.03 | | | | 424.32 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMPLE REPAIR F/E/E/N/LM 20.1CM-30.0 CM | 12017 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Qualcare | Qualcare | 1008.69 | 75 | | | 424.32 | 1782 | percent of total billed charges | |
| HC SIMPLE REPAIR F/E/E/N/LM 20.1CM-30.0 CM | 12017 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Three Rivers | Three Rivers | 1277.67 | 95 | | | 424.32 | 1782 | percent of total billed charges | |
| HC SIMPLE REPAIR F/E/E/N/LM 20.1CM-30.0 CM | 12017 | CPT | | | | outpatient | | | 1344.92 | 524.43 | UHC | Medicaid | 424.32 | 31.55 | | | 424.32 | 1782 | percent of total billed charges | |
| HC SIMPLE REPAIR F/E/E/N/LM 20.1CM-30.0 CM | 12017 | CPT | | | | outpatient | | | 1344.92 | 524.43 | United | Oxford | 1782 | | | | 424.32 | 1782 | case rate | |
| HC SIMPLE REPAIR F/E/E/N/LM 20.1CM-30.0 CM | 12017 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Wellcare | Medicaid | 424.32 | 31.55 | | | 424.32 | 1782 | percent of total billed charges | |
| HC SIMPLE REPAIR F/E/E/N/LM 20.1CM-30.0 CM | 12017 | CPT | | | | outpatient | | | 1344.92 | 524.43 | United | CommercialPPO | 1782 | | | | 424.32 | 1782 | case rate | |
| HC SIMPLE REPAIR F/E/E/N/LM 20.1CM-30.0 CM | 12017 | CPT | | | | outpatient | | | 1344.92 | 524.43 | WellPoint | WellPoint | 432.8 | 32.18 | | | 424.32 | 1782 | percent of total billed charges | |
| HC WOUND DEHISCENCE SIMP CLOSE | 12020 | CPT | | | | outpatient | | | 2117 | 826.02 | Aetna | Commercial | 1172.23 | | | | 125 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WOUND DEHISCENCE SIMP CLOSE | 12020 | CPT | | | | outpatient | | | 2117 | 826.02 | Americare | Americare | 1587.75 | 75 | | | 125 | 2011.15 | percent of total billed charges | |
| HC WOUND DEHISCENCE SIMP CLOSE | 12020 | CPT | | | | outpatient | | | 2117 | 826.02 | Consumer | Consumer | 2011.15 | 95 | | | 125 | 2011.15 | percent of total billed charges | |
| HC WOUND DEHISCENCE SIMP CLOSE | 12020 | CPT | | | | outpatient | | | 2117 | 826.02 | Aetna | Better Health | 667.91 | 31.55 | | | 125 | 2011.15 | percent of total billed charges | |
| HC WOUND DEHISCENCE SIMP CLOSE | 12020 | CPT | | | | outpatient | | | 2117 | 826.02 | Wellcare | Medicare | 718.28 | | | | 125 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WOUND DEHISCENCE SIMP CLOSE | 12020 | CPT | | | | outpatient | | | 2117 | 826.02 | Amerihealth | Medicare | 718.28 | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC WOUND DEHISCENCE SIMP CLOSE | 12020 | CPT | | | | outpatient | | | 2117 | 826.02 | UHC | Medicare | 718.28 | | | | 125 | | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WOUND DEHISCENCE SIMP CLOSE | 12020 | CPT | | | | outpatient | | | 2117 | 826.02 | Aetna | Medicare | 718.28 | | | | 125 | | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WOUND DEHISCENCE SIMP CLOSE | 12020 | CPT | | | | outpatient | | | 2117 | 826.02 | First Trenton | First Trenton | 1905.3 | 90 | | | 125 | | 2011.15 | percent of total billed charges | |
| HC WOUND DEHISCENCE SIMP CLOSE | 12020 | CPT | | | | outpatient | | | 2117 | 826.02 | Qualcare | Qualcare | 1587.75 | 75 | | | 125 | | 2011.15 | percent of total billed charges | |
| HC WOUND DEHISCENCE SIMP CLOSE | 12020 | CPT | | | | outpatient | | | 2117 | 826.02 | Horizon | Indemnity | 1389.87 | | | | 125 | | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WOUND DEHISCENCE SIMP CLOSE | 12020 | CPT | | | | outpatient | | | 2117 | 826.02 | Corrections | Corrections | 1693.6 | 80 | | | 125 | | 2011.15 | percent of total billed charges | |
| HC WOUND DEHISCENCE SIMP CLOSE | 12020 | CPT | | | | outpatient | | | 2117 | 826.02 | Horizon | Medicare Blue | 718.28 | | | | 125 | | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WOUND DEHISCENCE SIMP CLOSE | 12020 | CPT | | | | outpatient | | | 2117 | 826.02 | Horizon | PPO | 1389.87 | | | | 125 | | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WOUND DEHISCENCE SIMP CLOSE | 12020 | CPT | | | | outpatient | | | 2117 | 826.02 | UHC | Medicaid | 667.91 | 31.55 | | | 125 | | 2011.15 | percent of total billed charges | |
| HC WOUND DEHISCENCE SIMP CLOSE | 12020 | CPT | | | | outpatient | | | 2117 | 826.02 | WellPoint | WellPoint | 681.25 | 32.18 | | | 125 | | 2011.15 | percent of total billed charges | |
| HC WOUND DEHISCENCE SIMP CLOSE | 12020 | CPT | | | | outpatient | | | 2117 | 826.02 | Managed Care Inc | Managed Care Inc | 1905.3 | 90 | | | 125 | | 2011.15 | percent of total billed charges | |
| HC WOUND DEHISCENCE SIMP CLOSE | 12020 | CPT | | | | outpatient | | | 2117 | 826.02 | United | CommercialPPO | 1782 | | | | 125 | | 2011.15 | case rate | |
| HC WOUND DEHISCENCE SIMP CLOSE | 12020 | CPT | | | | outpatient | | | 2117 | 826.02 | Three Rivers | Three Rivers | 2011.15 | 95 | | | 125 | | 2011.15 | percent of total billed charges | |
| HC WOUND DEHISCENCE SIMP CLOSE | 12020 | CPT | | | | outpatient | | | 2117 | 826.02 | United | Oxford | 1782 | | | | 125 | | 2011.15 | case rate | |
| HC WOUND DEHISCENCE SIMP CLOSE | 12020 | CPT | | | | outpatient | | | 2117 | 826.02 | Wellcare | Medicaid | 667.91 | 31.55 | | | 125 | | 2011.15 | percent of total billed charges | |
| HC TREATM SUPRF WUND DEHS SMPPAC | 12021 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | Indemnity | 882.42 | | | | 125 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREATM SUPRF WUND DEHS SMPPAC | 12021 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Better Health | 429.08 | 31.55 | | | 125 | | 1782 | percent of total billed charges | |
| HC TREATM SUPRF WUND DEHS SMPPAC | 12021 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Commercial | 744.24 | | | | 125 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREATM SUPRF WUND DEHS SMPPAC | 12021 | CPT | | | | outpatient | | | 1360 | 524.43 | First Trenton | First Trenton | 1224 | 90 | | | 125 | | 1782 | percent of total billed charges | |
| HC TREATM SUPRF WUND DEHS SMPPAC | 12021 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | Medicare Blue | 456.03 | | | | 125 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREATM SUPRF WUND DEHS SMPPAC | 12021 | CPT | | | | outpatient | | | 1360 | 524.43 | Consumer | Consumer | 1292 | 95 | | | 125 | | 1782 | percent of total billed charges | |
| HC TREATM SUPRF WUND DEHS SMPPAC | 12021 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Medicare | 456.03 | | | | 125 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREATM SUPRF WUND DEHS SMPPAC | 12021 | CPT | | | | outpatient | | | 1360 | 524.43 | Amerihealth | Medicare | 456.03 | | | | 125 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREATM SUPRF WUND DEHS SMPPAC | 12021 | CPT | | | | outpatient | | | 1360 | 524.43 | United | CommercialPPO | 1782 | | | | 125 | | 1782 | case rate | |
| HC TREATM SUPRF WUND DEHS SMPPAC | 12021 | CPT | | | | outpatient | | | 1360 | 524.43 | First Health | First Health | 952 | 70 | | | 125 | | 1782 | percent of total billed charges | |
| HC TREATM SUPRF WUND DEHS SMPPAC | 12021 | CPT | | | | outpatient | | | 1360 | 524.43 | Americare | Americare | 1020 | 75 | | | 125 | | 1782 | percent of total billed charges | |
| HC TREATM SUPRF WUND DEHS SMPPAC | 12021 | CPT | | | | outpatient | | | 1360 | 524.43 | Managed Care Inc | Managed Care Inc | 1224 | 90 | | | 125 | | 1782 | percent of total billed charges | |
| HC TREATM SUPRF WUND DEHS SMPPAC | 12021 | CPT | | | | outpatient | | | 1360 | 524.43 | Amerihealth | HMO/PPO | 125 | | | | 125 | | 1782 | fee schedule | |
| HC TREATM SUPRF WUND DEHS SMPPAC | 12021 | CPT | | | | outpatient | | | 1360 | 524.43 | Corrections | Corrections | 1088 | 80 | | | 125 | | 1782 | percent of total billed charges | |
| HC TREATM SUPRF WUND DEHS SMPPAC | 12021 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | MGD | 882.42 | | | | 125 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREATM SUPRF WUND DEHS SMPPAC | 12021 | CPT | | | | outpatient | | | 1360 | 524.43 | Multiplan | Multiplan | 1088 | 80 | | | 125 | | 1782 | percent of total billed charges | |
| HC TREATM SUPRF WUND DEHS SMPPAC | 12021 | CPT | | | | outpatient | | | 1360 | 524.43 | Three Rivers | Three Rivers | 1292 | 95 | | | 125 | | 1782 | percent of total billed charges | |
| HC TREATM SUPRF WUND DEHS SMPPAC | 12021 | CPT | | | | outpatient | | | 1360 | 524.43 | UHC | Medicare | 456.03 | | | | 125 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREATM SUPRF WUND DEHS SMPPAC | 12021 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | PPO | 882.42 | | | | 125 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREATM SUPRF WUND DEHS SMPPAC | 12021 | CPT | | | | outpatient | | | 1360 | 524.43 | Qualcare | Qualcare | 1020 | 75 | | | 125 | | 1782 | percent of total billed charges | |
| HC TREATM SUPRF WUND DEHS SMPPAC | 12021 | CPT | | | | outpatient | | | 1360 | 524.43 | Wellcare | Medicaid | 429.08 | 31.55 | | | 125 | | 1782 | percent of total billed charges | |
| HC TREATM SUPRF WUND DEHS SMPPAC | 12021 | CPT | | | | outpatient | | | 1360 | 524.43 | UHC | Medicaid | 429.08 | 31.55 | | | 125 | | 1782 | percent of total billed charges | |
| HC TREATM SUPRF WUND DEHS SMPPAC | 12021 | CPT | | | | outpatient | | | 1360 | 524.43 | Wellcare | Medicare | 456.03 | | | | 125 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREATM SUPRF WUND DEHS SMPPAC | 12021 | CPT | | | | outpatient | | | 1360 | 524.43 | United | Oxford | 1782 | | | | 125 | | 1782 | case rate | |
| HC TREATM SUPRF WUND DEHS SMPPAC | 12021 | CPT | | | | outpatient | | | 1360 | 524.43 | WellPoint | WellPoint | 437.65 | 32.18 | | | 125 | | 1782 | percent of total billed charges | |
| HC RPR INTRM SI/AT/EXT, <= 2.5 CM | 12031 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Better Health | 429.08 | 31.55 | | | 125 | | 1782 | percent of total billed charges | |
| HC RPR INTRM SI/AT/EXT, <= 2.5 CM | 12031 | CPT | | | | outpatient | | | 1360 | 524.43 | Three Rivers | Three Rivers | 1292 | 95 | | | 125 | | 1782 | percent of total billed charges | |
| HC RPR INTRM SI/AT/EXT, <= 2.5 CM | 12031 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Commercial | 744.24 | | | | 125 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR INTRM SI/AT/EXT, <= 2.5 CM | 12031 | CPT | | | | outpatient | | | 1360 | 524.43 | Qualcare | Qualcare | 1020 | 75 | | | 125 | | 1782 | percent of total billed charges | |
| HC RPR INTRM SI/AT/EXT, <= 2.5 CM | 12031 | CPT | | | | outpatient | | | 1360 | 524.43 | Consumer | Consumer | 1292 | 95 | | | 125 | | 1782 | percent of total billed charges | |
| HC RPR INTRM SI/AT/EXT, <= 2.5 CM | 12031 | CPT | | | | outpatient | | | 1360 | 524.43 | First Trenton | First Trenton | 1224 | 90 | | | 125 | | 1782 | percent of total billed charges | |
| HC RPR INTRM SI/AT/EXT, <= 2.5 CM | 12031 | CPT | | | | outpatient | | | 1360 | 524.43 | UHC | Medicare | 456.03 | | | | 125 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR INTRM SI/AT/EXT, <= 2.5 CM | 12031 | CPT | | | | outpatient | | | 1360 | 524.43 | First Health | First Health | 952 | 70 | | | 125 | | 1782 | percent of total billed charges | |
| HC RPR INTRM SI/AT/EXT, <= 2.5 CM | 12031 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Medicare | 456.03 | | | | 125 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR INTRM SI/AT/EXT, <= 2.5 CM | 12031 | CPT | | | | outpatient | | | 1360 | 524.43 | Managed Care Inc | Managed Care Inc | 1224 | 90 | | | 125 | | 1782 | percent of total billed charges | |
| HC RPR INTRM SI/AT/EXT, <= 2.5 CM | 12031 | CPT | | | | outpatient | | | 1360 | 524.43 | Americare | Americare | 1020 | 75 | | | 125 | | 1782 | percent of total billed charges | |
| HC RPR INTRM SI/AT/EXT, <= 2.5 CM | 12031 | CPT | | | | outpatient | | | 1360 | 524.43 | UHC | Medicaid | 429.08 | 31.55 | | 396.88 | 125 | | 1782 | percent of total billed charges | |
| HC RPR INTRM SI/AT/EXT, <= 2.5 CM | 12031 | CPT | | | | outpatient | | | 1360 | 524.43 | Corrections | Corrections | 1088 | 80 | | | 125 | | 1782 | percent of total billed charges | |
| HC RPR INTRM SI/AT/EXT, <= 2.5 CM | 12031 | CPT | | | | outpatient | | | 1360 | 524.43 | Wellcare | Medicare | 456.03 | | | | 125 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR INTRM SI/AT/EXT, <= 2.5 CM | 12031 | CPT | | | | outpatient | | | 1360 | 524.43 | Amerihealth | HMO/PPO | 125 | | | | 125 | | 1782 | fee schedule | |
| HC RPR INTRM SI/AT/EXT, <= 2.5 CM | 12031 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | Indemnity | 882.42 | | | | 125 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR INTRM SI/AT/EXT, <= 2.5 CM | 12031 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | MGD | 882.42 | | | | 125 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR INTRM SI/AT/EXT, <= 2.5 CM | 12031 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | PPO | 882.42 | | | 456.36 | 125 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR INTRM SI/AT/EXT, <= 2.5 CM | 12031 | CPT | | | | outpatient | | | 1360 | 524.43 | Amerihealth | Medicare | 456.03 | | | | 125 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR INTRM SI/AT/EXT, <= 2.5 CM | 12031 | CPT | | | | outpatient | | | 1360 | 524.43 | Multiplan | Multiplan | 1088 | 80 | | | 125 | | 1782 | percent of total billed charges | |
| HC RPR INTRM SI/AT/EXT, <= 2.5 CM | 12031 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | Medicare Blue | 456.03 | | | | 125 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR INTRM SI/AT/EXT, <= 2.5 CM | 12031 | CPT | | | | outpatient | | | 1360 | 524.43 | United | CommercialPPO | 1782 | | | | 125 | | 1782 | case rate | |
| HC RPR INTRM SI/AT/EXT, <= 2.5 CM | 12031 | CPT | | | | outpatient | | | 1360 | 524.43 | United | Oxford | 1782 | | | 34.28 | 125 | | 1782 | case rate | |
| HC RPR INTRM SI/AT/EXT, <= 2.5 CM | 12031 | CPT | | | | outpatient | | | 1360 | 524.43 | Wellcare | Medicaid | 429.08 | 31.55 | | | 125 | | 1782 | percent of total billed charges | |
| HC RPR INTRM SI/AT/EXT, <= 2.5 CM | 12031 | CPT | | | | outpatient | | | 1360 | 524.43 | WellPoint | WellPoint | 437.65 | 32.18 | | | 125 | | 1782 | percent of total billed charges | |
| HC RPR INTRM SI/AT/EXT, 2.6-7.5 CM | 12032 | CPT | | | | outpatient | | | 1360 | 524.43 | First Trenton | First Trenton | 1224 | 90 | | | 429.08 | | 1782 | percent of total billed charges | |
| HC RPR INTRM SI/AT/EXT, 2.6-7.5 CM | 12032 | CPT | | | | outpatient | | | 1360 | 524.43 | First Health | First Health | 952 | 70 | | | 429.08 | | 1782 | percent of total billed charges | |
| HC RPR INTRM SI/AT/EXT, 2.6-7.5 CM | 12032 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Medicare | 456.03 | | | | 429.08 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR INTRM SI/AT/EXT, 2.6-7.5 CM | 12032 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Commercial | 744.24 | | | 198.66 | 429.08 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR INTRM SI/AT/EXT, 2.6-7.5 CM | 12032 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Better Health | 429.08 | 31.55 | | 183.35 | 429.08 | | 1782 | percent of total billed charges | |
| HC RPR INTRM SI/AT/EXT, 2.6-7.5 CM | 12032 | CPT | | | | outpatient | | | 1360 | 524.43 | Consumer | Consumer | 1292 | 95 | | | 429.08 | | 1782 | percent of total billed charges | |
| HC RPR INTRM SI/AT/EXT, 2.6-7.5 CM | 12032 | CPT | | | | outpatient | | | 1360 | 524.43 | Americare | Americare | 1020 | 75 | | | 429.08 | | 1782 | percent of total billed charges | |
| HC RPR INTRM SI/AT/EXT, 2.6-7.5 CM | 12032 | CPT | | | | outpatient | | | 1360 | 524.43 | WellPoint | WellPoint | 437.65 | 32.18 | | | 429.08 | | 1782 | percent of total billed charges | |
| HC RPR INTRM SI/AT/EXT, 2.6-7.5 CM | 12032 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | Indemnity | 882.42 | | | 274.35 | 429.08 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR INTRM SI/AT/EXT, 2.6-7.5 CM | 12032 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | PPO | 882.42 | | | 148.54 | 429.08 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR INTRM SI/AT/EXT, 2.6-7.5 CM | 12032 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | MGD | 882.42 | | | | 429.08 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR INTRM SI/AT/EXT, 2.6-7.5 CM | 12032 | CPT | | | | outpatient | | | 1360 | 524.43 | Corrections | Corrections | 1088 | 80 | | | 429.08 | | 1782 | percent of total billed charges | |
| HC RPR INTRM SI/AT/EXT, 2.6-7.5 CM | 12032 | CPT | | | | outpatient | | | 1360 | 524.43 | UHC | Medicare | 456.03 | | | | 429.08 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR INTRM SI/AT/EXT, 2.6-7.5 CM | 12032 | CPT | | | | outpatient | | | 1360 | 524.43 | Three Rivers | Three Rivers | 1292 | 95 | | | 429.08 | | 1782 | percent of total billed charges | |
| HC RPR INTRM SI/AT/EXT, 2.6-7.5 CM | 12032 | CPT | | | | outpatient | | | 1360 | 524.43 | Amerihealth | HMO/PPO | 550 | | | | 429.08 | | 1782 | fee schedule | |
| HC RPR INTRM SI/AT/EXT, 2.6-7.5 CM | 12032 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | Medicare Blue | 456.03 | | | | 429.08 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR INTRM SI/AT/EXT, 2.6-7.5 CM | 12032 | CPT | | | | outpatient | | | 1360 | 524.43 | Managed Care Inc | Managed Care Inc | 1224 | 90 | | | 429.08 | | 1782 | percent of total billed charges | |
| HC RPR INTRM SI/AT/EXT, 2.6-7.5 CM | 12032 | CPT | | | | outpatient | | | 1360 | 524.43 | Multiplan | Multiplan | 1088 | 80 | | | 429.08 | | 1782 | percent of total billed charges | |
| HC RPR INTRM SI/AT/EXT, 2.6-7.5 CM | 12032 | CPT | | | | outpatient | | | 1360 | 524.43 | Amerihealth | Medicare | 456.03 | | | | 429.08 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR INTRM SI/AT/EXT, 2.6-7.5 CM | 12032 | CPT | | | | outpatient | | | 1360 | 524.43 | UHC | Medicaid | 429.08 | 31.55 | | 215.01 | 429.08 | | 1782 | percent of total billed charges | |
| HC RPR INTRM SI/AT/EXT, 2.6-7.5 CM | 12032 | CPT | | | | outpatient | | | 1360 | 524.43 | Qualcare | Qualcare | 1020 | 75 | | | 429.08 | | 1782 | percent of total billed charges | |
| HC RPR INTRM SI/AT/EXT, 2.6-7.5 CM | 12032 | CPT | | | | outpatient | | | 1360 | 524.43 | United | CommercialPPO | 1782 | | | | 429.08 | | 1782 | case rate | |
| HC RPR INTRM SI/AT/EXT, 2.6-7.5 CM | 12032 | CPT | | | | outpatient | | | 1360 | 524.43 | Wellcare | Medicare | 456.03 | | | | 429.08 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR INTRM SI/AT/EXT, 2.6-7.5 CM | 12032 | CPT | | | | outpatient | | | 1360 | 524.43 | United | Oxford | 1782 | | | | 429.08 | | 1782 | case rate | |
| HC RPR INTRM SI/AT/EXT, 2.6-7.5 CM | 12032 | CPT | | | | outpatient | | | 1360 | 524.43 | Wellcare | Medicaid | 429.08 | 31.55 | | | 429.08 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM SI/AT/EXT 7.6-12.5C | 12034 | CPT | | | | outpatient | | | 1410 | 524.43 | Aetna | Better Health | 444.86 | 31.55 | | | 444.86 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM SI/AT/EXT 7.6-12.5C | 12034 | CPT | | | | outpatient | | | 1410 | 524.43 | UHC | Medicare | 456.03 | | | | 444.86 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM SI/AT/EXT 7.6-12.5C | 12034 | CPT | | | | outpatient | | | 1410 | 524.43 | Corrections | Corrections | 1128 | 80 | | | 444.86 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM SI/AT/EXT 7.6-12.5C | 12034 | CPT | | | | outpatient | | | 1410 | 524.43 | First Trenton | First Trenton | 1269 | 90 | | | 444.86 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM SI/AT/EXT 7.6-12.5C | 12034 | CPT | | | | outpatient | | | 1410 | 524.43 | Aetna | Medicare | 456.03 | | | | 444.86 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM SI/AT/EXT 7.6-12.5C | 12034 | CPT | | | | outpatient | | | 1410 | 524.43 | Aetna | Commercial | 744.24 | | | | 444.86 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM SI/AT/EXT 7.6-12.5C | 12034 | CPT | | | | outpatient | | | 1410 | 524.43 | Amerihealth | Medicare | 456.03 | | | | 444.86 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM SI/AT/EXT 7.6-12.5C | 12034 | CPT | | | | outpatient | | | 1410 | 524.43 | Americare | Americare | 1057.5 | 75 | | | 444.86 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM SI/AT/EXT 7.6-12.5C | 12034 | CPT | | | | outpatient | | | 1410 | 524.43 | Horizon | PPO | 882.42 | | | | 444.86 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM SI/AT/EXT 7.6-12.5C | 12034 | CPT | | | | outpatient | | | 1410 | 524.43 | Multiplan | Multiplan | 1128 | 80 | | | 444.86 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM SI/AT/EXT 7.6-12.5C | 12034 | CPT | | | | outpatient | | | 1410 | 524.43 | Horizon | Medicare Blue | 456.03 | | | | 444.86 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM SI/AT/EXT 7.6-12.5C | 12034 | CPT | | | | outpatient | | | 1410 | 524.43 | Managed Care Inc | Managed Care Inc | 1269 | 90 | | | 444.86 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM SI/AT/EXT 7.6-12.5C | 12034 | CPT | | | | outpatient | | | 1410 | 524.43 | First Health | First Health | 987 | 70 | | | 444.86 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM SI/AT/EXT 7.6-12.5C | 12034 | CPT | | | | outpatient | | | 1410 | 524.43 | Qualcare | Qualcare | 1057.5 | 75 | | | 444.86 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM SI/AT/EXT 7.6-12.5C | 12034 | CPT | | | | outpatient | | | 1410 | 524.43 | Consumer | Consumer | 1339.5 | 95 | | | 444.86 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM SI/AT/EXT 7.6-12.5C | 12034 | CPT | | | | outpatient | | | 1410 | 524.43 | Amerihealth | HMO/PPO | 550 | | | | 444.86 | | 1782 | fee schedule | |
| HC RPR-INTERM SI/AT/EXT 7.6-12.5C | 12034 | CPT | | | | outpatient | | | 1410 | 524.43 | WellPoint | WellPoint | 453.74 | 32.18 | | | 444.86 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM SI/AT/EXT 7.6-12.5C | 12034 | CPT | | | | outpatient | | | 1410 | 524.43 | Wellcare | Medicare | 456.03 | | | | 444.86 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM SI/AT/EXT 7.6-12.5C | 12034 | CPT | | | | outpatient | | | 1410 | 524.43 | Three Rivers | Three Rivers | 1339.5 | 95 | | | 444.86 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM SI/AT/EXT 7.6-12.5C | 12034 | CPT | | | | outpatient | | | 1410 | 524.43 | Indemnity | Indemnity | 882.42 | | | | 444.86 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM SI/AT/EXT 7.6-12.5C | 12034 | CPT | | | | outpatient | | | 1410 | 524.43 | Horizon | MGD | 882.42 | | | | 444.86 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM SI/AT/EXT 7.6-12.5C | 12034 | CPT | | | | outpatient | | | 1410 | 524.43 | UHC | Medicaid | 444.86 | 31.55 | | | 444.86 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM SI/AT/EXT 7.6-12.5C | 12034 | CPT | | | | outpatient | | | 1410 | 524.43 | United | Oxford | 1782 | | | | 444.86 | | 1782 | case rate | |
| HC RPR-INTERM SI/AT/EXT 7.6-12.5C | 12034 | CPT | | | | outpatient | | | 1410 | 524.43 | United | CommercialPPO | 1782 | | | | 444.86 | | 1782 | case rate | |
| HC RPR-INTERM SI/AT/EXT 7.6-12.5C | 12034 | CPT | | | | outpatient | | | 1410 | 524.43 | Wellcare | Medicaid | 444.86 | 31.55 | | | 444.86 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM SI/AT/EXT 12.6-20.0C | 12035 | CPT | | | | outpatient | | | 1410 | 524.43 | Aetna | Medicare | 456.03 | | | | 444.86 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM SI/AT/EXT 12.6-20.0C | 12035 | CPT | | | | outpatient | | | 1410 | 524.43 | First Trenton | First Trenton | 1269 | 90 | | | 444.86 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM SI/AT/EXT 12.6-20.0C | 12035 | CPT | | | | outpatient | | | 1410 | 524.43 | Aetna | Better Health | 444.86 | 31.55 | | | 444.86 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM SI/AT/EXT 12.6-20.0C | 12035 | CPT | | | | outpatient | | | 1410 | 524.43 | Americare | Americare | 1057.5 | 75 | | | 444.86 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM SI/AT/EXT 12.6-20.0C | 12035 | CPT | | | | outpatient | | | 1410 | 524.43 | Horizon | PPO | 882.42 | | | | 444.86 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM SI/AT/EXT 12.6-20.0C | 12035 | CPT | | | | outpatient | | | 1410 | 524.43 | Amerihealth | Medicare | 456.03 | | | | 444.86 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM SI/AT/EXT 12.6-20.0C | 12035 | CPT | | | | outpatient | | | 1410 | 524.43 | Horizon | Medicare Blue | 456.03 | | | | 444.86 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM SI/AT/EXT 12.6-20.0C | 12035 | CPT | | | | outpatient | | | 1410 | 524.43 | Aetna | Commercial | 744.24 | | | | 444.86 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM SI/AT/EXT 12.6-20.0C | 12035 | CPT | | | | outpatient | | | 1410 | 524.43 | Consumer | Consumer | 1339.5 | 95 | | | 444.86 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM SI/AT/EXT 12.6-20.0C | 12035 | CPT | | | | outpatient | | | 1410 | 524.43 | Managed Care Inc | Managed Care Inc | 1269 | 90 | | | 444.86 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM SI/AT/EXT 12.6-20.0C | 12035 | CPT | | | | outpatient | | | 1410 | 524.43 | First Health | First Health | 987 | 70 | | | 444.86 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM SI/AT/EXT 12.6-20.0C | 12035 | CPT | | | | outpatient | | | 1410 | 524.43 | Amerihealth | HMO/PPO | 550 | | | | 444.86 | | 1782 | fee schedule | |
| HC RPR-INTERM SI/AT/EXT 12.6-20.0C | 12035 | CPT | | | | outpatient | | | 1410 | 524.43 | WellPoint | WellPoint | 453.74 | 32.18 | | | 444.86 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM SI/AT/EXT 12.6-20.0C | 12035 | CPT | | | | outpatient | | | 1410 | 524.43 | Horizon | Indemnity | 882.42 | | | | 444.86 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM SI/AT/EXT 12.6-20.0C | 12035 | CPT | | | | outpatient | | | 1410 | 524.43 | Multiplan | Multiplan | 1128 | 80 | | | 444.86 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM SI/AT/EXT 12.6-20.0C | 12035 | CPT | | | | outpatient | | | 1410 | 524.43 | UHC | Medicaid | 444.86 | 31.55 | | 316.24 | 444.86 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM SI/AT/EXT 12.6-20.0C | 12035 | CPT | | | | outpatient | | | 1410 | 524.43 | Corrections | Corrections | 1128 | 80 | | | 444.86 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM SI/AT/EXT 12.6-20.0C | 12035 | CPT | | | | outpatient | | | 1410 | 524.43 | United | Oxford | 1782 | | | | 444.86 | | 1782 | case rate | |
| HC RPR-INTERM SI/AT/EXT 12.6-20.0C | 12035 | CPT | | | | outpatient | | | 1410 | 524.43 | Three Rivers | Three Rivers | 1339.5 | 95 | | | 444.86 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM SI/AT/EXT 12.6-20.0C | 12035 | CPT | | | | outpatient | | | 1410 | 524.43 | UHC | Medicare | 456.03 | | | | 444.86 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM SI/AT/EXT 12.6-20.0C | 12035 | CPT | | | | outpatient | | | 1410 | 524.43 | Horizon | MGD | 882.42 | | | | 444.86 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM SI/AT/EXT 12.6-20.0C | 12035 | CPT | | | | outpatient | | | 1410 | 524.43 | United | CommercialPPO | 1782 | | | | 444.86 | | 1782 | case rate | |
| HC RPR-INTERM SI/AT/EXT 12.6-20.0C | 12035 | CPT | | | | outpatient | | | 1410 | 524.43 | Qualcare | Qualcare | 1057.5 | 75 | | | 444.86 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM SI/AT/EXT 12.6-20.0C | 12035 | CPT | | | | outpatient | | | 1410 | 524.43 | Wellcare | Medicaid | 444.86 | 31.55 | | | 444.86 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM SI/AT/EXT 12.6-20.0C | 12035 | CPT | | | | outpatient | | | 1410 | 524.43 | Wellcare | Medicare | 456.03 | | | | 444.86 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM SI/AT/EXT 20.1-30 CM | 12036 | CPT | | | | outpatient | | | 2222 | 826.02 | First Health | First Health | 1555.4 | 70 | | | 550 | | 2110.9 | percent of total billed charges | |
| HC RPR-INTERM SI/AT/EXT 20.1-30 CM | 12036 | CPT | | | | outpatient | | | 2222 | 826.02 | First Trenton | First Trenton | 1999.8 | 90 | | | 550 | | 2110.9 | percent of total billed charges | |
| HC RPR-INTERM SI/AT/EXT 20.1-30 CM | 12036 | CPT |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC RPR-INTERM S/AT/EXT 20.1-30 CM | 12036 | CPT | | | | outpatient | | | 2222 | 826.02 | Multiplan | Multiplan | 1777.6 | 80 | | | 550 | | 2110.9 | percent of total billed charges | |
| HC RPR-INTERM S/AT/EXT 20.1-30 CM | 12036 | CPT | | | | outpatient | | | 2222 | 826.02 | Managed Care Inc | Managed Care Inc | 1999.8 | 90 | | | 550 | | 2110.9 | percent of total billed charges | |
| HC RPR-INTERM S/AT/EXT 20.1-30 CM | 12036 | CPT | | | | outpatient | | | 2222 | 826.02 | Horizon | PPO | 1389.87 | | | | 550 | | 2110.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM S/AT/EXT 20.1-30 CM | 12036 | CPT | | | | outpatient | | | 2222 | 826.02 | Amerihealth | HMO/PPO | 550 | | | | 550 | | 2110.9 | fee schedule | |
| HC RPR-INTERM S/AT/EXT 20.1-30 CM | 12036 | CPT | | | | outpatient | | | 2222 | 826.02 | Horizon | Indemnity | 1389.87 | | | | 550 | | 2110.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM S/AT/EXT 20.1-30 CM | 12036 | CPT | | | | outpatient | | | 2222 | 826.02 | Three Rivers | Three Rivers | 2110.9 | 95 | | | 550 | | 2110.9 | percent of total billed charges | |
| HC RPR-INTERM S/AT/EXT 20.1-30 CM | 12036 | CPT | | | | outpatient | | | 2222 | 826.02 | Horizon | Medicare Blue | 718.28 | | | | 550 | | 2110.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM S/AT/EXT 20.1-30 CM | 12036 | CPT | | | | outpatient | | | 2222 | 826.02 | Aetna | Medicare | 718.28 | | | | 550 | | 2110.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM S/AT/EXT 20.1-30 CM | 12036 | CPT | | | | outpatient | | | 2222 | 826.02 | Qualcare | Qualcare | 1666.5 | 75 | | | 550 | | 2110.9 | percent of total billed charges | |
| HC RPR-INTERM S/AT/EXT 20.1-30 CM | 12036 | CPT | | | | outpatient | | | 2222 | 826.02 | United | Oxford | 1782 | | | | 550 | | 2110.9 | case rate | |
| HC RPR-INTERM S/AT/EXT 20.1-30 CM | 12036 | CPT | | | | outpatient | | | 2222 | 826.02 | WellPoint | WellPoint | 715.04 | 32.18 | | | 550 | | 2110.9 | percent of total billed charges | |
| HC RPR-INTERM S/AT/EXT 20.1-30 CM | 12036 | CPT | | | | outpatient | | | 2222 | 826.02 | Amerihealth | Medicare | 718.28 | | | | 550 | | 2110.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM S/AT/EXT 20.1-30 CM | 12036 | CPT | | | | outpatient | | | 2222 | 826.02 | UHC | Medicaid | 701.04 | 31.55 | | | 550 | | 2110.9 | percent of total billed charges | |
| HC RPR-INTERM S/AT/EXT 20.1-30 CM | 12036 | CPT | | | | outpatient | | | 2222 | 826.02 | Horizon | MGD | 1389.87 | | | | 550 | | 2110.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM S/AT/EXT 20.1-30 CM | 12036 | CPT | | | | outpatient | | | 2222 | 826.02 | United | CommercialPPO | 1782 | | | | 550 | | 2110.9 | case rate | |
| HC RPR-INTERM S/AT/EXT 20.1-30 CM | 12036 | CPT | | | | outpatient | | | 2222 | 826.02 | UHC | Medicare | 718.28 | | | | 550 | | 2110.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM S/AT/EXT 20.1-30 CM | 12036 | CPT | | | | outpatient | | | 2222 | 826.02 | Wellcare | Medicaid | 701.04 | 31.55 | | | 550 | | 2110.9 | percent of total billed charges | |
| HC RPR-INTERM SCALP OVER 30.0CM | 12037 | CPT | | | | outpatient | | | 6446 | 2398.47 | Three Rivers | Three Rivers | 6123.7 | 95 | | | 550 | | 6123.7 | percent of total billed charges | |
| HC RPR-INTERM SCALP OVER 30.0CM | 12037 | CPT | | | | outpatient | | | 6446 | 2398.47 | Horizon | PPO | 4035.69 | | | | 550 | | 6123.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM SCALP OVER 30.0CM | 12037 | CPT | | | | outpatient | | | 6446 | 2398.47 | Horizon | Medicare Blue | 2085.63 | | | | 550 | | 6123.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM SCALP OVER 30.0CM | 12037 | CPT | | | | outpatient | | | 6446 | 2398.47 | Aetna | Commercial | 3403.75 | | | | 550 | | 6123.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM SCALP OVER 30.0CM | 12037 | CPT | | | | outpatient | | | 6446 | 2398.47 | Amerihealth | Medicare | 2085.63 | | | | 550 | | 6123.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM SCALP OVER 30.0CM | 12037 | CPT | | | | outpatient | | | 6446 | 2398.47 | Consumer | Consumer | 6123.7 | 95 | | | 550 | | 6123.7 | percent of total billed charges | |
| HC RPR-INTERM SCALP OVER 30.0CM | 12037 | CPT | | | | outpatient | | | 6446 | 2398.47 | Aetna | Better Health | 2033.71 | 31.55 | | | 550 | | 6123.7 | percent of total billed charges | |
| HC RPR-INTERM SCALP OVER 30.0CM | 12037 | CPT | | | | outpatient | | | 6446 | 2398.47 | UHC | Medicare | 2085.63 | | | | 550 | | 6123.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM SCALP OVER 30.0CM | 12037 | CPT | | | | outpatient | | | 6446 | 2398.47 | UHC | Medicaid | 2033.71 | 31.55 | | | 550 | | 6123.7 | percent of total billed charges | |
| HC RPR-INTERM SCALP OVER 30.0CM | 12037 | CPT | | | | outpatient | | | 6446 | 2398.47 | WellPoint | WellPoint | 2074.32 | 32.18 | | | 550 | | 6123.7 | percent of total billed charges | |
| HC RPR-INTERM SCALP OVER 30.0CM | 12037 | CPT | | | | outpatient | | | 6446 | 2398.47 | Qualcare | Qualcare | 4834.5 | 75 | | | 550 | | 6123.7 | percent of total billed charges | |
| HC RPR-INTERM SCALP OVER 30.0CM | 12037 | CPT | | | | outpatient | | | 6446 | 2398.47 | Aetna | Medicare | 2085.63 | | | | 550 | | 6123.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM SCALP OVER 30.0CM | 12037 | CPT | | | | outpatient | | | 6446 | 2398.47 | Corrections | Corrections | 5156.8 | 80 | | | 550 | | 6123.7 | percent of total billed charges | |
| HC RPR-INTERM SCALP OVER 30.0CM | 12037 | CPT | | | | outpatient | | | 6446 | 2398.47 | Americare | Americare | 4834.5 | 75 | | | 550 | | 6123.7 | percent of total billed charges | |
| HC RPR-INTERM SCALP OVER 30.0CM | 12037 | CPT | | | | outpatient | | | 6446 | 2398.47 | First Health | First Health | 4512.2 | 70 | | | 550 | | 6123.7 | percent of total billed charges | |
| HC RPR-INTERM SCALP OVER 30.0CM | 12037 | CPT | | | | outpatient | | | 6446 | 2398.47 | Amerihealth | HMO/PPO | 550 | | | | 550 | | 6123.7 | fee schedule | |
| HC RPR-INTERM SCALP OVER 30.0CM | 12037 | CPT | | | | outpatient | | | 6446 | 2398.47 | United | Oxford | 2493 | | | | 550 | | 6123.7 | case rate | |
| HC RPR-INTERM SCALP OVER 30.0CM | 12037 | CPT | | | | outpatient | | | 6446 | 2398.47 | Horizon | MGD | 4035.69 | | | | 550 | | 6123.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM SCALP OVER 30.0CM | 12037 | CPT | | | | outpatient | | | 6446 | 2398.47 | Multiplan | Multiplan | 5156.8 | 80 | | | 550 | | 6123.7 | percent of total billed charges | |
| HC RPR-INTERM SCALP OVER 30.0CM | 12037 | CPT | | | | outpatient | | | 6446 | 2398.47 | First Trenton | First Trenton | 5801.4 | 90 | | | 550 | | 6123.7 | percent of total billed charges | |
| HC RPR-INTERM SCALP OVER 30.0CM | 12037 | CPT | | | | outpatient | | | 6446 | 2398.47 | Wellcare | Medicaid | 2033.71 | 31.55 | | | 550 | | 6123.7 | percent of total billed charges | |
| HC RPR-INTERM SCALP OVER 30.0CM | 12037 | CPT | | | | outpatient | | | 6446 | 2398.47 | Horizon | Indemnity | 4035.69 | | | | 550 | | 6123.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM SCALP OVER 30.0CM | 12037 | CPT | | | | outpatient | | | 6446 | 2398.47 | Wellcare | Medicare | 2085.63 | | | | 550 | | 6123.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM SCALP OVER 30.0CM | 12037 | CPT | | | | outpatient | | | 6446 | 2398.47 | Managed Care Inc | Managed Care Inc | 5801.4 | 90 | | | 550 | | 6123.7 | percent of total billed charges | |
| HC RPR-INTERM SCALP OVER 30.0CM | 12037 | CPT | | | | outpatient | | | 6446 | 2398.47 | United | CommercialPPO | 2493 | | | | 550 | | 6123.7 | case rate | |
| HC RPR-INTERM N-HF/GENIT <=2.5CM | 12041 | CPT | | | | outpatient | | | 1410 | 524.43 | First Health | First Health | 987 | 70 | | | 125 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT <=2.5CM | 12041 | CPT | | | | outpatient | | | 1410 | 524.43 | Wellcare | Medicare | 456.03 | | | | 125 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM N-HF/GENIT <=2.5CM | 12041 | CPT | | | | outpatient | | | 1410 | 524.43 | Aetna | Medicare | 456.03 | | | | 125 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM N-HF/GENIT <=2.5CM | 12041 | CPT | | | | outpatient | | | 1410 | 524.43 | Aetna | Commercial | 744.24 | | | | 125 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM N-HF/GENIT <=2.5CM | 12041 | CPT | | | | outpatient | | | 1410 | 524.43 | Amerihealth | Medicare | 456.03 | | | | 125 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM N-HF/GENIT <=2.5CM | 12041 | CPT | | | | outpatient | | | 1410 | 524.43 | Aetna | Better Health | 444.86 | 31.55 | | | 125 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT <=2.5CM | 12041 | CPT | | | | outpatient | | | 1410 | 524.43 | Americare | Americare | 1057.5 | 75 | | | 125 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT <=2.5CM | 12041 | CPT | | | | outpatient | | | 1410 | 524.43 | Corrections | Corrections | 1128 | 80 | | | 125 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT <=2.5CM | 12041 | CPT | | | | outpatient | | | 1410 | 524.43 | Horizon | Medicare Blue | 456.03 | | | | 125 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM N-HF/GENIT <=2.5CM | 12041 | CPT | | | | outpatient | | | 1410 | 524.43 | Consumer | Consumer | 1339.5 | 95 | | | 125 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT <=2.5CM | 12041 | CPT | | | | outpatient | | | 1410 | 524.43 | First Trenton | First Trenton | 1269 | 90 | | | 125 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT <=2.5CM | 12041 | CPT | | | | outpatient | | | 1410 | 524.43 | Amerihealth | HMO/PPO | 125 | | | 279.2 | 125 | | 1782 | fee schedule | |
| HC RPR-INTERM N-HF/GENIT <=2.5CM | 12041 | CPT | | | | outpatient | | | 1410 | 524.43 | Horizon | Indemnity | 882.42 | | | | 125 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM N-HF/GENIT <=2.5CM | 12041 | CPT | | | | outpatient | | | 1410 | 524.43 | United | Oxford | 1782 | | | | 125 | | 1782 | case rate | |
| HC RPR-INTERM N-HF/GENIT <=2.5CM | 12041 | CPT | | | | outpatient | | | 1410 | 524.43 | Horizon | MGD | 882.42 | | | 572.91 | 125 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM N-HF/GENIT <=2.5CM | 12041 | CPT | | | | outpatient | | | 1410 | 524.43 | Horizon | NJ Health | 164.43 | | | 221.16 | 125 | | 1782 | fee schedule | |
| HC RPR-INTERM N-HF/GENIT <=2.5CM | 12041 | CPT | | | | outpatient | | | 1410 | 524.43 | UHC | Medicare | 456.03 | | | | 125 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM N-HF/GENIT <=2.5CM | 12041 | CPT | | | | outpatient | | | 1410 | 524.43 | Wellcare | Medicaid | 444.86 | 31.55 | | | 125 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT <=2.5CM | 12041 | CPT | | | | outpatient | | | 1410 | 524.43 | Managed Care Inc | Managed Care Inc | 1269 | 90 | | | 125 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT <=2.5CM | 12041 | CPT | | | | outpatient | | | 1410 | 524.43 | Multiplan | Multiplan | 1128 | 80 | | | 125 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT <=2.5CM | 12041 | CPT | | | | outpatient | | | 1410 | 524.43 | Horizon | PPO | 882.42 | | | | 125 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM N-HF/GENIT <=2.5CM | 12041 | CPT | | | | outpatient | | | 1410 | 524.43 | UHC | Medicaid | 444.86 | 31.55 | | 444.85 | 125 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT <=2.5CM | 12041 | CPT | | | | outpatient | | | 1410 | 524.43 | Three Rivers | Three Rivers | 1339.5 | 95 | | | 125 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT <=2.5CM | 12041 | CPT | | | | outpatient | | | 1410 | 524.43 | Qualcare | Qualcare | 1057.5 | 75 | | | 125 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT <=2.5CM | 12041 | CPT | | | | outpatient | | | 1410 | 524.43 | United | CommercialPPO | 1782 | | | | 125 | | 1782 | case rate | |
| HC RPR-INTERM N-HF/GENIT <=2.5CM | 12041 | CPT | | | | outpatient | | | 1410 | 524.43 | WellPoint | WellPoint | 453.74 | 32.18 | | | 125 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT 2.6-7.5CM | 12042 | CPT | | | | outpatient | | | 1410 | 524.43 | Americare | Americare | 1057.5 | 75 | | | 271.73 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT 2.6-7.5CM | 12042 | CPT | | | | outpatient | | | 1410 | 524.43 | Corrections | Corrections | 1128 | 80 | | | 271.73 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT 2.6-7.5CM | 12042 | CPT | | | | outpatient | | | 1410 | 524.43 | Aetna | Better Health | 444.86 | 31.55 | | | 271.73 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT 2.6-7.5CM | 12042 | CPT | | | | outpatient | | | 1410 | 524.43 | Aetna | Medicare | 456.03 | | | | 271.73 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM N-HF/GENIT 2.6-7.5CM | 12042 | CPT | | | | outpatient | | | 1410 | 524.43 | Consumer | Consumer | 1339.5 | 95 | | | 271.73 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT 2.6-7.5CM | 12042 | CPT | | | | outpatient | | | 1410 | 524.43 | First Health | First Health | 987 | 70 | | | 271.73 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT 2.6-7.5CM | 12042 | CPT | | | | outpatient | | | 1410 | 524.43 | Horizon | Medicare Blue | 456.03 | | | | 271.73 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM N-HF/GENIT 2.6-7.5CM | 12042 | CPT | | | | outpatient | | | 1410 | 524.43 | Aetna | Commercial | 744.24 | | | | 271.73 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM N-HF/GENIT 2.6-7.5CM | 12042 | CPT | | | | outpatient | | | 1410 | 524.43 | United | Oxford | 1782 | | | | 271.73 | | 1782 | case rate | |
| HC RPR-INTERM N-HF/GENIT 2.6-7.5CM | 12042 | CPT | | | | outpatient | | | 1410 | 524.43 | First Trenton | First Trenton | 1269 | 90 | | | 271.73 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT 2.6-7.5CM | 12042 | CPT | | | | outpatient | | | 1410 | 524.43 | Amerihealth | HMO/PPO | 550 | | | | 271.73 | | 1782 | fee schedule | |
| HC RPR-INTERM N-HF/GENIT 2.6-7.5CM | 12042 | CPT | | | | outpatient | | | 1410 | 524.43 | Multiplan | Multiplan | 1128 | 80 | | | 271.73 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT 2.6-7.5CM | 12042 | CPT | | | | outpatient | | | 1410 | 524.43 | UHC | Medicare | 456.03 | | | | 271.73 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM N-HF/GENIT 2.6-7.5CM | 12042 | CPT | | | | outpatient | | | 1410 | 524.43 | Horizon | NJ Health | 271.73 | | | 50.1 | 271.73 | | 1782 | fee schedule | |
| HC RPR-INTERM N-HF/GENIT 2.6-7.5CM | 12042 | CPT | | | | outpatient | | | 1410 | 524.43 | Horizon | MGD | 882.42 | | | | 271.73 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM N-HF/GENIT 2.6-7.5CM | 12042 | CPT | | | | outpatient | | | 1410 | 524.43 | Qualcare | Qualcare | 1057.5 | 75 | | | 271.73 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT 2.6-7.5CM | 12042 | CPT | | | | outpatient | | | 1410 | 524.43 | Wellcare | Medicare | 456.03 | | | | 271.73 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM N-HF/GENIT 2.6-7.5CM | 12042 | CPT | | | | outpatient | | | 1410 | 524.43 | Horizon | Indemnity | 882.42 | | | | 271.73 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM N-HF/GENIT 2.6-7.5CM | 12042 | CPT | | | | outpatient | | | 1410 | 524.43 | UHC | Medicaid | 444.86 | 31.55 | | 322.11 | 271.73 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT 2.6-7.5CM | 12042 | CPT | | | | outpatient | | | 1410 | 524.43 | Three Rivers | Three Rivers | 1339.5 | 95 | | | 271.73 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT 2.6-7.5CM | 12042 | CPT | | | | outpatient | | | 1410 | 524.43 | Wellcare | Medicaid | 444.86 | 31.55 | | | 271.73 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT 2.6-7.5CM | 12042 | CPT | | | | outpatient | | | 1410 | 524.43 | Horizon | PPO | 882.42 | | | | 271.73 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM N-HF/GENIT 2.6-7.5CM | 12042 | CPT | | | | outpatient | | | 1410 | 524.43 | Managed Care Inc | Managed Care Inc | 1269 | 90 | | | 271.73 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT 2.6-7.5CM | 12042 | CPT | | | | outpatient | | | 1410 | 524.43 | United | CommercialPPO | 1782 | | | | 271.73 | | 1782 | case rate | |
| HC RPR-INTERM N-HF/GENIT 2.6-7.5CM | 12042 | CPT | | | | outpatient | | | 1410 | 524.43 | WellPoint | WellPoint | 453.74 | 32.18 | | | 271.73 | | 1782 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT 7.6-12.5CM | 12044 | CPT | | | | outpatient | | | 2222 | 826.02 | First Health | First Health | 1555.4 | 70 | | | 289.89 | | 2110.9 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT 7.6-12.5CM | 12044 | CPT | | | | outpatient | | | 2222 | 826.02 | Aetna | Commercial | 1172.23 | | | | 289.89 | | 2110.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM N-HF/GENIT 7.6-12.5CM | 12044 | CPT | | | | outpatient | | | 2222 | 826.02 | Aetna | Better Health | 701.04 | 31.55 | | | 289.89 | | 2110.9 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT 7.6-12.5CM | 12044 | CPT | | | | outpatient | | | 2222 | 826.02 | Wellcare | Medicaid | 701.04 | 31.55 | | | 289.89 | | 2110.9 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT 7.6-12.5CM | 12044 | CPT | | | | outpatient | | | 2222 | 826.02 | Amerihealth | HMO/PPO | 550 | | | | 289.89 | | 2110.9 | fee schedule | |
| HC RPR-INTERM N-HF/GENIT 7.6-12.5CM | 12044 | CPT | | | | outpatient | | | 2222 | 826.02 | Aetna | Medicare | 718.28 | | | | 289.89 | | 2110.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM N-HF/GENIT 7.6-12.5CM | 12044 | CPT | | | | outpatient | | | 2222 | 826.02 | UHC | Medicare | 718.28 | | | | 289.89 | | 2110.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM N-HF/GENIT 7.6-12.5CM | 12044 | CPT | | | | outpatient | | | 2222 | 826.02 | Americare | Americare | 1666.5 | 75 | | | 289.89 | | 2110.9 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT 7.6-12.5CM | 12044 | CPT | | | | outpatient | | | 2222 | 826.02 | First Trenton | First Trenton | 1999.8 | 90 | | | 289.89 | | 2110.9 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT 7.6-12.5CM | 12044 | CPT | | | | outpatient | | | 2222 | 826.02 | Multiplan | Multiplan | 1777.6 | 80 | | | 289.89 | | 2110.9 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT 7.6-12.5CM | 12044 | CPT | | | | outpatient | | | 2222 | 826.02 | Horizon | MGD | 1389.87 | | | | 289.89 | | 2110.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM N-HF/GENIT 7.6-12.5CM | 12044 | CPT | | | | outpatient | | | 2222 | 826.02 | Consumer | Consumer | 2110.9 | 95 | | | 289.89 | | 2110.9 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT 7.6-12.5CM | 12044 | CPT | | | | outpatient | | | 2222 | 826.02 | Horizon | Indemnity | 1389.87 | | | | 289.89 | | 2110.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM N-HF/GENIT 7.6-12.5CM | 12044 | CPT | | | | outpatient | | | 2222 | 826.02 | Corrections | Corrections | 1777.6 | 80 | | | 289.89 | | 2110.9 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT 7.6-12.5CM | 12044 | CPT | | | | outpatient | | | 2222 | 826.02 | Horizon | PPO | 1389.87 | | | | 289.89 | | 2110.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM N-HF/GENIT 7.6-12.5CM | 12044 | CPT | | | | outpatient | | | 2222 | 826.02 | Horizon | Medicare Blue | 718.28 | | | | 289.89 | | 2110.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM N-HF/GENIT 7.6-12.5CM | 12044 | CPT | | | | outpatient | | | 2222 | 826.02 | Managed Care Inc | Managed Care Inc | 1999.8 | 90 | | | 289.89 | | 2110.9 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT 7.6-12.5CM | 12044 | CPT | | | | outpatient | | | 2222 | 826.02 | Qualcare | Qualcare | 1666.5 | 75 | | | 289.89 | | 2110.9 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT 7.6-12.5CM | 12044 | CPT | | | | outpatient | | | 2222 | 826.02 | WellPoint | WellPoint | 715.04 | 32.18 | | | 289.89 | | 2110.9 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT 7.6-12.5CM | 12044 | CPT | | | | outpatient | | | 2222 | 826.02 | United | Oxford | 1782 | | | | 289.89 | | 2110.9 | case rate | |
| HC RPR-INTERM N-HF/GENIT 7.6-12.5CM | 12044 | CPT | | | | outpatient | | | 2222 | 826.02 | United | CommercialPPO | 1782 | | | | 289.89 | | 2110.9 | case rate | |
| HC RPR-INTERM N-HF/GENIT 7.6-12.5CM | 12044 | CPT | | | | outpatient | | | 2222 | 826.02 | Horizon | NJ Health | 289.89 | | | | 289.89 | | 2110.9 | fee schedule | |
| HC RPR-INTERM N-HF/GENIT 7.6-12.5CM | 12044 | CPT | | | | outpatient | | | 2222 | 826.02 | Three Rivers | Three Rivers | 2110.9 | 95 | | | 289.89 | | 2110.9 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT 7.6-12.5CM | 12044 | CPT | | | | outpatient | | | 2222 | 826.02 | UHC | Medicaid | 701.04 | 31.55 | | | 289.89 | | 2110.9 | percent of total billed charges | |
| HC RPR-INTERM N-HF/GENIT 7.6-12.5CM | 12044 | CPT | | | | outpatient | | | 2222 | 826.02 | Wellcare | Medicare | 718.28 | | | | 289.89 | | 2110.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM NECK ETC 12.6 TO 20.0 CM | 12045 | CPT | | | | outpatient | | | 2222 | 826.02 | Aetna | Better Health | 701.04 | 31.55 | | | 550 | | 2110.9 | percent of total billed charges | |
| HC RPR-INTERM NECK ETC 12.6 TO 20.0 CM | 12045 | CPT | | | | outpatient | | | 2222 | 826.02 | Horizon | Medicare Blue | 718.28 | | | | 550 | | 2110.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM NECK ETC 12.6 TO 20.0 CM | 12045 | CPT | | | | outpatient | | | 2222 | 826.02 | Multiplan | Multiplan | 1777.6 | 80 | | | 550 | | 2110.9 | percent of total billed charges | |
| HC RPR-INTERM NECK ETC 12.6 TO 20.0 CM | 12045 | CPT | | | | outpatient | | | 2222 | 826.02 | Amerihealth | HMO/PPO | 550 | | | | 550 | | 2110.9 | fee schedule | |
| HC RPR-INTERM NECK ETC 12.6 TO 20.0 CM | 12045 | CPT | | | | outpatient | | | 2222 | 826.02 | Consumer | Consumer | 2110.9 | 95 | | | 550 | | 2110.9 | percent of total billed charges | |
| HC RPR-INTERM NECK ETC 12.6 TO 20.0 CM | 12045 | CPT | | | | outpatient | | | 2222 | 826.02 | UHC | Medicare | 718.28 | | | | 550 | | 2110.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM NECK ETC 12.6 TO 20.0 CM | 12045 | CPT | | | | outpatient | | | 2222 | 826.02 | Corrections | Corrections | 1777.6 | 80 | | | 550 | | 2110.9 | percent of total billed charges | |
| HC RPR-INTERM NECK ETC 12.6 TO 20.0 CM | 12045 | CPT | | | | outpatient | | | 2222 | 826.02 | Three Rivers | Three Rivers | 2110.9 | 95 | | | 550 | | 2110.9 | percent of total billed charges | |
| HC RPR-INTERM NECK ETC 12.6 TO 20.0 CM | 12045 | CPT | | | | outpatient | | | 2222 | 826.02 | Aetna | Commercial | 1172.23 | | | | 550 | | 2110.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM NECK ETC 12.6 TO 20.0 CM | 12045 | CPT | | | | outpatient | | | 2222 | 826.02 | First Health | First Health | 1555.4 | 70 | | | 550 | | 2110.9 | percent of total billed charges | |
| HC RPR-INTERM NECK ETC 12.6 TO 20.0 CM | 12045 | CPT | | | | outpatient | | | 2222 | 826.02 | Qualcare | Qualcare | 1666.5 | 75 | | | 550 | | 2110.9 | percent of total billed charges | |
| HC RPR-INTERM NECK ETC 12.6 TO 20.0 CM | 12045 | CPT | | | | outpatient | | | 2222 | 826.02 | UHC | Medicaid | 701.04 | 31.55 | | | 550 | | 2110.9 | percent of total billed charges | |
| HC RPR-INTERM NECK ETC 12.6 TO 20.0 CM | 12045 | CPT | | | | outpatient | | | 2222 | 826.02 | Aetna | Medicare | 718.28 | | | | 550 | | 2110.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM NECK ETC 12.6 TO 20.0 CM | 12045 | CPT | | | | outpatient | | | 2222 | 826.02 | Wellcare | Medicaid | 701.04 | 31.55 | | | 550 | | 2110.9 | percent of total billed charges | |
| HC RPR-INTERM NECK ETC 12.6 TO 20.0 CM | 12045 | CPT | | | | outpatient | | | 2222 | 826.02 | First Trenton | First Trenton | 1999.8 | 90 | | | 550 | | 2110.9 | percent of total billed charges | |
| HC RPR-INTERM NECK ETC 12.6 TO 20.0 CM | 12045 | CPT | | | | outpatient | | | 2222 | 826.02 | United | Oxford | 1782 | | | | 550 | | 2110.9 | case rate | |
| HC RPR-INTERM NECK ETC 12.6 TO 20.0 CM | 12045 | CPT | | | | outpatient | | | 2222 | 826.02 | Americare | Americare | 1666.5 | 75 | | | 550 | | 2110.9 | percent of total billed charges | |
| HC RPR-INTERM NECK ETC 12.6 TO 20.0 CM | 12045 | CPT | | | | outpatient | | | 2222 | 826.02 | Wellcare | Medicare | 718.28 | | | | 550 | | 2110.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM NECK ETC 12.6 TO 20.0 CM | 12045 | CPT | | | | outpatient | | | 2222 | 826.02 | Horizon | Indemnity | 1389.87 | | | | 550 | | 2110.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM NECK ETC 12.6 TO 20.0 CM | 12045 | CPT | | | | outpatient | | | 2222 | 826.02 | Horizon | MGD | 1389.87 | | | | 550 | | 2110.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM NECK ETC 12.6 TO 20.0 CM | 12045 | CPT | | | | outpatient | | | 2222 | 826.02 | Horizon | PPO | 1389.87 | | | | 550 | | 2110.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTERM NECK ETC 12.6 TO 20.0 CM | 12045 | CPT | | | | outpatient | | | 2222 | 826.02 | Managed Care Inc | Managed Care Inc | 1999.8 | 90 | | | 550 | | 2110.9 | percent of total billed charges | |
| HC RPR-INTERM NECK ETC 12.6 TO 20.0 CM | 12045 | CPT | | | | outpatient | | | 2222 | 826.02 | United | CommercialPPO

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC RPR-INTRM FACE ETC 2.5 OR LESS | 12051 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Better Health | 429.08 | 31.55 | | 385.32 | 125 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE ETC 2.5 OR LESS | 12051 | CPT | | | | outpatient | | | 1360 | 524.43 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC RPR-INTRM FACE ETC 2.5 OR LESS | 12051 | CPT | | | | outpatient | | | 1360 | 524.43 | Three Rivers | Three Rivers | 1292 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE ETC 2.5 OR LESS | 12051 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | Indemnity | 882.42 | | | 548.95 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTRM FACE ETC 2.5 OR LESS | 12051 | CPT | | | | outpatient | | | 1360 | 524.43 | Americare | Americare | 1020 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE ETC 2.5 OR LESS | 12051 | CPT | | | | outpatient | | | 1360 | 524.43 | First Trenton | First Trenton | 1224 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE ETC 2.5 OR LESS | 12051 | CPT | | | | outpatient | | | 1360 | 524.43 | Wellcare | Medicare | 456.03 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTRM FACE ETC 2.5 OR LESS | 12051 | CPT | | | | outpatient | | | 1360 | 524.43 | United | CommercialPPO | 1782 | | | | 125 | 1782 | case rate | |
| HC RPR-INTRM FACE ETC 2.5 OR LESS | 12051 | CPT | | | | outpatient | | | 1360 | 524.43 | Multiplan | Multiplan | 1088 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE ETC 2.5 OR LESS | 12051 | CPT | | | | outpatient | | | 1360 | 524.43 | UHC | Medicare | 456.03 | | | 6.07 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTRM FACE ETC 2.5 OR LESS | 12051 | CPT | | | | outpatient | | | 1360 | 524.43 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC RPR-INTRM FACE ETC 2.5 OR LESS | 12051 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | Medicare Blue | 456.03 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTRM FACE ETC 2.5 OR LESS | 12051 | CPT | | | | outpatient | | | 1360 | 524.43 | Qualcare | Qualcare | 1020 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE ETC 2.5 OR LESS | 12051 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | MGD | 882.42 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTRM FACE ETC 2.5 OR LESS | 12051 | CPT | | | | outpatient | | | 1360 | 524.43 | Wellcare | Medicaid | 429.08 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE ETC 2.5 OR LESS | 12051 | CPT | | | | outpatient | | | 1360 | 524.43 | Managed Care Inc | Managed Care Inc | 1224 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE ETC 2.5 OR LESS | 12051 | CPT | | | | outpatient | | | 1360 | 524.43 | WellPoint | WellPoint | 437.65 | 32.18 | | 249.57 | 125 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE ETC 2.5 OR LESS | 12051 | CPT | | | | outpatient | | | 1360 | 524.43 | UHC | Medicaid | 429.08 | 31.55 | | 424.5 | 125 | 1782 | percent of total billed charges | |
| HC RPR INTER F/E/EN/L 2.6-5.0CM | 12052 | CPT | | | | outpatient | | | 1369 | 524.43 | Horizon | PPO | 882.42 | | | 316.14 | 431.92 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR INTER F/E/EN/L 2.6-5.0CM | 12052 | CPT | | | | outpatient | | | 1369 | 524.43 | Horizon | Indemnity | 882.42 | | | | 431.92 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR INTER F/E/EN/L 2.6-5.0CM | 12052 | CPT | | | | outpatient | | | 1369 | 524.43 | Aetna | Medicare | 456.03 | | | | 431.92 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR INTER F/E/EN/L 2.6-5.0CM | 12052 | CPT | | | | outpatient | | | 1369 | 524.43 | Aetna | Better Health | 431.92 | 31.55 | | | 431.92 | 1782 | percent of total billed charges | |
| HC RPR INTER F/E/EN/L 2.6-5.0CM | 12052 | CPT | | | | outpatient | | | 1369 | 524.43 | Americare | Americare | 1026.75 | 75 | | | 431.92 | 1782 | percent of total billed charges | |
| HC RPR INTER F/E/EN/L 2.6-5.0CM | 12052 | CPT | | | | outpatient | | | 1369 | 524.43 | First Health | First Health | 958.3 | 70 | | | 431.92 | 1782 | percent of total billed charges | |
| HC RPR INTER F/E/EN/L 2.6-5.0CM | 12052 | CPT | | | | outpatient | | | 1369 | 524.43 | Amerihealth | HMO/PPO | 550 | | | | 431.92 | 1782 | fee schedule | |
| HC RPR INTER F/E/EN/L 2.6-5.0CM | 12052 | CPT | | | | outpatient | | | 1369 | 524.43 | Corrections | Corrections | 1095.2 | 80 | | 190.4 | 431.92 | 1782 | percent of total billed charges | |
| HC RPR INTER F/E/EN/L 2.6-5.0CM | 12052 | CPT | | | | outpatient | | | 1369 | 524.43 | Wellcare | Medicaid | 431.92 | 31.55 | | 280.41 | 431.92 | 1782 | percent of total billed charges | |
| HC RPR INTER F/E/EN/L 2.6-5.0CM | 12052 | CPT | | | | outpatient | | | 1369 | 524.43 | United | CommercialPPO | 1782 | | | | 431.92 | 1782 | case rate | |
| HC RPR INTER F/E/EN/L 2.6-5.0CM | 12052 | CPT | | | | outpatient | | | 1369 | 524.43 | First Trenton | First Trenton | 1232.1 | 90 | | | 431.92 | 1782 | percent of total billed charges | |
| HC RPR INTER F/E/EN/L 2.6-5.0CM | 12052 | CPT | | | | outpatient | | | 1369 | 524.43 | Aetna | Commercial | 744.24 | | | 525.48 | 431.92 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR INTER F/E/EN/L 2.6-5.0CM | 12052 | CPT | | | | outpatient | | | 1369 | 524.43 | Multiplan | Multiplan | 1096.2 | 80 | | | 431.92 | 1782 | percent of total billed charges | |
| HC RPR INTER F/E/EN/L 2.6-5.0CM | 12052 | CPT | | | | outpatient | | | 1369 | 524.43 | Horizon | Medicare Blue | 456.03 | | | | 431.92 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR INTER F/E/EN/L 2.6-5.0CM | 12052 | CPT | | | | outpatient | | | 1369 | 524.43 | UHC | Medicaid | 431.92 | 31.55 | | 393.01 | 431.92 | 1782 | percent of total billed charges | |
| HC RPR INTER F/E/EN/L 2.6-5.0CM | 12052 | CPT | | | | outpatient | | | 1369 | 524.43 | Wellcare | Medicare | 456.03 | | | | 431.92 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR INTER F/E/EN/L 2.6-5.0CM | 12052 | CPT | | | | outpatient | | | 1369 | 524.43 | WellPoint | WellPoint | 440.54 | 32.18 | | 149.93 | 431.92 | 1782 | percent of total billed charges | |
| HC RPR INTER F/E/EN/L 2.6-5.0CM | 12052 | CPT | | | | outpatient | | | 1369 | 524.43 | Consumer | Consumer | 1300.55 | 95 | | | 431.92 | 1782 | percent of total billed charges | |
| HC RPR INTER F/E/EN/L 2.6-5.0CM | 12052 | CPT | | | | outpatient | | | 1369 | 524.43 | Horizon | MGD | 882.42 | | | | 431.92 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR INTER F/E/EN/L 2.6-5.0CM | 12052 | CPT | | | | outpatient | | | 1369 | 524.43 | UHC | Medicare | 456.03 | | | 45.39 | 431.92 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR INTER F/E/EN/L 2.6-5.0CM | 12052 | CPT | | | | outpatient | | | 1369 | 524.43 | Qualcare | Qualcare | 1026.75 | 75 | | | 431.92 | 1782 | percent of total billed charges | |
| HC RPR INTER F/E/EN/L 2.6-5.0CM | 12052 | CPT | | | | outpatient | | | 1369 | 524.43 | United | Oxford | 1782 | | | | 431.92 | 1782 | case rate | |
| HC RPR INTER F/E/EN/L 2.6-5.0CM | 12052 | CPT | | | | outpatient | | | 1369 | 524.43 | Managed Care Inc | Managed Care Inc | 1232.1 | 90 | | | 431.92 | 1782 | percent of total billed charges | |
| HC RPR INTER F/E/EN/L 2.6-5.0CM | 12052 | CPT | | | | outpatient | | | 1369 | 524.43 | Three Rivers | Three Rivers | 1300.55 | 95 | | | 431.92 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE/MM 5.1 - 7.5CM | 12053 | CPT | | | | outpatient | | | 1360 | 524.43 | UHC | Medicaid | 429.08 | 31.55 | | 386.64 | 429.08 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE/MM 5.1 - 7.5CM | 12053 | CPT | | | | outpatient | | | 1360 | 524.43 | UHC | Medicare | 456.03 | | | | 429.08 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTRM FACE/MM 5.1 - 7.5CM | 12053 | CPT | | | | outpatient | | | 1360 | 524.43 | Corrections | Corrections | 1088 | 80 | | | 429.08 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE/MM 5.1 - 7.5CM | 12053 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Medicare | 456.03 | | | | 429.08 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTRM FACE/MM 5.1 - 7.5CM | 12053 | CPT | | | | outpatient | | | 1360 | 524.43 | Amerihealth | HMO/PPO | 550 | | | | 429.08 | 1782 | fee schedule | |
| HC RPR-INTRM FACE/MM 5.1 - 7.5CM | 12053 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Commercial | 744.24 | | | | 429.08 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTRM FACE/MM 5.1 - 7.5CM | 12053 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Better Health | 429.08 | 31.55 | | | 429.08 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE/MM 5.1 - 7.5CM | 12053 | CPT | | | | outpatient | | | 1360 | 524.43 | First Trenton | First Trenton | 1224 | 90 | | | 429.08 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE/MM 5.1 - 7.5CM | 12053 | CPT | | | | outpatient | | | 1360 | 524.43 | United | CommercialPPO | 1782 | | | | 429.08 | 1782 | case rate | |
| HC RPR-INTRM FACE/MM 5.1 - 7.5CM | 12053 | CPT | | | | outpatient | | | 1360 | 524.43 | Americare | Americare | 1020 | 75 | | | 429.08 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE/MM 5.1 - 7.5CM | 12053 | CPT | | | | outpatient | | | 1360 | 524.43 | Wellcare | Medicare | 456.03 | | | | 429.08 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTRM FACE/MM 5.1 - 7.5CM | 12053 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | MGD | 882.42 | | | | 429.08 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTRM FACE/MM 5.1 - 7.5CM | 12053 | CPT | | | | outpatient | | | 1360 | 524.43 | First Health | First Health | 952 | 70 | | | 429.08 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE/MM 5.1 - 7.5CM | 12053 | CPT | | | | outpatient | | | 1360 | 524.43 | Multiplan | Multiplan | 1088 | 80 | | | 429.08 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE/MM 5.1 - 7.5CM | 12053 | CPT | | | | outpatient | | | 1360 | 524.43 | Consumer | Consumer | 1292 | 95 | | | 429.08 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE/MM 5.1 - 7.5CM | 12053 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | PPO | 882.42 | | | | 429.08 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTRM FACE/MM 5.1 - 7.5CM | 12053 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | Indemnity | 882.42 | | | | 429.08 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTRM FACE/MM 5.1 - 7.5CM | 12053 | CPT | | | | outpatient | | | 1360 | 524.43 | Qualcare | Qualcare | 1020 | 75 | | | 429.08 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE/MM 5.1 - 7.5CM | 12053 | CPT | | | | outpatient | | | 1360 | 524.43 | WellPoint | WellPoint | 437.65 | 32.18 | | | 429.08 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE/MM 5.1 - 7.5CM | 12053 | CPT | | | | outpatient | | | 1360 | 524.43 | Managed Care Inc | Managed Care Inc | 1224 | 90 | | | 429.08 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE/MM 5.1 - 7.5CM | 12053 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | Medicare Blue | 456.03 | | | | 429.08 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTRM FACE/MM 5.1 - 7.5CM | 12053 | CPT | | | | outpatient | | | 1360 | 524.43 | Three Rivers | Three Rivers | 1292 | 95 | | | 429.08 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE/MM 5.1 - 7.5CM | 12053 | CPT | | | | outpatient | | | 1360 | 524.43 | United | Oxford | 1782 | | | | 429.08 | 1782 | case rate | |
| HC RPR-INTRM FACE/MM 5.1 - 7.5CM | 12053 | CPT | | | | outpatient | | | 1360 | 524.43 | Wellcare | Medicaid | 429.08 | 31.55 | | | 429.08 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE ETC 7.6/12.5 CM | 12054 | CPT | | | | outpatient | | | 1360 | 524.43 | Americare | Americare | 1020 | 75 | | | 429.08 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE ETC 7.6/12.5 CM | 12054 | CPT | | | | outpatient | | | 1360 | 524.43 | Corrections | Corrections | 1088 | 80 | | | 429.08 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE ETC 7.6/12.5 CM | 12054 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Commercial | 744.24 | | | | 429.08 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTRM FACE ETC 7.6/12.5 CM | 12054 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | Indemnity | 882.42 | | | | 429.08 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTRM FACE ETC 7.6/12.5 CM | 12054 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Medicare | 456.03 | | | | 429.08 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTRM FACE ETC 7.6/12.5 CM | 12054 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Better Health | 429.08 | 31.55 | | | 429.08 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE ETC 7.6/12.5 CM | 12054 | CPT | | | | outpatient | | | 1360 | 524.43 | Multiplan | Multiplan | 1088 | 80 | | | 429.08 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE ETC 7.6/12.5 CM | 12054 | CPT | | | | outpatient | | | 1360 | 524.43 | First Health | First Health | 952 | 70 | | | 429.08 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE ETC 7.6/12.5 CM | 12054 | CPT | | | | outpatient | | | 1360 | 524.43 | Amerihealth | HMO/PPO | 550 | | | | 429.08 | 1782 | fee schedule | |
| HC RPR-INTRM FACE ETC 7.6/12.5 CM | 12054 | CPT | | | | outpatient | | | 1360 | 524.43 | Wellcare | Medicare | 456.03 | | | | 429.08 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTRM FACE ETC 7.6/12.5 CM | 12054 | CPT | | | | outpatient | | | 1360 | 524.43 | Qualcare | Qualcare | 1020 | 75 | | | 429.08 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE ETC 7.6/12.5 CM | 12054 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | PPO | 882.42 | | | | 429.08 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTRM FACE ETC 7.6/12.5 CM | 12054 | CPT | | | | outpatient | | | 1360 | 524.43 | First Trenton | First Trenton | 1224 | 90 | | | 429.08 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE ETC 7.6/12.5 CM | 12054 | CPT | | | | outpatient | | | 1360 | 524.43 | Consumer | Consumer | 1292 | 95 | | | 429.08 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE ETC 7.6/12.5 CM | 12054 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | MGD | 882.42 | | | | 429.08 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTRM FACE ETC 7.6/12.5 CM | 12054 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | Medicare Blue | 456.03 | | | | 429.08 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTRM FACE ETC 7.6/12.5 CM | 12054 | CPT | | | | outpatient | | | 1360 | 524.43 | Managed Care Inc | Managed Care Inc | 1224 | 90 | | | 429.08 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE ETC 7.6/12.5 CM | 12054 | CPT | | | | outpatient | | | 1360 | 524.43 | WellPoint | WellPoint | 437.65 | 32.18 | | | 429.08 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE ETC 7.6/12.5 CM | 12054 | CPT | | | | outpatient | | | 1360 | 524.43 | UHC | Medicaid | 429.08 | 31.55 | | | 429.08 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE ETC 7.6/12.5 CM | 12054 | CPT | | | | outpatient | | | 1360 | 524.43 | Three Rivers | Three Rivers | 1292 | 95 | | | 429.08 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE ETC 7.6/12.5 CM | 12054 | CPT | | | | outpatient | | | 1360 | 524.43 | UHC | Medicare | 456.03 | | | 255.96 | 429.08 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTRM FACE ETC 7.6/12.5 CM | 12054 | CPT | | | | outpatient | | | 1360 | 524.43 | United | Oxford | 1782 | | | | 429.08 | 1782 | case rate | |
| HC RPR-INTRM FACE ETC 7.6/12.5 CM | 12054 | CPT | | | | outpatient | | | 1360 | 524.43 | United | CommercialPPO | 1782 | | | | 429.08 | 1782 | case rate | |
| HC RPR-INTRM FACE ETC 7.6/12.5 CM | 12054 | CPT | | | | outpatient | | | 1360 | 524.43 | Wellcare | Medicaid | 429.08 | 31.55 | | | 429.08 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE ETC.12.6/20.0CM | 12055 | CPT | | | | outpatient | | | 1410 | 524.43 | Corrections | Corrections | 1128 | 80 | | | 444.86 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE ETC.12.6/20.0CM | 12055 | CPT | | | | outpatient | | | 1410 | 524.43 | UHC | Medicaid | 444.86 | 31.55 | | | 444.86 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE ETC.12.6/20.0CM | 12055 | CPT | | | | outpatient | | | 1410 | 524.43 | First Health | First Health | 967 | 70 | | | 444.86 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE ETC.12.6/20.0CM | 12055 | CPT | | | | outpatient | | | 1410 | 524.43 | Aetna | Commercial | 744.24 | | | | 444.86 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTRM FACE ETC.12.6/20.0CM | 12055 | CPT | | | | outpatient | | | 1410 | 524.43 | Consumer | Consumer | 1339.5 | 95 | | | 444.86 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE ETC.12.6/20.0CM | 12055 | CPT | | | | outpatient | | | 1410 | 524.43 | First Trenton | First Trenton | 1269 | 90 | | | 444.86 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE ETC.12.6/20.0CM | 12055 | CPT | | | | outpatient | | | 1410 | 524.43 | Aetna | Better Health | 444.86 | 31.55 | | | 444.86 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE ETC.12.6/20.0CM | 12055 | CPT | | | | outpatient | | | 1410 | 524.43 | Aetna | Medicare | 456.03 | | | | 444.86 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTRM FACE ETC.12.6/20.0CM | 12055 | CPT | | | | outpatient | | | 1410 | 524.43 | Horizon | PPO | 882.42 | | | | 444.86 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTRM FACE ETC.12.6/20.0CM | 12055 | CPT | | | | outpatient | | | 1410 | 524.43 | United | CommercialPPO | 1782 | | | | 444.86 | 1782 | case rate | |
| HC RPR-INTRM FACE ETC.12.6/20.0CM | 12055 | CPT | | | | outpatient | | | 1410 | 524.43 | Multiplan | Multiplan | 1128 | 80 | | | 444.86 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE ETC.12.6/20.0CM | 12055 | CPT | | | | outpatient | | | 1410 | 524.43 | Americare | Americare | 1057.5 | 75 | | | 444.86 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE ETC.12.6/20.0CM | 12055 | CPT | | | | outpatient | | | 1410 | 524.43 | UHC | Medicare | 456.03 | | | | 444.86 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTRM FACE ETC.12.6/20.0CM | 12055 | CPT | | | | outpatient | | | 1410 | 524.43 | Horizon | Indemnity | 882.42 | | | | 444.86 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTRM FACE ETC.12.6/20.0CM | 12055 | CPT | | | | outpatient | | | 1410 | 524.43 | Qualcare | Qualcare | 1057.5 | 75 | | | 444.86 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE ETC.12.6/20.0CM | 12055 | CPT | | | | outpatient | | | 1410 | 524.43 | Amerihealth | HMO/PPO | 550 | | | | 444.86 | 1782 | fee schedule | |
| HC RPR-INTRM FACE ETC.12.6/20.0CM | 12055 | CPT | | | | outpatient | | | 1410 | 524.43 | WellPoint | WellPoint | 453.74 | 32.18 | | | 444.86 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE ETC.12.6/20.0CM | 12055 | CPT | | | | outpatient | | | 1410 | 524.43 | United | Oxford | 1782 | | | | 444.86 | 1782 | case rate | |
| HC RPR-INTRM FACE ETC.12.6/20.0CM | 12055 | CPT | | | | outpatient | | | 1410 | 524.43 | Three Rivers | Three Rivers | 1339.5 | 95 | | | 444.86 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE ETC.12.6/20.0CM | 12055 | CPT | | | | outpatient | | | 1410 | 524.43 | Horizon | MGD | 882.42 | | | | 444.86 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTRM FACE ETC.12.6/20.0CM | 12055 | CPT | | | | outpatient | | | 1410 | 524.43 | Wellcare | Medicaid | 444.86 | 31.55 | | | 444.86 | 1782 | percent of total billed charges | |
| HC RPR-INTRM FACE ETC.12.6/20.0CM | 12055 | CPT | | | | outpatient | | | 1410 | 524.43 | Horizon | Medicare Blue | 456.03 | | | | 444.86 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTRM FACE ETC.12.6/20.0CM | 12055 | CPT | | | | outpatient | | | 1410 | 524.43 | Wellcare | Medicare | 456.03 | | | | 444.86 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-INTRM FACE ETC.12.6/20.0CM | 12055 | CPT | | | | outpatient | | | 1410 | 524.43 | Managed Care Inc | Managed Care Inc | 1269 | 90 | | | 444.86 | 1782 | percent of total billed charges | |
| HC REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM | 12056 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Consumer | Consumer | 1277.67 | 95 | | | 424.32 | 1782 | percent of total billed charges | |
| HC REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM | 12056 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Aetna | Better Health | 424.32 | 31.55 | | | 424.32 | 1782 | percent of total billed charges | |
| HC REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM | 12056 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Corrections | Corrections | 1075.94 | 80 | | | 424.32 | 1782 | percent of total billed charges | |
| HC REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM | 12056 | CPT | | | | outpatient | | | 1344.92 | 524.43 | UHC | Medicaid | 424.32 | 31.55 | | | 424.32 | 1782 | percent of total billed charges | |
| HC REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM | 12056 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Aetna | Commercial | 744.24 | | | | 424.32 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM | 12056 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Horizon | Medicare Blue | 456.03 | | | | 424.32 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM | 12056 | CPT | | | | outpatient | | | 1344.92 | 524.43 | First Trenton | First Trenton | 1210.43 | 90 | | | 424.32 | 1782 | percent of total billed charges | |
| HC REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM | 12056 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Amerihealth | HMO/PPO | 550 | | | | 424.32 | 1782 | fee schedule | |
| HC REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM | 12056 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Aetna | Medicare | 456.03 | | | | 424.32 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM | 12056 | CPT | | | | outpatient | | | 1344.92 | 524.43 | United | CommercialPPO | 1782 | | | | 424.32 | 1782 | case rate | |
| HC REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM | 12056 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Horizon | PPO | 882.42 | | | | 424.32 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM | 12056 | CPT | | | | outpatient | | | 1344.92 | 524.43 | First Health | First Health | 941.44 | 70 | | | 424.32 | 1782 | percent of total billed charges | |
| HC REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM | 12056 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Americare | Americare | 1008.69 | 75 | | | 424.32 | 1782 | percent of total billed charges | |
| HC REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM | 12056 | CPT | | | | outpatient | | | 1344.92 | 524.43 | United | Oxford | 1782 | | | | 424.32 | 1782 | case rate | |
| HC REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM | 12056 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Horizon | Indemnity | 882.42 | | | | 424.32 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM | 12056 | CPT | | | | outpatient | | | 1344.92 | 524.43 | UHC | Medicare | 456.03 | | | | 424.32 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM | 12056 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Horizon | MGD | 882.42 | | | | 424.32 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM | 12056 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Wellcare | Medicaid | 424.32 | 31.55 | | | 424.32 | 1782 | percent of total billed charges | |
| HC REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM | 12056 | CPT | | | | outpatient | | | 1344.92 | 524.43 | WellPoint | WellPoint | 432.8 | 32.18 | | | 424.32 | 1782 | percent of total billed charges | |
| HC REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM | 12056 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Wellcare | Medicare | 456.03 | | | | 424.32 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM | 12056 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Multiplan | Multiplan | 1075.94 | 80 | | | 424.32 | 1782 | percent of total billed charges | |
| HC REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM | 12056 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Managed Care Inc | Managed Care Inc | 1210.43 | 90 | | | 424.32 | 1782 | percent of total billed charges | |
| HC REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM | 12056 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Qualcare | Qualcare | 1008.69 | 75 | | | 424.32 | 1782 | percent of total billed charges | |
| HC REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM | 12056 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Three Rivers | Three Rivers | 1277.67 | 95 | | | 424.32 | 1782 | percent of total billed charges | |
| HC RPR-CMPLX TRNK:2.6 TO 7.5CM | 13101 | CPT | | | | outpatient | | | 1825.12 | 826.02 | Consumer | Consumer | 1733.86 | 95 | | | 575.83 | 1782 | percent of total billed charges | |
| HC RPR-CMPLX TRNK:2.6 TO 7.5CM | 13101 | CPT | | | | outpatient | | | 1825.12 | 826.02 | Aetna | Better Health | 575.83 | 31.55 | | | 575.83 | 1782 | percent of total billed charges | |
| HC RPR-CMPLX TRNK:2.6 TO 7.5CM | 13101 | CPT | | | | outpatient | | | 1825.12 | 826.02 | Horizon | Indemnity | 1389.87 | | | | 575.83 | 

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC RPR-CMPLX TRNK:2.6 TO 7.5CM | 13101 | CPT | | | | outpatient | | | 1825.12 | | 826.02 UHC | Medicare | 718.28 | | | | 575.83 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-CMPLX TRNK:2.6 TO 7.5CM | 13101 | CPT | | | | outpatient | | | 1825.12 | | 826.02 Americare | Americare | 1368.84 | 75 | | | 575.83 | 1782 | percent of total billed charges | |
| HC RPR-CMPLX TRNK:2.6 TO 7.5CM | 13101 | CPT | | | | outpatient | | | 1825.12 | | 826.02 Three Rivers | Three Rivers | 1733.86 | 95 | | | 575.83 | 1782 | percent of total billed charges | |
| HC RPR-CMPLX TRNK:2.6 TO 7.5CM | 13101 | CPT | | | | outpatient | | | 1825.12 | | 826.02 Amerihealth | HMO/PPO | 650 | | | | 575.83 | 1782 | fee schedule | |
| HC RPR-CMPLX TRNK:2.6 TO 7.5CM | 13101 | CPT | | | | outpatient | | | 1825.12 | | 826.02 Wellcare | Medicaid | 575.83 | 31.55 | | | 575.83 | 1782 | percent of total billed charges | |
| HC RPR-CMPLX TRNK:2.6 TO 7.5CM | 13101 | CPT | | | | outpatient | | | 1825.12 | | 826.02 Horizon | Medicare Blue | 718.28 | | | | 575.83 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-CMPLX TRNK:2.6 TO 7.5CM | 13101 | CPT | | | | outpatient | | | 1825.12 | | 826.02 First Trenton | First Trenton | 1642.61 | 90 | | | 575.83 | 1782 | percent of total billed charges | |
| HC RPR-CMPLX TRNK:2.6 TO 7.5CM | 13101 | CPT | | | | outpatient | | | 1825.12 | | 826.02 Wellcare | Medicare | 718.28 | | | | 575.83 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-CMPLX TRNK:2.6 TO 7.5CM | 13101 | CPT | | | | outpatient | | | 1825.12 | | 826.02 Horizon | MGD | 1389.87 | | | | 575.83 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-CMPLX TRNK:2.6 TO 7.5CM | 13101 | CPT | | | | outpatient | | | 1825.12 | | 826.02 Horizon | PPO | 1389.87 | | | | 575.83 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-CMPLX TRNK:2.6 TO 7.5CM | 13101 | CPT | | | | outpatient | | | 1825.12 | | 826.02 Managed Care Inc | Managed Care Inc | 1642.61 | 90 | | | 575.83 | 1782 | percent of total billed charges | |
| HC RPR-CMPLX TRNK:2.6 TO 7.5CM | 13101 | CPT | | | | outpatient | | | 1825.12 | | 826.02 UHC | Medicaid | 575.83 | 31.55 | | | 575.83 | 1782 | percent of total billed charges | |
| HC RPR-CMPLX TRNK:2.6 TO 7.5CM | 13101 | CPT | | | | outpatient | | | 1825.12 | | 826.02 United | Commercial/PPO | 1782 | | | | 575.83 | 1782 | case rate | |
| HC RPR-CMPLX TRNK:2.6 TO 7.5CM | 13101 | CPT | | | | outpatient | | | 1825.12 | | 826.02 United | Oxford | 1782 | | | | 575.83 | 1782 | case rate | |
| HC RPR-CMPLX TRNK EA ADDL 5CM | 13102 | CPT | | | | outpatient | | | 398.83 | | | United | Oxford | 1782 | | | | 119.65 | 1782 | case rate | |
| HC RPR-CMPLX TRNK EA ADDL 5CM | 13102 | CPT | | | | outpatient | | | 398.83 | | | Aetna | Better Health | 125.83 | 31.55 | | | 119.65 | 1782 | percent of total billed charges | |
| HC RPR-CMPLX TRNK EA ADDL 5CM | 13102 | CPT | | | | outpatient | | | 398.83 | | | First Health | First Health | 279.18 | 70 | | | 119.65 | 1782 | percent of total billed charges | |
| HC RPR-CMPLX TRNK EA ADDL 5CM | 13102 | CPT | | | | outpatient | | | 398.83 | | | Aetna | Medicare | 122.84 | 30.8 | | | 119.65 | 1782 | percent of total billed charges | |
| HC RPR-CMPLX TRNK EA ADDL 5CM | 13102 | CPT | | | | outpatient | | | 398.83 | | | Horizon | Medicare Blue | 119.65 | 30 | | | 119.65 | 1782 | percent of total billed charges | |
| HC RPR-CMPLX TRNK EA ADDL 5CM | 13102 | CPT | | | | outpatient | | | 398.83 | | | Horizon | Indemnity | 152.67 | 38.28 | | | 119.65 | 1782 | percent of total billed charges | |
| HC RPR-CMPLX TRNK EA ADDL 5CM | 13102 | CPT | | | | outpatient | | | 398.83 | | | UHC | Medicaid | 125.83 | 31.55 | | | 119.65 | 1782 | percent of total billed charges | |
| HC RPR-CMPLX TRNK EA ADDL 5CM | 13102 | CPT | | | | outpatient | | | 398.83 | | | Americare | Americare | 299.12 | 75 | | | 119.65 | 1782 | percent of total billed charges | |
| HC RPR-CMPLX TRNK EA ADDL 5CM | 13102 | CPT | | | | outpatient | | | 398.83 | | | WellPoint | WellPoint | 128.34 | 32.18 | | | 119.65 | 1782 | percent of total billed charges | |
| HC RPR-CMPLX TRNK EA ADDL 5CM | 13102 | CPT | | | | outpatient | | | 398.83 | | | Consumer | Consumer | 378.89 | 95 | | | 119.65 | 1782 | percent of total billed charges | |
| HC RPR-CMPLX TRNK EA ADDL 5CM | 13102 | CPT | | | | outpatient | | | 398.83 | | | Horizon | PPO | 152.67 | 38.28 | | | 119.65 | 1782 | percent of total billed charges | |
| HC RPR-CMPLX TRNK EA ADDL 5CM | 13102 | CPT | | | | outpatient | | | 398.83 | | | Horizon | MGD | 152.67 | 38.28 | | | 119.65 | 1782 | percent of total billed charges | |
| HC RPR-CMPLX TRNK EA ADDL 5CM | 13102 | CPT | | | | outpatient | | | 398.83 | | | Three Rivers | Three Rivers | 378.89 | 95 | | | 119.65 | 1782 | percent of total billed charges | |
| HC RPR-CMPLX TRNK EA ADDL 5CM | 13102 | CPT | | | | outpatient | | | 398.83 | | | Qualcare | Qualcare | 299.12 | 75 | | | 119.65 | 1782 | percent of total billed charges | |
| HC RPR-CMPLX TRNK EA ADDL 5CM | 13102 | CPT | | | | outpatient | | | 398.83 | | | United | Commercial/PPO | 1782 | | | | 119.65 | 1782 | case rate | |
| HC RPR-CMPLX TRNK EA ADDL 5CM | 13102 | CPT | | | | outpatient | | | 398.83 | | | Amerihealth | HMO/PPO | 650 | | | | 119.65 | 1782 | fee schedule | |
| HC RPR-CMPLX TRNK EA ADDL 5CM | 13102 | CPT | | | | outpatient | | | 398.83 | | | Corrections | Corrections | 319.06 | 80 | | | 119.65 | 1782 | percent of total billed charges | |
| HC RPR-CMPLX TRNK EA ADDL 5CM | 13102 | CPT | | | | outpatient | | | 398.83 | | | Multiplan | Multiplan | 319.06 | 80 | | | 119.65 | 1782 | percent of total billed charges | |
| HC RPR-CMPLX TRNK EA ADDL 5CM | 13102 | CPT | | | | outpatient | | | 398.83 | | | First Trenton | First Trenton | 358.95 | 90 | | | 119.65 | 1782 | percent of total billed charges | |
| HC RPR-CMPLX TRNK EA ADDL 5CM | 13102 | CPT | | | | outpatient | | | 398.83 | | | Wellcare | Medicaid | 125.83 | 31.55 | | | 119.65 | 1782 | percent of total billed charges | |
| HC RPR-CMPLX TRNK EA ADDL 5CM | 13102 | CPT | | | | outpatient | | | 398.83 | | | Managed Care Inc | Managed Care Inc | 358.95 | 90 | | | 119.65 | 1782 | percent of total billed charges | |
| HC RPR-CMPLX S/AL 1.1 TO 2.5 CM | 13120 | CPT | | | | outpatient | | | 2117 | | 826.02 Consumer | Consumer | 2011.15 | 95 | | | 550 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX S/AL 1.1 TO 2.5 CM | 13120 | CPT | | | | outpatient | | | 2117 | | 826.02 Corrections | Corrections | 1693.6 | 80 | | | 550 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX S/AL 1.1 TO 2.5 CM | 13120 | CPT | | | | outpatient | | | 2117 | | 826.02 Horizon | Medicare Blue | 718.28 | | | | 550 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-CMPLX S/AL 1.1 TO 2.5 CM | 13120 | CPT | | | | outpatient | | | 2117 | | 826.02 UHC | Medicaid | 667.91 | 31.55 | | | 550 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX S/AL 1.1 TO 2.5 CM | 13120 | CPT | | | | outpatient | | | 2117 | | 826.02 Aetna | Commercial | 1172.23 | | | | 550 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-CMPLX S/AL 1.1 TO 2.5 CM | 13120 | CPT | | | | outpatient | | | 2117 | | 826.02 First Trenton | First Trenton | 1905.3 | 90 | | | 550 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX S/AL 1.1 TO 2.5 CM | 13120 | CPT | | | | outpatient | | | 2117 | | 826.02 Aetna | Better Health | 667.91 | 31.55 | | | 550 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX S/AL 1.1 TO 2.5 CM | 13120 | CPT | | | | outpatient | | | 2117 | | 826.02 Amerihealth | HMO/PPO | 550 | | | | 550 | 2011.15 | fee schedule | |
| HC RPR-CMPLX S/AL 1.1 TO 2.5 CM | 13120 | CPT | | | | outpatient | | | 2117 | | 826.02 Aetna | Medicare | 718.28 | | | | 550 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-CMPLX S/AL 1.1 TO 2.5 CM | 13120 | CPT | | | | outpatient | | | 2117 | | 826.02 Horizon | PPO | 1389.87 | | | | 550 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-CMPLX S/AL 1.1 TO 2.5 CM | 13120 | CPT | | | | outpatient | | | 2117 | | 826.02 Americare | Americare | 1587.75 | 75 | | | 550 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX S/AL 1.1 TO 2.5 CM | 13120 | CPT | | | | outpatient | | | 2117 | | 826.02 United | Commercial/PPO | 1782 | | | | 550 | 2011.15 | case rate | |
| HC RPR-CMPLX S/AL 1.1 TO 2.5 CM | 13120 | CPT | | | | outpatient | | | 2117 | | 826.02 Horizon | MGD | 1389.87 | | | | 550 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-CMPLX S/AL 1.1 TO 2.5 CM | 13120 | CPT | | | | outpatient | | | 2117 | | 826.02 Horizon | Indemnity | 1389.87 | | | | 550 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-CMPLX S/AL 1.1 TO 2.5 CM | 13120 | CPT | | | | outpatient | | | 2117 | | 826.02 Multiplan | Multiplan | 1693.6 | 80 | | | 550 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX S/AL 1.1 TO 2.5 CM | 13120 | CPT | | | | outpatient | | | 2117 | | 826.02 First Health | First Health | 1481.9 | 70 | | | 550 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX S/AL 1.1 TO 2.5 CM | 13120 | CPT | | | | outpatient | | | 2117 | | 826.02 Qualcare | Qualcare | 1587.75 | 75 | | | 550 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX S/AL 1.1 TO 2.5 CM | 13120 | CPT | | | | outpatient | | | 2117 | | 826.02 WellPoint | WellPoint | 681.25 | 32.18 | | | 550 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX S/AL 1.1 TO 2.5 CM | 13120 | CPT | | | | outpatient | | | 2117 | | 826.02 United | Oxford | 1782 | | | | 550 | 2011.15 | case rate | |
| HC RPR-CMPLX S/AL 1.1 TO 2.5 CM | 13120 | CPT | | | | outpatient | | | 2117 | | 826.02 Managed Care Inc | Managed Care Inc | 1905.3 | 90 | | | 550 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX S/AL 1.1 TO 2.5 CM | 13120 | CPT | | | | outpatient | | | 2117 | | 826.02 UHC | Medicare | 718.28 | | | | 550 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-CMPLX S/AL 1.1 TO 2.5 CM | 13120 | CPT | | | | outpatient | | | 2117 | | 826.02 Three Rivers | Three Rivers | 2011.15 | 95 | | | 550 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX S/AL 1.1 TO 2.5 CM | 13120 | CPT | | | | outpatient | | | 2117 | | 826.02 Wellcare | Medicaid | 667.91 | 31.55 | | | 550 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX S/AL 1.1 TO 2.5 CM | 13120 | CPT | | | | outpatient | | | 2117 | | 826.02 Wellcare | Medicare | 718.28 | | | | 550 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-CMPLX S/AL 2.6 TO 7.5 CM | 13121 | CPT | | | | outpatient | | | 2117 | | 826.02 Corrections | Corrections | 1693.6 | 80 | | 547.4 | 650 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX S/AL 2.6 TO 7.5 CM | 13121 | CPT | | | | outpatient | | | 2117 | | 826.02 Aetna | Better Health | 667.91 | 31.55 | | | 650 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX S/AL 2.6 TO 7.5 CM | 13121 | CPT | | | | outpatient | | | 2117 | | 826.02 Amerihealth | HMO/PPO | 650 | | | | 650 | 2011.15 | fee schedule | |
| HC RPR-CMPLX S/AL 2.6 TO 7.5 CM | 13121 | CPT | | | | outpatient | | | 2117 | | 826.02 Americare | Americare | 1587.75 | 75 | | | 650 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX S/AL 2.6 TO 7.5 CM | 13121 | CPT | | | | outpatient | | | 2117 | | 826.02 Horizon | MGD | 1389.87 | | | | 650 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-CMPLX S/AL 2.6 TO 7.5 CM | 13121 | CPT | | | | outpatient | | | 2117 | | 826.02 Consumer | Consumer | 2011.15 | 95 | | | 650 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX S/AL 2.6 TO 7.5 CM | 13121 | CPT | | | | outpatient | | | 2117 | | 826.02 UHC | Medicaid | 667.91 | 31.55 | | | 650 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX S/AL 2.6 TO 7.5 CM | 13121 | CPT | | | | outpatient | | | 2117 | | 826.02 Aetna | Commercial | 1172.23 | | | | 650 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-CMPLX S/AL 2.6 TO 7.5 CM | 13121 | CPT | | | | outpatient | | | 2117 | | 826.02 First Trenton | First Trenton | 1905.3 | 90 | | | 650 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX S/AL 2.6 TO 7.5 CM | 13121 | CPT | | | | outpatient | | | 2117 | | 826.02 Wellcare | Medicare | 718.28 | | | | 650 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-CMPLX S/AL 2.6 TO 7.5 CM | 13121 | CPT | | | | outpatient | | | 2117 | | 826.02 First Health | First Health | 1481.9 | 70 | | | 650 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX S/AL 2.6 TO 7.5 CM | 13121 | CPT | | | | outpatient | | | 2117 | | 826.02 Three Rivers | Three Rivers | 2011.15 | 95 | | | 650 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX S/AL 2.6 TO 7.5 CM | 13121 | CPT | | | | outpatient | | | 2117 | | 826.02 UHC | Medicare | 718.28 | | | | 650 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-CMPLX S/AL 2.6 TO 7.5 CM | 13121 | CPT | | | | outpatient | | | 2117 | | 826.02 Horizon | Indemnity | 1389.87 | | | | 650 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-CMPLX S/AL 2.6 TO 7.5 CM | 13121 | CPT | | | | outpatient | | | 2117 | | 826.02 United | Commercial/PPO | 1782 | | | | 650 | 2011.15 | case rate | |
| HC RPR-CMPLX S/AL 2.6 TO 7.5 CM | 13121 | CPT | | | | outpatient | | | 2117 | | 826.02 Aetna | Medicare | 718.28 | | | | 650 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-CMPLX S/AL 2.6 TO 7.5 CM | 13121 | CPT | | | | outpatient | | | 2117 | | 826.02 Managed Care Inc | Managed Care Inc | 1905.3 | 90 | | | 650 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX S/AL 2.6 TO 7.5 CM | 13121 | CPT | | | | outpatient | | | 2117 | | 826.02 Horizon | Medicare Blue | 718.28 | | | | 650 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-CMPLX S/AL 2.6 TO 7.5 CM | 13121 | CPT | | | | outpatient | | | 2117 | | 826.02 Wellcare | Medicaid | 667.91 | 31.55 | | | 650 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX S/AL 2.6 TO 7.5 CM | 13121 | CPT | | | | outpatient | | | 2117 | | 826.02 Multiplan | Multiplan | 1693.6 | 80 | | | 650 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX S/AL 2.6 TO 7.5 CM | 13121 | CPT | | | | outpatient | | | 2117 | | 826.02 Horizon | PPO | 1389.87 | | | | 650 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-CMPLX S/AL 2.6 TO 7.5 CM | 13121 | CPT | | | | outpatient | | | 2117 | | 826.02 Qualcare | Qualcare | 1587.75 | 75 | | | 650 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX S/AL 2.6 TO 7.5 CM | 13121 | CPT | | | | outpatient | | | 2117 | | 826.02 United | Oxford | 1782 | | | | 650 | 2011.15 | case rate | |
| HC RPR-CMPLX S/AL 2.6 TO 7.5 CM | 13121 | CPT | | | | outpatient | | | 2117 | | 826.02 WellPoint | WellPoint | 681.25 | 32.18 | | | 650 | 2011.15 | percent of total billed charges | |
| HC RPR-COMPLX S/AL EA ADDL <=5 C | 13122 | CPT | | | | outpatient | | | 2117 | | | Americare | Americare | 1587.75 | 75 | | | 635.1 | 2011.15 | percent of total billed charges | |
| HC RPR-COMPLX S/AL EA ADDL <=5 C | 13122 | CPT | | | | outpatient | | | 2117 | | | First Trenton | First Trenton | 1905.3 | 90 | | | 635.1 | 2011.15 | percent of total billed charges | |
| HC RPR-COMPLX S/AL EA ADDL <=5 C | 13122 | CPT | | | | outpatient | | | 2117 | | | Aetna | Better Health | 667.91 | 31.55 | | | 635.1 | 2011.15 | percent of total billed charges | |
| HC RPR-COMPLX S/AL EA ADDL <=5 C | 13122 | CPT | | | | outpatient | | | 2117 | | | First Health | First Health | 1481.9 | 70 | | | 635.1 | 2011.15 | percent of total billed charges | |
| HC RPR-COMPLX S/AL EA ADDL <=5 C | 13122 | CPT | | | | outpatient | | | 2117 | | | Aetna | Medicare | 652.04 | 30.8 | | | 635.1 | 2011.15 | percent of total billed charges | |
| HC RPR-COMPLX S/AL EA ADDL <=5 C | 13122 | CPT | | | | outpatient | | | 2117 | | | Horizon | Indemnity | 810.39 | 38.28 | | | 635.1 | 2011.15 | percent of total billed charges | |
| HC RPR-COMPLX S/AL EA ADDL <=5 C | 13122 | CPT | | | | outpatient | | | 2117 | | | WellPoint | WellPoint | 681.25 | 32.18 | | | 635.1 | 2011.15 | percent of total billed charges | |
| HC RPR-COMPLX S/AL EA ADDL <=5 C | 13122 | CPT | | | | outpatient | | | 2117 | | | Qualcare | Qualcare | 1587.75 | 75 | | | 635.1 | 2011.15 | percent of total billed charges | |
| HC RPR-COMPLX S/AL EA ADDL <=5 C | 13122 | CPT | | | | outpatient | | | 2117 | | | Amerihealth | HMO/PPO | 650 | | | | 635.1 | 2011.15 | fee schedule | |
| HC RPR-COMPLX S/AL EA ADDL <=5 C | 13122 | CPT | | | | outpatient | | | 2117 | | | Horizon | Medicare Blue | 635.1 | 30 | | | 635.1 | 2011.15 | percent of total billed charges | |
| HC RPR-COMPLX S/AL EA ADDL <=5 C | 13122 | CPT | | | | outpatient | | | 2117 | | | Consumer | Consumer | 2011.15 | 95 | | | 635.1 | 2011.15 | percent of total billed charges | |
| HC RPR-COMPLX S/AL EA ADDL <=5 C | 13122 | CPT | | | | outpatient | | | 2117 | | | Multiplan | Multiplan | 1693.6 | 80 | | | 635.1 | 2011.15 | percent of total billed charges | |
| HC RPR-COMPLX S/AL EA ADDL <=5 C | 13122 | CPT | | | | outpatient | | | 2117 | | | Horizon | MGD | 810.39 | 38.28 | | | 635.1 | 2011.15 | percent of total billed charges | |
| HC RPR-COMPLX S/AL EA ADDL <=5 C | 13122 | CPT | | | | outpatient | | | 2117 | | | Horizon | PPO | 810.39 | 38.28 | | | 635.1 | 2011.15 | percent of total billed charges | |
| HC RPR-COMPLX S/AL EA ADDL <=5 C | 13122 | CPT | | | | outpatient | | | 2117 | | | Corrections | Corrections | 1693.6 | 80 | | | 635.1 | 2011.15 | percent of total billed charges | |
| HC RPR-COMPLX S/AL EA ADDL <=5 C | 13122 | CPT | | | | outpatient | | | 2117 | | | UHC | Medicaid | 667.91 | 31.55 | | | 635.1 | 2011.15 | percent of total billed charges | |
| HC RPR-COMPLX S/AL EA ADDL <=5 C | 13122 | CPT | | | | outpatient | | | 2117 | | | Managed Care Inc | Managed Care Inc | 1905.3 | 90 | | | 635.1 | 2011.15 | percent of total billed charges | |
| HC RPR-COMPLX S/AL EA ADDL <=5 C | 13122 | CPT | | | | outpatient | | | 2117 | | | Three Rivers | Three Rivers | 2011.15 | 95 | | | 635.1 | 2011.15 | percent of total billed charges | |
| HC RPR-COMPLX S/AL EA ADDL <=5 C | 13122 | CPT | | | | outpatient | | | 2117 | | | United | Oxford | 1782 | | | | 635.1 | 2011.15 | case rate | |
| HC RPR-COMPLX S/AL EA ADDL <=5 C | 13122 | CPT | | | | outpatient | | | 2117 | | | United | Commercial/PPO | 1782 | | | | 635.1 | 2011.15 | case rate | |
| HC RPR-COMPLX S/AL EA ADDL <=5 C | 13122 | CPT | | | | outpatient | | | 2117 | | | Wellcare | Medicaid | 667.91 | 31.55 | | | 635.1 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX F/GH/HF 1.1 TO 2.5C | 13131 | CPT | | | | outpatient | | | 2117 | | 524.43 Aetna | Medicare | 456.03 | | | | 456.03 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-CMPLX F/GH/HF 1.1 TO 2.5C | 13131 | CPT | | | | outpatient | | | 2117 | | 524.43 Aetna | Commercial | 744.24 | | | | 456.03 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-CMPLX F/GH/HF 1.1 TO 2.5C | 13131 | CPT | | | | outpatient | | | 2117 | | 524.43 First Health | First Health | 1481.9 | 70 | | | 456.03 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX F/GH/HF 1.1 TO 2.5C | 13131 | CPT | | | | outpatient | | | 2117 | | 524.43 UHC | Medicaid | 667.91 | 31.55 | | | 456.03 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX F/GH/HF 1.1 TO 2.5C | 13131 | CPT | | | | outpatient | | | 2117 | | 524.43 Corrections | Corrections | 1693.6 | 80 | | | 456.03 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX F/GH/HF 1.1 TO 2.5C | 13131 | CPT | | | | outpatient | | | 2117 | | 524.43 Consumer | Consumer | 2011.15 | 95 | | | 456.03 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX F/GH/HF 1.1 TO 2.5C | 13131 | CPT | | | | outpatient | | | 2117 | | 524.43 Aetna | Better Health | 667.91 | 31.55 | | | 456.03 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX F/GH/HF 1.1 TO 2.5C | 13131 | CPT | | | | outpatient | | | 2117 | | 524.43 First Trenton | First Trenton | 1905.3 | 90 | | | 456.03 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX F/GH/HF 1.1 TO 2.5C | 13131 | CPT | | | | outpatient | | | 2117 | | 524.43 Horizon | MGD | 882.42 | | | | 456.03 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-CMPLX F/GH/HF 1.1 TO 2.5C | 13131 | CPT | | | | outpatient | | | 2117 | | 524.43 Americare | Americare | 1587.75 | 75 | | | 456.03 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX F/GH/HF 1.1 TO 2.5C | 13131 | CPT | | | | outpatient | | | 2117 | | 524.43 Horizon | Medicare Blue | 456.03 | | | | 456.03 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-CMPLX F/GH/HF 1.1 TO 2.5C | 13131 | CPT | | | | outpatient | | | 2117 | | 524.43 UHC | Medicare | 456.03 | | | | 456.03 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-CMPLX F/GH/HF 1.1 TO 2.5C | 13131 | CPT | | | | outpatient | | | 2117 | | 524.43 Horizon | PPO | 882.42 | | | | 456.03 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-CMPLX F/GH/HF 1.1 TO 2.5C | 13131 | CPT | | | | outpatient | | | 2117 | | 524.43 Three Rivers | Three Rivers | 2011.15 | 95 | | | 456.03 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX F/GH/HF 1.1 TO 2.5C | 13131 | CPT | | | | outpatient | | | 2117 | | 524.43 Amerihealth | HMO/PPO | 550 | | | | 456.03 | 2011.15 | fee schedule | |
| HC RPR-CMPLX F/GH/HF 1.1 TO 2.5C | 13131 | CPT | | | | outpatient | | | 2117 | | 524.43 Managed Care Inc | Managed Care Inc | 1905.3 | 90 | | | 456.03 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX F/GH/HF 1.1 TO 2.5C | 13131 | CPT | | | | outpatient | | | 2117 | | 524.43 WellPoint | WellPoint | 681.25 | 32.18 | | | 456.03 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX F/GH/HF 1.1 TO 2.5C | 13131 | CPT | | | | outpatient | | | 2117 | | 524.43 Horizon | Indemnity | 882.42 | | | | 456.03 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-CMPLX F/GH/HF 1.1 TO 2.5C | 13131 | CPT | | | | outpatient | | | 2117 | | 524.43 United | Oxford | 1782 | | | | 456.03 | 2011.15 | case rate | |
| HC RPR-CMPLX F/GH/HF 1.1 TO 2.5C | 13131 | CPT | | | | outpatient | | | 2117 | | 524.43 United | Commercial/PPO | 1782 | | | | 456.03 | 2011.15 | case rate | |
| HC RPR-CMPLX F/GH/HF 1.1 TO 2.5C | 13131 | CPT | | | | outpatient | | | 2117 | | 524.43 Wellcare | Medicaid | 667.91 | 31.55 | | | 456.03 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX F/GH/HF 1.1 TO 2.5C | 13131 | CPT | | | | outpatient | | | 2117 | | 524.43 Multiplan | Multiplan | 1693.6 | 80 | | | 456.03 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX F/GH/HF 1.1 TO 2.5C | 13131 | CPT | | | | outpatient | | | 2117 | | 524.43 Wellcare | Medicare | 456.03 | | | | 456.03 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-CMPLX F/GH/HF 1.1 TO 2.5C | 13131 | CPT | | | | outpatient | | | 2117 | | 524.43 Qualcare | Qualcare | 1587.75 | 75 | | | 456.03 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX F/GH/HF 2.6 TO 7.5C | 13132 | CPT | | | | outpatient | | | 2117 | | 826.02 First Trenton | First Trenton | 1905.3 | 90 | | | 650 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX F/GH/HF 2.6 TO 7.5C | 13132 | CPT | | | | outpatient | | | 2117 | | 826.02 Consumer | Consumer | 2011.15 | 95 | | | 650 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX F/GH/HF 2.6 TO 7.5C | 13132 | CPT | | | | outpatient | | | 2117 | | 826.02 Aetna | Better Health | 667.91 | 31.55 | | | 650 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX F/GH/HF 2.6 TO 7.5C | 13132 | CPT | | | | outpatient | | | 2117 | | 826.02 Aetna | Commercial | 1172.23 | | | | 650 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-CMPLX F/GH/HF 2.6 TO 7.5C | 13132 | CPT | | | | outpatient | | | 2117 | | 826.02 Americare | Americare | 1587.75 | 75 | | | 650 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX F/GH/HF 2.6 TO 7.5C | 13132 | CPT | | | | outpatient | | | 2117 | | 826.02 First Health | First Health | 1481.9 | 70 | | | 650 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX F/GH/HF 2.6 TO 7.5C | 13132 | CPT | | | | outpatient | | | 2117 | | 826.02 Aetna | Medicare | 718.28 | | | | 650 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-CMPLX F/GH/HF 2.6 TO 7.5C | 13132 | CPT | | | | outpatient | | | 2117 | | 826.02 Corrections | Corrections | 1693.6 | 80 | | | 650 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX F/GH/HF 2.6 TO 7.5C | 13132 | CPT | | | | outpatient | | | 2117 | | 826.02 Three Rivers | Three Rivers | 2011.15 | 95 | | | 650 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX F/GH/HF 2.6 TO 7.5C | 13132 | CPT | | | | outpatient | | | 2117 | | 826.02 United | Oxford | 1782 | | | | 650 | 2011.15 | case rate | |
| HC RPR-CMPLX F/GH/HF 2.6 TO 7.5C | 13132 | CPT | | | | outpatient | | | 2117 | | 826.02 Horizon | MGD | 1389.87 | | | | 650 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-CMPLX F/GH/HF 2.6 TO 7.5C | 13132 | CPT | | | | outpatient | | | 2117 | | 826.02 Multiplan | Multiplan | 1693.6 | 80 | | | 650 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX F/GH/HF 2.6 TO 7.5C | 13132 | CPT | | | | outpatient | | | 2117 | | 826.02 Amerihealth | HMO/PPO | 650 | | | | 650 | 2011.15 | fee schedule | |
| HC RPR-CMPLX F/GH/HF 2.6 TO 7.5C | 13132 | CPT | | | | outpatient | | | 2117 | | 826.02 Wellcare | Medicaid | 667.91 | 31.55 | | | 650 | 2011.15 | percent of total billed charges | |
| HC RPR-CMPLX F/GH/HF 2.6 TO 7.5C | 13132 | CPT | | | | outpatient | | | 2117 | | 826.02 Horizon | Indemnity | 1389.87 | | | 848.9 | 650 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR-CMPLX F/GH/HF 2.6 TO 7.5C | 13132 | CPT | | | | outpatient | | | 2117 | | 826.02 Managed Care Inc | Managed Care Inc | 1905.3 | 

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC RPR-CMPLX F/GH/HF 2.6 TO 7.5C | 13132 | CPT | | | | outpatient | | | 2117 | 826.02 | United | CommercialPPO | 1782 | | | | 650 | | 2011.15 | case rate |
| HC RPR-CMPLX F/GH/HF 2.6 TO 7.5C | 13132 | CPT | | | | outpatient | | | 2117 | 826.02 | Horizon | Medicare Blue | 718.28 | | | 381.4 | 650 | | 2011.15 | other |
| HC RPR-CMPLX F/GH/HF 2.6 TO 7.5C | 13132 | CPT | | | | outpatient | | | 2117 | 826.02 | WellPoint | WellPoint | 681.25 | 32.18 | | | 650 | | 2011.15 | percent of total billed charges |
| HC RPR-CMPLX F/GH/HF 2.6 TO 7.5C | 13132 | CPT | | | | outpatient | | | 2117 | 826.02 | UHC | Medicare | 718.28 | | | | 650 | | 2011.15 | other |
| HC RPR-CMPLX/F/GH/HF EA ADDL <=5 | 13133 | CPT | | | | outpatient | | | 571.57 | | Amerihealth | HMO/PPO | 650 | | | | 171.47 | | 1782 | fee schedule |
| HC RPR-CMPLX/F/GH/HF EA ADDL <=5 | 13133 | CPT | | | | outpatient | | | 571.57 | | Aetna | Better Health | 180.33 | 31.55 | | | 171.47 | | 1782 | percent of total billed charges |
| HC RPR-CMPLX/F/GH/HF EA ADDL <=5 | 13133 | CPT | | | | outpatient | | | 571.57 | | United | CommercialPPO | 1782 | | | | 171.47 | | 1782 | case rate |
| HC RPR-CMPLX/F/GH/HF EA ADDL <=5 | 13133 | CPT | | | | outpatient | | | 571.57 | | Horizon | Indemnity | 218.8 | 38.28 | | | 171.47 | | 1782 | percent of total billed charges |
| HC RPR-CMPLX/F/GH/HF EA ADDL <=5 | 13133 | CPT | | | | outpatient | | | 571.57 | | First Health | First Health | 400.1 | 70 | | | 171.47 | | 1782 | percent of total billed charges |
| HC RPR-CMPLX/F/GH/HF EA ADDL <=5 | 13133 | CPT | | | | outpatient | | | 571.57 | | Aetna | Medicare | 176.04 | 30.8 | | | 171.47 | | 1782 | percent of total billed charges |
| HC RPR-CMPLX/F/GH/HF EA ADDL <=5 | 13133 | CPT | | | | outpatient | | | 571.57 | | WellPoint | WellPoint | 183.93 | 32.18 | | | 171.47 | | 1782 | percent of total billed charges |
| HC RPR-CMPLX/F/GH/HF EA ADDL <=5 | 13133 | CPT | | | | outpatient | | | 571.57 | | Corrections | Corrections | 457.26 | 80 | | | 171.47 | | 1782 | percent of total billed charges |
| HC RPR-CMPLX/F/GH/HF EA ADDL <=5 | 13133 | CPT | | | | outpatient | | | 571.57 | | Horizon | PPO | 218.8 | 38.28 | | 184.95 | 171.47 | | 1782 | percent of total billed charges |
| HC RPR-CMPLX/F/GH/HF EA ADDL <=5 | 13133 | CPT | | | | outpatient | | | 571.57 | | Horizon | Medicare Blue | 171.47 | 30 | | | 171.47 | | 1782 | percent of total billed charges |
| HC RPR-CMPLX/F/GH/HF EA ADDL <=5 | 13133 | CPT | | | | outpatient | | | 571.57 | | Horizon | MGD | 218.8 | 38.28 | | | 171.47 | | 1782 | percent of total billed charges |
| HC RPR-CMPLX/F/GH/HF EA ADDL <=5 | 13133 | CPT | | | | outpatient | | | 571.57 | | Multiplan | Multiplan | 457.26 | 80 | | | 171.47 | | 1782 | percent of total billed charges |
| HC RPR-CMPLX/F/GH/HF EA ADDL <=5 | 13133 | CPT | | | | outpatient | | | 571.57 | | Three Rivers | Three Rivers | 542.99 | 95 | | | 171.47 | | 1782 | percent of total billed charges |
| HC RPR-CMPLX/F/GH/HF EA ADDL <=5 | 13133 | CPT | | | | outpatient | | | 571.57 | | Americare | Americare | 428.68 | 75 | | | 171.47 | | 1782 | percent of total billed charges |
| HC RPR-CMPLX/F/GH/HF EA ADDL <=5 | 13133 | CPT | | | | outpatient | | | 571.57 | | First Trenton | First Trenton | 514.41 | 90 | | | 171.47 | | 1782 | percent of total billed charges |
| HC RPR-CMPLX/F/GH/HF EA ADDL <=5 | 13133 | CPT | | | | outpatient | | | 571.57 | | Wellcare | Medicaid | 180.33 | 31.55 | | | 171.47 | | 1782 | percent of total billed charges |
| HC RPR-CMPLX/F/GH/HF EA ADDL <=5 | 13133 | CPT | | | | outpatient | | | 571.57 | | Qualcare | Qualcare | 428.68 | 75 | | | 171.47 | | 1782 | percent of total billed charges |
| HC RPR-CMPLX/F/GH/HF EA ADDL <=5 | 13133 | CPT | | | | outpatient | | | 571.57 | | Consumer | Consumer | 542.99 | 95 | | | 171.47 | | 1782 | percent of total billed charges |
| HC RPR-CMPLX/F/GH/HF EA ADDL <=5 | 13133 | CPT | | | | outpatient | | | 571.57 | | Managed Care Inc | Managed Care Inc | 514.41 | 90 | | | 171.47 | | 1782 | percent of total billed charges |
| HC RPR-CMPLX/F/GH/HF EA ADDL <=5 | 13133 | CPT | | | | outpatient | | | 571.57 | | UHC | Medicaid | 180.33 | 31.55 | | | 171.47 | | 1782 | percent of total billed charges |
| HC RPR-CMPLX/F/GH/HF EA ADDL <=5 | 13133 | CPT | | | | outpatient | | | 571.57 | | United | Oxford | 1782 | | | | 171.47 | | 1782 | case rate |
| HC RPR-CMPLX EYLID ETC.1.1/2.5CM | 13151 | CPT | | | | outpatient | | | 2117 | 826.02 | Horizon | PPO | 1389.87 | | | | 650 | | 2011.15 | other |
| HC RPR-CMPLX EYLID ETC.1.1/2.5CM | 13151 | CPT | | | | outpatient | | | 2117 | 826.02 | Aetna | Medicare | 718.28 | | | | 650 | | 2011.15 | other |
| HC RPR-CMPLX EYLID ETC.1.1/2.5CM | 13151 | CPT | | | | outpatient | | | 2117 | 826.02 | Aetna | Commercial | 1172.23 | | | | 650 | | 2011.15 | other |
| HC RPR-CMPLX EYLID ETC.1.1/2.5CM | 13151 | CPT | | | | outpatient | | | 2117 | 826.02 | Multiplan | Multiplan | 1693.6 | 80 | | | 650 | | 2011.15 | percent of total billed charges |
| HC RPR-CMPLX EYLID ETC.1.1/2.5CM | 13151 | CPT | | | | outpatient | | | 2117 | 826.02 | Horizon | Indemnity | 1389.87 | | | | 650 | | 2011.15 | other |
| HC RPR-CMPLX EYLID ETC.1.1/2.5CM | 13151 | CPT | | | | outpatient | | | 2117 | 826.02 | Aetna | Better Health | 667.91 | 31.55 | | | 650 | | 2011.15 | percent of total billed charges |
| HC RPR-CMPLX EYLID ETC.1.1/2.5CM | 13151 | CPT | | | | outpatient | | | 2117 | 826.02 | Amerihealth | HMO/PPO | 650 | | | | 650 | | 2011.15 | fee schedule |
| HC RPR-CMPLX EYLID ETC.1.1/2.5CM | 13151 | CPT | | | | outpatient | | | 2117 | 826.02 | Americare | Americare | 1587.75 | 75 | | | 650 | | 2011.15 | percent of total billed charges |
| HC RPR-CMPLX EYLID ETC.1.1/2.5CM | 13151 | CPT | | | | outpatient | | | 2117 | 826.02 | Wellcare | Medicare | 718.28 | | | | 650 | | 2011.15 | other |
| HC RPR-CMPLX EYLID ETC.1.1/2.5CM | 13151 | CPT | | | | outpatient | | | 2117 | 826.02 | Corrections | Corrections | 1693.6 | 80 | | | 650 | | 2011.15 | percent of total billed charges |
| HC RPR-CMPLX EYLID ETC.1.1/2.5CM | 13151 | CPT | | | | outpatient | | | 2117 | 826.02 | Horizon | MGD | 1389.87 | | | | 650 | | 2011.15 | other |
| HC RPR-CMPLX EYLID ETC.1.1/2.5CM | 13151 | CPT | | | | outpatient | | | 2117 | 826.02 | Qualcare | Qualcare | 1587.75 | 75 | | | 650 | | 2011.15 | percent of total billed charges |
| HC RPR-CMPLX EYLID ETC.1.1/2.5CM | 13151 | CPT | | | | outpatient | | | 2117 | 826.02 | Horizon | Medicare Blue | 718.28 | | | | 650 | | 2011.15 | other |
| HC RPR-CMPLX EYLID ETC.1.1/2.5CM | 13151 | CPT | | | | outpatient | | | 2117 | 826.02 | First Trenton | First Trenton | 1905.3 | 90 | | | 650 | | 2011.15 | percent of total billed charges |
| HC RPR-CMPLX EYLID ETC.1.1/2.5CM | 13151 | CPT | | | | outpatient | | | 2117 | 826.02 | First Health | First Health | 1481.9 | 70 | | | 650 | | 2011.15 | percent of total billed charges |
| HC RPR-CMPLX EYLID ETC.1.1/2.5CM | 13151 | CPT | | | | outpatient | | | 2117 | 826.02 | Consumer | Consumer | 2011.15 | 95 | | | 650 | | 2011.15 | percent of total billed charges |
| HC RPR-CMPLX EYLID ETC.1.1/2.5CM | 13151 | CPT | | | | outpatient | | | 2117 | 826.02 | WellPoint | WellPoint | 681.25 | 32.18 | | | 650 | | 2011.15 | percent of total billed charges |
| HC RPR-CMPLX EYLID ETC.1.1/2.5CM | 13151 | CPT | | | | outpatient | | | 2117 | 826.02 | Managed Care Inc | Managed Care Inc | 1905.3 | 90 | | | 650 | | 2011.15 | percent of total billed charges |
| HC RPR-CMPLX EYLID ETC.1.1/2.5CM | 13151 | CPT | | | | outpatient | | | 2117 | 826.02 | UHC | Medicaid | 667.91 | 31.55 | | | 650 | | 2011.15 | percent of total billed charges |
| HC RPR-CMPLX EYLID ETC.1.1/2.5CM | 13151 | CPT | | | | outpatient | | | 2117 | 826.02 | United | CommercialPPO | 1782 | | | | 650 | | 2011.15 | case rate |
| HC RPR-CMPLX EYLID ETC.1.1/2.5CM | 13151 | CPT | | | | outpatient | | | 2117 | 826.02 | UHC | Medicare | 718.28 | | | | 650 | | 2011.15 | other |
| HC RPR-CMPLX EYLID ETC.1.1/2.5CM | 13151 | CPT | | | | outpatient | | | 2117 | 826.02 | Three Rivers | Three Rivers | 2011.15 | 95 | | | 650 | | 2011.15 | percent of total billed charges |
| HC RPR-CMPLX EYLID ETC.1.1/2.5CM | 13151 | CPT | | | | outpatient | | | 2117 | 826.02 | United | Oxford | 1782 | | | | 650 | | 2011.15 | case rate |
| HC RPR-CMPLX EYLID ETC.1.1/2.5CM | 13151 | CPT | | | | outpatient | | | 2117 | 826.02 | Wellcare | Medicaid | 667.91 | 31.55 | | | 650 | | 2011.15 | percent of total billed charges |
| HC RPR-CMPLX EYLID ETC.2.6/7.5CM | 13152 | CPT | | | | outpatient | | | 2117 | 826.02 | Horizon | Medicare Blue | 718.28 | | | | 650 | | 2011.15 | other |
| HC RPR-CMPLX EYLID ETC.2.6/7.5CM | 13152 | CPT | | | | outpatient | | | 2117 | 826.02 | Aetna | Medicare | 718.28 | | | | 650 | | 2011.15 | other |
| HC RPR-CMPLX EYLID ETC.2.6/7.5CM | 13152 | CPT | | | | outpatient | | | 2117 | 826.02 | Amerihealth | HMO/PPO | 650 | | | | 650 | | 2011.15 | fee schedule |
| HC RPR-CMPLX EYLID ETC.2.6/7.5CM | 13152 | CPT | | | | outpatient | | | 2117 | 826.02 | Multiplan | Multiplan | 1693.6 | 80 | | | 650 | | 2011.15 | percent of total billed charges |
| HC RPR-CMPLX EYLID ETC.2.6/7.5CM | 13152 | CPT | | | | outpatient | | | 2117 | 826.02 | Corrections | Corrections | 1693.6 | 80 | | 411 | 650 | | 2011.15 | percent of total billed charges |
| HC RPR-CMPLX EYLID ETC.2.6/7.5CM | 13152 | CPT | | | | outpatient | | | 2117 | 826.02 | Americare | Americare | 1587.75 | 75 | | | 650 | | 2011.15 | percent of total billed charges |
| HC RPR-CMPLX EYLID ETC.2.6/7.5CM | 13152 | CPT | | | | outpatient | | | 2117 | 826.02 | Aetna | Commercial | 1172.23 | | | | 650 | | 2011.15 | other |
| HC RPR-CMPLX EYLID ETC.2.6/7.5CM | 13152 | CPT | | | | outpatient | | | 2117 | 826.02 | Aetna | Better Health | 667.91 | 31.55 | | 855.61 | 650 | | 2011.15 | percent of total billed charges |
| HC RPR-CMPLX EYLID ETC.2.6/7.5CM | 13152 | CPT | | | | outpatient | | | 2117 | 826.02 | Horizon | PPO | 1389.87 | | | | 650 | | 2011.15 | other |
| HC RPR-CMPLX EYLID ETC.2.6/7.5CM | 13152 | CPT | | | | outpatient | | | 2117 | 826.02 | First Trenton | First Trenton | 1905.3 | 90 | | | 650 | | 2011.15 | percent of total billed charges |
| HC RPR-CMPLX EYLID ETC.2.6/7.5CM | 13152 | CPT | | | | outpatient | | | 2117 | 826.02 | First Health | First Health | 1481.9 | 70 | | | 650 | | 2011.15 | percent of total billed charges |
| HC RPR-CMPLX EYLID ETC.2.6/7.5CM | 13152 | CPT | | | | outpatient | | | 2117 | 826.02 | Qualcare | Qualcare | 1587.75 | 75 | | | 650 | | 2011.15 | percent of total billed charges |
| HC RPR-CMPLX EYLID ETC.2.6/7.5CM | 13152 | CPT | | | | outpatient | | | 2117 | 826.02 | Wellcare | Medicare | 718.28 | | | | 650 | | 2011.15 | other |
| HC RPR-CMPLX EYLID ETC.2.6/7.5CM | 13152 | CPT | | | | outpatient | | | 2117 | 826.02 | Managed Care Inc | Managed Care Inc | 1905.3 | 90 | | | 650 | | 2011.15 | percent of total billed charges |
| HC RPR-CMPLX EYLID ETC.2.6/7.5CM | 13152 | CPT | | | | outpatient | | | 2117 | 826.02 | Horizon | MGD | 1389.87 | | | | 650 | | 2011.15 | other |
| HC RPR-CMPLX EYLID ETC.2.6/7.5CM | 13152 | CPT | | | | outpatient | | | 2117 | 826.02 | Consumer | Consumer | 2011.15 | 95 | | | 650 | | 2011.15 | percent of total billed charges |
| HC RPR-CMPLX EYLID ETC.2.6/7.5CM | 13152 | CPT | | | | outpatient | | | 2117 | 826.02 | WellPoint | WellPoint | 681.25 | 32.18 | | | 650 | | 2011.15 | percent of total billed charges |
| HC RPR-CMPLX EYLID ETC.2.6/7.5CM | 13152 | CPT | | | | outpatient | | | 2117 | 826.02 | Three Rivers | Three Rivers | 2011.15 | 95 | | | 650 | | 2011.15 | percent of total billed charges |
| HC RPR-CMPLX EYLID ETC.2.6/7.5CM | 13152 | CPT | | | | outpatient | | | 2117 | 826.02 | UHC | Medicare | 718.28 | | | | 650 | | 2011.15 | other |
| HC RPR-CMPLX EYLID ETC.2.6/7.5CM | 13152 | CPT | | | | outpatient | | | 2117 | 826.02 | Horizon | Indemnity | 1389.87 | | | | 650 | | 2011.15 | other |
| HC RPR-CMPLX EYLID ETC.2.6/7.5CM | 13152 | CPT | | | | outpatient | | | 2117 | 826.02 | UHC | Medicaid | 667.91 | 31.55 | | 583.73 | 650 | | 2011.15 | percent of total billed charges |
| HC RPR-CMPLX EYLID ETC.2.6/7.5CM | 13152 | CPT | | | | outpatient | | | 2117 | 826.02 | United | CommercialPPO | 1782 | | | | 650 | | 2011.15 | case rate |
| HC RPR-CMPLX EYLID ETC.2.6/7.5CM | 13152 | CPT | | | | outpatient | | | 2117 | 826.02 | United | Oxford | 1782 | | | | 650 | | 2011.15 | case rate |
| HC RPR-CMPLX EYLID ETC.2.6/7.5CM | 13152 | CPT | | | | outpatient | | | 2117 | 826.02 | Wellcare | Medicaid | 667.91 | 31.55 | | | 650 | | 2011.15 | percent of total billed charges |
| HC RPR-CMPLX EIN/EIL EA ADDL <=5 CM | 13153 | CPT | | | | outpatient | | | 627.85 | | Amerihealth | HMO/PPO | 650 | | | | 188.36 | | 1782 | fee schedule |
| HC RPR-CMPLX EIN/EIL EA ADDL <=5 CM | 13153 | CPT | | | | outpatient | | | 627.85 | | Corrections | Corrections | 502.28 | 80 | | | 188.36 | | 1782 | percent of total billed charges |
| HC RPR-CMPLX EIN/EIL EA ADDL <=5 CM | 13153 | CPT | | | | outpatient | | | 627.85 | | First Health | First Health | 439.5 | 70 | | | 188.36 | | 1782 | percent of total billed charges |
| HC RPR-CMPLX EIN/EIL EA ADDL <=5 CM | 13153 | CPT | | | | outpatient | | | 627.85 | | Aetna | Medicare | 193.38 | 30.8 | | | 188.36 | | 1782 | percent of total billed charges |
| HC RPR-CMPLX EIN/EIL EA ADDL <=5 CM | 13153 | CPT | | | | outpatient | | | 627.85 | | WellPoint | WellPoint | 202.04 | 32.18 | | | 188.36 | | 1782 | percent of total billed charges |
| HC RPR-CMPLX EIN/EIL EA ADDL <=5 CM | 13153 | CPT | | | | outpatient | | | 627.85 | | Aetna | Better Health | 198.09 | 31.55 | | | 188.36 | | 1782 | percent of total billed charges |
| HC RPR-CMPLX EIN/EIL EA ADDL <=5 CM | 13153 | CPT | | | | outpatient | | | 627.85 | | UHC | Medicaid | 198.09 | 31.55 | | | 188.36 | | 1782 | percent of total billed charges |
| HC RPR-CMPLX EIN/EIL EA ADDL <=5 CM | 13153 | CPT | | | | outpatient | | | 627.85 | | Americare | Americare | 470.89 | 75 | | | 188.36 | | 1782 | percent of total billed charges |
| HC RPR-CMPLX EIN/EIL EA ADDL <=5 CM | 13153 | CPT | | | | outpatient | | | 627.85 | | United | Oxford | 1782 | | | | 188.36 | | 1782 | case rate |
| HC RPR-CMPLX EIN/EIL EA ADDL <=5 CM | 13153 | CPT | | | | outpatient | | | 627.85 | | Horizon | Medicare Blue | 188.36 | 30 | | | 188.36 | | 1782 | percent of total billed charges |
| HC RPR-CMPLX EIN/EIL EA ADDL <=5 CM | 13153 | CPT | | | | outpatient | | | 627.85 | | United | CommercialPPO | 1782 | | | | 188.36 | | 1782 | case rate |
| HC RPR-CMPLX EIN/EIL EA ADDL <=5 CM | 13153 | CPT | | | | outpatient | | | 627.85 | | Horizon | MGD | 240.34 | 38.28 | | | 188.36 | | 1782 | percent of total billed charges |
| HC RPR-CMPLX EIN/EIL EA ADDL <=5 CM | 13153 | CPT | | | | outpatient | | | 627.85 | | Consumer | Consumer | 596.46 | 95 | | | 188.36 | | 1782 | percent of total billed charges |
| HC RPR-CMPLX EIN/EIL EA ADDL <=5 CM | 13153 | CPT | | | | outpatient | | | 627.85 | | Wellcare | Medicaid | 198.09 | 31.55 | | | 188.36 | | 1782 | percent of total billed charges |
| HC RPR-CMPLX EIN/EIL EA ADDL <=5 CM | 13153 | CPT | | | | outpatient | | | 627.85 | | First Trenton | First Trenton | 565.07 | 90 | | | 188.36 | | 1782 | percent of total billed charges |
| HC RPR-CMPLX EIN/EIL EA ADDL <=5 CM | 13153 | CPT | | | | outpatient | | | 627.85 | | Multiplan | Multiplan | 502.28 | 80 | | | 188.36 | | 1782 | percent of total billed charges |
| HC RPR-CMPLX EIN/EIL EA ADDL <=5 CM | 13153 | CPT | | | | outpatient | | | 627.85 | | Horizon | Indemnity | 240.34 | 38.28 | | | 188.36 | | 1782 | percent of total billed charges |
| HC RPR-CMPLX EIN/EIL EA ADDL <=5 CM | 13153 | CPT | | | | outpatient | | | 627.85 | | Qualcare | Qualcare | 470.89 | 75 | | | 188.36 | | 1782 | percent of total billed charges |
| HC RPR-CMPLX EIN/EIL EA ADDL <=5 CM | 13153 | CPT | | | | outpatient | | | 627.85 | | Horizon | PPO | 240.34 | 38.28 | | | 188.36 | | 1782 | percent of total billed charges |
| HC RPR-CMPLX EIN/EIL EA ADDL <=5 CM | 13153 | CPT | | | | outpatient | | | 627.85 | | Managed Care Inc | Managed Care Inc | 565.07 | 90 | | | 188.36 | | 1782 | percent of total billed charges |
| HC RPR-CMPLX EIN/EIL EA ADDL <=5 CM | 13153 | CPT | | | | outpatient | | | 627.85 | | Three Rivers | Three Rivers | 596.46 | 95 | | | 188.36 | | 1782 | percent of total billed charges |
| HC SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP | 13160 | CPT | | | | outpatient | | | 6150.86 | 2398.47 | Aetna | Commercial | 3403.75 | | | | 550 | | 5843.32 | other |
| HC SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP | 13160 | CPT | | | | outpatient | | | 6150.86 | 2398.47 | Aetna | Medicare | 2085.63 | | | | 550 | | 5843.32 | other |
| HC SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP | 13160 | CPT | | | | outpatient | | | 6150.86 | 2398.47 | First Trenton | First Trenton | 5535.77 | 90 | | | 550 | | 5843.32 | percent of total billed charges |
| HC SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP | 13160 | CPT | | | | outpatient | | | 6150.86 | 2398.47 | Horizon | Medicare Blue | 2085.63 | | | | 550 | | 5843.32 | other |
| HC SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP | 13160 | CPT | | | | outpatient | | | 6150.86 | 2398.47 | Americare | Americare | 4613.15 | 75 | | | 550 | | 5843.32 | percent of total billed charges |
| HC SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP | 13160 | CPT | | | | outpatient | | | 6150.86 | 2398.47 | Consumer | Consumer | 5843.32 | 95 | | | 550 | | 5843.32 | percent of total billed charges |
| HC SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP | 13160 | CPT | | | | outpatient | | | 6150.86 | 2398.47 | Horizon | Indemnity | 4035.69 | | | | 550 | | 5843.32 | other |
| HC SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP | 13160 | CPT | | | | outpatient | | | 6150.86 | 2398.47 | Aetna | Better Health | 1940.6 | 31.55 | | | 550 | | 5843.32 | percent of total billed charges |
| HC SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP | 13160 | CPT | | | | outpatient | | | 6150.86 | 2398.47 | Multiplan | Multiplan | 4920.69 | 80 | | | 550 | | 5843.32 | percent of total billed charges |
| HC SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP | 13160 | CPT | | | | outpatient | | | 6150.86 | 2398.47 | Corrections | Corrections | 4920.69 | 80 | | | 550 | | 5843.32 | percent of total billed charges |
| HC SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP | 13160 | CPT | | | | outpatient | | | 6150.86 | 2398.47 | Managed Care Inc | Managed Care Inc | 5535.77 | 90 | | | 550 | | 5843.32 | percent of total billed charges |
| HC SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP | 13160 | CPT | | | | outpatient | | | 6150.86 | 2398.47 | Amerihealth | HMO/PPO | 650 | | | | 550 | | 5843.32 | fee schedule |
| HC SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP | 13160 | CPT | | | | outpatient | | | 6150.86 | 2398.47 | Three Rivers | Three Rivers | 5843.32 | 95 | | | 550 | | 5843.32 | percent of total billed charges |
| HC SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP | 13160 | CPT | | | | outpatient | | | 6150.86 | 2398.47 | Horizon | MGD | 4035.69 | | | | 550 | | 5843.32 | other |
| HC SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP | 13160 | CPT | | | | outpatient | | | 6150.86 | 2398.47 | Horizon | PPO | 4035.69 | | | | 550 | | 5843.32 | other |
| HC SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP | 13160 | CPT | | | | outpatient | | | 6150.86 | 2398.47 | First Health | First Health | 4305.6 | 70 | | | 550 | | 5843.32 | percent of total billed charges |
| HC SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP | 13160 | CPT | | | | outpatient | | | 6150.86 | 2398.47 | Qualcare | Qualcare | 4613.15 | 75 | | | 550 | | 5843.32 | percent of total billed charges |
| HC SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP | 13160 | CPT | | | | outpatient | | | 6150.86 | 2398.47 | United | Oxford | 2493 | | | | 550 | | 5843.32 | case rate |
| HC SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP | 13160 | CPT | | | | outpatient | | | 6150.86 | 2398.47 | UHC | Medicaid | 1940.6 | 31.55 | | | 550 | | 5843.32 | percent of total billed charges |
| HC SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP | 13160 | CPT | | | | outpatient | | | 6150.86 | 2398.47 | Wellcare | Medicaid | 1940.6 | 31.55 | | | 550 | | 5843.32 | percent of total billed charges |
| HC SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP | 13160 | CPT | | | | outpatient | | | 6150.86 | 2398.47 | Wellcare | Medicare | 2085.63 | | | | 550 | | 5843.32 | other |
| HC SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP | 13160 | CPT | | | | outpatient | | | 6150.86 | 2398.47 | UHC | Medicare | 2085.63 | | | | 550 | | 5843.32 | other |
| HC SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP | 13160 | CPT | | | | outpatient | | | 6150.86 | 2398.47 | United | CommercialPPO | 2493 | | | | 550 | | 5843.32 | case rate |
| HC SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP | 13160 | CPT | | | | outpatient | | | 6150.86 | 2398.47 | WellPoint | WellPoint | 1979.35 | 32.18 | | | 550 | | 5843.32 | percent of total billed charges |
| HC ADJ TISSUE TRANSFER 10 SQ CM OR < | 14040 | CPT | | | | outpatient | | | 6289 | 2398.47 | Aetna | Medicare | 2085.63 | | | | 550 | | 5974.55 | other |
| HC ADJ TISSUE TRANSFER 10 SQ CM OR < | 14040 | CPT | | | | outpatient | | | 6289 | 2398.47 | Amerihealth | HMO/PPO | 650 | | | | 550 | | 5974.55 | fee schedule |
| HC ADJ TISSUE TRANSFER 10 SQ CM OR < | 14040 | CPT | | | | outpatient | | | 6289 | 2398.47 | Aetna | Commercial | 3403.75 | | | | 550 | | 5974.55 | other |
| HC ADJ TISSUE TRANSFER 10 SQ CM OR < | 14040 | CPT | | | | outpatient | | | 6289 | 2398.47 | First Trenton | First Trenton | 5660.1 | 90 | | | 550 | | 5974.55 | percent of total billed charges |
| HC ADJ TISSUE TRANSFER 10 SQ CM OR < | 14040 | CPT | | | | outpatient | | | 6289 | 2398.47 | Horizon | MGD | 4035.69 | | | | 550 | | 5974.55 | other |
| HC ADJ TISSUE TRANSFER 10 SQ CM OR < | 14040 | CPT | | | | outpatient | | | 6289 | 2398.47 | Aetna | Better Health | 1984.18 | 31.55 | | | 550 | | 5974.55 | percent of total billed charges |
| HC ADJ TISSUE TRANSFER 10 SQ CM OR < | 14040 | CPT | | | | outpatient | | | 6289 | 2398.47 | Consumer | Consumer | 5974.55 | 95 | | | 550 | | 5974.55 | percent of total billed charges |
| HC ADJ TISSUE TRANSFER 10 SQ CM OR < | 14040 | CPT | | | | outpatient | | | 6289 | 2398.47 | Corrections | Corrections | 5031.2 | 80 | | | 550 | | 5974.55 | percent of total billed charges |
| HC ADJ TISSUE TRANSFER 10 SQ CM OR < | 14040 | CPT | | | | outpatient | | | 6289 | 2398.47 | Americare | Americare | 4716.75 | 75 | | | 550 | | 5974.55 | percent of total billed charges |
| HC ADJ TISSUE TRANSFER 10 SQ CM OR < | 14040 | CPT | | | | outpatient | | | 6289 | 2398.47 | First Health | First Health | 4402.3 | 70 | | | 550 | | 5974.55 | percent of total billed charges |
| HC ADJ TISSUE TRANSFER 10 SQ CM OR < | 14040 | CPT | | | | outpatient | | | 6289 | 2398.47 | Multiplan | Multiplan | 5031.2 | 80 | | | 550 | | 5974.55 | percent of total billed charges |
| HC ADJ TISSUE TRANSFER 10 SQ CM OR < | 14040 | CPT | | | | outpatient | | | 6289 | 2398.47 | Managed Care Inc | Managed Care Inc | 5660.1 | 90 | | | 550 | | 5974.55 | percent of total billed charges |
| HC ADJ TISSUE TRANSFER 10 SQ CM OR < | 14040 | CPT | | | | outpatient | | | 6289 | 2398.47 | Qualcare | Qualcare | 4716.75 | 75 | | | 550 | | 5974.55 | percent of total billed charges |
| HC ADJ TISSUE TRANSFER 10 SQ CM OR < | 14040 | CPT | | | | outpatient | | | 6289 | 2398.47 | Three Rivers | Three Rivers | 5974.55 | 95 | | | 550 | | 5974.55 | percent of total billed charges |
| HC ADJ TISSUE TRANSFER 10 SQ CM OR < | 14040 | CPT | | | | outpatient | | | 6289 | 2398.47 | Horizon | PPO | 4035.69 | | | | 550 | | 5974.55 | other |
| HC ADJ TISSUE TRANSFER 10 SQ CM OR < | 14040 | CPT | | | | outpatient | | | 6289 | 2398.47 | Horizon | Indemnity | 4035.69 | | | | 550 | | 5974.55 | other |
| HC ADJ TISSUE TRANSFER 10 SQ CM OR < | 14040 | CPT | | | | outpatient | | | 6289 | 2398.47 | Wellcare | Medicare | 2085.63 | | | | 550 | | 5974.55 | other |
| HC ADJ TISSUE TRANSFER 10 SQ CM OR < | 14040 | CPT | | | | outpatient | | | 6289 | 2398.47 | United | Oxford | 2493 | | | | 550 | | 5974.55 | case rate |
| HC ADJ TISSUE TRANSFER 10 SQ CM OR < | 14040 | CPT | | | | outpatient | | | 6289 | 2398.47 | UHC | Medicaid | 1984.18 | 31.55 | | | 550 | | 5974.55 | percent of total billed charges |
| HC ADJ TISSUE TRANSFER 10 SQ CM OR < | 14040 | CPT | | | | outpatient | | | 6289 | 2398.47 | Horizon | Medicare Blue | 2085.63 | | | | 550 | | 5974.55 | other |
| HC ADJ TISSUE TRANSFER 10 SQ CM OR < | 14040 | CPT | | | | outpatient | | | 6289 | 2398.47 | United | CommercialPPO | 2493 | | | | 550 | | 5974.55 | case rate |
| HC ADJ TISSUE TRANSFER 10 SQ CM OR < | 14040 | CPT | | | | outpatient | | | 6289 | 2398.47 | UHC | Medicare | 2085.63 | | | | 550 | | 5974.55 | other |
| HC ADJ TISSUE TRANSFER 10 SQ CM OR < | 14040 | CPT | | | | outpatient | | | 6289 | 2398.47 | WellPoint | WellPoint | 2023.8 | 32.18 | | | 550 | | 5974.55 | percent of total billed charges |
| HC ADJ TISSUE TRANSFER 10 SQ CM OR < | 14040 | CPT | | | | outpatient | | | 6289 | 2398.47 | Wellcare | Medicaid | 1984.18 | 31.55 | | | 550 | | 5974.55 | percent of total billed charges |
| HC ADJ/TREARGMT F/C/C/MIN/AX/G/H/F 10.1-30.0 SQ CM | 14041 | CPT | | | | outpatient | | | 6150.86 | 2398.47 | Aetna | Medicare | 2085.63 | | | | 650 | | 5843.32 | other |
| HC ADJ/TREARGMT F/C/C/MIN/AX/G/H/F 10.1-30.0 SQ CM | 14041 | CPT | | | | outpatient | | | 6150.86 | 2398.47 | Aetna | Better Health | 1940.6 | 31.55 | | | 650 | | 5843.32 | percent of total billed charges |
| HC ADJ/TREARGMT F/C/C/MIN/AX/G/H/F 10.1-30.0 SQ CM | 14041 | CPT | | | | outpatient | | | 6150.86 | 2398.47 | Horizon | PPO | 4035.69 | | | | 650 | | 5843.32 | other |
| HC ADJ/TREARGMT F/C/C/MIN/AX/G/H/F 10.1-30.0 SQ CM | 14041 | CPT | | | | outpatient | | | 6150.86 | 2398.47 | Corrections | Corrections | 4920.69 | 80 | | | 650 | | 5843.32 | percent of total billed charges |
| HC ADJ/TREARGMT F/C/C/MIN/AX/G/H/F 10.1-30.0 SQ CM | 14041 | CPT | | | | outpatient | | | 6150.86 | 2398.47 | Horizon | Medicare Blue | 2085.63 | | | | 650 | | 5843.32 | other |
| HC ADJ/TREARGMT F/C/C/MIN/AX/G/H/F 10.1-30.0 SQ CM | 14041 | CPT | | | | outpatient | | | 6150.86 | 2398.47 | First Health | First Health | 4305.6 | 70 | | | 650 | | 5843.32 | percent of total billed charges |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 | Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC ADJ/TREARGMT F/C/C/MIN/AX/G/H/F 10.1-30.0 SQ CM | 14041 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Horizon | MGD | 4035.69 | | | | 650 | 5843.32 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADJ/TREARGMT F/C/C/MIN/AX/G/H/F 10.1-30.0 SQ CM | 14041 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Consumer | Consumer | 5843.32 | 95 | | | 650 | 5843.32 | percent of total billed charges | |
| HC ADJ/TREARGMT F/C/C/MIN/AX/G/H/F 10.1-30.0 SQ CM | 14041 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Americare | Americare | 4613.15 | 75 | | | 650 | 5843.32 | percent of total billed charges | |
| HC ADJ/TREARGMT F/C/C/MIN/AX/G/H/F 10.1-30.0 SQ CM | 14041 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Horizon | Indemnity | 4035.69 | | | | 650 | 5843.32 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADJ/TREARGMT F/C/C/MIN/AX/G/H/F 10.1-30.0 SQ CM | 14041 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | WellPoint | WellPoint | 1979.35 | 32.18 | | | 650 | 5843.32 | percent of total billed charges | |
| HC ADJ/TREARGMT F/C/C/MIN/AX/G/H/F 10.1-30.0 SQ CM | 14041 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | First Trenton | First Trenton | 5535.77 | 90 | | | 650 | 5843.32 | percent of total billed charges | |
| HC ADJ/TREARGMT F/C/C/MIN/AX/G/H/F 10.1-30.0 SQ CM | 14041 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Multiplan | Multiplan | 4920.69 | 80 | | | 650 | 5843.32 | percent of total billed charges | |
| HC ADJ/TREARGMT F/C/C/MIN/AX/G/H/F 10.1-30.0 SQ CM | 14041 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Wellcare | Medicare | 2085.63 | | | | 650 | 5843.32 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADJ/TREARGMT F/C/C/MIN/AX/G/H/F 10.1-30.0 SQ CM | 14041 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | UHC | Medicaid | 1940.6 | 31.55 | | | 650 | 5843.32 | percent of total billed charges | |
| HC ADJ/TREARGMT F/C/C/MIN/AX/G/H/F 10.1-30.0 SQ CM | 14041 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Managed Care Inc | Managed Care Inc | 5535.77 | 90 | | | 650 | 5843.32 | percent of total billed charges | |
| HC ADJ/TREARGMT F/C/C/MIN/AX/G/H/F 10.1-30.0 SQ CM | 14041 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Amerihealth | HMO/PPO | 650 | | | | 650 | 5843.32 | fee schedule | |
| HC ADJ/TREARGMT F/C/C/MIN/AX/G/H/F 10.1-30.0 SQ CM | 14041 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | UHC | Medicare | 2085.63 | | | | 650 | 5843.32 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADJ/TREARGMT F/C/C/MIN/AX/G/H/F 10.1-30.0 SQ CM | 14041 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | United | Commercial/PPO | 2493 | | | | 650 | 5843.32 | case rate | |
| HC ADJ/TREARGMT F/C/C/MIN/AX/G/H/F 10.1-30.0 SQ CM | 14041 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Three Rivers | Three Rivers | 5843.32 | 95 | | | 650 | 5843.32 | percent of total billed charges | |
| HC ADJ/TREARGMT F/C/C/MIN/AX/G/H/F 10.1-30.0 SQ CM | 14041 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Qualcare | Qualcare | 4613.15 | 75 | | | 650 | 5843.32 | percent of total billed charges | |
| HC ADJ/TREARGMT F/C/C/MIN/AX/G/H/F 10.1-30.0 SQ CM | 14041 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Oxford | Oxford | 2493 | | | | 650 | 5843.32 | case rate | |
| HC ADJ/TREARGMT F/C/C/MIN/AX/G/H/F 10.1-30.0 SQ CM | 14041 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Wellcare | Medicaid | 1940.6 | 31.55 | | | 650 | 5843.32 | percent of total billed charges | |
| HC ADJ TISSUE TX EYE <=10CM | 14060 | CPT | | | | outpatient | | | 6289 | | 2398.47 | Horizon | MGD | 4035.69 | | | | 650 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADJ TISSUE TX EYE <=10CM | 14060 | CPT | | | | outpatient | | | 6289 | | 2398.47 | Aetna | Medicare | 2085.63 | | | | 650 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADJ TISSUE TX EYE <=10CM | 14060 | CPT | | | | outpatient | | | 6289 | | 2398.47 | Aetna | Commercial | 3403.75 | | | | 650 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADJ TISSUE TX EYE <=10CM | 14060 | CPT | | | | outpatient | | | 6289 | | 2398.47 | Corrections | Corrections | 5031.2 | 80 | | | 650 | 5974.55 | percent of total billed charges | |
| HC ADJ TISSUE TX EYE <=10CM | 14060 | CPT | | | | outpatient | | | 6289 | | 2398.47 | UHC | Medicaid | 1984.18 | 31.55 | | | 650 | 5974.55 | percent of total billed charges | |
| HC ADJ TISSUE TX EYE <=10CM | 14060 | CPT | | | | outpatient | | | 6289 | | 2398.47 | Aetna | Better Health | 1984.18 | 31.55 | | | 650 | 5974.55 | percent of total billed charges | |
| HC ADJ TISSUE TX EYE <=10CM | 14060 | CPT | | | | outpatient | | | 6289 | | 2398.47 | Amerihealth | HMO/PPO | 650 | | | | 650 | 5974.55 | fee schedule | |
| HC ADJ TISSUE TX EYE <=10CM | 14060 | CPT | | | | outpatient | | | 6289 | | 2398.47 | Consumer | Consumer | 5974.55 | 95 | | | 650 | 5974.55 | percent of total billed charges | |
| HC ADJ TISSUE TX EYE <=10CM | 14060 | CPT | | | | outpatient | | | 6289 | | 2398.47 | Americare | Americare | 4716.75 | 75 | | | 650 | 5974.55 | percent of total billed charges | |
| HC ADJ TISSUE TX EYE <=10CM | 14060 | CPT | | | | outpatient | | | 6289 | | 2398.47 | First Health | First Health | 4402.3 | 70 | | | 650 | 5974.55 | percent of total billed charges | |
| HC ADJ TISSUE TX EYE <=10CM | 14060 | CPT | | | | outpatient | | | 6289 | | 2398.47 | Horizon | Indemnity | 4035.69 | | | | 650 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADJ TISSUE TX EYE <=10CM | 14060 | CPT | | | | outpatient | | | 6289 | | 2398.47 | United | Commercial/PPO | 2493 | | | | 650 | 5974.55 | case rate | |
| HC ADJ TISSUE TX EYE <=10CM | 14060 | CPT | | | | outpatient | | | 6289 | | 2398.47 | Three Rivers | Three Rivers | 5974.55 | 95 | | | 650 | 5974.55 | percent of total billed charges | |
| HC ADJ TISSUE TX EYE <=10CM | 14060 | CPT | | | | outpatient | | | 6289 | | 2398.47 | Multiplan | Multiplan | 5031.2 | 80 | | | 650 | 5974.55 | percent of total billed charges | |
| HC ADJ TISSUE TX EYE <=10CM | 14060 | CPT | | | | outpatient | | | 6289 | | 2398.47 | Horizon | Medicare Blue | 2085.63 | | | | 650 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADJ TISSUE TX EYE <=10CM | 14060 | CPT | | | | outpatient | | | 6289 | | 2398.47 | First Trenton | First Trenton | 5660.1 | 90 | | | 650 | 5974.55 | percent of total billed charges | |
| HC ADJ TISSUE TX EYE <=10CM | 14060 | CPT | | | | outpatient | | | 6289 | | 2398.47 | United | Oxford | 2493 | | | | 650 | 5974.55 | case rate | |
| HC ADJ TISSUE TX EYE <=10CM | 14060 | CPT | | | | outpatient | | | 6289 | | 2398.47 | Qualcare | Qualcare | 4716.75 | 75 | | | 650 | 5974.55 | percent of total billed charges | |
| HC ADJ TISSUE TX EYE <=10CM | 14060 | CPT | | | | outpatient | | | 6289 | | 2398.47 | UHC | Medicare | 2085.63 | | | | 650 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADJ TISSUE TX EYE <=10CM | 14060 | CPT | | | | outpatient | | | 6289 | | 2398.47 | WellPoint | WellPoint | 2023.8 | 32.18 | | | 650 | 5974.55 | percent of total billed charges | |
| HC ADJ TISSUE TX EYE <=10CM | 14060 | CPT | | | | outpatient | | | 6289 | | 2398.47 | Wellcare | Medicare | 2085.63 | | | | 650 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADJ TISSUE TX EYE <=10CM | 14060 | CPT | | | | outpatient | | | 6289 | | 2398.47 | Horizon | PPO | 4035.69 | | | | 650 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADJ TISSUE TX EYE <=10CM | 14060 | CPT | | | | outpatient | | | 6289 | | 2398.47 | Wellcare | Medicaid | 1984.18 | 31.55 | | | 650 | 5974.55 | percent of total billed charges | |
| HC ADJ TISSUE TX EYE <=10CM | 14060 | CPT | | | | outpatient | | | 6289 | | 2398.47 | Managed Care Inc | Managed Care Inc | 5660.1 | 90 | | | 650 | 5974.55 | percent of total billed charges | |
| HC PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT | 15002 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | UHC | Medicare | 2085.63 | | | | 550 | 5843.32 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT | 15002 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Aetna | Better Health | 1940.6 | 31.55 | | | 550 | 5843.32 | percent of total billed charges | |
| HC PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT | 15002 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | First Health | First Health | 4305.6 | 70 | | | 550 | 5843.32 | percent of total billed charges | |
| HC PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT | 15002 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Multiplan | Multiplan | 4920.69 | 80 | | | 550 | 5843.32 | percent of total billed charges | |
| HC PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT | 15002 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Amerihealth | HMO/PPO | 550 | | | | 550 | 5843.32 | fee schedule | |
| HC PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT | 15002 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Aetna | Medicare | 2085.63 | | | | 550 | 5843.32 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT | 15002 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Horizon | MGD | 4035.69 | | | | 550 | 5843.32 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT | 15002 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Horizon | Indemnity | 4035.69 | | | | 550 | 5843.32 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT | 15002 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Horizon | Medicare Blue | 2085.63 | | | | 550 | 5843.32 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT | 15002 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Aetna | Commercial | 3403.75 | | | | 550 | 5843.32 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT | 15002 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Horizon | PPO | 4035.69 | | | | 550 | 5843.32 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT | 15002 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Qualcare | Qualcare | 4613.15 | 75 | | | 550 | 5843.32 | percent of total billed charges | |
| HC PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT | 15002 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Wellcare | Medicare | 2085.63 | | | | 550 | 5843.32 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT | 15002 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Consumer | Consumer | 5843.32 | 95 | | | 550 | 5843.32 | percent of total billed charges | |
| HC PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT | 15002 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | UHC | Medicaid | 1940.6 | 31.55 | | | 550 | 5843.32 | percent of total billed charges | |
| HC PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT | 15002 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | United | Commercial/PPO | 2493 | | | | 550 | 5843.32 | case rate | |
| HC PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT | 15002 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | United | Oxford | 2493 | | | | 550 | 5843.32 | case rate | |
| HC PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT | 15002 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Americare | Americare | 4613.15 | 75 | | | 550 | 5843.32 | percent of total billed charges | |
| HC PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT | 15002 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | WellPoint | WellPoint | 1979.35 | 32.18 | | | 550 | 5843.32 | percent of total billed charges | |
| HC PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT | 15002 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Wellcare | Medicaid | 1940.6 | 31.55 | | | 550 | 5843.32 | percent of total billed charges | |
| HC PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT | 15002 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Corrections | Corrections | 4920.69 | 80 | | | 550 | 5843.32 | percent of total billed charges | |
| HC PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT | 15002 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Three Rivers | Three Rivers | 5843.32 | 95 | | | 550 | 5843.32 | percent of total billed charges | |
| HC PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT | 15002 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | First Trenton | First Trenton | 5535.77 | 90 | | | 550 | 5843.32 | percent of total billed charges | |
| HC PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT | 15002 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Managed Care Inc | Managed Care Inc | 5535.77 | 90 | | | 550 | 5843.32 | percent of total billed charges | |
| HC PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT | 15003 | CPT | | | | outpatient | | | 2655 | | | Aetna | Medicare | 817.74 | 30.8 | | | 796.5 | 2522.25 | percent of total billed charges | |
| HC PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT | 15003 | CPT | | | | outpatient | | | 2655 | | | Amerihealth | HMO/PPO | 1725.75 | 65 | | | 796.5 | 2522.25 | percent of total billed charges | |
| HC PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT | 15003 | CPT | | | | outpatient | | | 2655 | | | Consumer | Consumer | 2522.25 | 95 | | | 796.5 | 2522.25 | percent of total billed charges | |
| HC PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT | 15003 | CPT | | | | outpatient | | | 2655 | | | First Trenton | First Trenton | 2389.5 | 90 | | | 796.5 | 2522.25 | percent of total billed charges | |
| HC PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT | 15003 | CPT | | | | outpatient | | | 2655 | | | Americare | Americare | 1991.25 | 75 | | | 796.5 | 2522.25 | percent of total billed charges | |
| HC PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT | 15003 | CPT | | | | outpatient | | | 2655 | | | First Health | First Health | 1858.5 | 70 | | | 796.5 | 2522.25 | percent of total billed charges | |
| HC PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT | 15003 | CPT | | | | outpatient | | | 2655 | | | Aetna | Better Health | 837.65 | 31.55 | | | 796.5 | 2522.25 | percent of total billed charges | |
| HC PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT | 15003 | CPT | | | | outpatient | | | 2655 | | | Corrections | Corrections | 2124 | 80 | | | 796.5 | 2522.25 | percent of total billed charges | |
| HC PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT | 15003 | CPT | | | | outpatient | | | 2655 | | | Horizon | MGD | 1016.33 | 38.28 | | | 796.5 | 2522.25 | percent of total billed charges | |
| HC PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT | 15003 | CPT | | | | outpatient | | | 2655 | | | Multiplan | Multiplan | 2124 | 80 | | | 796.5 | 2522.25 | percent of total billed charges | |
| HC PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT | 15003 | CPT | | | | outpatient | | | 2655 | | | WellPoint | WellPoint | 854.38 | 32.18 | | | 796.5 | 2522.25 | percent of total billed charges | |
| HC PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT | 15003 | CPT | | | | outpatient | | | 2655 | | | Horizon | Indemnity | 1016.33 | 38.28 | | | 796.5 | 2522.25 | percent of total billed charges | |
| HC PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT | 15003 | CPT | | | | outpatient | | | 2655 | | | United | Commercial/PPO | 1782 | | | | 796.5 | 2522.25 | case rate | |
| HC PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT | 15003 | CPT | | | | outpatient | | | 2655 | | | Horizon | Medicare Blue | 796.5 | 30 | | | 796.5 | 2522.25 | percent of total billed charges | |
| HC PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT | 15003 | CPT | | | | outpatient | | | 2655 | | | Qualcare | Qualcare | 1991.25 | 75 | | | 796.5 | 2522.25 | percent of total billed charges | |
| HC PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT | 15003 | CPT | | | | outpatient | | | 2655 | | | Horizon | PPO | 1016.33 | 38.28 | | | 796.5 | 2522.25 | percent of total billed charges | |
| HC PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT | 15003 | CPT | | | | outpatient | | | 2655 | | | Wellcare | Medicaid | 837.65 | 31.55 | | | 796.5 | 2522.25 | percent of total billed charges | |
| HC PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT | 15003 | CPT | | | | outpatient | | | 2655 | | | Managed Care Inc | Managed Care Inc | 2389.5 | 90 | | | 796.5 | 2522.25 | percent of total billed charges | |
| HC PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT | 15003 | CPT | | | | outpatient | | | 2655 | | | UHC | Medicaid | 837.65 | 31.55 | | | 796.5 | 2522.25 | percent of total billed charges | |
| HC PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT | 15003 | CPT | | | | outpatient | | | 2655 | | | Three Rivers | Three Rivers | 2522.25 | 95 | | | 796.5 | 2522.25 | percent of total billed charges | |
| HC PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT | 15003 | CPT | | | | outpatient | | | 2655 | | | United | Oxford | 1782 | | | | 796.5 | 2522.25 | case rate | |
| HC PREP SITE F/SN/H GT 1ST 100SQCM | 15004 | CPT | | | | outpatient | | | 2117 | | 826.02 | Amerihealth | HMO/PPO | 1376.05 | 65 | | | 667.91 | 2011.15 | percent of total billed charges | |
| HC PREP SITE F/SN/H GT 1ST 100SQCM | 15004 | CPT | | | | outpatient | | | 2117 | | 826.02 | Horizon | MGD | 1389.87 | | | | 667.91 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PREP SITE F/SN/H GT 1ST 100SQCM | 15004 | CPT | | | | outpatient | | | 2117 | | 826.02 | Americare | Americare | 1587.75 | 75 | | | 667.91 | 2011.15 | percent of total billed charges | |
| HC PREP SITE F/SN/H GT 1ST 100SQCM | 15004 | CPT | | | | outpatient | | | 2117 | | 826.02 | Aetna | Better Health | 667.91 | 31.55 | | | 667.91 | 2011.15 | percent of total billed charges | |
| HC PREP SITE F/SN/H GT 1ST 100SQCM | 15004 | CPT | | | | outpatient | | | 2117 | | 826.02 | Consumer | Consumer | 2011.15 | 95 | | | 667.91 | 2011.15 | percent of total billed charges | |
| HC PREP SITE F/SN/H GT 1ST 100SQCM | 15004 | CPT | | | | outpatient | | | 2117 | | 826.02 | UHC | Medicaid | 667.91 | 31.55 | | | 667.91 | 2011.15 | percent of total billed charges | |
| HC PREP SITE F/SN/H GT 1ST 100SQCM | 15004 | CPT | | | | outpatient | | | 2117 | | 826.02 | Horizon | Indemnity | 1389.87 | | | | 667.91 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PREP SITE F/SN/H GT 1ST 100SQCM | 15004 | CPT | | | | outpatient | | | 2117 | | 826.02 | Aetna | Medicare | 718.28 | | | | 667.91 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PREP SITE F/SN/H GT 1ST 100SQCM | 15004 | CPT | | | | outpatient | | | 2117 | | 826.02 | Qualcare | Qualcare | 1587.75 | 75 | | | 667.91 | 2011.15 | percent of total billed charges | |
| HC PREP SITE F/SN/H GT 1ST 100SQCM | 15004 | CPT | | | | outpatient | | | 2117 | | 826.02 | Aetna | Commercial | 804.46 | 38 | | | 667.91 | 2011.15 | percent of total billed charges | |
| HC PREP SITE F/SN/H GT 1ST 100SQCM | 15004 | CPT | | | | outpatient | | | 2117 | | 826.02 | Horizon | Medicare Blue | 718.28 | | | | 667.91 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PREP SITE F/SN/H GT 1ST 100SQCM | 15004 | CPT | | | | outpatient | | | 2117 | | 826.02 | First Health | First Health | 1481.9 | 70 | | | 667.91 | 2011.15 | percent of total billed charges | |
| HC PREP SITE F/SN/H GT 1ST 100SQCM | 15004 | CPT | | | | outpatient | | | 2117 | | 826.02 | Corrections | Corrections | 1693.6 | 80 | | | 667.91 | 2011.15 | percent of total billed charges | |
| HC PREP SITE F/SN/H GT 1ST 100SQCM | 15004 | CPT | | | | outpatient | | | 2117 | | 826.02 | Multiplan | Multiplan | 1693.6 | 80 | | | 667.91 | 2011.15 | percent of total billed charges | |
| HC PREP SITE F/SN/H GT 1ST 100SQCM | 15004 | CPT | | | | outpatient | | | 2117 | | 826.02 | UHC | Medicare | 718.28 | | | | 667.91 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PREP SITE F/SN/H GT 1ST 100SQCM | 15004 | CPT | | | | outpatient | | | 2117 | | 826.02 | United | Commercial/PPO | 1782 | | | | 667.91 | 2011.15 | case rate | |
| HC PREP SITE F/SN/H GT 1ST 100SQCM | 15004 | CPT | | | | outpatient | | | 2117 | | 826.02 | Three Rivers | Three Rivers | 2011.15 | 95 | | | 667.91 | 2011.15 | percent of total billed charges | |
| HC PREP SITE F/SN/H GT 1ST 100SQCM | 15004 | CPT | | | | outpatient | | | 2117 | | 826.02 | First Trenton | First Trenton | 1905.3 | 90 | | | 667.91 | 2011.15 | percent of total billed charges | |
| HC PREP SITE F/SN/H GT 1ST 100SQCM | 15004 | CPT | | | | outpatient | | | 2117 | | 826.02 | Wellcare | Medicaid | 667.91 | 31.55 | | | 667.91 | 2011.15 | percent of total billed charges | |
| HC PREP SITE F/SN/H GT 1ST 100SQCM | 15004 | CPT | | | | outpatient | | | 2117 | | 826.02 | WellPoint | WellPoint | 681.25 | 32.18 | | | 667.91 | 2011.15 | percent of total billed charges | |
| HC PREP SITE F/SN/H GT 1ST 100SQCM | 15004 | CPT | | | | outpatient | | | 2117 | | 826.02 | Wellcare | Medicare | 718.28 | | | | 667.91 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PREP SITE F/SN/H GT 1ST 100SQCM | 15004 | CPT | | | | outpatient | | | 2117 | | 826.02 | Horizon | PPO | 1389.87 | | | | 667.91 | 2011.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PREP SITE F/SN/H GT 1ST 100SQCM | 15004 | CPT | | | | outpatient | | | 2117 | | 826.02 | Managed Care Inc | Managed Care Inc | 1905.3 | 90 | | | 667.91 | 2011.15 | percent of total billed charges | |
| HC PREP SITE F/SN/H GT 1ST 100SQCM | 15004 | CPT | | | | outpatient | | | 2117 | | 826.02 | United | Oxford | 1782 | | | | 667.91 | 2011.15 | case rate | |
| HC HARVEST SKIN TISSUE CULTURE | 15040 | CPT | | | | outpatient | | | 6289 | | 2398.47 | First Health | First Health | 4402.3 | 70 | | | 125 | 5974.55 | percent of total billed charges | |
| HC HARVEST SKIN TISSUE CULTURE | 15040 | CPT | | | | outpatient | | | 6289 | | 2398.47 | Amerihealth | HMO/PPO | 125 | | | | 125 | 5974.55 | fee schedule | |
| HC HARVEST SKIN TISSUE CULTURE | 15040 | CPT | | | | outpatient | | | 6289 | | 2398.47 | Corrections | Corrections | 5031.2 | 80 | | | 125 | 5974.55 | percent of total billed charges | |
| HC HARVEST SKIN TISSUE CULTURE | 15040 | CPT | | | | outpatient | | | 6289 | | 2398.47 | Aetna | Commercial | 3403.75 | | | | 125 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HARVEST SKIN TISSUE CULTURE | 15040 | CPT | | | | outpatient | | | 6289 | | 2398.47 | Aetna | Better Health | 1984.18 | 31.55 | | | 125 | 5974.55 | percent of total billed charges | |
| HC HARVEST SKIN TISSUE CULTURE | 15040 | CPT | | | | outpatient | | | 6289 | | 2398.47 | First Trenton | First Trenton | 5660.1 | 90 | | | 125 | 5974.55 | percent of total billed charges | |
| HC HARVEST SKIN TISSUE CULTURE | 15040 | CPT | | | | outpatient | | | 6289 | | 2398.47 | Americare | Americare | 4716.75 | 75 | | | 125 | 5974.55 | percent of total billed charges | |
| HC HARVEST SKIN TISSUE CULTURE | 15040 | CPT | | | | outpatient | | | 6289 | | 2398.47 | Aetna | Medicare | 2085.63 | | | | 125 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HARVEST SKIN TISSUE CULTURE | 15040 | CPT | | | | outpatient | | | 6289 | | 2398.47 | Multiplan | Multiplan | 5031.2 | 80 | | | 125 | 5974.55 | percent of total billed charges | |
| HC HARVEST SKIN TISSUE CULTURE | 15040 | CPT | | | | outpatient | | | 6289 | | 2398.47 | Horizon | Indemnity | 4035.69 | | | | 125 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HARVEST SKIN TISSUE CULTURE | 15040 | CPT | | | | outpatient | | | 6289 | | 2398.47 | Consumer | Consumer | 5974.55 | 95 | | | 125 | 5974.55 | percent of total billed charges | |
| HC HARVEST SKIN TISSUE CULTURE | 15040 | CPT | | | | outpatient | | | 6289 | | 2398.47 | Horizon | MGD | 4035.69 | | | | 125 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HARVEST SKIN TISSUE CULTURE | 15040 | CPT | | | | outpatient | | | 6289 | | 2398.47 | Horizon | PPO | 4035.69 | | | | 125 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HARVEST SKIN TISSUE CULTURE | 15040 | CPT | | | | outpatient | | | 6289 | | 2398.47 | Horizon | Medicare Blue | 2085.63 | | | | 125 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HARVEST SKIN TISSUE CULTURE | 15040 | CPT | | | | outpatient | | | 6289 | | 2398.47 | Qualcare | Qualcare | 4716.75 | 75 | | | 125 | 5974.55 | percent of total billed charges | |
| HC HARVEST SKIN TISSUE CULTURE | 15040 | CPT | | | | outpatient | | | 6289 | | 2398.47 | UHC | Medicare | 2085.63 | | | | 125 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HARVEST SKIN TISSUE CULTURE | 15040 | CPT | | | | outpatient | | | 6289 | | 2398.47 | WellPoint | WellPoint | 2023.8 | 32.18 | | | 125 | 5974.55 | percent of total billed charges | |
| HC HARVEST SKIN TISSUE CULTURE | 15040 | CPT | | | | outpatient | | | 6289 | | 2398.47 | UHC | Medicaid | 1984.18 | 31.55 | | | 125 | 5974.55 | percent of total billed charges | |
| HC HARVEST SKIN TISSUE CULTURE | 15040 | CPT | | | | outpatient | | | 6289 | | 2398.47 | Wellcare | Medicare | 2085.63 | | | | 125 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HARVEST SKIN TISSUE CULTURE | 15040 | CPT | | | | outpatient | | | 6289 | | 2398.47 | Managed Care Inc | Managed Care Inc | 5660.1 | 90 | | | 125 | 5974.55 | percent of total billed charges | |
| HC HARVEST SKIN TISSUE CULTURE | 15040 | CPT | | | | outpatient | | | 6289 | | 2398.47 | United | Commercial/PPO | 2493 | | | | 125 | 5974.55 | case rate | |
| HC HARVEST SKIN TISSUE CULTURE | 15040 | CPT | | | | outpatient | | | 6289 | | 2398.47 | Three Rivers | Three Rivers | 5974.55 | 95 | | | 125 | 5974.55 | percent of total billed charges | |
| HC HARVEST SKIN TISSUE CULTURE | 15040 | CPT | | | | outpatient | | | 6289 | | 2398.47 | United | Oxford | 2493 | | | | 125 | 5974.55 | case rate | |
| HC HARVEST SKIN TISSUE CULTURE | 15040 | CPT | | | | outpatient | | | 6289 | | 2398.47 | Wellcare | Medicaid | 1984.18 | 31.55 | | | 125 | 5974.55 | percent of total billed charges | |
| HC SKN SPLT AGRFT F/N/HF/G<=100SQCM | 15120 | CPT | | | | outpatient | | | 13792 | | 4718.53 | UHC | Medicare | 4103.07 | | | | 550 | 13102.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SKN SPLT AGRFT F/N/HF/G<=100SQCM | 15120 | CPT | | | | outpatient | | | 13792 | | 4718.53 | Corrections | Corrections | 11033.6 | 80 | | | 550 | 13102.4 | percent of total billed charges | |
| HC SKN SPLT AGRFT F/N/HF/G<=100SQCM | 15120 | CPT | | | | outpatient | | | 13792 | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC SKN SPLT AGRFT F/N/HF/G<=100SQCM | 15120 | CPT | | | | outpatient | | | 13792 | | 4718.53 Horizon | Medicare Blue | 4103.07 | | | | 550 | 13102.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SKN SPLT AGRFT F/N/HF/G<=100SQCM | 15120 | CPT | | | | outpatient | | | 13792 | | 4718.53 First Health | First Health | 9654.4 | 70 | | | 550 | 13102.4 | percent of total billed charges | |
| HC SKN SPLT AGRFT F/N/HF/G<=100SQCM | 15120 | CPT | | | | outpatient | | | 13792 | | 4718.53 UHC | Medicaid | 4351.38 | 31.55 | | | 550 | 13102.4 | percent of total billed charges | |
| HC SKN SPLT AGRFT F/N/HF/G<=100SQCM | 15120 | CPT | | | | outpatient | | | 13792 | | 4718.53 WellPoint | WellPoint | 4438.27 | 32.18 | | | 550 | 13102.4 | percent of total billed charges | |
| HC SKN SPLT AGRFT F/N/HF/G<=100SQCM | 15120 | CPT | | | | outpatient | | | 13792 | | 4718.53 United | CommercialPPO | 3492 | | | | 550 | 13102.4 | case rate | |
| HC SKN SPLT AGRFT F/N/HF/G<=100SQCM | 15120 | CPT | | | | outpatient | | | 13792 | | 4718.53 Multiplan | Multiplan | 11033.6 | 80 | | | 550 | 13102.4 | percent of total billed charges | |
| HC SKN SPLT AGRFT F/N/HF/G<=100SQCM | 15120 | CPT | | | | outpatient | | | 13792 | | 4718.53 United | Oxford | 3492 | | | | 550 | 13102.4 | case rate | |
| HC SKN SPLT AGRFT F/N/HF/G<=100SQCM | 15120 | CPT | | | | outpatient | | | 13792 | | 4718.53 Three Rivers | Three Rivers | 13102.4 | 95 | | | 550 | 13102.4 | percent of total billed charges | |
| HC SKN SPLT AGRFT F/N/HF/G<=100SQCM | 15120 | CPT | | | | outpatient | | | 13792 | | 4718.53 Wellcare | Medicaid | 4351.38 | 31.55 | | | 550 | 13102.4 | percent of total billed charges | |
| HC SKN SPLT AGRFT F/N/HF/G<=100SQCM | 15120 | CPT | | | | outpatient | | | 13792 | | 4718.53 Qualcare | Qualcare | 10344 | 75 | | | 550 | 13102.4 | percent of total billed charges | |
| HC TISS CULT SKN ATOGRFT,=< 25CM | 15155 | CPT | | | | outpatient | | | 11851 | | 4718.53 Consumer | Consumer | 11258.45 | 95 | | | 650 | 11258.45 | percent of total billed charges | |
| HC TISS CULT SKN ATOGRFT,=< 25CM | 15155 | CPT | | | | outpatient | | | 11851 | | 4718.53 Amerihealth | HMO/PPO | 650 | | | | 650 | 11258.45 | fee schedule | |
| HC TISS CULT SKN ATOGRFT,=< 25CM | 15155 | CPT | | | | outpatient | | | 11851 | | 4718.53 Americare | Americare | 8888.25 | 75 | | | 650 | 11258.45 | percent of total billed charges | |
| HC TISS CULT SKN ATOGRFT,=< 25CM | 15155 | CPT | | | | outpatient | | | 11851 | | 4718.53 Aetna | Better Health | 3738.99 | 31.55 | | | 650 | 11258.45 | percent of total billed charges | |
| HC TISS CULT SKN ATOGRFT,=< 25CM | 15155 | CPT | | | | outpatient | | | 11851 | | 4718.53 Corrections | Corrections | 9480.8 | 80 | | | 650 | 11258.45 | percent of total billed charges | |
| HC TISS CULT SKN ATOGRFT,=< 25CM | 15155 | CPT | | | | outpatient | | | 11851 | | 4718.53 First Trenton | First Trenton | 10665.9 | 90 | | | 650 | 11258.45 | percent of total billed charges | |
| HC TISS CULT SKN ATOGRFT,=< 25CM | 15155 | CPT | | | | outpatient | | | 11851 | | 4718.53 UHC | Medicare | 4103.07 | | | | 650 | 11258.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TISS CULT SKN ATOGRFT,=< 25CM | 15155 | CPT | | | | outpatient | | | 11851 | | 4718.53 Aetna | Medicare | 4103.07 | | | | 650 | 11258.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TISS CULT SKN ATOGRFT,=< 25CM | 15155 | CPT | | | | outpatient | | | 11851 | | 4718.53 Three Rivers | Three Rivers | 11258.45 | 95 | | | 650 | 11258.45 | percent of total billed charges | |
| HC TISS CULT SKN ATOGRFT,=< 25CM | 15155 | CPT | | | | outpatient | | | 11851 | | 4718.53 Horizon | Indemnity | 7939.44 | | | | 650 | 11258.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TISS CULT SKN ATOGRFT,=< 25CM | 15155 | CPT | | | | outpatient | | | 11851 | | 4718.53 Multiplan | Multiplan | 9480.8 | 80 | | | 650 | 11258.45 | percent of total billed charges | |
| HC TISS CULT SKN ATOGRFT,=< 25CM | 15155 | CPT | | | | outpatient | | | 11851 | | 4718.53 Aetna | Commercial | 4503.38 | 38 | | | 650 | 11258.45 | percent of total billed charges | |
| HC TISS CULT SKN ATOGRFT,=< 25CM | 15155 | CPT | | | | outpatient | | | 11851 | | 4718.53 Horizon | Medicare Blue | 4103.07 | | | | 650 | 11258.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TISS CULT SKN ATOGRFT,=< 25CM | 15155 | CPT | | | | outpatient | | | 11851 | | 4718.53 Managed Care Inc | Managed Care Inc | 10665.9 | 90 | | | 650 | 11258.45 | percent of total billed charges | |
| HC TISS CULT SKN ATOGRFT,=< 25CM | 15155 | CPT | | | | outpatient | | | 11851 | | 4718.53 Qualcare | Qualcare | 8888.25 | 75 | | | 650 | 11258.45 | percent of total billed charges | |
| HC TISS CULT SKN ATOGRFT,=< 25CM | 15155 | CPT | | | | outpatient | | | 11851 | | 4718.53 First Health | First Health | 8295.7 | 70 | | | 650 | 11258.45 | percent of total billed charges | |
| HC TISS CULT SKN ATOGRFT,=< 25CM | 15155 | CPT | | | | outpatient | | | 11851 | | 4718.53 United | Oxford | 3492 | | | | 650 | 11258.45 | case rate | |
| HC TISS CULT SKN ATOGRFT,=< 25CM | 15155 | CPT | | | | outpatient | | | 11851 | | 4718.53 UHC | Medicaid | 3738.99 | 31.55 | | | 650 | 11258.45 | percent of total billed charges | |
| HC TISS CULT SKN ATOGRFT,=< 25CM | 15155 | CPT | | | | outpatient | | | 11851 | | 4718.53 Wellcare | Medicare | 4103.07 | | | | 650 | 11258.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TISS CULT SKN ATOGRFT,=< 25CM | 15155 | CPT | | | | outpatient | | | 11851 | | 4718.53 Horizon | PPO | 7939.44 | | | | 650 | 11258.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TISS CULT SKN ATOGRFT,=< 25CM | 15155 | CPT | | | | outpatient | | | 11851 | | 4718.53 WellPoint | WellPoint | 3813.65 | 32.18 | | | 650 | 11258.45 | percent of total billed charges | |
| HC TISS CULT SKN ATOGRFT,=< 25CM | 15155 | CPT | | | | outpatient | | | 11851 | | 4718.53 United | CommercialPPO | 3492 | | | | 650 | 11258.45 | case rate | |
| HC TISS CULT SKN ATOGRFT,=< 25CM | 15155 | CPT | | | | outpatient | | | 11851 | | 4718.53 Wellcare | Medicaid | 3738.99 | 31.55 | | | 650 | 11258.45 | percent of total billed charges | |
| HC TISS CULT SKN ATOGRFT,=< 25CM | 15155 | CPT | | | | outpatient | | | 11851 | | 4718.53 Horizon | MGD | 7939.44 | | | | 650 | 11258.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FULL GRFT FACE/GENIT/HF <=20SQ | 15240 | CPT | | | | outpatient | | | 7299 | | 2398.47 Aetna | Commercial | 3403.75 | | | | 650 | 6934.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FULL GRFT FACE/GENIT/HF <=20SQ | 15240 | CPT | | | | outpatient | | | 7299 | | 2398.47 Americare | Americare | 5474.25 | 75 | | | 650 | 6934.05 | percent of total billed charges | |
| HC FULL GRFT FACE/GENIT/HF <=20SQ | 15240 | CPT | | | | outpatient | | | 7299 | | 2398.47 Three Rivers | Three Rivers | 6934.05 | 95 | | | 650 | 6934.05 | percent of total billed charges | |
| HC FULL GRFT FACE/GENIT/HF <=20SQ | 15240 | CPT | | | | outpatient | | | 7299 | | 2398.47 Amerihealth | HMO/PPO | 650 | | | | 650 | 6934.05 | fee schedule | |
| HC FULL GRFT FACE/GENIT/HF <=20SQ | 15240 | CPT | | | | outpatient | | | 7299 | | 2398.47 Multiplan | Multiplan | 5839.2 | 80 | | | 650 | 6934.05 | percent of total billed charges | |
| HC FULL GRFT FACE/GENIT/HF <=20SQ | 15240 | CPT | | | | outpatient | | | 7299 | | 2398.47 Aetna | Better Health | 2302.83 | 31.55 | | | 650 | 6934.05 | percent of total billed charges | |
| HC FULL GRFT FACE/GENIT/HF <=20SQ | 15240 | CPT | | | | outpatient | | | 7299 | | 2398.47 Aetna | Medicare | 2085.63 | | | | 650 | 6934.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FULL GRFT FACE/GENIT/HF <=20SQ | 15240 | CPT | | | | outpatient | | | 7299 | | 2398.47 UHC | Medicaid | 2302.83 | 31.55 | | | 650 | 6934.05 | percent of total billed charges | |
| HC FULL GRFT FACE/GENIT/HF <=20SQ | 15240 | CPT | | | | outpatient | | | 7299 | | 2398.47 Qualcare | Qualcare | 5474.25 | 75 | | | 650 | 6934.05 | percent of total billed charges | |
| HC FULL GRFT FACE/GENIT/HF <=20SQ | 15240 | CPT | | | | outpatient | | | 7299 | | 2398.47 Consumer | Consumer | 6934.05 | 95 | | | 650 | 6934.05 | percent of total billed charges | |
| HC FULL GRFT FACE/GENIT/HF <=20SQ | 15240 | CPT | | | | outpatient | | | 7299 | | 2398.47 Corrections | Corrections | 5839.2 | 80 | | | 650 | 6934.05 | percent of total billed charges | |
| HC FULL GRFT FACE/GENIT/HF <=20SQ | 15240 | CPT | | | | outpatient | | | 7299 | | 2398.47 First Health | First Health | 5109.3 | 70 | | | 650 | 6934.05 | percent of total billed charges | |
| HC FULL GRFT FACE/GENIT/HF <=20SQ | 15240 | CPT | | | | outpatient | | | 7299 | | 2398.47 First Trenton | First Trenton | 6569.1 | 90 | | | 650 | 6934.05 | percent of total billed charges | |
| HC FULL GRFT FACE/GENIT/HF <=20SQ | 15240 | CPT | | | | outpatient | | | 7299 | | 2398.47 Wellcare | Medicare | 2085.63 | | | | 650 | 6934.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FULL GRFT FACE/GENIT/HF <=20SQ | 15240 | CPT | | | | outpatient | | | 7299 | | 2398.47 Horizon | MGD | 4035.69 | | | | 650 | 6934.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FULL GRFT FACE/GENIT/HF <=20SQ | 15240 | CPT | | | | outpatient | | | 7299 | | 2398.47 UHC | Medicare | 2085.63 | | | | 650 | 6934.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FULL GRFT FACE/GENIT/HF <=20SQ | 15240 | CPT | | | | outpatient | | | 7299 | | 2398.47 Horizon | PPO | 4035.69 | | | | 650 | 6934.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FULL GRFT FACE/GENIT/HF <=20SQ | 15240 | CPT | | | | outpatient | | | 7299 | | 2398.47 Horizon | Medicare Blue | 2085.63 | | | | 650 | 6934.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FULL GRFT FACE/GENIT/HF <=20SQ | 15240 | CPT | | | | outpatient | | | 7299 | | 2398.47 Managed Care Inc | Managed Care Inc | 6569.1 | 90 | | | 650 | 6934.05 | percent of total billed charges | |
| HC FULL GRFT FACE/GENIT/HF <=20SQ | 15240 | CPT | | | | outpatient | | | 7299 | | 2398.47 Horizon | Indemnity | 4035.69 | | | | 650 | 6934.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FULL GRFT FACE/GENIT/HF <=20SQ | 15240 | CPT | | | | outpatient | | | 7299 | | 2398.47 WellPoint | WellPoint | 2348.82 | 32.18 | | | 650 | 6934.05 | percent of total billed charges | |
| HC FULL GRFT FACE/GENIT/HF <=20SQ | 15240 | CPT | | | | outpatient | | | 7299 | | 2398.47 United | Oxford | 2493 | | | | 650 | 6934.05 | case rate | |
| HC FULL GRFT FACE/GENIT/HF <=20SQ | 15240 | CPT | | | | outpatient | | | 7299 | | 2398.47 United | CommercialPPO | 2493 | | | | 650 | 6934.05 | case rate | |
| HC FULL GRFT FACE/GENIT/HF <=20SQ | 15240 | CPT | | | | outpatient | | | 7299 | | 2398.47 Wellcare | Medicaid | 2302.83 | 31.55 | | | 650 | 6934.05 | percent of total billed charges | |
| HC FTH/GFT FR W/DIR CL N/E/E/L 20SQCM | 15260 | CPT | | | | outpatient | | | 6718 | | 2398.47 UHC | Medicare | 2085.63 | | | | 550 | 6382.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FTH/GFT FR W/DIR CL N/E/E/L 20SQCM | 15260 | CPT | | | | outpatient | | | 6718 | | 2398.47 Consumer | Consumer | 6382.1 | 95 | | | 550 | 6382.1 | percent of total billed charges | |
| HC FTH/GFT FR W/DIR CL N/E/E/L 20SQCM | 15260 | CPT | | | | outpatient | | | 6718 | | 2398.47 First Trenton | First Trenton | 6046.2 | 90 | | | 550 | 6382.1 | percent of total billed charges | |
| HC FTH/GFT FR W/DIR CL N/E/E/L 20SQCM | 15260 | CPT | | | | outpatient | | | 6718 | | 2398.47 Aetna | Medicare | 2085.63 | | | | 550 | 6382.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FTH/GFT FR W/DIR CL N/E/E/L 20SQCM | 15260 | CPT | | | | outpatient | | | 6718 | | 2398.47 Aetna | Commercial | 3403.75 | | | | 550 | 6382.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FTH/GFT FR W/DIR CL N/E/E/L 20SQCM | 15260 | CPT | | | | outpatient | | | 6718 | | 2398.47 Corrections | Corrections | 5374.4 | 80 | | | 550 | 6382.1 | percent of total billed charges | |
| HC FTH/GFT FR W/DIR CL N/E/E/L 20SQCM | 15260 | CPT | | | | outpatient | | | 6718 | | 2398.47 Americare | Americare | 5038.5 | 75 | | | 550 | 6382.1 | percent of total billed charges | |
| HC FTH/GFT FR W/DIR CL N/E/E/L 20SQCM | 15260 | CPT | | | | outpatient | | | 6718 | | 2398.47 Aetna | Better Health | 2119.53 | 31.55 | | | 550 | 6382.1 | percent of total billed charges | |
| HC FTH/GFT FR W/DIR CL N/E/E/L 20SQCM | 15260 | CPT | | | | outpatient | | | 6718 | | 2398.47 Multiplan | Multiplan | 5374.4 | 80 | | | 550 | 6382.1 | percent of total billed charges | |
| HC FTH/GFT FR W/DIR CL N/E/E/L 20SQCM | 15260 | CPT | | | | outpatient | | | 6718 | | 2398.47 Three Rivers | Three Rivers | 6382.1 | 95 | | | 550 | 6382.1 | percent of total billed charges | |
| HC FTH/GFT FR W/DIR CL N/E/E/L 20SQCM | 15260 | CPT | | | | outpatient | | | 6718 | | 2398.47 Managed Care Inc | Managed Care Inc | 6046.2 | 90 | | | 550 | 6382.1 | percent of total billed charges | |
| HC FTH/GFT FR W/DIR CL N/E/E/L 20SQCM | 15260 | CPT | | | | outpatient | | | 6718 | | 2398.47 First Health | First Health | 4702.6 | 70 | | | 550 | 6382.1 | percent of total billed charges | |
| HC FTH/GFT FR W/DIR CL N/E/E/L 20SQCM | 15260 | CPT | | | | outpatient | | | 6718 | | 2398.47 Qualcare | Qualcare | 5038.5 | 75 | | | 550 | 6382.1 | percent of total billed charges | |
| HC FTH/GFT FR W/DIR CL N/E/E/L 20SQCM | 15260 | CPT | | | | outpatient | | | 6718 | | 2398.47 Horizon | Medicare Blue | 2085.63 | | | | 550 | 6382.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FTH/GFT FR W/DIR CL N/E/E/L 20SQCM | 15260 | CPT | | | | outpatient | | | 6718 | | 2398.47 Amerihealth | HMO/PPO | 550 | | | | 550 | 6382.1 | fee schedule | |
| HC FTH/GFT FR W/DIR CL N/E/E/L 20SQCM | 15260 | CPT | | | | outpatient | | | 6718 | | 2398.47 Horizon | PPO | 4035.69 | | | | 550 | 6382.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FTH/GFT FR W/DIR CL N/E/E/L 20SQCM | 15260 | CPT | | | | outpatient | | | 6718 | | 2398.47 Wellcare | Medicare | 2085.63 | | | | 550 | 6382.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FTH/GFT FR W/DIR CL N/E/E/L 20SQCM | 15260 | CPT | | | | outpatient | | | 6718 | | 2398.47 United | Oxford | 2493 | | | | 550 | 6382.1 | case rate | |
| HC FTH/GFT FR W/DIR CL N/E/E/L 20SQCM | 15260 | CPT | | | | outpatient | | | 6718 | | 2398.47 Horizon | Indemnity | 4035.69 | | | | 550 | 6382.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FTH/GFT FR W/DIR CL N/E/E/L 20SQCM | 15260 | CPT | | | | outpatient | | | 6718 | | 2398.47 Horizon | MGD | 4035.69 | | | | 550 | 6382.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FTH/GFT FR W/DIR CL N/E/E/L 20SQCM | 15260 | CPT | | | | outpatient | | | 6718 | | 2398.47 UHC | Medicaid | 2119.53 | 31.55 | | | 550 | 6382.1 | percent of total billed charges | |
| HC FTH/GFT FR W/DIR CL N/E/E/L 20SQCM | 15260 | CPT | | | | outpatient | | | 6718 | | 2398.47 WellPoint | WellPoint | 2161.85 | 32.18 | | | 550 | 6382.1 | percent of total billed charges | |
| HC FTH/GFT FR W/DIR CL N/E/E/L 20SQCM | 15260 | CPT | | | | outpatient | | | 6718 | | 2398.47 United | CommercialPPO | 2493 | | | | 550 | 6382.1 | case rate | |
| HC FTH/GFT FR W/DIR CL N/E/E/L 20SQCM | 15260 | CPT | | | | outpatient | | | 6718 | | 2398.47 Wellcare | Medicaid | 2119.53 | 31.55 | | | 550 | 6382.1 | percent of total billed charges | |
| HC APP SK SB GRFT T/AL 1ST 25SQ | 15271 | CPT | | | | outpatient | | | 6446 | | 2398.47 Consumer | Consumer | 6123.7 | 95 | | | 650 | 6123.7 | percent of total billed charges | |
| HC APP SK SB GRFT T/AL 1ST 25SQ | 15271 | CPT | | | | outpatient | | | 6446 | | 2398.47 Americare | Americare | 4834.5 | 75 | | | 650 | 6123.7 | percent of total billed charges | |
| HC APP SK SB GRFT T/AL 1ST 25SQ | 15271 | CPT | | | | outpatient | | | 6446 | | 2398.47 Horizon | Medicare Blue | 2085.63 | | | | 650 | 6123.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APP SK SB GRFT T/AL 1ST 25SQ | 15271 | CPT | | | | outpatient | | | 6446 | | 2398.47 First Trenton | First Trenton | 5801.4 | 90 | | | 650 | 6123.7 | percent of total billed charges | |
| HC APP SK SB GRFT T/AL 1ST 25SQ | 15271 | CPT | | | | outpatient | | | 6446 | | 2398.47 Aetna | Commercial | 3403.75 | | | | 650 | 6123.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APP SK SB GRFT T/AL 1ST 25SQ | 15271 | CPT | | | | outpatient | | | 6446 | | 2398.47 Amerihealth | HMO/PPO | 650 | | | | 650 | 6123.7 | fee schedule | |
| HC APP SK SB GRFT T/AL 1ST 25SQ | 15271 | CPT | | | | outpatient | | | 6446 | | 2398.47 Aetna | Better Health | 2033.71 | 31.55 | | | 650 | 6123.7 | percent of total billed charges | |
| HC APP SK SB GRFT T/AL 1ST 25SQ | 15271 | CPT | | | | outpatient | | | 6446 | | 2398.47 Corrections | Corrections | 5166.8 | 80 | | | 650 | 6123.7 | percent of total billed charges | |
| HC APP SK SB GRFT T/AL 1ST 25SQ | 15271 | CPT | | | | outpatient | | | 6446 | | 2398.47 First Health | First Health | 4512.2 | 70 | | | 650 | 6123.7 | percent of total billed charges | |
| HC APP SK SB GRFT T/AL 1ST 25SQ | 15271 | CPT | | | | outpatient | | | 6446 | | 2398.47 United | CommercialPPO | 2493 | | | | 650 | 6123.7 | case rate | |
| HC APP SK SB GRFT T/AL 1ST 25SQ | 15271 | CPT | | | | outpatient | | | 6446 | | 2398.47 Aetna | Medicare | 2085.63 | | | | 650 | 6123.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APP SK SB GRFT T/AL 1ST 25SQ | 15271 | CPT | | | | outpatient | | | 6446 | | 2398.47 Horizon | Indemnity | 4035.69 | | | | 650 | 6123.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APP SK SB GRFT T/AL 1ST 25SQ | 15271 | CPT | | | | outpatient | | | 6446 | | 2398.47 Horizon | MGD | 4035.69 | | | | 650 | 6123.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APP SK SB GRFT T/AL 1ST 25SQ | 15271 | CPT | | | | outpatient | | | 6446 | | 2398.47 UHC | Medicare | 2085.63 | | | | 650 | 6123.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APP SK SB GRFT T/AL 1ST 25SQ | 15271 | CPT | | | | outpatient | | | 6446 | | 2398.47 Multiplan | Multiplan | 5166.8 | 80 | | | 650 | 6123.7 | percent of total billed charges | |
| HC APP SK SB GRFT T/AL 1ST 25SQ | 15271 | CPT | | | | outpatient | | | 6446 | | 2398.47 Horizon | PPO | 4035.69 | | | | 650 | 6123.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APP SK SB GRFT T/AL 1ST 25SQ | 15271 | CPT | | | | outpatient | | | 6446 | | 2398.47 Qualcare | Qualcare | 4834.5 | 75 | | | 650 | 6123.7 | percent of total billed charges | |
| HC APP SK SB GRFT T/AL 1ST 25SQ | 15271 | CPT | | | | outpatient | | | 6446 | | 2398.47 United | Oxford | 2493 | | | | 650 | 6123.7 | case rate | |
| HC APP SK SB GRFT T/AL 1ST 25SQ | 15271 | CPT | | | | outpatient | | | 6446 | | 2398.47 UHC | Medicaid | 2033.71 | 31.55 | | | 650 | 6123.7 | percent of total billed charges | |
| HC APP SK SB GRFT T/AL 1ST 25SQ | 15271 | CPT | | | | outpatient | | | 6446 | | 2398.47 Managed Care Inc | Managed Care Inc | 5801.4 | 90 | | | 650 | 6123.7 | percent of total billed charges | |
| HC APP SK SB GRFT T/AL 1ST 25SQ | 15271 | CPT | | | | outpatient | | | 6446 | | 2398.47 Wellcare | Medicaid | 2033.71 | 31.55 | | | 650 | 6123.7 | percent of total billed charges | |
| HC APP SK SB GRFT T/AL 1ST 25SQ | 15271 | CPT | | | | outpatient | | | 6446 | | 2398.47 Wellcare | Medicare | 2085.63 | | | | 650 | 6123.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APP SK SB GRFT T/AL 1ST 25SQ | 15271 | CPT | | | | outpatient | | | 6446 | | 2398.47 Three Rivers | Three Rivers | 6123.7 | 95 | | | 650 | 6123.7 | percent of total billed charges | |
| HC APP SK SB GRFT T/AL 1ST 25SQ | 15271 | CPT | | | | outpatient | | | 6446 | | 2398.47 WellPoint | WellPoint | 2074.32 | 32.18 | | | 650 | 6123.7 | percent of total billed charges | |
| HC AP SK SB GRT T/AL 1ST 25S E A | 15272 | CPT | | | | outpatient | | | 55.17 | | Corrections | Corrections | 44.14 | 80 | | | 16.55 | 1782 | percent of total billed charges | |
| HC AP SK SB GRT T/AL 1ST 25S E A | 15272 | CPT | | | | outpatient | | | 55.17 | | Aetna | Better Health | 17.41 | 31.55 | | | 16.55 | 1782 | percent of total billed charges | |
| HC AP SK SB GRT T/AL 1ST 25S E A | 15272 | CPT | | | | outpatient | | | 55.17 | | Amerihealth | HMO/PPO | 650 | | | | 16.55 | 1782 | fee schedule | |
| HC AP SK SB GRT T/AL 1ST 25S E A | 15272 | CPT | | | | outpatient | | | 55.17 | | Americare | Americare | 41.38 | 75 | | | 16.55 | 1782 | percent of total billed charges | |
| HC AP SK SB GRT T/AL 1ST 25S E A | 15272 | CPT | | | | outpatient | | | 55.17 | | Aetna | Medicare | 16.99 | 30.8 | | | 16.55 | 1782 | percent of total billed charges | |
| HC AP SK SB GRT T/AL 1ST 25S E A | 15272 | CPT | | | | outpatient | | | 55.17 | | Horizon | Medicare Blue | 16.55 | 30 | | | 16.55 | 1782 | percent of total billed charges | |
| HC AP SK SB GRT T/AL 1ST 25S E A | 15272 | CPT | | | | outpatient | | | 55.17 | | UHC | Medicaid | 17.41 | 31.55 | | | 16.55 | 1782 | percent of total billed charges | |
| HC AP SK SB GRT T/AL 1ST 25S E A | 15272 | CPT | | | | outpatient | | | 55.17 | | Consumer | Consumer | 52.41 | 95 | | | 16.55 | 1782 | percent of total billed charges | |
| HC AP SK SB GRT T/AL 1ST 25S E A | 15272 | CPT | | | | outpatient | | | 55.17 | | First Trenton | First Trenton | 49.65 | 90 | | | 16.55 | 1782 | percent of total billed charges | |
| HC AP SK SB GRT T/AL 1ST 25S E A | 15272 | CPT | | | | outpatient | | | 55.17 | | Horizon | Indemnity | 21.12 | 38.28 | | | 16.55 | 1782 | percent of total billed charges | |
| HC AP SK SB GRT T/AL 1ST 25S E A | 15272 | CPT | | | | outpatient | | | 55.17 | | Wellcare | Medicaid | 17.41 | 31.55 | | | 16.55 | 1782 | percent of total billed charges | |
| HC AP SK SB GRT T/AL 1ST 25S E A | 15272 | CPT | | | | outpatient | | | 55.17 | | Horizon | MGD | 21.12 | 38.28 | | | 16.55 | 1782 | percent of total billed charges | |
| HC AP SK SB GRT T/AL 1ST 25S E A | 15272 | CPT | | | | outpatient | | | 55.17 | | First Health | First Health | 38.62 | 70 | | | 16.55 | 1782 | percent of total billed charges | |
| HC AP SK SB GRT T/AL 1ST 25S E A | 15272 | CPT | | | | outpatient | | | 55.17 | | Multiplan | Multiplan | 44.14 | 80 | | | 16.55 | 1782 | percent of total billed charges | |
| HC AP SK SB GRT T/AL 1ST 25S E A | 15272 | CPT | | | | outpatient | | | 55.17 | | Managed Care Inc | Managed Care Inc | 49.65 | 90 | | | 16.55 | 1782 | percent of total billed charges | |
| HC AP SK SB GRT T/AL 1ST 25S E A | 15272 | CPT | | | | outpatient | | | 55.17 | | United | Oxford | 1782 | | | | 16.55 | 1782 | case rate | |
| HC AP SK SB GRT T/AL 1ST 25S E A | 15272 | CPT | | | | outpatient | | | 55.17 | | Horizon | PPO | 21.12 | 38.28 | | | 16.55 | 1782 | percent of total billed charges | |
| HC AP SK SB GRT T/AL 1ST 25S E A | 15272 | CPT | | | | outpatient | | | 55.17 | | Qualcare | Qualcare | 41.38 | 75 | | | 16.55 | 1782 | percent of total billed charges | |
| HC AP SK SB GRT T/AL 1ST 25S E A | 15272 | CPT | | | | outpatient | | | 55.17 | | United | CommercialPPO | 1782 | | | | 16.55 | 1782 | case rate | |
| HC AP SK SB GRT T/AL 1ST 25S E A | 15272 | CPT | | | | outpatient | | | 55.17 | | Three Rivers | Three Rivers | 52.41 | 95 | | | 16.55 | 1782 | percent of total billed charges | |
| HC AP SK SB GRT T/AL 1ST 25S E A | 15272 | CPT | | | | outpatient | | | 55.17 | | WellPoint | WellPoint | 17.75 | 32.18 | | | 16.55 | 1782 | percent of total billed charges | |
| HC SB GRFT F/S/N UP TO 100 SQCM 1ST | 15275 | CPT | | | | outpatient | | | 6718 | | 2398.47 Aetna | Medicare | 2085.63 | | | | 650 | 6382.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SB GRFT F/S/N UP TO 100 SQCM 1ST | 15275 | CPT | | | | outpatient | | | 6718 | | 2398.47 Corrections | Corrections | 5374.4 | 80 | | | 650 | 6382.1 | percent of total billed charges | |
| HC SB GRFT F/S/N UP TO 100 SQCM 1ST | 15275 | CPT | | | | outpatient | | | 6718 | | 2398.47 Wellcare | Medicaid | 2119.53 | 31.55 | | 55.7 | 650 | 6382.1 | percent of total billed charges | |
| HC SB GRFT F/S/N UP TO 100 SQCM 1ST | 15275 | CPT | | | | outpatient | | | 6718 | | 2398.47 Aetna | Better Health | 2119.53 | 31.55 | | | 650 | 6382.1 | percent of total billed charges | |
| HC SB GRFT F/S/N UP TO 100 SQCM 1ST | 15275 | CPT | | | | outpatient | | | 6718 | | 2398.47 Horizon | Medicare Blue | 2085.63 | | | | 650 | 6382.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SB GRFT F/S/N UP TO 100 SQCM 1ST | 15275 | CPT | | | | outpatient | | | 6718 | | 2398.47 Qualcare | Qualcare | 5038.5 | 75 | | | 650 | 6382.1 | percent of total billed charges | |
| HC SB GRFT F/S/N UP TO 100 SQCM 1ST | 15275 | CPT | | | | outpatient | | | 6718 | | 2398.47 Horizon | MGD | 4035.69 | | | | 650 | 6382.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SB GRFT F/S/N UP TO 100 SQCM 1ST | 15275 | CPT | | | | outpatient | | | 6718 | | 2398.47 First Health | First Health | 4702.6 | 70 | | | 650 | 6382.1 | percent of total billed charges | |
| HC SB GRFT F/S/N UP TO 100 SQCM 1ST | 15275 | CPT | | | | outpatient | | | 6718 | | 2398.47 Americare | Americare | 5038.5 | 75 | | | 650 | 6382.1 | percent of total billed charges | |
| HC SB GRFT F/S/N UP TO 100 SQCM 1ST | 15275 | CPT | | | | outpatient | | | 6718 | | 2398.47 First Trenton | First Trenton | 6046.2 | 90 | | | 650 | 6382.1 | percent of total billed charges | |
| HC SB GRFT F/S/N UP TO 100 SQCM 1ST | 15275 | CPT | | | | outpatient | | | 6718 | | 2398.47 WellPoint | WellPoint | 2161.85 | 32.18 | | | 650 | 6382.1 | percent of total billed charges | |
| HC SB GRFT F/S/N UP TO 100 SQCM 1ST | 15275 | CPT | | | | outpatient | | | 6718 | | 2398.47 Aetna | Commercial | 3403.75 | | | | 650 | 6382.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SB GRFT F/S/N UP TO 100 SQCM 1ST | 15275 | CPT | | | | outpatient | | | 6718 | | 2398.47 Multiplan | Multiplan | 5374.4 | 80 | | | 650 | 6382.1 | percent of total billed charges | |
| HC SB GRFT F/S/N UP TO 100 SQCM 1ST | 15275 | CPT | | | | outpatient | | | 6718 | | 2398.47 United | CommercialPPO | 2493 | | | | 650 | 6382.1 | case rate | |
| HC SB GRFT F/S/N UP TO 100 SQCM 1ST | 15275 | CPT | | | | outpatient | | | 6718 | | 2398.47 Horizon | PPO | 4035.69 | | | | 650 | 6382.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SB GRFT F/S/N UP TO 100 SQCM 1ST | 15275 | CPT | | | | outpatient | | | 6718 | | 2398.47 Three Rivers | Three Rivers | 6382.1 | 95 | | | 650 | 6382.1 | percent of total billed charges | |
| HC SB GRFT F/S/N UP TO 100 SQCM 1ST | 15275 | CPT | | | | outpatient | | | 6718 | | 2398.47 Consumer | Consumer | 6382.1 | 95 | | | 650 | 6382.1 | percent of total billed charges | |
| HC SB GRFT F/S/N UP TO 100 SQC

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC SB GRFT F/SIN UP TO 100 SQCM 1ST | 15275 | CPT | | | | outpatient | | | 6718 | | 2398.47 | Wellcare | Medicare | 2085.63 | | | | 650 | 6382.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SB GRFT F/SIN UP TO 100 SQCM 1ST | 15275 | CPT | | | | outpatient | | | 6718 | | 2398.47 | Horizon | Indemnity | 4035.69 | | | | 650 | 6382.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SB GRFT F/SIN UP TO 100 SQCM 1ST | 15275 | CPT | | | | outpatient | | | 6718 | | 2398.47 | UHC | Medicare | 2085.63 | | | | 650 | 6382.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APP SKN SUB GRFT EA ADDL 25/< | 15276 | CPT | | | | outpatient | | | 103 | | | Aetna | Medicare | 31.72 | 30.8 | | | 30.9 | 1782 | percent of total billed charges | |
| HC APP SKN SUB GRFT EA ADDL 25/< | 15276 | CPT | | | | outpatient | | | 103 | | | First Health | First Health | 72.1 | 70 | | | 30.9 | 1782 | percent of total billed charges | |
| HC APP SKN SUB GRFT EA ADDL 25/< | 15276 | CPT | | | | outpatient | | | 103 | | | Corrections | Corrections | 82.4 | 80 | | | 30.9 | 1782 | percent of total billed charges | |
| HC APP SKN SUB GRFT EA ADDL 25/< | 15276 | CPT | | | | outpatient | | | 103 | | | Americare | Americare | 77.25 | 75 | | | 30.9 | 1782 | percent of total billed charges | |
| HC APP SKN SUB GRFT EA ADDL 25/< | 15276 | CPT | | | | outpatient | | | 103 | | | Consumer | Consumer | 97.85 | 95 | | | 30.9 | 1782 | percent of total billed charges | |
| HC APP SKN SUB GRFT EA ADDL 25/< | 15276 | CPT | | | | outpatient | | | 103 | | | Amerihealth | HMO/PPO | 650 | | | | 30.9 | 1782 | fee schedule | |
| HC APP SKN SUB GRFT EA ADDL 25/< | 15276 | CPT | | | | outpatient | | | 103 | | | First Trenton | First Trenton | 92.7 | 90 | | | 30.9 | 1782 | percent of total billed charges | |
| HC APP SKN SUB GRFT EA ADDL 25/< | 15276 | CPT | | | | outpatient | | | 103 | | | Aetna | Better Health | 32.5 | 31.55 | | | 30.9 | 1782 | percent of total billed charges | |
| HC APP SKN SUB GRFT EA ADDL 25/< | 15276 | CPT | | | | outpatient | | | 103 | | | Multiplan | Multiplan | 82.4 | 80 | | | 30.9 | 1782 | percent of total billed charges | |
| HC APP SKN SUB GRFT EA ADDL 25/< | 15276 | CPT | | | | outpatient | | | 103 | | | Horizon | MGD | 39.43 | 38.28 | | | 30.9 | 1782 | percent of total billed charges | |
| HC APP SKN SUB GRFT EA ADDL 25/< | 15276 | CPT | | | | outpatient | | | 103 | | | WellPoint | WellPoint | 33.15 | 32.18 | | | 30.9 | 1782 | percent of total billed charges | |
| HC APP SKN SUB GRFT EA ADDL 25/< | 15276 | CPT | | | | outpatient | | | 103 | | | Horizon | Medicare Blue | 30.9 | 30 | | | 30.9 | 1782 | percent of total billed charges | |
| HC APP SKN SUB GRFT EA ADDL 25/< | 15276 | CPT | | | | outpatient | | | 103 | | | Qualcare | Qualcare | 77.25 | 75 | | | 30.9 | 1782 | percent of total billed charges | |
| HC APP SKN SUB GRFT EA ADDL 25/< | 15276 | CPT | | | | outpatient | | | 103 | | | UHC | Medicaid | 32.5 | 31.55 | | | 30.9 | 1782 | percent of total billed charges | |
| HC APP SKN SUB GRFT EA ADDL 25/< | 15276 | CPT | | | | outpatient | | | 103 | | | Horizon | Indemnity | 39.43 | 38.28 | | | 30.9 | 1782 | percent of total billed charges | |
| HC APP SKN SUB GRFT EA ADDL 25/< | 15276 | CPT | | | | outpatient | | | 103 | | | United | CommercialPPO | 1782 | | | | 30.9 | 1782 | case rate | |
| HC APP SKN SUB GRFT EA ADDL 25/< | 15276 | CPT | | | | outpatient | | | 103 | | | Horizon | PPO | 39.43 | 38.28 | | | 30.9 | 1782 | percent of total billed charges | |
| HC APP SKN SUB GRFT EA ADDL 25/< | 15276 | CPT | | | | outpatient | | | 103 | | | United | Oxford | 1782 | | | | 30.9 | 1782 | case rate | |
| HC APP SKN SUB GRFT EA ADDL 25/< | 15276 | CPT | | | | outpatient | | | 103 | | | Managed Care Inc | Managed Care Inc | 92.7 | 90 | | | 30.9 | 1782 | percent of total billed charges | |
| HC APP SKN SUB GRFT EA ADDL 25/< | 15276 | CPT | | | | outpatient | | | 103 | | | Wellcare | Medicaid | 32.5 | 31.55 | | | 30.9 | 1782 | percent of total billed charges | |
| HC APP SKN SUB GRFT EA ADDL 25/< | 15276 | CPT | | | | outpatient | | | 103 | | | Three Rivers | Three Rivers | 97.85 | 95 | | | 30.9 | 1782 | percent of total billed charges | |
| HC DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARSLIPS | 15630 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | First Health | First Health | 4305.6 | 70 | | | 650 | 5843.32 | percent of total billed charges | |
| HC DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARSLIPS | 15630 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | UHC | Medicare | 2085.63 | | | | 650 | 5843.32 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARSLIPS | 15630 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Corrections | Corrections | 4920.69 | 80 | | | 650 | 5843.32 | percent of total billed charges | |
| HC DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARSLIPS | 15630 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Aetna | Commercial | 3403.75 | | | | 650 | 5843.32 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARSLIPS | 15630 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Consumer | Consumer | 5843.32 | 95 | | | 650 | 5843.32 | percent of total billed charges | |
| HC DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARSLIPS | 15630 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | First Trenton | First Trenton | 5535.77 | 90 | | | 650 | 5843.32 | percent of total billed charges | |
| HC DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARSLIPS | 15630 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Aetna | Better Health | 1940.6 | 31.55 | | | 650 | 5843.32 | percent of total billed charges | |
| HC DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARSLIPS | 15630 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Aetna | Medicare | 2085.63 | | | | 650 | 5843.32 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARSLIPS | 15630 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Multiplan | Multiplan | 4920.69 | 80 | | | 650 | 5843.32 | percent of total billed charges | |
| HC DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARSLIPS | 15630 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Horizon | PPO | 4035.69 | | | | 650 | 5843.32 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARSLIPS | 15630 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Horizon | Indemnity | 4035.69 | | | | 650 | 5843.32 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARSLIPS | 15630 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Americare | Americare | 4613.15 | 75 | | | 650 | 5843.32 | percent of total billed charges | |
| HC DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARSLIPS | 15630 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Three Rivers | Three Rivers | 5843.32 | 95 | | | 650 | 5843.32 | percent of total billed charges | |
| HC DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARSLIPS | 15630 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Managed Care Inc | Managed Care Inc | 5535.77 | 90 | | | 650 | 5843.32 | percent of total billed charges | |
| HC DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARSLIPS | 15630 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Horizon | Medicare Blue | 2085.63 | | | | 650 | 5843.32 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARSLIPS | 15630 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Amerihealth | HMO/PPO | 650 | | | | 650 | 5843.32 | fee schedule | |
| HC DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARSLIPS | 15630 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Qualcare | Qualcare | 4613.15 | 75 | | | 650 | 5843.32 | percent of total billed charges | |
| HC DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARSLIPS | 15630 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | WellPoint | WellPoint | 1979.35 | 32.18 | | | 650 | 5843.32 | percent of total billed charges | |
| HC DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARSLIPS | 15630 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | UHC | Medicaid | 1940.6 | 31.55 | | | 650 | 5843.32 | percent of total billed charges | |
| HC DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARSLIPS | 15630 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Horizon | MGD | 4035.69 | | | | 650 | 5843.32 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARSLIPS | 15630 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Wellcare | Medicaid | 1940.6 | 31.55 | | | 650 | 5843.32 | percent of total billed charges | |
| HC DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARSLIPS | 15630 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | United | CommercialPPO | 2493 | | | | 650 | 5843.32 | case rate | |
| HC DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARSLIPS | 15630 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Wellcare | Medicare | 2085.63 | | | | 650 | 5843.32 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARSLIPS | 15630 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | United | Oxford | 2493 | | | | 650 | 5843.32 | case rate | |
| HC GRAFT COMPOSITE W PRIM CLOS D | 15760 | CPT | | | | outpatient | | | 5746 | | 2398.47 | Aetna | Better Health | 1812.86 | 31.55 | | | 550 | 5458.7 | percent of total billed charges | |
| HC GRAFT COMPOSITE W PRIM CLOS D | 15760 | CPT | | | | outpatient | | | 5746 | | 2398.47 | Aetna | Medicare | 2085.63 | | | | 550 | 5458.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GRAFT COMPOSITE W PRIM CLOS D | 15760 | CPT | | | | outpatient | | | 5746 | | 2398.47 | Amerihealth | HMO/PPO | 550 | | | | 550 | 5458.7 | fee schedule | |
| HC GRAFT COMPOSITE W PRIM CLOS D | 15760 | CPT | | | | outpatient | | | 5746 | | 2398.47 | Americare | Americare | 4309.5 | 75 | | | 550 | 5458.7 | percent of total billed charges | |
| HC GRAFT COMPOSITE W PRIM CLOS D | 15760 | CPT | | | | outpatient | | | 5746 | | 2398.47 | First Health | First Health | 4022.2 | 70 | | | 550 | 5458.7 | percent of total billed charges | |
| HC GRAFT COMPOSITE W PRIM CLOS D | 15760 | CPT | | | | outpatient | | | 5746 | | 2398.47 | Aetna | Commercial | 3403.75 | | | | 550 | 5458.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GRAFT COMPOSITE W PRIM CLOS D | 15760 | CPT | | | | outpatient | | | 5746 | | 2398.47 | First Trenton | First Trenton | 5171.4 | 90 | | | 550 | 5458.7 | percent of total billed charges | |
| HC GRAFT COMPOSITE W PRIM CLOS D | 15760 | CPT | | | | outpatient | | | 5746 | | 2398.47 | Consumer | Consumer | 5458.7 | 95 | | | 550 | 5458.7 | percent of total billed charges | |
| HC GRAFT COMPOSITE W PRIM CLOS D | 15760 | CPT | | | | outpatient | | | 5746 | | 2398.47 | Horizon | PPO | 4035.69 | | | | 550 | 5458.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GRAFT COMPOSITE W PRIM CLOS D | 15760 | CPT | | | | outpatient | | | 5746 | | 2398.47 | Corrections | Corrections | 4596.8 | 80 | | | 550 | 5458.7 | percent of total billed charges | |
| HC GRAFT COMPOSITE W PRIM CLOS D | 15760 | CPT | | | | outpatient | | | 5746 | | 2398.47 | Horizon | Indemnity | 4035.69 | | | | 550 | 5458.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GRAFT COMPOSITE W PRIM CLOS D | 15760 | CPT | | | | outpatient | | | 5746 | | 2398.47 | Horizon | Medicare Blue | 2085.63 | | | | 550 | 5458.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GRAFT COMPOSITE W PRIM CLOS D | 15760 | CPT | | | | outpatient | | | 5746 | | 2398.47 | Horizon | MGD | 4035.69 | | | | 550 | 5458.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GRAFT COMPOSITE W PRIM CLOS D | 15760 | CPT | | | | outpatient | | | 5746 | | 2398.47 | Multiplan | Multiplan | 4596.8 | 80 | | | 550 | 5458.7 | percent of total billed charges | |
| HC GRAFT COMPOSITE W PRIM CLOS D | 15760 | CPT | | | | outpatient | | | 5746 | | 2398.47 | Managed Care Inc | Managed Care Inc | 5171.4 | 90 | | | 550 | 5458.7 | percent of total billed charges | |
| HC GRAFT COMPOSITE W PRIM CLOS D | 15760 | CPT | | | | outpatient | | | 5746 | | 2398.47 | United | Oxford | 2493 | | | | 550 | 5458.7 | case rate | |
| HC GRAFT COMPOSITE W PRIM CLOS D | 15760 | CPT | | | | outpatient | | | 5746 | | 2398.47 | WellPoint | WellPoint | 1849.06 | 32.18 | | | 550 | 5458.7 | percent of total billed charges | |
| HC GRAFT COMPOSITE W PRIM CLOS D | 15760 | CPT | | | | outpatient | | | 5746 | | 2398.47 | Qualcare | Qualcare | 4309.5 | 75 | | | 550 | 5458.7 | percent of total billed charges | |
| HC GRAFT COMPOSITE W PRIM CLOS D | 15760 | CPT | | | | outpatient | | | 5746 | | 2398.47 | UHC | Medicaid | 1812.86 | 31.55 | | | 550 | 5458.7 | percent of total billed charges | |
| HC GRAFT COMPOSITE W PRIM CLOS D | 15760 | CPT | | | | outpatient | | | 5746 | | 2398.47 | Wellcare | Medicaid | 1812.86 | 31.55 | | | 550 | 5458.7 | percent of total billed charges | |
| HC GRAFT COMPOSITE W PRIM CLOS D | 15760 | CPT | | | | outpatient | | | 5746 | | 2398.47 | UHC | Medicare | 2085.63 | | | | 550 | 5458.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GRAFT COMPOSITE W PRIM CLOS D | 15760 | CPT | | | | outpatient | | | 5746 | | 2398.47 | Wellcare | Medicare | 2085.63 | | | | 550 | 5458.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GRAFT COMPOSITE W PRIM CLOS D | 15760 | CPT | | | | outpatient | | | 5746 | | 2398.47 | Three Rivers | Three Rivers | 5458.7 | 95 | | | 550 | 5458.7 | percent of total billed charges | |
| HC GRAFT COMPOSITE W PRIM CLOS D | 15760 | CPT | | | | outpatient | | | 5746 | | 2398.47 | United | CommercialPPO | 2493 | | | | 550 | 5458.7 | case rate | |
| HC GRAFT DERMA-FAT-FASCIA | 15770 | CPT | | | | outpatient | | | 12100.64 | | 4718.53 | First Health | First Health | 8470.45 | 70 | | | 650 | 11495.61 | percent of total billed charges | |
| HC GRAFT DERMA-FAT-FASCIA | 15770 | CPT | | | | outpatient | | | 12100.64 | | 4718.53 | Horizon | MGD | 7939.44 | | | | 650 | 11495.61 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GRAFT DERMA-FAT-FASCIA | 15770 | CPT | | | | outpatient | | | 12100.64 | | 4718.53 | Consumer | Consumer | 11495.61 | 95 | | | 650 | 11495.61 | percent of total billed charges | |
| HC GRAFT DERMA-FAT-FASCIA | 15770 | CPT | | | | outpatient | | | 12100.64 | | 4718.53 | Aetna | Commercial | 6696.21 | | | | 650 | 11495.61 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GRAFT DERMA-FAT-FASCIA | 15770 | CPT | | | | outpatient | | | 12100.64 | | 4718.53 | Aetna | Better Health | 3817.75 | 31.55 | | | 650 | 11495.61 | percent of total billed charges | |
| HC GRAFT DERMA-FAT-FASCIA | 15770 | CPT | | | | outpatient | | | 12100.64 | | 4718.53 | Horizon | PPO | 7939.44 | | | | 650 | 11495.61 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GRAFT DERMA-FAT-FASCIA | 15770 | CPT | | | | outpatient | | | 12100.64 | | 4718.53 | Corrections | Corrections | 9880.51 | 80 | | | 650 | 11495.61 | percent of total billed charges | |
| HC GRAFT DERMA-FAT-FASCIA | 15770 | CPT | | | | outpatient | | | 12100.64 | | 4718.53 | Horizon | Medicare Blue | 4103.07 | | | | 650 | 11495.61 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GRAFT DERMA-FAT-FASCIA | 15770 | CPT | | | | outpatient | | | 12100.64 | | 4718.53 | Wellcare | Medicare | 4103.07 | | | | 650 | 11495.61 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GRAFT DERMA-FAT-FASCIA | 15770 | CPT | | | | outpatient | | | 12100.64 | | 4718.53 | UHC | Medicaid | 3817.75 | 31.55 | | | 650 | 11495.61 | percent of total billed charges | |
| HC GRAFT DERMA-FAT-FASCIA | 15770 | CPT | | | | outpatient | | | 12100.64 | | 4718.53 | First Trenton | First Trenton | 10890.58 | 90 | | | 650 | 11495.61 | percent of total billed charges | |
| HC GRAFT DERMA-FAT-FASCIA | 15770 | CPT | | | | outpatient | | | 12100.64 | | 4718.53 | Aetna | Medicare | 4103.07 | | | | 650 | 11495.61 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GRAFT DERMA-FAT-FASCIA | 15770 | CPT | | | | outpatient | | | 12100.64 | | 4718.53 | Amerihealth | HMO/PPO | 650 | | | | 650 | 11495.61 | fee schedule | |
| HC GRAFT DERMA-FAT-FASCIA | 15770 | CPT | | | | outpatient | | | 12100.64 | | 4718.53 | WellPoint | WellPoint | 3893.99 | 32.18 | | | 650 | 11495.61 | percent of total billed charges | |
| HC GRAFT DERMA-FAT-FASCIA | 15770 | CPT | | | | outpatient | | | 12100.64 | | 4718.53 | United | CommercialPPO | 3492 | | | | 650 | 11495.61 | case rate | |
| HC GRAFT DERMA-FAT-FASCIA | 15770 | CPT | | | | outpatient | | | 12100.64 | | 4718.53 | Multiplan | Multiplan | 9680.51 | 80 | | | 650 | 11495.61 | percent of total billed charges | |
| HC GRAFT DERMA-FAT-FASCIA | 15770 | CPT | | | | outpatient | | | 12100.64 | | 4718.53 | Horizon | Indemnity | 7939.44 | | | | 650 | 11495.61 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GRAFT DERMA-FAT-FASCIA | 15770 | CPT | | | | outpatient | | | 12100.64 | | 4718.53 | Americare | Americare | 9075.48 | 75 | | | 650 | 11495.61 | percent of total billed charges | |
| HC GRAFT DERMA-FAT-FASCIA | 15770 | CPT | | | | outpatient | | | 12100.64 | | 4718.53 | Managed Care Inc | Managed Care Inc | 10890.58 | 90 | | | 650 | 11495.61 | percent of total billed charges | |
| HC GRAFT DERMA-FAT-FASCIA | 15770 | CPT | | | | outpatient | | | 12100.64 | | 4718.53 | Qualcare | Qualcare | 9075.48 | 75 | | | 650 | 11495.61 | percent of total billed charges | |
| HC GRAFT DERMA-FAT-FASCIA | 15770 | CPT | | | | outpatient | | | 12100.64 | | 4718.53 | UHC | Medicare | 4103.07 | | | | 650 | 11495.61 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GRAFT DERMA-FAT-FASCIA | 15770 | CPT | | | | outpatient | | | 12100.64 | | 4718.53 | United | Oxford | 3492 | | | | 650 | 11495.61 | case rate | |
| HC GRAFT DERMA-FAT-FASCIA | 15770 | CPT | | | | outpatient | | | 12100.64 | | 4718.53 | Three Rivers | Three Rivers | 11495.61 | 95 | | | 650 | 11495.61 | percent of total billed charges | |
| HC GRAFT DERMA-FAT-FASCIA | 15770 | CPT | | | | outpatient | | | 12100.64 | | 4718.53 | Wellcare | Medicaid | 3817.75 | 31.55 | | | 650 | 11495.61 | percent of total billed charges | |
| HC BLEPHAROPLASTY LOWER EYELID | 15820 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | First Trenton | First Trenton | 5535.77 | 90 | | | 650 | 5843.32 | percent of total billed charges | |
| HC BLEPHAROPLASTY LOWER EYELID | 15820 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | UHC | Medicare | 2085.63 | | | | 650 | 5843.32 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROPLASTY LOWER EYELID | 15820 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Aetna | Medicare | 2085.63 | | | | 650 | 5843.32 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROPLASTY LOWER EYELID | 15820 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Consumer | Consumer | 5843.32 | 95 | | | 650 | 5843.32 | percent of total billed charges | |
| HC BLEPHAROPLASTY LOWER EYELID | 15820 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Americare | Americare | 4613.15 | 75 | | | 650 | 5843.32 | percent of total billed charges | |
| HC BLEPHAROPLASTY LOWER EYELID | 15820 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Aetna | Commercial | 3403.75 | | | | 650 | 5843.32 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROPLASTY LOWER EYELID | 15820 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Aetna | Better Health | 1940.6 | 31.55 | | | 650 | 5843.32 | percent of total billed charges | |
| HC BLEPHAROPLASTY LOWER EYELID | 15820 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Corrections | Corrections | 4920.69 | 80 | | | 650 | 5843.32 | percent of total billed charges | |
| HC BLEPHAROPLASTY LOWER EYELID | 15820 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Managed Care Inc | Managed Care Inc | 5535.77 | 90 | | | 650 | 5843.32 | percent of total billed charges | |
| HC BLEPHAROPLASTY LOWER EYELID | 15820 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Multiplan | Multiplan | 4920.69 | 80 | | | 650 | 5843.32 | percent of total billed charges | |
| HC BLEPHAROPLASTY LOWER EYELID | 15820 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | First Health | First Health | 4305.6 | 70 | | | 650 | 5843.32 | percent of total billed charges | |
| HC BLEPHAROPLASTY LOWER EYELID | 15820 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Three Rivers | Three Rivers | 5843.32 | 95 | | | 650 | 5843.32 | percent of total billed charges | |
| HC BLEPHAROPLASTY LOWER EYELID | 15820 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Amerihealth | HMO/PPO | 650 | | | | 650 | 5843.32 | fee schedule | |
| HC BLEPHAROPLASTY LOWER EYELID | 15820 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Qualcare | Qualcare | 4613.15 | 75 | | | 650 | 5843.32 | percent of total billed charges | |
| HC BLEPHAROPLASTY LOWER EYELID | 15820 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Horizon | MGD | 4035.69 | | | | 650 | 5843.32 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROPLASTY LOWER EYELID | 15820 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Horizon | Medicare Blue | 2085.63 | | | | 650 | 5843.32 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROPLASTY LOWER EYELID | 15820 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Horizon | Indemnity | 4035.69 | | | | 650 | 5843.32 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROPLASTY LOWER EYELID | 15820 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Wellcare | Medicare | 2085.63 | | | | 650 | 5843.32 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROPLASTY LOWER EYELID | 15820 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | UHC | Medicaid | 1940.6 | 31.55 | | | 650 | 5843.32 | percent of total billed charges | |
| HC BLEPHAROPLASTY LOWER EYELID | 15820 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | United | Oxford | 2493 | | | | 650 | 5843.32 | case rate | |
| HC BLEPHAROPLASTY LOWER EYELID | 15820 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | United | CommercialPPO | 2493 | | | | 650 | 5843.32 | case rate | |
| HC BLEPHAROPLASTY LOWER EYELID | 15820 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Horizon | PPO | 4035.69 | | | | 650 | 5843.32 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROPLASTY LOWER EYELID | 15820 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Wellcare | Medicaid | 1940.6 | 31.55 | | | 650 | 5843.32 | percent of total billed charges | |
| HC BLEPHAROPLASTY LOWER EYELID | 15820 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | WellPoint | WellPoint | 1979.35 | 32.18 | | | 650 | 5843.32 | percent of total billed charges | |
| HC BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD | 15821 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | First Trenton | First Trenton | 5535.77 | 90 | | | 650 | 5843.32 | percent of total billed charges | |
| HC BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD | 15821 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Aetna | Medicare | 2085.63 | | | | 650 | 5843.32 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD | 15821 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Aetna | Better Health | 1940.6 | 31.55 | | | 650 | 5843.32 | percent of total billed charges | |
| HC BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD | 15821 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Aetna | Commercial | 3403.75 | | | | 650 | 5843.32 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD | 15821 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Horizon | Indemnity | 4035.69 | | | | 650 | 5843.32 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD | 15821 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Consumer | Consumer | 5843.32 | 95 | | | 650 | 5843.32 | percent of total billed charges | |
| HC BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD | 15821 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Horizon | Medicare Blue | 2085.63 | | | | 650 | 5843.32 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD | 15821 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Americare | Americare | 4613.15 | 75 | | | 650 | 5843.32 | percent of total billed charges | |
| HC BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD | 15821 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Horizon | PPO | 4035.69 | | | | 650 | 5843.32 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD | 15821 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Corrections | Corrections | 4920.69 | 80 | | | 650 | 5843.32 | percent of total billed charges | |
| HC BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD | 15821 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | First Health | First Health | 4305.6 | 70 | | | 650 | 5843.32 | percent of total billed charges | |
| HC BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD | 15821 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Amerihealth | HMO/PPO | 650 | | | | 650 | 5843.32 | fee schedule | |
| HC BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD | 15821 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | UHC | Medicaid | 1940.6 | 31.55 | | | 650 | 5843.32 | percent of total billed charges | |
| HC BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD | 15821 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Horizon | MGD | 4035.69 | | | | 650 | 5843.32 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD | 15821 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Multiplan | Multiplan | 4920.69 | 80 | | | 650 | 5843.32 | percent of total billed charges | |
| HC BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD | 15821 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Managed Care Inc | Managed Care Inc | 5535.77 | 90 | | | 650 | 5843.32 | percent of total billed charges | |
| HC BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD | 15821 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Three Rivers | Three Rivers | 5843.32 | 95 | | | 650 | 5843.32 | percent of total billed charges | |
| HC BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD | 15821 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | UHC | Medicare | 2085.63 | | | | 650 | 5843.32 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD | 15821 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | Qualcare | Qualcare | 4613.15 | 75 | | | 650 | 5843.32 | percent of total billed charges | |
| HC BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD | 15821 | CPT | | | | outpatient | | | 6150.86 | | 2398.47 | United | Oxford | 2493 | | | | 650 | 5843.32 | case rate | |
| HC BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD | 15821 | CPT | | | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC BLEPHAROPLASTY,UPPER LID | 15822 | CPT | | | | outpatient | | | 6289 | | 2398.47 Aetna | Better Health | 1984.18 | 31.55 | | | 650 | | 5974.55 percent of total billed charges | |
| HC BLEPHAROPLASTY,UPPER LID | 15822 | CPT | | | | outpatient | | | 6289 | | 2398.47 Americare | Americare | 4716.75 | 75 | | | 650 | | 5974.55 percent of total billed charges | |
| HC BLEPHAROPLASTY,UPPER LID | 15822 | CPT | | | | outpatient | | | 6289 | | 2398.47 Aetna | Medicare | 2085.63 | | | | 650 | | 5974.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROPLASTY,UPPER LID | 15822 | CPT | | | | outpatient | | | 6289 | | 2398.47 First Trenton | First Trenton | 5660.1 | 90 | | | 650 | | 5974.55 percent of total billed charges | |
| HC BLEPHAROPLASTY,UPPER LID | 15822 | CPT | | | | outpatient | | | 6289 | | 2398.47 Horizon | Medicare Blue | 2085.63 | | | | 650 | | 5974.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROPLASTY,UPPER LID | 15822 | CPT | | | | outpatient | | | 6289 | | 2398.47 Horizon | PPO | 4035.69 | | | 485.37 | 650 | | 5974.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROPLASTY,UPPER LID | 15822 | CPT | | | | outpatient | | | 6289 | | 2398.47 Corrections | Corrections | 5031.2 | 80 | | | 650 | | 5974.55 percent of total billed charges | |
| HC BLEPHAROPLASTY,UPPER LID | 15822 | CPT | | | | outpatient | | | 6289 | | 2398.47 UHC | Medicaid | 1984.18 | 31.55 | | | 650 | | 5974.55 percent of total billed charges | |
| HC BLEPHAROPLASTY,UPPER LID | 15822 | CPT | | | | outpatient | | | 6289 | | 2398.47 Consumer | Consumer | 5974.55 | 95 | | | 650 | | 5974.55 percent of total billed charges | |
| HC BLEPHAROPLASTY,UPPER LID | 15822 | CPT | | | | outpatient | | | 6289 | | 2398.47 Amerihealth | HMO/PPO | 650 | | | | 650 | | 5974.55 fee schedule | |
| HC BLEPHAROPLASTY,UPPER LID | 15822 | CPT | | | | outpatient | | | 6289 | | 2398.47 Horizon | MGD | 4035.69 | | | | 650 | | 5974.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROPLASTY,UPPER LID | 15822 | CPT | | | | outpatient | | | 6289 | | 2398.47 Managed Care Inc | Managed Care Inc | 5660.1 | 90 | | | 650 | | 5974.55 percent of total billed charges | |
| HC BLEPHAROPLASTY,UPPER LID | 15822 | CPT | | | | outpatient | | | 6289 | | 2398.47 Multiplan | Multiplan | 5031.2 | 80 | | | 650 | | 5974.55 percent of total billed charges | |
| HC BLEPHAROPLASTY,UPPER LID | 15822 | CPT | | | | outpatient | | | 6289 | | 2398.47 UHC | Medicare | 2085.63 | | | | 650 | | 5974.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROPLASTY,UPPER LID | 15822 | CPT | | | | outpatient | | | 6289 | | 2398.47 United | Oxford | 2493 | | | | 650 | | 5974.55 case rate | |
| HC BLEPHAROPLASTY,UPPER LID | 15822 | CPT | | | | outpatient | | | 6289 | | 2398.47 United | Commercial/PPO | 2493 | | | | 650 | | 5974.55 case rate | |
| HC BLEPHAROPLASTY,UPPER LID | 15822 | CPT | | | | outpatient | | | 6289 | | 2398.47 Qualcare | Qualcare | 4716.75 | 75 | | | 650 | | 5974.55 percent of total billed charges | |
| HC BLEPHAROPLASTY,UPPER LID | 15822 | CPT | | | | outpatient | | | 6289 | | 2398.47 Three Rivers | Three Rivers | 5974.55 | 95 | | | 650 | | 5974.55 percent of total billed charges | |
| HC BLEPHAROPLASTY,UPPER LID | 15822 | CPT | | | | outpatient | | | 6289 | | 2398.47 Wellcare | Medicaid | 1984.18 | 31.55 | | | 650 | | 5974.55 percent of total billed charges | |
| HC BLEPHAROPLASTY,UPPER LID | 15822 | CPT | | | | outpatient | | | 6289 | | 2398.47 Wellcare | Medicare | 2085.63 | | | | 650 | | 5974.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROPLASTY UP W EXC SKIN | 15823 | CPT | | | | outpatient | | | 6289 | | 2398.47 First Trenton | First Trenton | 5660.1 | 90 | | | 650 | | 5974.55 percent of total billed charges | |
| HC BLEPHAROPLASTY UP W EXC SKIN | 15823 | CPT | | | | outpatient | | | 6289 | | 2398.47 Horizon | MGD | 4035.69 | | | 5822.05 | 650 | | 5974.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROPLASTY UP W EXC SKIN | 15823 | CPT | | | | outpatient | | | 6289 | | 2398.47 Aetna | Commercial | 3403.75 | | | | 650 | | 5974.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROPLASTY UP W EXC SKIN | 15823 | CPT | | | | outpatient | | | 6289 | | 2398.47 Consumer | Consumer | 5974.55 | 95 | | | 650 | | 5974.55 percent of total billed charges | |
| HC BLEPHAROPLASTY UP W EXC SKIN | 15823 | CPT | | | | outpatient | | | 6289 | | 2398.47 Amerihealth | HMO/PPO | 650 | | | | 650 | | 5974.55 fee schedule | |
| HC BLEPHAROPLASTY UP W EXC SKIN | 15823 | CPT | | | | outpatient | | | 6289 | | 2398.47 Aetna | Better Health | 1984.18 | 31.55 | | | 650 | | 5974.55 percent of total billed charges | |
| HC BLEPHAROPLASTY UP W EXC SKIN | 15823 | CPT | | | | outpatient | | | 6289 | | 2398.47 Aetna | Medicare | 2085.63 | | | | 650 | | 5974.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROPLASTY UP W EXC SKIN | 15823 | CPT | | | | outpatient | | | 6289 | | 2398.47 Americare | Americare | 4716.75 | 75 | | | 650 | | 5974.55 percent of total billed charges | |
| HC BLEPHAROPLASTY UP W EXC SKIN | 15823 | CPT | | | | outpatient | | | 6289 | | 2398.47 Horizon | Medicare Blue | 2085.63 | | | | 650 | | 5974.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROPLASTY UP W EXC SKIN | 15823 | CPT | | | | outpatient | | | 6289 | | 2398.47 Multiplan | Multiplan | 5031.2 | 80 | | | 650 | | 5974.55 percent of total billed charges | |
| HC BLEPHAROPLASTY UP W EXC SKIN | 15823 | CPT | | | | outpatient | | | 6289 | | 2398.47 UHC | Medicare | 2085.63 | | | | 650 | | 5974.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROPLASTY UP W EXC SKIN | 15823 | CPT | | | | outpatient | | | 6289 | | 2398.47 Corrections | Corrections | 5031.2 | 80 | | | 650 | | 5974.55 percent of total billed charges | |
| HC BLEPHAROPLASTY UP W EXC SKIN | 15823 | CPT | | | | outpatient | | | 6289 | | 2398.47 First Health | First Health | 4402.3 | 70 | | | 650 | | 5974.55 percent of total billed charges | |
| HC BLEPHAROPLASTY UP W EXC SKIN | 15823 | CPT | | | | outpatient | | | 6289 | | 2398.47 Horizon | PPO | 4035.69 | | | | 650 | | 5974.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROPLASTY UP W EXC SKIN | 15823 | CPT | | | | outpatient | | | 6289 | | 2398.47 Managed Care Inc | Managed Care Inc | 5660.1 | 90 | | | 650 | | 5974.55 percent of total billed charges | |
| HC BLEPHAROPLASTY UP W EXC SKIN | 15823 | CPT | | | | outpatient | | | 6289 | | 2398.47 Qualcare | Qualcare | 4716.75 | 75 | | | 650 | | 5974.55 percent of total billed charges | |
| HC BLEPHAROPLASTY UP W EXC SKIN | 15823 | CPT | | | | outpatient | | | 6289 | | 2398.47 Horizon | Indemnity | 4035.69 | | | | 650 | | 5974.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROPLASTY UP W EXC SKIN | 15823 | CPT | | | | outpatient | | | 6289 | | 2398.47 Wellcare | Medicare | 2085.63 | | | | 650 | | 5974.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROPLASTY UP W EXC SKIN | 15823 | CPT | | | | outpatient | | | 6289 | | 2398.47 Three Rivers | Three Rivers | 5974.55 | 95 | | | 650 | | 5974.55 percent of total billed charges | |
| HC BLEPHAROPLASTY UP W EXC SKIN | 15823 | CPT | | | | outpatient | | | 6289 | | 2398.47 WellPoint | WellPoint | 2023.8 | 32.18 | | | 650 | | 5974.55 percent of total billed charges | |
| HC BLEPHAROPLASTY UP W EXC SKIN | 15823 | CPT | | | | outpatient | | | 6289 | | 2398.47 UHC | Medicaid | 1984.18 | 31.55 | | 500 | 650 | | 5974.55 percent of total billed charges | |
| HC BLEPHAROPLASTY UP W EXC SKIN | 15823 | CPT | | | | outpatient | | | 6289 | | 2398.47 United | Oxford | 2493 | | | | 650 | | 5974.55 case rate | |
| HC BLEPHAROPLASTY UP W EXC SKIN | 15823 | CPT | | | | outpatient | | | 6289 | | 2398.47 United | Commercial/PPO | 2493 | | | | 650 | | 5974.55 case rate | |
| HC BLEPHAROPLASTY UP W EXC SKIN | 15823 | CPT | | | | outpatient | | | 6289 | | 2398.47 Wellcare | Medicaid | 1984.18 | 31.55 | | | 650 | | 5974.55 percent of total billed charges | |
| HC REM SUTURES/STAPLES W/ANESTH | 15851 | CPT | | | | outpatient | | | 6289 | | 2398.47 Aetna | Medicare | 2085.63 | | | | 300 | | 5974.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM SUTURES/STAPLES W/ANESTH | 15851 | CPT | | | | outpatient | | | 6289 | | 2398.47 Amerihealth | HMO/PPO | 300 | | | | 300 | | 5974.55 fee schedule | |
| HC REM SUTURES/STAPLES W/ANESTH | 15851 | CPT | | | | outpatient | | | 6289 | | 2398.47 Multiplan | Multiplan | 5031.2 | 80 | | | 300 | | 5974.55 percent of total billed charges | |
| HC REM SUTURES/STAPLES W/ANESTH | 15851 | CPT | | | | outpatient | | | 6289 | | 2398.47 Horizon | Medicare Blue | 2085.63 | | | | 300 | | 5974.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM SUTURES/STAPLES W/ANESTH | 15851 | CPT | | | | outpatient | | | 6289 | | 2398.47 First Trenton | First Trenton | 5660.1 | 90 | | | 300 | | 5974.55 percent of total billed charges | |
| HC REM SUTURES/STAPLES W/ANESTH | 15851 | CPT | | | | outpatient | | | 6289 | | 2398.47 Aetna | Commercial | 3403.75 | | | | 300 | | 5974.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM SUTURES/STAPLES W/ANESTH | 15851 | CPT | | | | outpatient | | | 6289 | | 2398.47 Americare | Americare | 4716.75 | 75 | | | 300 | | 5974.55 percent of total billed charges | |
| HC REM SUTURES/STAPLES W/ANESTH | 15851 | CPT | | | | outpatient | | | 6289 | | 2398.47 Aetna | Better Health | 1984.18 | 31.55 | | | 300 | | 5974.55 percent of total billed charges | |
| HC REM SUTURES/STAPLES W/ANESTH | 15851 | CPT | | | | outpatient | | | 6289 | | 2398.47 Corrections | Corrections | 5031.2 | 80 | | | 300 | | 5974.55 percent of total billed charges | |
| HC REM SUTURES/STAPLES W/ANESTH | 15851 | CPT | | | | outpatient | | | 6289 | | 2398.47 First Health | First Health | 4402.3 | 70 | | | 300 | | 5974.55 percent of total billed charges | |
| HC REM SUTURES/STAPLES W/ANESTH | 15851 | CPT | | | | outpatient | | | 6289 | | 2398.47 Qualcare | Qualcare | 4716.75 | 75 | | | 300 | | 5974.55 percent of total billed charges | |
| HC REM SUTURES/STAPLES W/ANESTH | 15851 | CPT | | | | outpatient | | | 6289 | | 2398.47 Horizon | PPO | 4035.69 | | | | 300 | | 5974.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM SUTURES/STAPLES W/ANESTH | 15851 | CPT | | | | outpatient | | | 6289 | | 2398.47 Managed Care Inc | Managed Care Inc | 5660.1 | 90 | | | 300 | | 5974.55 percent of total billed charges | |
| HC REM SUTURES/STAPLES W/ANESTH | 15851 | CPT | | | | outpatient | | | 6289 | | 2398.47 Horizon | MGD | 4035.69 | | | | 300 | | 5974.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM SUTURES/STAPLES W/ANESTH | 15851 | CPT | | | | outpatient | | | 6289 | | 2398.47 Consumer | Consumer | 5974.55 | 95 | | | 300 | | 5974.55 percent of total billed charges | |
| HC REM SUTURES/STAPLES W/ANESTH | 15851 | CPT | | | | outpatient | | | 6289 | | 2398.47 WellPoint | WellPoint | 2023.8 | 32.18 | | | 300 | | 5974.55 percent of total billed charges | |
| HC REM SUTURES/STAPLES W/ANESTH | 15851 | CPT | | | | outpatient | | | 6289 | | 2398.47 Three Rivers | Three Rivers | 5974.55 | 95 | | | 300 | | 5974.55 percent of total billed charges | |
| HC REM SUTURES/STAPLES W/ANESTH | 15851 | CPT | | | | outpatient | | | 6289 | | 2398.47 UHC | Medicare | 2085.63 | | | | 300 | | 5974.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM SUTURES/STAPLES W/ANESTH | 15851 | CPT | | | | outpatient | | | 6289 | | 2398.47 Wellcare | Medicare | 2085.63 | | | | 300 | | 5974.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM SUTURES/STAPLES W/ANESTH | 15851 | CPT | | | | outpatient | | | 6289 | | 2398.47 Horizon | Indemnity | 4035.69 | | | | 300 | | 5974.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM SUTURES/STAPLES W/ANESTH | 15851 | CPT | | | | outpatient | | | 6289 | | 2398.47 UHC | Medicaid | 1984.18 | 31.55 | | | 300 | | 5974.55 percent of total billed charges | |
| HC REM SUTURES/STAPLES W/ANESTH | 15851 | CPT | | | | outpatient | | | 6289 | | 2398.47 United | Commercial/PPO | 2493 | | | | 300 | | 5974.55 case rate | |
| HC REM SUTURES/STAPLES W/ANESTH | 15851 | CPT | | | | outpatient | | | 6289 | | 2398.47 United | Oxford | 2493 | | | | 300 | | 5974.55 case rate | |
| HC REM SUTURES/STAPLES W/ANESTH | 15851 | CPT | | | | outpatient | | | 6289 | | 2398.47 Wellcare | Medicaid | 1984.18 | 31.55 | | | 300 | | 5974.55 percent of total billed charges | |
| HC BURN INI'L TRTMENT 1ST DEGREE | 16000 | CPT | | | | outpatient | | | 659 | | 263.3 Aetna | Medicare | 228.96 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BURN INI'L TRTMENT 1ST DEGREE | 16000 | CPT | | | | outpatient | | | 659 | | 263.3 Horizon | Medicare Blue | 228.96 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BURN INI'L TRTMENT 1ST DEGREE | 16000 | CPT | | | | outpatient | | | 659 | | 263.3 First Trenton | First Trenton | 593.1 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC BURN INI'L TRTMENT 1ST DEGREE | 16000 | CPT | | | | outpatient | | | 659 | | 263.3 Americare | Americare | 494.25 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC BURN INI'L TRTMENT 1ST DEGREE | 16000 | CPT | | | | outpatient | | | 659 | | 263.3 Aetna | Better Health | 207.91 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC BURN INI'L TRTMENT 1ST DEGREE | 16000 | CPT | | | | outpatient | | | 659 | | 263.3 Amerihealth | HMO/PPO | 125 | | | | 125 | | 1782 fee schedule | |
| HC BURN INI'L TRTMENT 1ST DEGREE | 16000 | CPT | | | | outpatient | | | 659 | | 263.3 Corrections | Corrections | 527.2 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC BURN INI'L TRTMENT 1ST DEGREE | 16000 | CPT | | | | outpatient | | | 659 | | 263.3 Horizon | MGD | 443.04 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BURN INI'L TRTMENT 1ST DEGREE | 16000 | CPT | | | | outpatient | | | 659 | | 263.3 Consumer | Consumer | 626.05 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC BURN INI'L TRTMENT 1ST DEGREE | 16000 | CPT | | | | outpatient | | | 659 | | 263.3 UHC | Medicare | 228.96 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BURN INI'L TRTMENT 1ST DEGREE | 16000 | CPT | | | | outpatient | | | 659 | | 263.3 Managed Care Inc | Managed Care Inc | 593.1 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC BURN INI'L TRTMENT 1ST DEGREE | 16000 | CPT | | | | outpatient | | | 659 | | 263.3 UHC | Medicaid | 207.91 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC BURN INI'L TRTMENT 1ST DEGREE | 16000 | CPT | | | | outpatient | | | 659 | | 263.3 Aetna | Commercial | 373.66 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BURN INI'L TRTMENT 1ST DEGREE | 16000 | CPT | | | | outpatient | | | 659 | | 263.3 United | Oxford | 1782 | | | | 125 | | 1782 case rate | |
| HC BURN INI'L TRTMENT 1ST DEGREE | 16000 | CPT | | | | outpatient | | | 659 | | 263.3 Horizon | Indemnity | 443.04 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BURN INI'L TRTMENT 1ST DEGREE | 16000 | CPT | | | | outpatient | | | 659 | | 263.3 Wellcare | Medicaid | 207.91 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC BURN INI'L TRTMENT 1ST DEGREE | 16000 | CPT | | | | outpatient | | | 659 | | 263.3 First Health | First Health | 461.3 | 70 | | | 125 | | 1782 percent of total billed charges | |
| HC BURN INI'L TRTMENT 1ST DEGREE | 16000 | CPT | | | | outpatient | | | 659 | | 263.3 Wellcare | Medicare | 228.96 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BURN INI'L TRTMENT 1ST DEGREE | 16000 | CPT | | | | outpatient | | | 659 | | 263.3 Three Rivers | Three Rivers | 626.05 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC BURN INI'L TRTMENT 1ST DEGREE | 16000 | CPT | | | | outpatient | | | 659 | | 263.3 Multiplan | Multiplan | 527.2 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC BURN INI'L TRTMENT 1ST DEGREE | 16000 | CPT | | | | outpatient | | | 659 | | 263.3 Horizon | PPO | 443.04 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BURN INI'L TRTMENT 1ST DEGREE | 16000 | CPT | | | | outpatient | | | 659 | | 263.3 Qualcare | Qualcare | 494.25 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC BURN INI'L TRTMENT 1ST DEGREE | 16000 | CPT | | | | outpatient | | | 659 | | 263.3 United | Commercial/PPO | 1782 | | | | 125 | | 1782 case rate | |
| HC BURN INI'L TRTMENT 1ST DEGREE | 16000 | CPT | | | | outpatient | | | 659 | | 263.3 WellPoint | WellPoint | 212.07 | 32.18 | | | 125 | | 1782 percent of total billed charges | |
| HC DRESSING/DEBRIDE W/OANES,SMALL | 16020 | CPT | | | | outpatient | | | 1145 | | 263.3 Amerihealth | HMO/PPO | 125 | | | | 125 | | 1782 fee schedule | |
| HC DRESSING/DEBRIDE W/OANES,SMALL | 16020 | CPT | | | | outpatient | | | 1145 | | 263.3 Horizon | Indemnity | 443.04 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRESSING/DEBRIDE W/OANES,SMALL | 16020 | CPT | | | | outpatient | | | 1145 | | 263.3 Aetna | Commercial | 373.66 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRESSING/DEBRIDE W/OANES,SMALL | 16020 | CPT | | | | outpatient | | | 1145 | | 263.3 Americare | Americare | 858.75 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC DRESSING/DEBRIDE W/OANES,SMALL | 16020 | CPT | | | | outpatient | | | 1145 | | 263.3 First Trenton | First Trenton | 1030.5 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC DRESSING/DEBRIDE W/OANES,SMALL | 16020 | CPT | | | | outpatient | | | 1145 | | 263.3 Horizon | Medicare Blue | 228.96 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRESSING/DEBRIDE W/OANES,SMALL | 16020 | CPT | | | | outpatient | | | 1145 | | 263.3 Corrections | Corrections | 916 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC DRESSING/DEBRIDE W/OANES,SMALL | 16020 | CPT | | | | outpatient | | | 1145 | | 263.3 Aetna | Better Health | 361.25 | 31.55 | | 146.35 | 125 | | 1782 percent of total billed charges | |
| HC DRESSING/DEBRIDE W/OANES,SMALL | 16020 | CPT | | | | outpatient | | | 1145 | | 263.3 First Health | First Health | 801.5 | 70 | | | 125 | | 1782 percent of total billed charges | |
| HC DRESSING/DEBRIDE W/OANES,SMALL | 16020 | CPT | | | | outpatient | | | 1145 | | 263.3 Horizon | PPO | 443.04 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRESSING/DEBRIDE W/OANES,SMALL | 16020 | CPT | | | | outpatient | | | 1145 | | 263.3 Multiplan | Multiplan | 916 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC DRESSING/DEBRIDE W/OANES,SMALL | 16020 | CPT | | | | outpatient | | | 1145 | | 263.3 Consumer | Consumer | 1087.75 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC DRESSING/DEBRIDE W/OANES,SMALL | 16020 | CPT | | | | outpatient | | | 1145 | | 263.3 Horizon | MGD | 443.04 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRESSING/DEBRIDE W/OANES,SMALL | 16020 | CPT | | | | outpatient | | | 1145 | | 263.3 Wellcare | Medicare | 228.96 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRESSING/DEBRIDE W/OANES,SMALL | 16020 | CPT | | | | outpatient | | | 1145 | | 263.3 WellPoint | WellPoint | 368.46 | 32.18 | | 149.27 | 125 | | 1782 percent of total billed charges | |
| HC DRESSING/DEBRIDE W/OANES,SMALL | 16020 | CPT | | | | outpatient | | | 1145 | | 263.3 Aetna | Medicare | 228.96 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRESSING/DEBRIDE W/OANES,SMALL | 16020 | CPT | | | | outpatient | | | 1145 | | 263.3 Managed Care Inc | Managed Care Inc | 1030.5 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC DRESSING/DEBRIDE W/OANES,SMALL | 16020 | CPT | | | | outpatient | | | 1145 | | 263.3 UHC | Medicare | 228.96 | | | 80.96 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRESSING/DEBRIDE W/OANES,SMALL | 16020 | CPT | | | | outpatient | | | 1145 | | 263.3 Qualcare | Qualcare | 858.75 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC DRESSING/DEBRIDE W/OANES,SMALL | 16020 | CPT | | | | outpatient | | | 1145 | | 263.3 United | Oxford | 1782 | | | | 125 | | 1782 case rate | |
| HC DRESSING/DEBRIDE W/OANES,SMALL | 16020 | CPT | | | | outpatient | | | 1145 | | 263.3 Three Rivers | Three Rivers | 1087.75 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC DRESSING/DEBRIDE W/OANES,SMALL | 16020 | CPT | | | | outpatient | | | 1145 | | 263.3 United | Commercial/PPO | 1782 | | | | 125 | | 1782 case rate | |
| HC DRESSING/DEBRIDE W/OANES,SMALL | 16020 | CPT | | | | outpatient | | | 1145 | | 263.3 UHC | Medicaid | 361.25 | 31.55 | | 157.3 | 125 | | 1782 percent of total billed charges | |
| HC DRESSING/DEBRIDE W/OANES,SMALL | 16020 | CPT | | | | outpatient | | | 1145 | | 263.3 Wellcare | Medicaid | 361.25 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC BURN DEBRIDE W/O ANESTHES (LRG) | 16030 | CPT | | | | outpatient | | | 2194 | | 524.43 First Trenton | First Trenton | 1974.6 | 90 | | | 125 | | 2084.3 percent of total billed charges | |
| HC BURN DEBRIDE W/O ANESTHES (LRG) | 16030 | CPT | | | | outpatient | | | 2194 | | 524.43 Aetna | Better Health | 692.21 | 31.55 | | | 125 | | 2084.3 percent of total billed charges | |
| HC BURN DEBRIDE W/O ANESTHES (LRG) | 16030 | CPT | | | | outpatient | | | 2194 | | 524.43 Aetna | Commercial | 744.24 | | | | 125 | | 2084.3 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BURN DEBRIDE W/O ANESTHES (LRG) | 16030 | CPT | | | | outpatient | | | 2194 | | 524.43 Americare | Americare | 1645.5 | 75 | | | 125 | | 2084.3 percent of total billed charges | |
| HC BURN DEBRIDE W/O ANESTHES (LRG) | 16030 | CPT | | | | outpatient | | | 2194 | | 524.43 Aetna | Medicare | 456.03 | | | | 125 | | 2084.3 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BURN DEBRIDE W/O ANESTHES (LRG) | 16030 | CPT | | | | outpatient | | | 2194 | | 524.43 Horizon | Indemnity | 882.42 | | | | 125 | | 2084.3 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BURN DEBRIDE W/O ANESTHES (LRG) | 16030 | CPT | | | | outpatient | | | 2194 | | 524.43 First Health | First Health | 1535.8 | 70 | | | 125 | | 2084.3 percent of total billed charges | |
| HC BURN DEBRIDE W/O ANESTHES (LRG) | 16030 | CPT | | | | outpatient | | | 2194 | | 524.43 Multiplan | Multiplan | 1755.2 | 80 | | | 125 | | 2084.3 percent of total billed charges | |
| HC BURN DEBRIDE W/O ANESTHES (LRG) | 16030 | CPT | | | | outpatient | | | 2194 | | 524.43 Managed Care Inc | Managed Care Inc | 1974.6 | 90 | | | 125 | | 2084.3 percent of total billed charges | |
| HC BURN DEBRIDE W/O ANESTHES (LRG) | 16030 | CPT | | | | outpatient | | | 2194 | | 524.43 Horizon | PPO | 882.42 | | | | 125 | | 2084.3 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BURN DEBRIDE W/O ANESTHES (LRG) | 16030 | CPT | | | | outpatient | | | 2194 | | 524.43 Amerihealth | HMO/PPO | 125 | | | | 125 | | 2084.3 fee schedule | |
| HC BURN DEBRIDE W/O ANESTHES (LRG) | 16030 | CPT | | | | outpatient | | | 2194 | | 524.43 Consumer | Consumer | 2084.3 | 95 | | | 125 | | 2084.3 percent of total billed charges | |
| HC BURN DEBRIDE W/O ANESTHES (LRG) | 16030 | CPT | | | | outpatient | | | 2194 | | 524.43 Corrections | Corrections | 1755.2 | 80 | | | 125 | | 2084.3 percent of total billed charges | |
| HC BURN DEBRIDE W/O ANESTHES (LRG) | 16030 | CPT | | | | outpatient | | | 2194 | | 524.43 Horizon | Medicare Blue | 456.03 | | | | 125 | | 2084.3 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BURN DEBRIDE W/O ANESTHES (LRG) | 16030 | CPT | | | | outpatient | | | 2194 | | 524.43 Three Rivers | Three Rivers | 2084.3 | 95 | | | 125 | | 2084.3 percent of total billed charges | |
| HC BURN DEBRIDE W/O ANESTHES (LRG) | 16030 | CPT | | | | outpatient | | | 2194 | | 524.43 Qualcare | Qualcare | 1645.5 | 75 | | | 125 | | 2084.3 percent of total billed charges | |
| HC BURN DEBRIDE W/O ANESTHES (LRG) | 16030 | CPT | | | | outpatient | | | 2194 | | 524.43 Horizon | MGD | 882.42 | | | | 125 | | 2084.3 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BURN DEBRIDE W/O ANESTHES (LRG) | 16030 | CPT | | | | outpatient | | | 2194 | | 524.43 Wellcare | Medicare | 456.03 | | | | 125 | | 2084.3 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BURN DEBRIDE W/O ANESTHES (LRG) | 16030 | CPT | | | | outpatient | | | 2194 | | 524.43 UHC | Medicaid | 692.21 | 31.55 | | | 125 | | 2084.3 percent of total billed charges | |
| HC BURN DEBRIDE W/O ANESTHES (LRG) | 16030 | CPT | | | | outpatient | | | 2194 | | 524.43 United | Commercial/PPO | 1782 | | | | 125 | | 2084.3 case rate | |
| HC BURN DEBRIDE W/O ANESTHES (LRG) | 16030 | CPT | | | | outpatient | | | 2194 | | 524.43 UHC | Medicare | 456.03 | | | | 125 | | 2084.3 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BURN DEBRIDE W/O ANESTHES (LRG) | 16030 | CPT | | | | outpatient | | | 2194 | | 524.43 WellPoint | WellPoint | 706.03 | 32.18 | | | 125 | | 2084.3 percent of total billed charges | |
| HC BURN DEBRIDE W/O ANESTHES (LRG) | 16030 | CPT | | | | outpatient | | | 2194 | | 524.43 Wellcare | Medicaid | 692.21 | 31.55 | | | 125 | | 2084.3 percent of total billed charges | |
| HC BURN DEBRIDE W/O ANESTHES (LRG) | 16030 | CPT | | | | outpatient | | | 2194 | | 524.43 United | Oxford | 1782 | | | | 125 | | 2084.3 case rate | |
| HC DESTRUCTION PREMALIGNANT LESION 1ST | 17000 | CPT | | | | outpatient | | | 675.26 | | 263.3 UHC | Medicaid | 213.04 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 1ST | 17000 | CPT | | | | outpatient | | | 675.26 | | 263.3 Horizon | PPO | 443.04 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION PREMALIGNANT LESION 1ST | 17000 | CPT | | | | outpatient | | | 675.26 | | 263.3 First Health | First Health | 472.68 | 70 | | | 125 | | 1782 percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 1ST | 17000 | CPT | | | | outpatient | | | 675.26 | | 263.3 Aetna | Commercial | 373.66 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION PREMALIGNANT LESION 1ST | 17000 | CPT | | | | outpatient | | | 675.26 | | 263.3 First Trenton | First Trenton | 607.73 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 1ST | 17000 | CPT | | | | outpatient | | | 675.26 | | 263.3 Aetna | Medicare | 228.96 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION PREMALIGNANT LESION 1ST | 17000 | CPT | | | | outpatient | | | 675.26 | | 263.3 Aetna | Better Health | 213.04 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 1ST | 17000 | CPT | | | | outpatient | | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC DESTRUCTION PREMALIGNANT LESION 1ST | 17000 | CPT | | | | outpatient | | | 675.26 | 263.3 | United | CommercialPPO | 1782 | | | | 125 | 1782 | case rate | |
| HC DESTRUCTION PREMALIGNANT LESION 1ST | 17000 | CPT | | | | outpatient | | | 675.26 | 263.3 | WellPoint | WellPoint | 217.3 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 1ST | 17000 | CPT | | | | outpatient | | | 675.26 | 263.3 | Horizon | Medicare Blue | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION PREMALIGNANT LESION 1ST | 17000 | CPT | | | | outpatient | | | 675.26 | 263.3 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC DESTRUCTION PREMALIGNANT LESION 1ST | 17000 | CPT | | | | outpatient | | | 675.26 | 263.3 | Managed Care Inc | Managed Care Inc | 607.73 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 1ST | 17000 | CPT | | | | outpatient | | | 675.26 | 263.3 | Corrections | Corrections | 540.21 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 1ST | 17000 | CPT | | | | outpatient | | | 675.26 | 263.3 | Consumer | Consumer | 641.5 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 1ST | 17000 | CPT | | | | outpatient | | | 675.26 | 263.3 | Horizon | Indemnity | 443.04 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION PREMALIGNANT LESION 1ST | 17000 | CPT | | | | outpatient | | | 675.26 | 263.3 | Three Rivers | Three Rivers | 641.5 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 1ST | 17000 | CPT | | | | outpatient | | | 675.26 | 263.3 | Horizon | MGD | 443.04 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION PREMALIGNANT LESION 1ST | 17000 | CPT | | | | outpatient | | | 675.26 | 263.3 | Multiplan | Multiplan | 540.21 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 1ST | 17000 | CPT | | | | outpatient | | | 675.26 | 263.3 | UHC | Medicare | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION PREMALIGNANT LESION 1ST | 17000 | CPT | | | | outpatient | | | 675.26 | 263.3 | Wellcare | Medicare | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION PREMALIGNANT LESION 1ST | 17000 | CPT | | | | outpatient | | | 675.26 | 263.3 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC DESTRUCTION PREMALIGNANT LESION 1ST | 17000 | CPT | | | | outpatient | | | 675.26 | 263.3 | Qualcare | Qualcare | 506.45 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 1ST | 17000 | CPT | | | | outpatient | | | 675.26 | 263.3 | Wellcare | Medicaid | 213.04 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 2-14 EA | 17003 | CPT | | | | outpatient | | | 451.35 | | Amerihealth | HMO/PPO | 300 | | | | 135.41 | 1782 | fee schedule | |
| HC DESTRUCTION PREMALIGNANT LESION 2-14 EA | 17003 | CPT | | | | outpatient | | | 451.35 | | Aetna | Better Health | 142.4 | 31.55 | | | 135.41 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 2-14 EA | 17003 | CPT | | | | outpatient | | | 451.35 | | United | CommercialPPO | 1782 | | | | 135.41 | 1782 | case rate | |
| HC DESTRUCTION PREMALIGNANT LESION 2-14 EA | 17003 | CPT | | | | outpatient | | | 451.35 | | Aetna | Medicare | 139.02 | 30.8 | | | 135.41 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 2-14 EA | 17003 | CPT | | | | outpatient | | | 451.35 | | Horizon | MGD | 172.78 | 38.28 | | | 135.41 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 2-14 EA | 17003 | CPT | | | | outpatient | | | 451.35 | | Consumer | Consumer | 428.78 | 95 | | | 135.41 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 2-14 EA | 17003 | CPT | | | | outpatient | | | 451.35 | | First Health | First Health | 315.95 | 70 | | | 135.41 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 2-14 EA | 17003 | CPT | | | | outpatient | | | 451.35 | | Wellcare | Medicaid | 142.4 | 31.55 | | | 135.41 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 2-14 EA | 17003 | CPT | | | | outpatient | | | 451.35 | | UHC | Medicaid | 142.4 | 31.55 | | | 135.41 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 2-14 EA | 17003 | CPT | | | | outpatient | | | 451.35 | | Americare | Americare | 338.51 | 75 | | | 135.41 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 2-14 EA | 17003 | CPT | | | | outpatient | | | 451.35 | | Horizon | Medicare Blue | 135.41 | 30 | | | 135.41 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 2-14 EA | 17003 | CPT | | | | outpatient | | | 451.35 | | Multiplan | Multiplan | 361.08 | 80 | | | 135.41 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 2-14 EA | 17003 | CPT | | | | outpatient | | | 451.35 | | United | Oxford | 1782 | | | | 135.41 | 1782 | case rate | |
| HC DESTRUCTION PREMALIGNANT LESION 2-14 EA | 17003 | CPT | | | | outpatient | | | 451.35 | | Corrections | Corrections | 361.08 | 80 | | | 135.41 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 2-14 EA | 17003 | CPT | | | | outpatient | | | 451.35 | | WellPoint | WellPoint | 145.24 | 32.18 | | | 135.41 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 2-14 EA | 17003 | CPT | | | | outpatient | | | 451.35 | | Qualcare | Qualcare | 338.51 | 75 | | | 135.41 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 2-14 EA | 17003 | CPT | | | | outpatient | | | 451.35 | | First Trenton | First Trenton | 406.22 | 90 | | | 135.41 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 2-14 EA | 17003 | CPT | | | | outpatient | | | 451.35 | | Horizon | Indemnity | 172.78 | 38.28 | | | 135.41 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 2-14 EA | 17003 | CPT | | | | outpatient | | | 451.35 | | Horizon | PPO | 172.78 | 38.28 | | | 135.41 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 2-14 EA | 17003 | CPT | | | | outpatient | | | 451.35 | | Managed Care Inc | Managed Care Inc | 406.22 | 90 | | | 135.41 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 2-14 EA | 17003 | CPT | | | | outpatient | | | 451.35 | | Three Rivers | Three Rivers | 428.78 | 95 | | | 135.41 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 15> | 17004 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Aetna | Medicare | 456.03 | | | | 300 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION PREMALIGNANT LESION 15> | 17004 | CPT | | | | outpatient | | | 1344.92 | 524.43 | First Trenton | First Trenton | 1210.43 | 90 | | | 300 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 15> | 17004 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Aetna | Better Health | 424.32 | 31.55 | | | 300 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 15> | 17004 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Aetna | Commercial | 744.24 | | | | 300 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION PREMALIGNANT LESION 15> | 17004 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Horizon | MGD | 882.42 | | | | 300 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION PREMALIGNANT LESION 15> | 17004 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Corrections | Corrections | 1075.94 | 80 | | | 300 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 15> | 17004 | CPT | | | | outpatient | | | 1344.92 | 524.43 | First Health | First Health | 941.44 | 70 | | | 300 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 15> | 17004 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Americare | Americare | 1008.69 | 75 | | | 300 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 15> | 17004 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Amerihealth | HMO/PPO | 300 | | | | 300 | 1782 | fee schedule | |
| HC DESTRUCTION PREMALIGNANT LESION 15> | 17004 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Managed Care Inc | Managed Care Inc | 1210.43 | 90 | | | 300 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 15> | 17004 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Horizon | Medicare Blue | 456.03 | | | | 300 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION PREMALIGNANT LESION 15> | 17004 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Multiplan | Multiplan | 1075.94 | 80 | | | 300 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 15> | 17004 | CPT | | | | outpatient | | | 1344.92 | 524.43 | United | Oxford | 1782 | | | | 300 | 1782 | case rate | |
| HC DESTRUCTION PREMALIGNANT LESION 15> | 17004 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Horizon | Indemnity | 882.42 | | | | 300 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION PREMALIGNANT LESION 15> | 17004 | CPT | | | | outpatient | | | 1344.92 | 524.43 | UHC | Medicare | 456.03 | | | | 300 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION PREMALIGNANT LESION 15> | 17004 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Consumer | Consumer | 1277.67 | 95 | | | 300 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 15> | 17004 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Wellcare | Medicaid | 424.32 | 31.55 | | | 300 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 15> | 17004 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Three Rivers | Three Rivers | 1277.67 | 95 | | | 300 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 15> | 17004 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Qualcare | Qualcare | 1008.69 | 75 | | | 300 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 15> | 17004 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Horizon | PPO | 882.42 | | | | 300 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION PREMALIGNANT LESION 15> | 17004 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Wellcare | Medicare | 456.03 | | | | 300 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION PREMALIGNANT LESION 15> | 17004 | CPT | | | | outpatient | | | 1344.92 | 524.43 | UHC | Medicaid | 424.32 | 31.55 | | | 300 | 1782 | percent of total billed charges | |
| HC DESTRUCTION PREMALIGNANT LESION 15> | 17004 | CPT | | | | outpatient | | | 1344.92 | 524.43 | United | CommercialPPO | 1782 | | | | 300 | 1782 | case rate | |
| HC DESTRUCTION PREMALIGNANT LESION 15> | 17004 | CPT | | | | outpatient | | | 1344.92 | 524.43 | WellPoint | WellPoint | 432.8 | 32.18 | | | 300 | 1782 | percent of total billed charges | |
| HC DESTRUCT WART 1-14 LESIONS | 17110 | CPT | | | | outpatient | | | 659 | 263.3 | Aetna | Commercial | 373.66 | | | | 93.96 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCT WART 1-14 LESIONS | 17110 | CPT | | | | outpatient | | | 659 | 263.3 | Americare | Americare | 494.25 | 75 | | | 93.96 | 1782 | percent of total billed charges | |
| HC DESTRUCT WART 1-14 LESIONS | 17110 | CPT | | | | outpatient | | | 659 | 263.3 | Consumer | Consumer | 626.05 | 95 | | | 93.96 | 1782 | percent of total billed charges | |
| HC DESTRUCT WART 1-14 LESIONS | 17110 | CPT | | | | outpatient | | | 659 | 263.3 | Aetna | Better Health | 207.91 | 31.55 | | | 93.96 | 1782 | percent of total billed charges | |
| HC DESTRUCT WART 1-14 LESIONS | 17110 | CPT | | | | outpatient | | | 659 | 263.3 | UHC | Medicare | 228.96 | | | | 93.96 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCT WART 1-14 LESIONS | 17110 | CPT | | | | outpatient | | | 659 | 263.3 | Amerihealth | HMO/PPO | 300 | | | | 93.96 | 1782 | fee schedule | |
| HC DESTRUCT WART 1-14 LESIONS | 17110 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | MGD | 443.04 | | | 156.95 | 93.96 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCT WART 1-14 LESIONS | 17110 | CPT | | | | outpatient | | | 659 | 263.3 | Multiplan | Multiplan | 527.2 | 80 | | | 93.96 | 1782 | percent of total billed charges | |
| HC DESTRUCT WART 1-14 LESIONS | 17110 | CPT | | | | outpatient | | | 659 | 263.3 | First Health | First Health | 461.3 | 70 | | | 93.96 | 1782 | percent of total billed charges | |
| HC DESTRUCT WART 1-14 LESIONS | 17110 | CPT | | | | outpatient | | | 659 | 263.3 | First Trenton | First Trenton | 593.1 | 90 | | | 93.96 | 1782 | percent of total billed charges | |
| HC DESTRUCT WART 1-14 LESIONS | 17110 | CPT | | | | outpatient | | | 659 | 263.3 | Aetna | Medicare | 228.96 | | | | 93.96 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCT WART 1-14 LESIONS | 17110 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | Indemnity | 443.04 | | | | 93.96 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCT WART 1-14 LESIONS | 17110 | CPT | | | | outpatient | | | 659 | 263.3 | Qualcare | Qualcare | 494.25 | 75 | | | 93.96 | 1782 | percent of total billed charges | |
| HC DESTRUCT WART 1-14 LESIONS | 17110 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | Medicare Blue | 228.96 | | | | 93.96 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCT WART 1-14 LESIONS | 17110 | CPT | | | | outpatient | | | 659 | 263.3 | Corrections | Corrections | 527.2 | 80 | | | 93.96 | 1782 | percent of total billed charges | |
| HC DESTRUCT WART 1-14 LESIONS | 17110 | CPT | | | | outpatient | | | 659 | 263.3 | UHC | Medicaid | 207.91 | 31.55 | | | 93.96 | 1782 | percent of total billed charges | |
| HC DESTRUCT WART 1-14 LESIONS | 17110 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | PPO | 443.04 | | | | 93.96 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCT WART 1-14 LESIONS | 17110 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | NJ Health | 93.96 | | | 23.18 | 93.96 | 1782 | fee schedule | |
| HC DESTRUCT WART 1-14 LESIONS | 17110 | CPT | | | | outpatient | | | 659 | 263.3 | Wellcare | Medicare | 228.96 | | | | 93.96 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCT WART 1-14 LESIONS | 17110 | CPT | | | | outpatient | | | 659 | 263.3 | United | CommercialPPO | 1782 | | | | 93.96 | 1782 | case rate | |
| HC DESTRUCT WART 1-14 LESIONS | 17110 | CPT | | | | outpatient | | | 659 | 263.3 | WellPoint | WellPoint | 212.07 | 32.18 | | | 93.96 | 1782 | percent of total billed charges | |
| HC DESTRUCT WART 1-14 LESIONS | 17110 | CPT | | | | outpatient | | | 659 | 263.3 | Managed Care Inc | Managed Care Inc | 593.1 | 90 | | | 93.96 | 1782 | percent of total billed charges | |
| HC DESTRUCT WART 1-14 LESIONS | 17110 | CPT | | | | outpatient | | | 659 | 263.3 | Wellcare | Medicaid | 207.91 | 31.55 | | | 93.96 | 1782 | percent of total billed charges | |
| HC DESTRUCT WART 1-14 LESIONS | 17110 | CPT | | | | outpatient | | | 659 | 263.3 | Three Rivers | Three Rivers | 626.05 | 95 | | | 93.96 | 1782 | percent of total billed charges | |
| HC DESTRUCT WART 1-14 LESIONS | 17110 | CPT | | | | outpatient | | | 659 | 263.3 | United | Oxford | 1782 | | | | 93.96 | 1782 | case rate | |
| HC CHEM CAUT OF GRAN TISSUE | 17250 | CPT | | | | outpatient | | | 665 | 263.3 | Consumer | Consumer | 631.75 | 95 | | | 113.82 | 1782 | percent of total billed charges | |
| HC CHEM CAUT OF GRAN TISSUE | 17250 | CPT | | | | outpatient | | | 665 | 263.3 | Aetna | Better Health | 209.81 | 31.55 | | 198.79 | 113.82 | 1782 | percent of total billed charges | |
| HC CHEM CAUT OF GRAN TISSUE | 17250 | CPT | | | | outpatient | | | 665 | 263.3 | Corrections | Corrections | 532 | 80 | | | 113.82 | 1782 | percent of total billed charges | |
| HC CHEM CAUT OF GRAN TISSUE | 17250 | CPT | | | | outpatient | | | 665 | 263.3 | Horizon | Medicare Blue | 228.96 | | | | 113.82 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEM CAUT OF GRAN TISSUE | 17250 | CPT | | | | outpatient | | | 665 | 263.3 | First Health | First Health | 465.5 | 70 | | | 113.82 | 1782 | percent of total billed charges | |
| HC CHEM CAUT OF GRAN TISSUE | 17250 | CPT | | | | outpatient | | | 665 | 263.3 | Americare | Americare | 498.75 | 75 | | | 113.82 | 1782 | percent of total billed charges | |
| HC CHEM CAUT OF GRAN TISSUE | 17250 | CPT | | | | outpatient | | | 665 | 263.3 | Horizon | PPO | 443.04 | | | 150.83 | 113.82 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEM CAUT OF GRAN TISSUE | 17250 | CPT | | | | outpatient | | | 665 | 263.3 | UHC | Medicaid | 209.81 | 31.55 | | 197.34 | 113.82 | 1782 | percent of total billed charges | |
| HC CHEM CAUT OF GRAN TISSUE | 17250 | CPT | | | | outpatient | | | 665 | 263.3 | First Trenton | First Trenton | 598.5 | 90 | | | 113.82 | 1782 | percent of total billed charges | |
| HC CHEM CAUT OF GRAN TISSUE | 17250 | CPT | | | | outpatient | | | 665 | 263.3 | Aetna | Commercial | 373.66 | | | | 113.82 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEM CAUT OF GRAN TISSUE | 17250 | CPT | | | | outpatient | | | 665 | 263.3 | WellPoint | WellPoint | 214 | 32.18 | | 207.39 | 113.82 | 1782 | percent of total billed charges | |
| HC CHEM CAUT OF GRAN TISSUE | 17250 | CPT | | | | outpatient | | | 665 | 263.3 | Amerihealth | HMO/PPO | 125 | | | | 113.82 | 1782 | fee schedule | |
| HC CHEM CAUT OF GRAN TISSUE | 17250 | CPT | | | | outpatient | | | 665 | 263.3 | UHC | Medicare | 228.96 | | | 72.72 | 113.82 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEM CAUT OF GRAN TISSUE | 17250 | CPT | | | | outpatient | | | 665 | 263.3 | Aetna | Medicare | 228.96 | | | | 113.82 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEM CAUT OF GRAN TISSUE | 17250 | CPT | | | | outpatient | | | 665 | 263.3 | Multiplan | Multiplan | 532 | 80 | | | 113.82 | 1782 | percent of total billed charges | |
| HC CHEM CAUT OF GRAN TISSUE | 17250 | CPT | | | | outpatient | | | 665 | 263.3 | Horizon | Indemnity | 443.04 | | | 238.7 | 113.82 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEM CAUT OF GRAN TISSUE | 17250 | CPT | | | | outpatient | | | 665 | 263.3 | Horizon | NJ Health | 113.82 | | | | 113.82 | 1782 | fee schedule | |
| HC CHEM CAUT OF GRAN TISSUE | 17250 | CPT | | | | outpatient | | | 665 | 263.3 | Horizon | MGD | 443.04 | | | 93.78 | 113.82 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEM CAUT OF GRAN TISSUE | 17250 | CPT | | | | outpatient | | | 665 | 263.3 | Qualcare | Qualcare | 498.75 | 75 | | | 113.82 | 1782 | percent of total billed charges | |
| HC CHEM CAUT OF GRAN TISSUE | 17250 | CPT | | | | outpatient | | | 665 | 263.3 | Wellcare | Medicaid | 209.81 | 31.55 | | | 113.82 | 1782 | percent of total billed charges | |
| HC CHEM CAUT OF GRAN TISSUE | 17250 | CPT | | | | outpatient | | | 665 | 263.3 | Wellcare | Medicare | 228.96 | | | | 113.82 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEM CAUT OF GRAN TISSUE | 17250 | CPT | | | | outpatient | | | 665 | 263.3 | Managed Care Inc | Managed Care Inc | 598.5 | 90 | | | 113.82 | 1782 | percent of total billed charges | |
| HC CHEM CAUT OF GRAN TISSUE | 17250 | CPT | | | | outpatient | | | 665 | 263.3 | Three Rivers | Three Rivers | 631.75 | 95 | | | 113.82 | 1782 | percent of total billed charges | |
| HC CHEM CAUT OF GRAN TISSUE | 17250 | CPT | | | | outpatient | | | 665 | 263.3 | United | CommercialPPO | 1782 | | | | 113.82 | 1782 | case rate | |
| HC CHEM CAUT OF GRAN TISSUE | 17250 | CPT | | | | outpatient | | | 665 | 263.3 | United | Oxford | 1782 | | | | 113.82 | 1782 | case rate | |
| HC DESTRUCTION MALIGNANT LESION F/E/E/N/LM 0.5CM/< | 17280 | CPT | | | | outpatient | | | 675.26 | 263.3 | Americare | Americare | 506.45 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MALIGNANT LESION F/E/E/N/LM 0.5CM/< | 17280 | CPT | | | | outpatient | | | 675.26 | 263.3 | First Trenton | First Trenton | 607.73 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MALIGNANT LESION F/E/E/N/LM 0.5CM/< | 17280 | CPT | | | | outpatient | | | 675.26 | 263.3 | Aetna | Commercial | 373.66 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION MALIGNANT LESION F/E/E/N/LM 0.5CM/< | 17280 | CPT | | | | outpatient | | | 675.26 | 263.3 | First Health | First Health | 472.68 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MALIGNANT LESION F/E/E/N/LM 0.5CM/< | 17280 | CPT | | | | outpatient | | | 675.26 | 263.3 | Corrections | Corrections | 540.21 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MALIGNANT LESION F/E/E/N/LM 0.5CM/< | 17280 | CPT | | | | outpatient | | | 675.26 | 263.3 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC DESTRUCTION MALIGNANT LESION F/E/E/N/LM 0.5CM/< | 17280 | CPT | | | | outpatient | | | 675.26 | 263.3 | Aetna | Medicare | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION MALIGNANT LESION F/E/E/N/LM 0.5CM/< | 17280 | CPT | | | | outpatient | | | 675.26 | 263.3 | Aetna | Better Health | 213.04 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MALIGNANT LESION F/E/E/N/LM 0.5CM/< | 17280 | CPT | | | | outpatient | | | 675.26 | 263.3 | Consumer | Consumer | 641.5 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MALIGNANT LESION F/E/E/N/LM 0.5CM/< | 17280 | CPT | | | | outpatient | | | 675.26 | 263.3 | Horizon | Medicare Blue | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION MALIGNANT LESION F/E/E/N/LM 0.5CM/< | 17280 | CPT | | | | outpatient | | | 675.26 | 263.3 | Horizon | MGD | 443.04 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION MALIGNANT LESION F/E/E/N/LM 0.5CM/< | 17280 | CPT | | | | outpatient | | | 675.26 | 263.3 | Multiplan | Multiplan | 540.21 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MALIGNANT LESION F/E/E/N/LM 0.5CM/< | 17280 | CPT | | | | outpatient | | | 675.26 | 263.3 | Horizon | Indemnity | 443.04 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION MALIGNANT LESION F/E/E/N/LM 0.5CM/< | 17280 | CPT | | | | outpatient | | | 675.26 | 263.3 | UHC | Medicaid | 213.04 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MALIGNANT LESION F/E/E/N/LM 0.5CM/< | 17280 | CPT | | | | outpatient | | | 675.26 | 263.3 | Horizon | NJ Health | 125.05 | | | | 125 | 1782 | fee schedule | |
| HC DESTRUCTION MALIGNANT LESION F/E/E/N/LM 0.5CM/< | 17280 | CPT | | | | outpatient | | | 675.26 | 263.3 | UHC | Medicare | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION MALIGNANT LESION F/E/E/N/LM 0.5CM/< | 17280 | CPT | | | | outpatient | | | 675.26 | 263.3 | Three Rivers | Three Rivers | 641.5 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MALIGNANT LESION F/E/E/N/LM 0.5CM/< | 17280 | CPT | | | | outpatient | | | 675.26 | 263.3 | Horizon | PPO | 443.04 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION MALIGNANT LESION F/E/E/N/LM 0.5CM/< | 17280 | CPT | | | | outpatient | | | 675.26 | 263.3 | Qualcare | Qualcare | 506.45 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MALIGNANT LESION F/E/E/N/LM 0.5CM/< | 17280 | CPT | | | | outpatient | | | 675.26 | 263.3 | United | CommercialPPO | 1782 | | | | 125 | 1782 | case rate | |
| HC DESTRUCTION MALIGNANT LESION F/E/E/N/LM 0.5CM/< | 17280 | CPT | | | | outpatient | | | 675.26 | 263.3 | Wellcare | Medicare | 228.96 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION MALIGNANT LESION F/E/E/N/LM 0.5CM/< | 17280 | CPT | | | | outpatient | | | 675.26 | 263.3 | Managed Care Inc | Managed Care Inc | 607.73 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MALIGNANT LESION F/E/E/N/LM 0.5CM/< | 17280 | CPT | | | | outpatient | | | 675.26 | 263.3 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC DESTRUCTION MALIGNANT LESION F/E/E/N/LM 0.5CM/< | 17280 | CPT | | | | outpatient | | | 675.26 | 263.3 | WellPoint | WellPoint | 217.3 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MALIGNANT LESION F/E/E/N/LM 0.5CM/< | 17280 | CPT | | | | outpatient | | | 675.26 | 263.3 | Wellcare | Medicaid | 213.04 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/E/N/LM 0.6-1.0CM | 17281 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Horizon | NJ Health | 162.55 | | | | 125 | 1782 | fee schedule | |
| HC DESTRUCTION MAL LESION F/E/E/N/LM 0.6-1.0CM | 17281 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Americare | Americare | 1008.69 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/E/N/LM 0.6-1.0CM | 17281 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Aetna | Commercial | 744.24 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION MAL LESION F/E/E/N/LM 0.6-1.0CM | 17281 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Aetna | Medicare | 456.03 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION MAL LESION F/E/E/N/LM 0.6-1.0CM | 17281 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Consumer | Consumer | 1277.67 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/E/N/LM 0.6-1.0CM | 17281 | CPT | | | | outpatient | | | 1344.92 | 524.43 | First Trenton | First Trenton | 1210.43 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/E/N/LM 0.6-1.0CM | 17281 | CPT | | | | outpatient | | | 1344.92 | 524.43 | UHC | Medicare | 456.03 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION MAL LESION F/E/E/N/LM 0.6-1.0CM | 17281 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Aetna | Better Health | 424.32 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/E/N/LM 0.6-1.0CM | 17281 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Three Rivers | Three Rivers | 1277.67 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/E/N/LM 0.6-1.0CM | 17281 | CPT | | | | outpatient | | | 1344.92 | 524.43 | Amerihealth | H

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM | 17281 | CPT | | | | outpatient | | | 1344.92 | | 524.43 Corrections | Corrections | 1075.94 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM | 17281 | CPT | | | | outpatient | | | 1344.92 | | 524.43 Managed Care Inc | Managed Care Inc | 1210.43 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM | 17281 | CPT | | | | outpatient | | | 1344.92 | | 524.43 Wellcare | Medicare | 456.03 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM | 17281 | CPT | | | | outpatient | | | 1344.92 | | 524.43 Horizon | MGD | 882.42 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM | 17281 | CPT | | | | outpatient | | | 1344.92 | | 524.43 Wellcare | Medicaid | 424.32 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM | 17281 | CPT | | | | outpatient | | | 1344.92 | | 524.43 UHC | Medicaid | 424.32 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM | 17281 | CPT | | | | outpatient | | | 1344.92 | | 524.43 Qualcare | Qualcare | 1008.69 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM | 17281 | CPT | | | | outpatient | | | 1344.92 | | 524.43 United | CommercialPPO | 1782 | | | | 125 | 1782 | case rate | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM | 17281 | CPT | | | | outpatient | | | 1344.92 | | 524.43 Horizon | Indemnity | 882.42 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM | 17281 | CPT | | | | outpatient | | | 1344.92 | | 524.43 Horizon | Medicare Blue | 456.03 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM | 17281 | CPT | | | | outpatient | | | 1344.92 | | 524.43 Horizon | PPO | 882.42 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM | 17281 | CPT | | | | outpatient | | | 1344.92 | | 524.43 United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM | 17281 | CPT | | | | outpatient | | | 1344.92 | | 524.43 WellPoint | WellPoint | 432.8 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 2.1-3.0CM | 17283 | CPT | | | | outpatient | | | 1344.92 | | 524.43 Aetna | Commercial | 744.24 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 2.1-3.0CM | 17283 | CPT | | | | outpatient | | | 1344.92 | | 524.43 Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 2.1-3.0CM | 17283 | CPT | | | | outpatient | | | 1344.92 | | 524.43 Aetna | Medicare | 456.03 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 2.1-3.0CM | 17283 | CPT | | | | outpatient | | | 1344.92 | | 524.43 First Trenton | First Trenton | 1210.43 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 2.1-3.0CM | 17283 | CPT | | | | outpatient | | | 1344.92 | | 524.43 Consumer | Consumer | 1277.67 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 2.1-3.0CM | 17283 | CPT | | | | outpatient | | | 1344.92 | | 524.43 Aetna | Better Health | 424.32 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 2.1-3.0CM | 17283 | CPT | | | | outpatient | | | 1344.92 | | 524.43 Corrections | Corrections | 1075.94 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 2.1-3.0CM | 17283 | CPT | | | | outpatient | | | 1344.92 | | 524.43 UHC | Medicaid | 424.32 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 2.1-3.0CM | 17283 | CPT | | | | outpatient | | | 1344.92 | | 524.43 Americare | Americare | 1008.69 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 2.1-3.0CM | 17283 | CPT | | | | outpatient | | | 1344.92 | | 524.43 First Health | First Health | 941.44 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 2.1-3.0CM | 17283 | CPT | | | | outpatient | | | 1344.92 | | 524.43 Horizon | MGD | 882.42 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 2.1-3.0CM | 17283 | CPT | | | | outpatient | | | 1344.92 | | 524.43 Managed Care Inc | Managed Care Inc | 1210.43 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 2.1-3.0CM | 17283 | CPT | | | | outpatient | | | 1344.92 | | 524.43 Horizon | Indemnity | 882.42 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 2.1-3.0CM | 17283 | CPT | | | | outpatient | | | 1344.92 | | 524.43 Horizon | PPO | 882.42 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 2.1-3.0CM | 17283 | CPT | | | | outpatient | | | 1344.92 | | 524.43 WellPoint | WellPoint | 432.8 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 2.1-3.0CM | 17283 | CPT | | | | outpatient | | | 1344.92 | | 524.43 UHC | Medicare | 456.03 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 2.1-3.0CM | 17283 | CPT | | | | outpatient | | | 1344.92 | | 524.43 Multiplan | Multiplan | 1075.94 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 2.1-3.0CM | 17283 | CPT | | | | outpatient | | | 1344.92 | | 524.43 Horizon | Medicare Blue | 456.03 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 2.1-3.0CM | 17283 | CPT | | | | outpatient | | | 1344.92 | | 524.43 Horizon | NJ Health | 231.95 | | | | 125 | 1782 | fee schedule | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 2.1-3.0CM | 17283 | CPT | | | | outpatient | | | 1344.92 | | 524.43 Wellcare | Medicare | 456.03 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 2.1-3.0CM | 17283 | CPT | | | | outpatient | | | 1344.92 | | 524.43 Qualcare | Qualcare | 1008.69 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 2.1-3.0CM | 17283 | CPT | | | | outpatient | | | 1344.92 | | 524.43 United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 2.1-3.0CM | 17283 | CPT | | | | outpatient | | | 1344.92 | | 524.43 Three Rivers | Three Rivers | 1277.67 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 2.1-3.0CM | 17283 | CPT | | | | outpatient | | | 1344.92 | | 524.43 United | CommercialPPO | 1782 | | | | 125 | 1782 | case rate | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM 2.1-3.0CM | 17283 | CPT | | | | outpatient | | | 1344.92 | | 524.43 Wellcare | Medicaid | 424.32 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM >4.0 CM | 17286 | CPT | | | | outpatient | | | 2118.34 | | 826.02 First Health | First Health | 1482.84 | 70 | | | 300 | 2012.42 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM >4.0 CM | 17286 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Aetna | Commercial | 1172.23 | | | | 300 | 2012.42 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION MAL LESION F/E/EN/LIM >4.0 CM | 17286 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Corrections | Corrections | 1694.67 | 80 | | | 300 | 2012.42 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM >4.0 CM | 17286 | CPT | | | | outpatient | | | 2118.34 | | 826.02 First Trenton | First Trenton | 1906.51 | 90 | | | 300 | 2012.42 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM >4.0 CM | 17286 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Aetna | Better Health | 668.34 | 31.55 | | | 300 | 2012.42 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM >4.0 CM | 17286 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Aetna | Medicare | 718.28 | | | | 300 | 2012.42 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION MAL LESION F/E/EN/LIM >4.0 CM | 17286 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Consumer | Consumer | 2012.42 | 95 | | | 300 | 2012.42 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM >4.0 CM | 17286 | CPT | | | | outpatient | | | 2118.34 | | 826.02 UHC | Medicaid | 668.34 | 31.55 | | | 300 | 2012.42 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM >4.0 CM | 17286 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Multiplan | Multiplan | 1694.67 | 80 | | | 300 | 2012.42 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM >4.0 CM | 17286 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Americare | Americare | 1588.76 | 75 | | | 300 | 2012.42 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM >4.0 CM | 17286 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Horizon | NJ Health | 363.26 | | | | 300 | 2012.42 | fee schedule | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM >4.0 CM | 17286 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Horizon | Indemnity | 1389.87 | | | | 300 | 2012.42 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION MAL LESION F/E/EN/LIM >4.0 CM | 17286 | CPT | | | | outpatient | | | 2118.34 | | 826.02 UHC | Medicare | 718.28 | | | | 300 | 2012.42 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION MAL LESION F/E/EN/LIM >4.0 CM | 17286 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Amerihealth | HMO/PPO | 300 | | | | 300 | 2012.42 | fee schedule | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM >4.0 CM | 17286 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Three Rivers | Three Rivers | 2012.42 | 95 | | | 300 | 2012.42 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM >4.0 CM | 17286 | CPT | | | | outpatient | | | 2118.34 | | 826.02 United | CommercialPPO | 1782 | | | | 300 | 2012.42 | case rate | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM >4.0 CM | 17286 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Qualcare | Qualcare | 1588.76 | 75 | | | 300 | 2012.42 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM >4.0 CM | 17286 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Horizon | MGD | 1389.87 | | | | 300 | 2012.42 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION MAL LESION F/E/EN/LIM >4.0 CM | 17286 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Wellcare | Medicare | 718.28 | | | | 300 | 2012.42 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION MAL LESION F/E/EN/LIM >4.0 CM | 17286 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Horizon | Medicare Blue | 718.28 | | | | 300 | 2012.42 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION MAL LESION F/E/EN/LIM >4.0 CM | 17286 | CPT | | | | outpatient | | | 2118.34 | | 826.02 United | Oxford | 1782 | | | | 300 | 2012.42 | case rate | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM >4.0 CM | 17286 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Horizon | PPO | 1389.87 | | | | 300 | 2012.42 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION MAL LESION F/E/EN/LIM >4.0 CM | 17286 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Wellcare | Medicaid | 668.34 | 31.55 | | | 300 | 2012.42 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM >4.0 CM | 17286 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Managed Care Inc | Managed Care Inc | 1906.51 | 90 | | | 300 | 2012.42 | percent of total billed charges | |
| HC DESTRUCTION MAL LESION F/E/EN/LIM >4.0 CM | 17286 | CPT | | | | outpatient | | | 2118.34 | | 826.02 WellPoint | WellPoint | 681.68 | 32.18 | | | 300 | 2012.42 | percent of total billed charges | |
| HC ELECTROLYSIS EPILATION EACH 30 MINUTES | 17380 | CPT | | | | outpatient | | | 2118.34 | | 826.02 WellPoint | WellPoint | 681.68 | 32.18 | | | 37.9 | 2012.42 | percent of total billed charges | |
| HC ELECTROLYSIS EPILATION EACH 30 MINUTES | 17380 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Aetna | Commercial | 1172.23 | | | | 37.9 | 2012.42 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTROLYSIS EPILATION EACH 30 MINUTES | 17380 | CPT | | | | outpatient | | | 2118.34 | | 826.02 First Health | First Health | 1482.84 | 70 | | | 37.9 | 2012.42 | percent of total billed charges | |
| HC ELECTROLYSIS EPILATION EACH 30 MINUTES | 17380 | CPT | | | | outpatient | | | 2118.34 | | 826.02 First Trenton | First Trenton | 1906.51 | 90 | | | 37.9 | 2012.42 | percent of total billed charges | |
| HC ELECTROLYSIS EPILATION EACH 30 MINUTES | 17380 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Aetna | Medicare | 718.28 | | | | 37.9 | 2012.42 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTROLYSIS EPILATION EACH 30 MINUTES | 17380 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Americare | Americare | 1588.76 | 75 | | | 37.9 | 2012.42 | percent of total billed charges | |
| HC ELECTROLYSIS EPILATION EACH 30 MINUTES | 17380 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Aetna | Better Health | 668.34 | 31.55 | | | 37.9 | 2012.42 | percent of total billed charges | |
| HC ELECTROLYSIS EPILATION EACH 30 MINUTES | 17380 | CPT | | | | outpatient | | | 2118.34 | | 826.02 UHC | Medicaid | 668.34 | 31.55 | | | 37.9 | 2012.42 | percent of total billed charges | |
| HC ELECTROLYSIS EPILATION EACH 30 MINUTES | 17380 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Corrections | Corrections | 1694.67 | 80 | | | 37.9 | 2012.42 | percent of total billed charges | |
| HC ELECTROLYSIS EPILATION EACH 30 MINUTES | 17380 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Amerihealth | HMO/PPO | 300 | | | | 37.9 | 2012.42 | fee schedule | |
| HC ELECTROLYSIS EPILATION EACH 30 MINUTES | 17380 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Horizon | Medicare Blue | 718.28 | | | | 37.9 | 2012.42 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTROLYSIS EPILATION EACH 30 MINUTES | 17380 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Managed Care Inc | Managed Care Inc | 1906.51 | 90 | | | 37.9 | 2012.42 | percent of total billed charges | |
| HC ELECTROLYSIS EPILATION EACH 30 MINUTES | 17380 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Horizon | MGD | 1389.87 | | | | 37.9 | 2012.42 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTROLYSIS EPILATION EACH 30 MINUTES | 17380 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Horizon | Indemnity | 1389.87 | | | | 37.9 | 2012.42 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTROLYSIS EPILATION EACH 30 MINUTES | 17380 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Consumer | Consumer | 2012.42 | 95 | | | 37.9 | 2012.42 | percent of total billed charges | |
| HC ELECTROLYSIS EPILATION EACH 30 MINUTES | 17380 | CPT | | | | outpatient | | | 2118.34 | | 826.02 UHC | Medicare | 718.28 | | | | 37.9 | 2012.42 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTROLYSIS EPILATION EACH 30 MINUTES | 17380 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Horizon | PPO | 1389.87 | | | | 37.9 | 2012.42 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTROLYSIS EPILATION EACH 30 MINUTES | 17380 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Wellcare | Medicare | 718.28 | | | | 37.9 | 2012.42 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTROLYSIS EPILATION EACH 30 MINUTES | 17380 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Multiplan | Multiplan | 1694.67 | 80 | | | 37.9 | 2012.42 | percent of total billed charges | |
| HC ELECTROLYSIS EPILATION EACH 30 MINUTES | 17380 | CPT | | | | outpatient | | | 2118.34 | | 826.02 United | CommercialPPO | 1782 | | | | 37.9 | 2012.42 | case rate | |
| HC ELECTROLYSIS EPILATION EACH 30 MINUTES | 17380 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Horizon | NJ Health | 37.9 | | | | 37.9 | 2012.42 | fee schedule | |
| HC ELECTROLYSIS EPILATION EACH 30 MINUTES | 17380 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Qualcare | Qualcare | 1588.76 | 75 | | | 37.9 | 2012.42 | percent of total billed charges | |
| HC ELECTROLYSIS EPILATION EACH 30 MINUTES | 17380 | CPT | | | | outpatient | | | 2118.34 | | 826.02 United | Oxford | 1782 | | | | 37.9 | 2012.42 | case rate | |
| HC ELECTROLYSIS EPILATION EACH 30 MINUTES | 17380 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Three Rivers | Three Rivers | 2012.42 | 95 | | | 37.9 | 2012.42 | percent of total billed charges | |
| HC ELECTROLYSIS EPILATION EACH 30 MINUTES | 17380 | CPT | | | | outpatient | | | 2118.34 | | 826.02 Wellcare | Medicaid | 668.34 | 31.55 | | | 37.9 | 2012.42 | percent of total billed charges | |
| HC PUNCTURE ASPIRATION CYST OF BREAST | 19000 | CPT | | | | outpatient | | | 2436 | | 925.36 Aetna | Better Health | 768.56 | 31.55 | | | 164.72 | 2314.2 | percent of total billed charges | |
| HC PUNCTURE ASPIRATION CYST OF BREAST | 19000 | CPT | | | | outpatient | | | 2436 | | 925.36 Corrections | Corrections | 1948.8 | 80 | | | 164.72 | 2314.2 | percent of total billed charges | |
| HC PUNCTURE ASPIRATION CYST OF BREAST | 19000 | CPT | | | | outpatient | | | 2436 | | 925.36 Aetna | Medicare | 804.66 | | | | 164.72 | 2314.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCTURE ASPIRATION CYST OF BREAST | 19000 | CPT | | | | outpatient | | | 2436 | | 925.36 Amerihealth | HMO/PPO | 300 | | | | 164.72 | 2314.2 | fee schedule | |
| HC PUNCTURE ASPIRATION CYST OF BREAST | 19000 | CPT | | | | outpatient | | | 2436 | | 925.36 First Health | First Health | 1705.2 | 70 | | | 164.72 | 2314.2 | percent of total billed charges | |
| HC PUNCTURE ASPIRATION CYST OF BREAST | 19000 | CPT | | | | outpatient | | | 2436 | | 925.36 Americare | Americare | 1827 | 75 | | | 164.72 | 2314.2 | percent of total billed charges | |
| HC PUNCTURE ASPIRATION CYST OF BREAST | 19000 | CPT | | | | outpatient | | | 2436 | | 925.36 Horizon | PPO | 1557.02 | | | | 164.72 | 2314.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCTURE ASPIRATION CYST OF BREAST | 19000 | CPT | | | | outpatient | | | 2436 | | 925.36 Aetna | Commercial | 1313.21 | | | | 164.72 | 2314.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCTURE ASPIRATION CYST OF BREAST | 19000 | CPT | | | | outpatient | | | 2436 | | 925.36 Consumer | Consumer | 2314.2 | 95 | | | 164.72 | 2314.2 | percent of total billed charges | |
| HC PUNCTURE ASPIRATION CYST OF BREAST | 19000 | CPT | | | | outpatient | | | 2436 | | 925.36 Horizon | Indemnity | 1557.02 | | | | 164.72 | 2314.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCTURE ASPIRATION CYST OF BREAST | 19000 | CPT | | | | outpatient | | | 2436 | | 925.36 Horizon | MGD | 1557.02 | | | | 164.72 | 2314.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCTURE ASPIRATION CYST OF BREAST | 19000 | CPT | | | | outpatient | | | 2436 | | 925.36 UHC | Medicare | 804.66 | | | | 164.72 | 2314.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCTURE ASPIRATION CYST OF BREAST | 19000 | CPT | | | | outpatient | | | 2436 | | 925.36 Horizon | Medicare Blue | 804.66 | | | | 164.72 | 2314.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCTURE ASPIRATION CYST OF BREAST | 19000 | CPT | | | | outpatient | | | 2436 | | 925.36 First Trenton | First Trenton | 2192.4 | 90 | | | 164.72 | 2314.2 | percent of total billed charges | |
| HC PUNCTURE ASPIRATION CYST OF BREAST | 19000 | CPT | | | | outpatient | | | 2436 | | 925.36 WellPoint | WellPoint | 783.9 | 32.18 | | | 164.72 | 2314.2 | percent of total billed charges | |
| HC PUNCTURE ASPIRATION CYST OF BREAST | 19000 | CPT | | | | outpatient | | | 2436 | | 925.36 UHC | Medicaid | 768.56 | 31.55 | | | 164.72 | 2314.2 | percent of total billed charges | |
| HC PUNCTURE ASPIRATION CYST OF BREAST | 19000 | CPT | | | | outpatient | | | 2436 | | 925.36 United | Oxford | 1817 | | | | 164.72 | 2314.2 | case rate | |
| HC PUNCTURE ASPIRATION CYST OF BREAST | 19000 | CPT | | | | outpatient | | | 2436 | | 925.36 Managed Care Inc | Managed Care Inc | 2192.4 | 90 | | | 164.72 | 2314.2 | percent of total billed charges | |
| HC PUNCTURE ASPIRATION CYST OF BREAST | 19000 | CPT | | | | outpatient | | | 2436 | | 925.36 Horizon | NJ Health | 164.72 | | | 1402.73 | 164.72 | 2314.2 | fee schedule | |
| HC PUNCTURE ASPIRATION CYST OF BREAST | 19000 | CPT | | | | outpatient | | | 2436 | | 925.36 United | CommercialPPO | 1817 | | | | 164.72 | 2314.2 | case rate | |
| HC PUNCTURE ASPIRATION CYST OF BREAST | 19000 | CPT | | | | outpatient | | | 2436 | | 925.36 Wellcare | Medicaid | 768.56 | 31.55 | | | 164.72 | 2314.2 | percent of total billed charges | |
| HC PUNCTURE ASPIRATION CYST OF BREAST | 19000 | CPT | | | | outpatient | | | 2436 | | 925.36 Three Rivers | Three Rivers | 2314.2 | 95 | | | 164.72 | 2314.2 | percent of total billed charges | |
| HC PUNCTURE ASPIRATION CYST OF BREAST | 19000 | CPT | | | | outpatient | | | 2436 | | 925.36 Multiplan | Multiplan | 1948.8 | 80 | | | 164.72 | 2314.2 | percent of total billed charges | |
| HC PUNCTURE ASPIRATION CYST OF BREAST | 19000 | CPT | | | | outpatient | | | 2436 | | 925.36 Wellcare | Medicare | 804.66 | | | | 164.72 | 2314.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCTURE ASPIRATION CYST OF BREAST | 19000 | CPT | | | | outpatient | | | 2436 | | 925.36 Qualcare | Qualcare | 1927 | 75 | | | 164.72 | 2314.2 | percent of total billed charges | |
| HC PUNCTURE ASPIRATION CYST OF BREAST EACH ADDL CYST | 19001 | CPT | | | | outpatient | | | 1333 | | Aetna | Better Health | 420.56 | 31.55 | | | 37.61 | 1782 | percent of total billed charges | |
| HC PUNCTURE ASPIRATION CYST OF BREAST EACH ADDL CYST | 19001 | CPT | | | | outpatient | | | 1333 | | Americare | Americare | 999.75 | 75 | | | 37.61 | 1782 | percent of total billed charges | |
| HC PUNCTURE ASPIRATION CYST OF BREAST EACH ADDL CYST | 19001 | CPT | | | | outpatient | | | 1333 | | Aetna | Medicare | 410.56 | 30.8 | | | 37.61 | 1782 | percent of total billed charges | |
| HC PUNCTURE ASPIRATION CYST OF BREAST EACH ADDL CYST | 19001 | CPT | | | | outpatient | | | 1333 | | First Trenton | First Trenton | 1199.7 | 90 | | | 37.61 | 1782 | percent of total billed charges | |
| HC PUNCTURE ASPIRATION CYST OF BREAST EACH ADDL CYST | 19001 | CPT | | | | outpatient | | | 1333 | | Horizon | Medicare Blue | 399.9 | 30 | | | 37.61 | 1782 | percent of total billed charges | |
| HC PUNCTURE ASPIRATION CYST OF BREAST EACH ADDL CYST | 19001 | CPT | | | | outpatient | | | 1333 | | Amerihealth | HMO/PPO | 125 | | | | 37.61 | 1782 | fee schedule | |
| HC PUNCTURE ASPIRATION CYST OF BREAST EACH ADDL CYST | 19001 | CPT | | | | outpatient | | | 1333 | | Consumer | Consumer | 1266.35 | 95 | | | 37.61 | 1782 | percent of total billed charges | |
| HC PUNCTURE ASPIRATION CYST OF BREAST EACH ADDL CYST | 19001 | CPT | | | | outpatient | | | 1333 | | Corrections | Corrections | 1066.4 | 80 | | | 37.61 | 1782 | percent of total billed charges | |
| HC PUNCTURE ASPIRATION CYST OF BREAST EACH ADDL CYST | 19001 | CPT | | | | outpatient | | | 1333 | | Multiplan | Multiplan | 1066.4 | 80 | | | 37.61 | 1782 | percent of total billed charges | |
| HC PUNCTURE ASPIRATION CYST OF BREAST EACH ADDL CYST | 19001 | CPT | | | | outpatient | | | 1333 | | Horizon | MGD | 510.27 | 38.28 | | | 37.61 | 1782 | percent of total billed charges | |
| HC PUNCTURE ASPIRATION CYST OF BREAST EACH ADDL CYST | 19001 | CPT | | | | outpatient | | | 1333 | | Qualcare | Qualcare | 999.75 | 75 | | | 37.61 | 1782 | percent of total billed charges | |
| HC PUNCTURE ASPIRATION CYST OF BREAST EACH ADDL CYST | 19001 | CPT | | | | outpatient | | | 1333 | | Horizon | NJ Health | 37.61 | | | | 37.61 | 1782 | fee schedule | |
| HC PUNCTURE ASPIRATION CYST OF BREAST EACH ADDL CYST | 19001 | CPT | | | | outpatient | | | 1333 | | First Health | First Health | 933.1 | 70 | | | 37.61 | 1782 | percent of total billed charges | |
| HC PUNCTURE ASPIRATION CYST OF BREAST EACH ADDL CYST | 19001 | CPT | | | | outpatient | | | 1333 | | Horizon | Indemnity | 510.27 | 38.28 | | | 37.61 | 1782 | percent of total billed charges | |
| HC PUNCTURE ASPIRATION CYST OF BREAST EACH ADDL CYST | 19001 | CPT | | | | outpatient | | | 1333 | | Horizon | PPO | 510.27 | 38.28 | | | 37.61 | 1782 | percent of total billed charges | |
| HC PUNCTURE ASPIRATION CYST OF BREAST EACH ADDL CYST | 19001 | CPT | | | | outpatient | | | 1333 | | Managed Care Inc | Managed Care Inc | 1199.7 | 90 | | | 37.61 | 1782 | percent of total billed charges | |
| HC PUNCTURE ASPIRATION CYST OF BREAST EACH ADDL CYST | 19001 | CPT | | | | outpatient | | | 1333 | | Wellcare | Medicaid | 420.56 | 31.55 | | | 37.61 | 1782 | percent of total billed charges | |
| HC PUNCTURE ASPIRATION CYST OF BREAST EACH ADDL CYST | 19001 | CPT | | | | outpatient | | | 1333 | | WellPoint | WellPoint | 428.96 | 32.18 | | | 37.61 | 1782 | percent of total billed charges | |
| HC PUNCTURE ASPIRATION CYST OF BREAST EACH ADDL CYST | 19001 | CPT | | | | outpatient | | | 1333 | | Three Rivers | Three Rivers | 1266.35 | 95 | | | 37.61 | 1782 | percent of total billed charges | |
| HC PUNCTURE ASPIRATION CYST OF BREAST EACH ADDL CYST | 19001 | CPT | | | | outpatient | | | 1333 | | UHC | Medicaid | 420.56 | 31.55 | | | 37.61 | 1782 | percent of total billed charges | |
| HC PUNCTURE ASPIRATION CYST OF BREAST EACH ADDL CYST | 19001 | CPT | | | | outpatient | | | 1333 | | United | CommercialPPO | 1782 | | | | 37.61 | 1782 | case rate | |
| HC PUNCTURE ASPIRATION CYST OF BREAST EACH ADDL CYST | 19001 | CPT | | | | outpatient | | | 1333 | | United | Oxford | 1782 | | | | 37.61 | 1782 | case rate | |
| HC MASTOTOMY W/DRAIN ABSC DEEP | 19020 | CPT | | | | outpatient | | | 7361 | | 2132.36 Aetna | Commercial | 3026.1 | | | | 293.29 | 6992.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MASTOTOMY W/DRAIN ABSC DEEP | 19020 | CPT | | | | outpatient | | | 7361 | | 2132.36 Horizon | MGD | 3587.94 | | | | 293.29 | 6992.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MASTOTOMY W/DRAIN ABSC DEEP | 19020 | CPT | | | | outpatient | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC MASTOTOMY W/DRAIN ABSC DEEP | 19020 | CPT | | | | outpatient | | | 7361 | | 2132.36 | First Trenton | 6624.9 | 90 | | | 293.29 | 6992.95 | percent of total billed charges | |
| HC MASTOTOMY W/DRAIN ABSC DEEP | 19020 | CPT | | | | outpatient | | | 7361 | | 2132.36 | Corrections | 5888.8 | 80 | | | 293.29 | 6992.95 | percent of total billed charges | |
| HC MASTOTOMY W/DRAIN ABSC DEEP | 19020 | CPT | | | | outpatient | | | 7361 | | 2132.36 | UHC | 1854.23 | | | | 293.29 | 6992.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MASTOTOMY W/DRAIN ABSC DEEP | 19020 | CPT | | | | outpatient | | | 7361 | | 2132.36 | Wellcare | Medicaid | 2322.4 | 31.55 | | 293.29 | 6992.95 | percent of total billed charges | |
| HC MASTOTOMY W/DRAIN ABSC DEEP | 19020 | CPT | | | | outpatient | | | 7361 | | 2132.36 | Three Rivers | Three Rivers | 6992.95 | 95 | | 293.29 | 6992.95 | percent of total billed charges | |
| HC MASTOTOMY W/DRAIN ABSC DEEP | 19020 | CPT | | | | outpatient | | | 7361 | | 2132.36 | Qualcare | Qualcare | 5520.75 | 75 | | 293.29 | 6992.95 | percent of total billed charges | |
| HC MASTOTOMY W/DRAIN ABSC DEEP | 19020 | CPT | | | | outpatient | | | 7361 | | 2132.36 | United | CommercialPPO | 2776 | | | 293.29 | 6992.95 | case rate | |
| HC MASTOTOMY W/DRAIN ABSC DEEP | 19020 | CPT | | | | outpatient | | | 7361 | | 2132.36 | Horizon | NJ Health | 293.29 | | | 293.29 | 6992.95 | fee schedule | |
| HC MASTOTOMY W/DRAIN ABSC DEEP | 19020 | CPT | | | | outpatient | | | 7361 | | 2132.36 | Wellcare | Medicare | 1854.23 | | | 293.29 | 6992.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MASTOTOMY W/DRAIN ABSC DEEP | 19020 | CPT | | | | outpatient | | | 7361 | | 2132.36 | Managed Care Inc | Managed Care Inc | 6624.9 | 90 | | 293.29 | 6992.95 | percent of total billed charges | |
| HC MASTOTOMY W/DRAIN ABSC DEEP | 19020 | CPT | | | | outpatient | | | 7361 | | 2132.36 | United | Oxford | 2776 | | | 293.29 | 6992.95 | case rate | |
| HC MASTOTOMY W/DRAIN ABSC DEEP | 19020 | CPT | | | | outpatient | | | 7361 | | 2132.36 | WellPoint | WellPoint | 2368.77 | 32.18 | | 293.29 | 6992.95 | percent of total billed charges | |
| HC INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM | 19030 | CPT | | | | outpatient | | | 240.96 | | | Amerihealth | HMO/PPO | 125 | | | 56.92 | 1782 | fee schedule | |
| HC INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM | 19030 | CPT | | | | outpatient | | | 240.96 | | | Multiplan | Multiplan | 192.77 | 80 | | 56.92 | 1782 | percent of total billed charges | |
| HC INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM | 19030 | CPT | | | | outpatient | | | 240.96 | | | Corrections | Corrections | 192.77 | 80 | | 56.92 | 1782 | percent of total billed charges | |
| HC INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM | 19030 | CPT | | | | outpatient | | | 240.96 | | | Aetna | Better Health | 76.02 | 31.55 | | 56.92 | 1782 | percent of total billed charges | |
| HC INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM | 19030 | CPT | | | | outpatient | | | 240.96 | | | Horizon | MGD | 92.24 | 38.28 | | 56.92 | 1782 | percent of total billed charges | |
| HC INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM | 19030 | CPT | | | | outpatient | | | 240.96 | | | First Health | First Health | 168.67 | 70 | | 56.92 | 1782 | percent of total billed charges | |
| HC INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM | 19030 | CPT | | | | outpatient | | | 240.96 | | | Americare | Americare | 180.72 | 75 | | 56.92 | 1782 | percent of total billed charges | |
| HC INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM | 19030 | CPT | | | | outpatient | | | 240.96 | | | Consumer | Consumer | 228.91 | 95 | | 56.92 | 1782 | percent of total billed charges | |
| HC INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM | 19030 | CPT | | | | outpatient | | | 240.96 | | | First Trenton | First Trenton | 216.86 | 90 | | 56.92 | 1782 | percent of total billed charges | |
| HC INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM | 19030 | CPT | | | | outpatient | | | 240.96 | | | Qualcare | Qualcare | 180.72 | 75 | | 56.92 | 1782 | percent of total billed charges | |
| HC INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM | 19030 | CPT | | | | outpatient | | | 240.96 | | | Horizon | Indemnity | 92.24 | 38.28 | | 56.92 | 1782 | percent of total billed charges | |
| HC INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM | 19030 | CPT | | | | outpatient | | | 240.96 | | | Aetna | Medicare | 74.22 | 30.8 | | 56.92 | 1782 | percent of total billed charges | |
| HC INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM | 19030 | CPT | | | | outpatient | | | 240.96 | | | Horizon | Medicare Blue | 72.29 | 30 | | 56.92 | 1782 | percent of total billed charges | |
| HC INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM | 19030 | CPT | | | | outpatient | | | 240.96 | | | United | CommercialPPO | 1782 | | | 56.92 | 1782 | case rate | |
| HC INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM | 19030 | CPT | | | | outpatient | | | 240.96 | | | Horizon | PPO | 92.24 | 38.28 | | 56.92 | 1782 | percent of total billed charges | |
| HC INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM | 19030 | CPT | | | | outpatient | | | 240.96 | | | WellPoint | WellPoint | 77.54 | 32.18 | | 56.92 | 1782 | percent of total billed charges | |
| HC INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM | 19030 | CPT | | | | outpatient | | | 240.96 | | | Horizon | NJ Health | 56.92 | | | 56.92 | 1782 | fee schedule | |
| HC INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM | 19030 | CPT | | | | outpatient | | | 240.96 | | | UHC | Medicaid | 76.02 | 31.55 | | 56.92 | 1782 | percent of total billed charges | |
| HC INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM | 19030 | CPT | | | | outpatient | | | 240.96 | | | Three Rivers | Three Rivers | 228.91 | 95 | | 56.92 | 1782 | percent of total billed charges | |
| HC INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM | 19030 | CPT | | | | outpatient | | | 240.96 | | | Wellcare | Medicaid | 76.02 | 31.55 | | 56.92 | 1782 | percent of total billed charges | |
| HC INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM | 19030 | CPT | | | | outpatient | | | 240.96 | | | Managed Care Inc | Managed Care Inc | 216.86 | 90 | | 56.92 | 1782 | percent of total billed charges | |
| HC INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM | 19030 | CPT | | | | outpatient | | | 240.96 | | | United | Oxford | 1782 | | | 56.92 | 1782 | case rate | |
| HC STEREO BX W/CLIP 1ST LESION | 19081 | CPT | | | | outpatient | | | 5464 | | 2132.36 | Americare | Americare | 4098 | 75 | | 154.68 | 5190.8 | percent of total billed charges | |
| HC STEREO BX W/CLIP 1ST LESION | 19081 | CPT | | | | outpatient | | | 5464 | | 2132.36 | First Trenton | First Trenton | 4917.6 | 90 | | 154.68 | 5190.8 | percent of total billed charges | |
| HC STEREO BX W/CLIP 1ST LESION | 19081 | CPT | | | | outpatient | | | 5464 | | 2132.36 | Aetna | Commercial | 3026.1 | | | 1684.36 | 154.68 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STEREO BX W/CLIP 1ST LESION | 19081 | CPT | | | | outpatient | | | 5464 | | 2132.36 | Horizon | MGD | 3587.94 | | | 2404.69 | 154.68 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STEREO BX W/CLIP 1ST LESION | 19081 | CPT | | | | outpatient | | | 5464 | | 2132.36 | Multiplan | Multiplan | 4371.2 | 80 | | | 154.68 | 5190.8 | percent of total billed charges | |
| HC STEREO BX W/CLIP 1ST LESION | 19081 | CPT | | | | outpatient | | | 5464 | | 2132.36 | Corrections | Corrections | 4371.2 | 80 | | | 154.68 | 5190.8 | percent of total billed charges | |
| HC STEREO BX W/CLIP 1ST LESION | 19081 | CPT | | | | outpatient | | | 5464 | | 2132.36 | Aetna | Medicare | 1854.23 | | | | 154.68 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STEREO BX W/CLIP 1ST LESION | 19081 | CPT | | | | outpatient | | | 5464 | | 2132.36 | Aetna | Better Health | 1723.89 | 31.55 | | | 154.68 | 5190.8 | percent of total billed charges | |
| HC STEREO BX W/CLIP 1ST LESION | 19081 | CPT | | | | outpatient | | | 5464 | | 2132.36 | UHC | Medicaid | 1723.89 | 31.55 | | 1010.48 | 154.68 | 5190.8 | percent of total billed charges | |
| HC STEREO BX W/CLIP 1ST LESION | 19081 | CPT | | | | outpatient | | | 5464 | | 2132.36 | Horizon | Medicare Blue | 1854.23 | | | 1141.76 | 154.68 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STEREO BX W/CLIP 1ST LESION | 19081 | CPT | | | | outpatient | | | 5464 | | 2132.36 | Horizon | PPO | 3587.94 | | | 3338.54 | 154.68 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STEREO BX W/CLIP 1ST LESION | 19081 | CPT | | | | outpatient | | | 5464 | | 2132.36 | UHC | Medicare | 1854.23 | | | | 154.68 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STEREO BX W/CLIP 1ST LESION | 19081 | CPT | | | | outpatient | | | 5464 | | 2132.36 | Qualcare | Qualcare | 4098 | 75 | | | 154.68 | 5190.8 | percent of total billed charges | |
| HC STEREO BX W/CLIP 1ST LESION | 19081 | CPT | | | | outpatient | | | 5464 | | 2132.36 | Horizon | NJ Health | 154.68 | | | 116.8 | 154.68 | 5190.8 | fee schedule | |
| HC STEREO BX W/CLIP 1ST LESION | 19081 | CPT | | | | outpatient | | | 5464 | | 2132.36 | Consumer | Consumer | 5190.8 | 95 | | | 154.68 | 5190.8 | percent of total billed charges | |
| HC STEREO BX W/CLIP 1ST LESION | 19081 | CPT | | | | outpatient | | | 5464 | | 2132.36 | Amerihealth | HMO/PPO | 650 | | | | 154.68 | 5190.8 | fee schedule | |
| HC STEREO BX W/CLIP 1ST LESION | 19081 | CPT | | | | outpatient | | | 5464 | | 2132.36 | Wellcare | Medicare | 1854.23 | | | | 154.68 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STEREO BX W/CLIP 1ST LESION | 19081 | CPT | | | | outpatient | | | 5464 | | 2132.36 | Managed Care Inc | Managed Care Inc | 4917.6 | 90 | | | 154.68 | 5190.8 | percent of total billed charges | |
| HC STEREO BX W/CLIP 1ST LESION | 19081 | CPT | | | | outpatient | | | 5464 | | 2132.36 | United | Oxford | 2493 | | | | 154.68 | 5190.8 | case rate | |
| HC STEREO BX W/CLIP 1ST LESION | 19081 | CPT | | | | outpatient | | | 5464 | | 2132.36 | First Health | First Health | 3824.8 | 70 | | | 154.68 | 5190.8 | percent of total billed charges | |
| HC STEREO BX W/CLIP 1ST LESION | 19081 | CPT | | | | outpatient | | | 5464 | | 2132.36 | United | CommercialPPO | 2493 | | | | 154.68 | 5190.8 | case rate | |
| HC STEREO BX W/CLIP 1ST LESION | 19081 | CPT | | | | outpatient | | | 5464 | | 2132.36 | Horizon | Indemnity | 3587.94 | | | 2358.88 | 154.68 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STEREO BX W/CLIP 1ST LESION | 19081 | CPT | | | | outpatient | | | 5464 | | 2132.36 | Three Rivers | Three Rivers | 5190.8 | 95 | | | 154.68 | 5190.8 | percent of total billed charges | |
| HC STEREO BX W/CLIP 1ST LESION | 19081 | CPT | | | | outpatient | | | 5464 | | 2132.36 | Wellcare | Medicaid | 1723.89 | 31.55 | | | 154.68 | 5190.8 | percent of total billed charges | |
| HC STEREO BX W/CLIP 1ST LESION | 19081 | CPT | | | | outpatient | | | 5464 | | 2132.36 | WellPoint | WellPoint | 1758.32 | 32.18 | | | 154.68 | 5190.8 | percent of total billed charges | |
| HC STEREO BX W/CLIP EACH ADD LES | 19082 | CPT | | | | outpatient | | | 3363 | | | Aetna | Medicare | 1035.8 | 30.8 | | | 73.58 | 3194.85 | percent of total billed charges | |
| HC STEREO BX W/CLIP EACH ADD LES | 19082 | CPT | | | | outpatient | | | 3363 | | | Americare | Americare | 2522.25 | 75 | | | 73.58 | 3194.85 | percent of total billed charges | |
| HC STEREO BX W/CLIP EACH ADD LES | 19082 | CPT | | | | outpatient | | | 3363 | | | First Trenton | First Trenton | 3026.7 | 90 | | | 73.58 | 3194.85 | percent of total billed charges | |
| HC STEREO BX W/CLIP EACH ADD LES | 19082 | CPT | | | | outpatient | | | 3363 | | | Aetna | Better Health | 1061.03 | 31.55 | | | 73.58 | 3194.85 | percent of total billed charges | |
| HC STEREO BX W/CLIP EACH ADD LES | 19082 | CPT | | | | outpatient | | | 3363 | | | First Health | First Health | 2354.1 | 70 | | | 73.58 | 3194.85 | percent of total billed charges | |
| HC STEREO BX W/CLIP EACH ADD LES | 19082 | CPT | | | | outpatient | | | 3363 | | | Multiplan | Multiplan | 2690.4 | 80 | | | 73.58 | 3194.85 | percent of total billed charges | |
| HC STEREO BX W/CLIP EACH ADD LES | 19082 | CPT | | | | outpatient | | | 3363 | | | Horizon | Indemnity | 1287.36 | 38.28 | | | 73.58 | 3194.85 | percent of total billed charges | |
| HC STEREO BX W/CLIP EACH ADD LES | 19082 | CPT | | | | outpatient | | | 3363 | | | Corrections | Corrections | 2690.4 | 80 | | | 73.58 | 3194.85 | percent of total billed charges | |
| HC STEREO BX W/CLIP EACH ADD LES | 19082 | CPT | | | | outpatient | | | 3363 | | | Amerihealth | HMO/PPO | 550 | | | | 73.58 | 3194.85 | fee schedule | |
| HC STEREO BX W/CLIP EACH ADD LES | 19082 | CPT | | | | outpatient | | | 3363 | | | Consumer | Consumer | 3194.85 | 95 | | | 73.58 | 3194.85 | percent of total billed charges | |
| HC STEREO BX W/CLIP EACH ADD LES | 19082 | CPT | | | | outpatient | | | 3363 | | | Horizon | PPO | 1287.36 | 38.28 | | | 73.58 | 3194.85 | percent of total billed charges | |
| HC STEREO BX W/CLIP EACH ADD LES | 19082 | CPT | | | | outpatient | | | 3363 | | | Horizon | Medicare Blue | 1008.9 | 30 | | | 73.58 | 3194.85 | percent of total billed charges | |
| HC STEREO BX W/CLIP EACH ADD LES | 19082 | CPT | | | | outpatient | | | 3363 | | | Horizon | MGD | 1287.36 | 38.28 | | | 73.58 | 3194.85 | percent of total billed charges | |
| HC STEREO BX W/CLIP EACH ADD LES | 19082 | CPT | | | | outpatient | | | 3363 | | | Qualcare | Qualcare | 2522.25 | 75 | | | 73.58 | 3194.85 | percent of total billed charges | |
| HC STEREO BX W/CLIP EACH ADD LES | 19082 | CPT | | | | outpatient | | | 3363 | | | Managed Care Inc | Managed Care Inc | 3026.7 | 90 | | | 73.58 | 3194.85 | percent of total billed charges | |
| HC STEREO BX W/CLIP EACH ADD LES | 19082 | CPT | | | | outpatient | | | 3363 | | | WellPoint | WellPoint | 1082.21 | 32.18 | | | 73.58 | 3194.85 | percent of total billed charges | |
| HC STEREO BX W/CLIP EACH ADD LES | 19082 | CPT | | | | outpatient | | | 3363 | | | UHC | Medicaid | 1061.03 | 31.55 | | | 73.58 | 3194.85 | percent of total billed charges | |
| HC STEREO BX W/CLIP EACH ADD LES | 19082 | CPT | | | | outpatient | | | 3363 | | | Horizon | NJ Health | 73.58 | | | | 73.58 | 3194.85 | fee schedule | |
| HC STEREO BX W/CLIP EACH ADD LES | 19082 | CPT | | | | outpatient | | | 3363 | | | United | CommercialPPO | 1782 | | | | 73.58 | 3194.85 | case rate | |
| HC STEREO BX W/CLIP EACH ADD LES | 19082 | CPT | | | | outpatient | | | 3363 | | | Three Rivers | Three Rivers | 3194.85 | 95 | | | 73.58 | 3194.85 | percent of total billed charges | |
| HC STEREO BX W/CLIP EACH ADD LES | 19082 | CPT | | | | outpatient | | | 3363 | | | United | Oxford | 1782 | | | | 73.58 | 3194.85 | case rate | |
| HC STEREO BX W/CLIP EACH ADD LES | 19082 | CPT | | | | outpatient | | | 3363 | | | Wellcare | Medicaid | 1061.03 | 31.55 | | | 73.58 | 3194.85 | percent of total billed charges | |
| HC US GUID BX W/CLIP 1ST LESION | 19083 | CPT | | | | both | | | 3363 | | 2132.36 | Amerihealth | HMO/PPO | 650 | | | 1402.13 | 144.92 | 3587.94 | fee schedule | |
| HC US GUID BX W/CLIP 1ST LESION | 19083 | CPT | | | | both | | | 3363 | | 2132.36 | Consumer | Consumer | 3194.85 | 95 | | | 144.92 | 3587.94 | percent of total billed charges | |
| HC US GUID BX W/CLIP 1ST LESION | 19083 | CPT | | | | both | | | 3363 | | 2132.36 | Aetna | Better Health | 1061.03 | 31.55 | | | 144.92 | 3587.94 | percent of total billed charges | |
| HC US GUID BX W/CLIP 1ST LESION | 19083 | CPT | | | | both | | | 3363 | | 2132.36 | Aetna | Medicare | 1854.23 | | | 1223.97 | 144.92 | 3587.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US GUID BX W/CLIP 1ST LESION | 19083 | CPT | | | | both | | | 3363 | | 2132.36 | United | CommercialPPO | 2493 | | | | 144.92 | 3587.94 | case rate | |
| HC US GUID BX W/CLIP 1ST LESION | 19083 | CPT | | | | both | | | 3363 | | 2132.36 | Horizon | MGD | 3587.94 | | | 2514.99 | 144.92 | 3587.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US GUID BX W/CLIP 1ST LESION | 19083 | CPT | | | | both | | | 3363 | | 2132.36 | First Health | First Health | 2354.1 | 70 | | | 144.92 | 3587.94 | percent of total billed charges | |
| HC US GUID BX W/CLIP 1ST LESION | 19083 | CPT | | | | both | | | 3363 | | 2132.36 | Horizon | Indemnity | 3587.94 | | | | 144.92 | 3587.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US GUID BX W/CLIP 1ST LESION | 19083 | CPT | | | | both | | | 3363 | | 2132.36 | Aetna | Commercial | 3026.1 | | | 1915.62 | 144.92 | 3587.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US GUID BX W/CLIP 1ST LESION | 19083 | CPT | | | | both | | | 3363 | | 2132.36 | Corrections | Corrections | 2690.4 | 80 | | | 144.92 | 3587.94 | percent of total billed charges | |
| HC US GUID BX W/CLIP 1ST LESION | 19083 | CPT | | | | both | | | 3363 | | 2132.36 | Horizon | PPO | 3587.94 | | | 2486.75 | 144.92 | 3587.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US GUID BX W/CLIP 1ST LESION | 19083 | CPT | | | | both | | | 3363 | | 2132.36 | Americare | Americare | 2522.25 | 75 | | | 144.92 | 3587.94 | percent of total billed charges | |
| HC US GUID BX W/CLIP 1ST LESION | 19083 | CPT | | | | both | | | 3363 | | 2132.36 | UHC | Medicare | 1854.23 | | | 414.85 | 144.92 | 3587.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US GUID BX W/CLIP 1ST LESION | 19083 | CPT | | | | both | | | 3363 | | 2132.36 | Horizon | NJ Health | 144.92 | | | 132.71 | 144.92 | 3587.94 | fee schedule | |
| HC US GUID BX W/CLIP 1ST LESION | 19083 | CPT | | | | both | | | 3363 | | 2132.36 | Horizon | Medicare Blue | 1854.23 | | | 808.65 | 144.92 | 3587.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US GUID BX W/CLIP 1ST LESION | 19083 | CPT | | | | both | | | 3363 | | 2132.36 | United | Oxford | 2493 | | | | 144.92 | 3587.94 | case rate | |
| HC US GUID BX W/CLIP 1ST LESION | 19083 | CPT | | | | both | | | 3363 | | 2132.36 | First Trenton | First Trenton | 3026.7 | 90 | | | 144.92 | 3587.94 | percent of total billed charges | |
| HC US GUID BX W/CLIP 1ST LESION | 19083 | CPT | | | | both | | | 3363 | | 2132.36 | Multiplan | Multiplan | 2690.4 | 80 | | | 144.92 | 3587.94 | percent of total billed charges | |
| HC US GUID BX W/CLIP 1ST LESION | 19083 | CPT | | | | both | | | 3363 | | 2132.36 | Wellcare | Medicaid | 1061.03 | 31.55 | | | 144.92 | 3587.94 | percent of total billed charges | |
| HC US GUID BX W/CLIP 1ST LESION | 19083 | CPT | | | | both | | | 3363 | | 2132.36 | WellPoint | WellPoint | 1082.21 | 32.18 | | | 144.92 | 3587.94 | percent of total billed charges | |
| HC US GUID BX W/CLIP 1ST LESION | 19083 | CPT | | | | both | | | 3363 | | 2132.36 | Managed Care Inc | Managed Care Inc | 3026.7 | 90 | | | 144.92 | 3587.94 | percent of total billed charges | |
| HC US GUID BX W/CLIP 1ST LESION | 19083 | CPT | | | | both | | | 3363 | | 2132.36 | Qualcare | Qualcare | 2522.25 | 75 | | | 144.92 | 3587.94 | percent of total billed charges | |
| HC US GUID BX W/CLIP 1ST LESION | 19083 | CPT | | | | both | | | 3363 | | 2132.36 | Three Rivers | Three Rivers | 3194.85 | 95 | | | 144.92 | 3587.94 | percent of total billed charges | |
| HC US GUID BX W/CLIP 1ST LESION | 19083 | CPT | | | | both | | | 3363 | | 2132.36 | UHC | Medicaid | 1061.03 | 31.55 | | 998.75 | 144.92 | 3587.94 | percent of total billed charges | |
| HC US GUID BX W/CLIP 1ST LESION | 19083 | CPT | | | | both | | | 3363 | | 2132.36 | Wellcare | Medicare | 1854.23 | | | | 144.92 | 3587.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US GUID BX W/CLIP EACH ADD LE | 19084 | CPT | | | | both | | | 3363 | | | Corrections | Corrections | 2690.4 | 80 | | | 69.15 | 3194.85 | percent of total billed charges | |
| HC US GUID BX W/CLIP EACH ADD LE | 19084 | CPT | | | | both | | | 3363 | | | First Trenton | First Trenton | 3026.7 | 90 | | | 69.15 | 3194.85 | percent of total billed charges | |
| HC US GUID BX W/CLIP EACH ADD LE | 19084 | CPT | | | | both | | | 3363 | | | Americare | Americare | 2522.25 | 75 | | | 69.15 | 3194.85 | percent of total billed charges | |
| HC US GUID BX W/CLIP EACH ADD LE | 19084 | CPT | | | | both | | | 3363 | | | First Health | First Health | 2354.1 | 70 | | | 69.15 | 3194.85 | percent of total billed charges | |
| HC US GUID BX W/CLIP EACH ADD LE | 19084 | CPT | | | | both | | | 3363 | | | Aetna | Medicare | 1035.8 | 30.8 | | | 69.15 | 3194.85 | percent of total billed charges | |
| HC US GUID BX W/CLIP EACH ADD LE | 19084 | CPT | | | | both | | | 3363 | | | Horizon | Medicare Blue | 1008.9 | 30 | | 808.65 | 69.15 | 3194.85 | percent of total billed charges | |
| HC US GUID BX W/CLIP EACH ADD LE | 19084 | CPT | | | | both | | | 3363 | | | Horizon | Indemnity | 1287.36 | 38.28 | | | 69.15 | 3194.85 | percent of total billed charges | |
| HC US GUID BX W/CLIP EACH ADD LE | 19084 | CPT | | | | both | | | 3363 | | | Aetna | Better Health | 1061.03 | 31.55 | | | 69.15 | 3194.85 | percent of total billed charges | |
| HC US GUID BX W/CLIP EACH ADD LE | 19084 | CPT | | | | both | | | 3363 | | | WellPoint | WellPoint | 1082.21 | 32.18 | | | 69.15 | 3194.85 | percent of total billed charges | |
| HC US GUID BX W/CLIP EACH ADD LE | 19084 | CPT | | | | both | | | 3363 | | | Horizon | PPO | 1287.36 | 38.28 | | | 69.15 | 3194.85 | percent of total billed charges | |
| HC US GUID BX W/CLIP EACH ADD LE | 19084 | CPT | | | | both | | | 3363 | | | Consumer | Consumer | 3194.85 | 95 | | | 69.15 | 3194.85 | percent of total billed charges | |
| HC US GUID BX W/CLIP EACH ADD LE | 19084 | CPT | | | | both | | | 3363 | | | Amerihealth | HMO/PPO | 550 | | | | 69.15 | 3194.85 | fee schedule | |
| HC US GUID BX W/CLIP EACH ADD LE | 19084 | CPT | | | | both | | | 3363 | | | Multiplan | Multiplan | 2690.4 | 80 | | | 69.15 | 3194.85 | percent of total billed charges | |
| HC US GUID BX W/CLIP EACH ADD LE | 19084 | CPT | | | | both | | | 3363 | | | Horizon | MGD | 1287.36 | 38.28 | | 1499.63 | 69.15 | 3194.85 | percent of total billed charges | |
| HC US GUID BX W/CLIP EACH ADD LE | 19084 | CPT | | | | both | | | 3363 | | | Horizon | NJ Health | 69.15 | | | | 69.15 | 3194.85 | fee schedule | |
| HC US GUID BX W/CLIP EACH ADD LE | 19084 | CPT | | | | both | | | 3363 | | | United | Oxford | 1782 | | | | 69.15 | 3194.85 | case rate | |
| HC US GUID BX W/CLIP EACH ADD LE | 19084 | CPT | | | | both | | | 3363 | | | Qualcare | Qualcare | 2522.25 | 75 | | | 69.15 | 3194.85 | percent of total billed charges | |
| HC US GUID BX W/CLIP EACH ADD LE | 19084 | CPT | | | | both | | | 3363 | | | Managed Care Inc | Managed Care Inc | 3026.7 | 90 | | | 69.15 | 3194.85 | percent of total billed charges | |
| HC US GUID BX W/CLIP EACH ADD LE | 19084 | CPT | | | | both | | | 3363 | | | Three Rivers | Three Rivers | 3194.85 | 95 | | | 69.15 | 3194.85 | percent of total billed charges | |
| HC US GUID BX W/CLIP EACH ADD LE | 19084 | CPT | | | | both | | | 3363 | | | Wellcare | Medicaid | 1061.03 | 31.55 | | | 69.15 | 3194.85 | percent of total billed charges | |
| HC US GUID BX W/CLIP EACH ADD LE | 19084 | CPT | | | | both | | | 3363 | | | UHC | Medicaid | 1061.03 | 31.55 | | 989.96 | 69.15 | 3194.85 | percent of total billed charges | |
| HC US GUID BX W/CLIP EACH ADD LE | 19084 | CPT | | | | both | | | 3363 | | | United | CommercialPPO | 1782 | | | | 69.15 | 3194.85 | case rate | |
| HC BX BREAST W/MR GUIDANCE AND C | 19085 | CPT | | | | outpatient | | | 6377 | | 2132.36 | Corrections | Corrections | 5101.6 | 80 | | | 169.15 | 6058.15 | percent of total billed charges | |
| HC BX BREAST W/MR GUIDANCE AND C | 19085 | CPT | | | | outpatient | | | 6377 | | 2132.36 | Consumer | Consumer | 6058.15 | 95 | | | 169.15 | 6058.15 | percent of total billed charges | |
| HC BX BREAST W/MR GUIDANCE AND C | 19085 | CPT | | | | outpatient | | | 6377 | | 2132.36 | Amerihealth | HMO/PPO | 650 | | | | 169.15 | 6058.15 | fee schedule | |
| HC BX BREAST W/MR GUIDANCE AND C | 19085 | CPT | | | | outpatient | | | 6377 | | 2132.36 | Horizon | Medicare Blue | 1854.23 | | | | 169.15 | 6058.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX BREAST W/MR GUIDANCE AND C | 19085 | CPT | | | | outpatient | | | 6377 | | 2132.36 | Aetna | Better Health | 2011.94 | 31.55 | | | 169.15 | 6058.15 | percent of total billed charges | |
| HC BX BREAST W/MR GUIDANCE AND C | 19085 | CPT | | | | outpatient | | | 6377 | | 2132.36 | Aetna | Commercial | 3026.1 | | | | 169.15 | 6058.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX BREAST W/MR GUIDANCE AND C | 19085 | CPT | | | | outpatient | | | 6377 | | 2132.36 | UHC | Medicaid | 2011.94 | 31.55 | | | 169.15 | 6058.15 | percent of total billed charges | |
| HC BX BREAST W/MR GUIDANCE AND C | 19085 | CPT | | | | outpatient | | | 6377 | | 2132.36 | UHC | Medicare | 1854.23 | | | | 169.15 | 6058.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX BREAST W/MR GUIDANCE AND C | 19085 | CPT | | | | outpatient | | | 6377 | | 2132.36 | Horizon | PPO | 3587.94 | | | | 169.15 | 6058.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX BREAST W/MR GUIDANCE AND C | 19085 | CPT | | | | outpatient | | | 6377 | | 2132.36 | First Trenton | First Trenton | 5739.3 | 90 | | | 169.15 | 6058.15 | percent of total billed charges | |
| HC BX BREAST W/MR GUIDANCE AND C | 19085 | CPT | | | | outpatient | | | 6377 | | 2132.36 | First Health | First Health | 4483.9 | 70 | | | 169.15 | 6058.15 | percent of total billed charges | |
| HC BX BREAST W/MR GUIDANCE AND C | 19085 | CPT | | | | outpatient | | | 6377 | | 2132.36 | Aetna | Medicare | 1854.23 | | | | 169.15 | 6058.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX BREAST W/MR GUIDANCE AND C | 19085 | CPT | | | | outpatient | | | 6377 | | 2132.36 | Horizon | Indemnity | 3587.94 | | | | 169.15 | 6058.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX BREAST W/MR GUIDANCE AND C | 19085 | CPT | | | | outpatient | | | 6377 | | 2132.36 | Horizon | NJ Health | 169.15 | | | 163.63 | 169.15 | 6058.15 | fee schedule | |
| HC BX BREAST W/MR GUIDANCE AND C | 19085 | CPT | | | | outpatient | | | 6377 | | 2132.36 | United | CommercialPPO | 2493 | | | | 169.15 | 6058.15 | case rate | |
| HC BX BREAST W/MR GUIDANCE AND C | 19085 | CPT | | | | outpatient | | | 6377 | | 2132.36 | Americare | Americare | 4782.75 | 75 | | | 169.15 | 6058.15 | percent of total billed charges | |
| HC BX BREAST W/MR GUIDANCE AND C | 19085 | CPT | | | | outpatient | | | 6377 | | 2132.36 | WellPoint | WellPoint | 2052.12 | 32.18 | | | 169.15 | 6058.15 | percent of total billed charges | |
| HC BX BREAST W/MR GUIDANCE AND C | 19085 | CPT | | | | outpatient | | | 6377 | | 2132.36 | Managed Care Inc | Managed Care Inc | 5739.3 | 90 | | | 169.15 | 6058.15 | percent of total billed charges | |
| HC BX BREAST W/MR GUIDANCE AND C | 19085 | CPT | | | | outpatient | | | 6377 | | 2132.36 | Wellcare | Medicaid | 2011.94 | 31.55 | | | 169.15 | 6058.15 | percent of total billed charges | |
| HC BX BREAST W/MR GUIDANCE AND C | 19085 | CPT | | | | outpatient | | | 6377 | | 2132.36 | Horizon | MGD | 3587.94 | | | | 169.15 | 6058.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC BX BREAST W/MR GUIDANCE AND C | 19085 | CPT | | | | outpatient | | | 6377 | 2132.36 | Multiplan | | 5101.6 | 80 | | | 169.15 | 6058.15 | percent of total billed charges | |
| HC BX BREAST W/MR GUIDANCE AND C | 19085 | CPT | | | | outpatient | | | 6377 | 2132.36 | Three Rivers | Three Rivers | 6058.15 | 95 | | | 169.15 | 6058.15 | percent of total billed charges | |
| HC BX BREAST W/MR GUIDANCE AND C | 19085 | CPT | | | | outpatient | | | 6377 | 2132.36 | United | Oxford | 2493 | | | | 169.15 | 6058.15 | case rate | |
| HC BX BREAST W/MR GUIDANCE AND C | 19085 | CPT | | | | outpatient | | | 6377 | 2132.36 | Qualcare | Qualcare | 4782.75 | 75 | | | 169.15 | 6058.15 | percent of total billed charges | |
| HC BX BREAST W/MR GUIDANCE AND C | 19085 | CPT | | | | outpatient | | | 6377 | 2132.36 | Wellcare | Medicare | 1854.23 | | | | 169.15 | 6058.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MR GUID BREAST BX W LOC & SPECIMEN IMG EA ADDL LESION | 19086 | CPT | | | | outpatient | | | 3192 | | Qualcare | Qualcare | 2394 | 75 | | | 75.28 | 3032.4 | percent of total billed charges | |
| HC MR GUID BREAST BX W LOC & SPECIMEN IMG EA ADDL LESION | 19086 | CPT | | | | outpatient | | | 3192 | | Aetna | Medicare | 983.14 | 30.8 | | | 75.28 | 3032.4 | percent of total billed charges | |
| HC MR GUID BREAST BX W LOC & SPECIMEN IMG EA ADDL LESION | 19086 | CPT | | | | outpatient | | | 3192 | | Consumer | Consumer | 3032.4 | 95 | | | 75.28 | 3032.4 | percent of total billed charges | |
| HC MR GUID BREAST BX W LOC & SPECIMEN IMG EA ADDL LESION | 19086 | CPT | | | | outpatient | | | 3192 | | First Trenton | First Trenton | 2872.8 | 90 | | | 75.28 | 3032.4 | percent of total billed charges | |
| HC MR GUID BREAST BX W LOC & SPECIMEN IMG EA ADDL LESION | 19086 | CPT | | | | outpatient | | | 3192 | | First Health | First Health | 2234.4 | 70 | | | 75.28 | 3032.4 | percent of total billed charges | |
| HC MR GUID BREAST BX W LOC & SPECIMEN IMG EA ADDL LESION | 19086 | CPT | | | | outpatient | | | 3192 | | Americare | Americare | 2394 | 75 | | | 75.28 | 3032.4 | percent of total billed charges | |
| HC MR GUID BREAST BX W LOC & SPECIMEN IMG EA ADDL LESION | 19086 | CPT | | | | outpatient | | | 3192 | | Aetna | Better Health | 1007.08 | 31.55 | | | 75.28 | 3032.4 | percent of total billed charges | |
| HC MR GUID BREAST BX W LOC & SPECIMEN IMG EA ADDL LESION | 19086 | CPT | | | | outpatient | | | 3192 | | Horizon | Indemnity | 1221.9 | 38.28 | | | 75.28 | 3032.4 | percent of total billed charges | |
| HC MR GUID BREAST BX W LOC & SPECIMEN IMG EA ADDL LESION | 19086 | CPT | | | | outpatient | | | 3192 | | UHC | Medicaid | 1007.08 | 31.55 | | | 75.28 | 3032.4 | percent of total billed charges | |
| HC MR GUID BREAST BX W LOC & SPECIMEN IMG EA ADDL LESION | 19086 | CPT | | | | outpatient | | | 3192 | | Horizon | MGD | 1221.9 | 38.28 | | | 75.28 | 3032.4 | percent of total billed charges | |
| HC MR GUID BREAST BX W LOC & SPECIMEN IMG EA ADDL LESION | 19086 | CPT | | | | outpatient | | | 3192 | | Corrections | Corrections | 2553.6 | 80 | | | 75.28 | 3032.4 | percent of total billed charges | |
| HC MR GUID BREAST BX W LOC & SPECIMEN IMG EA ADDL LESION | 19086 | CPT | | | | outpatient | | | 3192 | | Horizon | Medicare Blue | 957.6 | 30 | | | 75.28 | 3032.4 | percent of total billed charges | |
| HC MR GUID BREAST BX W LOC & SPECIMEN IMG EA ADDL LESION | 19086 | CPT | | | | outpatient | | | 3192 | | Multiplan | Multiplan | 2553.6 | 80 | | | 75.28 | 3032.4 | percent of total billed charges | |
| HC MR GUID BREAST BX W LOC & SPECIMEN IMG EA ADDL LESION | 19086 | CPT | | | | outpatient | | | 3192 | | Amerihealth | HMO/PPO | 550 | | | | 75.28 | 3032.4 | fee schedule | |
| HC MR GUID BREAST BX W LOC & SPECIMEN IMG EA ADDL LESION | 19086 | CPT | | | | outpatient | | | 3192 | | WellPoint | WellPoint | 1027.19 | 32.18 | | | 75.28 | 3032.4 | percent of total billed charges | |
| HC MR GUID BREAST BX W LOC & SPECIMEN IMG EA ADDL LESION | 19086 | CPT | | | | outpatient | | | 3192 | | Horizon | PPO | 1221.9 | 38.28 | | | 75.28 | 3032.4 | percent of total billed charges | |
| HC MR GUID BREAST BX W LOC & SPECIMEN IMG EA ADDL LESION | 19086 | CPT | | | | outpatient | | | 3192 | | Three Rivers | Three Rivers | 3032.4 | 95 | | | 75.28 | 3032.4 | percent of total billed charges | |
| HC MR GUID BREAST BX W LOC & SPECIMEN IMG EA ADDL LESION | 19086 | CPT | | | | outpatient | | | 3192 | | Managed Care Inc | Managed Care Inc | 2872.8 | 90 | | | 75.28 | 3032.4 | percent of total billed charges | |
| HC MR GUID BREAST BX W LOC & SPECIMEN IMG EA ADDL LESION | 19086 | CPT | | | | outpatient | | | 3192 | | Horizon | NJ Health | 75.28 | | | | 75.28 | 3032.4 | fee schedule | |
| HC MR GUID BREAST BX W LOC & SPECIMEN IMG EA ADDL LESION | 19086 | CPT | | | | outpatient | | | 3192 | | United | Oxford | 1782 | | | | 75.28 | 3032.4 | case rate | |
| HC MR GUID BREAST BX W LOC & SPECIMEN IMG EA ADDL LESION | 19086 | CPT | | | | outpatient | | | 3192 | | United | CommercialPPO | 1782 | | | | 75.28 | 3032.4 | case rate | |
| HC MR GUID BREAST BX W LOC & SPECIMEN IMG EA ADDL LESION | 19086 | CPT | | | | outpatient | | | 3192 | | Wellcare | Medicaid | 1007.08 | 31.55 | | | 75.28 | 3032.4 | percent of total billed charges | |
| HC BREAST BIOPSY NEEDLE | 19100 | CPT | | | | outpatient | | | 5653 | 2132.36 | Aetna | Better Health | 1783.52 | 31.55 | | | 96.47 | 5370.35 | percent of total billed charges | |
| HC BREAST BIOPSY NEEDLE | 19100 | CPT | | | | outpatient | | | 5653 | 2132.36 | First Health | First Health | 3957.1 | 70 | | | 96.47 | 5370.35 | percent of total billed charges | |
| HC BREAST BIOPSY NEEDLE | 19100 | CPT | | | | outpatient | | | 5653 | 2132.36 | Aetna | Commercial | 3026.1 | | | | 96.47 | 5370.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BREAST BIOPSY NEEDLE | 19100 | CPT | | | | outpatient | | | 5653 | 2132.36 | Americare | Americare | 4239.75 | 75 | | | 96.47 | 5370.35 | percent of total billed charges | |
| HC BREAST BIOPSY NEEDLE | 19100 | CPT | | | | outpatient | | | 5653 | 2132.36 | Wellcare | Medicare | 1854.23 | | | | 96.47 | 5370.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BREAST BIOPSY NEEDLE | 19100 | CPT | | | | outpatient | | | 5653 | 2132.36 | Horizon | Indemnity | 3587.94 | | | | 96.47 | 5370.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BREAST BIOPSY NEEDLE | 19100 | CPT | | | | outpatient | | | 5653 | 2132.36 | Corrections | Corrections | 4522.4 | 80 | | | 96.47 | 5370.35 | percent of total billed charges | |
| HC BREAST BIOPSY NEEDLE | 19100 | CPT | | | | outpatient | | | 5653 | 2132.36 | Aetna | Medicare | 1854.23 | | | | 96.47 | 5370.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BREAST BIOPSY NEEDLE | 19100 | CPT | | | | outpatient | | | 5653 | 2132.36 | Consumer | Consumer | 5370.35 | 95 | | | 96.47 | 5370.35 | percent of total billed charges | |
| HC BREAST BIOPSY NEEDLE | 19100 | CPT | | | | outpatient | | | 5653 | 2132.36 | Horizon | Medicare Blue | 1854.23 | | | | 96.47 | 5370.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BREAST BIOPSY NEEDLE | 19100 | CPT | | | | outpatient | | | 5653 | 2132.36 | Multiplan | Multiplan | 4522.4 | 80 | | | 96.47 | 5370.35 | percent of total billed charges | |
| HC BREAST BIOPSY NEEDLE | 19100 | CPT | | | | outpatient | | | 5653 | 2132.36 | Amerihealth | HMO/PPO | 300 | | | | 96.47 | 5370.35 | fee schedule | |
| HC BREAST BIOPSY NEEDLE | 19100 | CPT | | | | outpatient | | | 5653 | 2132.36 | United | Oxford | 2493 | | | | 96.47 | 5370.35 | case rate | |
| HC BREAST BIOPSY NEEDLE | 19100 | CPT | | | | outpatient | | | 5653 | 2132.36 | Horizon | PPO | 3587.94 | | | | 96.47 | 5370.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BREAST BIOPSY NEEDLE | 19100 | CPT | | | | outpatient | | | 5653 | 2132.36 | Qualcare | Qualcare | 4239.75 | 75 | | | 96.47 | 5370.35 | percent of total billed charges | |
| HC BREAST BIOPSY NEEDLE | 19100 | CPT | | | | outpatient | | | 5653 | 2132.36 | First Trenton | First Trenton | 5087.7 | 90 | | | 96.47 | 5370.35 | percent of total billed charges | |
| HC BREAST BIOPSY NEEDLE | 19100 | CPT | | | | outpatient | | | 5653 | 2132.36 | Wellcare | Medicaid | 1783.52 | 31.55 | | | 96.47 | 5370.35 | percent of total billed charges | |
| HC BREAST BIOPSY NEEDLE | 19100 | CPT | | | | outpatient | | | 5653 | 2132.36 | UHC | Medicare | 1854.23 | | | | 96.47 | 5370.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BREAST BIOPSY NEEDLE | 19100 | CPT | | | | outpatient | | | 5653 | 2132.36 | Horizon | MGD | 3587.94 | | | | 96.47 | 5370.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BREAST BIOPSY NEEDLE | 19100 | CPT | | | | outpatient | | | 5653 | 2132.36 | UHC | Medicaid | 1783.52 | 31.55 | | | 96.47 | 5370.35 | percent of total billed charges | |
| HC BREAST BIOPSY NEEDLE | 19100 | CPT | | | | outpatient | | | 5653 | 2132.36 | Horizon | NJ Health | 96.47 | | | | 96.47 | 5370.35 | fee schedule | |
| HC BREAST BIOPSY NEEDLE | 19100 | CPT | | | | outpatient | | | 5653 | 2132.36 | United | CommercialPPO | 2493 | | | | 96.47 | 5370.35 | case rate | |
| HC BREAST BIOPSY NEEDLE | 19100 | CPT | | | | outpatient | | | 5653 | 2132.36 | Managed Care Inc | Managed Care Inc | 5087.7 | 90 | | | 96.47 | 5370.35 | percent of total billed charges | |
| HC BREAST BIOPSY NEEDLE | 19100 | CPT | | | | outpatient | | | 5653 | 2132.36 | WellPoint | WellPoint | 1819.14 | 32.18 | | | 96.47 | 5370.35 | percent of total billed charges | |
| HC BREAST BIOPSY NEEDLE | 19100 | CPT | | | | outpatient | | | 5653 | 2132.36 | Three Rivers | Three Rivers | 5370.35 | 95 | | | 96.47 | 5370.35 | percent of total billed charges | |
| HC EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION | 19120 | CPT | | | | outpatient | | | 12524 | 5013.29 | Aetna | Commercial | 7114.51 | | | | 469.3 | 11897.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION | 19120 | CPT | | | | outpatient | | | 12524 | 5013.29 | Aetna | Better Health | 3961.32 | 31.55 | | | 469.3 | 11897.8 | percent of total billed charges | |
| HC EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION | 19120 | CPT | | | | outpatient | | | 12524 | 5013.29 | Americare | Americare | 9393 | 75 | | | 469.3 | 11897.8 | percent of total billed charges | |
| HC EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION | 19120 | CPT | | | | outpatient | | | 12524 | 5013.29 | Horizon | Medicare Blue | 4359.38 | | | | 469.3 | 11897.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION | 19120 | CPT | | | | outpatient | | | 12524 | 5013.29 | Corrections | Corrections | 10019.2 | 80 | | | 469.3 | 11897.8 | percent of total billed charges | |
| HC EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION | 19120 | CPT | | | | outpatient | | | 12524 | 5013.29 | Aetna | Medicare | 4359.38 | | | | 469.3 | 11897.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION | 19120 | CPT | | | | outpatient | | | 12524 | 5013.29 | First Trenton | First Trenton | 11271.6 | 90 | | | 469.3 | 11897.8 | percent of total billed charges | |
| HC EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION | 19120 | CPT | | | | outpatient | | | 12524 | 5013.29 | Consumer | Consumer | 11897.8 | 95 | | | 469.3 | 11897.8 | percent of total billed charges | |
| HC EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION | 19120 | CPT | | | | outpatient | | | 12524 | 5013.29 | Multiplan | Multiplan | 10019.2 | 80 | | | 469.3 | 11897.8 | percent of total billed charges | |
| HC EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION | 19120 | CPT | | | | outpatient | | | 12524 | 5013.29 | Horizon | PPO | 8435.4 | | | | 469.3 | 11897.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION | 19120 | CPT | | | | outpatient | | | 12524 | 5013.29 | Amerihealth | HMO/PPO | 650 | | | | 469.3 | 11897.8 | fee schedule | |
| HC EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION | 19120 | CPT | | | | outpatient | | | 12524 | 5013.29 | Horizon | NJ Health | 469.3 | | | | 469.3 | 11897.8 | fee schedule | |
| HC EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION | 19120 | CPT | | | | outpatient | | | 12524 | 5013.29 | Qualcare | Qualcare | 9393 | 75 | | | 469.3 | 11897.8 | percent of total billed charges | |
| HC EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION | 19120 | CPT | | | | outpatient | | | 12524 | 5013.29 | First Health | First Health | 8766.8 | 70 | | | 469.3 | 11897.8 | percent of total billed charges | |
| HC EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION | 19120 | CPT | | | | outpatient | | | 12524 | 5013.29 | Managed Care Inc | Managed Care Inc | 11271.6 | 90 | | | 469.3 | 11897.8 | percent of total billed charges | |
| HC EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION | 19120 | CPT | | | | outpatient | | | 12524 | 5013.29 | United | Oxford | 2776 | | | | 469.3 | 11897.8 | case rate | |
| HC EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION | 19120 | CPT | | | | outpatient | | | 12524 | 5013.29 | Wellcare | Medicare | 4359.38 | | | | 469.3 | 11897.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION | 19120 | CPT | | | | outpatient | | | 12524 | 5013.29 | WellPoint | WellPoint | 4030.22 | 32.18 | | | 469.3 | 11897.8 | percent of total billed charges | |
| HC EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION | 19120 | CPT | | | | outpatient | | | 12524 | 5013.29 | Horizon | Indemnity | 8435.4 | | | | 469.3 | 11897.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION | 19120 | CPT | | | | outpatient | | | 12524 | 5013.29 | Wellcare | Medicaid | 3961.32 | 31.55 | | | 469.3 | 11897.8 | percent of total billed charges | |
| HC EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION | 19120 | CPT | | | | outpatient | | | 12524 | 5013.29 | Three Rivers | Three Rivers | 11897.8 | 95 | | | 469.3 | 11897.8 | percent of total billed charges | |
| HC EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION | 19120 | CPT | | | | outpatient | | | 12524 | 5013.29 | Horizon | MGD | 8435.4 | | | | 469.3 | 11897.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION | 19120 | CPT | | | | outpatient | | | 12524 | 5013.29 | UHC | Medicaid | 3961.32 | 31.55 | | | 469.3 | 11897.8 | percent of total billed charges | |
| HC EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION | 19120 | CPT | | | | outpatient | | | 12524 | 5013.29 | UHC | Medicare | 4359.38 | | | | 469.3 | 11897.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION | 19120 | CPT | | | | outpatient | | | 12524 | 5013.29 | United | CommercialPPO | 2776 | | | | 469.3 | 11897.8 | case rate | |
| HC MAMMO GUID NEEDLE LOC 1ST LESI | 19281 | CPT | | | | both | | | 5464 | 2132.36 | Aetna | Commercial | 3026.1 | | | | 86.55 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MAMMO GUID NEEDLE LOC 1ST LESI | 19281 | CPT | | | | both | | | 5464 | 2132.36 | Three Rivers | Three Rivers | 5190.8 | 95 | | | 86.55 | 5190.8 | percent of total billed charges | |
| HC MAMMO GUID NEEDLE LOC 1ST LESI | 19281 | CPT | | | | both | | | 5464 | 2132.36 | Consumer | Consumer | 5190.8 | 95 | | | 86.55 | 5190.8 | percent of total billed charges | |
| HC MAMMO GUID NEEDLE LOC 1ST LESI | 19281 | CPT | | | | both | | | 5464 | 2132.36 | First Health | First Health | 3824.8 | 70 | | | 86.55 | 5190.8 | percent of total billed charges | |
| HC MAMMO GUID NEEDLE LOC 1ST LESI | 19281 | CPT | | | | both | | | 5464 | 2132.36 | Horizon | MGD | 3587.94 | | | 2304 | 86.55 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MAMMO GUID NEEDLE LOC 1ST LESI | 19281 | CPT | | | | both | | | 5464 | 2132.36 | Corrections | Corrections | 4371.2 | 80 | | | 86.55 | 5190.8 | percent of total billed charges | |
| HC MAMMO GUID NEEDLE LOC 1ST LESI | 19281 | CPT | | | | both | | | 5464 | 2132.36 | Horizon | PPO | 3587.94 | | | | 86.55 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MAMMO GUID NEEDLE LOC 1ST LESI | 19281 | CPT | | | | both | | | 5464 | 2132.36 | Aetna | Better Health | 1723.89 | 31.55 | | | 86.55 | 5190.8 | percent of total billed charges | |
| HC MAMMO GUID NEEDLE LOC 1ST LESI | 19281 | CPT | | | | both | | | 5464 | 2132.36 | Aetna | Medicare | 1854.23 | | | | 86.55 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MAMMO GUID NEEDLE LOC 1ST LESI | 19281 | CPT | | | | both | | | 5464 | 2132.36 | UHC | Medicaid | 1723.89 | 31.55 | | | 86.55 | 5190.8 | percent of total billed charges | |
| HC MAMMO GUID NEEDLE LOC 1ST LESI | 19281 | CPT | | | | both | | | 5464 | 2132.36 | Americare | Americare | 4098 | 75 | | | 86.55 | 5190.8 | percent of total billed charges | |
| HC MAMMO GUID NEEDLE LOC 1ST LESI | 19281 | CPT | | | | both | | | 5464 | 2132.36 | Multiplan | Multiplan | 4371.2 | 80 | | | 86.55 | 5190.8 | percent of total billed charges | |
| HC MAMMO GUID NEEDLE LOC 1ST LESI | 19281 | CPT | | | | both | | | 5464 | 2132.36 | Amerihealth | HMO/PPO | 550 | | | | 86.55 | 5190.8 | fee schedule | |
| HC MAMMO GUID NEEDLE LOC 1ST LESI | 19281 | CPT | | | | both | | | 5464 | 2132.36 | First Trenton | First Trenton | 4917.6 | 90 | | | 86.55 | 5190.8 | percent of total billed charges | |
| HC MAMMO GUID NEEDLE LOC 1ST LESI | 19281 | CPT | | | | both | | | 5464 | 2132.36 | UHC | Medicare | 1854.23 | | | | 86.55 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MAMMO GUID NEEDLE LOC 1ST LESI | 19281 | CPT | | | | both | | | 5464 | 2132.36 | Qualcare | Qualcare | 4098 | 75 | | | 86.55 | 5190.8 | percent of total billed charges | |
| HC MAMMO GUID NEEDLE LOC 1ST LESI | 19281 | CPT | | | | both | | | 5464 | 2132.36 | Wellcare | Medicare | 1854.23 | | | 1100.58 | 86.55 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MAMMO GUID NEEDLE LOC 1ST LESI | 19281 | CPT | | | | both | | | 5464 | 2132.36 | United | CommercialPPO | 2493 | | | | 86.55 | 5190.8 | case rate | |
| HC MAMMO GUID NEEDLE LOC 1ST LESI | 19281 | CPT | | | | both | | | 5464 | 2132.36 | Wellcare | Medicaid | 1723.89 | 31.55 | | | 86.55 | 5190.8 | percent of total billed charges | |
| HC MAMMO GUID NEEDLE LOC 1ST LESI | 19281 | CPT | | | | both | | | 5464 | 2132.36 | Horizon | Indemnity | 3587.94 | | | | 86.55 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MAMMO GUID NEEDLE LOC 1ST LESI | 19281 | CPT | | | | both | | | 5464 | 2132.36 | WellPoint | WellPoint | 1758.32 | 32.18 | | | 86.55 | 5190.8 | percent of total billed charges | |
| HC MAMMO GUID NEEDLE LOC 1ST LESI | 19281 | CPT | | | | both | | | 5464 | 2132.36 | United | Oxford | 2493 | | | | 86.55 | 5190.8 | case rate | |
| HC MAMMO GUID NEEDLE LOC 1ST LESI | 19281 | CPT | | | | both | | | 5464 | 2132.36 | Horizon | Medicare Blue | 1854.23 | | | | 86.55 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MAMMO GUID NEEDLE LOC 1ST LESI | 19281 | CPT | | | | both | | | 5464 | 2132.36 | Horizon | NJ Health | 86.55 | | | | 86.55 | 5190.8 | fee schedule | |
| HC MAMMO GUID NEEDLE LOC 1ST LESI | 19281 | CPT | | | | both | | | 5464 | 2132.36 | Managed Care Inc | Managed Care Inc | 4917.6 | 90 | | | 86.55 | 5190.8 | percent of total billed charges | |
| HC MAMMO GUID NEEDLE LOC EA ADDL LESION | 19282 | CPT | | | | outpatient | | | 477 | | Aetna | Better Health | 150.49 | 31.55 | | | 41.34 | 1782 | percent of total billed charges | |
| HC MAMMO GUID NEEDLE LOC EA ADDL LESION | 19282 | CPT | | | | outpatient | | | 477 | | Horizon | MGD | 182.6 | 38.28 | | | 41.34 | 1782 | percent of total billed charges | |
| HC MAMMO GUID NEEDLE LOC EA ADDL LESION | 19282 | CPT | | | | outpatient | | | 477 | | Aetna | Medicare | 146.92 | 30.8 | | | 41.34 | 1782 | percent of total billed charges | |
| HC MAMMO GUID NEEDLE LOC EA ADDL LESION | 19282 | CPT | | | | outpatient | | | 477 | | Amerihealth | HMO/PPO | 300 | | | | 41.34 | 1782 | fee schedule | |
| HC MAMMO GUID NEEDLE LOC EA ADDL LESION | 19282 | CPT | | | | outpatient | | | 477 | | Horizon | Medicare Blue | 143.1 | 30 | | | 41.34 | 1782 | percent of total billed charges | |
| HC MAMMO GUID NEEDLE LOC EA ADDL LESION | 19282 | CPT | | | | outpatient | | | 477 | | Americare | Americare | 357.75 | 75 | | | 41.34 | 1782 | percent of total billed charges | |
| HC MAMMO GUID NEEDLE LOC EA ADDL LESION | 19282 | CPT | | | | outpatient | | | 477 | | Consumer | Consumer | 453.15 | 95 | | | 41.34 | 1782 | percent of total billed charges | |
| HC MAMMO GUID NEEDLE LOC EA ADDL LESION | 19282 | CPT | | | | outpatient | | | 477 | | Wellcare | Medicaid | 150.49 | 31.55 | | | 41.34 | 1782 | percent of total billed charges | |
| HC MAMMO GUID NEEDLE LOC EA ADDL LESION | 19282 | CPT | | | | outpatient | | | 477 | | Horizon | Indemnity | 182.6 | 38.28 | | | 41.34 | 1782 | percent of total billed charges | |
| HC MAMMO GUID NEEDLE LOC EA ADDL LESION | 19282 | CPT | | | | outpatient | | | 477 | | UHC | Medicaid | 150.49 | 31.55 | | | 41.34 | 1782 | percent of total billed charges | |
| HC MAMMO GUID NEEDLE LOC EA ADDL LESION | 19282 | CPT | | | | outpatient | | | 477 | | First Health | First Health | 333.9 | 70 | | | 41.34 | 1782 | percent of total billed charges | |
| HC MAMMO GUID NEEDLE LOC EA ADDL LESION | 19282 | CPT | | | | outpatient | | | 477 | | United | Oxford | 1782 | | | | 41.34 | 1782 | case rate | |
| HC MAMMO GUID NEEDLE LOC EA ADDL LESION | 19282 | CPT | | | | outpatient | | | 477 | | Multiplan | Multiplan | 381.6 | 80 | | | 41.34 | 1782 | percent of total billed charges | |
| HC MAMMO GUID NEEDLE LOC EA ADDL LESION | 19282 | CPT | | | | outpatient | | | 477 | | Corrections | Corrections | 381.6 | 80 | | | 41.34 | 1782 | percent of total billed charges | |
| HC MAMMO GUID NEEDLE LOC EA ADDL LESION | 19282 | CPT | | | | outpatient | | | 477 | | Qualcare | Qualcare | 357.75 | 75 | | | 41.34 | 1782 | percent of total billed charges | |
| HC MAMMO GUID NEEDLE LOC EA ADDL LESION | 19282 | CPT | | | | outpatient | | | 477 | | First Trenton | First Trenton | 429.3 | 90 | | | 41.34 | 1782 | percent of total billed charges | |
| HC MAMMO GUID NEEDLE LOC EA ADDL LESION | 19282 | CPT | | | | outpatient | | | 477 | | United | CommercialPPO | 1782 | | | | 41.34 | 1782 | case rate | |
| HC MAMMO GUID NEEDLE LOC EA ADDL LESION | 19282 | CPT | | | | outpatient | | | 477 | | Horizon | NJ Health | 41.34 | | | | 41.34 | 1782 | fee schedule | |
| HC MAMMO GUID NEEDLE LOC EA ADDL LESION | 19282 | CPT | | | | outpatient | | | 477 | | WellPoint | WellPoint | 153.5 | 32.18 | | | 41.34 | 1782 | percent of total billed charges | |
| HC MAMMO GUID NEEDLE LOC EA ADDL LESION | 19282 | CPT | | | | outpatient | | | 477 | | Horizon | PPO | 182.6 | 38.28 | | | 41.34 | 1782 | percent of total billed charges | |
| HC MAMMO GUID NEEDLE LOC EA ADDL LESION | 19282 | CPT | | | | outpatient | | | 477 | | Managed Care Inc | Managed Care Inc | 429.3 | 90 | | | 41.34 | 1782 | percent of total billed charges | |
| HC MAMMO GUID NEEDLE LOC EA ADDL LESION | 19282 | CPT | | | | outpatient | | | 477 | | Three Rivers | Three Rivers | 453.15 | 95 | | | 41.34 | 1782 | percent of total billed charges | |
| HC STEREOTACTIC GUID NEEDLE LOC 1ST LESION | 19283 | CPT | | | | outpatient | | | 2374 | 925.36 | First Health | First Health | 1661.8 | 70 | | | 87.51 | 2255.3 | percent of total billed charges | |
| HC STEREOTACTIC GUID NEEDLE LOC 1ST LESION | 19283 | CPT | | | | outpatient | | | 2374 | 925.36 | UHC | Medicare | 804.66 | | | | 87.51 | 2255.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STEREOTACTIC GUID NEEDLE LOC 1ST LESION | 19283 | CPT | | | | outpatient | | | 2374 | 925.36 | Amerihealth | HMO/PPO | 550 | | | | 87.51 | 2255.3 | fee schedule | |
| HC STEREOTACTIC GUID NEEDLE LOC 1ST LESION | 19283 | CPT | | | | outpatient | | | 2374 | 925.36 | Aetna | Better Health | 749 | 31.55 | | | 87.51 | 2255.3 | percent of total billed charges | |
| HC STEREOTACTIC GUID NEEDLE LOC 1ST LESION | 19283 | CPT | | | | outpatient | | | 2374 | 925.36 | Horizon | Indemnity | 1557.02 | | | | 87.51 | 2255.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STEREOTACTIC GUID NEEDLE LOC 1ST LESION | 19283 | CPT | | | | outpatient | | | 2374 | 925.36 | Aetna | Commercial | 1313.21 | | | | 87.51 | 2255.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STEREOTACTIC GUID NEEDLE LOC 1ST LESION | 19283 | CPT | | | | outpatient | | | 2374 | 925.36 | Aetna | Medicare | 804.66 | | | | 87.51 | 2255.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STEREOTACTIC GUID NEEDLE LOC 1ST LESION | 19283 | CPT | | | | outpatient | | | 2374 | 925.36 | Corrections | Corrections | 1899.2 | 80 | | | 87.51 | 2255.3 | percent of total billed charges | |
| HC STEREOTACTIC GUID NEEDLE LOC 1ST LESION | 19283 | CPT | | | | outpatient | | | 2374 | 925.36 | Horizon | Medicare Blue | 804.66 | | | | 87.51 | 2255.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STEREOTACTIC GUID NEEDLE LOC 1ST LESION | 19283 | CPT | | | | outpatient | | | 2374 | 925.36 | Americare | Americare | 1780.5 | 75 | | | 87.51 | 2255.3 | percent of total billed charges | |
| HC STEREOTACTIC GUID NEEDLE LOC 1ST LESION | 19283 | CPT | | | | outpatient | | | 2374 | 925.36 | First Trenton | First Trenton | 2136.6 | 90 | | | 87.51 | 2255.3 | percent of total billed charges | |
| HC STEREOTACTIC GUID NEEDLE LOC 1ST LESION | 19283 | CPT | | | | outpatient | | | 2374 | 925.36 | Consumer | Consumer | 2255.3 | 95 | | | 87.51 | 2255.3 | percent of total billed charges | |
| HC STEREOTACTIC GUID NEEDLE LOC 1ST LESION | 19283 | CPT | | | | outpatient | | | 2374 | 925.36 | Horizon | PPO | 1557.02 | | | | 87.51 | 2255.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STEREOTACTIC GUID NEEDLE LOC 1ST LESION | 19283 | CPT | | | | outpatient | | | 2374 | 925.36 | Multiplan | Multiplan | 1899.2 | 80 | | | 87.51 | 2255.3 | percent of total billed charges | |
| HC STEREOTACTIC GUID NEEDLE LOC 1ST LESION | 19283 | CPT | | | | outpatient | | | 2374 | 925.36 | Horizon | MGD | 1557.02 | | | | 87.51 | 2255.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STEREOTACTIC GUID NEEDLE LOC 1ST LESION | 19283 | CPT | | | | outpatient | | | 2374 | 925.36 | Wellcare | Medicare | 804.66 | | | | 87.51 | 2255.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STEREOTACTIC GUID NEEDLE LOC 1ST LESION | 19283 | CPT | | | | outpatient | | | 2374 | 925.36 | UHC | Medicaid | 749 | 31.55 | | | 87.51 | 2255.3 | percent of total billed charges | |
| HC STEREOTACTIC GUID NEEDLE LOC 1ST LESION | 19283 | CPT | | | | outpatient | | | 2374 | 925.36 | Qualcare | Qualcare | 1780.5 | 75 | | | 87.51 | 2255.3 | percent of total billed charges | |
| HC STEREOTACTIC GUID NEEDLE LOC 1ST LESION | 19283 | CPT | | | | outpatient | | | 2374 | 925.36 | Managed Care Inc | Managed Care Inc | 2136.6 | 90 | | | 87.51 | 2255.3 

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC STEREOTACTIC GUID NEEDLE LOC 1ST LESION | 19283 | CPT | | | | outpatient | | | 2374 | 925.36 | Wellcare | Medicaid | 749 | 31.55 | | | 87.51 | 2255.3 | percent of total billed charges | |
| HC STEREOTACTIC GUID NEEDLE LOC EA ADDL LESION | 19284 | CPT | | | | outpatient | | | 477 | | Horizon | Indemnity | 182.6 | 38.28 | | | 41.65 | 1782 | percent of total billed charges | |
| HC STEREOTACTIC GUID NEEDLE LOC EA ADDL LESION | 19284 | CPT | | | | outpatient | | | 477 | | WellPoint | WellPoint | 153.5 | 32.18 | | | 41.65 | 1782 | percent of total billed charges | |
| HC STEREOTACTIC GUID NEEDLE LOC EA ADDL LESION | 19284 | CPT | | | | outpatient | | | 477 | | First Trenton | First Trenton | 429.3 | 90 | | | 41.65 | 1782 | percent of total billed charges | |
| HC STEREOTACTIC GUID NEEDLE LOC EA ADDL LESION | 19284 | CPT | | | | outpatient | | | 477 | | First Health | First Health | 333.9 | 70 | | | 41.65 | 1782 | percent of total billed charges | |
| HC STEREOTACTIC GUID NEEDLE LOC EA ADDL LESION | 19284 | CPT | | | | outpatient | | | 477 | | Americare | Americare | 357.75 | 75 | | | 41.65 | 1782 | percent of total billed charges | |
| HC STEREOTACTIC GUID NEEDLE LOC EA ADDL LESION | 19284 | CPT | | | | outpatient | | | 477 | | Aetna | Better Health | 150.49 | 31.55 | | | 41.65 | 1782 | percent of total billed charges | |
| HC STEREOTACTIC GUID NEEDLE LOC EA ADDL LESION | 19284 | CPT | | | | outpatient | | | 477 | | Aetna | Medicare | 146.92 | 30.8 | | | 41.65 | 1782 | percent of total billed charges | |
| HC STEREOTACTIC GUID NEEDLE LOC EA ADDL LESION | 19284 | CPT | | | | outpatient | | | 477 | | Multiplan | Multiplan | 381.6 | 80 | | | 41.65 | 1782 | percent of total billed charges | |
| HC STEREOTACTIC GUID NEEDLE LOC EA ADDL LESION | 19284 | CPT | | | | outpatient | | | 477 | | Horizon | PPO | 182.6 | 38.28 | | | 41.65 | 1782 | percent of total billed charges | |
| HC STEREOTACTIC GUID NEEDLE LOC EA ADDL LESION | 19284 | CPT | | | | outpatient | | | 477 | | Consumer | Consumer | 453.15 | 95 | | | 41.65 | 1782 | percent of total billed charges | |
| HC STEREOTACTIC GUID NEEDLE LOC EA ADDL LESION | 19284 | CPT | | | | outpatient | | | 477 | | Horizon | Medicare Blue | 143.1 | 30 | | | 41.65 | 1782 | percent of total billed charges | |
| HC STEREOTACTIC GUID NEEDLE LOC EA ADDL LESION | 19284 | CPT | | | | outpatient | | | 477 | | Three Rivers | Three Rivers | 453.15 | 95 | | | 41.65 | 1782 | percent of total billed charges | |
| HC STEREOTACTIC GUID NEEDLE LOC EA ADDL LESION | 19284 | CPT | | | | outpatient | | | 477 | | Amerihealth | HMO/PPO | 300 | | | | 41.65 | 1782 | fee schedule | |
| HC STEREOTACTIC GUID NEEDLE LOC EA ADDL LESION | 19284 | CPT | | | | outpatient | | | 477 | | Corrections | Corrections | 381.6 | 80 | | | 41.65 | 1782 | percent of total billed charges | |
| HC STEREOTACTIC GUID NEEDLE LOC EA ADDL LESION | 19284 | CPT | | | | outpatient | | | 477 | | Horizon | MGD | 182.6 | 38.28 | | | 41.65 | 1782 | percent of total billed charges | |
| HC STEREOTACTIC GUID NEEDLE LOC EA ADDL LESION | 19284 | CPT | | | | outpatient | | | 477 | | Wellcare | Medicaid | 150.49 | 31.55 | | | 41.65 | 1782 | percent of total billed charges | |
| HC STEREOTACTIC GUID NEEDLE LOC EA ADDL LESION | 19284 | CPT | | | | outpatient | | | 477 | | Managed Care Inc | Managed Care Inc | 429.3 | 90 | | | 41.65 | 1782 | percent of total billed charges | |
| HC STEREOTACTIC GUID NEEDLE LOC EA ADDL LESION | 19284 | CPT | | | | outpatient | | | 477 | | Horizon | NJ Health | 41.65 | | | | 41.65 | 1782 | fee schedule | |
| HC STEREOTACTIC GUID NEEDLE LOC EA ADDL LESION | 19284 | CPT | | | | outpatient | | | 477 | | Qualcare | Qualcare | 357.75 | 75 | | | 41.65 | 1782 | percent of total billed charges | |
| HC STEREOTACTIC GUID NEEDLE LOC EA ADDL LESION | 19284 | CPT | | | | outpatient | | | 477 | | United | Oxford | 1782 | | | | 41.65 | 1782 | case rate | |
| HC STEREOTACTIC GUID NEEDLE LOC EA ADDL LESION | 19284 | CPT | | | | outpatient | | | 477 | | UHC | Medicaid | 150.49 | 31.55 | | | 41.65 | 1782 | percent of total billed charges | |
| HC STEREOTACTIC GUID NEEDLE LOC EA ADDL LESION | 19284 | CPT | | | | outpatient | | | 477 | | United | Commercial\|PPO | 1782 | | | | 41.65 | 1782 | case rate | |
| HC US GUID NEEDLE LOC 1ST LESION | 19285 | CPT | | | | outpatient | | | 2374 | 925.36 | Aetna | Commercial | 1313.21 | | | | 74.21 | 2255.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US GUID NEEDLE LOC 1ST LESION | 19285 | CPT | | | | outpatient | | | 2374 | 925.36 | Aetna | Better Health | 749 | 31.55 | | | 74.21 | 2255.3 | percent of total billed charges | |
| HC US GUID NEEDLE LOC 1ST LESION | 19285 | CPT | | | | outpatient | | | 2374 | 925.36 | Aetna | Medicare | 804.66 | | | | 74.21 | 2255.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US GUID NEEDLE LOC 1ST LESION | 19285 | CPT | | | | outpatient | | | 2374 | 925.36 | Horizon | Medicare Blue | 804.66 | | | | 74.21 | 2255.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US GUID NEEDLE LOC 1ST LESION | 19285 | CPT | | | | outpatient | | | 2374 | 925.36 | UHC | Medicare | 804.66 | | | | 74.21 | 2255.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US GUID NEEDLE LOC 1ST LESION | 19285 | CPT | | | | outpatient | | | 2374 | 925.36 | Consumer | Consumer | 2255.3 | 95 | | | 74.21 | 2255.3 | percent of total billed charges | |
| HC US GUID NEEDLE LOC 1ST LESION | 19285 | CPT | | | | outpatient | | | 2374 | 925.36 | Americare | Americare | 1780.5 | 75 | | | 74.21 | 2255.3 | percent of total billed charges | |
| HC US GUID NEEDLE LOC 1ST LESION | 19285 | CPT | | | | outpatient | | | 2374 | 925.36 | Horizon | Indemnity | 1557.02 | | | | 74.21 | 2255.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US GUID NEEDLE LOC 1ST LESION | 19285 | CPT | | | | outpatient | | | 2374 | 925.36 | Multiplan | Multiplan | 1899.2 | 80 | | | 74.21 | 2255.3 | percent of total billed charges | |
| HC US GUID NEEDLE LOC 1ST LESION | 19285 | CPT | | | | outpatient | | | 2374 | 925.36 | First Health | First Health | 1661.8 | 70 | | | 74.21 | 2255.3 | percent of total billed charges | |
| HC US GUID NEEDLE LOC 1ST LESION | 19285 | CPT | | | | outpatient | | | 2374 | 925.36 | First Trenton | First Trenton | 2136.6 | 90 | | | 74.21 | 2255.3 | percent of total billed charges | |
| HC US GUID NEEDLE LOC 1ST LESION | 19285 | CPT | | | | outpatient | | | 2374 | 925.36 | Horizon | PPO | 1557.02 | | | | 74.21 | 2255.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US GUID NEEDLE LOC 1ST LESION | 19285 | CPT | | | | outpatient | | | 2374 | 925.36 | Qualcare | Qualcare | 1780.5 | 75 | | | 74.21 | 2255.3 | percent of total billed charges | |
| HC US GUID NEEDLE LOC 1ST LESION | 19285 | CPT | | | | outpatient | | | 2374 | 925.36 | Corrections | Corrections | 1899.2 | 80 | | | 74.21 | 2255.3 | percent of total billed charges | |
| HC US GUID NEEDLE LOC 1ST LESION | 19285 | CPT | | | | outpatient | | | 2374 | 925.36 | Amerihealth | HMO/PPO | 550 | | | | 74.21 | 2255.3 | fee schedule | |
| HC US GUID NEEDLE LOC 1ST LESION | 19285 | CPT | | | | outpatient | | | 2374 | 925.36 | United | Commercial\|PPO | 1817 | | | | 74.21 | 2255.3 | case rate | |
| HC US GUID NEEDLE LOC 1ST LESION | 19285 | CPT | | | | outpatient | | | 2374 | 925.36 | Managed Care Inc | Managed Care Inc | 2136.6 | 90 | | | 74.21 | 2255.3 | percent of total billed charges | |
| HC US GUID NEEDLE LOC 1ST LESION | 19285 | CPT | | | | outpatient | | | 2374 | 925.36 | Three Rivers | Three Rivers | 2255.3 | 95 | | | 74.21 | 2255.3 | percent of total billed charges | |
| HC US GUID NEEDLE LOC 1ST LESION | 19285 | CPT | | | | outpatient | | | 2374 | 925.36 | Horizon | MGD | 1557.02 | | | | 74.21 | 2255.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US GUID NEEDLE LOC 1ST LESION | 19285 | CPT | | | | outpatient | | | 2374 | 925.36 | WellPoint | WellPoint | 763.95 | 32.18 | | | 74.21 | 2255.3 | percent of total billed charges | |
| HC US GUID NEEDLE LOC 1ST LESION | 19285 | CPT | | | | outpatient | | | 2374 | 925.36 | Horizon | NJ Health | 74.21 | | | | 74.21 | 2255.3 | fee schedule | |
| HC US GUID NEEDLE LOC 1ST LESION | 19285 | CPT | | | | outpatient | | | 2374 | 925.36 | Wellcare | Medicaid | 749 | 31.55 | | | 74.21 | 2255.3 | percent of total billed charges | |
| HC US GUID NEEDLE LOC 1ST LESION | 19285 | CPT | | | | outpatient | | | 2374 | 925.36 | UHC | Medicaid | 749 | 31.55 | | | 74.21 | 2255.3 | percent of total billed charges | |
| HC US GUID NEEDLE LOC 1ST LESION | 19285 | CPT | | | | outpatient | | | 2374 | 925.36 | Wellcare | Medicare | 804.66 | | | | 74.21 | 2255.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US GUID NEEDLE LOC 1ST LESION | 19285 | CPT | | | | outpatient | | | 2374 | 925.36 | United | Oxford | 1817 | | | | 74.21 | 2255.3 | case rate | |
| HC US GUID NEEDLE LOC EA ADDL LESION | 19286 | CPT | | | | outpatient | | | 477 | | Aetna | Better Health | 150.49 | 31.55 | | | 35.75 | 1782 | percent of total billed charges | |
| HC US GUID NEEDLE LOC EA ADDL LESION | 19286 | CPT | | | | outpatient | | | 477 | | Aetna | Medicare | 146.92 | 30.8 | | | 35.75 | 1782 | percent of total billed charges | |
| HC US GUID NEEDLE LOC EA ADDL LESION | 19286 | CPT | | | | outpatient | | | 477 | | Qualcare | Qualcare | 357.75 | 75 | | | 35.75 | 1782 | percent of total billed charges | |
| HC US GUID NEEDLE LOC EA ADDL LESION | 19286 | CPT | | | | outpatient | | | 477 | | Multiplan | Multiplan | 381.6 | 80 | | | 35.75 | 1782 | percent of total billed charges | |
| HC US GUID NEEDLE LOC EA ADDL LESION | 19286 | CPT | | | | outpatient | | | 477 | | Consumer | Consumer | 453.15 | 95 | | | 35.75 | 1782 | percent of total billed charges | |
| HC US GUID NEEDLE LOC EA ADDL LESION | 19286 | CPT | | | | outpatient | | | 477 | | Amerihealth | HMO/PPO | 300 | | | | 35.75 | 1782 | fee schedule | |
| HC US GUID NEEDLE LOC EA ADDL LESION | 19286 | CPT | | | | outpatient | | | 477 | | First Trenton | First Trenton | 429.3 | 90 | | | 35.75 | 1782 | percent of total billed charges | |
| HC US GUID NEEDLE LOC EA ADDL LESION | 19286 | CPT | | | | outpatient | | | 477 | | Horizon | MGD | 182.6 | 38.28 | | | 35.75 | 1782 | percent of total billed charges | |
| HC US GUID NEEDLE LOC EA ADDL LESION | 19286 | CPT | | | | outpatient | | | 477 | | Americare | Americare | 357.75 | 75 | | | 35.75 | 1782 | percent of total billed charges | |
| HC US GUID NEEDLE LOC EA ADDL LESION | 19286 | CPT | | | | outpatient | | | 477 | | First Health | First Health | 333.9 | 70 | | | 35.75 | 1782 | percent of total billed charges | |
| HC US GUID NEEDLE LOC EA ADDL LESION | 19286 | CPT | | | | outpatient | | | 477 | | United | Commercial\|PPO | 1782 | | | | 35.75 | 1782 | case rate | |
| HC US GUID NEEDLE LOC EA ADDL LESION | 19286 | CPT | | | | outpatient | | | 477 | | UHC | Medicaid | 150.49 | 31.55 | | | 35.75 | 1782 | percent of total billed charges | |
| HC US GUID NEEDLE LOC EA ADDL LESION | 19286 | CPT | | | | outpatient | | | 477 | | Corrections | Corrections | 381.6 | 80 | | | 35.75 | 1782 | percent of total billed charges | |
| HC US GUID NEEDLE LOC EA ADDL LESION | 19286 | CPT | | | | outpatient | | | 477 | | Horizon | Medicare Blue | 143.1 | 30 | | | 35.75 | 1782 | percent of total billed charges | |
| HC US GUID NEEDLE LOC EA ADDL LESION | 19286 | CPT | | | | outpatient | | | 477 | | Horizon | Indemnity | 182.6 | 38.28 | | | 35.75 | 1782 | percent of total billed charges | |
| HC US GUID NEEDLE LOC EA ADDL LESION | 19286 | CPT | | | | outpatient | | | 477 | | United | Oxford | 1782 | | | | 35.75 | 1782 | case rate | |
| HC US GUID NEEDLE LOC EA ADDL LESION | 19286 | CPT | | | | outpatient | | | 477 | | Horizon | NJ Health | 35.75 | | | | 35.75 | 1782 | fee schedule | |
| HC US GUID NEEDLE LOC EA ADDL LESION | 19286 | CPT | | | | outpatient | | | 477 | | Wellcare | Medicaid | 150.49 | 31.55 | | | 35.75 | 1782 | percent of total billed charges | |
| HC US GUID NEEDLE LOC EA ADDL LESION | 19286 | CPT | | | | outpatient | | | 477 | | Horizon | PPO | 182.6 | 38.28 | | | 35.75 | 1782 | percent of total billed charges | |
| HC US GUID NEEDLE LOC EA ADDL LESION | 19286 | CPT | | | | outpatient | | | 477 | | WellPoint | WellPoint | 153.5 | 32.18 | | | 35.75 | 1782 | percent of total billed charges | |
| HC US GUID NEEDLE LOC EA ADDL LESION | 19286 | CPT | | | | outpatient | | | 477 | | Managed Care Inc | Managed Care Inc | 429.3 | 90 | | | 35.75 | 1782 | percent of total billed charges | |
| HC US GUID NEEDLE LOC EA ADDL LESION | 19286 | CPT | | | | outpatient | | | 477 | | Three Rivers | Three Rivers | 453.15 | 95 | | | 35.75 | 1782 | percent of total billed charges | |
| HC EXPLORE WOUND ABDOMEN | 20102 | CPT | | | | outpatient | | | 6120 | 2398.47 | Horizon | Medicare Blue | 2085.63 | | | | 285.59 | 5814 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXPLORE WOUND ABDOMEN | 20102 | CPT | | | | outpatient | | | 6120 | 2398.47 | UHC | Medicaid | 1930.86 | 31.55 | | | 285.59 | 5814 | percent of total billed charges | |
| HC EXPLORE WOUND ABDOMEN | 20102 | CPT | | | | outpatient | | | 6120 | 2398.47 | Aetna | Medicare | 2085.63 | | | | 285.59 | 5814 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXPLORE WOUND ABDOMEN | 20102 | CPT | | | | outpatient | | | 6120 | 2398.47 | Corrections | Corrections | 4896 | 80 | | | 285.59 | 5814 | percent of total billed charges | |
| HC EXPLORE WOUND ABDOMEN | 20102 | CPT | | | | outpatient | | | 6120 | 2398.47 | Americare | Americare | 4590 | 75 | | | 285.59 | 5814 | percent of total billed charges | |
| HC EXPLORE WOUND ABDOMEN | 20102 | CPT | | | | outpatient | | | 6120 | 2398.47 | First Trenton | First Trenton | 5508 | 90 | | | 285.59 | 5814 | percent of total billed charges | |
| HC EXPLORE WOUND ABDOMEN | 20102 | CPT | | | | outpatient | | | 6120 | 2398.47 | Aetna | Better Health | 1930.86 | 31.55 | | | 285.59 | 5814 | percent of total billed charges | |
| HC EXPLORE WOUND ABDOMEN | 20102 | CPT | | | | outpatient | | | 6120 | 2398.47 | Aetna | Commercial | 3403.75 | | | | 285.59 | 5814 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXPLORE WOUND ABDOMEN | 20102 | CPT | | | | outpatient | | | 6120 | 2398.47 | Consumer | Consumer | 5814 | 95 | | | 285.59 | 5814 | percent of total billed charges | |
| HC EXPLORE WOUND ABDOMEN | 20102 | CPT | | | | outpatient | | | 6120 | 2398.47 | United | Commercial\|PPO | 2493 | | | | 285.59 | 5814 | case rate | |
| HC EXPLORE WOUND ABDOMEN | 20102 | CPT | | | | outpatient | | | 6120 | 2398.47 | Amerihealth | HMO/PPO | 650 | | | | 285.59 | 5814 | fee schedule | |
| HC EXPLORE WOUND ABDOMEN | 20102 | CPT | | | | outpatient | | | 6120 | 2398.47 | Multiplan | Multiplan | 4896 | 80 | | | 285.59 | 5814 | percent of total billed charges | |
| HC EXPLORE WOUND ABDOMEN | 20102 | CPT | | | | outpatient | | | 6120 | 2398.47 | United | Oxford | 2493 | | | | 285.59 | 5814 | case rate | |
| HC EXPLORE WOUND ABDOMEN | 20102 | CPT | | | | outpatient | | | 6120 | 2398.47 | Horizon | Indemnity | 4035.69 | | | | 285.59 | 5814 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXPLORE WOUND ABDOMEN | 20102 | CPT | | | | outpatient | | | 6120 | 2398.47 | Horizon | PPO | 4035.69 | | | | 285.59 | 5814 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXPLORE WOUND ABDOMEN | 20102 | CPT | | | | outpatient | | | 6120 | 2398.47 | Qualcare | Qualcare | 4590 | 75 | | | 285.59 | 5814 | percent of total billed charges | |
| HC EXPLORE WOUND ABDOMEN | 20102 | CPT | | | | outpatient | | | 6120 | 2398.47 | First Health | First Health | 4284 | 70 | | | 285.59 | 5814 | percent of total billed charges | |
| HC EXPLORE WOUND ABDOMEN | 20102 | CPT | | | | outpatient | | | 6120 | 2398.47 | Horizon | NJ Health | 285.59 | | | | 285.59 | 5814 | fee schedule | |
| HC EXPLORE WOUND ABDOMEN | 20102 | CPT | | | | outpatient | | | 6120 | 2398.47 | WellPoint | WellPoint | 1969.42 | 32.18 | | | 285.59 | 5814 | percent of total billed charges | |
| HC EXPLORE WOUND ABDOMEN | 20102 | CPT | | | | outpatient | | | 6120 | 2398.47 | Wellcare | Medicare | 2085.63 | | | | 285.59 | 5814 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXPLORE WOUND ABDOMEN | 20102 | CPT | | | | outpatient | | | 6120 | 2398.47 | Horizon | MGD | 4035.69 | | | | 285.59 | 5814 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXPLORE WOUND ABDOMEN | 20102 | CPT | | | | outpatient | | | 6120 | 2398.47 | Managed Care Inc | Managed Care Inc | 5508 | 90 | | | 285.59 | 5814 | percent of total billed charges | |
| HC EXPLORE WOUND ABDOMEN | 20102 | CPT | | | | outpatient | | | 6120 | 2398.47 | UHC | Medicare | 2085.63 | | | | 285.59 | 5814 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXPLORE WOUND ABDOMEN | 20102 | CPT | | | | outpatient | | | 6120 | 2398.47 | Three Rivers | Three Rivers | 5814 | 95 | | | 285.59 | 5814 | percent of total billed charges | |
| HC EXPLORE WOUND ABDOMEN | 20102 | CPT | | | | outpatient | | | 6120 | 2398.47 | Wellcare | Medicaid | 1930.86 | 31.55 | | | 285.59 | 5814 | percent of total billed charges | |
| HC EXPLORE WOUND EXTREMITY | 20103 | CPT | | | | outpatient | | | 5464 | 2132.36 | Aetna | Medicare | 1854.23 | | | | 317.45 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXPLORE WOUND EXTREMITY | 20103 | CPT | | | | outpatient | | | 5464 | 2132.36 | Aetna | Better Health | 1723.89 | 31.55 | | | 317.45 | 5190.8 | percent of total billed charges | |
| HC EXPLORE WOUND EXTREMITY | 20103 | CPT | | | | outpatient | | | 5464 | 2132.36 | Aetna | Commercial | 3026.1 | | | | 317.45 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXPLORE WOUND EXTREMITY | 20103 | CPT | | | | outpatient | | | 5464 | 2132.36 | First Trenton | First Trenton | 4917.6 | 90 | | | 317.45 | 5190.8 | percent of total billed charges | |
| HC EXPLORE WOUND EXTREMITY | 20103 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | PPO | 3587.94 | | | | 317.45 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXPLORE WOUND EXTREMITY | 20103 | CPT | | | | outpatient | | | 5464 | 2132.36 | First Health | First Health | 3824.8 | 70 | | | 317.45 | 5190.8 | percent of total billed charges | |
| HC EXPLORE WOUND EXTREMITY | 20103 | CPT | | | | outpatient | | | 5464 | 2132.36 | Amerihealth | HMO/PPO | 550 | | | | 317.45 | 5190.8 | fee schedule | |
| HC EXPLORE WOUND EXTREMITY | 20103 | CPT | | | | outpatient | | | 5464 | 2132.36 | Corrections | Corrections | 4371.2 | 80 | | | 317.45 | 5190.8 | percent of total billed charges | |
| HC EXPLORE WOUND EXTREMITY | 20103 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | MGD | 3587.94 | | | | 317.45 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXPLORE WOUND EXTREMITY | 20103 | CPT | | | | outpatient | | | 5464 | 2132.36 | Consumer | Consumer | 5190.8 | 95 | | | 317.45 | 5190.8 | percent of total billed charges | |
| HC EXPLORE WOUND EXTREMITY | 20103 | CPT | | | | outpatient | | | 5464 | 2132.36 | Americare | Americare | 4098 | 75 | | | 317.45 | 5190.8 | percent of total billed charges | |
| HC EXPLORE WOUND EXTREMITY | 20103 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | NJ Health | 317.45 | | | | 317.45 | 5190.8 | fee schedule | |
| HC EXPLORE WOUND EXTREMITY | 20103 | CPT | | | | outpatient | | | 5464 | 2132.36 | WellPoint | WellPoint | 1758.32 | 32.18 | | | 317.45 | 5190.8 | percent of total billed charges | |
| HC EXPLORE WOUND EXTREMITY | 20103 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | Medicare Blue | 1854.23 | | | | 317.45 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXPLORE WOUND EXTREMITY | 20103 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | Indemnity | 3587.94 | | | | 317.45 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXPLORE WOUND EXTREMITY | 20103 | CPT | | | | outpatient | | | 5464 | 2132.36 | UHC | Medicaid | 1723.89 | 31.55 | | | 317.45 | 5190.8 | percent of total billed charges | |
| HC EXPLORE WOUND EXTREMITY | 20103 | CPT | | | | outpatient | | | 5464 | 2132.36 | UHC | Medicare | 1854.23 | | | | 317.45 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXPLORE WOUND EXTREMITY | 20103 | CPT | | | | outpatient | | | 5464 | 2132.36 | United | Oxford | 1817 | | | | 317.45 | 5190.8 | case rate | |
| HC EXPLORE WOUND EXTREMITY | 20103 | CPT | | | | outpatient | | | 5464 | 2132.36 | Managed Care Inc | Managed Care Inc | 4917.6 | 90 | | | 317.45 | 5190.8 | percent of total billed charges | |
| HC EXPLORE WOUND EXTREMITY | 20103 | CPT | | | | outpatient | | | 5464 | 2132.36 | Multiplan | Multiplan | 4371.2 | 80 | | | 317.45 | 5190.8 | percent of total billed charges | |
| HC EXPLORE WOUND EXTREMITY | 20103 | CPT | | | | outpatient | | | 5464 | 2132.36 | United | Commercial\|PPO | 1817 | | | | 317.45 | 5190.8 | case rate | |
| HC EXPLORE WOUND EXTREMITY | 20103 | CPT | | | | outpatient | | | 5464 | 2132.36 | Wellcare | Medicaid | 1723.89 | 31.55 | | | 317.45 | 5190.8 | percent of total billed charges | |
| HC EXPLORE WOUND EXTREMITY | 20103 | CPT | | | | outpatient | | | 5464 | 2132.36 | Three Rivers | Three Rivers | 5190.8 | 95 | | | 317.45 | 5190.8 | percent of total billed charges | |
| HC EXPLORE WOUND EXTREMITY | 20103 | CPT | | | | outpatient | | | 5464 | 2132.36 | Qualcare | Qualcare | 4098 | 75 | | | 317.45 | 5190.8 | percent of total billed charges | |
| HC EXPLORE WOUND EXTREMITY | 20103 | CPT | | | | outpatient | | | 5464 | 2132.36 | Wellcare | Medicare | 1854.23 | | | | 317.45 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY MUSCLE PERC NDLE | 20206 | CPT | | | | both | | | 5633 | 2132.36 | Aetna | Medicare | 1854.23 | | | | 375.08 | 5351.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY MUSCLE PERC NDLE | 20206 | CPT | | | | both | | | 5633 | 2132.36 | UHC | Medicaid | 1777.21 | 31.55 | | | 375.08 | 5351.35 | percent of total billed charges | |
| HC BIOPSY MUSCLE PERC NDLE | 20206 | CPT | | | | both | | | 5633 | 2132.36 | Aetna | Commercial | 3026.1 | | | | 375.08 | 5351.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY MUSCLE PERC NDLE | 20206 | CPT | | | | both | | | 5633 | 2132.36 | Amerihealth | HMO/PPO | 550 | | | | 375.08 | 5351.35 | fee schedule | |
| HC BIOPSY MUSCLE PERC NDLE | 20206 | CPT | | | | both | | | 5633 | 2132.36 | Aetna | Better Health | 1777.21 | 31.55 | | | 375.08 | 5351.35 | percent of total billed charges | |
| HC BIOPSY MUSCLE PERC NDLE | 20206 | CPT | | | | both | | | 5633 | 2132.36 | First Health | First Health | 3943.1 | 70 | | | 375.08 | 5351.35 | percent of total billed charges | |
| HC BIOPSY MUSCLE PERC NDLE | 20206 | CPT | | | | both | | | 5633 | 2132.36 | Horizon | Indemnity | 3587.94 | | | | 375.08 | 5351.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY MUSCLE PERC NDLE | 20206 | CPT | | | | both | | | 5633 | 2132.36 | First Trenton | First Trenton | 5069.7 | 90 | | | 375.08 | 5351.35 | percent of total billed charges | |
| HC BIOPSY MUSCLE PERC NDLE | 20206 | CPT | | | | both | | | 5633 | 2132.36 | Corrections | Corrections | 4506.4 | 80 | | | 375.08 | 5351.35 | percent of total billed charges | |
| HC BIOPSY MUSCLE PERC NDLE | 20206 | CPT | | | | both | | | 5633 | 2132.36 | UHC | Medicare | 1854.23 | | | | 375.08 | 5351.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY MUSCLE PERC NDLE | 20206 | CPT | | | | both | | | 5633 | 2132.36 | Horizon | Medicare Blue | 1854.23 | | | | 375.08 | 5351.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY MUSCLE PERC NDLE | 20206 | CPT | | | | both | | | 5633 | 2132.36 | United | Oxford | 2493 | | | | 375.08 | 5351.35 | case rate | |
| HC BIOPSY MUSCLE PERC NDLE | 20206 | CPT | | | | both | | | 5633 | 2132.36 | Americare | Americare | 4224.75 | 75 | | | 375.08 | 5351.35 | percent of total billed charges | |
| HC BIOPSY MUSCLE PERC NDLE | 20206 | CPT | | | | both | | | 5633 | 2132.36 | Multiplan | Multiplan | 4506.4 | 80 | | | 375.08 | 5351.35 | percent of total billed charges | |
| HC BIOPSY MUSCLE PERC NDLE | 20206 | CPT | | | | both | | | 5633 | 2132.36 | Horizon | MGD | 3587.94 | | | | 375.08 | 5351.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY MUSCLE PERC NDLE | 20206 | CPT | | | | both | | | 5633 | 2132.36 | Horizon | PPO | 3587.94 | | | | 375.08 | 5351.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY MUSCLE PERC NDLE | 20206 | CPT | | | | both | | | 5633 | 2132.36 | Consumer | Consumer | 5351.35 | 95 | | | 375.08 | 5351.35 | percent of total billed charges | |
| HC BIOPSY MUSCLE PERC NDLE | 20206 | CPT | | | | both | | | 5633 | 2132.36 | United | Commercial\|PPO | 2493 | | | | 375.08 | 5351.35 | case rate | |
| HC BIOPSY MUSCLE PERC NDLE | 20206 | CPT | | | | both | | | 5633 | 2132.36 | Horizon | NJ Health | 375.08 | | | | 375.08 | 5351.35 | fee schedule | |
| HC BIOPSY MUSCLE PERC NDLE | 20206 | CPT | | | | both | | | 5633 | 2132.36 | Wellcare | Medicaid | 1777.21 | 31.55 | | | 375.08 | 5351.35 | percent of total billed charges | |
| HC BIOPSY MUSCLE PERC NDLE | 20206 | CPT | | | | both | | | 5633 | 2132.36 | Three Rivers | Three Rivers | 5351.35 | 95 | | | 375.08 | 5351.35 | percent of total billed charges | |
| HC BIOPSY MUSCLE PERC NDLE | 20206 | CPT | | | | both | | | 5633 | 2132.36 | Qualcare | Qualcare | 4224.75 | 75 | | | 375.08 | 5351.35 | percent of total billed charges | |
| HC BIOPSY MUSCLE PERC NDLE | 20206 | CPT | | | | both | | | 5633 | 2132.36 | Managed Care Inc | Managed Care Inc | 5069.7 | 90 | | | 375.08 | 5351.35 | percent of total billed charges | |
| HC BIOPSY MUSCLE PERC NDLE | 20206 | CPT | | | | both | | | 5633 | 2132.36 | Wellcare | Medicare | 1854.23 | | | | 375.08 | 5351.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY MUSCLE PERC NDLE | 20206 | CPT | | | | both | | | 5633 | 2132.36 | WellPoint | WellPoint | 1812.7 | 32.18 | | | 375.08 | 5351.35 | percent of total billed charges | |
| HC BIOPSY HARD TISSUE EXC.SUPER | 20220 | CPT | | | | both | | | 5653 | 2132.36 | Horizon | Medicare Blue | 1854.23 | | | | 248.92 | 5370.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY HARD TISSUE EXC.SUPER | 20220 | CPT | | | | both | | | 5653 | 2132.36 | First Trenton | First Trenton | 5087.7 | 90 | | | 248.92 | 5370.35 | percent of total billed charges | |
| HC BIOPSY HARD TISSUE EXC.SUPER | 20220 | CPT | | | | both | | | 5653 | 2132.36 | Consumer | Consumer | 5370.35 | 95 | | | 248.92 | 5370.35 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC BIOPSY HARD TISSUE EXC,SUPER | 20220 | CPT | | | | both | | | 5653 | 2132.36 | Amerihealth | HMO/PPO | 300 | | | | 248.92 | 5370.35 | fee schedule | |
| HC BIOPSY HARD TISSUE EXC,SUPER | 20220 | CPT | | | | both | | | 5653 | 2132.36 | Aetna | Better Health | 1783.52 | 31.55 | | | 248.92 | 5370.35 | percent of total billed charges | |
| HC BIOPSY HARD TISSUE EXC,SUPER | 20220 | CPT | | | | both | | | 5653 | 2132.36 | Qualcare | Qualcare | 4239.75 | 75 | | | 248.92 | 5370.35 | percent of total billed charges | |
| HC BIOPSY HARD TISSUE EXC,SUPER | 20220 | CPT | | | | both | | | 5653 | 2132.36 | Corrections | Corrections | 4522.4 | 80 | | | 248.92 | 5370.35 | percent of total billed charges | |
| HC BIOPSY HARD TISSUE EXC,SUPER | 20220 | CPT | | | | both | | | 5653 | 2132.36 | UHC | Medicaid | 1783.52 | 31.55 | | | 248.92 | 5370.35 | percent of total billed charges | |
| HC BIOPSY HARD TISSUE EXC,SUPER | 20220 | CPT | | | | both | | | 5653 | 2132.36 | Aetna | Commercial | 3026.1 | | | | 248.92 | 5370.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY HARD TISSUE EXC,SUPER | 20220 | CPT | | | | both | | | 5653 | 2132.36 | Horizon | Indemnity | 3587.94 | | | | 248.92 | 5370.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY HARD TISSUE EXC,SUPER | 20220 | CPT | | | | both | | | 5653 | 2132.36 | Horizon | MGD | 3587.94 | | | 2864.59 | 248.92 | 5370.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY HARD TISSUE EXC,SUPER | 20220 | CPT | | | | both | | | 5653 | 2132.36 | First Health | First Health | 3957.1 | 70 | | | 248.92 | 5370.35 | percent of total billed charges | |
| HC BIOPSY HARD TISSUE EXC,SUPER | 20220 | CPT | | | | both | | | 5653 | 2132.36 | Aetna | Medicare | 1854.23 | | | | 248.92 | 5370.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY HARD TISSUE EXC,SUPER | 20220 | CPT | | | | both | | | 5653 | 2132.36 | Horizon | NJ Health | 248.92 | | | 1620.63 | 248.92 | 5370.35 | fee schedule | |
| HC BIOPSY HARD TISSUE EXC,SUPER | 20220 | CPT | | | | both | | | 5653 | 2132.36 | Americare | Americare | 4239.75 | 75 | | | 248.92 | 5370.35 | percent of total billed charges | |
| HC BIOPSY HARD TISSUE EXC,SUPER | 20220 | CPT | | | | both | | | 5653 | 2132.36 | United | Oxford | 1817 | | | | 248.92 | 5370.35 | case rate | |
| HC BIOPSY HARD TISSUE EXC,SUPER | 20220 | CPT | | | | both | | | 5653 | 2132.36 | Multiplan | Multiplan | 4522.4 | 80 | | | 248.92 | 5370.35 | percent of total billed charges | |
| HC BIOPSY HARD TISSUE EXC,SUPER | 20220 | CPT | | | | both | | | 5653 | 2132.36 | Horizon | PPO | 3587.94 | | | | 248.92 | 5370.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY HARD TISSUE EXC,SUPER | 20220 | CPT | | | | both | | | 5653 | 2132.36 | Three Rivers | Three Rivers | 5370.35 | 95 | | | 248.92 | 5370.35 | percent of total billed charges | |
| HC BIOPSY HARD TISSUE EXC,SUPER | 20220 | CPT | | | | both | | | 5653 | 2132.36 | Wellcare | Medicaid | 1783.52 | 31.55 | | | 248.92 | 5370.35 | percent of total billed charges | |
| HC BIOPSY HARD TISSUE EXC,SUPER | 20220 | CPT | | | | both | | | 5653 | 2132.36 | Managed Care Inc | Managed Care Inc | 5087.7 | 90 | | | 248.92 | 5370.35 | percent of total billed charges | |
| HC BIOPSY HARD TISSUE EXC,SUPER | 20220 | CPT | | | | both | | | 5653 | 2132.36 | WellPoint | WellPoint | 1819.14 | 32.18 | | | 248.92 | 5370.35 | percent of total billed charges | |
| HC BIOPSY HARD TISSUE EXC,SUPER | 20220 | CPT | | | | both | | | 5653 | 2132.36 | UHC | Medicare | 1854.23 | | | | 248.92 | 5370.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY HARD TISSUE EXC,SUPER | 20220 | CPT | | | | both | | | 5653 | 2132.36 | Wellcare | Medicare | 1854.23 | | | | 248.92 | 5370.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY HARD TISSUE EXC,SUPER | 20220 | CPT | | | | both | | | 5653 | 2132.36 | United | CommercialPPO | 1817 | | | | 248.92 | 5370.35 | case rate | |
| HC BONE BIOPSY TROCAR/NDL DEEP | 20225 | CPT | | | | both | | | 6103 | 2132.36 | Amerihealth | HMO/PPO | 650 | | | | 650 | 5797.85 | fee schedule | |
| HC BONE BIOPSY TROCAR/NDL DEEP | 20225 | CPT | | | | both | | | 6103 | 2132.36 | Aetna | Medicare | 1854.23 | | | | 650 | 5797.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE BIOPSY TROCAR/NDL DEEP | 20225 | CPT | | | | both | | | 6103 | 2132.36 | Horizon | PPO | 3587.94 | | | | 650 | 5797.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE BIOPSY TROCAR/NDL DEEP | 20225 | CPT | | | | both | | | 6103 | 2132.36 | Aetna | Commercial | 3026.1 | | | | 650 | 5797.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE BIOPSY TROCAR/NDL DEEP | 20225 | CPT | | | | both | | | 6103 | 2132.36 | First Health | First Health | 4272.1 | 70 | | | 650 | 5797.85 | percent of total billed charges | |
| HC BONE BIOPSY TROCAR/NDL DEEP | 20225 | CPT | | | | both | | | 6103 | 2132.36 | Aetna | Better Health | 1925.5 | 31.55 | | | 650 | 5797.85 | percent of total billed charges | |
| HC BONE BIOPSY TROCAR/NDL DEEP | 20225 | CPT | | | | both | | | 6103 | 2132.36 | Horizon | Indemnity | 3587.94 | | | | 650 | 5797.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE BIOPSY TROCAR/NDL DEEP | 20225 | CPT | | | | both | | | 6103 | 2132.36 | Multiplan | Multiplan | 4882.4 | 80 | | | 650 | 5797.85 | percent of total billed charges | |
| HC BONE BIOPSY TROCAR/NDL DEEP | 20225 | CPT | | | | both | | | 6103 | 2132.36 | Horizon | MGD | 3587.94 | | | | 650 | 5797.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE BIOPSY TROCAR/NDL DEEP | 20225 | CPT | | | | both | | | 6103 | 2132.36 | Corrections | Corrections | 4882.4 | 80 | | | 650 | 5797.85 | percent of total billed charges | |
| HC BONE BIOPSY TROCAR/NDL DEEP | 20225 | CPT | | | | both | | | 6103 | 2132.36 | Wellcare | Medicare | 1854.23 | | | | 650 | 5797.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE BIOPSY TROCAR/NDL DEEP | 20225 | CPT | | | | both | | | 6103 | 2132.36 | Americare | Americare | 4577.25 | 75 | | | 650 | 5797.85 | percent of total billed charges | |
| HC BONE BIOPSY TROCAR/NDL DEEP | 20225 | CPT | | | | both | | | 6103 | 2132.36 | UHC | Medicaid | 1925.5 | 31.55 | | | 650 | 5797.85 | percent of total billed charges | |
| HC BONE BIOPSY TROCAR/NDL DEEP | 20225 | CPT | | | | both | | | 6103 | 2132.36 | Consumer | Consumer | 5797.85 | 95 | | | 650 | 5797.85 | percent of total billed charges | |
| HC BONE BIOPSY TROCAR/NDL DEEP | 20225 | CPT | | | | both | | | 6103 | 2132.36 | Horizon | Medicare Blue | 1854.23 | | | | 650 | 5797.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE BIOPSY TROCAR/NDL DEEP | 20225 | CPT | | | | both | | | 6103 | 2132.36 | Quakcare | Qualcare | 4577.25 | 75 | | | 650 | 5797.85 | percent of total billed charges | |
| HC BONE BIOPSY TROCAR/NDL DEEP | 20225 | CPT | | | | both | | | 6103 | 2132.36 | UHC | Medicare | 1854.23 | | | | 650 | 5797.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE BIOPSY TROCAR/NDL DEEP | 20225 | CPT | | | | both | | | 6103 | 2132.36 | First Trenton | First Trenton | 5492.7 | 90 | | | 650 | 5797.85 | percent of total billed charges | |
| HC BONE BIOPSY TROCAR/NDL DEEP | 20225 | CPT | | | | both | | | 6103 | 2132.36 | WellPoint | WellPoint | 1963.95 | 32.18 | | | 650 | 5797.85 | percent of total billed charges | |
| HC BONE BIOPSY TROCAR/NDL DEEP | 20225 | CPT | | | | both | | | 6103 | 2132.36 | Horizon | NJ Health | 894.47 | | | 2628.57 | 650 | 5797.85 | fee schedule | |
| HC BONE BIOPSY TROCAR/NDL DEEP | 20225 | CPT | | | | both | | | 6103 | 2132.36 | United | Oxford | 2493 | | | | 650 | 5797.85 | case rate | |
| HC BONE BIOPSY TROCAR/NDL DEEP | 20225 | CPT | | | | both | | | 6103 | 2132.36 | Managed Care Inc | Managed Care Inc | 5492.7 | 90 | | | 650 | 5797.85 | percent of total billed charges | |
| HC BONE BIOPSY TROCAR/NDL DEEP | 20225 | CPT | | | | both | | | 6103 | 2132.36 | Wellcare | Medicaid | 1925.5 | 31.55 | | | 650 | 5797.85 | percent of total billed charges | |
| HC BONE BIOPSY TROCAR/NDL DEEP | 20225 | CPT | | | | both | | | 6103 | 2132.36 | Three Rivers | Three Rivers | 5797.85 | 95 | | | 650 | 5797.85 | percent of total billed charges | |
| HC BONE BIOPSY TROCAR/NDL DEEP | 20225 | CPT | | | | both | | | 6103 | 2132.36 | United | CommercialPPO | 2493 | | | | 650 | 5797.85 | case rate | |
| HC REM FB MUSCLE; SMPL | 20520 | CPT | | | | outpatient | | | 5339 | 2132.36 | First Health | First Health | 3737.3 | 70 | | | 219.63 | 5072.05 | percent of total billed charges | |
| HC REM FB MUSCLE; SMPL | 20520 | CPT | | | | outpatient | | | 5339 | 2132.36 | UHC | Medicare | 1854.23 | | | | 219.63 | 5072.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM FB MUSCLE; SMPL | 20520 | CPT | | | | outpatient | | | 5339 | 2132.36 | Aetna | Better Health | 1684.45 | 31.55 | | | 219.63 | 5072.05 | percent of total billed charges | |
| HC REM FB MUSCLE; SMPL | 20520 | CPT | | | | outpatient | | | 5339 | 2132.36 | Aetna | Commercial | 3026.1 | | | | 219.63 | 5072.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM FB MUSCLE; SMPL | 20520 | CPT | | | | outpatient | | | 5339 | 2132.36 | Multiplan | Multiplan | 4271.2 | 80 | | | 219.63 | 5072.05 | percent of total billed charges | |
| HC REM FB MUSCLE; SMPL | 20520 | CPT | | | | outpatient | | | 5339 | 2132.36 | First Trenton | First Trenton | 4805.1 | 90 | | | 219.63 | 5072.05 | percent of total billed charges | |
| HC REM FB MUSCLE; SMPL | 20520 | CPT | | | | outpatient | | | 5339 | 2132.36 | Consumer | Consumer | 5072.05 | 95 | | | 219.63 | 5072.05 | percent of total billed charges | |
| HC REM FB MUSCLE; SMPL | 20520 | CPT | | | | outpatient | | | 5339 | 2132.36 | Americare | Americare | 4004.25 | 75 | | | 219.63 | 5072.05 | percent of total billed charges | |
| HC REM FB MUSCLE; SMPL | 20520 | CPT | | | | outpatient | | | 5339 | 2132.36 | Horizon | Indemnity | 3587.94 | | | | 219.63 | 5072.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM FB MUSCLE; SMPL | 20520 | CPT | | | | outpatient | | | 5339 | 2132.36 | Wellcare | Medicare | 1854.23 | | | | 219.63 | 5072.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM FB MUSCLE; SMPL | 20520 | CPT | | | | outpatient | | | 5339 | 2132.36 | Horizon | PPO | 3587.94 | | | | 219.63 | 5072.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM FB MUSCLE; SMPL | 20520 | CPT | | | | outpatient | | | 5339 | 2132.36 | Aetna | Medicare | 1854.23 | | | | 219.63 | 5072.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM FB MUSCLE; SMPL | 20520 | CPT | | | | outpatient | | | 5339 | 2132.36 | Quakcare | Qualcare | 4004.25 | 75 | | | 219.63 | 5072.05 | percent of total billed charges | |
| HC REM FB MUSCLE; SMPL | 20520 | CPT | | | | outpatient | | | 5339 | 2132.36 | Managed Care Inc | Managed Care Inc | 4805.1 | 90 | | | 219.63 | 5072.05 | percent of total billed charges | |
| HC REM FB MUSCLE; SMPL | 20520 | CPT | | | | outpatient | | | 5339 | 2132.36 | Corrections | Corrections | 4271.2 | 80 | | | 219.63 | 5072.05 | percent of total billed charges | |
| HC REM FB MUSCLE; SMPL | 20520 | CPT | | | | outpatient | | | 5339 | 2132.36 | Amerihealth | HMO/PPO | 550 | | | | 219.63 | 5072.05 | fee schedule | |
| HC REM FB MUSCLE; SMPL | 20520 | CPT | | | | outpatient | | | 5339 | 2132.36 | Three Rivers | Three Rivers | 5072.05 | 95 | | | 219.63 | 5072.05 | percent of total billed charges | |
| HC REM FB MUSCLE; SMPL | 20520 | CPT | | | | outpatient | | | 5339 | 2132.36 | United | Oxford | 1817 | | | | 219.63 | 5072.05 | case rate | |
| HC REM FB MUSCLE; SMPL | 20520 | CPT | | | | outpatient | | | 5339 | 2132.36 | WellPoint | WellPoint | 1718.09 | 32.18 | | | 219.63 | 5072.05 | percent of total billed charges | |
| HC REM FB MUSCLE; SMPL | 20520 | CPT | | | | outpatient | | | 5339 | 2132.36 | Horizon | MGD | 3587.94 | | | | 219.63 | 5072.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM FB MUSCLE; SMPL | 20520 | CPT | | | | outpatient | | | 5339 | 2132.36 | UHC | Medicaid | 1684.45 | 31.55 | | | 219.63 | 5072.05 | percent of total billed charges | |
| HC REM FB MUSCLE; SMPL | 20520 | CPT | | | | outpatient | | | 5339 | 2132.36 | Horizon | Medicare Blue | 1854.23 | | | | 219.63 | 5072.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM FB MUSCLE; SMPL | 20520 | CPT | | | | outpatient | | | 5339 | 2132.36 | United | CommercialPPO | 1817 | | | | 219.63 | 5072.05 | case rate | |
| HC REM FB MUSCLE; SMPL | 20520 | CPT | | | | outpatient | | | 5339 | 2132.36 | Horizon | NJ Health | 219.63 | | | | 219.63 | 5072.05 | fee schedule | |
| HC REM FB MUSCLE; SMPL | 20520 | CPT | | | | outpatient | | | 5339 | 2132.36 | Wellcare | Medicaid | 1684.45 | 31.55 | | | 219.63 | 5072.05 | percent of total billed charges | |
| HC THERAPEUTIC INJ. CARP'AL TUNNEL | 20526 | CPT | | | | outpatient | | | 1050 | 389.55 | Horizon | MGD | 655.46 | | | | 78.33 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THERAPEUTIC INJ. CARP'AL TUNNEL | 20526 | CPT | | | | outpatient | | | 1050 | 389.55 | Americare | Americare | 787.5 | 75 | | | 78.33 | 1782 | percent of total billed charges | |
| HC THERAPEUTIC INJ. CARP'AL TUNNEL | 20526 | CPT | | | | outpatient | | | 1050 | 389.55 | Multiplan | Multiplan | 840 | 80 | | | 78.33 | 1782 | percent of total billed charges | |
| HC THERAPEUTIC INJ. CARP'AL TUNNEL | 20526 | CPT | | | | outpatient | | | 1050 | 389.55 | Amerihealth | HMO/PPO | 125 | | | | 78.33 | 1782 | fee schedule | |
| HC THERAPEUTIC INJ. CARP'AL TUNNEL | 20526 | CPT | | | | outpatient | | | 1050 | 389.55 | Horizon | PPO | 655.46 | | | | 78.33 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THERAPEUTIC INJ. CARP'AL TUNNEL | 20526 | CPT | | | | outpatient | | | 1050 | 389.55 | Corrections | Corrections | 840 | 80 | | | 78.33 | 1782 | percent of total billed charges | |
| HC THERAPEUTIC INJ. CARP'AL TUNNEL | 20526 | CPT | | | | outpatient | | | 1050 | 389.55 | Aetna | Commercial | 552.82 | | | | 78.33 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THERAPEUTIC INJ. CARP'AL TUNNEL | 20526 | CPT | | | | outpatient | | | 1050 | 389.55 | Aetna | Better Health | 331.28 | 31.55 | | | 78.33 | 1782 | percent of total billed charges | |
| HC THERAPEUTIC INJ. CARP'AL TUNNEL | 20526 | CPT | | | | outpatient | | | 1050 | 389.55 | WellPoint | WellPoint | 337.89 | 32.18 | | | 78.33 | 1782 | percent of total billed charges | |
| HC THERAPEUTIC INJ. CARP'AL TUNNEL | 20526 | CPT | | | | outpatient | | | 1050 | 389.55 | First Trenton | First Trenton | 945 | 90 | | | 78.33 | 1782 | percent of total billed charges | |
| HC THERAPEUTIC INJ. CARP'AL TUNNEL | 20526 | CPT | | | | outpatient | | | 1050 | 389.55 | Quakcare | Qualcare | 787.5 | 75 | | | 78.33 | 1782 | percent of total billed charges | |
| HC THERAPEUTIC INJ. CARP'AL TUNNEL | 20526 | CPT | | | | outpatient | | | 1050 | 389.55 | First Health | First Health | 735 | 70 | | | 78.33 | 1782 | percent of total billed charges | |
| HC THERAPEUTIC INJ. CARP'AL TUNNEL | 20526 | CPT | | | | outpatient | | | 1050 | 389.55 | Aetna | Medicare | 338.74 | | | | 78.33 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THERAPEUTIC INJ. CARP'AL TUNNEL | 20526 | CPT | | | | outpatient | | | 1050 | 389.55 | Horizon | Indemnity | 655.46 | | | | 78.33 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THERAPEUTIC INJ. CARP'AL TUNNEL | 20526 | CPT | | | | outpatient | | | 1050 | 389.55 | UHC | Medicare | 338.74 | | | 313.19 | 78.33 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THERAPEUTIC INJ. CARP'AL TUNNEL | 20526 | CPT | | | | outpatient | | | 1050 | 389.55 | Horizon | Medicare Blue | 338.74 | | | 327.78 | 78.33 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THERAPEUTIC INJ. CARP'AL TUNNEL | 20526 | CPT | | | | outpatient | | | 1050 | 389.55 | Consumer | Consumer | 997.5 | 95 | | | 78.33 | 1782 | percent of total billed charges | |
| HC THERAPEUTIC INJ. CARP'AL TUNNEL | 20526 | CPT | | | | outpatient | | | 1050 | 389.55 | Horizon | NJ Health | 78.33 | | | | 78.33 | 1782 | fee schedule | |
| HC THERAPEUTIC INJ. CARP'AL TUNNEL | 20526 | CPT | | | | outpatient | | | 1050 | 389.55 | United | Oxford | 1782 | | | | 78.33 | 1782 | case rate | |
| HC THERAPEUTIC INJ. CARP'AL TUNNEL | 20526 | CPT | | | | outpatient | | | 1050 | 389.55 | Wellcare | Medicare | 338.74 | | | | 78.33 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THERAPEUTIC INJ. CARP'AL TUNNEL | 20526 | CPT | | | | outpatient | | | 1050 | 389.55 | Wellcare | Medicaid | 331.28 | 31.55 | | | 78.33 | 1782 | percent of total billed charges | |
| HC THERAPEUTIC INJ. CARP'AL TUNNEL | 20526 | CPT | | | | outpatient | | | 1050 | 389.55 | United | CommercialPPO | 1782 | | | | 78.33 | 1782 | case rate | |
| HC THERAPEUTIC INJ. CARP'AL TUNNEL | 20526 | CPT | | | | outpatient | | | 1050 | 389.55 | UHC | Medicaid | 331.28 | 31.55 | | 297.3 | 78.33 | 1782 | percent of total billed charges | |
| HC THERAPEUTIC INJ. CARP'AL TUNNEL | 20526 | CPT | | | | outpatient | | | 1050 | 389.55 | Managed Care Inc | Managed Care Inc | 945 | 90 | | | 78.33 | 1782 | percent of total billed charges | |
| HC THERAPEUTIC INJ. CARP'AL TUNNEL | 20526 | CPT | | | | outpatient | | | 1050 | 389.55 | Three Rivers | Three Rivers | 997.5 | 95 | | | 78.33 | 1782 | percent of total billed charges | |
| HC INJ TENDON SHEATH LIG | 20550 | CPT | | | | outpatient | | | 1548 | 389.55 | United | CommercialPPO | 1782 | | | | 83.29 | 1782 | case rate | |
| HC INJ TENDON SHEATH LIG | 20550 | CPT | | | | outpatient | | | 1548 | 389.55 | First Trenton | First Trenton | 1393.2 | 90 | | | 83.29 | 1782 | percent of total billed charges | |
| HC INJ TENDON SHEATH LIG | 20550 | CPT | | | | outpatient | | | 1548 | 389.55 | Corrections | Corrections | 1238.4 | 80 | | | 83.29 | 1782 | percent of total billed charges | |
| HC INJ TENDON SHEATH LIG | 20550 | CPT | | | | outpatient | | | 1548 | 389.55 | Aetna | Better Health | 488.39 | 31.55 | | 276.6 | 83.29 | 1782 | percent of total billed charges | |
| HC INJ TENDON SHEATH LIG | 20550 | CPT | | | | outpatient | | | 1548 | 389.55 | Amerihealth | HMO/PPO | 125 | | | 217.61 | 83.29 | 1782 | fee schedule | |
| HC INJ TENDON SHEATH LIG | 20550 | CPT | | | | outpatient | | | 1548 | 389.55 | Aetna | Commercial | 552.82 | | | 288.99 | 83.29 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ TENDON SHEATH LIG | 20550 | CPT | | | | outpatient | | | 1548 | 389.55 | Horizon | Medicare Blue | 338.74 | | | | 83.29 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ TENDON SHEATH LIG | 20550 | CPT | | | | outpatient | | | 1548 | 389.55 | Consumer | Consumer | 1470.6 | 95 | | | 83.29 | 1782 | percent of total billed charges | |
| HC INJ TENDON SHEATH LIG | 20550 | CPT | | | | outpatient | | | 1548 | 389.55 | United | Oxford | 1782 | | | | 83.29 | 1782 | case rate | |
| HC INJ TENDON SHEATH LIG | 20550 | CPT | | | | outpatient | | | 1548 | 389.55 | Horizon | Indemnity | 655.46 | | | | 83.29 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ TENDON SHEATH LIG | 20550 | CPT | | | | outpatient | | | 1548 | 389.55 | UHC | Medicare | 338.74 | | | 292.04 | 83.29 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ TENDON SHEATH LIG | 20550 | CPT | | | | outpatient | | | 1548 | 389.55 | Aetna | Medicare | 338.74 | | | | 83.29 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ TENDON SHEATH LIG | 20550 | CPT | | | | outpatient | | | 1548 | 389.55 | First Health | First Health | 1083.6 | 70 | | | 83.29 | 1782 | percent of total billed charges | |
| HC INJ TENDON SHEATH LIG | 20550 | CPT | | | | outpatient | | | 1548 | 389.55 | UHC | Medicaid | 488.39 | 31.55 | | 232.61 | 83.29 | 1782 | percent of total billed charges | |
| HC INJ TENDON SHEATH LIG | 20550 | CPT | | | | outpatient | | | 1548 | 389.55 | Wellcare | Medicaid | 488.39 | 31.55 | | | 83.29 | 1782 | percent of total billed charges | |
| HC INJ TENDON SHEATH LIG | 20550 | CPT | | | | outpatient | | | 1548 | 389.55 | Horizon | NJ Health | 83.29 | | | | 83.29 | 1782 | fee schedule | |
| HC INJ TENDON SHEATH LIG | 20550 | CPT | | | | outpatient | | | 1548 | 389.55 | Wellcare | Medicare | 338.74 | | | | 83.29 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ TENDON SHEATH LIG | 20550 | CPT | | | | outpatient | | | 1548 | 389.55 | Horizon | PPO | 655.46 | | | | 83.29 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ TENDON SHEATH LIG | 20550 | CPT | | | | outpatient | | | 1548 | 389.55 | Americare | Americare | 1161 | 75 | | | 83.29 | 1782 | percent of total billed charges | |
| HC INJ TENDON SHEATH LIG | 20550 | CPT | | | | outpatient | | | 1548 | 389.55 | Managed Care Inc | Managed Care Inc | 1393.2 | 90 | | | 83.29 | 1782 | percent of total billed charges | |
| HC INJ TENDON SHEATH LIG | 20550 | CPT | | | | outpatient | | | 1548 | 389.55 | Horizon | MGD | 655.46 | | | | 83.29 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ TENDON SHEATH LIG | 20550 | CPT | | | | outpatient | | | 1548 | 389.55 | Multiplan | Multiplan | 1238.4 | 80 | | | 83.29 | 1782 | percent of total billed charges | |
| HC INJ TENDON SHEATH LIG | 20550 | CPT | | | | outpatient | | | 1548 | 389.55 | Qualcare | Qualcare | 1161 | 75 | | | 83.29 | 1782 | percent of total billed charges | |
| HC INJ TENDON SHEATH LIG | 20550 | CPT | | | | outpatient | | | 1548 | 389.55 | Three Rivers | Three Rivers | 1470.6 | 95 | | | 83.29 | 1782 | percent of total billed charges | |
| HC INJ TENDON SHEATH LIG | 20550 | CPT | | | | outpatient | | | 1548 | 389.55 | WellPoint | WellPoint | 498.15 | 32.18 | | 289.92 | 83.29 | 1782 | percent of total billed charges | |
| HC INJ, SINGLE TENDON ORIG/INSERT | 20551 | CPT | | | | outpatient | | | 1050 | 389.55 | Horizon | MGD | 655.46 | | | | 65.72 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ, SINGLE TENDON ORIG/INSERT | 20551 | CPT | | | | outpatient | | | 1050 | 389.55 | Aetna | Better Health | 331.28 | 31.55 | | | 65.72 | 1782 | percent of total billed charges | |
| HC INJ, SINGLE TENDON ORIG/INSERT | 20551 | CPT | | | | outpatient | | | 1050 | 389.55 | Amerihealth | HMO/PPO | 125 | | | | 65.72 | 1782 | fee schedule | |
| HC INJ, SINGLE TENDON ORIG/INSERT | 20551 | CPT | | | | outpatient | | | 1050 | 389.55 | Americare | Americare | 787.5 | 75 | | | 65.72 | 1782 | percent of total billed charges | |
| HC INJ, SINGLE TENDON ORIG/INSERT | 20551 | CPT | | | | outpatient | | | 1050 | 389.55 | Aetna | Commercial | 552.82 | | | | 65.72 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ, SINGLE TENDON ORIG/INSERT | 20551 | CPT | | | | outpatient | | | 1050 | 389.55 | Quakcare | Qualcare | 787.5 | 75 | | | 65.72 | 1782 | percent of total billed charges | |
| HC INJ, SINGLE TENDON ORIG/INSERT | 20551 | CPT | | | | outpatient | | | 1050 | 389.55 | First Trenton | First Trenton | 945 | 90 | | | 65.72 | 1782 | percent of total billed charges | |
| HC INJ, SINGLE TENDON ORIG/INSERT | 20551 | CPT | | | | outpatient | | | 1050 | 389.55 | Consumer | Consumer | 997.5 | 95 | | | 65.72 | 1782 | percent of total billed charges | |
| HC INJ, SINGLE TENDON ORIG/INSERT | 20551 | CPT | | | | outpatient | | | 1050 | 389.55 | Multiplan | Multiplan | 840 | 80 | | | 65.72 | 1782 | percent of total billed charges | |
| HC INJ, SINGLE TENDON ORIG/INSERT | 20551 | CPT | | | | outpatient | | | 1050 | 389.55 | UHC | Medicare | 338.74 | | | | 65.72 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ, SINGLE TENDON ORIG/INSERT | 20551 | CPT | | | | outpatient | | | 1050 | 389.55 | First Health | First Health | 735 | 70 | | | 65.72 | 1782 | percent of total billed charges | |
| HC INJ, SINGLE TENDON ORIG/INSERT | 20551 | CPT | | | | outpatient | | | 1050 | 389.55 | Managed Care Inc | Managed Care Inc | 945 | 90 | | | 65.72 | 1782 | percent of total billed charges | |
| HC INJ, SINGLE TENDON ORIG/INSERT | 20551 | CPT | | | | outpatient | | | 1050 | 389.55 | Aetna | Medicare | 338.74 | | | | 65.72 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ, SINGLE TENDON ORIG/INSERT | 20551 | CPT | | | | outpatient | | | 1050 | 389.55 | UHC | Medicaid | 331.28 | 31.55 | | | 65.72 | 1782 | percent of total billed charges | |
| HC INJ, SINGLE TENDON ORIG/INSERT | 20551 | CPT | | | | outpatient | | | 1050 | 389.55 | Horizon | Medicare Blue | 338.74 | | | | 65.72 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ, SINGLE TENDON ORIG/INSERT | 20551 | CPT | | | | outpatient | | | 1050 | 389.55 | Corrections | Corrections | 840 | 80 | | | 65.72 | 1782 | percent of total billed charges | |
| HC INJ, SINGLE TENDON ORIG/INSERT | 20551 | CPT | | | | outpatient | | | 1050 | 389.55 | United | CommercialPPO | 1782 | | | | 65.72 | 1782 | case rate | |
| HC INJ, SINGLE TENDON ORIG/INSERT | 20551 | CPT | | | | outpatient | | | 1050 | 389.55 | Wellcare | Medicare | 338.74 | | | | 65.72 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ, SINGLE TENDON ORIG/INSERT | 20551 | CPT | | | | outpatient | | | 1050 | 389.55 | Horizon | PPO | 655.46 | | | | 65.72 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ, SINGLE TENDON ORIG/INSERT | 20551 | CPT | | | | outpatient | | | 1050 | 389.55 | Three Rivers | Three Rivers | 997.5 | 95 | | | 65.72 | 1782 | percent of total billed charges | |
| HC INJ, SINGLE TENDON ORIG/INSERT | 20551 | CPT | | | | outpatient | | | 1050 | 389.55 | Wellcare | Medicaid | 331.28 | 31.55 | | | 65.72 | 1782 | percent of total billed charges | |
| HC INJ, SINGLE TENDON ORIG/INSERT | 20551 | CPT | | | | outpatient | | | 1050 | 389.55 | Horizon | Indemnity | 655.46 | | | | 65.72 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ, SINGLE TENDON ORIG/INSERT | 20551 | CPT | | | | outpatient | | | 1050 | 389.55 | United | Oxford | 1782 | | | | 65.72 | 1782 | case rate | |
| HC INJ, SINGLE TENDON ORIG/INSERT | 20551 | CPT | | | | outpatient | | | 1050 | 389.55 | Horizon | NJ Health | 65.72 | | | | 65.72 | 1782 | fee schedule | |
| HC INJ, SINGLE TENDON ORIG/INSERT | 20551 | CPT | | | | outpatient | | | 1050 | 389.55 | WellPoint | WellPoint | 337.89 | 32.18 | | 291.65 | 65.72 | 1782 | percent of total billed charges | |
| HC INJECTION SING/MULT TRIGGER POINT 1 OR 2 MUSCLES; PORTABLE | 20552 | CPT | | | | outpatient | | | 1306.25 | 389.55 | Aetna | Commercial | 552.82 | | | | 78.64 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC INJECTION SING/MULT TRIGGER POINT 1 OR 2 MUSCLES; PORTABLE | 20552 | CPT | | | | outpatient | | | 1306.25 | 389.55 | First Health | First Health | 914.38 | 70 | | | 78.64 | 1782 | percent of total billed charges | |
| HC INJECTION SING/MULT TRIGGER POINT 1 OR 2 MUSCLES; PORTABLE | 20552 | CPT | | | | outpatient | | | 1306.25 | 389.55 | Wellcare | Medicare | 338.74 | | | | 78.64 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION SING/MULT TRIGGER POINT 1 OR 2 MUSCLES; PORTABLE | 20552 | CPT | | | | outpatient | | | 1306.25 | 389.55 | Horizon | Medicare Blue | 338.74 | | | 257.6 | 78.64 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION SING/MULT TRIGGER POINT 1 OR 2 MUSCLES; PORTABLE | 20552 | CPT | | | | outpatient | | | 1306.25 | 389.55 | Americare | Americare | 979.69 | 75 | | | 78.64 | 1782 | percent of total billed charges | |
| HC INJECTION SING/MULT TRIGGER POINT 1 OR 2 MUSCLES; PORTABLE | 20552 | CPT | | | | outpatient | | | 1306.25 | 389.55 | Aetna | Better Health | 412.12 | 31.55 | | | 78.64 | 1782 | percent of total billed charges | |
| HC INJECTION SING/MULT TRIGGER POINT 1 OR 2 MUSCLES; PORTABLE | 20552 | CPT | | | | outpatient | | | 1306.25 | 389.55 | Horizon | NJ Health | 78.64 | | | 942.07 | 78.64 | 1782 | fee schedule | |
| HC INJECTION SING/MULT TRIGGER POINT 1 OR 2 MUSCLES; PORTABLE | 20552 | CPT | | | | outpatient | | | 1306.25 | 389.55 | Aetna | Medicare | 338.74 | | | | 78.64 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION SING/MULT TRIGGER POINT 1 OR 2 MUSCLES; PORTABLE | 20552 | CPT | | | | outpatient | | | 1306.25 | 389.55 | Amerihealth | HMO/PPO | 125 | | | | 78.64 | 1782 | fee schedule | |
| HC INJECTION SING/MULT TRIGGER POINT 1 OR 2 MUSCLES; PORTABLE | 20552 | CPT | | | | outpatient | | | 1306.25 | 389.55 | Three Rivers | Three Rivers | 1240.94 | 95 | | | 78.64 | 1782 | percent of total billed charges | |
| HC INJECTION SING/MULT TRIGGER POINT 1 OR 2 MUSCLES; PORTABLE | 20552 | CPT | | | | outpatient | | | 1306.25 | 389.55 | WellPoint | WellPoint | 420.35 | 32.18 | | | 78.64 | 1782 | percent of total billed charges | |
| HC INJECTION SING/MULT TRIGGER POINT 1 OR 2 MUSCLES; PORTABLE | 20552 | CPT | | | | outpatient | | | 1306.25 | 389.55 | Multiplan | Multiplan | 1045 | 80 | | | 78.64 | 1782 | percent of total billed charges | |
| HC INJECTION SING/MULT TRIGGER POINT 1 OR 2 MUSCLES; PORTABLE | 20552 | CPT | | | | outpatient | | | 1306.25 | 389.55 | UHC | Medicare | 338.74 | | | | 78.64 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION SING/MULT TRIGGER POINT 1 OR 2 MUSCLES; PORTABLE | 20552 | CPT | | | | outpatient | | | 1306.25 | 389.55 | Consumer | Consumer | 1240.94 | 95 | | | 78.64 | 1782 | percent of total billed charges | |
| HC INJECTION SING/MULT TRIGGER POINT 1 OR 2 MUSCLES; PORTABLE | 20552 | CPT | | | | outpatient | | | 1306.25 | 389.55 | Wellcare | Medicaid | 412.12 | 31.55 | | | 78.64 | 1782 | percent of total billed charges | |
| HC INJECTION SING/MULT TRIGGER POINT 1 OR 2 MUSCLES; PORTABLE | 20552 | CPT | | | | outpatient | | | 1306.25 | 389.55 | Horizon | MGD | 655.46 | | | 228.61 | 78.64 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION SING/MULT TRIGGER POINT 1 OR 2 MUSCLES; PORTABLE | 20552 | CPT | | | | outpatient | | | 1306.25 | 389.55 | UHC | Medicaid | 412.12 | 31.55 | | 197.05 | 78.64 | 1782 | percent of total billed charges | |
| HC INJECTION SING/MULT TRIGGER POINT 1 OR 2 MUSCLES; PORTABLE | 20552 | CPT | | | | outpatient | | | 1306.25 | 389.55 | Qualcare | Qualcare | 979.69 | 75 | | | 78.64 | 1782 | percent of total billed charges | |
| HC INJECTION SING/MULT TRIGGER POINT 1 OR 2 MUSCLES; PORTABLE | 20552 | CPT | | | | outpatient | | | 1306.25 | 389.55 | Corrections | Corrections | 1045 | 80 | | | 78.64 | 1782 | percent of total billed charges | |
| HC INJECTION SING/MULT TRIGGER POINT 1 OR 2 MUSCLES; PORTABLE | 20552 | CPT | | | | outpatient | | | 1306.25 | 389.55 | United | CommercialPPO | 1782 | | | | 78.64 | 1782 | case rate | |
| HC INJECTION SING/MULT TRIGGER POINT 1 OR 2 MUSCLES; PORTABLE | 20552 | CPT | | | | outpatient | | | 1306.25 | 389.55 | First Trenton | First Trenton | 1175.63 | 90 | | | 78.64 | 1782 | percent of total billed charges | |
| HC INJECTION SING/MULT TRIGGER POINT 1 OR 2 MUSCLES; PORTABLE | 20552 | CPT | | | | outpatient | | | 1306.25 | 389.55 | Horizon | Indemnity | 655.46 | | | | 78.64 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION SING/MULT TRIGGER POINT 1 OR 2 MUSCLES; PORTABLE | 20552 | CPT | | | | outpatient | | | 1306.25 | 389.55 | Horizon | PPO | 655.46 | | | | 78.64 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION SING/MULT TRIGGER POINT 1 OR 2 MUSCLES; PORTABLE | 20552 | CPT | | | | outpatient | | | 1306.25 | 389.55 | Managed Care Inc | Managed Care Inc | 1175.63 | 90 | | | 78.64 | 1782 | percent of total billed charges | |
| HC INJECTION SING/MULT TRIGGER POINT 1 OR 2 MUSCLES; PORTABLE | 20552 | CPT | | | | outpatient | | | 1306.25 | 389.55 | United | Oxford | 1782 | | | | 78.64 | 1782 | case rate | |
| HC INJECTION TRIGGER PT>3 MS GPS | 20553 | CPT | | | | outpatient | | | 1051 | 389.55 | Americare | Americare | 788.25 | 75 | | | 70.65 | 1782 | percent of total billed charges | |
| HC INJECTION TRIGGER PT>3 MS GPS | 20553 | CPT | | | | outpatient | | | 1051 | 389.55 | Horizon | Indemnity | 655.46 | | | | 70.65 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION TRIGGER PT>3 MS GPS | 20553 | CPT | | | | outpatient | | | 1051 | 389.55 | Aetna | Medicare | 338.74 | | | | 70.65 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION TRIGGER PT>3 MS GPS | 20553 | CPT | | | | outpatient | | | 1051 | 389.55 | Horizon | Medicare Blue | 338.74 | | | | 70.65 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION TRIGGER PT>3 MS GPS | 20553 | CPT | | | | outpatient | | | 1051 | 389.55 | Aetna | Commercial | 552.82 | | | | 70.65 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION TRIGGER PT>3 MS GPS | 20553 | CPT | | | | outpatient | | | 1051 | 389.55 | First Trenton | First Trenton | 945.9 | 90 | | | 70.65 | 1782 | percent of total billed charges | |
| HC INJECTION TRIGGER PT>3 MS GPS | 20553 | CPT | | | | outpatient | | | 1051 | 389.55 | Horizon | PPO | 655.46 | | | | 70.65 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION TRIGGER PT>3 MS GPS | 20553 | CPT | | | | outpatient | | | 1051 | 389.55 | Aetna | Better Health | 331.59 | 31.55 | | | 70.65 | 1782 | percent of total billed charges | |
| HC INJECTION TRIGGER PT>3 MS GPS | 20553 | CPT | | | | outpatient | | | 1051 | 389.55 | Amerihealth | HMO/PPO | 125 | | | | 70.65 | 1782 | fee schedule | |
| HC INJECTION TRIGGER PT>3 MS GPS | 20553 | CPT | | | | outpatient | | | 1051 | 389.55 | United | CommercialPPO | 1782 | | | | 70.65 | 1782 | case rate | |
| HC INJECTION TRIGGER PT>3 MS GPS | 20553 | CPT | | | | outpatient | | | 1051 | 389.55 | Consumer | Consumer | 998.45 | 95 | | | 70.65 | 1782 | percent of total billed charges | |
| HC INJECTION TRIGGER PT>3 MS GPS | 20553 | CPT | | | | outpatient | | | 1051 | 389.55 | Multiplan | Multiplan | 840.8 | 80 | | | 70.65 | 1782 | percent of total billed charges | |
| HC INJECTION TRIGGER PT>3 MS GPS | 20553 | CPT | | | | outpatient | | | 1051 | 389.55 | Horizon | MGD | 655.46 | | | | 70.65 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION TRIGGER PT>3 MS GPS | 20553 | CPT | | | | outpatient | | | 1051 | 389.55 | Managed Care Inc | Managed Care Inc | 945.9 | 90 | | | 70.65 | 1782 | percent of total billed charges | |
| HC INJECTION TRIGGER PT>3 MS GPS | 20553 | CPT | | | | outpatient | | | 1051 | 389.55 | Corrections | Corrections | 840.8 | 80 | | | 70.65 | 1782 | percent of total billed charges | |
| HC INJECTION TRIGGER PT>3 MS GPS | 20553 | CPT | | | | outpatient | | | 1051 | 389.55 | First Health | First Health | 735.7 | 70 | | | 70.65 | 1782 | percent of total billed charges | |
| HC INJECTION TRIGGER PT>3 MS GPS | 20553 | CPT | | | | outpatient | | | 1051 | 389.55 | Horizon | NJ Health | 70.65 | | | | 70.65 | 1782 | fee schedule | |
| HC INJECTION TRIGGER PT>3 MS GPS | 20553 | CPT | | | | outpatient | | | 1051 | 389.55 | UHC | Medicaid | 331.59 | 31.55 | | | 70.65 | 1782 | percent of total billed charges | |
| HC INJECTION TRIGGER PT>3 MS GPS | 20553 | CPT | | | | outpatient | | | 1051 | 389.55 | Qualcare | Qualcare | 788.25 | 75 | | | 70.65 | 1782 | percent of total billed charges | |
| HC INJECTION TRIGGER PT>3 MS GPS | 20553 | CPT | | | | outpatient | | | 1051 | 389.55 | United | Oxford | 1782 | | | | 70.65 | 1782 | case rate | |
| HC INJECTION TRIGGER PT>3 MS GPS | 20553 | CPT | | | | outpatient | | | 1051 | 389.55 | Three Rivers | Three Rivers | 998.45 | 95 | | | 70.65 | 1782 | percent of total billed charges | |
| HC INJECTION TRIGGER PT>3 MS GPS | 20553 | CPT | | | | outpatient | | | 1051 | 389.55 | WellPoint | WellPoint | 338.21 | 32.18 | | | 70.65 | 1782 | percent of total billed charges | |
| HC INJECTION TRIGGER PT>3 MS GPS | 20553 | CPT | | | | outpatient | | | 1051 | 389.55 | UHC | Medicare | 338.74 | | | 292.32 | 70.65 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION TRIGGER PT>3 MS GPS | 20553 | CPT | | | | outpatient | | | 1051 | 389.55 | Wellcare | Medicaid | 331.59 | 31.55 | | | 70.65 | 1782 | percent of total billed charges | |
| HC INJECTION TRIGGER PT>3 MS GPS | 20553 | CPT | | | | outpatient | | | 1051 | 389.55 | Wellcare | Medicare | 338.74 | | | | 70.65 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASPIRATION JOINT SMALL | 20600 | CPT | | | | outpatient | | | 1422 | 389.55 | Aetna | Commercial | 552.82 | | | | 78.48 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASPIRATION JOINT SMALL | 20600 | CPT | | | | outpatient | | | 1422 | 389.55 | First Trenton | First Trenton | 1279.8 | 90 | | | 78.48 | 1782 | percent of total billed charges | |
| HC ASPIRATION JOINT SMALL | 20600 | CPT | | | | outpatient | | | 1422 | 389.55 | Horizon | PPO | 655.46 | | | | 78.48 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASPIRATION JOINT SMALL | 20600 | CPT | | | | outpatient | | | 1422 | 389.55 | Aetna | Better Health | 448.64 | 31.55 | | | 78.48 | 1782 | percent of total billed charges | |
| HC ASPIRATION JOINT SMALL | 20600 | CPT | | | | outpatient | | | 1422 | 389.55 | Aetna | Medicare | 338.74 | | | | 78.48 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASPIRATION JOINT SMALL | 20600 | CPT | | | | outpatient | | | 1422 | 389.55 | United | CommercialPPO | 1782 | | | | 78.48 | 1782 | case rate | |
| HC ASPIRATION JOINT SMALL | 20600 | CPT | | | | outpatient | | | 1422 | 389.55 | Consumer | Consumer | 1350.9 | 95 | | | 78.48 | 1782 | percent of total billed charges | |
| HC ASPIRATION JOINT SMALL | 20600 | CPT | | | | outpatient | | | 1422 | 389.55 | First Health | First Health | 995.4 | 70 | | | 78.48 | 1782 | percent of total billed charges | |
| HC ASPIRATION JOINT SMALL | 20600 | CPT | | | | outpatient | | | 1422 | 389.55 | Americare | Americare | 1066.5 | 75 | | | 78.48 | 1782 | percent of total billed charges | |
| HC ASPIRATION JOINT SMALL | 20600 | CPT | | | | outpatient | | | 1422 | 389.55 | Horizon | Indemnity | 655.46 | | | | 78.48 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASPIRATION JOINT SMALL | 20600 | CPT | | | | outpatient | | | 1422 | 389.55 | Corrections | Corrections | 1137.6 | 80 | | | 78.48 | 1782 | percent of total billed charges | |
| HC ASPIRATION JOINT SMALL | 20600 | CPT | | | | outpatient | | | 1422 | 389.55 | Horizon | Medicare Blue | 338.74 | | | | 78.48 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASPIRATION JOINT SMALL | 20600 | CPT | | | | outpatient | | | 1422 | 389.55 | Amerihealth | HMO/PPO | 125 | | | | 78.48 | 1782 | fee schedule | |
| HC ASPIRATION JOINT SMALL | 20600 | CPT | | | | outpatient | | | 1422 | 389.55 | United | Oxford | 1782 | | | | 78.48 | 1782 | case rate | |
| HC ASPIRATION JOINT SMALL | 20600 | CPT | | | | outpatient | | | 1422 | 389.55 | Horizon | NJ Health | 78.48 | | | | 78.48 | 1782 | fee schedule | |
| HC ASPIRATION JOINT SMALL | 20600 | CPT | | | | outpatient | | | 1422 | 389.55 | Multiplan | Multiplan | 1137.6 | 80 | | | 78.48 | 1782 | percent of total billed charges | |
| HC ASPIRATION JOINT SMALL | 20600 | CPT | | | | outpatient | | | 1422 | 389.55 | Horizon | MGD | 655.46 | | | | 78.48 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASPIRATION JOINT SMALL | 20600 | CPT | | | | outpatient | | | 1422 | 389.55 | Managed Care Inc | Managed Care Inc | 1279.8 | 90 | | | 78.48 | 1782 | percent of total billed charges | |
| HC ASPIRATION JOINT SMALL | 20600 | CPT | | | | outpatient | | | 1422 | 389.55 | UHC | Medicaid | 448.64 | 31.55 | | 293.99 | 78.48 | 1782 | percent of total billed charges | |
| HC ASPIRATION JOINT SMALL | 20600 | CPT | | | | outpatient | | | 1422 | 389.55 | Qualcare | Qualcare | 1066.5 | 75 | | | 78.48 | 1782 | percent of total billed charges | |
| HC ASPIRATION JOINT SMALL | 20600 | CPT | | | | outpatient | | | 1422 | 389.55 | Three Rivers | Three Rivers | 1350.9 | 95 | | | 78.48 | 1782 | percent of total billed charges | |
| HC ASPIRATION JOINT SMALL | 20600 | CPT | | | | outpatient | | | 1422 | 389.55 | UHC | Medicare | 338.74 | | | | 78.48 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASPIRATION JOINT SMALL | 20600 | CPT | | | | outpatient | | | 1422 | 389.55 | Wellcare | Medicaid | 448.64 | 31.55 | | | 78.48 | 1782 | percent of total billed charges | |
| HC ASPIRATION JOINT SMALL | 20600 | CPT | | | | outpatient | | | 1422 | 389.55 | WellPoint | WellPoint | 457.6 | 32.18 | | | 78.48 | 1782 | percent of total billed charges | |
| HC ASPIRATION JOINT SMALL | 20600 | CPT | | | | outpatient | | | 1422 | 389.55 | Wellcare | Medicare | 338.74 | | | | 78.48 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTH ASP&INJ SM JT/BUR/US REC/; PORTABLE | 20604 | CPT | | | | outpatient | | | 1310 | 389.55 | Aetna | Medicare | 338.74 | | | | 106.75 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTH ASP&INJ SM JT/BUR/US REC/; PORTABLE | 20604 | CPT | | | | outpatient | | | 1310 | 389.55 | Aetna | Commercial | 552.82 | | | | 106.75 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTH ASP&INJ SM JT/BUR/US REC/; PORTABLE | 20604 | CPT | | | | outpatient | | | 1310 | 389.55 | Horizon | Indemnity | 655.46 | | | | 106.75 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTH ASP&INJ SM JT/BUR/US REC/; PORTABLE | 20604 | CPT | | | | outpatient | | | 1310 | 389.55 | Consumer | Consumer | 1244.5 | 95 | | | 106.75 | 1782 | percent of total billed charges | |
| HC ARTH ASP&INJ SM JT/BUR/US REC/; PORTABLE | 20604 | CPT | | | | outpatient | | | 1310 | 389.55 | Americare | Americare | 982.5 | 75 | | | 106.75 | 1782 | percent of total billed charges | |
| HC ARTH ASP&INJ SM JT/BUR/US REC/; PORTABLE | 20604 | CPT | | | | outpatient | | | 1310 | 389.55 | Multiplan | Multiplan | 1048 | 80 | | | 106.75 | 1782 | percent of total billed charges | |
| HC ARTH ASP&INJ SM JT/BUR/US REC/; PORTABLE | 20604 | CPT | | | | outpatient | | | 1310 | 389.55 | Horizon | Medicare Blue | 338.74 | | | | 106.75 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTH ASP&INJ SM JT/BUR/US REC/; PORTABLE | 20604 | CPT | | | | outpatient | | | 1310 | 389.55 | Aetna | Better Health | 413.31 | 31.55 | | | 106.75 | 1782 | percent of total billed charges | |
| HC ARTH ASP&INJ SM JT/BUR/US REC/; PORTABLE | 20604 | CPT | | | | outpatient | | | 1310 | 389.55 | First Trenton | First Trenton | 1179 | 90 | | | 106.75 | 1782 | percent of total billed charges | |
| HC ARTH ASP&INJ SM JT/BUR/US REC/; PORTABLE | 20604 | CPT | | | | outpatient | | | 1310 | 389.55 | Qualcare | Qualcare | 982.5 | 75 | | | 106.75 | 1782 | percent of total billed charges | |
| HC ARTH ASP&INJ SM JT/BUR/US REC/; PORTABLE | 20604 | CPT | | | | outpatient | | | 1310 | 389.55 | Horizon | PPO | 655.46 | | | | 106.75 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTH ASP&INJ SM JT/BUR/US REC/; PORTABLE | 20604 | CPT | | | | outpatient | | | 1310 | 389.55 | Corrections | Corrections | 1048 | 80 | | | 106.75 | 1782 | percent of total billed charges | |
| HC ARTH ASP&INJ SM JT/BUR/US REC/; PORTABLE | 20604 | CPT | | | | outpatient | | | 1310 | 389.55 | Amerihealth | HMO/PPO | 125 | | | | 106.75 | 1782 | fee schedule | |
| HC ARTH ASP&INJ SM JT/BUR/US REC/; PORTABLE | 20604 | CPT | | | | outpatient | | | 1310 | 389.55 | First Health | First Health | 917 | 70 | | | 106.75 | 1782 | percent of total billed charges | |
| HC ARTH ASP&INJ SM JT/BUR/US REC/; PORTABLE | 20604 | CPT | | | | outpatient | | | 1310 | 389.55 | UHC | Medicare | 338.74 | | | | 106.75 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTH ASP&INJ SM JT/BUR/US REC/; PORTABLE | 20604 | CPT | | | | outpatient | | | 1310 | 389.55 | Horizon | NJ Health | 106.75 | | | | 106.75 | 1782 | fee schedule | |
| HC ARTH ASP&INJ SM JT/BUR/US REC/; PORTABLE | 20604 | CPT | | | | outpatient | | | 1310 | 389.55 | Managed Care Inc | Managed Care Inc | 1179 | 90 | | | 106.75 | 1782 | percent of total billed charges | |
| HC ARTH ASP&INJ SM JT/BUR/US REC/; PORTABLE | 20604 | CPT | | | | outpatient | | | 1310 | 389.55 | Wellcare | Medicaid | 413.31 | 31.55 | | | 106.75 | 1782 | percent of total billed charges | |
| HC ARTH ASP&INJ SM JT/BUR/US REC/; PORTABLE | 20604 | CPT | | | | outpatient | | | 1310 | 389.55 | United | CommercialPPO | 1782 | | | | 106.75 | 1782 | case rate | |
| HC ARTH ASP&INJ SM JT/BUR/US REC/; PORTABLE | 20604 | CPT | | | | outpatient | | | 1310 | 389.55 | UHC | Medicaid | 413.31 | 31.55 | | | 106.75 | 1782 | percent of total billed charges | |
| HC ARTH ASP&INJ SM JT/BUR/US REC/; PORTABLE | 20604 | CPT | | | | outpatient | | | 1310 | 389.55 | Horizon | MGD | 655.46 | | | | 106.75 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTH ASP&INJ SM JT/BUR/US REC/; PORTABLE | 20604 | CPT | | | | outpatient | | | 1310 | 389.55 | Wellcare | Medicare | 338.74 | | | | 106.75 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTH ASP&INJ SM JT/BUR/US REC/; PORTABLE | 20604 | CPT | | | | outpatient | | | 1310 | 389.55 | WellPoint | WellPoint | 421.56 | 32.18 | | | 106.75 | 1782 | percent of total billed charges | |
| HC ARTH ASP&INJ SM JT/BUR/US REC/; PORTABLE | 20604 | CPT | | | | outpatient | | | 1310 | 389.55 | United | Oxford | 1782 | | | | 106.75 | 1782 | case rate | |
| HC ARTH ASP&INJ SM JT/BUR/US REC/; PORTABLE | 20604 | CPT | | | | outpatient | | | 1310 | 389.55 | Three Rivers | Three Rivers | 1244.5 | 95 | | | 106.75 | 1782 | percent of total billed charges | |
| HC ARTHROC ASP/INJ/INTERMED JOINT | 20605 | CPT | | | | outpatient | | | 1422 | 389.55 | Aetna | Medicare | 338.74 | | | | 66.5 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHROC ASP/INJ/INTERMED JOINT | 20605 | CPT | | | | outpatient | | | 1422 | 389.55 | Horizon | MGD | 655.46 | | | | 66.5 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHROC ASP/INJ/INTERMED JOINT | 20605 | CPT | | | | outpatient | | | 1422 | 389.55 | Aetna | Commercial | 552.82 | | | 151.27 | 66.5 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHROC ASP/INJ/INTERMED JOINT | 20605 | CPT | | | | outpatient | | | 1422 | 389.55 | Horizon | Medicare Blue | 338.74 | | | | 66.5 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHROC ASP/INJ/INTERMED JOINT | 20605 | CPT | | | | outpatient | | | 1422 | 389.55 | Americare | Americare | 1066.5 | 75 | | | 66.5 | 1782 | percent of total billed charges | |
| HC ARTHROC ASP/INJ/INTERMED JOINT | 20605 | CPT | | | | outpatient | | | 1422 | 389.55 | Aetna | Better Health | 448.64 | 31.55 | | | 66.5 | 1782 | percent of total billed charges | |
| HC ARTHROC ASP/INJ/INTERMED JOINT | 20605 | CPT | | | | outpatient | | | 1422 | 389.55 | Multiplan | Multiplan | 1137.6 | 80 | | | 66.5 | 1782 | percent of total billed charges | |
| HC ARTHROC ASP/INJ/INTERMED JOINT | 20605 | CPT | | | | outpatient | | | 1422 | 389.55 | UHC | Medicare | 338.74 | | | | 66.5 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHROC ASP/INJ/INTERMED JOINT | 20605 | CPT | | | | outpatient | | | 1422 | 389.55 | Amerihealth | HMO/PPO | 125 | | | | 66.5 | 1782 | fee schedule | |
| HC ARTHROC ASP/INJ/INTERMED JOINT | 20605 | CPT | | | | outpatient | | | 1422 | 389.55 | UHC | Medicaid | 448.64 | 31.55 | | | 66.5 | 1782 | percent of total billed charges | |
| HC ARTHROC ASP/INJ/INTERMED JOINT | 20605 | CPT | | | | outpatient | | | 1422 | 389.55 | Corrections | Corrections | 1137.6 | 80 | | | 66.5 | 1782 | percent of total billed charges | |
| HC ARTHROC ASP/INJ/INTERMED JOINT | 20605 | CPT | | | | outpatient | | | 1422 | 389.55 | Consumer | Consumer | 1350.9 | 95 | | | 66.5 | 1782 | percent of total billed charges | |
| HC ARTHROC ASP/INJ/INTERMED JOINT | 20605 | CPT | | | | outpatient | | | 1422 | 389.55 | First Trenton | First Trenton | 1279.8 | 90 | | | 66.5 | 1782 | percent of total billed charges | |
| HC ARTHROC ASP/INJ/INTERMED JOINT | 20605 | CPT | | | | outpatient | | | 1422 | 389.55 | First Health | First Health | 995.4 | 70 | | | 66.5 | 1782 | percent of total billed charges | |
| HC ARTHROC ASP/INJ/INTERMED JOINT | 20605 | CPT | | | | outpatient | | | 1422 | 389.55 | Qualcare | Qualcare | 1066.5 | 75 | | | 66.5 | 1782 | percent of total billed charges | |
| HC ARTHROC ASP/INJ/INTERMED JOINT | 20605 | CPT | | | | outpatient | | | 1422 | 389.55 | Wellcare | Medicare | 338.74 | | | | 66.5 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHROC ASP/INJ/INTERMED JOINT | 20605 | CPT | | | | outpatient | | | 1422 | 389.55 | United | Oxford | 1782 | | | | 66.5 | 1782 | case rate | |
| HC ARTHROC ASP/INJ/INTERMED JOINT | 20605 | CPT | | | | outpatient | | | 1422 | 389.55 | Horizon | Indemnity | 655.46 | | | | 66.5 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHROC ASP/INJ/INTERMED JOINT | 20605 | CPT | | | | outpatient | | | 1422 | 389.55 | Horizon | NJ Health | 66.5 | | | | 66.5 | 1782 | fee schedule | |
| HC ARTHROC ASP/INJ/INTERMED JOINT | 20605 | CPT | | | | outpatient | | | 1422 | 389.55 | WellPoint | WellPoint | 457.6 | 32.18 | | 303.24 | 66.5 | 1782 | percent of total billed charges | |
| HC ARTHROC ASP/INJ/INTERMED JOINT | 20605 | CPT | | | | outpatient | | | 1422 | 389.55 | Wellcare | Medicaid | 448.64 | 31.55 | | | 66.5 | 1782 | percent of total billed charges | |
| HC ARTHROC ASP/INJ/INTERMED JOINT | 20605 | CPT | | | | outpatient | | | 1422 | 389.55 | Horizon | PPO | 655.46 | | | | 66.5 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHROC ASP/INJ/INTERMED JOINT | 20605 | CPT | | | | outpatient | | | 1422 | 389.55 | Managed Care Inc | Managed Care Inc | 1279.8 | 90 | | | 66.5 | 1782 | percent of total billed charges | |
| HC ARTHROC ASP/INJ/INTERMED JOINT | 20605 | CPT | | | | outpatient | | | 1422 | 389.55 | United | CommercialPPO | 1782 | | | | 66.5 | 1782 | case rate | |
| HC ARTHROC ASP/INJ/INTERMED JOINT | 20605 | CPT | | | | outpatient | | | 1422 | 389.55 | Three Rivers | Three Rivers | 1350.9 | 95 | | | 66.5 | 1782 | percent of total billed charges | |
| HC ARTHRO ASPIR&INJ INTERM JT/B W; PORTABLE | 20606 | CPT | | | | outpatient | | | 3170 | 909.54 | Americare | Americare | 2377.5 | 75 | | | 118.05 | 3011.5 | percent of total billed charges | |
| HC ARTHRO ASPIR&INJ INTERM JT/B W; PORTABLE | 20606 | CPT | | | | outpatient | | | 3170 | 909.54 | First Health | First Health | 2219 | 70 | | | 118.05 | 3011.5 | percent of total billed charges | |
| HC ARTHRO ASPIR&INJ INTERM JT/B W; PORTABLE | 20606 | CPT | | | | outpatient | | | 3170 | 909.54 | Aetna | Medicare | 790.9 | | | | 118.05 | 3011.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHRO ASPIR&INJ INTERM JT/B W; PORTABLE | 20606 | CPT | | | | outpatient | | | 3170 | 909.54 | Horizon | Indemnity | 1530.39 | | | | 118.05 | 3011.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHRO ASPIR&INJ INTERM JT/B W; PORTABLE | 20606 | CPT | | | | outpatient | | | 3170 | 909.54 | Aetna | Commercial | 1290.75 | | | | 118.05 | 3011.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHRO ASPIR&INJ INTERM JT/B W; PORTABLE | 20606 | CPT | | | | outpatient | | | 3170 | 909.54 | Aetna | Better Health | 1000.14 | 31.55 | | | 118.05 | 3011.5 | percent of total billed charges | |
| HC ARTHRO ASPIR&INJ INTERM JT/B W; PORTABLE | 20606 | CPT | | | | outpatient | | | 3170 | 909.54 | Horizon | PPO | 1530.39 | | | | 118.05 | 3011.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHRO ASPIR&INJ INTERM JT/B W; PORTABLE | 20606 | CPT | | | | outpatient | | | 3170 | 909.54 | First Trenton | First Trenton | 2853 | 90 | | | 118.05 | 3011.5 | percent of total billed charges | |
| HC ARTHRO ASPIR&INJ INTERM JT/B W; PORTABLE | 20606 | CPT | | | | outpatient | | | 3170 | 909.54 | Amerihealth | HMO/PPO | 125 | | | | 118.05 | 3011.5 | fee schedule | |
| HC ARTHRO ASPIR&INJ INTERM JT/B W; PORTABLE | 20606 | CPT | | | | outpatient | | | 3170 | 909.54 | Horizon | Medicare Blue | 790.9 | | | | 118.05 | 3011.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHRO ASPIR&INJ INTERM JT/B W; PORTABLE | 20606 | CPT | | | | outpatient | | | 3170 | 909.54 | Corrections | Corrections | 2536 | 80 | | | 118.05 | 3011.5 | percent of total billed charges | |
| HC ARTHRO ASPIR&INJ INTERM JT/B W; PORTABLE | 20606 | CPT | | | | outpatient | | | 3170 | 909.54 | UHC | Medicaid | 1000.14 | 31.55 | | | 118.05 | 3011.5 | percent of total billed charges | |
| HC ARTHRO ASPIR&INJ INTERM JT/B W; PORTABLE | 20606 | CPT | | | | outpatient | | | 3170 | 909.54 | Horizon | MGD | 1530.39 | | | | 118.05 | 3011.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHRO ASPIR&INJ INTERM JT/B W; PORTABLE | 20606 | CPT | | | | outpatient | | | 3170 | 909.54 | Consumer | Consumer | 3011.5 | 95 | | | 118.05 | 3011.5 | percent of total billed charges | |
| HC ARTHRO ASPIR&INJ INTERM JT/B W; PORTABLE | 20606 | CPT | | | | outpatient | | | 3170 | 909.54 | Managed Care Inc | Managed Care Inc | 2853 | 90 | | | 118.05 | 3011.5 | percent of total billed charges | |
| HC ARTHRO ASPIR&INJ INTERM JT/B W; PORTABLE | 20606 | CPT | | | | outpatient | | | 3170 | 909.54 | Multiplan | Multiplan | 2536 | 80 | | | 118.05 | 3011.5 | percent of total billed charges | |
| HC ARTHRO ASPIR&INJ INTERM JT/B W; PORTABLE | 20606 | CPT | | | | outpatient | | | 3170 | 909.54 | U

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC ARTHRO ASPIR&INJ INTERM JT/B W; PORTABLE | 20606 | CPT | | | | outpatient | | | 3170 | 909.54 | Wellcare | Medicaid | 1000.14 | 31.55 | | | 118.05 | 3011.5 | percent of total billed charges | |
| HC ARTHROCENTESIS/ASPIR/INJ MAJOR; SURGICAL | 20610 | CPT | | | | both | | | 1228.75 | 389.55 | First Trenton | First Trenton | 1105.88 | 90 | | | 102.26 | 1782 | percent of total billed charges | |
| HC ARTHROCENTESIS/ASPIR/INJ MAJOR; SURGICAL | 20610 | CPT | | | | both | | | 1228.75 | 389.55 | Aetna | Better Health | 387.67 | 31.55 | | | 102.26 | 1782 | percent of total billed charges | |
| HC ARTHROCENTESIS/ASPIR/INJ MAJOR; SURGICAL | 20610 | CPT | | | | both | | | 1228.75 | 389.55 | Amerihealth | HMO/PPO | 125 | | | 210.11 | 102.26 | 1782 | fee schedule | |
| HC ARTHROCENTESIS/ASPIR/INJ MAJOR; SURGICAL | 20610 | CPT | | | | both | | | 1228.75 | 389.55 | Aetna | Medicare | 338.74 | | | 208.31 | 102.26 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHROCENTESIS/ASPIR/INJ MAJOR; SURGICAL | 20610 | CPT | | | | both | | | 1228.75 | 389.55 | Horizon | Indemnity | 655.46 | | | | 102.26 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHROCENTESIS/ASPIR/INJ MAJOR; SURGICAL | 20610 | CPT | | | | both | | | 1228.75 | 389.55 | Horizon | NJ Health | 102.26 | | | 379.57 | 102.26 | 1782 | fee schedule | |
| HC ARTHROCENTESIS/ASPIR/INJ MAJOR; SURGICAL | 20610 | CPT | | | | both | | | 1228.75 | 389.55 | Aetna | Commercial | 552.82 | | | 327.04 | 102.26 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHROCENTESIS/ASPIR/INJ MAJOR; SURGICAL | 20610 | CPT | | | | both | | | 1228.75 | 389.55 | Corrections | Corrections | 983 | 80 | | 278.57 | 102.26 | 1782 | percent of total billed charges | |
| HC ARTHROCENTESIS/ASPIR/INJ MAJOR; SURGICAL | 20610 | CPT | | | | both | | | 1228.75 | 389.55 | Managed Care Inc | Managed Care Inc | 1105.88 | 90 | | | 102.26 | 1782 | percent of total billed charges | |
| HC ARTHROCENTESIS/ASPIR/INJ MAJOR; SURGICAL | 20610 | CPT | | | | both | | | 1228.75 | 389.55 | First Health | First Health | 860.13 | 70 | | | 102.26 | 1782 | percent of total billed charges | |
| HC ARTHROCENTESIS/ASPIR/INJ MAJOR; SURGICAL | 20610 | CPT | | | | both | | | 1228.75 | 389.55 | Horizon | Medicare Blue | 338.74 | | | 200.73 | 102.26 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHROCENTESIS/ASPIR/INJ MAJOR; SURGICAL | 20610 | CPT | | | | both | | | 1228.75 | 389.55 | Americare | Americare | 921.56 | 75 | | | 102.26 | 1782 | percent of total billed charges | |
| HC ARTHROCENTESIS/ASPIR/INJ MAJOR; SURGICAL | 20610 | CPT | | | | both | | | 1228.75 | 389.55 | United | Commercial/PPO | 1782 | | | | 102.26 | 1782 | case rate | |
| HC ARTHROCENTESIS/ASPIR/INJ MAJOR; SURGICAL | 20610 | CPT | | | | both | | | 1228.75 | 389.55 | Horizon | PPO | 655.46 | | | 221.79 | 102.26 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHROCENTESIS/ASPIR/INJ MAJOR; SURGICAL | 20610 | CPT | | | | both | | | 1228.75 | 389.55 | Multiplan | Multiplan | 983 | 80 | | | 102.26 | 1782 | percent of total billed charges | |
| HC ARTHROCENTESIS/ASPIR/INJ MAJOR; SURGICAL | 20610 | CPT | | | | both | | | 1228.75 | 389.55 | Consumer | Consumer | 1167.31 | 95 | | | 102.26 | 1782 | percent of total billed charges | |
| HC ARTHROCENTESIS/ASPIR/INJ MAJOR; SURGICAL | 20610 | CPT | | | | both | | | 1228.75 | 389.55 | Three Rivers | Three Rivers | 1167.31 | 95 | | | 102.26 | 1782 | percent of total billed charges | |
| HC ARTHROCENTESIS/ASPIR/INJ MAJOR; SURGICAL | 20610 | CPT | | | | both | | | 1228.75 | 389.55 | United | Oxford | 1782 | | | | 102.26 | 1782 | case rate | |
| HC ARTHROCENTESIS/ASPIR/INJ MAJOR; SURGICAL | 20610 | CPT | | | | both | | | 1228.75 | 389.55 | Horizon | MSD | 655.46 | | | 378.95 | 102.26 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHROCENTESIS/ASPIR/INJ MAJOR; SURGICAL | 20610 | CPT | | | | both | | | 1228.75 | 389.55 | UHC | Medicaid | 387.67 | 31.55 | | 212.01 | 102.26 | 1782 | percent of total billed charges | |
| HC ARTHROCENTESIS/ASPIR/INJ MAJOR; SURGICAL | 20610 | CPT | | | | both | | | 1228.75 | 389.55 | Qualcare | Qualcare | 921.56 | 75 | | | 102.26 | 1782 | percent of total billed charges | |
| HC ARTHROCENTESIS/ASPIR/INJ MAJOR; SURGICAL | 20610 | CPT | | | | both | | | 1228.75 | 389.55 | UHC | Medicare | 338.74 | | | 183.32 | 102.26 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHROCENTESIS/ASPIR/INJ MAJOR; SURGICAL | 20610 | CPT | | | | both | | | 1228.75 | 389.55 | Wellcare | Medicaid | 387.67 | 31.55 | | 283.65 | 102.26 | 1782 | percent of total billed charges | |
| HC ARTHROCENTESIS/ASPIR/INJ MAJOR; SURGICAL | 20610 | CPT | | | | both | | | 1228.75 | 389.55 | Wellcare | Medicare | 338.74 | | | 109.37 | 102.26 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHROCENTESIS/ASPIR/INJ MAJOR; SURGICAL | 20610 | CPT | | | | both | | | 1228.75 | 389.55 | WellPoint | WellPoint | 395.41 | 32.18 | | 255.26 | 102.26 | 1782 | percent of total billed charges | |
| HC ARTHRO ASP/INJ MAJOR JT/B W/ U; SURGICAL | 20611 | CPT | | | | both | | | 1310 | 389.55 | Consumer | Consumer | 1244.5 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC ARTHRO ASP/INJ MAJOR JT/B W/ U; SURGICAL | 20611 | CPT | | | | both | | | 1310 | 389.55 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC ARTHRO ASP/INJ MAJOR JT/B W/ U; SURGICAL | 20611 | CPT | | | | both | | | 1310 | 389.55 | Aetna | Medicare | 338.74 | | | 349.49 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHRO ASP/INJ MAJOR JT/B W/ U; SURGICAL | 20611 | CPT | | | | both | | | 1310 | 389.55 | Americare | Americare | 982.5 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC ARTHRO ASP/INJ MAJOR JT/B W/ U; SURGICAL | 20611 | CPT | | | | both | | | 1310 | 389.55 | First Health | First Health | 917 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC ARTHRO ASP/INJ MAJOR JT/B W/ U; SURGICAL | 20611 | CPT | | | | both | | | 1310 | 389.55 | Aetna | Better Health | 413.31 | 31.55 | | 270.62 | 125 | 1782 | percent of total billed charges | |
| HC ARTHRO ASP/INJ MAJOR JT/B W/ U; SURGICAL | 20611 | CPT | | | | both | | | 1310 | 389.55 | Multiplan | Multiplan | 1048 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC ARTHRO ASP/INJ MAJOR JT/B W/ U; SURGICAL | 20611 | CPT | | | | both | | | 1310 | 389.55 | Corrections | Corrections | 1048 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC ARTHRO ASP/INJ MAJOR JT/B W/ U; SURGICAL | 20611 | CPT | | | | both | | | 1310 | 389.55 | Qualcare | Qualcare | 982.5 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC ARTHRO ASP/INJ MAJOR JT/B W/ U; SURGICAL | 20611 | CPT | | | | both | | | 1310 | 389.55 | Horizon | Medicare Blue | 338.74 | | | 257.6 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHRO ASP/INJ MAJOR JT/B W/ U; SURGICAL | 20611 | CPT | | | | both | | | 1310 | 389.55 | UHC | Medicaid | 413.31 | 31.55 | | 201.57 | 125 | 1782 | percent of total billed charges | |
| HC ARTHRO ASP/INJ MAJOR JT/B W/ U; SURGICAL | 20611 | CPT | | | | both | | | 1310 | 389.55 | First Trenton | First Trenton | 1179 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC ARTHRO ASP/INJ MAJOR JT/B W/ U; SURGICAL | 20611 | CPT | | | | both | | | 1310 | 389.55 | Aetna | Commercial | 552.82 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHRO ASP/INJ MAJOR JT/B W/ U; SURGICAL | 20611 | CPT | | | | both | | | 1310 | 389.55 | Horizon | Indemnity | 655.46 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHRO ASP/INJ MAJOR JT/B W/ U; SURGICAL | 20611 | CPT | | | | both | | | 1310 | 389.55 | Horizon | MSD | 655.46 | | | 532.73 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHRO ASP/INJ MAJOR JT/B W/ U; SURGICAL | 20611 | CPT | | | | both | | | 1310 | 389.55 | Horizon | PPO | 655.46 | | | 315.54 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHRO ASP/INJ MAJOR JT/B W/ U; SURGICAL | 20611 | CPT | | | | both | | | 1310 | 389.55 | Wellcare | Medicare | 338.74 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHRO ASP/INJ MAJOR JT/B W/ U; SURGICAL | 20611 | CPT | | | | both | | | 1310 | 389.55 | Horizon | NJ Health | 136.48 | | | 101.54 | 125 | 1782 | fee schedule | |
| HC ARTHRO ASP/INJ MAJOR JT/B W/ U; SURGICAL | 20611 | CPT | | | | both | | | 1310 | 389.55 | Wellcare | Medicaid | 413.31 | 31.55 | | 293.99 | 125 | 1782 | percent of total billed charges | |
| HC ARTHRO ASP/INJ MAJOR JT/B W/ U; SURGICAL | 20611 | CPT | | | | both | | | 1310 | 389.55 | Managed Care Inc | Managed Care Inc | 1179 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC ARTHRO ASP/INJ MAJOR JT/B W/ U; SURGICAL | 20611 | CPT | | | | both | | | 1310 | 389.55 | UHC | Medicare | 338.74 | | | 246.32 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHRO ASP/INJ MAJOR JT/B W/ U; SURGICAL | 20611 | CPT | | | | both | | | 1310 | 389.55 | Three Rivers | Three Rivers | 1244.5 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC ARTHRO ASP/INJ MAJOR JT/B W/ U; SURGICAL | 20611 | CPT | | | | both | | | 1310 | 389.55 | United | Commercial/PPO | 1782 | | | | 125 | 1782 | case rate | |
| HC ARTHRO ASP/INJ MAJOR JT/B W/ U; SURGICAL | 20611 | CPT | | | | both | | | 1310 | 389.55 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC ARTHRO ASP/INJ MAJOR JT/B W/ U; SURGICAL | 20611 | CPT | | | | both | | | 1310 | 389.55 | WellPoint | WellPoint | 421.56 | 32.18 | | 261.89 | 125 | 1782 | percent of total billed charges | |
| HC ASP/INJ GANGILION CYST(S) ANY | 20612 | CPT | | | | outpatient | | | 1422 | 389.55 | Aetna | Better Health | 448.64 | 31.55 | | | 75.69 | 1782 | percent of total billed charges | |
| HC ASP/INJ GANGILION CYST(S) ANY | 20612 | CPT | | | | outpatient | | | 1422 | 389.55 | Aetna | Commercial | 552.82 | | | | 75.69 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASP/INJ GANGILION CYST(S) ANY | 20612 | CPT | | | | outpatient | | | 1422 | 389.55 | Horizon | MSD | 655.46 | | | | 75.69 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASP/INJ GANGILION CYST(S) ANY | 20612 | CPT | | | | outpatient | | | 1422 | 389.55 | Horizon | Indemnity | 655.46 | | | | 75.69 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASP/INJ GANGILION CYST(S) ANY | 20612 | CPT | | | | outpatient | | | 1422 | 389.55 | Aetna | Medicare | 338.74 | | | | 75.69 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASP/INJ GANGILION CYST(S) ANY | 20612 | CPT | | | | outpatient | | | 1422 | 389.55 | Multiplan | Multiplan | 1137.6 | 80 | | | 75.69 | 1782 | percent of total billed charges | |
| HC ASP/INJ GANGILION CYST(S) ANY | 20612 | CPT | | | | outpatient | | | 1422 | 389.55 | First Health | First Health | 996.4 | 70 | | | 75.69 | 1782 | percent of total billed charges | |
| HC ASP/INJ GANGILION CYST(S) ANY | 20612 | CPT | | | | outpatient | | | 1422 | 389.55 | Horizon | Medicare Blue | 338.74 | | | | 75.69 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASP/INJ GANGILION CYST(S) ANY | 20612 | CPT | | | | outpatient | | | 1422 | 389.55 | Consumer | Consumer | 1350.9 | 95 | | | 75.69 | 1782 | percent of total billed charges | |
| HC ASP/INJ GANGILION CYST(S) ANY | 20612 | CPT | | | | outpatient | | | 1422 | 389.55 | Americare | Americare | 1066.5 | 75 | | | 75.69 | 1782 | percent of total billed charges | |
| HC ASP/INJ GANGILION CYST(S) ANY | 20612 | CPT | | | | outpatient | | | 1422 | 389.55 | UHC | Medicaid | 448.64 | 31.55 | | | 75.69 | 1782 | percent of total billed charges | |
| HC ASP/INJ GANGILION CYST(S) ANY | 20612 | CPT | | | | outpatient | | | 1422 | 389.55 | Horizon | PPO | 655.46 | | | | 75.69 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASP/INJ GANGILION CYST(S) ANY | 20612 | CPT | | | | outpatient | | | 1422 | 389.55 | Qualcare | Qualcare | 1066.5 | 75 | | | 75.69 | 1782 | percent of total billed charges | |
| HC ASP/INJ GANGILION CYST(S) ANY | 20612 | CPT | | | | outpatient | | | 1422 | 389.55 | Wellcare | Medicaid | 448.64 | 31.55 | | | 75.69 | 1782 | percent of total billed charges | |
| HC ASP/INJ GANGILION CYST(S) ANY | 20612 | CPT | | | | outpatient | | | 1422 | 389.55 | Three Rivers | Three Rivers | 1350.9 | 95 | | | 75.69 | 1782 | percent of total billed charges | |
| HC ASP/INJ GANGILION CYST(S) ANY | 20612 | CPT | | | | outpatient | | | 1422 | 389.55 | Wellcare | Medicare | 338.74 | | | | 75.69 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASP/INJ GANGILION CYST(S) ANY | 20612 | CPT | | | | outpatient | | | 1422 | 389.55 | Corrections | Corrections | 1137.6 | 80 | | | 75.69 | 1782 | percent of total billed charges | |
| HC ASP/INJ GANGILION CYST(S) ANY | 20612 | CPT | | | | outpatient | | | 1422 | 389.55 | Amerihealth | HMO/PPO | 125 | | | | 75.69 | 1782 | fee schedule | |
| HC ASP/INJ GANGILION CYST(S) ANY | 20612 | CPT | | | | outpatient | | | 1422 | 389.55 | UHC | Medicare | 338.74 | | | | 75.69 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASP/INJ GANGILION CYST(S) ANY | 20612 | CPT | | | | outpatient | | | 1422 | 389.55 | United | Oxford | 1782 | | | | 75.69 | 1782 | case rate | |
| HC ASP/INJ GANGILION CYST(S) ANY | 20612 | CPT | | | | outpatient | | | 1422 | 389.55 | First Trenton | First Trenton | 1279.8 | 90 | | | 75.69 | 1782 | percent of total billed charges | |
| HC ASP/INJ GANGILION CYST(S) ANY | 20612 | CPT | | | | outpatient | | | 1422 | 389.55 | United | Commercial/PPO | 1782 | | | | 75.69 | 1782 | case rate | |
| HC ASP/INJ GANGILION CYST(S) ANY | 20612 | CPT | | | | outpatient | | | 1422 | 389.55 | Horizon | NJ Health | 75.69 | | | | 75.69 | 1782 | fee schedule | |
| HC ASP/INJ GANGILION CYST(S) ANY | 20612 | CPT | | | | outpatient | | | 1422 | 389.55 | WellPoint | WellPoint | 457.6 | 32.18 | | 299.87 | 75.69 | 1782 | percent of total billed charges | |
| HC ASP/INJ GANGILION CYST(S) ANY | 20612 | CPT | | | | outpatient | | | 1422 | 389.55 | Managed Care Inc | Managed Care Inc | 1279.8 | 90 | | | 75.69 | 1782 | percent of total billed charges | |
| HC REMOVAL OF IMPLANT;SUPERFICIAL | 20670 | CPT | | | | outpatient | | | 6134 | 2132.36 | Horizon | NJ Health | 131.54 | | | 34.71 | 131.54 | 5827.3 | fee schedule | |
| HC REMOVAL OF IMPLANT;SUPERFICIAL | 20670 | CPT | | | | outpatient | | | 6134 | 2132.36 | Qualcare | Qualcare | 4600.5 | 75 | | | 131.54 | 5827.3 | percent of total billed charges | |
| HC REMOVAL OF IMPLANT;SUPERFICIAL | 20670 | CPT | | | | outpatient | | | 6134 | 2132.36 | First Health | First Health | 4293.8 | 70 | | | 131.54 | 5827.3 | percent of total billed charges | |
| HC REMOVAL OF IMPLANT;SUPERFICIAL | 20670 | CPT | | | | outpatient | | | 6134 | 2132.36 | Aetna | Better Health | 1935.28 | 31.55 | | 738.73 | 131.54 | 5827.3 | percent of total billed charges | |
| HC REMOVAL OF IMPLANT;SUPERFICIAL | 20670 | CPT | | | | outpatient | | | 6134 | 2132.36 | Aetna | Medicare | 1854.23 | | | | 131.54 | 5827.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL OF IMPLANT;SUPERFICIAL | 20670 | CPT | | | | outpatient | | | 6134 | 2132.36 | Consumer | Consumer | 5827.3 | 95 | | | 131.54 | 5827.3 | percent of total billed charges | |
| HC REMOVAL OF IMPLANT;SUPERFICIAL | 20670 | CPT | | | | outpatient | | | 6134 | 2132.36 | Corrections | Corrections | 4907.2 | 80 | | 62.92 | 131.54 | 5827.3 | percent of total billed charges | |
| HC REMOVAL OF IMPLANT;SUPERFICIAL | 20670 | CPT | | | | outpatient | | | 6134 | 2132.36 | Amerihealth | HMO/PPO | 300 | | | | 131.54 | 5827.3 | fee schedule | |
| HC REMOVAL OF IMPLANT;SUPERFICIAL | 20670 | CPT | | | | outpatient | | | 6134 | 2132.36 | UHC | Medicaid | 1935.28 | 31.55 | | 114.28 | 131.54 | 5827.3 | percent of total billed charges | |
| HC REMOVAL OF IMPLANT;SUPERFICIAL | 20670 | CPT | | | | outpatient | | | 6134 | 2132.36 | Wellcare | Medicare | 1854.23 | | | | 131.54 | 5827.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL OF IMPLANT;SUPERFICIAL | 20670 | CPT | | | | outpatient | | | 6134 | 2132.36 | Horizon | Medicare Blue | 1854.23 | | | 1665.12 | 131.54 | 5827.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL OF IMPLANT;SUPERFICIAL | 20670 | CPT | | | | outpatient | | | 6134 | 2132.36 | Aetna | Commercial | 3026.1 | | | | 131.54 | 5827.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL OF IMPLANT;SUPERFICIAL | 20670 | CPT | | | | outpatient | | | 6134 | 2132.36 | UHC | Medicare | 1854.23 | | | 1619.89 | 131.54 | 5827.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL OF IMPLANT;SUPERFICIAL | 20670 | CPT | | | | outpatient | | | 6134 | 2132.36 | First Trenton | First Trenton | 5520.6 | 90 | | | 131.54 | 5827.3 | percent of total billed charges | |
| HC REMOVAL OF IMPLANT;SUPERFICIAL | 20670 | CPT | | | | outpatient | | | 6134 | 2132.36 | Horizon | MSD | 3587.94 | | | | 131.54 | 5827.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL OF IMPLANT;SUPERFICIAL | 20670 | CPT | | | | outpatient | | | 6134 | 2132.36 | Americare | Americare | 4600.5 | 75 | | | 131.54 | 5827.3 | percent of total billed charges | |
| HC REMOVAL OF IMPLANT;SUPERFICIAL | 20670 | CPT | | | | outpatient | | | 6134 | 2132.36 | Multiplan | Multiplan | 4907.2 | 80 | | | 131.54 | 5827.3 | percent of total billed charges | |
| HC REMOVAL OF IMPLANT;SUPERFICIAL | 20670 | CPT | | | | outpatient | | | 6134 | 2132.36 | Horizon | Indemnity | 3587.94 | | | | 131.54 | 5827.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL OF IMPLANT;SUPERFICIAL | 20670 | CPT | | | | outpatient | | | 6134 | 2132.36 | Wellcare | Medicaid | 1935.28 | 31.55 | | 1338.36 | 131.54 | 5827.3 | percent of total billed charges | |
| HC REMOVAL OF IMPLANT;SUPERFICIAL | 20670 | CPT | | | | outpatient | | | 6134 | 2132.36 | Three Rivers | Three Rivers | 5827.3 | 95 | | | 131.54 | 5827.3 | percent of total billed charges | |
| HC REMOVAL OF IMPLANT;SUPERFICIAL | 20670 | CPT | | | | outpatient | | | 6134 | 2132.36 | Horizon | PPO | 3587.94 | | | | 131.54 | 5827.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL OF IMPLANT;SUPERFICIAL | 20670 | CPT | | | | outpatient | | | 6134 | 2132.36 | United | Oxford | 2493 | | | | 131.54 | 5827.3 | case rate | |
| HC REMOVAL OF IMPLANT;SUPERFICIAL | 20670 | CPT | | | | outpatient | | | 6134 | 2132.36 | Managed Care Inc | Managed Care Inc | 5520.6 | 90 | | | 131.54 | 5827.3 | percent of total billed charges | |
| HC REMOVAL OF IMPLANT;SUPERFICIAL | 20670 | CPT | | | | outpatient | | | 6134 | 2132.36 | United | Commercial/PPO | 2493 | | | | 131.54 | 5827.3 | case rate | |
| HC REMOVAL OF IMPLANT;SUPERFICIAL | 20670 | CPT | | | | outpatient | | | 6134 | 2132.36 | WellPoint | WellPoint | 1973.92 | 32.18 | | | 131.54 | 5827.3 | percent of total billed charges | |
| HC REMOVAL IMPLANT DEEP | 20680 | CPT | | | | outpatient | | | 9275 | 3737.2 | Three Rivers | Three Rivers | 8811.25 | 95 | | | 568.04 | 8811.25 | percent of total billed charges | |
| HC REMOVAL IMPLANT DEEP | 20680 | CPT | | | | outpatient | | | 9275 | 3737.2 | Horizon | PPO | 6288.25 | | | 5730.53 | 568.04 | 8811.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL IMPLANT DEEP | 20680 | CPT | | | | outpatient | | | 9275 | 3737.2 | Aetna | Commercial | 5303.58 | | | | 568.04 | 8811.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL IMPLANT DEEP | 20680 | CPT | | | | outpatient | | | 9275 | 3737.2 | Wellcare | Medicare | 3249.74 | | | | 568.04 | 8811.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL IMPLANT DEEP | 20680 | CPT | | | | outpatient | | | 9275 | 3737.2 | Corrections | Corrections | 7420 | 80 | | 64.71 | 568.04 | 8811.25 | percent of total billed charges | |
| HC REMOVAL IMPLANT DEEP | 20680 | CPT | | | | outpatient | | | 9275 | 3737.2 | Amerihealth | HMO/PPO | 650 | | | | 568.04 | 8811.25 | fee schedule | |
| HC REMOVAL IMPLANT DEEP | 20680 | CPT | | | | outpatient | | | 9275 | 3737.2 | Qualcare | Qualcare | 6956.25 | 75 | | | 568.04 | 8811.25 | percent of total billed charges | |
| HC REMOVAL IMPLANT DEEP | 20680 | CPT | | | | outpatient | | | 9275 | 3737.2 | Aetna | Better Health | 2926.26 | 31.55 | | | 568.04 | 8811.25 | percent of total billed charges | |
| HC REMOVAL IMPLANT DEEP | 20680 | CPT | | | | outpatient | | | 9275 | 3737.2 | First Trenton | First Trenton | 8347.5 | 90 | | | 568.04 | 8811.25 | percent of total billed charges | |
| HC REMOVAL IMPLANT DEEP | 20680 | CPT | | | | outpatient | | | 9275 | 3737.2 | UHC | Medicaid | 2926.26 | 31.55 | | | 568.04 | 8811.25 | percent of total billed charges | |
| HC REMOVAL IMPLANT DEEP | 20680 | CPT | | | | outpatient | | | 9275 | 3737.2 | Multiplan | Multiplan | 7420 | 80 | | | 568.04 | 8811.25 | percent of total billed charges | |
| HC REMOVAL IMPLANT DEEP | 20680 | CPT | | | | outpatient | | | 9275 | 3737.2 | Aetna | Medicare | 3249.74 | | | | 568.04 | 8811.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL IMPLANT DEEP | 20680 | CPT | | | | outpatient | | | 9275 | 3737.2 | Horizon | NJ Health | 568.04 | | | | 568.04 | 8811.25 | fee schedule | |
| HC REMOVAL IMPLANT DEEP | 20680 | CPT | | | | outpatient | | | 9275 | 3737.2 | First Health | First Health | 6492.5 | 70 | | | 568.04 | 8811.25 | percent of total billed charges | |
| HC REMOVAL IMPLANT DEEP | 20680 | CPT | | | | outpatient | | | 9275 | 3737.2 | Managed Care Inc | Managed Care Inc | 8347.5 | 90 | | | 568.04 | 8811.25 | percent of total billed charges | |
| HC REMOVAL IMPLANT DEEP | 20680 | CPT | | | | outpatient | | | 9275 | 3737.2 | Americare | Americare | 6956.25 | 75 | | | 568.04 | 8811.25 | percent of total billed charges | |
| HC REMOVAL IMPLANT DEEP | 20680 | CPT | | | | outpatient | | | 9275 | 3737.2 | United | Commercial/PPO | 2776 | | | | 568.04 | 8811.25 | case rate | |
| HC REMOVAL IMPLANT DEEP | 20680 | CPT | | | | outpatient | | | 9275 | 3737.2 | Consumer | Consumer | 8811.25 | 95 | | | 568.04 | 8811.25 | percent of total billed charges | |
| HC REMOVAL IMPLANT DEEP | 20680 | CPT | | | | outpatient | | | 9275 | 3737.2 | Horizon | Indemnity | 6288.25 | | | | 568.04 | 8811.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL IMPLANT DEEP | 20680 | CPT | | | | outpatient | | | 9275 | 3737.2 | Horizon | Medicare Blue | 3249.74 | | | | 568.04 | 8811.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL IMPLANT DEEP | 20680 | CPT | | | | outpatient | | | 9275 | 3737.2 | WellPoint | WellPoint | 2984.7 | 32.18 | | | 568.04 | 8811.25 | percent of total billed charges | |
| HC REMOVAL IMPLANT DEEP | 20680 | CPT | | | | outpatient | | | 9275 | 3737.2 | Horizon | MSD | 6288.25 | | | 5736.93 | 568.04 | 8811.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL IMPLANT DEEP | 20680 | CPT | | | | outpatient | | | 9275 | 3737.2 | UHC | Medicare | 3249.74 | | | | 568.04 | 8811.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL IMPLANT DEEP | 20680 | CPT | | | | outpatient | | | 9275 | 3737.2 | United | Oxford | 2776 | | | | 568.04 | 8811.25 | case rate | |
| HC REMOVAL IMPLANT DEEP | 20680 | CPT | | | | outpatient | | | 9275 | 3737.2 | Wellcare | Medicaid | 2926.26 | 31.55 | | | 568.04 | 8811.25 | percent of total billed charges | |
| HC REPLANTAT DIGIT EX THUMB | 20822 | CPT | | | | outpatient | | | 10522 | 2113.84 | Aetna | Medicare | 1838.12 | | | | 535.31 | 9995.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLANTAT DIGIT EX THUMB | 20822 | CPT | | | | outpatient | | | 10522 | 2113.84 | Qualcare | Qualcare | 7891.5 | 75 | | | 535.31 | 9995.9 | percent of total billed charges | |
| HC REPLANTAT DIGIT EX THUMB | 20822 | CPT | | | | outpatient | | | 10522 | 2113.84 | Aetna | Better Health | 3319.69 | 31.55 | | | 535.31 | 9995.9 | percent of total billed charges | |
| HC REPLANTAT DIGIT EX THUMB | 20822 | CPT | | | | outpatient | | | 10522 | 2113.84 | Amerihealth | HMO/PPO | 650 | | | | 535.31 | 9995.9 | fee schedule | |
| HC REPLANTAT DIGIT EX THUMB | 20822 | CPT | | | | outpatient | | | 10522 | 2113.84 | Consumer | Consumer | 9995.9 | 95 | | | 535.31 | 9995.9 | percent of total billed charges | |
| HC REPLANTAT DIGIT EX THUMB | 20822 | CPT | | | | outpatient | | | 10522 | 2113.84 | Corrections | Corrections | 8417.6 | 80 | | | 535.31 | 9995.9 | percent of total billed charges | |
| HC REPLANTAT DIGIT EX THUMB | 20822 | CPT | | | | outpatient | | | 10522 | 2113.84 | Aetna | Commercial | 3998.36 | 38 | | | 535.31 | 9995.9 | percent of total billed charges | |
| HC REPLANTAT DIGIT EX THUMB | 20822 | CPT | | | | outpatient | | | 10522 | 2113.84 | Three Rivers | Three Rivers | 9995.9 | 95 | | | 535.31 | 9995.9 | percent of total billed charges | |
| HC REPLANTAT DIGIT EX THUMB | 20822 | CPT | | | | outpatient | | | 10522 | 2113.84 | Americare | Americare | 7891.5 | 75 | | | 535.31 | 9995.9 | percent of total billed charges | |
| HC REPLANTAT DIGIT EX THUMB | 20822 | CPT | | | | outpatient | | | 10522 | 2113.84 | WellPoint | WellPoint | 3385.98 | 32.18 | | | 535.31 | 9995.9 | percent of total billed charges | |
| HC REPLANTAT DIGIT EX THUMB | 20822 | CPT | | | | outpatient | | | 10522 | 2113.84 | Horizon | Medicare Blue | 1838.12 | | | | 535.31 | 9995.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLANTAT DIGIT EX THUMB | 20822 | CPT | | | | outpatient | | | 10522 | 2113.84 | First Health | First Health | 7365.4 | 70 | | | 535.31 | 9995.9 | percent of total billed charges | |
| HC REPLANTAT DIGIT EX THUMB | 20822 | CPT | | | | outpatient | | | 10522 | 2113.84 | Horizon | MSD | 3556.76 | | | | 535.31 | 9995.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLANTAT DIGIT EX THUMB | 20822 | CPT | | | | outpatient | | | 10522 | 2113.84 | First Trenton | First Trenton | 9469.8 | 90 | | | 535.31 | 9995.9 | percent of total billed charges | |
| HC REPLANTAT DIGIT EX THUMB | 20822 | CPT | | | | outpatient | | | 10522 | 2113.84 | Multiplan | Multiplan | 8417.6 | 80 | | | 535.31 | 9995.9 | percent of total billed charges | |
| HC REPLANTAT DIGIT EX THUMB | 20822 | CPT | | | | outpatient | | | 10522 | 2113.84 | UHC | Medicaid | 3319.69 | 31.55 | | | 535.31 | 9995.9 | percent of total billed charges

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC REPLANTAT DIGIT EX THUMB | 20822 | CPT | | | | outpatient | | | 10522 | 2113.84 | Managed Care Inc | Managed Care Inc | 9469.8 | 90 | | | 535.31 | 9995.9 | percent of total billed charges | |
| HC REPLANTAT DIGIT EX THUMB | 20822 | CPT | | | | outpatient | | | 10522 | 2113.84 | Wellcare | Medicare | 1838.12 | | | | 535.31 | 9995.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLANTAT DIGIT EX THUMB | 20822 | CPT | | | | outpatient | | | 10522 | 2113.84 | United | Commercial/PPO | 2776 | | | | 535.31 | 9995.9 | case rate | |
| HC ABLATION BONE TUMOR | 20982 | CPT | | | | both | | | 17042 | 17309.86 | Corrections | Corrections | 13633.6 | 80 | | | 800 | 29125.72 | percent of total billed charges | |
| HC ABLATION BONE TUMOR | 20982 | CPT | | | | both | | | 17042 | 17309.86 | Aetna | Commercial | 24564.95 | | | | 800 | 29125.72 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION BONE TUMOR | 20982 | CPT | | | | both | | | 17042 | 17309.86 | Horizon | Medicare Blue | 15052.05 | | | | 800 | 29125.72 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION BONE TUMOR | 20982 | CPT | | | | both | | | 17042 | 17309.86 | Americare | Americare | 12781.5 | 75 | | | 800 | 29125.72 | percent of total billed charges | |
| HC ABLATION BONE TUMOR | 20982 | CPT | | | | both | | | 17042 | 17309.86 | First Health | First Health | 11929.4 | 70 | | | 800 | 29125.72 | percent of total billed charges | |
| HC ABLATION BONE TUMOR | 20982 | CPT | | | | both | | | 17042 | 17309.86 | Aetna | Medicare | 15052.05 | | | | 800 | 29125.72 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION BONE TUMOR | 20982 | CPT | | | | both | | | 17042 | 17309.86 | Aetna | Better Health | 5376.75 | 31.55 | | | 800 | 29125.72 | percent of total billed charges | |
| HC ABLATION BONE TUMOR | 20982 | CPT | | | | both | | | 17042 | 17309.86 | Consumer | Consumer | 16189.9 | 95 | | | 800 | 29125.72 | percent of total billed charges | |
| HC ABLATION BONE TUMOR | 20982 | CPT | | | | both | | | 17042 | 17309.86 | Horizon | Indemnity | 29125.72 | | | | 800 | 29125.72 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION BONE TUMOR | 20982 | CPT | | | | both | | | 17042 | 17309.86 | Multiplan | Multiplan | 13633.6 | 80 | | | 800 | 29125.72 | percent of total billed charges | |
| HC ABLATION BONE TUMOR | 20982 | CPT | | | | both | | | 17042 | 17309.86 | UHC | Medicare | 15052.05 | | | | 800 | 29125.72 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION BONE TUMOR | 20982 | CPT | | | | both | | | 17042 | 17309.86 | United | Oxford | 6362 | | | | 800 | 29125.72 | case rate | |
| HC ABLATION BONE TUMOR | 20982 | CPT | | | | both | | | 17042 | 17309.86 | First Trenton | First Trenton | 15337.8 | 90 | | | 800 | 29125.72 | percent of total billed charges | |
| HC ABLATION BONE TUMOR | 20982 | CPT | | | | both | | | 17042 | 17309.86 | Qualcare | Qualcare | 12781.5 | 75 | | | 800 | 29125.72 | percent of total billed charges | |
| HC ABLATION BONE TUMOR | 20982 | CPT | | | | both | | | 17042 | 17309.86 | Amerihealth | HMO/PPO | 800 | | | | 800 | 29125.72 | fee schedule | |
| HC ABLATION BONE TUMOR | 20982 | CPT | | | | both | | | 17042 | 17309.86 | Horizon | NJ Health | 5412.07 | | | | 800 | 29125.72 | fee schedule | |
| HC ABLATION BONE TUMOR | 20982 | CPT | | | | both | | | 17042 | 17309.86 | Wellcare | Medicare | 15052.05 | | | | 800 | 29125.72 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION BONE TUMOR | 20982 | CPT | | | | both | | | 17042 | 17309.86 | Three Rivers | Three Rivers | 16189.9 | 95 | | | 800 | 29125.72 | percent of total billed charges | |
| HC ABLATION BONE TUMOR | 20982 | CPT | | | | both | | | 17042 | 17309.86 | Horizon | MGD | 29125.72 | | | | 800 | 29125.72 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION BONE TUMOR | 20982 | CPT | | | | both | | | 17042 | 17309.86 | Horizon | PPO | 29125.72 | | | | 800 | 29125.72 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION BONE TUMOR | 20982 | CPT | | | | both | | | 17042 | 17309.86 | UHC | Medicaid | 5376.75 | 31.55 | | | 800 | 29125.72 | percent of total billed charges | |
| HC ABLATION BONE TUMOR | 20982 | CPT | | | | both | | | 17042 | 17309.86 | Managed Care Inc | Managed Care Inc | 15337.8 | 90 | | | 800 | 29125.72 | percent of total billed charges | |
| HC ABLATION BONE TUMOR | 20982 | CPT | | | | both | | | 17042 | 17309.86 | Wellcare | Medicaid | 5376.75 | 31.55 | | | 800 | 29125.72 | percent of total billed charges | |
| HC ABLATION BONE TUMOR | 20982 | CPT | | | | both | | | 17042 | 17309.86 | United | Commercial/PPO | 6362 | | | | 800 | 29125.72 | case rate | |
| HC ABLATION BONE TUMOR | 20982 | CPT | | | | both | | | 17042 | 17309.86 | WellPoint | WellPoint | 5484.12 | 32.18 | | | 800 | 29125.72 | percent of total billed charges | |
| HC ABLATION THERAPY 1 OR MORE BONE TUMORS | 20983 | CPT | | | | both | | | 17650 | 9409.2 | Aetna | Commercial | 13352.88 | | | | 4702 | 16767.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION THERAPY 1 OR MORE BONE TUMORS | 20983 | CPT | | | | both | | | 17650 | 9409.2 | Americare | Americare | 13237.5 | 75 | | | 4702 | 16767.5 | percent of total billed charges | |
| HC ABLATION THERAPY 1 OR MORE BONE TUMORS | 20983 | CPT | | | | both | | | 17650 | 9409.2 | First Trenton | First Trenton | 15885 | 90 | | | 4702 | 16767.5 | percent of total billed charges | |
| HC ABLATION THERAPY 1 OR MORE BONE TUMORS | 20983 | CPT | | | | both | | | 17650 | 9409.2 | Aetna | Better Health | 5568.58 | 31.55 | | | 4702 | 16767.5 | percent of total billed charges | |
| HC ABLATION THERAPY 1 OR MORE BONE TUMORS | 20983 | CPT | | | | both | | | 17650 | 9409.2 | Aetna | Medicare | 8181.91 | | | | 4702 | 16767.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION THERAPY 1 OR MORE BONE TUMORS | 20983 | CPT | | | | both | | | 17650 | 9409.2 | Consumer | Consumer | 16767.5 | 95 | | | 4702 | 16767.5 | percent of total billed charges | |
| HC ABLATION THERAPY 1 OR MORE BONE TUMORS | 20983 | CPT | | | | both | | | 17650 | 9409.2 | Horizon | Indemnity | 15832 | | | | 4702 | 16767.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION THERAPY 1 OR MORE BONE TUMORS | 20983 | CPT | | | | both | | | 17650 | 9409.2 | Amerihealth | HMO/PPO | 11472.5 | 65 | | | 4702 | 16767.5 | percent of total billed charges | |
| HC ABLATION THERAPY 1 OR MORE BONE TUMORS | 20983 | CPT | | | | both | | | 17650 | 9409.2 | Horizon | MGD | 15832 | | | | 4702 | 16767.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION THERAPY 1 OR MORE BONE TUMORS | 20983 | CPT | | | | both | | | 17650 | 9409.2 | Corrections | Corrections | 14120 | 80 | | | 4702 | 16767.5 | percent of total billed charges | |
| HC ABLATION THERAPY 1 OR MORE BONE TUMORS | 20983 | CPT | | | | both | | | 17650 | 9409.2 | Horizon | Medicare Blue | 8181.91 | | | | 4702 | 16767.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION THERAPY 1 OR MORE BONE TUMORS | 20983 | CPT | | | | both | | | 17650 | 9409.2 | First Health | First Health | 12355 | 70 | | | 4702 | 16767.5 | percent of total billed charges | |
| HC ABLATION THERAPY 1 OR MORE BONE TUMORS | 20983 | CPT | | | | both | | | 17650 | 9409.2 | UHC | Medicare | 8181.91 | | | | 4702 | 16767.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION THERAPY 1 OR MORE BONE TUMORS | 20983 | CPT | | | | both | | | 17650 | 9409.2 | Horizon | PPO | 15832 | | | | 4702 | 16767.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION THERAPY 1 OR MORE BONE TUMORS | 20983 | CPT | | | | both | | | 17650 | 9409.2 | UHC | Medicaid | 5568.58 | 31.55 | | | 4702 | 16767.5 | percent of total billed charges | |
| HC ABLATION THERAPY 1 OR MORE BONE TUMORS | 20983 | CPT | | | | both | | | 17650 | 9409.2 | Multiplan | Multiplan | 14120 | 80 | | | 4702 | 16767.5 | percent of total billed charges | |
| HC ABLATION THERAPY 1 OR MORE BONE TUMORS | 20983 | CPT | | | | both | | | 17650 | 9409.2 | Horizon | NJ Health | 10771.13 | | | | 4702 | 16767.5 | fee schedule | |
| HC ABLATION THERAPY 1 OR MORE BONE TUMORS | 20983 | CPT | | | | both | | | 17650 | 9409.2 | WellPoint | WellPoint | 5679.77 | 32.18 | | | 4702 | 16767.5 | percent of total billed charges | |
| HC ABLATION THERAPY 1 OR MORE BONE TUMORS | 20983 | CPT | | | | both | | | 17650 | 9409.2 | United | Commercial/PPO | 4702 | | | | 4702 | 16767.5 | case rate | |
| HC ABLATION THERAPY 1 OR MORE BONE TUMORS | 20983 | CPT | | | | both | | | 17650 | 9409.2 | Qualcare | Qualcare | 13237.5 | 75 | | | 4702 | 16767.5 | percent of total billed charges | |
| HC ABLATION THERAPY 1 OR MORE BONE TUMORS | 20983 | CPT | | | | both | | | 17650 | 9409.2 | Managed Care Inc | Managed Care Inc | 15885 | 90 | | | 4702 | 16767.5 | percent of total billed charges | |
| HC ABLATION THERAPY 1 OR MORE BONE TUMORS | 20983 | CPT | | | | both | | | 17650 | 9409.2 | Wellcare | Medicare | 8181.91 | | | | 4702 | 16767.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION THERAPY 1 OR MORE BONE TUMORS | 20983 | CPT | | | | both | | | 17650 | 9409.2 | United | Oxford | 4702 | | | | 4702 | 16767.5 | case rate | |
| HC ABLATION THERAPY 1 OR MORE BONE TUMORS | 20983 | CPT | | | | both | | | 17650 | 9409.2 | Three Rivers | Three Rivers | 16767.5 | 95 | | | 4702 | 16767.5 | percent of total billed charges | |
| HC ABLATION THERAPY 1 OR MORE BONE TUMORS | 20983 | CPT | | | | both | | | 17650 | 9409.2 | Wellcare | Medicaid | 5568.58 | 31.55 | | | 4702 | 16767.5 | percent of total billed charges | |
| HC EXC BENIGN CYTS/TUMOR NON ODON | 21040 | CPT | | | | outpatient | | | 10182 | 4234.52 | First Trenton | First Trenton | 9163.8 | 90 | | | 504.02 | 9672.9 | percent of total billed charges | |
| HC EXC BENIGN CYTS/TUMOR NON ODON | 21040 | CPT | | | | outpatient | | | 10182 | 4234.52 | Americare | Americare | 7636.5 | 75 | | | 504.02 | 9672.9 | percent of total billed charges | |
| HC EXC BENIGN CYTS/TUMOR NON ODON | 21040 | CPT | | | | outpatient | | | 10182 | 4234.52 | Amerihealth | HMO/PPO | 550 | | | | 504.02 | 9672.9 | fee schedule | |
| HC EXC BENIGN CYTS/TUMOR NON ODON | 21040 | CPT | | | | outpatient | | | 10182 | 4234.52 | Horizon | Indemnity | 7125.04 | | | | 504.02 | 9672.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BENIGN CYTS/TUMOR NON ODON | 21040 | CPT | | | | outpatient | | | 10182 | 4234.52 | Aetna | Medicare | 3682.19 | | | | 504.02 | 9672.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BENIGN CYTS/TUMOR NON ODON | 21040 | CPT | | | | outpatient | | | 10182 | 4234.52 | Multiplan | Multiplan | 8145.6 | 80 | | | 504.02 | 9672.9 | percent of total billed charges | |
| HC EXC BENIGN CYTS/TUMOR NON ODON | 21040 | CPT | | | | outpatient | | | 10182 | 4234.52 | Aetna | Commercial | 6009.33 | | | | 504.02 | 9672.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BENIGN CYTS/TUMOR NON ODON | 21040 | CPT | | | | outpatient | | | 10182 | 4234.52 | Aetna | Better Health | 3212.42 | 31.55 | | | 504.02 | 9672.9 | percent of total billed charges | |
| HC EXC BENIGN CYTS/TUMOR NON ODON | 21040 | CPT | | | | outpatient | | | 10182 | 4234.52 | Horizon | NJ Health | 504.02 | | | | 504.02 | 9672.9 | fee schedule | |
| HC EXC BENIGN CYTS/TUMOR NON ODON | 21040 | CPT | | | | outpatient | | | 10182 | 4234.52 | Consumer | Consumer | 9672.9 | 95 | | | 504.02 | 9672.9 | percent of total billed charges | |
| HC EXC BENIGN CYTS/TUMOR NON ODON | 21040 | CPT | | | | outpatient | | | 10182 | 4234.52 | First Health | First Health | 7127.4 | 70 | | | 504.02 | 9672.9 | percent of total billed charges | |
| HC EXC BENIGN CYTS/TUMOR NON ODON | 21040 | CPT | | | | outpatient | | | 10182 | 4234.52 | Horizon | Medicare Blue | 3682.19 | | | | 504.02 | 9672.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BENIGN CYTS/TUMOR NON ODON | 21040 | CPT | | | | outpatient | | | 10182 | 4234.52 | Corrections | Corrections | 8145.6 | 80 | | | 504.02 | 9672.9 | percent of total billed charges | |
| HC EXC BENIGN CYTS/TUMOR NON ODON | 21040 | CPT | | | | outpatient | | | 10182 | 4234.52 | Qualcare | Qualcare | 7636.5 | 75 | | | 504.02 | 9672.9 | percent of total billed charges | |
| HC EXC BENIGN CYTS/TUMOR NON ODON | 21040 | CPT | | | | outpatient | | | 10182 | 4234.52 | Horizon | MGD | 7125.04 | | | | 504.02 | 9672.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BENIGN CYTS/TUMOR NON ODON | 21040 | CPT | | | | outpatient | | | 10182 | 4234.52 | Horizon | PPO | 7125.04 | | | | 504.02 | 9672.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BENIGN CYTS/TUMOR NON ODON | 21040 | CPT | | | | outpatient | | | 10182 | 4234.52 | Managed Care Inc | Managed Care Inc | 9163.8 | 90 | | | 504.02 | 9672.9 | percent of total billed charges | |
| HC EXC BENIGN CYTS/TUMOR NON ODON | 21040 | CPT | | | | outpatient | | | 10182 | 4234.52 | UHC | Medicaid | 3212.42 | 31.55 | | | 504.02 | 9672.9 | percent of total billed charges | |
| HC EXC BENIGN CYTS/TUMOR NON ODON | 21040 | CPT | | | | outpatient | | | 10182 | 4234.52 | Three Rivers | Three Rivers | 9672.9 | 95 | | | 504.02 | 9672.9 | percent of total billed charges | |
| HC EXC BENIGN CYTS/TUMOR NON ODON | 21040 | CPT | | | | outpatient | | | 10182 | 4234.52 | Wellcare | Medicare | 3682.19 | | | | 504.02 | 9672.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BENIGN CYTS/TUMOR NON ODON | 21040 | CPT | | | | outpatient | | | 10182 | 4234.52 | UHC | Medicare | 3682.19 | | | 2248.23 | 504.02 | 9672.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BENIGN CYTS/TUMOR NON ODON | 21040 | CPT | | | | outpatient | | | 10182 | 4234.52 | United | Commercial/PPO | 2776 | | | | 504.02 | 9672.9 | case rate | |
| HC EXC BENIGN CYTS/TUMOR NON ODON | 21040 | CPT | | | | outpatient | | | 10182 | 4234.52 | WellPoint | WellPoint | 3276.57 | 32.18 | | | 504.02 | 9672.9 | percent of total billed charges | |
| HC EXC BENIGN CYTS/TUMOR NON ODON | 21040 | CPT | | | | outpatient | | | 10182 | 4234.52 | United | Oxford | 2776 | | | | 504.02 | 9672.9 | case rate | |
| HC EXC BENIGN CYTS/TUMOR NON ODON | 21040 | CPT | | | | outpatient | | | 10182 | 4234.52 | Wellcare | Medicaid | 3212.42 | 31.55 | | | 504.02 | 9672.9 | percent of total billed charges | |
| HC ORAL SURGICAL SPLINT | 21085 | CPT | | | | outpatient | | | 5908 | 321.26 | Americare | Americare | 4431 | 75 | | | 125 | 5612.6 | percent of total billed charges | |
| HC ORAL SURGICAL SPLINT | 21085 | CPT | | | | outpatient | | | 5908 | 321.26 | United | Oxford | 1782 | | | | 125 | 5612.6 | case rate | |
| HC ORAL SURGICAL SPLINT | 21085 | CPT | | | | outpatient | | | 5908 | 321.26 | Horizon | PPO | 540.56 | | | | 125 | 5612.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORAL SURGICAL SPLINT | 21085 | CPT | | | | outpatient | | | 5908 | 321.26 | Multiplan | Multiplan | 4726.4 | 80 | | | 125 | 5612.6 | percent of total billed charges | |
| HC ORAL SURGICAL SPLINT | 21085 | CPT | | | | outpatient | | | 5908 | 321.26 | Aetna | Commercial | 455.92 | | | | 125 | 5612.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORAL SURGICAL SPLINT | 21085 | CPT | | | | outpatient | | | 5908 | 321.26 | First Trenton | First Trenton | 5317.2 | 90 | | | 125 | 5612.6 | percent of total billed charges | |
| HC ORAL SURGICAL SPLINT | 21085 | CPT | | | | outpatient | | | 5908 | 321.26 | Aetna | Better Health | 1863.97 | 31.55 | | 1863.97 | 125 | 5612.6 | percent of total billed charges | |
| HC ORAL SURGICAL SPLINT | 21085 | CPT | | | | outpatient | | | 5908 | 321.26 | First Health | First Health | 4135.6 | 70 | | | 125 | 5612.6 | percent of total billed charges | |
| HC ORAL SURGICAL SPLINT | 21085 | CPT | | | | outpatient | | | 5908 | 321.26 | Amerihealth | HMO/PPO | 125 | | | | 125 | 5612.6 | fee schedule | |
| HC ORAL SURGICAL SPLINT | 21085 | CPT | | | | outpatient | | | 5908 | 321.26 | Horizon | MGD | 540.56 | | | 1058.53 | 125 | 5612.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORAL SURGICAL SPLINT | 21085 | CPT | | | | outpatient | | | 5908 | 321.26 | UHC | Medicaid | 1863.97 | 31.55 | | 1461.34 | 125 | 5612.6 | percent of total billed charges | |
| HC ORAL SURGICAL SPLINT | 21085 | CPT | | | | outpatient | | | 5908 | 321.26 | Qualcare | Qualcare | 4431 | 75 | | | 125 | 5612.6 | percent of total billed charges | |
| HC ORAL SURGICAL SPLINT | 21085 | CPT | | | | outpatient | | | 5908 | 321.26 | Aetna | Medicare | 279.36 | | | | 125 | 5612.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORAL SURGICAL SPLINT | 21085 | CPT | | | | outpatient | | | 5908 | 321.26 | Managed Care Inc | Managed Care Inc | 5317.2 | 90 | | | 125 | 5612.6 | percent of total billed charges | |
| HC ORAL SURGICAL SPLINT | 21085 | CPT | | | | outpatient | | | 5908 | 321.26 | Consumer | Consumer | 5612.6 | 95 | | | 125 | 5612.6 | percent of total billed charges | |
| HC ORAL SURGICAL SPLINT | 21085 | CPT | | | | outpatient | | | 5908 | 321.26 | Horizon | Indemnity | 540.56 | | | | 125 | 5612.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORAL SURGICAL SPLINT | 21085 | CPT | | | | outpatient | | | 5908 | 321.26 | WellPoint | WellPoint | 1901.19 | 32.18 | | | 125 | 5612.6 | percent of total billed charges | |
| HC ORAL SURGICAL SPLINT | 21085 | CPT | | | | outpatient | | | 5908 | 321.26 | UHC | Medicare | 279.36 | | | | 125 | 5612.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORAL SURGICAL SPLINT | 21085 | CPT | | | | outpatient | | | 5908 | 321.26 | Corrections | Corrections | 4726.4 | 80 | | | 125 | 5612.6 | percent of total billed charges | |
| HC ORAL SURGICAL SPLINT | 21085 | CPT | | | | outpatient | | | 5908 | 321.26 | Three Rivers | Three Rivers | 5612.6 | 95 | | | 125 | 5612.6 | percent of total billed charges | |
| HC ORAL SURGICAL SPLINT | 21085 | CPT | | | | outpatient | | | 5908 | 321.26 | Horizon | Medicare Blue | 279.36 | | | | 125 | 5612.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORAL SURGICAL SPLINT | 21085 | CPT | | | | outpatient | | | 5908 | 321.26 | Wellcare | Medicare | 279.36 | | | | 125 | 5612.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORAL SURGICAL SPLINT | 21085 | CPT | | | | outpatient | | | 5908 | 321.26 | United | Commercial/PPO | 1782 | | | | 125 | 5612.6 | case rate | |
| HC ORAL SURGICAL SPLINT | 21085 | CPT | | | | outpatient | | | 5908 | 321.26 | Wellcare | Medicaid | 1863.97 | 31.55 | | | 125 | 5612.6 | percent of total billed charges | |
| HC INDERDENTAL FIXATION | 21110 | CPT | | | | outpatient | | | 2247 | 2005.77 | Aetna | Better Health | 708.93 | 31.55 | | | 300 | 3374.93 | percent of total billed charges | |
| HC INDERDENTAL FIXATION | 21110 | CPT | | | | outpatient | | | 2247 | 2005.77 | Horizon | PPO | 3374.93 | | | | 300 | 3374.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INDERDENTAL FIXATION | 21110 | CPT | | | | outpatient | | | 2247 | 2005.77 | Aetna | Commercial | 2846.45 | | | | 300 | 3374.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INDERDENTAL FIXATION | 21110 | CPT | | | | outpatient | | | 2247 | 2005.77 | Wellcare | Medicaid | 708.93 | 31.55 | | | 300 | 3374.93 | percent of total billed charges | |
| HC INDERDENTAL FIXATION | 21110 | CPT | | | | outpatient | | | 2247 | 2005.77 | Horizon | MGD | 3374.93 | | | | 300 | 3374.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INDERDENTAL FIXATION | 21110 | CPT | | | | outpatient | | | 2247 | 2005.77 | Amerihealth | HMO/PPO | 300 | | | | 300 | 3374.93 | fee schedule | |
| HC INDERDENTAL FIXATION | 21110 | CPT | | | | outpatient | | | 2247 | 2005.77 | Consumer | Consumer | 2134.65 | 95 | | | 300 | 3374.93 | percent of total billed charges | |
| HC INDERDENTAL FIXATION | 21110 | CPT | | | | outpatient | | | 2247 | 2005.77 | Aetna | Medicare | 1744.15 | | | | 300 | 3374.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INDERDENTAL FIXATION | 21110 | CPT | | | | outpatient | | | 2247 | 2005.77 | UHC | Medicare | 1744.15 | | | | 300 | 3374.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INDERDENTAL FIXATION | 21110 | CPT | | | | outpatient | | | 2247 | 2005.77 | United | Oxford | 2493 | | | | 300 | 3374.93 | case rate | |
| HC INDERDENTAL FIXATION | 21110 | CPT | | | | outpatient | | | 2247 | 2005.77 | Americare | Americare | 1685.25 | 75 | | | 300 | 3374.93 | percent of total billed charges | |
| HC INDERDENTAL FIXATION | 21110 | CPT | | | | outpatient | | | 2247 | 2005.77 | Horizon | Medicare Blue | 1744.15 | | | | 300 | 3374.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INDERDENTAL FIXATION | 21110 | CPT | | | | outpatient | | | 2247 | 2005.77 | UHC | Medicaid | 708.93 | 31.55 | | | 300 | 3374.93 | percent of total billed charges | |
| HC INDERDENTAL FIXATION | 21110 | CPT | | | | outpatient | | | 2247 | 2005.77 | First Health | First Health | 1572.9 | 70 | | | 300 | 3374.93 | percent of total billed charges | |
| HC INDERDENTAL FIXATION | 21110 | CPT | | | | outpatient | | | 2247 | 2005.77 | Corrections | Corrections | 1797.6 | 80 | | | 300 | 3374.93 | percent of total billed charges | |
| HC INDERDENTAL FIXATION | 21110 | CPT | | | | outpatient | | | 2247 | 2005.77 | Multiplan | Multiplan | 1797.6 | 80 | | | 300 | 3374.93 | percent of total billed charges | |
| HC INDERDENTAL FIXATION | 21110 | CPT | | | | outpatient | | | 2247 | 2005.77 | Wellcare | Medicare | 1744.15 | | | | 300 | 3374.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INDERDENTAL FIXATION | 21110 | CPT | | | | outpatient | | | 2247 | 2005.77 | WellPoint | WellPoint | 723.08 | 32.18 | | | 300 | 3374.93 | percent of total billed charges | |
| HC INDERDENTAL FIXATION | 21110 | CPT | | | | outpatient | | | 2247 | 2005.77 | Three Rivers | Three Rivers | 2134.65 | 95 | | | 300 | 3374.93 | percent of total billed charges | |
| HC INDERDENTAL FIXATION | 21110 | CPT | | | | outpatient | | | 2247 | 2005.77 | Qualcare | Qualcare | 1685.25 | 75 | | | 300 | 3374.93 | percent of total billed charges | |
| HC INDERDENTAL FIXATION | 21110 | CPT | | | | outpatient | | | 2247 | 2005.77 | First Trenton | First Trenton | 2022.3 | 90 | | | 300 | 3374.93 | percent of total billed charges | |
| HC INDERDENTAL FIXATION | 21110 | CPT | | | | outpatient | | | 2247 | 2005.77 | United | Commercial/PPO | 2493 | | | | 300 | 3374.93 | case rate | |
| HC INDERDENTAL FIXATION | 21110 | CPT | | | | outpatient | | | 2247 | 2005.77 | Horizon | Indemnity | 3374.93 | | | | 300 | 3374.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INDERDENTAL FIXATION | 21110 | CPT | | | | outpatient | | | 2247 | 2005.77 | Horizon | NJ Health | 687.58 | | | | 300 | 3374.93 | fee schedule | |
| HC INDERDENTAL FIXATION | 21110 | CPT | | | | outpatient | | | 2247 | 2005.77 | Managed Care Inc | Managed Care Inc | 2022.3 | 90 | | | 300 | 3374.93 | percent of total billed charges | |
| HC LATERAL CANTHOPEXY | 21282 | CPT | | | | outpatient | | | 10859.37 | 4234.52 | UHC | Medicaid | 3426.13 | 31.55 | | | 391.5 | 10316.4 | percent of total billed charges | |
| HC LATERAL CANTHOPEXY | 21282 | CPT | | | | outpatient | | | 10859.37 | 4234.52 | Aetna | Medicare | 3682.19 | | | | 391.5 | 10316.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LATERAL CANTHOPEXY | 21282 | CPT | | | | outpatient | | | 10859.37 | 4234.52 | Consumer | Consumer | 10316.4 | 95 | | | 391.5 | 10316.4 | percent of total billed charges | |
| HC LATERAL CANTHOPEXY | 21282 | CPT | | | | outpatient | | | 10859.37 | 4234.52 | First Health | First Health | 7601.56 | 70 | | | 391.5 | 10316.4 | percent of total billed charges | |
| HC LATERAL CANTHOPEXY | 21282 | CPT | | | | outpatient | | | 10859.37 | 4234.52 | First Trenton | First Trenton | 9773.43 | 90 | | | 391.5 | 10316.4 | percent of total billed charges | |
| HC LATERAL CANTHOPEXY | 21282 | CPT | | | | outpatient | | | 10859.37 | 4234.52 | Corrections | Corrections | 8687.5 | 80 | | | 391.5 | 10316.4 | percent of total billed charges | |
| HC LATERAL CANTHOPEXY | 21282 | CPT | | | | outpatient | | | 10859.37 | 4234.52 | Aetna | Commercial | 6009.33 | | | | 391.5 | 10316.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LATERAL CANTHOPEXY | 21282 | CPT | | | | outpatient | | | 10859.37 | 4234.52 | Aetna | Better Health | 3426.13 | 31.55 | | | 391.5 | 10316.4 | percent of total billed charges | |
| HC LATERAL CANTHOPEXY | 21282 | CPT | | | | outpatient | | | 10859.37 | 4234.52 | UHC | Medicare | 3682.19 | | | | 391.5 | 10316.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LATERAL CANTHOPEXY | 21282 | CPT | | | | outpatient | | | 10859.37 | 4234.52 | Horizon | MGD | 7125.04 | | | | 391.5 | 10316.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LATERAL CANTHOPEXY | 21282 | CPT | | | | outpatient | | | 10859.37 | 4234.52 | Horizon | Indemnity | 7125.04 | | | | 391.5 | 10316.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LATERAL CANTHOPEXY | 21282 | CPT | | | | outpatient | | | 10859.37 | 4234.52 | Horizon | Medicare Blue | 3682.19 | | | | 391.5 | 10316.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LATERAL CANTHOPEXY | 21282 | CPT | | | | outpatient | | | 10859.37 | 4234.52 | Managed Care Inc | Managed Care Inc | 9773.43 | 90 | | | 391.5 | 10316.4 | percent of total billed charges | |
| HC LATERAL CANTHOPEXY | 21282 | CPT | | | | outpatient | | | 10859.37 | 4234.52 | Horizon | PPO | 7125.04 | | | | 391.5 | 10316.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LATERAL CANTHOPEXY | 21282 | CPT | | | | outpatient | | | 10859.37 | 4234.52 | Americare | Americare | 8144.53 | 75 | | | 391.5 | 10316.4 | percent of total billed charges | |
| HC LATERAL CANTHOPEXY | 21282 | CPT | | | | outpatient | | | 10859.37 | 4234.52 | Amerihealth | HMO/PPO | 550 | | | | 391.5 | 10316.4 | fee schedule | |
| HC LATERAL CANTHOPEXY | 21282 | CPT | | | | outpatient | | | 10859.37 | 4234.52 | United | Commercial/PPO | 2493 | | | | 391.5 | 10316.4 | case rate | |
| HC LATERAL CANTHOPEXY | 21282 | CPT | | | | outpatient | | | 10859.37 | 4234.52 | WellPoint | WellPoint | 3494.55 | 32.18 | | | 391.5 | 10316.4 | percent of total billed charges | |
| HC LATERAL CANTHOPEXY | 21282 | CPT | | | | outpatient | | | 10859.37 | 4234.52 | Horizon | NJ Health | 391.5 | | | | 391.5 | 10316.4 | fee schedule | |
| HC LATERAL CANTHOPEXY | 21282 | CPT | | | | outpatient | | | 10859.37 | 4234.52 | United | Oxford | 2493 | | | | 391.5 | 10316.4 | case rate | |
| HC LATERAL CANTHOPEXY | 21282 | CPT | | | | outpatient | | | 10859.37 | 4234.52 | Wellcare | Medicare | 3682.19 | | | | 391.5 | 10316.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC LATERAL CANTHOPEXY | 21282 | CPT | | | | outpatient | | | 10859.37 | | 4234.52 Wellcare | Medicaid | 3426.13 | 31.55 | | | 391.5 | 10316.4 | percent of total billed charges | |
| HC LATERAL CANTHOPEXY | 21282 | CPT | | | | outpatient | | | 10859.37 | | 4234.52 Multiplan | Multiplan | 8687.5 | 80 | | | 391.5 | 10316.4 | percent of total billed charges | |
| HC LATERAL CANTHOPEXY | 21282 | CPT | | | | outpatient | | | 10859.37 | | 4234.52 Three Rivers | Three Rivers | 10316.4 | 95 | | | 391.5 | 10316.4 | percent of total billed charges | |
| HC LATERAL CANTHOPEXY | 21282 | CPT | | | | outpatient | | | 10859.37 | | 4234.52 Qualcare | Qualcare | 8144.53 | 75 | | | 391.5 | 10316.4 | percent of total billed charges | |
| HC CLSED TRT NOSE FRACT WO STABL | 21315 | CPT | | | | outpatient | | | 5393 | | 2005.77 Horizon | Indemnity | 3374.93 | | | | 164.43 | 5123.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSED TRT NOSE FRACT WO STABL | 21315 | CPT | | | | outpatient | | | 5393 | | 2005.77 First Trenton | First Trenton | 4853.7 | 90 | | | 164.43 | 5123.35 | percent of total billed charges | |
| HC CLSED TRT NOSE FRACT WO STABL | 21315 | CPT | | | | outpatient | | | 5393 | | 2005.77 Consumer | Consumer | 5123.35 | 95 | | | 164.43 | 5123.35 | percent of total billed charges | |
| HC CLSED TRT NOSE FRACT WO STABL | 21315 | CPT | | | | outpatient | | | 5393 | | 2005.77 First Health | First Health | 3775.1 | 70 | | | 164.43 | 5123.35 | percent of total billed charges | |
| HC CLSED TRT NOSE FRACT WO STABL | 21315 | CPT | | | | outpatient | | | 5393 | | 2005.77 Aetna | Better Health | 1701.49 | 31.55 | | | 164.43 | 5123.35 | percent of total billed charges | |
| HC CLSED TRT NOSE FRACT WO STABL | 21315 | CPT | | | | outpatient | | | 5393 | | 2005.77 Corrections | Corrections | 4314.4 | 80 | | 623.64 | 164.43 | 5123.35 | percent of total billed charges | |
| HC CLSED TRT NOSE FRACT WO STABL | 21315 | CPT | | | | outpatient | | | 5393 | | 2005.77 Aetna | Commercial | 2846.45 | | | | 164.43 | 5123.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSED TRT NOSE FRACT WO STABL | 21315 | CPT | | | | outpatient | | | 5393 | | 2005.77 Amerihealth | HMO/PPO | 550 | | | | 164.43 | 5123.35 | fee schedule | |
| HC CLSED TRT NOSE FRACT WO STABL | 21315 | CPT | | | | outpatient | | | 5393 | | 2005.77 Horizon | Medicare Blue | 1744.15 | | | | 164.43 | 5123.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSED TRT NOSE FRACT WO STABL | 21315 | CPT | | | | outpatient | | | 5393 | | 2005.77 UHC | Medicare | 1744.15 | | | | 164.43 | 5123.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSED TRT NOSE FRACT WO STABL | 21315 | CPT | | | | outpatient | | | 5393 | | 2005.77 Horizon | NJ Health | 164.43 | | | | 164.43 | 5123.35 | fee schedule | |
| HC CLSED TRT NOSE FRACT WO STABL | 21315 | CPT | | | | outpatient | | | 5393 | | 2005.77 Wellcare | Medicare | 1744.15 | | | | 164.43 | 5123.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSED TRT NOSE FRACT WO STABL | 21315 | CPT | | | | outpatient | | | 5393 | | 2005.77 Horizon | PPO | 3374.93 | | | | 164.43 | 5123.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSED TRT NOSE FRACT WO STABL | 21315 | CPT | | | | outpatient | | | 5393 | | 2005.77 UHC | Medicaid | 1701.49 | 31.55 | | | 164.43 | 5123.35 | percent of total billed charges | |
| HC CLSED TRT NOSE FRACT WO STABL | 21315 | CPT | | | | outpatient | | | 5393 | | 2005.77 Aetna | Medicare | 1744.15 | | | | 164.43 | 5123.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSED TRT NOSE FRACT WO STABL | 21315 | CPT | | | | outpatient | | | 5393 | | 2005.77 United | CommercialPPO | 2493 | | | | 164.43 | 5123.35 | case rate | |
| HC CLSED TRT NOSE FRACT WO STABL | 21315 | CPT | | | | outpatient | | | 5393 | | 2005.77 WellPoint | WellPoint | 1735.47 | 32.18 | | | 164.43 | 5123.35 | percent of total billed charges | |
| HC CLSED TRT NOSE FRACT WO STABL | 21315 | CPT | | | | outpatient | | | 5393 | | 2005.77 United | Oxford | 2493 | | | | 164.43 | 5123.35 | case rate | |
| HC CLSED TRT NOSE FRACT WO STABL | 21315 | CPT | | | | outpatient | | | 5393 | | 2005.77 Managed Care Inc | Managed Care Inc | 4853.7 | 90 | | | 164.43 | 5123.35 | percent of total billed charges | |
| HC CLSED TRT NOSE FRACT WO STABL | 21315 | CPT | | | | outpatient | | | 5393 | | 2005.77 Medicaid | Medicaid | 1701.49 | 31.55 | | | 164.43 | 5123.35 | percent of total billed charges | |
| HC CLSED TRT NOSE FRACT WO STABL | 21315 | CPT | | | | outpatient | | | 5393 | | 2005.77 Americare | Americare | 4044.75 | 75 | | | 164.43 | 5123.35 | percent of total billed charges | |
| HC CLSED TRT NOSE FRACT WO STABL | 21315 | CPT | | | | outpatient | | | 5393 | | 2005.77 Three Rivers | Three Rivers | 5123.35 | 95 | | | 164.43 | 5123.35 | percent of total billed charges | |
| HC CLSED TRT NOSE FRACT WO STABL | 21315 | CPT | | | | outpatient | | | 5393 | | 2005.77 Horizon | MGD | 3374.93 | | | | 164.43 | 5123.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSED TRT NOSE FRACT WO STABL | 21315 | CPT | | | | outpatient | | | 5393 | | 2005.77 Multiplan | Multiplan | 4314.4 | 80 | | | 164.43 | 5123.35 | percent of total billed charges | |
| HC CLSED TRT NOSE FRACT WO STABL | 21315 | CPT | | | | outpatient | | | 5393 | | 2005.77 Qualcare | Qualcare | 4044.75 | 75 | | | 164.43 | 5123.35 | percent of total billed charges | |
| HC CLSD TRT NOSE FRACT W STABL | 21320 | CPT | | | | outpatient | | | 10367 | | 4234.52 First Trenton | First Trenton | 9330.3 | 90 | | | 265.2 | 9848.65 | percent of total billed charges | |
| HC CLSD TRT NOSE FRACT W STABL | 21320 | CPT | | | | outpatient | | | 10367 | | 4234.52 Consumer | Consumer | 9848.65 | 95 | | | 265.2 | 9848.65 | percent of total billed charges | |
| HC CLSD TRT NOSE FRACT W STABL | 21320 | CPT | | | | outpatient | | | 10367 | | 4234.52 Aetna | Commercial | 6009.33 | | | | 265.2 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT NOSE FRACT W STABL | 21320 | CPT | | | | outpatient | | | 10367 | | 4234.52 Aetna | Better Health | 3270.79 | 31.55 | | | 265.2 | 9848.65 | percent of total billed charges | |
| HC CLSD TRT NOSE FRACT W STABL | 21320 | CPT | | | | outpatient | | | 10367 | | 4234.52 United | CommercialPPO | 2493 | | | | 265.2 | 9848.65 | case rate | |
| HC CLSD TRT NOSE FRACT W STABL | 21320 | CPT | | | | outpatient | | | 10367 | | 4234.52 Corrections | Corrections | 8293.6 | 80 | | | 265.2 | 9848.65 | percent of total billed charges | |
| HC CLSD TRT NOSE FRACT W STABL | 21320 | CPT | | | | outpatient | | | 10367 | | 4234.52 UHC | Medicare | 3682.19 | | | | 265.2 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT NOSE FRACT W STABL | 21320 | CPT | | | | outpatient | | | 10367 | | 4234.52 Aetna | Medicare | 3682.19 | | | | 265.2 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT NOSE FRACT W STABL | 21320 | CPT | | | | outpatient | | | 10367 | | 4234.52 Managed Care Inc | Managed Care Inc | 9330.3 | 90 | | | 265.2 | 9848.65 | percent of total billed charges | |
| HC CLSD TRT NOSE FRACT W STABL | 21320 | CPT | | | | outpatient | | | 10367 | | 4234.52 Three Rivers | Three Rivers | 9848.65 | 95 | | | 265.2 | 9848.65 | percent of total billed charges | |
| HC CLSD TRT NOSE FRACT W STABL | 21320 | CPT | | | | outpatient | | | 10367 | | 4234.52 Americare | Americare | 7775.25 | 75 | | | 265.2 | 9848.65 | percent of total billed charges | |
| HC CLSD TRT NOSE FRACT W STABL | 21320 | CPT | | | | outpatient | | | 10367 | | 4234.52 Horizon | PPO | 7125.04 | | | | 265.2 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT NOSE FRACT W STABL | 21320 | CPT | | | | outpatient | | | 10367 | | 4234.52 Multiplan | Multiplan | 8293.6 | 80 | | | 265.2 | 9848.65 | percent of total billed charges | |
| HC CLSD TRT NOSE FRACT W STABL | 21320 | CPT | | | | outpatient | | | 10367 | | 4234.52 Horizon | Medicare Blue | 3682.19 | | | | 265.2 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT NOSE FRACT W STABL | 21320 | CPT | | | | outpatient | | | 10367 | | 4234.52 Qualcare | Qualcare | 7775.25 | 75 | | | 265.2 | 9848.65 | percent of total billed charges | |
| HC CLSD TRT NOSE FRACT W STABL | 21320 | CPT | | | | outpatient | | | 10367 | | 4234.52 Amerihealth | HMO/PPO | 550 | | | | 265.2 | 9848.65 | fee schedule | |
| HC CLSD TRT NOSE FRACT W STABL | 21320 | CPT | | | | outpatient | | | 10367 | | 4234.52 Wellcare | Medicare | 3682.19 | | | | 265.2 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT NOSE FRACT W STABL | 21320 | CPT | | | | outpatient | | | 10367 | | 4234.52 UHC | Medicaid | 3270.79 | 31.55 | | 2245.49 | 265.2 | 9848.65 | percent of total billed charges | |
| HC CLSD TRT NOSE FRACT W STABL | 21320 | CPT | | | | outpatient | | | 10367 | | 4234.52 WellPoint | WellPoint | 3336.1 | 32.18 | | | 265.2 | 9848.65 | percent of total billed charges | |
| HC CLSD TRT NOSE FRACT W STABL | 21320 | CPT | | | | outpatient | | | 10367 | | 4234.52 Horizon | NJ Health | 265.2 | | | 424.94 | 265.2 | 9848.65 | fee schedule | |
| HC CLSD TRT NOSE FRACT W STABL | 21320 | CPT | | | | outpatient | | | 10367 | | 4234.52 First Health | First Health | 7256.9 | 70 | | | 265.2 | 9848.65 | percent of total billed charges | |
| HC CLSD TRT NOSE FRACT W STABL | 21320 | CPT | | | | outpatient | | | 10367 | | 4234.52 United | Oxford | 2493 | | | | 265.2 | 9848.65 | case rate | |
| HC CLSD TRT NOSE FRACT W STABL | 21320 | CPT | | | | outpatient | | | 10367 | | 4234.52 Horizon | Indemnity | 7125.04 | | | 1827.79 | 265.2 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT NOSE FRACT W STABL | 21320 | CPT | | | | outpatient | | | 10367 | | 4234.52 Horizon | MGD | 7125.04 | | | | 265.2 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT NOSE FRACT W STABL | 21320 | CPT | | | | outpatient | | | 10367 | | 4234.52 Wellcare | Medicaid | 3270.79 | 31.55 | | | 265.2 | 9848.65 | percent of total billed charges | |
| HC OPEN NASAL FRACTURE | 21336 | CPT | | | | outpatient | | | 9199 | | 4257.16 Aetna | Commercial | 3495.62 | 38 | | | 414.49 | 8739.05 | percent of total billed charges | |
| HC OPEN NASAL FRACTURE | 21336 | CPT | | | | outpatient | | | 9199 | | 4257.16 First Trenton | First Trenton | 8279.1 | 90 | | | 414.49 | 8739.05 | percent of total billed charges | |
| HC OPEN NASAL FRACTURE | 21336 | CPT | | | | outpatient | | | 9199 | | 4257.16 Consumer | Consumer | 8739.05 | 95 | | | 414.49 | 8739.05 | percent of total billed charges | |
| HC OPEN NASAL FRACTURE | 21336 | CPT | | | | outpatient | | | 9199 | | 4257.16 UHC | Medicaid | 2902.28 | 31.55 | | | 414.49 | 8739.05 | percent of total billed charges | |
| HC OPEN NASAL FRACTURE | 21336 | CPT | | | | outpatient | | | 9199 | | 4257.16 Horizon | Medicare Blue | 3701.88 | | | | 414.49 | 8739.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN NASAL FRACTURE | 21336 | CPT | | | | outpatient | | | 9199 | | 4257.16 Qualcare | Qualcare | 6899.25 | 75 | | | 414.49 | 8739.05 | percent of total billed charges | |
| HC OPEN NASAL FRACTURE | 21336 | CPT | | | | outpatient | | | 9199 | | 4257.16 Aetna | Better Health | 2902.28 | 31.55 | | | 414.49 | 8739.05 | percent of total billed charges | |
| HC OPEN NASAL FRACTURE | 21336 | CPT | | | | outpatient | | | 9199 | | 4257.16 Amerihealth | HMO/PPO | 950 | | | | 414.49 | 8739.05 | fee schedule | |
| HC OPEN NASAL FRACTURE | 21336 | CPT | | | | outpatient | | | 9199 | | 4257.16 Corrections | Corrections | 7359.2 | 80 | | | 414.49 | 8739.05 | percent of total billed charges | |
| HC OPEN NASAL FRACTURE | 21336 | CPT | | | | outpatient | | | 9199 | | 4257.16 Horizon | Indemnity | 7163.14 | | | | 414.49 | 8739.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN NASAL FRACTURE | 21336 | CPT | | | | outpatient | | | 9199 | | 4257.16 Aetna | Medicare | 3701.88 | | | | 414.49 | 8739.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN NASAL FRACTURE | 21336 | CPT | | | | outpatient | | | 9199 | | 4257.16 United | Oxford | 2776 | | | | 414.49 | 8739.05 | case rate | |
| HC OPEN NASAL FRACTURE | 21336 | CPT | | | | outpatient | | | 9199 | | 4257.16 Horizon | NJ Health | 414.49 | | | | 414.49 | 8739.05 | fee schedule | |
| HC OPEN NASAL FRACTURE | 21336 | CPT | | | | outpatient | | | 9199 | | 4257.16 Horizon | PPO | 7163.14 | | | | 414.49 | 8739.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN NASAL FRACTURE | 21336 | CPT | | | | outpatient | | | 9199 | | 4257.16 Americare | Americare | 6899.25 | 75 | | | 414.49 | 8739.05 | percent of total billed charges | |
| HC OPEN NASAL FRACTURE | 21336 | CPT | | | | outpatient | | | 9199 | | 4257.16 First Health | First Health | 6439.3 | 70 | | | 414.49 | 8739.05 | percent of total billed charges | |
| HC OPEN NASAL FRACTURE | 21336 | CPT | | | | outpatient | | | 9199 | | 4257.16 Horizon | MGD | 7163.14 | | | | 414.49 | 8739.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN NASAL FRACTURE | 21336 | CPT | | | | outpatient | | | 9199 | | 4257.16 Managed Care Inc | Managed Care Inc | 8279.1 | 90 | | | 414.49 | 8739.05 | percent of total billed charges | |
| HC OPEN NASAL FRACTURE | 21336 | CPT | | | | outpatient | | | 9199 | | 4257.16 Multiplan | Multiplan | 7359.2 | 80 | | | 414.49 | 8739.05 | percent of total billed charges | |
| HC OPEN NASAL FRACTURE | 21336 | CPT | | | | outpatient | | | 9199 | | 4257.16 WellPoint | WellPoint | 2960.24 | 32.18 | | | 414.49 | 8739.05 | percent of total billed charges | |
| HC OPEN NASAL FRACTURE | 21336 | CPT | | | | outpatient | | | 9199 | | 4257.16 Three Rivers | Three Rivers | 8739.05 | 95 | | | 414.49 | 8739.05 | percent of total billed charges | |
| HC OPEN NASAL FRACTURE | 21336 | CPT | | | | outpatient | | | 9199 | | 4257.16 UHC | Medicare | 3701.88 | | | | 414.49 | 8739.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN NASAL FRACTURE | 21336 | CPT | | | | outpatient | | | 9199 | | 4257.16 Wellcare | Medicaid | 2902.28 | 31.55 | | | 414.49 | 8739.05 | percent of total billed charges | |
| HC OPEN NASAL FRACTURE | 21336 | CPT | | | | outpatient | | | 9199 | | 4257.16 United | CommercialPPO | 2776 | | | | 414.49 | 8739.05 | case rate | |
| HC OPEN NASAL FRACTURE | 21336 | CPT | | | | outpatient | | | 9199 | | 4257.16 Wellcare | Medicare | 3701.88 | | | | 414.49 | 8739.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT NASAL FX | 21337 | CPT | | | | outpatient | | | 10367 | | 4234.52 UHC | Medicare | 3682.19 | | | | 164.43 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT NASAL FX | 21337 | CPT | | | | outpatient | | | 10367 | | 4234.52 Aetna | Medicare | 3682.19 | | | | 164.43 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT NASAL FX | 21337 | CPT | | | | outpatient | | | 10367 | | 4234.52 Aetna | Commercial | 6009.33 | | | | 164.43 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT NASAL FX | 21337 | CPT | | | | outpatient | | | 10367 | | 4234.52 Aetna | Better Health | 3270.79 | 31.55 | | | 164.43 | 9848.65 | percent of total billed charges | |
| HC CLSD TRT NASAL FX | 21337 | CPT | | | | outpatient | | | 10367 | | 4234.52 Horizon | MGD | 7125.04 | | | | 164.43 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT NASAL FX | 21337 | CPT | | | | outpatient | | | 10367 | | 4234.52 Multiplan | Multiplan | 8293.6 | 80 | | | 164.43 | 9848.65 | percent of total billed charges | |
| HC CLSD TRT NASAL FX | 21337 | CPT | | | | outpatient | | | 10367 | | 4234.52 Americare | Americare | 7775.25 | 75 | | | 164.43 | 9848.65 | percent of total billed charges | |
| HC CLSD TRT NASAL FX | 21337 | CPT | | | | outpatient | | | 10367 | | 4234.52 Amerihealth | HMO/PPO | 550 | | | | 164.43 | 9848.65 | fee schedule | |
| HC CLSD TRT NASAL FX | 21337 | CPT | | | | outpatient | | | 10367 | | 4234.52 United | CommercialPPO | 2493 | | | | 164.43 | 9848.65 | case rate | |
| HC CLSD TRT NASAL FX | 21337 | CPT | | | | outpatient | | | 10367 | | 4234.52 Consumer | Consumer | 9848.65 | 95 | | | 164.43 | 9848.65 | percent of total billed charges | |
| HC CLSD TRT NASAL FX | 21337 | CPT | | | | outpatient | | | 10367 | | 4234.52 Horizon | Indemnity | 7125.04 | | | | 164.43 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT NASAL FX | 21337 | CPT | | | | outpatient | | | 10367 | | 4234.52 First Health | First Health | 7256.9 | 70 | | | 164.43 | 9848.65 | percent of total billed charges | |
| HC CLSD TRT NASAL FX | 21337 | CPT | | | | outpatient | | | 10367 | | 4234.52 UHC | Medicaid | 3270.79 | 31.55 | | | 164.43 | 9848.65 | percent of total billed charges | |
| HC CLSD TRT NASAL FX | 21337 | CPT | | | | outpatient | | | 10367 | | 4234.52 Qualcare | Qualcare | 7775.25 | 75 | | | 164.43 | 9848.65 | percent of total billed charges | |
| HC CLSD TRT NASAL FX | 21337 | CPT | | | | outpatient | | | 10367 | | 4234.52 First Trenton | First Trenton | 9330.3 | 90 | | | 164.43 | 9848.65 | percent of total billed charges | |
| HC CLSD TRT NASAL FX | 21337 | CPT | | | | outpatient | | | 10367 | | 4234.52 Corrections | Corrections | 8293.6 | 80 | | | 164.43 | 9848.65 | percent of total billed charges | |
| HC CLSD TRT NASAL FX | 21337 | CPT | | | | outpatient | | | 10367 | | 4234.52 Wellcare | Medicaid | 3270.79 | 31.55 | | | 164.43 | 9848.65 | percent of total billed charges | |
| HC CLSD TRT NASAL FX | 21337 | CPT | | | | outpatient | | | 10367 | | 4234.52 Horizon | NJ Health | 164.43 | | | | 164.43 | 9848.65 | fee schedule | |
| HC CLSD TRT NASAL FX | 21337 | CPT | | | | outpatient | | | 10367 | | 4234.52 Horizon | Medicare Blue | 3682.19 | | | | 164.43 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT NASAL FX | 21337 | CPT | | | | outpatient | | | 10367 | | 4234.52 Horizon | PPO | 7125.04 | | | | 164.43 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT NASAL FX | 21337 | CPT | | | | outpatient | | | 10367 | | 4234.52 Managed Care Inc | Managed Care Inc | 9330.3 | 90 | | | 164.43 | 9848.65 | percent of total billed charges | |
| HC CLSD TRT NASAL FX | 21337 | CPT | | | | outpatient | | | 10367 | | 4234.52 United | Oxford | 2493 | | | | 164.43 | 9848.65 | case rate | |
| HC CLSD TRT NASAL FX | 21337 | CPT | | | | outpatient | | | 10367 | | 4234.52 Three Rivers | Three Rivers | 9848.65 | 95 | | | 164.43 | 9848.65 | percent of total billed charges | |
| HC CLSD TRT NASAL FX | 21337 | CPT | | | | outpatient | | | 10367 | | 4234.52 WellPoint | WellPoint | 3336.1 | 32.18 | | | 164.43 | 9848.65 | percent of total billed charges | |
| HC CLSD TRT NASAL FX | 21337 | CPT | | | | outpatient | | | 10367 | | 4234.52 Wellcare | Medicare | 3682.19 | | | | 164.43 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOSE TREAT NASOMAXIL FX | 21345 | CPT | | | | outpatient | | | 5059 | | 2005.77 Americare | Americare | 3794.25 | 75 | | | 830.84 | 4806.05 | percent of total billed charges | |
| HC CLOSE TREAT NASOMAXIL FX | 21345 | CPT | | | | outpatient | | | 5059 | | 2005.77 Aetna | Medicare | 1744.15 | | | | 830.84 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOSE TREAT NASOMAXIL FX | 21345 | CPT | | | | outpatient | | | 5059 | | 2005.77 Multiplan | Multiplan | 4047.2 | 80 | | | 830.84 | 4806.05 | percent of total billed charges | |
| HC CLOSE TREAT NASOMAXIL FX | 21345 | CPT | | | | outpatient | | | 5059 | | 2005.77 Amerihealth | HMO/PPO | 950 | | | | 830.84 | 4806.05 | fee schedule | |
| HC CLOSE TREAT NASOMAXIL FX | 21345 | CPT | | | | outpatient | | | 5059 | | 2005.77 Consumer | Consumer | 4806.05 | 95 | | | 830.84 | 4806.05 | percent of total billed charges | |
| HC CLOSE TREAT NASOMAXIL FX | 21345 | CPT | | | | outpatient | | | 5059 | | 2005.77 Aetna | Commercial | 1922.42 | 38 | | | 830.84 | 4806.05 | percent of total billed charges | |
| HC CLOSE TREAT NASOMAXIL FX | 21345 | CPT | | | | outpatient | | | 5059 | | 2005.77 Aetna | Better Health | 1596.11 | 31.55 | | | 830.84 | 4806.05 | percent of total billed charges | |
| HC CLOSE TREAT NASOMAXIL FX | 21345 | CPT | | | | outpatient | | | 5059 | | 2005.77 First Trenton | First Trenton | 4553.1 | 90 | | | 830.84 | 4806.05 | percent of total billed charges | |
| HC CLOSE TREAT NASOMAXIL FX | 21345 | CPT | | | | outpatient | | | 5059 | | 2005.77 Qualcare | Qualcare | 3794.25 | 75 | | | 830.84 | 4806.05 | percent of total billed charges | |
| HC CLOSE TREAT NASOMAXIL FX | 21345 | CPT | | | | outpatient | | | 5059 | | 2005.77 Horizon | MGD | 3374.93 | | | | 830.84 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOSE TREAT NASOMAXIL FX | 21345 | CPT | | | | outpatient | | | 5059 | | 2005.77 Corrections | Corrections | 4047.2 | 80 | | | 830.84 | 4806.05 | percent of total billed charges | |
| HC CLOSE TREAT NASOMAXIL FX | 21345 | CPT | | | | outpatient | | | 5059 | | 2005.77 First Health | First Health | 3541.3 | 70 | | | 830.84 | 4806.05 | percent of total billed charges | |
| HC CLOSE TREAT NASOMAXIL FX | 21345 | CPT | | | | outpatient | | | 5059 | | 2005.77 Horizon | PPO | 3374.93 | | | | 830.84 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOSE TREAT NASOMAXIL FX | 21345 | CPT | | | | outpatient | | | 5059 | | 2005.77 UHC | Medicare | 1744.15 | | | | 830.84 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOSE TREAT NASOMAXIL FX | 21345 | CPT | | | | outpatient | | | 5059 | | 2005.77 Wellcare | Medicare | 1744.15 | | | | 830.84 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOSE TREAT NASOMAXIL FX | 21345 | CPT | | | | outpatient | | | 5059 | | 2005.77 Horizon | Medicare Blue | 1744.15 | | | | 830.84 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOSE TREAT NASOMAXIL FX | 21345 | CPT | | | | outpatient | | | 5059 | | 2005.77 WellPoint | WellPoint | 1627.99 | 32.18 | | | 830.84 | 4806.05 | percent of total billed charges | |
| HC CLOSE TREAT NASOMAXIL FX | 21345 | CPT | | | | outpatient | | | 5059 | | 2005.77 Horizon | Indemnity | 3374.93 | | | | 830.84 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOSE TREAT NASOMAXIL FX | 21345 | CPT | | | | outpatient | | | 5059 | | 2005.77 Horizon | NJ Health | 830.84 | | | | 830.84 | 4806.05 | fee schedule | |
| HC CLOSE TREAT NASOMAXIL FX | 21345 | CPT | | | | outpatient | | | 5059 | | 2005.77 UHC | Medicaid | 1596.11 | 31.55 | | | 830.84 | 4806.05 | percent of total billed charges | |
| HC CLOSE TREAT NASOMAXIL FX | 21345 | CPT | | | | outpatient | | | 5059 | | 2005.77 Managed Care Inc | Managed Care Inc | 4553.1 | 90 | | | 830.84 | 4806.05 | percent of total billed charges | |
| HC CLOSE TREAT NASOMAXIL FX | 21345 | CPT | | | | outpatient | | | 5059 | | 2005.77 United | CommercialPPO | 2493 | | | | 830.84 | 4806.05 | case rate | |
| HC CLOSE TREAT NASOMAXIL FX | 21345 | CPT | | | | outpatient | | | 5059 | | 2005.77 Three Rivers | Three Rivers | 4806.05 | 95 | | | 830.84 | 4806.05 | percent of total billed charges | |
| HC CLOSE TREAT NASOMAXIL FX | 21345 | CPT | | | | outpatient | | | 5059 | | 2005.77 Wellcare | Medicaid | 1596.11 | 31.55 | | | 830.84 | 4806.05 | percent of total billed charges | |
| HC CLOSE TREAT NASOMAXIL FX | 21345 | CPT | | | | outpatient | | | 5059 | | 2005.77 United | Oxford | 2493 | | | | 830.84 | 4806.05 | case rate | |
| HC ALVEOLUS STABIL TEETH/CI RED | 21440 | CPT | | | | outpatient | | | 10367 | | 4234.52 First Health | First Health | 7256.9 | 70 | | | 142.11 | 9848.65 | percent of total billed charges | |
| HC ALVEOLUS STABIL TEETH/CI RED | 21440 | CPT | | | | outpatient | | | 10367 | | 4234.52 United | Oxford | 2776 | | | | 142.11 | 9848.65 | case rate | |
| HC ALVEOLUS STABIL TEETH/CI RED | 21440 | CPT | | | | outpatient | | | 10367 | | 4234.52 Americare | Americare | 7775.25 | 75 | | | 142.11 | 9848.65 | percent of total billed charges | |
| HC ALVEOLUS STABIL TEETH/CI RED | 21440 | CPT | | | | outpatient | | | 10367 | | 4234.52 Aetna | Commercial | 6009.33 | | | | 142.11 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ALVEOLUS STABIL TEETH/CI RED | 21440 | CPT | | | | outpatient | | | 10367 | | 4234.52 Horizon | Indemnity | 7125.04 | | | | 142.11 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ALVEOLUS STABIL TEETH/CI RED | 21440 | CPT | | | | outpatient | | | 10367 | | 4234.52 Aetna | Better Health | 3270.79 | 31.55 | | | 142.11 | 9848.65 | percent of total billed charges | |
| HC ALVEOLUS STABIL TEETH/CI RED | 21440 | CPT | | | | outpatient | | | 10367 | | 4234.52 Aetna | Medicare | 3682.19 | | | | 142.11 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ALVEOLUS STABIL TEETH/CI RED | 21440 | CPT | | | | outpatient | | | 10367 | | 4234.52 Corrections | Corrections | 8293.6 | 80 | | | 142.11 | 9848.65 | percent of total billed charges | |
| HC ALVEOLUS STABIL TEETH/CI RED | 21440 | CPT | | | | outpatient | | | 10367 | | 4234.52 Horizon | Medicare Blue | 3682.19 | | | | 142.11 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ALVEOLUS STABIL TEETH/CI RED | 21440 | CPT | | | | outpatient | | | 10367 | | 4234.52 Consumer | Consumer | 9848.65 | 95 | | | 142.11 | 9848.65 | percent of total billed charges | |
| HC ALVEOLUS STABIL TEETH/CI RED | 21440 | CPT | | | | outpatient | | | 10367 | | 4234.52 Amerihealth | HMO/PPO | 650 | | | | 142.11 | 9848.65 | fee schedule | |
| HC ALVEOLUS STABIL TEETH/CI RED | 21440 | CPT | | | | outpatient | | | 10367 | | 4234.52 Multiplan | Multiplan | 8293.6 | 80 | | | 142.11 | 9848.65 | percent of total billed charges | |
| HC ALVEOLUS STABIL TEETH/CI RED | 21440 | CPT | | | | outpatient | | | 10367 | | 4234.52 Horizon | PPO | 7125.04 | | | | 142.11 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ALVEOLUS STABIL TEETH/CI RED | 21440 | CPT | | | | outpatient | | | 10367 | | 4234.52 Wellcare | Medicaid | 3270.79 | 31.55 | | | 142.11 | 9848.65 | percent of total billed charges | |
| HC ALVEOLUS STABIL TEETH/CI RED | 21440 | CPT | | | | outpatient | | | 10367 | | 4234.52 First Trenton | First Trenton | 9330.3 | 90 | | | 142.11 | 9848.65 | percent of total billed charges | |
| HC ALVEOLUS STABIL TEETH/CI RED | 21440 | CPT | | | | outpatient | | | 10367 | | 4234.52 Qualcare | Qualcare | 7775.25 | 75 | | | 142.11 | 9848.65 | percent of total billed charges | |
| HC ALVEOLUS STABIL TEETH/CI RED | 21440 | CPT | | | | outpatient | | | 10367 | | 4234.52 UHC | Medicare | 3682.19 | | | | 142.11 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ALVEOLUS STABIL TEETH/CI RED | 21440 | CPT | | | | outpatient | | | 10367 | | 4234.52 Wellcare | Medicare | 3682.19 | | | | 142.11 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ALVEOLUS STABIL TEETH/CI RED | 21440 | CPT | | | | outpatient | | | 10367 | | 4234.52 Horizon | MGD | 7125.04 | | | | 142.11 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC ALVEOLUS STABIL TEETH\CI RED | 21440 | CPT | | | | outpatient | | | 10367 | 4234.52 | UHC | Medicaid | 3270.79 | 31.55 | | | 142.11 | 9848.65 | percent of total billed charges | |
| HC ALVEOLUS STABIL TEETH\CI RED | 21440 | CPT | | | | outpatient | | | 10367 | 4234.52 | Horizon | NJ Health | 142.11 | | | | 142.11 | 9848.65 | fee schedule | |
| HC ALVEOLUS STABIL TEETH\CI RED | 21440 | CPT | | | | outpatient | | | 10367 | 4234.52 | United | Commercial\PPO | 2776 | | | | 142.11 | 9848.65 | case rate | |
| HC ALVEOLUS STABIL TEETH\CI RED | 21440 | CPT | | | | outpatient | | | 10367 | 4234.52 | Managed Care Inc | Managed Care Inc | 9330.3 | 90 | | | 142.11 | 9848.65 | percent of total billed charges | |
| HC ALVEOLUS STABIL TEETH\CI RED | 21440 | CPT | | | | outpatient | | | 10367 | 4234.52 | WellPoint | WellPoint | 3336.1 | 32.18 | | | 142.11 | 9848.65 | percent of total billed charges | |
| HC ALVEOLUS STABIL TEETH\CI RED | 21440 | CPT | | | | outpatient | | | 10367 | 4234.52 | Three Rivers | Three Rivers | 9848.65 | 95 | | | 142.11 | 9848.65 | percent of total billed charges | |
| HC FX MAND.-CLOSED SIMPLE | 21450 | CPT | | | | outpatient | | | 1666 | 723.64 | Consumer | Consumer | 1582.7 | 95 | | | 94.74 | 1782 | percent of total billed charges | |
| HC FX MAND.-CLOSED SIMPLE | 21450 | CPT | | | | outpatient | | | 1666 | 723.64 | First Health | First Health | 1166.2 | 70 | | | 94.74 | 1782 | percent of total billed charges | |
| HC FX MAND.-CLOSED SIMPLE | 21450 | CPT | | | | outpatient | | | 1666 | 723.64 | First Trenton | First Trenton | 1499.4 | 90 | | | 94.74 | 1782 | percent of total billed charges | |
| HC FX MAND.-CLOSED SIMPLE | 21450 | CPT | | | | outpatient | | | 1666 | 723.64 | Aetna | Medicare | 629.25 | | | | 94.74 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FX MAND.-CLOSED SIMPLE | 21450 | CPT | | | | outpatient | | | 1666 | 723.64 | Aetna | Commercial | 1026.94 | | | | 94.74 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FX MAND.-CLOSED SIMPLE | 21450 | CPT | | | | outpatient | | | 1666 | 723.64 | Aetna | Better Health | 525.62 | 31.55 | | | 94.74 | 1782 | percent of total billed charges | |
| HC FX MAND.-CLOSED SIMPLE | 21450 | CPT | | | | outpatient | | | 1666 | 723.64 | Corrections | Corrections | 1332.8 | 80 | | | 94.74 | 1782 | percent of total billed charges | |
| HC FX MAND.-CLOSED SIMPLE | 21450 | CPT | | | | outpatient | | | 1666 | 723.64 | Horizon | MGD | 1217.6 | | | | 94.74 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FX MAND.-CLOSED SIMPLE | 21450 | CPT | | | | outpatient | | | 1666 | 723.64 | Americare | Americare | 1249.5 | 75 | | | 94.74 | 1782 | percent of total billed charges | |
| HC FX MAND.-CLOSED SIMPLE | 21450 | CPT | | | | outpatient | | | 1666 | 723.64 | Horizon | Indemnity | 1217.6 | | | | 94.74 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FX MAND.-CLOSED SIMPLE | 21450 | CPT | | | | outpatient | | | 1666 | 723.64 | Horizon | NJ Health | 94.74 | | | | 94.74 | 1782 | fee schedule | |
| HC FX MAND.-CLOSED SIMPLE | 21450 | CPT | | | | outpatient | | | 1666 | 723.64 | Amerihealth | HMO\PPO | 650 | | | | 94.74 | 1782 | fee schedule | |
| HC FX MAND.-CLOSED SIMPLE | 21450 | CPT | | | | outpatient | | | 1666 | 723.64 | Multiplan | Multiplan | 1332.8 | 80 | | | 94.74 | 1782 | percent of total billed charges | |
| HC FX MAND.-CLOSED SIMPLE | 21450 | CPT | | | | outpatient | | | 1666 | 723.64 | Horizon | Medicare Blue | 629.25 | | | | 94.74 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FX MAND.-CLOSED SIMPLE | 21450 | CPT | | | | outpatient | | | 1666 | 723.64 | Horizon | PPO | 1217.6 | | | | 94.74 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FX MAND.-CLOSED SIMPLE | 21450 | CPT | | | | outpatient | | | 1666 | 723.64 | United | Oxford | 1782 | | | | 94.74 | 1782 | case rate | |
| HC FX MAND.-CLOSED SIMPLE | 21450 | CPT | | | | outpatient | | | 1666 | 723.64 | Qualcare | Qualcare | 1249.5 | 75 | | | 94.74 | 1782 | percent of total billed charges | |
| HC FX MAND.-CLOSED SIMPLE | 21450 | CPT | | | | outpatient | | | 1666 | 723.64 | UHC | Medicare | 629.25 | | | | 94.74 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FX MAND.-CLOSED SIMPLE | 21450 | CPT | | | | outpatient | | | 1666 | 723.64 | Managed Care Inc | Managed Care Inc | 1499.4 | 90 | | | 94.74 | 1782 | percent of total billed charges | |
| HC FX MAND.-CLOSED SIMPLE | 21450 | CPT | | | | outpatient | | | 1666 | 723.64 | Wellcare | Medicaid | 525.62 | 31.55 | | | 94.74 | 1782 | percent of total billed charges | |
| HC FX MAND.-CLOSED SIMPLE | 21450 | CPT | | | | outpatient | | | 1666 | 723.64 | UHC | Medicaid | 525.62 | 31.55 | | | 94.74 | 1782 | percent of total billed charges | |
| HC FX MAND.-CLOSED SIMPLE | 21450 | CPT | | | | outpatient | | | 1666 | 723.64 | Three Rivers | Three Rivers | 1582.7 | 95 | | | 94.74 | 1782 | percent of total billed charges | |
| HC FX MAND.-CLOSED SIMPLE | 21450 | CPT | | | | outpatient | | | 1666 | 723.64 | United | Commercial\PPO | 1782 | | | | 94.74 | 1782 | case rate | |
| HC FX MAND.-CLOSED SIMPLE | 21450 | CPT | | | | outpatient | | | 1666 | 723.64 | Wellcare | Medicare | 629.25 | | | | 94.74 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FX MAND.-CLOSED SIMPLE | 21450 | CPT | | | | outpatient | | | 1666 | 723.64 | WellPoint | WellPoint | 536.12 | 32.18 | | | 94.74 | 1782 | percent of total billed charges | |
| HC CL TR MANIDUBLAR RX W EXT FIXA | 21451 | CPT | | | | outpatient | | | 7013 | 2005.77 | First Health | First Health | 4909.1 | 70 | | | 94.74 | 6662.35 | percent of total billed charges | |
| HC CL TR MANIDUBLAR RX W EXT FIXA | 21451 | CPT | | | | outpatient | | | 7013 | 2005.77 | First Trenton | First Trenton | 6311.7 | 90 | | | 94.74 | 6662.35 | percent of total billed charges | |
| HC CL TR MANIDUBLAR RX W EXT FIXA | 21451 | CPT | | | | outpatient | | | 7013 | 2005.77 | Aetna | Better Health | 2212.6 | 31.55 | | | 94.74 | 6662.35 | percent of total billed charges | |
| HC CL TR MANIDUBLAR RX W EXT FIXA | 21451 | CPT | | | | outpatient | | | 7013 | 2005.77 | Amerihealth | HMO\PPO | 800 | | | | 94.74 | 6662.35 | fee schedule | |
| HC CL TR MANIDUBLAR RX W EXT FIXA | 21451 | CPT | | | | outpatient | | | 7013 | 2005.77 | Americare | Americare | 5259.75 | 75 | | | 94.74 | 6662.35 | percent of total billed charges | |
| HC CL TR MANIDUBLAR RX W EXT FIXA | 21451 | CPT | | | | outpatient | | | 7013 | 2005.77 | Corrections | Corrections | 5610.4 | 80 | | | 94.74 | 6662.35 | percent of total billed charges | |
| HC CL TR MANIDUBLAR RX W EXT FIXA | 21451 | CPT | | | | outpatient | | | 7013 | 2005.77 | Horizon | Indemnity | 3374.93 | | | | 94.74 | 6662.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TR MANIDUBLAR RX W EXT FIXA | 21451 | CPT | | | | outpatient | | | 7013 | 2005.77 | Aetna | Medicare | 1744.15 | | | | 94.74 | 6662.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TR MANIDUBLAR RX W EXT FIXA | 21451 | CPT | | | | outpatient | | | 7013 | 2005.77 | Multiplan | Multiplan | 5610.4 | 80 | | | 94.74 | 6662.35 | percent of total billed charges | |
| HC CL TR MANIDUBLAR RX W EXT FIXA | 21451 | CPT | | | | outpatient | | | 7013 | 2005.77 | Horizon | NJ Health | 94.74 | | | | 94.74 | 6662.35 | fee schedule | |
| HC CL TR MANIDUBLAR RX W EXT FIXA | 21451 | CPT | | | | outpatient | | | 7013 | 2005.77 | Aetna | Commercial | 2664.94 | 38 | | | 94.74 | 6662.35 | percent of total billed charges | |
| HC CL TR MANIDUBLAR RX W EXT FIXA | 21451 | CPT | | | | outpatient | | | 7013 | 2005.77 | Horizon | MGD | 3374.93 | | | | 94.74 | 6662.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TR MANIDUBLAR RX W EXT FIXA | 21451 | CPT | | | | outpatient | | | 7013 | 2005.77 | Consumer | Consumer | 6662.35 | 95 | | | 94.74 | 6662.35 | percent of total billed charges | |
| HC CL TR MANIDUBLAR RX W EXT FIXA | 21451 | CPT | | | | outpatient | | | 7013 | 2005.77 | Managed Care Inc | Managed Care Inc | 6311.7 | 90 | | | 94.74 | 6662.35 | percent of total billed charges | |
| HC CL TR MANIDUBLAR RX W EXT FIXA | 21451 | CPT | | | | outpatient | | | 7013 | 2005.77 | Horizon | Medicare Blue | 1744.15 | | | | 94.74 | 6662.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TR MANIDUBLAR RX W EXT FIXA | 21451 | CPT | | | | outpatient | | | 7013 | 2005.77 | UHC | Medicare | 1744.15 | | | | 94.74 | 6662.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TR MANIDUBLAR RX W EXT FIXA | 21451 | CPT | | | | outpatient | | | 7013 | 2005.77 | Qualcare | Qualcare | 5259.75 | 75 | | | 94.74 | 6662.35 | percent of total billed charges | |
| HC CL TR MANIDUBLAR RX W EXT FIXA | 21451 | CPT | | | | outpatient | | | 7013 | 2005.77 | Three Rivers | Three Rivers | 6662.35 | 95 | | | 94.74 | 6662.35 | percent of total billed charges | |
| HC CL TR MANIDUBLAR RX W EXT FIXA | 21451 | CPT | | | | outpatient | | | 7013 | 2005.77 | Horizon | PPO | 3374.93 | | | | 94.74 | 6662.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TR MANIDUBLAR RX W EXT FIXA | 21451 | CPT | | | | outpatient | | | 7013 | 2005.77 | UHC | Medicaid | 2212.6 | 31.55 | | | 94.74 | 6662.35 | percent of total billed charges | |
| HC CL TR MANIDUBLAR RX W EXT FIXA | 21451 | CPT | | | | outpatient | | | 7013 | 2005.77 | WellPoint | WellPoint | 2256.78 | 32.18 | | | 94.74 | 6662.35 | percent of total billed charges | |
| HC CL TR MANIDUBLAR RX W EXT FIXA | 21451 | CPT | | | | outpatient | | | 7013 | 2005.77 | Wellcare | Medicare | 1744.15 | | | | 94.74 | 6662.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TR MANIDUBLAR RX W EXT FIXA | 21451 | CPT | | | | outpatient | | | 7013 | 2005.77 | United | Commercial\PPO | 2493 | | | | 94.74 | 6662.35 | case rate | |
| HC CL TR MANIDUBLAR RX W EXT FIXA | 21451 | CPT | | | | outpatient | | | 7013 | 2005.77 | United | Oxford | 2493 | | | | 94.74 | 6662.35 | case rate | |
| HC CL TR MANIDUBLAR RX W EXT FIXA | 21451 | CPT | | | | outpatient | | | 7013 | 2005.77 | Wellcare | Medicaid | 2212.6 | 31.55 | | | 94.74 | 6662.35 | percent of total billed charges | |
| HC CLSD TRMT MNDBL FX W/INTRDNT F | 21453 | CPT | | | | outpatient | | | 19586 | 7702.18 | Aetna | Better Health | 6179.38 | 31.55 | | | 274.05 | 18606.7 | percent of total billed charges | |
| HC CLSD TRMT MNDBL FX W/INTRDNT F | 21453 | CPT | | | | outpatient | | | 19586 | 7702.18 | WellPoint | WellPoint | 6302.77 | 32.18 | | | 274.05 | 18606.7 | percent of total billed charges | |
| HC CLSD TRMT MNDBL FX W/INTRDNT F | 21453 | CPT | | | | outpatient | | | 19586 | 7702.18 | First Trenton | First Trenton | 17627.4 | 90 | | | 274.05 | 18606.7 | percent of total billed charges | |
| HC CLSD TRMT MNDBL FX W/INTRDNT F | 21453 | CPT | | | | outpatient | | | 19586 | 7702.18 | Aetna | Medicare | 6697.55 | | | | 274.05 | 18606.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRMT MNDBL FX W/INTRDNT F | 21453 | CPT | | | | outpatient | | | 19586 | 7702.18 | Corrections | Corrections | 15668.8 | 80 | | 2165.84 | 274.05 | 18606.7 | percent of total billed charges | |
| HC CLSD TRMT MNDBL FX W/INTRDNT F | 21453 | CPT | | | | outpatient | | | 19586 | 7702.18 | Horizon | MGD | 12959.76 | | | | 274.05 | 18606.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRMT MNDBL FX W/INTRDNT F | 21453 | CPT | | | | outpatient | | | 19586 | 7702.18 | Qualcare | Qualcare | 14689.5 | 75 | | | 274.05 | 18606.7 | percent of total billed charges | |
| HC CLSD TRMT MNDBL FX W/INTRDNT F | 21453 | CPT | | | | outpatient | | | 19586 | 7702.18 | Aetna | Commercial | 7442.68 | 38 | | | 274.05 | 18606.7 | percent of total billed charges | |
| HC CLSD TRMT MNDBL FX W/INTRDNT F | 21453 | CPT | | | | outpatient | | | 19586 | 7702.18 | Amerihealth | HMO\PPO | 650 | | | | 274.05 | 18606.7 | fee schedule | |
| HC CLSD TRMT MNDBL FX W/INTRDNT F | 21453 | CPT | | | | outpatient | | | 19586 | 7702.18 | Horizon | PPO | 12959.76 | | | | 274.05 | 18606.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRMT MNDBL FX W/INTRDNT F | 21453 | CPT | | | | outpatient | | | 19586 | 7702.18 | Horizon | NJ Health | 274.05 | | | | 274.05 | 18606.7 | fee schedule | |
| HC CLSD TRMT MNDBL FX W/INTRDNT F | 21453 | CPT | | | | outpatient | | | 19586 | 7702.18 | Americare | Americare | 14689.5 | 75 | | | 274.05 | 18606.7 | percent of total billed charges | |
| HC CLSD TRMT MNDBL FX W/INTRDNT F | 21453 | CPT | | | | outpatient | | | 19586 | 7702.18 | First Health | First Health | 13710.2 | 70 | | | 274.05 | 18606.7 | percent of total billed charges | |
| HC CLSD TRMT MNDBL FX W/INTRDNT F | 21453 | CPT | | | | outpatient | | | 19586 | 7702.18 | Horizon | Medicare Blue | 6697.55 | | | | 274.05 | 18606.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRMT MNDBL FX W/INTRDNT F | 21453 | CPT | | | | outpatient | | | 19586 | 7702.18 | United | Commercial\PPO | 6362 | | | | 274.05 | 18606.7 | case rate | |
| HC CLSD TRMT MNDBL FX W/INTRDNT F | 21453 | CPT | | | | outpatient | | | 19586 | 7702.18 | Consumer | Consumer | 18606.7 | 95 | | | 274.05 | 18606.7 | percent of total billed charges | |
| HC CLSD TRMT MNDBL FX W/INTRDNT F | 21453 | CPT | | | | outpatient | | | 19586 | 7702.18 | Horizon | Indemnity | 12959.76 | | | | 274.05 | 18606.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRMT MNDBL FX W/INTRDNT F | 21453 | CPT | | | | outpatient | | | 19586 | 7702.18 | Multiplan | Multiplan | 15668.8 | 80 | | | 274.05 | 18606.7 | percent of total billed charges | |
| HC CLSD TRMT MNDBL FX W/INTRDNT F | 21453 | CPT | | | | outpatient | | | 19586 | 7702.18 | Managed Care Inc | Managed Care Inc | 17627.4 | 90 | | | 274.05 | 18606.7 | percent of total billed charges | |
| HC CLSD TRMT MNDBL FX W/INTRDNT F | 21453 | CPT | | | | outpatient | | | 19586 | 7702.18 | United | Oxford | 6362 | | | | 274.05 | 18606.7 | case rate | |
| HC CLSD TRMT MNDBL FX W/INTRDNT F | 21453 | CPT | | | | outpatient | | | 19586 | 7702.18 | Three Rivers | Three Rivers | 18606.7 | 95 | | | 274.05 | 18606.7 | percent of total billed charges | |
| HC CLSD TRMT MNDBL FX W/INTRDNT F | 21453 | CPT | | | | outpatient | | | 19586 | 7702.18 | Wellcare | Medicaid | 6179.38 | 31.55 | | | 274.05 | 18606.7 | percent of total billed charges | |
| HC CLSD TRMT MNDBL FX W/INTRDNT F | 21453 | CPT | | | | outpatient | | | 19586 | 7702.18 | UHC | Medicaid | 6179.38 | 31.55 | | 5238.09 | 274.05 | 18606.7 | percent of total billed charges | |
| HC CLSD TRMT MNDBL FX W/INTRDNT F | 21453 | CPT | | | | outpatient | | | 19586 | 7702.18 | Wellcare | Medicare | 6697.55 | | | | 274.05 | 18606.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRMT MNDBL FX W/INTRDNT F | 21453 | CPT | | | | outpatient | | | 19586 | 7702.18 | UHC | Medicare | 6697.55 | | | | 274.05 | 18606.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RESET DISLOCATED JAW | 21480 | CPT | | | | outpatient | | | 865 | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RESET DISLOCATED JAW | 21480 | CPT | | | | outpatient | | | 865 | 310.16 | Americare | Americare | 648.75 | 75 | | | 98.66 | 1782 | percent of total billed charges | |
| HC RESET DISLOCATED JAW | 21480 | CPT | | | | outpatient | | | 865 | 310.16 | Multiplan | Multiplan | 692 | 80 | | | 98.66 | 1782 | percent of total billed charges | |
| HC RESET DISLOCATED JAW | 21480 | CPT | | | | outpatient | | | 865 | 310.16 | Aetna | Commercial | 440.15 | | | | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RESET DISLOCATED JAW | 21480 | CPT | | | | outpatient | | | 865 | 310.16 | Aetna | Better Health | 272.91 | 31.55 | | | 98.66 | 1782 | percent of total billed charges | |
| HC RESET DISLOCATED JAW | 21480 | CPT | | | | outpatient | | | 865 | 310.16 | Aetna | Medicare | 269.7 | | | | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RESET DISLOCATED JAW | 21480 | CPT | | | | outpatient | | | 865 | 310.16 | Consumer | Consumer | 821.75 | 95 | | | 98.66 | 1782 | percent of total billed charges | |
| HC RESET DISLOCATED JAW | 21480 | CPT | | | | outpatient | | | 865 | 310.16 | Amerihealth | HMO\PPO | 125 | | | | 98.66 | 1782 | fee schedule | |
| HC RESET DISLOCATED JAW | 21480 | CPT | | | | outpatient | | | 865 | 310.16 | Horizon | NJ Health | 98.66 | | | 54.02 | 98.66 | 1782 | fee schedule | |
| HC RESET DISLOCATED JAW | 21480 | CPT | | | | outpatient | | | 865 | 310.16 | First Trenton | First Trenton | 778.5 | 90 | | | 98.66 | 1782 | percent of total billed charges | |
| HC RESET DISLOCATED JAW | 21480 | CPT | | | | outpatient | | | 865 | 310.16 | Qualcare | Qualcare | 648.75 | 75 | | | 98.66 | 1782 | percent of total billed charges | |
| HC RESET DISLOCATED JAW | 21480 | CPT | | | | outpatient | | | 865 | 310.16 | Horizon | MGD | 521.87 | | | | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RESET DISLOCATED JAW | 21480 | CPT | | | | outpatient | | | 865 | 310.16 | Horizon | PPO | 521.87 | | | | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RESET DISLOCATED JAW | 21480 | CPT | | | | outpatient | | | 865 | 310.16 | Corrections | Corrections | 692 | 80 | | | 98.66 | 1782 | percent of total billed charges | |
| HC RESET DISLOCATED JAW | 21480 | CPT | | | | outpatient | | | 865 | 310.16 | Horizon | Indemnity | 521.87 | | | | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RESET DISLOCATED JAW | 21480 | CPT | | | | outpatient | | | 865 | 310.16 | First Health | First Health | 605.5 | 70 | | | 98.66 | 1782 | percent of total billed charges | |
| HC RESET DISLOCATED JAW | 21480 | CPT | | | | outpatient | | | 865 | 310.16 | Wellcare | Medicare | 269.7 | | | | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RESET DISLOCATED JAW | 21480 | CPT | | | | outpatient | | | 865 | 310.16 | Managed Care Inc | Managed Care Inc | 778.5 | 90 | | | 98.66 | 1782 | percent of total billed charges | |
| HC RESET DISLOCATED JAW | 21480 | CPT | | | | outpatient | | | 865 | 310.16 | United | Commercial\PPO | 1782 | | | | 98.66 | 1782 | case rate | |
| HC RESET DISLOCATED JAW | 21480 | CPT | | | | outpatient | | | 865 | 310.16 | UHC | Medicaid | 272.91 | 31.55 | | | 98.66 | 1782 | percent of total billed charges | |
| HC RESET DISLOCATED JAW | 21480 | CPT | | | | outpatient | | | 865 | 310.16 | WellPoint | WellPoint | 278.36 | 32.18 | | | 98.66 | 1782 | percent of total billed charges | |
| HC RESET DISLOCATED JAW | 21480 | CPT | | | | outpatient | | | 865 | 310.16 | Three Rivers | Three Rivers | 821.75 | 95 | | | 98.66 | 1782 | percent of total billed charges | |
| HC RESET DISLOCATED JAW | 21480 | CPT | | | | outpatient | | | 865 | 310.16 | United | Oxford | 1782 | | | | 98.66 | 1782 | case rate | |
| HC RESET DISLOCATED JAW | 21480 | CPT | | | | outpatient | | | 865 | 310.16 | UHC | Medicare | 269.7 | | | | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RESET DISLOCATED JAW | 21480 | CPT | | | | outpatient | | | 865 | 310.16 | Wellcare | Medicaid | 272.91 | 31.55 | | | 98.66 | 1782 | percent of total billed charges | |
| HC BIOPSY THYROID | 21550 | CPT | | | | both | | | 6038 | 2132.36 | Aetna | Commercial | 3026.1 | | | | 71.25 | 5736.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY THYROID | 21550 | CPT | | | | both | | | 6038 | 2132.36 | Aetna | Better Health | 1904.99 | 31.55 | | | 71.25 | 5736.1 | percent of total billed charges | |
| HC BIOPSY THYROID | 21550 | CPT | | | | both | | | 6038 | 2132.36 | First Trenton | First Trenton | 5434.2 | 90 | | | 71.25 | 5736.1 | percent of total billed charges | |
| HC BIOPSY THYROID | 21550 | CPT | | | | both | | | 6038 | 2132.36 | Aetna | Medicare | 1854.23 | | | | 71.25 | 5736.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY THYROID | 21550 | CPT | | | | both | | | 6038 | 2132.36 | Consumer | Consumer | 5736.1 | 95 | | | 71.25 | 5736.1 | percent of total billed charges | |
| HC BIOPSY THYROID | 21550 | CPT | | | | both | | | 6038 | 2132.36 | Amerihealth | HMO\PPO | 300 | | | | 71.25 | 5736.1 | fee schedule | |
| HC BIOPSY THYROID | 21550 | CPT | | | | both | | | 6038 | 2132.36 | Qualcare | Qualcare | 4528.5 | 75 | | | 71.25 | 5736.1 | percent of total billed charges | |
| HC BIOPSY THYROID | 21550 | CPT | | | | both | | | 6038 | 2132.36 | Horizon | MGD | 3587.94 | | | | 71.25 | 5736.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY THYROID | 21550 | CPT | | | | both | | | 6038 | 2132.36 | Americare | Americare | 4528.5 | 75 | | | 71.25 | 5736.1 | percent of total billed charges | |
| HC BIOPSY THYROID | 21550 | CPT | | | | both | | | 6038 | 2132.36 | United | Oxford | 2493 | | | | 71.25 | 5736.1 | case rate | |
| HC BIOPSY THYROID | 21550 | CPT | | | | both | | | 6038 | 2132.36 | Managed Care Inc | Managed Care Inc | 5434.2 | 90 | | | 71.25 | 5736.1 | percent of total billed charges | |
| HC BIOPSY THYROID | 21550 | CPT | | | | both | | | 6038 | 2132.36 | WellPoint | WellPoint | 1943.03 | 32.18 | | | 71.25 | 5736.1 | percent of total billed charges | |
| HC BIOPSY THYROID | 21550 | CPT | | | | both | | | 6038 | 2132.36 | Corrections | Corrections | 4830.4 | 80 | | | 71.25 | 5736.1 | percent of total billed charges | |
| HC BIOPSY THYROID | 21550 | CPT | | | | both | | | 6038 | 2132.36 | First Health | First Health | 4226.6 | 70 | | | 71.25 | 5736.1 | percent of total billed charges | |
| HC BIOPSY THYROID | 21550 | CPT | | | | both | | | 6038 | 2132.36 | United | Commercial\PPO | 2493 | | | | 71.25 | 5736.1 | case rate | |
| HC BIOPSY THYROID | 21550 | CPT | | | | both | | | 6038 | 2132.36 | Wellcare | Medicaid | 1904.99 | 31.55 | | 1667.04 | 71.25 | 5736.1 | percent of total billed charges | |
| HC BIOPSY THYROID | 21550 | CPT | | | | both | | | 6038 | 2132.36 | Multiplan | Multiplan | 4830.4 | 80 | | | 71.25 | 5736.1 | percent of total billed charges | |
| HC BIOPSY THYROID | 21550 | CPT | | | | both | | | 6038 | 2132.36 | Horizon | Indemnity | 3587.94 | | | | 71.25 | 5736.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY THYROID | 21550 | CPT | | | | both | | | 6038 | 2132.36 | Wellcare | Medicare | 1854.23 | | | | 71.25 | 5736.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY THYROID | 21550 | CPT | | | | both | | | 6038 | 2132.36 | Horizon | Medicare Blue | 1854.23 | | | | 71.25 | 5736.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY THYROID | 21550 | CPT | | | | both | | | 6038 | 2132.36 | Horizon | NJ Health | 71.25 | | | | 71.25 | 5736.1 | fee schedule | |
| HC BIOPSY THYROID | 21550 | CPT | | | | both | | | 6038 | 2132.36 | Three Rivers | Three Rivers | 5736.1 | 95 | | | 71.25 | 5736.1 | percent of total billed charges | |
| HC BIOPSY THYROID | 21550 | CPT | | | | both | | | 6038 | 2132.36 | Horizon | PPO | 3587.94 | | | 1579.55 | 71.25 | 5736.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY THYROID | 21550 | CPT | | | | both | | | 6038 | 2132.36 | UHC | Medicaid | 1904.99 | 31.55 | | 1544.46 | 71.25 | 5736.1 | percent of total billed charges | |
| HC BIOPSY THYROID | 21550 | CPT | | | | both | | | 6038 | 2132.36 | UHC | Medicare | 1854.23 | | | 1009.45 | 71.25 | 5736.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC TMR SFT TIS NK/ANT THRX<3C | 21555 | CPT | | | | outpatient | | | 5464 | 2132.36 | First Health | First Health | 3824.8 | 70 | | | 98.66 | 5190.8 | percent of total billed charges | |
| HC EXC TMR SFT TIS NK/ANT THRX<3C | 21555 | CPT | | | | outpatient | | | 5464 | 2132.36 | Aetna | Commercial | 3026.1 | | | | 98.66 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC TMR SFT TIS NK/ANT THRX<3C | 21555 | CPT | | | | outpatient | | | 5464 | 2132.36 | Corrections | Corrections | 4371.2 | 80 | | | 98.66 | 5190.8 | percent of total billed charges | |
| HC EXC TMR SFT TIS NK/ANT THRX<3C | 21555 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | Indemnity | 3587.94 | | | | 98.66 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC TMR SFT TIS NK/ANT THRX<3C | 21555 | CPT | | | | outpatient | | | 5464 | 2132.36 | Consumer | Consumer | 5190.8 | 95 | | | 98.66 | 5190.8 | percent of total billed charges | |
| HC EXC TMR SFT TIS NK/ANT THRX<3C | 21555 | CPT | | | | outpatient | | | 5464 | 2132.36 | Aetna | Medicare | 1854.23 | | | | 98.66 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC TMR SFT TIS NK/ANT THRX<3C | 21555 | CPT | | | | outpatient | | | 5464 | 2132.36 | Aetna | Better Health | 1723.89 | 31.55 | | | 98.66 | 5190.8 | percent of total billed charges | |
| HC EXC TMR SFT TIS NK/ANT THRX<3C | 21555 | CPT | | | | outpatient | | | 5464 | 2132.36 | First Trenton | First Trenton | 4917.6 | 90 | | | 98.66 | 5190.8 | percent of total billed charges | |
| HC EXC TMR SFT TIS NK/ANT THRX<3C | 21555 | CPT | | | | outpatient | | | 5464 | 2132.36 | Qualcare | Qualcare | 4098 | 75 | | | 98.66 | 5190.8 | percent of total billed charges | |
| HC EXC TMR SFT TIS NK/ANT THRX<3C | 21555 | CPT | | | | outpatient | | | 5464 | 2132.36 | Americare | Americare | 4098 | 75 | | | 98.66 | 5190.8 | percent of total billed charges | |
| HC EXC TMR SFT TIS NK/ANT THRX<3C | 21555 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | Medicare Blue | 1854.23 | | | | 98.66 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC TMR SFT TIS NK/ANT THRX<3C | 21555 | CPT | | | | outpatient | | | 5464 | 2132.36 | UHC | Medicare | 1854.23 | | | | 98.66 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC TMR SFT TIS NK/ANT THRX<3C | 21555 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | NJ Health | 98.66 | | | | 98.66 | 5190.8 | fee schedule | |
| HC EXC TMR SFT TIS NK/ANT THRX<3C | 21555 | CPT | | | | outpatient | | | 5464 | 2132.36 | Amerihealth | HMO\PPO | 550 | | | | 98.66 | 5190.8 | fee schedule | |
| HC EXC TMR SFT TIS NK/ANT THRX<3C | 21555 | CPT | | | | outpatient | | | 5464 | 2132.36 | Multiplan | Multiplan | 4371.2 | 80 | | | 98.66 | 5190.8 | percent of total billed charges | |
| HC EXC TMR SFT TIS NK/ANT THRX<3C | 21555 | CPT | | | | outpatient | | | 5464 | 2132.36 | WellPoint | WellPoint | 1758.32 | 32.18 | | | 98.66 | 5190.8 | percent of total billed charges | |
| HC EXC TMR SFT TIS NK/ANT THRX<3C | 21555 | CPT | | | | outpatient | | | 5464 | 2132.36 | Three Rivers | Three Rivers | 5190.8 | 95 | | | 98.66 | 5190.8 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC EXC TMR SFT TIS NK/ANT THRX<3C | 21555 | CPT | | | | outpatient | | | 5464 | | 2132.36 Horizon | MGD | 3587.94 | | | | | 98.66 | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC TMR SFT TIS NK/ANT THRX<3C | 21555 | CPT | | | | outpatient | | | 5464 | | 2132.36 UHC | Medicaid | 1723.89 | 31.55 | | | 165.9 | 98.66 | 5190.8 percent of total billed charges | |
| HC EXC TMR SFT TIS NK/ANT THRX<3C | 21555 | CPT | | | | outpatient | | | 5464 | | 2132.36 Horizon | PPO | 3587.94 | | | | | 98.66 | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC TMR SFT TIS NK/ANT THRX<3C | 21555 | CPT | | | | outpatient | | | 5464 | | 2132.36 Wellcare | Medicaid | 1723.89 | 31.55 | | | | 98.66 | 5190.8 percent of total billed charges | |
| HC EXC TMR SFT TIS NK/ANT THRX<3C | 21555 | CPT | | | | outpatient | | | 5464 | | 2132.36 Managed Care Inc | Managed Care Inc | 4917.6 | 90 | | | | 98.66 | 5190.8 percent of total billed charges | |
| HC EXC TMR SFT TIS NK/ANT THRX<3C | 21555 | CPT | | | | outpatient | | | 5464 | | 2132.36 Wellcare | Medicare | 1854.23 | | | | | 98.66 | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC TMR SFT TIS NK/ANT THRX<3C | 21555 | CPT | | | | outpatient | | | 5464 | | 2132.36 United | Commercial/PPO | 2493 | | | | | 98.66 | 5190.8 case rate | |
| HC EXC TMR SFT TIS NK/ANT THRX<3C | 21555 | CPT | | | | outpatient | | | 5464 | | 2132.36 United | Oxford | 2493 | | | | | 98.66 | 5190.8 case rate | |
| HC BIOPSY SOFT TISSUE BACK | 21920 | CPT | | | | outpatient | | | 5653 | | 2132.36 Amerihealth | HMO/PPO | 300 | | | | | 147.99 | 5370.35 fee schedule | |
| HC BIOPSY SOFT TISSUE BACK | 21920 | CPT | | | | outpatient | | | 5653 | | 2132.36 Aetna | Commercial | 2148.14 | 38 | | | | 147.99 | 5370.35 percent of total billed charges | |
| HC BIOPSY SOFT TISSUE BACK | 21920 | CPT | | | | outpatient | | | 5653 | | 2132.36 Horizon | MGD | 3587.94 | | | | | 147.99 | 5370.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY SOFT TISSUE BACK | 21920 | CPT | | | | outpatient | | | 5653 | | 2132.36 Multiplan | Multiplan | 4522.4 | 80 | | | | 147.99 | 5370.35 percent of total billed charges | |
| HC BIOPSY SOFT TISSUE BACK | 21920 | CPT | | | | outpatient | | | 5653 | | 2132.36 Americare | Americare | 4239.75 | 75 | | | | 147.99 | 5370.35 percent of total billed charges | |
| HC BIOPSY SOFT TISSUE BACK | 21920 | CPT | | | | outpatient | | | 5653 | | 2132.36 Aetna | Better Health | 1783.52 | 31.55 | | | | 147.99 | 5370.35 percent of total billed charges | |
| HC BIOPSY SOFT TISSUE BACK | 21920 | CPT | | | | outpatient | | | 5653 | | 2132.36 UHC | Medicare | 1854.23 | | | | 243.14 | 147.99 | 5370.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY SOFT TISSUE BACK | 21920 | CPT | | | | outpatient | | | 5653 | | 2132.36 Corrections | Corrections | 4522.4 | 80 | | | | 147.99 | 5370.35 percent of total billed charges | |
| HC BIOPSY SOFT TISSUE BACK | 21920 | CPT | | | | outpatient | | | 5653 | | 2132.36 Horizon | Indemnity | 3587.94 | | | | | 147.99 | 5370.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY SOFT TISSUE BACK | 21920 | CPT | | | | outpatient | | | 5653 | | 2132.36 Aetna | Medicare | 1854.23 | | | | | 147.99 | 5370.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY SOFT TISSUE BACK | 21920 | CPT | | | | outpatient | | | 5653 | | 2132.36 UHC | Medicaid | 1783.52 | 31.55 | | | | 147.99 | 5370.35 percent of total billed charges | |
| HC BIOPSY SOFT TISSUE BACK | 21920 | CPT | | | | outpatient | | | 5653 | | 2132.36 Qualcare | Qualcare | 4239.75 | 75 | | | | 147.99 | 5370.35 percent of total billed charges | |
| HC BIOPSY SOFT TISSUE BACK | 21920 | CPT | | | | outpatient | | | 5653 | | 2132.36 Horizon | Medicare Blue | 1854.23 | | | | | 147.99 | 5370.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY SOFT TISSUE BACK | 21920 | CPT | | | | outpatient | | | 5653 | | 2132.36 Consumer | Consumer | 5370.35 | 95 | | | | 147.99 | 5370.35 percent of total billed charges | |
| HC BIOPSY SOFT TISSUE BACK | 21920 | CPT | | | | outpatient | | | 5653 | | 2132.36 United | Commercial/PPO | 1817 | | | | | 147.99 | 5370.35 case rate | |
| HC BIOPSY SOFT TISSUE BACK | 21920 | CPT | | | | outpatient | | | 5653 | | 2132.36 First Trenton | First Trenton | 5087.7 | 90 | | | | 147.99 | 5370.35 percent of total billed charges | |
| HC BIOPSY SOFT TISSUE BACK | 21920 | CPT | | | | outpatient | | | 5653 | | 2132.36 Three Rivers | Three Rivers | 5370.35 | 95 | | | | 147.99 | 5370.35 percent of total billed charges | |
| HC BIOPSY SOFT TISSUE BACK | 21920 | CPT | | | | outpatient | | | 5653 | | 2132.36 First Health | First Health | 3957.1 | 70 | | | | 147.99 | 5370.35 percent of total billed charges | |
| HC BIOPSY SOFT TISSUE BACK | 21920 | CPT | | | | outpatient | | | 5653 | | 2132.36 Wellcare | Medicaid | 1783.52 | 31.55 | | | | 147.99 | 5370.35 percent of total billed charges | |
| HC BIOPSY SOFT TISSUE BACK | 21920 | CPT | | | | outpatient | | | 5653 | | 2132.36 Horizon | NJ Health | 147.99 | | | | | 147.99 | 5370.35 fee schedule | |
| HC BIOPSY SOFT TISSUE BACK | 21920 | CPT | | | | outpatient | | | 5653 | | 2132.36 United | Oxford | 1817 | | | | | 147.99 | 5370.35 case rate | |
| HC BIOPSY SOFT TISSUE BACK | 21920 | CPT | | | | outpatient | | | 5653 | | 2132.36 Horizon | PPO | 3587.94 | | | | | 147.99 | 5370.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY SOFT TISSUE BACK | 21920 | CPT | | | | outpatient | | | 5653 | | 2132.36 Wellcare | Medicare | 1854.23 | | | | | 147.99 | 5370.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY SOFT TISSUE BACK | 21920 | CPT | | | | outpatient | | | 5653 | | 2132.36 Managed Care Inc | Managed Care Inc | 5087.7 | 90 | | | | 147.99 | 5370.35 percent of total billed charges | |
| HC BIOPSY SOFT TISSUE BACK | 21920 | CPT | | | | outpatient | | | 5653 | | 2132.36 WellPoint | WellPoint | 1819.14 | 32.18 | | | | 147.99 | 5370.35 percent of total billed charges | |
| HC CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING | 22310 | CPT | | | | outpatient | | | 807.53 | | 310.16 Aetna | Better Health | 254.78 | 31.55 | | | | 254.78 | 1782 percent of total billed charges | |
| HC CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING | 22310 | CPT | | | | outpatient | | | 807.53 | | 310.16 Americare | Americare | 605.65 | 75 | | | | 254.78 | 1782 percent of total billed charges | |
| HC CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING | 22310 | CPT | | | | outpatient | | | 807.53 | | 310.16 Horizon | MGD | 521.87 | | | | | 254.78 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING | 22310 | CPT | | | | outpatient | | | 807.53 | | 310.16 Amerihealth | HMO/PPO | 300 | | | | | 254.78 | 1782 fee schedule | |
| HC CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING | 22310 | CPT | | | | outpatient | | | 807.53 | | 310.16 Horizon | Medicare Blue | 269.7 | | | | | 254.78 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING | 22310 | CPT | | | | outpatient | | | 807.53 | | 310.16 Corrections | Corrections | 646.02 | 80 | | | | 254.78 | 1782 percent of total billed charges | |
| HC CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING | 22310 | CPT | | | | outpatient | | | 807.53 | | 310.16 Horizon | PPO | 521.87 | | | | | 254.78 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING | 22310 | CPT | | | | outpatient | | | 807.53 | | 310.16 Aetna | Commercial | 440.15 | | | | | 254.78 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING | 22310 | CPT | | | | outpatient | | | 807.53 | | 310.16 Aetna | Medicare | 269.7 | | | | | 254.78 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING | 22310 | CPT | | | | outpatient | | | 807.53 | | 310.16 First Trenton | First Trenton | 726.78 | 90 | | | | 254.78 | 1782 percent of total billed charges | |
| HC CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING | 22310 | CPT | | | | outpatient | | | 807.53 | | 310.16 WellPoint | WellPoint | 259.86 | 32.18 | | | | 254.78 | 1782 percent of total billed charges | |
| HC CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING | 22310 | CPT | | | | outpatient | | | 807.53 | | 310.16 First Health | First Health | 565.27 | 70 | | | | 254.78 | 1782 percent of total billed charges | |
| HC CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING | 22310 | CPT | | | | outpatient | | | 807.53 | | 310.16 Multiplan | Multiplan | 646.02 | 80 | | | | 254.78 | 1782 percent of total billed charges | |
| HC CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING | 22310 | CPT | | | | outpatient | | | 807.53 | | 310.16 Horizon | Indemnity | 521.87 | | | | | 254.78 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING | 22310 | CPT | | | | outpatient | | | 807.53 | | 310.16 Consumer | Consumer | 767.15 | 95 | | | | 254.78 | 1782 percent of total billed charges | |
| HC CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING | 22310 | CPT | | | | outpatient | | | 807.53 | | 310.16 UHC | Medicare | 269.7 | | | | | 254.78 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING | 22310 | CPT | | | | outpatient | | | 807.53 | | 310.16 Qualcare | Qualcare | 605.65 | 75 | | | | 254.78 | 1782 percent of total billed charges | |
| HC CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING | 22310 | CPT | | | | outpatient | | | 807.53 | | 310.16 Horizon | NJ Health | 257.76 | | | | | 254.78 | 1782 fee schedule | |
| HC CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING | 22310 | CPT | | | | outpatient | | | 807.53 | | 310.16 United | Oxford | 1782 | | | | | 254.78 | 1782 case rate | |
| HC CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING | 22310 | CPT | | | | outpatient | | | 807.53 | | 310.16 Wellcare | Medicare | 269.7 | | | | | 254.78 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING | 22310 | CPT | | | | outpatient | | | 807.53 | | 310.16 Wellcare | Medicaid | 254.78 | 31.55 | | | | 254.78 | 1782 percent of total billed charges | |
| HC CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING | 22310 | CPT | | | | outpatient | | | 807.53 | | 310.16 UHC | Medicaid | 254.78 | 31.55 | | | | 254.78 | 1782 percent of total billed charges | |
| HC CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING | 22310 | CPT | | | | outpatient | | | 807.53 | | 310.16 Managed Care Inc | Managed Care Inc | 726.78 | 90 | | | | 254.78 | 1782 percent of total billed charges | |
| HC CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING | 22310 | CPT | | | | outpatient | | | 807.53 | | 310.16 United | Commercial/PPO | 1782 | | | | | 254.78 | 1782 case rate | |
| HC CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING | 22310 | CPT | | | | outpatient | | | 807.53 | | 310.16 Three Rivers | Three Rivers | 767.15 | 95 | | | | 254.78 | 1782 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22510 | CPT | | | | inpatient | | | 1207 | | 4257.16 Horizon | PPO | 7163.14 | | | | | 650 | 11596.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22510 | CPT | | | | inpatient | | | 1207 | | 4257.16 First Health | First Health | 8544.9 | 70 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22510 | CPT | | | | inpatient | | | 1207 | | 4257.16 Americare | Americare | 9155.25 | 75 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22510 | CPT | | | | inpatient | | | 1207 | | 4257.16 Aetna | Commercial | 6041.47 | | | | | 650 | 11596.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22510 | CPT | | | | inpatient | | | 1207 | | 4257.16 Amerihealth | HMO/PPO | 650 | | | | | 650 | 11596.65 fee schedule | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22510 | CPT | | | | inpatient | | | 1207 | | 4257.16 Aetna | Better Health | 3851.31 | 31.55 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22510 | CPT | | | | inpatient | | | 1207 | | 4257.16 Horizon | Medicare Blue | 3701.88 | | | | | 650 | 11596.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22510 | CPT | | | | inpatient | | | 1207 | | 4257.16 Aetna | Medicare | 3701.88 | | | | | 650 | 11596.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22510 | CPT | | | | inpatient | | | 1207 | | 4257.16 Wellcare | Medicare | 3701.88 | | | | | 650 | 11596.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22510 | CPT | | | | inpatient | | | 1207 | | 4257.16 United | Commercial/PPO | 3492 | | | | | 650 | 11596.65 case rate | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22510 | CPT | | | | inpatient | | | 1207 | | 4257.16 Consumer | Consumer | 11596.65 | 95 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22510 | CPT | | | | inpatient | | | 1207 | | 4257.16 Multiplan | Multiplan | 9765.6 | 80 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22510 | CPT | | | | inpatient | | | 1207 | | 4257.16 Horizon | MGD | 7163.14 | | | | | 650 | 11596.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22510 | CPT | | | | inpatient | | | 1207 | | 4257.16 First Trenton | First Trenton | 10986.3 | 90 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22510 | CPT | | | | inpatient | | | 1207 | | 4257.16 United | Oxford | 3492 | | | | | 650 | 11596.65 case rate | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22510 | CPT | | | | inpatient | | | 1207 | | 4257.16 Corrections | Corrections | 9765.6 | 80 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22510 | CPT | | | | inpatient | | | 1207 | | 4257.16 WellPoint | WellPoint | 3928.21 | 32.18 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22510 | CPT | | | | inpatient | | | 1207 | | 4257.16 Horizon | Indemnity | 7163.14 | | | | | 650 | 11596.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22510 | CPT | | | | inpatient | | | 1207 | | 4257.16 UHC | Medicaid | 3851.31 | 31.55 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22510 | CPT | | | | inpatient | | | 1207 | | 4257.16 Qualcare | Qualcare | 9155.25 | 75 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22510 | CPT | | | | inpatient | | | 1207 | | 4257.16 UHC | Medicare | 3701.88 | | | | | 650 | 11596.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22510 | CPT | | | | inpatient | | | 1207 | | 4257.16 Horizon | NJ Health | 2705.16 | | | | | 650 | 11596.65 fee schedule | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22510 | CPT | | | | inpatient | | | 1207 | | 4257.16 Wellcare | Medicaid | 3851.31 | 31.55 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22510 | CPT | | | | inpatient | | | 1207 | | 4257.16 Managed Care Inc | Managed Care Inc | 10986.3 | 90 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22510 | CPT | | | | inpatient | | | 1207 | | 4257.16 Three Rivers | Three Rivers | 11596.65 | 95 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING LUMBAR | 22511 | CPT | | | | inpatient | | | 1207 | | 4257.16 Qualcare | Qualcare | 9155.25 | 75 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING LUMBAR | 22511 | CPT | | | | inpatient | | | 1207 | | 4257.16 Amerihealth | HMO/PPO | 650 | | | | | 650 | 11596.65 fee schedule | |
| HC PERCU VERTEBROPLASTY W/IMAGING LUMBAR | 22511 | CPT | | | | inpatient | | | 1207 | | 4257.16 Aetna | Better Health | 3851.31 | 31.55 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING LUMBAR | 22511 | CPT | | | | inpatient | | | 1207 | | 4257.16 Horizon | MGD | 7163.14 | | | | | 650 | 11596.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERCU VERTEBROPLASTY W/IMAGING LUMBAR | 22511 | CPT | | | | inpatient | | | 1207 | | 4257.16 Corrections | Corrections | 9765.6 | 80 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING LUMBAR | 22511 | CPT | | | | inpatient | | | 1207 | | 4257.16 Americare | Americare | 9155.25 | 75 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING LUMBAR | 22511 | CPT | | | | inpatient | | | 1207 | | 4257.16 Aetna | Medicare | 3701.88 | | | | | 650 | 11596.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERCU VERTEBROPLASTY W/IMAGING LUMBAR | 22511 | CPT | | | | inpatient | | | 1207 | | 4257.16 UHC | Medicaid | 3851.31 | 31.55 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING LUMBAR | 22511 | CPT | | | | inpatient | | | 1207 | | 4257.16 First Trenton | First Trenton | 10986.3 | 90 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING LUMBAR | 22511 | CPT | | | | inpatient | | | 1207 | | 4257.16 Horizon | Indemnity | 7163.14 | | | | | 650 | 11596.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERCU VERTEBROPLASTY W/IMAGING LUMBAR | 22511 | CPT | | | | inpatient | | | 1207 | | 4257.16 Aetna | Commercial | 6041.47 | | | | | 650 | 11596.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERCU VERTEBROPLASTY W/IMAGING LUMBAR | 22511 | CPT | | | | inpatient | | | 1207 | | 4257.16 Horizon | Medicare Blue | 3701.88 | | | | | 650 | 11596.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERCU VERTEBROPLASTY W/IMAGING LUMBAR | 22511 | CPT | | | | inpatient | | | 1207 | | 4257.16 Horizon | NJ Health | 2683.78 | | | | | 650 | 11596.65 fee schedule | |
| HC PERCU VERTEBROPLASTY W/IMAGING LUMBAR | 22511 | CPT | | | | inpatient | | | 1207 | | 4257.16 UHC | Medicare | 3701.88 | | | | | 650 | 11596.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERCU VERTEBROPLASTY W/IMAGING LUMBAR | 22511 | CPT | | | | inpatient | | | 1207 | | 4257.16 Consumer | Consumer | 11596.65 | 95 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING LUMBAR | 22511 | CPT | | | | inpatient | | | 1207 | | 4257.16 Three Rivers | Three Rivers | 11596.65 | 95 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING LUMBAR | 22511 | CPT | | | | inpatient | | | 1207 | | 4257.16 Horizon | PPO | 7163.14 | | | | | 650 | 11596.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERCU VERTEBROPLASTY W/IMAGING LUMBAR | 22511 | CPT | | | | inpatient | | | 1207 | | 4257.16 United | Commercial/PPO | 3492 | | | | | 650 | 11596.65 case rate | |
| HC PERCU VERTEBROPLASTY W/IMAGING LUMBAR | 22511 | CPT | | | | inpatient | | | 1207 | | 4257.16 Multiplan | Multiplan | 9765.6 | 80 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING LUMBAR | 22511 | CPT | | | | inpatient | | | 1207 | | 4257.16 United | Oxford | 3492 | | | | | 650 | 11596.65 case rate | |
| HC PERCU VERTEBROPLASTY W/IMAGING LUMBAR | 22511 | CPT | | | | inpatient | | | 1207 | | 4257.16 Managed Care Inc | Managed Care Inc | 10986.3 | 90 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING LUMBAR | 22511 | CPT | | | | inpatient | | | 1207 | | 4257.16 Wellcare | Medicaid | 3851.31 | 31.55 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING LUMBAR | 22511 | CPT | | | | inpatient | | | 1207 | | 4257.16 First Health | First Health | 8544.9 | 70 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING LUMBAR | 22511 | CPT | | | | inpatient | | | 1207 | | 4257.16 Wellcare | Medicare | 3701.88 | | | | | 650 | 11596.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERCU VERTEBROPLASTY W/IMAGING LUMBAR | 22511 | CPT | | | | inpatient | | | 1207 | | 4257.16 WellPoint | WellPoint | 3928.21 | 32.18 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22512 | CPT | | | | inpatient | | | 1207 | | Americare | Americare | 9155.25 | 75 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22512 | CPT | | | | inpatient | | | 1207 | | First Trenton | First Trenton | 10986.3 | 90 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22512 | CPT | | | | inpatient | | | 1207 | | Consumer | Consumer | 11596.65 | 95 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22512 | CPT | | | | inpatient | | | 1207 | | Aetna | Better Health | 3851.31 | 31.55 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22512 | CPT | | | | inpatient | | | 1207 | | Horizon | Indemnity | 4672.84 | 38.28 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22512 | CPT | | | | inpatient | | | 1207 | | Aetna | Medicare | 3759.76 | 30.8 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22512 | CPT | | | | inpatient | | | 1207 | | Corrections | Corrections | 9765.6 | 80 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22512 | CPT | | | | inpatient | | | 1207 | | Multiplan | Multiplan | 9765.6 | 80 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22512 | CPT | | | | inpatient | | | 1207 | | Amerihealth | HMO/PPO | 650 | | | | | 650 | 11596.65 fee schedule | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22512 | CPT | | | | inpatient | | | 1207 | | Horizon | PPO | 4672.84 | 38.28 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22512 | CPT | | | | inpatient | | | 1207 | | First Health | First Health | 8544.9 | 70 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22512 | CPT | | | | inpatient | | | 1207 | | Horizon | MGD | 4672.84 | 38.28 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22512 | CPT | | | | inpatient | | | 1207 | | Qualcare | Qualcare | 9155.25 | 75 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22512 | CPT | | | | inpatient | | | 1207 | | Managed Care Inc | Managed Care Inc | 10986.3 | 90 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22512 | CPT | | | | inpatient | | | 1207 | | Horizon | Medicare Blue | 3662.1 | 30 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22512 | CPT | | | | inpatient | | | 1207 | | United | Commercial/PPO | 1782 | | | | | 650 | 11596.65 case rate | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22512 | CPT | | | | inpatient | | | 1207 | | Horizon | NJ Health | 1507.93 | | | | | 650 | 11596.65 fee schedule | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22512 | CPT | | | | inpatient | | | 1207 | | UHC | Medicaid | 3851.31 | 31.55 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22512 | CPT | | | | inpatient | | | 1207 | | Three Rivers | Three Rivers | 11596.65 | 95 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22512 | CPT | | | | inpatient | | | 1207 | | United | Oxford | 1782 | | | | | 650 | 11596.65 case rate | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22512 | CPT | | | | inpatient | | | 1207 | | Wellcare | Medicaid | 3851.31 | 31.55 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERCU VERTEBROPLASTY W/IMAGING | 22512 | CPT | | | | inpatient | | | 1207 | | WellPoint | WellPoint | 3928.21 | 32.18 | | | | 650 | 11596.65 percent of total billed charges | |
| HC PERC VERT AUGMNT W/IMAG THORACIC | 22513 | CPT | | | | outpatient | | | 29652 | | 9409.2 Horizon | PPO | 15832 | | | | | 650 | 28169.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERC VERT AUGMNT W/IMAG THORACIC | 22513 | CPT | | | | outpatient | | | 29652 | | 9409.2 Aetna | Better Health | 9355.21 | 31.55 | | | | 650 | 28169.4 percent of total billed charges | |
| HC PERC VERT AUGMNT W/IMAG THORACIC | 22513 | CPT | | | | outpatient | | | 29652 | | 9409.2 Horizon | Medicare Blue | 8181.91 | | | | | 650 | 28169.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERC VERT AUGMNT W/IMAG THORACIC | 22513 | CPT | | | | outpatient | | | 29652 | | 9409.2 Consumer | Consumer | 28169.4 | 95 | | | | 650 | 28169.4 percent of total billed charges | |
| HC PERC VERT AUGMNT W/IMAG THORACIC | 22513 | CPT | | | | outpatient | | | 29652 | | 9409.2 Amerihealth | HMO/PPO | 650 | | | | | 650 | 28169.4 fee schedule | |
| HC PERC VERT AUGMNT W/IMAG THORACIC | 22513 | CPT | | | | outpatient | | | 29652 | | 9409.2 First Health | First Health | 20756.4 | 70 | | | | 650 | 28169.4 percent of total billed charges | |
| HC PERC VERT AUGMNT W/IMAG THORACIC | 22513 | CPT | | | | outpatient | | | 29652 | | 9409.2 Aetna | Commercial | 13352.88 | | | | | 650 | 28169.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERC VERT AUGMNT W/IMAG THORACIC | 22513 | CPT | | | | outpatient | | | 29652 | | 9409.2 Americare | Americare | 22239 | 75 | | | | 650 | 28169.4 percent of total billed charges | |
| HC PERC VERT AUGMNT W/IMAG THORACIC | 22513 | CPT | | | | outpatient | | | 29652 | | 9409.2 United | Oxford | 4702 | | | | | 650 | 28169.4 case rate | |
| HC PERC VERT AUGMNT W/IMAG THORACIC | 22513 | CPT | | | | outpatient | | | 29652 | | 9409.2 UHC | Medicare | 8181.91 | | | | | 650 | 28169.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERC VERT AUGMNT W/IMAG THORACIC | 22513 | CPT | | | | outpatient | | | 29652 | | 9409.2 Multiplan | Multiplan | 23721.6 | 80 | | | | 650 | 28169.4 percent of total billed charges | |
| HC PERC VERT AUGMNT W/IMAG THORACIC | 22513 | CPT | | | | outpatient | | | 29652 | | 9409.2 Corrections | Corrections | 23721.6 | 80 | | | | 650 | 28169.4 percent of total billed charges | |
| HC PERC VERT AUGMNT W/IMAG THORACIC | 22513 | CPT | | | | outpatient | | | 29652 | | 9409.2 Horizon | MGD | 15832 | | | | | 650 | 28169.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERC VERT AUGMNT W/IMAG THORACIC | 22513 | CPT | | | | outpatient | | | 29652 | | 9409.2 Wellcare | Medicare | 8181.91 | | | | | 650 | 28169.4 other | Payer-specific negotiated charge calculated as a percent

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC PERC VERT AUGMNT W/IMAG THORACIC | 22513 | CPT | | | | outpatient | | | 29652 | | 9409.2 Qualcare | Qualcare | 22239 | 75 | | | 650 | 28169.4 | percent of total billed charges | |
| HC PERC VERT AUGMNT W/IMAG THORACIC | 22513 | CPT | | | | outpatient | | | 29652 | | 9409.2 Horizon | NJ Health | 11438.61 | | | | 650 | 28169.4 | fee schedule | |
| HC PERC VERT AUGMNT W/IMAG THORACIC | 22513 | CPT | | | | outpatient | | | 29652 | | 9409.2 UHC | Medicaid | 9355.21 | 31.55 | | | 650 | 28169.4 | percent of total billed charges | |
| HC PERC VERT AUGMNT W/IMAG THORACIC | 22513 | CPT | | | | outpatient | | | 29652 | | 9409.2 Managed Care Inc | Managed Care Inc | 26686.8 | 90 | | | 650 | 28169.4 | percent of total billed charges | |
| HC PERC VERT AUGMNT W/IMAG THORACIC | 22513 | CPT | | | | outpatient | | | 29652 | | 9409.2 Wellcare | Medicaid | 9355.21 | 31.55 | | | 650 | 28169.4 | percent of total billed charges | |
| HC PERC VERT AUGMNT W/IMAG THORACIC | 22513 | CPT | | | | outpatient | | | 29652 | | 9409.2 Three Rivers | Three Rivers | 28169.4 | 95 | | | 650 | 28169.4 | percent of total billed charges | |
| HC PERC VERT AUGMNT W/IMAG THORACIC | 22513 | CPT | | | | outpatient | | | 29652 | | 9409.2 United | Commercial/PPO | 4702 | | | | 650 | 28169.4 | case rate | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING LUM | 22514 | CPT | | | | outpatient | | | 29652 | | 9409.2 Corrections | Corrections | 23721.6 | 80 | | | 650 | 28169.4 | percent of total billed charges | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING LUM | 22514 | CPT | | | | outpatient | | | 29652 | | 9409.2 Americare | Americare | 22239 | 75 | | | 650 | 28169.4 | percent of total billed charges | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING LUM | 22514 | CPT | | | | outpatient | | | 29652 | | 9409.2 Aetna | Medicare | 8181.91 | | | | 650 | 28169.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING LUM | 22514 | CPT | | | | outpatient | | | 29652 | | 9409.2 Aetna | Commercial | 13352.88 | | | | 650 | 28169.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING LUM | 22514 | CPT | | | | outpatient | | | 29652 | | 9409.2 Consumer | Consumer | 28169.4 | 95 | | | 650 | 28169.4 | percent of total billed charges | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING LUM | 22514 | CPT | | | | outpatient | | | 29652 | | 9409.2 Amerihealth | HMO/PPO | 650 | | | | 650 | 28169.4 | fee schedule | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING LUM | 22514 | CPT | | | | outpatient | | | 29652 | | 9409.2 Aetna | Better Health | 9355.21 | 31.55 | | | 650 | 28169.4 | percent of total billed charges | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING LUM | 22514 | CPT | | | | outpatient | | | 29652 | | 9409.2 Horizon | Medicare Blue | 8181.91 | | | | 650 | 28169.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING LUM | 22514 | CPT | | | | outpatient | | | 29652 | | 9409.2 Horizon | Indemnity | 15832 | | | | 650 | 28169.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING LUM | 22514 | CPT | | | | outpatient | | | 29652 | | 9409.2 Horizon | MGD | 15832 | | | | 650 | 28169.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING LUM | 22514 | CPT | | | | outpatient | | | 29652 | | 9409.2 First Health | First Health | 20756.4 | 70 | | | 650 | 28169.4 | percent of total billed charges | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING LUM | 22514 | CPT | | | | outpatient | | | 29652 | | 9409.2 Wellcare | Medicaid | 9355.21 | 31.55 | | | 650 | 28169.4 | percent of total billed charges | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING LUM | 22514 | CPT | | | | outpatient | | | 29652 | | 9409.2 First Trenton | First Trenton | 26686.8 | 90 | | | 650 | 28169.4 | percent of total billed charges | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING LUM | 22514 | CPT | | | | outpatient | | | 29652 | | 9409.2 UHC | Medicaid | 9355.21 | 31.55 | | | 650 | 28169.4 | percent of total billed charges | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING LUM | 22514 | CPT | | | | outpatient | | | 29652 | | 9409.2 Multiplan | Multiplan | 23721.6 | 80 | | | 650 | 28169.4 | percent of total billed charges | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING LUM | 22514 | CPT | | | | outpatient | | | 29652 | | 9409.2 UHC | Medicare | 8181.91 | | | | 650 | 28169.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING LUM | 22514 | CPT | | | | outpatient | | | 29652 | | 9409.2 Horizon | PPO | 15832 | | | | 650 | 28169.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING LUM | 22514 | CPT | | | | outpatient | | | 29652 | | 9409.2 United | Commercial/PPO | 4702 | | | | 650 | 28169.4 | case rate | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING LUM | 22514 | CPT | | | | outpatient | | | 29652 | | 9409.2 Qualcare | Qualcare | 22239 | 75 | | | 650 | 28169.4 | percent of total billed charges | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING LUM | 22514 | CPT | | | | outpatient | | | 29652 | | 9409.2 Wellcare | Medicare | 8181.91 | | | | 650 | 28169.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING LUM | 22514 | CPT | | | | outpatient | | | 29652 | | 9409.2 Horizon | NJ Health | 11382.91 | | | | 650 | 28169.4 | fee schedule | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING LUM | 22514 | CPT | | | | outpatient | | | 29652 | | 9409.2 WellPoint | WellPoint | 9542.01 | 32.18 | | | 650 | 28169.4 | percent of total billed charges | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING LUM | 22514 | CPT | | | | outpatient | | | 29652 | | 9409.2 Managed Care Inc | Managed Care Inc | 26686.8 | 90 | | | 650 | 28169.4 | percent of total billed charges | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING LUM | 22514 | CPT | | | | outpatient | | | 29652 | | 9409.2 Three Rivers | Three Rivers | 28169.4 | 95 | | | 650 | 28169.4 | percent of total billed charges | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING LUM | 22514 | CPT | | | | outpatient | | | 29652 | | 9409.2 United | Oxford | 4702 | | | | 650 | 28169.4 | case rate | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING EACH | 22515 | CPT | | | | outpatient | | | 29652 | | Aetna | Medicare | 9132.82 | 30.8 | | | 650 | 28169.4 | percent of total billed charges | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING EACH | 22515 | CPT | | | | outpatient | | | 29652 | | Aetna | Better Health | 9355.21 | 31.55 | | | 650 | 28169.4 | percent of total billed charges | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING EACH | 22515 | CPT | | | | outpatient | | | 29652 | | Horizon | Indemnity | 11350.79 | 38.28 | | | 650 | 28169.4 | percent of total billed charges | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING EACH | 22515 | CPT | | | | outpatient | | | 29652 | | UHC | Medicaid | 9355.21 | 31.55 | | | 650 | 28169.4 | percent of total billed charges | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING EACH | 22515 | CPT | | | | outpatient | | | 29652 | | Corrections | Corrections | 23721.6 | 80 | | | 650 | 28169.4 | percent of total billed charges | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING EACH | 22515 | CPT | | | | outpatient | | | 29652 | | First Health | First Health | 20756.4 | 70 | | | 650 | 28169.4 | percent of total billed charges | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING EACH | 22515 | CPT | | | | outpatient | | | 29652 | | Americare | Americare | 22239 | 75 | | | 650 | 28169.4 | percent of total billed charges | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING EACH | 22515 | CPT | | | | outpatient | | | 29652 | | First Trenton | First Trenton | 26686.8 | 90 | | | 650 | 28169.4 | percent of total billed charges | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING EACH | 22515 | CPT | | | | outpatient | | | 29652 | | Horizon | MGD | 11350.79 | 38.28 | | | 650 | 28169.4 | percent of total billed charges | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING EACH | 22515 | CPT | | | | outpatient | | | 29652 | | Amerihealth | HMO/PPO | 650 | | | | 650 | 28169.4 | fee schedule | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING EACH | 22515 | CPT | | | | outpatient | | | 29652 | | Multiplan | Multiplan | 23721.6 | 80 | | | 650 | 28169.4 | percent of total billed charges | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING EACH | 22515 | CPT | | | | outpatient | | | 29652 | | United | Commercial/PPO | 1782 | | | | 650 | 28169.4 | case rate | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING EACH | 22515 | CPT | | | | outpatient | | | 29652 | | United | Oxford | 1782 | | | | 650 | 28169.4 | case rate | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING EACH | 22515 | CPT | | | | outpatient | | | 29652 | | Wellcare | Medicaid | 9355.21 | 31.55 | | | 650 | 28169.4 | percent of total billed charges | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING EACH | 22515 | CPT | | | | outpatient | | | 29652 | | Consumer | Consumer | 28169.4 | 95 | | | 650 | 28169.4 | percent of total billed charges | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING EACH | 22515 | CPT | | | | outpatient | | | 29652 | | Horizon | PPO | 11350.79 | 38.28 | | | 650 | 28169.4 | percent of total billed charges | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING EACH | 22515 | CPT | | | | outpatient | | | 29652 | | Qualcare | Qualcare | 22239 | 75 | | | 650 | 28169.4 | percent of total billed charges | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING EACH | 22515 | CPT | | | | outpatient | | | 29652 | | WellPoint | WellPoint | 9542.01 | 32.18 | | | 650 | 28169.4 | percent of total billed charges | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING EACH | 22515 | CPT | | | | outpatient | | | 29652 | | Horizon | Medicare Blue | 8895.6 | 30 | | | 650 | 28169.4 | percent of total billed charges | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING EACH | 22515 | CPT | | | | outpatient | | | 29652 | | Managed Care Inc | Managed Care Inc | 26686.8 | 90 | | | 650 | 28169.4 | percent of total billed charges | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING EACH | 22515 | CPT | | | | outpatient | | | 29652 | | Horizon | NJ Health | 6913.45 | | | | 650 | 28169.4 | fee schedule | |
| HC PERCU VERTEBRAL AUGMENT W/IMAGING EACH | 22515 | CPT | | | | outpatient | | | 29652 | | Three Rivers | Three Rivers | 28169.4 | 95 | | | 650 | 28169.4 | percent of total billed charges | |
| HC UNLISTED PROC SPINE | 22899 | CPT | | | | outpatient | | | 8271 | | 310.16 Aetna | Better Health | 2609.5 | 31.55 | | | 125 | 7857.45 | percent of total billed charges | |
| HC UNLISTED PROC SPINE | 22899 | CPT | | | | outpatient | | | 8271 | | 310.16 First Trenton | First Trenton | 7443.9 | 90 | | | 125 | 7857.45 | percent of total billed charges | |
| HC UNLISTED PROC SPINE | 22899 | CPT | | | | outpatient | | | 8271 | | 310.16 Consumer | Consumer | 7857.45 | 95 | | | 125 | 7857.45 | percent of total billed charges | |
| HC UNLISTED PROC SPINE | 22899 | CPT | | | | outpatient | | | 8271 | | 310.16 UHC | Medicare | 269.7 | | | | 125 | 7857.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC SPINE | 22899 | CPT | | | | outpatient | | | 8271 | | 310.16 Aetna | Medicare | 269.7 | | | | 125 | 7857.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC SPINE | 22899 | CPT | | | | outpatient | | | 8271 | | 310.16 Americare | Americare | 6203.25 | 75 | | | 125 | 7857.45 | percent of total billed charges | |
| HC UNLISTED PROC SPINE | 22899 | CPT | | | | outpatient | | | 8271 | | 310.16 First Health | First Health | 5799.7 | 70 | | | 125 | 7857.45 | percent of total billed charges | |
| HC UNLISTED PROC SPINE | 22899 | CPT | | | | outpatient | | | 8271 | | 310.16 Aetna | Commercial | 440.15 | | | | 125 | 7857.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC SPINE | 22899 | CPT | | | | outpatient | | | 8271 | | 310.16 Horizon | PPO | 521.87 | | | | 125 | 7857.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC SPINE | 22899 | CPT | | | | outpatient | | | 8271 | | 310.16 Managed Care Inc | Managed Care Inc | 7443.9 | 90 | | | 125 | 7857.45 | percent of total billed charges | |
| HC UNLISTED PROC SPINE | 22899 | CPT | | | | outpatient | | | 8271 | | 310.16 Corrections | Corrections | 6616.8 | 80 | | | 125 | 7857.45 | percent of total billed charges | |
| HC UNLISTED PROC SPINE | 22899 | CPT | | | | outpatient | | | 8271 | | 310.16 Wellcare | Medicare | 269.7 | | | | 125 | 7857.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC SPINE | 22899 | CPT | | | | outpatient | | | 8271 | | 310.16 Horizon | MGD | 521.87 | | | | 125 | 7857.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC SPINE | 22899 | CPT | | | | outpatient | | | 8271 | | 310.16 Amerihealth | HMO/PPO | 125 | | | | 125 | 7857.45 | fee schedule | |
| HC UNLISTED PROC SPINE | 22899 | CPT | | | | outpatient | | | 8271 | | 310.16 Three Rivers | Three Rivers | 7857.45 | 95 | | | 125 | 7857.45 | percent of total billed charges | |
| HC UNLISTED PROC SPINE | 22899 | CPT | | | | outpatient | | | 8271 | | 310.16 Multiplan | Multiplan | 6616.8 | 80 | | | 125 | 7857.45 | percent of total billed charges | |
| HC UNLISTED PROC SPINE | 22899 | CPT | | | | outpatient | | | 8271 | | 310.16 WellPoint | WellPoint | 2661.61 | 32.18 | | | 125 | 7857.45 | percent of total billed charges | |
| HC UNLISTED PROC SPINE | 22899 | CPT | | | | outpatient | | | 8271 | | 310.16 Horizon | Indemnity | 521.87 | | | | 125 | 7857.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC SPINE | 22899 | CPT | | | | outpatient | | | 8271 | | 310.16 Horizon | Medicare Blue | 269.7 | | | | 125 | 7857.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC SPINE | 22899 | CPT | | | | outpatient | | | 8271 | | 310.16 Qualcare | Qualcare | 6203.25 | 75 | | | 125 | 7857.45 | percent of total billed charges | |
| HC UNLISTED PROC SPINE | 22899 | CPT | | | | outpatient | | | 8271 | | 310.16 Wellcare | Medicaid | 2609.5 | 31.55 | | | 125 | 7857.45 | percent of total billed charges | |
| HC UNLISTED PROC SPINE | 22899 | CPT | | | | outpatient | | | 8271 | | 310.16 United | Commercial/PPO | 1782 | | | | 125 | 7857.45 | case rate | |
| HC UNLISTED PROC SPINE | 22899 | CPT | | | | outpatient | | | 8271 | | 310.16 United | Oxford | 1782 | | | | 125 | 7857.45 | case rate | |
| HC UNLISTED PROC SPINE | 22899 | CPT | | | | outpatient | | | 8271 | | 310.16 UHC | Medicaid | 2609.5 | 31.55 | | | 125 | 7857.45 | percent of total billed charges | |
| HC INJ SHOULDER ARTHOGRAPHY | 23350 | CPT | | | | outpatient | | | 2292 | | United | Commercial/PPO | 1782 | | | | 68.91 | 2177.4 | case rate | |
| HC INJ SHOULDER ARTHOGRAPHY | 23350 | CPT | | | | outpatient | | | 2292 | | Aetna | Medicare | 705.94 | 30.8 | | | 68.91 | 2177.4 | percent of total billed charges | |
| HC INJ SHOULDER ARTHOGRAPHY | 23350 | CPT | | | | outpatient | | | 2292 | | Horizon | MGD | 877.38 | 38.28 | | | 68.91 | 2177.4 | percent of total billed charges | |
| HC INJ SHOULDER ARTHOGRAPHY | 23350 | CPT | | | | outpatient | | | 2292 | | Horizon | Indemnity | 877.38 | 38.28 | | | 68.91 | 2177.4 | percent of total billed charges | |
| HC INJ SHOULDER ARTHOGRAPHY | 23350 | CPT | | | | outpatient | | | 2292 | | Aetna | Better Health | 723.13 | 31.55 | | | 68.91 | 2177.4 | percent of total billed charges | |
| HC INJ SHOULDER ARTHOGRAPHY | 23350 | CPT | | | | outpatient | | | 2292 | | Americare | Americare | 1719 | 75 | | | 68.91 | 2177.4 | percent of total billed charges | |
| HC INJ SHOULDER ARTHOGRAPHY | 23350 | CPT | | | | outpatient | | | 2292 | | Amerihealth | HMO/PPO | 125 | | | | 68.91 | 2177.4 | fee schedule | |
| HC INJ SHOULDER ARTHOGRAPHY | 23350 | CPT | | | | outpatient | | | 2292 | | Corrections | Corrections | 1833.6 | 80 | | | 68.91 | 2177.4 | percent of total billed charges | |
| HC INJ SHOULDER ARTHOGRAPHY | 23350 | CPT | | | | outpatient | | | 2292 | | WellPoint | WellPoint | 737.57 | 32.18 | | | 68.91 | 2177.4 | percent of total billed charges | |
| HC INJ SHOULDER ARTHOGRAPHY | 23350 | CPT | | | | outpatient | | | 2292 | | First Health | First Health | 1604.4 | 70 | | | 68.91 | 2177.4 | percent of total billed charges | |
| HC INJ SHOULDER ARTHOGRAPHY | 23350 | CPT | | | | outpatient | | | 2292 | | Horizon | PPO | 877.38 | 38.28 | | | 68.91 | 2177.4 | percent of total billed charges | |
| HC INJ SHOULDER ARTHOGRAPHY | 23350 | CPT | | | | outpatient | | | 2292 | | Qualcare | Qualcare | 1719 | 75 | | | 68.91 | 2177.4 | percent of total billed charges | |
| HC INJ SHOULDER ARTHOGRAPHY | 23350 | CPT | | | | outpatient | | | 2292 | | Horizon | NJ Health | 68.91 | | | 622.4 | 68.91 | 2177.4 | fee schedule | |
| HC INJ SHOULDER ARTHOGRAPHY | 23350 | CPT | | | | outpatient | | | 2292 | | Consumer | Consumer | 2177.4 | 95 | | | 68.91 | 2177.4 | percent of total billed charges | |
| HC INJ SHOULDER ARTHOGRAPHY | 23350 | CPT | | | | outpatient | | | 2292 | | Three Rivers | Three Rivers | 2177.4 | 95 | | | 68.91 | 2177.4 | percent of total billed charges | |
| HC INJ SHOULDER ARTHOGRAPHY | 23350 | CPT | | | | outpatient | | | 2292 | | First Trenton | First Trenton | 2062.8 | 90 | | | 68.91 | 2177.4 | percent of total billed charges | |
| HC INJ SHOULDER ARTHOGRAPHY | 23350 | CPT | | | | outpatient | | | 2292 | | UHC | Medicaid | 723.13 | 31.55 | | 467.5 | 68.91 | 2177.4 | percent of total billed charges | |
| HC INJ SHOULDER ARTHOGRAPHY | 23350 | CPT | | | | outpatient | | | 2292 | | Horizon | Medicare Blue | 687.6 | 30 | | | 68.91 | 2177.4 | percent of total billed charges | |
| HC INJ SHOULDER ARTHOGRAPHY | 23350 | CPT | | | | outpatient | | | 2292 | | Managed Care Inc | Managed Care Inc | 2062.8 | 90 | | | 68.91 | 2177.4 | percent of total billed charges | |
| HC INJ SHOULDER ARTHOGRAPHY | 23350 | CPT | | | | outpatient | | | 2292 | | United | Oxford | 1782 | | | | 68.91 | 2177.4 | case rate | |
| HC INJ SHOULDER ARTHOGRAPHY | 23350 | CPT | | | | outpatient | | | 2292 | | Multiplan | Multiplan | 1833.6 | 80 | | | 68.91 | 2177.4 | percent of total billed charges | |
| HC INJ SHOULDER ARTHOGRAPHY | 23350 | CPT | | | | outpatient | | | 2292 | | Wellcare | Medicaid | 723.13 | 31.55 | | | 68.91 | 2177.4 | percent of total billed charges | |
| HC CLSD TRT PROX HUM W MAN | 23605 | CPT | | | | outpatient | | | 6312 | | 2113.84 Horizon | Indemnity | 3556.76 | | | | 519.83 | 5996.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PROX HUM W MAN | 23605 | CPT | | | | outpatient | | | 6312 | | 2113.84 Aetna | Commercial | 2999.81 | | | | 519.83 | 5996.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PROX HUM W MAN | 23605 | CPT | | | | outpatient | | | 6312 | | 2113.84 Amerihealth | HMO/PPO | 550 | | | | 519.83 | 5996.4 | fee schedule | |
| HC CLSD TRT PROX HUM W MAN | 23605 | CPT | | | | outpatient | | | 6312 | | 2113.84 Americare | Americare | 4734 | 75 | | | 519.83 | 5996.4 | percent of total billed charges | |
| HC CLSD TRT PROX HUM W MAN | 23605 | CPT | | | | outpatient | | | 6312 | | 2113.84 First Health | First Health | 4418.4 | 70 | | | 519.83 | 5996.4 | percent of total billed charges | |
| HC CLSD TRT PROX HUM W MAN | 23605 | CPT | | | | outpatient | | | 6312 | | 2113.84 Corrections | Corrections | 5049.6 | 80 | | | 519.83 | 5996.4 | percent of total billed charges | |
| HC CLSD TRT PROX HUM W MAN | 23605 | CPT | | | | outpatient | | | 6312 | | 2113.84 First Trenton | First Trenton | 5680.8 | 90 | | | 519.83 | 5996.4 | percent of total billed charges | |
| HC CLSD TRT PROX HUM W MAN | 23605 | CPT | | | | outpatient | | | 6312 | | 2113.84 Aetna | Better Health | 1991.44 | 31.55 | | | 519.83 | 5996.4 | percent of total billed charges | |
| HC CLSD TRT PROX HUM W MAN | 23605 | CPT | | | | outpatient | | | 6312 | | 2113.84 Horizon | PPO | 3556.76 | | | | 519.83 | 5996.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PROX HUM W MAN | 23605 | CPT | | | | outpatient | | | 6312 | | 2113.84 Multiplan | Multiplan | 5049.6 | 80 | | | 519.83 | 5996.4 | percent of total billed charges | |
| HC CLSD TRT PROX HUM W MAN | 23605 | CPT | | | | outpatient | | | 6312 | | 2113.84 Horizon | MGD | 3556.76 | | | | 519.83 | 5996.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PROX HUM W MAN | 23605 | CPT | | | | outpatient | | | 6312 | | 2113.84 Wellcare | Medicare | 1838.12 | | | | 519.83 | 5996.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PROX HUM W MAN | 23605 | CPT | | | | outpatient | | | 6312 | | 2113.84 Horizon | Medicare Blue | 1838.12 | | | | 519.83 | 5996.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PROX HUM W MAN | 23605 | CPT | | | | outpatient | | | 6312 | | 2113.84 Qualcare | Qualcare | 4734 | 75 | | | 519.83 | 5996.4 | percent of total billed charges | |
| HC CLSD TRT PROX HUM W MAN | 23605 | CPT | | | | outpatient | | | 6312 | | 2113.84 Horizon | NJ Health | 519.83 | | | | 519.83 | 5996.4 | fee schedule | |
| HC CLSD TRT PROX HUM W MAN | 23605 | CPT | | | | outpatient | | | 6312 | | 2113.84 Aetna | Medicare | 1838.12 | | | | 519.83 | 5996.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PROX HUM W MAN | 23605 | CPT | | | | outpatient | | | 6312 | | 2113.84 UHC | Medicaid | 1991.44 | 31.55 | | | 519.83 | 5996.4 | percent of total billed charges | |
| HC CLSD TRT PROX HUM W MAN | 23605 | CPT | | | | outpatient | | | 6312 | | 2113.84 Consumer | Consumer | 5996.4 | 95 | | | 519.83 | 5996.4 | percent of total billed charges | |
| HC CLSD TRT PROX HUM W MAN | 23605 | CPT | | | | outpatient | | | 6312 | | 2113.84 Managed Care Inc | Managed Care Inc | 5680.8 | 90 | | | 519.83 | 5996.4 | percent of total billed charges | |
| HC CLSD TRT PROX HUM W MAN | 23605 | CPT | | | | outpatient | | | 6312 | | 2113.84 United | Oxford | 2776 | | | | 519.83 | 5996.4 | case rate | |
| HC CLSD TRT PROX HUM W MAN | 23605 | CPT | | | | outpatient | | | 6312 | | 2113.84 UHC | Medicare | 1838.12 | | | | 519.83 | 5996.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PROX HUM W MAN | 23605 | CPT | | | | outpatient | | | 6312 | | 2113.84 Wellcare | Medicaid | 1991.44 | 31.55 | | | 519.83 | 5996.4 | percent of total billed charges | |
| HC CLSD TRT PROX HUM W MAN | 23605 | CPT | | | | outpatient | | | 6312 | | 2113.84 Three Rivers | Three Rivers | 5996.4 | 95 | | | 519.83 | 5996.4 | percent of total billed charges | |
| HC CLSD TRT PROX HUM W MAN | 23605 | CPT | | | | outpatient | | | 6312 | | 2113.84 United | Commercial/PPO | 2776 | | | | 519.83 | 5996.4 | case rate | |
| HC CLSD TRT PROX HUM W MAN | 23605 | CPT | | | | outpatient | | | 6312 | | 2113.84 WellPoint | WellPoint | 2031.2 | 32.18 | | | 519.83 | 5996.4 | percent of total billed charges | |
| HC CLSD TRT GRT HUM TUBER WO MN | 23620 | CPT | | | | outpatient | | | 1004 | | 310.16 First Trenton | First Trenton | 903.6 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT GRT HUM TUBER WO MN | 23620 | CPT | | | | outpatient | | | 1004 | | 310.16 Aetna | Commercial | 440.15 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT GRT HUM TUBER WO MN | 23620 | CPT | | | | outpatient | | | 1004 | | 310.16 Consumer | Consumer | 953.8 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT GRT HUM TUBER WO MN | 23620 | CPT | | | | outpatient | | | 1004 | | 310.16 Aetna | Better Health | 316.76 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT GRT HUM TUBER WO MN | 23620 | CPT | | | | outpatient | | | 1004 | | 310.16 UHC | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT GRT HUM TUBER WO MN | 23620 | CPT | | | | outpatient | | | 1004 | | 310.16 Aetna | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT GRT HUM TUBER WO MN | 23620 | CPT | | | | outpatient | | | 1004 | | 310.16 First Health | First Health | 702.8 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT GRT HUM TUBER WO MN | 23620 | CPT | | | | outpatient | | | 1004 | | 310.16 Corrections | Corrections | 803.2 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT GRT HUM TUBER WO MN | 23620 | CPT | | | | outpatient | | | 1004 | | 310.16 Managed Care Inc | Managed Care Inc | 903.6 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT GRT HUM TUBER WO MN | 23620 | CPT | | | | outpatient | | | 1004 | | 310.16 Americare | Americare | 753 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT GRT HUM TUBER WO MN | 23620 | CPT | | | | outpatient | | | 1004 | | 310.16 Horizon | NJ Health | 282.64 | | | | 125 | 1782 | fee schedule | |
| HC CLSD TRT GRT HUM TUBER WO MN | 23620 | CPT | | | | outpatient | | | 1004 | | 310.16 Horizon | PPO | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT GRT HUM TUBER WO MN | 23620 | CPT | | | | outpatient | | | 1004 | | 310.16 Multiplan | Multiplan | 803.2 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT GRT HUM TUBER WO MN | 23620 | CPT | | | | outpatient | | | 1004 | | 310.16 Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC CLSD TRT GRT HUM TUBER WO MN | 23620 | CPT | | | | outpatient | | | 1004 | | 310.16 Three Rivers | Three Rivers | 953.8 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT GRT HUM TUBER WO MN | 23620 | CPT | | | | outpatient | | | 1004 | | 310.16 Horizon | Indemnity | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT GRT HUM TUBER WO MN | 23620 | CPT | | | | outpatient | | | 1004 | | 310.16 Qualcare | Qualcare | 753 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT GRT HUM TUBER WO MN | 23620 | CPT | | | | outpatient | | | 1004 | | 310.16 Horizon | MGD | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT GRT HUM TUBER WO MN | 23620 | CPT | | | | outpatient | | | 1004 | | 310.16 UHC | Medicaid | 316.76 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT GRT HUM TUBER WO MN | 23620 | CPT | | | | outpatient | | | 1004 | | 310.16 WellPoint | WellPoint | 323.09 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT GRT HUM TUBER WO MN | 23620 | CPT | | | | outpatient | | | 1004 | | 310.16 Wellcare | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT GRT HUM TUBER WO MN | 23620 | CPT | | | | outpatient | | | 1004 | | 310.16 Horizon | Medicare Blue | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT GRT HUM TUBER WO MN | 23620 | CPT | | | | outpatient | | | 1004 | | 310.16 United | Commercial/PPO | 1782 | | | | 125 | 1782 | case rate | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC CLSD TRT GRT HUM TUBER WO MN | 23620 | CPT | | | | outpatient | | | 1004 | | 310.16 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC CLSD TRT GRT HUM TUBER WO MN | 23620 | CPT | | | | outpatient | | | 1004 | | 310.16 | Wellcare | Medicaid | 316.76 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT SHOULDE DILOC W MAN | 23650 | CPT | | | | outpatient | | | 2194 | | 310.16 | Americare | Americare | 1645.5 | 75 | | | 142.51 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT SHOULDE DILOC W MAN | 23650 | CPT | | | | outpatient | | | 2194 | | 310.16 | Aetna | Commercial | 833.72 | 38 | | | 142.51 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT SHOULDE DILOC W MAN | 23650 | CPT | | | | outpatient | | | 2194 | | 310.16 | Corrections | Corrections | 1755.2 | 80 | | 635.96 | 142.51 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT SHOULDE DILOC W MAN | 23650 | CPT | | | | outpatient | | | 2194 | | 310.16 | Aetna | Better Health | 692.21 | 31.55 | | 591.07 | 142.51 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT SHOULDE DILOC W MAN | 23650 | CPT | | | | outpatient | | | 2194 | | 310.16 | Aetna | Medicare | 269.7 | | | | 142.51 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT SHOULDE DILOC W MAN | 23650 | CPT | | | | outpatient | | | 2194 | | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 142.51 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT SHOULDE DILOC W MAN | 23650 | CPT | | | | outpatient | | | 2194 | | 310.16 | First Trenton | First Trenton | 1974.6 | 90 | | | 142.51 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT SHOULDE DILOC W MAN | 23650 | CPT | | | | outpatient | | | 2194 | | 310.16 | Consumer | Consumer | 2084.3 | 95 | | | 142.51 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT SHOULDE DILOC W MAN | 23650 | CPT | | | | outpatient | | | 2194 | | 310.16 | Amerihealth | HMO/PPO | 300 | | | | 142.51 | 2084.3 | fee schedule | |
| HC CLSD TRT SHOULDE DILOC W MAN | 23650 | CPT | | | | outpatient | | | 2194 | | 310.16 | Horizon | PPO | 521.87 | | | | 142.51 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT SHOULDE DILOC W MAN | 23650 | CPT | | | | outpatient | | | 2194 | | 310.16 | Managed Care Inc | Managed Care Inc | 1974.6 | 90 | | | 142.51 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT SHOULDE DILOC W MAN | 23650 | CPT | | | | outpatient | | | 2194 | | 310.16 | First Health | First Health | 1535.8 | 70 | | | 142.51 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT SHOULDE DILOC W MAN | 23650 | CPT | | | | outpatient | | | 2194 | | 310.16 | Horizon | MGD | 521.87 | | | | 142.51 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT SHOULDE DILOC W MAN | 23650 | CPT | | | | outpatient | | | 2194 | | 310.16 | Horizon | NJ Health | 142.51 | | | 178.63 | 142.51 | 2084.3 | fee schedule | |
| HC CLSD TRT SHOULDE DILOC W MAN | 23650 | CPT | | | | outpatient | | | 2194 | | 310.16 | Three Rivers | Three Rivers | 2084.3 | 95 | | | 142.51 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT SHOULDE DILOC W MAN | 23650 | CPT | | | | outpatient | | | 2194 | | 310.16 | Horizon | Indemnity | 521.87 | | | | 142.51 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT SHOULDE DILOC W MAN | 23650 | CPT | | | | outpatient | | | 2194 | | 310.16 | UHC | Medicare | 269.7 | | | | 142.51 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT SHOULDE DILOC W MAN | 23650 | CPT | | | | outpatient | | | 2194 | | 310.16 | WellPoint | WellPoint | 706.03 | 32.18 | | | 142.51 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT SHOULDE DILOC W MAN | 23650 | CPT | | | | outpatient | | | 2194 | | 310.16 | UHC | Medicaid | 692.21 | 31.55 | | 662.87 | 142.51 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT SHOULDE DILOC W MAN | 23650 | CPT | | | | outpatient | | | 2194 | | 310.16 | Multiplan | Multiplan | 1755.2 | 80 | | | 142.51 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT SHOULDE DILOC W MAN | 23650 | CPT | | | | outpatient | | | 2194 | | 310.16 | United | Commercial/PPO | 1782 | | | | 142.51 | 2084.3 | case rate | |
| HC CLSD TRT SHOULDE DILOC W MAN | 23650 | CPT | | | | outpatient | | | 2194 | | 310.16 | Qualcare | Qualcare | 1645.5 | 75 | | | 142.51 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT SHOULDE DILOC W MAN | 23650 | CPT | | | | outpatient | | | 2194 | | 310.16 | United | Oxford | 1782 | | | | 142.51 | 2084.3 | case rate | |
| HC CLSD TRT SHOULDE DILOC W MAN | 23650 | CPT | | | | outpatient | | | 2194 | | 310.16 | Wellcare | Medicare | 269.7 | | | | 142.51 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT SHOULDE DILOC W MAN | 23650 | CPT | | | | outpatient | | | 2194 | | 310.16 | Wellcare | Medicaid | 692.21 | 31.55 | | | 142.51 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23655 | CPT | | | | outpatient | | | 6046 | | 2113.84 | Consumer | Consumer | 5743.7 | 95 | | | 300 | 5743.7 | percent of total billed charges | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23655 | CPT | | | | outpatient | | | 6046 | | 2113.84 | UHC | Medicare | 1838.12 | | | | 300 | 5743.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT SHLD FX W MAN W ANE | 23655 | CPT | | | | outpatient | | | 6046 | | 2113.84 | Aetna | Commercial | 2297.48 | 38 | | 1031.75 | 300 | 5743.7 | percent of total billed charges | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23655 | CPT | | | | outpatient | | | 6046 | | 2113.84 | Americare | Americare | 4534.5 | 75 | | | 300 | 5743.7 | percent of total billed charges | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23655 | CPT | | | | outpatient | | | 6046 | | 2113.84 | Aetna | Better Health | 1907.51 | 31.55 | | | 300 | 5743.7 | percent of total billed charges | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23655 | CPT | | | | outpatient | | | 6046 | | 2113.84 | Horizon | Indemnity | 3556.76 | | | | 300 | 5743.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT SHLD FX W MAN W ANE | 23655 | CPT | | | | outpatient | | | 6046 | | 2113.84 | Horizon | PPO | 3556.76 | | | 1872.09 | 300 | 5743.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT SHLD FX W MAN W ANE | 23655 | CPT | | | | outpatient | | | 6046 | | 2113.84 | Aetna | Medicare | 1838.12 | | | | 300 | 5743.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT SHLD FX W MAN W ANE | 23655 | CPT | | | | outpatient | | | 6046 | | 2113.84 | Corrections | Corrections | 4836.8 | 80 | | | 300 | 5743.7 | percent of total billed charges | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23655 | CPT | | | | outpatient | | | 6046 | | 2113.84 | Amerihealth | HMO/PPO | 300 | | | | 300 | 5743.7 | fee schedule | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23655 | CPT | | | | outpatient | | | 6046 | | 2113.84 | Multiplan | Multiplan | 4836.8 | 80 | | | 300 | 5743.7 | percent of total billed charges | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23655 | CPT | | | | outpatient | | | 6046 | | 2113.84 | Horizon | Medicare Blue | 1838.12 | | | | 300 | 5743.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT SHLD FX W MAN W ANE | 23655 | CPT | | | | outpatient | | | 6046 | | 2113.84 | First Health | First Health | 4232.2 | 70 | | | 300 | 5743.7 | percent of total billed charges | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23655 | CPT | | | | outpatient | | | 6046 | | 2113.84 | Qualcare | Qualcare | 4534.5 | 75 | | | 300 | 5743.7 | percent of total billed charges | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23655 | CPT | | | | outpatient | | | 6046 | | 2113.84 | Horizon | MGD | 3556.76 | | | | 300 | 5743.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT SHLD FX W MAN W ANE | 23655 | CPT | | | | outpatient | | | 6046 | | 2113.84 | United | Commercial/PPO | 2493 | | | | 300 | 5743.7 | case rate | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23655 | CPT | | | | outpatient | | | 6046 | | 2113.84 | First Trenton | First Trenton | 5441.4 | 90 | | | 300 | 5743.7 | percent of total billed charges | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23655 | CPT | | | | outpatient | | | 6046 | | 2113.84 | Wellcare | Medicaid | 1907.51 | 31.55 | | 1587.88 | 300 | 5743.7 | percent of total billed charges | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23655 | CPT | | | | outpatient | | | 6046 | | 2113.84 | Horizon | NJ Health | 334.34 | | | | 300 | 5743.7 | fee schedule | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23655 | CPT | | | | outpatient | | | 6046 | | 2113.84 | Managed Care Inc | Managed Care Inc | 5441.4 | 90 | | | 300 | 5743.7 | percent of total billed charges | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23655 | CPT | | | | outpatient | | | 6046 | | 2113.84 | UHC | Medicaid | 1907.51 | 31.55 | | | 300 | 5743.7 | percent of total billed charges | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23655 | CPT | | | | outpatient | | | 6046 | | 2113.84 | Three Rivers | Three Rivers | 5743.7 | 95 | | | 300 | 5743.7 | percent of total billed charges | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23655 | CPT | | | | outpatient | | | 6046 | | 2113.84 | United | Oxford | 2493 | | | | 300 | 5743.7 | case rate | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23655 | CPT | | | | outpatient | | | 6046 | | 2113.84 | Wellcare | Medicare | 1838.12 | | | | 300 | 5743.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT SHLD FX W MAN W ANE | 23655 | CPT | | | | outpatient | | | 6046 | | 2113.84 | WellPoint | WellPoint | 1945.6 | 32.18 | | | 300 | 5743.7 | percent of total billed charges | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23665 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Amerihealth | HMO/PPO | 550 | | | | 427.52 | 4994.15 | fee schedule | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23665 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Consumer | Consumer | 4994.15 | 95 | | | 427.52 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23665 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Qualcare | Qualcare | 3942.75 | 75 | | | 427.52 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23665 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Aetna | Better Health | 1658.58 | 31.55 | | | 427.52 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23665 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Americare | Americare | 3942.75 | 75 | | | 427.52 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23665 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Aetna | Commercial | 1997.66 | 38 | | | 427.52 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23665 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Corrections | Corrections | 4205.6 | 80 | | | 427.52 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23665 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Aetna | Medicare | 1838.12 | | | | 427.52 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT SHLD FX W MAN W ANE | 23665 | CPT | | | | outpatient | | | 5257 | | 2113.84 | UHC | Medicare | 1838.12 | | | | 427.52 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT SHLD FX W MAN W ANE | 23665 | CPT | | | | outpatient | | | 5257 | | 2113.84 | First Health | First Health | 3679.9 | 70 | | | 427.52 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23665 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Wellcare | Medicare | 1838.12 | | | | 427.52 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT SHLD FX W MAN W ANE | 23665 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Horizon | Medicare Blue | 1838.12 | | | | 427.52 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT SHLD FX W MAN W ANE | 23665 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Three Rivers | Three Rivers | 4994.15 | 95 | | | 427.52 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23665 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Horizon | MGD | 3556.76 | | | | 427.52 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT SHLD FX W MAN W ANE | 23665 | CPT | | | | outpatient | | | 5257 | | 2113.84 | First Trenton | First Trenton | 4731.3 | 90 | | | 427.52 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23665 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Multiplan | Multiplan | 4205.6 | 80 | | | 427.52 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23665 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Wellcare | Medicaid | 1658.58 | 31.55 | | | 427.52 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23665 | CPT | | | | outpatient | | | 5257 | | 2113.84 | UHC | Medicaid | 1658.58 | 31.55 | | | 427.52 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23665 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Horizon | Indemnity | 3556.76 | | | | 427.52 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT SHLD FX W MAN W ANE | 23665 | CPT | | | | outpatient | | | 5257 | | 2113.84 | United | Oxford | 1817 | | | | 427.52 | 4994.15 | case rate | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23665 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Horizon | NJ Health | 427.52 | | | | 427.52 | 4994.15 | fee schedule | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23665 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Horizon | PPO | 3556.76 | | | | 427.52 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT SHLD FX W MAN W ANE | 23665 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Managed Care Inc | Managed Care Inc | 4731.3 | 90 | | | 427.52 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23665 | CPT | | | | outpatient | | | 5257 | | 2113.84 | United | Commercial/PPO | 1817 | | | | 427.52 | 4994.15 | case rate | |
| HC CLSD TRT SHLD FX W MAN W ANE | 23665 | CPT | | | | outpatient | | | 5257 | | 2113.84 | WellPoint | WellPoint | 1691.7 | 32.18 | | | 427.52 | 4994.15 | percent of total billed charges | |
| HC CL TX SHOULDER DISLOC W MAN | 23675 | CPT | | | | outpatient | | | 5257 | | 2113.84 | First Health | First Health | 3679.9 | 70 | | | 492.66 | 4994.15 | percent of total billed charges | |
| HC CL TX SHOULDER DISLOC W MAN | 23675 | CPT | | | | outpatient | | | 5257 | | 2113.84 | First Trenton | First Trenton | 4731.3 | 90 | | | 492.66 | 4994.15 | percent of total billed charges | |
| HC CL TX SHOULDER DISLOC W MAN | 23675 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Aetna | Better Health | 1658.58 | 31.55 | | | 492.66 | 4994.15 | percent of total billed charges | |
| HC CL TX SHOULDER DISLOC W MAN | 23675 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Americare | Americare | 3942.75 | 75 | | | 492.66 | 4994.15 | percent of total billed charges | |
| HC CL TX SHOULDER DISLOC W MAN | 23675 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Consumer | Consumer | 4994.15 | 95 | | | 492.66 | 4994.15 | percent of total billed charges | |
| HC CL TX SHOULDER DISLOC W MAN | 23675 | CPT | | | | outpatient | | | 5257 | | 2113.84 | UHC | Medicare | 1838.12 | | | | 492.66 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX SHOULDER DISLOC W MAN | 23675 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Corrections | Corrections | 4205.6 | 80 | | | 492.66 | 4994.15 | percent of total billed charges | |
| HC CL TX SHOULDER DISLOC W MAN | 23675 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Aetna | Medicare | 1838.12 | | | | 492.66 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX SHOULDER DISLOC W MAN | 23675 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Multiplan | Multiplan | 4205.6 | 80 | | | 492.66 | 4994.15 | percent of total billed charges | |
| HC CL TX SHOULDER DISLOC W MAN | 23675 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Managed Care Inc | Managed Care Inc | 4731.3 | 90 | | | 492.66 | 4994.15 | percent of total billed charges | |
| HC CL TX SHOULDER DISLOC W MAN | 23675 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Aetna | Commercial | 1997.66 | 38 | | | 492.66 | 4994.15 | percent of total billed charges | |
| HC CL TX SHOULDER DISLOC W MAN | 23675 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Amerihealth | HMO/PPO | 550 | | | | 492.66 | 4994.15 | fee schedule | |
| HC CL TX SHOULDER DISLOC W MAN | 23675 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Horizon | Indemnity | 3556.76 | | | | 492.66 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX SHOULDER DISLOC W MAN | 23675 | CPT | | | | outpatient | | | 5257 | | 2113.84 | United | Oxford | 1782 | | | | 492.66 | 4994.15 | case rate | |
| HC CL TX SHOULDER DISLOC W MAN | 23675 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Horizon | Medicare Blue | 1838.12 | | | | 492.66 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX SHOULDER DISLOC W MAN | 23675 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Horizon | MGD | 3556.76 | | | | 492.66 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX SHOULDER DISLOC W MAN | 23675 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Qualcare | Qualcare | 3942.75 | 75 | | | 492.66 | 4994.15 | percent of total billed charges | |
| HC CL TX SHOULDER DISLOC W MAN | 23675 | CPT | | | | outpatient | | | 5257 | | 2113.84 | WellPoint | WellPoint | 1691.7 | 32.18 | | | 492.66 | 4994.15 | percent of total billed charges | |
| HC CL TX SHOULDER DISLOC W MAN | 23675 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Horizon | PPO | 3556.76 | | | | 492.66 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX SHOULDER DISLOC W MAN | 23675 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Horizon | NJ Health | 492.66 | | | | 492.66 | 4994.15 | fee schedule | |
| HC CL TX SHOULDER DISLOC W MAN | 23675 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Wellcare | Medicare | 1838.12 | | | | 492.66 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX SHOULDER DISLOC W MAN | 23675 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Three Rivers | Three Rivers | 4994.15 | 95 | | | 492.66 | 4994.15 | percent of total billed charges | |
| HC CL TX SHOULDER DISLOC W MAN | 23675 | CPT | | | | outpatient | | | 5257 | | 2113.84 | UHC | Medicaid | 1658.58 | 31.55 | | | 492.66 | 4994.15 | percent of total billed charges | |
| HC CL TX SHOULDER DISLOC W MAN | 23675 | CPT | | | | outpatient | | | 5257 | | 2113.84 | United | Commercial/PPO | 1782 | | | | 492.66 | 4994.15 | case rate | |
| HC CL TX SHOULDER DISLOC W MAN | 23675 | CPT | | | | outpatient | | | 5257 | | 2113.84 | Wellcare | Medicaid | 1658.58 | 31.55 | | | 492.66 | 4994.15 | percent of total billed charges | |
| HC REM FB UPPER ARM/ELBOW AREA | 24200 | CPT | | | | outpatient | | | 5634 | | 2132.36 | Horizon | Medicare Blue | 1854.23 | | | | 150.73 | 5352.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM FB UPPER ARM/ELBOW AREA | 24200 | CPT | | | | outpatient | | | 5634 | | 2132.36 | Aetna | Commercial | 3026.1 | | | | 150.73 | 5352.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM FB UPPER ARM/ELBOW AREA | 24200 | CPT | | | | outpatient | | | 5634 | | 2132.36 | First Health | First Health | 3943.8 | 70 | | | 150.73 | 5352.3 | percent of total billed charges | |
| HC REM FB UPPER ARM/ELBOW AREA | 24200 | CPT | | | | outpatient | | | 5634 | | 2132.36 | Consumer | Consumer | 5352.3 | 95 | | | 150.73 | 5352.3 | percent of total billed charges | |
| HC REM FB UPPER ARM/ELBOW AREA | 24200 | CPT | | | | outpatient | | | 5634 | | 2132.36 | UHC | Medicare | 1854.23 | | | | 150.73 | 5352.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM FB UPPER ARM/ELBOW AREA | 24200 | CPT | | | | outpatient | | | 5634 | | 2132.36 | Americare | Americare | 4225.5 | 75 | | | 150.73 | 5352.3 | percent of total billed charges | |
| HC REM FB UPPER ARM/ELBOW AREA | 24200 | CPT | | | | outpatient | | | 5634 | | 2132.36 | Horizon | MGD | 3587.94 | | | | 150.73 | 5352.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM FB UPPER ARM/ELBOW AREA | 24200 | CPT | | | | outpatient | | | 5634 | | 2132.36 | Aetna | Better Health | 1777.53 | 31.55 | | | 150.73 | 5352.3 | percent of total billed charges | |
| HC REM FB UPPER ARM/ELBOW AREA | 24200 | CPT | | | | outpatient | | | 5634 | | 2132.36 | UHC | Medicaid | 1777.53 | 31.55 | | | 150.73 | 5352.3 | percent of total billed charges | |
| HC REM FB UPPER ARM/ELBOW AREA | 24200 | CPT | | | | outpatient | | | 5634 | | 2132.36 | Aetna | Medicare | 1854.23 | | | | 150.73 | 5352.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM FB UPPER ARM/ELBOW AREA | 24200 | CPT | | | | outpatient | | | 5634 | | 2132.36 | Corrections | Corrections | 4507.2 | 80 | | | 150.73 | 5352.3 | percent of total billed charges | |
| HC REM FB UPPER ARM/ELBOW AREA | 24200 | CPT | | | | outpatient | | | 5634 | | 2132.36 | Three Rivers | Three Rivers | 5352.3 | 95 | | | 150.73 | 5352.3 | percent of total billed charges | |
| HC REM FB UPPER ARM/ELBOW AREA | 24200 | CPT | | | | outpatient | | | 5634 | | 2132.36 | Multiplan | Multiplan | 4507.2 | 80 | | | 150.73 | 5352.3 | percent of total billed charges | |
| HC REM FB UPPER ARM/ELBOW AREA | 24200 | CPT | | | | outpatient | | | 5634 | | 2132.36 | Amerihealth | HMO/PPO | 300 | | | | 150.73 | 5352.3 | fee schedule | |
| HC REM FB UPPER ARM/ELBOW AREA | 24200 | CPT | | | | outpatient | | | 5634 | | 2132.36 | First Trenton | First Trenton | 5070.6 | 90 | | | 150.73 | 5352.3 | percent of total billed charges | |
| HC REM FB UPPER ARM/ELBOW AREA | 24200 | CPT | | | | outpatient | | | 5634 | | 2132.36 | Wellcare | Medicaid | 1777.53 | 31.55 | | | 150.73 | 5352.3 | percent of total billed charges | |
| HC REM FB UPPER ARM/ELBOW AREA | 24200 | CPT | | | | outpatient | | | 5634 | | 2132.36 | Qualcare | Qualcare | 4225.5 | 75 | | | 150.73 | 5352.3 | percent of total billed charges | |
| HC REM FB UPPER ARM/ELBOW AREA | 24200 | CPT | | | | outpatient | | | 5634 | | 2132.36 | Horizon | Indemnity | 3587.94 | | | | 150.73 | 5352.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM FB UPPER ARM/ELBOW AREA | 24200 | CPT | | | | outpatient | | | 5634 | | 2132.36 | Wellcare | Medicare | 1854.23 | | | | 150.73 | 5352.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM FB UPPER ARM/ELBOW AREA | 24200 | CPT | | | | outpatient | | | 5634 | | 2132.36 | Horizon | NJ Health | 150.73 | | | | 150.73 | 5352.3 | fee schedule | |
| HC REM FB UPPER ARM/ELBOW AREA | 24200 | CPT | | | | outpatient | | | 5634 | | 2132.36 | Horizon | PPO | 3587.94 | | | | 150.73 | 5352.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM FB UPPER ARM/ELBOW AREA | 24200 | CPT | | | | outpatient | | | 5634 | | 2132.36 | Managed Care Inc | Managed Care Inc | 5070.6 | 90 | | | 150.73 | 5352.3 | percent of total billed charges | |
| HC REM FB UPPER ARM/ELBOW AREA | 24200 | CPT | | | | outpatient | | | 5634 | | 2132.36 | United | Commercial/PPO | 1817 | | | | 150.73 | 5352.3 | case rate | |
| HC REM FB UPPER ARM/ELBOW AREA | 24200 | CPT | | | | outpatient | | | 5634 | | 2132.36 | United | Oxford | 1817 | | | | 150.73 | 5352.3 | case rate | |
| HC REM FB UPPER ARM/ELBOW AREA | 24200 | CPT | | | | outpatient | | | 5634 | | 2132.36 | WellPoint | WellPoint | 1813.02 | 32.18 | | | 150.73 | 5352.3 | percent of total billed charges | |
| HC INJECTION PX ELBOW ARTHROGRAPHY | 24220 | CPT | | | | outpatient | | | 2589 | | | Horizon | MGD | 991.07 | 38.28 | | | 74.09 | 2459.55 | percent of total billed charges | |
| HC INJECTION PX ELBOW ARTHROGRAPHY | 24220 | CPT | | | | outpatient | | | 2589 | | | Amerihealth | HMO/PPO | 125 | | | | 74.09 | 2459.55 | fee schedule | |
| HC INJECTION PX ELBOW ARTHROGRAPHY | 24220 | CPT | | | | outpatient | | | 2589 | | | Aetna | Better Health | 816.83 | 31.55 | | | 74.09 | 2459.55 | percent of total billed charges | |
| HC INJECTION PX ELBOW ARTHROGRAPHY | 24220 | CPT | | | | outpatient | | | 2589 | | | Aetna | Medicare | 797.41 | 30.8 | | | 74.09 | 2459.55 | percent of total billed charges | |
| HC INJECTION PX ELBOW ARTHROGRAPHY | 24220 | CPT | | | | outpatient | | | 2589 | | | Americare | Americare | 1941.75 | 75 | | | 74.09 | 2459.55 | percent of total billed charges | |
| HC INJECTION PX ELBOW ARTHROGRAPHY | 24220 | CPT | | | | outpatient | | | 2589 | | | United | Oxford | 1782 | | | | 74.09 | 2459.55 | case rate | |
| HC INJECTION PX ELBOW ARTHROGRAPHY | 24220 | CPT | | | | outpatient | | | 2589 | | | Consumer | Consumer | 2459.55 | 95 | | | 74.09 | 2459.55 | percent of total billed charges | |
| HC INJECTION PX ELBOW ARTHROGRAPHY | 24220 | CPT | | | | outpatient | | | 2589 | | | Corrections | Corrections | 2071.2 | 80 | | | 74.09 | 2459.55 | percent of total billed charges | |
| HC INJECTION PX ELBOW ARTHROGRAPHY | 24220 | CPT | | | | outpatient | | | 2589 | | | UHC | Medicaid | 816.83 | 31.55 | | | 74.09 | 2459.55 | percent of total billed charges | |
| HC INJECTION PX ELBOW ARTHROGRAPHY | 24220 | CPT | | | | outpatient | | | 2589 | | | Wellcare | Medicaid | 816.83 | 31.55 | | | 74.09 | 2459.55 | percent of total billed charges | |
| HC INJECTION PX ELBOW ARTHROGRAPHY | 24220 | CPT | | | | outpatient | | | 2589 | | | Aetna | Commercial | 983.62 | 38 | | | 74.09 | 2459.55 | percent of total billed charges | |
| HC INJECTION PX ELBOW ARTHROGRAPHY | 24220 | CPT | | | | outpatient | | | 2589 | | | First Trenton | First Trenton | 2330.1 | 90 | | | 74.09 | 2459.55 | percent of total billed charges | |
| HC INJECTION PX ELBOW ARTHROGRAPHY | 24220 | CPT | | | | outpatient | | | 2589 | | | First Health | First Health | 1812.3 | 70 | | | 74.09 | 2459.55 | percent of total billed charges | |
| HC INJECTION PX ELBOW ARTHROGRAPHY | 24220 | CPT | | | | outpatient | | | 2589 | | | United | Commercial/PPO | 1782 | | | | 74.09 | 2459.55 | case rate | |
| HC INJECTION PX ELBOW ARTHROGRAPHY | 24220 | CPT | | | | outpatient | | | 2589 | | | Horizon | Indemnity | 991.07 | 38.28 | | | 74.09 | 2459.55 | percent of total billed charges | |
| HC INJECTION PX ELBOW ARTHROGRAPHY | 24220 | CPT | | | | outpatient | | | 2589 | | | Horizon | NJ Health | 74.09 | | | | 74.09 | 2459.55 | fee schedule | |
| HC INJECTION PX ELBOW ARTHROGRAPHY | 24220 | CPT | | | | outpatient | | | 2589 | | | Horizon | Medicare Blue | 776.7 | 30 | | | 74.09 | 2459.55 | percent of total billed charges | |
| HC INJECTION PX ELBOW ARTHROGRAPHY | 24220 | CPT | | | | outpatient | | | 2589 | | | WellPoint | WellPoint | 833.14 | 32.18 | | | 74.09 | 2459.55 | percent of total billed charges | |
| HC INJECTION PX ELBOW ARTHROGRAPHY | 24220 | CPT | | | | outpatient | | | 2589 | | | Multiplan | Multiplan | 2071.2 | 80 | | | 74.09 | 2459.55 | percent of total billed charges | |
| HC INJECTION PX ELBOW ARTHROGRAPHY | 24220 | CPT | | | | outpatient | | | 2589 | | | Horizon | PPO | 991.07 | 38.28 | | | 74.09 |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | 310119 | true | |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC INJECTION PX ELBOW ARTHROGRAPHY | 24220 | CPT | | | | outpatient | | | 2589 | | Managed Care Inc | Managed Care Inc | 90 | | | | 74.09 | 2459.55 | percent of total billed charges | |
| HC INJECTION PX ELBOW ARTHROGRAPHY | 24220 | CPT | | | | outpatient | | | 2589 | | Three Rivers | Three Rivers | 95 | | | | 74.09 | 2459.55 | percent of total billed charges | |
| HC CLSD TRT HUM SHAFT WO MAN | 24500 | CPT | | | | outpatient | | | 2194 | 310.16 | Aetna | Better Health | 692.21 | 31.55 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT HUM SHAFT WO MAN | 24500 | CPT | | | | outpatient | | | 2194 | 310.16 | Americare | Americare | 1645.5 | 75 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT HUM SHAFT WO MAN | 24500 | CPT | | | | outpatient | | | 2194 | 310.16 | Aetna | Commercial | 833.72 | 38 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT HUM SHAFT WO MAN | 24500 | CPT | | | | outpatient | | | 2194 | 310.16 | Amerihealth | HMO/PPO | 125 | | | | 125 | 2084.3 | fee schedule | |
| HC CLSD TRT HUM SHAFT WO MAN | 24500 | CPT | | | | outpatient | | | 2194 | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT HUM SHAFT WO MAN | 24500 | CPT | | | | outpatient | | | 2194 | 310.16 | Corrections | Corrections | 1755.2 | 80 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT HUM SHAFT WO MAN | 24500 | CPT | | | | outpatient | | | 2194 | 310.16 | Consumer | Consumer | 2084.3 | 95 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT HUM SHAFT WO MAN | 24500 | CPT | | | | outpatient | | | 2194 | 310.16 | UHC | Medicare | 269.7 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT HUM SHAFT WO MAN | 24500 | CPT | | | | outpatient | | | 2194 | 310.16 | Aetna | Medicare | 269.7 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT HUM SHAFT WO MAN | 24500 | CPT | | | | outpatient | | | 2194 | 310.16 | First Trenton | First Trenton | 1974.6 | 90 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT HUM SHAFT WO MAN | 24500 | CPT | | | | outpatient | | | 2194 | 310.16 | Horizon | PPO | 521.87 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT HUM SHAFT WO MAN | 24500 | CPT | | | | outpatient | | | 2194 | 310.16 | Horizon | MGD | 521.87 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT HUM SHAFT WO MAN | 24500 | CPT | | | | outpatient | | | 2194 | 310.16 | Multiplan | Multiplan | 1755.2 | 80 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT HUM SHAFT WO MAN | 24500 | CPT | | | | outpatient | | | 2194 | 310.16 | Horizon | Indemnity | 521.87 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT HUM SHAFT WO MAN | 24500 | CPT | | | | outpatient | | | 2194 | 310.16 | WellPoint | WellPoint | 706.03 | 32.18 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT HUM SHAFT WO MAN | 24500 | CPT | | | | outpatient | | | 2194 | 310.16 | Managed Care Inc | Managed Care Inc | 1974.6 | 90 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT HUM SHAFT WO MAN | 24500 | CPT | | | | outpatient | | | 2194 | 310.16 | First Health | First Health | 1535.8 | 70 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT HUM SHAFT WO MAN | 24500 | CPT | | | | outpatient | | | 2194 | 310.16 | Horizon | NJ Health | 344.52 | | | | 125 | 2084.3 | fee schedule | |
| HC CLSD TRT HUM SHAFT WO MAN | 24500 | CPT | | | | outpatient | | | 2194 | 310.16 | Qualcare | Qualcare | 1645.5 | 75 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT HUM SHAFT WO MAN | 24500 | CPT | | | | outpatient | | | 2194 | 310.16 | Three Rivers | Three Rivers | 2084.3 | 95 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT HUM SHAFT WO MAN | 24500 | CPT | | | | outpatient | | | 2194 | 310.16 | Wellcare | Medicaid | 692.21 | 31.55 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT HUM SHAFT WO MAN | 24500 | CPT | | | | outpatient | | | 2194 | 310.16 | United | Commercial/PPO | 1782 | | | | 125 | 2084.3 | case rate | |
| HC CLSD TRT HUM SHAFT WO MAN | 24500 | CPT | | | | outpatient | | | 2194 | 310.16 | Wellcare | Medicare | 269.7 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT HUM SHAFT WO MAN | 24500 | CPT | | | | outpatient | | | 2194 | 310.16 | UHC | Medicaid | 692.21 | 31.55 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT HUM SHAFT WO MAN | 24500 | CPT | | | | outpatient | | | 2194 | 310.16 | United | Oxford | 1782 | | | | 125 | 2084.3 | case rate | |
| HC CLSD TRT HUM SHAFT W MAN | 24505 | CPT | | | | outpatient | | | 4757 | 2113.84 | First Trenton | First Trenton | 4281.3 | 90 | | | 300 | 4519.15 | percent of total billed charges | |
| HC CLSD TRT HUM SHAFT W MAN | 24505 | CPT | | | | outpatient | | | 4757 | 2113.84 | Americare | Americare | 3567.75 | 75 | | | 300 | 4519.15 | percent of total billed charges | |
| HC CLSD TRT HUM SHAFT W MAN | 24505 | CPT | | | | outpatient | | | 4757 | 2113.84 | First Health | First Health | 3329.9 | 70 | | | 300 | 4519.15 | percent of total billed charges | |
| HC CLSD TRT HUM SHAFT W MAN | 24505 | CPT | | | | outpatient | | | 4757 | 2113.84 | Consumer | Consumer | 4519.15 | 95 | | | 300 | 4519.15 | percent of total billed charges | |
| HC CLSD TRT HUM SHAFT W MAN | 24505 | CPT | | | | outpatient | | | 4757 | 2113.84 | United | Oxford | 1782 | | | | 300 | 4519.15 | case rate | |
| HC CLSD TRT HUM SHAFT W MAN | 24505 | CPT | | | | outpatient | | | 4757 | 2113.84 | Aetna | Medicare | 1838.12 | | | | 300 | 4519.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT HUM SHAFT W MAN | 24505 | CPT | | | | outpatient | | | 4757 | 2113.84 | Horizon | NJ Health | 555.04 | | | 201.31 | 300 | 4519.15 | fee schedule | |
| HC CLSD TRT HUM SHAFT W MAN | 24505 | CPT | | | | outpatient | | | 4757 | 2113.84 | Aetna | Better Health | 1500.83 | 31.55 | | | 300 | 4519.15 | percent of total billed charges | |
| HC CLSD TRT HUM SHAFT W MAN | 24505 | CPT | | | | outpatient | | | 4757 | 2113.84 | Managed Care Inc | Managed Care Inc | 4281.3 | 90 | | | 300 | 4519.15 | percent of total billed charges | |
| HC CLSD TRT HUM SHAFT W MAN | 24505 | CPT | | | | outpatient | | | 4757 | 2113.84 | Amerihealth | HMO/PPO | 300 | | | | 300 | 4519.15 | fee schedule | |
| HC CLSD TRT HUM SHAFT W MAN | 24505 | CPT | | | | outpatient | | | 4757 | 2113.84 | Horizon | Indemnity | 3556.76 | | | | 300 | 4519.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT HUM SHAFT W MAN | 24505 | CPT | | | | outpatient | | | 4757 | 2113.84 | Corrections | Corrections | 3805.6 | 80 | | | 300 | 4519.15 | percent of total billed charges | |
| HC CLSD TRT HUM SHAFT W MAN | 24505 | CPT | | | | outpatient | | | 4757 | 2113.84 | UHC | Medicare | 1838.12 | | | | 300 | 4519.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT HUM SHAFT W MAN | 24505 | CPT | | | | outpatient | | | 4757 | 2113.84 | Aetna | Commercial | 1807.66 | 38 | | | 300 | 4519.15 | percent of total billed charges | |
| HC CLSD TRT HUM SHAFT W MAN | 24505 | CPT | | | | outpatient | | | 4757 | 2113.84 | Multiplan | Multiplan | 3805.6 | 80 | | | 300 | 4519.15 | percent of total billed charges | |
| HC CLSD TRT HUM SHAFT W MAN | 24505 | CPT | | | | outpatient | | | 4757 | 2113.84 | Horizon | Medicare Blue | 1838.12 | | | | 300 | 4519.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT HUM SHAFT W MAN | 24505 | CPT | | | | outpatient | | | 4757 | 2113.84 | Wellcare | Medicare | 1838.12 | | | | 300 | 4519.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT HUM SHAFT W MAN | 24505 | CPT | | | | outpatient | | | 4757 | 2113.84 | Horizon | MGD | 3556.76 | | | | 300 | 4519.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT HUM SHAFT W MAN | 24505 | CPT | | | | outpatient | | | 4757 | 2113.84 | Three Rivers | Three Rivers | 4519.15 | 95 | | | 300 | 4519.15 | percent of total billed charges | |
| HC CLSD TRT HUM SHAFT W MAN | 24505 | CPT | | | | outpatient | | | 4757 | 2113.84 | Horizon | PPO | 3556.76 | | | | 300 | 4519.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT HUM SHAFT W MAN | 24505 | CPT | | | | outpatient | | | 4757 | 2113.84 | Qualcare | Qualcare | 3567.75 | 75 | | | 300 | 4519.15 | percent of total billed charges | |
| HC CLSD TRT HUM SHAFT W MAN | 24505 | CPT | | | | outpatient | | | 4757 | 2113.84 | WellPoint | WellPoint | 1530.8 | 32.18 | | | 300 | 4519.15 | percent of total billed charges | |
| HC CLSD TRT HUM SHAFT W MAN | 24505 | CPT | | | | outpatient | | | 4757 | 2113.84 | United | Commercial/PPO | 1782 | | | | 300 | 4519.15 | case rate | |
| HC CLSD TRT HUM SHAFT W MAN | 24505 | CPT | | | | outpatient | | | 4757 | 2113.84 | UHC | Medicaid | 1500.83 | 31.55 | | | 300 | 4519.15 | percent of total billed charges | |
| HC CLSD TRT HUM SHAFT W MAN | 24505 | CPT | | | | outpatient | | | 4757 | 2113.84 | Wellcare | Medicaid | 1500.83 | 31.55 | | | 300 | 4519.15 | percent of total billed charges | |
| HC CL TX SUPRA/TRANSCOND HUM FX W MANIP | 24535 | CPT | | | | outpatient | | | 5257 | 2113.84 | Aetna | Better Health | 1658.58 | 31.55 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CL TX SUPRA/TRANSCOND HUM FX W MANIP | 24535 | CPT | | | | outpatient | | | 5257 | 2113.84 | Aetna | Commercial | 1997.66 | 38 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CL TX SUPRA/TRANSCOND HUM FX W MANIP | 24535 | CPT | | | | outpatient | | | 5257 | 2113.84 | UHC | Medicaid | 1658.58 | 31.55 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CL TX SUPRA/TRANSCOND HUM FX W MANIP | 24535 | CPT | | | | outpatient | | | 5257 | 2113.84 | Americare | Americare | 3942.75 | 75 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CL TX SUPRA/TRANSCOND HUM FX W MANIP | 24535 | CPT | | | | outpatient | | | 5257 | 2113.84 | First Health | First Health | 3679.9 | 70 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CL TX SUPRA/TRANSCOND HUM FX W MANIP | 24535 | CPT | | | | outpatient | | | 5257 | 2113.84 | Aetna | Medicare | 1838.12 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX SUPRA/TRANSCOND HUM FX W MANIP | 24535 | CPT | | | | outpatient | | | 5257 | 2113.84 | First Trenton | First Trenton | 4731.3 | 90 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CL TX SUPRA/TRANSCOND HUM FX W MANIP | 24535 | CPT | | | | outpatient | | | 5257 | 2113.84 | Amerihealth | HMO/PPO | 300 | | | | 300 | 4994.15 | fee schedule | |
| HC CL TX SUPRA/TRANSCOND HUM FX W MANIP | 24535 | CPT | | | | outpatient | | | 5257 | 2113.84 | Consumer | Consumer | 4994.15 | 95 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CL TX SUPRA/TRANSCOND HUM FX W MANIP | 24535 | CPT | | | | outpatient | | | 5257 | 2113.84 | WellPoint | WellPoint | 1691.7 | 32.18 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CL TX SUPRA/TRANSCOND HUM FX W MANIP | 24535 | CPT | | | | outpatient | | | 5257 | 2113.84 | UHC | Medicare | 1838.12 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX SUPRA/TRANSCOND HUM FX W MANIP | 24535 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | Indemnity | 3556.76 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX SUPRA/TRANSCOND HUM FX W MANIP | 24535 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | Medicare Blue | 1838.12 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX SUPRA/TRANSCOND HUM FX W MANIP | 24535 | CPT | | | | outpatient | | | 5257 | 2113.84 | Corrections | Corrections | 4205.6 | 80 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CL TX SUPRA/TRANSCOND HUM FX W MANIP | 24535 | CPT | | | | outpatient | | | 5257 | 2113.84 | Managed Care Inc | Managed Care Inc | 4731.3 | 90 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CL TX SUPRA/TRANSCOND HUM FX W MANIP | 24535 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | MGD | 3556.76 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX SUPRA/TRANSCOND HUM FX W MANIP | 24535 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | NJ Health | 564.54 | | | | 300 | 4994.15 | fee schedule | |
| HC CL TX SUPRA/TRANSCOND HUM FX W MANIP | 24535 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | PPO | 3556.76 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX SUPRA/TRANSCOND HUM FX W MANIP | 24535 | CPT | | | | outpatient | | | 5257 | 2113.84 | United | Commercial/PPO | 1782 | | | | 300 | 4994.15 | case rate | |
| HC CL TX SUPRA/TRANSCOND HUM FX W MANIP | 24535 | CPT | | | | outpatient | | | 5257 | 2113.84 | Multiplan | Multiplan | 4205.6 | 80 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CL TX SUPRA/TRANSCOND HUM FX W MANIP | 24535 | CPT | | | | outpatient | | | 5257 | 2113.84 | Wellcare | Medicare | 1838.12 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX SUPRA/TRANSCOND HUM FX W MANIP | 24535 | CPT | | | | outpatient | | | 5257 | 2113.84 | United | Oxford | 1782 | | | | 300 | 4994.15 | case rate | |
| HC CL TX SUPRA/TRANSCOND HUM FX W MANIP | 24535 | CPT | | | | outpatient | | | 5257 | 2113.84 | Qualcare | Qualcare | 3942.75 | 75 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CL TX SUPRA/TRANSCOND HUM FX W MANIP | 24535 | CPT | | | | outpatient | | | 5257 | 2113.84 | Three Rivers | Three Rivers | 4994.15 | 95 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CL TX SUPRA/TRANSCOND HUM FX W MANIP | 24535 | CPT | | | | outpatient | | | 5257 | 2113.84 | Wellcare | Medicaid | 1658.58 | 31.55 | | | 300 | 4994.15 | percent of total billed charges | |
| HC TRMT CLSD ELB DISLO W/OUT ANST | 24600 | CPT | | | | outpatient | | | 2194 | 310.16 | Aetna | Better Health | 692.21 | 31.55 | | 542.33 | 125 | 2084.3 | percent of total billed charges | |
| HC TRMT CLSD ELB DISLO W/OUT ANST | 24600 | CPT | | | | outpatient | | | 2194 | 310.16 | Three Rivers | Three Rivers | 2084.3 | 95 | | | 125 | 2084.3 | percent of total billed charges | |
| HC TRMT CLSD ELB DISLO W/OUT ANST | 24600 | CPT | | | | outpatient | | | 2194 | 310.16 | Consumer | Consumer | 2084.3 | 95 | | | 125 | 2084.3 | percent of total billed charges | |
| HC TRMT CLSD ELB DISLO W/OUT ANST | 24600 | CPT | | | | outpatient | | | 2194 | 310.16 | Qualcare | Qualcare | 1645.5 | 75 | | | 125 | 2084.3 | percent of total billed charges | |
| HC TRMT CLSD ELB DISLO W/OUT ANST | 24600 | CPT | | | | outpatient | | | 2194 | 310.16 | Aetna | Medicare | 269.7 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRMT CLSD ELB DISLO W/OUT ANST | 24600 | CPT | | | | outpatient | | | 2194 | 310.16 | Amerihealth | HMO/PPO | 125 | | | | 125 | 2084.3 | fee schedule | |
| HC TRMT CLSD ELB DISLO W/OUT ANST | 24600 | CPT | | | | outpatient | | | 2194 | 310.16 | Americare | Americare | 1645.5 | 75 | | | 125 | 2084.3 | percent of total billed charges | |
| HC TRMT CLSD ELB DISLO W/OUT ANST | 24600 | CPT | | | | outpatient | | | 2194 | 310.16 | First Trenton | First Trenton | 1974.6 | 90 | | | 125 | 2084.3 | percent of total billed charges | |
| HC TRMT CLSD ELB DISLO W/OUT ANST | 24600 | CPT | | | | outpatient | | | 2194 | 310.16 | Aetna | Commercial | 833.72 | 38 | | | 125 | 2084.3 | percent of total billed charges | |
| HC TRMT CLSD ELB DISLO W/OUT ANST | 24600 | CPT | | | | outpatient | | | 2194 | 310.16 | United | Oxford | 1782 | | | | 125 | 2084.3 | case rate | |
| HC TRMT CLSD ELB DISLO W/OUT ANST | 24600 | CPT | | | | outpatient | | | 2194 | 310.16 | Corrections | Corrections | 1755.2 | 80 | | | 125 | 2084.3 | percent of total billed charges | |
| HC TRMT CLSD ELB DISLO W/OUT ANST | 24600 | CPT | | | | outpatient | | | 2194 | 310.16 | UHC | Medicaid | 692.21 | 31.55 | | | 125 | 2084.3 | percent of total billed charges | |
| HC TRMT CLSD ELB DISLO W/OUT ANST | 24600 | CPT | | | | outpatient | | | 2194 | 310.16 | Horizon | MGD | 521.87 | | | 391.27 | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRMT CLSD ELB DISLO W/OUT ANST | 24600 | CPT | | | | outpatient | | | 2194 | 310.16 | First Health | First Health | 1535.8 | 70 | | | 125 | 2084.3 | percent of total billed charges | |
| HC TRMT CLSD ELB DISLO W/OUT ANST | 24600 | CPT | | | | outpatient | | | 2194 | 310.16 | Multiplan | Multiplan | 1755.2 | 80 | | | 125 | 2084.3 | percent of total billed charges | |
| HC TRMT CLSD ELB DISLO W/OUT ANST | 24600 | CPT | | | | outpatient | | | 2194 | 310.16 | Horizon | PPO | 521.87 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRMT CLSD ELB DISLO W/OUT ANST | 24600 | CPT | | | | outpatient | | | 2194 | 310.16 | Horizon | NJ Health | 334.34 | | | | 125 | 2084.3 | fee schedule | |
| HC TRMT CLSD ELB DISLO W/OUT ANST | 24600 | CPT | | | | outpatient | | | 2194 | 310.16 | Horizon | Indemnity | 521.87 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRMT CLSD ELB DISLO W/OUT ANST | 24600 | CPT | | | | outpatient | | | 2194 | 310.16 | UHC | Medicare | 269.7 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRMT CLSD ELB DISLO W/OUT ANST | 24600 | CPT | | | | outpatient | | | 2194 | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRMT CLSD ELB DISLO W/OUT ANST | 24600 | CPT | | | | outpatient | | | 2194 | 310.16 | Managed Care Inc | Managed Care Inc | 1974.6 | 90 | | | 125 | 2084.3 | percent of total billed charges | |
| HC TRMT CLSD ELB DISLO W/OUT ANST | 24600 | CPT | | | | outpatient | | | 2194 | 310.16 | Wellcare | Medicaid | 692.21 | 31.55 | | | 125 | 2084.3 | percent of total billed charges | |
| HC TRMT CLSD ELB DISLO W/OUT ANST | 24600 | CPT | | | | outpatient | | | 2194 | 310.16 | United | Commercial/PPO | 1782 | | | | 125 | 2084.3 | case rate | |
| HC TRMT CLSD ELB DISLO W/OUT ANST | 24600 | CPT | | | | outpatient | | | 2194 | 310.16 | Wellcare | Medicare | 269.7 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRMT CLSD ELB DISLO W/OUT ANST | 24600 | CPT | | | | outpatient | | | 2194 | 310.16 | WellPoint | WellPoint | 706.03 | 32.18 | | | 125 | 2084.3 | percent of total billed charges | |
| HC TREAT ELBOW DISLOC W/ANESTH | 24605 | CPT | | | | outpatient | | | 6179 | 2113.84 | Consumer | Consumer | 5870.05 | 95 | | | 451.06 | 5870.05 | percent of total billed charges | |
| HC TREAT ELBOW DISLOC W/ANESTH | 24605 | CPT | | | | outpatient | | | 6179 | 2113.84 | Corrections | Corrections | 4943.2 | 80 | | | 451.06 | 5870.05 | percent of total billed charges | |
| HC TREAT ELBOW DISLOC W/ANESTH | 24605 | CPT | | | | outpatient | | | 6179 | 2113.84 | Horizon | Medicare Blue | 1838.12 | | | | 451.06 | 5870.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT ELBOW DISLOC W/ANESTH | 24605 | CPT | | | | outpatient | | | 6179 | 2113.84 | Aetna | Medicare | 1838.12 | | | | 451.06 | 5870.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT ELBOW DISLOC W/ANESTH | 24605 | CPT | | | | outpatient | | | 6179 | 2113.84 | First Health | First Health | 4325.3 | 70 | | | 451.06 | 5870.05 | percent of total billed charges | |
| HC TREAT ELBOW DISLOC W/ANESTH | 24605 | CPT | | | | outpatient | | | 6179 | 2113.84 | Aetna | Better Health | 1949.47 | 31.55 | | | 451.06 | 5870.05 | percent of total billed charges | |
| HC TREAT ELBOW DISLOC W/ANESTH | 24605 | CPT | | | | outpatient | | | 6179 | 2113.84 | Horizon | PPO | 3556.76 | | | | 451.06 | 5870.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT ELBOW DISLOC W/ANESTH | 24605 | CPT | | | | outpatient | | | 6179 | 2113.84 | Americare | Americare | 4634.25 | 75 | | | 451.06 | 5870.05 | percent of total billed charges | |
| HC TREAT ELBOW DISLOC W/ANESTH | 24605 | CPT | | | | outpatient | | | 6179 | 2113.84 | First Trenton | First Trenton | 5561.1 | 90 | | | 451.06 | 5870.05 | percent of total billed charges | |
| HC TREAT ELBOW DISLOC W/ANESTH | 24605 | CPT | | | | outpatient | | | 6179 | 2113.84 | Horizon | Indemnity | 3556.76 | | | 1126.25 | 451.06 | 5870.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT ELBOW DISLOC W/ANESTH | 24605 | CPT | | | | outpatient | | | 6179 | 2113.84 | UHC | Medicare | 1838.12 | | | | 451.06 | 5870.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT ELBOW DISLOC W/ANESTH | 24605 | CPT | | | | outpatient | | | 6179 | 2113.84 | Amerihealth | HMO/PPO | 550 | | | | 451.06 | 5870.05 | fee schedule | |
| HC TREAT ELBOW DISLOC W/ANESTH | 24605 | CPT | | | | outpatient | | | 6179 | 2113.84 | Three Rivers | Three Rivers | 5870.05 | 95 | | | 451.06 | 5870.05 | percent of total billed charges | |
| HC TREAT ELBOW DISLOC W/ANESTH | 24605 | CPT | | | | outpatient | | | 6179 | 2113.84 | Aetna | Commercial | 2348.02 | 38 | | | 451.06 | 5870.05 | percent of total billed charges | |
| HC TREAT ELBOW DISLOC W/ANESTH | 24605 | CPT | | | | outpatient | | | 6179 | 2113.84 | WellPoint | WellPoint | 1988.4 | 32.18 | | | 451.06 | 5870.05 | percent of total billed charges | |
| HC TREAT ELBOW DISLOC W/ANESTH | 24605 | CPT | | | | outpatient | | | 6179 | 2113.84 | Multiplan | Multiplan | 4943.2 | 80 | | | 451.06 | 5870.05 | percent of total billed charges | |
| HC TREAT ELBOW DISLOC W/ANESTH | 24605 | CPT | | | | outpatient | | | 6179 | 2113.84 | Horizon | MGD | 3556.76 | | | | 451.06 | 5870.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT ELBOW DISLOC W/ANESTH | 24605 | CPT | | | | outpatient | | | 6179 | 2113.84 | Qualcare | Qualcare | 4634.25 | 75 | | | 451.06 | 5870.05 | percent of total billed charges | |
| HC TREAT ELBOW DISLOC W/ANESTH | 24605 | CPT | | | | outpatient | | | 6179 | 2113.84 | Wellcare | Medicaid | 1949.47 | 31.55 | | | 451.06 | 5870.05 | percent of total billed charges | |
| HC TREAT ELBOW DISLOC W/ANESTH | 24605 | CPT | | | | outpatient | | | 6179 | 2113.84 | Wellcare | Medicare | 1838.12 | | | | 451.06 | 5870.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT ELBOW DISLOC W/ANESTH | 24605 | CPT | | | | outpatient | | | 6179 | 2113.84 | Horizon | NJ Health | 451.06 | | | | 451.06 | 5870.05 | fee schedule | |
| HC TREAT ELBOW DISLOC W/ANESTH | 24605 | CPT | | | | outpatient | | | 6179 | 2113.84 | Managed Care Inc | Managed Care Inc | 5561.1 | 90 | | | 451.06 | 5870.05 | percent of total billed charges | |
| HC TREAT ELBOW DISLOC W/ANESTH | 24605 | CPT | | | | outpatient | | | 6179 | 2113.84 | UHC | Medicaid | 1949.47 | 31.55 | | | 451.06 | 5870.05 | percent of total billed charges | |
| HC TREAT ELBOW DISLOC W/ANESTH | 24605 | CPT | | | | outpatient | | | 6179 | 2113.84 | United | Commercial/PPO | 2493 | | | | 451.06 | 5870.05 | case rate | |
| HC TREAT ELBOW DISLOC W/ANESTH | 24605 | CPT | | | | outpatient | | | 6179 | 2113.84 | United | Oxford | 2493 | | | | 451.06 | 5870.05 | case rate | |
| HC CLSD TRT ELBW FRCT DISLC W MAN | 24620 | CPT | | | | outpatient | | | 5257 | 2113.84 | Consumer | Consumer | 4994.15 | 95 | | | 550 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ELBW FRCT DISLC W MAN | 24620 | CPT | | | | outpatient | | | 5257 | 2113.84 | First Trenton | First Trenton | 4731.3 | 90 | | | 550 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ELBW FRCT DISLC W MAN | 24620 | CPT | | | | outpatient | | | 5257 | 2113.84 | Corrections | Corrections | 4205.6 | 80 | | | 550 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ELBW FRCT DISLC W MAN | 24620 | CPT | | | | outpatient | | | 5257 | 2113.84 | Aetna | Medicare | 1838.12 | | | | 550 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ELBW FRCT DISLC W MAN | 24620 | CPT | | | | outpatient | | | 5257 | 2113.84 | First Health | First Health | 3679.9 | 70 | | | 550 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ELBW FRCT DISLC W MAN | 24620 | CPT | | | | outpatient | | | 5257 | 2113.84 | UHC | Medicare | 1838.12 | | | | 550 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ELBW FRCT DISLC W MAN | 24620 | CPT | | | | outpatient | | | 5257 | 2113.84 | Aetna | Better Health | 1658.58 | 31.55 | | | 550 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ELBW FRCT DISLC W MAN | 24620 | CPT | | | | outpatient | | | 5257 | 2113.84 | Amerihealth | HMO/PPO | 550 | | | | 550 | 4994.15 | fee schedule | |
| HC CLSD TRT ELBW FRCT DISLC W MAN | 24620 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | Indemnity | 3556.76 | | | | 550 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ELBW FRCT DISLC W MAN | 24620 | CPT | | | | outpatient | | | 5257 | 2113.84 | Managed Care Inc | Managed Care Inc | 4731.3 | 90 | | | 550 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ELBW FRCT DISLC W MAN | 24620 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | Medicare Blue | 1838.12 | | | | 550 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ELBW FRCT DISLC W MAN | 24620 | CPT | | | | outpatient | | | 5257 | 2113.84 | Americare | Americare | 3942.75 | 75 | | | 550 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ELBW FRCT DISLC W MAN | 24620 | CPT | | | | outpatient | | | 5257 | 2113.84 | Multiplan | Multiplan | 4205.6 | 80 | | | 550 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ELBW FRCT DISLC W MAN | 24620 | CPT | | | | outpatient | | | 5257 | 2113.84 | WellPoint | WellPoint | 1691.7 | 32.18 | | | 550 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ELBW FRCT DISLC W MAN | 24620 | CPT | | | | outpatient | | | 5257 | 2113.84 | Aetna | Commercial | 1997.66 | 38 | | | 550 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ELBW FRCT DISLC W MAN | 24620 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | MGD | 3556.76 | | | | 550 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ELBW FRCT DISLC W MAN | 24620 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | NJ Health | 573.21 | | | | 550 | 4994.15 | fee schedule | |
| HC CLSD TRT ELBW FRCT DISLC W MAN | 24620 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | PPO | 3556.76 | | | | 550 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ELBW FRCT DISLC W MAN | 24620 | CPT | | | | outpatient | | | 5257 | 2113.84 | Qualcare | Qualcare | 3942.75 | 75 | | | 550 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ELBW FRCT DISLC W MAN | 24620 | CPT | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC CLSD TRT ELBW FRCT DISLC W MAN | 24620 | CPT | | | | outpatient | | | 5257 | 2113.84 | UHC | Medicaid | 1658.58 | 31.55 | | | 550 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ELBW FRCT DISLC W MAN | 24620 | CPT | | | | outpatient | | | 5257 | 2113.84 | United | CommercialPPO | 2493 | | | | 550 | 4994.15 | case rate | |
| HC CLSD TRT ELBW FRCT DISLC W MAN | 24620 | CPT | | | | outpatient | | | 5257 | 2113.84 | United | Oxford | 2493 | | | | 550 | 4994.15 | case rate | |
| HC CLSD TRT ELBW FRCT DISLC W MAN | 24620 | CPT | | | | outpatient | | | 5257 | 2113.84 | Wellcare | Medicaid | 1658.58 | 31.55 | | | 550 | 4994.15 | percent of total billed charges | |
| HC CLST TRT RADL HEAD SUBLUX WMAN | 24640 | CPT | | | | outpatient | | | 1034 | 310.16 | Aetna | Medicare | 269.7 | | | | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLST TRT RADL HEAD SUBLUX WMAN | 24640 | CPT | | | | outpatient | | | 1034 | 310.16 | Horizon | Indemnity | 521.87 | | | | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLST TRT RADL HEAD SUBLUX WMAN | 24640 | CPT | | | | outpatient | | | 1034 | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLST TRT RADL HEAD SUBLUX WMAN | 24640 | CPT | | | | outpatient | | | 1034 | 310.16 | Americare | Americare | 775.5 | 75 | | | 98.66 | 1782 | percent of total billed charges | |
| HC CLST TRT RADL HEAD SUBLUX WMAN | 24640 | CPT | | | | outpatient | | | 1034 | 310.16 | Aetna | Commercial | 392.92 | 38 | | | 98.66 | 1782 | percent of total billed charges | |
| HC CLST TRT RADL HEAD SUBLUX WMAN | 24640 | CPT | | | | outpatient | | | 1034 | 310.16 | First Trenton | First Trenton | 930.6 | 90 | | | 98.66 | 1782 | percent of total billed charges | |
| HC CLST TRT RADL HEAD SUBLUX WMAN | 24640 | CPT | | | | outpatient | | | 1034 | 310.16 | Aetna | Better Health | 326.23 | 31.55 | | | 98.66 | 1782 | percent of total billed charges | |
| HC CLST TRT RADL HEAD SUBLUX WMAN | 24640 | CPT | | | | outpatient | | | 1034 | 310.16 | Amerihealth | HMO/PPO | 125 | | | | 98.66 | 1782 | fee schedule | |
| HC CLST TRT RADL HEAD SUBLUX WMAN | 24640 | CPT | | | | outpatient | | | 1034 | 310.16 | Consumer | Consumer | 982.3 | 95 | | | 98.66 | 1782 | percent of total billed charges | |
| HC CLST TRT RADL HEAD SUBLUX WMAN | 24640 | CPT | | | | outpatient | | | 1034 | 310.16 | Managed Care Inc | Managed Care Inc | 930.6 | 90 | | | 98.66 | 1782 | percent of total billed charges | |
| HC CLST TRT RADL HEAD SUBLUX WMAN | 24640 | CPT | | | | outpatient | | | 1034 | 310.16 | Multiplan | Multiplan | 827.2 | 80 | | | 98.66 | 1782 | percent of total billed charges | |
| HC CLST TRT RADL HEAD SUBLUX WMAN | 24640 | CPT | | | | outpatient | | | 1034 | 310.16 | Horizon | MGD | 521.87 | | | | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLST TRT RADL HEAD SUBLUX WMAN | 24640 | CPT | | | | outpatient | | | 1034 | 310.16 | Horizon | NJ Health | 98.66 | | | 322.11 | 98.66 | 1782 | fee schedule | |
| HC CLST TRT RADL HEAD SUBLUX WMAN | 24640 | CPT | | | | outpatient | | | 1034 | 310.16 | UHC | Medicaid | 326.23 | 31.55 | | | 98.66 | 1782 | percent of total billed charges | |
| HC CLST TRT RADL HEAD SUBLUX WMAN | 24640 | CPT | | | | outpatient | | | 1034 | 310.16 | First Health | First Health | 723.8 | 70 | | | 98.66 | 1782 | percent of total billed charges | |
| HC CLST TRT RADL HEAD SUBLUX WMAN | 24640 | CPT | | | | outpatient | | | 1034 | 310.16 | UHC | Medicare | 269.7 | | | | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLST TRT RADL HEAD SUBLUX WMAN | 24640 | CPT | | | | outpatient | | | 1034 | 310.16 | Corrections | Corrections | 827.2 | 80 | | | 98.66 | 1782 | percent of total billed charges | |
| HC CLST TRT RADL HEAD SUBLUX WMAN | 24640 | CPT | | | | outpatient | | | 1034 | 310.16 | United | Oxford | 1782 | | | | 98.66 | 1782 | case rate | |
| HC CLST TRT RADL HEAD SUBLUX WMAN | 24640 | CPT | | | | outpatient | | | 1034 | 310.16 | Qualcare | Qualcare | 775.5 | 75 | | | 98.66 | 1782 | percent of total billed charges | |
| HC CLST TRT RADL HEAD SUBLUX WMAN | 24640 | CPT | | | | outpatient | | | 1034 | 310.16 | United | CommercialPPO | 1782 | | | | 98.66 | 1782 | case rate | |
| HC CLST TRT RADL HEAD SUBLUX WMAN | 24640 | CPT | | | | outpatient | | | 1034 | 310.16 | Horizon | PPO | 521.87 | | | 274.39 | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLST TRT RADL HEAD SUBLUX WMAN | 24640 | CPT | | | | outpatient | | | 1034 | 310.16 | WellPoint | WellPoint | 332.74 | 32.18 | | | 98.66 | 1782 | percent of total billed charges | |
| HC CLST TRT RADL HEAD SUBLUX WMAN | 24640 | CPT | | | | outpatient | | | 1034 | 310.16 | Three Rivers | Three Rivers | 982.3 | 95 | | | 98.66 | 1782 | percent of total billed charges | |
| HC CLST TRT RADL HEAD SUBLUX WMAN | 24640 | CPT | | | | outpatient | | | 1034 | 310.16 | Wellcare | Medicaid | 326.23 | 31.55 | | | 98.66 | 1782 | percent of total billed charges | |
| HC CLST TRT RADL HEAD SUBLUX WMAN | 24640 | CPT | | | | outpatient | | | 1034 | 310.16 | Wellcare | Medicare | 269.7 | | | | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT RADIAL HEAD WO MAN | 24650 | CPT | | | | outpatient | | | 1550 | 310.16 | Aetna | Commercial | 440.15 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT RADIAL HEAD WO MAN | 24650 | CPT | | | | outpatient | | | 1550 | 310.16 | Aetna | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT RADIAL HEAD WO MAN | 24650 | CPT | | | | outpatient | | | 1550 | 310.16 | Aetna | Better Health | 489.03 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT RADIAL HEAD WO MAN | 24650 | CPT | | | | outpatient | | | 1550 | 310.16 | Horizon | Indemnity | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT RADIAL HEAD WO MAN | 24650 | CPT | | | | outpatient | | | 1550 | 310.16 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC CLSD TRT RADIAL HEAD WO MAN | 24650 | CPT | | | | outpatient | | | 1550 | 310.16 | First Trenton | First Trenton | 1395 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT RADIAL HEAD WO MAN | 24650 | CPT | | | | outpatient | | | 1550 | 310.16 | Horizon | MGD | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT RADIAL HEAD WO MAN | 24650 | CPT | | | | outpatient | | | 1550 | 310.16 | Corrections | Corrections | 1240 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT RADIAL HEAD WO MAN | 24650 | CPT | | | | outpatient | | | 1550 | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT RADIAL HEAD WO MAN | 24650 | CPT | | | | outpatient | | | 1550 | 310.16 | Americare | Americare | 1162.5 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT RADIAL HEAD WO MAN | 24650 | CPT | | | | outpatient | | | 1550 | 310.16 | Consumer | Consumer | 1472.5 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT RADIAL HEAD WO MAN | 24650 | CPT | | | | outpatient | | | 1550 | 310.16 | Multiplan | Multiplan | 1240 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT RADIAL HEAD WO MAN | 24650 | CPT | | | | outpatient | | | 1550 | 310.16 | UHC | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT RADIAL HEAD WO MAN | 24650 | CPT | | | | outpatient | | | 1550 | 310.16 | Horizon | NJ Health | 159.21 | | | | 125 | 1782 | fee schedule | |
| HC CLSD TRT RADIAL HEAD WO MAN | 24650 | CPT | | | | outpatient | | | 1550 | 310.16 | First Health | First Health | 1085 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT RADIAL HEAD WO MAN | 24650 | CPT | | | | outpatient | | | 1550 | 310.16 | Horizon | PPO | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT RADIAL HEAD WO MAN | 24650 | CPT | | | | outpatient | | | 1550 | 310.16 | Wellcare | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT RADIAL HEAD WO MAN | 24650 | CPT | | | | outpatient | | | 1550 | 310.16 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC CLSD TRT RADIAL HEAD WO MAN | 24650 | CPT | | | | outpatient | | | 1550 | 310.16 | Qualcare | Qualcare | 1162.5 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT RADIAL HEAD WO MAN | 24650 | CPT | | | | outpatient | | | 1550 | 310.16 | Managed Care Inc | Managed Care Inc | 1395 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT RADIAL HEAD WO MAN | 24650 | CPT | | | | outpatient | | | 1550 | 310.16 | UHC | Medicaid | 489.03 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT RADIAL HEAD WO MAN | 24650 | CPT | | | | outpatient | | | 1550 | 310.16 | Three Rivers | Three Rivers | 1472.5 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT RADIAL HEAD WO MAN | 24650 | CPT | | | | outpatient | | | 1550 | 310.16 | Wellcare | Medicaid | 489.03 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT RADIAL HEAD WO MAN | 24650 | CPT | | | | outpatient | | | 1550 | 310.16 | United | CommercialPPO | 1782 | | | | 125 | 1782 | case rate | |
| HC CLSD TRT RADIAL HEAD WO MAN | 24650 | CPT | | | | outpatient | | | 1550 | 310.16 | WellPoint | WellPoint | 498.79 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC CI TX RADIAL HEAD FX W MANIP. | 24655 | CPT | | | | outpatient | | | 5257 | 2113.84 | Aetna | Better Health | 1658.58 | 31.55 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CI TX RADIAL HEAD FX W MANIP. | 24655 | CPT | | | | outpatient | | | 5257 | 2113.84 | UHC | Medicare | 1838.12 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CI TX RADIAL HEAD FX W MANIP. | 24655 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | Medicare Blue | 1838.12 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CI TX RADIAL HEAD FX W MANIP. | 24655 | CPT | | | | outpatient | | | 5257 | 2113.84 | Aetna | Medicare | 1838.12 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CI TX RADIAL HEAD FX W MANIP. | 24655 | CPT | | | | outpatient | | | 5257 | 2113.84 | Consumer | Consumer | 4994.15 | 95 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CI TX RADIAL HEAD FX W MANIP. | 24655 | CPT | | | | outpatient | | | 5257 | 2113.84 | Aetna | Commercial | 2999.81 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CI TX RADIAL HEAD FX W MANIP. | 24655 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | Indemnity | 3556.76 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CI TX RADIAL HEAD FX W MANIP. | 24655 | CPT | | | | outpatient | | | 5257 | 2113.84 | Americare | Americare | 3942.75 | 75 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CI TX RADIAL HEAD FX W MANIP. | 24655 | CPT | | | | outpatient | | | 5257 | 2113.84 | First Health | First Health | 3679.9 | 70 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CI TX RADIAL HEAD FX W MANIP. | 24655 | CPT | | | | outpatient | | | 5257 | 2113.84 | Multiplan | Multiplan | 4205.6 | 80 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CI TX RADIAL HEAD FX W MANIP. | 24655 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | PPO | 3556.76 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CI TX RADIAL HEAD FX W MANIP. | 24655 | CPT | | | | outpatient | | | 5257 | 2113.84 | First Trenton | First Trenton | 4731.3 | 90 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CI TX RADIAL HEAD FX W MANIP. | 24655 | CPT | | | | outpatient | | | 5257 | 2113.84 | Corrections | Corrections | 4205.6 | 80 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CI TX RADIAL HEAD FX W MANIP. | 24655 | CPT | | | | outpatient | | | 5257 | 2113.84 | Qualcare | Qualcare | 3942.75 | 75 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CI TX RADIAL HEAD FX W MANIP. | 24655 | CPT | | | | outpatient | | | 5257 | 2113.84 | United | CommercialPPO | 1782 | | | | 300 | 4994.15 | case rate | |
| HC CI TX RADIAL HEAD FX W MANIP. | 24655 | CPT | | | | outpatient | | | 5257 | 2113.84 | Amerihealth | HMO/PPO | 300 | | | | 300 | 4994.15 | fee schedule | |
| HC CI TX RADIAL HEAD FX W MANIP. | 24655 | CPT | | | | outpatient | | | 5257 | 2113.84 | Three Rivers | Three Rivers | 4994.15 | 95 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CI TX RADIAL HEAD FX W MANIP. | 24655 | CPT | | | | outpatient | | | 5257 | 2113.84 | Managed Care Inc | Managed Care Inc | 4731.3 | 90 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CI TX RADIAL HEAD FX W MANIP. | 24655 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | NJ Health | 334.34 | | | | 300 | 4994.15 | fee schedule | |
| HC CI TX RADIAL HEAD FX W MANIP. | 24655 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | MGD | 3556.76 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CI TX RADIAL HEAD FX W MANIP. | 24655 | CPT | | | | outpatient | | | 5257 | 2113.84 | Wellcare | Medicaid | 1658.58 | 31.55 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CI TX RADIAL HEAD FX W MANIP. | 24655 | CPT | | | | outpatient | | | 5257 | 2113.84 | UHC | Medicaid | 1658.58 | 31.55 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CI TX RADIAL HEAD FX W MANIP. | 24655 | CPT | | | | outpatient | | | 5257 | 2113.84 | Wellcare | Medicare | 1838.12 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CI TX RADIAL HEAD FX W MANIP. | 24655 | CPT | | | | outpatient | | | 5257 | 2113.84 | United | Oxford | 1782 | | | | 300 | 4994.15 | case rate | |
| HC CI TX RADIAL HEAD FX W MANIP. | 24655 | CPT | | | | outpatient | | | 5257 | 2113.84 | WellPoint | WellPoint | 1691.7 | 32.18 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ULNAR FRACT W MAN | 24675 | CPT | | | | outpatient | | | 5257 | 2113.84 | First Health | First Health | 3679.9 | 70 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ULNAR FRACT W MAN | 24675 | CPT | | | | outpatient | | | 5257 | 2113.84 | Americare | Americare | 3942.75 | 75 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ULNAR FRACT W MAN | 24675 | CPT | | | | outpatient | | | 5257 | 2113.84 | Aetna | Better Health | 1658.58 | 31.55 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ULNAR FRACT W MAN | 24675 | CPT | | | | outpatient | | | 5257 | 2113.84 | First Trenton | First Trenton | 4731.3 | 90 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ULNAR FRACT W MAN | 24675 | CPT | | | | outpatient | | | 5257 | 2113.84 | Amerihealth | HMO/PPO | 300 | | | | 300 | 4994.15 | fee schedule | |
| HC CLSD TRT ULNAR FRACT W MAN | 24675 | CPT | | | | outpatient | | | 5257 | 2113.84 | Aetna | Commercial | 2999.81 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ULNAR FRACT W MAN | 24675 | CPT | | | | outpatient | | | 5257 | 2113.84 | Consumer | Consumer | 4994.15 | 95 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ULNAR FRACT W MAN | 24675 | CPT | | | | outpatient | | | 5257 | 2113.84 | UHC | Medicare | 1838.12 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ULNAR FRACT W MAN | 24675 | CPT | | | | outpatient | | | 5257 | 2113.84 | UHC | Medicaid | 1658.58 | 31.55 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ULNAR FRACT W MAN | 24675 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | NJ Health | 499.71 | | | | 300 | 4994.15 | fee schedule | |
| HC CLSD TRT ULNAR FRACT W MAN | 24675 | CPT | | | | outpatient | | | 5257 | 2113.84 | Wellcare | Medicare | 1838.12 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ULNAR FRACT W MAN | 24675 | CPT | | | | outpatient | | | 5257 | 2113.84 | Managed Care Inc | Managed Care Inc | 4731.3 | 90 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ULNAR FRACT W MAN | 24675 | CPT | | | | outpatient | | | 5257 | 2113.84 | United | CommercialPPO | 1782 | | | | 300 | 4994.15 | case rate | |
| HC CLSD TRT ULNAR FRACT W MAN | 24675 | CPT | | | | outpatient | | | 5257 | 2113.84 | Aetna | Medicare | 1838.12 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ULNAR FRACT W MAN | 24675 | CPT | | | | outpatient | | | 5257 | 2113.84 | Corrections | Corrections | 4205.6 | 80 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ULNAR FRACT W MAN | 24675 | CPT | | | | outpatient | | | 5257 | 2113.84 | Three Rivers | Three Rivers | 4994.15 | 95 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ULNAR FRACT W MAN | 24675 | CPT | | | | outpatient | | | 5257 | 2113.84 | Wellcare | Medicaid | 1658.58 | 31.55 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ULNAR FRACT W MAN | 24675 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | MGD | 3556.76 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ULNAR FRACT W MAN | 24675 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | Indemnity | 3556.76 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ULNAR FRACT W MAN | 24675 | CPT | | | | outpatient | | | 5257 | 2113.84 | Multiplan | Multiplan | 4205.6 | 80 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ULNAR FRACT W MAN | 24675 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | Medicare Blue | 1838.12 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ULNAR FRACT W MAN | 24675 | CPT | | | | outpatient | | | 5257 | 2113.84 | Qualcare | Qualcare | 3942.75 | 75 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ULNAR FRACT W MAN | 24675 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | PPO | 3556.76 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ULNAR FRACT W MAN | 24675 | CPT | | | | outpatient | | | 5257 | 2113.84 | United | Oxford | 1782 | | | | 300 | 4994.15 | case rate | |
| HC CLSD TRT ULNAR FRACT W MAN | 24675 | CPT | | | | outpatient | | | 5257 | 2113.84 | WellPoint | WellPoint | 1691.7 | 32.18 | | | 300 | 4994.15 | percent of total billed charges | |
| HC INJECTION PX WRIST ARTHROGRAPHY | 25246 | CPT | | | | outpatient | | | 1092 | | First Trenton | First Trenton | 982.8 | 90 | | | 74.09 | 1782 | percent of total billed charges | |
| HC INJECTION PX WRIST ARTHROGRAPHY | 25246 | CPT | | | | outpatient | | | 1092 | | Aetna | Better Health | 344.53 | 31.55 | | | 74.09 | 1782 | percent of total billed charges | |
| HC INJECTION PX WRIST ARTHROGRAPHY | 25246 | CPT | | | | outpatient | | | 1092 | | Horizon | Indemnity | 418.02 | 38.28 | | | 74.09 | 1782 | percent of total billed charges | |
| HC INJECTION PX WRIST ARTHROGRAPHY | 25246 | CPT | | | | outpatient | | | 1092 | | Corrections | Corrections | 873.6 | 80 | | | 74.09 | 1782 | percent of total billed charges | |
| HC INJECTION PX WRIST ARTHROGRAPHY | 25246 | CPT | | | | outpatient | | | 1092 | | UHC | Medicaid | 344.53 | 31.55 | | | 74.09 | 1782 | percent of total billed charges | |
| HC INJECTION PX WRIST ARTHROGRAPHY | 25246 | CPT | | | | outpatient | | | 1092 | | First Health | First Health | 764.4 | 70 | | | 74.09 | 1782 | percent of total billed charges | |
| HC INJECTION PX WRIST ARTHROGRAPHY | 25246 | CPT | | | | outpatient | | | 1092 | | Americare | Americare | 819 | 75 | | | 74.09 | 1782 | percent of total billed charges | |
| HC INJECTION PX WRIST ARTHROGRAPHY | 25246 | CPT | | | | outpatient | | | 1092 | | Aetna | Commercial | 414.96 | 38 | | | 74.09 | 1782 | percent of total billed charges | |
| HC INJECTION PX WRIST ARTHROGRAPHY | 25246 | CPT | | | | outpatient | | | 1092 | | Horizon | PPO | 418.02 | 38.28 | | | 74.09 | 1782 | percent of total billed charges | |
| HC INJECTION PX WRIST ARTHROGRAPHY | 25246 | CPT | | | | outpatient | | | 1092 | | Amerihealth | HMO/PPO | 125 | | | | 74.09 | 1782 | fee schedule | |
| HC INJECTION PX WRIST ARTHROGRAPHY | 25246 | CPT | | | | outpatient | | | 1092 | | Multiplan | Multiplan | 873.6 | 80 | | | 74.09 | 1782 | percent of total billed charges | |
| HC INJECTION PX WRIST ARTHROGRAPHY | 25246 | CPT | | | | outpatient | | | 1092 | | WellPoint | WellPoint | 351.41 | 32.18 | | | 74.09 | 1782 | percent of total billed charges | |
| HC INJECTION PX WRIST ARTHROGRAPHY | 25246 | CPT | | | | outpatient | | | 1092 | | United | CommercialPPO | 1782 | | | | 74.09 | 1782 | case rate | |
| HC INJECTION PX WRIST ARTHROGRAPHY | 25246 | CPT | | | | outpatient | | | 1092 | | United | Oxford | 1782 | | | | 74.09 | 1782 | case rate | |
| HC INJECTION PX WRIST ARTHROGRAPHY | 25246 | CPT | | | | outpatient | | | 1092 | | Consumer | Consumer | 1037.4 | 95 | | | 74.09 | 1782 | percent of total billed charges | |
| HC INJECTION PX WRIST ARTHROGRAPHY | 25246 | CPT | | | | outpatient | | | 1092 | | Aetna | Medicare | 336.34 | 30.8 | | | 74.09 | 1782 | percent of total billed charges | |
| HC INJECTION PX WRIST ARTHROGRAPHY | 25246 | CPT | | | | outpatient | | | 1092 | | Managed Care Inc | Managed Care Inc | 982.8 | 90 | | | 74.09 | 1782 | percent of total billed charges | |
| HC INJECTION PX WRIST ARTHROGRAPHY | 25246 | CPT | | | | outpatient | | | 1092 | | Wellcare | Medicaid | 344.53 | 31.55 | | | 74.09 | 1782 | percent of total billed charges | |
| HC INJECTION PX WRIST ARTHROGRAPHY | 25246 | CPT | | | | outpatient | | | 1092 | | Qualcare | Qualcare | 819 | 75 | | | 74.09 | 1782 | percent of total billed charges | |
| HC INJECTION PX WRIST ARTHROGRAPHY | 25246 | CPT | | | | outpatient | | | 1092 | | Horizon | MGD | 418.02 | 38.28 | | | 74.09 | 1782 | percent of total billed charges | |
| HC INJECTION PX WRIST ARTHROGRAPHY | 25246 | CPT | | | | outpatient | | | 1092 | | Horizon | Medicare Blue | 327.6 | 30 | | | 74.09 | 1782 | percent of total billed charges | |
| HC INJECTION PX WRIST ARTHROGRAPHY | 25246 | CPT | | | | outpatient | | | 1092 | | Horizon | NJ Health | 74.09 | | | | 74.09 | 1782 | fee schedule | |
| HC INJECTION PX WRIST ARTHROGRAPHY | 25246 | CPT | | | | outpatient | | | 1092 | | Three Rivers | Three Rivers | 1037.4 | 95 | | | 74.09 | 1782 | percent of total billed charges | |
| HC RPR TN/M F/ARM&WRIST PR 1 EA TEN | 25270 | CPT | | | | outpatient | | | 10906 | 4257.16 | Horizon | Medicare Blue | 3701.88 | | | | 493.29 | 10360.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR TN/M F/ARM&WRIST PR 1 EA TEN | 25270 | CPT | | | | outpatient | | | 10906 | 4257.16 | Amerihealth | HMO/PPO | 800 | | | | 493.29 | 10360.7 | fee schedule | |
| HC RPR TN/M F/ARM&WRIST PR 1 EA TEN | 25270 | CPT | | | | outpatient | | | 10906 | 4257.16 | Consumer | Consumer | 10360.7 | 95 | | | 493.29 | 10360.7 | percent of total billed charges | |
| HC RPR TN/M F/ARM&WRIST PR 1 EA TEN | 25270 | CPT | | | | outpatient | | | 10906 | 4257.16 | Aetna | Better Health | 3440.84 | 31.55 | | | 493.29 | 10360.7 | percent of total billed charges | |
| HC RPR TN/M F/ARM&WRIST PR 1 EA TEN | 25270 | CPT | | | | outpatient | | | 10906 | 4257.16 | Americare | Americare | 8179.5 | 75 | | | 493.29 | 10360.7 | percent of total billed charges | |
| HC RPR TN/M F/ARM&WRIST PR 1 EA TEN | 25270 | CPT | | | | outpatient | | | 10906 | 4257.16 | Horizon | MGD | 7163.14 | | | | 493.29 | 10360.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR TN/M F/ARM&WRIST PR 1 EA TEN | 25270 | CPT | | | | outpatient | | | 10906 | 4257.16 | Corrections | Corrections | 8724.8 | 80 | | | 493.29 | 10360.7 | percent of total billed charges | |
| HC RPR TN/M F/ARM&WRIST PR 1 EA TEN | 25270 | CPT | | | | outpatient | | | 10906 | 4257.16 | Aetna | Medicare | 3701.88 | | | | 493.29 | 10360.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR TN/M F/ARM&WRIST PR 1 EA TEN | 25270 | CPT | | | | outpatient | | | 10906 | 4257.16 | UHC | Medicare | 3701.88 | | | | 493.29 | 10360.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR TN/M F/ARM&WRIST PR 1 EA TEN | 25270 | CPT | | | | outpatient | | | 10906 | 4257.16 | UHC | Medicaid | 3440.84 | 31.55 | | | 493.29 | 10360.7 | percent of total billed charges | |
| HC RPR TN/M F/ARM&WRIST PR 1 EA TEN | 25270 | CPT | | | | outpatient | | | 10906 | 4257.16 | First Trenton | First Trenton | 9815.4 | 90 | | | 493.29 | 10360.7 | percent of total billed charges | |
| HC RPR TN/M F/ARM&WRIST PR 1 EA TEN | 25270 | CPT | | | | outpatient | | | 10906 | 4257.16 | Aetna | Commercial | 4144.28 | 38 | | | 493.29 | 10360.7 | percent of total billed charges | |
| HC RPR TN/M F/ARM&WRIST PR 1 EA TEN | 25270 | CPT | | | | outpatient | | | 10906 | 4257.16 | Wellcare | Medicaid | 3440.84 | 31.55 | | | 493.29 | 10360.7 | percent of total billed charges | |
| HC RPR TN/M F/ARM&WRIST PR 1 EA TEN | 25270 | CPT | | | | outpatient | | | 10906 | 4257.16 | United | CommercialPPO | 3492 | | | | 493.29 | 10360.7 | case rate | |
| HC RPR TN/M F/ARM&WRIST PR 1 EA TEN | 25270 | CPT | | | | outpatient | | | 10906 | 4257.16 | Horizon | Indemnity | 7163.14 | | | | 493.29 | 10360.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR TN/M F/ARM&WRIST PR 1 EA TEN | 25270 | CPT | | | | outpatient | | | 10906 | 4257.16 | First Health | First Health | 7634.2 | 70 | | | 493.29 | 10360.7 | percent of total billed charges | |
| HC RPR TN/M F/ARM&WRIST PR 1 EA TEN | 25270 | CPT | | | | outpatient | | | 10906 | 4257.16 | Wellcare | Medicare | 3701.88 | | | | 493.29 | 10360.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR TN/M F/ARM&WRIST PR 1 EA TEN | 25270 | CPT | | | | outpatient | | | 10906 | 4257.16 | Multiplan | Multiplan | 8724.8 | 80 | | | 493.29 | 10360.7 | percent of total billed charges | |
| HC RPR TN/M F/ARM&WRIST PR 1 EA TEN | 25270 | CPT | | | | outpatient | | | 10906 | 4257.16 | Horizon | NJ Health | 493.29 | | | | 493.29 | 10360.7 | fee schedule | |
| HC RPR TN/M F/ARM&WRIST PR 1 EA TEN | 25270 | CPT | | | | outpatient | | | 10906 | 4257.16 | Qualcare | Qualcare | 8179.5 | 75 | | | 493.29 | 10360.7 | percent of total billed charges | |
| HC RPR TN/M F/ARM&WRIST PR 1 EA TEN | 25270 | CPT | | | | outpatient | | | 10906 | 4257.16 | Horizon | PPO | 7163.14 | | | | 493.29 | 10360.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC RPR TNI/M F/ARM&WRIST PR 1 EA TEN | 25270 | CPT | | | | outpatient | | | 10906 | 4257.16 | Managed Care Inc | Managed Care Inc | 9815.4 | 90 | | | 493.29 | 10360.7 | percent of total billed charges | |
| HC RPR TNI/M F/ARM&WRIST PR 1 EA TEN | 25270 | CPT | | | | outpatient | | | 10906 | 4257.16 | WellPoint | WellPoint | 3509.55 | 32.18 | | | 493.29 | 10360.7 | percent of total billed charges | |
| HC RPR TNI/M F/ARM&WRIST PR 1 EA TEN | 25270 | CPT | | | | outpatient | | | 10906 | 4257.16 | Three Rivers | Three Rivers | 10360.7 | 95 | | | 493.29 | 10360.7 | percent of total billed charges | |
| HC RPR TNI/M F/ARM&WRIST PR 1 EA TEN | 25270 | CPT | | | | outpatient | | | 10906 | 4257.16 | United | Oxford | 3492 | | | | 493.29 | 10360.7 | case rate | |
| HC CLSD TRT RADL SHFT FRCT WO MAN | 25500 | CPT | | | | outpatient | | | 1599 | 310.16 | First Trenton | First Trenton | 1439.1 | 90 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CLSD TRT RADL SHFT FRCT WO MAN | 25500 | CPT | | | | outpatient | | | 1599 | 310.16 | Aetna | Better Health | 504.48 | 31.55 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CLSD TRT RADL SHFT FRCT WO MAN | 25500 | CPT | | | | outpatient | | | 1599 | 310.16 | Aetna | Commercial | 440.15 | | | | 269.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT RADL SHFT FRCT WO MAN | 25500 | CPT | | | | outpatient | | | 1599 | 310.16 | Consumer | Consumer | 1519.05 | 95 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CLSD TRT RADL SHFT FRCT WO MAN | 25500 | CPT | | | | outpatient | | | 1599 | 310.16 | Americare | Americare | 1199.25 | 75 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CLSD TRT RADL SHFT FRCT WO MAN | 25500 | CPT | | | | outpatient | | | 1599 | 310.16 | Aetna | Medicare | 269.7 | | | | 269.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT RADL SHFT FRCT WO MAN | 25500 | CPT | | | | outpatient | | | 1599 | 310.16 | Corrections | Corrections | 1279.2 | 80 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CLSD TRT RADL SHFT FRCT WO MAN | 25500 | CPT | | | | outpatient | | | 1599 | 310.16 | First Health | First Health | 1119.3 | 70 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CLSD TRT RADL SHFT FRCT WO MAN | 25500 | CPT | | | | outpatient | | | 1599 | 310.16 | Horizon | NJ Health | 280.94 | | | | 269.7 | 1782 | fee schedule | |
| HC CLSD TRT RADL SHFT FRCT WO MAN | 25500 | CPT | | | | outpatient | | | 1599 | 310.16 | Horizon | PPO | 521.87 | | | | 269.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT RADL SHFT FRCT WO MAN | 25500 | CPT | | | | outpatient | | | 1599 | 310.16 | Multiplan | Multiplan | 1279.2 | 80 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CLSD TRT RADL SHFT FRCT WO MAN | 25500 | CPT | | | | outpatient | | | 1599 | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 269.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT RADL SHFT FRCT WO MAN | 25500 | CPT | | | | outpatient | | | 1599 | 310.16 | Amerihealth | HMO/PPO | 300 | | | | 269.7 | 1782 | fee schedule | |
| HC CLSD TRT RADL SHFT FRCT WO MAN | 25500 | CPT | | | | outpatient | | | 1599 | 310.16 | Horizon | MGD | 521.87 | | | | 269.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT RADL SHFT FRCT WO MAN | 25500 | CPT | | | | outpatient | | | 1599 | 310.16 | Wellcare | Medicare | 269.7 | | | | 269.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT RADL SHFT FRCT WO MAN | 25500 | CPT | | | | outpatient | | | 1599 | 310.16 | Wellcare | Medicaid | 504.48 | 31.55 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CLSD TRT RADL SHFT FRCT WO MAN | 25500 | CPT | | | | outpatient | | | 1599 | 310.16 | Managed Care Inc | Managed Care Inc | 1439.1 | 90 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CLSD TRT RADL SHFT FRCT WO MAN | 25500 | CPT | | | | outpatient | | | 1599 | 310.16 | WellPoint | WellPoint | 514.56 | 32.18 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CLSD TRT RADL SHFT FRCT WO MAN | 25500 | CPT | | | | outpatient | | | 1599 | 310.16 | Qualcare | Qualcare | 1199.25 | 75 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CLSD TRT RADL SHFT FRCT WO MAN | 25500 | CPT | | | | outpatient | | | 1599 | 310.16 | United | Oxford | 1782 | | | | 269.7 | 1782 | case rate | |
| HC CLSD TRT RADL SHFT FRCT WO MAN | 25500 | CPT | | | | outpatient | | | 1599 | 310.16 | Horizon | Indemnity | 521.87 | | | | 269.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT RADL SHFT FRCT WO MAN | 25500 | CPT | | | | outpatient | | | 1599 | 310.16 | UHC | Medicare | 269.7 | | | | 269.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT RADL SHFT FRCT WO MAN | 25500 | CPT | | | | outpatient | | | 1599 | 310.16 | Three Rivers | Three Rivers | 1519.05 | 95 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CLSD TRT RADL SHFT FRCT WO MAN | 25500 | CPT | | | | outpatient | | | 1599 | 310.16 | UHC | Medicaid | 504.48 | 31.55 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CLSD TRT RADL SHFT FRCT WO MAN | 25500 | CPT | | | | outpatient | | | 1599 | 310.16 | United | Commercial/PPO | 1782 | | | | 269.7 | 1782 | case rate | |
| HC CLSD TRT RADL SHFT FRCT W MAN | 25505 | CPT | | | | outpatient | | | 5229 | 2113.84 | Americare | Americare | 3921.75 | 75 | | | 300 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT RADL SHFT FRCT W MAN | 25505 | CPT | | | | outpatient | | | 5229 | 2113.84 | Horizon | Medicare Blue | 1838.12 | | | | 300 | 4967.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT RADL SHFT FRCT W MAN | 25505 | CPT | | | | outpatient | | | 5229 | 2113.84 | Aetna | Better Health | 1649.75 | 31.55 | | | 300 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT RADL SHFT FRCT W MAN | 25505 | CPT | | | | outpatient | | | 5229 | 2113.84 | First Health | First Health | 3660.3 | 70 | | | 300 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT RADL SHFT FRCT W MAN | 25505 | CPT | | | | outpatient | | | 5229 | 2113.84 | Aetna | Commercial | 2999.81 | | | | 300 | 4967.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT RADL SHFT FRCT W MAN | 25505 | CPT | | | | outpatient | | | 5229 | 2113.84 | Horizon | Indemnity | 3556.76 | | | | 300 | 4967.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT RADL SHFT FRCT W MAN | 25505 | CPT | | | | outpatient | | | 5229 | 2113.84 | Corrections | Corrections | 4183.2 | 80 | | | 300 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT RADL SHFT FRCT W MAN | 25505 | CPT | | | | outpatient | | | 5229 | 2113.84 | Consumer | Consumer | 4967.55 | 95 | | | 300 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT RADL SHFT FRCT W MAN | 25505 | CPT | | | | outpatient | | | 5229 | 2113.84 | Amerihealth | HMO/PPO | 300 | | | | 300 | 4967.55 | fee schedule | |
| HC CLSD TRT RADL SHFT FRCT W MAN | 25505 | CPT | | | | outpatient | | | 5229 | 2113.84 | UHC | Medicare | 1838.12 | | | | 300 | 4967.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT RADL SHFT FRCT W MAN | 25505 | CPT | | | | outpatient | | | 5229 | 2113.84 | Multiplan | Multiplan | 4183.2 | 80 | | | 300 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT RADL SHFT FRCT W MAN | 25505 | CPT | | | | outpatient | | | 5229 | 2113.84 | Wellcare | Medicare | 1838.12 | | | | 300 | 4967.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT RADL SHFT FRCT W MAN | 25505 | CPT | | | | outpatient | | | 5229 | 2113.84 | Aetna | Medicare | 1838.12 | | | | 300 | 4967.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT RADL SHFT FRCT W MAN | 25505 | CPT | | | | outpatient | | | 5229 | 2113.84 | Horizon | PPO | 3556.76 | | | | 300 | 4967.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT RADL SHFT FRCT W MAN | 25505 | CPT | | | | outpatient | | | 5229 | 2113.84 | Qualcare | Qualcare | 3921.75 | 75 | | | 300 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT RADL SHFT FRCT W MAN | 25505 | CPT | | | | outpatient | | | 5229 | 2113.84 | First Trenton | First Trenton | 4706.1 | 90 | | | 300 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT RADL SHFT FRCT W MAN | 25505 | CPT | | | | outpatient | | | 5229 | 2113.84 | Horizon | NJ Health | 394.63 | | | 208.88 | 300 | 4967.55 | fee schedule | |
| HC CLSD TRT RADL SHFT FRCT W MAN | 25505 | CPT | | | | outpatient | | | 5229 | 2113.84 | WellPoint | WellPoint | 1682.69 | 32.18 | | | 300 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT RADL SHFT FRCT W MAN | 25505 | CPT | | | | outpatient | | | 5229 | 2113.84 | Wellcare | Medicaid | 1649.75 | 31.55 | | | 300 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT RADL SHFT FRCT W MAN | 25505 | CPT | | | | outpatient | | | 5229 | 2113.84 | Horizon | MGD | 3556.76 | | | | 300 | 4967.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT RADL SHFT FRCT W MAN | 25505 | CPT | | | | outpatient | | | 5229 | 2113.84 | Managed Care Inc | Managed Care Inc | 4706.1 | 90 | | | 300 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT RADL SHFT FRCT W MAN | 25505 | CPT | | | | outpatient | | | 5229 | 2113.84 | Three Rivers | Three Rivers | 4967.55 | 95 | | | 300 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT RADL SHFT FRCT W MAN | 25505 | CPT | | | | outpatient | | | 5229 | 2113.84 | UHC | Medicaid | 1649.75 | 31.55 | | | 300 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT RADL SHFT FRCT W MAN | 25505 | CPT | | | | outpatient | | | 5229 | 2113.84 | United | Commercial/PPO | 1817 | | | | 300 | 4967.55 | case rate | |
| HC CLSD TRT RADL SHFT FRCT W MAN | 25505 | CPT | | | | outpatient | | | 5229 | 2113.84 | United | Oxford | 1817 | | | | 300 | 4967.55 | case rate | |
| HC ULNAR SHAFT FX W/O MANIP | 25530 | CPT | | | | outpatient | | | 1681 | 310.16 | Aetna | Commercial | 440.15 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ULNAR SHAFT FX W/O MANIP | 25530 | CPT | | | | outpatient | | | 1681 | 310.16 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC ULNAR SHAFT FX W/O MANIP | 25530 | CPT | | | | outpatient | | | 1681 | 310.16 | Aetna | Better Health | 530.36 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC ULNAR SHAFT FX W/O MANIP | 25530 | CPT | | | | outpatient | | | 1681 | 310.16 | First Trenton | First Trenton | 1512.9 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC ULNAR SHAFT FX W/O MANIP | 25530 | CPT | | | | outpatient | | | 1681 | 310.16 | Americare | Americare | 1260.75 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC ULNAR SHAFT FX W/O MANIP | 25530 | CPT | | | | outpatient | | | 1681 | 310.16 | First Health | First Health | 1176.7 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC ULNAR SHAFT FX W/O MANIP | 25530 | CPT | | | | outpatient | | | 1681 | 310.16 | Corrections | Corrections | 1344.8 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC ULNAR SHAFT FX W/O MANIP | 25530 | CPT | | | | outpatient | | | 1681 | 310.16 | Horizon | PPO | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ULNAR SHAFT FX W/O MANIP | 25530 | CPT | | | | outpatient | | | 1681 | 310.16 | Aetna | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ULNAR SHAFT FX W/O MANIP | 25530 | CPT | | | | outpatient | | | 1681 | 310.16 | Horizon | Indemnity | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ULNAR SHAFT FX W/O MANIP | 25530 | CPT | | | | outpatient | | | 1681 | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ULNAR SHAFT FX W/O MANIP | 25530 | CPT | | | | outpatient | | | 1681 | 310.16 | Managed Care Inc | Managed Care Inc | 1512.9 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC ULNAR SHAFT FX W/O MANIP | 25530 | CPT | | | | outpatient | | | 1681 | 310.16 | Consumer | Consumer | 1596.95 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC ULNAR SHAFT FX W/O MANIP | 25530 | CPT | | | | outpatient | | | 1681 | 310.16 | Wellcare | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ULNAR SHAFT FX W/O MANIP | 25530 | CPT | | | | outpatient | | | 1681 | 310.16 | Horizon | MGD | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ULNAR SHAFT FX W/O MANIP | 25530 | CPT | | | | outpatient | | | 1681 | 310.16 | UHC | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ULNAR SHAFT FX W/O MANIP | 25530 | CPT | | | | outpatient | | | 1681 | 310.16 | Horizon | NJ Health | 252.13 | | | | 125 | 1782 | fee schedule | |
| HC ULNAR SHAFT FX W/O MANIP | 25530 | CPT | | | | outpatient | | | 1681 | 310.16 | United | Commercial/PPO | 1782 | | | | 125 | 1782 | case rate | |
| HC ULNAR SHAFT FX W/O MANIP | 25530 | CPT | | | | outpatient | | | 1681 | 310.16 | Multiplan | Multiplan | 1344.8 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC ULNAR SHAFT FX W/O MANIP | 25530 | CPT | | | | outpatient | | | 1681 | 310.16 | WellPoint | WellPoint | 540.95 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC ULNAR SHAFT FX W/O MANIP | 25530 | CPT | | | | outpatient | | | 1681 | 310.16 | Three Rivers | Three Rivers | 1596.95 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC ULNAR SHAFT FX W/O MANIP | 25530 | CPT | | | | outpatient | | | 1681 | 310.16 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC ULNAR SHAFT FX W/O MANIP | 25530 | CPT | | | | outpatient | | | 1681 | 310.16 | Qualcare | Qualcare | 1260.75 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC ULNAR SHAFT FX W/O MANIP | 25530 | CPT | | | | outpatient | | | 1681 | 310.16 | Wellcare | Medicaid | 530.36 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC ULNAR SHAFT FX W/O MANIP | 25530 | CPT | | | | outpatient | | | 1681 | 310.16 | UHC | Medicaid | 530.36 | 31.55 | | 530.35 | 125 | 1782 | percent of total billed charges | |
| HC CLSD TREAT ULNAR SH FX W/MAN | 25535 | CPT | | | | outpatient | | | 865 | 310.16 | Aetna | Better Health | 272.91 | 31.55 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CLSD TREAT ULNAR SH FX W/MAN | 25535 | CPT | | | | outpatient | | | 865 | 310.16 | Americare | Americare | 648.75 | 75 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CLSD TREAT ULNAR SH FX W/MAN | 25535 | CPT | | | | outpatient | | | 865 | 310.16 | Aetna | Commercial | 328.7 | 38 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CLSD TREAT ULNAR SH FX W/MAN | 25535 | CPT | | | | outpatient | | | 865 | 310.16 | First Trenton | First Trenton | 778.5 | 90 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CLSD TREAT ULNAR SH FX W/MAN | 25535 | CPT | | | | outpatient | | | 865 | 310.16 | First Health | First Health | 605.5 | 70 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CLSD TREAT ULNAR SH FX W/MAN | 25535 | CPT | | | | outpatient | | | 865 | 310.16 | Amerihealth | HMO/PPO | 300 | | | | 269.7 | 1782 | fee schedule | |
| HC CLSD TREAT ULNAR SH FX W/MAN | 25535 | CPT | | | | outpatient | | | 865 | 310.16 | Aetna | Medicare | 269.7 | | | | 269.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TREAT ULNAR SH FX W/MAN | 25535 | CPT | | | | outpatient | | | 865 | 310.16 | Corrections | Corrections | 692 | 80 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CLSD TREAT ULNAR SH FX W/MAN | 25535 | CPT | | | | outpatient | | | 865 | 310.16 | Consumer | Consumer | 821.75 | 95 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CLSD TREAT ULNAR SH FX W/MAN | 25535 | CPT | | | | outpatient | | | 865 | 310.16 | UHC | Medicaid | 272.91 | 31.55 | | 262.99 | 269.7 | 1782 | percent of total billed charges | |
| HC CLSD TREAT ULNAR SH FX W/MAN | 25535 | CPT | | | | outpatient | | | 865 | 310.16 | Horizon | PPO | 521.87 | | | | 269.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TREAT ULNAR SH FX W/MAN | 25535 | CPT | | | | outpatient | | | 865 | 310.16 | Horizon | NJ Health | 334.34 | | | | 269.7 | 1782 | fee schedule | |
| HC CLSD TREAT ULNAR SH FX W/MAN | 25535 | CPT | | | | outpatient | | | 865 | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 269.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TREAT ULNAR SH FX W/MAN | 25535 | CPT | | | | outpatient | | | 865 | 310.16 | UHC | Medicare | 269.7 | | | | 269.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TREAT ULNAR SH FX W/MAN | 25535 | CPT | | | | outpatient | | | 865 | 310.16 | Horizon | MGD | 521.87 | | | | 269.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TREAT ULNAR SH FX W/MAN | 25535 | CPT | | | | outpatient | | | 865 | 310.16 | Horizon | Indemnity | 521.87 | | | | 269.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TREAT ULNAR SH FX W/MAN | 25535 | CPT | | | | outpatient | | | 865 | 310.16 | United | Oxford | 1782 | | | | 269.7 | 1782 | case rate | |
| HC CLSD TREAT ULNAR SH FX W/MAN | 25535 | CPT | | | | outpatient | | | 865 | 310.16 | Managed Care Inc | Managed Care Inc | 778.5 | 90 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CLSD TREAT ULNAR SH FX W/MAN | 25535 | CPT | | | | outpatient | | | 865 | 310.16 | WellPoint | WellPoint | 278.36 | 32.18 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CLSD TREAT ULNAR SH FX W/MAN | 25535 | CPT | | | | outpatient | | | 865 | 310.16 | United | Commercial/PPO | 1782 | | | | 269.7 | 1782 | case rate | |
| HC CLSD TREAT ULNAR SH FX W/MAN | 25535 | CPT | | | | outpatient | | | 865 | 310.16 | Multiplan | Multiplan | 692 | 80 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CLSD TREAT ULNAR SH FX W/MAN | 25535 | CPT | | | | outpatient | | | 865 | 310.16 | Three Rivers | Three Rivers | 821.75 | 95 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CLSD TREAT ULNAR SH FX W/MAN | 25535 | CPT | | | | outpatient | | | 865 | 310.16 | Wellcare | Medicaid | 272.91 | 31.55 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CLSD TREAT ULNAR SH FX W/MAN | 25535 | CPT | | | | outpatient | | | 865 | 310.16 | Wellcare | Medicare | 269.7 | | | | 269.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TREAT ULNAR SH FX W/MAN | 25535 | CPT | | | | outpatient | | | 865 | 310.16 | Qualcare | Qualcare | 648.75 | 75 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CLSD TRT ULNR SHFT FRCT W MAN | 25560 | CPT | | | | outpatient | | | 1561 | 310.16 | Aetna | Better Health | 492.5 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT ULNR SHFT FRCT W MAN | 25560 | CPT | | | | outpatient | | | 1561 | 310.16 | Aetna | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ULNR SHFT FRCT W MAN | 25560 | CPT | | | | outpatient | | | 1561 | 310.16 | UHC | Medicaid | 492.5 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT ULNR SHFT FRCT W MAN | 25560 | CPT | | | | outpatient | | | 1561 | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ULNR SHFT FRCT W MAN | 25560 | CPT | | | | outpatient | | | 1561 | 310.16 | First Health | First Health | 1092.7 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT ULNR SHFT FRCT W MAN | 25560 | CPT | | | | outpatient | | | 1561 | 310.16 | Multiplan | Multiplan | 1248.8 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT ULNR SHFT FRCT W MAN | 25560 | CPT | | | | outpatient | | | 1561 | 310.16 | Wellcare | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ULNR SHFT FRCT W MAN | 25560 | CPT | | | | outpatient | | | 1561 | 310.16 | Aetna | Commercial | 440.15 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ULNR SHFT FRCT W MAN | 25560 | CPT | | | | outpatient | | | 1561 | 310.16 | Consumer | Consumer | 1482.95 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT ULNR SHFT FRCT W MAN | 25560 | CPT | | | | outpatient | | | 1561 | 310.16 | Horizon | MGD | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ULNR SHFT FRCT W MAN | 25560 | CPT | | | | outpatient | | | 1561 | 310.16 | UHC | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ULNR SHFT FRCT W MAN | 25560 | CPT | | | | outpatient | | | 1561 | 310.16 | Americare | Americare | 1170.75 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT ULNR SHFT FRCT W MAN | 25560 | CPT | | | | outpatient | | | 1561 | 310.16 | Three Rivers | Three Rivers | 1482.95 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT ULNR SHFT FRCT W MAN | 25560 | CPT | | | | outpatient | | | 1561 | 310.16 | Qualcare | Qualcare | 1170.75 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT ULNR SHFT FRCT W MAN | 25560 | CPT | | | | outpatient | | | 1561 | 310.16 | WellPoint | WellPoint | 502.33 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT ULNR SHFT FRCT W MAN | 25560 | CPT | | | | outpatient | | | 1561 | 310.16 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC CLSD TRT ULNR SHFT FRCT W MAN | 25560 | CPT | | | | outpatient | | | 1561 | 310.16 | Corrections | Corrections | 1248.8 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT ULNR SHFT FRCT W MAN | 25560 | CPT | | | | outpatient | | | 1561 | 310.16 | United | Commercial/PPO | 1782 | | | | 125 | 1782 | case rate | |
| HC CLSD TRT ULNR SHFT FRCT W MAN | 25560 | CPT | | | | outpatient | | | 1561 | 310.16 | Wellcare | Medicaid | 492.5 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT ULNR SHFT FRCT W MAN | 25560 | CPT | | | | outpatient | | | 1561 | 310.16 | First Trenton | First Trenton | 1404.9 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT ULNR SHFT FRCT W MAN | 25560 | CPT | | | | outpatient | | | 1561 | 310.16 | Horizon | Indemnity | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ULNR SHFT FRCT W MAN | 25560 | CPT | | | | outpatient | | | 1561 | 310.16 | Horizon | NJ Health | 286.08 | | | | 125 | 1782 | fee schedule | |
| HC CLSD TRT ULNR SHFT FRCT W MAN | 25560 | CPT | | | | outpatient | | | 1561 | 310.16 | Horizon | PPO | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ULNR SHFT FRCT W MAN | 25560 | CPT | | | | outpatient | | | 1561 | 310.16 | Managed Care Inc | Managed Care Inc | 1404.9 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT ULNR SHFT FRCT W MAN | 25560 | CPT | | | | outpatient | | | 1561 | 310.16 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC CLSD TRT RADULNR SHFT FR W MAN | 25565 | CPT | | | | outpatient | | | 5229 | 2113.84 | Aetna | Medicare | 1838.12 | | | | 300 | 4967.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT RADULNR SHFT FR W MAN | 25565 | CPT | | | | outpatient | | | 5229 | 2113.84 | Corrections | Corrections | 4183.2 | 80 | | | 300 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT RADULNR SHFT FR W MAN | 25565 | CPT | | | | outpatient | | | 5229 | 2113.84 | First Trenton | First Trenton | 4706.1 | 90 | | | 300 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT RADULNR SHFT FR W MAN | 25565 | CPT | | | | outpatient | | | 5229 | 2113.84 | First Health | First Health | 3660.3 | 70 | | | 300 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT RADULNR SHFT FR W MAN | 25565 | CPT | | | | outpatient | | | 5229 | 2113.84 | Aetna | Better Health | 1649.75 | 31.55 | | | 300 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT RADULNR SHFT FR W MAN | 25565 | CPT | | | | outpatient | | | 5229 | 2113.84 | Aetna | Commercial | 2999.81 | | | | 300 | 4967.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT RADULNR SHFT FR W MAN | 25565 | CPT | | | | outpatient | | | 5229 | 2113.84 | Amerihealth | HMO/PPO | 300 | | | | 300 | 4967.55 | fee schedule | |
| HC CLSD TRT RADULNR SHFT FR W MAN | 25565 | CPT | | | | outpatient | | | 5229 | 2113.84 | Americare | Americare | 3921.75 | 75 | | | 300 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT RADULNR SHFT FR W MAN | 25565 | CPT | | | | outpatient | | | 5229 | 2113.84 | UHC | Medicare | 1838.12 | | | | 300 | 4967.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT RADULNR SHFT FR W MAN | 25565 | CPT | | | | outpatient | | | 5229 | 2113.84 | Horizon | NJ Health | 580.33 | | | | 300 | 4967.55 | fee schedule | |
| HC CLSD TRT RADULNR SHFT FR W MAN | 25565 | CPT | | | | outpatient | | | 5229 | 2113.84 | Managed Care Inc | Managed Care Inc | 4706.1 | 90 | | | 300 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT RADULNR SHFT FR W MAN | 25565 | CPT | | | | outpatient | | | 5229 | 2113.84 | Wellcare | Medicaid | 1649.75 | 31.55 | | | 300 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT RADULNR SHFT FR W MAN | 25565 | CPT | | | | outpatient | | | 5229 | 2113.84 | Horizon | MGD | 3556.76 | | | | 300 | 4967.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT RADULNR SHFT FR W MAN | 25565 | CPT | | | | outpatient | | | 5229 | 2113.84 | Multiplan | Multiplan | 4183.2 | 80 | | | 300 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT RADULNR SHFT FR W MAN | 25565 | CPT | | | | outpatient | | | 5229 | 2113.84 | Horizon | Indemnity | 3556.76 | | | | 300 | 4967.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT RADULNR SHFT FR W MAN | 25565 | CPT | | | | outpatient | | | 5229 | 2113.84 | Consumer | Consumer | 4967.55 | 95 | | | 300 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT RADULNR SHFT FR W MAN | 25565 | CPT | | | | outpatient | | | 5229 | 2113.84 | Horizon | PPO | 3556.76 | | | | 300 | 4967.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT RADULNR SHFT FR W MAN | 25565 | CPT | | | | outpatient | | | 5229 | 2113.84 | Wellcare | Medicare | 1838.12 | | | | 300 | 4967.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT RADULNR SHFT FR W MAN | 25565 | CPT | | | | outpatient | | | 5229 | 2113.84 | Three Rivers | Three Rivers | 4967.55 | 95 | | | 300 | 4967.55 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC CLSD TRT RADULNR SHFT FR W MAN | 25565 | CPT | | | | outpatient | | | 5229 | 2113.84 | Horizon | Medicare Blue | 1838.12 | | | | 300 | 4967.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT RADULNR SHFT FR W MAN | 25565 | CPT | | | | outpatient | | | 5229 | 2113.84 | United | CommercialPPO | 1782 | | | | 300 | 4967.55 | case rate | |
| HC CLSD TRT RADULNR SHFT FR W MAN | 25565 | CPT | | | | outpatient | | | 5229 | 2113.84 | Qualcare | Qualcare | 3921.75 | 75 | | | 300 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT RADULNR SHFT FR W MAN | 25565 | CPT | | | | outpatient | | | 5229 | 2113.84 | UHC | Medicaid | 1649.75 | 31.55 | | 1596.91 | 300 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT RADULNR SHFT FR W MAN | 25565 | CPT | | | | outpatient | | | 5229 | 2113.84 | United | Oxford | 1782 | | | | 300 | 4967.55 | case rate | |
| HC CLSD TRT RADULNR SHFT FR W MAN | 25565 | CPT | | | | outpatient | | | 5229 | 2113.84 | WellPoint | WellPoint | 1682.69 | 32.18 | | 1388.8 | 300 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT DISTLRAD FRCT WO MAN | 25600 | CPT | | | | outpatient | | | 1952 | 310.16 | Americare | Americare | 1464 | 75 | | | 125 | 1854.4 | other | |
| HC CLSD TRT DISTLRAD FRCT WO MAN | 25600 | CPT | | | | outpatient | | | 1952 | 310.16 | Horizon | MGD | 521.87 | | | | 125 | 1854.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT DISTLRAD FRCT WO MAN | 25600 | CPT | | | | outpatient | | | 1952 | 310.16 | Aetna | Better Health | 615.86 | 31.55 | | | 125 | 1854.4 | percent of total billed charges | |
| HC CLSD TRT DISTLRAD FRCT WO MAN | 25600 | CPT | | | | outpatient | | | 1952 | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 125 | 1854.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT DISTLRAD FRCT WO MAN | 25600 | CPT | | | | outpatient | | | 1952 | 310.16 | Aetna | Commercial | 440.15 | | | | 125 | 1854.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT DISTLRAD FRCT WO MAN | 25600 | CPT | | | | outpatient | | | 1952 | 310.16 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1854.4 | fee schedule | |
| HC CLSD TRT DISTLRAD FRCT WO MAN | 25600 | CPT | | | | outpatient | | | 1952 | 310.16 | Consumer | Consumer | 1854.4 | 95 | | | 125 | 1854.4 | percent of total billed charges | |
| HC CLSD TRT DISTLRAD FRCT WO MAN | 25600 | CPT | | | | outpatient | | | 1952 | 310.16 | UHC | Medicare | 269.7 | | | | 125 | 1854.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT DISTLRAD FRCT WO MAN | 25600 | CPT | | | | outpatient | | | 1952 | 310.16 | First Trenton | First Trenton | 1756.8 | 90 | | | 125 | 1854.4 | percent of total billed charges | |
| HC CLSD TRT DISTLRAD FRCT WO MAN | 25600 | CPT | | | | outpatient | | | 1952 | 310.16 | UHC | Medicaid | 615.86 | 31.55 | | | 125 | 1854.4 | percent of total billed charges | |
| HC CLSD TRT DISTLRAD FRCT WO MAN | 25600 | CPT | | | | outpatient | | | 1952 | 310.16 | Multiplan | Multiplan | 1561.6 | 80 | | | 125 | 1854.4 | percent of total billed charges | |
| HC CLSD TRT DISTLRAD FRCT WO MAN | 25600 | CPT | | | | outpatient | | | 1952 | 310.16 | First Health | First Health | 1366.4 | 70 | | | 125 | 1854.4 | percent of total billed charges | |
| HC CLSD TRT DISTLRAD FRCT WO MAN | 25600 | CPT | | | | outpatient | | | 1952 | 310.16 | Aetna | Medicare | 269.7 | | | | 125 | 1854.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT DISTLRAD FRCT WO MAN | 25600 | CPT | | | | outpatient | | | 1952 | 310.16 | United | CommercialPPO | 1782 | | | | 125 | 1854.4 | case rate | |
| HC CLSD TRT DISTLRAD FRCT WO MAN | 25600 | CPT | | | | outpatient | | | 1952 | 310.16 | Corrections | Corrections | 1561.6 | 80 | | | 125 | 1854.4 | percent of total billed charges | |
| HC CLSD TRT DISTLRAD FRCT WO MAN | 25600 | CPT | | | | outpatient | | | 1952 | 310.16 | Managed Care Inc | Managed Care Inc | 1756.8 | 90 | | | 125 | 1854.4 | percent of total billed charges | |
| HC CLSD TRT DISTLRAD FRCT WO MAN | 25600 | CPT | | | | outpatient | | | 1952 | 310.16 | Qualcare | Qualcare | 1464 | 75 | | | 125 | 1854.4 | percent of total billed charges | |
| HC CLSD TRT DISTLRAD FRCT WO MAN | 25600 | CPT | | | | outpatient | | | 1952 | 310.16 | Wellcare | Medicaid | 615.86 | 31.55 | | | 125 | 1854.4 | percent of total billed charges | |
| HC CLSD TRT DISTLRAD FRCT WO MAN | 25600 | CPT | | | | outpatient | | | 1952 | 310.16 | Horizon | Indemnity | 521.87 | | | | 125 | 1854.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT DISTLRAD FRCT WO MAN | 25600 | CPT | | | | outpatient | | | 1952 | 310.16 | Three Rivers | Three Rivers | 1854.4 | 95 | | | 125 | 1854.4 | percent of total billed charges | |
| HC CLSD TRT DISTLRAD FRCT WO MAN | 25600 | CPT | | | | outpatient | | | 1952 | 310.16 | Wellcare | Medicare | 269.7 | | | | 125 | 1854.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT DISTLRAD FRCT WO MAN | 25600 | CPT | | | | outpatient | | | 1952 | 310.16 | Horizon | NJ Health | 315.18 | | | | 125 | 1854.4 | fee schedule | |
| HC CLSD TRT DISTLRAD FRCT WO MAN | 25600 | CPT | | | | outpatient | | | 1952 | 310.16 | Horizon | PPO | 521.87 | | | | 125 | 1854.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT DISTLRAD FRCT WO MAN | 25600 | CPT | | | | outpatient | | | 1952 | 310.16 | United | Oxford | 1782 | | | | 125 | 1854.4 | case rate | |
| HC CLSD TRT DISTLRAD FRCT WO MAN | 25600 | CPT | | | | outpatient | | | 1952 | 310.16 | WellPoint | WellPoint | 628.15 | 32.18 | | | 125 | 1854.4 | percent of total billed charges | |
| HC CLSD TRT DISTLRAD FRCT W MAN | 25605 | CPT | | | | outpatient | | | 5229 | 2113.84 | Corrections | Corrections | 4183.2 | 80 | | | 422.82 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT DISTLRAD FRCT W MAN | 25605 | CPT | | | | outpatient | | | 5229 | 2113.84 | Aetna | Medicare | 1838.12 | | | | 422.82 | 4967.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT DISTLRAD FRCT W MAN | 25605 | CPT | | | | outpatient | | | 5229 | 2113.84 | Americare | Americare | 3921.75 | 75 | | | 422.82 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT DISTLRAD FRCT W MAN | 25605 | CPT | | | | outpatient | | | 5229 | 2113.84 | Aetna | Commercial | 2999.81 | | | 691.87 | 422.82 | 4967.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT DISTLRAD FRCT W MAN | 25605 | CPT | | | | outpatient | | | 5229 | 2113.84 | Consumer | Consumer | 4967.55 | 95 | | | 422.82 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT DISTLRAD FRCT W MAN | 25605 | CPT | | | | outpatient | | | 5229 | 2113.84 | Horizon | PPO | 3556.76 | | | 1590.85 | 422.82 | 4967.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT DISTLRAD FRCT W MAN | 25605 | CPT | | | | outpatient | | | 5229 | 2113.84 | Horizon | Indemnity | 3556.76 | | | | 422.82 | 4967.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT DISTLRAD FRCT W MAN | 25605 | CPT | | | | outpatient | | | 5229 | 2113.84 | Aetna | Better Health | 1649.75 | 31.55 | | 1370.55 | 422.82 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT DISTLRAD FRCT W MAN | 25605 | CPT | | | | outpatient | | | 5229 | 2113.84 | Horizon | NJ Health | 422.82 | | | 341.98 | 422.82 | 4967.55 | fee schedule | |
| HC CLSD TRT DISTLRAD FRCT W MAN | 25605 | CPT | | | | outpatient | | | 5229 | 2113.84 | First Health | First Health | 3660.3 | 70 | | | 422.82 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT DISTLRAD FRCT W MAN | 25605 | CPT | | | | outpatient | | | 5229 | 2113.84 | Wellcare | Medicaid | 1649.75 | 31.55 | | | 422.82 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT DISTLRAD FRCT W MAN | 25605 | CPT | | | | outpatient | | | 5229 | 2113.84 | Amerihealth | HMO/PPO | 650 | | | | 422.82 | 4967.55 | fee schedule | |
| HC CLSD TRT DISTLRAD FRCT W MAN | 25605 | CPT | | | | outpatient | | | 5229 | 2113.84 | First Trenton | First Trenton | 4706.1 | 90 | | | 422.82 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT DISTLRAD FRCT W MAN | 25605 | CPT | | | | outpatient | | | 5229 | 2113.84 | Multiplan | Multiplan | 4183.2 | 80 | | | 422.82 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT DISTLRAD FRCT W MAN | 25605 | CPT | | | | outpatient | | | 5229 | 2113.84 | Horizon | Medicare Blue | 1838.12 | | | | 422.82 | 4967.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT DISTLRAD FRCT W MAN | 25605 | CPT | | | | outpatient | | | 5229 | 2113.84 | Horizon | MGD | 3556.76 | | | 1430.48 | 422.82 | 4967.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT DISTLRAD FRCT W MAN | 25605 | CPT | | | | outpatient | | | 5229 | 2113.84 | Managed Care Inc | Managed Care Inc | 4706.1 | 90 | | | 422.82 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT DISTLRAD FRCT W MAN | 25605 | CPT | | | | outpatient | | | 5229 | 2113.84 | UHC | Medicaid | 1649.75 | 31.55 | | 1151.26 | 422.82 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT DISTLRAD FRCT W MAN | 25605 | CPT | | | | outpatient | | | 5229 | 2113.84 | Wellcare | Medicare | 1838.12 | | | | 422.82 | 4967.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT DISTLRAD FRCT W MAN | 25605 | CPT | | | | outpatient | | | 5229 | 2113.84 | United | CommercialPPO | 1817 | | | | 422.82 | 4967.55 | case rate | |
| HC CLSD TRT DISTLRAD FRCT W MAN | 25605 | CPT | | | | outpatient | | | 5229 | 2113.84 | Three Rivers | Three Rivers | 4967.55 | 95 | | | 422.82 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT DISTLRAD FRCT W MAN | 25605 | CPT | | | | outpatient | | | 5229 | 2113.84 | Qualcare | Qualcare | 3921.75 | 75 | | | 422.82 | 4967.55 | percent of total billed charges | |
| HC CLSD TRT DISTLRAD FRCT W MAN | 25605 | CPT | | | | outpatient | | | 5229 | 2113.84 | United | Oxford | 1817 | | | | 422.82 | 4967.55 | case rate | |
| HC CLSD TRT DISTLRAD FRCT W MAN | 25605 | CPT | | | | outpatient | | | 5229 | 2113.84 | UHC | Medicare | 1838.12 | | | 607.56 | 422.82 | 4967.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT DISTLRAD FRCT W MAN | 25605 | CPT | | | | outpatient | | | 5229 | 2113.84 | WellPoint | WellPoint | 1682.69 | 32.18 | | 1428.78 | 422.82 | 4967.55 | percent of total billed charges | |
| HC TRT FX CARPAL SCAPH W/MAN | 25624 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | Medicare Blue | 1838.12 | | | | 312.42 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRT FX CARPAL SCAPH W/MAN | 25624 | CPT | | | | outpatient | | | 5257 | 2113.84 | Consumer | Consumer | 4994.15 | 95 | | | 312.42 | 4994.15 | percent of total billed charges | |
| HC TRT FX CARPAL SCAPH W/MAN | 25624 | CPT | | | | outpatient | | | 5257 | 2113.84 | Aetna | Medicare | 1838.12 | | | | 312.42 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRT FX CARPAL SCAPH W/MAN | 25624 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | MGD | 3556.76 | | | | 312.42 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRT FX CARPAL SCAPH W/MAN | 25624 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | Indemnity | 3556.76 | | | | 312.42 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRT FX CARPAL SCAPH W/MAN | 25624 | CPT | | | | outpatient | | | 5257 | 2113.84 | Aetna | Better Health | 1658.58 | 31.55 | | | 312.42 | 4994.15 | percent of total billed charges | |
| HC TRT FX CARPAL SCAPH W/MAN | 25624 | CPT | | | | outpatient | | | 5257 | 2113.84 | Americare | Americare | 3942.75 | 75 | | | 312.42 | 4994.15 | percent of total billed charges | |
| HC TRT FX CARPAL SCAPH W/MAN | 25624 | CPT | | | | outpatient | | | 5257 | 2113.84 | First Health | First Health | 3679.9 | 70 | | | 312.42 | 4994.15 | percent of total billed charges | |
| HC TRT FX CARPAL SCAPH W/MAN | 25624 | CPT | | | | outpatient | | | 5257 | 2113.84 | UHC | Medicare | 1838.12 | | | | 312.42 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRT FX CARPAL SCAPH W/MAN | 25624 | CPT | | | | outpatient | | | 5257 | 2113.84 | Corrections | Corrections | 4205.6 | 80 | | | 312.42 | 4994.15 | percent of total billed charges | |
| HC TRT FX CARPAL SCAPH W/MAN | 25624 | CPT | | | | outpatient | | | 5257 | 2113.84 | Wellcare | Medicaid | 1658.58 | 31.55 | | | 312.42 | 4994.15 | percent of total billed charges | |
| HC TRT FX CARPAL SCAPH W/MAN | 25624 | CPT | | | | outpatient | | | 5257 | 2113.84 | UHC | Medicaid | 1658.58 | 31.55 | | | 312.42 | 4994.15 | percent of total billed charges | |
| HC TRT FX CARPAL SCAPH W/MAN | 25624 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | PPO | 3556.76 | | | | 312.42 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRT FX CARPAL SCAPH W/MAN | 25624 | CPT | | | | outpatient | | | 5257 | 2113.84 | Aetna | Commercial | 1997.66 | 38 | | | 312.42 | 4994.15 | percent of total billed charges | |
| HC TRT FX CARPAL SCAPH W/MAN | 25624 | CPT | | | | outpatient | | | 5257 | 2113.84 | Amerihealth | HMO/PPO | 550 | | | | 312.42 | 4994.15 | fee schedule | |
| HC TRT FX CARPAL SCAPH W/MAN | 25624 | CPT | | | | outpatient | | | 5257 | 2113.84 | First Trenton | First Trenton | 4731.3 | 90 | | | 312.42 | 4994.15 | percent of total billed charges | |
| HC TRT FX CARPAL SCAPH W/MAN | 25624 | CPT | | | | outpatient | | | 5257 | 2113.84 | Wellcare | Medicare | 1838.12 | | | | 312.42 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRT FX CARPAL SCAPH W/MAN | 25624 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | NJ Health | 312.42 | | | | 312.42 | 4994.15 | fee schedule | |
| HC TRT FX CARPAL SCAPH W/MAN | 25624 | CPT | | | | outpatient | | | 5257 | 2113.84 | United | Oxford | 1817 | | | | 312.42 | 4994.15 | case rate | |
| HC TRT FX CARPAL SCAPH W/MAN | 25624 | CPT | | | | outpatient | | | 5257 | 2113.84 | Managed Care Inc | Managed Care Inc | 4731.3 | 90 | | | 312.42 | 4994.15 | percent of total billed charges | |
| HC TRT FX CARPAL SCAPH W/MAN | 25624 | CPT | | | | outpatient | | | 5257 | 2113.84 | WellPoint | WellPoint | 1691.7 | 32.18 | | | 312.42 | 4994.15 | percent of total billed charges | |
| HC TRT FX CARPAL SCAPH W/MAN | 25624 | CPT | | | | outpatient | | | 5257 | 2113.84 | Multiplan | Multiplan | 4205.6 | 80 | | | 312.42 | 4994.15 | percent of total billed charges | |
| HC TRT FX CARPAL SCAPH W/MAN | 25624 | CPT | | | | outpatient | | | 5257 | 2113.84 | Three Rivers | Three Rivers | 4994.15 | 95 | | | 312.42 | 4994.15 | percent of total billed charges | |
| HC TRT FX CARPAL SCAPH W/MAN | 25624 | CPT | | | | outpatient | | | 5257 | 2113.84 | Qualcare | Qualcare | 3942.75 | 75 | | | 312.42 | 4994.15 | percent of total billed charges | |
| HC TRT FX CARPAL SCAPH W/MAN | 25624 | CPT | | | | outpatient | | | 5257 | 2113.84 | United | CommercialPPO | 1817 | | | | 312.42 | 4994.15 | case rate | |
| HC TREAT FX CARPAL W/ MAN | 25635 | CPT | | | | outpatient | | | 2339 | 2113.84 | UHC | Medicaid | 737.95 | 31.55 | | | 300 | 3556.76 | percent of total billed charges | |
| HC TREAT FX CARPAL W/ MAN | 25635 | CPT | | | | outpatient | | | 2339 | 2113.84 | Horizon | PPO | 3556.76 | | | | 300 | 3556.76 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT FX CARPAL W/ MAN | 25635 | CPT | | | | outpatient | | | 2339 | 2113.84 | Americare | Americare | 1754.25 | 75 | | | 300 | 3556.76 | percent of total billed charges | |
| HC TREAT FX CARPAL W/ MAN | 25635 | CPT | | | | outpatient | | | 2339 | 2113.84 | Aetna | Commercial | 2999.81 | | | | 300 | 3556.76 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT FX CARPAL W/ MAN | 25635 | CPT | | | | outpatient | | | 2339 | 2113.84 | Aetna | Better Health | 737.95 | 31.55 | | | 300 | 3556.76 | percent of total billed charges | |
| HC TREAT FX CARPAL W/ MAN | 25635 | CPT | | | | outpatient | | | 2339 | 2113.84 | Amerihealth | HMO/PPO | 300 | | | | 300 | 3556.76 | fee schedule | |
| HC TREAT FX CARPAL W/ MAN | 25635 | CPT | | | | outpatient | | | 2339 | 2113.84 | Consumer | Consumer | 2222.05 | 95 | | | 300 | 3556.76 | percent of total billed charges | |
| HC TREAT FX CARPAL W/ MAN | 25635 | CPT | | | | outpatient | | | 2339 | 2113.84 | Horizon | Medicare Blue | 1838.12 | | | | 300 | 3556.76 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT FX CARPAL W/ MAN | 25635 | CPT | | | | outpatient | | | 2339 | 2113.84 | UHC | Medicare | 1838.12 | | | | 300 | 3556.76 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT FX CARPAL W/ MAN | 25635 | CPT | | | | outpatient | | | 2339 | 2113.84 | United | Oxford | 1782 | | | | 300 | 3556.76 | case rate | |
| HC TREAT FX CARPAL W/ MAN | 25635 | CPT | | | | outpatient | | | 2339 | 2113.84 | First Trenton | First Trenton | 2105.1 | 90 | | | 300 | 3556.76 | percent of total billed charges | |
| HC TREAT FX CARPAL W/ MAN | 25635 | CPT | | | | outpatient | | | 2339 | 2113.84 | Aetna | Medicare | 1838.12 | | | | 300 | 3556.76 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT FX CARPAL W/ MAN | 25635 | CPT | | | | outpatient | | | 2339 | 2113.84 | Wellcare | Medicare | 1838.12 | | | | 300 | 3556.76 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT FX CARPAL W/ MAN | 25635 | CPT | | | | outpatient | | | 2339 | 2113.84 | First Health | First Health | 1637.3 | 70 | | | 300 | 3556.76 | percent of total billed charges | |
| HC TREAT FX CARPAL W/ MAN | 25635 | CPT | | | | outpatient | | | 2339 | 2113.84 | Corrections | Corrections | 1871.2 | 80 | | | 300 | 3556.76 | percent of total billed charges | |
| HC TREAT FX CARPAL W/ MAN | 25635 | CPT | | | | outpatient | | | 2339 | 2113.84 | Multiplan | Multiplan | 1871.2 | 80 | | | 300 | 3556.76 | percent of total billed charges | |
| HC TREAT FX CARPAL W/ MAN | 25635 | CPT | | | | outpatient | | | 2339 | 2113.84 | Managed Care Inc | Managed Care Inc | 2105.1 | 90 | | | 300 | 3556.76 | percent of total billed charges | |
| HC TREAT FX CARPAL W/ MAN | 25635 | CPT | | | | outpatient | | | 2339 | 2113.84 | WellPoint | WellPoint | 752.69 | 32.18 | | | 300 | 3556.76 | percent of total billed charges | |
| HC TREAT FX CARPAL W/ MAN | 25635 | CPT | | | | outpatient | | | 2339 | 2113.84 | Horizon | Indemnity | 3556.76 | | | | 300 | 3556.76 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT FX CARPAL W/ MAN | 25635 | CPT | | | | outpatient | | | 2339 | 2113.84 | Wellcare | Medicaid | 737.95 | 31.55 | | | 300 | 3556.76 | percent of total billed charges | |
| HC TREAT FX CARPAL W/ MAN | 25635 | CPT | | | | outpatient | | | 2339 | 2113.84 | Three Rivers | Three Rivers | 2222.05 | 95 | | | 300 | 3556.76 | percent of total billed charges | |
| HC TREAT FX CARPAL W/ MAN | 25635 | CPT | | | | outpatient | | | 2339 | 2113.84 | Horizon | MGD | 3556.76 | | | | 300 | 3556.76 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT FX CARPAL W/ MAN | 25635 | CPT | | | | outpatient | | | 2339 | 2113.84 | Horizon | NJ Health | 394.63 | | | | 300 | 3556.76 | fee schedule | |
| HC TREAT FX CARPAL W/ MAN | 25635 | CPT | | | | outpatient | | | 2339 | 2113.84 | Qualcare | Qualcare | 1754.25 | 75 | | | 300 | 3556.76 | percent of total billed charges | |
| HC TREAT FX CARPAL W/ MAN | 25635 | CPT | | | | outpatient | | | 2339 | 2113.84 | United | CommercialPPO | 1782 | | | | 300 | 3556.76 | case rate | |
| HC CLSD TX ULNAR STYLOID FRACTURE | 25650 | CPT | | | | outpatient | | | 1105 | 310.16 | Aetna | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TX ULNAR STYLOID FRACTURE | 25650 | CPT | | | | outpatient | | | 1105 | 310.16 | Qualcare | Qualcare | 828.75 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TX ULNAR STYLOID FRACTURE | 25650 | CPT | | | | outpatient | | | 1105 | 310.16 | Horizon | MGD | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TX ULNAR STYLOID FRACTURE | 25650 | CPT | | | | outpatient | | | 1105 | 310.16 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC CLSD TX ULNAR STYLOID FRACTURE | 25650 | CPT | | | | outpatient | | | 1105 | 310.16 | Aetna | Better Health | 348.63 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TX ULNAR STYLOID FRACTURE | 25650 | CPT | | | | outpatient | | | 1105 | 310.16 | Consumer | Consumer | 1049.75 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TX ULNAR STYLOID FRACTURE | 25650 | CPT | | | | outpatient | | | 1105 | 310.16 | UHC | Medicaid | 348.63 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TX ULNAR STYLOID FRACTURE | 25650 | CPT | | | | outpatient | | | 1105 | 310.16 | Americare | Americare | 828.75 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TX ULNAR STYLOID FRACTURE | 25650 | CPT | | | | outpatient | | | 1105 | 310.16 | First Health | First Health | 773.5 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TX ULNAR STYLOID FRACTURE | 25650 | CPT | | | | outpatient | | | 1105 | 310.16 | United | CommercialPPO | 1782 | | | | 125 | 1782 | case rate | |
| HC CLSD TX ULNAR STYLOID FRACTURE | 25650 | CPT | | | | outpatient | | | 1105 | 310.16 | Aetna | Commercial | 419.9 | 38 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TX ULNAR STYLOID FRACTURE | 25650 | CPT | | | | outpatient | | | 1105 | 310.16 | Horizon | Indemnity | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TX ULNAR STYLOID FRACTURE | 25650 | CPT | | | | outpatient | | | 1105 | 310.16 | Multiplan | Multiplan | 884 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TX ULNAR STYLOID FRACTURE | 25650 | CPT | | | | outpatient | | | 1105 | 310.16 | Corrections | Corrections | 884 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TX ULNAR STYLOID FRACTURE | 25650 | CPT | | | | outpatient | | | 1105 | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TX ULNAR STYLOID FRACTURE | 25650 | CPT | | | | outpatient | | | 1105 | 310.16 | WellPoint | WellPoint | 355.59 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TX ULNAR STYLOID FRACTURE | 25650 | CPT | | | | outpatient | | | 1105 | 310.16 | UHC | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TX ULNAR STYLOID FRACTURE | 25650 | CPT | | | | outpatient | | | 1105 | 310.16 | First Trenton | First Trenton | 994.5 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TX ULNAR STYLOID FRACTURE | 25650 | CPT | | | | outpatient | | | 1105 | 310.16 | Three Rivers | Three Rivers | 1049.75 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TX ULNAR STYLOID FRACTURE | 25650 | CPT | | | | outpatient | | | 1105 | 310.16 | Horizon | NJ Health | 456.75 | | | | 125 | 1782 | fee schedule | |
| HC CLSD TX ULNAR STYLOID FRACTURE | 25650 | CPT | | | | outpatient | | | 1105 | 310.16 | Wellcare | Medicaid | 348.63 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TX ULNAR STYLOID FRACTURE | 25650 | CPT | | | | outpatient | | | 1105 | 310.16 | Horizon | PPO | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TX ULNAR STYLOID FRACTURE | 25650 | CPT | | | | outpatient | | | 1105 | 310.16 | Wellcare | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TX ULNAR STYLOID FRACTURE | 25650 | CPT | | | | outpatient | | | 1105 | 310.16 | Managed Care Inc | Managed Care Inc | 994.5 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TX ULNAR STYLOID FRACTURE | 25650 | CPT | | | | outpatient | | | 1105 | 310.16 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC TREAT WRIST DISLOCATION | 25660 | CPT | | | | outpatient | | | 1182 | 310.16 | Aetna | Commercial | 440.15 | | | | 269.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT WRIST DISLOCATION | 25660 | CPT | | | | outpatient | | | 1182 | 310.16 | First Trenton | First Trenton | 1063.8 | 90 | | | 269.7 | 1782 | percent of total billed charges | |
| HC TREAT WRIST DISLOCATION | 25660 | CPT | | | | outpatient | | | 1182 | 310.16 | Aetna | Better Health | 372.92 | 31.55 | | | 269.7 | 1782 | percent of total billed charges | |
| HC TREAT WRIST DISLOCATION | 25660 | CPT | | | | outpatient | | | 1182 | 310.16 | UHC | Medicaid | 372.92 | 31.55 | | | 269.7 | 1782 | percent of total billed charges | |
| HC TREAT WRIST DISLOCATION | 25660 | CPT | | | | outpatient | | | 1182 | 310.16 | Americare | Americare | 886.5 | 75 | | | 269.7 | 1782 | percent of total billed charges | |
| HC TREAT WRIST DISLOCATION | 25660 | CPT | | | | outpatient | | | 1182 | 310.16 | Horizon | Indemnity | 521.87 | | | | 269.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT WRIST DISLOCATION | 25660 | CPT | | | | outpatient | | | 1182 | 310.16 | Aetna | Medicare | 269.7 | | | | 269.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT WRIST DISLOCATION | 25660 | CPT | | | | outpatient | | | 1182 | 310.16 | First Health | First Health | 827.4 | 70 | | | 269.7 | 1782 | percent of total billed charges | |
| HC TREAT WRIST DISLOCATION | 25660 | CPT | | | | outpatient | | | 1182 | 310.16 | Amerihealth | HMO/PPO | 300 | | | | 269.7 | 1782 | fee schedule | |
| HC TREAT WRIST DISLOCATION | 25660 | CPT | | | | outpatient | | | 1182 | 310.16 | Managed Care Inc | Managed Care Inc | 1063.8 | 90 | | | 269.7 | 1782 | percent of total billed charges | |
| HC TREAT WRIST DISLOCATION | 25660 | CPT | | | | outpatient | | | 1182 | 310.16 | Consumer | Consumer | 1122.9 | 95 | | | 269.7 | 1782 | percent of total billed charges | |
| HC TREAT WRIST DISLOCATION | 25660 | CPT | | | | outpatient | | | 1182 | 310.16 | UHC | Medicare | 269.7 | | | | 269.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT WRIST DISLOCATION | 25660 | CPT | | | | outpatient | | | 1182 | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 269.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT WRIST DISLOCATION | 25660 | CPT | | | | outpatient | | | 1182 | 310.16 | Horizon | PPO | 521.87 | | | | 269.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT WRIST DISLOCATION | 25660 | CPT | | | | outpatient | | | 1182 | 310.16 | Corrections | Corrections | 945.6 | 80 | | | 269.7 | 1782 | percent of total billed charges | |
| HC TREAT WRIST DISLOCATION | 25660 | CPT | | | | outpatient | | | 1182 | 310.16 | Multiplan | Multiplan | 945.6 | 80 | | | 269.7 | 1782 | percent of total billed charges | |
| HC TREAT WRIST DISLOCATION | 25660 | CPT | | | | outpatient | | | 1182 | 310.16 | Horizon | NJ Health | 334.34 | | | | 269.7 | 1782 | fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC TREAT WRIST DISLOCATION | 25660 | CPT | | | | outpatient | | | 1182 | 310.16 | Wellcare | Medicare | 269.7 | | | | 269.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT WRIST DISLOCATION | 25660 | CPT | | | | outpatient | | | 1182 | 310.16 | Horizon | MGD | 521.87 | | | | 269.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT WRIST DISLOCATION | 25660 | CPT | | | | outpatient | | | 1182 | 310.16 | United | Commercial\|PPO | 1782 | | | | 269.7 | 1782 | case rate | |
| HC TREAT WRIST DISLOCATION | 25660 | CPT | | | | outpatient | | | 1182 | 310.16 | United | Oxford | 1782 | | | | 269.7 | 1782 | case rate | |
| HC TREAT WRIST DISLOCATION | 25660 | CPT | | | | outpatient | | | 1182 | 310.16 | Quelcare | Qualcare | 886.5 | 75 | | | 269.7 | 1782 | percent of total billed charges | |
| HC TREAT WRIST DISLOCATION | 25660 | CPT | | | | outpatient | | | 1182 | 310.16 | WellPoint | WellPoint | 380.37 | 32.18 | | | 269.7 | 1782 | percent of total billed charges | |
| HC TREAT WRIST DISLOCATION | 25660 | CPT | | | | outpatient | | | 1182 | 310.16 | Three Rivers | Three Rivers | 1122.9 | 95 | | | 269.7 | 1782 | percent of total billed charges | |
| HC TREAT WRIST DISLOCATION | 25660 | CPT | | | | outpatient | | | 1182 | 310.16 | Wellcare | Medicaid | 372.92 | 31.55 | | | 269.7 | 1782 | percent of total billed charges | |
| HC I&D FINGER ABSCESS SIMPLES | 26010 | CPT | | | | outpatient | | | 992 | 263.3 | Aetna | Better Health | 312.98 | 31.55 | | 88.8 | 98.66 | 1782 | percent of total billed charges | |
| HC I&D FINGER ABSCESS SIMPLES | 26010 | CPT | | | | outpatient | | | 992 | 263.3 | Americare | Americare | 744 | 75 | | | 98.66 | 1782 | percent of total billed charges | |
| HC I&D FINGER ABSCESS SIMPLES | 26010 | CPT | | | | outpatient | | | 992 | 263.3 | Consumer | Consumer | 942.4 | 95 | | | 98.66 | 1782 | percent of total billed charges | |
| HC I&D FINGER ABSCESS SIMPLES | 26010 | CPT | | | | outpatient | | | 992 | 263.3 | Aetna | Commercial | 373.66 | | | | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D FINGER ABSCESS SIMPLES | 26010 | CPT | | | | outpatient | | | 992 | 263.3 | First Health | First Health | 694.4 | 70 | | | 98.66 | 1782 | percent of total billed charges | |
| HC I&D FINGER ABSCESS SIMPLES | 26010 | CPT | | | | outpatient | | | 992 | 263.3 | Corrections | Corrections | 793.6 | 80 | | | 98.66 | 1782 | percent of total billed charges | |
| HC I&D FINGER ABSCESS SIMPLES | 26010 | CPT | | | | outpatient | | | 992 | 263.3 | Horizon | MGD | 443.04 | | | 315.37 | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D FINGER ABSCESS SIMPLES | 26010 | CPT | | | | outpatient | | | 992 | 263.3 | Amerihealth | HMO\|PPO | 125 | | | | 98.66 | 1782 | fee schedule | |
| HC I&D FINGER ABSCESS SIMPLES | 26010 | CPT | | | | outpatient | | | 992 | 263.3 | Horizon | Indemnity | 443.04 | | | 268.71 | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D FINGER ABSCESS SIMPLES | 26010 | CPT | | | | outpatient | | | 992 | 263.3 | First Trenton | First Trenton | 892.8 | 90 | | | 98.66 | 1782 | percent of total billed charges | |
| HC I&D FINGER ABSCESS SIMPLES | 26010 | CPT | | | | outpatient | | | 992 | 263.3 | Horizon | Medicare Blue | 228.96 | | | | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D FINGER ABSCESS SIMPLES | 26010 | CPT | | | | outpatient | | | 992 | 263.3 | Aetna | Medicare | 228.96 | | | | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D FINGER ABSCESS SIMPLES | 26010 | CPT | | | | outpatient | | | 992 | 263.3 | UHC | Medicaid | 312.98 | 31.55 | | 55.51 | 98.66 | 1782 | percent of total billed charges | |
| HC I&D FINGER ABSCESS SIMPLES | 26010 | CPT | | | | outpatient | | | 992 | 263.3 | Wellcare | Medicare | 228.96 | | | | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D FINGER ABSCESS SIMPLES | 26010 | CPT | | | | outpatient | | | 992 | 263.3 | Multiplan | Multiplan | 793.6 | 80 | | | 98.66 | 1782 | percent of total billed charges | |
| HC I&D FINGER ABSCESS SIMPLES | 26010 | CPT | | | | outpatient | | | 992 | 263.3 | Horizon | NJ Health | 98.66 | | | 279.42 | 98.66 | 1782 | fee schedule | |
| HC I&D FINGER ABSCESS SIMPLES | 26010 | CPT | | | | outpatient | | | 992 | 263.3 | United | Commercial\|PPO | 1782 | | | | 98.66 | 1782 | case rate | |
| HC I&D FINGER ABSCESS SIMPLES | 26010 | CPT | | | | outpatient | | | 992 | 263.3 | Horizon | PPO | 443.04 | | | 82.7 | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D FINGER ABSCESS SIMPLES | 26010 | CPT | | | | outpatient | | | 992 | 263.3 | Qualcare | Qualcare | 744 | 75 | | | 98.66 | 1782 | percent of total billed charges | |
| HC I&D FINGER ABSCESS SIMPLES | 26010 | CPT | | | | outpatient | | | 992 | 263.3 | WellPoint | WellPoint | 319.23 | 32.18 | | 287.51 | 98.66 | 1782 | percent of total billed charges | |
| HC I&D FINGER ABSCESS SIMPLES | 26010 | CPT | | | | outpatient | | | 992 | 263.3 | Wellcare | Medicaid | 312.98 | 31.55 | | | 98.66 | 1782 | percent of total billed charges | |
| HC I&D FINGER ABSCESS SIMPLES | 26010 | CPT | | | | outpatient | | | 992 | 263.3 | Managed Care Inc | Managed Care Inc | 892.8 | 90 | | | 98.66 | 1782 | percent of total billed charges | |
| HC I&D FINGER ABSCESS SIMPLES | 26010 | CPT | | | | outpatient | | | 992 | 263.3 | Three Rivers | Three Rivers | 942.4 | 95 | | | 98.66 | 1782 | percent of total billed charges | |
| HC I&D FINGER ABSCESS SIMPLES | 26010 | CPT | | | | outpatient | | | 992 | 263.3 | UHC | Medicare | 228.96 | | | 164.44 | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D FINGER ABSCESS SIMPLES | 26010 | CPT | | | | outpatient | | | 992 | 263.3 | United | Oxford | 1782 | | | | 98.66 | 1782 | case rate | |
| HC I&D FINGER ABSCESS COMPLICATED | 26011 | CPT | | | | outpatient | | | 2194 | 2132.36 | Aetna | Better Health | 692.21 | 31.55 | | | 228.3 | 3587.94 | percent of total billed charges | |
| HC I&D FINGER ABSCESS COMPLICATED | 26011 | CPT | | | | outpatient | | | 2194 | 2132.36 | Americare | Americare | 1645.5 | 75 | | | 228.3 | 3587.94 | percent of total billed charges | |
| HC I&D FINGER ABSCESS COMPLICATED | 26011 | CPT | | | | outpatient | | | 2194 | 2132.36 | Consumer | Consumer | 2084.3 | 95 | | | 228.3 | 3587.94 | percent of total billed charges | |
| HC I&D FINGER ABSCESS COMPLICATED | 26011 | CPT | | | | outpatient | | | 2194 | 2132.36 | UHC | Medicare | 1854.23 | | | | 228.3 | 3587.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D FINGER ABSCESS COMPLICATED | 26011 | CPT | | | | outpatient | | | 2194 | 2132.36 | Aetna | Medicare | 1854.23 | | | | 228.3 | 3587.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D FINGER ABSCESS COMPLICATED | 26011 | CPT | | | | outpatient | | | 2194 | 2132.36 | First Trenton | First Trenton | 1974.6 | 90 | | | 228.3 | 3587.94 | percent of total billed charges | |
| HC I&D FINGER ABSCESS COMPLICATED | 26011 | CPT | | | | outpatient | | | 2194 | 2132.36 | First Health | First Health | 1535.8 | 70 | | | 228.3 | 3587.94 | percent of total billed charges | |
| HC I&D FINGER ABSCESS COMPLICATED | 26011 | CPT | | | | outpatient | | | 2194 | 2132.36 | Aetna | Commercial | 3036.1 | | | | 228.3 | 3587.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D FINGER ABSCESS COMPLICATED | 26011 | CPT | | | | outpatient | | | 2194 | 2132.36 | Horizon | MGD | 3587.94 | | | | 228.3 | 3587.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D FINGER ABSCESS COMPLICATED | 26011 | CPT | | | | outpatient | | | 2194 | 2132.36 | Amerihealth | HMO\|PPO | 300 | | | | 228.3 | 3587.94 | fee schedule | |
| HC I&D FINGER ABSCESS COMPLICATED | 26011 | CPT | | | | outpatient | | | 2194 | 2132.36 | Corrections | Corrections | 1755.2 | 80 | | | 228.3 | 3587.94 | percent of total billed charges | |
| HC I&D FINGER ABSCESS COMPLICATED | 26011 | CPT | | | | outpatient | | | 2194 | 2132.36 | Wellcare | Medicare | 1854.23 | | | | 228.3 | 3587.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D FINGER ABSCESS COMPLICATED | 26011 | CPT | | | | outpatient | | | 2194 | 2132.36 | Horizon | NJ Health | 228.3 | | | 76.22 | 228.3 | 3587.94 | fee schedule | |
| HC I&D FINGER ABSCESS COMPLICATED | 26011 | CPT | | | | outpatient | | | 2194 | 2132.36 | Managed Care Inc | Managed Care Inc | 1974.6 | 90 | | | 228.3 | 3587.94 | percent of total billed charges | |
| HC I&D FINGER ABSCESS COMPLICATED | 26011 | CPT | | | | outpatient | | | 2194 | 2132.36 | Three Rivers | Three Rivers | 2084.3 | 95 | | | 228.3 | 3587.94 | percent of total billed charges | |
| HC I&D FINGER ABSCESS COMPLICATED | 26011 | CPT | | | | outpatient | | | 2194 | 2132.36 | Multiplan | Multiplan | 1755.2 | 80 | | | 228.3 | 3587.94 | percent of total billed charges | |
| HC I&D FINGER ABSCESS COMPLICATED | 26011 | CPT | | | | outpatient | | | 2194 | 2132.36 | Horizon | PPO | 3587.94 | | | | 228.3 | 3587.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D FINGER ABSCESS COMPLICATED | 26011 | CPT | | | | outpatient | | | 2194 | 2132.36 | Horizon | Indemnity | 3587.94 | | | | 228.3 | 3587.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D FINGER ABSCESS COMPLICATED | 26011 | CPT | | | | outpatient | | | 2194 | 2132.36 | Horizon | Medicare Blue | 1854.23 | | | | 228.3 | 3587.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D FINGER ABSCESS COMPLICATED | 26011 | CPT | | | | outpatient | | | 2194 | 2132.36 | Qualcare | Qualcare | 1645.5 | 75 | | | 228.3 | 3587.94 | percent of total billed charges | |
| HC I&D FINGER ABSCESS COMPLICATED | 26011 | CPT | | | | outpatient | | | 2194 | 2132.36 | WellPoint | WellPoint | 706.03 | 32.18 | | | 228.3 | 3587.94 | percent of total billed charges | |
| HC I&D FINGER ABSCESS COMPLICATED | 26011 | CPT | | | | outpatient | | | 2194 | 2132.36 | UHC | Medicaid | 692.21 | 31.55 | | 505.59 | 228.3 | 3587.94 | percent of total billed charges | |
| HC I&D FINGER ABSCESS COMPLICATED | 26011 | CPT | | | | outpatient | | | 2194 | 2132.36 | Wellcare | Medicaid | 692.21 | 31.55 | | | 228.3 | 3587.94 | percent of total billed charges | |
| HC I&D FINGER ABSCESS COMPLICATED | 26011 | CPT | | | | outpatient | | | 2194 | 2132.36 | United | Commercial\|PPO | 2493 | | | | 228.3 | 3587.94 | case rate | |
| HC I&D FINGER ABSCESS COMPLICATED | 26011 | CPT | | | | outpatient | | | 2194 | 2132.36 | United | Oxford | 2493 | | | | 228.3 | 3587.94 | case rate | |
| HC EXPLORE/TREAT PP JOINT | 26080 | CPT | | | | outpatient | | | 5811 | 2113.84 | Horizon | MGD | 3556.76 | | | | 426.11 | 5520.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXPLORE/TREAT PP JOINT | 26080 | CPT | | | | outpatient | | | 5811 | 2113.84 | Corrections | Corrections | 4648.8 | 80 | | | 426.11 | 5520.45 | percent of total billed charges | |
| HC EXPLORE/TREAT PP JOINT | 26080 | CPT | | | | outpatient | | | 5811 | 2113.84 | Aetna | Better Health | 1833.37 | 31.55 | | | 426.11 | 5520.45 | percent of total billed charges | |
| HC EXPLORE/TREAT PP JOINT | 26080 | CPT | | | | outpatient | | | 5811 | 2113.84 | Aetna | Commercial | 2999.81 | | | | 426.11 | 5520.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXPLORE/TREAT PP JOINT | 26080 | CPT | | | | outpatient | | | 5811 | 2113.84 | Horizon | PPO | 3556.76 | | | | 426.11 | 5520.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXPLORE/TREAT PP JOINT | 26080 | CPT | | | | outpatient | | | 5811 | 2113.84 | Americare | Americare | 4358.25 | 75 | | | 426.11 | 5520.45 | percent of total billed charges | |
| HC EXPLORE/TREAT PP JOINT | 26080 | CPT | | | | outpatient | | | 5811 | 2113.84 | Horizon | Medicare Blue | 1838.12 | | | | 426.11 | 5520.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXPLORE/TREAT PP JOINT | 26080 | CPT | | | | outpatient | | | 5811 | 2113.84 | Amerihealth | HMO\|PPO | 800 | | | | 426.11 | 5520.45 | fee schedule | |
| HC EXPLORE/TREAT PP JOINT | 26080 | CPT | | | | outpatient | | | 5811 | 2113.84 | UHC | Medicaid | 1833.37 | 31.55 | | | 426.11 | 5520.45 | percent of total billed charges | |
| HC EXPLORE/TREAT PP JOINT | 26080 | CPT | | | | outpatient | | | 5811 | 2113.84 | Horizon | Indemnity | 3556.76 | | | | 426.11 | 5520.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXPLORE/TREAT PP JOINT | 26080 | CPT | | | | outpatient | | | 5811 | 2113.84 | Aetna | Medicare | 1838.12 | | | | 426.11 | 5520.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXPLORE/TREAT PP JOINT | 26080 | CPT | | | | outpatient | | | 5811 | 2113.84 | UHC | Medicare | 1838.12 | | | | 426.11 | 5520.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXPLORE/TREAT PP JOINT | 26080 | CPT | | | | outpatient | | | 5811 | 2113.84 | WellPoint | WellPoint | 1869.98 | 32.18 | | | 426.11 | 5520.45 | percent of total billed charges | |
| HC EXPLORE/TREAT PP JOINT | 26080 | CPT | | | | outpatient | | | 5811 | 2113.84 | First Trenton | First Trenton | 5229.9 | 90 | | | 426.11 | 5520.45 | percent of total billed charges | |
| HC EXPLORE/TREAT PP JOINT | 26080 | CPT | | | | outpatient | | | 5811 | 2113.84 | Multiplan | Multiplan | 4648.8 | 80 | | | 426.11 | 5520.45 | percent of total billed charges | |
| HC EXPLORE/TREAT PP JOINT | 26080 | CPT | | | | outpatient | | | 5811 | 2113.84 | First Health | First Health | 4067.7 | 70 | | | 426.11 | 5520.45 | percent of total billed charges | |
| HC EXPLORE/TREAT PP JOINT | 26080 | CPT | | | | outpatient | | | 5811 | 2113.84 | Consumer | Consumer | 5520.45 | 95 | | | 426.11 | 5520.45 | percent of total billed charges | |
| HC EXPLORE/TREAT PP JOINT | 26080 | CPT | | | | outpatient | | | 5811 | 2113.84 | United | Commercial\|PPO | 2493 | | | | 426.11 | 5520.45 | case rate | |
| HC EXPLORE/TREAT PP JOINT | 26080 | CPT | | | | outpatient | | | 5811 | 2113.84 | Quelcare | Qualcare | 4358.25 | 75 | | | 426.11 | 5520.45 | percent of total billed charges | |
| HC EXPLORE/TREAT PP JOINT | 26080 | CPT | | | | outpatient | | | 5811 | 2113.84 | Wellcare | Medicare | 1838.12 | | | | 426.11 | 5520.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXPLORE/TREAT PP JOINT | 26080 | CPT | | | | outpatient | | | 5811 | 2113.84 | United | Oxford | 2493 | | | | 426.11 | 5520.45 | case rate | |
| HC EXPLORE/TREAT PP JOINT | 26080 | CPT | | | | outpatient | | | 5811 | 2113.84 | Horizon | NJ Health | 426.11 | | | | 426.11 | 5520.45 | fee schedule | |
| HC EXPLORE/TREAT PP JOINT | 26080 | CPT | | | | outpatient | | | 5811 | 2113.84 | Wellcare | Medicaid | 1833.37 | 31.55 | | | 426.11 | 5520.45 | percent of total billed charges | |
| HC EXPLORE/TREAT PP JOINT | 26080 | CPT | | | | outpatient | | | 5811 | 2113.84 | Managed Care Inc | Managed Care Inc | 5229.9 | 90 | | | 426.11 | 5520.45 | percent of total billed charges | |
| HC EXPLORE/TREAT PP JOINT | 26080 | CPT | | | | outpatient | | | 5811 | 2113.84 | Three Rivers | Three Rivers | 5520.45 | 95 | | | 426.11 | 5520.45 | percent of total billed charges | |
| HC PART EXC. BONE; DISTAL PHALANX | 26236 | CPT | | | | outpatient | | | 5257 | 2113.84 | Aetna | Better Health | 1658.58 | 31.55 | | | 498.98 | 4994.15 | percent of total billed charges | |
| HC PART EXC. BONE; DISTAL PHALANX | 26236 | CPT | | | | outpatient | | | 5257 | 2113.84 | Americare | Americare | 3942.75 | 75 | | | 498.98 | 4994.15 | percent of total billed charges | |
| HC PART EXC. BONE; DISTAL PHALANX | 26236 | CPT | | | | outpatient | | | 5257 | 2113.84 | Consumer | Consumer | 4994.15 | 95 | | | 498.98 | 4994.15 | percent of total billed charges | |
| HC PART EXC. BONE; DISTAL PHALANX | 26236 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | Indemnity | 3556.76 | | | | 498.98 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PART EXC. BONE; DISTAL PHALANX | 26236 | CPT | | | | outpatient | | | 5257 | 2113.84 | Corrections | Corrections | 4205.6 | 80 | | | 498.98 | 4994.15 | percent of total billed charges | |
| HC PART EXC. BONE; DISTAL PHALANX | 26236 | CPT | | | | outpatient | | | 5257 | 2113.84 | Aetna | Commercial | 2999.81 | | | | 498.98 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PART EXC. BONE; DISTAL PHALANX | 26236 | CPT | | | | outpatient | | | 5257 | 2113.84 | First Health | First Health | 3679.9 | 70 | | | 498.98 | 4994.15 | percent of total billed charges | |
| HC PART EXC. BONE; DISTAL PHALANX | 26236 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | Medicare Blue | 1838.12 | | | | 498.98 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PART EXC. BONE; DISTAL PHALANX | 26236 | CPT | | | | outpatient | | | 5257 | 2113.84 | Multiplan | Multiplan | 4205.6 | 80 | | | 498.98 | 4994.15 | percent of total billed charges | |
| HC PART EXC. BONE; DISTAL PHALANX | 26236 | CPT | | | | outpatient | | | 5257 | 2113.84 | Amerihealth | HMO\|PPO | 650 | | | | 498.98 | 4994.15 | fee schedule | |
| HC PART EXC. BONE; DISTAL PHALANX | 26236 | CPT | | | | outpatient | | | 5257 | 2113.84 | First Trenton | First Trenton | 4731.3 | 90 | | | 498.98 | 4994.15 | percent of total billed charges | |
| HC PART EXC. BONE; DISTAL PHALANX | 26236 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | PPO | 3556.76 | | | | 498.98 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PART EXC. BONE; DISTAL PHALANX | 26236 | CPT | | | | outpatient | | | 5257 | 2113.84 | Quelcare | Qualcare | 3942.75 | 75 | | | 498.98 | 4994.15 | percent of total billed charges | |
| HC PART EXC. BONE; DISTAL PHALANX | 26236 | CPT | | | | outpatient | | | 5257 | 2113.84 | Aetna | Medicare | 1838.12 | | | | 498.98 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PART EXC. BONE; DISTAL PHALANX | 26236 | CPT | | | | outpatient | | | 5257 | 2113.84 | Wellcare | Medicare | 1838.12 | | | | 498.98 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PART EXC. BONE; DISTAL PHALANX | 26236 | CPT | | | | outpatient | | | 5257 | 2113.84 | UHC | Medicare | 1838.12 | | | | 498.98 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PART EXC. BONE; DISTAL PHALANX | 26236 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | NJ Health | 498.98 | | | 375.63 | 498.98 | 4994.15 | fee schedule | |
| HC PART EXC. BONE; DISTAL PHALANX | 26236 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | MGD | 3556.76 | | | | 498.98 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PART EXC. BONE; DISTAL PHALANX | 26236 | CPT | | | | outpatient | | | 5257 | 2113.84 | Managed Care Inc | Managed Care Inc | 4731.3 | 90 | | | 498.98 | 4994.15 | percent of total billed charges | |
| HC PART EXC. BONE; DISTAL PHALANX | 26236 | CPT | | | | outpatient | | | 5257 | 2113.84 | WellPoint | WellPoint | 1691.7 | 32.18 | | | 498.98 | 4994.15 | percent of total billed charges | |
| HC PART EXC. BONE; DISTAL PHALANX | 26236 | CPT | | | | outpatient | | | 5257 | 2113.84 | Three Rivers | Three Rivers | 4994.15 | 95 | | | 498.98 | 4994.15 | percent of total billed charges | |
| HC PART EXC. BONE; DISTAL PHALANX | 26236 | CPT | | | | outpatient | | | 5257 | 2113.84 | UHC | Medicaid | 1658.58 | 31.55 | | | 498.98 | 4994.15 | percent of total billed charges | |
| HC PART EXC. BONE; DISTAL PHALANX | 26236 | CPT | | | | outpatient | | | 5257 | 2113.84 | United | Commercial\|PPO | 2493 | | | | 498.98 | 4994.15 | case rate | |
| HC PART EXC. BONE; DISTAL PHALANX | 26236 | CPT | | | | outpatient | | | 5257 | 2113.84 | United | Oxford | 2493 | | | | 498.98 | 4994.15 | case rate | |
| HC PART EXC. BONE; DISTAL PHALANX | 26236 | CPT | | | | outpatient | | | 5257 | 2113.84 | Wellcare | Medicaid | 1658.58 | 31.55 | | | 498.98 | 4994.15 | percent of total billed charges | |
| HC REP TENDON/EXT HAND W/GRAFT | 26410 | CPT | | | | outpatient | | | 5274 | 2113.84 | Aetna | Better Health | 1663.95 | 31.55 | | | 427.52 | 5010.3 | percent of total billed charges | |
| HC REP TENDON/EXT HAND W/GRAFT | 26410 | CPT | | | | outpatient | | | 5274 | 2113.84 | First Trenton | First Trenton | 4746.6 | 90 | | | 427.52 | 5010.3 | percent of total billed charges | |
| HC REP TENDON/EXT HAND W/GRAFT | 26410 | CPT | | | | outpatient | | | 5274 | 2113.84 | Americare | Americare | 3955.5 | 75 | | | 427.52 | 5010.3 | percent of total billed charges | |
| HC REP TENDON/EXT HAND W/GRAFT | 26410 | CPT | | | | outpatient | | | 5274 | 2113.84 | Aetna | Commercial | 2999.81 | | | | 427.52 | 5010.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REP TENDON/EXT HAND W/GRAFT | 26410 | CPT | | | | outpatient | | | 5274 | 2113.84 | Multiplan | Multiplan | 4219.2 | 80 | | | 427.52 | 5010.3 | percent of total billed charges | |
| HC REP TENDON/EXT HAND W/GRAFT | 26410 | CPT | | | | outpatient | | | 5274 | 2113.84 | Amerihealth | HMO\|PPO | 650 | | | | 427.52 | 5010.3 | fee schedule | |
| HC REP TENDON/EXT HAND W/GRAFT | 26410 | CPT | | | | outpatient | | | 5274 | 2113.84 | Consumer | Consumer | 5010.3 | 95 | | | 427.52 | 5010.3 | percent of total billed charges | |
| HC REP TENDON/EXT HAND W/GRAFT | 26410 | CPT | | | | outpatient | | | 5274 | 2113.84 | Horizon | MGD | 3556.76 | | | | 427.52 | 5010.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REP TENDON/EXT HAND W/GRAFT | 26410 | CPT | | | | outpatient | | | 5274 | 2113.84 | Corrections | Corrections | 4219.2 | 80 | | | 427.52 | 5010.3 | percent of total billed charges | |
| HC REP TENDON/EXT HAND W/GRAFT | 26410 | CPT | | | | outpatient | | | 5274 | 2113.84 | Horizon | Medicare Blue | 1838.12 | | | | 427.52 | 5010.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REP TENDON/EXT HAND W/GRAFT | 26410 | CPT | | | | outpatient | | | 5274 | 2113.84 | Qualcare | Qualcare | 3955.5 | 75 | | | 427.52 | 5010.3 | percent of total billed charges | |
| HC REP TENDON/EXT HAND W/GRAFT | 26410 | CPT | | | | outpatient | | | 5274 | 2113.84 | Aetna | Medicare | 1838.12 | | | | 427.52 | 5010.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REP TENDON/EXT HAND W/GRAFT | 26410 | CPT | | | | outpatient | | | 5274 | 2113.84 | Horizon | NJ Health | 427.52 | | | | 427.52 | 5010.3 | fee schedule | |
| HC REP TENDON/EXT HAND W/GRAFT | 26410 | CPT | | | | outpatient | | | 5274 | 2113.84 | First Health | First Health | 3691.8 | 70 | | | 427.52 | 5010.3 | percent of total billed charges | |
| HC REP TENDON/EXT HAND W/GRAFT | 26410 | CPT | | | | outpatient | | | 5274 | 2113.84 | UHC | Medicaid | 1663.95 | 31.55 | | | 427.52 | 5010.3 | percent of total billed charges | |
| HC REP TENDON/EXT HAND W/GRAFT | 26410 | CPT | | | | outpatient | | | 5274 | 2113.84 | Horizon | PPO | 3556.76 | | | 538.79 | 427.52 | 5010.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REP TENDON/EXT HAND W/GRAFT | 26410 | CPT | | | | outpatient | | | 5274 | 2113.84 | Managed Care Inc | Managed Care Inc | 4746.6 | 90 | | | 427.52 | 5010.3 | percent of total billed charges | |
| HC REP TENDON/EXT HAND W/GRAFT | 26410 | CPT | | | | outpatient | | | 5274 | 2113.84 | Three Rivers | Three Rivers | 5010.3 | 95 | | | 427.52 | 5010.3 | percent of total billed charges | |
| HC REP TENDON/EXT HAND W/GRAFT | 26410 | CPT | | | | outpatient | | | 5274 | 2113.84 | Wellcare | Medicare | 1838.12 | | | | 427.52 | 5010.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REP TENDON/EXT HAND W/GRAFT | 26410 | CPT | | | | outpatient | | | 5274 | 2113.84 | UHC | Medicare | 1838.12 | | | | 427.52 | 5010.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REP TENDON/EXT HAND W/GRAFT | 26410 | CPT | | | | outpatient | | | 5274 | 2113.84 | WellPoint | WellPoint | 1697.17 | 32.18 | | | 427.52 | 5010.3 | percent of total billed charges | |
| HC REP TENDON/EXT HAND W/GRAFT | 26410 | CPT | | | | outpatient | | | 5274 | 2113.84 | Horizon | Indemnity | 3556.76 | | | | 427.52 | 5010.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REP TENDON/EXT HAND W/GRAFT | 26410 | CPT | | | | outpatient | | | 5274 | 2113.84 | United | Oxford | 2493 | | | | 427.52 | 5010.3 | case rate | |
| HC REP TENDON/EXT HAND W/GRAFT | 26410 | CPT | | | | outpatient | | | 5274 | 2113.84 | United | Commercial\|PPO | 2493 | | | | 427.52 | 5010.3 | case rate | |
| HC REP TENDON/EXT HAND W/GRAFT | 26410 | CPT | | | | outpatient | | | 5274 | 2113.84 | Wellcare | Medicaid | 1663.95 | 31.55 | | | 427.52 | 5010.3 | percent of total billed charges | |
| HC TENDON REPAIR | 26418 | CPT | | | | outpatient | | | 6724 | 2113.84 | Aetna | Commercial | 2999.81 | | | | 332.64 | 6387.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TENDON REPAIR | 26418 | CPT | | | | outpatient | | | 6724 | 2113.84 | Aetna | Medicare | 1838.12 | | | | 332.64 | 6387.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TENDON REPAIR | 26418 | CPT | | | | outpatient | | | 6724 | 2113.84 | Aetna | Better Health | 2121.42 | 31.55 | | | 332.64 | 6387.8 | percent of total billed charges | |
| HC TENDON REPAIR | 26418 | CPT | | | | outpatient | | | 6724 | 2113.84 | Multiplan | Multiplan | 5379.2 | 80 | | | 332.64 | 6387.8 | percent of total billed charges | |
| HC TENDON REPAIR | 26418 | CPT | | | | outpatient | | | 6724 | 2113.84 | UHC | Medicare | 1838.12 | | | | 332.64 | 6387.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TENDON REPAIR | 26418 | CPT | | | | outpatient | | | 6724 | 2113.84 | Americare | Americare | 5043 | 75 | | | 332.64 | 6387.8 | percent of total billed charges | |
| HC TENDON REPAIR | 26418 | CPT | | | | outpatient | | | 6724 | 2113.84 | Corrections | Corrections | 5379.2 | 80 | | | 332.64 | 6387.8 | percent of total billed charges | |
| HC TENDON REPAIR | 26418 | CPT | | | | outpatient | | | 6724 | 2113.84 | First Health | First Health | 4706.8 | 70 | | | 332.64 | 6387.8 | percent of total billed charges | |
| HC TENDON REPAIR | 26418 | CPT | | | | outpatient | | | 6724 | 2113.84 | Horizon | Indemnity | 3556.76 | | | | 332.64 | 6387.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TENDON REPAIR | 26418 | CPT | | | | outpatient | | | 6724 | 2113.84 | First Trenton | First Trenton | 6051.6 | 90 | | | 332.64 | 6387.8 | percent of total billed charges | |
| HC TENDON REPAIR | 26418 | CPT | | | | outpatient | | | 6724 | 2113.84 | Consumer | Consumer | 6387.8 | 95 | | | 332.64 | 6387.8 | percent of total billed charges | |
| HC TENDON REPAIR | 26418 | CPT | | | | outpatient | | | 6724 | 2113.84 | UHC | Medicaid | 2121.42 | 31.55 | | | 332.64 | 6387.8 | percent of total billed charges | |
| HC TENDON REPAIR | 26418 | CPT | | | | outpatient | | | 6724 | 2113.84 | Quelcare | Qualcare | 5043 | 75 | | | 332.64 | 6387.8 | percent of total billed charges | |
| HC TENDON REPAIR | 26418 | CPT | | | | outpatient | | | 6724 | 2113.84 | Amerihealth | HMO\|PPO | 800 | | | | 332.64 | 6387.8 | fee schedule | |
| HC TENDON REPAIR | 26418 | CPT | | | | outpatient | | | 6724 | 2113.84 | Horizon | PPO | 3556.76 | | | | 332.64 | 6387.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC TENDON REPAIR | 26418 | CPT | | | | outpatient | | | 6724 | 2113.84 | Horizon | Medicare Blue | 1838.12 | | | | 332.64 | 6387.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TENDON REPAIR | 26418 | CPT | | | | outpatient | | | 6724 | 2113.84 | Horizon | NJ Health | 332.64 | | | | 332.64 | 6387.8 | fee schedule | |
| HC TENDON REPAIR | 26418 | CPT | | | | outpatient | | | 6724 | 2113.84 | Horizon | MGD | 3556.76 | | | | 332.64 | 6387.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TENDON REPAIR | 26418 | CPT | | | | outpatient | | | 6724 | 2113.84 | Wellcare | Medicare | 1838.12 | | | | 332.64 | 6387.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TENDON REPAIR | 26418 | CPT | | | | outpatient | | | 6724 | 2113.84 | United | Commercial\|PPO | 2493 | | | | 332.64 | 6387.8 | case rate | |
| HC TENDON REPAIR | 26418 | CPT | | | | outpatient | | | 6724 | 2113.84 | Managed Care Inc | Managed Care Inc | 6051.6 | 90 | | | 332.64 | 6387.8 | percent of total billed charges | |
| HC TENDON REPAIR | 26418 | CPT | | | | outpatient | | | 6724 | 2113.84 | WellPoint | WellPoint | 2163.78 | 32.18 | | | 332.64 | 6387.8 | percent of total billed charges | |
| HC TENDON REPAIR | 26418 | CPT | | | | outpatient | | | 6724 | 2113.84 | Three Rivers | Three Rivers | 6387.8 | 95 | | | 332.64 | 6387.8 | percent of total billed charges | |
| HC TENDON REPAIR | 26418 | CPT | | | | outpatient | | | 6724 | 2113.84 | United | Oxford | 2493 | | | | 332.64 | 6387.8 | case rate | |
| HC TENDON REPAIR | 26418 | CPT | | | | outpatient | | | 6724 | 2113.84 | Wellcare | Medicaid | 2121.42 | 31.55 | | | 332.64 | 6387.8 | percent of total billed charges | |
| HC CLSD TRT METACRPL FRCT WO MAN | 26600 | CPT | | | | outpatient | | | 1066 | 310.16 | Amerihealth | HMO\|PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC CLSD TRT METACRPL FRCT WO MAN | 26600 | CPT | | | | outpatient | | | 1066 | 310.16 | Horizon | PPO | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT METACRPL FRCT WO MAN | 26600 | CPT | | | | outpatient | | | 1066 | 310.16 | Americare | Americare | 799.5 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT METACRPL FRCT WO MAN | 26600 | CPT | | | | outpatient | | | 1066 | 310.16 | First Health | First Health | 746.2 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT METACRPL FRCT WO MAN | 26600 | CPT | | | | outpatient | | | 1066 | 310.16 | Aetna | Commercial | 440.15 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT METACRPL FRCT WO MAN | 26600 | CPT | | | | outpatient | | | 1066 | 310.16 | Aetna | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT METACRPL FRCT WO MAN | 26600 | CPT | | | | outpatient | | | 1066 | 310.16 | Corrections | Corrections | 852.8 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT METACRPL FRCT WO MAN | 26600 | CPT | | | | outpatient | | | 1066 | 310.16 | Aetna | Better Health | 336.32 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT METACRPL FRCT WO MAN | 26600 | CPT | | | | outpatient | | | 1066 | 310.16 | UHC | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT METACRPL FRCT WO MAN | 26600 | CPT | | | | outpatient | | | 1066 | 310.16 | WellPoint | WellPoint | 343.04 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT METACRPL FRCT WO MAN | 26600 | CPT | | | | outpatient | | | 1066 | 310.16 | First Trenton | First Trenton | 959.4 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT METACRPL FRCT WO MAN | 26600 | CPT | | | | outpatient | | | 1066 | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT METACRPL FRCT WO MAN | 26600 | CPT | | | | outpatient | | | 1066 | 310.16 | Horizon | Indemnity | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT METACRPL FRCT WO MAN | 26600 | CPT | | | | outpatient | | | 1066 | 310.16 | Horizon | MGD | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT METACRPL FRCT WO MAN | 26600 | CPT | | | | outpatient | | | 1066 | 310.16 | Horizon | NJ Health | 176.18 | | | | 125 | 1782 | fee schedule | |
| HC CLSD TRT METACRPL FRCT WO MAN | 26600 | CPT | | | | outpatient | | | 1066 | 310.16 | Consumer | Consumer | 1012.7 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT METACRPL FRCT WO MAN | 26600 | CPT | | | | outpatient | | | 1066 | 310.16 | UHC | Medicaid | 336.32 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT METACRPL FRCT WO MAN | 26600 | CPT | | | | outpatient | | | 1066 | 310.16 | Multiplan | Multiplan | 852.8 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT METACRPL FRCT WO MAN | 26600 | CPT | | | | outpatient | | | 1066 | 310.16 | Managed Care Inc | Managed Care Inc | 959.4 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT METACRPL FRCT WO MAN | 26600 | CPT | | | | outpatient | | | 1066 | 310.16 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC CLSD TRT METACRPL FRCT WO MAN | 26600 | CPT | | | | outpatient | | | 1066 | 310.16 | United | Commercial\|PPO | 1782 | | | | 125 | 1782 | case rate | |
| HC CLSD TRT METACRPL FRCT WO MAN | 26600 | CPT | | | | outpatient | | | 1066 | 310.16 | Qualcare | Qualcare | 799.5 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT METACRPL FRCT WO MAN | 26600 | CPT | | | | outpatient | | | 1066 | 310.16 | Three Rivers | Three Rivers | 1012.7 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT METACRPL FRCT WO MAN | 26600 | CPT | | | | outpatient | | | 1066 | 310.16 | Wellcare | Medicaid | 336.32 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT METACRPL FRCT WO MAN | 26600 | CPT | | | | outpatient | | | 1066 | 310.16 | Wellcare | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT METACRPL FRCT W MAN | 26605 | CPT | | | | outpatient | | | 2926 | 310.16 | Consumer | Consumer | 2779.7 | 95 | | | 269.7 | 2779.7 | percent of total billed charges | |
| HC CLSD TRT METACRPL FRCT W MAN | 26605 | CPT | | | | outpatient | | | 2926 | 310.16 | Aetna | Medicare | 269.7 | | | | 269.7 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT METACRPL FRCT W MAN | 26605 | CPT | | | | outpatient | | | 2926 | 310.16 | First Trenton | First Trenton | 2633.4 | 90 | | | 269.7 | 2779.7 | percent of total billed charges | |
| HC CLSD TRT METACRPL FRCT W MAN | 26605 | CPT | | | | outpatient | | | 2926 | 310.16 | Aetna | Better Health | 923.15 | 31.55 | | | 269.7 | 2779.7 | percent of total billed charges | |
| HC CLSD TRT METACRPL FRCT W MAN | 26605 | CPT | | | | outpatient | | | 2926 | 310.16 | Americare | Americare | 2194.5 | 75 | | | 269.7 | 2779.7 | percent of total billed charges | |
| HC CLSD TRT METACRPL FRCT W MAN | 26605 | CPT | | | | outpatient | | | 2926 | 310.16 | Corrections | Corrections | 2340.8 | 80 | | | 269.7 | 2779.7 | percent of total billed charges | |
| HC CLSD TRT METACRPL FRCT W MAN | 26605 | CPT | | | | outpatient | | | 2926 | 310.16 | UHC | Medicare | 269.7 | | | | 269.7 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT METACRPL FRCT W MAN | 26605 | CPT | | | | outpatient | | | 2926 | 310.16 | Aetna | Commercial | 440.15 | | | 246 | 269.7 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT METACRPL FRCT W MAN | 26605 | CPT | | | | outpatient | | | 2926 | 310.16 | UHC | Medicaid | 923.15 | 31.55 | | 875.68 | 269.7 | 2779.7 | percent of total billed charges | |
| HC CLSD TRT METACRPL FRCT W MAN | 26605 | CPT | | | | outpatient | | | 2926 | 310.16 | Horizon | MGD | 521.87 | | | | 269.7 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT METACRPL FRCT W MAN | 26605 | CPT | | | | outpatient | | | 2926 | 310.16 | Horizon | PPO | 521.87 | | | | 269.7 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT METACRPL FRCT W MAN | 26605 | CPT | | | | outpatient | | | 2926 | 310.16 | United | Oxford | 1782 | | | | 269.7 | 2779.7 | case rate | |
| HC CLSD TRT METACRPL FRCT W MAN | 26605 | CPT | | | | outpatient | | | 2926 | 310.16 | Multiplan | Multiplan | 2340.8 | 80 | | | 269.7 | 2779.7 | percent of total billed charges | |
| HC CLSD TRT METACRPL FRCT W MAN | 26605 | CPT | | | | outpatient | | | 2926 | 310.16 | Horizon | NJ Health | 310.12 | | | 303.79 | 269.7 | 2779.7 | fee schedule | |
| HC CLSD TRT METACRPL FRCT W MAN | 26605 | CPT | | | | outpatient | | | 2926 | 310.16 | United | Commercial\|PPO | 1782 | | | | 269.7 | 2779.7 | case rate | |
| HC CLSD TRT METACRPL FRCT W MAN | 26605 | CPT | | | | outpatient | | | 2926 | 310.16 | Amerihealth | HMO\|PPO | 550 | | | | 269.7 | 2779.7 | fee schedule | |
| HC CLSD TRT METACRPL FRCT W MAN | 26605 | CPT | | | | outpatient | | | 2926 | 310.16 | Qualcare | Qualcare | 2194.5 | 75 | | | 269.7 | 2779.7 | percent of total billed charges | |
| HC CLSD TRT METACRPL FRCT W MAN | 26605 | CPT | | | | outpatient | | | 2926 | 310.16 | WellPoint | WellPoint | 941.59 | 32.18 | | | 269.7 | 2779.7 | percent of total billed charges | |
| HC CLSD TRT METACRPL FRCT W MAN | 26605 | CPT | | | | outpatient | | | 2926 | 310.16 | Managed Care Inc | Managed Care Inc | 2633.4 | 90 | | | 269.7 | 2779.7 | percent of total billed charges | |
| HC CLSD TRT METACRPL FRCT W MAN | 26605 | CPT | | | | outpatient | | | 2926 | 310.16 | First Health | First Health | 2048.2 | 70 | | | 269.7 | 2779.7 | percent of total billed charges | |
| HC CLSD TRT METACRPL FRCT W MAN | 26605 | CPT | | | | outpatient | | | 2926 | 310.16 | Three Rivers | Three Rivers | 2779.7 | 95 | | | 269.7 | 2779.7 | percent of total billed charges | |
| HC CLSD TRT METACRPL FRCT W MAN | 26605 | CPT | | | | outpatient | | | 2926 | 310.16 | Horizon | Indemnity | 521.87 | | | | 269.7 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT METACRPL FRCT W MAN | 26605 | CPT | | | | outpatient | | | 2926 | 310.16 | Wellcare | Medicare | 269.7 | | | | 269.7 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT METACRPL FRCT W MAN | 26605 | CPT | | | | outpatient | | | 2926 | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 269.7 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT METACRPL FRCT W MAN | 26605 | CPT | | | | outpatient | | | 2926 | 310.16 | Wellcare | Medicaid | 923.15 | 31.55 | | | 269.7 | 2779.7 | percent of total billed charges | |
| HC CLSDTRT CRPMET DILC THMB WMAN | 26641 | CPT | | | | outpatient | | | 555 | 310.16 | Aetna | Better Health | 175.1 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSDTRT CRPMET DILC THMB WMAN | 26641 | CPT | | | | outpatient | | | 555 | 310.16 | Amerihealth | HMO\|PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC CLSDTRT CRPMET DILC THMB WMAN | 26641 | CPT | | | | outpatient | | | 555 | 310.16 | Multiplan | Multiplan | 444 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSDTRT CRPMET DILC THMB WMAN | 26641 | CPT | | | | outpatient | | | 555 | 310.16 | Consumer | Consumer | 527.25 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSDTRT CRPMET DILC THMB WMAN | 26641 | CPT | | | | outpatient | | | 555 | 310.16 | First Health | First Health | 388.5 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSDTRT CRPMET DILC THMB WMAN | 26641 | CPT | | | | outpatient | | | 555 | 310.16 | Wellcare | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSDTRT CRPMET DILC THMB WMAN | 26641 | CPT | | | | outpatient | | | 555 | 310.16 | Aetna | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSDTRT CRPMET DILC THMB WMAN | 26641 | CPT | | | | outpatient | | | 555 | 310.16 | Aetna | Commercial | 440.15 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSDTRT CRPMET DILC THMB WMAN | 26641 | CPT | | | | outpatient | | | 555 | 310.16 | Horizon | PPO | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSDTRT CRPMET DILC THMB WMAN | 26641 | CPT | | | | outpatient | | | 555 | 310.16 | Horizon | MGD | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSDTRT CRPMET DILC THMB WMAN | 26641 | CPT | | | | outpatient | | | 555 | 310.16 | Wellcare | Medicaid | 175.1 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSDTRT CRPMET DILC THMB WMAN | 26641 | CPT | | | | outpatient | | | 555 | 310.16 | Corrections | Corrections | 444 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSDTRT CRPMET DILC THMB WMAN | 26641 | CPT | | | | outpatient | | | 555 | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSDTRT CRPMET DILC THMB WMAN | 26641 | CPT | | | | outpatient | | | 555 | 310.16 | UHC | Medicaid | 175.1 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSDTRT CRPMET DILC THMB WMAN | 26641 | CPT | | | | outpatient | | | 555 | 310.16 | Qualcare | Qualcare | 416.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSDTRT CRPMET DILC THMB WMAN | 26641 | CPT | | | | outpatient | | | 555 | 310.16 | Americare | Americare | 416.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSDTRT CRPMET DILC THMB WMAN | 26641 | CPT | | | | outpatient | | | 555 | 310.16 | WellPoint | WellPoint | 178.6 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSDTRT CRPMET DILC THMB WMAN | 26641 | CPT | | | | outpatient | | | 555 | 310.16 | UHC | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSDTRT CRPMET DILC THMB WMAN | 26641 | CPT | | | | outpatient | | | 555 | 310.16 | First Trenton | First Trenton | 499.5 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSDTRT CRPMET DILC THMB WMAN | 26641 | CPT | | | | outpatient | | | 555 | 310.16 | Three Rivers | Three Rivers | 527.25 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSDTRT CRPMET DILC THMB WMAN | 26641 | CPT | | | | outpatient | | | 555 | 310.16 | Horizon | Indemnity | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSDTRT CRPMET DILC THMB WMAN | 26641 | CPT | | | | outpatient | | | 555 | 310.16 | United | Commercial\|PPO | 1782 | | | | 125 | 1782 | case rate | |
| HC CLSDTRT CRPMET DILC THMB WMAN | 26641 | CPT | | | | outpatient | | | 555 | 310.16 | Horizon | NJ Health | 142.11 | | | | 125 | 1782 | fee schedule | |
| HC CLSDTRT CRPMET DILC THMB WMAN | 26641 | CPT | | | | outpatient | | | 555 | 310.16 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC CLSDTRT CRPMET DILC THMB WMAN | 26641 | CPT | | | | outpatient | | | 555 | 310.16 | Managed Care Inc | Managed Care Inc | 499.5 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSDTRT CRPMET DILCFC THMB WMA | 26645 | CPT | | | | outpatient | | | 5257 | 2113.84 | Aetna | Commercial | 2999.81 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSDTRT CRPMET DILCFC THMB WMA | 26645 | CPT | | | | outpatient | | | 5257 | 2113.84 | First Trenton | First Trenton | 4731.3 | 90 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSDTRT CRPMET DILCFC THMB WMA | 26645 | CPT | | | | outpatient | | | 5257 | 2113.84 | Aetna | Medicare | 1838.12 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSDTRT CRPMET DILCFC THMB WMA | 26645 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | Medicare Blue | 1838.12 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSDTRT CRPMET DILCFC THMB WMA | 26645 | CPT | | | | outpatient | | | 5257 | 2113.84 | Americare | Americare | 3942.75 | 75 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSDTRT CRPMET DILCFC THMB WMA | 26645 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | Indemnity | 3556.76 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSDTRT CRPMET DILCFC THMB WMA | 26645 | CPT | | | | outpatient | | | 5257 | 2113.84 | Consumer | Consumer | 4994.15 | 95 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSDTRT CRPMET DILCFC THMB WMA | 26645 | CPT | | | | outpatient | | | 5257 | 2113.84 | Aetna | Better Health | 1658.58 | 31.55 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSDTRT CRPMET DILCFC THMB WMA | 26645 | CPT | | | | outpatient | | | 5257 | 2113.84 | Multiplan | Multiplan | 4205.6 | 80 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSDTRT CRPMET DILCFC THMB WMA | 26645 | CPT | | | | outpatient | | | 5257 | 2113.84 | Three Rivers | Three Rivers | 4994.15 | 95 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSDTRT CRPMET DILCFC THMB WMA | 26645 | CPT | | | | outpatient | | | 5257 | 2113.84 | Corrections | Corrections | 4205.6 | 80 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSDTRT CRPMET DILCFC THMB WMA | 26645 | CPT | | | | outpatient | | | 5257 | 2113.84 | Amerihealth | HMO\|PPO | 300 | | | | 300 | 4994.15 | fee schedule | |
| HC CLSDTRT CRPMET DILCFC THMB WMA | 26645 | CPT | | | | outpatient | | | 5257 | 2113.84 | Wellcare | Medicare | 1838.12 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSDTRT CRPMET DILCFC THMB WMA | 26645 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | PPO | 3556.76 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSDTRT CRPMET DILCFC THMB WMA | 26645 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | NJ Health | 407.39 | | | | 300 | 4994.15 | fee schedule | |
| HC CLSDTRT CRPMET DILCFC THMB WMA | 26645 | CPT | | | | outpatient | | | 5257 | 2113.84 | First Health | First Health | 3679.9 | 70 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSDTRT CRPMET DILCFC THMB WMA | 26645 | CPT | | | | outpatient | | | 5257 | 2113.84 | Qualcare | Qualcare | 3942.75 | 75 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSDTRT CRPMET DILCFC THMB WMA | 26645 | CPT | | | | outpatient | | | 5257 | 2113.84 | UHC | Medicaid | 1658.58 | 31.55 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSDTRT CRPMET DILCFC THMB WMA | 26645 | CPT | | | | outpatient | | | 5257 | 2113.84 | United | Oxford | 1782 | | | | 300 | 4994.15 | case rate | |
| HC CLSDTRT CRPMET DILCFC THMB WMA | 26645 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | MGD | 3556.76 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSDTRT CRPMET DILCFC THMB WMA | 26645 | CPT | | | | outpatient | | | 5257 | 2113.84 | Managed Care Inc | Managed Care Inc | 4731.3 | 90 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSDTRT CRPMET DILCFC THMB WMA | 26645 | CPT | | | | outpatient | | | 5257 | 2113.84 | Wellcare | Medicaid | 1658.58 | 31.55 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSDTRT CRPMET DILCFC THMB WMA | 26645 | CPT | | | | outpatient | | | 5257 | 2113.84 | UHC | Medicare | 1838.12 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSDTRT CRPMET DILCFC THMB WMA | 26645 | CPT | | | | outpatient | | | 5257 | 2113.84 | United | Commercial\|PPO | 1782 | | | | 300 | 4994.15 | case rate | |
| HC CLSDTRT CRPMET DILCFC THMB WMA | 26645 | CPT | | | | outpatient | | | 5257 | 2113.84 | WellPoint | WellPoint | 1691.7 | 32.18 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT CRPMET DISLC WO ANES | 26670 | CPT | | | | outpatient | | | 665 | 310.16 | Corrections | Corrections | 532 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT CRPMET DISLC WO ANES | 26670 | CPT | | | | outpatient | | | 665 | 310.16 | Horizon | Indemnity | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT CRPMET DISLC WO ANES | 26670 | CPT | | | | outpatient | | | 665 | 310.16 | Aetna | Commercial | 440.15 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT CRPMET DISLC WO ANES | 26670 | CPT | | | | outpatient | | | 665 | 310.16 | Consumer | Consumer | 631.75 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT CRPMET DISLC WO ANES | 26670 | CPT | | | | outpatient | | | 665 | 310.16 | Aetna | Better Health | 209.81 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT CRPMET DISLC WO ANES | 26670 | CPT | | | | outpatient | | | 665 | 310.16 | WellPoint | WellPoint | 214 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT CRPMET DISLC WO ANES | 26670 | CPT | | | | outpatient | | | 665 | 310.16 | Aetna | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT CRPMET DISLC WO ANES | 26670 | CPT | | | | outpatient | | | 665 | 310.16 | First Health | First Health | 465.5 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT CRPMET DISLC WO ANES | 26670 | CPT | | | | outpatient | | | 665 | 310.16 | Multiplan | Multiplan | 532 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT CRPMET DISLC WO ANES | 26670 | CPT | | | | outpatient | | | 665 | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT CRPMET DISLC WO ANES | 26670 | CPT | | | | outpatient | | | 665 | 310.16 | Americare | Americare | 498.75 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT CRPMET DISLC WO ANES | 26670 | CPT | | | | outpatient | | | 665 | 310.16 | First Trenton | First Trenton | 598.5 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT CRPMET DISLC WO ANES | 26670 | CPT | | | | outpatient | | | 665 | 310.16 | Qualcare | Qualcare | 498.75 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT CRPMET DISLC WO ANES | 26670 | CPT | | | | outpatient | | | 665 | 310.16 | UHC | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT CRPMET DISLC WO ANES | 26670 | CPT | | | | outpatient | | | 665 | 310.16 | Amerihealth | HMO\|PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC CLSD TRT CRPMET DISLC WO ANES | 26670 | CPT | | | | outpatient | | | 665 | 310.16 | Three Rivers | Three Rivers | 631.75 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT CRPMET DISLC WO ANES | 26670 | CPT | | | | outpatient | | | 665 | 310.16 | Horizon | MGD | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT CRPMET DISLC WO ANES | 26670 | CPT | | | | outpatient | | | 665 | 310.16 | Horizon | NJ Health | 142.11 | | | | 125 | 1782 | fee schedule | |
| HC CLSD TRT CRPMET DISLC WO ANES | 26670 | CPT | | | | outpatient | | | 665 | 310.16 | Wellcare | Medicaid | 209.81 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT CRPMET DISLC WO ANES | 26670 | CPT | | | | outpatient | | | 665 | 310.16 | Horizon | PPO | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT CRPMET DISLC WO ANES | 26670 | CPT | | | | outpatient | | | 665 | 310.16 | Wellcare | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT CRPMET DISLC WO ANES | 26670 | CPT | | | | outpatient | | | 665 | 310.16 | Managed Care Inc | Managed Care Inc | 598.5 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT CRPMET DISLC WO ANES | 26670 | CPT | | | | outpatient | | | 665 | 310.16 | UHC | Medicaid | 209.81 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT CRPMET DISLC WO ANES | 26670 | CPT | | | | outpatient | | | 665 | 310.16 | United | Commercial\|PPO | 1782 | | | | 125 | 1782 | case rate | |
| HC CLSD TRT CRPMET DISLC WO ANES | 26670 | CPT | | | | outpatient | | | 665 | 310.16 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC CLSD TRT MCP DILC W MAN WO ANE | 26700 | CPT | | | | outpatient | | | 865 | 310.16 | Corrections | Corrections | 692 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT MCP DILC W MAN WO ANE | 26700 | CPT | | | | outpatient | | | 865 | 310.16 | Horizon | Indemnity | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT MCP DILC W MAN WO ANE | 26700 | CPT | | | | outpatient | | | 865 | 310.16 | Americare | Americare | 648.75 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT MCP DILC W MAN WO ANE | 26700 | CPT | | | | outpatient | | | 865 | 310.16 | Amerihealth | HMO\|PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC CLSD TRT MCP DILC W MAN WO ANE | 26700 | CPT | | | | outpatient | | | 865 | 310.16 | Aetna | Commercial | 440.15 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT MCP DILC W MAN WO ANE | 26700 | CPT | | | | outpatient | | | 865 | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT MCP DILC W MAN WO ANE | 26700 | CPT | | | | outpatient | | | 865 | 310.16 | Aetna | Better Health | 272.91 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT MCP DILC W MAN WO ANE | 26700 | CPT | | | | outpatient | | | 865 | 310.16 | First Health | First Health | 605.5 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT MCP DILC W MAN WO ANE | 26700 | CPT | | | | outpatient | | | 865 | 310.16 | Horizon | NJ Health | 164.43 | | | | 125 | 1782 | fee schedule | |
| HC CLSD TRT MCP DILC W MAN WO ANE | 26700 | CPT | | | | outpatient | | | 865 | 310.16 | Horizon | PPO | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT MCP DILC W MAN WO ANE | 26700 | CPT | | | | outpatient | | | 865 | 310.16 | Consumer | Consumer | 821.75 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT MCP DILC W MAN WO ANE | 26700 | CPT | | | | outpatient | | | 865 | 310.16 | Horizon | MGD | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT MCP DILC W MAN WO ANE | 26700 | CPT | | | | outpatient | | | 865 | 310.16 | Multiplan | Multiplan | 692 | 80 | | | 125 | 1782 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 | Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC CLSD TRT MCP DILC W MAN WO ANE | 26700 | CPT | | | | outpatient | | | 865 | 310.16 | UHC | Medicare | 269.7 | | | 101.71 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT MCP DILC W MAN WO ANE | 26700 | CPT | | | | outpatient | | | 865 | 310.16 | Aetna | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT MCP DILC W MAN WO ANE | 26700 | CPT | | | | outpatient | | | 865 | 310.16 | First Trenton | First Trenton | 778.5 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT MCP DILC W MAN WO ANE | 26700 | CPT | | | | outpatient | | | 865 | 310.16 | Qualcare | Qualcare | 648.75 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT MCP DILC W MAN WO ANE | 26700 | CPT | | | | outpatient | | | 865 | 310.16 | United | Commercial/PPO | 1782 | | | | 125 | 1782 | case rate | |
| HC CLSD TRT MCP DILC W MAN WO ANE | 26700 | CPT | | | | outpatient | | | 865 | 310.16 | UHC | Medicaid | 272.91 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT MCP DILC W MAN WO ANE | 26700 | CPT | | | | outpatient | | | 865 | 310.16 | Managed Care Inc | Managed Care Inc | 778.5 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT MCP DILC W MAN WO ANE | 26700 | CPT | | | | outpatient | | | 865 | 310.16 | Wellcare | Medicaid | 272.91 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT MCP DILC W MAN WO ANE | 26700 | CPT | | | | outpatient | | | 865 | 310.16 | WellPoint | WellPoint | 278.36 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT MCP DILC W MAN WO ANE | 26700 | CPT | | | | outpatient | | | 865 | 310.16 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC CLSD TRT MCP DILC W MAN WO ANE | 26700 | CPT | | | | outpatient | | | 865 | 310.16 | Three Rivers | Three Rivers | 821.75 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT MCP DILC W MAN WO ANE | 26700 | CPT | | | | outpatient | | | 865 | 310.16 | Wellcare | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PHALNGL SHAFT FX FNGR/THB W/O | 26720 | CPT | | | | outpatient | | | 754 | 310.16 | Horizon | PPO | 521.87 | | | | 129.2 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PHALNGL SHAFT FX FNGR/THB W/O | 26720 | CPT | | | | outpatient | | | 754 | 310.16 | Aetna | Commercial | 440.15 | | | | 129.2 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PHALNGL SHAFT FX FNGR/THB W/O | 26720 | CPT | | | | outpatient | | | 754 | 310.16 | First Trenton | First Trenton | 678.6 | 90 | | | 129.2 | 1782 | percent of total billed charges | |
| HC PHALNGL SHAFT FX FNGR/THB W/O | 26720 | CPT | | | | outpatient | | | 754 | 310.16 | Aetna | Better Health | 237.89 | 31.55 | | | 129.2 | 1782 | percent of total billed charges | |
| HC PHALNGL SHAFT FX FNGR/THB W/O | 26720 | CPT | | | | outpatient | | | 754 | 310.16 | Amerihealth | HMO/PPO | 300 | | | | 129.2 | 1782 | fee schedule | |
| HC PHALNGL SHAFT FX FNGR/THB W/O | 26720 | CPT | | | | outpatient | | | 754 | 310.16 | Consumer | Consumer | 716.3 | 95 | | | 129.2 | 1782 | percent of total billed charges | |
| HC PHALNGL SHAFT FX FNGR/THB W/O | 26720 | CPT | | | | outpatient | | | 754 | 310.16 | UHC | Medicare | 269.7 | | | | 129.2 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PHALNGL SHAFT FX FNGR/THB W/O | 26720 | CPT | | | | outpatient | | | 754 | 310.16 | Corrections | Corrections | 603.2 | 80 | | | 129.2 | 1782 | percent of total billed charges | |
| HC PHALNGL SHAFT FX FNGR/THB W/O | 26720 | CPT | | | | outpatient | | | 754 | 310.16 | UHC | Medicaid | 237.89 | 31.55 | | | 129.2 | 1782 | percent of total billed charges | |
| HC PHALNGL SHAFT FX FNGR/THB W/O | 26720 | CPT | | | | outpatient | | | 754 | 310.16 | Aetna | Medicare | 269.7 | | | | 129.2 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PHALNGL SHAFT FX FNGR/THB W/O | 26720 | CPT | | | | outpatient | | | 754 | 310.16 | First Health | First Health | 527.8 | 70 | | | 129.2 | 1782 | percent of total billed charges | |
| HC PHALNGL SHAFT FX FNGR/THB W/O | 26720 | CPT | | | | outpatient | | | 754 | 310.16 | Horizon | Indemnity | 521.87 | | | | 129.2 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PHALNGL SHAFT FX FNGR/THB W/O | 26720 | CPT | | | | outpatient | | | 754 | 310.16 | United | Commercial/PPO | 1782 | | | | 129.2 | 1782 | case rate | |
| HC PHALNGL SHAFT FX FNGR/THB W/O | 26720 | CPT | | | | outpatient | | | 754 | 310.16 | Horizon | NJ Health | 129.2 | | | | 129.2 | 1782 | fee schedule | |
| HC PHALNGL SHAFT FX FNGR/THB W/O | 26720 | CPT | | | | outpatient | | | 754 | 310.16 | Wellcare | Medicaid | 237.89 | 31.55 | | | 129.2 | 1782 | percent of total billed charges | |
| HC PHALNGL SHAFT FX FNGR/THB W/O | 26720 | CPT | | | | outpatient | | | 754 | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 129.2 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PHALNGL SHAFT FX FNGR/THB W/O | 26720 | CPT | | | | outpatient | | | 754 | 310.16 | United | Oxford | 1782 | | | | 129.2 | 1782 | case rate | |
| HC PHALNGL SHAFT FX FNGR/THB W/O | 26720 | CPT | | | | outpatient | | | 754 | 310.16 | Americare | Americare | 565.5 | 75 | | | 129.2 | 1782 | percent of total billed charges | |
| HC PHALNGL SHAFT FX FNGR/THB W/O | 26720 | CPT | | | | outpatient | | | 754 | 310.16 | Wellcare | Medicare | 269.7 | | | | 129.2 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PHALNGL SHAFT FX FNGR/THB W/O | 26720 | CPT | | | | outpatient | | | 754 | 310.16 | WellPoint | WellPoint | 242.64 | 32.18 | | | 129.2 | 1782 | percent of total billed charges | |
| HC PHALNGL SHAFT FX FNGR/THB W/O | 26720 | CPT | | | | outpatient | | | 754 | 310.16 | Managed Care Inc | Managed Care Inc | 678.6 | 90 | | | 129.2 | 1782 | percent of total billed charges | |
| HC PHALNGL SHAFT FX FNGR/THB W/O | 26720 | CPT | | | | outpatient | | | 754 | 310.16 | Horizon | MGD | 521.87 | | | | 129.2 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PHALNGL SHAFT FX FNGR/THB W/O | 26720 | CPT | | | | outpatient | | | 754 | 310.16 | Multiplan | Multiplan | 603.2 | 80 | | | 129.2 | 1782 | percent of total billed charges | |
| HC PHALNGL SHAFT FX FNGR/THB W/O | 26720 | CPT | | | | outpatient | | | 754 | 310.16 | Qualcare | Qualcare | 565.5 | 75 | | | 129.2 | 1782 | percent of total billed charges | |
| HC PHALNGL SHAFT FX FNGR/THB W/O | 26720 | CPT | | | | outpatient | | | 754 | 310.16 | Three Rivers | Three Rivers | 716.3 | 95 | | | 129.2 | 1782 | percent of total billed charges | |
| HC CLSD TRT PHLNGL SHAFT W/MAN | 26725 | CPT | | | | outpatient | | | 1034 | 310.16 | Consumer | Consumer | 982.3 | 95 | | | 263.09 | 1782 | percent of total billed charges | |
| HC CLSD TRT PHLNGL SHAFT W/MAN | 26725 | CPT | | | | outpatient | | | 1034 | 310.16 | Americare | Americare | 775.5 | 75 | | | 263.09 | 1782 | percent of total billed charges | |
| HC CLSD TRT PHLNGL SHAFT W/MAN | 26725 | CPT | | | | outpatient | | | 1034 | 310.16 | Aetna | Better Health | 326.23 | 31.55 | | | 263.09 | 1782 | percent of total billed charges | |
| HC CLSD TRT PHLNGL SHAFT W/MAN | 26725 | CPT | | | | outpatient | | | 1034 | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 263.09 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PHLNGL SHAFT W/MAN | 26725 | CPT | | | | outpatient | | | 1034 | 310.16 | First Health | First Health | 723.8 | 70 | | | 263.09 | 1782 | percent of total billed charges | |
| HC CLSD TRT PHLNGL SHAFT W/MAN | 26725 | CPT | | | | outpatient | | | 1034 | 310.16 | Amerihealth | HMO/PPO | 300 | | | | 263.09 | 1782 | fee schedule | |
| HC CLSD TRT PHLNGL SHAFT W/MAN | 26725 | CPT | | | | outpatient | | | 1034 | 310.16 | Aetna | Medicare | 269.7 | | | | 263.09 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PHLNGL SHAFT W/MAN | 26725 | CPT | | | | outpatient | | | 1034 | 310.16 | Wellcare | Medicaid | 326.23 | 31.55 | | | 263.09 | 1782 | percent of total billed charges | |
| HC CLSD TRT PHLNGL SHAFT W/MAN | 26725 | CPT | | | | outpatient | | | 1034 | 310.16 | Corrections | Corrections | 827.2 | 80 | | | 263.09 | 1782 | percent of total billed charges | |
| HC CLSD TRT PHLNGL SHAFT W/MAN | 26725 | CPT | | | | outpatient | | | 1034 | 310.16 | Horizon | MGD | 521.87 | | | 133.34 | 263.09 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PHLNGL SHAFT W/MAN | 26725 | CPT | | | | outpatient | | | 1034 | 310.16 | Aetna | Commercial | 392.92 | 38 | | | 263.09 | 1782 | percent of total billed charges | |
| HC CLSD TRT PHLNGL SHAFT W/MAN | 26725 | CPT | | | | outpatient | | | 1034 | 310.16 | UHC | Medicaid | 326.23 | 31.55 | | 326.22 | 263.09 | 1782 | percent of total billed charges | |
| HC CLSD TRT PHLNGL SHAFT W/MAN | 26725 | CPT | | | | outpatient | | | 1034 | 310.16 | Three Rivers | Three Rivers | 982.3 | 95 | | | 263.09 | 1782 | percent of total billed charges | |
| HC CLSD TRT PHLNGL SHAFT W/MAN | 26725 | CPT | | | | outpatient | | | 1034 | 310.16 | Horizon | NJ Health | 263.09 | | | 110.27 | 263.09 | 1782 | fee schedule | |
| HC CLSD TRT PHLNGL SHAFT W/MAN | 26725 | CPT | | | | outpatient | | | 1034 | 310.16 | Multiplan | Multiplan | 827.2 | 80 | | | 263.09 | 1782 | percent of total billed charges | |
| HC CLSD TRT PHLNGL SHAFT W/MAN | 26725 | CPT | | | | outpatient | | | 1034 | 310.16 | UHC | Medicare | 269.7 | | | | 263.09 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PHLNGL SHAFT W/MAN | 26725 | CPT | | | | outpatient | | | 1034 | 310.16 | First Trenton | First Trenton | 930.6 | 90 | | | 263.09 | 1782 | percent of total billed charges | |
| HC CLSD TRT PHLNGL SHAFT W/MAN | 26725 | CPT | | | | outpatient | | | 1034 | 310.16 | Wellcare | Medicare | 269.7 | | | | 263.09 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PHLNGL SHAFT W/MAN | 26725 | CPT | | | | outpatient | | | 1034 | 310.16 | Qualcare | Qualcare | 775.5 | 75 | | | 263.09 | 1782 | percent of total billed charges | |
| HC CLSD TRT PHLNGL SHAFT W/MAN | 26725 | CPT | | | | outpatient | | | 1034 | 310.16 | WellPoint | WellPoint | 332.74 | 32.18 | | 321.85 | 263.09 | 1782 | percent of total billed charges | |
| HC CLSD TRT PHLNGL SHAFT W/MAN | 26725 | CPT | | | | outpatient | | | 1034 | 310.16 | Horizon | Indemnity | 521.87 | | | | 263.09 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PHLNGL SHAFT W/MAN | 26725 | CPT | | | | outpatient | | | 1034 | 310.16 | Horizon | PPO | 521.87 | | | | 263.09 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PHLNGL SHAFT W/MAN | 26725 | CPT | | | | outpatient | | | 1034 | 310.16 | Managed Care Inc | Managed Care Inc | 930.6 | 90 | | | 263.09 | 1782 | percent of total billed charges | |
| HC CLSD TRT PHLNGL SHAFT W/MAN | 26725 | CPT | | | | outpatient | | | 1034 | 310.16 | United | Commercial/PPO | 1782 | | | | 263.09 | 1782 | case rate | |
| HC CLSD TRT PHLNGL SHAFT W/MAN | 26725 | CPT | | | | outpatient | | | 1034 | 310.16 | United | Oxford | 1782 | | | | 263.09 | 1782 | case rate | |
| HC CLSD TRT FX METACRPLINTRPHL J | 26742 | CPT | | | | outpatient | | | 5257 | 2113.84 | Americare | Americare | 3942.75 | 75 | | | 312.42 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT FX METACRPLINTRPHL J | 26742 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | Indemnity | 3556.76 | | | | 312.42 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT FX METACRPLINTRPHL J | 26742 | CPT | | | | outpatient | | | 5257 | 2113.84 | Aetna | Commercial | 1997.66 | 38 | | | 312.42 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT FX METACRPLINTRPHL J | 26742 | CPT | | | | outpatient | | | 5257 | 2113.84 | First Health | First Health | 3679.9 | 70 | | | 312.42 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT FX METACRPLINTRPHL J | 26742 | CPT | | | | outpatient | | | 5257 | 2113.84 | Amerihealth | HMO/PPO | 550 | | | | 312.42 | 4994.15 | fee schedule | |
| HC CLSD TRT FX METACRPLINTRPHL J | 26742 | CPT | | | | outpatient | | | 5257 | 2113.84 | First Trenton | First Trenton | 4731.3 | 90 | | | 312.42 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT FX METACRPLINTRPHL J | 26742 | CPT | | | | outpatient | | | 5257 | 2113.84 | Aetna | Medicare | 1838.12 | | | | 312.42 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT FX METACRPLINTRPHL J | 26742 | CPT | | | | outpatient | | | 5257 | 2113.84 | Aetna | Better Health | 1658.58 | 31.55 | | | 312.42 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT FX METACRPLINTRPHL J | 26742 | CPT | | | | outpatient | | | 5257 | 2113.84 | UHC | Medicaid | 1658.58 | 31.55 | | 1628.29 | 312.42 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT FX METACRPLINTRPHL J | 26742 | CPT | | | | outpatient | | | 5257 | 2113.84 | UHC | Medicare | 1838.12 | | | | 312.42 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT FX METACRPLINTRPHL J | 26742 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | PPO | 3556.76 | | | | 312.42 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT FX METACRPLINTRPHL J | 26742 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | Medicare Blue | 1838.12 | | | | 312.42 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT FX METACRPLINTRPHL J | 26742 | CPT | | | | outpatient | | | 5257 | 2113.84 | Corrections | Corrections | 4205.6 | 80 | | | 312.42 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT FX METACRPLINTRPHL J | 26742 | CPT | | | | outpatient | | | 5257 | 2113.84 | Managed Care Inc | Managed Care Inc | 4731.3 | 90 | | | 312.42 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT FX METACRPLINTRPHL J | 26742 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | MGD | 3556.76 | | | | 312.42 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT FX METACRPLINTRPHL J | 26742 | CPT | | | | outpatient | | | 5257 | 2113.84 | Consumer | Consumer | 4994.15 | 95 | | | 312.42 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT FX METACRPLINTRPHL J | 26742 | CPT | | | | outpatient | | | 5257 | 2113.84 | United | Commercial/PPO | 1782 | | | | 312.42 | 4994.15 | case rate | |
| HC CLSD TRT FX METACRPLINTRPHL J | 26742 | CPT | | | | outpatient | | | 5257 | 2113.84 | Multiplan | Multiplan | 4205.6 | 80 | | | 312.42 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT FX METACRPLINTRPHL J | 26742 | CPT | | | | outpatient | | | 5257 | 2113.84 | Wellcare | Medicare | 1838.12 | | | | 312.42 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT FX METACRPLINTRPHL J | 26742 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | NJ Health | 312.42 | | | | 312.42 | 4994.15 | fee schedule | |
| HC CLSD TRT FX METACRPLINTRPHL J | 26742 | CPT | | | | outpatient | | | 5257 | 2113.84 | WellPoint | WellPoint | 1691.7 | 32.18 | | | 312.42 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT FX METACRPLINTRPHL J | 26742 | CPT | | | | outpatient | | | 5257 | 2113.84 | Qualcare | Qualcare | 3942.75 | 75 | | | 312.42 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT FX METACRPLINTRPHL J | 26742 | CPT | | | | outpatient | | | 5257 | 2113.84 | Three Rivers | Three Rivers | 4994.15 | 95 | | | 312.42 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT FX METACRPLINTRPHL J | 26742 | CPT | | | | outpatient | | | 5257 | 2113.84 | United | Oxford | 1782 | | | | 312.42 | 4994.15 | case rate | |
| HC CLSD TRT FX METACRPLINTRPHL J | 26742 | CPT | | | | outpatient | | | 5257 | 2113.84 | Wellcare | Medicaid | 1658.58 | 31.55 | | | 312.42 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT DISTPHLNGL FRCT WO MN | 26750 | CPT | | | | outpatient | | | 865 | 310.16 | Consumer | Consumer | 821.75 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT DISTPHLNGL FRCT WO MN | 26750 | CPT | | | | outpatient | | | 865 | 310.16 | Corrections | Corrections | 692 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT DISTPHLNGL FRCT WO MN | 26750 | CPT | | | | outpatient | | | 865 | 310.16 | First Trenton | First Trenton | 778.5 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT DISTPHLNGL FRCT WO MN | 26750 | CPT | | | | outpatient | | | 865 | 310.16 | Aetna | Commercial | 440.15 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT DISTPHLNGL FRCT WO MN | 26750 | CPT | | | | outpatient | | | 865 | 310.16 | First Health | First Health | 605.5 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT DISTPHLNGL FRCT WO MN | 26750 | CPT | | | | outpatient | | | 865 | 310.16 | Aetna | Better Health | 272.91 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT DISTPHLNGL FRCT WO MN | 26750 | CPT | | | | outpatient | | | 865 | 310.16 | UHC | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT DISTPHLNGL FRCT WO MN | 26750 | CPT | | | | outpatient | | | 865 | 310.16 | Aetna | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT DISTPHLNGL FRCT WO MN | 26750 | CPT | | | | outpatient | | | 865 | 310.16 | Horizon | NJ Health | 147.05 | | | | 125 | 1782 | fee schedule | |
| HC CLSD TRT DISTPHLNGL FRCT WO MN | 26750 | CPT | | | | outpatient | | | 865 | 310.16 | Horizon | Indemnity | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT DISTPHLNGL FRCT WO MN | 26750 | CPT | | | | outpatient | | | 865 | 310.16 | Managed Care Inc | Managed Care Inc | 778.5 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT DISTPHLNGL FRCT WO MN | 26750 | CPT | | | | outpatient | | | 865 | 310.16 | Americare | Americare | 648.75 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT DISTPHLNGL FRCT WO MN | 26750 | CPT | | | | outpatient | | | 865 | 310.16 | Multiplan | Multiplan | 692 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT DISTPHLNGL FRCT WO MN | 26750 | CPT | | | | outpatient | | | 865 | 310.16 | WellPoint | WellPoint | 278.36 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT DISTPHLNGL FRCT WO MN | 26750 | CPT | | | | outpatient | | | 865 | 310.16 | UHC | Medicaid | 272.91 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT DISTPHLNGL FRCT WO MN | 26750 | CPT | | | | outpatient | | | 865 | 310.16 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC CLSD TRT DISTPHLNGL FRCT WO MN | 26750 | CPT | | | | outpatient | | | 865 | 310.16 | Qualcare | Qualcare | 648.75 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT DISTPHLNGL FRCT WO MN | 26750 | CPT | | | | outpatient | | | 865 | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT DISTPHLNGL FRCT WO MN | 26750 | CPT | | | | outpatient | | | 865 | 310.16 | United | Commercial/PPO | 1782 | | | | 125 | 1782 | case rate | |
| HC CLSD TRT DISTPHLNGL FRCT WO MN | 26750 | CPT | | | | outpatient | | | 865 | 310.16 | Horizon | MGD | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT DISTPHLNGL FRCT WO MN | 26750 | CPT | | | | outpatient | | | 865 | 310.16 | Three Rivers | Three Rivers | 821.75 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT DISTPHLNGL FRCT WO MN | 26750 | CPT | | | | outpatient | | | 865 | 310.16 | Horizon | PPO | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT DISTPHLNGL FRCT WO MN | 26750 | CPT | | | | outpatient | | | 865 | 310.16 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC CLSD TRT DISTPHLNGL FRCT WO MN | 26750 | CPT | | | | outpatient | | | 865 | 310.16 | Wellcare | Medicaid | 272.91 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT DISTPHLNGL FRCT WO MN | 26750 | CPT | | | | outpatient | | | 865 | 310.16 | Wellcare | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT DISTPHLNGL FRCT W MAN | 26755 | CPT | | | | outpatient | | | 865 | 310.16 | Aetna | Commercial | 440.15 | | | 191.94 | 245.47 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT DISTPHLNGL FRCT W MAN | 26755 | CPT | | | | outpatient | | | 865 | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 245.47 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT DISTPHLNGL FRCT W MAN | 26755 | CPT | | | | outpatient | | | 865 | 310.16 | Aetna | Better Health | 272.91 | 31.55 | | | 245.47 | 1782 | percent of total billed charges | |
| HC CLSD TRT DISTPHLNGL FRCT W MAN | 26755 | CPT | | | | outpatient | | | 865 | 310.16 | First Health | First Health | 605.5 | 70 | | | 245.47 | 1782 | percent of total billed charges | |
| HC CLSD TRT DISTPHLNGL FRCT W MAN | 26755 | CPT | | | | outpatient | | | 865 | 310.16 | Multiplan | Multiplan | 692 | 80 | | | 245.47 | 1782 | percent of total billed charges | |
| HC CLSD TRT DISTPHLNGL FRCT W MAN | 26755 | CPT | | | | outpatient | | | 865 | 310.16 | Horizon | Indemnity | 521.87 | | | | 245.47 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT DISTPHLNGL FRCT W MAN | 26755 | CPT | | | | outpatient | | | 865 | 310.16 | Consumer | Consumer | 821.75 | 95 | | | 245.47 | 1782 | percent of total billed charges | |
| HC CLSD TRT DISTPHLNGL FRCT W MAN | 26755 | CPT | | | | outpatient | | | 865 | 310.16 | Horizon | MGD | 521.87 | | | | 245.47 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT DISTPHLNGL FRCT W MAN | 26755 | CPT | | | | outpatient | | | 865 | 310.16 | Americare | Americare | 648.75 | 75 | | | 245.47 | 1782 | percent of total billed charges | |
| HC CLSD TRT DISTPHLNGL FRCT W MAN | 26755 | CPT | | | | outpatient | | | 865 | 310.16 | UHC | Medicare | 269.7 | | | | 245.47 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT DISTPHLNGL FRCT W MAN | 26755 | CPT | | | | outpatient | | | 865 | 310.16 | Aetna | Medicare | 269.7 | | | | 245.47 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT DISTPHLNGL FRCT W MAN | 26755 | CPT | | | | outpatient | | | 865 | 310.16 | Three Rivers | Three Rivers | 821.75 | 95 | | | 245.47 | 1782 | percent of total billed charges | |
| HC CLSD TRT DISTPHLNGL FRCT W MAN | 26755 | CPT | | | | outpatient | | | 865 | 310.16 | Wellcare | Medicaid | 272.91 | 31.55 | | | 245.47 | 1782 | percent of total billed charges | |
| HC CLSD TRT DISTPHLNGL FRCT W MAN | 26755 | CPT | | | | outpatient | | | 865 | 310.16 | Horizon | PPO | 521.87 | | | | 245.47 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT DISTPHLNGL FRCT W MAN | 26755 | CPT | | | | outpatient | | | 865 | 310.16 | Corrections | Corrections | 692 | 80 | | | 245.47 | 1782 | percent of total billed charges | |
| HC CLSD TRT DISTPHLNGL FRCT W MAN | 26755 | CPT | | | | outpatient | | | 865 | 310.16 | UHC | Medicaid | 272.91 | 31.55 | | 254.36 | 245.47 | 1782 | percent of total billed charges | |
| HC CLSD TRT DISTPHLNGL FRCT W MAN | 26755 | CPT | | | | outpatient | | | 865 | 310.16 | Amerihealth | HMO/PPO | 300 | | | | 245.47 | 1782 | fee schedule | |
| HC CLSD TRT DISTPHLNGL FRCT W MAN | 26755 | CPT | | | | outpatient | | | 865 | 310.16 | Wellcare | Medicare | 269.7 | | | | 245.47 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT DISTPHLNGL FRCT W MAN | 26755 | CPT | | | | outpatient | | | 865 | 310.16 | Qualcare | Qualcare | 648.75 | 75 | | | 245.47 | 1782 | percent of total billed charges | |
| HC CLSD TRT DISTPHLNGL FRCT W MAN | 26755 | CPT | | | | outpatient | | | 865 | 310.16 | United | Commercial/PPO | 1782 | | | | 245.47 | 1782 | case rate | |
| HC CLSD TRT DISTPHLNGL FRCT W MAN | 26755 | CPT | | | | outpatient | | | 865 | 310.16 | First Trenton | First Trenton | 778.5 | 90 | | | 245.47 | 1782 | percent of total billed charges | |
| HC CLSD TRT DISTPHLNGL FRCT W MAN | 26755 | CPT | | | | outpatient | | | 865 | 310.16 | United | Oxford | 1782 | | | | 245.47 | 1782 | case rate | |
| HC CLSD TRT DISTPHLNGL FRCT W MAN | 26755 | CPT | | | | outpatient | | | 865 | 310.16 | Horizon | NJ Health | 245.47 | | | | 245.47 | 1782 | fee schedule | |
| HC CLSD TRT DISTPHLNGL FRCT W MAN | 26755 | CPT | | | | outpatient | | | 865 | 310.16 | WellPoint | WellPoint | 278.36 | 32.18 | | | 245.47 | 1782 | percent of total billed charges | |
| HC CLSD TRT DISTPHLNGL FRCT W MAN | 26755 | CPT | | | | outpatient | | | 865 | 310.16 | Managed Care Inc | Managed Care Inc | 778.5 | 90 | | | 245.47 | 1782 | percent of total billed charges | |
| HC CI TREAT DISTAL PHALANX W PERC | 26756 | CPT | | | | outpatient | | | 12991 | 4257.16 | Wellcare | Medicare | 3701.88 | | | | 430.65 | 12341.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CI TREAT DISTAL PHALANX W PERC | 26756 | CPT | | | | outpatient | | | 12991 | 4257.16 | Aetna | Commercial | 4936.58 | 38 | | | 430.65 | 12341.45 | percent of total billed charges | |
| HC CI TREAT DISTAL PHALANX W PERC | 26756 | CPT | | | | outpatient | | | 12991 | 4257.16 | Amerihealth | HMO/PPO | 550 | | | | 430.65 | 12341.45 | fee schedule | |
| HC CI TREAT DISTAL PHALANX W PERC | 26756 | CPT | | | | outpatient | | | 12991 | 4257.16 | Americare | Americare | 9743.25 | 75 | | | 430.65 | 12341.45 | percent of total billed charges | |
| HC CI TREAT DISTAL PHALANX W PERC | 26756 | CPT | | | | outpatient | | | 12991 | 4257.16 | Horizon | MGD | 7163.14 | | | | 430.65 | 12341.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CI TREAT DISTAL PHALANX W PERC | 26756 | CPT | | | | outpatient | | | 12991 | 4257.16 | Aetna | Medicare | 3701.88 | | | | 430.65 | 12341.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CI TREAT DISTAL PHALANX W PERC | 26756 | CPT | | | | outpatient | | | 12991 | 4257.16 | Aetna | Better Health | 4098.66 | 31.55 | | | 430.65 | 12341.45 | percent of total billed charges | |
| HC CI TREAT DISTAL PHALANX W PERC | 26756 | CPT | | | | outpatient | | | 12991 | 4257.16 | Consumer | Consumer | 12341.45 | 95 | | | 430.65 | 12341.45 | percent of total billed charges | |
| HC CI TREAT DISTAL PHALANX W PERC | 26756 | CPT | | | | outpatient | | | 12991 | 4257.16 | UHC | Medicaid | 4098.66 | 31.55 | | | 430.65 | 12341.45 | percent of total billed charges | |
| HC CI TREAT DISTAL PHALANX W PERC | 26756 | CPT | | | | outpatient | | | 12991 | 4257.16 | Multiplan | Multiplan | 10392.8 | 80 | | | 430.65 | 12341.45 | percent of total billed charges | |
| HC CI TREAT DISTAL PHALANX W PERC | 26756 | CPT | | | | outpatient | | | 12991 | 4257.16 | First Health |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC CI TREAT DISTAL PHALANX W PERC | 26756 | CPT | | | | outpatient | | | 12991 | | 4257.16 | Three Rivers | 12341.45 | 95 | | | 430.65 | 12341.45 | percent of total billed charges | |
| HC CI TREAT DISTAL PHALANX W PERC | 26756 | CPT | | | | outpatient | | | 12991 | | 4257.16 | UHC | 3701.88 | | | | 430.65 | 12341.45 | other | |
| HC CI TREAT DISTAL PHALANX W PERC | 26756 | CPT | | | | outpatient | | | 12991 | | 4257.16 | Corrections | 10392.8 | 80 | | | 430.65 | 12341.45 | percent of total billed charges | |
| HC CI TREAT DISTAL PHALANX W PERC | 26756 | CPT | | | | outpatient | | | 12991 | | 4257.16 | Horizon | PPO | 7163.14 | | | 430.65 | 12341.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CI TREAT DISTAL PHALANX W PERC | 26756 | CPT | | | | outpatient | | | 12991 | | 4257.16 | First Trenton | First Trenton | 11691.9 | 90 | | 430.65 | 12341.45 | percent of total billed charges | |
| HC CI TREAT DISTAL PHALANX W PERC | 26756 | CPT | | | | outpatient | | | 12991 | | 4257.16 | United | Commercial\|PPO | 2776 | | | 430.65 | 12341.45 | case rate | |
| HC CI TREAT DISTAL PHALANX W PERC | 26756 | CPT | | | | outpatient | | | 12991 | | 4257.16 | Qualcare | Qualcare | 9743.25 | 75 | | 430.65 | 12341.45 | percent of total billed charges | |
| HC CI TREAT DISTAL PHALANX W PERC | 26756 | CPT | | | | outpatient | | | 12991 | | 4257.16 | United | Oxford | 2776 | | | 430.65 | 12341.45 | case rate | |
| HC CI TREAT DISTAL PHALANX W PERC | 26756 | CPT | | | | outpatient | | | 12991 | | 4257.16 | Horizon | Indemnity | 7163.14 | | | 430.65 | 12341.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CI TREAT DISTAL PHALANX W PERC | 26756 | CPT | | | | outpatient | | | 12991 | | 4257.16 | WellPoint | WellPoint | 4180.5 | 32.18 | | 430.65 | 12341.45 | percent of total billed charges | |
| HC CI TREAT DISTAL PHALANX W PERC | 26756 | CPT | | | | outpatient | | | 12991 | | 4257.16 | Horizon | Medicare Blue | 3701.88 | | | 430.65 | 12341.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CI TREAT DISTAL PHALANX W PERC | 26756 | CPT | | | | outpatient | | | 12991 | | 4257.16 | Wellcare | Medicaid | 4098.66 | 31.55 | | 430.65 | 12341.45 | percent of total billed charges | |
| HC CI TREAT DISTAL PHALANX W PERC | 26756 | CPT | | | | outpatient | | | 12991 | | 4257.16 | Horizon | NJ Health | 430.65 | | | 430.65 | 12341.45 | fee schedule | |
| HC CI TREAT DISTAL PHALANX W PERC | 26756 | CPT | | | | outpatient | | | 12991 | | 4257.16 | Managed Care Inc | Managed Care Inc | 11691.9 | 90 | | 430.65 | 12341.45 | percent of total billed charges | |
| HC OPEN TRT DISTAL PHAL FX | 26765 | CPT | | | | outpatient | | | 15215 | | 4257.16 | Horizon | Medicare Blue | 3701.88 | | | 394.63 | 14454.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN TRT DISTAL PHAL FX | 26765 | CPT | | | | outpatient | | | 15215 | | 4257.16 | Aetna | Commercial | 6041.47 | | | 394.63 | 14454.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN TRT DISTAL PHAL FX | 26765 | CPT | | | | outpatient | | | 15215 | | 4257.16 | First Trenton | First Trenton | 13693.5 | 90 | | 394.63 | 14454.25 | percent of total billed charges | |
| HC OPEN TRT DISTAL PHAL FX | 26765 | CPT | | | | outpatient | | | 15215 | | 4257.16 | Aetna | Medicare | 3701.88 | | | 394.63 | 14454.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN TRT DISTAL PHAL FX | 26765 | CPT | | | | outpatient | | | 15215 | | 4257.16 | Aetna | Better Health | 4800.33 | 31.55 | | 394.63 | 14454.25 | percent of total billed charges | |
| HC OPEN TRT DISTAL PHAL FX | 26765 | CPT | | | | outpatient | | | 15215 | | 4257.16 | Americare | Americare | 11411.25 | 75 | | 394.63 | 14454.25 | percent of total billed charges | |
| HC OPEN TRT DISTAL PHAL FX | 26765 | CPT | | | | outpatient | | | 15215 | | 4257.16 | Horizon | Indemnity | 7163.14 | | | 394.63 | 14454.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN TRT DISTAL PHAL FX | 26765 | CPT | | | | outpatient | | | 15215 | | 4257.16 | Horizon | PPO | 7163.14 | | | 394.63 | 14454.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN TRT DISTAL PHAL FX | 26765 | CPT | | | | outpatient | | | 15215 | | 4257.16 | Multiplan | Multiplan | 12172 | 80 | | 394.63 | 14454.25 | percent of total billed charges | |
| HC OPEN TRT DISTAL PHAL FX | 26765 | CPT | | | | outpatient | | | 15215 | | 4257.16 | Amerihealth | HMO\|PPO | 800 | | | 394.63 | 14454.25 | fee schedule | |
| HC OPEN TRT DISTAL PHAL FX | 26765 | CPT | | | | outpatient | | | 15215 | | 4257.16 | UHC | Medicaid | 4800.33 | 31.55 | | 394.63 | 14454.25 | percent of total billed charges | |
| HC OPEN TRT DISTAL PHAL FX | 26765 | CPT | | | | outpatient | | | 15215 | | 4257.16 | Consumer | Consumer | 14454.25 | 95 | | 394.63 | 14454.25 | percent of total billed charges | |
| HC OPEN TRT DISTAL PHAL FX | 26765 | CPT | | | | outpatient | | | 15215 | | 4257.16 | First Health | First Health | 10650.5 | 70 | | 394.63 | 14454.25 | percent of total billed charges | |
| HC OPEN TRT DISTAL PHAL FX | 26765 | CPT | | | | outpatient | | | 15215 | | 4257.16 | Horizon | MSD | 7163.14 | | | 394.63 | 14454.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN TRT DISTAL PHAL FX | 26765 | CPT | | | | outpatient | | | 15215 | | 4257.16 | Managed Care Inc | Managed Care Inc | 13693.5 | 90 | | 394.63 | 14454.25 | percent of total billed charges | |
| HC OPEN TRT DISTAL PHAL FX | 26765 | CPT | | | | outpatient | | | 15215 | | 4257.16 | Corrections | Corrections | 12172 | 80 | | 394.63 | 14454.25 | percent of total billed charges | |
| HC OPEN TRT DISTAL PHAL FX | 26765 | CPT | | | | outpatient | | | 15215 | | 4257.16 | Qualcare | Qualcare | 11411.25 | 75 | | 394.63 | 14454.25 | percent of total billed charges | |
| HC OPEN TRT DISTAL PHAL FX | 26765 | CPT | | | | outpatient | | | 15215 | | 4257.16 | Horizon | NJ Health | 394.63 | | | 394.63 | 14454.25 | fee schedule | |
| HC OPEN TRT DISTAL PHAL FX | 26765 | CPT | | | | outpatient | | | 15215 | | 4257.16 | United | Oxford | 2776 | | | 394.63 | 14454.25 | case rate | |
| HC OPEN TRT DISTAL PHAL FX | 26765 | CPT | | | | outpatient | | | 15215 | | 4257.16 | Three Rivers | Three Rivers | 14454.25 | 95 | | 394.63 | 14454.25 | percent of total billed charges | |
| HC OPEN TRT DISTAL PHAL FX | 26765 | CPT | | | | outpatient | | | 15215 | | 4257.16 | UHC | Medicare | 3701.88 | | | 394.63 | 14454.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN TRT DISTAL PHAL FX | 26765 | CPT | | | | outpatient | | | 15215 | | 4257.16 | Wellcare | Medicaid | 4800.33 | 31.55 | | 394.63 | 14454.25 | percent of total billed charges | |
| HC OPEN TRT DISTAL PHAL FX | 26765 | CPT | | | | outpatient | | | 15215 | | 4257.16 | WellPoint | WellPoint | 4896.19 | 32.18 | | 394.63 | 14454.25 | percent of total billed charges | |
| HC OPEN TRT DISTAL PHAL FX | 26765 | CPT | | | | outpatient | | | 15215 | | 4257.16 | Wellcare | Medicare | 3701.88 | | | 394.63 | 14454.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN TRT DISTAL PHAL FX | 26765 | CPT | | | | outpatient | | | 15215 | | 4257.16 | United | Commercial\|PPO | 2776 | | | 394.63 | 14454.25 | case rate | |
| HC CLSD TRT IPJ DISLOC W MAN WO A | 26770 | CPT | | | | outpatient | | | 751 | | 310.16 | Corrections | Corrections | 600.8 | 80 | 223.31 | 109.62 | 1782 | percent of total billed charges | |
| HC CLSD TRT IPJ DISLOC W MAN WO A | 26770 | CPT | | | | outpatient | | | 751 | | 310.16 | Aetna | Commercial | 440.15 | | | 109.62 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT IPJ DISLOC W MAN WO A | 26770 | CPT | | | | outpatient | | | 751 | | 310.16 | Aetna | Better Health | 236.94 | 31.55 | | 109.62 | 1782 | percent of total billed charges | |
| HC CLSD TRT IPJ DISLOC W MAN WO A | 26770 | CPT | | | | outpatient | | | 751 | | 310.16 | First Trenton | First Trenton | 675.9 | 90 | | 109.62 | 1782 | percent of total billed charges | |
| HC CLSD TRT IPJ DISLOC W MAN WO A | 26770 | CPT | | | | outpatient | | | 751 | | 310.16 | United | Commercial\|PPO | 1782 | | | 109.62 | 1782 | case rate | |
| HC CLSD TRT IPJ DISLOC W MAN WO A | 26770 | CPT | | | | outpatient | | | 751 | | 310.16 | Horizon | PPO | 521.87 | | 214.97 | 109.62 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT IPJ DISLOC W MAN WO A | 26770 | CPT | | | | outpatient | | | 751 | | 310.16 | Horizon | MSD | 521.87 | | | 109.62 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT IPJ DISLOC W MAN WO A | 26770 | CPT | | | | outpatient | | | 751 | | 310.16 | Aetna | Medicare | 269.7 | | | 109.62 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT IPJ DISLOC W MAN WO A | 26770 | CPT | | | | outpatient | | | 751 | | 310.16 | Horizon | Indemnity | 521.87 | | | 109.62 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT IPJ DISLOC W MAN WO A | 26770 | CPT | | | | outpatient | | | 751 | | 310.16 | Amerihealth | HMO\|PPO | 300 | | | 109.62 | 1782 | fee schedule | |
| HC CLSD TRT IPJ DISLOC W MAN WO A | 26770 | CPT | | | | outpatient | | | 751 | | 310.16 | Consumer | Consumer | 713.45 | 95 | | 109.62 | 1782 | percent of total billed charges | |
| HC CLSD TRT IPJ DISLOC W MAN WO A | 26770 | CPT | | | | outpatient | | | 751 | | 310.16 | Managed Care Inc | Managed Care Inc | 675.9 | 90 | | 109.62 | 1782 | percent of total billed charges | |
| HC CLSD TRT IPJ DISLOC W MAN WO A | 26770 | CPT | | | | outpatient | | | 751 | | 310.16 | WellPoint | WellPoint | 241.67 | 32.18 | | 109.62 | 1782 | percent of total billed charges | |
| HC CLSD TRT IPJ DISLOC W MAN WO A | 26770 | CPT | | | | outpatient | | | 751 | | 310.16 | Horizon | Medicare Blue | 269.7 | | | 109.62 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT IPJ DISLOC W MAN WO A | 26770 | CPT | | | | outpatient | | | 751 | | 310.16 | First Health | First Health | 525.7 | 70 | | 109.62 | 1782 | percent of total billed charges | |
| HC CLSD TRT IPJ DISLOC W MAN WO A | 26770 | CPT | | | | outpatient | | | 751 | | 310.16 | Americare | Americare | 563.25 | 75 | | 109.62 | 1782 | percent of total billed charges | |
| HC CLSD TRT IPJ DISLOC W MAN WO A | 26770 | CPT | | | | outpatient | | | 751 | | 310.16 | Multiplan | Multiplan | 600.8 | 80 | | 109.62 | 1782 | percent of total billed charges | |
| HC CLSD TRT IPJ DISLOC W MAN WO A | 26770 | CPT | | | | outpatient | | | 751 | | 310.16 | Three Rivers | Three Rivers | 713.45 | 95 | | 109.62 | 1782 | percent of total billed charges | |
| HC CLSD TRT IPJ DISLOC W MAN WO A | 26770 | CPT | | | | outpatient | | | 751 | | 310.16 | UHC | Medicaid | 236.94 | 31.55 | 198.12 | 109.62 | 1782 | percent of total billed charges | |
| HC CLSD TRT IPJ DISLOC W MAN WO A | 26770 | CPT | | | | outpatient | | | 751 | | 310.16 | Horizon | NJ Health | 109.62 | | 87.73 | 109.62 | 1782 | fee schedule | |
| HC CLSD TRT IPJ DISLOC W MAN WO A | 26770 | CPT | | | | outpatient | | | 751 | | 310.16 | Qualcare | Qualcare | 563.25 | 75 | | 109.62 | 1782 | percent of total billed charges | |
| HC CLSD TRT IPJ DISLOC W MAN WO A | 26770 | CPT | | | | outpatient | | | 751 | | 310.16 | UHC | Medicare | 269.7 | | 143.51 | 109.62 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT IPJ DISLOC W MAN WO A | 26770 | CPT | | | | outpatient | | | 751 | | 310.16 | Wellcare | Medicare | 269.7 | | | 109.62 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT IPJ DISLOC W MAN WO A | 26770 | CPT | | | | outpatient | | | 751 | | 310.16 | United | Oxford | 1782 | | | 109.62 | 1782 | case rate | |
| HC CLSD TRT IPJ DISLOC W MAN WO A | 26770 | CPT | | | | outpatient | | | 751 | | 310.16 | Wellcare | Medicaid | 236.94 | 31.55 | | 109.62 | 1782 | percent of total billed charges | |
| HC TREAT FINGER DISLOC W/ANESTH | 26775 | CPT | | | | outpatient | | | 6165 | | 353.21 | First Health | First Health | 4316.5 | 70 | | 260.56 | 5856.75 | percent of total billed charges | |
| HC TREAT FINGER DISLOC W/ANESTH | 26775 | CPT | | | | outpatient | | | 6165 | | 353.21 | Amerihealth | HMO\|PPO | 650 | | | 260.56 | 5856.75 | fee schedule | |
| HC TREAT FINGER DISLOC W/ANESTH | 26775 | CPT | | | | outpatient | | | 6165 | | 353.21 | Americare | Americare | 4623.75 | 75 | | 260.56 | 5856.75 | percent of total billed charges | |
| HC TREAT FINGER DISLOC W/ANESTH | 26775 | CPT | | | | outpatient | | | 6165 | | 353.21 | Aetna | Commercial | 501.25 | | | 260.56 | 5856.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT FINGER DISLOC W/ANESTH | 26775 | CPT | | | | outpatient | | | 6165 | | 353.21 | Aetna | Better Health | 1945.06 | 31.55 | | 260.56 | 5856.75 | percent of total billed charges | |
| HC TREAT FINGER DISLOC W/ANESTH | 26775 | CPT | | | | outpatient | | | 6165 | | 353.21 | Horizon | PPO | 594.32 | | | 260.56 | 5856.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT FINGER DISLOC W/ANESTH | 26775 | CPT | | | | outpatient | | | 6165 | | 353.21 | Corrections | Corrections | 4932 | 80 | | 260.56 | 5856.75 | percent of total billed charges | |
| HC TREAT FINGER DISLOC W/ANESTH | 26775 | CPT | | | | outpatient | | | 6165 | | 353.21 | Horizon | Medicare Blue | 307.14 | | | 260.56 | 5856.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT FINGER DISLOC W/ANESTH | 26775 | CPT | | | | outpatient | | | 6165 | | 353.21 | Horizon | NJ Health | 260.56 | | 582.91 | 260.56 | 5856.75 | fee schedule | |
| HC TREAT FINGER DISLOC W/ANESTH | 26775 | CPT | | | | outpatient | | | 6165 | | 353.21 | Horizon | MSD | 594.32 | | | 260.56 | 5856.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT FINGER DISLOC W/ANESTH | 26775 | CPT | | | | outpatient | | | 6165 | | 353.21 | Consumer | Consumer | 5856.75 | 95 | | 260.56 | 5856.75 | percent of total billed charges | |
| HC TREAT FINGER DISLOC W/ANESTH | 26775 | CPT | | | | outpatient | | | 6165 | | 353.21 | Aetna | Medicare | 307.14 | | | 260.56 | 5856.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT FINGER DISLOC W/ANESTH | 26775 | CPT | | | | outpatient | | | 6165 | | 353.21 | UHC | Medicare | 307.14 | | | 260.56 | 5856.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT FINGER DISLOC W/ANESTH | 26775 | CPT | | | | outpatient | | | 6165 | | 353.21 | WellPoint | WellPoint | 1983.9 | 32.18 | | 260.56 | 5856.75 | percent of total billed charges | |
| HC TREAT FINGER DISLOC W/ANESTH | 26775 | CPT | | | | outpatient | | | 6165 | | 353.21 | Horizon | Indemnity | 594.32 | | | 260.56 | 5856.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT FINGER DISLOC W/ANESTH | 26775 | CPT | | | | outpatient | | | 6165 | | 353.21 | Multiplan | Multiplan | 4932 | 80 | | 260.56 | 5856.75 | percent of total billed charges | |
| HC TREAT FINGER DISLOC W/ANESTH | 26775 | CPT | | | | outpatient | | | 6165 | | 353.21 | Wellcare | Medicare | 307.14 | | | 260.56 | 5856.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT FINGER DISLOC W/ANESTH | 26775 | CPT | | | | outpatient | | | 6165 | | 353.21 | UHC | Medicaid | 1945.06 | 31.55 | | 260.56 | 5856.75 | percent of total billed charges | |
| HC TREAT FINGER DISLOC W/ANESTH | 26775 | CPT | | | | outpatient | | | 6165 | | 353.21 | First Trenton | First Trenton | 5548.5 | 90 | | 260.56 | 5856.75 | percent of total billed charges | |
| HC TREAT FINGER DISLOC W/ANESTH | 26775 | CPT | | | | outpatient | | | 6165 | | 353.21 | Wellcare | Medicaid | 1945.06 | 31.55 | | 260.56 | 5856.75 | percent of total billed charges | |
| HC TREAT FINGER DISLOC W/ANESTH | 26775 | CPT | | | | outpatient | | | 6165 | | 353.21 | Managed Care Inc | Managed Care Inc | 5548.5 | 90 | | 260.56 | 5856.75 | percent of total billed charges | |
| HC TREAT FINGER DISLOC W/ANESTH | 26775 | CPT | | | | outpatient | | | 6165 | | 353.21 | United | Commercial\|PPO | 1782 | | | 260.56 | 5856.75 | case rate | |
| HC TREAT FINGER DISLOC W/ANESTH | 26775 | CPT | | | | outpatient | | | 6165 | | 353.21 | Three Rivers | Three Rivers | 5856.75 | 95 | | 260.56 | 5856.75 | percent of total billed charges | |
| HC TREAT FINGER DISLOC W/ANESTH | 26775 | CPT | | | | outpatient | | | 6165 | | 353.21 | Qualcare | Qualcare | 4623.75 | 75 | | 260.56 | 5856.75 | percent of total billed charges | |
| HC TREAT FINGER DISLOC W/ANESTH | 26775 | CPT | | | | outpatient | | | 6165 | | 353.21 | United | Oxford | 1782 | | | 260.56 | 5856.75 | case rate | |
| HC OPEN TREAT IP JOINT DISLOCATIO | 26785 | CPT | | | | outpatient | | | 9659 | | 4257.16 | First Health | First Health | 6761.3 | 70 | | 334.34 | 9176.05 | percent of total billed charges | |
| HC OPEN TREAT IP JOINT DISLOCATIO | 26785 | CPT | | | | outpatient | | | 9659 | | 4257.16 | Americare | Americare | 7244.25 | 75 | | 334.34 | 9176.05 | percent of total billed charges | |
| HC OPEN TREAT IP JOINT DISLOCATIO | 26785 | CPT | | | | outpatient | | | 9659 | | 4257.16 | Amerihealth | HMO\|PPO | 550 | | | 334.34 | 9176.05 | fee schedule | |
| HC OPEN TREAT IP JOINT DISLOCATIO | 26785 | CPT | | | | outpatient | | | 9659 | | 4257.16 | Aetna | Medicare | 3701.88 | | | 334.34 | 9176.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN TREAT IP JOINT DISLOCATIO | 26785 | CPT | | | | outpatient | | | 9659 | | 4257.16 | Corrections | Corrections | 7727.2 | 80 | | 334.34 | 9176.05 | percent of total billed charges | |
| HC OPEN TREAT IP JOINT DISLOCATIO | 26785 | CPT | | | | outpatient | | | 9659 | | 4257.16 | Consumer | Consumer | 9176.05 | 95 | | 334.34 | 9176.05 | percent of total billed charges | |
| HC OPEN TREAT IP JOINT DISLOCATIO | 26785 | CPT | | | | outpatient | | | 9659 | | 4257.16 | Horizon | Medicare Blue | 3701.88 | | | 334.34 | 9176.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN TREAT IP JOINT DISLOCATIO | 26785 | CPT | | | | outpatient | | | 9659 | | 4257.16 | Aetna | Better Health | 3047.41 | 31.55 | | 334.34 | 9176.05 | percent of total billed charges | |
| HC OPEN TREAT IP JOINT DISLOCATIO | 26785 | CPT | | | | outpatient | | | 9659 | | 4257.16 | First Trenton | First Trenton | 8693.1 | 90 | | 334.34 | 9176.05 | percent of total billed charges | |
| HC OPEN TREAT IP JOINT DISLOCATIO | 26785 | CPT | | | | outpatient | | | 9659 | | 4257.16 | United | Oxford | 2776 | | | 334.34 | 9176.05 | case rate | |
| HC OPEN TREAT IP JOINT DISLOCATIO | 26785 | CPT | | | | outpatient | | | 9659 | | 4257.16 | Horizon | MSD | 7163.14 | | | 334.34 | 9176.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN TREAT IP JOINT DISLOCATIO | 26785 | CPT | | | | outpatient | | | 9659 | | 4257.16 | Aetna | Commercial | 6041.47 | | | 334.34 | 9176.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN TREAT IP JOINT DISLOCATIO | 26785 | CPT | | | | outpatient | | | 9659 | | 4257.16 | Horizon | Indemnity | 7163.14 | | | 334.34 | 9176.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN TREAT IP JOINT DISLOCATIO | 26785 | CPT | | | | outpatient | | | 9659 | | 4257.16 | Multiplan | Multiplan | 7727.2 | 80 | | 334.34 | 9176.05 | percent of total billed charges | |
| HC OPEN TREAT IP JOINT DISLOCATIO | 26785 | CPT | | | | outpatient | | | 9659 | | 4257.16 | UHC | Medicare | 3701.88 | | | 334.34 | 9176.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN TREAT IP JOINT DISLOCATIO | 26785 | CPT | | | | outpatient | | | 9659 | | 4257.16 | Qualcare | Qualcare | 7244.25 | 75 | | 334.34 | 9176.05 | percent of total billed charges | |
| HC OPEN TREAT IP JOINT DISLOCATIO | 26785 | CPT | | | | outpatient | | | 9659 | | 4257.16 | Managed Care Inc | Managed Care Inc | 8693.1 | 90 | | 334.34 | 9176.05 | percent of total billed charges | |
| HC OPEN TREAT IP JOINT DISLOCATIO | 26785 | CPT | | | | outpatient | | | 9659 | | 4257.16 | UHC | Medicaid | 3047.41 | 31.55 | | 334.34 | 9176.05 | percent of total billed charges | |
| HC OPEN TREAT IP JOINT DISLOCATIO | 26785 | CPT | | | | outpatient | | | 9659 | | 4257.16 | Horizon | NJ Health | 334.34 | | | 334.34 | 9176.05 | fee schedule | |
| HC OPEN TREAT IP JOINT DISLOCATIO | 26785 | CPT | | | | outpatient | | | 9659 | | 4257.16 | Wellcare | Medicare | 3701.88 | | | 334.34 | 9176.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN TREAT IP JOINT DISLOCATIO | 26785 | CPT | | | | outpatient | | | 9659 | | 4257.16 | Three Rivers | Three Rivers | 9176.05 | 95 | | 334.34 | 9176.05 | percent of total billed charges | |
| HC OPEN TREAT IP JOINT DISLOCATIO | 26785 | CPT | | | | outpatient | | | 9659 | | 4257.16 | Wellcare | Medicaid | 3047.41 | 31.55 | | 334.34 | 9176.05 | percent of total billed charges | |
| HC OPEN TREAT IP JOINT DISLOCATIO | 26785 | CPT | | | | outpatient | | | 9659 | | 4257.16 | Horizon | PPO | 7163.14 | | | 334.34 | 9176.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN TREAT IP JOINT DISLOCATIO | 26785 | CPT | | | | outpatient | | | 9659 | | 4257.16 | United | Commercial\|PPO | 2776 | | | 334.34 | 9176.05 | case rate | |
| HC OPEN TREAT IP JOINT DISLOCATIO | 26785 | CPT | | | | outpatient | | | 9659 | | 4257.16 | WellPoint | WellPoint | 3108.27 | 32.18 | | 334.34 | 9176.05 | percent of total billed charges | |
| HC AMPUTATION METACARPAL | 26910 | CPT | | | | outpatient | | | 10388 | | 4257.16 | Multiplan | Multiplan | 8310.4 | 80 | | 650 | 9868.6 | percent of total billed charges | |
| HC AMPUTATION METACARPAL | 26910 | CPT | | | | outpatient | | | 10388 | | 4257.16 | Aetna | Medicare | 3701.88 | | | 650 | 9868.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMPUTATION METACARPAL | 26910 | CPT | | | | outpatient | | | 10388 | | 4257.16 | Horizon | Medicare Blue | 3701.88 | | | 650 | 9868.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMPUTATION METACARPAL | 26910 | CPT | | | | outpatient | | | 10388 | | 4257.16 | Amerihealth | HMO\|PPO | 650 | | | 650 | 9868.6 | fee schedule | |
| HC AMPUTATION METACARPAL | 26910 | CPT | | | | outpatient | | | 10388 | | 4257.16 | Consumer | Consumer | 9868.6 | 95 | | 650 | 9868.6 | percent of total billed charges | |
| HC AMPUTATION METACARPAL | 26910 | CPT | | | | outpatient | | | 10388 | | 4257.16 | Americare | Americare | 7791 | 75 | | 650 | 9868.6 | percent of total billed charges | |
| HC AMPUTATION METACARPAL | 26910 | CPT | | | | outpatient | | | 10388 | | 4257.16 | Aetna | Better Health | 3277.41 | 31.55 | | 650 | 9868.6 | percent of total billed charges | |
| HC AMPUTATION METACARPAL | 26910 | CPT | | | | outpatient | | | 10388 | | 4257.16 | Aetna | Commercial | 6041.47 | | | 650 | 9868.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMPUTATION METACARPAL | 26910 | CPT | | | | outpatient | | | 10388 | | 4257.16 | Qualcare | Qualcare | 7791 | 75 | | 650 | 9868.6 | percent of total billed charges | |
| HC AMPUTATION METACARPAL | 26910 | CPT | | | | outpatient | | | 10388 | | 4257.16 | Corrections | Corrections | 8310.4 | 80 | | 650 | 9868.6 | percent of total billed charges | |
| HC AMPUTATION METACARPAL | 26910 | CPT | | | | outpatient | | | 10388 | | 4257.16 | Horizon | PPO | 7163.14 | | | 650 | 9868.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMPUTATION METACARPAL | 26910 | CPT | | | | outpatient | | | 10388 | | 4257.16 | First Health | First Health | 7271.6 | 70 | | 650 | 9868.6 | percent of total billed charges | |
| HC AMPUTATION METACARPAL | 26910 | CPT | | | | outpatient | | | 10388 | | 4257.16 | Horizon | Indemnity | 7163.14 | | | 650 | 9868.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMPUTATION METACARPAL | 26910 | CPT | | | | outpatient | | | 10388 | | 4257.16 | First Trenton | First Trenton | 9349.2 | 90 | | 650 | 9868.6 | percent of total billed charges | |
| HC AMPUTATION METACARPAL | 26910 | CPT | | | | outpatient | | | 10388 | | 4257.16 | Wellcare | Medicare | 3701.88 | | | 650 | 9868.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMPUTATION METACARPAL | 26910 | CPT | | | | outpatient | | | 10388 | | 4257.16 | Horizon | MSD | 7163.14 | | | 650 | 9868.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMPUTATION METACARPAL | 26910 | CPT | | | | outpatient | | | 10388 | | 4257.16 | UHC | Medicaid | 3277.41 | 31.55 | | 650 | 9868.6 | percent of total billed charges | |
| HC AMPUTATION METACARPAL | 26910 | CPT | | | | outpatient | | | 10388 | | 4257.16 | Horizon | NJ Health | 683.2 | | | 650 | 9868.6 | fee schedule | |
| HC AMPUTATION METACARPAL | 26910 | CPT | | | | outpatient | | | 10388 | | 4257.16 | WellPoint | WellPoint | 3342.86 | 32.18 | | 650 | 9868.6 | percent of total billed charges | |
| HC AMPUTATION METACARPAL | 26910 | CPT | | | | outpatient | | | 10388 | | 4257.16 | UHC | Medicare | 3701.88 | | | 650 | 9868.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMPUTATION METACARPAL | 26910 | CPT | | | | outpatient | | | 10388 | | 4257.16 | United | Commercial\|PPO | 3492 | | | 650 | 9868.6 | case rate | |
| HC AMPUTATION METACARPAL | 26910 | CPT | | | | outpatient | | | 10388 | | 4257.16 | Managed Care Inc | Managed Care Inc | 9349.2 | 90 | | 650 | 9868.6 | percent of total billed charges | |
| HC AMPUTATION METACARPAL | 26910 | CPT | | | | outpatient | | | 10388 | | 4257.16 | United | Oxford | 3492 | | | 650 | 9868.6 | case rate | |
| HC AMPUTATION METACARPAL | 26910 | CPT | | | | outpatient | | | 10388 | | 4257.16 | Three Rivers | Three Rivers | 9868.6 | 95 | | 650 | 9868.6 | percent of total billed charges | |
| HC AMPUTATION METACARPAL | 26910 | CPT | | | | outpatient | | | 10388 | | 4257.16 | Wellcare | Medicaid | 3277.41 | 31.55 | | 650 | 9868.6 | percent of total billed charges | |
| HC AMPUTATION FINGER/THUMB PRIM/S | 26951 | CPT | | | | outpatient | | | 10522 | | 4257.16 | Horizon | MSD | 7163.14 | | 4039.07 | 334.34 | 9995.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMPUTATION FINGER/THUMB PRIM/S | 26951 | CPT | | | | outpatient | | | 10522 | | 4257.16 | First Trenton | First Trenton | 9469.8 | 90 | | 334.34 | 9995.9 | percent of total billed charges | |
| HC AMPUTATION FINGER/THUMB PRIM/S | 26951 | CPT | | | | outpatient | | | 10522 | | 4257.16 | Americare | Americare | 7891.5 | 75 | | 334.34 | 9995.9 | percent of total billed charges | |
| HC AMPUTATION FINGER/THUMB PRIM/S | 26951 | CPT | | | | outpatient | | | 10522 | | 4257.16 | First Health | First Health | 7365.4 | 70 | | 334.34 | 9995.9 | percent of total billed charges | |
| HC AMPUTATION FINGER/THUMB PRIM/S | 26951 | CPT | | | | outpatient | | | 10522 | | 4257.16 | Aetna | Commercial | 6041.47 | | | 334.34 | 9995.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMPUTATION FINGER/THUMB PRIM/S | 26951 | CPT | | | | outpatient | | | 10522 | | 4257.16 | Amerihealth | HMO\|PPO | 550 | | | 334.34 | 9995.9 | fee schedule | |
| HC AMPUTATION FINGER/THUMB PRIM/S | 26951 | CPT | | | | outpatient | | | 10522 | | 4257.16 | Aetna | Medicare | 3701.88 | | 2527.32 | 334.34 | 9995.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMPUTATION FINGER/THUMB PRIM/S | 26951 | CPT | | | | outpatient | | | 10522 | | 4257.16 | Aetna | Better Health | 3319.69 | 31.55 | | 334.34 | 9995.9 | percent of total billed charges | |
| HC AMPUTATION FINGER/THUMB PRIM/S | 26951 | CPT | | | | outpatient | | | 10522 | | 4257.16 | Consumer | Consumer | 9995.9 | 95 | | 334.34 | 9995.9 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC AMPUTATION FINGER/THUMB PRIM/S | 26951 | CPT | | | | outpatient | | | 10522 | | 4257.16 Horizon | Medicare Blue | 3701.88 | | | | 334.34 | 9995.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMPUTATION FINGER/THUMB PRIM/S | 26951 | CPT | | | | outpatient | | | 10522 | | 4257.16 Corrections | Corrections | 8417.6 | 80 | | | 334.34 | 9995.9 | percent of total billed charges | |
| HC AMPUTATION FINGER/THUMB PRIM/S | 26951 | CPT | | | | outpatient | | | 10522 | | 4257.16 Multiplan | Multiplan | 8417.6 | 80 | | | 334.34 | 9995.9 | percent of total billed charges | |
| HC AMPUTATION FINGER/THUMB PRIM/S | 26951 | CPT | | | | outpatient | | | 10522 | | 4257.16 Horizon | NJ Health | 334.34 | | | | 334.34 | 9995.9 | fee schedule | |
| HC AMPUTATION FINGER/THUMB PRIM/S | 26951 | CPT | | | | outpatient | | | 10522 | | 4257.16 Horizon | Indemnity | 7163.14 | | | | 334.34 | 9995.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMPUTATION FINGER/THUMB PRIM/S | 26951 | CPT | | | | outpatient | | | 10522 | | 4257.16 Three Rivers | Three Rivers | 9995.9 | 95 | | | 334.34 | 9995.9 | percent of total billed charges | |
| HC AMPUTATION FINGER/THUMB PRIM/S | 26951 | CPT | | | | outpatient | | | 10522 | | 4257.16 UHC | Medicare | 3701.88 | | | | 334.34 | 9995.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMPUTATION FINGER/THUMB PRIM/S | 26951 | CPT | | | | outpatient | | | 10522 | | 4257.16 Horizon | PPO | 7163.14 | | | | 334.34 | 9995.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMPUTATION FINGER/THUMB PRIM/S | 26951 | CPT | | | | outpatient | | | 10522 | | 4257.16 Qualcare | Qualcare | 7891.5 | 75 | | | 334.34 | 9995.9 | percent of total billed charges | |
| HC AMPUTATION FINGER/THUMB PRIM/S | 26951 | CPT | | | | outpatient | | | 10522 | | 4257.16 UHC | Medicaid | 3319.69 | 31.55 | | | 334.34 | 9995.9 | percent of total billed charges | |
| HC AMPUTATION FINGER/THUMB PRIM/S | 26951 | CPT | | | | outpatient | | | 10522 | | 4257.16 Wellcare | Medicare | 3701.88 | | | | 334.34 | 9995.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMPUTATION FINGER/THUMB PRIM/S | 26951 | CPT | | | | outpatient | | | 10522 | | 4257.16 Managed Care Inc | Managed Care Inc | 9469.8 | 90 | | | 334.34 | 9995.9 | percent of total billed charges | |
| HC AMPUTATION FINGER/THUMB PRIM/S | 26951 | CPT | | | | outpatient | | | 10522 | | 4257.16 United | Commercial/PPO | 2493 | | | | 334.34 | 9995.9 | case rate | |
| HC AMPUTATION FINGER/THUMB PRIM/S | 26951 | CPT | | | | outpatient | | | 10522 | | 4257.16 United | Oxford | 2493 | | | | 334.34 | 9995.9 | case rate | |
| HC AMPUTATION FINGER/THUMB PRIM/S | 26951 | CPT | | | | outpatient | | | 10522 | | 4257.16 Wellcare | Medicaid | 3319.69 | 31.55 | | | 334.34 | 9995.9 | percent of total billed charges | |
| HC AMPUTATION FINGER/THUMB PRIM/S | 26951 | CPT | | | | outpatient | | | 10522 | | 4257.16 WellPoint | WellPoint | 3385.98 | 32.18 | | | 334.34 | 9995.9 | percent of total billed charges | |
| HC AMPUTATION WITH V-Y PLASTY | 26952 | CPT | | | | outpatient | | | 5068 | | 4257.16 UHC | Medicare | 3701.88 | | | | 334.34 | 7163.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMPUTATION WITH V-Y PLASTY | 26952 | CPT | | | | outpatient | | | 5068 | | 4257.16 Corrections | Corrections | 4054.4 | 80 | | | 334.34 | 7163.14 | percent of total billed charges | |
| HC AMPUTATION WITH V-Y PLASTY | 26952 | CPT | | | | outpatient | | | 5068 | | 4257.16 Amerihealth | HMO/PPO | 800 | | | | 334.34 | 7163.14 | fee schedule | |
| HC AMPUTATION WITH V-Y PLASTY | 26952 | CPT | | | | outpatient | | | 5068 | | 4257.16 Consumer | Consumer | 4814.6 | 95 | | | 334.34 | 7163.14 | percent of total billed charges | |
| HC AMPUTATION WITH V-Y PLASTY | 26952 | CPT | | | | outpatient | | | 5068 | | 4257.16 First Trenton | First Trenton | 4561.2 | 90 | | | 334.34 | 7163.14 | percent of total billed charges | |
| HC AMPUTATION WITH V-Y PLASTY | 26952 | CPT | | | | outpatient | | | 5068 | | 4257.16 Aetna | Better Health | 1598.95 | 31.55 | | | 334.34 | 7163.14 | percent of total billed charges | |
| HC AMPUTATION WITH V-Y PLASTY | 26952 | CPT | | | | outpatient | | | 5068 | | 4257.16 UHC | Medicaid | 1598.95 | 31.55 | | | 334.34 | 7163.14 | percent of total billed charges | |
| HC AMPUTATION WITH V-Y PLASTY | 26952 | CPT | | | | outpatient | | | 5068 | | 4257.16 Aetna | Commercial | 6041.47 | | | | 334.34 | 7163.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMPUTATION WITH V-Y PLASTY | 26952 | CPT | | | | outpatient | | | 5068 | | 4257.16 Managed Care Inc | Managed Care Inc | 4561.2 | 90 | | | 334.34 | 7163.14 | percent of total billed charges | |
| HC AMPUTATION WITH V-Y PLASTY | 26952 | CPT | | | | outpatient | | | 5068 | | 4257.16 Horizon | Medicare Blue | 3701.88 | | | | 334.34 | 7163.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMPUTATION WITH V-Y PLASTY | 26952 | CPT | | | | outpatient | | | 5068 | | 4257.16 First Health | First Health | 3547.6 | 70 | | | 334.34 | 7163.14 | percent of total billed charges | |
| HC AMPUTATION WITH V-Y PLASTY | 26952 | CPT | | | | outpatient | | | 5068 | | 4257.16 Horizon | NJ Health | 334.34 | | | | 334.34 | 7163.14 | fee schedule | |
| HC AMPUTATION WITH V-Y PLASTY | 26952 | CPT | | | | outpatient | | | 5068 | | 4257.16 United | Commercial/PPO | 2493 | | | | 334.34 | 7163.14 | case rate | |
| HC AMPUTATION WITH V-Y PLASTY | 26952 | CPT | | | | outpatient | | | 5068 | | 4257.16 Horizon | Indemnity | 7163.14 | | | | 334.34 | 7163.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMPUTATION WITH V-Y PLASTY | 26952 | CPT | | | | outpatient | | | 5068 | | 4257.16 Wellcare | Medicaid | 1598.95 | 31.55 | | | 334.34 | 7163.14 | percent of total billed charges | |
| HC AMPUTATION WITH V-Y PLASTY | 26952 | CPT | | | | outpatient | | | 5068 | | 4257.16 Aetna | Medicare | 3701.88 | | | | 334.34 | 7163.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMPUTATION WITH V-Y PLASTY | 26952 | CPT | | | | outpatient | | | 5068 | | 4257.16 United | Oxford | 2493 | | | | 334.34 | 7163.14 | case rate | |
| HC AMPUTATION WITH V-Y PLASTY | 26952 | CPT | | | | outpatient | | | 5068 | | 4257.16 Horizon | PPO | 7163.14 | | | | 334.34 | 7163.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMPUTATION WITH V-Y PLASTY | 26952 | CPT | | | | outpatient | | | 5068 | | 4257.16 Wellcare | Medicare | 3701.88 | | | | 334.34 | 7163.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMPUTATION WITH V-Y PLASTY | 26952 | CPT | | | | outpatient | | | 5068 | | 4257.16 Americare | Americare | 3801 | 75 | | | 334.34 | 7163.14 | percent of total billed charges | |
| HC AMPUTATION WITH V-Y PLASTY | 26952 | CPT | | | | outpatient | | | 5068 | | 4257.16 WellPoint | WellPoint | 1630.88 | 32.18 | | | 334.34 | 7163.14 | percent of total billed charges | |
| HC AMPUTATION WITH V-Y PLASTY | 26952 | CPT | | | | outpatient | | | 5068 | | 4257.16 Horizon | MGD | 7163.14 | | | | 334.34 | 7163.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMPUTATION WITH V-Y PLASTY | 26952 | CPT | | | | outpatient | | | 5068 | | 4257.16 Multiplan | Multiplan | 4054.4 | 80 | | | 334.34 | 7163.14 | percent of total billed charges | |
| HC AMPUTATION WITH V-Y PLASTY | 26952 | CPT | | | | outpatient | | | 5068 | | 4257.16 Qualcare | Qualcare | 3801 | 75 | | | 334.34 | 7163.14 | percent of total billed charges | |
| HC AMPUTATION WITH V-Y PLASTY | 26952 | CPT | | | | outpatient | | | 5068 | | 4257.16 Three Rivers | Three Rivers | 4814.6 | 95 | | | 334.34 | 7163.14 | percent of total billed charges | |
| HC INJ FOR HIP ARTHROGRAPHY RT | 27093 | CPT | | | | outpatient | | | 2742 | | First Health | First Health | 1919.4 | 70 | | | 74.09 | 2604.9 | percent of total billed charges | |
| HC INJ FOR HIP ARTHROGRAPHY RT | 27093 | CPT | | | | outpatient | | | 2742 | | Americare | Americare | 2056.5 | 75 | | | 74.09 | 2604.9 | percent of total billed charges | |
| HC INJ FOR HIP ARTHROGRAPHY RT | 27093 | CPT | | | | outpatient | | | 2742 | | Corrections | Corrections | 2193.6 | 80 | | | 74.09 | 2604.9 | percent of total billed charges | |
| HC INJ FOR HIP ARTHROGRAPHY RT | 27093 | CPT | | | | outpatient | | | 2742 | | WellPoint | WellPoint | 882.38 | 32.18 | | | 74.09 | 2604.9 | percent of total billed charges | |
| HC INJ FOR HIP ARTHROGRAPHY RT | 27093 | CPT | | | | outpatient | | | 2742 | | Amerihealth | HMO/PPO | 125 | | | | 74.09 | 2604.9 | fee schedule | |
| HC INJ FOR HIP ARTHROGRAPHY RT | 27093 | CPT | | | | outpatient | | | 2742 | | Aetna | Commercial | 1041.96 | 38 | | | 74.09 | 2604.9 | percent of total billed charges | |
| HC INJ FOR HIP ARTHROGRAPHY RT | 27093 | CPT | | | | outpatient | | | 2742 | | Aetna | Better Health | 865.1 | 31.55 | | | 74.09 | 2604.9 | percent of total billed charges | |
| HC INJ FOR HIP ARTHROGRAPHY RT | 27093 | CPT | | | | outpatient | | | 2742 | | United | Oxford | 1782 | | | | 74.09 | 2604.9 | case rate | |
| HC INJ FOR HIP ARTHROGRAPHY RT | 27093 | CPT | | | | outpatient | | | 2742 | | Horizon | MGD | 1049.64 | 38.28 | | | 74.09 | 2604.9 | percent of total billed charges | |
| HC INJ FOR HIP ARTHROGRAPHY RT | 27093 | CPT | | | | outpatient | | | 2742 | | United | Commercial/PPO | 1782 | | | | 74.09 | 2604.9 | case rate | |
| HC INJ FOR HIP ARTHROGRAPHY RT | 27093 | CPT | | | | outpatient | | | 2742 | | Horizon | Indemnity | 1049.64 | 38.28 | | | 74.09 | 2604.9 | percent of total billed charges | |
| HC INJ FOR HIP ARTHROGRAPHY RT | 27093 | CPT | | | | outpatient | | | 2742 | | Aetna | Medicare | 844.54 | 30.8 | | | 74.09 | 2604.9 | percent of total billed charges | |
| HC INJ FOR HIP ARTHROGRAPHY RT | 27093 | CPT | | | | outpatient | | | 2742 | | UHC | Medicaid | 865.1 | 31.55 | | | 74.09 | 2604.9 | percent of total billed charges | |
| HC INJ FOR HIP ARTHROGRAPHY RT | 27093 | CPT | | | | outpatient | | | 2742 | | Multiplan | Multiplan | 2193.6 | 80 | | | 74.09 | 2604.9 | percent of total billed charges | |
| HC INJ FOR HIP ARTHROGRAPHY RT | 27093 | CPT | | | | outpatient | | | 2742 | | Consumer | Consumer | 2604.9 | 95 | | | 74.09 | 2604.9 | percent of total billed charges | |
| HC INJ FOR HIP ARTHROGRAPHY RT | 27093 | CPT | | | | outpatient | | | 2742 | | Wellcare | Medicaid | 865.1 | 31.55 | | | 74.09 | 2604.9 | percent of total billed charges | |
| HC INJ FOR HIP ARTHROGRAPHY RT | 27093 | CPT | | | | outpatient | | | 2742 | | Horizon | PPO | 1049.64 | 38.28 | | | 74.09 | 2604.9 | percent of total billed charges | |
| HC INJ FOR HIP ARTHROGRAPHY RT | 27093 | CPT | | | | outpatient | | | 2742 | | Horizon | Medicare Blue | 822.6 | 30 | | | 74.09 | 2604.9 | percent of total billed charges | |
| HC INJ FOR HIP ARTHROGRAPHY RT | 27093 | CPT | | | | outpatient | | | 2742 | | Three Rivers | Three Rivers | 2604.9 | 95 | | | 74.09 | 2604.9 | percent of total billed charges | |
| HC INJ FOR HIP ARTHROGRAPHY RT | 27093 | CPT | | | | outpatient | | | 2742 | | First Trenton | First Trenton | 2467.8 | 90 | | | 74.09 | 2604.9 | percent of total billed charges | |
| HC INJ FOR HIP ARTHROGRAPHY RT | 27093 | CPT | | | | outpatient | | | 2742 | | Qualcare | Qualcare | 2056.5 | 75 | | | 74.09 | 2604.9 | percent of total billed charges | |
| HC INJ FOR HIP ARTHROGRAPHY RT | 27093 | CPT | | | | outpatient | | | 2742 | | Horizon | NJ Health | 74.09 | | | | 74.09 | 2604.9 | fee schedule | |
| HC INJ FOR HIP ARTHROGRAPHY RT | 27093 | CPT | | | | outpatient | | | 2742 | | Managed Care Inc | Managed Care Inc | 2467.8 | 90 | | | 74.09 | 2604.9 | percent of total billed charges | |
| HC INJECT SI JOINT ANESTEROID W IMG INCL ARTHRGRPHY | 27096 | CPT | | | | both | | | 2729 | | United | Commercial/PPO | 1782 | | | | 82.32 | 2592.55 | case rate | |
| HC INJECT SI JOINT ANESTEROID W IMG INCL ARTHRGRPHY | 27096 | CPT | | | | both | | | 2729 | | Aetna | Better Health | 861 | 31.55 | | | 82.32 | 2592.55 | percent of total billed charges | |
| HC INJECT SI JOINT ANESTEROID W IMG INCL ARTHRGRPHY | 27096 | CPT | | | | both | | | 2729 | | Aetna | Medicare | 840.53 | 30.8 | | | 82.32 | 2592.55 | percent of total billed charges | |
| HC INJECT SI JOINT ANESTEROID W IMG INCL ARTHRGRPHY | 27096 | CPT | | | | both | | | 2729 | | Horizon | Indemnity | 1044.66 | 38.28 | | | 82.32 | 2592.55 | percent of total billed charges | |
| HC INJECT SI JOINT ANESTEROID W IMG INCL ARTHRGRPHY | 27096 | CPT | | | | both | | | 2729 | | Americare | Americare | 2046.75 | 75 | | | 82.32 | 2592.55 | percent of total billed charges | |
| HC INJECT SI JOINT ANESTEROID W IMG INCL ARTHRGRPHY | 27096 | CPT | | | | both | | | 2729 | | Consumer | Consumer | 2592.55 | 95 | | | 82.32 | 2592.55 | percent of total billed charges | |
| HC INJECT SI JOINT ANESTEROID W IMG INCL ARTHRGRPHY | 27096 | CPT | | | | both | | | 2729 | | Horizon | MGD | 1044.66 | 38.28 | | | 82.32 | 2592.55 | percent of total billed charges | |
| HC INJECT SI JOINT ANESTEROID W IMG INCL ARTHRGRPHY | 27096 | CPT | | | | both | | | 2729 | | First Trenton | First Trenton | 2456.1 | 90 | | | 82.32 | 2592.55 | percent of total billed charges | |
| HC INJECT SI JOINT ANESTEROID W IMG INCL ARTHRGRPHY | 27096 | CPT | | | | both | | | 2729 | | Amerihealth | HMO/PPO | 125 | | | | 82.32 | 2592.55 | fee schedule | |
| HC INJECT SI JOINT ANESTEROID W IMG INCL ARTHRGRPHY | 27096 | CPT | | | | both | | | 2729 | | First Health | First Health | 1910.3 | 70 | | | 82.32 | 2592.55 | percent of total billed charges | |
| HC INJECT SI JOINT ANESTEROID W IMG INCL ARTHRGRPHY | 27096 | CPT | | | | both | | | 2729 | | Horizon | PPO | 1044.66 | 38.28 | | | 82.32 | 2592.55 | percent of total billed charges | |
| HC INJECT SI JOINT ANESTEROID W IMG INCL ARTHRGRPHY | 27096 | CPT | | | | both | | | 2729 | | Qualcare | Qualcare | 2046.75 | 75 | | | 82.32 | 2592.55 | percent of total billed charges | |
| HC INJECT SI JOINT ANESTEROID W IMG INCL ARTHRGRPHY | 27096 | CPT | | | | both | | | 2729 | | Corrections | Corrections | 2183.2 | 80 | | | 82.32 | 2592.55 | percent of total billed charges | |
| HC INJECT SI JOINT ANESTEROID W IMG INCL ARTHRGRPHY | 27096 | CPT | | | | both | | | 2729 | | Managed Care Inc | Managed Care Inc | 2456.1 | 90 | | | 82.32 | 2592.55 | percent of total billed charges | |
| HC INJECT SI JOINT ANESTEROID W IMG INCL ARTHRGRPHY | 27096 | CPT | | | | both | | | 2729 | | Horizon | Medicare Blue | 818.7 | 30 | | | 82.32 | 2592.55 | percent of total billed charges | |
| HC INJECT SI JOINT ANESTEROID W IMG INCL ARTHRGRPHY | 27096 | CPT | | | | both | | | 2729 | | Horizon | NJ Health | 82.32 | | | | 82.32 | 2592.55 | fee schedule | |
| HC INJECT SI JOINT ANESTEROID W IMG INCL ARTHRGRPHY | 27096 | CPT | | | | both | | | 2729 | | Multiplan | Multiplan | 2183.2 | 80 | | | 82.32 | 2592.55 | percent of total billed charges | |
| HC INJECT SI JOINT ANESTEROID W IMG INCL ARTHRGRPHY | 27096 | CPT | | | | both | | | 2729 | | UHC | Medicaid | 861 | 31.55 | | | 82.32 | 2592.55 | percent of total billed charges | |
| HC INJECT SI JOINT ANESTEROID W IMG INCL ARTHRGRPHY | 27096 | CPT | | | | both | | | 2729 | | Three Rivers | Three Rivers | 2592.55 | 95 | | | 82.32 | 2592.55 | percent of total billed charges | |
| HC INJECT SI JOINT ANESTEROID W IMG INCL ARTHRGRPHY | 27096 | CPT | | | | both | | | 2729 | | United | Oxford | 1782 | | | | 82.32 | 2592.55 | case rate | |
| HC INJECT SI JOINT ANESTEROID W IMG INCL ARTHRGRPHY | 27096 | CPT | | | | both | | | 2729 | | Wellcare | Medicaid | 861 | 31.55 | | | 82.32 | 2592.55 | percent of total billed charges | |
| HC INJECT SI JOINT ANESTEROID W IMG INCL ARTHRGRPHY | 27096 | CPT | | | | both | | | 2729 | | WellPoint | WellPoint | 878.19 | 32.18 | | | 82.32 | 2592.55 | percent of total billed charges | |
| HC TREAT HIP DISLOCAT W/ ANESTH | 27252 | CPT | | | | outpatient | | | 5630 | | 2113.84 Horizon | MGD | 3556.76 | | | | 550 | 5348.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT HIP DISLOCAT W/ ANESTH | 27252 | CPT | | | | outpatient | | | 5630 | | 2113.84 Aetna | Medicare | 1838.12 | | | | 550 | 5348.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT HIP DISLOCAT W/ ANESTH | 27252 | CPT | | | | outpatient | | | 5630 | | 2113.84 Americare | Americare | 4222.5 | 75 | | | 550 | 5348.5 | percent of total billed charges | |
| HC TREAT HIP DISLOCAT W/ ANESTH | 27252 | CPT | | | | outpatient | | | 5630 | | 2113.84 Aetna | Better Health | 1776.27 | 31.55 | | | 550 | 5348.5 | percent of total billed charges | |
| HC TREAT HIP DISLOCAT W/ ANESTH | 27252 | CPT | | | | outpatient | | | 5630 | | 2113.84 UHC | Medicare | 1838.12 | | | | 550 | 5348.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT HIP DISLOCAT W/ ANESTH | 27252 | CPT | | | | outpatient | | | 5630 | | 2113.84 Aetna | Commercial | 2999.81 | | | | 550 | 5348.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT HIP DISLOCAT W/ ANESTH | 27252 | CPT | | | | outpatient | | | 5630 | | 2113.84 Wellcare | Medicaid | 1776.27 | 31.55 | | | 550 | 5348.5 | percent of total billed charges | |
| HC TREAT HIP DISLOCAT W/ ANESTH | 27252 | CPT | | | | outpatient | | | 5630 | | 2113.84 Amerihealth | HMO/PPO | 550 | | | | 550 | 5348.5 | fee schedule | |
| HC TREAT HIP DISLOCAT W/ ANESTH | 27252 | CPT | | | | outpatient | | | 5630 | | 2113.84 Horizon | PPO | 3556.76 | | | | 550 | 5348.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT HIP DISLOCAT W/ ANESTH | 27252 | CPT | | | | outpatient | | | 5630 | | 2113.84 Corrections | Corrections | 4504 | 80 | | | 550 | 5348.5 | percent of total billed charges | |
| HC TREAT HIP DISLOCAT W/ ANESTH | 27252 | CPT | | | | outpatient | | | 5630 | | 2113.84 Consumer | Consumer | 5348.5 | 95 | | | 550 | 5348.5 | percent of total billed charges | |
| HC TREAT HIP DISLOCAT W/ ANESTH | 27252 | CPT | | | | outpatient | | | 5630 | | 2113.84 First Health | First Health | 3941 | 70 | | | 550 | 5348.5 | percent of total billed charges | |
| HC TREAT HIP DISLOCAT W/ ANESTH | 27252 | CPT | | | | outpatient | | | 5630 | | 2113.84 UHC | Medicaid | 1776.27 | 31.55 | | | 550 | 5348.5 | percent of total billed charges | |
| HC TREAT HIP DISLOCAT W/ ANESTH | 27252 | CPT | | | | outpatient | | | 5630 | | 2113.84 Multiplan | Multiplan | 4504 | 80 | | | 550 | 5348.5 | percent of total billed charges | |
| HC TREAT HIP DISLOCAT W/ ANESTH | 27252 | CPT | | | | outpatient | | | 5630 | | 2113.84 Horizon | Medicare Blue | 1838.12 | | | | 550 | 5348.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT HIP DISLOCAT W/ ANESTH | 27252 | CPT | | | | outpatient | | | 5630 | | 2113.84 Horizon | Indemnity | 3556.76 | | | | 550 | 5348.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT HIP DISLOCAT W/ ANESTH | 27252 | CPT | | | | outpatient | | | 5630 | | 2113.84 WellPoint | WellPoint | 1811.73 | 32.18 | | | 550 | 5348.5 | percent of total billed charges | |
| HC TREAT HIP DISLOCAT W/ ANESTH | 27252 | CPT | | | | outpatient | | | 5630 | | 2113.84 Horizon | NJ Health | 822.15 | | | | 550 | 5348.5 | fee schedule | |
| HC TREAT HIP DISLOCAT W/ ANESTH | 27252 | CPT | | | | outpatient | | | 5630 | | 2113.84 United | Oxford | 1817 | | | | 550 | 5348.5 | case rate | |
| HC TREAT HIP DISLOCAT W/ ANESTH | 27252 | CPT | | | | outpatient | | | 5630 | | 2113.84 First Trenton | First Trenton | 5067 | 90 | | | 550 | 5348.5 | percent of total billed charges | |
| HC TREAT HIP DISLOCAT W/ ANESTH | 27252 | CPT | | | | outpatient | | | 5630 | | 2113.84 Qualcare | Qualcare | 4222.5 | 75 | | | 550 | 5348.5 | percent of total billed charges | |
| HC TREAT HIP DISLOCAT W/ ANESTH | 27252 | CPT | | | | outpatient | | | 5630 | | 2113.84 United | Commercial/PPO | 1817 | | | | 550 | 5348.5 | case rate | |
| HC TREAT HIP DISLOCAT W/ ANESTH | 27252 | CPT | | | | outpatient | | | 5630 | | 2113.84 Managed Care Inc | Managed Care Inc | 5067 | 90 | | | 550 | 5348.5 | percent of total billed charges | |
| HC TREAT HIP DISLOCAT W/ ANESTH | 27252 | CPT | | | | outpatient | | | 5630 | | 2113.84 Three Rivers | Three Rivers | 5348.5 | 95 | | | 550 | 5348.5 | percent of total billed charges | |
| HC TREAT HIP DISLOCAT W/ ANESTH | 27252 | CPT | | | | outpatient | | | 5630 | | 2113.84 Wellcare | Medicare | 1838.12 | | | | 550 | 5348.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX POST HIP ARTHROPLASTY W/O ANES | 27265 | CPT | | | | outpatient | | | 612 | | 310.16 UHC | Medicaid | 193.09 | 31.55 | | | 193.09 | 1782 | percent of total billed charges | |
| HC CL TX POST HIP ARTHROPLASTY W/O ANES | 27265 | CPT | | | | outpatient | | | 612 | | 310.16 Aetna | Medicare | 269.7 | | | | 193.09 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX POST HIP ARTHROPLASTY W/O ANES | 27265 | CPT | | | | outpatient | | | 612 | | 310.16 Aetna | Better Health | 193.09 | 31.55 | | | 193.09 | 1782 | percent of total billed charges | |
| HC CL TX POST HIP ARTHROPLASTY W/O ANES | 27265 | CPT | | | | outpatient | | | 612 | | 310.16 Corrections | Corrections | 489.6 | 80 | | | 193.09 | 1782 | percent of total billed charges | |
| HC CL TX POST HIP ARTHROPLASTY W/O ANES | 27265 | CPT | | | | outpatient | | | 612 | | 310.16 Amerihealth | HMO/PPO | 300 | | | | 193.09 | 1782 | fee schedule | |
| HC CL TX POST HIP ARTHROPLASTY W/O ANES | 27265 | CPT | | | | outpatient | | | 612 | | 310.16 Americare | Americare | 459 | 75 | | | 193.09 | 1782 | percent of total billed charges | |
| HC CL TX POST HIP ARTHROPLASTY W/O ANES | 27265 | CPT | | | | outpatient | | | 612 | | 310.16 Consumer | Consumer | 581.4 | 95 | | | 193.09 | 1782 | percent of total billed charges | |
| HC CL TX POST HIP ARTHROPLASTY W/O ANES | 27265 | CPT | | | | outpatient | | | 612 | | 310.16 First Trenton | First Trenton | 550.8 | 90 | | | 193.09 | 1782 | percent of total billed charges | |
| HC CL TX POST HIP ARTHROPLASTY W/O ANES | 27265 | CPT | | | | outpatient | | | 612 | | 310.16 UHC | Medicare | 269.7 | | | | 193.09 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX POST HIP ARTHROPLASTY W/O ANES | 27265 | CPT | | | | outpatient | | | 612 | | 310.16 Multiplan | Multiplan | 489.6 | 80 | | | 193.09 | 1782 | percent of total billed charges | |
| HC CL TX POST HIP ARTHROPLASTY W/O ANES | 27265 | CPT | | | | outpatient | | | 612 | | 310.16 Aetna | Commercial | 232.56 | 38 | | | 193.09 | 1782 | percent of total billed charges | |
| HC CL TX POST HIP ARTHROPLASTY W/O ANES | 27265 | CPT | | | | outpatient | | | 612 | | 310.16 Horizon | MGD | 521.87 | | | | 193.09 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX POST HIP ARTHROPLASTY W/O ANES | 27265 | CPT | | | | outpatient | | | 612 | | 310.16 First Health | First Health | 428.4 | 70 | | | 193.09 | 1782 | percent of total billed charges | |
| HC CL TX POST HIP ARTHROPLASTY W/O ANES | 27265 | CPT | | | | outpatient | | | 612 | | 310.16 Qualcare | Qualcare | 459 | 75 | | | 193.09 | 1782 | percent of total billed charges | |
| HC CL TX POST HIP ARTHROPLASTY W/O ANES | 27265 | CPT | | | | outpatient | | | 612 | | 310.16 Horizon | Medicare Blue | 269.7 | | | | 193.09 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX POST HIP ARTHROPLASTY W/O ANES | 27265 | CPT | | | | outpatient | | | 612 | | 310.16 Managed Care Inc | Managed Care Inc | 550.8 | 90 | | | 193.09 | 1782 | percent of total billed charges | |
| HC CL TX POST HIP ARTHROPLASTY W/O ANES | 27265 | CPT | | | | outpatient | | | 612 | | 310.16 Horizon | Indemnity | 521.87 | | | | 193.09 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX POST HIP ARTHROPLASTY W/O ANES | 27265 | CPT | | | | outpatient | | | 612 | | 310.16 Horizon | NJ Health | 455.84 | | | | 193.09 | 1782 | fee schedule | |
| HC CL TX POST HIP ARTHROPLASTY W/O ANES | 27265 | CPT | | | | outpatient | | | 612 | | 310.16 Wellcare | Medicare | 269.7 | | | | 193.09 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX POST HIP ARTHROPLASTY W/O ANES | 27265 | CPT | | | | outpatient | | | 612 | | 310.16 Three Rivers | Three Rivers | 581.4 | 95 | | | 193.09 | 1782 | percent of total billed charges | |
| HC CL TX POST HIP ARTHROPLASTY W/O ANES | 27265 | CPT | | | | outpatient | | | 612 | | 310.16 United | Commercial/PPO | 1782 | | | | 193.09 | 1782 | case rate | |
| HC CL TX POST HIP ARTHROPLASTY W/O ANES | 27265 | CPT | | | | outpatient | | | 612 | | 310.16 Horizon | PPO | 521.87 | | | | 193.09 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX POST HIP ARTHROPLASTY W/O ANES | 27265 | CPT | | | | outpatient | | | 612 | | 310.16 United | Oxford | 1782 | | | | 193.09 | 1782 | case rate | |
| HC CL TX POST HIP ARTHROPLASTY W/O ANES | 27265 | CPT | | | | outpatient | | | 612 | | 310.16 WellPoint | WellPoint | 196.94 | 32.18 | | | 193.09 | 1782 | percent of total billed charges | |
| HC CL TX POST HIP ARTHROPLASTY W/O ANES | 27265 | CPT | | | | outpatient | | | 612 | | 310.16 Wellcare | Medicaid | 193.09 | 31.55 | | | 193.09 | 1782 | percent of total billed charges | |
| HC TREATMT HIP DISLOCAT W/ ANES | 27266 | CPT | | | | outpatient | | | 5630 | | 2113.84 Aetna | Medicare | 1838.12 | | | | 550 | 5348.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREATMT HIP DISLOCAT W/ ANES | 27266 | CPT | | | | outpatient | | | 5630 | | 2113.84 Wellcare | Medicaid | 1776.27 | 31.55 | | | 550 | 5348.5 | percent of total billed charges | |
| HC TREATMT HIP DISLOCAT W/ ANES | 27266 | CPT | | | | outpatient | | | 5630 | | 2113.84 Aetna | Better Health | 1776.27 | 31.55 | | | 550 | 5348.5 | percent of total billed charges | |
| HC TREATMT HIP DISLOCAT W/ ANES | 27266 | CPT | | | | outpatient | | | 5630 | | 2113.84 Horizon | MGD | 3556.76 | | | | 550 | 5348.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREATMT HIP DISLOCAT W/ ANES | 27266 | CPT | | | | outpatient | | | 5630 | | 2113.84 Aetna | Commercial | 2139.4 | 38 | | | 550 | 5348.5 | percent of total billed charges | |
| HC TREATMT HIP DISLOCAT W/ ANES | 27266 | CPT | | | | outpatient | | | 5630 | | 2113.84 Americare | Americare | 4222.5 | 75 | | | 550 | 5348.5 | percent of total billed charges | |
| HC TREATMT HIP DISLOCAT W/ ANES | 27266 | CPT | | | | outpatient | | | 5630 | | 2113.84 Horizon | Indemnity | 3556.76 | | | | 550 | 5348.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREATMT HIP DISLOCAT W/ ANES | 27266 | CPT | | | | outpatient | | | 5630 | | 2113.84 Horizon | PPO | 3556.76 | | | | 550 | 5348.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREATMT HIP DISLOCAT W/ ANES | 27266 | CPT | | | | outpatient | | | 5630 | | 2113.84 Consumer | Consumer | 5348.5 | 95 | | | 550 | 5348.5 | percent of total billed charges | |
| HC TREATMT HIP DISLOCAT W/ ANES | 27266 | CPT | | | | outpatient | | | 5630 | | 2113.84 Amerihealth | HMO/PPO | 550 | | | | 550 | 5348.5 | fee schedule | |
| HC TREATMT HIP DISLOCAT W/ ANES | 27266 | CPT | | | | outpatient | | | 5630 | | 2113.84 First Health | First Health | 3941 | 70 | | | 550 | 5348.5 | percent of total billed charges | |
| HC TREATMT HIP DISLOCAT W/ ANES | 27266 | CPT | | | | outpatient | | | 5630 | | 2113.84 UHC | Medicare | 1838.12 | | | | 550 | 5348.5 | other | Payer-specific negotiated charge calcul

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC TREATMT HIP DISLOCAT W/ ANES | 27266 | CPT | | | | outpatient | | | 5630 | 2113.84 | Multiplan | Multiplan | 4504 | | | | 550 | 5348.5 | percent of total billed charges | |
| HC TREATMT HIP DISLOCAT W/ ANES | 27266 | CPT | | | | outpatient | | | 5630 | 2113.84 | Horizon | Medicare Blue | 1838.12 | | | | 550 | 5348.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREATMT HIP DISLOCAT W/ ANES | 27266 | CPT | | | | outpatient | | | 5630 | 2113.84 | United | Commercial/PPO | 2493 | | | | 550 | 5348.5 | case rate | |
| HC TREATMT HIP DISLOCAT W/ ANES | 27266 | CPT | | | | outpatient | | | 5630 | 2113.84 | UHC | Medicaid | 1776.27 | 31.55 | | | 550 | 5348.5 | percent of total billed charges | |
| HC TREATMT HIP DISLOCAT W/ ANES | 27266 | CPT | | | | outpatient | | | 5630 | 2113.84 | Corrections | Corrections | 4504 | 80 | | | 550 | 5348.5 | percent of total billed charges | |
| HC TREATMT HIP DISLOCAT W/ ANES | 27266 | CPT | | | | outpatient | | | 5630 | 2113.84 | United | Oxford | 2493 | | | | 550 | 5348.5 | case rate | |
| HC TREATMT HIP DISLOCAT W/ ANES | 27266 | CPT | | | | outpatient | | | 5630 | 2113.84 | First Trenton | First Trenton | 5067 | 90 | | | 550 | 5348.5 | percent of total billed charges | |
| HC TREATMT HIP DISLOCAT W/ ANES | 27266 | CPT | | | | outpatient | | | 5630 | 2113.84 | Qualcare | Qualcare | 4222.5 | 75 | | | 550 | 5348.5 | percent of total billed charges | |
| HC TREATMT HIP DISLOCAT W/ ANES | 27266 | CPT | | | | outpatient | | | 5630 | 2113.84 | Managed Care Inc | Managed Care Inc | 5067 | 90 | | | 550 | 5348.5 | percent of total billed charges | |
| HC TREATMT HIP DISLOCAT W/ ANES | 27266 | CPT | | | | outpatient | | | 5630 | 2113.84 | Horizon | NJ Health | 654.82 | | | | 550 | 5348.5 | fee schedule | |
| HC TREATMT HIP DISLOCAT W/ ANES | 27266 | CPT | | | | outpatient | | | 5630 | 2113.84 | Three Rivers | Three Rivers | 5348.5 | 95 | | | 550 | 5348.5 | percent of total billed charges | |
| HC TREATMT HIP DISLOCAT W/ ANES | 27266 | CPT | | | | outpatient | | | 5630 | 2113.84 | WellPoint | WellPoint | 1811.73 | 32.18 | | 643.14 | 550 | 5348.5 | percent of total billed charges | |
| HC TREATMT HIP DISLOCAT W/ ANES | 27266 | CPT | | | | outpatient | | | 5630 | 2113.84 | Wellcare | Medicare | 1838.12 | | | | 550 | 5348.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL | 27323 | CPT | | | | outpatient | | | 5464 | 2132.36 | Aetna | Commercial | 3026.1 | | | | | 75.79 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL | 27323 | CPT | | | | outpatient | | | 5464 | 2132.36 | First Trenton | First Trenton | 4917.6 | 90 | | | | 75.79 | 5190.8 | percent of total billed charges | |
| HC BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL | 27323 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | PPO | 3587.94 | | | | | 75.79 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL | 27323 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | Medicare Blue | 1854.23 | | | | | 75.79 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL | 27323 | CPT | | | | outpatient | | | 5464 | 2132.36 | Americare | Americare | 4098 | 75 | | | | 75.79 | 5190.8 | percent of total billed charges | |
| HC BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL | 27323 | CPT | | | | outpatient | | | 5464 | 2132.36 | UHC | Medicaid | 1723.89 | 31.55 | | | | 75.79 | 5190.8 | percent of total billed charges | |
| HC BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL | 27323 | CPT | | | | outpatient | | | 5464 | 2132.36 | Aetna | Medicare | 1854.23 | | | | | 75.79 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL | 27323 | CPT | | | | outpatient | | | 5464 | 2132.36 | Aetna | Better Health | 1723.89 | 31.55 | | | | 75.79 | 5190.8 | percent of total billed charges | |
| HC BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL | 27323 | CPT | | | | outpatient | | | 5464 | 2132.36 | Amerihealth | HMO/PPO | 300 | | | | | 75.79 | 5190.8 | fee schedule | |
| HC BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL | 27323 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | Indemnity | 3587.94 | | | | | 75.79 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL | 27323 | CPT | | | | outpatient | | | 5464 | 2132.36 | WellPoint | WellPoint | 1758.32 | 32.18 | | | | 75.79 | 5190.8 | percent of total billed charges | |
| HC BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL | 27323 | CPT | | | | outpatient | | | 5464 | 2132.36 | Multiplan | Multiplan | 4371.2 | 80 | | | | 75.79 | 5190.8 | percent of total billed charges | |
| HC BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL | 27323 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | MGD | 3587.94 | | | | | 75.79 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL | 27323 | CPT | | | | outpatient | | | 5464 | 2132.36 | United | Oxford | 1817 | | | | | 75.79 | 5190.8 | case rate | |
| HC BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL | 27323 | CPT | | | | outpatient | | | 5464 | 2132.36 | Consumer | Consumer | 5190.8 | 95 | | | | 75.79 | 5190.8 | percent of total billed charges | |
| HC BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL | 27323 | CPT | | | | outpatient | | | 5464 | 2132.36 | First Health | First Health | 3824.8 | 70 | | | | 75.79 | 5190.8 | percent of total billed charges | |
| HC BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL | 27323 | CPT | | | | outpatient | | | 5464 | 2132.36 | Corrections | Corrections | 4371.2 | 80 | | | | 75.79 | 5190.8 | percent of total billed charges | |
| HC BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL | 27323 | CPT | | | | outpatient | | | 5464 | 2132.36 | Managed Care Inc | Managed Care Inc | 4917.6 | 90 | | | | 75.79 | 5190.8 | percent of total billed charges | |
| HC BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL | 27323 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | NJ Health | 75.79 | | | | | 75.79 | 5190.8 | fee schedule | |
| HC BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL | 27323 | CPT | | | | outpatient | | | 5464 | 2132.36 | Qualcare | Qualcare | 4098 | 75 | | | | 75.79 | 5190.8 | percent of total billed charges | |
| HC BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL | 27323 | CPT | | | | outpatient | | | 5464 | 2132.36 | UHC | Medicare | 1854.23 | | | | | 75.79 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL | 27323 | CPT | | | | outpatient | | | 5464 | 2132.36 | Three Rivers | Three Rivers | 5190.8 | 95 | | | | 75.79 | 5190.8 | percent of total billed charges | |
| HC BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL | 27323 | CPT | | | | outpatient | | | 5464 | 2132.36 | United | Commercial/PPO | 1817 | | | | | 75.79 | 5190.8 | case rate | |
| HC BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL | 27323 | CPT | | | | outpatient | | | 5464 | 2132.36 | Wellcare | Medicaid | 1723.89 | 31.55 | | | | 75.79 | 5190.8 | percent of total billed charges | |
| HC BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL | 27323 | CPT | | | | outpatient | | | 5464 | 2132.36 | Wellcare | Medicare | 1854.23 | | | | | 75.79 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRMT TIB FX W/OUT MANIP | 27530 | CPT | | | | outpatient | | | 2194 | 310.16 | Aetna | Commercial | 440.15 | | | | 125 | | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRMT TIB FX W/OUT MANIP | 27530 | CPT | | | | outpatient | | | 2194 | 310.16 | Aetna | Better Health | 692.21 | 31.55 | | | 125 | | 2084.3 | percent of total billed charges | |
| HC CLSD TRMT TIB FX W/OUT MANIP | 27530 | CPT | | | | outpatient | | | 2194 | 310.16 | Qualcare | Qualcare | 1645.5 | 75 | | | 125 | | 2084.3 | percent of total billed charges | |
| HC CLSD TRMT TIB FX W/OUT MANIP | 27530 | CPT | | | | outpatient | | | 2194 | 310.16 | First Health | First Health | 1535.8 | 70 | | | 125 | | 2084.3 | percent of total billed charges | |
| HC CLSD TRMT TIB FX W/OUT MANIP | 27530 | CPT | | | | outpatient | | | 2194 | 310.16 | Americare | Americare | 1645.5 | 75 | | | 125 | | 2084.3 | percent of total billed charges | |
| HC CLSD TRMT TIB FX W/OUT MANIP | 27530 | CPT | | | | outpatient | | | 2194 | 310.16 | Aetna | Medicare | 269.7 | | | | 125 | | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRMT TIB FX W/OUT MANIP | 27530 | CPT | | | | outpatient | | | 2194 | 310.16 | First Trenton | First Trenton | 1974.6 | 90 | | | 125 | | 2084.3 | percent of total billed charges | |
| HC CLSD TRMT TIB FX W/OUT MANIP | 27530 | CPT | | | | outpatient | | | 2194 | 310.16 | Consumer | Consumer | 2084.3 | 95 | | | 125 | | 2084.3 | percent of total billed charges | |
| HC CLSD TRMT TIB FX W/OUT MANIP | 27530 | CPT | | | | outpatient | | | 2194 | 310.16 | Amerihealth | HMO/PPO | 125 | | | | 125 | | 2084.3 | fee schedule | |
| HC CLSD TRMT TIB FX W/OUT MANIP | 27530 | CPT | | | | outpatient | | | 2194 | 310.16 | Horizon | MGD | 521.87 | | | | 125 | | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRMT TIB FX W/OUT MANIP | 27530 | CPT | | | | outpatient | | | 2194 | 310.16 | UHC | Medicaid | 692.21 | 31.55 | | | 125 | | 2084.3 | percent of total billed charges | |
| HC CLSD TRMT TIB FX W/OUT MANIP | 27530 | CPT | | | | outpatient | | | 2194 | 310.16 | Three Rivers | Three Rivers | 2084.3 | 95 | | | 125 | | 2084.3 | percent of total billed charges | |
| HC CLSD TRMT TIB FX W/OUT MANIP | 27530 | CPT | | | | outpatient | | | 2194 | 310.16 | United | Commercial/PPO | 1782 | | | | 125 | | 2084.3 | case rate | |
| HC CLSD TRMT TIB FX W/OUT MANIP | 27530 | CPT | | | | outpatient | | | 2194 | 310.16 | Multiplan | Multiplan | 1755.2 | 80 | | | 125 | | 2084.3 | percent of total billed charges | |
| HC CLSD TRMT TIB FX W/OUT MANIP | 27530 | CPT | | | | outpatient | | | 2194 | 310.16 | UHC | Medicare | 269.7 | | | | 125 | | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRMT TIB FX W/OUT MANIP | 27530 | CPT | | | | outpatient | | | 2194 | 310.16 | Corrections | Corrections | 1755.2 | 80 | | | 125 | | 2084.3 | percent of total billed charges | |
| HC CLSD TRMT TIB FX W/OUT MANIP | 27530 | CPT | | | | outpatient | | | 2194 | 310.16 | Wellcare | Medicare | 269.7 | | | | 125 | | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRMT TIB FX W/OUT MANIP | 27530 | CPT | | | | outpatient | | | 2194 | 310.16 | Wellcare | Medicaid | 692.21 | 31.55 | | | 125 | | 2084.3 | percent of total billed charges | |
| HC CLSD TRMT TIB FX W/OUT MANIP | 27530 | CPT | | | | outpatient | | | 2194 | 310.16 | Horizon | Indemnity | 521.87 | | | | 125 | | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRMT TIB FX W/OUT MANIP | 27530 | CPT | | | | outpatient | | | 2194 | 310.16 | Wellcare | Medicare Blue | 269.7 | | | | 125 | | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRMT TIB FX W/OUT MANIP | 27530 | CPT | | | | outpatient | | | 2194 | 310.16 | Horizon | NJ Health | 405.59 | | | | 125 | | 2084.3 | fee schedule | |
| HC CLSD TRMT TIB FX W/OUT MANIP | 27530 | CPT | | | | outpatient | | | 2194 | 310.16 | Horizon | PPO | 521.87 | | | | 125 | | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRMT TIB FX W/OUT MANIP | 27530 | CPT | | | | outpatient | | | 2194 | 310.16 | Managed Care Inc | Managed Care Inc | 1974.6 | 90 | | | 125 | | 2084.3 | percent of total billed charges | |
| HC CLSD TRMT TIB FX W/OUT MANIP | 27530 | CPT | | | | outpatient | | | 2194 | 310.16 | United | Oxford | 1782 | | | | 125 | | 2084.3 | case rate | |
| HC CLSD TRMT TIB FX W/OUT MANIP | 27530 | CPT | | | | outpatient | | | 2194 | 310.16 | WellPoint | WellPoint | 706.03 | 32.18 | | | 125 | | 2084.3 | percent of total billed charges | |
| HC TREAT KNEE DISLOC W/ ANESTH | 27552 | CPT | | | | outpatient | | | 6165 | 2113.84 | Aetna | Better Health | 1945.06 | 31.55 | | | 300 | | 5856.75 | percent of total billed charges | |
| HC TREAT KNEE DISLOC W/ ANESTH | 27552 | CPT | | | | outpatient | | | 6165 | 2113.84 | UHC | Medicaid | 1945.06 | 31.55 | | | 300 | | 5856.75 | percent of total billed charges | |
| HC TREAT KNEE DISLOC W/ ANESTH | 27552 | CPT | | | | outpatient | | | 6165 | 2113.84 | Corrections | Corrections | 4932 | 80 | | | 300 | | 5856.75 | percent of total billed charges | |
| HC TREAT KNEE DISLOC W/ ANESTH | 27552 | CPT | | | | outpatient | | | 6165 | 2113.84 | Aetna | Medicare | 1838.12 | | | | 300 | | 5856.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT KNEE DISLOC W/ ANESTH | 27552 | CPT | | | | outpatient | | | 6165 | 2113.84 | Wellcare | Medicare | 1838.12 | | | | 300 | | 5856.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT KNEE DISLOC W/ ANESTH | 27552 | CPT | | | | outpatient | | | 6165 | 2113.84 | Amerihealth | HMO/PPO | 300 | | | | 300 | | 5856.75 | fee schedule | |
| HC TREAT KNEE DISLOC W/ ANESTH | 27552 | CPT | | | | outpatient | | | 6165 | 2113.84 | Aetna | Commercial | 2999.81 | | | | 300 | | 5856.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT KNEE DISLOC W/ ANESTH | 27552 | CPT | | | | outpatient | | | 6165 | 2113.84 | Three Rivers | Three Rivers | 5856.75 | 95 | | | 300 | | 5856.75 | percent of total billed charges | |
| HC TREAT KNEE DISLOC W/ ANESTH | 27552 | CPT | | | | outpatient | | | 6165 | 2113.84 | Americare | Americare | 4623.75 | 75 | | | 300 | | 5856.75 | percent of total billed charges | |
| HC TREAT KNEE DISLOC W/ ANESTH | 27552 | CPT | | | | outpatient | | | 6165 | 2113.84 | United | Commercial/PPO | 2493 | | | | 300 | | 5856.75 | case rate | |
| HC TREAT KNEE DISLOC W/ ANESTH | 27552 | CPT | | | | outpatient | | | 6165 | 2113.84 | Multiplan | Multiplan | 4932 | 80 | | | 300 | | 5856.75 | percent of total billed charges | |
| HC TREAT KNEE DISLOC W/ ANESTH | 27552 | CPT | | | | outpatient | | | 6165 | 2113.84 | First Trenton | First Trenton | 5548.5 | 90 | | | 300 | | 5856.75 | percent of total billed charges | |
| HC TREAT KNEE DISLOC W/ ANESTH | 27552 | CPT | | | | outpatient | | | 6165 | 2113.84 | Consumer | Consumer | 5856.75 | 95 | | | 300 | | 5856.75 | percent of total billed charges | |
| HC TREAT KNEE DISLOC W/ ANESTH | 27552 | CPT | | | | outpatient | | | 6165 | 2113.84 | First Health | First Health | 4315.5 | 70 | | | 300 | | 5856.75 | percent of total billed charges | |
| HC TREAT KNEE DISLOC W/ ANESTH | 27552 | CPT | | | | outpatient | | | 6165 | 2113.84 | Qualcare | Qualcare | 4623.75 | 75 | | | 300 | | 5856.75 | percent of total billed charges | |
| HC TREAT KNEE DISLOC W/ ANESTH | 27552 | CPT | | | | outpatient | | | 6165 | 2113.84 | Horizon | MGD | 3556.76 | | | | 300 | | 5856.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT KNEE DISLOC W/ ANESTH | 27552 | CPT | | | | outpatient | | | 6165 | 2113.84 | United | Oxford | 2493 | | | | 300 | | 5856.75 | case rate | |
| HC TREAT KNEE DISLOC W/ ANESTH | 27552 | CPT | | | | outpatient | | | 6165 | 2113.84 | WellPoint | WellPoint | 1983.9 | 32.18 | | | 300 | | 5856.75 | percent of total billed charges | |
| HC TREAT KNEE DISLOC W/ ANESTH | 27552 | CPT | | | | outpatient | | | 6165 | 2113.84 | Horizon | NJ Health | 493.29 | | | | 300 | | 5856.75 | fee schedule | |
| HC TREAT KNEE DISLOC W/ ANESTH | 27552 | CPT | | | | outpatient | | | 6165 | 2113.84 | Horizon | Indemnity | 3556.76 | | | | 300 | | 5856.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT KNEE DISLOC W/ ANESTH | 27552 | CPT | | | | outpatient | | | 6165 | 2113.84 | Horizon | PPO | 3556.76 | | | | 300 | | 5856.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT KNEE DISLOC W/ ANESTH | 27552 | CPT | | | | outpatient | | | 6165 | 2113.84 | Horizon | Medicare Blue | 1838.12 | | | | 300 | | 5856.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT KNEE DISLOC W/ ANESTH | 27552 | CPT | | | | outpatient | | | 6165 | 2113.84 | Managed Care Inc | Managed Care Inc | 5548.5 | 90 | | | 300 | | 5856.75 | percent of total billed charges | |
| HC TREAT KNEE DISLOC W/ ANESTH | 27552 | CPT | | | | outpatient | | | 6165 | 2113.84 | UHC | Medicare | 1838.12 | | | | 300 | | 5856.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT KNEE DISLOC W/ ANESTH | 27552 | CPT | | | | outpatient | | | 6165 | 2113.84 | Wellcare | Medicaid | 1945.06 | 31.55 | | | 300 | | 5856.75 | percent of total billed charges | |
| HC CLSD TRT PATELLAR DILOC W/O ANE | 27560 | CPT | | | | outpatient | | | 2194 | 310.16 | Aetna | Commercial | 440.15 | | | 229.36 | 125 | | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PATELLAR DILOC W/O ANE | 27560 | CPT | | | | outpatient | | | 2194 | 310.16 | Americare | Americare | 1645.5 | 75 | | | 125 | | 2084.3 | percent of total billed charges | |
| HC CLSD TRT PATELLAR DILOC W/O ANE | 27560 | CPT | | | | outpatient | | | 2194 | 310.16 | Corrections | Corrections | 1755.2 | 80 | | | 125 | | 2084.3 | percent of total billed charges | |
| HC CLSD TRT PATELLAR DILOC W/O ANE | 27560 | CPT | | | | outpatient | | | 2194 | 310.16 | Aetna | Better Health | 692.21 | 31.55 | | 623.45 | 125 | | 2084.3 | percent of total billed charges | |
| HC CLSD TRT PATELLAR DILOC W/O ANE | 27560 | CPT | | | | outpatient | | | 2194 | 310.16 | Horizon | NJ Health | 310.07 | | | 243.75 | 125 | | 2084.3 | fee schedule | |
| HC CLSD TRT PATELLAR DILOC W/O ANE | 27560 | CPT | | | | outpatient | | | 2194 | 310.16 | Aetna | Medicare | 269.7 | | | | 125 | | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PATELLAR DILOC W/O ANE | 27560 | CPT | | | | outpatient | | | 2194 | 310.16 | Consumer | Consumer | 2084.3 | 95 | | | 125 | | 2084.3 | percent of total billed charges | |
| HC CLSD TRT PATELLAR DILOC W/O ANE | 27560 | CPT | | | | outpatient | | | 2194 | 310.16 | First Health | First Health | 1535.8 | 70 | | | 125 | | 2084.3 | percent of total billed charges | |
| HC CLSD TRT PATELLAR DILOC W/O ANE | 27560 | CPT | | | | outpatient | | | 2194 | 310.16 | UHC | Medicare | 269.7 | | | | 125 | | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PATELLAR DILOC W/O ANE | 27560 | CPT | | | | outpatient | | | 2194 | 310.16 | Amerihealth | HMO/PPO | 125 | | | | 125 | | 2084.3 | fee schedule | |
| HC CLSD TRT PATELLAR DILOC W/O ANE | 27560 | CPT | | | | outpatient | | | 2194 | 310.16 | Wellcare | Medicare | 269.7 | | | | 125 | | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PATELLAR DILOC W/O ANE | 27560 | CPT | | | | outpatient | | | 2194 | 310.16 | Horizon | Indemnity | 521.87 | | | | 125 | | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PATELLAR DILOC W/O ANE | 27560 | CPT | | | | outpatient | | | 2194 | 310.16 | Multiplan | Multiplan | 1755.2 | 80 | | | 125 | | 2084.3 | percent of total billed charges | |
| HC CLSD TRT PATELLAR DILOC W/O ANE | 27560 | CPT | | | | outpatient | | | 2194 | 310.16 | First Trenton | First Trenton | 1974.6 | 90 | | | 125 | | 2084.3 | percent of total billed charges | |
| HC CLSD TRT PATELLAR DILOC W/O ANE | 27560 | CPT | | | | outpatient | | | 2194 | 310.16 | Three Rivers | Three Rivers | 2084.3 | 95 | | | 125 | | 2084.3 | percent of total billed charges | |
| HC CLSD TRT PATELLAR DILOC W/O ANE | 27560 | CPT | | | | outpatient | | | 2194 | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 125 | | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PATELLAR DILOC W/O ANE | 27560 | CPT | | | | outpatient | | | 2194 | 310.16 | Qualcare | Qualcare | 1645.5 | 75 | | | 125 | | 2084.3 | percent of total billed charges | |
| HC CLSD TRT PATELLAR DILOC W/O ANE | 27560 | CPT | | | | outpatient | | | 2194 | 310.16 | Horizon | MGD | 521.87 | | | | 125 | | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PATELLAR DILOC W/O ANE | 27560 | CPT | | | | outpatient | | | 2194 | 310.16 | UHC | Medicaid | 692.21 | 31.55 | | 670.1 | 125 | | 2084.3 | percent of total billed charges | |
| HC CLSD TRT PATELLAR DILOC W/O ANE | 27560 | CPT | | | | outpatient | | | 2194 | 310.16 | Horizon | PPO | 521.87 | | | | 125 | | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PATELLAR DILOC W/O ANE | 27560 | CPT | | | | outpatient | | | 2194 | 310.16 | United | Oxford | 1782 | | | | 125 | | 2084.3 | case rate | |
| HC CLSD TRT PATELLAR DILOC W/O ANE | 27560 | CPT | | | | outpatient | | | 2194 | 310.16 | Managed Care Inc | Managed Care Inc | 1974.6 | 90 | | | 125 | | 2084.3 | percent of total billed charges | |
| HC CLSD TRT PATELLAR DILOC W/O ANE | 27560 | CPT | | | | outpatient | | | 2194 | 310.16 | Wellcare | Medicaid | 692.21 | 31.55 | | | 125 | | 2084.3 | percent of total billed charges | |
| HC CLSD TRT PATELLAR DILOC W/O ANE | 27560 | CPT | | | | outpatient | | | 2194 | 310.16 | United | Commercial/PPO | 1782 | | | | 125 | | 2084.3 | case rate | |
| HC CLSD TRT PATELLAR DILOC W/O ANE | 27560 | CPT | | | | outpatient | | | 2194 | 310.16 | WellPoint | WellPoint | 706.03 | 32.18 | | | 125 | | 2084.3 | percent of total billed charges | |
| HC CL TX PATLLR DISLO; W ANES | 27562 | CPT | | | | outpatient | | | 866 | 310.16 | Aetna | Commercial | 329.08 | 38 | | | 269.7 | | 1782 | percent of total billed charges | |
| HC CL TX PATLLR DISLO; W ANES | 27562 | CPT | | | | outpatient | | | 866 | 310.16 | Americare | Americare | 649.5 | 75 | | | 269.7 | | 1782 | percent of total billed charges | |
| HC CL TX PATLLR DISLO; W ANES | 27562 | CPT | | | | outpatient | | | 866 | 310.16 | First Health | First Health | 606.2 | 70 | | | 269.7 | | 1782 | percent of total billed charges | |
| HC CL TX PATLLR DISLO; W ANES | 27562 | CPT | | | | outpatient | | | 866 | 310.16 | First Trenton | First Trenton | 779.4 | 90 | | | 269.7 | | 1782 | percent of total billed charges | |
| HC CL TX PATLLR DISLO; W ANES | 27562 | CPT | | | | outpatient | | | 866 | 310.16 | Aetna | Medicare | 269.7 | | | | 269.7 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX PATLLR DISLO; W ANES | 27562 | CPT | | | | outpatient | | | 866 | 310.16 | Amerihealth | HMO/PPO | 300 | | | | 269.7 | | 1782 | fee schedule | |
| HC CL TX PATLLR DISLO; W ANES | 27562 | CPT | | | | outpatient | | | 866 | 310.16 | Aetna | Better Health | 273.22 | 31.55 | | | 269.7 | | 1782 | percent of total billed charges | |
| HC CL TX PATLLR DISLO; W ANES | 27562 | CPT | | | | outpatient | | | 866 | 310.16 | Horizon | Indemnity | 521.87 | | | | 269.7 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX PATLLR DISLO; W ANES | 27562 | CPT | | | | outpatient | | | 866 | 310.16 | Consumer | Consumer | 822.7 | 95 | | | 269.7 | | 1782 | percent of total billed charges | |
| HC CL TX PATLLR DISLO; W ANES | 27562 | CPT | | | | outpatient | | | 866 | 310.16 | Horizon | PPO | 521.87 | | | | 269.7 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX PATLLR DISLO; W ANES | 27562 | CPT | | | | outpatient | | | 866 | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 269.7 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX PATLLR DISLO; W ANES | 27562 | CPT | | | | outpatient | | | 866 | 310.16 | UHC | Medicaid | 273.22 | 31.55 | | | 269.7 | | 1782 | percent of total billed charges | |
| HC CL TX PATLLR DISLO; W ANES | 27562 | CPT | | | | outpatient | | | 866 | 310.16 | Corrections | Corrections | 692.8 | 80 | | | 269.7 | | 1782 | percent of total billed charges | |
| HC CL TX PATLLR DISLO; W ANES | 27562 | CPT | | | | outpatient | | | 866 | 310.16 | Managed Care Inc | Managed Care Inc | 779.4 | 90 | | | 269.7 | | 1782 | percent of total billed charges | |
| HC CL TX PATLLR DISLO; W ANES | 27562 | CPT | | | | outpatient | | | 866 | 310.16 | Horizon | NJ Health | 341.07 | | | | 269.7 | | 1782 | fee schedule | |
| HC CL TX PATLLR DISLO; W ANES | 27562 | CPT | | | | outpatient | | | 866 | 310.16 | UHC | Medicare | 269.7 | | | | 269.7 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX PATLLR DISLO; W ANES | 27562 | CPT | | | | outpatient | | | 866 | 310.16 | Horizon | MGD | 521.87 | | | | 269.7 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX PATLLR DISLO; W ANES | 27562 | CPT | | | | outpatient | | | 866 | 310.16 | United | Oxford | 1782 | | | | 269.7 | | 1782 | case rate | |
| HC CL TX PATLLR DISLO; W ANES | 27562 | CPT | | | | outpatient | | | 866 | 310.16 | Multiplan | Multiplan | 692.8 | 80 | | | 269.7 | | 1782 | percent of total billed charges | |
| HC CL TX PATLLR DISLO; W ANES | 27562 | CPT | | | | outpatient | | | 866 | 310.16 | United | Commercial/PPO | 1782 | | | | 269.7 | | 1782 | case rate | |
| HC CL TX PATLLR DISLO; W ANES | 27562 | CPT | | | | outpatient | | | 866 | 310.16 | Three Rivers | Three Rivers | 822.7 | 95 | | | 269.7 | | 1782 | percent of total billed charges | |
| HC CL TX PATLLR DISLO; W ANES | 27562 | CPT | | | | outpatient | | | 866 | 310.16 | WellPoint | WellPoint | 278.68 | 32.18 | | | 269.7 | | 1782 | percent of total billed charges | |
| HC CL TX PATLLR DISLO; W ANES | 27562 | CPT | | | | outpatient | | | 866 | 310.16 | Qualcare | Qualcare | 649.5 | 75 | | | 269.7 | | 1782 | percent of total billed charges | |
| HC CL TX PATLLR DISLO; W ANES | 27562 | CPT | | | | outpatient | | | 866 | 310.16 | Wellcare | Medicaid | 273.22 | 31.55 | | | 269.7 | | 1782 | percent of total billed charges | |
| HC CL TX PATLLR DISLO; W ANES | 27562 | CPT | | | | outpatient | | | 866 | 310.16 | Wellcare | Medicare | 269.7 | | | | 269.7 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEG/ ANKLE JOINT STERIOD INJECTION | 27648 | CPT | | | | outpatient | | | 3060 | | First Trenton | First Trenton | 2754 | 90 | | | 125 | | 2907 | percent of total billed charges | |
| HC LEG/ ANKLE JOINT STERIOD INJECTION | 27648 | CPT | | | | outpatient | | | 3060 | | Aetna | Better Health | 965.43 | 31.55 | | | 125 | | 2907 | percent of total billed charges | |
| HC LEG/ ANKLE JOINT STERIOD INJECTION | 27648 | CPT | | | | outpatient | | | 3060 | | Consumer | Consumer | 2907 | 95 | | | 125 | | 2907 | percent of total billed charges | |
| HC LEG/ ANKLE JOINT STERIOD INJECTION | 27648 | CPT | | | | outpatient | | | 3060 | | Qualcare | Qualcare | 2295 | 75 | | | 125 | | 2907 | percent of total billed charges | |
| HC LEG/ ANKLE JOINT STERIOD INJECTION | 27648 | CPT | | | | outpatient | | | 3060 | | UHC | Medicaid | 965.43 | 31.55 | | | 125 | | 2907 | percent of total billed charges | |
| HC LEG/ ANKLE JOINT STERIOD INJECTION | 27648 | CPT | | | | outpatient | | | 3060 | | Amerihealth | HMO/PPO | 125 | | | | 125 | | 2907 | fee schedule | |
| HC LEG/ ANKLE JOINT ST

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC LEG/ ANKLE JOINT STERIOD INJECTION | 27648 | CPT | | | | outpatient | | | 3060 | | Corrections | Corrections | 2448 | 80 | | | 125 | 2907 | percent of total billed charges | |
| HC LEG/ ANKLE JOINT STERIOD INJECTION | 27648 | CPT | | | | outpatient | | | 3060 | | WellPoint | WellPoint | 984.71 | 32.18 | | | 125 | 2907 | percent of total billed charges | |
| HC LEG/ ANKLE JOINT STERIOD INJECTION | 27648 | CPT | | | | outpatient | | | 3060 | | United | Commercial/PPO | 1782 | | | | 125 | 2907 | case rate | |
| HC LEG/ ANKLE JOINT STERIOD INJECTION | 27648 | CPT | | | | outpatient | | | 3060 | | First Health | First Health | 2142 | 70 | | | 125 | 2907 | percent of total billed charges | |
| HC LEG/ ANKLE JOINT STERIOD INJECTION | 27648 | CPT | | | | outpatient | | | 3060 | | Horizon | PPO | 1171.37 | 38.28 | | | 125 | 2907 | percent of total billed charges | |
| HC LEG/ ANKLE JOINT STERIOD INJECTION | 27648 | CPT | | | | outpatient | | | 3060 | | Horizon | MGD | 1171.37 | 38.28 | | | 125 | 2907 | percent of total billed charges | |
| HC LEG/ ANKLE JOINT STERIOD INJECTION | 27648 | CPT | | | | outpatient | | | 3060 | | Horizon | Medicare Blue | 918 | 30 | | | 125 | 2907 | percent of total billed charges | |
| HC LEG/ ANKLE JOINT STERIOD INJECTION | 27648 | CPT | | | | outpatient | | | 3060 | | Wellcare | Medicaid | 965.43 | 31.55 | | | 125 | 2907 | percent of total billed charges | |
| HC LEG/ ANKLE JOINT STERIOD INJECTION | 27648 | CPT | | | | outpatient | | | 3060 | | Horizon | NJ Health | 131.52 | | | | 125 | 2907 | fee schedule | |
| HC LEG/ ANKLE JOINT STERIOD INJECTION | 27648 | CPT | | | | outpatient | | | 3060 | | Multiplan | Multiplan | 2448 | 80 | | | 125 | 2907 | percent of total billed charges | |
| HC LEG/ ANKLE JOINT STERIOD INJECTION | 27648 | CPT | | | | outpatient | | | 3060 | | Three Rivers | Three Rivers | 2907 | 95 | | | 125 | 2907 | percent of total billed charges | |
| HC LEG/ ANKLE JOINT STERIOD INJECTION | 27648 | CPT | | | | outpatient | | | 3060 | | Managed Care Inc | Managed Care Inc | 2754 | 90 | | | 125 | 2907 | percent of total billed charges | |
| HC CLSD TRT TIB SHAFT FCT WO MAN | 27750 | CPT | | | | outpatient | | | 2194 | 310.16 | Aetna | Commercial | 440.15 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT TIB SHAFT FCT WO MAN | 27750 | CPT | | | | outpatient | | | 2194 | 310.16 | Corrections | Corrections | 1755.2 | 80 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT TIB SHAFT FCT WO MAN | 27750 | CPT | | | | outpatient | | | 2194 | 310.16 | Americare | Americare | 1645.5 | 75 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT TIB SHAFT FCT WO MAN | 27750 | CPT | | | | outpatient | | | 2194 | 310.16 | Aetna | Better Health | 692.21 | 31.55 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT TIB SHAFT FCT WO MAN | 27750 | CPT | | | | outpatient | | | 2194 | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT TIB SHAFT FCT WO MAN | 27750 | CPT | | | | outpatient | | | 2194 | 310.16 | Consumer | Consumer | 2084.3 | 95 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT TIB SHAFT FCT WO MAN | 27750 | CPT | | | | outpatient | | | 2194 | 310.16 | Amerihealth | HMO/PPO | 125 | | | | 125 | 2084.3 | fee schedule | |
| HC CLSD TRT TIB SHAFT FCT WO MAN | 27750 | CPT | | | | outpatient | | | 2194 | 310.16 | Aetna | Medicare | 269.7 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT TIB SHAFT FCT WO MAN | 27750 | CPT | | | | outpatient | | | 2194 | 310.16 | Wellcare | Medicaid | 692.21 | 31.55 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT TIB SHAFT FCT WO MAN | 27750 | CPT | | | | outpatient | | | 2194 | 310.16 | Horizon | Indemnity | 521.87 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT TIB SHAFT FCT WO MAN | 27750 | CPT | | | | outpatient | | | 2194 | 310.16 | Horizon | MGD | 521.87 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT TIB SHAFT FCT WO MAN | 27750 | CPT | | | | outpatient | | | 2194 | 310.16 | Multiplan | Multiplan | 1755.2 | 80 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT TIB SHAFT FCT WO MAN | 27750 | CPT | | | | outpatient | | | 2194 | 310.16 | UHC | Medicare | 269.7 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT TIB SHAFT FCT WO MAN | 27750 | CPT | | | | outpatient | | | 2194 | 310.16 | First Trenton | First Trenton | 1974.6 | 90 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT TIB SHAFT FCT WO MAN | 27750 | CPT | | | | outpatient | | | 2194 | 310.16 | UHC | Medicaid | 692.21 | 31.55 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT TIB SHAFT FCT WO MAN | 27750 | CPT | | | | outpatient | | | 2194 | 310.16 | First Health | First Health | 1535.8 | 70 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT TIB SHAFT FCT WO MAN | 27750 | CPT | | | | outpatient | | | 2194 | 310.16 | Wellcare | Medicare | 269.7 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT TIB SHAFT FCT WO MAN | 27750 | CPT | | | | outpatient | | | 2194 | 310.16 | Horizon | PPO | 521.87 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT TIB SHAFT FCT WO MAN | 27750 | CPT | | | | outpatient | | | 2194 | 310.16 | United | Commercial/PPO | 1782 | | | | 125 | 2084.3 | case rate | |
| HC CLSD TRT TIB SHAFT FCT WO MAN | 27750 | CPT | | | | outpatient | | | 2194 | 310.16 | Qualcare | Qualcare | 1645.5 | 75 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT TIB SHAFT FCT WO MAN | 27750 | CPT | | | | outpatient | | | 2194 | 310.16 | Horizon | NJ Health | 374.48 | | | | 125 | 2084.3 | fee schedule | |
| HC CLSD TRT TIB SHAFT FCT WO MAN | 27750 | CPT | | | | outpatient | | | 2194 | 310.16 | WellPoint | WellPoint | 706.03 | 32.18 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT TIB SHAFT FCT WO MAN | 27750 | CPT | | | | outpatient | | | 2194 | 310.16 | Managed Care Inc | Managed Care Inc | 1974.6 | 90 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT TIB SHAFT FCT WO MAN | 27750 | CPT | | | | outpatient | | | 2194 | 310.16 | Three Rivers | Three Rivers | 2084.3 | 95 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT TIB SHAFT FCT WO MAN | 27750 | CPT | | | | outpatient | | | 2194 | 310.16 | United | Oxford | 1782 | | | | 125 | 2084.3 | case rate | |
| HC CLSD TRT TIB SHAFT FCT W MAN | 27752 | CPT | | | | outpatient | | | 4757 | 2113.84 | First Trenton | First Trenton | 4281.3 | 90 | | | 300 | 4519.15 | percent of total billed charges | |
| HC CLSD TRT TIB SHAFT FCT W MAN | 27752 | CPT | | | | outpatient | | | 4757 | 2113.84 | Aetna | Better Health | 1500.83 | 31.55 | | | 300 | 4519.15 | percent of total billed charges | |
| HC CLSD TRT TIB SHAFT FCT W MAN | 27752 | CPT | | | | outpatient | | | 4757 | 2113.84 | Corrections | Corrections | 3805.6 | 80 | | | 300 | 4519.15 | percent of total billed charges | |
| HC CLSD TRT TIB SHAFT FCT W MAN | 27752 | CPT | | | | outpatient | | | 4757 | 2113.84 | Aetna | Commercial | 2999.81 | | | | 300 | 4519.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT TIB SHAFT FCT W MAN | 27752 | CPT | | | | outpatient | | | 4757 | 2113.84 | Aetna | Medicare | 1838.12 | | | | 300 | 4519.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT TIB SHAFT FCT W MAN | 27752 | CPT | | | | outpatient | | | 4757 | 2113.84 | Horizon | MGD | 3556.76 | | | | 300 | 4519.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT TIB SHAFT FCT W MAN | 27752 | CPT | | | | outpatient | | | 4757 | 2113.84 | First Health | First Health | 3329.9 | 70 | | | 300 | 4519.15 | percent of total billed charges | |
| HC CLSD TRT TIB SHAFT FCT W MAN | 27752 | CPT | | | | outpatient | | | 4757 | 2113.84 | Amerihealth | HMO/PPO | 300 | | | | 300 | 4519.15 | fee schedule | |
| HC CLSD TRT TIB SHAFT FCT W MAN | 27752 | CPT | | | | outpatient | | | 4757 | 2113.84 | Horizon | NJ Health | 589.83 | | | | 300 | 4519.15 | fee schedule | |
| HC CLSD TRT TIB SHAFT FCT W MAN | 27752 | CPT | | | | outpatient | | | 4757 | 2113.84 | Consumer | Consumer | 4519.15 | 95 | | | 300 | 4519.15 | percent of total billed charges | |
| HC CLSD TRT TIB SHAFT FCT W MAN | 27752 | CPT | | | | outpatient | | | 4757 | 2113.84 | UHC | Medicaid | 1500.83 | 31.55 | | | 300 | 4519.15 | percent of total billed charges | |
| HC CLSD TRT TIB SHAFT FCT W MAN | 27752 | CPT | | | | outpatient | | | 4757 | 2113.84 | Horizon | Medicare Blue | 1838.12 | | | | 300 | 4519.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT TIB SHAFT FCT W MAN | 27752 | CPT | | | | outpatient | | | 4757 | 2113.84 | Americare | Americare | 3567.75 | 75 | | | 300 | 4519.15 | percent of total billed charges | |
| HC CLSD TRT TIB SHAFT FCT W MAN | 27752 | CPT | | | | outpatient | | | 4757 | 2113.84 | Horizon | PPO | 3556.76 | | | | 300 | 4519.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT TIB SHAFT FCT W MAN | 27752 | CPT | | | | outpatient | | | 4757 | 2113.84 | Horizon | Indemnity | 3556.76 | | | | 300 | 4519.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT TIB SHAFT FCT W MAN | 27752 | CPT | | | | outpatient | | | 4757 | 2113.84 | UHC | Medicare | 1838.12 | | | | 300 | 4519.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT TIB SHAFT FCT W MAN | 27752 | CPT | | | | outpatient | | | 4757 | 2113.84 | Managed Care Inc | Managed Care Inc | 4281.3 | 90 | | | 300 | 4519.15 | percent of total billed charges | |
| HC CLSD TRT TIB SHAFT FCT W MAN | 27752 | CPT | | | | outpatient | | | 4757 | 2113.84 | United | Commercial/PPO | 2493 | | | | 300 | 4519.15 | case rate | |
| HC CLSD TRT TIB SHAFT FCT W MAN | 27752 | CPT | | | | outpatient | | | 4757 | 2113.84 | Three Rivers | Three Rivers | 4519.15 | 95 | | | 300 | 4519.15 | percent of total billed charges | |
| HC CLSD TRT TIB SHAFT FCT W MAN | 27752 | CPT | | | | outpatient | | | 4757 | 2113.84 | Multiplan | Multiplan | 3805.6 | 80 | | | 300 | 4519.15 | percent of total billed charges | |
| HC CLSD TRT TIB SHAFT FCT W MAN | 27752 | CPT | | | | outpatient | | | 4757 | 2113.84 | Wellcare | Medicare | 1838.12 | | | | 300 | 4519.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT TIB SHAFT FCT W MAN | 27752 | CPT | | | | outpatient | | | 4757 | 2113.84 | WellPoint | WellPoint | 1530.8 | 32.18 | | | 300 | 4519.15 | percent of total billed charges | |
| HC CLSD TRT TIB SHAFT FCT W MAN | 27752 | CPT | | | | outpatient | | | 4757 | 2113.84 | United | Oxford | 2493 | | | | 300 | 4519.15 | case rate | |
| HC CLSD TRT TIB SHAFT FCT W MAN | 27752 | CPT | | | | outpatient | | | 4757 | 2113.84 | Qualcare | Qualcare | 3567.75 | 75 | | | 300 | 4519.15 | percent of total billed charges | |
| HC CLSD TRT TIB SHAFT FCT W MAN | 27752 | CPT | | | | outpatient | | | 4757 | 2113.84 | Wellcare | Medicaid | 1500.83 | 31.55 | | | 300 | 4519.15 | percent of total billed charges | |
| HC CLSD TRT MEDIAL MALL WO MAN | 27760 | CPT | | | | outpatient | | | 9536 | 310.16 | Aetna | Medicare | 269.7 | | | | 125 | 9059.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT MEDIAL MALL WO MAN | 27760 | CPT | | | | outpatient | | | 9536 | 310.16 | UHC | Medicare | 269.7 | | | | 125 | 9059.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT MEDIAL MALL WO MAN | 27760 | CPT | | | | outpatient | | | 9536 | 310.16 | Corrections | Corrections | 7628.8 | 80 | | | 125 | 9059.2 | percent of total billed charges | |
| HC CLSD TRT MEDIAL MALL WO MAN | 27760 | CPT | | | | outpatient | | | 9536 | 310.16 | First Trenton | First Trenton | 8582.4 | 90 | | | 125 | 9059.2 | percent of total billed charges | |
| HC CLSD TRT MEDIAL MALL WO MAN | 27760 | CPT | | | | outpatient | | | 9536 | 310.16 | Aetna | Better Health | 3008.61 | 31.55 | | | 125 | 9059.2 | percent of total billed charges | |
| HC CLSD TRT MEDIAL MALL WO MAN | 27760 | CPT | | | | outpatient | | | 9536 | 310.16 | Aetna | Commercial | 440.15 | | | | 125 | 9059.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT MEDIAL MALL WO MAN | 27760 | CPT | | | | outpatient | | | 9536 | 310.16 | Consumer | Consumer | 9059.2 | 95 | | | 125 | 9059.2 | percent of total billed charges | |
| HC CLSD TRT MEDIAL MALL WO MAN | 27760 | CPT | | | | outpatient | | | 9536 | 310.16 | Three Rivers | Three Rivers | 9059.2 | 95 | | | 125 | 9059.2 | percent of total billed charges | |
| HC CLSD TRT MEDIAL MALL WO MAN | 27760 | CPT | | | | outpatient | | | 9536 | 310.16 | Amerihealth | HMO/PPO | 125 | | | | 125 | 9059.2 | fee schedule | |
| HC CLSD TRT MEDIAL MALL WO MAN | 27760 | CPT | | | | outpatient | | | 9536 | 310.16 | Americare | Americare | 7152 | 75 | | | 125 | 9059.2 | percent of total billed charges | |
| HC CLSD TRT MEDIAL MALL WO MAN | 27760 | CPT | | | | outpatient | | | 9536 | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 125 | 9059.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT MEDIAL MALL WO MAN | 27760 | CPT | | | | outpatient | | | 9536 | 310.16 | Horizon | Indemnity | 521.87 | | | | 125 | 9059.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT MEDIAL MALL WO MAN | 27760 | CPT | | | | outpatient | | | 9536 | 310.16 | WellPoint | WellPoint | 3068.68 | 32.18 | | | 125 | 9059.2 | percent of total billed charges | |
| HC CLSD TRT MEDIAL MALL WO MAN | 27760 | CPT | | | | outpatient | | | 9536 | 310.16 | Multiplan | Multiplan | 7628.8 | 80 | | | 125 | 9059.2 | percent of total billed charges | |
| HC CLSD TRT MEDIAL MALL WO MAN | 27760 | CPT | | | | outpatient | | | 9536 | 310.16 | Horizon | NJ Health | 340.21 | | | | 125 | 9059.2 | fee schedule | |
| HC CLSD TRT MEDIAL MALL WO MAN | 27760 | CPT | | | | outpatient | | | 9536 | 310.16 | UHC | Medicaid | 3008.61 | 31.55 | | | 125 | 9059.2 | percent of total billed charges | |
| HC CLSD TRT MEDIAL MALL WO MAN | 27760 | CPT | | | | outpatient | | | 9536 | 310.16 | First Health | First Health | 6675.2 | 70 | | | 125 | 9059.2 | percent of total billed charges | |
| HC CLSD TRT MEDIAL MALL WO MAN | 27760 | CPT | | | | outpatient | | | 9536 | 310.16 | Qualcare | Qualcare | 7152 | 75 | | | 125 | 9059.2 | percent of total billed charges | |
| HC CLSD TRT MEDIAL MALL WO MAN | 27760 | CPT | | | | outpatient | | | 9536 | 310.16 | United | Oxford | 1782 | | | | 125 | 9059.2 | case rate | |
| HC CLSD TRT MEDIAL MALL WO MAN | 27760 | CPT | | | | outpatient | | | 9536 | 310.16 | Horizon | PPO | 521.87 | | | | 125 | 9059.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT MEDIAL MALL WO MAN | 27760 | CPT | | | | outpatient | | | 9536 | 310.16 | Horizon | MGD | 521.87 | | | | 125 | 9059.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT MEDIAL MALL WO MAN | 27760 | CPT | | | | outpatient | | | 9536 | 310.16 | Wellcare | Medicare | 269.7 | | | | 125 | 9059.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT MEDIAL MALL WO MAN | 27760 | CPT | | | | outpatient | | | 9536 | 310.16 | Wellcare | Medicaid | 3008.61 | 31.55 | | | 125 | 9059.2 | percent of total billed charges | |
| HC CLSD TRT MEDIAL MALL WO MAN | 27760 | CPT | | | | outpatient | | | 9536 | 310.16 | United | Commercial/PPO | 1782 | | | | 125 | 9059.2 | case rate | |
| HC CLSD TRT MEDIAL MALL WO MAN | 27760 | CPT | | | | outpatient | | | 9536 | 310.16 | Managed Care Inc | Managed Care Inc | 8582.4 | 90 | | | 125 | 9059.2 | percent of total billed charges | |
| HC CI RED MED MALLEOUS FX | 27762 | CPT | | | | outpatient | | | 5257 | 2113.84 | Americare | Americare | 3942.75 | 75 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CI RED MED MALLEOUS FX | 27762 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | Medicare Blue | 1838.12 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CI RED MED MALLEOUS FX | 27762 | CPT | | | | outpatient | | | 5257 | 2113.84 | Aetna | Commercial | 2999.81 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CI RED MED MALLEOUS FX | 27762 | CPT | | | | outpatient | | | 5257 | 2113.84 | Consumer | Consumer | 4994.15 | 95 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CI RED MED MALLEOUS FX | 27762 | CPT | | | | outpatient | | | 5257 | 2113.84 | Aetna | Medicare | 1838.12 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CI RED MED MALLEOUS FX | 27762 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | Indemnity | 3556.76 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CI RED MED MALLEOUS FX | 27762 | CPT | | | | outpatient | | | 5257 | 2113.84 | UHC | Medicare | 1838.12 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CI RED MED MALLEOUS FX | 27762 | CPT | | | | outpatient | | | 5257 | 2113.84 | Aetna | Better Health | 1658.58 | 31.55 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CI RED MED MALLEOUS FX | 27762 | CPT | | | | outpatient | | | 5257 | 2113.84 | Amerihealth | HMO/PPO | 300 | | | | 300 | 4994.15 | fee schedule | |
| HC CI RED MED MALLEOUS FX | 27762 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | PPO | 3556.76 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CI RED MED MALLEOUS FX | 27762 | CPT | | | | outpatient | | | 5257 | 2113.84 | Multiplan | Multiplan | 4205.6 | 80 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CI RED MED MALLEOUS FX | 27762 | CPT | | | | outpatient | | | 5257 | 2113.84 | Corrections | Corrections | 4205.6 | 80 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CI RED MED MALLEOUS FX | 27762 | CPT | | | | outpatient | | | 5257 | 2113.84 | First Trenton | First Trenton | 4731.3 | 90 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CI RED MED MALLEOUS FX | 27762 | CPT | | | | outpatient | | | 5257 | 2113.84 | United | Commercial/PPO | 2493 | | | | 300 | 4994.15 | case rate | |
| HC CI RED MED MALLEOUS FX | 27762 | CPT | | | | outpatient | | | 5257 | 2113.84 | Qualcare | Qualcare | 3942.75 | 75 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CI RED MED MALLEOUS FX | 27762 | CPT | | | | outpatient | | | 5257 | 2113.84 | First Health | First Health | 3679.9 | 70 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CI RED MED MALLEOUS FX | 27762 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | MGD | 3556.76 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CI RED MED MALLEOUS FX | 27762 | CPT | | | | outpatient | | | 5257 | 2113.84 | WellPoint | WellPoint | 1691.7 | 32.18 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CI RED MED MALLEOUS FX | 27762 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | NJ Health | 433 | | | 374.25 | 300 | 4994.15 | fee schedule | |
| HC CI RED MED MALLEOUS FX | 27762 | CPT | | | | outpatient | | | 5257 | 2113.84 | UHC | Medicaid | 1658.58 | 31.55 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CI RED MED MALLEOUS FX | 27762 | CPT | | | | outpatient | | | 5257 | 2113.84 | Managed Care Inc | Managed Care Inc | 4731.3 | 90 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CI RED MED MALLEOUS FX | 27762 | CPT | | | | outpatient | | | 5257 | 2113.84 | Three Rivers | Three Rivers | 4994.15 | 95 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CI RED MED MALLEOUS FX | 27762 | CPT | | | | outpatient | | | 5257 | 2113.84 | Oxford | Oxford | 2493 | | | | 300 | 4994.15 | case rate | |
| HC CI RED MED MALLEOUS FX | 27762 | CPT | | | | outpatient | | | 5257 | 2113.84 | Wellcare | Medicaid | 1658.58 | 31.55 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CI RED MED MALLEOUS FX | 27762 | CPT | | | | outpatient | | | 5257 | 2113.84 | Wellcare | Medicare | 1838.12 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PROX FIB/SHFT WO MAN | 27760 | CPT | | | | outpatient | | | 2194 | 310.16 | Aetna | Commercial | 440.15 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PROX FIB/SHFT WO MAN | 27760 | CPT | | | | outpatient | | | 2194 | 310.16 | Amerihealth | HMO/PPO | 125 | | | | 125 | 2084.3 | fee schedule | |
| HC CLSD TRT PROX FIB/SHFT WO MAN | 27760 | CPT | | | | outpatient | | | 2194 | 310.16 | Consumer | Consumer | 2084.3 | 95 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT PROX FIB/SHFT WO MAN | 27760 | CPT | | | | outpatient | | | 2194 | 310.16 | Horizon | MGD | 521.87 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PROX FIB/SHFT WO MAN | 27760 | CPT | | | | outpatient | | | 2194 | 310.16 | Americare | Americare | 1645.5 | 75 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT PROX FIB/SHFT WO MAN | 27760 | CPT | | | | outpatient | | | 2194 | 310.16 | UHC | Medicaid | 692.21 | 31.55 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT PROX FIB/SHFT WO MAN | 27760 | CPT | | | | outpatient | | | 2194 | 310.16 | Aetna | Better Health | 692.21 | 31.55 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT PROX FIB/SHFT WO MAN | 27760 | CPT | | | | outpatient | | | 2194 | 310.16 | First Trenton | First Trenton | 1974.6 | 90 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT PROX FIB/SHFT WO MAN | 27760 | CPT | | | | outpatient | | | 2194 | 310.16 | Aetna | Medicare | 269.7 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PROX FIB/SHFT WO MAN | 27760 | CPT | | | | outpatient | | | 2194 | 310.16 | First Health | First Health | 1535.8 | 70 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT PROX FIB/SHFT WO MAN | 27760 | CPT | | | | outpatient | | | 2194 | 310.16 | Corrections | Corrections | 1755.2 | 80 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT PROX FIB/SHFT WO MAN | 27760 | CPT | | | | outpatient | | | 2194 | 310.16 | Managed Care Inc | Managed Care Inc | 1974.6 | 90 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT PROX FIB/SHFT WO MAN | 27760 | CPT | | | | outpatient | | | 2194 | 310.16 | Three Rivers | Three Rivers | 2084.3 | 95 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT PROX FIB/SHFT WO MAN | 27760 | CPT | | | | outpatient | | | 2194 | 310.16 | Horizon | Indemnity | 521.87 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PROX FIB/SHFT WO MAN | 27760 | CPT | | | | outpatient | | | 2194 | 310.16 | Wellcare | Medicare | 269.7 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PROX FIB/SHFT WO MAN | 27760 | CPT | | | | outpatient | | | 2194 | 310.16 | UHC | Medicare | 269.7 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PROX FIB/SHFT WO MAN | 27760 | CPT | | | | outpatient | | | 2194 | 310.16 | Multiplan | Multiplan | 1755.2 | 80 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT PROX FIB/SHFT WO MAN | 27760 | CPT | | | | outpatient | | | 2194 | 310.16 | United | Commercial/PPO | 1782 | | | | 125 | 2084.3 | case rate | |
| HC CLSD TRT PROX FIB/SHFT WO MAN | 27760 | CPT | | | | outpatient | | | 2194 | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PROX FIB/SHFT WO MAN | 27760 | CPT | | | | outpatient | | | 2194 | 310.16 | Wellcare | Medicaid | 692.21 | 31.55 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT PROX FIB/SHFT WO MAN | 27760 | CPT | | | | outpatient | | | 2194 | 310.16 | Qualcare | Qualcare | 1645.5 | 75 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT PROX FIB/SHFT WO MAN | 27760 | CPT | | | | outpatient | | | 2194 | 310.16 | Horizon | NJ Health | 246.65 | | | | 125 | 2084.3 | fee schedule | |
| HC CLSD TRT PROX FIB/SHFT WO MAN | 27760 | CPT | | | | outpatient | | | 2194 | 310.16 | Horizon | PPO | 521.87 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PROX FIB/SHFT WO MAN | 27760 | CPT | | | | outpatient | | | 2194 | 310.16 | United | Oxford | 1782 | | | | 125 | 2084.3 | case rate | |
| HC CLSD TRT PROX FIB/SHFT WO MAN | 27760 | CPT | | | | outpatient | | | 2194 | 310.16 | WellPoint | WellPoint | 706.03 | 32.18 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT PROX FIB/SHFT W MAN | 27761 | CPT | | | | outpatient | | | 2194 | 2113.84 | First Trenton | First Trenton | 1974.6 | 90 | | | 246.65 | 3556.76 | percent of total billed charges | |
| HC CLSD TRT PROX FIB/SHFT W MAN | 27761 | CPT | | | | outpatient | | | 2194 | 2113.84 | Americare | Americare | 1645.5 | 75 | | | 246.65 | 3556.76 | percent of total billed charges | |
| HC CLSD TRT PROX FIB/SHFT W MAN | 27761 | CPT | | | | outpatient | | | 2194 | 2113.84 | UHC | Medicaid | 692.21 | 31.55 | | | 246.65 | 3556.76 | percent of total billed charges | |
| HC CLSD TRT PROX FIB/SHFT W MAN | 27761 | CPT | | | | outpatient | | | 2194 | 2113.84 | Aetna | Better Health | 692.21 | 31.55 | | | 246.65 | 3556.76 | percent of total billed charges | |
| HC CLSD TRT PROX FIB/SHFT W MAN | 27761 | CPT | | | | outpatient | | | 2194 | 2113.84 | Horizon | MGD | 3556.76 | | | | 246.65 | 3556.76 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PROX FIB/SHFT W MAN | 27761 | CPT | | | | outpatient | | | 2194 | 2113.84 | Aetna | Commercial | 2999.81 | | | | 246.65 | 3556.76 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PROX FIB/SHFT W MAN | 27761 | CPT | | | | outpatient | | | 2194 | 2113.84 | Amerihealth | HMO/PPO | 300 | | | | 246.65 | 3556.76 | fee schedule | |
| HC CLSD TRT PROX FIB/SHFT W MAN | 27761 | CPT | | | | outpatient | | | 2194 | 2113.84 | Consumer | Consumer | 2084.3 | 95 | | | 246.65 | 3556.76 | percent of total billed charges | |
| HC CLSD TRT PROX FIB/SHFT W MAN | 27761 | CPT | | | | outpatient | | | 2194 | 2113.84 | Managed Care Inc | Managed Care Inc | 1974.6 | 90 | | | 246.65 | 3556.76 | percent of total billed charges | |
| HC CLSD TRT PROX FIB/SHFT W MAN | 27761 | CPT | | | | outpatient | | | 2194 | 2113.84 | Three Rivers | Three Rivers | 2084.3 | 95 | | | 246.65 | 3556.76 | percent of total billed charges | |
| HC CLSD TRT PROX FIB/SHFT W MAN | 27761 | CPT | | | | outpatient | | | 2194 | 2113.84 | First Health | First Health | 1535.8 | 70 | | | 246.65 | 3556.76 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC CLSD TRT PROX FIB/SHFT W MAN | 27781 | CPT | | | | outpatient | | | 2194 | 2113.84 | Wellcare | Medicare | 1838.12 | | | | 246.65 | 3556.76 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PROX FIB/SHFT W MAN | 27781 | CPT | | | | outpatient | | | 2194 | 2113.84 | Horizon | PPO | 3556.76 | | | | 246.65 | 3556.76 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PROX FIB/SHFT W MAN | 27781 | CPT | | | | outpatient | | | 2194 | 2113.84 | Aetna | Medicare | 1838.12 | | | | 246.65 | 3556.76 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PROX FIB/SHFT W MAN | 27781 | CPT | | | | outpatient | | | 2194 | 2113.84 | Horizon | Indemnity | 3556.76 | | | | 246.65 | 3556.76 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PROX FIB/SHFT W MAN | 27781 | CPT | | | | outpatient | | | 2194 | 2113.84 | Corrections | Corrections | 1755.2 | 80 | | | 246.65 | 3556.76 | percent of total billed charges | |
| HC CLSD TRT PROX FIB/SHFT W MAN | 27781 | CPT | | | | outpatient | | | 2194 | 2113.84 | UHC | Medicare | 1838.12 | | | | 246.65 | 3556.76 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PROX FIB/SHFT W MAN | 27781 | CPT | | | | outpatient | | | 2194 | 2113.84 | Multiplan | Multiplan | 1755.2 | 80 | | | 246.65 | 3556.76 | percent of total billed charges | |
| HC CLSD TRT PROX FIB/SHFT W MAN | 27781 | CPT | | | | outpatient | | | 2194 | 2113.84 | United | Commercial\|PPO | 1817 | | | | 246.65 | 3556.76 | case rate | |
| HC CLSD TRT PROX FIB/SHFT W MAN | 27781 | CPT | | | | outpatient | | | 2194 | 2113.84 | Horizon | Medicare Blue | 1838.12 | | | | 246.65 | 3556.76 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT PROX FIB/SHFT W MAN | 27781 | CPT | | | | outpatient | | | 2194 | 2113.84 | WellPoint | WellPoint | 706.03 | 32.18 | | | 246.65 | 3556.76 | percent of total billed charges | |
| HC CLSD TRT PROX FIB/SHFT W MAN | 27781 | CPT | | | | outpatient | | | 2194 | 2113.84 | Qualcare | Qualcare | 1645.5 | 75 | | | 246.65 | 3556.76 | percent of total billed charges | |
| HC CLSD TRT PROX FIB/SHFT W MAN | 27781 | CPT | | | | outpatient | | | 2194 | 2113.84 | Wellcare | Medicaid | 692.21 | 31.55 | | | 246.65 | 3556.76 | percent of total billed charges | |
| HC CLSD TRT PROX FIB/SHFT W MAN | 27781 | CPT | | | | outpatient | | | 2194 | 2113.84 | Horizon | NJ Health | 246.65 | | | | 246.65 | 3556.76 | fee schedule | |
| HC CLSD TRT PROX FIB/SHFT W MAN | 27781 | CPT | | | | outpatient | | | 2194 | 2113.84 | United | Oxford | 1817 | | | | 246.65 | 3556.76 | case rate | |
| HC CL TX FX DIS FIB FX WO MAN | 27786 | CPT | | | | outpatient | | | 858 | 310.16 | Americare | Americare | 643.5 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX FX DIS FIB FX WO MAN | 27786 | CPT | | | | outpatient | | | 858 | 310.16 | Aetna | Commercial | 440.15 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX FX DIS FIB FX WO MAN | 27786 | CPT | | | | outpatient | | | 858 | 310.16 | Horizon | MGD | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX FX DIS FIB FX WO MAN | 27786 | CPT | | | | outpatient | | | 858 | 310.16 | Corrections | Corrections | 686.4 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX FX DIS FIB FX WO MAN | 27786 | CPT | | | | outpatient | | | 858 | 310.16 | Aetna | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX FX DIS FIB FX WO MAN | 27786 | CPT | | | | outpatient | | | 858 | 310.16 | UHC | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX FX DIS FIB FX WO MAN | 27786 | CPT | | | | outpatient | | | 858 | 310.16 | First Health | First Health | 600.6 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX FX DIS FIB FX WO MAN | 27786 | CPT | | | | outpatient | | | 858 | 310.16 | Aetna | Better Health | 270.7 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX FX DIS FIB FX WO MAN | 27786 | CPT | | | | outpatient | | | 858 | 310.16 | Amerihealth | HMO\|PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC CL TX FX DIS FIB FX WO MAN | 27786 | CPT | | | | outpatient | | | 858 | 310.16 | Horizon | Indemnity | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX FX DIS FIB FX WO MAN | 27786 | CPT | | | | outpatient | | | 858 | 310.16 | Multiplan | Multiplan | 686.4 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX FX DIS FIB FX WO MAN | 27786 | CPT | | | | outpatient | | | 858 | 310.16 | Horizon | PPO | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX FX DIS FIB FX WO MAN | 27786 | CPT | | | | outpatient | | | 858 | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX FX DIS FIB FX WO MAN | 27786 | CPT | | | | outpatient | | | 858 | 310.16 | United | Commercial\|PPO | 1782 | | | | 125 | 1782 | case rate | |
| HC CL TX FX DIS FIB FX WO MAN | 27786 | CPT | | | | outpatient | | | 858 | 310.16 | Qualcare | Qualcare | 643.5 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX FX DIS FIB FX WO MAN | 27786 | CPT | | | | outpatient | | | 858 | 310.16 | Consumer | Consumer | 815.1 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX FX DIS FIB FX WO MAN | 27786 | CPT | | | | outpatient | | | 858 | 310.16 | UHC | Medicaid | 270.7 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX FX DIS FIB FX WO MAN | 27786 | CPT | | | | outpatient | | | 858 | 310.16 | Wellcare | Medicaid | 270.7 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX FX DIS FIB FX WO MAN | 27786 | CPT | | | | outpatient | | | 858 | 310.16 | Wellcare | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX FX DIS FIB FX WO MAN | 27786 | CPT | | | | outpatient | | | 858 | 310.16 | First Trenton | First Trenton | 772.2 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX FX DIS FIB FX WO MAN | 27786 | CPT | | | | outpatient | | | 858 | 310.16 | WellPoint | WellPoint | 276.1 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX FX DIS FIB FX WO MAN | 27786 | CPT | | | | outpatient | | | 858 | 310.16 | Horizon | NJ Health | 342.59 | | | | 125 | 1782 | fee schedule | |
| HC CL TX FX DIS FIB FX WO MAN | 27786 | CPT | | | | outpatient | | | 858 | 310.16 | Managed Care Inc | Managed Care Inc | 772.2 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX FX DIS FIB FX WO MAN | 27786 | CPT | | | | outpatient | | | 858 | 310.16 | Three Rivers | Three Rivers | 815.1 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX FX DIS FIB FX WO MAN | 27786 | CPT | | | | outpatient | | | 858 | 310.16 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC CL TX DIS. TIB/LAT MALLEOL W M | 27788 | CPT | | | | outpatient | | | 1196 | 310.16 | Consumer | Consumer | 1136.2 | 95 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CL TX DIS. TIB/LAT MALLEOL W M | 27788 | CPT | | | | outpatient | | | 1196 | 310.16 | Aetna | Commercial | 440.15 | | | | 269.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX DIS. TIB/LAT MALLEOL W M | 27788 | CPT | | | | outpatient | | | 1196 | 310.16 | Aetna | Better Health | 377.34 | 31.55 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CL TX DIS. TIB/LAT MALLEOL W M | 27788 | CPT | | | | outpatient | | | 1196 | 310.16 | Americare | Americare | 897 | 75 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CL TX DIS. TIB/LAT MALLEOL W M | 27788 | CPT | | | | outpatient | | | 1196 | 310.16 | Corrections | Corrections | 956.8 | 80 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CL TX DIS. TIB/LAT MALLEOL W M | 27788 | CPT | | | | outpatient | | | 1196 | 310.16 | UHC | Medicare | 269.7 | | | | 269.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX DIS. TIB/LAT MALLEOL W M | 27788 | CPT | | | | outpatient | | | 1196 | 310.16 | Aetna | Medicare | 269.7 | | | | 269.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX DIS. TIB/LAT MALLEOL W M | 27788 | CPT | | | | outpatient | | | 1196 | 310.16 | First Trenton | First Trenton | 1076.4 | 90 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CL TX DIS. TIB/LAT MALLEOL W M | 27788 | CPT | | | | outpatient | | | 1196 | 310.16 | Managed Care Inc | Managed Care Inc | 1076.4 | 90 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CL TX DIS. TIB/LAT MALLEOL W M | 27788 | CPT | | | | outpatient | | | 1196 | 310.16 | Multiplan | Multiplan | 956.8 | 80 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CL TX DIS. TIB/LAT MALLEOL W M | 27788 | CPT | | | | outpatient | | | 1196 | 310.16 | First Health | First Health | 837.2 | 70 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CL TX DIS. TIB/LAT MALLEOL W M | 27788 | CPT | | | | outpatient | | | 1196 | 310.16 | Amerihealth | HMO\|PPO | 300 | | | | 269.7 | 1782 | fee schedule | |
| HC CL TX DIS. TIB/LAT MALLEOL W M | 27788 | CPT | | | | outpatient | | | 1196 | 310.16 | Horizon | Indemnity | 521.87 | | | | 269.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX DIS. TIB/LAT MALLEOL W M | 27788 | CPT | | | | outpatient | | | 1196 | 310.16 | Wellcare | Medicare | 269.7 | | | | 269.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX DIS. TIB/LAT MALLEOL W M | 27788 | CPT | | | | outpatient | | | 1196 | 310.16 | Horizon | MGD | 521.87 | | | | 269.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX DIS. TIB/LAT MALLEOL W M | 27788 | CPT | | | | outpatient | | | 1196 | 310.16 | UHC | Medicaid | 377.34 | 31.55 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CL TX DIS. TIB/LAT MALLEOL W M | 27788 | CPT | | | | outpatient | | | 1196 | 310.16 | Three Rivers | Three Rivers | 1136.2 | 95 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CL TX DIS. TIB/LAT MALLEOL W M | 27788 | CPT | | | | outpatient | | | 1196 | 310.16 | Qualcare | Qualcare | 897 | 75 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CL TX DIS. TIB/LAT MALLEOL W M | 27788 | CPT | | | | outpatient | | | 1196 | 310.16 | Horizon | NJ Health | 433 | | | 58.93 | 269.7 | 1782 | fee schedule | |
| HC CL TX DIS. TIB/LAT MALLEOL W M | 27788 | CPT | | | | outpatient | | | 1196 | 310.16 | United | Commercial\|PPO | 1782 | | | | 269.7 | 1782 | case rate | |
| HC CL TX DIS. TIB/LAT MALLEOL W M | 27788 | CPT | | | | outpatient | | | 1196 | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 269.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX DIS. TIB/LAT MALLEOL W M | 27788 | CPT | | | | outpatient | | | 1196 | 310.16 | Wellcare | Medicaid | 377.34 | 31.55 | | | 269.7 | 1782 | percent of total billed charges | |
| HC CL TX DIS. TIB/LAT MALLEOL W M | 27788 | CPT | | | | outpatient | | | 1196 | 310.16 | Horizon | PPO | 521.87 | | | | 269.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX DIS. TIB/LAT MALLEOL W M | 27788 | CPT | | | | outpatient | | | 1196 | 310.16 | United | Oxford | 1782 | | | | 269.7 | 1782 | case rate | |
| HC CL TX DIS. TIB/LAT MALLEOL W M | 27788 | CPT | | | | outpatient | | | 1196 | 310.16 | WellPoint | WellPoint | 384.87 | 32.18 | | | 269.7 | 1782 | percent of total billed charges | |
| HC OPEN TX DISTAL FIBULAR | 27792 | CPT | | | | outpatient | | | 23502 | 9409.2 | Aetna | Medicare | 8181.91 | | | | 650 | 22326.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN TX DISTAL FIBULAR | 27792 | CPT | | | | outpatient | | | 23502 | 9409.2 | First Trenton | First Trenton | 21151.8 | 90 | | | 650 | 22326.9 | percent of total billed charges | |
| HC OPEN TX DISTAL FIBULAR | 27792 | CPT | | | | outpatient | | | 23502 | 9409.2 | Aetna | Commercial | 13352.88 | | | | 650 | 22326.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN TX DISTAL FIBULAR | 27792 | CPT | | | | outpatient | | | 23502 | 9409.2 | Multiplan | Multiplan | 18801.6 | 80 | | | 650 | 22326.9 | percent of total billed charges | |
| HC OPEN TX DISTAL FIBULAR | 27792 | CPT | | | | outpatient | | | 23502 | 9409.2 | Aetna | Better Health | 7414.88 | 31.55 | | | 650 | 22326.9 | percent of total billed charges | |
| HC OPEN TX DISTAL FIBULAR | 27792 | CPT | | | | outpatient | | | 23502 | 9409.2 | Amerihealth | HMO\|PPO | 650 | | | | 650 | 22326.9 | fee schedule | |
| HC OPEN TX DISTAL FIBULAR | 27792 | CPT | | | | outpatient | | | 23502 | 9409.2 | Horizon | Medicare Blue | 8181.91 | | | | 650 | 22326.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN TX DISTAL FIBULAR | 27792 | CPT | | | | outpatient | | | 23502 | 9409.2 | Corrections | Corrections | 18801.6 | 80 | | | 650 | 22326.9 | percent of total billed charges | |
| HC OPEN TX DISTAL FIBULAR | 27792 | CPT | | | | outpatient | | | 23502 | 9409.2 | Consumer | Consumer | 22326.9 | 95 | | | 650 | 22326.9 | percent of total billed charges | |
| HC OPEN TX DISTAL FIBULAR | 27792 | CPT | | | | outpatient | | | 23502 | 9409.2 | Managed Care Inc | Managed Care Inc | 21151.8 | 90 | | | 650 | 22326.9 | percent of total billed charges | |
| HC OPEN TX DISTAL FIBULAR | 27792 | CPT | | | | outpatient | | | 23502 | 9409.2 | UHC | Medicare | 8181.91 | | | | 650 | 22326.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN TX DISTAL FIBULAR | 27792 | CPT | | | | outpatient | | | 23502 | 9409.2 | Qualcare | Qualcare | 17626.5 | 75 | | | 650 | 22326.9 | percent of total billed charges | |
| HC OPEN TX DISTAL FIBULAR | 27792 | CPT | | | | outpatient | | | 23502 | 9409.2 | Americare | Americare | 17626.5 | 75 | | | 650 | 22326.9 | percent of total billed charges | |
| HC OPEN TX DISTAL FIBULAR | 27792 | CPT | | | | outpatient | | | 23502 | 9409.2 | First Health | First Health | 16451.4 | 70 | | | 650 | 22326.9 | percent of total billed charges | |
| HC OPEN TX DISTAL FIBULAR | 27792 | CPT | | | | outpatient | | | 23502 | 9409.2 | Horizon | MGD | 15832 | | | | 650 | 22326.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN TX DISTAL FIBULAR | 27792 | CPT | | | | outpatient | | | 23502 | 9409.2 | Horizon | Indemnity | 15832 | | | | 650 | 22326.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN TX DISTAL FIBULAR | 27792 | CPT | | | | outpatient | | | 23502 | 9409.2 | Horizon | NJ Health | 691.75 | | | | 650 | 22326.9 | fee schedule | |
| HC OPEN TX DISTAL FIBULAR | 27792 | CPT | | | | outpatient | | | 23502 | 9409.2 | Three Rivers | Three Rivers | 22326.9 | 95 | | | 650 | 22326.9 | percent of total billed charges | |
| HC OPEN TX DISTAL FIBULAR | 27792 | CPT | | | | outpatient | | | 23502 | 9409.2 | Horizon | PPO | 15832 | | | | 650 | 22326.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN TX DISTAL FIBULAR | 27792 | CPT | | | | outpatient | | | 23502 | 9409.2 | Wellcare | Medicaid | 7414.88 | 31.55 | | | 650 | 22326.9 | percent of total billed charges | |
| HC OPEN TX DISTAL FIBULAR | 27792 | CPT | | | | outpatient | | | 23502 | 9409.2 | United | Commercial\|PPO | 4702 | | | | 650 | 22326.9 | case rate | |
| HC OPEN TX DISTAL FIBULAR | 27792 | CPT | | | | outpatient | | | 23502 | 9409.2 | UHC | Medicaid | 7414.88 | 31.55 | | | 650 | 22326.9 | percent of total billed charges | |
| HC OPEN TX DISTAL FIBULAR | 27792 | CPT | | | | outpatient | | | 23502 | 9409.2 | WellPoint | WellPoint | 7582.94 | 32.18 | | | 650 | 22326.9 | percent of total billed charges | |
| HC OPEN TX DISTAL FIBULAR | 27792 | CPT | | | | outpatient | | | 23502 | 9409.2 | Wellcare | Medicare | 8181.91 | | | | 650 | 22326.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN TX DISTAL FIBULAR | 27792 | CPT | | | | outpatient | | | 23502 | 9409.2 | United | Oxford | 4702 | | | | 650 | 22326.9 | case rate | |
| HC CLSD TRT ANKLE FRCT BIM WO MAN | 27808 | CPT | | | | outpatient | | | 2194 | 310.16 | Multiplan | Multiplan | 1755.2 | 80 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT BIM WO MAN | 27808 | CPT | | | | outpatient | | | 2194 | 310.16 | Wellcare | Medicare | 269.7 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ANKLE FRCT BIM WO MAN | 27808 | CPT | | | | outpatient | | | 2194 | 310.16 | Americare | Americare | 1645.5 | 75 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT BIM WO MAN | 27808 | CPT | | | | outpatient | | | 2194 | 310.16 | Consumer | Consumer | 2084.3 | 95 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT BIM WO MAN | 27808 | CPT | | | | outpatient | | | 2194 | 310.16 | Aetna | Better Health | 692.21 | 31.55 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT BIM WO MAN | 27808 | CPT | | | | outpatient | | | 2194 | 310.16 | Aetna | Commercial | 440.15 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ANKLE FRCT BIM WO MAN | 27808 | CPT | | | | outpatient | | | 2194 | 310.16 | Amerihealth | HMO\|PPO | 125 | | | | 125 | 2084.3 | fee schedule | |
| HC CLSD TRT ANKLE FRCT BIM WO MAN | 27808 | CPT | | | | outpatient | | | 2194 | 310.16 | First Health | First Health | 1535.8 | 70 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT BIM WO MAN | 27808 | CPT | | | | outpatient | | | 2194 | 310.16 | Qualcare | Qualcare | 1645.5 | 75 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT BIM WO MAN | 27808 | CPT | | | | outpatient | | | 2194 | 310.16 | Horizon | MGD | 521.87 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ANKLE FRCT BIM WO MAN | 27808 | CPT | | | | outpatient | | | 2194 | 310.16 | First Trenton | First Trenton | 1974.6 | 90 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT BIM WO MAN | 27808 | CPT | | | | outpatient | | | 2194 | 310.16 | UHC | Medicare | 269.7 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ANKLE FRCT BIM WO MAN | 27808 | CPT | | | | outpatient | | | 2194 | 310.16 | Aetna | Medicare | 269.7 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ANKLE FRCT BIM WO MAN | 27808 | CPT | | | | outpatient | | | 2194 | 310.16 | Horizon | Indemnity | 521.87 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ANKLE FRCT BIM WO MAN | 27808 | CPT | | | | outpatient | | | 2194 | 310.16 | Corrections | Corrections | 1755.2 | 80 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT BIM WO MAN | 27808 | CPT | | | | outpatient | | | 2194 | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ANKLE FRCT BIM WO MAN | 27808 | CPT | | | | outpatient | | | 2194 | 310.16 | Horizon | PPO | 521.87 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ANKLE FRCT BIM WO MAN | 27808 | CPT | | | | outpatient | | | 2194 | 310.16 | UHC | Medicaid | 692.21 | 31.55 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT BIM WO MAN | 27808 | CPT | | | | outpatient | | | 2194 | 310.16 | WellPoint | WellPoint | 706.03 | 32.18 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT BIM WO MAN | 27808 | CPT | | | | outpatient | | | 2194 | 310.16 | Horizon | NJ Health | 357.91 | | | | 125 | 2084.3 | fee schedule | |
| HC CLSD TRT ANKLE FRCT BIM WO MAN | 27808 | CPT | | | | outpatient | | | 2194 | 310.16 | United | Commercial\|PPO | 1782 | | | | 125 | 2084.3 | case rate | |
| HC CLSD TRT ANKLE FRCT BIM WO MAN | 27808 | CPT | | | | outpatient | | | 2194 | 310.16 | Managed Care Inc | Managed Care Inc | 1974.6 | 90 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT BIM WO MAN | 27808 | CPT | | | | outpatient | | | 2194 | 310.16 | United | Oxford | 1782 | | | | 125 | 2084.3 | case rate | |
| HC CLSD TRT ANKLE FRCT BIM WO MAN | 27808 | CPT | | | | outpatient | | | 2194 | 310.16 | Three Rivers | Three Rivers | 2084.3 | 95 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT BIM WO MAN | 27808 | CPT | | | | outpatient | | | 2194 | 310.16 | Wellcare | Medicaid | 692.21 | 31.55 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT BIMA W MAN | 27810 | CPT | | | | outpatient | | | 5257 | 2113.84 | Aetna | Medicare | 1838.12 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ANKLE FRCT BIMA W MAN | 27810 | CPT | | | | outpatient | | | 5257 | 2113.84 | First Trenton | First Trenton | 4731.3 | 90 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT BIMA W MAN | 27810 | CPT | | | | outpatient | | | 5257 | 2113.84 | Consumer | Consumer | 4994.15 | 95 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT BIMA W MAN | 27810 | CPT | | | | outpatient | | | 5257 | 2113.84 | Aetna | Commercial | 2999.81 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ANKLE FRCT BIMA W MAN | 27810 | CPT | | | | outpatient | | | 5257 | 2113.84 | Aetna | Better Health | 1658.58 | 31.55 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT BIMA W MAN | 27810 | CPT | | | | outpatient | | | 5257 | 2113.84 | Americare | Americare | 3942.75 | 75 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT BIMA W MAN | 27810 | CPT | | | | outpatient | | | 5257 | 2113.84 | Corrections | Corrections | 4205.6 | 80 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT BIMA W MAN | 27810 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | NJ Health | 534.03 | | | 260.63 | 300 | 4994.15 | fee schedule | |
| HC CLSD TRT ANKLE FRCT BIMA W MAN | 27810 | CPT | | | | outpatient | | | 5257 | 2113.84 | First Health | First Health | 3679.9 | 70 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT BIMA W MAN | 27810 | CPT | | | | outpatient | | | 5257 | 2113.84 | Amerihealth | HMO\|PPO | 300 | | | | 300 | 4994.15 | fee schedule | |
| HC CLSD TRT ANKLE FRCT BIMA W MAN | 27810 | CPT | | | | outpatient | | | 5257 | 2113.84 | Managed Care Inc | Managed Care Inc | 4731.3 | 90 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT BIMA W MAN | 27810 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | MGD | 3556.76 | | | 1357.28 | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ANKLE FRCT BIMA W MAN | 27810 | CPT | | | | outpatient | | | 5257 | 2113.84 | Multiplan | Multiplan | 4205.6 | 80 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT BIMA W MAN | 27810 | CPT | | | | outpatient | | | 5257 | 2113.84 | UHC | Medicaid | 1658.58 | 31.55 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT BIMA W MAN | 27810 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | Indemnity | 3556.76 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ANKLE FRCT BIMA W MAN | 27810 | CPT | | | | outpatient | | | 5257 | 2113.84 | UHC | Medicare | 1838.12 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ANKLE FRCT BIMA W MAN | 27810 | CPT | | | | outpatient | | | 5257 | 2113.84 | Qualcare | Qualcare | 3942.75 | 75 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT BIMA W MAN | 27810 | CPT | | | | outpatient | | | 5257 | 2113.84 | United | Commercial\|PPO | 1817 | | | | 300 | 4994.15 | case rate | |
| HC CLSD TRT ANKLE FRCT BIMA W MAN | 27810 | CPT | | | | outpatient | | | 5257 | 2113.84 | Three Rivers | Three Rivers | 4994.15 | 95 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT BIMA W MAN | 27810 | CPT | | | | outpatient | | | 5257 | 2113.84 | Wellcare | Medicare | 1838.12 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ANKLE FRCT BIMA W MAN | 27810 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | Medicare Blue | 1838.12 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ANKLE FRCT BIMA W MAN | 27810 | CPT | | | | outpatient | | | 5257 | 2113.84 | United | Oxford | 1817 | | | | 300 | 4994.15 | case rate | |
| HC CLSD TRT ANKLE FRCT BIMA W MAN | 27810 | CPT | | | | outpatient | | | 5257 | 2113.84 | Horizon | PPO | 3556.76 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ANKLE FRCT BIMA W MAN | 27810 | CPT | | | | outpatient | | | 5257 | 2113.84 | Wellcare | Medicaid | 1658.58 | 31.55 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT BIMA W MAN | 27810 | CPT | | | | outpatient | | | 5257 | 2113.84 | WellPoint | WellPoint | 1691.7 | 32.18 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT TRM WO MAN | 27816 | CPT | | | | outpatient | | | 1566 | 310.16 | Corrections | Corrections | 1252.8 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT TRM WO MAN | 27816 | CPT | | | | outpatient | | | 1566 | 310.16 | Americare | Americare | 1174.5 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT TRM WO MAN | 27816 | CPT | | | | outpatient | | | 1566 | 310.16 | First Health | First Health | 1096.2 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT TRM WO MAN | 27816 | CPT | | | | outpatient | | | 1566 | 310.16 | Aetna | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ANKLE FRCT TRM WO MAN | 27816 | CPT | | | | outpatient | | | 1566 | 310.16 | First Trenton | First Trenton | 1409.4 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT TRM WO MAN | 27816 | CPT | | | | outpatient | | | 1566 | 310.16 | Aetna | Commercial | 440.15 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ANKLE FRCT TRM WO MAN | 27816 | CPT | | | | outpatient | | | 1566 | 310.16 | Aetna | Better Health | 494.07 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT TRM WO MAN | 27816 | CPT | | | | outpatient | | | 1566 | 310.16 | Horizon | MGD | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ANKLE FRCT TRM WO MAN | 27816 | CPT | | | | outpatient | | | 1566 | 310.16 | Horizon | Indemnity | 521.87 | | | | 125

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC CLSD TRT ANKLE FRCT TRM WO MAN | 27816 | CPT | | | | outpatient | | | 1566 | | 310.16 Consumer | Consumer | 1487.7 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT TRM WO MAN | 27816 | CPT | | | | outpatient | | | 1566 | | 310.16 Horizon | Medicare Blue | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ANKLE FRCT TRM WO MAN | 27816 | CPT | | | | outpatient | | | 1566 | | 310.16 Multiplan | Multiplan | 1252.8 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT TRM WO MAN | 27816 | CPT | | | | outpatient | | | 1566 | | 310.16 Horizon | NJ Health | 339.8 | | | | 125 | 1782 | fee schedule | |
| HC CLSD TRT ANKLE FRCT TRM WO MAN | 27816 | CPT | | | | outpatient | | | 1566 | | 310.16 Qualcare | Qualcare | 1174.5 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT TRM WO MAN | 27816 | CPT | | | | outpatient | | | 1566 | | 310.16 Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC CLSD TRT ANKLE FRCT TRM WO MAN | 27816 | CPT | | | | outpatient | | | 1566 | | 310.16 Horizon | PPO | 521.87 | | | 211.67 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ANKLE FRCT TRM WO MAN | 27816 | CPT | | | | outpatient | | | 1566 | | 310.16 UHC | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ANKLE FRCT TRM WO MAN | 27816 | CPT | | | | outpatient | | | 1566 | | 310.16 Managed Care Inc | Managed Care Inc | 1409.4 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT TRM WO MAN | 27816 | CPT | | | | outpatient | | | 1566 | | 310.16 United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC CLSD TRT ANKLE FRCT TRM WO MAN | 27816 | CPT | | | | outpatient | | | 1566 | | 310.16 UHC | Medicaid | 494.07 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT TRM WO MAN | 27816 | CPT | | | | outpatient | | | 1566 | | 310.16 Wellcare | Medicaid | 494.07 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT TRM WO MAN | 27816 | CPT | | | | outpatient | | | 1566 | | 310.16 Three Rivers | Three Rivers | 1487.7 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT TRM WO MAN | 27816 | CPT | | | | outpatient | | | 1566 | | 310.16 United | CommercialPPO | 1782 | | | | 125 | 1782 | case rate | |
| HC CLSD TRT ANKLE FRCT TRM WO MAN | 27816 | CPT | | | | outpatient | | | 1566 | | 310.16 Wellcare | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ANKLE FRCT TRM WO MAN | 27816 | CPT | | | | outpatient | | | 1566 | | 310.16 WellPoint | WellPoint | 503.94 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT TRM W MAN | 27818 | CPT | | | | outpatient | | | 5257 | | 2113.84 UHC | Medicaid | 1658.58 | 31.55 | | 1539.86 | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT TRM W MAN | 27818 | CPT | | | | outpatient | | | 5257 | | 2113.84 Amerihealth | HMO/PPO | 300 | | | | 300 | 4994.15 | fee schedule | |
| HC CLSD TRT ANKLE FRCT TRM W MAN | 27818 | CPT | | | | outpatient | | | 5257 | | 2113.84 Consumer | Consumer | 4994.15 | 95 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT TRM W MAN | 27818 | CPT | | | | outpatient | | | 5257 | | 2113.84 Multiplan | Multiplan | 4205.6 | 80 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT TRM W MAN | 27818 | CPT | | | | outpatient | | | 5257 | | 2113.84 Aetna | Better Health | 1658.58 | 31.55 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT TRM W MAN | 27818 | CPT | | | | outpatient | | | 5257 | | 2113.84 First Trenton | First Trenton | 4731.3 | 90 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT TRM W MAN | 27818 | CPT | | | | outpatient | | | 5257 | | 2113.84 Americare | Americare | 3942.75 | 75 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT TRM W MAN | 27818 | CPT | | | | outpatient | | | 5257 | | 2113.84 Aetna | Commercial | 2999.81 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ANKLE FRCT TRM W MAN | 27818 | CPT | | | | outpatient | | | 5257 | | 2113.84 UHC | Medicare | 1838.12 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ANKLE FRCT TRM W MAN | 27818 | CPT | | | | outpatient | | | 5257 | | 2113.84 First Health | First Health | 3679.9 | 70 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT TRM W MAN | 27818 | CPT | | | | outpatient | | | 5257 | | 2113.84 Corrections | Corrections | 4205.6 | 80 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT TRM W MAN | 27818 | CPT | | | | outpatient | | | 5257 | | 2113.84 Qualcare | Qualcare | 3942.75 | 75 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT TRM W MAN | 27818 | CPT | | | | outpatient | | | 5257 | | 2113.84 Wellcare | Medicare | 1838.12 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ANKLE FRCT TRM W MAN | 27818 | CPT | | | | outpatient | | | 5257 | | 2113.84 Horizon | Medicare Blue | 1838.12 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ANKLE FRCT TRM W MAN | 27818 | CPT | | | | outpatient | | | 5257 | | 2113.84 Managed Care Inc | Managed Care Inc | 4731.3 | 90 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT TRM W MAN | 27818 | CPT | | | | outpatient | | | 5257 | | 2113.84 Aetna | Medicare | 1838.12 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ANKLE FRCT TRM W MAN | 27818 | CPT | | | | outpatient | | | 5257 | | 2113.84 WellPoint | WellPoint | 1691.7 | 32.18 | | 1637.51 | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT TRM W MAN | 27818 | CPT | | | | outpatient | | | 5257 | | 2113.84 United | CommercialPPO | 1817 | | | | 300 | 4994.15 | case rate | |
| HC CLSD TRT ANKLE FRCT TRM W MAN | 27818 | CPT | | | | outpatient | | | 5257 | | 2113.84 Horizon | Indemnity | 3556.76 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ANKLE FRCT TRM W MAN | 27818 | CPT | | | | outpatient | | | 5257 | | 2113.84 Horizon | MGD | 3556.76 | | | 75.09 | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ANKLE FRCT TRM W MAN | 27818 | CPT | | | | outpatient | | | 5257 | | 2113.84 Three Rivers | Three Rivers | 4994.15 | 95 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT TRM W MAN | 27818 | CPT | | | | outpatient | | | 5257 | | 2113.84 Horizon | PPO | 3556.76 | | | | 300 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT ANKLE FRCT TRM W MAN | 27818 | CPT | | | | outpatient | | | 5257 | | 2113.84 Horizon | NJ Health | 555.43 | | | | 300 | 4994.15 | fee schedule | |
| HC CLSD TRT ANKLE FRCT TRM W MAN | 27818 | CPT | | | | outpatient | | | 5257 | | 2113.84 Wellcare | Medicaid | 1658.58 | 31.55 | | | 300 | 4994.15 | percent of total billed charges | |
| HC CLSD TRT ANKLE FRCT TRM W MAN | 27818 | CPT | | | | outpatient | | | 5257 | | 2113.84 United | Oxford | 1817 | | | | 300 | 4994.15 | case rate | |
| HC CL TX FX WT BRG DIS TIB WO MAN | 27824 | CPT | | | | outpatient | | | 754 | | 310.16 Corrections | Corrections | 603.2 | 80 | | | 237.89 | 1782 | percent of total billed charges | |
| HC CL TX FX WT BRG DIS TIB WO MAN | 27824 | CPT | | | | outpatient | | | 754 | | 310.16 Aetna | Better Health | 237.89 | 31.55 | | 113.57 | 237.89 | 1782 | percent of total billed charges | |
| HC CL TX FX WT BRG DIS TIB WO MAN | 27824 | CPT | | | | outpatient | | | 754 | | 310.16 Horizon | MGD | 521.87 | | | | 237.89 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX FX WT BRG DIS TIB WO MAN | 27824 | CPT | | | | outpatient | | | 754 | | 310.16 Consumer | Consumer | 716.3 | 95 | | | 237.89 | 1782 | percent of total billed charges | |
| HC CL TX FX WT BRG DIS TIB WO MAN | 27824 | CPT | | | | outpatient | | | 754 | | 310.16 Horizon | Indemnity | 521.87 | | | | 237.89 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX FX WT BRG DIS TIB WO MAN | 27824 | CPT | | | | outpatient | | | 754 | | 310.16 Horizon | NJ Health | 314.22 | | | 55.21 | 237.89 | 1782 | fee schedule | |
| HC CL TX FX WT BRG DIS TIB WO MAN | 27824 | CPT | | | | outpatient | | | 754 | | 310.16 Amerihealth | HMO/PPO | 300 | | | | 237.89 | 1782 | fee schedule | |
| HC CL TX FX WT BRG DIS TIB WO MAN | 27824 | CPT | | | | outpatient | | | 754 | | 310.16 Aetna | Commercial | 440.15 | | | | 237.89 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX FX WT BRG DIS TIB WO MAN | 27824 | CPT | | | | outpatient | | | 754 | | 310.16 WellPoint | WellPoint | 242.64 | 32.18 | | | 237.89 | 1782 | percent of total billed charges | |
| HC CL TX FX WT BRG DIS TIB WO MAN | 27824 | CPT | | | | outpatient | | | 754 | | 310.16 Horizon | Medicare Blue | 269.7 | | | | 237.89 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX FX WT BRG DIS TIB WO MAN | 27824 | CPT | | | | outpatient | | | 754 | | 310.16 Horizon | PPO | 521.87 | | | | 237.89 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX FX WT BRG DIS TIB WO MAN | 27824 | CPT | | | | outpatient | | | 754 | | 310.16 First Trenton | First Trenton | 678.6 | 90 | | | 237.89 | 1782 | percent of total billed charges | |
| HC CL TX FX WT BRG DIS TIB WO MAN | 27824 | CPT | | | | outpatient | | | 754 | | 310.16 Multiplan | Multiplan | 603.2 | 80 | | | 237.89 | 1782 | percent of total billed charges | |
| HC CL TX FX WT BRG DIS TIB WO MAN | 27824 | CPT | | | | outpatient | | | 754 | | 310.16 UHC | Medicare | 269.7 | | | | 237.89 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX FX WT BRG DIS TIB WO MAN | 27824 | CPT | | | | outpatient | | | 754 | | 310.16 First Health | First Health | 527.8 | 70 | | | 237.89 | 1782 | percent of total billed charges | |
| HC CL TX FX WT BRG DIS TIB WO MAN | 27824 | CPT | | | | outpatient | | | 754 | | 310.16 Aetna | Medicare | 269.7 | | | | 237.89 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX FX WT BRG DIS TIB WO MAN | 27824 | CPT | | | | outpatient | | | 754 | | 310.16 Qualcare | Qualcare | 565.5 | 75 | | | 237.89 | 1782 | percent of total billed charges | |
| HC CL TX FX WT BRG DIS TIB WO MAN | 27824 | CPT | | | | outpatient | | | 754 | | 310.16 Managed Care Inc | Managed Care Inc | 678.6 | 90 | | | 237.89 | 1782 | percent of total billed charges | |
| HC CL TX FX WT BRG DIS TIB WO MAN | 27824 | CPT | | | | outpatient | | | 754 | | 310.16 UHC | Medicaid | 237.89 | 31.55 | | | 237.89 | 1782 | percent of total billed charges | |
| HC CL TX FX WT BRG DIS TIB WO MAN | 27824 | CPT | | | | outpatient | | | 754 | | 310.16 Americare | Americare | 565.5 | 75 | | | 237.89 | 1782 | percent of total billed charges | |
| HC CL TX FX WT BRG DIS TIB WO MAN | 27824 | CPT | | | | outpatient | | | 754 | | 310.16 Wellcare | Medicaid | 237.89 | 31.55 | | | 237.89 | 1782 | percent of total billed charges | |
| HC CL TX FX WT BRG DIS TIB WO MAN | 27824 | CPT | | | | outpatient | | | 754 | | 310.16 Three Rivers | Three Rivers | 716.3 | 95 | | | 237.89 | 1782 | percent of total billed charges | |
| HC CL TX FX WT BRG DIS TIB WO MAN | 27824 | CPT | | | | outpatient | | | 754 | | 310.16 Wellcare | Medicare | 269.7 | | | | 237.89 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX FX WT BRG DIS TIB WO MAN | 27824 | CPT | | | | outpatient | | | 754 | | 310.16 United | CommercialPPO | 1782 | | | | 237.89 | 1782 | case rate | |
| HC CL TX FX WT BRG DIS TIB WO MAN | 27824 | CPT | | | | outpatient | | | 754 | | 310.16 United | Oxford | 1782 | | | | 237.89 | 1782 | case rate | |
| HC CI TREAT DISTAL TIB/FIB W MANI | 27825 | CPT | | | | outpatient | | | 5257 | | 2113.84 Aetna | Commercial | 2999.81 | | | | 550 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CI TREAT DISTAL TIB/FIB W MANI | 27825 | CPT | | | | outpatient | | | 5257 | | 2113.84 UHC | Medicaid | 1658.58 | 31.55 | | | 550 | 4994.15 | percent of total billed charges | |
| HC CI TREAT DISTAL TIB/FIB W MANI | 27825 | CPT | | | | outpatient | | | 5257 | | 2113.84 First Trenton | First Trenton | 4731.3 | 90 | | | 550 | 4994.15 | percent of total billed charges | |
| HC CI TREAT DISTAL TIB/FIB W MANI | 27825 | CPT | | | | outpatient | | | 5257 | | 2113.84 Aetna | Better Health | 1658.58 | 31.55 | | | 550 | 4994.15 | percent of total billed charges | |
| HC CI TREAT DISTAL TIB/FIB W MANI | 27825 | CPT | | | | outpatient | | | 5257 | | 2113.84 Americare | Americare | 3942.75 | 75 | | | 550 | 4994.15 | percent of total billed charges | |
| HC CI TREAT DISTAL TIB/FIB W MANI | 27825 | CPT | | | | outpatient | | | 5257 | | 2113.84 First Health | First Health | 3679.9 | 70 | | | 550 | 4994.15 | percent of total billed charges | |
| HC CI TREAT DISTAL TIB/FIB W MANI | 27825 | CPT | | | | outpatient | | | 5257 | | 2113.84 United | Oxford | 2493 | | | | 550 | 4994.15 | case rate | |
| HC CI TREAT DISTAL TIB/FIB W MANI | 27825 | CPT | | | | outpatient | | | 5257 | | 2113.84 Aetna | Medicare | 1838.12 | | | | 550 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CI TREAT DISTAL TIB/FIB W MANI | 27825 | CPT | | | | outpatient | | | 5257 | | 2113.84 Amerihealth | HMO/PPO | 550 | | | | 550 | 4994.15 | fee schedule | |
| HC CI TREAT DISTAL TIB/FIB W MANI | 27825 | CPT | | | | outpatient | | | 5257 | | 2113.84 UHC | Medicare | 1838.12 | | | | 550 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CI TREAT DISTAL TIB/FIB W MANI | 27825 | CPT | | | | outpatient | | | 5257 | | 2113.84 Managed Care Inc | Managed Care Inc | 4731.3 | 90 | | | 550 | 4994.15 | percent of total billed charges | |
| HC CI TREAT DISTAL TIB/FIB W MANI | 27825 | CPT | | | | outpatient | | | 5257 | | 2113.84 Consumer | Consumer | 4994.15 | 95 | | | 550 | 4994.15 | percent of total billed charges | |
| HC CI TREAT DISTAL TIB/FIB W MANI | 27825 | CPT | | | | outpatient | | | 5257 | | 2113.84 Horizon | Medicare Blue | 1838.12 | | | | 550 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CI TREAT DISTAL TIB/FIB W MANI | 27825 | CPT | | | | outpatient | | | 5257 | | 2113.84 Horizon | Indemnity | 3556.76 | | | | 550 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CI TREAT DISTAL TIB/FIB W MANI | 27825 | CPT | | | | outpatient | | | 5257 | | 2113.84 Wellcare | Medicaid | 1658.58 | 31.55 | | 1412.66 | 550 | 4994.15 | percent of total billed charges | |
| HC CI TREAT DISTAL TIB/FIB W MANI | 27825 | CPT | | | | outpatient | | | 5257 | | 2113.84 Corrections | Corrections | 4205.6 | 80 | | | 550 | 4994.15 | percent of total billed charges | |
| HC CI TREAT DISTAL TIB/FIB W MANI | 27825 | CPT | | | | outpatient | | | 5257 | | 2113.84 Wellcare | Medicare | 1838.12 | | | | 550 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CI TREAT DISTAL TIB/FIB W MANI | 27825 | CPT | | | | outpatient | | | 5257 | | 2113.84 United | CommercialPPO | 2493 | | | | 550 | 4994.15 | case rate | |
| HC CI TREAT DISTAL TIB/FIB W MANI | 27825 | CPT | | | | outpatient | | | 5257 | | 2113.84 Horizon | NJ Health | 567.07 | | | | 550 | 4994.15 | fee schedule | |
| HC CI TREAT DISTAL TIB/FIB W MANI | 27825 | CPT | | | | outpatient | | | 5257 | | 2113.84 Multiplan | Multiplan | 4205.6 | 80 | | | 550 | 4994.15 | percent of total billed charges | |
| HC CI TREAT DISTAL TIB/FIB W MANI | 27825 | CPT | | | | outpatient | | | 5257 | | 2113.84 Horizon | MGD | 3556.76 | | | | 550 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CI TREAT DISTAL TIB/FIB W MANI | 27825 | CPT | | | | outpatient | | | 5257 | | 2113.84 WellPoint | WellPoint | 1691.7 | 32.18 | | | 550 | 4994.15 | percent of total billed charges | |
| HC CI TREAT DISTAL TIB/FIB W MANI | 27825 | CPT | | | | outpatient | | | 5257 | | 2113.84 Horizon | PPO | 3556.76 | | | | 550 | 4994.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CI TREAT DISTAL TIB/FIB W MANI | 27825 | CPT | | | | outpatient | | | 5257 | | 2113.84 Qualcare | Qualcare | 3942.75 | 75 | | | 550 | 4994.15 | percent of total billed charges | |
| HC CI TREAT DISTAL TIB/FIB W MANI | 27825 | CPT | | | | outpatient | | | 5257 | | 2113.84 Three Rivers | Three Rivers | 4994.15 | 95 | | | 550 | 4994.15 | percent of total billed charges | |
| HC CLST TRT ANKLE DISLOC WO ANES | 27840 | CPT | | | | outpatient | | | 2194 | | 310.16 Consumer | Consumer | 2084.3 | 95 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLST TRT ANKLE DISLOC WO ANES | 27840 | CPT | | | | outpatient | | | 2194 | | 310.16 Aetna | Better Health | 692.21 | 31.55 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLST TRT ANKLE DISLOC WO ANES | 27840 | CPT | | | | outpatient | | | 2194 | | 310.16 Horizon | MGD | 521.87 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLST TRT ANKLE DISLOC WO ANES | 27840 | CPT | | | | outpatient | | | 2194 | | 310.16 Americare | Americare | 1645.5 | 75 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLST TRT ANKLE DISLOC WO ANES | 27840 | CPT | | | | outpatient | | | 2194 | | 310.16 First Health | First Health | 1535.8 | 70 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLST TRT ANKLE DISLOC WO ANES | 27840 | CPT | | | | outpatient | | | 2194 | | 310.16 Aetna | Medicare | 269.7 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLST TRT ANKLE DISLOC WO ANES | 27840 | CPT | | | | outpatient | | | 2194 | | 310.16 Aetna | Commercial | 440.15 | | | 32.06 | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLST TRT ANKLE DISLOC WO ANES | 27840 | CPT | | | | outpatient | | | 2194 | | 310.16 Amerihealth | HMO/PPO | 125 | | | | 125 | 2084.3 | fee schedule | |
| HC CLST TRT ANKLE DISLOC WO ANES | 27840 | CPT | | | | outpatient | | | 2194 | | 310.16 Corrections | Corrections | 1755.2 | 80 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLST TRT ANKLE DISLOC WO ANES | 27840 | CPT | | | | outpatient | | | 2194 | | 310.16 Multiplan | Multiplan | 1755.2 | 80 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLST TRT ANKLE DISLOC WO ANES | 27840 | CPT | | | | outpatient | | | 2194 | | 310.16 UHC | Medicaid | 692.21 | 31.55 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLST TRT ANKLE DISLOC WO ANES | 27840 | CPT | | | | outpatient | | | 2194 | | 310.16 United | CommercialPPO | 1782 | | | | 125 | 2084.3 | case rate | |
| HC CLST TRT ANKLE DISLOC WO ANES | 27840 | CPT | | | | outpatient | | | 2194 | | 310.16 Three Rivers | Three Rivers | 2084.3 | 95 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLST TRT ANKLE DISLOC WO ANES | 27840 | CPT | | | | outpatient | | | 2194 | | 310.16 Qualcare | Qualcare | 1645.5 | 75 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLST TRT ANKLE DISLOC WO ANES | 27840 | CPT | | | | outpatient | | | 2194 | | 310.16 Horizon | Medicare Blue | 269.7 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLST TRT ANKLE DISLOC WO ANES | 27840 | CPT | | | | outpatient | | | 2194 | | 310.16 First Trenton | First Trenton | 1974.6 | 90 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLST TRT ANKLE DISLOC WO ANES | 27840 | CPT | | | | outpatient | | | 2194 | | 310.16 Wellcare | Medicaid | 692.21 | 31.55 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLST TRT ANKLE DISLOC WO ANES | 27840 | CPT | | | | outpatient | | | 2194 | | 310.16 Horizon | Indemnity | 521.87 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLST TRT ANKLE DISLOC WO ANES | 27840 | CPT | | | | outpatient | | | 2194 | | 310.16 UHC | Medicare | 269.7 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLST TRT ANKLE DISLOC WO ANES | 27840 | CPT | | | | outpatient | | | 2194 | | 310.16 Horizon | NJ Health | 334.34 | | | | 125 | 2084.3 | fee schedule | |
| HC CLST TRT ANKLE DISLOC WO ANES | 27840 | CPT | | | | outpatient | | | 2194 | | 310.16 Wellcare | Medicare | 269.7 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLST TRT ANKLE DISLOC WO ANES | 27840 | CPT | | | | outpatient | | | 2194 | | 310.16 Horizon | PPO | 521.87 | | | | 125 | 2084.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLST TRT ANKLE DISLOC WO ANES | 27840 | CPT | | | | outpatient | | | 2194 | | 310.16 Managed Care Inc | Managed Care Inc | 1974.6 | 90 | | | 125 | 2084.3 | percent of total billed charges | |
| HC CLST TRT ANKLE DISLOC WO ANES | 27840 | CPT | | | | outpatient | | | 2194 | | 310.16 United | Oxford | 1782 | | | | 125 | 2084.3 | case rate | |
| HC CLST TRT ANKLE DISLOC WO ANES | 27840 | CPT | | | | outpatient | | | 2194 | | 310.16 WellPoint | WellPoint | 706.03 | 32.18 | | | 125 | 2084.3 | percent of total billed charges | |
| HC TREAT ANKLE DISLOC W/ ANESTH | 27842 | CPT | | | | outpatient | | | 4404 | | 2113.84 UHC | Medicaid | 1389.46 | 31.55 | | | 300 | 4183.8 | percent of total billed charges | |
| HC TREAT ANKLE DISLOC W/ ANESTH | 27842 | CPT | | | | outpatient | | | 4404 | | 2113.84 Horizon | Medicare Blue | 1838.12 | | | | 300 | 4183.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT ANKLE DISLOC W/ ANESTH | 27842 | CPT | | | | outpatient | | | 4404 | | 2113.84 Consumer | Consumer | 4183.8 | 95 | | | 300 | 4183.8 | percent of total billed charges | |
| HC TREAT ANKLE DISLOC W/ ANESTH | 27842 | CPT | | | | outpatient | | | 4404 | | 2113.84 Horizon | MGD | 3556.76 | | | | 300 | 4183.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT ANKLE DISLOC W/ ANESTH | 27842 | CPT | | | | outpatient | | | 4404 | | 2113.84 Aetna | Better Health | 1389.46 | 31.55 | | | 300 | 4183.8 | percent of total billed charges | |
| HC TREAT ANKLE DISLOC W/ ANESTH | 27842 | CPT | | | | outpatient | | | 4404 | | 2113.84 Amerihealth | HMO/PPO | 300 | | | | 300 | 4183.8 | fee schedule | |
| HC TREAT ANKLE DISLOC W/ ANESTH | 27842 | CPT | | | | outpatient | | | 4404 | | 2113.84 Americare | Americare | 3303 | 75 | | | 300 | 4183.8 | percent of total billed charges | |
| HC TREAT ANKLE DISLOC W/ ANESTH | 27842 | CPT | | | | outpatient | | | 4404 | | 2113.84 Aetna | Commercial | 2999.81 | | | | 300 | 4183.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT ANKLE DISLOC W/ ANESTH | 27842 | CPT | | | | outpatient | | | 4404 | | 2113.84 First Trenton | First Trenton | 3963.6 | 90 | | | 300 | 4183.8 | percent of total billed charges | |
| HC TREAT ANKLE DISLOC W/ ANESTH | 27842 | CPT | | | | outpatient | | | 4404 | | 2113.84 Horizon | PPO | 3556.76 | | | | 300 | 4183.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT ANKLE DISLOC W/ ANESTH | 27842 | CPT | | | | outpatient | | | 4404 | | 2113.84 Corrections | Corrections | 3523.2 | 80 | | | 300 | 4183.8 | percent of total billed charges | |
| HC TREAT ANKLE DISLOC W/ ANESTH | 27842 | CPT | | | | outpatient | | | 4404 | | 2113.84 Multiplan | Multiplan | 3523.2 | 80 | | | 300 | 4183.8 | percent of total billed charges | |
| HC TREAT ANKLE DISLOC W/ ANESTH | 27842 | CPT | | | | outpatient | | | 4404 | | 2113.84 UHC | Medicare | 1838.12 | | | | 300 | 4183.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT ANKLE DISLOC W/ ANESTH | 27842 | CPT | | | | outpatient | | | 4404 | | 2113.84 First Health | First Health | 3082.8 | 70 | | | 300 | 4183.8 | percent of total billed charges | |
| HC TREAT ANKLE DISLOC W/ ANESTH | 27842 | CPT | | | | outpatient | | | 4404 | | 2113.84 Three Rivers | Three Rivers | 4183.8 | 95 | | | 300 | 4183.8 | percent of total billed charges | |
| HC TREAT ANKLE DISLOC W/ ANESTH | 27842 | CPT | | | | outpatient | | | 4404 | | 2113.84 Aetna | Medicare | 1838.12 | | | | 300 | 4183.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT ANKLE DISLOC W/ ANESTH | 27842 | CPT | | | | outpatient | | | 4404 | | 2113.84 Wellcare | Medicare | 1838.12 | | | | 300 | 4183.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT ANKLE DISLOC W/ ANESTH | 27842 | CPT | | | | outpatient | | | 4404 | | 2113.84 United | Oxford | 2493 | | | | 300 | 4183.8 | case rate | |
| HC TREAT ANKLE DISLOC W/ ANESTH | 27842 | CPT | | | | outpatient | | | 4404 | | 2113.84 Horizon | Indemnity | 3556.76 | | | | 300 | 4183.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT ANKLE DISLOC W/ ANESTH | 27842 | CPT | | | | outpatient | | | 4404 | | 2113.84 Qualcare | Qualcare | 3303 | 75 | | | 300 | 4183.8 | percent of total billed charges | |
| HC TREAT ANKLE DISLOC W/ ANESTH | 27842 | CPT | | | | outpatient | | | 4404 | | 2113.84 Horizon | NJ Health | 334.34 | | | | 300 | 4183.8 | fee schedule | |
| HC TREAT ANKLE DISLOC W/ ANESTH | 27842 | CPT | | | | outpatient | | | 4404 | | 2113.84 United | CommercialPPO | 2493 | | | | 300 | 4183.8 | case rate | |
| HC TREAT ANKLE DISLOC W/ ANESTH | 27842 | CPT | | | | outpatient | | | 4404 | | 2113.84 Managed Care Inc | Managed Care Inc | 3963.6 | 90 | | | 300 | 4183.8 | percent of total billed charges | |
| HC TREAT ANKLE DISLOC W/ ANESTH | 27842 | CPT | | | | outpatient | | | 4404 | | 2113.84 WellPoint | WellPoint | 1417.21 | 32.18 | | | 300 | 4183.8 | percent of total billed charges | |
| HC TREAT ANKLE DISLOC W/ ANESTH | 27842 | CPT | | | | outpatient | | | 4404 | | 2113.84 Wellcare | Medicaid | 1389.46 | 31.55 | | | 300 | 4183.8 | percent of total billed charges | |
| HC REMOVAL FB FOOT SUBCUTANEOUS | 28190 | CPT | | | | outpatient | | | 2375 | | 925.36 Aetna | Better Health | 749.31 | 31.55 | | | 98.66 | 2256.25 | percent of total billed charges | |
| HC REMOVAL FB FOOT SUBCUTANEOUS | 28190 | CPT | | | | outpatient | | | 2375 | | 925.36 Americare | Americare | 1781.25 | 75 | | | 98.66 | 2256.25 | percent of total billed charges | |
| HC REMOVAL FB FOOT SUBCUTANEOUS | 28190 | CPT | | | | outpatient | | | 2375 | | 925.36 Aetna | Commercial | 1313.21 | | | | 98.66 | 2256.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL FB FOOT SUBCUTANEOUS | 28190 | CPT | | | | outpatient | | | 2375 | | 925.36 Horizon | Indemnity | 1557.02 | | | | 98.66 | 2256.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL FB FOOT SUBCUTANEOUS | 28190 | CPT | | | | outpatient | | | 2375 | | 925.36 Corrections | Corrections | 1900 | 80 | | | 98.66 | 2256.25 | percent of total billed charges | |
| HC REMOVAL FB FOOT SUBCUTANEOUS | 28190 | CPT | | | | outpatient | | | 2375 | | 925.36 Aetna | Medic

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC REMOVAL FB FOOT SUBCUTANEOUS | 28190 | CPT | | | | outpatient | | | 2375 | 925.36 | First Health | First Health | 1662.5 | 70 | | | 98.66 | 2256.25 | percent of total billed charges | |
| HC REMOVAL FB FOOT SUBCUTANEOUS | 28190 | CPT | | | | outpatient | | | 2375 | 925.36 | Consumer | Consumer | 2256.25 | 95 | | | 98.66 | 2256.25 | percent of total billed charges | |
| HC REMOVAL FB FOOT SUBCUTANEOUS | 28190 | CPT | | | | outpatient | | | 2375 | 925.36 | Amerihealth | HMO/PPO | 125 | | | | 98.66 | 2256.25 | fee schedule | |
| HC REMOVAL FB FOOT SUBCUTANEOUS | 28190 | CPT | | | | outpatient | | | 2375 | 925.36 | Multiplan | Multiplan | 1900 | 80 | | | 98.66 | 2256.25 | percent of total billed charges | |
| HC REMOVAL FB FOOT SUBCUTANEOUS | 28190 | CPT | | | | outpatient | | | 2375 | 925.36 | Horizon | PPO | 1557.02 | | | | 98.66 | 2256.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL FB FOOT SUBCUTANEOUS | 28190 | CPT | | | | outpatient | | | 2375 | 925.36 | Wellcare | Medicare | 804.66 | | | | 98.66 | 2256.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL FB FOOT SUBCUTANEOUS | 28190 | CPT | | | | outpatient | | | 2375 | 925.36 | First Trenton | First Trenton | 2137.5 | 90 | | | 98.66 | 2256.25 | percent of total billed charges | |
| HC REMOVAL FB FOOT SUBCUTANEOUS | 28190 | CPT | | | | outpatient | | | 2375 | 925.36 | UHC | Medicare | 804.66 | | | | 98.66 | 2256.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL FB FOOT SUBCUTANEOUS | 28190 | CPT | | | | outpatient | | | 2375 | 925.36 | Horizon | Medicare Blue | 804.66 | | | | 98.66 | 2256.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL FB FOOT SUBCUTANEOUS | 28190 | CPT | | | | outpatient | | | 2375 | 925.36 | Horizon | NJ Health | 98.66 | | | | 98.66 | 2256.25 | fee schedule | |
| HC REMOVAL FB FOOT SUBCUTANEOUS | 28190 | CPT | | | | outpatient | | | 2375 | 925.36 | Horizon | MGD | 1557.02 | | | | 98.66 | 2256.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL FB FOOT SUBCUTANEOUS | 28190 | CPT | | | | outpatient | | | 2375 | 925.36 | Qualcare | Qualcare | 1781.25 | 75 | | | 98.66 | 2256.25 | percent of total billed charges | |
| HC REMOVAL FB FOOT SUBCUTANEOUS | 28190 | CPT | | | | outpatient | | | 2375 | 925.36 | United | Commercial/PPO | 1817 | | | | 98.66 | 2256.25 | case rate | |
| HC REMOVAL FB FOOT SUBCUTANEOUS | 28190 | CPT | | | | outpatient | | | 2375 | 925.36 | WellPoint | WellPoint | 764.28 | 32.18 | | | 98.66 | 2256.25 | percent of total billed charges | |
| HC REMOVAL FB FOOT SUBCUTANEOUS | 28190 | CPT | | | | outpatient | | | 2375 | 925.36 | Managed Care Inc | Managed Care Inc | 2137.5 | 90 | | | 98.66 | 2256.25 | percent of total billed charges | |
| HC REMOVAL FB FOOT SUBCUTANEOUS | 28190 | CPT | | | | outpatient | | | 2375 | 925.36 | Three Rivers | Three Rivers | 2256.25 | 95 | | | 98.66 | 2256.25 | percent of total billed charges | |
| HC REMOVAL FB FOOT SUBCUTANEOUS | 28190 | CPT | | | | outpatient | | | 2375 | 925.36 | United | Oxford | 1817 | | | | 98.66 | 2256.25 | case rate | |
| HC REMOVAL FB FOOT SUBCUTANEOUS | 28190 | CPT | | | | outpatient | | | 2375 | 925.36 | Wellcare | Medicaid | 749.31 | 31.55 | | | 98.66 | 2256.25 | percent of total billed charges | |
| HC REMOVAL FB DEEP FOOT | 28192 | CPT | | | | outpatient | | | 5464 | 2132.36 | Aetna | Medicare | 1854.23 | | | | 186.35 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL FB DEEP FOOT | 28192 | CPT | | | | outpatient | | | 5464 | 2132.36 | UHC | Medicare | 1854.23 | | | | 186.35 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL FB DEEP FOOT | 28192 | CPT | | | | outpatient | | | 5464 | 2132.36 | Aetna | Better Health | 1723.89 | 31.55 | | | 186.35 | 5190.8 | percent of total billed charges | |
| HC REMOVAL FB DEEP FOOT | 28192 | CPT | | | | outpatient | | | 5464 | 2132.36 | Aetna | Commercial | 3026.1 | | | | 186.35 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL FB DEEP FOOT | 28192 | CPT | | | | outpatient | | | 5464 | 2132.36 | Multiplan | Multiplan | 4371.2 | 80 | | | 186.35 | 5190.8 | percent of total billed charges | |
| HC REMOVAL FB DEEP FOOT | 28192 | CPT | | | | outpatient | | | 5464 | 2132.36 | First Trenton | First Trenton | 4917.6 | 90 | | | 186.35 | 5190.8 | percent of total billed charges | |
| HC REMOVAL FB DEEP FOOT | 28192 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | Indemnity | 3587.94 | | | | 186.35 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL FB DEEP FOOT | 28192 | CPT | | | | outpatient | | | 5464 | 2132.36 | Americare | Americare | 4098 | 75 | | | 186.35 | 5190.8 | percent of total billed charges | |
| HC REMOVAL FB DEEP FOOT | 28192 | CPT | | | | outpatient | | | 5464 | 2132.36 | Consumer | Consumer | 5190.8 | 95 | | | 186.35 | 5190.8 | percent of total billed charges | |
| HC REMOVAL FB DEEP FOOT | 28192 | CPT | | | | outpatient | | | 5464 | 2132.36 | United | Commercial/PPO | 2493 | | | | 186.35 | 5190.8 | case rate | |
| HC REMOVAL FB DEEP FOOT | 28192 | CPT | | | | outpatient | | | 5464 | 2132.36 | First Health | First Health | 3824.8 | 70 | | | 186.35 | 5190.8 | percent of total billed charges | |
| HC REMOVAL FB DEEP FOOT | 28192 | CPT | | | | outpatient | | | 5464 | 2132.36 | Amerihealth | HMO/PPO | 300 | | | | 186.35 | 5190.8 | fee schedule | |
| HC REMOVAL FB DEEP FOOT | 28192 | CPT | | | | outpatient | | | 5464 | 2132.36 | Qualcare | Qualcare | 4098 | 75 | | | 186.35 | 5190.8 | percent of total billed charges | |
| HC REMOVAL FB DEEP FOOT | 28192 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | PPO | 3587.94 | | | | 186.35 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL FB DEEP FOOT | 28192 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | Medicare Blue | 1854.23 | | | | 186.35 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL FB DEEP FOOT | 28192 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | MGD | 3587.94 | | | | 186.35 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL FB DEEP FOOT | 28192 | CPT | | | | outpatient | | | 5464 | 2132.36 | Corrections | Corrections | 4371.2 | 80 | | | 186.35 | 5190.8 | percent of total billed charges | |
| HC REMOVAL FB DEEP FOOT | 28192 | CPT | | | | outpatient | | | 5464 | 2132.36 | UHC | Medicaid | 1723.89 | 31.55 | | | 186.35 | 5190.8 | percent of total billed charges | |
| HC REMOVAL FB DEEP FOOT | 28192 | CPT | | | | outpatient | | | 5464 | 2132.36 | Managed Care Inc | Managed Care Inc | 4917.6 | 90 | | | 186.35 | 5190.8 | percent of total billed charges | |
| HC REMOVAL FB DEEP FOOT | 28192 | CPT | | | | outpatient | | | 5464 | 2132.36 | United | Oxford | 2493 | | | | 186.35 | 5190.8 | case rate | |
| HC REMOVAL FB DEEP FOOT | 28192 | CPT | | | | outpatient | | | 5464 | 2132.36 | Horizon | NJ Health | 186.35 | | | | 186.35 | 5190.8 | fee schedule | |
| HC REMOVAL FB DEEP FOOT | 28192 | CPT | | | | outpatient | | | 5464 | 2132.36 | WellPoint | WellPoint | 1758.32 | 32.18 | | | 186.35 | 5190.8 | percent of total billed charges | |
| HC REMOVAL FB DEEP FOOT | 28192 | CPT | | | | outpatient | | | 5464 | 2132.36 | Three Rivers | Three Rivers | 5190.8 | 95 | | | 186.35 | 5190.8 | percent of total billed charges | |
| HC REMOVAL FB DEEP FOOT | 28192 | CPT | | | | outpatient | | | 5464 | 2132.36 | Wellcare | Medicaid | 1723.89 | 31.55 | | | 186.35 | 5190.8 | percent of total billed charges | |
| HC REMOVAL FB DEEP FOOT | 28192 | CPT | | | | outpatient | | | 5464 | 2132.36 | Wellcare | Medicare | 1854.23 | | | | 186.35 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CISD TRT TALUS FX W/ MANIP | 28435 | CPT | | | | outpatient | | | 5994 | 2113.84 | Aetna | Better Health | 1891.11 | 31.55 | | | 342.07 | 5694.3 | percent of total billed charges | |
| HC CISD TRT TALUS FX W/ MANIP | 28435 | CPT | | | | outpatient | | | 5994 | 2113.84 | Consumer | Consumer | 5694.3 | 95 | | | 342.07 | 5694.3 | percent of total billed charges | |
| HC CISD TRT TALUS FX W/ MANIP | 28435 | CPT | | | | outpatient | | | 5994 | 2113.84 | Horizon | PPO | 3556.76 | | | | 342.07 | 5694.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CISD TRT TALUS FX W/ MANIP | 28435 | CPT | | | | outpatient | | | 5994 | 2113.84 | Horizon | Medicare Blue | 1838.12 | | | | 342.07 | 5694.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CISD TRT TALUS FX W/ MANIP | 28435 | CPT | | | | outpatient | | | 5994 | 2113.84 | Horizon | MGD | 3556.76 | | | | 342.07 | 5694.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CISD TRT TALUS FX W/ MANIP | 28435 | CPT | | | | outpatient | | | 5994 | 2113.84 | Americare | Americare | 4495.5 | 75 | | | 342.07 | 5694.3 | percent of total billed charges | |
| HC CISD TRT TALUS FX W/ MANIP | 28435 | CPT | | | | outpatient | | | 5994 | 2113.84 | Amerihealth | HMO/PPO | 550 | | | | 342.07 | 5694.3 | fee schedule | |
| HC CISD TRT TALUS FX W/ MANIP | 28435 | CPT | | | | outpatient | | | 5994 | 2113.84 | Aetna | Commercial | 2999.81 | | | | 342.07 | 5694.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CISD TRT TALUS FX W/ MANIP | 28435 | CPT | | | | outpatient | | | 5994 | 2113.84 | UHC | Medicare | 1838.12 | | | | 342.07 | 5694.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CISD TRT TALUS FX W/ MANIP | 28435 | CPT | | | | outpatient | | | 5994 | 2113.84 | Corrections | Corrections | 4795.2 | 80 | | | 342.07 | 5694.3 | percent of total billed charges | |
| HC CISD TRT TALUS FX W/ MANIP | 28435 | CPT | | | | outpatient | | | 5994 | 2113.84 | United | Oxford | 2493 | | | | 342.07 | 5694.3 | case rate | |
| HC CISD TRT TALUS FX W/ MANIP | 28435 | CPT | | | | outpatient | | | 5994 | 2113.84 | Multiplan | Multiplan | 4795.2 | 80 | | | 342.07 | 5694.3 | percent of total billed charges | |
| HC CISD TRT TALUS FX W/ MANIP | 28435 | CPT | | | | outpatient | | | 5994 | 2113.84 | UHC | Medicaid | 1891.11 | 31.55 | | | 342.07 | 5694.3 | percent of total billed charges | |
| HC CISD TRT TALUS FX W/ MANIP | 28435 | CPT | | | | outpatient | | | 5994 | 2113.84 | First Trenton | First Trenton | 5394.6 | 90 | | | 342.07 | 5694.3 | percent of total billed charges | |
| HC CISD TRT TALUS FX W/ MANIP | 28435 | CPT | | | | outpatient | | | 5994 | 2113.84 | First Health | First Health | 4195.8 | 70 | | | 342.07 | 5694.3 | percent of total billed charges | |
| HC CISD TRT TALUS FX W/ MANIP | 28435 | CPT | | | | outpatient | | | 5994 | 2113.84 | Aetna | Medicare | 1838.12 | | | | 342.07 | 5694.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CISD TRT TALUS FX W/ MANIP | 28435 | CPT | | | | outpatient | | | 5994 | 2113.84 | Wellcare | Medicare | 1838.12 | | | | 342.07 | 5694.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CISD TRT TALUS FX W/ MANIP | 28435 | CPT | | | | outpatient | | | 5994 | 2113.84 | Horizon | NJ Health | 342.07 | | | | 342.07 | 5694.3 | fee schedule | |
| HC CISD TRT TALUS FX W/ MANIP | 28435 | CPT | | | | outpatient | | | 5994 | 2113.84 | WellPoint | WellPoint | 1928.87 | 32.18 | | | 342.07 | 5694.3 | percent of total billed charges | |
| HC CISD TRT TALUS FX W/ MANIP | 28435 | CPT | | | | outpatient | | | 5994 | 2113.84 | Qualcare | Qualcare | 4495.5 | 75 | | | 342.07 | 5694.3 | percent of total billed charges | |
| HC CISD TRT TALUS FX W/ MANIP | 28435 | CPT | | | | outpatient | | | 5994 | 2113.84 | Three Rivers | Three Rivers | 5694.3 | 95 | | | 342.07 | 5694.3 | percent of total billed charges | |
| HC CISD TRT TALUS FX W/ MANIP | 28435 | CPT | | | | outpatient | | | 5994 | 2113.84 | Horizon | Indemnity | 3556.76 | | | 1342.81 | 342.07 | 5694.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CISD TRT TALUS FX W/ MANIP | 28435 | CPT | | | | outpatient | | | 5994 | 2113.84 | Managed Care Inc | Managed Care Inc | 5394.6 | 90 | | | 342.07 | 5694.3 | percent of total billed charges | |
| HC CISD TRT TALUS FX W/ MANIP | 28435 | CPT | | | | outpatient | | | 5994 | 2113.84 | Wellcare | Medicaid | 1891.11 | 31.55 | | | 342.07 | 5694.3 | percent of total billed charges | |
| HC CISD TRT TALUS FX W/ MANIP | 28435 | CPT | | | | outpatient | | | 5994 | 2113.84 | United | Commercial/PPO | 2493 | | | | 342.07 | 5694.3 | case rate | |
| HC CLSD TRT METTAR FRCT WO MAN | 28470 | CPT | | | | outpatient | | | 1242 | 310.16 | Horizon | Indemnity | 521.87 | | | | 105.71 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT METTAR FRCT WO MAN | 28470 | CPT | | | | outpatient | | | 1242 | 310.16 | Aetna | Commercial | 440.15 | | | | 105.71 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT METTAR FRCT WO MAN | 28470 | CPT | | | | outpatient | | | 1242 | 310.16 | Aetna | Medicare | 269.7 | | | | 105.71 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT METTAR FRCT WO MAN | 28470 | CPT | | | | outpatient | | | 1242 | 310.16 | First Trenton | First Trenton | 1117.8 | 90 | | | 105.71 | 1782 | percent of total billed charges | |
| HC CLSD TRT METTAR FRCT WO MAN | 28470 | CPT | | | | outpatient | | | 1242 | 310.16 | Multiplan | Multiplan | 993.6 | 80 | | | 105.71 | 1782 | percent of total billed charges | |
| HC CLSD TRT METTAR FRCT WO MAN | 28470 | CPT | | | | outpatient | | | 1242 | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 105.71 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT METTAR FRCT WO MAN | 28470 | CPT | | | | outpatient | | | 1242 | 310.16 | Aetna | Better Health | 391.85 | 31.55 | | | 105.71 | 1782 | percent of total billed charges | |
| HC CLSD TRT METTAR FRCT WO MAN | 28470 | CPT | | | | outpatient | | | 1242 | 310.16 | Amerihealth | HMO/PPO | 125 | | | | 105.71 | 1782 | fee schedule | |
| HC CLSD TRT METTAR FRCT WO MAN | 28470 | CPT | | | | outpatient | | | 1242 | 310.16 | Horizon | PPO | 521.87 | | | | 105.71 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT METTAR FRCT WO MAN | 28470 | CPT | | | | outpatient | | | 1242 | 310.16 | Managed Care Inc | Managed Care Inc | 1117.8 | 90 | | | 105.71 | 1782 | percent of total billed charges | |
| HC CLSD TRT METTAR FRCT WO MAN | 28470 | CPT | | | | outpatient | | | 1242 | 310.16 | Consumer | Consumer | 1179.9 | 95 | | | 105.71 | 1782 | percent of total billed charges | |
| HC CLSD TRT METTAR FRCT WO MAN | 28470 | CPT | | | | outpatient | | | 1242 | 310.16 | First Health | First Health | 869.4 | 70 | | | 105.71 | 1782 | percent of total billed charges | |
| HC CLSD TRT METTAR FRCT WO MAN | 28470 | CPT | | | | outpatient | | | 1242 | 310.16 | Qualcare | Qualcare | 931.5 | 75 | | | 105.71 | 1782 | percent of total billed charges | |
| HC CLSD TRT METTAR FRCT WO MAN | 28470 | CPT | | | | outpatient | | | 1242 | 310.16 | UHC | Medicaid | 391.85 | 31.55 | | | 105.71 | 1782 | percent of total billed charges | |
| HC CLSD TRT METTAR FRCT WO MAN | 28470 | CPT | | | | outpatient | | | 1242 | 310.16 | Americare | Americare | 931.5 | 75 | | | 105.71 | 1782 | percent of total billed charges | |
| HC CLSD TRT METTAR FRCT WO MAN | 28470 | CPT | | | | outpatient | | | 1242 | 310.16 | Wellcare | Medicaid | 391.85 | 31.55 | | | 105.71 | 1782 | percent of total billed charges | |
| HC CLSD TRT METTAR FRCT WO MAN | 28470 | CPT | | | | outpatient | | | 1242 | 310.16 | UHC | Medicare | 269.7 | | | | 105.71 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT METTAR FRCT WO MAN | 28470 | CPT | | | | outpatient | | | 1242 | 310.16 | United | Oxford | 1782 | | | | 105.71 | 1782 | case rate | |
| HC CLSD TRT METTAR FRCT WO MAN | 28470 | CPT | | | | outpatient | | | 1242 | 310.16 | Corrections | Corrections | 993.6 | 80 | | | 105.71 | 1782 | percent of total billed charges | |
| HC CLSD TRT METTAR FRCT WO MAN | 28470 | CPT | | | | outpatient | | | 1242 | 310.16 | Wellcare | Medicare | 269.7 | | | | 105.71 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT METTAR FRCT WO MAN | 28470 | CPT | | | | outpatient | | | 1242 | 310.16 | United | Commercial/PPO | 1782 | | | | 105.71 | 1782 | case rate | |
| HC CLSD TRT METTAR FRCT WO MAN | 28470 | CPT | | | | outpatient | | | 1242 | 310.16 | Horizon | NJ Health | 105.71 | | | | 105.71 | 1782 | fee schedule | |
| HC CLSD TRT METTAR FRCT WO MAN | 28470 | CPT | | | | outpatient | | | 1242 | 310.16 | WellPoint | WellPoint | 399.68 | 32.18 | | | 105.71 | 1782 | percent of total billed charges | |
| HC CLSD TRT METTAR FRCT WO MAN | 28470 | CPT | | | | outpatient | | | 1242 | 310.16 | Horizon | MGD | 521.87 | | | | 105.71 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT METTAR FRCT WO MAN | 28470 | CPT | | | | outpatient | | | 1242 | 310.16 | Three Rivers | Three Rivers | 1179.9 | 95 | | | 105.71 | 1782 | percent of total billed charges | |
| HC CLSD TRT METTAR FRCT W MAN | 28475 | CPT | | | | outpatient | | | 1608 | 310.16 | Aetna | Commercial | 440.15 | | | | 230.2 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT METTAR FRCT W MAN | 28475 | CPT | | | | outpatient | | | 1608 | 310.16 | First Health | First Health | 1125.6 | 70 | | | 230.2 | 1782 | percent of total billed charges | |
| HC CLSD TRT METTAR FRCT W MAN | 28475 | CPT | | | | outpatient | | | 1608 | 310.16 | First Trenton | First Trenton | 1447.2 | 90 | | | 230.2 | 1782 | percent of total billed charges | |
| HC CLSD TRT METTAR FRCT W MAN | 28475 | CPT | | | | outpatient | | | 1608 | 310.16 | Aetna | Better Health | 507.32 | 31.55 | | | 230.2 | 1782 | percent of total billed charges | |
| HC CLSD TRT METTAR FRCT W MAN | 28475 | CPT | | | | outpatient | | | 1608 | 310.16 | Americare | Americare | 1206 | 75 | | | 230.2 | 1782 | percent of total billed charges | |
| HC CLSD TRT METTAR FRCT W MAN | 28475 | CPT | | | | outpatient | | | 1608 | 310.16 | Consumer | Consumer | 1527.6 | 95 | | | 230.2 | 1782 | percent of total billed charges | |
| HC CLSD TRT METTAR FRCT W MAN | 28475 | CPT | | | | outpatient | | | 1608 | 310.16 | Multiplan | Multiplan | 1286.4 | 80 | | | 230.2 | 1782 | percent of total billed charges | |
| HC CLSD TRT METTAR FRCT W MAN | 28475 | CPT | | | | outpatient | | | 1608 | 310.16 | Aetna | Medicare | 269.7 | | | | 230.2 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT METTAR FRCT W MAN | 28475 | CPT | | | | outpatient | | | 1608 | 310.16 | Amerihealth | HMO/PPO | 300 | | | | 230.2 | 1782 | fee schedule | |
| HC CLSD TRT METTAR FRCT W MAN | 28475 | CPT | | | | outpatient | | | 1608 | 310.16 | Three Rivers | Three Rivers | 1527.6 | 95 | | | 230.2 | 1782 | percent of total billed charges | |
| HC CLSD TRT METTAR FRCT W MAN | 28475 | CPT | | | | outpatient | | | 1608 | 310.16 | Managed Care Inc | Managed Care Inc | 1447.2 | 90 | | | 230.2 | 1782 | percent of total billed charges | |
| HC CLSD TRT METTAR FRCT W MAN | 28475 | CPT | | | | outpatient | | | 1608 | 310.16 | Horizon | MGD | 521.87 | | | | 230.2 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT METTAR FRCT W MAN | 28475 | CPT | | | | outpatient | | | 1608 | 310.16 | Horizon | Indemnity | 521.87 | | | | 230.2 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT METTAR FRCT W MAN | 28475 | CPT | | | | outpatient | | | 1608 | 310.16 | Corrections | Corrections | 1286.4 | 80 | | | 230.2 | 1782 | percent of total billed charges | |
| HC CLSD TRT METTAR FRCT W MAN | 28475 | CPT | | | | outpatient | | | 1608 | 310.16 | Qualcare | Qualcare | 1206 | 75 | | | 230.2 | 1782 | percent of total billed charges | |
| HC CLSD TRT METTAR FRCT W MAN | 28475 | CPT | | | | outpatient | | | 1608 | 310.16 | Horizon | PPO | 521.87 | | | | 230.2 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT METTAR FRCT W MAN | 28475 | CPT | | | | outpatient | | | 1608 | 310.16 | United | Commercial/PPO | 1782 | | | | 230.2 | 1782 | case rate | |
| HC CLSD TRT METTAR FRCT W MAN | 28475 | CPT | | | | outpatient | | | 1608 | 310.16 | Wellcare | Medicaid | 507.32 | 31.55 | | | 230.2 | 1782 | percent of total billed charges | |
| HC CLSD TRT METTAR FRCT W MAN | 28475 | CPT | | | | outpatient | | | 1608 | 310.16 | UHC | Medicare | 269.7 | | | | 230.2 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT METTAR FRCT W MAN | 28475 | CPT | | | | outpatient | | | 1608 | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 230.2 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT METTAR FRCT W MAN | 28475 | CPT | | | | outpatient | | | 1608 | 310.16 | UHC | Medicaid | 507.32 | 31.55 | | | 230.2 | 1782 | percent of total billed charges | |
| HC CLSD TRT METTAR FRCT W MAN | 28475 | CPT | | | | outpatient | | | 1608 | 310.16 | Horizon | NJ Health | 230.2 | | | | 230.2 | 1782 | fee schedule | |
| HC CLSD TRT METTAR FRCT W MAN | 28475 | CPT | | | | outpatient | | | 1608 | 310.16 | Wellcare | Medicare | 269.7 | | | | 230.2 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT METTAR FRCT W MAN | 28475 | CPT | | | | outpatient | | | 1608 | 310.16 | United | Oxford | 1782 | | | | 230.2 | 1782 | case rate | |
| HC CLSD TRT METTAR FRCT W MAN | 28475 | CPT | | | | outpatient | | | 1608 | 310.16 | WellPoint | WellPoint | 517.45 | 32.18 | | | 230.2 | 1782 | percent of total billed charges | |
| HC CLSD TRT FRCT GR TOE WO MAN | 28490 | CPT | | | | outpatient | | | 754 | 310.16 | Corrections | Corrections | 603.2 | 80 | | | 98.66 | 1782 | percent of total billed charges | |
| HC CLSD TRT FRCT GR TOE WO MAN | 28490 | CPT | | | | outpatient | | | 754 | 310.16 | Aetna | Medicare | 269.7 | | | | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT FRCT GR TOE WO MAN | 28490 | CPT | | | | outpatient | | | 754 | 310.16 | Americare | Americare | 565.5 | 75 | | | 98.66 | 1782 | percent of total billed charges | |
| HC CLSD TRT FRCT GR TOE WO MAN | 28490 | CPT | | | | outpatient | | | 754 | 310.16 | Horizon | MGD | 521.87 | | | | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT FRCT GR TOE WO MAN | 28490 | CPT | | | | outpatient | | | 754 | 310.16 | First Trenton | First Trenton | 678.6 | 90 | | | 98.66 | 1782 | percent of total billed charges | |
| HC CLSD TRT FRCT GR TOE WO MAN | 28490 | CPT | | | | outpatient | | | 754 | 310.16 | Aetna | Better Health | 237.89 | 31.55 | | | 98.66 | 1782 | percent of total billed charges | |
| HC CLSD TRT FRCT GR TOE WO MAN | 28490 | CPT | | | | outpatient | | | 754 | 310.16 | Amerihealth | HMO/PPO | 125 | | | | 98.66 | 1782 | fee schedule | |
| HC CLSD TRT FRCT GR TOE WO MAN | 28490 | CPT | | | | outpatient | | | 754 | 310.16 | UHC | Medicaid | 237.89 | 31.55 | | | 98.66 | 1782 | percent of total billed charges | |
| HC CLSD TRT FRCT GR TOE WO MAN | 28490 | CPT | | | | outpatient | | | 754 | 310.16 | United | Commercial/PPO | 1782 | | | | 98.66 | 1782 | case rate | |
| HC CLSD TRT FRCT GR TOE WO MAN | 28490 | CPT | | | | outpatient | | | 754 | 310.16 | Consumer | Consumer | 716.3 | 95 | | | 98.66 | 1782 | percent of total billed charges | |
| HC CLSD TRT FRCT GR TOE WO MAN | 28490 | CPT | | | | outpatient | | | 754 | 310.16 | Three Rivers | Three Rivers | 716.3 | 95 | | | 98.66 | 1782 | percent of total billed charges | |
| HC CLSD TRT FRCT GR TOE WO MAN | 28490 | CPT | | | | outpatient | | | 754 | 310.16 | Aetna | Commercial | 440.15 | | | | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT FRCT GR TOE WO MAN | 28490 | CPT | | | | outpatient | | | 754 | 310.16 | Horizon | NJ Health | 98.66 | | | | 98.66 | 1782 | fee schedule | |
| HC CLSD TRT FRCT GR TOE WO MAN | 28490 | CPT | | | | outpatient | | | 754 | 310.16 | First Health | First Health | 527.8 | 70 | | | 98.66 | 1782 | percent of total billed charges | |
| HC CLSD TRT FRCT GR TOE WO MAN | 28490 | CPT | | | | outpatient | | | 754 | 310.16 | Horizon | Indemnity | 521.87 | | | | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT FRCT GR TOE WO MAN | 28490 | CPT | | | | outpatient | | | 754 | 310.16 | Multiplan | Multiplan | 603.2 | 80 | | | 98.66 | 1782 | percent of total billed charges | |
| HC CLSD TRT FRCT GR TOE WO MAN | 28490 | CPT | | | | outpatient | | | 754 | 310.16 | WellPoint | WellPoint | 242.64 | 32.18 | | | 98.66 | 1782 | percent of total billed charges | |
| HC CLSD TRT FRCT GR TOE WO MAN | 28490 | CPT | | | | outpatient | | | 754 | 310.16 | Qualcare | Qualcare | 565.5 | 75 | | | 98.66 | 1782 | percent of total billed charges | |
| HC CLSD TRT FRCT GR TOE WO MAN | 28490 | CPT | | | | outpatient | | | 754 | 310.16 | United | Oxford | 1782 | | | | 98.66 | 1782 | case rate | |
| HC CLSD TRT FRCT GR TOE WO MAN | 28490 | CPT | | | | outpatient | | | 754 | 310.16 | Horizon | PPO | 521.87 | | | | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT FRCT GR TOE WO MAN | 28490 | CPT | | | | outpatient | | | 754 | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT FRCT GR TOE WO MAN | 28490 | CPT | | | | outpatient | | | 754 | 310.16 | Managed Care Inc | Managed Care Inc | 678.6 | 90 | | | 98.66 | 1782 | percent of total billed charges | |
| HC CLSD TRT FRCT GR TOE WO MAN | 28490 | CPT | | | | outpatient | | | 754 | 310.16 | Wellcare | Medicare | 269.7 | | | | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT FRCT GR TOE WO MAN | 28490 | CPT | | | | outpatient | | | 754 | 310.16 | UHC | Medicare | 269.7 | | | | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSD TRT FRCT GR TOE WO MAN | 28490 | CPT | | | | outpatient | | | 754 | 310.16 | Wellcare | Medicaid | 237.89 | 31.55 | | | 98.66 | 1782 | percent of total billed charges | |
| HC CLOSED TX FX TOE-NOT TOE W MAN | 28515 | CPT | | | | outpatient | | | 1366 | 310.16 | First Trenton | First Trenton | 1229.4 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC CLOSED TX FX TOE-NOT TOE W MAN | 28515 | CPT | | | | outpatient | | | 1366 | 310.16 | Consumer | Consumer | 1297.7 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC CLOSED TX FX TOE-NOT TOE W MAN | 28515 | CPT | | | | outpatient | | | 1366 | 310.16 | UHC | Medicaid | 430.97 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLOSED TX FX TOE-NOT TOE W MAN | 28515 | CPT | | | | outpatient | | | 1366 | 310.16 | Aetna | Commercial | 440.15 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOSED TX FX TOE-NOT TOE W MAN | 28515 | CPT | | | | outpatient | | | 1366 | 310.16 | Horizon | MGD | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC CLOSED TX FX TOE-NOT TOE W MAN | 28515 | CPT | | | | outpatient | | | 1366 | | 310.16 | Aetna | Better Health | 430.97 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLOSED TX FX TOE-NOT TOE W MAN | 28515 | CPT | | | | outpatient | | | 1366 | | 310.16 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC CLOSED TX FX TOE-NOT TOE W MAN | 28515 | CPT | | | | outpatient | | | 1366 | | 310.16 | Americare | Americare | 1024.5 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC CLOSED TX FX TOE-NOT TOE W MAN | 28515 | CPT | | | | outpatient | | | 1366 | | 310.16 | Horizon | PPO | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOSED TX FX TOE-NOT TOE W MAN | 28515 | CPT | | | | outpatient | | | 1366 | | 310.16 | Corrections | Corrections | 1092.8 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC CLOSED TX FX TOE-NOT TOE W MAN | 28515 | CPT | | | | outpatient | | | 1366 | | 310.16 | First Health | First Health | 956.2 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC CLOSED TX FX TOE-NOT TOE W MAN | 28515 | CPT | | | | outpatient | | | 1366 | | 310.16 | Aetna | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOSED TX FX TOE-NOT TOE W MAN | 28515 | CPT | | | | outpatient | | | 1366 | | 310.16 | Managed Care Inc | Managed Care Inc | 1229.4 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC CLOSED TX FX TOE-NOT TOE W MAN | 28515 | CPT | | | | outpatient | | | 1366 | | 310.16 | Wellcare | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOSED TX FX TOE-NOT TOE W MAN | 28515 | CPT | | | | outpatient | | | 1366 | | 310.16 | Horizon | Indemnity | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOSED TX FX TOE-NOT TOE W MAN | 28515 | CPT | | | | outpatient | | | 1366 | | 310.16 | Three Rivers | Three Rivers | 1297.7 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC CLOSED TX FX TOE-NOT TOE W MAN | 28515 | CPT | | | | outpatient | | | 1366 | | 310.16 | UHC | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOSED TX FX TOE-NOT TOE W MAN | 28515 | CPT | | | | outpatient | | | 1366 | | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOSED TX FX TOE-NOT TOE W MAN | 28515 | CPT | | | | outpatient | | | 1366 | | 310.16 | United | CommercialPPO | 1782 | | | | 125 | 1782 | case rate | |
| HC CLOSED TX FX TOE-NOT TOE W MAN | 28515 | CPT | | | | outpatient | | | 1366 | | 310.16 | Multiplan | Multiplan | 1092.8 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC CLOSED TX FX TOE-NOT TOE W MAN | 28515 | CPT | | | | outpatient | | | 1366 | | 310.16 | Wellcare | Medicaid | 430.97 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLOSED TX FX TOE-NOT TOE W MAN | 28515 | CPT | | | | outpatient | | | 1366 | | 310.16 | Horizon | NJ Health | 150.34 | | | | 125 | 1782 | fee schedule | |
| HC CLOSED TX FX TOE-NOT TOE W MAN | 28515 | CPT | | | | outpatient | | | 1366 | | 310.16 | Qualcare | Qualcare | 1024.5 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC CLOSED TX FX TOE-NOT TOE W MAN | 28515 | CPT | | | | outpatient | | | 1366 | | 310.16 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC CLOSED TX FX TOE-NOT TOE W MAN | 28515 | CPT | | | | outpatient | | | 1366 | | 310.16 | WellPoint | WellPoint | 439.58 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC CLTX TAR DIS OTH/THN TALO W/O ANES | 28540 | CPT | | | | outpatient | | | 819 | | 310.16 | Aetna | Commercial | 440.15 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLTX TAR DIS OTH/THN TALO W/O ANES | 28540 | CPT | | | | outpatient | | | 819 | | 310.16 | Horizon | Indemnity | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLTX TAR DIS OTH/THN TALO W/O ANES | 28540 | CPT | | | | outpatient | | | 819 | | 310.16 | Multiplan | Multiplan | 655.2 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC CLTX TAR DIS OTH/THN TALO W/O ANES | 28540 | CPT | | | | outpatient | | | 819 | | 310.16 | Consumer | Consumer | 778.05 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC CLTX TAR DIS OTH/THN TALO W/O ANES | 28540 | CPT | | | | outpatient | | | 819 | | 310.16 | Aetna | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLTX TAR DIS OTH/THN TALO W/O ANES | 28540 | CPT | | | | outpatient | | | 819 | | 310.16 | UHC | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLTX TAR DIS OTH/THN TALO W/O ANES | 28540 | CPT | | | | outpatient | | | 819 | | 310.16 | Qualcare | Qualcare | 614.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC CLTX TAR DIS OTH/THN TALO W/O ANES | 28540 | CPT | | | | outpatient | | | 819 | | 310.16 | Aetna | Better Health | 258.39 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLTX TAR DIS OTH/THN TALO W/O ANES | 28540 | CPT | | | | outpatient | | | 819 | | 310.16 | Americare | Americare | 614.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC CLTX TAR DIS OTH/THN TALO W/O ANES | 28540 | CPT | | | | outpatient | | | 819 | | 310.16 | Wellcare | Medicaid | 258.39 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLTX TAR DIS OTH/THN TALO W/O ANES | 28540 | CPT | | | | outpatient | | | 819 | | 310.16 | United | CommercialPPO | 1782 | | | | 125 | 1782 | case rate | |
| HC CLTX TAR DIS OTH/THN TALO W/O ANES | 28540 | CPT | | | | outpatient | | | 819 | | 310.16 | Corrections | Corrections | 655.2 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC CLTX TAR DIS OTH/THN TALO W/O ANES | 28540 | CPT | | | | outpatient | | | 819 | | 310.16 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC CLTX TAR DIS OTH/THN TALO W/O ANES | 28540 | CPT | | | | outpatient | | | 819 | | 310.16 | First Health | First Health | 573.3 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC CLTX TAR DIS OTH/THN TALO W/O ANES | 28540 | CPT | | | | outpatient | | | 819 | | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLTX TAR DIS OTH/THN TALO W/O ANES | 28540 | CPT | | | | outpatient | | | 819 | | 310.16 | First Trenton | First Trenton | 737.1 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC CLTX TAR DIS OTH/THN TALO W/O ANES | 28540 | CPT | | | | outpatient | | | 819 | | 310.16 | Three Rivers | Three Rivers | 778.05 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC CLTX TAR DIS OTH/THN TALO W/O ANES | 28540 | CPT | | | | outpatient | | | 819 | | 310.16 | Horizon | MGD | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLTX TAR DIS OTH/THN TALO W/O ANES | 28540 | CPT | | | | outpatient | | | 819 | | 310.16 | Wellcare | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLTX TAR DIS OTH/THN TALO W/O ANES | 28540 | CPT | | | | outpatient | | | 819 | | 310.16 | Horizon | NJ Health | 206.32 | | | | 125 | 1782 | fee schedule | |
| HC CLTX TAR DIS OTH/THN TALO W/O ANES | 28540 | CPT | | | | outpatient | | | 819 | | 310.16 | Horizon | PPO | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLTX TAR DIS OTH/THN TALO W/O ANES | 28540 | CPT | | | | outpatient | | | 819 | | 310.16 | Managed Care Inc | Managed Care Inc | 737.1 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC CLTX TAR DIS OTH/THN TALO W/O ANES | 28540 | CPT | | | | outpatient | | | 819 | | 310.16 | UHC | Medicaid | 258.39 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CLTX TAR DIS OTH/THN TALO W/O ANES | 28540 | CPT | | | | outpatient | | | 819 | | 310.16 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC CLTX TAR DIS OTH/THN TALO W/O ANES | 28540 | CPT | | | | outpatient | | | 819 | | 310.16 | WellPoint | WellPoint | 263.55 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX TAROMET DIS W/O ANES | 28600 | CPT | | | | outpatient | | | 842 | | 310.16 | First Health | First Health | 589.4 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX TAROMET DIS W/O ANES | 28600 | CPT | | | | outpatient | | | 842 | | 310.16 | UHC | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX TAROMET DIS W/O ANES | 28600 | CPT | | | | outpatient | | | 842 | | 310.16 | Corrections | Corrections | 673.6 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX TAROMET DIS W/O ANES | 28600 | CPT | | | | outpatient | | | 842 | | 310.16 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC CL TX TAROMET DIS W/O ANES | 28600 | CPT | | | | outpatient | | | 842 | | 310.16 | Horizon | Indemnity | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX TAROMET DIS W/O ANES | 28600 | CPT | | | | outpatient | | | 842 | | 310.16 | Aetna | Commercial | 440.15 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX TAROMET DIS W/O ANES | 28600 | CPT | | | | outpatient | | | 842 | | 310.16 | Aetna | Better Health | 265.65 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX TAROMET DIS W/O ANES | 28600 | CPT | | | | outpatient | | | 842 | | 310.16 | Aetna | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX TAROMET DIS W/O ANES | 28600 | CPT | | | | outpatient | | | 842 | | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX TAROMET DIS W/O ANES | 28600 | CPT | | | | outpatient | | | 842 | | 310.16 | Americare | Americare | 631.5 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX TAROMET DIS W/O ANES | 28600 | CPT | | | | outpatient | | | 842 | | 310.16 | Wellcare | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX TAROMET DIS W/O ANES | 28600 | CPT | | | | outpatient | | | 842 | | 310.16 | First Trenton | First Trenton | 757.8 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX TAROMET DIS W/O ANES | 28600 | CPT | | | | outpatient | | | 842 | | 310.16 | Horizon | PPO | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX TAROMET DIS W/O ANES | 28600 | CPT | | | | outpatient | | | 842 | | 310.16 | Multiplan | Multiplan | 673.6 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX TAROMET DIS W/O ANES | 28600 | CPT | | | | outpatient | | | 842 | | 310.16 | Consumer | Consumer | 799.9 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX TAROMET DIS W/O ANES | 28600 | CPT | | | | outpatient | | | 842 | | 310.16 | Horizon | MGD | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX TAROMET DIS W/O ANES | 28600 | CPT | | | | outpatient | | | 842 | | 310.16 | UHC | Medicaid | 265.65 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX TAROMET DIS W/O ANES | 28600 | CPT | | | | outpatient | | | 842 | | 310.16 | Qualcare | Qualcare | 631.5 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX TAROMET DIS W/O ANES | 28600 | CPT | | | | outpatient | | | 842 | | 310.16 | WellPoint | WellPoint | 270.96 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX TAROMET DIS W/O ANES | 28600 | CPT | | | | outpatient | | | 842 | | 310.16 | Managed Care Inc | Managed Care Inc | 757.8 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX TAROMET DIS W/O ANES | 28600 | CPT | | | | outpatient | | | 842 | | 310.16 | United | CommercialPPO | 1782 | | | | 125 | 1782 | case rate | |
| HC CL TX TAROMET DIS W/O ANES | 28600 | CPT | | | | outpatient | | | 842 | | 310.16 | Horizon | NJ Health | 219.42 | | | | 125 | 1782 | fee schedule | |
| HC CL TX TAROMET DIS W/O ANES | 28600 | CPT | | | | outpatient | | | 842 | | 310.16 | Three Rivers | Three Rivers | 799.9 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX TAROMET DIS W/O ANES | 28600 | CPT | | | | outpatient | | | 842 | | 310.16 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC CL TX TAROMET DIS W/O ANES | 28600 | CPT | | | | outpatient | | | 842 | | 310.16 | Wellcare | Medicaid | 265.65 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX MTP DISLOC W/O ANES. | 28630 | CPT | | | | outpatient | | | 865 | | 310.16 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC CL TX MTP DISLOC W/O ANES. | 28630 | CPT | | | | outpatient | | | 865 | | 310.16 | Aetna | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX MTP DISLOC W/O ANES. | 28630 | CPT | | | | outpatient | | | 865 | | 310.16 | Aetna | Commercial | 440.15 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX MTP DISLOC W/O ANES. | 28630 | CPT | | | | outpatient | | | 865 | | 310.16 | First Health | First Health | 605.5 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX MTP DISLOC W/O ANES. | 28630 | CPT | | | | outpatient | | | 865 | | 310.16 | First Trenton | First Trenton | 778.5 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX MTP DISLOC W/O ANES. | 28630 | CPT | | | | outpatient | | | 865 | | 310.16 | Aetna | Better Health | 272.91 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX MTP DISLOC W/O ANES. | 28630 | CPT | | | | outpatient | | | 865 | | 310.16 | Horizon | Indemnity | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX MTP DISLOC W/O ANES. | 28630 | CPT | | | | outpatient | | | 865 | | 310.16 | UHC | Medicaid | 272.91 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX MTP DISLOC W/O ANES. | 28630 | CPT | | | | outpatient | | | 865 | | 310.16 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC CL TX MTP DISLOC W/O ANES. | 28630 | CPT | | | | outpatient | | | 865 | | 310.16 | Corrections | Corrections | 692 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX MTP DISLOC W/O ANES. | 28630 | CPT | | | | outpatient | | | 865 | | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX MTP DISLOC W/O ANES. | 28630 | CPT | | | | outpatient | | | 865 | | 310.16 | Multiplan | Multiplan | 692 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX MTP DISLOC W/O ANES. | 28630 | CPT | | | | outpatient | | | 865 | | 310.16 | Horizon | PPO | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX MTP DISLOC W/O ANES. | 28630 | CPT | | | | outpatient | | | 865 | | 310.16 | Americare | Americare | 648.75 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX MTP DISLOC W/O ANES. | 28630 | CPT | | | | outpatient | | | 865 | | 310.16 | Wellcare | Medicaid | 272.91 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX MTP DISLOC W/O ANES. | 28630 | CPT | | | | outpatient | | | 865 | | 310.16 | UHC | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX MTP DISLOC W/O ANES. | 28630 | CPT | | | | outpatient | | | 865 | | 310.16 | Managed Care Inc | Managed Care Inc | 778.5 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX MTP DISLOC W/O ANES. | 28630 | CPT | | | | outpatient | | | 865 | | 310.16 | Horizon | MGD | 521.87 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX MTP DISLOC W/O ANES. | 28630 | CPT | | | | outpatient | | | 865 | | 310.16 | Wellcare | Medicare | 269.7 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL TX MTP DISLOC W/O ANES. | 28630 | CPT | | | | outpatient | | | 865 | | 310.16 | Qualcare | Qualcare | 648.75 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX MTP DISLOC W/O ANES. | 28630 | CPT | | | | outpatient | | | 865 | | 310.16 | WellPoint | WellPoint | 278.36 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX MTP DISLOC W/O ANES. | 28630 | CPT | | | | outpatient | | | 865 | | 310.16 | Consumer | Consumer | 821.75 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC CL TX MTP DISLOC W/O ANES. | 28630 | CPT | | | | outpatient | | | 865 | | 310.16 | United | CommercialPPO | 1782 | | | | 125 | 1782 | case rate | |
| HC CL TX MTP DISLOC W/O ANES. | 28630 | CPT | | | | outpatient | | | 865 | | 310.16 | Horizon | NJ Health | 159.21 | | | | 125 | 1782 | fee schedule | |
| HC CL TX MTP DISLOC W/O ANES. | 28630 | CPT | | | | outpatient | | | 865 | | 310.16 | Three Rivers | Three Rivers | 821.75 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC DISLOCATION CL INTERPHALANGEAL | 28660 | CPT | | | | outpatient | | | 1759 | | 310.16 | Amerihealth | HMO/PPO | 125 | | | | 87.7 | 1782 | fee schedule | |
| HC DISLOCATION CL INTERPHALANGEAL | 28660 | CPT | | | | outpatient | | | 1759 | | 310.16 | Americare | Americare | 1319.25 | 75 | | | 87.7 | 1782 | percent of total billed charges | |
| HC DISLOCATION CL INTERPHALANGEAL | 28660 | CPT | | | | outpatient | | | 1759 | | 310.16 | Corrections | Corrections | 1407.2 | 80 | | | 87.7 | 1782 | percent of total billed charges | |
| HC DISLOCATION CL INTERPHALANGEAL | 28660 | CPT | | | | outpatient | | | 1759 | | 310.16 | First Health | First Health | 1231.3 | 70 | | | 87.7 | 1782 | percent of total billed charges | |
| HC DISLOCATION CL INTERPHALANGEAL | 28660 | CPT | | | | outpatient | | | 1759 | | 310.16 | Aetna | Medicare | 269.7 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISLOCATION CL INTERPHALANGEAL | 28660 | CPT | | | | outpatient | | | 1759 | | 310.16 | Aetna | Better Health | 554.96 | 31.55 | | | 87.7 | 1782 | percent of total billed charges | |
| HC DISLOCATION CL INTERPHALANGEAL | 28660 | CPT | | | | outpatient | | | 1759 | | 310.16 | Aetna | Commercial | 440.15 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISLOCATION CL INTERPHALANGEAL | 28660 | CPT | | | | outpatient | | | 1759 | | 310.16 | Horizon | Indemnity | 521.87 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISLOCATION CL INTERPHALANGEAL | 28660 | CPT | | | | outpatient | | | 1759 | | 310.16 | First Trenton | First Trenton | 1583.1 | 90 | | | 87.7 | 1782 | percent of total billed charges | |
| HC DISLOCATION CL INTERPHALANGEAL | 28660 | CPT | | | | outpatient | | | 1759 | | 310.16 | United | Oxford | 1782 | | | | 87.7 | 1782 | case rate | |
| HC DISLOCATION CL INTERPHALANGEAL | 28660 | CPT | | | | outpatient | | | 1759 | | 310.16 | Multiplan | Multiplan | 1407.2 | 80 | | | 87.7 | 1782 | percent of total billed charges | |
| HC DISLOCATION CL INTERPHALANGEAL | 28660 | CPT | | | | outpatient | | | 1759 | | 310.16 | Horizon | Medicare Blue | 269.7 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISLOCATION CL INTERPHALANGEAL | 28660 | CPT | | | | outpatient | | | 1759 | | 310.16 | Horizon | MGD | 521.87 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISLOCATION CL INTERPHALANGEAL | 28660 | CPT | | | | outpatient | | | 1759 | | 310.16 | Consumer | Consumer | 1671.05 | 95 | | | 87.7 | 1782 | percent of total billed charges | |
| HC DISLOCATION CL INTERPHALANGEAL | 28660 | CPT | | | | outpatient | | | 1759 | | 310.16 | Qualcare | Qualcare | 1319.25 | 75 | | | 87.7 | 1782 | percent of total billed charges | |
| HC DISLOCATION CL INTERPHALANGEAL | 28660 | CPT | | | | outpatient | | | 1759 | | 310.16 | Horizon | PPO | 521.87 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISLOCATION CL INTERPHALANGEAL | 28660 | CPT | | | | outpatient | | | 1759 | | 310.16 | Horizon | NJ Health | 87.7 | | | | 87.7 | 1782 | fee schedule | |
| HC DISLOCATION CL INTERPHALANGEAL | 28660 | CPT | | | | outpatient | | | 1759 | | 310.16 | Wellcare | Medicaid | 554.96 | 31.55 | | | 87.7 | 1782 | percent of total billed charges | |
| HC DISLOCATION CL INTERPHALANGEAL | 28660 | CPT | | | | outpatient | | | 1759 | | 310.16 | Managed Care Inc | Managed Care Inc | 1583.1 | 90 | | | 87.7 | 1782 | percent of total billed charges | |
| HC DISLOCATION CL INTERPHALANGEAL | 28660 | CPT | | | | outpatient | | | 1759 | | 310.16 | UHC | Medicare | 269.7 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISLOCATION CL INTERPHALANGEAL | 28660 | CPT | | | | outpatient | | | 1759 | | 310.16 | Three Rivers | Three Rivers | 1671.05 | 95 | | | 87.7 | 1782 | percent of total billed charges | |
| HC DISLOCATION CL INTERPHALANGEAL | 28660 | CPT | | | | outpatient | | | 1759 | | 310.16 | Wellcare | Medicare | 269.7 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISLOCATION CL INTERPHALANGEAL | 28660 | CPT | | | | outpatient | | | 1759 | | 310.16 | UHC | Medicaid | 554.96 | 31.55 | | | 87.7 | 1782 | percent of total billed charges | |
| HC DISLOCATION CL INTERPHALANGEAL | 28660 | CPT | | | | outpatient | | | 1759 | | 310.16 | United | CommercialPPO | 1782 | | | | 87.7 | 1782 | case rate | |
| HC DISLOCATION CL INTERPHALANGEAL | 28660 | CPT | | | | outpatient | | | 1759 | | 310.16 | WellPoint | WellPoint | 566.05 | 32.18 | | | 87.7 | 1782 | percent of total billed charges | |
| HC LONG ARM CAST APPLICATION | 29065 | CPT | | | | outpatient | | | 1011 | | 353.21 | Aetna | Better Health | 318.97 | 31.55 | | 122.11 | 125 | 1782 | percent of total billed charges | |
| HC LONG ARM CAST APPLICATION | 29065 | CPT | | | | outpatient | | | 1011 | | 353.21 | Horizon | Medicare Blue | 307.14 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LONG ARM CAST APPLICATION | 29065 | CPT | | | | outpatient | | | 1011 | | 353.21 | Aetna | Commercial | 501.25 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LONG ARM CAST APPLICATION | 29065 | CPT | | | | outpatient | | | 1011 | | 353.21 | Three Rivers | Three Rivers | 960.45 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC LONG ARM CAST APPLICATION | 29065 | CPT | | | | outpatient | | | 1011 | | 353.21 | Consumer | Consumer | 960.45 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC LONG ARM CAST APPLICATION | 29065 | CPT | | | | outpatient | | | 1011 | | 353.21 | First Health | First Health | 707.7 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC LONG ARM CAST APPLICATION | 29065 | CPT | | | | outpatient | | | 1011 | | 353.21 | Horizon | MGD | 594.32 | | | 117.74 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LONG ARM CAST APPLICATION | 29065 | CPT | | | | outpatient | | | 1011 | | 353.21 | Corrections | Corrections | 808.8 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC LONG ARM CAST APPLICATION | 29065 | CPT | | | | outpatient | | | 1011 | | 353.21 | Horizon | PPO | 594.32 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LONG ARM CAST APPLICATION | 29065 | CPT | | | | outpatient | | | 1011 | | 353.21 | Horizon | NJ Health | 136.95 | | | 79.28 | 125 | 1782 | fee schedule | |
| HC LONG ARM CAST APPLICATION | 29065 | CPT | | | | outpatient | | | 1011 | | 353.21 | Aetna | Medicare | 307.14 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LONG ARM CAST APPLICATION | 29065 | CPT | | | | outpatient | | | 1011 | | 353.21 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC LONG ARM CAST APPLICATION | 29065 | CPT | | | | outpatient | | | 1011 | | 353.21 | Americare | Americare | 758.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC LONG ARM CAST APPLICATION | 29065 | CPT | | | | outpatient | | | 1011 | | 353.21 | Multiplan | Multiplan | 808.8 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC LONG ARM CAST APPLICATION | 29065 | CPT | | | | outpatient | | | 1011 | | 353.21 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC LONG ARM CAST APPLICATION | 29065 | CPT | | | | outpatient | | | 1011 | | 353.21 | First Trenton | First Trenton | 909.9 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC LONG ARM CAST APPLICATION | 29065 | CPT | | | | outpatient | | | 1011 | | 353.21 | UHC | Medicaid | 318.97 | 31.55 | | 154.63 | 125 | 1782 | percent of total billed charges | |
| HC LONG ARM CAST APPLICATION | 29065 | CPT | | | | outpatient | | | 1011 | | 353.21 | Qualcare | Qualcare | 758.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC LONG ARM CAST APPLICATION | 29065 | CPT | | | | outpatient | | | 1011 | | 353.21 | UHC | Medicare | 307.14 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LONG ARM CAST APPLICATION | 29065 | CPT | | | | outpatient | | | 1011 | | 353.21 | Horizon | Indemnity | 594.32 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LONG ARM CAST APPLICATION | 29065 | CPT | | | | outpatient | | | 1011 | | 353.21 | Wellcare | Medicaid | 318.97 | 31.55 | | 135.62 | 125 | 1782 | percent of total billed charges | |
| HC LONG ARM CAST APPLICATION | 29065 | CPT | | | | outpatient | | | 1011 | | 353.21 | Managed Care Inc | Managed Care Inc | 909.9 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC LONG ARM CAST APPLICATION | 29065 | CPT | | | | outpatient | | | 1011 | | 353.21 | WellPoint | WellPoint | 325.34 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC LONG ARM CAST APPLICATION | 29065 | CPT | | | | outpatient | | | 1011 | | 353.21 | United | CommercialPPO | 1782 | | | | 125 | 1782 | case rate | |
| HC LONG ARM CAST APPLICATION | 29065 | CPT | | | | outpatient | | | 1011 | | 353.21 | Wellcare | Medicare | 307.14 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT ARM CAST APPLICATION | 29075 | CPT | | | | outpatient | | | 942 | | 353.21 | Consumer | Consumer | 894.9 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC SHORT ARM CAST APPLICATION | 29075 | CPT | | | | outpatient | | | 942 | | 353.21 | Aetna | Better Health | 297.2 | 31.55 | | 206.49 | 125 | 1782 | percent of total billed charges | |
| HC SHORT ARM CAST APPLICATION | 29075 | CPT | | | | outpatient | | | 942 | | 353.21 | UHC | Medicaid | 297.2 | 31.55 | | 160.22 | 125 | 1782 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC SHORT ARM CAST APPLICATION | 29075 | CPT | | | | outpatient | | | 942 | 353.21 | Aetna | Medicare | 307.14 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT ARM CAST APPLICATION | 29075 | CPT | | | | outpatient | | | 942 | 353.21 | First Health | First Health | 699.4 | 70 | | | 125 | | 1782 percent of total billed charges | |
| HC SHORT ARM CAST APPLICATION | 29075 | CPT | | | | outpatient | | | 942 | 353.21 | Americare | Americare | 706.5 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC SHORT ARM CAST APPLICATION | 29075 | CPT | | | | outpatient | | | 942 | 353.21 | Aetna | Commercial | 501.25 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT ARM CAST APPLICATION | 29075 | CPT | | | | outpatient | | | 942 | 353.21 | Horizon | MGD | 594.32 | | | 252.07 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT ARM CAST APPLICATION | 29075 | CPT | | | | outpatient | | | 942 | 353.21 | Horizon | Indemnity | 594.32 | | | 551.61 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT ARM CAST APPLICATION | 29075 | CPT | | | | outpatient | | | 942 | 353.21 | Amerihealth | HMO/PPO | 125 | | | | 125 | | 1782 fee schedule | |
| HC SHORT ARM CAST APPLICATION | 29075 | CPT | | | | outpatient | | | 942 | 353.21 | UHC | Medicare | 307.14 | | | 85.49 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT ARM CAST APPLICATION | 29075 | CPT | | | | outpatient | | | 942 | 353.21 | Horizon | NJ Health | 128.12 | | | 70 | 125 | | 1782 fee schedule | |
| HC SHORT ARM CAST APPLICATION | 29075 | CPT | | | | outpatient | | | 942 | 353.21 | WellPoint | WellPoint | 303.14 | 32.18 | | 131.45 | 125 | | 1782 percent of total billed charges | |
| HC SHORT ARM CAST APPLICATION | 29075 | CPT | | | | outpatient | | | 942 | 353.21 | First Trenton | First Trenton | 847.8 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC SHORT ARM CAST APPLICATION | 29075 | CPT | | | | outpatient | | | 942 | 353.21 | Corrections | Corrections | 753.6 | 80 | | 143.67 | 125 | | 1782 percent of total billed charges | |
| HC SHORT ARM CAST APPLICATION | 29075 | CPT | | | | outpatient | | | 942 | 353.21 | Multiplan | Multiplan | 753.6 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC SHORT ARM CAST APPLICATION | 29075 | CPT | | | | outpatient | | | 942 | 353.21 | Wellcare | Medicare | 307.14 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT ARM CAST APPLICATION | 29075 | CPT | | | | outpatient | | | 942 | 353.21 | Horizon | PPO | 594.32 | | | 122 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT ARM CAST APPLICATION | 29075 | CPT | | | | outpatient | | | 942 | 353.21 | Qualcare | Qualcare | 706.5 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC SHORT ARM CAST APPLICATION | 29075 | CPT | | | | outpatient | | | 942 | 353.21 | Horizon | Medicare Blue | 307.14 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT ARM CAST APPLICATION | 29075 | CPT | | | | outpatient | | | 942 | 353.21 | United | Commercial\|PPO | 1782 | | | | 125 | | 1782 case rate | |
| HC SHORT ARM CAST APPLICATION | 29075 | CPT | | | | outpatient | | | 942 | 353.21 | Managed Care Inc | Managed Care Inc | 847.8 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC SHORT ARM CAST APPLICATION | 29075 | CPT | | | | outpatient | | | 942 | 353.21 | United | Oxford | 1782 | | | | 125 | | 1782 case rate | |
| HC SHORT ARM CAST APPLICATION | 29075 | CPT | | | | outpatient | | | 942 | 353.21 | Three Rivers | Three Rivers | 894.9 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC SHORT ARM CAST APPLICATION | 29075 | CPT | | | | outpatient | | | 942 | 353.21 | Wellcare | Medicaid | 297.2 | 31.55 | | 125.87 | 125 | | 1782 percent of total billed charges | |
| HC THUMB SPICA CAST APPLICATION | 29085 | CPT | | | | outpatient | | | 555 | 207.24 | Aetna | Medicare | 180.21 | | | | 84.56 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THUMB SPICA CAST APPLICATION | 29085 | CPT | | | | outpatient | | | 555 | 207.24 | UHC | Medicaid | 175.1 | 31.55 | | | 84.56 | | 1782 percent of total billed charges | |
| HC THUMB SPICA CAST APPLICATION | 29085 | CPT | | | | outpatient | | | 555 | 207.24 | Horizon | Medicare Blue | 180.21 | | | | 84.56 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THUMB SPICA CAST APPLICATION | 29085 | CPT | | | | outpatient | | | 555 | 207.24 | Horizon | Indemnity | 348.71 | | | | 84.56 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THUMB SPICA CAST APPLICATION | 29085 | CPT | | | | outpatient | | | 555 | 207.24 | Aetna | Better Health | 175.1 | 31.55 | | | 84.56 | | 1782 percent of total billed charges | |
| HC THUMB SPICA CAST APPLICATION | 29085 | CPT | | | | outpatient | | | 555 | 207.24 | First Trenton | First Trenton | 499.5 | 90 | | | 84.56 | | 1782 percent of total billed charges | |
| HC THUMB SPICA CAST APPLICATION | 29085 | CPT | | | | outpatient | | | 555 | 207.24 | Consumer | Consumer | 527.25 | 95 | | | 84.56 | | 1782 percent of total billed charges | |
| HC THUMB SPICA CAST APPLICATION | 29085 | CPT | | | | outpatient | | | 555 | 207.24 | Aetna | Commercial | 294.1 | | | | 84.56 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THUMB SPICA CAST APPLICATION | 29085 | CPT | | | | outpatient | | | 555 | 207.24 | Amerihealth | HMO/PPO | 125 | | | | 84.56 | | 1782 fee schedule | |
| HC THUMB SPICA CAST APPLICATION | 29085 | CPT | | | | outpatient | | | 555 | 207.24 | United | Commercial\|PPO | 1782 | | | | 84.56 | | 1782 case rate | |
| HC THUMB SPICA CAST APPLICATION | 29085 | CPT | | | | outpatient | | | 555 | 207.24 | WellPoint | WellPoint | 178.6 | 32.18 | | | 84.56 | | 1782 percent of total billed charges | |
| HC THUMB SPICA CAST APPLICATION | 29085 | CPT | | | | outpatient | | | 555 | 207.24 | Qualcare | Qualcare | 416.25 | 75 | | | 84.56 | | 1782 percent of total billed charges | |
| HC THUMB SPICA CAST APPLICATION | 29085 | CPT | | | | outpatient | | | 555 | 207.24 | First Health | First Health | 388.5 | 70 | | | 84.56 | | 1782 percent of total billed charges | |
| HC THUMB SPICA CAST APPLICATION | 29085 | CPT | | | | outpatient | | | 555 | 207.24 | Managed Care Inc | Managed Care Inc | 499.5 | 90 | | | 84.56 | | 1782 percent of total billed charges | |
| HC THUMB SPICA CAST APPLICATION | 29085 | CPT | | | | outpatient | | | 555 | 207.24 | Corrections | Corrections | 444 | 80 | | | 84.56 | | 1782 percent of total billed charges | |
| HC THUMB SPICA CAST APPLICATION | 29085 | CPT | | | | outpatient | | | 555 | 207.24 | Americare | Americare | 416.25 | 75 | | | 84.56 | | 1782 percent of total billed charges | |
| HC THUMB SPICA CAST APPLICATION | 29085 | CPT | | | | outpatient | | | 555 | 207.24 | Horizon | MGD | 348.71 | | | | 84.56 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THUMB SPICA CAST APPLICATION | 29085 | CPT | | | | outpatient | | | 555 | 207.24 | UHC | Medicare | 180.21 | | | | 84.56 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THUMB SPICA CAST APPLICATION | 29085 | CPT | | | | outpatient | | | 555 | 207.24 | Horizon | NJ Health | 84.56 | | | | 84.56 | | 1782 fee schedule | |
| HC THUMB SPICA CAST APPLICATION | 29085 | CPT | | | | outpatient | | | 555 | 207.24 | Multiplan | Multiplan | 444 | 80 | | | 84.56 | | 1782 percent of total billed charges | |
| HC THUMB SPICA CAST APPLICATION | 29085 | CPT | | | | outpatient | | | 555 | 207.24 | Wellcare | Medicaid | 175.1 | 31.55 | | | 84.56 | | 1782 percent of total billed charges | |
| HC THUMB SPICA CAST APPLICATION | 29085 | CPT | | | | outpatient | | | 555 | 207.24 | Three Rivers | Three Rivers | 527.25 | 95 | | | 84.56 | | 1782 percent of total billed charges | |
| HC THUMB SPICA CAST APPLICATION | 29085 | CPT | | | | outpatient | | | 555 | 207.24 | Horizon | PPO | 348.71 | | | | 84.56 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THUMB SPICA CAST APPLICATION | 29085 | CPT | | | | outpatient | | | 555 | 207.24 | Wellcare | Medicare | 180.21 | | | | 84.56 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THUMB SPICA CAST APPLICATION | 29085 | CPT | | | | outpatient | | | 555 | 207.24 | United | Oxford | 1782 | | | | 84.56 | | 1782 case rate | |
| HC LONG ARM SPLINT APPLICATION | 29105 | CPT | | | | outpatient | | | 532 | 207.24 | Corrections | Corrections | 425.6 | 80 | | | 97.69 | | 1782 percent of total billed charges | |
| HC LONG ARM SPLINT APPLICATION | 29105 | CPT | | | | outpatient | | | 532 | 207.24 | Aetna | Commercial | 294.1 | | | 46.92 | 97.69 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LONG ARM SPLINT APPLICATION | 29105 | CPT | | | | outpatient | | | 532 | 207.24 | First Health | First Health | 372.4 | 70 | | | 97.69 | | 1782 percent of total billed charges | |
| HC LONG ARM SPLINT APPLICATION | 29105 | CPT | | | | outpatient | | | 532 | 207.24 | UHC | Medicaid | 167.85 | 31.55 | | 95.15 | 97.69 | | 1782 percent of total billed charges | |
| HC LONG ARM SPLINT APPLICATION | 29105 | CPT | | | | outpatient | | | 532 | 207.24 | Aetna | Better Health | 167.85 | 31.55 | | | 97.69 | | 1782 percent of total billed charges | |
| HC LONG ARM SPLINT APPLICATION | 29105 | CPT | | | | outpatient | | | 532 | 207.24 | Amerihealth | HMO/PPO | 345.8 | 65 | | | 97.69 | | 1782 percent of total billed charges | |
| HC LONG ARM SPLINT APPLICATION | 29105 | CPT | | | | outpatient | | | 532 | 207.24 | United | Commercial\|PPO | 1782 | | | | 97.69 | | 1782 case rate | |
| HC LONG ARM SPLINT APPLICATION | 29105 | CPT | | | | outpatient | | | 532 | 207.24 | Aetna | Medicare | 180.21 | | | | 97.69 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LONG ARM SPLINT APPLICATION | 29105 | CPT | | | | outpatient | | | 532 | 207.24 | Horizon | PPO | 348.71 | | | 101.57 | 97.69 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LONG ARM SPLINT APPLICATION | 29105 | CPT | | | | outpatient | | | 532 | 207.24 | Americare | Americare | 399 | 75 | | | 97.69 | | 1782 percent of total billed charges | |
| HC LONG ARM SPLINT APPLICATION | 29105 | CPT | | | | outpatient | | | 532 | 207.24 | Horizon | Indemnity | 348.71 | | | | 97.69 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LONG ARM SPLINT APPLICATION | 29105 | CPT | | | | outpatient | | | 532 | 207.24 | First Trenton | First Trenton | 478.8 | 90 | | | 97.69 | | 1782 percent of total billed charges | |
| HC LONG ARM SPLINT APPLICATION | 29105 | CPT | | | | outpatient | | | 532 | 207.24 | Consumer | Consumer | 505.4 | 95 | | | 97.69 | | 1782 percent of total billed charges | |
| HC LONG ARM SPLINT APPLICATION | 29105 | CPT | | | | outpatient | | | 532 | 207.24 | UHC | Medicare | 180.21 | | | | 97.69 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LONG ARM SPLINT APPLICATION | 29105 | CPT | | | | outpatient | | | 532 | 207.24 | Horizon | Medicare Blue | 180.21 | | | | 97.69 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LONG ARM SPLINT APPLICATION | 29105 | CPT | | | | outpatient | | | 532 | 207.24 | Horizon | MGD | 348.71 | | | | 97.69 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LONG ARM SPLINT APPLICATION | 29105 | CPT | | | | outpatient | | | 532 | 207.24 | Wellcare | Medicare | 180.21 | | | | 97.69 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LONG ARM SPLINT APPLICATION | 29105 | CPT | | | | outpatient | | | 532 | 207.24 | Multiplan | Multiplan | 425.6 | 80 | | | 97.69 | | 1782 percent of total billed charges | |
| HC LONG ARM SPLINT APPLICATION | 29105 | CPT | | | | outpatient | | | 532 | 207.24 | Horizon | NJ Health | 97.69 | | | 40.74 | 97.69 | | 1782 fee schedule | |
| HC LONG ARM SPLINT APPLICATION | 29105 | CPT | | | | outpatient | | | 532 | 207.24 | Managed Care Inc | Managed Care Inc | 478.8 | 90 | | | 97.69 | | 1782 percent of total billed charges | |
| HC LONG ARM SPLINT APPLICATION | 29105 | CPT | | | | outpatient | | | 532 | 207.24 | United | Oxford | 1782 | | | | 97.69 | | 1782 case rate | |
| HC LONG ARM SPLINT APPLICATION | 29105 | CPT | | | | outpatient | | | 532 | 207.24 | WellPoint | WellPoint | 171.2 | 32.18 | | 85.62 | 97.69 | | 1782 percent of total billed charges | |
| HC LONG ARM SPLINT APPLICATION | 29105 | CPT | | | | outpatient | | | 532 | 207.24 | Wellcare | Medicaid | 167.85 | 31.55 | | | 97.69 | | 1782 percent of total billed charges | |
| HC LONG ARM SPLINT APPLICATION | 29105 | CPT | | | | outpatient | | | 532 | 207.24 | Qualcare | Qualcare | 399 | 75 | | | 97.69 | | 1782 percent of total billed charges | |
| HC LONG ARM SPLINT APPLICATION | 29105 | CPT | | | | outpatient | | | 532 | 207.24 | Three Rivers | Three Rivers | 505.4 | 95 | | | 97.69 | | 1782 percent of total billed charges | |
| HC SHORT ARM SPLINT APPLICATION | 29125 | CPT | | | | outpatient | | | 476 | 168 | Aetna | Medicare | 146.09 | | | 40.18 | 75.69 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT ARM SPLINT APPLICATION | 29125 | CPT | | | | outpatient | | | 476 | 168 | Aetna | Commercial | 238.42 | | | 92.89 | 75.69 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT ARM SPLINT APPLICATION | 29125 | CPT | | | | outpatient | | | 476 | 168 | Consumer | Consumer | 452.2 | 95 | | | 75.69 | | 1782 percent of total billed charges | |
| HC SHORT ARM SPLINT APPLICATION | 29125 | CPT | | | | outpatient | | | 476 | 168 | Aetna | Better Health | 150.18 | 31.55 | | 146.95 | 75.69 | | 1782 percent of total billed charges | |
| HC SHORT ARM SPLINT APPLICATION | 29125 | CPT | | | | outpatient | | | 476 | 168 | Horizon | Indemnity | 282.68 | | | 93.18 | 75.69 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT ARM SPLINT APPLICATION | 29125 | CPT | | | | outpatient | | | 476 | 168 | Amerihealth | HMO/PPO | 125 | | | | 75.69 | | 1782 fee schedule | |
| HC SHORT ARM SPLINT APPLICATION | 29125 | CPT | | | | outpatient | | | 476 | 168 | Corrections | Corrections | 380.8 | 80 | | 131.11 | 75.69 | | 1782 percent of total billed charges | |
| HC SHORT ARM SPLINT APPLICATION | 29125 | CPT | | | | outpatient | | | 476 | 168 | First Trenton | First Trenton | 428.4 | 90 | | | 75.69 | | 1782 percent of total billed charges | |
| HC SHORT ARM SPLINT APPLICATION | 29125 | CPT | | | | outpatient | | | 476 | 168 | Horizon | PPO | 282.68 | | | 71.64 | 75.69 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT ARM SPLINT APPLICATION | 29125 | CPT | | | | outpatient | | | 476 | 168 | Horizon | MGD | 282.68 | | | 94.01 | 75.69 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT ARM SPLINT APPLICATION | 29125 | CPT | | | | outpatient | | | 476 | 168 | First Health | First Health | 333.2 | 70 | | | 75.69 | | 1782 percent of total billed charges | |
| HC SHORT ARM SPLINT APPLICATION | 29125 | CPT | | | | outpatient | | | 476 | 168 | Americare | Americare | 357 | 75 | | | 75.69 | | 1782 percent of total billed charges | |
| HC SHORT ARM SPLINT APPLICATION | 29125 | CPT | | | | outpatient | | | 476 | 168 | Qualcare | Qualcare | 357 | 75 | | | 75.69 | | 1782 percent of total billed charges | |
| HC SHORT ARM SPLINT APPLICATION | 29125 | CPT | | | | outpatient | | | 476 | 168 | UHC | Medicare | 146.09 | | | 66.01 | 75.69 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT ARM SPLINT APPLICATION | 29125 | CPT | | | | outpatient | | | 476 | 168 | WellPoint | WellPoint | 153.18 | 32.18 | | 121.79 | 75.69 | | 1782 percent of total billed charges | |
| HC SHORT ARM SPLINT APPLICATION | 29125 | CPT | | | | outpatient | | | 476 | 168 | Managed Care Inc | Managed Care Inc | 428.4 | 90 | | | 75.69 | | 1782 percent of total billed charges | |
| HC SHORT ARM SPLINT APPLICATION | 29125 | CPT | | | | outpatient | | | 476 | 168 | Multiplan | Multiplan | 380.8 | 80 | | | 75.69 | | 1782 percent of total billed charges | |
| HC SHORT ARM SPLINT APPLICATION | 29125 | CPT | | | | outpatient | | | 476 | 168 | Three Rivers | Three Rivers | 452.2 | 95 | | | 75.69 | | 1782 percent of total billed charges | |
| HC SHORT ARM SPLINT APPLICATION | 29125 | CPT | | | | outpatient | | | 476 | 168 | Horizon | Medicare Blue | 146.09 | | | | 75.69 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT ARM SPLINT APPLICATION | 29125 | CPT | | | | outpatient | | | 476 | 168 | United | Oxford | 1782 | | | | 75.69 | | 1782 case rate | |
| HC SHORT ARM SPLINT APPLICATION | 29125 | CPT | | | | outpatient | | | 476 | 168 | United | Commercial\|PPO | 1782 | | | | 75.69 | | 1782 case rate | |
| HC SHORT ARM SPLINT APPLICATION | 29125 | CPT | | | | outpatient | | | 476 | 168 | Horizon | NJ Health | 75.69 | | | 66.52 | 75.69 | | 1782 fee schedule | |
| HC SHORT ARM SPLINT APPLICATION | 29125 | CPT | | | | outpatient | | | 476 | 168 | Wellcare | Medicaid | 150.18 | 31.55 | | | 75.69 | | 1782 percent of total billed charges | |
| HC SHORT ARM SPLINT APPLICATION | 29125 | CPT | | | | outpatient | | | 476 | 168 | UHC | Medicaid | 150.18 | 31.55 | | 136.06 | 75.69 | | 1782 percent of total billed charges | |
| HC SHORT ARM SPLINT APPLICATION | 29125 | CPT | | | | outpatient | | | 476 | 168 | Wellcare | Medicare | 146.09 | | | | 75.69 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPL SHORT ARM SPLINT DYNAM | 29126 | CPT | | | | outpatient | | | 424 | 168 | Consumer | Consumer | 402.8 | 95 | | | 90.7 | | 1782 percent of total billed charges | |
| HC APPL SHORT ARM SPLINT DYNAM | 29126 | CPT | | | | outpatient | | | 424 | 168 | First Trenton | First Trenton | 381.6 | 90 | | | 90.7 | | 1782 percent of total billed charges | |
| HC APPL SHORT ARM SPLINT DYNAM | 29126 | CPT | | | | outpatient | | | 424 | 168 | Wellcare | Medicare | 146.09 | | | | 90.7 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPL SHORT ARM SPLINT DYNAM | 29126 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Better Health | 133.77 | 31.55 | | | 90.7 | | 1782 percent of total billed charges | |
| HC APPL SHORT ARM SPLINT DYNAM | 29126 | CPT | | | | outpatient | | | 424 | 168 | First Health | First Health | 296.8 | 70 | | | 90.7 | | 1782 percent of total billed charges | |
| HC APPL SHORT ARM SPLINT DYNAM | 29126 | CPT | | | | outpatient | | | 424 | 168 | Americare | Americare | 318 | 75 | | | 90.7 | | 1782 percent of total billed charges | |
| HC APPL SHORT ARM SPLINT DYNAM | 29126 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Commercial | 238.42 | | | | 90.7 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPL SHORT ARM SPLINT DYNAM | 29126 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Medicare | 146.09 | | | | 90.7 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPL SHORT ARM SPLINT DYNAM | 29126 | CPT | | | | outpatient | | | 424 | 168 | Corrections | Corrections | 339.2 | 80 | | | 90.7 | | 1782 percent of total billed charges | |
| HC APPL SHORT ARM SPLINT DYNAM | 29126 | CPT | | | | outpatient | | | 424 | 168 | Managed Care Inc | Managed Care Inc | 381.6 | 90 | | | 90.7 | | 1782 percent of total billed charges | |
| HC APPL SHORT ARM SPLINT DYNAM | 29126 | CPT | | | | outpatient | | | 424 | 168 | Multiplan | Multiplan | 339.2 | 80 | | | 90.7 | | 1782 percent of total billed charges | |
| HC APPL SHORT ARM SPLINT DYNAM | 29126 | CPT | | | | outpatient | | | 424 | 168 | Horizon | MGD | 282.68 | | | | 90.7 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPL SHORT ARM SPLINT DYNAM | 29126 | CPT | | | | outpatient | | | 424 | 168 | Wellcare | Medicaid | 133.77 | 31.55 | | | 90.7 | | 1782 percent of total billed charges | |
| HC APPL SHORT ARM SPLINT DYNAM | 29126 | CPT | | | | outpatient | | | 424 | 168 | Amerihealth | HMO/PPO | 125 | | | | 90.7 | | 1782 fee schedule | |
| HC APPL SHORT ARM SPLINT DYNAM | 29126 | CPT | | | | outpatient | | | 424 | 168 | Qualcare | Qualcare | 318 | 75 | | | 90.7 | | 1782 percent of total billed charges | |
| HC APPL SHORT ARM SPLINT DYNAM | 29126 | CPT | | | | outpatient | | | 424 | 168 | UHC | Medicare | 146.09 | | | | 90.7 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPL SHORT ARM SPLINT DYNAM | 29126 | CPT | | | | outpatient | | | 424 | 168 | Horizon | Medicare Blue | 146.09 | | | | 90.7 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPL SHORT ARM SPLINT DYNAM | 29126 | CPT | | | | outpatient | | | 424 | 168 | Three Rivers | Three Rivers | 402.8 | 95 | | | 90.7 | | 1782 percent of total billed charges | |
| HC APPL SHORT ARM SPLINT DYNAM | 29126 | CPT | | | | outpatient | | | 424 | 168 | UHC | Medicaid | 133.77 | 31.55 | | | 90.7 | | 1782 percent of total billed charges | |
| HC APPL SHORT ARM SPLINT DYNAM | 29126 | CPT | | | | outpatient | | | 424 | 168 | Horizon | PPO | 282.68 | | | | 90.7 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPL SHORT ARM SPLINT DYNAM | 29126 | CPT | | | | outpatient | | | 424 | 168 | Horizon | NJ Health | 90.7 | | | | 90.7 | | 1782 fee schedule | |
| HC APPL SHORT ARM SPLINT DYNAM | 29126 | CPT | | | | outpatient | | | 424 | 168 | Horizon | Indemnity | 282.68 | | | | 90.7 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPL SHORT ARM SPLINT DYNAM | 29126 | CPT | | | | outpatient | | | 424 | 168 | United | Oxford | 1782 | | | | 90.7 | | 1782 case rate | |
| HC APPL SHORT ARM SPLINT DYNAM | 29126 | CPT | | | | outpatient | | | 424 | 168 | WellPoint | WellPoint | 136.44 | 32.18 | | | 90.7 | | 1782 percent of total billed charges | |
| HC APPL SHORT ARM SPLINT DYNAM | 29126 | CPT | | | | outpatient | | | 424 | 168 | United | Commercial\|PPO | 1782 | | | | 90.7 | | 1782 case rate | |
| HC FINGER SPLINT APPLICATION | 29130 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Commercial | 238.42 | | | | 46.98 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FINGER SPLINT APPLICATION | 29130 | CPT | | | | outpatient | | | 424 | 168 | Horizon | Indemnity | 282.68 | | | | 46.98 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FINGER SPLINT APPLICATION | 29130 | CPT | | | | outpatient | | | 424 | 168 | Americare | Americare | 318 | 75 | | | 46.98 | | 1782 percent of total billed charges | |
| HC FINGER SPLINT APPLICATION | 29130 | CPT | | | | outpatient | | | 424 | 168 | Amerihealth | HMO/PPO | 125 | | | | 46.98 | | 1782 fee schedule | |
| HC FINGER SPLINT APPLICATION | 29130 | CPT | | | | outpatient | | | 424 | 168 | Corrections | Corrections | 339.2 | 80 | | 60.4 | 46.98 | | 1782 percent of total billed charges | |
| HC FINGER SPLINT APPLICATION | 29130 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Better Health | 133.77 | 31.55 | | 143.78 | 46.98 | | 1782 percent of total billed charges | |
| HC FINGER SPLINT APPLICATION | 29130 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Medicare | 146.09 | | | | 46.98 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FINGER SPLINT APPLICATION | 29130 | CPT | | | | outpatient | | | 424 | 168 | First Trenton | First Trenton | 381.6 | 90 | | | 46.98 | | 1782 percent of total billed charges | |
| HC FINGER SPLINT APPLICATION | 29130 | CPT | | | | outpatient | | | 424 | 168 | Multiplan | Multiplan | 339.2 | 80 | | | 46.98 | | 1782 percent of total billed charges | |
| HC FINGER SPLINT APPLICATION | 29130 | CPT | | | | outpatient | | | 424 | 168 | United | Commercial\|PPO | 1782 | | | | 46.98 | | 1782 case rate | |
| HC FINGER SPLINT APPLICATION | 29130 | CPT | | | | outpatient | | | 424 | 168 | Consumer | Consumer | 402.8 | 95 | | | 46.98 | | 1782 percent of total billed charges | |
| HC FINGER SPLINT APPLICATION | 29130 | CPT | | | | outpatient | | | 424 | 168 | Three Rivers | Three Rivers | 402.8 | 95 | | | 46.98 | | 1782 percent of total billed charges | |
| HC FINGER SPLINT APPLICATION | 29130 | CPT | | | | outpatient | | | 424 | 168 | Horizon | PPO | 282.68 | | | 35.13 | 46.98 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FINGER SPLINT APPLICATION | 29130 | CPT | | | | outpatient | | | 424 | 168 | Horizon | Medicare Blue | 146.09 | | | | 46.98 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FINGER SPLINT APPLICATION | 29130 | CPT | | | | outpatient | | | 424 | 168 | First Health | First Health | 296.8 | 70 | | | 46.98 | | 1782 percent of total billed charges | |
| HC FINGER SPLINT APPLICATION | 29130 | CPT | | | | outpatient | | | 424 | 168 | Wellcare | Medicaid | 133.77 | 31.55 | | 69.35 | 46.98 | | 1782 percent of total billed charges | |
| HC FINGER SPLINT APPLICATION | 29130 | CPT | | | | outpatient | | | 424 | 168 | Qualcare | Qualcare | 318 | 75 | | | 46.98 | | 1782 percent of total billed charges | |
| HC FINGER SPLINT APPLICATION | 29130 | CPT | | | | outpatient | | | 424 | 168 | UHC | Medicare | 146.09 | | | | 46.98 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FINGER SPLINT APPLICATION | 29130 | CPT | | | | outpatient | | | 424 | 168 | Horizon | NJ Health | 46.98 | | | 36.59 | 46.98 | | 1782 fee schedule | |
| HC FINGER SPLINT APPLICATION | 29130 | CPT | | | | outpatient | | | 424 | 168 | WellPoint | WellPoint | 136.44 | 32.18 | | 131.88 | 46.98 | | 1782 percent of total billed charges | |
| HC FINGER SPLINT APPLICATION | 29130 | CPT | | | | outpatient | | | 424 | 168 | Managed Care Inc | Managed Care Inc | 381.6 | 90 | | | 46.98 | | 1782 percent of total billed charges | |
| HC FINGER SPLINT APPLICATION | 29130 | CPT | | | | outpatient | | | 424 | 168 | Horizon | MGD | 282.68 | | | 52.27 | 46.98 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FINGER SPLINT APPLICATION | 29130 | CPT | | | | outpatient | | | 424 | 168 | UHC | Medicaid | 133.77 | 31.55 | | 76.28 | 46.98 | | 1782 percent of total billed charges | |
| HC FINGER SPLINT APPLICATION | 29130 | CPT | | | | outpatient | | | 424 | 168 | United | Oxford | 1782 | | | | 46.98 | | 1782 case rate | |
| HC FINGER SPLINT APPLICATION | 29130 | CPT | | | | outpatient | | | 424 | 168 | Wellcare | Medicare | 146.09 | | | | 46.98 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FINGER SPLINT (DYNAMIC) | 29131 | CPT | | | | outpatient | | | 280 | 80.45 | Americare | Americare | 210 | 75 | | | 58.26 | | 1782 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC FINGER SPLINT (DYNAMIC) | 29131 | CPT | | | | outpatient | | | 280 | 80.45 | Horizon | MGD | 135.37 | | | | 58.26 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FINGER SPLINT (DYNAMIC) | 29131 | CPT | | | | outpatient | | | 280 | 80.45 | UHC | Medicare | 69.96 | | | | 58.26 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FINGER SPLINT (DYNAMIC) | 29131 | CPT | | | | outpatient | | | 280 | 80.45 | Consumer | Consumer | 266 | 95 | | | 58.26 | 1782 | percent of total billed charges | |
| HC FINGER SPLINT (DYNAMIC) | 29131 | CPT | | | | outpatient | | | 280 | 80.45 | Aetna | Medicare | 69.96 | | | | 58.26 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FINGER SPLINT (DYNAMIC) | 29131 | CPT | | | | outpatient | | | 280 | 80.45 | Multiplan | Multiplan | 224 | 80 | | | 58.26 | 1782 | percent of total billed charges | |
| HC FINGER SPLINT (DYNAMIC) | 29131 | CPT | | | | outpatient | | | 280 | 80.45 | Aetna | Commercial | 114.17 | | | | 58.26 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FINGER SPLINT (DYNAMIC) | 29131 | CPT | | | | outpatient | | | 280 | 80.45 | Aetna | Better Health | 88.34 | 31.55 | | | 58.26 | 1782 | percent of total billed charges | |
| HC FINGER SPLINT (DYNAMIC) | 29131 | CPT | | | | outpatient | | | 280 | 80.45 | Amerihealth | HMO/PPO | 125 | | | | 58.26 | 1782 | fee schedule | |
| HC FINGER SPLINT (DYNAMIC) | 29131 | CPT | | | | outpatient | | | 280 | 80.45 | Qualcare | Qualcare | 210 | 75 | | | 58.26 | 1782 | percent of total billed charges | |
| HC FINGER SPLINT (DYNAMIC) | 29131 | CPT | | | | outpatient | | | 280 | 80.45 | Horizon | Indemnity | 135.37 | | | | 58.26 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FINGER SPLINT (DYNAMIC) | 29131 | CPT | | | | outpatient | | | 280 | 80.45 | Corrections | Corrections | 224 | 80 | | | 58.26 | 1782 | percent of total billed charges | |
| HC FINGER SPLINT (DYNAMIC) | 29131 | CPT | | | | outpatient | | | 280 | 80.45 | Horizon | Medicare Blue | 69.96 | | | | 58.26 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FINGER SPLINT (DYNAMIC) | 29131 | CPT | | | | outpatient | | | 280 | 80.45 | United | Commercial/PPO | 1782 | | | | 58.26 | 1782 | case rate | |
| HC FINGER SPLINT (DYNAMIC) | 29131 | CPT | | | | outpatient | | | 280 | 80.45 | Wellcare | Medicaid | 88.34 | 31.55 | | | 58.26 | 1782 | percent of total billed charges | |
| HC FINGER SPLINT (DYNAMIC) | 29131 | CPT | | | | outpatient | | | 280 | 80.45 | First Health | First Health | 196 | 70 | | | 58.26 | 1782 | percent of total billed charges | |
| HC FINGER SPLINT (DYNAMIC) | 29131 | CPT | | | | outpatient | | | 280 | 80.45 | Horizon | NJ Health | 58.26 | | | | 58.26 | 1782 | fee schedule | |
| HC FINGER SPLINT (DYNAMIC) | 29131 | CPT | | | | outpatient | | | 280 | 80.45 | First Trenton | First Trenton | 252 | 90 | | | 58.26 | 1782 | percent of total billed charges | |
| HC FINGER SPLINT (DYNAMIC) | 29131 | CPT | | | | outpatient | | | 280 | 80.45 | Horizon | PPO | 135.37 | | | | 58.26 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FINGER SPLINT (DYNAMIC) | 29131 | CPT | | | | outpatient | | | 280 | 80.45 | Managed Care Inc | Managed Care Inc | 252 | 90 | | | 58.26 | 1782 | percent of total billed charges | |
| HC FINGER SPLINT (DYNAMIC) | 29131 | CPT | | | | outpatient | | | 280 | 80.45 | UHC | Medicaid | 88.34 | 31.55 | | | 58.26 | 1782 | percent of total billed charges | |
| HC FINGER SPLINT (DYNAMIC) | 29131 | CPT | | | | outpatient | | | 280 | 80.45 | Three Rivers | Three Rivers | 266 | 95 | | | 58.26 | 1782 | percent of total billed charges | |
| HC FINGER SPLINT (DYNAMIC) | 29131 | CPT | | | | outpatient | | | 280 | 80.45 | United | Oxford | 1782 | | | | 58.26 | 1782 | case rate | |
| HC FINGER SPLINT (DYNAMIC) | 29131 | CPT | | | | outpatient | | | 280 | 80.45 | Wellcare | Medicare | 69.96 | | | | 58.26 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FINGER SPLINT (DYNAMIC) | 29131 | CPT | | | | outpatient | | | 280 | 80.45 | WellPoint | WellPoint | 90.1 | 32.18 | | | 58.26 | 1782 | percent of total billed charges | |
| HC LONG LEG CAST | 29345 | CPT | | | | outpatient | | | 946 | 353.21 | Americare | Americare | 709.5 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC LONG LEG CAST | 29345 | CPT | | | | outpatient | | | 946 | 353.21 | Horizon | MGD | 594.32 | | | 77.67 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LONG LEG CAST | 29345 | CPT | | | | outpatient | | | 946 | 353.21 | Aetna | Commercial | 501.25 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LONG LEG CAST | 29345 | CPT | | | | outpatient | | | 946 | 353.21 | Aetna | Better Health | 298.46 | 31.55 | | 193.99 | 125 | 1782 | percent of total billed charges | |
| HC LONG LEG CAST | 29345 | CPT | | | | outpatient | | | 946 | 353.21 | First Trenton | First Trenton | 851.4 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC LONG LEG CAST | 29345 | CPT | | | | outpatient | | | 946 | 353.21 | Aetna | Medicare | 307.14 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LONG LEG CAST | 29345 | CPT | | | | outpatient | | | 946 | 353.21 | Corrections | Corrections | 756.8 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC LONG LEG CAST | 29345 | CPT | | | | outpatient | | | 946 | 353.21 | Consumer | Consumer | 898.7 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC LONG LEG CAST | 29345 | CPT | | | | outpatient | | | 946 | 353.21 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC LONG LEG CAST | 29345 | CPT | | | | outpatient | | | 946 | 353.21 | Horizon | PPO | 594.32 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LONG LEG CAST | 29345 | CPT | | | | outpatient | | | 946 | 353.21 | Multiplan | Multiplan | 756.8 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC LONG LEG CAST | 29345 | CPT | | | | outpatient | | | 946 | 353.21 | Horizon | Medicare Blue | 307.14 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LONG LEG CAST | 29345 | CPT | | | | outpatient | | | 946 | 353.21 | Managed Care Inc | Managed Care Inc | 851.4 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC LONG LEG CAST | 29345 | CPT | | | | outpatient | | | 946 | 353.21 | First Health | First Health | 662.2 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC LONG LEG CAST | 29345 | CPT | | | | outpatient | | | 946 | 353.21 | Qualcare | Qualcare | 709.5 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC LONG LEG CAST | 29345 | CPT | | | | outpatient | | | 946 | 353.21 | Horizon | NJ Health | 149.32 | | | 88.26 | 125 | 1782 | fee schedule | |
| HC LONG LEG CAST | 29345 | CPT | | | | outpatient | | | 946 | 353.21 | Horizon | Indemnity | 594.32 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LONG LEG CAST | 29345 | CPT | | | | outpatient | | | 946 | 353.21 | WellPoint | WellPoint | 304.42 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC LONG LEG CAST | 29345 | CPT | | | | outpatient | | | 946 | 353.21 | Wellcare | Medicare | 307.14 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LONG LEG CAST | 29345 | CPT | | | | outpatient | | | 946 | 353.21 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC LONG LEG CAST | 29345 | CPT | | | | outpatient | | | 946 | 353.21 | Three Rivers | Three Rivers | 898.7 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC LONG LEG CAST | 29345 | CPT | | | | outpatient | | | 946 | 353.21 | UHC | Medicaid | 298.46 | 31.55 | | 222.26 | 125 | 1782 | percent of total billed charges | |
| HC LONG LEG CAST | 29345 | CPT | | | | outpatient | | | 946 | 353.21 | United | Commercial/PPO | 1782 | | | | 125 | 1782 | case rate | |
| HC LONG LEG CAST | 29345 | CPT | | | | outpatient | | | 946 | 353.21 | Wellcare | Medicaid | 298.46 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC LONG LEG CAST | 29345 | CPT | | | | outpatient | | | 946 | 353.21 | UHC | Medicare | 307.14 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLICATION LONG LEG CAST BRACE | 29358 | CPT | | | | outpatient | | | 957 | 353.21 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC APPLICATION LONG LEG CAST BRACE | 29358 | CPT | | | | outpatient | | | 957 | 353.21 | Horizon | MGD | 594.32 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLICATION LONG LEG CAST BRACE | 29358 | CPT | | | | outpatient | | | 957 | 353.21 | Aetna | Medicare | 307.14 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLICATION LONG LEG CAST BRACE | 29358 | CPT | | | | outpatient | | | 957 | 353.21 | Aetna | Commercial | 501.25 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLICATION LONG LEG CAST BRACE | 29358 | CPT | | | | outpatient | | | 957 | 353.21 | Horizon | PPO | 594.32 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLICATION LONG LEG CAST BRACE | 29358 | CPT | | | | outpatient | | | 957 | 353.21 | Aetna | Better Health | 301.93 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC APPLICATION LONG LEG CAST BRACE | 29358 | CPT | | | | outpatient | | | 957 | 353.21 | Horizon | Medicare Blue | 307.14 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLICATION LONG LEG CAST BRACE | 29358 | CPT | | | | outpatient | | | 957 | 353.21 | Consumer | Consumer | 909.15 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC APPLICATION LONG LEG CAST BRACE | 29358 | CPT | | | | outpatient | | | 957 | 353.21 | First Health | First Health | 669.9 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC APPLICATION LONG LEG CAST BRACE | 29358 | CPT | | | | outpatient | | | 957 | 353.21 | UHC | Medicaid | 301.93 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC APPLICATION LONG LEG CAST BRACE | 29358 | CPT | | | | outpatient | | | 957 | 353.21 | Wellcare | Medicaid | 301.93 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC APPLICATION LONG LEG CAST BRACE | 29358 | CPT | | | | outpatient | | | 957 | 353.21 | Americare | Americare | 717.75 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC APPLICATION LONG LEG CAST BRACE | 29358 | CPT | | | | outpatient | | | 957 | 353.21 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC APPLICATION LONG LEG CAST BRACE | 29358 | CPT | | | | outpatient | | | 957 | 353.21 | UHC | Medicare | 307.14 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLICATION LONG LEG CAST BRACE | 29358 | CPT | | | | outpatient | | | 957 | 353.21 | Multiplan | Multiplan | 765.6 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC APPLICATION LONG LEG CAST BRACE | 29358 | CPT | | | | outpatient | | | 957 | 353.21 | Corrections | Corrections | 765.6 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC APPLICATION LONG LEG CAST BRACE | 29358 | CPT | | | | outpatient | | | 957 | 353.21 | United | Commercial/PPO | 1782 | | | | 125 | 1782 | case rate | |
| HC APPLICATION LONG LEG CAST BRACE | 29358 | CPT | | | | outpatient | | | 957 | 353.21 | Wellcare | Medicare | 307.14 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLICATION LONG LEG CAST BRACE | 29358 | CPT | | | | outpatient | | | 957 | 353.21 | Qualcare | Qualcare | 717.75 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC APPLICATION LONG LEG CAST BRACE | 29358 | CPT | | | | outpatient | | | 957 | 353.21 | Three Rivers | Three Rivers | 909.15 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC APPLICATION LONG LEG CAST BRACE | 29358 | CPT | | | | outpatient | | | 957 | 353.21 | WellPoint | WellPoint | 307.96 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC APPLICATION LONG LEG CAST BRACE | 29358 | CPT | | | | outpatient | | | 957 | 353.21 | First Trenton | First Trenton | 861.3 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC APPLICATION LONG LEG CAST BRACE | 29358 | CPT | | | | outpatient | | | 957 | 353.21 | Horizon | Indemnity | 594.32 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLICATION LONG LEG CAST BRACE | 29358 | CPT | | | | outpatient | | | 957 | 353.21 | Horizon | NJ Health | 164.85 | | | | 125 | 1782 | fee schedule | |
| HC APPLICATION LONG LEG CAST BRACE | 29358 | CPT | | | | outpatient | | | 957 | 353.21 | Managed Care Inc | Managed Care Inc | 861.3 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC APPLY CYLINDER CAST | 29365 | CPT | | | | outpatient | | | 875 | 353.21 | Aetna | Commercial | 501.25 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLY CYLINDER CAST | 29365 | CPT | | | | outpatient | | | 875 | 353.21 | Horizon | MGD | 594.32 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLY CYLINDER CAST | 29365 | CPT | | | | outpatient | | | 875 | 353.21 | First Health | First Health | 612.5 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC APPLY CYLINDER CAST | 29365 | CPT | | | | outpatient | | | 875 | 353.21 | Americare | Americare | 656.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC APPLY CYLINDER CAST | 29365 | CPT | | | | outpatient | | | 875 | 353.21 | Horizon | Medicare Blue | 307.14 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLY CYLINDER CAST | 29365 | CPT | | | | outpatient | | | 875 | 353.21 | Aetna | Better Health | 276.06 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC APPLY CYLINDER CAST | 29365 | CPT | | | | outpatient | | | 875 | 353.21 | Horizon | PPO | 594.32 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLY CYLINDER CAST | 29365 | CPT | | | | outpatient | | | 875 | 353.21 | Consumer | Consumer | 831.25 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC APPLY CYLINDER CAST | 29365 | CPT | | | | outpatient | | | 875 | 353.21 | Aetna | Medicare | 307.14 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLY CYLINDER CAST | 29365 | CPT | | | | outpatient | | | 875 | 353.21 | UHC | Medicaid | 276.06 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC APPLY CYLINDER CAST | 29365 | CPT | | | | outpatient | | | 875 | 353.21 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC APPLY CYLINDER CAST | 29365 | CPT | | | | outpatient | | | 875 | 353.21 | Amerihealth | HMO/PPO | 125 | | | 102.84 | 125 | 1782 | fee schedule | |
| HC APPLY CYLINDER CAST | 29365 | CPT | | | | outpatient | | | 875 | 353.21 | Multiplan | Multiplan | 700 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC APPLY CYLINDER CAST | 29365 | CPT | | | | outpatient | | | 875 | 353.21 | UHC | Medicare | 307.14 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLY CYLINDER CAST | 29365 | CPT | | | | outpatient | | | 875 | 353.21 | WellPoint | WellPoint | 281.58 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC APPLY CYLINDER CAST | 29365 | CPT | | | | outpatient | | | 875 | 353.21 | Corrections | Corrections | 700 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC APPLY CYLINDER CAST | 29365 | CPT | | | | outpatient | | | 875 | 353.21 | Wellcare | Medicaid | 276.06 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC APPLY CYLINDER CAST | 29365 | CPT | | | | outpatient | | | 875 | 353.21 | Wellcare | Medicare | 307.14 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLY CYLINDER CAST | 29365 | CPT | | | | outpatient | | | 875 | 353.21 | Qualcare | Qualcare | 656.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC APPLY CYLINDER CAST | 29365 | CPT | | | | outpatient | | | 875 | 353.21 | First Trenton | First Trenton | 787.5 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC APPLY CYLINDER CAST | 29365 | CPT | | | | outpatient | | | 875 | 353.21 | Horizon | Indemnity | 594.32 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLY CYLINDER CAST | 29365 | CPT | | | | outpatient | | | 875 | 353.21 | Managed Care Inc | Managed Care Inc | 787.5 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC APPLY CYLINDER CAST | 29365 | CPT | | | | outpatient | | | 875 | 353.21 | Horizon | NJ Health | 138.33 | | | | 125 | 1782 | fee schedule | |
| HC APPLY CYLINDER CAST | 29365 | CPT | | | | outpatient | | | 875 | 353.21 | Three Rivers | Three Rivers | 831.25 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC APPLY CYLINDER CAST | 29365 | CPT | | | | outpatient | | | 875 | 353.21 | United | Commercial/PPO | 1782 | | | | 125 | 1782 | case rate | |
| HC SHORT LEG CAST | 29405 | CPT | | | | outpatient | | | 1012 | 353.21 | Qualcare | Qualcare | 759 | 75 | | | 109.62 | 1782 | percent of total billed charges | |
| HC SHORT LEG CAST | 29405 | CPT | | | | outpatient | | | 1012 | 353.21 | First Health | First Health | 708.4 | 70 | | | 109.62 | 1782 | percent of total billed charges | |
| HC SHORT LEG CAST | 29405 | CPT | | | | outpatient | | | 1012 | 353.21 | Aetna | Commercial | 501.25 | | | | 109.62 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT LEG CAST | 29405 | CPT | | | | outpatient | | | 1012 | 353.21 | Aetna | Better Health | 319.29 | 31.55 | | | 109.62 | 1782 | percent of total billed charges | |
| HC SHORT LEG CAST | 29405 | CPT | | | | outpatient | | | 1012 | 353.21 | Corrections | Corrections | 809.6 | 80 | | | 109.62 | 1782 | percent of total billed charges | |
| HC SHORT LEG CAST | 29405 | CPT | | | | outpatient | | | 1012 | 353.21 | Consumer | Consumer | 961.4 | 95 | | | 109.62 | 1782 | percent of total billed charges | |
| HC SHORT LEG CAST | 29405 | CPT | | | | outpatient | | | 1012 | 353.21 | Three Rivers | Three Rivers | 961.4 | 95 | | | 109.62 | 1782 | percent of total billed charges | |
| HC SHORT LEG CAST | 29405 | CPT | | | | outpatient | | | 1012 | 353.21 | Horizon | Indemnity | 594.32 | | | | 109.62 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT LEG CAST | 29405 | CPT | | | | outpatient | | | 1012 | 353.21 | First Trenton | First Trenton | 910.8 | 90 | | | 109.62 | 1782 | percent of total billed charges | |
| HC SHORT LEG CAST | 29405 | CPT | | | | outpatient | | | 1012 | 353.21 | Multiplan | Multiplan | 809.6 | 80 | | | 109.62 | 1782 | percent of total billed charges | |
| HC SHORT LEG CAST | 29405 | CPT | | | | outpatient | | | 1012 | 353.21 | Aetna | Medicare | 307.14 | | | | 109.62 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT LEG CAST | 29405 | CPT | | | | outpatient | | | 1012 | 353.21 | Horizon | Medicare Blue | 307.14 | | | | 109.62 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT LEG CAST | 29405 | CPT | | | | outpatient | | | 1012 | 353.21 | Horizon | NJ Health | 109.62 | | | 59.88 | 109.62 | 1782 | fee schedule | |
| HC SHORT LEG CAST | 29405 | CPT | | | | outpatient | | | 1012 | 353.21 | United | Oxford | 1782 | | | | 109.62 | 1782 | case rate | |
| HC SHORT LEG CAST | 29405 | CPT | | | | outpatient | | | 1012 | 353.21 | Americare | Americare | 759 | 75 | | | 109.62 | 1782 | percent of total billed charges | |
| HC SHORT LEG CAST | 29405 | CPT | | | | outpatient | | | 1012 | 353.21 | Horizon | PPO | 594.32 | | | | 109.62 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT LEG CAST | 29405 | CPT | | | | outpatient | | | 1012 | 353.21 | Managed Care Inc | Managed Care Inc | 910.8 | 90 | | | 109.62 | 1782 | percent of total billed charges | |
| HC SHORT LEG CAST | 29405 | CPT | | | | outpatient | | | 1012 | 353.21 | Wellcare | Medicaid | 319.29 | 31.55 | | | 109.62 | 1782 | percent of total billed charges | |
| HC SHORT LEG CAST | 29405 | CPT | | | | outpatient | | | 1012 | 353.21 | Amerihealth | HMO/PPO | 125 | | | | 109.62 | 1782 | fee schedule | |
| HC SHORT LEG CAST | 29405 | CPT | | | | outpatient | | | 1012 | 353.21 | UHC | Medicaid | 319.29 | 31.55 | | 186.4 | 109.62 | 1782 | percent of total billed charges | |
| HC SHORT LEG CAST | 29405 | CPT | | | | outpatient | | | 1012 | 353.21 | Horizon | MGD | 594.32 | | | 469.68 | 109.62 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT LEG CAST | 29405 | CPT | | | | outpatient | | | 1012 | 353.21 | Wellcare | Medicare | 307.14 | | | | 109.62 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT LEG CAST | 29405 | CPT | | | | outpatient | | | 1012 | 353.21 | United | Commercial/PPO | 1782 | | | | 109.62 | 1782 | case rate | |
| HC SHORT LEG CAST | 29405 | CPT | | | | outpatient | | | 1012 | 353.21 | UHC | Medicare | 307.14 | | | | 109.62 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT LEG CAST | 29405 | CPT | | | | outpatient | | | 1012 | 353.21 | WellPoint | WellPoint | 325.66 | 32.18 | | | 109.62 | 1782 | percent of total billed charges | |
| HC SHORT LEG CAST WALKER/AMB | 29425 | CPT | | | | outpatient | | | 1133 | 353.21 | Consumer | Consumer | 1076.35 | 95 | | | 122.67 | 1782 | percent of total billed charges | |
| HC SHORT LEG CAST WALKER/AMB | 29425 | CPT | | | | outpatient | | | 1133 | 353.21 | Horizon | Medicare Blue | 307.14 | | | | 122.67 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT LEG CAST WALKER/AMB | 29425 | CPT | | | | outpatient | | | 1133 | 353.21 | Aetna | Better Health | 357.46 | 31.55 | | | 122.67 | 1782 | percent of total billed charges | |
| HC SHORT LEG CAST WALKER/AMB | 29425 | CPT | | | | outpatient | | | 1133 | 353.21 | Horizon | MGD | 594.32 | | | | 122.67 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT LEG CAST WALKER/AMB | 29425 | CPT | | | | outpatient | | | 1133 | 353.21 | Aetna | Commercial | 501.25 | | | | 122.67 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT LEG CAST WALKER/AMB | 29425 | CPT | | | | outpatient | | | 1133 | 353.21 | UHC | Medicare | 307.14 | | | | 122.67 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT LEG CAST WALKER/AMB | 29425 | CPT | | | | outpatient | | | 1133 | 353.21 | Qualcare | Qualcare | 849.75 | 75 | | | 122.67 | 1782 | percent of total billed charges | |
| HC SHORT LEG CAST WALKER/AMB | 29425 | CPT | | | | outpatient | | | 1133 | 353.21 | Amerihealth | HMO/PPO | 125 | | | | 122.67 | 1782 | fee schedule | |
| HC SHORT LEG CAST WALKER/AMB | 29425 | CPT | | | | outpatient | | | 1133 | 353.21 | Corrections | Corrections | 906.4 | 80 | | | 122.67 | 1782 | percent of total billed charges | |
| HC SHORT LEG CAST WALKER/AMB | 29425 | CPT | | | | outpatient | | | 1133 | 353.21 | Horizon | PPO | 594.32 | | | | 122.67 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT LEG CAST WALKER/AMB | 29425 | CPT | | | | outpatient | | | 1133 | 353.21 | Horizon | Indemnity | 594.32 | | | | 122.67 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT LEG CAST WALKER/AMB | 29425 | CPT | | | | outpatient | | | 1133 | 353.21 | First Health | First Health | 793.1 | 70 | | | 122.67 | 1782 | percent of total billed charges | |
| HC SHORT LEG CAST WALKER/AMB | 29425 | CPT | | | | outpatient | | | 1133 | 353.21 | Aetna | Medicare | 307.14 | | | | 122.67 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT LEG CAST WALKER/AMB | 29425 | CPT | | | | outpatient | | | 1133 | 353.21 | UHC | Medicaid | 357.46 | 31.55 | | | 122.67 | 1782 | percent of total billed charges | |
| HC SHORT LEG CAST WALKER/AMB | 29425 | CPT | | | | outpatient | | | 1133 | 353.21 | WellPoint | WellPoint | 364.6 | 32.18 | | | 122.67 | 1782 | percent of total billed charges | |
| HC SHORT LEG CAST WALKER/AMB | 29425 | CPT | | | | outpatient | | | 1133 | 353.21 | Horizon | NJ Health | 122.67 | | | 24.79 | 122.67 | 1782 | fee schedule | |
| HC SHORT LEG CAST WALKER/AMB | 29425 | CPT | | | | outpatient | | | 1133 | 353.21 | First Trenton | First Trenton | 1019.7 | 90 | | | 122.67 | 1782 | percent of total billed charges | |
| HC SHORT LEG CAST WALKER/AMB | 29425 | CPT | | | | outpatient | | | 1133 | 353.21 | United | Commercial/PPO | 1782 | | | | 122.67 | 1782 | case rate | |
| HC SHORT LEG CAST WALKER/AMB | 29425 | CPT | | | | outpatient | | | 1133 | 353.21 | Multiplan | Multiplan | 906.4 | 80 | | | 122.67 | 1782 | percent of total billed charges | |
| HC SHORT LEG CAST WALKER/AMB | 29425 | CPT | | | | outpatient | | | 1133 | 353.21 | Wellcare | Medicare | 307.14 | | | | 122.67 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT LEG CAST WALKER/AMB | 29425 | CPT | | | | outpatient | | | 1133 | 353.21 | Americare | Americare | 849.75 | 75 | | | 122.67 | 1782 | percent of total billed charges | |
| HC SHORT LEG CAST WALKER/AMB | 29425 | CPT | | | | outpatient | | | 1133 | 353.21 | United | Oxford | 1782 | | | | 122.67 | 1782 | case rate | |
| HC SHORT LEG CAST WALKER/AMB | 29425 | CPT | | | | outpatient | | | 1133 | 353.21 | Wellcare | Medicaid | 357.46 | 31.55 | | | 122.67 | 1782 | percent of total billed charges | |
| HC SHORT LEG CAST WALKER/AMB | 29425 | CPT | | | | outpatient | | | 1133 | 353.21 | Managed Care Inc | Managed Care Inc | 1019.7 | 90 | | | 122.67 | 1782 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC SHORT LEG CAST WALKER/AMB | 29425 | CPT | | | | outpatient | | | 1133 | 353.21 | Three Rivers | Three Rivers | 1076.35 | 95 | | | 122.67 | | 1782 percent of total billed charges | |
| HC APPLICATION PATELLA TENDON CAS | 29435 | CPT | | | | outpatient | | | 875 | 353.21 | Corrections | Corrections | 700 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC APPLICATION PATELLA TENDON CAS | 29435 | CPT | | | | outpatient | | | 875 | 353.21 | Horizon | MGD | 594.32 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLICATION PATELLA TENDON CAS | 29435 | CPT | | | | outpatient | | | 875 | 353.21 | Aetna | Better Health | 276.06 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC APPLICATION PATELLA TENDON CAS | 29435 | CPT | | | | outpatient | | | 875 | 353.21 | Aetna | Commercial | 501.25 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLICATION PATELLA TENDON CAS | 29435 | CPT | | | | outpatient | | | 875 | 353.21 | First Trenton | First Trenton | 787.5 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC APPLICATION PATELLA TENDON CAS | 29435 | CPT | | | | outpatient | | | 875 | 353.21 | UHC | Medicaid | 276.06 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC APPLICATION PATELLA TENDON CAS | 29435 | CPT | | | | outpatient | | | 875 | 353.21 | Amerihealth | HMO/PPO | 125 | | | | 125 | | 1782 fee schedule | |
| HC APPLICATION PATELLA TENDON CAS | 29435 | CPT | | | | outpatient | | | 875 | 353.21 | Aetna | Medicare | 307.14 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLICATION PATELLA TENDON CAS | 29435 | CPT | | | | outpatient | | | 875 | 353.21 | United | Commercial/PPO | 1782 | | | | 125 | | 1782 case rate | |
| HC APPLICATION PATELLA TENDON CAS | 29435 | CPT | | | | outpatient | | | 875 | 353.21 | Multiplan | Multiplan | 700 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC APPLICATION PATELLA TENDON CAS | 29435 | CPT | | | | outpatient | | | 875 | 353.21 | Americare | Americare | 656.25 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC APPLICATION PATELLA TENDON CAS | 29435 | CPT | | | | outpatient | | | 875 | 353.21 | Consumer | Consumer | 831.25 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC APPLICATION PATELLA TENDON CAS | 29435 | CPT | | | | outpatient | | | 875 | 353.21 | Horizon | NJ Health | 172.26 | | | | 125 | | 1782 fee schedule | |
| HC APPLICATION PATELLA TENDON CAS | 29435 | CPT | | | | outpatient | | | 875 | 353.21 | Qualcare | Qualcare | 656.25 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC APPLICATION PATELLA TENDON CAS | 29435 | CPT | | | | outpatient | | | 875 | 353.21 | Horizon | Indemnity | 594.32 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLICATION PATELLA TENDON CAS | 29435 | CPT | | | | outpatient | | | 875 | 353.21 | First Health | First Health | 612.5 | 70 | | | 125 | | 1782 percent of total billed charges | |
| HC APPLICATION PATELLA TENDON CAS | 29435 | CPT | | | | outpatient | | | 875 | 353.21 | WellPoint | WellPoint | 281.58 | 32.18 | | | 125 | | 1782 percent of total billed charges | |
| HC APPLICATION PATELLA TENDON CAS | 29435 | CPT | | | | outpatient | | | 875 | 353.21 | Three Rivers | Three Rivers | 831.25 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC APPLICATION PATELLA TENDON CAS | 29435 | CPT | | | | outpatient | | | 875 | 353.21 | Horizon | PPO | 594.32 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLICATION PATELLA TENDON CAS | 29435 | CPT | | | | outpatient | | | 875 | 353.21 | Horizon | Medicare Blue | 307.14 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLICATION PATELLA TENDON CAS | 29435 | CPT | | | | outpatient | | | 875 | 353.21 | Managed Care Inc | Managed Care Inc | 787.5 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC APPLICATION PATELLA TENDON CAS | 29435 | CPT | | | | outpatient | | | 875 | 353.21 | United | Oxford | 1782 | | | | 125 | | 1782 case rate | |
| HC APPLICATION PATELLA TENDON CAS | 29435 | CPT | | | | outpatient | | | 875 | 353.21 | UHC | Medicare | 307.14 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLICATION PATELLA TENDON CAS | 29435 | CPT | | | | outpatient | | | 875 | 353.21 | Wellcare | Medicare | 307.14 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLICATION PATELLA TENDON CAS | 29435 | CPT | | | | outpatient | | | 875 | 353.21 | Wellcare | Medicaid | 276.06 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC APP TOTAL CONTACT CAST | 29445 | CPT | | | | outpatient | | | 875 | 353.21 | First Health | First Health | 612.5 | 70 | | | 125 | | 1782 percent of total billed charges | |
| HC APP TOTAL CONTACT CAST | 29445 | CPT | | | | outpatient | | | 875 | 353.21 | Americare | Americare | 656.25 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC APP TOTAL CONTACT CAST | 29445 | CPT | | | | outpatient | | | 875 | 353.21 | Aetna | Better Health | 276.06 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC APP TOTAL CONTACT CAST | 29445 | CPT | | | | outpatient | | | 875 | 353.21 | Aetna | Commercial | 501.25 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APP TOTAL CONTACT CAST | 29445 | CPT | | | | outpatient | | | 875 | 353.21 | Amerihealth | HMO/PPO | 125 | | | | 125 | | 1782 fee schedule | |
| HC APP TOTAL CONTACT CAST | 29445 | CPT | | | | outpatient | | | 875 | 353.21 | Wellcare | Medicaid | 276.06 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC APP TOTAL CONTACT CAST | 29445 | CPT | | | | outpatient | | | 875 | 353.21 | UHC | Medicare | 307.14 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APP TOTAL CONTACT CAST | 29445 | CPT | | | | outpatient | | | 875 | 353.21 | Aetna | Medicare | 307.14 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APP TOTAL CONTACT CAST | 29445 | CPT | | | | outpatient | | | 875 | 353.21 | First Trenton | First Trenton | 787.5 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC APP TOTAL CONTACT CAST | 29445 | CPT | | | | outpatient | | | 875 | 353.21 | Consumer | Consumer | 831.25 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC APP TOTAL CONTACT CAST | 29445 | CPT | | | | outpatient | | | 875 | 353.21 | Horizon | MGD | 594.32 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APP TOTAL CONTACT CAST | 29445 | CPT | | | | outpatient | | | 875 | 353.21 | Multiplan | Multiplan | 700 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC APP TOTAL CONTACT CAST | 29445 | CPT | | | | outpatient | | | 875 | 353.21 | Horizon | Indemnity | 594.32 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APP TOTAL CONTACT CAST | 29445 | CPT | | | | outpatient | | | 875 | 353.21 | Horizon | Medicare Blue | 307.14 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APP TOTAL CONTACT CAST | 29445 | CPT | | | | outpatient | | | 875 | 353.21 | Horizon | PPO | 594.32 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APP TOTAL CONTACT CAST | 29445 | CPT | | | | outpatient | | | 875 | 353.21 | Corrections | Corrections | 700 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC APP TOTAL CONTACT CAST | 29445 | CPT | | | | outpatient | | | 875 | 353.21 | Three Rivers | Three Rivers | 831.25 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC APP TOTAL CONTACT CAST | 29445 | CPT | | | | outpatient | | | 875 | 353.21 | United | Oxford | 1782 | | | | 125 | | 1782 case rate | |
| HC APP TOTAL CONTACT CAST | 29445 | CPT | | | | outpatient | | | 875 | 353.21 | WellPoint | WellPoint | 281.58 | 32.18 | | | 125 | | 1782 percent of total billed charges | |
| HC APP TOTAL CONTACT CAST | 29445 | CPT | | | | outpatient | | | 875 | 353.21 | Qualcare | Qualcare | 656.25 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC APP TOTAL CONTACT CAST | 29445 | CPT | | | | outpatient | | | 875 | 353.21 | United | Commercial/PPO | 1782 | | | | 125 | | 1782 case rate | |
| HC APP TOTAL CONTACT CAST | 29445 | CPT | | | | outpatient | | | 875 | 353.21 | Horizon | NJ Health | 199.59 | | | | 125 | | 1782 fee schedule | |
| HC APP TOTAL CONTACT CAST | 29445 | CPT | | | | outpatient | | | 875 | 353.21 | UHC | Medicaid | 276.06 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC APP TOTAL CONTACT CAST | 29445 | CPT | | | | outpatient | | | 875 | 353.21 | Managed Care Inc | Managed Care Inc | 787.5 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC APP TOTAL CONTACT CAST | 29445 | CPT | | | | outpatient | | | 875 | 353.21 | Wellcare | Medicare | 307.14 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLICATION CLUB FOOT CAST | 29450 | CPT | | | | outpatient | | | 532 | 207.24 | Aetna | Commercial | 294.1 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLICATION CLUB FOOT CAST | 29450 | CPT | | | | outpatient | | | 532 | 207.24 | Consumer | Consumer | 505.4 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC APPLICATION CLUB FOOT CAST | 29450 | CPT | | | | outpatient | | | 532 | 207.24 | First Trenton | First Trenton | 478.8 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC APPLICATION CLUB FOOT CAST | 29450 | CPT | | | | outpatient | | | 532 | 207.24 | Aetna | Medicare | 180.21 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLICATION CLUB FOOT CAST | 29450 | CPT | | | | outpatient | | | 532 | 207.24 | UHC | Medicare | 180.21 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLICATION CLUB FOOT CAST | 29450 | CPT | | | | outpatient | | | 532 | 207.24 | Corrections | Corrections | 425.6 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC APPLICATION CLUB FOOT CAST | 29450 | CPT | | | | outpatient | | | 532 | 207.24 | United | Commercial/PPO | 1782 | | | | 125 | | 1782 case rate | |
| HC APPLICATION CLUB FOOT CAST | 29450 | CPT | | | | outpatient | | | 532 | 207.24 | Aetna | Better Health | 167.85 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC APPLICATION CLUB FOOT CAST | 29450 | CPT | | | | outpatient | | | 532 | 207.24 | Americare | Americare | 399 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC APPLICATION CLUB FOOT CAST | 29450 | CPT | | | | outpatient | | | 532 | 207.24 | Three Rivers | Three Rivers | 505.4 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC APPLICATION CLUB FOOT CAST | 29450 | CPT | | | | outpatient | | | 532 | 207.24 | Horizon | Indemnity | 348.71 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLICATION CLUB FOOT CAST | 29450 | CPT | | | | outpatient | | | 532 | 207.24 | Amerihealth | HMO/PPO | 125 | | | | 125 | | 1782 fee schedule | |
| HC APPLICATION CLUB FOOT CAST | 29450 | CPT | | | | outpatient | | | 532 | 207.24 | Multiplan | Multiplan | 425.6 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC APPLICATION CLUB FOOT CAST | 29450 | CPT | | | | outpatient | | | 532 | 207.24 | Horizon | Medicare Blue | 180.21 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLICATION CLUB FOOT CAST | 29450 | CPT | | | | outpatient | | | 532 | 207.24 | Managed Care Inc | Managed Care Inc | 478.8 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC APPLICATION CLUB FOOT CAST | 29450 | CPT | | | | outpatient | | | 532 | 207.24 | First Health | First Health | 372.4 | 70 | | | 125 | | 1782 percent of total billed charges | |
| HC APPLICATION CLUB FOOT CAST | 29450 | CPT | | | | outpatient | | | 532 | 207.24 | Qualcare | Qualcare | 399 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC APPLICATION CLUB FOOT CAST | 29450 | CPT | | | | outpatient | | | 532 | 207.24 | United | Oxford | 1782 | | | | 125 | | 1782 case rate | |
| HC APPLICATION CLUB FOOT CAST | 29450 | CPT | | | | outpatient | | | 532 | 207.24 | UHC | Medicaid | 167.85 | 31.55 | | 163.25 | 125 | | 1782 percent of total billed charges | |
| HC APPLICATION CLUB FOOT CAST | 29450 | CPT | | | | outpatient | | | 532 | 207.24 | Horizon | MGD | 348.71 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLICATION CLUB FOOT CAST | 29450 | CPT | | | | outpatient | | | 532 | 207.24 | Wellcare | Medicare | 180.21 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLICATION CLUB FOOT CAST | 29450 | CPT | | | | outpatient | | | 532 | 207.24 | Horizon | NJ Health | 207.96 | | | 10.6 | 125 | | 1782 fee schedule | |
| HC APPLICATION CLUB FOOT CAST | 29450 | CPT | | | | outpatient | | | 532 | 207.24 | Wellcare | Medicaid | 167.85 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC APPLICATION CLUB FOOT CAST | 29450 | CPT | | | | outpatient | | | 532 | 207.24 | Horizon | PPO | 348.71 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLICATION CLUB FOOT CAST | 29450 | CPT | | | | outpatient | | | 532 | 207.24 | WellPoint | WellPoint | 171.2 | 32.18 | | | 125 | | 1782 percent of total billed charges | |
| HC LONG LEG SPLINT APPLICATION | 29505 | CPT | | | | outpatient | | | 605 | 207.24 | Aetna | Better Health | 190.88 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC LONG LEG SPLINT APPLICATION | 29505 | CPT | | | | outpatient | | | 605 | 207.24 | Consumer | Consumer | 574.75 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC LONG LEG SPLINT APPLICATION | 29505 | CPT | | | | outpatient | | | 605 | 207.24 | Amerihealth | HMO/PPO | 125 | | | | 125 | | 1782 fee schedule | |
| HC LONG LEG SPLINT APPLICATION | 29505 | CPT | | | | outpatient | | | 605 | 207.24 | Aetna | Medicare | 180.21 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LONG LEG SPLINT APPLICATION | 29505 | CPT | | | | outpatient | | | 605 | 207.24 | Aetna | Commercial | 294.1 | | | 91.98 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LONG LEG SPLINT APPLICATION | 29505 | CPT | | | | outpatient | | | 605 | 207.24 | Americare | Americare | 453.75 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC LONG LEG SPLINT APPLICATION | 29505 | CPT | | | | outpatient | | | 605 | 207.24 | Corrections | Corrections | 484 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC LONG LEG SPLINT APPLICATION | 29505 | CPT | | | | outpatient | | | 605 | 207.24 | First Health | First Health | 423.5 | 70 | | | 125 | | 1782 percent of total billed charges | |
| HC LONG LEG SPLINT APPLICATION | 29505 | CPT | | | | outpatient | | | 605 | 207.24 | Multiplan | Multiplan | 484 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC LONG LEG SPLINT APPLICATION | 29505 | CPT | | | | outpatient | | | 605 | 207.24 | Horizon | Medicare Blue | 180.21 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LONG LEG SPLINT APPLICATION | 29505 | CPT | | | | outpatient | | | 605 | 207.24 | First Trenton | First Trenton | 544.5 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC LONG LEG SPLINT APPLICATION | 29505 | CPT | | | | outpatient | | | 605 | 207.24 | Horizon | Indemnity | 348.71 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LONG LEG SPLINT APPLICATION | 29505 | CPT | | | | outpatient | | | 605 | 207.24 | Qualcare | Qualcare | 453.75 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC LONG LEG SPLINT APPLICATION | 29505 | CPT | | | | outpatient | | | 605 | 207.24 | Three Rivers | Three Rivers | 574.75 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC LONG LEG SPLINT APPLICATION | 29505 | CPT | | | | outpatient | | | 605 | 207.24 | Horizon | MGD | 348.71 | | | 77.75 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LONG LEG SPLINT APPLICATION | 29505 | CPT | | | | outpatient | | | 605 | 207.24 | Horizon | NJ Health | 125.28 | | | 12.99 | 125 | | 1782 fee schedule | |
| HC LONG LEG SPLINT APPLICATION | 29505 | CPT | | | | outpatient | | | 605 | 207.24 | UHC | Medicaid | 190.88 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC LONG LEG SPLINT APPLICATION | 29505 | CPT | | | | outpatient | | | 605 | 207.24 | United | Oxford | 1782 | | | | 125 | | 1782 case rate | |
| HC LONG LEG SPLINT APPLICATION | 29505 | CPT | | | | outpatient | | | 605 | 207.24 | Horizon | PPO | 348.71 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LONG LEG SPLINT APPLICATION | 29505 | CPT | | | | outpatient | | | 605 | 207.24 | United | Commercial/PPO | 1782 | | | | 125 | | 1782 case rate | |
| HC LONG LEG SPLINT APPLICATION | 29505 | CPT | | | | outpatient | | | 605 | 207.24 | UHC | Medicare | 180.21 | | | 2.13 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LONG LEG SPLINT APPLICATION | 29505 | CPT | | | | outpatient | | | 605 | 207.24 | Wellcare | Medicaid | 190.88 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC LONG LEG SPLINT APPLICATION | 29505 | CPT | | | | outpatient | | | 605 | 207.24 | Managed Care Inc | Managed Care Inc | 544.5 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC LONG LEG SPLINT APPLICATION | 29505 | CPT | | | | outpatient | | | 605 | 207.24 | Wellcare | Medicare | 180.21 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LONG LEG SPLINT APPLICATION | 29505 | CPT | | | | outpatient | | | 605 | 207.24 | WellPoint | WellPoint | 194.69 | 32.18 | | | 125 | | 1782 percent of total billed charges | |
| HC APP SHORT LEG SPLINT CALF FOOT | 29515 | CPT | | | | outpatient | | | 532 | 207.24 | Horizon | Medicare Blue | 180.21 | | | | 109.62 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APP SHORT LEG SPLINT CALF FOOT | 29515 | CPT | | | | outpatient | | | 532 | 207.24 | Aetna | Better Health | 167.85 | 31.55 | | | 109.62 | | 1782 percent of total billed charges | |
| HC APP SHORT LEG SPLINT CALF FOOT | 29515 | CPT | | | | outpatient | | | 532 | 207.24 | Americare | Americare | 399 | 75 | | | 109.62 | | 1782 percent of total billed charges | |
| HC APP SHORT LEG SPLINT CALF FOOT | 29515 | CPT | | | | outpatient | | | 532 | 207.24 | Horizon | MGD | 348.71 | | | | 109.62 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APP SHORT LEG SPLINT CALF FOOT | 29515 | CPT | | | | outpatient | | | 532 | 207.24 | Amerihealth | HMO/PPO | 125 | | | 101.76 | 109.62 | | 1782 fee schedule | |
| HC APP SHORT LEG SPLINT CALF FOOT | 29515 | CPT | | | | outpatient | | | 532 | 207.24 | Aetna | Medicare | 180.21 | | | | 109.62 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APP SHORT LEG SPLINT CALF FOOT | 29515 | CPT | | | | outpatient | | | 532 | 207.24 | Aetna | Commercial | 294.1 | | | 99.39 | 109.62 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APP SHORT LEG SPLINT CALF FOOT | 29515 | CPT | | | | outpatient | | | 532 | 207.24 | First Health | First Health | 372.4 | 70 | | | 109.62 | | 1782 percent of total billed charges | |
| HC APP SHORT LEG SPLINT CALF FOOT | 29515 | CPT | | | | outpatient | | | 532 | 207.24 | Wellcare | Medicare | 180.21 | | | | 109.62 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APP SHORT LEG SPLINT CALF FOOT | 29515 | CPT | | | | outpatient | | | 532 | 207.24 | Consumer | Consumer | 505.4 | 95 | | | 109.62 | | 1782 percent of total billed charges | |
| HC APP SHORT LEG SPLINT CALF FOOT | 29515 | CPT | | | | outpatient | | | 532 | 207.24 | Horizon | Indemnity | 348.71 | | | 282.47 | 109.62 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APP SHORT LEG SPLINT CALF FOOT | 29515 | CPT | | | | outpatient | | | 532 | 207.24 | UHC | Medicare | 180.21 | | | 91.36 | 109.62 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APP SHORT LEG SPLINT CALF FOOT | 29515 | CPT | | | | outpatient | | | 532 | 207.24 | Horizon | PPO | 348.71 | | | | 109.62 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APP SHORT LEG SPLINT CALF FOOT | 29515 | CPT | | | | outpatient | | | 532 | 207.24 | Qualcare | Qualcare | 399 | 75 | | | 109.62 | | 1782 percent of total billed charges | |
| HC APP SHORT LEG SPLINT CALF FOOT | 29515 | CPT | | | | outpatient | | | 532 | 207.24 | Multiplan | Multiplan | 425.6 | 80 | | | 109.62 | | 1782 percent of total billed charges | |
| HC APP SHORT LEG SPLINT CALF FOOT | 29515 | CPT | | | | outpatient | | | 532 | 207.24 | Horizon | NJ Health | 109.62 | | | 44.02 | 109.62 | | 1782 fee schedule | |
| HC APP SHORT LEG SPLINT CALF FOOT | 29515 | CPT | | | | outpatient | | | 532 | 207.24 | United | Oxford | 1782 | | | | 109.62 | | 1782 case rate | |
| HC APP SHORT LEG SPLINT CALF FOOT | 29515 | CPT | | | | outpatient | | | 532 | 207.24 | Corrections | Corrections | 425.6 | 80 | | | 109.62 | | 1782 percent of total billed charges | |
| HC APP SHORT LEG SPLINT CALF FOOT | 29515 | CPT | | | | outpatient | | | 532 | 207.24 | UHC | Medicaid | 167.85 | 31.55 | | 141.13 | 109.62 | | 1782 percent of total billed charges | |
| HC APP SHORT LEG SPLINT CALF FOOT | 29515 | CPT | | | | outpatient | | | 532 | 207.24 | United | Commercial/PPO | 1782 | | | | 109.62 | | 1782 case rate | |
| HC APP SHORT LEG SPLINT CALF FOOT | 29515 | CPT | | | | outpatient | | | 532 | 207.24 | Wellcare | Medicaid | 167.85 | 31.55 | | | 109.62 | | 1782 percent of total billed charges | |
| HC APP SHORT LEG SPLINT CALF FOOT | 29515 | CPT | | | | outpatient | | | 532 | 207.24 | WellPoint | WellPoint | 171.2 | 32.18 | | 164.94 | 109.62 | | 1782 percent of total billed charges | |
| HC APP SHORT LEG SPLINT CALF FOOT | 29515 | CPT | | | | outpatient | | | 532 | 207.24 | Three Rivers | Three Rivers | 505.4 | 95 | | | 109.62 | | 1782 percent of total billed charges | |
| HC APP SHORT LEG SPLINT CALF FOOT | 29515 | CPT | | | | outpatient | | | 532 | 207.24 | First Trenton | First Trenton | 478.8 | 90 | | | 109.62 | | 1782 percent of total billed charges | |
| HC APP SHORT LEG SPLINT CALF FOOT | 29515 | CPT | | | | outpatient | | | 532 | 207.24 | Managed Care Inc | Managed Care Inc | 478.8 | 90 | | | 109.62 | | 1782 percent of total billed charges | |
| HC PT STRAPPING KNEE | 29530 | CPT | | | | outpatient | | | 497 | 168 | Horizon | Medicare Blue | 146.09 | | | | 62.64 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PT STRAPPING KNEE | 29530 | CPT | | | | outpatient | | | 497 | 168 | Aetna | Better Health | 156.8 | 31.55 | | | 62.64 | | 1782 percent of total billed charges | |
| HC PT STRAPPING KNEE | 29530 | CPT | | | | outpatient | | | 497 | 168 | First Health | First Health | 347.9 | 70 | | | 62.64 | | 1782 percent of total billed charges | |
| HC PT STRAPPING KNEE | 29530 | CPT | | | | outpatient | | | 497 | 168 | Aetna | Medicare | 146.09 | | | | 62.64 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PT STRAPPING KNEE | 29530 | CPT | | | | outpatient | | | 497 | 168 | Horizon | Indemnity | 282.68 | | | | 62.64 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PT STRAPPING KNEE | 29530 | CPT | | | | outpatient | | | 497 | 168 | Americare | Americare | 372.75 | 75 | | | 62.64 | | 1782 percent of total billed charges | |
| HC PT STRAPPING KNEE | 29530 | CPT | | | | outpatient | | | 497 | 168 | Aetna | Commercial | 238.42 | | | | 62.64 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PT STRAPPING KNEE | 29530 | CPT | | | | outpatient | | | 497 | 168 | Corrections | Corrections | 397.6 | 80 | | | 62.64 | | 1782 percent of total billed charges | |
| HC PT STRAPPING KNEE | 29530 | CPT | | | | outpatient | | | 497 | 168 | UHC | Medicare | 146.09 | | | | 62.64 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PT STRAPPING KNEE | 29530 | CPT | | | | outpatient | | | 497 | 168 | Wellcare | Medicaid | 156.8 | 31.55 | | | 62.64 | | 1782 percent of total billed charges | |
| HC PT STRAPPING KNEE | 29530 | CPT | | | | outpatient | | | 497 | 168 | Three Rivers | Three Rivers | 472.15 | 95 | | | 62.64 | | 1782 percent of total billed charges | |
| HC PT STRAPPING KNEE | 29530 | CPT | | | | outpatient | | | 497 | 168 | Multiplan | Multiplan | 397.6 | 80 | | | 62.64 | | 1782 percent of total billed charges | |
| HC PT STRAPPING KNEE | 29530 | CPT | | | | outpatient | | | 497 | 168 | Horizon | PPO | 282.68 | | | | 62.64 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PT STRAPPING KNEE | 29530 | CPT | | | | outpatient | | | 497 | 168 | Consumer | Consumer | 472.15 | 95 | | | 62.64 | | 1782 percent of total billed charges | |
| HC PT STRAPPING KNEE | 29530 | CPT | | | | outpatient | | | 497 | 168 | Amerihealth | HMO/PPO | 65 | | | | 62.64 | | 1782 fee schedule | |
| HC PT STRAPPING KNEE | 29530 | CPT | | | | outpatient | | | 497 | 168 | First Trenton | First Trenton | 447.3 | 90 | | | 62.64 | | 1782 percent of total billed charges | |
| HC PT STRAPPING KNEE | 29530 | CPT | | | | outpatient | | | 497 | 168 | Wellcare | Medicare | 146.09 | | | | 62.64 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PT STRAPPING KNEE | 29530 | CPT | | | | outpatient | | | 497 | 168 | United | Oxford | 1782 | | | | 62.64 | | 1782 case rate | |
| HC PT STRAPPING KNEE | 29530 | CPT | | | | outpatient | | | 497 | 168 | Horizon | MGD | 282.68 | | | | 62.64 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PT STRAPPING KNEE | 29530 | CPT | | | | outpatient | | | 497 | 168 | Qualcare | Qualcare | 372.75 | 75 | | | 62.64 | | 1782 percent of total billed charges | |
| HC PT STRAPPING KNEE | 29530 | CPT | | | | outpatient | | | 497 | 168 | United | Commercial/PPO | 1782 | | | | 62.64 | | 1782 case rate | |
| HC PT STRAPPING KNEE | 29530 | CPT | | | | outpatient | | | 497 | 168 | Horizon | NJ Health | 62.64 | | | | 62.64 | | 1782 fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC PT STRAPPING KNEE | 29530 | CPT | | | | outpatient | | | 497 | 168 | UHC | Medicaid | 156.8 | 31.55 | | 156.8 | 62.64 | 1782 | percent of total billed charges | |
| HC PT STRAPPING KNEE | 29530 | CPT | | | | outpatient | | | 497 | 168 | Managed Care Inc | Managed Care Inc | 447.3 | 90 | | | 62.64 | 1782 | percent of total billed charges | |
| HC PT STRAPPING KNEE | 29530 | CPT | | | | outpatient | | | 497 | 168 | WellPoint | WellPoint | 159.93 | 32.18 | | | 62.64 | 1782 | percent of total billed charges | |
| HC STRAPPING; ANKLE/FOOT | 29540 | CPT | | | | outpatient | | | 545 | 207.24 | Aetna | Commercial | 294.1 | | | | 46.98 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STRAPPING; ANKLE/FOOT | 29540 | CPT | | | | outpatient | | | 545 | 207.24 | Aetna | Better Health | 171.95 | 31.55 | | | 46.98 | 1782 | percent of total billed charges | |
| HC STRAPPING; ANKLE/FOOT | 29540 | CPT | | | | outpatient | | | 545 | 207.24 | Consumer | Consumer | 517.75 | 95 | | | 46.98 | 1782 | percent of total billed charges | |
| HC STRAPPING; ANKLE/FOOT | 29540 | CPT | | | | outpatient | | | 545 | 207.24 | Americare | Americare | 408.75 | 75 | | | 46.98 | 1782 | percent of total billed charges | |
| HC STRAPPING; ANKLE/FOOT | 29540 | CPT | | | | outpatient | | | 545 | 207.24 | Horizon | Medicare Blue | 180.21 | | | | 46.98 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STRAPPING; ANKLE/FOOT | 29540 | CPT | | | | outpatient | | | 545 | 207.24 | Corrections | Corrections | 436 | 80 | | | 46.98 | 1782 | percent of total billed charges | |
| HC STRAPPING; ANKLE/FOOT | 29540 | CPT | | | | outpatient | | | 545 | 207.24 | Horizon | MGD | 348.71 | | | | 46.98 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STRAPPING; ANKLE/FOOT | 29540 | CPT | | | | outpatient | | | 545 | 207.24 | Aetna | Medicare | 180.21 | | | | 46.98 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STRAPPING; ANKLE/FOOT | 29540 | CPT | | | | outpatient | | | 545 | 207.24 | UHC | Medicare | 180.21 | | | | 46.98 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STRAPPING; ANKLE/FOOT | 29540 | CPT | | | | outpatient | | | 545 | 207.24 | Multiplan | Multiplan | 436 | 80 | | | 46.98 | 1782 | percent of total billed charges | |
| HC STRAPPING; ANKLE/FOOT | 29540 | CPT | | | | outpatient | | | 545 | 207.24 | First Health | First Health | 381.5 | 70 | | | 46.98 | 1782 | percent of total billed charges | |
| HC STRAPPING; ANKLE/FOOT | 29540 | CPT | | | | outpatient | | | 545 | 207.24 | First Trenton | First Trenton | 490.5 | 90 | | | 46.98 | 1782 | percent of total billed charges | |
| HC STRAPPING; ANKLE/FOOT | 29540 | CPT | | | | outpatient | | | 545 | 207.24 | UHC | Medicaid | 171.95 | 31.55 | | | 46.98 | 1782 | percent of total billed charges | |
| HC STRAPPING; ANKLE/FOOT | 29540 | CPT | | | | outpatient | | | 545 | 207.24 | Horizon | Indemnity | 348.71 | | | | 46.98 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STRAPPING; ANKLE/FOOT | 29540 | CPT | | | | outpatient | | | 545 | 207.24 | Amerihealth | HMO/PPO | 65 | | | | 46.98 | 1782 | fee schedule | |
| HC STRAPPING; ANKLE/FOOT | 29540 | CPT | | | | outpatient | | | 545 | 207.24 | Qualcare | Qualcare | 408.75 | 75 | | | 46.98 | 1782 | percent of total billed charges | |
| HC STRAPPING; ANKLE/FOOT | 29540 | CPT | | | | outpatient | | | 545 | 207.24 | Managed Care Inc | Managed Care Inc | 490.5 | 90 | | | 46.98 | 1782 | percent of total billed charges | |
| HC STRAPPING; ANKLE/FOOT | 29540 | CPT | | | | outpatient | | | 545 | 207.24 | Horizon | NJ Health | 46.98 | | | | 46.98 | 1782 | fee schedule | |
| HC STRAPPING; ANKLE/FOOT | 29540 | CPT | | | | outpatient | | | 545 | 207.24 | Wellcare | Medicaid | 171.95 | 31.55 | | | 46.98 | 1782 | percent of total billed charges | |
| HC STRAPPING; ANKLE/FOOT | 29540 | CPT | | | | outpatient | | | 545 | 207.24 | Wellcare | Medicare | 180.21 | | | | 46.98 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STRAPPING; ANKLE/FOOT | 29540 | CPT | | | | outpatient | | | 545 | 207.24 | Three Rivers | Three Rivers | 517.75 | 95 | | | 46.98 | 1782 | percent of total billed charges | |
| HC STRAPPING; ANKLE/FOOT | 29540 | CPT | | | | outpatient | | | 545 | 207.24 | Horizon | PPO | 348.71 | | | | 46.98 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STRAPPING; ANKLE/FOOT | 29540 | CPT | | | | outpatient | | | 545 | 207.24 | United | Oxford | 1782 | | | | 46.98 | 1782 | case rate | |
| HC STRAPPING; ANKLE/FOOT | 29540 | CPT | | | | outpatient | | | 545 | 207.24 | United | Commercial/PPO | 1782 | | | | 46.98 | 1782 | case rate | |
| HC STRAPPING; ANKLE/FOOT | 29540 | CPT | | | | outpatient | | | 545 | 207.24 | WellPoint | WellPoint | 175.38 | 32.18 | | | 46.98 | 1782 | percent of total billed charges | |
| HC APPLICATION STRAPPING TOES | 29550 | CPT | | | | outpatient | | | 247 | 80.45 | Aetna | Commercial | 114.17 | | | | 41.76 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLICATION STRAPPING TOES | 29550 | CPT | | | | outpatient | | | 247 | 80.45 | UHC | Medicare | 69.96 | | | | 41.76 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLICATION STRAPPING TOES | 29550 | CPT | | | | outpatient | | | 247 | 80.45 | Aetna | Medicare | 69.96 | | | | 41.76 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLICATION STRAPPING TOES | 29550 | CPT | | | | outpatient | | | 247 | 80.45 | Horizon | Indemnity | 135.37 | | | | 41.76 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLICATION STRAPPING TOES | 29550 | CPT | | | | outpatient | | | 247 | 80.45 | Wellcare | Medicaid | 77.93 | 31.55 | | | 41.76 | 1782 | percent of total billed charges | |
| HC APPLICATION STRAPPING TOES | 29550 | CPT | | | | outpatient | | | 247 | 80.45 | Horizon | MGD | 135.37 | | | | 41.76 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLICATION STRAPPING TOES | 29550 | CPT | | | | outpatient | | | 247 | 80.45 | Multiplan | Multiplan | 197.6 | 80 | | | 41.76 | 1782 | percent of total billed charges | |
| HC APPLICATION STRAPPING TOES | 29550 | CPT | | | | outpatient | | | 247 | 80.45 | Aetna | Better Health | 77.93 | 31.55 | | | 41.76 | 1782 | percent of total billed charges | |
| HC APPLICATION STRAPPING TOES | 29550 | CPT | | | | outpatient | | | 247 | 80.45 | Americare | Americare | 185.25 | 75 | | | 41.76 | 1782 | percent of total billed charges | |
| HC APPLICATION STRAPPING TOES | 29550 | CPT | | | | outpatient | | | 247 | 80.45 | United | Commercial/PPO | 1782 | | | | 41.76 | 1782 | case rate | |
| HC APPLICATION STRAPPING TOES | 29550 | CPT | | | | outpatient | | | 247 | 80.45 | Consumer | Consumer | 234.65 | 95 | | | 41.76 | 1782 | percent of total billed charges | |
| HC APPLICATION STRAPPING TOES | 29550 | CPT | | | | outpatient | | | 247 | 80.45 | First Health | First Health | 172.9 | 70 | | | 41.76 | 1782 | percent of total billed charges | |
| HC APPLICATION STRAPPING TOES | 29550 | CPT | | | | outpatient | | | 247 | 80.45 | Amerihealth | HMO/PPO | 65 | | | | 41.76 | 1782 | fee schedule | |
| HC APPLICATION STRAPPING TOES | 29550 | CPT | | | | outpatient | | | 247 | 80.45 | Horizon | PPO | 135.37 | | | | 41.76 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLICATION STRAPPING TOES | 29550 | CPT | | | | outpatient | | | 247 | 80.45 | Qualcare | Qualcare | 185.25 | 75 | | | 41.76 | 1782 | percent of total billed charges | |
| HC APPLICATION STRAPPING TOES | 29550 | CPT | | | | outpatient | | | 247 | 80.45 | Three Rivers | Three Rivers | 234.65 | 95 | | | 41.76 | 1782 | percent of total billed charges | |
| HC APPLICATION STRAPPING TOES | 29550 | CPT | | | | outpatient | | | 247 | 80.45 | Horizon | Medicare Blue | 69.96 | | | | 41.76 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLICATION STRAPPING TOES | 29550 | CPT | | | | outpatient | | | 247 | 80.45 | UHC | Medicaid | 77.93 | 31.55 | | | 41.76 | 1782 | percent of total billed charges | |
| HC APPLICATION STRAPPING TOES | 29550 | CPT | | | | outpatient | | | 247 | 80.45 | Corrections | Corrections | 197.6 | 80 | | | 41.76 | 1782 | percent of total billed charges | |
| HC APPLICATION STRAPPING TOES | 29550 | CPT | | | | outpatient | | | 247 | 80.45 | Wellcare | Medicare | 69.96 | | | | 41.76 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPLICATION STRAPPING TOES | 29550 | CPT | | | | outpatient | | | 247 | 80.45 | First Trenton | First Trenton | 222.3 | 90 | | | 41.76 | 1782 | percent of total billed charges | |
| HC APPLICATION STRAPPING TOES | 29550 | CPT | | | | outpatient | | | 247 | 80.45 | United | Oxford | 1782 | | | | 41.76 | 1782 | case rate | |
| HC APPLICATION STRAPPING TOES | 29550 | CPT | | | | outpatient | | | 247 | 80.45 | Horizon | NJ Health | 41.76 | | | | 41.76 | 1782 | fee schedule | |
| HC APPLICATION STRAPPING TOES | 29550 | CPT | | | | outpatient | | | 247 | 80.45 | WellPoint | WellPoint | 79.48 | 32.18 | | | 41.76 | 1782 | percent of total billed charges | |
| HC APPLICATION STRAPPING TOES | 29550 | CPT | | | | outpatient | | | 247 | 80.45 | Managed Care Inc | Managed Care Inc | 222.3 | 90 | | | 41.76 | 1782 | percent of total billed charges | |
| HC UNNA BOOT APPLICATION | 29580 | CPT | | | | outpatient | | | 532 | 207.24 | First Health | First Health | 372.4 | 70 | | | 65 | 1782 | percent of total billed charges | |
| HC UNNA BOOT APPLICATION | 29580 | CPT | | | | outpatient | | | 532 | 207.24 | Americare | Americare | 399 | 75 | | | 65 | 1782 | percent of total billed charges | |
| HC UNNA BOOT APPLICATION | 29580 | CPT | | | | outpatient | | | 532 | 207.24 | Horizon | NJ Health | 76.03 | | | 30.05 | 65 | 1782 | fee schedule | |
| HC UNNA BOOT APPLICATION | 29580 | CPT | | | | outpatient | | | 532 | 207.24 | Horizon | Medicare Blue | 180.21 | | | 162.04 | 65 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNNA BOOT APPLICATION | 29580 | CPT | | | | outpatient | | | 532 | 207.24 | Consumer | Consumer | 505.4 | 95 | | | 65 | 1782 | percent of total billed charges | |
| HC UNNA BOOT APPLICATION | 29580 | CPT | | | | outpatient | | | 532 | 207.24 | Aetna | Commercial | 294.1 | | | 133.12 | 65 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNNA BOOT APPLICATION | 29580 | CPT | | | | outpatient | | | 532 | 207.24 | Aetna | Better Health | 167.85 | 31.55 | | | 65 | 1782 | percent of total billed charges | |
| HC UNNA BOOT APPLICATION | 29580 | CPT | | | | outpatient | | | 532 | 207.24 | Wellcare | Medicare | 180.21 | | | | 65 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNNA BOOT APPLICATION | 29580 | CPT | | | | outpatient | | | 532 | 207.24 | First Trenton | First Trenton | 478.8 | 90 | | | 65 | 1782 | percent of total billed charges | |
| HC UNNA BOOT APPLICATION | 29580 | CPT | | | | outpatient | | | 532 | 207.24 | Amerihealth | HMO/PPO | 65 | | | | 65 | 1782 | fee schedule | |
| HC UNNA BOOT APPLICATION | 29580 | CPT | | | | outpatient | | | 532 | 207.24 | WellPoint | WellPoint | 171.2 | 32.18 | | 151.2 | 65 | 1782 | percent of total billed charges | |
| HC UNNA BOOT APPLICATION | 29580 | CPT | | | | outpatient | | | 532 | 207.24 | Horizon | MGD | 348.71 | | | | 65 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNNA BOOT APPLICATION | 29580 | CPT | | | | outpatient | | | 532 | 207.24 | Corrections | Corrections | 425.6 | 80 | | 162.33 | 65 | 1782 | percent of total billed charges | |
| HC UNNA BOOT APPLICATION | 29580 | CPT | | | | outpatient | | | 532 | 207.24 | Aetna | Medicare | 180.21 | | | 89.64 | 65 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNNA BOOT APPLICATION | 29580 | CPT | | | | outpatient | | | 532 | 207.24 | Multiplan | Multiplan | 425.6 | 80 | | | 65 | 1782 | percent of total billed charges | |
| HC UNNA BOOT APPLICATION | 29580 | CPT | | | | outpatient | | | 532 | 207.24 | Wellcare | Medicaid | 167.85 | 31.55 | | | 65 | 1782 | percent of total billed charges | |
| HC UNNA BOOT APPLICATION | 29580 | CPT | | | | outpatient | | | 532 | 207.24 | Horizon | Indemnity | 348.71 | | | 253.8 | 65 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNNA BOOT APPLICATION | 29580 | CPT | | | | outpatient | | | 532 | 207.24 | UHC | Medicare | 180.21 | | | 158.1 | 65 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNNA BOOT APPLICATION | 29580 | CPT | | | | outpatient | | | 532 | 207.24 | Qualcare | Qualcare | 399 | 75 | | | 65 | 1782 | percent of total billed charges | |
| HC UNNA BOOT APPLICATION | 29580 | CPT | | | | outpatient | | | 532 | 207.24 | United | Commercial/PPO | 1782 | | | 292.01 | 65 | 1782 | case rate | |
| HC UNNA BOOT APPLICATION | 29580 | CPT | | | | outpatient | | | 532 | 207.24 | Horizon | PPO | 348.71 | | | | 65 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNNA BOOT APPLICATION | 29580 | CPT | | | | outpatient | | | 532 | 207.24 | Managed Care Inc | Managed Care Inc | 478.8 | 90 | | | 65 | 1782 | percent of total billed charges | |
| HC UNNA BOOT APPLICATION | 29580 | CPT | | | | outpatient | | | 532 | 207.24 | United | Oxford | 1782 | | | | 65 | 1782 | case rate | |
| HC UNNA BOOT APPLICATION | 29580 | CPT | | | | outpatient | | | 532 | 207.24 | Three Rivers | Three Rivers | 505.4 | 95 | | | 65 | 1782 | percent of total billed charges | |
| HC UNNA BOOT APPLICATION | 29580 | CPT | | | | outpatient | | | 532 | 207.24 | UHC | Medicaid | 167.85 | 31.55 | | 162.94 | 65 | 1782 | percent of total billed charges | |
| HC APPL VENOUS WOUND COMPRESS | 29581 | CPT | | | | outpatient | | | 532 | 207.24 | Amerihealth | HMO/PPO | 40 | | | | 40 | 1782 | fee schedule | |
| HC APPL VENOUS WOUND COMPRESS | 29581 | CPT | | | | outpatient | | | 532 | 207.24 | Aetna | Medicare | 180.21 | | | | 40 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPL VENOUS WOUND COMPRESS | 29581 | CPT | | | | outpatient | | | 532 | 207.24 | Horizon | MGD | 348.71 | | | | 40 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPL VENOUS WOUND COMPRESS | 29581 | CPT | | | | outpatient | | | 532 | 207.24 | Corrections | Corrections | 425.6 | 80 | | 162.33 | 40 | 1782 | percent of total billed charges | |
| HC APPL VENOUS WOUND COMPRESS | 29581 | CPT | | | | outpatient | | | 532 | 207.24 | Aetna | Commercial | 294.1 | | | | 40 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPL VENOUS WOUND COMPRESS | 29581 | CPT | | | | outpatient | | | 532 | 207.24 | Aetna | Better Health | 167.85 | 31.55 | | | 40 | 1782 | percent of total billed charges | |
| HC APPL VENOUS WOUND COMPRESS | 29581 | CPT | | | | outpatient | | | 532 | 207.24 | Horizon | NJ Health | 139.87 | | | 52.44 | 40 | 1782 | fee schedule | |
| HC APPL VENOUS WOUND COMPRESS | 29581 | CPT | | | | outpatient | | | 532 | 207.24 | Consumer | Consumer | 505.4 | 95 | | | 40 | 1782 | percent of total billed charges | |
| HC APPL VENOUS WOUND COMPRESS | 29581 | CPT | | | | outpatient | | | 532 | 207.24 | Horizon | Medicare Blue | 180.21 | | | 217.58 | 40 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPL VENOUS WOUND COMPRESS | 29581 | CPT | | | | outpatient | | | 532 | 207.24 | First Health | First Health | 372.4 | 70 | | | 40 | 1782 | percent of total billed charges | |
| HC APPL VENOUS WOUND COMPRESS | 29581 | CPT | | | | outpatient | | | 532 | 207.24 | UHC | Medicaid | 167.85 | 31.55 | | 161.88 | 40 | 1782 | percent of total billed charges | |
| HC APPL VENOUS WOUND COMPRESS | 29581 | CPT | | | | outpatient | | | 532 | 207.24 | Horizon | Indemnity | 348.71 | | | 232.9 | 40 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPL VENOUS WOUND COMPRESS | 29581 | CPT | | | | outpatient | | | 532 | 207.24 | Americare | Americare | 399 | 75 | | | 40 | 1782 | percent of total billed charges | |
| HC APPL VENOUS WOUND COMPRESS | 29581 | CPT | | | | outpatient | | | 532 | 207.24 | Multiplan | Multiplan | 425.6 | 80 | | | 40 | 1782 | percent of total billed charges | |
| HC APPL VENOUS WOUND COMPRESS | 29581 | CPT | | | | outpatient | | | 532 | 207.24 | Wellcare | Medicaid | 167.85 | 31.55 | | | 40 | 1782 | percent of total billed charges | |
| HC APPL VENOUS WOUND COMPRESS | 29581 | CPT | | | | outpatient | | | 532 | 207.24 | First Trenton | First Trenton | 478.8 | 90 | | | 40 | 1782 | percent of total billed charges | |
| HC APPL VENOUS WOUND COMPRESS | 29581 | CPT | | | | outpatient | | | 532 | 207.24 | Three Rivers | Three Rivers | 505.4 | 95 | | | 40 | 1782 | percent of total billed charges | |
| HC APPL VENOUS WOUND COMPRESS | 29581 | CPT | | | | outpatient | | | 532 | 207.24 | Qualcare | Qualcare | 399 | 75 | | | 40 | 1782 | percent of total billed charges | |
| HC APPL VENOUS WOUND COMPRESS | 29581 | CPT | | | | outpatient | | | 532 | 207.24 | WellPoint | WellPoint | 171.2 | 32.18 | | 133.77 | 40 | 1782 | percent of total billed charges | |
| HC APPL VENOUS WOUND COMPRESS | 29581 | CPT | | | | outpatient | | | 532 | 207.24 | Horizon | PPO | 348.71 | | | | 40 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPL VENOUS WOUND COMPRESS | 29581 | CPT | | | | outpatient | | | 532 | 207.24 | Wellcare | Medicare | 180.21 | | | | 40 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPL VENOUS WOUND COMPRESS | 29581 | CPT | | | | outpatient | | | 532 | 207.24 | UHC | Medicare | 180.21 | | | 156.36 | 40 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPL VENOUS WOUND COMPRESS | 29581 | CPT | | | | outpatient | | | 532 | 207.24 | Managed Care Inc | Managed Care Inc | 478.8 | 90 | | | 40 | 1782 | percent of total billed charges | |
| HC APPL VENOUS WOUND COMPRESS | 29581 | CPT | | | | outpatient | | | 532 | 207.24 | United | Commercial/PPO | 1782 | | | | 40 | 1782 | case rate | |
| HC APPL VENOUS WOUND COMPRESS | 29581 | CPT | | | | outpatient | | | 532 | 207.24 | United | Oxford | 1782 | | | | 40 | 1782 | case rate | |
| HC BODY CAST REMOVAL | 29700 | CPT | | | | outpatient | | | 875 | 353.21 | Corrections | Corrections | 700 | 80 | | | 67.94 | 1782 | percent of total billed charges | |
| HC BODY CAST REMOVAL | 29700 | CPT | | | | outpatient | | | 875 | 353.21 | Aetna | Commercial | 501.25 | | | | 67.94 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BODY CAST REMOVAL | 29700 | CPT | | | | outpatient | | | 875 | 353.21 | Aetna | Better Health | 276.06 | 31.55 | | | 67.94 | 1782 | percent of total billed charges | |
| HC BODY CAST REMOVAL | 29700 | CPT | | | | outpatient | | | 875 | 353.21 | First Trenton | First Trenton | 787.5 | 90 | | | 67.94 | 1782 | percent of total billed charges | |
| HC BODY CAST REMOVAL | 29700 | CPT | | | | outpatient | | | 875 | 353.21 | Consumer | Consumer | 831.25 | 95 | | | 67.94 | 1782 | percent of total billed charges | |
| HC BODY CAST REMOVAL | 29700 | CPT | | | | outpatient | | | 875 | 353.21 | Amerihealth | HMO/PPO | 568.75 | 65 | | | 67.94 | 1782 | percent of total billed charges | |
| HC BODY CAST REMOVAL | 29700 | CPT | | | | outpatient | | | 875 | 353.21 | Aetna | Medicare | 307.14 | | | | 67.94 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BODY CAST REMOVAL | 29700 | CPT | | | | outpatient | | | 875 | 353.21 | UHC | Medicaid | 276.06 | 31.55 | | | 67.94 | 1782 | percent of total billed charges | |
| HC BODY CAST REMOVAL | 29700 | CPT | | | | outpatient | | | 875 | 353.21 | Horizon | Medicare Blue | 307.14 | | | | 67.94 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BODY CAST REMOVAL | 29700 | CPT | | | | outpatient | | | 875 | 353.21 | Americare | Americare | 656.25 | 75 | | | 67.94 | 1782 | percent of total billed charges | |
| HC BODY CAST REMOVAL | 29700 | CPT | | | | outpatient | | | 875 | 353.21 | First Health | First Health | 612.5 | 70 | | | 67.94 | 1782 | percent of total billed charges | |
| HC BODY CAST REMOVAL | 29700 | CPT | | | | outpatient | | | 875 | 353.21 | Horizon | Indemnity | 594.32 | | | | 67.94 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BODY CAST REMOVAL | 29700 | CPT | | | | outpatient | | | 875 | 353.21 | Horizon | NJ Health | 67.94 | | | | 67.94 | 1782 | fee schedule | |
| HC BODY CAST REMOVAL | 29700 | CPT | | | | outpatient | | | 875 | 353.21 | UHC | Medicare | 307.14 | | | | 67.94 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BODY CAST REMOVAL | 29700 | CPT | | | | outpatient | | | 875 | 353.21 | Horizon | MGD | 594.32 | | | | 67.94 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BODY CAST REMOVAL | 29700 | CPT | | | | outpatient | | | 875 | 353.21 | United | Commercial/PPO | 1782 | | | | 67.94 | 1782 | case rate | |
| HC BODY CAST REMOVAL | 29700 | CPT | | | | outpatient | | | 875 | 353.21 | WellPoint | WellPoint | 281.58 | 32.18 | | | 67.94 | 1782 | percent of total billed charges | |
| HC BODY CAST REMOVAL | 29700 | CPT | | | | outpatient | | | 875 | 353.21 | Multiplan | Multiplan | 700 | 80 | | | 67.94 | 1782 | percent of total billed charges | |
| HC BODY CAST REMOVAL | 29700 | CPT | | | | outpatient | | | 875 | 353.21 | Wellcare | Medicaid | 276.06 | 31.55 | | | 67.94 | 1782 | percent of total billed charges | |
| HC BODY CAST REMOVAL | 29700 | CPT | | | | outpatient | | | 875 | 353.21 | Managed Care Inc | Managed Care Inc | 787.5 | 90 | | | 67.94 | 1782 | percent of total billed charges | |
| HC BODY CAST REMOVAL | 29700 | CPT | | | | outpatient | | | 875 | 353.21 | Horizon | PPO | 594.32 | | | | 67.94 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BODY CAST REMOVAL | 29700 | CPT | | | | outpatient | | | 875 | 353.21 | Qualcare | Qualcare | 656.25 | 75 | | | 67.94 | 1782 | percent of total billed charges | |
| HC BODY CAST REMOVAL | 29700 | CPT | | | | outpatient | | | 875 | 353.21 | United | Oxford | 1782 | | | | 67.94 | 1782 | case rate | |
| HC BODY CAST REMOVAL | 29700 | CPT | | | | outpatient | | | 875 | 353.21 | Three Rivers | Three Rivers | 831.25 | 95 | | | 67.94 | 1782 | percent of total billed charges | |
| HC BODY CAST REMOVAL | 29700 | CPT | | | | outpatient | | | 875 | 353.21 | Wellcare | Medicare | 307.14 | | | | 67.94 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM LONG CAST | 29705 | CPT | | | | outpatient | | | 999 | 353.21 | Aetna | Commercial | 501.25 | | | | 95.71 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM LONG CAST | 29705 | CPT | | | | outpatient | | | 999 | 353.21 | Aetna | Better Health | 315.18 | 31.55 | | | 95.71 | 1782 | percent of total billed charges | |
| HC REM LONG CAST | 29705 | CPT | | | | outpatient | | | 999 | 353.21 | First Trenton | First Trenton | 899.1 | 90 | | | 95.71 | 1782 | percent of total billed charges | |
| HC REM LONG CAST | 29705 | CPT | | | | outpatient | | | 999 | 353.21 | First Health | First Health | 699.3 | 70 | | | 95.71 | 1782 | percent of total billed charges | |
| HC REM LONG CAST | 29705 | CPT | | | | outpatient | | | 999 | 353.21 | Amerihealth | HMO/PPO | 649.35 | 65 | | | 95.71 | 1782 | percent of total billed charges | |
| HC REM LONG CAST | 29705 | CPT | | | | outpatient | | | 999 | 353.21 | Americare | Americare | 749.25 | 75 | | | 95.71 | 1782 | percent of total billed charges | |
| HC REM LONG CAST | 29705 | CPT | | | | outpatient | | | 999 | 353.21 | Corrections | Corrections | 799.2 | 80 | | | 95.71 | 1782 | percent of total billed charges | |
| HC REM LONG CAST | 29705 | CPT | | | | outpatient | | | 999 | 353.21 | UHC | Medicaid | 315.18 | 31.55 | | | 95.71 | 1782 | percent of total billed charges | |
| HC REM LONG CAST | 29705 | CPT | | | | outpatient | | | 999 | 353.21 | Multiplan | Multiplan | 799.2 | 80 | | | 95.71 | 1782 | percent of total billed charges | |
| HC REM LONG CAST | 29705 | CPT | | | | outpatient | | | 999 | 353.21 | Aetna | Medicare | 307.14 | | | | 95.71 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM LONG CAST | 29705 | CPT | | | | outpatient | | | 999 | 353.21 | Three Rivers | Three Rivers | 949.05 | 95 | | | 95.71 | 1782 | percent of total billed charges | |
| HC REM LONG CAST | 29705 | CPT | | | | outpatient | | | 999 | 353.21 | Horizon | Indemnity | 594.32 | | | | 95.71 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM LONG CAST | 29705 | CPT | | | | outpatient | | | 999 | 353.21 | Qualcare | Qualcare | 749.25 | 75 | | | 95.71 | 1782 | percent of total billed charges | |
| HC REM LONG CAST | 29705 | CPT | | | | outpatient | | | 999 | 353.21 | Consumer | Consumer | 949.05 | 95 | | | 95.71 | 1782 | percent of total billed charges | |
| HC REM LONG CAST | 29705 | CPT | | | | outpatient | | | 999 | 353.21 | Horizon | MGD | 594.32 | | | | 95.71 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM LONG CAST | 29705 | CPT | | | | outpatient | | | 999 | 353.21 | UHC | Medicare | 307.14 | | | | 95.71 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM LONG CAST | 29705 | CPT | | | | outpatient | | | 999 | 353.21 | Horizon | NJ Health | 95.71 | | | | 95.71 | 1782 | fee schedule | |
| HC REM LONG CAST | 29705 | CPT | | | | outpatient | | | 999 | 353.21 | Wellcare | Medicare | 307.14 | | | | 95.71 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM LONG CAST | 29705 | CPT | | | | outpatient | | | 999 | 353.21 | Horizon | PPO | 594.32 | | | | 95.71 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM LONG CAST | 29705 | CPT | | | | outpatient | | | 999 | 353.21 | United | Commercial/PPO | 1782 | | | | 95.71 | 1782 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC REM LONG CAST | 29705 | CPT | | | | outpatient | | | 999 | 353.21 | Managed Care Inc | Managed Care Inc | 899.1 | 90 | | | 95.71 | 1782 | percent of total billed charges | |
| HC REM LONG CAST | 29705 | CPT | | | | outpatient | | | 999 | 353.21 | Horizon | Medicare Blue | 307.14 | | | | 95.71 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM LONG CAST | 29705 | CPT | | | | outpatient | | | 999 | 353.21 | WellPoint | WellPoint | 321.48 | 32.18 | | | 95.71 | 1782 | percent of total billed charges | |
| HC REM LONG CAST | 29705 | CPT | | | | outpatient | | | 999 | 353.21 | Wellcare | Medicaid | 315.18 | 31.55 | | | 95.71 | 1782 | percent of total billed charges | |
| HC REM LONG CAST | 29705 | CPT | | | | outpatient | | | 999 | 353.21 | United | Oxford | 1782 | | | | 95.71 | 1782 | case rate | |
| HC REPAIR OF SPICA BODY CAST OR J | 29720 | CPT | | | | outpatient | | | 532 | 207.24 | UHC | Medicaid | 167.85 | 31.55 | | | 86.55 | 1782 | percent of total billed charges | |
| HC REPAIR OF SPICA BODY CAST OR J | 29720 | CPT | | | | outpatient | | | 532 | 207.24 | Horizon | PPO | 348.71 | | | | 86.55 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR OF SPICA BODY CAST OR J | 29720 | CPT | | | | outpatient | | | 532 | 207.24 | Aetna | Better Health | 167.85 | 31.55 | | | 86.55 | 1782 | percent of total billed charges | |
| HC REPAIR OF SPICA BODY CAST OR J | 29720 | CPT | | | | outpatient | | | 532 | 207.24 | Aetna | Commercial | 294.1 | | | | 86.55 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR OF SPICA BODY CAST OR J | 29720 | CPT | | | | outpatient | | | 532 | 207.24 | First Trenton | First Trenton | 478.8 | 90 | | | 86.55 | 1782 | percent of total billed charges | |
| HC REPAIR OF SPICA BODY CAST OR J | 29720 | CPT | | | | outpatient | | | 532 | 207.24 | Consumer | Consumer | 505.4 | 95 | | | 86.55 | 1782 | percent of total billed charges | |
| HC REPAIR OF SPICA BODY CAST OR J | 29720 | CPT | | | | outpatient | | | 532 | 207.24 | Amerihealth | HMO/PPO | 345.8 | 65 | | | 86.55 | 1782 | percent of total billed charges | |
| HC REPAIR OF SPICA BODY CAST OR J | 29720 | CPT | | | | outpatient | | | 532 | 207.24 | Aetna | Medicare | 180.21 | | | | 86.55 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR OF SPICA BODY CAST OR J | 29720 | CPT | | | | outpatient | | | 532 | 207.24 | United | Oxford | 1782 | | | | 86.55 | 1782 | case rate | |
| HC REPAIR OF SPICA BODY CAST OR J | 29720 | CPT | | | | outpatient | | | 532 | 207.24 | WellPoint | WellPoint | 171.2 | 32.18 | | | 86.55 | 1782 | percent of total billed charges | |
| HC REPAIR OF SPICA BODY CAST OR J | 29720 | CPT | | | | outpatient | | | 532 | 207.24 | First Health | First Health | 372.4 | 70 | | | 86.55 | 1782 | percent of total billed charges | |
| HC REPAIR OF SPICA BODY CAST OR J | 29720 | CPT | | | | outpatient | | | 532 | 207.24 | Americare | Americare | 399 | 75 | | | 86.55 | 1782 | percent of total billed charges | |
| HC REPAIR OF SPICA BODY CAST OR J | 29720 | CPT | | | | outpatient | | | 532 | 207.24 | Horizon | Indemnity | 348.71 | | | | 86.55 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR OF SPICA BODY CAST OR J | 29720 | CPT | | | | outpatient | | | 532 | 207.24 | Corrections | Corrections | 425.6 | 80 | | | 86.55 | 1782 | percent of total billed charges | |
| HC REPAIR OF SPICA BODY CAST OR J | 29720 | CPT | | | | outpatient | | | 532 | 207.24 | Horizon | Medicare Blue | 180.21 | | | | 86.55 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR OF SPICA BODY CAST OR J | 29720 | CPT | | | | outpatient | | | 532 | 207.24 | Horizon | MGD | 348.71 | | | | 86.55 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR OF SPICA BODY CAST OR J | 29720 | CPT | | | | outpatient | | | 532 | 207.24 | Managed Care Inc | Managed Care Inc | 478.8 | 90 | | | 86.55 | 1782 | percent of total billed charges | |
| HC REPAIR OF SPICA BODY CAST OR J | 29720 | CPT | | | | outpatient | | | 532 | 207.24 | Horizon | NJ Health | 86.55 | | | | 86.55 | 1782 | fee schedule | |
| HC REPAIR OF SPICA BODY CAST OR J | 29720 | CPT | | | | outpatient | | | 532 | 207.24 | Three Rivers | Three Rivers | 505.4 | 95 | | | 86.55 | 1782 | percent of total billed charges | |
| HC REPAIR OF SPICA BODY CAST OR J | 29720 | CPT | | | | outpatient | | | 532 | 207.24 | UHC | Medicare | 180.21 | | | | 86.55 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR OF SPICA BODY CAST OR J | 29720 | CPT | | | | outpatient | | | 532 | 207.24 | Multiplan | Multiplan | 425.6 | 80 | | | 86.55 | 1782 | percent of total billed charges | |
| HC REPAIR OF SPICA BODY CAST OR J | 29720 | CPT | | | | outpatient | | | 532 | 207.24 | United | Commercial/PPO | 1782 | | | | 86.55 | 1782 | case rate | |
| HC REPAIR OF SPICA BODY CAST OR J | 29720 | CPT | | | | outpatient | | | 532 | 207.24 | Wellcare | Medicaid | 167.85 | 31.55 | | | 86.55 | 1782 | percent of total billed charges | |
| HC REPAIR OF SPICA BODY CAST OR J | 29720 | CPT | | | | outpatient | | | 532 | 207.24 | Quelcare | Quelcare | 399 | 75 | | | 86.55 | 1782 | percent of total billed charges | |
| HC REPAIR OF SPICA BODY CAST OR J | 29720 | CPT | | | | outpatient | | | 532 | 207.24 | Wellcare | Medicare | 180.21 | | | | 86.55 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WEDGING OF CLUBFOOT CAST | 29750 | CPT | | | | outpatient | | | 875 | 353.21 | First Trenton | First Trenton | 787.5 | 90 | | | 42.65 | 1782 | percent of total billed charges | |
| HC WEDGING OF CLUBFOOT CAST | 29750 | CPT | | | | outpatient | | | 875 | 353.21 | Aetna | Commercial | 501.25 | | | | 42.65 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WEDGING OF CLUBFOOT CAST | 29750 | CPT | | | | outpatient | | | 875 | 353.21 | Aetna | Better Health | 276.06 | 31.55 | | | 42.65 | 1782 | percent of total billed charges | |
| HC WEDGING OF CLUBFOOT CAST | 29750 | CPT | | | | outpatient | | | 875 | 353.21 | Aetna | Medicare | 307.14 | | | | 42.65 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WEDGING OF CLUBFOOT CAST | 29750 | CPT | | | | outpatient | | | 875 | 353.21 | Corrections | Corrections | 700 | 80 | | | 42.65 | 1782 | percent of total billed charges | |
| HC WEDGING OF CLUBFOOT CAST | 29750 | CPT | | | | outpatient | | | 875 | 353.21 | Americare | Americare | 656.25 | 75 | | | 42.65 | 1782 | percent of total billed charges | |
| HC WEDGING OF CLUBFOOT CAST | 29750 | CPT | | | | outpatient | | | 875 | 353.21 | First Health | First Health | 612.5 | 70 | | | 42.65 | 1782 | percent of total billed charges | |
| HC WEDGING OF CLUBFOOT CAST | 29750 | CPT | | | | outpatient | | | 875 | 353.21 | Horizon | MGD | 594.32 | | | | 42.65 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WEDGING OF CLUBFOOT CAST | 29750 | CPT | | | | outpatient | | | 875 | 353.21 | Horizon | NJ Health | 42.65 | | | | 42.65 | 1782 | fee schedule | |
| HC WEDGING OF CLUBFOOT CAST | 29750 | CPT | | | | outpatient | | | 875 | 353.21 | Amerihealth | HMO/PPO | 568.75 | 65 | | | 42.65 | 1782 | percent of total billed charges | |
| HC WEDGING OF CLUBFOOT CAST | 29750 | CPT | | | | outpatient | | | 875 | 353.21 | United | Oxford | 1782 | | | | 42.65 | 1782 | case rate | |
| HC WEDGING OF CLUBFOOT CAST | 29750 | CPT | | | | outpatient | | | 875 | 353.21 | Consumer | Consumer | 831.25 | 95 | | | 42.65 | 1782 | percent of total billed charges | |
| HC WEDGING OF CLUBFOOT CAST | 29750 | CPT | | | | outpatient | | | 875 | 353.21 | Horizon | Indemnity | 594.32 | | | | 42.65 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WEDGING OF CLUBFOOT CAST | 29750 | CPT | | | | outpatient | | | 875 | 353.21 | Multiplan | Multiplan | 700 | 80 | | | 42.65 | 1782 | percent of total billed charges | |
| HC WEDGING OF CLUBFOOT CAST | 29750 | CPT | | | | outpatient | | | 875 | 353.21 | Horizon | Medicare Blue | 307.14 | | | | 42.65 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WEDGING OF CLUBFOOT CAST | 29750 | CPT | | | | outpatient | | | 875 | 353.21 | Quelcare | Quelcare | 656.25 | 75 | | | 42.65 | 1782 | percent of total billed charges | |
| HC WEDGING OF CLUBFOOT CAST | 29750 | CPT | | | | outpatient | | | 875 | 353.21 | Managed Care Inc | Managed Care Inc | 787.5 | 90 | | | 42.65 | 1782 | percent of total billed charges | |
| HC WEDGING OF CLUBFOOT CAST | 29750 | CPT | | | | outpatient | | | 875 | 353.21 | Wellcare | Medicaid | 276.06 | 31.55 | | | 42.65 | 1782 | percent of total billed charges | |
| HC WEDGING OF CLUBFOOT CAST | 29750 | CPT | | | | outpatient | | | 875 | 353.21 | Horizon | PPO | 594.32 | | | | 42.65 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WEDGING OF CLUBFOOT CAST | 29750 | CPT | | | | outpatient | | | 875 | 353.21 | UHC | Medicare | 307.14 | | | | 42.65 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WEDGING OF CLUBFOOT CAST | 29750 | CPT | | | | outpatient | | | 875 | 353.21 | Three Rivers | Three Rivers | 831.25 | 95 | | | 42.65 | 1782 | percent of total billed charges | |
| HC WEDGING OF CLUBFOOT CAST | 29750 | CPT | | | | outpatient | | | 875 | 353.21 | UHC | Medicaid | 276.06 | 31.55 | | | 42.65 | 1782 | percent of total billed charges | |
| HC WEDGING OF CLUBFOOT CAST | 29750 | CPT | | | | outpatient | | | 875 | 353.21 | Wellcare | Medicare | 307.14 | | | | 42.65 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WEDGING OF CLUBFOOT CAST | 29750 | CPT | | | | outpatient | | | 875 | 353.21 | United | Commercial/PPO | 1782 | | | | 42.65 | 1782 | case rate | |
| HC WEDGING OF CLUBFOOT CAST | 29750 | CPT | | | | outpatient | | | 875 | 353.21 | WellPoint | WellPoint | 281.58 | 32.18 | | | 42.65 | 1782 | percent of total billed charges | |
| HC SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS | 29826 | CPT | | | | outpatient | | | 185.48 | | Aetna | Better Health | 58.52 | 31.55 | | | 55.64 | 1782 | percent of total billed charges | |
| HC SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS | 29826 | CPT | | | | outpatient | | | 185.48 | | WellPoint | WellPoint | 59.69 | 32.18 | | | 55.64 | 1782 | percent of total billed charges | |
| HC SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS | 29826 | CPT | | | | outpatient | | | 185.48 | | Aetna | Medicare | 57.13 | 30.8 | | | 55.64 | 1782 | percent of total billed charges | |
| HC SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS | 29826 | CPT | | | | outpatient | | | 185.48 | | Horizon | Indemnity | 71 | 38.28 | | | 55.64 | 1782 | percent of total billed charges | |
| HC SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS | 29826 | CPT | | | | outpatient | | | 185.48 | | First Health | First Health | 129.84 | 70 | | | 55.64 | 1782 | percent of total billed charges | |
| HC SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS | 29826 | CPT | | | | outpatient | | | 185.48 | | Americare | Americare | 139.11 | 75 | | | 55.64 | 1782 | percent of total billed charges | |
| HC SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS | 29826 | CPT | | | | outpatient | | | 185.48 | | First Trenton | First Trenton | 166.93 | 90 | | | 55.64 | 1782 | percent of total billed charges | |
| HC SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS | 29826 | CPT | | | | outpatient | | | 185.48 | | Amerihealth | HMO/PPO | 1050 | | | | 55.64 | 1782 | fee schedule | |
| HC SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS | 29826 | CPT | | | | outpatient | | | 185.48 | | Consumer | Consumer | 176.21 | 95 | | | 55.64 | 1782 | percent of total billed charges | |
| HC SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS | 29826 | CPT | | | | outpatient | | | 185.48 | | Corrections | Corrections | 148.38 | 80 | | | 55.64 | 1782 | percent of total billed charges | |
| HC SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS | 29826 | CPT | | | | outpatient | | | 185.48 | | Multiplan | Multiplan | 148.38 | 80 | | | 55.64 | 1782 | percent of total billed charges | |
| HC SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS | 29826 | CPT | | | | outpatient | | | 185.48 | | Horizon | NJ Health | 782.24 | | | | 55.64 | 1782 | fee schedule | |
| HC SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS | 29826 | CPT | | | | outpatient | | | 185.48 | | Horizon | Medicare Blue | 55.64 | 30 | | | 55.64 | 1782 | percent of total billed charges | |
| HC SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS | 29826 | CPT | | | | outpatient | | | 185.48 | | Horizon | MGD | 71 | 38.28 | | | 55.64 | 1782 | percent of total billed charges | |
| HC SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS | 29826 | CPT | | | | outpatient | | | 185.48 | | Quelcare | Quelcare | 139.11 | 75 | | | 55.64 | 1782 | percent of total billed charges | |
| HC SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS | 29826 | CPT | | | | outpatient | | | 185.48 | | Horizon | PPO | 71 | 38.28 | | | 55.64 | 1782 | percent of total billed charges | |
| HC SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS | 29826 | CPT | | | | outpatient | | | 185.48 | | United | Oxford | 1782 | | | | 55.64 | 1782 | case rate | |
| HC SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS | 29826 | CPT | | | | outpatient | | | 185.48 | | UHC | Medicaid | 58.52 | 31.55 | | | 55.64 | 1782 | percent of total billed charges | |
| HC SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS | 29826 | CPT | | | | outpatient | | | 185.48 | | Wellcare | Medicaid | 58.52 | 31.55 | | | 55.64 | 1782 | percent of total billed charges | |
| HC SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS | 29826 | CPT | | | | outpatient | | | 185.48 | | Managed Care Inc | Managed Care Inc | 166.93 | 90 | | | 55.64 | 1782 | percent of total billed charges | |
| HC SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS | 29826 | CPT | | | | outpatient | | | 185.48 | | United | Commercial/PPO | 1782 | | | | 55.64 | 1782 | case rate | |
| HC SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS | 29826 | CPT | | | | outpatient | | | 185.48 | | Three Rivers | Three Rivers | 176.21 | 95 | | | 55.64 | 1782 | percent of total billed charges | |
| HC ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG | 29881 | CPT | | | | outpatient | | | 9406.29 | 4257.16 | Consumer | Consumer | 8935.98 | 95 | | | 741.24 | 8935.98 | percent of total billed charges | |
| HC ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG | 29881 | CPT | | | | outpatient | | | 9406.29 | 4257.16 | Aetna | Better Health | 2967.68 | 31.55 | | | 741.24 | 8935.98 | percent of total billed charges | |
| HC ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG | 29881 | CPT | | | | outpatient | | | 9406.29 | 4257.16 | Aetna | Medicare | 3701.88 | | | | 741.24 | 8935.98 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG | 29881 | CPT | | | | outpatient | | | 9406.29 | 4257.16 | First Trenton | First Trenton | 8465.66 | 90 | | | 741.24 | 8935.98 | percent of total billed charges | |
| HC ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG | 29881 | CPT | | | | outpatient | | | 9406.29 | 4257.16 | Americare | Americare | 7054.72 | 75 | | | 741.24 | 8935.98 | percent of total billed charges | |
| HC ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG | 29881 | CPT | | | | outpatient | | | 9406.29 | 4257.16 | First Health | First Health | 6584.4 | 70 | | | 741.24 | 8935.98 | percent of total billed charges | |
| HC ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG | 29881 | CPT | | | | outpatient | | | 9406.29 | 4257.16 | Horizon | MGD | 7163.14 | | | | 741.24 | 8935.98 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG | 29881 | CPT | | | | outpatient | | | 9406.29 | 4257.16 | Amerihealth | HMO/PPO | 1050 | | | | 741.24 | 8935.98 | fee schedule | |
| HC ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG | 29881 | CPT | | | | outpatient | | | 9406.29 | 4257.16 | UHC | Medicare | 3701.88 | | | | 741.24 | 8935.98 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG | 29881 | CPT | | | | outpatient | | | 9406.29 | 4257.16 | Corrections | Corrections | 7525.03 | 80 | | | 741.24 | 8935.98 | percent of total billed charges | |
| HC ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG | 29881 | CPT | | | | outpatient | | | 9406.29 | 4257.16 | Horizon | Medicare Blue | 3701.88 | | | | 741.24 | 8935.98 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG | 29881 | CPT | | | | outpatient | | | 9406.29 | 4257.16 | Multiplan | Multiplan | 7525.03 | 80 | | | 741.24 | 8935.98 | percent of total billed charges | |
| HC ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG | 29881 | CPT | | | | outpatient | | | 9406.29 | 4257.16 | Horizon | Indemnity | 7163.14 | | | | 741.24 | 8935.98 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG | 29881 | CPT | | | | outpatient | | | 9406.29 | 4257.16 | Horizon | PPO | 7163.14 | | | | 741.24 | 8935.98 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG | 29881 | CPT | | | | outpatient | | | 9406.29 | 4257.16 | Horizon | NJ Health | 741.24 | | | | 741.24 | 8935.98 | fee schedule | |
| HC ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG | 29881 | CPT | | | | outpatient | | | 9406.29 | 4257.16 | Quelcare | Quelcare | 7054.72 | 75 | | | 741.24 | 8935.98 | percent of total billed charges | |
| HC ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG | 29881 | CPT | | | | outpatient | | | 9406.29 | 4257.16 | UHC | Medicaid | 2967.68 | 31.55 | | | 741.24 | 8935.98 | percent of total billed charges | |
| HC ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG | 29881 | CPT | | | | outpatient | | | 9406.29 | 4257.16 | WellPoint | WellPoint | 3026.94 | 32.18 | | | 741.24 | 8935.98 | percent of total billed charges | |
| HC ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG | 29881 | CPT | | | | outpatient | | | 9406.29 | 4257.16 | Managed Care Inc | Managed Care Inc | 8465.66 | 90 | | | 741.24 | 8935.98 | percent of total billed charges | |
| HC ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG | 29881 | CPT | | | | outpatient | | | 9406.29 | 4257.16 | Wellcare | Medicare | 3701.88 | | | | 741.24 | 8935.98 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG | 29881 | CPT | | | | outpatient | | | 9406.29 | 4257.16 | United | Commercial/PPO | 3492 | | | | 741.24 | 8935.98 | case rate | |
| HC ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG | 29881 | CPT | | | | outpatient | | | 9406.29 | 4257.16 | Three Rivers | Three Rivers | 8935.98 | 95 | | | 741.24 | 8935.98 | percent of total billed charges | |
| HC ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG | 29881 | CPT | | | | outpatient | | | 9406.29 | 4257.16 | United | Oxford | 3492 | | | | 741.24 | 8935.98 | case rate | |
| HC ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG | 29881 | CPT | | | | outpatient | | | 9406.29 | 4257.16 | Wellcare | Medicaid | 2967.68 | 31.55 | | | 741.24 | 8935.98 | percent of total billed charges | |
| HC DRAIN NASAL HEMATOMA | 30020 | CPT | | | | outpatient | | | 1914 | 723.64 | Aetna | Commercial | 1026.94 | | | | 94.74 | 1818.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAIN NASAL HEMATOMA | 30020 | CPT | | | | outpatient | | | 1914 | 723.64 | Quelcare | Quelcare | 1435.5 | 75 | | | 94.74 | 1818.3 | percent of total billed charges | |
| HC DRAIN NASAL HEMATOMA | 30020 | CPT | | | | outpatient | | | 1914 | 723.64 | Aetna | Better Health | 603.87 | 31.55 | | | 94.74 | 1818.3 | percent of total billed charges | |
| HC DRAIN NASAL HEMATOMA | 30020 | CPT | | | | outpatient | | | 1914 | 723.64 | Amerihealth | HMO/PPO | 125 | | | | 94.74 | 1818.3 | fee schedule | |
| HC DRAIN NASAL HEMATOMA | 30020 | CPT | | | | outpatient | | | 1914 | 723.64 | Consumer | Consumer | 1818.3 | 95 | | | 94.74 | 1818.3 | percent of total billed charges | |
| HC DRAIN NASAL HEMATOMA | 30020 | CPT | | | | outpatient | | | 1914 | 723.64 | First Trenton | First Trenton | 1722.6 | 90 | | | 94.74 | 1818.3 | percent of total billed charges | |
| HC DRAIN NASAL HEMATOMA | 30020 | CPT | | | | outpatient | | | 1914 | 723.64 | Horizon | Medicare Blue | 629.25 | | | | 94.74 | 1818.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAIN NASAL HEMATOMA | 30020 | CPT | | | | outpatient | | | 1914 | 723.64 | UHC | Medicaid | 603.87 | 31.55 | | | 94.74 | 1818.3 | percent of total billed charges | |
| HC DRAIN NASAL HEMATOMA | 30020 | CPT | | | | outpatient | | | 1914 | 723.64 | Aetna | Medicare | 629.25 | | | | 94.74 | 1818.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAIN NASAL HEMATOMA | 30020 | CPT | | | | outpatient | | | 1914 | 723.64 | UHC | Medicare | 629.25 | | | | 94.74 | 1818.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAIN NASAL HEMATOMA | 30020 | CPT | | | | outpatient | | | 1914 | 723.64 | Corrections | Corrections | 1531.2 | 80 | | | 94.74 | 1818.3 | percent of total billed charges | |
| HC DRAIN NASAL HEMATOMA | 30020 | CPT | | | | outpatient | | | 1914 | 723.64 | First Health | First Health | 1339.8 | 70 | | | 94.74 | 1818.3 | percent of total billed charges | |
| HC DRAIN NASAL HEMATOMA | 30020 | CPT | | | | outpatient | | | 1914 | 723.64 | Americare | Americare | 1435.5 | 75 | | | 94.74 | 1818.3 | percent of total billed charges | |
| HC DRAIN NASAL HEMATOMA | 30020 | CPT | | | | outpatient | | | 1914 | 723.64 | Horizon | Indemnity | 1217.6 | | | | 94.74 | 1818.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAIN NASAL HEMATOMA | 30020 | CPT | | | | outpatient | | | 1914 | 723.64 | Horizon | NJ Health | 94.74 | | | | 94.74 | 1818.3 | fee schedule | |
| HC DRAIN NASAL HEMATOMA | 30020 | CPT | | | | outpatient | | | 1914 | 723.64 | United | Commercial/PPO | 1782 | | | | 94.74 | 1818.3 | case rate | |
| HC DRAIN NASAL HEMATOMA | 30020 | CPT | | | | outpatient | | | 1914 | 723.64 | Horizon | MGD | 1217.6 | | | | 94.74 | 1818.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAIN NASAL HEMATOMA | 30020 | CPT | | | | outpatient | | | 1914 | 723.64 | WellPoint | WellPoint | 615.93 | 32.18 | | | 94.74 | 1818.3 | percent of total billed charges | |
| HC DRAIN NASAL HEMATOMA | 30020 | CPT | | | | outpatient | | | 1914 | 723.64 | Multiplan | Multiplan | 1531.2 | 80 | | | 94.74 | 1818.3 | percent of total billed charges | |
| HC DRAIN NASAL HEMATOMA | 30020 | CPT | | | | outpatient | | | 1914 | 723.64 | Wellcare | Medicaid | 603.87 | 31.55 | | | 94.74 | 1818.3 | percent of total billed charges | |
| HC DRAIN NASAL HEMATOMA | 30020 | CPT | | | | outpatient | | | 1914 | 723.64 | Three Rivers | Three Rivers | 1818.3 | 95 | | | 94.74 | 1818.3 | percent of total billed charges | |
| HC DRAIN NASAL HEMATOMA | 30020 | CPT | | | | outpatient | | | 1914 | 723.64 | Horizon | PPO | 1217.6 | | | | 94.74 | 1818.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAIN NASAL HEMATOMA | 30020 | CPT | | | | outpatient | | | 1914 | 723.64 | United | Oxford | 1782 | | | | 94.74 | 1818.3 | case rate | |
| HC DRAIN NASAL HEMATOMA | 30020 | CPT | | | | outpatient | | | 1914 | 723.64 | Managed Care Inc | Managed Care Inc | 1722.6 | 90 | | | 94.74 | 1818.3 | percent of total billed charges | |
| HC DRAIN NASAL HEMATOMA | 30020 | CPT | | | | outpatient | | | 1914 | 723.64 | Wellcare | Medicare | 629.25 | | | | 94.74 | 1818.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY NASAL | 30100 | CPT | | | | outpatient | | | 5059 | 2005.77 | First Health | First Health | 3541.3 | 70 | | | 33.93 | 4806.05 | percent of total billed charges | |
| HC BIOPSY NASAL | 30100 | CPT | | | | outpatient | | | 5059 | 2005.77 | Americare | Americare | 3794.25 | 75 | | | 33.93 | 4806.05 | percent of total billed charges | |
| HC BIOPSY NASAL | 30100 | CPT | | | | outpatient | | | 5059 | 2005.77 | Aetna | Commercial | 2846.45 | | | | 33.93 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY NASAL | 30100 | CPT | | | | outpatient | | | 5059 | 2005.77 | Horizon | Medicare Blue | 1744.15 | | | | 33.93 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY NASAL | 30100 | CPT | | | | outpatient | | | 5059 | 2005.77 | Amerihealth | HMO/PPO | 125 | | | | 33.93 | 4806.05 | fee schedule | |
| HC BIOPSY NASAL | 30100 | CPT | | | | outpatient | | | 5059 | 2005.77 | Aetna | Better Health | 1596.11 | 31.55 | | | 33.93 | 4806.05 | percent of total billed charges | |
| HC BIOPSY NASAL | 30100 | CPT | | | | outpatient | | | 5059 | 2005.77 | Corrections | Corrections | 4047.2 | 80 | | | 33.93 | 4806.05 | percent of total billed charges | |
| HC BIOPSY NASAL | 30100 | CPT | | | | outpatient | | | 5059 | 2005.77 | Horizon | Indemnity | 3374.93 | | | | 33.93 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY NASAL | 30100 | CPT | | | | outpatient | | | 5059 | 2005.77 | Three Rivers | Three Rivers | 4806.05 | 95 | | | 33.93 | 4806.05 | percent of total billed charges | |
| HC BIOPSY NASAL | 30100 | CPT | | | | outpatient | | | 5059 | 2005.77 | Consumer | Consumer | 4806.05 | 95 | | | 33.93 | 4806.05 | percent of total billed charges | |
| HC BIOPSY NASAL | 30100 | CPT | | | | outpatient | | | 5059 | 2005.77 | Multiplan | Multiplan | 4047.2 | 80 | | | 33.93 | 4806.05 | percent of total billed charges | |
| HC BIOPSY NASAL | 30100 | CPT | | | | outpatient | | | 5059 | 2005.77 | UHC | Medicare | 1744.15 | | | | 33.93 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY NASAL | 30100 | CPT | | | | outpatient | | | 5059 | 2005.77 | Horizon | MGD | 3374.93 | | | | 33.93 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY NASAL | 30100 | CPT | | | | outpatient | | | 5059 | 2005.77 | Aetna | Medicare | 1744.15 | | | | 33.93 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY NASAL | 30100 | CPT | | | | outpatient | | | 5059 | 2005.77 | First Trenton | First Trenton | 4553.1 | 90 | | | 33.93 | 4806.05 | percent of total billed charges | |
| HC BIOPSY NASAL | 30100 | CPT | | | | outpatient | | | 5059 | 2005.77 | Horizon | PPO | 3374.93 | | | | 33.93 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY NASAL | 30100 | CPT | | | | outpatient | | | 5059 | 2005.77 | Quelcare | Quelcare | 3794.25 | 75 | | | 33.93 | 4806.05 | percent of total billed charges | |
| HC BIOPSY NASAL | 30100 | CPT | | | | outpatient | | | 5059 | 2005.77 | UHC | Medicaid | 1596.11 | 31.55 | | | 33.93 | 4806.05 | percent of total billed charges | |
| HC BIOPSY NASAL | 30100 | CPT | | | | outpatient | | | 5059 | 2005.77 | Horizon | NJ Health | 33.93 | | | | 33.93 | 4806.05 | fee schedule | |
| HC BIOPSY NASAL | 30100 | CPT | | | | outpatient | | | 5059 | 2005.77 | Wellcare | Medicare | 1744.15 | | | | 33.93 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY NASAL | 30100 | CPT | | | | outpatient | | | 5059 | 2005.77 | Managed Care Inc | Managed Care Inc | 4553.1 | 90 | | | 33.93 | 4806.05 | percent of total billed charges | |
| HC BIOPSY NASAL | 30100 | CPT | | | | outpatient | | | 5059 | 2005.77 | Wellcare | Medicaid | 1596.11 | 31.55 | | | 33.93 | 4806.05 | percent of total bill

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC BIOPSY NASAL | 30100 | CPT | | | | outpatient | | | 5059 | 2005.77 | United | CommercialPPO | 2493 | | | | 33.93 | 4806.05 | case rate | |
| HC BIOPSY NASAL | 30100 | CPT | | | | outpatient | | | 5059 | 2005.77 | United | Oxford | 2493 | | | | 33.93 | 4806.05 | case rate | |
| HC BIOPSY NASAL | 30100 | CPT | | | | outpatient | | | 5059 | 2005.77 | WellPoint | WellPoint | 1627.99 | 32.18 | | | 33.93 | 4806.05 | percent of total billed charges | |
| HC REM INTRANASAL LESION | 30117 | CPT | | | | outpatient | | | 10367 | 4234.52 | Three Rivers | Three Rivers | 9848.65 | 95 | | | 373.23 | 9848.65 | percent of total billed charges | |
| HC REM INTRANASAL LESION | 30117 | CPT | | | | outpatient | | | 10367 | 4234.52 | Horizon | Medicare Blue | 3682.19 | | | | 373.23 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM INTRANASAL LESION | 30117 | CPT | | | | outpatient | | | 10367 | 4234.52 | Corrections | Corrections | 8293.6 | 80 | | | 373.23 | 9848.65 | percent of total billed charges | |
| HC REM INTRANASAL LESION | 30117 | CPT | | | | outpatient | | | 10367 | 4234.52 | Aetna | Better Health | 3270.79 | 31.55 | | | 373.23 | 9848.65 | percent of total billed charges | |
| HC REM INTRANASAL LESION | 30117 | CPT | | | | outpatient | | | 10367 | 4234.52 | First Trenton | First Trenton | 9330.3 | 90 | | | 373.23 | 9848.65 | percent of total billed charges | |
| HC REM INTRANASAL LESION | 30117 | CPT | | | | outpatient | | | 10367 | 4234.52 | Consumer | Consumer | 9848.65 | 95 | | | 373.23 | 9848.65 | percent of total billed charges | |
| HC REM INTRANASAL LESION | 30117 | CPT | | | | outpatient | | | 10367 | 4234.52 | Aetna | Commercial | 6009.33 | | | | 373.23 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM INTRANASAL LESION | 30117 | CPT | | | | outpatient | | | 10367 | 4234.52 | Aetna | Medicare | 3682.19 | | | | 373.23 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM INTRANASAL LESION | 30117 | CPT | | | | outpatient | | | 10367 | 4234.52 | UHC | Medicaid | 3270.79 | 31.55 | | | 373.23 | 9848.65 | percent of total billed charges | |
| HC REM INTRANASAL LESION | 30117 | CPT | | | | outpatient | | | 10367 | 4234.52 | Horizon | NJ Health | 373.23 | | | | 373.23 | 9848.65 | fee schedule | |
| HC REM INTRANASAL LESION | 30117 | CPT | | | | outpatient | | | 10367 | 4234.52 | Americare | Americare | 7775.25 | 75 | | | 373.23 | 9848.65 | percent of total billed charges | |
| HC REM INTRANASAL LESION | 30117 | CPT | | | | outpatient | | | 10367 | 4234.52 | Horizon | PPO | 7125.04 | | | | 373.23 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM INTRANASAL LESION | 30117 | CPT | | | | outpatient | | | 10367 | 4234.52 | Horizon | Indemnity | 7125.04 | | | | 373.23 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM INTRANASAL LESION | 30117 | CPT | | | | outpatient | | | 10367 | 4234.52 | United | Oxford | 2493 | | | | 373.23 | 9848.65 | case rate | |
| HC REM INTRANASAL LESION | 30117 | CPT | | | | outpatient | | | 10367 | 4234.52 | Multiplan | Multiplan | 8293.6 | 80 | | | 373.23 | 9848.65 | percent of total billed charges | |
| HC REM INTRANASAL LESION | 30117 | CPT | | | | outpatient | | | 10367 | 4234.52 | Amerihealth | HMO/PPO | 650 | | | | 373.23 | 9848.65 | fee schedule | |
| HC REM INTRANASAL LESION | 30117 | CPT | | | | outpatient | | | 10367 | 4234.52 | United | CommercialPPO | 2493 | | | | 373.23 | 9848.65 | case rate | |
| HC REM INTRANASAL LESION | 30117 | CPT | | | | outpatient | | | 10367 | 4234.52 | WellPoint | WellPoint | 3336.1 | 32.18 | | | 373.23 | 9848.65 | percent of total billed charges | |
| HC REM INTRANASAL LESION | 30117 | CPT | | | | outpatient | | | 10367 | 4234.52 | Qualcare | Qualcare | 7775.25 | 75 | | | 373.23 | 9848.65 | percent of total billed charges | |
| HC REM INTRANASAL LESION | 30117 | CPT | | | | outpatient | | | 10367 | 4234.52 | First Health | First Health | 7256.9 | 70 | | | 373.23 | 9848.65 | percent of total billed charges | |
| HC REM INTRANASAL LESION | 30117 | CPT | | | | outpatient | | | 10367 | 4234.52 | Managed Care Inc | Managed Care Inc | 9330.3 | 90 | | | 373.23 | 9848.65 | percent of total billed charges | |
| HC REM INTRANASAL LESION | 30117 | CPT | | | | outpatient | | | 10367 | 4234.52 | Horizon | MGD | 7125.04 | | | | 373.23 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM INTRANASAL LESION | 30117 | CPT | | | | outpatient | | | 10367 | 4234.52 | Wellcare | Medicare | 3682.19 | | | | 373.23 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM INTRANASAL LESION | 30117 | CPT | | | | outpatient | | | 10367 | 4234.52 | UHC | Medicare | 3682.19 | | | | 373.23 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM INTRANASAL LESION | 30117 | CPT | | | | outpatient | | | 10367 | 4234.52 | Wellcare | Medicaid | 3270.79 | 31.55 | | | 373.23 | 9848.65 | percent of total billed charges | |
| HC REMOVAL FB INTRANASAL | 30300 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Better Health | 133.77 | 31.55 | | 123.45 | 58.46 | 1782 | percent of total billed charges | |
| HC REMOVAL FB INTRANASAL | 30300 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Commercial | 238.42 | | | | 58.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL FB INTRANASAL | 30300 | CPT | | | | outpatient | | | 424 | 168 | Horizon | MGD | 282.68 | | | 87.11 | 58.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL FB INTRANASAL | 30300 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Medicare | 146.09 | | | | 58.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL FB INTRANASAL | 30300 | CPT | | | | outpatient | | | 424 | 168 | Horizon | NJ Health | 58.46 | | | 110.85 | 58.46 | 1782 | fee schedule | |
| HC REMOVAL FB INTRANASAL | 30300 | CPT | | | | outpatient | | | 424 | 168 | First Health | First Health | 296.8 | 70 | | | 58.46 | 1782 | percent of total billed charges | |
| HC REMOVAL FB INTRANASAL | 30300 | CPT | | | | outpatient | | | 424 | 168 | Horizon | Indemnity | 282.68 | | | | 58.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL FB INTRANASAL | 30300 | CPT | | | | outpatient | | | 424 | 168 | First Trenton | First Trenton | 381.6 | 90 | | | 58.46 | 1782 | percent of total billed charges | |
| HC REMOVAL FB INTRANASAL | 30300 | CPT | | | | outpatient | | | 424 | 168 | Americare | Americare | 318 | 75 | | | 58.46 | 1782 | percent of total billed charges | |
| HC REMOVAL FB INTRANASAL | 30300 | CPT | | | | outpatient | | | 424 | 168 | Amerihealth | HMO/PPO | 300 | | | | 58.46 | 1782 | fee schedule | |
| HC REMOVAL FB INTRANASAL | 30300 | CPT | | | | outpatient | | | 424 | 168 | Horizon | PPO | 282.68 | | | | 58.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL FB INTRANASAL | 30300 | CPT | | | | outpatient | | | 424 | 168 | Corrections | Corrections | 339.2 | 80 | | | 58.46 | 1782 | percent of total billed charges | |
| HC REMOVAL FB INTRANASAL | 30300 | CPT | | | | outpatient | | | 424 | 168 | Multiplan | Multiplan | 339.2 | 80 | | | 58.46 | 1782 | percent of total billed charges | |
| HC REMOVAL FB INTRANASAL | 30300 | CPT | | | | outpatient | | | 424 | 168 | UHC | Medicare | 146.09 | | | | 58.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL FB INTRANASAL | 30300 | CPT | | | | outpatient | | | 424 | 168 | Horizon | Medicare Blue | 146.09 | | | | 58.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL FB INTRANASAL | 30300 | CPT | | | | outpatient | | | 424 | 168 | Managed Care Inc | Managed Care Inc | 381.6 | 90 | | | 58.46 | 1782 | percent of total billed charges | |
| HC REMOVAL FB INTRANASAL | 30300 | CPT | | | | outpatient | | | 424 | 168 | Consumer | Consumer | 402.8 | 95 | | | 58.46 | 1782 | percent of total billed charges | |
| HC REMOVAL FB INTRANASAL | 30300 | CPT | | | | outpatient | | | 424 | 168 | Three Rivers | Three Rivers | 402.8 | 95 | | | 58.46 | 1782 | percent of total billed charges | |
| HC REMOVAL FB INTRANASAL | 30300 | CPT | | | | outpatient | | | 424 | 168 | Wellcare | Medicare | 146.09 | | | | 58.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL FB INTRANASAL | 30300 | CPT | | | | outpatient | | | 424 | 168 | WellPoint | WellPoint | 136.44 | 32.18 | | 124.5 | 58.46 | 1782 | percent of total billed charges | |
| HC REMOVAL FB INTRANASAL | 30300 | CPT | | | | outpatient | | | 424 | 168 | Qualcare | Qualcare | 318 | 75 | | | 58.46 | 1782 | percent of total billed charges | |
| HC REMOVAL FB INTRANASAL | 30300 | CPT | | | | outpatient | | | 424 | 168 | Wellcare | Medicaid | 133.77 | 31.55 | | 114.78 | 58.46 | 1782 | percent of total billed charges | |
| HC REMOVAL FB INTRANASAL | 30300 | CPT | | | | outpatient | | | 424 | 168 | United | CommercialPPO | 1782 | | | | 58.46 | 1782 | case rate | |
| HC REMOVAL FB INTRANASAL | 30300 | CPT | | | | outpatient | | | 424 | 168 | UHC | Medicaid | 133.77 | 31.55 | | 86.74 | 58.46 | 1782 | percent of total billed charges | |
| HC REMOVAL FB INTRANASAL | 30300 | CPT | | | | outpatient | | | 424 | 168 | United | Oxford | 1782 | | | | 58.46 | 1782 | case rate | |
| HC EPISTAXIX CONTROL-ANTERIOR COM | 30901 | CPT | | | | outpatient | | | 599 | 168 | First Trenton | First Trenton | 539.1 | 90 | | | 87.7 | 1782 | percent of total billed charges | |
| HC EPISTAXIX CONTROL-ANTERIOR COM | 30901 | CPT | | | | outpatient | | | 599 | 168 | Horizon | Medicare Blue | 146.09 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EPISTAXIX CONTROL-ANTERIOR COM | 30901 | CPT | | | | outpatient | | | 599 | 168 | Aetna | Commercial | 238.42 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EPISTAXIX CONTROL-ANTERIOR COM | 30901 | CPT | | | | outpatient | | | 599 | 168 | Aetna | Medicare | 146.09 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EPISTAXIX CONTROL-ANTERIOR COM | 30901 | CPT | | | | outpatient | | | 599 | 168 | Horizon | Indemnity | 282.68 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EPISTAXIX CONTROL-ANTERIOR COM | 30901 | CPT | | | | outpatient | | | 599 | 168 | Aetna | Better Health | 188.98 | 31.55 | | | 87.7 | 1782 | percent of total billed charges | |
| HC EPISTAXIX CONTROL-ANTERIOR COM | 30901 | CPT | | | | outpatient | | | 599 | 168 | Americare | Americare | 449.25 | 75 | | | 87.7 | 1782 | percent of total billed charges | |
| HC EPISTAXIX CONTROL-ANTERIOR COM | 30901 | CPT | | | | outpatient | | | 599 | 168 | Consumer | Consumer | 569.05 | 95 | | | 87.7 | 1782 | percent of total billed charges | |
| HC EPISTAXIX CONTROL-ANTERIOR COM | 30901 | CPT | | | | outpatient | | | 599 | 168 | Horizon | PPO | 282.68 | | | 132.25 | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EPISTAXIX CONTROL-ANTERIOR COM | 30901 | CPT | | | | outpatient | | | 599 | 168 | UHC | Medicare | 146.09 | | | 70.53 | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EPISTAXIX CONTROL-ANTERIOR COM | 30901 | CPT | | | | outpatient | | | 599 | 168 | Multiplan | Multiplan | 479.2 | 80 | | | 87.7 | 1782 | percent of total billed charges | |
| HC EPISTAXIX CONTROL-ANTERIOR COM | 30901 | CPT | | | | outpatient | | | 599 | 168 | Corrections | Corrections | 479.2 | 80 | | | 87.7 | 1782 | percent of total billed charges | |
| HC EPISTAXIX CONTROL-ANTERIOR COM | 30901 | CPT | | | | outpatient | | | 599 | 168 | Managed Care Inc | Managed Care Inc | 539.1 | 90 | | | 87.7 | 1782 | percent of total billed charges | |
| HC EPISTAXIX CONTROL-ANTERIOR COM | 30901 | CPT | | | | outpatient | | | 599 | 168 | Amerihealth | HMO/PPO | 125 | | | | 87.7 | 1782 | fee schedule | |
| HC EPISTAXIX CONTROL-ANTERIOR COM | 30901 | CPT | | | | outpatient | | | 599 | 168 | Three Rivers | Three Rivers | 569.05 | 95 | | | 87.7 | 1782 | percent of total billed charges | |
| HC EPISTAXIX CONTROL-ANTERIOR COM | 30901 | CPT | | | | outpatient | | | 599 | 168 | Horizon | NJ Health | 87.7 | | | | 87.7 | 1782 | fee schedule | |
| HC EPISTAXIX CONTROL-ANTERIOR COM | 30901 | CPT | | | | outpatient | | | 599 | 168 | United | CommercialPPO | 1782 | | | | 87.7 | 1782 | case rate | |
| HC EPISTAXIX CONTROL-ANTERIOR COM | 30901 | CPT | | | | outpatient | | | 599 | 168 | First Health | First Health | 419.3 | 70 | | | 87.7 | 1782 | percent of total billed charges | |
| HC EPISTAXIX CONTROL-ANTERIOR COM | 30901 | CPT | | | | outpatient | | | 599 | 168 | Qualcare | Qualcare | 449.25 | 75 | | | 87.7 | 1782 | percent of total billed charges | |
| HC EPISTAXIX CONTROL-ANTERIOR COM | 30901 | CPT | | | | outpatient | | | 599 | 168 | UHC | Medicaid | 188.98 | 31.55 | | 129.5 | 87.7 | 1782 | percent of total billed charges | |
| HC EPISTAXIX CONTROL-ANTERIOR COM | 30901 | CPT | | | | outpatient | | | 599 | 168 | WellPoint | WellPoint | 192.76 | 32.18 | | 126.3 | 87.7 | 1782 | percent of total billed charges | |
| HC EPISTAXIX CONTROL-ANTERIOR COM | 30901 | CPT | | | | outpatient | | | 599 | 168 | Horizon | MGD | 282.68 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EPISTAXIX CONTROL-ANTERIOR COM | 30901 | CPT | | | | outpatient | | | 599 | 168 | Wellcare | Medicare | 146.09 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EPISTAXIX CONTROL-ANTERIOR COM | 30901 | CPT | | | | outpatient | | | 599 | 168 | United | Oxford | 1782 | | | | 87.7 | 1782 | case rate | |
| HC EPISTAXIX CONTROL-ANTERIOR COM | 30901 | CPT | | | | outpatient | | | 599 | 168 | Wellcare | Medicaid | 188.98 | 31.55 | | | 87.7 | 1782 | percent of total billed charges | |
| HC CONT NOSEBLEED ANT COMPLEX | 30903 | CPT | | | | outpatient | | | 830 | 168 | Aetna | Commercial | 238.42 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONT NOSEBLEED ANT COMPLEX | 30903 | CPT | | | | outpatient | | | 830 | 168 | First Health | First Health | 581 | 70 | | | 87.7 | 1782 | percent of total billed charges | |
| HC CONT NOSEBLEED ANT COMPLEX | 30903 | CPT | | | | outpatient | | | 830 | 168 | Amerihealth | HMO/PPO | 300 | | | | 87.7 | 1782 | fee schedule | |
| HC CONT NOSEBLEED ANT COMPLEX | 30903 | CPT | | | | outpatient | | | 830 | 168 | Consumer | Consumer | 788.5 | 95 | | | 87.7 | 1782 | percent of total billed charges | |
| HC CONT NOSEBLEED ANT COMPLEX | 30903 | CPT | | | | outpatient | | | 830 | 168 | Aetna | Medicare | 146.09 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONT NOSEBLEED ANT COMPLEX | 30903 | CPT | | | | outpatient | | | 830 | 168 | Aetna | Better Health | 261.87 | 31.55 | | | 87.7 | 1782 | percent of total billed charges | |
| HC CONT NOSEBLEED ANT COMPLEX | 30903 | CPT | | | | outpatient | | | 830 | 168 | First Trenton | First Trenton | 747 | 90 | | | 87.7 | 1782 | percent of total billed charges | |
| HC CONT NOSEBLEED ANT COMPLEX | 30903 | CPT | | | | outpatient | | | 830 | 168 | Corrections | Corrections | 664 | 80 | | | 87.7 | 1782 | percent of total billed charges | |
| HC CONT NOSEBLEED ANT COMPLEX | 30903 | CPT | | | | outpatient | | | 830 | 168 | Americare | Americare | 622.5 | 75 | | | 87.7 | 1782 | percent of total billed charges | |
| HC CONT NOSEBLEED ANT COMPLEX | 30903 | CPT | | | | outpatient | | | 830 | 168 | Multiplan | Multiplan | 664 | 80 | | | 87.7 | 1782 | percent of total billed charges | |
| HC CONT NOSEBLEED ANT COMPLEX | 30903 | CPT | | | | outpatient | | | 830 | 168 | UHC | Medicaid | 261.87 | 31.55 | | | 87.7 | 1782 | percent of total billed charges | |
| HC CONT NOSEBLEED ANT COMPLEX | 30903 | CPT | | | | outpatient | | | 830 | 168 | Horizon | NJ Health | 87.7 | | | | 87.7 | 1782 | fee schedule | |
| HC CONT NOSEBLEED ANT COMPLEX | 30903 | CPT | | | | outpatient | | | 830 | 168 | Horizon | MGD | 282.68 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONT NOSEBLEED ANT COMPLEX | 30903 | CPT | | | | outpatient | | | 830 | 168 | Horizon | PPO | 282.68 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONT NOSEBLEED ANT COMPLEX | 30903 | CPT | | | | outpatient | | | 830 | 168 | Horizon | Indemnity | 282.68 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONT NOSEBLEED ANT COMPLEX | 30903 | CPT | | | | outpatient | | | 830 | 168 | Three Rivers | Three Rivers | 788.5 | 95 | | | 87.7 | 1782 | percent of total billed charges | |
| HC CONT NOSEBLEED ANT COMPLEX | 30903 | CPT | | | | outpatient | | | 830 | 168 | United | CommercialPPO | 1782 | | | | 87.7 | 1782 | case rate | |
| HC CONT NOSEBLEED ANT COMPLEX | 30903 | CPT | | | | outpatient | | | 830 | 168 | Qualcare | Qualcare | 622.5 | 75 | | | 87.7 | 1782 | percent of total billed charges | |
| HC CONT NOSEBLEED ANT COMPLEX | 30903 | CPT | | | | outpatient | | | 830 | 168 | Horizon | Medicare Blue | 146.09 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONT NOSEBLEED ANT COMPLEX | 30903 | CPT | | | | outpatient | | | 830 | 168 | UHC | Medicare | 146.09 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONT NOSEBLEED ANT COMPLEX | 30903 | CPT | | | | outpatient | | | 830 | 168 | United | Oxford | 1782 | | | | 87.7 | 1782 | case rate | |
| HC CONT NOSEBLEED ANT COMPLEX | 30903 | CPT | | | | outpatient | | | 830 | 168 | Wellcare | Medicare | 146.09 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONT NOSEBLEED ANT COMPLEX | 30903 | CPT | | | | outpatient | | | 830 | 168 | Managed Care Inc | Managed Care Inc | 747 | 90 | | | 87.7 | 1782 | percent of total billed charges | |
| HC CONT NOSEBLEED ANT COMPLEX | 30903 | CPT | | | | outpatient | | | 830 | 168 | WellPoint | WellPoint | 267.09 | 32.18 | | | 87.7 | 1782 | percent of total billed charges | |
| HC CONT NOSEBLEED ANT COMPLEX | 30903 | CPT | | | | outpatient | | | 830 | 168 | Wellcare | Medicaid | 261.87 | 31.55 | | | 87.7 | 1782 | percent of total billed charges | |
| HC CONTROL NOSEBLEED POSTERIOR | 30905 | CPT | | | | outpatient | | | 1566 | 168 | Multiplan | Multiplan | 1252.8 | 80 | | | 135.2 | 1782 | percent of total billed charges | |
| HC CONTROL NOSEBLEED POSTERIOR | 30905 | CPT | | | | outpatient | | | 1566 | 168 | Aetna | Commercial | 238.42 | | | | 135.2 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONTROL NOSEBLEED POSTERIOR | 30905 | CPT | | | | outpatient | | | 1566 | 168 | Consumer | Consumer | 1487.7 | 95 | | | 135.2 | 1782 | percent of total billed charges | |
| HC CONTROL NOSEBLEED POSTERIOR | 30905 | CPT | | | | outpatient | | | 1566 | 168 | Qualcare | Qualcare | 1174.5 | 75 | | | 135.2 | 1782 | percent of total billed charges | |
| HC CONTROL NOSEBLEED POSTERIOR | 30905 | CPT | | | | outpatient | | | 1566 | 168 | Aetna | Better Health | 494.07 | 31.55 | | | 135.2 | 1782 | percent of total billed charges | |
| HC CONTROL NOSEBLEED POSTERIOR | 30905 | CPT | | | | outpatient | | | 1566 | 168 | Americare | Americare | 1174.5 | 75 | | | 135.2 | 1782 | percent of total billed charges | |
| HC CONTROL NOSEBLEED POSTERIOR | 30905 | CPT | | | | outpatient | | | 1566 | 168 | First Health | First Health | 1096.2 | 70 | | | 135.2 | 1782 | percent of total billed charges | |
| HC CONTROL NOSEBLEED POSTERIOR | 30905 | CPT | | | | outpatient | | | 1566 | 168 | First Trenton | First Trenton | 1409.4 | 90 | | | 135.2 | 1782 | percent of total billed charges | |
| HC CONTROL NOSEBLEED POSTERIOR | 30905 | CPT | | | | outpatient | | | 1566 | 168 | Aetna | Medicare | 146.09 | | | | 135.2 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONTROL NOSEBLEED POSTERIOR | 30905 | CPT | | | | outpatient | | | 1566 | 168 | Amerihealth | HMO/PPO | 300 | | | | 135.2 | 1782 | fee schedule | |
| HC CONTROL NOSEBLEED POSTERIOR | 30905 | CPT | | | | outpatient | | | 1566 | 168 | Corrections | Corrections | 1252.8 | 80 | | | 135.2 | 1782 | percent of total billed charges | |
| HC CONTROL NOSEBLEED POSTERIOR | 30905 | CPT | | | | outpatient | | | 1566 | 168 | UHC | Medicaid | 494.07 | 31.55 | | | 135.2 | 1782 | percent of total billed charges | |
| HC CONTROL NOSEBLEED POSTERIOR | 30905 | CPT | | | | outpatient | | | 1566 | 168 | Horizon | MGD | 282.68 | | | | 135.2 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONTROL NOSEBLEED POSTERIOR | 30905 | CPT | | | | outpatient | | | 1566 | 168 | United | CommercialPPO | 1782 | | | | 135.2 | 1782 | case rate | |
| HC CONTROL NOSEBLEED POSTERIOR | 30905 | CPT | | | | outpatient | | | 1566 | 168 | Three Rivers | Three Rivers | 1487.7 | 95 | | | 135.2 | 1782 | percent of total billed charges | |
| HC CONTROL NOSEBLEED POSTERIOR | 30905 | CPT | | | | outpatient | | | 1566 | 168 | UHC | Medicare | 146.09 | | | | 135.2 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONTROL NOSEBLEED POSTERIOR | 30905 | CPT | | | | outpatient | | | 1566 | 168 | Horizon | Indemnity | 282.68 | | | | 135.2 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONTROL NOSEBLEED POSTERIOR | 30905 | CPT | | | | outpatient | | | 1566 | 168 | Medicare | Medicare | 146.09 | | | | 135.2 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONTROL NOSEBLEED POSTERIOR | 30905 | CPT | | | | outpatient | | | 1566 | 168 | Wellcare | Medicaid | 494.07 | 31.55 | | | 135.2 | 1782 | percent of total billed charges | |
| HC CONTROL NOSEBLEED POSTERIOR | 30905 | CPT | | | | outpatient | | | 1566 | 168 | Horizon | Medicare Blue | 146.09 | | | | 135.2 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONTROL NOSEBLEED POSTERIOR | 30905 | CPT | | | | outpatient | | | 1566 | 168 | Horizon | NJ Health | 135.2 | | | | 135.2 | 1782 | fee schedule | |
| HC CONTROL NOSEBLEED POSTERIOR | 30905 | CPT | | | | outpatient | | | 1566 | 168 | Horizon | PPO | 282.68 | | | | 135.2 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONTROL NOSEBLEED POSTERIOR | 30905 | CPT | | | | outpatient | | | 1566 | 168 | Managed Care Inc | Managed Care Inc | 1409.4 | 90 | | | 135.2 | 1782 | percent of total billed charges | |
| HC CONTROL NOSEBLEED POSTERIOR | 30905 | CPT | | | | outpatient | | | 1566 | 168 | United | Oxford | 1782 | | | | 135.2 | 1782 | case rate | |
| HC CONTROL NOSEBLEED POSTERIOR | 30905 | CPT | | | | outpatient | | | 1566 | 168 | WellPoint | WellPoint | 503.94 | 32.18 | | | 135.2 | 1782 | percent of total billed charges | |
| HC CNTRL NSL HMRHG/POST ANY MTHD | 30906 | CPT | | | | outpatient | | | 758 | 321.26 | Aetna | Commercial | 455.92 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CNTRL NSL HMRHG/POST ANY MTHD | 30906 | CPT | | | | outpatient | | | 758 | 321.26 | First Trenton | First Trenton | 682.2 | 90 | | | 87.7 | 1782 | percent of total billed charges | |
| HC CNTRL NSL HMRHG/POST ANY MTHD | 30906 | CPT | | | | outpatient | | | 758 | 321.26 | Consumer | Consumer | 720.1 | 95 | | | 87.7 | 1782 | percent of total billed charges | |
| HC CNTRL NSL HMRHG/POST ANY MTHD | 30906 | CPT | | | | outpatient | | | 758 | 321.26 | First Health | First Health | 530.6 | 70 | | | 87.7 | 1782 | percent of total billed charges | |
| HC CNTRL NSL HMRHG/POST ANY MTHD | 30906 | CPT | | | | outpatient | | | 758 | 321.26 | Americare | Americare | 568.5 | 75 | | | 87.7 | 1782 | percent of total billed charges | |
| HC CNTRL NSL HMRHG/POST ANY MTHD | 30906 | CPT | | | | outpatient | | | 758 | 321.26 | UHC | Medicare | 279.36 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CNTRL NSL HMRHG/POST ANY MTHD | 30906 | CPT | | | | outpatient | | | 758 | 321.26 | Aetna | Better Health | 239.15 | 31.55 | | | 87.7 | 1782 | percent of total billed charges | |
| HC CNTRL NSL HMRHG/POST ANY MTHD | 30906 | CPT | | | | outpatient | | | 758 | 321.26 | Multiplan | Multiplan | 606.4 | 80 | | | 87.7 | 1782 | percent of total billed charges | |
| HC CNTRL NSL HMRHG/POST ANY MTHD | 30906 | CPT | | | | outpatient | | | 758 | 321.26 | Aetna | Medicare | 279.36 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CNTRL NSL HMRHG/POST ANY MTHD | 30906 | CPT | | | | outpatient | | | 758 | 321.26 | Managed Care Inc | Managed Care Inc | 682.2 | 90 | | | 87.7 | 1782 | percent of total billed charges | |
| HC CNTRL NSL HMRHG/POST ANY MTHD | 30906 | CPT | | | | outpatient | | | 758 | 321.26 | Corrections | Corrections | 606.4 | 80 | | | 87.7 | 1782 | percent of total billed charges | |
| HC CNTRL NSL HMRHG/POST ANY MTHD | 30906 | CPT | | | | outpatient | | | 758 | 321.26 | Horizon | Indemnity | 540.56 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CNTRL NSL HMRHG/POST ANY MTHD | 30906 | CPT | | | | outpatient | | | 758 | 321.26 | Amerihealth | HMO/PPO | 300 | | | | 87.7 | 1782 | fee schedule | |
| HC CNTRL NSL HMRHG/POST ANY MTHD | 30906 | CPT | | | | outpatient | | | 758 | 321.26 | Wellcare | Medicare | 279.36 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CNTRL NSL HMRHG/POST ANY MTHD | 30906 | CPT | | | | outpatient | | | 758 | 321.26 | Horizon | MGD | 540.56 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CNTRL NSL HMRHG/POST ANY MTHD | 30906 | CPT | | | | outpatient | | | 758 | 321.26 | Qualcare | Qualcare | 568.5 | 75 | | | 87.7 | 1782 | percent of total billed charges | |
| HC CNTRL NSL HMRHG/POST ANY MTHD | 30906 | CPT | | | | outpatient | | | 758 | 321.26 | Horizon | Medicare Blue | 279.36 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CNTRL NSL HMRHG/POST ANY MTHD | 30906 | CPT | | | | outpatient | | | 758 | 321.26 | United | Oxford | 1782 | | | | 87.7 | 1782 | case rate | |
| HC CNTRL NSL HMRHG/POST ANY MTHD | 30906 | CPT | | | | outpatient | | | 758 | 321.26 | Horizon | PPO | 540.56 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CNTRL NSL HMRHG/POST ANY MTHD | 30906 | CPT | | | | outpatient | | | 758 | 321.26 | Three Rivers | Three Rivers | 720.1 | 95 | | | 87.7 | 1782 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC CNTRL NSL HMRHG/POST ANY MTHD | 30906 | CPT | | | | outpatient | | | 758 | 321.26 | Horizon | NJ Health | 87.7 | | | | 87.7 | 87.7 | 1782 fee schedule | |
| HC CNTRL NSL HMRHG/POST ANY MTHD | 30906 | CPT | | | | outpatient | | | 758 | 321.26 | UHC | Medicaid | 239.15 | 31.55 | | | 87.7 | 87.7 | 1782 percent of total billed charges | |
| HC CNTRL NSL HMRHG/POST ANY MTHD | 30906 | CPT | | | | outpatient | | | 758 | 321.26 | WellPoint | WellPoint | 243.92 | 32.18 | | | 87.7 | 87.7 | 1782 percent of total billed charges | |
| HC CNTRL NSL HMRHG/POST ANY MTHD | 30906 | CPT | | | | outpatient | | | 758 | 321.26 | United | CommercialPPO | 1782 | | | | 87.7 | 87.7 | 1782 case rate | |
| HC CNTRL NSL HMRHG/POST ANY MTHD | 30906 | CPT | | | | outpatient | | | 758 | 321.26 | Wellcare | Medicaid | 239.15 | 31.55 | | | 87.7 | 87.7 | 1782 percent of total billed charges | |
| HC NASAL ENDOSCOPY DIAGNOSTIC | 31231 | CPT | | | | outpatient | | | 652 | 260.52 | Horizon | PPO | 438.35 | | | 385.09 | 79.08 | 79.08 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NASAL ENDOSCOPY DIAGNOSTIC | 31231 | CPT | | | | outpatient | | | 652 | 260.52 | Americare | Americare | 489 | 75 | | | 79.08 | 79.08 | 1782 percent of total billed charges | |
| HC NASAL ENDOSCOPY DIAGNOSTIC | 31231 | CPT | | | | outpatient | | | 652 | 260.52 | Aetna | Commercial | 369.71 | | | 335.09 | 79.08 | 79.08 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NASAL ENDOSCOPY DIAGNOSTIC | 31231 | CPT | | | | outpatient | | | 652 | 260.52 | Horizon | MGD | 438.35 | | | 336.77 | 79.08 | 79.08 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NASAL ENDOSCOPY DIAGNOSTIC | 31231 | CPT | | | | outpatient | | | 652 | 260.52 | Aetna | Better Health | 205.71 | 31.55 | | 196.93 | 79.08 | 79.08 | 1782 percent of total billed charges | |
| HC NASAL ENDOSCOPY DIAGNOSTIC | 31231 | CPT | | | | outpatient | | | 652 | 260.52 | Aetna | Medicare | 226.54 | | | | 79.08 | 79.08 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NASAL ENDOSCOPY DIAGNOSTIC | 31231 | CPT | | | | outpatient | | | 652 | 260.52 | Amerihealth | HMO/PPO | 550 | | | 80.9 | 79.08 | 79.08 | 1782 fee schedule | |
| HC NASAL ENDOSCOPY DIAGNOSTIC | 31231 | CPT | | | | outpatient | | | 652 | 260.52 | Horizon | NJ Health | 79.08 | | | 79.97 | 79.08 | 79.08 | 1782 fee schedule | |
| HC NASAL ENDOSCOPY DIAGNOSTIC | 31231 | CPT | | | | outpatient | | | 652 | 260.52 | Horizon | Medicare Blue | 226.54 | | | | 79.08 | 79.08 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NASAL ENDOSCOPY DIAGNOSTIC | 31231 | CPT | | | | outpatient | | | 652 | 260.52 | Consumer | Consumer | 619.4 | 95 | | | 79.08 | 79.08 | 1782 percent of total billed charges | |
| HC NASAL ENDOSCOPY DIAGNOSTIC | 31231 | CPT | | | | outpatient | | | 652 | 260.52 | First Health | First Health | 456.4 | 70 | | | 79.08 | 79.08 | 1782 percent of total billed charges | |
| HC NASAL ENDOSCOPY DIAGNOSTIC | 31231 | CPT | | | | outpatient | | | 652 | 260.52 | Multiplan | Multiplan | 521.6 | 80 | | | 79.08 | 79.08 | 1782 percent of total billed charges | |
| HC NASAL ENDOSCOPY DIAGNOSTIC | 31231 | CPT | | | | outpatient | | | 652 | 260.52 | Wellcare | Medicare | 226.54 | | | | 79.08 | 79.08 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NASAL ENDOSCOPY DIAGNOSTIC | 31231 | CPT | | | | outpatient | | | 652 | 260.52 | Corrections | Corrections | 521.6 | 80 | | 199.04 | 79.08 | 79.08 | 1782 percent of total billed charges | |
| HC NASAL ENDOSCOPY DIAGNOSTIC | 31231 | CPT | | | | outpatient | | | 652 | 260.52 | Qualcare | Qualcare | 489 | 75 | | | 79.08 | 79.08 | 1782 percent of total billed charges | |
| HC NASAL ENDOSCOPY DIAGNOSTIC | 31231 | CPT | | | | outpatient | | | 652 | 260.52 | First Trenton | First Trenton | 586.8 | 90 | | | 79.08 | 79.08 | 1782 percent of total billed charges | |
| HC NASAL ENDOSCOPY DIAGNOSTIC | 31231 | CPT | | | | outpatient | | | 652 | 260.52 | UHC | Medicaid | 205.71 | 31.55 | | 180.29 | 79.08 | 79.08 | 1782 percent of total billed charges | |
| HC NASAL ENDOSCOPY DIAGNOSTIC | 31231 | CPT | | | | outpatient | | | 652 | 260.52 | UHC | Medicare | 226.54 | | | 198.06 | 79.08 | 79.08 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NASAL ENDOSCOPY DIAGNOSTIC | 31231 | CPT | | | | outpatient | | | 652 | 260.52 | United | CommercialPPO | 1782 | | | 618.57 | 79.08 | 79.08 | 1782 case rate | |
| HC NASAL ENDOSCOPY DIAGNOSTIC | 31231 | CPT | | | | outpatient | | | 652 | 260.52 | Horizon | Indemnity | 438.35 | | | 272.95 | 79.08 | 79.08 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NASAL ENDOSCOPY DIAGNOSTIC | 31231 | CPT | | | | outpatient | | | 652 | 260.52 | Wellcare | Medicaid | 205.71 | 31.55 | | 110.28 | 79.08 | 79.08 | 1782 percent of total billed charges | |
| HC NASAL ENDOSCOPY DIAGNOSTIC | 31231 | CPT | | | | outpatient | | | 652 | 260.52 | WellPoint | WellPoint | 209.81 | 32.18 | | 194.1 | 79.08 | 79.08 | 1782 percent of total billed charges | |
| HC NASAL ENDOSCOPY DIAGNOSTIC | 31231 | CPT | | | | outpatient | | | 652 | 260.52 | Managed Care Inc | Managed Care Inc | 586.8 | 90 | | | 79.08 | 79.08 | 1782 percent of total billed charges | |
| HC NASAL ENDOSCOPY DIAGNOSTIC | 31231 | CPT | | | | outpatient | | | 652 | 260.52 | Three Rivers | Three Rivers | 619.4 | 95 | | | 79.08 | 79.08 | 1782 percent of total billed charges | |
| HC NASAL ENDOSCOPY DIAGNOSTIC | 31231 | CPT | | | | outpatient | | | 652 | 260.52 | United | Oxford | 1782 | | | 356.38 | 79.08 | 79.08 | 1782 case rate | |
| HC NSL/SNS ENDO W/BX PLPCTY DEBR | 31237 | CPT | | | | outpatient | | | 6000 | 2232.29 | Horizon | PPO | 3756.07 | | | 3182.35 | 224.46 | 224.46 | 5700 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NSL/SNS ENDO W/BX PLPCTY DEBR | 31237 | CPT | | | | outpatient | | | 6000 | 2232.29 | Qualcare | Qualcare | 4500 | 75 | | | 224.46 | 224.46 | 5700 percent of total billed charges | |
| HC NSL/SNS ENDO W/BX PLPCTY DEBR | 31237 | CPT | | | | outpatient | | | 6000 | 2232.29 | Aetna | Commercial | 3167.91 | | | 1758.05 | 224.46 | 224.46 | 5700 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NSL/SNS ENDO W/BX PLPCTY DEBR | 31237 | CPT | | | | outpatient | | | 6000 | 2232.29 | Aetna | Better Health | 1893 | 31.55 | | | 224.46 | 224.46 | 5700 percent of total billed charges | |
| HC NSL/SNS ENDO W/BX PLPCTY DEBR | 31237 | CPT | | | | outpatient | | | 6000 | 2232.29 | Aetna | Medicare | 1941.12 | | | | 224.46 | 224.46 | 5700 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NSL/SNS ENDO W/BX PLPCTY DEBR | 31237 | CPT | | | | outpatient | | | 6000 | 2232.29 | First Trenton | First Trenton | 5400 | 90 | | | 224.46 | 224.46 | 5700 percent of total billed charges | |
| HC NSL/SNS ENDO W/BX PLPCTY DEBR | 31237 | CPT | | | | outpatient | | | 6000 | 2232.29 | Consumer | Consumer | 5700 | 95 | | | 224.46 | 224.46 | 5700 percent of total billed charges | |
| HC NSL/SNS ENDO W/BX PLPCTY DEBR | 31237 | CPT | | | | outpatient | | | 6000 | 2232.29 | Amerihealth | HMO/PPO | 800 | | | | 224.46 | 224.46 | 5700 fee schedule | |
| HC NSL/SNS ENDO W/BX PLPCTY DEBR | 31237 | CPT | | | | outpatient | | | 6000 | 2232.29 | UHC | Medicare | 1941.12 | | | 1750.35 | 224.46 | 224.46 | 5700 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NSL/SNS ENDO W/BX PLPCTY DEBR | 31237 | CPT | | | | outpatient | | | 6000 | 2232.29 | Managed Care Inc | Managed Care Inc | 5400 | 90 | | | 224.46 | 224.46 | 5700 percent of total billed charges | |
| HC NSL/SNS ENDO W/BX PLPCTY DEBR | 31237 | CPT | | | | outpatient | | | 6000 | 2232.29 | Americare | Americare | 4500 | 75 | | | 224.46 | 224.46 | 5700 percent of total billed charges | |
| HC NSL/SNS ENDO W/BX PLPCTY DEBR | 31237 | CPT | | | | outpatient | | | 6000 | 2232.29 | Three Rivers | Three Rivers | 5700 | 95 | | | 224.46 | 224.46 | 5700 percent of total billed charges | |
| HC NSL/SNS ENDO W/BX PLPCTY DEBR | 31237 | CPT | | | | outpatient | | | 6000 | 2232.29 | Horizon | MGD | 3756.07 | | | | 224.46 | 224.46 | 5700 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NSL/SNS ENDO W/BX PLPCTY DEBR | 31237 | CPT | | | | outpatient | | | 6000 | 2232.29 | United | CommercialPPO | 2493 | | | 3232.88 | 224.46 | 224.46 | 5700 case rate | |
| HC NSL/SNS ENDO W/BX PLPCTY DEBR | 31237 | CPT | | | | outpatient | | | 6000 | 2232.29 | Horizon | NJ Health | 224.46 | | | | 224.46 | 224.46 | 5700 fee schedule | |
| HC NSL/SNS ENDO W/BX PLPCTY DEBR | 31237 | CPT | | | | outpatient | | | 6000 | 2232.29 | Corrections | Corrections | 4800 | 80 | | 1790.8 | 224.46 | 224.46 | 5700 percent of total billed charges | |
| HC NSL/SNS ENDO W/BX PLPCTY DEBR | 31237 | CPT | | | | outpatient | | | 6000 | 2232.29 | Multiplan | Multiplan | 4800 | 80 | | | 224.46 | 224.46 | 5700 percent of total billed charges | |
| HC NSL/SNS ENDO W/BX PLPCTY DEBR | 31237 | CPT | | | | outpatient | | | 6000 | 2232.29 | Wellcare | Medicare | 1941.12 | | | | 224.46 | 224.46 | 5700 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NSL/SNS ENDO W/BX PLPCTY DEBR | 31237 | CPT | | | | outpatient | | | 6000 | 2232.29 | WellPoint | WellPoint | 1930.8 | 32.18 | | 1758.04 | 224.46 | 224.46 | 5700 percent of total billed charges | |
| HC NSL/SNS ENDO W/BX PLPCTY DEBR | 31237 | CPT | | | | outpatient | | | 6000 | 2232.29 | United | Oxford | 2493 | | | | 224.46 | 224.46 | 5700 case rate | |
| HC NSL/SNS ENDO W/BX PLPCTY DEBR | 31237 | CPT | | | | outpatient | | | 6000 | 2232.29 | UHC | Medicaid | 1893 | 31.55 | | 1796.61 | 224.46 | 224.46 | 5700 percent of total billed charges | |
| HC NSL/SNS ENDO W/BX PLPCTY DEBR | 31237 | CPT | | | | outpatient | | | 6000 | 2232.29 | First Health | First Health | 4200 | 70 | | | 224.46 | 224.46 | 5700 percent of total billed charges | |
| HC NSL/SNS ENDO W/BX PLPCTY DEBR | 31237 | CPT | | | | outpatient | | | 6000 | 2232.29 | Horizon | Indemnity | 3756.07 | | | | 224.46 | 224.46 | 5700 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NSL/SNS ENDO W/BX PLPCTY DEBR | 31237 | CPT | | | | outpatient | | | 6000 | 2232.29 | Horizon | Medicare Blue | 1941.12 | | | 1406.44 | 224.46 | 224.46 | 5700 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NSL/SNS ENDO W/BX PLPCTY DEBR | 31237 | CPT | | | | outpatient | | | 6000 | 2232.29 | Wellcare | Medicaid | 1893 | 31.55 | | | 224.46 | 224.46 | 5700 percent of total billed charges | |
| HC NASAL ENDOSCOPY W EPISTAXIS | 31238 | CPT | | | | outpatient | | | 7968 | 2232.29 | Aetna | Commercial | 3167.91 | | | | 344.91 | 7569.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NASAL ENDOSCOPY W EPISTAXIS | 31238 | CPT | | | | outpatient | | | 7968 | 2232.29 | Corrections | Corrections | 6374.4 | 80 | | | 344.91 | 7569.6 | percent of total billed charges | |
| HC NASAL ENDOSCOPY W EPISTAXIS | 31238 | CPT | | | | outpatient | | | 7968 | 2232.29 | Aetna | Better Health | 2513.9 | 31.55 | | | 344.91 | 7569.6 | percent of total billed charges | |
| HC NASAL ENDOSCOPY W EPISTAXIS | 31238 | CPT | | | | outpatient | | | 7968 | 2232.29 | Aetna | Medicare | 1941.12 | | | | 344.91 | 7569.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NASAL ENDOSCOPY W EPISTAXIS | 31238 | CPT | | | | outpatient | | | 7968 | 2232.29 | Horizon | Medicare Blue | 1941.12 | | | | 344.91 | 7569.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NASAL ENDOSCOPY W EPISTAXIS | 31238 | CPT | | | | outpatient | | | 7968 | 2232.29 | Multiplan | Multiplan | 6374.4 | 80 | | | 344.91 | 7569.6 | percent of total billed charges | |
| HC NASAL ENDOSCOPY W EPISTAXIS | 31238 | CPT | | | | outpatient | | | 7968 | 2232.29 | Consumer | Consumer | 7569.6 | 95 | | | 344.91 | 7569.6 | percent of total billed charges | |
| HC NASAL ENDOSCOPY W EPISTAXIS | 31238 | CPT | | | | outpatient | | | 7968 | 2232.29 | Americare | Americare | 5976 | 75 | | | 344.91 | 7569.6 | percent of total billed charges | |
| HC NASAL ENDOSCOPY W EPISTAXIS | 31238 | CPT | | | | outpatient | | | 7968 | 2232.29 | UHC | Medicare | 1941.12 | | | | 344.91 | 7569.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NASAL ENDOSCOPY W EPISTAXIS | 31238 | CPT | | | | outpatient | | | 7968 | 2232.29 | Horizon | Indemnity | 3756.07 | | | | 344.91 | 7569.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NASAL ENDOSCOPY W EPISTAXIS | 31238 | CPT | | | | outpatient | | | 7968 | 2232.29 | First Health | First Health | 5577.6 | 70 | | | 344.91 | 7569.6 | percent of total billed charges | |
| HC NASAL ENDOSCOPY W EPISTAXIS | 31238 | CPT | | | | outpatient | | | 7968 | 2232.29 | Amerihealth | HMO/PPO | 800 | | | | 344.91 | 7569.6 | fee schedule | |
| HC NASAL ENDOSCOPY W EPISTAXIS | 31238 | CPT | | | | outpatient | | | 7968 | 2232.29 | Qualcare | Qualcare | 5976 | 75 | | | 344.91 | 7569.6 | percent of total billed charges | |
| HC NASAL ENDOSCOPY W EPISTAXIS | 31238 | CPT | | | | outpatient | | | 7968 | 2232.29 | First Trenton | First Trenton | 7171.2 | 90 | | | 344.91 | 7569.6 | percent of total billed charges | |
| HC NASAL ENDOSCOPY W EPISTAXIS | 31238 | CPT | | | | outpatient | | | 7968 | 2232.29 | Horizon | MGD | 3756.07 | | | 3071.94 | 344.91 | 7569.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NASAL ENDOSCOPY W EPISTAXIS | 31238 | CPT | | | | outpatient | | | 7968 | 2232.29 | Wellcare | Medicaid | 2513.9 | 31.55 | | | 344.91 | 7569.6 | percent of total billed charges | |
| HC NASAL ENDOSCOPY W EPISTAXIS | 31238 | CPT | | | | outpatient | | | 7968 | 2232.29 | Wellcare | Medicare | 1941.12 | | | | 344.91 | 7569.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NASAL ENDOSCOPY W EPISTAXIS | 31238 | CPT | | | | outpatient | | | 7968 | 2232.29 | Managed Care Inc | Managed Care Inc | 7171.2 | 90 | | | 344.91 | 7569.6 | percent of total billed charges | |
| HC NASAL ENDOSCOPY W EPISTAXIS | 31238 | CPT | | | | outpatient | | | 7968 | 2232.29 | Horizon | NJ Health | 344.91 | | | | 344.91 | 7569.6 | fee schedule | |
| HC NASAL ENDOSCOPY W EPISTAXIS | 31238 | CPT | | | | outpatient | | | 7968 | 2232.29 | Three Rivers | Three Rivers | 7569.6 | 95 | | | 344.91 | 7569.6 | percent of total billed charges | |
| HC NASAL ENDOSCOPY W EPISTAXIS | 31238 | CPT | | | | outpatient | | | 7968 | 2232.29 | Horizon | PPO | 3756.07 | | | | 344.91 | 7569.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NASAL ENDOSCOPY W EPISTAXIS | 31238 | CPT | | | | outpatient | | | 7968 | 2232.29 | UHC | Medicaid | 2513.9 | 31.55 | | | 344.91 | 7569.6 | percent of total billed charges | |
| HC NASAL ENDOSCOPY W EPISTAXIS | 31238 | CPT | | | | outpatient | | | 7968 | 2232.29 | United | CommercialPPO | 2493 | | | | 344.91 | 7569.6 | case rate | |
| HC NASAL ENDOSCOPY W EPISTAXIS | 31238 | CPT | | | | outpatient | | | 7968 | 2232.29 | United | Oxford | 2493 | | | | 344.91 | 7569.6 | case rate | |
| HC NASAL ENDOSCOPY W EPISTAXIS | 31238 | CPT | | | | outpatient | | | 7968 | 2232.29 | WellPoint | WellPoint | 2564.1 | 32.18 | | | 344.91 | 7569.6 | percent of total billed charges | |
| HC ENDOTRACEAL INTUBATION | 31500 | CPT | | | | both | | | 858 | 321.26 | First Health | First Health | 600.6 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC ENDOTRACEAL INTUBATION | 31500 | CPT | | | | both | | | 858 | 321.26 | Consumer | Consumer | 815.1 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC ENDOTRACEAL INTUBATION | 31500 | CPT | | | | both | | | 858 | 321.26 | Aetna | Better Health | 270.7 | 31.55 | | 182.93 | 125 | 1782 | percent of total billed charges | |
| HC ENDOTRACEAL INTUBATION | 31500 | CPT | | | | both | | | 858 | 321.26 | Americare | Americare | 643.5 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC ENDOTRACEAL INTUBATION | 31500 | CPT | | | | both | | | 858 | 321.26 | Managed Care Inc | Managed Care Inc | 772.2 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC ENDOTRACEAL INTUBATION | 31500 | CPT | | | | both | | | 858 | 321.26 | Multiplan | Multiplan | 686.4 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC ENDOTRACEAL INTUBATION | 31500 | CPT | | | | both | | | 858 | 321.26 | UHC | Medicare | 279.36 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOTRACEAL INTUBATION | 31500 | CPT | | | | both | | | 858 | 321.26 | Aetna | Medicare | 279.36 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOTRACEAL INTUBATION | 31500 | CPT | | | | both | | | 858 | 321.26 | Three Rivers | Three Rivers | 815.1 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC ENDOTRACEAL INTUBATION | 31500 | CPT | | | | both | | | 858 | 321.26 | Horizon | Medicare Blue | 279.36 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOTRACEAL INTUBATION | 31500 | CPT | | | | both | | | 858 | 321.26 | Aetna | Commercial | 455.92 | | | 149.11 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOTRACEAL INTUBATION | 31500 | CPT | | | | both | | | 858 | 321.26 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC ENDOTRACEAL INTUBATION | 31500 | CPT | | | | both | | | 858 | 321.26 | Wellcare | Medicaid | 270.7 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC ENDOTRACEAL INTUBATION | 31500 | CPT | | | | both | | | 858 | 321.26 | Qualcare | Qualcare | 643.5 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC ENDOTRACEAL INTUBATION | 31500 | CPT | | | | both | | | 858 | 321.26 | Wellcare | Medicare | 279.36 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOTRACEAL INTUBATION | 31500 | CPT | | | | both | | | 858 | 321.26 | Corrections | Corrections | 686.4 | 80 | | 219.59 | 125 | 1782 | percent of total billed charges | |
| HC ENDOTRACEAL INTUBATION | 31500 | CPT | | | | both | | | 858 | 321.26 | First Trenton | First Trenton | 772.2 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC ENDOTRACEAL INTUBATION | 31500 | CPT | | | | both | | | 858 | 321.26 | Horizon | NJ Health | 128.83 | | | 43.5 | 125 | 1782 | fee schedule | |
| HC ENDOTRACEAL INTUBATION | 31500 | CPT | | | | both | | | 858 | 321.26 | WellPoint | WellPoint | 276.1 | 32.18 | | 153.12 | 125 | 1782 | percent of total billed charges | |
| HC ENDOTRACEAL INTUBATION | 31500 | CPT | | | | both | | | 858 | 321.26 | Horizon | MGD | 540.56 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOTRACEAL INTUBATION | 31500 | CPT | | | | both | | | 858 | 321.26 | Horizon | Indemnity | 540.56 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOTRACEAL INTUBATION | 31500 | CPT | | | | both | | | 858 | 321.26 | Horizon | PPO | 540.56 | | | 204.43 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOTRACEAL INTUBATION | 31500 | CPT | | | | both | | | 858 | 321.26 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC ENDOTRACEAL INTUBATION | 31500 | CPT | | | | both | | | 858 | 321.26 | UHC | Medicaid | 270.7 | 31.55 | | 71.45 | 125 | 1782 | percent of total billed charges | |
| HC ENDOTRACEAL INTUBATION | 31500 | CPT | | | | both | | | 858 | 321.26 | United | CommercialPPO | 1782 | | | 51.51 | 125 | 1782 | case rate | |
| HC TRACH TUBE CHG BEFORE FISTULA | 31502 | CPT | | | | outpatient | | | 953 | 321.26 | Qualcare | Qualcare | 714.75 | 75 | | | 73.08 | 1782 | percent of total billed charges | |
| HC TRACH TUBE CHG BEFORE FISTULA | 31502 | CPT | | | | outpatient | | | 953 | 321.26 | Aetna | Better Health | 300.67 | 31.55 | | 228.66 | 73.08 | 1782 | percent of total billed charges | |
| HC TRACH TUBE CHG BEFORE FISTULA | 31502 | CPT | | | | outpatient | | | 953 | 321.26 | Aetna | Medicare | 279.36 | | | | 73.08 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRACH TUBE CHG BEFORE FISTULA | 31502 | CPT | | | | outpatient | | | 953 | 321.26 | Aetna | Commercial | 455.92 | | | | 73.08 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRACH TUBE CHG BEFORE FISTULA | 31502 | CPT | | | | outpatient | | | 953 | 321.26 | First Health | First Health | 667.1 | 70 | | | 73.08 | 1782 | percent of total billed charges | |
| HC TRACH TUBE CHG BEFORE FISTULA | 31502 | CPT | | | | outpatient | | | 953 | 321.26 | Corrections | Corrections | 762.4 | 80 | | | 73.08 | 1782 | percent of total billed charges | |
| HC TRACH TUBE CHG BEFORE FISTULA | 31502 | CPT | | | | outpatient | | | 953 | 321.26 | Consumer | Consumer | 905.35 | 95 | | | 73.08 | 1782 | percent of total billed charges | |
| HC TRACH TUBE CHG BEFORE FISTULA | 31502 | CPT | | | | outpatient | | | 953 | 321.26 | Amerihealth | HMO/PPO | 125 | | | | 73.08 | 1782 | fee schedule | |
| HC TRACH TUBE CHG BEFORE FISTULA | 31502 | CPT | | | | outpatient | | | 953 | 321.26 | UHC | Medicaid | 300.67 | 31.55 | | | 73.08 | 1782 | percent of total billed charges | |
| HC TRACH TUBE CHG BEFORE FISTULA | 31502 | CPT | | | | outpatient | | | 953 | 321.26 | Americare | Americare | 714.75 | 75 | | | 73.08 | 1782 | percent of total billed charges | |
| HC TRACH TUBE CHG BEFORE FISTULA | 31502 | CPT | | | | outpatient | | | 953 | 321.26 | Horizon | MGD | 540.56 | | | | 73.08 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRACH TUBE CHG BEFORE FISTULA | 31502 | CPT | | | | outpatient | | | 953 | 321.26 | First Trenton | First Trenton | 857.7 | 90 | | | 73.08 | 1782 | percent of total billed charges | |
| HC TRACH TUBE CHG BEFORE FISTULA | 31502 | CPT | | | | outpatient | | | 953 | 321.26 | Horizon | Indemnity | 540.56 | | | | 73.08 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRACH TUBE CHG BEFORE FISTULA | 31502 | CPT | | | | outpatient | | | 953 | 321.26 | Three Rivers | Three Rivers | 905.35 | 95 | | | 73.08 | 1782 | percent of total billed charges | |
| HC TRACH TUBE CHG BEFORE FISTULA | 31502 | CPT | | | | outpatient | | | 953 | 321.26 | Horizon | Medicare Blue | 279.36 | | | | 73.08 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRACH TUBE CHG BEFORE FISTULA | 31502 | CPT | | | | outpatient | | | 953 | 321.26 | Horizon | NJ Health | 73.08 | | | | 73.08 | 1782 | fee schedule | |
| HC TRACH TUBE CHG BEFORE FISTULA | 31502 | CPT | | | | outpatient | | | 953 | 321.26 | Multiplan | Multiplan | 762.4 | 80 | | | 73.08 | 1782 | percent of total billed charges | |
| HC TRACH TUBE CHG BEFORE FISTULA | 31502 | CPT | | | | outpatient | | | 953 | 321.26 | United | Oxford | 1782 | | | | 73.08 | 1782 | case rate | |
| HC TRACH TUBE CHG BEFORE FISTULA | 31502 | CPT | | | | outpatient | | | 953 | 321.26 | Horizon | PPO | 540.56 | | | | 73.08 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRACH TUBE CHG BEFORE FISTULA | 31502 | CPT | | | | outpatient | | | 953 | 321.26 | Managed Care Inc | Managed Care Inc | 857.7 | 90 | | | 73.08 | 1782 | percent of total billed charges | |
| HC TRACH TUBE CHG BEFORE FISTULA | 31502 | CPT | | | | outpatient | | | 953 | 321.26 | United | CommercialPPO | 1782 | | | | 73.08 | 1782 | case rate | |
| HC TRACH TUBE CHG BEFORE FISTULA | 31502 | CPT | | | | outpatient | | | 953 | 321.26 | UHC | Medicare | 279.36 | | | 241.41 | 73.08 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRACH TUBE CHG BEFORE FISTULA | 31502 | CPT | | | | outpatient | | | 953 | 321.26 | WellPoint | WellPoint | 306.68 | 32.18 | | | 73.08 | 1782 | percent of total billed charges | |
| HC TRACH TUBE CHG BEFORE FISTULA | 31502 | CPT | | | | outpatient | | | 953 | 321.26 | Wellcare | Medicare | 279.36 | | | | 73.08 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRACH TUBE CHG BEFORE FISTULA | 31502 | CPT | | | | outpatient | | | 953 | 321.26 | Wellcare | Medicaid | 300.67 | 31.55 | | | 73.08 | 1782 | percent of total billed charges | |
| HC LAYNGOSCOPY W/WK TRACHEOSC. | 31525 | CPT | | | | outpatient | | | 5825 | 2232.29 | Multiplan | Multiplan | 4660 | 80 | | | 175.39 | 5533.75 | percent of total billed charges | |
| HC LAYNGOSCOPY W/WK TRACHEOSC. | 31525 | CPT | | | | outpatient | | | 5825 | 2232.29 | First Trenton | First Trenton | 5242.5 | 90 | | | 175.39 | 5533.75 | percent of total billed charges | |
| HC LAYNGOSCOPY W/WK TRACHEOSC. | 31525 | CPT | | | | outpatient | | | 5825 | 2232.29 | Consumer | Consumer | 5533.75 | 95 | | | 175.39 | 5533.75 | percent of total billed charges | |
| HC LAYNGOSCOPY W/WK TRACHEOSC. | 31525 | CPT | | | | outpatient | | | 5825 | 2232.29 | Aetna | Commercial | 3167.91 | | | | 175.39 | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LAYNGOSCOPY W/WK TRACHEOSC. | 31525 | CPT | | | | outpatient | | | 5825 | 2232.29 | First Health | First Health | 4077.5 | 70 | | | 175.39 | 5533.75 | percent of total billed charges | |
| HC LAYNGOSCOPY W/WK TRACHEOSC. | 31525 | CPT | | | | outpatient | | | 5825 | 2232.29 | Managed Care Inc | Managed Care Inc | 5242.5 | 90 | | | 175.39 | 5533.75 | percent of total billed charges | |
| HC LAYNGOSCOPY W/WK TRACHEOSC. | 31525 | CPT | | | | outpatient | | | 5825 | 2232.29 | Aetna | Better Health | 1837.79 | 31.55 | | | 175.39 | 5533.75 | percent of total billed charges | |
| HC LAYNGOSCOPY W/WK TRACHEOSC. | 31525 | CPT | | | | outpatient | | | 5825 | 2232.29 | Americare | Americare | 4368.75 | 75 | | | 175.39 | 5533.75 | percent of total billed charges | |
| HC LAYNGOSCOPY W/WK TRACHEOSC. | 31525 | CPT | | | | outpatient | | | 5825 | 2232.29 | Qualcare | Qualcare | 4368.75 | 75 | | | 175.39 | 5533.75 | percent of total billed charges | |
| HC LAYNGOSCOPY W/WK TRACHEOSC. | 31525 | CPT | | | | outpatient | | | 5825 | 2232.29 | United | Oxford | 2493 | | | | 175.39 | 5533.75 | case rate | |
| HC LAYNGOSCOPY W/WK TRACHEOSC. | 31525 | CPT | | | | outpatient | | | 5825 | 2232.29 | Corrections | Corrections | 4660 | 80 | | | 175.39 | 5533.75 | percent of total billed charges | |
| HC LAYNGOSCOPY W/WK TRACHEOSC. | 31525 | CPT | | | | outpatient | | | 5825 | 2232.29 | Aetna | Medicare | 1941.12 | | | | 175.39 | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LAYNGOSCOPY W/WK TRACHEOSC. | 31525 | CPT | | | | outpatient | | | 5825 | 2232.29 | Horizon | Indemnity | 3756.07 | | | | 175.39 | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LAYNGOSCOPY W/WK TRACHEOSC. | 31525 | CPT | | | | outpatient | | | 5825 | 2232.29 | UHC | Medicare | 1941.12 | | | | 175.39 | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LAYNGOSCOPY W/WK TRACHEOSC. | 31525 | CPT | | | | outpatient | | | 5825 | 2232.29 | Horizon | MGD | 3756.07 | | | | 175.39 | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC LAYNGOSCOPY W/WK TRACHEOSC. | 31525 | CPT | | | | outpatient | | | 5825 | 2232.29 | Horizon | Medicare Blue | 1941.12 | | | | 175.39 | | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LAYNGOSCOPY W/WK TRACHEOSC. | 31525 | CPT | | | | outpatient | | | 5825 | 2232.29 | Three Rivers | Three Rivers | 5533.75 | 95 | | | 175.39 | | 5533.75 | percent of total billed charges | |
| HC LAYNGOSCOPY W/WK TRACHEOSC. | 31525 | CPT | | | | outpatient | | | 5825 | 2232.29 | Horizon | PPO | 3756.07 | | | | 175.39 | | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LAYNGOSCOPY W/WK TRACHEOSC. | 31525 | CPT | | | | outpatient | | | 5825 | 2232.29 | United | Commercial\|PPO | 2493 | | | | 175.39 | | 5533.75 | case rate | |
| HC LAYNGOSCOPY W/WK TRACHEOSC. | 31525 | CPT | | | | outpatient | | | 5825 | 2232.29 | Horizon | NJ Health | 175.39 | | | | 175.39 | | 5533.75 | fee schedule | |
| HC LAYNGOSCOPY W/WK TRACHEOSC. | 31525 | CPT | | | | outpatient | | | 5825 | 2232.29 | Wellcare | Medicaid | 1837.79 | 31.55 | | | 175.39 | | 5533.75 | percent of total billed charges | |
| HC LAYNGOSCOPY W/WK TRACHEOSC. | 31525 | CPT | | | | outpatient | | | 5825 | 2232.29 | WellPoint | WellPoint | 1874.49 | 32.18 | | | 175.39 | | 5533.75 | percent of total billed charges | |
| HC LARYNGO FLX THERAP INJ | 31573 | CPT | | | | outpatient | | | 5825 | 2232.29 | First Health | First Health | 4077.5 | 70 | | | 327.74 | | 5533.75 | percent of total billed charges | |
| HC LARYNGO FLX THERAP INJ | 31573 | CPT | | | | outpatient | | | 5825 | 2232.29 | Aetna | Commercial | 3167.91 | | | | 327.74 | | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGO FLX THERAP INJ | 31573 | CPT | | | | outpatient | | | 5825 | 2232.29 | Americare | Americare | 4368.75 | 75 | | | 327.74 | | 5533.75 | percent of total billed charges | |
| HC LARYNGO FLX THERAP INJ | 31573 | CPT | | | | outpatient | | | 5825 | 2232.29 | Consumer | Consumer | 5533.75 | 95 | | | 327.74 | | 5533.75 | percent of total billed charges | |
| HC LARYNGO FLX THERAP INJ | 31573 | CPT | | | | outpatient | | | 5825 | 2232.29 | Horizon | Indemnity | 3756.07 | | | | 327.74 | | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGO FLX THERAP INJ | 31573 | CPT | | | | outpatient | | | 5825 | 2232.29 | Amerihealth | HMO\|PPO | 550 | | | | 327.74 | | 5533.75 | fee schedule | |
| HC LARYNGO FLX THERAP INJ | 31573 | CPT | | | | outpatient | | | 5825 | 2232.29 | Corrections | Corrections | 4660 | 80 | | | 327.74 | | 5533.75 | percent of total billed charges | |
| HC LARYNGO FLX THERAP INJ | 31573 | CPT | | | | outpatient | | | 5825 | 2232.29 | Aetna | Better Health | 1837.79 | 31.55 | | | 327.74 | | 5533.75 | percent of total billed charges | |
| HC LARYNGO FLX THERAP INJ | 31573 | CPT | | | | outpatient | | | 5825 | 2232.29 | Multiplan | Multiplan | 4660 | 80 | | | 327.74 | | 5533.75 | percent of total billed charges | |
| HC LARYNGO FLX THERAP INJ | 31573 | CPT | | | | outpatient | | | 5825 | 2232.29 | Aetna | Medicare | 1941.12 | | | | 327.74 | | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGO FLX THERAP INJ | 31573 | CPT | | | | outpatient | | | 5825 | 2232.29 | First Trenton | First Trenton | 5242.5 | 90 | | | 327.74 | | 5533.75 | percent of total billed charges | |
| HC LARYNGO FLX THERAP INJ | 31573 | CPT | | | | outpatient | | | 5825 | 2232.29 | Horizon | Medicare Blue | 1941.12 | | | | 327.74 | | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGO FLX THERAP INJ | 31573 | CPT | | | | outpatient | | | 5825 | 2232.29 | UHC | Medicaid | 1837.79 | 31.55 | | | 327.74 | | 5533.75 | percent of total billed charges | |
| HC LARYNGO FLX THERAP INJ | 31573 | CPT | | | | outpatient | | | 5825 | 2232.29 | Horizon | MGD | 3756.07 | | | | 327.74 | | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGO FLX THERAP INJ | 31573 | CPT | | | | outpatient | | | 5825 | 2232.29 | Wellcare | Medicare | 1941.12 | | | | 327.74 | | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGO FLX THERAP INJ | 31573 | CPT | | | | outpatient | | | 5825 | 2232.29 | Horizon | PPO | 3756.07 | | | | 327.74 | | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGO FLX THERAP INJ | 31573 | CPT | | | | outpatient | | | 5825 | 2232.29 | Qualcare | Qualcare | 4368.75 | 75 | | | 327.74 | | 5533.75 | percent of total billed charges | |
| HC LARYNGO FLX THERAP INJ | 31573 | CPT | | | | outpatient | | | 5825 | 2232.29 | UHC | Medicare | 1941.12 | | | | 327.74 | | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGO FLX THERAP INJ | 31573 | CPT | | | | outpatient | | | 5825 | 2232.29 | Horizon | NJ Health | 327.74 | | | | 327.74 | | 5533.75 | fee schedule | |
| HC LARYNGO FLX THERAP INJ | 31573 | CPT | | | | outpatient | | | 5825 | 2232.29 | WellPoint | WellPoint | 1874.49 | 32.18 | | | 327.74 | | 5533.75 | percent of total billed charges | |
| HC LARYNGO FLX THERAP INJ | 31573 | CPT | | | | outpatient | | | 5825 | 2232.29 | United | Commercial\|PPO | 2493 | | | | 327.74 | | 5533.75 | case rate | |
| HC LARYNGO FLX THERAP INJ | 31573 | CPT | | | | outpatient | | | 5825 | 2232.29 | Managed Care Inc | Managed Care Inc | 5242.5 | 90 | | | 327.74 | | 5533.75 | percent of total billed charges | |
| HC LARYNGO FLX THERAP INJ | 31573 | CPT | | | | outpatient | | | 5825 | 2232.29 | Wellcare | Medicaid | 1837.79 | 31.55 | | | 327.74 | | 5533.75 | percent of total billed charges | |
| HC LARYNGO FLX THERAP INJ | 31573 | CPT | | | | outpatient | | | 5825 | 2232.29 | Three Rivers | Three Rivers | 5533.75 | 95 | | | 327.74 | | 5533.75 | percent of total billed charges | |
| HC LARYNGO FLX THERAP INJ | 31573 | CPT | | | | outpatient | | | 5825 | 2232.29 | United | Oxford | 2493 | | | | 327.74 | | 5533.75 | case rate | |
| HC LYNGSCPY FLX W/INJ FOR AUG UNI | 31574 | CPT | | | | outpatient | | | 5825 | 2232.29 | Consumer | Consumer | 5533.75 | 95 | | | 550 | | 5533.75 | percent of total billed charges | |
| HC LYNGSCPY FLX W/INJ FOR AUG UNI | 31574 | CPT | | | | outpatient | | | 5825 | 2232.29 | Aetna | Medicare | 1941.12 | | | | 550 | | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LYNGSCPY FLX W/INJ FOR AUG UNI | 31574 | CPT | | | | outpatient | | | 5825 | 2232.29 | WellPoint | WellPoint | 1874.49 | 32.18 | | | 550 | | 5533.75 | percent of total billed charges | |
| HC LYNGSCPY FLX W/INJ FOR AUG UNI | 31574 | CPT | | | | outpatient | | | 5825 | 2232.29 | Aetna | Better Health | 1837.79 | 31.55 | | | 550 | | 5533.75 | percent of total billed charges | |
| HC LYNGSCPY FLX W/INJ FOR AUG UNI | 31574 | CPT | | | | outpatient | | | 5825 | 2232.29 | First Health | First Health | 4077.5 | 70 | | | 550 | | 5533.75 | percent of total billed charges | |
| HC LYNGSCPY FLX W/INJ FOR AUG UNI | 31574 | CPT | | | | outpatient | | | 5825 | 2232.29 | Americare | Americare | 4368.75 | 75 | | | 550 | | 5533.75 | percent of total billed charges | |
| HC LYNGSCPY FLX W/INJ FOR AUG UNI | 31574 | CPT | | | | outpatient | | | 5825 | 2232.29 | Horizon | Indemnity | 3756.07 | | | | 550 | | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LYNGSCPY FLX W/INJ FOR AUG UNI | 31574 | CPT | | | | outpatient | | | 5825 | 2232.29 | Qualcare | Qualcare | 4368.75 | 75 | | | 550 | | 5533.75 | percent of total billed charges | |
| HC LYNGSCPY FLX W/INJ FOR AUG UNI | 31574 | CPT | | | | outpatient | | | 5825 | 2232.29 | Corrections | Corrections | 4660 | 80 | | | 550 | | 5533.75 | percent of total billed charges | |
| HC LYNGSCPY FLX W/INJ FOR AUG UNI | 31574 | CPT | | | | outpatient | | | 5825 | 2232.29 | Amerihealth | HMO\|PPO | 550 | | | | 550 | | 5533.75 | fee schedule | |
| HC LYNGSCPY FLX W/INJ FOR AUG UNI | 31574 | CPT | | | | outpatient | | | 5825 | 2232.29 | Horizon | Medicare Blue | 1941.12 | | | | 550 | | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LYNGSCPY FLX W/INJ FOR AUG UNI | 31574 | CPT | | | | outpatient | | | 5825 | 2232.29 | Aetna | Commercial | 2213.5 | 38 | | | 550 | | 5533.75 | percent of total billed charges | |
| HC LYNGSCPY FLX W/INJ FOR AUG UNI | 31574 | CPT | | | | outpatient | | | 5825 | 2232.29 | Three Rivers | Three Rivers | 5533.75 | 95 | | | 550 | | 5533.75 | percent of total billed charges | |
| HC LYNGSCPY FLX W/INJ FOR AUG UNI | 31574 | CPT | | | | outpatient | | | 5825 | 2232.29 | Horizon | MGD | 3756.07 | | | | 550 | | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LYNGSCPY FLX W/INJ FOR AUG UNI | 31574 | CPT | | | | outpatient | | | 5825 | 2232.29 | UHC | Medicare | 1941.12 | | | | 550 | | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LYNGSCPY FLX W/INJ FOR AUG UNI | 31574 | CPT | | | | outpatient | | | 5825 | 2232.29 | Multiplan | Multiplan | 4660 | 80 | | | 550 | | 5533.75 | percent of total billed charges | |
| HC LYNGSCPY FLX W/INJ FOR AUG UNI | 31574 | CPT | | | | outpatient | | | 5825 | 2232.29 | First Trenton | First Trenton | 5242.5 | 90 | | | 550 | | 5533.75 | percent of total billed charges | |
| HC LYNGSCPY FLX W/INJ FOR AUG UNI | 31574 | CPT | | | | outpatient | | | 5825 | 2232.29 | Wellcare | Medicaid | 1837.79 | 31.55 | | | 550 | | 5533.75 | percent of total billed charges | |
| HC LYNGSCPY FLX W/INJ FOR AUG UNI | 31574 | CPT | | | | outpatient | | | 5825 | 2232.29 | Horizon | NJ Health | 1269.14 | | | | 550 | | 5533.75 | fee schedule | |
| HC LYNGSCPY FLX W/INJ FOR AUG UNI | 31574 | CPT | | | | outpatient | | | 5825 | 2232.29 | Wellcare | Medicare | 1941.12 | | | | 550 | | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LYNGSCPY FLX W/INJ FOR AUG UNI | 31574 | CPT | | | | outpatient | | | 5825 | 2232.29 | Horizon | PPO | 3756.07 | | | | 550 | | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LYNGSCPY FLX W/INJ FOR AUG UNI | 31574 | CPT | | | | outpatient | | | 5825 | 2232.29 | Managed Care Inc | Managed Care Inc | 5242.5 | 90 | | | 550 | | 5533.75 | percent of total billed charges | |
| HC LYNGSCPY FLX W/INJ FOR AUG UNI | 31574 | CPT | | | | outpatient | | | 5825 | 2232.29 | UHC | Medicaid | 1837.79 | 31.55 | | | 550 | | 5533.75 | percent of total billed charges | |
| HC LYNGSCPY FLX W/INJ FOR AUG UNI | 31574 | CPT | | | | outpatient | | | 5825 | 2232.29 | United | Commercial\|PPO | 2493 | | | | 550 | | 5533.75 | case rate | |
| HC LYNGSCPY FLX W/INJ FOR AUG UNI | 31574 | CPT | | | | outpatient | | | 5825 | 2232.29 | United | Oxford | 2493 | | | | 550 | | 5533.75 | case rate | |
| HC LARYNGOSCOPY/FLEX/FIBEROPTIC/D | 31575 | CPT | | | | both | | | 712 | 260.52 | Americare | Americare | 534 | 75 | | | 137.55 | | 1782 | percent of total billed charges | |
| HC LARYNGOSCOPY/FLEX/FIBEROPTIC/D | 31575 | CPT | | | | both | | | 712 | 260.52 | Aetna | Better Health | 224.64 | 31.55 | | 207.59 | 137.55 | | 1782 | percent of total billed charges | |
| HC LARYNGOSCOPY/FLEX/FIBEROPTIC/D | 31575 | CPT | | | | both | | | 712 | 260.52 | Aetna | Medicare | 226.54 | | | | 137.55 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGOSCOPY/FLEX/FIBEROPTIC/D | 31575 | CPT | | | | both | | | 712 | 260.52 | Aetna | Commercial | 270.56 | 38 | | 59.52 | 137.55 | | 1782 | percent of total billed charges | |
| HC LARYNGOSCOPY/FLEX/FIBEROPTIC/D | 31575 | CPT | | | | both | | | 712 | 260.52 | Horizon | Indemnity | 438.35 | | | 213.61 | 137.55 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGOSCOPY/FLEX/FIBEROPTIC/D | 31575 | CPT | | | | both | | | 712 | 260.52 | Corrections | Corrections | 569.6 | 80 | | 192.46 | 137.55 | | 1782 | percent of total billed charges | |
| HC LARYNGOSCOPY/FLEX/FIBEROPTIC/D | 31575 | CPT | | | | both | | | 712 | 260.52 | Multiplan | Multiplan | 569.6 | 80 | | | 137.55 | | 1782 | percent of total billed charges | |
| HC LARYNGOSCOPY/FLEX/FIBEROPTIC/D | 31575 | CPT | | | | both | | | 712 | 260.52 | First Trenton | First Trenton | 640.8 | 90 | | | 137.55 | | 1782 | percent of total billed charges | |
| HC LARYNGOSCOPY/FLEX/FIBEROPTIC/D | 31575 | CPT | | | | both | | | 712 | 260.52 | Amerihealth | HMO\|PPO | 550 | | | 109.99 | 137.55 | | 1782 | fee schedule | |
| HC LARYNGOSCOPY/FLEX/FIBEROPTIC/D | 31575 | CPT | | | | both | | | 712 | 260.52 | Horizon | Medicare Blue | 226.54 | | | 199.43 | 137.55 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGOSCOPY/FLEX/FIBEROPTIC/D | 31575 | CPT | | | | both | | | 712 | 260.52 | Consumer | Consumer | 676.4 | 95 | | | 137.55 | | 1782 | percent of total billed charges | |
| HC LARYNGOSCOPY/FLEX/FIBEROPTIC/D | 31575 | CPT | | | | both | | | 712 | 260.52 | Wellcare | Medicaid | 224.64 | 31.55 | | 193.62 | 137.55 | | 1782 | percent of total billed charges | |
| HC LARYNGOSCOPY/FLEX/FIBEROPTIC/D | 31575 | CPT | | | | both | | | 712 | 260.52 | Horizon | NJ Health | 137.55 | | | 164.13 | 137.55 | | 1782 | fee schedule | |
| HC LARYNGOSCOPY/FLEX/FIBEROPTIC/D | 31575 | CPT | | | | both | | | 712 | 260.52 | United | Commercial\|PPO | 1782 | | | 126.94 | 137.55 | | 1782 | case rate | |
| HC LARYNGOSCOPY/FLEX/FIBEROPTIC/D | 31575 | CPT | | | | both | | | 712 | 260.52 | Qualcare | Qualcare | 534 | 75 | | | 137.55 | | 1782 | percent of total billed charges | |
| HC LARYNGOSCOPY/FLEX/FIBEROPTIC/D | 31575 | CPT | | | | both | | | 712 | 260.52 | Horizon | MGD | 438.35 | | | 209.87 | 137.55 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGOSCOPY/FLEX/FIBEROPTIC/D | 31575 | CPT | | | | both | | | 712 | 260.52 | Horizon | PPO | 438.35 | | | 352.26 | 137.55 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGOSCOPY/FLEX/FIBEROPTIC/D | 31575 | CPT | | | | both | | | 712 | 260.52 | United | Oxford | 1782 | | | | 137.55 | | 1782 | case rate | |
| HC LARYNGOSCOPY/FLEX/FIBEROPTIC/D | 31575 | CPT | | | | both | | | 712 | 260.52 | First Health | First Health | 498.4 | 70 | | | 137.55 | | 1782 | percent of total billed charges | |
| HC LARYNGOSCOPY/FLEX/FIBEROPTIC/D | 31575 | CPT | | | | both | | | 712 | 260.52 | Managed Care Inc | Managed Care Inc | 640.8 | 90 | | | 137.55 | | 1782 | percent of total billed charges | |
| HC LARYNGOSCOPY/FLEX/FIBEROPTIC/D | 31575 | CPT | | | | both | | | 712 | 260.52 | WellPoint | WellPoint | 229.12 | 32.18 | | 190.62 | 137.55 | | 1782 | percent of total billed charges | |
| HC LARYNGOSCOPY/FLEX/FIBEROPTIC/D | 31575 | CPT | | | | both | | | 712 | 260.52 | Three Rivers | Three Rivers | 676.4 | 95 | | | 137.55 | | 1782 | percent of total billed charges | |
| HC LARYNGOSCOPY/FLEX/FIBEROPTIC/D | 31575 | CPT | | | | both | | | 712 | 260.52 | UHC | Medicaid | 224.64 | 31.55 | | 139.02 | 137.55 | | 1782 | percent of total billed charges | |
| HC LARYNGOSCOPY/FLEX/FIBEROPTIC/D | 31575 | CPT | | | | both | | | 712 | 260.52 | UHC | Medicare | 226.54 | | | 154.98 | 137.55 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGOSCOPY/FLEX/FIBEROPTIC/D | 31575 | CPT | | | | both | | | 712 | 260.52 | Wellcare | Medicare | 226.54 | | | 179.71 | 137.55 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGOSCOPY W/ BX | 31576 | CPT | | | | outpatient | | | 5825 | 2232.29 | Aetna | Medicare | 1941.12 | | | | 241.48 | | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGOSCOPY W/ BX | 31576 | CPT | | | | outpatient | | | 5825 | 2232.29 | Amerihealth | HMO\|PPO | 550 | | | | 241.48 | | 5533.75 | fee schedule | |
| HC LARYNGOSCOPY W/ BX | 31576 | CPT | | | | outpatient | | | 5825 | 2232.29 | Multiplan | Multiplan | 4660 | 80 | | | 241.48 | | 5533.75 | percent of total billed charges | |
| HC LARYNGOSCOPY W/ BX | 31576 | CPT | | | | outpatient | | | 5825 | 2232.29 | Horizon | Medicare Blue | 1941.12 | | | | 241.48 | | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGOSCOPY W/ BX | 31576 | CPT | | | | outpatient | | | 5825 | 2232.29 | Americare | Americare | 4368.75 | 75 | | | 241.48 | | 5533.75 | percent of total billed charges | |
| HC LARYNGOSCOPY W/ BX | 31576 | CPT | | | | outpatient | | | 5825 | 2232.29 | Aetna | Commercial | 3167.91 | | | | 241.48 | | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGOSCOPY W/ BX | 31576 | CPT | | | | outpatient | | | 5825 | 2232.29 | Consumer | Consumer | 5533.75 | 95 | | | 241.48 | | 5533.75 | percent of total billed charges | |
| HC LARYNGOSCOPY W/ BX | 31576 | CPT | | | | outpatient | | | 5825 | 2232.29 | Aetna | Better Health | 1837.79 | 31.55 | | | 241.48 | | 5533.75 | percent of total billed charges | |
| HC LARYNGOSCOPY W/ BX | 31576 | CPT | | | | outpatient | | | 5825 | 2232.29 | Corrections | Corrections | 4660 | 80 | | | 241.48 | | 5533.75 | percent of total billed charges | |
| HC LARYNGOSCOPY W/ BX | 31576 | CPT | | | | outpatient | | | 5825 | 2232.29 | First Health | First Health | 4077.5 | 70 | | | 241.48 | | 5533.75 | percent of total billed charges | |
| HC LARYNGOSCOPY W/ BX | 31576 | CPT | | | | outpatient | | | 5825 | 2232.29 | Qualcare | Qualcare | 4368.75 | 75 | | | 241.48 | | 5533.75 | percent of total billed charges | |
| HC LARYNGOSCOPY W/ BX | 31576 | CPT | | | | outpatient | | | 5825 | 2232.29 | Horizon | PPO | 3756.07 | | | | 241.48 | | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGOSCOPY W/ BX | 31576 | CPT | | | | outpatient | | | 5825 | 2232.29 | First Trenton | First Trenton | 5242.5 | 90 | | | 241.48 | | 5533.75 | percent of total billed charges | |
| HC LARYNGOSCOPY W/ BX | 31576 | CPT | | | | outpatient | | | 5825 | 2232.29 | Horizon | MGD | 3756.07 | | | | 241.48 | | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGOSCOPY W/ BX | 31576 | CPT | | | | outpatient | | | 5825 | 2232.29 | Horizon | Indemnity | 3756.07 | | | | 241.48 | | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGOSCOPY W/ BX | 31576 | CPT | | | | outpatient | | | 5825 | 2232.29 | Wellcare | Medicare | 1941.12 | | | | 241.48 | | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGOSCOPY W/ BX | 31576 | CPT | | | | outpatient | | | 5825 | 2232.29 | Horizon | NJ Health | 241.48 | | | | 241.48 | | 5533.75 | fee schedule | |
| HC LARYNGOSCOPY W/ BX | 31576 | CPT | | | | outpatient | | | 5825 | 2232.29 | UHC | Medicaid | 1837.79 | 31.55 | | | 241.48 | | 5533.75 | percent of total billed charges | |
| HC LARYNGOSCOPY W/ BX | 31576 | CPT | | | | outpatient | | | 5825 | 2232.29 | United | Commercial\|PPO | 2493 | | | | 241.48 | | 5533.75 | case rate | |
| HC LARYNGOSCOPY W/ BX | 31576 | CPT | | | | outpatient | | | 5825 | 2232.29 | WellPoint | WellPoint | 1874.49 | 32.18 | | | 241.48 | | 5533.75 | percent of total billed charges | |
| HC LARYNGOSCOPY W/ BX | 31576 | CPT | | | | outpatient | | | 5825 | 2232.29 | Managed Care Inc | Managed Care Inc | 5242.5 | 90 | | | 241.48 | | 5533.75 | percent of total billed charges | |
| HC LARYNGOSCOPY W/ BX | 31576 | CPT | | | | outpatient | | | 5825 | 2232.29 | UHC | Medicare | 1941.12 | | | | 241.48 | | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGOSCOPY W/ BX | 31576 | CPT | | | | outpatient | | | 5825 | 2232.29 | United | Oxford | 2493 | | | | 241.48 | | 5533.75 | case rate | |
| HC LARYNGOSCOPY W/ BX | 31576 | CPT | | | | outpatient | | | 5825 | 2232.29 | Three Rivers | Three Rivers | 5533.75 | 95 | | | 241.48 | | 5533.75 | percent of total billed charges | |
| HC LARYNGOSCOPY W/ BX | 31576 | CPT | | | | outpatient | | | 5825 | 2232.29 | Wellcare | Medicaid | 1837.79 | 31.55 | | | 241.48 | | 5533.75 | percent of total billed charges | |
| HC LARYNGOSCOPY W/REM FB | 31577 | CPT | | | | outpatient | | | 1393 | 537.04 | First Trenton | First Trenton | 1253.7 | 90 | | | 375.84 | | 1782 | percent of total billed charges | |
| HC LARYNGOSCOPY W/REM FB | 31577 | CPT | | | | outpatient | | | 1393 | 537.04 | Aetna | Better Health | 439.49 | 31.55 | | | 375.84 | | 1782 | percent of total billed charges | |
| HC LARYNGOSCOPY W/REM FB | 31577 | CPT | | | | outpatient | | | 1393 | 537.04 | Consumer | Consumer | 1323.35 | 95 | | | 375.84 | | 1782 | percent of total billed charges | |
| HC LARYNGOSCOPY W/REM FB | 31577 | CPT | | | | outpatient | | | 1393 | 537.04 | Aetna | Commercial | 762.13 | | | | 375.84 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGOSCOPY W/REM FB | 31577 | CPT | | | | outpatient | | | 1393 | 537.04 | Qualcare | Qualcare | 1044.75 | 75 | | | 375.84 | | 1782 | percent of total billed charges | |
| HC LARYNGOSCOPY W/REM FB | 31577 | CPT | | | | outpatient | | | 1393 | 537.04 | Corrections | Corrections | 1114.4 | 80 | | | 375.84 | | 1782 | percent of total billed charges | |
| HC LARYNGOSCOPY W/REM FB | 31577 | CPT | | | | outpatient | | | 1393 | 537.04 | First Health | First Health | 975.1 | 70 | | | 375.84 | | 1782 | percent of total billed charges | |
| HC LARYNGOSCOPY W/REM FB | 31577 | CPT | | | | outpatient | | | 1393 | 537.04 | Aetna | Medicare | 466.99 | | | | 375.84 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGOSCOPY W/REM FB | 31577 | CPT | | | | outpatient | | | 1393 | 537.04 | Managed Care Inc | Managed Care Inc | 1253.7 | 90 | | | 375.84 | | 1782 | percent of total billed charges | |
| HC LARYNGOSCOPY W/REM FB | 31577 | CPT | | | | outpatient | | | 1393 | 537.04 | Horizon | Indemnity | 903.63 | | | | 375.84 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGOSCOPY W/REM FB | 31577 | CPT | | | | outpatient | | | 1393 | 537.04 | Horizon | NJ Health | 375.84 | | | | 375.84 | | 1782 | fee schedule | |
| HC LARYNGOSCOPY W/REM FB | 31577 | CPT | | | | outpatient | | | 1393 | 537.04 | Americare | Americare | 1044.75 | 75 | | | 375.84 | | 1782 | percent of total billed charges | |
| HC LARYNGOSCOPY W/REM FB | 31577 | CPT | | | | outpatient | | | 1393 | 537.04 | UHC | Medicare | 466.99 | | | | 375.84 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGOSCOPY W/REM FB | 31577 | CPT | | | | outpatient | | | 1393 | 537.04 | Horizon | Medicare Blue | 466.99 | | | | 375.84 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGOSCOPY W/REM FB | 31577 | CPT | | | | outpatient | | | 1393 | 537.04 | Multiplan | Multiplan | 1114.4 | 80 | | | 375.84 | | 1782 | percent of total billed charges | |
| HC LARYNGOSCOPY W/REM FB | 31577 | CPT | | | | outpatient | | | 1393 | 537.04 | Amerihealth | HMO\|PPO | 550 | | | | 375.84 | | 1782 | fee schedule | |
| HC LARYNGOSCOPY W/REM FB | 31577 | CPT | | | | outpatient | | | 1393 | 537.04 | WellPoint | WellPoint | 448.27 | 32.18 | | | 375.84 | | 1782 | percent of total billed charges | |
| HC LARYNGOSCOPY W/REM FB | 31577 | CPT | | | | outpatient | | | 1393 | 537.04 | Horizon | PPO | 903.63 | | | | 375.84 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGOSCOPY W/REM FB | 31577 | CPT | | | | outpatient | | | 1393 | 537.04 | UHC | Medicaid | 439.49 | 31.55 | | | 375.84 | | 1782 | percent of total billed charges | |
| HC LARYNGOSCOPY W/REM FB | 31577 | CPT | | | | outpatient | | | 1393 | 537.04 | Horizon | MGD | 903.63 | | | | 375.84 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGOSCOPY W/REM FB | 31577 | CPT | | | | outpatient | | | 1393 | 537.04 | Three Rivers | Three Rivers | 1323.35 | 95 | | | 375.84 | | 1782 | percent of total billed charges | |
| HC LARYNGOSCOPY W/REM FB | 31577 | CPT | | | | outpatient | | | 1393 | 537.04 | United | Commercial\|PPO | 1782 | | | | 375.84 | | 1782 | case rate | |
| HC LARYNGOSCOPY W/REM FB | 31577 | CPT | | | | outpatient | | | 1393 | 537.04 | Wellcare | Medicaid | 439.49 | 31.55 | | | 375.84 | | 1782 | percent of total billed charges | |
| HC LARYNGOSCOPY W/REM FB | 31577 | CPT | | | | outpatient | | | 1393 | 537.04 | United | Oxford | 1782 | | | | 375.84 | | 1782 | case rate | |
| HC LARYNGOSCOPY W/REM FB | 31577 | CPT | | | | outpatient | | | 1393 | 537.04 | Wellcare | Medicare | 466.99 | | | | 375.84 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGSCOP FLEX/RIGID STROBSCO | 31579 | CPT | | | | outpatient | | | 1739 | 537.04 | Corrections | Corrections | 1391.2 | 80 | | 434.13 | 220.78 | | 1782 | percent of total billed charges | |
| HC LARYNGSCOP FLEX/RIGID STROBSCO | 31579 | CPT | | | | outpatient | | | 1739 | 537.04 | Horizon | Medicare Blue | 466.99 | | | | 220.78 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGSCOP FLEX/RIGID STROBSCO | 31579 | CPT | | | | outpatient | | | 1739 | 537.04 | Aetna | Better Health | 548.65 | 31.55 | | 390.75 | 220.78 | | 1782 | percent of total billed charges | |
| HC LARYNGSCOP FLEX/RIGID STROBSCO | 31579 | CPT | | | | outpatient | | | 1739 | 537.04 | Consumer | Consumer | 1652.05 | 95 | | | 220.78 | | 1782 | percent of total billed charges | |
| HC LARYNGSCOP FLEX/RIGID STROBSCO | 31579 | CPT | | | | outpatient | | | 1739 | 537.04 | Multiplan | Multiplan | 1391.2 | 80 | | | 220.78 | | 1782 | percent of total billed charges | |
| HC LARYNGSCOP FLEX/RIGID STROBSCO | 31579 | CPT | | | | outpatient | | | 1739 | 537.04 | Wellcare | Medicaid | 548.65 | 31.55 | | | 220.78 | | 1782 | percent of total billed charges | |
| HC LARYNGSCOP FLEX/RIGID STROBSCO | 31579 | CPT | | | | outpatient | | | 1739 | 537.04 | Aetna | Commercial | 762.13 | | | | 220.78 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGSCOP FLEX/RIGID STROBSCO | 31579 | CPT | | | | outpatient | | | 1739 | 537.04 | First Health | First Health | 1217.3 | 70 | | | 220.78 | | 1782 | percent of total billed charges | |
| HC LARYNGSCOP FLEX/RIGID STROBSCO | 31579 | CPT | | | | outpatient | | | 1739 | 537.04 | Qualcare | Qualcare | 1304.25 | 75 | | | 220.78 | | 1782 | percent of total billed charges | |
| HC LARYNGSCOP FLEX/RIGID STROBSCO | 31579 | CPT | | | | outpatient | | | 1739 | 537.04 | WellPoint | WellPoint | 559.61 | 32.18 | | 359.13 | 220.78 | | 1782 | percent of total billed charges | |
| HC LARYNGSCOP FLEX/RIGID STROBSCO | 31579 | CPT | | | | outpatient | | | 1739 | 537.04 | Horizon | Indemnity | 903.63 | | | 853.82 | 220.78 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGSCOP FLEX/RIGID STROBSCO | 31579 | CPT | | | | outpatient | | | 1739 | 537.04 | First Trenton | First Trenton | 1565.1 | 90 | | | 220.78 | | 1782 | percent of total billed charges | |
| HC LARYNGSCOP FLEX/RIGID STROBSCO | 31579 | CPT | | | | outpatient | | | 1739 | 537.04 | Aetna | Medicare | 466.99 | | | | 220.78 | | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGSCOP FLEX/RIGID STROBSCO | 31579 | CPT | | | | outpatient | | | 1739 | 537.04 | Three Rivers | Three Rivers | 1652.05 | 95 | | | 220.78 | | 1782 | percent of total billed charges

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC LARYNGSCOP FLEX/RIGID STROBSCO | 31579 | CPT | | | | outpatient | | | 1739 | 537.04 | Amerihealth | HMO/PPO | 550 | | | | 220.78 | 1782 | fee schedule | |
| HC LARYNGSCOP FLEX/RIGID STROBSCO | 31579 | CPT | | | | outpatient | | | 1739 | 537.04 | Wellcare | Medicare | 466.99 | | | | 220.78 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGSCOP FLEX/RIGID STROBSCO | 31579 | CPT | | | | outpatient | | | 1739 | 537.04 | Horizon | NJ Health | 220.78 | | | | 220.78 | 1782 | fee schedule | |
| HC LARYNGSCOP FLEX/RIGID STROBSCO | 31579 | CPT | | | | outpatient | | | 1739 | 537.04 | Horizon | PPO | 903.63 | | | | 220.78 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGSCOP FLEX/RIGID STROBSCO | 31579 | CPT | | | | outpatient | | | 1739 | 537.04 | Managed Care Inc | Managed Care Inc | 1565.1 | 90 | | | 220.78 | 1782 | percent of total billed charges | |
| HC LARYNGSCOP FLEX/RIGID STROBSCO | 31579 | CPT | | | | outpatient | | | 1739 | 537.04 | UHC | Medicaid | 548.65 | 31.55 | | | 220.78 | 1782 | percent of total billed charges | |
| HC LARYNGSCOP FLEX/RIGID STROBSCO | 31579 | CPT | | | | outpatient | | | 1739 | 537.04 | UHC | Medicare | 466.99 | | | 269.95 | 220.78 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LARYNGSCOP FLEX/RIGID STROBSCO | 31579 | CPT | | | | outpatient | | | 1739 | 537.04 | United | Commercial/PPO | 1782 | | | | 220.78 | 1782 | case rate | |
| HC LARYNGSCOP FLEX/RIGID STROBSCO | 31579 | CPT | | | | outpatient | | | 1739 | 537.04 | United | Oxford | 1782 | | | | 220.78 | 1782 | case rate | |
| HC SURGERY/SPEECH PROSTHESIS | 31611 | CPT | | | | outpatient | | | 10367 | 4234.52 | First Trenton | First Trenton | 9330.3 | 90 | | | 47.14 | 9848.65 | percent of total billed charges | |
| HC SURGERY/SPEECH PROSTHESIS | 31611 | CPT | | | | outpatient | | | 10367 | 4234.52 | Horizon | Indemnity | 7125.04 | | | | 47.14 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SURGERY/SPEECH PROSTHESIS | 31611 | CPT | | | | outpatient | | | 10367 | 4234.52 | Americare | Americare | 7775.25 | 75 | | | 47.14 | 9848.65 | percent of total billed charges | |
| HC SURGERY/SPEECH PROSTHESIS | 31611 | CPT | | | | outpatient | | | 10367 | 4234.52 | Aetna | Commercial | 6009.33 | | | | 47.14 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SURGERY/SPEECH PROSTHESIS | 31611 | CPT | | | | outpatient | | | 10367 | 4234.52 | Corrections | Corrections | 8293.6 | 80 | | | 47.14 | 9848.65 | percent of total billed charges | |
| HC SURGERY/SPEECH PROSTHESIS | 31611 | CPT | | | | outpatient | | | 10367 | 4234.52 | Aetna | Better Health | 3270.79 | 31.55 | | | 47.14 | 9848.65 | percent of total billed charges | |
| HC SURGERY/SPEECH PROSTHESIS | 31611 | CPT | | | | outpatient | | | 10367 | 4234.52 | First Health | First Health | 7298.9 | 70 | | | 47.14 | 9848.65 | percent of total billed charges | |
| HC SURGERY/SPEECH PROSTHESIS | 31611 | CPT | | | | outpatient | | | 10367 | 4234.52 | Aetna | Medicare | 3682.19 | | | | 47.14 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SURGERY/SPEECH PROSTHESIS | 31611 | CPT | | | | outpatient | | | 10367 | 4234.52 | Horizon | NJ Health | 47.14 | | | | 47.14 | 9848.65 | fee schedule | |
| HC SURGERY/SPEECH PROSTHESIS | 31611 | CPT | | | | outpatient | | | 10367 | 4234.52 | Horizon | Medicare Blue | 3682.19 | | | | 47.14 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SURGERY/SPEECH PROSTHESIS | 31611 | CPT | | | | outpatient | | | 10367 | 4234.52 | Consumer | Consumer | 9848.65 | 95 | | | 47.14 | 9848.65 | percent of total billed charges | |
| HC SURGERY/SPEECH PROSTHESIS | 31611 | CPT | | | | outpatient | | | 10367 | 4234.52 | Amerihealth | HMO/PPO | 650 | | | | 47.14 | 9848.65 | fee schedule | |
| HC SURGERY/SPEECH PROSTHESIS | 31611 | CPT | | | | outpatient | | | 10367 | 4234.52 | Managed Care Inc | Managed Care Inc | 9330.3 | 90 | | | 47.14 | 9848.65 | percent of total billed charges | |
| HC SURGERY/SPEECH PROSTHESIS | 31611 | CPT | | | | outpatient | | | 10367 | 4234.52 | Horizon | PPO | 7125.04 | | | | 47.14 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SURGERY/SPEECH PROSTHESIS | 31611 | CPT | | | | outpatient | | | 10367 | 4234.52 | Multiplan | Multiplan | 8293.6 | 80 | | | 47.14 | 9848.65 | percent of total billed charges | |
| HC SURGERY/SPEECH PROSTHESIS | 31611 | CPT | | | | outpatient | | | 10367 | 4234.52 | Horizon | MGD | 7125.04 | | | | 47.14 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SURGERY/SPEECH PROSTHESIS | 31611 | CPT | | | | outpatient | | | 10367 | 4234.52 | Three Rivers | Three Rivers | 9848.65 | 95 | | | 47.14 | 9848.65 | percent of total billed charges | |
| HC SURGERY/SPEECH PROSTHESIS | 31611 | CPT | | | | outpatient | | | 10367 | 4234.52 | WellPoint | WellPoint | 3336.1 | 32.18 | | | 47.14 | 9848.65 | percent of total billed charges | |
| HC SURGERY/SPEECH PROSTHESIS | 31611 | CPT | | | | outpatient | | | 10367 | 4234.52 | UHC | Medicaid | 3270.79 | 31.55 | | | 47.14 | 9848.65 | percent of total billed charges | |
| HC SURGERY/SPEECH PROSTHESIS | 31611 | CPT | | | | outpatient | | | 10367 | 4234.52 | UHC | Medicare | 3682.19 | | | | 47.14 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SURGERY/SPEECH PROSTHESIS | 31611 | CPT | | | | outpatient | | | 10367 | 4234.52 | Qualcare | Qualcare | 7775.25 | 75 | | | 47.14 | 9848.65 | percent of total billed charges | |
| HC SURGERY/SPEECH PROSTHESIS | 31611 | CPT | | | | outpatient | | | 10367 | 4234.52 | United | Commercial/PPO | 2776 | | | | 47.14 | 9848.65 | case rate | |
| HC SURGERY/SPEECH PROSTHESIS | 31611 | CPT | | | | outpatient | | | 10367 | 4234.52 | Wellcare | Medicaid | 3270.79 | 31.55 | | | 47.14 | 9848.65 | percent of total billed charges | |
| HC SURGERY/SPEECH PROSTHESIS | 31611 | CPT | | | | outpatient | | | 10367 | 4234.52 | United | Oxford | 2776 | | | | 47.14 | 9848.65 | case rate | |
| HC SURGERY/SPEECH PROSTHESIS | 31611 | CPT | | | | outpatient | | | 10367 | 4234.52 | Wellcare | Medicare | 3682.19 | | | | 47.14 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRACHEOBRONCHOSCOPY THRU EST TRACH INCISION, VISUALIZATN WINDPIPE | 31615 | CPT | | | | outpatient | | | 2889 | 723.64 | Aetna | Medicare | 629.25 | | | | 213.34 | 2744.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRACHEOBRONCHOSCOPY THRU EST TRACH INCISION, VISUALIZATN WINDPIPE | 31615 | CPT | | | | outpatient | | | 2889 | 723.64 | First Trenton | First Trenton | 2600.1 | 90 | | | 213.34 | 2744.55 | percent of total billed charges | |
| HC TRACHEOBRONCHOSCOPY THRU EST TRACH INCISION, VISUALIZATN WINDPIPE | 31615 | CPT | | | | outpatient | | | 2889 | 723.64 | First Health | First Health | 2022.3 | 70 | | | 213.34 | 2744.55 | percent of total billed charges | |
| HC TRACHEOBRONCHOSCOPY THRU EST TRACH INCISION, VISUALIZATN WINDPIPE | 31615 | CPT | | | | outpatient | | | 2889 | 723.64 | Aetna | Commercial | 1026.94 | | | | 213.34 | 2744.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRACHEOBRONCHOSCOPY THRU EST TRACH INCISION, VISUALIZATN WINDPIPE | 31615 | CPT | | | | outpatient | | | 2889 | 723.64 | Aetna | Better Health | 911.48 | 31.55 | | | 213.34 | 2744.55 | percent of total billed charges | |
| HC TRACHEOBRONCHOSCOPY THRU EST TRACH INCISION, VISUALIZATN WINDPIPE | 31615 | CPT | | | | outpatient | | | 2889 | 723.64 | UHC | Medicaid | 911.48 | 31.55 | | | 213.34 | 2744.55 | percent of total billed charges | |
| HC TRACHEOBRONCHOSCOPY THRU EST TRACH INCISION, VISUALIZATN WINDPIPE | 31615 | CPT | | | | outpatient | | | 2889 | 723.64 | Consumer | Consumer | 2744.55 | 95 | | | 213.34 | 2744.55 | percent of total billed charges | |
| HC TRACHEOBRONCHOSCOPY THRU EST TRACH INCISION, VISUALIZATN WINDPIPE | 31615 | CPT | | | | outpatient | | | 2889 | 723.64 | Americare | Americare | 2166.75 | 75 | | | 213.34 | 2744.55 | percent of total billed charges | |
| HC TRACHEOBRONCHOSCOPY THRU EST TRACH INCISION, VISUALIZATN WINDPIPE | 31615 | CPT | | | | outpatient | | | 2889 | 723.64 | Horizon | MGD | 1217.6 | | | | 213.34 | 2744.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRACHEOBRONCHOSCOPY THRU EST TRACH INCISION, VISUALIZATN WINDPIPE | 31615 | CPT | | | | outpatient | | | 2889 | 723.64 | Horizon | Medicare Blue | 629.25 | | | | 213.34 | 2744.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRACHEOBRONCHOSCOPY THRU EST TRACH INCISION, VISUALIZATN WINDPIPE | 31615 | CPT | | | | outpatient | | | 2889 | 723.64 | Three Rivers | Three Rivers | 2744.55 | 95 | | | 213.34 | 2744.55 | percent of total billed charges | |
| HC TRACHEOBRONCHOSCOPY THRU EST TRACH INCISION, VISUALIZATN WINDPIPE | 31615 | CPT | | | | outpatient | | | 2889 | 723.64 | Amerihealth | HMO/PPO | 300 | | | | 213.34 | 2744.55 | fee schedule | |
| HC TRACHEOBRONCHOSCOPY THRU EST TRACH INCISION, VISUALIZATN WINDPIPE | 31615 | CPT | | | | outpatient | | | 2889 | 723.64 | Multiplan | Multiplan | 2311.2 | 80 | | | 213.34 | 2744.55 | percent of total billed charges | |
| HC TRACHEOBRONCHOSCOPY THRU EST TRACH INCISION, VISUALIZATN WINDPIPE | 31615 | CPT | | | | outpatient | | | 2889 | 723.64 | UHC | Medicare | 629.25 | | | | 213.34 | 2744.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRACHEOBRONCHOSCOPY THRU EST TRACH INCISION, VISUALIZATN WINDPIPE | 31615 | CPT | | | | outpatient | | | 2889 | 723.64 | Corrections | Corrections | 2311.2 | 80 | | | 213.34 | 2744.55 | percent of total billed charges | |
| HC TRACHEOBRONCHOSCOPY THRU EST TRACH INCISION, VISUALIZATN WINDPIPE | 31615 | CPT | | | | outpatient | | | 2889 | 723.64 | United | Commercial/PPO | 1782 | | | | 213.34 | 2744.55 | case rate | |
| HC TRACHEOBRONCHOSCOPY THRU EST TRACH INCISION, VISUALIZATN WINDPIPE | 31615 | CPT | | | | outpatient | | | 2889 | 723.64 | Qualcare | Qualcare | 2166.75 | 75 | | | 213.34 | 2744.55 | percent of total billed charges | |
| HC TRACHEOBRONCHOSCOPY THRU EST TRACH INCISION, VISUALIZATN WINDPIPE | 31615 | CPT | | | | outpatient | | | 2889 | 723.64 | Wellcare | Medicare | 629.25 | | | | 213.34 | 2744.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRACHEOBRONCHOSCOPY THRU EST TRACH INCISION, VISUALIZATN WINDPIPE | 31615 | CPT | | | | outpatient | | | 2889 | 723.64 | Wellcare | Medicaid | 911.48 | 31.55 | | | 213.34 | 2744.55 | percent of total billed charges | |
| HC TRACHEOBRONCHOSCOPY THRU EST TRACH INCISION, VISUALIZATN WINDPIPE | 31615 | CPT | | | | outpatient | | | 2889 | 723.64 | Horizon | Indemnity | 1217.6 | | | | 213.34 | 2744.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRACHEOBRONCHOSCOPY THRU EST TRACH INCISION, VISUALIZATN WINDPIPE | 31615 | CPT | | | | outpatient | | | 2889 | 723.64 | Horizon | NJ Health | 213.34 | | | | 213.34 | 2744.55 | fee schedule | |
| HC TRACHEOBRONCHOSCOPY THRU EST TRACH INCISION, VISUALIZATN WINDPIPE | 31615 | CPT | | | | outpatient | | | 2889 | 723.64 | Horizon | PPO | 1217.6 | | | | 213.34 | 2744.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRACHEOBRONCHOSCOPY THRU EST TRACH INCISION, VISUALIZATN WINDPIPE | 31615 | CPT | | | | outpatient | | | 2889 | 723.64 | Managed Care Inc | Managed Care Inc | 2600.1 | 90 | | | 213.34 | 2744.55 | percent of total billed charges | |
| HC TRACHEOBRONCHOSCOPY THRU EST TRACH INCISION, VISUALIZATN WINDPIPE | 31615 | CPT | | | | outpatient | | | 2889 | 723.64 | United | Oxford | 1782 | | | | 213.34 | 2744.55 | case rate | |
| HC TRACHEOBRONCHOSCOPY THRU EST TRACH INCISION, VISUALIZATN WINDPIPE | 31615 | CPT | | | | outpatient | | | 2889 | 723.64 | WellPoint | WellPoint | 929.68 | 32.18 | | | 213.34 | 2744.55 | percent of total billed charges | |
| HC BRONCH DIAGNOSTIC | 31622 | CPT | | | | outpatient | | | 5825 | 2232.29 | Aetna | Better Health | 1837.79 | 31.55 | | | 125 | 5533.75 | percent of total billed charges | |
| HC BRONCH DIAGNOSTIC | 31622 | CPT | | | | outpatient | | | 5825 | 2232.29 | Horizon | PPO | 3756.07 | | | | 125 | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCH DIAGNOSTIC | 31622 | CPT | | | | outpatient | | | 5825 | 2232.29 | Corrections | Corrections | 4660 | 80 | | | 125 | 5533.75 | percent of total billed charges | |
| HC BRONCH DIAGNOSTIC | 31622 | CPT | | | | outpatient | | | 5825 | 2232.29 | Aetna | Commercial | 3167.91 | | | | 125 | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCH DIAGNOSTIC | 31622 | CPT | | | | outpatient | | | 5825 | 2232.29 | First Health | First Health | 4077.5 | 70 | | | 125 | 5533.75 | percent of total billed charges | |
| HC BRONCH DIAGNOSTIC | 31622 | CPT | | | | outpatient | | | 5825 | 2232.29 | Horizon | MGD | 3756.07 | | | | 125 | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCH DIAGNOSTIC | 31622 | CPT | | | | outpatient | | | 5825 | 2232.29 | First Trenton | First Trenton | 5242.5 | 90 | | | 125 | 5533.75 | percent of total billed charges | |
| HC BRONCH DIAGNOSTIC | 31622 | CPT | | | | outpatient | | | 5825 | 2232.29 | Amerihealth | HMO/PPO | 125 | | | | 125 | 5533.75 | fee schedule | |
| HC BRONCH DIAGNOSTIC | 31622 | CPT | | | | outpatient | | | 5825 | 2232.29 | Aetna | Medicare | 1941.12 | | | | 125 | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCH DIAGNOSTIC | 31622 | CPT | | | | outpatient | | | 5825 | 2232.29 | WellPoint | WellPoint | 1874.49 | 32.18 | | | 125 | 5533.75 | percent of total billed charges | |
| HC BRONCH DIAGNOSTIC | 31622 | CPT | | | | outpatient | | | 5825 | 2232.29 | UHC | Medicaid | 1837.79 | 31.55 | | | 125 | 5533.75 | percent of total billed charges | |
| HC BRONCH DIAGNOSTIC | 31622 | CPT | | | | outpatient | | | 5825 | 2232.29 | Horizon | Indemnity | 3756.07 | | | | 125 | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCH DIAGNOSTIC | 31622 | CPT | | | | outpatient | | | 5825 | 2232.29 | Horizon | Medicare Blue | 1941.12 | | | | 125 | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCH DIAGNOSTIC | 31622 | CPT | | | | outpatient | | | 5825 | 2232.29 | UHC | Medicare | 1941.12 | | | 1761.9 | 125 | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCH DIAGNOSTIC | 31622 | CPT | | | | outpatient | | | 5825 | 2232.29 | Horizon | NJ Health | 324.42 | | | | 125 | 5533.75 | fee schedule | |
| HC BRONCH DIAGNOSTIC | 31622 | CPT | | | | outpatient | | | 5825 | 2232.29 | Americare | Americare | 4368.75 | 75 | | | 125 | 5533.75 | percent of total billed charges | |
| HC BRONCH DIAGNOSTIC | 31622 | CPT | | | | outpatient | | | 5825 | 2232.29 | United | Commercial/PPO | 2493 | | | | 125 | 5533.75 | case rate | |
| HC BRONCH DIAGNOSTIC | 31622 | CPT | | | | outpatient | | | 5825 | 2232.29 | Multiplan | Multiplan | 4660 | 80 | | | 125 | 5533.75 | percent of total billed charges | |
| HC BRONCH DIAGNOSTIC | 31622 | CPT | | | | outpatient | | | 5825 | 2232.29 | Managed Care Inc | Managed Care Inc | 5242.5 | 90 | | | 125 | 5533.75 | percent of total billed charges | |
| HC BRONCH DIAGNOSTIC | 31622 | CPT | | | | outpatient | | | 5825 | 2232.29 | Consumer | Consumer | 5533.75 | 95 | | | 125 | 5533.75 | percent of total billed charges | |
| HC BRONCH DIAGNOSTIC | 31622 | CPT | | | | outpatient | | | 5825 | 2232.29 | Three Rivers | Three Rivers | 5533.75 | 95 | | | 125 | 5533.75 | percent of total billed charges | |
| HC BRONCH DIAGNOSTIC | 31622 | CPT | | | | outpatient | | | 5825 | 2232.29 | Qualcare | Qualcare | 4368.75 | 75 | | | 125 | 5533.75 | percent of total billed charges | |
| HC BRONCH DIAGNOSTIC | 31622 | CPT | | | | outpatient | | | 5825 | 2232.29 | Wellcare | Medicare | 1941.12 | | | | 125 | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCH DIAGNOSTIC | 31622 | CPT | | | | outpatient | | | 5825 | 2232.29 | United | Oxford | 2493 | | | | 125 | 5533.75 | case rate | |
| HC BRONCH DIAGNOSTIC | 31622 | CPT | | | | outpatient | | | 5825 | 2232.29 | Wellcare | Medicaid | 1837.79 | 31.55 | | | 125 | 5533.75 | percent of total billed charges | |
| HC BRONCHSCOPY WITH BAL | 31624 | CPT | | | | outpatient | | | 5935 | 2232.29 | Aetna | Better Health | 1872.49 | 31.55 | | | 300 | 5638.25 | percent of total billed charges | |
| HC BRONCHSCOPY WITH BAL | 31624 | CPT | | | | outpatient | | | 5935 | 2232.29 | Aetna | Commercial | 3167.91 | | | | 300 | 5638.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCHSCOPY WITH BAL | 31624 | CPT | | | | outpatient | | | 5935 | 2232.29 | Corrections | Corrections | 4748 | 80 | | | 300 | 5638.25 | percent of total billed charges | |
| HC BRONCHSCOPY WITH BAL | 31624 | CPT | | | | outpatient | | | 5935 | 2232.29 | Horizon | Indemnity | 3756.07 | | | 1122.98 | 300 | 5638.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCHSCOPY WITH BAL | 31624 | CPT | | | | outpatient | | | 5935 | 2232.29 | Aetna | Medicare | 1941.12 | | | | 300 | 5638.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCHSCOPY WITH BAL | 31624 | CPT | | | | outpatient | | | 5935 | 2232.29 | Amerihealth | HMO/PPO | 300 | | | | 300 | 5638.25 | fee schedule | |
| HC BRONCHSCOPY WITH BAL | 31624 | CPT | | | | outpatient | | | 5935 | 2232.29 | Consumer | Consumer | 5638.25 | 95 | | | 300 | 5638.25 | percent of total billed charges | |
| HC BRONCHSCOPY WITH BAL | 31624 | CPT | | | | outpatient | | | 5935 | 2232.29 | Horizon | MGD | 3756.07 | | | | 300 | 5638.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCHSCOPY WITH BAL | 31624 | CPT | | | | outpatient | | | 5935 | 2232.29 | Multiplan | Multiplan | 4748 | 80 | | | 300 | 5638.25 | percent of total billed charges | |
| HC BRONCHSCOPY WITH BAL | 31624 | CPT | | | | outpatient | | | 5935 | 2232.29 | Americare | Americare | 4451.25 | 75 | | | 300 | 5638.25 | percent of total billed charges | |
| HC BRONCHSCOPY WITH BAL | 31624 | CPT | | | | outpatient | | | 5935 | 2232.29 | United | Commercial/PPO | 2493 | | | | 300 | 5638.25 | case rate | |
| HC BRONCHSCOPY WITH BAL | 31624 | CPT | | | | outpatient | | | 5935 | 2232.29 | Horizon | NJ Health | 392.62 | | | 667.94 | 300 | 5638.25 | fee schedule | |
| HC BRONCHSCOPY WITH BAL | 31624 | CPT | | | | outpatient | | | 5935 | 2232.29 | First Health | First Health | 4154.5 | 70 | | | 300 | 5638.25 | percent of total billed charges | |
| HC BRONCHSCOPY WITH BAL | 31624 | CPT | | | | outpatient | | | 5935 | 2232.29 | Wellcare | Medicaid | 1872.49 | 31.55 | | | 300 | 5638.25 | percent of total billed charges | |
| HC BRONCHSCOPY WITH BAL | 31624 | CPT | | | | outpatient | | | 5935 | 2232.29 | First Trenton | First Trenton | 5341.5 | 90 | | | 300 | 5638.25 | percent of total billed charges | |
| HC BRONCHSCOPY WITH BAL | 31624 | CPT | | | | outpatient | | | 5935 | 2232.29 | UHC | Medicaid | 1872.49 | 31.55 | | | 300 | 5638.25 | percent of total billed charges | |
| HC BRONCHSCOPY WITH BAL | 31624 | CPT | | | | outpatient | | | 5935 | 2232.29 | Qualcare | Qualcare | 4451.25 | 75 | | | 300 | 5638.25 | percent of total billed charges | |
| HC BRONCHSCOPY WITH BAL | 31624 | CPT | | | | outpatient | | | 5935 | 2232.29 | Three Rivers | Three Rivers | 5638.25 | 95 | | | 300 | 5638.25 | percent of total billed charges | |
| HC BRONCHSCOPY WITH BAL | 31624 | CPT | | | | outpatient | | | 5935 | 2232.29 | Horizon | PPO | 3756.07 | | | | 300 | 5638.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCHSCOPY WITH BAL | 31624 | CPT | | | | outpatient | | | 5935 | 2232.29 | WellPoint | WellPoint | 1909.88 | 32.18 | | 1004.25 | 300 | 5638.25 | percent of total billed charges | |
| HC BRONCHSCOPY WITH BAL | 31624 | CPT | | | | outpatient | | | 5935 | 2232.29 | Horizon | Medicare Blue | 1941.12 | | | 509.81 | 300 | 5638.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCHSCOPY WITH BAL | 31624 | CPT | | | | outpatient | | | 5935 | 2232.29 | United | Oxford | 2493 | | | | 300 | 5638.25 | case rate | |
| HC BRONCHSCOPY WITH BAL | 31624 | CPT | | | | outpatient | | | 5935 | 2232.29 | Managed Care Inc | Managed Care Inc | 5341.5 | 90 | | | 300 | 5638.25 | percent of total billed charges | |
| HC BRONCHSCOPY WITH BAL | 31624 | CPT | | | | outpatient | | | 5935 | 2232.29 | Wellcare | Medicare | 1941.12 | | | | 300 | 5638.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCHSCOPY WITH BAL | 31624 | CPT | | | | outpatient | | | 5935 | 2232.29 | UHC | Medicare | 1941.12 | | | 568.76 | 300 | 5638.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCH W/BX FLEXIBLE | 31625 | CPT | | | | outpatient | | | 5825 | 2232.29 | Aetna | Commercial | 3167.91 | | | | 342.38 | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCH W/BX FLEXIBLE | 31625 | CPT | | | | outpatient | | | 5825 | 2232.29 | Aetna | Better Health | 1837.79 | 31.55 | | | 342.38 | 5533.75 | percent of total billed charges | |
| HC BRONCH W/BX FLEXIBLE | 31625 | CPT | | | | outpatient | | | 5825 | 2232.29 | Horizon | NJ Health | 342.38 | | | 237.76 | 342.38 | 5533.75 | fee schedule | |
| HC BRONCH W/BX FLEXIBLE | 31625 | CPT | | | | outpatient | | | 5825 | 2232.29 | Horizon | Medicare Blue | 1941.12 | | | | 342.38 | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCH W/BX FLEXIBLE | 31625 | CPT | | | | outpatient | | | 5825 | 2232.29 | Aetna | Medicare | 1941.12 | | | | 342.38 | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCH W/BX FLEXIBLE | 31625 | CPT | | | | outpatient | | | 5825 | 2232.29 | Consumer | Consumer | 5533.75 | 95 | | | 342.38 | 5533.75 | percent of total billed charges | |
| HC BRONCH W/BX FLEXIBLE | 31625 | CPT | | | | outpatient | | | 5825 | 2232.29 | First Trenton | First Trenton | 5242.5 | 90 | | | 342.38 | 5533.75 | percent of total billed charges | |
| HC BRONCH W/BX FLEXIBLE | 31625 | CPT | | | | outpatient | | | 5825 | 2232.29 | Horizon | Indemnity | 3756.07 | | | | 342.38 | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCH W/BX FLEXIBLE | 31625 | CPT | | | | outpatient | | | 5825 | 2232.29 | Americare | Americare | 4368.75 | 75 | | | 342.38 | 5533.75 | percent of total billed charges | |
| HC BRONCH W/BX FLEXIBLE | 31625 | CPT | | | | outpatient | | | 5825 | 2232.29 | First Health | First Health | 4077.5 | 70 | | | 342.38 | 5533.75 | percent of total billed charges | |
| HC BRONCH W/BX FLEXIBLE | 31625 | CPT | | | | outpatient | | | 5825 | 2232.29 | Qualcare | Qualcare | 4368.75 | 75 | | | 342.38 | 5533.75 | percent of total billed charges | |
| HC BRONCH W/BX FLEXIBLE | 31625 | CPT | | | | outpatient | | | 5825 | 2232.29 | Horizon | PPO | 3756.07 | | | | 342.38 | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCH W/BX FLEXIBLE | 31625 | CPT | | | | outpatient | | | 5825 | 2232.29 | Amerihealth | HMO/PPO | 550 | | | | 342.38 | 5533.75 | fee schedule | |
| HC BRONCH W/BX FLEXIBLE | 31625 | CPT | | | | outpatient | | | 5825 | 2232.29 | Corrections | Corrections | 4660 | 80 | | | 342.38 | 5533.75 | percent of total billed charges | |
| HC BRONCH W/BX FLEXIBLE | 31625 | CPT | | | | outpatient | | | 5825 | 2232.29 | Managed Care Inc | Managed Care Inc | 5242.5 | 90 | | | 342.38 | 5533.75 | percent of total billed charges | |
| HC BRONCH W/BX FLEXIBLE | 31625 | CPT | | | | outpatient | | | 5825 | 2232.29 | United | Commercial/PPO | 2493 | | | | 342.38 | 5533.75 | case rate | |
| HC BRONCH W/BX FLEXIBLE | 31625 | CPT | | | | outpatient | | | 5825 | 2232.29 | Horizon | MGD | 3756.07 | | | | 342.38 | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCH W/BX FLEXIBLE | 31625 | CPT | | | | outpatient | | | 5825 | 2232.29 | Multiplan | Multiplan | 4660 | 80 | | | 342.38 | 5533.75 | percent of total billed charges | |
| HC BRONCH W/BX FLEXIBLE | 31625 | CPT | | | | outpatient | | | 5825 | 2232.29 | WellPoint | WellPoint | 1874.49 | 32.18 | | 514.13 | 342.38 | 5533.75 | percent of total billed charges | |
| HC BRONCH W/BX FLEXIBLE | 31625 | CPT | | | | outpatient | | | 5825 | 2232.29 | UHC | Medicaid | 1837.79 | 31.55 | | | 342.38 | 5533.75 | percent of total billed charges | |
| HC BRONCH W/BX FLEXIBLE | 31625 | CPT | | | | outpatient | | | 5825 | 2232.29 | Three Rivers | Three Rivers | 5533.75 | 95 | | | 342.38 | 5533.75 | percent of total billed charges | |
| HC BRONCH W/BX FLEXIBLE | 31625 | CPT | | | | outpatient | | | 5825 | 2232.29 | UHC | Medicare | 1941.12 | | | 246.5 | 342.38 | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCH W/BX FLEXIBLE | 31625 | CPT | | | | outpatient | | | 5825 | 2232.29 | Wellcare | Medicaid | 1837.79 | 31.55 | | | 342.38 | 5533.75 | percent of total billed charges | |
| HC BRONCH W/BX FLEXIBLE | 31625 | CPT | | | | outpatient | | | 5825 | 2232.29 | United | Oxford | 2493 | | | | 342.38 | 5533.75 | case rate | |
| HC BRONCH W/BX FLEXIBLE | 31625 | CPT | | | | outpatient | | | 5825 | 2232.29 | Wellcare | Medicare | 1941.12 | | | | 342.38 | 5533.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCHOSCOPY W IMAGE GUIDED NA | 31627 | CPT | | | | outpatient | | | 3339 | | Amerihealth | HMO/PPO | 2170.35 | 65 | | | 1001.7 | 3172.05 | percent of total billed charges | |
| HC BRONCHOSCOPY W IMAGE GUIDED NA | 31627 | CPT | | | | outpatient | | | 3339 | | Americare | Americare | 2504.25 | 75 | | | 1001.7 | 3172.05 | percent of total billed charges | |
| HC BRONCHOSCOPY W IMAGE GUIDED NA | 31627 | CPT | | | | outpatient | | | 3339 | | Aetna | Medicare | 1028.41 | 30.8 | | | 1001.7 | 3172.05 | percent of total billed charges | |
| HC BRONCHOSCOPY W IMAGE GUIDED NA | 31627 | CPT | | | | outpatient | | | 3339 | | Aetna | Better Health | 1053.45 | 31.55 | | | 1001.7 | 3172.05 | percent of total billed charges | |
| HC BRONCHOSCOPY W IMAGE GUIDED NA | 31627 | CPT | | | | outpatient | | | 3339 | | Horizon | Medicare Blue | 1001.7 | 30 | | | 1001.7 | 3172.05 | percent of total billed charges | |
| HC BRONCHOSCOPY W IMAGE GUIDED NA | 31627 | CPT | | | | outpatient | | | 3339 | | Corrections | Corrections | 2671.2 | 80 | | | 1001.7 | 3172.05 | percent of total billed charges | |
| HC BRONCHOSCOPY W IMAGE GUIDED NA | 31627 | CPT | | | | outpatient | | | 3339 | | Consumer | Consumer | 3172.05 | 95 | | | 1001.7 | 3172.05 | percent of total billed charges | |
| HC BRONCHOSCOPY W IMAGE GUIDED NA | 31627 | CPT | | | | outpatient | | | 3339 | | UHC | Medicaid | 1053.45 | 31.55 | | | 1001.7 | 3172.05 | percent of total billed charges | |
| HC BRONCHOSCOPY W IMAGE GUIDED NA | 31627 | CPT | | | | outpatient | | | 3339 | | Multiplan | Multiplan | 2671.2 | 80 | | | 1001.7 | 3172.05 | percent of total billed charges | |
| HC BRONCHOSCOPY W IMAGE GUIDED NA | 31627 | CPT | | | | outpatient | | | 3339 | | First Trenton | First Trenton | 3005.1 | 90 | | | 1001.7 | 3172.05 | percent of total billed charges | |
| H

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC BRONCHOSCOPY W IMAGE GUIDED NA | 31627 | CPT | | | | outpatient | | | 3339 | | Qualcare | Qualcare | 2604.25 | 75 | | | 1001.7 | 3172.05 | percent of total billed charges | |
| HC BRONCHOSCOPY W IMAGE GUIDED NA | 31627 | CPT | | | | outpatient | | | 3339 | | Horizon | MGD | 1278.17 | 38.28 | | | 1001.7 | 3172.05 | percent of total billed charges | |
| HC BRONCHOSCOPY W IMAGE GUIDED NA | 31627 | CPT | | | | outpatient | | | 3339 | | WellPoint | WellPoint | 1074.49 | 32.18 | | 818.81 | 1001.7 | 3172.05 | percent of total billed charges | |
| HC BRONCHOSCOPY W IMAGE GUIDED NA | 31627 | CPT | | | | outpatient | | | 3339 | | Horizon | PPO | 1278.17 | 38.28 | | | 1001.7 | 3172.05 | percent of total billed charges | |
| HC BRONCHOSCOPY W IMAGE GUIDED NA | 31627 | CPT | | | | outpatient | | | 3339 | | Managed Care Inc | Managed Care Inc | 3005.1 | 90 | | | 1001.7 | 3172.05 | percent of total billed charges | |
| HC BRONCHOSCOPY W IMAGE GUIDED NA | 31627 | CPT | | | | outpatient | | | 3339 | | Three Rivers | Three Rivers | 3172.05 | 95 | | | 1001.7 | 3172.05 | percent of total billed charges | |
| HC BRONCHOSCOPY W IMAGE GUIDED NA | 31627 | CPT | | | | outpatient | | | 3339 | | United | Oxford | 1782 | | | | 1001.7 | 3172.05 | case rate | |
| HC BRONCH W/TRANS. BRONCH. LUNG B | 31628 | CPT | | | | outpatient | | | 12147 | | 4925.3 Horizon | PPO | 8287.35 | | | | 424.33 | 11539.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCH W/TRANS. BRONCH. LUNG B | 31628 | CPT | | | | outpatient | | | 12147 | | 4925.3 First Health | First Health | 8502.9 | 70 | | | 424.33 | 11539.65 | percent of total billed charges | |
| HC BRONCH W/TRANS. BRONCH. LUNG B | 31628 | CPT | | | | outpatient | | | 12147 | | 4925.3 Aetna | Commercial | 6989.64 | | | | 424.33 | 11539.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCH W/TRANS. BRONCH. LUNG B | 31628 | CPT | | | | outpatient | | | 12147 | | 4925.3 First Trenton | First Trenton | 10932.3 | 90 | | | 424.33 | 11539.65 | percent of total billed charges | |
| HC BRONCH W/TRANS. BRONCH. LUNG B | 31628 | CPT | | | | outpatient | | | 12147 | | 4925.3 Consumer | Consumer | 11539.65 | 95 | | | 424.33 | 11539.65 | percent of total billed charges | |
| HC BRONCH W/TRANS. BRONCH. LUNG B | 31628 | CPT | | | | outpatient | | | 12147 | | 4925.3 Aetna | Better Health | 3832.38 | 31.55 | | | 424.33 | 11539.65 | percent of total billed charges | |
| HC BRONCH W/TRANS. BRONCH. LUNG B | 31628 | CPT | | | | outpatient | | | 12147 | | 4925.3 Aetna | Medicare | 4282.87 | | | | 424.33 | 11539.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCH W/TRANS. BRONCH. LUNG B | 31628 | CPT | | | | outpatient | | | 12147 | | 4925.3 UHC | Medicaid | 3832.38 | 31.55 | | | 424.33 | 11539.65 | percent of total billed charges | |
| HC BRONCH W/TRANS. BRONCH. LUNG B | 31628 | CPT | | | | outpatient | | | 12147 | | 4925.3 Corrections | Corrections | 9717.6 | 80 | | | 424.33 | 11539.65 | percent of total billed charges | |
| HC BRONCH W/TRANS. BRONCH. LUNG B | 31628 | CPT | | | | outpatient | | | 12147 | | 4925.3 Multiplan | Multiplan | 9717.6 | 80 | | | 424.33 | 11539.65 | percent of total billed charges | |
| HC BRONCH W/TRANS. BRONCH. LUNG B | 31628 | CPT | | | | outpatient | | | 12147 | | 4925.3 Americare | Americare | 9110.25 | 75 | | | 424.33 | 11539.65 | percent of total billed charges | |
| HC BRONCH W/TRANS. BRONCH. LUNG B | 31628 | CPT | | | | outpatient | | | 12147 | | 4925.3 Horizon | Indemnity | 8287.35 | | | | 424.33 | 11539.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCH W/TRANS. BRONCH. LUNG B | 31628 | CPT | | | | outpatient | | | 12147 | | 4925.3 Horizon | NJ Health | 424.33 | | | | 424.33 | 11539.65 | fee schedule | |
| HC BRONCH W/TRANS. BRONCH. LUNG B | 31628 | CPT | | | | outpatient | | | 12147 | | 4925.3 Qualcare | Qualcare | 9110.25 | 75 | | | 424.33 | 11539.65 | percent of total billed charges | |
| HC BRONCH W/TRANS. BRONCH. LUNG B | 31628 | CPT | | | | outpatient | | | 12147 | | 4925.3 Amerihealth | HMO/PPO | 650 | | | | 424.33 | 11539.65 | fee schedule | |
| HC BRONCH W/TRANS. BRONCH. LUNG B | 31628 | CPT | | | | outpatient | | | 12147 | | 4925.3 United | Oxford | 2493 | | | | 424.33 | 11539.65 | case rate | |
| HC BRONCH W/TRANS. BRONCH. LUNG B | 31628 | CPT | | | | outpatient | | | 12147 | | 4925.3 Horizon | Medicare Blue | 4282.87 | | | 1396.62 | 424.33 | 11539.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCH W/TRANS. BRONCH. LUNG B | 31628 | CPT | | | | outpatient | | | 12147 | | 4925.3 Three Rivers | Three Rivers | 11539.65 | 95 | | | 424.33 | 11539.65 | percent of total billed charges | |
| HC BRONCH W/TRANS. BRONCH. LUNG B | 31628 | CPT | | | | outpatient | | | 12147 | | 4925.3 Horizon | MGD | 8287.35 | | | | 424.33 | 11539.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCH W/TRANS. BRONCH. LUNG B | 31628 | CPT | | | | outpatient | | | 12147 | | 4925.3 Managed Care Inc | Managed Care Inc | 10932.3 | 90 | | | 424.33 | 11539.65 | percent of total billed charges | |
| HC BRONCH W/TRANS. BRONCH. LUNG B | 31628 | CPT | | | | outpatient | | | 12147 | | 4925.3 Wellcare | Medicaid | 3832.38 | 31.55 | | | 424.33 | 11539.65 | percent of total billed charges | |
| HC BRONCH W/TRANS. BRONCH. LUNG B | 31628 | CPT | | | | outpatient | | | 12147 | | 4925.3 UHC | Medicare | 4282.87 | | | | 424.33 | 11539.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCH W/TRANS. BRONCH. LUNG B | 31628 | CPT | | | | outpatient | | | 12147 | | 4925.3 Wellcare | Medicare | 4282.87 | | | | 424.33 | 11539.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCH W/TRANS. BRONCH. LUNG B | 31628 | CPT | | | | outpatient | | | 12147 | | 4925.3 United | Commercial/PPO | 2493 | | | | 424.33 | 11539.65 | case rate | |
| HC BRONCH W/TRANS. BRONCH. LUNG B | 31628 | CPT | | | | outpatient | | | 12147 | | 4925.3 WellPoint | WellPoint | 3908.9 | 32.18 | | 2751.54 | 424.33 | 11539.65 | percent of total billed charges | |
| HC BRONCHOSCOPY/LUNG BX ADDL | 31632 | CPT | | | | outpatient | | | 3636 | | Horizon | Indemnity | 1391.86 | 38.28 | | | 87.23 | 3454.2 | percent of total billed charges | |
| HC BRONCHOSCOPY/LUNG BX ADDL | 31632 | CPT | | | | outpatient | | | 3636 | | Amerihealth | HMO/PPO | 550 | | | | 87.23 | 3454.2 | fee schedule | |
| HC BRONCHOSCOPY/LUNG BX ADDL | 31632 | CPT | | | | outpatient | | | 3636 | | UHC | Medicaid | 1147.16 | 31.55 | | | 87.23 | 3454.2 | percent of total billed charges | |
| HC BRONCHOSCOPY/LUNG BX ADDL | 31632 | CPT | | | | outpatient | | | 3636 | | Aetna | Better Health | 1147.16 | 31.55 | | | 87.23 | 3454.2 | percent of total billed charges | |
| HC BRONCHOSCOPY/LUNG BX ADDL | 31632 | CPT | | | | outpatient | | | 3636 | | Consumer | Consumer | 3454.2 | 95 | | | 87.23 | 3454.2 | percent of total billed charges | |
| HC BRONCHOSCOPY/LUNG BX ADDL | 31632 | CPT | | | | outpatient | | | 3636 | | Americare | Americare | 2727 | 75 | | | 87.23 | 3454.2 | percent of total billed charges | |
| HC BRONCHOSCOPY/LUNG BX ADDL | 31632 | CPT | | | | outpatient | | | 3636 | | First Health | First Health | 2545.2 | 70 | | | 87.23 | 3454.2 | percent of total billed charges | |
| HC BRONCHOSCOPY/LUNG BX ADDL | 31632 | CPT | | | | outpatient | | | 3636 | | Aetna | Medicare | 1119.89 | 30.8 | | | 87.23 | 3454.2 | percent of total billed charges | |
| HC BRONCHOSCOPY/LUNG BX ADDL | 31632 | CPT | | | | outpatient | | | 3636 | | Horizon | MGD | 1391.86 | 38.28 | | | 87.23 | 3454.2 | percent of total billed charges | |
| HC BRONCHOSCOPY/LUNG BX ADDL | 31632 | CPT | | | | outpatient | | | 3636 | | Corrections | Corrections | 2908.8 | 80 | | | 87.23 | 3454.2 | percent of total billed charges | |
| HC BRONCHOSCOPY/LUNG BX ADDL | 31632 | CPT | | | | outpatient | | | 3636 | | First Trenton | First Trenton | 3272.4 | 90 | | | 87.23 | 3454.2 | percent of total billed charges | |
| HC BRONCHOSCOPY/LUNG BX ADDL | 31632 | CPT | | | | outpatient | | | 3636 | | Multiplan | Multiplan | 2908.8 | 80 | | | 87.23 | 3454.2 | percent of total billed charges | |
| HC BRONCHOSCOPY/LUNG BX ADDL | 31632 | CPT | | | | outpatient | | | 3636 | | United | Commercial/PPO | 1782 | | | | 87.23 | 3454.2 | case rate | |
| HC BRONCHOSCOPY/LUNG BX ADDL | 31632 | CPT | | | | outpatient | | | 3636 | | Horizon | Medicare Blue | 1090.8 | 30 | | | 87.23 | 3454.2 | percent of total billed charges | |
| HC BRONCHOSCOPY/LUNG BX ADDL | 31632 | CPT | | | | outpatient | | | 3636 | | Horizon | NJ Health | 87.23 | | | | 87.23 | 3454.2 | fee schedule | |
| HC BRONCHOSCOPY/LUNG BX ADDL | 31632 | CPT | | | | outpatient | | | 3636 | | Qualcare | Qualcare | 2727 | 75 | | | 87.23 | 3454.2 | percent of total billed charges | |
| HC BRONCHOSCOPY/LUNG BX ADDL | 31632 | CPT | | | | outpatient | | | 3636 | | United | Oxford | 1782 | | | | 87.23 | 3454.2 | case rate | |
| HC BRONCHOSCOPY/LUNG BX ADDL | 31632 | CPT | | | | outpatient | | | 3636 | | WellPoint | WellPoint | 1170.06 | 32.18 | | | 87.23 | 3454.2 | percent of total billed charges | |
| HC BRONCHOSCOPY/LUNG BX ADDL | 31632 | CPT | | | | outpatient | | | 3636 | | Horizon | PPO | 1391.86 | 38.28 | | | 87.23 | 3454.2 | percent of total billed charges | |
| HC BRONCHOSCOPY/LUNG BX ADDL | 31632 | CPT | | | | outpatient | | | 3636 | | Wellcare | Medicaid | 1147.16 | 31.55 | | | 87.23 | 3454.2 | percent of total billed charges | |
| HC BRONCHOSCOPY/LUNG BX ADDL | 31632 | CPT | | | | outpatient | | | 3636 | | Managed Care Inc | Managed Care Inc | 3272.4 | 90 | | | 87.23 | 3454.2 | percent of total billed charges | |
| HC BRONCHOSCOPY/LUNG BX ADDL | 31632 | CPT | | | | outpatient | | | 3636 | | Three Rivers | Three Rivers | 3454.2 | 95 | | | 87.23 | 3454.2 | percent of total billed charges | |
| HC BRONCHOSCOPY W/ENDOBRONCHIAL U | 31652 | CPT | | | | outpatient | | | 8980 | | 4925.3 First Trenton | First Trenton | 8082 | 90 | | | 550 | 8531 | percent of total billed charges | |
| HC BRONCHOSCOPY W/ENDOBRONCHIAL U | 31652 | CPT | | | | outpatient | | | 8980 | | 4925.3 Americare | Americare | 6735 | 75 | | | 550 | 8531 | percent of total billed charges | |
| HC BRONCHOSCOPY W/ENDOBRONCHIAL U | 31652 | CPT | | | | outpatient | | | 8980 | | 4925.3 Aetna | Commercial | 6989.64 | | | | 550 | 8531 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCHOSCOPY W/ENDOBRONCHIAL U | 31652 | CPT | | | | outpatient | | | 8980 | | 4925.3 Aetna | Better Health | 2833.19 | 31.55 | | | 550 | 8531 | percent of total billed charges | |
| HC BRONCHOSCOPY W/ENDOBRONCHIAL U | 31652 | CPT | | | | outpatient | | | 8980 | | 4925.3 Corrections | Corrections | 7184 | 80 | | | 550 | 8531 | percent of total billed charges | |
| HC BRONCHOSCOPY W/ENDOBRONCHIAL U | 31652 | CPT | | | | outpatient | | | 8980 | | 4925.3 Horizon | MGD | 8287.35 | | | | 550 | 8531 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCHOSCOPY W/ENDOBRONCHIAL U | 31652 | CPT | | | | outpatient | | | 8980 | | 4925.3 Wellcare | Medicare | 4282.87 | | | | 550 | 8531 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCHOSCOPY W/ENDOBRONCHIAL U | 31652 | CPT | | | | outpatient | | | 8980 | | 4925.3 Aetna | Medicare | 4282.87 | | | | 550 | 8531 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCHOSCOPY W/ENDOBRONCHIAL U | 31652 | CPT | | | | outpatient | | | 8980 | | 4925.3 Managed Care Inc | Managed Care Inc | 8082 | 90 | | | 550 | 8531 | percent of total billed charges | |
| HC BRONCHOSCOPY W/ENDOBRONCHIAL U | 31652 | CPT | | | | outpatient | | | 8980 | | 4925.3 UHC | Medicaid | 2833.19 | 31.55 | | | 550 | 8531 | percent of total billed charges | |
| HC BRONCHOSCOPY W/ENDOBRONCHIAL U | 31652 | CPT | | | | outpatient | | | 8980 | | 4925.3 Amerihealth | HMO/PPO | 550 | | | | 550 | 8531 | fee schedule | |
| HC BRONCHOSCOPY W/ENDOBRONCHIAL U | 31652 | CPT | | | | outpatient | | | 8980 | | 4925.3 Horizon | Medicare Blue | 4282.87 | | | 1117.99 | 550 | 8531 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCHOSCOPY W/ENDOBRONCHIAL U | 31652 | CPT | | | | outpatient | | | 8980 | | 4925.3 Horizon | Indemnity | 8287.35 | | | | 550 | 8531 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCHOSCOPY W/ENDOBRONCHIAL U | 31652 | CPT | | | | outpatient | | | 8980 | | 4925.3 United | Oxford | 2776 | | | | 550 | 8531 | case rate | |
| HC BRONCHOSCOPY W/ENDOBRONCHIAL U | 31652 | CPT | | | | outpatient | | | 8980 | | 4925.3 Wellcare | Medicaid | 2833.19 | 31.55 | | | 550 | 8531 | percent of total billed charges | |
| HC BRONCHOSCOPY W/ENDOBRONCHIAL U | 31652 | CPT | | | | outpatient | | | 8980 | | 4925.3 Consumer | Consumer | 8531 | 95 | | | 550 | 8531 | percent of total billed charges | |
| HC BRONCHOSCOPY W/ENDOBRONCHIAL U | 31652 | CPT | | | | outpatient | | | 8980 | | 4925.3 Three Rivers | Three Rivers | 8531 | 95 | | | 550 | 8531 | percent of total billed charges | |
| HC BRONCHOSCOPY W/ENDOBRONCHIAL U | 31652 | CPT | | | | outpatient | | | 8980 | | 4925.3 Multiplan | Multiplan | 7184 | 80 | | | 550 | 8531 | percent of total billed charges | |
| HC BRONCHOSCOPY W/ENDOBRONCHIAL U | 31652 | CPT | | | | outpatient | | | 8980 | | 4925.3 Horizon | NJ Health | 997.84 | | | 1209.93 | 550 | 8531 | fee schedule | |
| HC BRONCHOSCOPY W/ENDOBRONCHIAL U | 31652 | CPT | | | | outpatient | | | 8980 | | 4925.3 First Health | First Health | 6286 | 70 | | | 550 | 8531 | percent of total billed charges | |
| HC BRONCHOSCOPY W/ENDOBRONCHIAL U | 31652 | CPT | | | | outpatient | | | 8980 | | 4925.3 Horizon | PPO | 8287.35 | | | | 550 | 8531 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCHOSCOPY W/ENDOBRONCHIAL U | 31652 | CPT | | | | outpatient | | | 8980 | | 4925.3 Qualcare | Qualcare | 6735 | 75 | | | 550 | 8531 | percent of total billed charges | |
| HC BRONCHOSCOPY W/ENDOBRONCHIAL U | 31652 | CPT | | | | outpatient | | | 8980 | | 4925.3 United | Commercial/PPO | 2776 | | | | 550 | 8531 | case rate | |
| HC BRONCHOSCOPY W/ENDOBRONCHIAL U | 31652 | CPT | | | | outpatient | | | 8980 | | 4925.3 UHC | Medicare | 4282.87 | | | 1055.99 | 550 | 8531 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCHOSCOPY W/ENDOBRONCHIAL U | 31652 | CPT | | | | outpatient | | | 8980 | | 4925.3 WellPoint | WellPoint | 2889.76 | 32.18 | | | 550 | 8531 | percent of total billed charges | |
| HC BRONCH EBUS SAMPLNG 3/> NODE | 31653 | CPT | | | | outpatient | | | 11218 | | 4925.3 First Trenton | First Trenton | 10096.2 | 90 | | | 550 | 10657.1 | percent of total billed charges | |
| HC BRONCH EBUS SAMPLNG 3/> NODE | 31653 | CPT | | | | outpatient | | | 11218 | | 4925.3 Aetna | Better Health | 3539.28 | 31.55 | | | 550 | 10657.1 | percent of total billed charges | |
| HC BRONCH EBUS SAMPLNG 3/> NODE | 31653 | CPT | | | | outpatient | | | 11218 | | 4925.3 Aetna | Commercial | 6989.64 | | | | 550 | 10657.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCH EBUS SAMPLNG 3/> NODE | 31653 | CPT | | | | outpatient | | | 11218 | | 4925.3 Consumer | Consumer | 10657.1 | 95 | | | 550 | 10657.1 | percent of total billed charges | |
| HC BRONCH EBUS SAMPLNG 3/> NODE | 31653 | CPT | | | | outpatient | | | 11218 | | 4925.3 UHC | Medicaid | 3539.28 | 31.55 | | | 550 | 10657.1 | percent of total billed charges | |
| HC BRONCH EBUS SAMPLNG 3/> NODE | 31653 | CPT | | | | outpatient | | | 11218 | | 4925.3 Aetna | Medicare | 4282.87 | | | | 550 | 10657.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCH EBUS SAMPLNG 3/> NODE | 31653 | CPT | | | | outpatient | | | 11218 | | 4925.3 Qualcare | Qualcare | 8413.5 | 75 | | | 550 | 10657.1 | percent of total billed charges | |
| HC BRONCH EBUS SAMPLNG 3/> NODE | 31653 | CPT | | | | outpatient | | | 11218 | | 4925.3 WellPoint | WellPoint | 3609.95 | 32.18 | | | 550 | 10657.1 | percent of total billed charges | |
| HC BRONCH EBUS SAMPLNG 3/> NODE | 31653 | CPT | | | | outpatient | | | 11218 | | 4925.3 Horizon | Indemnity | 8287.35 | | | | 550 | 10657.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCH EBUS SAMPLNG 3/> NODE | 31653 | CPT | | | | outpatient | | | 11218 | | 4925.3 Horizon | Medicare Blue | 4282.87 | | | | 550 | 10657.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCH EBUS SAMPLNG 3/> NODE | 31653 | CPT | | | | outpatient | | | 11218 | | 4925.3 Americare | Americare | 8413.5 | 75 | | | 550 | 10657.1 | percent of total billed charges | |
| HC BRONCH EBUS SAMPLNG 3/> NODE | 31653 | CPT | | | | outpatient | | | 11218 | | 4925.3 Corrections | Corrections | 8974.4 | 80 | | | 550 | 10657.1 | percent of total billed charges | |
| HC BRONCH EBUS SAMPLNG 3/> NODE | 31653 | CPT | | | | outpatient | | | 11218 | | 4925.3 Horizon | PPO | 8287.35 | | | | 550 | 10657.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCH EBUS SAMPLNG 3/> NODE | 31653 | CPT | | | | outpatient | | | 11218 | | 4925.3 Amerihealth | HMO/PPO | 550 | | | | 550 | 10657.1 | fee schedule | |
| HC BRONCH EBUS SAMPLNG 3/> NODE | 31653 | CPT | | | | outpatient | | | 11218 | | 4925.3 UHC | Medicare | 4282.87 | | | | 550 | 10657.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCH EBUS SAMPLNG 3/> NODE | 31653 | CPT | | | | outpatient | | | 11218 | | 4925.3 United | Oxford | 2776 | | | | 550 | 10657.1 | case rate | |
| HC BRONCH EBUS SAMPLNG 3/> NODE | 31653 | CPT | | | | outpatient | | | 11218 | | 4925.3 Managed Care Inc | Managed Care Inc | 10096.2 | 90 | | | 550 | 10657.1 | percent of total billed charges | |
| HC BRONCH EBUS SAMPLNG 3/> NODE | 31653 | CPT | | | | outpatient | | | 11218 | | 4925.3 First Health | First Health | 7852.6 | 70 | | | 550 | 10657.1 | percent of total billed charges | |
| HC BRONCH EBUS SAMPLNG 3/> NODE | 31653 | CPT | | | | outpatient | | | 11218 | | 4925.3 Horizon | NJ Health | 1059.97 | | | 1502.74 | 550 | 10657.1 | fee schedule | |
| HC BRONCH EBUS SAMPLNG 3/> NODE | 31653 | CPT | | | | outpatient | | | 11218 | | 4925.3 Horizon | MGD | 8287.35 | | | | 550 | 10657.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCH EBUS SAMPLNG 3/> NODE | 31653 | CPT | | | | outpatient | | | 11218 | | 4925.3 United | Commercial/PPO | 2776 | | | | 550 | 10657.1 | case rate | |
| HC BRONCH EBUS SAMPLNG 3/> NODE | 31653 | CPT | | | | outpatient | | | 11218 | | 4925.3 Wellcare | Medicaid | 3539.28 | 31.55 | | | 550 | 10657.1 | percent of total billed charges | |
| HC BRONCH EBUS SAMPLNG 3/> NODE | 31653 | CPT | | | | outpatient | | | 11218 | | 4925.3 Multiplan | Multiplan | 8974.4 | 80 | | | 550 | 10657.1 | percent of total billed charges | |
| HC BRONCH EBUS SAMPLNG 3/> NODE | 31653 | CPT | | | | outpatient | | | 11218 | | 4925.3 Three Rivers | Three Rivers | 10657.1 | 95 | | | 550 | 10657.1 | percent of total billed charges | |
| HC BRONCH EBUS SAMPLNG 3/> NODE | 31653 | CPT | | | | outpatient | | | 11218 | | 4925.3 Wellcare | Medicare | 4282.87 | | | | 550 | 10657.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUCTIONING OF ARTIFICIAL AIRWA | 31720 | CPT | | | | both | | | 651 | | 280.52 Americare | Americare | 488.25 | 75 | | | 62.01 | 1782 | percent of total billed charges | |
| HC SUCTIONING OF ARTIFICIAL AIRWA | 31720 | CPT | | | | both | | | 651 | | 280.52 Aetna | Better Health | 205.39 | 31.55 | | 186.07 | 62.01 | 1782 | percent of total billed charges | |
| HC SUCTIONING OF ARTIFICIAL AIRWA | 31720 | CPT | | | | both | | | 651 | | 280.52 Aetna | Medicare | 243.93 | | | | 62.01 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUCTIONING OF ARTIFICIAL AIRWA | 31720 | CPT | | | | both | | | 651 | | 280.52 Aetna | Commercial | 398.09 | | | 113.13 | 62.01 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUCTIONING OF ARTIFICIAL AIRWA | 31720 | CPT | | | | both | | | 651 | | 280.52 Corrections | Corrections | 520.8 | 80 | | 205.39 | 62.01 | 1782 | percent of total billed charges | |
| HC SUCTIONING OF ARTIFICIAL AIRWA | 31720 | CPT | | | | both | | | 651 | | 280.52 Consumer | Consumer | 618.45 | 95 | | | 62.01 | 1782 | percent of total billed charges | |
| HC SUCTIONING OF ARTIFICIAL AIRWA | 31720 | CPT | | | | both | | | 651 | | 280.52 Multiplan | Multiplan | 520.8 | 80 | | | 62.01 | 1782 | percent of total billed charges | |
| HC SUCTIONING OF ARTIFICIAL AIRWA | 31720 | CPT | | | | both | | | 651 | | 280.52 Horizon | MGD | 472 | | | | 62.01 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUCTIONING OF ARTIFICIAL AIRWA | 31720 | CPT | | | | both | | | 651 | | 280.52 Amerihealth | HMO/PPO | 300 | | | | 62.01 | 1782 | fee schedule | |
| HC SUCTIONING OF ARTIFICIAL AIRWA | 31720 | CPT | | | | both | | | 651 | | 280.52 First Health | First Health | 455.7 | 70 | | | 62.01 | 1782 | percent of total billed charges | |
| HC SUCTIONING OF ARTIFICIAL AIRWA | 31720 | CPT | | | | both | | | 651 | | 280.52 WellPoint | WellPoint | 209.49 | 32.18 | | 143.37 | 62.01 | 1782 | percent of total billed charges | |
| HC SUCTIONING OF ARTIFICIAL AIRWA | 31720 | CPT | | | | both | | | 651 | | 280.52 UHC | Medicaid | 205.39 | 31.55 | | 124.8 | 62.01 | 1782 | percent of total billed charges | |
| HC SUCTIONING OF ARTIFICIAL AIRWA | 31720 | CPT | | | | both | | | 651 | | 280.52 Wellcare | Medicaid | 205.39 | 31.55 | | | 62.01 | 1782 | percent of total billed charges | |
| HC SUCTIONING OF ARTIFICIAL AIRWA | 31720 | CPT | | | | both | | | 651 | | 280.52 First Trenton | First Trenton | 585.9 | 90 | | | 62.01 | 1782 | percent of total billed charges | |
| HC SUCTIONING OF ARTIFICIAL AIRWA | 31720 | CPT | | | | both | | | 651 | | 280.52 Qualcare | Qualcare | 488.25 | 75 | | | 62.01 | 1782 | percent of total billed charges | |
| HC SUCTIONING OF ARTIFICIAL AIRWA | 31720 | CPT | | | | both | | | 651 | | 280.52 Horizon | PPO | 472 | | | 157.32 | 62.01 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUCTIONING OF ARTIFICIAL AIRWA | 31720 | CPT | | | | both | | | 651 | | 280.52 Horizon | Medicare Blue | 243.93 | | | | 62.01 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUCTIONING OF ARTIFICIAL AIRWA | 31720 | CPT | | | | both | | | 651 | | 280.52 Horizon | Indemnity | 472 | | | | 62.01 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUCTIONING OF ARTIFICIAL AIRWA | 31720 | CPT | | | | both | | | 651 | | 280.52 United | Commercial/PPO | 1782 | | | 39.09 | 62.01 | 1782 | case rate | |
| HC SUCTIONING OF ARTIFICIAL AIRWA | 31720 | CPT | | | | both | | | 651 | | 280.52 Wellcare | Medicare | 243.93 | | | | 62.01 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUCTIONING OF ARTIFICIAL AIRWA | 31720 | CPT | | | | both | | | 651 | | 280.52 Horizon | NJ Health | 62.01 | | | 78.75 | 62.01 | 1782 | fee schedule | |
| HC SUCTIONING OF ARTIFICIAL AIRWA | 31720 | CPT | | | | both | | | 651 | | 280.52 UHC | Medicare | 243.93 | | | 51.42 | 62.01 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUCTIONING OF ARTIFICIAL AIRWA | 31720 | CPT | | | | both | | | 651 | | 280.52 Managed Care Inc | Managed Care Inc | 585.9 | 90 | | | 62.01 | 1782 | percent of total billed charges | |
| HC SUCTIONING OF ARTIFICIAL AIRWA | 31720 | CPT | | | | both | | | 651 | | 280.52 Three Rivers | Three Rivers | 618.45 | 95 | | | 62.01 | 1782 | percent of total billed charges | |
| HC SUCTIONING OF ARTIFICIAL AIRWA | 31720 | CPT | | | | both | | | 651 | | 280.52 United | Oxford | 1782 | | | | 62.01 | 1782 | case rate | |
| HC CLOSURE OF WINDPIPE LESION | 31820 | CPT | | | | outpatient | | | 10367 | | 4234.52 Aetna | Better Health | 3270.79 | 31.55 | | | 284.23 | 9848.65 | percent of total billed charges | |
| HC CLOSURE OF WINDPIPE LESION | 31820 | CPT | | | | outpatient | | | 10367 | | 4234.52 Horizon | MGD | 7125.04 | | | | 284.23 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOSURE OF WINDPIPE LESION | 31820 | CPT | | | | outpatient | | | 10367 | | 4234.52 First Health | First Health | 7296.9 | 70 | | | 284.23 | 9848.65 | percent of total billed charges | |
| HC CLOSURE OF WINDPIPE LESION | 31820 | CPT | | | | outpatient | | | 10367 | | 4234.52 Aetna | Commercial | 6009.33 | | | | 284.23 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOSURE OF WINDPIPE LESION | 31820 | CPT | | | | outpatient | | | 10367 | | 4234.52 Multiplan | Multiplan | 8293.6 | 80 | | | 284.23 | 9848.65 | percent of total billed charges | |
| HC CLOSURE OF WINDPIPE LESION | 31820 | CPT | | | | outpatient | | | 10367 | | 4234.52 Horizon | Medicare Blue | 3682.19 | | | | 284.23 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOSURE OF WINDPIPE LESION | 31820 | CPT | | | | outpatient | | | 10367 | | 4234.52 Consumer | Consumer | 9848.65 | 95 | | | 284.23 | 9848.65 | percent of total billed charges | |
| HC CLOSURE OF WINDPIPE LESION | 31820 | CPT | | | | outpatient | | | 10367 | | 4234.52 Americare | Americare | 7775.25 | 75 | | | 284.23 | 9848.65 | percent of total billed charges | |
| HC CLOSURE OF WINDPIPE LESION | 31820 | CPT | | | | outpatient | | | 10367 | | 4234.52 Aetna | Medicare | 3682.19 | | | | 284.23 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOSURE OF WINDPIPE LESION | 31820 | CPT | | | | outpatient | | | 10367 | | 4234.52 UHC | Medicaid | 3270.79 | 31.55 | | | 284.23 | 9848.65 | percent of total billed charges | |
| HC CLOSURE OF WINDPIPE LESION | 31820 | CPT | | | | outpatient | | | 10367 | | 4234.52 Three Rivers | Three Rivers | 9848.65 | 95 | | | 284.23 | 9848.65 | percent of total billed charges | |
| HC CLOSURE OF WINDPIPE LESION | 31820 | CPT | | | | outpatient | | | 10367 | | 4234.52 Amerihealth | HMO/PPO | 300 | | | | 284.23 | 9848.65 | fee schedule | |
| HC CLOSURE OF WINDPIPE LESION | 31820 | CPT | | | | outpatient | | | 10367 | | 4234.52 Qualcare | Qualcare | 7775.25 | 75 | | | 284.23 | 9848.65 | percent of total billed charges | |
| HC CLOSURE OF WINDPIPE LESION | 31820 | CPT | | | | outpatient | | | 10367 | | 4234.52 UHC | Medicare | 3682.19 | | | | 284.23 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOSURE OF WINDPIPE LESION | 31820 | CPT | | | | outpatient | | | 10367 | | 4234.52 Corrections | Corrections | 8293.6 | 80 | | | 284.23 | 9848.65 | percent of total billed charges | |
| HC CLOSURE OF WINDPIPE LESION | 31820 | CPT | | | | outpatient | | | 10367 | | 4234.52 United | Commercial/PPO | 2776 | | | | 284.23 | 9848.65 | case rate | |
| HC CLOSURE OF WINDPIPE LESION | 31820 | CPT | | | | outpatient | | | 10367 | | 4234.52 First Trenton | First Trenton | 9330.3 | 90 | | | 284.23 | 9848.65 | percent of total billed charges | |
| HC CLOSURE OF WINDPIPE LESION | 31820 | CPT | | | | outpatient | | | 10367 | | 4234.52 Wellcare | Medicaid | 3270.79 | 31.55 | | | 284.23 | 9848.65 | percent of total billed charges | |
| HC CLOSURE OF WINDPIPE LESION | 31820 | CPT | | | | outpatient |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC CLOSURE OF WINDPIPE LESION | 31820 | CPT | | | | outpatient | | | 10367 | 4234.52 | Wellcare | Medicare | 3882.19 | | | | 284.23 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOSURE OF WINDPIPE LESION | 31820 | CPT | | | | outpatient | | | 10367 | 4234.52 | Horizon | NJ Health | 284.23 | | | | 284.23 | 9848.65 | fee schedule | |
| HC CLOSURE OF WINDPIPE LESION | 31820 | CPT | | | | outpatient | | | 10367 | 4234.52 | Horizon | PPO | 7125.04 | | | | 284.23 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOSURE OF WINDPIPE LESION | 31820 | CPT | | | | outpatient | | | 10367 | 4234.52 | Managed Care Inc | Managed Care Inc | 9330.3 | 90 | | | 284.23 | 9848.65 | percent of total billed charges | |
| HC CLOSURE OF WINDPIPE LESION | 31820 | CPT | | | | outpatient | | | 10367 | 4234.52 | United | Oxford | 2776 | | | | 284.23 | 9848.65 | case rate | |
| HC CLOSURE OF WINDPIPE LESION | 31820 | CPT | | | | outpatient | | | 10367 | 4234.52 | WellPoint | WellPoint | 3336.1 | 32.18 | | | 284.23 | 9848.65 | percent of total billed charges | |
| HC UNLISTED PROC TRACHEA BRONCHI | 31899 | CPT | | | | both | | | 2511 | 260.52 | First Health | First Health | 1757.7 | 70 | | | 226.54 | 2385.45 | percent of total billed charges | |
| HC UNLISTED PROC TRACHEA BRONCHI | 31899 | CPT | | | | both | | | 2511 | 260.52 | United | Commercial\|PPO | 1782 | | | | 226.54 | 2385.45 | case rate | |
| HC UNLISTED PROC TRACHEA BRONCHI | 31899 | CPT | | | | both | | | 2511 | 260.52 | Corrections | Corrections | 2008.8 | 80 | | | 226.54 | 2385.45 | percent of total billed charges | |
| HC UNLISTED PROC TRACHEA BRONCHI | 31899 | CPT | | | | both | | | 2511 | 260.52 | Aetna | Commercial | 369.71 | | | | 226.54 | 2385.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC TRACHEA BRONCHI | 31899 | CPT | | | | both | | | 2511 | 260.52 | Consumer | Consumer | 2385.45 | 95 | | | 226.54 | 2385.45 | percent of total billed charges | |
| HC UNLISTED PROC TRACHEA BRONCHI | 31899 | CPT | | | | both | | | 2511 | 260.52 | Amerihealth | HMO\|PPO | 300 | | | | 226.54 | 2385.45 | fee schedule | |
| HC UNLISTED PROC TRACHEA BRONCHI | 31899 | CPT | | | | both | | | 2511 | 260.52 | Aetna | Better Health | 792.22 | 31.55 | | | 226.54 | 2385.45 | percent of total billed charges | |
| HC UNLISTED PROC TRACHEA BRONCHI | 31899 | CPT | | | | both | | | 2511 | 260.52 | Aetna | Medicare | 226.54 | | | | 226.54 | 2385.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC TRACHEA BRONCHI | 31899 | CPT | | | | both | | | 2511 | 260.52 | Three Rivers | Three Rivers | 2385.45 | 95 | | | 226.54 | 2385.45 | percent of total billed charges | |
| HC UNLISTED PROC TRACHEA BRONCHI | 31899 | CPT | | | | both | | | 2511 | 260.52 | WellPoint | WellPoint | 808.04 | 32.18 | | | 226.54 | 2385.45 | percent of total billed charges | |
| HC UNLISTED PROC TRACHEA BRONCHI | 31899 | CPT | | | | both | | | 2511 | 260.52 | Qualcare | Qualcare | 1883.25 | 75 | | | 226.54 | 2385.45 | percent of total billed charges | |
| HC UNLISTED PROC TRACHEA BRONCHI | 31899 | CPT | | | | both | | | 2511 | 260.52 | Americare | Americare | 1883.25 | 75 | | | 226.54 | 2385.45 | percent of total billed charges | |
| HC UNLISTED PROC TRACHEA BRONCHI | 31899 | CPT | | | | both | | | 2511 | 260.52 | First Trenton | First Trenton | 2259.9 | 90 | | | 226.54 | 2385.45 | percent of total billed charges | |
| HC UNLISTED PROC TRACHEA BRONCHI | 31899 | CPT | | | | both | | | 2511 | 260.52 | Horizon | Indemnity | 438.35 | | | | 226.54 | 2385.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC TRACHEA BRONCHI | 31899 | CPT | | | | both | | | 2511 | 260.52 | Multiplan | Multiplan | 2008.8 | 80 | | | 226.54 | 2385.45 | percent of total billed charges | |
| HC UNLISTED PROC TRACHEA BRONCHI | 31899 | CPT | | | | both | | | 2511 | 260.52 | Horizon | Medicare Blue | 226.54 | | | | 226.54 | 2385.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC TRACHEA BRONCHI | 31899 | CPT | | | | both | | | 2511 | 260.52 | Wellcare | Medicare | 226.54 | | | | 226.54 | 2385.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC TRACHEA BRONCHI | 31899 | CPT | | | | both | | | 2511 | 260.52 | UHC | Medicare | 226.54 | | | | 226.54 | 2385.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC TRACHEA BRONCHI | 31899 | CPT | | | | both | | | 2511 | 260.52 | Horizon | MGD | 438.35 | | | | 226.54 | 2385.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC TRACHEA BRONCHI | 31899 | CPT | | | | both | | | 2511 | 260.52 | Wellcare | Medicaid | 792.22 | 31.55 | | | 226.54 | 2385.45 | percent of total billed charges | |
| HC UNLISTED PROC TRACHEA BRONCHI | 31899 | CPT | | | | both | | | 2511 | 260.52 | Horizon | PPO | 438.35 | | | | 226.54 | 2385.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC TRACHEA BRONCHI | 31899 | CPT | | | | both | | | 2511 | 260.52 | Managed Care Inc | Managed Care Inc | 2259.9 | 90 | | | 226.54 | 2385.45 | percent of total billed charges | |
| HC UNLISTED PROC TRACHEA BRONCHI | 31899 | CPT | | | | both | | | 2511 | 260.52 | UHC | Medicaid | 792.22 | 31.55 | | | 226.54 | 2385.45 | percent of total billed charges | |
| HC UNLISTED PROC TRACHEA BRONCHI | 31899 | CPT | | | | both | | | 2511 | 260.52 | United | Oxford | 1782 | | | | 226.54 | 2385.45 | case rate | |
| HC THORACOTOMY | 32100 | CPT | | | | outpatient | | | 4942 | | Americare | Americare | 3706.5 | 75 | | | 1041.39 | 4694.9 | percent of total billed charges | |
| HC THORACOTOMY | 32100 | CPT | | | | outpatient | | | 4942 | | Aetna | Better Health | 1559.2 | 31.55 | | | 1041.39 | 4694.9 | percent of total billed charges | |
| HC THORACOTOMY | 32100 | CPT | | | | outpatient | | | 4942 | | Horizon | Indemnity | 1891.8 | 38.28 | | | 1041.39 | 4694.9 | percent of total billed charges | |
| HC THORACOTOMY | 32100 | CPT | | | | outpatient | | | 4942 | | Amerihealth | HMO\|PPO | 3212.3 | 65 | | | 1041.39 | 4694.9 | percent of total billed charges | |
| HC THORACOTOMY | 32100 | CPT | | | | outpatient | | | 4942 | | Aetna | Medicare | 1522.14 | 30.8 | | | 1041.39 | 4694.9 | percent of total billed charges | |
| HC THORACOTOMY | 32100 | CPT | | | | outpatient | | | 4942 | | Corrections | Corrections | 3953.6 | 80 | | | 1041.39 | 4694.9 | percent of total billed charges | |
| HC THORACOTOMY | 32100 | CPT | | | | outpatient | | | 4942 | | First Trenton | First Trenton | 4447.8 | 90 | | | 1041.39 | 4694.9 | percent of total billed charges | |
| HC THORACOTOMY | 32100 | CPT | | | | outpatient | | | 4942 | | First Health | First Health | 3459.4 | 70 | | | 1041.39 | 4694.9 | percent of total billed charges | |
| HC THORACOTOMY | 32100 | CPT | | | | outpatient | | | 4942 | | Horizon | MGD | 1891.8 | 38.28 | | | 1041.39 | 4694.9 | percent of total billed charges | |
| HC THORACOTOMY | 32100 | CPT | | | | outpatient | | | 4942 | | Consumer | Consumer | 4694.9 | 95 | | | 1041.39 | 4694.9 | percent of total billed charges | |
| HC THORACOTOMY | 32100 | CPT | | | | outpatient | | | 4942 | | Horizon | Medicare Blue | 1482.6 | 30 | | | 1041.39 | 4694.9 | percent of total billed charges | |
| HC THORACOTOMY | 32100 | CPT | | | | outpatient | | | 4942 | | UHC | Medicaid | 1559.2 | 31.55 | | | 1041.39 | 4694.9 | percent of total billed charges | |
| HC THORACOTOMY | 32100 | CPT | | | | outpatient | | | 4942 | | Managed Care Inc | Managed Care Inc | 4447.8 | 90 | | | 1041.39 | 4694.9 | percent of total billed charges | |
| HC THORACOTOMY | 32100 | CPT | | | | outpatient | | | 4942 | | Horizon | NJ Health | 1041.39 | | | | 1041.39 | 4694.9 | fee schedule | |
| HC THORACOTOMY | 32100 | CPT | | | | outpatient | | | 4942 | | Horizon | PPO | 1891.8 | 38.28 | | | 1041.39 | 4694.9 | percent of total billed charges | |
| HC THORACOTOMY | 32100 | CPT | | | | outpatient | | | 4942 | | Multiplan | Multiplan | 3953.6 | 80 | | | 1041.39 | 4694.9 | percent of total billed charges | |
| HC THORACOTOMY | 32100 | CPT | | | | outpatient | | | 4942 | | United | Oxford | 1782 | | | | 1041.39 | 4694.9 | case rate | |
| HC THORACOTOMY | 32100 | CPT | | | | outpatient | | | 4942 | | United | Commercial\|PPO | 1782 | | | | 1041.39 | 4694.9 | case rate | |
| HC THORACOTOMY | 32100 | CPT | | | | outpatient | | | 4942 | | Qualcare | Qualcare | 3706.5 | 75 | | | 1041.39 | 4694.9 | percent of total billed charges | |
| HC THORACOTOMY | 32100 | CPT | | | | outpatient | | | 4942 | | WellPoint | WellPoint | 1590.34 | 32.18 | | | 1041.39 | 4694.9 | percent of total billed charges | |
| HC THORACOTOMY | 32100 | CPT | | | | outpatient | | | 4942 | | Three Rivers | Three Rivers | 4694.9 | 95 | | | 1041.39 | 4694.9 | percent of total billed charges | |
| HC THORACOTOMY | 32100 | CPT | | | | outpatient | | | 4942 | | Wellcare | Medicaid | 1559.2 | 31.55 | | | 1041.39 | 4694.9 | percent of total billed charges | |
| HC THORAC.FOR TRMATIC HEMORR/LUNG | 32110 | CPT | | | | outpatient | | | 7859 | | Aetna | Medicare | 2420.57 | 30.8 | | | 1117.08 | 7466.05 | percent of total billed charges | |
| HC THORAC.FOR TRMATIC HEMORR/LUNG | 32110 | CPT | | | | outpatient | | | 7859 | | Horizon | MGD | 3008.43 | 38.28 | | | 1117.08 | 7466.05 | percent of total billed charges | |
| HC THORAC.FOR TRMATIC HEMORR/LUNG | 32110 | CPT | | | | outpatient | | | 7859 | | Aetna | Better Health | 2479.51 | 31.55 | | | 1117.08 | 7466.05 | percent of total billed charges | |
| HC THORAC.FOR TRMATIC HEMORR/LUNG | 32110 | CPT | | | | outpatient | | | 7859 | | First Health | First Health | 5501.3 | 70 | | | 1117.08 | 7466.05 | percent of total billed charges | |
| HC THORAC.FOR TRMATIC HEMORR/LUNG | 32110 | CPT | | | | outpatient | | | 7859 | | Horizon | Medicare Blue | 2357.7 | 30 | | | 1117.08 | 7466.05 | percent of total billed charges | |
| HC THORAC.FOR TRMATIC HEMORR/LUNG | 32110 | CPT | | | | outpatient | | | 7859 | | United | Commercial\|PPO | 1782 | | | | 1117.08 | 7466.05 | case rate | |
| HC THORAC.FOR TRMATIC HEMORR/LUNG | 32110 | CPT | | | | outpatient | | | 7859 | | Corrections | Corrections | 6287.2 | 80 | | | 1117.08 | 7466.05 | percent of total billed charges | |
| HC THORAC.FOR TRMATIC HEMORR/LUNG | 32110 | CPT | | | | outpatient | | | 7859 | | Consumer | Consumer | 7466.05 | 95 | | | 1117.08 | 7466.05 | percent of total billed charges | |
| HC THORAC.FOR TRMATIC HEMORR/LUNG | 32110 | CPT | | | | outpatient | | | 7859 | | Americare | Americare | 5894.25 | 75 | | | 1117.08 | 7466.05 | percent of total billed charges | |
| HC THORAC.FOR TRMATIC HEMORR/LUNG | 32110 | CPT | | | | outpatient | | | 7859 | | WellPoint | WellPoint | 2529.03 | 32.18 | | | 1117.08 | 7466.05 | percent of total billed charges | |
| HC THORAC.FOR TRMATIC HEMORR/LUNG | 32110 | CPT | | | | outpatient | | | 7859 | | Amerihealth | HMO\|PPO | 5108.35 | 65 | | | 1117.08 | 7466.05 | percent of total billed charges | |
| HC THORAC.FOR TRMATIC HEMORR/LUNG | 32110 | CPT | | | | outpatient | | | 7859 | | First Trenton | First Trenton | 7073.1 | 90 | | | 1117.08 | 7466.05 | percent of total billed charges | |
| HC THORAC.FOR TRMATIC HEMORR/LUNG | 32110 | CPT | | | | outpatient | | | 7859 | | United | Oxford | 1782 | | | | 1117.08 | 7466.05 | case rate | |
| HC THORAC.FOR TRMATIC HEMORR/LUNG | 32110 | CPT | | | | outpatient | | | 7859 | | Horizon | NJ Health | 1117.08 | | | | 1117.08 | 7466.05 | fee schedule | |
| HC THORAC.FOR TRMATIC HEMORR/LUNG | 32110 | CPT | | | | outpatient | | | 7859 | | Horizon | Indemnity | 3008.43 | 38.28 | | | 1117.08 | 7466.05 | percent of total billed charges | |
| HC THORAC.FOR TRMATIC HEMORR/LUNG | 32110 | CPT | | | | outpatient | | | 7859 | | Horizon | PPO | 3008.43 | 38.28 | | | 1117.08 | 7466.05 | percent of total billed charges | |
| HC THORAC.FOR TRMATIC HEMORR/LUNG | 32110 | CPT | | | | outpatient | | | 7859 | | Wellcare | Medicaid | 2479.51 | 31.55 | | | 1117.08 | 7466.05 | percent of total billed charges | |
| HC THORAC.FOR TRMATIC HEMORR/LUNG | 32110 | CPT | | | | outpatient | | | 7859 | | Managed Care Inc | Managed Care Inc | 7073.1 | 90 | | | 1117.08 | 7466.05 | percent of total billed charges | |
| HC THORAC.FOR TRMATIC HEMORR/LUNG | 32110 | CPT | | | | outpatient | | | 7859 | | Multiplan | Multiplan | 6287.2 | 80 | | | 1117.08 | 7466.05 | percent of total billed charges | |
| HC THORAC.FOR TRMATIC HEMORR/LUNG | 32110 | CPT | | | | outpatient | | | 7859 | | Three Rivers | Three Rivers | 7466.05 | 95 | | | 1117.08 | 7466.05 | percent of total billed charges | |
| HC THORAC.FOR TRMATIC HEMORR/LUNG | 32110 | CPT | | | | outpatient | | | 7859 | | Qualcare | Qualcare | 5894.25 | 75 | | | 1117.08 | 7466.05 | percent of total billed charges | |
| HC THORAC.FOR TRMATIC HEMORR/LUNG | 32110 | CPT | | | | outpatient | | | 7859 | | UHC | Medicaid | 2479.51 | 31.55 | | | 1117.08 | 7466.05 | percent of total billed charges | |
| HC THOROCOTOMY | 32160 | CPT | | | | outpatient | | | 4942 | | First Health | First Health | 3459.4 | 70 | | | 1190.16 | 4694.9 | percent of total billed charges | |
| HC THOROCOTOMY | 32160 | CPT | | | | outpatient | | | 4942 | | Corrections | Corrections | 3953.6 | 80 | | | 1190.16 | 4694.9 | percent of total billed charges | |
| HC THOROCOTOMY | 32160 | CPT | | | | outpatient | | | 4942 | | Aetna | Medicare | 1522.14 | 30.8 | | | 1190.16 | 4694.9 | percent of total billed charges | |
| HC THOROCOTOMY | 32160 | CPT | | | | outpatient | | | 4942 | | Horizon | Indemnity | 1891.8 | 38.28 | | | 1190.16 | 4694.9 | percent of total billed charges | |
| HC THOROCOTOMY | 32160 | CPT | | | | outpatient | | | 4942 | | Aetna | Better Health | 1559.2 | 31.55 | | | 1190.16 | 4694.9 | percent of total billed charges | |
| HC THOROCOTOMY | 32160 | CPT | | | | outpatient | | | 4942 | | WellPoint | WellPoint | 1590.34 | 32.18 | | | 1190.16 | 4694.9 | percent of total billed charges | |
| HC THOROCOTOMY | 32160 | CPT | | | | outpatient | | | 4942 | | First Trenton | First Trenton | 4447.8 | 90 | | | 1190.16 | 4694.9 | percent of total billed charges | |
| HC THOROCOTOMY | 32160 | CPT | | | | outpatient | | | 4942 | | Americare | Americare | 3706.5 | 75 | | | 1190.16 | 4694.9 | percent of total billed charges | |
| HC THOROCOTOMY | 32160 | CPT | | | | outpatient | | | 4942 | | Multiplan | Multiplan | 3953.6 | 80 | | | 1190.16 | 4694.9 | percent of total billed charges | |
| HC THOROCOTOMY | 32160 | CPT | | | | outpatient | | | 4942 | | Horizon | PPO | 1891.8 | 38.28 | | | 1190.16 | 4694.9 | percent of total billed charges | |
| HC THOROCOTOMY | 32160 | CPT | | | | outpatient | | | 4942 | | Amerihealth | HMO\|PPO | 3212.3 | 65 | | | 1190.16 | 4694.9 | percent of total billed charges | |
| HC THOROCOTOMY | 32160 | CPT | | | | outpatient | | | 4942 | | Consumer | Consumer | 4694.9 | 95 | | | 1190.16 | 4694.9 | percent of total billed charges | |
| HC THOROCOTOMY | 32160 | CPT | | | | outpatient | | | 4942 | | Horizon | NJ Health | 1190.16 | | | 290.26 | 1190.16 | 4694.9 | fee schedule | |
| HC THOROCOTOMY | 32160 | CPT | | | | outpatient | | | 4942 | | Qualcare | Qualcare | 3706.5 | 75 | | | 1190.16 | 4694.9 | percent of total billed charges | |
| HC THOROCOTOMY | 32160 | CPT | | | | outpatient | | | 4942 | | Horizon | MGD | 1891.8 | 38.28 | | | 1190.16 | 4694.9 | percent of total billed charges | |
| HC THOROCOTOMY | 32160 | CPT | | | | outpatient | | | 4942 | | Horizon | Medicare Blue | 1482.6 | 30 | | | 1190.16 | 4694.9 | percent of total billed charges | |
| HC THOROCOTOMY | 32160 | CPT | | | | outpatient | | | 4942 | | Managed Care Inc | Managed Care Inc | 4447.8 | 90 | | | 1190.16 | 4694.9 | percent of total billed charges | |
| HC THOROCOTOMY | 32160 | CPT | | | | outpatient | | | 4942 | | Three Rivers | Three Rivers | 4694.9 | 95 | | | 1190.16 | 4694.9 | percent of total billed charges | |
| HC THOROCOTOMY | 32160 | CPT | | | | outpatient | | | 4942 | | UHC | Medicaid | 1559.2 | 31.55 | | | 1190.16 | 4694.9 | percent of total billed charges | |
| HC THOROCOTOMY | 32160 | CPT | | | | outpatient | | | 4942 | | United | Oxford | 1782 | | | | 1190.16 | 4694.9 | case rate | |
| HC THOROCOTOMY | 32160 | CPT | | | | outpatient | | | 4942 | | United | Commercial\|PPO | 1782 | | | | 1190.16 | 4694.9 | case rate | |
| HC THOROCOTOMY | 32160 | CPT | | | | outpatient | | | 4942 | | Wellcare | Medicaid | 1559.2 | 31.55 | | | 1190.16 | 4694.9 | percent of total billed charges | |
| HC BIOPSY PLEURA PERCUTANEOUS NEEDLE | 32400 | CPT | | | | outpatient | | | 2369.65 | 2132.36 | Horizon | MGD | 3587.94 | | | | 76.73 | 3587.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY PLEURA PERCUTANEOUS NEEDLE | 32400 | CPT | | | | outpatient | | | 2369.65 | 2132.36 | Consumer | Consumer | 2251.17 | 95 | | | 76.73 | 3587.94 | percent of total billed charges | |
| HC BIOPSY PLEURA PERCUTANEOUS NEEDLE | 32400 | CPT | | | | outpatient | | | 2369.65 | 2132.36 | Aetna | Better Health | 747.62 | 31.55 | | | 76.73 | 3587.94 | percent of total billed charges | |
| HC BIOPSY PLEURA PERCUTANEOUS NEEDLE | 32400 | CPT | | | | outpatient | | | 2369.65 | 2132.36 | Amerihealth | HMO\|PPO | 550 | | | | 76.73 | 3587.94 | fee schedule | |
| HC BIOPSY PLEURA PERCUTANEOUS NEEDLE | 32400 | CPT | | | | outpatient | | | 2369.65 | 2132.36 | First Health | First Health | 1658.76 | 70 | | | 76.73 | 3587.94 | percent of total billed charges | |
| HC BIOPSY PLEURA PERCUTANEOUS NEEDLE | 32400 | CPT | | | | outpatient | | | 2369.65 | 2132.36 | Aetna | Commercial | 3026.1 | | | | 76.73 | 3587.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY PLEURA PERCUTANEOUS NEEDLE | 32400 | CPT | | | | outpatient | | | 2369.65 | 2132.36 | Corrections | Corrections | 1895.72 | 80 | | | 76.73 | 3587.94 | percent of total billed charges | |
| HC BIOPSY PLEURA PERCUTANEOUS NEEDLE | 32400 | CPT | | | | outpatient | | | 2369.65 | 2132.36 | Horizon | Medicare Blue | 1854.23 | | | | 76.73 | 3587.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY PLEURA PERCUTANEOUS NEEDLE | 32400 | CPT | | | | outpatient | | | 2369.65 | 2132.36 | UHC | Medicaid | 747.62 | 31.55 | | | 76.73 | 3587.94 | percent of total billed charges | |
| HC BIOPSY PLEURA PERCUTANEOUS NEEDLE | 32400 | CPT | | | | outpatient | | | 2369.65 | 2132.36 | First Trenton | First Trenton | 2132.69 | 90 | | | 76.73 | 3587.94 | percent of total billed charges | |
| HC BIOPSY PLEURA PERCUTANEOUS NEEDLE | 32400 | CPT | | | | outpatient | | | 2369.65 | 2132.36 | Horizon | Indemnity | 3587.94 | | | | 76.73 | 3587.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY PLEURA PERCUTANEOUS NEEDLE | 32400 | CPT | | | | outpatient | | | 2369.65 | 2132.36 | UHC | Medicare | 1854.23 | | | | 76.73 | 3587.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY PLEURA PERCUTANEOUS NEEDLE | 32400 | CPT | | | | outpatient | | | 2369.65 | 2132.36 | Wellcare | Medicare | 1854.23 | | | | 76.73 | 3587.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY PLEURA PERCUTANEOUS NEEDLE | 32400 | CPT | | | | outpatient | | | 2369.65 | 2132.36 | Aetna | Medicare | 1854.23 | | | | 76.73 | 3587.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY PLEURA PERCUTANEOUS NEEDLE | 32400 | CPT | | | | outpatient | | | 2369.65 | 2132.36 | Horizon | PPO | 3587.94 | | | | 76.73 | 3587.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY PLEURA PERCUTANEOUS NEEDLE | 32400 | CPT | | | | outpatient | | | 2369.65 | 2132.36 | Horizon | NJ Health | 76.73 | | | | 76.73 | 3587.94 | fee schedule | |
| HC BIOPSY PLEURA PERCUTANEOUS NEEDLE | 32400 | CPT | | | | outpatient | | | 2369.65 | 2132.36 | United | Oxford | 2493 | | | | 76.73 | 3587.94 | case rate | |
| HC BIOPSY PLEURA PERCUTANEOUS NEEDLE | 32400 | CPT | | | | outpatient | | | 2369.65 | 2132.36 | Americare | Americare | 1777.24 | 75 | | | 76.73 | 3587.94 | percent of total billed charges | |
| HC BIOPSY PLEURA PERCUTANEOUS NEEDLE | 32400 | CPT | | | | outpatient | | | 2369.65 | 2132.36 | Multiplan | Multiplan | 1895.72 | 80 | | | 76.73 | 3587.94 | percent of total billed charges | |
| HC BIOPSY PLEURA PERCUTANEOUS NEEDLE | 32400 | CPT | | | | outpatient | | | 2369.65 | 2132.36 | Managed Care Inc | Managed Care Inc | 2132.69 | 90 | | | 76.73 | 3587.94 | percent of total billed charges | |
| HC BIOPSY PLEURA PERCUTANEOUS NEEDLE | 32400 | CPT | | | | outpatient | | | 2369.65 | 2132.36 | United | Commercial\|PPO | 2493 | | | | 76.73 | 3587.94 | case rate | |
| HC BIOPSY PLEURA PERCUTANEOUS NEEDLE | 32400 | CPT | | | | outpatient | | | 2369.65 | 2132.36 | Three Rivers | Three Rivers | 2251.17 | 95 | | | 76.73 | 3587.94 | percent of total billed charges | |
| HC BIOPSY PLEURA PERCUTANEOUS NEEDLE | 32400 | CPT | | | | outpatient | | | 2369.65 | 2132.36 | Qualcare | Qualcare | 1777.24 | 75 | | | 76.73 | 3587.94 | percent of total billed charges | |
| HC BIOPSY PLEURA PERCUTANEOUS NEEDLE | 32400 | CPT | | | | outpatient | | | 2369.65 | 2132.36 | WellPoint | WellPoint | 762.55 | 32.18 | | | 76.73 | 3587.94 | percent of total billed charges | |
| HC BIOPSY PLEURA PERCUTANEOUS NEEDLE | 32400 | CPT | | | | outpatient | | | 2369.65 | 2132.36 | Wellcare | Medicaid | 747.62 | 31.55 | | | 76.73 | 3587.94 | percent of total billed charges | |
| HC IR CORE NDLE BIOPSY OF LUNG/ME | 32408 | CPT | | | | both | | | 5621 | 2132.36 | First Trenton | First Trenton | 5058.9 | 90 | | | 1411.04 | 5339.95 | percent of total billed charges | |
| HC IR CORE NDLE BIOPSY OF LUNG/ME | 32408 | CPT | | | | both | | | 5621 | 2132.36 | Amerihealth | HMO\|PPO | 3653.65 | 65 | | | 1411.04 | 5339.95 | percent of total billed charges | |
| HC IR CORE NDLE BIOPSY OF LUNG/ME | 32408 | CPT | | | | both | | | 5621 | 2132.36 | Aetna | Medicare | 1854.23 | | | | 1411.04 | 5339.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IR CORE NDLE BIOPSY OF LUNG/ME | 32408 | CPT | | | | both | | | 5621 | 2132.36 | Corrections | Corrections | 4496.8 | 80 | | | 1411.04 | 5339.95 | percent of total billed charges | |
| HC IR CORE NDLE BIOPSY OF LUNG/ME | 32408 | CPT | | | | both | | | 5621 | 2132.36 | Aetna | Commercial | 3026.1 | | | 1273.6 | 1411.04 | 5339.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IR CORE NDLE BIOPSY OF LUNG/ME | 32408 | CPT | | | | both | | | 5621 | 2132.36 | Horizon | Indemnity | 3587.94 | | | 1379.84 | 1411.04 | 5339.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IR CORE NDLE BIOPSY OF LUNG/ME | 32408 | CPT | | | | both | | | 5621 | 2132.36 | Aetna | Better Health | 1773.43 | 31.55 | | | 1411.04 | 5339.95 | percent of total billed charges | |
| HC IR CORE NDLE BIOPSY OF LUNG/ME | 32408 | CPT | | | | both | | | 5621 | 2132.36 | Consumer | Consumer | 5339.95 | 95 | | | 1411.04 | 5339.95 | percent of total billed charges | |
| HC IR CORE NDLE BIOPSY OF LUNG/ME | 32408 | CPT | | | | both | | | 5621 | 2132.36 | Americare | Americare | 4215.75 | 75 | | | 1411.04 | 5339.95 | percent of total billed charges | |
| HC IR CORE NDLE BIOPSY OF LUNG/ME | 32408 | CPT | | | | both | | | 5621 | 2132.36 | Multiplan | Multiplan | 4496.8 | 80 | | | 1411.04 | 5339.95 | percent of total billed charges | |
| HC IR CORE NDLE BIOPSY OF LUNG/ME | 32408 | CPT | | | | both | | | 5621 | 2132.36 | First Health | First Health | 3934.7 | 70 | | | 1411.04 | 5339.95 | percent of total billed charges | |
| HC IR CORE NDLE BIOPSY OF LUNG/ME | 32408 | CPT | | | | both | | | 5621 | 2132.36 | Horizon | Medicare Blue | 1854.23 | | | | 1411.04 | 5339.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IR CORE NDLE BIOPSY OF LUNG/ME | 32408 | CPT | | | | both | | | 5621 | 2132.36 | United | Commercial\|PPO | 2493 | | | | 1411.04 | 5339.95 | case rate | |
| HC IR CORE NDLE BIOPSY OF LUNG/ME | 32408 | CPT | | | | both | | | 5621 | 2132.36 | UHC | Medicaid | 1773.43 | 31.55 | | 939.36 | 1411.04 | 5339.95 | percent of total billed charges | |
| HC IR CORE NDLE BIOPSY OF LUNG/ME | 32408 | CPT | | | | both | | | 5621 | 2132.36 | UHC | Medicare | 1854.23 | | | 1645.39 | 1411.04 | 5339.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IR CORE NDLE BIOPSY OF LUNG/ME | 32408 | CPT | | | | both | | | 5621 | 2132.36 | Managed Care Inc | Managed Care Inc | 5058.9 | 90 | | | 1411.04 | 5339.95 | percent of total billed charges | |
| HC IR CORE NDLE BIOPSY OF LUNG/ME | 32408 | CPT | | | | both | | | 5621 | 2132.36 | Horizon | MGD | 3587.94 | | | | 1411.04 | 5339.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IR CORE NDLE BIOPSY OF LUNG/ME | 32408 | CPT | | | | both | | | 5621 | 2132.36 | Qualcare | Qualcare | 4215.75 | 75 | | | 1411.04 | 5339.95 | percent of total billed charges | |
| HC IR CORE NDLE BIOPSY OF LUNG/ME | 32408 | CPT | | | | both | | | 5621 | 2132.36 | WellPoint | WellPoint | 1808.84 | 32.18 | | 1637.28 | 1411.04 | 5339.95 | percent of total billed charges | |
| HC IR CORE NDLE BIOPSY OF LUNG/ME | 32408 | CPT | | | | both | | | 5621 | 2132.36 | Horizon | PPO | 3587.94 | | | | 1411.04 | 5339.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IR CORE NDLE BIOPSY OF LUNG/ME | 32408 | CPT | | | | both | | | 5621 | 2132.36 | Horizon | NJ Health | 1411.04 | | | 1258.59 | 1411.04 | 5339.95 | fee schedule | |
| HC IR CORE NDLE BIOPSY OF LUNG/ME | 32408 | CPT | | | | both | | | 5621 | 2132.36 | Wellcare | Medicare | 1854.23 | | | 178.27 | 1411.04 | 5339.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IR CORE NDLE BIOPSY OF LUNG/ME | 32408 | CPT | | | | both | | | 5621 | 2132.36 | Three Rivers | Three Rivers | 5339.95 | 95 | | | 1411.04 | 5339.95 | percent of total billed charges | |
| HC IR CORE NDLE BIOPSY OF LUNG/ME | 32408 | CPT | | | | both | | | 5621 | 2132.36 | United | Oxford | 2493 | | | | 1411.04 | 5339.95 | case rate | |
| HC IR CORE NDLE BIOPSY OF LUNG/ME | 32408 | CPT | | | | both | | | 5621 | 2132.36 | Wellcare | Medicaid | 1773.43 | 31.55 | | | 1411.04 | 5339.95 | percent of total billed charges | |
| HC INSRT INDWLG TUNNLD PLRAL CATH | 32550 | CPT | | | | both | | | 31993 | 4550.24 | Aetna | Commercial | 6457.38 | | | | 550 | 30393.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT INDWLG TUNNLD PLRAL CATH | 32550 | CPT | | | | both | | | 31993 | 4550.24 | Aetna | Better Health | 10093.79 | 31.55 | | | 550 | 30393.35 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC INSRT INDWLG TUNNLD PLRAL CATH | 32550 | CPT | | | | both | | | 31993 | 4550.24 | UHC | Medicare | 3956.73 | | | | 550 | | 30393.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT INDWLG TUNNLD PLRAL CATH | 32550 | CPT | | | | both | | | 31993 | 4550.24 | First Health | First Health | 22395.1 | 70 | | | 550 | | 30393.35 percent of total billed charges | |
| HC INSRT INDWLG TUNNLD PLRAL CATH | 32550 | CPT | | | | both | | | 31993 | 4550.24 | Aetna | Medicare | 3956.73 | | | | 550 | | 30393.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT INDWLG TUNNLD PLRAL CATH | 32550 | CPT | | | | both | | | 31993 | 4550.24 | Corrections | Corrections | 25594.4 | 80 | | | 550 | | 30393.35 percent of total billed charges | |
| HC INSRT INDWLG TUNNLD PLRAL CATH | 32550 | CPT | | | | both | | | 31993 | 4550.24 | First Trenton | First Trenton | 28793.7 | 90 | | | 550 | | 30393.35 percent of total billed charges | |
| HC INSRT INDWLG TUNNLD PLRAL CATH | 32550 | CPT | | | | both | | | 31993 | 4550.24 | Consumer | Consumer | 30393.35 | 95 | | | 550 | | 30393.35 percent of total billed charges | |
| HC INSRT INDWLG TUNNLD PLRAL CATH | 32550 | CPT | | | | both | | | 31993 | 4550.24 | Americare | Americare | 29994.75 | 75 | | | 550 | | 30393.35 percent of total billed charges | |
| HC INSRT INDWLG TUNNLD PLRAL CATH | 32550 | CPT | | | | both | | | 31993 | 4550.24 | Horizon | Indemnity | 7656.27 | | | | 550 | | 30393.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT INDWLG TUNNLD PLRAL CATH | 32550 | CPT | | | | both | | | 31993 | 4550.24 | Managed Care Inc | Managed Care Inc | 28793.7 | 90 | | | 550 | | 30393.35 percent of total billed charges | |
| HC INSRT INDWLG TUNNLD PLRAL CATH | 32550 | CPT | | | | both | | | 31993 | 4550.24 | Multiplan | Multiplan | 25594.4 | 80 | | | 550 | | 30393.35 percent of total billed charges | |
| HC INSRT INDWLG TUNNLD PLRAL CATH | 32550 | CPT | | | | both | | | 31993 | 4550.24 | Amerihealth | HMO/PPO | 550 | | | | 550 | | 30393.35 fee schedule | |
| HC INSRT INDWLG TUNNLD PLRAL CATH | 32550 | CPT | | | | both | | | 31993 | 4550.24 | Horizon | Medicare Blue | 3956.73 | | | | 550 | | 30393.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT INDWLG TUNNLD PLRAL CATH | 32550 | CPT | | | | both | | | 31993 | 4550.24 | WellPoint | WellPoint | 10295.35 | 32.18 | | | 550 | | 30393.35 percent of total billed charges | |
| HC INSRT INDWLG TUNNLD PLRAL CATH | 32550 | CPT | | | | both | | | 31993 | 4550.24 | UHC | Medicaid | 10093.79 | 31.55 | | | 550 | | 30393.35 percent of total billed charges | |
| HC INSRT INDWLG TUNNLD PLRAL CATH | 32550 | CPT | | | | both | | | 31993 | 4550.24 | Horizon | MGD | 7656.27 | | | 5109.64 | 550 | | 30393.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT INDWLG TUNNLD PLRAL CATH | 32550 | CPT | | | | both | | | 31993 | 4550.24 | Horizon | PPO | 7656.27 | | | | 550 | | 30393.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT INDWLG TUNNLD PLRAL CATH | 32550 | CPT | | | | both | | | 31993 | 4550.24 | Qualcare | Qualcare | 23994.75 | 75 | | | 550 | | 30393.35 percent of total billed charges | |
| HC INSRT INDWLG TUNNLD PLRAL CATH | 32550 | CPT | | | | both | | | 31993 | 4550.24 | United | Commercial/PPO | 3492 | | | | 550 | | 30393.35 case rate | |
| HC INSRT INDWLG TUNNLD PLRAL CATH | 32550 | CPT | | | | both | | | 31993 | 4550.24 | Three Rivers | Three Rivers | 30393.35 | 95 | | | 550 | | 30393.35 percent of total billed charges | |
| HC INSRT INDWLG TUNNLD PLRAL CATH | 32550 | CPT | | | | both | | | 31993 | 4550.24 | United | Oxford | 3492 | | | | 550 | | 30393.35 case rate | |
| HC INSRT INDWLG TUNNLD PLRAL CATH | 32550 | CPT | | | | both | | | 31993 | 4550.24 | Wellcare | Medicaid | 10093.79 | 31.55 | | | 550 | | 30393.35 percent of total billed charges | |
| HC INSRT INDWLG TUNNLD PLRAL CATH | 32550 | CPT | | | | both | | | 31993 | 4550.24 | Wellcare | Medicare | 3956.73 | | | | 550 | | 30393.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TUBE THORACOSTOMY | 32551 | CPT | | | | both | | | 4654.09 | 2106.37 | Amerihealth | HMO/PPO | 550 | | | | 550 | | 4421.39 fee schedule | |
| HC TUBE THORACOSTOMY | 32551 | CPT | | | | both | | | 4654.09 | 2106.37 | Americare | Americare | 3490.57 | 75 | | | 550 | | 4421.39 percent of total billed charges | |
| HC TUBE THORACOSTOMY | 32551 | CPT | | | | both | | | 4654.09 | 2106.37 | Aetna | Better Health | 1468.37 | 31.55 | | | 550 | | 4421.39 percent of total billed charges | |
| HC TUBE THORACOSTOMY | 32551 | CPT | | | | both | | | 4654.09 | 2106.37 | UHC | Medicaid | 1468.37 | 31.55 | | 590.82 | 550 | | 4421.39 percent of total billed charges | |
| HC TUBE THORACOSTOMY | 32551 | CPT | | | | both | | | 4654.09 | 2106.37 | First Trenton | First Trenton | 4188.68 | 90 | | | 550 | | 4421.39 percent of total billed charges | |
| HC TUBE THORACOSTOMY | 32551 | CPT | | | | both | | | 4654.09 | 2106.37 | Consumer | Consumer | 4421.39 | 95 | | | 550 | | 4421.39 percent of total billed charges | |
| HC TUBE THORACOSTOMY | 32551 | CPT | | | | both | | | 4654.09 | 2106.37 | First Health | First Health | 3257.86 | 70 | | | 550 | | 4421.39 percent of total billed charges | |
| HC TUBE THORACOSTOMY | 32551 | CPT | | | | both | | | 4654.09 | 2106.37 | Aetna | Commercial | 2989.22 | | | | 550 | | 4421.39 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TUBE THORACOSTOMY | 32551 | CPT | | | | both | | | 4654.09 | 2106.37 | Horizon | Indemnity | 3544.2 | | | | 550 | | 4421.39 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TUBE THORACOSTOMY | 32551 | CPT | | | | both | | | 4654.09 | 2106.37 | Aetna | Medicare | 1831.63 | | | | 550 | | 4421.39 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TUBE THORACOSTOMY | 32551 | CPT | | | | both | | | 4654.09 | 2106.37 | Corrections | Corrections | 3723.27 | 80 | | | 550 | | 4421.39 percent of total billed charges | |
| HC TUBE THORACOSTOMY | 32551 | CPT | | | | both | | | 4654.09 | 2106.37 | Horizon | MGD | 3544.2 | | | | 550 | | 4421.39 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TUBE THORACOSTOMY | 32551 | CPT | | | | both | | | 4654.09 | 2106.37 | Horizon | Medicare Blue | 1831.63 | | | | 550 | | 4421.39 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TUBE THORACOSTOMY | 32551 | CPT | | | | both | | | 4654.09 | 2106.37 | UHC | Medicare | 1831.63 | | | | 550 | | 4421.39 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TUBE THORACOSTOMY | 32551 | CPT | | | | both | | | 4654.09 | 2106.37 | Multiplan | Multiplan | 3723.27 | 80 | | | 550 | | 4421.39 percent of total billed charges | |
| HC TUBE THORACOSTOMY | 32551 | CPT | | | | both | | | 4654.09 | 2106.37 | United | Commercial/PPO | 1817 | | | | 550 | | 4421.39 case rate | |
| HC TUBE THORACOSTOMY | 32551 | CPT | | | | both | | | 4654.09 | 2106.37 | Horizon | PPO | 3544.2 | | | | 550 | | 4421.39 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TUBE THORACOSTOMY | 32551 | CPT | | | | both | | | 4654.09 | 2106.37 | Managed Care Inc | Managed Care Inc | 4188.68 | 90 | | | 550 | | 4421.39 percent of total billed charges | |
| HC TUBE THORACOSTOMY | 32551 | CPT | | | | both | | | 4654.09 | 2106.37 | Qualcare | Qualcare | 3490.57 | 75 | | | 550 | | 4421.39 percent of total billed charges | |
| HC TUBE THORACOSTOMY | 32551 | CPT | | | | both | | | 4654.09 | 2106.37 | United | Oxford | 1817 | | | | 550 | | 4421.39 case rate | |
| HC TUBE THORACOSTOMY | 32551 | CPT | | | | both | | | 4654.09 | 2106.37 | WellPoint | WellPoint | 1497.69 | 32.18 | | | 550 | | 4421.39 percent of total billed charges | |
| HC TUBE THORACOSTOMY | 32551 | CPT | | | | both | | | 4654.09 | 2106.37 | Three Rivers | Three Rivers | 4421.39 | 95 | | | 550 | | 4421.39 percent of total billed charges | |
| HC TUBE THORACOSTOMY | 32551 | CPT | | | | both | | | 4654.09 | 2106.37 | Wellcare | Medicare | 1831.63 | | | | 550 | | 4421.39 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TUBE THORACOSTOMY | 32551 | CPT | | | | both | | | 4654.09 | 2106.37 | Wellcare | Medicaid | 1468.37 | 31.55 | | | 550 | | 4421.39 percent of total billed charges | |
| HC REM/TUN/PLEU/CATH/W/CUF | 32552 | CPT | | | | both | | | 2956 | 826.23 | Aetna | Better Health | 932.62 | 31.55 | | | 125 | | 2808.2 percent of total billed charges | |
| HC REM/TUN/PLEU/CATH/W/CUF | 32552 | CPT | | | | both | | | 2956 | 826.23 | Aetna | Medicare | 718.46 | | | | 125 | | 2808.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM/TUN/PLEU/CATH/W/CUF | 32552 | CPT | | | | both | | | 2956 | 826.23 | Wellcare | Medicare | 718.46 | | | | 125 | | 2808.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM/TUN/PLEU/CATH/W/CUF | 32552 | CPT | | | | both | | | 2956 | 826.23 | Americare | Americare | 2217 | 75 | | | 125 | | 2808.2 percent of total billed charges | |
| HC REM/TUN/PLEU/CATH/W/CUF | 32552 | CPT | | | | both | | | 2956 | 826.23 | First Health | First Health | 2069.2 | 70 | | | 125 | | 2808.2 percent of total billed charges | |
| HC REM/TUN/PLEU/CATH/W/CUF | 32552 | CPT | | | | both | | | 2956 | 826.23 | Multiplan | Multiplan | 2364.8 | 80 | | | 125 | | 2808.2 percent of total billed charges | |
| HC REM/TUN/PLEU/CATH/W/CUF | 32552 | CPT | | | | both | | | 2956 | 826.23 | UHC | Medicaid | 932.62 | 31.55 | | | 125 | | 2808.2 percent of total billed charges | |
| HC REM/TUN/PLEU/CATH/W/CUF | 32552 | CPT | | | | both | | | 2956 | 826.23 | Aetna | Commercial | 1172.53 | | | | 125 | | 2808.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM/TUN/PLEU/CATH/W/CUF | 32552 | CPT | | | | both | | | 2956 | 826.23 | Amerihealth | HMO/PPO | 125 | | | | 125 | | 2808.2 fee schedule | |
| HC REM/TUN/PLEU/CATH/W/CUF | 32552 | CPT | | | | both | | | 2956 | 826.23 | Corrections | Corrections | 2364.8 | 80 | | | 125 | | 2808.2 percent of total billed charges | |
| HC REM/TUN/PLEU/CATH/W/CUF | 32552 | CPT | | | | both | | | 2956 | 826.23 | WellPoint | WellPoint | 961.24 | 32.18 | | 701.55 | 125 | | 2808.2 percent of total billed charges | |
| HC REM/TUN/PLEU/CATH/W/CUF | 32552 | CPT | | | | both | | | 2956 | 826.23 | Consumer | Consumer | 2808.2 | 95 | | | 125 | | 2808.2 percent of total billed charges | |
| HC REM/TUN/PLEU/CATH/W/CUF | 32552 | CPT | | | | both | | | 2956 | 826.23 | United | Oxford | 1817 | | | | 125 | | 2808.2 case rate | |
| HC REM/TUN/PLEU/CATH/W/CUF | 32552 | CPT | | | | both | | | 2956 | 826.23 | Qualcare | Qualcare | 2217 | 75 | | | 125 | | 2808.2 percent of total billed charges | |
| HC REM/TUN/PLEU/CATH/W/CUF | 32552 | CPT | | | | both | | | 2956 | 826.23 | UHC | Medicare | 718.46 | | | | 125 | | 2808.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM/TUN/PLEU/CATH/W/CUF | 32552 | CPT | | | | both | | | 2956 | 826.23 | Horizon | Indemnity | 1390.22 | | | | 125 | | 2808.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM/TUN/PLEU/CATH/W/CUF | 32552 | CPT | | | | both | | | 2956 | 826.23 | United | Commercial/PPO | 1817 | | | | 125 | | 2808.2 case rate | |
| HC REM/TUN/PLEU/CATH/W/CUF | 32552 | CPT | | | | both | | | 2956 | 826.23 | Horizon | MGD | 1390.22 | | | 348.19 | 125 | | 2808.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM/TUN/PLEU/CATH/W/CUF | 32552 | CPT | | | | both | | | 2956 | 826.23 | First Trenton | First Trenton | 2660.4 | 90 | | | 125 | | 2808.2 percent of total billed charges | |
| HC REM/TUN/PLEU/CATH/W/CUF | 32552 | CPT | | | | both | | | 2956 | 826.23 | Horizon | PPO | 1390.22 | | | | 125 | | 2808.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM/TUN/PLEU/CATH/W/CUF | 32552 | CPT | | | | both | | | 2956 | 826.23 | Wellcare | Medicaid | 932.62 | 31.55 | | | 125 | | 2808.2 percent of total billed charges | |
| HC REM/TUN/PLEU/CATH/W/CUF | 32552 | CPT | | | | both | | | 2956 | 826.23 | Horizon | Medicare Blue | 718.46 | | | | 125 | | 2808.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM/TUN/PLEU/CATH/W/CUF | 32552 | CPT | | | | both | | | 2956 | 826.23 | Managed Care Inc | Managed Care Inc | 2660.4 | 90 | | | 125 | | 2808.2 percent of total billed charges | |
| HC REM/TUN/PLEU/CATH/W/CUF | 32552 | CPT | | | | both | | | 2956 | 826.23 | Three Rivers | Three Rivers | 2808.2 | 95 | | | 125 | | 2808.2 percent of total billed charges | |
| HC THORACENTIS NDLE/CATH ASP OF | 32555 | CPT | | | | both | | | 2540 | 826.23 | Horizon | Indemnity | 1390.22 | | | 230.63 | 550 | | 2413 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THORACENTIS NDLE/CATH ASP OF | 32555 | CPT | | | | both | | | 2540 | 826.23 | Americare | Americare | 1905 | 75 | | | 550 | | 2413 percent of total billed charges | |
| HC THORACENTIS NDLE/CATH ASP OF | 32555 | CPT | | | | both | | | 2540 | 826.23 | Corrections | Corrections | 2032 | 80 | | | 550 | | 2413 percent of total billed charges | |
| HC THORACENTIS NDLE/CATH ASP OF | 32555 | CPT | | | | both | | | 2540 | 826.23 | Amerihealth | HMO/PPO | 550 | | | | 550 | | 2413 fee schedule | |
| HC THORACENTIS NDLE/CATH ASP OF | 32555 | CPT | | | | both | | | 2540 | 826.23 | Aetna | Commercial | 1172.53 | | | | 550 | | 2413 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THORACENTIS NDLE/CATH ASP OF | 32555 | CPT | | | | both | | | 2540 | 826.23 | Aetna | Better Health | 801.37 | 31.55 | | | 550 | | 2413 percent of total billed charges | |
| HC THORACENTIS NDLE/CATH ASP OF | 32555 | CPT | | | | both | | | 2540 | 826.23 | First Trenton | First Trenton | 2286 | 90 | | | 550 | | 2413 percent of total billed charges | |
| HC THORACENTIS NDLE/CATH ASP OF | 32555 | CPT | | | | both | | | 2540 | 826.23 | Aetna | Medicare | 718.46 | | | 561.67 | 550 | | 2413 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THORACENTIS NDLE/CATH ASP OF | 32555 | CPT | | | | both | | | 2540 | 826.23 | Horizon | NJ Health | 569.81 | | | 1802.54 | 550 | | 2413 fee schedule | |
| HC THORACENTIS NDLE/CATH ASP OF | 32555 | CPT | | | | both | | | 2540 | 826.23 | Consumer | Consumer | 2413 | 95 | | | 550 | | 2413 percent of total billed charges | |
| HC THORACENTIS NDLE/CATH ASP OF | 32555 | CPT | | | | both | | | 2540 | 826.23 | UHC | Medicaid | 801.37 | 31.55 | | 546.2 | 550 | | 2413 percent of total billed charges | |
| HC THORACENTIS NDLE/CATH ASP OF | 32555 | CPT | | | | both | | | 2540 | 826.23 | First Health | First Health | 1778 | 70 | | | 550 | | 2413 percent of total billed charges | |
| HC THORACENTIS NDLE/CATH ASP OF | 32555 | CPT | | | | both | | | 2540 | 826.23 | Horizon | MGD | 1390.22 | | | | 550 | | 2413 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THORACENTIS NDLE/CATH ASP OF | 32555 | CPT | | | | both | | | 2540 | 826.23 | Wellcare | Medicare | 718.46 | | | | 550 | | 2413 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THORACENTIS NDLE/CATH ASP OF | 32555 | CPT | | | | both | | | 2540 | 826.23 | Horizon | PPO | 1390.22 | | | 1110.62 | 550 | | 2413 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THORACENTIS NDLE/CATH ASP OF | 32555 | CPT | | | | both | | | 2540 | 826.23 | UHC | Medicare | 718.46 | | | | 550 | | 2413 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THORACENTIS NDLE/CATH ASP OF | 32555 | CPT | | | | both | | | 2540 | 826.23 | Multiplan | Multiplan | 2032 | 80 | | | 550 | | 2413 percent of total billed charges | |
| HC THORACENTIS NDLE/CATH ASP OF | 32555 | CPT | | | | both | | | 2540 | 826.23 | Horizon | Medicare Blue | 718.46 | | | | 550 | | 2413 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THORACENTIS NDLE/CATH ASP OF | 32555 | CPT | | | | both | | | 2540 | 826.23 | WellPoint | WellPoint | 817.37 | 32.18 | | | 550 | | 2413 percent of total billed charges | |
| HC THORACENTIS NDLE/CATH ASP OF | 32555 | CPT | | | | both | | | 2540 | 826.23 | United | Commercial/PPO | 1817 | | | | 550 | | 2413 case rate | |
| HC THORACENTIS NDLE/CATH ASP OF | 32555 | CPT | | | | both | | | 2540 | 826.23 | Qualcare | Qualcare | 1905 | 75 | | | 550 | | 2413 percent of total billed charges | |
| HC THORACENTIS NDLE/CATH ASP OF | 32555 | CPT | | | | both | | | 2540 | 826.23 | United | Oxford | 1817 | | | | 550 | | 2413 case rate | |
| HC THORACENTIS NDLE/CATH ASP OF | 32555 | CPT | | | | both | | | 2540 | 826.23 | Managed Care Inc | Managed Care Inc | 2286 | 90 | | | 550 | | 2413 percent of total billed charges | |
| HC THORACENTIS NDLE/CATH ASP OF | 32555 | CPT | | | | both | | | 2540 | 826.23 | Wellcare | Medicaid | 801.37 | 31.55 | | | 550 | | 2413 percent of total billed charges | |
| HC THORACENTIS NDLE/CATH ASP OF | 32555 | CPT | | | | both | | | 2540 | 826.23 | Three Rivers | Three Rivers | 2413 | 95 | | | 550 | | 2413 percent of total billed charges | |
| HC PLRAL DRAIN PERC WITH INSERT OF INDWELL | 32556 | CPT | | | | inpatient | | | 6072 | 2502.63 | Three Rivers | Three Rivers | 5768.4 | 95 | | | 550 | | 5768.4 percent of total billed charges | |
| HC PLRAL DRAIN PERC WITH INSERT OF INDWELL | 32556 | CPT | | | | inpatient | | | 6072 | 2502.63 | Corrections | Corrections | 4857.6 | 80 | | | 550 | | 5768.4 percent of total billed charges | |
| HC PLRAL DRAIN PERC WITH INSERT OF INDWELL | 32556 | CPT | | | | inpatient | | | 6072 | 2502.63 | Aetna | Medicare | 2176.2 | | | | 550 | | 5768.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLRAL DRAIN PERC WITH INSERT OF INDWELL | 32556 | CPT | | | | inpatient | | | 6072 | 2502.63 | Consumer | Consumer | 5768.4 | 95 | | | 550 | | 5768.4 percent of total billed charges | |
| HC PLRAL DRAIN PERC WITH INSERT OF INDWELL | 32556 | CPT | | | | inpatient | | | 6072 | 2502.63 | First Trenton | First Trenton | 5464.8 | 90 | | | 550 | | 5768.4 percent of total billed charges | |
| HC PLRAL DRAIN PERC WITH INSERT OF INDWELL | 32556 | CPT | | | | inpatient | | | 6072 | 2502.63 | Aetna | Commercial | 3551.56 | | | | 550 | | 5768.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLRAL DRAIN PERC WITH INSERT OF INDWELL | 32556 | CPT | | | | inpatient | | | 6072 | 2502.63 | Aetna | Better Health | 1915.72 | 31.55 | | | 550 | | 5768.4 percent of total billed charges | |
| HC PLRAL DRAIN PERC WITH INSERT OF INDWELL | 32556 | CPT | | | | inpatient | | | 6072 | 2502.63 | Horizon | Medicare Blue | 2176.2 | | | | 550 | | 5768.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLRAL DRAIN PERC WITH INSERT OF INDWELL | 32556 | CPT | | | | inpatient | | | 6072 | 2502.63 | UHC | Medicaid | 1915.72 | 31.55 | | | 550 | | 5768.4 percent of total billed charges | |
| HC PLRAL DRAIN PERC WITH INSERT OF INDWELL | 32556 | CPT | | | | inpatient | | | 6072 | 2502.63 | Americare | Americare | 4554 | 75 | | | 550 | | 5768.4 percent of total billed charges | |
| HC PLRAL DRAIN PERC WITH INSERT OF INDWELL | 32556 | CPT | | | | inpatient | | | 6072 | 2502.63 | Amerihealth | HMO/PPO | 550 | | | | 550 | | 5768.4 fee schedule | |
| HC PLRAL DRAIN PERC WITH INSERT OF INDWELL | 32556 | CPT | | | | inpatient | | | 6072 | 2502.63 | United | Oxford | 2493 | | | | 550 | | 5768.4 case rate | |
| HC PLRAL DRAIN PERC WITH INSERT OF INDWELL | 32556 | CPT | | | | inpatient | | | 6072 | 2502.63 | Horizon | Indemnity | 4210.95 | | | | 550 | | 5768.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLRAL DRAIN PERC WITH INSERT OF INDWELL | 32556 | CPT | | | | inpatient | | | 6072 | 2502.63 | Multiplan | Multiplan | 4857.6 | 80 | | | 550 | | 5768.4 percent of total billed charges | |
| HC PLRAL DRAIN PERC WITH INSERT OF INDWELL | 32556 | CPT | | | | inpatient | | | 6072 | 2502.63 | WellPoint | WellPoint | 1953.97 | 32.18 | | | 550 | | 5768.4 percent of total billed charges | |
| HC PLRAL DRAIN PERC WITH INSERT OF INDWELL | 32556 | CPT | | | | inpatient | | | 6072 | 2502.63 | Qualcare | Qualcare | 4554 | 75 | | | 550 | | 5768.4 percent of total billed charges | |
| HC PLRAL DRAIN PERC WITH INSERT OF INDWELL | 32556 | CPT | | | | inpatient | | | 6072 | 2502.63 | United | Commercial/PPO | 2493 | | | | 550 | | 5768.4 case rate | |
| HC PLRAL DRAIN PERC WITH INSERT OF INDWELL | 32556 | CPT | | | | inpatient | | | 6072 | 2502.63 | Wellcare | Medicare | 2176.2 | | | | 550 | | 5768.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLRAL DRAIN PERC WITH INSERT OF INDWELL | 32556 | CPT | | | | inpatient | | | 6072 | 2502.63 | First Health | First Health | 4250.4 | 70 | | | 550 | | 5768.4 percent of total billed charges | |
| HC PLRAL DRAIN PERC WITH INSERT OF INDWELL | 32556 | CPT | | | | inpatient | | | 6072 | 2502.63 | Horizon | NJ Health | 691.88 | | | | 550 | | 5768.4 fee schedule | |
| HC PLRAL DRAIN PERC WITH INSERT OF INDWELL | 32556 | CPT | | | | inpatient | | | 6072 | 2502.63 | Horizon | MGD | 4210.95 | | | | 550 | | 5768.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLRAL DRAIN PERC WITH INSERT OF INDWELL | 32556 | CPT | | | | inpatient | | | 6072 | 2502.63 | Horizon | PPO | 4210.95 | | | | 550 | | 5768.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLRAL DRAIN PERC WITH INSERT OF INDWELL | 32556 | CPT | | | | inpatient | | | 6072 | 2502.63 | UHC | Medicare | 2176.2 | | | | 550 | | 5768.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLRAL DRAIN PERC WITH INSERT OF INDWELL | 32556 | CPT | | | | inpatient | | | 6072 | 2502.63 | Managed Care Inc | Managed Care Inc | 5464.8 | 90 | | | 550 | | 5768.4 percent of total billed charges | |
| HC PLRAL DRAIN PERC WITH INSERT OF INDWELL | 32556 | CPT | | | | inpatient | | | 6072 | 2502.63 | Wellcare | Medicaid | 1915.72 | 31.55 | | | 550 | | 5768.4 percent of total billed charges | |
| HC PLEURAL DRAIN PERCU WITH INSER | 32557 | CPT | | | | both | | | 2076 | 2106.37 | Corrections | Corrections | 1660.8 | 80 | | | 550 | | 3544.2 percent of total billed charges | |
| HC PLEURAL DRAIN PERCU WITH INSER | 32557 | CPT | | | | both | | | 2076 | 2106.37 | Amerihealth | HMO/PPO | 550 | | | | 550 | | 3544.2 fee schedule | |
| HC PLEURAL DRAIN PERCU WITH INSER | 32557 | CPT | | | | both | | | 2076 | 2106.37 | First Trenton | First Trenton | 1868.4 | 90 | | | 550 | | 3544.2 percent of total billed charges | |
| HC PLEURAL DRAIN PERCU WITH INSER | 32557 | CPT | | | | both | | | 2076 | 2106.37 | Horizon | MGD | 3544.2 | | | | 550 | | 3544.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLEURAL DRAIN PERCU WITH INSER | 32557 | CPT | | | | both | | | 2076 | 2106.37 | Aetna | Commercial | 788.88 | 38 | | | 550 | | 3544.2 percent of total billed charges | |
| HC PLEURAL DRAIN PERCU WITH INSER | 32557 | CPT | | | | both | | | 2076 | 2106.37 | Horizon | Medicare Blue | 1831.63 | | | | 550 | | 3544.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLEURAL DRAIN PERCU WITH INSER | 32557 | CPT | | | | both | | | 2076 | 2106.37 | Aetna | Medicare | 1831.63 | | | | 550 | | 3544.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLEURAL DRAIN PERCU WITH INSER | 32557 | CPT | | | | both | | | 2076 | 2106.37 | Aetna | Better Health | 654.98 | 31.55 | | | 550 | | 3544.2 percent of total billed charges | |
| HC PLEURAL DRAIN PERCU WITH INSER | 32557 | CPT | | | | both | | | 2076 | 2106.37 | Horizon | PPO | 3544.2 | | | | 550 | | 3544.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLEURAL DRAIN PERCU WITH INSER | 32557 | CPT | | | | both | | | 2076 | 2106.37 | UHC | Medicare | 1831.63 | | | | 550 | | 3544.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLEURAL DRAIN PERCU WITH INSER | 32557 | CPT | | | | both | | | 2076 | 2106.37 | Horizon | NJ Health | 845.47 | | | | 550 | | 3544.2 fee schedule | |
| HC PLEURAL DRAIN PERCU WITH INSER | 32557 | CPT | | | | both | | | 2076 | 2106.37 | UHC | Medicaid | 654.98 | 31.55 | | | 550 | | 3544.2 percent of total billed charges | |
| HC PLEURAL DRAIN PERCU WITH INSER | 32557 | CPT | | | | both | | | 2076 | 2106.37 | Horizon | Indemnity | 3544.2 | | | | 550 | | 3544.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLEURAL DRAIN PERCU WITH INSER | 32557 | CPT | | | | both | | | 2076 | 2106.37 | Consumer | Consumer | 1972.2 | 95 | | | 550 | | 3544.2 percent of total billed charges | |
| HC PLEURAL DRAIN PERCU WITH INSER | 32557 | CPT | | | | both | | | 2076 | 2106.37 | Americare | Americare | 1557 | 75 | | | 550 | | 3544.2 percent of total billed charges | |
| HC PLEURAL DRAIN PERCU WITH INSER | 32557 | CPT | | | | both | | | 2076 | 2106.37 | First Health | First Health | 1453.2 | 70 | | | 550 | | 3544.2 percent of total billed charges | |
| HC PLEURAL DRAIN PERCU WITH INSER | 32557 | CPT | | | | both | | | 2076 | 2106.37 | United | Commercial/PPO | 1817 | | | | 550 | | 3544.2 case rate | |
| HC PLEURAL DRAIN PERCU WITH INSER | 32557 | CPT | | | | both | | | 2076 | 2106.37 | Wellcare | Medicare | 1831.63 | | | | 550 | | 3544.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLEURAL DRAIN PERCU WITH INSER | 32557 | CPT | | | | both | | | 2076 | 2106.37 | Managed Care Inc | Managed Care Inc | 1868.4 | 90 | | | 550 | | 3544.2 percent of total billed charges | |
| HC PLEURAL DRAIN PERCU WITH INSER | 32557 | CPT | | | | both | | | 2076 | 2106.37 | Multiplan | Multiplan | 1660.8 | 80 | | | 550 | | 3544.2 percent of total billed charges | |
| HC PLEURAL DRAIN PERCU WITH INSER | 32557 | CPT | | | | both | | | 2076 | 2106.37 | Three Rivers | Three Rivers | 1972.2 | 95 | | | 550 | | 3544.2 percent of total billed charges | |
| HC PLEURAL DRAIN PERCU WITH INSER | 32557 | CPT | | | | both | | | 2076 | 2106.37 | WellPoint | WellPoint | 668.06 | 32.18 | | | 550 | | 3544.2 percent of total billed charges | |
| HC PLEURAL DRAIN PERCU WITH INSER | 32557 | CPT | | | | both | | | 2076 | 2106.37 | United | Oxford | 1817 | | | | 550 | | 3544.2 case rate | |
| HC PLEURAL DRAIN PERCU WITH INSER | 32557 | CPT | | | | both | | | 2076 | 2106.37 | Qualcare | Qualcare | 1557 | 75 | | | 550 | | 3544.2 percent of total billed charges | |
| HC PLEURAL DRAIN PERCU WITH INSER | 32557 | CPT | | | | both | | | 2076 | 2106.37 | Wellcare | Medicaid | 654.98 | 31.55 | | | 550 | | 3544.2 percent of total billed charges | |
| HC ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY | 32998 | CPT | | | | outpatient | | | 8433.3 | 7588.83 | Aetna | Commercial | 10769.54 | | | | 550 | | 12769.03 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY | 32998 | CPT | | | | outpatient | | | 8433.3 | 7588.83 | Aetna | Better Health | 2660.71 | 31.55 | | | 550 | | 12769.03 percent of total billed charges | |
| HC ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY | 32998 | CPT | | | | outpatient | | | 8433.3 | 7588.83 | UHC | Medicare | 6598.98 | | | | 550 | | 12769.03 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY | 32998 | CPT | | | | outpatient | | | 8433.3 | 7588.83 | First Health | First Health | 5903.31 | 70 | | | 550 | 12769.03 | percent of total billed charges | |
| HC ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY | 32998 | CPT | | | | outpatient | | | 8433.3 | 7588.83 | Aetna | Medicare | 6598.98 | | | | 550 | 12769.03 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY | 32998 | CPT | | | | outpatient | | | 8433.3 | 7588.83 | Corrections | Corrections | 6746.64 | 80 | | | 550 | 12769.03 | percent of total billed charges | |
| HC ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY | 32998 | CPT | | | | outpatient | | | 8433.3 | 7588.83 | First Trenton | First Trenton | 7589.97 | 90 | | | 550 | 12769.03 | percent of total billed charges | |
| HC ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY | 32998 | CPT | | | | outpatient | | | 8433.3 | 7588.83 | Consumer | Consumer | 8011.64 | 95 | | | 550 | 12769.03 | percent of total billed charges | |
| HC ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY | 32998 | CPT | | | | outpatient | | | 8433.3 | 7588.83 | Americare | Americare | 6324.98 | 75 | | | 550 | 12769.03 | percent of total billed charges | |
| HC ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY | 32998 | CPT | | | | outpatient | | | 8433.3 | 7588.83 | WellPoint | WellPoint | 2713.84 | 32.18 | | | 550 | 12769.03 | percent of total billed charges | |
| HC ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY | 32998 | CPT | | | | outpatient | | | 8433.3 | 7588.83 | Managed Care Inc | Managed Care Inc | 7589.97 | 90 | | | 550 | 12769.03 | percent of total billed charges | |
| HC ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY | 32998 | CPT | | | | outpatient | | | 8433.3 | 7588.83 | Multiplan | Multiplan | 6746.64 | 80 | | | 550 | 12769.03 | percent of total billed charges | |
| HC ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY | 32998 | CPT | | | | outpatient | | | 8433.3 | 7588.83 | Amerihealth | HMO/PPO | 550 | | | | 550 | 12769.03 | fee schedule | |
| HC ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY | 32998 | CPT | | | | outpatient | | | 8433.3 | 7588.83 | Horizon | Indemnity | 12769.03 | | | | 550 | 12769.03 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY | 32998 | CPT | | | | outpatient | | | 8433.3 | 7588.83 | Horizon | MGD | 12769.03 | | | | 550 | 12769.03 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY | 32998 | CPT | | | | outpatient | | | 8433.3 | 7588.83 | UHC | Medicaid | 2660.71 | 31.55 | | | 550 | 12769.03 | percent of total billed charges | |
| HC ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY | 32998 | CPT | | | | outpatient | | | 8433.3 | 7588.83 | Horizon | Medicare Blue | 6598.98 | | | | 550 | 12769.03 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY | 32998 | CPT | | | | outpatient | | | 8433.3 | 7588.83 | Quatcare | Quatcare | 6324.98 | 75 | | | 550 | 12769.03 | percent of total billed charges | |
| HC ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY | 32998 | CPT | | | | outpatient | | | 8433.3 | 7588.83 | Horizon | PPO | 12769.03 | | | | 550 | 12769.03 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY | 32998 | CPT | | | | outpatient | | | 8433.3 | 7588.83 | United | Commercial/PPO | 4702 | | | | 550 | 12769.03 | case rate | |
| HC ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY | 32998 | CPT | | | | outpatient | | | 8433.3 | 7588.83 | Three Rivers | Three Rivers | 8011.64 | 95 | | | 550 | 12769.03 | percent of total billed charges | |
| HC ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY | 32998 | CPT | | | | outpatient | | | 8433.3 | 7588.83 | United | Oxford | 4702 | | | | 550 | 12769.03 | case rate | |
| HC ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY | 32998 | CPT | | | | outpatient | | | 8433.3 | 7588.83 | Wellcare | Medicaid | 2660.71 | 31.55 | | | 550 | 12769.03 | percent of total billed charges | |
| HC ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY | 32998 | CPT | | | | outpatient | | | 8433.3 | 7588.83 | Wellcare | Medicare | 6598.98 | | | | 550 | 12769.03 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERICARDIOCENTESIS W/IMG GUIDA | 33016 | CPT | | | | both | | | 6537 | 2106.37 | First Trenton | First Trenton | 5883.3 | 90 | | 343.42 | 6210.15 | percent of total billed charges | | |
| HC PERICARDIOCENTESIS W/IMG GUIDA | 33016 | CPT | | | | both | | | 6537 | 2106.37 | Aetna | Medicare | 1831.63 | | | 343.42 | 6210.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERICARDIOCENTESIS W/IMG GUIDA | 33016 | CPT | | | | both | | | 6537 | 2106.37 | Aetna | Commercial | 2989.22 | | | 343.42 | 6210.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERICARDIOCENTESIS W/IMG GUIDA | 33016 | CPT | | | | both | | | 6537 | 2106.37 | Amerihealth | HMO/PPO | 4249.05 | 65 | | 343.42 | 6210.15 | percent of total billed charges | | |
| HC PERICARDIOCENTESIS W/IMG GUIDA | 33016 | CPT | | | | both | | | 6537 | 2106.37 | Horizon | Indemnity | 3544.2 | | | 343.42 | 6210.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERICARDIOCENTESIS W/IMG GUIDA | 33016 | CPT | | | | both | | | 6537 | 2106.37 | Horizon | PPO | 3544.2 | | | 343.42 | 6210.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERICARDIOCENTESIS W/IMG GUIDA | 33016 | CPT | | | | both | | | 6537 | 2106.37 | Americare | Americare | 4902.75 | 75 | | 343.42 | 6210.15 | percent of total billed charges | | |
| HC PERICARDIOCENTESIS W/IMG GUIDA | 33016 | CPT | | | | both | | | 6537 | 2106.37 | Aetna | Better Health | 2062.42 | 31.55 | | 343.42 | 6210.15 | percent of total billed charges | | |
| HC PERICARDIOCENTESIS W/IMG GUIDA | 33016 | CPT | | | | both | | | 6537 | 2106.37 | Managed Care Inc | Managed Care Inc | 5883.3 | 90 | | 343.42 | 6210.15 | percent of total billed charges | | |
| HC PERICARDIOCENTESIS W/IMG GUIDA | 33016 | CPT | | | | both | | | 6537 | 2106.37 | Consumer | Consumer | 6210.15 | 95 | | 343.42 | 6210.15 | percent of total billed charges | | |
| HC PERICARDIOCENTESIS W/IMG GUIDA | 33016 | CPT | | | | both | | | 6537 | 2106.37 | UHC | Medicare | 1831.63 | | | 343.42 | 6210.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERICARDIOCENTESIS W/IMG GUIDA | 33016 | CPT | | | | both | | | 6537 | 2106.37 | Horizon | Medicare Blue | 1831.63 | | | 343.42 | 6210.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERICARDIOCENTESIS W/IMG GUIDA | 33016 | CPT | | | | both | | | 6537 | 2106.37 | UHC | Medicaid | 2062.42 | 31.55 | | 343.42 | 6210.15 | percent of total billed charges | | |
| HC PERICARDIOCENTESIS W/IMG GUIDA | 33016 | CPT | | | | both | | | 6537 | 2106.37 | WellPoint | WellPoint | 2103.61 | 32.18 | | 343.42 | 6210.15 | percent of total billed charges | | |
| HC PERICARDIOCENTESIS W/IMG GUIDA | 33016 | CPT | | | | both | | | 6537 | 2106.37 | United | Commercial/PPO | 1817 | | | 343.42 | 6210.15 | case rate | | |
| HC PERICARDIOCENTESIS W/IMG GUIDA | 33016 | CPT | | | | both | | | 6537 | 2106.37 | First Health | First Health | 4575.9 | 70 | | 343.42 | 6210.15 | percent of total billed charges | | |
| HC PERICARDIOCENTESIS W/IMG GUIDA | 33016 | CPT | | | | both | | | 6537 | 2106.37 | United | Oxford | 1817 | | | 343.42 | 6210.15 | case rate | | |
| HC PERICARDIOCENTESIS W/IMG GUIDA | 33016 | CPT | | | | both | | | 6537 | 2106.37 | Corrections | Corrections | 5229.6 | 80 | | 343.42 | 6210.15 | percent of total billed charges | | |
| HC PERICARDIOCENTESIS W/IMG GUIDA | 33016 | CPT | | | | both | | | 6537 | 2106.37 | Multiplan | Multiplan | 5229.6 | 80 | | 343.42 | 6210.15 | percent of total billed charges | | |
| HC PERICARDIOCENTESIS W/IMG GUIDA | 33016 | CPT | | | | both | | | 6537 | 2106.37 | Horizon | MGD | 3544.2 | | | 343.42 | 6210.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERICARDIOCENTESIS W/IMG GUIDA | 33016 | CPT | | | | both | | | 6537 | 2106.37 | Horizon | NJ Health | 343.42 | | | 343.42 | 6210.15 | fee schedule | | |
| HC PERICARDIOCENTESIS W/IMG GUIDA | 33016 | CPT | | | | both | | | 6537 | 2106.37 | Quatcare | Quatcare | 4902.75 | 75 | | 343.42 | 6210.15 | percent of total billed charges | | |
| HC PERICARDIOCENTESIS W/IMG GUIDA | 33016 | CPT | | | | both | | | 6537 | 2106.37 | Three Rivers | Three Rivers | 6210.15 | 95 | | 343.42 | 6210.15 | percent of total billed charges | | |
| HC PERICARDIOCENTESIS W/IMG GUIDA | 33016 | CPT | | | | both | | | 6537 | 2106.37 | Wellcare | Medicaid | 2062.42 | 31.55 | | 343.42 | 6210.15 | percent of total billed charges | | |
| HC PERICARDIOCENTESIS W/IMG GUIDA | 33016 | CPT | | | | both | | | 6537 | 2106.37 | Wellcare | Medicare | 1831.63 | | | 343.42 | 6210.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ PRCRD DRG 6YR+W/O CONGENI | 33017 | CPT | | | | inpatient | | | 797.23 | | Aetna | Better Health | 251.53 | 31.55 | | 239.17 | 1782 | percent of total billed charges | | |
| HC PERQ PRCRD DRG 6YR+W/O CONGENI | 33017 | CPT | | | | inpatient | | | 797.23 | | First Trenton | First Trenton | 717.51 | 90 | | 239.17 | 1782 | percent of total billed charges | | |
| HC PERQ PRCRD DRG 6YR+W/O CONGENI | 33017 | CPT | | | | inpatient | | | 797.23 | | Corrections | Corrections | 637.78 | 80 | | 239.17 | 1782 | percent of total billed charges | | |
| HC PERQ PRCRD DRG 6YR+W/O CONGENI | 33017 | CPT | | | | inpatient | | | 797.23 | | Americare | Americare | 597.92 | 75 | | 239.17 | 1782 | percent of total billed charges | | |
| HC PERQ PRCRD DRG 6YR+W/O CONGENI | 33017 | CPT | | | | inpatient | | | 797.23 | | First Health | First Health | 558.06 | 70 | | 239.17 | 1782 | percent of total billed charges | | |
| HC PERQ PRCRD DRG 6YR+W/O CONGENI | 33017 | CPT | | | | inpatient | | | 797.23 | | Aetna | Medicare | 245.55 | 30.8 | | 239.17 | 1782 | percent of total billed charges | | |
| HC PERQ PRCRD DRG 6YR+W/O CONGENI | 33017 | CPT | | | | inpatient | | | 797.23 | | Consumer | Consumer | 757.37 | 95 | | 239.17 | 1782 | percent of total billed charges | | |
| HC PERQ PRCRD DRG 6YR+W/O CONGENI | 33017 | CPT | | | | inpatient | | | 797.23 | | WellPoint | WellPoint | 256.55 | 32.18 | | 239.17 | 1782 | percent of total billed charges | | |
| HC PERQ PRCRD DRG 6YR+W/O CONGENI | 33017 | CPT | | | | inpatient | | | 797.23 | | Amerihealth | HMO/PPO | 518.2 | 65 | | 239.17 | 1782 | percent of total billed charges | | |
| HC PERQ PRCRD DRG 6YR+W/O CONGENI | 33017 | CPT | | | | inpatient | | | 797.23 | | Horizon | MGD | 305.18 | 38.28 | | 239.17 | 1782 | percent of total billed charges | | |
| HC PERQ PRCRD DRG 6YR+W/O CONGENI | 33017 | CPT | | | | inpatient | | | 797.23 | | Horizon | NJ Health | 356.16 | | | 239.17 | 1782 | fee schedule | | |
| HC PERQ PRCRD DRG 6YR+W/O CONGENI | 33017 | CPT | | | | inpatient | | | 797.23 | | UHC | Medicaid | 251.53 | 31.55 | | 239.17 | 1782 | percent of total billed charges | | |
| HC PERQ PRCRD DRG 6YR+W/O CONGENI | 33017 | CPT | | | | inpatient | | | 797.23 | | Horizon | Indemnity | 305.18 | 38.28 | | 239.17 | 1782 | percent of total billed charges | | |
| HC PERQ PRCRD DRG 6YR+W/O CONGENI | 33017 | CPT | | | | inpatient | | | 797.23 | | United | Commercial/PPO | 1782 | | | 239.17 | 1782 | case rate | | |
| HC PERQ PRCRD DRG 6YR+W/O CONGENI | 33017 | CPT | | | | inpatient | | | 797.23 | | Managed Care Inc | Managed Care Inc | 717.51 | 90 | | 239.17 | 1782 | percent of total billed charges | | |
| HC PERQ PRCRD DRG 6YR+W/O CONGENI | 33017 | CPT | | | | inpatient | | | 797.23 | | United | Oxford | 1782 | | | 239.17 | 1782 | case rate | | |
| HC PERQ PRCRD DRG 6YR+W/O CONGENI | 33017 | CPT | | | | inpatient | | | 797.23 | | Horizon | Medicare Blue | 239.17 | 30 | | 239.17 | 1782 | percent of total billed charges | | |
| HC PERQ PRCRD DRG 6YR+W/O CONGENI | 33017 | CPT | | | | inpatient | | | 797.23 | | Horizon | PPO | 305.18 | 38.28 | | 239.17 | 1782 | percent of total billed charges | | |
| HC PERQ PRCRD DRG 6YR+W/O CONGENI | 33017 | CPT | | | | inpatient | | | 797.23 | | Multiplan | Multiplan | 637.78 | 80 | | 239.17 | 1782 | percent of total billed charges | | |
| HC PERQ PRCRD DRG 6YR+W/O CONGENI | 33017 | CPT | | | | inpatient | | | 797.23 | | Quatcare | Quatcare | 597.92 | 75 | | 239.17 | 1782 | percent of total billed charges | | |
| HC PERQ PRCRD DRG 6YR+W/O CONGENI | 33017 | CPT | | | | inpatient | | | 797.23 | | Three Rivers | Three Rivers | 757.37 | 95 | | 239.17 | 1782 | percent of total billed charges | | |
| HC PERQ PRCRD DRG 6YR+W/O CONGENI | 33017 | CPT | | | | inpatient | | | 797.23 | | Wellcare | Medicaid | 251.53 | 31.55 | | 239.17 | 1782 | percent of total billed charges | | |
| HC INSERT NEW/RPLCMT PERM PACEMAKER W TRANSVEN ELCTRD ATRIAL | 33206 | CPT | | | | outpatient | | | 40217 | 14044.32 | Aetna | Commercial | 15282.46 | 38 | | 1050 | 38206.15 | percent of total billed charges | | |
| HC INSERT NEW/RPLCMT PERM PACEMAKER W TRANSVEN ELCTRD ATRIAL | 33206 | CPT | | | | outpatient | | | 40217 | 14044.32 | First Trenton | First Trenton | 36195.3 | 90 | | 1050 | 38206.15 | percent of total billed charges | | |
| HC INSERT NEW/RPLCMT PERM PACEMAKER W TRANSVEN ELCTRD ATRIAL | 33206 | CPT | | | | outpatient | | | 40217 | 14044.32 | Consumer | Consumer | 38206.15 | 95 | | 1050 | 38206.15 | percent of total billed charges | | |
| HC INSERT NEW/RPLCMT PERM PACEMAKER W TRANSVEN ELCTRD ATRIAL | 33206 | CPT | | | | outpatient | | | 40217 | 14044.32 | Aetna | Better Health | 12688.46 | 31.55 | | 1050 | 38206.15 | percent of total billed charges | | |
| HC INSERT NEW/RPLCMT PERM PACEMAKER W TRANSVEN ELCTRD ATRIAL | 33206 | CPT | | | | outpatient | | | 40217 | 14044.32 | Aetna | Medicare | 12212.45 | | | 1050 | 38206.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT NEW/RPLCMT PERM PACEMAKER W TRANSVEN ELCTRD ATRIAL | 33206 | CPT | | | | outpatient | | | 40217 | 14044.32 | Amerihealth | HMO/PPO | 1050 | | | 1050 | 38206.15 | fee schedule | | |
| HC INSERT NEW/RPLCMT PERM PACEMAKER W TRANSVEN ELCTRD ATRIAL | 33206 | CPT | | | | outpatient | | | 40217 | 14044.32 | Americare | Americare | 30162.75 | 75 | | 1050 | 38206.15 | percent of total billed charges | | |
| HC INSERT NEW/RPLCMT PERM PACEMAKER W TRANSVEN ELCTRD ATRIAL | 33206 | CPT | | | | outpatient | | | 40217 | 14044.32 | Multiplan | Multiplan | 32173.6 | 80 | | 1050 | 38206.15 | percent of total billed charges | | |
| HC INSERT NEW/RPLCMT PERM PACEMAKER W TRANSVEN ELCTRD ATRIAL | 33206 | CPT | | | | outpatient | | | 40217 | 14044.32 | Horizon | MGD | 23631.09 | | | 1050 | 38206.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT NEW/RPLCMT PERM PACEMAKER W TRANSVEN ELCTRD ATRIAL | 33206 | CPT | | | | outpatient | | | 40217 | 14044.32 | Horizon | Medicare Blue | 12212.45 | | | 1050 | 38206.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT NEW/RPLCMT PERM PACEMAKER W TRANSVEN ELCTRD ATRIAL | 33206 | CPT | | | | outpatient | | | 40217 | 14044.32 | Corrections | Corrections | 32173.6 | 80 | | 1050 | 38206.15 | percent of total billed charges | | |
| HC INSERT NEW/RPLCMT PERM PACEMAKER W TRANSVEN ELCTRD ATRIAL | 33206 | CPT | | | | outpatient | | | 40217 | 14044.32 | UHC | Medicare | 12212.45 | | | 1050 | 38206.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT NEW/RPLCMT PERM PACEMAKER W TRANSVEN ELCTRD ATRIAL | 33206 | CPT | | | | outpatient | | | 40217 | 14044.32 | Managed Care Inc | Managed Care Inc | 36195.3 | 90 | | 1050 | 38206.15 | percent of total billed charges | | |
| HC INSERT NEW/RPLCMT PERM PACEMAKER W TRANSVEN ELCTRD ATRIAL | 33206 | CPT | | | | outpatient | | | 40217 | 14044.32 | First Health | First Health | 28151.9 | 70 | | 1050 | 38206.15 | percent of total billed charges | | |
| HC INSERT NEW/RPLCMT PERM PACEMAKER W TRANSVEN ELCTRD ATRIAL | 33206 | CPT | | | | outpatient | | | 40217 | 14044.32 | Horizon | Indemnity | 23631.09 | | | 1050 | 38206.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT NEW/RPLCMT PERM PACEMAKER W TRANSVEN ELCTRD ATRIAL | 33206 | CPT | | | | outpatient | | | 40217 | 14044.32 | Quatcare | Quatcare | 30162.75 | 75 | | 1050 | 38206.15 | percent of total billed charges | | |
| HC INSERT NEW/RPLCMT PERM PACEMAKER W TRANSVEN ELCTRD ATRIAL | 33206 | CPT | | | | outpatient | | | 40217 | 14044.32 | Three Rivers | Three Rivers | 38206.15 | 95 | | 1050 | 38206.15 | percent of total billed charges | | |
| HC INSERT NEW/RPLCMT PERM PACEMAKER W TRANSVEN ELCTRD ATRIAL | 33206 | CPT | | | | outpatient | | | 40217 | 14044.32 | Horizon | PPO | 23631.09 | | | 1050 | 38206.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT NEW/RPLCMT PERM PACEMAKER W TRANSVEN ELCTRD ATRIAL | 33206 | CPT | | | | outpatient | | | 40217 | 14044.32 | Horizon | NJ Health | 1070.1 | | | 1050 | 38206.15 | fee schedule | | |
| HC INSERT NEW/RPLCMT PERM PACEMAKER W TRANSVEN ELCTRD ATRIAL | 33206 | CPT | | | | outpatient | | | 40217 | 14044.32 | Wellcare | Medicare | 12212.45 | | | 1050 | 38206.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT NEW/RPLCMT PERM PACEMAKER W TRANSVEN ELCTRD ATRIAL | 33206 | CPT | | | | outpatient | | | 40217 | 14044.32 | United | Commercial/PPO | 5843 | | | 1050 | 38206.15 | case rate | | |
| HC INSERT NEW/RPLCMT PERM PACEMAKER W TRANSVEN ELCTRD ATRIAL | 33206 | CPT | | | | outpatient | | | 40217 | 14044.32 | UHC | Medicaid | 12688.46 | 31.55 | | 1050 | 38206.15 | percent of total billed charges | | |
| HC INSERT NEW/RPLCMT PERM PACEMAKER W TRANSVEN ELCTRD ATRIAL | 33206 | CPT | | | | outpatient | | | 40217 | 14044.32 | United | Oxford | 5843 | | | 1050 | 38206.15 | case rate | | |
| HC INSERT NEW/RPLCMT PERM PACEMAKER W TRANSVEN ELCTRD ATRIAL | 33206 | CPT | | | | outpatient | | | 40217 | 14044.32 | Wellcare | Medicaid | 12688.46 | 31.55 | | 1050 | 38206.15 | percent of total billed charges | | |
| HC INSERT NEW/RPLCMT PERM PACEMAKER W TRANSVEN ELCTRD ATRIAL | 33206 | CPT | | | | outpatient | | | 40217 | 14044.32 | WellPoint | WellPoint | 12941.83 | 32.18 | | 1050 | 38206.15 | percent of total billed charges | | |
| HC I/R PPM W TRANS VEN ELECT VENT | 33207 | CPT | | | | both | | | 48455 | 14044.32 | First Trenton | First Trenton | 43609.5 | 90 | | 1050 | 46032.25 | percent of total billed charges | | |
| HC I/R PPM W TRANS VEN ELECT VENT | 33207 | CPT | | | | both | | | 48455 | 14044.32 | Aetna | Better Health | 15287.55 | 31.55 | | 1050 | 46032.25 | percent of total billed charges | | |
| HC I/R PPM W TRANS VEN ELECT VENT | 33207 | CPT | | | | both | | | 48455 | 14044.32 | Horizon | PPO | 23631.09 | | | 1050 | 46032.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I/R PPM W TRANS VEN ELECT VENT | 33207 | CPT | | | | both | | | 48455 | 14044.32 | Consumer | Consumer | 46032.25 | 95 | | 1050 | 46032.25 | percent of total billed charges | | |
| HC I/R PPM W TRANS VEN ELECT VENT | 33207 | CPT | | | | both | | | 48455 | 14044.32 | Quatcare | Quatcare | 36341.25 | 75 | | 1050 | 46032.25 | percent of total billed charges | | |
| HC I/R PPM W TRANS VEN ELECT VENT | 33207 | CPT | | | | both | | | 48455 | 14044.32 | WellPoint | WellPoint | 15592.82 | 32.18 | | 1050 | 46032.25 | percent of total billed charges | | |
| HC I/R PPM W TRANS VEN ELECT VENT | 33207 | CPT | | | | both | | | 48455 | 14044.32 | Amerihealth | HMO/PPO | 1050 | | | 1050 | 46032.25 | fee schedule | | |
| HC I/R PPM W TRANS VEN ELECT VENT | 33207 | CPT | | | | both | | | 48455 | 14044.32 | Aetna | Commercial | 19930.72 | | | 1050 | 46032.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I/R PPM W TRANS VEN ELECT VENT | 33207 | CPT | | | | both | | | 48455 | 14044.32 | Managed Care Inc | Managed Care Inc | 43609.5 | 90 | | 1050 | 46032.25 | percent of total billed charges | | |
| HC I/R PPM W TRANS VEN ELECT VENT | 33207 | CPT | | | | both | | | 48455 | 14044.32 | Horizon | Indemnity | 23631.09 | | | 1050 | 46032.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I/R PPM W TRANS VEN ELECT VENT | 33207 | CPT | | | | both | | | 48455 | 14044.32 | UHC | Medicaid | 15287.55 | 31.55 | | 1050 | 46032.25 | percent of total billed charges | | |
| HC I/R PPM W TRANS VEN ELECT VENT | 33207 | CPT | | | | both | | | 48455 | 14044.32 | Corrections | Corrections | 38764 | 80 | | 1050 | 46032.25 | percent of total billed charges | | |
| HC I/R PPM W TRANS VEN ELECT VENT | 33207 | CPT | | | | both | | | 48455 | 14044.32 | UHC | Medicare | 12212.45 | | | 1050 | 46032.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I/R PPM W TRANS VEN ELECT VENT | 33207 | CPT | | | | both | | | 48455 | 14044.32 | Horizon | Medicare Blue | 12212.45 | | | 1050 | 46032.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I/R PPM W TRANS VEN ELECT VENT | 33207 | CPT | | | | both | | | 48455 | 14044.32 | First Health | First Health | 33918.5 | 70 | | 1050 | 46032.25 | percent of total billed charges | | |
| HC I/R PPM W TRANS VEN ELECT VENT | 33207 | CPT | | | | both | | | 48455 | 14044.32 | Aetna | Medicare | 12212.45 | | | 1050 | 46032.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I/R PPM W TRANS VEN ELECT VENT | 33207 | CPT | | | | both | | | 48455 | 14044.32 | United | Commercial/PPO | 5843 | | | 1050 | 46032.25 | case rate | | |
| HC I/R PPM W TRANS VEN ELECT VENT | 33207 | CPT | | | | both | | | 48455 | 14044.32 | Horizon | NJ Health | 1070.1 | | | 1050 | 46032.25 | fee schedule | | |
| HC I/R PPM W TRANS VEN ELECT VENT | 33207 | CPT | | | | both | | | 48455 | 14044.32 | Wellcare | Medicaid | 15287.55 | 31.55 | | 1050 | 46032.25 | percent of total billed charges | | |
| HC I/R PPM W TRANS VEN ELECT VENT | 33207 | CPT | | | | both | | | 48455 | 14044.32 | Americare | Americare | 36341.25 | 75 | | 1050 | 46032.25 | percent of total billed charges | | |
| HC I/R PPM W TRANS VEN ELECT VENT | 33207 | CPT | | | | both | | | 48455 | 14044.32 | United | Oxford | 5843 | | | 1050 | 46032.25 | case rate | | |
| HC I/R PPM W TRANS VEN ELECT VENT | 33207 | CPT | | | | both | | | 48455 | 14044.32 | Horizon | MGD | 23631.09 | | | 1050 | 46032.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I/R PPM W TRANS VEN ELECT VENT | 33207 | CPT | | | | both | | | 48455 | 14044.32 | Wellcare | Medicare | 12212.45 | | | 1050 | 46032.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I/R PPM W TRANS VEN ELECT VENT | 33207 | CPT | | | | both | | | 48455 | 14044.32 | Multiplan | Multiplan | 38764 | 80 | | 1050 | 46032.25 | percent of total billed charges | | |
| HC I/R PPM W TRANS VEN ELECT VENT | 33207 | CPT | | | | both | | | 48455 | 14044.32 | Three Rivers | Three Rivers | 46032.25 | 95 | | 1050 | 46032.25 | percent of total billed charges | | |
| HC I/R PPM W TRANS VEN ELECT ATR& | 33208 | CPT | | | | both | | | 40723 | 14044.32 | Corrections | Corrections | 32578.4 | 80 | | 762.93 | 38686.85 | percent of total billed charges | | |
| HC I/R PPM W TRANS VEN ELECT ATR& | 33208 | CPT | | | | both | | | 40723 | 14044.32 | First Trenton | First Trenton | 36650.7 | 90 | | 762.93 | 38686.85 | percent of total billed charges | | |
| HC I/R PPM W TRANS VEN ELECT ATR& | 33208 | CPT | | | | both | | | 40723 | 14044.32 | Aetna | Better Health | 12848.11 | 31.55 | | 762.93 | 38686.85 | percent of total billed charges | | |
| HC I/R PPM W TRANS VEN ELECT ATR& | 33208 | CPT | | | | both | | | 40723 | 14044.32 | Aetna | Commercial | 19930.72 | | | 762.93 | 38686.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I/R PPM W TRANS VEN ELECT ATR& | 33208 | CPT | | | | both | | | 40723 | 14044.32 | Consumer | Consumer | 38686.85 | 95 | | 762.93 | 38686.85 | percent of total billed charges | | |
| HC I/R PPM W TRANS VEN ELECT ATR& | 33208 | CPT | | | | both | | | 40723 | 14044.32 | Three Rivers | Three Rivers | 38686.85 | 95 | | 762.93 | 38686.85 | percent of total billed charges | | |
| HC I/R PPM W TRANS VEN ELECT ATR& | 33208 | CPT | | | | both | | | 40723 | 14044.32 | Aetna | Medicare | 12212.45 | | | 762.93 | 38686.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I/R PPM W TRANS VEN ELECT ATR& | 33208 | CPT | | | | both | | | 40723 | 14044.32 | Americare | Americare | 30542.25 | 75 | | 762.93 | 38686.85 | percent of total billed charges | | |
| HC I/R PPM W TRANS VEN ELECT ATR& | 33208 | CPT | | | | both | | | 40723 | 14044.32 | Horizon | Medicare Blue | 12212.45 | | | 762.93 | 38686.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I/R PPM W TRANS VEN ELECT ATR& | 33208 | CPT | | | | both | | | 40723 | 14044.32 | Horizon | Indemnity | 23631.09 | | | 762.93 | 38686.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I/R PPM W TRANS VEN ELECT ATR& | 33208 | CPT | | | | both | | | 40723 | 14044.32 | WellPoint | WellPoint | 13104.66 | 32.18 | | 762.93 | 38686.85 | percent of total billed charges | | |
| HC I/R PPM W TRANS VEN ELECT ATR& | 33208 | CPT | | | | both | | | 40723 | 14044.32 | Multiplan | Multiplan | 32578.4 | 80 | | 762.93 | 38686.85 | percent of total billed charges | | |
| HC I/R PPM W TRANS VEN ELECT ATR& | 33208 | CPT | | | | both | | | 40723 | 14044.32 | Horizon | NJ Health | 762.93 | | | 762.93 | 38686.85 | fee schedule | | |
| HC I/R PPM W TRANS VEN ELECT ATR& | 33208 | CPT | | | | both | | | 40723 | 14044.32 | UHC | Medicaid | 12848.11 | 31.55 | | 762.93 | 38686.85 | percent of total billed charges | | |
| HC I/R PPM W TRANS VEN ELECT ATR& | 33208 | CPT | | | | both | | | 40723 | 14044.32 | Amerihealth | HMO/PPO | 1050 | | | 762.93 | 38686.85 | fee schedule | | |
| HC I/R PPM W TRANS VEN ELECT ATR& | 33208 | CPT | | | | both | | | 40723 | 14044.32 | Quatcare | Quatcare | 30542.25 | 75 | | 762.93 | 38686.85 | percent of total billed charges | | |
| HC I/R PPM W TRANS VEN ELECT ATR& | 33208 | CPT | | | | both | | | 40723 | 14044.32 | United | Oxford | 6197 | | | 762.93 | 38686.85 | case rate | | |
| HC I/R PPM W TRANS VEN ELECT ATR& | 33208 | CPT | | | | both | | | 40723 | 14044.32 | Horizon | PPO | 23631.09 | | | 762.93 | 38686.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I/R PPM W TRANS VEN ELECT ATR& | 33208 | CPT | | | | both | | | 40723 | 14044.32 | First Health | First Health | 28506.1 | 70 | | 762.93 | 38686.85 | percent of total billed charges | | |
| HC I/R PPM W TRANS VEN ELECT ATR& | 33208 | CPT | | | | both | | | 40723 | 14044.32 | Wellcare | Medicare | 12212.45 | | | 762.93 | 38686.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I/R PPM W TRANS VEN ELECT ATR& | 33208 | CPT | | | | both | | | 40723 | 14044.32 | Horizon | MGD | 23631.09 | | | 762.93 | 38686.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I/R PPM W TRANS VEN ELECT ATR& | 33208 | CPT | | | | both | | | 40723 | 14044.32 | United | Commercial/PPO | 6197 | | | 762.93 | 38686.85 | case rate | | |
| HC I/R PPM W TRANS VEN ELECT ATR& | 33208 | CPT | | | | both | | | 40723 |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC TEMP TRANSVENOUS PPM FOR ARRHY | 33210 | CPT | | | | both | | | 24386 | 11173.72 | Aetna | Commercial | 15856.97 | | | | 446.31 | 23166.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TEMP TRANSVENOUS PPM FOR ARRHY | 33210 | CPT | | | | both | | | 24386 | 11173.72 | Aetna | Better Health | 7693.78 | 31.55 | | | 446.31 | 23166.7 | percent of total billed charges | |
| HC TEMP TRANSVENOUS PPM FOR ARRHY | 33210 | CPT | | | | both | | | 24386 | 11173.72 | Corrections | Corrections | 19508.8 | 80 | | | 446.31 | 23166.7 | percent of total billed charges | |
| HC TEMP TRANSVENOUS PPM FOR ARRHY | 33210 | CPT | | | | both | | | 24386 | 11173.72 | Consumer | Consumer | 23166.7 | 95 | | | 446.31 | 23166.7 | percent of total billed charges | |
| HC TEMP TRANSVENOUS PPM FOR ARRHY | 33210 | CPT | | | | both | | | 24386 | 11173.72 | Amerihealth | HMO/PPO | 800 | | | | 446.31 | 23166.7 | fee schedule | |
| HC TEMP TRANSVENOUS PPM FOR ARRHY | 33210 | CPT | | | | both | | | 24386 | 11173.72 | Multiplan | Multiplan | 19508.8 | 80 | | | 446.31 | 23166.7 | percent of total billed charges | |
| HC TEMP TRANSVENOUS PPM FOR ARRHY | 33210 | CPT | | | | both | | | 24386 | 11173.72 | Managed Care Inc | Managed Care Inc | 21947.4 | 90 | | | 446.31 | 23166.7 | percent of total billed charges | |
| HC TEMP TRANSVENOUS PPM FOR ARRHY | 33210 | CPT | | | | both | | | 24386 | 11173.72 | WellPoint | WellPoint | 7847.41 | 32.18 | | | 446.31 | 23166.7 | percent of total billed charges | |
| HC TEMP TRANSVENOUS PPM FOR ARRHY | 33210 | CPT | | | | both | | | 24386 | 11173.72 | UHC | Medicare | 9716.28 | | | | 446.31 | 23166.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TEMP TRANSVENOUS PPM FOR ARRHY | 33210 | CPT | | | | both | | | 24386 | 11173.72 | First Health | First Health | 17070.2 | 70 | | | 446.31 | 23166.7 | percent of total billed charges | |
| HC TEMP TRANSVENOUS PPM FOR ARRHY | 33210 | CPT | | | | both | | | 24386 | 11173.72 | Horizon | Indemnity | 18801 | | | | 446.31 | 23166.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TEMP TRANSVENOUS PPM FOR ARRHY | 33210 | CPT | | | | both | | | 24386 | 11173.72 | Qualcare | Qualcare | 18289.5 | 75 | | | 446.31 | 23166.7 | percent of total billed charges | |
| HC TEMP TRANSVENOUS PPM FOR ARRHY | 33210 | CPT | | | | both | | | 24386 | 11173.72 | Horizon | MGD | 18801 | | | | 446.31 | 23166.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TEMP TRANSVENOUS PPM FOR ARRHY | 33210 | CPT | | | | both | | | 24386 | 11173.72 | Wellcare | Medicaid | 7693.78 | 31.55 | | | 446.31 | 23166.7 | percent of total billed charges | |
| HC TEMP TRANSVENOUS PPM FOR ARRHY | 33210 | CPT | | | | both | | | 24386 | 11173.72 | Three Rivers | Three Rivers | 23166.7 | 95 | | | 446.31 | 23166.7 | percent of total billed charges | |
| HC TEMP TRANSVENOUS PPM FOR ARRHY | 33210 | CPT | | | | both | | | 24386 | 11173.72 | Wellcare | Medicare | 9716.28 | | | | 446.31 | 23166.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TEMP TRANSVENOUS PPM FOR ARRHY | 33210 | CPT | | | | both | | | 24386 | 11173.72 | Horizon | NJ Health | 446.31 | | | | 446.31 | 23166.7 | fee schedule | |
| HC TEMP TRANSVENOUS PPM FOR ARRHY | 33210 | CPT | | | | both | | | 24386 | 11173.72 | UHC | Medicaid | 7693.78 | 31.55 | | | 446.31 | 23166.7 | percent of total billed charges | |
| HC TEMP TRANSVENOUS PPM FOR ARRHY | 33210 | CPT | | | | both | | | 24386 | 11173.72 | United | CommercialPPO | 4702 | | | | 446.31 | 23166.7 | case rate | |
| HC TEMP TRANSVENOUS PPM FOR ARRHY | 33210 | CPT | | | | both | | | 24386 | 11173.72 | United | Oxford | 4702 | | | | 446.31 | 23166.7 | case rate | |
| HC CONV OF SINGLE TO DUAL PPM | 33214 | CPT | | | | both | | | 54612 | 14044.32 | Aetna | Commercial | 19930.72 | | | | 606.83 | 51881.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONV OF SINGLE TO DUAL PPM | 33214 | CPT | | | | both | | | 54612 | 14044.32 | First Trenton | First Trenton | 49150.8 | 90 | | | 606.83 | 51881.4 | percent of total billed charges | |
| HC CONV OF SINGLE TO DUAL PPM | 33214 | CPT | | | | both | | | 54612 | 14044.32 | Aetna | Medicare | 12212.45 | | | | 606.83 | 51881.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONV OF SINGLE TO DUAL PPM | 33214 | CPT | | | | both | | | 54612 | 14044.32 | Aetna | Better Health | 17230.09 | 31.55 | | | 606.83 | 51881.4 | percent of total billed charges | |
| HC CONV OF SINGLE TO DUAL PPM | 33214 | CPT | | | | both | | | 54612 | 14044.32 | Americare | Americare | 40959 | 75 | | | 606.83 | 51881.4 | percent of total billed charges | |
| HC CONV OF SINGLE TO DUAL PPM | 33214 | CPT | | | | both | | | 54612 | 14044.32 | Corrections | Corrections | 43689.6 | 80 | | | 606.83 | 51881.4 | percent of total billed charges | |
| HC CONV OF SINGLE TO DUAL PPM | 33214 | CPT | | | | both | | | 54612 | 14044.32 | Consumer | Consumer | 51881.4 | 95 | | | 606.83 | 51881.4 | percent of total billed charges | |
| HC CONV OF SINGLE TO DUAL PPM | 33214 | CPT | | | | both | | | 54612 | 14044.32 | Horizon | Medicare Blue | 12212.45 | | | | 606.83 | 51881.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONV OF SINGLE TO DUAL PPM | 33214 | CPT | | | | both | | | 54612 | 14044.32 | Multiplan | Multiplan | 43689.6 | 80 | | | 606.83 | 51881.4 | percent of total billed charges | |
| HC CONV OF SINGLE TO DUAL PPM | 33214 | CPT | | | | both | | | 54612 | 14044.32 | Managed Care Inc | Managed Care Inc | 49150.8 | 90 | | | 606.83 | 51881.4 | percent of total billed charges | |
| HC CONV OF SINGLE TO DUAL PPM | 33214 | CPT | | | | both | | | 54612 | 14044.32 | United | Oxford | 6197 | | | | 606.83 | 51881.4 | case rate | |
| HC CONV OF SINGLE TO DUAL PPM | 33214 | CPT | | | | both | | | 54612 | 14044.32 | Amerihealth | HMO/PPO | 1200 | | | | 606.83 | 51881.4 | fee schedule | |
| HC CONV OF SINGLE TO DUAL PPM | 33214 | CPT | | | | both | | | 54612 | 14044.32 | Wellcare | Medicare | 12212.45 | | | | 606.83 | 51881.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONV OF SINGLE TO DUAL PPM | 33214 | CPT | | | | both | | | 54612 | 14044.32 | Horizon | Indemnity | 23631.09 | | | | 606.83 | 51881.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONV OF SINGLE TO DUAL PPM | 33214 | CPT | | | | both | | | 54612 | 14044.32 | Qualcare | Qualcare | 40959 | 75 | | | 606.83 | 51881.4 | percent of total billed charges | |
| HC CONV OF SINGLE TO DUAL PPM | 33214 | CPT | | | | both | | | 54612 | 14044.32 | UHC | Medicare | 12212.45 | | | | 606.83 | 51881.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONV OF SINGLE TO DUAL PPM | 33214 | CPT | | | | both | | | 54612 | 14044.32 | Three Rivers | Three Rivers | 51881.4 | 95 | | | 606.83 | 51881.4 | percent of total billed charges | |
| HC CONV OF SINGLE TO DUAL PPM | 33214 | CPT | | | | both | | | 54612 | 14044.32 | First Health | First Health | 38228.4 | 70 | | | 606.83 | 51881.4 | percent of total billed charges | |
| HC CONV OF SINGLE TO DUAL PPM | 33214 | CPT | | | | both | | | 54612 | 14044.32 | Horizon | NJ Health | 606.83 | | | | 606.83 | 51881.4 | fee schedule | |
| HC CONV OF SINGLE TO DUAL PPM | 33214 | CPT | | | | both | | | 54612 | 14044.32 | Horizon | MGD | 23631.09 | | | | 606.83 | 51881.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONV OF SINGLE TO DUAL PPM | 33214 | CPT | | | | both | | | 54612 | 14044.32 | UHC | Medicaid | 17230.09 | 31.55 | | | 606.83 | 51881.4 | percent of total billed charges | |
| HC CONV OF SINGLE TO DUAL PPM | 33214 | CPT | | | | both | | | 54612 | 14044.32 | Wellcare | Medicaid | 17230.09 | 31.55 | | | 606.83 | 51881.4 | percent of total billed charges | |
| HC CONV OF SINGLE TO DUAL PPM | 33214 | CPT | | | | both | | | 54612 | 14044.32 | Horizon | PPO | 23631.09 | | | | 606.83 | 51881.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONV OF SINGLE TO DUAL PPM | 33214 | CPT | | | | both | | | 54612 | 14044.32 | United | CommercialPPO | 6197 | | | | 606.83 | 51881.4 | case rate | |
| HC CONV OF SINGLE TO DUAL PPM | 33214 | CPT | | | | both | | | 54612 | 14044.32 | WellPoint | WellPoint | 17574.14 | 32.18 | | | 606.83 | 51881.4 | percent of total billed charges | |
| HC REPOSITION ELECT RT ATR OR RT | 33215 | CPT | | | | both | | | 6423 | 4192.26 | Multiplan | Multiplan | 5138.4 | 80 | | | 655.11 | 7053.93 | percent of total billed charges | |
| HC REPOSITION ELECT RT ATR OR RT | 33215 | CPT | | | | both | | | 6423 | 4192.26 | Corrections | Corrections | 5138.4 | 80 | | | 655.11 | 7053.93 | percent of total billed charges | |
| HC REPOSITION ELECT RT ATR OR RT | 33215 | CPT | | | | both | | | 6423 | 4192.26 | Consumer | Consumer | 6101.85 | 95 | | | 655.11 | 7053.93 | percent of total billed charges | |
| HC REPOSITION ELECT RT ATR OR RT | 33215 | CPT | | | | both | | | 6423 | 4192.26 | Americare | Americare | 4817.25 | 75 | | | 655.11 | 7053.93 | percent of total billed charges | |
| HC REPOSITION ELECT RT ATR OR RT | 33215 | CPT | | | | both | | | 6423 | 4192.26 | First Health | First Health | 4496.1 | 70 | | | 655.11 | 7053.93 | percent of total billed charges | |
| HC REPOSITION ELECT RT ATR OR RT | 33215 | CPT | | | | both | | | 6423 | 4192.26 | First Trenton | First Trenton | 5780.7 | 90 | | | 655.11 | 7053.93 | percent of total billed charges | |
| HC REPOSITION ELECT RT ATR OR RT | 33215 | CPT | | | | both | | | 6423 | 4192.26 | Aetna | Better Health | 2026.46 | 31.55 | | | 655.11 | 7053.93 | percent of total billed charges | |
| HC REPOSITION ELECT RT ATR OR RT | 33215 | CPT | | | | both | | | 6423 | 4192.26 | Aetna | Commercial | 5949.36 | | | | 655.11 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPOSITION ELECT RT ATR OR RT | 33215 | CPT | | | | both | | | 6423 | 4192.26 | Qualcare | Qualcare | 4817.25 | 75 | | | 655.11 | 7053.93 | percent of total billed charges | |
| HC REPOSITION ELECT RT ATR OR RT | 33215 | CPT | | | | both | | | 6423 | 4192.26 | Wellcare | Medicare | 3645.44 | | | | 655.11 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPOSITION ELECT RT ATR OR RT | 33215 | CPT | | | | both | | | 6423 | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | | 655.11 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPOSITION ELECT RT ATR OR RT | 33215 | CPT | | | | both | | | 6423 | 4192.26 | Amerihealth | HMO/PPO | 800 | | | | 655.11 | 7053.93 | fee schedule | |
| HC REPOSITION ELECT RT ATR OR RT | 33215 | CPT | | | | both | | | 6423 | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 655.11 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPOSITION ELECT RT ATR OR RT | 33215 | CPT | | | | both | | | 6423 | 4192.26 | Horizon | NJ Health | 655.11 | | | | 655.11 | 7053.93 | fee schedule | |
| HC REPOSITION ELECT RT ATR OR RT | 33215 | CPT | | | | both | | | 6423 | 4192.26 | Horizon | PPO | 7053.93 | | | | 655.11 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPOSITION ELECT RT ATR OR RT | 33215 | CPT | | | | both | | | 6423 | 4192.26 | Aetna | Medicare | 3645.44 | | | | 655.11 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPOSITION ELECT RT ATR OR RT | 33215 | CPT | | | | both | | | 6423 | 4192.26 | UHC | Medicaid | 2026.46 | 31.55 | | | 655.11 | 7053.93 | percent of total billed charges | |
| HC REPOSITION ELECT RT ATR OR RT | 33215 | CPT | | | | both | | | 6423 | 4192.26 | Managed Care Inc | Managed Care Inc | 5780.7 | 90 | | | 655.11 | 7053.93 | percent of total billed charges | |
| HC REPOSITION ELECT RT ATR OR RT | 33215 | CPT | | | | both | | | 6423 | 4192.26 | WellPoint | WellPoint | 2066.92 | 32.18 | | | 655.11 | 7053.93 | percent of total billed charges | |
| HC REPOSITION ELECT RT ATR OR RT | 33215 | CPT | | | | both | | | 6423 | 4192.26 | Horizon | MGD | 7053.93 | | | | 655.11 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPOSITION ELECT RT ATR OR RT | 33215 | CPT | | | | both | | | 6423 | 4192.26 | United | CommercialPPO | 3492 | | | | 655.11 | 7053.93 | case rate | |
| HC REPOSITION ELECT RT ATR OR RT | 33215 | CPT | | | | both | | | 6423 | 4192.26 | Three Rivers | Three Rivers | 6101.85 | 95 | | | 655.11 | 7053.93 | percent of total billed charges | |
| HC REPOSITION ELECT RT ATR OR RT | 33215 | CPT | | | | both | | | 6423 | 4192.26 | Wellcare | Medicaid | 2026.46 | 31.55 | | | 655.11 | 7053.93 | percent of total billed charges | |
| HC REPOSITION ELECT RT ATR OR RT | 33215 | CPT | | | | both | | | 6423 | 4192.26 | UHC | Medicare | 3645.44 | | | | 655.11 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPOSITION ELECT RT ATR OR RT | 33215 | CPT | | | | both | | | 6423 | 4192.26 | United | Oxford | 3492 | | | | 655.11 | 7053.93 | case rate | |
| HC REPOSITION OF PACEMAKER WIRE | 33216 | CPT | | | | both | | | 16928 | 11173.72 | Consumer | Consumer | 16081.6 | 95 | | | 642.06 | 18801 | percent of total billed charges | |
| HC REPOSITION OF PACEMAKER WIRE | 33216 | CPT | | | | both | | | 16928 | 11173.72 | Aetna | Better Health | 5340.78 | 31.55 | | | 642.06 | 18801 | percent of total billed charges | |
| HC REPOSITION OF PACEMAKER WIRE | 33216 | CPT | | | | both | | | 16928 | 11173.72 | Aetna | Commercial | 15856.97 | | | | 642.06 | 18801 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPOSITION OF PACEMAKER WIRE | 33216 | CPT | | | | both | | | 16928 | 11173.72 | Amerihealth | HMO/PPO | 800 | | | | 642.06 | 18801 | fee schedule | |
| HC REPOSITION OF PACEMAKER WIRE | 33216 | CPT | | | | both | | | 16928 | 11173.72 | Americare | Americare | 12696 | 75 | | | 642.06 | 18801 | percent of total billed charges | |
| HC REPOSITION OF PACEMAKER WIRE | 33216 | CPT | | | | both | | | 16928 | 11173.72 | Multiplan | Multiplan | 13542.4 | 80 | | | 642.06 | 18801 | percent of total billed charges | |
| HC REPOSITION OF PACEMAKER WIRE | 33216 | CPT | | | | both | | | 16928 | 11173.72 | Aetna | Medicare | 9716.28 | | | | 642.06 | 18801 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPOSITION OF PACEMAKER WIRE | 33216 | CPT | | | | both | | | 16928 | 11173.72 | First Trenton | First Trenton | 15235.2 | 90 | | | 642.06 | 18801 | percent of total billed charges | |
| HC REPOSITION OF PACEMAKER WIRE | 33216 | CPT | | | | both | | | 16928 | 11173.72 | Horizon | MGD | 18801 | | | | 642.06 | 18801 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPOSITION OF PACEMAKER WIRE | 33216 | CPT | | | | both | | | 16928 | 11173.72 | Corrections | Corrections | 13542.4 | 80 | | | 642.06 | 18801 | percent of total billed charges | |
| HC REPOSITION OF PACEMAKER WIRE | 33216 | CPT | | | | both | | | 16928 | 11173.72 | UHC | Medicare | 9716.28 | | | | 642.06 | 18801 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPOSITION OF PACEMAKER WIRE | 33216 | CPT | | | | both | | | 16928 | 11173.72 | First Health | First Health | 11849.6 | 70 | | | 642.06 | 18801 | percent of total billed charges | |
| HC REPOSITION OF PACEMAKER WIRE | 33216 | CPT | | | | both | | | 16928 | 11173.72 | Qualcare | Qualcare | 12696 | 75 | | | 642.06 | 18801 | percent of total billed charges | |
| HC REPOSITION OF PACEMAKER WIRE | 33216 | CPT | | | | both | | | 16928 | 11173.72 | Horizon | Medicare Blue | 9716.28 | | | | 642.06 | 18801 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPOSITION OF PACEMAKER WIRE | 33216 | CPT | | | | both | | | 16928 | 11173.72 | Horizon | PPO | 18801 | | | | 642.06 | 18801 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPOSITION OF PACEMAKER WIRE | 33216 | CPT | | | | both | | | 16928 | 11173.72 | Horizon | Indemnity | 18801 | | | | 642.06 | 18801 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPOSITION OF PACEMAKER WIRE | 33216 | CPT | | | | both | | | 16928 | 11173.72 | Wellcare | Medicare | 9716.28 | | | | 642.06 | 18801 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPOSITION OF PACEMAKER WIRE | 33216 | CPT | | | | both | | | 16928 | 11173.72 | Horizon | NJ Health | 642.06 | | | | 642.06 | 18801 | fee schedule | |
| HC REPOSITION OF PACEMAKER WIRE | 33216 | CPT | | | | both | | | 16928 | 11173.72 | WellPoint | WellPoint | 5447.43 | 32.18 | | | 642.06 | 18801 | percent of total billed charges | |
| HC REPOSITION OF PACEMAKER WIRE | 33216 | CPT | | | | both | | | 16928 | 11173.72 | UHC | Medicaid | 5340.78 | 31.55 | | | 642.06 | 18801 | percent of total billed charges | |
| HC REPOSITION OF PACEMAKER WIRE | 33216 | CPT | | | | both | | | 16928 | 11173.72 | Managed Care Inc | Managed Care Inc | 15235.2 | 90 | | | 642.06 | 18801 | percent of total billed charges | |
| HC REPOSITION OF PACEMAKER WIRE | 33216 | CPT | | | | both | | | 16928 | 11173.72 | United | CommercialPPO | 4702 | | | | 642.06 | 18801 | case rate | |
| HC REPOSITION OF PACEMAKER WIRE | 33216 | CPT | | | | both | | | 16928 | 11173.72 | Three Rivers | Three Rivers | 16081.6 | 95 | | | 642.06 | 18801 | percent of total billed charges | |
| HC REPOSITION OF PACEMAKER WIRE | 33216 | CPT | | | | both | | | 16928 | 11173.72 | Wellcare | Medicaid | 5340.78 | 31.55 | | | 642.06 | 18801 | percent of total billed charges | |
| HC REPOSITION OF PACEMAKER WIRE | 33216 | CPT | | | | both | | | 16928 | 11173.72 | United | Oxford | 4702 | | | | 642.06 | 18801 | case rate | |
| HC INSJ 2 TRANSVNS ELTRD | 33217 | CPT | | | | both | | | 18991 | 11173.72 | Americare | Americare | 14243.25 | 75 | | | 642.06 | 18801 | percent of total billed charges | |
| HC INSJ 2 TRANSVNS ELTRD | 33217 | CPT | | | | both | | | 18991 | 11173.72 | Corrections | Corrections | 15192.8 | 80 | | | 642.06 | 18801 | percent of total billed charges | |
| HC INSJ 2 TRANSVNS ELTRD | 33217 | CPT | | | | both | | | 18991 | 11173.72 | Aetna | Medicare | 9716.28 | | | | 642.06 | 18801 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSJ 2 TRANSVNS ELTRD | 33217 | CPT | | | | both | | | 18991 | 11173.72 | First Health | First Health | 13293.7 | 70 | | | 642.06 | 18801 | percent of total billed charges | |
| HC INSJ 2 TRANSVNS ELTRD | 33217 | CPT | | | | both | | | 18991 | 11173.72 | Aetna | Commercial | 15856.97 | | | | 642.06 | 18801 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSJ 2 TRANSVNS ELTRD | 33217 | CPT | | | | both | | | 18991 | 11173.72 | First Trenton | First Trenton | 17091.9 | 90 | | | 642.06 | 18801 | percent of total billed charges | |
| HC INSJ 2 TRANSVNS ELTRD | 33217 | CPT | | | | both | | | 18991 | 11173.72 | Horizon | MGD | 18801 | | | | 642.06 | 18801 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSJ 2 TRANSVNS ELTRD | 33217 | CPT | | | | both | | | 18991 | 11173.72 | Aetna | Better Health | 5991.66 | 31.55 | | | 642.06 | 18801 | percent of total billed charges | |
| HC INSJ 2 TRANSVNS ELTRD | 33217 | CPT | | | | both | | | 18991 | 11173.72 | Consumer | Consumer | 18041.45 | 95 | | | 642.06 | 18801 | percent of total billed charges | |
| HC INSJ 2 TRANSVNS ELTRD | 33217 | CPT | | | | both | | | 18991 | 11173.72 | Horizon | Indemnity | 18801 | | | | 642.06 | 18801 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSJ 2 TRANSVNS ELTRD | 33217 | CPT | | | | both | | | 18991 | 11173.72 | Multiplan | Multiplan | 15192.8 | 80 | | | 642.06 | 18801 | percent of total billed charges | |
| HC INSJ 2 TRANSVNS ELTRD | 33217 | CPT | | | | both | | | 18991 | 11173.72 | Horizon | Medicare Blue | 9716.28 | | | | 642.06 | 18801 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSJ 2 TRANSVNS ELTRD | 33217 | CPT | | | | both | | | 18991 | 11173.72 | Qualcare | Qualcare | 14243.25 | 75 | | | 642.06 | 18801 | percent of total billed charges | |
| HC INSJ 2 TRANSVNS ELTRD | 33217 | CPT | | | | both | | | 18991 | 11173.72 | Horizon | NJ Health | 642.06 | | | | 642.06 | 18801 | fee schedule | |
| HC INSJ 2 TRANSVNS ELTRD | 33217 | CPT | | | | both | | | 18991 | 11173.72 | Amerihealth | HMO/PPO | 800 | | | | 642.06 | 18801 | fee schedule | |
| HC INSJ 2 TRANSVNS ELTRD | 33217 | CPT | | | | both | | | 18991 | 11173.72 | Horizon | PPO | 18801 | | | | 642.06 | 18801 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSJ 2 TRANSVNS ELTRD | 33217 | CPT | | | | both | | | 18991 | 11173.72 | UHC | Medicare | 9716.28 | | | | 642.06 | 18801 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSJ 2 TRANSVNS ELTRD | 33217 | CPT | | | | both | | | 18991 | 11173.72 | Managed Care Inc | Managed Care Inc | 17091.9 | 90 | | | 642.06 | 18801 | percent of total billed charges | |
| HC INSJ 2 TRANSVNS ELTRD | 33217 | CPT | | | | both | | | 18991 | 11173.72 | United | Oxford | 4702 | | | | 642.06 | 18801 | case rate | |
| HC INSJ 2 TRANSVNS ELTRD | 33217 | CPT | | | | both | | | 18991 | 11173.72 | UHC | Medicaid | 5991.66 | 31.55 | | | 642.06 | 18801 | percent of total billed charges | |
| HC INSJ 2 TRANSVNS ELTRD | 33217 | CPT | | | | both | | | 18991 | 11173.72 | Wellcare | Medicaid | 5991.66 | 31.55 | | | 642.06 | 18801 | percent of total billed charges | |
| HC INSJ 2 TRANSVNS ELTRD | 33217 | CPT | | | | both | | | 18991 | 11173.72 | Three Rivers | Three Rivers | 18041.45 | 95 | | | 642.06 | 18801 | percent of total billed charges | |
| HC INSJ 2 TRANSVNS ELTRD | 33217 | CPT | | | | both | | | 18991 | 11173.72 | United | CommercialPPO | 4702 | | | | 642.06 | 18801 | case rate | |
| HC INSJ 2 TRANSVNS ELTRD | 33217 | CPT | | | | both | | | 18991 | 11173.72 | Wellcare | Medicare | 9716.28 | | | | 642.06 | 18801 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSJ 2 TRANSVNS ELTRD | 33217 | CPT | | | | both | | | 18991 | 11173.72 | WellPoint | WellPoint | 6111.3 | 32.18 | | | 642.06 | 18801 | percent of total billed charges | |
| HC REPAIR ELEC SGL PPM OR ICD | 33218 | CPT | | | | outpatient | | | 17421 | 5164.9 | Consumer | Consumer | 16549.95 | 95 | | | 535.05 | 16549.95 | percent of total billed charges | |
| HC REPAIR ELEC SGL PPM OR ICD | 33218 | CPT | | | | outpatient | | | 17421 | 5164.9 | UHC | Medicare | 4491.22 | | | | 535.05 | 16549.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR ELEC SGL PPM OR ICD | 33218 | CPT | | | | outpatient | | | 17421 | 5164.9 | Aetna | Medicare | 4491.22 | | | | 535.05 | 16549.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR ELEC SGL PPM OR ICD | 33218 | CPT | | | | outpatient | | | 17421 | 5164.9 | Americare | Americare | 13065.75 | 75 | | | 535.05 | 16549.95 | percent of total billed charges | |
| HC REPAIR ELEC SGL PPM OR ICD | 33218 | CPT | | | | outpatient | | | 17421 | 5164.9 | First Health | First Health | 12194.7 | 70 | | | 535.05 | 16549.95 | percent of total billed charges | |
| HC REPAIR ELEC SGL PPM OR ICD | 33218 | CPT | | | | outpatient | | | 17421 | 5164.9 | Aetna | Commercial | 7329.67 | | | | 535.05 | 16549.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR ELEC SGL PPM OR ICD | 33218 | CPT | | | | outpatient | | | 17421 | 5164.9 | Aetna | Better Health | 5496.33 | 31.55 | | | 535.05 | 16549.95 | percent of total billed charges | |
| HC REPAIR ELEC SGL PPM OR ICD | 33218 | CPT | | | | outpatient | | | 17421 | 5164.9 | First Trenton | First Trenton | 15678.9 | 90 | | | 535.05 | 16549.95 | percent of total billed charges | |
| HC REPAIR ELEC SGL PPM OR ICD | 33218 | CPT | | | | outpatient | | | 17421 | 5164.9 | Corrections | Corrections | 13936.8 | 80 | | | 535.05 | 16549.95 | percent of total billed charges | |
| HC REPAIR ELEC SGL PPM OR ICD | 33218 | CPT | | | | outpatient | | | 17421 | 5164.9 | Wellcare | Medicare | 4491.22 | | | | 535.05 | 16549.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR ELEC SGL PPM OR ICD | 33218 | CPT | | | | outpatient | | | 17421 | 5164.9 | Horizon | MGD | 8690.51 | | | | 535.05 | 16549.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR ELEC SGL PPM OR ICD | 33218 | CPT | | | | outpatient | | | 17421 | 5164.9 | Amerihealth | HMO/PPO | 800 | | | | 535.05 | 16549.95 | fee schedule | |
| HC REPAIR ELEC SGL PPM OR ICD | 33218 | CPT | | | | outpatient | | | 17421 | 5164.9 | Horizon | NJ Health | 535.05 | | | | 535.05 | 16549.95 | fee schedule | |
| HC REPAIR ELEC SGL PPM OR ICD | 33218 | CPT | | | | outpatient | | | 17421 | 5164.9 | Multiplan | Multiplan | 13936.8 | 80 | | | 535.05 | 16549.95 | percent of total billed charges | |
| HC REPAIR ELEC SGL PPM OR ICD | 33218 | CPT | | | | outpatient | | | 17421 | 5164.9 | Horizon | PPO | 8690.51 | | | | 535.05 | 16549.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR ELEC SGL PPM OR ICD | 33218 | CPT | | | | outpatient | | | 17421 | 5164.9 | Managed Care Inc | Managed Care Inc | 15678.9 | 90 | | | 535.05 | 16549.95 | percent of total billed charges | |
| HC REPAIR ELEC SGL PPM OR ICD | 33218 | CPT | | | | outpatient | | | 17421 | 5164.9 | Horizon | Medicare Blue | 4491.22 | | | | 535.05 | 16549.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR ELEC SGL PPM OR ICD | 33218 | CPT | | | | outpatient | | | 17421 | 5164.9 | Qualcare | Qualcare | 13065.75 | 75 | | | 535.05 | 16549.95 | percent of total billed charges | |
| HC REPAIR ELEC SGL PPM OR ICD | 33218 | CPT | | | | outpatient | | | 17421 | 5164.9 | Three Rivers | Three Rivers | 16549.95 | 95 | | | 535.05 | 16549.95 | percent of total billed charges | |
| HC REPAIR ELEC SGL PPM OR ICD | 33218 | CPT | | | | outpatient | | | 17421 | 5164.9 | Horizon | Indemnity | 8690.51 | | | | 535.05 | 16549.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR ELEC SGL PPM OR ICD | 33218 | CPT | | | | outpatient | | | 17421 | 5164.9 | United | Oxford | 3492 | | | | 535.05 | 16549.95 | case rate | |
| HC REPAIR ELEC SGL PPM OR ICD | 33218 | CPT | | | | outpatient | | | 17421 | 5164.9 | UHC | Medicaid | 5496.33 | 31.55 | | | 535.05 | 16549.95 | percent of total billed charges | |
| HC REPAIR ELEC SGL PPM OR ICD | 33218 | CPT | | | | outpatient | | | 17421 | 5164.9 | Wellcare | Medicaid | 5496.33 | 31.55 | | | 535.05 | 16549.95 | percent of total billed charges | |
| HC REPAIR ELEC SGL PPM OR ICD | 33218 | CPT | | | | outpatient | | | 17421 | 5164.9 | United | CommercialPPO | 3492 | | | | 535.05 | 16549.95 | case rate | |
| HC REPAIR ELEC SGL PPM OR ICD | 33218 | CPT | | | | outpatient | | | 17421 | 5164.9 | WellPoint | WellPoint | 5606.08 | 32.18 | | | 535.05 | 16549.95 | percent of total billed charges | |
| HC RELOCATION OF SKIN POCKET FOR PACEMAKER | 33222 | CPT | | | | outpatient | | | 4756 | 2398.47 | First Trenton | First Trenton | 4280.4 | 90 | | | 550 | 4518.2 | percent of total billed charges | |
| HC RELOCATION OF SKIN POCKET FOR PACEMAKER | 33222 | CPT | | | | outpatient | | | 4756 | 2398.47 | Aetna | Better Health | 1520.52 | 31.55 | | | 550 | 4518.2 | percent of total billed charges | |
| HC RELOCATION OF SKIN POCKET FOR PACEMAKER | 33222 | CPT | | | | outpatient | | | 4756 | 2398.47 | Consumer | Consumer | 4518.2 | 95 | | | 550 | 4518.2 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC RELOCATION OF SKIN POCKET FOR PACEMAKER | 33222 | CPT | | | | outpatient | | | 4756 | 2398.47 | Aetna | Commercial | 3403.75 | | | | 550 | 4518.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RELOCATION OF SKIN POCKET FOR PACEMAKER | 33222 | CPT | | | | outpatient | | | 4756 | 2398.47 | Quatcare | Quatcare | 3567 | 75 | | | 550 | 4518.2 | percent of total billed charges | |
| HC RELOCATION OF SKIN POCKET FOR PACEMAKER | 33222 | CPT | | | | outpatient | | | 4756 | 2398.47 | Aetna | Medicare | 2085.63 | | | | 550 | 4518.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RELOCATION OF SKIN POCKET FOR PACEMAKER | 33222 | CPT | | | | outpatient | | | 4756 | 2398.47 | First Health | First Health | 3329.2 | 70 | | | 550 | 4518.2 | percent of total billed charges | |
| HC RELOCATION OF SKIN POCKET FOR PACEMAKER | 33222 | CPT | | | | outpatient | | | 4756 | 2398.47 | Americare | Americare | 3567 | 75 | | | 550 | 4518.2 | percent of total billed charges | |
| HC RELOCATION OF SKIN POCKET FOR PACEMAKER | 33222 | CPT | | | | outpatient | | | 4756 | 2398.47 | Managed Care Inc | Managed Care Inc | 4280.4 | 90 | | | 550 | 4518.2 | percent of total billed charges | |
| HC RELOCATION OF SKIN POCKET FOR PACEMAKER | 33222 | CPT | | | | outpatient | | | 4756 | 2398.47 | Horizon | MGD | 4035.69 | | | | 550 | 4518.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RELOCATION OF SKIN POCKET FOR PACEMAKER | 33222 | CPT | | | | outpatient | | | 4756 | 2398.47 | Corrections | Corrections | 3804.8 | 80 | | | 550 | 4518.2 | percent of total billed charges | |
| HC RELOCATION OF SKIN POCKET FOR PACEMAKER | 33222 | CPT | | | | outpatient | | | 4756 | 2398.47 | Amerihealth | HMO/PPO | 550 | | | | 550 | 4518.2 | fee schedule | |
| HC RELOCATION OF SKIN POCKET FOR PACEMAKER | 33222 | CPT | | | | outpatient | | | 4756 | 2398.47 | UHC | Medicaid | 1500.52 | 31.55 | | | 550 | 4518.2 | percent of total billed charges | |
| HC RELOCATION OF SKIN POCKET FOR PACEMAKER | 33222 | CPT | | | | outpatient | | | 4756 | 2398.47 | United | CommercialPPO | 2493 | | | | 550 | 4518.2 | case rate | |
| HC RELOCATION OF SKIN POCKET FOR PACEMAKER | 33222 | CPT | | | | outpatient | | | 4756 | 2398.47 | Multiplan | Multiplan | 3804.8 | 80 | | | 550 | 4518.2 | percent of total billed charges | |
| HC RELOCATION OF SKIN POCKET FOR PACEMAKER | 33222 | CPT | | | | outpatient | | | 4756 | 2398.47 | UHC | Medicare | 2085.63 | | | | 550 | 4518.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RELOCATION OF SKIN POCKET FOR PACEMAKER | 33222 | CPT | | | | outpatient | | | 4756 | 2398.47 | Horizon | Indemnity | 4035.69 | | | | 550 | 4518.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RELOCATION OF SKIN POCKET FOR PACEMAKER | 33222 | CPT | | | | outpatient | | | 4756 | 2398.47 | Wellcare | Medicare | 2085.63 | | | | 550 | 4518.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RELOCATION OF SKIN POCKET FOR PACEMAKER | 33222 | CPT | | | | outpatient | | | 4756 | 2398.47 | Three Rivers | Three Rivers | 4518.2 | 95 | | | 550 | 4518.2 | percent of total billed charges | |
| HC RELOCATION OF SKIN POCKET FOR PACEMAKER | 33222 | CPT | | | | outpatient | | | 4756 | 2398.47 | Horizon | Medicare Blue | 2085.63 | | | | 550 | 4518.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RELOCATION OF SKIN POCKET FOR PACEMAKER | 33222 | CPT | | | | outpatient | | | 4756 | 2398.47 | Wellcare | Medicaid | 1500.52 | 31.55 | | | 550 | 4518.2 | percent of total billed charges | |
| HC RELOCATION OF SKIN POCKET FOR PACEMAKER | 33222 | CPT | | | | outpatient | | | 4756 | 2398.47 | Horizon | NJ Health | 574.2 | | | | 550 | 4518.2 | fee schedule | |
| HC RELOCATION OF SKIN POCKET FOR PACEMAKER | 33222 | CPT | | | | outpatient | | | 4756 | 2398.47 | Horizon | PPO | 4035.69 | | | | 550 | 4518.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RELOCATION OF SKIN POCKET FOR PACEMAKER | 33222 | CPT | | | | outpatient | | | 4756 | 2398.47 | United | Oxford | 2493 | | | | 550 | 4518.2 | case rate | |
| HC RELOCATION OF SKIN POCKET FOR PACEMAKER | 33222 | CPT | | | | outpatient | | | 4756 | 2398.47 | WellPoint | WellPoint | 1530.48 | 32.18 | | | 550 | 4518.2 | percent of total billed charges | |
| HC RELOCATE POCKET FOR DEFIB | 33223 | CPT | | | | outpatient | | | 6095 | 2398.47 | WellPoint | WellPoint | 1961.37 | 32.18 | | | 550 | 5790.25 | percent of total billed charges | |
| HC RELOCATE POCKET FOR DEFIB | 33223 | CPT | | | | outpatient | | | 6095 | 2398.47 | UHC | Medicaid | 1922.97 | 31.55 | | | 550 | 5790.25 | percent of total billed charges | |
| HC RELOCATE POCKET FOR DEFIB | 33223 | CPT | | | | outpatient | | | 6095 | 2398.47 | Aetna | Commercial | 3403.75 | | | | 550 | 5790.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RELOCATE POCKET FOR DEFIB | 33223 | CPT | | | | outpatient | | | 6095 | 2398.47 | First Health | First Health | 4266.5 | 70 | | | 550 | 5790.25 | percent of total billed charges | |
| HC RELOCATE POCKET FOR DEFIB | 33223 | CPT | | | | outpatient | | | 6095 | 2398.47 | Aetna | Medicare | 2085.63 | | | | 550 | 5790.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RELOCATE POCKET FOR DEFIB | 33223 | CPT | | | | outpatient | | | 6095 | 2398.47 | First Trenton | First Trenton | 5485.5 | 90 | | | 550 | 5790.25 | percent of total billed charges | |
| HC RELOCATE POCKET FOR DEFIB | 33223 | CPT | | | | outpatient | | | 6095 | 2398.47 | Americare | Americare | 4571.25 | 75 | | | 550 | 5790.25 | percent of total billed charges | |
| HC RELOCATE POCKET FOR DEFIB | 33223 | CPT | | | | outpatient | | | 6095 | 2398.47 | Aetna | Better Health | 1922.97 | 31.55 | | | 550 | 5790.25 | percent of total billed charges | |
| HC RELOCATE POCKET FOR DEFIB | 33223 | CPT | | | | outpatient | | | 6095 | 2398.47 | Corrections | Corrections | 4876 | 80 | | | 550 | 5790.25 | percent of total billed charges | |
| HC RELOCATE POCKET FOR DEFIB | 33223 | CPT | | | | outpatient | | | 6095 | 2398.47 | UHC | Medicare | 2085.63 | | | | 550 | 5790.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RELOCATE POCKET FOR DEFIB | 33223 | CPT | | | | outpatient | | | 6095 | 2398.47 | Amerihealth | HMO/PPO | 550 | | | | 550 | 5790.25 | fee schedule | |
| HC RELOCATE POCKET FOR DEFIB | 33223 | CPT | | | | outpatient | | | 6095 | 2398.47 | Horizon | Medicare Blue | 2085.63 | | | | 550 | 5790.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RELOCATE POCKET FOR DEFIB | 33223 | CPT | | | | outpatient | | | 6095 | 2398.47 | Horizon | MGD | 4035.69 | | | | 550 | 5790.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RELOCATE POCKET FOR DEFIB | 33223 | CPT | | | | outpatient | | | 6095 | 2398.47 | Managed Care Inc | Managed Care Inc | 5485.5 | 90 | | | 550 | 5790.25 | percent of total billed charges | |
| HC RELOCATE POCKET FOR DEFIB | 33223 | CPT | | | | outpatient | | | 6095 | 2398.47 | Horizon | Indemnity | 4035.69 | | | | 550 | 5790.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RELOCATE POCKET FOR DEFIB | 33223 | CPT | | | | outpatient | | | 6095 | 2398.47 | Consumer | Consumer | 5790.25 | 95 | | | 550 | 5790.25 | percent of total billed charges | |
| HC RELOCATE POCKET FOR DEFIB | 33223 | CPT | | | | outpatient | | | 6095 | 2398.47 | Horizon | PPO | 4035.69 | | | | 550 | 5790.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RELOCATE POCKET FOR DEFIB | 33223 | CPT | | | | outpatient | | | 6095 | 2398.47 | United | CommercialPPO | 2493 | | | | 550 | 5790.25 | case rate | |
| HC RELOCATE POCKET FOR DEFIB | 33223 | CPT | | | | outpatient | | | 6095 | 2398.47 | Multiplan | Multiplan | 4876 | 80 | | | 550 | 5790.25 | percent of total billed charges | |
| HC RELOCATE POCKET FOR DEFIB | 33223 | CPT | | | | outpatient | | | 6095 | 2398.47 | Wellcare | Medicare | 2085.63 | | | | 550 | 5790.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RELOCATE POCKET FOR DEFIB | 33223 | CPT | | | | outpatient | | | 6095 | 2398.47 | Horizon | NJ Health | 604.89 | | | | 550 | 5790.25 | fee schedule | |
| HC RELOCATE POCKET FOR DEFIB | 33223 | CPT | | | | outpatient | | | 6095 | 2398.47 | Qualcare | Qualcare | 4571.25 | 75 | | | 550 | 5790.25 | percent of total billed charges | |
| HC RELOCATE POCKET FOR DEFIB | 33223 | CPT | | | | outpatient | | | 6095 | 2398.47 | United | Oxford | 2493 | | | | 550 | 5790.25 | case rate | |
| HC RELOCATE POCKET FOR DEFIB | 33223 | CPT | | | | outpatient | | | 6095 | 2398.47 | Three Rivers | Three Rivers | 5790.25 | 95 | | | 550 | 5790.25 | percent of total billed charges | |
| HC RELOCATE POCKET FOR DEFIB | 33223 | CPT | | | | outpatient | | | 6095 | 2398.47 | Wellcare | Medicaid | 1922.97 | 31.55 | | | 550 | 5790.25 | percent of total billed charges | |
| HC LV PACING @ TIME OF PPM OR ICD | 33225 | CPT | | | | both | | | 49375 | | United | CommercialPPO | 6197 | | | | 678.6 | 46906.25 | case rate | |
| HC LV PACING @ TIME OF PPM OR ICD | 33225 | CPT | | | | both | | | 49375 | | Aetna | Better Health | 15577.81 | 31.55 | | | 678.6 | 46906.25 | percent of total billed charges | |
| HC LV PACING @ TIME OF PPM OR ICD | 33225 | CPT | | | | both | | | 49375 | | Americare | Americare | 37031.25 | 75 | | | 678.6 | 46906.25 | percent of total billed charges | |
| HC LV PACING @ TIME OF PPM OR ICD | 33225 | CPT | | | | both | | | 49375 | | Aetna | Medicare | 15207.5 | 30.8 | | | 678.6 | 46906.25 | percent of total billed charges | |
| HC LV PACING @ TIME OF PPM OR ICD | 33225 | CPT | | | | both | | | 49375 | | First Trenton | First Trenton | 44437.5 | 90 | | | 678.6 | 46906.25 | percent of total billed charges | |
| HC LV PACING @ TIME OF PPM OR ICD | 33225 | CPT | | | | both | | | 49375 | | Amerihealth | HMO/PPO | 800 | | | | 678.6 | 46906.25 | fee schedule | |
| HC LV PACING @ TIME OF PPM OR ICD | 33225 | CPT | | | | both | | | 49375 | | Qualcare | Qualcare | 37031.25 | 75 | | | 678.6 | 46906.25 | percent of total billed charges | |
| HC LV PACING @ TIME OF PPM OR ICD | 33225 | CPT | | | | both | | | 49375 | | Consumer | Consumer | 46906.25 | 95 | | | 678.6 | 46906.25 | percent of total billed charges | |
| HC LV PACING @ TIME OF PPM OR ICD | 33225 | CPT | | | | both | | | 49375 | | UHC | Medicaid | 15577.81 | 31.55 | | | 678.6 | 46906.25 | percent of total billed charges | |
| HC LV PACING @ TIME OF PPM OR ICD | 33225 | CPT | | | | both | | | 49375 | | First Health | First Health | 34962.5 | 70 | | | 678.6 | 46906.25 | percent of total billed charges | |
| HC LV PACING @ TIME OF PPM OR ICD | 33225 | CPT | | | | both | | | 49375 | | Horizon | Medicare Blue | 14812.5 | 30 | | | 678.6 | 46906.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LV PACING @ TIME OF PPM OR ICD | 33225 | CPT | | | | both | | | 49375 | | Multiplan | Multiplan | 39500 | 80 | | | 678.6 | 46906.25 | percent of total billed charges | |
| HC LV PACING @ TIME OF PPM OR ICD | 33225 | CPT | | | | both | | | 49375 | | Horizon | PPO | 18900.75 | 38.28 | | | 678.6 | 46906.25 | percent of total billed charges | |
| HC LV PACING @ TIME OF PPM OR ICD | 33225 | CPT | | | | both | | | 49375 | | Horizon | Indemnity | 18900.75 | 38.28 | | | 678.6 | 46906.25 | percent of total billed charges | |
| HC LV PACING @ TIME OF PPM OR ICD | 33225 | CPT | | | | both | | | 49375 | | Managed Care Inc | Managed Care Inc | 44437.5 | 90 | | | 678.6 | 46906.25 | percent of total billed charges | |
| HC LV PACING @ TIME OF PPM OR ICD | 33225 | CPT | | | | both | | | 49375 | | Corrections | Corrections | 39500 | 80 | | | 678.6 | 46906.25 | percent of total billed charges | |
| HC LV PACING @ TIME OF PPM OR ICD | 33225 | CPT | | | | both | | | 49375 | | Three Rivers | Three Rivers | 46906.25 | 95 | | | 678.6 | 46906.25 | percent of total billed charges | |
| HC LV PACING @ TIME OF PPM OR ICD | 33225 | CPT | | | | both | | | 49375 | | Wellcare | Medicaid | 15577.81 | 31.55 | | | 678.6 | 46906.25 | percent of total billed charges | |
| HC LV PACING @ TIME OF PPM OR ICD | 33225 | CPT | | | | both | | | 49375 | | Horizon | MGD | 18900.75 | 38.28 | | | 678.6 | 46906.25 | percent of total billed charges | |
| HC LV PACING @ TIME OF PPM OR ICD | 33225 | CPT | | | | both | | | 49375 | | Horizon | NJ Health | 678.6 | | | | 678.6 | 46906.25 | fee schedule | |
| HC LV PACING @ TIME OF PPM OR ICD | 33225 | CPT | | | | both | | | 49375 | | United | Oxford | 6197 | | | | 678.6 | 46906.25 | case rate | |
| HC LV PACING @ TIME OF PPM OR ICD | 33225 | CPT | | | | both | | | 49375 | | WellPoint | WellPoint | 15888.88 | 32.18 | | | 678.6 | 46906.25 | percent of total billed charges | |
| HC RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD | 33226 | CPT | | | | outpatient | | | 7913 | 4192.26 | Horizon | MGD | 7053.93 | | | | 738.63 | 7517.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD | 33226 | CPT | | | | outpatient | | | 7913 | 4192.26 | Aetna | Commercial | 5949.36 | | | | 738.63 | 7517.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD | 33226 | CPT | | | | outpatient | | | 7913 | 4192.26 | First Health | First Health | 5539.1 | 70 | | | 738.63 | 7517.35 | percent of total billed charges | |
| HC RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD | 33226 | CPT | | | | outpatient | | | 7913 | 4192.26 | Multiplan | Multiplan | 6330.4 | 80 | | | 738.63 | 7517.35 | percent of total billed charges | |
| HC RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD | 33226 | CPT | | | | outpatient | | | 7913 | 4192.26 | Wellcare | Medicare | 3645.44 | | | | 738.63 | 7517.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD | 33226 | CPT | | | | outpatient | | | 7913 | 4192.26 | Consumer | Consumer | 7517.35 | 95 | | | 738.63 | 7517.35 | percent of total billed charges | |
| HC RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD | 33226 | CPT | | | | outpatient | | | 7913 | 4192.26 | Aetna | Better Health | 2496.55 | 31.55 | | | 738.63 | 7517.35 | percent of total billed charges | |
| HC RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD | 33226 | CPT | | | | outpatient | | | 7913 | 4192.26 | Aetna | Medicare | 3645.44 | | | | 738.63 | 7517.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD | 33226 | CPT | | | | outpatient | | | 7913 | 4192.26 | UHC | Medicaid | 2496.55 | 31.55 | | | 738.63 | 7517.35 | percent of total billed charges | |
| HC RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD | 33226 | CPT | | | | outpatient | | | 7913 | 4192.26 | Americare | Americare | 5934.75 | 75 | | | 738.63 | 7517.35 | percent of total billed charges | |
| HC RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD | 33226 | CPT | | | | outpatient | | | 7913 | 4192.26 | United | Oxford | 3492 | | | | 738.63 | 7517.35 | case rate | |
| HC RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD | 33226 | CPT | | | | outpatient | | | 7913 | 4192.26 | Qualcare | Qualcare | 5934.75 | 75 | | | 738.63 | 7517.35 | percent of total billed charges | |
| HC RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD | 33226 | CPT | | | | outpatient | | | 7913 | 4192.26 | UHC | Medicare | 3645.44 | | | | 738.63 | 7517.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD | 33226 | CPT | | | | outpatient | | | 7913 | 4192.26 | First Trenton | First Trenton | 7121.7 | 90 | | | 738.63 | 7517.35 | percent of total billed charges | |
| HC RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD | 33226 | CPT | | | | outpatient | | | 7913 | 4192.26 | Corrections | Corrections | 6330.4 | 80 | | | 738.63 | 7517.35 | percent of total billed charges | |
| HC RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD | 33226 | CPT | | | | outpatient | | | 7913 | 4192.26 | Amerihealth | HMO/PPO | 800 | | | | 738.63 | 7517.35 | fee schedule | |
| HC RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD | 33226 | CPT | | | | outpatient | | | 7913 | 4192.26 | Horizon | PPO | 7053.93 | | | | 738.63 | 7517.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD | 33226 | CPT | | | | outpatient | | | 7913 | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | | 738.63 | 7517.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD | 33226 | CPT | | | | outpatient | | | 7913 | 4192.26 | WellPoint | WellPoint | 2546.4 | 32.18 | | | 738.63 | 7517.35 | percent of total billed charges | |
| HC RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD | 33226 | CPT | | | | outpatient | | | 7913 | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 738.63 | 7517.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD | 33226 | CPT | | | | outpatient | | | 7913 | 4192.26 | Horizon | NJ Health | 738.63 | | | | 738.63 | 7517.35 | fee schedule | |
| HC RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD | 33226 | CPT | | | | outpatient | | | 7913 | 4192.26 | United | CommercialPPO | 3492 | | | | 738.63 | 7517.35 | case rate | |
| HC RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD | 33226 | CPT | | | | outpatient | | | 7913 | 4192.26 | Managed Care Inc | Managed Care Inc | 7121.7 | 90 | | | 738.63 | 7517.35 | percent of total billed charges | |
| HC RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD | 33226 | CPT | | | | outpatient | | | 7913 | 4192.26 | Wellcare | Medicaid | 2496.55 | 31.55 | | | 738.63 | 7517.35 | percent of total billed charges | |
| HC RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD | 33226 | CPT | | | | outpatient | | | 7913 | 4192.26 | Three Rivers | Three Rivers | 7517.35 | 95 | | | 738.63 | 7517.35 | percent of total billed charges | |
| HC REM&REP PM GEN SINGL LEAD | 33227 | CPT | | | | outpatient | | | 32065 | 11173.72 | Aetna | Better Health | 10116.51 | 31.55 | | | 377.67 | 30461.75 | percent of total billed charges | |
| HC REM&REP PM GEN SINGL LEAD | 33227 | CPT | | | | outpatient | | | 32065 | 11173.72 | First Health | First Health | 22445.5 | 70 | | | 377.67 | 30461.75 | percent of total billed charges | |
| HC REM&REP PM GEN SINGL LEAD | 33227 | CPT | | | | outpatient | | | 32065 | 11173.72 | Americare | Americare | 24048.75 | 75 | | | 377.67 | 30461.75 | percent of total billed charges | |
| HC REM&REP PM GEN SINGL LEAD | 33227 | CPT | | | | outpatient | | | 32065 | 11173.72 | UHC | Medicare | 9716.28 | | | | 377.67 | 30461.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM&REP PM GEN SINGL LEAD | 33227 | CPT | | | | outpatient | | | 32065 | 11173.72 | Corrections | Corrections | 25652 | 80 | | | 377.67 | 30461.75 | percent of total billed charges | |
| HC REM&REP PM GEN SINGL LEAD | 33227 | CPT | | | | outpatient | | | 32065 | 11173.72 | Consumer | Consumer | 30461.75 | 95 | | | 377.67 | 30461.75 | percent of total billed charges | |
| HC REM&REP PM GEN SINGL LEAD | 33227 | CPT | | | | outpatient | | | 32065 | 11173.72 | Aetna | Commercial | 15856.97 | | | | 377.67 | 30461.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM&REP PM GEN SINGL LEAD | 33227 | CPT | | | | outpatient | | | 32065 | 11173.72 | First Trenton | First Trenton | 28898.5 | 90 | | | 377.67 | 30461.75 | percent of total billed charges | |
| HC REM&REP PM GEN SINGL LEAD | 33227 | CPT | | | | outpatient | | | 32065 | 11173.72 | Multiplan | Multiplan | 25652 | 80 | | | 377.67 | 30461.75 | percent of total billed charges | |
| HC REM&REP PM GEN SINGL LEAD | 33227 | CPT | | | | outpatient | | | 32065 | 11173.72 | Qualcare | Qualcare | 24048.75 | 75 | | | 377.67 | 30461.75 | percent of total billed charges | |
| HC REM&REP PM GEN SINGL LEAD | 33227 | CPT | | | | outpatient | | | 32065 | 11173.72 | Amerihealth | HMO/PPO | 650 | | | | 377.67 | 30461.75 | fee schedule | |
| HC REM&REP PM GEN SINGL LEAD | 33227 | CPT | | | | outpatient | | | 32065 | 11173.72 | Horizon | Indemnity | 18801 | | | | 377.67 | 30461.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM&REP PM GEN SINGL LEAD | 33227 | CPT | | | | outpatient | | | 32065 | 11173.72 | Horizon | Medicare Blue | 9716.28 | | | | 377.67 | 30461.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM&REP PM GEN SINGL LEAD | 33227 | CPT | | | | outpatient | | | 32065 | 11173.72 | Horizon | NJ Health | 377.67 | | | | 377.67 | 30461.75 | fee schedule | |
| HC REM&REP PM GEN SINGL LEAD | 33227 | CPT | | | | outpatient | | | 32065 | 11173.72 | Aetna | Medicare | 9716.28 | | | | 377.67 | 30461.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM&REP PM GEN SINGL LEAD | 33227 | CPT | | | | outpatient | | | 32065 | 11173.72 | Horizon | PPO | 18801 | | | | 377.67 | 30461.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM&REP PM GEN SINGL LEAD | 33227 | CPT | | | | outpatient | | | 32065 | 11173.72 | Horizon | MGD | 18801 | | | | 377.67 | 30461.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM&REP PM GEN SINGL LEAD | 33227 | CPT | | | | outpatient | | | 32065 | 11173.72 | Wellcare | Medicare | 9716.28 | | | | 377.67 | 30461.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM&REP PM GEN SINGL LEAD | 33227 | CPT | | | | outpatient | | | 32065 | 11173.72 | WellPoint | WellPoint | 10318.52 | 32.18 | | | 377.67 | 30461.75 | percent of total billed charges | |
| HC REM&REP PM GEN SINGL LEAD | 33227 | CPT | | | | outpatient | | | 32065 | 11173.72 | Managed Care Inc | Managed Care Inc | 28858.5 | 90 | | | 377.67 | 30461.75 | percent of total billed charges | |
| HC REM&REP PM GEN SINGL LEAD | 33227 | CPT | | | | outpatient | | | 32065 | 11173.72 | Three Rivers | Three Rivers | 30461.75 | 95 | | | 377.67 | 30461.75 | percent of total billed charges | |
| HC REM&REP PM GEN SINGL LEAD | 33227 | CPT | | | | outpatient | | | 32065 | 11173.72 | UHC | Medicaid | 10116.51 | 31.55 | | | 377.67 | 30461.75 | percent of total billed charges | |
| HC REM&REP PM GEN SINGL LEAD | 33227 | CPT | | | | outpatient | | | 32065 | 11173.72 | United | CommercialPPO | 5843 | | | | 377.67 | 30461.75 | case rate | |
| HC REM&REP PM GEN SINGL LEAD | 33227 | CPT | | | | outpatient | | | 32065 | 11173.72 | United | Oxford | 5843 | | | | 377.67 | 30461.75 | case rate | |
| HC REM&REP PM GEN SINGL LEAD | 33227 | CPT | | | | outpatient | | | 32065 | 11173.72 | Wellcare | Medicaid | 10116.51 | 31.55 | | | 377.67 | 30461.75 | percent of total billed charges | |
| HC REMV&REPLC PM GEN DUAL LEAD | 33228 | CPT | | | | both | | | 37070 | 14044.32 | Aetna | Better Health | 11695.59 | 31.55 | | | 507.1 | 35216.5 | percent of total billed charges | |
| HC REMV&REPLC PM GEN DUAL LEAD | 33228 | CPT | | | | both | | | 37070 | 14044.32 | UHC | Medicare | 12212.45 | | | | 507.1 | 35216.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMV&REPLC PM GEN DUAL LEAD | 33228 | CPT | | | | both | | | 37070 | 14044.32 | Consumer | Consumer | 35216.5 | 95 | | | 507.1 | 35216.5 | percent of total billed charges | |
| HC REMV&REPLC PM GEN DUAL LEAD | 33228 | CPT | | | | both | | | 37070 | 14044.32 | First Trenton | First Trenton | 33363 | 90 | | | 507.1 | 35216.5 | percent of total billed charges | |
| HC REMV&REPLC PM GEN DUAL LEAD | 33228 | CPT | | | | both | | | 37070 | 14044.32 | Aetna | Medicare | 12212.45 | | | | 507.1 | 35216.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMV&REPLC PM GEN DUAL LEAD | 33228 | CPT | | | | both | | | 37070 | 14044.32 | Aetna | Commercial | 19930.72 | | | | 507.1 | 35216.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMV&REPLC PM GEN DUAL LEAD | 33228 | CPT | | | | both | | | 37070 | 14044.32 | Corrections | Corrections | 29656 | 80 | | | 507.1 | 35216.5 | percent of total billed charges | |
| HC REMV&REPLC PM GEN DUAL LEAD | 33228 | CPT | | | | both | | | 37070 | 14044.32 | Americare | Americare | 27802.5 | 75 | | | 507.1 | 35216.5 | percent of total billed charges | |
| HC REMV&REPLC PM GEN DUAL LEAD | 33228 | CPT | | | | both | | | 37070 | 14044.32 | Horizon | PPO | 23631.09 | | | | 507.1 | 35216.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMV&REPLC PM GEN DUAL LEAD | 33228 | CPT | | | | both | | | 37070 | 14044.32 | Multiplan | Multiplan | 29656 | 80 | | | 507.1 | 35216.5 | percent of total billed charges | |
| HC REMV&REPLC PM GEN DUAL LEAD | 33228 | CPT | | | | both | | | 37070 | 14044.32 | Horizon | NJ Health | 507.1 | | | | 507.1 | 35216.5 | fee schedule | |
| HC REMV&REPLC PM GEN DUAL LEAD | 33228 | CPT | | | | both | | | 37070 | 14044.32 | Managed Care Inc | Managed Care Inc | 33363 | 90 | | | 507.1 | 35216.5 | percent of total billed charges | |
| HC REMV&REPLC PM GEN DUAL LEAD | 33228 | CPT | | | | both | | | 37070 | 14044.32 | First Health | First Health | 25949 | 70 | | | 507.1 | 35216.5 | percent of total billed charges | |
| HC REMV&REPLC PM GEN DUAL LEAD | 33228 | CPT | | | | both | | | 37070 | 14044.32 | Qualcare | Qualcare | 27802.5 | 75 | | | 507.1 | 35216.5 | percent of total billed charges | |
| HC REMV&REPLC PM GEN DUAL LEAD | 33228 | CPT | | | | both | | | 37070 | 14044.32 | Horizon | Medicare Blue | 12212.45 | | | | 507.1 | 35216.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMV&REPLC PM GEN DUAL LEAD | 33228 | CPT | | | | both | | | 37070 | 14044.32 | Amerihealth | HMO/PPO | 650 | | | | 507.1 | 35216.5 | fee schedule | |
| HC REMV&REPLC PM GEN DUAL LEAD | 33228 | CPT | | | | both | | | 37070 | 14044.32 | WellPoint | WellPoint | 11929.13 | 32.18 | | | 507.1 | 35216.5 | percent of total billed charges | |
| HC REMV&REPLC PM GEN DUAL LEAD | 33228 | CPT | | | | both | | | 37070 | 14044.32 | Wellcare | Medicare | 12212.45 | | | | 507.1 | 35216.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMV&REPLC PM GEN DUAL LEAD | 33228 | CPT | | | | both | | | 37070 | 14044.32 | Three Rivers | Three Rivers | 35216.5 | 95 | | | 507.1 | 35216.5 | percent of total billed charges | |
| HC REMV&REPLC PM GEN DUAL LEAD | 33228 | CPT | | | | both | | | 37070 | 14044.32 | Horizon | Indemnity | 23631.09 | | | | 507.1 | 35216.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMV&REPLC PM GEN DUAL LEAD | 33228 | CPT | | | | both | | | 37070 | 14044.32 | Horizon | MGD | 23631.09 | | | | 507.1 | 35216.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMV&REPLC PM GEN DUAL LEAD | 33228 | CPT | | | | both | | | 37070 | 14044.32 | UHC | Medicaid | 11695.59 | 31.55 | | | 507.1 | 35216.5 | percent of total billed charges | |
| HC REMV&REPLC PM GEN DUAL LEAD | 33228 | CPT | | | | both | | | 37070 | 14044.32 | United | Oxford | 5843 | | | | 507.1 | 35216.5 | case rate | |
| HC REMV&REPLC PM GEN DUAL LEAD | 33228 | CPT | | | | both | | | 37070 | 14044.32 | United | CommercialPPO | 5843 | | | | 507.1 | 35216.5 | case rate | |
| HC REMV&REPLC PM GEN DUAL LEAD | 33228 | CPT | | | | both | | | 37070 | 14044.32 | Wellcare | Medicaid | 11695.59 | 31.55 | | | 507.1 | 35216.5 | percent of total billed charges | |
| HC REMVL PERM PM PLS GEN W/RPLS P | 33229 | CPT | | | | both | | | 72333 | 25627.44 | Horizon | Medicare Blue | 22284.73 | | | | 409.72 | 68716.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMVL PERM PM PLS GEN W/RPLS P | 33229 | CPT | | | | both | | | 72333 | 25627.44 | Aetna | Better Health | 22821.06 | 31.55 | | | 409.72 | 68716.35 | percent of total billed charges | |
| HC REMVL PERM PM PLS GEN W/RPLS P | 33229 | CPT | | | | both | | | 72333 | 25627.44 | Wellcare | Medicaid | 22821.06 | 31.55

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC REMVL PERM PM PLS GEN W/RPLS P | 33229 | CPT | | | | both | | | 72333 | | 25627.44 | Horizon | Indemnity | 43120.95 | | | | 409.72 | 68716.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMVL PERM PM PLS GEN W/RPLS P | 33229 | CPT | | | | both | | | 72333 | | 25627.44 | Consumer | Consumer | 68716.35 | 95 | | | 409.72 | 68716.35 | percent of total billed charges | |
| HC REMVL PERM PM PLS GEN W/RPLS P | 33229 | CPT | | | | both | | | 72333 | | 25627.44 | Aetna | Commercial | 36368.68 | | | | 409.72 | 68716.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMVL PERM PM PLS GEN W/RPLS P | 33229 | CPT | | | | both | | | 72333 | | 25627.44 | First Health | First Health | 50633.1 | 70 | | | 409.72 | 68716.35 | percent of total billed charges | |
| HC REMVL PERM PM PLS GEN W/RPLS P | 33229 | CPT | | | | both | | | 72333 | | 25627.44 | UHC | Medicare | 22284.73 | | | | 409.72 | 68716.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMVL PERM PM PLS GEN W/RPLS P | 33229 | CPT | | | | both | | | 72333 | | 25627.44 | Aetna | Medicare | 22284.73 | | | | 409.72 | 68716.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMVL PERM PM PLS GEN W/RPLS P | 33229 | CPT | | | | both | | | 72333 | | 25627.44 | Americare | Americare | 54249.75 | 75 | | | 409.72 | 68716.35 | percent of total billed charges | |
| HC REMVL PERM PM PLS GEN W/RPLS P | 33229 | CPT | | | | both | | | 72333 | | 25627.44 | UHC | Medicaid | 22821.06 | 31.55 | | | 409.72 | 68716.35 | percent of total billed charges | |
| HC REMVL PERM PM PLS GEN W/RPLS P | 33229 | CPT | | | | both | | | 72333 | | 25627.44 | Horizon | PPO | 43120.95 | | | | 409.72 | 68716.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMVL PERM PM PLS GEN W/RPLS P | 33229 | CPT | | | | both | | | 72333 | | 25627.44 | Corrections | Corrections | 57866.4 | 80 | | | 409.72 | 68716.35 | percent of total billed charges | |
| HC REMVL PERM PM PLS GEN W/RPLS P | 33229 | CPT | | | | both | | | 72333 | | 25627.44 | Amerihealth | HMO/PPO | 650 | | | | 409.72 | 68716.35 | fee schedule | |
| HC REMVL PERM PM PLS GEN W/RPLS P | 33229 | CPT | | | | both | | | 72333 | | 25627.44 | Three Rivers | Three Rivers | 68716.35 | 95 | | | 409.72 | 68716.35 | percent of total billed charges | |
| HC REMVL PERM PM PLS GEN W/RPLS P | 33229 | CPT | | | | both | | | 72333 | | 25627.44 | Wellcare | Medicare | 22284.73 | | | | 409.72 | 68716.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMVL PERM PM PLS GEN W/RPLS P | 33229 | CPT | | | | both | | | 72333 | | 25627.44 | Multiplan | Multiplan | 57866.4 | 80 | | | 409.72 | 68716.35 | percent of total billed charges | |
| HC REMVL PERM PM PLS GEN W/RPLS P | 33229 | CPT | | | | both | | | 72333 | | 25627.44 | United | Oxford | 5843 | | | | 409.72 | 68716.35 | case rate | |
| HC REMVL PERM PM PLS GEN W/RPLS P | 33229 | CPT | | | | both | | | 72333 | | 25627.44 | United | Commercial/PPO | 5843 | | | | 409.72 | 68716.35 | case rate | |
| HC REMVL PERM PM PLS GEN W/RPLS P | 33229 | CPT | | | | both | | | 72333 | | 25627.44 | WellPoint | WellPoint | 23276.76 | 32.18 | | | 409.72 | 68716.35 | percent of total billed charges | |
| HC REMVL PERM PM PLS GEN W/RPLS P | 33229 | CPT | | | | both | | | 72333 | | 25627.44 | First Trenton | First Trenton | 65099.7 | 90 | | | 409.72 | 68716.35 | percent of total billed charges | |
| HC REMVL PERM PM PLS GEN W/RPLS P | 33229 | CPT | | | | both | | | 72333 | | 25627.44 | Qualcare | Qualcare | 54249.75 | 75 | | | 409.72 | 68716.35 | percent of total billed charges | |
| HC REMVL PERM PM PLS GEN W/RPLS P | 33229 | CPT | | | | both | | | 72333 | | 25627.44 | Horizon | NJ Health | 409.72 | | | | 409.72 | 68716.35 | fee schedule | |
| HC REMVL PERM PM PLS GEN W/RPLS P | 33229 | CPT | | | | both | | | 72333 | | 25627.44 | Managed Care Inc | Managed Care Inc | 65099.7 | 90 | | | 409.72 | 68716.35 | percent of total billed charges | |
| HC REMOV.OF PERM.POCER.PUL.GENERA | 33233 | CPT | | | | both | | | 30895 | | 11173.72 | Consumer | Consumer | 29350.25 | 95 | | | 370.39 | 29350.25 | percent of total billed charges | |
| HC REMOV.OF PERM.POCER.PUL.GENERA | 33233 | CPT | | | | both | | | 30895 | | 11173.72 | First Trenton | First Trenton | 27805.5 | 90 | | | 370.39 | 29350.25 | percent of total billed charges | |
| HC REMOV.OF PERM.POCER.PUL.GENERA | 33233 | CPT | | | | both | | | 30895 | | 11173.72 | Amerihealth | HMO/PPO | 550 | | | | 370.39 | 29350.25 | fee schedule | |
| HC REMOV.OF PERM.POCER.PUL.GENERA | 33233 | CPT | | | | both | | | 30895 | | 11173.72 | Americare | Americare | 23171.25 | 75 | | | 370.39 | 29350.25 | percent of total billed charges | |
| HC REMOV.OF PERM.POCER.PUL.GENERA | 33233 | CPT | | | | both | | | 30895 | | 11173.72 | Aetna | Better Health | 9747.37 | 31.55 | | | 370.39 | 29350.25 | percent of total billed charges | |
| HC REMOV.OF PERM.POCER.PUL.GENERA | 33233 | CPT | | | | both | | | 30895 | | 11173.72 | Corrections | Corrections | 24716 | 80 | | | 370.39 | 29350.25 | percent of total billed charges | |
| HC REMOV.OF PERM.POCER.PUL.GENERA | 33233 | CPT | | | | both | | | 30895 | | 11173.72 | UHC | Medicare | 9716.28 | | | | 370.39 | 29350.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOV.OF PERM.POCER.PUL.GENERA | 33233 | CPT | | | | both | | | 30895 | | 11173.72 | Aetna | Commercial | 15856.97 | | | | 370.39 | 29350.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOV.OF PERM.POCER.PUL.GENERA | 33233 | CPT | | | | both | | | 30895 | | 11173.72 | Horizon | Medicare Blue | 9716.28 | | | | 370.39 | 29350.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOV.OF PERM.POCER.PUL.GENERA | 33233 | CPT | | | | both | | | 30895 | | 11173.72 | Horizon | NJ Health | 370.39 | | | | 370.39 | 29350.25 | fee schedule | |
| HC REMOV.OF PERM.POCER.PUL.GENERA | 33233 | CPT | | | | both | | | 30895 | | 11173.72 | First Health | First Health | 21626.5 | 70 | | | 370.39 | 29350.25 | percent of total billed charges | |
| HC REMOV.OF PERM.POCER.PUL.GENERA | 33233 | CPT | | | | both | | | 30895 | | 11173.72 | Aetna | Medicare | 9716.28 | | | | 370.39 | 29350.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOV.OF PERM.POCER.PUL.GENERA | 33233 | CPT | | | | both | | | 30895 | | 11173.72 | Wellcare | Medicare | 9716.28 | | | | 370.39 | 29350.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOV.OF PERM.POCER.PUL.GENERA | 33233 | CPT | | | | both | | | 30895 | | 11173.72 | Horizon | PPO | 18801 | | | | 370.39 | 29350.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOV.OF PERM.POCER.PUL.GENERA | 33233 | CPT | | | | both | | | 30895 | | 11173.72 | Horizon | Indemnity | 18801 | | | | 370.39 | 29350.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOV.OF PERM.POCER.PUL.GENERA | 33233 | CPT | | | | both | | | 30895 | | 11173.72 | Horizon | MGD | 18801 | | | | 370.39 | 29350.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOV.OF PERM.POCER.PUL.GENERA | 33233 | CPT | | | | both | | | 30895 | | 11173.72 | United | Oxford | 3492 | | | | 370.39 | 29350.25 | case rate | |
| HC REMOV.OF PERM.POCER.PUL.GENERA | 33233 | CPT | | | | both | | | 30895 | | 11173.72 | Managed Care Inc | Managed Care Inc | 27805.5 | 90 | | | 370.39 | 29350.25 | percent of total billed charges | |
| HC REMOV.OF PERM.POCER.PUL.GENERA | 33233 | CPT | | | | both | | | 30895 | | 11173.72 | UHC | Medicaid | 9747.37 | 31.55 | | | 370.39 | 29350.25 | percent of total billed charges | |
| HC REMOV.OF PERM.POCER.PUL.GENERA | 33233 | CPT | | | | both | | | 30895 | | 11173.72 | Multiplan | Multiplan | 24716 | 80 | | | 370.39 | 29350.25 | percent of total billed charges | |
| HC REMOV.OF PERM.POCER.PUL.GENERA | 33233 | CPT | | | | both | | | 30895 | | 11173.72 | United | Commercial/PPO | 3492 | | | | 370.39 | 29350.25 | case rate | |
| HC REMOV.OF PERM.POCER.PUL.GENERA | 33233 | CPT | | | | both | | | 30895 | | 11173.72 | WellPoint | WellPoint | 9942.01 | 32.18 | | | 370.39 | 29350.25 | percent of total billed charges | |
| HC REMOV.OF PERM.POCER.PUL.GENERA | 33233 | CPT | | | | both | | | 30895 | | 11173.72 | Wellcare | Medicaid | 9747.37 | 31.55 | | | 370.39 | 29350.25 | percent of total billed charges | |
| HC REMOV.OF PERM.POCER.PUL.GENERA | 33233 | CPT | | | | both | | | 30895 | | 11173.72 | Qualcare | Qualcare | 23171.25 | 75 | | | 370.39 | 29350.25 | percent of total billed charges | |
| HC REMOV.OF PERM.POCER.PUL.GENERA | 33233 | CPT | | | | both | | | 30895 | | 11173.72 | Three Rivers | Three Rivers | 29350.25 | 95 | | | 370.39 | 29350.25 | percent of total billed charges | |
| HC RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR | 33234 | CPT | | | | outpatient | | | 5159 | | 5164.9 | Horizon | Medicare Blue | 4491.22 | | | | 300 | 8690.51 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR | 33234 | CPT | | | | outpatient | | | 5159 | | 5164.9 | Amerihealth | HMO/PPO | 300 | | | | 300 | 8690.51 | fee schedule | |
| HC RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR | 33234 | CPT | | | | outpatient | | | 5159 | | 5164.9 | Aetna | Commercial | 7329.67 | | | | 300 | 8690.51 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR | 33234 | CPT | | | | outpatient | | | 5159 | | 5164.9 | Aetna | Better Health | 1627.66 | 31.55 | | | 300 | 8690.51 | percent of total billed charges | |
| HC RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR | 33234 | CPT | | | | outpatient | | | 5159 | | 5164.9 | UHC | Medicare | 4491.22 | | | | 300 | 8690.51 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR | 33234 | CPT | | | | outpatient | | | 5159 | | 5164.9 | First Health | First Health | 3611.3 | 70 | | | 300 | 8690.51 | percent of total billed charges | |
| HC RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR | 33234 | CPT | | | | outpatient | | | 5159 | | 5164.9 | Americare | Americare | 3869.25 | 75 | | | 300 | 8690.51 | percent of total billed charges | |
| HC RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR | 33234 | CPT | | | | outpatient | | | 5159 | | 5164.9 | Corrections | Corrections | 4127.2 | 80 | | | 300 | 8690.51 | percent of total billed charges | |
| HC RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR | 33234 | CPT | | | | outpatient | | | 5159 | | 5164.9 | Aetna | Medicare | 4491.22 | | | | 300 | 8690.51 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR | 33234 | CPT | | | | outpatient | | | 5159 | | 5164.9 | Horizon | MGD | 8690.51 | | | | 300 | 8690.51 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR | 33234 | CPT | | | | outpatient | | | 5159 | | 5164.9 | Consumer | Consumer | 4901.05 | 95 | | | 300 | 8690.51 | percent of total billed charges | |
| HC RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR | 33234 | CPT | | | | outpatient | | | 5159 | | 5164.9 | Multiplan | Multiplan | 4127.2 | 80 | | | 300 | 8690.51 | percent of total billed charges | |
| HC RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR | 33234 | CPT | | | | outpatient | | | 5159 | | 5164.9 | Wellcare | Medicaid | 1627.66 | 31.55 | | | 300 | 8690.51 | percent of total billed charges | |
| HC RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR | 33234 | CPT | | | | outpatient | | | 5159 | | 5164.9 | Wellcare | Medicare | 4491.22 | | | | 300 | 8690.51 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR | 33234 | CPT | | | | outpatient | | | 5159 | | 5164.9 | First Trenton | First Trenton | 4643.1 | 90 | | | 300 | 8690.51 | percent of total billed charges | |
| HC RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR | 33234 | CPT | | | | outpatient | | | 5159 | | 5164.9 | Horizon | Indemnity | 8690.51 | | | | 300 | 8690.51 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR | 33234 | CPT | | | | outpatient | | | 5159 | | 5164.9 | Horizon | NJ Health | 535.05 | | | | 300 | 8690.51 | fee schedule | |
| HC RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR | 33234 | CPT | | | | outpatient | | | 5159 | | 5164.9 | UHC | Medicaid | 1627.66 | 31.55 | | | 300 | 8690.51 | percent of total billed charges | |
| HC RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR | 33234 | CPT | | | | outpatient | | | 5159 | | 5164.9 | Managed Care Inc | Managed Care Inc | 4643.1 | 90 | | | 300 | 8690.51 | percent of total billed charges | |
| HC RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR | 33234 | CPT | | | | outpatient | | | 5159 | | 5164.9 | Qualcare | Qualcare | 3869.25 | 75 | | | 300 | 8690.51 | percent of total billed charges | |
| HC RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR | 33234 | CPT | | | | outpatient | | | 5159 | | 5164.9 | Three Rivers | Three Rivers | 4901.05 | 95 | | | 300 | 8690.51 | percent of total billed charges | |
| HC RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR | 33234 | CPT | | | | outpatient | | | 5159 | | 5164.9 | United | Commercial/PPO | 3492 | | | | 300 | 8690.51 | case rate | |
| HC RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR | 33234 | CPT | | | | outpatient | | | 5159 | | 5164.9 | Horizon | PPO | 8690.51 | | | | 300 | 8690.51 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR | 33234 | CPT | | | | outpatient | | | 5159 | | 5164.9 | United | Oxford | 3492 | | | | 300 | 8690.51 | case rate | |
| HC RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR | 33234 | CPT | | | | outpatient | | | 5159 | | 5164.9 | WellPoint | WellPoint | 1660.17 | 32.18 | | | 300 | 8690.51 | percent of total billed charges | |
| HC REMOV./TRANS.PCMKER ELEC.W.DUA | 33235 | CPT | | | | both | | | 6691 | | 5164.9 | Amerihealth | HMO/PPO | 300 | | | | 300 | 8690.51 | fee schedule | |
| HC REMOV./TRANS.PCMKER ELEC.W.DUA | 33235 | CPT | | | | both | | | 6691 | | 5164.9 | Corrections | Corrections | 5352.8 | 80 | | | 300 | 8690.51 | percent of total billed charges | |
| HC REMOV./TRANS.PCMKER ELEC.W.DUA | 33235 | CPT | | | | both | | | 6691 | | 5164.9 | Horizon | Indemnity | 8690.51 | | | | 300 | 8690.51 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOV./TRANS.PCMKER ELEC.W.DUA | 33235 | CPT | | | | both | | | 6691 | | 5164.9 | Americare | Americare | 5018.25 | 75 | | | 300 | 8690.51 | percent of total billed charges | |
| HC REMOV./TRANS.PCMKER ELEC.W.DUA | 33235 | CPT | | | | both | | | 6691 | | 5164.9 | First Trenton | First Trenton | 6021.9 | 90 | | | 300 | 8690.51 | percent of total billed charges | |
| HC REMOV./TRANS.PCMKER ELEC.W.DUA | 33235 | CPT | | | | both | | | 6691 | | 5164.9 | Aetna | Commercial | 7329.67 | | | | 300 | 8690.51 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOV./TRANS.PCMKER ELEC.W.DUA | 33235 | CPT | | | | both | | | 6691 | | 5164.9 | Horizon | Medicare Blue | 4491.22 | | | | 300 | 8690.51 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOV./TRANS.PCMKER ELEC.W.DUA | 33235 | CPT | | | | both | | | 6691 | | 5164.9 | Aetna | Better Health | 2111.01 | 31.55 | | | 300 | 8690.51 | percent of total billed charges | |
| HC REMOV./TRANS.PCMKER ELEC.W.DUA | 33235 | CPT | | | | both | | | 6691 | | 5164.9 | First Health | First Health | 4683.7 | 70 | | | 300 | 8690.51 | percent of total billed charges | |
| HC REMOV./TRANS.PCMKER ELEC.W.DUA | 33235 | CPT | | | | both | | | 6691 | | 5164.9 | Multiplan | Multiplan | 5352.8 | 80 | | | 300 | 8690.51 | percent of total billed charges | |
| HC REMOV./TRANS.PCMKER ELEC.W.DUA | 33235 | CPT | | | | both | | | 6691 | | 5164.9 | Horizon | PPO | 8690.51 | | | | 300 | 8690.51 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOV./TRANS.PCMKER ELEC.W.DUA | 33235 | CPT | | | | both | | | 6691 | | 5164.9 | Aetna | Medicare | 4491.22 | | | | 300 | 8690.51 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOV./TRANS.PCMKER ELEC.W.DUA | 33235 | CPT | | | | both | | | 6691 | | 5164.9 | Horizon | MGD | 8690.51 | | | | 300 | 8690.51 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOV./TRANS.PCMKER ELEC.W.DUA | 33235 | CPT | | | | both | | | 6691 | | 5164.9 | Qualcare | Qualcare | 5018.25 | 75 | | | 300 | 8690.51 | percent of total billed charges | |
| HC REMOV./TRANS.PCMKER ELEC.W.DUA | 33235 | CPT | | | | both | | | 6691 | | 5164.9 | UHC | Medicare | 4491.22 | | | | 300 | 8690.51 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOV./TRANS.PCMKER ELEC.W.DUA | 33235 | CPT | | | | both | | | 6691 | | 5164.9 | Consumer | Consumer | 6356.45 | 95 | | | 300 | 8690.51 | percent of total billed charges | |
| HC REMOV./TRANS.PCMKER ELEC.W.DUA | 33235 | CPT | | | | both | | | 6691 | | 5164.9 | Wellcare | Medicare | 4491.22 | | | | 300 | 8690.51 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOV./TRANS.PCMKER ELEC.W.DUA | 33235 | CPT | | | | both | | | 6691 | | 5164.9 | United | Oxford | 3492 | | | | 300 | 8690.51 | case rate | |
| HC REMOV./TRANS.PCMKER ELEC.W.DUA | 33235 | CPT | | | | both | | | 6691 | | 5164.9 | United | Commercial/PPO | 3492 | | | | 300 | 8690.51 | case rate | |
| HC REMOV./TRANS.PCMKER ELEC.W.DUA | 33235 | CPT | | | | both | | | 6691 | | 5164.9 | Wellcare | Medicaid | 2111.01 | 31.55 | | | 300 | 8690.51 | percent of total billed charges | |
| HC REMOV./TRANS.PCMKER ELEC.W.DUA | 33235 | CPT | | | | both | | | 6691 | | 5164.9 | Horizon | NJ Health | 535.05 | | | | 300 | 8690.51 | fee schedule | |
| HC REMOV./TRANS.PCMKER ELEC.W.DUA | 33235 | CPT | | | | both | | | 6691 | | 5164.9 | WellPoint | WellPoint | 2153.16 | 32.18 | | | 300 | 8690.51 | percent of total billed charges | |
| HC REMOV./TRANS.PCMKER ELEC.W.DUA | 33235 | CPT | | | | both | | | 6691 | | 5164.9 | Managed Care Inc | Managed Care Inc | 6021.9 | 90 | | | 300 | 8690.51 | percent of total billed charges | |
| HC REMOV./TRANS.PCMKER ELEC.W.DUA | 33235 | CPT | | | | both | | | 6691 | | 5164.9 | Three Rivers | Three Rivers | 6356.45 | 95 | | | 300 | 8690.51 | percent of total billed charges | |
| HC REMOV./TRANS.PCMKER ELEC.W.DUA | 33235 | CPT | | | | both | | | 6691 | | 5164.9 | UHC | Medicaid | 2111.01 | 31.55 | | | 300 | 8690.51 | percent of total billed charges | |
| HC REMOVE ICD GENERATOR ONLY | 33241 | CPT | | | | both | | | 9536 | | 5164.9 | Horizon | PPO | 8690.51 | | | | 348.17 | 9059.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE ICD GENERATOR ONLY | 33241 | CPT | | | | both | | | 9536 | | 5164.9 | First Trenton | First Trenton | 8582.4 | 90 | | | 348.17 | 9059.2 | percent of total billed charges | |
| HC REMOVE ICD GENERATOR ONLY | 33241 | CPT | | | | both | | | 9536 | | 5164.9 | First Health | First Health | 6675.2 | 70 | | | 348.17 | 9059.2 | percent of total billed charges | |
| HC REMOVE ICD GENERATOR ONLY | 33241 | CPT | | | | both | | | 9536 | | 5164.9 | Americare | Americare | 7152 | 75 | | | 348.17 | 9059.2 | percent of total billed charges | |
| HC REMOVE ICD GENERATOR ONLY | 33241 | CPT | | | | both | | | 9536 | | 5164.9 | Aetna | Medicare | 4491.22 | | | | 348.17 | 9059.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE ICD GENERATOR ONLY | 33241 | CPT | | | | both | | | 9536 | | 5164.9 | Corrections | Corrections | 7628.8 | 80 | | | 348.17 | 9059.2 | percent of total billed charges | |
| HC REMOVE ICD GENERATOR ONLY | 33241 | CPT | | | | both | | | 9536 | | 5164.9 | Aetna | Better Health | 3008.61 | 31.55 | | | 348.17 | 9059.2 | percent of total billed charges | |
| HC REMOVE ICD GENERATOR ONLY | 33241 | CPT | | | | both | | | 9536 | | 5164.9 | Aetna | Commercial | 7329.67 | | | | 348.17 | 9059.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE ICD GENERATOR ONLY | 33241 | CPT | | | | both | | | 9536 | | 5164.9 | WellPoint | WellPoint | 3068.68 | 32.18 | | | 348.17 | 9059.2 | percent of total billed charges | |
| HC REMOVE ICD GENERATOR ONLY | 33241 | CPT | | | | both | | | 9536 | | 5164.9 | Horizon | NJ Health | 348.17 | | | | 348.17 | 9059.2 | fee schedule | |
| HC REMOVE ICD GENERATOR ONLY | 33241 | CPT | | | | both | | | 9536 | | 5164.9 | Horizon | Medicare Blue | 4491.22 | | | | 348.17 | 9059.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE ICD GENERATOR ONLY | 33241 | CPT | | | | both | | | 9536 | | 5164.9 | Amerihealth | HMO/PPO | 550 | | | | 348.17 | 9059.2 | fee schedule | |
| HC REMOVE ICD GENERATOR ONLY | 33241 | CPT | | | | both | | | 9536 | | 5164.9 | Horizon | MGD | 8690.51 | | | | 348.17 | 9059.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE ICD GENERATOR ONLY | 33241 | CPT | | | | both | | | 9536 | | 5164.9 | Horizon | Indemnity | 8690.51 | | | | 348.17 | 9059.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE ICD GENERATOR ONLY | 33241 | CPT | | | | both | | | 9536 | | 5164.9 | Consumer | Consumer | 9059.2 | 95 | | | 348.17 | 9059.2 | percent of total billed charges | |
| HC REMOVE ICD GENERATOR ONLY | 33241 | CPT | | | | both | | | 9536 | | 5164.9 | UHC | Medicare | 4491.22 | | | | 348.17 | 9059.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE ICD GENERATOR ONLY | 33241 | CPT | | | | both | | | 9536 | | 5164.9 | Multiplan | Multiplan | 7628.8 | 80 | | | 348.17 | 9059.2 | percent of total billed charges | |
| HC REMOVE ICD GENERATOR ONLY | 33241 | CPT | | | | both | | | 9536 | | 5164.9 | Managed Care Inc | Managed Care Inc | 8582.4 | 90 | | | 348.17 | 9059.2 | percent of total billed charges | |
| HC REMOVE ICD GENERATOR ONLY | 33241 | CPT | | | | both | | | 9536 | | 5164.9 | United | Oxford | 3492 | | | | 348.17 | 9059.2 | case rate | |
| HC REMOVE ICD GENERATOR ONLY | 33241 | CPT | | | | both | | | 9536 | | 5164.9 | UHC | Medicaid | 3008.61 | 31.55 | | | 348.17 | 9059.2 | percent of total billed charges | |
| HC REMOVE ICD GENERATOR ONLY | 33241 | CPT | | | | both | | | 9536 | | 5164.9 | Qualcare | Qualcare | 7152 | 75 | | | 348.17 | 9059.2 | percent of total billed charges | |
| HC REMOVE ICD GENERATOR ONLY | 33241 | CPT | | | | both | | | 9536 | | 5164.9 | Three Rivers | Three Rivers | 9059.2 | 95 | | | 348.17 | 9059.2 | percent of total billed charges | |
| HC REMOVE ICD GENERATOR ONLY | 33241 | CPT | | | | both | | | 9536 | | 5164.9 | Wellcare | Medicaid | 3008.61 | 31.55 | | | 348.17 | 9059.2 | percent of total billed charges | |
| HC REMOVE ICD GENERATOR ONLY | 33241 | CPT | | | | both | | | 9536 | | 5164.9 | United | Commercial/PPO | 3492 | | | | 348.17 | 9059.2 | case rate | |
| HC REMOVE ICD GENERATOR ONLY | 33241 | CPT | | | | both | | | 9536 | | 5164.9 | Wellcare | Medicare | 4491.22 | | | | 348.17 | 9059.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE OF LEAD | 33244 | CPT | | | | outpatient | | | 7027 | | 5164.9 | Corrections | Corrections | 5621.6 | 80 | | | 550 | 8690.51 | percent of total billed charges | |
| HC REMOVE OF LEAD | 33244 | CPT | | | | outpatient | | | 7027 | | 5164.9 | First Health | First Health | 4918.9 | 70 | | | 550 | 8690.51 | percent of total billed charges | |
| HC REMOVE OF LEAD | 33244 | CPT | | | | outpatient | | | 7027 | | 5164.9 | Aetna | Commercial | 7329.67 | | | | 550 | 8690.51 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE OF LEAD | 33244 | CPT | | | | outpatient | | | 7027 | | 5164.9 | First Trenton | First Trenton | 6324.3 | 90 | | | 550 | 8690.51 | percent of total billed charges | |
| HC REMOVE OF LEAD | 33244 | CPT | | | | outpatient | | | 7027 | | 5164.9 | Americare | Americare | 5270.25 | 75 | | | 550 | 8690.51 | percent of total billed charges | |
| HC REMOVE OF LEAD | 33244 | CPT | | | | outpatient | | | 7027 | | 5164.9 | Aetna | Better Health | 2217.02 | 31.55 | | | 550 | 8690.51 | percent of total billed charges | |
| HC REMOVE OF LEAD | 33244 | CPT | | | | outpatient | | | 7027 | | 5164.9 | Aetna | Medicare | 4491.22 | | | | 550 | 8690.51 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE OF LEAD | 33244 | CPT | | | | outpatient | | | 7027 | | 5164.9 | Amerihealth | HMO/PPO | 550 | | | | 550 | 8690.51 | fee schedule | |
| HC REMOVE OF LEAD | 33244 | CPT | | | | outpatient | | | 7027 | | 5164.9 | Horizon | Indemnity | 8690.51 | | | | 550 | 8690.51 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE OF LEAD | 33244 | CPT | | | | outpatient | | | 7027 | | 5164.9 | Multiplan | Multiplan | 5621.6 | 80 | | | 550 | 8690.51 | percent of total billed charges | |
| HC REMOVE OF LEAD | 33244 | CPT | | | | outpatient | | | 7027 | | 5164.9 | Horizon | MGD | 8690.51 | | | | 550 | 8690.51 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE OF LEAD | 33244 | CPT | | | | outpatient | | | 7027 | | 5164.9 | Horizon | Medicare Blue | 4491.22 | | | | 550 | 8690.51 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE OF LEAD | 33244 | CPT | | | | outpatient | | | 7027 | | 5164.9 | Consumer | Consumer | 6675.65 | 95 | | | 550 | 8690.51 | percent of total billed charges | |
| HC REMOVE OF LEAD | 33244 | CPT | | | | outpatient | | | 7027 | | 5164.9 | UHC | Medicare | 4491.22 | | | | 550 | 8690.51 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE OF LEAD | 33244 | CPT | | | | outpatient | | | 7027 | | 5164.9 | Horizon | NJ Health | 825.96 | | | | 550 | 8690.51 | fee schedule | |
| HC REMOVE OF LEAD | 33244 | CPT | | | | outpatient | | | 7027 | | 5164.9 | UHC | Medicaid | 2217.02 | 31.55 | | | 550 | 8690.51 | percent of total billed charges | |
| HC REMOVE OF LEAD | 33244 | CPT | | | | outpatient | | | 7027 | | 5164.9 | Managed Care Inc | Managed Care Inc | 6324.3 | 90 | | | 550 | 8690.51 | percent of total billed charges | |
| HC REMOVE OF LEAD | 33244 | CPT | | | | outpatient | | | 7027 | | 5164.9 | Qualcare | Qualcare | 5270.25 | 75 | | | 550 | 8690.51 | percent of total billed charges | |
| HC REMOVE OF LEAD | 33244 | CPT | | | | outpatient | | | 7027 | | 5164.9 | Three Rivers | Three Rivers | 6675.65 | 95 | | | 550 | 8690.51 | percent of total billed charges | |
| HC REMOVE OF LEAD | 33244 | CPT | | | | outpatient | | | 7027 | | 5164.9 | Horizon | PPO | 8690.51 | | | | 550 | 8690.51 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE OF LEAD | 33244 | CPT | | | | outpatient | | | 7027 | | 5164.9 | Wellcare | Medicare | 4491.22 | | | | 550 | 8690.51 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE OF LEAD | 33244 | CPT | | | | outpatient | | | 7027 | | 5164.9 | United | Commercial/PPO | 3492 | | | | 550 | 8690.51 | case rate | |
| HC REMOVE OF LEAD | 33244 | CPT | | | | outpatient | | | 7027 | | 5164.9 | WellPoint | WellPoint | 2261.29 | 32.18 | | | 550 | 8690.51 | percent of total billed charges | |
| HC REMOVE OF LEAD | 33244 | CPT | | | | outpatient | | | 7027 | | 5164.9 | United | Oxford | 3492 | | | | 550 | 8690.51 | case rate | |
| HC REMOVE OF LEAD | 33244

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC INSERTION SINGLE ICD SYS. GEN | 33249 | CPT | | | | both | | | 80770 | | 43269.7 Consumer | Consumer | 76731.5 | 95 | | | 800 | | 76731.5 percent of total billed charges | |
| HC INSERTION SINGLE ICD SYS. GEN | 33249 | CPT | | | | both | | | 80770 | | 43269.7 First Trenton | First Trenton | 72693 | 90 | | | 800 | | 76731.5 percent of total billed charges | |
| HC INSERTION SINGLE ICD SYS. GEN | 33249 | CPT | | | | both | | | 80770 | | 43269.7 Multiplan | Multiplan | 64616 | 80 | | | 800 | | 76731.5 percent of total billed charges | |
| HC INSERTION SINGLE ICD SYS. GEN | 33249 | CPT | | | | both | | | 80770 | | 43269.7 Aetna | Commercial | 61405.35 | | | | 800 | | 76731.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION SINGLE ICD SYS. GEN | 33249 | CPT | | | | both | | | 80770 | | 43269.7 Americare | Americare | 60577.5 | 75 | | | 800 | | 76731.5 percent of total billed charges | |
| HC INSERTION SINGLE ICD SYS. GEN | 33249 | CPT | | | | both | | | 80770 | | 43269.7 Amerihealth | HMO/PPO | 800 | | | | 800 | | 76731.5 fee schedule | |
| HC INSERTION SINGLE ICD SYS. GEN | 33249 | CPT | | | | both | | | 80770 | | 43269.7 Corrections | Corrections | 64616 | 80 | | | 800 | | 76731.5 percent of total billed charges | |
| HC INSERTION SINGLE ICD SYS. GEN | 33249 | CPT | | | | both | | | 80770 | | 43269.7 Aetna | Medicare | 37625.83 | | | | 800 | | 76731.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION SINGLE ICD SYS. GEN | 33249 | CPT | | | | both | | | 80770 | | 43269.7 Qualcare | Qualcare | 60577.5 | 75 | | | 800 | | 76731.5 percent of total billed charges | |
| HC INSERTION SINGLE ICD SYS. GEN | 33249 | CPT | | | | both | | | 80770 | | 43269.7 Horizon | Medicare Blue | 37625.83 | | | | 800 | | 76731.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION SINGLE ICD SYS. GEN | 33249 | CPT | | | | both | | | 80770 | | 43269.7 Horizon | NJ Health | 1391.65 | | | | 800 | | 76731.5 fee schedule | |
| HC INSERTION SINGLE ICD SYS. GEN | 33249 | CPT | | | | both | | | 80770 | | 43269.7 UHC | Medicare | 37625.83 | | | | 800 | | 76731.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION SINGLE ICD SYS. GEN | 33249 | CPT | | | | both | | | 80770 | | 43269.7 UHC | Medicaid | 25482.94 | 31.55 | | | 800 | | 76731.5 percent of total billed charges | |
| HC INSERTION SINGLE ICD SYS. GEN | 33249 | CPT | | | | both | | | 80770 | | 43269.7 First Health | First Health | 56539 | 70 | | | 800 | | 76731.5 percent of total billed charges | |
| HC INSERTION SINGLE ICD SYS. GEN | 33249 | CPT | | | | both | | | 80770 | | 43269.7 Horizon | PPO | 72805.98 | | | | 800 | | 76731.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION SINGLE ICD SYS. GEN | 33249 | CPT | | | | both | | | 80770 | | 43269.7 Three Rivers | Three Rivers | 76731.5 | 95 | | | 800 | | 76731.5 percent of total billed charges | |
| HC INSERTION SINGLE ICD SYS. GEN | 33249 | CPT | | | | both | | | 80770 | | 43269.7 Managed Care Inc | Managed Care Inc | 72693 | 90 | | | 800 | | 76731.5 percent of total billed charges | |
| HC INSERTION SINGLE ICD SYS. GEN | 33249 | CPT | | | | both | | | 80770 | | 43269.7 Horizon | Indemnity | 72805.98 | | | | 800 | | 76731.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION SINGLE ICD SYS. GEN | 33249 | CPT | | | | both | | | 80770 | | 43269.7 Wellcare | Medicare | 37625.83 | | | | 800 | | 76731.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION SINGLE ICD SYS. GEN | 33249 | CPT | | | | both | | | 80770 | | 43269.7 United | Oxford | 10829 | | | | 800 | | 76731.5 case rate | |
| HC INSERTION SINGLE ICD SYS. GEN | 33249 | CPT | | | | both | | | 80770 | | 43269.7 WellPoint | WellPoint | 25991.79 | 32.18 | | | 800 | | 76731.5 percent of total billed charges | |
| HC INSERTION SINGLE ICD SYS. GEN | 33249 | CPT | | | | both | | | 80770 | | 43269.7 United | Commercial/PPO | 10829 | | | | 800 | | 76731.5 case rate | |
| HC INSERTION SINGLE ICD SYS. GEN | 33249 | CPT | | | | both | | | 80770 | | 43269.7 Wellcare | Medicaid | 25482.94 | 31.55 | | | 800 | | 76731.5 percent of total billed charges | |
| HC RMVL& REPLC PULSE GEN 1 LEAD | 33262 | CPT | | | | outpatient | | | 122510 | | 31001.72 Aetna | Commercial | 46533.8 | 38 | | | 410.03 | | 116384.5 percent of total billed charges | |
| HC RMVL& REPLC PULSE GEN 1 LEAD | 33262 | CPT | | | | outpatient | | | 122510 | | 31001.72 Wellcare | Medicare | 26958.02 | | | | 410.03 | | 116384.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL& REPLC PULSE GEN 1 LEAD | 33262 | CPT | | | | outpatient | | | 122510 | | 31001.72 Americare | Americare | 91882.5 | 75 | | | 410.03 | | 116384.5 percent of total billed charges | |
| HC RMVL& REPLC PULSE GEN 1 LEAD | 33262 | CPT | | | | outpatient | | | 122510 | | 31001.72 Corrections | Corrections | 98008 | 80 | | | 410.03 | | 116384.5 percent of total billed charges | |
| HC RMVL& REPLC PULSE GEN 1 LEAD | 33262 | CPT | | | | outpatient | | | 122510 | | 31001.72 First Health | First Health | 85757 | 70 | | | 410.03 | | 116384.5 percent of total billed charges | |
| HC RMVL& REPLC PULSE GEN 1 LEAD | 33262 | CPT | | | | outpatient | | | 122510 | | 31001.72 Aetna | Better Health | 38651.91 | 31.55 | | | 410.03 | | 116384.5 percent of total billed charges | |
| HC RMVL& REPLC PULSE GEN 1 LEAD | 33262 | CPT | | | | outpatient | | | 122510 | | 31001.72 Aetna | Medicare | 26958.02 | | | | 410.03 | | 116384.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL& REPLC PULSE GEN 1 LEAD | 33262 | CPT | | | | outpatient | | | 122510 | | 31001.72 Multiplan | Multiplan | 98008 | 80 | | | 410.03 | | 116384.5 percent of total billed charges | |
| HC RMVL& REPLC PULSE GEN 1 LEAD | 33262 | CPT | | | | outpatient | | | 122510 | | 31001.72 Horizon | Indemnity | 52163.77 | | | | 410.03 | | 116384.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL& REPLC PULSE GEN 1 LEAD | 33262 | CPT | | | | outpatient | | | 122510 | | 31001.72 Consumer | Consumer | 116384.5 | 95 | | | 410.03 | | 116384.5 percent of total billed charges | |
| HC RMVL& REPLC PULSE GEN 1 LEAD | 33262 | CPT | | | | outpatient | | | 122510 | | 31001.72 Amerihealth | HMO/PPO | 650 | | | | 410.03 | | 116384.5 fee schedule | |
| HC RMVL& REPLC PULSE GEN 1 LEAD | 33262 | CPT | | | | outpatient | | | 122510 | | 31001.72 WellPoint | WellPoint | 39423.72 | 32.18 | | 38103.66 | 410.03 | | 116384.5 percent of total billed charges | |
| HC RMVL& REPLC PULSE GEN 1 LEAD | 33262 | CPT | | | | outpatient | | | 122510 | | 31001.72 Horizon | Medicare Blue | 26958.02 | | | | 410.03 | | 116384.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL& REPLC PULSE GEN 1 LEAD | 33262 | CPT | | | | outpatient | | | 122510 | | 31001.72 United | Oxford | 10829 | | | | 410.03 | | 116384.5 case rate | |
| HC RMVL& REPLC PULSE GEN 1 LEAD | 33262 | CPT | | | | outpatient | | | 122510 | | 31001.72 First Trenton | First Trenton | 110259 | 90 | | | 410.03 | | 116384.5 percent of total billed charges | |
| HC RMVL& REPLC PULSE GEN 1 LEAD | 33262 | CPT | | | | outpatient | | | 122510 | | 31001.72 Qualcare | Qualcare | 91882.5 | 75 | | | 410.03 | | 116384.5 percent of total billed charges | |
| HC RMVL& REPLC PULSE GEN 1 LEAD | 33262 | CPT | | | | outpatient | | | 122510 | | 31001.72 Horizon | PPO | 52163.77 | | | | 410.03 | | 116384.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL& REPLC PULSE GEN 1 LEAD | 33262 | CPT | | | | outpatient | | | 122510 | | 31001.72 Wellcare | Medicaid | 38651.91 | 31.55 | | | 410.03 | | 116384.5 percent of total billed charges | |
| HC RMVL& REPLC PULSE GEN 1 LEAD | 33262 | CPT | | | | outpatient | | | 122510 | | 31001.72 Horizon | MCD | 52163.77 | | | | 410.03 | | 116384.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL& REPLC PULSE GEN 1 LEAD | 33262 | CPT | | | | outpatient | | | 122510 | | 31001.72 UHC | Medicare | 26958.02 | | | | 410.03 | | 116384.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL& REPLC PULSE GEN 1 LEAD | 33262 | CPT | | | | outpatient | | | 122510 | | 31001.72 Horizon | NJ Health | 410.03 | | | | 410.03 | | 116384.5 fee schedule | |
| HC RMVL& REPLC PULSE GEN 1 LEAD | 33262 | CPT | | | | outpatient | | | 122510 | | 31001.72 UHC | Medicaid | 38651.91 | 31.55 | | | 410.03 | | 116384.5 percent of total billed charges | |
| HC RMVL& REPLC PULSE GEN 1 LEAD | 33262 | CPT | | | | outpatient | | | 122510 | | 31001.72 Managed Care Inc | Managed Care Inc | 110259 | 90 | | | 410.03 | | 116384.5 percent of total billed charges | |
| HC RMVL& REPLC PULSE GEN 1 LEAD | 33262 | CPT | | | | outpatient | | | 122510 | | 31001.72 United | Commercial/PPO | 10829 | | | | 410.03 | | 116384.5 case rate | |
| HC RMVL& REPLC PULSE GEN 1 LEAD | 33262 | CPT | | | | outpatient | | | 122510 | | 31001.72 Three Rivers | Three Rivers | 116384.5 | 95 | | | 410.03 | | 116384.5 percent of total billed charges | |
| HC RMVL & RPLCMT DFB GEN 2 LEAD | 33263 | CPT | | | | both | | | 122510 | | 31001.72 Americare | Americare | 91882.5 | 75 | | | 548.65 | | 116384.5 percent of total billed charges | |
| HC RMVL & RPLCMT DFB GEN 2 LEAD | 33263 | CPT | | | | both | | | 122510 | | 31001.72 Amerihealth | HMO/PPO | 650 | | | | 548.65 | | 116384.5 fee schedule | |
| HC RMVL & RPLCMT DFB GEN 2 LEAD | 33263 | CPT | | | | both | | | 122510 | | 31001.72 Aetna | Commercial | 43995.49 | | | | 548.65 | | 116384.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL & RPLCMT DFB GEN 2 LEAD | 33263 | CPT | | | | both | | | 122510 | | 31001.72 First Health | First Health | 85757 | 70 | | | 548.65 | | 116384.5 percent of total billed charges | |
| HC RMVL & RPLCMT DFB GEN 2 LEAD | 33263 | CPT | | | | both | | | 122510 | | 31001.72 Consumer | Consumer | 116384.5 | 95 | | | 548.65 | | 116384.5 percent of total billed charges | |
| HC RMVL & RPLCMT DFB GEN 2 LEAD | 33263 | CPT | | | | both | | | 122510 | | 31001.72 First Trenton | First Trenton | 110259 | 90 | | | 548.65 | | 116384.5 percent of total billed charges | |
| HC RMVL & RPLCMT DFB GEN 2 LEAD | 33263 | CPT | | | | both | | | 122510 | | 31001.72 Aetna | Medicare | 26958.02 | | | | 548.65 | | 116384.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL & RPLCMT DFB GEN 2 LEAD | 33263 | CPT | | | | both | | | 122510 | | 31001.72 Aetna | Better Health | 38651.91 | 31.55 | | | 548.65 | | 116384.5 percent of total billed charges | |
| HC RMVL & RPLCMT DFB GEN 2 LEAD | 33263 | CPT | | | | both | | | 122510 | | 31001.72 Horizon | MCD | 52163.77 | | | | 548.65 | | 116384.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL & RPLCMT DFB GEN 2 LEAD | 33263 | CPT | | | | both | | | 122510 | | 31001.72 Horizon | Indemnity | 52163.77 | | | | 548.65 | | 116384.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL & RPLCMT DFB GEN 2 LEAD | 33263 | CPT | | | | both | | | 122510 | | 31001.72 UHC | Medicare | 26958.02 | | | | 548.65 | | 116384.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL & RPLCMT DFB GEN 2 LEAD | 33263 | CPT | | | | both | | | 122510 | | 31001.72 Multiplan | Multiplan | 98008 | 80 | | | 548.65 | | 116384.5 percent of total billed charges | |
| HC RMVL & RPLCMT DFB GEN 2 LEAD | 33263 | CPT | | | | both | | | 122510 | | 31001.72 Horizon | Medicare Blue | 26958.02 | | | | 548.65 | | 116384.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL & RPLCMT DFB GEN 2 LEAD | 33263 | CPT | | | | both | | | 122510 | | 31001.72 Corrections | Corrections | 98008 | 80 | | | 548.65 | | 116384.5 percent of total billed charges | |
| HC RMVL & RPLCMT DFB GEN 2 LEAD | 33263 | CPT | | | | both | | | 122510 | | 31001.72 Horizon | NJ Health | 548.65 | | | 12527.17 | 548.65 | | 116384.5 fee schedule | |
| HC RMVL & RPLCMT DFB GEN 2 LEAD | 33263 | CPT | | | | both | | | 122510 | | 31001.72 Qualcare | Qualcare | 91882.5 | 75 | | | 548.65 | | 116384.5 percent of total billed charges | |
| HC RMVL & RPLCMT DFB GEN 2 LEAD | 33263 | CPT | | | | both | | | 122510 | | 31001.72 Managed Care Inc | Managed Care Inc | 110259 | 90 | | | 548.65 | | 116384.5 percent of total billed charges | |
| HC RMVL & RPLCMT DFB GEN 2 LEAD | 33263 | CPT | | | | both | | | 122510 | | 31001.72 Horizon | PPO | 52163.77 | | | | 548.65 | | 116384.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL & RPLCMT DFB GEN 2 LEAD | 33263 | CPT | | | | both | | | 122510 | | 31001.72 UHC | Medicaid | 38651.91 | 31.55 | | | 548.65 | | 116384.5 percent of total billed charges | |
| HC RMVL & RPLCMT DFB GEN 2 LEAD | 33263 | CPT | | | | both | | | 122510 | | 31001.72 Wellcare | Medicare | 26958.02 | | | | 548.65 | | 116384.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL & RPLCMT DFB GEN 2 LEAD | 33263 | CPT | | | | both | | | 122510 | | 31001.72 Three Rivers | Three Rivers | 116384.5 | 95 | | | 548.65 | | 116384.5 percent of total billed charges | |
| HC RMVL & RPLCMT DFB GEN 2 LEAD | 33263 | CPT | | | | both | | | 122510 | | 31001.72 WellPoint | WellPoint | 39423.72 | 32.18 | | | 548.65 | | 116384.5 percent of total billed charges | |
| HC RMVL & RPLCMT DFB GEN 2 LEAD | 33263 | CPT | | | | both | | | 122510 | | 31001.72 United | Commercial/PPO | 10829 | | | | 548.65 | | 116384.5 case rate | |
| HC RMVL & RPLCMT DFB GEN 2 LEAD | 33263 | CPT | | | | both | | | 122510 | | 31001.72 United | Oxford | 10829 | | | | 548.65 | | 116384.5 case rate | |
| HC RMVL & RPLCMT DFB GEN 2 LEAD | 33263 | CPT | | | | both | | | 122510 | | 31001.72 Wellcare | Medicaid | 38651.91 | 31.55 | | | 548.65 | | 116384.5 percent of total billed charges | |
| HC REMV&REPLC CVD GEN | 33264 | CPT | | | | both | | | 109148 | | 43269.7 Aetna | Better Health | 34436.19 | 31.55 | | | 569.21 | | 103690.6 percent of total billed charges | |
| HC REMV&REPLC CVD GEN | 33264 | CPT | | | | both | | | 109148 | | 43269.7 Multiplan | Multiplan | 87318.4 | 80 | | | 569.21 | | 103690.6 percent of total billed charges | |
| HC REMV&REPLC CVD GEN | 33264 | CPT | | | | both | | | 109148 | | 43269.7 UHC | Medicare | 37625.83 | | | | 569.21 | | 103690.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMV&REPLC CVD GEN | 33264 | CPT | | | | both | | | 109148 | | 43269.7 Amerihealth | HMO/PPO | 650 | | | | 569.21 | | 103690.6 fee schedule | |
| HC REMV&REPLC CVD GEN | 33264 | CPT | | | | both | | | 109148 | | 43269.7 Aetna | Medicare | 37625.83 | | | | 569.21 | | 103690.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMV&REPLC CVD GEN | 33264 | CPT | | | | both | | | 109148 | | 43269.7 Aetna | Commercial | 61405.35 | | | | 569.21 | | 103690.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMV&REPLC CVD GEN | 33264 | CPT | | | | both | | | 109148 | | 43269.7 Americare | Americare | 81861 | 75 | | | 569.21 | | 103690.6 percent of total billed charges | |
| HC REMV&REPLC CVD GEN | 33264 | CPT | | | | both | | | 109148 | | 43269.7 Horizon | MGD | 72805.98 | | | | 569.21 | | 103690.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMV&REPLC CVD GEN | 33264 | CPT | | | | both | | | 109148 | | 43269.7 Consumer | Consumer | 103690.6 | 95 | | | 569.21 | | 103690.6 percent of total billed charges | |
| HC REMV&REPLC CVD GEN | 33264 | CPT | | | | both | | | 109148 | | 43269.7 Qualcare | Qualcare | 81861 | 75 | | | 569.21 | | 103690.6 percent of total billed charges | |
| HC REMV&REPLC CVD GEN | 33264 | CPT | | | | both | | | 109148 | | 43269.7 First Trenton | First Trenton | 98233.2 | 90 | | | 569.21 | | 103690.6 percent of total billed charges | |
| HC REMV&REPLC CVD GEN | 33264 | CPT | | | | both | | | 109148 | | 43269.7 First Health | First Health | 76403.6 | 70 | | | 569.21 | | 103690.6 percent of total billed charges | |
| HC REMV&REPLC CVD GEN | 33264 | CPT | | | | both | | | 109148 | | 43269.7 Corrections | Corrections | 87318.4 | 80 | | | 569.21 | | 103690.6 percent of total billed charges | |
| HC REMV&REPLC CVD GEN | 33264 | CPT | | | | both | | | 109148 | | 43269.7 Horizon | Indemnity | 72805.98 | | | | 569.21 | | 103690.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMV&REPLC CVD GEN | 33264 | CPT | | | | both | | | 109148 | | 43269.7 Managed Care Inc | Managed Care Inc | 98233.2 | 90 | | | 569.21 | | 103690.6 percent of total billed charges | |
| HC REMV&REPLC CVD GEN | 33264 | CPT | | | | both | | | 109148 | | 43269.7 Horizon | PPO | 72805.98 | | | | 569.21 | | 103690.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMV&REPLC CVD GEN | 33264 | CPT | | | | both | | | 109148 | | 43269.7 Horizon | NJ Health | 569.21 | | | | 569.21 | | 103690.6 fee schedule | |
| HC REMV&REPLC CVD GEN | 33264 | CPT | | | | both | | | 109148 | | 43269.7 United | Commercial/PPO | 10829 | | | | 569.21 | | 103690.6 case rate | |
| HC REMV&REPLC CVD GEN | 33264 | CPT | | | | both | | | 109148 | | 43269.7 Three Rivers | Three Rivers | 103690.6 | 95 | | | 569.21 | | 103690.6 percent of total billed charges | |
| HC REMV&REPLC CVD GEN | 33264 | CPT | | | | both | | | 109148 | | 43269.7 Horizon | Medicare Blue | 37625.83 | | | | 569.21 | | 103690.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMV&REPLC CVD GEN | 33264 | CPT | | | | both | | | 109148 | | 43269.7 Wellcare | Medicaid | 34436.19 | 31.55 | | | 569.21 | | 103690.6 percent of total billed charges | |
| HC REMV&REPLC CVD GEN | 33264 | CPT | | | | both | | | 109148 | | 43269.7 UHC | Medicaid | 34436.19 | 31.55 | | | 569.21 | | 103690.6 percent of total billed charges | |
| HC REMV&REPLC CVD GEN | 33264 | CPT | | | | both | | | 109148 | | 43269.7 Wellcare | Medicare | 37625.83 | | | | 569.21 | | 103690.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMV&REPLC CVD GEN | 33264 | CPT | | | | both | | | 109148 | | 43269.7 United | Oxford | 10829 | | | | 569.21 | | 103690.6 case rate | |
| HC REMV&REPLC CVD GEN | 33264 | CPT | | | | both | | | 109148 | | 43269.7 WellPoint | WellPoint | 35123.83 | 32.18 | | | 569.21 | | 103690.6 percent of total billed charges | |
| HC INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI | 33270 | CPT | | | | inpatient | | | 123433 | | 43269.7 Aetna | Medicare | 37625.83 | | | | 800 | | 117261.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI | 33270 | CPT | | | | inpatient | | | 123433 | | 43269.7 Corrections | Corrections | 98746.4 | 80 | | | 800 | | 117261.35 percent of total billed charges | |
| HC INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI | 33270 | CPT | | | | inpatient | | | 123433 | | 43269.7 First Health | First Health | 86403.1 | 70 | | | 800 | | 117261.35 percent of total billed charges | |
| HC INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI | 33270 | CPT | | | | inpatient | | | 123433 | | 43269.7 Consumer | Consumer | 117261.35 | 95 | | | 800 | | 117261.35 percent of total billed charges | |
| HC INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI | 33270 | CPT | | | | inpatient | | | 123433 | | 43269.7 Horizon | MGD | 72805.98 | | | | 800 | | 117261.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI | 33270 | CPT | | | | inpatient | | | 123433 | | 43269.7 First Trenton | First Trenton | 111089.7 | 90 | | | 800 | | 117261.35 percent of total billed charges | |
| HC INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI | 33270 | CPT | | | | inpatient | | | 123433 | | 43269.7 Aetna | Better Health | 38943.11 | 31.55 | | | 800 | | 117261.35 percent of total billed charges | |
| HC INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI | 33270 | CPT | | | | inpatient | | | 123433 | | 43269.7 Aetna | Commercial | 61405.35 | | | | 800 | | 117261.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI | 33270 | CPT | | | | inpatient | | | 123433 | | 43269.7 Horizon | Indemnity | 72805.98 | | | | 800 | | 117261.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI | 33270 | CPT | | | | inpatient | | | 123433 | | 43269.7 Horizon | PPO | 72805.98 | | | | 800 | | 117261.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI | 33270 | CPT | | | | inpatient | | | 123433 | | 43269.7 Amerihealth | HMO/PPO | 800 | | | | 800 | | 117261.35 fee schedule | |
| HC INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI | 33270 | CPT | | | | inpatient | | | 123433 | | 43269.7 Americare | Americare | 92574.75 | 75 | | | 800 | | 117261.35 percent of total billed charges | |
| HC INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI | 33270 | CPT | | | | inpatient | | | 123433 | | 43269.7 Horizon | Medicare Blue | 37625.83 | | | | 800 | | 117261.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI | 33270 | CPT | | | | inpatient | | | 123433 | | 43269.7 Horizon | NJ Health | 871.69 | | | | 800 | | 117261.35 fee schedule | |
| HC INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI | 33270 | CPT | | | | inpatient | | | 123433 | | 43269.7 United | Oxford | 10829 | | | | 800 | | 117261.35 case rate | |
| HC INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI | 33270 | CPT | | | | inpatient | | | 123433 | | 43269.7 Multiplan | Multiplan | 98746.4 | 80 | | | 800 | | 117261.35 percent of total billed charges | |
| HC INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI | 33270 | CPT | | | | inpatient | | | 123433 | | 43269.7 UHC | Medicare | 37625.83 | | | | 800 | | 117261.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI | 33270 | CPT | | | | inpatient | | | 123433 | | 43269.7 UHC | Medicaid | 38943.11 | 31.55 | | | 800 | | 117261.35 percent of total billed charges | |
| HC INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI | 33270 | CPT | | | | inpatient | | | 123433 | | 43269.7 Wellcare | Medicaid | 38943.11 | 31.55 | | | 800 | | 117261.35 percent of total billed charges | |
| HC INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI | 33270 | CPT | | | | inpatient | | | 123433 | | 43269.7 Qualcare | Qualcare | 92574.75 | 75 | | | 800 | | 117261.35 percent of total billed charges | |
| HC INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI | 33270 | CPT | | | | inpatient | | | 123433 | | 43269.7 Managed Care Inc | Managed Care Inc | 111089.7 | 90 | | | 800 | | 117261.35 percent of total billed charges | |
| HC INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI | 33270 | CPT | | | | inpatient | | | 123433 | | 43269.7 United | Commercial/PPO | 10829 | | | | 800 | | 117261.35 case rate | |
| HC INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI | 33270 | CPT | | | | inpatient | | | 123433 | | 43269.7 Three Rivers | Three Rivers | 117261.35 | 95 | | | 800 | | 117261.35 percent of total billed charges | |
| HC INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI | 33270 | CPT | | | | inpatient | | | 123433 | | 43269.7 WellPoint | WellPoint | 39720.74 | 32.18 | | | 800 | | 117261.35 percent of total billed charges | |
| HC INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI | 33270 | CPT | | | | inpatient | | | 123433 | | 43269.7 Wellcare | Medicare | 37625.83 | | | | 800 | | 117261.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE LEADLESSTRANSCATHETER PA | 33274 | CPT | | | | both | | | 64155 | | 25627.44 Americare | Americare | 48116.25 | 75 | | | 717.02 | | 60947.25 percent of total billed charges | |
| HC PLACE LEADLESSTRANSCATHETER PA | 33274 | CPT | | | | both | | | 64155 | | 25627.44 Horizon | Indemnity | 43120.95 | | | | 717.02 | | 60947.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE LEADLESSTRANSCATHETER PA | 33274 | CPT | | | | both | | | 64155 | | 25627.44 Aetna | Medicare | 22284.73 | | | | 717.02 | | 60947.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE LEADLESSTRANSCATHETER PA | 33274 | CPT | | | | both | | | 64155 | | 25627.44 Aetna | Better Health | 20240.9 | 31.55 | | | 717.02 | | 60947.25 percent of total billed charges | |
| HC PLACE LEADLESSTRANSCATHETER PA | 33274 | CPT | | | | both | | | 64155 | | 25627.44 Aetna | Commercial | 36368.68 | | | | 717.02 | | 60947.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE LEADLESSTRANSCATHETER PA | 33274 | CPT | | | | both | | | 64155 | | 25627.44 First Trenton | First Trenton | 57739.5 | 90 | | | 717.02 | | 60947.25 percent of total billed charges | |
| HC PLACE LEADLESSTRANSCATHETER PA | 33274 | CPT | | | | both | | | 64155 | | 25627.44 Horizon | PPO | 43120.95 | | | | 717.02 | | 60947.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE LEADLESSTRANSCATHETER PA | 33274 | CPT | | | | both | | | 64155 | | 25627.44 Amerihealth | HMO/PPO | 41700.75 | 65 | | | 717.02 | | 60947.25 percent of total billed charges | |
| HC PLACE LEADLESSTRANSCATHETER PA | 33274 | CPT | | | | both | | | 64155 | | 25627.44 WellPoint | WellPoint | 20645.08 | 32.18 | | 7274.73 | 717.02 | | 60947.25 percent of total billed charges | |
| HC PLACE LEADLESSTRANSCATHETER PA | 33274 | CPT | | | | both | | | 64155 | | 25627.44 UHC | Medicaid | 20240.9 | 31.55 | | | 717.02 | | 60947.25 percent of total billed charges | |
| HC PLACE LEADLESSTRANSCATHETER PA | 33274 | CPT | | | | both | | | 64155 | | 25627.44 Corrections | Corrections | 51324 | 80 | | | 717.02 | | 60947.25 percent of total billed charges | |
| HC PLACE LEADLESSTRANSCATHETER PA | 33274 | CPT | | | | both | | | 64155 | | 25627.44 Consumer | Consumer | 60947.25 | 95 | | | 717.02 | | 60947.25 percent of total billed charges | |
| HC PLACE LEADLESSTRANSCATHETER PA | 33274 | CPT | | | | both | | | 64155 | | 25627.44 UHC | Medicare | 22284.73 | | | 12023.12 | 717.02 | | 60947.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE LEADLESSTRANSCATHETER PA | 33274 | CPT | | | | both | | | 64155 | | 25627.44 Managed Care Inc | Managed Care Inc | 57739.5 | 90 | | | 717.02 | | 60947.25 percent of total billed charges | |
| HC PLACE LEADLESSTRANSCATHETER PA | 33274 | CPT | | | | both | | | 64155 | | 25627.44 Horizon | MGD | 43120.95 | | | | 717.02 | | 60947.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE LEADLESSTRANSCATHETER PA | 33274 | CPT | | | | both | | | 64155 | | 25627.44 First Health | First Health | 44908.5 | 70 | | | 717.02 | | 60947.25 percent of total billed charges | |
| HC PLACE LEADLESSTRANSCATHETER PA | 33274 | CPT | | | | both | | | 64155 | | 25627.44 United | Commercial/PPO | 6553 | | | | 717.02 | | 60947.25 case rate | |
| HC PLACE LEADLESSTRANSCATHETER PA | 33274 | CPT | | | | both | | | 64155 | | 25627.44 Horizon | NJ Health | 717.02 | | | | 717.02 | | 60947.25 fee schedule | |
| HC PLACE LEADLESSTRANSCATHETER PA | 33274 | CPT | | | | both | | | 64155 | | 25627.44 Three Rivers | Three Rivers | 60947.25 | 95 | | | 717.02 | | 60947.25 percent of total billed charges | |
| HC PLACE LEADLESSTRANSCATHETER PA | 33274 | CPT | | | | both | | | 64155 | | 25627.44 Horizon | Medicare Blue | 22284.73 | | | | 717.02 | | 60947.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE LEADLESSTRANSCATHETER PA | 33274 | CPT | | | | both | | | 64155 | | 25627.44 Wellcare | Medicare | 22284.73 | | | | 717.02 | | 60947.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE LEADLESSTRANSCATHETER PA | 33274 | CPT | | | | both | | | 64155 | | 25627.44 United | Oxford | 6553 | | | | 717.02 | | 60947.25 case rate | |
| HC PLACE LEADLESSTRANSCATHETER PA | 33274 | CPT | | | | both | | | 64155 | | 25627.44 Multiplan | Multiplan | 51324 | 80 | | | 717.02 | | 60947.25 percent of total billed charges | |
| HC PLACE LEADLESSTRANSCATHETER PA | 33274 | CPT | | | | both | | | 64155 | | 25627.44 Wellcare | Medicaid | 20240.9 | 31.

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG | 33275 | CPT | | | | outpatient | | | 11430 | 4192.26 | Aetna | Better Health | 3606.17 | 31.55 | | | 758.75 | 10858.5 | percent of total billed charges | |
| HC TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG | 33275 | CPT | | | | outpatient | | | 11430 | 4192.26 | Horizon | PPO | 7053.93 | | | | 758.75 | 10858.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG | 33275 | CPT | | | | outpatient | | | 11430 | 4192.26 | Corrections | Corrections | 9144 | 80 | | | 758.75 | 10858.5 | percent of total billed charges | |
| HC TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG | 33275 | CPT | | | | outpatient | | | 11430 | 4192.26 | Aetna | Commercial | 5949.36 | | | | 758.75 | 10858.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG | 33275 | CPT | | | | outpatient | | | 11430 | 4192.26 | Amerihealth | HMO/PPO | 7429.5 | 65 | | | 758.75 | 10858.5 | percent of total billed charges | |
| HC TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG | 33275 | CPT | | | | outpatient | | | 11430 | 4192.26 | Aetna | Medicare | 3645.44 | | | | 758.75 | 10858.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG | 33275 | CPT | | | | outpatient | | | 11430 | 4192.26 | Americare | Americare | 8572.5 | 75 | | | 758.75 | 10858.5 | percent of total billed charges | |
| HC TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG | 33275 | CPT | | | | outpatient | | | 11430 | 4192.26 | UHC | Medicare | 3645.44 | | | | 758.75 | 10858.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG | 33275 | CPT | | | | outpatient | | | 11430 | 4192.26 | Consumer | Consumer | 10858.5 | 95 | | | 758.75 | 10858.5 | percent of total billed charges | |
| HC TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG | 33275 | CPT | | | | outpatient | | | 11430 | 4192.26 | WellPoint | WellPoint | 3678.17 | 32.18 | | | 758.75 | 10858.5 | percent of total billed charges | |
| HC TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG | 33275 | CPT | | | | outpatient | | | 11430 | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 758.75 | 10858.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG | 33275 | CPT | | | | outpatient | | | 11430 | 4192.26 | Horizon | MGD | 7053.93 | | | | 758.75 | 10858.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG | 33275 | CPT | | | | outpatient | | | 11430 | 4192.26 | First Health | First Health | 8001 | 70 | | | 758.75 | 10858.5 | percent of total billed charges | |
| HC TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG | 33275 | CPT | | | | outpatient | | | 11430 | 4192.26 | First Trenton | First Trenton | 10287 | 90 | | | 758.75 | 10858.5 | percent of total billed charges | |
| HC TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG | 33275 | CPT | | | | outpatient | | | 11430 | 4192.26 | Wellcare | Medicaid | 3606.17 | 31.55 | | | 758.75 | 10858.5 | percent of total billed charges | |
| HC TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG | 33275 | CPT | | | | outpatient | | | 11430 | 4192.26 | UHC | Medicaid | 3606.17 | 31.55 | | | 758.75 | 10858.5 | percent of total billed charges | |
| HC TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG | 33275 | CPT | | | | outpatient | | | 11430 | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | | 758.75 | 10858.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG | 33275 | CPT | | | | outpatient | | | 11430 | 4192.26 | Horizon | NJ Health | 758.75 | | | | 758.75 | 10858.5 | fee schedule | |
| HC TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG | 33275 | CPT | | | | outpatient | | | 11430 | 4192.26 | Wellcare | Medicare | 3645.44 | | | | 758.75 | 10858.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG | 33275 | CPT | | | | outpatient | | | 11430 | 4192.26 | United | Commercial/PPO | 3492 | | | | 758.75 | 10858.5 | case rate | |
| HC TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG | 33275 | CPT | | | | outpatient | | | 11430 | 4192.26 | Multiplan | Multiplan | 9144 | 80 | | | 758.75 | 10858.5 | percent of total billed charges | |
| HC TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG | 33275 | CPT | | | | outpatient | | | 11430 | 4192.26 | Managed Care Inc | Managed Care Inc | 10287 | 90 | | | 758.75 | 10858.5 | percent of total billed charges | |
| HC TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG | 33275 | CPT | | | | outpatient | | | 11430 | 4192.26 | Qualcare | Qualcare | 8572.5 | 75 | | | 758.75 | 10858.5 | percent of total billed charges | |
| HC TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG | 33275 | CPT | | | | outpatient | | | 11430 | 4192.26 | Three Rivers | Three Rivers | 10858.5 | 95 | | | 758.75 | 10858.5 | percent of total billed charges | |
| HC TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG | 33275 | CPT | | | | outpatient | | | 11430 | 4192.26 | United | Oxford | 3492 | | | | 758.75 | 10858.5 | case rate | |
| HC INSERTION OF LOOP DEVICE | 33285 | CPT | | | | both | | | 30299 | 11173.72 | Corrections | Corrections | 24239.2 | 80 | | | 5843 | 28784.05 | percent of total billed charges | |
| HC INSERTION OF LOOP DEVICE | 33285 | CPT | | | | both | | | 30299 | 11173.72 | Aetna | Medicare | 9716.28 | | | | 5843 | 28784.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF LOOP DEVICE | 33285 | CPT | | | | both | | | 30299 | 11173.72 | Wellcare | Medicare | 9716.28 | | | | 5843 | 28784.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF LOOP DEVICE | 33285 | CPT | | | | both | | | 30299 | 11173.72 | Aetna | Better Health | 9559.33 | 31.55 | | | 5843 | 28784.05 | percent of total billed charges | |
| HC INSERTION OF LOOP DEVICE | 33285 | CPT | | | | both | | | 30299 | 11173.72 | Aetna | Commercial | 15856.97 | | | 7607.98 | 5843 | 28784.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF LOOP DEVICE | 33285 | CPT | | | | both | | | 30299 | 11173.72 | Americare | Americare | 22724.25 | 75 | | | 5843 | 28784.05 | percent of total billed charges | |
| HC INSERTION OF LOOP DEVICE | 33285 | CPT | | | | both | | | 30299 | 11173.72 | Amerihealth | HMO/PPO | 19694.35 | 65 | | | 5843 | 28784.05 | percent of total billed charges | |
| HC INSERTION OF LOOP DEVICE | 33285 | CPT | | | | both | | | 30299 | 11173.72 | First Health | First Health | 21209.3 | 70 | | | 5843 | 28784.05 | percent of total billed charges | |
| HC INSERTION OF LOOP DEVICE | 33285 | CPT | | | | both | | | 30299 | 11173.72 | Horizon | Indemnity | 18801 | | | | 5843 | 28784.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF LOOP DEVICE | 33285 | CPT | | | | both | | | 30299 | 11173.72 | Consumer | Consumer | 28784.05 | 95 | | | 5843 | 28784.05 | percent of total billed charges | |
| HC INSERTION OF LOOP DEVICE | 33285 | CPT | | | | both | | | 30299 | 11173.72 | Horizon | NJ Health | 8092.31 | | | 3436.39 | 5843 | 28784.05 | fee schedule | |
| HC INSERTION OF LOOP DEVICE | 33285 | CPT | | | | both | | | 30299 | 11173.72 | Horizon | MGD | 18801 | | | | 5843 | 28784.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF LOOP DEVICE | 33285 | CPT | | | | both | | | 30299 | 11173.72 | First Trenton | First Trenton | 27269.1 | 90 | | | 5843 | 28784.05 | percent of total billed charges | |
| HC INSERTION OF LOOP DEVICE | 33285 | CPT | | | | both | | | 30299 | 11173.72 | Horizon | Medicare Blue | 9716.28 | | | 5498.38 | 5843 | 28784.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF LOOP DEVICE | 33285 | CPT | | | | both | | | 30299 | 11173.72 | Multiplan | Multiplan | 24239.2 | 80 | | | 5843 | 28784.05 | percent of total billed charges | |
| HC INSERTION OF LOOP DEVICE | 33285 | CPT | | | | both | | | 30299 | 11173.72 | Wellcare | Medicaid | 9559.33 | 31.55 | | | 5843 | 28784.05 | percent of total billed charges | |
| HC INSERTION OF LOOP DEVICE | 33285 | CPT | | | | both | | | 30299 | 11173.72 | Horizon | PPO | 18801 | | | | 5843 | 28784.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF LOOP DEVICE | 33285 | CPT | | | | both | | | 30299 | 11173.72 | United | Oxford | 5843 | | | | 5843 | 28784.05 | case rate | |
| HC INSERTION OF LOOP DEVICE | 33285 | CPT | | | | both | | | 30299 | 11173.72 | Qualcare | Qualcare | 22724.25 | 75 | | | 5843 | 28784.05 | percent of total billed charges | |
| HC INSERTION OF LOOP DEVICE | 33285 | CPT | | | | both | | | 30299 | 11173.72 | WellPoint | WellPoint | 9750.22 | 32.18 | | 6199.98 | 5843 | 28784.05 | percent of total billed charges | |
| HC INSERTION OF LOOP DEVICE | 33285 | CPT | | | | both | | | 30299 | 11173.72 | Managed Care Inc | Managed Care Inc | 27269.1 | 90 | | | 5843 | 28784.05 | percent of total billed charges | |
| HC INSERTION OF LOOP DEVICE | 33285 | CPT | | | | both | | | 30299 | 11173.72 | UHC | Medicare | 9716.28 | | | 6590.8 | 5843 | 28784.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF LOOP DEVICE | 33285 | CPT | | | | both | | | 30299 | 11173.72 | United | Commercial/PPO | 5843 | | | | 5843 | 28784.05 | case rate | |
| HC INSERTION OF LOOP DEVICE | 33285 | CPT | | | | both | | | 30299 | 11173.72 | Three Rivers | Three Rivers | 28784.05 | 95 | | | 5843 | 28784.05 | percent of total billed charges | |
| HC INSERTION OF LOOP DEVICE | 33285 | CPT | | | | both | | | 30299 | 11173.72 | UHC | Medicaid | 9559.33 | 31.55 | | | 5843 | 28784.05 | percent of total billed charges | |
| HC REMOVAL OF LOOP DEVICE | 33286 | CPT | | | | both | | | 2376 | 925.36 | Americare | Americare | 1782 | 75 | | | 197.11 | 2257.2 | percent of total billed charges | |
| HC REMOVAL OF LOOP DEVICE | 33286 | CPT | | | | both | | | 2376 | 925.36 | Aetna | Better Health | 749.63 | 31.55 | | | 197.11 | 2257.2 | percent of total billed charges | |
| HC REMOVAL OF LOOP DEVICE | 33286 | CPT | | | | both | | | 2376 | 925.36 | Amerihealth | HMO/PPO | 1544.4 | 65 | | | 197.11 | 2257.2 | percent of total billed charges | |
| HC REMOVAL OF LOOP DEVICE | 33286 | CPT | | | | both | | | 2376 | 925.36 | Aetna | Medicare | 804.66 | | | | 197.11 | 2257.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL OF LOOP DEVICE | 33286 | CPT | | | | both | | | 2376 | 925.36 | Aetna | Commercial | 1313.21 | | | 523.72 | 197.11 | 2257.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL OF LOOP DEVICE | 33286 | CPT | | | | both | | | 2376 | 925.36 | First Health | First Health | 1663.2 | 70 | | | 197.11 | 2257.2 | percent of total billed charges | |
| HC REMOVAL OF LOOP DEVICE | 33286 | CPT | | | | both | | | 2376 | 925.36 | First Trenton | First Trenton | 2138.4 | 90 | | | 197.11 | 2257.2 | percent of total billed charges | |
| HC REMOVAL OF LOOP DEVICE | 33286 | CPT | | | | both | | | 2376 | 925.36 | Corrections | Corrections | 1900.8 | 80 | | | 197.11 | 2257.2 | percent of total billed charges | |
| HC REMOVAL OF LOOP DEVICE | 33286 | CPT | | | | both | | | 2376 | 925.36 | Multiplan | Multiplan | 1900.8 | 80 | | | 197.11 | 2257.2 | percent of total billed charges | |
| HC REMOVAL OF LOOP DEVICE | 33286 | CPT | | | | both | | | 2376 | 925.36 | United | Oxford | 1817 | | | | 197.11 | 2257.2 | case rate | |
| HC REMOVAL OF LOOP DEVICE | 33286 | CPT | | | | both | | | 2376 | 925.36 | UHC | Medicaid | 749.63 | 31.55 | | | 197.11 | 2257.2 | percent of total billed charges | |
| HC REMOVAL OF LOOP DEVICE | 33286 | CPT | | | | both | | | 2376 | 925.36 | Horizon | Medicare Blue | 804.66 | | | 137.05 | 197.11 | 2257.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL OF LOOP DEVICE | 33286 | CPT | | | | both | | | 2376 | 925.36 | Consumer | Consumer | 2257.2 | 95 | | | 197.11 | 2257.2 | percent of total billed charges | |
| HC REMOVAL OF LOOP DEVICE | 33286 | CPT | | | | both | | | 2376 | 925.36 | Horizon | NJ Health | 197.11 | | | 141.13 | 197.11 | 2257.2 | fee schedule | |
| HC REMOVAL OF LOOP DEVICE | 33286 | CPT | | | | both | | | 2376 | 925.36 | Managed Care Inc | Managed Care Inc | 2138.4 | 90 | | | 197.11 | 2257.2 | percent of total billed charges | |
| HC REMOVAL OF LOOP DEVICE | 33286 | CPT | | | | both | | | 2376 | 925.36 | Horizon | MGD | 1557.02 | | | | 197.11 | 2257.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL OF LOOP DEVICE | 33286 | CPT | | | | both | | | 2376 | 925.36 | Qualcare | Qualcare | 1782 | 75 | | | 197.11 | 2257.2 | percent of total billed charges | |
| HC REMOVAL OF LOOP DEVICE | 33286 | CPT | | | | both | | | 2376 | 925.36 | Wellcare | Medicare | 804.66 | | | 106.59 | 197.11 | 2257.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL OF LOOP DEVICE | 33286 | CPT | | | | both | | | 2376 | 925.36 | United | Commercial/PPO | 1817 | | | | 197.11 | 2257.2 | case rate | |
| HC REMOVAL OF LOOP DEVICE | 33286 | CPT | | | | both | | | 2376 | 925.36 | Horizon | PPO | 1557.02 | | | 429.99 | 197.11 | 2257.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL OF LOOP DEVICE | 33286 | CPT | | | | both | | | 2376 | 925.36 | Horizon | Indemnity | 1557.02 | | | | 197.11 | 2257.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL OF LOOP DEVICE | 33286 | CPT | | | | both | | | 2376 | 925.36 | Wellcare | Medicaid | 749.63 | 31.55 | | | 197.11 | 2257.2 | percent of total billed charges | |
| HC REMOVAL OF LOOP DEVICE | 33286 | CPT | | | | both | | | 2376 | 925.36 | WellPoint | WellPoint | 764.6 | 32.18 | | 410.25 | 197.11 | 2257.2 | percent of total billed charges | |
| HC REMOVAL OF LOOP DEVICE | 33286 | CPT | | | | both | | | 2376 | 925.36 | Three Rivers | Three Rivers | 2257.2 | 95 | | | 197.11 | 2257.2 | percent of total billed charges | |
| HC REMOVAL OF LOOP DEVICE | 33286 | CPT | | | | both | | | 2376 | 925.36 | UHC | Medicare | 804.66 | | | 429.71 | 197.11 | 2257.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REP CARD WOUND W/O BYPASS | 33300 | CPT | | | | outpatient | | | 5783 | | Horizon | Medicare Blue | 1734.9 | 30 | | | 1338.93 | 5493.85 | percent of total billed charges | |
| HC REP CARD WOUND W/O BYPASS | 33300 | CPT | | | | outpatient | | | 5783 | | First Health | First Health | 4048.1 | 70 | | | 1338.93 | 5493.85 | percent of total billed charges | |
| HC REP CARD WOUND W/O BYPASS | 33300 | CPT | | | | outpatient | | | 5783 | | Consumer | Consumer | 5493.85 | 95 | | | 1338.93 | 5493.85 | percent of total billed charges | |
| HC REP CARD WOUND W/O BYPASS | 33300 | CPT | | | | outpatient | | | 5783 | | United | Commercial/PPO | 1782 | | | | 1338.93 | 5493.85 | case rate | |
| HC REP CARD WOUND W/O BYPASS | 33300 | CPT | | | | outpatient | | | 5783 | | Aetna | Medicare | 1781.16 | 30.8 | | | 1338.93 | 5493.85 | percent of total billed charges | |
| HC REP CARD WOUND W/O BYPASS | 33300 | CPT | | | | outpatient | | | 5783 | | UHC | Medicaid | 1824.54 | 31.55 | | | 1338.93 | 5493.85 | percent of total billed charges | |
| HC REP CARD WOUND W/O BYPASS | 33300 | CPT | | | | outpatient | | | 5783 | | Aetna | Better Health | 1824.54 | 31.55 | | | 1338.93 | 5493.85 | percent of total billed charges | |
| HC REP CARD WOUND W/O BYPASS | 33300 | CPT | | | | outpatient | | | 5783 | | United | Oxford | 1782 | | | | 1338.93 | 5493.85 | case rate | |
| HC REP CARD WOUND W/O BYPASS | 33300 | CPT | | | | outpatient | | | 5783 | | Wellcare | Medicaid | 1824.54 | 31.55 | | | 1338.93 | 5493.85 | percent of total billed charges | |
| HC REP CARD WOUND W/O BYPASS | 33300 | CPT | | | | outpatient | | | 5783 | | First Trenton | First Trenton | 5204.7 | 90 | | | 1338.93 | 5493.85 | percent of total billed charges | |
| HC REP CARD WOUND W/O BYPASS | 33300 | CPT | | | | outpatient | | | 5783 | | Corrections | Corrections | 4626.4 | 80 | | | 1338.93 | 5493.85 | percent of total billed charges | |
| HC REP CARD WOUND W/O BYPASS | 33300 | CPT | | | | outpatient | | | 5783 | | WellPoint | WellPoint | 1860.97 | 32.18 | | | 1338.93 | 5493.85 | percent of total billed charges | |
| HC REP CARD WOUND W/O BYPASS | 33300 | CPT | | | | outpatient | | | 5783 | | Americare | Americare | 4337.25 | 75 | | | 1338.93 | 5493.85 | percent of total billed charges | |
| HC REP CARD WOUND W/O BYPASS | 33300 | CPT | | | | outpatient | | | 5783 | | Horizon | MGD | 2213.73 | 38.28 | | | 1338.93 | 5493.85 | percent of total billed charges | |
| HC REP CARD WOUND W/O BYPASS | 33300 | CPT | | | | outpatient | | | 5783 | | Amerihealth | HMO/PPO | 3758.95 | 65 | | | 1338.93 | 5493.85 | percent of total billed charges | |
| HC REP CARD WOUND W/O BYPASS | 33300 | CPT | | | | outpatient | | | 5783 | | Horizon | PPO | 2213.73 | 38.28 | | | 1338.93 | 5493.85 | percent of total billed charges | |
| HC REP CARD WOUND W/O BYPASS | 33300 | CPT | | | | outpatient | | | 5783 | | Horizon | NJ Health | 1338.93 | | | | 1338.93 | 5493.85 | fee schedule | |
| HC REP CARD WOUND W/O BYPASS | 33300 | CPT | | | | outpatient | | | 5783 | | Three Rivers | Three Rivers | 5493.85 | 95 | | | 1338.93 | 5493.85 | percent of total billed charges | |
| HC REP CARD WOUND W/O BYPASS | 33300 | CPT | | | | outpatient | | | 5783 | | Horizon | Indemnity | 2213.73 | 38.28 | | | 1338.93 | 5493.85 | percent of total billed charges | |
| HC REP CARD WOUND W/O BYPASS | 33300 | CPT | | | | outpatient | | | 5783 | | Managed Care Inc | Managed Care Inc | 5204.7 | 90 | | | 1338.93 | 5493.85 | percent of total billed charges | |
| HC REP CARD WOUND W/O BYPASS | 33300 | CPT | | | | outpatient | | | 5783 | | Multiplan | Multiplan | 4626.4 | 80 | | | 1338.93 | 5493.85 | percent of total billed charges | |
| HC REP CARD WOUND W/O BYPASS | 33300 | CPT | | | | outpatient | | | 5783 | | Qualcare | Qualcare | 4337.25 | 75 | | | 1338.93 | 5493.85 | percent of total billed charges | |
| HC PERC LAA OCC W/ INTRALUMINAL D | 33340 | CPT | | | | both | | | 58551 | | Aetna | Medicare | 18033.71 | 30.8 | | | 1198.64 | 56623.45 | percent of total billed charges | |
| HC PERC LAA OCC W/ INTRALUMINAL D | 33340 | CPT | | | | both | | | 58551 | | Amerihealth | HMO/PPO | 38058.15 | 65 | | | 1198.64 | 56623.45 | percent of total billed charges | |
| HC PERC LAA OCC W/ INTRALUMINAL D | 33340 | CPT | | | | both | | | 58551 | | First Trenton | First Trenton | 52695.9 | 90 | | | 1198.64 | 56623.45 | percent of total billed charges | |
| HC PERC LAA OCC W/ INTRALUMINAL D | 33340 | CPT | | | | both | | | 58551 | | Horizon | Indemnity | 22413.32 | 38.28 | | | 1198.64 | 56623.45 | percent of total billed charges | |
| HC PERC LAA OCC W/ INTRALUMINAL D | 33340 | CPT | | | | both | | | 58551 | | Horizon | MGD | 22413.32 | 38.28 | | | 1198.64 | 56623.45 | percent of total billed charges | |
| HC PERC LAA OCC W/ INTRALUMINAL D | 33340 | CPT | | | | both | | | 58551 | | Aetna | Better Health | 18472.84 | 31.55 | | | 1198.64 | 56623.45 | percent of total billed charges | |
| HC PERC LAA OCC W/ INTRALUMINAL D | 33340 | CPT | | | | both | | | 58551 | | Horizon | NJ Health | 1198.64 | | | | 1198.64 | 56623.45 | fee schedule | |
| HC PERC LAA OCC W/ INTRALUMINAL D | 33340 | CPT | | | | both | | | 58551 | | Americare | Americare | 43913.25 | 75 | | | 1198.64 | 56623.45 | percent of total billed charges | |
| HC PERC LAA OCC W/ INTRALUMINAL D | 33340 | CPT | | | | both | | | 58551 | | UHC | Medicaid | 18472.84 | 31.55 | | | 1198.64 | 56623.45 | percent of total billed charges | |
| HC PERC LAA OCC W/ INTRALUMINAL D | 33340 | CPT | | | | both | | | 58551 | | First Health | First Health | 40985.7 | 70 | | | 1198.64 | 56623.45 | percent of total billed charges | |
| HC PERC LAA OCC W/ INTRALUMINAL D | 33340 | CPT | | | | both | | | 58551 | | Horizon | PPO | 22413.32 | 38.28 | | | 1198.64 | 56623.45 | percent of total billed charges | |
| HC PERC LAA OCC W/ INTRALUMINAL D | 33340 | CPT | | | | both | | | 58551 | | Consumer | Consumer | 55623.45 | 95 | | | 1198.64 | 56623.45 | percent of total billed charges | |
| HC PERC LAA OCC W/ INTRALUMINAL D | 33340 | CPT | | | | both | | | 58551 | | United | Commercial/PPO | 1782 | | | | 1198.64 | 56623.45 | case rate | |
| HC PERC LAA OCC W/ INTRALUMINAL D | 33340 | CPT | | | | both | | | 58551 | | Corrections | Corrections | 46840.8 | 80 | | | 1198.64 | 56623.45 | percent of total billed charges | |
| HC PERC LAA OCC W/ INTRALUMINAL D | 33340 | CPT | | | | both | | | 58551 | | Managed Care Inc | Managed Care Inc | 52695.9 | 90 | | | 1198.64 | 56623.45 | percent of total billed charges | |
| HC PERC LAA OCC W/ INTRALUMINAL D | 33340 | CPT | | | | both | | | 58551 | | Multiplan | Multiplan | 46840.8 | 80 | | | 1198.64 | 56623.45 | percent of total billed charges | |
| HC PERC LAA OCC W/ INTRALUMINAL D | 33340 | CPT | | | | both | | | 58551 | | United | Oxford | 1782 | | | | 1198.64 | 56623.45 | case rate | |
| HC PERC LAA OCC W/ INTRALUMINAL D | 33340 | CPT | | | | both | | | 58551 | | Horizon | Medicare Blue | 17565.3 | 30 | | | 1198.64 | 56623.45 | percent of total billed charges | |
| HC PERC LAA OCC W/ INTRALUMINAL D | 33340 | CPT | | | | both | | | 58551 | | Three Rivers | Three Rivers | 55623.45 | 95 | | | 1198.64 | 56623.45 | percent of total billed charges | |
| HC PERC LAA OCC W/ INTRALUMINAL D | 33340 | CPT | | | | both | | | 58551 | | Qualcare | Qualcare | 43913.25 | 75 | | | 1198.64 | 56623.45 | percent of total billed charges | |
| HC PERC LAA OCC W/ INTRALUMINAL D | 33340 | CPT | | | | both | | | 58551 | | Wellcare | Medicaid | 18472.84 | 31.55 | | | 1198.64 | 56623.45 | percent of total billed charges | |
| HC PERC LAA OCC W/ INTRALUMINAL D | 33340 | CPT | | | | both | | | 58551 | | WellPoint | WellPoint | 18841.71 | 32.18 | | | 1198.64 | 56623.45 | percent of total billed charges | |
| HC TRANSCATH AVR W/ PROSTHETIC VA | 33361 | CPT | | | | inpatient | | | 3893.75 | | Aetna | Better Health | 1228.48 | 31.55 | | | 1168.13 | 3699.06 | percent of total billed charges | |
| HC TRANSCATH AVR W/ PROSTHETIC VA | 33361 | CPT | | | | inpatient | | | 3893.75 | | Horizon | Medicare Blue | 1168.13 | 30 | | | 1168.13 | 3699.06 | percent of total billed charges | |
| HC TRANSCATH AVR W/ PROSTHETIC VA | 33361 | CPT | | | | inpatient | | | 3893.75 | | Aetna | Medicare | 1199.28 | 30.8 | | | 1168.13 | 3699.06 | percent of total billed charges | |
| HC TRANSCATH AVR W/ PROSTHETIC VA | 33361 | CPT | | | | inpatient | | | 3893.75 | | Corrections | Corrections | 3115 | 80 | | | 1168.13 | 3699.06 | percent of total billed charges | |
| HC TRANSCATH AVR W/ PROSTHETIC VA | 33361 | CPT | | | | inpatient | | | 3893.75 | | Consumer | Consumer | 3699.06 | 95 | | | 1168.13 | 3699.06 | percent of total billed charges | |
| HC TRANSCATH AVR W/ PROSTHETIC VA | 33361 | CPT | | | | inpatient | | | 3893.75 | | Americare | Americare | 2920.31 | 75 | | | 1168.13 | 3699.06 | percent of total billed charges | |
| HC TRANSCATH AVR W/ PROSTHETIC VA | 33361 | CPT | | | | inpatient | | | 3893.75 | | First Health | First Health | 2725.63 | 70 | | | 1168.13 | 3699.06 | percent of total billed charges | |
| HC TRANSCATH AVR W/ PROSTHETIC VA | 33361 | CPT | | | | inpatient | | | 3893.75 | | Amerihealth | HMO/PPO | 2530.94 | 65 | | | 1168.13 | 3699.06 | percent of total billed charges | |
| HC TRANSCATH AVR W/ PROSTHETIC VA | 33361 | CPT | | | | inpatient | | | 3893.75 | | Wellcare | Medicaid | 1228.48 | 31.55 | | | 1168.13 | 3699.06 | percent of total billed charges | |
| HC TRANSCATH AVR W/ PROSTHETIC VA | 33361 | CPT | | | | inpatient | | | 3893.75 | | Horizon | NJ Health | 1479.95 | | | | 1168.13 | 3699.06 | fee schedule | |
| HC TRANSCATH AVR W/ PROSTHETIC VA | 33361 | CPT | | | | inpatient | | | 3893.75 | | First Trenton | First Trenton | 3504.38 | 90 | | | 1168.13 | 3699.06 | percent of total billed charges | |
| HC TRANSCATH AVR W/ PROSTHETIC VA | 33361 | CPT | | | | inpatient | | | 3893.75 | | Horizon | Indemnity | 1490.53 | 38.28 | | | 1168.13 | 3699.06 | percent of total billed charges | |
| HC TRANSCATH AVR W/ PROSTHETIC VA | 33361 | CPT | | | | inpatient | | | 3893.75 | | Horizon | MGD | 1490.53 | 38.28 | | | 1168.13 | 3699.06 | percent of total billed charges | |
| HC TRANSCATH AVR W/ PROSTHETIC VA | 33361 | CPT | | | | inpatient | | | 3893.75 | | Managed Care Inc | Managed Care Inc | 3504.38 | 90 | | | 1168.13 | 3699.06 | percent of total billed charges | |
| HC TRANSCATH AVR W/ PROSTHETIC VA | 33361 | CPT | | | | inpatient | | | 3893.75 | | Horizon | PPO | 1490.53 | 38.28 | | | 1168.13 | 3699.06 | percent of total billed charges | |
| HC TRANSCATH AVR W/ PROSTHETIC VA | 33361 | CPT | | | | inpatient | | | 3893.75 | | Multiplan | Multiplan | 3115 | 80 | | | 1168.13 | 3699.06 | percent of total billed charges | |
| HC TRANSCATH AVR W/ PROSTHETIC VA | 33361 | CPT | | | | inpatient | | | 3893.75 | | Three Rivers | Three Rivers | 3699.06 | 95 | | | 1168.13 | 3699.06 | percent of total billed charges | |
| HC TRANSCATH AVR W/ PROSTHETIC VA | 33361 | CPT | | | | inpatient | | | 3893.75 | | United | Commercial/PPO | 1782 | | | | 1168.13 | 3699.06 | case rate | |
| HC TRANSCATH AVR W/ PROSTHETIC VA | 33361 | CPT | | | | inpatient | | | 3893.75 | | UHC | Medicaid | 1228.48 | 31.55 | | | 1168.13 | 3699.06 | percent of total billed charges | |
| HC TRANSCATH AVR W/ PROSTHETIC VA | 33361 | CPT | | | | inpatient | | | 3893.75 | | Qualcare | Qualcare | 2920.31 | 75 | | | 1168.13 | 3699.06 | percent of total billed charges | |
| HC TRANSCATH AVR W/ PROSTHETIC VA | 33361 | CPT | | | | inpatient | | | 3893.75 | | United | Oxford | 1782 | | | | 1168.13 | 3699.06 | case rate | |
| HC TRANSCATH AVR W/ PROSTHETIC VA | 33361 | CPT | | | | inpatient | | | 3893.75 | | WellPoint | WellPoint | 1253.01 | 32.18 | | | 1168.13 | 3699.06 | percent of total billed charges | |
| HC ECMO/EDS INTIATION VENO-VENOUS | 33946 | CPT | | | | inpatient | | | 995.11 | | First Trenton | First Trenton | 895.6 | 90 | | | 298.53 | 1782 | percent of total billed charges | |
| HC ECMO/EDS INTIATION VENO-VENOUS | 33946 | CPT | | | | inpatient | | | 995.11 | | Amerihealth | HMO/PPO | 646.82 | 65 | | | 298.53 | 1782 | percent of total billed charges | |
| HC ECMO/EDS INTIATION VENO-VENOUS | 33946 | CPT | | | | inpatient | | | 995.11 | | Aetna | Medicare | 306.49 | 30.8 | | | 298.53 | 1782 | percent of total billed charges | |
| HC ECMO/EDS INTIATION VENO-VENOUS | 33946 | CPT | | | | inpatient | | | 995.11 | | Americare | Americare | 746.33 | 75 | | | 298.53 | 1782 | percent of total billed charges | |
| HC ECMO/EDS INTIATION VENO-VENOUS | 33946 | CPT | | | | inpatient | | | 995.11 | | First Health | First Health | 696.58 | 70 | | | 298.53 | 1782 | percent of total billed charges | |
| HC ECMO/EDS INTIATION VENO-VENOUS | 33946 | CPT | | | | inpatient | | | 995.11 | | Corrections | Corrections | 796.09 | 80 | | | 298.53 | 1782 | percent of total billed charges | |
| HC ECMO/EDS INTIATION VENO-VENOUS | 33946 | CPT | | | | inpatient | | | 995.11 | | Aetna | Better Health | 313.96 | 31.55 | | | 298.53 | 1782 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC ECMO/EDS INTIATION VENO-VENOUS | 33946 | CPT | | | | inpatient | | | 995.11 | | Consumer | Consumer | 945.35 | | | | 298.53 | | 1782 percent of total billed charges | |
| HC ECMO/EDS INTIATION VENO-VENOUS | 33946 | CPT | | | | inpatient | | | 995.11 | | Horizon | Indemnity | 380.93 | 38.28 | | | 298.53 | | 1782 percent of total billed charges | |
| HC ECMO/EDS INTIATION VENO-VENOUS | 33946 | CPT | | | | inpatient | | | 995.11 | | Multiplan | Multiplan | 796.09 | 80 | | | 298.53 | | 1782 percent of total billed charges | |
| HC ECMO/EDS INTIATION VENO-VENOUS | 33946 | CPT | | | | inpatient | | | 995.11 | | WellPoint | WellPoint | 320.23 | 32.18 | | | 298.53 | | 1782 percent of total billed charges | |
| HC ECMO/EDS INTIATION VENO-VENOUS | 33946 | CPT | | | | inpatient | | | 995.11 | | Horizon | MGD | 380.93 | 38.28 | | | 298.53 | | 1782 percent of total billed charges | |
| HC ECMO/EDS INTIATION VENO-VENOUS | 33946 | CPT | | | | inpatient | | | 995.11 | | UHC | Medicaid | 313.96 | 31.55 | | | 298.53 | | 1782 percent of total billed charges | |
| HC ECMO/EDS INTIATION VENO-VENOUS | 33946 | CPT | | | | inpatient | | | 995.11 | | Horizon | Medicare Blue | 298.53 | 30 | | | 298.53 | | 1782 percent of total billed charges | |
| HC ECMO/EDS INTIATION VENO-VENOUS | 33946 | CPT | | | | inpatient | | | 995.11 | | Horizon | NJ Health | 451.22 | | | | 298.53 | | 1782 fee schedule | |
| HC ECMO/EDS INTIATION VENO-VENOUS | 33946 | CPT | | | | inpatient | | | 995.11 | | United | Oxford | 1782 | | | | 298.53 | | 1782 case rate | |
| HC ECMO/EDS INTIATION VENO-VENOUS | 33946 | CPT | | | | inpatient | | | 995.11 | | United | Commercial\|PPO | 1782 | | | | 298.53 | | 1782 case rate | |
| HC ECMO/EDS INTIATION VENO-VENOUS | 33946 | CPT | | | | inpatient | | | 995.11 | | Qualcare | Qualcare | 746.33 | 75 | | | 298.53 | | 1782 percent of total billed charges | |
| HC ECMO/EDS INTIATION VENO-VENOUS | 33946 | CPT | | | | inpatient | | | 995.11 | | Horizon | PPO | 380.93 | 38.28 | | | 298.53 | | 1782 percent of total billed charges | |
| HC ECMO/EDS INTIATION VENO-VENOUS | 33946 | CPT | | | | inpatient | | | 995.11 | | Wellcare | Medicaid | 313.96 | 31.55 | | | 298.53 | | 1782 percent of total billed charges | |
| HC ECMO/EDS INTIATION VENO-VENOUS | 33946 | CPT | | | | inpatient | | | 995.11 | | Managed Care Inc | Managed Care Inc | 895.6 | 90 | | | 298.53 | | 1782 percent of total billed charges | |
| HC ECMO/EDS INTIATION VENO-VENOUS | 33946 | CPT | | | | inpatient | | | 995.11 | | Three Rivers | Three Rivers | 945.35 | 95 | | | 298.53 | | 1782 percent of total billed charges | |
| HC INSERTION OF IABP | 33967 | CPT | | | | both | | | 4764 | | Aetna | Medicare | 1467.31 | 30.8 | | | 323.64 | | 6553 percent of total billed charges | |
| HC INSERTION OF IABP | 33967 | CPT | | | | both | | | 4764 | | Aetna | Better Health | 1503.04 | 31.55 | | | 323.64 | | 6553 percent of total billed charges | |
| HC INSERTION OF IABP | 33967 | CPT | | | | both | | | 4764 | | Horizon | MGD | 1823.66 | 38.28 | | | 323.64 | | 6553 percent of total billed charges | |
| HC INSERTION OF IABP | 33967 | CPT | | | | both | | | 4764 | | Multiplan | Multiplan | 3811.2 | 80 | | | 323.64 | | 6553 percent of total billed charges | |
| HC INSERTION OF IABP | 33967 | CPT | | | | both | | | 4764 | | Consumer | Consumer | 4525.8 | 95 | | | 323.64 | | 6553 percent of total billed charges | |
| HC INSERTION OF IABP | 33967 | CPT | | | | both | | | 4764 | | Corrections | Corrections | 3811.2 | 80 | | | 323.64 | | 6553 percent of total billed charges | |
| HC INSERTION OF IABP | 33967 | CPT | | | | both | | | 4764 | | Amerihealth | HMO\|PPO | 950 | | | | 323.64 | | 6553 fee schedule | |
| HC INSERTION OF IABP | 33967 | CPT | | | | both | | | 4764 | | Qualcare | Qualcare | 3573 | 75 | | | 323.64 | | 6553 percent of total billed charges | |
| HC INSERTION OF IABP | 33967 | CPT | | | | both | | | 4764 | | UHC | Medicaid | 1503.04 | 31.55 | | | 323.64 | | 6553 percent of total billed charges | |
| HC INSERTION OF IABP | 33967 | CPT | | | | both | | | 4764 | | Americare | Americare | 3573 | 75 | | | 323.64 | | 6553 percent of total billed charges | |
| HC INSERTION OF IABP | 33967 | CPT | | | | both | | | 4764 | | First Health | First Health | 3334.8 | 70 | | | 323.64 | | 6553 percent of total billed charges | |
| HC INSERTION OF IABP | 33967 | CPT | | | | both | | | 4764 | | United | Commercial\|PPO | 6553 | | | | 323.64 | | 6553 case rate | |
| HC INSERTION OF IABP | 33967 | CPT | | | | both | | | 4764 | | WellPoint | WellPoint | 1533.06 | 32.18 | | | 323.64 | | 6553 percent of total billed charges | |
| HC INSERTION OF IABP | 33967 | CPT | | | | both | | | 4764 | | First Trenton | First Trenton | 4287.6 | 90 | | | 323.64 | | 6553 percent of total billed charges | |
| HC INSERTION OF IABP | 33967 | CPT | | | | both | | | 4764 | | Wellcare | Medicaid | 1503.04 | 31.55 | | | 323.64 | | 6553 percent of total billed charges | |
| HC INSERTION OF IABP | 33967 | CPT | | | | both | | | 4764 | | Horizon | Indemnity | 1823.66 | 38.28 | | | 323.64 | | 6553 percent of total billed charges | |
| HC INSERTION OF IABP | 33967 | CPT | | | | both | | | 4764 | | Horizon | Medicare Blue | 1429.2 | 30 | | | 323.64 | | 6553 percent of total billed charges | |
| HC INSERTION OF IABP | 33967 | CPT | | | | both | | | 4764 | | Horizon | PPO | 1823.66 | 38.28 | | | 323.64 | | 6553 percent of total billed charges | |
| HC INSERTION OF IABP | 33967 | CPT | | | | both | | | 4764 | | Horizon | NJ Health | 323.64 | | | | 323.64 | | 6553 fee schedule | |
| HC INSERTION OF IABP | 33967 | CPT | | | | both | | | 4764 | | Three Rivers | Three Rivers | 4525.8 | 95 | | | 323.64 | | 6553 percent of total billed charges | |
| HC INSERTION OF IABP | 33967 | CPT | | | | both | | | 4764 | | Managed Care Inc | Managed Care Inc | 4287.6 | 90 | | | 323.64 | | 6553 percent of total billed charges | |
| HC INSERTION OF IABP | 33967 | CPT | | | | both | | | 4764 | | United | Oxford | 6553 | | | | 323.64 | | 6553 case rate | |
| HC REMOVAL OF IABP | 33968 | CPT | | | | both | | | 1531 | | Consumer | Consumer | 1454.45 | 95 | | | 99.18 | | 6553 percent of total billed charges | |
| HC REMOVAL OF IABP | 33968 | CPT | | | | both | | | 1531 | | Horizon | Indemnity | 586.07 | 38.28 | | | 99.18 | | 6553 percent of total billed charges | |
| HC REMOVAL OF IABP | 33968 | CPT | | | | both | | | 1531 | | Horizon | MGD | 586.07 | 38.28 | | | 99.18 | | 6553 percent of total billed charges | |
| HC REMOVAL OF IABP | 33968 | CPT | | | | both | | | 1531 | | Americare | Americare | 1148.25 | 75 | | | 99.18 | | 6553 percent of total billed charges | |
| HC REMOVAL OF IABP | 33968 | CPT | | | | both | | | 1531 | | Aetna | Better Health | 483.03 | 31.55 | | | 99.18 | | 6553 percent of total billed charges | |
| HC REMOVAL OF IABP | 33968 | CPT | | | | both | | | 1531 | | First Trenton | First Trenton | 1377.9 | 90 | | | 99.18 | | 6553 percent of total billed charges | |
| HC REMOVAL OF IABP | 33968 | CPT | | | | both | | | 1531 | | Aetna | Medicare | 471.55 | 30.8 | | | 99.18 | | 6553 percent of total billed charges | |
| HC REMOVAL OF IABP | 33968 | CPT | | | | both | | | 1531 | | Multiplan | Multiplan | 1224.8 | 80 | | | 99.18 | | 6553 percent of total billed charges | |
| HC REMOVAL OF IABP | 33968 | CPT | | | | both | | | 1531 | | Corrections | Corrections | 1224.8 | 80 | | | 99.18 | | 6553 percent of total billed charges | |
| HC REMOVAL OF IABP | 33968 | CPT | | | | both | | | 1531 | | Horizon | PPO | 586.07 | 38.28 | | | 99.18 | | 6553 percent of total billed charges | |
| HC REMOVAL OF IABP | 33968 | CPT | | | | both | | | 1531 | | UHC | Medicaid | 483.03 | 31.55 | | | 99.18 | | 6553 percent of total billed charges | |
| HC REMOVAL OF IABP | 33968 | CPT | | | | both | | | 1531 | | Three Rivers | Three Rivers | 1454.45 | 95 | | | 99.18 | | 6553 percent of total billed charges | |
| HC REMOVAL OF IABP | 33968 | CPT | | | | both | | | 1531 | | Horizon | Medicare Blue | 459.3 | 30 | | | 99.18 | | 6553 percent of total billed charges | |
| HC REMOVAL OF IABP | 33968 | CPT | | | | both | | | 1531 | | Managed Care Inc | Managed Care Inc | 1377.9 | 90 | | | 99.18 | | 6553 percent of total billed charges | |
| HC REMOVAL OF IABP | 33968 | CPT | | | | both | | | 1531 | | Amerihealth | HMO\|PPO | 950 | | | | 99.18 | | 6553 fee schedule | |
| HC REMOVAL OF IABP | 33968 | CPT | | | | both | | | 1531 | | Qualcare | Qualcare | 1148.25 | 75 | | | 99.18 | | 6553 percent of total billed charges | |
| HC REMOVAL OF IABP | 33968 | CPT | | | | both | | | 1531 | | Horizon | NJ Health | 99.18 | | | | 99.18 | | 6553 fee schedule | |
| HC REMOVAL OF IABP | 33968 | CPT | | | | both | | | 1531 | | WellPoint | WellPoint | 492.68 | 32.18 | | | 99.18 | | 6553 percent of total billed charges | |
| HC REMOVAL OF IABP | 33968 | CPT | | | | both | | | 1531 | | First Health | First Health | 1071.7 | 70 | | | 99.18 | | 6553 percent of total billed charges | |
| HC REMOVAL OF IABP | 33968 | CPT | | | | both | | | 1531 | | United | Oxford | 6553 | | | | 99.18 | | 6553 case rate | |
| HC REMOVAL OF IABP | 33968 | CPT | | | | both | | | 1531 | | United | Commercial\|PPO | 6553 | | | | 99.18 | | 6553 case rate | |
| HC REMOVAL OF IABP | 33968 | CPT | | | | both | | | 1531 | | Wellcare | Medicaid | 483.03 | 31.55 | | | 99.18 | | 6553 percent of total billed charges | |
| HC INSERT VENTRICULAR ASSIST DEVI | 33990 | CPT | | | | inpatient | | | 1972 | | Americare | Americare | 1479 | 75 | | | 481.52 | | 1873.4 percent of total billed charges | |
| HC INSERT VENTRICULAR ASSIST DEVI | 33990 | CPT | | | | inpatient | | | 1972 | | Corrections | Corrections | 1577.6 | 80 | | | 481.52 | | 1873.4 percent of total billed charges | |
| HC INSERT VENTRICULAR ASSIST DEVI | 33990 | CPT | | | | inpatient | | | 1972 | | UHC | Medicaid | 622.17 | 31.55 | | | 481.52 | | 1873.4 percent of total billed charges | |
| HC INSERT VENTRICULAR ASSIST DEVI | 33990 | CPT | | | | inpatient | | | 1972 | | Aetna | Better Health | 622.17 | 31.55 | | | 481.52 | | 1873.4 percent of total billed charges | |
| HC INSERT VENTRICULAR ASSIST DEVI | 33990 | CPT | | | | inpatient | | | 1972 | | Consumer | Consumer | 1873.4 | 95 | | | 481.52 | | 1873.4 percent of total billed charges | |
| HC INSERT VENTRICULAR ASSIST DEVI | 33990 | CPT | | | | inpatient | | | 1972 | | Aetna | Commercial | 749.36 | 38 | | | 481.52 | | 1873.4 percent of total billed charges | |
| HC INSERT VENTRICULAR ASSIST DEVI | 33990 | CPT | | | | inpatient | | | 1972 | | First Trenton | First Trenton | 1774.8 | 90 | | | 481.52 | | 1873.4 percent of total billed charges | |
| HC INSERT VENTRICULAR ASSIST DEVI | 33990 | CPT | | | | inpatient | | | 1972 | | First Health | First Health | 1380.4 | 70 | | | 481.52 | | 1873.4 percent of total billed charges | |
| HC INSERT VENTRICULAR ASSIST DEVI | 33990 | CPT | | | | inpatient | | | 1972 | | Amerihealth | HMO\|PPO | 1281.8 | 65 | | | 481.52 | | 1873.4 percent of total billed charges | |
| HC INSERT VENTRICULAR ASSIST DEVI | 33990 | CPT | | | | inpatient | | | 1972 | | Aetna | Medicare | 607.38 | 30.8 | | | 481.52 | | 1873.4 percent of total billed charges | |
| HC INSERT VENTRICULAR ASSIST DEVI | 33990 | CPT | | | | inpatient | | | 1972 | | United | Commercial\|PPO | 1782 | | | | 481.52 | | 1873.4 case rate | |
| HC INSERT VENTRICULAR ASSIST DEVI | 33990 | CPT | | | | inpatient | | | 1972 | | United | Oxford | 1782 | | | | 481.52 | | 1873.4 case rate | |
| HC INSERT VENTRICULAR ASSIST DEVI | 33990 | CPT | | | | inpatient | | | 1972 | | Horizon | Indemnity | 754.88 | 38.28 | | | 481.52 | | 1873.4 percent of total billed charges | |
| HC INSERT VENTRICULAR ASSIST DEVI | 33990 | CPT | | | | inpatient | | | 1972 | | Horizon | MGD | 754.88 | 38.28 | | | 481.52 | | 1873.4 percent of total billed charges | |
| HC INSERT VENTRICULAR ASSIST DEVI | 33990 | CPT | | | | inpatient | | | 1972 | | Horizon | PPO | 754.88 | 38.28 | | | 481.52 | | 1873.4 percent of total billed charges | |
| HC INSERT VENTRICULAR ASSIST DEVI | 33990 | CPT | | | | inpatient | | | 1972 | | Wellcare | Medicaid | 622.17 | 31.55 | | | 481.52 | | 1873.4 percent of total billed charges | |
| HC INSERT VENTRICULAR ASSIST DEVI | 33990 | CPT | | | | inpatient | | | 1972 | | Multiplan | Multiplan | 1577.6 | 80 | | | 481.52 | | 1873.4 percent of total billed charges | |
| HC INSERT VENTRICULAR ASSIST DEVI | 33990 | CPT | | | | inpatient | | | 1972 | | WellPoint | WellPoint | 634.59 | 32.18 | | | 481.52 | | 1873.4 percent of total billed charges | |
| HC INSERT VENTRICULAR ASSIST DEVI | 33990 | CPT | | | | inpatient | | | 1972 | | Horizon | Medicare Blue | 591.6 | 30 | | | 481.52 | | 1873.4 percent of total billed charges | |
| HC INSERT VENTRICULAR ASSIST DEVI | 33990 | CPT | | | | inpatient | | | 1972 | | Managed Care Inc | Managed Care Inc | 1774.8 | 90 | | | 481.52 | | 1873.4 percent of total billed charges | |
| HC INSERT VENTRICULAR ASSIST DEVI | 33990 | CPT | | | | inpatient | | | 1972 | | Qualcare | Qualcare | 1479 | 75 | | | 481.52 | | 1873.4 percent of total billed charges | |
| HC INSERT VENTRICULAR ASSIST DEVI | 33990 | CPT | | | | inpatient | | | 1972 | | Three Rivers | Three Rivers | 1873.4 | 95 | | | 481.52 | | 1873.4 percent of total billed charges | |
| HC INSERT VENTRICULAR ASSIST DEVI | 33990 | CPT | | | | inpatient | | | 1972 | | Horizon | NJ Health | 481.52 | | | | 481.52 | | 1873.4 fee schedule | |
| HC REMOVAL PERQ VENTRICULAR DEVIC | 33992 | CPT | | | | inpatient | | | 2956 | | WellPoint | WellPoint | 961.24 | 32.18 | | | 228.48 | | 2808.2 percent of total billed charges | |
| HC REMOVAL PERQ VENTRICULAR DEVIC | 33992 | CPT | | | | inpatient | | | 2956 | | Corrections | Corrections | 2364.8 | 80 | | | 228.48 | | 2808.2 percent of total billed charges | |
| HC REMOVAL PERQ VENTRICULAR DEVIC | 33992 | CPT | | | | inpatient | | | 2956 | | Aetna | Medicare | 910.45 | 30.8 | | | 228.48 | | 2808.2 percent of total billed charges | |
| HC REMOVAL PERQ VENTRICULAR DEVIC | 33992 | CPT | | | | inpatient | | | 2956 | | Consumer | Consumer | 2808.2 | 95 | | | 228.48 | | 2808.2 percent of total billed charges | |
| HC REMOVAL PERQ VENTRICULAR DEVIC | 33992 | CPT | | | | inpatient | | | 2956 | | First Trenton | First Trenton | 2660.4 | 90 | | | 228.48 | | 2808.2 percent of total billed charges | |
| HC REMOVAL PERQ VENTRICULAR DEVIC | 33992 | CPT | | | | inpatient | | | 2956 | | Aetna | Better Health | 932.62 | 31.55 | | | 228.48 | | 2808.2 percent of total billed charges | |
| HC REMOVAL PERQ VENTRICULAR DEVIC | 33992 | CPT | | | | inpatient | | | 2956 | | First Health | First Health | 2069.2 | 70 | | | 228.48 | | 2808.2 percent of total billed charges | |
| HC REMOVAL PERQ VENTRICULAR DEVIC | 33992 | CPT | | | | inpatient | | | 2956 | | Americare | Americare | 2217 | 75 | | | 228.48 | | 2808.2 percent of total billed charges | |
| HC REMOVAL PERQ VENTRICULAR DEVIC | 33992 | CPT | | | | inpatient | | | 2956 | | Horizon | Indemnity | 1131.56 | 38.28 | | | 228.48 | | 2808.2 percent of total billed charges | |
| HC REMOVAL PERQ VENTRICULAR DEVIC | 33992 | CPT | | | | inpatient | | | 2956 | | Horizon | Medicare Blue | 886.8 | 30 | | | 228.48 | | 2808.2 percent of total billed charges | |
| HC REMOVAL PERQ VENTRICULAR DEVIC | 33992 | CPT | | | | inpatient | | | 2956 | | Horizon | MGD | 1131.56 | 38.28 | | | 228.48 | | 2808.2 percent of total billed charges | |
| HC REMOVAL PERQ VENTRICULAR DEVIC | 33992 | CPT | | | | inpatient | | | 2956 | | Horizon | NJ Health | 228.48 | | | | 228.48 | | 2808.2 fee schedule | |
| HC REMOVAL PERQ VENTRICULAR DEVIC | 33992 | CPT | | | | inpatient | | | 2956 | | Horizon | PPO | 1131.56 | 38.28 | | | 228.48 | | 2808.2 percent of total billed charges | |
| HC REMOVAL PERQ VENTRICULAR DEVIC | 33992 | CPT | | | | inpatient | | | 2956 | | Amerihealth | HMO\|PPO | 1921.4 | 65 | | | 228.48 | | 2808.2 percent of total billed charges | |
| HC REMOVAL PERQ VENTRICULAR DEVIC | 33992 | CPT | | | | inpatient | | | 2956 | | UHC | Medicaid | 932.62 | 31.55 | | | 228.48 | | 2808.2 percent of total billed charges | |
| HC REMOVAL PERQ VENTRICULAR DEVIC | 33992 | CPT | | | | inpatient | | | 2956 | | Multiplan | Multiplan | 2364.8 | 80 | | | 228.48 | | 2808.2 percent of total billed charges | |
| HC REMOVAL PERQ VENTRICULAR DEVIC | 33992 | CPT | | | | inpatient | | | 2956 | | Managed Care Inc | Managed Care Inc | 2660.4 | 90 | | | 228.48 | | 2808.2 percent of total billed charges | |
| HC REMOVAL PERQ VENTRICULAR DEVIC | 33992 | CPT | | | | inpatient | | | 2956 | | Qualcare | Qualcare | 2217 | 75 | | | 228.48 | | 2808.2 percent of total billed charges | |
| HC REMOVAL PERQ VENTRICULAR DEVIC | 33992 | CPT | | | | inpatient | | | 2956 | | United | Commercial\|PPO | 1782 | | | | 228.48 | | 2808.2 case rate | |
| HC REMOVAL PERQ VENTRICULAR DEVIC | 33992 | CPT | | | | inpatient | | | 2956 | | Three Rivers | Three Rivers | 2808.2 | 95 | | | 228.48 | | 2808.2 percent of total billed charges | |
| HC REMOVAL PERQ VENTRICULAR DEVIC | 33992 | CPT | | | | inpatient | | | 2956 | | United | Oxford | 1782 | | | | 228.48 | | 2808.2 case rate | |
| HC REMOVAL PERQ VENTRICULAR DEVIC | 33992 | CPT | | | | inpatient | | | 2956 | | Wellcare | Medicaid | 932.62 | 31.55 | | | 228.48 | | 2808.2 percent of total billed charges | |
| HC CPT 33999 USED FOR INSERT ICM | 33999 | CPT | | | | inpatient | | | 1972 | 826.23 | Aetna | Commercial | 1172.53 | | | | 622.17 | | 1873.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CPT 33999 USED FOR INSERT ICM | 33999 | CPT | | | | inpatient | | | 1972 | 826.23 | First Health | First Health | 1380.4 | 70 | | | 622.17 | | 1873.4 percent of total billed charges | |
| HC CPT 33999 USED FOR INSERT ICM | 33999 | CPT | | | | inpatient | | | 1972 | 826.23 | Aetna | Better Health | 622.17 | 31.55 | | | 622.17 | | 1873.4 percent of total billed charges | |
| HC CPT 33999 USED FOR INSERT ICM | 33999 | CPT | | | | inpatient | | | 1972 | 826.23 | Horizon | Indemnity | 1390.22 | | | | 622.17 | | 1873.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CPT 33999 USED FOR INSERT ICM | 33999 | CPT | | | | inpatient | | | 1972 | 826.23 | Americare | Americare | 1479 | 75 | | | 622.17 | | 1873.4 percent of total billed charges | |
| HC CPT 33999 USED FOR INSERT ICM | 33999 | CPT | | | | inpatient | | | 1972 | 826.23 | Horizon | MGD | 1390.22 | | | | 622.17 | | 1873.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CPT 33999 USED FOR INSERT ICM | 33999 | CPT | | | | inpatient | | | 1972 | 826.23 | Consumer | Consumer | 1873.4 | 95 | | | 622.17 | | 1873.4 percent of total billed charges | |
| HC CPT 33999 USED FOR INSERT ICM | 33999 | CPT | | | | inpatient | | | 1972 | 826.23 | Horizon | Medicare Blue | 718.46 | | | | 622.17 | | 1873.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CPT 33999 USED FOR INSERT ICM | 33999 | CPT | | | | inpatient | | | 1972 | 826.23 | Aetna | Medicare | 718.46 | | | | 622.17 | | 1873.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CPT 33999 USED FOR INSERT ICM | 33999 | CPT | | | | inpatient | | | 1972 | 826.23 | First Trenton | First Trenton | 1774.8 | 90 | | | 622.17 | | 1873.4 percent of total billed charges | |
| HC CPT 33999 USED FOR INSERT ICM | 33999 | CPT | | | | inpatient | | | 1972 | 826.23 | Amerihealth | HMO\|PPO | 1281.8 | 65 | | | 622.17 | | 1873.4 percent of total billed charges | |
| HC CPT 33999 USED FOR INSERT ICM | 33999 | CPT | | | | inpatient | | | 1972 | 826.23 | Horizon | PPO | 1390.22 | | | | 622.17 | | 1873.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CPT 33999 USED FOR INSERT ICM | 33999 | CPT | | | | inpatient | | | 1972 | 826.23 | Wellcare | Medicaid | 622.17 | 31.55 | | | 622.17 | | 1873.4 percent of total billed charges | |
| HC CPT 33999 USED FOR INSERT ICM | 33999 | CPT | | | | inpatient | | | 1972 | 826.23 | UHC | Medicaid | 622.17 | 31.55 | | | 622.17 | | 1873.4 percent of total billed charges | |
| HC CPT 33999 USED FOR INSERT ICM | 33999 | CPT | | | | inpatient | | | 1972 | 826.23 | Corrections | Corrections | 1577.6 | 80 | | | 622.17 | | 1873.4 percent of total billed charges | |
| HC CPT 33999 USED FOR INSERT ICM | 33999 | CPT | | | | inpatient | | | 1972 | 826.23 | UHC | Medicare | 718.46 | | | | 622.17 | | 1873.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CPT 33999 USED FOR INSERT ICM | 33999 | CPT | | | | inpatient | | | 1972 | 826.23 | Multiplan | Multiplan | 1577.6 | 80 | | | 622.17 | | 1873.4 percent of total billed charges | |
| HC CPT 33999 USED FOR INSERT ICM | 33999 | CPT | | | | inpatient | | | 1972 | 826.23 | Managed Care Inc | Managed Care Inc | 1774.8 | 90 | | | 622.17 | | 1873.4 percent of total billed charges | |
| HC CPT 33999 USED FOR INSERT ICM | 33999 | CPT | | | | inpatient | | | 1972 | 826.23 | Qualcare | Qualcare | 1479 | 75 | | | 622.17 | | 1873.4 percent of total billed charges | |
| HC CPT 33999 USED FOR INSERT ICM | 33999 | CPT | | | | inpatient | | | 1972 | 826.23 | United | Oxford | 1817 | | | | 622.17 | | 1873.4 case rate | |
| HC CPT 33999 USED FOR INSERT ICM | 33999 | CPT | | | | inpatient | | | 1972 | 826.23 | Three Rivers | Three Rivers | 1873.4 | 95 | | | 622.17 | | 1873.4 percent of total billed charges | |
| HC CPT 33999 USED FOR INSERT ICM | 33999 | CPT | | | | inpatient | | | 1972 | 826.23 | Wellcare | Medicare | 718.46 | | | | 622.17 | | 1873.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CPT 33999 USED FOR INSERT ICM | 33999 | CPT | | | | inpatient | | | 1972 | 826.23 | United | Commercial\|PPO | 1817 | | | | 622.17 | | 1873.4 case rate | |
| HC CPT 33999 USED FOR INSERT ICM | 33999 | CPT | | | | inpatient | | | 1972 | 826.23 | WellPoint | WellPoint | 634.59 | 32.18 | | | 622.17 | | 1873.4 percent of total billed charges | |
| HC REP BLOOD VESSEL DIRECT;HAND/FINGER | 35207 | CPT | | | | outpatient | | | 12522 | 4192.26 | Aetna | Medicare | 3645.44 | | | | 550 | | 11895.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REP BLOOD VESSEL DIRECT;HAND/FINGER | 35207 | CPT | | | | outpatient | | | 12522 | 4192.26 | Qualcare | Qualcare | 9391.5 | 75 | | | 550 | | 11895.9 percent of total billed charges | |
| HC REP BLOOD VESSEL DIRECT;HAND/FINGER | 35207 | CPT | | | | outpatient | | | 12522 | 4192.26 | Consumer | Consumer | 11895.9 | 95 | | | 550 | | 11895.9 percent of total billed charges | |
| HC REP BLOOD VESSEL DIRECT;HAND/FINGER | 35207 | CPT | | | | outpatient | | | 12522 | 4192.26 | Amerihealth | HMO\|PPO | 550 | | | | 550 | | 11895.9 fee schedule | |
| HC REP BLOOD VESSEL DIRECT;HAND/FINGER | 35207 | CPT | | | | outpatient | | | 12522 | 4192.26 | Horizon | MGD | 7053.93 | | | | 550 | | 11895.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REP BLOOD VESSEL DIRECT;HAND/FINGER | 35207 | CPT | | | | outpatient | | | 12522 | 4192.26 | Corrections | Corrections | 10017.6 | 80 | | | 550 | | 11895.9 percent of total billed charges | |
| HC REP BLOOD VESSEL DIRECT;HAND/FINGER | 35207 | CPT | | | | outpatient | | | 12522 | 4192.26 | Aetna | Commercial | 5949.36 | | | | 550 | | 11895.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REP BLOOD VESSEL DIRECT;HAND/FINGER | 35207 | CPT | | | | outpatient | | | 12522 | 4192.26 | Aetna | Better Health | 3950.69 | 31.55 | | | 550 | | 11895.9 percent of total billed charges | |
| HC REP BLOOD VESSEL DIRECT;HAND/FINGER | 35207 | CPT | | | | outpatient | | | 12522 | 4192.26 | Horizon | NJ Health | 892.62 | | | | 550 | | 11895.9 fee schedule | |
| HC REP BLOOD VESSEL DIRECT;HAND/FINGER | 35207 | CPT | | | | outpatient | | | 12522 | 4192.26 | UHC | Medicaid | 3950.69 | 31.55 | | | 550 | | 11895.9 percent of total billed charges | |
| HC REP BLOOD VESSEL DIRECT;HAND/FINGER | 35207 | CPT | | | | outpatient | | | 12522 | 4192.26 | Americare | Americare | 9391.5 | 75 | | | 550 | | 11895.9 percent of total billed charges | |
| HC REP BLOOD VESSEL DIRECT;HAND/FINGER | 35207 | CPT | | | | outpatient | | | 12522 | 4192.26 | First Health | First Health | 8765.4 | 70 | | | 550 | | 11895.9 percent of total billed charges | |
| HC REP BLOOD VESSEL DIRECT;HAND/FINGER | 35207 | CPT | | | | outpatient | | | 12522 | 4192.26 | Multiplan | Multiplan | 10017.6 | 80 | | | 550 | | 11895.9 percent of total billed charges | |
| HC REP BLOOD VESSEL DIRECT;HAND/FINGER | 35207 | CPT | | | | outpatient | | | 12522 | 4192.26 | First Trenton | First Trenton | 11269.8 | 90 | | | 550 | | 11895.9 percent of total billed charges | |
| HC REP BLOOD VESSEL DIRECT;HAND/FINGER | 35207 | CPT | | | | outpatient | | | 12522 | 4192.26 | Three Rivers | Three Rivers | 11895.9 | 95 | | | 550 | | 11895.9 percent of total billed charges | |
| HC REP BLOOD VESSEL DIRECT;HAND/FINGER | 35207 | CPT | | | | outpatient | | | 12522 | 4192.26 | United | Commercial\|PPO | 3492 | | | | 550 | | 11895.9 case rate | |
| HC REP BLOOD VESSEL DIRECT;HAND/FINGER | 35207 | CPT | | | | outpatient | | | 12522 | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 550 | | 11895.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REP BLOOD VESSEL DIRECT;HAND/FINGER | 35207 | CPT | | | | outpatient | | | 12522 | 4192.26 | Horizon | PPO | 7053.93 | | | | 550 | | 11895.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REP BLOOD VESSEL DIRECT;HAND/FINGER | 35207 | CPT | | | | outpatient | | | 12522 | 4192.26 | United | Oxford | 3492 | | | | 550 | | 11895.9 case rate | |
| HC REP BLOOD VESSEL DIRECT;HAND/FINGER | 35207 | CPT | | | | outpatient | | | 12522 | 4192.26 | WellPoint | WellPoint | 4029.58 | 32.18 | | | 550 | | 11895.9 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC REP BLOOD VESSEL DIRECT;HAND/FINGER | 35207 | CPT | | | | outpatient | | | 12522 | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | | 550 | 11895.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REP BLOOD VESSEL DIRECT;HAND/FINGER | 35207 | CPT | | | | outpatient | | | 12522 | 4192.26 | Managed Care Inc | Managed Care Inc | 11269.8 | 90 | | | 550 | 11895.9 | percent of total billed charges | |
| HC REP BLOOD VESSEL DIRECT;HAND/FINGER | 35207 | CPT | | | | outpatient | | | 12522 | 4192.26 | UHC | Medicare | 3645.44 | | | | 550 | 11895.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REP BLOOD VESSEL DIRECT;HAND/FINGER | 35207 | CPT | | | | outpatient | | | 12522 | 4192.26 | Wellcare | Medicare | 3645.44 | | | | 550 | 11895.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REP BLOOD VESSEL DIRECT;HAND/FINGER | 35207 | CPT | | | | outpatient | | | 12522 | 4192.26 | Wellcare | Medicaid | 3950.69 | 31.55 | | | 550 | 11895.9 | percent of total billed charges | |
| HC INTRODUCTION NEEDLE/INTRACATHETER VEIN | 36000 | CPT | | | | outpatient | | | 690.3 | | Amerihealth | HMO/PPO | 448.7 | 65 | | | 75.69 | 1782 | percent of total billed charges | |
| HC INTRODUCTION NEEDLE/INTRACATHETER VEIN | 36000 | CPT | | | | outpatient | | | 690.3 | | Horizon | MGD | 264.25 | 38.28 | | | 75.69 | 1782 | percent of total billed charges | |
| HC INTRODUCTION NEEDLE/INTRACATHETER VEIN | 36000 | CPT | | | | outpatient | | | 690.3 | | First Trenton | First Trenton | 621.27 | 90 | | | 75.69 | 1782 | percent of total billed charges | |
| HC INTRODUCTION NEEDLE/INTRACATHETER VEIN | 36000 | CPT | | | | outpatient | | | 690.3 | | Consumer | Consumer | 655.79 | 95 | | | 75.69 | 1782 | percent of total billed charges | |
| HC INTRODUCTION NEEDLE/INTRACATHETER VEIN | 36000 | CPT | | | | outpatient | | | 690.3 | | Aetna | Better Health | 217.79 | 31.55 | | | 75.69 | 1782 | percent of total billed charges | |
| HC INTRODUCTION NEEDLE/INTRACATHETER VEIN | 36000 | CPT | | | | outpatient | | | 690.3 | | Americare | Americare | 517.73 | 75 | | | 75.69 | 1782 | percent of total billed charges | |
| HC INTRODUCTION NEEDLE/INTRACATHETER VEIN | 36000 | CPT | | | | outpatient | | | 690.3 | | Aetna | Medicare | 212.61 | 30.8 | | | 75.69 | 1782 | percent of total billed charges | |
| HC INTRODUCTION NEEDLE/INTRACATHETER VEIN | 36000 | CPT | | | | outpatient | | | 690.3 | | Corrections | Corrections | 552.24 | 80 | | | 75.69 | 1782 | percent of total billed charges | |
| HC INTRODUCTION NEEDLE/INTRACATHETER VEIN | 36000 | CPT | | | | outpatient | | | 690.3 | | Multiplan | Multiplan | 552.24 | 80 | | | 75.69 | 1782 | percent of total billed charges | |
| HC INTRODUCTION NEEDLE/INTRACATHETER VEIN | 36000 | CPT | | | | outpatient | | | 690.3 | | Three Rivers | Three Rivers | 655.79 | 95 | | | 75.69 | 1782 | percent of total billed charges | |
| HC INTRODUCTION NEEDLE/INTRACATHETER VEIN | 36000 | CPT | | | | outpatient | | | 690.3 | | Horizon | PPO | 264.25 | 38.28 | | | 75.69 | 1782 | percent of total billed charges | |
| HC INTRODUCTION NEEDLE/INTRACATHETER VEIN | 36000 | CPT | | | | outpatient | | | 690.3 | | Horizon | Indemnity | 264.25 | 38.28 | | | 75.69 | 1782 | percent of total billed charges | |
| HC INTRODUCTION NEEDLE/INTRACATHETER VEIN | 36000 | CPT | | | | outpatient | | | 690.3 | | Horizon | Medicare Blue | 207.09 | 30 | | | 75.69 | 1782 | percent of total billed charges | |
| HC INTRODUCTION NEEDLE/INTRACATHETER VEIN | 36000 | CPT | | | | outpatient | | | 690.3 | | Horizon | NJ Health | 75.69 | | | | 75.69 | 1782 | fee schedule | |
| HC INTRODUCTION NEEDLE/INTRACATHETER VEIN | 36000 | CPT | | | | outpatient | | | 690.3 | | First Health | First Health | 483.21 | 70 | | | 75.69 | 1782 | percent of total billed charges | |
| HC INTRODUCTION NEEDLE/INTRACATHETER VEIN | 36000 | CPT | | | | outpatient | | | 690.3 | | Qualcare | Qualcare | 517.73 | 75 | | | 75.69 | 1782 | percent of total billed charges | |
| HC INTRODUCTION NEEDLE/INTRACATHETER VEIN | 36000 | CPT | | | | outpatient | | | 690.3 | | Managed Care Inc | Managed Care Inc | 621.27 | 90 | | | 75.69 | 1782 | percent of total billed charges | |
| HC INTRODUCTION NEEDLE/INTRACATHETER VEIN | 36000 | CPT | | | | outpatient | | | 690.3 | | UHC | Medicaid | 217.79 | 31.55 | | | 75.69 | 1782 | percent of total billed charges | |
| HC INTRODUCTION NEEDLE/INTRACATHETER VEIN | 36000 | CPT | | | | outpatient | | | 690.3 | | United | Commercial/PPO | 1782 | | | | 75.69 | 1782 | case rate | |
| HC INTRODUCTION NEEDLE/INTRACATHETER VEIN | 36000 | CPT | | | | outpatient | | | 690.3 | | United | Oxford | 1782 | | | | 75.69 | 1782 | case rate | |
| HC INTRODUCTION NEEDLE/INTRACATHETER VEIN | 36000 | CPT | | | | outpatient | | | 690.3 | | Wellcare | Medicaid | 217.79 | 31.55 | | | 75.69 | 1782 | percent of total billed charges | |
| HC INTRODUCTION NEEDLE/INTRACATHETER VEIN | 36000 | CPT | | | | outpatient | | | 690.3 | | WellPoint | WellPoint | 222.14 | 32.18 | | | 75.69 | 1782 | percent of total billed charges | |
| HC PSEUDOANEURYSM INJECTION TRT | 36002 | CPT | | | | both | | | 2956 | 826.23 | Aetna | Medicare | 718.46 | | | | 125 | 2808.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PSEUDOANEURYSM INJECTION TRT | 36002 | CPT | | | | both | | | 2956 | 826.23 | United | Oxford | 1817 | | | | 125 | 2808.2 | case rate | |
| HC PSEUDOANEURYSM INJECTION TRT | 36002 | CPT | | | | both | | | 2956 | 826.23 | Multiplan | Multiplan | 2364.8 | 80 | | | 125 | 2808.2 | percent of total billed charges | |
| HC PSEUDOANEURYSM INJECTION TRT | 36002 | CPT | | | | both | | | 2956 | 826.23 | First Health | First Health | 2069.2 | 70 | | | 125 | 2808.2 | percent of total billed charges | |
| HC PSEUDOANEURYSM INJECTION TRT | 36002 | CPT | | | | both | | | 2956 | 826.23 | Americare | Americare | 2217 | 75 | | | 125 | 2808.2 | percent of total billed charges | |
| HC PSEUDOANEURYSM INJECTION TRT | 36002 | CPT | | | | both | | | 2956 | 826.23 | Aetna | Better Health | 932.62 | 31.55 | | | 125 | 2808.2 | percent of total billed charges | |
| HC PSEUDOANEURYSM INJECTION TRT | 36002 | CPT | | | | both | | | 2956 | 826.23 | Corrections | Corrections | 2364.8 | 80 | | | 125 | 2808.2 | percent of total billed charges | |
| HC PSEUDOANEURYSM INJECTION TRT | 36002 | CPT | | | | both | | | 2956 | 826.23 | Aetna | Commercial | 1123.28 | 38 | | | 125 | 2808.2 | percent of total billed charges | |
| HC PSEUDOANEURYSM INJECTION TRT | 36002 | CPT | | | | both | | | 2956 | 826.23 | First Trenton | First Trenton | 2660.4 | 90 | | | 125 | 2808.2 | percent of total billed charges | |
| HC PSEUDOANEURYSM INJECTION TRT | 36002 | CPT | | | | both | | | 2956 | 826.23 | Consumer | Consumer | 2808.2 | 95 | | | 125 | 2808.2 | percent of total billed charges | |
| HC PSEUDOANEURYSM INJECTION TRT | 36002 | CPT | | | | both | | | 2956 | 826.23 | Qualcare | Qualcare | 2217 | 75 | | | 125 | 2808.2 | percent of total billed charges | |
| HC PSEUDOANEURYSM INJECTION TRT | 36002 | CPT | | | | both | | | 2956 | 826.23 | Horizon | Medicare Blue | 718.46 | | | | 125 | 2808.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PSEUDOANEURYSM INJECTION TRT | 36002 | CPT | | | | both | | | 2956 | 826.23 | Amerihealth | HMO/PPO | 125 | | | | 125 | 2808.2 | fee schedule | |
| HC PSEUDOANEURYSM INJECTION TRT | 36002 | CPT | | | | both | | | 2956 | 826.23 | Wellcare | Medicaid | 932.62 | 31.55 | | | 125 | 2808.2 | percent of total billed charges | |
| HC PSEUDOANEURYSM INJECTION TRT | 36002 | CPT | | | | both | | | 2956 | 826.23 | UHC | Medicaid | 932.62 | 31.55 | | 932.62 | 125 | 2808.2 | percent of total billed charges | |
| HC PSEUDOANEURYSM INJECTION TRT | 36002 | CPT | | | | both | | | 2956 | 826.23 | Horizon | Indemnity | 1390.22 | | | | 125 | 2808.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PSEUDOANEURYSM INJECTION TRT | 36002 | CPT | | | | both | | | 2956 | 826.23 | Horizon | MGD | 1390.22 | | | | 125 | 2808.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PSEUDOANEURYSM INJECTION TRT | 36002 | CPT | | | | both | | | 2956 | 826.23 | Wellcare | Medicare | 718.46 | | | | 125 | 2808.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PSEUDOANEURYSM INJECTION TRT | 36002 | CPT | | | | both | | | 2956 | 826.23 | Horizon | NJ Health | 370.62 | | | | 125 | 2808.2 | fee schedule | |
| HC PSEUDOANEURYSM INJECTION TRT | 36002 | CPT | | | | both | | | 2956 | 826.23 | UHC | Medicare | 718.46 | | | | 125 | 2808.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PSEUDOANEURYSM INJECTION TRT | 36002 | CPT | | | | both | | | 2956 | 826.23 | Managed Care Inc | Managed Care Inc | 2660.4 | 90 | | | 125 | 2808.2 | percent of total billed charges | |
| HC PSEUDOANEURYSM INJECTION TRT | 36002 | CPT | | | | both | | | 2956 | 826.23 | Horizon | PPO | 1390.22 | | | | 125 | 2808.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PSEUDOANEURYSM INJECTION TRT | 36002 | CPT | | | | both | | | 2956 | 826.23 | Three Rivers | Three Rivers | 2808.2 | 95 | | | 125 | 2808.2 | percent of total billed charges | |
| HC PSEUDOANEURYSM INJECTION TRT | 36002 | CPT | | | | both | | | 2956 | 826.23 | United | Commercial/PPO | 1817 | | | | 125 | 2808.2 | case rate | |
| HC PSEUDOANEURYSM INJECTION TRT | 36002 | CPT | | | | both | | | 2956 | 826.23 | WellPoint | WellPoint | 951.24 | 32.18 | | | 125 | 2808.2 | percent of total billed charges | |
| HC INJ FOR CONTRAST VENOGRAPHY | 36005 | CPT | | | | both | | | 2751 | | Wellcare | Medicaid | 867.94 | 31.55 | | | 58.8 | 2613.45 | percent of total billed charges | |
| HC INJ FOR CONTRAST VENOGRAPHY | 36005 | CPT | | | | both | | | 2751 | | Aetna | Better Health | 867.94 | 31.55 | | | 58.8 | 2613.45 | percent of total billed charges | |
| HC INJ FOR CONTRAST VENOGRAPHY | 36005 | CPT | | | | both | | | 2751 | | Americare | Americare | 2063.25 | 75 | | | 58.8 | 2613.45 | percent of total billed charges | |
| HC INJ FOR CONTRAST VENOGRAPHY | 36005 | CPT | | | | both | | | 2751 | | Aetna | Medicare | 847.31 | 30.8 | | | 58.8 | 2613.45 | percent of total billed charges | |
| HC INJ FOR CONTRAST VENOGRAPHY | 36005 | CPT | | | | both | | | 2751 | | Consumer | Consumer | 2613.45 | 95 | | | 58.8 | 2613.45 | percent of total billed charges | |
| HC INJ FOR CONTRAST VENOGRAPHY | 36005 | CPT | | | | both | | | 2751 | | Corrections | Corrections | 2200.8 | 80 | | | 58.8 | 2613.45 | percent of total billed charges | |
| HC INJ FOR CONTRAST VENOGRAPHY | 36005 | CPT | | | | both | | | 2751 | | First Trenton | First Trenton | 2475.9 | 90 | | | 58.8 | 2613.45 | percent of total billed charges | |
| HC INJ FOR CONTRAST VENOGRAPHY | 36005 | CPT | | | | both | | | 2751 | | First Health | First Health | 1925.7 | 70 | | | 58.8 | 2613.45 | percent of total billed charges | |
| HC INJ FOR CONTRAST VENOGRAPHY | 36005 | CPT | | | | both | | | 2751 | | Horizon | NJ Health | 58.8 | | | | 58.8 | 2613.45 | fee schedule | |
| HC INJ FOR CONTRAST VENOGRAPHY | 36005 | CPT | | | | both | | | 2751 | | Horizon | Indemnity | 1053.08 | 38.28 | | | 58.8 | 2613.45 | percent of total billed charges | |
| HC INJ FOR CONTRAST VENOGRAPHY | 36005 | CPT | | | | both | | | 2751 | | Horizon | PPO | 1053.08 | 38.28 | | | 58.8 | 2613.45 | percent of total billed charges | |
| HC INJ FOR CONTRAST VENOGRAPHY | 36005 | CPT | | | | both | | | 2751 | | Amerihealth | HMO/PPO | 125 | | | | 58.8 | 2613.45 | fee schedule | |
| HC INJ FOR CONTRAST VENOGRAPHY | 36005 | CPT | | | | both | | | 2751 | | Managed Care Inc | Managed Care Inc | 2475.9 | 90 | | | 58.8 | 2613.45 | percent of total billed charges | |
| HC INJ FOR CONTRAST VENOGRAPHY | 36005 | CPT | | | | both | | | 2751 | | WellPoint | WellPoint | 885.27 | 32.18 | | | 58.8 | 2613.45 | percent of total billed charges | |
| HC INJ FOR CONTRAST VENOGRAPHY | 36005 | CPT | | | | both | | | 2751 | | Three Rivers | Three Rivers | 2613.45 | 95 | | | 58.8 | 2613.45 | percent of total billed charges | |
| HC INJ FOR CONTRAST VENOGRAPHY | 36005 | CPT | | | | both | | | 2751 | | Horizon | MGD | 1053.08 | 38.28 | | | 58.8 | 2613.45 | percent of total billed charges | |
| HC INJ FOR CONTRAST VENOGRAPHY | 36005 | CPT | | | | both | | | 2751 | | Horizon | Medicare Blue | 825.3 | 30 | | | 58.8 | 2613.45 | percent of total billed charges | |
| HC INJ FOR CONTRAST VENOGRAPHY | 36005 | CPT | | | | both | | | 2751 | | UHC | Medicaid | 867.94 | 31.55 | | | 58.8 | 2613.45 | percent of total billed charges | |
| HC INJ FOR CONTRAST VENOGRAPHY | 36005 | CPT | | | | both | | | 2751 | | Multiplan | Multiplan | 2200.8 | 80 | | | 58.8 | 2613.45 | percent of total billed charges | |
| HC INJ FOR CONTRAST VENOGRAPHY | 36005 | CPT | | | | both | | | 2751 | | United | Commercial/PPO | 1782 | | | | 58.8 | 2613.45 | case rate | |
| HC INJ FOR CONTRAST VENOGRAPHY | 36005 | CPT | | | | both | | | 2751 | | Qualcare | Qualcare | 2063.25 | 75 | | | 58.8 | 2613.45 | percent of total billed charges | |
| HC INJ FOR CONTRAST VENOGRAPHY | 36005 | CPT | | | | both | | | 2751 | | United | Oxford | 1782 | | | | 58.8 | 2613.45 | case rate | |
| HC VENA CAVA SUPER INFER/CATH | 36010 | CPT | | | | both | | | 2258 | | Corrections | Corrections | 1806.4 | 80 | | | 166.6 | 2145.1 | percent of total billed charges | |
| HC VENA CAVA SUPER INFER/CATH | 36010 | CPT | | | | both | | | 2258 | | Horizon | MGD | 864.36 | 38.28 | | | 166.6 | 2145.1 | percent of total billed charges | |
| HC VENA CAVA SUPER INFER/CATH | 36010 | CPT | | | | both | | | 2258 | | Aetna | Better Health | 712.4 | 31.55 | | | 166.6 | 2145.1 | percent of total billed charges | |
| HC VENA CAVA SUPER INFER/CATH | 36010 | CPT | | | | both | | | 2258 | | Consumer | Consumer | 2145.1 | 95 | | | 166.6 | 2145.1 | percent of total billed charges | |
| HC VENA CAVA SUPER INFER/CATH | 36010 | CPT | | | | both | | | 2258 | | Aetna | Medicare | 695.46 | 30.8 | | | 166.6 | 2145.1 | percent of total billed charges | |
| HC VENA CAVA SUPER INFER/CATH | 36010 | CPT | | | | both | | | 2258 | | Americare | Americare | 1693.5 | 75 | | | 166.6 | 2145.1 | percent of total billed charges | |
| HC VENA CAVA SUPER INFER/CATH | 36010 | CPT | | | | both | | | 2258 | | First Health | First Health | 1580.6 | 70 | | | 166.6 | 2145.1 | percent of total billed charges | |
| HC VENA CAVA SUPER INFER/CATH | 36010 | CPT | | | | both | | | 2258 | | Multiplan | Multiplan | 1806.4 | 80 | | | 166.6 | 2145.1 | percent of total billed charges | |
| HC VENA CAVA SUPER INFER/CATH | 36010 | CPT | | | | both | | | 2258 | | UHC | Medicaid | 712.4 | 31.55 | | | 166.6 | 2145.1 | percent of total billed charges | |
| HC VENA CAVA SUPER INFER/CATH | 36010 | CPT | | | | both | | | 2258 | | Horizon | Indemnity | 864.36 | 38.28 | | 434.06 | 166.6 | 2145.1 | percent of total billed charges | |
| HC VENA CAVA SUPER INFER/CATH | 36010 | CPT | | | | both | | | 2258 | | Amerihealth | HMO/PPO | 550 | | | | 166.6 | 2145.1 | fee schedule | |
| HC VENA CAVA SUPER INFER/CATH | 36010 | CPT | | | | both | | | 2258 | | Horizon | Medicare Blue | 677.4 | 30 | | | 166.6 | 2145.1 | percent of total billed charges | |
| HC VENA CAVA SUPER INFER/CATH | 36010 | CPT | | | | both | | | 2258 | | First Trenton | First Trenton | 2032.2 | 90 | | | 166.6 | 2145.1 | percent of total billed charges | |
| HC VENA CAVA SUPER INFER/CATH | 36010 | CPT | | | | both | | | 2258 | | Qualcare | Qualcare | 1693.5 | 75 | | | 166.6 | 2145.1 | percent of total billed charges | |
| HC VENA CAVA SUPER INFER/CATH | 36010 | CPT | | | | both | | | 2258 | | United | Oxford | 1782 | | | | 166.6 | 2145.1 | case rate | |
| HC VENA CAVA SUPER INFER/CATH | 36010 | CPT | | | | both | | | 2258 | | United | Commercial/PPO | 1782 | | | | 166.6 | 2145.1 | case rate | |
| HC VENA CAVA SUPER INFER/CATH | 36010 | CPT | | | | both | | | 2258 | | Wellcare | Medicaid | 712.4 | 31.55 | | | 166.6 | 2145.1 | percent of total billed charges | |
| HC VENA CAVA SUPER INFER/CATH | 36010 | CPT | | | | both | | | 2258 | | Horizon | NJ Health | 166.6 | | | | 166.6 | 2145.1 | fee schedule | |
| HC VENA CAVA SUPER INFER/CATH | 36010 | CPT | | | | both | | | 2258 | | WellPoint | WellPoint | 726.62 | 32.18 | | | 166.6 | 2145.1 | percent of total billed charges | |
| HC VENA CAVA SUPER INFER/CATH | 36010 | CPT | | | | both | | | 2258 | | Horizon | PPO | 864.36 | 38.28 | | 790.68 | 166.6 | 2145.1 | percent of total billed charges | |
| HC VENA CAVA SUPER INFER/CATH | 36010 | CPT | | | | both | | | 2258 | | Managed Care Inc | Managed Care Inc | 2032.2 | 90 | | | 166.6 | 2145.1 | percent of total billed charges | |
| HC VENA CAVA SUPER INFER/CATH | 36010 | CPT | | | | both | | | 2258 | | Three Rivers | Three Rivers | 2145.1 | 95 | | | 166.6 | 2145.1 | percent of total billed charges | |
| HC CATH VEIN/ANY 1ST ORDER | 36011 | CPT | | | | both | | | 2501 | | Aetna | Better Health | 789.07 | 31.55 | | | 249.9 | 2375.95 | percent of total billed charges | |
| HC CATH VEIN/ANY 1ST ORDER | 36011 | CPT | | | | both | | | 2501 | | Aetna | Medicare | 770.31 | 30.8 | | | 249.9 | 2375.95 | percent of total billed charges | |
| HC CATH VEIN/ANY 1ST ORDER | 36011 | CPT | | | | both | | | 2501 | | Corrections | Corrections | 2000.8 | 80 | | | 249.9 | 2375.95 | percent of total billed charges | |
| HC CATH VEIN/ANY 1ST ORDER | 36011 | CPT | | | | both | | | 2501 | | Americare | Americare | 1875.75 | 75 | | | 249.9 | 2375.95 | percent of total billed charges | |
| HC CATH VEIN/ANY 1ST ORDER | 36011 | CPT | | | | both | | | 2501 | | Consumer | Consumer | 2375.95 | 95 | | | 249.9 | 2375.95 | percent of total billed charges | |
| HC CATH VEIN/ANY 1ST ORDER | 36011 | CPT | | | | both | | | 2501 | | United | Commercial/PPO | 1782 | | | | 249.9 | 2375.95 | case rate | |
| HC CATH VEIN/ANY 1ST ORDER | 36011 | CPT | | | | both | | | 2501 | | Horizon | Indemnity | 957.38 | 38.28 | | | 249.9 | 2375.95 | percent of total billed charges | |
| HC CATH VEIN/ANY 1ST ORDER | 36011 | CPT | | | | both | | | 2501 | | First Trenton | First Trenton | 2250.9 | 90 | | | 249.9 | 2375.95 | percent of total billed charges | |
| HC CATH VEIN/ANY 1ST ORDER | 36011 | CPT | | | | both | | | 2501 | | First Health | First Health | 1750.7 | 70 | | | 249.9 | 2375.95 | percent of total billed charges | |
| HC CATH VEIN/ANY 1ST ORDER | 36011 | CPT | | | | both | | | 2501 | | Amerihealth | HMO/PPO | 550 | | | | 249.9 | 2375.95 | fee schedule | |
| HC CATH VEIN/ANY 1ST ORDER | 36011 | CPT | | | | both | | | 2501 | | Horizon | NJ Health | 249.9 | | | 0.27 | 249.9 | 2375.95 | fee schedule | |
| HC CATH VEIN/ANY 1ST ORDER | 36011 | CPT | | | | both | | | 2501 | | Horizon | MGD | 957.38 | 38.28 | | 1712.82 | 249.9 | 2375.95 | percent of total billed charges | |
| HC CATH VEIN/ANY 1ST ORDER | 36011 | CPT | | | | both | | | 2501 | | United | Oxford | 1782 | | | | 249.9 | 2375.95 | case rate | |
| HC CATH VEIN/ANY 1ST ORDER | 36011 | CPT | | | | both | | | 2501 | | Horizon | PPO | 957.38 | 38.28 | | | 249.9 | 2375.95 | percent of total billed charges | |
| HC CATH VEIN/ANY 1ST ORDER | 36011 | CPT | | | | both | | | 2501 | | Multiplan | Multiplan | 2000.8 | 80 | | | 249.9 | 2375.95 | percent of total billed charges | |
| HC CATH VEIN/ANY 1ST ORDER | 36011 | CPT | | | | both | | | 2501 | | Managed Care Inc | Managed Care Inc | 2250.9 | 90 | | | 249.9 | 2375.95 | percent of total billed charges | |
| HC CATH VEIN/ANY 1ST ORDER | 36011 | CPT | | | | both | | | 2501 | | Horizon | Medicare Blue | 750.3 | 30 | | | 249.9 | 2375.95 | percent of total billed charges | |
| HC CATH VEIN/ANY 1ST ORDER | 36011 | CPT | | | | both | | | 2501 | | Three Rivers | Three Rivers | 2375.95 | 95 | | | 249.9 | 2375.95 | percent of total billed charges | |
| HC CATH VEIN/ANY 1ST ORDER | 36011 | CPT | | | | both | | | 2501 | | Qualcare | Qualcare | 1875.75 | 75 | | | 249.9 | 2375.95 | percent of total billed charges | |
| HC CATH VEIN/ANY 1ST ORDER | 36011 | CPT | | | | both | | | 2501 | | UHC | Medicaid | 789.07 | 31.55 | | 618.51 | 249.9 | 2375.95 | percent of total billed charges | |
| HC CATH VEIN/ANY 1ST ORDER | 36011 | CPT | | | | both | | | 2501 | | Wellcare | Medicaid | 789.07 | 31.55 | | | 249.9 | 2375.95 | percent of total billed charges | |
| HC CATH VEIN/ANY 1ST ORDER | 36011 | CPT | | | | both | | | 2501 | | WellPoint | WellPoint | 804.82 | 32.18 | | 703.69 | 249.9 | 2375.95 | percent of total billed charges | |
| HC CATH VEIN/ANY ADDL ORDERS | 36012 | CPT | | | | both | | | 3079 | | United | Commercial/PPO | 1782 | | | | 374.85 | 2925.05 | case rate | |
| HC CATH VEIN/ANY ADDL ORDERS | 36012 | CPT | | | | both | | | 3079 | | First Health | First Health | 2155.3 | 70 | | | 374.85 | 2925.05 | percent of total billed charges | |
| HC CATH VEIN/ANY ADDL ORDERS | 36012 | CPT | | | | both | | | 3079 | | Aetna | Better Health | 971.42 | 31.55 | | | 374.85 | 2925.05 | percent of total billed charges | |
| HC CATH VEIN/ANY ADDL ORDERS | 36012 | CPT | | | | both | | | 3079 | | Corrections | Corrections | 2463.2 | 80 | | | 374.85 | 2925.05 | percent of total billed charges | |
| HC CATH VEIN/ANY ADDL ORDERS | 36012 | CPT | | | | both | | | 3079 | | WellPoint | WellPoint | 990.82 | 32.18 | | | 374.85 | 2925.05 | percent of total billed charges | |
| HC CATH VEIN/ANY ADDL ORDERS | 36012 | CPT | | | | both | | | 3079 | | Amerihealth | HMO/PPO | 650 | | | | 374.85 | 2925.05 | fee schedule | |
| HC CATH VEIN/ANY ADDL ORDERS | 36012 | CPT | | | | both | | | 3079 | | Aetna | Medicare | 948.33 | 30.8 | | | 374.85 | 2925.05 | percent of total billed charges | |
| HC CATH VEIN/ANY ADDL ORDERS | 36012 | CPT | | | | both | | | 3079 | | Horizon | Indemnity | 1178.64 | 38.28 | | | 374.85 | 2925.05 | percent of total billed charges | |
| HC CATH VEIN/ANY ADDL ORDERS | 36012 | CPT | | | | both | | | 3079 | | Horizon | Medicare Blue | 923.7 | 30 | | | 374.85 | 2925.05 | percent of total billed charges | |
| HC CATH VEIN/ANY ADDL ORDERS | 36012 | CPT | | | | both | | | 3079 | | First Trenton | First Trenton | 2771.1 | 90 | | | 374.85 | 2925.05 | percent of total billed charges | |
| HC CATH VEIN/ANY ADDL ORDERS | 36012 | CPT | | | | both | | | 3079 | | Americare | Americare | 2309.25 | 75 | | | 374.85 | 2925.05 | percent of total billed charges | |
| HC CATH VEIN/ANY ADDL ORDERS | 36012 | CPT | | | | both | | | 3079 | | Horizon | NJ Health | 374.85 | | | | 374.85 | 2925.05 | fee schedule | |
| HC CATH VEIN/ANY ADDL ORDERS | 36012 | CPT | | | | both | | | 3079 | | Wellcare | Medicaid | 971.42 | 31.55 | | | 374.85 | 2925.05 | percent of total billed charges | |
| HC CATH VEIN/ANY ADDL ORDERS | 36012 | CPT | | | | both | | | 3079 | | Horizon | MGD | 1178.64 | 38.28 | | | 374.85 | 2925.05 | percent of total billed charges | |
| HC CATH VEIN/ANY ADDL ORDERS | 36012 | CPT | | | | both | | | 3079 | | Consumer | Consumer | 2925.05 | 95 | | | 374.85 | 2925.05 | percent of total billed charges | |
| HC CATH VEIN/ANY ADDL ORDERS | 36012 | CPT | | | | both | | | 3079 | | Multiplan | Multiplan | 2463.2 | 80 | | | 374.85 | 2925.05 | percent of total billed charges | |
| HC CATH VEIN/ANY ADDL ORDERS | 36012 | CPT | | | | both | | | 3079 | | UHC | Medicaid | 971.42 | 31.55 | | 761.43 | 374.85 | 2925.05 | percent of total billed charges | |
| HC CATH VEIN/ANY ADDL ORDERS | 36012 | CPT | | | | both | | | 3079 | | Horizon | PPO | 1178.64 | 38.28 | | | 374.85 | 2925.05 | percent of total billed charges | |
| HC CATH VEIN/ANY ADDL ORDERS | 36012 | CPT | | | | both | | | 3079 | | United | Oxford | 1782 | | | | 374.85 | 2925.05 | case rate | |
| HC CATH VEIN/ANY ADDL ORDERS | 36012 | CPT | | | | both | | | 3079 | | Qualcare | Qualcare | 2309.25 | 75 | | | 374.85 | 2925.05 | percent of total billed charges | |
| HC CATH VEIN/ANY ADDL ORDERS | 36012 | CPT | | | | both | | | 3079 | | Managed Care Inc | Managed Care Inc | 2771.1 | 90 | | | 374.85 | 2925.05 | percent of total billed charges | |
| HC CATH VEIN/ANY ADDL ORDERS | 36012 | CPT | | | | both | | | 3079 | | Three Rivers | Three Rivers | 2925.05 | 95 | | | 374.85 | 2925.05 | percent of total billed charges | |
| HC INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY | 36013 | CPT | | | | outpatient | | | 1856 | | First Health | First Health | 1299.2 | 70 | | | 249.9 | 1782 | percent of total billed charges | |
| HC INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY | 36013 | CPT | | | | outpatient | | | 1856 | | Americare | Americare | 1392 | 75 | | | 249.9 | 1782 | percent of total billed charges | |
| HC INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY | 36013 | CPT | | | | outpatient | | | 1856 | | Aetna | Commercial | 705.28 | 38 | | | 249.9 | 1782 | percent of total billed charges | |
| HC INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY | 36013 | CPT | | | | outpatient | | | 1856 | | Aetna | Medicare | 571.65 | 30.8 | | | 249.9 | 1782 | percent of total billed charges | |
| HC INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY | 36013 | CPT | | | | outpatient | | | 1856 | | Consumer | Consumer | 1763.2 | 95 | | | 249.9 | 1782 | percent of total billed charges | |
| HC INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY | 36013 | CPT | | | | outpatient | | | 1856 | | Amerihealth | HMO/PPO | 650 | | | | 249.9 | 1782 | fee schedule | |
| HC INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY | 36013 | CPT | | | | outpatient | | | 1856 | | Horizon | Indemnity | 710.48 | 38.28 | | | 249.9 | 1782 | percent of total billed charges | |
| HC INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY | 36013 | CPT | | | | outpatient | | | 1856 | | Aetna | Better Health | 585.57 | 31.55 | | | 249.9 | 1782 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY | 36013 | CPT | | | | outpatient | | | 1856 | | First Trenton | First Trenton | 1670.4 | 90 | | | 249.9 | 1782 | percent of total billed charges | |
| HC INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY | 36013 | CPT | | | | outpatient | | | 1856 | | Multiplan | Multiplan | 1484.8 | 80 | | | 249.9 | 1782 | percent of total billed charges | |
| HC INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY | 36013 | CPT | | | | outpatient | | | 1856 | | Horizon | MGD | 710.48 | 38.28 | | | 249.9 | 1782 | percent of total billed charges | |
| HC INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY | 36013 | CPT | | | | outpatient | | | 1856 | | Corrections | Corrections | 1484.8 | 80 | | | 249.9 | 1782 | percent of total billed charges | |
| HC INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY | 36013 | CPT | | | | outpatient | | | 1856 | | Horizon | NJ Health | 249.9 | | | | 249.9 | 1782 | fee schedule | |
| HC INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY | 36013 | CPT | | | | outpatient | | | 1856 | | Qualcare | Qualcare | 1392 | 75 | | | 249.9 | 1782 | percent of total billed charges | |
| HC INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY | 36013 | CPT | | | | outpatient | | | 1856 | | UHC | Medicaid | 585.57 | 31.55 | | | 249.9 | 1782 | percent of total billed charges | |
| HC INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY | 36013 | CPT | | | | outpatient | | | 1856 | | Horizon | Medicare Blue | 556.8 | 30 | | | 249.9 | 1782 | percent of total billed charges | |
| HC INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY | 36013 | CPT | | | | outpatient | | | 1856 | | Horizon | PPO | 710.48 | 38.28 | | | 249.9 | 1782 | percent of total billed charges | |
| HC INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY | 36013 | CPT | | | | outpatient | | | 1856 | | WellPoint | WellPoint | 597.26 | 32.18 | | | 249.9 | 1782 | percent of total billed charges | |
| HC INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY | 36013 | CPT | | | | outpatient | | | 1856 | | United | Commercial/PPO | 1782 | | | | 249.9 | 1782 | case rate | |
| HC INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY | 36013 | CPT | | | | outpatient | | | 1856 | | Managed Care Inc | Managed Care Inc | 1670.4 | 90 | | | 249.9 | 1782 | percent of total billed charges | |
| HC INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY | 36013 | CPT | | | | outpatient | | | 1856 | | Wellcare | Medicaid | 585.57 | 31.55 | | | 249.9 | 1782 | percent of total billed charges | |
| HC INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY | 36013 | CPT | | | | outpatient | | | 1856 | | Three Rivers | Three Rivers | 1763.2 | 95 | | | 249.9 | 1782 | percent of total billed charges | |
| HC INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY | 36013 | CPT | | | | outpatient | | | 1856 | | United | Oxford | 1782 | | | | 249.9 | 1782 | case rate | |
| HC PULMONARY/1&2 ORDER | 36014 | CPT | | | | inpatient | | | 2703 | | First Health | First Health | 1892.1 | 70 | | | 360.64 | 2567.85 | percent of total billed charges | |
| HC PULMONARY/1&2 ORDER | 36014 | CPT | | | | inpatient | | | 2703 | | Aetna | Medicare | 832.52 | 30.8 | | | 360.64 | 2567.85 | percent of total billed charges | |
| HC PULMONARY/1&2 ORDER | 36014 | CPT | | | | inpatient | | | 2703 | | Corrections | Corrections | 2162.4 | 80 | | | 360.64 | 2567.85 | percent of total billed charges | |
| HC PULMONARY/1&2 ORDER | 36014 | CPT | | | | inpatient | | | 2703 | | Aetna | Better Health | 852.8 | 31.55 | | | 360.64 | 2567.85 | percent of total billed charges | |
| HC PULMONARY/1&2 ORDER | 36014 | CPT | | | | inpatient | | | 2703 | | Consumer | Consumer | 2567.85 | 95 | | | 360.64 | 2567.85 | percent of total billed charges | |
| HC PULMONARY/1&2 ORDER | 36014 | CPT | | | | inpatient | | | 2703 | | Americare | Americare | 2027.25 | 75 | | | 360.64 | 2567.85 | percent of total billed charges | |
| HC PULMONARY/1&2 ORDER | 36014 | CPT | | | | inpatient | | | 2703 | | First Trenton | First Trenton | 2432.7 | 90 | | | 360.64 | 2567.85 | percent of total billed charges | |
| HC PULMONARY/1&2 ORDER | 36014 | CPT | | | | inpatient | | | 2703 | | Aetna | Commercial | 1027.14 | 38 | | | 360.64 | 2567.85 | percent of total billed charges | |
| HC PULMONARY/1&2 ORDER | 36014 | CPT | | | | inpatient | | | 2703 | | Multiplan | Multiplan | 2162.4 | 80 | | | 360.64 | 2567.85 | percent of total billed charges | |
| HC PULMONARY/1&2 ORDER | 36014 | CPT | | | | inpatient | | | 2703 | | Amerihealth | HMO/PPO | 650 | | | | 360.64 | 2567.85 | fee schedule | |
| HC PULMONARY/1&2 ORDER | 36014 | CPT | | | | inpatient | | | 2703 | | Horizon | Medicare Blue | 810.9 | 30 | | | 360.64 | 2567.85 | percent of total billed charges | |
| HC PULMONARY/1&2 ORDER | 36014 | CPT | | | | inpatient | | | 2703 | | WellPoint | WellPoint | 869.83 | 32.18 | | | 360.64 | 2567.85 | percent of total billed charges | |
| HC PULMONARY/1&2 ORDER | 36014 | CPT | | | | inpatient | | | 2703 | | UHC | Medicaid | 852.8 | 31.55 | | | 360.64 | 2567.85 | percent of total billed charges | |
| HC PULMONARY/1&2 ORDER | 36014 | CPT | | | | inpatient | | | 2703 | | Horizon | MGD | 1034.71 | 38.28 | | | 360.64 | 2567.85 | percent of total billed charges | |
| HC PULMONARY/1&2 ORDER | 36014 | CPT | | | | inpatient | | | 2703 | | Horizon | Indemnity | 1034.71 | 38.28 | | | 360.64 | 2567.85 | percent of total billed charges | |
| HC PULMONARY/1&2 ORDER | 36014 | CPT | | | | inpatient | | | 2703 | | Qualcare | Qualcare | 2027.25 | 75 | | | 360.64 | 2567.85 | percent of total billed charges | |
| HC PULMONARY/1&2 ORDER | 36014 | CPT | | | | inpatient | | | 2703 | | Horizon | NJ Health | 360.64 | | | | 360.64 | 2567.85 | fee schedule | |
| HC PULMONARY/1&2 ORDER | 36014 | CPT | | | | inpatient | | | 2703 | | United | Commercial/PPO | 1782 | | | | 360.64 | 2567.85 | case rate | |
| HC PULMONARY/1&2 ORDER | 36014 | CPT | | | | inpatient | | | 2703 | | Horizon | PPO | 1034.71 | 38.28 | | | 360.64 | 2567.85 | percent of total billed charges | |
| HC PULMONARY/1&2 ORDER | 36014 | CPT | | | | inpatient | | | 2703 | | United | Oxford | 1782 | | | | 360.64 | 2567.85 | case rate | |
| HC PULMONARY/1&2 ORDER | 36014 | CPT | | | | inpatient | | | 2703 | | Managed Care Inc | Managed Care Inc | 2432.7 | 90 | | | 360.64 | 2567.85 | percent of total billed charges | |
| HC PULMONARY/1&2 ORDER | 36014 | CPT | | | | inpatient | | | 2703 | | Wellcare | Medicaid | 852.8 | 31.55 | | | 360.64 | 2567.85 | percent of total billed charges | |
| HC PULMONARY/1&2 ORDER | 36014 | CPT | | | | inpatient | | | 2703 | | Three Rivers | Three Rivers | 2567.85 | 95 | | | 360.64 | 2567.85 | percent of total billed charges | |
| HC SELECTIVE CATH PLCMT SEGMENTL/SUBSEGMENTL PULMON ARTERY | 36015 | CPT | | | | inpatient | | | 3563 | | Aetna | Better Health | 1124.13 | 31.55 | | | 374.85 | 3384.85 | percent of total billed charges | |
| HC SELECTIVE CATH PLCMT SEGMENTL/SUBSEGMENTL PULMON ARTERY | 36015 | CPT | | | | inpatient | | | 3563 | | Corrections | Corrections | 2850.4 | 80 | | | 374.85 | 3384.85 | percent of total billed charges | |
| HC SELECTIVE CATH PLCMT SEGMENTL/SUBSEGMENTL PULMON ARTERY | 36015 | CPT | | | | inpatient | | | 3563 | | Aetna | Medicare | 1097.4 | 30.8 | | | 374.85 | 3384.85 | percent of total billed charges | |
| HC SELECTIVE CATH PLCMT SEGMENTL/SUBSEGMENTL PULMON ARTERY | 36015 | CPT | | | | inpatient | | | 3563 | | Americare | Americare | 2672.25 | 75 | | | 374.85 | 3384.85 | percent of total billed charges | |
| HC SELECTIVE CATH PLCMT SEGMENTL/SUBSEGMENTL PULMON ARTERY | 36015 | CPT | | | | inpatient | | | 3563 | | UHC | Medicaid | 1124.13 | 31.55 | | | 374.85 | 3384.85 | percent of total billed charges | |
| HC SELECTIVE CATH PLCMT SEGMENTL/SUBSEGMENTL PULMON ARTERY | 36015 | CPT | | | | inpatient | | | 3563 | | Aetna | Commercial | 1353.94 | 38 | | | 374.85 | 3384.85 | percent of total billed charges | |
| HC SELECTIVE CATH PLCMT SEGMENTL/SUBSEGMENTL PULMON ARTERY | 36015 | CPT | | | | inpatient | | | 3563 | | Consumer | Consumer | 3384.85 | 95 | | | 374.85 | 3384.85 | percent of total billed charges | |
| HC SELECTIVE CATH PLCMT SEGMENTL/SUBSEGMENTL PULMON ARTERY | 36015 | CPT | | | | inpatient | | | 3563 | | Amerihealth | HMO/PPO | 650 | | | | 374.85 | 3384.85 | fee schedule | |
| HC SELECTIVE CATH PLCMT SEGMENTL/SUBSEGMENTL PULMON ARTERY | 36015 | CPT | | | | inpatient | | | 3563 | | First Health | First Health | 2494.1 | 70 | | | 374.85 | 3384.85 | percent of total billed charges | |
| HC SELECTIVE CATH PLCMT SEGMENTL/SUBSEGMENTL PULMON ARTERY | 36015 | CPT | | | | inpatient | | | 3563 | | Horizon | NJ Health | 374.85 | | | | 374.85 | 3384.85 | fee schedule | |
| HC SELECTIVE CATH PLCMT SEGMENTL/SUBSEGMENTL PULMON ARTERY | 36015 | CPT | | | | inpatient | | | 3563 | | First Trenton | First Trenton | 3206.7 | 90 | | | 374.85 | 3384.85 | percent of total billed charges | |
| HC SELECTIVE CATH PLCMT SEGMENTL/SUBSEGMENTL PULMON ARTERY | 36015 | CPT | | | | inpatient | | | 3563 | | Horizon | Indemnity | 1363.92 | 38.28 | | | 374.85 | 3384.85 | percent of total billed charges | |
| HC SELECTIVE CATH PLCMT SEGMENTL/SUBSEGMENTL PULMON ARTERY | 36015 | CPT | | | | inpatient | | | 3563 | | Horizon | Medicare Blue | 1068.9 | 30 | | | 374.85 | 3384.85 | percent of total billed charges | |
| HC SELECTIVE CATH PLCMT SEGMENTL/SUBSEGMENTL PULMON ARTERY | 36015 | CPT | | | | inpatient | | | 3563 | | Managed Care Inc | Managed Care Inc | 3206.7 | 90 | | | 374.85 | 3384.85 | percent of total billed charges | |
| HC SELECTIVE CATH PLCMT SEGMENTL/SUBSEGMENTL PULMON ARTERY | 36015 | CPT | | | | inpatient | | | 3563 | | Horizon | MGD | 1363.92 | 38.28 | | | 374.85 | 3384.85 | percent of total billed charges | |
| HC SELECTIVE CATH PLCMT SEGMENTL/SUBSEGMENTL PULMON ARTERY | 36015 | CPT | | | | inpatient | | | 3563 | | Multiplan | Multiplan | 2850.4 | 80 | | | 374.85 | 3384.85 | percent of total billed charges | |
| HC SELECTIVE CATH PLCMT SEGMENTL/SUBSEGMENTL PULMON ARTERY | 36015 | CPT | | | | inpatient | | | 3563 | | Wellcare | Medicaid | 1124.13 | 31.55 | | | 374.85 | 3384.85 | percent of total billed charges | |
| HC SELECTIVE CATH PLCMT SEGMENTL/SUBSEGMENTL PULMON ARTERY | 36015 | CPT | | | | inpatient | | | 3563 | | United | Commercial/PPO | 1782 | | | | 374.85 | 3384.85 | case rate | |
| HC SELECTIVE CATH PLCMT SEGMENTL/SUBSEGMENTL PULMON ARTERY | 36015 | CPT | | | | inpatient | | | 3563 | | Horizon | PPO | 1363.92 | 38.28 | | | 374.85 | 3384.85 | percent of total billed charges | |
| HC SELECTIVE CATH PLCMT SEGMENTL/SUBSEGMENTL PULMON ARTERY | 36015 | CPT | | | | inpatient | | | 3563 | | Qualcare | Qualcare | 2672.25 | 75 | | | 374.85 | 3384.85 | percent of total billed charges | |
| HC SELECTIVE CATH PLCMT SEGMENTL/SUBSEGMENTL PULMON ARTERY | 36015 | CPT | | | | inpatient | | | 3563 | | Three Rivers | Three Rivers | 3384.85 | 95 | | | 374.85 | 3384.85 | percent of total billed charges | |
| HC SELECTIVE CATH PLCMT SEGMENTL/SUBSEGMENTL PULMON ARTERY | 36015 | CPT | | | | inpatient | | | 3563 | | WellPoint | WellPoint | 1146.57 | 32.18 | | | 374.85 | 3384.85 | percent of total billed charges | |
| HC SELECTIVE CATH PLCMT SEGMENTL/SUBSEGMENTL PULMON ARTERY | 36015 | CPT | | | | inpatient | | | 3563 | | United | Oxford | 1782 | | | | 374.85 | 3384.85 | case rate | |
| HC INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY | 36140 | CPT | | | | both | | | 3770 | | Consumer | Consumer | 3581.5 | 95 | | | 121.52 | 3581.5 | percent of total billed charges | |
| HC INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY | 36140 | CPT | | | | both | | | 3770 | | Amerihealth | HMO/PPO | 550 | | | | 121.52 | 3581.5 | fee schedule | |
| HC INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY | 36140 | CPT | | | | both | | | 3770 | | Aetna | Medicare | 1161.16 | 30.8 | | | 121.52 | 3581.5 | percent of total billed charges | |
| HC INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY | 36140 | CPT | | | | both | | | 3770 | | Americare | Americare | 2827.5 | 75 | | | 121.52 | 3581.5 | percent of total billed charges | |
| HC INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY | 36140 | CPT | | | | both | | | 3770 | | Aetna | Better Health | 1189.44 | 31.55 | | | 121.52 | 3581.5 | percent of total billed charges | |
| HC INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY | 36140 | CPT | | | | both | | | 3770 | | Horizon | Medicare Blue | 1131 | 30 | | | 121.52 | 3581.5 | percent of total billed charges | |
| HC INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY | 36140 | CPT | | | | both | | | 3770 | | First Health | First Health | 2639 | 70 | | | 121.52 | 3581.5 | percent of total billed charges | |
| HC INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY | 36140 | CPT | | | | both | | | 3770 | | Horizon | MGD | 1443.16 | 38.28 | | | 121.52 | 3581.5 | percent of total billed charges | |
| HC INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY | 36140 | CPT | | | | both | | | 3770 | | Corrections | Corrections | 3016 | 80 | | | 121.52 | 3581.5 | percent of total billed charges | |
| HC INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY | 36140 | CPT | | | | both | | | 3770 | | Wellcare | Medicaid | 1189.44 | 31.55 | | | 121.52 | 3581.5 | percent of total billed charges | |
| HC INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY | 36140 | CPT | | | | both | | | 3770 | | Multiplan | Multiplan | 3016 | 80 | | | 121.52 | 3581.5 | percent of total billed charges | |
| HC INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY | 36140 | CPT | | | | both | | | 3770 | | Horizon | PPO | 1443.16 | 38.28 | | | 121.52 | 3581.5 | percent of total billed charges | |
| HC INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY | 36140 | CPT | | | | both | | | 3770 | | Horizon | Indemnity | 1443.16 | 38.28 | | | 121.52 | 3581.5 | percent of total billed charges | |
| HC INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY | 36140 | CPT | | | | both | | | 3770 | | Three Rivers | Three Rivers | 3581.5 | 95 | | | 121.52 | 3581.5 | percent of total billed charges | |
| HC INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY | 36140 | CPT | | | | both | | | 3770 | | UHC | Medicaid | 1189.44 | 31.55 | | | 121.52 | 3581.5 | percent of total billed charges | |
| HC INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY | 36140 | CPT | | | | both | | | 3770 | | First Trenton | First Trenton | 3393 | 90 | | | 121.52 | 3581.5 | percent of total billed charges | |
| HC INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY | 36140 | CPT | | | | both | | | 3770 | | Qualcare | Qualcare | 2827.5 | 75 | | | 121.52 | 3581.5 | percent of total billed charges | |
| HC INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY | 36140 | CPT | | | | both | | | 3770 | | Horizon | NJ Health | 121.52 | | | | 121.52 | 3581.5 | fee schedule | |
| HC INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY | 36140 | CPT | | | | both | | | 3770 | | Managed Care Inc | Managed Care Inc | 3393 | 90 | | | 121.52 | 3581.5 | percent of total billed charges | |
| HC INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY | 36140 | CPT | | | | both | | | 3770 | | United | Commercial/PPO | 1782 | | | | 121.52 | 3581.5 | case rate | |
| HC INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY | 36140 | CPT | | | | both | | | 3770 | | United | Oxford | 1782 | | | | 121.52 | 3581.5 | case rate | |
| HC INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY | 36140 | CPT | | | | both | | | 3770 | | WellPoint | WellPoint | 1213.19 | 32.18 | | | 121.52 | 3581.5 | percent of total billed charges | |
| HC INTRODUCTION CATHETER AORTA | 36200 | CPT | | | | outpatient | | | 2688 | | Consumer | Consumer | 2553.6 | 95 | | | 186.2 | 2553.6 | percent of total billed charges | |
| HC INTRODUCTION CATHETER AORTA | 36200 | CPT | | | | outpatient | | | 2688 | | Aetna | Better Health | 848.06 | 31.55 | | | 186.2 | 2553.6 | percent of total billed charges | |
| HC INTRODUCTION CATHETER AORTA | 36200 | CPT | | | | outpatient | | | 2688 | | First Trenton | First Trenton | 2419.2 | 90 | | | 186.2 | 2553.6 | percent of total billed charges | |
| HC INTRODUCTION CATHETER AORTA | 36200 | CPT | | | | outpatient | | | 2688 | | Aetna | Medicare | 827.9 | 30.8 | | | 186.2 | 2553.6 | percent of total billed charges | |
| HC INTRODUCTION CATHETER AORTA | 36200 | CPT | | | | outpatient | | | 2688 | | First Health | First Health | 1881.6 | 70 | | | 186.2 | 2553.6 | percent of total billed charges | |
| HC INTRODUCTION CATHETER AORTA | 36200 | CPT | | | | outpatient | | | 2688 | | Corrections | Corrections | 2150.4 | 80 | | | 186.2 | 2553.6 | percent of total billed charges | |
| HC INTRODUCTION CATHETER AORTA | 36200 | CPT | | | | outpatient | | | 2688 | | Horizon | Indemnity | 1028.97 | 38.28 | | | 186.2 | 2553.6 | percent of total billed charges | |
| HC INTRODUCTION CATHETER AORTA | 36200 | CPT | | | | outpatient | | | 2688 | | Americare | Americare | 2016 | 75 | | | 186.2 | 2553.6 | percent of total billed charges | |
| HC INTRODUCTION CATHETER AORTA | 36200 | CPT | | | | outpatient | | | 2688 | | Horizon | NJ Health | 186.2 | | | | 186.2 | 2553.6 | fee schedule | |
| HC INTRODUCTION CATHETER AORTA | 36200 | CPT | | | | outpatient | | | 2688 | | Aetna | Commercial | 1021.44 | 38 | | | 186.2 | 2553.6 | percent of total billed charges | |
| HC INTRODUCTION CATHETER AORTA | 36200 | CPT | | | | outpatient | | | 2688 | | Horizon | PPO | 1028.97 | 38.28 | | | 186.2 | 2553.6 | percent of total billed charges | |
| HC INTRODUCTION CATHETER AORTA | 36200 | CPT | | | | outpatient | | | 2688 | | Horizon | MGD | 1028.97 | 38.28 | | | 186.2 | 2553.6 | percent of total billed charges | |
| HC INTRODUCTION CATHETER AORTA | 36200 | CPT | | | | outpatient | | | 2688 | | Multiplan | Multiplan | 2150.4 | 80 | | | 186.2 | 2553.6 | percent of total billed charges | |
| HC INTRODUCTION CATHETER AORTA | 36200 | CPT | | | | outpatient | | | 2688 | | WellPoint | WellPoint | 865 | 32.18 | | | 186.2 | 2553.6 | percent of total billed charges | |
| HC INTRODUCTION CATHETER AORTA | 36200 | CPT | | | | outpatient | | | 2688 | | Horizon | Medicare Blue | 806.4 | 30 | | | 186.2 | 2553.6 | percent of total billed charges | |
| HC INTRODUCTION CATHETER AORTA | 36200 | CPT | | | | outpatient | | | 2688 | | Amerihealth | HMO/PPO | 550 | | | | 186.2 | 2553.6 | fee schedule | |
| HC INTRODUCTION CATHETER AORTA | 36200 | CPT | | | | outpatient | | | 2688 | | Three Rivers | Three Rivers | 2553.6 | 95 | | | 186.2 | 2553.6 | percent of total billed charges | |
| HC INTRODUCTION CATHETER AORTA | 36200 | CPT | | | | outpatient | | | 2688 | | Managed Care Inc | Managed Care Inc | 2419.2 | 90 | | | 186.2 | 2553.6 | percent of total billed charges | |
| HC INTRODUCTION CATHETER AORTA | 36200 | CPT | | | | outpatient | | | 2688 | | Qualcare | Qualcare | 2016 | 75 | | | 186.2 | 2553.6 | percent of total billed charges | |
| HC INTRODUCTION CATHETER AORTA | 36200 | CPT | | | | outpatient | | | 2688 | | UHC | Medicaid | 848.06 | 31.55 | | | 186.2 | 2553.6 | percent of total billed charges | |
| HC INTRODUCTION CATHETER AORTA | 36200 | CPT | | | | outpatient | | | 2688 | | Wellcare | Medicaid | 848.06 | 31.55 | | | 186.2 | 2553.6 | percent of total billed charges | |
| HC INTRODUCTION CATHETER AORTA | 36200 | CPT | | | | outpatient | | | 2688 | | United | Commercial/PPO | 1782 | | | | 186.2 | 2553.6 | case rate | |
| HC INTRODUCTION CATHETER AORTA | 36200 | CPT | | | | outpatient | | | 2688 | | United | Oxford | 1782 | | | | 186.2 | 2553.6 | case rate | |
| HC PULMONARY/1&2&3 ORDER | 36215 | CPT | | | | both | | | 5257 | | First Trenton | First Trenton | 4731.3 | 90 | | | 303.8 | 4994.15 | percent of total billed charges | |
| HC PULMONARY/1&2&3 ORDER | 36215 | CPT | | | | both | | | 5257 | | Aetna | Better Health | 1658.58 | 31.55 | | | 303.8 | 4994.15 | percent of total billed charges | |
| HC PULMONARY/1&2&3 ORDER | 36215 | CPT | | | | both | | | 5257 | | Aetna | Medicare | 1619.16 | 30.8 | | | 303.8 | 4994.15 | percent of total billed charges | |
| HC PULMONARY/1&2&3 ORDER | 36215 | CPT | | | | both | | | 5257 | | First Health | First Health | 3679.9 | 70 | | | 303.8 | 4994.15 | percent of total billed charges | |
| HC PULMONARY/1&2&3 ORDER | 36215 | CPT | | | | both | | | 5257 | | Horizon | Medicare Blue | 1577.1 | 30 | | | 303.8 | 4994.15 | percent of total billed charges | |
| HC PULMONARY/1&2&3 ORDER | 36215 | CPT | | | | both | | | 5257 | | Corrections | Corrections | 4205.6 | 80 | | | 303.8 | 4994.15 | percent of total billed charges | |
| HC PULMONARY/1&2&3 ORDER | 36215 | CPT | | | | both | | | 5257 | | Americare | Americare | 3942.75 | 75 | | | 303.8 | 4994.15 | percent of total billed charges | |
| HC PULMONARY/1&2&3 ORDER | 36215 | CPT | | | | both | | | 5257 | | Consumer | Consumer | 4994.15 | 95 | | | 303.8 | 4994.15 | percent of total billed charges | |
| HC PULMONARY/1&2&3 ORDER | 36215 | CPT | | | | both | | | 5257 | | WellPoint | WellPoint | 1691.7 | 32.18 | | | 303.8 | 4994.15 | percent of total billed charges | |
| HC PULMONARY/1&2&3 ORDER | 36215 | CPT | | | | both | | | 5257 | | Aetna | Commercial | 1997.66 | 38 | | | 303.8 | 4994.15 | percent of total billed charges | |
| HC PULMONARY/1&2&3 ORDER | 36215 | CPT | | | | both | | | 5257 | | Amerihealth | HMO/PPO | 650 | | | | 303.8 | 4994.15 | fee schedule | |
| HC PULMONARY/1&2&3 ORDER | 36215 | CPT | | | | both | | | 5257 | | Qualcare | Qualcare | 3942.75 | 75 | | | 303.8 | 4994.15 | percent of total billed charges | |
| HC PULMONARY/1&2&3 ORDER | 36215 | CPT | | | | both | | | 5257 | | Horizon | MGD | 2012.38 | 38.28 | | | 303.8 | 4994.15 | percent of total billed charges | |
| HC PULMONARY/1&2&3 ORDER | 36215 | CPT | | | | both | | | 5257 | | Horizon | Indemnity | 2012.38 | 38.28 | | | 303.8 | 4994.15 | percent of total billed charges | |
| HC PULMONARY/1&2&3 ORDER | 36215 | CPT | | | | both | | | 5257 | | Horizon | NJ Health | 303.8 | | | 97.51 | 303.8 | 4994.15 | fee schedule | |
| HC PULMONARY/1&2&3 ORDER | 36215 | CPT | | | | both | | | 5257 | | Horizon | PPO | 2012.38 | 38.28 | | | 303.8 | 4994.15 | percent of total billed charges | |
| HC PULMONARY/1&2&3 ORDER | 36215 | CPT | | | | both | | | 5257 | | Multiplan | Multiplan | 4205.6 | 80 | | | 303.8 | 4994.15 | percent of total billed charges | |
| HC PULMONARY/1&2&3 ORDER | 36215 | CPT | | | | both | | | 5257 | | Managed Care Inc | Managed Care Inc | 4731.3 | 90 | | | 303.8 | 4994.15 | percent of total billed charges | |
| HC PULMONARY/1&2&3 ORDER | 36215 | CPT | | | | both | | | 5257 | | Three Rivers | Three Rivers | 4994.15 | 95 | | | 303.8 | 4994.15 | percent of total billed charges | |
| HC PULMONARY/1&2&3 ORDER | 36215 | CPT | | | | both | | | 5257 | | UHC | Medicaid | 1658.58 | 31.55 | | | 303.8 | 4994.15 | percent of total billed charges | |
| HC PULMONARY/1&2&3 ORDER | 36215 | CPT | | | | both | | | 5257 | | United | Commercial/PPO | 1782 | | | | 303.8 | 4994.15 | case rate | |
| HC PULMONARY/1&2&3 ORDER | 36215 | CPT | | | | both | | | 5257 | | United | Oxford | 1782 | | | | 303.8 | 4994.15 | case rate | |
| HC PULMONARY/1&2&3 ORDER | 36215 | CPT | | | | both | | | 5257 | | Wellcare | Medicaid | 1658.58 | 31.55 | | | 303.8 | 4994.15 | percent of total billed charges | |
| HC THOR AORTA/BRACHIOCEP/1&2 | 36216 | CPT | | | | both | | | 6020 | | Americare | Americare | 4515 | 75 | | | 367.5 | 5719 | percent of total billed charges | |
| HC THOR AORTA/BRACHIOCEP/1&2 | 36216 | CPT | | | | both | | | 6020 | | Aetna | Better Health | 1899.31 | 31.55 | | | 367.5 | 5719 | percent of total billed charges | |
| HC THOR AORTA/BRACHIOCEP/1&2 | 36216 | CPT | | | | both | | | 6020 | | Qualcare | Qualcare | 4515 | 75 | | | 367.5 | 5719 | percent of total billed charges | |
| HC THOR AORTA/BRACHIOCEP/1&2 | 36216 | CPT | | | | both | | | 6020 | | Aetna | Commercial | 2287.6 | 38 | | | 367.5 | 5719 | percent of total billed charges | |
| HC THOR AORTA/BRACHIOCEP/1&2 | 36216 | CPT | | | | both | | | 6020 | | Consumer | Consumer | 5719 | 95 | | | 367.5 | 5719 | percent of total billed charges | |
| HC THOR AORTA/BRACHIOCEP/1&2 | 36216 | CPT | | | | both | | | 6020 | | Amerihealth | HMO/PPO | 650 | | | | 367.5 | 5719 | fee schedule | |
| HC THOR AORTA/BRACHIOCEP/1&2 | 36216 | CPT | | | | both | | | 6020 | | Corrections | Corrections | 4816 | 80 | | | 367.5 | 5719 | percent of total billed charges | |
| HC THOR AORTA/BRACHIOCEP/1&2 | 36216 | CPT | | | | both | | | 6020 | | Aetna | Medicare | 1854.16 | 30.8 | | | 367.5 | 5719 | percent of total billed charges | |
| HC THOR AORTA/BRACHIOCEP/1&2 | 36216 | CPT | | | | both | | | 6020 | | Multiplan | Multiplan | 4816 | 80 | | | 367.5 | 5719 | percent of total billed charges | |
| HC THOR AORTA/BRACHIOCEP/1&2 | 36216 | CPT | | | | both | | | 6020 | | Horizon | PPO | 2304.46 | 38.28 | | | 367.5 | 5719 | percent of total billed charges | |
| HC THOR AORTA/BRACHIOCEP/1&2 | 36216 | CPT | | | | both | | | 6020 | | UHC | Medicaid | 1899.31 | 31.55 | | | 367.5 | 5719 | percent of total billed charges | |
| HC THOR AORTA/BRACHIOCEP/1&2 | 36216 | CPT | | | | both | | | 6020 | | Horizon | MGD | 2304.46 | 38.28 | | | 367.5 | 5719 | percent of total billed charges | |
| HC THOR AORTA/BRACHIOCEP/1&2 | 36216 | CPT | | | | both | | | 6020 | | Horizon | Indemnity | 2304.46 | 38.28 | | | 367.5 | 5719 | percent of total billed charges | |
| HC THOR AORTA/BRACHIOCEP/1&2 | 36216 | CPT | | | | both | | | 6020 | | First Health | First Health | 4214 | 70 | | | 367.5 | 5719 | percent of total billed charges | |
| HC THOR AORTA/BRACHIOCEP/1&2 | 36216 | CPT | | | | both | | | 6020 | | First Trenton | First Trenton | 5418 | 90 | | | 367.5 | 5719 | percent of total billed charges | |
| HC THOR AORTA/BRACHIOCEP/1&2 | 36216 | CPT | | | | both | | | 6020 | | Three Rivers | Three Rivers | 5719 | 95 | | | 367.5 | 5719 | percent of total billed charges | |
| HC THOR AORTA/BRACHIOCEP/1&2 | 36216 | CPT | | | | both | | | 6020 | | United | Commercial/PPO | 1782 | | | | 367.5 | 5719 | case rate | |
| HC THOR AORTA/BRACHIOCEP/1&2 | 36216 | CPT | | | | both | | | 6020 | | Wellcare | Medicaid | 1899.31 | 31.55 | | | 367.5 | 5719 | percent of total billed charges | |
| HC THOR AORTA/BRACHIOCEP/1&2 | 36216 | CPT | | | | both | | | 6020 | | Horizon | Medicare Blue | 1806 | 30 | | | 367.5 | 5719 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC THOR AORT/BRACHIOCEP/1&2 | 36216 | CPT | | | | both | | | 6020 | | United | Oxford | 1782 | | | | 367.5 | | 5719 | case rate | |
| HC THOR AORT/BRACHIOCEP/1&2 | 36216 | CPT | | | | both | | | 6020 | | WellPoint | WellPoint | 1937.24 | 32.18 | | | 367.5 | | 5719 | percent of total billed charges | |
| HC THOR AORT/BRACHIOCEP/1&2 | 36216 | CPT | | | | both | | | 6020 | | Horizon | NJ Health | 367.5 | | | | 367.5 | | 5719 | fee schedule | |
| HC THOR AORT/BRACHIOCEP/1&2 | 36216 | CPT | | | | both | | | 6020 | | Managed Care Inc | Managed Care Inc | 5418 | 90 | | | 367.5 | | 5719 | percent of total billed charges | |
| HC THOR AORT/BRACHIOCEP/1 2&3 | 36217 | CPT | | | | both | | | 7139 | | Aetna | Better Health | 2252.35 | 31.55 | | | 441 | | 6782.05 | percent of total billed charges | |
| HC THOR AORT/BRACHIOCEP/1 2&3 | 36217 | CPT | | | | both | | | 7139 | | Aetna | Medicare | 2198.81 | 30.8 | | | 441 | | 6782.05 | percent of total billed charges | |
| HC THOR AORT/BRACHIOCEP/1 2&3 | 36217 | CPT | | | | both | | | 7139 | | Consumer | Consumer | 6782.05 | 95 | | | 441 | | 6782.05 | percent of total billed charges | |
| HC THOR AORT/BRACHIOCEP/1 2&3 | 36217 | CPT | | | | both | | | 7139 | | Americare | Americare | 5354.25 | 75 | | | 441 | | 6782.05 | percent of total billed charges | |
| HC THOR AORT/BRACHIOCEP/1 2&3 | 36217 | CPT | | | | both | | | 7139 | | First Health | First Health | 4997.3 | 70 | | | 441 | | 6782.05 | percent of total billed charges | |
| HC THOR AORT/BRACHIOCEP/1 2&3 | 36217 | CPT | | | | both | | | 7139 | | First Trenton | First Trenton | 6425.1 | 90 | | | 441 | | 6782.05 | percent of total billed charges | |
| HC THOR AORT/BRACHIOCEP/1 2&3 | 36217 | CPT | | | | both | | | 7139 | | Corrections | Corrections | 5711.2 | 80 | | | 441 | | 6782.05 | percent of total billed charges | |
| HC THOR AORT/BRACHIOCEP/1 2&3 | 36217 | CPT | | | | both | | | 7139 | | Amerihealth | HMO/PPO | 800 | | | | 441 | | 6782.05 | fee schedule | |
| HC THOR AORT/BRACHIOCEP/1 2&3 | 36217 | CPT | | | | both | | | 7139 | | Horizon | Medicare Blue | 2141.7 | 30 | | | 441 | | 6782.05 | percent of total billed charges | |
| HC THOR AORT/BRACHIOCEP/1 2&3 | 36217 | CPT | | | | both | | | 7139 | | WellPoint | WellPoint | 2297.33 | 32.18 | | | 441 | | 6782.05 | percent of total billed charges | |
| HC THOR AORT/BRACHIOCEP/1 2&3 | 36217 | CPT | | | | both | | | 7139 | | Horizon | NJ Health | 441 | | | 88.32 | 441 | | 6782.05 | fee schedule | |
| HC THOR AORT/BRACHIOCEP/1 2&3 | 36217 | CPT | | | | both | | | 7139 | | Horizon | MCD | 2732.81 | 38.28 | | | 441 | | 6782.05 | percent of total billed charges | |
| HC THOR AORT/BRACHIOCEP/1 2&3 | 36217 | CPT | | | | both | | | 7139 | | Horizon | Indemnity | 2732.81 | 38.28 | | | 441 | | 6782.05 | percent of total billed charges | |
| HC THOR AORT/BRACHIOCEP/1 2&3 | 36217 | CPT | | | | both | | | 7139 | | UHC | Medicaid | 2252.35 | 31.55 | | | 441 | | 6782.05 | percent of total billed charges | |
| HC THOR AORT/BRACHIOCEP/1 2&3 | 36217 | CPT | | | | both | | | 7139 | | Horizon | PPO | 2732.81 | 38.28 | | | 441 | | 6782.05 | percent of total billed charges | |
| HC THOR AORT/BRACHIOCEP/1 2&3 | 36217 | CPT | | | | both | | | 7139 | | United | Commercial/PPO | 1782 | | | | 441 | | 6782.05 | case rate | |
| HC THOR AORT/BRACHIOCEP/1 2&3 | 36217 | CPT | | | | both | | | 7139 | | Multiplan | Multiplan | 5711.2 | 80 | | | 441 | | 6782.05 | percent of total billed charges | |
| HC THOR AORT/BRACHIOCEP/1 2&3 | 36217 | CPT | | | | both | | | 7139 | | United | Oxford | 1782 | | | | 441 | | 6782.05 | case rate | |
| HC THOR AORT/BRACHIOCEP/1 2&3 | 36217 | CPT | | | | both | | | 7139 | | Managed Care Inc | Managed Care Inc | 6425.1 | 90 | | | 441 | | 6782.05 | percent of total billed charges | |
| HC THOR AORT/BRACHIOCEP/1 2&3 | 36217 | CPT | | | | both | | | 7139 | | Wellcare | Medicaid | 2252.35 | 31.55 | | | 441 | | 6782.05 | percent of total billed charges | |
| HC THOR AORT/BRACHIOCEP/1 2&3 | 36217 | CPT | | | | both | | | 7139 | | Qualcare | Qualcare | 5354.25 | 75 | | | 441 | | 6782.05 | percent of total billed charges | |
| HC THOR AORT/BRACHIOCEP/1 2&3 | 36217 | CPT | | | | both | | | 7139 | | Three Rivers | Three Rivers | 6782.05 | 95 | | | 441 | | 6782.05 | percent of total billed charges | |
| HC NONSLCTV CATH THOR AORTA ANGIO INTA | 36221 | CPT | | | | inpatient | | | 10811 | 4192.26 | Aetna | Better Health | 3410.87 | 31.55 | | | 550 | | 10270.45 | percent of total billed charges | |
| HC NONSLCTV CATH THOR AORTA ANGIO INTA | 36221 | CPT | | | | inpatient | | | 10811 | 4192.26 | Horizon | MCD | 7053.93 | | | | 550 | | 10270.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NONSLCTV CATH THOR AORTA ANGIO INTA | 36221 | CPT | | | | inpatient | | | 10811 | 4192.26 | Aetna | Commercial | 5949.36 | | | | 550 | | 10270.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NONSLCTV CATH THOR AORTA ANGIO INTA | 36221 | CPT | | | | inpatient | | | 10811 | 4192.26 | UHC | Medicaid | 3410.87 | 31.55 | | | 550 | | 10270.45 | percent of total billed charges | |
| HC NONSLCTV CATH THOR AORTA ANGIO INTA | 36221 | CPT | | | | inpatient | | | 10811 | 4192.26 | Consumer | Consumer | 10270.45 | 95 | | | 550 | | 10270.45 | percent of total billed charges | |
| HC NONSLCTV CATH THOR AORTA ANGIO INTA | 36221 | CPT | | | | inpatient | | | 10811 | 4192.26 | First Trenton | First Trenton | 9729.9 | 90 | | | 550 | | 10270.45 | percent of total billed charges | |
| HC NONSLCTV CATH THOR AORTA ANGIO INTA | 36221 | CPT | | | | inpatient | | | 10811 | 4192.26 | Americare | Americare | 8108.25 | 75 | | | 550 | | 10270.45 | percent of total billed charges | |
| HC NONSLCTV CATH THOR AORTA ANGIO INTA | 36221 | CPT | | | | inpatient | | | 10811 | 4192.26 | Amerihealth | HMO/PPO | 550 | | | | 550 | | 10270.45 | fee schedule | |
| HC NONSLCTV CATH THOR AORTA ANGIO INTA | 36221 | CPT | | | | inpatient | | | 10811 | 4192.26 | Wellcare | Medicare | 3645.44 | | | | 550 | | 10270.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NONSLCTV CATH THOR AORTA ANGIO INTA | 36221 | CPT | | | | inpatient | | | 10811 | 4192.26 | Managed Care Inc | Managed Care Inc | 9729.9 | 90 | | | 550 | | 10270.45 | percent of total billed charges | |
| HC NONSLCTV CATH THOR AORTA ANGIO INTA | 36221 | CPT | | | | inpatient | | | 10811 | 4192.26 | Aetna | Medicare | 3645.44 | | | | 550 | | 10270.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NONSLCTV CATH THOR AORTA ANGIO INTA | 36221 | CPT | | | | inpatient | | | 10811 | 4192.26 | First Health | First Health | 7567.7 | 70 | | | 550 | | 10270.45 | percent of total billed charges | |
| HC NONSLCTV CATH THOR AORTA ANGIO INTA | 36221 | CPT | | | | inpatient | | | 10811 | 4192.26 | Corrections | Corrections | 8648.8 | 80 | | | 550 | | 10270.45 | percent of total billed charges | |
| HC NONSLCTV CATH THOR AORTA ANGIO INTA | 36221 | CPT | | | | inpatient | | | 10811 | 4192.26 | UHC | Medicare | 3645.44 | | | | 550 | | 10270.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NONSLCTV CATH THOR AORTA ANGIO INTA | 36221 | CPT | | | | inpatient | | | 10811 | 4192.26 | Three Rivers | Three Rivers | 10270.45 | 95 | | | 550 | | 10270.45 | percent of total billed charges | |
| HC NONSLCTV CATH THOR AORTA ANGIO INTA | 36221 | CPT | | | | inpatient | | | 10811 | 4192.26 | United | Commercial/PPO | 3492 | | | | 550 | | 10270.45 | case rate | |
| HC NONSLCTV CATH THOR AORTA ANGIO INTA | 36221 | CPT | | | | inpatient | | | 10811 | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 550 | | 10270.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NONSLCTV CATH THOR AORTA ANGIO INTA | 36221 | CPT | | | | inpatient | | | 10811 | 4192.26 | Wellcare | Medicaid | 3410.87 | 31.55 | | | 550 | | 10270.45 | percent of total billed charges | |
| HC NONSLCTV CATH THOR AORTA ANGIO INTA | 36221 | CPT | | | | inpatient | | | 10811 | 4192.26 | Multiplan | Multiplan | 8648.8 | 80 | | | 550 | | 10270.45 | percent of total billed charges | |
| HC NONSLCTV CATH THOR AORTA ANGIO INTA | 36221 | CPT | | | | inpatient | | | 10811 | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | | 550 | | 10270.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NONSLCTV CATH THOR AORTA ANGIO INTA | 36221 | CPT | | | | inpatient | | | 10811 | 4192.26 | Qualcare | Qualcare | 8108.25 | 75 | | | 550 | | 10270.45 | percent of total billed charges | |
| HC NONSLCTV CATH THOR AORTA ANGIO INTA | 36221 | CPT | | | | inpatient | | | 10811 | 4192.26 | Horizon | NJ Health | 1015.83 | | | | 550 | | 10270.45 | fee schedule | |
| HC NONSLCTV CATH THOR AORTA ANGIO INTA | 36221 | CPT | | | | inpatient | | | 10811 | 4192.26 | Horizon | PPO | 7053.93 | | | | 550 | | 10270.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NONSLCTV CATH THOR AORTA ANGIO INTA | 36221 | CPT | | | | inpatient | | | 10811 | 4192.26 | United | Oxford | 3492 | | | | 550 | | 10270.45 | case rate | |
| HC NONSLCTV CATH THOR AORTA ANGIO INTA | 36221 | CPT | | | | inpatient | | | 10811 | 4192.26 | WellPoint | WellPoint | 3478.98 | 32.18 | | | 550 | | 10270.45 | percent of total billed charges | |
| HC PLACE CATH CAROTID/INOM | 36222 | CPT | | | | outpatient | | | 10768 | 4192.26 | Americare | Americare | 8076 | 75 | | | 550 | | 10229.6 | percent of total billed charges | |
| HC PLACE CATH CAROTID/INOM | 36222 | CPT | | | | outpatient | | | 10768 | 4192.26 | First Trenton | First Trenton | 9691.2 | 90 | | | 550 | | 10229.6 | percent of total billed charges | |
| HC PLACE CATH CAROTID/INOM | 36222 | CPT | | | | outpatient | | | 10768 | 4192.26 | Aetna | Medicare | 3645.44 | | | | 550 | | 10229.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE CATH CAROTID/INOM | 36222 | CPT | | | | outpatient | | | 10768 | 4192.26 | First Health | First Health | 7537.6 | 70 | | | 550 | | 10229.6 | percent of total billed charges | |
| HC PLACE CATH CAROTID/INOM | 36222 | CPT | | | | outpatient | | | 10768 | 4192.26 | Aetna | Commercial | 5949.36 | | | | 550 | | 10229.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE CATH CAROTID/INOM | 36222 | CPT | | | | outpatient | | | 10768 | 4192.26 | UHC | Medicaid | 3397.3 | 31.55 | | | 550 | | 10229.6 | percent of total billed charges | |
| HC PLACE CATH CAROTID/INOM | 36222 | CPT | | | | outpatient | | | 10768 | 4192.26 | Corrections | Corrections | 8614.4 | 80 | | | 550 | | 10229.6 | percent of total billed charges | |
| HC PLACE CATH CAROTID/INOM | 36222 | CPT | | | | outpatient | | | 10768 | 4192.26 | Aetna | Better Health | 3397.3 | 31.55 | | | 550 | | 10229.6 | percent of total billed charges | |
| HC PLACE CATH CAROTID/INOM | 36222 | CPT | | | | outpatient | | | 10768 | 4192.26 | Amerihealth | HMO/PPO | 550 | | | | 550 | | 10229.6 | fee schedule | |
| HC PLACE CATH CAROTID/INOM | 36222 | CPT | | | | outpatient | | | 10768 | 4192.26 | Horizon | PPO | 7053.93 | | | | 550 | | 10229.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE CATH CAROTID/INOM | 36222 | CPT | | | | outpatient | | | 10768 | 4192.26 | Horizon | MCD | 7053.93 | | | | 550 | | 10229.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE CATH CAROTID/INOM | 36222 | CPT | | | | outpatient | | | 10768 | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 550 | | 10229.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE CATH CAROTID/INOM | 36222 | CPT | | | | outpatient | | | 10768 | 4192.26 | UHC | Medicare | 3645.44 | | | | 550 | | 10229.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE CATH CAROTID/INOM | 36222 | CPT | | | | outpatient | | | 10768 | 4192.26 | Consumer | Consumer | 10229.6 | 95 | | | 550 | | 10229.6 | percent of total billed charges | |
| HC PLACE CATH CAROTID/INOM | 36222 | CPT | | | | outpatient | | | 10768 | 4192.26 | Managed Care Inc | Managed Care Inc | 9691.2 | 90 | | | 550 | | 10229.6 | percent of total billed charges | |
| HC PLACE CATH CAROTID/INOM | 36222 | CPT | | | | outpatient | | | 10768 | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | | 550 | | 10229.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE CATH CAROTID/INOM | 36222 | CPT | | | | outpatient | | | 10768 | 4192.26 | United | Commercial/PPO | 3492 | | | | 550 | | 10229.6 | case rate | |
| HC PLACE CATH CAROTID/INOM | 36222 | CPT | | | | outpatient | | | 10768 | 4192.26 | Horizon | NJ Health | 1257.09 | | | | 550 | | 10229.6 | fee schedule | |
| HC PLACE CATH CAROTID/INOM | 36222 | CPT | | | | outpatient | | | 10768 | 4192.26 | Wellcare | Medicare | 3645.44 | | | | 550 | | 10229.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE CATH CAROTID/INOM | 36222 | CPT | | | | outpatient | | | 10768 | 4192.26 | Multiplan | Multiplan | 8614.4 | 80 | | | 550 | | 10229.6 | percent of total billed charges | |
| HC PLACE CATH CAROTID/INOM | 36222 | CPT | | | | outpatient | | | 10768 | 4192.26 | WellPoint | WellPoint | 3465.14 | 32.18 | | | 550 | | 10229.6 | percent of total billed charges | |
| HC PLACE CATH CAROTID/INOM | 36222 | CPT | | | | outpatient | | | 10768 | 4192.26 | Three Rivers | Three Rivers | 10229.6 | 95 | | | 550 | | 10229.6 | percent of total billed charges | |
| HC PLACE CATH CAROTID/INOM | 36222 | CPT | | | | outpatient | | | 10768 | 4192.26 | Qualcare | Qualcare | 8076 | 75 | | | 550 | | 10229.6 | percent of total billed charges | |
| HC PLACE CATH CAROTID/INOM | 36222 | CPT | | | | outpatient | | | 10768 | 4192.26 | United | Oxford | 3492 | | | | 550 | | 10229.6 | case rate | |
| HC PLACE CATH CAROTID/INOM | 36222 | CPT | | | | outpatient | | | 10768 | 4192.26 | Wellcare | Medicaid | 3397.3 | 31.55 | | | 550 | | 10229.6 | percent of total billed charges | |
| HC SELECT COM/CAROTID/INNOMIN UNI | 36223 | CPT | | | | both | | | 10768 | 7227.61 | Amerihealth | HMO/PPO | 550 | | | | 550 | | 12161.24 | fee schedule | |
| HC SELECT COM/CAROTID/INNOMIN UNI | 36223 | CPT | | | | both | | | 10768 | 7227.61 | UHC | Medicare | 6284.88 | | | 1104.32 | 550 | | 12161.24 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT COM/CAROTID/INNOMIN UNI | 36223 | CPT | | | | both | | | 10768 | 7227.61 | Multiplan | Multiplan | 8614.4 | 80 | | | 550 | | 12161.24 | percent of total billed charges | |
| HC SELECT COM/CAROTID/INNOMIN UNI | 36223 | CPT | | | | both | | | 10768 | 7227.61 | Wellcare | Medicaid | 3397.3 | 31.55 | | | 550 | | 12161.24 | percent of total billed charges | |
| HC SELECT COM/CAROTID/INNOMIN UNI | 36223 | CPT | | | | both | | | 10768 | 7227.61 | Aetna | Better Health | 3397.3 | 31.55 | | | 550 | | 12161.24 | percent of total billed charges | |
| HC SELECT COM/CAROTID/INNOMIN UNI | 36223 | CPT | | | | both | | | 10768 | 7227.61 | Horizon | PPO | 12161.24 | | | | 550 | | 12161.24 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT COM/CAROTID/INNOMIN UNI | 36223 | CPT | | | | both | | | 10768 | 7227.61 | Aetna | Medicare | 6284.88 | | | 1775.7 | 550 | | 12161.24 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT COM/CAROTID/INNOMIN UNI | 36223 | CPT | | | | both | | | 10768 | 7227.61 | Aetna | Commercial | 10256.92 | | | 2873.91 | 550 | | 12161.24 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT COM/CAROTID/INNOMIN UNI | 36223 | CPT | | | | both | | | 10768 | 7227.61 | Horizon | Indemnity | 12161.24 | | | | 550 | | 12161.24 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT COM/CAROTID/INNOMIN UNI | 36223 | CPT | | | | both | | | 10768 | 7227.61 | UHC | Medicaid | 3397.3 | 31.55 | | | 550 | | 12161.24 | percent of total billed charges | |
| HC SELECT COM/CAROTID/INNOMIN UNI | 36223 | CPT | | | | both | | | 10768 | 7227.61 | Qualcare | Qualcare | 8076 | 75 | | | 550 | | 12161.24 | percent of total billed charges | |
| HC SELECT COM/CAROTID/INNOMIN UNI | 36223 | CPT | | | | both | | | 10768 | 7227.61 | Americare | Americare | 8076 | 75 | | | 550 | | 12161.24 | percent of total billed charges | |
| HC SELECT COM/CAROTID/INNOMIN UNI | 36223 | CPT | | | | both | | | 10768 | 7227.61 | First Health | First Health | 7537.6 | 70 | | | 550 | | 12161.24 | percent of total billed charges | |
| HC SELECT COM/CAROTID/INNOMIN UNI | 36223 | CPT | | | | both | | | 10768 | 7227.61 | Consumer | Consumer | 10229.6 | 95 | | | 550 | | 12161.24 | percent of total billed charges | |
| HC SELECT COM/CAROTID/INNOMIN UNI | 36223 | CPT | | | | both | | | 10768 | 7227.61 | Corrections | Corrections | 8614.4 | 80 | | | 550 | | 12161.24 | percent of total billed charges | |
| HC SELECT COM/CAROTID/INNOMIN UNI | 36223 | CPT | | | | both | | | 10768 | 7227.61 | Horizon | Medicare Blue | 6284.88 | | | | 550 | | 12161.24 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT COM/CAROTID/INNOMIN UNI | 36223 | CPT | | | | both | | | 10768 | 7227.61 | United | Commercial/PPO | 4702 | | | | 550 | | 12161.24 | case rate | |
| HC SELECT COM/CAROTID/INNOMIN UNI | 36223 | CPT | | | | both | | | 10768 | 7227.61 | Horizon | MCD | 12161.24 | | | 3205.43 | 550 | | 12161.24 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT COM/CAROTID/INNOMIN UNI | 36223 | CPT | | | | both | | | 10768 | 7227.61 | Horizon | NJ Health | 1375.43 | | | | 550 | | 12161.24 | fee schedule | |
| HC SELECT COM/CAROTID/INNOMIN UNI | 36223 | CPT | | | | both | | | 10768 | 7227.61 | United | Oxford | 4702 | | | | 550 | | 12161.24 | case rate | |
| HC SELECT COM/CAROTID/INNOMIN UNI | 36223 | CPT | | | | both | | | 10768 | 7227.61 | First Trenton | First Trenton | 9691.2 | 90 | | | 550 | | 12161.24 | percent of total billed charges | |
| HC SELECT COM/CAROTID/INNOMIN UNI | 36223 | CPT | | | | both | | | 10768 | 7227.61 | Managed Care Inc | Managed Care Inc | 9691.2 | 90 | | | 550 | | 12161.24 | percent of total billed charges | |
| HC SELECT COM/CAROTID/INNOMIN UNI | 36223 | CPT | | | | both | | | 10768 | 7227.61 | Three Rivers | Three Rivers | 10229.6 | 95 | | | 550 | | 12161.24 | percent of total billed charges | |
| HC SELECT COM/CAROTID/INNOMIN UNI | 36223 | CPT | | | | both | | | 10768 | 7227.61 | Wellcare | Medicare | 6284.88 | | | | 550 | | 12161.24 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT COM/CAROTID/INNOMIN UNI | 36223 | CPT | | | | both | | | 10768 | 7227.61 | WellPoint | WellPoint | 3465.14 | 32.18 | | 1377.14 | 550 | | 12161.24 | percent of total billed charges | |
| HC SELECT INT/CAROTID UNIL IPSILA | 36224 | CPT | | | | both | | | 17607 | 7227.61 | Consumer | Consumer | 16726.65 | 95 | | | 550 | | 16726.65 | percent of total billed charges | |
| HC SELECT INT/CAROTID UNIL IPSILA | 36224 | CPT | | | | both | | | 17607 | 7227.61 | Aetna | Better Health | 5555.01 | 31.55 | | | 550 | | 16726.65 | percent of total billed charges | |
| HC SELECT INT/CAROTID UNIL IPSILA | 36224 | CPT | | | | both | | | 17607 | 7227.61 | Aetna | Commercial | 10256.92 | | | 3603.99 | 550 | | 16726.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT INT/CAROTID UNIL IPSILA | 36224 | CPT | | | | both | | | 17607 | 7227.61 | First Trenton | First Trenton | 15846.3 | 90 | | | 550 | | 16726.65 | percent of total billed charges | |
| HC SELECT INT/CAROTID UNIL IPSILA | 36224 | CPT | | | | both | | | 17607 | 7227.61 | Americare | Americare | 13205.25 | 75 | | | 550 | | 16726.65 | percent of total billed charges | |
| HC SELECT INT/CAROTID UNIL IPSILA | 36224 | CPT | | | | both | | | 17607 | 7227.61 | Amerihealth | HMO/PPO | 550 | | | | 550 | | 16726.65 | fee schedule | |
| HC SELECT INT/CAROTID UNIL IPSILA | 36224 | CPT | | | | both | | | 17607 | 7227.61 | Aetna | Medicare | 6284.88 | | | 2643.04 | 550 | | 16726.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT INT/CAROTID UNIL IPSILA | 36224 | CPT | | | | both | | | 17607 | 7227.61 | Horizon | Indemnity | 12161.24 | | | 4354.84 | 550 | | 16726.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT INT/CAROTID UNIL IPSILA | 36224 | CPT | | | | both | | | 17607 | 7227.61 | Corrections | Corrections | 14085.6 | 80 | | | 550 | | 16726.65 | percent of total billed charges | |
| HC SELECT INT/CAROTID UNIL IPSILA | 36224 | CPT | | | | both | | | 17607 | 7227.61 | Horizon | Medicare Blue | 6284.88 | | | | 550 | | 16726.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT INT/CAROTID UNIL IPSILA | 36224 | CPT | | | | both | | | 17607 | 7227.61 | Horizon | NJ Health | 1494.09 | | | 656.13 | 550 | | 16726.65 | fee schedule | |
| HC SELECT INT/CAROTID UNIL IPSILA | 36224 | CPT | | | | both | | | 17607 | 7227.61 | Managed Care Inc | Managed Care Inc | 15846.3 | 90 | | | 550 | | 16726.65 | percent of total billed charges | |
| HC SELECT INT/CAROTID UNIL IPSILA | 36224 | CPT | | | | both | | | 17607 | 7227.61 | Multiplan | Multiplan | 14085.6 | 80 | | | 550 | | 16726.65 | percent of total billed charges | |
| HC SELECT INT/CAROTID UNIL IPSILA | 36224 | CPT | | | | both | | | 17607 | 7227.61 | First Health | First Health | 12324.9 | 70 | | | 550 | | 16726.65 | percent of total billed charges | |
| HC SELECT INT/CAROTID UNIL IPSILA | 36224 | CPT | | | | both | | | 17607 | 7227.61 | UHC | Medicaid | 5555.01 | 31.55 | | 4354.63 | 550 | | 16726.65 | percent of total billed charges | |
| HC SELECT INT/CAROTID UNIL IPSILA | 36224 | CPT | | | | both | | | 17607 | 7227.61 | Horizon | MCD | 12161.24 | | | 4535.95 | 550 | | 16726.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT INT/CAROTID UNIL IPSILA | 36224 | CPT | | | | both | | | 17607 | 7227.61 | Three Rivers | Three Rivers | 16726.65 | 95 | | | 550 | | 16726.65 | percent of total billed charges | |
| HC SELECT INT/CAROTID UNIL IPSILA | 36224 | CPT | | | | both | | | 17607 | 7227.61 | Horizon | PPO | 12161.24 | | | 5104.11 | 550 | | 16726.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT INT/CAROTID UNIL IPSILA | 36224 | CPT | | | | both | | | 17607 | 7227.61 | Wellcare | Medicare | 6284.88 | | | | 550 | | 16726.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT INT/CAROTID UNIL IPSILA | 36224 | CPT | | | | both | | | 17607 | 7227.61 | United | Oxford | 4702 | | | | 550 | | 16726.65 | case rate | |
| HC SELECT INT/CAROTID UNIL IPSILA | 36224 | CPT | | | | both | | | 17607 | 7227.61 | Qualcare | Qualcare | 13205.25 | 75 | | | 550 | | 16726.65 | percent of total billed charges | |
| HC SELECT INT/CAROTID UNIL IPSILA | 36224 | CPT | | | | both | | | 17607 | 7227.61 | Wellcare | Medicaid | 5555.01 | 31.55 | | 5131.33 | 550 | | 16726.65 | percent of total billed charges | |
| HC SELECT INT/CAROTID UNIL IPSILA | 36224 | CPT | | | | both | | | 17607 | 7227.61 | UHC | Medicare | 6284.88 | | | 2603.87 | 550 | | 16726.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT INT/CAROTID UNIL IPSILA | 36224 | CPT | | | | both | | | 17607 | 7227.61 | United | Commercial/PPO | 4702 | | | | 550 | | 16726.65 | case rate | |
| HC SELECT INT/CAROTID UNIL IPSILA | 36224 | CPT | | | | both | | | 17607 | 7227.61 | WellPoint | WellPoint | 5665.93 | 32.18 | | 4638.72 | 550 | | 16726.65 | percent of total billed charges | |
| HC SELECT SUBCLAVIAN/INNOM A UNIL | 36225 | CPT | | | | both | | | 10768 | 4192.26 | Americare | Americare | 8076 | 75 | | | 550 | | 10229.6 | percent of total billed charges | |
| HC SELECT SUBCLAVIAN/INNOM A UNIL | 36225 | CPT | | | | both | | | 10768 | 4192.26 | Aetna | Better Health | 3397.3 | 31.55 | | | 550 | | 10229.6 | percent of total billed charges | |
| HC SELECT SUBCLAVIAN/INNOM A UNIL | 36225 | CPT | | | | both | | | 10768 | 4192.26 | Wellcare | Medicaid | 3397.3 | 31.55 | | | 550 | | 10229.6 | percent of total billed charges | |
| HC SELECT SUBCLAVIAN/INNOM A UNIL | 36225 | CPT | | | | both | | | 10768 | 4192.26 | Consumer | Consumer | 10229.6 | 95 | | | 550 | | 10229.6 | percent of total billed charges | |
| HC SELECT SUBCLAVIAN/INNOM A UNIL | 36225 | CPT | | | | both | | | 10768 | 4192.26 | Amerihealth | HMO/PPO | 550 | | | | 550 | | 10229.6 | fee schedule | |
| HC SELECT SUBCLAVIAN/INNOM A UNIL | 36225 | CPT | | | | both | | | 10768 | 4192.26 | Aetna | Medicare | 3645.44 | | | | 550 | | 10229.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT SUBCLAVIAN/INNOM A UNIL | 36225 | CPT | | | | both | | | 10768 | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | | 550 | | 10229.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT SUBCLAVIAN/INNOM A UNIL | 36225 | CPT | | | | both | | | 10768 | 4192.26 | Corrections | Corrections | 8614.4 | 80 | | | 550 | | 10229.6 | percent of total billed charges | |
| HC SELECT SUBCLAVIAN/INNOM A UNIL | 36225 | CPT | | | | both | | | 10768 | 4192.26 | Horizon | MCD | 7053.93 | | | | 550 | | 10229.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT SUBCLAVIAN/INNOM A UNIL | 36225 | CPT | | | | both | | | 10768 | 4192.26 | Aetna | Commercial | 4091.84 | 38 | | | 550 | | 10229.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT SUBCLAVIAN/INNOM A UNIL | 36225 | CPT | | | | both | | | 10768 | 4192.26 | Wellcare | Medicare | 3645.44 | | | | 550 | | 10229.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT SUBCLAVIAN/INNOM A UNIL | 36225 | CPT | | | | both | | | 10768 | 4192.26 | First Trenton | First Trenton | 9691.2 | 90 | | | 550 | | 10229.6 | percent of total billed charges | |
| HC SELECT SUBCLAVIAN/INNOM A UNIL | 36225 | CPT | | | | both | | | 10768 | 4192.26 | UHC | Medicaid | 3397.3 | 31.55 | | | 550 | | 10229.6 | percent of total billed charges | |
| HC SELECT SUBCLAVIAN/INNOM A UNIL | 36225 | CPT | | | | both | | | 10768 | 4192.26 | First Health | First Health | 7537.6 | 70 | | | 550 | | 10229.6 | percent of total billed charges | |
| HC SELECT SUBCLAVIAN/INNOM A UNIL | 36225 | CPT | | | | both | | | 10768 | 4192.26 | UHC | Medicare | 3645.44 | | | | 550 | | 10229.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT SUBCLAVIAN/INNOM A UNIL | 36225 | CPT | | | | both | | | 10768 | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 550 | | 10229.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT SUBCLAVIAN/INNOM A UNIL | 36225 | CPT | | | | both | | | 10768 | 4192.26 | Multiplan | Multiplan | 8614.4 | 80 | | | 550 | | 10229.6 | percent of total billed charges | |
| HC SELECT SUBCLAVIAN/INNOM A UNIL | 36225 | CPT | | | | both | | | 10768 | 4192.26 | Horizon | NJ Health | 1365.24 | | | | 550 | | 10229.6 | fee schedule | |
| HC SELECT SUBCLAVIAN/INNOM A UNIL | 36225 | CPT | | | | both | | | 10768 | 4192.26 | Qualcare | Qualcare | 8076 | 75 | | | 550 | | 10229.6 | percent of total billed charges | |
| HC SELECT SUBCLAVIAN/INNOM A UNIL | 36225 | CPT | | | | both | | | 10768 | 4192.26 | Horizon | PPO | 7053.93 | | | | 550 | | 10229.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT SUBCLAVIAN/INNOM A UNIL | 36225 | CPT | | | | both | | | 10768 | 4192.26 | Managed Care Inc | Managed Care Inc | 9691.2 | 90 | | | 550 | | 10229.6 | percent of total billed charges | |
| HC SELECT SUBCLAVIAN/INNOM A UNIL | 36225 | CPT | | | | both | | | 10768 | 4192.26 | United | Commercial/PPO | 3492 | | | | 550 | | 10229.6 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC SELECT SUBCLAVIAN/INNOM A UNIL | 36225 | CPT | | | | both | | | 10768 | 4192.26 | Three Rivers | Three Rivers | 10229.6 | 95 | | | 550 | | 10229.6 percent of total billed charges | |
| HC SELECT SUBCLAVIAN/INNOM A UNIL | 36225 | CPT | | | | both | | | 10768 | 4192.26 | WellPoint | WellPoint | 3465.14 | 32.18 | | | 550 | | 10229.6 percent of total billed charges | |
| HC SELECT SUBCLAVIAN/INNOM A UNIL | 36225 | CPT | | | | both | | | 10768 | 4192.26 | United | Oxford | 3492 | | | | 550 | | 10229.6 case rate | |
| HC SELECT VERT A UNILAT WITH IPSI | 36226 | CPT | | | | both | | | 17607 | 7227.61 | First Trenton | First Trenton | 15846.3 | 90 | | | 550 | | 16726.65 percent of total billed charges | |
| HC SELECT VERT A UNILAT WITH IPSI | 36226 | CPT | | | | both | | | 17607 | 7227.61 | Horizon | MGD | 12161.24 | | | 4656.64 | 550 | | 16726.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT VERT A UNILAT WITH IPSI | 36226 | CPT | | | | both | | | 17607 | 7227.61 | First Health | First Health | 12324.9 | 70 | | | 550 | | 16726.65 percent of total billed charges | |
| HC SELECT VERT A UNILAT WITH IPSI | 36226 | CPT | | | | both | | | 17607 | 7227.61 | Corrections | Corrections | 14085.6 | 80 | | | 550 | | 16726.65 percent of total billed charges | |
| HC SELECT VERT A UNILAT WITH IPSI | 36226 | CPT | | | | both | | | 17607 | 7227.61 | Aetna | Medicare | 6284.88 | | | 2724.93 | 550 | | 16726.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT VERT A UNILAT WITH IPSI | 36226 | CPT | | | | both | | | 17607 | 7227.61 | Aetna | Commercial | 10256.92 | | | 3786.29 | 550 | | 16726.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT VERT A UNILAT WITH IPSI | 36226 | CPT | | | | both | | | 17607 | 7227.61 | Aetna | Better Health | 5555.01 | 31.55 | | | 550 | | 16726.65 percent of total billed charges | |
| HC SELECT VERT A UNILAT WITH IPSI | 36226 | CPT | | | | both | | | 17607 | 7227.61 | Consumer | Consumer | 16726.65 | 95 | | | 550 | | 16726.65 percent of total billed charges | |
| HC SELECT VERT A UNILAT WITH IPSI | 36226 | CPT | | | | both | | | 17607 | 7227.61 | Horizon | PPO | 12161.24 | | | 5104.11 | 550 | | 16726.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT VERT A UNILAT WITH IPSI | 36226 | CPT | | | | both | | | 17607 | 7227.61 | Multiplan | Multiplan | 14085.6 | 80 | | | 550 | | 16726.65 percent of total billed charges | |
| HC SELECT VERT A UNILAT WITH IPSI | 36226 | CPT | | | | both | | | 17607 | 7227.61 | UHC | Medicare | 6284.88 | | | 2603.87 | 550 | | 16726.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT VERT A UNILAT WITH IPSI | 36226 | CPT | | | | both | | | 17607 | 7227.61 | Horizon | Medicare Blue | 6284.88 | | | | 550 | | 16726.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT VERT A UNILAT WITH IPSI | 36226 | CPT | | | | both | | | 17607 | 7227.61 | Americare | Americare | 13205.25 | 75 | | | 550 | | 16726.65 percent of total billed charges | |
| HC SELECT VERT A UNILAT WITH IPSI | 36226 | CPT | | | | both | | | 17607 | 7227.61 | Horizon | NJ Health | 1523.49 | | | 656.13 | 550 | | 16726.65 fee schedule | |
| HC SELECT VERT A UNILAT WITH IPSI | 36226 | CPT | | | | both | | | 17607 | 7227.61 | Managed Care Inc | Managed Care Inc | 15846.3 | 90 | | | 550 | | 16726.65 percent of total billed charges | |
| HC SELECT VERT A UNILAT WITH IPSI | 36226 | CPT | | | | both | | | 17607 | 7227.61 | Three Rivers | Three Rivers | 16726.65 | 95 | | | 550 | | 16726.65 percent of total billed charges | |
| HC SELECT VERT A UNILAT WITH IPSI | 36226 | CPT | | | | both | | | 17607 | 7227.61 | Amerihealth | HMO/PPO | 550 | | | | 550 | | 16726.65 fee schedule | |
| HC SELECT VERT A UNILAT WITH IPSI | 36226 | CPT | | | | both | | | 17607 | 7227.61 | Qualcare | Qualcare | 13205.25 | 75 | | | 550 | | 16726.65 percent of total billed charges | |
| HC SELECT VERT A UNILAT WITH IPSI | 36226 | CPT | | | | both | | | 17607 | 7227.61 | Horizon | Indemnity | 12161.24 | | | 4354.84 | 550 | | 16726.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT VERT A UNILAT WITH IPSI | 36226 | CPT | | | | both | | | 17607 | 7227.61 | United | Oxford | 4702 | | | | 550 | | 16726.65 case rate | |
| HC SELECT VERT A UNILAT WITH IPSI | 36226 | CPT | | | | both | | | 17607 | 7227.61 | United | Commercial/PPO | 4702 | | | | 550 | | 16726.65 case rate | |
| HC SELECT VERT A UNILAT WITH IPSI | 36226 | CPT | | | | both | | | 17607 | 7227.61 | UHC | Medicaid | 5555.01 | 31.55 | | 4354.63 | 550 | | 16726.65 percent of total billed charges | |
| HC SELECT VERT A UNILAT WITH IPSI | 36226 | CPT | | | | both | | | 17607 | 7227.61 | Wellcare | Medicaid | 5555.01 | 31.55 | | 5131.33 | 550 | | 16726.65 percent of total billed charges | |
| HC SELECT VERT A UNILAT WITH IPSI | 36226 | CPT | | | | both | | | 17607 | 7227.61 | Wellcare | Medicare | 6284.88 | | | | 550 | | 16726.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT VERT A UNILAT WITH IPSI | 36226 | CPT | | | | both | | | 17607 | 7227.61 | WellPoint | WellPoint | 5865.93 | 32.18 | | 3728.8 | 550 | | 16726.65 percent of total billed charges | |
| HC SELECT EXTERNAL CAROTID A UNIL | 36227 | CPT | | | | both | | | 16971 | | Aetna | Medicare | 5227.07 | 30.8 | | | 215.7 | | 16122.45 percent of total billed charges | |
| HC SELECT EXTERNAL CAROTID A UNIL | 36227 | CPT | | | | both | | | 16971 | | Consumer | Consumer | 16122.45 | 95 | | | 215.7 | | 16122.45 percent of total billed charges | |
| HC SELECT EXTERNAL CAROTID A UNIL | 36227 | CPT | | | | both | | | 16971 | | Horizon | NJ Health | 215.7 | | | 495.75 | 215.7 | | 16122.45 fee schedule | |
| HC SELECT EXTERNAL CAROTID A UNIL | 36227 | CPT | | | | both | | | 16971 | | Americare | Americare | 12728.25 | 75 | | | 215.7 | | 16122.45 percent of total billed charges | |
| HC SELECT EXTERNAL CAROTID A UNIL | 36227 | CPT | | | | both | | | 16971 | | Horizon | Indemnity | 6496.5 | 38.28 | | 4159.33 | 215.7 | | 16122.45 percent of total billed charges | |
| HC SELECT EXTERNAL CAROTID A UNIL | 36227 | CPT | | | | both | | | 16971 | | Aetna | Better Health | 5354.35 | 31.55 | | | 215.7 | | 16122.45 percent of total billed charges | |
| HC SELECT EXTERNAL CAROTID A UNIL | 36227 | CPT | | | | both | | | 16971 | | Horizon | MGD | 6496.5 | 38.28 | | 4507.32 | 215.7 | | 16122.45 percent of total billed charges | |
| HC SELECT EXTERNAL CAROTID A UNIL | 36227 | CPT | | | | both | | | 16971 | | First Trenton | First Trenton | 15273.9 | 90 | | | 215.7 | | 16122.45 percent of total billed charges | |
| HC SELECT EXTERNAL CAROTID A UNIL | 36227 | CPT | | | | both | | | 16971 | | Amerihealth | HMO/PPO | 550 | | | | 215.7 | | 16122.45 fee schedule | |
| HC SELECT EXTERNAL CAROTID A UNIL | 36227 | CPT | | | | both | | | 16971 | | Corrections | Corrections | 13576.8 | 80 | | | 215.7 | | 16122.45 percent of total billed charges | |
| HC SELECT EXTERNAL CAROTID A UNIL | 36227 | CPT | | | | both | | | 16971 | | Wellcare | Medicaid | 5354.35 | 31.55 | | 4945.81 | 215.7 | | 16122.45 percent of total billed charges | |
| HC SELECT EXTERNAL CAROTID A UNIL | 36227 | CPT | | | | both | | | 16971 | | Managed Care Inc | Managed Care Inc | 15273.9 | 90 | | | 215.7 | | 16122.45 percent of total billed charges | |
| HC SELECT EXTERNAL CAROTID A UNIL | 36227 | CPT | | | | both | | | 16971 | | UHC | Medicaid | 5354.35 | 31.55 | | | 215.7 | | 16122.45 percent of total billed charges | |
| HC SELECT EXTERNAL CAROTID A UNIL | 36227 | CPT | | | | both | | | 16971 | | Horizon | Medicare Blue | 5091.3 | 30 | | | 215.7 | | 16122.45 percent of total billed charges | |
| HC SELECT EXTERNAL CAROTID A UNIL | 36227 | CPT | | | | both | | | 16971 | | First Health | First Health | 11879.7 | 70 | | | 215.7 | | 16122.45 percent of total billed charges | |
| HC SELECT EXTERNAL CAROTID A UNIL | 36227 | CPT | | | | both | | | 16971 | | Three Rivers | Three Rivers | 16122.45 | 95 | | | 215.7 | | 16122.45 percent of total billed charges | |
| HC SELECT EXTERNAL CAROTID A UNIL | 36227 | CPT | | | | both | | | 16971 | | Horizon | PPO | 6496.5 | 38.28 | | 4877.34 | 215.7 | | 16122.45 percent of total billed charges | |
| HC SELECT EXTERNAL CAROTID A UNIL | 36227 | CPT | | | | both | | | 16971 | | United | Oxford | 1782 | | | | 215.7 | | 16122.45 case rate | |
| HC SELECT EXTERNAL CAROTID A UNIL | 36227 | CPT | | | | both | | | 16971 | | United | Commercial/PPO | 1782 | | | | 215.7 | | 16122.45 case rate | |
| HC SELECT EXTERNAL CAROTID A UNIL | 36227 | CPT | | | | both | | | 16971 | | Multiplan | Multiplan | 13576.8 | 80 | | | 215.7 | | 16122.45 percent of total billed charges | |
| HC SELECT EXTERNAL CAROTID A UNIL | 36227 | CPT | | | | both | | | 16971 | | WellPoint | WellPoint | 5461.27 | 32.18 | | | 215.7 | | 16122.45 percent of total billed charges | |
| HC SELECT EXTERNAL CAROTID A UNIL | 36227 | CPT | | | | both | | | 16971 | | Qualcare | Qualcare | 12728.25 | 75 | | | 215.7 | | 16122.45 percent of total billed charges | |
| HC SELECT EACH INT CAROTID OR VER | 36228 | CPT | | | | both | | | 16971 | | Horizon | MGD | 6496.5 | 38.28 | | | 550 | | 16122.45 percent of total billed charges | |
| HC SELECT EACH INT CAROTID OR VER | 36228 | CPT | | | | both | | | 16971 | | Amerihealth | HMO/PPO | 550 | | | | 550 | | 16122.45 fee schedule | |
| HC SELECT EACH INT CAROTID OR VER | 36228 | CPT | | | | both | | | 16971 | | Aetna | Better Health | 5354.35 | 31.55 | | | 550 | | 16122.45 percent of total billed charges | |
| HC SELECT EACH INT CAROTID OR VER | 36228 | CPT | | | | both | | | 16971 | | Corrections | Corrections | 13576.8 | 80 | | | 550 | | 16122.45 percent of total billed charges | |
| HC SELECT EACH INT CAROTID OR VER | 36228 | CPT | | | | both | | | 16971 | | Aetna | Medicare | 5227.07 | 30.8 | | | 550 | | 16122.45 percent of total billed charges | |
| HC SELECT EACH INT CAROTID OR VER | 36228 | CPT | | | | both | | | 16971 | | Americare | Americare | 12728.25 | 75 | | | 550 | | 16122.45 percent of total billed charges | |
| HC SELECT EACH INT CAROTID OR VER | 36228 | CPT | | | | both | | | 16971 | | Consumer | Consumer | 16122.45 | 95 | | | 550 | | 16122.45 percent of total billed charges | |
| HC SELECT EACH INT CAROTID OR VER | 36228 | CPT | | | | both | | | 16971 | | First Health | First Health | 11879.7 | 70 | | | 550 | | 16122.45 percent of total billed charges | |
| HC SELECT EACH INT CAROTID OR VER | 36228 | CPT | | | | both | | | 16971 | | Horizon | Medicare Blue | 5091.3 | 30 | | | 550 | | 16122.45 percent of total billed charges | |
| HC SELECT EACH INT CAROTID OR VER | 36228 | CPT | | | | both | | | 16971 | | UHC | Medicaid | 5354.35 | 31.55 | | | 550 | | 16122.45 percent of total billed charges | |
| HC SELECT EACH INT CAROTID OR VER | 36228 | CPT | | | | both | | | 16971 | | First Trenton | First Trenton | 15273.9 | 90 | | | 550 | | 16122.45 percent of total billed charges | |
| HC SELECT EACH INT CAROTID OR VER | 36228 | CPT | | | | both | | | 16971 | | Horizon | Indemnity | 6496.5 | 38.28 | | | 550 | | 16122.45 percent of total billed charges | |
| HC SELECT EACH INT CAROTID OR VER | 36228 | CPT | | | | both | | | 16971 | | United | Oxford | 1782 | | | | 550 | | 16122.45 case rate | |
| HC SELECT EACH INT CAROTID OR VER | 36228 | CPT | | | | both | | | 16971 | | United | Commercial/PPO | 1782 | | | | 550 | | 16122.45 case rate | |
| HC SELECT EACH INT CAROTID OR VER | 36228 | CPT | | | | both | | | 16971 | | Horizon | NJ Health | 1046.58 | | | | 550 | | 16122.45 fee schedule | |
| HC SELECT EACH INT CAROTID OR VER | 36228 | CPT | | | | both | | | 16971 | | Multiplan | Multiplan | 13576.8 | 80 | | | 550 | | 16122.45 percent of total billed charges | |
| HC SELECT EACH INT CAROTID OR VER | 36228 | CPT | | | | both | | | 16971 | | Wellcare | Medicaid | 5354.35 | 31.55 | | | 550 | | 16122.45 percent of total billed charges | |
| HC SELECT EACH INT CAROTID OR VER | 36228 | CPT | | | | both | | | 16971 | | WellPoint | WellPoint | 5461.27 | 32.18 | | | 550 | | 16122.45 percent of total billed charges | |
| HC SELECT EACH INT CAROTID OR VER | 36228 | CPT | | | | both | | | 16971 | | Horizon | PPO | 6496.5 | 38.28 | | | 550 | | 16122.45 percent of total billed charges | |
| HC SELECT EACH INT CAROTID OR VER | 36228 | CPT | | | | both | | | 16971 | | Qualcare | Qualcare | 12728.25 | 75 | | | 550 | | 16122.45 percent of total billed charges | |
| HC SELECT EACH INT CAROTID OR VER | 36228 | CPT | | | | both | | | 16971 | | Managed Care Inc | Managed Care Inc | 15273.9 | 90 | | | 550 | | 16122.45 percent of total billed charges | |
| HC SELECT EACH INT CAROTID OR VER | 36228 | CPT | | | | both | | | 16971 | | Three Rivers | Three Rivers | 16122.45 | 95 | | | 550 | | 16122.45 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1ST ORDER | 36245 | CPT | | | | both | | | 5495 | | Consumer | Consumer | 5220.25 | 95 | | | 223.44 | | 5220.25 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1ST ORDER | 36245 | CPT | | | | both | | | 5495 | | United | Commercial/PPO | 1782 | | | | 223.44 | | 5220.25 case rate | |
| HC ABD AORTA/PELVIC/LE/1ST ORDER | 36245 | CPT | | | | both | | | 5495 | | Horizon | Indemnity | 2103.49 | 38.28 | | | 223.44 | | 5220.25 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1ST ORDER | 36245 | CPT | | | | both | | | 5495 | | Aetna | Better Health | 1733.67 | 31.55 | | | 223.44 | | 5220.25 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1ST ORDER | 36245 | CPT | | | | both | | | 5495 | | Aetna | Medicare | 1692.46 | 30.8 | | | 223.44 | | 5220.25 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1ST ORDER | 36245 | CPT | | | | both | | | 5495 | | First Trenton | First Trenton | 4945.5 | 90 | | | 223.44 | | 5220.25 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1ST ORDER | 36245 | CPT | | | | both | | | 5495 | | Americare | Americare | 4121.25 | 75 | | | 223.44 | | 5220.25 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1ST ORDER | 36245 | CPT | | | | both | | | 5495 | | Amerihealth | HMO/PPO | 550 | | | | 223.44 | | 5220.25 fee schedule | |
| HC ABD AORTA/PELVIC/LE/1ST ORDER | 36245 | CPT | | | | both | | | 5495 | | Corrections | Corrections | 4396 | 80 | | | 223.44 | | 5220.25 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1ST ORDER | 36245 | CPT | | | | both | | | 5495 | | Horizon | PPO | 2103.49 | 38.28 | | | 223.44 | | 5220.25 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1ST ORDER | 36245 | CPT | | | | both | | | 5495 | | Multiplan | Multiplan | 4396 | 80 | | | 223.44 | | 5220.25 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1ST ORDER | 36245 | CPT | | | | both | | | 5495 | | First Health | First Health | 3846.5 | 70 | | | 223.44 | | 5220.25 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1ST ORDER | 36245 | CPT | | | | both | | | 5495 | | Horizon | MGD | 2103.49 | 38.28 | | | 223.44 | | 5220.25 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1ST ORDER | 36245 | CPT | | | | both | | | 5495 | | Managed Care Inc | Managed Care Inc | 4945.5 | 90 | | | 223.44 | | 5220.25 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1ST ORDER | 36245 | CPT | | | | both | | | 5495 | | Horizon | Medicare Blue | 1648.5 | 30 | | | 223.44 | | 5220.25 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1ST ORDER | 36245 | CPT | | | | both | | | 5495 | | Wellcare | Medicaid | 1733.67 | 31.55 | | | 223.44 | | 5220.25 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1ST ORDER | 36245 | CPT | | | | both | | | 5495 | | Horizon | NJ Health | 223.44 | | | | 223.44 | | 5220.25 fee schedule | |
| HC ABD AORTA/PELVIC/LE/1ST ORDER | 36245 | CPT | | | | both | | | 5495 | | UHC | Medicaid | 1733.67 | 31.55 | | | 223.44 | | 5220.25 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1ST ORDER | 36245 | CPT | | | | both | | | 5495 | | Qualcare | Qualcare | 4121.25 | 75 | | | 223.44 | | 5220.25 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1ST ORDER | 36245 | CPT | | | | both | | | 5495 | | United | Oxford | 1782 | | | | 223.44 | | 5220.25 case rate | |
| HC ABD AORTA/PELVIC/LE/1ST ORDER | 36245 | CPT | | | | both | | | 5495 | | Three Rivers | Three Rivers | 5220.25 | 95 | | | 223.44 | | 5220.25 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1ST ORDER | 36245 | CPT | | | | both | | | 5495 | | WellPoint | WellPoint | 1768.29 | 32.18 | | | 223.44 | | 5220.25 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1&2 | 36246 | CPT | | | | both | | | 6035 | | Aetna | Better Health | 1904.04 | 31.55 | | | 367.5 | | 5733.25 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1&2 | 36246 | CPT | | | | both | | | 6035 | | United | Commercial/PPO | 1782 | | | | 367.5 | | 5733.25 case rate | |
| HC ABD AORTA/PELVIC/LE/1&2 | 36246 | CPT | | | | both | | | 6035 | | Aetna | Medicare | 1858.78 | 30.8 | | | 367.5 | | 5733.25 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1&2 | 36246 | CPT | | | | both | | | 6035 | | Amerihealth | HMO/PPO | 650 | | | | 367.5 | | 5733.25 fee schedule | |
| HC ABD AORTA/PELVIC/LE/1&2 | 36246 | CPT | | | | both | | | 6035 | | Corrections | Corrections | 4828 | 80 | | | 367.5 | | 5733.25 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1&2 | 36246 | CPT | | | | both | | | 6035 | | WellPoint | WellPoint | 1942.06 | 32.18 | | 1289.54 | 367.5 | | 5733.25 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1&2 | 36246 | CPT | | | | both | | | 6035 | | Americare | Americare | 4526.25 | 75 | | | 367.5 | | 5733.25 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1&2 | 36246 | CPT | | | | both | | | 6035 | | First Health | First Health | 4224.5 | 70 | | | 367.5 | | 5733.25 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1&2 | 36246 | CPT | | | | both | | | 6035 | | Horizon | Indemnity | 2310.2 | 38.28 | | | 367.5 | | 5733.25 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1&2 | 36246 | CPT | | | | both | | | 6035 | | UHC | Medicaid | 1904.04 | 31.55 | | | 367.5 | | 5733.25 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1&2 | 36246 | CPT | | | | both | | | 6035 | | Horizon | Medicare Blue | 1810.5 | 30 | | | 367.5 | | 5733.25 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1&2 | 36246 | CPT | | | | both | | | 6035 | | Horizon | MGD | 2310.2 | 38.28 | | | 367.5 | | 5733.25 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1&2 | 36246 | CPT | | | | both | | | 6035 | | First Trenton | First Trenton | 5431.5 | 90 | | | 367.5 | | 5733.25 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1&2 | 36246 | CPT | | | | both | | | 6035 | | Horizon | PPO | 2310.2 | 38.28 | | | 367.5 | | 5733.25 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1&2 | 36246 | CPT | | | | both | | | 6035 | | Consumer | Consumer | 5733.25 | 95 | | | 367.5 | | 5733.25 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1&2 | 36246 | CPT | | | | both | | | 6035 | | Three Rivers | Three Rivers | 5733.25 | 95 | | | 367.5 | | 5733.25 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1&2 | 36246 | CPT | | | | both | | | 6035 | | Qualcare | Qualcare | 4526.25 | 75 | | | 367.5 | | 5733.25 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1&2 | 36246 | CPT | | | | both | | | 6035 | | Multiplan | Multiplan | 4828 | 80 | | | 367.5 | | 5733.25 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1&2 | 36246 | CPT | | | | both | | | 6035 | | Horizon | NJ Health | 367.5 | | | 1331.43 | 367.5 | | 5733.25 fee schedule | |
| HC ABD AORTA/PELVIC/LE/1&2 | 36246 | CPT | | | | both | | | 6035 | | United | Oxford | 1782 | | | | 367.5 | | 5733.25 case rate | |
| HC ABD AORTA/PELVIC/LE/1&2 | 36246 | CPT | | | | both | | | 6035 | | Managed Care Inc | Managed Care Inc | 5431.5 | 90 | | | 367.5 | | 5733.25 percent of total billed charges | |
| HC ABD AORTA/PELVIC/LE/1&2 | 36246 | CPT | | | | both | | | 6035 | | Wellcare | Medicaid | 1904.04 | 31.55 | | | 367.5 | | 5733.25 percent of total billed charges | |
| HC SEL CATH PLACEMNT ARTERIAL SYS | 36247 | CPT | | | | both | | | 4933 | | Aetna | Better Health | 1556.36 | 31.55 | | | 450.8 | | 4686.35 percent of total billed charges | |
| HC SEL CATH PLACEMNT ARTERIAL SYS | 36247 | CPT | | | | both | | | 4933 | | First Trenton | First Trenton | 4439.7 | 90 | | | 450.8 | | 4686.35 percent of total billed charges | |
| HC SEL CATH PLACEMNT ARTERIAL SYS | 36247 | CPT | | | | both | | | 4933 | | Americare | Americare | 3699.75 | 75 | | | 450.8 | | 4686.35 percent of total billed charges | |
| HC SEL CATH PLACEMNT ARTERIAL SYS | 36247 | CPT | | | | both | | | 4933 | | Consumer | Consumer | 4686.35 | 95 | | | 450.8 | | 4686.35 percent of total billed charges | |
| HC SEL CATH PLACEMNT ARTERIAL SYS | 36247 | CPT | | | | both | | | 4933 | | WellPoint | WellPoint | 1587.44 | 32.18 | | 589.61 | 450.8 | | 4686.35 percent of total billed charges | |
| HC SEL CATH PLACEMNT ARTERIAL SYS | 36247 | CPT | | | | both | | | 4933 | | Horizon | PPO | 1888.35 | 38.28 | | | 450.8 | | 4686.35 percent of total billed charges | |
| HC SEL CATH PLACEMNT ARTERIAL SYS | 36247 | CPT | | | | both | | | 4933 | | Amerihealth | HMO/PPO | 800 | | | | 450.8 | | 4686.35 fee schedule | |
| HC SEL CATH PLACEMNT ARTERIAL SYS | 36247 | CPT | | | | both | | | 4933 | | First Health | First Health | 3453.1 | 70 | | | 450.8 | | 4686.35 percent of total billed charges | |
| HC SEL CATH PLACEMNT ARTERIAL SYS | 36247 | CPT | | | | both | | | 4933 | | Aetna | Medicare | 1519.36 | 30.8 | | 1098.5 | 450.8 | | 4686.35 percent of total billed charges | |
| HC SEL CATH PLACEMNT ARTERIAL SYS | 36247 | CPT | | | | both | | | 4933 | | Managed Care Inc | Managed Care Inc | 4439.7 | 90 | | | 450.8 | | 4686.35 percent of total billed charges | |
| HC SEL CATH PLACEMNT ARTERIAL SYS | 36247 | CPT | | | | both | | | 4933 | | Horizon | Indemnity | 1888.35 | 38.28 | | 1868.92 | 450.8 | | 4686.35 percent of total billed charges | |
| HC SEL CATH PLACEMNT ARTERIAL SYS | 36247 | CPT | | | | both | | | 4933 | | Corrections | Corrections | 3946.4 | 80 | | 1768.55 | 450.8 | | 4686.35 percent of total billed charges | |
| HC SEL CATH PLACEMNT ARTERIAL SYS | 36247 | CPT | | | | both | | | 4933 | | UHC | Medicaid | 1556.36 | 31.55 | | 1283.74 | 450.8 | | 4686.35 percent of total billed charges | |
| HC SEL CATH PLACEMNT ARTERIAL SYS | 36247 | CPT | | | | both | | | 4933 | | United | Oxford | 1782 | | | | 450.8 | | 4686.35 case rate | |
| HC SEL CATH PLACEMNT ARTERIAL SYS | 36247 | CPT | | | | both | | | 4933 | | Horizon | Medicare Blue | 1479.9 | 30 | | 509.55 | 450.8 | | 4686.35 percent of total billed charges | |
| HC SEL CATH PLACEMNT ARTERIAL SYS | 36247 | CPT | | | | both | | | 4933 | | Wellcare | Medicaid | 1556.36 | 31.55 | | 85.64 | 450.8 | | 4686.35 percent of total billed charges | |
| HC SEL CATH PLACEMNT ARTERIAL SYS | 36247 | CPT | | | | both | | | 4933 | | Horizon | MGD | 1888.35 | 38.28 | | 1963.05 | 450.8 | | 4686.35 percent of total billed charges | |
| HC SEL CATH PLACEMNT ARTERIAL SYS | 36247 | CPT | | | | both | | | 4933 | | Multiplan | Multiplan | 3946.4 | 80 | | | 450.8 | | 4686.35 percent of total billed charges | |
| HC SEL CATH PLACEMNT ARTERIAL SYS | 36247 | CPT | | | | both | | | 4933 | | Horizon | NJ Health | 450.8 | | | 682.71 | 450.8 | | 4686.35 fee schedule | |
| HC SEL CATH PLACEMNT ARTERIAL SYS | 36247 | CPT | | | | both | | | 4933 | | Qualcare | Qualcare | 3699.75 | 75 | | | 450.8 | | 4686.35 percent of total billed charges | |
| HC SEL CATH PLACEMNT ARTERIAL SYS | 36247 | CPT | | | | both | | | 4933 | | Three Rivers | Three Rivers | 4686.35 | 95 | | | 450.8 | | 4686.35 percent of total billed charges | |
| HC SEL CATH PLACEMNT ARTERIAL SYS | 36247 | CPT | | | | both | | | 4933 | | United | Commercial/PPO | 1782 | | | | 450.8 | | 4686.35 case rate | |
| HC INS CATH ABD/L-EXT ART ADDL | 36248 | CPT | | | | both | | | 1347 | | Wellcare | Medicaid | 424.98 | 31.55 | | 16.86 | 80.85 | | 1782 percent of total billed charges | |
| HC INS CATH ABD/L-EXT ART ADDL | 36248 | CPT | | | | both | | | 1347 | | Aetna | Better Health | 424.98 | 31.55 | | | 80.85 | | 1782 percent of total billed charges | |
| HC INS CATH ABD/L-EXT ART ADDL | 36248 | CPT | | | | both | | | 1347 | | First Trenton | First Trenton | 1212.3 | 90 | | | 80.85 | | 1782 percent of total billed charges | |
| HC INS CATH ABD/L-EXT ART ADDL | 36248 | CPT | | | | both | | | 1347 | | First Health | First Health | 942.9 | 70 | | | 80.85 | | 1782 percent of total billed charges | |
| HC INS CATH ABD/L-EXT ART ADDL | 36248 | CPT | | | | both | | | 1347 | | Americare | Americare | 1010.25 | 75 | | | 80.85 | | 1782 percent of total billed charges | |
| HC INS CATH ABD/L-EXT ART ADDL | 36248 | CPT | | | | both | | | 1347 | | Corrections | Corrections | 1077.6 | 80 | | | 80.85 | | 1782 percent of total billed charges | |
| HC INS CATH ABD/L-EXT ART ADDL | 36248 | CPT | | | | both | | | 1347 | | Aetna | Commercial | 511.86 | 38 | | 81.65 | 80.85 | | 1782 percent of total billed charges | |
| HC INS CATH ABD/L-EXT ART ADDL | 36248 | CPT | | | | both | | | 1347 | | Aetna | Medicare | 414.88 | 30.8 | | 216.32 | 80.85 | | 1782 percent of total billed charges | |
| HC INS CATH ABD/L-EXT ART ADDL | 36248 | CPT | | | | both | | | 1347 | | WellPoint | WellPoint | 433.46 | 32.18 | | 82.04 | 80.85 | | 1782 percent of total billed charges | |
| HC INS CATH ABD/L-EXT ART ADDL | 36248 | CPT | | | | both | | | 1347 | | UHC | Medicaid | 424.98 | 31.55 | | 286.07 | 80.85 | | 1782 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC INS CATH ABD/L-EXT ART ADDL | 36248 | CPT | | | | both | | | 1347 | | Horizon | NJ Health | 515.63 | 38.28 | | | 80.85 | | 1782 percent of total billed charges | |
| HC INS CATH ABD/L-EXT ART ADDL | 36248 | CPT | | | | both | | | 1347 | | Multiplan | Multiplan | 1077.6 | 80 | | | 80.85 | | 1782 percent of total billed charges | |
| HC INS CATH ABD/L-EXT ART ADDL | 36248 | CPT | | | | both | | | 1347 | | Amerihealth | HMO/PPO | 650 | | | | 80.85 | | 1782 fee schedule | |
| HC INS CATH ABD/L-EXT ART ADDL | 36248 | CPT | | | | both | | | 1347 | | Horizon | Indemnity | 515.63 | 38.28 | | 368.1 | 80.85 | | 1782 percent of total billed charges | |
| HC INS CATH ABD/L-EXT ART ADDL | 36248 | CPT | | | | both | | | 1347 | | Horizon | Medicare Blue | 404.1 | 30 | | | 80.85 | | 1782 percent of total billed charges | |
| HC INS CATH ABD/L-EXT ART ADDL | 36248 | CPT | | | | both | | | 1347 | | Consumer | Consumer | 1279.65 | 95 | | | 80.85 | | 1782 percent of total billed charges | |
| HC INS CATH ABD/L-EXT ART ADDL | 36248 | CPT | | | | both | | | 1347 | | Managed Care Inc | Managed Care Inc | 1212.3 | 90 | | | 80.85 | | 1782 percent of total billed charges | |
| HC INS CATH ABD/L-EXT ART ADDL | 36248 | CPT | | | | both | | | 1347 | | Qualcare | Qualcare | 1010.25 | 75 | | | 80.85 | | 1782 percent of total billed charges | |
| HC INS CATH ABD/L-EXT ART ADDL | 36248 | CPT | | | | both | | | 1347 | | Horizon | MGD | 515.63 | 38.28 | | 386.58 | 80.85 | | 1782 percent of total billed charges | |
| HC INS CATH ABD/L-EXT ART ADDL | 36248 | CPT | | | | both | | | 1347 | | Horizon | NJ Health | 80.85 | | | 136.99 | 80.85 | | 1782 fee schedule | |
| HC INS CATH ABD/L-EXT ART ADDL | 36248 | CPT | | | | both | | | 1347 | | Three Rivers | Three Rivers | 1279.65 | 95 | | | 80.85 | | 1782 percent of total billed charges | |
| HC INS CATH ABD/L-EXT ART ADDL | 36248 | CPT | | | | both | | | 1347 | | United | Commercial/PPO | 1782 | | | | 80.85 | | 1782 case rate | |
| HC INS CATH ABD/L-EXT ART ADDL | 36248 | CPT | | | | both | | | 1347 | | United | Oxford | 1782 | | | | 80.85 | | 1782 case rate | |
| HC INSERT CATH 1ST ORDER RENAL | 36251 | CPT | | | | both | | | 12082 | 4192.26 | Aetna | Commercial | 5949.36 | | | | 550 | | 11477.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT CATH 1ST ORDER RENAL | 36251 | CPT | | | | both | | | 12082 | 4192.26 | Aetna | Medicare | 3645.44 | | | | 550 | | 11477.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT CATH 1ST ORDER RENAL | 36251 | CPT | | | | both | | | 12082 | 4192.26 | First Trenton | First Trenton | 10873.8 | 90 | | | 550 | | 11477.9 percent of total billed charges | |
| HC INSERT CATH 1ST ORDER RENAL | 36251 | CPT | | | | both | | | 12082 | 4192.26 | Horizon | PPO | 7053.93 | | | | 550 | | 11477.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT CATH 1ST ORDER RENAL | 36251 | CPT | | | | both | | | 12082 | 4192.26 | Americare | Americare | 9061.5 | 75 | | | 550 | | 11477.9 percent of total billed charges | |
| HC INSERT CATH 1ST ORDER RENAL | 36251 | CPT | | | | both | | | 12082 | 4192.26 | Aetna | Better Health | 3811.87 | 31.55 | | | 550 | | 11477.9 percent of total billed charges | |
| HC INSERT CATH 1ST ORDER RENAL | 36251 | CPT | | | | both | | | 12082 | 4192.26 | Amerihealth | HMO/PPO | 550 | | | | 550 | | 11477.9 fee schedule | |
| HC INSERT CATH 1ST ORDER RENAL | 36251 | CPT | | | | both | | | 12082 | 4192.26 | First Health | First Health | 8457.4 | 70 | | | 550 | | 11477.9 percent of total billed charges | |
| HC INSERT CATH 1ST ORDER RENAL | 36251 | CPT | | | | both | | | 12082 | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | | 550 | | 11477.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT CATH 1ST ORDER RENAL | 36251 | CPT | | | | both | | | 12082 | 4192.26 | Corrections | Corrections | 9665.6 | 80 | | | 550 | | 11477.9 percent of total billed charges | |
| HC INSERT CATH 1ST ORDER RENAL | 36251 | CPT | | | | both | | | 12082 | 4192.26 | Managed Care Inc | Managed Care Inc | 10873.8 | 90 | | | 550 | | 11477.9 percent of total billed charges | |
| HC INSERT CATH 1ST ORDER RENAL | 36251 | CPT | | | | both | | | 12082 | 4192.26 | UHC | Medicaid | 3811.87 | 31.55 | | | 550 | | 11477.9 percent of total billed charges | |
| HC INSERT CATH 1ST ORDER RENAL | 36251 | CPT | | | | both | | | 12082 | 4192.26 | United | Oxford | 3492 | | | | 550 | | 11477.9 case rate | |
| HC INSERT CATH 1ST ORDER RENAL | 36251 | CPT | | | | both | | | 12082 | 4192.26 | Consumer | Consumer | 11477.9 | 95 | | | 550 | | 11477.9 percent of total billed charges | |
| HC INSERT CATH 1ST ORDER RENAL | 36251 | CPT | | | | both | | | 12082 | 4192.26 | Three Rivers | Three Rivers | 11477.9 | 95 | | | 550 | | 11477.9 percent of total billed charges | |
| HC INSERT CATH 1ST ORDER RENAL | 36251 | CPT | | | | both | | | 12082 | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 550 | | 11477.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT CATH 1ST ORDER RENAL | 36251 | CPT | | | | both | | | 12082 | 4192.26 | Wellcare | Medicaid | 3811.87 | 31.55 | | | 550 | | 11477.9 percent of total billed charges | |
| HC INSERT CATH 1ST ORDER RENAL | 36251 | CPT | | | | both | | | 12082 | 4192.26 | Horizon | MGD | 7053.93 | | | | 550 | | 11477.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT CATH 1ST ORDER RENAL | 36251 | CPT | | | | both | | | 12082 | 4192.26 | Wellcare | Medicare | 3645.44 | | | | 550 | | 11477.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT CATH 1ST ORDER RENAL | 36251 | CPT | | | | both | | | 12082 | 4192.26 | UHC | Medicare | 3645.44 | | | | 550 | | 11477.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT CATH 1ST ORDER RENAL | 36251 | CPT | | | | both | | | 12082 | 4192.26 | Horizon | NJ Health | 1280.92 | | | | 550 | | 11477.9 fee schedule | |
| HC INSERT CATH 1ST ORDER RENAL | 36251 | CPT | | | | both | | | 12082 | 4192.26 | Multiplan | Multiplan | 9665.6 | 80 | | | 550 | | 11477.9 percent of total billed charges | |
| HC INSERT CATH 1ST ORDER RENAL | 36251 | CPT | | | | both | | | 12082 | 4192.26 | United | Commercial/PPO | 3492 | | | | 550 | | 11477.9 case rate | |
| HC INSERT CATH 1ST ORDER RENAL | 36251 | CPT | | | | both | | | 12082 | 4192.26 | Qualcare | Qualcare | 9061.5 | 75 | | | 550 | | 11477.9 percent of total billed charges | |
| HC INSERT CATH 1ST ORDER RENAL | 36251 | CPT | | | | both | | | 12082 | 4192.26 | WellPoint | WellPoint | 3887.99 | 32.18 | | | 550 | | 11477.9 percent of total billed charges | |
| HC INSERT CATH 1ST ORDER RENAL | 36252 | CPT | | | | inpatient | | | 10666 | 4192.26 | Aetna | Better Health | 3365.12 | 31.55 | | | 550 | | 10132.7 percent of total billed charges | |
| HC INSERT CATH 1ST ORDER RENAL | 36252 | CPT | | | | inpatient | | | 10666 | 4192.26 | Amerihealth | HMO/PPO | 550 | | | | 550 | | 10132.7 fee schedule | |
| HC INSERT CATH 1ST ORDER RENAL | 36252 | CPT | | | | inpatient | | | 10666 | 4192.26 | Corrections | Corrections | 8532.8 | 80 | | | 550 | | 10132.7 percent of total billed charges | |
| HC INSERT CATH 1ST ORDER RENAL | 36252 | CPT | | | | inpatient | | | 10666 | 4192.26 | Aetna | Medicare | 3645.44 | | | | 550 | | 10132.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT CATH 1ST ORDER RENAL | 36252 | CPT | | | | inpatient | | | 10666 | 4192.26 | Wellcare | Medicare | 3645.44 | | | | 550 | | 10132.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT CATH 1ST ORDER RENAL | 36252 | CPT | | | | inpatient | | | 10666 | 4192.26 | Aetna | Commercial | 4053.08 | 38 | | | 550 | | 10132.7 percent of total billed charges | |
| HC INSERT CATH 1ST ORDER RENAL | 36252 | CPT | | | | inpatient | | | 10666 | 4192.26 | Multiplan | Multiplan | 8532.8 | 80 | | | 550 | | 10132.7 percent of total billed charges | |
| HC INSERT CATH 1ST ORDER RENAL | 36252 | CPT | | | | inpatient | | | 10666 | 4192.26 | Three Rivers | Three Rivers | 10132.7 | 95 | | | 550 | | 10132.7 percent of total billed charges | |
| HC INSERT CATH 1ST ORDER RENAL | 36252 | CPT | | | | inpatient | | | 10666 | 4192.26 | Americare | Americare | 7999.5 | 75 | | | 550 | | 10132.7 percent of total billed charges | |
| HC INSERT CATH 1ST ORDER RENAL | 36252 | CPT | | | | inpatient | | | 10666 | 4192.26 | First Health | First Health | 7466.2 | 70 | | | 550 | | 10132.7 percent of total billed charges | |
| HC INSERT CATH 1ST ORDER RENAL | 36252 | CPT | | | | inpatient | | | 10666 | 4192.26 | Qualcare | Qualcare | 7999.5 | 75 | | | 550 | | 10132.7 percent of total billed charges | |
| HC INSERT CATH 1ST ORDER RENAL | 36252 | CPT | | | | inpatient | | | 10666 | 4192.26 | First Trenton | First Trenton | 9599.4 | 90 | | | 550 | | 10132.7 percent of total billed charges | |
| HC INSERT CATH 1ST ORDER RENAL | 36252 | CPT | | | | inpatient | | | 10666 | 4192.26 | Consumer | Consumer | 10132.7 | 95 | | | 550 | | 10132.7 percent of total billed charges | |
| HC INSERT CATH 1ST ORDER RENAL | 36252 | CPT | | | | inpatient | | | 10666 | 4192.26 | UHC | Medicaid | 3365.12 | 31.55 | | | 550 | | 10132.7 percent of total billed charges | |
| HC INSERT CATH 1ST ORDER RENAL | 36252 | CPT | | | | inpatient | | | 10666 | 4192.26 | United | Oxford | 3492 | | | | 550 | | 10132.7 case rate | |
| HC INSERT CATH 1ST ORDER RENAL | 36252 | CPT | | | | inpatient | | | 10666 | 4192.26 | Horizon | MGD | 7053.93 | | | | 550 | | 10132.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT CATH 1ST ORDER RENAL | 36252 | CPT | | | | inpatient | | | 10666 | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 550 | | 10132.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT CATH 1ST ORDER RENAL | 36252 | CPT | | | | inpatient | | | 10666 | 4192.26 | Horizon | NJ Health | 1402.48 | | | | 550 | | 10132.7 fee schedule | |
| HC INSERT CATH 1ST ORDER RENAL | 36252 | CPT | | | | inpatient | | | 10666 | 4192.26 | United | Commercial/PPO | 3492 | | | | 550 | | 10132.7 case rate | |
| HC INSERT CATH 1ST ORDER RENAL | 36252 | CPT | | | | inpatient | | | 10666 | 4192.26 | Horizon | PPO | 7053.93 | | | | 550 | | 10132.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT CATH 1ST ORDER RENAL | 36252 | CPT | | | | inpatient | | | 10666 | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | | 550 | | 10132.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT CATH 1ST ORDER RENAL | 36252 | CPT | | | | inpatient | | | 10666 | 4192.26 | Managed Care Inc | Managed Care Inc | 9599.4 | 90 | | | 550 | | 10132.7 percent of total billed charges | |
| HC INSERT CATH 1ST ORDER RENAL | 36252 | CPT | | | | inpatient | | | 10666 | 4192.26 | WellPoint | WellPoint | 3432.32 | 32.18 | | | 550 | | 10132.7 percent of total billed charges | |
| HC INSERT CATH 1ST ORDER RENAL | 36252 | CPT | | | | inpatient | | | 10666 | 4192.26 | UHC | Medicare | 3645.44 | | | | 550 | | 10132.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT CATH 1ST ORDER RENAL | 36252 | CPT | | | | inpatient | | | 10666 | 4192.26 | Wellcare | Medicaid | 3365.12 | 31.55 | | | 550 | | 10132.7 percent of total billed charges | |
| HC INSERT CATH 2ND ORDER+RENAL | 36253 | CPT | | | | both | | | 17878 | 7227.61 | Horizon | Indemnity | 12161.24 | | | | 650 | | 16984.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT CATH 2ND ORDER+RENAL | 36253 | CPT | | | | both | | | 17878 | 7227.61 | Aetna | Commercial | 6793.64 | 38 | | | 650 | | 16984.1 percent of total billed charges | |
| HC INSERT CATH 2ND ORDER+RENAL | 36253 | CPT | | | | both | | | 17878 | 7227.61 | First Health | First Health | 12514.6 | 70 | | | 650 | | 16984.1 percent of total billed charges | |
| HC INSERT CATH 2ND ORDER+RENAL | 36253 | CPT | | | | both | | | 17878 | 7227.61 | Aetna | Better Health | 5640.51 | 31.55 | | | 650 | | 16984.1 percent of total billed charges | |
| HC INSERT CATH 2ND ORDER+RENAL | 36253 | CPT | | | | both | | | 17878 | 7227.61 | First Trenton | First Trenton | 16090.2 | 90 | | | 650 | | 16984.1 percent of total billed charges | |
| HC INSERT CATH 2ND ORDER+RENAL | 36253 | CPT | | | | both | | | 17878 | 7227.61 | Americare | Americare | 13408.5 | 75 | | | 650 | | 16984.1 percent of total billed charges | |
| HC INSERT CATH 2ND ORDER+RENAL | 36253 | CPT | | | | both | | | 17878 | 7227.61 | Qualcare | Qualcare | 13408.5 | 75 | | | 650 | | 16984.1 percent of total billed charges | |
| HC INSERT CATH 2ND ORDER+RENAL | 36253 | CPT | | | | both | | | 17878 | 7227.61 | Aetna | Medicare | 6284.88 | | | | 650 | | 16984.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT CATH 2ND ORDER+RENAL | 36253 | CPT | | | | both | | | 17878 | 7227.61 | Horizon | PPO | 12161.24 | | | | 650 | | 16984.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT CATH 2ND ORDER+RENAL | 36253 | CPT | | | | both | | | 17878 | 7227.61 | Amerihealth | HMO/PPO | 650 | | | | 650 | | 16984.1 fee schedule | |
| HC INSERT CATH 2ND ORDER+RENAL | 36253 | CPT | | | | both | | | 17878 | 7227.61 | Multiplan | Multiplan | 14302.4 | 80 | | | 650 | | 16984.1 percent of total billed charges | |
| HC INSERT CATH 2ND ORDER+RENAL | 36253 | CPT | | | | both | | | 17878 | 7227.61 | Consumer | Consumer | 16984.1 | 95 | | | 650 | | 16984.1 percent of total billed charges | |
| HC INSERT CATH 2ND ORDER+RENAL | 36253 | CPT | | | | both | | | 17878 | 7227.61 | Wellcare | Medicare | 6284.88 | | | | 650 | | 16984.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT CATH 2ND ORDER+RENAL | 36253 | CPT | | | | both | | | 17878 | 7227.61 | Horizon | Medicare Blue | 6284.88 | | | 3334.48 | 650 | | 16984.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT CATH 2ND ORDER+RENAL | 36253 | CPT | | | | both | | | 17878 | 7227.61 | UHC | Medicaid | 5640.51 | 31.55 | | 2719.1 | 650 | | 16984.1 percent of total billed charges | |
| HC INSERT CATH 2ND ORDER+RENAL | 36253 | CPT | | | | both | | | 17878 | 7227.61 | Horizon | MGD | 12161.24 | | | | 650 | | 16984.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT CATH 2ND ORDER+RENAL | 36253 | CPT | | | | both | | | 17878 | 7227.61 | United | Oxford | 4702 | | | | 650 | | 16984.1 case rate | |
| HC INSERT CATH 2ND ORDER+RENAL | 36253 | CPT | | | | both | | | 17878 | 7227.61 | Corrections | Corrections | 14302.4 | 80 | | | 650 | | 16984.1 percent of total billed charges | |
| HC INSERT CATH 2ND ORDER+RENAL | 36253 | CPT | | | | both | | | 17878 | 7227.61 | Three Rivers | Three Rivers | 16984.1 | 95 | | | 650 | | 16984.1 percent of total billed charges | |
| HC INSERT CATH 2ND ORDER+RENAL | 36253 | CPT | | | | both | | | 17878 | 7227.61 | Horizon | NJ Health | 1961.71 | | | | 650 | | 16984.1 fee schedule | |
| HC INSERT CATH 2ND ORDER+RENAL | 36253 | CPT | | | | both | | | 17878 | 7227.61 | WellPoint | WellPoint | 5753.14 | 32.18 | | | 650 | | 16984.1 percent of total billed charges | |
| HC INSERT CATH 2ND ORDER+RENAL | 36253 | CPT | | | | both | | | 17878 | 7227.61 | Managed Care Inc | Managed Care Inc | 16090.2 | 90 | | | 650 | | 16984.1 percent of total billed charges | |
| HC INSERT CATH 2ND ORDER+RENAL | 36253 | CPT | | | | both | | | 17878 | 7227.61 | UHC | Medicare | 6284.88 | | | | 650 | | 16984.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT CATH 2ND ORDER+RENAL | 36253 | CPT | | | | both | | | 17878 | 7227.61 | Wellcare | Medicaid | 5640.51 | 31.55 | | | 650 | | 16984.1 percent of total billed charges | |
| HC INSERT CATH 2ND ORDER+RENAL | 36253 | CPT | | | | both | | | 17878 | 7227.61 | United | Commercial/PPO | 4702 | | | | 650 | | 16984.1 case rate | |
| HC SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY | 36254 | CPT | | | | outpatient | | | 10666 | 4192.26 | First Health | First Health | 7466.2 | 70 | | | 650 | | 10132.7 percent of total billed charges | |
| HC SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY | 36254 | CPT | | | | outpatient | | | 10666 | 4192.26 | Corrections | Corrections | 8532.8 | 80 | | | 650 | | 10132.7 percent of total billed charges | |
| HC SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY | 36254 | CPT | | | | outpatient | | | 10666 | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 650 | | 10132.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY | 36254 | CPT | | | | outpatient | | | 10666 | 4192.26 | Amerihealth | HMO/PPO | 650 | | | | 650 | | 10132.7 fee schedule | |
| HC SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY | 36254 | CPT | | | | outpatient | | | 10666 | 4192.26 | Consumer | Consumer | 10132.7 | 95 | | | 650 | | 10132.7 percent of total billed charges | |
| HC SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY | 36254 | CPT | | | | outpatient | | | 10666 | 4192.26 | Aetna | Better Health | 3365.12 | 31.55 | | | 650 | | 10132.7 percent of total billed charges | |
| HC SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY | 36254 | CPT | | | | outpatient | | | 10666 | 4192.26 | Horizon | PPO | 7053.93 | | | | 650 | | 10132.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY | 36254 | CPT | | | | outpatient | | | 10666 | 4192.26 | Aetna | Medicare | 3645.44 | | | | 650 | | 10132.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY | 36254 | CPT | | | | outpatient | | | 10666 | 4192.26 | Wellcare | Medicare | 3645.44 | | | | 650 | | 10132.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY | 36254 | CPT | | | | outpatient | | | 10666 | 4192.26 | Aetna | Commercial | 4053.08 | 38 | | | 650 | | 10132.7 percent of total billed charges | |
| HC SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY | 36254 | CPT | | | | outpatient | | | 10666 | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | | 650 | | 10132.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY | 36254 | CPT | | | | outpatient | | | 10666 | 4192.26 | Americare | Americare | 7999.5 | 75 | | | 650 | | 10132.7 percent of total billed charges | |
| HC SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY | 36254 | CPT | | | | outpatient | | | 10666 | 4192.26 | First Trenton | First Trenton | 9599.4 | 90 | | | 650 | | 10132.7 percent of total billed charges | |
| HC SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY | 36254 | CPT | | | | outpatient | | | 10666 | 4192.26 | Multiplan | Multiplan | 8532.8 | 80 | | | 650 | | 10132.7 percent of total billed charges | |
| HC SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY | 36254 | CPT | | | | outpatient | | | 10666 | 4192.26 | United | Commercial/PPO | 3492 | | | | 650 | | 10132.7 case rate | |
| HC SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY | 36254 | CPT | | | | outpatient | | | 10666 | 4192.26 | Wellcare | Medicaid | 3365.12 | 31.55 | | | 650 | | 10132.7 percent of total billed charges | |
| HC SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY | 36254 | CPT | | | | outpatient | | | 10666 | 4192.26 | Horizon | MGD | 7053.93 | | | | 650 | | 10132.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY | 36254 | CPT | | | | outpatient | | | 10666 | 4192.26 | Qualcare | Qualcare | 7999.5 | 75 | | | 650 | | 10132.7 percent of total billed charges | |
| HC SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY | 36254 | CPT | | | | outpatient | | | 10666 | 4192.26 | UHC | Medicare | 3645.44 | | | | 650 | | 10132.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY | 36254 | CPT | | | | outpatient | | | 10666 | 4192.26 | Horizon | NJ Health | 2039.97 | | | | 650 | | 10132.7 fee schedule | |
| HC SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY | 36254 | CPT | | | | outpatient | | | 10666 | 4192.26 | WellPoint | WellPoint | 3432.32 | 32.18 | | | 650 | | 10132.7 percent of total billed charges | |
| HC SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY | 36254 | CPT | | | | outpatient | | | 10666 | 4192.26 | Managed Care Inc | Managed Care Inc | 9599.4 | 90 | | | 650 | | 10132.7 percent of total billed charges | |
| HC SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY | 36254 | CPT | | | | outpatient | | | 10666 | 4192.26 | Three Rivers | Three Rivers | 10132.7 | 95 | | | 650 | | 10132.7 percent of total billed charges | |
| HC SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY | 36254 | CPT | | | | outpatient | | | 10666 | 4192.26 | UHC | Medicaid | 3365.12 | 31.55 | | | 650 | | 10132.7 percent of total billed charges | |
| HC SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY | 36254 | CPT | | | | outpatient | | | 10666 | 4192.26 | United | Oxford | 3492 | | | | 650 | | 10132.7 case rate | |
| BKR CHG ROUTINE VENIPUNCTURE | 36415 | CPT | | | | both | | | 60 | 10.15 | First Health | First Health | 42 | 70 | | | 1 | | 57 percent of total billed charges | |
| BKR CHG ROUTINE VENIPUNCTURE | 36415 | CPT | | | | both | | | 60 | 10.15 | Amerihealth | Medicare | 8.83 | | | 17 | 1 | | 57 fee schedule | |
| BKR CHG ROUTINE VENIPUNCTURE | 36415 | CPT | | | | both | | | 60 | 10.15 | Amerihealth | HMO/PPO | 1 | | | 7.27 | 1 | | 57 fee schedule | |
| BKR CHG ROUTINE VENIPUNCTURE | 36415 | CPT | | | | both | | | 60 | 10.15 | Aetna | Better Health | 18.93 | 31.55 | | 13.88 | 1 | | 57 percent of total billed charges | |
| BKR CHG ROUTINE VENIPUNCTURE | 36415 | CPT | | | | both | | | 60 | 10.15 | Consumer | Consumer | 57 | 95 | | | 1 | | 57 percent of total billed charges | |
| BKR CHG ROUTINE VENIPUNCTURE | 36415 | CPT | | | | both | | | 60 | 10.15 | UHC | Medicaid | 1.8 | | | 14.24 | 1 | | 57 fee schedule | |
| BKR CHG ROUTINE VENIPUNCTURE | 36415 | CPT | | | | both | | | 60 | 10.15 | Aetna | Medicare | 18.48 | 30.8 | | 9.52 | 1 | | 57 percent of total billed charges | |
| BKR CHG ROUTINE VENIPUNCTURE | 36415 | CPT | | | | both | | | 60 | 10.15 | Americare | Americare | 45 | 75 | | | 1 | | 57 percent of total billed charges | |
| BKR CHG ROUTINE VENIPUNCTURE | 36415 | CPT | | | | both | | | 60 | 10.15 | Three Rivers | Three Rivers | 57 | 95 | | | 1 | | 57 percent of total billed charges | |
| BKR CHG ROUTINE VENIPUNCTURE | 36415 | CPT | | | | both | | | 60 | 10.15 | Horizon | MGD | 22.97 | 38.28 | | 14.6 | 1 | | 57 percent of total billed charges | |
| BKR CHG ROUTINE VENIPUNCTURE | 36415 | CPT | | | | both | | | 60 | 10.15 | Horizon | Indemnity | 22.97 | 38.28 | | 14.34 | 1 | | 57 percent of total billed charges | |
| BKR CHG ROUTINE VENIPUNCTURE | 36415 | CPT | | | | both | | | 60 | 10.15 | Horizon | Medicare Blue | 18 | 30 | | 8.41 | 1 | | 57 percent of total billed charges | |
| BKR CHG ROUTINE VENIPUNCTURE | 36415 | CPT | | | | both | | | 60 | 10.15 | Corrections | Corrections | 48 | 80 | | 13.03 | 1 | | 57 percent of total billed charges | |
| BKR CHG ROUTINE VENIPUNCTURE | 36415 | CPT | | | | both | | | 60 | 10.15 | Horizon | PPO | 22.97 | 38.28 | | 15.14 | 1 | | 57 percent of total billed charges | |
| BKR CHG ROUTINE VENIPUNCTURE | 36415 | CPT | | | | both | | | 60 | 10.15 | Horizon | NJ Health | 3.88 | | | 5.27 | 1 | | 57 fee schedule | |
| BKR CHG ROUTINE VENIPUNCTURE | 36415 | CPT | | | | both | | | 60 | 10.15 | Wellcare | Medicare | 8.83 | | | 7.38 | 1 | | 57 fee schedule | |
| BKR CHG ROUTINE VENIPUNCTURE | 36415 | CPT | | | | both | | | 60 | 10.15 | First Trenton | First Trenton | 54 | 90 | | | 1 | | 57 percent of total billed charges | |
| BKR CHG ROUTINE VENIPUNCTURE | 36415 | CPT | | | | both | | | 60 | 10.15 | Multiplan | Multiplan | 48 | 80 | | | 1 | | 57 percent of total billed charges | |
| BKR CHG ROUTINE VENIPUNCTURE | 36415 | CPT | | | | both | | | 60 | 10.15 | Managed Care Inc | Managed Care Inc | 54 | 90 | | | 1 | | 57 percent of total billed charges | |
| BKR CHG ROUTINE VENIPUNCTURE | 36415 | CPT | | | | both | | | 60 | 10.15 | Qualcare | Qualcare | 45 | 75 | | | 1 | | 57 percent of total billed charges | |
| BKR CHG ROUTINE VENIPUNCTURE | 36415 | CPT | | | | both | | | 60 | 10.15 | WellPoint | WellPoint | 19.31 | 32.18 | | 12.44 | 1 | | 57 percent of total billed charges | |
| BKR CHG ROUTINE VENIPUNCTURE | 36415 | CPT | | | | both | | | 60 | 10.15 | UHC | Medicare | 8.83 | | | 8.53 | 1 | | 57 fee schedule | |
| BKR CHG ROUTINE VENIPUNCTURE | 36415 | CPT | | | | both | | | 60 | 10.15 | Wellcare | Medicaid | 1.8 | | | 14.09 | 1 | | 57 fee schedule | |
| BKR CHG COLLECTION OF CAPILLARY BLOOD SPECIMEN | 36416 | CPT | | | | both | | | 31 | | Aetna | Medicare | 9.55 | 30.8 | | 2.04 | 1 | | 29.45 percent of total billed charges | |
| BKR CHG COLLECTION OF CAPILLARY BLOOD SPECIMEN | 36416 | CPT | | | | both | | | 31 | | WellPoint | WellPoint | 9.98 | 32.18 | | 1.98 | 1 | | 29.45 percent of total billed charges | |
| BKR CHG COLLECTION OF CAPILLARY BLOOD SPECIMEN | 36416 | CPT | | | | both | | | 31 | | Aetna | Commercial | 11.78 | 38 | | 2 | 1 | | 29.45 percent of total billed charges | |
| BKR CHG COLLECTION OF CAPILLARY BLOOD SPECIMEN | 36416 | CPT | | | | both | | | 31 | | Consumer | Consumer | 29.45 | 95 | | | 1 | | 29.45 percent of total billed charges | |
| BKR CHG COLLECTION OF CAPILLARY BLOOD SPECIMEN | 36416 | CPT | | | | both | | | 31 | | First Health | First Health | 21.7 | 70 | | | 1 | | 29.45 percent of total billed charges | |
| BKR CHG COLLECTION OF CAPILLARY BLOOD SPECIMEN | 36416 | CPT | | | | both | | | 31 | | Horizon | NJ Health | 3.53 | | | 0.82 | 1 | | 29.45 fee schedule | |
| BKR CHG COLLECTION OF CAPILLARY BLOOD SPECIMEN | 36416 | CPT | | | | both | | | 31 | | Amerihealth | HMO/PPO | 1 | | | 0.84 | 1 | | 29.45 fee schedule | |
| BKR CHG COLLECTION OF CAPILLARY BLOOD SPECIMEN | 36416 | CPT | | | | both | | | 31 | | Aetna | Better Health | 9.78 | 31.55 | | 2.36 | 1 | | 29.45 percent of total billed charges | |
| BKR CHG COLLECTION OF CAPILLARY BLOOD SPECIMEN | 36416 | CPT | | | | both | | | 31 | | Americare | Americare | 23.25 | 75 | | | 1 | | 29.45 percent of total billed charges | |
| BKR CHG COLLECTION OF CAPILLARY BLOOD SPECIMEN | 36416 | CPT | | | | both | | | 31 | | Horizon | MGD | 11.87 | 38.28 | | 2.27 | 1 | | 29.45 percent of total billed charges | |
| BKR CHG COLLECTION OF CAPILLARY BLOOD SPECIMEN | 36416 | CPT | | | | both | | | 31 | | Horizon | PPO | 11.87 | 38.28 | | 2.53 | 1 | | 29.45 percent of total billed charges | |
| BKR CHG COLLECTION OF CAPILLARY BLOOD SPECIMEN | 36416 | CPT | | | | both | | | 31 | | Horizon | Medicare Blue | 9.3 | 30 | | 1.36 | 1 | | 29.45 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG COLLECTION OF CAPILLARY BLOOD SPECIMEN | 36416 | CPT | | | | both | | | 31 | | Corrections | | 24.8 | 80 | | 2.39 | 1 | 1 | 29.45 percent of total billed charges | |
| BKR CHG COLLECTION OF CAPILLARY BLOOD SPECIMEN | 36416 | CPT | | | | both | | | 31 | | UHC | Medicaid | 1.8 | | | 2.38 | 1 | 1 | 29.45 fee schedule | |
| BKR CHG COLLECTION OF CAPILLARY BLOOD SPECIMEN | 36416 | CPT | | | | both | | | 31 | | First Trenton | First Trenton | 27.9 | 90 | | | 1 | 1 | 29.45 percent of total billed charges | |
| BKR CHG COLLECTION OF CAPILLARY BLOOD SPECIMEN | 36416 | CPT | | | | both | | | 31 | | Multiplan | Multiplan | 24.8 | 80 | | | 1 | 1 | 29.45 percent of total billed charges | |
| BKR CHG COLLECTION OF CAPILLARY BLOOD SPECIMEN | 36416 | CPT | | | | both | | | 31 | | Horizon | Indemnity | 11.87 | 38.28 | | 2.45 | 1 | 1 | 29.45 percent of total billed charges | |
| BKR CHG COLLECTION OF CAPILLARY BLOOD SPECIMEN | 36416 | CPT | | | | both | | | 31 | | Wellcare | Medicaid | 1.8 | | | | 1 | 1 | 29.45 fee schedule | |
| BKR CHG COLLECTION OF CAPILLARY BLOOD SPECIMEN | 36416 | CPT | | | | both | | | 31 | | Managed Care Inc | Managed Care Inc | 27.9 | 90 | | | 1 | 1 | 29.45 percent of total billed charges | |
| BKR CHG COLLECTION OF CAPILLARY BLOOD SPECIMEN | 36416 | CPT | | | | both | | | 31 | | Qualcare | Qualcare | 23.25 | 75 | | | 1 | 1 | 29.45 percent of total billed charges | |
| BKR CHG COLLECTION OF CAPILLARY BLOOD SPECIMEN | 36416 | CPT | | | | both | | | 31 | | Three Rivers | Three Rivers | 29.45 | 95 | | | 1 | 1 | 29.45 percent of total billed charges | |
| HC TRANSFUSION BLOOD/BLOOD COMPON | 36430 | CPT | | | | both | | | 1138 | 570.94 | Horizon | Indemnity | 960.67 | | | 238.38 | 13 | 13 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSFUSION BLOOD/BLOOD COMPON | 36430 | CPT | | | | both | | | 1138 | 570.94 | Amerihealth | HMO/PPO | 376.16 | | | | 13 | 13 | 1782 fee schedule | |
| HC TRANSFUSION BLOOD/BLOOD COMPON | 36430 | CPT | | | | both | | | 1138 | 570.94 | Consumer | Consumer | 1081.1 | 95 | | | 13 | 13 | 1782 percent of total billed charges | |
| HC TRANSFUSION BLOOD/BLOOD COMPON | 36430 | CPT | | | | both | | | 1138 | 570.94 | Corrections | Corrections | 910.4 | 80 | | 90.99 | 13 | 13 | 1782 percent of total billed charges | |
| HC TRANSFUSION BLOOD/BLOOD COMPON | 36430 | CPT | | | | both | | | 1138 | 570.94 | United | Oxford | 1782 | | | 154.16 | 13 | 13 | 1782 case rate | |
| HC TRANSFUSION BLOOD/BLOOD COMPON | 36430 | CPT | | | | both | | | 1138 | 570.94 | First Trenton | First Trenton | 1024.2 | 90 | | | 13 | 13 | 1782 percent of total billed charges | |
| HC TRANSFUSION BLOOD/BLOOD COMPON | 36430 | CPT | | | | both | | | 1138 | 570.94 | Aetna | Medicare | 496.47 | | | 119.48 | 13 | 13 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSFUSION BLOOD/BLOOD COMPON | 36430 | CPT | | | | both | | | 1138 | 570.94 | Aetna | Better Health | 359.04 | 31.55 | | | 13 | 13 | 1782 percent of total billed charges | |
| HC TRANSFUSION BLOOD/BLOOD COMPON | 36430 | CPT | | | | both | | | 1138 | 570.94 | Wellcare | Medicare | 496.47 | | | 107.13 | 13 | 13 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSFUSION BLOOD/BLOOD COMPON | 36430 | CPT | | | | both | | | 1138 | 570.94 | First Health | First Health | 796.6 | 70 | | | 13 | 13 | 1782 percent of total billed charges | |
| HC TRANSFUSION BLOOD/BLOOD COMPON | 36430 | CPT | | | | both | | | 1138 | 570.94 | Horizon | NJ Health | 47.45 | | | 51.54 | 13 | 13 | 1782 fee schedule | |
| HC TRANSFUSION BLOOD/BLOOD COMPON | 36430 | CPT | | | | both | | | 1138 | 570.94 | Multiplan | Multiplan | 910.4 | 80 | | | 13 | 13 | 1782 percent of total billed charges | |
| HC TRANSFUSION BLOOD/BLOOD COMPON | 36430 | CPT | | | | both | | | 1138 | 570.94 | Americare | Americare | 853.5 | 75 | | | 13 | 13 | 1782 percent of total billed charges | |
| HC TRANSFUSION BLOOD/BLOOD COMPON | 36430 | CPT | | | | both | | | 1138 | 570.94 | Horizon | Medicare Blue | 496.47 | | | 290.85 | 13 | 13 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSFUSION BLOOD/BLOOD COMPON | 36430 | CPT | | | | both | | | 1138 | 570.94 | Horizon | PPO | 960.67 | | | 172.26 | 13 | 13 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSFUSION BLOOD/BLOOD COMPON | 36430 | CPT | | | | both | | | 1138 | 570.94 | Aetna | Commercial | 810.24 | | | 208.83 | 13 | 13 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSFUSION BLOOD/BLOOD COMPON | 36430 | CPT | | | | both | | | 1138 | 570.94 | Three Rivers | Three Rivers | 1081.1 | 95 | | | 13 | 13 | 1782 percent of total billed charges | |
| HC TRANSFUSION BLOOD/BLOOD COMPON | 36430 | CPT | | | | both | | | 1138 | 570.94 | Managed Care Inc | Managed Care Inc | 1024.2 | 90 | | | 13 | 13 | 1782 percent of total billed charges | |
| HC TRANSFUSION BLOOD/BLOOD COMPON | 36430 | CPT | | | | both | | | 1138 | 570.94 | UHC | Medicare | 496.47 | | | 151.12 | 13 | 13 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSFUSION BLOOD/BLOOD COMPON | 36430 | CPT | | | | both | | | 1138 | 570.94 | Qualcare | Qualcare | 853.5 | 75 | | | 13 | 13 | 1782 percent of total billed charges | |
| HC TRANSFUSION BLOOD/BLOOD COMPON | 36430 | CPT | | | | both | | | 1138 | 570.94 | UHC | Medicaid | 13 | | | 297.29 | 13 | 13 | 1782 fee schedule | |
| HC TRANSFUSION BLOOD/BLOOD COMPON | 36430 | CPT | | | | both | | | 1138 | 570.94 | Horizon | MGD | 960.67 | | | 294.28 | 13 | 13 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSFUSION BLOOD/BLOOD COMPON | 36430 | CPT | | | | both | | | 1138 | 570.94 | WellPoint | WellPoint | 366.21 | 32.18 | | 198.02 | 13 | 13 | 1782 percent of total billed charges | |
| HC TRANSFUSION BLOOD/BLOOD COMPON | 36430 | CPT | | | | both | | | 1138 | 570.94 | United | Commercial/PPO | 1782 | | | 195.92 | 13 | 13 | 1782 case rate | |
| HC TRANSFUSION BLOOD/BLOOD COMPON | 36430 | CPT | | | | both | | | 1138 | 570.94 | Wellcare | Medicaid | 13 | | | 317.13 | 13 | 13 | 1782 fee schedule | |
| HC INJ SCL FOR SPIDER VEINS LIM/TRNK | 36468 | CPT | | | | outpatient | | | 1360 | 524.43 | First Trenton | First Trenton | 1224 | 90 | | | 38.39 | 38.39 | 1782 percent of total billed charges | |
| HC INJ SCL FOR SPIDER VEINS LIM/TRNK | 36468 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Commercial | 744.24 | | | | 38.39 | 38.39 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ SCL FOR SPIDER VEINS LIM/TRNK | 36468 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | Medicare Blue | 456.03 | | | | 38.39 | 38.39 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ SCL FOR SPIDER VEINS LIM/TRNK | 36468 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Medicare | 456.03 | | | | 38.39 | 38.39 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ SCL FOR SPIDER VEINS LIM/TRNK | 36468 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | Indemnity | 882.42 | | | | 38.39 | 38.39 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ SCL FOR SPIDER VEINS LIM/TRNK | 36468 | CPT | | | | outpatient | | | 1360 | 524.43 | Americare | Americare | 1020 | 75 | | | 38.39 | 38.39 | 1782 percent of total billed charges | |
| HC INJ SCL FOR SPIDER VEINS LIM/TRNK | 36468 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Better Health | 429.08 | 31.55 | | | 38.39 | 38.39 | 1782 percent of total billed charges | |
| HC INJ SCL FOR SPIDER VEINS LIM/TRNK | 36468 | CPT | | | | outpatient | | | 1360 | 524.43 | Consumer | Consumer | 1292 | 95 | | | 38.39 | 38.39 | 1782 percent of total billed charges | |
| HC INJ SCL FOR SPIDER VEINS LIM/TRNK | 36468 | CPT | | | | outpatient | | | 1360 | 524.43 | UHC | Medicaid | 429.08 | 31.55 | | | 38.39 | 38.39 | 1782 percent of total billed charges | |
| HC INJ SCL FOR SPIDER VEINS LIM/TRNK | 36468 | CPT | | | | outpatient | | | 1360 | 524.43 | Amerihealth | HMO/PPO | 884 | 65 | | | 38.39 | 38.39 | 1782 percent of total billed charges | |
| HC INJ SCL FOR SPIDER VEINS LIM/TRNK | 36468 | CPT | | | | outpatient | | | 1360 | 524.43 | First Health | First Health | 952 | 70 | | | 38.39 | 38.39 | 1782 percent of total billed charges | |
| HC INJ SCL FOR SPIDER VEINS LIM/TRNK | 36468 | CPT | | | | outpatient | | | 1360 | 524.43 | Corrections | Corrections | 1088 | 80 | | | 38.39 | 38.39 | 1782 percent of total billed charges | |
| HC INJ SCL FOR SPIDER VEINS LIM/TRNK | 36468 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | PPO | 882.42 | | | | 38.39 | 38.39 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ SCL FOR SPIDER VEINS LIM/TRNK | 36468 | CPT | | | | outpatient | | | 1360 | 524.43 | Three Rivers | Three Rivers | 1292 | 95 | | | 38.39 | 38.39 | 1782 percent of total billed charges | |
| HC INJ SCL FOR SPIDER VEINS LIM/TRNK | 36468 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | MGD | 882.42 | | | | 38.39 | 38.39 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ SCL FOR SPIDER VEINS LIM/TRNK | 36468 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | NJ Health | 38.39 | | | | 38.39 | 38.39 | 1782 fee schedule | |
| HC INJ SCL FOR SPIDER VEINS LIM/TRNK | 36468 | CPT | | | | outpatient | | | 1360 | 524.43 | Managed Care Inc | Managed Care Inc | 1224 | 90 | | | 38.39 | 38.39 | 1782 percent of total billed charges | |
| HC INJ SCL FOR SPIDER VEINS LIM/TRNK | 36468 | CPT | | | | outpatient | | | 1360 | 524.43 | Multiplan | Multiplan | 1088 | 80 | | | 38.39 | 38.39 | 1782 percent of total billed charges | |
| HC INJ SCL FOR SPIDER VEINS LIM/TRNK | 36468 | CPT | | | | outpatient | | | 1360 | 524.43 | Wellcare | Medicaid | 429.08 | 31.55 | | | 38.39 | 38.39 | 1782 percent of total billed charges | |
| HC INJ SCL FOR SPIDER VEINS LIM/TRNK | 36468 | CPT | | | | outpatient | | | 1360 | 524.43 | United | Oxford | 1782 | | | | 38.39 | 38.39 | 1782 case rate | |
| HC INJ SCL FOR SPIDER VEINS LIM/TRNK | 36468 | CPT | | | | outpatient | | | 1360 | 524.43 | UHC | Medicare | 456.03 | | | | 38.39 | 38.39 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ SCL FOR SPIDER VEINS LIM/TRNK | 36468 | CPT | | | | outpatient | | | 1360 | 524.43 | Wellcare | Medicare | 456.03 | | | | 38.39 | 38.39 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ SCL FOR SPIDER VEINS LIM/TRNK | 36468 | CPT | | | | outpatient | | | 1360 | 524.43 | United | Commercial/PPO | 1782 | | | | 38.39 | 38.39 | 1782 case rate | |
| HC INJ SCL FOR SPIDER VEINS LIM/TRNK | 36468 | CPT | | | | outpatient | | | 1360 | 524.43 | WellPoint | WellPoint | 437.65 | 32.18 | | | 38.39 | 38.39 | 1782 percent of total billed charges | |
| HC INJ SCL FOR SPIDER VEINS LIM/TRNK | 36468 | CPT | | | | outpatient | | | 1360 | 524.43 | Qualcare | Qualcare | 1020 | 75 | | | 38.39 | 38.39 | 1782 percent of total billed charges | |
| HC INJ SCLEROSANT SIN INCOM VEIN | 36470 | CPT | | | | outpatient | | | 1360 | 524.43 | First Trenton | First Trenton | 1224 | 90 | | | 36.54 | 36.54 | 1782 percent of total billed charges | |
| HC INJ SCLEROSANT SIN INCOM VEIN | 36470 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Better Health | 429.08 | 31.55 | | | 36.54 | 36.54 | 1782 percent of total billed charges | |
| HC INJ SCLEROSANT SIN INCOM VEIN | 36470 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Commercial | 744.24 | | | | 36.54 | 36.54 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ SCLEROSANT SIN INCOM VEIN | 36470 | CPT | | | | outpatient | | | 1360 | 524.43 | WellPoint | WellPoint | 437.65 | 32.18 | | | 36.54 | 36.54 | 1782 percent of total billed charges | |
| HC INJ SCLEROSANT SIN INCOM VEIN | 36470 | CPT | | | | outpatient | | | 1360 | 524.43 | UHC | Medicaid | 429.08 | 31.55 | | | 36.54 | 36.54 | 1782 percent of total billed charges | |
| HC INJ SCLEROSANT SIN INCOM VEIN | 36470 | CPT | | | | outpatient | | | 1360 | 524.43 | First Health | First Health | 952 | 70 | | | 36.54 | 36.54 | 1782 percent of total billed charges | |
| HC INJ SCLEROSANT SIN INCOM VEIN | 36470 | CPT | | | | outpatient | | | 1360 | 524.43 | Americare | Americare | 1020 | 75 | | | 36.54 | 36.54 | 1782 percent of total billed charges | |
| HC INJ SCLEROSANT SIN INCOM VEIN | 36470 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Medicare | 456.03 | | | | 36.54 | 36.54 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ SCLEROSANT SIN INCOM VEIN | 36470 | CPT | | | | outpatient | | | 1360 | 524.43 | Managed Care Inc | Managed Care Inc | 1224 | 90 | | | 36.54 | 36.54 | 1782 percent of total billed charges | |
| HC INJ SCLEROSANT SIN INCOM VEIN | 36470 | CPT | | | | outpatient | | | 1360 | 524.43 | Consumer | Consumer | 1292 | 95 | | | 36.54 | 36.54 | 1782 percent of total billed charges | |
| HC INJ SCLEROSANT SIN INCOM VEIN | 36470 | CPT | | | | outpatient | | | 1360 | 524.43 | Amerihealth | HMO/PPO | 125 | | | | 36.54 | 36.54 | 1782 fee schedule | |
| HC INJ SCLEROSANT SIN INCOM VEIN | 36470 | CPT | | | | outpatient | | | 1360 | 524.43 | Corrections | Corrections | 1088 | 80 | | | 36.54 | 36.54 | 1782 percent of total billed charges | |
| HC INJ SCLEROSANT SIN INCOM VEIN | 36470 | CPT | | | | outpatient | | | 1360 | 524.43 | UHC | Medicare | 456.03 | | | | 36.54 | 36.54 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ SCLEROSANT SIN INCOM VEIN | 36470 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | Medicare Blue | 456.03 | | | | 36.54 | 36.54 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ SCLEROSANT SIN INCOM VEIN | 36470 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | Indemnity | 882.42 | | | | 36.54 | 36.54 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ SCLEROSANT SIN INCOM VEIN | 36470 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | MGD | 882.42 | | | | 36.54 | 36.54 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ SCLEROSANT SIN INCOM VEIN | 36470 | CPT | | | | outpatient | | | 1360 | 524.43 | Wellcare | Medicare | 456.03 | | | | 36.54 | 36.54 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ SCLEROSANT SIN INCOM VEIN | 36470 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | NJ Health | 36.54 | | | | 36.54 | 36.54 | 1782 fee schedule | |
| HC INJ SCLEROSANT SIN INCOM VEIN | 36470 | CPT | | | | outpatient | | | 1360 | 524.43 | United | Commercial/PPO | 1782 | | | | 36.54 | 36.54 | 1782 case rate | |
| HC INJ SCLEROSANT SIN INCOM VEIN | 36470 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | PPO | 882.42 | | | | 36.54 | 36.54 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ SCLEROSANT SIN INCOM VEIN | 36470 | CPT | | | | outpatient | | | 1360 | 524.43 | Multiplan | Multiplan | 1088 | 80 | | | 36.54 | 36.54 | 1782 percent of total billed charges | |
| HC INJ SCLEROSANT SIN INCOM VEIN | 36470 | CPT | | | | outpatient | | | 1360 | 524.43 | United | Oxford | 1782 | | | | 36.54 | 36.54 | 1782 case rate | |
| HC INJ SCLEROSANT SIN INCOM VEIN | 36470 | CPT | | | | outpatient | | | 1360 | 524.43 | Qualcare | Qualcare | 1020 | 75 | | | 36.54 | 36.54 | 1782 percent of total billed charges | |
| HC INJ SCLEROSANT SIN INCOM VEIN | 36470 | CPT | | | | outpatient | | | 1360 | 524.43 | Three Rivers | Three Rivers | 1292 | 95 | | | 36.54 | 36.54 | 1782 percent of total billed charges | |
| HC INJ SCLEROSANT SIN INCOM VEIN | 36470 | CPT | | | | outpatient | | | 1360 | 524.43 | Wellcare | Medicaid | 429.08 | 31.55 | | | 36.54 | 36.54 | 1782 percent of total billed charges | |
| HC INJ SCLERO MULT INCOM VEIN | 36471 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Commercial | 744.24 | | | | 46.98 | 46.98 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ SCLERO MULT INCOM VEIN | 36471 | CPT | | | | outpatient | | | 1360 | 524.43 | First Trenton | First Trenton | 1224 | 90 | | | 46.98 | 46.98 | 1782 percent of total billed charges | |
| HC INJ SCLERO MULT INCOM VEIN | 36471 | CPT | | | | outpatient | | | 1360 | 524.43 | Consumer | Consumer | 1292 | 95 | | | 46.98 | 46.98 | 1782 percent of total billed charges | |
| HC INJ SCLERO MULT INCOM VEIN | 36471 | CPT | | | | outpatient | | | 1360 | 524.43 | First Health | First Health | 952 | 70 | | | 46.98 | 46.98 | 1782 percent of total billed charges | |
| HC INJ SCLERO MULT INCOM VEIN | 36471 | CPT | | | | outpatient | | | 1360 | 524.43 | Amerihealth | HMO/PPO | 300 | | | | 46.98 | 46.98 | 1782 fee schedule | |
| HC INJ SCLERO MULT INCOM VEIN | 36471 | CPT | | | | outpatient | | | 1360 | 524.43 | Americare | Americare | 1020 | 75 | | | 46.98 | 46.98 | 1782 percent of total billed charges | |
| HC INJ SCLERO MULT INCOM VEIN | 36471 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | PPO | 882.42 | | | | 46.98 | 46.98 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ SCLERO MULT INCOM VEIN | 36471 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Better Health | 429.08 | 31.55 | | | 46.98 | 46.98 | 1782 percent of total billed charges | |
| HC INJ SCLERO MULT INCOM VEIN | 36471 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | MGD | 882.42 | | | | 46.98 | 46.98 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ SCLERO MULT INCOM VEIN | 36471 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | Indemnity | 882.42 | | | | 46.98 | 46.98 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ SCLERO MULT INCOM VEIN | 36471 | CPT | | | | outpatient | | | 1360 | 524.43 | WellPoint | WellPoint | 437.65 | 32.18 | | 437.66 | 46.98 | 46.98 | 1782 percent of total billed charges | |
| HC INJ SCLERO MULT INCOM VEIN | 36471 | CPT | | | | outpatient | | | 1360 | 524.43 | Multiplan | Multiplan | 1088 | 80 | | | 46.98 | 46.98 | 1782 percent of total billed charges | |
| HC INJ SCLERO MULT INCOM VEIN | 36471 | CPT | | | | outpatient | | | 1360 | 524.43 | UHC | Medicare | 456.03 | | | | 46.98 | 46.98 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ SCLERO MULT INCOM VEIN | 36471 | CPT | | | | outpatient | | | 1360 | 524.43 | Three Rivers | Three Rivers | 1292 | 95 | | | 46.98 | 46.98 | 1782 percent of total billed charges | |
| HC INJ SCLERO MULT INCOM VEIN | 36471 | CPT | | | | outpatient | | | 1360 | 524.43 | Aetna | Medicare | 456.03 | | | | 46.98 | 46.98 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ SCLERO MULT INCOM VEIN | 36471 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | Medicare Blue | 456.03 | | | | 46.98 | 46.98 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ SCLERO MULT INCOM VEIN | 36471 | CPT | | | | outpatient | | | 1360 | 524.43 | Qualcare | Qualcare | 1020 | 75 | | | 46.98 | 46.98 | 1782 percent of total billed charges | |
| HC INJ SCLERO MULT INCOM VEIN | 36471 | CPT | | | | outpatient | | | 1360 | 524.43 | UHC | Medicaid | 429.08 | 31.55 | | | 46.98 | 46.98 | 1782 percent of total billed charges | |
| HC INJ SCLERO MULT INCOM VEIN | 36471 | CPT | | | | outpatient | | | 1360 | 524.43 | Corrections | Corrections | 1088 | 80 | | | 46.98 | 46.98 | 1782 percent of total billed charges | |
| HC INJ SCLERO MULT INCOM VEIN | 36471 | CPT | | | | outpatient | | | 1360 | 524.43 | Horizon | NJ Health | 46.98 | | | | 46.98 | 46.98 | 1782 fee schedule | |
| HC INJ SCLERO MULT INCOM VEIN | 36471 | CPT | | | | outpatient | | | 1360 | 524.43 | Wellcare | Medicaid | 429.08 | 31.55 | | | 46.98 | 46.98 | 1782 percent of total billed charges | |
| HC INJ SCLERO MULT INCOM VEIN | 36471 | CPT | | | | outpatient | | | 1360 | 524.43 | United | Commercial/PPO | 1782 | | | | 46.98 | 46.98 | 1782 case rate | |
| HC INJ SCLERO MULT INCOM VEIN | 36471 | CPT | | | | outpatient | | | 1360 | 524.43 | Wellcare | Medicare | 456.03 | | | | 46.98 | 46.98 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ SCLERO MULT INCOM VEIN | 36471 | CPT | | | | outpatient | | | 1360 | 524.43 | Managed Care Inc | Managed Care Inc | 1224 | 90 | | | 46.98 | 46.98 | 1782 percent of total billed charges | |
| HC INJ SCLERO MULT INCOM VEIN | 36471 | CPT | | | | outpatient | | | 1360 | 524.43 | United | Oxford | 1782 | | | | 46.98 | 46.98 | 1782 case rate | |
| HC ENDO ABLTJ INC VEIN 1ST VEIN | 36473 | CPT | | | | outpatient | | | 10856 | 4192.26 | First Health | First Health | 7599.2 | 70 | | | 650 | 650 | 10313.2 percent of total billed charges | |
| HC ENDO ABLTJ INC VEIN 1ST VEIN | 36473 | CPT | | | | outpatient | | | 10856 | 4192.26 | Wellcare | Medicare | 3645.44 | | | | 650 | 650 | 10313.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDO ABLTJ INC VEIN 1ST VEIN | 36473 | CPT | | | | outpatient | | | 10856 | 4192.26 | Aetna | Medicare | 3645.44 | | | | 650 | 650 | 10313.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDO ABLTJ INC VEIN 1ST VEIN | 36473 | CPT | | | | outpatient | | | 10856 | 4192.26 | Americare | Americare | 8142 | 75 | | | 650 | 650 | 10313.2 percent of total billed charges | |
| HC ENDO ABLTJ INC VEIN 1ST VEIN | 36473 | CPT | | | | outpatient | | | 10856 | 4192.26 | Aetna | Better Health | 3425.07 | 31.55 | | | 650 | 650 | 10313.2 percent of total billed charges | |
| HC ENDO ABLTJ INC VEIN 1ST VEIN | 36473 | CPT | | | | outpatient | | | 10856 | 4192.26 | UHC | Medicaid | 3425.07 | 31.55 | | | 650 | 650 | 10313.2 percent of total billed charges | |
| HC ENDO ABLTJ INC VEIN 1ST VEIN | 36473 | CPT | | | | outpatient | | | 10856 | 4192.26 | Multiplan | Multiplan | 8684.8 | 80 | | | 650 | 650 | 10313.2 percent of total billed charges | |
| HC ENDO ABLTJ INC VEIN 1ST VEIN | 36473 | CPT | | | | outpatient | | | 10856 | 4192.26 | Aetna | Commercial | 5949.36 | | | | 650 | 650 | 10313.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDO ABLTJ INC VEIN 1ST VEIN | 36473 | CPT | | | | outpatient | | | 10856 | 4192.26 | Amerihealth | HMO/PPO | 650 | | | | 650 | 650 | 10313.2 fee schedule | |
| HC ENDO ABLTJ INC VEIN 1ST VEIN | 36473 | CPT | | | | outpatient | | | 10856 | 4192.26 | UHC | Medicare | 3645.44 | | | | 650 | 650 | 10313.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDO ABLTJ INC VEIN 1ST VEIN | 36473 | CPT | | | | outpatient | | | 10856 | 4192.26 | Corrections | Corrections | 8684.8 | 80 | | | 650 | 650 | 10313.2 percent of total billed charges | |
| HC ENDO ABLTJ INC VEIN 1ST VEIN | 36473 | CPT | | | | outpatient | | | 10856 | 4192.26 | Consumer | Consumer | 10313.2 | 95 | | | 650 | 650 | 10313.2 percent of total billed charges | |
| HC ENDO ABLTJ INC VEIN 1ST VEIN | 36473 | CPT | | | | outpatient | | | 10856 | 4192.26 | United | Oxford | 3492 | | | | 650 | 650 | 10313.2 case rate | |
| HC ENDO ABLTJ INC VEIN 1ST VEIN | 36473 | CPT | | | | outpatient | | | 10856 | 4192.26 | United | Commercial/PPO | 3492 | | | | 650 | 650 | 10313.2 case rate | |
| HC ENDO ABLTJ INC VEIN 1ST VEIN | 36473 | CPT | | | | outpatient | | | 10856 | 4192.26 | Qualcare | Qualcare | 8142 | 75 | | | 650 | 650 | 10313.2 percent of total billed charges | |
| HC ENDO ABLTJ INC VEIN 1ST VEIN | 36473 | CPT | | | | outpatient | | | 10856 | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 650 | 650 | 10313.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDO ABLTJ INC VEIN 1ST VEIN | 36473 | CPT | | | | outpatient | | | 10856 | 4192.26 | Wellcare | Medicaid | 3425.07 | 31.55 | | | 650 | 650 | 10313.2 percent of total billed charges | |
| HC ENDO ABLTJ INC VEIN 1ST VEIN | 36473 | CPT | | | | outpatient | | | 10856 | 4192.26 | First Trenton | First Trenton | 9770.4 | 90 | | | 650 | 650 | 10313.2 percent of total billed charges | |
| HC ENDO ABLTJ INC VEIN 1ST VEIN | 36473 | CPT | | | | outpatient | | | 10856 | 4192.26 | Horizon | MGD | 7053.93 | | | | 650 | 650 | 10313.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDO ABLTJ INC VEIN 1ST VEIN | 36473 | CPT | | | | outpatient | | | 10856 | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | | 650 | 650 | 10313.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDO ABLTJ INC VEIN 1ST VEIN | 36473 | CPT | | | | outpatient | | | 10856 | 4192.26 | Horizon | PPO | 7053.93 | | | | 650 | 650 | 10313.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDO ABLTJ INC VEIN 1ST VEIN | 36473 | CPT | | | | outpatient | | | 10856 | 4192.26 | Horizon | NJ Health | 2073.02 | | | | 650 | 650 | 10313.2 fee schedule | |
| HC ENDO ABLTJ INC VEIN 1ST VEIN | 36473 | CPT | | | | outpatient | | | 10856 | 4192.26 | WellPoint | WellPoint | 3483.46 | 32.18 | | | 650 | 650 | 10313.2 percent of total billed charges | |
| HC ENDO ABLTJ INC VEIN 1ST VEIN | 36473 | CPT | | | | outpatient | | | 10856 | 4192.26 | Managed Care Inc | Managed Care Inc | 9770.4 | 90 | | | 650 | 650 | 10313.2 percent of total billed charges | |
| HC ENDO ABLTJ INC VEIN 1ST VEIN | 36473 | CPT | | | | outpatient | | | 10856 | 4192.26 | Three Rivers | Three Rivers | 10313.2 | 95 | | | 650 | 650 | 10313.2 percent of total billed charges | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS | 36474 | CPT | | | | outpatient | | | 368.62 | | Americare | Americare | 276.47 | 75 | | | 110.59 | 110.59 | 1782 percent of total billed charges | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS | 36474 | CPT | | | | outpatient | | | 368.62 | | Horizon | Indemnity | 141.11 | 38.28 | | | 110.59 | 110.59 | 1782 percent of total billed charges | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS | 36474 | CPT | | | | outpatient | | | 368.62 | | Horizon | MGD | 141.11 | 38.28 | | | 110.59 | 110.59 | 1782 percent of total billed charges | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS | 36474 | CPT | | | | outpatient | | | 368.62 | | Aetna | Medicare | 113.53 | 30.8 | | | 110.59 | 110.59 | 1782 percent of total billed charges | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS | 36474 | CPT | | | | outpatient | | | 368.62 | | Amerihealth | HMO/PPO | 125 | | | | 110.59 | 110.59 | 1782 fee schedule | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS | 36474 | CPT | | | | outpatient | | | 368.62 | | Corrections | Corrections | 294.9 | 80 | | | 110.59 | 110.59 | 1782 percent of total billed charges | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS | 36474 | CPT | | | | outpatient | | | 368.62 | | First Trenton | First Trenton | 331.76 | 90 | | | 110.59 | 110.59 | 1782 percent of total billed charges | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS | 36474 | CPT | | | | outpatient | | | 368.62 | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS | 36474 | CPT | | | | outpatient | | | 368.62 | | Managed Care Inc | Managed Care Inc | 90 | | | | 110.59 | 1782 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS | 36474 | CPT | | | | outpatient | | | 368.62 | | Qualcare | Qualcare | 276.47 | | | | 110.59 | 1782 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS | 36474 | CPT | | | | outpatient | | | 368.62 | | Wellcare | Medicaid | 116.3 | 31.55 | | | 110.59 | 1782 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS | 36474 | CPT | | | | outpatient | | | 368.62 | | United | CommercialPPO | 1782 | | | | 110.59 | 1782 | case rate | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS | 36474 | CPT | | | | outpatient | | | 368.62 | | Three Rivers | Three Rivers | 350.19 | 95 | | | 110.59 | 1782 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS | 36474 | CPT | | | | outpatient | | | 368.62 | | WellPoint | WellPoint | 118.62 | 32.18 | | | 110.59 | 1782 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS | 36474 | CPT | | | | outpatient | | | 368.62 | | UHC | Medicaid | 116.3 | 31.55 | | | 110.59 | 1782 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS | 36474 | CPT | | | | outpatient | | | 368.62 | | United | Oxford | 1782 | | | | 110.59 | 1782 | case rate | |
| HC ENDOVEN ABLTJ INCOMPETENT VEI | 36475 | CPT | | | | outpatient | | | 15868 | | 4192.26 Aetna | Commercial | 5949.36 | | | | 650 | 15074.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOVEN ABLTJ INCOMPETENT VEI | 36475 | CPT | | | | outpatient | | | 15868 | | 4192.26 Three Rivers | Three Rivers | 15074.6 | 95 | | | 650 | 15074.6 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCOMPETENT VEI | 36475 | CPT | | | | outpatient | | | 15868 | | 4192.26 Americare | Americare | 11901 | 75 | | | 650 | 15074.6 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCOMPETENT VEI | 36475 | CPT | | | | outpatient | | | 15868 | | 4192.26 Aetna | Medicare | 3645.44 | | | | 650 | 15074.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOVEN ABLTJ INCOMPETENT VEI | 36475 | CPT | | | | outpatient | | | 15868 | | 4192.26 Multiplan | Multiplan | 12694.4 | 80 | | | 650 | 15074.6 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCOMPETENT VEI | 36475 | CPT | | | | outpatient | | | 15868 | | 4192.26 First Trenton | First Trenton | 14281.2 | 90 | | | 650 | 15074.6 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCOMPETENT VEI | 36475 | CPT | | | | outpatient | | | 15868 | | 4192.26 Horizon | Medicare Blue | 3645.44 | | | | 650 | 15074.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOVEN ABLTJ INCOMPETENT VEI | 36475 | CPT | | | | outpatient | | | 15868 | | 4192.26 Aetna | Better Health | 5006.35 | 31.55 | | | 650 | 15074.6 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCOMPETENT VEI | 36475 | CPT | | | | outpatient | | | 15868 | | 4192.26 Qualcare | Qualcare | 11901 | 75 | | | 650 | 15074.6 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCOMPETENT VEI | 36475 | CPT | | | | outpatient | | | 15868 | | 4192.26 UHC | Medicaid | 5006.35 | 31.55 | | | 650 | 15074.6 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCOMPETENT VEI | 36475 | CPT | | | | outpatient | | | 15868 | | 4192.26 Consumer | Consumer | 15074.6 | 95 | | | 650 | 15074.6 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCOMPETENT VEI | 36475 | CPT | | | | outpatient | | | 15868 | | 4192.26 Amerihealth | HMO/PPO | 650 | | | | 650 | 15074.6 | fee schedule | |
| HC ENDOVEN ABLTJ INCOMPETENT VEI | 36475 | CPT | | | | outpatient | | | 15868 | | 4192.26 Wellcare | Medicare | 3645.44 | | | | 650 | 15074.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOVEN ABLTJ INCOMPETENT VEI | 36475 | CPT | | | | outpatient | | | 15868 | | 4192.26 Horizon | Indemnity | 7053.93 | | | | 650 | 15074.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOVEN ABLTJ INCOMPETENT VEI | 36475 | CPT | | | | outpatient | | | 15868 | | 4192.26 Corrections | Corrections | 12694.4 | 80 | | 3425.07 | 650 | 15074.6 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCOMPETENT VEI | 36475 | CPT | | | | outpatient | | | 15868 | | 4192.26 WellPoint | WellPoint | 5106.32 | 32.18 | | | 650 | 15074.6 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCOMPETENT VEI | 36475 | CPT | | | | outpatient | | | 15868 | | 4192.26 United | Oxford | 3492 | | | | 650 | 15074.6 | case rate | |
| HC ENDOVEN ABLTJ INCOMPETENT VEI | 36475 | CPT | | | | outpatient | | | 15868 | | 4192.26 United | CommercialPPO | 3492 | | | | 650 | 15074.6 | case rate | |
| HC ENDOVEN ABLTJ INCOMPETENT VEI | 36475 | CPT | | | | outpatient | | | 15868 | | 4192.26 First Health | First Health | 11107.6 | 70 | | | 650 | 15074.6 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCOMPETENT VEI | 36475 | CPT | | | | outpatient | | | 15868 | | 4192.26 Horizon | NJ Health | 3195.95 | | | | 650 | 15074.6 | fee schedule | |
| HC ENDOVEN ABLTJ INCOMPETENT VEI | 36475 | CPT | | | | outpatient | | | 15868 | | 4192.26 Horizon | MGD | 7053.93 | | | | 650 | 15074.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOVEN ABLTJ INCOMPETENT VEI | 36475 | CPT | | | | outpatient | | | 15868 | | 4192.26 Horizon | PPO | 7053.93 | | | | 650 | 15074.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOVEN ABLTJ INCOMPETENT VEI | 36475 | CPT | | | | outpatient | | | 15868 | | 4192.26 UHC | Medicare | 3645.44 | | | | 650 | 15074.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOVEN ABLTJ INCOMPETENT VEI | 36475 | CPT | | | | outpatient | | | 15868 | | 4192.26 Managed Care Inc | Managed Care Inc | 14281.2 | 90 | | | 650 | 15074.6 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCOMPETENT VEI | 36475 | CPT | | | | outpatient | | | 15868 | | 4192.26 Wellcare | Medicaid | 5006.35 | 31.55 | | | 650 | 15074.6 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS | 36476 | CPT | | | | outpatient | | | 407.71 | | Consumer | Consumer | 387.32 | 95 | | | 122.31 | 1782 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS | 36476 | CPT | | | | outpatient | | | 407.71 | | Multiplan | Multiplan | 326.17 | 80 | | | 122.31 | 1782 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS | 36476 | CPT | | | | outpatient | | | 407.71 | | Americare | Americare | 305.78 | 75 | | | 122.31 | 1782 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS | 36476 | CPT | | | | outpatient | | | 407.71 | | First Trenton | First Trenton | 366.94 | 90 | | | 122.31 | 1782 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS | 36476 | CPT | | | | outpatient | | | 407.71 | | Corrections | Corrections | 326.17 | 80 | | | 122.31 | 1782 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS | 36476 | CPT | | | | outpatient | | | 407.71 | | Aetna | Better Health | 128.63 | 31.55 | | | 122.31 | 1782 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS | 36476 | CPT | | | | outpatient | | | 407.71 | | Amerihealth | HMO/PPO | 125 | | | | 122.31 | 1782 | fee schedule | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS | 36476 | CPT | | | | outpatient | | | 407.71 | | Aetna | Medicare | 125.57 | 30.8 | | | 122.31 | 1782 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS | 36476 | CPT | | | | outpatient | | | 407.71 | | Qualcare | Qualcare | 305.78 | 75 | | | 122.31 | 1782 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS | 36476 | CPT | | | | outpatient | | | 407.71 | | Horizon | MGD | 156.07 | 38.28 | | | 122.31 | 1782 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS | 36476 | CPT | | | | outpatient | | | 407.71 | | First Health | First Health | 285.4 | 70 | | | 122.31 | 1782 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS | 36476 | CPT | | | | outpatient | | | 407.71 | | United | CommercialPPO | 1782 | | | | 122.31 | 1782 | case rate | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS | 36476 | CPT | | | | outpatient | | | 407.71 | | Horizon | Indemnity | 156.07 | 38.28 | | | 122.31 | 1782 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS | 36476 | CPT | | | | outpatient | | | 407.71 | | UHC | Medicaid | 128.63 | 31.55 | | | 122.31 | 1782 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS | 36476 | CPT | | | | outpatient | | | 407.71 | | Horizon | Medicare Blue | 122.31 | 30 | | | 122.31 | 1782 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS | 36476 | CPT | | | | outpatient | | | 407.71 | | United | Oxford | 1782 | | | | 122.31 | 1782 | case rate | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS | 36476 | CPT | | | | outpatient | | | 407.71 | | Horizon | PPO | 156.07 | 38.28 | | | 122.31 | 1782 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS | 36476 | CPT | | | | outpatient | | | 407.71 | | WellPoint | WellPoint | 131.2 | 32.18 | | | 122.31 | 1782 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS | 36476 | CPT | | | | outpatient | | | 407.71 | | Managed Care Inc | Managed Care Inc | 366.94 | 90 | | | 122.31 | 1782 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS | 36476 | CPT | | | | outpatient | | | 407.71 | | Three Rivers | Three Rivers | 387.32 | 95 | | | 122.31 | 1782 | percent of total billed charges | |
| HC ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS | 36476 | CPT | | | | outpatient | | | 407.71 | | Wellcare | Medicaid | 128.63 | 31.55 | | | 122.31 | 1782 | percent of total billed charges | |
| HC PORTOGRAPHY 1&2&3 ORDER | 36481 | CPT | | | | both | | | 5817 | | Horizon | Indemnity | 2226.75 | 38.28 | | | 520.7 | 5526.15 | percent of total billed charges | |
| HC PORTOGRAPHY 1&2&3 ORDER | 36481 | CPT | | | | both | | | 5817 | | Americare | Americare | 4362.75 | 75 | | | 520.7 | 5526.15 | percent of total billed charges | |
| HC PORTOGRAPHY 1&2&3 ORDER | 36481 | CPT | | | | both | | | 5817 | | Consumer | Consumer | 5526.15 | 95 | | | 520.7 | 5526.15 | percent of total billed charges | |
| HC PORTOGRAPHY 1&2&3 ORDER | 36481 | CPT | | | | both | | | 5817 | | Aetna | Better Health | 1835.26 | 31.55 | | | 520.7 | 5526.15 | percent of total billed charges | |
| HC PORTOGRAPHY 1&2&3 ORDER | 36481 | CPT | | | | both | | | 5817 | | First Health | First Health | 4071.9 | 70 | | | 520.7 | 5526.15 | percent of total billed charges | |
| HC PORTOGRAPHY 1&2&3 ORDER | 36481 | CPT | | | | both | | | 5817 | | Amerihealth | HMO/PPO | 1050 | | | | 520.7 | 5526.15 | fee schedule | |
| HC PORTOGRAPHY 1&2&3 ORDER | 36481 | CPT | | | | both | | | 5817 | | Aetna | Medicare | 1791.64 | 30.8 | | | 520.7 | 5526.15 | percent of total billed charges | |
| HC PORTOGRAPHY 1&2&3 ORDER | 36481 | CPT | | | | both | | | 5817 | | First Trenton | First Trenton | 5235.3 | 90 | | | 520.7 | 5526.15 | percent of total billed charges | |
| HC PORTOGRAPHY 1&2&3 ORDER | 36481 | CPT | | | | both | | | 5817 | | Corrections | Corrections | 4653.6 | 80 | | | 520.7 | 5526.15 | percent of total billed charges | |
| HC PORTOGRAPHY 1&2&3 ORDER | 36481 | CPT | | | | both | | | 5817 | | Horizon | MGD | 2226.75 | 38.28 | | | 520.7 | 5526.15 | percent of total billed charges | |
| HC PORTOGRAPHY 1&2&3 ORDER | 36481 | CPT | | | | both | | | 5817 | | Multiplan | Multiplan | 4653.6 | 80 | | | 520.7 | 5526.15 | percent of total billed charges | |
| HC PORTOGRAPHY 1&2&3 ORDER | 36481 | CPT | | | | both | | | 5817 | | Horizon | NJ Health | 520.7 | | | | 520.7 | 5526.15 | fee schedule | |
| HC PORTOGRAPHY 1&2&3 ORDER | 36481 | CPT | | | | both | | | 5817 | | Horizon | Medicare Blue | 1745.1 | 30 | | | 520.7 | 5526.15 | percent of total billed charges | |
| HC PORTOGRAPHY 1&2&3 ORDER | 36481 | CPT | | | | both | | | 5817 | | UHC | Medicaid | 1835.26 | 31.55 | | | 520.7 | 5526.15 | percent of total billed charges | |
| HC PORTOGRAPHY 1&2&3 ORDER | 36481 | CPT | | | | both | | | 5817 | | Qualcare | Qualcare | 4362.75 | 75 | | | 520.7 | 5526.15 | percent of total billed charges | |
| HC PORTOGRAPHY 1&2&3 ORDER | 36481 | CPT | | | | both | | | 5817 | | Horizon | PPO | 2226.75 | 38.28 | | | 520.7 | 5526.15 | percent of total billed charges | |
| HC PORTOGRAPHY 1&2&3 ORDER | 36481 | CPT | | | | both | | | 5817 | | WellPoint | WellPoint | 1871.91 | 32.18 | | | 520.7 | 5526.15 | percent of total billed charges | |
| HC PORTOGRAPHY 1&2&3 ORDER | 36481 | CPT | | | | both | | | 5817 | | United | CommercialPPO | 1782 | | | | 520.7 | 5526.15 | case rate | |
| HC PORTOGRAPHY 1&2&3 ORDER | 36481 | CPT | | | | both | | | 5817 | | Managed Care Inc | Managed Care Inc | 5235.3 | 90 | | | 520.7 | 5526.15 | percent of total billed charges | |
| HC PORTOGRAPHY 1&2&3 ORDER | 36481 | CPT | | | | both | | | 5817 | | United | Oxford | 1782 | | | | 520.7 | 5526.15 | case rate | |
| HC PORTOGRAPHY 1&2&3 ORDER | 36481 | CPT | | | | both | | | 5817 | | Three Rivers | Three Rivers | 5526.15 | 95 | | | 520.7 | 5526.15 | percent of total billed charges | |
| HC PORTOGRAPHY 1&2&3 ORDER | 36481 | CPT | | | | both | | | 5817 | | Wellcare | Medicaid | 1835.26 | 31.55 | | | 520.7 | 5526.15 | percent of total billed charges | |
| HC VENASEAL 1ST VEIN | 36482 | CPT | | | | outpatient | | | 18726 | | 7227.61 First Trenton | First Trenton | 16853.4 | 90 | | | 2907.64 | 17789.7 | percent of total billed charges | |
| HC VENASEAL 1ST VEIN | 36482 | CPT | | | | outpatient | | | 18726 | | 7227.61 Aetna | Medicare | 6284.88 | | | | 2907.64 | 17789.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENASEAL 1ST VEIN | 36482 | CPT | | | | outpatient | | | 18726 | | 7227.61 Consumer | Consumer | 17789.7 | 95 | | | 2907.64 | 17789.7 | percent of total billed charges | |
| HC VENASEAL 1ST VEIN | 36482 | CPT | | | | outpatient | | | 18726 | | 7227.61 Aetna | Better Health | 5908.05 | 31.55 | | | 2907.64 | 17789.7 | percent of total billed charges | |
| HC VENASEAL 1ST VEIN | 36482 | CPT | | | | outpatient | | | 18726 | | 7227.61 Amerihealth | HMO/PPO | 12171.9 | 65 | | | 2907.64 | 17789.7 | percent of total billed charges | |
| HC VENASEAL 1ST VEIN | 36482 | CPT | | | | outpatient | | | 18726 | | 7227.61 Corrections | Corrections | 14980.8 | 80 | | | 2907.64 | 17789.7 | percent of total billed charges | |
| HC VENASEAL 1ST VEIN | 36482 | CPT | | | | outpatient | | | 18726 | | 7227.61 Aetna | Commercial | 10256.92 | | | | 2907.64 | 17789.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENASEAL 1ST VEIN | 36482 | CPT | | | | outpatient | | | 18726 | | 7227.61 First Health | First Health | 13108.2 | 70 | | | 2907.64 | 17789.7 | percent of total billed charges | |
| HC VENASEAL 1ST VEIN | 36482 | CPT | | | | outpatient | | | 18726 | | 7227.61 Managed Care Inc | Managed Care Inc | 16853.4 | 90 | | | 2907.64 | 17789.7 | percent of total billed charges | |
| HC VENASEAL 1ST VEIN | 36482 | CPT | | | | outpatient | | | 18726 | | 7227.61 Horizon | MGD | 12161.24 | | | | 2907.64 | 17789.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENASEAL 1ST VEIN | 36482 | CPT | | | | outpatient | | | 18726 | | 7227.61 Horizon | NJ Health | 2907.64 | | | | 2907.64 | 17789.7 | fee schedule | |
| HC VENASEAL 1ST VEIN | 36482 | CPT | | | | outpatient | | | 18726 | | 7227.61 United | Oxford | 4702 | | | | 2907.64 | 17789.7 | case rate | |
| HC VENASEAL 1ST VEIN | 36482 | CPT | | | | outpatient | | | 18726 | | 7227.61 Horizon | PPO | 12161.24 | | | | 2907.64 | 17789.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENASEAL 1ST VEIN | 36482 | CPT | | | | outpatient | | | 18726 | | 7227.61 WellPoint | WellPoint | 6026.03 | 32.18 | | | 2907.64 | 17789.7 | percent of total billed charges | |
| HC VENASEAL 1ST VEIN | 36482 | CPT | | | | outpatient | | | 18726 | | 7227.61 Americare | Americare | 14044.5 | 75 | | | 2907.64 | 17789.7 | percent of total billed charges | |
| HC VENASEAL 1ST VEIN | 36482 | CPT | | | | outpatient | | | 18726 | | 7227.61 Horizon | Indemnity | 12161.24 | | | | 2907.64 | 17789.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENASEAL 1ST VEIN | 36482 | CPT | | | | outpatient | | | 18726 | | 7227.61 Wellcare | Medicare | 6284.88 | | | | 2907.64 | 17789.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENASEAL 1ST VEIN | 36482 | CPT | | | | outpatient | | | 18726 | | 7227.61 Horizon | Medicare Blue | 6284.88 | | | | 2907.64 | 17789.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENASEAL 1ST VEIN | 36482 | CPT | | | | outpatient | | | 18726 | | 7227.61 Multiplan | Multiplan | 14880.8 | 80 | | | 2907.64 | 17789.7 | percent of total billed charges | |
| HC VENASEAL 1ST VEIN | 36482 | CPT | | | | outpatient | | | 18726 | | 7227.61 Wellcare | Medicaid | 5908.05 | 31.55 | | | 2907.64 | 17789.7 | percent of total billed charges | |
| HC VENASEAL 1ST VEIN | 36482 | CPT | | | | outpatient | | | 18726 | | 7227.61 UHC | Medicaid | 5908.05 | 31.55 | | | 2907.64 | 17789.7 | percent of total billed charges | |
| HC VENASEAL 1ST VEIN | 36482 | CPT | | | | outpatient | | | 18726 | | 7227.61 Qualcare | Qualcare | 14044.5 | 75 | | | 2907.64 | 17789.7 | percent of total billed charges | |
| HC VENASEAL 1ST VEIN | 36482 | CPT | | | | outpatient | | | 18726 | | 7227.61 UHC | Medicare | 6284.88 | | | | 2907.64 | 17789.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENASEAL 1ST VEIN | 36482 | CPT | | | | outpatient | | | 18726 | | 7227.61 Three Rivers | Three Rivers | 17789.7 | 95 | | | 2907.64 | 17789.7 | percent of total billed charges | |
| HC VENASEAL 1ST VEIN | 36482 | CPT | | | | outpatient | | | 18726 | | 7227.61 United | CommercialPPO | 4702 | | | | 2907.64 | 17789.7 | case rate | |
| HC INSERTION VENOUS CATHETER FOR SELECTIVE ORGAN BLOOD SAMPLING | 36500 | CPT | | | | both | | | 242 | | Horizon | PPO | 92.64 | 38.28 | | | 72.6 | 1782 | percent of total billed charges | |
| HC INSERTION VENOUS CATHETER FOR SELECTIVE ORGAN BLOOD SAMPLING | 36500 | CPT | | | | both | | | 242 | | WellPoint | WellPoint | 77.88 | 32.18 | | | 72.6 | 1782 | percent of total billed charges | |
| HC INSERTION VENOUS CATHETER FOR SELECTIVE ORGAN BLOOD SAMPLING | 36500 | CPT | | | | both | | | 242 | | Aetna | Medicare | 74.54 | 30.8 | | | 72.6 | 1782 | percent of total billed charges | |
| HC INSERTION VENOUS CATHETER FOR SELECTIVE ORGAN BLOOD SAMPLING | 36500 | CPT | | | | both | | | 242 | | First Health | First Health | 169.4 | 70 | | | 72.6 | 1782 | percent of total billed charges | |
| HC INSERTION VENOUS CATHETER FOR SELECTIVE ORGAN BLOOD SAMPLING | 36500 | CPT | | | | both | | | 242 | | Americare | Americare | 181.5 | 75 | | | 72.6 | 1782 | percent of total billed charges | |
| HC INSERTION VENOUS CATHETER FOR SELECTIVE ORGAN BLOOD SAMPLING | 36500 | CPT | | | | both | | | 242 | | Aetna | Better Health | 76.35 | 31.55 | | | 72.6 | 1782 | percent of total billed charges | |
| HC INSERTION VENOUS CATHETER FOR SELECTIVE ORGAN BLOOD SAMPLING | 36500 | CPT | | | | both | | | 242 | | Corrections | Corrections | 193.6 | 80 | | | 72.6 | 1782 | percent of total billed charges | |
| HC INSERTION VENOUS CATHETER FOR SELECTIVE ORGAN BLOOD SAMPLING | 36500 | CPT | | | | both | | | 242 | | Multiplan | Multiplan | 193.6 | 80 | | | 72.6 | 1782 | percent of total billed charges | |
| HC INSERTION VENOUS CATHETER FOR SELECTIVE ORGAN BLOOD SAMPLING | 36500 | CPT | | | | both | | | 242 | | Three Rivers | Three Rivers | 229.9 | 95 | | | 72.6 | 1782 | percent of total billed charges | |
| HC INSERTION VENOUS CATHETER FOR SELECTIVE ORGAN BLOOD SAMPLING | 36500 | CPT | | | | both | | | 242 | | Consumer | Consumer | 229.9 | 95 | | | 72.6 | 1782 | percent of total billed charges | |
| HC INSERTION VENOUS CATHETER FOR SELECTIVE ORGAN BLOOD SAMPLING | 36500 | CPT | | | | both | | | 242 | | Horizon | MGD | 92.64 | 38.28 | | | 72.6 | 1782 | percent of total billed charges | |
| HC INSERTION VENOUS CATHETER FOR SELECTIVE ORGAN BLOOD SAMPLING | 36500 | CPT | | | | both | | | 242 | | Wellcare | Medicaid | 76.35 | 31.55 | | | 72.6 | 1782 | percent of total billed charges | |
| HC INSERTION VENOUS CATHETER FOR SELECTIVE ORGAN BLOOD SAMPLING | 36500 | CPT | | | | both | | | 242 | | Amerihealth | HMO/PPO | 550 | | | | 72.6 | 1782 | fee schedule | |
| HC INSERTION VENOUS CATHETER FOR SELECTIVE ORGAN BLOOD SAMPLING | 36500 | CPT | | | | both | | | 242 | | Horizon | Indemnity | 92.64 | 38.28 | | 60.2 | 72.6 | 1782 | percent of total billed charges | |
| HC INSERTION VENOUS CATHETER FOR SELECTIVE ORGAN BLOOD SAMPLING | 36500 | CPT | | | | both | | | 242 | | First Trenton | First Trenton | 217.8 | 90 | | | 72.6 | 1782 | percent of total billed charges | |
| HC INSERTION VENOUS CATHETER FOR SELECTIVE ORGAN BLOOD SAMPLING | 36500 | CPT | | | | both | | | 242 | | United | Oxford | 1782 | | | | 72.6 | 1782 | case rate | |
| HC INSERTION VENOUS CATHETER FOR SELECTIVE ORGAN BLOOD SAMPLING | 36500 | CPT | | | | both | | | 242 | | Qualcare | Qualcare | 181.5 | 75 | | | 72.6 | 1782 | percent of total billed charges | |
| HC INSERTION VENOUS CATHETER FOR SELECTIVE ORGAN BLOOD SAMPLING | 36500 | CPT | | | | both | | | 242 | | Horizon | Medicare Blue | 72.6 | 30 | | | 72.6 | 1782 | percent of total billed charges | |
| HC INSERTION VENOUS CATHETER FOR SELECTIVE ORGAN BLOOD SAMPLING | 36500 | CPT | | | | both | | | 242 | | UHC | Medicaid | 76.35 | 31.55 | | | 72.6 | 1782 | percent of total billed charges | |
| HC INSERTION VENOUS CATHETER FOR SELECTIVE ORGAN BLOOD SAMPLING | 36500 | CPT | | | | both | | | 242 | | Horizon | NJ Health | 331.47 | | | | 72.6 | 1782 | fee schedule | |
| HC INSERTION VENOUS CATHETER FOR SELECTIVE ORGAN BLOOD SAMPLING | 36500 | CPT | | | | both | | | 242 | | United | CommercialPPO | 1782 | | | | 72.6 | 1782 | case rate | |
| HC INSERTION VENOUS CATHETER FOR SELECTIVE ORGAN BLOOD SAMPLING | 36500 | CPT | | | | both | | | 242 | | Managed Care Inc | Managed Care Inc | 217.8 | 90 | | | 72.6 | 1782 | percent of total billed charges | |
| BKR CHG APHERESIS WBC | 36511 | CPT | | | | outpatient | | | 4761 | | 2017.99 Aetna | Commercial | 2863.78 | | | | 127.89 | 4522.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG APHERESIS WBC | 36511 | CPT | | | | outpatient | | | 4761 | | 2017.99 Multiplan | Multiplan | 3808.8 | 80 | | | 127.89 | 4522.95 | percent of total billed charges | |
| BKR CHG APHERESIS WBC | 36511 | CPT | | | | outpatient | | | 4761 | | 2017.99 Wellcare | Medicare | 1754.77 | | | | 127.89 | 4522.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG APHERESIS WBC | 36511 | CPT | | | | outpatient | | | 4761 | | 2017.99 Aetna | Better Health | 1502.1 | 31.55 | | | 127.89 | 4522.95 | percent of total billed charges | |
| BKR CHG APHERESIS WBC | 36511 | CPT | | | | outpatient | | | 4761 | | 2017.99 Americare | Americare | 3570.75 | 75 | | | 127.89 | 4522.95 | percent of total billed charges | |
| BKR CHG APHERESIS WBC | 36511 | CPT | | | | outpatient | | | 4761 | | 2017.99 Aetna | Medicare | 1754.77 | | | | 127.89 | 4522.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG APHERESIS WBC | 36511 | CPT | | | | outpatient | | | 4761 | | 2017.99 Horizon | MGD | 3395.48 | | | | 127.89 | 4522.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG APHERESIS WBC | 36511 | CPT | | | | outpatient | | | 4761 | | 2017.99 First Health | First Health | 3332.7 | 70 | | | 127.89 | 4522.95 | percent of total billed charges | |
| BKR CHG APHERESIS WBC | 36511 | CPT | | | | outpatient | | | 4761 | | 2017.99 Horizon | Indemnity | 3395.48 | | | | 127.89 | 4522.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG APHERESIS WBC | 36511 | CPT | | | | outpatient | | | 4761 | | 2017.99 Qualcare | Qualcare | 3570.75 | 75 | | | 127.89 | 4522.95 | percent of total billed charges | |
| BKR CHG APHERESIS WBC | 36511 | CPT | | | | outpatient | | | 4761 | | 2017.99 UHC | Medicaid | 1502.1 | 31.55 | | | 127.89 | 4522.95 | percent of total billed charges | |
| BKR CHG APHERESIS WBC | 36511 | CPT | | | | outpatient | | | 4761 | | 2017.99 Amerihealth | HMO/PPO | 1165.69 | | | | 127.89 | 4522.95 | fee schedule | |
| BKR CHG APHERESIS WBC | 36511 | CPT | | | | outpatient | | | 4761 | | 2017.99 Consumer | Consumer | 4522.95 | 95 | | | 127.89 | 4522.95 | percent of total billed charges | |
| BKR CHG APHERESIS WBC | 36511 | CPT | | | | outpatient | | | 4761 | | 2017.99 Corrections | Corrections | 3808.8 | 80 | | | 127.89 | 4522.95 | percent of total billed charges | |
| BKR CHG APHERESIS WBC | 36511 | CPT | | | | outpatient | | | 4761 | | 2017.99 UHC | Medicare | 1754.77 | | | | 127.89 | 4522.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG APHERESIS WBC | 36511 | CPT | | | | outpatient | | | 4761 | | 2017.99 Horizon | PPO | 3395.48 | | | | 127.89 | 4522.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG APHERESIS WBC | 36511 | CPT | | | | outpatient | | | 4761 | | 2017.99 United | CommercialPPO | 2493 | | | | 127.89 | 4522.95 | case rate | |
| BKR CHG APHERESIS WBC | 36511 | CPT | | | | outpatient | | | 4761 | | 2017.99 United | Oxford | 2493 | | | | 127.89 | 4522.95 | case rate | |
| BKR CHG APHERESIS WBC | 36511 | CPT | | | | outpatient | | | 4761 | | 2017.99 First Trenton | First Trenton | 4284.9 | 90 | | | 127.89 | 4522.95 | percent of total billed charges | |
| BKR CHG APHERESIS WBC | 36511 | CPT | | | | outpatient | | | 4761 | | 2017.99 WellPoint | WellPoint | 1532.09 | 32.18 | | | 127.89 | 4522.95 | percent of total billed charges | |
| BKR CHG APHERESIS WBC | 36511 | CPT | | | | outpatient | | | 4761 | | 2017.99 Wellcare | Medicaid | 1502.1 | 31.55 | | | 127.89 | 4522.95 | percent of total billed charges | |
| BKR CHG APHERESIS WBC | 36511 | CPT | | | | outpatient | | | 4761 | | 2017.99 Horizon | Medicare Blue | 1754.77 | | | | 127.89 | 4522.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG APHERESIS WBC | 36511 | CPT | | | | outpatient | | | 4761 | | 2017.99 Horizon | NJ Health | 127.89 | | | | 127.89 | 4522.95 | fee schedule | |
| BKR CHG APHERESIS WBC | 36511 | CPT | | | | outpatient | | | 4761 | | 2017.99 Managed Care Inc | Managed Care Inc | 4284.9 | 90 | | | 127.89 | 4522.95 | percent of total billed charges | |
| BKR CHG APHERESIS WBC | 36511 | CPT | | | | outpatient | | | 4761 | | 2017.99 Three Rivers | Three Rivers | 4522.95 | 95 | | | 127.89 | 4522.95 | perc

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG APHERESIS RBC | 36512 | CPT | | | | both | | | 5866 | | 2017.99 | Amerihealth | HMO/PPO | 1165.69 | | | | 132.33 | 5572.7 | fee schedule |
| BKR CHG APHERESIS RBC | 36512 | CPT | | | | both | | | 5866 | | 2017.99 | Aetna | Better Health | 1850.72 | 31.55 | | | 132.33 | 5572.7 | percent of total billed charges |
| BKR CHG APHERESIS RBC | 36512 | CPT | | | | both | | | 5866 | | 2017.99 | Horizon | NJ Health | 132.33 | | | 84.48 | 132.33 | 5572.7 | fee schedule |
| BKR CHG APHERESIS RBC | 36512 | CPT | | | | both | | | 5866 | | 2017.99 | Aetna | Commercial | 2863.78 | | | | 132.33 | 5572.7 | other |
| BKR CHG APHERESIS RBC | 36512 | CPT | | | | both | | | 5866 | | 2017.99 | UHC | Medicaid | 1850.72 | 31.55 | | | 132.33 | 5572.7 | percent of total billed charges |
| BKR CHG APHERESIS RBC | 36512 | CPT | | | | both | | | 5866 | | 2017.99 | Consumer | Consumer | 5572.7 | 95 | | | 132.33 | 5572.7 | percent of total billed charges |
| BKR CHG APHERESIS RBC | 36512 | CPT | | | | both | | | 5866 | | 2017.99 | First Trenton | First Trenton | 5279.4 | 90 | | | 132.33 | 5572.7 | percent of total billed charges |
| BKR CHG APHERESIS RBC | 36512 | CPT | | | | both | | | 5866 | | 2017.99 | Aetna | Medicare | 1754.77 | | | | 132.33 | 5572.7 | other |
| BKR CHG APHERESIS RBC | 36512 | CPT | | | | both | | | 5866 | | 2017.99 | First Health | First Health | 4196.2 | 70 | | | 132.33 | 5572.7 | percent of total billed charges |
| BKR CHG APHERESIS RBC | 36512 | CPT | | | | both | | | 5866 | | 2017.99 | Wellcare | Medicare | 1754.77 | | | | 132.33 | 5572.7 | other |
| BKR CHG APHERESIS RBC | 36512 | CPT | | | | both | | | 5866 | | 2017.99 | Horizon | MGD | 3395.48 | | | | 132.33 | 5572.7 | other |
| BKR CHG APHERESIS RBC | 36512 | CPT | | | | both | | | 5866 | | 2017.99 | Americare | Americare | 4399.5 | 75 | | | 132.33 | 5572.7 | percent of total billed charges |
| BKR CHG APHERESIS RBC | 36512 | CPT | | | | both | | | 5866 | | 2017.99 | Horizon | Indemnity | 3395.48 | | | | 132.33 | 5572.7 | other |
| BKR CHG APHERESIS RBC | 36512 | CPT | | | | both | | | 5866 | | 2017.99 | Corrections | Corrections | 4692.8 | 80 | | | 132.33 | 5572.7 | percent of total billed charges |
| BKR CHG APHERESIS RBC | 36512 | CPT | | | | both | | | 5866 | | 2017.99 | Horizon | PPO | 3395.48 | | | | 132.33 | 5572.7 | other |
| BKR CHG APHERESIS RBC | 36512 | CPT | | | | both | | | 5866 | | 2017.99 | Multiplan | Multiplan | 4692.8 | 80 | | | 132.33 | 5572.7 | percent of total billed charges |
| BKR CHG APHERESIS RBC | 36512 | CPT | | | | both | | | 5866 | | 2017.99 | United | Commercial\|PPO | 2493 | | | | 132.33 | 5572.7 | case rate |
| BKR CHG APHERESIS RBC | 36512 | CPT | | | | both | | | 5866 | | 2017.99 | Horizon | Medicare Blue | 1754.77 | | | | 132.33 | 5572.7 | other |
| BKR CHG APHERESIS RBC | 36512 | CPT | | | | both | | | 5866 | | 2017.99 | Managed Care Inc | Managed Care Inc | 5279.4 | 90 | | | 132.33 | 5572.7 | percent of total billed charges |
| BKR CHG APHERESIS RBC | 36512 | CPT | | | | both | | | 5866 | | 2017.99 | Three Rivers | Three Rivers | 5572.7 | 95 | | | 132.33 | 5572.7 | percent of total billed charges |
| BKR CHG APHERESIS RBC | 36512 | CPT | | | | both | | | 5866 | | 2017.99 | Wellcare | Medicaid | 1850.72 | 31.55 | | | 132.33 | 5572.7 | percent of total billed charges |
| BKR CHG APHERESIS RBC | 36512 | CPT | | | | both | | | 5866 | | 2017.99 | United | Oxford | 2493 | | | | 132.33 | 5572.7 | case rate |
| BKR CHG APHERESIS RBC | 36512 | CPT | | | | both | | | 5866 | | 2017.99 | UHC | Medicare | 1754.77 | | | | 132.33 | 5572.7 | other |
| BKR CHG APHERESIS RBC | 36512 | CPT | | | | both | | | 5866 | | 2017.99 | Qualcare | Qualcare | 4399.5 | 75 | | | 132.33 | 5572.7 | percent of total billed charges |
| BKR CHG APHERESIS RBC | 36512 | CPT | | | | both | | | 5866 | | 2017.99 | WellPoint | WellPoint | 1887.68 | 32.18 | | | 132.33 | 5572.7 | percent of total billed charges |
| BKR CHG APHERESIS PLATELETS | 36513 | CPT | | | | outpatient | | | 4761 | | 570.94 | Horizon | Indemnity | 960.67 | | | | 127.89 | 4522.95 | other |
| BKR CHG APHERESIS PLATELETS | 36513 | CPT | | | | outpatient | | | 4761 | | 570.94 | Aetna | Medicare | 496.47 | | | | 127.89 | 4522.95 | other |
| BKR CHG APHERESIS PLATELETS | 36513 | CPT | | | | outpatient | | | 4761 | | 570.94 | First Trenton | First Trenton | 4284.9 | 90 | | | 127.89 | 4522.95 | percent of total billed charges |
| BKR CHG APHERESIS PLATELETS | 36513 | CPT | | | | outpatient | | | 4761 | | 570.94 | Americare | Americare | 3570.75 | 75 | | | 127.89 | 4522.95 | percent of total billed charges |
| BKR CHG APHERESIS PLATELETS | 36513 | CPT | | | | outpatient | | | 4761 | | 570.94 | Aetna | Better Health | 1502.1 | 31.55 | | | 127.89 | 4522.95 | percent of total billed charges |
| BKR CHG APHERESIS PLATELETS | 36513 | CPT | | | | outpatient | | | 4761 | | 570.94 | Consumer | Consumer | 4522.95 | 95 | | | 127.89 | 4522.95 | percent of total billed charges |
| BKR CHG APHERESIS PLATELETS | 36513 | CPT | | | | outpatient | | | 4761 | | 570.94 | UHC | Medicare | 496.47 | | | | 127.89 | 4522.95 | other |
| BKR CHG APHERESIS PLATELETS | 36513 | CPT | | | | outpatient | | | 4761 | | 570.94 | Aetna | Commercial | 810.24 | | | | 127.89 | 4522.95 | other |
| BKR CHG APHERESIS PLATELETS | 36513 | CPT | | | | outpatient | | | 4761 | | 570.94 | Horizon | Medicare Blue | 496.47 | | | | 127.89 | 4522.95 | other |
| BKR CHG APHERESIS PLATELETS | 36513 | CPT | | | | outpatient | | | 4761 | | 570.94 | Corrections | Corrections | 3808.8 | 80 | | | 127.89 | 4522.95 | percent of total billed charges |
| BKR CHG APHERESIS PLATELETS | 36513 | CPT | | | | outpatient | | | 4761 | | 570.94 | Horizon | PPO | 960.67 | | | | 127.89 | 4522.95 | other |
| BKR CHG APHERESIS PLATELETS | 36513 | CPT | | | | outpatient | | | 4761 | | 570.94 | Amerihealth | HMO/PPO | 376.16 | | | | 127.89 | 4522.95 | fee schedule |
| BKR CHG APHERESIS PLATELETS | 36513 | CPT | | | | outpatient | | | 4761 | | 570.94 | First Health | First Health | 3332.7 | 70 | | | 127.89 | 4522.95 | percent of total billed charges |
| BKR CHG APHERESIS PLATELETS | 36513 | CPT | | | | outpatient | | | 4761 | | 570.94 | Horizon | MGD | 960.67 | | | | 127.89 | 4522.95 | other |
| BKR CHG APHERESIS PLATELETS | 36513 | CPT | | | | outpatient | | | 4761 | | 570.94 | United | Commercial\|PPO | 1782 | | | | 127.89 | 4522.95 | case rate |
| BKR CHG APHERESIS PLATELETS | 36513 | CPT | | | | outpatient | | | 4761 | | 570.94 | Horizon | NJ Health | 127.89 | | | | 127.89 | 4522.95 | fee schedule |
| BKR CHG APHERESIS PLATELETS | 36513 | CPT | | | | outpatient | | | 4761 | | 570.94 | Multiplan | Multiplan | 3808.8 | 80 | | | 127.89 | 4522.95 | percent of total billed charges |
| BKR CHG APHERESIS PLATELETS | 36513 | CPT | | | | outpatient | | | 4761 | | 570.94 | UHC | Medicaid | 1502.1 | 31.55 | | | 127.89 | 4522.95 | percent of total billed charges |
| BKR CHG APHERESIS PLATELETS | 36513 | CPT | | | | outpatient | | | 4761 | | 570.94 | Managed Care Inc | Managed Care Inc | 4284.9 | 90 | | | 127.89 | 4522.95 | percent of total billed charges |
| BKR CHG APHERESIS PLATELETS | 36513 | CPT | | | | outpatient | | | 4761 | | 570.94 | United | Oxford | 1782 | | | | 127.89 | 4522.95 | case rate |
| BKR CHG APHERESIS PLATELETS | 36513 | CPT | | | | outpatient | | | 4761 | | 570.94 | Qualcare | Qualcare | 3570.75 | 75 | | | 127.89 | 4522.95 | percent of total billed charges |
| BKR CHG APHERESIS PLATELETS | 36513 | CPT | | | | outpatient | | | 4761 | | 570.94 | WellPoint | WellPoint | 1532.09 | 32.18 | | | 127.89 | 4522.95 | percent of total billed charges |
| BKR CHG APHERESIS PLATELETS | 36513 | CPT | | | | outpatient | | | 4761 | | 570.94 | Three Rivers | Three Rivers | 4522.95 | 95 | | | 127.89 | 4522.95 | percent of total billed charges |
| BKR CHG APHERESIS PLATELETS | 36513 | CPT | | | | outpatient | | | 4761 | | 570.94 | Wellcare | Medicaid | 1502.1 | 31.55 | | | 127.89 | 4522.95 | percent of total billed charges |
| BKR CHG APHERESIS PLATELETS | 36513 | CPT | | | | outpatient | | | 4761 | | 570.94 | Wellcare | Medicare | 496.47 | | | | 127.89 | 4522.95 | other |
| BKR CHG APHERESIS PLASMA | 36514 | CPT | | | | inpatient | | | 5866 | | 2017.99 | Aetna | Commercial | 2863.78 | | | | 798.63 | 5572.7 | other |
| BKR CHG APHERESIS PLASMA | 36514 | CPT | | | | inpatient | | | 5866 | | 2017.99 | Amerihealth | HMO/PPO | 1165.69 | | | | 798.63 | 5572.7 | fee schedule |
| BKR CHG APHERESIS PLASMA | 36514 | CPT | | | | inpatient | | | 5866 | | 2017.99 | Aetna | Better Health | 1850.72 | 31.55 | | | 798.63 | 5572.7 | percent of total billed charges |
| BKR CHG APHERESIS PLASMA | 36514 | CPT | | | | inpatient | | | 5866 | | 2017.99 | First Health | First Health | 4196.2 | 70 | | | 798.63 | 5572.7 | percent of total billed charges |
| BKR CHG APHERESIS PLASMA | 36514 | CPT | | | | inpatient | | | 5866 | | 2017.99 | Horizon | Medicare Blue | 1754.77 | | | | 798.63 | 5572.7 | other |
| BKR CHG APHERESIS PLASMA | 36514 | CPT | | | | inpatient | | | 5866 | | 2017.99 | First Trenton | First Trenton | 5279.4 | 90 | | | 798.63 | 5572.7 | percent of total billed charges |
| BKR CHG APHERESIS PLASMA | 36514 | CPT | | | | inpatient | | | 5866 | | 2017.99 | Aetna | Medicare | 1754.77 | | | | 798.63 | 5572.7 | other |
| BKR CHG APHERESIS PLASMA | 36514 | CPT | | | | inpatient | | | 5866 | | 2017.99 | Horizon | Indemnity | 3395.48 | | | | 798.63 | 5572.7 | other |
| BKR CHG APHERESIS PLASMA | 36514 | CPT | | | | inpatient | | | 5866 | | 2017.99 | Americare | Americare | 4399.5 | 75 | | | 798.63 | 5572.7 | percent of total billed charges |
| BKR CHG APHERESIS PLASMA | 36514 | CPT | | | | inpatient | | | 5866 | | 2017.99 | Wellcare | Medicaid | 1850.72 | 31.55 | | | 798.63 | 5572.7 | percent of total billed charges |
| BKR CHG APHERESIS PLASMA | 36514 | CPT | | | | inpatient | | | 5866 | | 2017.99 | Consumer | Consumer | 5572.7 | 95 | | | 798.63 | 5572.7 | percent of total billed charges |
| BKR CHG APHERESIS PLASMA | 36514 | CPT | | | | inpatient | | | 5866 | | 2017.99 | Multiplan | Multiplan | 4692.8 | 80 | | | 798.63 | 5572.7 | percent of total billed charges |
| BKR CHG APHERESIS PLASMA | 36514 | CPT | | | | inpatient | | | 5866 | | 2017.99 | Horizon | NJ Health | 798.63 | | | | 798.63 | 5572.7 | fee schedule |
| BKR CHG APHERESIS PLASMA | 36514 | CPT | | | | inpatient | | | 5866 | | 2017.99 | Horizon | PPO | 3395.48 | | | | 798.63 | 5572.7 | other |
| BKR CHG APHERESIS PLASMA | 36514 | CPT | | | | inpatient | | | 5866 | | 2017.99 | Corrections | Corrections | 4692.8 | 80 | | | 798.63 | 5572.7 | percent of total billed charges |
| BKR CHG APHERESIS PLASMA | 36514 | CPT | | | | inpatient | | | 5866 | | 2017.99 | UHC | Medicaid | 1850.72 | 31.55 | | | 798.63 | 5572.7 | percent of total billed charges |
| BKR CHG APHERESIS PLASMA | 36514 | CPT | | | | inpatient | | | 5866 | | 2017.99 | Three Rivers | Three Rivers | 5572.7 | 95 | | | 798.63 | 5572.7 | percent of total billed charges |
| BKR CHG APHERESIS PLASMA | 36514 | CPT | | | | inpatient | | | 5866 | | 2017.99 | Wellcare | Medicare | 1754.77 | | | | 798.63 | 5572.7 | other |
| BKR CHG APHERESIS PLASMA | 36514 | CPT | | | | inpatient | | | 5866 | | 2017.99 | Horizon | MGD | 3395.48 | | | | 798.63 | 5572.7 | other |
| BKR CHG APHERESIS PLASMA | 36514 | CPT | | | | inpatient | | | 5866 | | 2017.99 | Qualcare | Qualcare | 4399.5 | 75 | | | 798.63 | 5572.7 | percent of total billed charges |
| BKR CHG APHERESIS PLASMA | 36514 | CPT | | | | inpatient | | | 5866 | | 2017.99 | Managed Care Inc | Managed Care Inc | 5279.4 | 90 | | | 798.63 | 5572.7 | percent of total billed charges |
| BKR CHG APHERESIS PLASMA | 36514 | CPT | | | | inpatient | | | 5866 | | 2017.99 | UHC | Medicare | 1754.77 | | | | 798.63 | 5572.7 | other |
| BKR CHG APHERESIS PLASMA | 36514 | CPT | | | | inpatient | | | 5866 | | 2017.99 | United | Oxford | 2493 | | | | 798.63 | 5572.7 | case rate |
| BKR CHG APHERESIS PLASMA | 36514 | CPT | | | | inpatient | | | 5866 | | 2017.99 | United | Commercial\|PPO | 2493 | | | | 798.63 | 5572.7 | case rate |
| BKR CHG APHERESIS PLASMA | 36514 | CPT | | | | inpatient | | | 5866 | | 2017.99 | WellPoint | WellPoint | 1887.68 | 32.18 | | | 798.63 | 5572.7 | percent of total billed charges |
| BKR CHG APHERESIS ADSORP/REINFUSE | 36516 | CPT | | | | outpatient | | | 15506 | | 6086.62 | Americare | Americare | 11629.5 | 75 | | | 49 | 14730.7 | percent of total billed charges |
| BKR CHG APHERESIS ADSORP/REINFUSE | 36516 | CPT | | | | outpatient | | | 15506 | | 6086.62 | Amerihealth | HMO/PPO | 3382.26 | | | | 49 | 14730.7 | fee schedule |
| BKR CHG APHERESIS ADSORP/REINFUSE | 36516 | CPT | | | | outpatient | | | 15506 | | 6086.62 | Aetna | Commercial | 8637.7 | | | | 49 | 14730.7 | other |
| BKR CHG APHERESIS ADSORP/REINFUSE | 36516 | CPT | | | | outpatient | | | 15506 | | 6086.62 | Aetna | Medicare | 5292.71 | | | | 49 | 14730.7 | other |
| BKR CHG APHERESIS ADSORP/REINFUSE | 36516 | CPT | | | | outpatient | | | 15506 | | 6086.62 | Consumer | Consumer | 14730.7 | 95 | | | 49 | 14730.7 | percent of total billed charges |
| BKR CHG APHERESIS ADSORP/REINFUSE | 36516 | CPT | | | | outpatient | | | 15506 | | 6086.62 | First Trenton | First Trenton | 13955.4 | 90 | | | 49 | 14730.7 | percent of total billed charges |
| BKR CHG APHERESIS ADSORP/REINFUSE | 36516 | CPT | | | | outpatient | | | 15506 | | 6086.62 | Corrections | Corrections | 12404.8 | 80 | | | 49 | 14730.7 | percent of total billed charges |
| BKR CHG APHERESIS ADSORP/REINFUSE | 36516 | CPT | | | | outpatient | | | 15506 | | 6086.62 | Aetna | Better Health | 4892.14 | 31.55 | | | 49 | 14730.7 | percent of total billed charges |
| BKR CHG APHERESIS ADSORP/REINFUSE | 36516 | CPT | | | | outpatient | | | 15506 | | 6086.62 | Horizon | Medicare Blue | 5292.71 | | | | 49 | 14730.7 | other |
| BKR CHG APHERESIS ADSORP/REINFUSE | 36516 | CPT | | | | outpatient | | | 15506 | | 6086.62 | Horizon | Indemnity | 10241.39 | | | | 49 | 14730.7 | other |
| BKR CHG APHERESIS ADSORP/REINFUSE | 36516 | CPT | | | | outpatient | | | 15506 | | 6086.62 | Multiplan | Multiplan | 12404.8 | 80 | | | 49 | 14730.7 | percent of total billed charges |
| BKR CHG APHERESIS ADSORP/REINFUSE | 36516 | CPT | | | | outpatient | | | 15506 | | 6086.62 | First Health | First Health | 10854.2 | 70 | | | 49 | 14730.7 | percent of total billed charges |
| BKR CHG APHERESIS ADSORP/REINFUSE | 36516 | CPT | | | | outpatient | | | 15506 | | 6086.62 | United | Oxford | 6362 | | | | 49 | 14730.7 | case rate |
| BKR CHG APHERESIS ADSORP/REINFUSE | 36516 | CPT | | | | outpatient | | | 15506 | | 6086.62 | Horizon | NJ Health | 127.89 | | | | 49 | 14730.7 | fee schedule |
| BKR CHG APHERESIS ADSORP/REINFUSE | 36516 | CPT | | | | outpatient | | | 15506 | | 6086.62 | UHC | Medicaid | 49 | | | | 49 | 14730.7 | fee schedule |
| BKR CHG APHERESIS ADSORP/REINFUSE | 36516 | CPT | | | | outpatient | | | 15506 | | 6086.62 | Horizon | PPO | 10241.39 | | | | 49 | 14730.7 | other |
| BKR CHG APHERESIS ADSORP/REINFUSE | 36516 | CPT | | | | outpatient | | | 15506 | | 6086.62 | Qualcare | Qualcare | 11629.5 | 75 | | | 49 | 14730.7 | percent of total billed charges |
| BKR CHG APHERESIS ADSORP/REINFUSE | 36516 | CPT | | | | outpatient | | | 15506 | | 6086.62 | United | Commercial\|PPO | 6362 | | | | 49 | 14730.7 | case rate |
| BKR CHG APHERESIS ADSORP/REINFUSE | 36516 | CPT | | | | outpatient | | | 15506 | | 6086.62 | Wellcare | Medicare | 5292.71 | | | | 49 | 14730.7 | other |
| BKR CHG APHERESIS ADSORP/REINFUSE | 36516 | CPT | | | | outpatient | | | 15506 | | 6086.62 | Horizon | MGD | 10241.39 | | | | 49 | 14730.7 | other |
| BKR CHG APHERESIS ADSORP/REINFUSE | 36516 | CPT | | | | outpatient | | | 15506 | | 6086.62 | Managed Care Inc | Managed Care Inc | 13955.4 | 90 | | | 49 | 14730.7 | percent of total billed charges |
| BKR CHG APHERESIS ADSORP/REINFUSE | 36516 | CPT | | | | outpatient | | | 15506 | | 6086.62 | WellPoint | WellPoint | 4989.83 | 32.18 | | | 49 | 14730.7 | percent of total billed charges |
| BKR CHG APHERESIS ADSORP/REINFUSE | 36516 | CPT | | | | outpatient | | | 15506 | | 6086.62 | Three Rivers | Three Rivers | 14730.7 | 95 | | | 49 | 14730.7 | percent of total billed charges |
| BKR CHG APHERESIS ADSORP/REINFUSE | 36516 | CPT | | | | outpatient | | | 15506 | | 6086.62 | UHC | Medicare | 5292.71 | | | | 49 | 14730.7 | other |
| BKR CHG APHERESIS ADSORP/REINFUSE | 36516 | CPT | | | | outpatient | | | 15506 | | 6086.62 | Wellcare | Medicaid | 49 | | | | 49 | 14730.7 | fee schedule |
| HC INSERTION NONTUNNELED CENTRAL VENOUS CATH AGE 5 YR/> | 36556 | CPT | | | | both | | | 5038 | | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 300 | 7053.93 | other |
| HC INSERTION NONTUNNELED CENTRAL VENOUS CATH AGE 5 YR/> | 36556 | CPT | | | | both | | | 5038 | | 4192.26 | UHC | Medicare | 3645.44 | | | | 300 | 7053.93 | other |
| HC INSERTION NONTUNNELED CENTRAL VENOUS CATH AGE 5 YR/> | 36556 | CPT | | | | both | | | 5038 | | 4192.26 | Aetna | Better Health | 1589.49 | 31.55 | | | 300 | 7053.93 | percent of total billed charges |
| HC INSERTION NONTUNNELED CENTRAL VENOUS CATH AGE 5 YR/> | 36556 | CPT | | | | both | | | 5038 | | 4192.26 | Amerihealth | HMO/PPO | 300 | | | | 300 | 7053.93 | fee schedule |
| HC INSERTION NONTUNNELED CENTRAL VENOUS CATH AGE 5 YR/> | 36556 | CPT | | | | both | | | 5038 | | 4192.26 | Consumer | Consumer | 4786.1 | 95 | | | 300 | 7053.93 | percent of total billed charges |
| HC INSERTION NONTUNNELED CENTRAL VENOUS CATH AGE 5 YR/> | 36556 | CPT | | | | both | | | 5038 | | 4192.26 | Aetna | Commercial | 5949.36 | | | | 300 | 7053.93 | other |
| HC INSERTION NONTUNNELED CENTRAL VENOUS CATH AGE 5 YR/> | 36556 | CPT | | | | both | | | 5038 | | 4192.26 | Aetna | Medicare | 3645.44 | | | | 300 | 7053.93 | other |
| HC INSERTION NONTUNNELED CENTRAL VENOUS CATH AGE 5 YR/> | 36556 | CPT | | | | both | | | 5038 | | 4192.26 | First Trenton | First Trenton | 4534.2 | 90 | | | 300 | 7053.93 | percent of total billed charges |
| HC INSERTION NONTUNNELED CENTRAL VENOUS CATH AGE 5 YR/> | 36556 | CPT | | | | both | | | 5038 | | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | | 300 | 7053.93 | other |
| HC INSERTION NONTUNNELED CENTRAL VENOUS CATH AGE 5 YR/> | 36556 | CPT | | | | both | | | 5038 | | 4192.26 | Americare | Americare | 3778.5 | 75 | | | 300 | 7053.93 | percent of total billed charges |
| HC INSERTION NONTUNNELED CENTRAL VENOUS CATH AGE 5 YR/> | 36556 | CPT | | | | both | | | 5038 | | 4192.26 | Corrections | Corrections | 4030.4 | 80 | | 895.69 | 300 | 7053.93 | percent of total billed charges |
| HC INSERTION NONTUNNELED CENTRAL VENOUS CATH AGE 5 YR/> | 36556 | CPT | | | | both | | | 5038 | | 4192.26 | UHC | Medicaid | 1589.49 | 31.55 | | | 300 | 7053.93 | percent of total billed charges |
| HC INSERTION NONTUNNELED CENTRAL VENOUS CATH AGE 5 YR/> | 36556 | CPT | | | | both | | | 5038 | | 4192.26 | Horizon | NJ Health | 417.6 | | | | 300 | 7053.93 | fee schedule |
| HC INSERTION NONTUNNELED CENTRAL VENOUS CATH AGE 5 YR/> | 36556 | CPT | | | | both | | | 5038 | | 4192.26 | Multiplan | Multiplan | 4030.4 | 80 | | | 300 | 7053.93 | percent of total billed charges |
| HC INSERTION NONTUNNELED CENTRAL VENOUS CATH AGE 5 YR/> | 36556 | CPT | | | | both | | | 5038 | | 4192.26 | First Health | First Health | 3526.6 | 70 | | | 300 | 7053.93 | percent of total billed charges |
| HC INSERTION NONTUNNELED CENTRAL VENOUS CATH AGE 5 YR/> | 36556 | CPT | | | | both | | | 5038 | | 4192.26 | Managed Care Inc | Managed Care Inc | 4534.2 | 90 | | | 300 | 7053.93 | percent of total billed charges |
| HC INSERTION NONTUNNELED CENTRAL VENOUS CATH AGE 5 YR/> | 36556 | CPT | | | | both | | | 5038 | | 4192.26 | Horizon | PPO | 7053.93 | | | | 300 | 7053.93 | other |
| HC INSERTION NONTUNNELED CENTRAL VENOUS CATH AGE 5 YR/> | 36556 | CPT | | | | both | | | 5038 | | 4192.26 | Qualcare | Qualcare | 3778.5 | 75 | | | 300 | 7053.93 | percent of total billed charges |
| HC INSERTION NONTUNNELED CENTRAL VENOUS CATH AGE 5 YR/> | 36556 | CPT | | | | both | | | 5038 | | 4192.26 | Horizon | MGD | 7053.93 | | | | 300 | 7053.93 | other |
| HC INSERTION NONTUNNELED CENTRAL VENOUS CATH AGE 5 YR/> | 36556 | CPT | | | | both | | | 5038 | | 4192.26 | United | Commercial\|PPO | 1817 | | | | 300 | 7053.93 | case rate |
| HC INSERTION NONTUNNELED CENTRAL VENOUS CATH AGE 5 YR/> | 36556 | CPT | | | | both | | | 5038 | | 4192.26 | Three Rivers | Three Rivers | 4786.1 | 95 | | | 300 | 7053.93 | percent of total billed charges |
| HC INSERTION NONTUNNELED CENTRAL VENOUS CATH AGE 5 YR/> | 36556 | CPT | | | | both | | | 5038 | | 4192.26 | Wellcare | Medicare | 3645.44 | | | | 300 | 7053.93 | other |
| HC INSERTION NONTUNNELED CENTRAL VENOUS CATH AGE 5 YR/> | 36556 | CPT | | | | both | | | 5038 | | 4192.26 | WellPoint | WellPoint | 1621.23 | 32.18 | | | 300 | 7053.93 | percent of total billed charges |
| HC INSERTION NONTUNNELED CENTRAL VENOUS CATH AGE 5 YR/> | 36556 | CPT | | | | both | | | 5038 | | 4192.26 | United | Oxford | 1817 | | | | 300 | 7053.93 | case rate |
| HC INSERTION NONTUNNELED CENTRAL VENOUS CATH AGE 5 YR/> | 36556 | CPT | | | | both | | | 5038 | | 4192.26 | Wellcare | Medicaid | 1589.49 | 31.55 | | | 300 | 7053.93 | percent of total billed charges |
| HC INSERT TUNN CVC >5 Y.O. | 36558 | CPT | | | | both | | | 9080 | | 4192.26 | Amerihealth | HMO/PPO | 550 | | | | 550 | 8626 | fee schedule |
| HC INSERT TUNN CVC >5 Y.O. | 36558 | CPT | | | | both | | | 9080 | | 4192.26 | Horizon | MGD | 7053.93 | | | | 550 | 8626 | other |
| HC INSERT TUNN CVC >5 Y.O. | 36558 | CPT | | | | both | | | 9080 | | 4192.26 | Americare | Americare | 6810 | 75 | | | 550 | 8626 | percent of total billed charges |
| HC INSERT TUNN CVC >5 Y.O. | 36558 | CPT | | | | both | | | 9080 | | 4192.26 | Aetna | Better Health | 2864.74 | 31.55 | | | 550 | 8626 | percent of total billed charges |
| HC INSERT TUNN CVC >5 Y.O. | 36558 | CPT | | | | both | | | 9080 | | 4192.26 | Aetna | Commercial | 5949.36 | | | | 550 | 8626 | other |
| HC INSERT TUNN CVC >5 Y.O. | 36558 | CPT | | | | both | | | 9080 | | 4192.26 | Horizon | PPO | 7053.93 | | | | 550 | 8626 | other |
| HC INSERT TUNN CVC >5 Y.O. | 36558 | CPT | | | | both | | | 9080 | | 4192.26 | Corrections | Corrections | 7264 | 80 | | | 550 | 8626 | percent of total billed charges |
| HC INSERT TUNN CVC >5 Y.O. | 36558 | CPT | | | | both | | | 9080 | | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | | 550 | 8626 | other |
| HC INSERT TUNN CVC >5 Y.O. | 36558 | CPT | | | | both | | | 9080 | | 4192.26 | First Health | First Health | 6356 | 70 | | | 550 | 8626 | percent of total billed charges |
| HC INSERT TUNN CVC >5 Y.O. | 36558 | CPT | | | | both | | | 9080 | | 4192.26 | UHC | Medicaid | 2864.74 | 31.55 | | | 550 | 8626 | percent of total billed charges |
| HC INSERT TUNN CVC >5 Y.O. | 36558 | CPT | | | | both | | | 9080 | | 4192.26 | First Trenton | First Trenton | 8172 | 90 | | | 550 | 8626 | percent of total billed charges |
| HC INSERT TUNN CVC >5 Y.O. | 36558 | CPT | | | | both | | | 9080 | | 4192.26 | Aetna | Medicare | 3645.44 | | | | 550 | 8626 | other |
| HC INSERT TUNN CVC >5 Y.O. | 36558 | CPT | | | | both | | | 9080 | | 4192.26 | UHC | Medicare | 3645.44 | | | 2172.07 | 550 | 8626 | other |
| HC INSERT TUNN CVC >5 Y.O. | 36558 | CPT | | | | both | | | 9080 | | 4192.26 | WellPoint | WellPoint | 2921.94 | 32.18 | | 28.79 | 550 | 8626 | percent of total billed charges |
| HC INSERT TUNN CVC >5 Y.O. | 36558 | CPT | | | | both | | | 9080 | | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 550 | 8626 | other |
| HC INSERT TUNN CVC >5 Y.O. | 36558 | CPT | | | | both | | | 9080 | | 4192.26 | Multiplan | Multiplan | 7264 | 80 | | | 550 | 8626 | percent of total billed charges |
| HC INSERT TUNN CVC >5 Y.O. | 36558 | CPT | | | | both | | | 9080 | | 4192.26 | Wellcare | Medicare | 3645.44 | | | | 550 | 8626 | other |
| HC INSERT TUNN CVC >5 Y.O. | 36558 | CPT | | | | both | | | 9080 | | 4192.26 | Consumer | Consumer | 8626 | 95 | | | 550 | 8626 | percent of total billed charges |
| HC INSERT TUNN CVC >5 Y.O. | 36558 | CPT | | | | both | | | 9080 | | 4192.26 | Horizon | NJ Health | 1243.3 | | | | 550 | 8626 | fee schedule |
| HC INSERT TUNN CVC >5 Y.O. | 36558 | CPT | | | | both | | | 9080 | | 4192.26 | Qualcare | Qualcare | 6810 | 75 | | | 550 | 8626 | percent of total billed charges |
| HC INSERT TUNN CVC >5 Y.O. | 36558 | CPT | | | | both | | | 9080 | | 4192.26 | United | Commercial\|PPO | 3492 | | | | 550 | 8626 | case rate |
| HC INSERT TUNN CVC >5 Y.O. | 36558 | CPT | | | | both | | | 9080 | | 4192.26 | United | Oxford | 3492 | | | | 550 | 8626 | case rate |
| HC INSERT TUNN CVC >5 Y.O. | 36558 | CPT | | | | both | | | 9080 | | 4192.26 | Managed Care Inc | Managed Care Inc | 8172 | 90 | | | 550 | 8626 | percent of total billed charges |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC INSERT TUNN CVC >5 Y.O. | 36558 | CPT | | | | both | | | 9080 | | 4192.26 | Wellcare | Medicaid | 2864.74 | 31.55 | | | 550 | 8626 | percent of total billed charges | |
| HC INSERT TUNN CVC >5 Y.O. | 36558 | CPT | | | | both | | | 9080 | | 4192.26 | Three Rivers | Three Rivers | 8626 | 95 | | | 550 | 8626 | percent of total billed charges | |
| HC INSERTION TUNNELED CENTRAL VAD W/SUBQ PORT AGE 5 YR/> | 36561 | CPT | | | | both | | | 11408 | | 4192.26 | Consumer | Consumer | 10837.6 | 95 | | | 770 | 10837.6 | percent of total billed charges | |
| HC INSERTION TUNNELED CENTRAL VAD W/SUBQ PORT AGE 5 YR/> | 36561 | CPT | | | | both | | | 11408 | | 4192.26 | First Health | First Health | 7985.6 | 70 | | | 770 | 10837.6 | percent of total billed charges | |
| HC INSERTION TUNNELED CENTRAL VAD W/SUBQ PORT AGE 5 YR/> | 36561 | CPT | | | | both | | | 11408 | | 4192.26 | Aetna | Medicare | 3645.44 | | | 2598.9 | 770 | 10837.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION TUNNELED CENTRAL VAD W/SUBQ PORT AGE 5 YR/> | 36561 | CPT | | | | both | | | 11408 | | 4192.26 | Aetna | Better Health | 3599.22 | 31.55 | | 3235.48 | 770 | 10837.6 | percent of total billed charges | |
| HC INSERTION TUNNELED CENTRAL VAD W/SUBQ PORT AGE 5 YR/> | 36561 | CPT | | | | both | | | 11408 | | 4192.26 | Aetna | Commercial | 5949.36 | | | 4503.86 | 770 | 10837.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION TUNNELED CENTRAL VAD W/SUBQ PORT AGE 5 YR/> | 36561 | CPT | | | | both | | | 11408 | | 4192.26 | Corrections | Corrections | 9126.4 | 80 | | | 770 | 10837.6 | percent of total billed charges | |
| HC INSERTION TUNNELED CENTRAL VAD W/SUBQ PORT AGE 5 YR/> | 36561 | CPT | | | | both | | | 11408 | | 4192.26 | Americare | Americare | 8556 | 75 | | | 770 | 10837.6 | percent of total billed charges | |
| HC INSERTION TUNNELED CENTRAL VAD W/SUBQ PORT AGE 5 YR/> | 36561 | CPT | | | | both | | | 11408 | | 4192.26 | First Trenton | First Trenton | 10267.2 | 90 | | | 770 | 10837.6 | percent of total billed charges | |
| HC INSERTION TUNNELED CENTRAL VAD W/SUBQ PORT AGE 5 YR/> | 36561 | CPT | | | | both | | | 11408 | | 4192.26 | Horizon | PPO | 7053.93 | | | 4985.72 | 770 | 10837.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION TUNNELED CENTRAL VAD W/SUBQ PORT AGE 5 YR/> | 36561 | CPT | | | | both | | | 11408 | | 4192.26 | Multiplan | Multiplan | 9126.4 | 80 | | | 770 | 10837.6 | percent of total billed charges | |
| HC INSERTION TUNNELED CENTRAL VAD W/SUBQ PORT AGE 5 YR/> | 36561 | CPT | | | | both | | | 11408 | | 4192.26 | Amerihealth | HMO/PPO | 770 | | | | 770 | 10837.6 | fee schedule | |
| HC INSERTION TUNNELED CENTRAL VAD W/SUBQ PORT AGE 5 YR/> | 36561 | CPT | | | | both | | | 11408 | | 4192.26 | Horizon | NJ Health | 1830.47 | | | 3070.27 | 770 | 10837.6 | fee schedule | |
| HC INSERTION TUNNELED CENTRAL VAD W/SUBQ PORT AGE 5 YR/> | 36561 | CPT | | | | both | | | 11408 | | 4192.26 | Horizon | Indemnity | 7053.93 | | | 5575.03 | 770 | 10837.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION TUNNELED CENTRAL VAD W/SUBQ PORT AGE 5 YR/> | 36561 | CPT | | | | both | | | 11408 | | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | 2643.69 | 770 | 10837.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION TUNNELED CENTRAL VAD W/SUBQ PORT AGE 5 YR/> | 36561 | CPT | | | | both | | | 11408 | | 4192.26 | WellPoint | WellPoint | 3671.09 | 32.18 | | 3014.71 | 770 | 10837.6 | percent of total billed charges | |
| HC INSERTION TUNNELED CENTRAL VAD W/SUBQ PORT AGE 5 YR/> | 36561 | CPT | | | | both | | | 11408 | | 4192.26 | Managed Care Inc | Managed Care Inc | 10267.2 | 90 | | | 770 | 10837.6 | percent of total billed charges | |
| HC INSERTION TUNNELED CENTRAL VAD W/SUBQ PORT AGE 5 YR/> | 36561 | CPT | | | | both | | | 11408 | | 4192.26 | Wellcare | Medicaid | 3599.22 | 31.55 | | 3568.71 | 770 | 10837.6 | percent of total billed charges | |
| HC INSERTION TUNNELED CENTRAL VAD W/SUBQ PORT AGE 5 YR/> | 36561 | CPT | | | | both | | | 11408 | | 4192.26 | Qualcare | Qualcare | 8556 | 75 | | | 770 | 10837.6 | percent of total billed charges | |
| HC INSERTION TUNNELED CENTRAL VAD W/SUBQ PORT AGE 5 YR/> | 36561 | CPT | | | | both | | | 11408 | | 4192.26 | Horizon | MGD | 7053.93 | | | | 770 | 10837.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION TUNNELED CENTRAL VAD W/SUBQ PORT AGE 5 YR/> | 36561 | CPT | | | | both | | | 11408 | | 4192.26 | Three Rivers | Three Rivers | 10837.6 | 95 | | | 770 | 10837.6 | percent of total billed charges | |
| HC INSERTION TUNNELED CENTRAL VAD W/SUBQ PORT AGE 5 YR/> | 36561 | CPT | | | | both | | | 11408 | | 4192.26 | UHC | Medicare | 3645.44 | | | 3163.14 | 770 | 10837.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION TUNNELED CENTRAL VAD W/SUBQ PORT AGE 5 YR/> | 36561 | CPT | | | | both | | | 11408 | | 4192.26 | United | Commercial/PPO | 3492 | | | | 770 | 10837.6 | case rate | |
| HC INSERTION TUNNELED CENTRAL VAD W/SUBQ PORT AGE 5 YR/> | 36561 | CPT | | | | both | | | 11408 | | 4192.26 | Wellcare | Medicare | 3645.44 | | | | 770 | 10837.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION TUNNELED CENTRAL VAD W/SUBQ PORT AGE 5 YR/> | 36561 | CPT | | | | both | | | 11408 | | 4192.26 | UHC | Medicaid | 3599.22 | 31.55 | | 3462.91 | 770 | 10837.6 | percent of total billed charges | |
| HC INSERTION TUNNELED CENTRAL VAD W/SUBQ PORT AGE 5 YR/> | 36561 | CPT | | | | both | | | 11408 | | 4192.26 | United | Oxford | 3492 | | | | 770 | 10837.6 | case rate | |
| HC INSRT TUNN DEVICE W/PUMP | 36563 | CPT | | | | both | | | 17878 | | 7227.61 | Horizon | MGD | 12161.24 | | | | 650 | 16984.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT TUNN DEVICE W/PUMP | 36563 | CPT | | | | both | | | 17878 | | 7227.61 | Multiplan | Multiplan | 14302.4 | 80 | | | 650 | 16984.1 | percent of total billed charges | |
| HC INSRT TUNN DEVICE W/PUMP | 36563 | CPT | | | | both | | | 17878 | | 7227.61 | Aetna | Better Health | 5640.51 | 31.55 | | | 650 | 16984.1 | percent of total billed charges | |
| HC INSRT TUNN DEVICE W/PUMP | 36563 | CPT | | | | both | | | 17878 | | 7227.61 | Horizon | PPO | 12161.24 | | | | 650 | 16984.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT TUNN DEVICE W/PUMP | 36563 | CPT | | | | both | | | 17878 | | 7227.61 | Amerihealth | HMO/PPO | 650 | | | | 650 | 16984.1 | fee schedule | |
| HC INSRT TUNN DEVICE W/PUMP | 36563 | CPT | | | | both | | | 17878 | | 7227.61 | Aetna | Commercial | 10256.92 | | | | 650 | 16984.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT TUNN DEVICE W/PUMP | 36563 | CPT | | | | both | | | 17878 | | 7227.61 | Aetna | Medicare | 6284.88 | | | | 650 | 16984.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT TUNN DEVICE W/PUMP | 36563 | CPT | | | | both | | | 17878 | | 7227.61 | First Health | First Health | 12514.6 | 70 | | | 650 | 16984.1 | percent of total billed charges | |
| HC INSRT TUNN DEVICE W/PUMP | 36563 | CPT | | | | both | | | 17878 | | 7227.61 | UHC | Medicare | 6284.88 | | | | 650 | 16984.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT TUNN DEVICE W/PUMP | 36563 | CPT | | | | both | | | 17878 | | 7227.61 | Qualcare | Qualcare | 13408.5 | 75 | | | 650 | 16984.1 | percent of total billed charges | |
| HC INSRT TUNN DEVICE W/PUMP | 36563 | CPT | | | | both | | | 17878 | | 7227.61 | Americare | Americare | 13408.5 | 75 | | | 650 | 16984.1 | percent of total billed charges | |
| HC INSRT TUNN DEVICE W/PUMP | 36563 | CPT | | | | both | | | 17878 | | 7227.61 | UHC | Medicaid | 5640.51 | 31.55 | | | 650 | 16984.1 | percent of total billed charges | |
| HC INSRT TUNN DEVICE W/PUMP | 36563 | CPT | | | | both | | | 17878 | | 7227.61 | Consumer | Consumer | 16984.1 | 95 | | | 650 | 16984.1 | percent of total billed charges | |
| HC INSRT TUNN DEVICE W/PUMP | 36563 | CPT | | | | both | | | 17878 | | 7227.61 | Horizon | Indemnity | 12161.24 | | | | 650 | 16984.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT TUNN DEVICE W/PUMP | 36563 | CPT | | | | both | | | 17878 | | 7227.61 | First Trenton | First Trenton | 16090.2 | 90 | | | 650 | 16984.1 | percent of total billed charges | |
| HC INSRT TUNN DEVICE W/PUMP | 36563 | CPT | | | | both | | | 17878 | | 7227.61 | Horizon | Medicare Blue | 6284.88 | | | | 650 | 16984.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT TUNN DEVICE W/PUMP | 36563 | CPT | | | | both | | | 17878 | | 7227.61 | Corrections | Corrections | 14302.4 | 80 | | | 650 | 16984.1 | percent of total billed charges | |
| HC INSRT TUNN DEVICE W/PUMP | 36563 | CPT | | | | both | | | 17878 | | 7227.61 | United | Commercial/PPO | 4702 | | | | 650 | 16984.1 | case rate | |
| HC INSRT TUNN DEVICE W/PUMP | 36563 | CPT | | | | both | | | 17878 | | 7227.61 | Horizon | NJ Health | 2670.25 | | | | 650 | 16984.1 | fee schedule | |
| HC INSRT TUNN DEVICE W/PUMP | 36563 | CPT | | | | both | | | 17878 | | 7227.61 | WellPoint | WellPoint | 5753.14 | 32.18 | | | 650 | 16984.1 | percent of total billed charges | |
| HC INSRT TUNN DEVICE W/PUMP | 36563 | CPT | | | | both | | | 17878 | | 7227.61 | Managed Care Inc | Managed Care Inc | 16090.2 | 90 | | | 650 | 16984.1 | percent of total billed charges | |
| HC INSRT TUNN DEVICE W/PUMP | 36563 | CPT | | | | both | | | 17878 | | 7227.61 | Wellcare | Medicaid | 5640.51 | 31.55 | | | 650 | 16984.1 | percent of total billed charges | |
| HC INSRT TUNN DEVICE W/PUMP | 36563 | CPT | | | | both | | | 17878 | | 7227.61 | Three Rivers | Three Rivers | 16984.1 | 95 | | | 650 | 16984.1 | percent of total billed charges | |
| HC INSRT TUNN DEVICE W/PUMP | 36563 | CPT | | | | both | | | 17878 | | 7227.61 | Wellcare | Medicare | 6284.88 | | | | 650 | 16984.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT TUNN DEVICE W/PUMP | 36563 | CPT | | | | both | | | 17878 | | 7227.61 | United | Oxford | 4702 | | | | 650 | 16984.1 | case rate | |
| HC INSERTION PICC W/O SUBQ PORT W/O IMAGING GUIDNCE 5 YR/> | 36569 | CPT | | | | both | | | 5115 | | 2106.37 | First Trenton | First Trenton | 4603.5 | 90 | | | 300 | 4859.25 | percent of total billed charges | |
| HC INSERTION PICC W/O SUBQ PORT W/O IMAGING GUIDNCE 5 YR/> | 36569 | CPT | | | | both | | | 5115 | | 2106.37 | Aetna | Better Health | 1613.78 | 31.55 | | | 300 | 4859.25 | percent of total billed charges | |
| HC INSERTION PICC W/O SUBQ PORT W/O IMAGING GUIDNCE 5 YR/> | 36569 | CPT | | | | both | | | 5115 | | 2106.37 | Amerihealth | HMO/PPO | 300 | | | | 300 | 4859.25 | fee schedule | |
| HC INSERTION PICC W/O SUBQ PORT W/O IMAGING GUIDNCE 5 YR/> | 36569 | CPT | | | | both | | | 5115 | | 2106.37 | Americare | Americare | 3836.25 | 75 | | | 300 | 4859.25 | percent of total billed charges | |
| HC INSERTION PICC W/O SUBQ PORT W/O IMAGING GUIDNCE 5 YR/> | 36569 | CPT | | | | both | | | 5115 | | 2106.37 | Horizon | PPO | 3544.2 | | | | 300 | 4859.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION PICC W/O SUBQ PORT W/O IMAGING GUIDNCE 5 YR/> | 36569 | CPT | | | | both | | | 5115 | | 2106.37 | Corrections | Corrections | 4092 | 80 | | | 300 | 4859.25 | percent of total billed charges | |
| HC INSERTION PICC W/O SUBQ PORT W/O IMAGING GUIDNCE 5 YR/> | 36569 | CPT | | | | both | | | 5115 | | 2106.37 | First Health | First Health | 3580.5 | 70 | | | 300 | 4859.25 | percent of total billed charges | |
| HC INSERTION PICC W/O SUBQ PORT W/O IMAGING GUIDNCE 5 YR/> | 36569 | CPT | | | | both | | | 5115 | | 2106.37 | Aetna | Medicare | 1831.63 | | | | 300 | 4859.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION PICC W/O SUBQ PORT W/O IMAGING GUIDNCE 5 YR/> | 36569 | CPT | | | | both | | | 5115 | | 2106.37 | Managed Care Inc | Managed Care Inc | 4603.5 | 90 | | | 300 | 4859.25 | percent of total billed charges | |
| HC INSERTION PICC W/O SUBQ PORT W/O IMAGING GUIDNCE 5 YR/> | 36569 | CPT | | | | both | | | 5115 | | 2106.37 | Aetna | Commercial | 1943.7 | 38 | | | 300 | 4859.25 | percent of total billed charges | |
| HC INSERTION PICC W/O SUBQ PORT W/O IMAGING GUIDNCE 5 YR/> | 36569 | CPT | | | | both | | | 5115 | | 2106.37 | Horizon | Indemnity | 3544.2 | | | | 300 | 4859.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION PICC W/O SUBQ PORT W/O IMAGING GUIDNCE 5 YR/> | 36569 | CPT | | | | both | | | 5115 | | 2106.37 | Consumer | Consumer | 4859.25 | 95 | | | 300 | 4859.25 | percent of total billed charges | |
| HC INSERTION PICC W/O SUBQ PORT W/O IMAGING GUIDNCE 5 YR/> | 36569 | CPT | | | | both | | | 5115 | | 2106.37 | UHC | Medicare | 1831.63 | | | | 300 | 4859.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION PICC W/O SUBQ PORT W/O IMAGING GUIDNCE 5 YR/> | 36569 | CPT | | | | both | | | 5115 | | 2106.37 | Horizon | Medicare Blue | 1831.63 | | | | 300 | 4859.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION PICC W/O SUBQ PORT W/O IMAGING GUIDNCE 5 YR/> | 36569 | CPT | | | | both | | | 5115 | | 2106.37 | Wellcare | Medicare | 1831.63 | | | | 300 | 4859.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION PICC W/O SUBQ PORT W/O IMAGING GUIDNCE 5 YR/> | 36569 | CPT | | | | both | | | 5115 | | 2106.37 | Horizon | MGD | 3544.2 | | | | 300 | 4859.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION PICC W/O SUBQ PORT W/O IMAGING GUIDNCE 5 YR/> | 36569 | CPT | | | | both | | | 5115 | | 2106.37 | WellPoint | WellPoint | 1646.01 | 32.18 | | | 300 | 4859.25 | percent of total billed charges | |
| HC INSERTION PICC W/O SUBQ PORT W/O IMAGING GUIDNCE 5 YR/> | 36569 | CPT | | | | both | | | 5115 | | 2106.37 | Horizon | NJ Health | 395.55 | | | | 300 | 4859.25 | fee schedule | |
| HC INSERTION PICC W/O SUBQ PORT W/O IMAGING GUIDNCE 5 YR/> | 36569 | CPT | | | | both | | | 5115 | | 2106.37 | UHC | Medicaid | 1613.78 | 31.55 | | | 300 | 4859.25 | percent of total billed charges | |
| HC INSERTION PICC W/O SUBQ PORT W/O IMAGING GUIDNCE 5 YR/> | 36569 | CPT | | | | both | | | 5115 | | 2106.37 | Multiplan | Multiplan | 4992 | 80 | | | 300 | 4859.25 | percent of total billed charges | |
| HC INSERTION PICC W/O SUBQ PORT W/O IMAGING GUIDNCE 5 YR/> | 36569 | CPT | | | | both | | | 5115 | | 2106.37 | United | Commercial/PPO | 1817 | | | | 300 | 4859.25 | case rate | |
| HC INSERTION PICC W/O SUBQ PORT W/O IMAGING GUIDNCE 5 YR/> | 36569 | CPT | | | | both | | | 5115 | | 2106.37 | Three Rivers | Three Rivers | 4859.25 | 95 | | | 300 | 4859.25 | percent of total billed charges | |
| HC INSERTION PICC W/O SUBQ PORT W/O IMAGING GUIDNCE 5 YR/> | 36569 | CPT | | | | both | | | 5115 | | 2106.37 | United | Oxford | 1817 | | | | 300 | 4859.25 | case rate | |
| HC INSERTION PICC W/O SUBQ PORT W/O IMAGING GUIDNCE 5 YR/> | 36569 | CPT | | | | both | | | 5115 | | 2106.37 | Qualcare | Qualcare | 3836.25 | 75 | | | 300 | 4859.25 | percent of total billed charges | |
| HC INSERTION PICC W/O SUBQ PORT W/O IMAGING GUIDNCE 5 YR/> | 36569 | CPT | | | | both | | | 5115 | | 2106.37 | Wellcare | Medicaid | 1613.78 | 31.55 | | | 300 | 4859.25 | percent of total billed charges | |
| HC INSRT PICC W/PORT >5 Y.O. | 36571 | CPT | | | | inpatient | | | 9262.88 | | 4192.26 | Americare | Americare | 6947.16 | 75 | | | 670 | 8799.74 | percent of total billed charges | |
| HC INSRT PICC W/PORT >5 Y.O. | 36571 | CPT | | | | inpatient | | | 9262.88 | | 4192.26 | Aetna | Better Health | 2922.44 | 31.55 | | | 670 | 8799.74 | percent of total billed charges | |
| HC INSRT PICC W/PORT >5 Y.O. | 36571 | CPT | | | | inpatient | | | 9262.88 | | 4192.26 | Aetna | Medicare | 3645.44 | | | | 670 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT PICC W/PORT >5 Y.O. | 36571 | CPT | | | | inpatient | | | 9262.88 | | 4192.26 | UHC | Medicaid | 2922.44 | 31.55 | | | 670 | 8799.74 | percent of total billed charges | |
| HC INSRT PICC W/PORT >5 Y.O. | 36571 | CPT | | | | inpatient | | | 9262.88 | | 4192.26 | Amerihealth | HMO/PPO | 670 | | | | 670 | 8799.74 | fee schedule | |
| HC INSRT PICC W/PORT >5 Y.O. | 36571 | CPT | | | | inpatient | | | 9262.88 | | 4192.26 | First Health | First Health | 6484.02 | 70 | | | 670 | 8799.74 | percent of total billed charges | |
| HC INSRT PICC W/PORT >5 Y.O. | 36571 | CPT | | | | inpatient | | | 9262.88 | | 4192.26 | Aetna | Commercial | 3519.89 | 38 | | | 670 | 8799.74 | percent of total billed charges | |
| HC INSRT PICC W/PORT >5 Y.O. | 36571 | CPT | | | | inpatient | | | 9262.88 | | 4192.26 | First Trenton | First Trenton | 8336.59 | 90 | | | 670 | 8799.74 | percent of total billed charges | |
| HC INSRT PICC W/PORT >5 Y.O. | 36571 | CPT | | | | inpatient | | | 9262.88 | | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 670 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT PICC W/PORT >5 Y.O. | 36571 | CPT | | | | inpatient | | | 9262.88 | | 4192.26 | Consumer | Consumer | 8799.74 | 95 | | | 670 | 8799.74 | percent of total billed charges | |
| HC INSRT PICC W/PORT >5 Y.O. | 36571 | CPT | | | | inpatient | | | 9262.88 | | 4192.26 | Corrections | Corrections | 7410.3 | 80 | | | 670 | 8799.74 | percent of total billed charges | |
| HC INSRT PICC W/PORT >5 Y.O. | 36571 | CPT | | | | inpatient | | | 9262.88 | | 4192.26 | UHC | Medicare | 3645.44 | | | | 670 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT PICC W/PORT >5 Y.O. | 36571 | CPT | | | | inpatient | | | 9262.88 | | 4192.26 | Horizon | PPO | 7053.93 | | | | 670 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT PICC W/PORT >5 Y.O. | 36571 | CPT | | | | inpatient | | | 9262.88 | | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | | 670 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT PICC W/PORT >5 Y.O. | 36571 | CPT | | | | inpatient | | | 9262.88 | | 4192.26 | Horizon | MGD | 7053.93 | | | | 670 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT PICC W/PORT >5 Y.O. | 36571 | CPT | | | | inpatient | | | 9262.88 | | 4192.26 | Managed Care Inc | Managed Care Inc | 8336.59 | 90 | | | 670 | 8799.74 | percent of total billed charges | |
| HC INSRT PICC W/PORT >5 Y.O. | 36571 | CPT | | | | inpatient | | | 9262.88 | | 4192.26 | WellPoint | WellPoint | 2980.79 | 32.18 | | | 670 | 8799.74 | percent of total billed charges | |
| HC INSRT PICC W/PORT >5 Y.O. | 36571 | CPT | | | | inpatient | | | 9262.88 | | 4192.26 | Horizon | NJ Health | 1784.48 | | | | 670 | 8799.74 | fee schedule | |
| HC INSRT PICC W/PORT >5 Y.O. | 36571 | CPT | | | | inpatient | | | 9262.88 | | 4192.26 | United | Commercial/PPO | 3492 | | | | 670 | 8799.74 | case rate | |
| HC INSRT PICC W/PORT >5 Y.O. | 36571 | CPT | | | | inpatient | | | 9262.88 | | 4192.26 | Multiplan | Multiplan | 7410.3 | 80 | | | 670 | 8799.74 | percent of total billed charges | |
| HC INSRT PICC W/PORT >5 Y.O. | 36571 | CPT | | | | inpatient | | | 9262.88 | | 4192.26 | Wellcare | Medicare | 3645.44 | | | | 670 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT PICC W/PORT >5 Y.O. | 36571 | CPT | | | | inpatient | | | 9262.88 | | 4192.26 | Three Rivers | Three Rivers | 8799.74 | 95 | | | 670 | 8799.74 | percent of total billed charges | |
| HC INSRT PICC W/PORT >5 Y.O. | 36571 | CPT | | | | inpatient | | | 9262.88 | | 4192.26 | Qualcare | Qualcare | 6947.16 | 75 | | | 670 | 8799.74 | percent of total billed charges | |
| HC INSRT PICC W/PORT >5 Y.O. | 36571 | CPT | | | | inpatient | | | 9262.88 | | 4192.26 | United | Oxford | 3492 | | | | 670 | 8799.74 | case rate | |
| HC INSRT PICC W/PORT >5 Y.O. | 36571 | CPT | | | | inpatient | | | 9262.88 | | 4192.26 | Wellcare | Medicaid | 2922.44 | 31.55 | | | 670 | 8799.74 | percent of total billed charges | |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36572 | CPT | | | | both | | | 2540 | | 826.23 | Americare | Americare | 1905 | 75 | | | 371.66 | 2413 | percent of total billed charges | |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36572 | CPT | | | | both | | | 2540 | | 826.23 | Horizon | MGD | 1390.22 | | | | 371.66 | 2413 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36572 | CPT | | | | both | | | 2540 | | 826.23 | Aetna | Medicare | 718.46 | | | | 371.66 | 2413 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36572 | CPT | | | | both | | | 2540 | | 826.23 | First Health | First Health | 1778 | 70 | | | 371.66 | 2413 | percent of total billed charges | |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36572 | CPT | | | | both | | | 2540 | | 826.23 | Aetna | Commercial | 1172.53 | | | | 371.66 | 2413 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36572 | CPT | | | | both | | | 2540 | | 826.23 | Horizon | PPO | 1390.22 | | | | 371.66 | 2413 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36572 | CPT | | | | both | | | 2540 | | 826.23 | Amerihealth | HMO/PPO | 1651 | 65 | | | 371.66 | 2413 | percent of total billed charges | |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36572 | CPT | | | | both | | | 2540 | | 826.23 | Aetna | Better Health | 801.37 | 31.55 | | | 371.66 | 2413 | percent of total billed charges | |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36572 | CPT | | | | both | | | 2540 | | 826.23 | Horizon | Medicare Blue | 718.46 | | | | 371.66 | 2413 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36572 | CPT | | | | both | | | 2540 | | 826.23 | UHC | Medicaid | 801.37 | 31.55 | | | 371.66 | 2413 | percent of total billed charges | |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36572 | CPT | | | | both | | | 2540 | | 826.23 | Corrections | Corrections | 2032 | 80 | | | 371.66 | 2413 | percent of total billed charges | |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36572 | CPT | | | | both | | | 2540 | | 826.23 | Horizon | Indemnity | 1390.22 | | | | 371.66 | 2413 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36572 | CPT | | | | both | | | 2540 | | 826.23 | Wellcare | Medicaid | 801.37 | 31.55 | | | 371.66 | 2413 | percent of total billed charges | |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36572 | CPT | | | | both | | | 2540 | | 826.23 | Wellcare | Medicare | 718.46 | | | | 371.66 | 2413 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36572 | CPT | | | | both | | | 2540 | | 826.23 | Multiplan | Multiplan | 2032 | 80 | | | 371.66 | 2413 | percent of total billed charges | |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36572 | CPT | | | | both | | | 2540 | | 826.23 | Consumer | Consumer | 2413 | 95 | | | 371.66 | 2413 | percent of total billed charges | |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36572 | CPT | | | | both | | | 2540 | | 826.23 | Qualcare | Qualcare | 1905 | 75 | | | 371.66 | 2413 | percent of total billed charges | |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36572 | CPT | | | | both | | | 2540 | | 826.23 | UHC | Medicare | 718.46 | | | | 371.66 | 2413 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36572 | CPT | | | | both | | | 2540 | | 826.23 | First Trenton | First Trenton | 2286 | 90 | | | 371.66 | 2413 | percent of total billed charges | |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36572 | CPT | | | | both | | | 2540 | | 826.23 | WellPoint | WellPoint | 817.37 | 32.18 | | | 371.66 | 2413 | percent of total billed charges | |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36572 | CPT | | | | both | | | 2540 | | 826.23 | Horizon | NJ Health | 371.66 | | | | 371.66 | 2413 | fee schedule | |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36572 | CPT | | | | both | | | 2540 | | 826.23 | United | Commercial/PPO | 1817 | | | | 371.66 | 2413 | case rate | |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36572 | CPT | | | | both | | | 2540 | | 826.23 | Managed Care Inc | Managed Care Inc | 2286 | 90 | | | 371.66 | 2413 | percent of total billed charges | |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36572 | CPT | | | | both | | | 2540 | | 826.23 | Three Rivers | Three Rivers | 2413 | 95 | | | 371.66 | 2413 | percent of total billed charges | |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36572 | CPT | | | | both | | | 2540 | | 826.23 | United | Oxford | 1817 | | | | 371.66 | 2413 | case rate | |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36573 | CPT | | | | both | | | 4482 | | 2106.37 | First Trenton | First Trenton | 4033.8 | 90 | | | 349.68 | 4257.9 | percent of total billed charges | |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36573 | CPT | | | | both | | | 4482 | | 2106.37 | Aetna | Better Health | 1414.07 | 31.55 | | | 349.68 | 4257.9 | percent of total billed charges | |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36573 | CPT | | | | both | | | 4482 | | 2106.37 | Amerihealth | HMO/PPO | 2913.3 | 65 | | | 349.68 | 4257.9 | percent of total billed charges | |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36573 | CPT | | | | both | | | 4482 | | 2106.37 | Americare | Americare | 3361.5 | 75 | | | 349.68 | 4257.9 | percent of total billed charges | |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36573 | CPT | | | | both | | | 4482 | | 2106.37 | Horizon | NJ Health | 349.68 | | | 334.15 | 349.68 | 4257.9 | fee schedule | |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36573 | CPT | | | | both | | | 4482 | | 2106.37 | Aetna | Medicare | 1831.63 | | | | 349.68 | 4257.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36573 | CPT | | | | both | | | 4482 | | 2106.37 | Multiplan | Multiplan | 3585.6 | 80 | | | 349.68 | 4257.9 | percent of total billed charges | |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36573 | CPT | | | | both | | | 4482 | | 2106.37 | Horizon | Indemnity | 3544.2 | | | 490.29 | 349.68 | 4257.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36573 | CPT | | | | both | | | 4482 | | 2106.37 | Horizon | MGD | 3544.2 | | | 1635.98 | 349.68 | 4257.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36573 | CPT | | | | both | | | 4482 | | 2106.37 | Aetna | Commercial | 1703.16 | 38 | | | 349.68 | 4257.9 | percent of total billed charges | |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36573 | CPT | | | | both | | | 4482 | | 2106.37 | Corrections | Corrections | 3585.6 | 80 | | | 349.68 | 4257.9 | percent of total billed charges | |
| HC INSERT PICC LINE<5YRS W/IMAGIN | 36573 | CPT | | | | both | | | 4482 | | 2106.37 | Consumer | Consumer | 4257.9 | 95 | | | 349.68 | 4257.9 | percent of total billed charges | |
| HC INSERT PICC LINE<5YRS W/IMAGI

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC INSERT PICC LINE>5YRS W/IMAGIN | 36573 | CPT | | | | both | | | 4482 | 2106.37 | Managed Care Inc | Managed Care Inc | 4033.8 | 90 | | | 349.68 | | 4257.9 percent of total billed charges | |
| HC INSERT PICC LINE>5YRS W/IMAGIN | 36573 | CPT | | | | both | | | 4482 | 2106.37 | United | Commercial\|PPO | 2493 | | | | 349.68 | | 4257.9 case rate | |
| HC INSERT PICC LINE>5YRS W/IMAGIN | 36573 | CPT | | | | both | | | 4482 | 2106.37 | Wellcare | Medicaid | 1414.07 | 31.55 | | 1312.36 | 349.68 | | 4257.9 percent of total billed charges | |
| HC INSERT PICC LINE>5YRS W/IMAGIN | 36573 | CPT | | | | both | | | 4482 | 2106.37 | WellPoint | WellPoint | 1442.31 | 32.18 | | 1435.34 | 349.68 | | 4257.9 percent of total billed charges | |
| HC REPLC CATH OF CVA DEVICE | 36578 | CPT | | | | both | | | 11356 | 4192.26 | First Trenton | First Trenton | 10220.4 | 90 | | | 125 | | 10788.2 percent of total billed charges | |
| HC REPLC CATH OF CVA DEVICE | 36578 | CPT | | | | both | | | 11356 | 4192.26 | Qualcare | Qualcare | 8517 | 75 | | | 125 | | 10788.2 percent of total billed charges | |
| HC REPLC CATH OF CVA DEVICE | 36578 | CPT | | | | both | | | 11356 | 4192.26 | Aetna | Better Health | 3582.82 | 31.55 | | | 125 | | 10788.2 percent of total billed charges | |
| HC REPLC CATH OF CVA DEVICE | 36578 | CPT | | | | both | | | 11356 | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | | 125 | | 10788.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC CATH OF CVA DEVICE | 36578 | CPT | | | | both | | | 11356 | 4192.26 | UHC | Medicaid | 3582.82 | 31.55 | | | 125 | | 10788.2 percent of total billed charges | |
| HC REPLC CATH OF CVA DEVICE | 36578 | CPT | | | | both | | | 11356 | 4192.26 | Americare | Americare | 8517 | 75 | | | 125 | | 10788.2 percent of total billed charges | |
| HC REPLC CATH OF CVA DEVICE | 36578 | CPT | | | | both | | | 11356 | 4192.26 | Aetna | Medicare | 3645.44 | | | | 125 | | 10788.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC CATH OF CVA DEVICE | 36578 | CPT | | | | both | | | 11356 | 4192.26 | Consumer | Consumer | 10788.2 | 95 | | | 125 | | 10788.2 percent of total billed charges | |
| HC REPLC CATH OF CVA DEVICE | 36578 | CPT | | | | both | | | 11356 | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 125 | | 10788.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC CATH OF CVA DEVICE | 36578 | CPT | | | | both | | | 11356 | 4192.26 | UHC | Medicare | 3645.44 | | | | 125 | | 10788.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC CATH OF CVA DEVICE | 36578 | CPT | | | | both | | | 11356 | 4192.26 | Aetna | Commercial | 4315.28 | 38 | | | 125 | | 10788.2 percent of total billed charges | |
| HC REPLC CATH OF CVA DEVICE | 36578 | CPT | | | | both | | | 11356 | 4192.26 | Corrections | Corrections | 9084.8 | 80 | | | 125 | | 10788.2 percent of total billed charges | |
| HC REPLC CATH OF CVA DEVICE | 36578 | CPT | | | | both | | | 11356 | 4192.26 | United | Commercial\|PPO | 3492 | | | | 125 | | 10788.2 case rate | |
| HC REPLC CATH OF CVA DEVICE | 36578 | CPT | | | | both | | | 11356 | 4192.26 | Multiplan | Multiplan | 9084.8 | 80 | | | 125 | | 10788.2 percent of total billed charges | |
| HC REPLC CATH OF CVA DEVICE | 36578 | CPT | | | | both | | | 11356 | 4192.26 | Amerihealth | HMO\|PPO | 125 | | | | 125 | | 10788.2 fee schedule | |
| HC REPLC CATH OF CVA DEVICE | 36578 | CPT | | | | both | | | 11356 | 4192.26 | Horizon | NJ Health | 1137.96 | | | | 125 | | 10788.2 fee schedule | |
| HC REPLC CATH OF CVA DEVICE | 36578 | CPT | | | | both | | | 11356 | 4192.26 | Horizon | PPO | 7053.93 | | | | 125 | | 10788.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC CATH OF CVA DEVICE | 36578 | CPT | | | | both | | | 11356 | 4192.26 | Three Rivers | Three Rivers | 10788.2 | 95 | | | 125 | | 10788.2 percent of total billed charges | |
| HC REPLC CATH OF CVA DEVICE | 36578 | CPT | | | | both | | | 11356 | 4192.26 | WellPoint | WellPoint | 3654.36 | 32.18 | | | 125 | | 10788.2 percent of total billed charges | |
| HC REPLC CATH OF CVA DEVICE | 36578 | CPT | | | | both | | | 11356 | 4192.26 | United | Oxford | 3492 | | | | 125 | | 10788.2 case rate | |
| HC REPLC CATH OF CVA DEVICE | 36578 | CPT | | | | both | | | 11356 | 4192.26 | Managed Care Inc | Managed Care Inc | 10220.4 | 90 | | | 125 | | 10788.2 percent of total billed charges | |
| HC REPLC CATH OF CVA DEVICE | 36578 | CPT | | | | both | | | 11356 | 4192.26 | Wellcare | Medicare | 3645.44 | | | | 125 | | 10788.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC CATH OF CVA DEVICE | 36578 | CPT | | | | both | | | 11356 | 4192.26 | First Health | First Health | 7949.2 | 70 | | | 125 | | 10788.2 percent of total billed charges | |
| HC REPLC CATH OF CVA DEVICE | 36578 | CPT | | | | both | | | 11356 | 4192.26 | Horizon | MGD | 7053.93 | | | | 125 | | 10788.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC CATH OF CVA DEVICE | 36578 | CPT | | | | both | | | 11356 | 4192.26 | Wellcare | Medicaid | 3582.82 | 31.55 | | | 125 | | 10788.2 percent of total billed charges | |
| HC REPLC TUNN CVC W/O PORT | 36581 | CPT | | | | both | | | 5264 | 4192.26 | Aetna | Commercial | 5949.36 | | | | 550 | | 7053.93 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC TUNN CVC W/O PORT | 36581 | CPT | | | | both | | | 5264 | 4192.26 | First Health | First Health | 3684.8 | 70 | | | 550 | | 7053.93 percent of total billed charges | |
| HC REPLC TUNN CVC W/O PORT | 36581 | CPT | | | | both | | | 5264 | 4192.26 | First Trenton | First Trenton | 4737.6 | 90 | | | 550 | | 7053.93 percent of total billed charges | |
| HC REPLC TUNN CVC W/O PORT | 36581 | CPT | | | | both | | | 5264 | 4192.26 | Aetna | Medicare | 3645.44 | | | | 550 | | 7053.93 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC TUNN CVC W/O PORT | 36581 | CPT | | | | both | | | 5264 | 4192.26 | Americare | Americare | 3948 | 75 | | | 550 | | 7053.93 percent of total billed charges | |
| HC REPLC TUNN CVC W/O PORT | 36581 | CPT | | | | both | | | 5264 | 4192.26 | Corrections | Corrections | 4211.2 | 80 | | | 550 | | 7053.93 percent of total billed charges | |
| HC REPLC TUNN CVC W/O PORT | 36581 | CPT | | | | both | | | 5264 | 4192.26 | Three Rivers | Three Rivers | 5000.8 | 95 | | | 550 | | 7053.93 percent of total billed charges | |
| HC REPLC TUNN CVC W/O PORT | 36581 | CPT | | | | both | | | 5264 | 4192.26 | Aetna | Better Health | 1660.79 | 31.55 | | | 550 | | 7053.93 percent of total billed charges | |
| HC REPLC TUNN CVC W/O PORT | 36581 | CPT | | | | both | | | 5264 | 4192.26 | Amerihealth | HMO\|PPO | 550 | | | | 550 | | 7053.93 fee schedule | |
| HC REPLC TUNN CVC W/O PORT | 36581 | CPT | | | | both | | | 5264 | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 550 | | 7053.93 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC TUNN CVC W/O PORT | 36581 | CPT | | | | both | | | 5264 | 4192.26 | Horizon | NJ Health | 1088.37 | | | | 550 | | 7053.93 fee schedule | |
| HC REPLC TUNN CVC W/O PORT | 36581 | CPT | | | | both | | | 5264 | 4192.26 | Horizon | MGD | 7053.93 | | | | 550 | | 7053.93 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC TUNN CVC W/O PORT | 36581 | CPT | | | | both | | | 5264 | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | | 550 | | 7053.93 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC TUNN CVC W/O PORT | 36581 | CPT | | | | both | | | 5264 | 4192.26 | UHC | Medicaid | 1660.79 | 31.55 | | | 550 | | 7053.93 percent of total billed charges | |
| HC REPLC TUNN CVC W/O PORT | 36581 | CPT | | | | both | | | 5264 | 4192.26 | UHC | Medicare | 3645.44 | | | 1369.05 | 550 | | 7053.93 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC TUNN CVC W/O PORT | 36581 | CPT | | | | both | | | 5264 | 4192.26 | Consumer | Consumer | 5000.8 | 95 | | | 550 | | 7053.93 percent of total billed charges | |
| HC REPLC TUNN CVC W/O PORT | 36581 | CPT | | | | both | | | 5264 | 4192.26 | Managed Care Inc | Managed Care Inc | 4737.6 | 90 | | | 550 | | 7053.93 percent of total billed charges | |
| HC REPLC TUNN CVC W/O PORT | 36581 | CPT | | | | both | | | 5264 | 4192.26 | Multiplan | Multiplan | 4211.2 | 80 | | | 550 | | 7053.93 percent of total billed charges | |
| HC REPLC TUNN CVC W/O PORT | 36581 | CPT | | | | both | | | 5264 | 4192.26 | United | Oxford | 3492 | | | | 550 | | 7053.93 case rate | |
| HC REPLC TUNN CVC W/O PORT | 36581 | CPT | | | | both | | | 5264 | 4192.26 | Horizon | PPO | 7053.93 | | | 1030.25 | 550 | | 7053.93 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC TUNN CVC W/O PORT | 36581 | CPT | | | | both | | | 5264 | 4192.26 | Wellcare | Medicare | 3645.44 | | | | 550 | | 7053.93 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC TUNN CVC W/O PORT | 36581 | CPT | | | | both | | | 5264 | 4192.26 | United | Commercial\|PPO | 3492 | | | | 550 | | 7053.93 case rate | |
| HC REPLC TUNN CVC W/O PORT | 36581 | CPT | | | | both | | | 5264 | 4192.26 | Qualcare | Qualcare | 3948 | 75 | | | 550 | | 7053.93 percent of total billed charges | |
| HC REPLC TUNN CVC W/O PORT | 36581 | CPT | | | | both | | | 5264 | 4192.26 | WellPoint | WellPoint | 1693.96 | 32.18 | | 1000.39 | 550 | | 7053.93 percent of total billed charges | |
| HC REPLC TUNN CVC W/O PORT | 36581 | CPT | | | | both | | | 5264 | 4192.26 | Wellcare | Medicaid | 1660.79 | 31.55 | | | 550 | | 7053.93 percent of total billed charges | |
| HC REPLC TUNN CVA DEVCE W/PORT | 36582 | CPT | | | | both | | | 11356 | 4192.26 | Aetna | Commercial | 5949.36 | | | | 770 | | 10788.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC TUNN CVA DEVCE W/PORT | 36582 | CPT | | | | both | | | 11356 | 4192.26 | Horizon | MGD | 7053.93 | | | | 770 | | 10788.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC TUNN CVA DEVCE W/PORT | 36582 | CPT | | | | both | | | 11356 | 4192.26 | Corrections | Corrections | 9084.8 | 80 | | | 770 | | 10788.2 percent of total billed charges | |
| HC REPLC TUNN CVA DEVCE W/PORT | 36582 | CPT | | | | both | | | 11356 | 4192.26 | First Health | First Health | 7949.2 | 70 | | | 770 | | 10788.2 percent of total billed charges | |
| HC REPLC TUNN CVA DEVCE W/PORT | 36582 | CPT | | | | both | | | 11356 | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | | 770 | | 10788.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC TUNN CVA DEVCE W/PORT | 36582 | CPT | | | | both | | | 11356 | 4192.26 | Horizon | PPO | 7053.93 | | | | 770 | | 10788.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC TUNN CVA DEVCE W/PORT | 36582 | CPT | | | | both | | | 11356 | 4192.26 | Consumer | Consumer | 10788.2 | 95 | | | 770 | | 10788.2 percent of total billed charges | |
| HC REPLC TUNN CVA DEVCE W/PORT | 36582 | CPT | | | | both | | | 11356 | 4192.26 | Aetna | Better Health | 3582.82 | 31.55 | | | 770 | | 10788.2 percent of total billed charges | |
| HC REPLC TUNN CVA DEVCE W/PORT | 36582 | CPT | | | | both | | | 11356 | 4192.26 | Aetna | Medicare | 3645.44 | | | | 770 | | 10788.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC TUNN CVA DEVCE W/PORT | 36582 | CPT | | | | both | | | 11356 | 4192.26 | UHC | Medicaid | 3582.82 | 31.55 | | | 770 | | 10788.2 percent of total billed charges | |
| HC REPLC TUNN CVA DEVCE W/PORT | 36582 | CPT | | | | both | | | 11356 | 4192.26 | United | Commercial\|PPO | 3492 | | | | 770 | | 10788.2 case rate | |
| HC REPLC TUNN CVA DEVCE W/PORT | 36582 | CPT | | | | both | | | 11356 | 4192.26 | Wellcare | Medicare | 3645.44 | | | | 770 | | 10788.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC TUNN CVA DEVCE W/PORT | 36582 | CPT | | | | both | | | 11356 | 4192.26 | Multiplan | Multiplan | 9084.8 | 80 | | | 770 | | 10788.2 percent of total billed charges | |
| HC REPLC TUNN CVA DEVCE W/PORT | 36582 | CPT | | | | both | | | 11356 | 4192.26 | WellPoint | WellPoint | 3654.36 | 32.18 | | | 770 | | 10788.2 percent of total billed charges | |
| HC REPLC TUNN CVA DEVCE W/PORT | 36582 | CPT | | | | both | | | 11356 | 4192.26 | First Trenton | First Trenton | 10220.4 | 90 | | | 770 | | 10788.2 percent of total billed charges | |
| HC REPLC TUNN CVA DEVCE W/PORT | 36582 | CPT | | | | both | | | 11356 | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 770 | | 10788.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC TUNN CVA DEVCE W/PORT | 36582 | CPT | | | | both | | | 11356 | 4192.26 | Americare | Americare | 8517 | 75 | | | 770 | | 10788.2 percent of total billed charges | |
| HC REPLC TUNN CVA DEVCE W/PORT | 36582 | CPT | | | | both | | | 11356 | 4192.26 | United | Oxford | 3492 | | | | 770 | | 10788.2 case rate | |
| HC REPLC TUNN CVA DEVCE W/PORT | 36582 | CPT | | | | both | | | 11356 | 4192.26 | Horizon | NJ Health | 1552.95 | | | | 770 | | 10788.2 fee schedule | |
| HC REPLC TUNN CVA DEVCE W/PORT | 36582 | CPT | | | | both | | | 11356 | 4192.26 | UHC | Medicare | 3645.44 | | | | 770 | | 10788.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC TUNN CVA DEVCE W/PORT | 36582 | CPT | | | | both | | | 11356 | 4192.26 | Qualcare | Qualcare | 8517 | 75 | | | 770 | | 10788.2 percent of total billed charges | |
| HC REPLC TUNN CVA DEVCE W/PORT | 36582 | CPT | | | | both | | | 11356 | 4192.26 | Managed Care Inc | Managed Care Inc | 10220.4 | 90 | | | 770 | | 10788.2 percent of total billed charges | |
| HC REPLC TUNN CVA DEVCE W/PORT | 36582 | CPT | | | | both | | | 11356 | 4192.26 | Amerihealth | HMO\|PPO | 770 | | | | 770 | | 10788.2 fee schedule | |
| HC REPLC TUNN CVA DEVCE W/PORT | 36582 | CPT | | | | both | | | 11356 | 4192.26 | Three Rivers | Three Rivers | 10788.2 | 95 | | | 770 | | 10788.2 percent of total billed charges | |
| HC REPLC TUNN CVA DEVCE W/PORT | 36582 | CPT | | | | both | | | 11356 | 4192.26 | Wellcare | Medicaid | 3582.82 | 31.55 | | | 770 | | 10788.2 percent of total billed charges | |
| HC REPLC PICC NO PORT/PUMP | 36584 | CPT | | | | both | | | 5115 | 2106.37 | Consumer | Consumer | 4859.25 | 95 | | | 300 | | 4859.25 percent of total billed charges | |
| HC REPLC PICC NO PORT/PUMP | 36584 | CPT | | | | both | | | 5115 | 2106.37 | First Trenton | First Trenton | 4603.5 | 90 | | | 300 | | 4859.25 percent of total billed charges | |
| HC REPLC PICC NO PORT/PUMP | 36584 | CPT | | | | both | | | 5115 | 2106.37 | Aetna | Commercial | 2989.22 | | | | 300 | | 4859.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC PICC NO PORT/PUMP | 36584 | CPT | | | | both | | | 5115 | 2106.37 | Multiplan | Multiplan | 4092 | 80 | | | 300 | | 4859.25 percent of total billed charges | |
| HC REPLC PICC NO PORT/PUMP | 36584 | CPT | | | | both | | | 5115 | 2106.37 | Aetna | Better Health | 1613.78 | 31.55 | | | 300 | | 4859.25 percent of total billed charges | |
| HC REPLC PICC NO PORT/PUMP | 36584 | CPT | | | | both | | | 5115 | 2106.37 | UHC | Medicare | 1831.63 | | | | 300 | | 4859.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC PICC NO PORT/PUMP | 36584 | CPT | | | | both | | | 5115 | 2106.37 | Americare | Americare | 3836.25 | 75 | | | 300 | | 4859.25 percent of total billed charges | |
| HC REPLC PICC NO PORT/PUMP | 36584 | CPT | | | | both | | | 5115 | 2106.37 | First Health | First Health | 3580.5 | 70 | | | 300 | | 4859.25 percent of total billed charges | |
| HC REPLC PICC NO PORT/PUMP | 36584 | CPT | | | | both | | | 5115 | 2106.37 | Corrections | Corrections | 4092 | 80 | | | 300 | | 4859.25 percent of total billed charges | |
| HC REPLC PICC NO PORT/PUMP | 36584 | CPT | | | | both | | | 5115 | 2106.37 | Horizon | PPO | 3544.2 | | | 3231.22 | 300 | | 4859.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC PICC NO PORT/PUMP | 36584 | CPT | | | | both | | | 5115 | 2106.37 | Aetna | Medicare | 1831.63 | | | | 300 | | 4859.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC PICC NO PORT/PUMP | 36584 | CPT | | | | both | | | 5115 | 2106.37 | Qualcare | Qualcare | 3836.25 | 75 | | | 300 | | 4859.25 percent of total billed charges | |
| HC REPLC PICC NO PORT/PUMP | 36584 | CPT | | | | both | | | 5115 | 2106.37 | Horizon | Medicare Blue | 1831.63 | | | | 300 | | 4859.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC PICC NO PORT/PUMP | 36584 | CPT | | | | both | | | 5115 | 2106.37 | Wellcare | Medicare | 1831.63 | | | | 300 | | 4859.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC PICC NO PORT/PUMP | 36584 | CPT | | | | both | | | 5115 | 2106.37 | Amerihealth | HMO\|PPO | 300 | | | | 300 | | 4859.25 fee schedule | |
| HC REPLC PICC NO PORT/PUMP | 36584 | CPT | | | | both | | | 5115 | 2106.37 | Horizon | Indemnity | 3544.2 | | | | 300 | | 4859.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC PICC NO PORT/PUMP | 36584 | CPT | | | | both | | | 5115 | 2106.37 | Horizon | MGD | 3544.2 | | | | 300 | | 4859.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC PICC NO PORT/PUMP | 36584 | CPT | | | | both | | | 5115 | 2106.37 | Managed Care Inc | Managed Care Inc | 4603.5 | 90 | | | 300 | | 4859.25 percent of total billed charges | |
| HC REPLC PICC NO PORT/PUMP | 36584 | CPT | | | | both | | | 5115 | 2106.37 | Horizon | NJ Health | 380.62 | | | | 300 | | 4859.25 fee schedule | |
| HC REPLC PICC NO PORT/PUMP | 36584 | CPT | | | | both | | | 5115 | 2106.37 | United | Oxford | 1817 | | | | 300 | | 4859.25 case rate | |
| HC REPLC PICC NO PORT/PUMP | 36584 | CPT | | | | both | | | 5115 | 2106.37 | Three Rivers | Three Rivers | 4859.25 | 95 | | | 300 | | 4859.25 percent of total billed charges | |
| HC REPLC PICC NO PORT/PUMP | 36584 | CPT | | | | both | | | 5115 | 2106.37 | WellPoint | WellPoint | 1646.01 | 32.18 | | | 300 | | 4859.25 percent of total billed charges | |
| HC REPLC PICC NO PORT/PUMP | 36584 | CPT | | | | both | | | 5115 | 2106.37 | UHC | Medicaid | 1613.78 | 31.55 | | | 300 | | 4859.25 percent of total billed charges | |
| HC REPLC PICC NO PORT/PUMP | 36584 | CPT | | | | both | | | 5115 | 2106.37 | United | Commercial\|PPO | 1817 | | | | 300 | | 4859.25 case rate | |
| HC REPLC PICC NO PORT/PUMP | 36584 | CPT | | | | both | | | 5115 | 2106.37 | Wellcare | Medicaid | 1613.78 | 31.55 | | | 300 | | 4859.25 percent of total billed charges | |
| HC REPLC PICC W/PORT | 36585 | CPT | | | | inpatient | | | 11206 | 4192.26 | First Trenton | First Trenton | 10085.4 | 90 | | | 550 | | 10645.7 percent of total billed charges | |
| HC REPLC PICC W/PORT | 36585 | CPT | | | | inpatient | | | 11206 | 4192.26 | Aetna | Medicare | 3645.44 | | | | 550 | | 10645.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC PICC W/PORT | 36585 | CPT | | | | inpatient | | | 11206 | 4192.26 | First Health | First Health | 7844.2 | 70 | | | 550 | | 10645.7 percent of total billed charges | |
| HC REPLC PICC W/PORT | 36585 | CPT | | | | inpatient | | | 11206 | 4192.26 | Americare | Americare | 8404.5 | 75 | | | 550 | | 10645.7 percent of total billed charges | |
| HC REPLC PICC W/PORT | 36585 | CPT | | | | inpatient | | | 11206 | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 550 | | 10645.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC PICC W/PORT | 36585 | CPT | | | | inpatient | | | 11206 | 4192.26 | Horizon | PPO | 7053.93 | | | | 550 | | 10645.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC PICC W/PORT | 36585 | CPT | | | | inpatient | | | 11206 | 4192.26 | Aetna | Better Health | 3535.49 | 31.55 | | | 550 | | 10645.7 percent of total billed charges | |
| HC REPLC PICC W/PORT | 36585 | CPT | | | | inpatient | | | 11206 | 4192.26 | Aetna | Commercial | 5949.36 | | | | 550 | | 10645.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC PICC W/PORT | 36585 | CPT | | | | inpatient | | | 11206 | 4192.26 | Managed Care Inc | Managed Care Inc | 10085.4 | 90 | | | 550 | | 10645.7 percent of total billed charges | |
| HC REPLC PICC W/PORT | 36585 | CPT | | | | inpatient | | | 11206 | 4192.26 | Corrections | Corrections | 8964.8 | 80 | | | 550 | | 10645.7 percent of total billed charges | |
| HC REPLC PICC W/PORT | 36585 | CPT | | | | inpatient | | | 11206 | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | | 550 | | 10645.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC PICC W/PORT | 36585 | CPT | | | | inpatient | | | 11206 | 4192.26 | Amerihealth | HMO\|PPO | 550 | | | | 550 | | 10645.7 fee schedule | |
| HC REPLC PICC W/PORT | 36585 | CPT | | | | inpatient | | | 11206 | 4192.26 | UHC | Medicaid | 3535.49 | 31.55 | | | 550 | | 10645.7 percent of total billed charges | |
| HC REPLC PICC W/PORT | 36585 | CPT | | | | inpatient | | | 11206 | 4192.26 | WellPoint | WellPoint | 3606.09 | 32.18 | | | 550 | | 10645.7 percent of total billed charges | |
| HC REPLC PICC W/PORT | 36585 | CPT | | | | inpatient | | | 11206 | 4192.26 | Consumer | Consumer | 10645.7 | 95 | | | 550 | | 10645.7 percent of total billed charges | |
| HC REPLC PICC W/PORT | 36585 | CPT | | | | inpatient | | | 11206 | 4192.26 | Horizon | MGD | 7053.93 | | | | 550 | | 10645.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC PICC W/PORT | 36585 | CPT | | | | inpatient | | | 11206 | 4192.26 | Wellcare | Medicare | 3645.44 | | | | 550 | | 10645.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC PICC W/PORT | 36585 | CPT | | | | inpatient | | | 11206 | 4192.26 | Multiplan | Multiplan | 8964.8 | 80 | | | 550 | | 10645.7 percent of total billed charges | |
| HC REPLC PICC W/PORT | 36585 | CPT | | | | inpatient | | | 11206 | 4192.26 | UHC | Medicare | 3645.44 | | | | 550 | | 10645.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLC PICC W/PORT | 36585 | CPT | | | | inpatient | | | 11206 | 4192.26 | Horizon | NJ Health | 2675.25 | | | | 550 | | 10645.7 fee schedule | |
| HC REPLC PICC W/PORT | 36585 | CPT | | | | inpatient | | | 11206 | 4192.26 | United | Commercial\|PPO | 3492 | | | | 550 | | 10645.7 case rate | |
| HC REPLC PICC W/PORT | 36585 | CPT | | | | inpatient | | | 11206 | 4192.26 | Qualcare | Qualcare | 8404.5 | 75 | | | 550 | | 10645.7 percent of total billed charges | |
| HC REPLC PICC W/PORT | 36585 | CPT | | | | inpatient | | | 11206 | 4192.26 | Three Rivers | Three Rivers | 10645.7 | 95 | | | 550 | | 10645.7 percent of total billed charges | |
| HC REPLC PICC W/PORT | 36585 | CPT | | | | inpatient | | | 11206 | 4192.26 | United | Oxford | 3492 | | | | 550 | | 10645.7 case rate | |
| HC REPLC PICC W/PORT | 36585 | CPT | | | | inpatient | | | 11206 | 4192.26 | Wellcare | Medicaid | 3535.49 | 31.55 | | | 550 | | 10645.7 percent of total billed charges | |
| HC REMOV TUNN CVC W/O PORT | 36589 | CPT | | | | both | | | 2651 | 826.23 | Aetna | Better Health | 836.39 | 31.55 | | 589.44 | 125 | | 2518.45 percent of total billed charges | |
| HC REMOV TUNN CVC W/O PORT | 36589 | CPT | | | | both | | | 2651 | 826.23 | Horizon | PPO | 1390.22 | | | | 125 | | 2518.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOV TUNN CVC W/O PORT | 36589 | CPT | | | | both | | | 2651 | 826.23 | Qualcare | Qualcare | 1988.25 | 75 | | | 125 | | 2518.45 percent of total billed charges | |
| HC REMOV TUNN CVC W/O PORT | 36589 | CPT | | | | both | | | 2651 | 826.23 | Multiplan | Multiplan | 2120.8 | 80 | | | 125 | | 2518.45 percent of total billed charges | |
| HC REMOV TUNN CVC W/O PORT | 36589 | CPT | | | | both | | | 2651 | 826.23 | First Health | First Health | 1855.7 | 70 | | | 125 | | 2518.45 percent of total billed charges | |
| HC REMOV TUNN CVC W/O PORT | 36589 | CPT | | | | both | | | 2651 | 826.23 | Horizon | MGD | 1390.22 | | | 1272.06 | 125 | | 2518.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOV TUNN CVC W/O PORT | 36589 | CPT | | | | both | | | 2651 | 826.23 | Consumer | Consumer | 2518.45 | 95 | | | 125 | | 2518.45 percent of total billed charges | |
| HC REMOV TUNN CVC W/O PORT | 36589 | CPT | | | | both | | | 2651 | 826.23 | Aetna | Commercial | 1172.53 | | | | 125 | | 2518.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOV TUNN CVC W/O PORT | 36589 | CPT | | | | both | | | 2651 | 826.23 | Horizon | Indemnity | 1390.22 | | | | 125 | | 2518.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOV TUNN CVC W/O PORT | 36589 | CPT | | | | both | | | 2651 | 826.23 | UHC | Medicare | 718.46 | | | 632.32 | 125 | | 2518.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOV TUNN CVC W/O PORT | 36589 | CPT | | | | both | | | 2651 | 826.23 | UHC | Medicaid | 836.39 | 31.55 | | 708.16 | 125 | | 2518.45 percent of total billed charges | |
| HC REMOV TUNN CVC W/O PORT | 36589 | CPT | | | | both | | | 2651 | 826.23 | Aetna | Medicare | 718.46 | | | | 125 | | 2518.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOV TUNN CVC W/O PORT | 36589 | CPT | | | | both | | | 2651 | 826.23 | Three Rivers | Three Rivers | 2518.45 | 95 | | | 125 | | 2518.45 percent of total billed charges | |
| HC REMOV TUNN CVC W/O PORT | 36589 | CPT | | | | both | | | 2651 | 826.23 | Horizon | NJ Health | 244.61 | | | 18.7 | 125 | | 2518.45 fee schedule | |
| HC REMOV TUNN CVC W/O PORT | 36589 | CPT | | | | both | | | 2651 | 826.23 | Corrections | Corrections | 2120.8 | 80 | | | 125 | | 2518.45 percent of total billed charges | |
| HC REMOV TUNN CVC W/O PORT | 36589 | CPT | | | | both | | | 2651 | 826.23 | Americare | Americare | 1988.25 | 75 | | | 125 | | 2518.45 percent of total billed charges | |
| HC REMOV TUNN CVC W/O PORT | 36589 | CPT | | | | both | | | 2651 | 826.23 | First Trenton | First Trenton | 2385.9 | 90 | | | 125 | | 2518.45 percent of total billed charges | |
| HC REMOV TUNN CVC W/O PORT | 36589 | CPT | | | | both | | | 2651 | 826.23 | United | Oxford | 1817 | | | | 125 | | 2518.45 case rate | |
| HC REMOV TUNN CVC W/O PORT | 36589 | CPT | | | | both | | | 2651 | 826.23 | Managed Care Inc | Managed Care Inc | 2385.9 | 90 | | | 125 | | 2518.45 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC REMOV TUNN CVC W/O PORT | 36589 | CPT | | | | both | | | 2651 | 826.23 | Amerihealth | HMO/PPO | 125 | | | | 125 | 2518.45 | fee schedule | |
| HC REMOV TUNN CVC W/O PORT | 36589 | CPT | | | | both | | | 2651 | 826.23 | Wellcare | Medicaid | 836.39 | 31.55 | | 598.86 | 125 | 2518.45 | percent of total billed charges | |
| HC REMOV TUNN CVC W/O PORT | 36589 | CPT | | | | both | | | 2651 | 826.23 | United | Commercial/PPO | 1817 | | | | 125 | 2518.45 | case rate | |
| HC REMOV TUNN CVC W/O PORT | 36589 | CPT | | | | both | | | 2651 | 826.23 | Wellcare | Medicare | 718.46 | | | 682.07 | 125 | 2518.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOV TUNN CVC W/O PORT | 36589 | CPT | | | | both | | | 2651 | 826.23 | Horizon | Medicare Blue | 718.46 | | | | 125 | 2518.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOV TUNN CVC W/O PORT | 36589 | CPT | | | | both | | | 2651 | 826.23 | WellPoint | WellPoint | 853.09 | 32.18 | | 678.37 | 125 | 2518.45 | percent of total billed charges | |
| HC REMOV CVA DEVICE W/PUMP | 36590 | CPT | | | | both | | | 5423 | 2106.37 | Aetna | Better Health | 1710.96 | 31.55 | | 721.06 | 300 | 5151.85 | percent of total billed charges | |
| HC REMOV CVA DEVICE W/PUMP | 36590 | CPT | | | | both | | | 5423 | 2106.37 | Horizon | Medicare Blue | 1831.63 | | | | 300 | 5151.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOV CVA DEVICE W/PUMP | 36590 | CPT | | | | both | | | 5423 | 2106.37 | Horizon | MGD | 3544.2 | | | | 300 | 5151.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOV CVA DEVICE W/PUMP | 36590 | CPT | | | | both | | | 5423 | 2106.37 | Aetna | Medicare | 1831.63 | | | | 300 | 5151.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOV CVA DEVICE W/PUMP | 36590 | CPT | | | | both | | | 5423 | 2106.37 | Aetna | Commercial | 2989.22 | | | 2312 | 300 | 5151.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOV CVA DEVICE W/PUMP | 36590 | CPT | | | | both | | | 5423 | 2106.37 | UHC | Medicare | 1831.63 | | | | 300 | 5151.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOV CVA DEVICE W/PUMP | 36590 | CPT | | | | both | | | 5423 | 2106.37 | Amerihealth | HMO/PPO | 300 | | | | 300 | 5151.85 | fee schedule | |
| HC REMOV CVA DEVICE W/PUMP | 36590 | CPT | | | | both | | | 5423 | 2106.37 | Americare | Americare | 4067.25 | 75 | | | 300 | 5151.85 | percent of total billed charges | |
| HC REMOV CVA DEVICE W/PUMP | 36590 | CPT | | | | both | | | 5423 | 2106.37 | Multiplan | Multiplan | 4338.4 | 80 | | | 300 | 5151.85 | percent of total billed charges | |
| HC REMOV CVA DEVICE W/PUMP | 36590 | CPT | | | | both | | | 5423 | 2106.37 | Horizon | Indemnity | 3544.2 | | | 1655.09 | 300 | 5151.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOV CVA DEVICE W/PUMP | 36590 | CPT | | | | both | | | 5423 | 2106.37 | First Health | First Health | 3796.1 | 70 | | | 300 | 5151.85 | percent of total billed charges | |
| HC REMOV CVA DEVICE W/PUMP | 36590 | CPT | | | | both | | | 5423 | 2106.37 | First Trenton | First Trenton | 4880.7 | 90 | | | 300 | 5151.85 | percent of total billed charges | |
| HC REMOV CVA DEVICE W/PUMP | 36590 | CPT | | | | both | | | 5423 | 2106.37 | Consumer | Consumer | 5151.85 | 95 | | | 300 | 5151.85 | percent of total billed charges | |
| HC REMOV CVA DEVICE W/PUMP | 36590 | CPT | | | | both | | | 5423 | 2106.37 | Horizon | NJ Health | 537.66 | | | 1849.45 | 300 | 5151.85 | fee schedule | |
| HC REMOV CVA DEVICE W/PUMP | 36590 | CPT | | | | both | | | 5423 | 2106.37 | United | Commercial/PPO | 2493 | | | | 300 | 5151.85 | case rate | |
| HC REMOV CVA DEVICE W/PUMP | 36590 | CPT | | | | both | | | 5423 | 2106.37 | Horizon | PPO | 3544.2 | | | 2312 | 300 | 5151.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOV CVA DEVICE W/PUMP | 36590 | CPT | | | | both | | | 5423 | 2106.37 | Qualcare | Qualcare | 4067.25 | 75 | | | 300 | 5151.85 | percent of total billed charges | |
| HC REMOV CVA DEVICE W/PUMP | 36590 | CPT | | | | both | | | 5423 | 2106.37 | Wellcare | Medicaid | 1710.96 | 31.55 | | | 300 | 5151.85 | percent of total billed charges | |
| HC REMOV CVA DEVICE W/PUMP | 36590 | CPT | | | | both | | | 5423 | 2106.37 | Corrections | Corrections | 4338.4 | 80 | | | 300 | 5151.85 | percent of total billed charges | |
| HC REMOV CVA DEVICE W/PUMP | 36590 | CPT | | | | both | | | 5423 | 2106.37 | Managed Care Inc | Managed Care Inc | 4880.7 | 90 | | | 300 | 5151.85 | percent of total billed charges | |
| HC REMOV CVA DEVICE W/PUMP | 36590 | CPT | | | | both | | | 5423 | 2106.37 | Wellcare | Medicare | 1831.63 | | | | 300 | 5151.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOV CVA DEVICE W/PUMP | 36590 | CPT | | | | both | | | 5423 | 2106.37 | Three Rivers | Three Rivers | 5151.85 | 95 | | | 300 | 5151.85 | percent of total billed charges | |
| HC REMOV CVA DEVICE W/PUMP | 36590 | CPT | | | | both | | | 5423 | 2106.37 | UHC | Medicaid | 1710.96 | 31.55 | | 727.36 | 300 | 5151.85 | percent of total billed charges | |
| HC REMOV CVA DEVICE W/PUMP | 36590 | CPT | | | | both | | | 5423 | 2106.37 | United | Oxford | 2493 | | | | 300 | 5151.85 | case rate | |
| HC REMOV CVA DEVICE W/PUMP | 36590 | CPT | | | | both | | | 5423 | 2106.37 | WellPoint | WellPoint | 1745.12 | 32.18 | | | 300 | 5151.85 | percent of total billed charges | |
| HC DECLOT THROMBO IVAD OR CATH | 36593 | CPT | | | | both | | | 1215 | 445.43 | Corrections | Corrections | 972 | 80 | | | 47.55 | 1782 | percent of total billed charges | |
| HC DECLOT THROMBO IVAD OR CATH | 36593 | CPT | | | | both | | | 1215 | 445.43 | Aetna | Commercial | 632.12 | | | | 47.55 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DECLOT THROMBO IVAD OR CATH | 36593 | CPT | | | | both | | | 1215 | 445.43 | First Health | First Health | 850.5 | 70 | | | 47.55 | 1782 | percent of total billed charges | |
| HC DECLOT THROMBO IVAD OR CATH | 36593 | CPT | | | | both | | | 1215 | 445.43 | Horizon | PPO | 749.48 | | | | 47.55 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DECLOT THROMBO IVAD OR CATH | 36593 | CPT | | | | both | | | 1215 | 445.43 | Aetna | Better Health | 383.33 | 31.55 | | | 47.55 | 1782 | percent of total billed charges | |
| HC DECLOT THROMBO IVAD OR CATH | 36593 | CPT | | | | both | | | 1215 | 445.43 | Consumer | Consumer | 1154.25 | 95 | | | 47.55 | 1782 | percent of total billed charges | |
| HC DECLOT THROMBO IVAD OR CATH | 36593 | CPT | | | | both | | | 1215 | 445.43 | Amerihealth | HMO/PPO | 50 | | | | 47.55 | 1782 | fee schedule | |
| HC DECLOT THROMBO IVAD OR CATH | 36593 | CPT | | | | both | | | 1215 | 445.43 | First Trenton | First Trenton | 1093.5 | 90 | | | 47.55 | 1782 | percent of total billed charges | |
| HC DECLOT THROMBO IVAD OR CATH | 36593 | CPT | | | | both | | | 1215 | 445.43 | Horizon | Medicare Blue | 387.33 | | | | 47.55 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DECLOT THROMBO IVAD OR CATH | 36593 | CPT | | | | both | | | 1215 | 445.43 | Aetna | Medicare | 387.33 | | | | 47.55 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DECLOT THROMBO IVAD OR CATH | 36593 | CPT | | | | both | | | 1215 | 445.43 | Wellcare | Medicare | 387.33 | | | | 47.55 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DECLOT THROMBO IVAD OR CATH | 36593 | CPT | | | | both | | | 1215 | 445.43 | UHC | Medicare | 387.33 | | | | 47.55 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DECLOT THROMBO IVAD OR CATH | 36593 | CPT | | | | both | | | 1215 | 445.43 | WellPoint | WellPoint | 390.99 | 32.18 | | | 47.55 | 1782 | percent of total billed charges | |
| HC DECLOT THROMBO IVAD OR CATH | 36593 | CPT | | | | both | | | 1215 | 445.43 | Horizon | NJ Health | 47.55 | | | | 47.55 | 1782 | fee schedule | |
| HC DECLOT THROMBO IVAD OR CATH | 36593 | CPT | | | | both | | | 1215 | 445.43 | Horizon | Indemnity | 749.48 | | | | 47.55 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DECLOT THROMBO IVAD OR CATH | 36593 | CPT | | | | both | | | 1215 | 445.43 | Managed Care Inc | Managed Care Inc | 1093.5 | 90 | | | 47.55 | 1782 | percent of total billed charges | |
| HC DECLOT THROMBO IVAD OR CATH | 36593 | CPT | | | | both | | | 1215 | 445.43 | UHC | Medicaid | 383.33 | 31.55 | | | 47.55 | 1782 | percent of total billed charges | |
| HC DECLOT THROMBO IVAD OR CATH | 36593 | CPT | | | | both | | | 1215 | 445.43 | Americare | Americare | 911.25 | 75 | | | 47.55 | 1782 | percent of total billed charges | |
| HC DECLOT THROMBO IVAD OR CATH | 36593 | CPT | | | | both | | | 1215 | 445.43 | United | Commercial/PPO | 1782 | | | | 47.55 | 1782 | case rate | |
| HC DECLOT THROMBO IVAD OR CATH | 36593 | CPT | | | | both | | | 1215 | 445.43 | Three Rivers | Three Rivers | 1154.25 | 95 | | | 47.55 | 1782 | percent of total billed charges | |
| HC DECLOT THROMBO IVAD OR CATH | 36593 | CPT | | | | both | | | 1215 | 445.43 | United | Oxford | 1782 | | | | 47.55 | 1782 | case rate | |
| HC DECLOT THROMBO IVAD OR CATH | 36593 | CPT | | | | both | | | 1215 | 445.43 | Horizon | MGD | 749.48 | | | | 47.55 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DECLOT THROMBO IVAD OR CATH | 36593 | CPT | | | | both | | | 1215 | 445.43 | Wellcare | Medicaid | 383.33 | 31.55 | | | 47.55 | 1782 | percent of total billed charges | |
| HC DECLOT THROMBO IVAD OR CATH | 36593 | CPT | | | | both | | | 1215 | 445.43 | Multiplan | Multiplan | 972 | 80 | | | 47.55 | 1782 | percent of total billed charges | |
| HC DECLOT THROMBO IVAD OR CATH | 36593 | CPT | | | | both | | | 1215 | 445.43 | Qualcare | Qualcare | 911.25 | 75 | | | 47.55 | 1782 | percent of total billed charges | |
| HC REPOS CVC W/FLUORO | 36597 | CPT | | | | outpatient | | | 5507 | 2106.37 | First Health | First Health | 3854.9 | 70 | | | 125 | 5231.65 | percent of total billed charges | |
| HC REPOS CVC W/FLUORO | 36597 | CPT | | | | outpatient | | | 5507 | 2106.37 | Americare | Americare | 4130.25 | 75 | | | 125 | 5231.65 | percent of total billed charges | |
| HC REPOS CVC W/FLUORO | 36597 | CPT | | | | outpatient | | | 5507 | 2106.37 | Qualcare | Qualcare | 4130.25 | 75 | | | 125 | 5231.65 | percent of total billed charges | |
| HC REPOS CVC W/FLUORO | 36597 | CPT | | | | outpatient | | | 5507 | 2106.37 | Aetna | Medicare | 1831.63 | | | | 125 | 5231.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPOS CVC W/FLUORO | 36597 | CPT | | | | outpatient | | | 5507 | 2106.37 | Aetna | Better Health | 1737.46 | 31.55 | | | 125 | 5231.65 | percent of total billed charges | |
| HC REPOS CVC W/FLUORO | 36597 | CPT | | | | outpatient | | | 5507 | 2106.37 | Amerihealth | HMO/PPO | 125 | | | | 125 | 5231.65 | fee schedule | |
| HC REPOS CVC W/FLUORO | 36597 | CPT | | | | outpatient | | | 5507 | 2106.37 | First Trenton | First Trenton | 4956.3 | 90 | | | 125 | 5231.65 | percent of total billed charges | |
| HC REPOS CVC W/FLUORO | 36597 | CPT | | | | outpatient | | | 5507 | 2106.37 | Aetna | Commercial | 2092.66 | 38 | | | 125 | 5231.65 | percent of total billed charges | |
| HC REPOS CVC W/FLUORO | 36597 | CPT | | | | outpatient | | | 5507 | 2106.37 | Multiplan | Multiplan | 4405.6 | 80 | | | 125 | 5231.65 | percent of total billed charges | |
| HC REPOS CVC W/FLUORO | 36597 | CPT | | | | outpatient | | | 5507 | 2106.37 | Horizon | Indemnity | 3544.2 | | | | 125 | 5231.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPOS CVC W/FLUORO | 36597 | CPT | | | | outpatient | | | 5507 | 2106.37 | UHC | Medicaid | 1737.46 | 31.55 | | | 125 | 5231.65 | percent of total billed charges | |
| HC REPOS CVC W/FLUORO | 36597 | CPT | | | | outpatient | | | 5507 | 2106.37 | Horizon | MGD | 3544.2 | | | | 125 | 5231.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPOS CVC W/FLUORO | 36597 | CPT | | | | outpatient | | | 5507 | 2106.37 | Consumer | Consumer | 5231.65 | 95 | | | 125 | 5231.65 | percent of total billed charges | |
| HC REPOS CVC W/FLUORO | 36597 | CPT | | | | outpatient | | | 5507 | 2106.37 | United | Commercial/PPO | 1817 | | | | 125 | 5231.65 | case rate | |
| HC REPOS CVC W/FLUORO | 36597 | CPT | | | | outpatient | | | 5507 | 2106.37 | Managed Care Inc | Managed Care Inc | 4956.3 | 90 | | | 125 | 5231.65 | percent of total billed charges | |
| HC REPOS CVC W/FLUORO | 36597 | CPT | | | | outpatient | | | 5507 | 2106.37 | WellPoint | WellPoint | 1772.15 | 32.18 | | | 125 | 5231.65 | percent of total billed charges | |
| HC REPOS CVC W/FLUORO | 36597 | CPT | | | | outpatient | | | 5507 | 2106.37 | Three Rivers | Three Rivers | 5231.65 | 95 | | | 125 | 5231.65 | percent of total billed charges | |
| HC REPOS CVC W/FLUORO | 36597 | CPT | | | | outpatient | | | 5507 | 2106.37 | Horizon | PPO | 3544.2 | | | | 125 | 5231.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPOS CVC W/FLUORO | 36597 | CPT | | | | outpatient | | | 5507 | 2106.37 | UHC | Medicare | 1831.63 | | | | 125 | 5231.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPOS CVC W/FLUORO | 36597 | CPT | | | | outpatient | | | 5507 | 2106.37 | Corrections | Corrections | 4405.6 | 80 | | | 125 | 5231.65 | percent of total billed charges | |
| HC REPOS CVC W/FLUORO | 36597 | CPT | | | | outpatient | | | 5507 | 2106.37 | Wellcare | Medicare | 1831.63 | | | | 125 | 5231.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPOS CVC W/FLUORO | 36597 | CPT | | | | outpatient | | | 5507 | 2106.37 | Wellcare | Medicaid | 1737.46 | 31.55 | | | 125 | 5231.65 | percent of total billed charges | |
| HC REPOS CVC W/FLUORO | 36597 | CPT | | | | outpatient | | | 5507 | 2106.37 | Horizon | Medicare Blue | 1831.63 | | | | 125 | 5231.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPOS CVC W/FLUORO | 36597 | CPT | | | | outpatient | | | 5507 | 2106.37 | Horizon | NJ Health | 341.91 | | | | 125 | 5231.65 | fee schedule | |
| HC REPOS CVC W/FLUORO | 36597 | CPT | | | | outpatient | | | 5507 | 2106.37 | United | Oxford | 1817 | | | | 125 | 5231.65 | case rate | |
| HC ABG DRAW | 36600 | CPT | | | | both | | | 438 | 168 | First Health | First Health | 306.6 | 70 | | | 5 | 1782 | percent of total billed charges | |
| HC ABG DRAW | 36600 | CPT | | | | both | | | 438 | 168 | Horizon | NJ Health | 42.2 | | | 10.08 | 5 | 1782 | fee schedule | |
| HC ABG DRAW | 36600 | CPT | | | | both | | | 438 | 168 | First Trenton | First Trenton | 394.2 | 90 | | | 5 | 1782 | percent of total billed charges | |
| HC ABG DRAW | 36600 | CPT | | | | both | | | 438 | 168 | Aetna | Commercial | 166.44 | 38 | | | 5 | 1782 | percent of total billed charges | |
| HC ABG DRAW | 36600 | CPT | | | | both | | | 438 | 168 | Aetna | Better Health | 138.19 | 31.55 | | | 5 | 1782 | percent of total billed charges | |
| HC ABG DRAW | 36600 | CPT | | | | both | | | 438 | 168 | Consumer | Consumer | 416.1 | 95 | | | 5 | 1782 | percent of total billed charges | |
| HC ABG DRAW | 36600 | CPT | | | | both | | | 438 | 168 | Amerihealth | HMO/PPO | 5 | | | | 5 | 1782 | fee schedule | |
| HC ABG DRAW | 36600 | CPT | | | | both | | | 438 | 168 | Aetna | Medicare | 146.09 | | | | 5 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABG DRAW | 36600 | CPT | | | | both | | | 438 | 168 | Multiplan | Multiplan | 350.4 | 80 | | | 5 | 1782 | percent of total billed charges | |
| HC ABG DRAW | 36600 | CPT | | | | both | | | 438 | 168 | Horizon | PPO | 282.68 | | | 39.63 | 5 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABG DRAW | 36600 | CPT | | | | both | | | 438 | 168 | Horizon | Medicare Blue | 146.09 | | | | 5 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABG DRAW | 36600 | CPT | | | | both | | | 438 | 168 | Americare | Americare | 328.5 | 75 | | | 5 | 1782 | percent of total billed charges | |
| HC ABG DRAW | 36600 | CPT | | | | both | | | 438 | 168 | Corrections | Corrections | 350.4 | 80 | | 107.38 | 5 | 1782 | percent of total billed charges | |
| HC ABG DRAW | 36600 | CPT | | | | both | | | 438 | 168 | UHC | Medicare | 146.09 | | | 20.99 | 5 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABG DRAW | 36600 | CPT | | | | both | | | 438 | 168 | Horizon | Indemnity | 282.68 | | | | 5 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABG DRAW | 36600 | CPT | | | | both | | | 438 | 168 | Horizon | MGD | 282.68 | | | | 5 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABG DRAW | 36600 | CPT | | | | both | | | 438 | 168 | Qualcare | Qualcare | 328.5 | 75 | | | 5 | 1782 | percent of total billed charges | |
| HC ABG DRAW | 36600 | CPT | | | | both | | | 438 | 168 | Managed Care Inc | Managed Care Inc | 394.2 | 90 | | | 5 | 1782 | percent of total billed charges | |
| HC ABG DRAW | 36600 | CPT | | | | both | | | 438 | 168 | UHC | Medicaid | 138.19 | 31.55 | | 19.73 | 5 | 1782 | percent of total billed charges | |
| HC ABG DRAW | 36600 | CPT | | | | both | | | 438 | 168 | United | Commercial/PPO | 1782 | | | | 5 | 1782 | case rate | |
| HC ABG DRAW | 36600 | CPT | | | | both | | | 438 | 168 | Wellcare | Medicare | 146.09 | | | | 5 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABG DRAW | 36600 | CPT | | | | both | | | 438 | 168 | Three Rivers | Three Rivers | 416.1 | 95 | | | 5 | 1782 | percent of total billed charges | |
| HC ABG DRAW | 36600 | CPT | | | | both | | | 438 | 168 | WellPoint | WellPoint | 140.95 | 32.18 | | 47.74 | 5 | 1782 | percent of total billed charges | |
| HC ABG DRAW | 36600 | CPT | | | | both | | | 438 | 168 | United | Oxford | 1782 | | | | 5 | 1782 | case rate | |
| HC ABG DRAW | 36600 | CPT | | | | both | | | 438 | 168 | Wellcare | Medicaid | 138.19 | 31.55 | | 79.06 | 5 | 1782 | percent of total billed charges | |
| HC ARTERY LINE INSERTION ABG | 36620 | CPT | | | | both | | | 332 | | Aetna | Better Health | 104.75 | 31.55 | | | 61.13 | 1782 | percent of total billed charges | |
| HC ARTERY LINE INSERTION ABG | 36620 | CPT | | | | both | | | 332 | | First Health | First Health | 232.4 | 70 | | | 61.13 | 1782 | percent of total billed charges | |
| HC ARTERY LINE INSERTION ABG | 36620 | CPT | | | | both | | | 332 | | Aetna | Medicare | 102.26 | 30.8 | | | 61.13 | 1782 | percent of total billed charges | |
| HC ARTERY LINE INSERTION ABG | 36620 | CPT | | | | both | | | 332 | | Corrections | Corrections | 265.6 | 80 | | | 61.13 | 1782 | percent of total billed charges | |
| HC ARTERY LINE INSERTION ABG | 36620 | CPT | | | | both | | | 332 | | WellPoint | WellPoint | 106.84 | 32.18 | | | 61.13 | 1782 | percent of total billed charges | |
| HC ARTERY LINE INSERTION ABG | 36620 | CPT | | | | both | | | 332 | | Consumer | Consumer | 315.4 | 95 | | | 61.13 | 1782 | percent of total billed charges | |
| HC ARTERY LINE INSERTION ABG | 36620 | CPT | | | | both | | | 332 | | Americare | Americare | 249 | 75 | | | 61.13 | 1782 | percent of total billed charges | |
| HC ARTERY LINE INSERTION ABG | 36620 | CPT | | | | both | | | 332 | | First Trenton | First Trenton | 298.8 | 90 | | | 61.13 | 1782 | percent of total billed charges | |
| HC ARTERY LINE INSERTION ABG | 36620 | CPT | | | | both | | | 332 | | Amerihealth | HMO/PPO | 125 | | | | 61.13 | 1782 | fee schedule | |
| HC ARTERY LINE INSERTION ABG | 36620 | CPT | | | | both | | | 332 | | Multiplan | Multiplan | 265.6 | 80 | | | 61.13 | 1782 | percent of total billed charges | |
| HC ARTERY LINE INSERTION ABG | 36620 | CPT | | | | both | | | 332 | | Horizon | MGD | 127.09 | 38.28 | | | 61.13 | 1782 | percent of total billed charges | |
| HC ARTERY LINE INSERTION ABG | 36620 | CPT | | | | both | | | 332 | | Horizon | Medicare Blue | 99.6 | 30 | | | 61.13 | 1782 | percent of total billed charges | |
| HC ARTERY LINE INSERTION ABG | 36620 | CPT | | | | both | | | 332 | | UHC | Medicaid | 104.75 | 31.55 | | | 61.13 | 1782 | percent of total billed charges | |
| HC ARTERY LINE INSERTION ABG | 36620 | CPT | | | | both | | | 332 | | Horizon | Indemnity | 127.09 | 38.28 | | | 61.13 | 1782 | percent of total billed charges | |
| HC ARTERY LINE INSERTION ABG | 36620 | CPT | | | | both | | | 332 | | Qualcare | Qualcare | 249 | 75 | | | 61.13 | 1782 | percent of total billed charges | |
| HC ARTERY LINE INSERTION ABG | 36620 | CPT | | | | both | | | 332 | | Horizon | NJ Health | 61.13 | | | | 61.13 | 1782 | fee schedule | |
| HC ARTERY LINE INSERTION ABG | 36620 | CPT | | | | both | | | 332 | | United | Commercial/PPO | 1782 | | | | 61.13 | 1782 | case rate | |
| HC ARTERY LINE INSERTION ABG | 36620 | CPT | | | | both | | | 332 | | Horizon | PPO | 127.09 | 38.28 | | | 61.13 | 1782 | percent of total billed charges | |
| HC ARTERY LINE INSERTION ABG | 36620 | CPT | | | | both | | | 332 | | Wellcare | Medicaid | 104.75 | 31.55 | | | 61.13 | 1782 | percent of total billed charges | |
| HC ARTERY LINE INSERTION ABG | 36620 | CPT | | | | both | | | 332 | | Managed Care Inc | Managed Care Inc | 298.8 | 90 | | | 61.13 | 1782 | percent of total billed charges | |
| HC ARTERY LINE INSERTION ABG | 36620 | CPT | | | | both | | | 332 | | Three Rivers | Three Rivers | 315.4 | 95 | | | 61.13 | 1782 | percent of total billed charges | |
| HC ARTERY LINE INSERTION ABG | 36620 | CPT | | | | both | | | 332 | | United | Oxford | 1782 | | | | 61.13 | 1782 | case rate | |
| HC INTRAOSSEOUS INFUSION | 36680 | CPT | | | | outpatient | | | 617 | 524.04 | UHC | Medicare | 455.69 | | | | 96.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRAOSSEOUS INFUSION | 36680 | CPT | | | | outpatient | | | 617 | 524.04 | Aetna | Better Health | 194.66 | 31.55 | | 162.33 | 96.57 | 1782 | percent of total billed charges | |
| HC INTRAOSSEOUS INFUSION | 36680 | CPT | | | | outpatient | | | 617 | 524.04 | Americare | Americare | 462.75 | 75 | | | 96.57 | 1782 | percent of total billed charges | |
| HC INTRAOSSEOUS INFUSION | 36680 | CPT | | | | outpatient | | | 617 | 524.04 | Aetna | Commercial | 234.46 | 38 | | | 96.57 | 1782 | percent of total billed charges | |
| HC INTRAOSSEOUS INFUSION | 36680 | CPT | | | | outpatient | | | 617 | 524.04 | Horizon | Indemnity | 881.76 | | | | 96.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRAOSSEOUS INFUSION | 36680 | CPT | | | | outpatient | | | 617 | 524.04 | Consumer | Consumer | 586.15 | 95 | | | 96.57 | 1782 | percent of total billed charges | |
| HC INTRAOSSEOUS INFUSION | 36680 | CPT | | | | outpatient | | | 617 | 524.04 | Aetna | Medicare | 455.69 | | | | 96.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRAOSSEOUS INFUSION | 36680 | CPT | | | | outpatient | | | 617 | 524.04 | Horizon | MGD | 881.76 | | | | 96.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRAOSSEOUS INFUSION | 36680 | CPT | | | | outpatient | | | 617 | 524.04 | United | Commercial/PPO | 1782 | | | | 96.57 | 1782 | case rate | |
| HC INTRAOSSEOUS INFUSION | 36680 | CPT | | | | outpatient | | | 617 | 524.04 | First Health | First Health | 431.9 | 70 | | | 96.57 | 1782 | percent of total billed charges | |
| HC INTRAOSSEOUS INFUSION | 36680 | CPT | | | | outpatient | | | 617 | 524.04 | Amerihealth | HMO/PPO | 125 | | | | 96.57 | 1782 | fee schedule | |
| HC INTRAOSSEOUS INFUSION | 36680 | CPT | | | | outpatient | | | 617 | 524.04 | Multiplan | Multiplan | 493.6 | 80 | | | 96.57 | 1782 | percent of total billed charges | |
| HC INTRAOSSEOUS INFUSION | 36680 | CPT | | | | outpatient | | | 617 | 524.04 | Wellcare | Medicaid | 194.66 | 31.55 | | | 96.57 | 1782 | percent of total billed charges | |
| HC INTRAOSSEOUS INFUSION | 36680 | CPT | | | | outpatient | | | 617 | 524.04 | Corrections | Corrections | 493.6 | 80 | | | 96.57 | 1782 | percent of total billed charges | |
| HC INTRAOSSEOUS INFUSION | 36680 | CPT | | | | outpatient | | | 617 | 524.04 | Horizon | Medicare Blue | 455.69 | | | | 96.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRAOSSEOUS INFUSION | 36680 | CPT | | | | outpatient | | | 617 | 524.04 | Qualcare | Qualcare | 462.75 | 75 | | | 96.57 | 1782 | percent of total billed charges | |
| HC INTRAOSSEOUS INFUSION | 36680 | CPT | | | | outpatient | | | 617 | 524.04 | First Trenton | First Trenton | 555.3 | 90 | | | 96.57 | 1782 | percent of total billed charges | |
| HC INTRAOSSEOUS INFUSION | 36680 | CPT | | | | outpatient | | | 617 | 524.04 | Horizon | PPO | 881.76 | | | | 96.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRAOSSEOUS INFUSION | 36680 | CPT | | | | outpatient | | | 617 | 524.04 | Horizon | NJ Health | 96.57 | | | | 96.57 | 1782 | fee schedule | |
| HC INTRAOSSEOUS INFUSION | 36680 | CPT | | | | outpatient | | | 617 | 524.04 | UHC | Medicaid | 194.66 | 31.55 | | | 96.57 | 1782 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC INTRAOSSEOUS INFUSION | 36680 | CPT | | | | outpatient | | | 617 | 524.04 | Managed Care Inc | Managed Care Inc | 555.3 | 90 | | | 96.57 | 1782 | percent of total billed charges | |
| HC INTRAOSSEOUS INFUSION | 36680 | CPT | | | | outpatient | | | 617 | 524.04 | United | Oxford | 1782 | | | | 96.57 | 1782 | case rate | |
| HC INTRAOSSEOUS INFUSION | 36680 | CPT | | | | outpatient | | | 617 | 524.04 | Three Rivers | Three Rivers | 586.15 | 95 | | | 96.57 | 1782 | percent of total billed charges | |
| HC INTRAOSSEOUS INFUSION | 36680 | CPT | | | | outpatient | | | 617 | 524.04 | WellPoint | WellPoint | 198.55 | 32.18 | | | 96.57 | 1782 | percent of total billed charges | |
| HC INTRAOSSEOUS INFUSION | 36680 | CPT | | | | outpatient | | | 617 | 524.04 | Wellcare | Medicare | 455.69 | | | | 96.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ AV FISTULA CREATION UPR EXTREMITY, SEP ACCESS SITES | 36837 | CPT | | | | outpatient | | | 64461 | 23062.62 | Aetna | Commercial | 32728.86 | | | | 5843 | 61237.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ AV FISTULA CREATION UPR EXTREMITY, SEP ACCESS SITES | 36837 | CPT | | | | outpatient | | | 64461 | 23062.62 | Aetna | Better Health | 20337.45 | 31.55 | | | 5843 | 61237.95 | percent of total billed charges | |
| HC PERQ AV FISTULA CREATION UPR EXTREMITY, SEP ACCESS SITES | 36837 | CPT | | | | outpatient | | | 64461 | 23062.62 | Americare | Americare | 48345.75 | 75 | | | 5843 | 61237.95 | percent of total billed charges | |
| HC PERQ AV FISTULA CREATION UPR EXTREMITY, SEP ACCESS SITES | 36837 | CPT | | | | outpatient | | | 64461 | 23062.62 | First Health | First Health | 45122.7 | 70 | | | 5843 | 61237.95 | percent of total billed charges | |
| HC PERQ AV FISTULA CREATION UPR EXTREMITY, SEP ACCESS SITES | 36837 | CPT | | | | outpatient | | | 64461 | 23062.62 | Managed Care Inc | Managed Care Inc | 58014.9 | 90 | | | 5843 | 61237.95 | percent of total billed charges | |
| HC PERQ AV FISTULA CREATION UPR EXTREMITY, SEP ACCESS SITES | 36837 | CPT | | | | outpatient | | | 64461 | 23062.62 | Aetna | Medicare | 20054.45 | | | | 5843 | 61237.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ AV FISTULA CREATION UPR EXTREMITY, SEP ACCESS SITES | 36837 | CPT | | | | outpatient | | | 64461 | 23062.62 | First Trenton | First Trenton | 58014.9 | 90 | | | 5843 | 61237.95 | percent of total billed charges | |
| HC PERQ AV FISTULA CREATION UPR EXTREMITY, SEP ACCESS SITES | 36837 | CPT | | | | outpatient | | | 64461 | 23062.62 | Consumer | Consumer | 61237.95 | 95 | | | 5843 | 61237.95 | percent of total billed charges | |
| HC PERQ AV FISTULA CREATION UPR EXTREMITY, SEP ACCESS SITES | 36837 | CPT | | | | outpatient | | | 64461 | 23062.62 | Amerihealth | HMO/PPO | 41899.65 | 65 | | | 5843 | 61237.95 | percent of total billed charges | |
| HC PERQ AV FISTULA CREATION UPR EXTREMITY, SEP ACCESS SITES | 36837 | CPT | | | | outpatient | | | 64461 | 23062.62 | Horizon | MGD | 38805.36 | | | | 5843 | 61237.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ AV FISTULA CREATION UPR EXTREMITY, SEP ACCESS SITES | 36837 | CPT | | | | outpatient | | | 64461 | 23062.62 | Horizon | Indemnity | 38805.36 | | | | 5843 | 61237.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ AV FISTULA CREATION UPR EXTREMITY, SEP ACCESS SITES | 36837 | CPT | | | | outpatient | | | 64461 | 23062.62 | Three Rivers | Three Rivers | 61237.95 | 95 | | | 5843 | 61237.95 | percent of total billed charges | |
| HC PERQ AV FISTULA CREATION UPR EXTREMITY, SEP ACCESS SITES | 36837 | CPT | | | | outpatient | | | 64461 | 23062.62 | UHC | Medicare | 20054.45 | | | | 5843 | 61237.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ AV FISTULA CREATION UPR EXTREMITY, SEP ACCESS SITES | 36837 | CPT | | | | outpatient | | | 64461 | 23062.62 | Horizon | PPO | 38805.36 | | | | 5843 | 61237.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ AV FISTULA CREATION UPR EXTREMITY, SEP ACCESS SITES | 36837 | CPT | | | | outpatient | | | 64461 | 23062.62 | United | Commercial/PPO | 5843 | | | | 5843 | 61237.95 | case rate | |
| HC PERQ AV FISTULA CREATION UPR EXTREMITY, SEP ACCESS SITES | 36837 | CPT | | | | outpatient | | | 64461 | 23062.62 | Corrections | Corrections | 51568.8 | 80 | | | 5843 | 61237.95 | percent of total billed charges | |
| HC PERQ AV FISTULA CREATION UPR EXTREMITY, SEP ACCESS SITES | 36837 | CPT | | | | outpatient | | | 64461 | 23062.62 | Multiplan | Multiplan | 51568.8 | 80 | | | 5843 | 61237.95 | percent of total billed charges | |
| HC PERQ AV FISTULA CREATION UPR EXTREMITY, SEP ACCESS SITES | 36837 | CPT | | | | outpatient | | | 64461 | 23062.62 | WellPoint | WellPoint | 20743.55 | 32.18 | | | 5843 | 61237.95 | percent of total billed charges | |
| HC PERQ AV FISTULA CREATION UPR EXTREMITY, SEP ACCESS SITES | 36837 | CPT | | | | outpatient | | | 64461 | 23062.62 | Wellcare | Medicare | 20054.45 | | | | 5843 | 61237.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ AV FISTULA CREATION UPR EXTREMITY, SEP ACCESS SITES | 36837 | CPT | | | | outpatient | | | 64461 | 23062.62 | Wellcare | Medicaid | 20337.45 | 31.55 | | | 5843 | 61237.95 | percent of total billed charges | |
| HC PERQ AV FISTULA CREATION UPR EXTREMITY, SEP ACCESS SITES | 36837 | CPT | | | | outpatient | | | 64461 | 23062.62 | Qualcare | Qualcare | 48345.75 | 75 | | | 5843 | 61237.95 | percent of total billed charges | |
| HC PERQ AV FISTULA CREATION UPR EXTREMITY, SEP ACCESS SITES | 36837 | CPT | | | | outpatient | | | 64461 | 23062.62 | Horizon | Medicare Blue | 20054.45 | | | | 5843 | 61237.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ AV FISTULA CREATION UPR EXTREMITY, SEP ACCESS SITES | 36837 | CPT | | | | outpatient | | | 64461 | 23062.62 | UHC | Medicaid | 20337.45 | 31.55 | | | 5843 | 61237.95 | percent of total billed charges | |
| HC PERQ AV FISTULA CREATION UPR EXTREMITY, SEP ACCESS SITES | 36837 | CPT | | | | outpatient | | | 64461 | 23062.62 | United | Oxford | 5843 | | | | 5843 | 61237.95 | case rate | |
| HC ANGIO DIALYSIS CIRCUIT INCLUD | 36901 | CPT | | | | both | | | 5416 | 2106.37 | Aetna | Commercial | 2969.22 | | | | 550 | 5145.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRCUIT INCLUD | 36901 | CPT | | | | both | | | 5416 | 2106.37 | Multiplan | Multiplan | 4332.8 | 80 | | | 550 | 5145.2 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRCUIT INCLUD | 36901 | CPT | | | | both | | | 5416 | 2106.37 | Horizon | Medicare Blue | 1831.63 | | | 755.95 | 550 | 5145.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRCUIT INCLUD | 36901 | CPT | | | | both | | | 5416 | 2106.37 | First Health | First Health | 3791.2 | 70 | | | 550 | 5145.2 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRCUIT INCLUD | 36901 | CPT | | | | both | | | 5416 | 2106.37 | Americare | Americare | 4062 | 75 | | | 550 | 5145.2 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRCUIT INCLUD | 36901 | CPT | | | | both | | | 5416 | 2106.37 | Aetna | Better Health | 1708.75 | 31.55 | | 778.6 | 550 | 5145.2 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRCUIT INCLUD | 36901 | CPT | | | | both | | | 5416 | 2106.37 | UHC | Medicaid | 1708.75 | 31.55 | | | 550 | 5145.2 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRCUIT INCLUD | 36901 | CPT | | | | both | | | 5416 | 2106.37 | Consumer | Consumer | 5145.2 | 95 | | | 550 | 5145.2 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRCUIT INCLUD | 36901 | CPT | | | | both | | | 5416 | 2106.37 | Amerihealth | HMO/PPO | 550 | | | | 550 | 5145.2 | fee schedule | |
| HC ANGIO DIALYSIS CIRCUIT INCLUD | 36901 | CPT | | | | both | | | 5416 | 2106.37 | Aetna | Medicare | 1831.63 | | | | 550 | 5145.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRCUIT INCLUD | 36901 | CPT | | | | both | | | 5416 | 2106.37 | Wellcare | Medicare | 1831.63 | | | | 550 | 5145.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRCUIT INCLUD | 36901 | CPT | | | | both | | | 5416 | 2106.37 | Three Rivers | Three Rivers | 5145.2 | 95 | | | 550 | 5145.2 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRCUIT INCLUD | 36901 | CPT | | | | both | | | 5416 | 2106.37 | WellPoint | WellPoint | 1742.87 | 32.18 | | 1209.69 | 550 | 5145.2 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRCUIT INCLUD | 36901 | CPT | | | | both | | | 5416 | 2106.37 | Horizon | MGD | 3544.2 | | | | 550 | 5145.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRCUIT INCLUD | 36901 | CPT | | | | both | | | 5416 | 2106.37 | UHC | Medicare | 1831.63 | | | | 550 | 5145.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRCUIT INCLUD | 36901 | CPT | | | | both | | | 5416 | 2106.37 | Corrections | Corrections | 4332.8 | 80 | | | 550 | 5145.2 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRCUIT INCLUD | 36901 | CPT | | | | both | | | 5416 | 2106.37 | United | Commercial/PPO | 2493 | | | | 550 | 5145.2 | case rate | |
| HC ANGIO DIALYSIS CIRCUIT INCLUD | 36901 | CPT | | | | both | | | 5416 | 2106.37 | Qualcare | Qualcare | 4062 | 75 | | | 550 | 5145.2 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRCUIT INCLUD | 36901 | CPT | | | | both | | | 5416 | 2106.37 | Wellcare | Medicaid | 1708.75 | 31.55 | | | 550 | 5145.2 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRCUIT INCLUD | 36901 | CPT | | | | both | | | 5416 | 2106.37 | First Trenton | First Trenton | 4874.4 | 90 | | | 550 | 5145.2 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRCUIT INCLUD | 36901 | CPT | | | | both | | | 5416 | 2106.37 | Horizon | Indemnity | 3544.2 | | | | 550 | 5145.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRCUIT INCLUD | 36901 | CPT | | | | both | | | 5416 | 2106.37 | Horizon | NJ Health | 781.56 | | | | 550 | 5145.2 | fee schedule | |
| HC ANGIO DIALYSIS CIRCUIT INCLUD | 36901 | CPT | | | | both | | | 5416 | 2106.37 | Horizon | PPO | 3544.2 | | | | 550 | 5145.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRCUIT INCLUD | 36901 | CPT | | | | both | | | 5416 | 2106.37 | Managed Care Inc | Managed Care Inc | 4874.4 | 90 | | | 550 | 5145.2 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRCUIT INCLUD | 36901 | CPT | | | | both | | | 5416 | 2106.37 | United | Oxford | 2493 | | | | 550 | 5145.2 | case rate | |
| HC ANGIO DIALYSIS CIRC W PTA PERI | 36902 | CPT | | | | both | | | 20819 | 7517.39 | Aetna | Medicare | 6536.86 | | | | 1200 | 19778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRC W PTA PERI | 36902 | CPT | | | | both | | | 20819 | 7517.39 | Aetna | Better Health | 6568.39 | 31.55 | | | 1200 | 19778.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA PERI | 36902 | CPT | | | | both | | | 20819 | 7517.39 | Aetna | Commercial | 10868.16 | | | | 1200 | 19778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRC W PTA PERI | 36902 | CPT | | | | both | | | 20819 | 7517.39 | First Trenton | First Trenton | 18737.1 | 90 | | | 1200 | 19778.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA PERI | 36902 | CPT | | | | both | | | 20819 | 7517.39 | Corrections | Corrections | 16655.2 | 80 | | | 1200 | 19778.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA PERI | 36902 | CPT | | | | both | | | 20819 | 7517.39 | Amerihealth | HMO/PPO | 1200 | | | | 1200 | 19778.05 | fee schedule | |
| HC ANGIO DIALYSIS CIRC W PTA PERI | 36902 | CPT | | | | both | | | 20819 | 7517.39 | Consumer | Consumer | 19778.05 | 95 | | | 1200 | 19778.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA PERI | 36902 | CPT | | | | both | | | 20819 | 7517.39 | United | Commercial/PPO | 4702 | | | | 1200 | 19778.05 | case rate | |
| HC ANGIO DIALYSIS CIRC W PTA PERI | 36902 | CPT | | | | both | | | 20819 | 7517.39 | Horizon | MGD | 12648.82 | | | | 1200 | 19778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRC W PTA PERI | 36902 | CPT | | | | both | | | 20819 | 7517.39 | Three Rivers | Three Rivers | 19778.05 | 95 | | | 1200 | 19778.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA PERI | 36902 | CPT | | | | both | | | 20819 | 7517.39 | Americare | Americare | 15614.25 | 75 | | | 1200 | 19778.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA PERI | 36902 | CPT | | | | both | | | 20819 | 7517.39 | Horizon | PPO | 12648.82 | | | | 1200 | 19778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRC W PTA PERI | 36902 | CPT | | | | both | | | 20819 | 7517.39 | UHC | Medicaid | 6568.39 | 31.55 | | 6454.23 | 1200 | 19778.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA PERI | 36902 | CPT | | | | both | | | 20819 | 7517.39 | First Health | First Health | 14573.3 | 70 | | | 1200 | 19778.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA PERI | 36902 | CPT | | | | both | | | 20819 | 7517.39 | Horizon | NJ Health | 1662.13 | | | | 1200 | 19778.05 | fee schedule | |
| HC ANGIO DIALYSIS CIRC W PTA PERI | 36902 | CPT | | | | both | | | 20819 | 7517.39 | WellPoint | WellPoint | 6699.55 | 32.18 | | 5443.52 | 1200 | 19778.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA PERI | 36902 | CPT | | | | both | | | 20819 | 7517.39 | Horizon | Medicare Blue | 6536.86 | | | 5678.11 | 1200 | 19778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRC W PTA PERI | 36902 | CPT | | | | both | | | 20819 | 7517.39 | United | Oxford | 4702 | | | | 1200 | 19778.05 | case rate | |
| HC ANGIO DIALYSIS CIRC W PTA PERI | 36902 | CPT | | | | both | | | 20819 | 7517.39 | Multiplan | Multiplan | 16655.2 | 80 | | | 1200 | 19778.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA PERI | 36902 | CPT | | | | both | | | 20819 | 7517.39 | Managed Care Inc | Managed Care Inc | 18737.1 | 90 | | | 1200 | 19778.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA PERI | 36902 | CPT | | | | both | | | 20819 | 7517.39 | Qualcare | Qualcare | 15614.25 | 75 | | | 1200 | 19778.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA PERI | 36902 | CPT | | | | both | | | 20819 | 7517.39 | Horizon | Indemnity | 12648.82 | | | | 1200 | 19778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRC W PTA PERI | 36902 | CPT | | | | both | | | 20819 | 7517.39 | Wellcare | Medicare | 6536.86 | | | | 1200 | 19778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRC W PTA PERI | 36902 | CPT | | | | both | | | 20819 | 7517.39 | UHC | Medicare | 6536.86 | | | 5493.85 | 1200 | 19778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRC W PTA PERI | 36902 | CPT | | | | both | | | 20819 | 7517.39 | Wellcare | Medicaid | 6568.39 | 31.55 | | | 1200 | 19778.05 | percent of total billed charges | |
| HC INTRO CATH DIALYSIS CIRC W/TCAT PLMT | 36903 | CPT | | | | outpatient | | | 42074 | 14469 | Corrections | Corrections | 33659.2 | 80 | | | 1400 | 39970.3 | percent of total billed charges | |
| HC INTRO CATH DIALYSIS CIRC W/TCAT PLMT | 36903 | CPT | | | | outpatient | | | 42074 | 14469 | Aetna | Medicare | 12581.74 | | | | 1400 | 39970.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRO CATH DIALYSIS CIRC W/TCAT PLMT | 36903 | CPT | | | | outpatient | | | 42074 | 14469 | Aetna | Better Health | 13274.35 | 31.55 | | | 1400 | 39970.3 | percent of total billed charges | |
| HC INTRO CATH DIALYSIS CIRC W/TCAT PLMT | 36903 | CPT | | | | outpatient | | | 42074 | 14469 | Consumer | Consumer | 39970.3 | 95 | | | 1400 | 39970.3 | percent of total billed charges | |
| HC INTRO CATH DIALYSIS CIRC W/TCAT PLMT | 36903 | CPT | | | | outpatient | | | 42074 | 14469 | First Trenton | First Trenton | 37866.6 | 90 | | | 1400 | 39970.3 | percent of total billed charges | |
| HC INTRO CATH DIALYSIS CIRC W/TCAT PLMT | 36903 | CPT | | | | outpatient | | | 42074 | 14469 | Americare | Americare | 31555.5 | 75 | | | 1400 | 39970.3 | percent of total billed charges | |
| HC INTRO CATH DIALYSIS CIRC W/TCAT PLMT | 36903 | CPT | | | | outpatient | | | 42074 | 14469 | First Health | First Health | 29451.8 | 70 | | | 1400 | 39970.3 | percent of total billed charges | |
| HC INTRO CATH DIALYSIS CIRC W/TCAT PLMT | 36903 | CPT | | | | outpatient | | | 42074 | 14469 | Aetna | Commercial | 20533.4 | | | | 1400 | 39970.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRO CATH DIALYSIS CIRC W/TCAT PLMT | 36903 | CPT | | | | outpatient | | | 42074 | 14469 | Horizon | Indemnity | 24345.67 | | | | 1400 | 39970.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRO CATH DIALYSIS CIRC W/TCAT PLMT | 36903 | CPT | | | | outpatient | | | 42074 | 14469 | Horizon | MGD | 24345.67 | | | | 1400 | 39970.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRO CATH DIALYSIS CIRC W/TCAT PLMT | 36903 | CPT | | | | outpatient | | | 42074 | 14469 | Amerihealth | HMO/PPO | 1400 | | | | 1400 | 39970.3 | fee schedule | |
| HC INTRO CATH DIALYSIS CIRC W/TCAT PLMT | 36903 | CPT | | | | outpatient | | | 42074 | 14469 | Multiplan | Multiplan | 33659.2 | 80 | | | 1400 | 39970.3 | percent of total billed charges | |
| HC INTRO CATH DIALYSIS CIRC W/TCAT PLMT | 36903 | CPT | | | | outpatient | | | 42074 | 14469 | Horizon | NJ Health | 7622.32 | | | | 1400 | 39970.3 | fee schedule | |
| HC INTRO CATH DIALYSIS CIRC W/TCAT PLMT | 36903 | CPT | | | | outpatient | | | 42074 | 14469 | Qualcare | Qualcare | 31555.5 | 75 | | | 1400 | 39970.3 | percent of total billed charges | |
| HC INTRO CATH DIALYSIS CIRC W/TCAT PLMT | 36903 | CPT | | | | outpatient | | | 42074 | 14469 | Horizon | Medicare Blue | 12581.74 | | | | 1400 | 39970.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRO CATH DIALYSIS CIRC W/TCAT PLMT | 36903 | CPT | | | | outpatient | | | 42074 | 14469 | Horizon | PPO | 24345.67 | | | | 1400 | 39970.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRO CATH DIALYSIS CIRC W/TCAT PLMT | 36903 | CPT | | | | outpatient | | | 42074 | 14469 | United | Oxford | 5843 | | | | 1400 | 39970.3 | case rate | |
| HC INTRO CATH DIALYSIS CIRC W/TCAT PLMT | 36903 | CPT | | | | outpatient | | | 42074 | 14469 | Managed Care Inc | Managed Care Inc | 37866.6 | 90 | | | 1400 | 39970.3 | percent of total billed charges | |
| HC INTRO CATH DIALYSIS CIRC W/TCAT PLMT | 36903 | CPT | | | | outpatient | | | 42074 | 14469 | UHC | Medicare | 12581.74 | | | | 1400 | 39970.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRO CATH DIALYSIS CIRC W/TCAT PLMT | 36903 | CPT | | | | outpatient | | | 42074 | 14469 | UHC | Medicaid | 13274.35 | 31.55 | | | 1400 | 39970.3 | percent of total billed charges | |
| HC INTRO CATH DIALYSIS CIRC W/TCAT PLMT | 36903 | CPT | | | | outpatient | | | 42074 | 14469 | Wellcare | Medicaid | 13274.35 | 31.55 | | | 1400 | 39970.3 | percent of total billed charges | |
| HC INTRO CATH DIALYSIS CIRC W/TCAT PLMT | 36903 | CPT | | | | outpatient | | | 42074 | 14469 | Three Rivers | Three Rivers | 39970.3 | 95 | | | 1400 | 39970.3 | percent of total billed charges | |
| HC INTRO CATH DIALYSIS CIRC W/TCAT PLMT | 36903 | CPT | | | | outpatient | | | 42074 | 14469 | WellPoint | WellPoint | 13539.41 | 32.18 | | 8807.76 | 1400 | 39970.3 | percent of total billed charges | |
| HC INTRO CATH DIALYSIS CIRC W/TCAT PLMT | 36903 | CPT | | | | outpatient | | | 42074 | 14469 | United | Commercial/PPO | 5843 | | | | 1400 | 39970.3 | case rate | |
| HC INTRO CATH DIALYSIS CIRC W/TCAT PLMT | 36903 | CPT | | | | outpatient | | | 42074 | 14469 | Wellcare | Medicare | 12581.74 | | | | 1400 | 39970.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRC W PERC MEC | 36904 | CPT | | | | both | | | 20819 | 7517.39 | Horizon | Indemnity | 12648.82 | | | | 800 | 19778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRC W PERC MEC | 36904 | CPT | | | | both | | | 20819 | 7517.39 | Amerihealth | HMO/PPO | 800 | | | | 800 | 19778.05 | fee schedule | |
| HC ANGIO DIALYSIS CIRC W PERC MEC | 36904 | CPT | | | | both | | | 20819 | 7517.39 | Aetna | Better Health | 6568.39 | 31.55 | | | 800 | 19778.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PERC MEC | 36904 | CPT | | | | both | | | 20819 | 7517.39 | Aetna | Commercial | 10868.16 | | | | 800 | 19778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRC W PERC MEC | 36904 | CPT | | | | both | | | 20819 | 7517.39 | First Health | First Health | 14573.3 | 70 | | | 800 | 19778.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PERC MEC | 36904 | CPT | | | | both | | | 20819 | 7517.39 | First Trenton | First Trenton | 18737.1 | 90 | | | 800 | 19778.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PERC MEC | 36904 | CPT | | | | both | | | 20819 | 7517.39 | Aetna | Medicare | 6536.86 | | | | 800 | 19778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRC W PERC MEC | 36904 | CPT | | | | both | | | 20819 | 7517.39 | Horizon | Medicare Blue | 6536.86 | | | | 800 | 19778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRC W PERC MEC | 36904 | CPT | | | | both | | | 20819 | 7517.39 | Horizon | PPO | 12648.82 | | | | 800 | 19778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRC W PERC MEC | 36904 | CPT | | | | both | | | 20819 | 7517.39 | United | Oxford | 4702 | | | | 800 | 19778.05 | case rate | |
| HC ANGIO DIALYSIS CIRC W PERC MEC | 36904 | CPT | | | | both | | | 20819 | 7517.39 | Americare | Americare | 15614.25 | 75 | | | 800 | 19778.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PERC MEC | 36904 | CPT | | | | both | | | 20819 | 7517.39 | Managed Care Inc | Managed Care Inc | 18737.1 | 90 | | | 800 | 19778.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PERC MEC | 36904 | CPT | | | | both | | | 20819 | 7517.39 | Multiplan | Multiplan | 16655.2 | 80 | | | 800 | 19778.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PERC MEC | 36904 | CPT | | | | both | | | 20819 | 7517.39 | Wellcare | Medicaid | 6568.39 | 31.55 | | | 800 | 19778.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PERC MEC | 36904 | CPT | | | | both | | | 20819 | 7517.39 | Corrections | Corrections | 16655.2 | 80 | | | 800 | 19778.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PERC MEC | 36904 | CPT | | | | both | | | 20819 | 7517.39 | Wellcare | Medicare | 6536.86 | | | | 800 | 19778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRC W PERC MEC | 36904 | CPT | | | | both | | | 20819 | 7517.39 | UHC | Medicaid | 6568.39 | 31.55 | | | 800 | 19778.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PERC MEC | 36904 | CPT | | | | both | | | 20819 | 7517.39 | WellPoint | WellPoint | 6699.55 | 32.18 | | | 800 | 19778.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PERC MEC | 36904 | CPT | | | | both | | | 20819 | 7517.39 | Consumer | Consumer | 19778.05 | 95 | | | 800 | 19778.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PERC MEC | 36904 | CPT | | | | both | | | 20819 | 7517.39 | Qualcare | Qualcare | 15614.25 | 75 | | | 800 | 19778.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PERC MEC | 36904 | CPT | | | | both | | | 20819 | 7517.39 | Horizon | MGD | 12648.82 | | | | 800 | 19778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRC W PERC MEC | 36904 | CPT | | | | both | | | 20819 | 7517.39 | UHC | Medicare | 6536.86 | | | | 800 | 19778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRC W PERC MEC | 36904 | CPT | | | | both | | | 20819 | 7517.39 | Horizon | NJ Health | 2423.39 | | | | 800 | 19778.05 | fee schedule | |
| HC ANGIO DIALYSIS CIRC W PERC MEC | 36904 | CPT | | | | both | | | 20819 | 7517.39 | United | Commercial/PPO | 4702 | | | | 800 | 19778.05 | case rate | |
| HC ANGIO DIALYSIS CIRC W PERC MEC | 36904 | CPT | | | | both | | | 20819 | 7517.39 | Three Rivers | Three Rivers | 19778.05 | 95 | | | 800 | 19778.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA PERIPHERAL | 36905 | CPT | | | | both | | | 42074 | 14469 | Corrections | Corrections | 33659.2 | 80 | | | 1200 | 39970.3 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA PERIPHERAL | 36905 | CPT | | | | both | | | 42074 | 14469 | Aetna | Commercial | 20533.4 | | | | 1200 | 39970.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRC W PTA PERIPHERAL | 36905 | CPT | | | | both | | | 42074 | 14469 | Aetna | Better Health | 13274.35 | 31.55 | | | 1200 | 39970.3 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA PERIPHERAL | 36905 | CPT | | | | both | | | 42074 | 14469 | Americare | Americare | 31555.5 | 75 | | | 1200 | 39970.3 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA PERIPHERAL | 36905 | CPT | | | | both | | | 42074 | 14469 | Multiplan | Multiplan | 33659.2 | 80 | | | 1200 | 39970.3 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA PERIPHERAL | 36905 | CPT | | | | both | | | 42074 | 14469 | Horizon | Medicare Blue | 12581.74 | | | | 1200 | 39970.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRC W PTA PERIPHERAL | 36905 | CPT | | | | both | | | 42074 | 14469 | Consumer | Consumer | 39970.3 | 95 | | | 1200 | 39970.3 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA PERIPHERAL | 36905 | CPT | | | | both | | | 42074 | 14469 | Aetna | Medicare | 12581.74 | | | | 1200 | 39970.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRC W PTA PERIPHERAL | 36905 | CPT | | | | both | | | 42074 | 14469 | Horizon | Indemnity | 24345.67 | | | | 1200 | 39970.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRC W PTA PERIPHERAL | 36905 | CPT | | | | both | | | 42074 | 14469 | UHC | Medicare | 12581.74 | | | | 1200 | 39970.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRC W PTA PERIPHERAL | 36905 | CPT | | | | both | | | 42074 | 14469 | Horizon | MGD | 24345.67 | | | | 1200 | 39970.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRC W PTA PERIPHERAL | 36905 | CPT | | | | both | | | 42074 | 14469 | First Trenton | First Trenton | 37866.6 | 90 | | | 1200 | 39970.3 | percent of total billed charges | |
| HC ANGI

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC ANGIO DIALYSIS CIRC W PTA PERIPHERAL | 36905 | CPT | | | | both | | | 42074 | 14469 | Three Rivers | Three Rivers | 39970.3 | 95 | | | 1200 | 39970.3 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA PERIPHERAL | 36905 | CPT | | | | both | | | 42074 | 14469 | Wellcare | Medicare | 12581.74 | | | | 1200 | 39970.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRC W PTA PERIPHERAL | 36905 | CPT | | | | both | | | 42074 | 14469 | United | Oxford | 5843 | | | | 1200 | 39970.3 | case rate | |
| HC ANGIO DIALYSIS CIRC W PTA PERIPHERAL | 36905 | CPT | | | | both | | | 42074 | 14469 | Horizon | PPO | 24345.67 | | | | 1200 | 39970.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRC W PTA PERIPHERAL | 36905 | CPT | | | | both | | | 42074 | 14469 | United | Commercial\|PPO | 5843 | | | | 1200 | 39970.3 | case rate | |
| HC ANGIO DIALYSIS CIRC W PTA PERIPHERAL | 36905 | CPT | | | | both | | | 42074 | 14469 | WellPoint | WellPoint | 13539.41 | 32.18 | | | 1200 | 39970.3 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36906 | CPT | | | | both | | | 63773 | 23062.62 | Aetna | Better Health | 20120.38 | 31.55 | | | 1400 | 60584.35 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36906 | CPT | | | | both | | | 63773 | 23062.62 | First Health | First Health | 44641.1 | 70 | | | 1400 | 60584.35 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36906 | CPT | | | | both | | | 63773 | 23062.62 | UHC | Medicare | 20054.45 | | | | 1400 | 60584.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36906 | CPT | | | | both | | | 63773 | 23062.62 | Aetna | Medicare | 20054.45 | | | | 1400 | 60584.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36906 | CPT | | | | both | | | 63773 | 23062.62 | Corrections | Corrections | 51018.4 | 80 | | | 1400 | 60584.35 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36906 | CPT | | | | both | | | 63773 | 23062.62 | Horizon | PPO | 38805.36 | | | | 1400 | 60584.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36906 | CPT | | | | both | | | 63773 | 23062.62 | Aetna | Commercial | 32728.86 | | | | 1400 | 60584.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36906 | CPT | | | | both | | | 63773 | 23062.62 | Amerihealth | HMO/PPO | 1400 | | | | 1400 | 60584.35 | fee schedule | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36906 | CPT | | | | both | | | 63773 | 23062.62 | Consumer | Consumer | 60584.35 | 95 | | | 1400 | 60584.35 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36906 | CPT | | | | both | | | 63773 | 23062.62 | Horizon | Indemnity | 38805.36 | | | | 1400 | 60584.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36906 | CPT | | | | both | | | 63773 | 23062.62 | Americare | Americare | 47829.75 | 75 | | | 1400 | 60584.35 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36906 | CPT | | | | both | | | 63773 | 23062.62 | First Trenton | First Trenton | 57395.7 | 90 | | | 1400 | 60584.35 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36906 | CPT | | | | both | | | 63773 | 23062.62 | Wellcare | Medicare | 20054.45 | | | | 1400 | 60584.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36906 | CPT | | | | both | | | 63773 | 23062.62 | UHC | Medicaid | 20120.38 | 31.55 | | | 1400 | 60584.35 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36906 | CPT | | | | both | | | 63773 | 23062.62 | Multiplan | Multiplan | 51018.4 | 80 | | | 1400 | 60584.35 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36906 | CPT | | | | both | | | 63773 | 23062.62 | Horizon | MGD | 38805.36 | | | | 1400 | 60584.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36906 | CPT | | | | both | | | 63773 | 23062.62 | Horizon | NJ Health | 9242.9 | | | | 1400 | 60584.35 | fee schedule | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36906 | CPT | | | | both | | | 63773 | 23062.62 | Horizon | Medicare Blue | 20054.45 | | | | 1400 | 60584.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36906 | CPT | | | | both | | | 63773 | 23062.62 | Qualcare | Qualcare | 47829.75 | 75 | | | 1400 | 60584.35 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36906 | CPT | | | | both | | | 63773 | 23062.62 | Managed Care Inc | Managed Care Inc | 57395.7 | 90 | | | 1400 | 60584.35 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36906 | CPT | | | | both | | | 63773 | 23062.62 | Three Rivers | Three Rivers | 60584.35 | 95 | | | 1400 | 60584.35 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36906 | CPT | | | | both | | | 63773 | 23062.62 | United | Commercial\|PPO | 6553 | | | | 1400 | 60584.35 | case rate | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36906 | CPT | | | | both | | | 63773 | 23062.62 | United | Oxford | 6553 | | | | 1400 | 60584.35 | case rate | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36906 | CPT | | | | both | | | 63773 | 23062.62 | WellPoint | WellPoint | 20522.15 | 32.18 | | | 1400 | 60584.35 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36906 | CPT | | | | both | | | 63773 | 23062.62 | Wellcare | Medicaid | 20120.38 | 31.55 | | | 1400 | 60584.35 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA CEN | 36907 | CPT | | | | outpatient | | | 10412 | | Wellcare | Medicaid | 3284.99 | 31.55 | | | 800 | 9891.4 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA CEN | 36907 | CPT | | | | outpatient | | | 10412 | | Corrections | Corrections | 8329.6 | 80 | | | 800 | 9891.4 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA CEN | 36907 | CPT | | | | outpatient | | | 10412 | | Aetna | Medicare | 3206.9 | 30.8 | | | 800 | 9891.4 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA CEN | 36907 | CPT | | | | outpatient | | | 10412 | | Aetna | Better Health | 3284.99 | 31.55 | | | 800 | 9891.4 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA CEN | 36907 | CPT | | | | outpatient | | | 10412 | | Multiplan | Multiplan | 8329.6 | 80 | | | 800 | 9891.4 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA CEN | 36907 | CPT | | | | outpatient | | | 10412 | | Americare | Americare | 7809 | 75 | | | 800 | 9891.4 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA CEN | 36907 | CPT | | | | outpatient | | | 10412 | | WellPoint | WellPoint | 3350.58 | 32.18 | | | 800 | 9891.4 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA CEN | 36907 | CPT | | | | outpatient | | | 10412 | | First Health | First Health | 7288.4 | 70 | | | 800 | 9891.4 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA CEN | 36907 | CPT | | | | outpatient | | | 10412 | | Qualcare | Qualcare | 7809 | 75 | | | 800 | 9891.4 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA CEN | 36907 | CPT | | | | outpatient | | | 10412 | | Consumer | Consumer | 9891.4 | 95 | | | 800 | 9891.4 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA CEN | 36907 | CPT | | | | outpatient | | | 10412 | | Amerihealth | HMO/PPO | 800 | | | | 800 | 9891.4 | fee schedule | |
| HC ANGIO DIALYSIS CIRC W PTA CEN | 36907 | CPT | | | | outpatient | | | 10412 | | Horizon | Indemnity | 3985.71 | 38.28 | | | 800 | 9891.4 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA CEN | 36907 | CPT | | | | outpatient | | | 10412 | | Horizon | MGD | 3985.71 | 38.28 | | | 800 | 9891.4 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA CEN | 36907 | CPT | | | | outpatient | | | 10412 | | First Trenton | First Trenton | 9370.8 | 90 | | | 800 | 9891.4 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA CEN | 36907 | CPT | | | | outpatient | | | 10412 | | UHC | Medicaid | 3284.99 | 31.55 | | | 800 | 9891.4 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA CEN | 36907 | CPT | | | | outpatient | | | 10412 | | Horizon | Medicare Blue | 3123.6 | 30 | | | 800 | 9891.4 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA CEN | 36907 | CPT | | | | outpatient | | | 10412 | | United | Commercial\|PPO | 1782 | | | | 800 | 9891.4 | case rate | |
| HC ANGIO DIALYSIS CIRC W PTA CEN | 36907 | CPT | | | | outpatient | | | 10412 | | Horizon | NJ Health | 994.57 | | | | 800 | 9891.4 | fee schedule | |
| HC ANGIO DIALYSIS CIRC W PTA CEN | 36907 | CPT | | | | outpatient | | | 10412 | | United | Oxford | 1782 | | | | 800 | 9891.4 | case rate | |
| HC ANGIO DIALYSIS CIRC W PTA CEN | 36907 | CPT | | | | outpatient | | | 10412 | | Horizon | PPO | 3985.71 | 38.28 | | | 800 | 9891.4 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA CEN | 36907 | CPT | | | | outpatient | | | 10412 | | Managed Care Inc | Managed Care Inc | 9370.8 | 90 | | | 800 | 9891.4 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W PTA CEN | 36907 | CPT | | | | outpatient | | | 10412 | | Three Rivers | Three Rivers | 9891.4 | 95 | | | 800 | 9891.4 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36908 | CPT | | | | outpatient | | | 21039 | | Amerihealth | HMO/PPO | 650 | | | | 650 | 19987.05 | fee schedule | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36908 | CPT | | | | outpatient | | | 21039 | | Aetna | Better Health | 6637.8 | 31.55 | | | 650 | 19987.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36908 | CPT | | | | outpatient | | | 21039 | | Americare | Americare | 15779.25 | 75 | | | 650 | 19987.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36908 | CPT | | | | outpatient | | | 21039 | | Aetna | Medicare | 6480.01 | 30.8 | | | 650 | 19987.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36908 | CPT | | | | outpatient | | | 21039 | | First Trenton | First Trenton | 18935.1 | 90 | | | 650 | 19987.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36908 | CPT | | | | outpatient | | | 21039 | | Corrections | Corrections | 16831.2 | 80 | | | 650 | 19987.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36908 | CPT | | | | outpatient | | | 21039 | | Qualcare | Qualcare | 15779.25 | 75 | | | 650 | 19987.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36908 | CPT | | | | outpatient | | | 21039 | | First Health | First Health | 14727.3 | 70 | | | 650 | 19987.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36908 | CPT | | | | outpatient | | | 21039 | | Consumer | Consumer | 19987.05 | 95 | | | 650 | 19987.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36908 | CPT | | | | outpatient | | | 21039 | | Horizon | MGD | 8053.73 | 38.28 | | | 650 | 19987.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36908 | CPT | | | | outpatient | | | 21039 | | Horizon | Indemnity | 8053.73 | 38.28 | | | 650 | 19987.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36908 | CPT | | | | outpatient | | | 21039 | | Multiplan | Multiplan | 16831.2 | 80 | | | 650 | 19987.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36908 | CPT | | | | outpatient | | | 21039 | | Horizon | Medicare Blue | 6311.7 | 30 | | | 650 | 19987.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36908 | CPT | | | | outpatient | | | 21039 | | UHC | Medicaid | 6637.8 | 31.55 | | | 650 | 19987.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36908 | CPT | | | | outpatient | | | 21039 | | WellPoint | WellPoint | 6770.35 | 32.18 | | | 650 | 19987.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36908 | CPT | | | | outpatient | | | 21039 | | United | Commercial\|PPO | 1782 | | | | 650 | 19987.05 | case rate | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36908 | CPT | | | | outpatient | | | 21039 | | Horizon | NJ Health | 3663.34 | | | | 650 | 19987.05 | fee schedule | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36908 | CPT | | | | outpatient | | | 21039 | | Horizon | PPO | 8053.73 | 38.28 | | | 650 | 19987.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36908 | CPT | | | | outpatient | | | 21039 | | Managed Care Inc | Managed Care Inc | 18935.1 | 90 | | | 650 | 19987.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36908 | CPT | | | | outpatient | | | 21039 | | Three Rivers | Three Rivers | 19987.05 | 95 | | | 650 | 19987.05 | percent of total billed charges | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36908 | CPT | | | | outpatient | | | 21039 | | United | Oxford | 1782 | | | | 650 | 19987.05 | case rate | |
| HC ANGIO DIALYSIS CIRC W TRANSCAT | 36908 | CPT | | | | outpatient | | | 21039 | | Wellcare | Medicaid | 6637.8 | 31.55 | | | 650 | 19987.05 | percent of total billed charges | |
| HC DIALYIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I | 36909 | CPT | | | | both | | | 10412 | | Multiplan | Multiplan | 8329.6 | 80 | | | 950 | 9891.4 | percent of total billed charges | |
| HC DIALYIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I | 36909 | CPT | | | | both | | | 10412 | | Horizon | Medicare Blue | 3123.6 | 30 | | | 950 | 9891.4 | percent of total billed charges | |
| HC DIALYIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I | 36909 | CPT | | | | both | | | 10412 | | Consumer | Consumer | 9891.4 | 95 | | | 950 | 9891.4 | percent of total billed charges | |
| HC DIALYIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I | 36909 | CPT | | | | both | | | 10412 | | Aetna | Medicare | 3206.9 | 30.8 | | | 950 | 9891.4 | percent of total billed charges | |
| HC DIALYIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I | 36909 | CPT | | | | both | | | 10412 | | First Health | First Health | 7288.4 | 70 | | | 950 | 9891.4 | percent of total billed charges | |
| HC DIALYIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I | 36909 | CPT | | | | both | | | 10412 | | First Trenton | First Trenton | 9370.8 | 90 | | | 950 | 9891.4 | percent of total billed charges | |
| HC DIALYIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I | 36909 | CPT | | | | both | | | 10412 | | Aetna | Better Health | 3284.99 | 31.55 | | | 950 | 9891.4 | percent of total billed charges | |
| HC DIALYIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I | 36909 | CPT | | | | both | | | 10412 | | Americare | Americare | 7809 | 75 | | | 950 | 9891.4 | percent of total billed charges | |
| HC DIALYIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I | 36909 | CPT | | | | both | | | 10412 | | Qualcare | Qualcare | 7809 | 75 | | | 950 | 9891.4 | percent of total billed charges | |
| HC DIALYIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I | 36909 | CPT | | | | both | | | 10412 | | Horizon | Indemnity | 3985.71 | 38.28 | | | 950 | 9891.4 | percent of total billed charges | |
| HC DIALYIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I | 36909 | CPT | | | | both | | | 10412 | | Corrections | Corrections | 8329.6 | 80 | | | 950 | 9891.4 | percent of total billed charges | |
| HC DIALYIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I | 36909 | CPT | | | | both | | | 10412 | | Amerihealth | HMO/PPO | 950 | | | | 950 | 9891.4 | fee schedule | |
| HC DIALYIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I | 36909 | CPT | | | | both | | | 10412 | | Horizon | NJ Health | 2672.17 | | | | 950 | 9891.4 | fee schedule | |
| HC DIALYIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I | 36909 | CPT | | | | both | | | 10412 | | Horizon | PPO | 3985.71 | 38.28 | | | 950 | 9891.4 | percent of total billed charges | |
| HC DIALYIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I | 36909 | CPT | | | | both | | | 10412 | | UHC | Medicaid | 3284.99 | 31.55 | | | 950 | 9891.4 | percent of total billed charges | |
| HC DIALYIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I | 36909 | CPT | | | | both | | | 10412 | | Horizon | MGD | 3985.71 | 38.28 | | | 950 | 9891.4 | percent of total billed charges | |
| HC DIALYIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I | 36909 | CPT | | | | both | | | 10412 | | Three Rivers | Three Rivers | 9891.4 | 95 | | | 950 | 9891.4 | percent of total billed charges | |
| HC DIALYIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I | 36909 | CPT | | | | both | | | 10412 | | Managed Care Inc | Managed Care Inc | 9370.8 | 90 | | | 950 | 9891.4 | percent of total billed charges | |
| HC DIALYIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I | 36909 | CPT | | | | both | | | 10412 | | United | Commercial\|PPO | 1782 | | | | 950 | 9891.4 | case rate | |
| HC DIALYIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I | 36909 | CPT | | | | both | | | 10412 | | United | Oxford | 1782 | | | | 950 | 9891.4 | case rate | |
| HC DIALYIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I | 36909 | CPT | | | | both | | | 10412 | | Wellcare | Medicaid | 3284.99 | 31.55 | | | 950 | 9891.4 | percent of total billed charges | |
| HC DIALYIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I | 36909 | CPT | | | | both | | | 10412 | | WellPoint | WellPoint | 3350.58 | 32.18 | | | 950 | 9891.4 | percent of total billed charges | |
| HC DIALYIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I | 36909 | CPT | | | | both | | | 10412 | | WellPoint | WellPoint | 3350.58 | 32.18 | | | 950 | 9891.4 | percent of total billed charges | |
| HC T.I.P.P.S. | 37182 | CPT | | | | both | | | 37271 | | Americare | Americare | 27953.25 | 75 | | | 550 | 35407.45 | percent of total billed charges | |
| HC T.I.P.P.S. | 37182 | CPT | | | | both | | | 37271 | | Corrections | Corrections | 29816.8 | 80 | | | 550 | 35407.45 | percent of total billed charges | |
| HC T.I.P.P.S. | 37182 | CPT | | | | both | | | 37271 | | Wellcare | Medicaid | 11759 | 31.55 | | | 550 | 35407.45 | percent of total billed charges | |
| HC T.I.P.P.S. | 37182 | CPT | | | | both | | | 37271 | | Aetna | Medicare | 11479.47 | 30.8 | | | 550 | 35407.45 | percent of total billed charges | |
| HC T.I.P.P.S. | 37182 | CPT | | | | both | | | 37271 | | Consumer | Consumer | 35407.45 | 95 | | | 550 | 35407.45 | percent of total billed charges | |
| HC T.I.P.P.S. | 37182 | CPT | | | | both | | | 37271 | | Aetna | Better Health | 11759 | 31.55 | | | 550 | 35407.45 | percent of total billed charges | |
| HC T.I.P.P.S. | 37182 | CPT | | | | both | | | 37271 | | First Trenton | First Trenton | 33543.9 | 90 | | | 550 | 35407.45 | percent of total billed charges | |
| HC T.I.P.P.S. | 37182 | CPT | | | | both | | | 37271 | | First Health | First Health | 26089.7 | 70 | | | 550 | 35407.45 | percent of total billed charges | |
| HC T.I.P.P.S. | 37182 | CPT | | | | both | | | 37271 | | Horizon | PPO | 14267.34 | 38.28 | | | 550 | 35407.45 | percent of total billed charges | |
| HC T.I.P.P.S. | 37182 | CPT | | | | both | | | 37271 | | WellPoint | WellPoint | 11993.81 | 32.18 | | | 550 | 35407.45 | percent of total billed charges | |
| HC T.I.P.P.S. | 37182 | CPT | | | | both | | | 37271 | | Managed Care Inc | Managed Care Inc | 33543.9 | 90 | | | 550 | 35407.45 | percent of total billed charges | |
| HC T.I.P.P.S. | 37182 | CPT | | | | both | | | 37271 | | Amerihealth | HMO/PPO | 550 | | | | 550 | 35407.45 | fee schedule | |
| HC T.I.P.P.S. | 37182 | CPT | | | | both | | | 37271 | | Three Rivers | Three Rivers | 35407.45 | 95 | | | 550 | 35407.45 | percent of total billed charges | |
| HC T.I.P.P.S. | 37182 | CPT | | | | both | | | 37271 | | Horizon | Indemnity | 14267.34 | 38.28 | | | 550 | 35407.45 | percent of total billed charges | |
| HC T.I.P.P.S. | 37182 | CPT | | | | both | | | 37271 | | Horizon | NJ Health | 1221.48 | | | 3737.65 | 550 | 35407.45 | fee schedule | |
| HC T.I.P.P.S. | 37182 | CPT | | | | both | | | 37271 | | Horizon | Medicare Blue | 11181.3 | 30 | | | 550 | 35407.45 | percent of total billed charges | |
| HC T.I.P.P.S. | 37182 | CPT | | | | both | | | 37271 | | Horizon | MGD | 14267.34 | 38.28 | | | 550 | 35407.45 | percent of total billed charges | |
| HC T.I.P.P.S. | 37182 | CPT | | | | both | | | 37271 | | Multiplan | Multiplan | 29816.8 | 80 | | | 550 | 35407.45 | percent of total billed charges | |
| HC T.I.P.P.S. | 37182 | CPT | | | | both | | | 37271 | | UHC | Medicaid | 11759 | 31.55 | | | 550 | 35407.45 | percent of total billed charges | |
| HC T.I.P.P.S. | 37182 | CPT | | | | both | | | 37271 | | Qualcare | Qualcare | 27953.25 | 75 | | | 550 | 35407.45 | percent of total billed charges | |
| HC T.I.P.P.S. | 37182 | CPT | | | | both | | | 37271 | | United | Commercial\|PPO | 5843 | | | | 550 | 35407.45 | case rate | |
| HC T.I.P.P.S. | 37182 | CPT | | | | both | | | 37271 | | United | Oxford | 5843 | | | | 550 | 35407.45 | case rate | |
| HC TIPS REVISION | 37183 | CPT | | | | both | | | 37271 | 7517.39 | WellPoint | WellPoint | 11993.81 | 32.18 | | 10487.63 | 550 | 35407.45 | percent of total billed charges | |
| HC TIPS REVISION | 37183 | CPT | | | | both | | | 37271 | 7517.39 | UHC | Medicaid | 11759 | 31.55 | | | 550 | 35407.45 | percent of total billed charges | |
| HC TIPS REVISION | 37183 | CPT | | | | both | | | 37271 | 7517.39 | Consumer | Consumer | 35407.45 | 95 | | | 550 | 35407.45 | percent of total billed charges | |
| HC TIPS REVISION | 37183 | CPT | | | | both | | | 37271 | 7517.39 | Aetna | Better Health | 11759 | 31.55 | | | 550 | 35407.45 | percent of total billed charges | |
| HC TIPS REVISION | 37183 | CPT | | | | both | | | 37271 | 7517.39 | Aetna | Medicare | 6536.86 | | | | 550 | 35407.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIPS REVISION | 37183 | CPT | | | | both | | | 37271 | 7517.39 | First Trenton | First Trenton | 33543.9 | 90 | | | 550 | 35407.45 | percent of total billed charges | |
| HC TIPS REVISION | 37183 | CPT | | | | both | | | 37271 | 7517.39 | Aetna | Commercial | 10668.16 | | | | 550 | 35407.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIPS REVISION | 37183 | CPT | | | | both | | | 37271 | 7517.39 | Amerihealth | HMO/PPO | 550 | | | | 550 | 35407.45 | fee schedule | |
| HC TIPS REVISION | 37183 | CPT | | | | both | | | 37271 | 7517.39 | Corrections | Corrections | 29816.8 | 80 | | | 550 | 35407.45 | percent of total billed charges | |
| HC TIPS REVISION | 37183 | CPT | | | | both | | | 37271 | 7517.39 | UHC | Medicare | 6536.86 | | | | 550 | 35407.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIPS REVISION | 37183 | CPT | | | | both | | | 37271 | 7517.39 | Horizon | Indemnity | 12648.82 | | | | 550 | 35407.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIPS REVISION | 37183 | CPT | | | | both | | | 37271 | 7517.39 | United | Oxford | 5843 | | | | 550 | 35407.45 | case rate | |
| HC TIPS REVISION | 37183 | CPT | | | | both | | | 37271 | 7517.39 | Horizon | MGD | 12648.82 | | | | 550 | 35407.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIPS REVISION | 37183 | CPT | | | | both | | | 37271 | 7517.39 | Managed Care Inc | Managed Care Inc | 33543.9 | 90 | | | 550 | 35407.45 | percent of total billed charges | |
| HC TIPS REVISION | 37183 | CPT | | | | both | | | 37271 | 7517.39 | Americare | Americare | 27953.25 | 75 | | | 550 | 35407.45 | percent of total billed charges | |
| HC TIPS REVISION | 37183 | CPT | | | | both | | | 37271 | 7517.39 | First Health | First Health | 26089.7 | 70 | | | 550 | 35407.45 | percent of total billed charges | |
| HC TIPS REVISION | 37183 | CPT | | | | both | | | 37271 | 7517.39 | Horizon | PPO | 12648.82 | | | | 550 | 35407.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIPS REVISION | 37183 | CPT | | | | both | | | 37271 | 7517.39 | United | Commercial\|PPO | 5843 | | | | 550 | 35407.45 | case rate | |
| HC TIPS REVISION | 37183 | CPT | | | | both | | | 37271 | 7517.39 | Horizon | NJ Health | 574.2 | | | 2920.65 | 550 | 35407.45 | fee schedule | |
| HC TIPS REVISION | 37183 | CPT | | | | both | | | 37271 | 7517.39 | Horizon | Medicare Blue | 6536.86 | | | | 550 | 35407.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIPS REVISION | 37183 | CPT | | | | both | | | 37271 | 7517.39 | Multiplan | Multiplan | 29816.8 | 80 | | | 550 | 35407.45 | percent of total billed charges | |
| HC TIPS REVISION | 37183 | CPT | | | | both | | | 37271 | 7517.39 | Wellcare | Medicare | 6536.86 | | | | 550 | 35407.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIPS REVISION | 37183 | CPT | | | | both | | | 37271 | 7517.39 | Qualcare | Qualcare | 27953.25 | 75 | | | 550 | 35407.45 | percent of total billed charges | |
| HC TIPS REVISION | 37183 | CPT | | | | both | | | 37271 | 7517.39 | Wellcare | Medicaid | 11759 | 31.55 | | | 550 | 35407.45 | percent of total billed charges | |
| HC TIPS REVISION | 37183 | CPT | | | | both | | | 37271 | 7517.39 | Three Rivers | Three Rivers | 35407.45 | 95 | | | 550 | 35407.45 | percent of total billed charges | |
| HC PRIMRY PERQ TRANSLUMNL MECHNL THRMBCTMY 1ST VESSEL | 37184 | CPT | | | | both | | | 50957.3 | 23062.62 | Aetna | Commercial | 32728.86 | | | | 950 | 48409.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRIMRY PERQ TRANSLUMNL MECHNL THRMBCTMY 1ST VESSEL | 37184 | CPT | | | | both | | | 50957.3 | 23062.62 | First Health | First Health | 35670.11 | 70 | | | 950 | 48409.44 | percent of total billed charges | |
| HC PRIMRY PERQ TRANSLUMNL MECHNL THRMBCTMY 1ST VESSEL | 37184 | CPT | | | | both | | | 50957.3 | 23062.62 | Horizon | PPO | 38805.36 | | | | 950 | 48409.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRIMRY PERQ TRANSLUMNL MECHNL THRMBCTMY 1ST VESSEL | 37184 | CPT | | | | both | | | 50957.3 | 23062.62 | First Trenton | First Trenton | 45861.57 | 90 | | | 950 | 48409.44 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC PRIMRY PERQ TRANSLUMINL MECHNL THRMBCTMY 1ST VESSEL | 37184 | CPT | | | | both | | | 50957.3 | 23062.62 | Aetna | Medicare | 20054.45 | | | | 950 | 48409.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRIMRY PERQ TRANSLUMINL MECHNL THRMBCTMY 1ST VESSEL | 37184 | CPT | | | | both | | | 50957.3 | 23062.62 | Aetna | Better Health | 16077.03 | 31.55 | | | 950 | 48409.44 | percent of total billed charges | |
| HC PRIMRY PERQ TRANSLUMINL MECHNL THRMBCTMY 1ST VESSEL | 37184 | CPT | | | | both | | | 50957.3 | 23062.62 | Consumer | Consumer | 48409.44 | 95 | | | 950 | 48409.44 | percent of total billed charges | |
| HC PRIMRY PERQ TRANSLUMINL MECHNL THRMBCTMY 1ST VESSEL | 37184 | CPT | | | | both | | | 50957.3 | 23062.62 | UHC | Medicaid | 16077.03 | 31.55 | | | 950 | 48409.44 | percent of total billed charges | |
| HC PRIMRY PERQ TRANSLUMINL MECHNL THRMBCTMY 1ST VESSEL | 37184 | CPT | | | | both | | | 50957.3 | 23062.62 | Americare | Americare | 38217.98 | 75 | | | 950 | 48409.44 | percent of total billed charges | |
| HC PRIMRY PERQ TRANSLUMINL MECHNL THRMBCTMY 1ST VESSEL | 37184 | CPT | | | | both | | | 50957.3 | 23062.62 | Multiplan | Multiplan | 40765.84 | 80 | | | 950 | 48409.44 | percent of total billed charges | |
| HC PRIMRY PERQ TRANSLUMINL MECHNL THRMBCTMY 1ST VESSEL | 37184 | CPT | | | | both | | | 50957.3 | 23062.62 | Corrections | Corrections | 40765.84 | 80 | | | 950 | 48409.44 | percent of total billed charges | |
| HC PRIMRY PERQ TRANSLUMINL MECHNL THRMBCTMY 1ST VESSEL | 37184 | CPT | | | | both | | | 50957.3 | 23062.62 | Horizon | Indemnity | 38805.36 | | | | 950 | 48409.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRIMRY PERQ TRANSLUMINL MECHNL THRMBCTMY 1ST VESSEL | 37184 | CPT | | | | both | | | 50957.3 | 23062.62 | Amerihealth | HMO/PPO | 950 | | | | 950 | 48409.44 | fee schedule | |
| HC PRIMRY PERQ TRANSLUMINL MECHNL THRMBCTMY 1ST VESSEL | 37184 | CPT | | | | both | | | 50957.3 | 23062.62 | Qualcare | Qualcare | 38217.98 | 75 | | | 950 | 48409.44 | percent of total billed charges | |
| HC PRIMRY PERQ TRANSLUMINL MECHNL THRMBCTMY 1ST VESSEL | 37184 | CPT | | | | both | | | 50957.3 | 23062.62 | Horizon | NJ Health | 3631.5 | | | | 950 | 48409.44 | fee schedule | |
| HC PRIMRY PERQ TRANSLUMINL MECHNL THRMBCTMY 1ST VESSEL | 37184 | CPT | | | | both | | | 50957.3 | 23062.62 | UHC | Medicare | 20054.45 | | | 2601.69 | 950 | 48409.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRIMRY PERQ TRANSLUMINL MECHNL THRMBCTMY 1ST VESSEL | 37184 | CPT | | | | both | | | 50957.3 | 23062.62 | Horizon | MGD | 38805.36 | | | | 950 | 48409.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRIMRY PERQ TRANSLUMINL MECHNL THRMBCTMY 1ST VESSEL | 37184 | CPT | | | | both | | | 50957.3 | 23062.62 | Three Rivers | Three Rivers | 48409.44 | 95 | | | 950 | 48409.44 | percent of total billed charges | |
| HC PRIMRY PERQ TRANSLUMINL MECHNL THRMBCTMY 1ST VESSEL | 37184 | CPT | | | | both | | | 50957.3 | 23062.62 | Horizon | Medicare Blue | 20054.45 | | | | 950 | 48409.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRIMRY PERQ TRANSLUMINL MECHNL THRMBCTMY 1ST VESSEL | 37184 | CPT | | | | both | | | 50957.3 | 23062.62 | WellPoint | WellPoint | 16398.06 | 32.18 | | | 950 | 48409.44 | percent of total billed charges | |
| HC PRIMRY PERQ TRANSLUMINL MECHNL THRMBCTMY 1ST VESSEL | 37184 | CPT | | | | both | | | 50957.3 | 23062.62 | United | Commercial/PPO | 4702 | | | | 950 | 48409.44 | case rate | |
| HC PRIMRY PERQ TRANSLUMINL MECHNL THRMBCTMY 1ST VESSEL | 37184 | CPT | | | | both | | | 50957.3 | 23062.62 | Wellcare | Medicaid | 16077.03 | 31.55 | | | 950 | 48409.44 | percent of total billed charges | |
| HC PRIMRY PERQ TRANSLUMINL MECHNL THRMBCTMY 1ST VESSEL | 37184 | CPT | | | | both | | | 50957.3 | 23062.62 | Managed Care Inc | Managed Care Inc | 45861.57 | 90 | | | 950 | 48409.44 | percent of total billed charges | |
| HC PRIMRY PERQ TRANSLUMINL MECHNL THRMBCTMY 1ST VESSEL | 37184 | CPT | | | | both | | | 50957.3 | 23062.62 | Wellcare | Medicare | 20054.45 | | | | 950 | 48409.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRIMRY PERQ TRANSLUMINL MECHNL THRMBCTMY 1ST VESSEL | 37184 | CPT | | | | both | | | 50957.3 | 23062.62 | United | Oxford | 4702 | | | | 950 | 48409.44 | case rate | |
| HC PRIM ART M-THROMBECT ADD-ON | 37185 | CPT | | | | inpatient | | | 5420 | | | UHC | Medicaid | 1710.01 | 31.55 | | | 950 | 5149 | percent of total billed charges | |
| HC PRIM ART M-THROMBECT ADD-ON | 37185 | CPT | | | | inpatient | | | 5420 | | | Horizon | Medicare Blue | 1626 | 30 | | | 950 | 5149 | percent of total billed charges | |
| HC PRIM ART M-THROMBECT ADD-ON | 37185 | CPT | | | | inpatient | | | 5420 | | | Aetna | Better Health | 1710.01 | 31.55 | | | 950 | 5149 | percent of total billed charges | |
| HC PRIM ART M-THROMBECT ADD-ON | 37185 | CPT | | | | inpatient | | | 5420 | | | Americare | Americare | 4065 | 75 | | | 950 | 5149 | percent of total billed charges | |
| HC PRIM ART M-THROMBECT ADD-ON | 37185 | CPT | | | | inpatient | | | 5420 | | | Aetna | Medicare | 1669.36 | 30.8 | | | 950 | 5149 | percent of total billed charges | |
| HC PRIM ART M-THROMBECT ADD-ON | 37185 | CPT | | | | inpatient | | | 5420 | | | Wellcare | Medicaid | 1710.01 | 31.55 | | | 950 | 5149 | percent of total billed charges | |
| HC PRIM ART M-THROMBECT ADD-ON | 37185 | CPT | | | | inpatient | | | 5420 | | | Consumer | Consumer | 5149 | 95 | | | 950 | 5149 | percent of total billed charges | |
| HC PRIM ART M-THROMBECT ADD-ON | 37185 | CPT | | | | inpatient | | | 5420 | | | First Trenton | First Trenton | 4878 | 90 | | | 950 | 5149 | percent of total billed charges | |
| HC PRIM ART M-THROMBECT ADD-ON | 37185 | CPT | | | | inpatient | | | 5420 | | | Amerihealth | HMO/PPO | 950 | | | | 950 | 5149 | fee schedule | |
| HC PRIM ART M-THROMBECT ADD-ON | 37185 | CPT | | | | inpatient | | | 5420 | | | Horizon | PPO | 2074.78 | 38.28 | | | 950 | 5149 | percent of total billed charges | |
| HC PRIM ART M-THROMBECT ADD-ON | 37185 | CPT | | | | inpatient | | | 5420 | | | Horizon | Indemnity | 2074.78 | 38.28 | | | 950 | 5149 | percent of total billed charges | |
| HC PRIM ART M-THROMBECT ADD-ON | 37185 | CPT | | | | inpatient | | | 5420 | | | Managed Care Inc | Managed Care Inc | 4878 | 90 | | | 950 | 5149 | percent of total billed charges | |
| HC PRIM ART M-THROMBECT ADD-ON | 37185 | CPT | | | | inpatient | | | 5420 | | | First Health | First Health | 3794 | 70 | | | 950 | 5149 | percent of total billed charges | |
| HC PRIM ART M-THROMBECT ADD-ON | 37185 | CPT | | | | inpatient | | | 5420 | | | Three Rivers | Three Rivers | 5149 | 95 | | | 950 | 5149 | percent of total billed charges | |
| HC PRIM ART M-THROMBECT ADD-ON | 37185 | CPT | | | | inpatient | | | 5420 | | | Corrections | Corrections | 4336 | 80 | | | 950 | 5149 | percent of total billed charges | |
| HC PRIM ART M-THROMBECT ADD-ON | 37185 | CPT | | | | inpatient | | | 5420 | | | Horizon | MGD | 2074.78 | 38.28 | | | 950 | 5149 | percent of total billed charges | |
| HC PRIM ART M-THROMBECT ADD-ON | 37185 | CPT | | | | inpatient | | | 5420 | | | Multiplan | Multiplan | 4336 | 80 | | | 950 | 5149 | percent of total billed charges | |
| HC PRIM ART M-THROMBECT ADD-ON | 37185 | CPT | | | | inpatient | | | 5420 | | | United | Commercial/PPO | 1782 | | | | 950 | 5149 | case rate | |
| HC PRIM ART M-THROMBECT ADD-ON | 37185 | CPT | | | | inpatient | | | 5420 | | | Horizon | NJ Health | 1182.96 | | | | 950 | 5149 | fee schedule | |
| HC PRIM ART M-THROMBECT ADD-ON | 37185 | CPT | | | | inpatient | | | 5420 | | | Qualcare | Qualcare | 4065 | 75 | | | 950 | 5149 | percent of total billed charges | |
| HC PRIM ART M-THROMBECT ADD-ON | 37185 | CPT | | | | inpatient | | | 5420 | | | United | Oxford | 1782 | | | | 950 | 5149 | case rate | |
| HC PRIM ART M-THROMBECT ADD-ON | 37185 | CPT | | | | inpatient | | | 5420 | | | WellPoint | WellPoint | 1744.16 | 32.18 | | | 950 | 5149 | percent of total billed charges | |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN | 37187 | CPT | | | | inpatient | | | 39324 | | 14469 | Aetna | Medicare | 12581.74 | | | | 950 | 37357.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN | 37187 | CPT | | | | inpatient | | | 39324 | | 14469 | UHC | Medicare | 12581.74 | | | | 950 | 37357.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN | 37187 | CPT | | | | inpatient | | | 39324 | | 14469 | Horizon | MGD | 24345.67 | | | | 950 | 37357.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN | 37187 | CPT | | | | inpatient | | | 39324 | | 14469 | Corrections | Corrections | 31459.2 | 80 | | | 950 | 37357.8 | percent of total billed charges | |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN | 37187 | CPT | | | | inpatient | | | 39324 | | 14469 | Americare | Americare | 29493 | 75 | | | 950 | 37357.8 | percent of total billed charges | |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN | 37187 | CPT | | | | inpatient | | | 39324 | | 14469 | Aetna | Commercial | 20533.4 | | | | 950 | 37357.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN | 37187 | CPT | | | | inpatient | | | 39324 | | 14469 | First Health | First Health | 27526.8 | 70 | | | 950 | 37357.8 | percent of total billed charges | |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN | 37187 | CPT | | | | inpatient | | | 39324 | | 14469 | Aetna | Better Health | 12406.72 | 31.55 | | | 950 | 37357.8 | percent of total billed charges | |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN | 37187 | CPT | | | | inpatient | | | 39324 | | 14469 | Amerihealth | HMO/PPO | 950 | | | | 950 | 37357.8 | fee schedule | |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN | 37187 | CPT | | | | inpatient | | | 39324 | | 14469 | Horizon | Indemnity | 24345.67 | | | | 950 | 37357.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN | 37187 | CPT | | | | inpatient | | | 39324 | | 14469 | Multiplan | Multiplan | 31459.2 | 80 | | | 950 | 37357.8 | percent of total billed charges | |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN | 37187 | CPT | | | | inpatient | | | 39324 | | 14469 | Horizon | PPO | 24345.67 | | | | 950 | 37357.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN | 37187 | CPT | | | | inpatient | | | 39324 | | 14469 | Horizon | Medicare Blue | 12581.74 | | | | 950 | 37357.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN | 37187 | CPT | | | | inpatient | | | 39324 | | 14469 | United | Commercial/PPO | 4702 | | | | 950 | 37357.8 | case rate | |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN | 37187 | CPT | | | | inpatient | | | 39324 | | 14469 | Qualcare | Qualcare | 29493 | 75 | | | 950 | 37357.8 | percent of total billed charges | |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN | 37187 | CPT | | | | inpatient | | | 39324 | | 14469 | Consumer | Consumer | 37357.8 | 95 | | | 950 | 37357.8 | percent of total billed charges | |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN | 37187 | CPT | | | | inpatient | | | 39324 | | 14469 | UHC | Medicaid | 12406.72 | 31.55 | | | 950 | 37357.8 | percent of total billed charges | |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN | 37187 | CPT | | | | inpatient | | | 39324 | | 14469 | Wellcare | Medicaid | 12406.72 | 31.55 | | | 950 | 37357.8 | percent of total billed charges | |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN | 37187 | CPT | | | | inpatient | | | 39324 | | 14469 | Wellcare | Medicare | 12581.74 | | | | 950 | 37357.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN | 37187 | CPT | | | | inpatient | | | 39324 | | 14469 | First Trenton | First Trenton | 35391.6 | 90 | | | 950 | 37357.8 | percent of total billed charges | |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN | 37187 | CPT | | | | inpatient | | | 39324 | | 14469 | WellPoint | WellPoint | 12654.46 | 32.18 | | | 950 | 37357.8 | percent of total billed charges | |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN | 37187 | CPT | | | | inpatient | | | 39324 | | 14469 | Horizon | NJ Health | 3446.06 | | | | 950 | 37357.8 | fee schedule | |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN | 37187 | CPT | | | | inpatient | | | 39324 | | 14469 | Managed Care Inc | Managed Care Inc | 35391.6 | 90 | | | 950 | 37357.8 | percent of total billed charges | |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN | 37187 | CPT | | | | inpatient | | | 39324 | | 14469 | Three Rivers | Three Rivers | 37357.8 | 95 | | | 950 | 37357.8 | percent of total billed charges | |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN | 37187 | CPT | | | | inpatient | | | 39324 | | 14469 | United | Oxford | 4702 | | | | 950 | 37357.8 | case rate | |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN REPEAT TX | 37188 | CPT | | | | outpatient | | | 19942 | | 4192.26 | Aetna | Better Health | 6291.7 | 31.55 | | | 950 | 18944.9 | percent of total billed charges | |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN REPEAT TX | 37188 | CPT | | | | outpatient | | | 19942 | | 4192.26 | Horizon | PPO | 7053.93 | | | | 950 | 18944.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN REPEAT TX | 37188 | CPT | | | | outpatient | | | 19942 | | 4192.26 | Americare | Americare | 14956.5 | 75 | | | 950 | 18944.9 | percent of total billed charges | |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN REPEAT TX | 37188 | CPT | | | | outpatient | | | 19942 | | 4192.26 | Aetna | Commercial | 5949.36 | | | | 950 | 18944.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN REPEAT TX | 37188 | CPT | | | | outpatient | | | 19942 | | 4192.26 | Multiplan | Multiplan | 15953.6 | 80 | | | 950 | 18944.9 | percent of total billed charges | |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN REPEAT TX | 37188 | CPT | | | | outpatient | | | 19942 | | 4192.26 | Consumer | Consumer | 18944.9 | 95 | | | 950 | 18944.9 | percent of total billed charges | |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN REPEAT TX | 37188 | CPT | | | | outpatient | | | 19942 | | 4192.26 | First Trenton | First Trenton | 17947.8 | 90 | | | 950 | 18944.9 | percent of total billed charges | |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN REPEAT TX | 37188 | CPT | | | | outpatient | | | 19942 | | 4192.26 | Amerihealth | HMO/PPO | 950 | | | | 950 | 18944.9 | fee schedule | |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN REPEAT TX | 37188 | CPT | | | | outpatient | | | 19942 | | 4192.26 | Aetna | Medicare | 3645.44 | | | | 950 | 18944.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN REPEAT TX | 37188 | CPT | | | | outpatient | | | 19942 | | 4192.26 | First Health | First Health | 13959.4 | 70 | | | 950 | 18944.9 | percent of total billed charges | |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN REPEAT TX | 37188 | CPT | | | | outpatient | | | 19942 | | 4192.26 | Three Rivers | Three Rivers | 18944.9 | 95 | | | 950 | 18944.9 | percent of total billed charges | |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN REPEAT TX | 37188 | CPT | | | | outpatient | | | 19942 | | 4192.26 | Horizon | MGD | 7053.93 | | | | 950 | 18944.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN REPEAT TX | 37188 | CPT | | | | outpatient | | | 19942 | | 4192.26 | Qualcare | Qualcare | 14956.5 | 75 | | | 950 | 18944.9 | percent of total billed charges | |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN REPEAT TX | 37188 | CPT | | | | outpatient | | | 19942 | | 4192.26 | UHC | Medicare | 3645.44 | | | | 950 | 18944.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN REPEAT TX | 37188 | CPT | | | | outpatient | | | 19942 | | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 950 | 18944.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN REPEAT TX | 37188 | CPT | | | | outpatient | | | 19942 | | 4192.26 | Corrections | Corrections | 15953.6 | 80 | | | 950 | 18944.9 | percent of total billed charges | |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN REPEAT TX | 37188 | CPT | | | | outpatient | | | 19942 | | 4192.26 | UHC | Medicaid | 6291.7 | 31.55 | | | 950 | 18944.9 | percent of total billed charges | |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN REPEAT TX | 37188 | CPT | | | | outpatient | | | 19942 | | 4192.26 | Wellcare | Medicaid | 6291.7 | 31.55 | | | 950 | 18944.9 | percent of total billed charges | |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN REPEAT TX | 37188 | CPT | | | | outpatient | | | 19942 | | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | | 950 | 18944.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN REPEAT TX | 37188 | CPT | | | | outpatient | | | 19942 | | 4192.26 | WellPoint | WellPoint | 6417.34 | 32.18 | | | 950 | 18944.9 | percent of total billed charges | |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN REPEAT TX | 37188 | CPT | | | | outpatient | | | 19942 | | 4192.26 | United | Commercial/PPO | 3492 | | | | 950 | 18944.9 | case rate | |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN REPEAT TX | 37188 | CPT | | | | outpatient | | | 19942 | | 4192.26 | Wellcare | Medicare | 3645.44 | | | | 950 | 18944.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN REPEAT TX | 37188 | CPT | | | | outpatient | | | 19942 | | 4192.26 | Horizon | NJ Health | 2985.34 | | | | 950 | 18944.9 | fee schedule | |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN REPEAT TX | 37188 | CPT | | | | outpatient | | | 19942 | | 4192.26 | United | Oxford | 3492 | | | | 950 | 18944.9 | case rate | |
| HC PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN REPEAT TX | 37188 | CPT | | | | outpatient | | | 19942 | | 4192.26 | Managed Care Inc | Managed Care Inc | 17947.8 | 90 | | | 950 | 18944.9 | percent of total billed charges | |
| HC INSERTION OF IVC FILTER | 37191 | CPT | | | | both | | | 15969.56 | | 7227.61 | Amerihealth | HMO/PPO | 550 | | | | 550 | 15171.08 | fee schedule | |
| HC INSERTION OF IVC FILTER | 37191 | CPT | | | | both | | | 15969.56 | | 7227.61 | Horizon | Indemnity | 12161.24 | | | | 550 | 15171.08 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF IVC FILTER | 37191 | CPT | | | | both | | | 15969.56 | | 7227.61 | UHC | Medicare | 6284.88 | | | | 550 | 15171.08 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF IVC FILTER | 37191 | CPT | | | | both | | | 15969.56 | | 7227.61 | Consumer | Consumer | 15171.08 | 95 | | | 550 | 15171.08 | percent of total billed charges | |
| HC INSERTION OF IVC FILTER | 37191 | CPT | | | | both | | | 15969.56 | | 7227.61 | Horizon | MGD | 12161.24 | | | | 550 | 15171.08 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF IVC FILTER | 37191 | CPT | | | | both | | | 15969.56 | | 7227.61 | Qualcare | Qualcare | 11977.17 | 75 | | | 550 | 15171.08 | percent of total billed charges | |
| HC INSERTION OF IVC FILTER | 37191 | CPT | | | | both | | | 15969.56 | | 7227.61 | United | Commercial/PPO | 4702 | | | | 550 | 15171.08 | case rate | |
| HC INSERTION OF IVC FILTER | 37191 | CPT | | | | both | | | 15969.56 | | 7227.61 | Aetna | Better Health | 5038.4 | 31.55 | | | 550 | 15171.08 | percent of total billed charges | |
| HC INSERTION OF IVC FILTER | 37191 | CPT | | | | both | | | 15969.56 | | 7227.61 | First Health | First Health | 11178.69 | 70 | | | 550 | 15171.08 | percent of total billed charges | |
| HC INSERTION OF IVC FILTER | 37191 | CPT | | | | both | | | 15969.56 | | 7227.61 | Multiplan | Multiplan | 12775.65 | 80 | | | 550 | 15171.08 | percent of total billed charges | |
| HC INSERTION OF IVC FILTER | 37191 | CPT | | | | both | | | 15969.56 | | 7227.61 | Horizon | PPO | 12161.24 | | | | 550 | 15171.08 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF IVC FILTER | 37191 | CPT | | | | both | | | 15969.56 | | 7227.61 | Corrections | Corrections | 12775.65 | 80 | | | 550 | 15171.08 | percent of total billed charges | |
| HC INSERTION OF IVC FILTER | 37191 | CPT | | | | both | | | 15969.56 | | 7227.61 | Horizon | Medicare Blue | 6284.88 | | | | 550 | 15171.08 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF IVC FILTER | 37191 | CPT | | | | both | | | 15969.56 | | 7227.61 | Wellcare | Medicaid | 5038.4 | 31.55 | | | 550 | 15171.08 | percent of total billed charges | |
| HC INSERTION OF IVC FILTER | 37191 | CPT | | | | both | | | 15969.56 | | 7227.61 | UHC | Medicaid | 5038.4 | 31.55 | | | 550 | 15171.08 | percent of total billed charges | |
| HC INSERTION OF IVC FILTER | 37191 | CPT | | | | both | | | 15969.56 | | 7227.61 | Aetna | Commercial | 10256.92 | | | | 550 | 15171.08 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF IVC FILTER | 37191 | CPT | | | | both | | | 15969.56 | | 7227.61 | Wellcare | Medicare | 6284.88 | | | | 550 | 15171.08 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF IVC FILTER | 37191 | CPT | | | | both | | | 15969.56 | | 7227.61 | First Trenton | First Trenton | 14372.6 | 90 | | | 550 | 15171.08 | percent of total billed charges | |
| HC INSERTION OF IVC FILTER | 37191 | CPT | | | | both | | | 15969.56 | | 7227.61 | United | Oxford | 4702 | | | | 550 | 15171.08 | case rate | |
| HC INSERTION OF IVC FILTER | 37191 | CPT | | | | both | | | 15969.56 | | 7227.61 | Aetna | Medicare | 6284.88 | | | | 550 | 15171.08 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF IVC FILTER | 37191 | CPT | | | | both | | | 15969.56 | | 7227.61 | WellPoint | WellPoint | 5139 | 32.18 | | | 550 | 15171.08 | percent of total billed charges | |
| HC INSERTION OF IVC FILTER | 37191 | CPT | | | | both | | | 15969.56 | | 7227.61 | Horizon | NJ Health | 2344.96 | | | | 550 | 15171.08 | fee schedule | |
| HC INSERTION OF IVC FILTER | 37191 | CPT | | | | both | | | 15969.56 | | 7227.61 | Americare | Americare | 11977.17 | 75 | | | 550 | 15171.08 | percent of total billed charges | |
| HC INSERTION OF IVC FILTER | 37191 | CPT | | | | both | | | 15969.56 | | 7227.61 | Managed Care Inc | Managed Care Inc | 14372.6 | 90 | | | 550 | 15171.08 | percent of total billed charges | |
| HC INSERTION OF IVC FILTER | 37191 | CPT | | | | both | | | 15969.56 | | 7227.61 | Three Rivers | Three Rivers | 15171.08 | 95 | | | 550 | 15171.08 | percent of total billed charges | |
| HC REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I | 37192 | CPT | | | | outpatient | | | 10891 | | 4192.26 | Aetna | Commercial | 5949.36 | | | | 550 | 10346.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I | 37192 | CPT | | | | outpatient | | | 10891 | | 4192.26 | Aetna | Better Health | 3436.11 | 31.55 | | | 550 | 10346.45 | percent of total billed charges | |
| HC REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I | 37192 | CPT | | | | outpatient | | | 10891 | | 4192.26 | UHC | Medicare | 3645.44 | | | | 550 | 10346.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I | 37192 | CPT | | | | outpatient | | | 10891 | | 4192.26 | Aetna | Medicare | 3645.44 | | | | 550 | 10346.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I | 37192 | CPT | | | | outpatient | | | 10891 | | 4192.26 | Americare | Americare | 8168.25 | 75 | | | 550 | 10346.45 | percent of total billed charges | |
| HC REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I | 37192 | CPT | | | | outpatient | | | 10891 | | 4192.26 | Amerihealth | HMO/PPO | 550 | | | | 550 | 10346.45 | fee schedule | |
| HC REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I | 37192 | CPT | | | | outpatient | | | 10891 | | 4192.26 | Horizon | MGD | 7053.93 | | | | 550 | 10346.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I | 37192 | CPT | | | | outpatient | | | 10891 | | 4192.26 | Multiplan | Multiplan | 8712.8 | 80 | | | 550 | 10346.45 | percent of total billed charges | |
| HC REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I | 37192 | CPT | | | | outpatient | | | 10891 | | 4192.26 | Wellcare | Medicaid | 3436.11 | 31.55 | | | 550 | 10346.45 | percent of total billed charges | |
| HC REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I | 37192 | CPT | | | | outpatient | | | 10891 | | 4192.26 | First Health | First Health | 7623.7 | 70 | | | 550 | 10346.45 | percent of total billed charges | |
| HC REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I | 37192 | CPT | | | | outpatient | | | 10891 | | 4192.26 | Horizon | PPO | 7053.93 | | | | 550 | 10346.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I | 37192 | CPT | | | | outpatient | | | 10891 | | 4192.26 | Consumer | Consumer | 10346.45 | 95 | | | 550 | 10346.45 | percent of total billed charges | |
| HC REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I | 37192 | CPT | | | | outpatient | | | 10891 | | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | | 550 | 10346.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I | 37192 | CPT | | | | outpatient | | | 10891 | | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 550 | 10346.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I | 37192 | CPT | | | | outpatient | | | 10891 | | 4192.26 | UHC | Medicaid | 3436.11 | 31.55 | | | 550 | 10346.45 | percent of total billed charges | |
| HC REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I | 37192 | CPT | | | | outpatient | | | 10891 | | 4192.26 | Qualcare | Qualcare | 8168.25 | 75 | | | 550 | 10346.45 | percent of total billed charges | |
| HC REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I | 37192 | CPT | | | | outpatient | | | 10891 | | 4192.26 | United | Oxford | 3492 | | | | 550 | 10346.45 | case rate | |
| HC REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I | 37192 | CPT | | | | outpatient | | | 10891 | | 4192.26 | First Trenton | First Trenton | 9801.9 | 90 | | | 550 | 10346.45 | percent of total billed charges | |
| HC REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I | 37192 | CPT | | | | outpatient | | | 10891 | | 4192.26 | WellPoint | WellPoint | 3504.72 | 32.18 | | | 550 | 10346.45 | percent of total billed charges | |
| HC REPSNG INTRVAS VC FILTR W/W

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC RETRIEVAL/REMOVAL OF IVC FILTE | 37193 | CPT | | | | both | | | 11356 | | 4192.26 | Aetna | Commercial | 5949.36 | | | | 550 | 10788.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RETRIEVAL/REMOVAL OF IVC FILTE | 37193 | CPT | | | | both | | | 11356 | | 4192.26 | First Health | First Health | 7949.2 | 70 | | | 550 | 10788.2 | percent of total billed charges | |
| HC RETRIEVAL/REMOVAL OF IVC FILTE | 37193 | CPT | | | | both | | | 11356 | | 4192.26 | Amerihealth | HMO/PPO | 550 | | | 3522.97 | 550 | 10788.2 | fee schedule | |
| HC RETRIEVAL/REMOVAL OF IVC FILTE | 37193 | CPT | | | | both | | | 11356 | | 4192.26 | Horizon | MGD | 7053.93 | | | | 550 | 10788.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RETRIEVAL/REMOVAL OF IVC FILTE | 37193 | CPT | | | | both | | | 11356 | | 4192.26 | Corrections | Corrections | 9084.8 | 80 | | | 550 | 10788.2 | percent of total billed charges | |
| HC RETRIEVAL/REMOVAL OF IVC FILTE | 37193 | CPT | | | | both | | | 11356 | | 4192.26 | United | Oxford | 3492 | | | | 550 | 10788.2 | case rate | |
| HC RETRIEVAL/REMOVAL OF IVC FILTE | 37193 | CPT | | | | both | | | 11356 | | 4192.26 | First Trenton | First Trenton | 10220.4 | 90 | | | 550 | 10788.2 | percent of total billed charges | |
| HC RETRIEVAL/REMOVAL OF IVC FILTE | 37193 | CPT | | | | both | | | 11356 | | 4192.26 | United | Commercial\|PPO | 3492 | | | | 550 | 10788.2 | case rate | |
| HC RETRIEVAL/REMOVAL OF IVC FILTE | 37193 | CPT | | | | both | | | 11356 | | 4192.26 | Americare | Americare | 8517 | 75 | | | 550 | 10788.2 | percent of total billed charges | |
| HC RETRIEVAL/REMOVAL OF IVC FILTE | 37193 | CPT | | | | both | | | 11356 | | 4192.26 | Wellcare | Medicare | 3645.44 | | | 2614.42 | 550 | 10788.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RETRIEVAL/REMOVAL OF IVC FILTE | 37193 | CPT | | | | both | | | 11356 | | 4192.26 | Qualcare | Qualcare | 8517 | 75 | | | 550 | 10788.2 | percent of total billed charges | |
| HC RETRIEVAL/REMOVAL OF IVC FILTE | 37193 | CPT | | | | both | | | 11356 | | 4192.26 | Wellcare | Medicaid | 3982.82 | 31.55 | | | 550 | 10788.2 | percent of total billed charges | |
| HC RETRIEVAL/REMOVAL OF IVC FILTE | 37193 | CPT | | | | both | | | 11356 | | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 550 | 10788.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RETRIEVAL/REMOVAL OF IVC FILTE | 37193 | CPT | | | | both | | | 11356 | | 4192.26 | UHC | Medicare | 3645.44 | | | | 550 | 10788.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RETRIEVAL/REMOVAL OF IVC FILTE | 37193 | CPT | | | | both | | | 11356 | | 4192.26 | Three Rivers | Three Rivers | 10788.2 | 95 | | | 550 | 10788.2 | percent of total billed charges | |
| HC RETRIEVAL/REMOVAL OF IVC FILTE | 37193 | CPT | | | | both | | | 11356 | | 4192.26 | UHC | Medicaid | 3982.82 | 31.55 | | | 550 | 10788.2 | percent of total billed charges | |
| HC RETRIEVAL/REMOVAL OF IVC FILTE | 37193 | CPT | | | | both | | | 11356 | | 4192.26 | Horizon | NJ Health | 1487.58 | | | | 550 | 10788.2 | fee schedule | |
| HC RETRIEVAL/REMOVAL OF IVC FILTE | 37193 | CPT | | | | both | | | 11356 | | 4192.26 | WellPoint | WellPoint | 3654.36 | 32.18 | | 2937.38 | 550 | 10788.2 | percent of total billed charges | |
| HC RETRIEVAL/REMOVAL OF IVC FILTE | 37193 | CPT | | | | both | | | 11356 | | 4192.26 | Horizon | PPO | 7053.93 | | | 1244.96 | 550 | 10788.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RETRIEVAL/REMOVAL OF IVC FILTE | 37193 | CPT | | | | both | | | 11356 | | 4192.26 | Managed Care Inc | Managed Care Inc | 10220.4 | 90 | | | 550 | 10788.2 | percent of total billed charges | |
| HC TRANSCATHETER BIOPSY | 37200 | CPT | | | | both | | | 11289 | | 7227.61 | Aetna | Medicare | 6284.88 | | | | 313.6 | 12161.24 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCATHETER BIOPSY | 37200 | CPT | | | | both | | | 11289 | | 7227.61 | Amerihealth | HMO/PPO | 1050 | | | | 313.6 | 12161.24 | fee schedule | |
| HC TRANSCATHETER BIOPSY | 37200 | CPT | | | | both | | | 11289 | | 7227.61 | Corrections | Corrections | 9031.2 | 80 | | | 313.6 | 12161.24 | percent of total billed charges | |
| HC TRANSCATHETER BIOPSY | 37200 | CPT | | | | both | | | 11289 | | 7227.61 | Horizon | Indemnity | 12161.24 | | | | 313.6 | 12161.24 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCATHETER BIOPSY | 37200 | CPT | | | | both | | | 11289 | | 7227.61 | Americare | Americare | 8466.75 | 75 | | | 313.6 | 12161.24 | percent of total billed charges | |
| HC TRANSCATHETER BIOPSY | 37200 | CPT | | | | both | | | 11289 | | 7227.61 | First Trenton | First Trenton | 10160.1 | 90 | | | 313.6 | 12161.24 | percent of total billed charges | |
| HC TRANSCATHETER BIOPSY | 37200 | CPT | | | | both | | | 11289 | | 7227.61 | Aetna | Better Health | 3561.68 | 31.55 | | | 313.6 | 12161.24 | percent of total billed charges | |
| HC TRANSCATHETER BIOPSY | 37200 | CPT | | | | both | | | 11289 | | 7227.61 | United | Commercial\|PPO | 4702 | | | | 313.6 | 12161.24 | case rate | |
| HC TRANSCATHETER BIOPSY | 37200 | CPT | | | | both | | | 11289 | | 7227.61 | Consumer | Consumer | 10724.55 | 95 | | | 313.6 | 12161.24 | percent of total billed charges | |
| HC TRANSCATHETER BIOPSY | 37200 | CPT | | | | both | | | 11289 | | 7227.61 | First Health | First Health | 7902.3 | 70 | | | 313.6 | 12161.24 | percent of total billed charges | |
| HC TRANSCATHETER BIOPSY | 37200 | CPT | | | | both | | | 11289 | | 7227.61 | Aetna | Commercial | 10256.92 | | | | 313.6 | 12161.24 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCATHETER BIOPSY | 37200 | CPT | | | | both | | | 11289 | | 7227.61 | Horizon | Medicare Blue | 6284.88 | | | | 313.6 | 12161.24 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCATHETER BIOPSY | 37200 | CPT | | | | both | | | 11289 | | 7227.61 | United | Oxford | 4702 | | | | 313.6 | 12161.24 | case rate | |
| HC TRANSCATHETER BIOPSY | 37200 | CPT | | | | both | | | 11289 | | 7227.61 | Horizon | MGD | 12161.24 | | | | 313.6 | 12161.24 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCATHETER BIOPSY | 37200 | CPT | | | | both | | | 11289 | | 7227.61 | Horizon | PPO | 12161.24 | | | 3953.42 | 313.6 | 12161.24 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCATHETER BIOPSY | 37200 | CPT | | | | both | | | 11289 | | 7227.61 | WellPoint | WellPoint | 3632.8 | 32.18 | | | 313.6 | 12161.24 | percent of total billed charges | |
| HC TRANSCATHETER BIOPSY | 37200 | CPT | | | | both | | | 11289 | | 7227.61 | Wellcare | Medicaid | 3561.68 | 31.55 | | | 313.6 | 12161.24 | percent of total billed charges | |
| HC TRANSCATHETER BIOPSY | 37200 | CPT | | | | both | | | 11289 | | 7227.61 | Wellcare | Medicare | 6284.88 | | | | 313.6 | 12161.24 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCATHETER BIOPSY | 37200 | CPT | | | | both | | | 11289 | | 7227.61 | Multiplan | Multiplan | 9031.2 | 80 | | | 313.6 | 12161.24 | percent of total billed charges | |
| HC TRANSCATHETER BIOPSY | 37200 | CPT | | | | both | | | 11289 | | 7227.61 | UHC | Medicare | 6284.88 | | | | 313.6 | 12161.24 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCATHETER BIOPSY | 37200 | CPT | | | | both | | | 11289 | | 7227.61 | Qualcare | Qualcare | 8466.75 | 75 | | | 313.6 | 12161.24 | percent of total billed charges | |
| HC TRANSCATHETER BIOPSY | 37200 | CPT | | | | both | | | 11289 | | 7227.61 | Horizon | NJ Health | 313.6 | | | | 313.6 | 12161.24 | fee schedule | |
| HC TRANSCATHETER BIOPSY | 37200 | CPT | | | | both | | | 11289 | | 7227.61 | Managed Care Inc | Managed Care Inc | 10160.1 | 90 | | | 313.6 | 12161.24 | percent of total billed charges | |
| HC TRANSCATHETER BIOPSY | 37200 | CPT | | | | both | | | 11289 | | 7227.61 | Three Rivers | Three Rivers | 10724.55 | 95 | | | 313.6 | 12161.24 | percent of total billed charges | |
| HC TRANSCATHETER BIOPSY | 37200 | CPT | | | | both | | | 11289 | | 7227.61 | UHC | Medicaid | 3561.68 | 31.55 | | | 313.6 | 12161.24 | percent of total billed charges | |
| HC TRANSCATH THERA ART INFUS THOM | 37211 | CPT | | | | inpatient | | | 18650 | | 7227.61 | Horizon | Medicare Blue | 6284.88 | | | | 333.51 | 17717.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCATH THERA ART INFUS THOM | 37211 | CPT | | | | inpatient | | | 18650 | | 7227.61 | Corrections | Corrections | 14920 | 80 | | | 333.51 | 17717.5 | percent of total billed charges | |
| HC TRANSCATH THERA ART INFUS THOM | 37211 | CPT | | | | inpatient | | | 18650 | | 7227.61 | Horizon | PPO | 12161.24 | | | | 333.51 | 17717.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCATH THERA ART INFUS THOM | 37211 | CPT | | | | inpatient | | | 18650 | | 7227.61 | Amerihealth | HMO/PPO | 800 | | | | 333.51 | 17717.5 | fee schedule | |
| HC TRANSCATH THERA ART INFUS THOM | 37211 | CPT | | | | inpatient | | | 18650 | | 7227.61 | Aetna | Better Health | 5884.08 | 31.55 | | | 333.51 | 17717.5 | percent of total billed charges | |
| HC TRANSCATH THERA ART INFUS THOM | 37211 | CPT | | | | inpatient | | | 18650 | | 7227.61 | Americare | Americare | 13987.5 | 75 | | | 333.51 | 17717.5 | percent of total billed charges | |
| HC TRANSCATH THERA ART INFUS THOM | 37211 | CPT | | | | inpatient | | | 18650 | | 7227.61 | Consumer | Consumer | 17717.5 | 95 | | | 333.51 | 17717.5 | percent of total billed charges | |
| HC TRANSCATH THERA ART INFUS THOM | 37211 | CPT | | | | inpatient | | | 18650 | | 7227.61 | Aetna | Commercial | 10256.92 | | | | 333.51 | 17717.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCATH THERA ART INFUS THOM | 37211 | CPT | | | | inpatient | | | 18650 | | 7227.61 | Multiplan | Multiplan | 14920 | 80 | | | 333.51 | 17717.5 | percent of total billed charges | |
| HC TRANSCATH THERA ART INFUS THOM | 37211 | CPT | | | | inpatient | | | 18650 | | 7227.61 | Horizon | Indemnity | 12161.24 | | | | 333.51 | 17717.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCATH THERA ART INFUS THOM | 37211 | CPT | | | | inpatient | | | 18650 | | 7227.61 | WellPoint | WellPoint | 6001.57 | 32.18 | | | 333.51 | 17717.5 | percent of total billed charges | |
| HC TRANSCATH THERA ART INFUS THOM | 37211 | CPT | | | | inpatient | | | 18650 | | 7227.61 | UHC | Medicare | 6284.88 | | | | 333.51 | 17717.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCATH THERA ART INFUS THOM | 37211 | CPT | | | | inpatient | | | 18650 | | 7227.61 | Aetna | Medicare | 6284.88 | | | | 333.51 | 17717.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCATH THERA ART INFUS THOM | 37211 | CPT | | | | inpatient | | | 18650 | | 7227.61 | First Trenton | First Trenton | 16785 | 90 | | | 333.51 | 17717.5 | percent of total billed charges | |
| HC TRANSCATH THERA ART INFUS THOM | 37211 | CPT | | | | inpatient | | | 18650 | | 7227.61 | Horizon | MGD | 12161.24 | | | | 333.51 | 17717.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCATH THERA ART INFUS THOM | 37211 | CPT | | | | inpatient | | | 18650 | | 7227.61 | Horizon | NJ Health | 333.51 | | | | 333.51 | 17717.5 | fee schedule | |
| HC TRANSCATH THERA ART INFUS THOM | 37211 | CPT | | | | inpatient | | | 18650 | | 7227.61 | Qualcare | Qualcare | 13987.5 | 75 | | | 333.51 | 17717.5 | percent of total billed charges | |
| HC TRANSCATH THERA ART INFUS THOM | 37211 | CPT | | | | inpatient | | | 18650 | | 7227.61 | Managed Care Inc | Managed Care Inc | 16785 | 90 | | | 333.51 | 17717.5 | percent of total billed charges | |
| HC TRANSCATH THERA ART INFUS THOM | 37211 | CPT | | | | inpatient | | | 18650 | | 7227.61 | First Health | First Health | 13055 | 70 | | | 333.51 | 17717.5 | percent of total billed charges | |
| HC TRANSCATH THERA ART INFUS THOM | 37211 | CPT | | | | inpatient | | | 18650 | | 7227.61 | United | Commercial\|PPO | 4702 | | | | 333.51 | 17717.5 | case rate | |
| HC TRANSCATH THERA ART INFUS THOM | 37211 | CPT | | | | inpatient | | | 18650 | | 7227.61 | Wellcare | Medicaid | 5884.08 | 31.55 | | | 333.51 | 17717.5 | percent of total billed charges | |
| HC TRANSCATH THERA ART INFUS THOM | 37211 | CPT | | | | inpatient | | | 18650 | | 7227.61 | Three Rivers | Three Rivers | 17717.5 | 95 | | | 333.51 | 17717.5 | percent of total billed charges | |
| HC TRANSCATH THERA ART INFUS THOM | 37211 | CPT | | | | inpatient | | | 18650 | | 7227.61 | Wellcare | Medicare | 6284.88 | | | | 333.51 | 17717.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCATH THERA ART INFUS THOM | 37211 | CPT | | | | inpatient | | | 18650 | | 7227.61 | UHC | Medicaid | 5884.08 | 31.55 | | | 333.51 | 17717.5 | percent of total billed charges | |
| HC TRANSCATH THERA ART INFUS THOM | 37211 | CPT | | | | inpatient | | | 18650 | | 7227.61 | United | Oxford | 4702 | | | | 333.51 | 17717.5 | case rate | |
| HC TRANSCAT THERA VEN INFUS THOMB | 37212 | CPT | | | | both | | | 10188 | | 4192.26 | Consumer | Consumer | 9678.6 | 95 | | | 294.43 | 9678.6 | percent of total billed charges | |
| HC TRANSCAT THERA VEN INFUS THOMB | 37212 | CPT | | | | both | | | 10188 | | 4192.26 | Aetna | Commercial | 5949.36 | | | | 294.43 | 9678.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCAT THERA VEN INFUS THOMB | 37212 | CPT | | | | both | | | 10188 | | 4192.26 | First Health | First Health | 7131.6 | 70 | | | 294.43 | 9678.6 | percent of total billed charges | |
| HC TRANSCAT THERA VEN INFUS THOMB | 37212 | CPT | | | | both | | | 10188 | | 4192.26 | First Trenton | First Trenton | 9169.2 | 90 | | | 294.43 | 9678.6 | percent of total billed charges | |
| HC TRANSCAT THERA VEN INFUS THOMB | 37212 | CPT | | | | both | | | 10188 | | 4192.26 | Aetna | Better Health | 3214.31 | 31.55 | | | 294.43 | 9678.6 | percent of total billed charges | |
| HC TRANSCAT THERA VEN INFUS THOMB | 37212 | CPT | | | | both | | | 10188 | | 4192.26 | Americare | Americare | 7641 | 75 | | | 294.43 | 9678.6 | percent of total billed charges | |
| HC TRANSCAT THERA VEN INFUS THOMB | 37212 | CPT | | | | both | | | 10188 | | 4192.26 | Multiplan | Multiplan | 8150.4 | 80 | | | 294.43 | 9678.6 | percent of total billed charges | |
| HC TRANSCAT THERA VEN INFUS THOMB | 37212 | CPT | | | | both | | | 10188 | | 4192.26 | UHC | Medicare | 3645.44 | | | | 294.43 | 9678.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCAT THERA VEN INFUS THOMB | 37212 | CPT | | | | both | | | 10188 | | 4192.26 | Corrections | Corrections | 8150.4 | 80 | | | 294.43 | 9678.6 | percent of total billed charges | |
| HC TRANSCAT THERA VEN INFUS THOMB | 37212 | CPT | | | | both | | | 10188 | | 4192.26 | Aetna | Medicare | 3645.44 | | | | 294.43 | 9678.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCAT THERA VEN INFUS THOMB | 37212 | CPT | | | | both | | | 10188 | | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 294.43 | 9678.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCAT THERA VEN INFUS THOMB | 37212 | CPT | | | | both | | | 10188 | | 4192.26 | Managed Care Inc | Managed Care Inc | 9169.2 | 90 | | | 294.43 | 9678.6 | percent of total billed charges | |
| HC TRANSCAT THERA VEN INFUS THOMB | 37212 | CPT | | | | both | | | 10188 | | 4192.26 | Horizon | MGD | 7053.93 | | | | 294.43 | 9678.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCAT THERA VEN INFUS THOMB | 37212 | CPT | | | | both | | | 10188 | | 4192.26 | Amerihealth | HMO/PPO | 800 | | | | 294.43 | 9678.6 | fee schedule | |
| HC TRANSCAT THERA VEN INFUS THOMB | 37212 | CPT | | | | both | | | 10188 | | 4192.26 | Qualcare | Qualcare | 7641 | 75 | | | 294.43 | 9678.6 | percent of total billed charges | |
| HC TRANSCAT THERA VEN INFUS THOMB | 37212 | CPT | | | | both | | | 10188 | | 4192.26 | Wellcare | Medicare | 3645.44 | | | | 294.43 | 9678.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCAT THERA VEN INFUS THOMB | 37212 | CPT | | | | both | | | 10188 | | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | | 294.43 | 9678.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCAT THERA VEN INFUS THOMB | 37212 | CPT | | | | both | | | 10188 | | 4192.26 | United | Oxford | 3492 | | | | 294.43 | 9678.6 | case rate | |
| HC TRANSCAT THERA VEN INFUS THOMB | 37212 | CPT | | | | both | | | 10188 | | 4192.26 | Three Rivers | Three Rivers | 9678.6 | 95 | | | 294.43 | 9678.6 | percent of total billed charges | |
| HC TRANSCAT THERA VEN INFUS THOMB | 37212 | CPT | | | | both | | | 10188 | | 4192.26 | Horizon | PPO | 7053.93 | | | | 294.43 | 9678.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCAT THERA VEN INFUS THOMB | 37212 | CPT | | | | both | | | 10188 | | 4192.26 | UHC | Medicaid | 3214.31 | 31.55 | | | 294.43 | 9678.6 | percent of total billed charges | |
| HC TRANSCAT THERA VEN INFUS THOMB | 37212 | CPT | | | | both | | | 10188 | | 4192.26 | Horizon | NJ Health | 294.43 | | | | 294.43 | 9678.6 | fee schedule | |
| HC TRANSCAT THERA VEN INFUS THOMB | 37212 | CPT | | | | both | | | 10188 | | 4192.26 | United | Commercial\|PPO | 3492 | | | | 294.43 | 9678.6 | case rate | |
| HC TRANSCAT THERA VEN INFUS THOMB | 37212 | CPT | | | | both | | | 10188 | | 4192.26 | WellPoint | WellPoint | 3278.5 | 32.18 | | | 294.43 | 9678.6 | percent of total billed charges | |
| HC TRANSCAT THERA VEN INFUS THOMB | 37212 | CPT | | | | both | | | 10188 | | 4192.26 | Wellcare | Medicaid | 3214.31 | 31.55 | | | 294.43 | 9678.6 | percent of total billed charges | |
| HC THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX | 37213 | CPT | | | | outpatient | | | 9262.88 | | 4192.26 | Aetna | Better Health | 2922.44 | 31.55 | | | 205.47 | 8799.74 | percent of total billed charges | |
| HC THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX | 37213 | CPT | | | | outpatient | | | 9262.88 | | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 205.47 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX | 37213 | CPT | | | | outpatient | | | 9262.88 | | 4192.26 | Aetna | Commercial | 5949.36 | | | | 205.47 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX | 37213 | CPT | | | | outpatient | | | 9262.88 | | 4192.26 | Americare | Americare | 6947.16 | 75 | | | 205.47 | 8799.74 | percent of total billed charges | |
| HC THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX | 37213 | CPT | | | | outpatient | | | 9262.88 | | 4192.26 | Consumer | Consumer | 8799.74 | 95 | | | 205.47 | 8799.74 | percent of total billed charges | |
| HC THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX | 37213 | CPT | | | | outpatient | | | 9262.88 | | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | | 205.47 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX | 37213 | CPT | | | | outpatient | | | 9262.88 | | 4192.26 | Corrections | Corrections | 7410.3 | 80 | | | 205.47 | 8799.74 | percent of total billed charges | |
| HC THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX | 37213 | CPT | | | | outpatient | | | 9262.88 | | 4192.26 | Aetna | Medicare | 3645.44 | | | | 205.47 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX | 37213 | CPT | | | | outpatient | | | 9262.88 | | 4192.26 | First Health | First Health | 6484.02 | 70 | | | 205.47 | 8799.74 | percent of total billed charges | |
| HC THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX | 37213 | CPT | | | | outpatient | | | 9262.88 | | 4192.26 | Horizon | PPO | 7053.93 | | | | 205.47 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX | 37213 | CPT | | | | outpatient | | | 9262.88 | | 4192.26 | Multiplan | Multiplan | 7410.3 | 80 | | | 205.47 | 8799.74 | percent of total billed charges | |
| HC THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX | 37213 | CPT | | | | outpatient | | | 9262.88 | | 4192.26 | Amerihealth | HMO/PPO | 800 | | | | 205.47 | 8799.74 | fee schedule | |
| HC THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX | 37213 | CPT | | | | outpatient | | | 9262.88 | | 4192.26 | UHC | Medicaid | 2922.44 | 31.55 | | | 205.47 | 8799.74 | percent of total billed charges | |
| HC THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX | 37213 | CPT | | | | outpatient | | | 9262.88 | | 4192.26 | UHC | Medicare | 3645.44 | | | | 205.47 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX | 37213 | CPT | | | | outpatient | | | 9262.88 | | 4192.26 | Qualcare | Qualcare | 6947.16 | 75 | | | 205.47 | 8799.74 | percent of total billed charges | |
| HC THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX | 37213 | CPT | | | | outpatient | | | 9262.88 | | 4192.26 | First Trenton | First Trenton | 8336.59 | 90 | | | 205.47 | 8799.74 | percent of total billed charges | |
| HC THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX | 37213 | CPT | | | | outpatient | | | 9262.88 | | 4192.26 | Wellcare | Medicaid | 2922.44 | 31.55 | | | 205.47 | 8799.74 | percent of total billed charges | |
| HC THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX | 37213 | CPT | | | | outpatient | | | 9262.88 | | 4192.26 | United | Commercial\|PPO | 1817 | | | | 205.47 | 8799.74 | case rate | |
| HC THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX | 37213 | CPT | | | | outpatient | | | 9262.88 | | 4192.26 | United | Oxford | 1817 | | | | 205.47 | 8799.74 | case rate | |
| HC THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX | 37213 | CPT | | | | outpatient | | | 9262.88 | | 4192.26 | Horizon | MGD | 7053.93 | | | | 205.47 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX | 37213 | CPT | | | | outpatient | | | 9262.88 | | 4192.26 | Wellcare | Medicare | 3645.44 | | | | 205.47 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX | 37213 | CPT | | | | outpatient | | | 9262.88 | | 4192.26 | WellPoint | WellPoint | 2980.79 | 32.18 | | | 205.47 | 8799.74 | percent of total billed charges | |
| HC THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX | 37213 | CPT | | | | outpatient | | | 9262.88 | | 4192.26 | Horizon | NJ Health | 205.47 | | | | 205.47 | 8799.74 | fee schedule | |
| HC THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX | 37213 | CPT | | | | outpatient | | | 9262.88 | | 4192.26 | Managed Care Inc | Managed Care Inc | 8336.59 | 90 | | | 205.47 | 8799.74 | percent of total billed charges | |
| HC THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX | 37213 | CPT | | | | outpatient | | | 9262.88 | | 4192.26 | Three Rivers | Three Rivers | 8799.74 | 95 | | | 205.47 | 8799.74 | percent of total billed charges | |
| HC CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL | 37214 | CPT | | | | outpatient | | | 8511 | | 4192.26 | Aetna | Medicare | 3645.44 | | | | 121.34 | 8085.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL | 37214 | CPT | | | | outpatient | | | 8511 | | 4192.26 | First Trenton | First Trenton | 7659.9 | 90 | | | 121.34 | 8085.45 | percent of total billed charges | |
| HC CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL | 37214 | CPT | | | | outpatient | | | 8511 | | 4192.26 | Aetna | Commercial | 5949.36 | | | | 121.34 | 8085.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL | 37214 | CPT | | | | outpatient | | | 8511 | | 4192.26 | Aetna | Better Health | 2685.22 | 31.55 | | | 121.34 | 8085.45 | percent of total billed charges | |
| HC CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL | 37214 | CPT | | | | outpatient | | | 8511 | | 4192.26 | Corrections | Corrections | 6808.8 | 80 | | | 121.34 | 8085.45 | percent of total billed charges | |
| HC CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL | 37214 | CPT | | | | outpatient | | | 8511 | | 4192.26 | UHC | Medicaid | 2685.22 | 31.55 | | | 121.34 | 8085.45 | percent of total billed charges | |
| HC CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL | 37214 | CPT | | | | outpatient | | | 8511 | | 4192.26 | Americare | Americare | 6383.25 | 75 | | | 121.34 | 8085.45 | percent of total billed charges | |
| HC CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL | 37214 | CPT | | | | outpatient | | | 8511 | | 4192.26 | First Health | First Health | 5957.7 | 70 | | | 121.34 | 8085.45 | percent of total billed charges | |
| HC CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL | 37214 | CPT | | | | outpatient | | | 8511 | | 4192.26 | Horizon | MGD | 7053.93 | | | | 121.34 | 8085.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL | 37214 | CPT | | | | outpatient | | | 8511 | | 4192.26 | Horizon | PPO | 7053.93 | | | | 121.34 | 8085.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL | 37214 | CPT | | | | outpatient | | | 8511 | | 4192.26 | Amerihealth | HMO/PPO | 800 | | | | 121.34 | 8085.45 | fee schedule | |
| HC CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL | 37214 | CPT | | | | outpatient | | | 8511 | | 4192.26 | Consumer | Consumer | 8085.45 | 95 | | | 121.34 | 8085.45 | percent of total billed charges | |
| HC CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL | 37214 | CPT | | | | outpatient | | | 8511 | | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 121.34 | 8085.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL | 37214 | CPT | | | | outpatient | | | 8511 | | 4192.26 | UHC | Medicare | 3645.44 | | | | 121.34 | 8085.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL | 37214 | CPT | | | | outpatient | | | 8511 | | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | | 121.34 | 8085.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL | 37214 | CPT | | | | outpatient | | | 8511 | | 4192.26 | Managed Care Inc | Managed Care Inc | 7659.9 | 90 | | | 121.34 | 8085.45 | percent of total billed charges | |
| HC CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL | 37214 | CPT | | | | outpatient | | | 8511 | | 4192.26 | Horizon | NJ Health | 121.34 | | | | 121.34 | 8085.45 | fee schedule | |
| HC CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL | 37214 | CPT | | | | outpatient | | | 8511 | | 4192.26 | United | Commercial\|PPO | 1817 | | | | 121.34 | 8085.45 | case rate | |
| HC CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL | 37214 | CPT | | | | outpatient | | | 8511 | | 4192.26 | Multiplan | Multiplan | 6808.8 | 80 | | | 121.34 | 8085.45 | percent of total billed charges | |
| HC CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL | 37214 | CPT | | | | outpatient | | | 8511 | | 4192.26 | Wellcare | Medicare | 3645.44 | | | | 121.34 | 8085.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL | 37214 | CPT | | | | outpatient | | | 8

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC TRAN CERV CARO STNT WIDIS EMB | 37215 | CPT | | | | inpatient | | | 13012 | | First Health | First Health | 9108.4 | 70 | | | 950 | | 12361.4 percent of total billed charges | |
| HC TRAN CERV CARO STNT WIDIS EMB | 37215 | CPT | | | | inpatient | | | 13012 | | First Trenton | First Trenton | 11710.8 | 90 | | | 950 | | 12361.4 percent of total billed charges | |
| HC TRAN CERV CARO STNT WIDIS EMB | 37215 | CPT | | | | inpatient | | | 13012 | | Corrections | Corrections | 10409.6 | 80 | | | 950 | | 12361.4 percent of total billed charges | |
| HC TRAN CERV CARO STNT WIDIS EMB | 37215 | CPT | | | | inpatient | | | 13012 | | Horizon | MGD | 4980.99 | 38.28 | | | 950 | | 12361.4 percent of total billed charges | |
| HC TRAN CERV CARO STNT WIDIS EMB | 37215 | CPT | | | | inpatient | | | 13012 | | UHC | Medicaid | 4105.29 | 31.55 | | | 950 | | 12361.4 percent of total billed charges | |
| HC TRAN CERV CARO STNT WIDIS EMB | 37215 | CPT | | | | inpatient | | | 13012 | | Horizon | Medicare Blue | 3903.6 | 30 | | | 950 | | 12361.4 percent of total billed charges | |
| HC TRAN CERV CARO STNT WIDIS EMB | 37215 | CPT | | | | inpatient | | | 13012 | | Americare | Americare | 9759 | 75 | | | 950 | | 12361.4 percent of total billed charges | |
| HC TRAN CERV CARO STNT WIDIS EMB | 37215 | CPT | | | | inpatient | | | 13012 | | WellPoint | WellPoint | 4187.26 | 32.18 | | | 950 | | 12361.4 percent of total billed charges | |
| HC TRAN CERV CARO STNT WIDIS EMB | 37215 | CPT | | | | inpatient | | | 13012 | | Horizon | Indemnity | 4980.99 | 38.28 | | | 950 | | 12361.4 percent of total billed charges | |
| HC TRAN CERV CARO STNT WIDIS EMB | 37215 | CPT | | | | inpatient | | | 13012 | | United | Oxford | 1782 | | | | 950 | | 12361.4 case rate | |
| HC TRAN CERV CARO STNT WIDIS EMB | 37215 | CPT | | | | inpatient | | | 13012 | | Consumer | Consumer | 12361.4 | 95 | | | 950 | | 12361.4 percent of total billed charges | |
| HC TRAN CERV CARO STNT WIDIS EMB | 37215 | CPT | | | | inpatient | | | 13012 | | Wellcare | Medicaid | 4105.29 | 31.55 | | | 950 | | 12361.4 percent of total billed charges | |
| HC TRAN CERV CARO STNT WIDIS EMB | 37215 | CPT | | | | inpatient | | | 13012 | | United | Commercial\|PPO | 1782 | | | | 950 | | 12361.4 case rate | |
| HC TRAN CERV CARO STNT WIDIS EMB | 37215 | CPT | | | | inpatient | | | 13012 | | Horizon | NJ Health | 1598.1 | | | | 950 | | 12361.4 fee schedule | |
| HC TRAN CERV CARO STNT WIDIS EMB | 37215 | CPT | | | | inpatient | | | 13012 | | Multiplan | Multiplan | 10409.6 | 80 | | | 950 | | 12361.4 percent of total billed charges | |
| HC TRAN CERV CARO STNT WIDIS EMB | 37215 | CPT | | | | inpatient | | | 13012 | | Horizon | PPO | 4980.99 | 38.28 | | | 950 | | 12361.4 percent of total billed charges | |
| HC TRAN CERV CARO STNT WIDIS EMB | 37215 | CPT | | | | inpatient | | | 13012 | | Qualcare | Qualcare | 9759 | 75 | | | 950 | | 12361.4 percent of total billed charges | |
| HC TRAN CERV CARO STNT WIDIS EMB | 37215 | CPT | | | | inpatient | | | 13012 | | Managed Care Inc | Managed Care Inc | 11710.8 | 90 | | | 950 | | 12361.4 percent of total billed charges | |
| HC TRAN CERV CARO STNT WIDIS EMB | 37215 | CPT | | | | inpatient | | | 13012 | | Three Rivers | Three Rivers | 12361.4 | 95 | | | 950 | | 12361.4 percent of total billed charges | |
| HC TCATH STENT CERVICAL CAROTID ART WO DISTAL EMBOLIC PROTECTION | 37216 | CPT | | | | outpatient | | | 5262 | | Amerihealth | HMO\|PPO | 3420.3 | 65 | | | 1457.11 | | 4998.9 percent of total billed charges | |
| HC TCATH STENT CERVICAL CAROTID ART WO DISTAL EMBOLIC PROTECTION | 37216 | CPT | | | | outpatient | | | 5262 | | Consumer | Consumer | 4998.9 | 95 | | | 1457.11 | | 4998.9 percent of total billed charges | |
| HC TCATH STENT CERVICAL CAROTID ART WO DISTAL EMBOLIC PROTECTION | 37216 | CPT | | | | outpatient | | | 5262 | | Aetna | Medicare | 1620.7 | 30.8 | | | 1457.11 | | 4998.9 percent of total billed charges | |
| HC TCATH STENT CERVICAL CAROTID ART WO DISTAL EMBOLIC PROTECTION | 37216 | CPT | | | | outpatient | | | 5262 | | Aetna | Better Health | 1660.16 | 31.55 | | | 1457.11 | | 4998.9 percent of total billed charges | |
| HC TCATH STENT CERVICAL CAROTID ART WO DISTAL EMBOLIC PROTECTION | 37216 | CPT | | | | outpatient | | | 5262 | | Corrections | Corrections | 4209.6 | 80 | | | 1457.11 | | 4998.9 percent of total billed charges | |
| HC TCATH STENT CERVICAL CAROTID ART WO DISTAL EMBOLIC PROTECTION | 37216 | CPT | | | | outpatient | | | 5262 | | Americare | Americare | 3946.5 | 75 | | | 1457.11 | | 4998.9 percent of total billed charges | |
| HC TCATH STENT CERVICAL CAROTID ART WO DISTAL EMBOLIC PROTECTION | 37216 | CPT | | | | outpatient | | | 5262 | | First Health | First Health | 3683.4 | 70 | | | 1457.11 | | 4998.9 percent of total billed charges | |
| HC TCATH STENT CERVICAL CAROTID ART WO DISTAL EMBOLIC PROTECTION | 37216 | CPT | | | | outpatient | | | 5262 | | Multiplan | Multiplan | 4209.6 | 80 | | | 1457.11 | | 4998.9 percent of total billed charges | |
| HC TCATH STENT CERVICAL CAROTID ART WO DISTAL EMBOLIC PROTECTION | 37216 | CPT | | | | outpatient | | | 5262 | | Horizon | Indemnity | 2014.29 | 38.28 | | | 1457.11 | | 4998.9 percent of total billed charges | |
| HC TCATH STENT CERVICAL CAROTID ART WO DISTAL EMBOLIC PROTECTION | 37216 | CPT | | | | outpatient | | | 5262 | | Horizon | MGD | 2014.29 | 38.28 | | | 1457.11 | | 4998.9 percent of total billed charges | |
| HC TCATH STENT CERVICAL CAROTID ART WO DISTAL EMBOLIC PROTECTION | 37216 | CPT | | | | outpatient | | | 5262 | | First Trenton | First Trenton | 4735.8 | 90 | | | 1457.11 | | 4998.9 percent of total billed charges | |
| HC TCATH STENT CERVICAL CAROTID ART WO DISTAL EMBOLIC PROTECTION | 37216 | CPT | | | | outpatient | | | 5262 | | Horizon | Medicare Blue | 1578.6 | 30 | | | 1457.11 | | 4998.9 percent of total billed charges | |
| HC TCATH STENT CERVICAL CAROTID ART WO DISTAL EMBOLIC PROTECTION | 37216 | CPT | | | | outpatient | | | 5262 | | Qualcare | Qualcare | 3946.5 | 75 | | | 1457.11 | | 4998.9 percent of total billed charges | |
| HC TCATH STENT CERVICAL CAROTID ART WO DISTAL EMBOLIC PROTECTION | 37216 | CPT | | | | outpatient | | | 5262 | | Horizon | PPO | 2014.29 | 38.28 | | | 1457.11 | | 4998.9 percent of total billed charges | |
| HC TCATH STENT CERVICAL CAROTID ART WO DISTAL EMBOLIC PROTECTION | 37216 | CPT | | | | outpatient | | | 5262 | | Horizon | NJ Health | 1457.11 | | | | 1457.11 | | 4998.9 fee schedule | |
| HC TCATH STENT CERVICAL CAROTID ART WO DISTAL EMBOLIC PROTECTION | 37216 | CPT | | | | outpatient | | | 5262 | | Wellcare | Medicaid | 1660.16 | 31.55 | | | 1457.11 | | 4998.9 percent of total billed charges | |
| HC TCATH STENT CERVICAL CAROTID ART WO DISTAL EMBOLIC PROTECTION | 37216 | CPT | | | | outpatient | | | 5262 | | Managed Care Inc | Managed Care Inc | 4735.8 | 90 | | | 1457.11 | | 4998.9 percent of total billed charges | |
| HC TCATH STENT CERVICAL CAROTID ART WO DISTAL EMBOLIC PROTECTION | 37216 | CPT | | | | outpatient | | | 5262 | | Three Rivers | Three Rivers | 4998.9 | 95 | | | 1457.11 | | 4998.9 percent of total billed charges | |
| HC TCATH STENT CERVICAL CAROTID ART WO DISTAL EMBOLIC PROTECTION | 37216 | CPT | | | | outpatient | | | 5262 | | United | Commercial\|PPO | 1782 | | | | 1457.11 | | 4998.9 case rate | |
| HC TCATH STENT CERVICAL CAROTID ART WO DISTAL EMBOLIC PROTECTION | 37216 | CPT | | | | outpatient | | | 5262 | | UHC | Medicaid | 1660.16 | 31.55 | | | 1457.11 | | 4998.9 percent of total billed charges | |
| HC TCATH STENT CERVICAL CAROTID ART WO DISTAL EMBOLIC PROTECTION | 37216 | CPT | | | | outpatient | | | 5262 | | WellPoint | WellPoint | 1693.31 | 32.18 | | | 1457.11 | | 4998.9 percent of total billed charges | |
| HC TCATH STENT CERVICAL CAROTID ART WO DISTAL EMBOLIC PROTECTION | 37216 | CPT | | | | outpatient | | | 5262 | | United | Oxford | 1782 | | | | 1457.11 | | 4998.9 case rate | |
| HC TCATH STENT PLACEMT RETROGRAD CAROTID\|INNOMINATE | 37217 | CPT | | | | outpatient | | | 3463.44 | | Horizon | Indemnity | 1325.8 | 38.28 | | | 1039.03 | | 3290.27 percent of total billed charges | |
| HC TCATH STENT PLACEMT RETROGRAD CAROTID\|INNOMINATE | 37217 | CPT | | | | outpatient | | | 3463.44 | | Horizon | Medicare Blue | 1039.03 | 30 | | | 1039.03 | | 3290.27 percent of total billed charges | |
| HC TCATH STENT PLACEMT RETROGRAD CAROTID\|INNOMINATE | 37217 | CPT | | | | outpatient | | | 3463.44 | | Americare | Americare | 2597.58 | 75 | | | 1039.03 | | 3290.27 percent of total billed charges | |
| HC TCATH STENT PLACEMT RETROGRAD CAROTID\|INNOMINATE | 37217 | CPT | | | | outpatient | | | 3463.44 | | Aetna | Medicare | 1066.74 | 30.8 | | | 1039.03 | | 3290.27 percent of total billed charges | |
| HC TCATH STENT PLACEMT RETROGRAD CAROTID\|INNOMINATE | 37217 | CPT | | | | outpatient | | | 3463.44 | | First Trenton | First Trenton | 3117.1 | 90 | | | 1039.03 | | 3290.27 percent of total billed charges | |
| HC TCATH STENT PLACEMT RETROGRAD CAROTID\|INNOMINATE | 37217 | CPT | | | | outpatient | | | 3463.44 | | Aetna | Better Health | 1092.72 | 31.55 | | | 1039.03 | | 3290.27 percent of total billed charges | |
| HC TCATH STENT PLACEMT RETROGRAD CAROTID\|INNOMINATE | 37217 | CPT | | | | outpatient | | | 3463.44 | | Amerihealth | HMO\|PPO | 2251.24 | 65 | | | 1039.03 | | 3290.27 percent of total billed charges | |
| HC TCATH STENT PLACEMT RETROGRAD CAROTID\|INNOMINATE | 37217 | CPT | | | | outpatient | | | 3463.44 | | First Health | First Health | 2424.41 | 70 | | | 1039.03 | | 3290.27 percent of total billed charges | |
| HC TCATH STENT PLACEMT RETROGRAD CAROTID\|INNOMINATE | 37217 | CPT | | | | outpatient | | | 3463.44 | | Horizon | PPO | 1325.8 | 38.28 | | | 1039.03 | | 3290.27 percent of total billed charges | |
| HC TCATH STENT PLACEMT RETROGRAD CAROTID\|INNOMINATE | 37217 | CPT | | | | outpatient | | | 3463.44 | | Consumer | Consumer | 3290.27 | 95 | | | 1039.03 | | 3290.27 percent of total billed charges | |
| HC TCATH STENT PLACEMT RETROGRAD CAROTID\|INNOMINATE | 37217 | CPT | | | | outpatient | | | 3463.44 | | Multiplan | Multiplan | 2770.75 | 80 | | | 1039.03 | | 3290.27 percent of total billed charges | |
| HC TCATH STENT PLACEMT RETROGRAD CAROTID\|INNOMINATE | 37217 | CPT | | | | outpatient | | | 3463.44 | | Horizon | MGD | 1325.8 | 38.28 | | | 1039.03 | | 3290.27 percent of total billed charges | |
| HC TCATH STENT PLACEMT RETROGRAD CAROTID\|INNOMINATE | 37217 | CPT | | | | outpatient | | | 3463.44 | | Managed Care Inc | Managed Care Inc | 3117.1 | 90 | | | 1039.03 | | 3290.27 percent of total billed charges | |
| HC TCATH STENT PLACEMT RETROGRAD CAROTID\|INNOMINATE | 37217 | CPT | | | | outpatient | | | 3463.44 | | Corrections | Corrections | 2770.75 | 80 | | | 1039.03 | | 3290.27 percent of total billed charges | |
| HC TCATH STENT PLACEMT RETROGRAD CAROTID\|INNOMINATE | 37217 | CPT | | | | outpatient | | | 3463.44 | | Qualcare | Qualcare | 2597.58 | 75 | | | 1039.03 | | 3290.27 percent of total billed charges | |
| HC TCATH STENT PLACEMT RETROGRAD CAROTID\|INNOMINATE | 37217 | CPT | | | | outpatient | | | 3463.44 | | United | Commercial\|PPO | 1782 | | | | 1039.03 | | 3290.27 case rate | |
| HC TCATH STENT PLACEMT RETROGRAD CAROTID\|INNOMINATE | 37217 | CPT | | | | outpatient | | | 3463.44 | | Three Rivers | Three Rivers | 3290.27 | 95 | | | 1039.03 | | 3290.27 percent of total billed charges | |
| HC TCATH STENT PLACEMT RETROGRAD CAROTID\|INNOMINATE | 37217 | CPT | | | | outpatient | | | 3463.44 | | Horizon | NJ Health | 1281.12 | | | | 1039.03 | | 3290.27 fee schedule | |
| HC TCATH STENT PLACEMT RETROGRAD CAROTID\|INNOMINATE | 37217 | CPT | | | | outpatient | | | 3463.44 | | WellPoint | WellPoint | 1114.53 | 32.18 | | | 1039.03 | | 3290.27 percent of total billed charges | |
| HC TCATH STENT PLACEMT RETROGRAD CAROTID\|INNOMINATE | 37217 | CPT | | | | outpatient | | | 3463.44 | | UHC | Medicaid | 1092.72 | 31.55 | | | 1039.03 | | 3290.27 percent of total billed charges | |
| HC TCATH STENT PLACEMT RETROGRAD CAROTID\|INNOMINATE | 37217 | CPT | | | | outpatient | | | 3463.44 | | United | Oxford | 1782 | | | | 1039.03 | | 3290.27 case rate | |
| HC TCATH STENT PLACEMT RETROGRAD CAROTID\|INNOMINATE | 37217 | CPT | | | | outpatient | | | 3463.44 | | Wellcare | Medicaid | 1092.72 | 31.55 | | | 1039.03 | | 3290.27 percent of total billed charges | |
| HC TCATH STENT PLACEMT ANTEGRADE CAROTID\|INNOMINATE | 37218 | CPT | | | | outpatient | | | 2679.25 | | Aetna | Medicare | 825.21 | 30.8 | | | 803.78 | | 2545.29 percent of total billed charges | |
| HC TCATH STENT PLACEMT ANTEGRADE CAROTID\|INNOMINATE | 37218 | CPT | | | | outpatient | | | 2679.25 | | Amerihealth | HMO\|PPO | 1741.51 | 65 | | | 803.78 | | 2545.29 percent of total billed charges | |
| HC TCATH STENT PLACEMT ANTEGRADE CAROTID\|INNOMINATE | 37218 | CPT | | | | outpatient | | | 2679.25 | | First Health | First Health | 1875.48 | 70 | | | 803.78 | | 2545.29 percent of total billed charges | |
| HC TCATH STENT PLACEMT ANTEGRADE CAROTID\|INNOMINATE | 37218 | CPT | | | | outpatient | | | 2679.25 | | Corrections | Corrections | 2143.4 | 80 | | | 803.78 | | 2545.29 percent of total billed charges | |
| HC TCATH STENT PLACEMT ANTEGRADE CAROTID\|INNOMINATE | 37218 | CPT | | | | outpatient | | | 2679.25 | | WellPoint | WellPoint | 862.18 | 32.18 | | | 803.78 | | 2545.29 percent of total billed charges | |
| HC TCATH STENT PLACEMT ANTEGRADE CAROTID\|INNOMINATE | 37218 | CPT | | | | outpatient | | | 2679.25 | | Horizon | Medicare Blue | 803.78 | 30 | | | 803.78 | | 2545.29 percent of total billed charges | |
| HC TCATH STENT PLACEMT ANTEGRADE CAROTID\|INNOMINATE | 37218 | CPT | | | | outpatient | | | 2679.25 | | Aetna | Better Health | 845.3 | 31.55 | | | 803.78 | | 2545.29 percent of total billed charges | |
| HC TCATH STENT PLACEMT ANTEGRADE CAROTID\|INNOMINATE | 37218 | CPT | | | | outpatient | | | 2679.25 | | Americare | Americare | 2009.44 | 75 | | | 803.78 | | 2545.29 percent of total billed charges | |
| HC TCATH STENT PLACEMT ANTEGRADE CAROTID\|INNOMINATE | 37218 | CPT | | | | outpatient | | | 2679.25 | | UHC | Medicaid | 845.3 | 31.55 | | | 803.78 | | 2545.29 percent of total billed charges | |
| HC TCATH STENT PLACEMT ANTEGRADE CAROTID\|INNOMINATE | 37218 | CPT | | | | outpatient | | | 2679.25 | | Multiplan | Multiplan | 2143.4 | 80 | | | 803.78 | | 2545.29 percent of total billed charges | |
| HC TCATH STENT PLACEMT ANTEGRADE CAROTID\|INNOMINATE | 37218 | CPT | | | | outpatient | | | 2679.25 | | Horizon | Indemnity | 1025.62 | 38.28 | | | 803.78 | | 2545.29 percent of total billed charges | |
| HC TCATH STENT PLACEMT ANTEGRADE CAROTID\|INNOMINATE | 37218 | CPT | | | | outpatient | | | 2679.25 | | Horizon | MGD | 1025.62 | 38.28 | | | 803.78 | | 2545.29 percent of total billed charges | |
| HC TCATH STENT PLACEMT ANTEGRADE CAROTID\|INNOMINATE | 37218 | CPT | | | | outpatient | | | 2679.25 | | United | Commercial\|PPO | 1782 | | | | 803.78 | | 2545.29 case rate | |
| HC TCATH STENT PLACEMT ANTEGRADE CAROTID\|INNOMINATE | 37218 | CPT | | | | outpatient | | | 2679.25 | | Wellcare | Medicaid | 845.3 | 31.55 | | | 803.78 | | 2545.29 percent of total billed charges | |
| HC TCATH STENT PLACEMT ANTEGRADE CAROTID\|INNOMINATE | 37218 | CPT | | | | outpatient | | | 2679.25 | | United | Oxford | 1782 | | | | 803.78 | | 2545.29 case rate | |
| HC TCATH STENT PLACEMT ANTEGRADE CAROTID\|INNOMINATE | 37218 | CPT | | | | outpatient | | | 2679.25 | | Consumer | Consumer | 2545.29 | 95 | | | 803.78 | | 2545.29 percent of total billed charges | |
| HC TCATH STENT PLACEMT ANTEGRADE CAROTID\|INNOMINATE | 37218 | CPT | | | | outpatient | | | 2679.25 | | Qualcare | Qualcare | 2009.44 | 75 | | | 803.78 | | 2545.29 percent of total billed charges | |
| HC TCATH STENT PLACEMT ANTEGRADE CAROTID\|INNOMINATE | 37218 | CPT | | | | outpatient | | | 2679.25 | | First Trenton | First Trenton | 2411.33 | 90 | | | 803.78 | | 2545.29 percent of total billed charges | |
| HC TCATH STENT PLACEMT ANTEGRADE CAROTID\|INNOMINATE | 37218 | CPT | | | | outpatient | | | 2679.25 | | Horizon | NJ Health | 1214.17 | | | | 803.78 | | 2545.29 fee schedule | |
| HC TCATH STENT PLACEMT ANTEGRADE CAROTID\|INNOMINATE | 37218 | CPT | | | | outpatient | | | 2679.25 | | Horizon | PPO | 1025.62 | 38.28 | | | 803.78 | | 2545.29 percent of total billed charges | |
| HC TCATH STENT PLACEMT ANTEGRADE CAROTID\|INNOMINATE | 37218 | CPT | | | | outpatient | | | 2679.25 | | Managed Care Inc | Managed Care Inc | 2411.33 | 90 | | | 803.78 | | 2545.29 percent of total billed charges | |
| HC TCATH STENT PLACEMT ANTEGRADE CAROTID\|INNOMINATE | 37218 | CPT | | | | outpatient | | | 2679.25 | | Three Rivers | Three Rivers | 2545.29 | 95 | | | 803.78 | | 2545.29 percent of total billed charges | |
| HC LLIAC REVASC | 37220 | CPT | | | | both | | | 19964 | 7517.39 | First Health | First Health | 13974.8 | 70 | | | 1600 | | 18965.8 percent of total billed charges | |
| HC LLIAC REVASC | 37220 | CPT | | | | both | | | 19964 | 7517.39 | Aetna | Commercial | 10868.16 | | | | 1600 | | 18965.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LLIAC REVASC | 37220 | CPT | | | | both | | | 19964 | 7517.39 | Horizon | Medicare Blue | 6536.86 | | | | 1600 | | 18965.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LLIAC REVASC | 37220 | CPT | | | | both | | | 19964 | 7517.39 | Americare | Americare | 14973 | 75 | | | 1600 | | 18965.8 percent of total billed charges | |
| HC LLIAC REVASC | 37220 | CPT | | | | both | | | 19964 | 7517.39 | Consumer | Consumer | 18965.8 | 95 | | | 1600 | | 18965.8 percent of total billed charges | |
| HC LLIAC REVASC | 37220 | CPT | | | | both | | | 19964 | 7517.39 | Amerihealth | HMO\|PPO | 1600 | | | | 1600 | | 18965.8 fee schedule | |
| HC LLIAC REVASC | 37220 | CPT | | | | both | | | 19964 | 7517.39 | Aetna | Better Health | 6298.64 | 31.55 | | | 1600 | | 18965.8 percent of total billed charges | |
| HC LLIAC REVASC | 37220 | CPT | | | | both | | | 19964 | 7517.39 | Corrections | Corrections | 15971.2 | 80 | | | 1600 | | 18965.8 percent of total billed charges | |
| HC LLIAC REVASC | 37220 | CPT | | | | both | | | 19964 | 7517.39 | Multiplan | Multiplan | 15971.2 | 80 | | | 1600 | | 18965.8 percent of total billed charges | |
| HC LLIAC REVASC | 37220 | CPT | | | | both | | | 19964 | 7517.39 | Aetna | Medicare | 6536.86 | | | | 1600 | | 18965.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LLIAC REVASC | 37220 | CPT | | | | both | | | 19964 | 7517.39 | Horizon | NJ Health | 3695.13 | | | 623.46 | 1600 | | 18965.8 fee schedule | |
| HC LLIAC REVASC | 37220 | CPT | | | | both | | | 19964 | 7517.39 | First Trenton | First Trenton | 17967.6 | 90 | | | 1600 | | 18965.8 percent of total billed charges | |
| HC LLIAC REVASC | 37220 | CPT | | | | both | | | 19964 | 7517.39 | Horizon | Indemnity | 12648.82 | | | | 1600 | | 18965.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LLIAC REVASC | 37220 | CPT | | | | both | | | 19964 | 7517.39 | UHC | Medicare | 6536.86 | | | 4618.45 | 1600 | | 18965.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LLIAC REVASC | 37220 | CPT | | | | both | | | 19964 | 7517.39 | Horizon | PPO | 12648.82 | | | | 1600 | | 18965.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LLIAC REVASC | 37220 | CPT | | | | both | | | 19964 | 7517.39 | Managed Care Inc | Managed Care Inc | 17967.6 | 90 | | | 1600 | | 18965.8 percent of total billed charges | |
| HC LLIAC REVASC | 37220 | CPT | | | | both | | | 19964 | 7517.39 | Qualcare | Qualcare | 14973 | 75 | | | 1600 | | 18965.8 percent of total billed charges | |
| HC LLIAC REVASC | 37220 | CPT | | | | both | | | 19964 | 7517.39 | Horizon | MGD | 12648.82 | | | | 1600 | | 18965.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LLIAC REVASC | 37220 | CPT | | | | both | | | 19964 | 7517.39 | UHC | Medicaid | 6298.64 | 31.55 | | | 1600 | | 18965.8 percent of total billed charges | |
| HC LLIAC REVASC | 37220 | CPT | | | | both | | | 19964 | 7517.39 | Three Rivers | Three Rivers | 18965.8 | 95 | | | 1600 | | 18965.8 percent of total billed charges | |
| HC LLIAC REVASC | 37220 | CPT | | | | both | | | 19964 | 7517.39 | Wellcare | Medicare | 6536.86 | | | | 1600 | | 18965.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LLIAC REVASC | 37220 | CPT | | | | both | | | 19964 | 7517.39 | United | Commercial\|PPO | 4702 | | | | 1600 | | 18965.8 case rate | |
| HC LLIAC REVASC | 37220 | CPT | | | | both | | | 19964 | 7517.39 | United | Oxford | 4702 | | | | 1600 | | 18965.8 case rate | |
| HC LLIAC REVASC | 37220 | CPT | | | | both | | | 19964 | 7517.39 | Wellcare | Medicaid | 6298.64 | 31.55 | | | 1600 | | 18965.8 percent of total billed charges | |
| HC LLIAC REVASC | 37220 | CPT | | | | both | | | 19964 | 7517.39 | WellPoint | WellPoint | 6424.42 | 32.18 | | 3279.91 | 1600 | | 18965.8 percent of total billed charges | |
| HC ILIAC REVASC W\|STENT UNILAT, 1ST VESSEL OPN\|PERQ INCL ANGIOPLSTY | 37221 | CPT | | | | both | | | 19964 | 14469 | Aetna | Medicare | 12581.74 | | | | 1600 | | 24345.67 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ILIAC REVASC W\|STENT UNILAT, 1ST VESSEL OPN\|PERQ INCL ANGIOPLSTY | 37221 | CPT | | | | both | | | 19964 | 14469 | Aetna | Better Health | 6298.64 | 31.55 | | | 1600 | | 24345.67 percent of total billed charges | |
| HC ILIAC REVASC W\|STENT UNILAT, 1ST VESSEL OPN\|PERQ INCL ANGIOPLSTY | 37221 | CPT | | | | both | | | 19964 | 14469 | Aetna | Commercial | 20533.4 | | | | 1600 | | 24345.67 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ILIAC REVASC W\|STENT UNILAT, 1ST VESSEL OPN\|PERQ INCL ANGIOPLSTY | 37221 | CPT | | | | both | | | 19964 | 14469 | Horizon | Indemnity | 24345.67 | | | | 1600 | | 24345.67 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ILIAC REVASC W\|STENT UNILAT, 1ST VESSEL OPN\|PERQ INCL ANGIOPLSTY | 37221 | CPT | | | | both | | | 19964 | 14469 | Consumer | Consumer | 18965.8 | 95 | | | 1600 | | 24345.67 percent of total billed charges | |
| HC ILIAC REVASC W\|STENT UNILAT, 1ST VESSEL OPN\|PERQ INCL ANGIOPLSTY | 37221 | CPT | | | | both | | | 19964 | 14469 | Amerihealth | HMO\|PPO | 1600 | | | | 1600 | | 24345.67 fee schedule | |
| HC ILIAC REVASC W\|STENT UNILAT, 1ST VESSEL OPN\|PERQ INCL ANGIOPLSTY | 37221 | CPT | | | | both | | | 19964 | 14469 | Americare | Americare | 14973 | 75 | | | 1600 | | 24345.67 percent of total billed charges | |
| HC ILIAC REVASC W\|STENT UNILAT, 1ST VESSEL OPN\|PERQ INCL ANGIOPLSTY | 37221 | CPT | | | | both | | | 19964 | 14469 | First Trenton | First Trenton | 17967.6 | 90 | | | 1600 | | 24345.67 percent of total billed charges | |
| HC ILIAC REVASC W\|STENT UNILAT, 1ST VESSEL OPN\|PERQ INCL ANGIOPLSTY | 37221 | CPT | | | | both | | | 19964 | 14469 | Corrections | Corrections | 15971.2 | 80 | | | 1600 | | 24345.67 percent of total billed charges | |
| HC ILIAC REVASC W\|STENT UNILAT, 1ST VESSEL OPN\|PERQ INCL ANGIOPLSTY | 37221 | CPT | | | | both | | | 19964 | 14469 | First Health | First Health | 13974.8 | 70 | | | 1600 | | 24345.67 percent of total billed charges | |
| HC ILIAC REVASC W\|STENT UNILAT, 1ST VESSEL OPN\|PERQ INCL ANGIOPLSTY | 37221 | CPT | | | | both | | | 19964 | 14469 | Multiplan | Multiplan | 15971.2 | 80 | | | 1600 | | 24345.67 percent of total billed charges | |
| HC ILIAC REVASC W\|STENT UNILAT, 1ST VESSEL OPN\|PERQ INCL ANGIOPLSTY | 37221 | CPT | | | | both | | | 19964 | 14469 | Horizon | PPO | 24345.67 | | | | 1600 | | 24345.67 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ILIAC REVASC W\|STENT UNILAT, 1ST VESSEL OPN\|PERQ INCL ANGIOPLSTY | 37221 | CPT | | | | both | | | 19964 | 14469 | Horizon | NJ Health | 5467.58 | | | | 1600 | | 24345.67 fee schedule | |
| HC ILIAC REVASC W\|STENT UNILAT, 1ST VESSEL OPN\|PERQ INCL ANGIOPLSTY | 37221 | CPT | | | | both | | | 19964 | 14469 | Horizon | Medicare Blue | 12581.74 | | | 3127.28 | 1600 | | 24345.67 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ILIAC REVASC W\|STENT UNILAT, 1ST VESSEL OPN\|PERQ INCL ANGIOPLSTY | 37221 | CPT | | | | both | | | 19964 | 14469 | Three Rivers | Three Rivers | 18965.8 | 95 | | | 1600 | | 24345.67 percent of total billed charges | |
| HC ILIAC REVASC W\|STENT UNILAT, 1ST VESSEL OPN\|PERQ INCL ANGIOPLSTY | 37221 | CPT | | | | both | | | 19964 | 14469 | UHC | Medicaid | 6298.64 | 31.55 | | | 1600 | | 24345.67 percent of total billed charges | |
| HC ILIAC REVASC W\|STENT UNILAT, 1ST VESSEL OPN\|PERQ INCL ANGIOPLSTY | 37221 | CPT | | | | both | | | 19964 | 14469 | United | Oxford | 5843 | | | | 1600 | | 24345.67 case rate | |
| HC ILIAC REVASC W\|STENT UNILAT, 1ST VESSEL OPN\|PERQ INCL ANGIOPLSTY | 37221 | CPT | | | | both | | | 19964 | 14469 | Horizon | MGD | 24345.67 | | | | 1600 | | 24345.67 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ILIAC REVASC W\|STENT UNILAT, 1ST VESSEL OPN\|PERQ INCL ANGIOPLSTY | 37221 | CPT | | | | both | | | 19964 | 14469 | Qualcare | Qualcare | 14973 | 75 | | | 1600 | | 24345.67 percent of total billed charges | |
| HC ILIAC REVASC W\|STENT UNILAT, 1ST VESSEL OPN\|PERQ INCL ANGIOPLSTY | 37221 | CPT | | | | both | | | 19964 | 14469 | Managed Care Inc | Managed Care Inc | 17967.6 | 90 | | | 1600 | | 24345.67 percent of total billed charges | |
| HC ILIAC REVASC W\|STENT UNILAT, 1ST VESSEL OPN\|PERQ INCL ANGIOPLSTY | 37221 | CPT | | | | both | | | 19964 | 14469 | Wellcare | Medicare | 12581.74 | | | | 1600 | | 24345.67 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ILIAC REVASC W\|STENT UNILAT, 1ST VESSEL OPN\|PERQ INCL ANGIOPLSTY | 37221 | CPT | | | | both | | | 19964 | 14469 | Wellcare | Medicaid | 6298.64 | 31.55 | | | 1600 | | 24345.67 percent of total billed charges | |
| HC ILIAC REVASC W\|STENT UNILAT, 1ST VESSEL OPN\|PERQ INCL ANGIOPLSTY | 37221 | CPT | | | | both | | | 19964 | 14469 | UHC | Medicare | 12581.74 | | | | 1600 | | 24345.67 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ILIAC REVASC W\|STENT UNILAT, 1ST VESSEL OPN\|PERQ INCL ANGIOPLSTY | 37221 | CPT | | | | both | | | 19964 | 14469 | United | Commercial\|PPO | 5843 | | | | 1600 | | 24345.67 case rate | |
| HC ILIAC REVASC W\|STENT UNILAT, 1ST VESSEL OPN\|PERQ INCL ANGIOPLSTY | 37221 | CPT | | | | both | | | 19964 | 14469 | WellPoint | WellPoint | 6424.42 | 32.18 | | | 1600 | | 24345.67 percent of total billed charges | |
| HC ILIAC REVASC ADD-ON | 37222 | CPT | | | | outpatient | | | 20680 | | Aetna | Medicare | 6369.44 | 30.8 | | | 1060.52 | | 19646 percent of total billed charges | |
| HC ILIAC REVASC ADD-ON | 37222 | CPT | | | | outpatient | | | 20680 | | Americare | Americare | 15510 | 75 | | | 1060.52 | | 19646 percent of total billed charges | |
| HC ILIAC REVASC ADD-ON | 37222 | CPT | | | | outpatient | | | 20680 | | Amerihealth | HMO\|PPO | 1600 | | | | 1060.52 | | 19646 fee schedule | |
| HC ILIAC REVASC ADD-ON | 37222 | CPT | | | | outpatient | | | 20680 | | First Trenton | First Trenton | 18612 | 90 | | | 1060.52 | | 19646 percent of total billed charges | |
| HC ILIAC REVASC ADD-ON | 37222 | CPT | | | | outpatient | | | 20680 | | Horizon | MGD | 7916.3 | 38.28 | | | 1060.52 | | 19646 percent of total billed charges | |
| HC ILIAC REVASC ADD-ON | 37222 | CPT | | | | outpatient | | | 20680 | | Consumer | Consumer | 19646 | 95 | | | 1060.52 | | 19646 percent of total billed charges | |
| HC

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC ILIAC REVASC ADD-ON | 37222 | CPT | | | | outpatient | | | 20680 | | Corrections | Corrections | 16544 | 80 | | | 1060.52 | 19646 | percent of total billed charges | |
| HC ILIAC REVASC ADD-ON | 37222 | CPT | | | | outpatient | | | 20680 | | United | Oxford | 4702 | | | | 1060.52 | 19646 | case rate | |
| HC ILIAC REVASC ADD-ON | 37222 | CPT | | | | outpatient | | | 20680 | | UHC | Medicaid | 6524.54 | 31.55 | | | 1060.52 | 19646 | percent of total billed charges | |
| HC ILIAC REVASC ADD-ON | 37222 | CPT | | | | outpatient | | | 20680 | | Three Rivers | Three Rivers | 19646 | 95 | | | 1060.52 | 19646 | percent of total billed charges | |
| HC ILIAC REVASC ADD-ON | 37222 | CPT | | | | outpatient | | | 20680 | | Managed Care Inc | Managed Care Inc | 18612 | 90 | | | 1060.52 | 19646 | percent of total billed charges | |
| HC ILIAC REVASC ADD-ON | 37222 | CPT | | | | outpatient | | | 20680 | | Horizon | Indemnity | 7916.3 | 38.28 | | | 1060.52 | 19646 | percent of total billed charges | |
| HC ILIAC REVASC ADD-ON | 37222 | CPT | | | | outpatient | | | 20680 | | United | Commercial/PPO | 4702 | | | | 1060.52 | 19646 | case rate | |
| HC ILIAC REVASC ADD-ON | 37222 | CPT | | | | outpatient | | | 20680 | | Horizon | NJ Health | 1060.52 | | | | 1060.52 | 19646 | fee schedule | |
| HC ILIAC REVASC ADD-ON | 37222 | CPT | | | | outpatient | | | 20680 | | WellPoint | WellPoint | 6654.82 | 32.18 | | 3397.53 | 1060.52 | 19646 | percent of total billed charges | |
| HC REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSILATL | 37223 | CPT | | | | outpatient | | | 19964 | | Americare | Americare | 14973 | 75 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSILATL | 37223 | CPT | | | | outpatient | | | 19964 | | First Health | First Health | 13974.8 | 70 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSILATL | 37223 | CPT | | | | outpatient | | | 19964 | | Horizon | Indemnity | 7642.22 | 38.28 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSILATL | 37223 | CPT | | | | outpatient | | | 19964 | | Corrections | Corrections | 15971.2 | 80 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSILATL | 37223 | CPT | | | | outpatient | | | 19964 | | Horizon | MGD | 7642.22 | 38.28 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSILATL | 37223 | CPT | | | | outpatient | | | 19964 | | Aetna | Better Health | 6298.64 | 31.55 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSILATL | 37223 | CPT | | | | outpatient | | | 19964 | | Consumer | Consumer | 18965.8 | 95 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSILATL | 37223 | CPT | | | | outpatient | | | 19964 | | Aetna | Medicare | 6148.91 | 30.8 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSILATL | 37223 | CPT | | | | outpatient | | | 19964 | | Multiplan | Multiplan | 15971.2 | 80 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSILATL | 37223 | CPT | | | | outpatient | | | 19964 | | Horizon | Medicare Blue | 5989.2 | 30 | | 3127.28 | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSILATL | 37223 | CPT | | | | outpatient | | | 19964 | | Qualcare | Qualcare | 14973 | 75 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSILATL | 37223 | CPT | | | | outpatient | | | 19964 | | UHC | Medicaid | 6298.64 | 31.55 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSILATL | 37223 | CPT | | | | outpatient | | | 19964 | | Amerihealth | HMO/PPO | 1600 | | | | 1600 | 18965.8 | fee schedule | |
| HC REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSILATL | 37223 | CPT | | | | outpatient | | | 19964 | | First Trenton | First Trenton | 17967.6 | 90 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSILATL | 37223 | CPT | | | | outpatient | | | 19964 | | United | Oxford | 4702 | | | | 1600 | 18965.8 | case rate | |
| HC REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSILATL | 37223 | CPT | | | | outpatient | | | 19964 | | United | Commercial/PPO | 4702 | | | | 1600 | 18965.8 | case rate | |
| HC REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSILATL | 37223 | CPT | | | | outpatient | | | 19964 | | Wellcare | Medicaid | 6298.64 | 31.55 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSILATL | 37223 | CPT | | | | outpatient | | | 19964 | | Horizon | NJ Health | 3015.59 | | | | 1600 | 18965.8 | fee schedule | |
| HC REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSILATL | 37223 | CPT | | | | outpatient | | | 19964 | | WellPoint | WellPoint | 6424.42 | 32.18 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSILATL | 37223 | CPT | | | | outpatient | | | 19964 | | Horizon | PPO | 7642.22 | 38.28 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSILATL | 37223 | CPT | | | | outpatient | | | 19964 | | Managed Care Inc | Managed Care Inc | 17967.6 | 90 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSILATL | 37223 | CPT | | | | outpatient | | | 19964 | | Three Rivers | Three Rivers | 18965.8 | 95 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC FEM/POPL REVAS W/TLA | 37224 | CPT | | | | both | | | 19964 | 7517.39 | First Health | First Health | 13974.8 | 70 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC FEM/POPL REVAS W/TLA | 37224 | CPT | | | | both | | | 19964 | 7517.39 | Americare | Americare | 14973 | 75 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC FEM/POPL REVAS W/TLA | 37224 | CPT | | | | both | | | 19964 | 7517.39 | Aetna | Better Health | 6298.64 | 31.55 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC FEM/POPL REVAS W/TLA | 37224 | CPT | | | | both | | | 19964 | 7517.39 | UHC | Medicare | 6536.86 | | | 3613.18 | 1600 | 18965.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEM/POPL REVAS W/TLA | 37224 | CPT | | | | both | | | 19964 | 7517.39 | Corrections | Corrections | 15971.2 | 80 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC FEM/POPL REVAS W/TLA | 37224 | CPT | | | | both | | | 19964 | 7517.39 | Amerihealth | HMO/PPO | 1600 | | | | 1600 | 18965.8 | fee schedule | |
| HC FEM/POPL REVAS W/TLA | 37224 | CPT | | | | both | | | 19964 | 7517.39 | Aetna | Medicare | 6536.86 | | | | 1600 | 18965.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEM/POPL REVAS W/TLA | 37224 | CPT | | | | both | | | 19964 | 7517.39 | Aetna | Commercial | 10868.16 | | | | 1600 | 18965.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEM/POPL REVAS W/TLA | 37224 | CPT | | | | both | | | 19964 | 7517.39 | Multiplan | Multiplan | 15971.2 | 80 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC FEM/POPL REVAS W/TLA | 37224 | CPT | | | | both | | | 19964 | 7517.39 | First Trenton | First Trenton | 17967.6 | 90 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC FEM/POPL REVAS W/TLA | 37224 | CPT | | | | both | | | 19964 | 7517.39 | Consumer | Consumer | 18965.8 | 95 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC FEM/POPL REVAS W/TLA | 37224 | CPT | | | | both | | | 19964 | 7517.39 | Horizon | Medicare Blue | 6536.86 | | | | 1600 | 18965.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEM/POPL REVAS W/TLA | 37224 | CPT | | | | both | | | 19964 | 7517.39 | Horizon | Indemnity | 12648.82 | | | | 1600 | 18965.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEM/POPL REVAS W/TLA | 37224 | CPT | | | | both | | | 19964 | 7517.39 | UHC | Medicaid | 6298.64 | 31.55 | | 3818.49 | 1600 | 18965.8 | percent of total billed charges | |
| HC FEM/POPL REVAS W/TLA | 37224 | CPT | | | | both | | | 19964 | 7517.39 | Horizon | MGD | 12648.82 | | | | 1600 | 18965.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEM/POPL REVAS W/TLA | 37224 | CPT | | | | both | | | 19964 | 7517.39 | Horizon | NJ Health | 6074.51 | | | | 1600 | 18965.8 | fee schedule | |
| HC FEM/POPL REVAS W/TLA | 37224 | CPT | | | | both | | | 19964 | 7517.39 | Qualcare | Qualcare | 14973 | 75 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC FEM/POPL REVAS W/TLA | 37224 | CPT | | | | both | | | 19964 | 7517.39 | United | Oxford | 4702 | | | | 1600 | 18965.8 | case rate | |
| HC FEM/POPL REVAS W/TLA | 37224 | CPT | | | | both | | | 19964 | 7517.39 | WellPoint | WellPoint | 6424.42 | 32.18 | | 3279.91 | 1600 | 18965.8 | percent of total billed charges | |
| HC FEM/POPL REVAS W/TLA | 37224 | CPT | | | | both | | | 19964 | 7517.39 | Managed Care Inc | Managed Care Inc | 17967.6 | 90 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC FEM/POPL REVAS W/TLA | 37224 | CPT | | | | both | | | 19964 | 7517.39 | Horizon | PPO | 12648.82 | | | | 1600 | 18965.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEM/POPL REVAS W/TLA | 37224 | CPT | | | | both | | | 19964 | 7517.39 | Wellcare | Medicaid | 6298.64 | 31.55 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC FEM/POPL REVAS W/TLA | 37224 | CPT | | | | both | | | 19964 | 7517.39 | United | Commercial/PPO | 4702 | | | | 1600 | 18965.8 | case rate | |
| HC FEM/POPL REVAS W/TLA | 37224 | CPT | | | | both | | | 19964 | 7517.39 | Three Rivers | Three Rivers | 18965.8 | 95 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC FEM/POPL REVAS W/TLA | 37224 | CPT | | | | both | | | 19964 | 7517.39 | Wellcare | Medicare | 6536.86 | | | | 1600 | 18965.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEM/POPL REVAS W/ATHER | 37225 | CPT | | | | both | | | 50957.3 | 23062.62 | Aetna | Commercial | 32728.86 | | | | 2500 | 48409.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEM/POPL REVAS W/ATHER | 37225 | CPT | | | | both | | | 50957.3 | 23062.62 | Aetna | Better Health | 16077.03 | 31.55 | | | 2500 | 48409.44 | percent of total billed charges | |
| HC FEM/POPL REVAS W/ATHER | 37225 | CPT | | | | both | | | 50957.3 | 23062.62 | Aetna | Medicare | 20054.45 | | | | 2500 | 48409.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEM/POPL REVAS W/ATHER | 37225 | CPT | | | | both | | | 50957.3 | 23062.62 | Horizon | Indemnity | 38805.36 | | | | 2500 | 48409.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEM/POPL REVAS W/ATHER | 37225 | CPT | | | | both | | | 50957.3 | 23062.62 | Multiplan | Multiplan | 40765.84 | 80 | | | 2500 | 48409.44 | percent of total billed charges | |
| HC FEM/POPL REVAS W/ATHER | 37225 | CPT | | | | both | | | 50957.3 | 23062.62 | Consumer | Consumer | 48409.44 | 95 | | | 2500 | 48409.44 | percent of total billed charges | |
| HC FEM/POPL REVAS W/ATHER | 37225 | CPT | | | | both | | | 50957.3 | 23062.62 | Americare | Americare | 38217.98 | 75 | | | 2500 | 48409.44 | percent of total billed charges | |
| HC FEM/POPL REVAS W/ATHER | 37225 | CPT | | | | both | | | 50957.3 | 23062.62 | Horizon | Medicare Blue | 20054.45 | | | | 2500 | 48409.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEM/POPL REVAS W/ATHER | 37225 | CPT | | | | both | | | 50957.3 | 23062.62 | Qualcare | Qualcare | 38217.98 | 75 | | | 2500 | 48409.44 | percent of total billed charges | |
| HC FEM/POPL REVAS W/ATHER | 37225 | CPT | | | | both | | | 50957.3 | 23062.62 | First Health | First Health | 35670.11 | 70 | | | 2500 | 48409.44 | percent of total billed charges | |
| HC FEM/POPL REVAS W/ATHER | 37225 | CPT | | | | both | | | 50957.3 | 23062.62 | First Trenton | First Trenton | 45861.57 | 90 | | | 2500 | 48409.44 | percent of total billed charges | |
| HC FEM/POPL REVAS W/ATHER | 37225 | CPT | | | | both | | | 50957.3 | 23062.62 | Horizon | NJ Health | 12990.12 | | | 1323.38 | 2500 | 48409.44 | fee schedule | |
| HC FEM/POPL REVAS W/ATHER | 37225 | CPT | | | | both | | | 50957.3 | 23062.62 | UHC | Medicare | 20054.45 | | | 8236.95 | 2500 | 48409.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEM/POPL REVAS W/ATHER | 37225 | CPT | | | | both | | | 50957.3 | 23062.62 | Corrections | Corrections | 40765.84 | 80 | | | 2500 | 48409.44 | percent of total billed charges | |
| HC FEM/POPL REVAS W/ATHER | 37225 | CPT | | | | both | | | 50957.3 | 23062.62 | Amerihealth | HMO/PPO | 2500 | | | | 2500 | 48409.44 | fee schedule | |
| HC FEM/POPL REVAS W/ATHER | 37225 | CPT | | | | both | | | 50957.3 | 23062.62 | Horizon | PPO | 38805.36 | | | | 2500 | 48409.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEM/POPL REVAS W/ATHER | 37225 | CPT | | | | both | | | 50957.3 | 23062.62 | Managed Care Inc | Managed Care Inc | 45861.57 | 90 | | | 2500 | 48409.44 | percent of total billed charges | |
| HC FEM/POPL REVAS W/ATHER | 37225 | CPT | | | | both | | | 50957.3 | 23062.62 | Three Rivers | Three Rivers | 48409.44 | 95 | | | 2500 | 48409.44 | percent of total billed charges | |
| HC FEM/POPL REVAS W/ATHER | 37225 | CPT | | | | both | | | 50957.3 | 23062.62 | Horizon | MGD | 38805.36 | | | | 2500 | 48409.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEM/POPL REVAS W/ATHER | 37225 | CPT | | | | both | | | 50957.3 | 23062.62 | United | Commercial/PPO | 5843 | | | | 2500 | 48409.44 | case rate | |
| HC FEM/POPL REVAS W/ATHER | 37225 | CPT | | | | both | | | 50957.3 | 23062.62 | UHC | Medicaid | 16077.03 | 31.55 | | | 2500 | 48409.44 | percent of total billed charges | |
| HC FEM/POPL REVAS W/ATHER | 37225 | CPT | | | | both | | | 50957.3 | 23062.62 | Wellcare | Medicaid | 16077.03 | 31.55 | | | 2500 | 48409.44 | percent of total billed charges | |
| HC FEM/POPL REVAS W/ATHER | 37225 | CPT | | | | both | | | 50957.3 | 23062.62 | United | Oxford | 5843 | | | | 2500 | 48409.44 | case rate | |
| HC FEM/POPL REVAS W/ATHER | 37225 | CPT | | | | both | | | 50957.3 | 23062.62 | Wellcare | Medicare | 20054.45 | | | | 2500 | 48409.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEM/POPL REVAS W/ATHER | 37225 | CPT | | | | both | | | 50957.3 | 23062.62 | WellPoint | WellPoint | 16398.06 | 32.18 | | | 2500 | 48409.44 | percent of total billed charges | |
| HC FEM/POPL REVASC W/STENT | 37226 | CPT | | | | both | | | 42376 | 14469 | Amerihealth | HMO/PPO | 2500 | | | | 2500 | 40257.2 | fee schedule | |
| HC FEM/POPL REVASC W/STENT | 37226 | CPT | | | | both | | | 42376 | 14469 | Aetna | Medicare | 12581.74 | | | | 2500 | 40257.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEM/POPL REVASC W/STENT | 37226 | CPT | | | | both | | | 42376 | 14469 | Aetna | Commercial | 20533.4 | | | | 2500 | 40257.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEM/POPL REVASC W/STENT | 37226 | CPT | | | | both | | | 42376 | 14469 | Corrections | Corrections | 33900.8 | 80 | | | 2500 | 40257.2 | percent of total billed charges | |
| HC FEM/POPL REVASC W/STENT | 37226 | CPT | | | | both | | | 42376 | 14469 | First Trenton | First Trenton | 38138.4 | 90 | | | 2500 | 40257.2 | percent of total billed charges | |
| HC FEM/POPL REVASC W/STENT | 37226 | CPT | | | | both | | | 42376 | 14469 | Aetna | Better Health | 13369.63 | 31.55 | | | 2500 | 40257.2 | percent of total billed charges | |
| HC FEM/POPL REVASC W/STENT | 37226 | CPT | | | | both | | | 42376 | 14469 | Horizon | Medicare Blue | 12581.74 | | | | 2500 | 40257.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEM/POPL REVASC W/STENT | 37226 | CPT | | | | both | | | 42376 | 14469 | Multiplan | Multiplan | 33900.8 | 80 | | | 2500 | 40257.2 | percent of total billed charges | |
| HC FEM/POPL REVASC W/STENT | 37226 | CPT | | | | both | | | 42376 | 14469 | First Health | First Health | 29663.2 | 70 | | | 2500 | 40257.2 | percent of total billed charges | |
| HC FEM/POPL REVASC W/STENT | 37226 | CPT | | | | both | | | 42376 | 14469 | Consumer | Consumer | 40257.2 | 95 | | | 2500 | 40257.2 | percent of total billed charges | |
| HC FEM/POPL REVASC W/STENT | 37226 | CPT | | | | both | | | 42376 | 14469 | Managed Care Inc | Managed Care Inc | 38138.4 | 90 | | | 2500 | 40257.2 | percent of total billed charges | |
| HC FEM/POPL REVASC W/STENT | 37226 | CPT | | | | both | | | 42376 | 14469 | Horizon | Indemnity | 24345.67 | | | | 2500 | 40257.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEM/POPL REVASC W/STENT | 37226 | CPT | | | | both | | | 42376 | 14469 | Horizon | PPO | 24345.67 | | | 18679.86 | 2500 | 40257.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEM/POPL REVASC W/STENT | 37226 | CPT | | | | both | | | 42376 | 14469 | Americare | Americare | 31782 | 75 | | | 2500 | 40257.2 | percent of total billed charges | |
| HC FEM/POPL REVASC W/STENT | 37226 | CPT | | | | both | | | 42376 | 14469 | Three Rivers | Three Rivers | 40257.2 | 95 | | | 2500 | 40257.2 | percent of total billed charges | |
| HC FEM/POPL REVASC W/STENT | 37226 | CPT | | | | both | | | 42376 | 14469 | Qualcare | Qualcare | 31782 | 75 | | | 2500 | 40257.2 | percent of total billed charges | |
| HC FEM/POPL REVASC W/STENT | 37226 | CPT | | | | both | | | 42376 | 14469 | Wellcare | Medicaid | 13369.63 | 31.55 | | | 2500 | 40257.2 | percent of total billed charges | |
| HC FEM/POPL REVASC W/STENT | 37226 | CPT | | | | both | | | 42376 | 14469 | Horizon | MGD | 24345.67 | | | | 2500 | 40257.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEM/POPL REVASC W/STENT | 37226 | CPT | | | | both | | | 42376 | 14469 | UHC | Medicaid | 13369.63 | 31.55 | | | 2500 | 40257.2 | percent of total billed charges | |
| HC FEM/POPL REVASC W/STENT | 37226 | CPT | | | | both | | | 42376 | 14469 | Horizon | NJ Health | 10538.14 | | | | 2500 | 40257.2 | fee schedule | |
| HC FEM/POPL REVASC W/STENT | 37226 | CPT | | | | both | | | 42376 | 14469 | Wellcare | Medicare | 12581.74 | | | | 2500 | 40257.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEM/POPL REVASC W/STENT | 37226 | CPT | | | | both | | | 42376 | 14469 | UHC | Medicare | 12581.74 | | | 8028.36 | 2500 | 40257.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEM/POPL REVASC W/STENT | 37226 | CPT | | | | both | | | 42376 | 14469 | United | Oxford | 5843 | | | | 2500 | 40257.2 | case rate | |
| HC FEM/POPL REVASC W/STENT | 37226 | CPT | | | | both | | | 42376 | 14469 | United | Commercial/PPO | 5843 | | | | 2500 | 40257.2 | case rate | |
| HC FEM/POPL REVASC W/STENT | 37226 | CPT | | | | both | | | 42376 | 14469 | WellPoint | WellPoint | 13636.6 | 32.18 | | | 2500 | 40257.2 | percent of total billed charges | |
| HC FEM/POPL REVASC STENT/ATHERECT | 37227 | CPT | | | | both | | | 73378 | 23062.62 | First Trenton | First Trenton | 66040.2 | 90 | | | 3500 | 69709.1 | percent of total billed charges | |
| HC FEM/POPL REVASC STENT/ATHERECT | 37227 | CPT | | | | both | | | 73378 | 23062.62 | Americare | Americare | 50033.5 | 75 | | | 3500 | 69709.1 | percent of total billed charges | |
| HC FEM/POPL REVASC STENT/ATHERECT | 37227 | CPT | | | | both | | | 73378 | 23062.62 | UHC | Medicaid | 23150.76 | 31.55 | | | 3500 | 69709.1 | percent of total billed charges | |
| HC FEM/POPL REVASC STENT/ATHERECT | 37227 | CPT | | | | both | | | 73378 | 23062.62 | Aetna | Better Health | 23150.76 | 31.55 | | | 3500 | 69709.1 | percent of total billed charges | |
| HC FEM/POPL REVASC STENT/ATHERECT | 37227 | CPT | | | | both | | | 73378 | 23062.62 | Horizon | Medicare Blue | 20054.45 | | | 11494.63 | 3500 | 69709.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEM/POPL REVASC STENT/ATHERECT | 37227 | CPT | | | | both | | | 73378 | 23062.62 | Aetna | Commercial | 32728.86 | | | | 3500 | 69709.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEM/POPL REVASC STENT/ATHERECT | 37227 | CPT | | | | both | | | 73378 | 23062.62 | Amerihealth | HMO/PPO | 3500 | | | | 3500 | 69709.1 | fee schedule | |
| HC FEM/POPL REVASC STENT/ATHERECT | 37227 | CPT | | | | both | | | 73378 | 23062.62 | Consumer | Consumer | 69709.1 | 95 | | | 3500 | 69709.1 | percent of total billed charges | |
| HC FEM/POPL REVASC STENT/ATHERECT | 37227 | CPT | | | | both | | | 73378 | 23062.62 | Managed Care Inc | Managed Care Inc | 66040.2 | 90 | | | 3500 | 69709.1 | percent of total billed charges | |
| HC FEM/POPL REVASC STENT/ATHERECT | 37227 | CPT | | | | both | | | 73378 | 23062.62 | Aetna | Medicare | 20054.45 | | | | 3500 | 69709.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEM/POPL REVASC STENT/ATHERECT | 37227 | CPT | | | | both | | | 73378 | 23062.62 | UHC | Medicare | 20054.45 | | | | 3500 | 69709.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEM/POPL REVASC STENT/ATHERECT | 37227 | CPT | | | | both | | | 73378 | 23062.62 | Wellcare | Medicare | 20054.45 | | | | 3500 | 69709.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEM/POPL REVASC STENT/ATHERECT | 37227 | CPT | | | | both | | | 73378 | 23062.62 | Horizon | MGD | 38805.36 | | | | 3500 | 69709.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEM/POPL REVASC STENT/ATHERECT | 37227 | CPT | | | | both | | | 73378 | 23062.62 | Horizon | NJ Health | 17027.12 | | | 15503.78 | 3500 | 69709.1 | fee schedule | |
| HC FEM/POPL REVASC STENT/ATHERECT | 37227 | CPT | | | | both | | | 73378 | 23062.62 | First Health | First Health | 51364.6 | 70 | | | 3500 | 69709.1 | percent of total billed charges | |
| HC FEM/POPL REVASC STENT/ATHERECT | 37227 | CPT | | | | both | | | 73378 | 23062.62 | Corrections | Corrections | 58702.4 | 80 | | | 3500 | 69709.1 | percent of total billed charges | |
| HC FEM/POPL REVASC STENT/ATHERECT | 37227 | CPT | | | | both | | | 73378 | 23062.62 | Three Rivers | Three Rivers | 69709.1 | 95 | | | 3500 | 69709.1 | percent of total billed charges | |
| HC FEM/POPL REVASC STENT/ATHERECT | 37227 | CPT | | | | both | | | 73378 | 23062.62 | Multiplan | Multiplan | 58702.4 | 80 | | | 3500 | 69709.1 | percent of total billed charges | |
| HC FEM/POPL REVASC STENT/ATHERECT | 37227 | CPT | | | | both | | | 73378 | 23062.62 | Horizon | Indemnity | 38805.36 | | | | 3500 | 69709.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEM/POPL REVASC STENT/ATHERECT | 37227 | CPT | | | | both | | | 73378 | 23062.62 | United | Oxford | 6553 | | | | 3500 | 69709.1 | case rate | |
| HC FEM/POPL REVASC STENT/ATHERECT | 37227 | CPT | | | | both | | | 73378 | 23062.62 | Horizon | PPO | 38805.36 | | | | 3500 | 69709.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEM/POPL REVASC STENT/ATHERECT | 37227 | CPT | | | | both | | | 73378 | 23062.62 | Qualcare | Qualcare | 50033.5 | 75 | | | 3500 | 69709.1 | percent of total billed charges | |
| HC FEM/POPL REVASC STENT/ATHERECT | 37227 | CPT | | | | both | | | 73378 | 23062.62 | United | Commercial/PPO | 6553 | | | | 3500 | 69709.1 | case rate | |
| HC FEM/POPL REVASC STENT/ATHERECT | 37227 | CPT | | | | both | | | 73378 | 23062.62 | WellPoint | WellPoint | 23613.04 | 32.18 | | | 3500 | 69709.1 | percent of total billed charges | |
| HC FEM/POPL REVASC STENT/ATHERECT | 37227 | CPT | | | | both | | | 73378 | 23062.62 | Wellcare | Medicaid | 23150.76 | 31.55 | | | 3500 | 69709.1 | percent of total billed charges | |
| HC TIB/PER REVASC W/TLA | 37228 | CPT | | | | both | | | 19964 | 14469 | UHC | Medicare | 12581.74 | | | 3804.93 | 1600 | 24345.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIB/PER REVASC W/TLA | 37228 | CPT | | | | both | | | 19964 | 14469 | First Health | First Health | 13974.8 | 70 | | | 1600 | 24345.67 | percent of total billed charges | |
| HC TIB/PER REVASC W/TLA | 37228 | CPT | | | | both | | | 19964 | 14469 | Consumer | Consumer | 18965.8 | 95 | | | 1600 | 24345.67 | percent of total billed charges | |
| HC TIB/PER REVASC W/TLA | 37228 | CPT | | | | both | | | 19964 | 14469 | First Trenton | First Trenton | 17967.6 | 90 | | | 1600 | 24345.67 | percent of total billed charges | |
| HC TIB/PER REVASC W/TLA | 37228 | CPT | | | | both | | | 19964 | 14469 | Aetna | Commercial | 20533.4 | | | | 1600 | 24345.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIB/PER REVASC W/TLA | 37228 | CPT | | | | both | | | 19964 | 14469 | Aetna | Better Health | 6298.64 | 31.55 | | | 1600 | 24345.67 | percent of total billed charges | |
| HC TIB/PER REVASC W/TLA | 37228 | CPT | | | | both | | | 19964 | 14469 | Horizon | PPO | 24345.67 | | | | 1600 | 24345.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIB/PER REVASC W/TLA | 37228 | CPT | | | | both | | | 19964 | 14469 | United | Commercial/PPO | 4702 | | | | 1600 | 24345.67 | case rate | |
| HC TIB/PER REVASC W/TLA | 37228 | CPT | | | | both | | | 19964 | 14469 | Aetna | Medicare | 12581.74 | | | | 1600 | 24345.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIB/PER REVASC W/TLA | 37228 | CPT | | | | both | | | 19964 | 14469 | Multiplan | Multiplan | 15971.2 | 80 | | | 1600 | 24345.67 | percent of total billed charges | |
| HC TIB/PER REVASC W/TLA | 37228 | CPT | | | | both | | | 19964 | 14469 | Corrections | Corrections | 15971.2 | 80 | | | 1600 | 24345.67 | percent of total billed charges | |
| HC TIB/PER REVASC W/TLA | 37228 | CPT | | | | both | | | 19964 | 14469 | Horizon | Indemnity | 24345.67 | | | | 1600 | 24345.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIB/PER REVASC W/TLA | 37228 | CPT | | | | both | | | 19964 | 14469 | Americare | Americare | 14973 | 75 | | | 1600 | 24345.67 | percent of total billed charges | |
| HC TIB/PER REVASC W/TLA | 37228 | CPT | | | | both | | | 19964 | 14469 | Horizon | Medicare Blue | 12581.74 | | | | 1600 | 24345.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIB/PER REVASC W/TLA | 37228 | CPT | | | | both | | | 19964 | 14469 | UHC | Medicaid | 6298.64 | 31.55 | | 6047.7 | 1600 | 24345.67 | percent of total billed charges | |
| HC TIB/PER REVASC W/TLA | 37228 | CPT | | | | both | | | 19964 | 14469 | United | Oxford | 4702 | | | | 1600 | 24345.67 | case rate | |
| HC TIB/PER REVASC W/TLA | 37228 | CPT | | | | both | | | 19964 | 14469 | Amerihealth | HMO/PPO | 1600 | | | | 1600 | 24345.67 | fee schedule | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC TIB/PER REVASC W/TLA | 37228 | CPT | | | | both | | | 19964 | 14469 | Three Rivers | Three Rivers | 18965.8 | 95 | | | 1600 | 24345.67 | percent of total billed charges | |
| HC TIB/PER REVASC W/TLA | 37228 | CPT | | | | both | | | 19964 | 14469 | Horizon | NJ Health | 8694.72 | | | | 1600 | 24345.67 | fee schedule | |
| HC TIB/PER REVASC W/TLA | 37228 | CPT | | | | both | | | 19964 | 14469 | Managed Care Inc | Managed Care Inc | 17967.6 | 90 | | | 1600 | 24345.67 | percent of total billed charges | |
| HC TIB/PER REVASC W/TLA | 37228 | CPT | | | | both | | | 19964 | 14469 | Horizon | MGD | 24345.67 | | | | 1600 | 24345.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIB/PER REVASC W/TLA | 37228 | CPT | | | | both | | | 19964 | 14469 | Qualcare | Qualcare | 14973 | 75 | | | 1600 | 24345.67 | percent of total billed charges | |
| HC TIB/PER REVASC W/TLA | 37228 | CPT | | | | both | | | 19964 | 14469 | WellPoint | WellPoint | 6424.42 | 32.18 | | 9001.91 | 1600 | 24345.67 | percent of total billed charges | |
| HC TIB/PER REVASC W/TLA | 37228 | CPT | | | | both | | | 19964 | 14469 | Wellcare | Medicaid | 6298.64 | 31.55 | | | 1600 | 24345.67 | percent of total billed charges | |
| HC TIB/PER REVASC W/TLA | 37228 | CPT | | | | both | | | 19964 | 14469 | Wellcare | Medicare | 12581.74 | | | | 1600 | 24345.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIB/PER REVASC W/ATHER | 37229 | CPT | | | | both | | | 50957.3 | 23062.62 | First Trenton | First Trenton | 45861.57 | 90 | | | 2500 | 48409.44 | percent of total billed charges | |
| HC TIB/PER REVASC W/ATHER | 37229 | CPT | | | | both | | | 50957.3 | 23062.62 | Aetna | Better Health | 16077.03 | 31.55 | | | 2500 | 48409.44 | percent of total billed charges | |
| HC TIB/PER REVASC W/ATHER | 37229 | CPT | | | | both | | | 50957.3 | 23062.62 | Americare | Americare | 38217.98 | 75 | | | 2500 | 48409.44 | percent of total billed charges | |
| HC TIB/PER REVASC W/ATHER | 37229 | CPT | | | | both | | | 50957.3 | 23062.62 | First Health | First Health | 35670.11 | 70 | | | 2500 | 48409.44 | percent of total billed charges | |
| HC TIB/PER REVASC W/ATHER | 37229 | CPT | | | | both | | | 50957.3 | 23062.62 | UHC | Medicare | 20054.45 | | | | 2500 | 48409.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIB/PER REVASC W/ATHER | 37229 | CPT | | | | both | | | 50957.3 | 23062.62 | Consumer | Consumer | 48409.44 | 95 | | | 2500 | 48409.44 | percent of total billed charges | |
| HC TIB/PER REVASC W/ATHER | 37229 | CPT | | | | both | | | 50957.3 | 23062.62 | Aetna | Commercial | 32728.86 | | | | 2500 | 48409.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIB/PER REVASC W/ATHER | 37229 | CPT | | | | both | | | 50957.3 | 23062.62 | Multiplan | Multiplan | 40765.84 | 80 | | | 2500 | 48409.44 | percent of total billed charges | |
| HC TIB/PER REVASC W/ATHER | 37229 | CPT | | | | both | | | 50957.3 | 23062.62 | Managed Care Inc | Managed Care Inc | 45861.57 | 90 | | | 2500 | 48409.44 | percent of total billed charges | |
| HC TIB/PER REVASC W/ATHER | 37229 | CPT | | | | both | | | 50957.3 | 23062.62 | Horizon | MGD | 38805.36 | | | | 2500 | 48409.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIB/PER REVASC W/ATHER | 37229 | CPT | | | | both | | | 50957.3 | 23062.62 | Amerihealth | HMO/PPO | 2500 | | | | 2500 | 48409.44 | fee schedule | |
| HC TIB/PER REVASC W/ATHER | 37229 | CPT | | | | both | | | 50957.3 | 23062.62 | Horizon | Indemnity | 38805.36 | | | | 2500 | 48409.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIB/PER REVASC W/ATHER | 37229 | CPT | | | | both | | | 50957.3 | 23062.62 | Wellcare | Medicare | 20054.45 | | | | 2500 | 48409.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIB/PER REVASC W/ATHER | 37229 | CPT | | | | both | | | 50957.3 | 23062.62 | Corrections | Corrections | 40765.84 | 80 | | | 2500 | 48409.44 | percent of total billed charges | |
| HC TIB/PER REVASC W/ATHER | 37229 | CPT | | | | both | | | 50957.3 | 23062.62 | Aetna | Medicare | 20054.45 | | | | 2500 | 48409.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIB/PER REVASC W/ATHER | 37229 | CPT | | | | both | | | 50957.3 | 23062.62 | Qualcare | Qualcare | 38217.98 | 75 | | | 2500 | 48409.44 | percent of total billed charges | |
| HC TIB/PER REVASC W/ATHER | 37229 | CPT | | | | both | | | 50957.3 | 23062.62 | United | Oxford | 5843 | | | | 2500 | 48409.44 | case rate | |
| HC TIB/PER REVASC W/ATHER | 37229 | CPT | | | | both | | | 50957.3 | 23062.62 | Horizon | NJ Health | 17143.13 | | | 1323.38 | 2500 | 48409.44 | fee schedule | |
| HC TIB/PER REVASC W/ATHER | 37229 | CPT | | | | both | | | 50957.3 | 23062.62 | WellPoint | WellPoint | 16398.06 | 32.18 | | | 2500 | 48409.44 | percent of total billed charges | |
| HC TIB/PER REVASC W/ATHER | 37229 | CPT | | | | both | | | 50957.3 | 23062.62 | Three Rivers | Three Rivers | 48409.44 | 95 | | | 2500 | 48409.44 | percent of total billed charges | |
| HC TIB/PER REVASC W/ATHER | 37229 | CPT | | | | both | | | 50957.3 | 23062.62 | Horizon | Medicare Blue | 20054.45 | | | | 2500 | 48409.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIB/PER REVASC W/ATHER | 37229 | CPT | | | | both | | | 50957.3 | 23062.62 | UHC | Medicaid | 16077.03 | 31.55 | | | 2500 | 48409.44 | percent of total billed charges | |
| HC TIB/PER REVASC W/ATHER | 37229 | CPT | | | | both | | | 50957.3 | 23062.62 | Horizon | PPO | 38805.36 | | | | 2500 | 48409.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIB/PER REVASC W/ATHER | 37229 | CPT | | | | both | | | 50957.3 | 23062.62 | United | Commercial/PPO | 5843 | | | | 2500 | 48409.44 | case rate | |
| HC TIB/PER REVASC W/ATHER | 37229 | CPT | | | | both | | | 50957.3 | 23062.62 | Wellcare | Medicaid | 16077.03 | 31.55 | | | 2500 | 48409.44 | percent of total billed charges | |
| HC TIB/PER REVASC W/STENT | 37230 | CPT | | | | both | | | 42376 | 23062.62 | First Trenton | First Trenton | 38138.4 | 90 | | | 2500 | 40257.2 | percent of total billed charges | |
| HC TIB/PER REVASC W/STENT | 37230 | CPT | | | | both | | | 42376 | 23062.62 | Aetna | Better Health | 13369.63 | 31.55 | | | 2500 | 40257.2 | percent of total billed charges | |
| HC TIB/PER REVASC W/STENT | 37230 | CPT | | | | both | | | 42376 | 23062.62 | Aetna | Commercial | 32728.86 | | | | 2500 | 40257.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIB/PER REVASC W/STENT | 37230 | CPT | | | | both | | | 42376 | 23062.62 | Aetna | Medicare | 20054.45 | | | | 2500 | 40257.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIB/PER REVASC W/STENT | 37230 | CPT | | | | both | | | 42376 | 23062.62 | Horizon | Indemnity | 38805.36 | | | | 2500 | 40257.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIB/PER REVASC W/STENT | 37230 | CPT | | | | both | | | 42376 | 23062.62 | Horizon | Medicare Blue | 20054.45 | | | | 2500 | 40257.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIB/PER REVASC W/STENT | 37230 | CPT | | | | both | | | 42376 | 23062.62 | Americare | Americare | 31782 | 75 | | | 2500 | 40257.2 | percent of total billed charges | |
| HC TIB/PER REVASC W/STENT | 37230 | CPT | | | | both | | | 42376 | 23062.62 | Consumer | Consumer | 40257.2 | 95 | | | 2500 | 40257.2 | percent of total billed charges | |
| HC TIB/PER REVASC W/STENT | 37230 | CPT | | | | both | | | 42376 | 23062.62 | Managed Care Inc | Managed Care Inc | 38138.4 | 90 | | | 2500 | 40257.2 | percent of total billed charges | |
| HC TIB/PER REVASC W/STENT | 37230 | CPT | | | | both | | | 42376 | 23062.62 | Amerihealth | HMO/PPO | 2500 | | | | 2500 | 40257.2 | fee schedule | |
| HC TIB/PER REVASC W/STENT | 37230 | CPT | | | | both | | | 42376 | 23062.62 | Multiplan | Multiplan | 33900.8 | 80 | | | 2500 | 40257.2 | percent of total billed charges | |
| HC TIB/PER REVASC W/STENT | 37230 | CPT | | | | both | | | 42376 | 23062.62 | Corrections | Corrections | 33900.8 | 80 | | | 2500 | 40257.2 | percent of total billed charges | |
| HC TIB/PER REVASC W/STENT | 37230 | CPT | | | | both | | | 42376 | 23062.62 | Horizon | PPO | 38805.36 | | | | 2500 | 40257.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIB/PER REVASC W/STENT | 37230 | CPT | | | | both | | | 42376 | 23062.62 | First Health | First Health | 29663.2 | 70 | | | 2500 | 40257.2 | percent of total billed charges | |
| HC TIB/PER REVASC W/STENT | 37230 | CPT | | | | both | | | 42376 | 23062.62 | Horizon | NJ Health | 9791.39 | | | | 2500 | 40257.2 | fee schedule | |
| HC TIB/PER REVASC W/STENT | 37230 | CPT | | | | both | | | 42376 | 23062.62 | Horizon | MGD | 38805.36 | | | | 2500 | 40257.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIB/PER REVASC W/STENT | 37230 | CPT | | | | both | | | 42376 | 23062.62 | UHC | Medicaid | 13369.63 | 31.55 | | | 2500 | 40257.2 | percent of total billed charges | |
| HC TIB/PER REVASC W/STENT | 37230 | CPT | | | | both | | | 42376 | 23062.62 | Wellcare | Medicaid | 13369.63 | 31.55 | | | 2500 | 40257.2 | percent of total billed charges | |
| HC TIB/PER REVASC W/STENT | 37230 | CPT | | | | both | | | 42376 | 23062.62 | Qualcare | Qualcare | 31782 | 75 | | | 2500 | 40257.2 | percent of total billed charges | |
| HC TIB/PER REVASC W/STENT | 37230 | CPT | | | | both | | | 42376 | 23062.62 | United | Oxford | 5843 | | | | 2500 | 40257.2 | case rate | |
| HC TIB/PER REVASC W/STENT | 37230 | CPT | | | | both | | | 42376 | 23062.62 | UHC | Medicare | 20054.45 | | | | 2500 | 40257.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIB/PER REVASC W/STENT | 37230 | CPT | | | | both | | | 42376 | 23062.62 | Three Rivers | Three Rivers | 40257.2 | 95 | | | 2500 | 40257.2 | percent of total billed charges | |
| HC TIB/PER REVASC W/STENT | 37230 | CPT | | | | both | | | 42376 | 23062.62 | United | Commercial/PPO | 5843 | | | | 2500 | 40257.2 | case rate | |
| HC TIB/PER REVASC W/STENT | 37230 | CPT | | | | both | | | 42376 | 23062.62 | Wellcare | Medicare | 20054.45 | | | | 2500 | 40257.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIB/PER REVASC W/STENT | 37230 | CPT | | | | both | | | 42376 | 23062.62 | WellPoint | WellPoint | 13636.6 | 32.18 | | | 2500 | 40257.2 | percent of total billed charges | |
| HC TIB/PER REVASC STNT/ATHERECTMY | 37231 | CPT | | | | both | | | 73378 | 23062.62 | Aetna | Medicare | 20054.45 | | | | 3500 | 69709.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIB/PER REVASC STNT/ATHERECTMY | 37231 | CPT | | | | both | | | 73378 | 23062.62 | Horizon | MGD | 38805.36 | | | | 3500 | 69709.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIB/PER REVASC STNT/ATHERECTMY | 37231 | CPT | | | | both | | | 73378 | 23062.62 | Aetna | Better Health | 23150.76 | 31.55 | | | 3500 | 69709.1 | percent of total billed charges | |
| HC TIB/PER REVASC STNT/ATHERECTMY | 37231 | CPT | | | | both | | | 73378 | 23062.62 | Aetna | Commercial | 32728.86 | | | | 3500 | 69709.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIB/PER REVASC STNT/ATHERECTMY | 37231 | CPT | | | | both | | | 73378 | 23062.62 | Multiplan | Multiplan | 58702.4 | 80 | | | 3500 | 69709.1 | percent of total billed charges | |
| HC TIB/PER REVASC STNT/ATHERECTMY | 37231 | CPT | | | | both | | | 73378 | 23062.62 | UHC | Medicare | 20054.45 | | | | 3500 | 69709.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIB/PER REVASC STNT/ATHERECTMY | 37231 | CPT | | | | both | | | 73378 | 23062.62 | Horizon | Indemnity | 38805.36 | | | | 3500 | 69709.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIB/PER REVASC STNT/ATHERECTMY | 37231 | CPT | | | | both | | | 73378 | 23062.62 | Americare | Americare | 55033.5 | 75 | | | 3500 | 69709.1 | percent of total billed charges | |
| HC TIB/PER REVASC STNT/ATHERECTMY | 37231 | CPT | | | | both | | | 73378 | 23062.62 | Consumer | Consumer | 69709.1 | 95 | | | 3500 | 69709.1 | percent of total billed charges | |
| HC TIB/PER REVASC STNT/ATHERECTMY | 37231 | CPT | | | | both | | | 73378 | 23062.62 | Horizon | PPO | 38805.36 | | | | 3500 | 69709.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIB/PER REVASC STNT/ATHERECTMY | 37231 | CPT | | | | both | | | 73378 | 23062.62 | First Health | First Health | 51364.6 | 70 | | | 3500 | 69709.1 | percent of total billed charges | |
| HC TIB/PER REVASC STNT/ATHERECTMY | 37231 | CPT | | | | both | | | 73378 | 23062.62 | Wellcare | Medicaid | 23150.76 | 31.55 | | | 3500 | 69709.1 | percent of total billed charges | |
| HC TIB/PER REVASC STNT/ATHERECTMY | 37231 | CPT | | | | both | | | 73378 | 23062.62 | Qualcare | Qualcare | 55033.5 | 75 | | | 3500 | 69709.1 | percent of total billed charges | |
| HC TIB/PER REVASC STNT/ATHERECTMY | 37231 | CPT | | | | both | | | 73378 | 23062.62 | United | Commercial/PPO | 6553 | | | | 3500 | 69709.1 | case rate | |
| HC TIB/PER REVASC STNT/ATHERECTMY | 37231 | CPT | | | | both | | | 73378 | 23062.62 | First Trenton | First Trenton | 66040.2 | 90 | | | 3500 | 69709.1 | percent of total billed charges | |
| HC TIB/PER REVASC STNT/ATHERECTMY | 37231 | CPT | | | | both | | | 73378 | 23062.62 | Amerihealth | HMO/PPO | 3500 | | | | 3500 | 69709.1 | fee schedule | |
| HC TIB/PER REVASC STNT/ATHERECTMY | 37231 | CPT | | | | both | | | 73378 | 23062.62 | Corrections | Corrections | 58702.4 | 80 | | | 3500 | 69709.1 | percent of total billed charges | |
| HC TIB/PER REVASC STNT/ATHERECTMY | 37231 | CPT | | | | both | | | 73378 | 23062.62 | UHC | Medicaid | 23150.76 | 31.55 | | | 3500 | 69709.1 | percent of total billed charges | |
| HC TIB/PER REVASC STNT/ATHERECTMY | 37231 | CPT | | | | both | | | 73378 | 23062.62 | Three Rivers | Three Rivers | 69709.1 | 95 | | | 3500 | 69709.1 | percent of total billed charges | |
| HC TIB/PER REVASC STNT/ATHERECTMY | 37231 | CPT | | | | both | | | 73378 | 23062.62 | Horizon | Medicare Blue | 20054.45 | | | 11494.63 | 3500 | 69709.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIB/PER REVASC STNT/ATHERECTMY | 37231 | CPT | | | | both | | | 73378 | 23062.62 | Horizon | NJ Health | 15736.47 | | | | 3500 | 69709.1 | fee schedule | |
| HC TIB/PER REVASC STNT/ATHERECTMY | 37231 | CPT | | | | both | | | 73378 | 23062.62 | United | Oxford | 6553 | | | | 3500 | 69709.1 | case rate | |
| HC TIB/PER REVASC STNT/ATHERECTMY | 37231 | CPT | | | | both | | | 73378 | 23062.62 | Wellcare | Medicare | 20054.45 | | | | 3500 | 69709.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIB/PER REVASC STNT/ATHERECTMY | 37231 | CPT | | | | both | | | 73378 | 23062.62 | WellPoint | WellPoint | 23613.04 | 32.18 | | | 3500 | 69709.1 | percent of total billed charges | |
| HC TIB/PER REVASC STNT/ATHERECTMY | 37231 | CPT | | | | both | | | 73378 | 23062.62 | Managed Care Inc | Managed Care Inc | 66040.2 | 90 | | | 3500 | 69709.1 | percent of total billed charges | |
| HC TIB/PER REVASC ADD-ON | 37232 | CPT | | | | outpatient | | | 19964 | | First Health | First Health | 13974.8 | 70 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC TIB/PER REVASC ADD-ON | 37232 | CPT | | | | outpatient | | | 19964 | | Aetna | Medicare | 6148.91 | 30.8 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC TIB/PER REVASC ADD-ON | 37232 | CPT | | | | outpatient | | | 19964 | | First Trenton | First Trenton | 17967.6 | 90 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC TIB/PER REVASC ADD-ON | 37232 | CPT | | | | outpatient | | | 19964 | | Consumer | Consumer | 18965.8 | 95 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC TIB/PER REVASC ADD-ON | 37232 | CPT | | | | outpatient | | | 19964 | | Multiplan | Multiplan | 15971.2 | 80 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC TIB/PER REVASC ADD-ON | 37232 | CPT | | | | outpatient | | | 19964 | | Horizon | Medicare Blue | 5989.2 | 30 | | 3127.28 | 1600 | 18965.8 | percent of total billed charges | |
| HC TIB/PER REVASC ADD-ON | 37232 | CPT | | | | outpatient | | | 19964 | | Horizon | Indemnity | 7642.22 | 38.28 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC TIB/PER REVASC ADD-ON | 37232 | CPT | | | | outpatient | | | 19964 | | Aetna | Better Health | 6298.64 | 31.55 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC TIB/PER REVASC ADD-ON | 37232 | CPT | | | | outpatient | | | 19964 | | Three Rivers | Three Rivers | 18965.8 | 95 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC TIB/PER REVASC ADD-ON | 37232 | CPT | | | | outpatient | | | 19964 | | Americare | Americare | 14973 | 75 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC TIB/PER REVASC ADD-ON | 37232 | CPT | | | | outpatient | | | 19964 | | Horizon | PPO | 7642.22 | 38.28 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC TIB/PER REVASC ADD-ON | 37232 | CPT | | | | outpatient | | | 19964 | | Corrections | Corrections | 15971.2 | 80 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC TIB/PER REVASC ADD-ON | 37232 | CPT | | | | outpatient | | | 19964 | | Qualcare | Qualcare | 14973 | 75 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC TIB/PER REVASC ADD-ON | 37232 | CPT | | | | outpatient | | | 19964 | | Horizon | MGD | 7642.22 | 38.28 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC TIB/PER REVASC ADD-ON | 37232 | CPT | | | | outpatient | | | 19964 | | Managed Care Inc | Managed Care Inc | 17967.6 | 90 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC TIB/PER REVASC ADD-ON | 37232 | CPT | | | | outpatient | | | 19964 | | Horizon | NJ Health | 1932.55 | | | | 1600 | 18965.8 | fee schedule | |
| HC TIB/PER REVASC ADD-ON | 37232 | CPT | | | | outpatient | | | 19964 | | United | Commercial/PPO | 4702 | | | | 1600 | 18965.8 | case rate | |
| HC TIB/PER REVASC ADD-ON | 37232 | CPT | | | | outpatient | | | 19964 | | Amerihealth | HMO/PPO | 1600 | | | | 1600 | 18965.8 | fee schedule | |
| HC TIB/PER REVASC ADD-ON | 37232 | CPT | | | | outpatient | | | 19964 | | United | Oxford | 4702 | | | | 1600 | 18965.8 | case rate | |
| HC TIB/PER REVASC ADD-ON | 37232 | CPT | | | | outpatient | | | 19964 | | UHC | Medicaid | 6298.64 | 31.55 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC TIB/PER REVASC ADD-ON | 37232 | CPT | | | | outpatient | | | 19964 | | WellPoint | WellPoint | 6424.42 | 32.18 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC TIB/PER REVASC ADD-ON | 37232 | CPT | | | | outpatient | | | 19964 | | Wellcare | Medicaid | 6298.64 | 31.55 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO W/ATHR/ANGIOP UNI EA VSL | 37233 | CPT | | | | inpatient | | | 42376 | | Aetna | Medicare | 13051.81 | 30.8 | | | 1725.05 | 40257.2 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO W/ATHR/ANGIOP UNI EA VSL | 37233 | CPT | | | | inpatient | | | 42376 | | Americare | Americare | 31782 | 75 | | | 1725.05 | 40257.2 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO W/ATHR/ANGIOP UNI EA VSL | 37233 | CPT | | | | inpatient | | | 42376 | | First Trenton | First Trenton | 38138.4 | 90 | | | 1725.05 | 40257.2 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO W/ATHR/ANGIOP UNI EA VSL | 37233 | CPT | | | | inpatient | | | 42376 | | First Health | First Health | 29663.2 | 70 | | | 1725.05 | 40257.2 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO W/ATHR/ANGIOP UNI EA VSL | 37233 | CPT | | | | inpatient | | | 42376 | | Amerihealth | HMO/PPO | 2500 | | | | 1725.05 | 40257.2 | fee schedule | |
| HC REVSC OPN/PRQ TIB/PERO W/ATHR/ANGIOP UNI EA VSL | 37233 | CPT | | | | inpatient | | | 42376 | | Corrections | Corrections | 33900.8 | 80 | | | 1725.05 | 40257.2 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO W/ATHR/ANGIOP UNI EA VSL | 37233 | CPT | | | | inpatient | | | 42376 | | Horizon | PPO | 16221.53 | 38.28 | | | 1725.05 | 40257.2 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO W/ATHR/ANGIOP UNI EA VSL | 37233 | CPT | | | | inpatient | | | 42376 | | Aetna | Better Health | 13369.63 | 31.55 | | | 1725.05 | 40257.2 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO W/ATHR/ANGIOP UNI EA VSL | 37233 | CPT | | | | inpatient | | | 42376 | | Horizon | MGD | 16221.53 | 38.28 | | | 1725.05 | 40257.2 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO W/ATHR/ANGIOP UNI EA VSL | 37233 | CPT | | | | inpatient | | | 42376 | | Consumer | Consumer | 40257.2 | 95 | | | 1725.05 | 40257.2 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO W/ATHR/ANGIOP UNI EA VSL | 37233 | CPT | | | | inpatient | | | 42376 | | Managed Care Inc | Managed Care Inc | 38138.4 | 90 | | | 1725.05 | 40257.2 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO W/ATHR/ANGIOP UNI EA VSL | 37233 | CPT | | | | inpatient | | | 42376 | | Multiplan | Multiplan | 33900.8 | 80 | | | 1725.05 | 40257.2 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO W/ATHR/ANGIOP UNI EA VSL | 37233 | CPT | | | | inpatient | | | 42376 | | UHC | Medicaid | 13369.63 | 31.55 | | | 1725.05 | 40257.2 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO W/ATHR/ANGIOP UNI EA VSL | 37233 | CPT | | | | inpatient | | | 42376 | | Horizon | Indemnity | 16221.53 | 38.28 | | | 1725.05 | 40257.2 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO W/ATHR/ANGIOP UNI EA VSL | 37233 | CPT | | | | inpatient | | | 42376 | | United | Commercial/PPO | 5843 | | | | 1725.05 | 40257.2 | case rate | |
| HC REVSC OPN/PRQ TIB/PERO W/ATHR/ANGIOP UNI EA VSL | 37233 | CPT | | | | inpatient | | | 42376 | | Horizon | Medicare Blue | 127172.8 | 30 | | | 1725.05 | 40257.2 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO W/ATHR/ANGIOP UNI EA VSL | 37233 | CPT | | | | inpatient | | | 42376 | | United | Oxford | 5843 | | | | 1725.05 | 40257.2 | case rate | |
| HC REVSC OPN/PRQ TIB/PERO W/ATHR/ANGIOP UNI EA VSL | 37233 | CPT | | | | inpatient | | | 42376 | | Horizon | NJ Health | 1725.05 | | | | 1725.05 | 40257.2 | fee schedule | |
| HC REVSC OPN/PRQ TIB/PERO W/ATHR/ANGIOP UNI EA VSL | 37233 | CPT | | | | inpatient | | | 42376 | | Wellcare | Medicaid | 13369.63 | 31.55 | | | 1725.05 | 40257.2 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO W/ATHR/ANGIOP UNI EA VSL | 37233 | CPT | | | | inpatient | | | 42376 | | Qualcare | Qualcare | 31782 | 75 | | | 1725.05 | 40257.2 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO W/ATHR/ANGIOP UNI EA VSL | 37233 | CPT | | | | inpatient | | | 42376 | | Three Rivers | Three Rivers | 40257.2 | 95 | | | 1725.05 | 40257.2 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO W/ATHR/ANGIOP UNI EA VSL | 37233 | CPT | | | | inpatient | | | 42376 | | WellPoint | WellPoint | 13636.6 | 32.18 | | | 1725.05 | 40257.2 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO STENT | 37234 | CPT | | | | inpatient | | | 19964 | | First Trenton | First Trenton | 17967.6 | 90 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO STENT | 37234 | CPT | | | | inpatient | | | 19964 | | Americare | Americare | 14973 | 75 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO STENT | 37234 | CPT | | | | inpatient | | | 19964 | | Amerihealth | HMO/PPO | 1600 | | | | 1600 | 18965.8 | fee schedule | |
| HC REVSC OPN/PRQ TIB/PERO STENT | 37234 | CPT | | | | inpatient | | | 19964 | | Aetna | Better Health | 6298.64 | 31.55 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO STENT | 37234 | CPT | | | | inpatient | | | 19964 | | Corrections | Corrections | 15971.2 | 80 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO STENT | 37234 | CPT | | | | inpatient | | | 19964 | | Consumer | Consumer | 18965.8 | 95 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO STENT | 37234 | CPT | | | | inpatient | | | 19964 | | Aetna | Medicare | 6148.91 | 30.8 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO STENT | 37234 | CPT | | | | inpatient | | | 19964 | | Horizon | Medicare Blue | 5989.2 | 30 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO STENT | 37234 | CPT | | | | inpatient | | | 19964 | | Horizon | NJ Health | 4535.79 | | | | 1600 | 18965.8 | fee schedule | |
| HC REVSC OPN/PRQ TIB/PERO STENT | 37234 | CPT | | | | inpatient | | | 19964 | | Multiplan | Multiplan | 15971.2 | 80 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO STENT | 37234 | CPT | | | | inpatient | | | 19964 | | First Health | First Health | 13974.8 | 70 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO STENT | 37234 | CPT | | | | inpatient | | | 19964 | | Horizon | Indemnity | 7642.22 | 38.28 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO STENT | 37234 | CPT | | | | inpatient | | | 19964 | | Horizon | MGD | 7642.22 | 38.28 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO STENT | 37234 | CPT | | | | inpatient | | | 19964 | | Managed Care Inc | Managed Care Inc | 17967.6 | 90 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO STENT | 37234 | CPT | | | | inpatient | | | 19964 | | Wellcare | Medicaid | 6298.64 | 31.55 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO STENT | 37234 | CPT | | | | inpatient | | | 19964 | | Qualcare | Qualcare | 14973 | 75 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO STENT | 37234 | CPT | | | | inpatient | | | 19964 | | Horizon | PPO | 7642.22 | 38.28 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO STENT | 37234 | CPT | | | | inpatient | | | 19964 | | WellPoint | WellPoint | 6424.42 | 32.18 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO STENT | 37234 | CPT | | | | inpatient | | | 19964 | | Three Rivers | Three Rivers | 18965.8 | 95 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO STENT | 37234 | CPT | | | | inpatient | | | 19964 | | UHC | Medicaid | 6298.64 | 31.55 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRQ TIB/PERO STENT | 37234 | CPT | | | | inpatient | | | 19964 | | United | Commercial/PPO | 4702 | | | | 1600 | 18965.8 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC REVSC OPN/PRG TIB/PERO STENT | 37234 | CPT | | | | inpatient | | | 19964 | | United | Oxford | 4702 | | | | 1600 | 18965.8 | case rate | |
| HC REVSC OPN/PRG TIB/PERO W/STNT/ATHR/ANGIOP EA VSL | 37235 | CPT | | | | outpatient | | | 19964 | | First Health | First Health | 13974.8 | 70 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRG TIB/PERO W/STNT/ATHR/ANGIOP EA VSL | 37235 | CPT | | | | outpatient | | | 19964 | | Aetna | Medicare | 6148.91 | 30.8 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRG TIB/PERO W/STNT/ATHR/ANGIOP EA VSL | 37235 | CPT | | | | outpatient | | | 19964 | | Horizon | Medicare Blue | 5989.2 | 30 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRG TIB/PERO W/STNT/ATHR/ANGIOP EA VSL | 37235 | CPT | | | | outpatient | | | 19964 | | Corrections | Corrections | 15971.2 | 80 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRG TIB/PERO W/STNT/ATHR/ANGIOP EA VSL | 37235 | CPT | | | | outpatient | | | 19964 | | Consumer | Consumer | 18965.8 | 95 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRG TIB/PERO W/STNT/ATHR/ANGIOP EA VSL | 37235 | CPT | | | | outpatient | | | 19964 | | Americare | Americare | 14973 | 75 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRG TIB/PERO W/STNT/ATHR/ANGIOP EA VSL | 37235 | CPT | | | | outpatient | | | 19964 | | First Trenton | First Trenton | 17967.6 | 90 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRG TIB/PERO W/STNT/ATHR/ANGIOP EA VSL | 37235 | CPT | | | | outpatient | | | 19964 | | Aetna | Better Health | 6298.64 | 31.55 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRG TIB/PERO W/STNT/ATHR/ANGIOP EA VSL | 37235 | CPT | | | | outpatient | | | 19964 | | Multiplan | Multiplan | 15971.2 | 80 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRG TIB/PERO W/STNT/ATHR/ANGIOP EA VSL | 37235 | CPT | | | | outpatient | | | 19964 | | Amerihealth | HMO/PPO | 1600 | | | | 1600 | 18965.8 | fee schedule | |
| HC REVSC OPN/PRG TIB/PERO W/STNT/ATHR/ANGIOP EA VSL | 37235 | CPT | | | | outpatient | | | 19964 | | Horizon | Indemnity | 7642.22 | 38.28 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRG TIB/PERO W/STNT/ATHR/ANGIOP EA VSL | 37235 | CPT | | | | outpatient | | | 19964 | | Horizon | MGD | 7642.22 | 38.28 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRG TIB/PERO W/STNT/ATHR/ANGIOP EA VSL | 37235 | CPT | | | | outpatient | | | 19964 | | Horizon | NJ Health | 4838.99 | | | | 1600 | 18965.8 | fee schedule | |
| HC REVSC OPN/PRG TIB/PERO W/STNT/ATHR/ANGIOP EA VSL | 37235 | CPT | | | | outpatient | | | 19964 | | Horizon | PPO | 7642.22 | 38.28 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRG TIB/PERO W/STNT/ATHR/ANGIOP EA VSL | 37235 | CPT | | | | outpatient | | | 19964 | | Qualcare | Qualcare | 14973 | 75 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRG TIB/PERO W/STNT/ATHR/ANGIOP EA VSL | 37235 | CPT | | | | outpatient | | | 19964 | | Managed Care Inc | Managed Care Inc | 17967.6 | 90 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRG TIB/PERO W/STNT/ATHR/ANGIOP EA VSL | 37235 | CPT | | | | outpatient | | | 19964 | | Three Rivers | Three Rivers | 18965.8 | 95 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRG TIB/PERO W/STNT/ATHR/ANGIOP EA VSL | 37235 | CPT | | | | outpatient | | | 19964 | | WellPoint | WellPoint | 6424.42 | 32.18 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRG TIB/PERO W/STNT/ATHR/ANGIOP EA VSL | 37235 | CPT | | | | outpatient | | | 19964 | | UHC | Medicaid | 6298.64 | 31.55 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC REVSC OPN/PRG TIB/PERO W/STNT/ATHR/ANGIOP EA VSL | 37235 | CPT | | | | outpatient | | | 19964 | | United | CommercialPPO | 4702 | | | | 1600 | 18965.8 | case rate | |
| HC REVSC OPN/PRG TIB/PERO W/STNT/ATHR/ANGIOP EA VSL | 37235 | CPT | | | | outpatient | | | 19964 | | United | Oxford | 4702 | | | | 1600 | 18965.8 | case rate | |
| HC REVSC OPN/PRG TIB/PERO W/STNT/ATHR/ANGIOP EA VSL | 37235 | CPT | | | | outpatient | | | 19964 | | Wellcare | Medicaid | 6298.64 | 31.55 | | | 1600 | 18965.8 | percent of total billed charges | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL | 37236 | CPT | | | | both | | | 43611 | | 14469 UHC | Medicare | 12581.74 | | | | 528.63 | 41430.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL | 37236 | CPT | | | | both | | | 43611 | | 14469 First Health | First Health | 30527.7 | 70 | | | 528.63 | 41430.45 | percent of total billed charges | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL | 37236 | CPT | | | | both | | | 43611 | | 14469 Aetna | Better Health | 13759.27 | 31.55 | | | 528.63 | 41430.45 | percent of total billed charges | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL | 37236 | CPT | | | | both | | | 43611 | | 14469 Americare | Americare | 32708.25 | 75 | | | 528.63 | 41430.45 | percent of total billed charges | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL | 37236 | CPT | | | | both | | | 43611 | | 14469 Aetna | Commercial | 20533.4 | | | | 528.63 | 41430.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL | 37236 | CPT | | | | both | | | 43611 | | 14469 UHC | Medicaid | 13759.27 | 31.55 | | | 528.63 | 41430.45 | percent of total billed charges | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL | 37236 | CPT | | | | both | | | 43611 | | 14469 Corrections | Corrections | 34888.8 | 80 | | | 528.63 | 41430.45 | percent of total billed charges | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL | 37236 | CPT | | | | both | | | 43611 | | 14469 Aetna | Medicare | 12581.74 | | | | 528.63 | 41430.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL | 37236 | CPT | | | | both | | | 43611 | | 14469 Horizon | Indemnity | 24345.67 | | | | 528.63 | 41430.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL | 37236 | CPT | | | | both | | | 43611 | | 14469 Horizon | Medicare Blue | 12581.74 | | | | 528.63 | 41430.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL | 37236 | CPT | | | | both | | | 43611 | | 14469 Consumer | Consumer | 41430.45 | 95 | | | 528.63 | 41430.45 | percent of total billed charges | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL | 37236 | CPT | | | | both | | | 43611 | | 14469 Amerihealth | HMO/PPO | 650 | | | | 528.63 | 41430.45 | fee schedule | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL | 37236 | CPT | | | | both | | | 43611 | | 14469 Multiplan | Multiplan | 34888.8 | 80 | | | 528.63 | 41430.45 | percent of total billed charges | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL | 37236 | CPT | | | | both | | | 43611 | | 14469 United | CommercialPPO | 5843 | | | | 528.63 | 41430.45 | case rate | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL | 37236 | CPT | | | | both | | | 43611 | | 14469 Horizon | PPO | 24345.67 | | | | 528.63 | 41430.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL | 37236 | CPT | | | | both | | | 43611 | | 14469 First Trenton | First Trenton | 39249.9 | 90 | | | 528.63 | 41430.45 | percent of total billed charges | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL | 37236 | CPT | | | | both | | | 43611 | | 14469 Qualcare | Qualcare | 32708.25 | 75 | | | 528.63 | 41430.45 | percent of total billed charges | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL | 37236 | CPT | | | | both | | | 43611 | | 14469 Horizon | MGD | 24345.67 | | | | 528.63 | 41430.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL | 37236 | CPT | | | | both | | | 43611 | | 14469 Horizon | NJ Health | 528.63 | | | | 528.63 | 41430.45 | fee schedule | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL | 37236 | CPT | | | | both | | | 43611 | | 14469 United | Oxford | 5843 | | | | 528.63 | 41430.45 | case rate | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL | 37236 | CPT | | | | both | | | 43611 | | 14469 Managed Care Inc | Managed Care Inc | 39249.9 | 90 | | | 528.63 | 41430.45 | percent of total billed charges | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL | 37236 | CPT | | | | both | | | 43611 | | 14469 Wellcare | Medicare | 12581.74 | | | | 528.63 | 41430.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL | 37236 | CPT | | | | both | | | 43611 | | 14469 Three Rivers | Three Rivers | 41430.45 | 95 | | | 528.63 | 41430.45 | percent of total billed charges | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL | 37236 | CPT | | | | both | | | 43611 | | 14469 WellPoint | WellPoint | 14034.02 | 32.18 | | | 528.63 | 41430.45 | percent of total billed charges | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL | 37236 | CPT | | | | both | | | 43611 | | 14469 Wellcare | Medicaid | 13759.27 | 31.55 | | | 528.63 | 41430.45 | percent of total billed charges | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL | 37237 | CPT | | | | outpatient | | | 21095 | | WellPoint | WellPoint | 6788.37 | 32.18 | | | 246.78 | 20040.25 | percent of total billed charges | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL | 37237 | CPT | | | | outpatient | | | 21095 | | Aetna | Better Health | 6655.47 | 31.55 | | | 246.78 | 20040.25 | percent of total billed charges | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL | 37237 | CPT | | | | outpatient | | | 21095 | | Amerihealth | HMO/PPO | 650 | | | | 246.78 | 20040.25 | fee schedule | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL | 37237 | CPT | | | | outpatient | | | 21095 | | Americare | Americare | 15821.25 | 75 | | | 246.78 | 20040.25 | percent of total billed charges | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL | 37237 | CPT | | | | outpatient | | | 21095 | | First Health | First Health | 14766.5 | 70 | | | 246.78 | 20040.25 | percent of total billed charges | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL | 37237 | CPT | | | | outpatient | | | 21095 | | Corrections | Corrections | 16876 | 80 | | | 246.78 | 20040.25 | percent of total billed charges | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL | 37237 | CPT | | | | outpatient | | | 21095 | | UHC | Medicaid | 6655.47 | 31.55 | | | 246.78 | 20040.25 | percent of total billed charges | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL | 37237 | CPT | | | | outpatient | | | 21095 | | Aetna | Medicare | 6497.26 | 30.8 | | | 246.78 | 20040.25 | percent of total billed charges | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL | 37237 | CPT | | | | outpatient | | | 21095 | | Horizon | MGD | 8075.17 | 38.28 | | | 246.78 | 20040.25 | percent of total billed charges | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL | 37237 | CPT | | | | outpatient | | | 21095 | | First Trenton | First Trenton | 18985.5 | 90 | | | 246.78 | 20040.25 | percent of total billed charges | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL | 37237 | CPT | | | | outpatient | | | 21095 | | Consumer | Consumer | 20040.25 | 95 | | | 246.78 | 20040.25 | percent of total billed charges | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL | 37237 | CPT | | | | outpatient | | | 21095 | | Horizon | Indemnity | 8075.17 | 38.28 | | | 246.78 | 20040.25 | percent of total billed charges | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL | 37237 | CPT | | | | outpatient | | | 21095 | | Multiplan | Multiplan | 16876 | 80 | | | 246.78 | 20040.25 | percent of total billed charges | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL | 37237 | CPT | | | | outpatient | | | 21095 | | Horizon | NJ Health | 246.78 | | | | 246.78 | 20040.25 | fee schedule | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL | 37237 | CPT | | | | outpatient | | | 21095 | | United | CommercialPPO | 4702 | | | | 246.78 | 20040.25 | case rate | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL | 37237 | CPT | | | | outpatient | | | 21095 | | Horizon | Medicare Blue | 6328.5 | 30 | | | 246.78 | 20040.25 | percent of total billed charges | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL | 37237 | CPT | | | | outpatient | | | 21095 | | Qualcare | Qualcare | 15821.25 | 75 | | | 246.78 | 20040.25 | percent of total billed charges | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL | 37237 | CPT | | | | outpatient | | | 21095 | | Horizon | PPO | 8075.17 | 38.28 | | | 246.78 | 20040.25 | percent of total billed charges | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL | 37237 | CPT | | | | outpatient | | | 21095 | | United | Oxford | 4702 | | | | 246.78 | 20040.25 | case rate | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL | 37237 | CPT | | | | outpatient | | | 21095 | | Managed Care Inc | Managed Care Inc | 18985.5 | 90 | | | 246.78 | 20040.25 | percent of total billed charges | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL | 37237 | CPT | | | | outpatient | | | 21095 | | Wellcare | Medicaid | 6655.47 | 31.55 | | | 246.78 | 20040.25 | percent of total billed charges | |
| HC OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL | 37237 | CPT | | | | outpatient | | | 21095 | | Three Rivers | Three Rivers | 20040.25 | 95 | | | 246.78 | 20040.25 | percent of total billed charges | |
| HC ANGIO-TMS CATH PLACE FIRST VEN | 37238 | CPT | | | | both | | | 43611 | | 14469 Aetna | Commercial | 20533.4 | | | | 370.44 | 41430.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO-TMS CATH PLACE FIRST VEN | 37238 | CPT | | | | both | | | 43611 | | 14469 Aetna | Better Health | 13759.27 | 31.55 | | | 370.44 | 41430.45 | percent of total billed charges | |
| HC ANGIO-TMS CATH PLACE FIRST VEN | 37238 | CPT | | | | both | | | 43611 | | 14469 First Trenton | First Trenton | 39249.9 | 90 | | | 370.44 | 41430.45 | percent of total billed charges | |
| HC ANGIO-TMS CATH PLACE FIRST VEN | 37238 | CPT | | | | both | | | 43611 | | 14469 Amerihealth | HMO/PPO | 650 | | | | 370.44 | 41430.45 | fee schedule | |
| HC ANGIO-TMS CATH PLACE FIRST VEN | 37238 | CPT | | | | both | | | 43611 | | 14469 Americare | Americare | 32708.25 | 75 | | | 370.44 | 41430.45 | percent of total billed charges | |
| HC ANGIO-TMS CATH PLACE FIRST VEN | 37238 | CPT | | | | both | | | 43611 | | 14469 Consumer | Consumer | 41430.45 | 95 | | | 370.44 | 41430.45 | percent of total billed charges | |
| HC ANGIO-TMS CATH PLACE FIRST VEN | 37238 | CPT | | | | both | | | 43611 | | 14469 Horizon | MGD | 24345.67 | | | | 370.44 | 41430.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO-TMS CATH PLACE FIRST VEN | 37238 | CPT | | | | both | | | 43611 | | 14469 UHC | Medicaid | 13759.27 | 31.55 | | | 370.44 | 41430.45 | percent of total billed charges | |
| HC ANGIO-TMS CATH PLACE FIRST VEN | 37238 | CPT | | | | both | | | 43611 | | 14469 Aetna | Medicare | 12581.74 | | | | 370.44 | 41430.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO-TMS CATH PLACE FIRST VEN | 37238 | CPT | | | | both | | | 43611 | | 14469 Wellcare | Medicare | 12581.74 | | | | 370.44 | 41430.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO-TMS CATH PLACE FIRST VEN | 37238 | CPT | | | | both | | | 43611 | | 14469 UHC | Medicare | 12581.74 | | | | 370.44 | 41430.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO-TMS CATH PLACE FIRST VEN | 37238 | CPT | | | | both | | | 43611 | | 14469 First Health | First Health | 30527.7 | 70 | | | 370.44 | 41430.45 | percent of total billed charges | |
| HC ANGIO-TMS CATH PLACE FIRST VEN | 37238 | CPT | | | | both | | | 43611 | | 14469 Three Rivers | Three Rivers | 41430.45 | 95 | | | 370.44 | 41430.45 | percent of total billed charges | |
| HC ANGIO-TMS CATH PLACE FIRST VEN | 37238 | CPT | | | | both | | | 43611 | | 14469 Corrections | Corrections | 34888.8 | 80 | | | 370.44 | 41430.45 | percent of total billed charges | |
| HC ANGIO-TMS CATH PLACE FIRST VEN | 37238 | CPT | | | | both | | | 43611 | | 14469 Multiplan | Multiplan | 34888.8 | 80 | | | 370.44 | 41430.45 | percent of total billed charges | |
| HC ANGIO-TMS CATH PLACE FIRST VEN | 37238 | CPT | | | | both | | | 43611 | | 14469 United | CommercialPPO | 5843 | | | | 370.44 | 41430.45 | case rate | |
| HC ANGIO-TMS CATH PLACE FIRST VEN | 37238 | CPT | | | | both | | | 43611 | | 14469 Qualcare | Qualcare | 32708.25 | 75 | | | 370.44 | 41430.45 | percent of total billed charges | |
| HC ANGIO-TMS CATH PLACE FIRST VEN | 37238 | CPT | | | | both | | | 43611 | | 14469 Horizon | Indemnity | 24345.67 | | | | 370.44 | 41430.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO-TMS CATH PLACE FIRST VEN | 37238 | CPT | | | | both | | | 43611 | | 14469 Wellcare | Medicaid | 13759.27 | 31.55 | | | 370.44 | 41430.45 | percent of total billed charges | |
| HC ANGIO-TMS CATH PLACE FIRST VEN | 37238 | CPT | | | | both | | | 43611 | | 14469 Horizon | Medicare Blue | 12581.74 | | | | 370.44 | 41430.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO-TMS CATH PLACE FIRST VEN | 37238 | CPT | | | | both | | | 43611 | | 14469 Horizon | NJ Health | 370.44 | | | | 370.44 | 41430.45 | fee schedule | |
| HC ANGIO-TMS CATH PLACE FIRST VEN | 37238 | CPT | | | | both | | | 43611 | | 14469 Horizon | PPO | 24345.67 | | | | 370.44 | 41430.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO-TMS CATH PLACE FIRST VEN | 37238 | CPT | | | | both | | | 43611 | | 14469 Managed Care Inc | Managed Care Inc | 39249.9 | 90 | | | 370.44 | 41430.45 | percent of total billed charges | |
| HC ANGIO-TMS CATH PLACE FIRST VEN | 37238 | CPT | | | | both | | | 43611 | | 14469 United | Oxford | 5843 | | | | 370.44 | 41430.45 | case rate | |
| HC ANGIO-TMS CATH PLACE FIRST VEN | 37238 | CPT | | | | both | | | 43611 | | 14469 WellPoint | WellPoint | 14034.02 | 32.18 | | | 370.44 | 41430.45 | percent of total billed charges | |
| HC ANGIO-TRANS CATH PLACE EACH AD | 37239 | CPT | | | | inpatient | | | 21095 | | Aetna | Better Health | 6655.47 | 31.55 | | | 172.21 | 20040.25 | percent of total billed charges | |
| HC ANGIO-TRANS CATH PLACE EACH AD | 37239 | CPT | | | | inpatient | | | 21095 | | Horizon | Medicare Blue | 6328.5 | 30 | | | 172.21 | 20040.25 | percent of total billed charges | |
| HC ANGIO-TRANS CATH PLACE EACH AD | 37239 | CPT | | | | inpatient | | | 21095 | | WellPoint | WellPoint | 6788.37 | 32.18 | | | 172.21 | 20040.25 | percent of total billed charges | |
| HC ANGIO-TRANS CATH PLACE EACH AD | 37239 | CPT | | | | inpatient | | | 21095 | | Americare | Americare | 15821.25 | 75 | | | 172.21 | 20040.25 | percent of total billed charges | |
| HC ANGIO-TRANS CATH PLACE EACH AD | 37239 | CPT | | | | inpatient | | | 21095 | | First Health | First Health | 14766.5 | 70 | | | 172.21 | 20040.25 | percent of total billed charges | |
| HC ANGIO-TRANS CATH PLACE EACH AD | 37239 | CPT | | | | inpatient | | | 21095 | | Horizon | Indemnity | 8075.17 | 38.28 | | | 172.21 | 20040.25 | percent of total billed charges | |
| HC ANGIO-TRANS CATH PLACE EACH AD | 37239 | CPT | | | | inpatient | | | 21095 | | Aetna | Medicare | 6497.26 | 30.8 | | | 172.21 | 20040.25 | percent of total billed charges | |
| HC ANGIO-TRANS CATH PLACE EACH AD | 37239 | CPT | | | | inpatient | | | 21095 | | Horizon | MGD | 8075.17 | 38.28 | | | 172.21 | 20040.25 | percent of total billed charges | |
| HC ANGIO-TRANS CATH PLACE EACH AD | 37239 | CPT | | | | inpatient | | | 21095 | | Consumer | Consumer | 20040.25 | 95 | | | 172.21 | 20040.25 | percent of total billed charges | |
| HC ANGIO-TRANS CATH PLACE EACH AD | 37239 | CPT | | | | inpatient | | | 21095 | | Multiplan | Multiplan | 16876 | 80 | | | 172.21 | 20040.25 | percent of total billed charges | |
| HC ANGIO-TRANS CATH PLACE EACH AD | 37239 | CPT | | | | inpatient | | | 21095 | | Amerihealth | HMO/PPO | 650 | | | | 172.21 | 20040.25 | fee schedule | |
| HC ANGIO-TRANS CATH PLACE EACH AD | 37239 | CPT | | | | inpatient | | | 21095 | | United | Oxford | 4702 | | | | 172.21 | 20040.25 | case rate | |
| HC ANGIO-TRANS CATH PLACE EACH AD | 37239 | CPT | | | | inpatient | | | 21095 | | Horizon | PPO | 8075.17 | 38.28 | | | 172.21 | 20040.25 | percent of total billed charges | |
| HC ANGIO-TRANS CATH PLACE EACH AD | 37239 | CPT | | | | inpatient | | | 21095 | | Qualcare | Qualcare | 15821.25 | 75 | | | 172.21 | 20040.25 | percent of total billed charges | |
| HC ANGIO-TRANS CATH PLACE EACH AD | 37239 | CPT | | | | inpatient | | | 21095 | | UHC | Medicaid | 6655.47 | 31.55 | | | 172.21 | 20040.25 | percent of total billed charges | |
| HC ANGIO-TRANS CATH PLACE EACH AD | 37239 | CPT | | | | inpatient | | | 21095 | | Corrections | Corrections | 16876 | 80 | | | 172.21 | 20040.25 | percent of total billed charges | |
| HC ANGIO-TRANS CATH PLACE EACH AD | 37239 | CPT | | | | inpatient | | | 21095 | | Wellcare | Medicaid | 6655.47 | 31.55 | | | 172.21 | 20040.25 | percent of total billed charges | |
| HC ANGIO-TRANS CATH PLACE EACH AD | 37239 | CPT | | | | inpatient | | | 21095 | | Three Rivers | Three Rivers | 20040.25 | 95 | | | 172.21 | 20040.25 | percent of total billed charges | |
| HC ANGIO-TRANS CATH PLACE EACH AD | 37239 | CPT | | | | inpatient | | | 21095 | | First Trenton | First Trenton | 18985.5 | 90 | | | 172.21 | 20040.25 | percent of total billed charges | |
| HC ANGIO-TRANS CATH PLACE EACH AD | 37239 | CPT | | | | inpatient | | | 21095 | | United | CommercialPPO | 4702 | | | | 172.21 | 20040.25 | case rate | |
| HC ANGIO-TRANS CATH PLACE EACH AD | 37239 | CPT | | | | inpatient | | | 21095 | | Horizon | NJ Health | 172.21 | | | | 172.21 | 20040.25 | fee schedule | |
| HC ANGIO-TRANS CATH PLACE EACH AD | 37239 | CPT | | | | inpatient | | | 21095 | | Managed Care Inc | Managed Care Inc | 18985.5 | 90 | | | 172.21 | 20040.25 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBOLIZATION VE | 37241 | CPT | | | | both | | | 43424 | | 14469 Horizon | Medicare Blue | 12581.74 | | | | 508.4 | 41252.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO VASCULAR EMBOLIZATION VE | 37241 | CPT | | | | both | | | 43424 | | 14469 Aetna | Medicare | 12581.74 | | | | 508.4 | 41252.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO VASCULAR EMBOLIZATION VE | 37241 | CPT | | | | both | | | 43424 | | 14469 Amerihealth | HMO/PPO | 950 | | | | 508.4 | 41252.8 | fee schedule | |
| HC ANGIO VASCULAR EMBOLIZATION VE | 37241 | CPT | | | | both | | | 43424 | | 14469 First Health | First Health | 30396.8 | 70 | | | 508.4 | 41252.8 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBOLIZATION VE | 37241 | CPT | | | | both | | | 43424 | | 14469 Americare | Americare | 32568 | 75 | | | 508.4 | 41252.8 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBOLIZATION VE | 37241 | CPT | | | | both | | | 43424 | | 14469 Aetna | Commercial | 20533.4 | | | | 508.4 | 41252.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO VASCULAR EMBOLIZATION VE | 37241 | CPT | | | | both | | | 43424 | | 14469 Wellcare | Medicare | 12581.74 | | | | 508.4 | 41252.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO VASCULAR EMBOLIZATION VE | 37241 | CPT | | | | both | | | 43424 | | 14469 Aetna | Better Health | 13700.27 | 31.55 | | | 508.4 | 41252.8 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBOLIZATION VE | 37241 | CPT | | | | both | | | 43424 | | 14469 Consumer | Consumer | 41252.8 | 95 | | | 508.4 | 41252.8 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBOLIZATION VE | 37241 | CPT | | | | both | | | 43424 | | 14469 Corrections | Corrections | 34739.2 | 80 | | | 508.4 | 41252.8 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBOLIZATION VE | 37241 | CPT | | | | both | | | 43424 | | 14469 Horizon | MGD | 24345.67 | | | | 508.4 | 41252.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO VASCULAR EMBOLIZATION VE | 37241 | CPT | | | | both | | | 43424 | | 14469 Three Rivers | Three Rivers | 41252.8 | 95 | | | 508.4 | 41252.8 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBOLIZATION VE | 37241 | CPT | | | | both | | | 43424 | | 14469 United | Oxford | 5843 | | | | 508.4 | 41252.8 | case rate | |
| HC ANGIO VASCULAR EMBOLIZATION VE | 37241 | CPT | | | | both | | | 43424 | | 14469 Multiplan | Multiplan | 34739.2 | 80 | | | 508.4 | 41252.8 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBOLIZATION VE | 37241 | CPT | | | | both | | | 43424 | | 14469 UHC | Medicaid | 13700.27 | 31.55 | | | 508.4 | 41252.8 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBOLIZATION VE | 37241 | CPT | | | | both | | | 43424 | | 14469 First Trenton | First Trenton | 39081.6 | 90 | | | 508.4 | 41252.8 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBOLIZATION VE | 37241 | CPT | | | | both | | | 43424 | | 14469 UHC | Medicare | 12581.74 | | | | 508.4 | 41252.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO VASCULAR EMBOLIZATION VE | 37241 | CPT | | | | both | | | 43424 | | 14469 Qualcare | Qualcare | 32568 | 75 | | | 508.4 | 41252.8 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBOLIZATION VE | 37241 | CPT | | | | both | | | 43424 | | 14469 Wellcare | Medicaid | 13700.27 | 31.55 | | | 508.4 | 41252.8 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBOLIZATION VE | 37241 | CPT | | | | both | | | 43424 | | 14469 United | CommercialPPO | 5843 | | | | 508.4 | 41252.8 | case rate | |
| HC ANGIO VASCULAR EMBOLIZATION VE | 37241 | CPT | | | | both | | | 43424 | | 14469 WellPoint | WellPoint | 13973.84 | 32.18 | | 11897.96 | 508.4 | 41252.8 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBOLIZATION VE | 37241 | CPT | | | | both | | | 43424 | | 14469 Horizon | Indemnity | 24345.67 | | | | 508.4 | 41252.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO VASCULAR EMBOLIZATION VE | 37241 | CPT | | | | both | | | 43424 | | 14469 Horizon | NJ Health | 508.4 | | | | 508.4 | 41252.8 | fee schedule | |
| HC ANGIO VASCULAR EMBOLIZATION VE | 37241 | CPT | | | | both | | | 43424 | | 14469 Horizon | PPO | 24345.67 | | | | 508.4 | 41252.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO VASCULAR EMBOLIZATION VE | 37241 | CPT | | | | both | | | 43424 | | 14469 Managed Care Inc | Managed Care Inc | 39081.6 | 90 | | | 508.4 | 41252.8 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBOLIZATION AR | 37242 | CPT | | | | both | | | 42283 | | 23062.62 Horizon | Medicare Blue | 20054.45 | | | | 567.65 | 40168.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO VASCULAR EMBOLIZATION AR | 37242 | CPT | | | | both | | | 42283 | | 23062.62 Americare | Americare | 31712.25 | 75 | | | 567.65 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBOLIZATION AR | 37242

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC ANGIO VASCULAR EMBOLIZATION AR | 37242 | CPT | | | | both | | | 42283 | 23062.62 | Amerihealth | HMO/PPO | 950 | | | | 567.65 | 40168.85 | fee schedule | |
| HC ANGIO VASCULAR EMBOLIZATION AR | 37242 | CPT | | | | both | | | 42283 | 23062.62 | Corrections | Corrections | 33826.4 | 80 | | | 567.65 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBOLIZATION AR | 37242 | CPT | | | | both | | | 42283 | 23062.62 | Wellcare | Medicare | 20054.45 | | | | 567.65 | 40168.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO VASCULAR EMBOLIZATION AR | 37242 | CPT | | | | both | | | 42283 | 23062.62 | Consumer | Consumer | 40168.85 | 95 | | | 567.65 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBOLIZATION AR | 37242 | CPT | | | | both | | | 42283 | 23062.62 | Horizon | NJ Health | 567.65 | | | 2558.28 | 567.65 | 40168.85 | fee schedule | |
| HC ANGIO VASCULAR EMBOLIZATION AR | 37242 | CPT | | | | both | | | 42283 | 23062.62 | Horizon | Indemnity | 38805.36 | | | 16510.42 | 567.65 | 40168.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO VASCULAR EMBOLIZATION AR | 37242 | CPT | | | | both | | | 42283 | 23062.62 | UHC | Medicaid | 13340.29 | 31.55 | | | 567.65 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBOLIZATION AR | 37242 | CPT | | | | both | | | 42283 | 23062.62 | First Trenton | First Trenton | 38054.7 | 90 | | | 567.65 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBOLIZATION AR | 37242 | CPT | | | | both | | | 42283 | 23062.62 | UHC | Medicare | 20054.45 | | | 9327.93 | 567.65 | 40168.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO VASCULAR EMBOLIZATION AR | 37242 | CPT | | | | both | | | 42283 | 23062.62 | Horizon | MGD | 38805.36 | | | 20301.06 | 567.65 | 40168.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO VASCULAR EMBOLIZATION AR | 37242 | CPT | | | | both | | | 42283 | 23062.62 | United | Commercial/PPO | 5843 | | | | 567.65 | 40168.85 | case rate | |
| HC ANGIO VASCULAR EMBOLIZATION AR | 37242 | CPT | | | | both | | | 42283 | 23062.62 | Managed Care Inc | Managed Care Inc | 38054.7 | 90 | | | 567.65 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBOLIZATION AR | 37242 | CPT | | | | both | | | 42283 | 23062.62 | United | Oxford | 5843 | | | | 567.65 | 40168.85 | case rate | |
| HC ANGIO VASCULAR EMBOLIZATION AR | 37242 | CPT | | | | both | | | 42283 | 23062.62 | Multiplan | Multiplan | 33826.4 | 80 | | | 567.65 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBOLIZATION AR | 37242 | CPT | | | | both | | | 42283 | 23062.62 | Three Rivers | Three Rivers | 40168.85 | 95 | | | 567.65 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBOLIZATION AR | 37242 | CPT | | | | both | | | 42283 | 23062.62 | Horizon | PPO | 38805.36 | | | | 567.65 | 40168.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO VASCULAR EMBOLIZATION AR | 37242 | CPT | | | | both | | | 42283 | 23062.62 | Qualcare | Qualcare | 31712.25 | 75 | | | 567.65 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBOLIZATION AR | 37242 | CPT | | | | both | | | 42283 | 23062.62 | WellPoint | WellPoint | 13606.67 | 32.18 | | | 567.65 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBOLIZATION AR | 37242 | CPT | | | | both | | | 42283 | 23062.62 | Wellcare | Medicaid | 13340.29 | 31.55 | | 760.79 | 567.65 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBO FOR TUMORS | 37243 | CPT | | | | both | | | 42283 | 14469 | Aetna | Medicare | 12581.74 | | | 8927.9 | 676.75 | 40168.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO VASCULAR EMBO FOR TUMORS | 37243 | CPT | | | | both | | | 42283 | 14469 | Horizon | PPO | 24345.67 | | | | 676.75 | 40168.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO VASCULAR EMBO FOR TUMORS | 37243 | CPT | | | | both | | | 42283 | 14469 | Aetna | Commercial | 20533.4 | | | 3683.91 | 676.75 | 40168.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO VASCULAR EMBO FOR TUMORS | 37243 | CPT | | | | both | | | 42283 | 14469 | Aetna | Better Health | 13340.29 | 31.55 | | | 676.75 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBO FOR TUMORS | 37243 | CPT | | | | both | | | 42283 | 14469 | First Trenton | First Trenton | 38054.7 | 90 | | | 676.75 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBO FOR TUMORS | 37243 | CPT | | | | both | | | 42283 | 14469 | Horizon | Indemnity | 24345.67 | | | 16992.62 | 676.75 | 40168.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO VASCULAR EMBO FOR TUMORS | 37243 | CPT | | | | both | | | 42283 | 14469 | Multiplan | Multiplan | 33826.4 | 80 | | | 676.75 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBO FOR TUMORS | 37243 | CPT | | | | both | | | 42283 | 14469 | Consumer | Consumer | 40168.85 | 95 | | | 676.75 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBO FOR TUMORS | 37243 | CPT | | | | both | | | 42283 | 14469 | Americare | Americare | 31712.25 | 75 | | | 676.75 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBO FOR TUMORS | 37243 | CPT | | | | both | | | 42283 | 14469 | UHC | Medicaid | 13340.29 | 31.55 | | 9780.23 | 676.75 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBO FOR TUMORS | 37243 | CPT | | | | both | | | 42283 | 14469 | Managed Care Inc | Managed Care Inc | 38054.7 | 90 | | | 676.75 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBO FOR TUMORS | 37243 | CPT | | | | both | | | 42283 | 14469 | First Health | First Health | 29598.1 | 70 | | | 676.75 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBO FOR TUMORS | 37243 | CPT | | | | both | | | 42283 | 14469 | Horizon | MGD | 24345.67 | | | 15883.04 | 676.75 | 40168.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO VASCULAR EMBO FOR TUMORS | 37243 | CPT | | | | both | | | 42283 | 14469 | United | Commercial/PPO | 5843 | | | | 676.75 | 40168.85 | case rate | |
| HC ANGIO VASCULAR EMBO FOR TUMORS | 37243 | CPT | | | | both | | | 42283 | 14469 | Qualcare | Qualcare | 31712.25 | 75 | | | 676.75 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBO FOR TUMORS | 37243 | CPT | | | | both | | | 42283 | 14469 | Corrections | Corrections | 33826.4 | 80 | | | 676.75 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBO FOR TUMORS | 37243 | CPT | | | | both | | | 42283 | 14469 | Amerihealth | HMO/PPO | 950 | | | | 676.75 | 40168.85 | fee schedule | |
| HC ANGIO VASCULAR EMBO FOR TUMORS | 37243 | CPT | | | | both | | | 42283 | 14469 | Three Rivers | Three Rivers | 40168.85 | 95 | | | 676.75 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBO FOR TUMORS | 37243 | CPT | | | | both | | | 42283 | 14469 | UHC | Medicare | 12581.74 | | | 7913.43 | 676.75 | 40168.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO VASCULAR EMBO FOR TUMORS | 37243 | CPT | | | | both | | | 42283 | 14469 | Horizon | NJ Health | 676.75 | | | 7597.72 | 676.75 | 40168.85 | fee schedule | |
| HC ANGIO VASCULAR EMBO FOR TUMORS | 37243 | CPT | | | | both | | | 42283 | 14469 | Horizon | Medicare Blue | 12581.74 | | | 4526.65 | 676.75 | 40168.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO VASCULAR EMBO FOR TUMORS | 37243 | CPT | | | | both | | | 42283 | 14469 | Wellcare | Medicaid | 13340.29 | 31.55 | | | 676.75 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBO FOR TUMORS | 37243 | CPT | | | | both | | | 42283 | 14469 | United | Oxford | 5843 | | | | 676.75 | 40168.85 | case rate | |
| HC ANGIO VASCULAR EMBO FOR TUMORS | 37243 | CPT | | | | both | | | 42283 | 14469 | Wellcare | Medicare | 12581.74 | | | | 676.75 | 40168.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO VASCULAR EMBO FOR TUMORS | 37243 | CPT | | | | both | | | 42283 | 14469 | WellPoint | WellPoint | 13606.67 | 32.18 | | 3701.56 | 676.75 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBO FOR ARTERI | 37244 | CPT | | | | both | | | 42283 | 14469 | Amerihealth | HMO/PPO | 950 | | | | 789.37 | 40168.85 | fee schedule | |
| HC ANGIO VASCULAR EMBO FOR ARTERI | 37244 | CPT | | | | both | | | 42283 | 14469 | Americare | Americare | 31712.25 | 75 | | | 789.37 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBO FOR ARTERI | 37244 | CPT | | | | both | | | 42283 | 14469 | Horizon | PPO | 24345.67 | | | | 789.37 | 40168.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO VASCULAR EMBO FOR ARTERI | 37244 | CPT | | | | both | | | 42283 | 14469 | Consumer | Consumer | 40168.85 | 95 | | | 789.37 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBO FOR ARTERI | 37244 | CPT | | | | both | | | 42283 | 14469 | First Health | First Health | 29598.1 | 70 | | | 789.37 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBO FOR ARTERI | 37244 | CPT | | | | both | | | 42283 | 14469 | Aetna | Commercial | 20533.4 | | | | 789.37 | 40168.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO VASCULAR EMBO FOR ARTERI | 37244 | CPT | | | | both | | | 42283 | 14469 | First Trenton | First Trenton | 38054.7 | 90 | | | 789.37 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBO FOR ARTERI | 37244 | CPT | | | | both | | | 42283 | 14469 | Aetna | Better Health | 13340.29 | 31.55 | | | 789.37 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBO FOR ARTERI | 37244 | CPT | | | | both | | | 42283 | 14469 | Horizon | Indemnity | 24345.67 | | | | 789.37 | 40168.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO VASCULAR EMBO FOR ARTERI | 37244 | CPT | | | | both | | | 42283 | 14469 | Three Rivers | Three Rivers | 40168.85 | 95 | | | 789.37 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBO FOR ARTERI | 37244 | CPT | | | | both | | | 42283 | 14469 | Horizon | NJ Health | 789.37 | | | 3092.05 | 789.37 | 40168.85 | fee schedule | |
| HC ANGIO VASCULAR EMBO FOR ARTERI | 37244 | CPT | | | | both | | | 42283 | 14469 | Corrections | Corrections | 33826.4 | 80 | | | 789.37 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBO FOR ARTERI | 37244 | CPT | | | | both | | | 42283 | 14469 | UHC | Medicaid | 13340.29 | 31.55 | | | 789.37 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBO FOR ARTERI | 37244 | CPT | | | | both | | | 42283 | 14469 | Aetna | Medicare | 12581.74 | | | | 789.37 | 40168.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO VASCULAR EMBO FOR ARTERI | 37244 | CPT | | | | both | | | 42283 | 14469 | Managed Care Inc | Managed Care Inc | 38054.7 | 90 | | | 789.37 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBO FOR ARTERI | 37244 | CPT | | | | both | | | 42283 | 14469 | UHC | Medicare | 12581.74 | | | 8820.54 | 789.37 | 40168.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO VASCULAR EMBO FOR ARTERI | 37244 | CPT | | | | both | | | 42283 | 14469 | United | Commercial/PPO | 5843 | | | | 789.37 | 40168.85 | case rate | |
| HC ANGIO VASCULAR EMBO FOR ARTERI | 37244 | CPT | | | | both | | | 42283 | 14469 | Horizon | MGD | 24345.67 | | | | 789.37 | 40168.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO VASCULAR EMBO FOR ARTERI | 37244 | CPT | | | | both | | | 42283 | 14469 | Wellcare | Medicaid | 13340.29 | 31.55 | | | 789.37 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBO FOR ARTERI | 37244 | CPT | | | | both | | | 42283 | 14469 | Horizon | Medicare Blue | 12581.74 | | | | 789.37 | 40168.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO VASCULAR EMBO FOR ARTERI | 37244 | CPT | | | | both | | | 42283 | 14469 | WellPoint | WellPoint | 13606.67 | 32.18 | | 8762.48 | 789.37 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBO FOR ARTERI | 37244 | CPT | | | | both | | | 42283 | 14469 | Multiplan | Multiplan | 33826.4 | 80 | | | 789.37 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBO FOR ARTERI | 37244 | CPT | | | | both | | | 42283 | 14469 | Wellcare | Medicare | 12581.74 | | | | 789.37 | 40168.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO VASCULAR EMBO FOR ARTERI | 37244 | CPT | | | | both | | | 42283 | 14469 | Qualcare | Qualcare | 31712.25 | 75 | | | 789.37 | 40168.85 | percent of total billed charges | |
| HC ANGIO VASCULAR EMBO FOR ARTERI | 37244 | CPT | | | | both | | | 42283 | 14469 | United | Oxford | 5843 | | | | 789.37 | 40168.85 | case rate | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ 1ST ART | 37246 | CPT | | | | both | | | 20819 | 7517.39 | First Health | First Health | 14573.3 | 70 | | | 950 | 19778.05 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ 1ST ART | 37246 | CPT | | | | both | | | 20819 | 7517.39 | Aetna | Medicare | 6536.86 | | | | 950 | 19778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ 1ST ART | 37246 | CPT | | | | both | | | 20819 | 7517.39 | Horizon | Indemnity | 12648.82 | | | | 950 | 19778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ 1ST ART | 37246 | CPT | | | | both | | | 20819 | 7517.39 | Americare | Americare | 15614.25 | 75 | | | 950 | 19778.05 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ 1ST ART | 37246 | CPT | | | | both | | | 20819 | 7517.39 | Amerihealth | HMO/PPO | 950 | | | | 950 | 19778.05 | fee schedule | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ 1ST ART | 37246 | CPT | | | | both | | | 20819 | 7517.39 | Aetna | Better Health | 6568.39 | 31.55 | | | 950 | 19778.05 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ 1ST ART | 37246 | CPT | | | | both | | | 20819 | 7517.39 | Horizon | PPO | 12648.82 | | | | 950 | 19778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ 1ST ART | 37246 | CPT | | | | both | | | 20819 | 7517.39 | Aetna | Commercial | 7911.22 | 38 | | | 950 | 19778.05 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ 1ST ART | 37246 | CPT | | | | both | | | 20819 | 7517.39 | Three Rivers | Three Rivers | 19778.05 | 95 | | | 950 | 19778.05 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ 1ST ART | 37246 | CPT | | | | both | | | 20819 | 7517.39 | Corrections | Corrections | 16655.2 | 80 | | | 950 | 19778.05 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ 1ST ART | 37246 | CPT | | | | both | | | 20819 | 7517.39 | Horizon | Medicare Blue | 6536.86 | | | | 950 | 19778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ 1ST ART | 37246 | CPT | | | | both | | | 20819 | 7517.39 | United | Commercial/PPO | 4702 | | | | 950 | 19778.05 | case rate | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ 1ST ART | 37246 | CPT | | | | both | | | 20819 | 7517.39 | Horizon | MGD | 12648.82 | | | | 950 | 19778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ 1ST ART | 37246 | CPT | | | | both | | | 20819 | 7517.39 | Consumer | Consumer | 19778.05 | 95 | | | 950 | 19778.05 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ 1ST ART | 37246 | CPT | | | | both | | | 20819 | 7517.39 | Wellcare | Medicare | 6536.86 | | | | 950 | 19778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ 1ST ART | 37246 | CPT | | | | both | | | 20819 | 7517.39 | Multiplan | Multiplan | 16655.2 | 80 | | | 950 | 19778.05 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ 1ST ART | 37246 | CPT | | | | both | | | 20819 | 7517.39 | UHC | Medicare | 6536.86 | | | 4979.37 | 950 | 19778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ 1ST ART | 37246 | CPT | | | | both | | | 20819 | 7517.39 | First Trenton | First Trenton | 18737.1 | 90 | | | 950 | 19778.05 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ 1ST ART | 37246 | CPT | | | | both | | | 20819 | 7517.39 | United | Oxford | 4702 | | | | 950 | 19778.05 | case rate | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ 1ST ART | 37246 | CPT | | | | both | | | 20819 | 7517.39 | Qualcare | Qualcare | 15614.25 | 75 | | | 950 | 19778.05 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ 1ST ART | 37246 | CPT | | | | both | | | 20819 | 7517.39 | UHC | Medicaid | 6568.39 | 31.55 | | | 950 | 19778.05 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ 1ST ART | 37246 | CPT | | | | both | | | 20819 | 7517.39 | Horizon | NJ Health | 2927.19 | | | | 950 | 19778.05 | fee schedule | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ 1ST ART | 37246 | CPT | | | | both | | | 20819 | 7517.39 | WellPoint | WellPoint | 6699.55 | 32.18 | | | 950 | 19778.05 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ 1ST ART | 37246 | CPT | | | | both | | | 20819 | 7517.39 | Wellcare | Medicaid | 6568.39 | 31.55 | | | 950 | 19778.05 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ 1ST ART | 37246 | CPT | | | | both | | | 20819 | 7517.39 | Managed Care Inc | Managed Care Inc | 18737.1 | 90 | | | 950 | 19778.05 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL ART | 37247 | CPT | | | | outpatient | | | 23623 | | Aetna | Better Health | 7453.06 | 31.55 | | | 950 | 22441.85 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL ART | 37247 | CPT | | | | outpatient | | | 23623 | | First Trenton | First Trenton | 21260.7 | 90 | | | 950 | 22441.85 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL ART | 37247 | CPT | | | | outpatient | | | 23623 | | Aetna | Medicare | 7275.88 | 30.8 | | | 950 | 22441.85 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL ART | 37247 | CPT | | | | outpatient | | | 23623 | | Americare | Americare | 17717.25 | 75 | | | 950 | 22441.85 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL ART | 37247 | CPT | | | | outpatient | | | 23623 | | Consumer | Consumer | 22441.85 | 95 | | | 950 | 22441.85 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL ART | 37247 | CPT | | | | outpatient | | | 23623 | | Horizon | Indemnity | 9042.88 | 38.28 | | | 950 | 22441.85 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL ART | 37247 | CPT | | | | outpatient | | | 23623 | | Amerihealth | HMO/PPO | 950 | | | | 950 | 22441.85 | fee schedule | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL ART | 37247 | CPT | | | | outpatient | | | 23623 | | Multiplan | Multiplan | 18898.4 | 80 | | | 950 | 22441.85 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL ART | 37247 | CPT | | | | outpatient | | | 23623 | | Horizon | Medicare Blue | 7086.9 | 30 | | | 950 | 22441.85 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL ART | 37247 | CPT | | | | outpatient | | | 23623 | | Horizon | PPO | 9042.88 | 38.28 | | | 950 | 22441.85 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL ART | 37247 | CPT | | | | outpatient | | | 23623 | | First Health | First Health | 16536.1 | 70 | | | 950 | 22441.85 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL ART | 37247 | CPT | | | | outpatient | | | 23623 | | Horizon | NJ Health | 1184.42 | | | | 950 | 22441.85 | fee schedule | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL ART | 37247 | CPT | | | | outpatient | | | 23623 | | Corrections | Corrections | 18898.4 | 80 | | | 950 | 22441.85 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL ART | 37247 | CPT | | | | outpatient | | | 23623 | | Managed Care Inc | Managed Care Inc | 21260.7 | 90 | | | 950 | 22441.85 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL ART | 37247 | CPT | | | | outpatient | | | 23623 | | Horizon | MGD | 9042.88 | 38.28 | | | 950 | 22441.85 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL ART | 37247 | CPT | | | | outpatient | | | 23623 | | Qualcare | Qualcare | 17717.25 | 75 | | | 950 | 22441.85 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL ART | 37247 | CPT | | | | outpatient | | | 23623 | | United | Oxford | 1782 | | | | 950 | 22441.85 | case rate | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL ART | 37247 | CPT | | | | outpatient | | | 23623 | | Three Rivers | Three Rivers | 22441.85 | 95 | | | 950 | 22441.85 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL ART | 37247 | CPT | | | | outpatient | | | 23623 | | UHC | Medicaid | 7453.06 | 31.55 | | | 950 | 22441.85 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL ART | 37247 | CPT | | | | outpatient | | | 23623 | | WellPoint | WellPoint | 7601.88 | 32.18 | | | 950 | 22441.85 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL ART | 37247 | CPT | | | | outpatient | | | 23623 | | United | Commercial/PPO | 1782 | | | | 950 | 22441.85 | case rate | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL ART | 37247 | CPT | | | | outpatient | | | 23623 | | Wellcare | Medicaid | 7453.06 | 31.55 | | | 950 | 22441.85 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLASTY OPEN | 37248 | CPT | | | | both | | | 20819 | 7517.39 | Horizon | Medicare Blue | 6536.86 | | | | 950 | 19778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSLUMINAL BALLOON ANGIOPLASTY OPEN | 37248 | CPT | | | | both | | | 20819 | 7517.39 | Aetna | Better Health | 6568.39 | 31.55 | | | 950 | 19778.05 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLASTY OPEN | 37248 | CPT | | | | both | | | 20819 | 7517.39 | Horizon | MGD | 12648.82 | | | | 950 | 19778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSLUMINAL BALLOON ANGIOPLASTY OPEN | 37248 | CPT | | | | both | | | 20819 | 7517.39 | Aetna | Commercial | 10668.16 | | | | 950 | 19778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSLUMINAL BALLOON ANGIOPLASTY OPEN | 37248 | CPT | | | | both | | | 20819 | 7517.39 | UHC | Medicare | 6536.86 | | | | 950 | 19778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSLUMINAL BALLOON ANGIOPLASTY OPEN | 37248 | CPT | | | | both | | | 20819 | 7517.39 | Consumer | Consumer | 19778.05 | 95 | | | 950 | 19778.05 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLASTY OPEN | 37248 | CPT | | | | both | | | 20819 | 7517.39 | First Health | First Health | 14573.3 | 70 | | | 950 | 19778.05 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLASTY OPEN | 37248 | CPT | | | | both | | | 20819 | 7517.39 | Americare | Americare | 15614.25 | 75 | | | 950 | 19778.05 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLASTY OPEN | 37248 | CPT | | | | both | | | 20819 | 7517.39 | UHC | Medicaid | 6568.39 | 31.55 | | | 950 | 19778.05 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLASTY OPEN | 37248 | CPT | | | | both | | | 20819 | 7517.39 | Multiplan | Multiplan | 16655.2 | 80 | | | 950 | 19778.05 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLASTY OPEN | 37248 | CPT | | | | both | | | 20819 | 7517.39 | Aetna | Medicare | 6536.86 | | | | 950 | 19778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSLUMINAL BALLOON ANGIOPLASTY OPEN | 37248 | CPT | | | | both | | | 20819 | 7517.39 | Corrections | Corrections | 16655.2 | 80 | | | 950 | 19778.05 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLASTY OPEN | 37248 | CPT | | | | both | | | 20819 | 7517.39 | First Trenton | First Trenton | 18737.1 | 90 | | | 950 | 19778.05 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLASTY OPEN | 37248 | CPT | | | | both | | | 20819 | 7517.39 | Qualcare | Qualcare | 15614.25 | 75 | | | 950 | 19778.05 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLASTY OPEN | 37248 | CPT | | | | both | | | 20819 | 7517.39 | Amerihealth | HMO/PPO | 950 | | | | 950 | 19778.05 | fee schedule | |
| HC TRANSLUMINAL BALLOON ANGIOPLASTY OPEN | 37248 | CPT | | | | both | | | 20819 | 7517.39 | Horizon | Indemnity | 12648.82 | | | | 950 | 19778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSLUMINAL BALLOON ANGIOPLASTY OPEN | 37248 | CPT | | | | both | | | 20819 | 7517.39 | Managed Care Inc | Managed Care Inc | 18737.1 | 90 | | | 950 | 19778.05 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLASTY OPEN | 37248 | CPT | | | | both | | | 20819 | 7517.39 | Wellcare | Medicare | 6536.86 | | | | 950 | 19778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSLUMINAL BALLOON ANGIOPLASTY OPEN | 37248 | CPT | | | | both | | | 20819 | 7517.39 | Wellcare | Medicaid | 6568.39 | 31.55 | | | 950 | 19778.05 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLASTY OPEN | 37248 | CPT | | | | both | | | 20819 | 7517.39 | Horizon | NJ Health | 2027.79 | | | | 950 | 19778.05 | fee schedule | |
| HC TRANSLUMINAL BALLOON ANGIOPLASTY OPEN | 37248 | CPT | | | | both | | | 20819 | 7517.39 | Three Rivers | Three Rivers | 19778.05 | 95 | | | 950 | 19778.05 | percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLASTY OPEN | 37248 | CPT | | | | both | | | 20819 | 7517.39 | Horizon | PPO | 12648.82 | | | | 950 | 19778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSLUMINAL BALLOON ANGIOPLASTY OPEN | 37248 | CPT | | | | both | | | 20819 | 7517.39 | United | Commercial/PPO | 4702 | | | | 950 | 19778.05 | case rate | |
| HC TRANSLUMINAL BALLOON ANGIOPLASTY OPEN | 37248 | CPT | | | | both | | | 20819 | 7517.39 | United | Oxford

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL VEIN | 37249 | CPT | | | | outpatient | | | 40848 | | First Health | First Health | 286593.6 | 70 | | | 868.97 | | 38805.6 percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL VEIN | 37249 | CPT | | | | outpatient | | | 40848 | | Horizon | Indemnity | 15636.61 | 38.28 | | | 868.97 | | 38805.6 percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL VEIN | 37249 | CPT | | | | outpatient | | | 40848 | | Corrections | Corrections | 32678.4 | 80 | | | 868.97 | | 38805.6 percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL VEIN | 37249 | CPT | | | | outpatient | | | 40848 | | Managed Care Inc | Managed Care Inc | 36763.2 | 90 | | | 868.97 | | 38805.6 percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL VEIN | 37249 | CPT | | | | outpatient | | | 40848 | | Three Rivers | Three Rivers | 38805.6 | 95 | | | 868.97 | | 38805.6 percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL VEIN | 37249 | CPT | | | | outpatient | | | 40848 | | Amerihealth | HMO/PPO | 950 | | | | 868.97 | | 38805.6 fee schedule | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL VEIN | 37249 | CPT | | | | outpatient | | | 40848 | | Horizon | NJ Health | 868.97 | | | | 868.97 | | 38805.6 fee schedule | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL VEIN | 37249 | CPT | | | | outpatient | | | 40848 | | Multiplan | Multiplan | 32678.4 | 80 | | | 868.97 | | 38805.6 percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL VEIN | 37249 | CPT | | | | outpatient | | | 40848 | | Wellcare | Medicaid | 12887.54 | 31.55 | | | 868.97 | | 38805.6 percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL VEIN | 37249 | CPT | | | | outpatient | | | 40848 | | Horizon | PPO | 15636.61 | 38.28 | | | 868.97 | | 38805.6 percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL VEIN | 37249 | CPT | | | | outpatient | | | 40848 | | United | Oxford | 1782 | | | | 868.97 | | 38805.6 case rate | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL VEIN | 37249 | CPT | | | | outpatient | | | 40848 | | Qualcare | Qualcare | 30636 | 75 | | | 868.97 | | 38805.6 percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL VEIN | 37249 | CPT | | | | outpatient | | | 40848 | | WellPoint | WellPoint | 13144.89 | 32.18 | | | 868.97 | | 38805.6 percent of total billed charges | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL VEIN | 37249 | CPT | | | | outpatient | | | 40848 | | United | Commercial/PPO | 1782 | | | | 868.97 | | 38805.6 case rate | |
| HC TRANSLUMINAL BALLOON ANGIOPLSTY OPEN/PERQ EA ADDL VEIN | 37249 | CPT | | | | outpatient | | | 40848 | | UHC | Medicaid | 12887.54 | 31.55 | | | 868.97 | | 38805.6 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL | 37252 | CPT | | | | both | | | 1909 | | Aetna | Medicare | 587.97 | 30.8 | | | 572.7 | | 2084.09 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL | 37252 | CPT | | | | both | | | 1909 | | Americare | Americare | 1431.75 | 75 | | | 572.7 | | 2084.09 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL | 37252 | CPT | | | | both | | | 1909 | | Corrections | Corrections | 1527.2 | 80 | | | 572.7 | | 2084.09 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL | 37252 | CPT | | | | both | | | 1909 | | Amerihealth | HMO/PPO | 1240.85 | 65 | | | 572.7 | | 2084.09 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL | 37252 | CPT | | | | both | | | 1909 | | First Health | First Health | 1336.3 | 70 | | | 572.7 | | 2084.09 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL | 37252 | CPT | | | | both | | | 1909 | | First Trenton | First Trenton | 1718.1 | 90 | | | 572.7 | | 2084.09 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL | 37252 | CPT | | | | both | | | 1909 | | Aetna | Better Health | 602.29 | 31.55 | | | 572.7 | | 2084.09 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL | 37252 | CPT | | | | both | | | 1909 | | Horizon | Indemnity | 730.77 | 38.28 | | | 572.7 | | 2084.09 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL | 37252 | CPT | | | | both | | | 1909 | | Horizon | MGD | 730.77 | 38.28 | | | 572.7 | | 2084.09 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL | 37252 | CPT | | | | both | | | 1909 | | Horizon | PPO | 730.77 | 38.28 | | | 572.7 | | 2084.09 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL | 37252 | CPT | | | | both | | | 1909 | | United | Oxford | 1782 | | | | 572.7 | | 2084.09 case rate | |
| HC INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL | 37252 | CPT | | | | both | | | 1909 | | Multiplan | Multiplan | 1527.2 | 80 | | | 572.7 | | 2084.09 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL | 37252 | CPT | | | | both | | | 1909 | | UHC | Medicaid | 602.29 | 31.55 | | | 572.7 | | 2084.09 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL | 37252 | CPT | | | | both | | | 1909 | | Managed Care Inc | Managed Care Inc | 1718.1 | 90 | | | 572.7 | | 2084.09 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL | 37252 | CPT | | | | both | | | 1909 | | Consumer | Consumer | 1813.55 | 95 | | | 572.7 | | 2084.09 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL | 37252 | CPT | | | | both | | | 1909 | | Qualcare | Qualcare | 1431.75 | 75 | | | 572.7 | | 2084.09 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL | 37252 | CPT | | | | both | | | 1909 | | United | Commercial/PPO | 1782 | | | | 572.7 | | 2084.09 case rate | |
| HC INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL | 37252 | CPT | | | | both | | | 1909 | | Three Rivers | Three Rivers | 1813.55 | 95 | | | 572.7 | | 2084.09 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL | 37252 | CPT | | | | both | | | 1909 | | Horizon | Medicare Blue | 572.7 | 30 | | | 572.7 | | 2084.09 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL | 37252 | CPT | | | | both | | | 1909 | | WellPoint | WellPoint | 614.32 | 32.18 | | | 572.7 | | 2084.09 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL | 37252 | CPT | | | | both | | | 1909 | | Horizon | NJ Health | 2084.09 | | | | 572.7 | | 2084.09 fee schedule | |
| HC INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL | 37252 | CPT | | | | both | | | 1909 | | Wellcare | Medicaid | 602.29 | 31.55 | | | 572.7 | | 2084.09 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL | 37253 | CPT | | | | outpatient | | | 1909 | | Corrections | Corrections | 1527.2 | 80 | | | 318.11 | | 1813.55 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL | 37253 | CPT | | | | outpatient | | | 1909 | | Amerihealth | HMO/PPO | 1240.85 | 65 | | | 318.11 | | 1813.55 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL | 37253 | CPT | | | | outpatient | | | 1909 | | Americare | Americare | 1431.75 | 75 | | | 318.11 | | 1813.55 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL | 37253 | CPT | | | | outpatient | | | 1909 | | Consumer | Consumer | 1813.55 | 95 | | | 318.11 | | 1813.55 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL | 37253 | CPT | | | | outpatient | | | 1909 | | Aetna | Better Health | 602.29 | 31.55 | | | 318.11 | | 1813.55 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL | 37253 | CPT | | | | outpatient | | | 1909 | | First Trenton | First Trenton | 1718.1 | 90 | | | 318.11 | | 1813.55 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL | 37253 | CPT | | | | outpatient | | | 1909 | | Aetna | Medicare | 587.97 | 30.8 | | | 318.11 | | 1813.55 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL | 37253 | CPT | | | | outpatient | | | 1909 | | First Health | First Health | 1336.3 | 70 | | | 318.11 | | 1813.55 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL | 37253 | CPT | | | | outpatient | | | 1909 | | Horizon | MGD | 730.77 | 38.28 | | | 318.11 | | 1813.55 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL | 37253 | CPT | | | | outpatient | | | 1909 | | Horizon | Indemnity | 730.77 | 38.28 | | | 318.11 | | 1813.55 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL | 37253 | CPT | | | | outpatient | | | 1909 | | Horizon | PPO | 730.77 | 38.28 | | | 318.11 | | 1813.55 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL | 37253 | CPT | | | | outpatient | | | 1909 | | Horizon | NJ Health | 318.11 | | | | 318.11 | | 1813.55 fee schedule | |
| HC INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL | 37253 | CPT | | | | outpatient | | | 1909 | | Managed Care Inc | Managed Care Inc | 1718.1 | 90 | | | 318.11 | | 1813.55 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL | 37253 | CPT | | | | outpatient | | | 1909 | | Multiplan | Multiplan | 1527.2 | 80 | | | 318.11 | | 1813.55 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL | 37253 | CPT | | | | outpatient | | | 1909 | | Horizon | Medicare Blue | 572.7 | 30 | | | 318.11 | | 1813.55 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL | 37253 | CPT | | | | outpatient | | | 1909 | | UHC | Medicaid | 602.29 | 31.55 | | | 318.11 | | 1813.55 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL | 37253 | CPT | | | | outpatient | | | 1909 | | WellPoint | WellPoint | 614.32 | 32.18 | | | 318.11 | | 1813.55 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL | 37253 | CPT | | | | outpatient | | | 1909 | | Qualcare | Qualcare | 1431.75 | 75 | | | 318.11 | | 1813.55 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL | 37253 | CPT | | | | outpatient | | | 1909 | | United | Commercial/PPO | 1782 | | | | 318.11 | | 1813.55 case rate | |
| HC INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL | 37253 | CPT | | | | outpatient | | | 1909 | | Three Rivers | Three Rivers | 1813.55 | 95 | | | 318.11 | | 1813.55 percent of total billed charges | |
| HC INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL | 37253 | CPT | | | | outpatient | | | 1909 | | United | Oxford | 1782 | | | | 318.11 | | 1813.55 case rate | |
| HC INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL | 37253 | CPT | | | | outpatient | | | 1909 | | Wellcare | Medicaid | 602.29 | 31.55 | | | 318.11 | | 1813.55 percent of total billed charges | |
| HC TEMPORAL ARTERY BIOPSY | 37609 | CPT | | | | outpatient | | | 6442 | 2132.36 | Amerihealth | HMO/PPO | 550 | | | | 187.92 | | 6119.9 fee schedule | |
| HC TEMPORAL ARTERY BIOPSY | 37609 | CPT | | | | outpatient | | | 6442 | 2132.36 | Consumer | Consumer | 6119.9 | 95 | | | 187.92 | | 6119.9 percent of total billed charges | |
| HC TEMPORAL ARTERY BIOPSY | 37609 | CPT | | | | outpatient | | | 6442 | 2132.36 | Corrections | Corrections | 5153.6 | 80 | | | 187.92 | | 6119.9 percent of total billed charges | |
| HC TEMPORAL ARTERY BIOPSY | 37609 | CPT | | | | outpatient | | | 6442 | 2132.36 | Aetna | Better Health | 2032.45 | 31.55 | | | 187.92 | | 6119.9 percent of total billed charges | |
| HC TEMPORAL ARTERY BIOPSY | 37609 | CPT | | | | outpatient | | | 6442 | 2132.36 | Americare | Americare | 4831.5 | 75 | | | 187.92 | | 6119.9 percent of total billed charges | |
| HC TEMPORAL ARTERY BIOPSY | 37609 | CPT | | | | outpatient | | | 6442 | 2132.36 | Aetna | Commercial | 3026.1 | | | | 187.92 | | 6119.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TEMPORAL ARTERY BIOPSY | 37609 | CPT | | | | outpatient | | | 6442 | 2132.36 | Qualcare | Qualcare | 4831.5 | 75 | | | 187.92 | | 6119.9 percent of total billed charges | |
| HC TEMPORAL ARTERY BIOPSY | 37609 | CPT | | | | outpatient | | | 6442 | 2132.36 | Horizon | Medicare Blue | 1854.23 | | | | 187.92 | | 6119.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TEMPORAL ARTERY BIOPSY | 37609 | CPT | | | | outpatient | | | 6442 | 2132.36 | First Health | First Health | 4589.4 | 70 | | | 187.92 | | 6119.9 percent of total billed charges | |
| HC TEMPORAL ARTERY BIOPSY | 37609 | CPT | | | | outpatient | | | 6442 | 2132.36 | Aetna | Medicare | 1854.23 | | | | 187.92 | | 6119.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TEMPORAL ARTERY BIOPSY | 37609 | CPT | | | | outpatient | | | 6442 | 2132.36 | First Trenton | First Trenton | 5797.8 | 90 | | | 187.92 | | 6119.9 percent of total billed charges | |
| HC TEMPORAL ARTERY BIOPSY | 37609 | CPT | | | | outpatient | | | 6442 | 2132.36 | Horizon | MGD | 3587.94 | | | | 187.92 | | 6119.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TEMPORAL ARTERY BIOPSY | 37609 | CPT | | | | outpatient | | | 6442 | 2132.36 | Three Rivers | Three Rivers | 6119.9 | 95 | | | 187.92 | | 6119.9 percent of total billed charges | |
| HC TEMPORAL ARTERY BIOPSY | 37609 | CPT | | | | outpatient | | | 6442 | 2132.36 | Multiplan | Multiplan | 5153.6 | 80 | | | 187.92 | | 6119.9 percent of total billed charges | |
| HC TEMPORAL ARTERY BIOPSY | 37609 | CPT | | | | outpatient | | | 6442 | 2132.36 | WellPoint | WellPoint | 2073.04 | 32.18 | | | 187.92 | | 6119.9 percent of total billed charges | |
| HC TEMPORAL ARTERY BIOPSY | 37609 | CPT | | | | outpatient | | | 6442 | 2132.36 | UHC | Medicare | 1854.23 | | | | 187.92 | | 6119.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TEMPORAL ARTERY BIOPSY | 37609 | CPT | | | | outpatient | | | 6442 | 2132.36 | Horizon | Indemnity | 3587.94 | | | | 187.92 | | 6119.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TEMPORAL ARTERY BIOPSY | 37609 | CPT | | | | outpatient | | | 6442 | 2132.36 | UHC | Medicaid | 2032.45 | 31.55 | | | 187.92 | | 6119.9 percent of total billed charges | |
| HC TEMPORAL ARTERY BIOPSY | 37609 | CPT | | | | outpatient | | | 6442 | 2132.36 | Horizon | NJ Health | 187.92 | | | | 187.92 | | 6119.9 fee schedule | |
| HC TEMPORAL ARTERY BIOPSY | 37609 | CPT | | | | outpatient | | | 6442 | 2132.36 | Wellcare | Medicaid | 2032.45 | 31.55 | | | 187.92 | | 6119.9 percent of total billed charges | |
| HC TEMPORAL ARTERY BIOPSY | 37609 | CPT | | | | outpatient | | | 6442 | 2132.36 | Horizon | PPO | 3587.94 | | | | 187.92 | | 6119.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TEMPORAL ARTERY BIOPSY | 37609 | CPT | | | | outpatient | | | 6442 | 2132.36 | United | Commercial/PPO | 2493 | | | | 187.92 | | 6119.9 case rate | |
| HC TEMPORAL ARTERY BIOPSY | 37609 | CPT | | | | outpatient | | | 6442 | 2132.36 | Managed Care Inc | Managed Care Inc | 5797.8 | 90 | | | 187.92 | | 6119.9 percent of total billed charges | |
| HC TEMPORAL ARTERY BIOPSY | 37609 | CPT | | | | outpatient | | | 6442 | 2132.36 | Wellcare | Medicare | 1854.23 | | | | 187.92 | | 6119.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TEMPORAL ARTERY BIOPSY | 37609 | CPT | | | | outpatient | | | 6442 | 2132.36 | United | Oxford | 2493 | | | | 187.92 | | 6119.9 case rate | |
| HC VASCULAR SURGERY PROCEDURE | 37799 | CPT | | | | inpatient | | | 2539 | 826.23 | Americare | Americare | 1904.25 | 75 | | | 650 | | 2412.05 percent of total billed charges | |
| HC VASCULAR SURGERY PROCEDURE | 37799 | CPT | | | | inpatient | | | 2539 | 826.23 | Consumer | Consumer | 2412.05 | 95 | | | 650 | | 2412.05 percent of total billed charges | |
| HC VASCULAR SURGERY PROCEDURE | 37799 | CPT | | | | inpatient | | | 2539 | 826.23 | Aetna | Commercial | 1172.53 | | | | 650 | | 2412.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VASCULAR SURGERY PROCEDURE | 37799 | CPT | | | | inpatient | | | 2539 | 826.23 | Horizon | Indemnity | 1390.22 | | | | 650 | | 2412.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VASCULAR SURGERY PROCEDURE | 37799 | CPT | | | | inpatient | | | 2539 | 826.23 | Aetna | Medicare | 718.46 | | | | 650 | | 2412.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VASCULAR SURGERY PROCEDURE | 37799 | CPT | | | | inpatient | | | 2539 | 826.23 | Aetna | Better Health | 801.05 | 31.55 | | | 650 | | 2412.05 percent of total billed charges | |
| HC VASCULAR SURGERY PROCEDURE | 37799 | CPT | | | | inpatient | | | 2539 | 826.23 | Managed Care Inc | Managed Care Inc | 2285.1 | 90 | | | 650 | | 2412.05 percent of total billed charges | |
| HC VASCULAR SURGERY PROCEDURE | 37799 | CPT | | | | inpatient | | | 2539 | 826.23 | Horizon | Medicare Blue | 718.46 | | | | 650 | | 2412.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VASCULAR SURGERY PROCEDURE | 37799 | CPT | | | | inpatient | | | 2539 | 826.23 | Amerihealth | HMO/PPO | 650 | | | | 650 | | 2412.05 fee schedule | |
| HC VASCULAR SURGERY PROCEDURE | 37799 | CPT | | | | inpatient | | | 2539 | 826.23 | Corrections | Corrections | 2031.2 | 80 | | | 650 | | 2412.05 percent of total billed charges | |
| HC VASCULAR SURGERY PROCEDURE | 37799 | CPT | | | | inpatient | | | 2539 | 826.23 | Multiplan | Multiplan | 2031.2 | 80 | | | 650 | | 2412.05 percent of total billed charges | |
| HC VASCULAR SURGERY PROCEDURE | 37799 | CPT | | | | inpatient | | | 2539 | 826.23 | Horizon | PPO | 1390.22 | | | | 650 | | 2412.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VASCULAR SURGERY PROCEDURE | 37799 | CPT | | | | inpatient | | | 2539 | 826.23 | First Trenton | First Trenton | 2285.1 | 90 | | | 650 | | 2412.05 percent of total billed charges | |
| HC VASCULAR SURGERY PROCEDURE | 37799 | CPT | | | | inpatient | | | 2539 | 826.23 | First Health | First Health | 1777.3 | 70 | | | 650 | | 2412.05 percent of total billed charges | |
| HC VASCULAR SURGERY PROCEDURE | 37799 | CPT | | | | inpatient | | | 2539 | 826.23 | UHC | Medicare | 718.46 | | | | 650 | | 2412.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VASCULAR SURGERY PROCEDURE | 37799 | CPT | | | | inpatient | | | 2539 | 826.23 | United | Commercial/PPO | 1817 | | | | 650 | | 2412.05 case rate | |
| HC VASCULAR SURGERY PROCEDURE | 37799 | CPT | | | | inpatient | | | 2539 | 826.23 | Horizon | MGD | 1390.22 | | | | 650 | | 2412.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VASCULAR SURGERY PROCEDURE | 37799 | CPT | | | | inpatient | | | 2539 | 826.23 | UHC | Medicaid | 801.05 | 31.55 | | | 650 | | 2412.05 percent of total billed charges | |
| HC VASCULAR SURGERY PROCEDURE | 37799 | CPT | | | | inpatient | | | 2539 | 826.23 | Qualcare | Qualcare | 1904.25 | 75 | | | 650 | | 2412.05 percent of total billed charges | |
| HC VASCULAR SURGERY PROCEDURE | 37799 | CPT | | | | inpatient | | | 2539 | 826.23 | WellPoint | WellPoint | 817.05 | 32.18 | | | 650 | | 2412.05 percent of total billed charges | |
| HC VASCULAR SURGERY PROCEDURE | 37799 | CPT | | | | inpatient | | | 2539 | 826.23 | Three Rivers | Three Rivers | 2412.05 | 95 | | | 650 | | 2412.05 percent of total billed charges | |
| HC VASCULAR SURGERY PROCEDURE | 37799 | CPT | | | | inpatient | | | 2539 | 826.23 | United | Oxford | 1817 | | | | 650 | | 2412.05 case rate | |
| HC VASCULAR SURGERY PROCEDURE | 37799 | CPT | | | | inpatient | | | 2539 | 826.23 | Wellcare | Medicaid | 801.05 | 31.55 | | | 650 | | 2412.05 percent of total billed charges | |
| HC VASCULAR SURGERY PROCEDURE | 37799 | CPT | | | | inpatient | | | 2539 | 826.23 | Wellcare | Medicare | 718.46 | | | | 650 | | 2412.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE MARROW ASPIRATION ONLY | 38220 | CPT | | | | both | | | 5621 | 2132.36 | Corrections | Corrections | 4496.8 | 80 | | | 125 | | 5339.95 percent of total billed charges | |
| HC BONE MARROW ASPIRATION ONLY | 38220 | CPT | | | | both | | | 5621 | 2132.36 | Americare | Americare | 4215.75 | 75 | | | 125 | | 5339.95 percent of total billed charges | |
| HC BONE MARROW ASPIRATION ONLY | 38220 | CPT | | | | both | | | 5621 | 2132.36 | Aetna | Commercial | 3026.1 | | | | 125 | | 5339.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE MARROW ASPIRATION ONLY | 38220 | CPT | | | | both | | | 5621 | 2132.36 | Aetna | Better Health | 1773.43 | 31.55 | | | 125 | | 5339.95 percent of total billed charges | |
| HC BONE MARROW ASPIRATION ONLY | 38220 | CPT | | | | both | | | 5621 | 2132.36 | First Trenton | First Trenton | 5058.9 | 90 | | | 125 | | 5339.95 percent of total billed charges | |
| HC BONE MARROW ASPIRATION ONLY | 38220 | CPT | | | | both | | | 5621 | 2132.36 | Amerihealth | HMO/PPO | 125 | | | | 125 | | 5339.95 fee schedule | |
| HC BONE MARROW ASPIRATION ONLY | 38220 | CPT | | | | both | | | 5621 | 2132.36 | Consumer | Consumer | 5339.95 | 95 | | | 125 | | 5339.95 percent of total billed charges | |
| HC BONE MARROW ASPIRATION ONLY | 38220 | CPT | | | | both | | | 5621 | 2132.36 | Horizon | Medicare Blue | 1854.23 | | | | 125 | | 5339.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE MARROW ASPIRATION ONLY | 38220 | CPT | | | | both | | | 5621 | 2132.36 | Qualcare | Qualcare | 4215.75 | 75 | | | 125 | | 5339.95 percent of total billed charges | |
| HC BONE MARROW ASPIRATION ONLY | 38220 | CPT | | | | both | | | 5621 | 2132.36 | Three Rivers | Three Rivers | 5339.95 | 95 | | | 125 | | 5339.95 percent of total billed charges | |
| HC BONE MARROW ASPIRATION ONLY | 38220 | CPT | | | | both | | | 5621 | 2132.36 | Aetna | Medicare | 1854.23 | | | | 125 | | 5339.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE MARROW ASPIRATION ONLY | 38220 | CPT | | | | both | | | 5621 | 2132.36 | First Health | First Health | 3934.7 | 70 | | | 125 | | 5339.95 percent of total billed charges | |
| HC BONE MARROW ASPIRATION ONLY | 38220 | CPT | | | | both | | | 5621 | 2132.36 | Horizon | Indemnity | 3587.94 | | | | 125 | | 5339.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE MARROW ASPIRATION ONLY | 38220 | CPT | | | | both | | | 5621 | 2132.36 | UHC | Medicaid | 1773.43 | 31.55 | | | 125 | | 5339.95 percent of total billed charges | |
| HC BONE MARROW ASPIRATION ONLY | 38220 | CPT | | | | both | | | 5621 | 2132.36 | Horizon | MGD | 3587.94 | | | | 125 | | 5339.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE MARROW ASPIRATION ONLY | 38220 | CPT | | | | both | | | 5621 | 2132.36 | UHC | Medicare | 1854.23 | | | | 125 | | 5339.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE MARROW ASPIRATION ONLY | 38220 | CPT | | | | both | | | 5621 | 2132.36 | WellPoint | WellPoint | 1808.84 | 32.18 | | | 125 | | 5339.95 percent of total billed charges | |
| HC BONE MARROW ASPIRATION ONLY | 38220 | CPT | | | | both | | | 5621 | 2132.36 | United | Commercial/PPO | 1817 | | | | 125 | | 5339.95 case rate | |
| HC BONE MARROW ASPIRATION ONLY | 38220 | CPT | | | | both | | | 5621 | 2132.36 | Multiplan | Multiplan | 4496.8 | 80 | | | 125 | | 5339.95 percent of total billed charges | |
| HC BONE MARROW ASPIRATION ONLY | 38220 | CPT | | | | both | | | 5621 | 2132.36 | Wellcare | Medicaid | 1773.43 | 31.55 | | | 125 | | 5339.95 percent of total billed charges | |
| HC BONE MARROW ASPIRATION ONLY | 38220 | CPT | | | | both | | | 5621 | 2132.36 | Horizon | NJ Health | 469.8 | | | | 125 | | 5339.95 fee schedule | |
| HC BONE MARROW ASPIRATION ONLY | 38220 | CPT | | | | both | | | 5621 | 2132.36 | United | Oxford | 1817 | | | | 125 | | 5339.95 case rate | |
| HC BONE MARROW ASPIRATION ONLY | 38220 | CPT | | | | both | | | 5621 | 2132.36 | Horizon | PPO | 3587.94 | | | | 125 | | 5339.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE MARROW ASPIRATION ONLY | 38220 | CPT | | | | both | | | 5621 | 2132.36 | Wellcare | Medicare | 1854.23 | | | | 125 | | 5339.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE MARROW ASPIRATION ONLY | 38220 | CPT | | | | both | | | 5621 | 2132.36 | Managed Care Inc | Managed Care Inc | 5058.9 | 90 | | | 125 | | 5339.95 percent of total billed charges | |
| HC DIAGNOSTIC BONE MARROW BIOPSIES | 38221 | CPT | | | | both | | | 5621 | 2132.36 | Aetna | Medicare | 1854.23 | | | | 125 | | 5339.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DIAGNOSTIC BONE MARROW BIOPSIES | 38221 | CPT | | | | both | | | 5621 | 2132.36 | First Health | First Health | 3934.7 | 70 | | | 125 | | 5339.95 percent of total billed charges | |
| HC DIAGNOSTIC BONE MARROW BIOPSIES | 38221 | CPT | | | | both | | | 5621 | 2132.36 | Aetna | Commercial | 3026.1 | | | | 125 | | 5339.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DIAGNOSTIC BONE MARROW BIOPSIES | 38221 | CPT | | | | both | | | 5621 | 2132.36 | Wellcare | Medicare | 1854.23 | | | | 125 | | 5339.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DIAGNOSTIC BONE MARROW BIOPSIES | 38221 | CPT | | | | both | | | 5621 | 2132.36 | Amerihealth | HMO/PPO | 125 | | | | 125 | | 5339.95 fee schedule | |
| HC DIAGNOSTIC BONE MARROW BIOPSIES | 38221 | CPT | | | | both | | | 5621 | 2132.36 | Horizon | Indemnity | 3587.94 | | | | 125 | | 5339.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DIAGNOSTIC BONE MARROW BIOPSIES | 38221 | CPT | | | | both | | | 5621 | 2132.36 | Corrections | Corrections | 4496.8 | 80 | | | 125 | | 5339.95 percent of total billed charges | |
| HC DIAGNOSTIC BONE MARROW BIOPSIES | 38221 | CPT | | | | both | | | 5621 | 2132.36 | Aetna | Better Health | 1773.43 | 31.55 | | | 125 | | 5339.95 percent of total billed charges | |
| HC DIAGNOSTIC BONE MARROW BIOPSIES | 38221 | CPT | | | | both | | | 5621 | 2132.36 | First Trenton | First Trenton | 5058.9 | 90 | | | 125 | | 5339.95 percent of total billed charges | |
| HC DIAGNOSTIC BONE MARROW BIOPSIES | 38221 | CPT | | | | both | | | 5621 | 2132.36 | Horizon | Medicare Blue | 1854.23 | | | | 125 | | 5339.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DIAGNOSTIC BONE MARROW BIOPSIES | 38221 | CPT | | | | both | | | 5621 | 2132.36 | Multiplan | Multiplan | 4496.8 | 80 | | | 125 | | 5339.95 percent of total billed charges | |
| HC DIAGNOSTIC BONE MARROW BIOPSIES | 38221 | CPT | | | | both | | | 5621 | 2132.36 | Americare | Americare | 4215.75 | 75 | | | 125 | | 5339.95 percent of total billed charges | |
| HC DIAGNOSTIC BONE MARROW BIOPSIES | 38221 | CPT | | | | both | | | 5621 | 2132.36 | Horizon | MGD | 3587.94 | | | | 125 | | 5339.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DIAGNOSTIC BONE MARROW BIOPSIES | 38221 | CPT | | | | both | | | 5621 | 2132.36 | Horizon | PPO | 3587.94 | | | | 125 | | 5339.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DIAGNOSTI

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC DIAGNOSTIC BONE MARROW BIOPSIES | 38221 | CPT | | | | both | | | 5621 | | 2132.36 Consumer | Consumer | 5339.95 | 95 | | | 125 | | 5339.95 percent of total billed charges | |
| HC DIAGNOSTIC BONE MARROW BIOPSIES | 38221 | CPT | | | | both | | | 5621 | | 2132.36 Horizon | NJ Health | 247.43 | | | | 125 | | 5339.95 fee schedule | |
| HC DIAGNOSTIC BONE MARROW BIOPSIES | 38221 | CPT | | | | both | | | 5621 | | 2132.36 UHC | Medicare | 1854.23 | | | | 125 | | 5339.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DIAGNOSTIC BONE MARROW BIOPSIES | 38221 | CPT | | | | both | | | 5621 | | 2132.36 Managed Care Inc | Managed Care Inc | 5058.9 | 90 | | | 125 | | 5339.95 percent of total billed charges | |
| HC DIAGNOSTIC BONE MARROW BIOPSIES | 38221 | CPT | | | | both | | | 5621 | | 2132.36 United | Oxford | 1817 | | | | 125 | | 5339.95 case rate | |
| HC DIAGNOSTIC BONE MARROW BIOPSIES | 38221 | CPT | | | | both | | | 5621 | | 2132.36 Three Rivers | Three Rivers | 5339.95 | 95 | | | 125 | | 5339.95 percent of total billed charges | |
| HC DIAGNOSTIC BONE MARROW BIOPSIES | 38221 | CPT | | | | both | | | 5621 | | 2132.36 UHC | Medicaid | 1773.43 | 31.55 | | | 125 | | 5339.95 percent of total billed charges | |
| HC DIAGNOSTIC BONE MARROW BIOPSIES | 38221 | CPT | | | | both | | | 5621 | | 2132.36 Wellcare | Medicaid | 1773.43 | 31.55 | | | 125 | | 5339.95 percent of total billed charges | |
| HC DIAGNOSTIC BONE MARROW BIOPSIES | 38221 | CPT | | | | both | | | 5621 | | 2132.36 United | Commercial\|PPO | 1817 | | | | 125 | | 5339.95 case rate | |
| HC DIAGNOSTIC BONE MARROW BIOPSIES | 38221 | CPT | | | | both | | | 5621 | | 2132.36 WellPoint | WellPoint | 1808.84 | 32.18 | | | 125 | | 5339.95 percent of total billed charges | |
| HC DIAGNOSTIC BONE MARROW ASPIRATION/BIO | 38222 | CPT | | | | both | | | 9466 | | 3737.2 WellPoint | WellPoint | 3046.16 | 32.18 | | | 469.8 | | 8992.7 percent of total billed charges | |
| HC DIAGNOSTIC BONE MARROW ASPIRATION/BIO | 38222 | CPT | | | | both | | | 9466 | | 3737.2 Aetna | Commercial | 5303.58 | | | | 469.8 | | 8992.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DIAGNOSTIC BONE MARROW ASPIRATION/BIO | 38222 | CPT | | | | both | | | 9466 | | 3737.2 Aetna | Better Health | 2986.52 | 31.55 | | | 469.8 | | 8992.7 percent of total billed charges | |
| HC DIAGNOSTIC BONE MARROW ASPIRATION/BIO | 38222 | CPT | | | | both | | | 9466 | | 3737.2 First Trenton | First Trenton | 8519.4 | 90 | | | 469.8 | | 8992.7 percent of total billed charges | |
| HC DIAGNOSTIC BONE MARROW ASPIRATION/BIO | 38222 | CPT | | | | both | | | 9466 | | 3737.2 Aetna | Medicare | 3249.74 | | | | 469.8 | | 8992.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DIAGNOSTIC BONE MARROW ASPIRATION/BIO | 38222 | CPT | | | | both | | | 9466 | | 3737.2 Three Rivers | Three Rivers | 8992.7 | 95 | | | 469.8 | | 8992.7 percent of total billed charges | |
| HC DIAGNOSTIC BONE MARROW ASPIRATION/BIO | 38222 | CPT | | | | both | | | 9466 | | 3737.2 First Health | First Health | 6626.2 | 70 | | | 469.8 | | 8992.7 percent of total billed charges | |
| HC DIAGNOSTIC BONE MARROW ASPIRATION/BIO | 38222 | CPT | | | | both | | | 9466 | | 3737.2 Amerihealth | HMO/PPO | 6152.9 | 65 | | | 469.8 | | 8992.7 percent of total billed charges | |
| HC DIAGNOSTIC BONE MARROW ASPIRATION/BIO | 38222 | CPT | | | | both | | | 9466 | | 3737.2 Horizon | Indemnity | 6288.25 | | | 2800.33 | 469.8 | | 8992.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DIAGNOSTIC BONE MARROW ASPIRATION/BIO | 38222 | CPT | | | | both | | | 9466 | | 3737.2 Americare | Americare | 7099.5 | 75 | | | 469.8 | | 8992.7 percent of total billed charges | |
| HC DIAGNOSTIC BONE MARROW ASPIRATION/BIO | 38222 | CPT | | | | both | | | 9466 | | 3737.2 Consumer | Consumer | 8992.7 | 95 | | | 469.8 | | 8992.7 percent of total billed charges | |
| HC DIAGNOSTIC BONE MARROW ASPIRATION/BIO | 38222 | CPT | | | | both | | | 9466 | | 3737.2 Managed Care Inc | Managed Care Inc | 8519.4 | 90 | | | 469.8 | | 8992.7 percent of total billed charges | |
| HC DIAGNOSTIC BONE MARROW ASPIRATION/BIO | 38222 | CPT | | | | both | | | 9466 | | 3737.2 Horizon | MGD | 6288.25 | | | | 469.8 | | 8992.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DIAGNOSTIC BONE MARROW ASPIRATION/BIO | 38222 | CPT | | | | both | | | 9466 | | 3737.2 UHC | Medicare | 3249.74 | | | | 469.8 | | 8992.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DIAGNOSTIC BONE MARROW ASPIRATION/BIO | 38222 | CPT | | | | both | | | 9466 | | 3737.2 Horizon | Medicare Blue | 3249.74 | | | | 469.8 | | 8992.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DIAGNOSTIC BONE MARROW ASPIRATION/BIO | 38222 | CPT | | | | both | | | 9466 | | 3737.2 Corrections | Corrections | 7572.8 | 80 | | | 469.8 | | 8992.7 percent of total billed charges | |
| HC DIAGNOSTIC BONE MARROW ASPIRATION/BIO | 38222 | CPT | | | | both | | | 9466 | | 3737.2 Horizon | PPO | 6288.25 | | | | 469.8 | | 8992.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DIAGNOSTIC BONE MARROW ASPIRATION/BIO | 38222 | CPT | | | | both | | | 9466 | | 3737.2 Wellcare | Medicare | 3249.74 | | | | 469.8 | | 8992.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DIAGNOSTIC BONE MARROW ASPIRATION/BIO | 38222 | CPT | | | | both | | | 9466 | | 3737.2 Horizon | NJ Health | 469.8 | | | | 469.8 | | 8992.7 fee schedule | |
| HC DIAGNOSTIC BONE MARROW ASPIRATION/BIO | 38222 | CPT | | | | both | | | 9466 | | 3737.2 UHC | Medicaid | 2986.52 | 31.55 | | | 469.8 | | 8992.7 percent of total billed charges | |
| HC DIAGNOSTIC BONE MARROW ASPIRATION/BIO | 38222 | CPT | | | | both | | | 9466 | | 3737.2 Multiplan | Multiplan | 7572.8 | 80 | | | 469.8 | | 8992.7 percent of total billed charges | |
| HC DIAGNOSTIC BONE MARROW ASPIRATION/BIO | 38222 | CPT | | | | both | | | 9466 | | 3737.2 United | Commercial\|PPO | 2493 | | | | 469.8 | | 8992.7 case rate | |
| HC DIAGNOSTIC BONE MARROW ASPIRATION/BIO | 38222 | CPT | | | | both | | | 9466 | | 3737.2 United | Oxford | 2493 | | | | 469.8 | | 8992.7 case rate | |
| HC DIAGNOSTIC BONE MARROW ASPIRATION/BIO | 38222 | CPT | | | | both | | | 9466 | | 3737.2 Qualcare | Qualcare | 7099.5 | 75 | | | 469.8 | | 8992.7 percent of total billed charges | |
| HC DIAGNOSTIC BONE MARROW ASPIRATION/BIO | 38222 | CPT | | | | both | | | 9466 | | 3737.2 Wellcare | Medicaid | 2986.52 | 31.55 | | 1472.51 | 469.8 | | 8992.7 percent of total billed charges | |
| HC BX LYMPH NODE,OPEN SUPERFCL | 38500 | CPT | | | | outpatient | | | 12527 | | 5013.29 UHC | Medicaid | 3952.27 | 31.55 | | | 109.62 | | 11900.65 percent of total billed charges | |
| HC BX LYMPH NODE,OPEN SUPERFCL | 38500 | CPT | | | | outpatient | | | 12527 | | 5013.29 Consumer | Consumer | 11900.65 | 95 | | | 109.62 | | 11900.65 percent of total billed charges | |
| HC BX LYMPH NODE,OPEN SUPERFCL | 38500 | CPT | | | | outpatient | | | 12527 | | 5013.29 Amerihealth | HMO/PPO | 550 | | | | 109.62 | | 11900.65 fee schedule | |
| HC BX LYMPH NODE,OPEN SUPERFCL | 38500 | CPT | | | | outpatient | | | 12527 | | 5013.29 Aetna | Medicare | 4359.38 | | | | 109.62 | | 11900.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX LYMPH NODE,OPEN SUPERFCL | 38500 | CPT | | | | outpatient | | | 12527 | | 5013.29 First Trenton | First Trenton | 11274.3 | 90 | | | 109.62 | | 11900.65 percent of total billed charges | |
| HC BX LYMPH NODE,OPEN SUPERFCL | 38500 | CPT | | | | outpatient | | | 12527 | | 5013.29 Aetna | Commercial | 7114.51 | | | | 109.62 | | 11900.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX LYMPH NODE,OPEN SUPERFCL | 38500 | CPT | | | | outpatient | | | 12527 | | 5013.29 Aetna | Better Health | 3952.27 | 31.55 | | | 109.62 | | 11900.65 percent of total billed charges | |
| HC BX LYMPH NODE,OPEN SUPERFCL | 38500 | CPT | | | | outpatient | | | 12527 | | 5013.29 Corrections | Corrections | 10021.6 | 80 | | | 109.62 | | 11900.65 percent of total billed charges | |
| HC BX LYMPH NODE,OPEN SUPERFCL | 38500 | CPT | | | | outpatient | | | 12527 | | 5013.29 UHC | Medicare | 4359.38 | | | | 109.62 | | 11900.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX LYMPH NODE,OPEN SUPERFCL | 38500 | CPT | | | | outpatient | | | 12527 | | 5013.29 Horizon | NJ Health | 109.62 | | | | 109.62 | | 11900.65 fee schedule | |
| HC BX LYMPH NODE,OPEN SUPERFCL | 38500 | CPT | | | | outpatient | | | 12527 | | 5013.29 First Health | First Health | 8788.9 | 70 | | | 109.62 | | 11900.65 percent of total billed charges | |
| HC BX LYMPH NODE,OPEN SUPERFCL | 38500 | CPT | | | | outpatient | | | 12527 | | 5013.29 Horizon | MGD | 8435.4 | | | | 109.62 | | 11900.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX LYMPH NODE,OPEN SUPERFCL | 38500 | CPT | | | | outpatient | | | 12527 | | 5013.29 Horizon | PPO | 8435.4 | | | | 109.62 | | 11900.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX LYMPH NODE,OPEN SUPERFCL | 38500 | CPT | | | | outpatient | | | 12527 | | 5013.29 Americare | Americare | 9395.25 | 75 | | | 109.62 | | 11900.65 percent of total billed charges | |
| HC BX LYMPH NODE,OPEN SUPERFCL | 38500 | CPT | | | | outpatient | | | 12527 | | 5013.29 United | Oxford | 2776 | | | | 109.62 | | 11900.65 case rate | |
| HC BX LYMPH NODE,OPEN SUPERFCL | 38500 | CPT | | | | outpatient | | | 12527 | | 5013.29 Multiplan | Multiplan | 10021.6 | 80 | | | 109.62 | | 11900.65 percent of total billed charges | |
| HC BX LYMPH NODE,OPEN SUPERFCL | 38500 | CPT | | | | outpatient | | | 12527 | | 5013.29 United | Commercial\|PPO | 2776 | | | | 109.62 | | 11900.65 case rate | |
| HC BX LYMPH NODE,OPEN SUPERFCL | 38500 | CPT | | | | outpatient | | | 12527 | | 5013.29 Qualcare | Qualcare | 9395.25 | 75 | | | 109.62 | | 11900.65 percent of total billed charges | |
| HC BX LYMPH NODE,OPEN SUPERFCL | 38500 | CPT | | | | outpatient | | | 12527 | | 5013.29 Horizon | Indemnity | 8435.4 | | | | 109.62 | | 11900.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX LYMPH NODE,OPEN SUPERFCL | 38500 | CPT | | | | outpatient | | | 12527 | | 5013.29 Three Rivers | Three Rivers | 11900.65 | 95 | | | 109.62 | | 11900.65 percent of total billed charges | |
| HC BX LYMPH NODE,OPEN SUPERFCL | 38500 | CPT | | | | outpatient | | | 12527 | | 5013.29 Managed Care Inc | Managed Care Inc | 11274.3 | 90 | | | 109.62 | | 11900.65 percent of total billed charges | |
| HC BX LYMPH NODE,OPEN SUPERFCL | 38500 | CPT | | | | outpatient | | | 12527 | | 5013.29 Horizon | Medicare Blue | 4359.38 | | | | 109.62 | | 11900.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX LYMPH NODE,OPEN SUPERFCL | 38500 | CPT | | | | outpatient | | | 12527 | | 5013.29 WellPoint | WellPoint | 4031.19 | 32.18 | | | 109.62 | | 11900.65 percent of total billed charges | |
| HC BX LYMPH NODE,OPEN SUPERFCL | 38500 | CPT | | | | outpatient | | | 12527 | | 5013.29 Wellcare | Medicaid | 3952.27 | 31.55 | | | 109.62 | | 11900.65 percent of total billed charges | |
| HC BX LYMPH NODE,OPEN SUPERFCL | 38500 | CPT | | | | outpatient | | | 12527 | | 5013.29 Wellcare | Medicare | 4359.38 | | | | 109.62 | | 11900.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY LYMPHNODE/SUPERFIC-CT | 38505 | CPT | | | | both | | | 5464 | | 2132.36 Americare | Americare | 4098 | 75 | | | 186.98 | | 5190.8 percent of total billed charges | |
| HC BIOPSY LYMPHNODE/SUPERFIC-CT | 38505 | CPT | | | | both | | | 5464 | | 2132.36 Horizon | PPO | 3587.94 | | | | 186.98 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY LYMPHNODE/SUPERFIC-CT | 38505 | CPT | | | | both | | | 5464 | | 2132.36 Corrections | Corrections | 4371.2 | 80 | | | 186.98 | | 5190.8 percent of total billed charges | |
| HC BIOPSY LYMPHNODE/SUPERFIC-CT | 38505 | CPT | | | | both | | | 5464 | | 2132.36 Aetna | Better Health | 1723.89 | 31.55 | | | 186.98 | | 5190.8 percent of total billed charges | |
| HC BIOPSY LYMPHNODE/SUPERFIC-CT | 38505 | CPT | | | | both | | | 5464 | | 2132.36 Aetna | Medicare | 1854.23 | | | | 186.98 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY LYMPHNODE/SUPERFIC-CT | 38505 | CPT | | | | both | | | 5464 | | 2132.36 First Health | First Health | 3824.8 | 70 | | | 186.98 | | 5190.8 percent of total billed charges | |
| HC BIOPSY LYMPHNODE/SUPERFIC-CT | 38505 | CPT | | | | both | | | 5464 | | 2132.36 Aetna | Commercial | 3026.1 | | | | 186.98 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY LYMPHNODE/SUPERFIC-CT | 38505 | CPT | | | | both | | | 5464 | | 2132.36 Wellcare | Medicare | 1854.23 | | | | 186.98 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY LYMPHNODE/SUPERFIC-CT | 38505 | CPT | | | | both | | | 5464 | | 2132.36 Amerihealth | HMO/PPO | 300 | | | | 186.98 | | 5190.8 fee schedule | |
| HC BIOPSY LYMPHNODE/SUPERFIC-CT | 38505 | CPT | | | | both | | | 5464 | | 2132.36 UHC | Medicaid | 1723.89 | 31.55 | | | 186.98 | | 5190.8 percent of total billed charges | |
| HC BIOPSY LYMPHNODE/SUPERFIC-CT | 38505 | CPT | | | | both | | | 5464 | | 2132.36 Horizon | MGD | 3587.94 | | | 877 | 186.98 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY LYMPHNODE/SUPERFIC-CT | 38505 | CPT | | | | both | | | 5464 | | 2132.36 Consumer | Consumer | 5190.8 | 95 | | | 186.98 | | 5190.8 percent of total billed charges | |
| HC BIOPSY LYMPHNODE/SUPERFIC-CT | 38505 | CPT | | | | both | | | 5464 | | 2132.36 First Trenton | First Trenton | 4917.6 | 90 | | | 186.98 | | 5190.8 percent of total billed charges | |
| HC BIOPSY LYMPHNODE/SUPERFIC-CT | 38505 | CPT | | | | both | | | 5464 | | 2132.36 United | Commercial\|PPO | 2493 | | | | 186.98 | | 5190.8 case rate | |
| HC BIOPSY LYMPHNODE/SUPERFIC-CT | 38505 | CPT | | | | both | | | 5464 | | 2132.36 Horizon | NJ Health | 186.98 | | | 1932.28 | 186.98 | | 5190.8 fee schedule | |
| HC BIOPSY LYMPHNODE/SUPERFIC-CT | 38505 | CPT | | | | both | | | 5464 | | 2132.36 United | Oxford | 2493 | | | | 186.98 | | 5190.8 case rate | |
| HC BIOPSY LYMPHNODE/SUPERFIC-CT | 38505 | CPT | | | | both | | | 5464 | | 2132.36 Horizon | Indemnity | 3587.94 | | | 1570.18 | 186.98 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY LYMPHNODE/SUPERFIC-CT | 38505 | CPT | | | | both | | | 5464 | | 2132.36 WellPoint | WellPoint | 1758.32 | 32.18 | | | 186.98 | | 5190.8 percent of total billed charges | |
| HC BIOPSY LYMPHNODE/SUPERFIC-CT | 38505 | CPT | | | | both | | | 5464 | | 2132.36 Multiplan | Multiplan | 4371.2 | 80 | | | 186.98 | | 5190.8 percent of total billed charges | |
| HC BIOPSY LYMPHNODE/SUPERFIC-CT | 38505 | CPT | | | | both | | | 5464 | | 2132.36 Wellcare | Medicaid | 1723.89 | 31.55 | | | 186.98 | | 5190.8 percent of total billed charges | |
| HC BIOPSY LYMPHNODE/SUPERFIC-CT | 38505 | CPT | | | | both | | | 5464 | | 2132.36 Horizon | Medicare Blue | 1854.23 | | | 790 | 186.98 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY LYMPHNODE/SUPERFIC-CT | 38505 | CPT | | | | both | | | 5464 | | 2132.36 Qualcare | Qualcare | 4098 | 75 | | | 186.98 | | 5190.8 percent of total billed charges | |
| HC BIOPSY LYMPHNODE/SUPERFIC-CT | 38505 | CPT | | | | both | | | 5464 | | 2132.36 Managed Care Inc | Managed Care Inc | 4917.6 | 90 | | | 186.98 | | 5190.8 percent of total billed charges | |
| HC BIOPSY LYMPHNODE/SUPERFIC-CT | 38505 | CPT | | | | both | | | 5464 | | 2132.36 Three Rivers | Three Rivers | 5190.8 | 95 | | | 186.98 | | 5190.8 percent of total billed charges | |
| HC BIOPSY LYMPHNODE/SUPERFIC-CT | 38505 | CPT | | | | both | | | 5464 | | 2132.36 UHC | Medicare | 1854.23 | | | 908.62 | 186.98 | | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ PROCEDURE FOR LYMPHATIC | 38790 | CPT | | | | inpatient | | | 1404 | | Americare | Americare | 1053 | 75 | | | 130.44 | | 1782 percent of total billed charges | |
| HC INJ PROCEDURE FOR LYMPHATIC | 38790 | CPT | | | | inpatient | | | 1404 | | Aetna | Better Health | 442.96 | 31.55 | | | 130.44 | | 1782 percent of total billed charges | |
| HC INJ PROCEDURE FOR LYMPHATIC | 38790 | CPT | | | | inpatient | | | 1404 | | Amerihealth | HMO/PPO | 950 | | | | 130.44 | | 1782 fee schedule | |
| HC INJ PROCEDURE FOR LYMPHATIC | 38790 | CPT | | | | inpatient | | | 1404 | | Corrections | Corrections | 1123.2 | 80 | | | 130.44 | | 1782 percent of total billed charges | |
| HC INJ PROCEDURE FOR LYMPHATIC | 38790 | CPT | | | | inpatient | | | 1404 | | Horizon | MGD | 537.45 | 38.28 | | | 130.44 | | 1782 percent of total billed charges | |
| HC INJ PROCEDURE FOR LYMPHATIC | 38790 | CPT | | | | inpatient | | | 1404 | | Aetna | Medicare | 432.43 | 30.8 | | | 130.44 | | 1782 percent of total billed charges | |
| HC INJ PROCEDURE FOR LYMPHATIC | 38790 | CPT | | | | inpatient | | | 1404 | | First Health | First Health | 982.8 | 70 | | | 130.44 | | 1782 percent of total billed charges | |
| HC INJ PROCEDURE FOR LYMPHATIC | 38790 | CPT | | | | inpatient | | | 1404 | | Horizon | Indemnity | 537.45 | 38.28 | | | 130.44 | | 1782 percent of total billed charges | |
| HC INJ PROCEDURE FOR LYMPHATIC | 38790 | CPT | | | | inpatient | | | 1404 | | Horizon | PPO | 537.45 | 38.28 | | | 130.44 | | 1782 percent of total billed charges | |
| HC INJ PROCEDURE FOR LYMPHATIC | 38790 | CPT | | | | inpatient | | | 1404 | | Consumer | Consumer | 1333.8 | 95 | | | 130.44 | | 1782 percent of total billed charges | |
| HC INJ PROCEDURE FOR LYMPHATIC | 38790 | CPT | | | | inpatient | | | 1404 | | Horizon | Medicare Blue | 421.2 | 30 | | | 130.44 | | 1782 percent of total billed charges | |
| HC INJ PROCEDURE FOR LYMPHATIC | 38790 | CPT | | | | inpatient | | | 1404 | | First Trenton | First Trenton | 1263.6 | 90 | | | 130.44 | | 1782 percent of total billed charges | |
| HC INJ PROCEDURE FOR LYMPHATIC | 38790 | CPT | | | | inpatient | | | 1404 | | Three Rivers | Three Rivers | 1333.8 | 95 | | | 130.44 | | 1782 percent of total billed charges | |
| HC INJ PROCEDURE FOR LYMPHATIC | 38790 | CPT | | | | inpatient | | | 1404 | | Multiplan | Multiplan | 1123.2 | 80 | | | 130.44 | | 1782 percent of total billed charges | |
| HC INJ PROCEDURE FOR LYMPHATIC | 38790 | CPT | | | | inpatient | | | 1404 | | Wellcare | Medicaid | 442.96 | 31.55 | | | 130.44 | | 1782 percent of total billed charges | |
| HC INJ PROCEDURE FOR LYMPHATIC | 38790 | CPT | | | | inpatient | | | 1404 | | Horizon | NJ Health | 130.44 | | | | 130.44 | | 1782 fee schedule | |
| HC INJ PROCEDURE FOR LYMPHATIC | 38790 | CPT | | | | inpatient | | | 1404 | | UHC | Medicaid | 442.96 | 31.55 | | | 130.44 | | 1782 percent of total billed charges | |
| HC INJ PROCEDURE FOR LYMPHATIC | 38790 | CPT | | | | inpatient | | | 1404 | | Qualcare | Qualcare | 1053 | 75 | | | 130.44 | | 1782 percent of total billed charges | |
| HC INJ PROCEDURE FOR LYMPHATIC | 38790 | CPT | | | | inpatient | | | 1404 | | United | Oxford | 1782 | | | | 130.44 | | 1782 case rate | |
| HC INJ PROCEDURE FOR LYMPHATIC | 38790 | CPT | | | | inpatient | | | 1404 | | Managed Care Inc | Managed Care Inc | 1263.6 | 90 | | | 130.44 | | 1782 percent of total billed charges | |
| HC INJ PROCEDURE FOR LYMPHATIC | 38790 | CPT | | | | inpatient | | | 1404 | | United | Commercial\|PPO | 1782 | | | | 130.44 | | 1782 case rate | |
| HC INJ PROCEDURE FOR LYMPHATIC | 38790 | CPT | | | | inpatient | | | 1404 | | WellPoint | WellPoint | 451.81 | 32.18 | | | 130.44 | | 1782 percent of total billed charges | |
| HC BIOPSY LIP | 40490 | CPT | | | | outpatient | | | 758 | | 321.26 Wellcare | Medicare | 279.36 | | | | 47.5 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY LIP | 40490 | CPT | | | | outpatient | | | 758 | | 321.26 Aetna | Better Health | 239.15 | 31.55 | | | 47.5 | | 1782 percent of total billed charges | |
| HC BIOPSY LIP | 40490 | CPT | | | | outpatient | | | 758 | | 321.26 Americare | Americare | 598.5 | 75 | | | 47.5 | | 1782 percent of total billed charges | |
| HC BIOPSY LIP | 40490 | CPT | | | | outpatient | | | 758 | | 321.26 Aetna | Medicare | 279.36 | | | | 47.5 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY LIP | 40490 | CPT | | | | outpatient | | | 758 | | 321.26 Horizon | MGD | 540.56 | | | 432.82 | 47.5 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY LIP | 40490 | CPT | | | | outpatient | | | 758 | | 321.26 Corrections | Corrections | 606.4 | 80 | | 104.2 | 47.5 | | 1782 percent of total billed charges | |
| HC BIOPSY LIP | 40490 | CPT | | | | outpatient | | | 758 | | 321.26 Aetna | Commercial | 455.92 | | | | 47.5 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY LIP | 40490 | CPT | | | | outpatient | | | 758 | | 321.26 Multiplan | Multiplan | 606.4 | 80 | | | 47.5 | | 1782 percent of total billed charges | |
| HC BIOPSY LIP | 40490 | CPT | | | | outpatient | | | 758 | | 321.26 UHC | Medicaid | 239.15 | 31.55 | | | 47.5 | | 1782 percent of total billed charges | |
| HC BIOPSY LIP | 40490 | CPT | | | | outpatient | | | 758 | | 321.26 United | Oxford | 1782 | | | | 47.5 | | 1782 case rate | |
| HC BIOPSY LIP | 40490 | CPT | | | | outpatient | | | 758 | | 321.26 Consumer | Consumer | 720.1 | 95 | | | 47.5 | | 1782 percent of total billed charges | |
| HC BIOPSY LIP | 40490 | CPT | | | | outpatient | | | 758 | | 321.26 Horizon | PPO | 540.56 | | | 157.48 | 47.5 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY LIP | 40490 | CPT | | | | outpatient | | | 758 | | 321.26 UHC | Medicare | 279.36 | | | | 47.5 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY LIP | 40490 | CPT | | | | outpatient | | | 758 | | 321.26 First Health | First Health | 530.6 | 70 | | | 47.5 | | 1782 percent of total billed charges | |
| HC BIOPSY LIP | 40490 | CPT | | | | outpatient | | | 758 | | 321.26 Amerihealth | HMO/PPO | 125 | | | | 47.5 | | 1782 fee schedule | |
| HC BIOPSY LIP | 40490 | CPT | | | | outpatient | | | 758 | | 321.26 Qualcare | Qualcare | 568.5 | 75 | | | 47.5 | | 1782 percent of total billed charges | |
| HC BIOPSY LIP | 40490 | CPT | | | | outpatient | | | 758 | | 321.26 First Trenton | First Trenton | 682.2 | 90 | | | 47.5 | | 1782 percent of total billed charges | |
| HC BIOPSY LIP | 40490 | CPT | | | | outpatient | | | 758 | | 321.26 WellPoint | WellPoint | 243.92 | 32.18 | | 174.88 | 47.5 | | 1782 percent of total billed charges | |
| HC BIOPSY LIP | 40490 | CPT | | | | outpatient | | | 758 | | 321.26 Horizon | Indemnity | 540.56 | | | | 47.5 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY LIP | 40490 | CPT | | | | outpatient | | | 758 | | 321.26 Horizon | Medicare Blue | 279.36 | | | | 47.5 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY LIP | 40490 | CPT | | | | outpatient | | | 758 | | 321.26 United | Commercial\|PPO | 1782 | | | | 47.5 | | 1782 case rate | |
| HC BIOPSY LIP | 40490 | CPT | | | | outpatient | | | 758 | | 321.26 Horizon | NJ Health | 47.5 | | | | 47.5 | | 1782 fee schedule | |
| HC BIOPSY LIP | 40490 | CPT | | | | outpatient | | | 758 | | 321.26 Wellcare | Medicaid | 239.15 | 31.55 | | | 47.5 | | 1782 percent of total billed charges | |
| HC BIOPSY LIP | 40490 | CPT | | | | outpatient | | | 758 | | 321.26 Managed Care Inc | Managed Care Inc | 682.2 | 90 | | | 47.5 | | 1782 percent of total billed charges | |
| HC BIOPSY LIP | 40490 | CPT | | | | outpatient | | | 758 | | 321.26 Three Rivers | Three Rivers | 720.1 | 95 | | | 47.5 | | 1782 percent of total billed charges | |
| HC REPAIR LIP VERMILION ONLY | 40650 | CPT | | | | outpatient | | | 3356 | | 723.64 Aetna | Commercial | 1026.94 | | | | 354.44 | | 3188.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR LIP VERMILION ONLY | 40650 | CPT | | | | outpatient | | | 3356 | | 723.64 Consumer | Consumer | 3188.2 | 95 | | | 354.44 | | 3188.2 percent of total billed charges | |
| HC REPAIR LIP VERMILION ONLY | 40650 | CPT | | | | outpatient | | | 3356 | | 723.64 First Trenton | First Trenton | 3020.4 | 90 | | | 354.44 | | 3188.2 percent of total billed charges | |
| HC REPAIR LIP VERMILION ONLY | 40650 | CPT | | | | outpatient | | | 3356 | | 723.64 Aetna | Better Health | 1058.82 | 31.55 | | | 354.44 | | 3188.2 percent of total billed charges | |
| HC REPAIR LIP VERMILION ONLY | 40650 | CPT | | | | outpatient | | | 3356 | | 723.64 WellPoint | WellPoint | 1079.96 | 32.18 | | 943.36 | 354.44 | | 3188.2 percent of total billed charges | |
| HC REPAIR LIP VERMILION ONLY | 40650 | CPT | | | | outpatient | | | 3356 | | 723.64 Horizon | Medicare Blue | 629.25 | | | | 354.44 | | 3188.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR LIP VERMILION ONLY | 40650 | CPT | | | | outpatient | | | 3356 | | 723.64 UHC | Medicaid | 1058.82 | 31.55 | | | 354.44 | | 3188.2 percent of total billed charges | |
| HC REPAIR LIP VERMILION ONLY | 40650 | CPT | | | | outpatient | | | 3356 | | 723.64 Aetna | Medicare | 629.25 | | | | 354.44 | | 3188.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR LIP VERMILION ONLY | 40650 | CPT | | | | outpatient | | | 3356 | | 723.64 Americare | Americare | 2517 | 75 | | | 354.44 | | 3188.2 percent of total billed charges | |
| HC REPAIR LIP VERMILION ONLY | 40650 | CPT | | | | outpatient | | | 3356 | | 723.64 United | Oxford | 1782 | | | | 354.44 | | 3188.2 case rate | |
| HC REPAIR LIP VERMILION ONLY | 40650 | CPT | | | | outpatient | | | 3356 | | 723.64 Horizon | Indemnity | 1217.6 | | | 880.32 | 354.44 | | 3188.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR LIP VERMILION ONLY | 40650 | CPT | | | | outpatient | | | 3356 | | 723.64 Corrections | Corrections | 2684.8 | 80 | | 986.36 | 354.44 | | 3188.2 percent of total billed charges | |
| HC REPAIR LIP VERMILION ONLY | 40650 | CPT | | | | outpatient | | | 3356 | | 723.64 Multiplan | Multiplan | 2684.8 | 80 | | | 354.44 | | 3188.2 percent of total billed charges | |
| HC REPAIR LIP VERMILION ONLY | 40650 | CPT | | | | outpatient | | | 3356 | | 723.64 Horizon | PPO | 1217.6 | | | 717.84 | 354.44 | | 3188.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR LIP VERMILION ONLY | 40650 | CPT | | | | outpatient | | | 3356 | | 723.64 United | Commercial\|PPO | 1782 | | | | 354.44 | | 3188.2 case rate | |
| HC REPAIR LIP VERMILION ONLY | 40650 | CPT | | | | outpatient | | | 3356 | | 723.64 Amerihealth | HMO/PPO | 650 | | | | 354.44 | | 3188.2 fee schedule | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC REPAIR LIP VERMILION ONLY | 40650 | CPT | | | | outpatient | | | 3356 | | 723.64 Qualcare | Qualcare | 2517 | 75 | | | 354.44 | 3188.2 | percent of total billed charges | |
| HC REPAIR LIP VERMILION ONLY | 40650 | CPT | | | | outpatient | | | 3356 | | 723.64 First Health | First Health | 2349.2 | 70 | | | 354.44 | 3188.2 | percent of total billed charges | |
| HC REPAIR LIP VERMILION ONLY | 40650 | CPT | | | | outpatient | | | 3356 | | 723.64 Managed Care Inc | Managed Care Inc | 3020.4 | 90 | | | 354.44 | 3188.2 | percent of total billed charges | |
| HC REPAIR LIP VERMILION ONLY | 40650 | CPT | | | | outpatient | | | 3356 | | 723.64 Horizon | MGD | 1217.6 | | | | 354.44 | 3188.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR LIP VERMILION ONLY | 40650 | CPT | | | | outpatient | | | 3356 | | 723.64 Wellcare | Medicare | 629.25 | | | | 354.44 | 3188.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR LIP VERMILION ONLY | 40650 | CPT | | | | outpatient | | | 3356 | | 723.64 Horizon | NJ Health | 354.44 | | | 263.65 | 354.44 | 3188.2 | fee schedule | |
| HC REPAIR LIP VERMILION ONLY | 40650 | CPT | | | | outpatient | | | 3356 | | 723.64 Three Rivers | Three Rivers | 3188.2 | 95 | | | 354.44 | 3188.2 | percent of total billed charges | |
| HC REPAIR LIP VERMILION ONLY | 40650 | CPT | | | | outpatient | | | 3356 | | 723.64 UHC | Medicare | 629.25 | | | | 354.44 | 3188.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR LIP VERMILION ONLY | 40650 | CPT | | | | outpatient | | | 3356 | | 723.64 Wellcare | Medicaid | 1058.82 | 31.55 | | | 354.44 | 3188.2 | percent of total billed charges | |
| HC REPAIR LIP 1/2 VERTICAL HEIGHT | 40652 | CPT | | | | outpatient | | | 3356 | | 723.64 Consumer | Consumer | 3188.2 | 95 | | | 595.08 | 3188.2 | percent of total billed charges | |
| HC REPAIR LIP 1/2 VERTICAL HEIGHT | 40652 | CPT | | | | outpatient | | | 3356 | | 723.64 Aetna | Better Health | 1058.82 | 31.55 | | | 595.08 | 3188.2 | percent of total billed charges | |
| HC REPAIR LIP 1/2 VERTICAL HEIGHT | 40652 | CPT | | | | outpatient | | | 3356 | | 723.64 Corrections | Corrections | 2684.8 | 80 | | | 595.08 | 3188.2 | percent of total billed charges | |
| HC REPAIR LIP 1/2 VERTICAL HEIGHT | 40652 | CPT | | | | outpatient | | | 3356 | | 723.64 Americare | Americare | 2517 | 75 | | | 595.08 | 3188.2 | percent of total billed charges | |
| HC REPAIR LIP 1/2 VERTICAL HEIGHT | 40652 | CPT | | | | outpatient | | | 3356 | | 723.64 Aetna | Commercial | 1026.94 | | | | 595.08 | 3188.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR LIP 1/2 VERTICAL HEIGHT | 40652 | CPT | | | | outpatient | | | 3356 | | 723.64 Horizon | Medicare Blue | 629.25 | | | | 595.08 | 3188.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR LIP 1/2 VERTICAL HEIGHT | 40652 | CPT | | | | outpatient | | | 3356 | | 723.64 First Trenton | First Trenton | 3020.4 | 90 | | | 595.08 | 3188.2 | percent of total billed charges | |
| HC REPAIR LIP 1/2 VERTICAL HEIGHT | 40652 | CPT | | | | outpatient | | | 3356 | | 723.64 UHC | Medicare | 629.25 | | | | 595.08 | 3188.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR LIP 1/2 VERTICAL HEIGHT | 40652 | CPT | | | | outpatient | | | 3356 | | 723.64 First Health | First Health | 2349.2 | 70 | | | 595.08 | 3188.2 | percent of total billed charges | |
| HC REPAIR LIP 1/2 VERTICAL HEIGHT | 40652 | CPT | | | | outpatient | | | 3356 | | 723.64 Aetna | Medicare | 629.25 | | | | 595.08 | 3188.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR LIP 1/2 VERTICAL HEIGHT | 40652 | CPT | | | | outpatient | | | 3356 | | 723.64 Horizon | PPO | 1217.6 | | | | 595.08 | 3188.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR LIP 1/2 VERTICAL HEIGHT | 40652 | CPT | | | | outpatient | | | 3356 | | 723.64 Amerihealth | HMO/PPO | 650 | | | | 595.08 | 3188.2 | fee schedule | |
| HC REPAIR LIP 1/2 VERTICAL HEIGHT | 40652 | CPT | | | | outpatient | | | 3356 | | 723.64 Horizon | MGD | 1217.6 | | | | 595.08 | 3188.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR LIP 1/2 VERTICAL HEIGHT | 40652 | CPT | | | | outpatient | | | 3356 | | 723.64 United | CommercialPPO | 1782 | | | | 595.08 | 3188.2 | case rate | |
| HC REPAIR LIP 1/2 VERTICAL HEIGHT | 40652 | CPT | | | | outpatient | | | 3356 | | 723.64 Horizon | Indemnity | 1217.6 | | | | 595.08 | 3188.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR LIP 1/2 VERTICAL HEIGHT | 40652 | CPT | | | | outpatient | | | 3356 | | 723.64 United | Oxford | 1782 | | | | 595.08 | 3188.2 | case rate | |
| HC REPAIR LIP 1/2 VERTICAL HEIGHT | 40652 | CPT | | | | outpatient | | | 3356 | | 723.64 Multiplan | Multiplan | 2684.8 | 80 | | | 595.08 | 3188.2 | percent of total billed charges | |
| HC REPAIR LIP 1/2 VERTICAL HEIGHT | 40652 | CPT | | | | outpatient | | | 3356 | | 723.64 Wellcare | Medicaid | 1058.82 | 31.55 | | | 595.08 | 3188.2 | percent of total billed charges | |
| HC REPAIR LIP 1/2 VERTICAL HEIGHT | 40652 | CPT | | | | outpatient | | | 3356 | | 723.64 Wellcare | Medicare | 629.25 | | | | 595.08 | 3188.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR LIP 1/2 VERTICAL HEIGHT | 40652 | CPT | | | | outpatient | | | 3356 | | 723.64 Qualcare | Qualcare | 2517 | 75 | | | 595.08 | 3188.2 | percent of total billed charges | |
| HC REPAIR LIP 1/2 VERTICAL HEIGHT | 40652 | CPT | | | | outpatient | | | 3356 | | 723.64 Horizon | NJ Health | 595.08 | | | | 595.08 | 3188.2 | fee schedule | |
| HC REPAIR LIP 1/2 VERTICAL HEIGHT | 40652 | CPT | | | | outpatient | | | 3356 | | 723.64 UHC | Medicaid | 1058.82 | 31.55 | | | 595.08 | 3188.2 | percent of total billed charges | |
| HC REPAIR LIP 1/2 VERTICAL HEIGHT | 40652 | CPT | | | | outpatient | | | 3356 | | 723.64 WellPoint | WellPoint | 1079.96 | 32.18 | | | 595.08 | 3188.2 | percent of total billed charges | |
| HC REPAIR LIP 1/2 VERTICAL HEIGHT | 40652 | CPT | | | | outpatient | | | 3356 | | 723.64 Managed Care Inc | Managed Care Inc | 3020.4 | 90 | | | 595.08 | 3188.2 | percent of total billed charges | |
| HC REPAIR LIP 1/2 VERTICAL HEIGHT | 40652 | CPT | | | | outpatient | | | 3356 | | 723.64 Three Rivers | Three Rivers | 3188.2 | 95 | | | 595.08 | 3188.2 | percent of total billed charges | |
| HC RPR LIP FULL THKNS-1/2 VERT HI | 40654 | CPT | | | | outpatient | | | 5298 | | 2005.77 Multiplan | Multiplan | 4238.4 | 80 | | | 650 | 5033.1 | percent of total billed charges | |
| HC RPR LIP FULL THKNS-1/2 VERT HI | 40654 | CPT | | | | outpatient | | | 5298 | | 2005.77 Amerihealth | HMO/PPO | 650 | | | | 650 | 5033.1 | fee schedule | |
| HC RPR LIP FULL THKNS-1/2 VERT HI | 40654 | CPT | | | | outpatient | | | 5298 | | 2005.77 Consumer | Consumer | 5033.1 | 95 | | | 650 | 5033.1 | percent of total billed charges | |
| HC RPR LIP FULL THKNS-1/2 VERT HI | 40654 | CPT | | | | outpatient | | | 5298 | | 2005.77 Horizon | MGD | 3374.93 | | | | 650 | 5033.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR LIP FULL THKNS-1/2 VERT HI | 40654 | CPT | | | | outpatient | | | 5298 | | 2005.77 Aetna | Better Health | 1671.52 | 31.55 | | | 650 | 5033.1 | percent of total billed charges | |
| HC RPR LIP FULL THKNS-1/2 VERT HI | 40654 | CPT | | | | outpatient | | | 5298 | | 2005.77 First Trenton | First Trenton | 4768.2 | 90 | | | 650 | 5033.1 | percent of total billed charges | |
| HC RPR LIP FULL THKNS-1/2 VERT HI | 40654 | CPT | | | | outpatient | | | 5298 | | 2005.77 Americare | Americare | 3973.5 | 75 | | | 650 | 5033.1 | percent of total billed charges | |
| HC RPR LIP FULL THKNS-1/2 VERT HI | 40654 | CPT | | | | outpatient | | | 5298 | | 2005.77 Aetna | Commercial | 2846.45 | | | | 650 | 5033.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR LIP FULL THKNS-1/2 VERT HI | 40654 | CPT | | | | outpatient | | | 5298 | | 2005.77 Qualcare | Qualcare | 3973.5 | 75 | | | 650 | 5033.1 | percent of total billed charges | |
| HC RPR LIP FULL THKNS-1/2 VERT HI | 40654 | CPT | | | | outpatient | | | 5298 | | 2005.77 First Health | First Health | 3708.6 | 70 | | | 650 | 5033.1 | percent of total billed charges | |
| HC RPR LIP FULL THKNS-1/2 VERT HI | 40654 | CPT | | | | outpatient | | | 5298 | | 2005.77 Corrections | Corrections | 4238.4 | 80 | | | 650 | 5033.1 | percent of total billed charges | |
| HC RPR LIP FULL THKNS-1/2 VERT HI | 40654 | CPT | | | | outpatient | | | 5298 | | 2005.77 Aetna | Medicare | 1744.15 | | | | 650 | 5033.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR LIP FULL THKNS-1/2 VERT HI | 40654 | CPT | | | | outpatient | | | 5298 | | 2005.77 UHC | Medicaid | 1671.52 | 31.55 | | | 650 | 5033.1 | percent of total billed charges | |
| HC RPR LIP FULL THKNS-1/2 VERT HI | 40654 | CPT | | | | outpatient | | | 5298 | | 2005.77 Horizon | Medicare Blue | 1744.15 | | | | 650 | 5033.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR LIP FULL THKNS-1/2 VERT HI | 40654 | CPT | | | | outpatient | | | 5298 | | 2005.77 Horizon | NJ Health | 720.36 | | | | 650 | 5033.1 | fee schedule | |
| HC RPR LIP FULL THKNS-1/2 VERT HI | 40654 | CPT | | | | outpatient | | | 5298 | | 2005.77 UHC | Medicare | 1744.15 | | | | 650 | 5033.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR LIP FULL THKNS-1/2 VERT HI | 40654 | CPT | | | | outpatient | | | 5298 | | 2005.77 Horizon | PPO | 3374.93 | | | | 650 | 5033.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR LIP FULL THKNS-1/2 VERT HI | 40654 | CPT | | | | outpatient | | | 5298 | | 2005.77 Horizon | Indemnity | 3374.93 | | | | 650 | 5033.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR LIP FULL THKNS-1/2 VERT HI | 40654 | CPT | | | | outpatient | | | 5298 | | 2005.77 Managed Care Inc | Managed Care Inc | 4768.2 | 90 | | | 650 | 5033.1 | percent of total billed charges | |
| HC RPR LIP FULL THKNS-1/2 VERT HI | 40654 | CPT | | | | outpatient | | | 5298 | | 2005.77 Three Rivers | Three Rivers | 5033.1 | 95 | | | 650 | 5033.1 | percent of total billed charges | |
| HC RPR LIP FULL THKNS-1/2 VERT HI | 40654 | CPT | | | | outpatient | | | 5298 | | 2005.77 Wellcare | Medicare | 1744.15 | | | | 650 | 5033.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR LIP FULL THKNS-1/2 VERT HI | 40654 | CPT | | | | outpatient | | | 5298 | | 2005.77 United | CommercialPPO | 2493 | | | | 650 | 5033.1 | case rate | |
| HC RPR LIP FULL THKNS-1/2 VERT HI | 40654 | CPT | | | | outpatient | | | 5298 | | 2005.77 WellPoint | WellPoint | 1704.9 | 32.18 | | | 650 | 5033.1 | percent of total billed charges | |
| HC RPR LIP FULL THKNS-1/2 VERT HI | 40654 | CPT | | | | outpatient | | | 5298 | | 2005.77 United | Oxford | 2493 | | | | 650 | 5033.1 | case rate | |
| HC RPR LIP FULL THKNS-1/2 VERT HI | 40654 | CPT | | | | outpatient | | | 5298 | | 2005.77 Wellcare | Medicaid | 1671.52 | 31.55 | | | 650 | 5033.1 | percent of total billed charges | |
| HC I & D ABCESS-INTRAORAL | 40800 | CPT | | | | outpatient | | | 2374 | | 925.36 Consumer | Consumer | 2255.3 | 95 | | | 56.85 | 2255.3 | percent of total billed charges | |
| HC I & D ABCESS-INTRAORAL | 40800 | CPT | | | | outpatient | | | 2374 | | 925.36 Amerihealth | HMO/PPO | 125 | | | | 56.85 | 2255.3 | fee schedule | |
| HC I & D ABCESS-INTRAORAL | 40800 | CPT | | | | outpatient | | | 2374 | | 925.36 Multiplan | Multiplan | 1899.2 | 80 | | | 56.85 | 2255.3 | percent of total billed charges | |
| HC I & D ABCESS-INTRAORAL | 40800 | CPT | | | | outpatient | | | 2374 | | 925.36 Americare | Americare | 1780.5 | 75 | | | 56.85 | 2255.3 | percent of total billed charges | |
| HC I & D ABCESS-INTRAORAL | 40800 | CPT | | | | outpatient | | | 2374 | | 925.36 Aetna | Better Health | 749 | 31.55 | | | 56.85 | 2255.3 | percent of total billed charges | |
| HC I & D ABCESS-INTRAORAL | 40800 | CPT | | | | outpatient | | | 2374 | | 925.36 Aetna | Commercial | 1313.21 | | | | 56.85 | 2255.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I & D ABCESS-INTRAORAL | 40800 | CPT | | | | outpatient | | | 2374 | | 925.36 Horizon | Indemnity | 1557.02 | | | | 56.85 | 2255.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I & D ABCESS-INTRAORAL | 40800 | CPT | | | | outpatient | | | 2374 | | 925.36 Aetna | Medicare | 804.66 | | | | 56.85 | 2255.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I & D ABCESS-INTRAORAL | 40800 | CPT | | | | outpatient | | | 2374 | | 925.36 First Health | First Health | 1661.8 | 70 | | | 56.85 | 2255.3 | percent of total billed charges | |
| HC I & D ABCESS-INTRAORAL | 40800 | CPT | | | | outpatient | | | 2374 | | 925.36 Horizon | MGD | 1557.02 | | | | 56.85 | 2255.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I & D ABCESS-INTRAORAL | 40800 | CPT | | | | outpatient | | | 2374 | | 925.36 Qualcare | Qualcare | 1780.5 | 75 | | | 56.85 | 2255.3 | percent of total billed charges | |
| HC I & D ABCESS-INTRAORAL | 40800 | CPT | | | | outpatient | | | 2374 | | 925.36 First Trenton | First Trenton | 2136.6 | 90 | | | 56.85 | 2255.3 | percent of total billed charges | |
| HC I & D ABCESS-INTRAORAL | 40800 | CPT | | | | outpatient | | | 2374 | | 925.36 Horizon | PPO | 1557.02 | | | | 56.85 | 2255.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I & D ABCESS-INTRAORAL | 40800 | CPT | | | | outpatient | | | 2374 | | 925.36 UHC | Medicare | 804.66 | | | | 56.85 | 2255.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I & D ABCESS-INTRAORAL | 40800 | CPT | | | | outpatient | | | 2374 | | 925.36 United | CommercialPPO | 1817 | | | | 56.85 | 2255.3 | case rate | |
| HC I & D ABCESS-INTRAORAL | 40800 | CPT | | | | outpatient | | | 2374 | | 925.36 Corrections | Corrections | 1899.2 | 80 | | | 56.85 | 2255.3 | percent of total billed charges | |
| HC I & D ABCESS-INTRAORAL | 40800 | CPT | | | | outpatient | | | 2374 | | 925.36 Horizon | Medicare Blue | 804.66 | | | | 56.85 | 2255.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I & D ABCESS-INTRAORAL | 40800 | CPT | | | | outpatient | | | 2374 | | 925.36 Managed Care Inc | Managed Care Inc | 2136.6 | 90 | | | 56.85 | 2255.3 | percent of total billed charges | |
| HC I & D ABCESS-INTRAORAL | 40800 | CPT | | | | outpatient | | | 2374 | | 925.36 Wellcare | Medicaid | 749 | 31.55 | | | 56.85 | 2255.3 | percent of total billed charges | |
| HC I & D ABCESS-INTRAORAL | 40800 | CPT | | | | outpatient | | | 2374 | | 925.36 Horizon | NJ Health | 56.85 | | | | 56.85 | 2255.3 | fee schedule | |
| HC I & D ABCESS-INTRAORAL | 40800 | CPT | | | | outpatient | | | 2374 | | 925.36 WellPoint | WellPoint | 763.95 | 32.18 | | | 56.85 | 2255.3 | percent of total billed charges | |
| HC I & D ABCESS-INTRAORAL | 40800 | CPT | | | | outpatient | | | 2374 | | 925.36 Three Rivers | Three Rivers | 2255.3 | 95 | | | 56.85 | 2255.3 | percent of total billed charges | |
| HC I & D ABCESS-INTRAORAL | 40800 | CPT | | | | outpatient | | | 2374 | | 925.36 UHC | Medicaid | 749 | 31.55 | | 544.11 | 56.85 | 2255.3 | percent of total billed charges | |
| HC I & D ABCESS-INTRAORAL | 40800 | CPT | | | | outpatient | | | 2374 | | 925.36 United | Oxford | 1817 | | | | 56.85 | 2255.3 | case rate | |
| HC I & D ABCESS-INTRAORAL | 40800 | CPT | | | | outpatient | | | 2374 | | 925.36 Wellcare | Medicare | 804.66 | | | | 56.85 | 2255.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL FOREIGN BODY MOUTH | 40804 | CPT | | | | outpatient | | | 3119 | | 1192.23 Aetna | Better Health | 984.04 | 31.55 | | | 65.77 | 2963.05 | percent of total billed charges | |
| HC REMOVAL FOREIGN BODY MOUTH | 40804 | CPT | | | | outpatient | | | 3119 | | 1192.23 First Trenton | First Trenton | 2807.1 | 90 | | | 65.77 | 2963.05 | percent of total billed charges | |
| HC REMOVAL FOREIGN BODY MOUTH | 40804 | CPT | | | | outpatient | | | 3119 | | 1192.23 Consumer | Consumer | 2963.05 | 95 | | | 65.77 | 2963.05 | percent of total billed charges | |
| HC REMOVAL FOREIGN BODY MOUTH | 40804 | CPT | | | | outpatient | | | 3119 | | 1192.23 UHC | Medicaid | 984.04 | 31.55 | | | 65.77 | 2963.05 | percent of total billed charges | |
| HC REMOVAL FOREIGN BODY MOUTH | 40804 | CPT | | | | outpatient | | | 3119 | | 1192.23 Corrections | Corrections | 2495.2 | 80 | | | 65.77 | 2963.05 | percent of total billed charges | |
| HC REMOVAL FOREIGN BODY MOUTH | 40804 | CPT | | | | outpatient | | | 3119 | | 1192.23 UHC | Medicare | 1036.72 | | | | 65.77 | 2963.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL FOREIGN BODY MOUTH | 40804 | CPT | | | | outpatient | | | 3119 | | 1192.23 Aetna | Commercial | 1691.93 | | | | 65.77 | 2963.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL FOREIGN BODY MOUTH | 40804 | CPT | | | | outpatient | | | 3119 | | 1192.23 Amerihealth | HMO/PPO | 125 | | | | 65.77 | 2963.05 | fee schedule | |
| HC REMOVAL FOREIGN BODY MOUTH | 40804 | CPT | | | | outpatient | | | 3119 | | 1192.23 Horizon | Indemnity | 2006.05 | | | | 65.77 | 2963.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL FOREIGN BODY MOUTH | 40804 | CPT | | | | outpatient | | | 3119 | | 1192.23 Managed Care Inc | Managed Care Inc | 2807.1 | 90 | | | 65.77 | 2963.05 | percent of total billed charges | |
| HC REMOVAL FOREIGN BODY MOUTH | 40804 | CPT | | | | outpatient | | | 3119 | | 1192.23 Horizon | NJ Health | 65.77 | | | | 65.77 | 2963.05 | fee schedule | |
| HC REMOVAL FOREIGN BODY MOUTH | 40804 | CPT | | | | outpatient | | | 3119 | | 1192.23 United | CommercialPPO | 2493 | | | | 65.77 | 2963.05 | case rate | |
| HC REMOVAL FOREIGN BODY MOUTH | 40804 | CPT | | | | outpatient | | | 3119 | | 1192.23 Horizon | Medicare Blue | 1036.72 | | | | 65.77 | 2963.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL FOREIGN BODY MOUTH | 40804 | CPT | | | | outpatient | | | 3119 | | 1192.23 First Health | First Health | 2183.3 | 70 | | | 65.77 | 2963.05 | percent of total billed charges | |
| HC REMOVAL FOREIGN BODY MOUTH | 40804 | CPT | | | | outpatient | | | 3119 | | 1192.23 Aetna | Medicare | 1036.72 | | | | 65.77 | 2963.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL FOREIGN BODY MOUTH | 40804 | CPT | | | | outpatient | | | 3119 | | 1192.23 United | Oxford | 2493 | | | | 65.77 | 2963.05 | case rate | |
| HC REMOVAL FOREIGN BODY MOUTH | 40804 | CPT | | | | outpatient | | | 3119 | | 1192.23 Horizon | PPO | 2006.05 | | | | 65.77 | 2963.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL FOREIGN BODY MOUTH | 40804 | CPT | | | | outpatient | | | 3119 | | 1192.23 Wellcare | Medicare | 1036.72 | | | | 65.77 | 2963.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL FOREIGN BODY MOUTH | 40804 | CPT | | | | outpatient | | | 3119 | | 1192.23 Three Rivers | Three Rivers | 2963.05 | 95 | | | 65.77 | 2963.05 | percent of total billed charges | |
| HC REMOVAL FOREIGN BODY MOUTH | 40804 | CPT | | | | outpatient | | | 3119 | | 1192.23 Wellcare | Medicaid | 984.04 | 31.55 | | | 65.77 | 2963.05 | percent of total billed charges | |
| HC REMOVAL FOREIGN BODY MOUTH | 40804 | CPT | | | | outpatient | | | 3119 | | 1192.23 WellPoint | WellPoint | 1003.69 | 32.18 | | | 65.77 | 2963.05 | percent of total billed charges | |
| HC REMOVAL FOREIGN BODY MOUTH | 40804 | CPT | | | | outpatient | | | 3119 | | 1192.23 Americare | Americare | 2339.25 | 75 | | | 65.77 | 2963.05 | percent of total billed charges | |
| HC REMOVAL FOREIGN BODY MOUTH | 40804 | CPT | | | | outpatient | | | 3119 | | 1192.23 Horizon | MGD | 2006.05 | | | | 65.77 | 2963.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL FOREIGN BODY MOUTH | 40804 | CPT | | | | outpatient | | | 3119 | | 1192.23 Multiplan | Multiplan | 2495.2 | 80 | | | 65.77 | 2963.05 | percent of total billed charges | |
| HC REMOVAL FOREIGN BODY MOUTH | 40804 | CPT | | | | outpatient | | | 3119 | | 1192.23 Qualcare | Qualcare | 2339.25 | 75 | | | 65.77 | 2963.05 | percent of total billed charges | |
| HC BIOPSY VESTIBULE MOUTH | 40808 | CPT | | | | outpatient | | | 1930 | | 723.64 Aetna | Commercial | 1026.94 | | | | 41.06 | 1833.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY VESTIBULE MOUTH | 40808 | CPT | | | | outpatient | | | 1930 | | 723.64 First Health | First Health | 1351 | 70 | | | 41.06 | 1833.5 | percent of total billed charges | |
| HC BIOPSY VESTIBULE MOUTH | 40808 | CPT | | | | outpatient | | | 1930 | | 723.64 WellPoint | WellPoint | 621.07 | 32.18 | | | 41.06 | 1833.5 | percent of total billed charges | |
| HC BIOPSY VESTIBULE MOUTH | 40808 | CPT | | | | outpatient | | | 1930 | | 723.64 First Trenton | First Trenton | 1737 | 90 | | | 41.06 | 1833.5 | percent of total billed charges | |
| HC BIOPSY VESTIBULE MOUTH | 40808 | CPT | | | | outpatient | | | 1930 | | 723.64 Three Rivers | Three Rivers | 1833.5 | 95 | | | 41.06 | 1833.5 | percent of total billed charges | |
| HC BIOPSY VESTIBULE MOUTH | 40808 | CPT | | | | outpatient | | | 1930 | | 723.64 Aetna | Better Health | 608.92 | 31.55 | | | 41.06 | 1833.5 | percent of total billed charges | |
| HC BIOPSY VESTIBULE MOUTH | 40808 | CPT | | | | outpatient | | | 1930 | | 723.64 Horizon | MGD | 1217.6 | | | 1072.07 | 41.06 | 1833.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY VESTIBULE MOUTH | 40808 | CPT | | | | outpatient | | | 1930 | | 723.64 Corrections | Corrections | 1544 | 80 | | | 41.06 | 1833.5 | percent of total billed charges | |
| HC BIOPSY VESTIBULE MOUTH | 40808 | CPT | | | | outpatient | | | 1930 | | 723.64 Amerihealth | HMO/PPO | 300 | | | | 41.06 | 1833.5 | fee schedule | |
| HC BIOPSY VESTIBULE MOUTH | 40808 | CPT | | | | outpatient | | | 1930 | | 723.64 Horizon | Medicare Blue | 629.25 | | | | 41.06 | 1833.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY VESTIBULE MOUTH | 40808 | CPT | | | | outpatient | | | 1930 | | 723.64 Horizon | PPO | 1217.6 | | | | 41.06 | 1833.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY VESTIBULE MOUTH | 40808 | CPT | | | | outpatient | | | 1930 | | 723.64 Horizon | NJ Health | 41.06 | | | | 41.06 | 1833.5 | fee schedule | |
| HC BIOPSY VESTIBULE MOUTH | 40808 | CPT | | | | outpatient | | | 1930 | | 723.64 Horizon | Indemnity | 1217.6 | | | | 41.06 | 1833.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY VESTIBULE MOUTH | 40808 | CPT | | | | outpatient | | | 1930 | | 723.64 Aetna | Medicare | 629.25 | | | | 41.06 | 1833.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY VESTIBULE MOUTH | 40808 | CPT | | | | outpatient | | | 1930 | | 723.64 UHC | Medicare | 629.25 | | | 521.46 | 41.06 | 1833.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY VESTIBULE MOUTH | 40808 | CPT | | | | outpatient | | | 1930 | | 723.64 UHC | Medicaid | 608.92 | 31.55 | | | 41.06 | 1833.5 | percent of total billed charges | |
| HC BIOPSY VESTIBULE MOUTH | 40808 | CPT | | | | outpatient | | | 1930 | | 723.64 Multiplan | Multiplan | 1544 | 80 | | | 41.06 | 1833.5 | percent of total billed charges | |
| HC BIOPSY VESTIBULE MOUTH | 40808 | CPT | | | | outpatient | | | 1930 | | 723.64 Managed Care Inc | Managed Care Inc | 1737 | 90 | | | 41.06 | 1833.5 | percent of total billed charges | |
| HC BIOPSY VESTIBULE MOUTH | 40808 | CPT | | | | outpatient | | | 1930 | | 723.64 Americare | Americare | 1447.5 | 75 | | | 41.06 | 1833.5 | percent of total billed charges | |
| HC BIOPSY VESTIBULE MOUTH | 40808 | CPT | | | | outpatient | | | 1930 | | 723.64 United | CommercialPPO | 1782 | | | | 41.06 | 1833.5 | case rate | |
| HC BIOPSY VESTIBULE MOUTH | 40808 | CPT | | | | outpatient | | | 1930 | | 723.64 Qualcare | Qualcare | 1447.5 | 75 | | | 41.06 | 1833.5 | percent of total billed charges | |
| HC BIOPSY VESTIBULE MOUTH | 40808 | CPT | | | | outpatient | | | 1930 | | 723.64 Wellcare | Medicare | 629.25 | | | | 41.06 | 1833.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY VESTIBULE MOUTH | 40808 | CPT | | | | outpatient | | | 1930 | | 723.64 Consumer | Consumer | 1833.5 | 95 | | | 41.06 | 1833.5 | percent of total billed charges | |
| HC BIOPSY VESTIBULE MOUTH | 40808 | CPT | | | | outpatient | | | 1930 | | 723.64 Wellcare | Medicaid | 608.92 | 31.55 | | 503.05 | 41.06 | 1833.5 | percent of total billed charges | |
| HC BIOPSY VESTIBULE MOUTH | 40808 | CPT | | | | outpatient | | | 1930 | | 723.64 United | Oxford | 1782 | | | | 41.06 | 1833.5 | case rate | |
| HC EXC MALIGNANT LESION <1.25 | 40810 | CPT | | | | outpatient | | | 10367 | | 4234.52 Amerihealth | HMO/PPO | 300 | | | | 116.93 | 9848.65 | fee schedule | |
| HC EXC MALIGNANT LESION <1.25 | 40810 | CPT | | | | outpatient | | | 10367 | | 4234.52 Aetna | Commercial | 6009.33 | | | | 116.93 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MALIGNANT LESION <1.25 | 40810 | CPT | | | | outpatient | | | 10367 | | 4234.52 Horizon | Indemnity | 7125.04 | | | | 116.93 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MALIGNANT LESION <1.25 | 40810 | CPT | | | | outpatient | | | 10367 | | 4234.52 Corrections | Corrections | 8293.6 | 80 | | | 116.93 | 9848.65 | percent of total billed charges | |
| HC EXC MALIGNANT LESION <1.25 | 40810 | CPT | | | | outpatient | | | 10367 | | 4234.52 Aetna | Medicare | 3682.19 | | | | 116.93 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MALIGNANT LESION <1.25 | 40810 | CPT | | | | outpatient | | | 10367 | | 4234.52 UHC | Medicare | 3682.19 | | | | 116.93 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MALIGNANT LESION <1.25 | 40810 | CPT | | | | outpatient | | | 10367 | | 4234.52 First Health | First Health | 7256.9 | 70 | | | 116.93 | 9848.65 | percent of total billed charges | |
| HC EXC MALIGNANT LESION <1.25 | 40810 | CPT | | | | outpatient | | | 10367 | | 4234.52 Aetna | Better Health | 3270.79 | 31.55 | | | 116.93 | 9848.65 | percent of total billed charges | |
| HC EXC MALIGNANT LESION <1.25 | 40810 | CPT | | | | outpatient | | | 10367 | | 4234.52 First Trenton | First Trenton | 9330.3 | 90 | | | 116.93 | 9848.65 | percent of total billed charges | |
| HC EXC MALIGNANT LESION <1.25 | 40810 | CPT | | | | outpatient | | | 10367 | | 4234.52 Americare | Americare | 7775.25 | 75 | | | 116.93 | 9848.65 | percent of total billed charges | |
| HC EXC MALIGNANT LESION <1.25 | 40810 | CPT | | | | outpatient | | | 10367 | | 4234.52 UHC | Medicaid | 3270.79 | 31.55 | | | 116.93 | 9848.65 | percent of total billed charges | |
| HC EXC MALIGNANT LESION <1.25 | 40810 | CPT | | | | outpatient | | | 10367 | | 4234.52 Horizon | PPO | 7125.04 | | | | 116.93 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MALIGNANT LESION <1.25 | 40810 | CPT | | | | outpatient | | | 10367 | | 4234.52 Horizon | MGD | 7125.04 | | | | 116.93 | 9848.65 | other | Payer-specific negotiated

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC EXC MALIGNANT LESION <1.25 | 40810 | CPT | | | | outpatient | | | 10367 | | 4234.52 Horizon | Medicare Blue | 3682.19 | | | | 116.93 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MALIGNANT LESION <1.25 | 40810 | CPT | | | | outpatient | | | 10367 | | 4234.52 Consumer | Consumer | 9848.65 | 95 | | | 116.93 | 9848.65 | percent of total billed charges | |
| HC EXC MALIGNANT LESION <1.25 | 40810 | CPT | | | | outpatient | | | 10367 | | 4234.52 Managed Care Inc | Managed Care Inc | 9330.3 | 90 | | | 116.93 | 9848.65 | percent of total billed charges | |
| HC EXC MALIGNANT LESION <1.25 | 40810 | CPT | | | | outpatient | | | 10367 | | 4234.52 Qualcare | Qualcare | 7775.25 | 75 | | | 116.93 | 9848.65 | percent of total billed charges | |
| HC EXC MALIGNANT LESION <1.25 | 40810 | CPT | | | | outpatient | | | 10367 | | 4234.52 United | CommercialPPO | 2493 | | | | 116.93 | 9848.65 | case rate | |
| HC EXC MALIGNANT LESION <1.25 | 40810 | CPT | | | | outpatient | | | 10367 | | 4234.52 Wellcare | Medicare | 3682.19 | | | | 116.93 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC MALIGNANT LESION <1.25 | 40810 | CPT | | | | outpatient | | | 10367 | | 4234.52 Horizon | NJ Health | 116.93 | | | | 116.93 | 9848.65 | fee schedule | |
| HC EXC MALIGNANT LESION <1.25 | 40810 | CPT | | | | outpatient | | | 10367 | | 4234.52 WellPoint | WellPoint | 3336.1 | 32.18 | | | 116.93 | 9848.65 | percent of total billed charges | |
| HC EXC MALIGNANT LESION <1.25 | 40810 | CPT | | | | outpatient | | | 10367 | | 4234.52 Three Rivers | Three Rivers | 9848.65 | 95 | | | 116.93 | 9848.65 | percent of total billed charges | |
| HC EXC MALIGNANT LESION <1.25 | 40810 | CPT | | | | outpatient | | | 10367 | | 4234.52 United | Oxford | 2493 | | | | 116.93 | 9848.65 | case rate | |
| HC EXC MALIGNANT LESION <1.25 | 40810 | CPT | | | | outpatient | | | 10367 | | 4234.52 Wellcare | Medicaid | 3270.79 | 31.55 | | | 116.93 | 9848.65 | percent of total billed charges | |
| HC EXC FREN LABIAL/BUCCAL | 40819 | CPT | | | | outpatient | | | 5059 | | 2005.77 Aetna | Commercial | 2846.45 | | | | 116.93 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC FREN LABIAL/BUCCAL | 40819 | CPT | | | | outpatient | | | 5059 | | 2005.77 First Trenton | First Trenton | 4553.1 | 90 | | | 116.93 | 4806.05 | percent of total billed charges | |
| HC EXC FREN LABIAL/BUCCAL | 40819 | CPT | | | | outpatient | | | 5059 | | 2005.77 Americare | Americare | 3794.25 | 75 | | | 116.93 | 4806.05 | percent of total billed charges | |
| HC EXC FREN LABIAL/BUCCAL | 40819 | CPT | | | | outpatient | | | 5059 | | 2005.77 Aetna | Better Health | 1596.11 | 31.55 | | | 116.93 | 4806.05 | percent of total billed charges | |
| HC EXC FREN LABIAL/BUCCAL | 40819 | CPT | | | | outpatient | | | 5059 | | 2005.77 Horizon | MCD | 3374.93 | | | | 116.93 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC FREN LABIAL/BUCCAL | 40819 | CPT | | | | outpatient | | | 5059 | | 2005.77 Amerihealth | HMO/PPO | 300 | | | | 116.93 | 4806.05 | fee schedule | |
| HC EXC FREN LABIAL/BUCCAL | 40819 | CPT | | | | outpatient | | | 5059 | | 2005.77 Consumer | Consumer | 4806.05 | 95 | | | 116.93 | 4806.05 | percent of total billed charges | |
| HC EXC FREN LABIAL/BUCCAL | 40819 | CPT | | | | outpatient | | | 5059 | | 2005.77 UHC | Medicaid | 1596.11 | 31.55 | | | 116.93 | 4806.05 | percent of total billed charges | |
| HC EXC FREN LABIAL/BUCCAL | 40819 | CPT | | | | outpatient | | | 5059 | | 2005.77 Aetna | Medicare | 1744.15 | | | | 116.93 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC FREN LABIAL/BUCCAL | 40819 | CPT | | | | outpatient | | | 5059 | | 2005.77 Horizon | Medicare Blue | 1744.15 | | | | 116.93 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC FREN LABIAL/BUCCAL | 40819 | CPT | | | | outpatient | | | 5059 | | 2005.77 Managed Care Inc | Managed Care Inc | 4553.1 | 90 | | | 116.93 | 4806.05 | percent of total billed charges | |
| HC EXC FREN LABIAL/BUCCAL | 40819 | CPT | | | | outpatient | | | 5059 | | 2005.77 UHC | Medicare | 1744.15 | | | | 116.93 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC FREN LABIAL/BUCCAL | 40819 | CPT | | | | outpatient | | | 5059 | | 2005.77 Multiplan | Multiplan | 4047.2 | 80 | | | 116.93 | 4806.05 | percent of total billed charges | |
| HC EXC FREN LABIAL/BUCCAL | 40819 | CPT | | | | outpatient | | | 5059 | | 2005.77 First Health | First Health | 3541.3 | 70 | | | 116.93 | 4806.05 | percent of total billed charges | |
| HC EXC FREN LABIAL/BUCCAL | 40819 | CPT | | | | outpatient | | | 5059 | | 2005.77 Corrections | Corrections | 4047.2 | 80 | | | 116.93 | 4806.05 | percent of total billed charges | |
| HC EXC FREN LABIAL/BUCCAL | 40819 | CPT | | | | outpatient | | | 5059 | | 2005.77 Wellcare | Medicare | 1744.15 | | | | 116.93 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC FREN LABIAL/BUCCAL | 40819 | CPT | | | | outpatient | | | 5059 | | 2005.77 Qualcare | Qualcare | 3794.25 | 75 | | | 116.93 | 4806.05 | percent of total billed charges | |
| HC EXC FREN LABIAL/BUCCAL | 40819 | CPT | | | | outpatient | | | 5059 | | 2005.77 Horizon | PPO | 3374.93 | | | | 116.93 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC FREN LABIAL/BUCCAL | 40819 | CPT | | | | outpatient | | | 5059 | | 2005.77 Three Rivers | Three Rivers | 4806.05 | 95 | | | 116.93 | 4806.05 | percent of total billed charges | |
| HC EXC FREN LABIAL/BUCCAL | 40819 | CPT | | | | outpatient | | | 5059 | | 2005.77 United | CommercialPPO | 2493 | | | | 116.93 | 4806.05 | case rate | |
| HC EXC FREN LABIAL/BUCCAL | 40819 | CPT | | | | outpatient | | | 5059 | | 2005.77 Horizon | Indemnity | 3374.93 | | | | 116.93 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC FREN LABIAL/BUCCAL | 40819 | CPT | | | | outpatient | | | 5059 | | 2005.77 United | Oxford | 2493 | | | | 116.93 | 4806.05 | case rate | |
| HC EXC FREN LABIAL/BUCCAL | 40819 | CPT | | | | outpatient | | | 5059 | | 2005.77 Horizon | NJ Health | 116.93 | | | | 116.93 | 4806.05 | fee schedule | |
| HC EXC FREN LABIAL/BUCCAL | 40819 | CPT | | | | outpatient | | | 5059 | | 2005.77 Wellcare | Medicaid | 1596.11 | 31.55 | | | 116.93 | 4806.05 | percent of total billed charges | |
| HC EXC FREN LABIAL/BUCCAL | 40819 | CPT | | | | outpatient | | | 5059 | | 2005.77 WellPoint | WellPoint | 1627.99 | 32.18 | | | 116.93 | 4806.05 | percent of total billed charges | |
| HC CL LACERAT MOUTH VESTIB <=2.5C | 40830 | CPT | | | | outpatient | | | 1058 | | 321.26 Multiplan | Multiplan | 846.4 | 80 | | | 65.77 | 1782 | percent of total billed charges | |
| HC CL LACERAT MOUTH VESTIB <=2.5C | 40830 | CPT | | | | outpatient | | | 1058 | | 321.26 UHC | Medicare | 279.36 | | | | 65.77 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL LACERAT MOUTH VESTIB <=2.5C | 40830 | CPT | | | | outpatient | | | 1058 | | 321.26 Horizon | MCD | 540.56 | | | | 65.77 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL LACERAT MOUTH VESTIB <=2.5C | 40830 | CPT | | | | outpatient | | | 1058 | | 321.26 Aetna | Medicare | 279.36 | | | | 65.77 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL LACERAT MOUTH VESTIB <=2.5C | 40830 | CPT | | | | outpatient | | | 1058 | | 321.26 Aetna | Commercial | 455.92 | | | | 65.77 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL LACERAT MOUTH VESTIB <=2.5C | 40830 | CPT | | | | outpatient | | | 1058 | | 321.26 United | CommercialPPO | 1782 | | | | 65.77 | 1782 | case rate | |
| HC CL LACERAT MOUTH VESTIB <=2.5C | 40830 | CPT | | | | outpatient | | | 1058 | | 321.26 Amerihealth | HMO/PPO | 300 | | | | 65.77 | 1782 | fee schedule | |
| HC CL LACERAT MOUTH VESTIB <=2.5C | 40830 | CPT | | | | outpatient | | | 1058 | | 321.26 Aetna | Better Health | 333.8 | 31.55 | | | 65.77 | 1782 | percent of total billed charges | |
| HC CL LACERAT MOUTH VESTIB <=2.5C | 40830 | CPT | | | | outpatient | | | 1058 | | 321.26 Qualcare | Qualcare | 793.5 | 75 | | | 65.77 | 1782 | percent of total billed charges | |
| HC CL LACERAT MOUTH VESTIB <=2.5C | 40830 | CPT | | | | outpatient | | | 1058 | | 321.26 Consumer | Consumer | 1005.1 | 95 | | | 65.77 | 1782 | percent of total billed charges | |
| HC CL LACERAT MOUTH VESTIB <=2.5C | 40830 | CPT | | | | outpatient | | | 1058 | | 321.26 Horizon | PPO | 540.56 | | | | 65.77 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL LACERAT MOUTH VESTIB <=2.5C | 40830 | CPT | | | | outpatient | | | 1058 | | 321.26 Americare | Americare | 793.5 | 75 | | | 65.77 | 1782 | percent of total billed charges | |
| HC CL LACERAT MOUTH VESTIB <=2.5C | 40830 | CPT | | | | outpatient | | | 1058 | | 321.26 Horizon | Indemnity | 540.56 | | | | 65.77 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL LACERAT MOUTH VESTIB <=2.5C | 40830 | CPT | | | | outpatient | | | 1058 | | 321.26 Corrections | Corrections | 846.4 | 80 | | | 65.77 | 1782 | percent of total billed charges | |
| HC CL LACERAT MOUTH VESTIB <=2.5C | 40830 | CPT | | | | outpatient | | | 1058 | | 321.26 First Health | First Health | 740.6 | 70 | | | 65.77 | 1782 | percent of total billed charges | |
| HC CL LACERAT MOUTH VESTIB <=2.5C | 40830 | CPT | | | | outpatient | | | 1058 | | 321.26 First Trenton | First Trenton | 952.2 | 90 | | | 65.77 | 1782 | percent of total billed charges | |
| HC CL LACERAT MOUTH VESTIB <=2.5C | 40830 | CPT | | | | outpatient | | | 1058 | | 321.26 Wellcare | Medicaid | 333.8 | 31.55 | | | 65.77 | 1782 | percent of total billed charges | |
| HC CL LACERAT MOUTH VESTIB <=2.5C | 40830 | CPT | | | | outpatient | | | 1058 | | 321.26 Horizon | NJ Health | 65.77 | | | | 65.77 | 1782 | fee schedule | |
| HC CL LACERAT MOUTH VESTIB <=2.5C | 40830 | CPT | | | | outpatient | | | 1058 | | 321.26 UHC | Medicaid | 333.8 | 31.55 | | | 65.77 | 1782 | percent of total billed charges | |
| HC CL LACERAT MOUTH VESTIB <=2.5C | 40830 | CPT | | | | outpatient | | | 1058 | | 321.26 Managed Care Inc | Managed Care Inc | 952.2 | 90 | | | 65.77 | 1782 | percent of total billed charges | |
| HC CL LACERAT MOUTH VESTIB <=2.5C | 40830 | CPT | | | | outpatient | | | 1058 | | 321.26 Horizon | Medicare Blue | 279.36 | | | | 65.77 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL LACERAT MOUTH VESTIB <=2.5C | 40830 | CPT | | | | outpatient | | | 1058 | | 321.26 Three Rivers | Three Rivers | 1005.1 | 95 | | | 65.77 | 1782 | percent of total billed charges | |
| HC CL LACERAT MOUTH VESTIB <=2.5C | 40830 | CPT | | | | outpatient | | | 1058 | | 321.26 United | Oxford | 1782 | | | | 65.77 | 1782 | case rate | |
| HC CL LACERAT MOUTH VESTIB <=2.5C | 40830 | CPT | | | | outpatient | | | 1058 | | 321.26 Wellcare | Medicare | 279.36 | | | | 65.77 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CL LACERAT MOUTH VESTIB <=2.5C | 40830 | CPT | | | | outpatient | | | 1058 | | 321.26 WellPoint | WellPoint | 340.46 | 32.18 | | | 65.77 | 1782 | percent of total billed charges | |
| HC CLOS LAC VEST MOUT >2.5 CM | 40831 | CPT | | | | outpatient | | | 2889 | | 723.64 Wellcare | Medicaid | 911.48 | 31.55 | | | 142.11 | 2744.55 | percent of total billed charges | |
| HC CLOS LAC VEST MOUT >2.5 CM | 40831 | CPT | | | | outpatient | | | 2889 | | 723.64 First Health | First Health | 2022.3 | 70 | | | 142.11 | 2744.55 | percent of total billed charges | |
| HC CLOS LAC VEST MOUT >2.5 CM | 40831 | CPT | | | | outpatient | | | 2889 | | 723.64 Aetna | Better Health | 911.48 | 31.55 | | | 142.11 | 2744.55 | percent of total billed charges | |
| HC CLOS LAC VEST MOUT >2.5 CM | 40831 | CPT | | | | outpatient | | | 2889 | | 723.64 Aetna | Commercial | 1026.94 | | | | 142.11 | 2744.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOS LAC VEST MOUT >2.5 CM | 40831 | CPT | | | | outpatient | | | 2889 | | 723.64 Americare | Americare | 2166.75 | 75 | | | 142.11 | 2744.55 | percent of total billed charges | |
| HC CLOS LAC VEST MOUT >2.5 CM | 40831 | CPT | | | | outpatient | | | 2889 | | 723.64 Amerihealth | HMO/PPO | 300 | | | | 142.11 | 2744.55 | fee schedule | |
| HC CLOS LAC VEST MOUT >2.5 CM | 40831 | CPT | | | | outpatient | | | 2889 | | 723.64 UHC | Medicare | 629.25 | | | | 142.11 | 2744.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOS LAC VEST MOUT >2.5 CM | 40831 | CPT | | | | outpatient | | | 2889 | | 723.64 Aetna | Medicare | 629.25 | | | | 142.11 | 2744.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOS LAC VEST MOUT >2.5 CM | 40831 | CPT | | | | outpatient | | | 2889 | | 723.64 Consumer | Consumer | 2744.55 | 95 | | | 142.11 | 2744.55 | percent of total billed charges | |
| HC CLOS LAC VEST MOUT >2.5 CM | 40831 | CPT | | | | outpatient | | | 2889 | | 723.64 First Trenton | First Trenton | 2600.1 | 90 | | | 142.11 | 2744.55 | percent of total billed charges | |
| HC CLOS LAC VEST MOUT >2.5 CM | 40831 | CPT | | | | outpatient | | | 2889 | | 723.64 Horizon | MCD | 1217.6 | | | | 142.11 | 2744.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOS LAC VEST MOUT >2.5 CM | 40831 | CPT | | | | outpatient | | | 2889 | | 723.64 Multiplan | Multiplan | 2311.2 | 80 | | | 142.11 | 2744.55 | percent of total billed charges | |
| HC CLOS LAC VEST MOUT >2.5 CM | 40831 | CPT | | | | outpatient | | | 2889 | | 723.64 Horizon | Medicare Blue | 629.25 | | | | 142.11 | 2744.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOS LAC VEST MOUT >2.5 CM | 40831 | CPT | | | | outpatient | | | 2889 | | 723.64 Horizon | Indemnity | 1217.6 | | | | 142.11 | 2744.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOS LAC VEST MOUT >2.5 CM | 40831 | CPT | | | | outpatient | | | 2889 | | 723.64 Horizon | PPO | 1217.6 | | | | 142.11 | 2744.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOS LAC VEST MOUT >2.5 CM | 40831 | CPT | | | | outpatient | | | 2889 | | 723.64 Corrections | Corrections | 2311.2 | 80 | | | 142.11 | 2744.55 | percent of total billed charges | |
| HC CLOS LAC VEST MOUT >2.5 CM | 40831 | CPT | | | | outpatient | | | 2889 | | 723.64 United | Oxford | 1782 | | | | 142.11 | 2744.55 | case rate | |
| HC CLOS LAC VEST MOUT >2.5 CM | 40831 | CPT | | | | outpatient | | | 2889 | | 723.64 Managed Care Inc | Managed Care Inc | 2600.1 | 90 | | | 142.11 | 2744.55 | percent of total billed charges | |
| HC CLOS LAC VEST MOUT >2.5 CM | 40831 | CPT | | | | outpatient | | | 2889 | | 723.64 UHC | Medicaid | 911.48 | 31.55 | | | 142.11 | 2744.55 | percent of total billed charges | |
| HC CLOS LAC VEST MOUT >2.5 CM | 40831 | CPT | | | | outpatient | | | 2889 | | 723.64 Qualcare | Qualcare | 2166.75 | 75 | | | 142.11 | 2744.55 | percent of total billed charges | |
| HC CLOS LAC VEST MOUT >2.5 CM | 40831 | CPT | | | | outpatient | | | 2889 | | 723.64 WellPoint | WellPoint | 929.68 | 32.18 | | | 142.11 | 2744.55 | percent of total billed charges | |
| HC CLOS LAC VEST MOUT >2.5 CM | 40831 | CPT | | | | outpatient | | | 2889 | | 723.64 United | CommercialPPO | 1782 | | | | 142.11 | 2744.55 | case rate | |
| HC CLOS LAC VEST MOUT >2.5 CM | 40831 | CPT | | | | outpatient | | | 2889 | | 723.64 Horizon | NJ Health | 142.11 | | | | 142.11 | 2744.55 | fee schedule | |
| HC CLOS LAC VEST MOUT >2.5 CM | 40831 | CPT | | | | outpatient | | | 2889 | | 723.64 Three Rivers | Three Rivers | 2744.55 | 95 | | | 142.11 | 2744.55 | percent of total billed charges | |
| HC CLOS LAC VEST MOUT >2.5 CM | 40831 | CPT | | | | outpatient | | | 2889 | | 723.64 Wellcare | Medicare | 629.25 | | | | 142.11 | 2744.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VESTIBULOPLASTY | 40840 | CPT | | | | outpatient | | | 19455 | | 7702.18 Consumer | Consumer | 18482.25 | 95 | | | 505.3 | 18482.25 | percent of total billed charges | |
| HC VESTIBULOPLASTY | 40840 | CPT | | | | outpatient | | | 19455 | | 7702.18 Corrections | Corrections | 15564 | 80 | | | 505.3 | 18482.25 | percent of total billed charges | |
| HC VESTIBULOPLASTY | 40840 | CPT | | | | outpatient | | | 19455 | | 7702.18 First Trenton | First Trenton | 17509.5 | 90 | | | 505.3 | 18482.25 | percent of total billed charges | |
| HC VESTIBULOPLASTY | 40840 | CPT | | | | outpatient | | | 19455 | | 7702.18 Americare | Americare | 14591.25 | 75 | | | 505.3 | 18482.25 | percent of total billed charges | |
| HC VESTIBULOPLASTY | 40840 | CPT | | | | outpatient | | | 19455 | | 7702.18 First Health | First Health | 13618.5 | 70 | | | 505.3 | 18482.25 | percent of total billed charges | |
| HC VESTIBULOPLASTY | 40840 | CPT | | | | outpatient | | | 19455 | | 7702.18 Aetna | Better Health | 6138.05 | 31.55 | | | 505.3 | 18482.25 | percent of total billed charges | |
| HC VESTIBULOPLASTY | 40840 | CPT | | | | outpatient | | | 19455 | | 7702.18 UHC | Medicare | 6697.55 | | | | 505.3 | 18482.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VESTIBULOPLASTY | 40840 | CPT | | | | outpatient | | | 19455 | | 7702.18 Aetna | Commercial | 10930.4 | | | | 505.3 | 18482.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VESTIBULOPLASTY | 40840 | CPT | | | | outpatient | | | 19455 | | 7702.18 Horizon | Indemnity | 12959.76 | | | | 505.3 | 18482.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VESTIBULOPLASTY | 40840 | CPT | | | | outpatient | | | 19455 | | 7702.18 Horizon | Medicare Blue | 6697.55 | | | | 505.3 | 18482.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VESTIBULOPLASTY | 40840 | CPT | | | | outpatient | | | 19455 | | 7702.18 Horizon | PPO | 12959.76 | | | | 505.3 | 18482.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VESTIBULOPLASTY | 40840 | CPT | | | | outpatient | | | 19455 | | 7702.18 Amerihealth | HMO/PPO | 550 | | | | 505.3 | 18482.25 | fee schedule | |
| HC VESTIBULOPLASTY | 40840 | CPT | | | | outpatient | | | 19455 | | 7702.18 Multiplan | Multiplan | 15564 | 80 | | | 505.3 | 18482.25 | percent of total billed charges | |
| HC VESTIBULOPLASTY | 40840 | CPT | | | | outpatient | | | 19455 | | 7702.18 Aetna | Medicare | 6697.55 | | | | 505.3 | 18482.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VESTIBULOPLASTY | 40840 | CPT | | | | outpatient | | | 19455 | | 7702.18 Wellcare | Medicare | 6697.55 | | | | 505.3 | 18482.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VESTIBULOPLASTY | 40840 | CPT | | | | outpatient | | | 19455 | | 7702.18 Horizon | MCD | 12959.76 | | | | 505.3 | 18482.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VESTIBULOPLASTY | 40840 | CPT | | | | outpatient | | | 19455 | | 7702.18 Horizon | NJ Health | 505.3 | | | | 505.3 | 18482.25 | fee schedule | |
| HC VESTIBULOPLASTY | 40840 | CPT | | | | outpatient | | | 19455 | | 7702.18 Managed Care Inc | Managed Care Inc | 17509.5 | 90 | | | 505.3 | 18482.25 | percent of total billed charges | |
| HC VESTIBULOPLASTY | 40840 | CPT | | | | outpatient | | | 19455 | | 7702.18 Qualcare | Qualcare | 14591.25 | 75 | | | 505.3 | 18482.25 | percent of total billed charges | |
| HC VESTIBULOPLASTY | 40840 | CPT | | | | outpatient | | | 19455 | | 7702.18 United | Oxford | 2776 | | | | 505.3 | 18482.25 | case rate | |
| HC VESTIBULOPLASTY | 40840 | CPT | | | | outpatient | | | 19455 | | 7702.18 Three Rivers | Three Rivers | 18482.25 | 95 | | | 505.3 | 18482.25 | percent of total billed charges | |
| HC VESTIBULOPLASTY | 40840 | CPT | | | | outpatient | | | 19455 | | 7702.18 WellPoint | WellPoint | 6260.62 | 32.18 | | | 505.3 | 18482.25 | percent of total billed charges | |
| HC VESTIBULOPLASTY | 40840 | CPT | | | | outpatient | | | 19455 | | 7702.18 UHC | Medicaid | 6138.05 | 31.55 | | | 505.3 | 18482.25 | percent of total billed charges | |
| HC VESTIBULOPLASTY | 40840 | CPT | | | | outpatient | | | 19455 | | 7702.18 United | CommercialPPO | 2776 | | | | 505.3 | 18482.25 | case rate | |
| HC VESTIBULOPLASTY | 40840 | CPT | | | | outpatient | | | 19455 | | 7702.18 Wellcare | Medicaid | 6138.05 | 31.55 | | | 505.3 | 18482.25 | percent of total billed charges | |
| HC INT I&D MOUTH LES SUMMANDIB | 41008 | CPT | | | | outpatient | | | 10367 | | 4234.52 Aetna | Better Health | 3270.79 | 31.55 | | | 132.64 | 9848.65 | percent of total billed charges | |
| HC INT I&D MOUTH LES SUMMANDIB | 41008 | CPT | | | | outpatient | | | 10367 | | 4234.52 Aetna | Medicare | 3682.19 | | | | 132.64 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INT I&D MOUTH LES SUMMANDIB | 41008 | CPT | | | | outpatient | | | 10367 | | 4234.52 Consumer | Consumer | 9848.65 | 95 | | | 132.64 | 9848.65 | percent of total billed charges | |
| HC INT I&D MOUTH LES SUMMANDIB | 41008 | CPT | | | | outpatient | | | 10367 | | 4234.52 First Trenton | First Trenton | 9330.3 | 90 | | | 132.64 | 9848.65 | percent of total billed charges | |
| HC INT I&D MOUTH LES SUMMANDIB | 41008 | CPT | | | | outpatient | | | 10367 | | 4234.52 Horizon | MGD | 7125.04 | | | | 132.64 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INT I&D MOUTH LES SUMMANDIB | 41008 | CPT | | | | outpatient | | | 10367 | | 4234.52 Aetna | Commercial | 6009.33 | | | | 132.64 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INT I&D MOUTH LES SUMMANDIB | 41008 | CPT | | | | outpatient | | | 10367 | | 4234.52 Americare | Americare | 7775.25 | 75 | | | 132.64 | 9848.65 | percent of total billed charges | |
| HC INT I&D MOUTH LES SUMMANDIB | 41008 | CPT | | | | outpatient | | | 10367 | | 4234.52 Amerihealth | HMO/PPO | 300 | | | | 132.64 | 9848.65 | fee schedule | |
| HC INT I&D MOUTH LES SUMMANDIB | 41008 | CPT | | | | outpatient | | | 10367 | | 4234.52 Horizon | PPO | 7125.04 | | | | 132.64 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INT I&D MOUTH LES SUMMANDIB | 41008 | CPT | | | | outpatient | | | 10367 | | 4234.52 Corrections | Corrections | 8293.6 | 80 | | | 132.64 | 9848.65 | percent of total billed charges | |
| HC INT I&D MOUTH LES SUMMANDIB | 41008 | CPT | | | | outpatient | | | 10367 | | 4234.52 United | Oxford | 2493 | | | | 132.64 | 9848.65 | case rate | |
| HC INT I&D MOUTH LES SUMMANDIB | 41008 | CPT | | | | outpatient | | | 10367 | | 4234.52 Horizon | NJ Health | 132.64 | | | | 132.64 | 9848.65 | fee schedule | |
| HC INT I&D MOUTH LES SUMMANDIB | 41008 | CPT | | | | outpatient | | | 10367 | | 4234.52 UHC | Medicaid | 3270.79 | 31.55 | | | 132.64 | 9848.65 | percent of total billed charges | |
| HC INT I&D MOUTH LES SUMMANDIB | 41008 | CPT | | | | outpatient | | | 10367 | | 4234.52 Multiplan | Multiplan | 8293.6 | 80 | | | 132.64 | 9848.65 | percent of total billed charges | |
| HC INT I&D MOUTH LES SUMMANDIB | 41008 | CPT | | | | outpatient | | | 10367 | | 4234.52 Horizon | Medicare Blue | 3682.19 | | | | 132.64 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INT I&D MOUTH LES SUMMANDIB | 41008 | CPT | | | | outpatient | | | 10367 | | 4234.52 First Health | First Health | 7256.9 | 70 | | | 132.64 | 9848.65 | percent of total billed charges | |
| HC INT I&D MOUTH LES SUMMANDIB | 41008 | CPT | | | | outpatient | | | 10367 | | 4234.52 Wellcare | Medicare | 3682.19 | | | | 132.64 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INT I&D MOUTH LES SUMMANDIB | 41008 | CPT | | | | outpatient | | | 10367 | | 4234.52 Qualcare | Qualcare | 7775.25 | 75 | | | 132.64 | 9848.65 | percent of total billed charges | |
| HC INT I&D MOUTH LES SUMMANDIB | 41008 | CPT | | | | outpatient | | | 10367 | | 4234.52 Wellcare | Medicaid | 3270.79 | 31.55 | | | 132.64 | 9848.65 | percent of total billed charges | |
| HC INT I&D MOUTH LES SUMMANDIB | 41008 | CPT | | | | outpatient | | | 10367 | | 4234.52 Managed Care Inc | Managed Care Inc | 9330.3 | 90 | | | 132.64 | 9848.65 | percent of total billed charges | |
| HC INT I&D MOUTH LES SUMMANDIB | 41008 | CPT | | | | outpatient | | | 10367 | | 4234.52 UHC | Medicare | 3682.19 | | | | 132.64 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INT I&D MOUTH LES SUMMANDIB | 41008 | CPT | | | | outpatient | | | 10367 | | 4234.52 Horizon | Indemnity | 7125.04 | | | | 132.64 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INT I&D MOUTH LES SUMMANDIB | 41008 | CPT | | | | outpatient | | | 10367 | | 4234.52 WellPoint | WellPoint | 3336.1 | 32.18 | | | 132.64 | 9848.65 | percent of total billed charges | |
| HC INT I&D MOUTH LES SUMMANDIB | 41008 | CPT | | | | outpatient | | | 10367 | | 4234.52 Three Rivers | Three Rivers | 9848.65 | 95 | | | 132.64 | 9848.65 | percent of total billed charges | |
| HC INT I&D MOUTH LES SUMMANDIB | 41008 | CPT | | | | outpatient | | | 10367 | | 4234.52 United | CommercialPPO | 2493 | | | | 132.64 | 9848.65 | case rate | |
| HC FRENOTOMY | 41010 | CPT | | | | outpatient | | | 5059 | | 2005.77 Horizon | Medicare Blue | 1744.15 | | | | 110.79 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FRENOTOMY | 41010 | CPT | | | | outpatient | | | 5059 | | 2005.77 Americare | Americare | 3794.25 | 75 | | | 110.79 | 4806.05 | percent of total billed charges | |
| HC FRENOTOMY | 41010 | CPT | | | | outpatient | | | 5059 | | 2005.77 First Health | First Health | 3541.3 | 70 | | | 110.79 | 4806.05 | percent of total billed charges | |
| HC FRENOTOMY | 41010 | CPT | | | | outpatient | | | 5059 | | 2005.77 First Trenton | First Trenton | 4553.1 | 90 | | | 110.79 | 4806.05 | percent of total billed charges | |
| HC FRENOTOMY | 41010 | CPT | | | | outpatient | | | 5059 | | 2005.77 Aetna | Better Health | 1596.11 | 31.55 | | | 110.79 | 4806.05 | percent of total billed charges | |
| HC FRENOTOMY | 41010 | CPT | | | | outpatient | | | 5059 | | 2005.77 Aetna | Commercial | 2846.45 | | | | 110.79 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FRENOTOMY | 41010 | CPT | | | | outpatient | | | 5059 | | 2005.77 Amerihealth | HMO/PPO | 300 | | | | 110.79 | 4806.05 | fee schedule | |
| HC FRENOTOMY | 41010 | CPT | | | | outpatient | | | 5059 | | 2005.77 Corrections | Corrections | 4047.2 | 80 | | | 110.79 | 4806.05 | percent of total billed charges | |
| HC FRENOTOMY | 41010 | CPT | | | | outpatient | | | 5059 | | 2005.77 UHC | Medicaid | 1596.11 | 31.55 | | 1570.55 | 110.79 | 4806.05 | percent of total billed charges | |
| HC FRENOTOMY | 41010 | CPT | | | | outpatient | | | 5059 | | 2005.77 Consumer | Consumer | 4806.05 | 95 | | | 110.79 | 4806.05 | percent of total billed charges | |
| HC FRENOTOMY | 41010 | CPT | | | | outpatient | | | 5059 | | 2005.77 Horizon | Indemnity | 3374.93 | | | | 110.79 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FRENOTOMY | 41010 | CPT | | | | outpatient | | | 5059 | | 2005.77 Horizon | NJ Health | 110.79 | | | | 110.79 | 4806.05 | fee schedule | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC FRENOTOMY | 41010 | CPT | | | | outpatient | | | 5059 | | 2005.77 | UHC | Medicare | 1744.15 | | | | 110.79 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FRENOTOMY | 41010 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Aetna | Medicare | 1744.15 | | | | 110.79 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FRENOTOMY | 41010 | CPT | | | | outpatient | | | 5059 | | 2005.77 | United | CommercialPPO | 2493 | | | | 110.79 | 4806.05 | case rate | |
| HC FRENOTOMY | 41010 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Horizon | PPO | 3374.93 | | | | 110.79 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FRENOTOMY | 41010 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Wellcare | Medicare | 1744.15 | | | | 110.79 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FRENOTOMY | 41010 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Horizon | MGD | 3374.93 | | | | 110.79 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FRENOTOMY | 41010 | CPT | | | | outpatient | | | 5059 | | 2005.77 | United | Oxford | 2493 | | | | 110.79 | 4806.05 | case rate | |
| HC FRENOTOMY | 41010 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Managed Care Inc | Managed Care Inc | 4553.1 | 90 | | | 110.79 | 4806.05 | percent of total billed charges | |
| HC FRENOTOMY | 41010 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Wellcare | Medicaid | 1596.11 | 31.55 | | | 110.79 | 4806.05 | percent of total billed charges | |
| HC FRENOTOMY | 41010 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Multiplan | Multiplan | 4047.2 | 80 | | | 110.79 | 4806.05 | percent of total billed charges | |
| HC FRENOTOMY | 41010 | CPT | | | | outpatient | | | 5059 | | 2005.77 | WellPoint | WellPoint | 1627.99 | 32.18 | | 1575.9 | 110.79 | 4806.05 | percent of total billed charges | |
| HC FRENOTOMY | 41010 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Qualcare | Qualcare | 3794.25 | 75 | | | 110.79 | 4806.05 | percent of total billed charges | |
| HC FRENOTOMY | 41010 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Three Rivers | Three Rivers | 4806.05 | 95 | | | 110.79 | 4806.05 | percent of total billed charges | |
| HC BIOPSY;ANTERIOR 2/3 TONGUE | 41100 | CPT | | | | outpatient | | | 2765 | | 723.64 | First Health | First Health | 1935.5 | 70 | | | 65.77 | 2626.75 | percent of total billed charges | |
| HC BIOPSY;ANTERIOR 2/3 TONGUE | 41100 | CPT | | | | outpatient | | | 2765 | | 723.64 | Corrections | Corrections | 2212 | 80 | | | 65.77 | 2626.75 | percent of total billed charges | |
| HC BIOPSY;ANTERIOR 2/3 TONGUE | 41100 | CPT | | | | outpatient | | | 2765 | | 723.64 | Horizon | Medicare Blue | 629.25 | | | | 65.77 | 2626.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY;ANTERIOR 2/3 TONGUE | 41100 | CPT | | | | outpatient | | | 2765 | | 723.64 | Amerihealth | HMO/PPO | 300 | | | | 65.77 | 2626.75 | fee schedule | |
| HC BIOPSY;ANTERIOR 2/3 TONGUE | 41100 | CPT | | | | outpatient | | | 2765 | | 723.64 | Consumer | Consumer | 2626.75 | 95 | | | 65.77 | 2626.75 | percent of total billed charges | |
| HC BIOPSY;ANTERIOR 2/3 TONGUE | 41100 | CPT | | | | outpatient | | | 2765 | | 723.64 | Aetna | Better Health | 872.36 | 31.55 | | 84.09 | 65.77 | 2626.75 | percent of total billed charges | |
| HC BIOPSY;ANTERIOR 2/3 TONGUE | 41100 | CPT | | | | outpatient | | | 2765 | | 723.64 | Horizon | PPO | 1217.6 | | | | 65.77 | 2626.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY;ANTERIOR 2/3 TONGUE | 41100 | CPT | | | | outpatient | | | 2765 | | 723.64 | Aetna | Commercial | 1026.94 | | | | 65.77 | 2626.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY;ANTERIOR 2/3 TONGUE | 41100 | CPT | | | | outpatient | | | 2765 | | 723.64 | Multiplan | Multiplan | 2212 | 80 | | | 65.77 | 2626.75 | percent of total billed charges | |
| HC BIOPSY;ANTERIOR 2/3 TONGUE | 41100 | CPT | | | | outpatient | | | 2765 | | 723.64 | First Trenton | First Trenton | 2488.5 | 90 | | | 65.77 | 2626.75 | percent of total billed charges | |
| HC BIOPSY;ANTERIOR 2/3 TONGUE | 41100 | CPT | | | | outpatient | | | 2765 | | 723.64 | WellPoint | WellPoint | 889.78 | 32.18 | | | 65.77 | 2626.75 | percent of total billed charges | |
| HC BIOPSY;ANTERIOR 2/3 TONGUE | 41100 | CPT | | | | outpatient | | | 2765 | | 723.64 | UHC | Medicaid | 872.36 | 31.55 | | 280.06 | 65.77 | 2626.75 | percent of total billed charges | |
| HC BIOPSY;ANTERIOR 2/3 TONGUE | 41100 | CPT | | | | outpatient | | | 2765 | | 723.64 | Horizon | Indemnity | 1217.6 | | | | 65.77 | 2626.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY;ANTERIOR 2/3 TONGUE | 41100 | CPT | | | | outpatient | | | 2765 | | 723.64 | Horizon | NJ Health | 65.77 | | | | 65.77 | 2626.75 | fee schedule | |
| HC BIOPSY;ANTERIOR 2/3 TONGUE | 41100 | CPT | | | | outpatient | | | 2765 | | 723.64 | Qualcare | Qualcare | 2073.75 | 75 | | | 65.77 | 2626.75 | percent of total billed charges | |
| HC BIOPSY;ANTERIOR 2/3 TONGUE | 41100 | CPT | | | | outpatient | | | 2765 | | 723.64 | Aetna | Medicare | 629.25 | | | | 65.77 | 2626.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY;ANTERIOR 2/3 TONGUE | 41100 | CPT | | | | outpatient | | | 2765 | | 723.64 | United | CommercialPPO | 1782 | | | | 65.77 | 2626.75 | case rate | |
| HC BIOPSY;ANTERIOR 2/3 TONGUE | 41100 | CPT | | | | outpatient | | | 2765 | | 723.64 | Managed Care Inc | Managed Care Inc | 2488.5 | 90 | | | 65.77 | 2626.75 | percent of total billed charges | |
| HC BIOPSY;ANTERIOR 2/3 TONGUE | 41100 | CPT | | | | outpatient | | | 2765 | | 723.64 | Wellcare | Medicare | 629.25 | | | | 65.77 | 2626.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY;ANTERIOR 2/3 TONGUE | 41100 | CPT | | | | outpatient | | | 2765 | | 723.64 | Americare | Americare | 2073.75 | 75 | | | 65.77 | 2626.75 | percent of total billed charges | |
| HC BIOPSY;ANTERIOR 2/3 TONGUE | 41100 | CPT | | | | outpatient | | | 2765 | | 723.64 | United | Oxford | 1782 | | | | 65.77 | 2626.75 | case rate | |
| HC BIOPSY;ANTERIOR 2/3 TONGUE | 41100 | CPT | | | | outpatient | | | 2765 | | 723.64 | Three Rivers | Three Rivers | 2626.75 | 95 | | | 65.77 | 2626.75 | percent of total billed charges | |
| HC BIOPSY;ANTERIOR 2/3 TONGUE | 41100 | CPT | | | | outpatient | | | 2765 | | 723.64 | Wellcare | Medicaid | 872.36 | 31.55 | | | 65.77 | 2626.75 | percent of total billed charges | |
| HC BIOPSY;ANTERIOR 2/3 TONGUE | 41100 | CPT | | | | outpatient | | | 2765 | | 723.64 | Horizon | MGD | 1217.6 | | | | 65.77 | 2626.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY;ANTERIOR 2/3 TONGUE | 41100 | CPT | | | | outpatient | | | 2765 | | 723.64 | UHC | Medicare | 629.25 | | | | 65.77 | 2626.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY;POSTERIOR 1/3 TONGUE | 41105 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Aetna | Better Health | 3270.79 | 31.55 | | | 105.97 | 9848.65 | percent of total billed charges | |
| HC BIOPSY;POSTERIOR 1/3 TONGUE | 41105 | CPT | | | | outpatient | | | 10367 | | 4234.52 | First Trenton | First Trenton | 9330.3 | 90 | | | 105.97 | 9848.65 | percent of total billed charges | |
| HC BIOPSY;POSTERIOR 1/3 TONGUE | 41105 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Aetna | Commercial | 6009.33 | | | | 105.97 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY;POSTERIOR 1/3 TONGUE | 41105 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Multiplan | Multiplan | 8293.6 | 80 | | | 105.97 | 9848.65 | percent of total billed charges | |
| HC BIOPSY;POSTERIOR 1/3 TONGUE | 41105 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Aetna | Medicare | 3682.19 | | | | 105.97 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY;POSTERIOR 1/3 TONGUE | 41105 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Amerihealth | HMO/PPO | 550 | | | | 105.97 | 9848.65 | fee schedule | |
| HC BIOPSY;POSTERIOR 1/3 TONGUE | 41105 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Horizon | Indemnity | 7125.04 | | | | 105.97 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY;POSTERIOR 1/3 TONGUE | 41105 | CPT | | | | outpatient | | | 10367 | | 4234.52 | UHC | Medicaid | 3270.79 | 31.55 | | | 105.97 | 9848.65 | percent of total billed charges | |
| HC BIOPSY;POSTERIOR 1/3 TONGUE | 41105 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Americare | Americare | 7775.25 | 75 | | | 105.97 | 9848.65 | percent of total billed charges | |
| HC BIOPSY;POSTERIOR 1/3 TONGUE | 41105 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Horizon | PPO | 7125.04 | | | | 105.97 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY;POSTERIOR 1/3 TONGUE | 41105 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Horizon | Medicare Blue | 3682.19 | | | | 105.97 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY;POSTERIOR 1/3 TONGUE | 41105 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Qualcare | Qualcare | 7775.25 | 75 | | | 105.97 | 9848.65 | percent of total billed charges | |
| HC BIOPSY;POSTERIOR 1/3 TONGUE | 41105 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Consumer | Consumer | 9848.65 | 95 | | | 105.97 | 9848.65 | percent of total billed charges | |
| HC BIOPSY;POSTERIOR 1/3 TONGUE | 41105 | CPT | | | | outpatient | | | 10367 | | 4234.52 | First Health | First Health | 7256.9 | 70 | | | 105.97 | 9848.65 | percent of total billed charges | |
| HC BIOPSY;POSTERIOR 1/3 TONGUE | 41105 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Horizon | NJ Health | 105.97 | | | | 105.97 | 9848.65 | fee schedule | |
| HC BIOPSY;POSTERIOR 1/3 TONGUE | 41105 | CPT | | | | outpatient | | | 10367 | | 4234.52 | UHC | Medicare | 3682.19 | | | | 105.97 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY;POSTERIOR 1/3 TONGUE | 41105 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Corrections | Corrections | 8293.6 | 80 | | | 105.97 | 9848.65 | percent of total billed charges | |
| HC BIOPSY;POSTERIOR 1/3 TONGUE | 41105 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Managed Care Inc | Managed Care Inc | 9330.3 | 90 | | | 105.97 | 9848.65 | percent of total billed charges | |
| HC BIOPSY;POSTERIOR 1/3 TONGUE | 41105 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Three Rivers | Three Rivers | 9848.65 | 95 | | | 105.97 | 9848.65 | percent of total billed charges | |
| HC BIOPSY;POSTERIOR 1/3 TONGUE | 41105 | CPT | | | | outpatient | | | 10367 | | 4234.52 | United | CommercialPPO | 2493 | | | | 105.97 | 9848.65 | case rate | |
| HC BIOPSY;POSTERIOR 1/3 TONGUE | 41105 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Horizon | MGD | 7125.04 | | | | 105.97 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY;POSTERIOR 1/3 TONGUE | 41105 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Wellcare | Medicaid | 3270.79 | 31.55 | | | 105.97 | 9848.65 | percent of total billed charges | |
| HC BIOPSY;POSTERIOR 1/3 TONGUE | 41105 | CPT | | | | outpatient | | | 10367 | | 4234.52 | United | Oxford | 2493 | | | | 105.97 | 9848.65 | case rate | |
| HC BIOPSY;POSTERIOR 1/3 TONGUE | 41105 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Wellcare | Medicare | 3682.19 | | | | 105.97 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY;POSTERIOR 1/3 TONGUE | 41105 | CPT | | | | outpatient | | | 10367 | | 4234.52 | WellPoint | WellPoint | 3336.1 | 32.18 | | | 105.97 | 9848.65 | percent of total billed charges | |
| HC EXC LING FREN-FRENECTOMY | 41115 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Corrections | Corrections | 4047.2 | 80 | | | 116.93 | 4806.05 | percent of total billed charges | |
| HC EXC LING FREN-FRENECTOMY | 41115 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Americare | Americare | 3794.25 | 75 | | | 116.93 | 4806.05 | percent of total billed charges | |
| HC EXC LING FREN-FRENECTOMY | 41115 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Aetna | Medicare | 1744.15 | | | | 116.93 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC LING FREN-FRENECTOMY | 41115 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Aetna | Commercial | 2846.45 | | | | 116.93 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC LING FREN-FRENECTOMY | 41115 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Three Rivers | Three Rivers | 4806.05 | 95 | | | 116.93 | 4806.05 | percent of total billed charges | |
| HC EXC LING FREN-FRENECTOMY | 41115 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Consumer | Consumer | 4806.05 | 95 | | | 116.93 | 4806.05 | percent of total billed charges | |
| HC EXC LING FREN-FRENECTOMY | 41115 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Aetna | Better Health | 1596.11 | 31.55 | | | 116.93 | 4806.05 | percent of total billed charges | |
| HC EXC LING FREN-FRENECTOMY | 41115 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Qualcare | Qualcare | 3794.25 | 75 | | | 116.93 | 4806.05 | percent of total billed charges | |
| HC EXC LING FREN-FRENECTOMY | 41115 | CPT | | | | outpatient | | | 5059 | | 2005.77 | First Trenton | First Trenton | 4553.1 | 90 | | | 116.93 | 4806.05 | percent of total billed charges | |
| HC EXC LING FREN-FRENECTOMY | 41115 | CPT | | | | outpatient | | | 5059 | | 2005.77 | United | Oxford | 2493 | | | | 116.93 | 4806.05 | case rate | |
| HC EXC LING FREN-FRENECTOMY | 41115 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Amerihealth | HMO/PPO | 300 | | | | 116.93 | 4806.05 | fee schedule | |
| HC EXC LING FREN-FRENECTOMY | 41115 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Multiplan | Multiplan | 4047.2 | 80 | | | 116.93 | 4806.05 | percent of total billed charges | |
| HC EXC LING FREN-FRENECTOMY | 41115 | CPT | | | | outpatient | | | 5059 | | 2005.77 | UHC | Medicaid | 1596.11 | 31.55 | | | 116.93 | 4806.05 | percent of total billed charges | |
| HC EXC LING FREN-FRENECTOMY | 41115 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Wellcare | Medicaid | 1596.11 | 31.55 | | 1422.92 | 116.93 | 4806.05 | percent of total billed charges | |
| HC EXC LING FREN-FRENECTOMY | 41115 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Horizon | Medicare Blue | 1744.15 | | | | 116.93 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC LING FREN-FRENECTOMY | 41115 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Wellcare | Medicare | 1744.15 | | | | 116.93 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC LING FREN-FRENECTOMY | 41115 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Horizon | Indemnity | 3374.93 | | | | 116.93 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC LING FREN-FRENECTOMY | 41115 | CPT | | | | outpatient | | | 5059 | | 2005.77 | First Health | First Health | 3541.3 | 70 | | | 116.93 | 4806.05 | percent of total billed charges | |
| HC EXC LING FREN-FRENECTOMY | 41115 | CPT | | | | outpatient | | | 5059 | | 2005.77 | United | CommercialPPO | 2493 | | | | 116.93 | 4806.05 | case rate | |
| HC EXC LING FREN-FRENECTOMY | 41115 | CPT | | | | outpatient | | | 5059 | | 2005.77 | WellPoint | WellPoint | 1627.99 | 32.18 | | | 116.93 | 4806.05 | percent of total billed charges | |
| HC EXC LING FREN-FRENECTOMY | 41115 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Horizon | NJ Health | 116.93 | | | | 116.93 | 4806.05 | fee schedule | |
| HC EXC LING FREN-FRENECTOMY | 41115 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Horizon | MGD | 3374.93 | | | | 116.93 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC LING FREN-FRENECTOMY | 41115 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Horizon | PPO | 3374.93 | | | | 116.93 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC LING FREN-FRENECTOMY | 41115 | CPT | | | | outpatient | | | 5059 | | 2005.77 | UHC | Medicare | 1744.15 | | | | 116.93 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC LING FREN-FRENECTOMY | 41115 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Managed Care Inc | Managed Care Inc | 4553.1 | 90 | | | 116.93 | 4806.05 | percent of total billed charges | |
| HC RPR 2.5CM MOUTH TONGUE | 41250 | CPT | | | | outpatient | | | 2926 | | 524.04 | Corrections | Corrections | 2340.8 | 80 | | | 131.54 | 2779.7 | percent of total billed charges | |
| HC RPR 2.5CM MOUTH TONGUE | 41250 | CPT | | | | outpatient | | | 2926 | | 524.04 | Americare | Americare | 2194.5 | 75 | | | 131.54 | 2779.7 | percent of total billed charges | |
| HC RPR 2.5CM MOUTH TONGUE | 41250 | CPT | | | | outpatient | | | 2926 | | 524.04 | Amerihealth | HMO/PPO | 550 | | | | 131.54 | 2779.7 | fee schedule | |
| HC RPR 2.5CM MOUTH TONGUE | 41250 | CPT | | | | outpatient | | | 2926 | | 524.04 | Horizon | PPO | 881.76 | | | | 131.54 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR 2.5CM MOUTH TONGUE | 41250 | CPT | | | | outpatient | | | 2926 | | 524.04 | Aetna | Better Health | 923.15 | 31.55 | | | 131.54 | 2779.7 | percent of total billed charges | |
| HC RPR 2.5CM MOUTH TONGUE | 41250 | CPT | | | | outpatient | | | 2926 | | 524.04 | Aetna | Commercial | 743.69 | | | | 131.54 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR 2.5CM MOUTH TONGUE | 41250 | CPT | | | | outpatient | | | 2926 | | 524.04 | First Health | First Health | 2048.2 | 70 | | | 131.54 | 2779.7 | percent of total billed charges | |
| HC RPR 2.5CM MOUTH TONGUE | 41250 | CPT | | | | outpatient | | | 2926 | | 524.04 | First Trenton | First Trenton | 2633.4 | 90 | | | 131.54 | 2779.7 | percent of total billed charges | |
| HC RPR 2.5CM MOUTH TONGUE | 41250 | CPT | | | | outpatient | | | 2926 | | 524.04 | Horizon | Medicare Blue | 455.69 | | | | 131.54 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR 2.5CM MOUTH TONGUE | 41250 | CPT | | | | outpatient | | | 2926 | | 524.04 | Consumer | Consumer | 2779.7 | 95 | | | 131.54 | 2779.7 | percent of total billed charges | |
| HC RPR 2.5CM MOUTH TONGUE | 41250 | CPT | | | | outpatient | | | 2926 | | 524.04 | Horizon | Indemnity | 881.76 | | | | 131.54 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR 2.5CM MOUTH TONGUE | 41250 | CPT | | | | outpatient | | | 2926 | | 524.04 | UHC | Medicare | 455.69 | | | | 131.54 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR 2.5CM MOUTH TONGUE | 41250 | CPT | | | | outpatient | | | 2926 | | 524.04 | Wellcare | Medicare | 455.69 | | | | 131.54 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR 2.5CM MOUTH TONGUE | 41250 | CPT | | | | outpatient | | | 2926 | | 524.04 | Aetna | Medicare | 455.69 | | | | 131.54 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR 2.5CM MOUTH TONGUE | 41250 | CPT | | | | outpatient | | | 2926 | | 524.04 | UHC | Medicaid | 923.15 | 31.55 | | | 131.54 | 2779.7 | percent of total billed charges | |
| HC RPR 2.5CM MOUTH TONGUE | 41250 | CPT | | | | outpatient | | | 2926 | | 524.04 | Managed Care Inc | Managed Care Inc | 2633.4 | 90 | | | 131.54 | 2779.7 | percent of total billed charges | |
| HC RPR 2.5CM MOUTH TONGUE | 41250 | CPT | | | | outpatient | | | 2926 | | 524.04 | United | CommercialPPO | 1782 | | | | 131.54 | 2779.7 | case rate | |
| HC RPR 2.5CM MOUTH TONGUE | 41250 | CPT | | | | outpatient | | | 2926 | | 524.04 | Horizon | NJ Health | 131.54 | | | | 131.54 | 2779.7 | fee schedule | |
| HC RPR 2.5CM MOUTH TONGUE | 41250 | CPT | | | | outpatient | | | 2926 | | 524.04 | United | Oxford | 1782 | | | | 131.54 | 2779.7 | case rate | |
| HC RPR 2.5CM MOUTH TONGUE | 41250 | CPT | | | | outpatient | | | 2926 | | 524.04 | WellPoint | WellPoint | 941.59 | 32.18 | | | 131.54 | 2779.7 | percent of total billed charges | |
| HC RPR 2.5CM MOUTH TONGUE | 41250 | CPT | | | | outpatient | | | 2926 | | 524.04 | Wellcare | Medicaid | 923.15 | 31.55 | | | 131.54 | 2779.7 | percent of total billed charges | |
| HC RPR 2.5CM MOUTH TONGUE | 41250 | CPT | | | | outpatient | | | 2926 | | 524.04 | Horizon | MGD | 881.76 | | | | 131.54 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR 2.5CM MOUTH TONGUE | 41250 | CPT | | | | outpatient | | | 2926 | | 524.04 | Three Rivers | Three Rivers | 2779.7 | 95 | | | 131.54 | 2779.7 | percent of total billed charges | |
| HC RPR 2.5CM MOUTH TONGUE | 41250 | CPT | | | | outpatient | | | 2926 | | 524.04 | Multiplan | Multiplan | 2340.8 | 80 | | | 131.54 | 2779.7 | percent of total billed charges | |
| HC RPR 2.5CM MOUTH TONGUE | 41250 | CPT | | | | outpatient | | | 2926 | | 524.04 | Qualcare | Qualcare | 2194.5 | 75 | | | 131.54 | 2779.7 | percent of total billed charges | |
| HC REP LACERAT TONGUE >2.6CM ORCP | 41252 | CPT | | | | outpatient | | | 1852 | | 321.26 | Aetna | Commercial | 455.92 | | | | 279.36 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REP LACERAT TONGUE >2.6CM ORCP | 41252 | CPT | | | | outpatient | | | 1852 | | 321.26 | First Health | First Health | 1296.4 | 70 | | | 279.36 | 1782 | percent of total billed charges | |
| HC REP LACERAT TONGUE >2.6CM ORCP | 41252 | CPT | | | | outpatient | | | 1852 | | 321.26 | Corrections | Corrections | 1481.6 | 80 | | | 279.36 | 1782 | percent of total billed charges | |
| HC REP LACERAT TONGUE >2.6CM ORCP | 41252 | CPT | | | | outpatient | | | 1852 | | 321.26 | Amerihealth | HMO/PPO | 550 | | | | 279.36 | 1782 | fee schedule | |
| HC REP LACERAT TONGUE >2.6CM ORCP | 41252 | CPT | | | | outpatient | | | 1852 | | 321.26 | Aetna | Medicare | 279.36 | | | | 279.36 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REP LACERAT TONGUE >2.6CM ORCP | 41252 | CPT | | | | outpatient | | | 1852 | | 321.26 | Aetna | Better Health | 584.31 | 31.55 | | | 279.36 | 1782 | percent of total billed charges | |
| HC REP LACERAT TONGUE >2.6CM ORCP | 41252 | CPT | | | | outpatient | | | 1852 | | 321.26 | Americare | Americare | 1389 | 75 | | | 279.36 | 1782 | percent of total billed charges | |
| HC REP LACERAT TONGUE >2.6CM ORCP | 41252 | CPT | | | | outpatient | | | 1852 | | 321.26 | First Trenton | First Trenton | 1666.8 | 90 | | | 279.36 | 1782 | percent of total billed charges | |
| HC REP LACERAT TONGUE >2.6CM ORCP | 41252 | CPT | | | | outpatient | | | 1852 | | 321.26 | Horizon | MGD | 540.56 | | | | 279.36 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REP LACERAT TONGUE >2.6CM ORCP | 41252 | CPT | | | | outpatient | | | 1852 | | 321.26 | Multiplan | Multiplan | 1481.6 | 80 | | | 279.36 | 1782 | percent of total billed charges | |
| HC REP LACERAT TONGUE >2.6CM ORCP | 41252 | CPT | | | | outpatient | | | 1852 | | 321.26 | Consumer | Consumer | 1759.4 | 95 | | | 279.36 | 1782 | percent of total billed charges | |
| HC REP LACERAT TONGUE >2.6CM ORCP | 41252 | CPT | | | | outpatient | | | 1852 | | 321.26 | Horizon | Indemnity | 540.56 | | | | 279.36 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REP LACERAT TONGUE >2.6CM ORCP | 41252 | CPT | | | | outpatient | | | 1852 | | 321.26 | Horizon | NJ Health | 446.31 | | | | 279.36 | 1782 | fee schedule | |
| HC REP LACERAT TONGUE >2.6CM ORCP | 41252 | CPT | | | | outpatient | | | 1852 | | 321.26 | Horizon | PPO | 540.56 | | | | 279.36 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REP LACERAT TONGUE >2.6CM ORCP | 41252 | CPT | | | | outpatient | | | 1852 | | 321.26 | Three Rivers | Three Rivers | 1759.4 | 95 | | | 279.36 | 1782 | percent of total billed charges | |
| HC REP LACERAT TONGUE >2.6CM ORCP | 41252 | CPT | | | | outpatient | | | 1852 | | 321.26 | Horizon | Medicare Blue | 279.36 | | | | 279.36 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REP LACERAT TONGUE >2.6CM ORCP | 41252 | CPT | | | | outpatient | | | 1852 | | 321.26 | Qualcare | Qualcare | 1389 | 75 | | | 279.36 | 1782 | percent of total billed charges | |
| HC REP LACERAT TONGUE >2.6CM ORCP | 41252 | CPT | | | | outpatient | | | 1852 | | 321.26 | UHC | Medicaid | 584.31 | 31.55 | | | 279.36 | 1782 | percent of total billed charges | |
| HC REP LACERAT TONGUE >2.6CM ORCP | 41252 | CPT | | | | outpatient | | | 1852 | | 321.26 | UHC | Medicare | 279.36 | | | | 279.36 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REP LACERAT TONGUE >2.6CM ORCP | 41252 | CPT | | | | outpatient | | | 1852 | | 321.26 | Managed Care Inc | Managed Care Inc | 1666.8 | 90 | | | 279.36 | 1782 | percent of total billed charges | |
| HC REP LACERAT TONGUE >2.6CM ORCP | 41252 | CPT | | | | outpatient | | | 1852 | | 321.26 | Wellcare | Medicare | 279.36 | | | | 279.36 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REP LACERAT TONGUE >2.6CM ORCP | 41252 | CPT | | | | outpatient | | | 1852 | | 321.26 | United | CommercialPPO | 1782 | | | | 279.36 | 1782 | case rate | |
| HC REP LACERAT TONGUE >2.6CM ORCP | 41252 | CPT | | | | outpatient | | | 1852 | | 321.26 | WellPoint | WellPoint | 595.97 | 32.18 | | | 279.36 | 1782 | percent of total billed charges | |
| HC REP LACERAT TONGUE >2.6CM ORCP | 41252 | CPT | | | | outpatient | | | 1852 | | 321.26 | United | Oxford | 1782 | | | | 279.36 | 1782 | case rate | |
| HC REP LACERAT TONGUE >2.6CM ORCP | 41252 | CPT | | | | outpatient | | | 1852 | | 321.26 | Wellcare | Medicaid | 584.31 | 31.55 | | | 279.36 | 1782 | percent of total billed charges | |
| HC UNLISTED PROC TONGUE MOUTH F | 41599 | CPT | | | | outpatient | | | 847 | | 321.26 | Qualcare | Qualcare | 635.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC UNLISTED PROC TONGUE MOUTH F | 41599 | CPT | | | | outpatient | | | 847 | | 321.26 | Aetna | Commercial | 321.86 | 38 | | | 125 | 1782 | percent of total billed charges | |
| HC UNLISTED PROC TONGUE MOUTH F | 41599 | CPT | | | | outpatient | | | 847 | | 321.26 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC UNLISTED PROC TONGUE MOUTH F | 41599 | CPT | | | | outpatient | | | 847 | | 321.26 | Aetna | Better Health | 267.23 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC UNLISTED PROC TONGUE MOUTH F | 41599 | CPT | | | | outpatient | | | 847 | | 321.26 | First Trenton | First Trenton | 762.3 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC UNLISTED PROC TONGUE MOUTH F | 41599 | CPT | | | | outpatient | | | 847 | | 321.26 | Horizon | Medicare Blue | 279.36 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC TONGUE MOUTH F | 41599 | CPT | | | | outpatient | | | 847 | | 321.26 | UHC | Medicaid | 267.23 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC UNLISTED PROC TONGUE MOUTH F | 41599 | CPT | | | | outpatient | | | 847 | | 321.26 | Consumer | Consumer | 804.65 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC UNLISTED PROC TONGUE MOUTH F | 41599 | CP

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC UNLISTED PROC TONGUE MOUTH F | 41599 | CPT | | | | outpatient | | | 847 | | 321.26 | First Health | First Health | 592.9 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC UNLISTED PROC TONGUE MOUTH F | 41599 | CPT | | | | outpatient | | | 847 | | 321.26 | Corrections | Corrections | 677.6 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC UNLISTED PROC TONGUE MOUTH F | 41599 | CPT | | | | outpatient | | | 847 | | 321.26 | Horizon | PPO | 540.56 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC TONGUE MOUTH F | 41599 | CPT | | | | outpatient | | | 847 | | 321.26 | Americare | Americare | 635.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC UNLISTED PROC TONGUE MOUTH F | 41599 | CPT | | | | outpatient | | | 847 | | 321.26 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC UNLISTED PROC TONGUE MOUTH F | 41599 | CPT | | | | outpatient | | | 847 | | 321.26 | Horizon | MGD | 540.56 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC TONGUE MOUTH F | 41599 | CPT | | | | outpatient | | | 847 | | 321.26 | Managed Care Inc | Managed Care Inc | 762.3 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC UNLISTED PROC TONGUE MOUTH F | 41599 | CPT | | | | outpatient | | | 847 | | 321.26 | Multiplan | Multiplan | 677.6 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC UNLISTED PROC TONGUE MOUTH F | 41599 | CPT | | | | outpatient | | | 847 | | 321.26 | Wellcare | Medicaid | 267.23 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC UNLISTED PROC TONGUE MOUTH F | 41599 | CPT | | | | outpatient | | | 847 | | 321.26 | Three Rivers | Three Rivers | 804.65 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC UNLISTED PROC TONGUE MOUTH F | 41599 | CPT | | | | outpatient | | | 847 | | 321.26 | UHC | Medicare | 279.36 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC TONGUE MOUTH F | 41599 | CPT | | | | outpatient | | | 847 | | 321.26 | Wellcare | Medicare | 279.36 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC TONGUE MOUTH F | 41599 | CPT | | | | outpatient | | | 847 | | 321.26 | United | CommercialPPO | 1782 | | | | 125 | 1782 | case rate | |
| HC UNLISTED PROC TONGUE MOUTH F | 41599 | CPT | | | | outpatient | | | 847 | | 321.26 | WellPoint | WellPoint | 272.56 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC DRAINAGE ABSCESS/CYST/HEMATOMA FR DENTOALVEOLAR, GUM LESION | 41800 | CPT | | | | outpatient | | | 424 | | 168 | Aetna | Medicare | 146.09 | | | | 65.77 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE ABSCESS/CYST/HEMATOMA FR DENTOALVEOLAR, GUM LESION | 41800 | CPT | | | | outpatient | | | 424 | | 168 | Aetna | Commercial | 238.42 | | | | 65.77 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE ABSCESS/CYST/HEMATOMA FR DENTOALVEOLAR, GUM LESION | 41800 | CPT | | | | outpatient | | | 424 | | 168 | Amerihealth | HMO/PPO | 125 | | | | 65.77 | 1782 | fee schedule | |
| HC DRAINAGE ABSCESS/CYST/HEMATOMA FR DENTOALVEOLAR, GUM LESION | 41800 | CPT | | | | outpatient | | | 424 | | 168 | Corrections | Corrections | 339.2 | 80 | | | 65.77 | 1782 | percent of total billed charges | |
| HC DRAINAGE ABSCESS/CYST/HEMATOMA FR DENTOALVEOLAR, GUM LESION | 41800 | CPT | | | | outpatient | | | 424 | | 168 | Horizon | Medicare Blue | 146.09 | | | 53.81 | 65.77 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE ABSCESS/CYST/HEMATOMA FR DENTOALVEOLAR, GUM LESION | 41800 | CPT | | | | outpatient | | | 424 | | 168 | UHC | Medicare | 146.09 | | | | 65.77 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE ABSCESS/CYST/HEMATOMA FR DENTOALVEOLAR, GUM LESION | 41800 | CPT | | | | outpatient | | | 424 | | 168 | Horizon | MGD | 282.68 | | | | 65.77 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE ABSCESS/CYST/HEMATOMA FR DENTOALVEOLAR, GUM LESION | 41800 | CPT | | | | outpatient | | | 424 | | 168 | Aetna | Better Health | 133.77 | 31.55 | | 47.76 | 65.77 | 1782 | percent of total billed charges | |
| HC DRAINAGE ABSCESS/CYST/HEMATOMA FR DENTOALVEOLAR, GUM LESION | 41800 | CPT | | | | outpatient | | | 424 | | 168 | First Health | First Health | 296.8 | 70 | | | 65.77 | 1782 | percent of total billed charges | |
| HC DRAINAGE ABSCESS/CYST/HEMATOMA FR DENTOALVEOLAR, GUM LESION | 41800 | CPT | | | | outpatient | | | 424 | | 168 | Americare | Americare | 318 | 75 | | | 65.77 | 1782 | percent of total billed charges | |
| HC DRAINAGE ABSCESS/CYST/HEMATOMA FR DENTOALVEOLAR, GUM LESION | 41800 | CPT | | | | outpatient | | | 424 | | 168 | Horizon | NJ Health | 65.77 | | | 26.14 | 65.77 | 1782 | fee schedule | |
| HC DRAINAGE ABSCESS/CYST/HEMATOMA FR DENTOALVEOLAR, GUM LESION | 41800 | CPT | | | | outpatient | | | 424 | | 168 | Wellcare | Medicare | 146.09 | | | | 65.77 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE ABSCESS/CYST/HEMATOMA FR DENTOALVEOLAR, GUM LESION | 41800 | CPT | | | | outpatient | | | 424 | | 168 | Multiplan | Multiplan | 339.2 | 80 | | | 65.77 | 1782 | percent of total billed charges | |
| HC DRAINAGE ABSCESS/CYST/HEMATOMA FR DENTOALVEOLAR, GUM LESION | 41800 | CPT | | | | outpatient | | | 424 | | 168 | Wellcare | Medicaid | 133.77 | 31.55 | | | 65.77 | 1782 | percent of total billed charges | |
| HC DRAINAGE ABSCESS/CYST/HEMATOMA FR DENTOALVEOLAR, GUM LESION | 41800 | CPT | | | | outpatient | | | 424 | | 168 | Qualcare | Qualcare | 318 | 75 | | | 65.77 | 1782 | percent of total billed charges | |
| HC DRAINAGE ABSCESS/CYST/HEMATOMA FR DENTOALVEOLAR, GUM LESION | 41800 | CPT | | | | outpatient | | | 424 | | 168 | Consumer | Consumer | 402.8 | 95 | | | 65.77 | 1782 | percent of total billed charges | |
| HC DRAINAGE ABSCESS/CYST/HEMATOMA FR DENTOALVEOLAR, GUM LESION | 41800 | CPT | | | | outpatient | | | 424 | | 168 | United | CommercialPPO | 1782 | | | 5.16 | 65.77 | 1782 | case rate | |
| HC DRAINAGE ABSCESS/CYST/HEMATOMA FR DENTOALVEOLAR, GUM LESION | 41800 | CPT | | | | outpatient | | | 424 | | 168 | Three Rivers | Three Rivers | 402.8 | 95 | | | 65.77 | 1782 | percent of total billed charges | |
| HC DRAINAGE ABSCESS/CYST/HEMATOMA FR DENTOALVEOLAR, GUM LESION | 41800 | CPT | | | | outpatient | | | 424 | | 168 | WellPoint | WellPoint | 136.44 | 32.18 | | | 65.77 | 1782 | percent of total billed charges | |
| HC DRAINAGE ABSCESS/CYST/HEMATOMA FR DENTOALVEOLAR, GUM LESION | 41800 | CPT | | | | outpatient | | | 424 | | 168 | UHC | Medicaid | 133.77 | 31.55 | | 34.2 | 65.77 | 1782 | percent of total billed charges | |
| HC DRAINAGE ABSCESS/CYST/HEMATOMA FR DENTOALVEOLAR, GUM LESION | 41800 | CPT | | | | outpatient | | | 424 | | 168 | First Trenton | First Trenton | 381.6 | 90 | | | 65.77 | 1782 | percent of total billed charges | |
| HC DRAINAGE ABSCESS/CYST/HEMATOMA FR DENTOALVEOLAR, GUM LESION | 41800 | CPT | | | | outpatient | | | 424 | | 168 | Horizon | Indemnity | 282.68 | | | | 65.77 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE ABSCESS/CYST/HEMATOMA FR DENTOALVEOLAR, GUM LESION | 41800 | CPT | | | | outpatient | | | 424 | | 168 | Horizon | PPO | 282.68 | | | | 65.77 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE ABSCESS/CYST/HEMATOMA FR DENTOALVEOLAR, GUM LESION | 41800 | CPT | | | | outpatient | | | 424 | | 168 | Managed Care Inc | Managed Care Inc | 381.6 | 90 | | | 65.77 | 1782 | percent of total billed charges | |
| HC DRAINAGE ABSCESS/CYST/HEMATOMA FR DENTOALVEOLAR, GUM LESION | 41800 | CPT | | | | outpatient | | | 424 | | 168 | United | Oxford | 1782 | | | | 65.77 | 1782 | case rate | |
| HC REMOVAL EXOSTOSIS PER SITE | 41822 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Aetna | Commercial | 2846.45 | | | | 113.69 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL EXOSTOSIS PER SITE | 41822 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Aetna | Better Health | 1596.11 | 31.55 | | | 113.69 | 4806.05 | percent of total billed charges | |
| HC REMOVAL EXOSTOSIS PER SITE | 41822 | CPT | | | | outpatient | | | 5059 | | 2005.77 | First Trenton | First Trenton | 4583.1 | 90 | | | 113.69 | 4806.05 | percent of total billed charges | |
| HC REMOVAL EXOSTOSIS PER SITE | 41822 | CPT | | | | outpatient | | | 5059 | | 2005.77 | First Health | First Health | 3541.3 | 70 | | | 113.69 | 4806.05 | percent of total billed charges | |
| HC REMOVAL EXOSTOSIS PER SITE | 41822 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Horizon | Medicare Blue | 1744.15 | | | | 113.69 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL EXOSTOSIS PER SITE | 41822 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Aetna | Medicare | 1744.15 | | | | 113.69 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL EXOSTOSIS PER SITE | 41822 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Amerihealth | HMO/PPO | 300 | | | | 113.69 | 4806.05 | fee schedule | |
| HC REMOVAL EXOSTOSIS PER SITE | 41822 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Corrections | Corrections | 4047.2 | 80 | | | 113.69 | 4806.05 | percent of total billed charges | |
| HC REMOVAL EXOSTOSIS PER SITE | 41822 | CPT | | | | outpatient | | | 5059 | | 2005.77 | UHC | Medicare | 1744.15 | | | | 113.69 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL EXOSTOSIS PER SITE | 41822 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Americare | Americare | 3794.25 | 75 | | | 113.69 | 4806.05 | percent of total billed charges | |
| HC REMOVAL EXOSTOSIS PER SITE | 41822 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Horizon | NJ Health | 113.69 | | | | 113.69 | 4806.05 | fee schedule | |
| HC REMOVAL EXOSTOSIS PER SITE | 41822 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Multiplan | Multiplan | 4047.2 | 80 | | | 113.69 | 4806.05 | percent of total billed charges | |
| HC REMOVAL EXOSTOSIS PER SITE | 41822 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Wellcare | Medicaid | 1596.11 | 31.55 | | | 113.69 | 4806.05 | percent of total billed charges | |
| HC REMOVAL EXOSTOSIS PER SITE | 41822 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Horizon | MGD | 3374.93 | | | | 113.69 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL EXOSTOSIS PER SITE | 41822 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Managed Care Inc | Managed Care Inc | 4583.1 | 90 | | | 113.69 | 4806.05 | percent of total billed charges | |
| HC REMOVAL EXOSTOSIS PER SITE | 41822 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Horizon | Indemnity | 3374.93 | | | | 113.69 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL EXOSTOSIS PER SITE | 41822 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Three Rivers | Three Rivers | 4806.05 | 95 | | | 113.69 | 4806.05 | percent of total billed charges | |
| HC REMOVAL EXOSTOSIS PER SITE | 41822 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Consumer | Consumer | 4806.05 | 95 | | | 113.69 | 4806.05 | percent of total billed charges | |
| HC REMOVAL EXOSTOSIS PER SITE | 41822 | CPT | | | | outpatient | | | 5059 | | 2005.77 | United | Oxford | 2493 | | | | 113.69 | 4806.05 | case rate | |
| HC REMOVAL EXOSTOSIS PER SITE | 41822 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Qualcare | Qualcare | 3794.25 | 75 | | | 113.69 | 4806.05 | percent of total billed charges | |
| HC REMOVAL EXOSTOSIS PER SITE | 41822 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Wellcare | Medicare | 1744.15 | | | | 113.69 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL EXOSTOSIS PER SITE | 41822 | CPT | | | | outpatient | | | 5059 | | 2005.77 | Horizon | PPO | 3374.93 | | | | 113.69 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL EXOSTOSIS PER SITE | 41822 | CPT | | | | outpatient | | | 5059 | | 2005.77 | UHC | Medicaid | 1596.11 | 31.55 | | | 113.69 | 4806.05 | percent of total billed charges | |
| HC REMOVAL EXOSTOSIS PER SITE | 41822 | CPT | | | | outpatient | | | 5059 | | 2005.77 | United | CommercialPPO | 2493 | | | | 113.69 | 4806.05 | case rate | |
| HC REMOVAL EXOSTOSIS PER SITE | 41822 | CPT | | | | outpatient | | | 5059 | | 2005.77 | WellPoint | WellPoint | 1627.99 | 32.18 | | | 113.69 | 4806.05 | percent of total billed charges | |
| HC REM ODONTO CYST-LESION<1.25CM | 41825 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Aetna | Commercial | 6009.33 | | | | 113.69 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM ODONTO CYST-LESION<1.25CM | 41825 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Americare | Americare | 7775.25 | 75 | | | 113.69 | 9848.65 | percent of total billed charges | |
| HC REM ODONTO CYST-LESION<1.25CM | 41825 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Consumer | Consumer | 9848.65 | 95 | | | 113.69 | 9848.65 | percent of total billed charges | |
| HC REM ODONTO CYST-LESION<1.25CM | 41825 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Aetna | Better Health | 3270.79 | 31.55 | | | 113.69 | 9848.65 | percent of total billed charges | |
| HC REM ODONTO CYST-LESION<1.25CM | 41825 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Aetna | Medicare | 3682.19 | | | | 113.69 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM ODONTO CYST-LESION<1.25CM | 41825 | CPT | | | | outpatient | | | 10367 | | 4234.52 | First Trenton | First Trenton | 9330.3 | 90 | | | 113.69 | 9848.65 | percent of total billed charges | |
| HC REM ODONTO CYST-LESION<1.25CM | 41825 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Horizon | MGD | 7125.04 | | | | 113.69 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM ODONTO CYST-LESION<1.25CM | 41825 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Amerihealth | HMO/PPO | 300 | | | 2274.57 | 113.69 | 9848.65 | fee schedule | |
| HC REM ODONTO CYST-LESION<1.25CM | 41825 | CPT | | | | outpatient | | | 10367 | | 4234.52 | UHC | Medicare | 3682.19 | | | | 113.69 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM ODONTO CYST-LESION<1.25CM | 41825 | CPT | | | | outpatient | | | 10367 | | 4234.52 | UHC | Medicaid | 3270.79 | 31.55 | | | 113.69 | 9848.65 | percent of total billed charges | |
| HC REM ODONTO CYST-LESION<1.25CM | 41825 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Corrections | Corrections | 8293.6 | 80 | | | 113.69 | 9848.65 | percent of total billed charges | |
| HC REM ODONTO CYST-LESION<1.25CM | 41825 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Horizon | Indemnity | 7125.04 | | | | 113.69 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM ODONTO CYST-LESION<1.25CM | 41825 | CPT | | | | outpatient | | | 10367 | | 4234.52 | First Health | First Health | 7256.9 | 70 | | | 113.69 | 9848.65 | percent of total billed charges | |
| HC REM ODONTO CYST-LESION<1.25CM | 41825 | CPT | | | | outpatient | | | 10367 | | 4234.52 | United | CommercialPPO | 2493 | | | | 113.69 | 9848.65 | case rate | |
| HC REM ODONTO CYST-LESION<1.25CM | 41825 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Horizon | PPO | 7125.04 | | | | 113.69 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM ODONTO CYST-LESION<1.25CM | 41825 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Horizon | Medicare Blue | 3682.19 | | | | 113.69 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM ODONTO CYST-LESION<1.25CM | 41825 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Multiplan | Multiplan | 8293.6 | 80 | | | 113.69 | 9848.65 | percent of total billed charges | |
| HC REM ODONTO CYST-LESION<1.25CM | 41825 | CPT | | | | outpatient | | | 10367 | | 4234.52 | United | Oxford | 2493 | | | | 113.69 | 9848.65 | case rate | |
| HC REM ODONTO CYST-LESION<1.25CM | 41825 | CPT | | | | outpatient | | | 10367 | | 4234.52 | WellPoint | WellPoint | 3336.1 | 32.18 | | | 113.69 | 9848.65 | percent of total billed charges | |
| HC REM ODONTO CYST-LESION<1.25CM | 41825 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Horizon | NJ Health | 113.69 | | | | 113.69 | 9848.65 | fee schedule | |
| HC REM ODONTO CYST-LESION<1.25CM | 41825 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Qualcare | Qualcare | 7775.25 | 75 | | | 113.69 | 9848.65 | percent of total billed charges | |
| HC REM ODONTO CYST-LESION<1.25CM | 41825 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Wellcare | Medicaid | 3270.79 | 31.55 | | | 113.69 | 9848.65 | percent of total billed charges | |
| HC REM ODONTO CYST-LESION<1.25CM | 41825 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Wellcare | Medicare | 3682.19 | | | | 113.69 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM ODONTO CYST-LESION<1.25CM | 41825 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Managed Care Inc | Managed Care Inc | 9330.3 | 90 | | | 113.69 | 9848.65 | percent of total billed charges | |
| HC REM ODONTO CYST-LESION<1.25CM | 41825 | CPT | | | | outpatient | | | 10367 | | 4234.52 | Three Rivers | Three Rivers | 9848.65 | 95 | | | 113.69 | 9848.65 | percent of total billed charges | |
| HC UNLISTED PROC. DENTOALVEOLAR STRUCTURES | 41899 | CPT | | | | outpatient | | | 709.83 | | 321.26 | Consumer | Consumer | 674.34 | 95 | | | 81.35 | 1782 | percent of total billed charges | |
| HC UNLISTED PROC. DENTOALVEOLAR STRUCTURES | 41899 | CPT | | | | outpatient | | | 709.83 | | 321.26 | First Health | First Health | 496.88 | 70 | | | 81.35 | 1782 | percent of total billed charges | |
| HC UNLISTED PROC. DENTOALVEOLAR STRUCTURES | 41899 | CPT | | | | outpatient | | | 709.83 | | 321.26 | Americare | Americare | 532.37 | 75 | | | 81.35 | 1782 | percent of total billed charges | |
| HC UNLISTED PROC. DENTOALVEOLAR STRUCTURES | 41899 | CPT | | | | outpatient | | | 709.83 | | 321.26 | Corrections | Corrections | 567.86 | 80 | | | 81.35 | 1782 | percent of total billed charges | |
| HC UNLISTED PROC. DENTOALVEOLAR STRUCTURES | 41899 | CPT | | | | outpatient | | | 709.83 | | 321.26 | Aetna | Better Health | 223.95 | 31.55 | | | 81.35 | 1782 | percent of total billed charges | |
| HC UNLISTED PROC. DENTOALVEOLAR STRUCTURES | 41899 | CPT | | | | outpatient | | | 709.83 | | 321.26 | Multiplan | Multiplan | 567.86 | 80 | | | 81.35 | 1782 | percent of total billed charges | |
| HC UNLISTED PROC. DENTOALVEOLAR STRUCTURES | 41899 | CPT | | | | outpatient | | | 709.83 | | 321.26 | Aetna | Commercial | 455.92 | | | | 81.35 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC. DENTOALVEOLAR STRUCTURES | 41899 | CPT | | | | outpatient | | | 709.83 | | 321.26 | First Trenton | First Trenton | 638.85 | 90 | | | 81.35 | 1782 | percent of total billed charges | |
| HC UNLISTED PROC. DENTOALVEOLAR STRUCTURES | 41899 | CPT | | | | outpatient | | | 709.83 | | 321.26 | Horizon | Medicare Blue | 279.36 | | | | 81.35 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC. DENTOALVEOLAR STRUCTURES | 41899 | CPT | | | | outpatient | | | 709.83 | | 321.26 | Horizon | Indemnity | 540.56 | | | | 81.35 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC. DENTOALVEOLAR STRUCTURES | 41899 | CPT | | | | outpatient | | | 709.83 | | 321.26 | Amerihealth | HMO/PPO | 300 | | | | 81.35 | 1782 | fee schedule | |
| HC UNLISTED PROC. DENTOALVEOLAR STRUCTURES | 41899 | CPT | | | | outpatient | | | 709.83 | | 321.26 | Managed Care Inc | Managed Care Inc | 638.85 | 90 | | | 81.35 | 1782 | percent of total billed charges | |
| HC UNLISTED PROC. DENTOALVEOLAR STRUCTURES | 41899 | CPT | | | | outpatient | | | 709.83 | | 321.26 | Horizon | MGD | 540.56 | | | | 81.35 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC. DENTOALVEOLAR STRUCTURES | 41899 | CPT | | | | outpatient | | | 709.83 | | 321.26 | Qualcare | Qualcare | 532.37 | 75 | | | 81.35 | 1782 | percent of total billed charges | |
| HC UNLISTED PROC. DENTOALVEOLAR STRUCTURES | 41899 | CPT | | | | outpatient | | | 709.83 | | 321.26 | Aetna | Medicare | 279.36 | | | | 81.35 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC. DENTOALVEOLAR STRUCTURES | 41899 | CPT | | | | outpatient | | | 709.83 | | 321.26 | Three Rivers | Three Rivers | 674.34 | 95 | | | 81.35 | 1782 | percent of total billed charges | |
| HC UNLISTED PROC. DENTOALVEOLAR STRUCTURES | 41899 | CPT | | | | outpatient | | | 709.83 | | 321.26 | Horizon | NJ Health | 81.35 | | | 73.92 | 81.35 | 1782 | fee schedule | |
| HC UNLISTED PROC. DENTOALVEOLAR STRUCTURES | 41899 | CPT | | | | outpatient | | | 709.83 | | 321.26 | United | CommercialPPO | 1782 | | | | 81.35 | 1782 | case rate | |
| HC UNLISTED PROC. DENTOALVEOLAR STRUCTURES | 41899 | CPT | | | | outpatient | | | 709.83 | | 321.26 | Wellcare | Medicaid | 223.95 | 31.55 | | 409.93 | 81.35 | 1782 | percent of total billed charges | |
| HC UNLISTED PROC. DENTOALVEOLAR STRUCTURES | 41899 | CPT | | | | outpatient | | | 709.83 | | 321.26 | Wellcare | Medicare | 279.36 | | | | 81.35 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC. DENTOALVEOLAR STRUCTURES | 41899 | CPT | | | | outpatient | | | 709.83 | | 321.26 | Horizon | PPO | 540.56 | | | | 81.35 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC. DENTOALVEOLAR STRUCTURES | 41899 | CPT | | | | outpatient | | | 709.83 | | 321.26 | UHC | Medicaid | 223.95 | 31.55 | | | 81.35 | 1782 | percent of total billed charges | |
| HC UNLISTED PROC. DENTOALVEOLAR STRUCTURES | 41899 | CPT | | | | outpatient | | | 709.83 | | 321.26 | UHC | Medicare | 279.36 | | | | 81.35 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC. DENTOALVEOLAR STRUCTURES | 41899 | CPT | | | | outpatient | | | 709.83 | | 321.26 | United | Oxford | 1782 | | | | 81.35 | 1782 | case rate | |
| HC UNLISTED PROC. DENTOALVEOLAR STRUCTURES | 41899 | CPT | | | | outpatient | | | 709.83 | | 321.26 | WellPoint | WellPoint | 228.42 | 32.18 | | | 81.35 | 1782 | percent of total billed charges | |
| HC BX PALATE UVULA | 42100 | CPT | | | | outpatient | | | 5210 | | 2005.77 | Americare | Americare | 3907.5 | 75 | | | 65.77 | 4949.5 | percent of total billed charges | |
| HC BX PALATE UVULA | 42100 | CPT | | | | outpatient | | | 5210 | | 2005.77 | Consumer | Consumer | 4949.5 | 95 | | | 65.77 | 4949.5 | percent of total billed charges | |
| HC BX PALATE UVULA | 42100 | CPT | | | | outpatient | | | 5210 | | 2005.77 | Aetna | Better Health | 1643.76 | 31.55 | | | 65.77 | 4949.5 | percent of total billed charges | |
| HC BX PALATE UVULA | 42100 | CPT | | | | outpatient | | | 5210 | | 2005.77 | Aetna | Commercial | 2846.45 | | | | 65.77 | 4949.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX PALATE UVULA | 42100 | CPT | | | | outpatient | | | 5210 | | 2005.77 | First Trenton | First Trenton | 4689 | 90 | | | 65.77 | 4949.5 | percent of total billed charges | |
| HC BX PALATE UVULA | 42100 | CPT | | | | outpatient | | | 5210 | | 2005.77 | Corrections | Corrections | 4168 | 80 | | | 65.77 | 4949.5 | percent of total billed charges | |
| HC BX PALATE UVULA | 42100 | CPT | | | | outpatient | | | 5210 | | 2005.77 | Aetna | Medicare | 1744.15 | | | | 65.77 | 4949.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX PALATE UVULA | 42100 | CPT | | | | outpatient | | | 5210 | | 2005.77 | UHC | Medicare | 1744.15 | | | | 65.77 | 4949.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX PALATE UVULA | 42100 | CPT | | | | outpatient | | | 5210 | | 2005.77 | Amerihealth | HMO/PPO | 550 | | | | 65.77 | 4949.5 | fee schedule | |
| HC BX PALATE UVULA | 42100 | CPT | | | | outpatient | | | 5210 | | 2005.77 | Horizon | NJ Health | 65.77 | | | | 65.77 | 4949.5 | fee schedule | |
| HC BX PALATE UVULA | 42100 | CPT | | | | outpatient | | | 5210 | | 2005.77 | Horizon | PPO | 3374.93 | | | | 65.77 | 4949.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX PALATE UVULA | 42100 | CPT | | | | outpatient | | | 5210 | | 2005.77 | Multiplan | Multiplan | 4168 | 80 | | | 65.77 | 4949.5 | percent of total billed charges | |
| HC BX PALATE UVULA | 42100 | CPT | | | | outpatient | | | 5210 | | 2005.77 | Managed Care Inc | Managed Care Inc | 4689 | 90 | | | 65.77 | 4949.5 | percent of total billed charges | |
| HC BX PALATE UVULA | 42100 | CPT | | | | outpatient | | | 5210 | | 2005.77 | Horizon | Medicare Blue | 1744.15 | | | | 65.77 | 4949.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX PALATE UVULA | 42100 | CPT | | | | outpatient | | | 5210 | | 2005.77 | First Health | First Health | 3647 | 70 | | | 65.77 | 4949.5 | percent of total billed charges | |
| HC BX PALATE UVULA | 42100 | CPT | | | | outpatient | | | 5210 | | 2005.77 | Qualcare | Qualcare | 3907.5 | 75 | | | 65.77 | 4949.5 | percent of total billed charges | |
| HC BX PALATE UVULA | 42100 | CPT | | | | outpatient | | | 5210 | | 2005.77 | Horizon | Indemnity | 3374.93 | | | | 65.77 | 4949.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX PALATE UVULA | 42100 | CPT | | | | outpatient | | | 5210 | | 2005.77 | Three Rivers | Three Rivers | 4949.5 | 95 | | | 65.77 | 4949.5 | percent of total billed charges | |
| HC BX PALATE UVULA | 42100 | CPT | | | | outpatient | | | 5210 | | 2005.77 | WellPoint | WellPoint | 1676.58 | 32.18 | | | 65.77 | 4949.5 | percent of total billed charges | |
| HC BX PALATE UVULA | 42100 | CPT | | | | outpatient | | | 5210 | | 2005.77 | Wellcare | Medicare | 1744.15 | | | | 65.77 | 4949.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX PALATE UVULA | 42100 | CPT | | | | outpatient | | | 5210 | | 2005.77 | UHC | Medicaid | 1643.76 | 31.55 | | | 65.77 | 4949.5 | percent of total billed charges | |
| HC BX PALATE UVULA | 42100 | CPT | | | | outpatient | | | 5210 | | 2005.77 | United | Oxford | 2493 | | | | 65.77 | 4949.5 | case rate | |
| HC BX PALATE UVULA | 42100 | CPT | | | | outpatient | | | 5210 | | 2005.77 | Horizon | MGD | 3374.93 | | | | 65.77 | 4949.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX PALATE UVULA | 42100 | CPT | | | | outpatient | | | 5210 | | 2005.77 | Wellcare | Medicaid | 1643.76 | 31.55 | | | 65.77 | 4949.5 | percent of total billed charges | |
| HC BX PALATE UVULA | 42100 | CPT | | | | outpatient | | | 5210 | | 2005.77 | United | CommercialPPO | 2493 | | | | 65.77 | 4949.5 | case rate | |
| HC ID ABSCESS INTRAORAL | 42310 | CPT | | | | outpatient | | | 1997 | | 723.64 | Qualcare | Qualcare | 1497.75 | 75 | | | 132.64 | 1897.15 | percent of total billed charges | |
| HC ID ABSCESS INTRAORAL | 42310 | CPT | | | | outpatient | | | 1997 | | 723.64 | Aetna | Better Health | 630.05 | 31.55 | | | 132.64 | 1897.15 | percent of total billed charges | |
| HC ID ABSCESS INTRAORAL | 42310 | CPT | | | | outpatient | | | 1997 | | 723.64 | WellPoint | WellPoint | 642.63 | 32.18 | | | 132.64 | 1897.15 | percent of total billed charges | |
| HC ID ABSCESS INTRAORAL | 42310 | CPT | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC ID ABSCESS INTRAORAL | 42310 | CPT | | | | outpatient | | | 1997 | 723.64 | Horizon | Medicare Blue | 629.25 | | | | 132.64 | 1897.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ID ABSCESS INTRAORAL | 42310 | CPT | | | | outpatient | | | 1997 | 723.64 | Corrections | Corrections | 1597.6 | 80 | | | 132.64 | 1897.15 | percent of total billed charges | |
| HC ID ABSCESS INTRAORAL | 42310 | CPT | | | | outpatient | | | 1997 | 723.64 | Horizon | Indemnity | 1217.6 | | | | 132.64 | 1897.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ID ABSCESS INTRAORAL | 42310 | CPT | | | | outpatient | | | 1997 | 723.64 | Americare | Americare | 1497.75 | 75 | | | 132.64 | 1897.15 | percent of total billed charges | |
| HC ID ABSCESS INTRAORAL | 42310 | CPT | | | | outpatient | | | 1997 | 723.64 | Amerihealth | HMO/PPO | 300 | | | | 132.64 | 1897.15 | fee schedule | |
| HC ID ABSCESS INTRAORAL | 42310 | CPT | | | | outpatient | | | 1997 | 723.64 | Horizon | NJ Health | 132.64 | | | | 132.64 | 1897.15 | fee schedule | |
| HC ID ABSCESS INTRAORAL | 42310 | CPT | | | | outpatient | | | 1997 | 723.64 | United | Commercial/PPO | 1782 | | | | 132.64 | 1897.15 | case rate | |
| HC ID ABSCESS INTRAORAL | 42310 | CPT | | | | outpatient | | | 1997 | 723.64 | Multiplan | Multiplan | 1597.6 | 80 | | | 132.64 | 1897.15 | percent of total billed charges | |
| HC ID ABSCESS INTRAORAL | 42310 | CPT | | | | outpatient | | | 1997 | 723.64 | First Health | First Health | 1397.9 | 70 | | | 132.64 | 1897.15 | percent of total billed charges | |
| HC ID ABSCESS INTRAORAL | 42310 | CPT | | | | outpatient | | | 1997 | 723.64 | Horizon | PPO | 1217.6 | | | | 132.64 | 1897.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ID ABSCESS INTRAORAL | 42310 | CPT | | | | outpatient | | | 1997 | 723.64 | Managed Care Inc | Managed Care Inc | 1797.3 | 90 | | | 132.64 | 1897.15 | percent of total billed charges | |
| HC ID ABSCESS INTRAORAL | 42310 | CPT | | | | outpatient | | | 1997 | 723.64 | Three Rivers | Three Rivers | 1897.15 | 95 | | | 132.64 | 1897.15 | percent of total billed charges | |
| HC ID ABSCESS INTRAORAL | 42310 | CPT | | | | outpatient | | | 1997 | 723.64 | Horizon | MGD | 1217.6 | | | | 132.64 | 1897.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ID ABSCESS INTRAORAL | 42310 | CPT | | | | outpatient | | | 1997 | 723.64 | United | Oxford | 1782 | | | | 132.64 | 1897.15 | case rate | |
| HC ID ABSCESS INTRAORAL | 42310 | CPT | | | | outpatient | | | 1997 | 723.64 | Wellcare | Medicaid | 630.05 | 31.55 | | | 132.64 | 1897.15 | percent of total billed charges | |
| HC ID ABSCESS INTRAORAL | 42310 | CPT | | | | outpatient | | | 1997 | 723.64 | Wellcare | Medicare | 629.25 | | | | 132.64 | 1897.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIALOLITHOTOMY;INTRAORAL | 42330 | CPT | | | | outpatient | | | 10367 | 4234.52 | Horizon | MGD | 7125.04 | | | | 91.58 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIALOLITHOTOMY;INTRAORAL | 42330 | CPT | | | | outpatient | | | 10367 | 4234.52 | Multiplan | Multiplan | 8293.6 | 80 | | | 91.58 | 9848.65 | percent of total billed charges | |
| HC SIALOLITHOTOMY;INTRAORAL | 42330 | CPT | | | | outpatient | | | 10367 | 4234.52 | Amerihealth | HMO/PPO | 300 | | | | 91.58 | 9848.65 | fee schedule | |
| HC SIALOLITHOTOMY;INTRAORAL | 42330 | CPT | | | | outpatient | | | 10367 | 4234.52 | Aetna | Commercial | 6009.33 | | | | 91.58 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIALOLITHOTOMY;INTRAORAL | 42330 | CPT | | | | outpatient | | | 10367 | 4234.52 | Aetna | Medicare | 3682.19 | | | | 91.58 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIALOLITHOTOMY;INTRAORAL | 42330 | CPT | | | | outpatient | | | 10367 | 4234.52 | Aetna | Better Health | 3270.79 | 31.55 | | | 91.58 | 9848.65 | percent of total billed charges | |
| HC SIALOLITHOTOMY;INTRAORAL | 42330 | CPT | | | | outpatient | | | 10367 | 4234.52 | Horizon | Medicare Blue | 3682.19 | | | | 91.58 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIALOLITHOTOMY;INTRAORAL | 42330 | CPT | | | | outpatient | | | 10367 | 4234.52 | Consumer | Consumer | 9848.65 | 95 | | | 91.58 | 9848.65 | percent of total billed charges | |
| HC SIALOLITHOTOMY;INTRAORAL | 42330 | CPT | | | | outpatient | | | 10367 | 4234.52 | First Health | First Health | 7256.9 | 70 | | | 91.58 | 9848.65 | percent of total billed charges | |
| HC SIALOLITHOTOMY;INTRAORAL | 42330 | CPT | | | | outpatient | | | 10367 | 4234.52 | Qualcare | Qualcare | 7775.25 | 75 | | | 91.58 | 9848.65 | percent of total billed charges | |
| HC SIALOLITHOTOMY;INTRAORAL | 42330 | CPT | | | | outpatient | | | 10367 | 4234.52 | United | Oxford | 2493 | | | | 91.58 | 9848.65 | case rate | |
| HC SIALOLITHOTOMY;INTRAORAL | 42330 | CPT | | | | outpatient | | | 10367 | 4234.52 | Americare | Americare | 7775.25 | 75 | | | 91.58 | 9848.65 | percent of total billed charges | |
| HC SIALOLITHOTOMY;INTRAORAL | 42330 | CPT | | | | outpatient | | | 10367 | 4234.52 | Horizon | Indemnity | 7125.04 | | | | 91.58 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIALOLITHOTOMY;INTRAORAL | 42330 | CPT | | | | outpatient | | | 10367 | 4234.52 | First Trenton | First Trenton | 9330.3 | 90 | | | 91.58 | 9848.65 | percent of total billed charges | |
| HC SIALOLITHOTOMY;INTRAORAL | 42330 | CPT | | | | outpatient | | | 10367 | 4234.52 | United | Commercial/PPO | 2493 | | | | 91.58 | 9848.65 | case rate | |
| HC SIALOLITHOTOMY;INTRAORAL | 42330 | CPT | | | | outpatient | | | 10367 | 4234.52 | Corrections | Corrections | 8293.6 | 80 | | | 91.58 | 9848.65 | percent of total billed charges | |
| HC SIALOLITHOTOMY;INTRAORAL | 42330 | CPT | | | | outpatient | | | 10367 | 4234.52 | Wellcare | Medicaid | 3270.79 | 31.55 | | | 91.58 | 9848.65 | percent of total billed charges | |
| HC SIALOLITHOTOMY;INTRAORAL | 42330 | CPT | | | | outpatient | | | 10367 | 4234.52 | UHC | Medicaid | 3270.79 | 31.55 | | | 91.58 | 9848.65 | percent of total billed charges | |
| HC SIALOLITHOTOMY;INTRAORAL | 42330 | CPT | | | | outpatient | | | 10367 | 4234.52 | Three Rivers | Three Rivers | 9848.65 | 95 | | | 91.58 | 9848.65 | percent of total billed charges | |
| HC SIALOLITHOTOMY;INTRAORAL | 42330 | CPT | | | | outpatient | | | 10367 | 4234.52 | Horizon | PPO | 7125.04 | | | | 91.58 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIALOLITHOTOMY;INTRAORAL | 42330 | CPT | | | | outpatient | | | 10367 | 4234.52 | Horizon | NJ Health | 91.58 | | | | 91.58 | 9848.65 | fee schedule | |
| HC SIALOLITHOTOMY;INTRAORAL | 42330 | CPT | | | | outpatient | | | 10367 | 4234.52 | Managed Care Inc | Managed Care Inc | 9330.3 | 90 | | | 91.58 | 9848.65 | percent of total billed charges | |
| HC SIALOLITHOTOMY;INTRAORAL | 42330 | CPT | | | | outpatient | | | 10367 | 4234.52 | UHC | Medicare | 3682.19 | | | | 91.58 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIALOLITHOTOMY;INTRAORAL | 42330 | CPT | | | | outpatient | | | 10367 | 4234.52 | Wellcare | Medicare | 3682.19 | | | | 91.58 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIALOLITHOTOMY;INTRAORAL | 42330 | CPT | | | | outpatient | | | 10367 | 4234.52 | WellPoint | WellPoint | 3336.1 | 32.18 | | | 91.58 | 9848.65 | percent of total billed charges | |
| HC I&D ABSC; PERITONSILLAR | 42700 | CPT | | | | outpatient | | | 1415 | 321.26 | Horizon | Indemnity | 540.56 | | | | 124.91 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D ABSC; PERITONSILLAR | 42700 | CPT | | | | outpatient | | | 1415 | 321.26 | Consumer | Consumer | 1344.25 | 95 | | | 124.91 | 1782 | percent of total billed charges | |
| HC I&D ABSC; PERITONSILLAR | 42700 | CPT | | | | outpatient | | | 1415 | 321.26 | Amerihealth | HMO/PPO | 300 | | | | 124.91 | 1782 | fee schedule | |
| HC I&D ABSC; PERITONSILLAR | 42700 | CPT | | | | outpatient | | | 1415 | 321.26 | First Trenton | First Trenton | 1273.5 | 90 | | | 124.91 | 1782 | percent of total billed charges | |
| HC I&D ABSC; PERITONSILLAR | 42700 | CPT | | | | outpatient | | | 1415 | 321.26 | WellPoint | WellPoint | 455.35 | 32.18 | | 314.87 | 124.91 | 1782 | percent of total billed charges | |
| HC I&D ABSC; PERITONSILLAR | 42700 | CPT | | | | outpatient | | | 1415 | 321.26 | Aetna | Better Health | 446.43 | 31.55 | | | 124.91 | 1782 | percent of total billed charges | |
| HC I&D ABSC; PERITONSILLAR | 42700 | CPT | | | | outpatient | | | 1415 | 321.26 | UHC | Medicaid | 446.43 | 31.55 | | | 124.91 | 1782 | percent of total billed charges | |
| HC I&D ABSC; PERITONSILLAR | 42700 | CPT | | | | outpatient | | | 1415 | 321.26 | Horizon | PPO | 540.56 | | | 91.65 | 124.91 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D ABSC; PERITONSILLAR | 42700 | CPT | | | | outpatient | | | 1415 | 321.26 | Horizon | Medicare Blue | 279.36 | | | | 124.91 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D ABSC; PERITONSILLAR | 42700 | CPT | | | | outpatient | | | 1415 | 321.26 | Corrections | Corrections | 1132 | 80 | | | 124.91 | 1782 | percent of total billed charges | |
| HC I&D ABSC; PERITONSILLAR | 42700 | CPT | | | | outpatient | | | 1415 | 321.26 | First Health | First Health | 990.5 | 70 | | | 124.91 | 1782 | percent of total billed charges | |
| HC I&D ABSC; PERITONSILLAR | 42700 | CPT | | | | outpatient | | | 1415 | 321.26 | UHC | Medicare | 279.36 | | | | 124.91 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D ABSC; PERITONSILLAR | 42700 | CPT | | | | outpatient | | | 1415 | 321.26 | United | Oxford | 1782 | | | | 124.91 | 1782 | case rate | |
| HC I&D ABSC; PERITONSILLAR | 42700 | CPT | | | | outpatient | | | 1415 | 321.26 | Aetna | Commercial | 455.92 | | | | 124.91 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D ABSC; PERITONSILLAR | 42700 | CPT | | | | outpatient | | | 1415 | 321.26 | Wellcare | Medicaid | 446.43 | 31.55 | | | 124.91 | 1782 | percent of total billed charges | |
| HC I&D ABSC; PERITONSILLAR | 42700 | CPT | | | | outpatient | | | 1415 | 321.26 | Qualcare | Qualcare | 1061.25 | 75 | | | 124.91 | 1782 | percent of total billed charges | |
| HC I&D ABSC; PERITONSILLAR | 42700 | CPT | | | | outpatient | | | 1415 | 321.26 | Wellcare | Medicare | 279.36 | | | | 124.91 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D ABSC; PERITONSILLAR | 42700 | CPT | | | | outpatient | | | 1415 | 321.26 | Managed Care Inc | Managed Care Inc | 1273.5 | 90 | | | 124.91 | 1782 | percent of total billed charges | |
| HC I&D ABSC; PERITONSILLAR | 42700 | CPT | | | | outpatient | | | 1415 | 321.26 | United | Commercial/PPO | 1782 | | | | 124.91 | 1782 | case rate | |
| HC I&D ABSC; PERITONSILLAR | 42700 | CPT | | | | outpatient | | | 1415 | 321.26 | Aetna | Medicare | 279.36 | | | | 124.91 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D ABSC; PERITONSILLAR | 42700 | CPT | | | | outpatient | | | 1415 | 321.26 | Americare | Americare | 1061.25 | 75 | | | 124.91 | 1782 | percent of total billed charges | |
| HC I&D ABSC; PERITONSILLAR | 42700 | CPT | | | | outpatient | | | 1415 | 321.26 | Horizon | MGD | 540.56 | | | | 124.91 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D ABSC; PERITONSILLAR | 42700 | CPT | | | | outpatient | | | 1415 | 321.26 | Horizon | NJ Health | 124.91 | | | 62.13 | 124.91 | 1782 | fee schedule | |
| HC I&D ABSC; PERITONSILLAR | 42700 | CPT | | | | outpatient | | | 1415 | 321.26 | Multiplan | Multiplan | 1132 | 80 | | | 124.91 | 1782 | percent of total billed charges | |
| HC I&D ABSC; PERITONSILLAR | 42700 | CPT | | | | outpatient | | | 1415 | 321.26 | Three Rivers | Three Rivers | 1344.25 | 95 | | | 124.91 | 1782 | percent of total billed charges | |
| HC I&D THROAT ABSCESS INTRAORAL | 42720 | CPT | | | | outpatient | | | 5830 | 4234.52 | Aetna | Medicare | 3682.19 | | | | 192.64 | 7125.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D THROAT ABSCESS INTRAORAL | 42720 | CPT | | | | outpatient | | | 5830 | 4234.52 | First Trenton | First Trenton | 5247 | 90 | | | 192.64 | 7125.04 | percent of total billed charges | |
| HC I&D THROAT ABSCESS INTRAORAL | 42720 | CPT | | | | outpatient | | | 5830 | 4234.52 | Aetna | Commercial | 6009.33 | | | | 192.64 | 7125.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D THROAT ABSCESS INTRAORAL | 42720 | CPT | | | | outpatient | | | 5830 | 4234.52 | Horizon | Medicare Blue | 3682.19 | | | | 192.64 | 7125.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D THROAT ABSCESS INTRAORAL | 42720 | CPT | | | | outpatient | | | 5830 | 4234.52 | Consumer | Consumer | 5538.5 | 95 | | | 192.64 | 7125.04 | percent of total billed charges | |
| HC I&D THROAT ABSCESS INTRAORAL | 42720 | CPT | | | | outpatient | | | 5830 | 4234.52 | Horizon | Indemnity | 7125.04 | | | | 192.64 | 7125.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D THROAT ABSCESS INTRAORAL | 42720 | CPT | | | | outpatient | | | 5830 | 4234.52 | Americare | Americare | 4372.5 | 75 | | | 192.64 | 7125.04 | percent of total billed charges | |
| HC I&D THROAT ABSCESS INTRAORAL | 42720 | CPT | | | | outpatient | | | 5830 | 4234.52 | Aetna | Better Health | 1839.37 | 31.55 | | | 192.64 | 7125.04 | percent of total billed charges | |
| HC I&D THROAT ABSCESS INTRAORAL | 42720 | CPT | | | | outpatient | | | 5830 | 4234.52 | Corrections | Corrections | 4664 | 80 | | | 192.64 | 7125.04 | percent of total billed charges | |
| HC I&D THROAT ABSCESS INTRAORAL | 42720 | CPT | | | | outpatient | | | 5830 | 4234.52 | Managed Care Inc | Managed Care Inc | 5247 | 90 | | | 192.64 | 7125.04 | percent of total billed charges | |
| HC I&D THROAT ABSCESS INTRAORAL | 42720 | CPT | | | | outpatient | | | 5830 | 4234.52 | Multiplan | Multiplan | 4664 | 80 | | | 192.64 | 7125.04 | percent of total billed charges | |
| HC I&D THROAT ABSCESS INTRAORAL | 42720 | CPT | | | | outpatient | | | 5830 | 4234.52 | Amerihealth | HMO/PPO | 300 | | | | 192.64 | 7125.04 | fee schedule | |
| HC I&D THROAT ABSCESS INTRAORAL | 42720 | CPT | | | | outpatient | | | 5830 | 4234.52 | Horizon | MGD | 7125.04 | | | | 192.64 | 7125.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D THROAT ABSCESS INTRAORAL | 42720 | CPT | | | | outpatient | | | 5830 | 4234.52 | UHC | Medicare | 3682.19 | | | | 192.64 | 7125.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D THROAT ABSCESS INTRAORAL | 42720 | CPT | | | | outpatient | | | 5830 | 4234.52 | Three Rivers | Three Rivers | 5538.5 | 95 | | | 192.64 | 7125.04 | percent of total billed charges | |
| HC I&D THROAT ABSCESS INTRAORAL | 42720 | CPT | | | | outpatient | | | 5830 | 4234.52 | First Health | First Health | 4081 | 70 | | | 192.64 | 7125.04 | percent of total billed charges | |
| HC I&D THROAT ABSCESS INTRAORAL | 42720 | CPT | | | | outpatient | | | 5830 | 4234.52 | Horizon | NJ Health | 192.64 | | | | 192.64 | 7125.04 | fee schedule | |
| HC I&D THROAT ABSCESS INTRAORAL | 42720 | CPT | | | | outpatient | | | 5830 | 4234.52 | UHC | Medicaid | 1839.37 | 31.55 | | | 192.64 | 7125.04 | percent of total billed charges | |
| HC I&D THROAT ABSCESS INTRAORAL | 42720 | CPT | | | | outpatient | | | 5830 | 4234.52 | Qualcare | Qualcare | 4372.5 | 75 | | | 192.64 | 7125.04 | percent of total billed charges | |
| HC I&D THROAT ABSCESS INTRAORAL | 42720 | CPT | | | | outpatient | | | 5830 | 4234.52 | Wellcare | Medicaid | 1839.37 | 31.55 | | | 192.64 | 7125.04 | percent of total billed charges | |
| HC I&D THROAT ABSCESS INTRAORAL | 42720 | CPT | | | | outpatient | | | 5830 | 4234.52 | Horizon | PPO | 7125.04 | | | | 192.64 | 7125.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D THROAT ABSCESS INTRAORAL | 42720 | CPT | | | | outpatient | | | 5830 | 4234.52 | United | Commercial/PPO | 2493 | | | | 192.64 | 7125.04 | case rate | |
| HC I&D THROAT ABSCESS INTRAORAL | 42720 | CPT | | | | outpatient | | | 5830 | 4234.52 | Wellcare | Medicare | 3682.19 | | | | 192.64 | 7125.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D THROAT ABSCESS INTRAORAL | 42720 | CPT | | | | outpatient | | | 5830 | 4234.52 | United | Oxford | 2493 | | | | 192.64 | 7125.04 | case rate | |
| HC I&D THROAT ABSCESS INTRAORAL | 42720 | CPT | | | | outpatient | | | 5830 | 4234.52 | WellPoint | WellPoint | 1876.09 | 32.18 | | | 192.64 | 7125.04 | percent of total billed charges | |
| HC BIOPSY; OROPHARYNX | 42800 | CPT | | | | outpatient | | | 5059 | 2005.77 | First Health | First Health | 3541.3 | 70 | | | 65.77 | 4806.05 | percent of total billed charges | |
| HC BIOPSY; OROPHARYNX | 42800 | CPT | | | | outpatient | | | 5059 | 2005.77 | Aetna | Commercial | 2846.45 | | | | 65.77 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY; OROPHARYNX | 42800 | CPT | | | | outpatient | | | 5059 | 2005.77 | Aetna | Medicare | 1744.15 | | | | 65.77 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY; OROPHARYNX | 42800 | CPT | | | | outpatient | | | 5059 | 2005.77 | Horizon | MGD | 3374.93 | | | | 65.77 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY; OROPHARYNX | 42800 | CPT | | | | outpatient | | | 5059 | 2005.77 | Aetna | Better Health | 1596.11 | 31.55 | | | 65.77 | 4806.05 | percent of total billed charges | |
| HC BIOPSY; OROPHARYNX | 42800 | CPT | | | | outpatient | | | 5059 | 2005.77 | Consumer | Consumer | 4806.05 | 95 | | | 65.77 | 4806.05 | percent of total billed charges | |
| HC BIOPSY; OROPHARYNX | 42800 | CPT | | | | outpatient | | | 5059 | 2005.77 | Multiplan | Multiplan | 4047.2 | 80 | | | 65.77 | 4806.05 | percent of total billed charges | |
| HC BIOPSY; OROPHARYNX | 42800 | CPT | | | | outpatient | | | 5059 | 2005.77 | Wellcare | Medicare | 1744.15 | | | | 65.77 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY; OROPHARYNX | 42800 | CPT | | | | outpatient | | | 5059 | 2005.77 | Amerihealth | HMO/PPO | 300 | | | | 65.77 | 4806.05 | fee schedule | |
| HC BIOPSY; OROPHARYNX | 42800 | CPT | | | | outpatient | | | 5059 | 2005.77 | Americare | Americare | 3794.25 | 75 | | | 65.77 | 4806.05 | percent of total billed charges | |
| HC BIOPSY; OROPHARYNX | 42800 | CPT | | | | outpatient | | | 5059 | 2005.77 | Corrections | Corrections | 4047.2 | 80 | | | 65.77 | 4806.05 | percent of total billed charges | |
| HC BIOPSY; OROPHARYNX | 42800 | CPT | | | | outpatient | | | 5059 | 2005.77 | UHC | Medicaid | 1596.11 | 31.55 | | | 65.77 | 4806.05 | percent of total billed charges | |
| HC BIOPSY; OROPHARYNX | 42800 | CPT | | | | outpatient | | | 5059 | 2005.77 | United | Oxford | 1817 | | | | 65.77 | 4806.05 | case rate | |
| HC BIOPSY; OROPHARYNX | 42800 | CPT | | | | outpatient | | | 5059 | 2005.77 | First Trenton | First Trenton | 4553.1 | 90 | | | 65.77 | 4806.05 | percent of total billed charges | |
| HC BIOPSY; OROPHARYNX | 42800 | CPT | | | | outpatient | | | 5059 | 2005.77 | Qualcare | Qualcare | 3794.25 | 75 | | | 65.77 | 4806.05 | percent of total billed charges | |
| HC BIOPSY; OROPHARYNX | 42800 | CPT | | | | outpatient | | | 5059 | 2005.77 | United | Commercial/PPO | 1817 | | | | 65.77 | 4806.05 | case rate | |
| HC BIOPSY; OROPHARYNX | 42800 | CPT | | | | outpatient | | | 5059 | 2005.77 | Horizon | PPO | 3374.93 | | | | 65.77 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY; OROPHARYNX | 42800 | CPT | | | | outpatient | | | 5059 | 2005.77 | Horizon | Indemnity | 3374.93 | | | | 65.77 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY; OROPHARYNX | 42800 | CPT | | | | outpatient | | | 5059 | 2005.77 | WellPoint | WellPoint | 1627.99 | 32.18 | | | 65.77 | 4806.05 | percent of total billed charges | |
| HC BIOPSY; OROPHARYNX | 42800 | CPT | | | | outpatient | | | 5059 | 2005.77 | Horizon | Medicare Blue | 1744.15 | | | | 65.77 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY; OROPHARYNX | 42800 | CPT | | | | outpatient | | | 5059 | 2005.77 | Wellcare | Medicaid | 1596.11 | 31.55 | | | 65.77 | 4806.05 | percent of total billed charges | |
| HC BIOPSY; OROPHARYNX | 42800 | CPT | | | | outpatient | | | 5059 | 2005.77 | Horizon | NJ Health | 65.77 | | | | 65.77 | 4806.05 | fee schedule | |
| HC BIOPSY; OROPHARYNX | 42800 | CPT | | | | outpatient | | | 5059 | 2005.77 | Managed Care Inc | Managed Care Inc | 4553.1 | 90 | | | 65.77 | 4806.05 | percent of total billed charges | |
| HC BIOPSY; OROPHARYNX | 42800 | CPT | | | | outpatient | | | 5059 | 2005.77 | Three Rivers | Three Rivers | 4806.05 | 95 | | | 65.77 | 4806.05 | percent of total billed charges | |
| HC BIOPSY; OROPHARYNX | 42800 | CPT | | | | outpatient | | | 5059 | 2005.77 | UHC | Medicare | 1744.15 | | | 1167.78 | 65.77 | 4806.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY; NASOPHARYNX (TONSIL) | 42804 | CPT | | | | outpatient | | | 10367 | 4234.52 | Aetna | Medicare | 3682.19 | | | | 123.17 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY; NASOPHARYNX (TONSIL) | 42804 | CPT | | | | outpatient | | | 10367 | 4234.52 | Aetna | Commercial | 6009.33 | | | | 123.17 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY; NASOPHARYNX (TONSIL) | 42804 | CPT | | | | outpatient | | | 10367 | 4234.52 | Aetna | Better Health | 3270.79 | 31.55 | | | 123.17 | 9848.65 | percent of total billed charges | |
| HC BIOPSY; NASOPHARYNX (TONSIL) | 42804 | CPT | | | | outpatient | | | 10367 | 4234.52 | First Trenton | First Trenton | 9330.3 | 90 | | | 123.17 | 9848.65 | percent of total billed charges | |
| HC BIOPSY; NASOPHARYNX (TONSIL) | 42804 | CPT | | | | outpatient | | | 10367 | 4234.52 | Corrections | Corrections | 8293.6 | 80 | | | 123.17 | 9848.65 | percent of total billed charges | |
| HC BIOPSY; NASOPHARYNX (TONSIL) | 42804 | CPT | | | | outpatient | | | 10367 | 4234.52 | Americare | Americare | 7775.25 | 75 | | | 123.17 | 9848.65 | percent of total billed charges | |
| HC BIOPSY; NASOPHARYNX (TONSIL) | 42804 | CPT | | | | outpatient | | | 10367 | 4234.52 | First Health | First Health | 7256.9 | 70 | | | 123.17 | 9848.65 | percent of total billed charges | |
| HC BIOPSY; NASOPHARYNX (TONSIL) | 42804 | CPT | | | | outpatient | | | 10367 | 4234.52 | UHC | Medicaid | 3270.79 | 31.55 | | | 123.17 | 9848.65 | percent of total billed charges | |
| HC BIOPSY; NASOPHARYNX (TONSIL) | 42804 | CPT | | | | outpatient | | | 10367 | 4234.52 | Horizon | MGD | 7125.04 | | | | 123.17 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY; NASOPHARYNX (TONSIL) | 42804 | CPT | | | | outpatient | | | 10367 | 4234.52 | Amerihealth | HMO/PPO | 300 | | | | 123.17 | 9848.65 | fee schedule | |
| HC BIOPSY; NASOPHARYNX (TONSIL) | 42804 | CPT | | | | outpatient | | | 10367 | 4234.52 | Consumer | Consumer | 9848.65 | 95 | | | 123.17 | 9848.65 | percent of total billed charges | |
| HC BIOPSY; NASOPHARYNX (TONSIL) | 42804 | CPT | | | | outpatient | | | 10367 | 4234.52 | Horizon | PPO | 7125.04 | | | | 123.17 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY; NASOPHARYNX (TONSIL) | 42804 | CPT | | | | outpatient | | | 10367 | 4234.52 | Horizon | Indemnity | 7125.04 | | | | 123.17 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY; NASOPHARYNX (TONSIL) | 42804 | CPT | | | | outpatient | | | 10367 | 4234.52 | UHC | Medicare | 3682.19 | | | | 123.17 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY; NASOPHARYNX (TONSIL) | 42804 | CPT | | | | outpatient | | | 10367 | 4234.52 | Horizon | NJ Health | 123.17 | | | | 123.17 | 9848.65 | fee schedule | |
| HC BIOPSY; NASOPHARYNX (TONSIL) | 42804 | CPT | | | | outpatient | | | 10367 | 4234.52 | Managed Care Inc | Managed Care Inc | 9330.3 | 90 | | | 123.17 | 9848.65 | percent of total billed charges | |
| HC BIOPSY; NASOPHARYNX (TONSIL) | 42804 | CPT | | | | outpatient | | | 10367 | 4234.52 | Horizon | Medicare Blue | 3682.19 | | | | 123.17 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY; NASOPHARYNX (TONSIL) | 42804 | CPT | | | | outpatient | | | 10367 | 4234.52 | United | Commercial/PPO | 2493 | | | | 123.17 | 9848.65 | case rate | |
| HC BIOPSY; NASOPHARYNX (TONSIL) | 42804 | CPT | | | | outpatient | | | 10367 | 4234.52 | Three Rivers | Three Rivers | 9848.65 | 95 | | | 123.17 | 9848.65 | percent of total billed charges | |
| HC BIOPSY; NASOPHARYNX (TONSIL) | 42804 | CPT | | | | outpatient | | | 10367 | 4234.52 | Wellcare | Medicare | 3682.19 | | | | 123.17 | 9848.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY; NASOPHARYNX (TONSIL) | 42804 | CPT | | | | outpatient | | | 10367 | 4234.52 | Multiplan | Multiplan | 8293.6 | 80 | | | 123.17 | 9848.65 | percent of total billed charges | |
| HC BIOPSY; NASOPHARYNX (TONSIL) | 42804 | CPT | | | | outpatient | | | 10367 | 4234.52 | WellPoint | WellPoint | 3336.1 | 32.18 | | | 123.17 | 9848.65 | percent of total billed charges | |
| HC BIOPSY; NASOPHARYNX (TONSIL) | 42804 | CPT | | | | outpatient | | | 10367 | 4234.52 | United | Oxford | 2493 | | | | 123.17 | 9848.65 | case rate | |
| HC BIOPSY; NASOPHARYNX (TONSIL) | 42804 | CPT | | | | outpatient | | | 10367 | 4234.52 | Qualcare | Qualcare | 7775.25 | 75 | | | 123.17 | 9848.65 | percent of total billed charges | |
| HC BIOPSY; NASOPHARYNX (TONSIL) | 42804 | CPT | | | | outpatient | | | 10367 | 4234.52 | Wellcare | Medicaid | 3270.79 | 31.55 | | | 123.17 | 9848.65 | percent of total billed charges | |
| HC REMOVE PHARYNX FOREIGN BODY | 42809 | CPT | | | | outpatient | | | 1379 | 524.04 | Horizon | MGD | 881.76 | | | | 189.67 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE PHARYNX FOREIGN BODY | 42809 | CPT | | | | outpatient | | | 1379 | 524.04 | Consumer | Consumer | 1310.05 | 95 | | | 189.67 | 1782 | percent of total billed charges | |
| HC REMOVE PHARYNX FOREIGN BODY | 42809 | CPT | | | | outpatient | | | 1379 | 524.04 | Horizon | Medicare Blue | 455.69 | | | | 189.67 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE PHARYNX FOREIGN BODY | 42809 | CPT | | | | outpatient | | | 1379 | 524.04 | Aetna | Better Health | 435.07 | 31.55 | | | 189.67 | 1782 | percent of total billed charges | |
| HC REMOVE PHARYNX FOREIGN BODY | 42809 | CPT | | | | outpatient | | | 1379 | 524.04 | Aetna | Medicare | 455.69 | | | | 189.67 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE PHARYNX FOREIGN BODY | 42809 | CPT | | | | outpatient | | | 1379 | 524.04 | Aetna | Commercial | 743.69 | | | | 189.67 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE PHARYNX FOREIGN BODY | 42809 | CPT | | | | outpatient | | | 1379 | 524.04 | First Health | First Health | 965.3 | 70 | | | 189.67 | 1782 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC REMOVE PHARYNX FOREIGN BODY | 42809 | CPT | | | | outpatient | | | 1379 | 524.04 | Amerihealth | HMO/PPO | 896.35 | 65 | | | 189.67 | 1782 | percent of total billed charges | |
| HC REMOVE PHARYNX FOREIGN BODY | 42809 | CPT | | | | outpatient | | | 1379 | 524.04 | United | Oxford | 1782 | | | | 189.67 | 1782 | case rate | |
| HC REMOVE PHARYNX FOREIGN BODY | 42809 | CPT | | | | outpatient | | | 1379 | 524.04 | Corrections | Corrections | 1103.2 | 80 | | | 189.67 | 1782 | percent of total billed charges | |
| HC REMOVE PHARYNX FOREIGN BODY | 42809 | CPT | | | | outpatient | | | 1379 | 524.04 | Horizon | Indemnity | 881.76 | | | | 189.67 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE PHARYNX FOREIGN BODY | 42809 | CPT | | | | outpatient | | | 1379 | 524.04 | First Trenton | First Trenton | 1241.1 | 90 | | | 189.67 | 1782 | percent of total billed charges | |
| HC REMOVE PHARYNX FOREIGN BODY | 42809 | CPT | | | | outpatient | | | 1379 | 524.04 | United | Commercial/PPO | 1782 | | | | 189.67 | 1782 | case rate | |
| HC REMOVE PHARYNX FOREIGN BODY | 42809 | CPT | | | | outpatient | | | 1379 | 524.04 | Americare | Americare | 1034.25 | 75 | | | 189.67 | 1782 | percent of total billed charges | |
| HC REMOVE PHARYNX FOREIGN BODY | 42809 | CPT | | | | outpatient | | | 1379 | 524.04 | Wellcare | Medicaid | 435.07 | 31.55 | | | 189.67 | 1782 | percent of total billed charges | |
| HC REMOVE PHARYNX FOREIGN BODY | 42809 | CPT | | | | outpatient | | | 1379 | 524.04 | Multiplan | Multiplan | 1103.2 | 80 | | | 189.67 | 1782 | percent of total billed charges | |
| HC REMOVE PHARYNX FOREIGN BODY | 42809 | CPT | | | | outpatient | | | 1379 | 524.04 | Horizon | NJ Health | 189.67 | | | | 189.67 | 1782 | fee schedule | |
| HC REMOVE PHARYNX FOREIGN BODY | 42809 | CPT | | | | outpatient | | | 1379 | 524.04 | Horizon | PPO | 881.76 | | | | 189.67 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE PHARYNX FOREIGN BODY | 42809 | CPT | | | | outpatient | | | 1379 | 524.04 | Three Rivers | Three Rivers | 1310.05 | 95 | | | 189.67 | 1782 | percent of total billed charges | |
| HC REMOVE PHARYNX FOREIGN BODY | 42809 | CPT | | | | outpatient | | | 1379 | 524.04 | Qualcare | Qualcare | 1034.25 | 75 | | | 189.67 | 1782 | percent of total billed charges | |
| HC REMOVE PHARYNX FOREIGN BODY | 42809 | CPT | | | | outpatient | | | 1379 | 524.04 | Managed Care Inc | Managed Care Inc | 1241.1 | 90 | | | 189.67 | 1782 | percent of total billed charges | |
| HC REMOVE PHARYNX FOREIGN BODY | 42809 | CPT | | | | outpatient | | | 1379 | 524.04 | UHC | Medicaid | 435.07 | 31.55 | | | 189.67 | 1782 | percent of total billed charges | |
| HC REMOVE PHARYNX FOREIGN BODY | 42809 | CPT | | | | outpatient | | | 1379 | 524.04 | UHC | Medicare | 455.69 | | | | 189.67 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE PHARYNX FOREIGN BODY | 42809 | CPT | | | | outpatient | | | 1379 | 524.04 | Wellcare | Medicare | 455.69 | | | | 189.67 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE PHARYNX FOREIGN BODY | 42809 | CPT | | | | outpatient | | | 1379 | 524.04 | WellPoint | WellPoint | 443.76 | 32.18 | | | 189.67 | 1782 | percent of total billed charges | |
| HC TONSILLECTOMY & ADENOIDECTOMY <AGE 12 | 42820 | CPT | | | | outpatient | | | 17018.12 | 7702.18 | Amerihealth | HMO/PPO | 950 | | | | 309.29 | 16167.21 | fee schedule | |
| HC TONSILLECTOMY & ADENOIDECTOMY <AGE 12 | 42820 | CPT | | | | outpatient | | | 17018.12 | 7702.18 | First Trenton | First Trenton | 15316.31 | 90 | | | 309.29 | 16167.21 | percent of total billed charges | |
| HC TONSILLECTOMY & ADENOIDECTOMY <AGE 12 | 42820 | CPT | | | | outpatient | | | 17018.12 | 7702.18 | Corrections | Corrections | 13614.5 | 80 | | | 309.29 | 16167.21 | percent of total billed charges | |
| HC TONSILLECTOMY & ADENOIDECTOMY <AGE 12 | 42820 | CPT | | | | outpatient | | | 17018.12 | 7702.18 | First Health | First Health | 11912.68 | 70 | | | 309.29 | 16167.21 | percent of total billed charges | |
| HC TONSILLECTOMY & ADENOIDECTOMY <AGE 12 | 42820 | CPT | | | | outpatient | | | 17018.12 | 7702.18 | Aetna | Medicare | 6697.55 | | | | 309.29 | 16167.21 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TONSILLECTOMY & ADENOIDECTOMY <AGE 12 | 42820 | CPT | | | | outpatient | | | 17018.12 | 7702.18 | UHC | Medicare | 6697.55 | | | | 309.29 | 16167.21 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TONSILLECTOMY & ADENOIDECTOMY <AGE 12 | 42820 | CPT | | | | outpatient | | | 17018.12 | 7702.18 | Aetna | Better Health | 5369.22 | 31.55 | | | 309.29 | 16167.21 | percent of total billed charges | |
| HC TONSILLECTOMY & ADENOIDECTOMY <AGE 12 | 42820 | CPT | | | | outpatient | | | 17018.12 | 7702.18 | Consumer | Consumer | 16167.21 | 95 | | | 309.29 | 16167.21 | percent of total billed charges | |
| HC TONSILLECTOMY & ADENOIDECTOMY <AGE 12 | 42820 | CPT | | | | outpatient | | | 17018.12 | 7702.18 | Americare | Americare | 12763.59 | 75 | | | 309.29 | 16167.21 | percent of total billed charges | |
| HC TONSILLECTOMY & ADENOIDECTOMY <AGE 12 | 42820 | CPT | | | | outpatient | | | 17018.12 | 7702.18 | Horizon | Indemnity | 12959.76 | | | | 309.29 | 16167.21 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TONSILLECTOMY & ADENOIDECTOMY <AGE 12 | 42820 | CPT | | | | outpatient | | | 17018.12 | 7702.18 | Horizon | Medicare Blue | 6697.55 | | | | 309.29 | 16167.21 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TONSILLECTOMY & ADENOIDECTOMY <AGE 12 | 42820 | CPT | | | | outpatient | | | 17018.12 | 7702.18 | Qualcare | Qualcare | 12763.59 | 75 | | | 309.29 | 16167.21 | percent of total billed charges | |
| HC TONSILLECTOMY & ADENOIDECTOMY <AGE 12 | 42820 | CPT | | | | outpatient | | | 17018.12 | 7702.18 | Horizon | MGD | 12959.76 | | | | 309.29 | 16167.21 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TONSILLECTOMY & ADENOIDECTOMY <AGE 12 | 42820 | CPT | | | | outpatient | | | 17018.12 | 7702.18 | Horizon | PPO | 12959.76 | | | | 309.29 | 16167.21 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TONSILLECTOMY & ADENOIDECTOMY <AGE 12 | 42820 | CPT | | | | outpatient | | | 17018.12 | 7702.18 | Multiplan | Multiplan | 13614.5 | 80 | | | 309.29 | 16167.21 | percent of total billed charges | |
| HC TONSILLECTOMY & ADENOIDECTOMY <AGE 12 | 42820 | CPT | | | | outpatient | | | 17018.12 | 7702.18 | Horizon | NJ Health | 309.29 | | | | 309.29 | 16167.21 | fee schedule | |
| HC TONSILLECTOMY & ADENOIDECTOMY <AGE 12 | 42820 | CPT | | | | outpatient | | | 17018.12 | 7702.18 | WellPoint | WellPoint | 5476.43 | 32.18 | | | 309.29 | 16167.21 | percent of total billed charges | |
| HC TONSILLECTOMY & ADENOIDECTOMY <AGE 12 | 42820 | CPT | | | | outpatient | | | 17018.12 | 7702.18 | Wellcare | Medicare | 6697.55 | | | | 309.29 | 16167.21 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TONSILLECTOMY & ADENOIDECTOMY <AGE 12 | 42820 | CPT | | | | outpatient | | | 17018.12 | 7702.18 | Managed Care Inc | Managed Care Inc | 15316.31 | 90 | | | 309.29 | 16167.21 | percent of total billed charges | |
| HC TONSILLECTOMY & ADENOIDECTOMY <AGE 12 | 42820 | CPT | | | | outpatient | | | 17018.12 | 7702.18 | Three Rivers | Three Rivers | 16167.21 | 95 | | | 309.29 | 16167.21 | percent of total billed charges | |
| HC TONSILLECTOMY & ADENOIDECTOMY <AGE 12 | 42820 | CPT | | | | outpatient | | | 17018.12 | 7702.18 | UHC | Medicaid | 5369.22 | 31.55 | | | 309.29 | 16167.21 | percent of total billed charges | |
| HC TONSILLECTOMY & ADENOIDECTOMY <AGE 12 | 42820 | CPT | | | | outpatient | | | 17018.12 | 7702.18 | United | Commercial/PPO | 2776 | | | | 309.29 | 16167.21 | case rate | |
| HC TONSILLECTOMY & ADENOIDECTOMY <AGE 12 | 42820 | CPT | | | | outpatient | | | 17018.12 | 7702.18 | United | Oxford | 2776 | | | | 309.29 | 16167.21 | case rate | |
| HC TONSILLECTOMY & ADENOIDECTOMY <AGE 12 | 42820 | CPT | | | | outpatient | | | 17018.12 | 7702.18 | Wellcare | Medicaid | 5369.22 | 31.55 | | | 309.29 | 16167.21 | percent of total billed charges | |
| HC UNLSTD PHRYNX ADNDS TNSLS | 42999 | CPT | | | | outpatient | | | 830 | 321.26 | Amerihealth | HMO/PPO | 300 | | | | 261.87 | 1782 | fee schedule | |
| HC UNLSTD PHRYNX ADNDS TNSLS | 42999 | CPT | | | | outpatient | | | 830 | 321.26 | Aetna | Better Health | 261.87 | 31.55 | | | 261.87 | 1782 | percent of total billed charges | |
| HC UNLSTD PHRYNX ADNDS TNSLS | 42999 | CPT | | | | outpatient | | | 830 | 321.26 | Aetna | Commercial | 455.92 | | | | 261.87 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLSTD PHRYNX ADNDS TNSLS | 42999 | CPT | | | | outpatient | | | 830 | 321.26 | Americare | Americare | 622.5 | 75 | | | 261.87 | 1782 | percent of total billed charges | |
| HC UNLSTD PHRYNX ADNDS TNSLS | 42999 | CPT | | | | outpatient | | | 830 | 321.26 | First Trenton | First Trenton | 747 | 90 | | | 261.87 | 1782 | percent of total billed charges | |
| HC UNLSTD PHRYNX ADNDS TNSLS | 42999 | CPT | | | | outpatient | | | 830 | 321.26 | Horizon | MGD | 540.56 | | | | 261.87 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLSTD PHRYNX ADNDS TNSLS | 42999 | CPT | | | | outpatient | | | 830 | 321.26 | Aetna | Medicare | 279.36 | | | | 261.87 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLSTD PHRYNX ADNDS TNSLS | 42999 | CPT | | | | outpatient | | | 830 | 321.26 | Consumer | Consumer | 788.5 | 95 | | | 261.87 | 1782 | percent of total billed charges | |
| HC UNLSTD PHRYNX ADNDS TNSLS | 42999 | CPT | | | | outpatient | | | 830 | 321.26 | First Health | First Health | 581 | 70 | | | 261.87 | 1782 | percent of total billed charges | |
| HC UNLSTD PHRYNX ADNDS TNSLS | 42999 | CPT | | | | outpatient | | | 830 | 321.26 | Horizon | PPO | 540.56 | | | | 261.87 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLSTD PHRYNX ADNDS TNSLS | 42999 | CPT | | | | outpatient | | | 830 | 321.26 | Multiplan | Multiplan | 664 | 80 | | | 261.87 | 1782 | percent of total billed charges | |
| HC UNLSTD PHRYNX ADNDS TNSLS | 42999 | CPT | | | | outpatient | | | 830 | 321.26 | Horizon | Medicare Blue | 279.36 | | | | 261.87 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLSTD PHRYNX ADNDS TNSLS | 42999 | CPT | | | | outpatient | | | 830 | 321.26 | Managed Care Inc | Managed Care Inc | 747 | 90 | | | 261.87 | 1782 | percent of total billed charges | |
| HC UNLSTD PHRYNX ADNDS TNSLS | 42999 | CPT | | | | outpatient | | | 830 | 321.26 | UHC | Medicaid | 261.87 | 31.55 | | | 261.87 | 1782 | percent of total billed charges | |
| HC UNLSTD PHRYNX ADNDS TNSLS | 42999 | CPT | | | | outpatient | | | 830 | 321.26 | Corrections | Corrections | 664 | 80 | | | 261.87 | 1782 | percent of total billed charges | |
| HC UNLSTD PHRYNX ADNDS TNSLS | 42999 | CPT | | | | outpatient | | | 830 | 321.26 | Wellcare | Medicaid | 261.87 | 31.55 | | | 261.87 | 1782 | percent of total billed charges | |
| HC UNLSTD PHRYNX ADNDS TNSLS | 42999 | CPT | | | | outpatient | | | 830 | 321.26 | Horizon | Indemnity | 540.56 | | | | 261.87 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLSTD PHRYNX ADNDS TNSLS | 42999 | CPT | | | | outpatient | | | 830 | 321.26 | WellPoint | WellPoint | 267.09 | 32.18 | | | 261.87 | 1782 | percent of total billed charges | |
| HC UNLSTD PHRYNX ADNDS TNSLS | 42999 | CPT | | | | outpatient | | | 830 | 321.26 | Qualcare | Qualcare | 622.5 | 75 | | | 261.87 | 1782 | percent of total billed charges | |
| HC UNLSTD PHRYNX ADNDS TNSLS | 42999 | CPT | | | | outpatient | | | 830 | 321.26 | United | Oxford | 1782 | | | | 261.87 | 1782 | case rate | |
| HC UNLSTD PHRYNX ADNDS TNSLS | 42999 | CPT | | | | outpatient | | | 830 | 321.26 | Three Rivers | Three Rivers | 788.5 | 95 | | | 261.87 | 1782 | percent of total billed charges | |
| HC UNLSTD PHRYNX ADNDS TNSLS | 42999 | CPT | | | | outpatient | | | 830 | 321.26 | UHC | Medicare | 279.36 | | | | 261.87 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLSTD PHRYNX ADNDS TNSLS | 42999 | CPT | | | | outpatient | | | 830 | 321.26 | United | Commercial/PPO | 1782 | | | | 261.87 | 1782 | case rate | |
| HC UNLSTD PHRYNX ADNDS TNSLS | 42999 | CPT | | | | outpatient | | | 830 | 321.26 | Wellcare | Medicare | 279.36 | | | | 261.87 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGOSCOPY FLEXIBLE B | 43200 | CPT | | | | outpatient | | | 3157 | 1192.23 | Aetna | Commercial | 1691.93 | | | | 221.85 | 2999.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGOSCOPY FLEXIBLE B | 43200 | CPT | | | | outpatient | | | 3157 | 1192.23 | Aetna | Medicare | 1036.72 | | | | 221.85 | 2999.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGOSCOPY FLEXIBLE B | 43200 | CPT | | | | outpatient | | | 3157 | 1192.23 | First Trenton | First Trenton | 2841.3 | 90 | | | 221.85 | 2999.15 | percent of total billed charges | |
| HC ESOPHAGOSCOPY FLEXIBLE B | 43200 | CPT | | | | outpatient | | | 3157 | 1192.23 | First Health | First Health | 2209.9 | 70 | | | 221.85 | 2999.15 | percent of total billed charges | |
| HC ESOPHAGOSCOPY FLEXIBLE B | 43200 | CPT | | | | outpatient | | | 3157 | 1192.23 | Horizon | Medicare Blue | 1036.72 | | | | 221.85 | 2999.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGOSCOPY FLEXIBLE B | 43200 | CPT | | | | outpatient | | | 3157 | 1192.23 | Aetna | Better Health | 996.03 | 31.55 | | | 221.85 | 2999.15 | percent of total billed charges | |
| HC ESOPHAGOSCOPY FLEXIBLE B | 43200 | CPT | | | | outpatient | | | 3157 | 1192.23 | Amerihealth | HMO/PPO | 300 | | | | 221.85 | 2999.15 | fee schedule | |
| HC ESOPHAGOSCOPY FLEXIBLE B | 43200 | CPT | | | | outpatient | | | 3157 | 1192.23 | Corrections | Corrections | 2525.6 | 80 | | | 221.85 | 2999.15 | percent of total billed charges | |
| HC ESOPHAGOSCOPY FLEXIBLE B | 43200 | CPT | | | | outpatient | | | 3157 | 1192.23 | UHC | Medicare | 1036.72 | | | | 221.85 | 2999.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGOSCOPY FLEXIBLE B | 43200 | CPT | | | | outpatient | | | 3157 | 1192.23 | Horizon | MGD | 2006.05 | | | | 221.85 | 2999.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGOSCOPY FLEXIBLE B | 43200 | CPT | | | | outpatient | | | 3157 | 1192.23 | Managed Care Inc | Managed Care Inc | 2841.3 | 90 | | | 221.85 | 2999.15 | percent of total billed charges | |
| HC ESOPHAGOSCOPY FLEXIBLE B | 43200 | CPT | | | | outpatient | | | 3157 | 1192.23 | Multiplan | Multiplan | 2525.6 | 80 | | | 221.85 | 2999.15 | percent of total billed charges | |
| HC ESOPHAGOSCOPY FLEXIBLE B | 43200 | CPT | | | | outpatient | | | 3157 | 1192.23 | United | Oxford | 2493 | | | | 221.85 | 2999.15 | case rate | |
| HC ESOPHAGOSCOPY FLEXIBLE B | 43200 | CPT | | | | outpatient | | | 3157 | 1192.23 | Americare | Americare | 2367.75 | 75 | | | 221.85 | 2999.15 | percent of total billed charges | |
| HC ESOPHAGOSCOPY FLEXIBLE B | 43200 | CPT | | | | outpatient | | | 3157 | 1192.23 | Three Rivers | Three Rivers | 2999.15 | 95 | | | 221.85 | 2999.15 | percent of total billed charges | |
| HC ESOPHAGOSCOPY FLEXIBLE B | 43200 | CPT | | | | outpatient | | | 3157 | 1192.23 | Horizon | Indemnity | 2006.05 | | | | 221.85 | 2999.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGOSCOPY FLEXIBLE B | 43200 | CPT | | | | outpatient | | | 3157 | 1192.23 | Wellcare | Medicaid | 996.03 | 31.55 | | | 221.85 | 2999.15 | percent of total billed charges | |
| HC ESOPHAGOSCOPY FLEXIBLE B | 43200 | CPT | | | | outpatient | | | 3157 | 1192.23 | Consumer | Consumer | 2999.15 | 95 | | | 221.85 | 2999.15 | percent of total billed charges | |
| HC ESOPHAGOSCOPY FLEXIBLE B | 43200 | CPT | | | | outpatient | | | 3157 | 1192.23 | Wellcare | Medicare | 1036.72 | | | | 221.85 | 2999.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGOSCOPY FLEXIBLE B | 43200 | CPT | | | | outpatient | | | 3157 | 1192.23 | Qualcare | Qualcare | 2367.75 | 75 | | | 221.85 | 2999.15 | percent of total billed charges | |
| HC ESOPHAGOSCOPY FLEXIBLE B | 43200 | CPT | | | | outpatient | | | 3157 | 1192.23 | Horizon | NJ Health | 221.85 | | | | 221.85 | 2999.15 | fee schedule | $3,681 All-Inclusive Case Rate |
| HC ESOPHAGOSCOPY FLEXIBLE B | 43200 | CPT | | | | outpatient | | | 3157 | 1192.23 | Horizon | PPO | 2006.05 | | | | 221.85 | 2999.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGOSCOPY FLEXIBLE B | 43200 | CPT | | | | outpatient | | | 3157 | 1192.23 | UHC | Medicaid | 996.03 | 31.55 | | | 221.85 | 2999.15 | percent of total billed charges | |
| HC ESOPHAGOSCOPY FLEXIBLE B | 43200 | CPT | | | | outpatient | | | 3157 | 1192.23 | United | Commercial/PPO | 2493 | | | | 221.85 | 2999.15 | case rate | |
| HC ESOPHAGOSCOPY FLEXIBLE B | 43200 | CPT | | | | outpatient | | | 3157 | 1192.23 | WellPoint | WellPoint | 1015.92 | 32.18 | | | 221.85 | 2999.15 | percent of total billed charges | |
| HC EGD FLEXIBLE TRANSORAL | 43210 | CPT | | | | outpatient | | | 34102 | 13538.55 | Amerihealth | HMO/PPO | 22166.3 | 65 | | | 613.98 | 32396.9 | percent of total billed charges | |
| HC EGD FLEXIBLE TRANSORAL | 43210 | CPT | | | | outpatient | | | 34102 | 13538.55 | First Health | First Health | 23871.4 | 70 | | | 613.98 | 32396.9 | percent of total billed charges | |
| HC EGD FLEXIBLE TRANSORAL | 43210 | CPT | | | | outpatient | | | 34102 | 13538.55 | Consumer | Consumer | 32396.9 | 95 | | | 613.98 | 32396.9 | percent of total billed charges | |
| HC EGD FLEXIBLE TRANSORAL | 43210 | CPT | | | | outpatient | | | 34102 | 13538.55 | Horizon | MGD | 22780.08 | | | | 613.98 | 32396.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD FLEXIBLE TRANSORAL | 43210 | CPT | | | | outpatient | | | 34102 | 13538.55 | Aetna | Better Health | 10759.18 | 31.55 | | | 613.98 | 32396.9 | percent of total billed charges | |
| HC EGD FLEXIBLE TRANSORAL | 43210 | CPT | | | | outpatient | | | 34102 | 13538.55 | First Trenton | First Trenton | 30691.8 | 90 | | | 613.98 | 32396.9 | percent of total billed charges | |
| HC EGD FLEXIBLE TRANSORAL | 43210 | CPT | | | | outpatient | | | 34102 | 13538.55 | Americare | Americare | 25576.5 | 75 | | | 613.98 | 32396.9 | percent of total billed charges | |
| HC EGD FLEXIBLE TRANSORAL | 43210 | CPT | | | | outpatient | | | 34102 | 13538.55 | Aetna | Commercial | 19212.96 | | | | 613.98 | 32396.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD FLEXIBLE TRANSORAL | 43210 | CPT | | | | outpatient | | | 34102 | 13538.55 | Multiplan | Multiplan | 27281.6 | 80 | | | 613.98 | 32396.9 | percent of total billed charges | |
| HC EGD FLEXIBLE TRANSORAL | 43210 | CPT | | | | outpatient | | | 34102 | 13538.55 | Horizon | Indemnity | 22780.08 | | | | 613.98 | 32396.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD FLEXIBLE TRANSORAL | 43210 | CPT | | | | outpatient | | | 34102 | 13538.55 | Corrections | Corrections | 27281.6 | 80 | | | 613.98 | 32396.9 | percent of total billed charges | |
| HC EGD FLEXIBLE TRANSORAL | 43210 | CPT | | | | outpatient | | | 34102 | 13538.55 | Aetna | Medicare | 11772.65 | | | | 613.98 | 32396.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD FLEXIBLE TRANSORAL | 43210 | CPT | | | | outpatient | | | 34102 | 13538.55 | Horizon | PPO | 22780.08 | | | | 613.98 | 32396.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD FLEXIBLE TRANSORAL | 43210 | CPT | | | | outpatient | | | 34102 | 13538.55 | Horizon | Medicare Blue | 11772.65 | | | | 613.98 | 32396.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD FLEXIBLE TRANSORAL | 43210 | CPT | | | | outpatient | | | 34102 | 13538.55 | Horizon | NJ Health | 613.98 | | | | 613.98 | 32396.9 | fee schedule | $3,681 All-Inclusive Case Rate |
| HC EGD FLEXIBLE TRANSORAL | 43210 | CPT | | | | outpatient | | | 34102 | 13538.55 | United | Commercial/PPO | 3492 | | | | 613.98 | 32396.9 | case rate | |
| HC EGD FLEXIBLE TRANSORAL | 43210 | CPT | | | | outpatient | | | 34102 | 13538.55 | Qualcare | Qualcare | 25576.5 | 75 | | | 613.98 | 32396.9 | percent of total billed charges | |
| HC EGD FLEXIBLE TRANSORAL | 43210 | CPT | | | | outpatient | | | 34102 | 13538.55 | Managed Care Inc | Managed Care Inc | 30691.8 | 90 | | | 613.98 | 32396.9 | percent of total billed charges | |
| HC EGD FLEXIBLE TRANSORAL | 43210 | CPT | | | | outpatient | | | 34102 | 13538.55 | Three Rivers | Three Rivers | 32396.9 | 95 | | | 613.98 | 32396.9 | percent of total billed charges | |
| HC EGD FLEXIBLE TRANSORAL | 43210 | CPT | | | | outpatient | | | 34102 | 13538.55 | Wellcare | Medicaid | 10759.18 | 31.55 | | | 613.98 | 32396.9 | percent of total billed charges | |
| HC EGD FLEXIBLE TRANSORAL | 43210 | CPT | | | | outpatient | | | 34102 | 13538.55 | UHC | Medicare | 11772.65 | | | | 613.98 | 32396.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD FLEXIBLE TRANSORAL | 43210 | CPT | | | | outpatient | | | 34102 | 13538.55 | United | Oxford | 3492 | | | | 613.98 | 32396.9 | case rate | |
| HC EGD FLEXIBLE TRANSORAL | 43210 | CPT | | | | outpatient | | | 34102 | 13538.55 | UHC | Medicaid | 10759.18 | 31.55 | | | 613.98 | 32396.9 | percent of total billed charges | |
| HC EGD FLEXIBLE TRANSORAL | 43210 | CPT | | | | outpatient | | | 34102 | 13538.55 | Wellcare | Medicare | 11772.65 | | | | 613.98 | 32396.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD FLEXIBLE TRANSORAL | 43210 | CPT | | | | outpatient | | | 34102 | 13538.55 | WellPoint | WellPoint | 10974.02 | 32.18 | | | 613.98 | 32396.9 | percent of total billed charges | |
| HC ESOPHAGOSCOPY WISTENT PLACEMEN | 43212 | CPT | | | | outpatient | | | 9756 | 7495.78 | Consumer | Consumer | 9268.2 | 95 | | | 220.34 | 12612.47 | percent of total billed charges | |
| HC ESOPHAGOSCOPY WISTENT PLACEMEN | 43212 | CPT | | | | outpatient | | | 9756 | 7495.78 | Horizon | Indemnity | 12612.47 | | | | 220.34 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGOSCOPY WISTENT PLACEMEN | 43212 | CPT | | | | outpatient | | | 9756 | 7495.78 | Aetna | Better Health | 3078.02 | 31.55 | | | 220.34 | 12612.47 | percent of total billed charges | |
| HC ESOPHAGOSCOPY WISTENT PLACEMEN | 43212 | CPT | | | | outpatient | | | 9756 | 7495.78 | Aetna | Commercial | 10637.49 | | | | 220.34 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGOSCOPY WISTENT PLACEMEN | 43212 | CPT | | | | outpatient | | | 9756 | 7495.78 | First Health | First Health | 6829.2 | 70 | | | 220.34 | 12612.47 | percent of total billed charges | |
| HC ESOPHAGOSCOPY WISTENT PLACEMEN | 43212 | CPT | | | | outpatient | | | 9756 | 7495.78 | Horizon | Medicare Blue | 6518.07 | | | | 220.34 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGOSCOPY WISTENT PLACEMEN | 43212 | CPT | | | | outpatient | | | 9756 | 7495.78 | Corrections | Corrections | 7804.8 | 80 | | | 220.34 | 12612.47 | percent of total billed charges | |
| HC ESOPHAGOSCOPY WISTENT PLACEMEN | 43212 | CPT | | | | outpatient | | | 9756 | 7495.78 | Americare | Americare | 7317 | 75 | | | 220.34 | 12612.47 | percent of total billed charges | |
| HC ESOPHAGOSCOPY WISTENT PLACEMEN | 43212 | CPT | | | | outpatient | | | 9756 | 7495.78 | First Trenton | First Trenton | 8780.4 | 90 | | | 220.34 | 12612.47 | percent of total billed charges | |
| HC ESOPHAGOSCOPY WISTENT PLACEMEN | 43212 | CPT | | | | outpatient | | | 9756 | 7495.78 | Horizon | PPO | 12612.47 | | | | 220.34 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGOSCOPY WISTENT PLACEMEN | 43212 | CPT | | | | outpatient | | | 9756 | 7495.78 | Multiplan | Multiplan | 7804.8 | 80 | | | 220.34 | 12612.47 | percent of total billed charges | |
| HC ESOPHAGOSCOPY WISTENT PLACEMEN | 43212 | CPT | | | | outpatient | | | 9756 | 7495.78 | Aetna | Medicare | 6518.07 | | | | 220.34 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGOSCOPY WISTENT PLACEMEN | 43212 | CPT | | | | outpatient | | | 9756 | 7495.78 | Wellcare | Medicare | 6518.07 | | | | 220.34 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGOSCOPY WISTENT PLACEMEN | 43212 | CPT | | | | outpatient | | | 9756 | 7495.78 | UHC | Medicare | 6518.07 | | | | 220.34 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGOSCOPY WISTENT PLACEMEN | 43212 | CPT | | | | outpatient | | | 9756 | 7495.78 | Qualcare | Qualcare | 7317 | 75 | | | 220.34 | 12612.47 | percent of total billed charges | |
| HC ESOPHAGOSCOPY WISTENT PLACEMEN | 43212 | CPT | | | | outpatient | | | 9756 | 7495.78 | Amerihealth | HMO/PPO | 550 | | | | 220.34 | 12612.47 | fee schedule | |
| HC ESOPHAGOSCOPY WISTENT PLACEMEN | 43212 | CPT | | | | outpatient | | | 9756 | 7495.78 | Horizon | MGD | 12612.47 | | | | 220.34 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGOSCOPY WISTENT PLACEMEN | 43212 | CPT | | | | outpatient | | | 9756 | 7495.78 | WellPoint | WellPoint | 3139.48 | 32.18 | | | 220.34 | 12612.47 | percent of total billed charges | |
| HC ESOPHAGOSCOPY WISTENT PLACEMEN | 43212 | CPT | | | | outpatient | | | 9756 | 7495.78 | Managed Care Inc | Managed Care Inc | 8780.4 | 90 | | | 220.34 | 12612.47 | percent of total billed charges | |
| HC ESOPHAGOSCOPY WISTENT PLACEMEN | 43212 | CPT | | | | outpatient | | | 9756 | 7495.78 | Wellcare | Medicaid | 3078.02 | 31.55 | | | 220.34 | 12612.47 | percent of total billed charges | |
| HC ESOPHAGOSCOPY WISTENT PLACEMEN | 43212 | CPT | | | | outpatient | | | 9756 | 7495.78 | Three Rivers | Three Rivers | 9268.2 | 95 | | | 220.34 | 12612.47 | percent of total billed charges | |
| HC ESOPHAGOSCOPY WISTENT PLACEMEN | 43212 | CPT | | | | outpatient | | | 9756 | 7495.78 | Horizon | NJ Health | 220.34 | | | | 220.34 | 12612.47 | fee schedule | $3,681 All-Inclusive Case Rate |
| HC ESOPHAGOSCOPY WISTENT PLACEMEN | 43212 | CPT | | | | outpatient | | | 9756 | 7495.78 | UHC | Medicaid | 3078.02 | 31.55 | | | 220.34 | 12612.47 | percent of total billed charges | |
| HC ESOPHAGOSCOPY WISTENT PLACEMEN | 43212 | CPT | | | | outpatient | | | 9756 | 7495.78 | United | Commercial/PPO | 3492 | | | | 220.34 | 12612.47 | case rate | |
| HC ESOPHAGOSCOPY WISTENT PLACEMEN | 43212 | CPT | | | | outpatient | | | 9756 | 7495.78 | United | Oxford | 3492 | | | | 220.34 | 12612.47 | case rate | |
| HC BALLOON OVERWIRE/THROUGH SCOPE | 43220 | CPT | | | | outpatient | | | 6072 | 2502.63 | Aetna | Medicare | 2176.2 | | | | 221.85 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BALLOON OVERWIRE/THROUGH SCOPE | 43220 | CPT | | | | outpatient | | | 6072 | 2502.63 | UHC | Medicare | 2176.2 | | | | 221.85 | 5768.4 | other | Payer-specific

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC BALLOON OVERWIRE/THROUGH SCOPE | 43220 | CPT | | | | outpatient | | | 6072 | 2502.63 | Amerihealth | HMO/PPO | 300 | | | | 221.85 | | 5768.4 fee schedule | |
| HC BALLOON OVERWIRE/THROUGH SCOPE | 43220 | CPT | | | | outpatient | | | 6072 | 2502.63 | Consumer | Consumer | 5768.4 | 95 | | | 221.85 | | 5768.4 percent of total billed charges | |
| HC BALLOON OVERWIRE/THROUGH SCOPE | 43220 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | PPO | 4210.95 | | | | 221.85 | | 5768.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BALLOON OVERWIRE/THROUGH SCOPE | 43220 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | Medicare Blue | 2176.2 | | | | 221.85 | | 5768.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BALLOON OVERWIRE/THROUGH SCOPE | 43220 | CPT | | | | outpatient | | | 6072 | 2502.63 | First Health | First Health | 4250.4 | 70 | | | 221.85 | | 5768.4 percent of total billed charges | |
| HC BALLOON OVERWIRE/THROUGH SCOPE | 43220 | CPT | | | | outpatient | | | 6072 | 2502.63 | Qualcare | Qualcare | 4554 | 75 | | | 221.85 | | 5768.4 percent of total billed charges | |
| HC BALLOON OVERWIRE/THROUGH SCOPE | 43220 | CPT | | | | outpatient | | | 6072 | 2502.63 | UHC | Medicaid | 1915.72 | 31.55 | | | 221.85 | | 5768.4 percent of total billed charges | |
| HC BALLOON OVERWIRE/THROUGH SCOPE | 43220 | CPT | | | | outpatient | | | 6072 | 2502.63 | Wellcare | Medicaid | 1915.72 | 31.55 | | | 221.85 | | 5768.4 percent of total billed charges | |
| HC BALLOON OVERWIRE/THROUGH SCOPE | 43220 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | Indemnity | 4210.95 | | | | 221.85 | | 5768.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BALLOON OVERWIRE/THROUGH SCOPE | 43220 | CPT | | | | outpatient | | | 6072 | 2502.63 | Corrections | Corrections | 4857.6 | 80 | | | 221.85 | | 5768.4 percent of total billed charges | |
| HC BALLOON OVERWIRE/THROUGH SCOPE | 43220 | CPT | | | | outpatient | | | 6072 | 2502.63 | United | Oxford | 2493 | | | | 221.85 | | 5768.4 case rate | |
| HC BALLOON OVERWIRE/THROUGH SCOPE | 43220 | CPT | | | | outpatient | | | 6072 | 2502.63 | First Trenton | First Trenton | 5464.8 | 90 | | | 221.85 | | 5768.4 percent of total billed charges | |
| HC BALLOON OVERWIRE/THROUGH SCOPE | 43220 | CPT | | | | outpatient | | | 6072 | 2502.63 | WellPoint | WellPoint | 1953.97 | 32.18 | | | 221.85 | | 5768.4 percent of total billed charges | |
| HC BALLOON OVERWIRE/THROUGH SCOPE | 43220 | CPT | | | | outpatient | | | 6072 | 2502.63 | United | Commercial/PPO | 2493 | | | | 221.85 | | 5768.4 case rate | |
| HC BALLOON OVERWIRE/THROUGH SCOPE | 43220 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | NJ Health | 221.85 | | | 2909.91 | 221.85 | | 5768.4 fee schedule | $3,681 All-Inclusive Case Rate |
| HC BALLOON OVERWIRE/THROUGH SCOPE | 43220 | CPT | | | | outpatient | | | 6072 | 2502.63 | Managed Care Inc | Managed Care Inc | 5464.8 | 90 | | | 221.85 | | 5768.4 percent of total billed charges | |
| HC BALLOON OVERWIRE/THROUGH SCOPE | 43220 | CPT | | | | outpatient | | | 6072 | 2502.63 | Three Rivers | Three Rivers | 5768.4 | 95 | | | 221.85 | | 5768.4 percent of total billed charges | |
| HC BALLOON OVERWIRE/THROUGH SCOPE | 43220 | CPT | | | | outpatient | | | 6072 | 2502.63 | Wellcare | Medicare | 2176.2 | | | | 221.85 | | 5768.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGOSCOPY W US FNA X | 43232 | CPT | | | | outpatient | | | 2826 | 2502.63 | First Health | First Health | 1978.2 | 70 | | | 550 | | 4210.95 percent of total billed charges | |
| HC ESOPHAGOSCOPY W US FNA X | 43232 | CPT | | | | outpatient | | | 2826 | 2502.63 | First Trenton | First Trenton | 2543.4 | 90 | | | 550 | | 4210.95 percent of total billed charges | |
| HC ESOPHAGOSCOPY W US FNA X | 43232 | CPT | | | | outpatient | | | 2826 | 2502.63 | Corrections | Corrections | 2260.8 | 80 | | | 550 | | 4210.95 percent of total billed charges | |
| HC ESOPHAGOSCOPY W US FNA X | 43232 | CPT | | | | outpatient | | | 2826 | 2502.63 | Aetna | Commercial | 3551.56 | | | | 550 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGOSCOPY W US FNA X | 43232 | CPT | | | | outpatient | | | 2826 | 2502.63 | Consumer | Consumer | 2684.7 | 95 | | | 550 | | 4210.95 percent of total billed charges | |
| HC ESOPHAGOSCOPY W US FNA X | 43232 | CPT | | | | outpatient | | | 2826 | 2502.63 | Horizon | Indemnity | 4210.95 | | | | 550 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGOSCOPY W US FNA X | 43232 | CPT | | | | outpatient | | | 2826 | 2502.63 | Aetna | Better Health | 891.6 | 31.55 | | | 550 | | 4210.95 percent of total billed charges | |
| HC ESOPHAGOSCOPY W US FNA X | 43232 | CPT | | | | outpatient | | | 2826 | 2502.63 | Aetna | Medicare | 2176.2 | | | | 550 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGOSCOPY W US FNA X | 43232 | CPT | | | | outpatient | | | 2826 | 2502.63 | Multiplan | Multiplan | 2260.8 | 80 | | | 550 | | 4210.95 percent of total billed charges | |
| HC ESOPHAGOSCOPY W US FNA X | 43232 | CPT | | | | outpatient | | | 2826 | 2502.63 | Managed Care Inc | Managed Care Inc | 2543.4 | 90 | | | 550 | | 4210.95 percent of total billed charges | |
| HC ESOPHAGOSCOPY W US FNA X | 43232 | CPT | | | | outpatient | | | 2826 | 2502.63 | Horizon | Medicare Blue | 2176.2 | | | | 550 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGOSCOPY W US FNA X | 43232 | CPT | | | | outpatient | | | 2826 | 2502.63 | Americare | Americare | 2119.5 | 75 | | | 550 | | 4210.95 percent of total billed charges | |
| HC ESOPHAGOSCOPY W US FNA X | 43232 | CPT | | | | outpatient | | | 2826 | 2502.63 | Horizon | PPO | 4210.95 | | | | 550 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGOSCOPY W US FNA X | 43232 | CPT | | | | outpatient | | | 2826 | 2502.63 | Qualcare | Qualcare | 2119.5 | 75 | | | 550 | | 4210.95 percent of total billed charges | |
| HC ESOPHAGOSCOPY W US FNA X | 43232 | CPT | | | | outpatient | | | 2826 | 2502.63 | Three Rivers | Three Rivers | 2684.7 | 95 | | | 550 | | 4210.95 percent of total billed charges | |
| HC ESOPHAGOSCOPY W US FNA X | 43232 | CPT | | | | outpatient | | | 2826 | 2502.63 | Amerihealth | HMO/PPO | 550 | | | | 550 | | 4210.95 fee schedule | |
| HC ESOPHAGOSCOPY W US FNA X | 43232 | CPT | | | | outpatient | | | 2826 | 2502.63 | UHC | Medicaid | 891.6 | 31.55 | | | 550 | | 4210.95 percent of total billed charges | |
| HC ESOPHAGOSCOPY W US FNA X | 43232 | CPT | | | | outpatient | | | 2826 | 2502.63 | WellPoint | WellPoint | 909.41 | 32.18 | | | 550 | | 4210.95 percent of total billed charges | |
| HC ESOPHAGOSCOPY W US FNA X | 43232 | CPT | | | | outpatient | | | 2826 | 2502.63 | Wellcare | Medicaid | 891.6 | 31.55 | | | 550 | | 4210.95 percent of total billed charges | |
| HC ESOPHAGOSCOPY W US FNA X | 43232 | CPT | | | | outpatient | | | 2826 | 2502.63 | Horizon | MGD | 4210.95 | | | | 550 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGOSCOPY W US FNA X | 43232 | CPT | | | | outpatient | | | 2826 | 2502.63 | United | Commercial/PPO | 2493 | | | | 550 | | 4210.95 case rate | |
| HC ESOPHAGOSCOPY W US FNA X | 43232 | CPT | | | | outpatient | | | 2826 | 2502.63 | UHC | Medicare | 2176.2 | | | | 550 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGOSCOPY W US FNA X | 43232 | CPT | | | | outpatient | | | 2826 | 2502.63 | Wellcare | Medicare | 2176.2 | | | | 550 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGOSCOPY W US FNA X | 43232 | CPT | | | | outpatient | | | 2826 | 2502.63 | Horizon | NJ Health | 587.25 | | | | 550 | | 4210.95 fee schedule | $3,681 All-Inclusive Case Rate |
| HC ESOPHAGOSCOPY W US FNA X | 43232 | CPT | | | | outpatient | | | 2826 | 2502.63 | United | Oxford | 2493 | | | | 550 | | 4210.95 case rate | |
| HC EGD BALLOON DIL ESOPH >=30 MM | 43233 | CPT | | | | outpatient | | | 5762 | 2502.63 | Americare | Americare | 4321.5 | 75 | | | 267 | | 5473.9 percent of total billed charges | |
| HC EGD BALLOON DIL ESOPH >=30 MM | 43233 | CPT | | | | outpatient | | | 5762 | 2502.63 | Consumer | Consumer | 5473.9 | 95 | | | 267 | | 5473.9 percent of total billed charges | |
| HC EGD BALLOON DIL ESOPH >=30 MM | 43233 | CPT | | | | outpatient | | | 5762 | 2502.63 | Horizon | MGD | 4210.95 | | | | 267 | | 5473.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD BALLOON DIL ESOPH >=30 MM | 43233 | CPT | | | | outpatient | | | 5762 | 2502.63 | Multiplan | Multiplan | 4609.6 | 80 | | | 267 | | 5473.9 percent of total billed charges | |
| HC EGD BALLOON DIL ESOPH >=30 MM | 43233 | CPT | | | | outpatient | | | 5762 | 2502.63 | Amerihealth | HMO/PPO | 550 | | | | 267 | | 5473.9 fee schedule | |
| HC EGD BALLOON DIL ESOPH >=30 MM | 43233 | CPT | | | | outpatient | | | 5762 | 2502.63 | First Health | First Health | 4033.4 | 70 | | | 267 | | 5473.9 percent of total billed charges | |
| HC EGD BALLOON DIL ESOPH >=30 MM | 43233 | CPT | | | | outpatient | | | 5762 | 2502.63 | Aetna | Commercial | 3551.56 | | | | 267 | | 5473.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD BALLOON DIL ESOPH >=30 MM | 43233 | CPT | | | | outpatient | | | 5762 | 2502.63 | Aetna | Better Health | 1817.91 | 31.55 | | | 267 | | 5473.9 percent of total billed charges | |
| HC EGD BALLOON DIL ESOPH >=30 MM | 43233 | CPT | | | | outpatient | | | 5762 | 2502.63 | First Trenton | First Trenton | 5185.8 | 90 | | | 267 | | 5473.9 percent of total billed charges | |
| HC EGD BALLOON DIL ESOPH >=30 MM | 43233 | CPT | | | | outpatient | | | 5762 | 2502.63 | Qualcare | Qualcare | 4321.5 | 75 | | | 267 | | 5473.9 percent of total billed charges | |
| HC EGD BALLOON DIL ESOPH >=30 MM | 43233 | CPT | | | | outpatient | | | 5762 | 2502.63 | UHC | Medicare | 2176.2 | | | | 267 | | 5473.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD BALLOON DIL ESOPH >=30 MM | 43233 | CPT | | | | outpatient | | | 5762 | 2502.63 | Aetna | Medicare | 2176.2 | | | | 267 | | 5473.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD BALLOON DIL ESOPH >=30 MM | 43233 | CPT | | | | outpatient | | | 5762 | 2502.63 | Horizon | Indemnity | 4210.95 | | | | 267 | | 5473.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD BALLOON DIL ESOPH >=30 MM | 43233 | CPT | | | | outpatient | | | 5762 | 2502.63 | UHC | Medicaid | 1817.91 | 31.55 | | | 267 | | 5473.9 percent of total billed charges | |
| HC EGD BALLOON DIL ESOPH >=30 MM | 43233 | CPT | | | | outpatient | | | 5762 | 2502.63 | Horizon | Medicare Blue | 2176.2 | | | | 267 | | 5473.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD BALLOON DIL ESOPH >=30 MM | 43233 | CPT | | | | outpatient | | | 5762 | 2502.63 | Corrections | Corrections | 4609.6 | 80 | | | 267 | | 5473.9 percent of total billed charges | |
| HC EGD BALLOON DIL ESOPH >=30 MM | 43233 | CPT | | | | outpatient | | | 5762 | 2502.63 | United | Commercial/PPO | 2493 | | | | 267 | | 5473.9 case rate | |
| HC EGD BALLOON DIL ESOPH >=30 MM | 43233 | CPT | | | | outpatient | | | 5762 | 2502.63 | Horizon | PPO | 4210.95 | | | | 267 | | 5473.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD BALLOON DIL ESOPH >=30 MM | 43233 | CPT | | | | outpatient | | | 5762 | 2502.63 | Horizon | NJ Health | 267 | | | | 267 | | 5473.9 fee schedule | $3,681 All-Inclusive Case Rate |
| HC EGD BALLOON DIL ESOPH >=30 MM | 43233 | CPT | | | | outpatient | | | 5762 | 2502.63 | WellPoint | WellPoint | 1854.21 | 32.18 | | | 267 | | 5473.9 percent of total billed charges | |
| HC EGD BALLOON DIL ESOPH >=30 MM | 43233 | CPT | | | | outpatient | | | 5762 | 2502.63 | Wellcare | Medicaid | 1817.91 | 31.55 | | | 267 | | 5473.9 percent of total billed charges | |
| HC EGD BALLOON DIL ESOPH >=30 MM | 43233 | CPT | | | | outpatient | | | 5762 | 2502.63 | Managed Care Inc | Managed Care Inc | 5185.8 | 90 | | | 267 | | 5473.9 percent of total billed charges | |
| HC EGD BALLOON DIL ESOPH >=30 MM | 43233 | CPT | | | | outpatient | | | 5762 | 2502.63 | Three Rivers | Three Rivers | 5473.9 | 95 | | | 267 | | 5473.9 percent of total billed charges | |
| HC EGD BALLOON DIL ESOPH >=30 MM | 43233 | CPT | | | | outpatient | | | 5762 | 2502.63 | United | Oxford | 2493 | | | | 267 | | 5473.9 case rate | |
| HC EGD BALLOON DIL ESOPH >=30 MM | 43233 | CPT | | | | outpatient | | | 5762 | 2502.63 | Wellcare | Medicare | 2176.2 | | | | 267 | | 5473.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD UPPER GL DX | 43235 | CPT | | | | both | | | 3205 | 1192.23 | Corrections | Corrections | 2564 | 80 | | 758.22 | 300 | | 3044.75 percent of total billed charges | |
| HC EGD UPPER GL DX | 43235 | CPT | | | | both | | | 3205 | 1192.23 | Consumer | Consumer | 3044.75 | 95 | | | 300 | | 3044.75 percent of total billed charges | |
| HC EGD UPPER GL DX | 43235 | CPT | | | | both | | | 3205 | 1192.23 | First Trenton | First Trenton | 2884.5 | 90 | | | 300 | | 3044.75 percent of total billed charges | |
| HC EGD UPPER GL DX | 43235 | CPT | | | | both | | | 3205 | 1192.23 | Aetna | Better Health | 1011.18 | 31.55 | | 975.99 | 300 | | 3044.75 percent of total billed charges | |
| HC EGD UPPER GL DX | 43235 | CPT | | | | both | | | 3205 | 1192.23 | Aetna | Commercial | 1691.93 | | | 727.66 | 300 | | 3044.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD UPPER GL DX | 43235 | CPT | | | | both | | | 3205 | 1192.23 | Americare | Americare | 2403.75 | 75 | | | 300 | | 3044.75 percent of total billed charges | |
| HC EGD UPPER GL DX | 43235 | CPT | | | | both | | | 3205 | 1192.23 | Amerihealth | HMO/PPO | 300 | | | | 300 | | 3044.75 fee schedule | |
| HC EGD UPPER GL DX | 43235 | CPT | | | | both | | | 3205 | 1192.23 | Aetna | Medicare | 1036.72 | | | | 300 | | 3044.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD UPPER GL DX | 43235 | CPT | | | | both | | | 3205 | 1192.23 | Horizon | PPO | 2006.05 | | | 601.76 | 300 | | 3044.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD UPPER GL DX | 43235 | CPT | | | | both | | | 3205 | 1192.23 | Horizon | Indemnity | 2006.05 | | | 971.01 | 300 | | 3044.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD UPPER GL DX | 43235 | CPT | | | | both | | | 3205 | 1192.23 | Managed Care Inc | Managed Care Inc | 2884.5 | 90 | | | 300 | | 3044.75 percent of total billed charges | |
| HC EGD UPPER GL DX | 43235 | CPT | | | | both | | | 3205 | 1192.23 | Horizon | NJ Health | 394.11 | | | 642.39 | 300 | | 3044.75 fee schedule | $3,681 All-Inclusive Case Rate |
| HC EGD UPPER GL DX | 43235 | CPT | | | | both | | | 3205 | 1192.23 | Multiplan | Multiplan | 2564 | 80 | | | 300 | | 3044.75 percent of total billed charges | |
| HC EGD UPPER GL DX | 43235 | CPT | | | | both | | | 3205 | 1192.23 | Wellcare | Medicare | 1036.72 | | | 295.48 | 300 | | 3044.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD UPPER GL DX | 43235 | CPT | | | | both | | | 3205 | 1192.23 | United | Commercial/PPO | 2493 | | | | 300 | | 3044.75 case rate | |
| HC EGD UPPER GL DX | 43235 | CPT | | | | both | | | 3205 | 1192.23 | First Health | First Health | 2243.5 | 70 | | | 300 | | 3044.75 percent of total billed charges | |
| HC EGD UPPER GL DX | 43235 | CPT | | | | both | | | 3205 | 1192.23 | Qualcare | Qualcare | 2403.75 | 75 | | | 300 | | 3044.75 percent of total billed charges | |
| HC EGD UPPER GL DX | 43235 | CPT | | | | both | | | 3205 | 1192.23 | Horizon | MGD | 2006.05 | | | 1425.71 | 300 | | 3044.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD UPPER GL DX | 43235 | CPT | | | | both | | | 3205 | 1192.23 | Three Rivers | Three Rivers | 3044.75 | 95 | | | 300 | | 3044.75 percent of total billed charges | |
| HC EGD UPPER GL DX | 43235 | CPT | | | | both | | | 3205 | 1192.23 | Horizon | Medicare Blue | 1036.72 | | | 667.15 | 300 | | 3044.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD UPPER GL DX | 43235 | CPT | | | | both | | | 3205 | 1192.23 | UHC | Medicare | 1036.72 | | | 694.65 | 300 | | 3044.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD UPPER GL DX | 43235 | CPT | | | | both | | | 3205 | 1192.23 | United | Oxford | 2493 | | | | 300 | | 3044.75 case rate | |
| HC EGD UPPER GL DX | 43235 | CPT | | | | both | | | 3205 | 1192.23 | UHC | Medicaid | 1011.18 | 31.55 | | 743.44 | 300 | | 3044.75 percent of total billed charges | |
| HC EGD UPPER GL DX | 43235 | CPT | | | | both | | | 3205 | 1192.23 | Wellcare | Medicaid | 1011.18 | 31.55 | | | 300 | | 3044.75 percent of total billed charges | |
| HC EGD UPPER GL DX | 43235 | CPT | | | | both | | | 3205 | 1192.23 | WellPoint | WellPoint | 1031.37 | 32.18 | | 842.86 | 300 | | 3044.75 percent of total billed charges | |
| HC EGD/WSUBMUCOSAL INJECTION ANDY | 43236 | CPT | | | | outpatient | | | 3390 | 1192.23 | Horizon | Indemnity | 2006.05 | | | | 300 | | 3220.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD/WSUBMUCOSAL INJECTION ANDY | 43236 | CPT | | | | outpatient | | | 3390 | 1192.23 | Corrections | Corrections | 2712 | 80 | | | 300 | | 3220.5 percent of total billed charges | |
| HC EGD/WSUBMUCOSAL INJECTION ANDY | 43236 | CPT | | | | outpatient | | | 3390 | 1192.23 | UHC | Medicaid | 1069.55 | 31.55 | | | 300 | | 3220.5 percent of total billed charges | |
| HC EGD/WSUBMUCOSAL INJECTION ANDY | 43236 | CPT | | | | outpatient | | | 3390 | 1192.23 | Aetna | Better Health | 1069.55 | 31.55 | | | 300 | | 3220.5 percent of total billed charges | |
| HC EGD/WSUBMUCOSAL INJECTION ANDY | 43236 | CPT | | | | outpatient | | | 3390 | 1192.23 | Aetna | Commercial | 1691.93 | | | | 300 | | 3220.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD/WSUBMUCOSAL INJECTION ANDY | 43236 | CPT | | | | outpatient | | | 3390 | 1192.23 | Aetna | Medicare | 1036.72 | | | 282.03 | 300 | | 3220.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD/WSUBMUCOSAL INJECTION ANDY | 43236 | CPT | | | | outpatient | | | 3390 | 1192.23 | First Trenton | First Trenton | 3051 | 90 | | | 300 | | 3220.5 percent of total billed charges | |
| HC EGD/WSUBMUCOSAL INJECTION ANDY | 43236 | CPT | | | | outpatient | | | 3390 | 1192.23 | Amerihealth | HMO/PPO | 300 | | | | 300 | | 3220.5 fee schedule | |
| HC EGD/WSUBMUCOSAL INJECTION ANDY | 43236 | CPT | | | | outpatient | | | 3390 | 1192.23 | Americare | Americare | 2542.5 | 75 | | | 300 | | 3220.5 percent of total billed charges | |
| HC EGD/WSUBMUCOSAL INJECTION ANDY | 43236 | CPT | | | | outpatient | | | 3390 | 1192.23 | Horizon | Medicare Blue | 1036.72 | | | 400.53 | 300 | | 3220.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD/WSUBMUCOSAL INJECTION ANDY | 43236 | CPT | | | | outpatient | | | 3390 | 1192.23 | United | Commercial/PPO | 2493 | | | | 300 | | 3220.5 case rate | |
| HC EGD/WSUBMUCOSAL INJECTION ANDY | 43236 | CPT | | | | outpatient | | | 3390 | 1192.23 | Multiplan | Multiplan | 2712 | 80 | | | 300 | | 3220.5 percent of total billed charges | |
| HC EGD/WSUBMUCOSAL INJECTION ANDY | 43236 | CPT | | | | outpatient | | | 3390 | 1192.23 | Three Rivers | Three Rivers | 3220.5 | 95 | | | 300 | | 3220.5 percent of total billed charges | |
| HC EGD/WSUBMUCOSAL INJECTION ANDY | 43236 | CPT | | | | outpatient | | | 3390 | 1192.23 | Consumer | Consumer | 3220.5 | 95 | | | 300 | | 3220.5 percent of total billed charges | |
| HC EGD/WSUBMUCOSAL INJECTION ANDY | 43236 | CPT | | | | outpatient | | | 3390 | 1192.23 | Wellcare | Medicare | 1036.72 | | | | 300 | | 3220.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD/WSUBMUCOSAL INJECTION ANDY | 43236 | CPT | | | | outpatient | | | 3390 | 1192.23 | First Health | First Health | 2373 | 70 | | | 300 | | 3220.5 percent of total billed charges | |
| HC EGD/WSUBMUCOSAL INJECTION ANDY | 43236 | CPT | | | | outpatient | | | 3390 | 1192.23 | WellPoint | WellPoint | 1090.9 | 32.18 | | 508.14 | 300 | | 3220.5 percent of total billed charges | |
| HC EGD/WSUBMUCOSAL INJECTION ANDY | 43236 | CPT | | | | outpatient | | | 3390 | 1192.23 | Horizon | NJ Health | 365.4 | | | 1390.17 | 300 | | 3220.5 fee schedule | $3,681 All-Inclusive Case Rate |
| HC EGD/WSUBMUCOSAL INJECTION ANDY | 43236 | CPT | | | | outpatient | | | 3390 | 1192.23 | Qualcare | Qualcare | 2542.5 | 75 | | | 300 | | 3220.5 percent of total billed charges | |
| HC EGD/WSUBMUCOSAL INJECTION ANDY | 43236 | CPT | | | | outpatient | | | 3390 | 1192.23 | Horizon | PPO | 2006.05 | | | 1194.61 | 300 | | 3220.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD/WSUBMUCOSAL INJECTION ANDY | 43236 | CPT | | | | outpatient | | | 3390 | 1192.23 | Horizon | MGD | 2006.05 | | | | 300 | | 3220.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD/WSUBMUCOSAL INJECTION ANDY | 43236 | CPT | | | | outpatient | | | 3390 | 1192.23 | Managed Care Inc | Managed Care Inc | 3051 | 90 | | | 300 | | 3220.5 percent of total billed charges | |
| HC EGD/WSUBMUCOSAL INJECTION ANDY | 43236 | CPT | | | | outpatient | | | 3390 | 1192.23 | Wellcare | Medicaid | 1069.55 | 31.55 | | | 300 | | 3220.5 percent of total billed charges | |
| HC EGD/WSUBMUCOSAL INJECTION ANDY | 43236 | CPT | | | | outpatient | | | 3390 | 1192.23 | UHC | Medicare | 1036.72 | | | 705.89 | 300 | | 3220.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD/WSUBMUCOSAL INJECTION ANDY | 43236 | CPT | | | | outpatient | | | 3390 | 1192.23 | United | Oxford | 2493 | | | | 300 | | 3220.5 case rate | |
| HC W/ENDOSCOPIC US EXAM LIM/D TO | 43237 | CPT | | | | outpatient | | | 3001 | 2502.63 | Aetna | Commercial | 3551.56 | | | 933.36 | 365.4 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC W/ENDOSCOPIC US EXAM LIM/D TO | 43237 | CPT | | | | outpatient | | | 3001 | 2502.63 | Aetna | Better Health | 946.82 | 31.55 | | | 365.4 | | 4210.95 percent of total billed charges | |
| HC W/ENDOSCOPIC US EXAM LIM/D TO | 43237 | CPT | | | | outpatient | | | 3001 | 2502.63 | Horizon | Medicare Blue | 2176.2 | | | 480.42 | 365.4 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC W/ENDOSCOPIC US EXAM LIM/D TO | 43237 | CPT | | | | outpatient | | | 3001 | 2502.63 | First Health | First Health | 2100.7 | 70 | | | 365.4 | | 4210.95 percent of total billed charges | |
| HC W/ENDOSCOPIC US EXAM LIM/D TO | 43237 | CPT | | | | outpatient | | | 3001 | 2502.63 | Amerihealth | HMO/PPO | 550 | | | | 365.4 | | 4210.95 fee schedule | |
| HC W/ENDOSCOPIC US EXAM LIM/D TO | 43237 | CPT | | | | outpatient | | | 3001 | 2502.63 | Aetna | Medicare | 2176.2 | | | 403.51 | 365.4 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC W/ENDOSCOPIC US EXAM LIM/D TO | 43237 | CPT | | | | outpatient | | | 3001 | 2502.63 | Corrections | Corrections | 2400.8 | 80 | | 896.03 | 365.4 | | 4210.95 percent of total billed charges | |
| HC W/ENDOSCOPIC US EXAM LIM/D TO | 43237 | CPT | | | | outpatient | | | 3001 | 2502.63 | Consumer | Consumer | 2850.95 | 95 | | | 365.4 | | 4210.95 percent of total billed charges | |
| HC W/ENDOSCOPIC US EXAM LIM/D TO | 43237 | CPT | | | | outpatient | | | 3001 | 2502.63 | Americare | Americare | 2250.75 | 75 | | | 365.4 | | 4210.95 percent of total billed charges | |
| HC W/ENDOSCOPIC US EXAM LIM/D TO | 43237 | CPT | | | | outpatient | | | 3001 | 2502.63 | Horizon | Indemnity | 4210.95 | | | 1091.66 | 365.4 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC W/ENDOSCOPIC US EXAM LIM/D TO | 43237 | CPT | | | | outpatient | | | 3001 | 2502.63 | First Trenton | First Trenton | 2700.9 | 90 | | | 365.4 | | 4210.95 percent of total billed charges | |
| HC W/ENDOSCOPIC US EXAM LIM/D TO | 43237 | CPT | | | | outpatient | | | 3001 | 2502.63 | Multiplan | Multiplan | 2400.8 | 80 | | | 365.4 | | 4210.95 percent of total billed charges | |
| HC W/ENDOSCOPIC US EXAM LIM/D TO | 43237 | CPT | | | | outpatient | | | 3001 | 2502.63 | UHC | Medicaid | 946.82 | 31.55 | | 690.33 | 365.4 | | 4210.95 percent of total billed charges | |
| HC W/ENDOSCOPIC US EXAM LIM/D TO | 43237 | CPT | | | | outpatient | | | 3001 | 2502.63 | Horizon | PPO | 4210.95 | | | 1990.95 | 365.4 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC W/ENDOSCOPIC US EXAM LIM/D TO | 43237 | CPT | | | | outpatient | | | 3001 | 2502.63 | Managed Care Inc | Managed Care Inc | 2700.9 | 90 | | | 365.4 | | 4210.95 percent of total billed charges | |
| HC W/ENDOSCOPIC US EXAM LIM/D TO | 43237 | CPT | | | | outpatient | | | 3001 | 2502.63 | Horizon | NJ Health | 365.4 | | | 1187.71 | 365.4 | | 4210.95 fee schedule | $3,681 All-Inclusive Case Rate |
| HC W/ENDOSCOPIC US EXAM LIM/D TO | 43237 | CPT | | | | outpatient | | | 3001 | 2502.63 | Horizon | MGD | 4210.95 | | | 524.51 | 365.4 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC W/ENDOSCOPIC US EXAM LIM/D TO | 43237 | CPT | | | | outpatient | | | 3001 | 2502.63 | WellPoint | WellPoint | 965.72 | 32.18 | | | 365.4 | | 4210.95 percent of total billed charges | |
| HC W/ENDOSCOPIC US EXAM LIM/D TO | 43237 | CPT | | | | outpatient | | | 3001 | 2502.63 | Three Rivers | Three Rivers | 2850.95 | 95 | | | 365.4 | | 4210.95 percent of total billed charges | |
| HC W/ENDOSCOPIC US EXAM LIM/D TO | 43237 | CPT | | | | outpatient | | | 3001 | 2502.63 | Qualcare | Qualcare | 2250.75 | 75 | | | 365.4 | | 4210.95 percent of total billed charges | |
| HC W/ENDOSCOPIC US EXAM LIM/D TO | 43237 | CPT | | | | outpatient | | | 3001 | 2502.63 | United | Commercial/PPO | 2493 | | | 2209.25 | 365.4 | | 4210.95 case rate | |
| HC W/ENDOSCOPIC US EXAM LIM/D TO | 43237 | CPT | | | | outpatient | | | 3001 | 2502.63 | United | Oxford | 2493 | | | | 365.4 | | 4210.95 case rate | |
| HC W/ENDOSCOPIC US EXAM LIM/D TO | 43237 | CPT | | | | outpatient | | | 3001 | 2502.63 | UHC | Medicare | 2176.2 | | | 841.18 | 365.4 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC W/ENDOSCOPIC US EXAM LIM/D TO | 43237 | CPT | | | | outpatient | | | 3001 | 2502.63 | Wellcare | Medicare | 2176.2 | | | | 365.4 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC W/ENDOSCOPIC US EXAM LIM/D TO | 43237 | CPT | | | | outpatient | | | 3001 | 2502.63 | Wellcare | Medicaid | 946.82 | 31.55 | | | 365.4 | | 4210.95 percent of total billed charges | |
| HC UGI W US-FNA OF ESOPH | 43238 | CPT | | | | outpatient | | | 2826 | 2502.63 | First Health | First Health | 1978.2 | 70 | | | 451.53 | | 4210.95 percent of total billed charges | |
| HC UGI W US-FNA OF ESOPH | 43238 | CPT | | | | outpatient | | | 2826 | 2502.63 | Horizon | NJ Health | 451.53 | | | 1121.31 | 451.53 | | 4210.95 fee schedule | $3,681 All-Inclusive Case Rate |
| HC UGI W US-FNA OF ESOPH | 43238 | CPT | | | | outpatient | | | 2826 | 2502.63 | Aetna | Commercial | 3551.56 | | | 626.84 | 451.53 | | 4210.95 

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC UGI W US-FNA OF ESOPH | 43238 | CPT | | | | outpatient | | | 2826 | 2502.63 | Horizon | MGD | 4210.95 | | | | 451.53 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UGI W US-FNA OF ESOPH | 43238 | CPT | | | | outpatient | | | 2826 | 2502.63 | Corrections | Corrections | 2260.8 | 80 | | | 451.53 | | 4210.95 percent of total billed charges | |
| HC UGI W US-FNA OF ESOPH | 43238 | CPT | | | | outpatient | | | 2826 | 2502.63 | Horizon | Medicare Blue | 2176.2 | | | | 451.53 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UGI W US-FNA OF ESOPH | 43238 | CPT | | | | outpatient | | | 2826 | 2502.63 | Three Rivers | Three Rivers | 2684.7 | 95 | | | 451.53 | | 4210.95 percent of total billed charges | |
| HC UGI W US-FNA OF ESOPH | 43238 | CPT | | | | outpatient | | | 2826 | 2502.63 | WellPoint | WellPoint | 909.41 | 32.18 | | 487.05 | 451.53 | | 4210.95 percent of total billed charges | |
| HC UGI W US-FNA OF ESOPH | 43238 | CPT | | | | outpatient | | | 2826 | 2502.63 | First Trenton | First Trenton | 2543.4 | 90 | | | 451.53 | | 4210.95 percent of total billed charges | |
| HC UGI W US-FNA OF ESOPH | 43238 | CPT | | | | outpatient | | | 2826 | 2502.63 | Americare | Americare | 2119.5 | 75 | | | 451.53 | | 4210.95 percent of total billed charges | |
| HC UGI W US-FNA OF ESOPH | 43238 | CPT | | | | outpatient | | | 2826 | 2502.63 | Amerihealth | HMO/PPO | 650 | | | | 451.53 | | 4210.95 fee schedule | |
| HC UGI W US-FNA OF ESOPH | 43238 | CPT | | | | outpatient | | | 2826 | 2502.63 | Multiplan | Multiplan | 2260.8 | 80 | | | 451.53 | | 4210.95 percent of total billed charges | |
| HC UGI W US-FNA OF ESOPH | 43238 | CPT | | | | outpatient | | | 2826 | 2502.63 | United | Commercial/PPO | 2493 | | | | 451.53 | | 4210.95 case rate | |
| HC UGI W US-FNA OF ESOPH | 43238 | CPT | | | | outpatient | | | 2826 | 2502.63 | Consumer | Consumer | 2684.7 | 95 | | | 451.53 | | 4210.95 percent of total billed charges | |
| HC UGI W US-FNA OF ESOPH | 43238 | CPT | | | | outpatient | | | 2826 | 2502.63 | Wellcare | Medicare | 2176.2 | | | | 451.53 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UGI W US-FNA OF ESOPH | 43238 | CPT | | | | outpatient | | | 2826 | 2502.63 | Qualcare | Qualcare | 2119.5 | 75 | | | 451.53 | | 4210.95 percent of total billed charges | |
| HC UGI W US-FNA OF ESOPH | 43238 | CPT | | | | outpatient | | | 2826 | 2502.63 | Managed Care Inc | Managed Care Inc | 2543.4 | 90 | | | 451.53 | | 4210.95 percent of total billed charges | |
| HC UGI W US-FNA OF ESOPH | 43238 | CPT | | | | outpatient | | | 2826 | 2502.63 | UHC | Medicare | 2176.2 | | | 573.1 | 451.53 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UGI W US-FNA OF ESOPH | 43238 | CPT | | | | outpatient | | | 2826 | 2502.63 | Horizon | Indemnity | 4210.95 | | | | 451.53 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UGI W US-FNA OF ESOPH | 43238 | CPT | | | | outpatient | | | 2826 | 2502.63 | United | Oxford | 2493 | | | 470.98 | 451.53 | | 4210.95 case rate | |
| HC UGI W US-FNA OF ESOPH | 43238 | CPT | | | | outpatient | | | 2826 | 2502.63 | Horizon | PPO | 4210.95 | | | 1289.43 | 451.53 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UGI W US-FNA OF ESOPH | 43238 | CPT | | | | outpatient | | | 2826 | 2502.63 | UHC | Medicaid | 891.6 | 31.55 | | 767.22 | 451.53 | | 4210.95 percent of total billed charges | |
| HC UGI W US-FNA OF ESOPH | 43238 | CPT | | | | outpatient | | | 2826 | 2502.63 | Wellcare | Medicaid | 891.6 | 31.55 | | 808.77 | 451.53 | | 4210.95 percent of total billed charges | |
| HC EGD PLUS BIOPSY | 43239 | CPT | | | | both | | | 3205 | 1192.23 | Wellcare | Medicaid | 1011.18 | 31.55 | | 686.43 | 523.46 | | 3044.75 percent of total billed charges | |
| HC EGD PLUS BIOPSY | 43239 | CPT | | | | both | | | 3205 | 1192.23 | Aetna | Commercial | 1691.93 | | | 604.24 | 523.46 | | 3044.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD PLUS BIOPSY | 43239 | CPT | | | | both | | | 3205 | 1192.23 | Amerihealth | HMO/PPO | 550 | | | 611.03 | 523.46 | | 3044.75 fee schedule | |
| HC EGD PLUS BIOPSY | 43239 | CPT | | | | both | | | 3205 | 1192.23 | Aetna | Medicare | 1036.72 | | | 544.91 | 523.46 | | 3044.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD PLUS BIOPSY | 43239 | CPT | | | | both | | | 3205 | 1192.23 | Aetna | Better Health | 1011.18 | 31.55 | | | 523.46 | | 3044.75 percent of total billed charges | |
| HC EGD PLUS BIOPSY | 43239 | CPT | | | | both | | | 3205 | 1192.23 | First Trenton | First Trenton | 2884.5 | 90 | | | 523.46 | | 3044.75 percent of total billed charges | |
| HC EGD PLUS BIOPSY | 43239 | CPT | | | | both | | | 3205 | 1192.23 | Corrections | Corrections | 2564 | 80 | | 970.85 | 523.46 | | 3044.75 percent of total billed charges | |
| HC EGD PLUS BIOPSY | 43239 | CPT | | | | both | | | 3205 | 1192.23 | First Health | First Health | 2243.5 | 70 | | | 523.46 | | 3044.75 percent of total billed charges | |
| HC EGD PLUS BIOPSY | 43239 | CPT | | | | both | | | 3205 | 1192.23 | Americare | Americare | 2403.75 | 75 | | | 523.46 | | 3044.75 percent of total billed charges | |
| HC EGD PLUS BIOPSY | 43239 | CPT | | | | both | | | 3205 | 1192.23 | United | Commercial/PPO | 2493 | | | 825.06 | 523.46 | | 3044.75 case rate | |
| HC EGD PLUS BIOPSY | 43239 | CPT | | | | both | | | 3205 | 1192.23 | WellPoint | WellPoint | 1031.37 | 32.18 | | 792.06 | 523.46 | | 3044.75 percent of total billed charges | |
| HC EGD PLUS BIOPSY | 43239 | CPT | | | | both | | | 3205 | 1192.23 | Wellcare | Medicare | 1036.72 | | | 424.5 | 523.46 | | 3044.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD PLUS BIOPSY | 43239 | CPT | | | | both | | | 3205 | 1192.23 | Consumer | Consumer | 3044.75 | 95 | | | 523.46 | | 3044.75 percent of total billed charges | |
| HC EGD PLUS BIOPSY | 43239 | CPT | | | | both | | | 3205 | 1192.23 | Horizon | Medicare Blue | 1036.72 | | | 674.13 | 523.46 | | 3044.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD PLUS BIOPSY | 43239 | CPT | | | | both | | | 3205 | 1192.23 | Horizon | Indemnity | 2006.05 | | | 1032.91 | 523.46 | | 3044.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD PLUS BIOPSY | 43239 | CPT | | | | both | | | 3205 | 1192.23 | Multiplan | Multiplan | 2564 | 80 | | | 523.46 | | 3044.75 percent of total billed charges | |
| HC EGD PLUS BIOPSY | 43239 | CPT | | | | both | | | 3205 | 1192.23 | Horizon | PPO | 2006.05 | | | 892.43 | 523.46 | | 3044.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD PLUS BIOPSY | 43239 | CPT | | | | both | | | 3205 | 1192.23 | United | Oxford | 2493 | | | | 523.46 | | 3044.75 case rate | |
| HC EGD PLUS BIOPSY | 43239 | CPT | | | | both | | | 3205 | 1192.23 | Horizon | NJ Health | 523.46 | | | 1585.24 | 523.46 | | 3044.75 fee schedule | $3,681 All-Inclusive Case Rate |
| HC EGD PLUS BIOPSY | 43239 | CPT | | | | both | | | 3205 | 1192.23 | Qualcare | Qualcare | 2403.75 | 75 | | | 523.46 | | 3044.75 percent of total billed charges | |
| HC EGD PLUS BIOPSY | 43239 | CPT | | | | both | | | 3205 | 1192.23 | Three Rivers | Three Rivers | 3044.75 | 95 | | | 523.46 | | 3044.75 percent of total billed charges | |
| HC EGD PLUS BIOPSY | 43239 | CPT | | | | both | | | 3205 | 1192.23 | Horizon | MGD | 2006.05 | | | 940.51 | 523.46 | | 3044.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD PLUS BIOPSY | 43239 | CPT | | | | both | | | 3205 | 1192.23 | UHC | Medicaid | 1011.18 | 31.55 | | 750.87 | 523.46 | | 3044.75 percent of total billed charges | |
| HC EGD PLUS BIOPSY | 43239 | CPT | | | | both | | | 3205 | 1192.23 | Managed Care Inc | Managed Care Inc | 2884.5 | 90 | | | 523.46 | | 3044.75 percent of total billed charges | |
| HC EGD PLUS BIOPSY | 43239 | CPT | | | | both | | | 3205 | 1192.23 | UHC | Medicare | 1036.72 | | | 578.07 | 523.46 | | 3044.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOSCOPY/W/ TRANSMURAL DRAINA | 43240 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Three Rivers | Three Rivers | 15733.98 | 95 | | | 548.1 | | 15733.98 percent of total billed charges | |
| HC ENDOSCOPY/W/ TRANSMURAL DRAINA | 43240 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Aetna | Better Health | 5225.34 | 31.55 | | | 548.1 | | 15733.98 percent of total billed charges | |
| HC ENDOSCOPY/W/ TRANSMURAL DRAINA | 43240 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | UHC | Medicaid | 5225.34 | 31.55 | | | 548.1 | | 15733.98 percent of total billed charges | |
| HC ENDOSCOPY/W/ TRANSMURAL DRAINA | 43240 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Aetna | Commercial | 10637.49 | | | | 548.1 | | 15733.98 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOSCOPY/W/ TRANSMURAL DRAINA | 43240 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Aetna | Medicare | 6518.07 | | | | 548.1 | | 15733.98 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOSCOPY/W/ TRANSMURAL DRAINA | 43240 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Consumer | Consumer | 15733.98 | 95 | | | 548.1 | | 15733.98 percent of total billed charges | |
| HC ENDOSCOPY/W/ TRANSMURAL DRAINA | 43240 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Amerihealth | HMO/PPO | 550 | | | | 548.1 | | 15733.98 fee schedule | |
| HC ENDOSCOPY/W/ TRANSMURAL DRAINA | 43240 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Qualcare | Qualcare | 12421.56 | 75 | | | 548.1 | | 15733.98 percent of total billed charges | |
| HC ENDOSCOPY/W/ TRANSMURAL DRAINA | 43240 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | First Trenton | First Trenton | 14905.87 | 90 | | | 548.1 | | 15733.98 percent of total billed charges | |
| HC ENDOSCOPY/W/ TRANSMURAL DRAINA | 43240 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Wellcare | Medicare | 6518.07 | | | | 548.1 | | 15733.98 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOSCOPY/W/ TRANSMURAL DRAINA | 43240 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | UHC | Medicare | 6518.07 | | | | 548.1 | | 15733.98 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOSCOPY/W/ TRANSMURAL DRAINA | 43240 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Americare | Americare | 12421.56 | 75 | | | 548.1 | | 15733.98 percent of total billed charges | |
| HC ENDOSCOPY/W/ TRANSMURAL DRAINA | 43240 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Horizon | MGD | 12612.47 | | | | 548.1 | | 15733.98 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOSCOPY/W/ TRANSMURAL DRAINA | 43240 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Corrections | Corrections | 13249.66 | 80 | | | 548.1 | | 15733.98 percent of total billed charges | |
| HC ENDOSCOPY/W/ TRANSMURAL DRAINA | 43240 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | First Health | First Health | 11593.46 | 70 | | | 548.1 | | 15733.98 percent of total billed charges | |
| HC ENDOSCOPY/W/ TRANSMURAL DRAINA | 43240 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Horizon | NJ Health | 548.1 | | | | 548.1 | | 15733.98 fee schedule | $3,681 All-Inclusive Case Rate |
| HC ENDOSCOPY/W/ TRANSMURAL DRAINA | 43240 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Horizon | PPO | 12612.47 | | | | 548.1 | | 15733.98 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOSCOPY/W/ TRANSMURAL DRAINA | 43240 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Horizon | Medicare Blue | 6518.07 | | | | 548.1 | | 15733.98 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOSCOPY/W/ TRANSMURAL DRAINA | 43240 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Horizon | Indemnity | 12612.47 | | | | 548.1 | | 15733.98 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOSCOPY/W/ TRANSMURAL DRAINA | 43240 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Multiplan | Multiplan | 13249.66 | 80 | | | 548.1 | | 15733.98 percent of total billed charges | |
| HC ENDOSCOPY/W/ TRANSMURAL DRAINA | 43240 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Managed Care Inc | Managed Care Inc | 14905.87 | 90 | | | 548.1 | | 15733.98 percent of total billed charges | |
| HC ENDOSCOPY/W/ TRANSMURAL DRAINA | 43240 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | United | Oxford | 2776 | | | | 548.1 | | 15733.98 case rate | |
| HC ENDOSCOPY/W/ TRANSMURAL DRAINA | 43240 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | United | Commercial/PPO | 2776 | | | | 548.1 | | 15733.98 case rate | |
| HC ENDOSCOPY/W/ TRANSMURAL DRAINA | 43240 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | WellPoint | WellPoint | 5329.68 | 32.18 | | | 548.1 | | 15733.98 percent of total billed charges | |
| HC ENDOSCOPY/W/ TRANSMURAL DRAINA | 43240 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Wellcare | Medicaid | 5225.34 | 31.55 | | | 548.1 | | 15733.98 percent of total billed charges | |
| HC EGD W/EUS W/FNA INTRA OR TRANS | 43242 | CPT | | | | outpatient | | | 3347 | 2502.63 | Aetna | Commercial | 3551.56 | | | | 550 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/EUS W/FNA INTRA OR TRANS | 43242 | CPT | | | | outpatient | | | 3347 | 2502.63 | Americare | Americare | 2510.25 | 75 | | | 550 | | 4210.95 percent of total billed charges | |
| HC EGD W/EUS W/FNA INTRA OR TRANS | 43242 | CPT | | | | outpatient | | | 3347 | 2502.63 | Corrections | Corrections | 2677.6 | 80 | | | 550 | | 4210.95 percent of total billed charges | |
| HC EGD W/EUS W/FNA INTRA OR TRANS | 43242 | CPT | | | | outpatient | | | 3347 | 2502.63 | UHC | Medicare | 2176.2 | | | | 550 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/EUS W/FNA INTRA OR TRANS | 43242 | CPT | | | | outpatient | | | 3347 | 2502.63 | Consumer | Consumer | 3179.65 | 95 | | | 550 | | 4210.95 percent of total billed charges | |
| HC EGD W/EUS W/FNA INTRA OR TRANS | 43242 | CPT | | | | outpatient | | | 3347 | 2502.63 | Aetna | Better Health | 1055.98 | 31.55 | | | 550 | | 4210.95 percent of total billed charges | |
| HC EGD W/EUS W/FNA INTRA OR TRANS | 43242 | CPT | | | | outpatient | | | 3347 | 2502.63 | First Trenton | First Trenton | 3012.3 | 90 | | | 550 | | 4210.95 percent of total billed charges | |
| HC EGD W/EUS W/FNA INTRA OR TRANS | 43242 | CPT | | | | outpatient | | | 3347 | 2502.63 | Amerihealth | HMO/PPO | 550 | | | | 550 | | 4210.95 fee schedule | |
| HC EGD W/EUS W/FNA INTRA OR TRANS | 43242 | CPT | | | | outpatient | | | 3347 | 2502.63 | Horizon | MGD | 4210.95 | | | | 550 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/EUS W/FNA INTRA OR TRANS | 43242 | CPT | | | | outpatient | | | 3347 | 2502.63 | Horizon | Medicare Blue | 2176.2 | | | | 550 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/EUS W/FNA INTRA OR TRANS | 43242 | CPT | | | | outpatient | | | 3347 | 2502.63 | Horizon | PPO | 4210.95 | | | | 550 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/EUS W/FNA INTRA OR TRANS | 43242 | CPT | | | | outpatient | | | 3347 | 2502.63 | Horizon | Indemnity | 4210.95 | | | | 550 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/EUS W/FNA INTRA OR TRANS | 43242 | CPT | | | | outpatient | | | 3347 | 2502.63 | First Health | First Health | 2342.9 | 70 | | | 550 | | 4210.95 percent of total billed charges | |
| HC EGD W/EUS W/FNA INTRA OR TRANS | 43242 | CPT | | | | outpatient | | | 3347 | 2502.63 | Aetna | Medicare | 2176.2 | | | | 550 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/EUS W/FNA INTRA OR TRANS | 43242 | CPT | | | | outpatient | | | 3347 | 2502.63 | Managed Care Inc | Managed Care Inc | 3012.3 | 90 | | | 550 | | 4210.95 percent of total billed charges | |
| HC EGD W/EUS W/FNA INTRA OR TRANS | 43242 | CPT | | | | outpatient | | | 3347 | 2502.63 | UHC | Medicaid | 1055.98 | 31.55 | | | 550 | | 4210.95 percent of total billed charges | |
| HC EGD W/EUS W/FNA INTRA OR TRANS | 43242 | CPT | | | | outpatient | | | 3347 | 2502.63 | Multiplan | Multiplan | 2677.6 | 80 | | | 550 | | 4210.95 percent of total billed charges | |
| HC EGD W/EUS W/FNA INTRA OR TRANS | 43242 | CPT | | | | outpatient | | | 3347 | 2502.63 | Horizon | NJ Health | 704.7 | | | | 550 | | 4210.95 fee schedule | $3,681 All-Inclusive Case Rate |
| HC EGD W/EUS W/FNA INTRA OR TRANS | 43242 | CPT | | | | outpatient | | | 3347 | 2502.63 | United | Commercial/PPO | 2493 | | | 813.03 | 550 | | 4210.95 case rate | |
| HC EGD W/EUS W/FNA INTRA OR TRANS | 43242 | CPT | | | | outpatient | | | 3347 | 2502.63 | United | Oxford | 2493 | | | | 550 | | 4210.95 case rate | |
| HC EGD W/EUS W/FNA INTRA OR TRANS | 43242 | CPT | | | | outpatient | | | 3347 | 2502.63 | Qualcare | Qualcare | 2510.25 | 75 | | | 550 | | 4210.95 percent of total billed charges | |
| HC EGD W/EUS W/FNA INTRA OR TRANS | 43242 | CPT | | | | outpatient | | | 3347 | 2502.63 | Wellcare | Medicaid | 1055.98 | 31.55 | | | 550 | | 4210.95 percent of total billed charges | |
| HC EGD W/EUS W/FNA INTRA OR TRANS | 43242 | CPT | | | | outpatient | | | 3347 | 2502.63 | Three Rivers | Three Rivers | 3179.65 | 95 | | | 550 | | 4210.95 percent of total billed charges | |
| HC EGD W/EUS W/FNA INTRA OR TRANS | 43242 | CPT | | | | outpatient | | | 3347 | 2502.63 | Wellcare | Medicare | 2176.2 | | | | 550 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/EUS W/FNA INTRA OR TRANS | 43242 | CPT | | | | outpatient | | | 3347 | 2502.63 | WellPoint | WellPoint | 1077.06 | 32.18 | | | 550 | | 4210.95 percent of total billed charges | |
| HC EGD W/INJ SCIEROSIS OF ESOPHAG | 43243 | CPT | | | | outpatient | | | 6072 | 2502.63 | First Health | First Health | 4250.4 | 70 | | | 373.23 | | 5768.4 percent of total billed charges | |
| HC EGD W/INJ SCIEROSIS OF ESOPHAG | 43243 | CPT | | | | outpatient | | | 6072 | 2502.63 | Aetna | Medicare | 2176.2 | | | | 373.23 | | 5768.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/INJ SCIEROSIS OF ESOPHAG | 43243 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | Indemnity | 4210.95 | | | | 373.23 | | 5768.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/INJ SCIEROSIS OF ESOPHAG | 43243 | CPT | | | | outpatient | | | 6072 | 2502.63 | Americare | Americare | 4554 | 75 | | | 373.23 | | 5768.4 percent of total billed charges | |
| HC EGD W/INJ SCIEROSIS OF ESOPHAG | 43243 | CPT | | | | outpatient | | | 6072 | 2502.63 | Aetna | Better Health | 1915.72 | 31.55 | | | 373.23 | | 5768.4 percent of total billed charges | |
| HC EGD W/INJ SCIEROSIS OF ESOPHAG | 43243 | CPT | | | | outpatient | | | 6072 | 2502.63 | Aetna | Commercial | 3551.56 | | | 373.83 | 373.23 | | 5768.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/INJ SCIEROSIS OF ESOPHAG | 43243 | CPT | | | | outpatient | | | 6072 | 2502.63 | First Trenton | First Trenton | 5464.8 | 90 | | | 373.23 | | 5768.4 percent of total billed charges | |
| HC EGD W/INJ SCIEROSIS OF ESOPHAG | 43243 | CPT | | | | outpatient | | | 6072 | 2502.63 | Amerihealth | HMO/PPO | 550 | | | | 373.23 | | 5768.4 fee schedule | |
| HC EGD W/INJ SCIEROSIS OF ESOPHAG | 43243 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | Medicare Blue | 2176.2 | | | | 373.23 | | 5768.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/INJ SCIEROSIS OF ESOPHAG | 43243 | CPT | | | | outpatient | | | 6072 | 2502.63 | Corrections | Corrections | 4857.6 | 80 | | | 373.23 | | 5768.4 percent of total billed charges | |
| HC EGD W/INJ SCIEROSIS OF ESOPHAG | 43243 | CPT | | | | outpatient | | | 6072 | 2502.63 | UHC | Medicaid | 1915.72 | 31.55 | | | 373.23 | | 5768.4 percent of total billed charges | |
| HC EGD W/INJ SCIEROSIS OF ESOPHAG | 43243 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | NJ Health | 373.23 | | | | 373.23 | | 5768.4 fee schedule | $3,681 All-Inclusive Case Rate |
| HC EGD W/INJ SCIEROSIS OF ESOPHAG | 43243 | CPT | | | | outpatient | | | 6072 | 2502.63 | Consumer | Consumer | 5768.4 | 95 | | | 373.23 | | 5768.4 percent of total billed charges | |
| HC EGD W/INJ SCIEROSIS OF ESOPHAG | 43243 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | PPO | 4210.95 | | | | 373.23 | | 5768.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/INJ SCIEROSIS OF ESOPHAG | 43243 | CPT | | | | outpatient | | | 6072 | 2502.63 | Managed Care Inc | Managed Care Inc | 5464.8 | 90 | | | 373.23 | | 5768.4 percent of total billed charges | |
| HC EGD W/INJ SCIEROSIS OF ESOPHAG | 43243 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | MGD | 4210.95 | | | | 373.23 | | 5768.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/INJ SCIEROSIS OF ESOPHAG | 43243 | CPT | | | | outpatient | | | 6072 | 2502.63 | Multiplan | Multiplan | 4857.6 | 80 | | | 373.23 | | 5768.4 percent of total billed charges | |
| HC EGD W/INJ SCIEROSIS OF ESOPHAG | 43243 | CPT | | | | outpatient | | | 6072 | 2502.63 | WellPoint | WellPoint | 1953.97 | 32.18 | | | 373.23 | | 5768.4 percent of total billed charges | |
| HC EGD W/INJ SCIEROSIS OF ESOPHAG | 43243 | CPT | | | | outpatient | | | 6072 | 2502.63 | UHC | Medicare | 2176.2 | | | | 373.23 | | 5768.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/INJ SCIEROSIS OF ESOPHAG | 43243 | CPT | | | | outpatient | | | 6072 | 2502.63 | Three Rivers | Three Rivers | 5768.4 | 95 | | | 373.23 | | 5768.4 percent of total billed charges | |
| HC EGD W/INJ SCIEROSIS OF ESOPHAG | 43243 | CPT | | | | outpatient | | | 6072 | 2502.63 | Wellcare | Medicare | 2176.2 | | | | 373.23 | | 5768.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/INJ SCIEROSIS OF ESOPHAG | 43243 | CPT | | | | outpatient | | | 6072 | 2502.63 | Qualcare | Qualcare | 4554 | 75 | | | 373.23 | | 5768.4 percent of total billed charges | |
| HC EGD W/INJ SCIEROSIS OF ESOPHAG | 43243 | CPT | | | | outpatient | | | 6072 | 2502.63 | United | Commercial/PPO | 2493 | | | | 373.23 | | 5768.4 case rate | |
| HC EGD W/INJ SCIEROSIS OF ESOPHAG | 43243 | CPT | | | | outpatient | | | 6072 | 2502.63 | United | Oxford | 2493 | | | | 373.23 | | 5768.4 case rate | |
| HC EGD W/INJ SCIEROSIS OF ESOPHAG | 43243 | CPT | | | | outpatient | | | 6072 | 2502.63 | Wellcare | Medicaid | 1915.72 | 31.55 | | | 373.23 | | 5768.4 percent of total billed charges | |
| HC UGI ENDO: W/BAND LIG VARICES | 43244 | CPT | | | | outpatient | | | 3268 | 2502.63 | Aetna | Medicare | 2176.2 | | | 487.75 | 394.11 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UGI ENDO: W/BAND LIG VARICES | 43244 | CPT | | | | outpatient | | | 3268 | 2502.63 | Americare | Americare | 2451 | 75 | | | 394.11 | | 4210.95 percent of total billed charges | |
| HC UGI ENDO: W/BAND LIG VARICES | 43244 | CPT | | | | outpatient | | | 3268 | 2502.63 | Amerihealth | HMO/PPO | 650 | | | | 394.11 | | 4210.95 fee schedule | |
| HC UGI ENDO: W/BAND LIG VARICES | 43244 | CPT | | | | outpatient | | | 3268 | 2502.63 | Aetna | Commercial | 3551.56 | | | 3081.31 | 394.11 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UGI ENDO: W/BAND LIG VARICES | 43244 | CPT | | | | outpatient | | | 3268 | 2502.63 | Multiplan | Multiplan | 2614.4 | 80 | | | 394.11 | | 4210.95 percent of total billed charges | |
| HC UGI ENDO: W/BAND LIG VARICES | 43244 | CPT | | | | outpatient | | | 3268 | 2502.63 | Consumer | Consumer | 3104.6 | 95 | | | 394.11 | | 4210.95 percent of total billed charges | |
| HC UGI ENDO: W/BAND LIG VARICES | 43244 | CPT | | | | outpatient | | | 3268 | 2502.63 | Aetna | Better Health | 1031.05 | 31.55 | | | 394.11 | | 4210.95 percent of total billed charges | |
| HC UGI ENDO: W/BAND LIG VARICES | 43244 | CPT | | | | outpatient | | | 3268 | 2502.63 | Horizon | MGD | 4210.95 | | | 1740.86 | 394.11 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UGI ENDO: W/BAND LIG VARICES | 43244 | CPT | | | | outpatient | | | 3268 | 2502.63 | Corrections | Corrections | 2614.4 | 80 | | | 394.11 | | 4210.95 percent of total billed charges | |
| HC UGI ENDO: W/BAND LIG VARICES | 43244 | CPT | | | | outpatient | | | 3268 | 2502.63 | Three Rivers | Three Rivers | 3104.6 | 95 | | | 394.11 | | 4210.95 percent of total billed charges | |
| HC UGI ENDO: W/BAND LIG VARICES | 43244 | CPT | | | | outpatient | | | 3268 | 2502.63 | First Health | First Health | 2287.6 | 70 | | | 394.11 | | 4210.95 percent of total billed charges | |
| HC UGI ENDO: W/BAND LIG VARICES | 43244 | CPT | | | | outpatient | | | 3268 | 2502.63 | Horizon | NJ Health | 394.11 | | | 1885.7 | 394.11 | | 4210.95 fee schedule | $3,681 All-Inclusive Case Rate |
| HC UGI ENDO: W/BAND LIG VARICES | 43244 | CPT | | | | outpatient | | | 3268 | 2502.63 | Qualcare | Qualcare | 2451 | 75 | | | 394.11 | | 4210.95 percent of total billed charges | |
| HC UGI ENDO: W/BAND LIG VARICES | 43244 | CPT | | | | outpatient | | | 3268 | 2502.63 | First Trenton | First Trenton | 2941.2 | 90 | | | 394.11 | | 4210.95 percent of total billed charges | |
| HC UGI ENDO: W/BAND LIG VARICES | 43244 | CPT | | | | outpatient | | | 3268 | 2502.63 | Horizon | PPO | 4210.95 | | | | 394.11 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UGI ENDO: W/BAND LIG VARICES | 43244 | CPT | | | | outpatient | | | 3268 | 2502.63 | United | Commercial/PPO | 2493 | | | | 394.11 | | 4210.95 case rate | |
| HC UGI ENDO: W/BAND LIG VARICES | 43244 | CPT | | | | outpatient | | | 3268 | 2502.63 | Horizon | Medicare Blue | 2176.2 | | | 836.58 | 394.11 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UGI ENDO: W/BAND LIG VARICES | 43244 | CPT | | | | outpatient | | | 3268 | 2502.63 | Horizon | Indemnity | 4210.95 | | | | 394.11 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UGI ENDO: W/BAND LIG VARICES | 43244 | CPT | | | | outpatient | | | 3268 | 2502.63 | United | Oxford | 2493 | | | | 394.11 | | 4210.95 case rate | |
| HC UGI ENDO: W/BAND LIG VARICES | 43244 | CPT | | | | outpatient | | | 3268 | 2502.63 | UHC | Medicaid | 1031.05 | 31.55 | | 1007.59 | 394.11 | | 4210.95 percent of total billed charges | |
| HC UGI ENDO: W/BAND LIG VARICES | 43244 | CPT | | | | outpatient | | | 3268 | 2502.63 | UHC | Medicare | 2176.2 | | | 860.42 | 394.11 | | 4210.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UGI ENDO: W/BAND LIG VARICES | 43244 | CPT | | | | outpatient | | | 3268 | 2502.63 | Managed Care Inc | Managed Care Inc | 2941.2 | 90 | | | 394.11 | | 4210.95 percent of total billed charges | |
| HC UGI ENDO: W/BAND LIG VARICES | 43244 | CPT | | | | outpatient | | | 3268 | 2502.63 | Wellcare | Medicaid | 1031.05 | 31.55 | | | 394.11 | | 4210.95 percent of total billed charges | |
| HC UGI ENDO: W/BAND LIG VARICES | 43244 | CPT | | | | outpatient | | | 3268 | 

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC EGD W/DILATION GAST OUT,/OBST. | 43245 | CPT | | | | outpatient | | | 4549 | 2502.63 | UHC | Medicare | 2176.2 | | | | 522 | 4321.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/DILATION GAST OUT,/OBST. | 43245 | CPT | | | | outpatient | | | 4549 | 2502.63 | Aetna | Better Health | 1435.21 | 31.55 | | | 522 | 4321.55 | percent of total billed charges | |
| HC EGD W/DILATION GAST OUT,/OBST. | 43245 | CPT | | | | outpatient | | | 4549 | 2502.63 | Horizon | Indemnity | 4210.95 | | | | 522 | 4321.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/DILATION GAST OUT,/OBST. | 43245 | CPT | | | | outpatient | | | 4549 | 2502.63 | Aetna | Commercial | 3551.56 | | | 883.7 | 522 | 4321.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/DILATION GAST OUT,/OBST. | 43245 | CPT | | | | outpatient | | | 4549 | 2502.63 | Amerihealth | HMO/PPO | 550 | | | | 522 | 4321.55 | fee schedule | |
| HC EGD W/DILATION GAST OUT,/OBST. | 43245 | CPT | | | | outpatient | | | 4549 | 2502.63 | Corrections | Corrections | 3639.2 | 80 | | | 522 | 4321.55 | percent of total billed charges | |
| HC EGD W/DILATION GAST OUT,/OBST. | 43245 | CPT | | | | outpatient | | | 4549 | 2502.63 | Horizon | PPO | 4210.95 | | | | 522 | 4321.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/DILATION GAST OUT,/OBST. | 43245 | CPT | | | | outpatient | | | 4549 | 2502.63 | Consumer | Consumer | 4321.55 | 95 | | | 522 | 4321.55 | percent of total billed charges | |
| HC EGD W/DILATION GAST OUT,/OBST. | 43245 | CPT | | | | outpatient | | | 4549 | 2502.63 | First Health | First Health | 3184.3 | 70 | | | 522 | 4321.55 | percent of total billed charges | |
| HC EGD W/DILATION GAST OUT,/OBST. | 43245 | CPT | | | | outpatient | | | 4549 | 2502.63 | First Trenton | First Trenton | 4094.1 | 90 | | | 522 | 4321.55 | percent of total billed charges | |
| HC EGD W/DILATION GAST OUT,/OBST. | 43245 | CPT | | | | outpatient | | | 4549 | 2502.63 | Horizon | Medicare Blue | 2176.2 | | | | 522 | 4321.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/DILATION GAST OUT,/OBST. | 43245 | CPT | | | | outpatient | | | 4549 | 2502.63 | Multiplan | Multiplan | 3639.2 | 80 | | | 522 | 4321.55 | percent of total billed charges | |
| HC EGD W/DILATION GAST OUT,/OBST. | 43245 | CPT | | | | outpatient | | | 4549 | 2502.63 | Wellcare | Medicare | 2176.2 | | | | 522 | 4321.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/DILATION GAST OUT,/OBST. | 43245 | CPT | | | | outpatient | | | 4549 | 2502.63 | Horizon | NJ Health | 522 | | | | 522 | 4321.55 | fee schedule | $3,681 All-Inclusive Case Rate |
| HC EGD W/DILATION GAST OUT,/OBST. | 43245 | CPT | | | | outpatient | | | 4549 | 2502.63 | WellPoint | WellPoint | 1463.87 | 32.18 | | | 522 | 4321.55 | percent of total billed charges | |
| HC EGD W/DILATION GAST OUT,/OBST. | 43245 | CPT | | | | outpatient | | | 4549 | 2502.63 | United | Commercial/PPO | 2493 | | | | 522 | 4321.55 | case rate | |
| HC EGD W/DILATION GAST OUT,/OBST. | 43245 | CPT | | | | outpatient | | | 4549 | 2502.63 | Managed Care Inc | Managed Care Inc | 4094.1 | 90 | | | 522 | 4321.55 | percent of total billed charges | |
| HC EGD W/DILATION GAST OUT,/OBST. | 43245 | CPT | | | | outpatient | | | 4549 | 2502.63 | Qualcare | Qualcare | 3411.75 | 75 | | | 522 | 4321.55 | percent of total billed charges | |
| HC EGD W/DILATION GAST OUT,/OBST. | 43245 | CPT | | | | outpatient | | | 4549 | 2502.63 | Three Rivers | Three Rivers | 4321.55 | 95 | | | 522 | 4321.55 | percent of total billed charges | |
| HC EGD W/DILATION GAST OUT,/OBST. | 43245 | CPT | | | | outpatient | | | 4549 | 2502.63 | United | Oxford | 2493 | | | | 522 | 4321.55 | case rate | |
| HC EGD W/DILATION GAST OUT,/OBST. | 43245 | CPT | | | | outpatient | | | 4549 | 2502.63 | UHC | Medicaid | 1435.21 | 31.55 | | 988.54 | 522 | 4321.55 | percent of total billed charges | |
| HC EGD W/DILATION GAST OUT,/OBST. | 43245 | CPT | | | | outpatient | | | 4549 | 2502.63 | Wellcare | Medicaid | 1435.21 | 31.55 | | | 522 | 4321.55 | percent of total billed charges | |
| HC EGD W/DIRECTED PLACE OF PERCUT | 43246 | CPT | | | | outpatient | | | 6072 | 2502.63 | UHC | Medicaid | 1915.72 | 31.55 | | | 550 | 5768.4 | percent of total billed charges | |
| HC EGD W/DIRECTED PLACE OF PERCUT | 43246 | CPT | | | | outpatient | | | 6072 | 2502.63 | Amerihealth | HMO/PPO | 550 | | | | 550 | 5768.4 | fee schedule | |
| HC EGD W/DIRECTED PLACE OF PERCUT | 43246 | CPT | | | | outpatient | | | 6072 | 2502.63 | Consumer | Consumer | 5768.4 | 95 | | | 550 | 5768.4 | percent of total billed charges | |
| HC EGD W/DIRECTED PLACE OF PERCUT | 43246 | CPT | | | | outpatient | | | 6072 | 2502.63 | Aetna | Medicare | 2176.2 | | | | 550 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/DIRECTED PLACE OF PERCUT | 43246 | CPT | | | | outpatient | | | 6072 | 2502.63 | First Trenton | First Trenton | 5464.8 | 90 | | | 550 | 5768.4 | percent of total billed charges | |
| HC EGD W/DIRECTED PLACE OF PERCUT | 43246 | CPT | | | | outpatient | | | 6072 | 2502.63 | United | Oxford | 2493 | | | | 550 | 5768.4 | case rate | |
| HC EGD W/DIRECTED PLACE OF PERCUT | 43246 | CPT | | | | outpatient | | | 6072 | 2502.63 | Aetna | Better Health | 1915.72 | 31.55 | | 807.68 | 550 | 5768.4 | percent of total billed charges | |
| HC EGD W/DIRECTED PLACE OF PERCUT | 43246 | CPT | | | | outpatient | | | 6072 | 2502.63 | Corrections | Corrections | 4857.6 | 80 | | | 550 | 5768.4 | percent of total billed charges | |
| HC EGD W/DIRECTED PLACE OF PERCUT | 43246 | CPT | | | | outpatient | | | 6072 | 2502.63 | UHC | Medicare | 2176.2 | | | | 550 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/DIRECTED PLACE OF PERCUT | 43246 | CPT | | | | outpatient | | | 6072 | 2502.63 | First Health | First Health | 4250.4 | 70 | | | 550 | 5768.4 | percent of total billed charges | |
| HC EGD W/DIRECTED PLACE OF PERCUT | 43246 | CPT | | | | outpatient | | | 6072 | 2502.63 | Three Rivers | Three Rivers | 5768.4 | 95 | | | 550 | 5768.4 | percent of total billed charges | |
| HC EGD W/DIRECTED PLACE OF PERCUT | 43246 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | MGD | 4210.95 | | | | 550 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/DIRECTED PLACE OF PERCUT | 43246 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | PPO | 4210.95 | | | 1145.87 | 550 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/DIRECTED PLACE OF PERCUT | 43246 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | Indemnity | 4210.95 | | | | 550 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/DIRECTED PLACE OF PERCUT | 43246 | CPT | | | | outpatient | | | 6072 | 2502.63 | Aetna | Commercial | 3551.56 | | | | 550 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/DIRECTED PLACE OF PERCUT | 43246 | CPT | | | | outpatient | | | 6072 | 2502.63 | WellPoint | WellPoint | 1953.97 | 32.18 | | | 550 | 5768.4 | percent of total billed charges | |
| HC EGD W/DIRECTED PLACE OF PERCUT | 43246 | CPT | | | | outpatient | | | 6072 | 2502.63 | United | Commercial/PPO | 2493 | | | | 550 | 5768.4 | case rate | |
| HC EGD W/DIRECTED PLACE OF PERCUT | 43246 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | Medicare Blue | 2176.2 | | | | 550 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/DIRECTED PLACE OF PERCUT | 43246 | CPT | | | | outpatient | | | 6072 | 2502.63 | Americare | Americare | 4554 | 75 | | | 550 | 5768.4 | percent of total billed charges | |
| HC EGD W/DIRECTED PLACE OF PERCUT | 43246 | CPT | | | | outpatient | | | 6072 | 2502.63 | Wellcare | Medicaid | 1915.72 | 31.55 | | | 550 | 5768.4 | percent of total billed charges | |
| HC EGD W/DIRECTED PLACE OF PERCUT | 43246 | CPT | | | | outpatient | | | 6072 | 2502.63 | Managed Care Inc | Managed Care Inc | 5464.8 | 90 | | | 550 | 5768.4 | percent of total billed charges | |
| HC EGD W/DIRECTED PLACE OF PERCUT | 43246 | CPT | | | | outpatient | | | 6072 | 2502.63 | Multiplan | Multiplan | 4857.6 | 80 | | | 550 | 5768.4 | percent of total billed charges | |
| HC EGD W/DIRECTED PLACE OF PERCUT | 43246 | CPT | | | | outpatient | | | 6072 | 2502.63 | Wellcare | Medicare | 2176.2 | | | | 550 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/DIRECTED PLACE OF PERCUT | 43246 | CPT | | | | outpatient | | | 6072 | 2502.63 | Qualcare | Qualcare | 4554 | 75 | | | 550 | 5768.4 | percent of total billed charges | |
| HC UGI ENDO: W/REMOV FB | 43247 | CPT | | | | outpatient | | | 3347 | 1192.23 | Corrections | Corrections | 2677.6 | 80 | | | 394.11 | 3179.65 | percent of total billed charges | |
| HC UGI ENDO: W/REMOV FB | 43247 | CPT | | | | outpatient | | | 3347 | 1192.23 | Aetna | Commercial | 1691.93 | | | | 394.11 | 3179.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UGI ENDO: W/REMOV FB | 43247 | CPT | | | | outpatient | | | 3347 | 1192.23 | Aetna | Better Health | 1055.98 | 31.55 | | | 394.11 | 3179.65 | percent of total billed charges | |
| HC UGI ENDO: W/REMOV FB | 43247 | CPT | | | | outpatient | | | 3347 | 1192.23 | Aetna | Medicare | 1036.72 | | | | 394.11 | 3179.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UGI ENDO: W/REMOV FB | 43247 | CPT | | | | outpatient | | | 3347 | 1192.23 | First Health | First Health | 2342.9 | 70 | | | 394.11 | 3179.65 | percent of total billed charges | |
| HC UGI ENDO: W/REMOV FB | 43247 | CPT | | | | outpatient | | | 3347 | 1192.23 | Horizon | Medicare Blue | 1036.72 | | | | 394.11 | 3179.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UGI ENDO: W/REMOV FB | 43247 | CPT | | | | outpatient | | | 3347 | 1192.23 | WellPoint | WellPoint | 1077.06 | 32.18 | | 985.31 | 394.11 | 3179.65 | percent of total billed charges | |
| HC UGI ENDO: W/REMOV FB | 43247 | CPT | | | | outpatient | | | 3347 | 1192.23 | Americare | Americare | 2510.25 | 75 | | | 394.11 | 3179.65 | percent of total billed charges | |
| HC UGI ENDO: W/REMOV FB | 43247 | CPT | | | | outpatient | | | 3347 | 1192.23 | Horizon | Indemnity | 2006.05 | | | | 394.11 | 3179.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UGI ENDO: W/REMOV FB | 43247 | CPT | | | | outpatient | | | 3347 | 1192.23 | Amerihealth | HMO/PPO | 550 | | | | 394.11 | 3179.65 | fee schedule | |
| HC UGI ENDO: W/REMOV FB | 43247 | CPT | | | | outpatient | | | 3347 | 1192.23 | Consumer | Consumer | 3179.65 | 95 | | | 394.11 | 3179.65 | percent of total billed charges | |
| HC UGI ENDO: W/REMOV FB | 43247 | CPT | | | | outpatient | | | 3347 | 1192.23 | First Trenton | First Trenton | 3012.3 | 90 | | | 394.11 | 3179.65 | percent of total billed charges | |
| HC UGI ENDO: W/REMOV FB | 43247 | CPT | | | | outpatient | | | 3347 | 1192.23 | Horizon | NJ Health | 394.11 | | | 268.31 | 394.11 | 3179.65 | fee schedule | $3,681 All-Inclusive Case Rate |
| HC UGI ENDO: W/REMOV FB | 43247 | CPT | | | | outpatient | | | 3347 | 1192.23 | United | Oxford | 2493 | | | | 394.11 | 3179.65 | case rate | |
| HC UGI ENDO: W/REMOV FB | 43247 | CPT | | | | outpatient | | | 3347 | 1192.23 | UHC | Medicaid | 1055.98 | 31.55 | | 912.37 | 394.11 | 3179.65 | percent of total billed charges | |
| HC UGI ENDO: W/REMOV FB | 43247 | CPT | | | | outpatient | | | 3347 | 1192.23 | Managed Care Inc | Managed Care Inc | 3012.3 | 90 | | | 394.11 | 3179.65 | percent of total billed charges | |
| HC UGI ENDO: W/REMOV FB | 43247 | CPT | | | | outpatient | | | 3347 | 1192.23 | Horizon | MGD | 2006.05 | | | 706.6 | 394.11 | 3179.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UGI ENDO: W/REMOV FB | 43247 | CPT | | | | outpatient | | | 3347 | 1192.23 | Wellcare | Medicaid | 1055.98 | 31.55 | | | 394.11 | 3179.65 | percent of total billed charges | |
| HC UGI ENDO: W/REMOV FB | 43247 | CPT | | | | outpatient | | | 3347 | 1192.23 | Multiplan | Multiplan | 2677.6 | 80 | | | 394.11 | 3179.65 | percent of total billed charges | |
| HC UGI ENDO: W/REMOV FB | 43247 | CPT | | | | outpatient | | | 3347 | 1192.23 | Three Rivers | Three Rivers | 3179.65 | 95 | | | 394.11 | 3179.65 | percent of total billed charges | |
| HC UGI ENDO: W/REMOV FB | 43247 | CPT | | | | outpatient | | | 3347 | 1192.23 | Horizon | PPO | 2006.05 | | | | 394.11 | 3179.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UGI ENDO: W/REMOV FB | 43247 | CPT | | | | outpatient | | | 3347 | 1192.23 | Wellcare | Medicare | 1036.72 | | | | 394.11 | 3179.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UGI ENDO: W/REMOV FB | 43247 | CPT | | | | outpatient | | | 3347 | 1192.23 | Qualcare | Qualcare | 2510.25 | 75 | | | 394.11 | 3179.65 | percent of total billed charges | |
| HC UGI ENDO: W/REMOV FB | 43247 | CPT | | | | outpatient | | | 3347 | 1192.23 | United | Commercial/PPO | 2493 | | | | 394.11 | 3179.65 | case rate | |
| HC UGI ENDO: W/REMOV FB | 43247 | CPT | | | | outpatient | | | 3347 | 1192.23 | UHC | Medicare | 1036.72 | | | 754.43 | 394.11 | 3179.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UGI ENDO: W/INTRT GUIDE WIRE | 43248 | CPT | | | | outpatient | | | 3268 | 1192.23 | Corrections | Corrections | 2614.4 | 80 | | | 365.4 | 3104.6 | percent of total billed charges | |
| HC UGI ENDO: W/INTRT GUIDE WIRE | 43248 | CPT | | | | outpatient | | | 3268 | 1192.23 | Consumer | Consumer | 3104.6 | 95 | | | 365.4 | 3104.6 | percent of total billed charges | |
| HC UGI ENDO: W/INTRT GUIDE WIRE | 43248 | CPT | | | | outpatient | | | 3268 | 1192.23 | Aetna | Medicare | 1036.72 | | | | 365.4 | 3104.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UGI ENDO: W/INTRT GUIDE WIRE | 43248 | CPT | | | | outpatient | | | 3268 | 1192.23 | Horizon | Medicare Blue | 1036.72 | | | | 365.4 | 3104.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UGI ENDO: W/INTRT GUIDE WIRE | 43248 | CPT | | | | outpatient | | | 3268 | 1192.23 | Multiplan | Multiplan | 2614.4 | 80 | | | 365.4 | 3104.6 | percent of total billed charges | |
| HC UGI ENDO: W/INTRT GUIDE WIRE | 43248 | CPT | | | | outpatient | | | 3268 | 1192.23 | Aetna | Better Health | 1031.05 | 31.55 | | | 365.4 | 3104.6 | percent of total billed charges | |
| HC UGI ENDO: W/INTRT GUIDE WIRE | 43248 | CPT | | | | outpatient | | | 3268 | 1192.23 | Americare | Americare | 2451 | 75 | | | 365.4 | 3104.6 | percent of total billed charges | |
| HC UGI ENDO: W/INTRT GUIDE WIRE | 43248 | CPT | | | | outpatient | | | 3268 | 1192.23 | UHC | Medicare | 1036.72 | | | | 365.4 | 3104.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UGI ENDO: W/INTRT GUIDE WIRE | 43248 | CPT | | | | outpatient | | | 3268 | 1192.23 | First Trenton | First Trenton | 2941.2 | 90 | | | 365.4 | 3104.6 | percent of total billed charges | |
| HC UGI ENDO: W/INTRT GUIDE WIRE | 43248 | CPT | | | | outpatient | | | 3268 | 1192.23 | First Health | First Health | 2287.6 | 70 | | | 365.4 | 3104.6 | percent of total billed charges | |
| HC UGI ENDO: W/INTRT GUIDE WIRE | 43248 | CPT | | | | outpatient | | | 3268 | 1192.23 | Amerihealth | HMO/PPO | 550 | | | | 365.4 | 3104.6 | fee schedule | |
| HC UGI ENDO: W/INTRT GUIDE WIRE | 43248 | CPT | | | | outpatient | | | 3268 | 1192.23 | Aetna | Commercial | 1691.93 | | | | 365.4 | 3104.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UGI ENDO: W/INTRT GUIDE WIRE | 43248 | CPT | | | | outpatient | | | 3268 | 1192.23 | Qualcare | Qualcare | 2451 | 75 | | | 365.4 | 3104.6 | percent of total billed charges | |
| HC UGI ENDO: W/INTRT GUIDE WIRE | 43248 | CPT | | | | outpatient | | | 3268 | 1192.23 | Horizon | NJ Health | 365.4 | | | 1826.87 | 365.4 | 3104.6 | fee schedule | $3,681 All-Inclusive Case Rate |
| HC UGI ENDO: W/INTRT GUIDE WIRE | 43248 | CPT | | | | outpatient | | | 3268 | 1192.23 | Three Rivers | Three Rivers | 3104.6 | 95 | | | 365.4 | 3104.6 | percent of total billed charges | |
| HC UGI ENDO: W/INTRT GUIDE WIRE | 43248 | CPT | | | | outpatient | | | 3268 | 1192.23 | Horizon | MGD | 2006.05 | | | | 365.4 | 3104.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UGI ENDO: W/INTRT GUIDE WIRE | 43248 | CPT | | | | outpatient | | | 3268 | 1192.23 | Horizon | Indemnity | 2006.05 | | | | 365.4 | 3104.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UGI ENDO: W/INTRT GUIDE WIRE | 43248 | CPT | | | | outpatient | | | 3268 | 1192.23 | WellPoint | WellPoint | 1051.64 | 32.18 | | 791.25 | 365.4 | 3104.6 | percent of total billed charges | |
| HC UGI ENDO: W/INTRT GUIDE WIRE | 43248 | CPT | | | | outpatient | | | 3268 | 1192.23 | Wellcare | Medicaid | 1031.05 | 31.55 | | | 365.4 | 3104.6 | percent of total billed charges | |
| HC UGI ENDO: W/INTRT GUIDE WIRE | 43248 | CPT | | | | outpatient | | | 3268 | 1192.23 | UHC | Medicaid | 1031.05 | 31.55 | | | 365.4 | 3104.6 | percent of total billed charges | |
| HC UGI ENDO: W/INTRT GUIDE WIRE | 43248 | CPT | | | | outpatient | | | 3268 | 1192.23 | Wellcare | Medicare | 1036.72 | | | | 365.4 | 3104.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UGI ENDO: W/INTRT GUIDE WIRE | 43248 | CPT | | | | outpatient | | | 3268 | 1192.23 | United | Oxford | 2493 | | | | 365.4 | 3104.6 | case rate | |
| HC UGI ENDO: W/INTRT GUIDE WIRE | 43248 | CPT | | | | outpatient | | | 3268 | 1192.23 | Horizon | PPO | 2006.05 | | | | 365.4 | 3104.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UGI ENDO: W/INTRT GUIDE WIRE | 43248 | CPT | | | | outpatient | | | 3268 | 1192.23 | Managed Care Inc | Managed Care Inc | 2941.2 | 90 | | | 365.4 | 3104.6 | percent of total billed charges | |
| HC UGI ENDO: W/INTRT GUIDE WIRE | 43248 | CPT | | | | outpatient | | | 3268 | 1192.23 | United | Commercial/PPO | 2493 | | | | 365.4 | 3104.6 | case rate | |
| HC ESOPH EGD DILATION <30 MM | 43249 | CPT | | | | outpatient | | | 6364 | 2502.63 | Aetna | Medicare | 2176.2 | | | | 344.52 | 6045.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPH EGD DILATION <30 MM | 43249 | CPT | | | | outpatient | | | 6364 | 2502.63 | Horizon | PPO | 4210.95 | | | | 344.52 | 6045.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPH EGD DILATION <30 MM | 43249 | CPT | | | | outpatient | | | 6364 | 2502.63 | Aetna | Commercial | 3551.56 | | | | 344.52 | 6045.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPH EGD DILATION <30 MM | 43249 | CPT | | | | outpatient | | | 6364 | 2502.63 | Wellcare | Medicare | 2176.2 | | | | 344.52 | 6045.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPH EGD DILATION <30 MM | 43249 | CPT | | | | outpatient | | | 6364 | 2502.63 | First Trenton | First Trenton | 5727.6 | 90 | | | 344.52 | 6045.8 | percent of total billed charges | |
| HC ESOPH EGD DILATION <30 MM | 43249 | CPT | | | | outpatient | | | 6364 | 2502.63 | Amerihealth | HMO/PPO | 550 | | | | 344.52 | 6045.8 | fee schedule | |
| HC ESOPH EGD DILATION <30 MM | 43249 | CPT | | | | outpatient | | | 6364 | 2502.63 | Corrections | Corrections | 5091.2 | 80 | | | 344.52 | 6045.8 | percent of total billed charges | |
| HC ESOPH EGD DILATION <30 MM | 43249 | CPT | | | | outpatient | | | 6364 | 2502.63 | Aetna | Better Health | 2007.84 | 31.55 | | | 344.52 | 6045.8 | percent of total billed charges | |
| HC ESOPH EGD DILATION <30 MM | 43249 | CPT | | | | outpatient | | | 6364 | 2502.63 | Horizon | MGD | 4210.95 | | | | 344.52 | 6045.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPH EGD DILATION <30 MM | 43249 | CPT | | | | outpatient | | | 6364 | 2502.63 | UHC | Medicare | 2176.2 | | | 1315.37 | 344.52 | 6045.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPH EGD DILATION <30 MM | 43249 | CPT | | | | outpatient | | | 6364 | 2502.63 | Horizon | NJ Health | 344.52 | | | 2054.87 | 344.52 | 6045.8 | fee schedule | $3,681 All-Inclusive Case Rate |
| HC ESOPH EGD DILATION <30 MM | 43249 | CPT | | | | outpatient | | | 6364 | 2502.63 | Americare | Americare | 4773 | 75 | | | 344.52 | 6045.8 | percent of total billed charges | |
| HC ESOPH EGD DILATION <30 MM | 43249 | CPT | | | | outpatient | | | 6364 | 2502.63 | Managed Care Inc | Managed Care Inc | 5727.6 | 90 | | | 344.52 | 6045.8 | percent of total billed charges | |
| HC ESOPH EGD DILATION <30 MM | 43249 | CPT | | | | outpatient | | | 6364 | 2502.63 | First Health | First Health | 4454.8 | 70 | | | 344.52 | 6045.8 | percent of total billed charges | |
| HC ESOPH EGD DILATION <30 MM | 43249 | CPT | | | | outpatient | | | 6364 | 2502.63 | Multiplan | Multiplan | 5091.2 | 80 | | | 344.52 | 6045.8 | percent of total billed charges | |
| HC ESOPH EGD DILATION <30 MM | 43249 | CPT | | | | outpatient | | | 6364 | 2502.63 | Consumer | Consumer | 6045.8 | 95 | | | 344.52 | 6045.8 | percent of total billed charges | |
| HC ESOPH EGD DILATION <30 MM | 43249 | CPT | | | | outpatient | | | 6364 | 2502.63 | Three Rivers | Three Rivers | 6045.8 | 95 | | | 344.52 | 6045.8 | percent of total billed charges | |
| HC ESOPH EGD DILATION <30 MM | 43249 | CPT | | | | outpatient | | | 6364 | 2502.63 | United | Commercial/PPO | 2493 | | | | 344.52 | 6045.8 | case rate | |
| HC ESOPH EGD DILATION <30 MM | 43249 | CPT | | | | outpatient | | | 6364 | 2502.63 | Qualcare | Qualcare | 4773 | 75 | | | 344.52 | 6045.8 | percent of total billed charges | |
| HC ESOPH EGD DILATION <30 MM | 43249 | CPT | | | | outpatient | | | 6364 | 2502.63 | United | Oxford | 2493 | | | | 344.52 | 6045.8 | case rate | |
| HC ESOPH EGD DILATION <30 MM | 43249 | CPT | | | | outpatient | | | 6364 | 2502.63 | UHC | Medicaid | 2007.84 | 31.55 | | 1373.66 | 344.52 | 6045.8 | percent of total billed charges | |
| HC ESOPH EGD DILATION <30 MM | 43249 | CPT | | | | outpatient | | | 6364 | 2502.63 | Horizon | Indemnity | 4210.95 | | | | 344.52 | 6045.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPH EGD DILATION <30 MM | 43249 | CPT | | | | outpatient | | | 6364 | 2502.63 | WellPoint | WellPoint | 2047.94 | 32.18 | | | 344.52 | 6045.8 | percent of total billed charges | |
| HC ESOPH EGD DILATION <30 MM | 43249 | CPT | | | | outpatient | | | 6364 | 2502.63 | Horizon | Medicare Blue | 2176.2 | | | | 344.52 | 6045.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPH EGD DILATION <30 MM | 43249 | CPT | | | | outpatient | | | 6364 | 2502.63 | Wellcare | Medicaid | 2007.84 | 31.55 | | | 344.52 | 6045.8 | percent of total billed charges | |
| HC ENDO TUMOR ABLATION (NO SNARE) | 43250 | CPT | | | | outpatient | | | 2626 | 2502.63 | Multiplan | Multiplan | 2340.8 | 80 | | | 394.11 | 4210.95 | percent of total billed charges | |
| HC ENDO TUMOR ABLATION (NO SNARE) | 43250 | CPT | | | | outpatient | | | 2626 | 2502.63 | Wellcare | Medicaid | 923.15 | 31.55 | | | 394.11 | 4210.95 | percent of total billed charges | |
| HC ENDO TUMOR ABLATION (NO SNARE) | 43250 | CPT | | | | outpatient | | | 2626 | 2502.63 | Aetna | Better Health | 923.15 | 31.55 | | | 394.11 | 4210.95 | percent of total billed charges | |
| HC ENDO TUMOR ABLATION (NO SNARE) | 43250 | CPT | | | | outpatient | | | 2626 | 2502.63 | UHC | Medicare | 2176.2 | | | | 394.11 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDO TUMOR ABLATION (NO SNARE) | 43250 | CPT | | | | outpatient | | | 2626 | 2502.63 | Consumer | Consumer | 2779.7 | 95 | | | 394.11 | 4210.95 | percent of total billed charges | |
| HC ENDO TUMOR ABLATION (NO SNARE) | 43250 | CPT | | | | outpatient | | | 2626 | 2502.63 | Aetna | Commercial | 3551.56 | | | | 394.11 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDO TUMOR ABLATION (NO SNARE) | 43250 | CPT | | | | outpatient | | | 2626 | 2502.63 | Horizon | Indemnity | 4210.95 | | | | 394.11 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDO TUMOR ABLATION (NO SNARE) | 43250 | CPT | | | | outpatient | | | 2626 | 2502.63 | Horizon | MGD | 4210.95 | | | | 394.11 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDO TUMOR ABLATION (NO SNARE) | 43250 | CPT | | | | outpatient | | | 2626 | 2502.63 | Qualcare | Qualcare | 2194.5 | 75 | | | 394.11 | 4210.95 | percent of total billed charges | |
| HC ENDO TUMOR ABLATION (NO SNARE) | 43250 | CPT | | | | outpatient | | | 2626 | 2502.63 | Aetna | Medicare | 2176.2 | | | | 394.11 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDO TUMOR ABLATION (NO SNARE) | 43250 | CPT | | | | outpatient | | | 2626 | 2502.63 | First Health | First Health | 2648.2 | 70 | | | 394.11 | 4210.95 | percent of total billed charges | |
| HC ENDO TUMOR ABLATION (NO SNARE) | 43250 | CPT | | | | outpatient | | | 2626 | 2502.63 | Horizon | PPO | 4210.95 | | | | 394.11 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDO TUMOR ABLATION (NO SNARE) | 43250 | CPT | | | | outpatient | | | 2626 | 2502.63 | Corrections | Corrections | 2340.8 | 80 | | | 394.11 | 4210.95 | percent of total billed charges | |
| HC ENDO TUMOR ABLATION (NO SNARE) | 43250 | CPT | | | | outpatient | | | 2626 | 2502.63 | Americare | Americare | 2194.5 | 75 | | | 394.11 | 4210.95 | percent of total billed charges | |
| HC ENDO TUMOR ABLATION (NO SNARE) | 43250 | CPT | | | | outpatient | | | 2626 | 2502.63 | United | Commercial/PPO | 2493 | | | | 394.11 | 4210.95 | case rate | |
| HC ENDO TUMOR ABLATION (NO SNARE) | 43250 | CPT | | | | outpatient | | | 2626 | 2502.63 | UHC | Medicaid | 923.15 | 31.55 | | | 394.11 | 4210.95 | percent of total billed charges | |
| HC ENDO TUMOR ABLATION (NO SNARE) | 43250 | CPT | | | | outpatient | | | 2626 | 2502.63 | First Trenton | First Trenton | 2633.4 | 90 | | | 394.11 | 4210.95 | percent of total billed charges | |
| HC ENDO TUMOR ABLATION (NO SNARE) | 43250 | CPT | | | | outpatient | | | 2626 | 2502.63 | Amerihealth | HMO/PPO | 550 | | | | 394.11 | 4210.95 | fee schedule | |
| HC ENDO TUMOR ABLATION (NO SNARE) | 43250 | CPT | | | | outpatient | | | 2626 | 2502.63 | Three Rivers | Three Rivers | 2779.7 | 95 | | | 394.11 | 4210.95 | percent of total billed charges | |
| HC ENDO TUMOR ABLATION (NO SNARE) | 43250 | CPT | | | | outpatient | | | 2626 | 2502.63 | United | Oxford | 2493 | | | | 394.11 | 4210.95 | case rate | |
| HC ENDO TUMOR ABLATION (NO SNARE) | 43250 | CPT | | | | outpatient | | | 2626 | 2502.63 | Managed Care Inc | Managed Care Inc | 2633.4 | 90 | | | 394.11 | 4210.95 | percent of total billed charges | |
| HC ENDO TUMOR ABLATION (NO SNARE) | 43250 | CPT | | | | outpatient | | | 2626 | 2502.63 | Horizon | Medicare Blue | 2176.2 | | | | 394.11 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDO TUMOR ABLATION (NO SNARE) | 43250 | CPT | | | | outpatient | | | 2626 | 2502.63 | Wellcare | Medicare | 2176.2 | | | | 394.11 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDO TUMOR ABLATION (NO SNARE) | 43250 | CPT | | | | outpatient | | | 2626 | 2502.63 | WellPoint | WellPoint | 941.59 | 32.18 | | | 394.11 | 4210.95 | percent of total billed charges | |
| HC ENDO TUMOR AB

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC ENDO TUMOR ABLATION/SNARE TECH | 43251 | CPT | | | | outpatient | | | 2926 | 2502.63 | Aetna | Medicare | 2176.2 | | | | 394.11 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDO TUMOR ABLATION/SNARE TECH | 43251 | CPT | | | | outpatient | | | 2926 | 2502.63 | Wellcare | Medicare | 2176.2 | | | | 394.11 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDO TUMOR ABLATION/SNARE TECH | 43251 | CPT | | | | outpatient | | | 2926 | 2502.63 | Amerihealth | HMO/PPO | 550 | | | | 394.11 | 4210.95 | fee schedule | |
| HC ENDO TUMOR ABLATION/SNARE TECH | 43251 | CPT | | | | outpatient | | | 2926 | 2502.63 | Aetna | Commercial | 3551.56 | | | | 394.11 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDO TUMOR ABLATION/SNARE TECH | 43251 | CPT | | | | outpatient | | | 2926 | 2502.63 | Horizon | PPO | 4210.95 | | | 1050.22 | 394.11 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDO TUMOR ABLATION/SNARE TECH | 43251 | CPT | | | | outpatient | | | 2926 | 2502.63 | Corrections | Corrections | 2340.8 | 80 | | 944.58 | 394.11 | 4210.95 | percent of total billed charges | |
| HC ENDO TUMOR ABLATION/SNARE TECH | 43251 | CPT | | | | outpatient | | | 2926 | 2502.63 | United | Oxford | 2493 | | | | 394.11 | 4210.95 | case rate | |
| HC ENDO TUMOR ABLATION/SNARE TECH | 43251 | CPT | | | | outpatient | | | 2926 | 2502.63 | First Trenton | First Trenton | 2633.4 | 90 | | | 394.11 | 4210.95 | percent of total billed charges | |
| HC ENDO TUMOR ABLATION/SNARE TECH | 43251 | CPT | | | | outpatient | | | 2926 | 2502.63 | Horizon | Medicare Blue | 2176.2 | | | | 394.11 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDO TUMOR ABLATION/SNARE TECH | 43251 | CPT | | | | outpatient | | | 2926 | 2502.63 | UHC | Medicaid | 923.15 | 31.55 | | | 394.11 | 4210.95 | percent of total billed charges | |
| HC ENDO TUMOR ABLATION/SNARE TECH | 43251 | CPT | | | | outpatient | | | 2926 | 2502.63 | First Health | First Health | 2048.2 | 70 | | | 394.11 | 4210.95 | percent of total billed charges | |
| HC ENDO TUMOR ABLATION/SNARE TECH | 43251 | CPT | | | | outpatient | | | 2926 | 2502.63 | Americare | Americare | 2194.5 | 75 | | | 394.11 | 4210.95 | percent of total billed charges | |
| HC ENDO TUMOR ABLATION/SNARE TECH | 43251 | CPT | | | | outpatient | | | 2926 | 2502.63 | Multiplan | Multiplan | 2340.8 | 80 | | | 394.11 | 4210.95 | percent of total billed charges | |
| HC ENDO TUMOR ABLATION/SNARE TECH | 43251 | CPT | | | | outpatient | | | 2926 | 2502.63 | Horizon | Indemnity | 4210.95 | | | | 394.11 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDO TUMOR ABLATION/SNARE TECH | 43251 | CPT | | | | outpatient | | | 2926 | 2502.63 | WellPoint | WellPoint | 941.59 | 32.18 | | | 394.11 | 4210.95 | percent of total billed charges | |
| HC ENDO TUMOR ABLATION/SNARE TECH | 43251 | CPT | | | | outpatient | | | 2926 | 2502.63 | Horizon | MGD | 4210.95 | | | 2046.57 | 394.11 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDO TUMOR ABLATION/SNARE TECH | 43251 | CPT | | | | outpatient | | | 2926 | 2502.63 | Qualcare | Qualcare | 2194.5 | 75 | | | 394.11 | 4210.95 | percent of total billed charges | |
| HC ENDO TUMOR ABLATION/SNARE TECH | 43251 | CPT | | | | outpatient | | | 2926 | 2502.63 | Managed Care Inc | Managed Care Inc | 2633.4 | 90 | | | 394.11 | 4210.95 | percent of total billed charges | |
| HC ENDO TUMOR ABLATION/SNARE TECH | 43251 | CPT | | | | outpatient | | | 2926 | 2502.63 | Wellcare | Medicaid | 923.15 | 31.55 | | | 394.11 | 4210.95 | percent of total billed charges | |
| HC ENDO TUMOR ABLATION/SNARE TECH | 43251 | CPT | | | | outpatient | | | 2926 | 2502.63 | Horizon | NJ Health | 394.11 | | | | 394.11 | 4210.95 | fee schedule | $3,681 All-Inclusive Case Rate |
| HC ENDO TUMOR ABLATION/SNARE TECH | 43251 | CPT | | | | outpatient | | | 2926 | 2502.63 | UHC | Medicare | 2176.2 | | | 580.48 | 394.11 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDO TUMOR ABLATION/SNARE TECH | 43251 | CPT | | | | outpatient | | | 2926 | 2502.63 | United | Commercial/PPO | 2493 | | | | 394.11 | 4210.95 | case rate | |
| HC ENDO TUMOR ABLATION/SNARE TECH | 43251 | CPT | | | | outpatient | | | 2926 | 2502.63 | Three Rivers | Three Rivers | 2779.7 | 95 | | | 394.11 | 4210.95 | percent of total billed charges | |
| HC EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE | 43253 | CPT | | | | outpatient | | | 4719 | 2502.63 | Corrections | Corrections | 3775.2 | 80 | | | 309.86 | 4483.05 | percent of total billed charges | |
| HC EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE | 43253 | CPT | | | | outpatient | | | 4719 | 2502.63 | First Health | First Health | 3303.3 | 70 | | | 309.86 | 4483.05 | percent of total billed charges | |
| HC EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE | 43253 | CPT | | | | outpatient | | | 4719 | 2502.63 | Aetna | Medicare | 2176.2 | | | 834.22 | 309.86 | 4483.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE | 43253 | CPT | | | | outpatient | | | 4719 | 2502.63 | Amerihealth | HMO/PPO | 650 | | | | 309.86 | 4483.05 | fee schedule | |
| HC EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE | 43253 | CPT | | | | outpatient | | | 4719 | 2502.63 | Aetna | Better Health | 1488.84 | 31.55 | | | 309.86 | 4483.05 | percent of total billed charges | |
| HC EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE | 43253 | CPT | | | | outpatient | | | 4719 | 2502.63 | Horizon | MGD | 4210.95 | | | | 309.86 | 4483.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE | 43253 | CPT | | | | outpatient | | | 4719 | 2502.63 | Aetna | Commercial | 3551.56 | | | | 309.86 | 4483.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE | 43253 | CPT | | | | outpatient | | | 4719 | 2502.63 | Horizon | PPO | 4210.95 | | | | 309.86 | 4483.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE | 43253 | CPT | | | | outpatient | | | 4719 | 2502.63 | Americare | Americare | 3539.25 | 75 | | | 309.86 | 4483.05 | percent of total billed charges | |
| HC EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE | 43253 | CPT | | | | outpatient | | | 4719 | 2502.63 | UHC | Medicaid | 1488.84 | 31.55 | | | 309.86 | 4483.05 | percent of total billed charges | |
| HC EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE | 43253 | CPT | | | | outpatient | | | 4719 | 2502.63 | Multiplan | Multiplan | 3775.2 | 80 | | | 309.86 | 4483.05 | percent of total billed charges | |
| HC EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE | 43253 | CPT | | | | outpatient | | | 4719 | 2502.63 | Horizon | Medicare Blue | 2176.2 | | | | 309.86 | 4483.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE | 43253 | CPT | | | | outpatient | | | 4719 | 2502.63 | Consumer | Consumer | 4483.05 | 95 | | | 309.86 | 4483.05 | percent of total billed charges | |
| HC EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE | 43253 | CPT | | | | outpatient | | | 4719 | 2502.63 | UHC | Medicare | 2176.2 | | | | 309.86 | 4483.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE | 43253 | CPT | | | | outpatient | | | 4719 | 2502.63 | Horizon | Indemnity | 4210.95 | | | | 309.86 | 4483.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE | 43253 | CPT | | | | outpatient | | | 4719 | 2502.63 | Wellcare | Medicare | 2176.2 | | | | 309.86 | 4483.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE | 43253 | CPT | | | | outpatient | | | 4719 | 2502.63 | First Trenton | First Trenton | 4247.1 | 90 | | | 309.86 | 4483.05 | percent of total billed charges | |
| HC EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE | 43253 | CPT | | | | outpatient | | | 4719 | 2502.63 | United | Oxford | 2493 | | | | 309.86 | 4483.05 | case rate | |
| HC EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE | 43253 | CPT | | | | outpatient | | | 4719 | 2502.63 | Qualcare | Qualcare | 3539.25 | 75 | | | 309.86 | 4483.05 | percent of total billed charges | |
| HC EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE | 43253 | CPT | | | | outpatient | | | 4719 | 2502.63 | WellPoint | WellPoint | 1518.57 | 32.18 | | | 309.86 | 4483.05 | percent of total billed charges | |
| HC EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE | 43253 | CPT | | | | outpatient | | | 4719 | 2502.63 | Horizon | NJ Health | 309.86 | | | | 309.86 | 4483.05 | fee schedule | $3,681 All-Inclusive Case Rate |
| HC EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE | 43253 | CPT | | | | outpatient | | | 4719 | 2502.63 | United | Commercial/PPO | 2493 | | | | 309.86 | 4483.05 | case rate | |
| HC EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE | 43253 | CPT | | | | outpatient | | | 4719 | 2502.63 | Managed Care Inc | Managed Care Inc | 4247.1 | 90 | | | 309.86 | 4483.05 | percent of total billed charges | |
| HC EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE | 43253 | CPT | | | | outpatient | | | 4719 | 2502.63 | Wellcare | Medicaid | 1488.84 | 31.55 | | | 309.86 | 4483.05 | percent of total billed charges | |
| HC EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE | 43253 | CPT | | | | outpatient | | | 4719 | 2502.63 | Three Rivers | Three Rivers | 4483.05 | 95 | | | 309.86 | 4483.05 | percent of total billed charges | |
| HC EDG TRANSORAL ENDOSCOPIC MUCOS | 43254 | CPT | | | | outpatient | | | 3210 | 2502.63 | Aetna | Commercial | 3551.56 | | | | 321.6 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EDG TRANSORAL ENDOSCOPIC MUCOS | 43254 | CPT | | | | outpatient | | | 3210 | 2502.63 | Qualcare | Qualcare | 2407.5 | 75 | | | 321.6 | 4210.95 | percent of total billed charges | |
| HC EDG TRANSORAL ENDOSCOPIC MUCOS | 43254 | CPT | | | | outpatient | | | 3210 | 2502.63 | Horizon | Indemnity | 4210.95 | | | | 321.6 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EDG TRANSORAL ENDOSCOPIC MUCOS | 43254 | CPT | | | | outpatient | | | 3210 | 2502.63 | Aetna | Medicare | 2176.2 | | | | 321.6 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EDG TRANSORAL ENDOSCOPIC MUCOS | 43254 | CPT | | | | outpatient | | | 3210 | 2502.63 | Americare | Americare | 2407.5 | 75 | | | 321.6 | 4210.95 | percent of total billed charges | |
| HC EDG TRANSORAL ENDOSCOPIC MUCOS | 43254 | CPT | | | | outpatient | | | 3210 | 2502.63 | First Health | First Health | 2247 | 70 | | | 321.6 | 4210.95 | percent of total billed charges | |
| HC EDG TRANSORAL ENDOSCOPIC MUCOS | 43254 | CPT | | | | outpatient | | | 3210 | 2502.63 | First Trenton | First Trenton | 2889 | 90 | | | 321.6 | 4210.95 | percent of total billed charges | |
| HC EDG TRANSORAL ENDOSCOPIC MUCOS | 43254 | CPT | | | | outpatient | | | 3210 | 2502.63 | Aetna | Better Health | 1012.76 | 31.55 | | | 321.6 | 4210.95 | percent of total billed charges | |
| HC EDG TRANSORAL ENDOSCOPIC MUCOS | 43254 | CPT | | | | outpatient | | | 3210 | 2502.63 | Amerihealth | HMO/PPO | 550 | | | | 321.6 | 4210.95 | fee schedule | |
| HC EDG TRANSORAL ENDOSCOPIC MUCOS | 43254 | CPT | | | | outpatient | | | 3210 | 2502.63 | UHC | Medicaid | 1012.76 | 31.55 | | | 321.6 | 4210.95 | percent of total billed charges | |
| HC EDG TRANSORAL ENDOSCOPIC MUCOS | 43254 | CPT | | | | outpatient | | | 3210 | 2502.63 | Horizon | PPO | 4210.95 | | | | 321.6 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EDG TRANSORAL ENDOSCOPIC MUCOS | 43254 | CPT | | | | outpatient | | | 3210 | 2502.63 | Horizon | MGD | 4210.95 | | | | 321.6 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EDG TRANSORAL ENDOSCOPIC MUCOS | 43254 | CPT | | | | outpatient | | | 3210 | 2502.63 | Horizon | Medicare Blue | 2176.2 | | | | 321.6 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EDG TRANSORAL ENDOSCOPIC MUCOS | 43254 | CPT | | | | outpatient | | | 3210 | 2502.63 | Multiplan | Multiplan | 2568 | 80 | | | 321.6 | 4210.95 | percent of total billed charges | |
| HC EDG TRANSORAL ENDOSCOPIC MUCOS | 43254 | CPT | | | | outpatient | | | 3210 | 2502.63 | Managed Care Inc | Managed Care Inc | 2889 | 90 | | | 321.6 | 4210.95 | percent of total billed charges | |
| HC EDG TRANSORAL ENDOSCOPIC MUCOS | 43254 | CPT | | | | outpatient | | | 3210 | 2502.63 | Consumer | Consumer | 3049.5 | 95 | | | 321.6 | 4210.95 | percent of total billed charges | |
| HC EDG TRANSORAL ENDOSCOPIC MUCOS | 43254 | CPT | | | | outpatient | | | 3210 | 2502.63 | Horizon | NJ Health | 321.6 | | | | 321.6 | 4210.95 | fee schedule | $3,681 All-Inclusive Case Rate |
| HC EDG TRANSORAL ENDOSCOPIC MUCOS | 43254 | CPT | | | | outpatient | | | 3210 | 2502.63 | UHC | Medicare | 2176.2 | | | | 321.6 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EDG TRANSORAL ENDOSCOPIC MUCOS | 43254 | CPT | | | | outpatient | | | 3210 | 2502.63 | United | Oxford | 2493 | | | | 321.6 | 4210.95 | case rate | |
| HC EDG TRANSORAL ENDOSCOPIC MUCOS | 43254 | CPT | | | | outpatient | | | 3210 | 2502.63 | Corrections | Corrections | 2568 | 80 | | | 321.6 | 4210.95 | percent of total billed charges | |
| HC EDG TRANSORAL ENDOSCOPIC MUCOS | 43254 | CPT | | | | outpatient | | | 3210 | 2502.63 | Wellcare | Medicare | 2176.2 | | | | 321.6 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EDG TRANSORAL ENDOSCOPIC MUCOS | 43254 | CPT | | | | outpatient | | | 3210 | 2502.63 | Three Rivers | Three Rivers | 3049.5 | 95 | | | 321.6 | 4210.95 | percent of total billed charges | |
| HC EDG TRANSORAL ENDOSCOPIC MUCOS | 43254 | CPT | | | | outpatient | | | 3210 | 2502.63 | WellPoint | WellPoint | 1032.98 | 32.18 | | | 321.6 | 4210.95 | percent of total billed charges | |
| HC EDG TRANSORAL ENDOSCOPIC MUCOS | 43254 | CPT | | | | outpatient | | | 3210 | 2502.63 | United | Commercial/PPO | 2493 | | | | 321.6 | 4210.95 | case rate | |
| HC EDG TRANSORAL ENDOSCOPIC MUCOS | 43254 | CPT | | | | outpatient | | | 3210 | 2502.63 | Wellcare | Medicaid | 1012.76 | 31.55 | | | 321.6 | 4210.95 | percent of total billed charges | |
| HC ENDO W/CONT. OF BLEEDING. | 43255 | CPT | | | | outpatient | | | 6072 | 2502.63 | Aetna | Better Health | 1915.72 | 31.55 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC ENDO W/CONT. OF BLEEDING. | 43255 | CPT | | | | outpatient | | | 6072 | 2502.63 | Qualcare | Qualcare | 4554 | 75 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC ENDO W/CONT. OF BLEEDING. | 43255 | CPT | | | | outpatient | | | 6072 | 2502.63 | Aetna | Medicare | 2176.2 | | | 534.12 | 425.43 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDO W/CONT. OF BLEEDING. | 43255 | CPT | | | | outpatient | | | 6072 | 2502.63 | Americare | Americare | 4554 | 75 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC ENDO W/CONT. OF BLEEDING. | 43255 | CPT | | | | outpatient | | | 6072 | 2502.63 | First Health | First Health | 4250.4 | 70 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC ENDO W/CONT. OF BLEEDING. | 43255 | CPT | | | | outpatient | | | 6072 | 2502.63 | Aetna | Commercial | 3551.56 | | | | 425.43 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDO W/CONT. OF BLEEDING. | 43255 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | Medicare Blue | 2176.2 | | | | 425.43 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDO W/CONT. OF BLEEDING. | 43255 | CPT | | | | outpatient | | | 6072 | 2502.63 | Consumer | Consumer | 5768.4 | 95 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC ENDO W/CONT. OF BLEEDING. | 43255 | CPT | | | | outpatient | | | 6072 | 2502.63 | Corrections | Corrections | 4857.6 | 80 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC ENDO W/CONT. OF BLEEDING. | 43255 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | NJ Health | 425.43 | | | 865.78 | 425.43 | 5768.4 | fee schedule | $3,681 All-Inclusive Case Rate |
| HC ENDO W/CONT. OF BLEEDING. | 43255 | CPT | | | | outpatient | | | 6072 | 2502.63 | Amerihealth | HMO/PPO | 550 | | | | 425.43 | 5768.4 | fee schedule | |
| HC ENDO W/CONT. OF BLEEDING. | 43255 | CPT | | | | outpatient | | | 6072 | 2502.63 | United | Oxford | 2493 | | | | 425.43 | 5768.4 | case rate | |
| HC ENDO W/CONT. OF BLEEDING. | 43255 | CPT | | | | outpatient | | | 6072 | 2502.63 | Three Rivers | Three Rivers | 5768.4 | 95 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC ENDO W/CONT. OF BLEEDING. | 43255 | CPT | | | | outpatient | | | 6072 | 2502.63 | Multiplan | Multiplan | 4857.6 | 80 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC ENDO W/CONT. OF BLEEDING. | 43255 | CPT | | | | outpatient | | | 6072 | 2502.63 | Wellcare | Medicare | 2176.2 | | | | 425.43 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDO W/CONT. OF BLEEDING. | 43255 | CPT | | | | outpatient | | | 6072 | 2502.63 | First Trenton | First Trenton | 5464.8 | 90 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC ENDO W/CONT. OF BLEEDING. | 43255 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | MGD | 4210.95 | | | | 425.43 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDO W/CONT. OF BLEEDING. | 43255 | CPT | | | | outpatient | | | 6072 | 2502.63 | United | Commercial/PPO | 2493 | | | | 425.43 | 5768.4 | case rate | |
| HC ENDO W/CONT. OF BLEEDING. | 43255 | CPT | | | | outpatient | | | 6072 | 2502.63 | WellPoint | WellPoint | 1953.97 | 32.18 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC ENDO W/CONT. OF BLEEDING. | 43255 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | Indemnity | 4210.95 | | | | 425.43 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDO W/CONT. OF BLEEDING. | 43255 | CPT | | | | outpatient | | | 6072 | 2502.63 | UHC | Medicaid | 1915.72 | 31.55 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC ENDO W/CONT. OF BLEEDING. | 43255 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | PPO | 4210.95 | | | | 425.43 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDO W/CONT. OF BLEEDING. | 43255 | CPT | | | | outpatient | | | 6072 | 2502.63 | UHC | Medicare | 2176.2 | | | | 425.43 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDO W/CONT. OF BLEEDING. | 43255 | CPT | | | | outpatient | | | 6072 | 2502.63 | Managed Care Inc | Managed Care Inc | 5464.8 | 90 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC ENDO W/CONT. OF BLEEDING. | 43255 | CPT | | | | outpatient | | | 6072 | 2502.63 | Wellcare | Medicaid | 1915.72 | 31.55 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC EGD W/EUS W/FNA | 43259 | CPT | | | | outpatient | | | 3268 | 2502.63 | Aetna | Better Health | 1031.05 | 31.55 | | | 365.4 | 4210.95 | percent of total billed charges | |
| HC EGD W/EUS W/FNA | 43259 | CPT | | | | outpatient | | | 3268 | 2502.63 | Aetna | Medicare | 2176.2 | | | | 365.4 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/EUS W/FNA | 43259 | CPT | | | | outpatient | | | 3268 | 2502.63 | Horizon | Medicare Blue | 2176.2 | | | | 365.4 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/EUS W/FNA | 43259 | CPT | | | | outpatient | | | 3268 | 2502.63 | Aetna | Commercial | 3551.56 | | | | 365.4 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/EUS W/FNA | 43259 | CPT | | | | outpatient | | | 3268 | 2502.63 | Consumer | Consumer | 3104.6 | 95 | | | 365.4 | 4210.95 | percent of total billed charges | |
| HC EGD W/EUS W/FNA | 43259 | CPT | | | | outpatient | | | 3268 | 2502.63 | Americare | Americare | 2451 | 75 | | | 365.4 | 4210.95 | percent of total billed charges | |
| HC EGD W/EUS W/FNA | 43259 | CPT | | | | outpatient | | | 3268 | 2502.63 | Multiplan | Multiplan | 2614.4 | 80 | | | 365.4 | 4210.95 | percent of total billed charges | |
| HC EGD W/EUS W/FNA | 43259 | CPT | | | | outpatient | | | 3268 | 2502.63 | UHC | Medicare | 2176.2 | | | | 365.4 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/EUS W/FNA | 43259 | CPT | | | | outpatient | | | 3268 | 2502.63 | First Health | First Health | 2287.6 | 70 | | | 365.4 | 4210.95 | percent of total billed charges | |
| HC EGD W/EUS W/FNA | 43259 | CPT | | | | outpatient | | | 3268 | 2502.63 | First Trenton | First Trenton | 2941.2 | 90 | | | 365.4 | 4210.95 | percent of total billed charges | |
| HC EGD W/EUS W/FNA | 43259 | CPT | | | | outpatient | | | 3268 | 2502.63 | United | Commercial/PPO | 2493 | | | | 365.4 | 4210.95 | case rate | |
| HC EGD W/EUS W/FNA | 43259 | CPT | | | | outpatient | | | 3268 | 2502.63 | Horizon | Indemnity | 4210.95 | | | | 365.4 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/EUS W/FNA | 43259 | CPT | | | | outpatient | | | 3268 | 2502.63 | Corrections | Corrections | 2614.4 | 80 | | | 365.4 | 4210.95 | percent of total billed charges | |
| HC EGD W/EUS W/FNA | 43259 | CPT | | | | outpatient | | | 3268 | 2502.63 | Amerihealth | HMO/PPO | 550 | | | | 365.4 | 4210.95 | fee schedule | |
| HC EGD W/EUS W/FNA | 43259 | CPT | | | | outpatient | | | 3268 | 2502.63 | Managed Care Inc | Managed Care Inc | 2941.2 | 90 | | | 365.4 | 4210.95 | percent of total billed charges | |
| HC EGD W/EUS W/FNA | 43259 | CPT | | | | outpatient | | | 3268 | 2502.63 | Qualcare | Qualcare | 2451 | 75 | | | 365.4 | 4210.95 | percent of total billed charges | |
| HC EGD W/EUS W/FNA | 43259 | CPT | | | | outpatient | | | 3268 | 2502.63 | Horizon | PPO | 4210.95 | | | | 365.4 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/EUS W/FNA | 43259 | CPT | | | | outpatient | | | 3268 | 2502.63 | Horizon | MGD | 4210.95 | | | | 365.4 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/EUS W/FNA | 43259 | CPT | | | | outpatient | | | 3268 | 2502.63 | Three Rivers | Three Rivers | 3104.6 | 95 | | | 365.4 | 4210.95 | percent of total billed charges | |
| HC EGD W/EUS W/FNA | 43259 | CPT | | | | outpatient | | | 3268 | 2502.63 | Horizon | NJ Health | 365.4 | | | | 365.4 | 4210.95 | fee schedule | $3,681 All-Inclusive Case Rate |
| HC EGD W/EUS W/FNA | 43259 | CPT | | | | outpatient | | | 3268 | 2502.63 | UHC | Medicaid | 1031.05 | 31.55 | | | 365.4 | 4210.95 | percent of total billed charges | |
| HC EGD W/EUS W/FNA | 43259 | CPT | | | | outpatient | | | 3268 | 2502.63 | Wellcare | Medicaid | 1031.05 | 31.55 | | | 365.4 | 4210.95 | percent of total billed charges | |
| HC EGD W/EUS W/FNA | 43259 | CPT | | | | outpatient | | | 3268 | 2502.63 | United | Oxford | 2493 | | | | 365.4 | 4210.95 | case rate | |
| HC EGD W/EUS W/FNA | 43259 | CPT | | | | outpatient | | | 3268 | 2502.63 | Wellcare | Medicare | 2176.2 | | | | 365.4 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/EUS W/FNA | 43259 | CPT | | | | outpatient | | | 3268 | 2502.63 | WellPoint | WellPoint | 1051.64 | 32.18 | | | 365.4 | 4210.95 | percent of total billed charges | |
| HC ERCP DIAGNOSTIC | 43260 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | Consumer | Consumer | 10572.86 | 95 | | | 454.14 | 10572.86 | percent of total billed charges | |
| HC ERCP DIAGNOSTIC | 43260 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | Amerihealth | HMO/PPO | 650 | | | | 454.14 | 10572.86 | fee schedule | |
| HC ERCP DIAGNOSTIC | 43260 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | Aetna | Commercial | 7148.14 | | | | 454.14 | 10572.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP DIAGNOSTIC | 43260 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | Multiplan | Multiplan | 8903.46 | 80 | | | 454.14 | 10572.86 | percent of total billed charges | |
| HC ERCP DIAGNOSTIC | 43260 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | Americare | Americare | 8347 | 75 | | | 454.14 | 10572.86 | percent of total billed charges | |
| HC ERCP DIAGNOSTIC | 43260 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | First Trenton | First Trenton | 10016.4 | 90 | | | 454.14 | 10572.86 | percent of total billed charges | |
| HC ERCP DIAGNOSTIC | 43260 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | Aetna | Medicare | 4379.99 | | | | 454.14 | 10572.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP DIAGNOSTIC | 43260 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | Aetna | Better Health | 3511.3 | 31.55 | | | 454.14 | 10572.86 | percent of total billed charges | |
| HC ERCP DIAGNOSTIC | 43260 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | Horizon | MGD | 8475.28 | | | | 454.14 | 10572.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP DIAGNOSTIC | 43260 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | First Health | First Health | 7790.53 | 70 | | | 454.14 | 10572.86 | percent of total billed charges | |
| HC ERCP DIAGNOSTIC | 43260 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | UHC | Medicare | 4379.99 | | | | 454.14 | 10572.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP DIAGNOSTIC | 43260 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | Qualcare | Qualcare | 8347 | 75 | | | 454.14 | 10572.86 | percent of total billed charges | |
| HC ERCP DIAGNOSTIC | 43260 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | Horizon | Medicare Blue | 4379.99 | | | | 454.14 | 10572.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP DIAGNOSTIC | 43260 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | Corrections | Corrections | 8903.46 | 80 | | | 454.14 | 10572.86 | percent of total billed charges | |
| HC ERCP DIAGNOSTIC | 43260 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | Horizon | Indemnity | 8475.28 | | | | 454.14 | 10572.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP DIAGNOSTIC | 43260 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | UHC | Medicaid | 3511.3 | 31.55 | | | 454.14 | 10572.86 | percent of total billed charges | |
| HC ERCP DIAGNOSTIC | 43260 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | Managed Care Inc | Managed Care Inc | 10016.4 | 90 | | | 454.14 | 10572.86 | percent of total billed charges | |
| HC ERCP DIAGNOSTIC | 43260 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | Horizon | PPO | 8475.28 | | | | 454.14 | 10572.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP DIAGNOSTIC | 43260 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | Horizon | NJ Health | 454.14 | | | 2343.09 | 454.14 | 10572.86 | fee schedule | $3,681 All-Inclusive Case Rate |
| HC ERCP DIAGNOSTIC | 43260 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | Wellcare | Medicare | 4379.99 | | | | 

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 | Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC ERCP W/BIOPSY SIN/MULT. | 43261 | CPT | | | | outpatient | | | 11501 | 5036.99 | Multiplan | Multiplan | 9200.8 | 80 | | | 621.18 | 10925.95 | percent of total billed charges | |
| HC ERCP W/BIOPSY SIN/MULT. | 43261 | CPT | | | | outpatient | | | 11501 | 5036.99 | Horizon | Medicare Blue | 4379.99 | | | | 621.18 | 10925.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP W/BIOPSY SIN/MULT. | 43261 | CPT | | | | outpatient | | | 11501 | 5036.99 | Qualcare | Qualcare | 8625.75 | 75 | | | 621.18 | 10925.95 | percent of total billed charges | |
| HC ERCP W/BIOPSY SIN/MULT. | 43261 | CPT | | | | outpatient | | | 11501 | 5036.99 | Aetna | Commercial | 7148.14 | | | | 621.18 | 10925.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP W/BIOPSY SIN/MULT. | 43261 | CPT | | | | outpatient | | | 11501 | 5036.99 | Amerihealth | HMO/PPO | 650 | | | | 621.18 | 10925.95 | fee schedule | |
| HC ERCP W/BIOPSY SIN/MULT. | 43261 | CPT | | | | outpatient | | | 11501 | 5036.99 | Aetna | Medicare | 4379.99 | | | | 621.18 | 10925.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP W/BIOPSY SIN/MULT. | 43261 | CPT | | | | outpatient | | | 11501 | 5036.99 | Aetna | Better Health | 3628.57 | 31.55 | | | 621.18 | 10925.95 | percent of total billed charges | |
| HC ERCP W/BIOPSY SIN/MULT. | 43261 | CPT | | | | outpatient | | | 11501 | 5036.99 | UHC | Medicare | 4379.99 | | | | 621.18 | 10925.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP W/BIOPSY SIN/MULT. | 43261 | CPT | | | | outpatient | | | 11501 | 5036.99 | UHC | Medicaid | 3628.57 | 31.55 | | | 621.18 | 10925.95 | percent of total billed charges | |
| HC ERCP W/BIOPSY SIN/MULT. | 43261 | CPT | | | | outpatient | | | 11501 | 5036.99 | Horizon | MGD | 8475.28 | | | | 621.18 | 10925.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP W/BIOPSY SIN/MULT. | 43261 | CPT | | | | outpatient | | | 11501 | 5036.99 | Wellcare | Medicare | 4379.99 | | | | 621.18 | 10925.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP W/BIOPSY SIN/MULT. | 43261 | CPT | | | | outpatient | | | 11501 | 5036.99 | Americare | Americare | 8625.75 | 75 | | | 621.18 | 10925.95 | percent of total billed charges | |
| HC ERCP W/BIOPSY SIN/MULT. | 43261 | CPT | | | | outpatient | | | 11501 | 5036.99 | First Health | First Health | 8090.7 | 70 | | | 621.18 | 10925.95 | percent of total billed charges | |
| HC ERCP W/BIOPSY SIN/MULT. | 43261 | CPT | | | | outpatient | | | 11501 | 5036.99 | Horizon | NJ Health | 621.18 | | | | 621.18 | 10925.95 | fee schedule | $3,681 All-Inclusive Case Rate |
| HC ERCP W/BIOPSY SIN/MULT. | 43261 | CPT | | | | outpatient | | | 11501 | 5036.99 | Consumer | Consumer | 10925.95 | 95 | | | 621.18 | 10925.95 | percent of total billed charges | |
| HC ERCP W/BIOPSY SIN/MULT. | 43261 | CPT | | | | outpatient | | | 11501 | 5036.99 | Three Rivers | Three Rivers | 10925.95 | 95 | | | 621.18 | 10925.95 | percent of total billed charges | |
| HC ERCP W/BIOPSY SIN/MULT. | 43261 | CPT | | | | outpatient | | | 11501 | 5036.99 | United | Commercial/PPO | 2776 | | | | 621.18 | 10925.95 | case rate | |
| HC ERCP W/BIOPSY SIN/MULT. | 43261 | CPT | | | | outpatient | | | 11501 | 5036.99 | WellPoint | WellPoint | 3701.02 | 32.18 | | | 621.18 | 10925.95 | percent of total billed charges | |
| HC ERCP W/BIOPSY SIN/MULT. | 43261 | CPT | | | | outpatient | | | 11501 | 5036.99 | Wellcare | Medicaid | 3628.57 | 31.55 | | | 621.18 | 10925.95 | percent of total billed charges | |
| HC ERCP W/BIOPSY SIN/MULT. | 43261 | CPT | | | | outpatient | | | 11501 | 5036.99 | Corrections | Corrections | 9200.8 | 80 | | | 621.18 | 10925.95 | percent of total billed charges | |
| HC ERCP W/BIOPSY SIN/MULT. | 43261 | CPT | | | | outpatient | | | 11501 | 5036.99 | First Trenton | First Trenton | 10350.9 | 90 | | | 621.18 | 10925.95 | percent of total billed charges | |
| HC ERCP W/BIOPSY SIN/MULT. | 43261 | CPT | | | | outpatient | | | 11501 | 5036.99 | Horizon | Indemnity | 8475.28 | | | | 621.18 | 10925.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP W/BIOPSY SIN/MULT. | 43261 | CPT | | | | outpatient | | | 11501 | 5036.99 | Horizon | PPO | 8475.28 | | | | 621.18 | 10925.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP W/BIOPSY SIN/MULT. | 43261 | CPT | | | | outpatient | | | 11501 | 5036.99 | Managed Care Inc | Managed Care Inc | 10350.9 | 90 | | | 621.18 | 10925.95 | percent of total billed charges | |
| HC ERCP W/BIOPSY SIN/MULT. | 43261 | CPT | | | | outpatient | | | 11501 | 5036.99 | United | Oxford | 2776 | | | | 621.18 | 10925.95 | case rate | |
| HC ERCP W/SHINCTER/PAPILLOTOMY | 43262 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | Horizon | Indemnity | 8475.28 | | | | 568.98 | 10572.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP W/SHINCTER/PAPILLOTOMY | 43262 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | Americare | Americare | 8347 | 75 | | | 568.98 | 10572.86 | percent of total billed charges | |
| HC ERCP W/SHINCTER/PAPILLOTOMY | 43262 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | Aetna | Better Health | 3511.3 | 31.55 | | | 568.98 | 10572.86 | percent of total billed charges | |
| HC ERCP W/SHINCTER/PAPILLOTOMY | 43262 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | Aetna | Medicare | 4379.99 | | | | 568.98 | 10572.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP W/SHINCTER/PAPILLOTOMY | 43262 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | First Trenton | First Trenton | 10016.4 | 90 | | | 568.98 | 10572.86 | percent of total billed charges | |
| HC ERCP W/SHINCTER/PAPILLOTOMY | 43262 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | Aetna | Commercial | 7148.14 | | | | 568.98 | 10572.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP W/SHINCTER/PAPILLOTOMY | 43262 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | Amerihealth | HMO/PPO | 650 | | | | 568.98 | 10572.86 | fee schedule | |
| HC ERCP W/SHINCTER/PAPILLOTOMY | 43262 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | Consumer | Consumer | 10572.86 | 95 | | | 568.98 | 10572.86 | percent of total billed charges | |
| HC ERCP W/SHINCTER/PAPILLOTOMY | 43262 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | Horizon | PPO | 8475.28 | | | | 568.98 | 10572.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP W/SHINCTER/PAPILLOTOMY | 43262 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | Horizon | NJ Health | 568.98 | | | 917.02 | 568.98 | 10572.86 | fee schedule | $3,681 All-Inclusive Case Rate |
| HC ERCP W/SHINCTER/PAPILLOTOMY | 43262 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | First Health | First Health | 7790.53 | 70 | | | 568.98 | 10572.86 | percent of total billed charges | |
| HC ERCP W/SHINCTER/PAPILLOTOMY | 43262 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | UHC | Medicaid | 3511.3 | 31.55 | | 2672.84 | 568.98 | 10572.86 | percent of total billed charges | |
| HC ERCP W/SHINCTER/PAPILLOTOMY | 43262 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | Managed Care Inc | Managed Care Inc | 10016.4 | 90 | | | 568.98 | 10572.86 | percent of total billed charges | |
| HC ERCP W/SHINCTER/PAPILLOTOMY | 43262 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | Corrections | Corrections | 8903.46 | 80 | | 2646.57 | 568.98 | 10572.86 | percent of total billed charges | |
| HC ERCP W/SHINCTER/PAPILLOTOMY | 43262 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | Horizon | MGD | 8475.28 | | | | 568.98 | 10572.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP W/SHINCTER/PAPILLOTOMY | 43262 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | United | Oxford | 2776 | | | | 568.98 | 10572.86 | case rate | |
| HC ERCP W/SHINCTER/PAPILLOTOMY | 43262 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | United | Commercial/PPO | 2776 | | | | 568.98 | 10572.86 | case rate | |
| HC ERCP W/SHINCTER/PAPILLOTOMY | 43262 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | Wellcare | Medicare | 4379.99 | | | | 568.98 | 10572.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP W/SHINCTER/PAPILLOTOMY | 43262 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | UHC | Medicare | 4379.99 | | | 1236.4 | 568.98 | 10572.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP W/SHINCTER/PAPILLOTOMY | 43262 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | Horizon | Medicare Blue | 4379.99 | | | 1418.85 | 568.98 | 10572.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP W/SHINCTER/PAPILLOTOMY | 43262 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | Three Rivers | Three Rivers | 10572.86 | 95 | | | 568.98 | 10572.86 | percent of total billed charges | |
| HC ERCP W/SHINCTER/PAPILLOTOMY | 43262 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | Multiplan | Multiplan | 8903.46 | 80 | | | 568.98 | 10572.86 | percent of total billed charges | |
| HC ERCP W/SHINCTER/PAPILLOTOMY | 43262 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | Wellcare | Medicaid | 3511.3 | 31.55 | | | 568.98 | 10572.86 | percent of total billed charges | |
| HC ERCP W/SHINCTER/PAPILLOTOMY | 43262 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | Qualcare | Qualcare | 8347 | 75 | | | 568.98 | 10572.86 | percent of total billed charges | |
| HC ERCP W/SHINCTER/PAPILLOTOMY | 43262 | CPT | | | | outpatient | | | 11129.33 | 5036.99 | WellPoint | WellPoint | 3581.42 | 32.18 | | | 568.98 | 10572.86 | percent of total billed charges | |
| HC ERCP W/ENDOSC. RETRO REM.STON | 43264 | CPT | | | | outpatient | | | 8863 | 5036.99 | Aetna | Better Health | 2796.28 | 31.55 | | 1985.9 | 650 | 8475.28 | percent of total billed charges | |
| HC ERCP W/ENDOSC. RETRO REM.STON | 43264 | CPT | | | | outpatient | | | 8863 | 5036.99 | Corrections | Corrections | 7090.4 | 80 | | 2646.57 | 650 | 8475.28 | percent of total billed charges | |
| HC ERCP W/ENDOSC. RETRO REM.STON | 43264 | CPT | | | | outpatient | | | 8863 | 5036.99 | Aetna | Commercial | 7148.14 | | | 2598.59 | 650 | 8475.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP W/ENDOSC. RETRO REM.STON | 43264 | CPT | | | | outpatient | | | 8863 | 5036.99 | Consumer | Consumer | 8419.85 | 95 | | | 650 | 8475.28 | percent of total billed charges | |
| HC ERCP W/ENDOSC. RETRO REM.STON | 43264 | CPT | | | | outpatient | | | 8863 | 5036.99 | Americare | Americare | 6647.25 | 75 | | | 650 | 8475.28 | percent of total billed charges | |
| HC ERCP W/ENDOSC. RETRO REM.STON | 43264 | CPT | | | | outpatient | | | 8863 | 5036.99 | Multiplan | Multiplan | 7090.4 | 80 | | | 650 | 8475.28 | percent of total billed charges | |
| HC ERCP W/ENDOSC. RETRO REM.STON | 43264 | CPT | | | | outpatient | | | 8863 | 5036.99 | UHC | Medicaid | 2796.28 | 31.55 | | 2707.64 | 650 | 8475.28 | percent of total billed charges | |
| HC ERCP W/ENDOSC. RETRO REM.STON | 43264 | CPT | | | | outpatient | | | 8863 | 5036.99 | Horizon | Medicare Blue | 4379.99 | | | 1873.3 | 650 | 8475.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP W/ENDOSC. RETRO REM.STON | 43264 | CPT | | | | outpatient | | | 8863 | 5036.99 | Aetna | Medicare | 4379.99 | | | 1508.6 | 650 | 8475.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP W/ENDOSC. RETRO REM.STON | 43264 | CPT | | | | outpatient | | | 8863 | 5036.99 | UHC | Medicare | 4379.99 | | | 1403.69 | 650 | 8475.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP W/ENDOSC. RETRO REM.STON | 43264 | CPT | | | | outpatient | | | 8863 | 5036.99 | First Health | First Health | 6204.1 | 70 | | | 650 | 8475.28 | percent of total billed charges | |
| HC ERCP W/ENDOSC. RETRO REM.STON | 43264 | CPT | | | | outpatient | | | 8863 | 5036.99 | Horizon | Indemnity | 8475.28 | | | 2937.24 | 650 | 8475.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP W/ENDOSC. RETRO REM.STON | 43264 | CPT | | | | outpatient | | | 8863 | 5036.99 | Amerihealth | HMO/PPO | 650 | | | | 650 | 8475.28 | fee schedule | |
| HC ERCP W/ENDOSC. RETRO REM.STON | 43264 | CPT | | | | outpatient | | | 8863 | 5036.99 | Qualcare | Qualcare | 6647.25 | 75 | | | 650 | 8475.28 | percent of total billed charges | |
| HC ERCP W/ENDOSC. RETRO REM.STON | 43264 | CPT | | | | outpatient | | | 8863 | 5036.99 | Horizon | MGD | 8475.28 | | | | 650 | 8475.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP W/ENDOSC. RETRO REM.STON | 43264 | CPT | | | | outpatient | | | 8863 | 5036.99 | Wellcare | Medicaid | 2796.28 | 31.55 | | 2529.47 | 650 | 8475.28 | percent of total billed charges | |
| HC ERCP W/ENDOSC. RETRO REM.STON | 43264 | CPT | | | | outpatient | | | 8863 | 5036.99 | First Trenton | First Trenton | 7976.7 | 90 | | | 650 | 8475.28 | percent of total billed charges | |
| HC ERCP W/ENDOSC. RETRO REM.STON | 43264 | CPT | | | | outpatient | | | 8863 | 5036.99 | United | Oxford | 2776 | | | 1324.29 | 650 | 8475.28 | case rate | |
| HC ERCP W/ENDOSC. RETRO REM.STON | 43264 | CPT | | | | outpatient | | | 8863 | 5036.99 | WellPoint | WellPoint | 2852.11 | 32.18 | | 1430.19 | 650 | 8475.28 | percent of total billed charges | |
| HC ERCP W/ENDOSC. RETRO REM.STON | 43264 | CPT | | | | outpatient | | | 8863 | 5036.99 | Wellcare | Medicare | 4379.99 | | | | 650 | 8475.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP W/ENDOSC. RETRO REM.STON | 43264 | CPT | | | | outpatient | | | 8863 | 5036.99 | Horizon | NJ Health | 1077.93 | | | 686.5 | 650 | 8475.28 | fee schedule | $3,681 All-Inclusive Case Rate |
| HC ERCP W/ENDOSC. RETRO REM.STON | 43264 | CPT | | | | outpatient | | | 8863 | 5036.99 | Managed Care Inc | Managed Care Inc | 7976.7 | 90 | | | 650 | 8475.28 | percent of total billed charges | |
| HC ERCP W/ENDOSC. RETRO REM.STON | 43264 | CPT | | | | outpatient | | | 8863 | 5036.99 | Horizon | PPO | 8475.28 | | | 2657.6 | 650 | 8475.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP W/ENDOSC. RETRO REM.STON | 43264 | CPT | | | | outpatient | | | 8863 | 5036.99 | Three Rivers | Three Rivers | 8419.85 | 95 | | | 650 | 8475.28 | percent of total billed charges | |
| HC ERCP W/ENDOSC. RETRO REM.STON | 43264 | CPT | | | | outpatient | | | 8863 | 5036.99 | United | Commercial/PPO | 2776 | | | | 650 | 8475.28 | case rate | |
| HC W/STONE FRAGMENTATION | 43265 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | UHC | Medicare | 6518.07 | | | | 614.94 | 15733.98 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC W/STONE FRAGMENTATION | 43265 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Amerihealth | HMO/PPO | 650 | | | | 614.94 | 15733.98 | fee schedule | |
| HC W/STONE FRAGMENTATION | 43265 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Aetna | Commercial | 6293.59 | 38 | | | 614.94 | 15733.98 | percent of total billed charges | |
| HC W/STONE FRAGMENTATION | 43265 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Multiplan | Multiplan | 13249.66 | 80 | | | 614.94 | 15733.98 | percent of total billed charges | |
| HC W/STONE FRAGMENTATION | 43265 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Horizon | MGD | 12612.47 | | | | 614.94 | 15733.98 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC W/STONE FRAGMENTATION | 43265 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Americare | Americare | 12421.56 | 75 | | | 614.94 | 15733.98 | percent of total billed charges | |
| HC W/STONE FRAGMENTATION | 43265 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Aetna | Medicare | 6518.07 | | | | 614.94 | 15733.98 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC W/STONE FRAGMENTATION | 43265 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Aetna | Better Health | 5225.34 | 31.55 | | | 614.94 | 15733.98 | percent of total billed charges | |
| HC W/STONE FRAGMENTATION | 43265 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | UHC | Medicaid | 5225.34 | 31.55 | | | 614.94 | 15733.98 | percent of total billed charges | |
| HC W/STONE FRAGMENTATION | 43265 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Horizon | Indemnity | 12612.47 | | | | 614.94 | 15733.98 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC W/STONE FRAGMENTATION | 43265 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Consumer | Consumer | 15733.98 | 95 | | | 614.94 | 15733.98 | percent of total billed charges | |
| HC W/STONE FRAGMENTATION | 43265 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Qualcare | Qualcare | 12421.56 | 75 | | | 614.94 | 15733.98 | percent of total billed charges | |
| HC W/STONE FRAGMENTATION | 43265 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | First Health | First Health | 11593.46 | 70 | | | 614.94 | 15733.98 | percent of total billed charges | |
| HC W/STONE FRAGMENTATION | 43265 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Horizon | Medicare Blue | 6518.07 | | | | 614.94 | 15733.98 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC W/STONE FRAGMENTATION | 43265 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Corrections | Corrections | 13249.66 | 80 | | | 614.94 | 15733.98 | percent of total billed charges | |
| HC W/STONE FRAGMENTATION | 43265 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | United | Commercial/PPO | 2776 | | | | 614.94 | 15733.98 | case rate | |
| HC W/STONE FRAGMENTATION | 43265 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | First Trenton | First Trenton | 14905.87 | 90 | | | 614.94 | 15733.98 | percent of total billed charges | |
| HC W/STONE FRAGMENTATION | 43265 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Horizon | NJ Health | 614.94 | | | | 614.94 | 15733.98 | fee schedule | $3,681 All-Inclusive Case Rate |
| HC W/STONE FRAGMENTATION | 43265 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Horizon | PPO | 12612.47 | | | | 614.94 | 15733.98 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC W/STONE FRAGMENTATION | 43265 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Wellcare | Medicaid | 5225.34 | 31.55 | | | 614.94 | 15733.98 | percent of total billed charges | |
| HC W/STONE FRAGMENTATION | 43265 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Managed Care Inc | Managed Care Inc | 14905.87 | 90 | | | 614.94 | 15733.98 | percent of total billed charges | |
| HC W/STONE FRAGMENTATION | 43265 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Three Rivers | Three Rivers | 15733.98 | 95 | | | 614.94 | 15733.98 | percent of total billed charges | |
| HC W/STONE FRAGMENTATION | 43265 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | WellPoint | WellPoint | 5329.68 | 32.18 | | | 614.94 | 15733.98 | percent of total billed charges | |
| HC W/STONE FRAGMENTATION | 43265 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | United | Oxford | 2776 | | | | 614.94 | 15733.98 | case rate | |
| HC W/STONE FRAGMENTATION | 43265 | CPT | | | | outpatient | | | 16562.08 | 7495.78 | Wellcare | Medicare | 6518.07 | | | | 614.94 | 15733.98 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD ENDOSCOPIC STENT PLACE | 43266 | CPT | | | | both | | | 14320 | 7495.78 | Aetna | Better Health | 4517.96 | 31.55 | | | 266.09 | 13604 | percent of total billed charges | |
| HC EGD ENDOSCOPIC STENT PLACE | 43266 | CPT | | | | both | | | 14320 | 7495.78 | Horizon | PPO | 12612.47 | | | 5607.97 | 266.09 | 13604 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD ENDOSCOPIC STENT PLACE | 43266 | CPT | | | | both | | | 14320 | 7495.78 | First Trenton | First Trenton | 12888 | 90 | | | 266.09 | 13604 | percent of total billed charges | |
| HC EGD ENDOSCOPIC STENT PLACE | 43266 | CPT | | | | both | | | 14320 | 7495.78 | Aetna | Medicare | 6518.07 | | | | 266.09 | 13604 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD ENDOSCOPIC STENT PLACE | 43266 | CPT | | | | both | | | 14320 | 7495.78 | First Health | First Health | 10024 | 70 | | | 266.09 | 13604 | percent of total billed charges | |
| HC EGD ENDOSCOPIC STENT PLACE | 43266 | CPT | | | | both | | | 14320 | 7495.78 | Aetna | Commercial | 10837.49 | | | | 266.09 | 13604 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD ENDOSCOPIC STENT PLACE | 43266 | CPT | | | | both | | | 14320 | 7495.78 | Qualcare | Qualcare | 10740 | 75 | | | 266.09 | 13604 | percent of total billed charges | |
| HC EGD ENDOSCOPIC STENT PLACE | 43266 | CPT | | | | both | | | 14320 | 7495.78 | WellPoint | WellPoint | 4608.18 | 32.18 | | | 266.09 | 13604 | percent of total billed charges | |
| HC EGD ENDOSCOPIC STENT PLACE | 43266 | CPT | | | | both | | | 14320 | 7495.78 | Consumer | Consumer | 13604 | 95 | | | 266.09 | 13604 | percent of total billed charges | |
| HC EGD ENDOSCOPIC STENT PLACE | 43266 | CPT | | | | both | | | 14320 | 7495.78 | Americare | Americare | 10740 | 75 | | | 266.09 | 13604 | percent of total billed charges | |
| HC EGD ENDOSCOPIC STENT PLACE | 43266 | CPT | | | | both | | | 14320 | 7495.78 | Managed Care Inc | Managed Care Inc | 12888 | 90 | | | 266.09 | 13604 | percent of total billed charges | |
| HC EGD ENDOSCOPIC STENT PLACE | 43266 | CPT | | | | both | | | 14320 | 7495.78 | Horizon | MGD | 12612.47 | | | | 266.09 | 13604 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD ENDOSCOPIC STENT PLACE | 43266 | CPT | | | | both | | | 14320 | 7495.78 | Multiplan | Multiplan | 11456 | 80 | | | 266.09 | 13604 | percent of total billed charges | |
| HC EGD ENDOSCOPIC STENT PLACE | 43266 | CPT | | | | both | | | 14320 | 7495.78 | Amerihealth | HMO/PPO | 550 | | | | 266.09 | 13604 | fee schedule | |
| HC EGD ENDOSCOPIC STENT PLACE | 43266 | CPT | | | | both | | | 14320 | 7495.78 | UHC | Medicare | 6518.07 | | | | 266.09 | 13604 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD ENDOSCOPIC STENT PLACE | 43266 | CPT | | | | both | | | 14320 | 7495.78 | Horizon | Indemnity | 12612.47 | | | | 266.09 | 13604 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD ENDOSCOPIC STENT PLACE | 43266 | CPT | | | | both | | | 14320 | 7495.78 | Corrections | Corrections | 11456 | 80 | | | 266.09 | 13604 | percent of total billed charges | |
| HC EGD ENDOSCOPIC STENT PLACE | 43266 | CPT | | | | both | | | 14320 | 7495.78 | Horizon | NJ Health | 266.09 | | | | 266.09 | 13604 | fee schedule | $3,681 All-Inclusive Case Rate |
| HC EGD ENDOSCOPIC STENT PLACE | 43266 | CPT | | | | both | | | 14320 | 7495.78 | UHC | Medicaid | 4517.96 | 31.55 | | 3650.32 | 266.09 | 13604 | percent of total billed charges | |
| HC EGD ENDOSCOPIC STENT PLACE | 43266 | CPT | | | | both | | | 14320 | 7495.78 | United | Commercial/PPO | 3492 | | | | 266.09 | 13604 | case rate | |
| HC EGD ENDOSCOPIC STENT PLACE | 43266 | CPT | | | | both | | | 14320 | 7495.78 | Three Rivers | Three Rivers | 13604 | 95 | | | 266.09 | 13604 | percent of total billed charges | |
| HC EGD ENDOSCOPIC STENT PLACE | 43266 | CPT | | | | both | | | 14320 | 7495.78 | Wellcare | Medicare | 6518.07 | | | | 266.09 | 13604 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD ENDOSCOPIC STENT PLACE | 43266 | CPT | | | | both | | | 14320 | 7495.78 | Horizon | Medicare Blue | 6518.07 | | | | 266.09 | 13604 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD ENDOSCOPIC STENT PLACE | 43266 | CPT | | | | both | | | 14320 | 7495.78 | Wellcare | Medicaid | 4517.96 | 31.55 | | | 266.09 | 13604 | percent of total billed charges | |
| HC EGD ENDOSCOPIC STENT PLACE | 43266 | CPT | | | | both | | | 14320 | 7495.78 | United | Oxford | 3492 | | | | 266.09 | 13604 | case rate | |
| HC EGD W/ABLTE INCL PRE/POST DILATE | 43270 | CPT | | | | outpatient | | | 3356 | 2502.63 | Horizon | Indemnity | 4210.95 | | | | 279.79 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/ABLTE INCL PRE/POST DILATE | 43270 | CPT | | | | outpatient | | | 3356 | 2502.63 | Horizon | PPO | 4210.95 | | | | 279.79 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/ABLTE INCL PRE/POST DILATE | 43270 | CPT | | | | outpatient | | | 3356 | 2502.63 | Aetna | Commercial | 3551.56 | | | 1134.54 | 279.79 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/ABLTE INCL PRE/POST DILATE | 43270 | CPT | | | | outpatient | | | 3356 | 2502.63 | Horizon | Medicare Blue | 2176.2 | | | | 279.79 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/ABLTE INCL PRE/POST DILATE | 43270 | CPT | | | | outpatient | | | 3356 | 2502.63 | First Trenton | First Trenton | 3020.4 | 90 | | | 279.79 | 4210.95 | percent of total billed charges | |
| HC EGD W/ABLTE INCL PRE/POST DILATE | 43270 | CPT | | | | outpatient | | | 3356 | 2502.63 | Aetna | Medicare | 2176.2 | | | | 279.79 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/ABLTE INCL PRE/POST DILATE | 43270 | CPT | | | | outpatient | | | 3356 | 2502.63 | UHC | Medicare | 2176.2 | | | | 279.79 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/ABLTE INCL PRE/POST DILATE | 43270 | CPT | | | | outpatient | | | 3356 | 2502.63 | Aetna | Better Health | 1058.82 | 31.55 | | | 279.79 | 4210.95 | percent of total billed charges | |
| HC EGD W/ABLTE INCL PRE/POST DILATE | 43270 | CPT | | | | outpatient | | | 3356 | 2502.63 | Managed Care Inc | Managed Care Inc | 3020.4 | 90 | | | 279.79 | 4210.95 | percent of total billed charges | |
| HC EGD W/ABLTE INCL PRE/POST DILATE | 43270 | CPT | | | | outpatient | | | 3356 | 2502.63 | WellPoint | WellPoint | 1079.96 | 32.18 | | | 279.79 | 4210.95 | percent of total billed charges | |
| HC EGD W/ABLTE INCL PRE/POST DILATE | 43270 | CPT | | | | outpatient | | | 3356 | 2502.63 | Americare | Americare | 2517 | 75 | | | 279.79 | 4210.95 | percent of total billed charges | |
| HC EGD W/ABLTE INCL PRE/POST DILATE | 43270 | CPT | | | | outpatient | | | 3356 | 2502.63 | Multiplan | Multiplan | 2684.8 | 80 | | | 279.79 | 4210.95 | percent of total billed charges | |
| HC EGD W/ABLTE INCL PRE/POST DILATE | 43270 | CPT | | | | outpatient | | | 3356 | 2502.63 | Three Rivers | Three Rivers | 3188.2 | 95 | | | 279.79 | 4210.95 | percent of total billed charges | |
| HC EGD W/ABLTE INCL PRE/POST DILATE | 43270 | CPT | | | | outpatient | | | 3356 | 2502.63 | Consumer | Consumer | 3188.2 | 95 | | | 279.79 | 4210.95 | percent of total billed charges | |
| HC EGD W/ABLTE INCL PRE/POST DILATE | 43270 | CPT | | | | outpatient | | | 3356 | 2502.63 | Wellcare | Medicare | 2176.2 | | | 1634.97 | 279.79 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/ABLTE INCL PRE/POST DILATE | 43270 | CPT | | | | outpatient | | | 3356 | 2502.63 | First Health | First Health | 2349.2 | 70 | | | 279.79 | 4210.95 | percent of total billed charges | |
| HC EGD W/ABLTE INCL PRE/POST DILATE | 43270 | CPT | | | | outpatient | | | 3356 | 2502.63 | United | Commercial/PPO | 2493 | | | | 279.79 | 4210.95 | case rate | |
| HC EGD W/ABLTE INCL PRE/POST DILATE | 43270 | CPT | | | | outpatient | | | 3356 | 2502.63 | Corrections | Corrections | 2684.8 | 80 | | | 279.79 | 4210.95 | percent of total billed charges | |
| HC EGD W/ABLTE INCL PRE/POST DILATE | 43270 | CPT | | | | outpatient | | | 3356 | 2502.63 | Amerihealth | HMO/PPO | 550 | | | | 279.79 | 4210.95 | fee schedule | |
| HC EGD W/ABLTE INCL PRE/PO

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC EGD W/ABLTE INCL PRE/POST DILATE | 43270 | CPT | | | | outpatient | | | 3358 | 2592.63 | United | Oxford | 2493 | | | | 279.79 | 4210.95 | case rate | |
| HC EGD W/ABLTE INCL PRE/POST DILATE | 43270 | CPT | | | | outpatient | | | 3358 | 2502.63 | Horizon | NJ Health | 279.79 | | | | 279.79 | 4210.95 | fee schedule | $3,681 All-Inclusive Case Rate |
| HC ENDOSC CANNULA OF PAPILLA W/DI | 43273 | CPT | | | | outpatient | | | 8004 | | Horizon | Indemnity | 3063.93 | 38.28 | | 2605.5 | 550 | 7603.8 | percent of total billed charges | |
| HC ENDOSC CANNULA OF PAPILLA W/DI | 43273 | CPT | | | | outpatient | | | 8004 | | Aetna | Medicare | 2465.23 | 30.8 | | 1263.66 | 550 | 7603.8 | percent of total billed charges | |
| HC ENDOSC CANNULA OF PAPILLA W/DI | 43273 | CPT | | | | outpatient | | | 8004 | | First Health | First Health | 5602.8 | 70 | | | 550 | 7603.8 | percent of total billed charges | |
| HC ENDOSC CANNULA OF PAPILLA W/DI | 43273 | CPT | | | | outpatient | | | 8004 | | Americare | Americare | 6003 | 75 | | | 550 | 7603.8 | percent of total billed charges | |
| HC ENDOSC CANNULA OF PAPILLA W/DI | 43273 | CPT | | | | outpatient | | | 8004 | | Aetna | Better Health | 2525.26 | 31.55 | | 2253.54 | 550 | 7603.8 | percent of total billed charges | |
| HC ENDOSC CANNULA OF PAPILLA W/DI | 43273 | CPT | | | | outpatient | | | 8004 | | First Trenton | First Trenton | 7203.6 | 90 | | | 550 | 7603.8 | percent of total billed charges | |
| HC ENDOSC CANNULA OF PAPILLA W/DI | 43273 | CPT | | | | outpatient | | | 8004 | | Corrections | Corrections | 6403.2 | 80 | | 2390.04 | 550 | 7603.8 | percent of total billed charges | |
| HC ENDOSC CANNULA OF PAPILLA W/DI | 43273 | CPT | | | | outpatient | | | 8004 | | Amerihealth | HMO/PPO | 550 | | | | 550 | 7603.8 | fee schedule | |
| HC ENDOSC CANNULA OF PAPILLA W/DI | 43273 | CPT | | | | outpatient | | | 8004 | | Wellcare | Medicaid | 2525.26 | 31.55 | | 1384.32 | 550 | 7603.8 | percent of total billed charges | |
| HC ENDOSC CANNULA OF PAPILLA W/DI | 43273 | CPT | | | | outpatient | | | 8004 | | Horizon | MGD | 3063.93 | 38.28 | | | 550 | 7603.8 | percent of total billed charges | |
| HC ENDOSC CANNULA OF PAPILLA W/DI | 43273 | CPT | | | | outpatient | | | 8004 | | Multiplan | Multiplan | 6403.2 | 80 | | | 550 | 7603.8 | percent of total billed charges | |
| HC ENDOSC CANNULA OF PAPILLA W/DI | 43273 | CPT | | | | outpatient | | | 8004 | | Horizon | PPO | 3063.93 | 38.28 | | 2532.67 | 550 | 7603.8 | percent of total billed charges | |
| HC ENDOSC CANNULA OF PAPILLA W/DI | 43273 | CPT | | | | outpatient | | | 8004 | | Consumer | Consumer | 7603.8 | 95 | | | 550 | 7603.8 | percent of total billed charges | |
| HC ENDOSC CANNULA OF PAPILLA W/DI | 43273 | CPT | | | | outpatient | | | 8004 | | Managed Care Inc | Managed Care Inc | 7203.6 | 90 | | | 550 | 7603.8 | percent of total billed charges | |
| HC ENDOSC CANNULA OF PAPILLA W/DI | 43273 | CPT | | | | outpatient | | | 8004 | | Horizon | Medicare Blue | 2401.2 | 30 | | | 550 | 7603.8 | percent of total billed charges | |
| HC ENDOSC CANNULA OF PAPILLA W/DI | 43273 | CPT | | | | outpatient | | | 8004 | | UHC | Medicaid | 2525.26 | 31.55 | | 2409.03 | 550 | 7603.8 | percent of total billed charges | |
| HC ENDOSC CANNULA OF PAPILLA W/DI | 43273 | CPT | | | | outpatient | | | 8004 | | WellPoint | WellPoint | 2575.69 | 32.18 | | 1057.18 | 550 | 7603.8 | percent of total billed charges | |
| HC ENDOSC CANNULA OF PAPILLA W/DI | 43273 | CPT | | | | outpatient | | | 8004 | | United | Oxford | 1782 | | | 1022.55 | 550 | 7603.8 | case rate | |
| HC ENDOSC CANNULA OF PAPILLA W/DI | 43273 | CPT | | | | outpatient | | | 8004 | | Qualcare | Qualcare | 6003 | 75 | | | 550 | 7603.8 | percent of total billed charges | |
| HC ENDOSC CANNULA OF PAPILLA W/DI | 43273 | CPT | | | | outpatient | | | 8004 | | United | CommercialPPO | 1782 | | | | 550 | 7603.8 | case rate | |
| HC ENDOSC CANNULA OF PAPILLA W/DI | 43273 | CPT | | | | outpatient | | | 8004 | | Three Rivers | Three Rivers | 7603.8 | 95 | | | 550 | 7603.8 | percent of total billed charges | |
| HC ERCP DUCT STENT PLACEMENT | 43274 | CPT | | | | outpatient | | | 9250 | 7495.78 | First Health | First Health | 6475 | 70 | | | 550.5 | 12612.47 | percent of total billed charges | |
| HC ERCP DUCT STENT PLACEMENT | 43274 | CPT | | | | outpatient | | | 9250 | 7495.78 | Aetna | Better Health | 2918.38 | 31.55 | | | 550.5 | 12612.47 | percent of total billed charges | |
| HC ERCP DUCT STENT PLACEMENT | 43274 | CPT | | | | outpatient | | | 9250 | 7495.78 | Aetna | Medicare | 6518.07 | | | 1553.25 | 550.5 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP DUCT STENT PLACEMENT | 43274 | CPT | | | | outpatient | | | 9250 | 7495.78 | Horizon | Indemnity | 12612.47 | | | 3365.34 | 550.5 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP DUCT STENT PLACEMENT | 43274 | CPT | | | | outpatient | | | 9250 | 7495.78 | Aetna | Commercial | 10837.49 | | | 3368.9 | 550.5 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP DUCT STENT PLACEMENT | 43274 | CPT | | | | outpatient | | | 9250 | 7495.78 | Horizon | MGD | 12612.47 | | | | 550.5 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP DUCT STENT PLACEMENT | 43274 | CPT | | | | outpatient | | | 9250 | 7495.78 | Amerihealth | HMO/PPO | 650 | | | | 550.5 | 12612.47 | fee schedule | |
| HC ERCP DUCT STENT PLACEMENT | 43274 | CPT | | | | outpatient | | | 9250 | 7495.78 | Horizon | Medicare Blue | 6518.07 | | | 3009.85 | 550.5 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP DUCT STENT PLACEMENT | 43274 | CPT | | | | outpatient | | | 9250 | 7495.78 | Multiplan | Multiplan | 7400 | 80 | | | 550.5 | 12612.47 | percent of total billed charges | |
| HC ERCP DUCT STENT PLACEMENT | 43274 | CPT | | | | outpatient | | | 9250 | 7495.78 | Americare | Americare | 6937.5 | 75 | | | 550.5 | 12612.47 | percent of total billed charges | |
| HC ERCP DUCT STENT PLACEMENT | 43274 | CPT | | | | outpatient | | | 9250 | 7495.78 | First Trenton | First Trenton | 8325 | 90 | | | 550.5 | 12612.47 | percent of total billed charges | |
| HC ERCP DUCT STENT PLACEMENT | 43274 | CPT | | | | outpatient | | | 9250 | 7495.78 | Horizon | PPO | 12612.47 | | | 6659.72 | 550.5 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP DUCT STENT PLACEMENT | 43274 | CPT | | | | outpatient | | | 9250 | 7495.78 | UHC | Medicaid | 2918.38 | 31.55 | | 2784.51 | 550.5 | 12612.47 | percent of total billed charges | |
| HC ERCP DUCT STENT PLACEMENT | 43274 | CPT | | | | outpatient | | | 9250 | 7495.78 | Consumer | Consumer | 8787.5 | 95 | | | 550.5 | 12612.47 | percent of total billed charges | |
| HC ERCP DUCT STENT PLACEMENT | 43274 | CPT | | | | outpatient | | | 9250 | 7495.78 | Corrections | Corrections | 7400 | 80 | | 2762.24 | 550.5 | 12612.47 | percent of total billed charges | |
| HC ERCP DUCT STENT PLACEMENT | 43274 | CPT | | | | outpatient | | | 9250 | 7495.78 | Horizon | NJ Health | 550.5 | | | 995.58 | 550.5 | 12612.47 | fee schedule | $3,681 All-Inclusive Case Rate |
| HC ERCP DUCT STENT PLACEMENT | 43274 | CPT | | | | outpatient | | | 9250 | 7495.78 | Qualcare | Qualcare | 6937.5 | 75 | | | 550.5 | 12612.47 | percent of total billed charges | |
| HC ERCP DUCT STENT PLACEMENT | 43274 | CPT | | | | outpatient | | | 9250 | 7495.78 | UHC | Medicare | 6518.07 | | | 1905.67 | 550.5 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP DUCT STENT PLACEMENT | 43274 | CPT | | | | outpatient | | | 9250 | 7495.78 | Managed Care Inc | Managed Care Inc | 8325 | 90 | | | 550.5 | 12612.47 | percent of total billed charges | |
| HC ERCP DUCT STENT PLACEMENT | 43274 | CPT | | | | outpatient | | | 9250 | 7495.78 | United | CommercialPPO | 2776 | | | | 550.5 | 12612.47 | case rate | |
| HC ERCP DUCT STENT PLACEMENT | 43274 | CPT | | | | outpatient | | | 9250 | 7495.78 | Wellcare | Medicaid | 2918.38 | 31.55 | | | 550.5 | 12612.47 | percent of total billed charges | |
| HC ERCP DUCT STENT PLACEMENT | 43274 | CPT | | | | outpatient | | | 9250 | 7495.78 | WellPoint | WellPoint | 2976.65 | 32.18 | | | 550.5 | 12612.47 | percent of total billed charges | |
| HC ERCP DUCT STENT PLACEMENT | 43274 | CPT | | | | outpatient | | | 9250 | 7495.78 | Three Rivers | Three Rivers | 8787.5 | 95 | | | 550.5 | 12612.47 | percent of total billed charges | |
| HC ERCP DUCT STENT PLACEMENT | 43274 | CPT | | | | outpatient | | | 9250 | 7495.78 | Wellcare | Medicare | 6518.07 | | | | 550.5 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP DUCT STENT PLACEMENT | 43274 | CPT | | | | outpatient | | | 9250 | 7495.78 | United | Oxford | 2776 | | | | 550.5 | 12612.47 | case rate | |
| HC ERCP REMOVE FOREIGN BODY DUCT | 43275 | CPT | | | | outpatient | | | 9250 | 2502.63 | First Health | First Health | 6475 | 70 | | | 454.06 | 8787.5 | percent of total billed charges | |
| HC ERCP REMOVE FOREIGN BODY DUCT | 43275 | CPT | | | | outpatient | | | 9250 | 2502.63 | Americare | Americare | 6937.5 | 75 | | | 454.06 | 8787.5 | percent of total billed charges | |
| HC ERCP REMOVE FOREIGN BODY DUCT | 43275 | CPT | | | | outpatient | | | 9250 | 2502.63 | Multiplan | Multiplan | 7400 | 80 | | | 454.06 | 8787.5 | percent of total billed charges | |
| HC ERCP REMOVE FOREIGN BODY DUCT | 43275 | CPT | | | | outpatient | | | 9250 | 2502.63 | Amerihealth | HMO/PPO | 650 | | | | 454.06 | 8787.5 | fee schedule | |
| HC ERCP REMOVE FOREIGN BODY DUCT | 43275 | CPT | | | | outpatient | | | 9250 | 2502.63 | Aetna | Commercial | 355.56 | | | 2330.85 | 454.06 | 8787.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP REMOVE FOREIGN BODY DUCT | 43275 | CPT | | | | outpatient | | | 9250 | 2502.63 | Horizon | NJ Health | 454.06 | | | 1001.57 | 454.06 | 8787.5 | fee schedule | $3,681 All-Inclusive Case Rate |
| HC ERCP REMOVE FOREIGN BODY DUCT | 43275 | CPT | | | | outpatient | | | 9250 | 2502.63 | Aetna | Better Health | 2918.38 | 31.55 | | 1644.57 | 454.06 | 8787.5 | percent of total billed charges | |
| HC ERCP REMOVE FOREIGN BODY DUCT | 43275 | CPT | | | | outpatient | | | 9250 | 2502.63 | Horizon | Medicare Blue | 2176.2 | | | | 454.06 | 8787.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP REMOVE FOREIGN BODY DUCT | 43275 | CPT | | | | outpatient | | | 9250 | 2502.63 | First Trenton | First Trenton | 8325 | 90 | | | 454.06 | 8787.5 | percent of total billed charges | |
| HC ERCP REMOVE FOREIGN BODY DUCT | 43275 | CPT | | | | outpatient | | | 9250 | 2502.63 | Horizon | Indemnity | 4210.95 | | | 2471.55 | 454.06 | 8787.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP REMOVE FOREIGN BODY DUCT | 43275 | CPT | | | | outpatient | | | 9250 | 2502.63 | Qualcare | Qualcare | 6937.5 | 75 | | | 454.06 | 8787.5 | percent of total billed charges | |
| HC ERCP REMOVE FOREIGN BODY DUCT | 43275 | CPT | | | | outpatient | | | 9250 | 2502.63 | Horizon | MGD | 4210.95 | | | | 454.06 | 8787.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP REMOVE FOREIGN BODY DUCT | 43275 | CPT | | | | outpatient | | | 9250 | 2502.63 | Consumer | Consumer | 8787.5 | 95 | | | 454.06 | 8787.5 | percent of total billed charges | |
| HC ERCP REMOVE FOREIGN BODY DUCT | 43275 | CPT | | | | outpatient | | | 9250 | 2502.63 | UHC | Medicaid | 2918.38 | 31.55 | | 2849.08 | 454.06 | 8787.5 | percent of total billed charges | |
| HC ERCP REMOVE FOREIGN BODY DUCT | 43275 | CPT | | | | outpatient | | | 9250 | 2502.63 | Aetna | Medicare | 2176.2 | | | | 454.06 | 8787.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP REMOVE FOREIGN BODY DUCT | 43275 | CPT | | | | outpatient | | | 9250 | 2502.63 | Horizon | PPO | 4210.95 | | | 2387.8 | 454.06 | 8787.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP REMOVE FOREIGN BODY DUCT | 43275 | CPT | | | | outpatient | | | 9250 | 2502.63 | Three Rivers | Three Rivers | 8787.5 | 95 | | | 454.06 | 8787.5 | percent of total billed charges | |
| HC ERCP REMOVE FOREIGN BODY DUCT | 43275 | CPT | | | | outpatient | | | 9250 | 2502.63 | United | Oxford | 2776 | | | | 454.06 | 8787.5 | case rate | |
| HC ERCP REMOVE FOREIGN BODY DUCT | 43275 | CPT | | | | outpatient | | | 9250 | 2502.63 | UHC | Medicare | 2176.2 | | | 1396.81 | 454.06 | 8787.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP REMOVE FOREIGN BODY DUCT | 43275 | CPT | | | | outpatient | | | 9250 | 2502.63 | WellPoint | WellPoint | 2976.65 | 32.18 | | 1323.25 | 454.06 | 8787.5 | percent of total billed charges | |
| HC ERCP REMOVE FOREIGN BODY DUCT | 43275 | CPT | | | | outpatient | | | 9250 | 2502.63 | Corrections | Corrections | 7400 | 80 | | | 454.06 | 8787.5 | percent of total billed charges | |
| HC ERCP REMOVE FOREIGN BODY DUCT | 43275 | CPT | | | | outpatient | | | 9250 | 2502.63 | Wellcare | Medicare | 2176.2 | | | | 454.06 | 8787.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP REMOVE FOREIGN BODY DUCT | 43275 | CPT | | | | outpatient | | | 9250 | 2502.63 | Wellcare | Medicaid | 2918.38 | 31.55 | | 639.67 | 454.06 | 8787.5 | percent of total billed charges | |
| HC ERCP REMOVE FOREIGN BODY DUCT | 43275 | CPT | | | | outpatient | | | 9250 | 2502.63 | Managed Care Inc | Managed Care Inc | 8325 | 90 | | | 454.06 | 8787.5 | percent of total billed charges | |
| HC ERCP REMOVE FOREIGN BODY DUCT | 43275 | CPT | | | | outpatient | | | 9250 | 2502.63 | United | CommercialPPO | 2776 | | | | 454.06 | 8787.5 | case rate | |
| HC ERCP STENT EXCHANGE W/DILATE | 43276 | CPT | | | | both | | | 9250 | 7495.78 | Aetna | Medicare | 6518.07 | | | 1520.79 | 572.61 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP STENT EXCHANGE W/DILATE | 43276 | CPT | | | | both | | | 9250 | 7495.78 | Americare | Americare | 6937.5 | 75 | | | 572.61 | 12612.47 | percent of total billed charges | |
| HC ERCP STENT EXCHANGE W/DILATE | 43276 | CPT | | | | both | | | 9250 | 7495.78 | Amerihealth | HMO/PPO | 650 | | | | 572.61 | 12612.47 | fee schedule | |
| HC ERCP STENT EXCHANGE W/DILATE | 43276 | CPT | | | | both | | | 9250 | 7495.78 | First Trenton | First Trenton | 8325 | 90 | | | 572.61 | 12612.47 | percent of total billed charges | |
| HC ERCP STENT EXCHANGE W/DILATE | 43276 | CPT | | | | both | | | 9250 | 7495.78 | Corrections | Corrections | 7400 | 80 | | | 572.61 | 12612.47 | percent of total billed charges | |
| HC ERCP STENT EXCHANGE W/DILATE | 43276 | CPT | | | | both | | | 9250 | 7495.78 | Aetna | Commercial | 10837.49 | | | | 572.61 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP STENT EXCHANGE W/DILATE | 43276 | CPT | | | | both | | | 9250 | 7495.78 | First Health | First Health | 6475 | 70 | | | 572.61 | 12612.47 | percent of total billed charges | |
| HC ERCP STENT EXCHANGE W/DILATE | 43276 | CPT | | | | both | | | 9250 | 7495.78 | Aetna | Better Health | 2918.38 | 31.55 | | 2604.36 | 572.61 | 12612.47 | percent of total billed charges | |
| HC ERCP STENT EXCHANGE W/DILATE | 43276 | CPT | | | | both | | | 9250 | 7495.78 | Wellcare | Medicaid | 2918.38 | 31.55 | | 2602.27 | 572.61 | 12612.47 | percent of total billed charges | |
| HC ERCP STENT EXCHANGE W/DILATE | 43276 | CPT | | | | both | | | 9250 | 7495.78 | Consumer | Consumer | 8787.5 | 95 | | | 572.61 | 12612.47 | percent of total billed charges | |
| HC ERCP STENT EXCHANGE W/DILATE | 43276 | CPT | | | | both | | | 9250 | 7495.78 | UHC | Medicare | 6518.07 | | | 1469.92 | 572.61 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP STENT EXCHANGE W/DILATE | 43276 | CPT | | | | both | | | 9250 | 7495.78 | Horizon | Indemnity | 12612.47 | | | 3326.19 | 572.61 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP STENT EXCHANGE W/DILATE | 43276 | CPT | | | | both | | | 9250 | 7495.78 | Horizon | MGD | 12612.47 | | | | 572.61 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP STENT EXCHANGE W/DILATE | 43276 | CPT | | | | both | | | 9250 | 7495.78 | Horizon | PPO | 12612.47 | | | 3485.97 | 572.61 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP STENT EXCHANGE W/DILATE | 43276 | CPT | | | | both | | | 9250 | 7495.78 | United | Oxford | 2776 | | | 1266.59 | 572.61 | 12612.47 | case rate | |
| HC ERCP STENT EXCHANGE W/DILATE | 43276 | CPT | | | | both | | | 9250 | 7495.78 | United | CommercialPPO | 2776 | | | | 572.61 | 12612.47 | case rate | |
| HC ERCP STENT EXCHANGE W/DILATE | 43276 | CPT | | | | both | | | 9250 | 7495.78 | Three Rivers | Three Rivers | 8787.5 | 95 | | | 572.61 | 12612.47 | percent of total billed charges | |
| HC ERCP STENT EXCHANGE W/DILATE | 43276 | CPT | | | | both | | | 9250 | 7495.78 | Horizon | Medicare Blue | 6518.07 | | | 4152.46 | 572.61 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP STENT EXCHANGE W/DILATE | 43276 | CPT | | | | both | | | 9250 | 7495.78 | Multiplan | Multiplan | 7400 | 80 | | | 572.61 | 12612.47 | percent of total billed charges | |
| HC ERCP STENT EXCHANGE W/DILATE | 43276 | CPT | | | | both | | | 9250 | 7495.78 | Horizon | NJ Health | 572.61 | | | 717.67 | 572.61 | 12612.47 | fee schedule | $3,681 All-Inclusive Case Rate |
| HC ERCP STENT EXCHANGE W/DILATE | 43276 | CPT | | | | both | | | 9250 | 7495.78 | Qualcare | Qualcare | 6937.5 | 75 | | | 572.61 | 12612.47 | percent of total billed charges | |
| HC ERCP STENT EXCHANGE W/DILATE | 43276 | CPT | | | | both | | | 9250 | 7495.78 | Managed Care Inc | Managed Care Inc | 8325 | 90 | | | 572.61 | 12612.47 | percent of total billed charges | |
| HC ERCP STENT EXCHANGE W/DILATE | 43276 | CPT | | | | both | | | 9250 | 7495.78 | UHC | Medicaid | 2918.38 | 31.55 | | 2799.74 | 572.61 | 12612.47 | percent of total billed charges | |
| HC ERCP STENT EXCHANGE W/DILATE | 43276 | CPT | | | | both | | | 9250 | 7495.78 | Wellcare | Medicare | 6518.07 | | | | 572.61 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP STENT EXCHANGE W/DILATE | 43276 | CPT | | | | both | | | 9250 | 7495.78 | WellPoint | WellPoint | 2976.65 | 32.18 | | 2550.81 | 572.61 | 12612.47 | percent of total billed charges | |
| HC ERCP EA DUCT/AMPULLA DILATE | 43277 | CPT | | | | outpatient | | | 9250 | 5036.99 | Aetna | Commercial | 7148.14 | | | | 456.85 | 8787.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP EA DUCT/AMPULLA DILATE | 43277 | CPT | | | | outpatient | | | 9250 | 5036.99 | Americare | Americare | 6937.5 | 75 | | | 456.85 | 8787.5 | percent of total billed charges | |
| HC ERCP EA DUCT/AMPULLA DILATE | 43277 | CPT | | | | outpatient | | | 9250 | 5036.99 | Aetna | Better Health | 2918.38 | 31.55 | | | 456.85 | 8787.5 | percent of total billed charges | |
| HC ERCP EA DUCT/AMPULLA DILATE | 43277 | CPT | | | | outpatient | | | 9250 | 5036.99 | Multiplan | Multiplan | 7400 | 80 | | | 456.85 | 8787.5 | percent of total billed charges | |
| HC ERCP EA DUCT/AMPULLA DILATE | 43277 | CPT | | | | outpatient | | | 9250 | 5036.99 | Amerihealth | HMO/PPO | 650 | | | | 456.85 | 8787.5 | fee schedule | |
| HC ERCP EA DUCT/AMPULLA DILATE | 43277 | CPT | | | | outpatient | | | 9250 | 5036.99 | Aetna | Medicare | 4379.99 | | | | 456.85 | 8787.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP EA DUCT/AMPULLA DILATE | 43277 | CPT | | | | outpatient | | | 9250 | 5036.99 | Consumer | Consumer | 8787.5 | 95 | | | 456.85 | 8787.5 | percent of total billed charges | |
| HC ERCP EA DUCT/AMPULLA DILATE | 43277 | CPT | | | | outpatient | | | 9250 | 5036.99 | First Health | First Health | 6475 | 70 | | | 456.85 | 8787.5 | percent of total billed charges | |
| HC ERCP EA DUCT/AMPULLA DILATE | 43277 | CPT | | | | outpatient | | | 9250 | 5036.99 | Horizon | MGD | 8475.28 | | | | 456.85 | 8787.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP EA DUCT/AMPULLA DILATE | 43277 | CPT | | | | outpatient | | | 9250 | 5036.99 | First Trenton | First Trenton | 8325 | 90 | | | 456.85 | 8787.5 | percent of total billed charges | |
| HC ERCP EA DUCT/AMPULLA DILATE | 43277 | CPT | | | | outpatient | | | 9250 | 5036.99 | Horizon | Medicare Blue | 4379.99 | | | | 456.85 | 8787.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP EA DUCT/AMPULLA DILATE | 43277 | CPT | | | | outpatient | | | 9250 | 5036.99 | Qualcare | Qualcare | 6937.5 | 75 | | | 456.85 | 8787.5 | percent of total billed charges | |
| HC ERCP EA DUCT/AMPULLA DILATE | 43277 | CPT | | | | outpatient | | | 9250 | 5036.99 | Horizon | NJ Health | 456.85 | | | 1065.67 | 456.85 | 8787.5 | fee schedule | $3,681 All-Inclusive Case Rate |
| HC ERCP EA DUCT/AMPULLA DILATE | 43277 | CPT | | | | outpatient | | | 9250 | 5036.99 | Corrections | Corrections | 7400 | 80 | | | 456.85 | 8787.5 | percent of total billed charges | |
| HC ERCP EA DUCT/AMPULLA DILATE | 43277 | CPT | | | | outpatient | | | 9250 | 5036.99 | Horizon | PPO | 8475.28 | | | | 456.85 | 8787.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP EA DUCT/AMPULLA DILATE | 43277 | CPT | | | | outpatient | | | 9250 | 5036.99 | United | CommercialPPO | 2776 | | | | 456.85 | 8787.5 | case rate | |
| HC ERCP EA DUCT/AMPULLA DILATE | 43277 | CPT | | | | outpatient | | | 9250 | 5036.99 | UHC | Medicaid | 2918.38 | 31.55 | | 2782.15 | 456.85 | 8787.5 | percent of total billed charges | |
| HC ERCP EA DUCT/AMPULLA DILATE | 43277 | CPT | | | | outpatient | | | 9250 | 5036.99 | Horizon | Indemnity | 8475.28 | | | 3011.09 | 456.85 | 8787.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP EA DUCT/AMPULLA DILATE | 43277 | CPT | | | | outpatient | | | 9250 | 5036.99 | WellPoint | WellPoint | 2976.65 | 32.18 | | | 456.85 | 8787.5 | percent of total billed charges | |
| HC ERCP EA DUCT/AMPULLA DILATE | 43277 | CPT | | | | outpatient | | | 9250 | 5036.99 | UHC | Medicare | 4379.99 | | | 1290.42 | 456.85 | 8787.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP EA DUCT/AMPULLA DILATE | 43277 | CPT | | | | outpatient | | | 9250 | 5036.99 | Wellcare | Medicare | 4379.99 | | | | 456.85 | 8787.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP EA DUCT/AMPULLA DILATE | 43277 | CPT | | | | outpatient | | | 9250 | 5036.99 | Wellcare | Medicaid | 2918.38 | 31.55 | | | 456.85 | 8787.5 | percent of total billed charges | |
| HC ERCP EA DUCT/AMPULLA DILATE | 43277 | CPT | | | | outpatient | | | 9250 | 5036.99 | Managed Care Inc | Managed Care Inc | 8325 | 90 | | | 456.85 | 8787.5 | percent of total billed charges | |
| HC ERCP EA DUCT/AMPULLA DILATE | 43277 | CPT | | | | outpatient | | | 9250 | 5036.99 | Three Rivers | Three Rivers | 8787.5 | 95 | | | 456.85 | 8787.5 | percent of total billed charges | |
| HC ERCP EA DUCT/AMPULLA DILATE | 43277 | CPT | | | | outpatient | | | 9250 | 5036.99 | United | Oxford | 2776 | | | 1541.9 | 456.85 | 8787.5 | case rate | |
| HC ERCP W/ABLTE INCL PRE/PST DILA | 43278 | CPT | | | | outpatient | | | 8863 | 5036.99 | First Trenton | First Trenton | 7976.7 | 90 | | | 519.29 | 8475.28 | percent of total billed charges | |
| HC ERCP W/ABLTE INCL PRE/PST DILA | 43278 | CPT | | | | outpatient | | | 8863 | 5036.99 | Corrections | Corrections | 7090.4 | 80 | | | 519.29 | 8475.28 | percent of total billed charges | |
| HC ERCP W/ABLTE INCL PRE/PST DILA | 43278 | CPT | | | | outpatient | | | 8863 | 5036.99 | First Health | First Health | 6204.1 | 70 | | | 519.29 | 8475.28 | percent of total billed charges | |
| HC ERCP W/ABLTE INCL PRE/PST DILA | 43278 | CPT | | | | outpatient | | | 8863 | 5036.99 | Americare | Americare | 6647.25 | 75 | | | 519.29 | 8475.28 | percent of total billed charges | |
| HC ERCP W/ABLTE INCL PRE/PST DILA | 43278 | CPT | | | | outpatient | | | 8863 | 5036.99 | UHC | Medicare | 4379.99 | | | | 519.29 | 8475.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP W/ABLTE INCL PRE/PST DILA | 43278 | CPT | | | | outpatient | | | 8863 | 5036.99 | Aetna | Better Health | 2796.28 | 31.55 | | | 519.29 | 8475.28 | percent of total billed charges | |
| HC ERCP W/ABLTE INCL PRE/PST DILA | 43278 | CPT | | | | outpatient | | | 8863 | 5036.99 | Amerihealth | HMO/PPO | 650 | | | | 519.29 | 8475.28 | fee schedule | |
| HC ERCP W/ABLTE INCL PRE/PST DILA | 43278 | CPT | | | | outpatient | | | 8863 | 5036.99 | Aetna | Commercial | 7148.14 | | | | 519.29 | 8475.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP W/ABLTE INCL PRE/PST DILA | 43278 | CPT | | | | outpatient | | | 8863 | 5036.99 | Managed Care Inc | Managed Care Inc | 7976.7 | 90 | | | 519.29 | 8475.28 | percent of total billed charges | |
| HC ERCP W/ABLTE INCL PRE/PST DILA | 43278 | CPT | | | | outpatient | | | 8863 | 5036.99 | Horizon | Medicare Blue | 4379.99 | | | | 519.29 | 8475.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP W/ABLTE INCL PRE/PST DILA | 43278 | CPT | | | | outpatient | | | 8863 | 5036.99 | Wellcare | Medicare | 4379.99 | | | | 519.29 | 8475.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP W/ABLTE INCL PRE/PST DILA | 43278 | CPT | | | | outpatient | | | 8863 | 5036.99 | Consumer | Consumer | 8419.85 | 95 | | | 519.29 | 8475.28 | percent of total billed charges | |
| HC ERCP W/ABLTE INCL PRE/PST DILA | 43278 | CPT | | | | outpatient | | | 8863 | 5036.99 | Horizon | Indemnity | 8475.28 | | | | 519.29 | 8475.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP W/ABLTE INCL PRE/PST DILA | 43278 | CPT | | | | outpatient | | | 8863 | 5036.99 | WellPoint | WellPoint | 2852.11 | 32.18 | | | 519.29 | 8475.28 | percent of total billed charges | |
| HC ERCP W/ABLTE INCL PRE/PST DILA | 43278 | CPT | | | | outpatient | | | 8863 | 5036.99 | UHC | Medicaid | 2796.28 | 31.55 | | | 519.29 | 8475.28 | percent of total billed charges | |
| HC ERCP W/ABLTE INCL PRE/PST DILA | 43278 | CPT | | | | outpatient | | | 8863 | 5036.99 | Aetna | Medicare | 4379.99 | | | | 519.29 | 8475.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP W/ABLTE INCL PRE/PST DILA | 43278 | CPT | | | | outpatient | | | 8863 | 5036.99 | United | CommercialPPO | 2776 | | | | 519.29 | 8475.28 | case rate | |
| HC ERCP W/ABLTE INCL PRE/PST DILA | 43278 | CPT | | | | outpatient | | | 8863 | 5036.99 | Horizon | NJ Health | 519.29 | | | | 519.29 | 8475.28 | fee schedule | $3,681 All-Inclusive Case Rate |
| HC ERCP W/ABLTE INCL PRE/PST DILA | 43278 | CPT | | | | outpatient | | | 8863 | 5036.99 | United | Oxford | 2776 | | | | 519.29 | 8475.28 | case rate | |
| HC ERCP W/ABLTE INCL PRE/PST DILA | 43278 | CPT | | | | outpatient | | | 8863 | 5036.99 | Horizon | MGD | 8475.28 | | | | 519.29 | 8475.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ERCP W/ABLTE INCL PRE/PST DILA | 43278 | CPT | | | | outpatient | | | 8863 | 5036.99 | Wellcare | Medicaid | 2796.28 | 31.55 | | | 519.29 | 8475.28 | percent of total billed charges | |
| HC ERCP W/ABLTE INCL PRE/PST DILA | 43278 | CPT | | | | outpatient | | | 8863 | 5036.99 | Horizon | PPO | 8475.28 | | | 2887.2 |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC EGD FLEX W/DPLMT BARIATRIC BLLN | 43290 | CPT | | | | outpatient | | | 6346 | 2502.63 | Consumer | Consumer | 6028.7 | 95 | | | 2002.16 | 6028.7 | percent of total billed charges | |
| HC EGD FLEX W/DPLMT BARIATRIC BLLN | 43290 | CPT | | | | outpatient | | | 6346 | 2502.63 | Three Rivers | Three Rivers | 6028.7 | 95 | | | 2002.16 | 6028.7 | percent of total billed charges | |
| HC EGD FLEX W/DPLMT BARIATRIC BLLN | 43290 | CPT | | | | outpatient | | | 6346 | 2502.63 | Aetna | Medicare | 2176.2 | | | | 2002.16 | 6028.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD FLEX W/DPLMT BARIATRIC BLLN | 43290 | CPT | | | | outpatient | | | 6346 | 2502.63 | Amerihealth | HMO/PPO | 4124.9 | 65 | | | 2002.16 | 6028.7 | percent of total billed charges | |
| HC EGD FLEX W/DPLMT BARIATRIC BLLN | 43290 | CPT | | | | outpatient | | | 6346 | 2502.63 | United | Oxford | 2493 | | | | 2002.16 | 6028.7 | case rate | |
| HC EGD FLEX W/DPLMT BARIATRIC BLLN | 43290 | CPT | | | | outpatient | | | 6346 | 2502.63 | Corrections | Corrections | 5076.8 | 80 | | | 2002.16 | 6028.7 | percent of total billed charges | |
| HC EGD FLEX W/DPLMT BARIATRIC BLLN | 43290 | CPT | | | | outpatient | | | 6346 | 2502.63 | Aetna | Better Health | 2002.16 | 31.55 | | | 2002.16 | 6028.7 | percent of total billed charges | |
| HC EGD FLEX W/DPLMT BARIATRIC BLLN | 43290 | CPT | | | | outpatient | | | 6346 | 2502.63 | Aetna | Commercial | 3551.56 | | | | 2002.16 | 6028.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD FLEX W/DPLMT BARIATRIC BLLN | 43290 | CPT | | | | outpatient | | | 6346 | 2502.63 | First Health | First Health | 4442.2 | 70 | | | 2002.16 | 6028.7 | percent of total billed charges | |
| HC EGD FLEX W/DPLMT BARIATRIC BLLN | 43290 | CPT | | | | outpatient | | | 6346 | 2502.63 | UHC | Medicaid | 2002.16 | 31.55 | | 1996.78 | 2002.16 | 6028.7 | percent of total billed charges | |
| HC EGD FLEX W/DPLMT BARIATRIC BLLN | 43290 | CPT | | | | outpatient | | | 6346 | 2502.63 | Horizon | Medicare Blue | 2176.2 | | | | 2002.16 | 6028.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD FLEX W/DPLMT BARIATRIC BLLN | 43290 | CPT | | | | outpatient | | | 6346 | 2502.63 | Qualcare | Qualcare | 4759.5 | 75 | | | 2002.16 | 6028.7 | percent of total billed charges | |
| HC EGD FLEX W/DPLMT BARIATRIC BLLN | 43290 | CPT | | | | outpatient | | | 6346 | 2502.63 | Horizon | MGD | 4210.95 | | | | 2002.16 | 6028.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD FLEX W/DPLMT BARIATRIC BLLN | 43290 | CPT | | | | outpatient | | | 6346 | 2502.63 | First Trenton | First Trenton | 5711.4 | 90 | | | 2002.16 | 6028.7 | percent of total billed charges | |
| HC EGD FLEX W/DPLMT BARIATRIC BLLN | 43290 | CPT | | | | outpatient | | | 6346 | 2502.63 | UHC | Medicare | 2176.2 | | | | 2002.16 | 6028.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD FLEX W/DPLMT BARIATRIC BLLN | 43290 | CPT | | | | outpatient | | | 6346 | 2502.63 | Americare | Americare | 4769.5 | 75 | | | 2002.16 | 6028.7 | percent of total billed charges | |
| HC EGD FLEX W/DPLMT BARIATRIC BLLN | 43290 | CPT | | | | outpatient | | | 6346 | 2502.63 | Wellcare | Medicaid | 2002.16 | 31.55 | | | 2002.16 | 6028.7 | percent of total billed charges | |
| HC EGD FLEX W/DPLMT BARIATRIC BLLN | 43290 | CPT | | | | outpatient | | | 6346 | 2502.63 | Horizon | Indemnity | 4210.95 | | | | 2002.16 | 6028.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD FLEX W/DPLMT BARIATRIC BLLN | 43290 | CPT | | | | outpatient | | | 6346 | 2502.63 | Multiplan | Multiplan | 5076.8 | 80 | | | 2002.16 | 6028.7 | percent of total billed charges | |
| HC EGD FLEX W/DPLMT BARIATRIC BLLN | 43290 | CPT | | | | outpatient | | | 6346 | 2502.63 | Horizon | PPO | 4210.95 | | | | 2002.16 | 6028.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD FLEX W/DPLMT BARIATRIC BLLN | 43290 | CPT | | | | outpatient | | | 6346 | 2502.63 | Wellcare | Medicare | 2176.2 | | | | 2002.16 | 6028.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD FLEX W/DPLMT BARIATRIC BLLN | 43290 | CPT | | | | outpatient | | | 6346 | 2502.63 | Managed Care Inc | Managed Care Inc | 5711.4 | 90 | | | 2002.16 | 6028.7 | percent of total billed charges | |
| HC EGD FLEX W/DPLMT BARIATRIC BLLN | 43290 | CPT | | | | outpatient | | | 6346 | 2502.63 | United | CommercialPPO | 2493 | | | | 2002.16 | 6028.7 | case rate | |
| HC EGD FLEX W/DPLMT BARIATRIC BLLN | 43290 | CPT | | | | outpatient | | | 6346 | 2502.63 | WellPoint | WellPoint | 2042.14 | 32.18 | | | 2002.16 | 6028.7 | percent of total billed charges | |
| HC DILATION ESOPHAGUS GUIDE WIRE | 43453 | CPT | | | | outpatient | | | 6072 | 2502.63 | First Trenton | First Trenton | 5464.8 | 90 | | | 127.89 | 5768.4 | percent of total billed charges | |
| HC DILATION ESOPHAGUS GUIDE WIRE | 43453 | CPT | | | | outpatient | | | 6072 | 2502.63 | Aetna | Medicare | 2176.2 | | | | 127.89 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DILATION ESOPHAGUS GUIDE WIRE | 43453 | CPT | | | | outpatient | | | 6072 | 2502.63 | Aetna | Better Health | 1915.72 | 31.55 | | | 127.89 | 5768.4 | percent of total billed charges | |
| HC DILATION ESOPHAGUS GUIDE WIRE | 43453 | CPT | | | | outpatient | | | 6072 | 2502.63 | Americare | Americare | 4554 | 75 | | | 127.89 | 5768.4 | percent of total billed charges | |
| HC DILATION ESOPHAGUS GUIDE WIRE | 43453 | CPT | | | | outpatient | | | 6072 | 2502.63 | First Health | First Health | 4250.4 | 70 | | | 127.89 | 5768.4 | percent of total billed charges | |
| HC DILATION ESOPHAGUS GUIDE WIRE | 43453 | CPT | | | | outpatient | | | 6072 | 2502.63 | Aetna | Commercial | 3551.56 | | | | 127.89 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DILATION ESOPHAGUS GUIDE WIRE | 43453 | CPT | | | | outpatient | | | 6072 | 2502.63 | Amerihealth | HMO/PPO | 300 | | | | 127.89 | 5768.4 | fee schedule | |
| HC DILATION ESOPHAGUS GUIDE WIRE | 43453 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | Medicare Blue | 2176.2 | | | | 127.89 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DILATION ESOPHAGUS GUIDE WIRE | 43453 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | Indemnity | 4210.95 | | | | 127.89 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DILATION ESOPHAGUS GUIDE WIRE | 43453 | CPT | | | | outpatient | | | 6072 | 2502.63 | Corrections | Corrections | 4857.6 | 80 | | | 127.89 | 5768.4 | percent of total billed charges | |
| HC DILATION ESOPHAGUS GUIDE WIRE | 43453 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | PPO | 4210.95 | | | | 127.89 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DILATION ESOPHAGUS GUIDE WIRE | 43453 | CPT | | | | outpatient | | | 6072 | 2502.63 | Consumer | Consumer | 5768.4 | 95 | | | 127.89 | 5768.4 | percent of total billed charges | |
| HC DILATION ESOPHAGUS GUIDE WIRE | 43453 | CPT | | | | outpatient | | | 6072 | 2502.63 | UHC | Medicaid | 1915.72 | 31.55 | | | 127.89 | 5768.4 | percent of total billed charges | |
| HC DILATION ESOPHAGUS GUIDE WIRE | 43453 | CPT | | | | outpatient | | | 6072 | 2502.63 | Multiplan | Multiplan | 4857.6 | 80 | | | 127.89 | 5768.4 | percent of total billed charges | |
| HC DILATION ESOPHAGUS GUIDE WIRE | 43453 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | MGD | 4210.95 | | | | 127.89 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DILATION ESOPHAGUS GUIDE WIRE | 43453 | CPT | | | | outpatient | | | 6072 | 2502.63 | United | Oxford | 2493 | | | | 127.89 | 5768.4 | case rate | |
| HC DILATION ESOPHAGUS GUIDE WIRE | 43453 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | NJ Health | 127.89 | | | | 127.89 | 5768.4 | fee schedule | |
| HC DILATION ESOPHAGUS GUIDE WIRE | 43453 | CPT | | | | outpatient | | | 6072 | 2502.63 | Qualcare | Qualcare | 4554 | 75 | | | 127.89 | 5768.4 | percent of total billed charges | |
| HC DILATION ESOPHAGUS GUIDE WIRE | 43453 | CPT | | | | outpatient | | | 6072 | 2502.63 | Wellcare | Medicare | 2176.2 | | | | 127.89 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DILATION ESOPHAGUS GUIDE WIRE | 43453 | CPT | | | | outpatient | | | 6072 | 2502.63 | United | CommercialPPO | 2493 | | | | 127.89 | 5768.4 | case rate | |
| HC DILATION ESOPHAGUS GUIDE WIRE | 43453 | CPT | | | | outpatient | | | 6072 | 2502.63 | UHC | Medicare | 2176.2 | | | | 127.89 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DILATION ESOPHAGUS GUIDE WIRE | 43453 | CPT | | | | outpatient | | | 6072 | 2502.63 | Managed Care Inc | Managed Care Inc | 5464.8 | 90 | | | 127.89 | 5768.4 | percent of total billed charges | |
| HC DILATION ESOPHAGUS GUIDE WIRE | 43453 | CPT | | | | outpatient | | | 6072 | 2502.63 | WellPoint | WellPoint | 1953.97 | 32.18 | | | 127.89 | 5768.4 | percent of total billed charges | |
| HC DILATION ESOPHAGUS GUIDE WIRE | 43453 | CPT | | | | outpatient | | | 6072 | 2502.63 | Three Rivers | Three Rivers | 5768.4 | 95 | | | 127.89 | 5768.4 | percent of total billed charges | |
| HC DILATION ESOPHAGUS GUIDE WIRE | 43453 | CPT | | | | outpatient | | | 6072 | 2502.63 | Wellcare | Medicaid | 1915.72 | 31.55 | | | 127.89 | 5768.4 | percent of total billed charges | |
| HC TRANSORAL LOWER ESOPHAGEAL MYO | 43497 | CPT | | | | outpatient | | | 12180 | 7495.78 | Corrections | Corrections | 9744 | 80 | | | 677.31 | 12612.47 | percent of total billed charges | |
| HC TRANSORAL LOWER ESOPHAGEAL MYO | 43497 | CPT | | | | outpatient | | | 12180 | 7495.78 | Aetna | Medicare | 6518.07 | | | | 677.31 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSORAL LOWER ESOPHAGEAL MYO | 43497 | CPT | | | | outpatient | | | 12180 | 7495.78 | First Health | First Health | 8526 | 70 | | | 677.31 | 12612.47 | percent of total billed charges | |
| HC TRANSORAL LOWER ESOPHAGEAL MYO | 43497 | CPT | | | | outpatient | | | 12180 | 7495.78 | Aetna | Commercial | 10637.49 | | | | 677.31 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSORAL LOWER ESOPHAGEAL MYO | 43497 | CPT | | | | outpatient | | | 12180 | 7495.78 | First Trenton | First Trenton | 10962 | 90 | | | 677.31 | 12612.47 | percent of total billed charges | |
| HC TRANSORAL LOWER ESOPHAGEAL MYO | 43497 | CPT | | | | outpatient | | | 12180 | 7495.78 | UHC | Medicaid | 3842.79 | 31.55 | | 3680.45 | 677.31 | 12612.47 | percent of total billed charges | |
| HC TRANSORAL LOWER ESOPHAGEAL MYO | 43497 | CPT | | | | outpatient | | | 12180 | 7495.78 | Aetna | Better Health | 3842.79 | 31.55 | | | 677.31 | 12612.47 | percent of total billed charges | |
| HC TRANSORAL LOWER ESOPHAGEAL MYO | 43497 | CPT | | | | outpatient | | | 12180 | 7495.78 | Consumer | Consumer | 11571 | 95 | | | 677.31 | 12612.47 | percent of total billed charges | |
| HC TRANSORAL LOWER ESOPHAGEAL MYO | 43497 | CPT | | | | outpatient | | | 12180 | 7495.78 | Horizon | Indemnity | 12612.47 | | | | 677.31 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSORAL LOWER ESOPHAGEAL MYO | 43497 | CPT | | | | outpatient | | | 12180 | 7495.78 | Horizon | MGD | 12612.47 | | | | 677.31 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSORAL LOWER ESOPHAGEAL MYO | 43497 | CPT | | | | outpatient | | | 12180 | 7495.78 | UHC | Medicare | 6518.07 | | | | 677.31 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSORAL LOWER ESOPHAGEAL MYO | 43497 | CPT | | | | outpatient | | | 12180 | 7495.78 | Americare | Americare | 9135 | 75 | | | 677.31 | 12612.47 | percent of total billed charges | |
| HC TRANSORAL LOWER ESOPHAGEAL MYO | 43497 | CPT | | | | outpatient | | | 12180 | 7495.78 | Managed Care Inc | Managed Care Inc | 10962 | 90 | | | 677.31 | 12612.47 | percent of total billed charges | |
| HC TRANSORAL LOWER ESOPHAGEAL MYO | 43497 | CPT | | | | outpatient | | | 12180 | 7495.78 | Horizon | Medicare Blue | 6518.07 | | | 2856.21 | 677.31 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSORAL LOWER ESOPHAGEAL MYO | 43497 | CPT | | | | outpatient | | | 12180 | 7495.78 | United | Oxford | 2776 | | | | 677.31 | 12612.47 | case rate | |
| HC TRANSORAL LOWER ESOPHAGEAL MYO | 43497 | CPT | | | | outpatient | | | 12180 | 7495.78 | Amerihealth | HMO/PPO | 7917 | 65 | | | 677.31 | 12612.47 | percent of total billed charges | |
| HC TRANSORAL LOWER ESOPHAGEAL MYO | 43497 | CPT | | | | outpatient | | | 12180 | 7495.78 | United | CommercialPPO | 2776 | | | | 677.31 | 12612.47 | case rate | |
| HC TRANSORAL LOWER ESOPHAGEAL MYO | 43497 | CPT | | | | outpatient | | | 12180 | 7495.78 | Horizon | NJ Health | 677.31 | | | 1289.76 | 677.31 | 12612.47 | fee schedule | |
| HC TRANSORAL LOWER ESOPHAGEAL MYO | 43497 | CPT | | | | outpatient | | | 12180 | 7495.78 | Wellcare | Medicaid | 3842.79 | 31.55 | | | 677.31 | 12612.47 | percent of total billed charges | |
| HC TRANSORAL LOWER ESOPHAGEAL MYO | 43497 | CPT | | | | outpatient | | | 12180 | 7495.78 | Multiplan | Multiplan | 9744 | 80 | | | 677.31 | 12612.47 | percent of total billed charges | |
| HC TRANSORAL LOWER ESOPHAGEAL MYO | 43497 | CPT | | | | outpatient | | | 12180 | 7495.78 | Three Rivers | Three Rivers | 11571 | 95 | | | 677.31 | 12612.47 | percent of total billed charges | |
| HC TRANSORAL LOWER ESOPHAGEAL MYO | 43497 | CPT | | | | outpatient | | | 12180 | 7495.78 | Horizon | PPO | 12612.47 | | | 5913.17 | 677.31 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSORAL LOWER ESOPHAGEAL MYO | 43497 | CPT | | | | outpatient | | | 12180 | 7495.78 | WellPoint | WellPoint | 3919.52 | 32.18 | | | 677.31 | 12612.47 | percent of total billed charges | |
| HC TRANSORAL LOWER ESOPHAGEAL MYO | 43497 | CPT | | | | outpatient | | | 12180 | 7495.78 | Qualcare | Qualcare | 9135 | 75 | | | 677.31 | 12612.47 | percent of total billed charges | |
| HC TRANSORAL LOWER ESOPHAGEAL MYO | 43497 | CPT | | | | outpatient | | | 12180 | 7495.78 | Wellcare | Medicare | 6518.07 | | | | 677.31 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC. ESOPHAGUS | 43499 | CPT | | | | outpatient | | | 3211 | 1192.23 | Aetna | Commercial | 1691.93 | | | | 300 | 3050.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC. ESOPHAGUS | 43499 | CPT | | | | outpatient | | | 3211 | 1192.23 | Aetna | Medicare | 1036.72 | | | | 300 | 3050.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC. ESOPHAGUS | 43499 | CPT | | | | outpatient | | | 3211 | 1192.23 | Americare | Americare | 2408.25 | 75 | | | 300 | 3050.45 | percent of total billed charges | |
| HC UNLISTED PROC. ESOPHAGUS | 43499 | CPT | | | | outpatient | | | 3211 | 1192.23 | Corrections | Corrections | 2568.8 | 80 | | | 300 | 3050.45 | percent of total billed charges | |
| HC UNLISTED PROC. ESOPHAGUS | 43499 | CPT | | | | outpatient | | | 3211 | 1192.23 | Horizon | Medicare Blue | 1036.72 | | | | 300 | 3050.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC. ESOPHAGUS | 43499 | CPT | | | | outpatient | | | 3211 | 1192.23 | Aetna | Better Health | 1013.07 | 31.55 | | | 300 | 3050.45 | percent of total billed charges | |
| HC UNLISTED PROC. ESOPHAGUS | 43499 | CPT | | | | outpatient | | | 3211 | 1192.23 | First Trenton | First Trenton | 2889.9 | 90 | | | 300 | 3050.45 | percent of total billed charges | |
| HC UNLISTED PROC. ESOPHAGUS | 43499 | CPT | | | | outpatient | | | 3211 | 1192.23 | First Health | First Health | 2247.7 | 70 | | | 300 | 3050.45 | percent of total billed charges | |
| HC UNLISTED PROC. ESOPHAGUS | 43499 | CPT | | | | outpatient | | | 3211 | 1192.23 | UHC | Medicare | 1036.72 | | | | 300 | 3050.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC. ESOPHAGUS | 43499 | CPT | | | | outpatient | | | 3211 | 1192.23 | Horizon | MGD | 2006.05 | | | | 300 | 3050.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC. ESOPHAGUS | 43499 | CPT | | | | outpatient | | | 3211 | 1192.23 | Amerihealth | HMO/PPO | 300 | | | | 300 | 3050.45 | fee schedule | |
| HC UNLISTED PROC. ESOPHAGUS | 43499 | CPT | | | | outpatient | | | 3211 | 1192.23 | Horizon | PPO | 2006.05 | | | | 300 | 3050.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC. ESOPHAGUS | 43499 | CPT | | | | outpatient | | | 3211 | 1192.23 | Managed Care Inc | Managed Care Inc | 2889.9 | 90 | | | 300 | 3050.45 | percent of total billed charges | |
| HC UNLISTED PROC. ESOPHAGUS | 43499 | CPT | | | | outpatient | | | 3211 | 1192.23 | Consumer | Consumer | 3050.45 | 95 | | | 300 | 3050.45 | percent of total billed charges | |
| HC UNLISTED PROC. ESOPHAGUS | 43499 | CPT | | | | outpatient | | | 3211 | 1192.23 | United | Oxford | 2493 | | | | 300 | 3050.45 | case rate | |
| HC UNLISTED PROC. ESOPHAGUS | 43499 | CPT | | | | outpatient | | | 3211 | 1192.23 | Horizon | Indemnity | 2006.05 | | | | 300 | 3050.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC. ESOPHAGUS | 43499 | CPT | | | | outpatient | | | 3211 | 1192.23 | Three Rivers | Three Rivers | 3050.45 | 95 | | | 300 | 3050.45 | percent of total billed charges | |
| HC UNLISTED PROC. ESOPHAGUS | 43499 | CPT | | | | outpatient | | | 3211 | 1192.23 | UHC | Medicaid | 1013.07 | 31.55 | | | 300 | 3050.45 | percent of total billed charges | |
| HC UNLISTED PROC. ESOPHAGUS | 43499 | CPT | | | | outpatient | | | 3211 | 1192.23 | Wellcare | Medicaid | 1013.07 | 31.55 | | | 300 | 3050.45 | percent of total billed charges | |
| HC UNLISTED PROC. ESOPHAGUS | 43499 | CPT | | | | outpatient | | | 3211 | 1192.23 | Multiplan | Multiplan | 2568.8 | 80 | | | 300 | 3050.45 | percent of total billed charges | |
| HC UNLISTED PROC. ESOPHAGUS | 43499 | CPT | | | | outpatient | | | 3211 | 1192.23 | Wellcare | Medicare | 1036.72 | | | | 300 | 3050.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC. ESOPHAGUS | 43499 | CPT | | | | outpatient | | | 3211 | 1192.23 | United | CommercialPPO | 2493 | | | | 300 | 3050.45 | case rate | |
| HC UNLISTED PROC. ESOPHAGUS | 43499 | CPT | | | | outpatient | | | 3211 | 1192.23 | Qualcare | Qualcare | 2408.25 | 75 | | | 300 | 3050.45 | percent of total billed charges | |
| HC UNLISTED PROC. ESOPHAGUS | 43499 | CPT | | | | outpatient | | | 3211 | 1192.23 | WellPoint | WellPoint | 1033.3 | 32.18 | | | 300 | 3050.45 | percent of total billed charges | |
| HC UNLISTED LAPAROSCOPIC PROCEDURE STOMACH | 43659 | CPT | | | | outpatient | | | 20070 | 7588.83 | Aetna | Medicare | 6598.98 | | | | 6332.09 | 19066.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED LAPAROSCOPIC PROCEDURE STOMACH | 43659 | CPT | | | | outpatient | | | 20070 | 7588.83 | First Health | First Health | 14049 | 70 | | | 6332.09 | 19066.5 | percent of total billed charges | |
| HC UNLISTED LAPAROSCOPIC PROCEDURE STOMACH | 43659 | CPT | | | | outpatient | | | 20070 | 7588.83 | Consumer | Consumer | 19066.5 | 95 | | | 6332.09 | 19066.5 | percent of total billed charges | |
| HC UNLISTED LAPAROSCOPIC PROCEDURE STOMACH | 43659 | CPT | | | | outpatient | | | 20070 | 7588.83 | First Trenton | First Trenton | 18063 | 90 | | | 6332.09 | 19066.5 | percent of total billed charges | |
| HC UNLISTED LAPAROSCOPIC PROCEDURE STOMACH | 43659 | CPT | | | | outpatient | | | 20070 | 7588.83 | Corrections | Corrections | 16056 | 80 | | | 6332.09 | 19066.5 | percent of total billed charges | |
| HC UNLISTED LAPAROSCOPIC PROCEDURE STOMACH | 43659 | CPT | | | | outpatient | | | 20070 | 7588.83 | Aetna | Better Health | 6332.09 | 31.55 | | | 6332.09 | 19066.5 | percent of total billed charges | |
| HC UNLISTED LAPAROSCOPIC PROCEDURE STOMACH | 43659 | CPT | | | | outpatient | | | 20070 | 7588.83 | Aetna | Commercial | 10769.54 | | | | 6332.09 | 19066.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED LAPAROSCOPIC PROCEDURE STOMACH | 43659 | CPT | | | | outpatient | | | 20070 | 7588.83 | Horizon | Indemnity | 12769.03 | | | | 6332.09 | 19066.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED LAPAROSCOPIC PROCEDURE STOMACH | 43659 | CPT | | | | outpatient | | | 20070 | 7588.83 | Horizon | MGD | 12769.03 | | | | 6332.09 | 19066.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED LAPAROSCOPIC PROCEDURE STOMACH | 43659 | CPT | | | | outpatient | | | 20070 | 7588.83 | Horizon | Medicare Blue | 6598.98 | | | | 6332.09 | 19066.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED LAPAROSCOPIC PROCEDURE STOMACH | 43659 | CPT | | | | outpatient | | | 20070 | 7588.83 | Three Rivers | Three Rivers | 19066.5 | 95 | | | 6332.09 | 19066.5 | percent of total billed charges | |
| HC UNLISTED LAPAROSCOPIC PROCEDURE STOMACH | 43659 | CPT | | | | outpatient | | | 20070 | 7588.83 | Managed Care Inc | Managed Care Inc | 18063 | 90 | | | 6332.09 | 19066.5 | percent of total billed charges | |
| HC UNLISTED LAPAROSCOPIC PROCEDURE STOMACH | 43659 | CPT | | | | outpatient | | | 20070 | 7588.83 | Americare | Americare | 15052.5 | 75 | | | 6332.09 | 19066.5 | percent of total billed charges | |
| HC UNLISTED LAPAROSCOPIC PROCEDURE STOMACH | 43659 | CPT | | | | outpatient | | | 20070 | 7588.83 | United | Oxford | 6362 | | | | 6332.09 | 19066.5 | case rate | |
| HC UNLISTED LAPAROSCOPIC PROCEDURE STOMACH | 43659 | CPT | | | | outpatient | | | 20070 | 7588.83 | Amerihealth | HMO/PPO | 13045.9 | 65 | | | 6332.09 | 19066.5 | percent of total billed charges | |
| HC UNLISTED LAPAROSCOPIC PROCEDURE STOMACH | 43659 | CPT | | | | outpatient | | | 20070 | 7588.83 | Horizon | PPO | 12769.03 | | | | 6332.09 | 19066.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED LAPAROSCOPIC PROCEDURE STOMACH | 43659 | CPT | | | | outpatient | | | 20070 | 7588.83 | Multiplan | Multiplan | 16056 | 80 | | | 6332.09 | 19066.5 | percent of total billed charges | |
| HC UNLISTED LAPAROSCOPIC PROCEDURE STOMACH | 43659 | CPT | | | | outpatient | | | 20070 | 7588.83 | Wellcare | Medicaid | 6332.09 | 31.55 | | | 6332.09 | 19066.5 | percent of total billed charges | |
| HC UNLISTED LAPAROSCOPIC PROCEDURE STOMACH | 43659 | CPT | | | | outpatient | | | 20070 | 7588.83 | Qualcare | Qualcare | 15052.5 | 75 | | | 6332.09 | 19066.5 | percent of total billed charges | |
| HC UNLISTED LAPAROSCOPIC PROCEDURE STOMACH | 43659 | CPT | | | | outpatient | | | 20070 | 7588.83 | Wellcare | Medicare | 6598.98 | | | | 6332.09 | 19066.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED LAPAROSCOPIC PROCEDURE STOMACH | 43659 | CPT | | | | outpatient | | | 20070 | 7588.83 | UHC | Medicaid | 6332.09 | 31.55 | | | 6332.09 | 19066.5 | percent of total billed charges | |
| HC UNLISTED LAPAROSCOPIC PROCEDURE STOMACH | 43659 | CPT | | | | outpatient | | | 20070 | 7588.83 | UHC | Medicare | 6598.98 | | | | 6332.09 | 19066.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED LAPAROSCOPIC PROCEDURE STOMACH | 43659 | CPT | | | | outpatient | | | 20070 | 7588.83 | United | CommercialPPO | 6362 | | | | 6332.09 | 19066.5 | case rate | |
| HC UNLISTED LAPAROSCOPIC PROCEDURE STOMACH | 43659 | CPT | | | | outpatient | | | 20070 | 7588.83 | WellPoint | WellPoint | 6458.53 | 32.18 | | | 6332.09 | 19066.5 | percent of total billed charges | |
| HC NG TUBE PLACE W FLUORO | 43752 | CPT | | | | both | | | 1157.87 | 524.04 | Horizon | Medicare Blue | 455.69 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NG TUBE PLACE W FLUORO | 43752 | CPT | | | | both | | | 1157.87 | 524.04 | Americare | Americare | 868.4 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC NG TUBE PLACE W FLUORO | 43752 | CPT | | | | both | | | 1157.87 | 524.04 | Aetna | Commercial | 743.69 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NG TUBE PLACE W FLUORO | 43752 | CPT | | | | both | | | 1157.87 | 524.04 | Corrections | Corrections | 926.3 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC NG TUBE PLACE W FLUORO | 43752 | CPT | | | | both | | | 1157.87 | 524.04 | Aetna | Better Health | 365.31 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC NG TUBE PLACE W FLUORO | 43752 | CPT | | | | both | | | 1157.87 | 524.04 | First Health | First Health | 810.51 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC NG TUBE PLACE W FLUORO | 43752 | CPT | | | | both | | | 1157.87 | 524.04 | Consumer | Consumer | 1099.98 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC NG TUBE PLACE W FLUORO | 43752 | CPT | | | | both | | | 1157.87 | 524.04 | First Trenton | First Trenton | 1042.08 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC NG TUBE PLACE W FLUORO | 43752 | CPT | | | | both | | | 1157.87 | 524.04 | Aetna | Medicare | 455.69 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NG TUBE PLACE W FLUORO | 43752 | CPT | | | | both | | | 1157.87 | 524.04 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC NG TUBE PLACE W FLUORO | 43752 | CPT | | | | both | | | 1157.87 | 524.04 | Horizon | MGD | 881.76 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NG TUBE PLACE W FLUORO | 43752 | CPT | | | | both | | | 1157.87 | 524.04 | Horizon | PPO | 881.76 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NG TUBE PLACE W FLUORO | 43752 | CPT | | | | both | | | 1157.87 | 524.04 | Multiplan | Multiplan | 926.3 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC NG TUBE PLACE W FLUORO | 43752 | CPT | | | | both | | | 1157.87 | 524.04 | UHC | Medicare | 455.69 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NG TUBE PLACE W FLUORO | 43752 | CPT | | | | both | | | 1157.87 | 524.04 | Qualcare | Qualcare | 868.4 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC NG TUBE PLACE W FLUORO | 43752 | CPT | | | | both | | | 1157.87 | 524.04 | Managed Care Inc | Managed Care Inc | 1042.08 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC NG TUBE PLACE W FLUORO | 43752 | CPT | | | | both | | | 1157.87 | 524.04 | Horizon | Indemnity | 881.76 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NG TUBE PLACE W FLUORO | 43752 | CPT | | | | both | | | 1157.87 | 524.04 | WellPoint | WellPoint | 372.6 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC NG TUBE PLACE W FLUORO | 43752 | CPT | | | | both | | | 1157.87 | 524.04 | Wellcare | Medicare | 455.69 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NG TUBE PLACE W FLUORO | 43752 | CPT | | | | both | | | 1157.87 | 524.04 | Three Rivers | Three Rivers | 1099.98 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC NG TUBE PLACE W FLUORO | 43752 | CPT | | | | both | | | 1157.87 | 524.

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC REPOSITION GASTROSTOMY TUBE | 43761 | CPT | | | | outpatient | | | 3292 | 325.06 | Aetna | Medicare | 282.66 | | | | 21.92 | 3127.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPOSITION GASTROSTOMY TUBE | 43761 | CPT | | | | outpatient | | | 3292 | 325.06 | Horizon | Indemnity | 546.95 | | | | 21.92 | 3127.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPOSITION GASTROSTOMY TUBE | 43761 | CPT | | | | outpatient | | | 3292 | 325.06 | Horizon | Medicare Blue | 282.66 | | | | 21.92 | 3127.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPOSITION GASTROSTOMY TUBE | 43761 | CPT | | | | outpatient | | | 3292 | 325.06 | Americare | Americare | 2469 | 75 | | | 21.92 | 3127.4 | percent of total billed charges | |
| HC REPOSITION GASTROSTOMY TUBE | 43761 | CPT | | | | outpatient | | | 3292 | 325.06 | Horizon | PPO | 546.95 | | | | 21.92 | 3127.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPOSITION GASTROSTOMY TUBE | 43761 | CPT | | | | outpatient | | | 3292 | 325.06 | First Trenton | First Trenton | 2962.8 | 90 | | | 21.92 | 3127.4 | percent of total billed charges | |
| HC REPOSITION GASTROSTOMY TUBE | 43761 | CPT | | | | outpatient | | | 3292 | 325.06 | First Health | First Health | 2304.4 | 70 | | | 21.92 | 3127.4 | percent of total billed charges | |
| HC REPOSITION GASTROSTOMY TUBE | 43761 | CPT | | | | outpatient | | | 3292 | 325.06 | Amerihealth | HMO/PPO | 300 | | | | 21.92 | 3127.4 | fee schedule | |
| HC REPOSITION GASTROSTOMY TUBE | 43761 | CPT | | | | outpatient | | | 3292 | 325.06 | Consumer | Consumer | 3127.4 | 95 | | | 21.92 | 3127.4 | percent of total billed charges | |
| HC REPOSITION GASTROSTOMY TUBE | 43761 | CPT | | | | outpatient | | | 3292 | 325.06 | UHC | Medicare | 282.66 | | | | 21.92 | 3127.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPOSITION GASTROSTOMY TUBE | 43761 | CPT | | | | outpatient | | | 3292 | 325.06 | Multiplan | Multiplan | 2633.6 | 80 | | | 21.92 | 3127.4 | percent of total billed charges | |
| HC REPOSITION GASTROSTOMY TUBE | 43761 | CPT | | | | outpatient | | | 3292 | 325.06 | Managed Care Inc | Managed Care Inc | 2962.8 | 90 | | | 21.92 | 3127.4 | percent of total billed charges | |
| HC REPOSITION GASTROSTOMY TUBE | 43761 | CPT | | | | outpatient | | | 3292 | 325.06 | Corrections | Corrections | 2633.6 | 80 | | | 21.92 | 3127.4 | percent of total billed charges | |
| HC REPOSITION GASTROSTOMY TUBE | 43761 | CPT | | | | outpatient | | | 3292 | 325.06 | United | Commercial/PPO | 1782 | | | | 21.92 | 3127.4 | case rate | |
| HC REPOSITION GASTROSTOMY TUBE | 43761 | CPT | | | | outpatient | | | 3292 | 325.06 | Horizon | NJ Health | 21.92 | | | | 21.92 | 3127.4 | fee schedule | |
| HC REPOSITION GASTROSTOMY TUBE | 43761 | CPT | | | | outpatient | | | 3292 | 325.06 | UHC | Medicaid | 1038.63 | 31.55 | | | 21.92 | 3127.4 | percent of total billed charges | |
| HC REPOSITION GASTROSTOMY TUBE | 43761 | CPT | | | | outpatient | | | 3292 | 325.06 | Horizon | MGD | 546.95 | | | | 21.92 | 3127.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPOSITION GASTROSTOMY TUBE | 43761 | CPT | | | | outpatient | | | 3292 | 325.06 | United | Oxford | 1782 | | | | 21.92 | 3127.4 | case rate | |
| HC REPOSITION GASTROSTOMY TUBE | 43761 | CPT | | | | outpatient | | | 3292 | 325.06 | Qualcare | Qualcare | 2469 | 75 | | | 21.92 | 3127.4 | percent of total billed charges | |
| HC REPOSITION GASTROSTOMY TUBE | 43761 | CPT | | | | outpatient | | | 3292 | 325.06 | WellPoint | WellPoint | 1059.37 | 32.18 | | | 21.92 | 3127.4 | percent of total billed charges | |
| HC REPOSITION GASTROSTOMY TUBE | 43761 | CPT | | | | outpatient | | | 3292 | 325.06 | Three Rivers | Three Rivers | 3127.4 | 95 | | | 21.92 | 3127.4 | percent of total billed charges | |
| HC REPOSITION GASTROSTOMY TUBE | 43761 | CPT | | | | outpatient | | | 3292 | 325.06 | Wellcare | Medicaid | 1038.63 | 31.55 | | | 21.92 | 3127.4 | percent of total billed charges | |
| HC REPOSITION GASTROSTOMY TUBE | 43761 | CPT | | | | outpatient | | | 3292 | 325.06 | Wellcare | Medicare | 282.66 | | | | 21.92 | 3127.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ REPLACEMENT GTUBE NOT REQ | 43762 | CPT | | | | outpatient | | | 951 | 325.06 | Consumer | Consumer | 903.45 | 95 | | | 282.66 | 1782 | percent of total billed charges | |
| HC PERQ REPLACEMENT GTUBE NOT REQ | 43762 | CPT | | | | outpatient | | | 951 | 325.06 | Aetna | Medicare | 282.66 | | | | 282.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ REPLACEMENT GTUBE NOT REQ | 43762 | CPT | | | | outpatient | | | 951 | 325.06 | Aetna | Commercial | 461.3 | | | | 282.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ REPLACEMENT GTUBE NOT REQ | 43762 | CPT | | | | outpatient | | | 951 | 325.06 | United | Commercial/PPO | 1782 | | | | 282.66 | 1782 | case rate | |
| HC PERQ REPLACEMENT GTUBE NOT REQ | 43762 | CPT | | | | outpatient | | | 951 | 325.06 | Corrections | Corrections | 760.8 | 80 | | | 282.66 | 1782 | percent of total billed charges | |
| HC PERQ REPLACEMENT GTUBE NOT REQ | 43762 | CPT | | | | outpatient | | | 951 | 325.06 | Aetna | Better Health | 300.04 | 31.55 | | 270.16 | 282.66 | 1782 | percent of total billed charges | |
| HC PERQ REPLACEMENT GTUBE NOT REQ | 43762 | CPT | | | | outpatient | | | 951 | 325.06 | Amerihealth | HMO/PPO | 618.15 | 65 | | | 282.66 | 1782 | percent of total billed charges | |
| HC PERQ REPLACEMENT GTUBE NOT REQ | 43762 | CPT | | | | outpatient | | | 951 | 325.06 | First Trenton | First Trenton | 855.9 | 90 | | | 282.66 | 1782 | percent of total billed charges | |
| HC PERQ REPLACEMENT GTUBE NOT REQ | 43762 | CPT | | | | outpatient | | | 951 | 325.06 | United | Oxford | 1782 | | | | 282.66 | 1782 | case rate | |
| HC PERQ REPLACEMENT GTUBE NOT REQ | 43762 | CPT | | | | outpatient | | | 951 | 325.06 | First Health | First Health | 665.7 | 70 | | | 282.66 | 1782 | percent of total billed charges | |
| HC PERQ REPLACEMENT GTUBE NOT REQ | 43762 | CPT | | | | outpatient | | | 951 | 325.06 | Americare | Americare | 713.25 | 75 | | | 282.66 | 1782 | percent of total billed charges | |
| HC PERQ REPLACEMENT GTUBE NOT REQ | 43762 | CPT | | | | outpatient | | | 951 | 325.06 | Horizon | Indemnity | 546.95 | | | | 282.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ REPLACEMENT GTUBE NOT REQ | 43762 | CPT | | | | outpatient | | | 951 | 325.06 | Horizon | Medicare Blue | 282.66 | | | | 282.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ REPLACEMENT GTUBE NOT REQ | 43762 | CPT | | | | outpatient | | | 951 | 325.06 | Horizon | MGD | 546.95 | | | | 282.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ REPLACEMENT GTUBE NOT REQ | 43762 | CPT | | | | outpatient | | | 951 | 325.06 | Horizon | NJ Health | 344.02 | | | 64.73 | 282.66 | 1782 | fee schedule | |
| HC PERQ REPLACEMENT GTUBE NOT REQ | 43762 | CPT | | | | outpatient | | | 951 | 325.06 | Horizon | PPO | 546.95 | | | | 282.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ REPLACEMENT GTUBE NOT REQ | 43762 | CPT | | | | outpatient | | | 951 | 325.06 | UHC | Medicare | 282.66 | | | 199.04 | 282.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ REPLACEMENT GTUBE NOT REQ | 43762 | CPT | | | | outpatient | | | 951 | 325.06 | Managed Care Inc | Managed Care Inc | 855.9 | 90 | | | 282.66 | 1782 | percent of total billed charges | |
| HC PERQ REPLACEMENT GTUBE NOT REQ | 43762 | CPT | | | | outpatient | | | 951 | 325.06 | Multiplan | Multiplan | 760.8 | 80 | | | 282.66 | 1782 | percent of total billed charges | |
| HC PERQ REPLACEMENT GTUBE NOT REQ | 43762 | CPT | | | | outpatient | | | 951 | 325.06 | UHC | Medicaid | 300.04 | 31.55 | | 238.44 | 282.66 | 1782 | percent of total billed charges | |
| HC PERQ REPLACEMENT GTUBE NOT REQ | 43762 | CPT | | | | outpatient | | | 951 | 325.06 | Wellcare | Medicaid | 300.04 | 31.55 | | 255.72 | 282.66 | 1782 | percent of total billed charges | |
| HC PERQ REPLACEMENT GTUBE NOT REQ | 43762 | CPT | | | | outpatient | | | 951 | 325.06 | Qualcare | Qualcare | 713.25 | 75 | | | 282.66 | 1782 | percent of total billed charges | |
| HC PERQ REPLACEMENT GTUBE NOT REQ | 43762 | CPT | | | | outpatient | | | 951 | 325.06 | WellPoint | WellPoint | 306.03 | 32.18 | | | 282.66 | 1782 | percent of total billed charges | |
| HC PERQ REPLACEMENT GTUBE NOT REQ | 43762 | CPT | | | | outpatient | | | 951 | 325.06 | Three Rivers | Three Rivers | 903.45 | 95 | | | 282.66 | 1782 | percent of total billed charges | |
| HC PERQ REPLACEMENT GTUBE NOT REQ | 43762 | CPT | | | | outpatient | | | 951 | 325.06 | Wellcare | Medicare | 282.66 | | | | 282.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ RPLCMT GTUBE W/REV GST | 43763 | CPT | | | | outpatient | | | 1056 | 325.06 | Aetna | Commercial | 461.3 | | | | 282.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ RPLCMT GTUBE W/REV GST | 43763 | CPT | | | | outpatient | | | 1056 | 325.06 | Aetna | Better Health | 333.17 | 31.55 | | | 282.66 | 1782 | percent of total billed charges | |
| HC PERQ RPLCMT GTUBE W/REV GST | 43763 | CPT | | | | outpatient | | | 1056 | 325.06 | Aetna | Medicare | 282.66 | | | | 282.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ RPLCMT GTUBE W/REV GST | 43763 | CPT | | | | outpatient | | | 1056 | 325.06 | First Health | First Health | 739.2 | 70 | | | 282.66 | 1782 | percent of total billed charges | |
| HC PERQ RPLCMT GTUBE W/REV GST | 43763 | CPT | | | | outpatient | | | 1056 | 325.06 | Consumer | Consumer | 1003.2 | 95 | | | 282.66 | 1782 | percent of total billed charges | |
| HC PERQ RPLCMT GTUBE W/REV GST | 43763 | CPT | | | | outpatient | | | 1056 | 325.06 | Amerihealth | HMO/PPO | 686.4 | 65 | | | 282.66 | 1782 | percent of total billed charges | |
| HC PERQ RPLCMT GTUBE W/REV GST | 43763 | CPT | | | | outpatient | | | 1056 | 325.06 | Horizon | MGD | 546.95 | | | | 282.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ RPLCMT GTUBE W/REV GST | 43763 | CPT | | | | outpatient | | | 1056 | 325.06 | Horizon | Medicare Blue | 282.66 | | | | 282.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ RPLCMT GTUBE W/REV GST | 43763 | CPT | | | | outpatient | | | 1056 | 325.06 | Americare | Americare | 792 | 75 | | | 282.66 | 1782 | percent of total billed charges | |
| HC PERQ RPLCMT GTUBE W/REV GST | 43763 | CPT | | | | outpatient | | | 1056 | 325.06 | First Trenton | First Trenton | 950.4 | 90 | | | 282.66 | 1782 | percent of total billed charges | |
| HC PERQ RPLCMT GTUBE W/REV GST | 43763 | CPT | | | | outpatient | | | 1056 | 325.06 | Corrections | Corrections | 844.8 | 80 | | | 282.66 | 1782 | percent of total billed charges | |
| HC PERQ RPLCMT GTUBE W/REV GST | 43763 | CPT | | | | outpatient | | | 1056 | 325.06 | Horizon | Indemnity | 546.95 | | | | 282.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ RPLCMT GTUBE W/REV GST | 43763 | CPT | | | | outpatient | | | 1056 | 325.06 | Three Rivers | Three Rivers | 1003.2 | 95 | | | 282.66 | 1782 | percent of total billed charges | |
| HC PERQ RPLCMT GTUBE W/REV GST | 43763 | CPT | | | | outpatient | | | 1056 | 325.06 | Multiplan | Multiplan | 844.8 | 80 | | | 282.66 | 1782 | percent of total billed charges | |
| HC PERQ RPLCMT GTUBE W/REV GST | 43763 | CPT | | | | outpatient | | | 1056 | 325.06 | Horizon | NJ Health | 508.51 | | | | 282.66 | 1782 | fee schedule | |
| HC PERQ RPLCMT GTUBE W/REV GST | 43763 | CPT | | | | outpatient | | | 1056 | 325.06 | United | Oxford | 1782 | | | | 282.66 | 1782 | case rate | |
| HC PERQ RPLCMT GTUBE W/REV GST | 43763 | CPT | | | | outpatient | | | 1056 | 325.06 | Horizon | PPO | 546.95 | | | | 282.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ RPLCMT GTUBE W/REV GST | 43763 | CPT | | | | outpatient | | | 1056 | 325.06 | United | Commercial/PPO | 1782 | | | | 282.66 | 1782 | case rate | |
| HC PERQ RPLCMT GTUBE W/REV GST | 43763 | CPT | | | | outpatient | | | 1056 | 325.06 | Qualcare | Qualcare | 792 | 75 | | | 282.66 | 1782 | percent of total billed charges | |
| HC PERQ RPLCMT GTUBE W/REV GST | 43763 | CPT | | | | outpatient | | | 1056 | 325.06 | WellPoint | WellPoint | 339.82 | 32.18 | | | 282.66 | 1782 | percent of total billed charges | |
| HC PERQ RPLCMT GTUBE W/REV GST | 43763 | CPT | | | | outpatient | | | 1056 | 325.06 | Managed Care Inc | Managed Care Inc | 950.4 | 90 | | | 282.66 | 1782 | percent of total billed charges | |
| HC PERQ RPLCMT GTUBE W/REV GST | 43763 | CPT | | | | outpatient | | | 1056 | 325.06 | Wellcare | Medicaid | 333.17 | 31.55 | | | 282.66 | 1782 | percent of total billed charges | |
| HC PERQ RPLCMT GTUBE W/REV GST | 43763 | CPT | | | | outpatient | | | 1056 | 325.06 | UHC | Medicaid | 333.17 | 31.55 | | | 282.66 | 1782 | percent of total billed charges | |
| HC PERQ RPLCMT GTUBE W/REV GST | 43763 | CPT | | | | outpatient | | | 1056 | 325.06 | UHC | Medicare | 282.66 | | | | 282.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ RPLCMT GTUBE W/REV GST | 43763 | CPT | | | | outpatient | | | 1056 | 325.06 | Wellcare | Medicare | 282.66 | | | | 282.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC STOMACH | 43999 | CPT | | | | outpatient | | | 3479 | 1192.23 | Multiplan | Multiplan | 2783.2 | 80 | | | 125 | 3305.05 | percent of total billed charges | |
| HC UNLISTED PROC STOMACH | 43999 | CPT | | | | outpatient | | | 3479 | 1192.23 | Aetna | Better Health | 1097.62 | 31.55 | | | 125 | 3305.05 | percent of total billed charges | |
| HC UNLISTED PROC STOMACH | 43999 | CPT | | | | outpatient | | | 3479 | 1192.23 | Wellcare | Medicare | 1036.72 | | | | 125 | 3305.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC STOMACH | 43999 | CPT | | | | outpatient | | | 3479 | 1192.23 | Horizon | Medicare Blue | 1036.72 | | | 159.03 | 125 | 3305.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC STOMACH | 43999 | CPT | | | | outpatient | | | 3479 | 1192.23 | Aetna | Commercial | 1691.93 | | | | 125 | 3305.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC STOMACH | 43999 | CPT | | | | outpatient | | | 3479 | 1192.23 | Aetna | Medicare | 1036.72 | | | | 125 | 3305.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC STOMACH | 43999 | CPT | | | | outpatient | | | 3479 | 1192.23 | Horizon | Indemnity | 2006.05 | | | | 125 | 3305.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC STOMACH | 43999 | CPT | | | | outpatient | | | 3479 | 1192.23 | First Health | First Health | 2435.3 | 70 | | | 125 | 3305.05 | percent of total billed charges | |
| HC UNLISTED PROC STOMACH | 43999 | CPT | | | | outpatient | | | 3479 | 1192.23 | Wellcare | Medicaid | 1097.62 | 31.55 | | | 125 | 3305.05 | percent of total billed charges | |
| HC UNLISTED PROC STOMACH | 43999 | CPT | | | | outpatient | | | 3479 | 1192.23 | Consumer | Consumer | 3305.05 | 95 | | | 125 | 3305.05 | percent of total billed charges | |
| HC UNLISTED PROC STOMACH | 43999 | CPT | | | | outpatient | | | 3479 | 1192.23 | WellPoint | WellPoint | 1119.54 | 32.18 | | | 125 | 3305.05 | percent of total billed charges | |
| HC UNLISTED PROC STOMACH | 43999 | CPT | | | | outpatient | | | 3479 | 1192.23 | UHC | Medicaid | 1097.62 | 31.55 | | | 125 | 3305.05 | percent of total billed charges | |
| HC UNLISTED PROC STOMACH | 43999 | CPT | | | | outpatient | | | 3479 | 1192.23 | Americare | Americare | 2609.25 | 75 | | | 125 | 3305.05 | percent of total billed charges | |
| HC UNLISTED PROC STOMACH | 43999 | CPT | | | | outpatient | | | 3479 | 1192.23 | Qualcare | Qualcare | 2609.25 | 75 | | | 125 | 3305.05 | percent of total billed charges | |
| HC UNLISTED PROC STOMACH | 43999 | CPT | | | | outpatient | | | 3479 | 1192.23 | Horizon | PPO | 2006.05 | | | | 125 | 3305.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC STOMACH | 43999 | CPT | | | | outpatient | | | 3479 | 1192.23 | Horizon | MGD | 2006.05 | | | 278.19 | 125 | 3305.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC STOMACH | 43999 | CPT | | | | outpatient | | | 3479 | 1192.23 | Amerihealth | HMO/PPO | 125 | | | | 125 | 3305.05 | fee schedule | |
| HC UNLISTED PROC STOMACH | 43999 | CPT | | | | outpatient | | | 3479 | 1192.23 | Corrections | Corrections | 2783.2 | 80 | | | 125 | 3305.05 | percent of total billed charges | |
| HC UNLISTED PROC STOMACH | 43999 | CPT | | | | outpatient | | | 3479 | 1192.23 | United | Oxford | 2493 | | | | 125 | 3305.05 | case rate | |
| HC UNLISTED PROC STOMACH | 43999 | CPT | | | | outpatient | | | 3479 | 1192.23 | UHC | Medicare | 1036.72 | | | | 125 | 3305.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC STOMACH | 43999 | CPT | | | | outpatient | | | 3479 | 1192.23 | First Trenton | First Trenton | 3131.1 | 90 | | | 125 | 3305.05 | percent of total billed charges | |
| HC UNLISTED PROC STOMACH | 43999 | CPT | | | | outpatient | | | 3479 | 1192.23 | Three Rivers | Three Rivers | 3305.05 | 95 | | | 125 | 3305.05 | percent of total billed charges | |
| HC UNLISTED PROC STOMACH | 43999 | CPT | | | | outpatient | | | 3479 | 1192.23 | Managed Care Inc | Managed Care Inc | 3131.1 | 90 | | | 125 | 3305.05 | percent of total billed charges | |
| HC UNLISTED PROC STOMACH | 43999 | CPT | | | | outpatient | | | 3479 | 1192.23 | United | Commercial/PPO | 2493 | | | | 125 | 3305.05 | case rate | |
| HC PUSH ENTEROSCOPY W/BIOPSY | 44360 | CPT | | | | outpatient | | | 6072 | 2502.63 | Consumer | Consumer | 5768.4 | 95 | | | 394.11 | 5768.4 | percent of total billed charges | |
| HC PUSH ENTEROSCOPY W/BIOPSY | 44360 | CPT | | | | outpatient | | | 6072 | 2502.63 | Amerihealth | HMO/PPO | 550 | | | | 394.11 | 5768.4 | fee schedule | |
| HC PUSH ENTEROSCOPY W/BIOPSY | 44360 | CPT | | | | outpatient | | | 6072 | 2502.63 | Americare | Americare | 4554 | 75 | | | 394.11 | 5768.4 | percent of total billed charges | |
| HC PUSH ENTEROSCOPY W/BIOPSY | 44360 | CPT | | | | outpatient | | | 6072 | 2502.63 | UHC | Medicare | 2176.2 | | | | 394.11 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUSH ENTEROSCOPY W/BIOPSY | 44360 | CPT | | | | outpatient | | | 6072 | 2502.63 | Aetna | Better Health | 1915.72 | 31.55 | | | 394.11 | 5768.4 | percent of total billed charges | |
| HC PUSH ENTEROSCOPY W/BIOPSY | 44360 | CPT | | | | outpatient | | | 6072 | 2502.63 | First Health | First Health | 4250.4 | 70 | | | 394.11 | 5768.4 | percent of total billed charges | |
| HC PUSH ENTEROSCOPY W/BIOPSY | 44360 | CPT | | | | outpatient | | | 6072 | 2502.63 | Aetna | Commercial | 3551.56 | | | | 394.11 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUSH ENTEROSCOPY W/BIOPSY | 44360 | CPT | | | | outpatient | | | 6072 | 2502.63 | First Trenton | First Trenton | 5464.8 | 90 | | | 394.11 | 5768.4 | percent of total billed charges | |
| HC PUSH ENTEROSCOPY W/BIOPSY | 44360 | CPT | | | | outpatient | | | 6072 | 2502.63 | Corrections | Corrections | 4857.6 | 80 | | | 394.11 | 5768.4 | percent of total billed charges | |
| HC PUSH ENTEROSCOPY W/BIOPSY | 44360 | CPT | | | | outpatient | | | 6072 | 2502.63 | UHC | Medicaid | 1915.72 | 31.55 | | | 394.11 | 5768.4 | percent of total billed charges | |
| HC PUSH ENTEROSCOPY W/BIOPSY | 44360 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | NJ Health | 394.11 | | | | 394.11 | 5768.4 | fee schedule | $3,681 All-Inclusive Case Rate |
| HC PUSH ENTEROSCOPY W/BIOPSY | 44360 | CPT | | | | outpatient | | | 6072 | 2502.63 | United | Commercial/PPO | 2493 | | | | 394.11 | 5768.4 | case rate | |
| HC PUSH ENTEROSCOPY W/BIOPSY | 44360 | CPT | | | | outpatient | | | 6072 | 2502.63 | Medicare | Medicare | 2176.2 | | | | 394.11 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUSH ENTEROSCOPY W/BIOPSY | 44360 | CPT | | | | outpatient | | | 6072 | 2502.63 | Wellcare | Medicaid | 1915.72 | 31.55 | | | 394.11 | 5768.4 | percent of total billed charges | |
| HC PUSH ENTEROSCOPY W/BIOPSY | 44360 | CPT | | | | outpatient | | | 6072 | 2502.63 | Aetna | Medicare | 2176.2 | | | | 394.11 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUSH ENTEROSCOPY W/BIOPSY | 44360 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | Indemnity | 4210.95 | | | | 394.11 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUSH ENTEROSCOPY W/BIOPSY | 44360 | CPT | | | | outpatient | | | 6072 | 2502.63 | Managed Care Inc | Managed Care Inc | 5464.8 | 90 | | | 394.11 | 5768.4 | percent of total billed charges | |
| HC PUSH ENTEROSCOPY W/BIOPSY | 44360 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | Medicare Blue | 2176.2 | | | 1528.73 | 394.11 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUSH ENTEROSCOPY W/BIOPSY | 44360 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | MGD | 4210.95 | | | | 394.11 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUSH ENTEROSCOPY W/BIOPSY | 44360 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | PPO | 4210.95 | | | | 394.11 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUSH ENTEROSCOPY W/BIOPSY | 44360 | CPT | | | | outpatient | | | 6072 | 2502.63 | Three Rivers | Three Rivers | 5768.4 | 95 | | | 394.11 | 5768.4 | percent of total billed charges | |
| HC PUSH ENTEROSCOPY W/BIOPSY | 44360 | CPT | | | | outpatient | | | 6072 | 2502.63 | United | Oxford | 2493 | | | | 394.11 | 5768.4 | case rate | |
| HC PUSH ENTEROSCOPY W/BIOPSY | 44360 | CPT | | | | outpatient | | | 6072 | 2502.63 | Multiplan | Multiplan | 4857.6 | 80 | | | 394.11 | 5768.4 | percent of total billed charges | |
| HC PUSH ENTEROSCOPY W/BIOPSY | 44360 | CPT | | | | outpatient | | | 6072 | 2502.63 | WellPoint | WellPoint | 1953.97 | 32.18 | | | 394.11 | 5768.4 | percent of total billed charges | |
| HC PUSH ENTEROSCOPY W/BIOPSY | 44360 | CPT | | | | outpatient | | | 6072 | 2502.63 | Qualcare | Qualcare | 4554 | 75 | | | 394.11 | 5768.4 | percent of total billed charges | |
| HC SMALL BOWEL ENDOSCOPY W/BIOPSY | 44361 | CPT | | | | outpatient | | | 2926 | 2502.63 | Consumer | Consumer | 2779.7 | 95 | | | 425.43 | 4210.95 | percent of total billed charges | |
| HC SMALL BOWEL ENDOSCOPY W/BIOPSY | 44361 | CPT | | | | outpatient | | | 2926 | 2502.63 | Aetna | Commercial | 3551.56 | | | | 425.43 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SMALL BOWEL ENDOSCOPY W/BIOPSY | 44361 | CPT | | | | outpatient | | | 2926 | 2502.63 | First Trenton | First Trenton | 2633.4 | 90 | | | 425.43 | 4210.95 | percent of total billed charges | |
| HC SMALL BOWEL ENDOSCOPY W/BIOPSY | 44361 | CPT | | | | outpatient | | | 2926 | 2502.63 | Aetna | Better Health | 923.15 | 31.55 | | | 425.43 | 4210.95 | percent of total billed charges | |
| HC SMALL BOWEL ENDOSCOPY W/BIOPSY | 44361 | CPT | | | | outpatient | | | 2926 | 2502.63 | First Health | First Health | 2048.2 | 70 | | | 425.43 | 4210.95 | percent of total billed charges | |
| HC SMALL BOWEL ENDOSCOPY W/BIOPSY | 44361 | CPT | | | | outpatient | | | 2926 | 2502.63 | Aetna | Medicare | 2176.2 | | | | 425.43 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SMALL BOWEL ENDOSCOPY W/BIOPSY | 44361 | CPT | | | | outpatient | | | 2926 | 2502.63 | Horizon | Indemnity | 4210.95 | | | | 425.43 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SMALL BOWEL ENDOSCOPY W/BIOPSY | 44361 | CPT | | | | outpatient | | | 2926 | 2502.63 | Corrections | Corrections | 2340.8 | 80 | | | 425.43 | 4210.95 | percent of total billed charges | |
| HC SMALL BOWEL ENDOSCOPY W/BIOPSY | 44361 | CPT | | | | outpatient | | | 2926 | 2502.63 | Horizon | PPO | 4210.95 | | | | 425.43 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SMALL BOWEL ENDOSCOPY W/BIOPSY | 44361 | CPT | | | | outpatient | | | 2926 | 2502.63 | Americare | Americare | 2194.5 | 75 | | | 425.43 | 4210.95 | percent of total billed charges | |
| HC SMALL BOWEL ENDOSCOPY W/BIOPSY | 44361 | CPT | | | | outpatient | | | 2926 | 2502.63 | UHC | Medicare | 2176.2 | | | 904.27 | 425.43 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SMALL BOWEL ENDOSCOPY W/BIOPSY | 44361 | CPT | | | | outpatient | | | 2926 | 2502.63 | Multiplan | Multiplan | 2340.8 | 80 | | | 425.43 | 4210.95 | percent of total billed charges | |
| HC SMALL BOWEL ENDOSCOPY W/BIOPSY | 44361 | CPT | | | | outpatient | | | 2926 | 2502.63 | Three Rivers | Three Rivers | 2779.7 | 95 | | | 425.43 | 4210.95 | percent of total billed charges | |
| HC SMALL BOWEL ENDOSCOPY W/BIOPSY | 44361 | CPT | | | | outpatient | | | 2926 | 2502.63 | Amerihealth | HMO/PPO | 550 | | | | 425.43 | 4210.95 | fee schedule | |
| HC SMALL BOWEL ENDOSCOPY W/BIOPSY | 44361 | CPT | | | | outpatient | | | 2926 | 2502.63 | WellPoint | WellPoint | 941.59 | 32.18 | | | 425.43 | 4210.95 | percent of total billed charges | |
| HC SMALL BOWEL ENDOSCOPY W/BIOPSY | 44361 | CPT | | | | outpatient | | | 2926 | 2502.63 | Horizon | Medicare Blue | 2176.2 | | | | 425.43 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SMALL BOWEL ENDOSCOPY W/BIOPSY | 44361 | CPT | | | | outpatient | | | 2926 | 2502.63 | Managed Care Inc | Managed Care Inc | 2633.4 | 90 | | | 425.43 | 4210.95 | percent of total billed charges | |
| HC SMALL BOWEL ENDOSCOPY W/BIOPSY | 44361 | CPT | | | | outpatient | | | 2926 | 2502.63 | Horizon | MGD | 4210.95 | | | | 425.43 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SMALL BOWEL ENDOSCOPY W/BIOPSY | 44361 | CPT | | | | outpatient | | | 2926 | 2502.63 | Wellcare | Medicaid | 923.15 | 31.55 | | | 425.43 | 4210.95 | percent of total billed charges | |
| HC SMALL BOWEL ENDOSCOPY W/BIOPSY | 44361 | CPT | | | | outpatient | | | 2926 | 2502.63 | Qualcare | Qualcare | 2194.5 | 75 | | | 425.43 | 4210.95 | percent of total billed charges | |
| HC SMALL BOWEL ENDOSCOPY W/BIOPSY | 44361 | CPT | | | | outpatient | | | 2926 | 2502.63 | UHC | Medicaid | 923.15 | 31.55 | | | 425.43 | 4210.95 | percent of total billed charges | |
| HC SMALL BOWEL ENDOSCOPY W/BIOPSY | 44361 | CPT | | | | outpatient | | | 2926 | 2502.63 | Horizon | NJ Health | 425.43 | | | | 425.43 | 4210.95 | fee schedule | $3,681 All-Inclusive Case Rate |
| HC SMALL BOWEL ENDOSCOPY W/BIOPSY | 44361 | CPT | | | | outpatient | | | 2926 | 2502.63 | Wellcare | Medicare | 2176.2 | | | | 425.43 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SMALL BOWEL ENDOSCOPY W/BIOPSY | 44361 | CPT | | | | outpatient | | | 2926 | 2502.63 | United | Commercial/PPO | 2493 | | | | 425.43 | 4210.95 | case rate | |
| HC SMALL BOWEL ENDOSCOPY W/BIOPS

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC SMALLBOWELENDOS W/POLYPECTOMY | 44364 | CPT | | | | outpatient | | | 2379 | 2502.63 | Consumer | Consumer | 2260.05 | 95 | | | 399.33 | 4210.95 | percent of total billed charges | |
| HC SMALLBOWELENDOS W/POLYPECTOMY | 44364 | CPT | | | | outpatient | | | 2379 | 2502.63 | Corrections | Corrections | 1903.2 | 80 | | | 399.33 | 4210.95 | percent of total billed charges | |
| HC SMALLBOWELENDOS W/POLYPECTOMY | 44364 | CPT | | | | outpatient | | | 2379 | 2502.63 | Horizon | Medicare Blue | 2176.2 | | | | 399.33 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SMALLBOWELENDOS W/POLYPECTOMY | 44364 | CPT | | | | outpatient | | | 2379 | 2502.63 | Amerihealth | HMO/PPO | 550 | | | | 399.33 | 4210.95 | fee schedule | |
| HC SMALLBOWELENDOS W/POLYPECTOMY | 44364 | CPT | | | | outpatient | | | 2379 | 2502.63 | Aetna | Commercial | 3551.56 | | | | 399.33 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SMALLBOWELENDOS W/POLYPECTOMY | 44364 | CPT | | | | outpatient | | | 2379 | 2502.63 | First Trenton | First Trenton | 2141.1 | 90 | | | 399.33 | 4210.95 | percent of total billed charges | |
| HC SMALLBOWELENDOS W/POLYPECTOMY | 44364 | CPT | | | | outpatient | | | 2379 | 2502.63 | Aetna | Better Health | 750.57 | 31.55 | | | 399.33 | 4210.95 | percent of total billed charges | |
| HC SMALLBOWELENDOS W/POLYPECTOMY | 44364 | CPT | | | | outpatient | | | 2379 | 2502.63 | Three Rivers | Three Rivers | 2260.05 | 95 | | | 399.33 | 4210.95 | percent of total billed charges | |
| HC SMALLBOWELENDOS W/POLYPECTOMY | 44364 | CPT | | | | outpatient | | | 2379 | 2502.63 | Horizon | MGD | 4210.95 | | | | 399.33 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SMALLBOWELENDOS W/POLYPECTOMY | 44364 | CPT | | | | outpatient | | | 2379 | 2502.63 | WellPoint | WellPoint | 765.56 | 32.18 | | | 399.33 | 4210.95 | percent of total billed charges | |
| HC SMALLBOWELENDOS W/POLYPECTOMY | 44364 | CPT | | | | outpatient | | | 2379 | 2502.63 | Aetna | Medicare | 2176.2 | | | | 399.33 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SMALLBOWELENDOS W/POLYPECTOMY | 44364 | CPT | | | | outpatient | | | 2379 | 2502.63 | First Health | First Health | 1665.3 | 70 | | | 399.33 | 4210.95 | percent of total billed charges | |
| HC SMALLBOWELENDOS W/POLYPECTOMY | 44364 | CPT | | | | outpatient | | | 2379 | 2502.63 | Multiplan | Multiplan | 1903.2 | 80 | | | 399.33 | 4210.95 | percent of total billed charges | |
| HC SMALLBOWELENDOS W/POLYPECTOMY | 44364 | CPT | | | | outpatient | | | 2379 | 2502.63 | Horizon | Indemnity | 4210.95 | | | | 399.33 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SMALLBOWELENDOS W/POLYPECTOMY | 44364 | CPT | | | | outpatient | | | 2379 | 2502.63 | Qualcare | Qualcare | 1784.25 | 75 | | | 399.33 | 4210.95 | percent of total billed charges | |
| HC SMALLBOWELENDOS W/POLYPECTOMY | 44364 | CPT | | | | outpatient | | | 2379 | 2502.63 | UHC | Medicaid | 750.57 | 31.55 | | | 399.33 | 4210.95 | percent of total billed charges | |
| HC SMALLBOWELENDOS W/POLYPECTOMY | 44364 | CPT | | | | outpatient | | | 2379 | 2502.63 | Horizon | NJ Health | 399.33 | | | | 399.33 | 4210.95 | fee schedule | |
| HC SMALLBOWELENDOS W/POLYPECTOMY | 44364 | CPT | | | | outpatient | | | 2379 | 2502.63 | UHC | Medicare | 2176.2 | | | | 399.33 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SMALLBOWELENDOS W/POLYPECTOMY | 44364 | CPT | | | | outpatient | | | 2379 | 2502.63 | Horizon | PPO | 4210.95 | | | | 399.33 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SMALLBOWELENDOS W/POLYPECTOMY | 44364 | CPT | | | | outpatient | | | 2379 | 2502.63 | United | CommercialPPO | 2493 | | | | 399.33 | 4210.95 | case rate | |
| HC SMALLBOWELENDOS W/POLYPECTOMY | 44364 | CPT | | | | outpatient | | | 2379 | 2502.63 | Managed Care Inc | Managed Care Inc | 2141.1 | 90 | | | 399.33 | 4210.95 | percent of total billed charges | |
| HC SMALLBOWELENDOS W/POLYPECTOMY | 44364 | CPT | | | | outpatient | | | 2379 | 2502.63 | Wellcare | Medicaid | 750.57 | 31.55 | | | 399.33 | 4210.95 | percent of total billed charges | |
| HC SMALLBOWELENDOS W/POLYPECTOMY | 44364 | CPT | | | | outpatient | | | 2379 | 2502.63 | United | Oxford | 2493 | | | | 399.33 | 4210.95 | case rate | |
| HC SMALLBOWELENDOS W/POLYPECTOMY | 44364 | CPT | | | | outpatient | | | 2379 | 2502.63 | Wellcare | Medicare | 2176.2 | | | | 399.33 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/CONTROL OF BLEEDING | 44366 | CPT | | | | outpatient | | | 6072 | 2502.63 | Aetna | Commercial | 3551.56 | | | | 425.43 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/CONTROL OF BLEEDING | 44366 | CPT | | | | outpatient | | | 6072 | 2502.63 | Aetna | Better Health | 1915.72 | 31.55 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC EGD W/CONTROL OF BLEEDING | 44366 | CPT | | | | outpatient | | | 6072 | 2502.63 | Americare | Americare | 4554 | 75 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC EGD W/CONTROL OF BLEEDING | 44366 | CPT | | | | outpatient | | | 6072 | 2502.63 | Amerihealth | HMO/PPO | 550 | | | | 425.43 | 5768.4 | fee schedule | |
| HC EGD W/CONTROL OF BLEEDING | 44366 | CPT | | | | outpatient | | | 6072 | 2502.63 | Aetna | Medicare | 2176.2 | | | | 425.43 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/CONTROL OF BLEEDING | 44366 | CPT | | | | outpatient | | | 6072 | 2502.63 | First Health | First Health | 4250.4 | 70 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC EGD W/CONTROL OF BLEEDING | 44366 | CPT | | | | outpatient | | | 6072 | 2502.63 | Consumer | Consumer | 5768.4 | 95 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC EGD W/CONTROL OF BLEEDING | 44366 | CPT | | | | outpatient | | | 6072 | 2502.63 | First Trenton | First Trenton | 5464.8 | 90 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC EGD W/CONTROL OF BLEEDING | 44366 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | MGD | 4210.95 | | | | 425.43 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/CONTROL OF BLEEDING | 44366 | CPT | | | | outpatient | | | 6072 | 2502.63 | Corrections | Corrections | 4857.6 | 80 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC EGD W/CONTROL OF BLEEDING | 44366 | CPT | | | | outpatient | | | 6072 | 2502.63 | UHC | Medicare | 2176.2 | | | | 425.43 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/CONTROL OF BLEEDING | 44366 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | Indemnity | 4210.95 | | | | 425.43 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/CONTROL OF BLEEDING | 44366 | CPT | | | | outpatient | | | 6072 | 2502.63 | Multiplan | Multiplan | 4857.6 | 80 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC EGD W/CONTROL OF BLEEDING | 44366 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | Medicare Blue | 2176.2 | | | | 425.43 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/CONTROL OF BLEEDING | 44366 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | PPO | 4210.95 | | | | 425.43 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/CONTROL OF BLEEDING | 44366 | CPT | | | | outpatient | | | 6072 | 2502.63 | UHC | Medicaid | 1915.72 | 31.55 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC EGD W/CONTROL OF BLEEDING | 44366 | CPT | | | | outpatient | | | 6072 | 2502.63 | Qualcare | Qualcare | 4554 | 75 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC EGD W/CONTROL OF BLEEDING | 44366 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | NJ Health | 425.43 | | | | 425.43 | 5768.4 | fee schedule | |
| HC EGD W/CONTROL OF BLEEDING | 44366 | CPT | | | | outpatient | | | 6072 | 2502.63 | WellPoint | WellPoint | 1953.97 | 32.18 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC EGD W/CONTROL OF BLEEDING | 44366 | CPT | | | | outpatient | | | 6072 | 2502.63 | United | CommercialPPO | 2493 | | | | 425.43 | 5768.4 | case rate | |
| HC EGD W/CONTROL OF BLEEDING | 44366 | CPT | | | | outpatient | | | 6072 | 2502.63 | Wellcare | Medicare | 2176.2 | | | | 425.43 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/CONTROL OF BLEEDING | 44366 | CPT | | | | outpatient | | | 6072 | 2502.63 | Managed Care Inc | Managed Care Inc | 5464.8 | 90 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC EGD W/CONTROL OF BLEEDING | 44366 | CPT | | | | outpatient | | | 6072 | 2502.63 | Wellcare | Medicaid | 1915.72 | 31.55 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC EGD W/CONTROL OF BLEEDING | 44366 | CPT | | | | outpatient | | | 6072 | 2502.63 | Three Rivers | Three Rivers | 5768.4 | 95 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC EGD W/CONTROL OF BLEEDING | 44366 | CPT | | | | outpatient | | | 6072 | 2502.63 | United | Oxford | 2493 | | | | 425.43 | 5768.4 | case rate | |
| HC EGD W/ABLATION OF TUMOR | 44369 | CPT | | | | outpatient | | | 6072 | 2502.63 | Aetna | Commercial | 3551.56 | | | | 425.43 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/ABLATION OF TUMOR | 44369 | CPT | | | | outpatient | | | 6072 | 2502.63 | Americare | Americare | 4554 | 75 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC EGD W/ABLATION OF TUMOR | 44369 | CPT | | | | outpatient | | | 6072 | 2502.63 | First Health | First Health | 4250.4 | 70 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC EGD W/ABLATION OF TUMOR | 44369 | CPT | | | | outpatient | | | 6072 | 2502.63 | Aetna | Better Health | 1915.72 | 31.55 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC EGD W/ABLATION OF TUMOR | 44369 | CPT | | | | outpatient | | | 6072 | 2502.63 | Corrections | Corrections | 4857.6 | 80 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC EGD W/ABLATION OF TUMOR | 44369 | CPT | | | | outpatient | | | 6072 | 2502.63 | First Trenton | First Trenton | 5464.8 | 90 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC EGD W/ABLATION OF TUMOR | 44369 | CPT | | | | outpatient | | | 6072 | 2502.63 | Consumer | Consumer | 5768.4 | 95 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC EGD W/ABLATION OF TUMOR | 44369 | CPT | | | | outpatient | | | 6072 | 2502.63 | Aetna | Medicare | 2176.2 | | | | 425.43 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/ABLATION OF TUMOR | 44369 | CPT | | | | outpatient | | | 6072 | 2502.63 | Multiplan | Multiplan | 4857.6 | 80 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC EGD W/ABLATION OF TUMOR | 44369 | CPT | | | | outpatient | | | 6072 | 2502.63 | Amerihealth | HMO/PPO | 550 | | | | 425.43 | 5768.4 | fee schedule | |
| HC EGD W/ABLATION OF TUMOR | 44369 | CPT | | | | outpatient | | | 6072 | 2502.63 | Wellcare | Medicaid | 1915.72 | 31.55 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC EGD W/ABLATION OF TUMOR | 44369 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | MGD | 4210.95 | | | | 425.43 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/ABLATION OF TUMOR | 44369 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | NJ Health | 425.43 | | | | 425.43 | 5768.4 | fee schedule | |
| HC EGD W/ABLATION OF TUMOR | 44369 | CPT | | | | outpatient | | | 6072 | 2502.63 | Three Rivers | Three Rivers | 5768.4 | 95 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC EGD W/ABLATION OF TUMOR | 44369 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | Medicare Blue | 2176.2 | | | | 425.43 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/ABLATION OF TUMOR | 44369 | CPT | | | | outpatient | | | 6072 | 2502.63 | UHC | Medicare | 2176.2 | | | | 425.43 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/ABLATION OF TUMOR | 44369 | CPT | | | | outpatient | | | 6072 | 2502.63 | Qualcare | Qualcare | 4554 | 75 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC EGD W/ABLATION OF TUMOR | 44369 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | Indemnity | 4210.95 | | | | 425.43 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/ABLATION OF TUMOR | 44369 | CPT | | | | outpatient | | | 6072 | 2502.63 | United | Oxford | 2493 | | | | 425.43 | 5768.4 | case rate | |
| HC EGD W/ABLATION OF TUMOR | 44369 | CPT | | | | outpatient | | | 6072 | 2502.63 | Horizon | PPO | 4210.95 | | | | 425.43 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EGD W/ABLATION OF TUMOR | 44369 | CPT | | | | outpatient | | | 6072 | 2502.63 | Managed Care Inc | Managed Care Inc | 5464.8 | 90 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC EGD W/ABLATION OF TUMOR | 44369 | CPT | | | | outpatient | | | 6072 | 2502.63 | United | CommercialPPO | 2493 | | | | 425.43 | 5768.4 | case rate | |
| HC EGD W/ABLATION OF TUMOR | 44369 | CPT | | | | outpatient | | | 6072 | 2502.63 | UHC | Medicaid | 1915.72 | 31.55 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC EGD W/ABLATION OF TUMOR | 44369 | CPT | | | | outpatient | | | 6072 | 2502.63 | WellPoint | WellPoint | 1953.97 | 32.18 | | | 425.43 | 5768.4 | percent of total billed charges | |
| HC EGD W/ABLATION OF TUMOR | 44369 | CPT | | | | outpatient | | | 6072 | 2502.63 | Wellcare | Medicare | 2176.2 | | | | 425.43 | 5768.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SM INT ENDO U ILIUM DX | 44376 | CPT | | | | outpatient | | | 3172 | 2502.63 | Multiplan | Multiplan | 2537.6 | 80 | | | 412.33 | 4210.95 | percent of total billed charges | |
| HC SM INT ENDO U ILIUM DX | 44376 | CPT | | | | outpatient | | | 3172 | 2502.63 | Americare | Americare | 2379 | 75 | | | 412.33 | 4210.95 | percent of total billed charges | |
| HC SM INT ENDO U ILIUM DX | 44376 | CPT | | | | outpatient | | | 3172 | 2502.63 | Consumer | Consumer | 3013.4 | 95 | | | 412.33 | 4210.95 | percent of total billed charges | |
| HC SM INT ENDO U ILIUM DX | 44376 | CPT | | | | outpatient | | | 3172 | 2502.63 | First Trenton | First Trenton | 2854.8 | 90 | | | 412.33 | 4210.95 | percent of total billed charges | |
| HC SM INT ENDO U ILIUM DX | 44376 | CPT | | | | outpatient | | | 3172 | 2502.63 | First Health | First Health | 2220.4 | 70 | | | 412.33 | 4210.95 | percent of total billed charges | |
| HC SM INT ENDO U ILIUM DX | 44376 | CPT | | | | outpatient | | | 3172 | 2502.63 | Aetna | Commercial | 3551.56 | | | | 412.33 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SM INT ENDO U ILIUM DX | 44376 | CPT | | | | outpatient | | | 3172 | 2502.63 | Aetna | Better Health | 1000.77 | 31.55 | | | 412.33 | 4210.95 | percent of total billed charges | |
| HC SM INT ENDO U ILIUM DX | 44376 | CPT | | | | outpatient | | | 3172 | 2502.63 | UHC | Medicare | 2176.2 | | | | 412.33 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SM INT ENDO U ILIUM DX | 44376 | CPT | | | | outpatient | | | 3172 | 2502.63 | Qualcare | Qualcare | 2379 | 75 | | | 412.33 | 4210.95 | percent of total billed charges | |
| HC SM INT ENDO U ILIUM DX | 44376 | CPT | | | | outpatient | | | 3172 | 2502.63 | Amerihealth | HMO/PPO | 550 | | | | 412.33 | 4210.95 | fee schedule | |
| HC SM INT ENDO U ILIUM DX | 44376 | CPT | | | | outpatient | | | 3172 | 2502.63 | Corrections | Corrections | 2537.6 | 80 | | | 412.33 | 4210.95 | percent of total billed charges | |
| HC SM INT ENDO U ILIUM DX | 44376 | CPT | | | | outpatient | | | 3172 | 2502.63 | Managed Care Inc | Managed Care Inc | 2854.8 | 90 | | | 412.33 | 4210.95 | percent of total billed charges | |
| HC SM INT ENDO U ILIUM DX | 44376 | CPT | | | | outpatient | | | 3172 | 2502.63 | Horizon | Indemnity | 4210.95 | | | | 412.33 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SM INT ENDO U ILIUM DX | 44376 | CPT | | | | outpatient | | | 3172 | 2502.63 | Aetna | Medicare | 2176.2 | | | | 412.33 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SM INT ENDO U ILIUM DX | 44376 | CPT | | | | outpatient | | | 3172 | 2502.63 | Horizon | PPO | 4210.95 | | | | 412.33 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SM INT ENDO U ILIUM DX | 44376 | CPT | | | | outpatient | | | 3172 | 2502.63 | Wellcare | Medicare | 2176.2 | | | | 412.33 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SM INT ENDO U ILIUM DX | 44376 | CPT | | | | outpatient | | | 3172 | 2502.63 | UHC | Medicaid | 1000.77 | 31.55 | | | 412.33 | 4210.95 | percent of total billed charges | |
| HC SM INT ENDO U ILIUM DX | 44376 | CPT | | | | outpatient | | | 3172 | 2502.63 | Horizon | NJ Health | 412.33 | | | | 412.33 | 4210.95 | fee schedule | $3,681 All-Inclusive Case Rate |
| HC SM INT ENDO U ILIUM DX | 44376 | CPT | | | | outpatient | | | 3172 | 2502.63 | Horizon | Medicare Blue | 2176.2 | | | | 412.33 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SM INT ENDO U ILIUM DX | 44376 | CPT | | | | outpatient | | | 3172 | 2502.63 | United | Oxford | 2493 | | | | 412.33 | 4210.95 | case rate | |
| HC SM INT ENDO U ILIUM DX | 44376 | CPT | | | | outpatient | | | 3172 | 2502.63 | Three Rivers | Three Rivers | 3013.4 | 95 | | | 412.33 | 4210.95 | percent of total billed charges | |
| HC SM INT ENDO U ILIUM DX | 44376 | CPT | | | | outpatient | | | 3172 | 2502.63 | Horizon | MGD | 4210.95 | | | | 412.33 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SM INT ENDO U ILIUM DX | 44376 | CPT | | | | outpatient | | | 3172 | 2502.63 | WellPoint | WellPoint | 1020.75 | 32.18 | | | 412.33 | 4210.95 | percent of total billed charges | |
| HC SM INT ENDO U ILIUM DX | 44376 | CPT | | | | outpatient | | | 3172 | 2502.63 | United | CommercialPPO | 2493 | | | | 412.33 | 4210.95 | case rate | |
| HC SM INT ENDO U ILIUM DX | 44376 | CPT | | | | outpatient | | | 3172 | 2502.63 | Wellcare | Medicaid | 1000.77 | 31.55 | | | 412.33 | 4210.95 | percent of total billed charges | |
| HC SM INT ENDO W ILIUM W BX SIN/MULTI | 44377 | CPT | | | | outpatient | | | 3172 | 2502.63 | Consumer | Consumer | 3013.4 | 95 | | | 436.1 | 4210.95 | percent of total billed charges | |
| HC SM INT ENDO W ILIUM W BX SIN/MULTI | 44377 | CPT | | | | outpatient | | | 3172 | 2502.63 | First Trenton | First Trenton | 2854.8 | 90 | | | 436.1 | 4210.95 | percent of total billed charges | |
| HC SM INT ENDO W ILIUM W BX SIN/MULTI | 44377 | CPT | | | | outpatient | | | 3172 | 2502.63 | Aetna | Better Health | 1000.77 | 31.55 | | | 436.1 | 4210.95 | percent of total billed charges | |
| HC SM INT ENDO W ILIUM W BX SIN/MULTI | 44377 | CPT | | | | outpatient | | | 3172 | 2502.63 | Aetna | Commercial | 3551.56 | | | | 436.1 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SM INT ENDO W ILIUM W BX SIN/MULTI | 44377 | CPT | | | | outpatient | | | 3172 | 2502.63 | Horizon | NJ Health | 436.1 | | | | 436.1 | 4210.95 | fee schedule | $3,681 All-Inclusive Case Rate |
| HC SM INT ENDO W ILIUM W BX SIN/MULTI | 44377 | CPT | | | | outpatient | | | 3172 | 2502.63 | Amerihealth | HMO/PPO | 550 | | | | 436.1 | 4210.95 | fee schedule | |
| HC SM INT ENDO W ILIUM W BX SIN/MULTI | 44377 | CPT | | | | outpatient | | | 3172 | 2502.63 | First Health | First Health | 2220.4 | 70 | | | 436.1 | 4210.95 | percent of total billed charges | |
| HC SM INT ENDO W ILIUM W BX SIN/MULTI | 44377 | CPT | | | | outpatient | | | 3172 | 2502.63 | Aetna | Medicare | 2176.2 | | | | 436.1 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SM INT ENDO W ILIUM W BX SIN/MULTI | 44377 | CPT | | | | outpatient | | | 3172 | 2502.63 | Corrections | Corrections | 2537.6 | 80 | | | 436.1 | 4210.95 | percent of total billed charges | |
| HC SM INT ENDO W ILIUM W BX SIN/MULTI | 44377 | CPT | | | | outpatient | | | 3172 | 2502.63 | Horizon | Indemnity | 4210.95 | | | | 436.1 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SM INT ENDO W ILIUM W BX SIN/MULTI | 44377 | CPT | | | | outpatient | | | 3172 | 2502.63 | Multiplan | Multiplan | 2537.6 | 80 | | | 436.1 | 4210.95 | percent of total billed charges | |
| HC SM INT ENDO W ILIUM W BX SIN/MULTI | 44377 | CPT | | | | outpatient | | | 3172 | 2502.63 | Americare | Americare | 2379 | 75 | | | 436.1 | 4210.95 | percent of total billed charges | |
| HC SM INT ENDO W ILIUM W BX SIN/MULTI | 44377 | CPT | | | | outpatient | | | 3172 | 2502.63 | Horizon | PPO | 4210.95 | | | | 436.1 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SM INT ENDO W ILIUM W BX SIN/MULTI | 44377 | CPT | | | | outpatient | | | 3172 | 2502.63 | UHC | Medicaid | 1000.77 | 31.55 | | | 436.1 | 4210.95 | percent of total billed charges | |
| HC SM INT ENDO W ILIUM W BX SIN/MULTI | 44377 | CPT | | | | outpatient | | | 3172 | 2502.63 | Qualcare | Qualcare | 2379 | 75 | | | 436.1 | 4210.95 | percent of total billed charges | |
| HC SM INT ENDO W ILIUM W BX SIN/MULTI | 44377 | CPT | | | | outpatient | | | 3172 | 2502.63 | Horizon | MGD | 4210.95 | | | | 436.1 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SM INT ENDO W ILIUM W BX SIN/MULTI | 44377 | CPT | | | | outpatient | | | 3172 | 2502.63 | WellPoint | WellPoint | 1020.75 | 32.18 | | | 436.1 | 4210.95 | percent of total billed charges | |
| HC SM INT ENDO W ILIUM W BX SIN/MULTI | 44377 | CPT | | | | outpatient | | | 3172 | 2502.63 | Horizon | Medicare Blue | 2176.2 | | | | 436.1 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SM INT ENDO W ILIUM W BX SIN/MULTI | 44377 | CPT | | | | outpatient | | | 3172 | 2502.63 | Wellcare | Medicare | 2176.2 | | | | 436.1 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SM INT ENDO W ILIUM W BX SIN/MULTI | 44377 | CPT | | | | outpatient | | | 3172 | 2502.63 | UHC | Medicare | 2176.2 | | | | 436.1 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SM INT ENDO W ILIUM W BX SIN/MULTI | 44377 | CPT | | | | outpatient | | | 3172 | 2502.63 | United | CommercialPPO | 2493 | | | | 436.1 | 4210.95 | case rate | |
| HC SM INT ENDO W ILIUM W BX SIN/MULTI | 44377 | CPT | | | | outpatient | | | 3172 | 2502.63 | Managed Care Inc | Managed Care Inc | 2854.8 | 90 | | | 436.1 | 4210.95 | percent of total billed charges | |
| HC SM INT ENDO W ILIUM W BX SIN/MULTI | 44377 | CPT | | | | outpatient | | | 3172 | 2502.63 | United | Oxford | 2493 | | | | 436.1 | 4210.95 | case rate | |
| HC SM INT ENDO W ILIUM W BX SIN/MULTI | 44377 | CPT | | | | outpatient | | | 3172 | 2502.63 | Three Rivers | Three Rivers | 3013.4 | 95 | | | 436.1 | 4210.95 | percent of total billed charges | |
| HC SM INT ENDO W ILIUM W BX SIN/MULTI | 44377 | CPT | | | | outpatient | | | 3172 | 2502.63 | Wellcare | Medicaid | 1000.77 | 31.55 | | | 436.1 | 4210.95 | percent of total billed charges | |
| HC COLONOSCOPY | 44388 | CPT | | | | outpatient | | | 3420 | 1202.06 | Amerihealth | HMO/PPO | 300 | | | | 300 | 3249 | fee schedule | |
| HC COLONOSCOPY | 44388 | CPT | | | | outpatient | | | 3420 | 1202.06 | Aetna | Commercial | 1705.88 | | | | 300 | 3249 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY | 44388 | CPT | | | | outpatient | | | 3420 | 1202.06 | First Health | First Health | 2394 | 70 | | | 300 | 3249 | percent of total billed charges | |
| HC COLONOSCOPY | 44388 | CPT | | | | outpatient | | | 3420 | 1202.06 | Aetna | Better Health | 1079.01 | 31.55 | | | 300 | 3249 | percent of total billed charges | |
| HC COLONOSCOPY | 44388 | CPT | | | | outpatient | | | 3420 | 1202.06 | First Trenton | First Trenton | 3078 | 90 | | | 300 | 3249 | percent of total billed charges | |
| HC COLONOSCOPY | 44388 | CPT | | | | outpatient | | | 3420 | 1202.06 | Multiplan | Multiplan | 2736 | 80 | | | 300 | 3249 | percent of total billed charges | |
| HC COLONOSCOPY | 44388 | CPT | | | | outpatient | | | 3420 | 1202.06 | UHC | Medicare | 1045.27 | | | | 300 | 3249 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY | 44388 | CPT | | | | outpatient | | | 3420 | 1202.06 | Aetna | Medicare | 1045.27 | | | | 300 | 3249 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY | 44388 | CPT | | | | outpatient | | | 3420 | 1202.06 | Horizon | Indemnity | 2022.6 | | | | 300 | 3249 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY | 44388 | CPT | | | | outpatient | | | 3420 | 1202.06 | Americare | Americare | 2565 | 75 | | | 300 | 3249 | percent of total billed charges | |
| HC COLONOSCOPY | 44388 | CPT | | | | outpatient | | | 3420 | 1202.06 | United | CommercialPPO | 2493 | | | | 300 | 3249 | case rate | |
| HC COLONOSCOPY | 44388 | CPT | | | | outpatient | | | 3420 | 1202.06 | Consumer | Consumer | 3249 | 95 | | | 300 | 3249 | percent of total billed charges | |
| HC COLONOSCOPY | 44388 | CPT | | | | outpatient | | | 3420 | 1202.06 | Horizon | PPO | 2022.6 | | | | 300 | 3249 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY | 44388 | CPT | | | | outpatient | | | 3420 | 1202.06 | Qualcare | Qualcare | 2565 | 75 | | | 300 | 3249 | percent of total billed charges | |
| HC COLONOSCOPY | 44388 | CPT | | | | outpatient | | | 3420 | 1202.06 | United | Oxford | 2493 | | | | 300 | 3249 | case rate | |
| HC COLONOSCOPY | 44388 | CPT | | | | outpatient | | | 3420 | 1202.06 | Corrections | Corrections | 2736 | 80 | | | 300 | 3249 | percent of total billed charges | |
| HC COLONOSCOPY | 44388 | CPT | | | | outpatient | | | 3420 | 1202.06 | Wellcare | Medicare | 1045.27 | | | | 300 | 3249 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY | 44388 | CPT | | | | outpatient | | | 3420 | 1202.06 | Horizon | Medicare Blue | 1045.27 | | | | 300 | 3249 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY | 44388 | CPT | | | | outpatient | | | 3420 | 1202.06 | Wellcare | Medicaid | 1079.01 | 31.55 | | | 300 | 3249 | percent of total billed charges | |
| HC COLONOSCOPY | 44388 | CPT | | | | outpatient | | | 3420 | 1202.06 | Horizon | NJ Health | 314.24 | | | | 300 | 3249 | fee schedule | |
| HC COLONOSCOPY | 44388 | CPT | | | | outpatient | | | 3420 | 1202.06 | WellPoint | WellPoint | 1100.56 | 32.18 | | | 300 | 3249 | percent of total billed charges | |
| HC COLONOSCOPY | 44388 | CPT | | | | outpatient | | | 3420 | 1202.06 | Horizon | MGD | 2022.6 | | | | 300 | 3249 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY | 44388 | CPT | | | | outpatient | | | 3420 | 1202.06 | Managed Care Inc | Managed Care Inc | 3078 | 90 | | | 300 | 3249 | percent of total billed charges | |
| HC COLONOSCOPY | 44388 | CPT | | | | outpatient | | | 3420 | 1202.06 | Three Rivers | Three Rivers | 3249 | 95 | | | 300 | 3249 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC COLONOSCOPY | 44388 | CPT | | | | outpatient | | | 3420 | 1202.06 | UHC | Medicaid | 1079.01 | 31.55 | | 1036.49 | 300 | 3249 | percent of total billed charges | |
| HC COLOSCOPY W/BX/BRUSH/WASH | 44389 | CPT | | | | outpatient | | | 1782 | 1552.05 | Multiplan | Multiplan | 1425.6 | 80 | | | 391.27 | 2611.5 | percent of total billed charges | |
| HC COLOSCOPY W/BX/BRUSH/WASH | 44389 | CPT | | | | outpatient | | | 1782 | 1552.05 | Aetna | Commercial | 2202.56 | | | | 391.27 | 2611.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLOSCOPY W/BX/BRUSH/WASH | 44389 | CPT | | | | outpatient | | | 1782 | 1552.05 | Amerihealth | HMO/PPO | 550 | | | | 391.27 | 2611.5 | fee schedule | |
| HC COLOSCOPY W/BX/BRUSH/WASH | 44389 | CPT | | | | outpatient | | | 1782 | 1552.05 | Aetna | Medicare | 1349.61 | | | | 391.27 | 2611.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLOSCOPY W/BX/BRUSH/WASH | 44389 | CPT | | | | outpatient | | | 1782 | 1552.05 | Corrections | Corrections | 1425.6 | 80 | | | 391.27 | 2611.5 | percent of total billed charges | |
| HC COLOSCOPY W/BX/BRUSH/WASH | 44389 | CPT | | | | outpatient | | | 1782 | 1552.05 | Horizon | Medicare Blue | 1349.61 | | | | 391.27 | 2611.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLOSCOPY W/BX/BRUSH/WASH | 44389 | CPT | | | | outpatient | | | 1782 | 1552.05 | First Trenton | First Trenton | 1603.8 | 90 | | | 391.27 | 2611.5 | percent of total billed charges | |
| HC COLOSCOPY W/BX/BRUSH/WASH | 44389 | CPT | | | | outpatient | | | 1782 | 1552.05 | Aetna | Better Health | 582.22 | 31.55 | | | 391.27 | 2611.5 | percent of total billed charges | |
| HC COLOSCOPY W/BX/BRUSH/WASH | 44389 | CPT | | | | outpatient | | | 1782 | 1552.05 | Qualcare | Qualcare | 1336.5 | 75 | | | 391.27 | 2611.5 | percent of total billed charges | |
| HC COLOSCOPY W/BX/BRUSH/WASH | 44389 | CPT | | | | outpatient | | | 1782 | 1552.05 | UHC | Medicare | 1349.61 | | | | 391.27 | 2611.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLOSCOPY W/BX/BRUSH/WASH | 44389 | CPT | | | | outpatient | | | 1782 | 1552.05 | First Health | First Health | 1247.4 | 70 | | | 391.27 | 2611.5 | percent of total billed charges | |
| HC COLOSCOPY W/BX/BRUSH/WASH | 44389 | CPT | | | | outpatient | | | 1782 | 1552.05 | Consumer | Consumer | 1692.9 | 95 | | | 391.27 | 2611.5 | percent of total billed charges | |
| HC COLOSCOPY W/BX/BRUSH/WASH | 44389 | CPT | | | | outpatient | | | 1782 | 1552.05 | Horizon | Indemnity | 2611.5 | | | | 391.27 | 2611.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLOSCOPY W/BX/BRUSH/WASH | 44389 | CPT | | | | outpatient | | | 1782 | 1552.05 | Americare | Americare | 1336.5 | 75 | | | 391.27 | 2611.5 | percent of total billed charges | |
| HC COLOSCOPY W/BX/BRUSH/WASH | 44389 | CPT | | | | outpatient | | | 1782 | 1552.05 | Three Rivers | Three Rivers | 1692.9 | 95 | | | 391.27 | 2611.5 | percent of total billed charges | |
| HC COLOSCOPY W/BX/BRUSH/WASH | 44389 | CPT | | | | outpatient | | | 1782 | 1552.05 | Horizon | MGD | 2611.5 | | | | 391.27 | 2611.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLOSCOPY W/BX/BRUSH/WASH | 44389 | CPT | | | | outpatient | | | 1782 | 1552.05 | Horizon | NJ Health | 391.27 | | | | 391.27 | 2611.5 | fee schedule | |
| HC COLOSCOPY W/BX/BRUSH/WASH | 44389 | CPT | | | | outpatient | | | 1782 | 1552.05 | Wellcare | Medicaid | 582.22 | 31.55 | | | 391.27 | 2611.5 | percent of total billed charges | |
| HC COLOSCOPY W/BX/BRUSH/WASH | 44389 | CPT | | | | outpatient | | | 1782 | 1552.05 | Horizon | PPO | 2611.5 | | | | 391.27 | 2611.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLOSCOPY W/BX/BRUSH/WASH | 44389 | CPT | | | | outpatient | | | 1782 | 1552.05 | UHC | Medicaid | 582.22 | 31.55 | | | 391.27 | 2611.5 | percent of total billed charges | |
| HC COLOSCOPY W/BX/BRUSH/WASH | 44389 | CPT | | | | outpatient | | | 1782 | 1552.05 | Managed Care Inc | Managed Care Inc | 1603.8 | 90 | | | 391.27 | 2611.5 | percent of total billed charges | |
| HC COLOSCOPY W/BX/BRUSH/WASH | 44389 | CPT | | | | outpatient | | | 1782 | 1552.05 | Wellcare | Medicare | 1349.61 | | | | 391.27 | 2611.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLOSCOPY W/BX/BRUSH/WASH | 44389 | CPT | | | | outpatient | | | 1782 | 1552.05 | United | Commercial/PPO | 2493 | | | | 391.27 | 2611.5 | case rate | |
| HC COLOSCOPY W/BX/BRUSH/WASH | 44389 | CPT | | | | outpatient | | | 1782 | 1552.05 | United | Oxford | 2493 | | | | 391.27 | 2611.5 | case rate | |
| HC COLOSCOPY W/BX/BRUSH/WASH | 44389 | CPT | | | | outpatient | | | 1782 | 1552.05 | WellPoint | WellPoint | 573.45 | 32.18 | | 431.54 | 391.27 | 2611.5 | percent of total billed charges | |
| HC ENDOWIREMOV OF TUM/POLYPS/LES(S) BY SNA | 44394 | CPT | | | | outpatient | | | 3143 | 1552.05 | Aetna | Better Health | 991.62 | 31.55 | | | 436.1 | 2985.85 | percent of total billed charges | |
| HC ENDOWIREMOV OF TUM/POLYPS/LES(S) BY SNA | 44394 | CPT | | | | outpatient | | | 3143 | 1552.05 | Aetna | Medicare | 1349.61 | | | | 436.1 | 2985.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOWIREMOV OF TUM/POLYPS/LES(S) BY SNA | 44394 | CPT | | | | outpatient | | | 3143 | 1552.05 | Aetna | Commercial | 2202.56 | | | | 436.1 | 2985.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOWIREMOV OF TUM/POLYPS/LES(S) BY SNA | 44394 | CPT | | | | outpatient | | | 3143 | 1552.05 | Multiplan | Multiplan | 2514.4 | 80 | | | 436.1 | 2985.85 | percent of total billed charges | |
| HC ENDOWIREMOV OF TUM/POLYPS/LES(S) BY SNA | 44394 | CPT | | | | outpatient | | | 3143 | 1552.05 | Consumer | Consumer | 2985.85 | 95 | | | 436.1 | 2985.85 | percent of total billed charges | |
| HC ENDOWIREMOV OF TUM/POLYPS/LES(S) BY SNA | 44394 | CPT | | | | outpatient | | | 3143 | 1552.05 | Americare | Americare | 2357.25 | 75 | | | 436.1 | 2985.85 | percent of total billed charges | |
| HC ENDOWIREMOV OF TUM/POLYPS/LES(S) BY SNA | 44394 | CPT | | | | outpatient | | | 3143 | 1552.05 | UHC | Medicare | 1349.61 | | | | 436.1 | 2985.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOWIREMOV OF TUM/POLYPS/LES(S) BY SNA | 44394 | CPT | | | | outpatient | | | 3143 | 1552.05 | Qualcare | Qualcare | 2357.25 | 75 | | | 436.1 | 2985.85 | percent of total billed charges | |
| HC ENDOWIREMOV OF TUM/POLYPS/LES(S) BY SNA | 44394 | CPT | | | | outpatient | | | 3143 | 1552.05 | First Health | First Health | 2200.1 | 70 | | | 436.1 | 2985.85 | percent of total billed charges | |
| HC ENDOWIREMOV OF TUM/POLYPS/LES(S) BY SNA | 44394 | CPT | | | | outpatient | | | 3143 | 1552.05 | Amerihealth | HMO/PPO | 550 | | | | 436.1 | 2985.85 | fee schedule | |
| HC ENDOWIREMOV OF TUM/POLYPS/LES(S) BY SNA | 44394 | CPT | | | | outpatient | | | 3143 | 1552.05 | Horizon | Indemnity | 2611.5 | | | | 436.1 | 2985.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOWIREMOV OF TUM/POLYPS/LES(S) BY SNA | 44394 | CPT | | | | outpatient | | | 3143 | 1552.05 | United | Commercial/PPO | 2493 | | | | 436.1 | 2985.85 | case rate | |
| HC ENDOWIREMOV OF TUM/POLYPS/LES(S) BY SNA | 44394 | CPT | | | | outpatient | | | 3143 | 1552.05 | Corrections | Corrections | 2514.4 | 80 | | | 436.1 | 2985.85 | percent of total billed charges | |
| HC ENDOWIREMOV OF TUM/POLYPS/LES(S) BY SNA | 44394 | CPT | | | | outpatient | | | 3143 | 1552.05 | Horizon | Medicare Blue | 1349.61 | | | | 436.1 | 2985.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOWIREMOV OF TUM/POLYPS/LES(S) BY SNA | 44394 | CPT | | | | outpatient | | | 3143 | 1552.05 | Wellcare | Medicaid | 991.62 | 31.55 | | | 436.1 | 2985.85 | percent of total billed charges | |
| HC ENDOWIREMOV OF TUM/POLYPS/LES(S) BY SNA | 44394 | CPT | | | | outpatient | | | 3143 | 1552.05 | First Trenton | First Trenton | 2828.7 | 90 | | | 436.1 | 2985.85 | percent of total billed charges | |
| HC ENDOWIREMOV OF TUM/POLYPS/LES(S) BY SNA | 44394 | CPT | | | | outpatient | | | 3143 | 1552.05 | Horizon | MGD | 2611.5 | | | | 436.1 | 2985.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOWIREMOV OF TUM/POLYPS/LES(S) BY SNA | 44394 | CPT | | | | outpatient | | | 3143 | 1552.05 | Three Rivers | Three Rivers | 2985.85 | 95 | | | 436.1 | 2985.85 | percent of total billed charges | |
| HC ENDOWIREMOV OF TUM/POLYPS/LES(S) BY SNA | 44394 | CPT | | | | outpatient | | | 3143 | 1552.05 | Horizon | NJ Health | 436.1 | | | | 436.1 | 2985.85 | fee schedule | |
| HC ENDOWIREMOV OF TUM/POLYPS/LES(S) BY SNA | 44394 | CPT | | | | outpatient | | | 3143 | 1552.05 | Wellcare | Medicare | 1349.61 | | | | 436.1 | 2985.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOWIREMOV OF TUM/POLYPS/LES(S) BY SNA | 44394 | CPT | | | | outpatient | | | 3143 | 1552.05 | Horizon | PPO | 2611.5 | | | | 436.1 | 2985.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOWIREMOV OF TUM/POLYPS/LES(S) BY SNA | 44394 | CPT | | | | outpatient | | | 3143 | 1552.05 | Managed Care Inc | Managed Care Inc | 2828.7 | 90 | | | 436.1 | 2985.85 | percent of total billed charges | |
| HC ENDOWIREMOV OF TUM/POLYPS/LES(S) BY SNA | 44394 | CPT | | | | outpatient | | | 3143 | 1552.05 | UHC | Medicaid | 991.62 | 31.55 | | | 436.1 | 2985.85 | percent of total billed charges | |
| HC ENDOWIREMOV OF TUM/POLYPS/LES(S) BY SNA | 44394 | CPT | | | | outpatient | | | 3143 | 1552.05 | United | Oxford | 2493 | | | | 436.1 | 2985.85 | case rate | |
| HC ENDOWIREMOV OF TUM/POLYPS/LES(S) BY SNA | 44394 | CPT | | | | outpatient | | | 3143 | 1552.05 | WellPoint | WellPoint | 1011.42 | 32.18 | | | 436.1 | 2985.85 | percent of total billed charges | |
| HC COLONOSCPY STOMA W/STENT PLCMT | 44402 | CPT | | | | outpatient | | | 9403 | 7495.78 | UHC | Medicare | 6518.07 | | | | 379.99 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCPY STOMA W/STENT PLCMT | 44402 | CPT | | | | outpatient | | | 9403 | 7495.78 | Consumer | Consumer | 8932.85 | 95 | | | 379.99 | 12612.47 | percent of total billed charges | |
| HC COLONOSCPY STOMA W/STENT PLCMT | 44402 | CPT | | | | outpatient | | | 9403 | 7495.78 | First Health | First Health | 6582.1 | 70 | | | 379.99 | 12612.47 | percent of total billed charges | |
| HC COLONOSCPY STOMA W/STENT PLCMT | 44402 | CPT | | | | outpatient | | | 9403 | 7495.78 | Aetna | Commercial | 10837.49 | | | | 379.99 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCPY STOMA W/STENT PLCMT | 44402 | CPT | | | | outpatient | | | 9403 | 7495.78 | First Trenton | First Trenton | 8462.7 | 90 | | | 379.99 | 12612.47 | percent of total billed charges | |
| HC COLONOSCPY STOMA W/STENT PLCMT | 44402 | CPT | | | | outpatient | | | 9403 | 7495.78 | Aetna | Better Health | 2966.65 | 31.55 | | | 379.99 | 12612.47 | percent of total billed charges | |
| HC COLONOSCPY STOMA W/STENT PLCMT | 44402 | CPT | | | | outpatient | | | 9403 | 7495.78 | Multiplan | Multiplan | 7522.4 | 80 | | | 379.99 | 12612.47 | percent of total billed charges | |
| HC COLONOSCPY STOMA W/STENT PLCMT | 44402 | CPT | | | | outpatient | | | 9403 | 7495.78 | Americare | Americare | 7052.25 | 75 | | | 379.99 | 12612.47 | percent of total billed charges | |
| HC COLONOSCPY STOMA W/STENT PLCMT | 44402 | CPT | | | | outpatient | | | 9403 | 7495.78 | Wellcare | Medicare | 6518.07 | | | | 379.99 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCPY STOMA W/STENT PLCMT | 44402 | CPT | | | | outpatient | | | 9403 | 7495.78 | Corrections | Corrections | 7522.4 | 80 | | | 379.99 | 12612.47 | percent of total billed charges | |
| HC COLONOSCPY STOMA W/STENT PLCMT | 44402 | CPT | | | | outpatient | | | 9403 | 7495.78 | Horizon | Indemnity | 12612.47 | | | 7574.33 | 379.99 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCPY STOMA W/STENT PLCMT | 44402 | CPT | | | | outpatient | | | 9403 | 7495.78 | Aetna | Medicare | 6518.07 | | | | 379.99 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCPY STOMA W/STENT PLCMT | 44402 | CPT | | | | outpatient | | | 9403 | 7495.78 | Horizon | PPO | 12612.47 | | | | 379.99 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCPY STOMA W/STENT PLCMT | 44402 | CPT | | | | outpatient | | | 9403 | 7495.78 | Horizon | Medicare Blue | 6518.07 | | | | 379.99 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCPY STOMA W/STENT PLCMT | 44402 | CPT | | | | outpatient | | | 9403 | 7495.78 | Qualcare | Qualcare | 7052.25 | 75 | | | 379.99 | 12612.47 | percent of total billed charges | |
| HC COLONOSCPY STOMA W/STENT PLCMT | 44402 | CPT | | | | outpatient | | | 9403 | 7495.78 | Amerihealth | HMO/PPO | 550 | | | | 379.99 | 12612.47 | fee schedule | |
| HC COLONOSCPY STOMA W/STENT PLCMT | 44402 | CPT | | | | outpatient | | | 9403 | 7495.78 | Managed Care Inc | Managed Care Inc | 8462.7 | 90 | | | 379.99 | 12612.47 | percent of total billed charges | |
| HC COLONOSCPY STOMA W/STENT PLCMT | 44402 | CPT | | | | outpatient | | | 9403 | 7495.78 | Horizon | NJ Health | 379.99 | | | | 379.99 | 12612.47 | fee schedule | |
| HC COLONOSCPY STOMA W/STENT PLCMT | 44402 | CPT | | | | outpatient | | | 9403 | 7495.78 | Three Rivers | Three Rivers | 8932.85 | 95 | | | 379.99 | 12612.47 | percent of total billed charges | |
| HC COLONOSCPY STOMA W/STENT PLCMT | 44402 | CPT | | | | outpatient | | | 9403 | 7495.78 | Horizon | MGD | 12612.47 | | | | 379.99 | 12612.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCPY STOMA W/STENT PLCMT | 44402 | CPT | | | | outpatient | | | 9403 | 7495.78 | United | Oxford | 2493 | | | | 379.99 | 12612.47 | case rate | |
| HC COLONOSCPY STOMA W/STENT PLCMT | 44402 | CPT | | | | outpatient | | | 9403 | 7495.78 | UHC | Medicaid | 2966.65 | 31.55 | | | 379.99 | 12612.47 | percent of total billed charges | |
| HC COLONOSCPY STOMA W/STENT PLCMT | 44402 | CPT | | | | outpatient | | | 9403 | 7495.78 | WellPoint | WellPoint | 3025.89 | 32.18 | | | 379.99 | 12612.47 | percent of total billed charges | |
| HC COLONOSCPY STOMA W/STENT PLCMT | 44402 | CPT | | | | outpatient | | | 9403 | 7495.78 | United | Commercial/PPO | 2493 | | | | 379.99 | 12612.47 | case rate | |
| HC COLONOSCPY STOMA W/STENT PLCMT | 44402 | CPT | | | | outpatient | | | 9403 | 7495.78 | Wellcare | Medicaid | 2966.65 | 31.55 | | | 379.99 | 12612.47 | percent of total billed charges | |
| HC UNLISTED PX; SMALL INTSTN | 44799 | CPT | | | | outpatient | | | 9790 | 1192.23 | Amerihealth | HMO/PPO | 300 | | | | 300 | 9300.5 | fee schedule | |
| HC UNLISTED PX; SMALL INTSTN | 44799 | CPT | | | | outpatient | | | 9790 | 1192.23 | Aetna | Commercial | 1691.93 | | | | 300 | 9300.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PX; SMALL INTSTN | 44799 | CPT | | | | outpatient | | | 9790 | 1192.23 | Aetna | Medicare | 1036.72 | | | | 300 | 9300.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PX; SMALL INTSTN | 44799 | CPT | | | | outpatient | | | 9790 | 1192.23 | Aetna | Better Health | 3088.75 | 31.55 | | | 300 | 9300.5 | percent of total billed charges | |
| HC UNLISTED PX; SMALL INTSTN | 44799 | CPT | | | | outpatient | | | 9790 | 1192.23 | Horizon | MGD | 2006.05 | | | | 300 | 9300.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PX; SMALL INTSTN | 44799 | CPT | | | | outpatient | | | 9790 | 1192.23 | UHC | Medicare | 1036.72 | | | | 300 | 9300.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PX; SMALL INTSTN | 44799 | CPT | | | | outpatient | | | 9790 | 1192.23 | Horizon | Medicare Blue | 1036.72 | | | | 300 | 9300.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PX; SMALL INTSTN | 44799 | CPT | | | | outpatient | | | 9790 | 1192.23 | Corrections | Corrections | 7832 | 80 | | | 300 | 9300.5 | percent of total billed charges | |
| HC UNLISTED PX; SMALL INTSTN | 44799 | CPT | | | | outpatient | | | 9790 | 1192.23 | First Health | First Health | 6853 | 70 | | | 300 | 9300.5 | percent of total billed charges | |
| HC UNLISTED PX; SMALL INTSTN | 44799 | CPT | | | | outpatient | | | 9790 | 1192.23 | Americare | Americare | 7342.5 | 75 | | | 300 | 9300.5 | percent of total billed charges | |
| HC UNLISTED PX; SMALL INTSTN | 44799 | CPT | | | | outpatient | | | 9790 | 1192.23 | Multiplan | Multiplan | 7832 | 80 | | | 300 | 9300.5 | percent of total billed charges | |
| HC UNLISTED PX; SMALL INTSTN | 44799 | CPT | | | | outpatient | | | 9790 | 1192.23 | Consumer | Consumer | 9300.5 | 95 | | | 300 | 9300.5 | percent of total billed charges | |
| HC UNLISTED PX; SMALL INTSTN | 44799 | CPT | | | | outpatient | | | 9790 | 1192.23 | Qualcare | Qualcare | 7342.5 | 75 | | | 300 | 9300.5 | percent of total billed charges | |
| HC UNLISTED PX; SMALL INTSTN | 44799 | CPT | | | | outpatient | | | 9790 | 1192.23 | Wellcare | Medicaid | 3088.75 | 31.55 | | | 300 | 9300.5 | percent of total billed charges | |
| HC UNLISTED PX; SMALL INTSTN | 44799 | CPT | | | | outpatient | | | 9790 | 1192.23 | UHC | Medicaid | 3088.75 | 31.55 | | | 300 | 9300.5 | percent of total billed charges | |
| HC UNLISTED PX; SMALL INTSTN | 44799 | CPT | | | | outpatient | | | 9790 | 1192.23 | Horizon | PPO | 2006.05 | | | | 300 | 9300.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PX; SMALL INTSTN | 44799 | CPT | | | | outpatient | | | 9790 | 1192.23 | United | Commercial/PPO | 2493 | | | | 300 | 9300.5 | case rate | |
| HC UNLISTED PX; SMALL INTSTN | 44799 | CPT | | | | outpatient | | | 9790 | 1192.23 | First Trenton | First Trenton | 8811 | 90 | | | 300 | 9300.5 | percent of total billed charges | |
| HC UNLISTED PX; SMALL INTSTN | 44799 | CPT | | | | outpatient | | | 9790 | 1192.23 | Wellcare | Medicare | 1036.72 | | | | 300 | 9300.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PX; SMALL INTSTN | 44799 | CPT | | | | outpatient | | | 9790 | 1192.23 | Horizon | Indemnity | 2006.05 | | | | 300 | 9300.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PX; SMALL INTSTN | 44799 | CPT | | | | outpatient | | | 9790 | 1192.23 | WellPoint | WellPoint | 3150.42 | 32.18 | | | 300 | 9300.5 | percent of total billed charges | |
| HC UNLISTED PX; SMALL INTSTN | 44799 | CPT | | | | outpatient | | | 9790 | 1192.23 | Managed Care Inc | Managed Care Inc | 8811 | 90 | | | 300 | 9300.5 | percent of total billed charges | |
| HC UNLISTED PX; SMALL INTSTN | 44799 | CPT | | | | outpatient | | | 9790 | 1192.23 | Three Rivers | Three Rivers | 9300.5 | 95 | | | 300 | 9300.5 | percent of total billed charges | |
| HC UNLISTED PX; SMALL INTSTN | 44799 | CPT | | | | outpatient | | | 9790 | 1192.23 | United | Oxford | 2493 | | | | 300 | 9300.5 | case rate | |
| HC TRANSRECTAL DRAINAGE OF PELVIC ABSCESS | 45000 | CPT | | | | outpatient | | | 1724.77 | 1552.05 | Aetna | Medicare | 1349.61 | | | | 222.89 | 2611.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSRECTAL DRAINAGE OF PELVIC ABSCESS | 45000 | CPT | | | | outpatient | | | 1724.77 | 1552.05 | Aetna | Commercial | 2202.56 | | | | 222.89 | 2611.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSRECTAL DRAINAGE OF PELVIC ABSCESS | 45000 | CPT | | | | outpatient | | | 1724.77 | 1552.05 | Horizon | Medicare Blue | 1349.61 | | | | 222.89 | 2611.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSRECTAL DRAINAGE OF PELVIC ABSCESS | 45000 | CPT | | | | outpatient | | | 1724.77 | 1552.05 | First Trenton | First Trenton | 1552.29 | 90 | | | 222.89 | 2611.5 | percent of total billed charges | |
| HC TRANSRECTAL DRAINAGE OF PELVIC ABSCESS | 45000 | CPT | | | | outpatient | | | 1724.77 | 1552.05 | Consumer | Consumer | 1638.53 | 95 | | | 222.89 | 2611.5 | percent of total billed charges | |
| HC TRANSRECTAL DRAINAGE OF PELVIC ABSCESS | 45000 | CPT | | | | outpatient | | | 1724.77 | 1552.05 | Americare | Americare | 1293.58 | 75 | | | 222.89 | 2611.5 | percent of total billed charges | |
| HC TRANSRECTAL DRAINAGE OF PELVIC ABSCESS | 45000 | CPT | | | | outpatient | | | 1724.77 | 1552.05 | Aetna | Better Health | 544.16 | 31.55 | | | 222.89 | 2611.5 | percent of total billed charges | |
| HC TRANSRECTAL DRAINAGE OF PELVIC ABSCESS | 45000 | CPT | | | | outpatient | | | 1724.77 | 1552.05 | UHC | Medicare | 1349.61 | | | | 222.89 | 2611.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSRECTAL DRAINAGE OF PELVIC ABSCESS | 45000 | CPT | | | | outpatient | | | 1724.77 | 1552.05 | Corrections | Corrections | 1379.82 | 80 | | | 222.89 | 2611.5 | percent of total billed charges | |
| HC TRANSRECTAL DRAINAGE OF PELVIC ABSCESS | 45000 | CPT | | | | outpatient | | | 1724.77 | 1552.05 | Horizon | Indemnity | 2611.5 | | | | 222.89 | 2611.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSRECTAL DRAINAGE OF PELVIC ABSCESS | 45000 | CPT | | | | outpatient | | | 1724.77 | 1552.05 | Amerihealth | HMO/PPO | 300 | | | | 222.89 | 2611.5 | fee schedule | |
| HC TRANSRECTAL DRAINAGE OF PELVIC ABSCESS | 45000 | CPT | | | | outpatient | | | 1724.77 | 1552.05 | UHC | Medicaid | 544.16 | 31.55 | | | 222.89 | 2611.5 | percent of total billed charges | |
| HC TRANSRECTAL DRAINAGE OF PELVIC ABSCESS | 45000 | CPT | | | | outpatient | | | 1724.77 | 1552.05 | Horizon | MGD | 2611.5 | | | | 222.89 | 2611.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSRECTAL DRAINAGE OF PELVIC ABSCESS | 45000 | CPT | | | | outpatient | | | 1724.77 | 1552.05 | Managed Care Inc | Managed Care Inc | 1552.29 | 90 | | | 222.89 | 2611.5 | percent of total billed charges | |
| HC TRANSRECTAL DRAINAGE OF PELVIC ABSCESS | 45000 | CPT | | | | outpatient | | | 1724.77 | 1552.05 | First Health | First Health | 1207.34 | 70 | | | 222.89 | 2611.5 | percent of total billed charges | |
| HC TRANSRECTAL DRAINAGE OF PELVIC ABSCESS | 45000 | CPT | | | | outpatient | | | 1724.77 | 1552.05 | United | Commercial/PPO | 2493 | | | | 222.89 | 2611.5 | case rate | |
| HC TRANSRECTAL DRAINAGE OF PELVIC ABSCESS | 45000 | CPT | | | | outpatient | | | 1724.77 | 1552.05 | Horizon | NJ Health | 222.89 | | | | 222.89 | 2611.5 | fee schedule | |
| HC TRANSRECTAL DRAINAGE OF PELVIC ABSCESS | 45000 | CPT | | | | outpatient | | | 1724.77 | 1552.05 | Multiplan | Multiplan | 1379.82 | 80 | | | 222.89 | 2611.5 | percent of total billed charges | |
| HC TRANSRECTAL DRAINAGE OF PELVIC ABSCESS | 45000 | CPT | | | | outpatient | | | 1724.77 | 1552.05 | Wellcare | Medicaid | 544.16 | 31.55 | | | 222.89 | 2611.5 | percent of total billed charges | |
| HC TRANSRECTAL DRAINAGE OF PELVIC ABSCESS | 45000 | CPT | | | | outpatient | | | 1724.77 | 1552.05 | Three Rivers | Three Rivers | 1638.53 | 95 | | | 222.89 | 2611.5 | percent of total billed charges | |
| HC TRANSRECTAL DRAINAGE OF PELVIC ABSCESS | 45000 | CPT | | | | outpatient | | | 1724.77 | 1552.05 | Horizon | PPO | 2611.5 | | | | 222.89 | 2611.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSRECTAL DRAINAGE OF PELVIC ABSCESS | 45000 | CPT | | | | outpatient | | | 1724.77 | 1552.05 | Qualcare | Qualcare | 1293.58 | 75 | | | 222.89 | 2611.5 | percent of total billed charges | |
| HC TRANSRECTAL DRAINAGE OF PELVIC ABSCESS | 45000 | CPT | | | | outpatient | | | 1724.77 | 1552.05 | United | Oxford | 2493 | | | | 222.89 | 2611.5 | case rate | |
| HC TRANSRECTAL DRAINAGE OF PELVIC ABSCESS | 45000 | CPT | | | | outpatient | | | 1724.77 | 1552.05 | Wellcare | Medicare | 1349.61 | | | | 222.89 | 2611.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSRECTAL DRAINAGE OF PELVIC ABSCESS | 45000 | CPT | | | | outpatient | | | 1724.77 | 1552.05 | WellPoint | WellPoint | 555.03 | 32.18 | | | 222.89 | 2611.5 | percent of total billed charges | |
| HC PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC | 45300 | CPT | | | | outpatient | | | 3051 | 1202.06 | Aetna | Medicare | 1045.27 | | | | 66.56 | 2898.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC | 45300 | CPT | | | | outpatient | | | 3051 | 1202.06 | First Health | First Health | 2135.7 | 70 | | | 66.56 | 2898.45 | percent of total billed charges | |
| HC PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC | 45300 | CPT | | | | outpatient | | | 3051 | 1202.06 | Aetna | Commercial | 1705.88 | | | | 66.56 | 2898.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC | 45300 | CPT | | | | outpatient | | | 3051 | 1202.06 | Aetna | Better Health | 962.59 | 31.55 | | | 66.56 | 2898.45 | percent of total billed charges | |
| HC PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC | 45300 | CPT | | | | outpatient | | | 3051 | 1202.06 | Americare | Americare | 2288.25 | 75 | | | 66.56 | 2898.45 | percent of total billed charges | |
| HC PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC | 45300 | CPT | | | | outpatient | | | 3051 | 1202.06 | Horizon | Indemnity | 2022.6 | | | | 66.56 | 2898.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC | 45300 | CPT | | | | outpatient | | | 3051 | 1202.06 | Corrections | Corrections | 2440.8 | 80 | | | 66.56 | 2898.45 | percent of total billed charges | |
| HC PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC | 45300 | CPT | | | | outpatient | | | 3051 | 1202.06 | Wellcare | Medicare | 1045.27 | | | | 66.56 | 2898.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC | 45300 | CPT | | | | outpatient | | | 3051 | 1202.06 | First Trenton | First Trenton | 2745.9 | 90 | | | 66.56 | 2898.45 | percent of total billed charges | |
| HC PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC | 45300 | CPT | | | | outpatient | | | 3051 | 1202.06 | Horizon | Medicare Blue | 1045.27 | | | | 66.56 | 2898.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC | 45300 | CPT | | | | outpatient | | | 3051 | 1202.06 | Multiplan | Multiplan | 2440.8 | 80 | | | 66.56 | 2898.45 | percent of total billed charges | |
| HC PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC | 45300 | CPT | | | | outpatient | | | 3051 | 1202.06 | Consumer | Consumer | 2898.45 | 95 | | | 66.56 | 2898.45 | percent of total billed charges | |
| HC PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC | 45300 | CPT | | | | outpatient | | | 3051 | 1202.06 | Amerihealth | HMO/PPO | 125 | | | | 66.56 | 2898.45 | fee schedule | |
| HC PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC | 45300 | CPT | | | | outpatient | | | 3051 | 1202.06 | Horizon | PPO | 

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC | 45300 | CPT | | | | outpatient | | | 3051 | 1202.06 | United | CommercialPPO | 1817 | | | | 66.56 | | case rate | |
| HC PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC | 45300 | CPT | | | | outpatient | | | 3051 | 1202.06 | WellPoint | WellPoint | 981.81 | 32.18 | | | 66.56 | | percent of total billed charges | |
| HC SIGMOIDOSCOPY FLEXIBLE | 45330 | CPT | | | | outpatient | | | 3051 | 1202.06 | Corrections | Corrections | 2440.8 | 80 | | 946.21 | 123.98 | | percent of total billed charges | |
| HC SIGMOIDOSCOPY FLEXIBLE | 45330 | CPT | | | | outpatient | | | 3051 | 1202.06 | Aetna | Commercial | 1705.88 | | | | 123.98 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIGMOIDOSCOPY FLEXIBLE | 45330 | CPT | | | | outpatient | | | 3051 | 1202.06 | Aetna | Better Health | 962.59 | 31.55 | | | 123.98 | | percent of total billed charges | |
| HC SIGMOIDOSCOPY FLEXIBLE | 45330 | CPT | | | | outpatient | | | 3051 | 1202.06 | First Trenton | First Trenton | 2745.9 | 90 | | | 123.98 | | percent of total billed charges | |
| HC SIGMOIDOSCOPY FLEXIBLE | 45330 | CPT | | | | outpatient | | | 3051 | 1202.06 | Aetna | Medicare | 1045.27 | | | | 123.98 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIGMOIDOSCOPY FLEXIBLE | 45330 | CPT | | | | outpatient | | | 3051 | 1202.06 | Americare | Americare | 2288.25 | 75 | | | 123.98 | | percent of total billed charges | |
| HC SIGMOIDOSCOPY FLEXIBLE | 45330 | CPT | | | | outpatient | | | 3051 | 1202.06 | Multiplan | Multiplan | 2440.8 | 80 | | | 123.98 | | percent of total billed charges | |
| HC SIGMOIDOSCOPY FLEXIBLE | 45330 | CPT | | | | outpatient | | | 3051 | 1202.06 | Horizon | Indemnity | 2022.6 | | | | 123.98 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIGMOIDOSCOPY FLEXIBLE | 45330 | CPT | | | | outpatient | | | 3051 | 1202.06 | Horizon | PPO | 2022.6 | | | | 123.98 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIGMOIDOSCOPY FLEXIBLE | 45330 | CPT | | | | outpatient | | | 3051 | 1202.06 | UHC | Medicare | 1045.27 | | | | 123.98 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIGMOIDOSCOPY FLEXIBLE | 45330 | CPT | | | | outpatient | | | 3051 | 1202.06 | First Health | First Health | 2135.7 | 70 | | | 123.98 | | percent of total billed charges | |
| HC SIGMOIDOSCOPY FLEXIBLE | 45330 | CPT | | | | outpatient | | | 3051 | 1202.06 | Horizon | NJ Health | 123.98 | | | | 123.98 | | fee schedule | |
| HC SIGMOIDOSCOPY FLEXIBLE | 45330 | CPT | | | | outpatient | | | 3051 | 1202.06 | Consumer | Consumer | 2898.45 | 95 | | | 123.98 | | percent of total billed charges | |
| HC SIGMOIDOSCOPY FLEXIBLE | 45330 | CPT | | | | outpatient | | | 3051 | 1202.06 | Amerihealth | HMO/PPO | 300 | | | | 123.98 | | fee schedule | |
| HC SIGMOIDOSCOPY FLEXIBLE | 45330 | CPT | | | | outpatient | | | 3051 | 1202.06 | Qualcare | Qualcare | 2288.25 | 75 | | | 123.98 | | percent of total billed charges | |
| HC SIGMOIDOSCOPY FLEXIBLE | 45330 | CPT | | | | outpatient | | | 3051 | 1202.06 | UHC | Medicaid | 962.59 | 31.55 | | | 123.98 | | percent of total billed charges | |
| HC SIGMOIDOSCOPY FLEXIBLE | 45330 | CPT | | | | outpatient | | | 3051 | 1202.06 | Horizon | MGD | 2022.6 | | | | 123.98 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIGMOIDOSCOPY FLEXIBLE | 45330 | CPT | | | | outpatient | | | 3051 | 1202.06 | Managed Care Inc | Managed Care Inc | 2745.9 | 90 | | | 123.98 | | percent of total billed charges | |
| HC SIGMOIDOSCOPY FLEXIBLE | 45330 | CPT | | | | outpatient | | | 3051 | 1202.06 | Horizon | Medicare Blue | 1045.27 | | | 766.12 | 123.98 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIGMOIDOSCOPY FLEXIBLE | 45330 | CPT | | | | outpatient | | | 3051 | 1202.06 | Three Rivers | Three Rivers | 2898.45 | 95 | | | 123.98 | | percent of total billed charges | |
| HC SIGMOIDOSCOPY FLEXIBLE | 45330 | CPT | | | | outpatient | | | 3051 | 1202.06 | Wellcare | Medicaid | 962.59 | 31.55 | | | 123.98 | | percent of total billed charges | |
| HC SIGMOIDOSCOPY FLEXIBLE | 45330 | CPT | | | | outpatient | | | 3051 | 1202.06 | United | CommercialPPO | 1817 | | | 1650.44 | 123.98 | | case rate | |
| HC SIGMOIDOSCOPY FLEXIBLE | 45330 | CPT | | | | outpatient | | | 3051 | 1202.06 | Wellcare | Medicare | 1045.27 | | | | 123.98 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIGMOIDOSCOPY FLEXIBLE | 45330 | CPT | | | | outpatient | | | 3051 | 1202.06 | United | Oxford | 1817 | | | | 123.98 | | case rate | |
| HC SIGMOIDOSCOPY FLEXIBLE | 45330 | CPT | | | | outpatient | | | 3051 | 1202.06 | WellPoint | WellPoint | 981.81 | 32.18 | | 878 | 123.98 | | percent of total billed charges | |
| HC SIGMOID.FOR BIOPSY/BRUSH/WASH | 45331 | CPT | | | | outpatient | | | 2655.97 | 1202.06 | Consumer | Consumer | 2523.17 | 95 | | | 140.94 | | percent of total billed charges | |
| HC SIGMOID.FOR BIOPSY/BRUSH/WASH | 45331 | CPT | | | | outpatient | | | 2655.97 | 1202.06 | Aetna | Commercial | 1705.88 | | | | 140.94 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIGMOID.FOR BIOPSY/BRUSH/WASH | 45331 | CPT | | | | outpatient | | | 2655.97 | 1202.06 | Aetna | Medicare | 1045.27 | | | | 140.94 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIGMOID.FOR BIOPSY/BRUSH/WASH | 45331 | CPT | | | | outpatient | | | 2655.97 | 1202.06 | Americare | Americare | 1991.98 | 75 | | | 140.94 | | percent of total billed charges | |
| HC SIGMOID.FOR BIOPSY/BRUSH/WASH | 45331 | CPT | | | | outpatient | | | 2655.97 | 1202.06 | Corrections | Corrections | 2124.78 | 80 | | | 140.94 | | percent of total billed charges | |
| HC SIGMOID.FOR BIOPSY/BRUSH/WASH | 45331 | CPT | | | | outpatient | | | 2655.97 | 1202.06 | Multiplan | Multiplan | 2124.78 | 80 | | | 140.94 | | percent of total billed charges | |
| HC SIGMOID.FOR BIOPSY/BRUSH/WASH | 45331 | CPT | | | | outpatient | | | 2655.97 | 1202.06 | Aetna | Better Health | 837.96 | 31.55 | | | 140.94 | | percent of total billed charges | |
| HC SIGMOID.FOR BIOPSY/BRUSH/WASH | 45331 | CPT | | | | outpatient | | | 2655.97 | 1202.06 | First Trenton | First Trenton | 2390.37 | 90 | | | 140.94 | | percent of total billed charges | |
| HC SIGMOID.FOR BIOPSY/BRUSH/WASH | 45331 | CPT | | | | outpatient | | | 2655.97 | 1202.06 | Horizon | MGD | 2022.6 | | | 821.54 | 140.94 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIGMOID.FOR BIOPSY/BRUSH/WASH | 45331 | CPT | | | | outpatient | | | 2655.97 | 1202.06 | Qualcare | Qualcare | 1991.98 | 75 | | | 140.94 | | percent of total billed charges | |
| HC SIGMOID.FOR BIOPSY/BRUSH/WASH | 45331 | CPT | | | | outpatient | | | 2655.97 | 1202.06 | First Health | First Health | 1859.18 | 70 | | | 140.94 | | percent of total billed charges | |
| HC SIGMOID.FOR BIOPSY/BRUSH/WASH | 45331 | CPT | | | | outpatient | | | 2655.97 | 1202.06 | Amerihealth | HMO/PPO | 300 | | | | 140.94 | | fee schedule | |
| HC SIGMOID.FOR BIOPSY/BRUSH/WASH | 45331 | CPT | | | | outpatient | | | 2655.97 | 1202.06 | Horizon | Medicare Blue | 1045.27 | | | | 140.94 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIGMOID.FOR BIOPSY/BRUSH/WASH | 45331 | CPT | | | | outpatient | | | 2655.97 | 1202.06 | Wellcare | Medicare | 1045.27 | | | | 140.94 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIGMOID.FOR BIOPSY/BRUSH/WASH | 45331 | CPT | | | | outpatient | | | 2655.97 | 1202.06 | Horizon | PPO | 2022.6 | | | | 140.94 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIGMOID.FOR BIOPSY/BRUSH/WASH | 45331 | CPT | | | | outpatient | | | 2655.97 | 1202.06 | Managed Care Inc | Managed Care Inc | 2390.37 | 90 | | | 140.94 | | percent of total billed charges | |
| HC SIGMOID.FOR BIOPSY/BRUSH/WASH | 45331 | CPT | | | | outpatient | | | 2655.97 | 1202.06 | Horizon | NJ Health | 140.94 | | | | 140.94 | | fee schedule | |
| HC SIGMOID.FOR BIOPSY/BRUSH/WASH | 45331 | CPT | | | | outpatient | | | 2655.97 | 1202.06 | Horizon | Indemnity | 2022.6 | | | | 140.94 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIGMOID.FOR BIOPSY/BRUSH/WASH | 45331 | CPT | | | | outpatient | | | 2655.97 | 1202.06 | UHC | Medicare | 1045.27 | | | 996 | 140.94 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIGMOID.FOR BIOPSY/BRUSH/WASH | 45331 | CPT | | | | outpatient | | | 2655.97 | 1202.06 | UHC | Medicaid | 837.96 | 31.55 | | | 140.94 | | percent of total billed charges | |
| HC SIGMOID.FOR BIOPSY/BRUSH/WASH | 45331 | CPT | | | | outpatient | | | 2655.97 | 1202.06 | United | Oxford | 1817 | | | | 140.94 | | case rate | |
| HC SIGMOID.FOR BIOPSY/BRUSH/WASH | 45331 | CPT | | | | outpatient | | | 2655.97 | 1202.06 | United | CommercialPPO | 1817 | | | | 140.94 | | case rate | |
| HC SIGMOID.FOR BIOPSY/BRUSH/WASH | 45331 | CPT | | | | outpatient | | | 2655.97 | 1202.06 | Three Rivers | Three Rivers | 2523.17 | 95 | | | 140.94 | | percent of total billed charges | |
| HC SIGMOID.FOR BIOPSY/BRUSH/WASH | 45331 | CPT | | | | outpatient | | | 2655.97 | 1202.06 | WellPoint | WellPoint | 854.69 | 32.18 | | | 140.94 | | percent of total billed charges | |
| HC SIGMOID.FOR BIOPSY/BRUSH/WASH | 45331 | CPT | | | | outpatient | | | 2655.97 | 1202.06 | Wellcare | Medicaid | 837.96 | 31.55 | | | 140.94 | | percent of total billed charges | |
| HC FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB | 45335 | CPT | | | | outpatient | | | 3488 | 1202.06 | Consumer | Consumer | 3313.6 | 95 | | | 300 | | percent of total billed charges | |
| HC FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB | 45335 | CPT | | | | outpatient | | | 3488 | 1202.06 | Horizon | PPO | 2022.6 | | | | 300 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB | 45335 | CPT | | | | outpatient | | | 3488 | 1202.06 | Aetna | Commercial | 1705.88 | | | | 300 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB | 45335 | CPT | | | | outpatient | | | 3488 | 1202.06 | First Health | First Health | 2441.6 | 70 | | | 300 | | percent of total billed charges | |
| HC FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB | 45335 | CPT | | | | outpatient | | | 3488 | 1202.06 | Corrections | Corrections | 2790.4 | 80 | | | 300 | | percent of total billed charges | |
| HC FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB | 45335 | CPT | | | | outpatient | | | 3488 | 1202.06 | First Trenton | First Trenton | 3139.2 | 90 | | | 300 | | percent of total billed charges | |
| HC FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB | 45335 | CPT | | | | outpatient | | | 3488 | 1202.06 | Multiplan | Multiplan | 2790.4 | 80 | | | 300 | | percent of total billed charges | |
| HC FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB | 45335 | CPT | | | | outpatient | | | 3488 | 1202.06 | Aetna | Better Health | 1100.46 | 31.55 | | | 300 | | percent of total billed charges | |
| HC FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB | 45335 | CPT | | | | outpatient | | | 3488 | 1202.06 | Horizon | NJ Health | 339.3 | | | | 300 | | fee schedule | |
| HC FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB | 45335 | CPT | | | | outpatient | | | 3488 | 1202.06 | UHC | Medicaid | 1100.46 | 31.55 | | | 300 | | percent of total billed charges | |
| HC FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB | 45335 | CPT | | | | outpatient | | | 3488 | 1202.06 | Aetna | Medicare | 1045.27 | | | | 300 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB | 45335 | CPT | | | | outpatient | | | 3488 | 1202.06 | Three Rivers | Three Rivers | 3313.6 | 95 | | | 300 | | percent of total billed charges | |
| HC FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB | 45335 | CPT | | | | outpatient | | | 3488 | 1202.06 | Managed Care Inc | Managed Care Inc | 3139.2 | 90 | | | 300 | | percent of total billed charges | |
| HC FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB | 45335 | CPT | | | | outpatient | | | 3488 | 1202.06 | Horizon | Medicare Blue | 1045.27 | | | | 300 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB | 45335 | CPT | | | | outpatient | | | 3488 | 1202.06 | Qualcare | Qualcare | 2616 | 75 | | | 300 | | percent of total billed charges | |
| HC FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB | 45335 | CPT | | | | outpatient | | | 3488 | 1202.06 | Horizon | Indemnity | 2022.6 | | | | 300 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB | 45335 | CPT | | | | outpatient | | | 3488 | 1202.06 | Americare | Americare | 2616 | 75 | | | 300 | | percent of total billed charges | |
| HC FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB | 45335 | CPT | | | | outpatient | | | 3488 | 1202.06 | United | CommercialPPO | 1817 | | | | 300 | | case rate | |
| HC FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB | 45335 | CPT | | | | outpatient | | | 3488 | 1202.06 | Amerihealth | HMO/PPO | 300 | | | | 300 | | fee schedule | |
| HC FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB | 45335 | CPT | | | | outpatient | | | 3488 | 1202.06 | Wellcare | Medicaid | 1100.46 | 31.55 | | | 300 | | percent of total billed charges | |
| HC FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB | 45335 | CPT | | | | outpatient | | | 3488 | 1202.06 | Horizon | MGD | 2022.6 | | | | 300 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB | 45335 | CPT | | | | outpatient | | | 3488 | 1202.06 | WellPoint | WellPoint | 1122.44 | 32.18 | | | 300 | | percent of total billed charges | |
| HC FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB | 45335 | CPT | | | | outpatient | | | 3488 | 1202.06 | UHC | Medicare | 1045.27 | | | | 300 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB | 45335 | CPT | | | | outpatient | | | 3488 | 1202.06 | United | Oxford | 1817 | | | | 300 | | case rate | |
| HC FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB | 45335 | CPT | | | | outpatient | | | 3488 | 1202.06 | Wellcare | Medicare | 1045.27 | | | | 300 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIGMOIDOSCOPY W/REM LESION | 45338 | CPT | | | | outpatient | | | 2194 | 1552.05 | UHC | Medicare | 1349.61 | | | | 300 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIGMOIDOSCOPY W/REM LESION | 45338 | CPT | | | | outpatient | | | 2194 | 1552.05 | Aetna | Commercial | 2202.56 | | | | 300 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIGMOIDOSCOPY W/REM LESION | 45338 | CPT | | | | outpatient | | | 2194 | 1552.05 | Medicaid | Medicaid | 692.21 | 31.55 | | | 300 | | percent of total billed charges | |
| HC SIGMOIDOSCOPY W/REM LESION | 45338 | CPT | | | | outpatient | | | 2194 | 1552.05 | Amerihealth | HMO/PPO | 300 | | | | 300 | | fee schedule | |
| HC SIGMOIDOSCOPY W/REM LESION | 45338 | CPT | | | | outpatient | | | 2194 | 1552.05 | Horizon | MGD | 2611.5 | | | | 300 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIGMOIDOSCOPY W/REM LESION | 45338 | CPT | | | | outpatient | | | 2194 | 1552.05 | Aetna | Medicare | 1349.61 | | | | 300 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIGMOIDOSCOPY W/REM LESION | 45338 | CPT | | | | outpatient | | | 2194 | 1552.05 | Americare | Americare | 1645.5 | 75 | | | 300 | | percent of total billed charges | |
| HC SIGMOIDOSCOPY W/REM LESION | 45338 | CPT | | | | outpatient | | | 2194 | 1552.05 | Aetna | Better Health | 692.21 | 31.55 | | | 300 | | percent of total billed charges | |
| HC SIGMOIDOSCOPY W/REM LESION | 45338 | CPT | | | | outpatient | | | 2194 | 1552.05 | Horizon | PPO | 2611.5 | | | | 300 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIGMOIDOSCOPY W/REM LESION | 45338 | CPT | | | | outpatient | | | 2194 | 1552.05 | Multiplan | Multiplan | 1755.2 | 80 | | | 300 | | percent of total billed charges | |
| HC SIGMOIDOSCOPY W/REM LESION | 45338 | CPT | | | | outpatient | | | 2194 | 1552.05 | Consumer | Consumer | 2084.3 | 95 | | | 300 | | percent of total billed charges | |
| HC SIGMOIDOSCOPY W/REM LESION | 45338 | CPT | | | | outpatient | | | 2194 | 1552.05 | Horizon | Indemnity | 2611.5 | | | | 300 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIGMOIDOSCOPY W/REM LESION | 45338 | CPT | | | | outpatient | | | 2194 | 1552.05 | UHC | Medicaid | 692.21 | 31.55 | | | 300 | | percent of total billed charges | |
| HC SIGMOIDOSCOPY W/REM LESION | 45338 | CPT | | | | outpatient | | | 2194 | 1552.05 | Corrections | Corrections | 1755.2 | 80 | | | 300 | | percent of total billed charges | |
| HC SIGMOIDOSCOPY W/REM LESION | 45338 | CPT | | | | outpatient | | | 2194 | 1552.05 | Horizon | Medicare Blue | 1349.61 | | | | 300 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIGMOIDOSCOPY W/REM LESION | 45338 | CPT | | | | outpatient | | | 2194 | 1552.05 | First Health | First Health | 1535.8 | 70 | | | 300 | | percent of total billed charges | |
| HC SIGMOIDOSCOPY W/REM LESION | 45338 | CPT | | | | outpatient | | | 2194 | 1552.05 | WellPoint | WellPoint | 706.03 | 32.18 | | | 300 | | percent of total billed charges | |
| HC SIGMOIDOSCOPY W/REM LESION | 45338 | CPT | | | | outpatient | | | 2194 | 1552.05 | Qualcare | Qualcare | 1645.5 | 75 | | | 300 | | percent of total billed charges | |
| HC SIGMOIDOSCOPY W/REM LESION | 45338 | CPT | | | | outpatient | | | 2194 | 1552.05 | United | Oxford | 2493 | | | | 300 | | case rate | |
| HC SIGMOIDOSCOPY W/REM LESION | 45338 | CPT | | | | outpatient | | | 2194 | 1552.05 | United | CommercialPPO | 2493 | | | | 300 | | case rate | |
| HC SIGMOIDOSCOPY W/REM LESION | 45338 | CPT | | | | outpatient | | | 2194 | 1552.05 | Horizon | NJ Health | 321.03 | | | | 300 | | fee schedule | |
| HC SIGMOIDOSCOPY W/REM LESION | 45338 | CPT | | | | outpatient | | | 2194 | 1552.05 | First Trenton | First Trenton | 1974.6 | 90 | | | 300 | | percent of total billed charges | |
| HC SIGMOIDOSCOPY W/REM LESION | 45338 | CPT | | | | outpatient | | | 2194 | 1552.05 | Managed Care Inc | Managed Care Inc | 1974.6 | 90 | | | 300 | | percent of total billed charges | |
| HC SIGMOIDOSCOPY W/REM LESION | 45338 | CPT | | | | outpatient | | | 2194 | 1552.05 | Three Rivers | Three Rivers | 2084.3 | 95 | | | 300 | | percent of total billed charges | |
| HC SIGMOIDOSCOPY W/REM LESION | 45338 | CPT | | | | outpatient | | | 2194 | 1552.05 | Wellcare | Medicare | 1349.61 | | | | 300 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LOWER W/ENDOSCOPIC ULTRASOUND | 45341 | CPT | | | | outpatient | | | 3387 | 1202.06 | Aetna | Better Health | 1068.6 | 31.55 | | | 300 | | percent of total billed charges | |
| HC LOWER W/ENDOSCOPIC ULTRASOUND | 45341 | CPT | | | | outpatient | | | 3387 | 1202.06 | Americare | Americare | 2540.25 | 75 | | | 300 | | percent of total billed charges | |
| HC LOWER W/ENDOSCOPIC ULTRASOUND | 45341 | CPT | | | | outpatient | | | 3387 | 1202.06 | Aetna | Medicare | 1045.27 | | | | 300 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LOWER W/ENDOSCOPIC ULTRASOUND | 45341 | CPT | | | | outpatient | | | 3387 | 1202.06 | First Trenton | First Trenton | 3048.3 | 90 | | | 300 | | percent of total billed charges | |
| HC LOWER W/ENDOSCOPIC ULTRASOUND | 45341 | CPT | | | | outpatient | | | 3387 | 1202.06 | First Health | First Health | 2370.9 | 70 | | | 300 | | percent of total billed charges | |
| HC LOWER W/ENDOSCOPIC ULTRASOUND | 45341 | CPT | | | | outpatient | | | 3387 | 1202.06 | Horizon | Indemnity | 2022.6 | | | | 300 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LOWER W/ENDOSCOPIC ULTRASOUND | 45341 | CPT | | | | outpatient | | | 3387 | 1202.06 | Aetna | Commercial | 1287.06 | 38 | | | 300 | | percent of total billed charges | |
| HC LOWER W/ENDOSCOPIC ULTRASOUND | 45341 | CPT | | | | outpatient | | | 3387 | 1202.06 | UHC | Medicaid | 1068.6 | 31.55 | | | 300 | | percent of total billed charges | |
| HC LOWER W/ENDOSCOPIC ULTRASOUND | 45341 | CPT | | | | outpatient | | | 3387 | 1202.06 | Amerihealth | HMO/PPO | 300 | | | | 300 | | fee schedule | |
| HC LOWER W/ENDOSCOPIC ULTRASOUND | 45341 | CPT | | | | outpatient | | | 3387 | 1202.06 | Consumer | Consumer | 3217.65 | 95 | | | 300 | | percent of total billed charges | |
| HC LOWER W/ENDOSCOPIC ULTRASOUND | 45341 | CPT | | | | outpatient | | | 3387 | 1202.06 | Corrections | Corrections | 2709.6 | 80 | | | 300 | | percent of total billed charges | |
| HC LOWER W/ENDOSCOPIC ULTRASOUND | 45341 | CPT | | | | outpatient | | | 3387 | 1202.06 | Horizon | MGD | 2022.6 | | | 1268.18 | 300 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LOWER W/ENDOSCOPIC ULTRASOUND | 45341 | CPT | | | | outpatient | | | 3387 | 1202.06 | Horizon | Medicare Blue | 1045.27 | | | | 300 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LOWER W/ENDOSCOPIC ULTRASOUND | 45341 | CPT | | | | outpatient | | | 3387 | 1202.06 | Qualcare | Qualcare | 2540.25 | 75 | | | 300 | | percent of total billed charges | |
| HC LOWER W/ENDOSCOPIC ULTRASOUND | 45341 | CPT | | | | outpatient | | | 3387 | 1202.06 | Multiplan | Multiplan | 2709.6 | 80 | | | 300 | | percent of total billed charges | |
| HC LOWER W/ENDOSCOPIC ULTRASOUND | 45341 | CPT | | | | outpatient | | | 3387 | 1202.06 | United | CommercialPPO | 2493 | | | | 300 | | case rate | |
| HC LOWER W/ENDOSCOPIC ULTRASOUND | 45341 | CPT | | | | outpatient | | | 3387 | 1202.06 | United | Oxford | 2493 | | | | 300 | | case rate | |
| HC LOWER W/ENDOSCOPIC ULTRASOUND | 45341 | CPT | | | | outpatient | | | 3387 | 1202.06 | Horizon | NJ Health | 443.7 | | | | 300 | | fee schedule | |
| HC LOWER W/ENDOSCOPIC ULTRASOUND | 45341 | CPT | | | | outpatient | | | 3387 | 1202.06 | Horizon | PPO | 2022.6 | | | | 300 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LOWER W/ENDOSCOPIC ULTRASOUND | 45341 | CPT | | | | outpatient | | | 3387 | 1202.06 | Wellcare | Medicare | 1045.27 | | | | 300 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LOWER W/ENDOSCOPIC ULTRASOUND | 45341 | CPT | | | | outpatient | | | 3387 | 1202.06 | Wellcare | Medicaid | 1068.6 | 31.55 | | | 300 | | percent of total billed charges | |
| HC LOWER W/ENDOSCOPIC ULTRASOUND | 45341 | CPT | | | | outpatient | | | 3387 | 1202.06 | UHC | Medicare | 1045.27 | | | 565.66 | 300 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LOWER W/ENDOSCOPIC ULTRASOUND | 45341 | CPT | | | | outpatient | | | 3387 | 1202.06 | WellPoint | WellPoint | 1089.94 | 32.18 | | | 300 | | percent of total billed charges | |
| HC LOWER W/ENDOSCOPIC ULTRASOUND | 45341 | CPT | | | | outpatient | | | 3387 | 1202.06 | Managed Care Inc | Managed Care Inc | 3048.3 | 90 | | | 300 | | percent of total billed charges | |
| HC LOWER W/ENDOSCOPIC ULTRASOUND | 45341 | CPT | | | | outpatient | | | 3387 | 1202.06 | Three Rivers | Three Rivers | 3217.65 | 95 | | | 300 | | percent of total billed charges | |
| HC TRANSENDO ULTRASND GUID INTRA-TRAN FNA | 45342 | CPT | | | | outpatient | | | 3423 | 1202.06 | Amerihealth | HMO/PPO | 300 | | | | 300 | | fee schedule | |
| HC TRANSENDO ULTRASND GUID INTRA-TRAN FNA | 45342 | CPT | | | | outpatient | | | 3423 | 1552.05 | Aetna | Commercial | 2202.56 | | | | 300 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSENDO ULTRASND GUID INTRA-TRAN FNA | 45342 | CPT | | | | outpatient | | | 3423 | 1552.05 | First Health | First Health | 2396.1 | 70 | | | 300 | | percent of total billed charges | |
| HC TRANSENDO ULTRASND GUID INTRA-TRAN FNA | 45342 | CPT | | | | outpatient | | | 3423 | 1552.05 | Americare | Americare | 2567.25 | 75 | | | 300 | | percent of total billed charges | |
| HC TRANSENDO ULTRASND GUID INTRA-TRAN FNA | 45342 | CPT | | | | outpatient | | | 3423 | 1552.05 | First Trenton | First Trenton | 3080.7 | 90 | | | 300 | | percent of total billed charges | |
| HC TRANSENDO ULTRASND GUID INTRA-TRAN FNA | 45342 | CPT | | | | outpatient | | | 3423 | 1552.05 | Aetna | Medicare | 1349.61 | | | | 300 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSENDO ULTRASND GUID INTRA-TRAN FNA | 45342 | CPT | | | | outpatient | | | 3423 | 1552.05 | Aetna | Better Health | 1079.96 | 31.55 | | | 300 | | percent of total billed charges | |
| HC TRANSENDO ULTRASND GUID INTRA-TRAN FNA | 45342 | CPT | | | | outpatient | | | 3423 | 1552.05 | Consumer | Consumer | 3251.85 | 95 | | | 300 | | percent of total billed charges | |
| HC TRANSENDO ULTRASND GUID INTRA-TRAN FNA | 45342 | CPT | | | | outpatient | | | 3423 | 1552.05 | Horizon | Indemnity | 2611.5 | | | | 300 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSENDO ULTRASND GUID INTRA-TRAN FNA | 45342 | CPT | | | | outpatient | | | 3423 | 1552.05 | Horizon | MGD | 2611.5 | | | | 300 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSENDO ULTRASND GUID INTRA-TRAN FNA | 45342 | CPT | | | | outpatient | | | 3423 | 1552.05 | Multiplan | Multiplan | 2738.4 | 80 | | | 300 | | percent of total billed charges | |
| HC TRANSENDO ULTRASND GUID INTRA-TRAN FNA | 45342 | CPT | | | | outpatient | | | 3423 | 1552.05 | UHC | Medicare | 1349.61 | | | | 300 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSENDO ULTRASND GUID INTRA-TRAN FNA | 45342 | CPT | | | | outpatient | | | 3423 | 1552.05 | Horizon | Medicare Blue | 1349.61 | | | | 300 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSENDO ULTRASND GUID INTRA-TRAN FNA | 45342 | CPT | | | | outpatient | | | 3423 | 1552.05 | Corrections | Corrections | 2738.4 | 80 | | | 300 | | percent of total billed charges | |
| HC TRANSENDO ULTRASND GUID INTRA-TRAN FNA | 45342 | CPT | | | | outpatient | | | 3423 | 1552.05 | UHC | Medicaid | 1079.96 | 31.55 | | | 300 | | percent of total billed charges | |
| HC TRANSENDO ULTRASND GUID INTRA-TRAN FNA | 45342 | CPT | | | | outpatient | | | 3423 | 1552.05 | Qualcare | Qualcare | 2567.25 | 75 | | | 300 | | percent of total billed charges | |
| HC TRANSENDO ULTRASND GUID INTRA-TRAN FNA | 45342 | CPT | | | | outpatient | | | 3423 | 1552.05 | Horizon | NJ Health | 511.56 | | | | 300 | | fee schedule | |
| HC TRANSENDO ULTRASND GUID INTRA-TRAN FNA | 45342 | CPT | | | | outpatient | | | 3423 | 1552.05 | Horizon | PPO | 2611.5 | | | | 300 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSENDO ULTRASND GUID INTRA-TRAN FNA | 45342 | CPT | | | | outpatient | | | 3423 | 1552.05 | United | CommercialPPO | 2493 | | | | 300 | | case rate | |
| HC TRANSENDO ULTRASND GUID INTRA-TRAN FNA | 45342 | CPT | | | | outpatient | | | 3423 | 1552.05 | Wellcare | Medicare | 1349.61 | | | | 300 | | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSENDO ULTRASND GUID INTRA-TRAN FNA | 45342 | CPT | | | | outpatient | | | 3423 | 1552.05 | Managed Care Inc | Managed Care Inc | 3080.7 | 90 | | | 300 | | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC TRANSENDO ULTRASND GUID INTRA-TRAN FNA | 45342 | CPT | | | | outpatient | | | 3423 | 1552.05 | WellPoint | WellPoint | 1101.52 | 32.18 | | | 300 | 3251.85 | percent of total billed charges | |
| HC TRANSENDO ULTRASND GUID INTRA-TRAN FNA | 45342 | CPT | | | | outpatient | | | 3423 | 1552.05 | United | Oxford | 2493 | | | | 300 | 3251.85 | case rate | |
| HC TRANSENDO ULTRASND GUID INTRA-TRAN FNA | 45342 | CPT | | | | outpatient | | | 3423 | 1552.05 | Three Rivers | Three Rivers | 3251.85 | 95 | | | 300 | 3251.85 | percent of total billed charges | |
| HC TRANSENDO ULTRASND GUID INTRA-TRAN FNA | 45342 | CPT | | | | outpatient | | | 3423 | 1552.05 | Wellcare | Medicaid | 1079.96 | 31.55 | | | 300 | 3251.85 | percent of total billed charges | |
| HC SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP | 45347 | CPT | | | | outpatient | | | 17004 | 7495.78 | UHC | Medicaid | 5364.76 | 31.55 | | | 244.27 | 16153.8 | percent of total billed charges | |
| HC SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP | 45347 | CPT | | | | outpatient | | | 17004 | 7495.78 | Amerihealth | HMO/PPO | 300 | | | | 244.27 | 16153.8 | fee schedule | |
| HC SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP | 45347 | CPT | | | | outpatient | | | 17004 | 7495.78 | Corrections | Corrections | 13603.2 | 80 | | | 244.27 | 16153.8 | percent of total billed charges | |
| HC SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP | 45347 | CPT | | | | outpatient | | | 17004 | 7495.78 | UHC | Medicare | 6518.07 | | | | 244.27 | 16153.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP | 45347 | CPT | | | | outpatient | | | 17004 | 7495.78 | First Health | First Health | 11902.8 | 70 | | | 244.27 | 16153.8 | percent of total billed charges | |
| HC SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP | 45347 | CPT | | | | outpatient | | | 17004 | 7495.78 | Aetna | Medicare | 6518.07 | | | | 244.27 | 16153.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP | 45347 | CPT | | | | outpatient | | | 17004 | 7495.78 | Aetna | Better Health | 5364.76 | 31.55 | | | 244.27 | 16153.8 | percent of total billed charges | |
| HC SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP | 45347 | CPT | | | | outpatient | | | 17004 | 7495.78 | Aetna | Commercial | 10637.49 | | | | 244.27 | 16153.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP | 45347 | CPT | | | | outpatient | | | 17004 | 7495.78 | United | Commercial/PPO | 2493 | | | | 244.27 | 16153.8 | case rate | |
| HC SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP | 45347 | CPT | | | | outpatient | | | 17004 | 7495.78 | First Trenton | First Trenton | 15303.6 | 90 | | | 244.27 | 16153.8 | percent of total billed charges | |
| HC SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP | 45347 | CPT | | | | outpatient | | | 17004 | 7495.78 | Horizon | PPO | 12612.47 | | | | 244.27 | 16153.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP | 45347 | CPT | | | | outpatient | | | 17004 | 7495.78 | Americare | Americare | 12753 | 75 | | | 244.27 | 16153.8 | percent of total billed charges | |
| HC SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP | 45347 | CPT | | | | outpatient | | | 17004 | 7495.78 | Horizon | Medicare Blue | 6518.07 | | | | 244.27 | 16153.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP | 45347 | CPT | | | | outpatient | | | 17004 | 7495.78 | Horizon | MGD | 12612.47 | | | | 244.27 | 16153.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP | 45347 | CPT | | | | outpatient | | | 17004 | 7495.78 | Consumer | Consumer | 16153.8 | 95 | | | 244.27 | 16153.8 | percent of total billed charges | |
| HC SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP | 45347 | CPT | | | | outpatient | | | 17004 | 7495.78 | Multiplan | Multiplan | 13603.2 | 80 | | | 244.27 | 16153.8 | percent of total billed charges | |
| HC SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP | 45347 | CPT | | | | outpatient | | | 17004 | 7495.78 | Wellcare | Medicare | 6518.07 | | | | 244.27 | 16153.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP | 45347 | CPT | | | | outpatient | | | 17004 | 7495.78 | Managed Care Inc | Managed Care Inc | 15303.6 | 90 | | | 244.27 | 16153.8 | percent of total billed charges | |
| HC SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP | 45347 | CPT | | | | outpatient | | | 17004 | 7495.78 | Horizon | Indemnity | 12612.47 | | | | 244.27 | 16153.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP | 45347 | CPT | | | | outpatient | | | 17004 | 7495.78 | Qualcare | Qualcare | 12753 | 75 | | | 244.27 | 16153.8 | percent of total billed charges | |
| HC SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP | 45347 | CPT | | | | outpatient | | | 17004 | 7495.78 | WellPoint | WellPoint | 5471.89 | 32.18 | | | 244.27 | 16153.8 | percent of total billed charges | |
| HC SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP | 45347 | CPT | | | | outpatient | | | 17004 | 7495.78 | Horizon | NJ Health | 244.27 | | | | 244.27 | 16153.8 | fee schedule | |
| HC SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP | 45347 | CPT | | | | outpatient | | | 17004 | 7495.78 | Three Rivers | Three Rivers | 16153.8 | 95 | | | 244.27 | 16153.8 | percent of total billed charges | |
| HC SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP | 45347 | CPT | | | | outpatient | | | 17004 | 7495.78 | United | Oxford | 2493 | | | | 244.27 | 16153.8 | case rate | |
| HC SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP | 45347 | CPT | | | | outpatient | | | 17004 | 7495.78 | Wellcare | Medicaid | 5364.76 | 31.55 | | | 244.27 | 16153.8 | percent of total billed charges | |
| HC COLONOSCOPY DX BEYND SPLENICFL | 45378 | CPT | | | | outpatient | | | 2926 | 1202.06 | Aetna | Commercial | 1705.88 | | | 741.32 | 433.52 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY DX BEYND SPLENICFL | 45378 | CPT | | | | outpatient | | | 2926 | 1202.06 | Consumer | Consumer | 2779.7 | 95 | | | 433.52 | 2779.7 | percent of total billed charges | |
| HC COLONOSCOPY DX BEYND SPLENICFL | 45378 | CPT | | | | outpatient | | | 2926 | 1202.06 | Amerihealth | HMO/PPO | 550 | | | 929.44 | 433.52 | 2779.7 | fee schedule | |
| HC COLONOSCOPY DX BEYND SPLENICFL | 45378 | CPT | | | | outpatient | | | 2926 | 1202.06 | First Health | First Health | 2048.2 | 70 | | | 433.52 | 2779.7 | percent of total billed charges | |
| HC COLONOSCOPY DX BEYND SPLENICFL | 45378 | CPT | | | | outpatient | | | 2926 | 1202.06 | Americare | Americare | 2194.5 | 75 | | | 433.52 | 2779.7 | percent of total billed charges | |
| HC COLONOSCOPY DX BEYND SPLENICFL | 45378 | CPT | | | | outpatient | | | 2926 | 1202.06 | Aetna | Better Health | 923.15 | 31.55 | | | 433.52 | 2779.7 | percent of total billed charges | |
| HC COLONOSCOPY DX BEYND SPLENICFL | 45378 | CPT | | | | outpatient | | | 2926 | 1202.06 | Aetna | Medicare | 1045.27 | | | 605.68 | 433.52 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY DX BEYND SPLENICFL | 45378 | CPT | | | | outpatient | | | 2926 | 1202.06 | Corrections | Corrections | 2340.8 | 80 | | 910.45 | 433.52 | 2779.7 | percent of total billed charges | |
| HC COLONOSCOPY DX BEYND SPLENICFL | 45378 | CPT | | | | outpatient | | | 2926 | 1202.06 | Horizon | PPO | 2022.6 | | | 1005.09 | 433.52 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY DX BEYND SPLENICFL | 45378 | CPT | | | | outpatient | | | 2926 | 1202.06 | Managed Care Inc | Managed Care Inc | 2633.4 | 90 | | | 433.52 | 2779.7 | percent of total billed charges | |
| HC COLONOSCOPY DX BEYND SPLENICFL | 45378 | CPT | | | | outpatient | | | 2926 | 1202.06 | UHC | Medicaid | 923.15 | 31.55 | | 772.72 | 433.52 | 2779.7 | percent of total billed charges | |
| HC COLONOSCOPY DX BEYND SPLENICFL | 45378 | CPT | | | | outpatient | | | 2926 | 1202.06 | First Trenton | First Trenton | 2633.4 | 90 | | | 433.52 | 2779.7 | percent of total billed charges | |
| HC COLONOSCOPY DX BEYND SPLENICFL | 45378 | CPT | | | | outpatient | | | 2926 | 1202.06 | Horizon | MGD | 2022.6 | | | 1239.05 | 433.52 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY DX BEYND SPLENICFL | 45378 | CPT | | | | outpatient | | | 2926 | 1202.06 | Multiplan | Multiplan | 2340.8 | 80 | | | 433.52 | 2779.7 | percent of total billed charges | |
| HC COLONOSCOPY DX BEYND SPLENICFL | 45378 | CPT | | | | outpatient | | | 2926 | 1202.06 | Horizon | Medicare Blue | 1045.27 | | | 632.21 | 433.52 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY DX BEYND SPLENICFL | 45378 | CPT | | | | outpatient | | | 2926 | 1202.06 | Horizon | Indemnity | 2022.6 | | | 1061.29 | 433.52 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY DX BEYND SPLENICFL | 45378 | CPT | | | | outpatient | | | 2926 | 1202.06 | United | Oxford | 2493 | | | 2072.17 | 433.52 | 2779.7 | case rate | |
| HC COLONOSCOPY DX BEYND SPLENICFL | 45378 | CPT | | | | outpatient | | | 2926 | 1202.06 | WellPoint | WellPoint | 941.59 | 32.18 | | 767.26 | 433.52 | 2779.7 | percent of total billed charges | |
| HC COLONOSCOPY DX BEYND SPLENICFL | 45378 | CPT | | | | outpatient | | | 2926 | 1202.06 | UHC | Medicare | 1045.27 | | | 446.89 | 433.52 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY DX BEYND SPLENICFL | 45378 | CPT | | | | outpatient | | | 2926 | 1202.06 | Three Rivers | Three Rivers | 2779.7 | 95 | | | 433.52 | 2779.7 | percent of total billed charges | |
| HC COLONOSCOPY DX BEYND SPLENICFL | 45378 | CPT | | | | outpatient | | | 2926 | 1202.06 | United | Commercial/PPO | 2493 | | | 1443.43 | 433.52 | 2779.7 | case rate | |
| HC COLONOSCOPY DX BEYND SPLENICFL | 45378 | CPT | | | | outpatient | | | 2926 | 1202.06 | Qualcare | Qualcare | 2194.5 | 75 | | | 433.52 | 2779.7 | percent of total billed charges | |
| HC COLONOSCOPY DX BEYND SPLENICFL | 45378 | CPT | | | | outpatient | | | 2926 | 1202.06 | Wellcare | Medicaid | 923.15 | 31.55 | | 825.46 | 433.52 | 2779.7 | percent of total billed charges | |
| HC COLONOSCOPY DX BEYND SPLENICFL | 45378 | CPT | | | | outpatient | | | 2926 | 1202.06 | Horizon | NJ Health | 433.52 | | | 1179.87 | 433.52 | 2779.7 | fee schedule | |
| HC COLONOSCOPY DX BEYND SPLENICFL | 45378 | CPT | | | | outpatient | | | 2926 | 1202.06 | Wellcare | Medicare | 1045.27 | | | | 433.52 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/BIOPSY | 45380 | CPT | | | | both | | | 2926 | 1552.05 | Americare | Americare | 2194.5 | 75 | | | 522.52 | 2779.7 | percent of total billed charges | |
| HC COLONOSCOPY W/BIOPSY | 45380 | CPT | | | | both | | | 2926 | 1552.05 | Aetna | Medicare | 1349.61 | | | 807.31 | 522.52 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/BIOPSY | 45380 | CPT | | | | both | | | 2926 | 1552.05 | Aetna | Better Health | 923.15 | 31.55 | | | 522.52 | 2779.7 | percent of total billed charges | |
| HC COLONOSCOPY W/BIOPSY | 45380 | CPT | | | | both | | | 2926 | 1552.05 | First Health | First Health | 2048.2 | 70 | | | 522.52 | 2779.7 | percent of total billed charges | |
| HC COLONOSCOPY W/BIOPSY | 45380 | CPT | | | | both | | | 2926 | 1552.05 | Aetna | Commercial | 2202.56 | | | 1056.84 | 522.52 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/BIOPSY | 45380 | CPT | | | | both | | | 2926 | 1552.05 | Horizon | NJ Health | 522.52 | | | 1481.66 | 522.52 | 2779.7 | fee schedule | |
| HC COLONOSCOPY W/BIOPSY | 45380 | CPT | | | | both | | | 2926 | 1552.05 | Amerihealth | HMO/PPO | 550 | | | 975.14 | 522.52 | 2779.7 | fee schedule | |
| HC COLONOSCOPY W/BIOPSY | 45380 | CPT | | | | both | | | 2926 | 1552.05 | Horizon | MGD | 2611.5 | | | 1208.82 | 522.52 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/BIOPSY | 45380 | CPT | | | | both | | | 2926 | 1552.05 | Multiplan | Multiplan | 2340.8 | 80 | | | 522.52 | 2779.7 | percent of total billed charges | |
| HC COLONOSCOPY W/BIOPSY | 45380 | CPT | | | | both | | | 2926 | 1552.05 | First Trenton | First Trenton | 2633.4 | 90 | | | 522.52 | 2779.7 | percent of total billed charges | |
| HC COLONOSCOPY W/BIOPSY | 45380 | CPT | | | | both | | | 2926 | 1552.05 | UHC | Medicaid | 923.15 | 31.55 | | 765.11 | 522.52 | 2779.7 | percent of total billed charges | |
| HC COLONOSCOPY W/BIOPSY | 45380 | CPT | | | | both | | | 2926 | 1552.05 | United | Oxford | 2493 | | | | 522.52 | 2779.7 | case rate | |
| HC COLONOSCOPY W/BIOPSY | 45380 | CPT | | | | both | | | 2926 | 1552.05 | Consumer | Consumer | 2779.7 | 95 | | | 522.52 | 2779.7 | percent of total billed charges | |
| HC COLONOSCOPY W/BIOPSY | 45380 | CPT | | | | both | | | 2926 | 1552.05 | Horizon | PPO | 2611.5 | | | 1530.99 | 522.52 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/BIOPSY | 45380 | CPT | | | | both | | | 2926 | 1552.05 | Qualcare | Qualcare | 2194.5 | 75 | | | 522.52 | 2779.7 | percent of total billed charges | |
| HC COLONOSCOPY W/BIOPSY | 45380 | CPT | | | | both | | | 2926 | 1552.05 | Horizon | Indemnity | 2611.5 | | | 1135.69 | 522.52 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/BIOPSY | 45380 | CPT | | | | both | | | 2926 | 1552.05 | Corrections | Corrections | 2340.8 | 80 | | 888.11 | 522.52 | 2779.7 | percent of total billed charges | |
| HC COLONOSCOPY W/BIOPSY | 45380 | CPT | | | | both | | | 2926 | 1552.05 | Managed Care Inc | Managed Care Inc | 2633.4 | 90 | | | 522.52 | 2779.7 | percent of total billed charges | |
| HC COLONOSCOPY W/BIOPSY | 45380 | CPT | | | | both | | | 2926 | 1552.05 | Three Rivers | Three Rivers | 2779.7 | 95 | | | 522.52 | 2779.7 | percent of total billed charges | |
| HC COLONOSCOPY W/BIOPSY | 45380 | CPT | | | | both | | | 2926 | 1552.05 | UHC | Medicare | 1349.61 | | | 706.27 | 522.52 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/BIOPSY | 45380 | CPT | | | | both | | | 2926 | 1552.05 | Horizon | Medicare Blue | 1349.61 | | | 736.14 | 522.52 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/BIOPSY | 45380 | CPT | | | | both | | | 2926 | 1552.05 | WellPoint | WellPoint | 941.59 | 32.18 | | 792.26 | 522.52 | 2779.7 | percent of total billed charges | |
| HC COLONOSCOPY W/BIOPSY | 45380 | CPT | | | | both | | | 2926 | 1552.05 | United | Commercial/PPO | 2493 | | | 1242.66 | 522.52 | 2779.7 | case rate | |
| HC COLONOSCOPY W/BIOPSY | 45380 | CPT | | | | both | | | 2926 | 1552.05 | Wellcare | Medicaid | 923.15 | 31.55 | | 582.21 | 522.52 | 2779.7 | percent of total billed charges | |
| HC COLONOSCOPY W/BIOPSY | 45380 | CPT | | | | both | | | 2926 | 1552.05 | Wellcare | Medicare | 1349.61 | | | 457.72 | 522.52 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/DIRECTED SUBMUCO | 45381 | CPT | | | | outpatient | | | 3699 | 1552.05 | Horizon | PPO | 2611.5 | | | 717.7 | 524.61 | 3514.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/DIRECTED SUBMUCO | 45381 | CPT | | | | outpatient | | | 3699 | 1552.05 | Horizon | NJ Health | 524.61 | | | 1119.36 | 524.61 | 3514.05 | fee schedule | |
| HC COLONOSCOPY W/DIRECTED SUBMUCO | 45381 | CPT | | | | outpatient | | | 3699 | 1552.05 | First Health | First Health | 2589.3 | 70 | | | 524.61 | 3514.05 | percent of total billed charges | |
| HC COLONOSCOPY W/DIRECTED SUBMUCO | 45381 | CPT | | | | outpatient | | | 3699 | 1552.05 | Aetna | Medicare | 1349.61 | | | | 524.61 | 3514.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/DIRECTED SUBMUCO | 45381 | CPT | | | | outpatient | | | 3699 | 1552.05 | Aetna | Commercial | 2202.56 | | | 705.19 | 524.61 | 3514.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/DIRECTED SUBMUCO | 45381 | CPT | | | | outpatient | | | 3699 | 1552.05 | Americare | Americare | 2774.25 | 75 | | | 524.61 | 3514.05 | percent of total billed charges | |
| HC COLONOSCOPY W/DIRECTED SUBMUCO | 45381 | CPT | | | | outpatient | | | 3699 | 1552.05 | Aetna | Better Health | 1167.03 | 31.55 | | | 524.61 | 3514.05 | percent of total billed charges | |
| HC COLONOSCOPY W/DIRECTED SUBMUCO | 45381 | CPT | | | | outpatient | | | 3699 | 1552.05 | Horizon | MGD | 2611.5 | | | 1403.88 | 524.61 | 3514.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/DIRECTED SUBMUCO | 45381 | CPT | | | | outpatient | | | 3699 | 1552.05 | United | Commercial/PPO | 2493 | | | | 524.61 | 3514.05 | case rate | |
| HC COLONOSCOPY W/DIRECTED SUBMUCO | 45381 | CPT | | | | outpatient | | | 3699 | 1552.05 | Three Rivers | Three Rivers | 3514.05 | 95 | | | 524.61 | 3514.05 | percent of total billed charges | |
| HC COLONOSCOPY W/DIRECTED SUBMUCO | 45381 | CPT | | | | outpatient | | | 3699 | 1552.05 | Horizon | Medicare Blue | 1349.61 | | | | 524.61 | 3514.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/DIRECTED SUBMUCO | 45381 | CPT | | | | outpatient | | | 3699 | 1552.05 | Amerihealth | HMO/PPO | 550 | | | | 524.61 | 3514.05 | fee schedule | |
| HC COLONOSCOPY W/DIRECTED SUBMUCO | 45381 | CPT | | | | outpatient | | | 3699 | 1552.05 | First Trenton | First Trenton | 3329.1 | 90 | | | 524.61 | 3514.05 | percent of total billed charges | |
| HC COLONOSCOPY W/DIRECTED SUBMUCO | 45381 | CPT | | | | outpatient | | | 3699 | 1552.05 | WellPoint | WellPoint | 1190.34 | 32.18 | | 1022.46 | 524.61 | 3514.05 | percent of total billed charges | |
| HC COLONOSCOPY W/DIRECTED SUBMUCO | 45381 | CPT | | | | outpatient | | | 3699 | 1552.05 | Consumer | Consumer | 3514.05 | 95 | | | 524.61 | 3514.05 | percent of total billed charges | |
| HC COLONOSCOPY W/DIRECTED SUBMUCO | 45381 | CPT | | | | outpatient | | | 3699 | 1552.05 | Corrections | Corrections | 2959.2 | 80 | | 1140.8 | 524.61 | 3514.05 | percent of total billed charges | |
| HC COLONOSCOPY W/DIRECTED SUBMUCO | 45381 | CPT | | | | outpatient | | | 3699 | 1552.05 | Managed Care Inc | Managed Care Inc | 3329.1 | 90 | | | 524.61 | 3514.05 | percent of total billed charges | |
| HC COLONOSCOPY W/DIRECTED SUBMUCO | 45381 | CPT | | | | outpatient | | | 3699 | 1552.05 | Horizon | Indemnity | 2611.5 | | | | 524.61 | 3514.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/DIRECTED SUBMUCO | 45381 | CPT | | | | outpatient | | | 3699 | 1552.05 | Multiplan | Multiplan | 2959.2 | 80 | | | 524.61 | 3514.05 | percent of total billed charges | |
| HC COLONOSCOPY W/DIRECTED SUBMUCO | 45381 | CPT | | | | outpatient | | | 3699 | 1552.05 | Wellcare | Medicare | 1349.61 | | | | 524.61 | 3514.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/DIRECTED SUBMUCO | 45381 | CPT | | | | outpatient | | | 3699 | 1552.05 | UHC | Medicaid | 1167.03 | 31.55 | | 810.22 | 524.61 | 3514.05 | percent of total billed charges | |
| HC COLONOSCOPY W/DIRECTED SUBMUCO | 45381 | CPT | | | | outpatient | | | 3699 | 1552.05 | Qualcare | Qualcare | 2774.25 | 75 | | | 524.61 | 3514.05 | percent of total billed charges | |
| HC COLONOSCOPY W/DIRECTED SUBMUCO | 45381 | CPT | | | | outpatient | | | 3699 | 1552.05 | United | Oxford | 2493 | | | | 524.61 | 3514.05 | case rate | |
| HC COLONOSCOPY W/DIRECTED SUBMUCO | 45381 | CPT | | | | outpatient | | | 3699 | 1552.05 | UHC | Medicare | 1349.61 | | | 654.3 | 524.61 | 3514.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/DIRECTED SUBMUCO | 45381 | CPT | | | | outpatient | | | 3699 | 1552.05 | Wellcare | Medicaid | 1167.03 | 31.55 | | | 524.61 | 3514.05 | percent of total billed charges | |
| HC COLONOSCOPY FLEX:W/CONTRL BLEE | 45382 | CPT | | | | outpatient | | | 2962 | 1552.05 | Aetna | Commercial | 2202.56 | | | | 475.02 | 2813.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY FLEX:W/CONTRL BLEE | 45382 | CPT | | | | outpatient | | | 2962 | 1552.05 | Horizon | MGD | 2611.5 | | | | 475.02 | 2813.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY FLEX:W/CONTRL BLEE | 45382 | CPT | | | | outpatient | | | 2962 | 1552.05 | Aetna | Better Health | 934.51 | 31.55 | | | 475.02 | 2813.9 | percent of total billed charges | |
| HC COLONOSCOPY FLEX:W/CONTRL BLEE | 45382 | CPT | | | | outpatient | | | 2962 | 1552.05 | Americare | Americare | 2221.5 | 75 | | | 475.02 | 2813.9 | percent of total billed charges | |
| HC COLONOSCOPY FLEX:W/CONTRL BLEE | 45382 | CPT | | | | outpatient | | | 2962 | 1552.05 | Wellcare | Medicare | 1349.61 | | | 880.81 | 475.02 | 2813.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY FLEX:W/CONTRL BLEE | 45382 | CPT | | | | outpatient | | | 2962 | 1552.05 | First Health | First Health | 2073.4 | 70 | | | 475.02 | 2813.9 | percent of total billed charges | |
| HC COLONOSCOPY FLEX:W/CONTRL BLEE | 45382 | CPT | | | | outpatient | | | 2962 | 1552.05 | Corrections | Corrections | 2369.6 | 80 | | | 475.02 | 2813.9 | percent of total billed charges | |
| HC COLONOSCOPY FLEX:W/CONTRL BLEE | 45382 | CPT | | | | outpatient | | | 2962 | 1552.05 | Aetna | Medicare | 1349.61 | | | | 475.02 | 2813.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY FLEX:W/CONTRL BLEE | 45382 | CPT | | | | outpatient | | | 2962 | 1552.05 | Horizon | Indemnity | 2611.5 | | | | 475.02 | 2813.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY FLEX:W/CONTRL BLEE | 45382 | CPT | | | | outpatient | | | 2962 | 1552.05 | Multiplan | Multiplan | 2369.6 | 80 | | | 475.02 | 2813.9 | percent of total billed charges | |
| HC COLONOSCOPY FLEX:W/CONTRL BLEE | 45382 | CPT | | | | outpatient | | | 2962 | 1552.05 | Consumer | Consumer | 2813.9 | 95 | | | 475.02 | 2813.9 | percent of total billed charges | |
| HC COLONOSCOPY FLEX:W/CONTRL BLEE | 45382 | CPT | | | | outpatient | | | 2962 | 1552.05 | Amerihealth | HMO/PPO | 550 | | | | 475.02 | 2813.9 | fee schedule | |
| HC COLONOSCOPY FLEX:W/CONTRL BLEE | 45382 | CPT | | | | outpatient | | | 2962 | 1552.05 | Wellcare | Medicaid | 934.51 | 31.55 | | | 475.02 | 2813.9 | percent of total billed charges | |
| HC COLONOSCOPY FLEX:W/CONTRL BLEE | 45382 | CPT | | | | outpatient | | | 2962 | 1552.05 | UHC | Medicare | 1349.61 | | | 577.25 | 475.02 | 2813.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY FLEX:W/CONTRL BLEE | 45382 | CPT | | | | outpatient | | | 2962 | 1552.05 | Horizon | PPO | 2611.5 | | | | 475.02 | 2813.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY FLEX:W/CONTRL BLEE | 45382 | CPT | | | | outpatient | | | 2962 | 1552.05 | Horizon | Medicare Blue | 1349.61 | | | | 475.02 | 2813.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY FLEX:W/CONTRL BLEE | 45382 | CPT | | | | outpatient | | | 2962 | 1552.05 | First Trenton | First Trenton | 2665.8 | 90 | | | 475.02 | 2813.9 | percent of total billed charges | |
| HC COLONOSCOPY FLEX:W/CONTRL BLEE | 45382 | CPT | | | | outpatient | | | 2962 | 1552.05 | Qualcare | Qualcare | 2221.5 | 75 | | | 475.02 | 2813.9 | percent of total billed charges | |
| HC COLONOSCOPY FLEX:W/CONTRL BLEE | 45382 | CPT | | | | outpatient | | | 2962 | 1552.05 | Horizon | NJ Health | 475.02 | | | | 475.02 | 2813.9 | fee schedule | |
| HC COLONOSCOPY FLEX:W/CONTRL BLEE | 45382 | CPT | | | | outpatient | | | 2962 | 1552.05 | WellPoint | WellPoint | 963.17 | 32.18 | | 703.79 | 475.02 | 2813.9 | percent of total billed charges | |
| HC COLONOSCOPY FLEX:W/CONTRL BLEE | 45382 | CPT | | | | outpatient | | | 2962 | 1552.05 | Managed Care Inc | Managed Care Inc | 2665.8 | 90 | | | 475.02 | 2813.9 | percent of total billed charges | |
| HC COLONOSCOPY FLEX:W/CONTRL BLEE | 45382 | CPT | | | | outpatient | | | 2962 | 1552.05 | UHC | Medicaid | 934.51 | 31.55 | | | 475.02 | 2813.9 | percent of total billed charges | |
| HC COLONOSCOPY FLEX:W/CONTRL BLEE | 45382 | CPT | | | | outpatient | | | 2962 | 1552.05 | Three Rivers | Three Rivers | 2813.9 | 95 | | | 475.02 | 2813.9 | percent of total billed charges | |
| HC COLONOSCOPY FLEX:W/CONTRL BLEE | 45382 | CPT | | | | outpatient | | | 2962 | 1552.05 | United | Commercial/PPO | 2493 | | | | 475.02 | 2813.9 | case rate | |
| HC COLONOSCOPY FLEX:W/CONTRL BLEE | 45382 | CPT | | | | outpatient | | | 2962 | 1552.05 | United | Oxford | 2493 | | | | 475.02 | 2813.9 | case rate | |
| HC COLONOSCOPY WIREMOVAL LESION | 45384 | CPT | | | | outpatient | | | 2926 | 1552.05 | Consumer | Consumer | 2779.7 | 95 | | | 550 | 2779.7 | percent of total billed charges | |
| HC COLONOSCOPY WIREMOVAL LESION | 45384 | CPT | | | | outpatient | | | 2926 | 1552.05 | Aetna | Commercial | 2202.56 | | | | 550 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY WIREMOVAL LESION | 45384 | CPT | | | | outpatient | | | 2926 | 1552.05 | Aetna | Better Health | 923.15 | 31.55 | | | 550 | 2779.7 | percent of total billed charges | |
| HC COLONOSCOPY WIREMOVAL LESION | 45384 | CPT | | | | outpatient | | | 2926 | 1552.05 | Americare | Americare | 2194.5 | 75 | | | 550 | 2779.7 | percent of total billed charges | |
| HC COLONOSCOPY WIREMOVAL LESION | 45384 | CPT | | | | outpatient | | | 2926 | 1552.05 | Horizon | Medicare Blue | 1349.61 | | | | 550 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY WIREMOVAL LESION | 45384 | CPT | | | | outpatient | | | 2926 | 1552.05 | Corrections | Corrections | 2340.8 | 80 | | | 550 | 2779.7 | percent of total billed charges | |
| HC COLONOSCOPY WIREMOVAL LESION | 45384 | CPT | | | | outpatient | | | 2926 | 1552.05 | Aetna | Medicare | 1349.61 | | | | 550 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY WIREMOVAL LESION | 45384 | CPT | | | | outpatient | | | 2926 | 1552.05 | First Trenton | First Trenton | 2633.4 | 90 | | | 550 | 2779.7 | percent of total billed charges | |
| HC COLONOSCOPY WIREMOVAL LESION | 45384 | CPT | | | | outpatient | | | 2926 | 1552.05 | United | Oxford | 2493 | | | | 550 | 2779.7 | case rate | |
| HC COLONOSCOPY WIREMOVAL LESION | 45384 | CPT | | | | outpatient | | | 2926 | 1552.05 | Multiplan | Multiplan | 2340.8 | 80 | | | 550 | 2779.7 | percent of total billed charges | |
| HC COLONOSCOPY WIREMOVAL LESION | 45384 | CPT | | | | outpatient | | | 2926 | 1552.05 | Horizon | PPO | 2611.5 | | | | 550 | 2779.

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC COLONOSCOPY W/REMOVAL LESION | 45384 | CPT | | | | outpatient | | | 2926 | | 1552.05 Horizon | Indemnity | 2611.5 | | | | 550 | | 2779.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/REMOVAL LESION | 45384 | CPT | | | | outpatient | | | 2926 | | 1552.05 UHC | Medicare | 1349.61 | | | | 550 | | 2779.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/REMOVAL LESION | 45384 | CPT | | | | outpatient | | | 2926 | | 1552.05 Managed Care Inc | Managed Care Inc | 2633.4 | 90 | | | 550 | | 2779.7 percent of total billed charges | |
| HC COLONOSCOPY W/REMOVAL LESION | 45384 | CPT | | | | outpatient | | | 2926 | | 1552.05 UHC | Medicaid | 923.15 | 31.55 | | | 550 | | 2779.7 percent of total billed charges | |
| HC COLONOSCOPY W/REMOVAL LESION | 45384 | CPT | | | | outpatient | | | 2926 | | 1552.05 Three Rivers | Three Rivers | 2779.7 | 95 | | | 550 | | 2779.7 percent of total billed charges | |
| HC COLONOSCOPY W/REMOVAL LESION | 45384 | CPT | | | | outpatient | | | 2926 | | 1552.05 United | Commercial/PPO | 2493 | | | | 550 | | 2779.7 case rate | |
| HC COLONOSCOPY W/REM OF TUMOR | 45385 | CPT | | | | both | | | 2926 | | 1552.05 Consumer | Consumer | 2779.7 | 95 | | | 550 | | 2779.7 percent of total billed charges | |
| HC COLONOSCOPY W/REM OF TUMOR | 45385 | CPT | | | | both | | | 2926 | | 1552.05 Aetna | Better Health | 923.15 | 31.55 | | | 550 | | 2779.7 percent of total billed charges | |
| HC COLONOSCOPY W/REM OF TUMOR | 45385 | CPT | | | | both | | | 2926 | | 1552.05 Managed Care Inc | Managed Care Inc | 2633.4 | 90 | | | 550 | | 2779.7 percent of total billed charges | |
| HC COLONOSCOPY W/REM OF TUMOR | 45385 | CPT | | | | both | | | 2926 | | 1552.05 First Trenton | First Trenton | 2633.4 | 90 | | | 550 | | 2779.7 percent of total billed charges | |
| HC COLONOSCOPY W/REM OF TUMOR | 45385 | CPT | | | | both | | | 2926 | | 1552.05 First Health | First Health | 2048.2 | 70 | | | 550 | | 2779.7 percent of total billed charges | |
| HC COLONOSCOPY W/REM OF TUMOR | 45385 | CPT | | | | both | | | 2926 | | 1552.05 Aetna | Commercial | 2202.56 | | | 813.77 | 550 | | 2779.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/REM OF TUMOR | 45385 | CPT | | | | both | | | 2926 | | 1552.05 Aetna | Medicare | 1349.61 | | | 585.77 | 550 | | 2779.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/REM OF TUMOR | 45385 | CPT | | | | both | | | 2926 | | 1552.05 Americare | Americare | 2194.5 | 75 | | | 550 | | 2779.7 percent of total billed charges | |
| HC COLONOSCOPY W/REM OF TUMOR | 45385 | CPT | | | | both | | | 2926 | | 1552.05 Wellcare | Medicaid | 923.15 | 31.55 | | 348.43 | 550 | | 2779.7 percent of total billed charges | |
| HC COLONOSCOPY W/REM OF TUMOR | 45385 | CPT | | | | both | | | 2926 | | 1552.05 Corrections | Corrections | 2340.8 | 80 | | 767.86 | 550 | | 2779.7 percent of total billed charges | |
| HC COLONOSCOPY W/REM OF TUMOR | 45385 | CPT | | | | both | | | 2926 | | 1552.05 Wellcare | Medicare | 1349.61 | | | 242.74 | 550 | | 2779.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/REM OF TUMOR | 45385 | CPT | | | | both | | | 2926 | | 1552.05 United | Oxford | 2493 | | | 1901.33 | 550 | | 2779.7 case rate | |
| HC COLONOSCOPY W/REM OF TUMOR | 45385 | CPT | | | | both | | | 2926 | | 1552.05 Three Rivers | Three Rivers | 2779.7 | 95 | | | 550 | | 2779.7 percent of total billed charges | |
| HC COLONOSCOPY W/REM OF TUMOR | 45385 | CPT | | | | both | | | 2926 | | 1552.05 Amerihealth | HMO/PPO | 550 | | | 960.44 | 550 | | 2779.7 fee schedule | |
| HC COLONOSCOPY W/REM OF TUMOR | 45385 | CPT | | | | both | | | 2926 | | 1552.05 Multiplan | Multiplan | 2340.8 | 80 | | | 550 | | 2779.7 percent of total billed charges | |
| HC COLONOSCOPY W/REM OF TUMOR | 45385 | CPT | | | | both | | | 2926 | | 1552.05 Horizon | Medicare Blue | 1349.61 | | | 763.96 | 550 | | 2779.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/REM OF TUMOR | 45385 | CPT | | | | both | | | 2926 | | 1552.05 UHC | Medicaid | 923.15 | 31.55 | | 757.62 | 550 | | 2779.7 percent of total billed charges | |
| HC COLONOSCOPY W/REM OF TUMOR | 45385 | CPT | | | | both | | | 2926 | | 1552.05 Horizon | Indemnity | 2611.5 | | | 824.97 | 550 | | 2779.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/REM OF TUMOR | 45385 | CPT | | | | both | | | 2926 | | 1552.05 Qualcare | Qualcare | 2194.5 | 75 | | | 550 | | 2779.7 percent of total billed charges | |
| HC COLONOSCOPY W/REM OF TUMOR | 45385 | CPT | | | | both | | | 2926 | | 1552.05 WellPoint | WellPoint | 941.59 | 32.18 | | 714.28 | 550 | | 2779.7 percent of total billed charges | |
| HC COLONOSCOPY W/REM OF TUMOR | 45385 | CPT | | | | both | | | 2926 | | 1552.05 Horizon | NJ Health | 707.31 | | | 1385.83 | 550 | | 2779.7 fee schedule | |
| HC COLONOSCOPY W/REM OF TUMOR | 45385 | CPT | | | | both | | | 2926 | | 1552.05 Horizon | MGD | 2611.5 | | | 1147.06 | 550 | | 2779.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/REM OF TUMOR | 45385 | CPT | | | | both | | | 2926 | | 1552.05 United | Commercial/PPO | 2493 | | | 1230.59 | 550 | | 2779.7 case rate | |
| HC COLONOSCOPY W/REM OF TUMOR | 45385 | CPT | | | | both | | | 2926 | | 1552.05 Horizon | PPO | 2611.5 | | | 1248.49 | 550 | | 2779.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/REM OF TUMOR | 45385 | CPT | | | | both | | | 2926 | | 1552.05 UHC | Medicare | 1349.61 | | | 660.23 | 550 | | 2779.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W B DIL STRICTURE( | 45386 | CPT | | | | outpatient | | | 2998 | | 1552.05 Americare | Americare | 2248.5 | 75 | | | 550 | | 2848.1 percent of total billed charges | |
| HC COLONOSCOPY W B DIL STRICTURE( | 45386 | CPT | | | | outpatient | | | 2998 | | 1552.05 Horizon | Medicare Blue | 1349.61 | | | | 550 | | 2848.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W B DIL STRICTURE( | 45386 | CPT | | | | outpatient | | | 2998 | | 1552.05 Aetna | Better Health | 945.87 | 31.55 | | | 550 | | 2848.1 percent of total billed charges | |
| HC COLONOSCOPY W B DIL STRICTURE( | 45386 | CPT | | | | outpatient | | | 2998 | | 1552.05 Consumer | Consumer | 2848.1 | 95 | | | 550 | | 2848.1 percent of total billed charges | |
| HC COLONOSCOPY W B DIL STRICTURE( | 45386 | CPT | | | | outpatient | | | 2998 | | 1552.05 Amerihealth | HMO/PPO | 550 | | | | 550 | | 2848.1 fee schedule | |
| HC COLONOSCOPY W B DIL STRICTURE( | 45386 | CPT | | | | outpatient | | | 2998 | | 1552.05 Aetna | Commercial | 2202.56 | | | | 550 | | 2848.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W B DIL STRICTURE( | 45386 | CPT | | | | outpatient | | | 2998 | | 1552.05 Aetna | Medicare | 1349.61 | | | | 550 | | 2848.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W B DIL STRICTURE( | 45386 | CPT | | | | outpatient | | | 2998 | | 1552.05 First Trenton | First Trenton | 2698.2 | 90 | | | 550 | | 2848.1 percent of total billed charges | |
| HC COLONOSCOPY W B DIL STRICTURE( | 45386 | CPT | | | | outpatient | | | 2998 | | 1552.05 Horizon | MGD | 2611.5 | | | | 550 | | 2848.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W B DIL STRICTURE( | 45386 | CPT | | | | outpatient | | | 2998 | | 1552.05 UHC | Medicare | 1349.61 | | | | 550 | | 2848.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W B DIL STRICTURE( | 45386 | CPT | | | | outpatient | | | 2998 | | 1552.05 Multiplan | Multiplan | 2398.4 | 80 | | | 550 | | 2848.1 percent of total billed charges | |
| HC COLONOSCOPY W B DIL STRICTURE( | 45386 | CPT | | | | outpatient | | | 2998 | | 1552.05 Corrections | Corrections | 2398.4 | 80 | | | 550 | | 2848.1 percent of total billed charges | |
| HC COLONOSCOPY W B DIL STRICTURE( | 45386 | CPT | | | | outpatient | | | 2998 | | 1552.05 UHC | Medicaid | 945.87 | 31.55 | | | 550 | | 2848.1 percent of total billed charges | |
| HC COLONOSCOPY W B DIL STRICTURE( | 45386 | CPT | | | | outpatient | | | 2998 | | 1552.05 Wellcare | Medicaid | 945.87 | 31.55 | | | 550 | | 2848.1 percent of total billed charges | |
| HC COLONOSCOPY W B DIL STRICTURE( | 45386 | CPT | | | | outpatient | | | 2998 | | 1552.05 First Health | First Health | 2098.6 | 70 | | | 550 | | 2848.1 percent of total billed charges | |
| HC COLONOSCOPY W B DIL STRICTURE( | 45386 | CPT | | | | outpatient | | | 2998 | | 1552.05 Horizon | NJ Health | 997.02 | | | | 550 | | 2848.1 fee schedule | |
| HC COLONOSCOPY W B DIL STRICTURE( | 45386 | CPT | | | | outpatient | | | 2998 | | 1552.05 United | Commercial/PPO | 2493 | | | | 550 | | 2848.1 case rate | |
| HC COLONOSCOPY W B DIL STRICTURE( | 45386 | CPT | | | | outpatient | | | 2998 | | 1552.05 Wellcare | Medicare | 1349.61 | | | | 550 | | 2848.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W B DIL STRICTURE( | 45386 | CPT | | | | outpatient | | | 2998 | | 1552.05 Qualcare | Qualcare | 2248.5 | 75 | | | 550 | | 2848.1 percent of total billed charges | |
| HC COLONOSCOPY W B DIL STRICTURE( | 45386 | CPT | | | | outpatient | | | 2998 | | 1552.05 Horizon | Indemnity | 2611.5 | | | | 550 | | 2848.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W B DIL STRICTURE( | 45386 | CPT | | | | outpatient | | | 2998 | | 1552.05 Managed Care Inc | Managed Care Inc | 2698.2 | 90 | | | 550 | | 2848.1 percent of total billed charges | |
| HC COLONOSCOPY W B DIL STRICTURE( | 45386 | CPT | | | | outpatient | | | 2998 | | 1552.05 Horizon | PPO | 2611.5 | | | | 550 | | 2848.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W B DIL STRICTURE( | 45386 | CPT | | | | outpatient | | | 2998 | | 1552.05 Three Rivers | Three Rivers | 2848.1 | 95 | | | 550 | | 2848.1 percent of total billed charges | |
| HC COLONOSCOPY W B DIL STRICTURE( | 45386 | CPT | | | | outpatient | | | 2998 | | 1552.05 United | Oxford | 2493 | | | | 550 | | 2848.1 case rate | |
| HC COLONOSCOPY W B DIL STRICTURE( | 45386 | CPT | | | | outpatient | | | 2998 | | 1552.05 WellPoint | WellPoint | 964.76 | 32.18 | | | 550 | | 2848.1 percent of total billed charges | |
| HC COLONOSCOPY W/ABLATION | 45388 | CPT | | | | outpatient | | | 3789 | | 1552.05 Aetna | Better Health | 1195.43 | 31.55 | | | 550 | | 3599.55 percent of total billed charges | |
| HC COLONOSCOPY W/ABLATION | 45388 | CPT | | | | outpatient | | | 3789 | | 1552.05 UHC | Medicare | 1349.61 | | | | 550 | | 3599.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/ABLATION | 45388 | CPT | | | | outpatient | | | 3789 | | 1552.05 Horizon | Indemnity | 2611.5 | | | | 550 | | 3599.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/ABLATION | 45388 | CPT | | | | outpatient | | | 3789 | | 1552.05 Aetna | Medicare | 1349.61 | | | | 550 | | 3599.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/ABLATION | 45388 | CPT | | | | outpatient | | | 3789 | | 1552.05 Consumer | Consumer | 3599.55 | 95 | | | 550 | | 3599.55 percent of total billed charges | |
| HC COLONOSCOPY W/ABLATION | 45388 | CPT | | | | outpatient | | | 3789 | | 1552.05 Aetna | Commercial | 2202.56 | | | | 550 | | 3599.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/ABLATION | 45388 | CPT | | | | outpatient | | | 3789 | | 1552.05 Horizon | Medicare Blue | 1349.61 | | | | 550 | | 3599.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/ABLATION | 45388 | CPT | | | | outpatient | | | 3789 | | 1552.05 Americare | Americare | 2841.75 | 75 | | | 550 | | 3599.55 percent of total billed charges | |
| HC COLONOSCOPY W/ABLATION | 45388 | CPT | | | | outpatient | | | 3789 | | 1552.05 First Health | First Health | 2652.3 | 70 | | | 550 | | 3599.55 percent of total billed charges | |
| HC COLONOSCOPY W/ABLATION | 45388 | CPT | | | | outpatient | | | 3789 | | 1552.05 Multiplan | Multiplan | 3031.2 | 80 | | | 550 | | 3599.55 percent of total billed charges | |
| HC COLONOSCOPY W/ABLATION | 45388 | CPT | | | | outpatient | | | 3789 | | 1552.05 Horizon | PPO | 2611.5 | | | | 550 | | 3599.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/ABLATION | 45388 | CPT | | | | outpatient | | | 3789 | | 1552.05 First Trenton | First Trenton | 3410.1 | 90 | | | 550 | | 3599.55 percent of total billed charges | |
| HC COLONOSCOPY W/ABLATION | 45388 | CPT | | | | outpatient | | | 3789 | | 1552.05 Corrections | Corrections | 3031.2 | 80 | | | 550 | | 3599.55 percent of total billed charges | |
| HC COLONOSCOPY W/ABLATION | 45388 | CPT | | | | outpatient | | | 3789 | | 1552.05 Qualcare | Qualcare | 2841.75 | 75 | | | 550 | | 3599.55 percent of total billed charges | |
| HC COLONOSCOPY W/ABLATION | 45388 | CPT | | | | outpatient | | | 3789 | | 1552.05 UHC | Medicaid | 1195.43 | 31.55 | | | 550 | | 3599.55 percent of total billed charges | |
| HC COLONOSCOPY W/ABLATION | 45388 | CPT | | | | outpatient | | | 3789 | | 1552.05 Amerihealth | HMO/PPO | 550 | | | | 550 | | 3599.55 fee schedule | |
| HC COLONOSCOPY W/ABLATION | 45388 | CPT | | | | outpatient | | | 3789 | | 1552.05 Horizon | NJ Health | 826.77 | | | | 550 | | 3599.55 fee schedule | |
| HC COLONOSCOPY W/ABLATION | 45388 | CPT | | | | outpatient | | | 3789 | | 1552.05 Horizon | MGD | 2611.5 | | | | 550 | | 3599.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/ABLATION | 45388 | CPT | | | | outpatient | | | 3789 | | 1552.05 United | Commercial/PPO | 2493 | | | | 550 | | 3599.55 case rate | |
| HC COLONOSCOPY W/ABLATION | 45388 | CPT | | | | outpatient | | | 3789 | | 1552.05 Managed Care Inc | Managed Care Inc | 3410.1 | 90 | | | 550 | | 3599.55 percent of total billed charges | |
| HC COLONOSCOPY W/ABLATION | 45388 | CPT | | | | outpatient | | | 3789 | | 1552.05 United | Oxford | 2493 | | | | 550 | | 3599.55 case rate | |
| HC COLONOSCOPY W/ABLATION | 45388 | CPT | | | | outpatient | | | 3789 | | 1552.05 Three Rivers | Three Rivers | 3599.55 | 95 | | | 550 | | 3599.55 percent of total billed charges | |
| HC COLONOSCOPY W/ABLATION | 45388 | CPT | | | | outpatient | | | 3789 | | 1552.05 WellPoint | WellPoint | 1219.3 | 32.18 | | | 550 | | 3599.55 percent of total billed charges | |
| HC COLONOSCOPY W/ABLATION | 45388 | CPT | | | | outpatient | | | 3789 | | 1552.05 Wellcare | Medicaid | 1195.43 | 31.55 | | | 550 | | 3599.55 percent of total billed charges | |
| HC COLONOSCOPY W/ABLATION | 45388 | CPT | | | | outpatient | | | 3789 | | 1552.05 Wellcare | Medicare | 1349.61 | | | | 550 | | 3599.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/STENT PLCMT | 45389 | CPT | | | | outpatient | | | 10486 | | 7495.78 Aetna | Medicare | 6518.07 | | | | 483.76 | | 12612.47 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/STENT PLCMT | 45389 | CPT | | | | outpatient | | | 10486 | | 7495.78 First Trenton | First Trenton | 9437.4 | 90 | | | 483.76 | | 12612.47 percent of total billed charges | |
| HC COLONOSCOPY W/STENT PLCMT | 45389 | CPT | | | | outpatient | | | 10486 | | 7495.78 Aetna | Better Health | 3308.33 | 31.55 | | | 483.76 | | 12612.47 percent of total billed charges | |
| HC COLONOSCOPY W/STENT PLCMT | 45389 | CPT | | | | outpatient | | | 10486 | | 7495.78 Aetna | Commercial | 10637.49 | | | | 483.76 | | 12612.47 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/STENT PLCMT | 45389 | CPT | | | | outpatient | | | 10486 | | 7495.78 Horizon | MGD | 12612.47 | | | | 483.76 | | 12612.47 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/STENT PLCMT | 45389 | CPT | | | | outpatient | | | 10486 | | 7495.78 Qualcare | Qualcare | 7864.5 | 75 | | | 483.76 | | 12612.47 percent of total billed charges | |
| HC COLONOSCOPY W/STENT PLCMT | 45389 | CPT | | | | outpatient | | | 10486 | | 7495.78 First Health | First Health | 7340.2 | 70 | | | 483.76 | | 12612.47 percent of total billed charges | |
| HC COLONOSCOPY W/STENT PLCMT | 45389 | CPT | | | | outpatient | | | 10486 | | 7495.78 Americare | Americare | 7864.5 | 75 | | | 483.76 | | 12612.47 percent of total billed charges | |
| HC COLONOSCOPY W/STENT PLCMT | 45389 | CPT | | | | outpatient | | | 10486 | | 7495.78 Consumer | Consumer | 9961.7 | 95 | | | 483.76 | | 12612.47 percent of total billed charges | |
| HC COLONOSCOPY W/STENT PLCMT | 45389 | CPT | | | | outpatient | | | 10486 | | 7495.78 Managed Care Inc | Managed Care Inc | 9437.4 | 90 | | | 483.76 | | 12612.47 percent of total billed charges | |
| HC COLONOSCOPY W/STENT PLCMT | 45389 | CPT | | | | outpatient | | | 10486 | | 7495.78 Horizon | Medicare Blue | 6518.07 | | | | 483.76 | | 12612.47 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/STENT PLCMT | 45389 | CPT | | | | outpatient | | | 10486 | | 7495.78 Amerihealth | HMO/PPO | 550 | | | | 483.76 | | 12612.47 fee schedule | |
| HC COLONOSCOPY W/STENT PLCMT | 45389 | CPT | | | | outpatient | | | 10486 | | 7495.78 Corrections | Corrections | 8388.8 | 80 | | | 483.76 | | 12612.47 percent of total billed charges | |
| HC COLONOSCOPY W/STENT PLCMT | 45389 | CPT | | | | outpatient | | | 10486 | | 7495.78 UHC | Medicaid | 3308.33 | 31.55 | | | 483.76 | | 12612.47 percent of total billed charges | |
| HC COLONOSCOPY W/STENT PLCMT | 45389 | CPT | | | | outpatient | | | 10486 | | 7495.78 Multiplan | Multiplan | 8388.8 | 80 | | | 483.76 | | 12612.47 percent of total billed charges | |
| HC COLONOSCOPY W/STENT PLCMT | 45389 | CPT | | | | outpatient | | | 10486 | | 7495.78 Wellcare | Medicare | 6518.07 | | | | 483.76 | | 12612.47 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/STENT PLCMT | 45389 | CPT | | | | outpatient | | | 10486 | | 7495.78 Horizon | Indemnity | 12612.47 | | | | 483.76 | | 12612.47 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/STENT PLCMT | 45389 | CPT | | | | outpatient | | | 10486 | | 7495.78 UHC | Medicare | 6518.07 | | | | 483.76 | | 12612.47 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/STENT PLCMT | 45389 | CPT | | | | outpatient | | | 10486 | | 7495.78 Three Rivers | Three Rivers | 9961.7 | 95 | | | 483.76 | | 12612.47 percent of total billed charges | |
| HC COLONOSCOPY W/STENT PLCMT | 45389 | CPT | | | | outpatient | | | 10486 | | 7495.78 WellPoint | WellPoint | 3374.39 | 32.18 | | | 483.76 | | 12612.47 percent of total billed charges | |
| HC COLONOSCOPY W/STENT PLCMT | 45389 | CPT | | | | outpatient | | | 10486 | | 7495.78 Horizon | NJ Health | 483.76 | | | | 483.76 | | 12612.47 fee schedule | |
| HC COLONOSCOPY W/STENT PLCMT | 45389 | CPT | | | | outpatient | | | 10486 | | 7495.78 United | Commercial/PPO | 2493 | | | | 483.76 | | 12612.47 case rate | |
| HC COLONOSCOPY W/STENT PLCMT | 45389 | CPT | | | | outpatient | | | 10486 | | 7495.78 Wellcare | Medicaid | 3308.33 | 31.55 | | | 483.76 | | 12612.47 percent of total billed charges | |
| HC COLONOSCOPY W/STENT PLCMT | 45389 | CPT | | | | outpatient | | | 10486 | | 7495.78 Horizon | PPO | 12612.47 | | | | 483.76 | | 12612.47 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W/STENT PLCMT | 45389 | CPT | | | | outpatient | | | 10486 | | 7495.78 United | Oxford | 2493 | | | | 483.76 | | 12612.47 case rate | |
| HC COLONOSCOPY W ENDOSCOPIC MUCOS | 45390 | CPT | | | | outpatient | | | 3789 | | 3692.88 Horizon | Medicare Blue | 3211.2 | | | | 502.71 | | 6213.67 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W ENDOSCOPIC MUCOS | 45390 | CPT | | | | outpatient | | | 3789 | | 3692.88 Amerihealth | HMO/PPO | 550 | | | | 502.71 | | 6213.67 fee schedule | |
| HC COLONOSCOPY W ENDOSCOPIC MUCOS | 45390 | CPT | | | | outpatient | | | 3789 | | 3692.88 First Health | First Health | 2652.3 | 70 | | | 502.71 | | 6213.67 percent of total billed charges | |
| HC COLONOSCOPY W ENDOSCOPIC MUCOS | 45390 | CPT | | | | outpatient | | | 3789 | | 3692.88 Corrections | Corrections | 3031.2 | 80 | | | 502.71 | | 6213.67 percent of total billed charges | |
| HC COLONOSCOPY W ENDOSCOPIC MUCOS | 45390 | CPT | | | | outpatient | | | 3789 | | 3692.88 Aetna | Medicare | 3211.2 | | | | 502.71 | | 6213.67 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W ENDOSCOPIC MUCOS | 45390 | CPT | | | | outpatient | | | 3789 | | 3692.88 Aetna | Commercial | 5240.68 | | | | 502.71 | | 6213.67 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W ENDOSCOPIC MUCOS | 45390 | CPT | | | | outpatient | | | 3789 | | 3692.88 Multiplan | Multiplan | 3031.2 | 80 | | | 502.71 | | 6213.67 percent of total billed charges | |
| HC COLONOSCOPY W ENDOSCOPIC MUCOS | 45390 | CPT | | | | outpatient | | | 3789 | | 3692.88 Aetna | Better Health | 1195.43 | 31.55 | | | 502.71 | | 6213.67 percent of total billed charges | |
| HC COLONOSCOPY W ENDOSCOPIC MUCOS | 45390 | CPT | | | | outpatient | | | 3789 | | 3692.88 Horizon | MGD | 6213.67 | | | 544.46 | 502.71 | | 6213.67 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W ENDOSCOPIC MUCOS | 45390 | CPT | | | | outpatient | | | 3789 | | 3692.88 Wellcare | Medicaid | 1195.43 | 31.55 | | | 502.71 | | 6213.67 percent of total billed charges | |
| HC COLONOSCOPY W ENDOSCOPIC MUCOS | 45390 | CPT | | | | outpatient | | | 3789 | | 3692.88 WellPoint | WellPoint | 1219.3 | 32.18 | | 1203.95 | 502.71 | | 6213.67 percent of total billed charges | |
| HC COLONOSCOPY W ENDOSCOPIC MUCOS | 45390 | CPT | | | | outpatient | | | 3789 | | 3692.88 Qualcare | Qualcare | 2841.75 | 75 | | | 502.71 | | 6213.67 percent of total billed charges | |
| HC COLONOSCOPY W ENDOSCOPIC MUCOS | 45390 | CPT | | | | outpatient | | | 3789 | | 3692.88 Americare | Americare | 2841.75 | 75 | | | 502.71 | | 6213.67 percent of total billed charges | |
| HC COLONOSCOPY W ENDOSCOPIC MUCOS | 45390 | CPT | | | | outpatient | | | 3789 | | 3692.88 Consumer | Consumer | 3599.55 | 95 | | | 502.71 | | 6213.67 percent of total billed charges | |
| HC COLONOSCOPY W ENDOSCOPIC MUCOS | 45390 | CPT | | | | outpatient | | | 3789 | | 3692.88 Three Rivers | Three Rivers | 3599.55 | 95 | | | 502.71 | | 6213.67 percent of total billed charges | |
| HC COLONOSCOPY W ENDOSCOPIC MUCOS | 45390 | CPT | | | | outpatient | | | 3789 | | 3692.88 Wellcare | Medicare | 3211.2 | | | | 502.71 | | 6213.67 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W ENDOSCOPIC MUCOS | 45390 | CPT | | | | outpatient | | | 3789 | | 3692.88 United | Commercial/PPO | 2493 | | | | 502.71 | | 6213.67 case rate | |
| HC COLONOSCOPY W ENDOSCOPIC MUCOS | 45390 | CPT | | | | outpatient | | | 3789 | | 3692.88 First Trenton | First Trenton | 3410.1 | 90 | | | 502.71 | | 6213.67 percent of total billed charges | |
| HC COLONOSCOPY W ENDOSCOPIC MUCOS | 45390 | CPT | | | | outpatient | | | 3789 | | 3692.88 Horizon | Indemnity | 6213.67 | | | | 502.71 | | 6213.67 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W ENDOSCOPIC MUCOS | 45390 | CPT | | | | outpatient | | | 3789 | | 3692.88 Horizon | NJ Health | 502.71 | | | 1033.33 | 502.71 | | 6213.67 fee schedule | |
| HC COLONOSCOPY W ENDOSCOPIC MUCOS | 45390 | CPT | | | | outpatient | | | 3789 | | 3692.88 Horizon | PPO | 6213.67 | | | | 502.71 | | 6213.67 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W ENDOSCOPIC MUCOS | 45390 | CPT | | | | outpatient | | | 3789 | | 3692.88 Managed Care Inc | Managed Care Inc | 3410.1 | 90 | | | 502.71 | | 6213.67 percent of total billed charges | |
| HC COLONOSCOPY W ENDOSCOPIC MUCOS | 45390 | CPT | | | | outpatient | | | 3789 | | 3692.88 UHC | Medicaid | 1195.43 | 31.55 | | 1228.22 | 502.71 | | 6213.67 percent of total billed charges | |
| HC COLONOSCOPY W ENDOSCOPIC MUCOS | 45390 | CPT | | | | outpatient | | | 3789 | | 3692.88 UHC | Medicare | 3211.2 | | | 1188.86 | 502.71 | | 6213.67 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY W ENDOSCOPIC MUCOS | 45390 | CPT | | | | outpatient | | | 3789 | | 3692.88 United | Oxford | 2493 | | | | 502.71 | | 6213.67 case rate | |
| HC COLONOSCOPY FLX W ENDOSCOPIC US LTD TO RECTUM & ADJ STRUX | 45391 | CPT | | | | outpatient | | | 4065 | | 1552.05 Aetna | Commercial | 2202.56 | | | | 497.15 | | 3861.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY FLX W ENDOSCOPIC US LTD TO RECTUM & ADJ STRUX | 45391 | CPT | | | | outpatient | | | 4065 | | 1552.05 Americare | Americare | 3048.75 | 75 | | | 497.15 | | 3861.75 percent of total billed charges | |
| HC COLONOSCOPY FLX W ENDOSCOPIC US LTD TO RECTUM & ADJ STRUX | 45391 | CPT | | | | outpatient | | | 4065 | | 1552.05 Aetna | Better Health | 1282.51 | 31.55 | | | 497.15 | | 3861.75 percent of total billed charges | |
| HC COLONOSCOPY FLX W ENDOSCOPIC US LTD TO RECTUM & ADJ STRUX | 45391 | CPT | | | | outpatient | | | 4065 | | 1552.05 First Health | First Health | 2845.5 | 70 | | | 497.15 | | 3861.75 percent of total billed charges | |
| HC COLONOSCOPY FLX W ENDOSCOPIC US LTD TO RECTUM & ADJ STRUX | 45391 | CPT | | | | outpatient | | | 4065 | | 1552.05 Amerihealth | HMO/PPO | 550 | | | | 497.15 | | 3861.75 fee schedule | |
| HC COLONOSCOPY FLX W ENDOSCOPIC US LTD TO RECTUM & ADJ STRUX | 45391 | CPT | | | | outpatient | | | 4065 | | 1552.05 Corrections | Corrections | 3252 | 80 | | | 497.15 | | 3861.75 percent of total billed charges | |
| HC COLONOSCOPY FLX W ENDOSCOPIC US LTD TO RECTUM & ADJ STRUX | 45391 | CPT | | | | outpatient | | | 4065 | | 1552.05 Consumer | Consumer | 3861.75 | 95 | | | 497.15 | | 3861.75 percent of total billed charges | |
| HC COLONOSCOPY FLX W ENDOSCOPIC US LTD TO RECTUM & ADJ STRUX | 45391 | CPT | | | | outpatient | | | 4065 | | 1552.05 Multiplan | Multiplan | 3252 | 80 | | | 497.15 | | 3861.75 percent of total billed charges | |
| HC COLONOSCOPY FLX W ENDOSCOPIC US LTD TO RECTUM & ADJ STRUX | 45391 | CPT | | | | outpatient | | | 4065 | | 1552.05 Aetna | Medicare | 1349.61 | | | | 497.15 | | 3861.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY FLX W ENDOSCOPIC US LTD TO RECTUM & ADJ STRUX | 45391 | CPT | | | | outpatient | | | 4065 | | 1552.05 First Trenton | First Trenton | 3658.5 | 90 | | | 497.15 | | 3861.75 percent of total billed charges | |
| HC COLONOSCOPY FLX W ENDOSCOPIC US LTD TO RECTUM & ADJ STRUX | 45391 | CPT | | | | outpatient | | | 4065 | | 1552.05 Horizon | MGD | 2611.5 | | | | 497.15 | | 3861.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY FLX W ENDOSCOPIC US LTD TO RECTUM & ADJ STRUX | 45391 | CPT | | | | outpatient | | | 4065 | | 1552.05 Horizon | Indemnity | 2611.5 | | | | 497.15 | | 3861.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY FLX W ENDOSCOPIC US LTD TO RECTUM & ADJ STRUX | 45391 | CPT | | | | outpatient | | | 4065 | | 1552.05 UHC | Medicaid | 1282.51 | 31.55 | | 887.95 | 

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC COLONOSCOPY FLX W ENDOSCOPIC US LTD TO RECTUM & ADJ STRUX | 45391 | CPT | | | | outpatient | | | 4065 | 1552.05 | Managed Care Inc | Managed Care Inc | 3658.5 | 90 | | | 497.15 | 3861.75 | percent of total billed charges | |
| HC COLONOSCOPY FLX W ENDOSCOPIC US LTD TO RECTUM & ADJ STRUX | 45391 | CPT | | | | outpatient | | | 4065 | 1552.05 | Horizon | PPO | 2611.5 | | | | 497.15 | 3861.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY FLX W ENDOSCOPIC US LTD TO RECTUM & ADJ STRUX | 45391 | CPT | | | | outpatient | | | 4065 | 1552.05 | United | Commercial/PPO | 2493 | | | | 497.15 | 3861.75 | case rate | |
| HC COLONOSCOPY FLX W ENDOSCOPIC US LTD TO RECTUM & ADJ STRUX | 45391 | CPT | | | | outpatient | | | 4065 | 1552.05 | WellPoint | WellPoint | 1308.12 | 32.18 | | | 497.15 | 3861.75 | percent of total billed charges | |
| HC COLONOSCOPY FLX W ENDOSCOPIC US LTD TO RECTUM & ADJ STRUX | 45391 | CPT | | | | outpatient | | | 4065 | 1552.05 | Wellcare | Medicare | 1349.61 | | | | 497.15 | 3861.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY FLX W ENDOSCOPIC US LTD TO RECTUM & ADJ STRUX | 45391 | CPT | | | | outpatient | | | 4065 | 1552.05 | Wellcare | Medicaid | 1282.51 | 31.55 | | | 497.15 | 3861.75 | percent of total billed charges | |
| HC COLONOSCOPY FLX W ENDOSCOPIC US LTD TO RECTUM & ADJ STRUX | 45391 | CPT | | | | outpatient | | | 4065 | 1552.05 | Three Rivers | Three Rivers | 3861.75 | 95 | | | 497.15 | 3861.75 | percent of total billed charges | |
| HC COLONOSCOPY FLX W ENDOSCOPIC US LTD TO RECTUM & ADJ STRUX | 45391 | CPT | | | | outpatient | | | 4065 | 1552.05 | United | Oxford | 2493 | | | | 497.15 | 3861.75 | case rate | |
| HC COLONOSCOPY FLEXIBLE WITH BAND | 45398 | CPT | | | | outpatient | | | 3744 | 1552.06 | Aetna | Commercial | 2202.56 | | | 1064.23 | 550 | 3556.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY FLEXIBLE WITH BAND | 45398 | CPT | | | | outpatient | | | 3744 | 1552.05 | Aetna | Better Health | 1181.23 | 31.55 | | | 550 | 3556.8 | percent of total billed charges | |
| HC COLONOSCOPY FLEXIBLE WITH BAND | 45398 | CPT | | | | outpatient | | | 3744 | 1552.05 | UHC | Medicare | 1349.61 | | | 936.46 | 550 | 3556.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY FLEXIBLE WITH BAND | 45398 | CPT | | | | outpatient | | | 3744 | 1552.05 | Aetna | Medicare | 1349.61 | | | | 550 | 3556.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY FLEXIBLE WITH BAND | 45398 | CPT | | | | outpatient | | | 3744 | 1552.05 | Americare | Americare | 2808 | 75 | | | 550 | 3556.8 | percent of total billed charges | |
| HC COLONOSCOPY FLEXIBLE WITH BAND | 45398 | CPT | | | | outpatient | | | 3744 | 1552.05 | Amerihealth | HMO/PPO | 550 | | | 890.17 | 550 | 3556.8 | fee schedule | |
| HC COLONOSCOPY FLEXIBLE WITH BAND | 45398 | CPT | | | | outpatient | | | 3744 | 1552.05 | United | Oxford | 2493 | | | | 550 | 3556.8 | case rate | |
| HC COLONOSCOPY FLEXIBLE WITH BAND | 45398 | CPT | | | | outpatient | | | 3744 | 1552.05 | Horizon | Medicare Blue | 1349.61 | | | 1121.51 | 550 | 3556.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY FLEXIBLE WITH BAND | 45398 | CPT | | | | outpatient | | | 3744 | 1552.05 | Horizon | PPO | 2611.5 | | | 1567.01 | 550 | 3556.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY FLEXIBLE WITH BAND | 45398 | CPT | | | | outpatient | | | 3744 | 1552.05 | First Health | First Health | 2620.8 | 70 | | | 550 | 3556.8 | percent of total billed charges | |
| HC COLONOSCOPY FLEXIBLE WITH BAND | 45398 | CPT | | | | outpatient | | | 3744 | 1552.05 | Wellcare | Medicare | 1349.61 | | | 381.2 | 550 | 3556.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY FLEXIBLE WITH BAND | 45398 | CPT | | | | outpatient | | | 3744 | 1552.05 | Consumer | Consumer | 3556.8 | 95 | | | 550 | 3556.8 | percent of total billed charges | |
| HC COLONOSCOPY FLEXIBLE WITH BAND | 45398 | CPT | | | | outpatient | | | 3744 | 1552.05 | Horizon | Indemnity | 2611.5 | | | | 550 | 3556.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY FLEXIBLE WITH BAND | 45398 | CPT | | | | outpatient | | | 3744 | 1552.05 | Horizon | NJ Health | 1116.85 | | | 2096.36 | 550 | 3556.8 | fee schedule | |
| HC COLONOSCOPY FLEXIBLE WITH BAND | 45398 | CPT | | | | outpatient | | | 3744 | 1552.05 | First Trenton | First Trenton | 3369.6 | 90 | | | 550 | 3556.8 | percent of total billed charges | |
| HC COLONOSCOPY FLEXIBLE WITH BAND | 45398 | CPT | | | | outpatient | | | 3744 | 1552.05 | Corrections | Corrections | 2995.2 | 80 | | | 550 | 3556.8 | percent of total billed charges | |
| HC COLONOSCOPY FLEXIBLE WITH BAND | 45398 | CPT | | | | outpatient | | | 3744 | 1552.05 | United | Commercial/PPO | 2493 | | | | 550 | 3556.8 | case rate | |
| HC COLONOSCOPY FLEXIBLE WITH BAND | 45398 | CPT | | | | outpatient | | | 3744 | 1552.05 | Multiplan | Multiplan | 2995.2 | 80 | | | 550 | 3556.8 | percent of total billed charges | |
| HC COLONOSCOPY FLEXIBLE WITH BAND | 45398 | CPT | | | | outpatient | | | 3744 | 1552.05 | Horizon | MGD | 2611.5 | | | 1588.36 | 550 | 3556.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLONOSCOPY FLEXIBLE WITH BAND | 45398 | CPT | | | | outpatient | | | 3744 | 1552.05 | UHC | Medicaid | 1181.23 | 31.55 | | 1033.55 | 550 | 3556.8 | percent of total billed charges | |
| HC COLONOSCOPY FLEXIBLE WITH BAND | 45398 | CPT | | | | outpatient | | | 3744 | 1552.05 | Wellcare | Medicaid | 1181.23 | 31.55 | | 1063.67 | 550 | 3556.8 | percent of total billed charges | |
| HC COLONOSCOPY FLEXIBLE WITH BAND | 45398 | CPT | | | | outpatient | | | 3744 | 1552.05 | Qualcare | Qualcare | 2808 | 75 | | | 550 | 3556.8 | percent of total billed charges | |
| HC COLONOSCOPY FLEXIBLE WITH BAND | 45398 | CPT | | | | outpatient | | | 3744 | 1552.05 | Managed Care Inc | Managed Care Inc | 3369.6 | 90 | | | 550 | 3556.8 | percent of total billed charges | |
| HC COLONOSCOPY FLEXIBLE WITH BAND | 45398 | CPT | | | | outpatient | | | 3744 | 1552.05 | WellPoint | WellPoint | 1204.82 | 32.18 | | 1166.12 | 550 | 3556.8 | percent of total billed charges | |
| HC COLONOSCOPY FLEXIBLE WITH BAND | 45398 | CPT | | | | outpatient | | | 3744 | 1552.05 | Three Rivers | Three Rivers | 3556.8 | 95 | | | 550 | 3556.8 | percent of total billed charges | |
| HC INCISION OF ANAL ABSCESS | 46050 | CPT | | | | outpatient | | | 4642 | 1202.06 | Aetna | Commercial | 1705.88 | | | | 78.3 | 4409.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISION OF ANAL ABSCESS | 46050 | CPT | | | | outpatient | | | 4642 | 1202.06 | Amerihealth | HMO/PPO | 300 | | | | 78.3 | 4409.9 | fee schedule | |
| HC INCISION OF ANAL ABSCESS | 46050 | CPT | | | | outpatient | | | 4642 | 1202.06 | Aetna | Better Health | 1464.55 | 31.55 | | | 78.3 | 4409.9 | percent of total billed charges | |
| HC INCISION OF ANAL ABSCESS | 46050 | CPT | | | | outpatient | | | 4642 | 1202.06 | Horizon | PPO | 2022.6 | | | | 78.3 | 4409.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISION OF ANAL ABSCESS | 46050 | CPT | | | | outpatient | | | 4642 | 1202.06 | Americare | Americare | 3481.5 | 75 | | | 78.3 | 4409.9 | percent of total billed charges | |
| HC INCISION OF ANAL ABSCESS | 46050 | CPT | | | | outpatient | | | 4642 | 1202.06 | First Health | First Health | 3249.4 | 70 | | | 78.3 | 4409.9 | percent of total billed charges | |
| HC INCISION OF ANAL ABSCESS | 46050 | CPT | | | | outpatient | | | 4642 | 1202.06 | Corrections | Corrections | 3713.6 | 80 | | | 78.3 | 4409.9 | percent of total billed charges | |
| HC INCISION OF ANAL ABSCESS | 46050 | CPT | | | | outpatient | | | 4642 | 1202.06 | First Trenton | First Trenton | 4177.8 | 90 | | | 78.3 | 4409.9 | percent of total billed charges | |
| HC INCISION OF ANAL ABSCESS | 46050 | CPT | | | | outpatient | | | 4642 | 1202.06 | Aetna | Medicare | 1045.27 | | | | 78.3 | 4409.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISION OF ANAL ABSCESS | 46050 | CPT | | | | outpatient | | | 4642 | 1202.06 | Horizon | Indemnity | 2022.6 | | | | 78.3 | 4409.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISION OF ANAL ABSCESS | 46050 | CPT | | | | outpatient | | | 4642 | 1202.06 | Horizon | Medicare Blue | 1045.27 | | | | 78.3 | 4409.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISION OF ANAL ABSCESS | 46050 | CPT | | | | outpatient | | | 4642 | 1202.06 | WellPoint | WellPoint | 1493.8 | 32.18 | | | 78.3 | 4409.9 | percent of total billed charges | |
| HC INCISION OF ANAL ABSCESS | 46050 | CPT | | | | outpatient | | | 4642 | 1202.06 | Consumer | Consumer | 4409.9 | 95 | | | 78.3 | 4409.9 | percent of total billed charges | |
| HC INCISION OF ANAL ABSCESS | 46050 | CPT | | | | outpatient | | | 4642 | 1202.06 | Wellcare | Medicare | 1045.27 | | | | 78.3 | 4409.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISION OF ANAL ABSCESS | 46050 | CPT | | | | outpatient | | | 4642 | 1202.06 | Horizon | MGD | 2022.6 | | | | 78.3 | 4409.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISION OF ANAL ABSCESS | 46050 | CPT | | | | outpatient | | | 4642 | 1202.06 | Managed Care Inc | Managed Care Inc | 4177.8 | 90 | | | 78.3 | 4409.9 | percent of total billed charges | |
| HC INCISION OF ANAL ABSCESS | 46050 | CPT | | | | outpatient | | | 4642 | 1202.06 | Horizon | NJ Health | 78.3 | | | | 78.3 | 4409.9 | fee schedule | |
| HC INCISION OF ANAL ABSCESS | 46050 | CPT | | | | outpatient | | | 4642 | 1202.06 | UHC | Medicaid | 1464.55 | 31.55 | | | 78.3 | 4409.9 | percent of total billed charges | |
| HC INCISION OF ANAL ABSCESS | 46050 | CPT | | | | outpatient | | | 4642 | 1202.06 | Multiplan | Multiplan | 3713.6 | 80 | | | 78.3 | 4409.9 | percent of total billed charges | |
| HC INCISION OF ANAL ABSCESS | 46050 | CPT | | | | outpatient | | | 4642 | 1202.06 | Three Rivers | Three Rivers | 4409.9 | 95 | | | 78.3 | 4409.9 | percent of total billed charges | |
| HC INCISION OF ANAL ABSCESS | 46050 | CPT | | | | outpatient | | | 4642 | 1202.06 | Qualcare | Qualcare | 3481.5 | 75 | | | 78.3 | 4409.9 | percent of total billed charges | |
| HC INCISION OF ANAL ABSCESS | 46050 | CPT | | | | outpatient | | | 4642 | 1202.06 | UHC | Medicare | 1045.27 | | | 726.94 | 78.3 | 4409.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISION OF ANAL ABSCESS | 46050 | CPT | | | | outpatient | | | 4642 | 1202.06 | United | Commercial/PPO | 1817 | | | | 78.3 | 4409.9 | case rate | |
| HC INCISION OF ANAL ABSCESS | 46050 | CPT | | | | outpatient | | | 4642 | 1202.06 | United | Oxford | 1817 | | | | 78.3 | 4409.9 | case rate | |
| HC INCISION OF ANAL ABSCESS | 46050 | CPT | | | | outpatient | | | 4642 | 1202.06 | Wellcare | Medicaid | 1464.55 | 31.55 | | | 78.3 | 4409.9 | percent of total billed charges | |
| HC INC THROMBOSED HEMORRHOID EXT | 46083 | CPT | | | | outpatient | | | 909 | 325.06 | First Health | First Health | 636.3 | 70 | | | 58.46 | 1782 | percent of total billed charges | |
| HC INC THROMBOSED HEMORRHOID EXT | 46083 | CPT | | | | outpatient | | | 909 | 325.06 | Americare | Americare | 681.75 | 75 | | | 58.46 | 1782 | percent of total billed charges | |
| HC INC THROMBOSED HEMORRHOID EXT | 46083 | CPT | | | | outpatient | | | 909 | 325.06 | Horizon | Medicare Blue | 282.66 | | | | 58.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INC THROMBOSED HEMORRHOID EXT | 46083 | CPT | | | | outpatient | | | 909 | 325.06 | Corrections | Corrections | 727.2 | 80 | | | 58.46 | 1782 | percent of total billed charges | |
| HC INC THROMBOSED HEMORRHOID EXT | 46083 | CPT | | | | outpatient | | | 909 | 325.06 | Amerihealth | HMO/PPO | 125 | | | | 58.46 | 1782 | fee schedule | |
| HC INC THROMBOSED HEMORRHOID EXT | 46083 | CPT | | | | outpatient | | | 909 | 325.06 | Aetna | Better Health | 286.79 | 31.55 | | | 58.46 | 1782 | percent of total billed charges | |
| HC INC THROMBOSED HEMORRHOID EXT | 46083 | CPT | | | | outpatient | | | 909 | 325.06 | Horizon | Indemnity | 546.95 | | | | 58.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INC THROMBOSED HEMORRHOID EXT | 46083 | CPT | | | | outpatient | | | 909 | 325.06 | Aetna | Commercial | 461.3 | | | | 58.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INC THROMBOSED HEMORRHOID EXT | 46083 | CPT | | | | outpatient | | | 909 | 325.06 | First Trenton | First Trenton | 818.1 | 90 | | | 58.46 | 1782 | percent of total billed charges | |
| HC INC THROMBOSED HEMORRHOID EXT | 46083 | CPT | | | | outpatient | | | 909 | 325.06 | Consumer | Consumer | 863.55 | 95 | | | 58.46 | 1782 | percent of total billed charges | |
| HC INC THROMBOSED HEMORRHOID EXT | 46083 | CPT | | | | outpatient | | | 909 | 325.06 | UHC | Medicare | 282.66 | | | | 58.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INC THROMBOSED HEMORRHOID EXT | 46083 | CPT | | | | outpatient | | | 909 | 325.06 | Horizon | NJ Health | 58.46 | | | | 58.46 | 1782 | fee schedule | |
| HC INC THROMBOSED HEMORRHOID EXT | 46083 | CPT | | | | outpatient | | | 909 | 325.06 | Horizon | MGD | 546.95 | | | | 58.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INC THROMBOSED HEMORRHOID EXT | 46083 | CPT | | | | outpatient | | | 909 | 325.06 | Aetna | Medicare | 282.66 | | | | 58.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INC THROMBOSED HEMORRHOID EXT | 46083 | CPT | | | | outpatient | | | 909 | 325.06 | Horizon | PPO | 546.95 | | | | 58.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INC THROMBOSED HEMORRHOID EXT | 46083 | CPT | | | | outpatient | | | 909 | 325.06 | Multiplan | Multiplan | 727.2 | 80 | | | 58.46 | 1782 | percent of total billed charges | |
| HC INC THROMBOSED HEMORRHOID EXT | 46083 | CPT | | | | outpatient | | | 909 | 325.06 | Managed Care Inc | Managed Care Inc | 818.1 | 90 | | | 58.46 | 1782 | percent of total billed charges | |
| HC INC THROMBOSED HEMORRHOID EXT | 46083 | CPT | | | | outpatient | | | 909 | 325.06 | UHC | Medicaid | 286.79 | 31.55 | | | 58.46 | 1782 | percent of total billed charges | |
| HC INC THROMBOSED HEMORRHOID EXT | 46083 | CPT | | | | outpatient | | | 909 | 325.06 | United | Commercial/PPO | 1782 | | | | 58.46 | 1782 | case rate | |
| HC INC THROMBOSED HEMORRHOID EXT | 46083 | CPT | | | | outpatient | | | 909 | 325.06 | Qualcare | Qualcare | 681.75 | 75 | | | 58.46 | 1782 | percent of total billed charges | |
| HC INC THROMBOSED HEMORRHOID EXT | 46083 | CPT | | | | outpatient | | | 909 | 325.06 | Three Rivers | Three Rivers | 863.55 | 95 | | | 58.46 | 1782 | percent of total billed charges | |
| HC INC THROMBOSED HEMORRHOID EXT | 46083 | CPT | | | | outpatient | | | 909 | 325.06 | Wellcare | Medicaid | 286.79 | 31.55 | | | 58.46 | 1782 | percent of total billed charges | |
| HC INC THROMBOSED HEMORRHOID EXT | 46083 | CPT | | | | outpatient | | | 909 | 325.06 | WellPoint | WellPoint | 292.52 | 32.18 | | | 58.46 | 1782 | percent of total billed charges | |
| HC INC THROMBOSED HEMORRHOID EXT | 46083 | CPT | | | | outpatient | | | 909 | 325.06 | United | Oxford | 1782 | | | | 58.46 | 1782 | case rate | |
| HC INC THROMBOSED HEMORRHOID EXT | 46083 | CPT | | | | outpatient | | | 909 | 325.06 | Wellcare | Medicare | 282.66 | | | | 58.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BANDING OF HEMORROIDS | 46221 | CPT | | | | outpatient | | | 1231 | 1202.06 | First Trenton | First Trenton | 1107.9 | 90 | | | 108.42 | 2022.6 | percent of total billed charges | |
| HC BANDING OF HEMORROIDS | 46221 | CPT | | | | outpatient | | | 1231 | 1202.06 | Aetna | Commercial | 1705.88 | | | | 108.42 | 2022.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BANDING OF HEMORROIDS | 46221 | CPT | | | | outpatient | | | 1231 | 1202.06 | Amerihealth | HMO/PPO | 125 | | | | 108.42 | 2022.6 | fee schedule | |
| HC BANDING OF HEMORROIDS | 46221 | CPT | | | | outpatient | | | 1231 | 1202.06 | Aetna | Better Health | 388.38 | 31.55 | | | 108.42 | 2022.6 | percent of total billed charges | |
| HC BANDING OF HEMORROIDS | 46221 | CPT | | | | outpatient | | | 1231 | 1202.06 | Horizon | PPO | 2022.6 | | | | 108.42 | 2022.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BANDING OF HEMORROIDS | 46221 | CPT | | | | outpatient | | | 1231 | 1202.06 | Americare | Americare | 923.25 | 75 | | | 108.42 | 2022.6 | percent of total billed charges | |
| HC BANDING OF HEMORROIDS | 46221 | CPT | | | | outpatient | | | 1231 | 1202.06 | First Health | First Health | 861.7 | 70 | | | 108.42 | 2022.6 | percent of total billed charges | |
| HC BANDING OF HEMORROIDS | 46221 | CPT | | | | outpatient | | | 1231 | 1202.06 | Corrections | Corrections | 984.8 | 80 | | | 108.42 | 2022.6 | percent of total billed charges | |
| HC BANDING OF HEMORROIDS | 46221 | CPT | | | | outpatient | | | 1231 | 1202.06 | Managed Care Inc | Managed Care Inc | 1107.9 | 90 | | | 108.42 | 2022.6 | percent of total billed charges | |
| HC BANDING OF HEMORROIDS | 46221 | CPT | | | | outpatient | | | 1231 | 1202.06 | Aetna | Medicare | 1045.27 | | | | 108.42 | 2022.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BANDING OF HEMORROIDS | 46221 | CPT | | | | outpatient | | | 1231 | 1202.06 | Horizon | Indemnity | 2022.6 | | | | 108.42 | 2022.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BANDING OF HEMORROIDS | 46221 | CPT | | | | outpatient | | | 1231 | 1202.06 | Wellcare | Medicare | 1045.27 | | | | 108.42 | 2022.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BANDING OF HEMORROIDS | 46221 | CPT | | | | outpatient | | | 1231 | 1202.06 | UHC | Medicare | 1045.27 | | | | 108.42 | 2022.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BANDING OF HEMORROIDS | 46221 | CPT | | | | outpatient | | | 1231 | 1202.06 | Consumer | Consumer | 1169.45 | 95 | | | 108.42 | 2022.6 | percent of total billed charges | |
| HC BANDING OF HEMORROIDS | 46221 | CPT | | | | outpatient | | | 1231 | 1202.06 | UHC | Medicaid | 388.38 | 31.55 | | | 108.42 | 2022.6 | percent of total billed charges | |
| HC BANDING OF HEMORROIDS | 46221 | CPT | | | | outpatient | | | 1231 | 1202.06 | Horizon | Medicare Blue | 1045.27 | | | | 108.42 | 2022.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BANDING OF HEMORROIDS | 46221 | CPT | | | | outpatient | | | 1231 | 1202.06 | WellPoint | WellPoint | 396.14 | 32.18 | | | 108.42 | 2022.6 | percent of total billed charges | |
| HC BANDING OF HEMORROIDS | 46221 | CPT | | | | outpatient | | | 1231 | 1202.06 | Multiplan | Multiplan | 984.8 | 80 | | | 108.42 | 2022.6 | percent of total billed charges | |
| HC BANDING OF HEMORROIDS | 46221 | CPT | | | | outpatient | | | 1231 | 1202.06 | United | Commercial/PPO | 1817 | | | | 108.42 | 2022.6 | case rate | |
| HC BANDING OF HEMORROIDS | 46221 | CPT | | | | outpatient | | | 1231 | 1202.06 | Horizon | MGD | 2022.6 | | | 417.85 | 108.42 | 2022.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BANDING OF HEMORROIDS | 46221 | CPT | | | | outpatient | | | 1231 | 1202.06 | Wellcare | Medicaid | 388.38 | 31.55 | | | 108.42 | 2022.6 | percent of total billed charges | |
| HC BANDING OF HEMORROIDS | 46221 | CPT | | | | outpatient | | | 1231 | 1202.06 | Horizon | NJ Health | 108.42 | | | | 108.42 | 2022.6 | fee schedule | |
| HC BANDING OF HEMORROIDS | 46221 | CPT | | | | outpatient | | | 1231 | 1202.06 | United | Oxford | 1817 | | | | 108.42 | 2022.6 | case rate | |
| HC BANDING OF HEMORROIDS | 46221 | CPT | | | | outpatient | | | 1231 | 1202.06 | Qualcare | Qualcare | 923.25 | 75 | | | 108.42 | 2022.6 | percent of total billed charges | |
| HC BANDING OF HEMORROIDS | 46221 | CPT | | | | outpatient | | | 1231 | 1202.06 | Three Rivers | Three Rivers | 1169.45 | 95 | | | 108.42 | 2022.6 | percent of total billed charges | |
| HC DIAG ANOSCOPY SPX | 46600 | CPT | | | | outpatient | | | 438 | 168 | UHC | Medicaid | 138.19 | 31.55 | | | 41.76 | 1782 | percent of total billed charges | |
| HC DIAG ANOSCOPY SPX | 46600 | CPT | | | | outpatient | | | 438 | 168 | Americare | Americare | 328.5 | 75 | | | 41.76 | 1782 | percent of total billed charges | |
| HC DIAG ANOSCOPY SPX | 46600 | CPT | | | | outpatient | | | 438 | 168 | Aetna | Commercial | 166.44 | 38 | | 109.11 | 41.76 | 1782 | percent of total billed charges | |
| HC DIAG ANOSCOPY SPX | 46600 | CPT | | | | outpatient | | | 438 | 168 | Aetna | Better Health | 138.19 | 31.55 | | | 41.76 | 1782 | percent of total billed charges | |
| HC DIAG ANOSCOPY SPX | 46600 | CPT | | | | outpatient | | | 438 | 168 | First Health | First Health | 306.6 | 70 | | | 41.76 | 1782 | percent of total billed charges | |
| HC DIAG ANOSCOPY SPX | 46600 | CPT | | | | outpatient | | | 438 | 168 | WellPoint | WellPoint | 140.95 | 32.18 | | 122.7 | 41.76 | 1782 | percent of total billed charges | |
| HC DIAG ANOSCOPY SPX | 46600 | CPT | | | | outpatient | | | 438 | 168 | First Trenton | First Trenton | 394.2 | 90 | | | 41.76 | 1782 | percent of total billed charges | |
| HC DIAG ANOSCOPY SPX | 46600 | CPT | | | | outpatient | | | 438 | 168 | Aetna | Medicare | 146.09 | | | | 41.76 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DIAG ANOSCOPY SPX | 46600 | CPT | | | | outpatient | | | 438 | 168 | UHC | Medicare | 146.09 | | | | 41.76 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DIAG ANOSCOPY SPX | 46600 | CPT | | | | outpatient | | | 438 | 168 | Amerihealth | HMO/PPO | 125 | | | | 41.76 | 1782 | fee schedule | |
| HC DIAG ANOSCOPY SPX | 46600 | CPT | | | | outpatient | | | 438 | 168 | United | Oxford | 1782 | | | | 41.76 | 1782 | case rate | |
| HC DIAG ANOSCOPY SPX | 46600 | CPT | | | | outpatient | | | 438 | 168 | Consumer | Consumer | 416.1 | 95 | | | 41.76 | 1782 | percent of total billed charges | |
| HC DIAG ANOSCOPY SPX | 46600 | CPT | | | | outpatient | | | 438 | 168 | Horizon | Indemnity | 282.68 | | | | 41.76 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DIAG ANOSCOPY SPX | 46600 | CPT | | | | outpatient | | | 438 | 168 | Horizon | Medicare Blue | 146.09 | | | | 41.76 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DIAG ANOSCOPY SPX | 46600 | CPT | | | | outpatient | | | 438 | 168 | Managed Care Inc | Managed Care Inc | 394.2 | 90 | | | 41.76 | 1782 | percent of total billed charges | |
| HC DIAG ANOSCOPY SPX | 46600 | CPT | | | | outpatient | | | 438 | 168 | Corrections | Corrections | 350.4 | 80 | | | 41.76 | 1782 | percent of total billed charges | |
| HC DIAG ANOSCOPY SPX | 46600 | CPT | | | | outpatient | | | 438 | 168 | United | Commercial/PPO | 1782 | | | | 41.76 | 1782 | case rate | |
| HC DIAG ANOSCOPY SPX | 46600 | CPT | | | | outpatient | | | 438 | 168 | Horizon | NJ Health | 41.76 | | | | 41.76 | 1782 | fee schedule | |
| HC DIAG ANOSCOPY SPX | 46600 | CPT | | | | outpatient | | | 438 | 168 | Wellcare | Medicare | 146.09 | | | | 41.76 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DIAG ANOSCOPY SPX | 46600 | CPT | | | | outpatient | | | 438 | 168 | Horizon | MGD | 282.68 | | | | 41.76 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DIAG ANOSCOPY SPX | 46600 | CPT | | | | outpatient | | | 438 | 168 | Multiplan | Multiplan | 350.4 | 80 | | | 41.76 | 1782 | percent of total billed charges | |
| HC DIAG ANOSCOPY SPX | 46600 | CPT | | | | outpatient | | | 438 | 168 | Horizon | PPO | 282.68 | | | | 41.76 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DIAG ANOSCOPY SPX | 46600 | CPT | | | | outpatient | | | 438 | 168 | Qualcare | Qualcare | 328.5 | 75 | | | 41.76 | 1782 | percent of total billed charges | |
| HC DIAG ANOSCOPY SPX | 46600 | CPT | | | | outpatient | | | 438 | 168 | Three Rivers | Three Rivers | 416.1 | 95 | | | 41.76 | 1782 | percent of total billed charges | |
| HC DIAG ANOSCOPY SPX | 46600 | CPT | | | | outpatient | | | 438 | 168 | Wellcare | Medicaid | 138.19 | 31.55 | | | 41.76 | 1782 | percent of total billed charges | |
| HC ANOSCOPY W/HRA&CHEM AGENT | 46601 | CPT | | | | outpatient | | | 424 | 168 | Multiplan | Multiplan | 339.2 | 80 | | | 25 | 1782 | percent of total billed charges | |
| HC ANOSCOPY W/HRA&CHEM AGENT | 46601 | CPT | | | | outpatient | | | 424 | 168 | Consumer | Consumer | 402.8 | 95 | | | 25 | 1782 | percent of total billed charges | |
| HC ANOSCOPY W/HRA&CHEM AGENT | 46601 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Commercial | 238.42 | | | 21.88 | 25 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCOPY W/HRA&CHEM AGENT | 46601 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Medicare | 146.09 | | | | 25 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCOPY W/HRA&CHEM AGENT | 46601 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Better Health | 133.77 | 31.55 | | | 25 | 1782 | percent of total billed charges | |
| HC ANOSCOPY W/HRA&CHEM AGENT | 46601 | CPT | | | | outpatient | | | 424 | 168 | Americare | Americare | 318 | 75 | | | 25 | 1782 | percent of total billed charges | |
| HC ANOSCOPY W/HRA&CHEM AGENT | 46601 | CPT | | | | outpatient | | | 424 | 168 | Amerihealth | HMO/PPO | 25 | | | | 25 | 1782 | fee schedule | |
| HC ANOSCOPY W/HRA&CHEM AGENT | 46601 | CPT | | | | outpatient | | | 424 | 168 | Horizon | NJ Health | 204.26 | | | 215 | 25 | 1782 | fee schedule | |
| HC ANOSCOPY W/HRA&CHEM AGENT | 46601 | CPT | | | | outpatient | | | 424 | 168 | Qualcare | Qualcare | 318 | 75 | | | 25 | 1782 | percent of total billed charges | |
| HC ANOSCOPY W/HRA&CHEM AGENT | 46601 | CPT | | | | outpatient | | | 424 | 168 | WellPoint | WellPoint | 136.44 | 32.18 | | 109.25 | 25 | 1782 | percent of total billed charges | |
| HC ANOSCOPY W/HRA&CHEM AGENT | 46601 | CPT | | | | outpatient | | | 424 | 168 | First Trenton | First Trenton | 381.6 | 90 | | | 25 | 1782 | percent of total billed charges | |
| HC ANOSCOPY W/HRA&CHEM AGENT | 46601 | CPT | | | | outpatient | | | 424 | 168 | UHC | Medicare | 146.09 | | | | 25 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCOPY W/HRA&CHEM AGENT | 46601 | CPT | | | | outpatient | | | 424 | 168 | Corrections | Corrections | 339.2 | 80 | | | 25 | 1782 | percent of total billed charges | |
| HC ANOSCOPY W/HRA&CHEM AGENT | 46601 | CPT | | | | outpatient | | | 424 | 168 | First Health | First Health | 296.8 | 70 | | | 25 | 1782 | percent of total billed charges | |
| HC ANOSCOPY W/HRA&CHEM AGENT | 46601 | CPT | | | | outpatient | | | 424 | 168 | UHC | Medicaid | 133.77 | 31.55 | | | 25 | 1782 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC ANOSCOPY W/HRA&CHEM AGENT | 46601 | CPT | | | | outpatient | | | 424 | 168 | Horizon | Medicare Blue | 146.09 | | | | 25 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCOPY W/HRA&CHEM AGENT | 46601 | CPT | | | | outpatient | | | 424 | 168 | Horizon | PPO | 282.68 | | | | 25 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCOPY W/HRA&CHEM AGENT | 46601 | CPT | | | | outpatient | | | 424 | 168 | Horizon | Indemnity | 282.68 | | | | 25 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCOPY W/HRA&CHEM AGENT | 46601 | CPT | | | | outpatient | | | 424 | 168 | United | Oxford | 1782 | | | 411 | 25 | 1782 | case rate | |
| HC ANOSCOPY W/HRA&CHEM AGENT | 46601 | CPT | | | | outpatient | | | 424 | 168 | Managed Care Inc | Managed Care Inc | 381.6 | 90 | | | 25 | 1782 | percent of total billed charges | |
| HC ANOSCOPY W/HRA&CHEM AGENT | 46601 | CPT | | | | outpatient | | | 424 | 168 | Wellcare | Medicare | 146.09 | | | | 25 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCOPY W/HRA&CHEM AGENT | 46601 | CPT | | | | outpatient | | | 424 | 168 | Horizon | MGD | 282.68 | | | 113.81 | 25 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCOPY W/HRA&CHEM AGENT | 46601 | CPT | | | | outpatient | | | 424 | 168 | Three Rivers | Three Rivers | 402.8 | 95 | | | 25 | 1782 | percent of total billed charges | |
| HC ANOSCOPY W/HRA&CHEM AGENT | 46601 | CPT | | | | outpatient | | | 424 | 168 | United | Commercial/PPO | 1782 | | | | 25 | 1782 | case rate | |
| HC ANOSCOPY W/HRA&CHEM AGENT | 46601 | CPT | | | | outpatient | | | 424 | 168 | Wellcare | Medicaid | 133.77 | 31.55 | | 120.3 | 25 | 1782 | percent of total billed charges | |
| HC ANOSCOPY; W BX SINGLE/MULTI | 46606 | CPT | | | | outpatient | | | 3946 | 1552.05 | Aetna | Better Health | 1244.96 | 31.55 | | | 58.46 | 3748.7 | percent of total billed charges | |
| HC ANOSCOPY; W BX SINGLE/MULTI | 46606 | CPT | | | | outpatient | | | 3946 | 1552.05 | Americare | Americare | 2959.5 | 75 | | | 58.46 | 3748.7 | percent of total billed charges | |
| HC ANOSCOPY; W BX SINGLE/MULTI | 46606 | CPT | | | | outpatient | | | 3946 | 1552.05 | First Health | First Health | 2762.2 | 70 | | | 58.46 | 3748.7 | percent of total billed charges | |
| HC ANOSCOPY; W BX SINGLE/MULTI | 46606 | CPT | | | | outpatient | | | 3946 | 1552.05 | Horizon | Medicare Blue | 1349.61 | | | | 58.46 | 3748.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCOPY; W BX SINGLE/MULTI | 46606 | CPT | | | | outpatient | | | 3946 | 1552.05 | Aetna | Medicare | 1349.61 | | | | 58.46 | 3748.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCOPY; W BX SINGLE/MULTI | 46606 | CPT | | | | outpatient | | | 3946 | 1552.05 | Amerihealth | HMO/PPO | 300 | | | | 58.46 | 3748.7 | fee schedule | |
| HC ANOSCOPY; W BX SINGLE/MULTI | 46606 | CPT | | | | outpatient | | | 3946 | 1552.05 | Consumer | Consumer | 3748.7 | 95 | | | 58.46 | 3748.7 | percent of total billed charges | |
| HC ANOSCOPY; W BX SINGLE/MULTI | 46606 | CPT | | | | outpatient | | | 3946 | 1552.05 | Aetna | Commercial | 2202.56 | | | | 58.46 | 3748.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCOPY; W BX SINGLE/MULTI | 46606 | CPT | | | | outpatient | | | 3946 | 1552.05 | Multiplan | Multiplan | 3156.8 | 80 | | | 58.46 | 3748.7 | percent of total billed charges | |
| HC ANOSCOPY; W BX SINGLE/MULTI | 46606 | CPT | | | | outpatient | | | 3946 | 1552.05 | United | Commercial/PPO | 2493 | | | | 58.46 | 3748.7 | case rate | |
| HC ANOSCOPY; W BX SINGLE/MULTI | 46606 | CPT | | | | outpatient | | | 3946 | 1552.05 | First Trenton | First Trenton | 3551.4 | 90 | | | 58.46 | 3748.7 | percent of total billed charges | |
| HC ANOSCOPY; W BX SINGLE/MULTI | 46606 | CPT | | | | outpatient | | | 3946 | 1552.05 | Wellcare | Medicare | 1349.61 | | | | 58.46 | 3748.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCOPY; W BX SINGLE/MULTI | 46606 | CPT | | | | outpatient | | | 3946 | 1552.05 | Qualcare | Qualcare | 2959.5 | 75 | | | 58.46 | 3748.7 | percent of total billed charges | |
| HC ANOSCOPY; W BX SINGLE/MULTI | 46606 | CPT | | | | outpatient | | | 3946 | 1552.05 | Horizon | MGD | 2611.5 | | | | 58.46 | 3748.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCOPY; W BX SINGLE/MULTI | 46606 | CPT | | | | outpatient | | | 3946 | 1552.05 | Corrections | Corrections | 3156.8 | 80 | | | 58.46 | 3748.7 | percent of total billed charges | |
| HC ANOSCOPY; W BX SINGLE/MULTI | 46606 | CPT | | | | outpatient | | | 3946 | 1552.05 | UHC | Medicaid | 1244.96 | 31.55 | | | 58.46 | 3748.7 | percent of total billed charges | |
| HC ANOSCOPY; W BX SINGLE/MULTI | 46606 | CPT | | | | outpatient | | | 3946 | 1552.05 | UHC | Medicare | 1349.61 | | | 946.25 | 58.46 | 3748.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCOPY; W BX SINGLE/MULTI | 46606 | CPT | | | | outpatient | | | 3946 | 1552.05 | Wellcare | Medicaid | 1244.96 | 31.55 | | | 58.46 | 3748.7 | percent of total billed charges | |
| HC ANOSCOPY; W BX SINGLE/MULTI | 46606 | CPT | | | | outpatient | | | 3946 | 1552.05 | Managed Care Inc | Managed Care Inc | 3551.4 | 90 | | | 58.46 | 3748.7 | percent of total billed charges | |
| HC ANOSCOPY; W BX SINGLE/MULTI | 46606 | CPT | | | | outpatient | | | 3946 | 1552.05 | Horizon | Indemnity | 2611.5 | | | | 58.46 | 3748.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCOPY; W BX SINGLE/MULTI | 46606 | CPT | | | | outpatient | | | 3946 | 1552.05 | Three Rivers | Three Rivers | 3748.7 | 95 | | | 58.46 | 3748.7 | percent of total billed charges | |
| HC ANOSCOPY; W BX SINGLE/MULTI | 46606 | CPT | | | | outpatient | | | 3946 | 1552.05 | Horizon | NJ Health | 58.46 | | | | 58.46 | 3748.7 | fee schedule | |
| HC ANOSCOPY; W BX SINGLE/MULTI | 46606 | CPT | | | | outpatient | | | 3946 | 1552.05 | Horizon | PPO | 2611.5 | | | | 58.46 | 3748.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCOPY; W BX SINGLE/MULTI | 46606 | CPT | | | | outpatient | | | 3946 | 1552.05 | United | Oxford | 2493 | | | | 58.46 | 3748.7 | case rate | |
| HC ANOSCOPY; W BX SINGLE/MULTI | 46606 | CPT | | | | outpatient | | | 3946 | 1552.05 | WellPoint | WellPoint | 1269.82 | 32.18 | | | 58.46 | 3748.7 | percent of total billed charges | |
| HC ANOSCOPY W HIGH RESOLUTION | 46607 | CPT | | | | outpatient | | | 3946 | 1552.05 | Aetna | Commercial | 2202.56 | | | 1343.48 | 125 | 3748.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCOPY W HIGH RESOLUTION | 46607 | CPT | | | | outpatient | | | 3946 | 1552.05 | Americare | Americare | 2959.5 | 75 | | | 125 | 3748.7 | percent of total billed charges | |
| HC ANOSCOPY W HIGH RESOLUTION | 46607 | CPT | | | | outpatient | | | 3946 | 1552.05 | First Health | First Health | 2762.2 | 70 | | | 125 | 3748.7 | percent of total billed charges | |
| HC ANOSCOPY W HIGH RESOLUTION | 46607 | CPT | | | | outpatient | | | 3946 | 1552.05 | Aetna | Better Health | 1244.96 | 31.55 | | 1090.62 | 125 | 3748.7 | percent of total billed charges | |
| HC ANOSCOPY W HIGH RESOLUTION | 46607 | CPT | | | | outpatient | | | 3946 | 1552.05 | First Trenton | First Trenton | 3551.4 | 90 | | | 125 | 3748.7 | percent of total billed charges | |
| HC ANOSCOPY W HIGH RESOLUTION | 46607 | CPT | | | | outpatient | | | 3946 | 1552.05 | Corrections | Corrections | 3156.8 | 80 | | 1123.18 | 125 | 3748.7 | percent of total billed charges | |
| HC ANOSCOPY W HIGH RESOLUTION | 46607 | CPT | | | | outpatient | | | 3946 | 1552.05 | Amerihealth | HMO/PPO | 125 | | | | 125 | 3748.7 | fee schedule | |
| HC ANOSCOPY W HIGH RESOLUTION | 46607 | CPT | | | | outpatient | | | 3946 | 1552.05 | Aetna | Medicare | 1349.61 | | | 744.47 | 125 | 3748.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCOPY W HIGH RESOLUTION | 46607 | CPT | | | | outpatient | | | 3946 | 1552.05 | Horizon | NJ Health | 286.06 | | | 2892.89 | 125 | 3748.7 | fee schedule | |
| HC ANOSCOPY W HIGH RESOLUTION | 46607 | CPT | | | | outpatient | | | 3946 | 1552.05 | Consumer | Consumer | 3748.7 | 95 | | | 125 | 3748.7 | percent of total billed charges | |
| HC ANOSCOPY W HIGH RESOLUTION | 46607 | CPT | | | | outpatient | | | 3946 | 1552.05 | United | Oxford | 2493 | | | | 125 | 3748.7 | case rate | |
| HC ANOSCOPY W HIGH RESOLUTION | 46607 | CPT | | | | outpatient | | | 3946 | 1552.05 | UHC | Medicaid | 1244.96 | 31.55 | | 1183.67 | 125 | 3748.7 | percent of total billed charges | |
| HC ANOSCOPY W HIGH RESOLUTION | 46607 | CPT | | | | outpatient | | | 3946 | 1552.05 | Horizon | MGD | 2611.5 | | | 1866.62 | 125 | 3748.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCOPY W HIGH RESOLUTION | 46607 | CPT | | | | outpatient | | | 3946 | 1552.05 | Horizon | Medicare Blue | 1349.61 | | | 1259.8 | 125 | 3748.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCOPY W HIGH RESOLUTION | 46607 | CPT | | | | outpatient | | | 3946 | 1552.05 | UHC | Medicare | 1349.61 | | | | 125 | 3748.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCOPY W HIGH RESOLUTION | 46607 | CPT | | | | outpatient | | | 3946 | 1552.05 | Horizon | Indemnity | 2611.5 | | | 1476.92 | 125 | 3748.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCOPY W HIGH RESOLUTION | 46607 | CPT | | | | outpatient | | | 3946 | 1552.05 | Managed Care Inc | Managed Care Inc | 3551.4 | 90 | | | 125 | 3748.7 | percent of total billed charges | |
| HC ANOSCOPY W HIGH RESOLUTION | 46607 | CPT | | | | outpatient | | | 3946 | 1552.05 | Multiplan | Multiplan | 3156.8 | 80 | | | 125 | 3748.7 | percent of total billed charges | |
| HC ANOSCOPY W HIGH RESOLUTION | 46607 | CPT | | | | outpatient | | | 3946 | 1552.05 | United | Commercial/PPO | 2493 | | | | 125 | 3748.7 | case rate | |
| HC ANOSCOPY W HIGH RESOLUTION | 46607 | CPT | | | | outpatient | | | 3946 | 1552.05 | Horizon | PPO | 2611.5 | | | 1878.02 | 125 | 3748.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCOPY W HIGH RESOLUTION | 46607 | CPT | | | | outpatient | | | 3946 | 1552.05 | Wellcare | Medicare | 1349.61 | | | | 125 | 3748.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCOPY W HIGH RESOLUTION | 46607 | CPT | | | | outpatient | | | 3946 | 1552.05 | Qualcare | Qualcare | 2959.5 | 75 | | | 125 | 3748.7 | percent of total billed charges | |
| HC ANOSCOPY W HIGH RESOLUTION | 46607 | CPT | | | | outpatient | | | 3946 | 1552.05 | Three Rivers | Three Rivers | 3748.7 | 95 | | | 125 | 3748.7 | percent of total billed charges | |
| HC ANOSCOPY W HIGH RESOLUTION | 46607 | CPT | | | | outpatient | | | 3946 | 1552.05 | WellPoint | WellPoint | 1269.82 | 32.18 | | 550.06 | 125 | 3748.7 | percent of total billed charges | |
| HC ANOSCOPY W HIGH RESOLUTION | 46607 | CPT | | | | outpatient | | | 3946 | 1552.05 | Wellcare | Medicaid | 1244.96 | 31.55 | | 1179.18 | 125 | 3748.7 | percent of total billed charges | |
| HC ANOSCOPY W/RMVL LES CAUTERY | 46610 | CPT | | | | outpatient | | | 9363 | 3692.88 | Aetna | Better Health | 2954.03 | 31.55 | | | 151.59 | 8894.85 | percent of total billed charges | |
| HC ANOSCOPY W/RMVL LES CAUTERY | 46610 | CPT | | | | outpatient | | | 9363 | 3692.88 | Corrections | Corrections | 7490.4 | 80 | | | 151.59 | 8894.85 | percent of total billed charges | |
| HC ANOSCOPY W/RMVL LES CAUTERY | 46610 | CPT | | | | outpatient | | | 9363 | 3692.88 | Americare | Americare | 7022.25 | 75 | | | 151.59 | 8894.85 | percent of total billed charges | |
| HC ANOSCOPY W/RMVL LES CAUTERY | 46610 | CPT | | | | outpatient | | | 9363 | 3692.88 | Horizon | Medicare Blue | 3211.2 | | | | 151.59 | 8894.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCOPY W/RMVL LES CAUTERY | 46610 | CPT | | | | outpatient | | | 9363 | 3692.88 | Aetna | Medicare | 3211.2 | | | | 151.59 | 8894.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCOPY W/RMVL LES CAUTERY | 46610 | CPT | | | | outpatient | | | 9363 | 3692.88 | Consumer | Consumer | 8894.85 | 95 | | | 151.59 | 8894.85 | percent of total billed charges | |
| HC ANOSCOPY W/RMVL LES CAUTERY | 46610 | CPT | | | | outpatient | | | 9363 | 3692.88 | Amerihealth | HMO/PPO | 300 | | | | 151.59 | 8894.85 | fee schedule | |
| HC ANOSCOPY W/RMVL LES CAUTERY | 46610 | CPT | | | | outpatient | | | 9363 | 3692.88 | Aetna | Commercial | 5240.68 | | | | 151.59 | 8894.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCOPY W/RMVL LES CAUTERY | 46610 | CPT | | | | outpatient | | | 9363 | 3692.88 | Multiplan | Multiplan | 7490.4 | 80 | | | 151.59 | 8894.85 | percent of total billed charges | |
| HC ANOSCOPY W/RMVL LES CAUTERY | 46610 | CPT | | | | outpatient | | | 9363 | 3692.88 | Horizon | Indemnity | 6213.67 | | | | 151.59 | 8894.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCOPY W/RMVL LES CAUTERY | 46610 | CPT | | | | outpatient | | | 9363 | 3692.88 | Horizon | MGD | 6213.67 | | | | 151.59 | 8894.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCOPY W/RMVL LES CAUTERY | 46610 | CPT | | | | outpatient | | | 9363 | 3692.88 | UHC | Medicare | 3211.2 | | | | 151.59 | 8894.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCOPY W/RMVL LES CAUTERY | 46610 | CPT | | | | outpatient | | | 9363 | 3692.88 | First Health | First Health | 6554.1 | 70 | | | 151.59 | 8894.85 | percent of total billed charges | |
| HC ANOSCOPY W/RMVL LES CAUTERY | 46610 | CPT | | | | outpatient | | | 9363 | 3692.88 | First Trenton | First Trenton | 8426.7 | 90 | | | 151.59 | 8894.85 | percent of total billed charges | |
| HC ANOSCOPY W/RMVL LES CAUTERY | 46610 | CPT | | | | outpatient | | | 9363 | 3692.88 | UHC | Medicaid | 2954.03 | 31.55 | | | 151.59 | 8894.85 | percent of total billed charges | |
| HC ANOSCOPY W/RMVL LES CAUTERY | 46610 | CPT | | | | outpatient | | | 9363 | 3692.88 | Wellcare | Medicaid | 2954.03 | 31.55 | | | 151.59 | 8894.85 | percent of total billed charges | |
| HC ANOSCOPY W/RMVL LES CAUTERY | 46610 | CPT | | | | outpatient | | | 9363 | 3692.88 | Qualcare | Qualcare | 7022.25 | 75 | | | 151.59 | 8894.85 | percent of total billed charges | |
| HC ANOSCOPY W/RMVL LES CAUTERY | 46610 | CPT | | | | outpatient | | | 9363 | 3692.88 | Horizon | PPO | 6213.67 | | | | 151.59 | 8894.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCOPY W/RMVL LES CAUTERY | 46610 | CPT | | | | outpatient | | | 9363 | 3692.88 | United | Commercial/PPO | 2776 | | | | 151.59 | 8894.85 | case rate | |
| HC ANOSCOPY W/RMVL LES CAUTERY | 46610 | CPT | | | | outpatient | | | 9363 | 3692.88 | Wellcare | Medicare | 3211.2 | | | | 151.59 | 8894.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCOPY W/RMVL LES CAUTERY | 46610 | CPT | | | | outpatient | | | 9363 | 3692.88 | Horizon | NJ Health | 151.59 | | | | 151.59 | 8894.85 | fee schedule | |
| HC ANOSCOPY W/RMVL LES CAUTERY | 46610 | CPT | | | | outpatient | | | 9363 | 3692.88 | WellPoint | WellPoint | 3013.01 | 32.18 | | | 151.59 | 8894.85 | percent of total billed charges | |
| HC ANOSCOPY W/RMVL LES CAUTERY | 46610 | CPT | | | | outpatient | | | 9363 | 3692.88 | Managed Care Inc | Managed Care Inc | 8426.7 | 90 | | | 151.59 | 8894.85 | percent of total billed charges | |
| HC ANOSCOPY W/RMVL LES CAUTERY | 46610 | CPT | | | | outpatient | | | 9363 | 3692.88 | Three Rivers | Three Rivers | 8894.85 | 95 | | | 151.59 | 8894.85 | percent of total billed charges | |
| HC ANOSCOPY W/RMVL LES CAUTERY | 46610 | CPT | | | | outpatient | | | 9363 | 3692.88 | United | Oxford | 2776 | | | | 151.59 | 8894.85 | case rate | |
| HC ANOS RMVL MUL TUMOR CAUT/SNARE | 46612 | CPT | | | | outpatient | | | 9363 | 3692.88 | Consumer | Consumer | 8894.85 | 95 | | | 175.13 | 8894.85 | percent of total billed charges | |
| HC ANOS RMVL MUL TUMOR CAUT/SNARE | 46612 | CPT | | | | outpatient | | | 9363 | 3692.88 | Amerihealth | HMO/PPO | 300 | | | | 175.13 | 8894.85 | fee schedule | |
| HC ANOS RMVL MUL TUMOR CAUT/SNARE | 46612 | CPT | | | | outpatient | | | 9363 | 3692.88 | UHC | Medicaid | 2954.03 | 31.55 | | | 175.13 | 8894.85 | percent of total billed charges | |
| HC ANOS RMVL MUL TUMOR CAUT/SNARE | 46612 | CPT | | | | outpatient | | | 9363 | 3692.88 | Aetna | Medicare | 3211.2 | | | | 175.13 | 8894.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOS RMVL MUL TUMOR CAUT/SNARE | 46612 | CPT | | | | outpatient | | | 9363 | 3692.88 | Aetna | Commercial | 5240.68 | | | | 175.13 | 8894.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOS RMVL MUL TUMOR CAUT/SNARE | 46612 | CPT | | | | outpatient | | | 9363 | 3692.88 | Aetna | Better Health | 2954.03 | 31.55 | | | 175.13 | 8894.85 | percent of total billed charges | |
| HC ANOS RMVL MUL TUMOR CAUT/SNARE | 46612 | CPT | | | | outpatient | | | 9363 | 3692.88 | First Trenton | First Trenton | 8426.7 | 90 | | | 175.13 | 8894.85 | percent of total billed charges | |
| HC ANOS RMVL MUL TUMOR CAUT/SNARE | 46612 | CPT | | | | outpatient | | | 9363 | 3692.88 | Corrections | Corrections | 7490.4 | 80 | | | 175.13 | 8894.85 | percent of total billed charges | |
| HC ANOS RMVL MUL TUMOR CAUT/SNARE | 46612 | CPT | | | | outpatient | | | 9363 | 3692.88 | Horizon | NJ Health | 175.13 | | | | 175.13 | 8894.85 | fee schedule | |
| HC ANOS RMVL MUL TUMOR CAUT/SNARE | 46612 | CPT | | | | outpatient | | | 9363 | 3692.88 | First Health | First Health | 6554.1 | 70 | | | 175.13 | 8894.85 | percent of total billed charges | |
| HC ANOS RMVL MUL TUMOR CAUT/SNARE | 46612 | CPT | | | | outpatient | | | 9363 | 3692.88 | UHC | Medicare | 3211.2 | | | | 175.13 | 8894.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOS RMVL MUL TUMOR CAUT/SNARE | 46612 | CPT | | | | outpatient | | | 9363 | 3692.88 | Horizon | MGD | 6213.67 | | | | 175.13 | 8894.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOS RMVL MUL TUMOR CAUT/SNARE | 46612 | CPT | | | | outpatient | | | 9363 | 3692.88 | Americare | Americare | 7022.25 | 75 | | | 175.13 | 8894.85 | percent of total billed charges | |
| HC ANOS RMVL MUL TUMOR CAUT/SNARE | 46612 | CPT | | | | outpatient | | | 9363 | 3692.88 | United | Oxford | 2776 | | | | 175.13 | 8894.85 | case rate | |
| HC ANOS RMVL MUL TUMOR CAUT/SNARE | 46612 | CPT | | | | outpatient | | | 9363 | 3692.88 | Horizon | PPO | 6213.67 | | | | 175.13 | 8894.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOS RMVL MUL TUMOR CAUT/SNARE | 46612 | CPT | | | | outpatient | | | 9363 | 3692.88 | WellPoint | WellPoint | 3013.01 | 32.18 | | | 175.13 | 8894.85 | percent of total billed charges | |
| HC ANOS RMVL MUL TUMOR CAUT/SNARE | 46612 | CPT | | | | outpatient | | | 9363 | 3692.88 | Multiplan | Multiplan | 7490.4 | 80 | | | 175.13 | 8894.85 | percent of total billed charges | |
| HC ANOS RMVL MUL TUMOR CAUT/SNARE | 46612 | CPT | | | | outpatient | | | 9363 | 3692.88 | Horizon | Indemnity | 6213.67 | | | | 175.13 | 8894.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOS RMVL MUL TUMOR CAUT/SNARE | 46612 | CPT | | | | outpatient | | | 9363 | 3692.88 | United | Commercial/PPO | 2776 | | | | 175.13 | 8894.85 | case rate | |
| HC ANOS RMVL MUL TUMOR CAUT/SNARE | 46612 | CPT | | | | outpatient | | | 9363 | 3692.88 | Horizon | Medicare Blue | 3211.2 | | | | 175.13 | 8894.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOS RMVL MUL TUMOR CAUT/SNARE | 46612 | CPT | | | | outpatient | | | 9363 | 3692.88 | Qualcare | Qualcare | 7022.25 | 75 | | | 175.13 | 8894.85 | percent of total billed charges | |
| HC ANOS RMVL MUL TUMOR CAUT/SNARE | 46612 | CPT | | | | outpatient | | | 9363 | 3692.88 | Wellcare | Medicaid | 2954.03 | 31.55 | | | 175.13 | 8894.85 | percent of total billed charges | |
| HC ANOS RMVL MUL TUMOR CAUT/SNARE | 46612 | CPT | | | | outpatient | | | 9363 | 3692.88 | Managed Care Inc | Managed Care Inc | 8426.7 | 90 | | | 175.13 | 8894.85 | percent of total billed charges | |
| HC ANOS RMVL MUL TUMOR CAUT/SNARE | 46612 | CPT | | | | outpatient | | | 9363 | 3692.88 | Three Rivers | Three Rivers | 8894.85 | 95 | | | 175.13 | 8894.85 | percent of total billed charges | |
| HC ANOS RMVL MUL TUMOR CAUT/SNARE | 46612 | CPT | | | | outpatient | | | 9363 | 3692.88 | Medicare | Medicare | 3211.2 | | | | 175.13 | 8894.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCPY; W ABLTN T/P/LESNS | 46615 | CPT | | | | outpatient | | | 9363 | 3692.88 | Aetna | Commercial | 5240.68 | | | | 198.36 | 8894.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCPY; W ABLTN T/P/LESNS | 46615 | CPT | | | | outpatient | | | 9363 | 3692.88 | First Trenton | First Trenton | 8426.7 | 90 | | | 198.36 | 8894.85 | percent of total billed charges | |
| HC ANOSCPY; W ABLTN T/P/LESNS | 46615 | CPT | | | | outpatient | | | 9363 | 3692.88 | United | Commercial/PPO | 2776 | | | | 198.36 | 8894.85 | case rate | |
| HC ANOSCPY; W ABLTN T/P/LESNS | 46615 | CPT | | | | outpatient | | | 9363 | 3692.88 | Aetna | Better Health | 2954.03 | 31.55 | | | 198.36 | 8894.85 | percent of total billed charges | |
| HC ANOSCPY; W ABLTN T/P/LESNS | 46615 | CPT | | | | outpatient | | | 9363 | 3692.88 | Aetna | Medicare | 3211.2 | | | | 198.36 | 8894.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCPY; W ABLTN T/P/LESNS | 46615 | CPT | | | | outpatient | | | 9363 | 3692.88 | Horizon | Indemnity | 6213.67 | | | | 198.36 | 8894.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCPY; W ABLTN T/P/LESNS | 46615 | CPT | | | | outpatient | | | 9363 | 3692.88 | Horizon | Medicare Blue | 3211.2 | | | | 198.36 | 8894.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCPY; W ABLTN T/P/LESNS | 46615 | CPT | | | | outpatient | | | 9363 | 3692.88 | Consumer | Consumer | 8894.85 | 95 | | | 198.36 | 8894.85 | percent of total billed charges | |
| HC ANOSCPY; W ABLTN T/P/LESNS | 46615 | CPT | | | | outpatient | | | 9363 | 3692.88 | Americare | Americare | 7022.25 | 75 | | | 198.36 | 8894.85 | percent of total billed charges | |
| HC ANOSCPY; W ABLTN T/P/LESNS | 46615 | CPT | | | | outpatient | | | 9363 | 3692.88 | UHC | Medicare | 3211.2 | | | | 198.36 | 8894.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCPY; W ABLTN T/P/LESNS | 46615 | CPT | | | | outpatient | | | 9363 | 3692.88 | Amerihealth | HMO/PPO | 300 | | | | 198.36 | 8894.85 | fee schedule | |
| HC ANOSCPY; W ABLTN T/P/LESNS | 46615 | CPT | | | | outpatient | | | 9363 | 3692.88 | First Health | First Health | 6554.1 | 70 | | | 198.36 | 8894.85 | percent of total billed charges | |
| HC ANOSCPY; W ABLTN T/P/LESNS | 46615 | CPT | | | | outpatient | | | 9363 | 3692.88 | Horizon | MGD | 6213.67 | | | | 198.36 | 8894.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCPY; W ABLTN T/P/LESNS | 46615 | CPT | | | | outpatient | | | 9363 | 3692.88 | Multiplan | Multiplan | 7490.4 | 80 | | | 198.36 | 8894.85 | percent of total billed charges | |
| HC ANOSCPY; W ABLTN T/P/LESNS | 46615 | CPT | | | | outpatient | | | 9363 | 3692.88 | Corrections | Corrections | 7490.4 | 80 | | | 198.36 | 8894.85 | percent of total billed charges | |
| HC ANOSCPY; W ABLTN T/P/LESNS | 46615 | CPT | | | | outpatient | | | 9363 | 3692.88 | Qualcare | Qualcare | 7022.25 | 75 | | | 198.36 | 8894.85 | percent of total billed charges | |
| HC ANOSCPY; W ABLTN T/P/LESNS | 46615 | CPT | | | | outpatient | | | 9363 | 3692.88 | Three Rivers | Three Rivers | 8894.85 | 95 | | | 198.36 | 8894.85 | percent of total billed charges | |
| HC ANOSCPY; W ABLTN T/P/LESNS | 46615 | CPT | | | | outpatient | | | 9363 | 3692.88 | Horizon | NJ Health | 198.36 | | | | 198.36 | 8894.85 | fee schedule | |
| HC ANOSCPY; W ABLTN T/P/LESNS | 46615 | CPT | | | | outpatient | | | 9363 | 3692.88 | Wellcare | Medicaid | 2954.03 | 31.55 | | | 198.36 | 8894.85 | percent of total billed charges | |
| HC ANOSCPY; W ABLTN T/P/LESNS | 46615 | CPT | | | | outpatient | | | 9363 | 3692.88 | Horizon | PPO | 6213.67 | | | | 198.36 | 8894.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCPY; W ABLTN T/P/LESNS | 46615 | CPT | | | | outpatient | | | 9363 | 3692.88 | Wellcare | Medicare | 3211.2 | | | | 198.36 | 8894.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANOSCPY; W ABLTN T/P/LESNS | 46615 | CPT | | | | outpatient | | | 9363 | 3692.88 | Managed Care Inc | Managed Care Inc | 8426.7 | 90 | | | 198.36 | 8894.85 | percent of total billed charges | |
| HC ANOSCPY; W ABLTN T/P/LESNS | 46615 | CPT | | | | outpatient | | | 9363 | 3692.88 | UHC | Medicaid | 2954.03 | 31.55 | | | 198.36 | 8894.85 | percent of total billed charges | |
| HC ANOSCPY; W ABLTN T/P/LESNS | 46615 | CPT | | | | outpatient | | | 9363 | 3692.88 | United | Oxford | 2776 | | | | 198.36 | 8894.85 | case rate | |
| HC ANOSCPY; W ABLTN T/P/LESNS | 46615 | CPT | | | | outpatient | | | 9363 | 3692.88 | WellPoint | WellPoint | 3013.01 | 32.18 | | | 198.36 | 8894.85 | percent of total billed charges | |
| HC DESTRUCT ANAL LESION | 46922 | CPT | | | | outpatient | | | 9363 | 3692.88 | Aetna | Medicare | 3211.2 | | | | 159.21 | 8894.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCT ANAL LESION | 46922 | CPT | | | | outpatient | | | 9363 | 3692.88 | Aetna | Better Health | 2954.03 | 31.55 | | | 159.21 | 8894.85 | percent of total billed charges | |
| HC DESTRUCT ANAL LESION | 46922 | CPT | | | | outpatient | | | 9363 | 3692.88 | Amerihealth | HMO/PPO | 300 | | | | 159.21 | 8894.85 | fee schedule | |
| HC DESTRUCT ANAL LESION | 46922 | CPT | | | | outpatient | | | 9363 | 3692.88 | Qualcare | Qualcare | 7022.25 | 75 | | | 159.21 | 8894.85 | percent of total billed charges | |
| HC DESTRUCT ANAL LESION | 46922 | CPT | | | | outpatient | | | 9363 | 3692.88 | Corrections | Corrections | 7490.4 | 80 | | | 159.21 | 8894.85 | percent of total billed charges | |
| HC DESTRUCT ANAL LESION | 46922 | CPT | | | | outpatient | | | 9363 | 3692.88 | Horizon | MGD | 6213.67 | | | | 159.21 | 8894.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCT ANAL LESION | 46922 | CPT | | | | outpatient | | | 9363 | 3692.88 | Aetna | Commercial | 3557.94 | 38 | | | 159.21 | 8894.85 | percent of total billed charges | |
| HC DESTRUCT ANAL LESION | 46922 | CPT | | | | outpatient | | | 9363 | 3692.88 | Horizon | Indemnity | 6213.67 | | | | 159.21 | 8894.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCT ANAL LESION | 46922 | CPT | | | | outpatient | | | 9363 | 3692.88 | Americare | Americ

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC DESTRUCT ANAL LESION | 46922 | CPT | | | | outpatient | | | 9363 | | 3692.88 | Horizon | PPO | 6213.67 | | | | 159.21 | 8894.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCT ANAL LESION | 46922 | CPT | | | | outpatient | | | 9363 | | 3692.88 | UHC | Medicare | 3211.2 | | | | 159.21 | 8894.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCT ANAL LESION | 46922 | CPT | | | | outpatient | | | 9363 | | 3692.88 | Multiplan | Multiplan | 7490.4 | 80 | | | 159.21 | 8894.85 | percent of total billed charges | |
| HC DESTRUCT ANAL LESION | 46922 | CPT | | | | outpatient | | | 9363 | | 3692.88 | Three Rivers | Three Rivers | 8894.85 | 95 | | | 159.21 | 8894.85 | percent of total billed charges | |
| HC DESTRUCT ANAL LESION | 46922 | CPT | | | | outpatient | | | 9363 | | 3692.88 | First Health | First Health | 6554.1 | 70 | | | 159.21 | 8894.85 | percent of total billed charges | |
| HC DESTRUCT ANAL LESION | 46922 | CPT | | | | outpatient | | | 9363 | | 3692.88 | Horizon | NJ Health | 159.21 | | | | 159.21 | 8894.85 | fee schedule | |
| HC DESTRUCT ANAL LESION | 46922 | CPT | | | | outpatient | | | 9363 | | 3692.88 | United | CommercialPPO | 2776 | | | | 159.21 | 8894.85 | case rate | |
| HC DESTRUCT ANAL LESION | 46922 | CPT | | | | outpatient | | | 9363 | | 3692.88 | United | Oxford | 2776 | | | | 159.21 | 8894.85 | case rate | |
| HC DESTRUCT ANAL LESION | 46922 | CPT | | | | outpatient | | | 9363 | | 3692.88 | Wellcare | Medicare | 3211.2 | | | | 159.21 | 8894.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCT ANAL LESION | 46922 | CPT | | | | outpatient | | | 9363 | | 3692.88 | Managed Care Inc | Managed Care Inc | 8426.7 | 90 | | | 159.21 | 8894.85 | percent of total billed charges | |
| HC DESTRUCT ANAL LESION | 46922 | CPT | | | | outpatient | | | 9363 | | 3692.88 | Wellcare | Medicaid | 2954.03 | 31.55 | | | 159.21 | 8894.85 | percent of total billed charges | |
| HC DESTRUCT ANAL LESION | 46922 | CPT | | | | outpatient | | | 9363 | | 3692.88 | WellPoint | WellPoint | 3013.01 | 32.18 | | | 159.21 | 8894.85 | percent of total billed charges | |
| HC UNLISTED PROC ANUS | 46999 | CPT | | | | outpatient | | | 3029 | | 1202.06 | UHC | Medicaid | 955.65 | 31.55 | | | 300 | 2877.55 | percent of total billed charges | |
| HC UNLISTED PROC ANUS | 46999 | CPT | | | | outpatient | | | 3029 | | 1202.06 | Horizon | Medicare Blue | 1045.27 | | | | 300 | 2877.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC ANUS | 46999 | CPT | | | | outpatient | | | 3029 | | 1202.06 | Consumer | Consumer | 2877.55 | 95 | | | 300 | 2877.55 | percent of total billed charges | |
| HC UNLISTED PROC ANUS | 46999 | CPT | | | | outpatient | | | 3029 | | 1202.06 | Americare | Americare | 2271.75 | 75 | | | 300 | 2877.55 | percent of total billed charges | |
| HC UNLISTED PROC ANUS | 46999 | CPT | | | | outpatient | | | 3029 | | 1202.06 | First Health | First Health | 2120.3 | 70 | | | 300 | 2877.55 | percent of total billed charges | |
| HC UNLISTED PROC ANUS | 46999 | CPT | | | | outpatient | | | 3029 | | 1202.06 | Horizon | Indemnity | 2022.6 | | | | 300 | 2877.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC ANUS | 46999 | CPT | | | | outpatient | | | 3029 | | 1202.06 | Aetna | Better Health | 955.65 | 31.55 | | | 300 | 2877.55 | percent of total billed charges | |
| HC UNLISTED PROC ANUS | 46999 | CPT | | | | outpatient | | | 3029 | | 1202.06 | Aetna | Commercial | 1705.88 | | | | 300 | 2877.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC ANUS | 46999 | CPT | | | | outpatient | | | 3029 | | 1202.06 | First Trenton | First Trenton | 2726.1 | 90 | | | 300 | 2877.55 | percent of total billed charges | |
| HC UNLISTED PROC ANUS | 46999 | CPT | | | | outpatient | | | 3029 | | 1202.06 | Wellcare | Medicare | 1045.27 | | | | 300 | 2877.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC ANUS | 46999 | CPT | | | | outpatient | | | 3029 | | 1202.06 | Corrections | Corrections | 2423.2 | 80 | | | 300 | 2877.55 | percent of total billed charges | |
| HC UNLISTED PROC ANUS | 46999 | CPT | | | | outpatient | | | 3029 | | 1202.06 | Amerihealth | HMO/PPO | 300 | | | | 300 | 2877.55 | fee schedule | |
| HC UNLISTED PROC ANUS | 46999 | CPT | | | | outpatient | | | 3029 | | 1202.06 | Horizon | MGD | 2022.6 | | | | 300 | 2877.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC ANUS | 46999 | CPT | | | | outpatient | | | 3029 | | 1202.06 | Horizon | PPO | 2022.6 | | | | 300 | 2877.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC ANUS | 46999 | CPT | | | | outpatient | | | 3029 | | 1202.06 | Multiplan | Multiplan | 2423.2 | 80 | | | 300 | 2877.55 | percent of total billed charges | |
| HC UNLISTED PROC ANUS | 46999 | CPT | | | | outpatient | | | 3029 | | 1202.06 | Aetna | Medicare | 1045.27 | | | | 300 | 2877.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC ANUS | 46999 | CPT | | | | outpatient | | | 3029 | | 1202.06 | Managed Care Inc | Managed Care Inc | 2726.1 | 90 | | | 300 | 2877.55 | percent of total billed charges | |
| HC UNLISTED PROC ANUS | 46999 | CPT | | | | outpatient | | | 3029 | | 1202.06 | United | CommercialPPO | 1817 | | | | 300 | 2877.55 | case rate | |
| HC UNLISTED PROC ANUS | 46999 | CPT | | | | outpatient | | | 3029 | | 1202.06 | Qualcare | Qualcare | 2271.75 | 75 | | | 300 | 2877.55 | percent of total billed charges | |
| HC UNLISTED PROC ANUS | 46999 | CPT | | | | outpatient | | | 3029 | | 1202.06 | Wellcare | Medicaid | 955.65 | 31.55 | | | 300 | 2877.55 | percent of total billed charges | |
| HC UNLISTED PROC ANUS | 46999 | CPT | | | | outpatient | | | 3029 | | 1202.06 | Three Rivers | Three Rivers | 2877.55 | 95 | | | 300 | 2877.55 | percent of total billed charges | |
| HC UNLISTED PROC ANUS | 46999 | CPT | | | | outpatient | | | 3029 | | 1202.06 | United | Oxford | 1817 | | | | 300 | 2877.55 | case rate | |
| HC UNLISTED PROC ANUS | 46999 | CPT | | | | outpatient | | | 3029 | | 1202.06 | UHC | Medicare | 1045.27 | | | 68.37 | 300 | 2877.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROC ANUS | 46999 | CPT | | | | outpatient | | | 3029 | | 1202.06 | WellPoint | WellPoint | 974.73 | 32.18 | | | 300 | 2877.55 | percent of total billed charges | |
| HC LIVER BIOPSY NEEDLE PERC | 47000 | CPT | | | | both | | | 2390 | | 2132.36 | First Health | First Health | 1673 | 70 | | | 96.04 | 3587.94 | percent of total billed charges | |
| HC LIVER BIOPSY NEEDLE PERC | 47000 | CPT | | | | both | | | 2390 | | 2132.36 | Aetna | Commercial | 998.2 | 38 | | 1860.93 | 96.04 | 3587.94 | percent of total billed charges | |
| HC LIVER BIOPSY NEEDLE PERC | 47000 | CPT | | | | both | | | 2390 | | 2132.36 | Corrections | Corrections | 1912 | 80 | | | 96.04 | 3587.94 | percent of total billed charges | |
| HC LIVER BIOPSY NEEDLE PERC | 47000 | CPT | | | | both | | | 2390 | | 2132.36 | UHC | Medicare | 1854.23 | | | | 96.04 | 3587.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LIVER BIOPSY NEEDLE PERC | 47000 | CPT | | | | both | | | 2390 | | 2132.36 | Consumer | Consumer | 2270.5 | 95 | | | 96.04 | 3587.94 | percent of total billed charges | |
| HC LIVER BIOPSY NEEDLE PERC | 47000 | CPT | | | | both | | | 2390 | | 2132.36 | Aetna | Medicare | 1854.23 | | | | 96.04 | 3587.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LIVER BIOPSY NEEDLE PERC | 47000 | CPT | | | | both | | | 2390 | | 2132.36 | Aetna | Better Health | 754.05 | 31.55 | | | 96.04 | 3587.94 | percent of total billed charges | |
| HC LIVER BIOPSY NEEDLE PERC | 47000 | CPT | | | | both | | | 2390 | | 2132.36 | First Trenton | First Trenton | 2151 | 90 | | | 96.04 | 3587.94 | percent of total billed charges | |
| HC LIVER BIOPSY NEEDLE PERC | 47000 | CPT | | | | both | | | 2390 | | 2132.36 | Multiplan | Multiplan | 1912 | 80 | | | 96.04 | 3587.94 | percent of total billed charges | |
| HC LIVER BIOPSY NEEDLE PERC | 47000 | CPT | | | | both | | | 2390 | | 2132.36 | Americare | Americare | 1792.5 | 75 | | | 96.04 | 3587.94 | percent of total billed charges | |
| HC LIVER BIOPSY NEEDLE PERC | 47000 | CPT | | | | both | | | 2390 | | 2132.36 | Horizon | Medicare Blue | 1854.23 | | | | 96.04 | 3587.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LIVER BIOPSY NEEDLE PERC | 47000 | CPT | | | | both | | | 2390 | | 2132.36 | Horizon | PPO | 3587.94 | | | 1343.06 | 96.04 | 3587.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LIVER BIOPSY NEEDLE PERC | 47000 | CPT | | | | both | | | 2390 | | 2132.36 | Horizon | NJ Health | 96.04 | | | | 96.04 | 3587.94 | fee schedule | |
| HC LIVER BIOPSY NEEDLE PERC | 47000 | CPT | | | | both | | | 2390 | | 2132.36 | Amerihealth | HMO/PPO | 650 | | | | 96.04 | 3587.94 | fee schedule | |
| HC LIVER BIOPSY NEEDLE PERC | 47000 | CPT | | | | both | | | 2390 | | 2132.36 | Horizon | MGD | 3587.94 | | | 1306.38 | 96.04 | 3587.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LIVER BIOPSY NEEDLE PERC | 47000 | CPT | | | | both | | | 2390 | | 2132.36 | Managed Care Inc | Managed Care Inc | 2151 | 90 | | | 96.04 | 3587.94 | percent of total billed charges | |
| HC LIVER BIOPSY NEEDLE PERC | 47000 | CPT | | | | both | | | 2390 | | 2132.36 | Qualcare | Qualcare | 1792.5 | 75 | | | 96.04 | 3587.94 | percent of total billed charges | |
| HC LIVER BIOPSY NEEDLE PERC | 47000 | CPT | | | | both | | | 2390 | | 2132.36 | Horizon | Indemnity | 3587.94 | | | 817.15 | 96.04 | 3587.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LIVER BIOPSY NEEDLE PERC | 47000 | CPT | | | | both | | | 2390 | | 2132.36 | Three Rivers | Three Rivers | 2270.5 | 95 | | | 96.04 | 3587.94 | percent of total billed charges | |
| HC LIVER BIOPSY NEEDLE PERC | 47000 | CPT | | | | both | | | 2390 | | 2132.36 | WellPoint | WellPoint | 769.1 | 32.18 | | | 96.04 | 3587.94 | percent of total billed charges | |
| HC LIVER BIOPSY NEEDLE PERC | 47000 | CPT | | | | both | | | 2390 | | 2132.36 | Wellcare | Medicare | 1854.23 | | | | 96.04 | 3587.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LIVER BIOPSY NEEDLE PERC | 47000 | CPT | | | | both | | | 2390 | | 2132.36 | UHC | Medicaid | 754.05 | 31.55 | | 721.59 | 96.04 | 3587.94 | percent of total billed charges | |
| HC LIVER BIOPSY NEEDLE PERC | 47000 | CPT | | | | both | | | 2390 | | 2132.36 | United | CommercialPPO | 2493 | | | | 96.04 | 3587.94 | case rate | |
| HC LIVER BIOPSY NEEDLE PERC | 47000 | CPT | | | | both | | | 2390 | | 2132.36 | United | Oxford | 2493 | | | | 96.04 | 3587.94 | case rate | |
| HC LIVER BIOPSY NEEDLE PERC | 47000 | CPT | | | | both | | | 2390 | | 2132.36 | Wellcare | Medicaid | 754.05 | 31.55 | | | 96.04 | 3587.94 | percent of total billed charges | |
| HC ABLATION LIVER TUMOR PERCUT RA | 47382 | CPT | | | | both | | | 20070 | | 7588.83 | Multiplan | Multiplan | 16056 | 80 | | | 621.4 | 19066.5 | percent of total billed charges | |
| HC ABLATION LIVER TUMOR PERCUT RA | 47382 | CPT | | | | both | | | 20070 | | 7588.83 | Aetna | Medicare | 6598.98 | | | 4270.27 | 621.4 | 19066.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION LIVER TUMOR PERCUT RA | 47382 | CPT | | | | both | | | 20070 | | 7588.83 | Aetna | Commercial | 10769.54 | | | | 621.4 | 19066.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION LIVER TUMOR PERCUT RA | 47382 | CPT | | | | both | | | 20070 | | 7588.83 | Aetna | Better Health | 6332.09 | 31.55 | | | 621.4 | 19066.5 | percent of total billed charges | |
| HC ABLATION LIVER TUMOR PERCUT RA | 47382 | CPT | | | | both | | | 20070 | | 7588.83 | Corrections | Corrections | 16056 | 80 | | | 621.4 | 19066.5 | percent of total billed charges | |
| HC ABLATION LIVER TUMOR PERCUT RA | 47382 | CPT | | | | both | | | 20070 | | 7588.83 | Horizon | Indemnity | 12769.03 | | | | 621.4 | 19066.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION LIVER TUMOR PERCUT RA | 47382 | CPT | | | | both | | | 20070 | | 7588.83 | First Health | First Health | 14049 | 70 | | | 621.4 | 19066.5 | percent of total billed charges | |
| HC ABLATION LIVER TUMOR PERCUT RA | 47382 | CPT | | | | both | | | 20070 | | 7588.83 | Americare | Americare | 15052.5 | 75 | | | 621.4 | 19066.5 | percent of total billed charges | |
| HC ABLATION LIVER TUMOR PERCUT RA | 47382 | CPT | | | | both | | | 20070 | | 7588.83 | Qualcare | Qualcare | 15052.5 | 75 | | | 621.4 | 19066.5 | percent of total billed charges | |
| HC ABLATION LIVER TUMOR PERCUT RA | 47382 | CPT | | | | both | | | 20070 | | 7588.83 | Horizon | Medicare Blue | 6598.98 | | | | 621.4 | 19066.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION LIVER TUMOR PERCUT RA | 47382 | CPT | | | | both | | | 20070 | | 7588.83 | Amerihealth | HMO/PPO | 800 | | | | 621.4 | 19066.5 | fee schedule | |
| HC ABLATION LIVER TUMOR PERCUT RA | 47382 | CPT | | | | both | | | 20070 | | 7588.83 | Wellcare | Medicaid | 6332.09 | 31.55 | | 5491.8 | 621.4 | 19066.5 | percent of total billed charges | |
| HC ABLATION LIVER TUMOR PERCUT RA | 47382 | CPT | | | | both | | | 20070 | | 7588.83 | First Trenton | First Trenton | 18063 | 90 | | | 621.4 | 19066.5 | percent of total billed charges | |
| HC ABLATION LIVER TUMOR PERCUT RA | 47382 | CPT | | | | both | | | 20070 | | 7588.83 | Horizon | MGD | 12769.03 | | | 7664.37 | 621.4 | 19066.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION LIVER TUMOR PERCUT RA | 47382 | CPT | | | | both | | | 20070 | | 7588.83 | Horizon | NJ Health | 621.4 | | | 1912.95 | 621.4 | 19066.5 | fee schedule | |
| HC ABLATION LIVER TUMOR PERCUT RA | 47382 | CPT | | | | both | | | 20070 | | 7588.83 | Consumer | Consumer | 19066.5 | 95 | | | 621.4 | 19066.5 | percent of total billed charges | |
| HC ABLATION LIVER TUMOR PERCUT RA | 47382 | CPT | | | | both | | | 20070 | | 7588.83 | Managed Care Inc | Managed Care Inc | 18063 | 90 | | | 621.4 | 19066.5 | percent of total billed charges | |
| HC ABLATION LIVER TUMOR PERCUT RA | 47382 | CPT | | | | both | | | 20070 | | 7588.83 | UHC | Medicare | 6598.98 | | | | 621.4 | 19066.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION LIVER TUMOR PERCUT RA | 47382 | CPT | | | | both | | | 20070 | | 7588.83 | Three Rivers | Three Rivers | 19066.5 | 95 | | | 621.4 | 19066.5 | percent of total billed charges | |
| HC ABLATION LIVER TUMOR PERCUT RA | 47382 | CPT | | | | both | | | 20070 | | 7588.83 | UHC | Medicaid | 6332.09 | 31.55 | | | 621.4 | 19066.5 | percent of total billed charges | |
| HC ABLATION LIVER TUMOR PERCUT RA | 47382 | CPT | | | | both | | | 20070 | | 7588.83 | Horizon | PPO | 12769.03 | | | | 621.4 | 19066.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION LIVER TUMOR PERCUT RA | 47382 | CPT | | | | both | | | 20070 | | 7588.83 | United | Oxford | 4702 | | | | 621.4 | 19066.5 | case rate | |
| HC ABLATION LIVER TUMOR PERCUT RA | 47382 | CPT | | | | both | | | 20070 | | 7588.83 | Wellcare | Medicare | 6598.98 | | | | 621.4 | 19066.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION LIVER TUMOR PERCUT RA | 47382 | CPT | | | | both | | | 20070 | | 7588.83 | United | CommercialPPO | 4702 | | | | 621.4 | 19066.5 | case rate | |
| HC ABLATION LIVER TUMOR PERCUT RA | 47382 | CPT | | | | both | | | 20070 | | 7588.83 | WellPoint | WellPoint | 6458.53 | 32.18 | | 4429.89 | 621.4 | 19066.5 | percent of total billed charges | |
| HC CT PERCUTANEOUS CRYOALATION | 47383 | CPT | | | | both | | | 18440 | | 13538.55 | UHC | Medicare | 11772.65 | | | | 800 | 22780.08 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT PERCUTANEOUS CRYOALATION | 47383 | CPT | | | | both | | | 18440 | | 13538.55 | First Health | First Health | 12908 | 70 | | | 800 | 22780.08 | percent of total billed charges | |
| HC CT PERCUTANEOUS CRYOALATION | 47383 | CPT | | | | both | | | 18440 | | 13538.55 | Aetna | Medicare | 11772.65 | | | | 800 | 22780.08 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT PERCUTANEOUS CRYOALATION | 47383 | CPT | | | | both | | | 18440 | | 13538.55 | Corrections | Corrections | 14752 | 80 | | | 800 | 22780.08 | percent of total billed charges | |
| HC CT PERCUTANEOUS CRYOALATION | 47383 | CPT | | | | both | | | 18440 | | 13538.55 | First Trenton | First Trenton | 16596 | 90 | | | 800 | 22780.08 | percent of total billed charges | |
| HC CT PERCUTANEOUS CRYOALATION | 47383 | CPT | | | | both | | | 18440 | | 13538.55 | Consumer | Consumer | 17518 | 95 | | | 800 | 22780.08 | percent of total billed charges | |
| HC CT PERCUTANEOUS CRYOALATION | 47383 | CPT | | | | both | | | 18440 | | 13538.55 | Americare | Americare | 13830 | 75 | | | 800 | 22780.08 | percent of total billed charges | |
| HC CT PERCUTANEOUS CRYOALATION | 47383 | CPT | | | | both | | | 18440 | | 13538.55 | Aetna | Better Health | 5817.82 | 31.55 | | | 800 | 22780.08 | percent of total billed charges | |
| HC CT PERCUTANEOUS CRYOALATION | 47383 | CPT | | | | both | | | 18440 | | 13538.55 | Horizon | Indemnity | 22780.08 | | | | 800 | 22780.08 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT PERCUTANEOUS CRYOALATION | 47383 | CPT | | | | both | | | 18440 | | 13538.55 | Multiplan | Multiplan | 14752 | 80 | | | 800 | 22780.08 | percent of total billed charges | |
| HC CT PERCUTANEOUS CRYOALATION | 47383 | CPT | | | | both | | | 18440 | | 13538.55 | Horizon | MGD | 22780.08 | | | | 800 | 22780.08 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT PERCUTANEOUS CRYOALATION | 47383 | CPT | | | | both | | | 18440 | | 13538.55 | Horizon | Medicare Blue | 11772.65 | | | | 800 | 22780.08 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT PERCUTANEOUS CRYOALATION | 47383 | CPT | | | | both | | | 18440 | | 13538.55 | Horizon | PPO | 22780.08 | | | | 800 | 22780.08 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT PERCUTANEOUS CRYOALATION | 47383 | CPT | | | | both | | | 18440 | | 13538.55 | Horizon | NJ Health | 6769.76 | | | | 800 | 22780.08 | fee schedule | |
| HC CT PERCUTANEOUS CRYOALATION | 47383 | CPT | | | | both | | | 18440 | | 13538.55 | Amerihealth | HMO/PPO | 800 | | | | 800 | 22780.08 | fee schedule | |
| HC CT PERCUTANEOUS CRYOALATION | 47383 | CPT | | | | both | | | 18440 | | 13538.55 | Aetna | Commercial | 7097.2 | 38 | | | 800 | 22780.08 | percent of total billed charges | |
| HC CT PERCUTANEOUS CRYOALATION | 47383 | CPT | | | | both | | | 18440 | | 13538.55 | Managed Care Inc | Managed Care Inc | 16596 | 90 | | | 800 | 22780.08 | percent of total billed charges | |
| HC CT PERCUTANEOUS CRYOALATION | 47383 | CPT | | | | both | | | 18440 | | 13538.55 | Qualcare | Qualcare | 13830 | 75 | | | 800 | 22780.08 | percent of total billed charges | |
| HC CT PERCUTANEOUS CRYOALATION | 47383 | CPT | | | | both | | | 18440 | | 13538.55 | WellPoint | WellPoint | 5933.99 | 32.18 | | | 800 | 22780.08 | percent of total billed charges | |
| HC CT PERCUTANEOUS CRYOALATION | 47383 | CPT | | | | both | | | 18440 | | 13538.55 | Three Rivers | Three Rivers | 17518 | 95 | | | 800 | 22780.08 | percent of total billed charges | |
| HC CT PERCUTANEOUS CRYOALATION | 47383 | CPT | | | | both | | | 18440 | | 13538.55 | Wellcare | Medicare | 11772.65 | | | | 800 | 22780.08 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT PERCUTANEOUS CRYOALATION | 47383 | CPT | | | | both | | | 18440 | | 13538.55 | UHC | Medicaid | 5817.82 | 31.55 | | | 800 | 22780.08 | percent of total billed charges | |
| HC CT PERCUTANEOUS CRYOALATION | 47383 | CPT | | | | both | | | 18440 | | 13538.55 | United | CommercialPPO | 4702 | | | | 800 | 22780.08 | case rate | |
| HC CT PERCUTANEOUS CRYOALATION | 47383 | CPT | | | | both | | | 18440 | | 13538.55 | United | Oxford | 4702 | | | | 800 | 22780.08 | case rate | |
| HC CT PERCUTANEOUS CRYOALATION | 47383 | CPT | | | | both | | | 18440 | | 13538.55 | Wellcare | Medicaid | 5817.82 | 31.55 | | | 800 | 22780.08 | percent of total billed charges | |
| HC PERC CHOLECYSTOSTOMY | 47490 | CPT | | | | both | | | 13293 | | 4550.24 | First Trenton | First Trenton | 11963.7 | 90 | | 473.72 | 473.72 | 12628.35 | percent of total billed charges | |
| HC PERC CHOLECYSTOSTOMY | 47490 | CPT | | | | both | | | 13293 | | 4550.24 | UHC | Medicaid | 4193.94 | 31.55 | | 473.72 | 473.72 | 12628.35 | percent of total billed charges | |
| HC PERC CHOLECYSTOSTOMY | 47490 | CPT | | | | both | | | 13293 | | 4550.24 | Americare | Americare | 9969.75 | 75 | | 473.72 | 473.72 | 12628.35 | percent of total billed charges | |
| HC PERC CHOLECYSTOSTOMY | 47490 | CPT | | | | both | | | 13293 | | 4550.24 | Consumer | Consumer | 12628.35 | 95 | | 473.72 | 473.72 | 12628.35 | percent of total billed charges | |
| HC PERC CHOLECYSTOSTOMY | 47490 | CPT | | | | both | | | 13293 | | 4550.24 | Horizon | MGD | 7656.27 | | | 1030.81 | 473.72 | 12628.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERC CHOLECYSTOSTOMY | 47490 | CPT | | | | both | | | 13293 | | 4550.24 | Amerihealth | HMO/PPO | 800 | | | | 473.72 | 12628.35 | fee schedule | |
| HC PERC CHOLECYSTOSTOMY | 47490 | CPT | | | | both | | | 13293 | | 4550.24 | Aetna | Commercial | 6457.38 | | | | 473.72 | 12628.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERC CHOLECYSTOSTOMY | 47490 | CPT | | | | both | | | 13293 | | 4550.24 | Aetna | Better Health | 4193.94 | 31.55 | | | 473.72 | 12628.35 | percent of total billed charges | |
| HC PERC CHOLECYSTOSTOMY | 47490 | CPT | | | | both | | | 13293 | | 4550.24 | Managed Care Inc | Managed Care Inc | 11963.7 | 90 | | | 473.72 | 12628.35 | percent of total billed charges | |
| HC PERC CHOLECYSTOSTOMY | 47490 | CPT | | | | both | | | 13293 | | 4550.24 | First Health | First Health | 9305.1 | 70 | | | 473.72 | 12628.35 | percent of total billed charges | |
| HC PERC CHOLECYSTOSTOMY | 47490 | CPT | | | | both | | | 13293 | | 4550.24 | Three Rivers | Three Rivers | 12628.35 | 95 | | | 473.72 | 12628.35 | percent of total billed charges | |
| HC PERC CHOLECYSTOSTOMY | 47490 | CPT | | | | both | | | 13293 | | 4550.24 | Corrections | Corrections | 10634.4 | 80 | | | 473.72 | 12628.35 | percent of total billed charges | |
| HC PERC CHOLECYSTOSTOMY | 47490 | CPT | | | | both | | | 13293 | | 4550.24 | Horizon | PPO | 7656.27 | | | | 473.72 | 12628.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERC CHOLECYSTOSTOMY | 47490 | CPT | | | | both | | | 13293 | | 4550.24 | Horizon | Indemnity | 7656.27 | | | | 473.72 | 12628.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERC CHOLECYSTOSTOMY | 47490 | CPT | | | | both | | | 13293 | | 4550.24 | Aetna | Medicare | 3956.73 | | | | 473.72 | 12628.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERC CHOLECYSTOSTOMY | 47490 | CPT | | | | both | | | 13293 | | 4550.24 | Wellcare | Medicare | 3956.73 | | | | 473.72 | 12628.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERC CHOLECYSTOSTOMY | 47490 | CPT | | | | both | | | 13293 | | 4550.24 | UHC | Medicare | 3956.73 | | | | 473.72 | 12628.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERC CHOLECYSTOSTOMY | 47490 | CPT | | | | both | | | 13293 | | 4550.24 | United | CommercialPPO | 3492 | | | | 473.72 | 12628.35 | case rate | |
| HC PERC CHOLECYSTOSTOMY | 47490 | CPT | | | | both | | | 13293 | | 4550.24 | Multiplan | Multiplan | 10634.4 | 80 | | | 473.72 | 12628.35 | percent of total billed charges | |
| HC PERC CHOLECYSTOSTOMY | 47490 | CPT | | | | both | | | 13293 | | 4550.24 | Horizon | Medicare Blue | 3956.73 | | | | 473.72 | 12628.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERC CHOLECYSTOSTOMY | 47490 | CPT | | | | both | | | 13293 | | 4550.24 | WellPoint | WellPoint | 4277.69 | 32.18 | | | 473.72 | 12628.35 | percent of total billed charges | |
| HC PERC CHOLECYSTOSTOMY | 47490 | CPT | | | | both | | | 13293 | | 4550.24 | Wellcare | Medicaid | 4193.94 | 31.55 | | | 473.72 | 12628.35 | percent of total billed charges | |
| HC PERC CHOLECYSTOSTOMY | 47490 | CPT | | | | both | | | 13293 | | 4550.24 | Qualcare | Qualcare | 9969.75 | 75 | | | 473.72 | 12628.35 | percent of total billed charges | |
| HC PERC CHOLECYSTOSTOMY | 47490 | CPT | | | | both | | | 13293 | | 4550.24 | Horizon | NJ Health | 473.72 | | | | 473.72 | 12628.35 | fee schedule | |
| HC PERC CHOLECYSTOSTOMY | 47490 | CPT | | | | both | | | 13293 | | 4550.24 | United | Oxford | 3492 | | | | 473.72 | 12628.35 | case rate | |
| HC INJECT PTC THRU EXISTING CATH | 47531 | CPT | | | | both | | | 12205 | | 4550.24 | First Trenton | First Trenton | 10984.5 | 90 | | | 125 | 11594.75 | percent of total billed charges | |
| HC INJECT PTC THRU EXISTING CATH | 47531 | CPT | | | | both | | | 12205 | | 4550.24 | Aetna | Commercial | 6457.38 | | | | 125 | 11594.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECT PTC THRU EXISTING CATH | 47531 | CPT | | | | both | | | 12205 | | 4550.24 | Aetna | Better Health | 3860.68 | 31.55 | | | 125 | 11594.75 | percent of total billed charges | |
| HC INJECT PTC THRU EXISTING CATH | 47531 | CPT | | | | both | | | 12205 | | 4550.24 | Consumer | Consumer | 11594.75 | 95 | | | 125 | 11594.75 | percent of total billed charges | |
| HC INJECT PTC THRU EXISTING CATH | 47531 | CPT | | | | both | | | 12205 | | 4550.24 | Americare | Americare | 9153.75 | 75 | | | 125 | 11594.75 | percent of total billed charges | |
| HC INJECT PTC THRU EXISTING CATH | 47531 | CPT | | | | both | | | 12205 | | 4550.24 | UHC | Medicare | 3956.73 | | | | 125 | 11594.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECT PTC THRU EXISTING CATH | 47531 | CPT | | | | both | | | 12205 | | 4550.24 | Aetna | Medicare | 3956.73 | | | | 125 | 11594.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECT PTC THRU EXISTING CATH | 47531 | CPT | | | | both | | | 12205 | | 4550.24 | Corrections | Corrections | 9764 | 80 | | | 125 | 11594.75 | percent of total billed charges | |
| HC INJECT PTC THRU EXISTING CATH | 47531 | CPT | | | | both | | | 12205 | | 4550.24 | Managed Care Inc | Managed Care Inc | 10984.5 | 90 | | | 125 | 11594.75 | percent of total billed charges | |
| HC INJECT PTC THRU EXISTING CATH | 47531 | CPT | | | | both | | | 12205 | | 4550.24 | Multiplan | Multiplan | 9764 | 80 | | | 125 | 11594.75 | percent of total billed charges | |
| HC INJECT PTC THRU EXISTING CATH | 47531 | CPT | | | | both | | | 12205 | | 4550.24 | Horizon | PPO | 7656.27 | | | | 125 | 11594.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECT PTC THRU EXISTING CATH | 47531 | CPT | | | | both | | | 12205 | | 4550.24 | Three Rivers | Three Rivers | 11594.75 | 95 | | | 125 | 11594.75 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC INJECT PTC THRU EXISTING CATH | 47531 | CPT | | | | both | | | 12205 | 4550.24 | Amerihealth | HMO/PPO | 125 | | | | 125 | 11594.75 | fee schedule | |
| HC INJECT PTC THRU EXISTING CATH | 47531 | CPT | | | | both | | | 12205 | 4550.24 | Wellcare | Medicare | 3956.73 | | | | 125 | 11594.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECT PTC THRU EXISTING CATH | 47531 | CPT | | | | both | | | 12205 | 4550.24 | First Health | First Health | 8543.5 | 70 | | | 125 | 11594.75 | percent of total billed charges | |
| HC INJECT PTC THRU EXISTING CATH | 47531 | CPT | | | | both | | | 12205 | 4550.24 | Horizon | Medicare Blue | 3956.73 | | | | 125 | 11594.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECT PTC THRU EXISTING CATH | 47531 | CPT | | | | both | | | 12205 | 4550.24 | Horizon | Indemnity | 7656.27 | | | | 125 | 11594.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECT PTC THRU EXISTING CATH | 47531 | CPT | | | | both | | | 12205 | 4550.24 | Qualcare | Qualcare | 9153.75 | 75 | | | 125 | 11594.75 | percent of total billed charges | |
| HC INJECT PTC THRU EXISTING CATH | 47531 | CPT | | | | both | | | 12205 | 4550.24 | WellPoint | WellPoint | 3927.57 | 32.18 | | | 125 | 11594.75 | percent of total billed charges | |
| HC INJECT PTC THRU EXISTING CATH | 47531 | CPT | | | | both | | | 12205 | 4550.24 | Wellcare | Medicaid | 3850.68 | 31.55 | | | 125 | 11594.75 | percent of total billed charges | |
| HC INJECT PTC THRU EXISTING CATH | 47531 | CPT | | | | both | | | 12205 | 4550.24 | UHC | Medicaid | 3850.68 | 31.55 | | | 125 | 11594.75 | percent of total billed charges | |
| HC INJECT PTC THRU EXISTING CATH | 47531 | CPT | | | | both | | | 12205 | 4550.24 | Horizon | NJ Health | 411.52 | | | 3632.56 | 125 | 11594.75 | fee schedule | |
| HC INJECT PTC THRU EXISTING CATH | 47531 | CPT | | | | both | | | 12205 | 4550.24 | Horizon | MGD | 7656.27 | | | | 125 | 11594.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECT PTC THRU EXISTING CATH | 47531 | CPT | | | | both | | | 12205 | 4550.24 | United | Oxford | 3492 | | | | 125 | 11594.75 | case rate | |
| HC INJECT PTC THRU EXISTING CATH | 47531 | CPT | | | | both | | | 12205 | 4550.24 | United | Commercial\|PPO | 3492 | | | | 125 | 11594.75 | case rate | |
| HC PLACE PERC PTC CATH INCL IMAGING GUIDAN | 47533 | CPT | | | | both | | | 9818 | 4550.24 | Consumer | Consumer | 9327.1 | 95 | | | 800 | 9327.1 | percent of total billed charges | |
| HC PLACE PERC PTC CATH INCL IMAGING GUIDAN | 47533 | CPT | | | | both | | | 9818 | 4550.24 | Americare | Americare | 7363.5 | 75 | | | 800 | 9327.1 | percent of total billed charges | |
| HC PLACE PERC PTC CATH INCL IMAGING GUIDAN | 47533 | CPT | | | | both | | | 9818 | 4550.24 | Corrections | Corrections | 7854.4 | 80 | | | 800 | 9327.1 | percent of total billed charges | |
| HC PLACE PERC PTC CATH INCL IMAGING GUIDAN | 47533 | CPT | | | | both | | | 9818 | 4550.24 | Horizon | Medicare Blue | 3956.73 | | | | 800 | 9327.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE PERC PTC CATH INCL IMAGING GUIDAN | 47533 | CPT | | | | both | | | 9818 | 4550.24 | Aetna | Medicare | 3956.73 | | | | 800 | 9327.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE PERC PTC CATH INCL IMAGING GUIDAN | 47533 | CPT | | | | both | | | 9818 | 4550.24 | First Health | First Health | 6872.6 | 70 | | | 800 | 9327.1 | percent of total billed charges | |
| HC PLACE PERC PTC CATH INCL IMAGING GUIDAN | 47533 | CPT | | | | both | | | 9818 | 4550.24 | First Trenton | First Trenton | 8836.2 | 90 | | | 800 | 9327.1 | percent of total billed charges | |
| HC PLACE PERC PTC CATH INCL IMAGING GUIDAN | 47533 | CPT | | | | both | | | 9818 | 4550.24 | Aetna | Better Health | 3097.58 | 31.55 | | | 800 | 9327.1 | percent of total billed charges | |
| HC PLACE PERC PTC CATH INCL IMAGING GUIDAN | 47533 | CPT | | | | both | | | 9818 | 4550.24 | Horizon | MGD | 7656.27 | | | | 800 | 9327.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE PERC PTC CATH INCL IMAGING GUIDAN | 47533 | CPT | | | | both | | | 9818 | 4550.24 | Amerihealth | HMO/PPO | 800 | | | | 800 | 9327.1 | fee schedule | |
| HC PLACE PERC PTC CATH INCL IMAGING GUIDAN | 47533 | CPT | | | | both | | | 9818 | 4550.24 | Horizon | PPO | 7656.27 | | | | 800 | 9327.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE PERC PTC CATH INCL IMAGING GUIDAN | 47533 | CPT | | | | both | | | 9818 | 4550.24 | Aetna | Commercial | 3730.84 | 38 | | | 800 | 9327.1 | percent of total billed charges | |
| HC PLACE PERC PTC CATH INCL IMAGING GUIDAN | 47533 | CPT | | | | both | | | 9818 | 4550.24 | Multiplan | Multiplan | 7854.4 | 80 | | | 800 | 9327.1 | percent of total billed charges | |
| HC PLACE PERC PTC CATH INCL IMAGING GUIDAN | 47533 | CPT | | | | both | | | 9818 | 4550.24 | UHC | Medicare | 3956.73 | | | | 800 | 9327.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE PERC PTC CATH INCL IMAGING GUIDAN | 47533 | CPT | | | | both | | | 9818 | 4550.24 | Horizon | NJ Health | 1479.29 | | | | 800 | 9327.1 | fee schedule | |
| HC PLACE PERC PTC CATH INCL IMAGING GUIDAN | 47533 | CPT | | | | both | | | 9818 | 4550.24 | Horizon | Indemnity | 7656.27 | | | | 800 | 9327.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE PERC PTC CATH INCL IMAGING GUIDAN | 47533 | CPT | | | | both | | | 9818 | 4550.24 | Qualcare | Qualcare | 7363.5 | 75 | | | 800 | 9327.1 | percent of total billed charges | |
| HC PLACE PERC PTC CATH INCL IMAGING GUIDAN | 47533 | CPT | | | | both | | | 9818 | 4550.24 | Wellcare | Medicare | 3956.73 | | | | 800 | 9327.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE PERC PTC CATH INCL IMAGING GUIDAN | 47533 | CPT | | | | both | | | 9818 | 4550.24 | WellPoint | WellPoint | 3159.43 | 32.18 | | | 800 | 9327.1 | percent of total billed charges | |
| HC PLACE PERC PTC CATH INCL IMAGING GUIDAN | 47533 | CPT | | | | both | | | 9818 | 4550.24 | UHC | Medicaid | 3097.58 | 31.55 | | | 800 | 9327.1 | percent of total billed charges | |
| HC PLACE PERC PTC CATH INCL IMAGING GUIDAN | 47533 | CPT | | | | both | | | 9818 | 4550.24 | Managed Care Inc | Managed Care Inc | 8836.2 | 90 | | | 800 | 9327.1 | percent of total billed charges | |
| HC PLACE PERC PTC CATH INCL IMAGING GUIDAN | 47533 | CPT | | | | both | | | 9818 | 4550.24 | United | Commercial\|PPO | 3492 | | | | 800 | 9327.1 | case rate | |
| HC PLACE PERC PTC CATH INCL IMAGING GUIDAN | 47533 | CPT | | | | both | | | 9818 | 4550.24 | Three Rivers | Three Rivers | 9327.1 | 95 | | | 800 | 9327.1 | percent of total billed charges | |
| HC PLACE PERC PTC CATH INCL IMAGING GUIDAN | 47533 | CPT | | | | both | | | 9818 | 4550.24 | United | Oxford | 3492 | | | | 800 | 9327.1 | case rate | |
| HC PLACE PERC PTC CATH INCL IMAGING GUIDAN | 47533 | CPT | | | | both | | | 9818 | 4550.24 | Wellcare | Medicaid | 3097.58 | 31.55 | | | 800 | 9327.1 | percent of total billed charges | |
| HC PLACE INTERNAL/EXTERNAL PTC DR | 47534 | CPT | | | | both | | | 9818 | 4550.24 | Corrections | Corrections | 7854.4 | 80 | | | 800 | 9327.1 | percent of total billed charges | |
| HC PLACE INTERNAL/EXTERNAL PTC DR | 47534 | CPT | | | | both | | | 9818 | 4550.24 | Qualcare | Qualcare | 7363.5 | 75 | | | 800 | 9327.1 | percent of total billed charges | |
| HC PLACE INTERNAL/EXTERNAL PTC DR | 47534 | CPT | | | | both | | | 9818 | 4550.24 | Amerihealth | HMO/PPO | 800 | | | | 800 | 9327.1 | fee schedule | |
| HC PLACE INTERNAL/EXTERNAL PTC DR | 47534 | CPT | | | | both | | | 9818 | 4550.24 | Aetna | Better Health | 3097.58 | 31.55 | | | 800 | 9327.1 | percent of total billed charges | |
| HC PLACE INTERNAL/EXTERNAL PTC DR | 47534 | CPT | | | | both | | | 9818 | 4550.24 | Americare | Americare | 7363.5 | 75 | | | 800 | 9327.1 | percent of total billed charges | |
| HC PLACE INTERNAL/EXTERNAL PTC DR | 47534 | CPT | | | | both | | | 9818 | 4550.24 | First Health | First Health | 6872.6 | 70 | | | 800 | 9327.1 | percent of total billed charges | |
| HC PLACE INTERNAL/EXTERNAL PTC DR | 47534 | CPT | | | | both | | | 9818 | 4550.24 | Aetna | Commercial | 3730.84 | 38 | | | 800 | 9327.1 | percent of total billed charges | |
| HC PLACE INTERNAL/EXTERNAL PTC DR | 47534 | CPT | | | | both | | | 9818 | 4550.24 | Aetna | Medicare | 3956.73 | | | | 800 | 9327.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE INTERNAL/EXTERNAL PTC DR | 47534 | CPT | | | | both | | | 9818 | 4550.24 | First Trenton | First Trenton | 8836.2 | 90 | | | 800 | 9327.1 | percent of total billed charges | |
| HC PLACE INTERNAL/EXTERNAL PTC DR | 47534 | CPT | | | | both | | | 9818 | 4550.24 | UHC | Medicaid | 3097.58 | 31.55 | | | 800 | 9327.1 | percent of total billed charges | |
| HC PLACE INTERNAL/EXTERNAL PTC DR | 47534 | CPT | | | | both | | | 9818 | 4550.24 | Horizon | Medicare Blue | 3956.73 | | | | 800 | 9327.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE INTERNAL/EXTERNAL PTC DR | 47534 | CPT | | | | both | | | 9818 | 4550.24 | Consumer | Consumer | 9327.1 | 95 | | | 800 | 9327.1 | percent of total billed charges | |
| HC PLACE INTERNAL/EXTERNAL PTC DR | 47534 | CPT | | | | both | | | 9818 | 4550.24 | Three Rivers | Three Rivers | 9327.1 | 95 | | | 800 | 9327.1 | percent of total billed charges | |
| HC PLACE INTERNAL/EXTERNAL PTC DR | 47534 | CPT | | | | both | | | 9818 | 4550.24 | Horizon | Indemnity | 7656.27 | | | | 800 | 9327.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE INTERNAL/EXTERNAL PTC DR | 47534 | CPT | | | | both | | | 9818 | 4550.24 | UHC | Medicare | 3956.73 | | | | 800 | 9327.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE INTERNAL/EXTERNAL PTC DR | 47534 | CPT | | | | both | | | 9818 | 4550.24 | Horizon | MGD | 7656.27 | | | | 800 | 9327.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE INTERNAL/EXTERNAL PTC DR | 47534 | CPT | | | | both | | | 9818 | 4550.24 | Horizon | NJ Health | 1820.84 | | | | 800 | 9327.1 | fee schedule | |
| HC PLACE INTERNAL/EXTERNAL PTC DR | 47534 | CPT | | | | both | | | 9818 | 4550.24 | United | Commercial\|PPO | 3492 | | | | 800 | 9327.1 | case rate | |
| HC PLACE INTERNAL/EXTERNAL PTC DR | 47534 | CPT | | | | both | | | 9818 | 4550.24 | United | Oxford | 3492 | | | | 800 | 9327.1 | case rate | |
| HC PLACE INTERNAL/EXTERNAL PTC DR | 47534 | CPT | | | | both | | | 9818 | 4550.24 | Horizon | PPO | 7656.27 | | | | 800 | 9327.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE INTERNAL/EXTERNAL PTC DR | 47534 | CPT | | | | both | | | 9818 | 4550.24 | Managed Care Inc | Managed Care Inc | 8836.2 | 90 | | | 800 | 9327.1 | percent of total billed charges | |
| HC PLACE INTERNAL/EXTERNAL PTC DR | 47534 | CPT | | | | both | | | 9818 | 4550.24 | Multiplan | Multiplan | 7854.4 | 80 | | | 800 | 9327.1 | percent of total billed charges | |
| HC PLACE INTERNAL/EXTERNAL PTC DR | 47534 | CPT | | | | both | | | 9818 | 4550.24 | Wellcare | Medicare | 3956.73 | | | | 800 | 9327.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE INTERNAL/EXTERNAL PTC DR | 47534 | CPT | | | | both | | | 9818 | 4550.24 | WellPoint | WellPoint | 3159.43 | 32.18 | | | 800 | 9327.1 | percent of total billed charges | |
| HC PLACE INTERNAL/EXTERNAL PTC DR | 47534 | CPT | | | | both | | | 9818 | 4550.24 | Wellcare | Medicaid | 3097.58 | 31.55 | | | 800 | 9327.1 | percent of total billed charges | |
| HC CONVERSION EXTERNAL PTC CATH T | 47535 | CPT | | | | inpatient | | | 9818 | 4550.24 | Aetna | Commercial | 6457.38 | | | | 800 | 9327.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONVERSION EXTERNAL PTC CATH T | 47535 | CPT | | | | inpatient | | | 9818 | 4550.24 | First Trenton | First Trenton | 8836.2 | 90 | | | 800 | 9327.1 | percent of total billed charges | |
| HC CONVERSION EXTERNAL PTC CATH T | 47535 | CPT | | | | inpatient | | | 9818 | 4550.24 | Corrections | Corrections | 7854.4 | 80 | | | 800 | 9327.1 | percent of total billed charges | |
| HC CONVERSION EXTERNAL PTC CATH T | 47535 | CPT | | | | inpatient | | | 9818 | 4550.24 | First Health | First Health | 6872.6 | 70 | | | 800 | 9327.1 | percent of total billed charges | |
| HC CONVERSION EXTERNAL PTC CATH T | 47535 | CPT | | | | inpatient | | | 9818 | 4550.24 | Americare | Americare | 7363.5 | 75 | | | 800 | 9327.1 | percent of total billed charges | |
| HC CONVERSION EXTERNAL PTC CATH T | 47535 | CPT | | | | inpatient | | | 9818 | 4550.24 | UHC | Medicare | 3956.73 | | | | 800 | 9327.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONVERSION EXTERNAL PTC CATH T | 47535 | CPT | | | | inpatient | | | 9818 | 4550.24 | Aetna | Better Health | 3097.58 | 31.55 | | | 800 | 9327.1 | percent of total billed charges | |
| HC CONVERSION EXTERNAL PTC CATH T | 47535 | CPT | | | | inpatient | | | 9818 | 4550.24 | Consumer | Consumer | 9327.1 | 95 | | | 800 | 9327.1 | percent of total billed charges | |
| HC CONVERSION EXTERNAL PTC CATH T | 47535 | CPT | | | | inpatient | | | 9818 | 4550.24 | Aetna | Medicare | 3956.73 | | | | 800 | 9327.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONVERSION EXTERNAL PTC CATH T | 47535 | CPT | | | | inpatient | | | 9818 | 4550.24 | Horizon | Indemnity | 7656.27 | | | | 800 | 9327.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONVERSION EXTERNAL PTC CATH T | 47535 | CPT | | | | inpatient | | | 9818 | 4550.24 | Horizon | Medicare Blue | 3956.73 | | | | 800 | 9327.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONVERSION EXTERNAL PTC CATH T | 47535 | CPT | | | | inpatient | | | 9818 | 4550.24 | Multiplan | Multiplan | 7854.4 | 80 | | | 800 | 9327.1 | percent of total billed charges | |
| HC CONVERSION EXTERNAL PTC CATH T | 47535 | CPT | | | | inpatient | | | 9818 | 4550.24 | Amerihealth | HMO/PPO | 800 | | | | 800 | 9327.1 | fee schedule | |
| HC CONVERSION EXTERNAL PTC CATH T | 47535 | CPT | | | | inpatient | | | 9818 | 4550.24 | Horizon | PPO | 7656.27 | | | | 800 | 9327.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONVERSION EXTERNAL PTC CATH T | 47535 | CPT | | | | inpatient | | | 9818 | 4550.24 | Horizon | MGD | 7656.27 | | | | 800 | 9327.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONVERSION EXTERNAL PTC CATH T | 47535 | CPT | | | | inpatient | | | 9818 | 4550.24 | Horizon | NJ Health | 1224.57 | | | | 800 | 9327.1 | fee schedule | |
| HC CONVERSION EXTERNAL PTC CATH T | 47535 | CPT | | | | inpatient | | | 9818 | 4550.24 | Managed Care Inc | Managed Care Inc | 8836.2 | 90 | | | 800 | 9327.1 | percent of total billed charges | |
| HC CONVERSION EXTERNAL PTC CATH T | 47535 | CPT | | | | inpatient | | | 9818 | 4550.24 | Qualcare | Qualcare | 7363.5 | 75 | | | 800 | 9327.1 | percent of total billed charges | |
| HC CONVERSION EXTERNAL PTC CATH T | 47535 | CPT | | | | inpatient | | | 9818 | 4550.24 | WellPoint | WellPoint | 3159.43 | 32.18 | | | 800 | 9327.1 | percent of total billed charges | |
| HC CONVERSION EXTERNAL PTC CATH T | 47535 | CPT | | | | inpatient | | | 9818 | 4550.24 | Three Rivers | Three Rivers | 9327.1 | 95 | | | 800 | 9327.1 | percent of total billed charges | |
| HC CONVERSION EXTERNAL PTC CATH T | 47535 | CPT | | | | inpatient | | | 9818 | 4550.24 | Wellcare | Medicare | 3956.73 | | | | 800 | 9327.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONVERSION EXTERNAL PTC CATH T | 47535 | CPT | | | | inpatient | | | 9818 | 4550.24 | UHC | Medicaid | 3097.58 | 31.55 | | | 800 | 9327.1 | percent of total billed charges | |
| HC CONVERSION EXTERNAL PTC CATH T | 47535 | CPT | | | | inpatient | | | 9818 | 4550.24 | United | Commercial\|PPO | 3492 | | | | 800 | 9327.1 | case rate | |
| HC CONVERSION EXTERNAL PTC CATH T | 47535 | CPT | | | | inpatient | | | 9818 | 4550.24 | United | Oxford | 3492 | | | | 800 | 9327.1 | case rate | |
| HC CONVERSION EXTERNAL PTC CATH T | 47535 | CPT | | | | inpatient | | | 9818 | 4550.24 | Wellcare | Medicaid | 3097.58 | 31.55 | | | 800 | 9327.1 | percent of total billed charges | |
| HC EXCH PTC CATH OR CONV INT/EXT | 47536 | CPT | | | | both | | | 12620 | 4550.24 | UHC | Medicaid | 3981.61 | 31.55 | | | 300 | 11989 | percent of total billed charges | |
| HC EXCH PTC CATH OR CONV INT/EXT | 47536 | CPT | | | | both | | | 12620 | 4550.24 | Americare | Americare | 9465 | 75 | | | 300 | 11989 | percent of total billed charges | |
| HC EXCH PTC CATH OR CONV INT/EXT | 47536 | CPT | | | | both | | | 12620 | 4550.24 | Aetna | Commercial | 6457.38 | | | | 300 | 11989 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCH PTC CATH OR CONV INT/EXT | 47536 | CPT | | | | both | | | 12620 | 4550.24 | Corrections | Corrections | 10096 | 80 | | | 300 | 11989 | percent of total billed charges | |
| HC EXCH PTC CATH OR CONV INT/EXT | 47536 | CPT | | | | both | | | 12620 | 4550.24 | Consumer | Consumer | 11989 | 95 | | | 300 | 11989 | percent of total billed charges | |
| HC EXCH PTC CATH OR CONV INT/EXT | 47536 | CPT | | | | both | | | 12620 | 4550.24 | Aetna | Medicare | 3956.73 | | | | 300 | 11989 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCH PTC CATH OR CONV INT/EXT | 47536 | CPT | | | | both | | | 12620 | 4550.24 | Horizon | Medicare Blue | 3956.73 | | | | 300 | 11989 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCH PTC CATH OR CONV INT/EXT | 47536 | CPT | | | | both | | | 12620 | 4550.24 | Aetna | Better Health | 3981.61 | 31.55 | | | 300 | 11989 | percent of total billed charges | |
| HC EXCH PTC CATH OR CONV INT/EXT | 47536 | CPT | | | | both | | | 12620 | 4550.24 | First Health | First Health | 8834 | 70 | | | 300 | 11989 | percent of total billed charges | |
| HC EXCH PTC CATH OR CONV INT/EXT | 47536 | CPT | | | | both | | | 12620 | 4550.24 | First Trenton | First Trenton | 11368 | 90 | | | 300 | 11989 | percent of total billed charges | |
| HC EXCH PTC CATH OR CONV INT/EXT | 47536 | CPT | | | | both | | | 12620 | 4550.24 | UHC | Medicare | 3956.73 | | | | 300 | 11989 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCH PTC CATH OR CONV INT/EXT | 47536 | CPT | | | | both | | | 12620 | 4550.24 | Horizon | Indemnity | 7656.27 | | | | 300 | 11989 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCH PTC CATH OR CONV INT/EXT | 47536 | CPT | | | | both | | | 12620 | 4550.24 | Horizon | MGD | 7656.27 | | | 5045.18 | 300 | 11989 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCH PTC CATH OR CONV INT/EXT | 47536 | CPT | | | | both | | | 12620 | 4550.24 | Amerihealth | HMO/PPO | 300 | | | | 300 | 11989 | fee schedule | |
| HC EXCH PTC CATH OR CONV INT/EXT | 47536 | CPT | | | | both | | | 12620 | 4550.24 | Wellcare | Medicare | 3956.73 | | | | 300 | 11989 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCH PTC CATH OR CONV INT/EXT | 47536 | CPT | | | | both | | | 12620 | 4550.24 | Multiplan | Multiplan | 10096 | 80 | | | 300 | 11989 | percent of total billed charges | |
| HC EXCH PTC CATH OR CONV INT/EXT | 47536 | CPT | | | | both | | | 12620 | 4550.24 | Horizon | NJ Health | 905.38 | | | | 300 | 11989 | fee schedule | |
| HC EXCH PTC CATH OR CONV INT/EXT | 47536 | CPT | | | | both | | | 12620 | 4550.24 | Horizon | PPO | 7656.27 | | | | 300 | 11989 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCH PTC CATH OR CONV INT/EXT | 47536 | CPT | | | | both | | | 12620 | 4550.24 | United | Oxford | 3492 | | | | 300 | 11989 | case rate | |
| HC EXCH PTC CATH OR CONV INT/EXT | 47536 | CPT | | | | both | | | 12620 | 4550.24 | Qualcare | Qualcare | 9465 | 75 | | | 300 | 11989 | percent of total billed charges | |
| HC EXCH PTC CATH OR CONV INT/EXT | 47536 | CPT | | | | both | | | 12620 | 4550.24 | Managed Care Inc | Managed Care Inc | 11368 | 90 | | | 300 | 11989 | percent of total billed charges | |
| HC EXCH PTC CATH OR CONV INT/EXT | 47536 | CPT | | | | both | | | 12620 | 4550.24 | United | Commercial\|PPO | 3492 | | | | 300 | 11989 | case rate | |
| HC EXCH PTC CATH OR CONV INT/EXT | 47536 | CPT | | | | both | | | 12620 | 4550.24 | Wellcare | Medicaid | 3981.61 | 31.55 | | | 300 | 11989 | percent of total billed charges | |
| HC EXCH PTC CATH OR CONV INT/EXT | 47536 | CPT | | | | both | | | 12620 | 4550.24 | WellPoint | WellPoint | 4061.12 | 32.18 | | | 300 | 11989 | percent of total billed charges | |
| HC EXCH PTC CATH OR CONV INT/EXT | 47536 | CPT | | | | both | | | 12620 | 4550.24 | Three Rivers | Three Rivers | 11989 | 95 | | | 300 | 11989 | percent of total billed charges | |
| HC REMOVAL PTC CATH PERC INCLUDE | 47537 | CPT | | | | both | | | 3024 | 1192.23 | Aetna | Better Health | 954.07 | 31.55 | | | 300 | 2872.8 | percent of total billed charges | |
| HC REMOVAL PTC CATH PERC INCLUDE | 47537 | CPT | | | | both | | | 3024 | 1192.23 | Aetna | Medicare | 1036.72 | | | | 300 | 2872.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL PTC CATH PERC INCLUDE | 47537 | CPT | | | | both | | | 3024 | 1192.23 | Horizon | Indemnity | 2006.05 | | | | 300 | 2872.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL PTC CATH PERC INCLUDE | 47537 | CPT | | | | both | | | 3024 | 1192.23 | Managed Care Inc | Managed Care Inc | 2721.6 | 90 | | | 300 | 2872.8 | percent of total billed charges | |
| HC REMOVAL PTC CATH PERC INCLUDE | 47537 | CPT | | | | both | | | 3024 | 1192.23 | Consumer | Consumer | 2872.8 | 95 | | | 300 | 2872.8 | percent of total billed charges | |
| HC REMOVAL PTC CATH PERC INCLUDE | 47537 | CPT | | | | both | | | 3024 | 1192.23 | Americare | Americare | 2268 | 75 | | | 300 | 2872.8 | percent of total billed charges | |
| HC REMOVAL PTC CATH PERC INCLUDE | 47537 | CPT | | | | both | | | 3024 | 1192.23 | Horizon | PPO | 2006.05 | | | | 300 | 2872.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL PTC CATH PERC INCLUDE | 47537 | CPT | | | | both | | | 3024 | 1192.23 | Aetna | Commercial | 1691.93 | | | | 300 | 2872.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL PTC CATH PERC INCLUDE | 47537 | CPT | | | | both | | | 3024 | 1192.23 | First Health | First Health | 2116.8 | 70 | | | 300 | 2872.8 | percent of total billed charges | |
| HC REMOVAL PTC CATH PERC INCLUDE | 47537 | CPT | | | | both | | | 3024 | 1192.23 | First Trenton | First Trenton | 2721.6 | 90 | | | 300 | 2872.8 | percent of total billed charges | |
| HC REMOVAL PTC CATH PERC INCLUDE | 47537 | CPT | | | | both | | | 3024 | 1192.23 | Corrections | Corrections | 2419.2 | 80 | | | 300 | 2872.8 | percent of total billed charges | |
| HC REMOVAL PTC CATH PERC INCLUDE | 47537 | CPT | | | | both | | | 3024 | 1192.23 | UHC | Medicare | 1036.72 | | | | 300 | 2872.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL PTC CATH PERC INCLUDE | 47537 | CPT | | | | both | | | 3024 | 1192.23 | Three Rivers | Three Rivers | 2872.8 | 95 | | | 300 | 2872.8 | percent of total billed charges | |
| HC REMOVAL PTC CATH PERC INCLUDE | 47537 | CPT | | | | both | | | 3024 | 1192.23 | Amerihealth | HMO/PPO | 300 | | | | 300 | 2872.8 | fee schedule | |
| HC REMOVAL PTC CATH PERC INCLUDE | 47537 | CPT | | | | both | | | 3024 | 1192.23 | Horizon | NJ Health | 446.06 | | | | 300 | 2872.8 | fee schedule | |
| HC REMOVAL PTC CATH PERC INCLUDE | 47537 | CPT | | | | both | | | 3024 | 1192.23 | Multiplan | Multiplan | 2419.2 | 80 | | | 300 | 2872.8 | percent of total billed charges | |
| HC REMOVAL PTC CATH PERC INCLUDE | 47537 | CPT | | | | both | | | 3024 | 1192.23 | Wellcare | Medicaid | 954.07 | 31.55 | | | 300 | 2872.8 | percent of total billed charges | |
| HC REMOVAL PTC CATH PERC INCLUDE | 47537 | CPT | | | | both | | | 3024 | 1192.23 | Horizon | MGD | 2006.05 | | | 1600.57 | 300 | 2872.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL PTC CATH PERC INCLUDE | 47537 | CPT | | | | both | | | 3024 | 1192.23 | UHC | Medicaid | 954.07 | 31.55 | | | 300 | 2872.8 | percent of total billed charges | |
| HC REMOVAL PTC CATH PERC INCLUDE | 47537 | CPT | | | | both | | | 3024 | 1192.23 | Qualcare | Qualcare | 2268 | 75 | | | 300 | 2872.8 | percent of total billed charges | |
| HC REMOVAL PTC CATH PERC INCLUDE | 47537 | CPT | | | | both | | | 3024 | 1192.23 | Wellcare | Medicare | 1036.72 | | | | 300 | 2872.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL PTC CATH PERC INCLUDE | 47537 | CPT | | | | both | | | 3024 | 1192.23 | Horizon | Medicare Blue | 1036.72 | | | 1472.53 | 300 | 2872.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL PTC CATH PERC INCLUDE | 47537 | CPT | | | | both | | | 3024 | 1192.23 | United | Oxford | 2493 | | | | 300 | 2872.8 | case rate | |
| HC REMOVAL PTC CATH PERC INCLUDE | 47537 | CPT | | | | both | | | 3024 | 1192.23 | United | Commercial\|PPO | 2493 | | | 2117 | 300 | 2872.8 | case rate | |
| HC REMOVAL PTC CATH PERC INCLUDE | 47537 | CPT | | | | both | | | 3024 | 1192.23 | WellPoint | WellPoint | 973.12 | 32.18 | | | 300 | 2872.8 | percent of total billed charges | |
| HC PLACE PTC STENT INCL IMAGING & | 47538 | CPT | | | | both | | | 18569 | 7588.83 | Aetna | Commercial | 10769.54 | | | | 1400 | 17640.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE PTC STENT INCL IMAGING & | 47538 | CPT | | | | both | | | 18569 | 7588.83 | Horizon | PPO | 12769.03 | | | | 1400 | 17640.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE PTC STENT INCL IMAGING & | 47538 | CPT | | | | both | | | 18569 | 7588.83 | Aetna | Better Health | 5858.52 | 31.55 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC PLACE PTC STENT INCL IMAGING & | 47538 | CPT | | | | both | | | 18569 | 7588.83 | First Trenton | First Trenton | 16712.1 | 90 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC PLACE PTC STENT INCL IMAGING & | 47538 | CPT | | | | both | | | 18569 | 7588.83 | Consumer | Consumer | 17640.55 | 95 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC PLACE PTC STENT INCL IMAGING & | 47538 | CPT | | | | both | | | 18569 | 7588.83 | Amerihealth | HMO/PPO | 1400 | | | | 1400 | 17640.55 | fee schedule | |
| HC PLACE PTC STENT INCL IMAGING & | 47538 | CPT | | | | both | | | 18569 | 7588.83 | WellPoint | WellPoint | 5975.5 | 32.18 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC PLACE PTC STENT INCL IMAGING & | 47538 | CPT | | | | both | | | 18569 | 7588.83 | Qualcare | Qualcare | 13926.75 | 75 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC PLACE PTC STENT INCL IMAGING & | 47538 | CPT | | | | both | | | 18569 | 7588.83 | Aetna | Medicare | 6598.98 | | | | 1400 | 17640.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE PTC STENT INCL IMAGING & | 47538 | CPT | | | | both | | | 18569 | 7588.83 | UHC | Medicaid | 5858.52 | 31.55 | | | 1400 | 17640.55 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC PLACE PTC STENT INCL IMAGING & | 47538 | CPT | | | | both | | | 18569 | | 7588.83 | Horizon | Indemnity | 12769.03 | | | | 1400 | 17640.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE PTC STENT INCL IMAGING & | 47538 | CPT | | | | both | | | 18569 | | 7588.83 | Managed Care Inc | Managed Care Inc | 16712.1 | 90 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC PLACE PTC STENT INCL IMAGING & | 47538 | CPT | | | | both | | | 18569 | | 7588.83 | Corrections | Corrections | 14855.2 | 80 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC PLACE PTC STENT INCL IMAGING & | 47538 | CPT | | | | both | | | 18569 | | 7588.83 | First Health | First Health | 12998.3 | 70 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC PLACE PTC STENT INCL IMAGING & | 47538 | CPT | | | | both | | | 18569 | | 7588.83 | Horizon | Medicare Blue | 6598.98 | | | | 1400 | 17640.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE PTC STENT INCL IMAGING & | 47538 | CPT | | | | both | | | 18569 | | 7588.83 | UHC | Medicare | 6598.98 | | | | 1400 | 17640.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE PTC STENT INCL IMAGING & | 47538 | CPT | | | | both | | | 18569 | | 7588.83 | Americare | Americare | 13926.75 | 75 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC PLACE PTC STENT INCL IMAGING & | 47538 | CPT | | | | both | | | 18569 | | 7588.83 | United | Oxford | 4702 | | | | 1400 | 17640.55 | case rate | |
| HC PLACE PTC STENT INCL IMAGING & | 47538 | CPT | | | | both | | | 18569 | | 7588.83 | Horizon | NJ Health | 5030.03 | | | | 1400 | 17640.55 | fee schedule | |
| HC PLACE PTC STENT INCL IMAGING & | 47538 | CPT | | | | both | | | 18569 | | 7588.83 | United | CommercialPPO | 4702 | | | | 1400 | 17640.55 | case rate | |
| HC PLACE PTC STENT INCL IMAGING & | 47538 | CPT | | | | both | | | 18569 | | 7588.83 | Horizon | MGD | 12769.03 | | | | 1400 | 17640.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE PTC STENT INCL IMAGING & | 47538 | CPT | | | | both | | | 18569 | | 7588.83 | Wellcare | Medicaid | 5858.52 | 31.55 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC PLACE PTC STENT INCL IMAGING & | 47538 | CPT | | | | both | | | 18569 | | 7588.83 | Multiplan | Multiplan | 14855.2 | 80 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC PLACE PTC STENT INCL IMAGING & | 47538 | CPT | | | | both | | | 18569 | | 7588.83 | Wellcare | Medicare | 6598.98 | | | | 1400 | 17640.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE PTC STENT INCL IMAGING & | 47538 | CPT | | | | both | | | 18569 | | 7588.83 | Three Rivers | Three Rivers | 17640.55 | 95 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC NEW ACCESS W/O PLMNT OF SEPARATE DRAIN | 47539 | CPT | | | | both | | | 18569 | | 7588.83 | Americare | Americare | 13926.75 | 75 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC NEW ACCESS W/O PLMNT OF SEPARATE DRAIN | 47539 | CPT | | | | both | | | 18569 | | 7588.83 | Multiplan | Multiplan | 14855.2 | 80 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC NEW ACCESS W/O PLMNT OF SEPARATE DRAIN | 47539 | CPT | | | | both | | | 18569 | | 7588.83 | Aetna | Better Health | 5858.52 | 31.55 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC NEW ACCESS W/O PLMNT OF SEPARATE DRAIN | 47539 | CPT | | | | both | | | 18569 | | 7588.83 | UHC | Medicare | 6598.98 | | | | 1400 | 17640.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEW ACCESS W/O PLMNT OF SEPARATE DRAIN | 47539 | CPT | | | | both | | | 18569 | | 7588.83 | Aetna | Commercial | 10769.54 | | | | 1400 | 17640.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEW ACCESS W/O PLMNT OF SEPARATE DRAIN | 47539 | CPT | | | | both | | | 18569 | | 7588.83 | First Health | First Health | 12998.3 | 70 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC NEW ACCESS W/O PLMNT OF SEPARATE DRAIN | 47539 | CPT | | | | both | | | 18569 | | 7588.83 | Consumer | Consumer | 17640.55 | 95 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC NEW ACCESS W/O PLMNT OF SEPARATE DRAIN | 47539 | CPT | | | | both | | | 18569 | | 7588.83 | First Trenton | First Trenton | 16712.1 | 90 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC NEW ACCESS W/O PLMNT OF SEPARATE DRAIN | 47539 | CPT | | | | both | | | 18569 | | 7588.83 | Amerihealth | HMO/PPO | 1400 | | | | 1400 | 17640.55 | fee schedule | |
| HC NEW ACCESS W/O PLMNT OF SEPARATE DRAIN | 47539 | CPT | | | | both | | | 18569 | | 7588.83 | Qualcare | Qualcare | 13926.75 | 75 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC NEW ACCESS W/O PLMNT OF SEPARATE DRAIN | 47539 | CPT | | | | both | | | 18569 | | 7588.83 | Horizon | MGD | 12769.03 | | | | 1400 | 17640.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEW ACCESS W/O PLMNT OF SEPARATE DRAIN | 47539 | CPT | | | | both | | | 18569 | | 7588.83 | Wellcare | Medicare | 6598.98 | | | | 1400 | 17640.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEW ACCESS W/O PLMNT OF SEPARATE DRAIN | 47539 | CPT | | | | both | | | 18569 | | 7588.83 | Aetna | Medicare | 6598.98 | | | | 1400 | 17640.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEW ACCESS W/O PLMNT OF SEPARATE DRAIN | 47539 | CPT | | | | both | | | 18569 | | 7588.83 | Three Rivers | Three Rivers | 17640.55 | 95 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC NEW ACCESS W/O PLMNT OF SEPARATE DRAIN | 47539 | CPT | | | | both | | | 18569 | | 7588.83 | Corrections | Corrections | 14855.2 | 80 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC NEW ACCESS W/O PLMNT OF SEPARATE DRAIN | 47539 | CPT | | | | both | | | 18569 | | 7588.83 | Horizon | Indemnity | 12769.03 | | | | 1400 | 17640.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEW ACCESS W/O PLMNT OF SEPARATE DRAIN | 47539 | CPT | | | | both | | | 18569 | | 7588.83 | Horizon | Medicare Blue | 6598.98 | | | | 1400 | 17640.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEW ACCESS W/O PLMNT OF SEPARATE DRAIN | 47539 | CPT | | | | both | | | 18569 | | 7588.83 | UHC | Medicaid | 5858.52 | 31.55 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC NEW ACCESS W/O PLMNT OF SEPARATE DRAIN | 47539 | CPT | | | | both | | | 18569 | | 7588.83 | Horizon | NJ Health | 5490.29 | | | | 1400 | 17640.55 | fee schedule | |
| HC NEW ACCESS W/O PLMNT OF SEPARATE DRAIN | 47539 | CPT | | | | both | | | 18569 | | 7588.83 | Horizon | PPO | 12769.03 | | | | 1400 | 17640.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEW ACCESS W/O PLMNT OF SEPARATE DRAIN | 47539 | CPT | | | | both | | | 18569 | | 7588.83 | United | CommercialPPO | 4702 | | | | 1400 | 17640.55 | case rate | |
| HC NEW ACCESS W/O PLMNT OF SEPARATE DRAIN | 47539 | CPT | | | | both | | | 18569 | | 7588.83 | Managed Care Inc | Managed Care Inc | 16712.1 | 90 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC NEW ACCESS W/O PLMNT OF SEPARATE DRAIN | 47539 | CPT | | | | both | | | 18569 | | 7588.83 | Wellcare | Medicaid | 5858.52 | 31.55 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC NEW ACCESS W/O PLMNT OF SEPARATE DRAIN | 47539 | CPT | | | | both | | | 18569 | | 7588.83 | United | Oxford | 4702 | | | | 1400 | 17640.55 | case rate | |
| HC NEW ACCESS W/O PLMNT OF SEPARATE DRAIN | 47539 | CPT | | | | both | | | 18569 | | 7588.83 | WellPoint | WellPoint | 5975.5 | 32.18 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC NEW ACCESS W/PLMNT OF SEPARATE | 47540 | CPT | | | | inpatient | | | 18569 | | 7588.83 | Aetna | Medicare | 6598.98 | | | | 1400 | 17640.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEW ACCESS W/PLMNT OF SEPARATE | 47540 | CPT | | | | inpatient | | | 18569 | | 7588.83 | Aetna | Better Health | 5858.52 | 31.55 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC NEW ACCESS W/PLMNT OF SEPARATE | 47540 | CPT | | | | inpatient | | | 18569 | | 7588.83 | Aetna | Commercial | 10769.54 | | | | 1400 | 17640.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEW ACCESS W/PLMNT OF SEPARATE | 47540 | CPT | | | | inpatient | | | 18569 | | 7588.83 | Amerihealth | HMO/PPO | 1400 | | | | 1400 | 17640.55 | fee schedule | |
| HC NEW ACCESS W/PLMNT OF SEPARATE | 47540 | CPT | | | | inpatient | | | 18569 | | 7588.83 | Horizon | Medicare Blue | 6598.98 | | | | 1400 | 17640.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEW ACCESS W/PLMNT OF SEPARATE | 47540 | CPT | | | | inpatient | | | 18569 | | 7588.83 | Corrections | Corrections | 14855.2 | 80 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC NEW ACCESS W/PLMNT OF SEPARATE | 47540 | CPT | | | | inpatient | | | 18569 | | 7588.83 | UHC | Medicare | 6598.98 | | | | 1400 | 17640.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEW ACCESS W/PLMNT OF SEPARATE | 47540 | CPT | | | | inpatient | | | 18569 | | 7588.83 | Horizon | MGD | 12769.03 | | | | 1400 | 17640.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEW ACCESS W/PLMNT OF SEPARATE | 47540 | CPT | | | | inpatient | | | 18569 | | 7588.83 | Americare | Americare | 13926.75 | 75 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC NEW ACCESS W/PLMNT OF SEPARATE | 47540 | CPT | | | | inpatient | | | 18569 | | 7588.83 | Consumer | Consumer | 17640.55 | 95 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC NEW ACCESS W/PLMNT OF SEPARATE | 47540 | CPT | | | | inpatient | | | 18569 | | 7588.83 | Wellcare | Medicaid | 5858.52 | 31.55 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC NEW ACCESS W/PLMNT OF SEPARATE | 47540 | CPT | | | | inpatient | | | 18569 | | 7588.83 | First Health | First Health | 12998.3 | 70 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC NEW ACCESS W/PLMNT OF SEPARATE | 47540 | CPT | | | | inpatient | | | 18569 | | 7588.83 | Three Rivers | Three Rivers | 17640.55 | 95 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC NEW ACCESS W/PLMNT OF SEPARATE | 47540 | CPT | | | | inpatient | | | 18569 | | 7588.83 | Wellcare | Medicare | 6598.98 | | | | 1400 | 17640.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEW ACCESS W/PLMNT OF SEPARATE | 47540 | CPT | | | | inpatient | | | 18569 | | 7588.83 | Multiplan | Multiplan | 14855.2 | 80 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC NEW ACCESS W/PLMNT OF SEPARATE | 47540 | CPT | | | | inpatient | | | 18569 | | 7588.83 | First Trenton | First Trenton | 16712.1 | 90 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC NEW ACCESS W/PLMNT OF SEPARATE | 47540 | CPT | | | | inpatient | | | 18569 | | 7588.83 | Qualcare | Qualcare | 13926.75 | 75 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC NEW ACCESS W/PLMNT OF SEPARATE | 47540 | CPT | | | | inpatient | | | 18569 | | 7588.83 | WellPoint | WellPoint | 5975.5 | 32.18 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC NEW ACCESS W/PLMNT OF SEPARATE | 47540 | CPT | | | | inpatient | | | 18569 | | 7588.83 | UHC | Medicaid | 5858.52 | 31.55 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC NEW ACCESS W/PLMNT OF SEPARATE | 47540 | CPT | | | | inpatient | | | 18569 | | 7588.83 | Horizon | Indemnity | 12769.03 | | | | 1400 | 17640.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEW ACCESS W/PLMNT OF SEPARATE | 47540 | CPT | | | | inpatient | | | 18569 | | 7588.83 | United | CommercialPPO | 4702 | | | | 1400 | 17640.55 | case rate | |
| HC NEW ACCESS W/PLMNT OF SEPARATE | 47540 | CPT | | | | inpatient | | | 18569 | | 7588.83 | Horizon | NJ Health | 5703.05 | | | | 1400 | 17640.55 | fee schedule | |
| HC NEW ACCESS W/PLMNT OF SEPARATE | 47540 | CPT | | | | inpatient | | | 18569 | | 7588.83 | Horizon | PPO | 12769.03 | | | | 1400 | 17640.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEW ACCESS W/PLMNT OF SEPARATE | 47540 | CPT | | | | inpatient | | | 18569 | | 7588.83 | Managed Care Inc | Managed Care Inc | 16712.1 | 90 | | | 1400 | 17640.55 | percent of total billed charges | |
| HC NEW ACCESS W/PLMNT OF SEPARATE | 47540 | CPT | | | | inpatient | | | 18569 | | 7588.83 | United | Oxford | 4702 | | | | 1400 | 17640.55 | case rate | |
| HC PTA OF PTC DUCT/AMPULLA INCL F | 47542 | CPT | | | | both | | | 9818 | | | Aetna | Medicare | 3023.94 | 30.8 | | | 300 | 9327.1 | percent of total billed charges | |
| HC PTA OF PTC DUCT/AMPULLA INCL F | 47542 | CPT | | | | both | | | 9818 | | | Horizon | Medicare Blue | 2945.4 | 30 | | | 300 | 9327.1 | percent of total billed charges | |
| HC PTA OF PTC DUCT/AMPULLA INCL F | 47542 | CPT | | | | both | | | 9818 | | | Amerihealth | HMO/PPO | 300 | | | | 300 | 9327.1 | fee schedule | |
| HC PTA OF PTC DUCT/AMPULLA INCL F | 47542 | CPT | | | | both | | | 9818 | | | UHC | Medicaid | 3097.58 | 31.55 | | | 300 | 9327.1 | percent of total billed charges | |
| HC PTA OF PTC DUCT/AMPULLA INCL F | 47542 | CPT | | | | both | | | 9818 | | | Corrections | Corrections | 7854.4 | 80 | | | 300 | 9327.1 | percent of total billed charges | |
| HC PTA OF PTC DUCT/AMPULLA INCL F | 47542 | CPT | | | | both | | | 9818 | | | Americare | Americare | 7363.5 | 75 | | | 300 | 9327.1 | percent of total billed charges | |
| HC PTA OF PTC DUCT/AMPULLA INCL F | 47542 | CPT | | | | both | | | 9818 | | | Aetna | Better Health | 3097.58 | 31.55 | | | 300 | 9327.1 | percent of total billed charges | |
| HC PTA OF PTC DUCT/AMPULLA INCL F | 47542 | CPT | | | | both | | | 9818 | | | United | CommercialPPO | 1782 | | | | 300 | 9327.1 | case rate | |
| HC PTA OF PTC DUCT/AMPULLA INCL F | 47542 | CPT | | | | both | | | 9818 | | | Consumer | Consumer | 9327.1 | 95 | | | 300 | 9327.1 | percent of total billed charges | |
| HC PTA OF PTC DUCT/AMPULLA INCL F | 47542 | CPT | | | | both | | | 9818 | | | Wellcare | Medicaid | 3097.58 | 31.55 | | | 300 | 9327.1 | percent of total billed charges | |
| HC PTA OF PTC DUCT/AMPULLA INCL F | 47542 | CPT | | | | both | | | 9818 | | | First Health | First Health | 6872.6 | 70 | | | 300 | 9327.1 | percent of total billed charges | |
| HC PTA OF PTC DUCT/AMPULLA INCL F | 47542 | CPT | | | | both | | | 9818 | | | Horizon | PPO | 3758.33 | 38.28 | | | 300 | 9327.1 | percent of total billed charges | |
| HC PTA OF PTC DUCT/AMPULLA INCL F | 47542 | CPT | | | | both | | | 9818 | | | WellPoint | WellPoint | 3159.43 | 32.18 | | | 300 | 9327.1 | percent of total billed charges | |
| HC PTA OF PTC DUCT/AMPULLA INCL F | 47542 | CPT | | | | both | | | 9818 | | | Three Rivers | Three Rivers | 9327.1 | 95 | | | 300 | 9327.1 | percent of total billed charges | |
| HC PTA OF PTC DUCT/AMPULLA INCL F | 47542 | CPT | | | | both | | | 9818 | | | Multiplan | Multiplan | 7854.4 | 80 | | | 300 | 9327.1 | percent of total billed charges | |
| HC PTA OF PTC DUCT/AMPULLA INCL F | 47542 | CPT | | | | both | | | 9818 | | | First Trenton | First Trenton | 8836.2 | 90 | | | 300 | 9327.1 | percent of total billed charges | |
| HC PTA OF PTC DUCT/AMPULLA INCL F | 47542 | CPT | | | | both | | | 9818 | | | Horizon | Indemnity | 3758.33 | 38.28 | | | 300 | 9327.1 | percent of total billed charges | |
| HC PTA OF PTC DUCT/AMPULLA INCL F | 47542 | CPT | | | | both | | | 9818 | | | Horizon | MGD | 3758.33 | 38.28 | | | 300 | 9327.1 | percent of total billed charges | |
| HC PTA OF PTC DUCT/AMPULLA INCL F | 47542 | CPT | | | | both | | | 9818 | | | Qualcare | Qualcare | 7363.5 | 75 | | | 300 | 9327.1 | percent of total billed charges | |
| HC PTA OF PTC DUCT/AMPULLA INCL F | 47542 | CPT | | | | both | | | 9818 | | | Horizon | NJ Health | 570.77 | | | | 300 | 9327.1 | fee schedule | |
| HC PTA OF PTC DUCT/AMPULLA INCL F | 47542 | CPT | | | | both | | | 9818 | | | Managed Care Inc | Managed Care Inc | 8836.2 | 90 | | | 300 | 9327.1 | percent of total billed charges | |
| HC PTA OF PTC DUCT/AMPULLA INCL F | 47542 | CPT | | | | both | | | 9818 | | | United | Oxford | 1782 | | | | 300 | 9327.1 | case rate | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47544 | CPT | | | | inpatient | | | 2181 | | | Americare | Americare | 1635.75 | 75 | | | 654.3 | 2071.95 | percent of total billed charges | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47544 | CPT | | | | inpatient | | | 2181 | | | First Trenton | First Trenton | 1962.9 | 90 | | | 654.3 | 2071.95 | percent of total billed charges | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47544 | CPT | | | | inpatient | | | 2181 | | | Corrections | Corrections | 1744.8 | 80 | | | 654.3 | 2071.95 | percent of total billed charges | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47544 | CPT | | | | inpatient | | | 2181 | | | First Health | First Health | 1526.7 | 70 | | | 654.3 | 2071.95 | percent of total billed charges | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47544 | CPT | | | | inpatient | | | 2181 | | | Consumer | Consumer | 2071.95 | 95 | | | 654.3 | 2071.95 | percent of total billed charges | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47544 | CPT | | | | inpatient | | | 2181 | | | Aetna | Medicare | 671.75 | 30.8 | | | 654.3 | 2071.95 | percent of total billed charges | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47544 | CPT | | | | inpatient | | | 2181 | | | Horizon | Indemnity | 834.89 | 38.28 | | | 654.3 | 2071.95 | percent of total billed charges | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47544 | CPT | | | | inpatient | | | 2181 | | | Aetna | Better Health | 688.11 | 31.55 | | | 654.3 | 2071.95 | percent of total billed charges | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47544 | CPT | | | | inpatient | | | 2181 | | | Horizon | NJ Health | 900.48 | | | | 654.3 | 2071.95 | fee schedule | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47544 | CPT | | | | inpatient | | | 2181 | | | Horizon | PPO | 834.89 | 38.28 | | | 654.3 | 2071.95 | percent of total billed charges | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47544 | CPT | | | | inpatient | | | 2181 | | | Three Rivers | Three Rivers | 2071.95 | 95 | | | 654.3 | 2071.95 | percent of total billed charges | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47544 | CPT | | | | inpatient | | | 2181 | | | Multiplan | Multiplan | 1744.8 | 80 | | | 654.3 | 2071.95 | percent of total billed charges | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47544 | CPT | | | | inpatient | | | 2181 | | | Amerihealth | HMO/PPO | 800 | | | | 654.3 | 2071.95 | fee schedule | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47544 | CPT | | | | inpatient | | | 2181 | | | Horizon | Medicare Blue | 654.3 | 30 | | | 654.3 | 2071.95 | percent of total billed charges | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47544 | CPT | | | | inpatient | | | 2181 | | | Managed Care Inc | Managed Care Inc | 1962.9 | 90 | | | 654.3 | 2071.95 | percent of total billed charges | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47544 | CPT | | | | inpatient | | | 2181 | | | Qualcare | Qualcare | 1635.75 | 75 | | | 654.3 | 2071.95 | percent of total billed charges | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47544 | CPT | | | | inpatient | | | 2181 | | | Horizon | MGD | 834.89 | 38.28 | | | 654.3 | 2071.95 | percent of total billed charges | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47544 | CPT | | | | inpatient | | | 2181 | | | WellPoint | WellPoint | 701.85 | 32.18 | | | 654.3 | 2071.95 | percent of total billed charges | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47544 | CPT | | | | inpatient | | | 2181 | | | UHC | Medicaid | 688.11 | 31.55 | | | 654.3 | 2071.95 | percent of total billed charges | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47544 | CPT | | | | inpatient | | | 2181 | | | United | CommercialPPO | 1782 | | | | 654.3 | 2071.95 | case rate | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47544 | CPT | | | | inpatient | | | 2181 | | | United | Oxford | 1782 | | | | 654.3 | 2071.95 | case rate | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47544 | CPT | | | | inpatient | | | 2181 | | | Wellcare | Medicaid | 688.11 | 31.55 | | | 654.3 | 2071.95 | percent of total billed charges | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47554 | CPT | | | | outpatient | | | 22500 | | 13538.55 | Consumer | Consumer | 21375 | 95 | | | 411.6 | 22780.08 | percent of total billed charges | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47554 | CPT | | | | outpatient | | | 22500 | | 13538.55 | Horizon | Medicare Blue | 11772.65 | | | | 411.6 | 22780.08 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47554 | CPT | | | | outpatient | | | 22500 | | 13538.55 | Aetna | Commercial | 19212.96 | | | | 411.6 | 22780.08 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47554 | CPT | | | | outpatient | | | 22500 | | 13538.55 | Horizon | MGD | 22780.08 | | | | 411.6 | 22780.08 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47554 | CPT | | | | outpatient | | | 22500 | | 13538.55 | Aetna | Better Health | 7098.75 | 31.55 | | | 411.6 | 22780.08 | percent of total billed charges | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47554 | CPT | | | | outpatient | | | 22500 | | 13538.55 | UHC | Medicare | 11772.65 | | | | 411.6 | 22780.08 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47554 | CPT | | | | outpatient | | | 22500 | | 13538.55 | Americare | Americare | 16875 | 75 | | | 411.6 | 22780.08 | percent of total billed charges | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47554 | CPT | | | | outpatient | | | 22500 | | 13538.55 | Amerihealth | HMO/PPO | 650 | | | | 411.6 | 22780.08 | fee schedule | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47554 | CPT | | | | outpatient | | | 22500 | | 13538.55 | Corrections | Corrections | 18000 | 80 | | | 411.6 | 22780.08 | percent of total billed charges | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47554 | CPT | | | | outpatient | | | 22500 | | 13538.55 | UHC | Medicaid | 7098.75 | 31.55 | | | 411.6 | 22780.08 | percent of total billed charges | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47554 | CPT | | | | outpatient | | | 22500 | | 13538.55 | Aetna | Medicare | 11772.65 | | | | 411.6 | 22780.08 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47554 | CPT | | | | outpatient | | | 22500 | | 13538.55 | First Health | First Health | 15750 | 70 | | | 411.6 | 22780.08 | percent of total billed charges | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47554 | CPT | | | | outpatient | | | 22500 | | 13538.55 | Multiplan | Multiplan | 18000 | 80 | | | 411.6 | 22780.08 | percent of total billed charges | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47554 | CPT | | | | outpatient | | | 22500 | | 13538.55 | United | CommercialPPO | 4702 | | | | 411.6 | 22780.08 | case rate | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47564 | CPT | | | | outpatient | | | 22500 | | 13538.55 | First Trenton | First Trenton | 20250 | 90 | | | 411.6 | 22780.08 | percent of total billed charges | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47554 | CPT | | | | outpatient | | | 22500 | | 13538.55 | Horizon | Indemnity | 22780.08 | | | | 411.6 | 22780.08 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47554 | CPT | | | | outpatient | | | 22500 | | 13538.55 | Horizon | NJ Health | 411.6 | | | 1751.53 | 411.6 | 22780.08 | fee schedule | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47554 | CPT | | | | outpatient | | | 22500 | | 13538.55 | Qualcare | Qualcare | 16875 | 75 | | | 411.6 | 22780.08 | percent of total billed charges | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47564 | CPT | | | | outpatient | | | 22500 | | 13538.55 | Managed Care Inc | Managed Care Inc | 20250 | 90 | | | 411.6 | 22780.08 | percent of total billed charges | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47554 | CPT | | | | outpatient | | | 22500 | | 13538.55 | Horizon | PPO | 22780.08 | | | | 411.6 | 22780.08 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47554 | CPT | | | | outpatient | | | 22500 | | 13538.55 | Wellcare | Medicaid | 7098.75 | 31.55 | | | 411.6 | 22780.08 | percent of total billed charges | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47554 | CPT | | | | outpatient | | | 22500 | | 13538.55 | Wellcare | Medicare | 11772.65 | | | | 411.6 | 22780.08 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47564 | CPT | | | | outpatient | | | 22500 | | 13538.55 | Three Rivers | Three Rivers | 21375 | 95 | | | 411.6 | 22780.08 | percent of total billed charges | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47554 | CPT | | | | outpatient | | | 22500 | | 13538.55 | United | Oxford | 4702 | | | | 411.6 | 22780.08 | case rate | |
| HC REMOVE CALCULI/DEBRIS FROM BILI TREE | 47554 | CPT | | | | outpatient | | | 22500 | | 13538.55 | WellPoint | WellPoint | 7240.5 | 32.18 | | | 411.6 | 22780.08 | percent of total billed charges | |
| HC PTC ENDOSCOPY WITH DILATION OF STRICTURE | 47555 | CPT | | | | outpatient | | | 12905 | | 4550.24 | Three Rivers | Three Rivers | 12259.75 | 95 | | | 334.49 | 12259.75 | percent of total billed charges | |
| HC PTC ENDOSCOPY WITH DILATION OF STRICTURE | 47555 | CPT | | | | outpatient | | | 12905 | | 4550.24 | Qualcare | Qualcare | 9678.75 | 75 | | | 334.49 | 12259.75 | percent of total billed charges | |
| HC PTC ENDOSCOPY WITH DILATION OF STRICTURE | 47555 | CPT | | | | outpatient | | | 12905 | | 4550.24 | Aetna | Medicare | 3966.73 | | | | 334.49 | 12259.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PTC ENDOSCOPY WITH DILATION OF STRICTURE | 47555 | CPT | | | | outpatient | | | 12905 | | 4550.24 | First Health | First Health | 9033.5 | 70 | | | 334.49 | 12259.75 | percent of total billed charges | |
| HC PTC ENDOSCOPY WITH DILATION OF STRICTURE | 47555 | CPT | | | | outpatient | | | 12905 | | 4550.24 | Aetna | Commercial | 6457.38 | | | | 334.49 | 12259.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PTC ENDOSCOPY WITH DILATION OF STRICTURE | 47555 | CPT | | | | outpatient | | | 12905 | | 4550.24 | Corrections | Corrections | 10324 | 80 | | | 334.49 | 12259.75 | percent of total billed charges | |
| HC PTC ENDOSCOPY WITH DILATION OF STRICTURE | 47555 | CPT | | | | outpatient | | | 12905 | | 4550.24 | Horizon | MGD | 7656.27 | | | | 334.49 | 12259.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PTC ENDOSCOPY WITH DILATION OF STRICTURE | 47555 | CPT | | | | outpatient | | | 12905 | | 4550.24 | Aetna | Better Health | 4071.53 | 31.55 | | | 334.49 | 12259.75 | percent of total billed charges | |
| HC PTC ENDOSCOPY WITH DILATION OF STRICTURE | 47555 | CPT | | | | outpatient | | | 12905 | | 4550.24 | Americare | Americare | 9678.75 | 75 | | | 334.49 | 12259.75 | percent of total billed charges | |
| HC PTC ENDOSCOPY WITH DILATION OF STRICTURE | 47555 | CPT | | | | outpatient | | | 12905 | | 4550.24 | UHC | Medicaid | 4071.53 | 31.55 | | | 334.49 | 12259.75 | percent of total billed charges | |
| HC PTC ENDOSCOPY WITH DILATION OF STRICTURE | 47555 | CPT | | | | outpatient | | | 12905 | | 4550.24 | Horizon | PPO | 7656.27 | | | | 334.49 | 12259.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC PTC ENDOSCOPY WITH DILATION OF STRICTURE | 47555 | CPT | | | | outpatient | | | 12905 | 4550.24 | WellPoint | WellPoint | 4152.83 | 32.18 | | | 334.49 | 12259.75 | percent of total billed charges | |
| HC PTC ENDOSCOPY WITH DILATION OF STRICTURE | 47555 | CPT | | | | outpatient | | | 12905 | 4550.24 | Consumer | Consumer | 12259.75 | 95 | | | 334.49 | 12259.75 | percent of total billed charges | |
| HC PTC ENDOSCOPY WITH DILATION OF STRICTURE | 47555 | CPT | | | | outpatient | | | 12905 | 4550.24 | Horizon | Indemnity | 7656.27 | | | | 334.49 | 12259.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PTC ENDOSCOPY WITH DILATION OF STRICTURE | 47555 | CPT | | | | outpatient | | | 12905 | 4550.24 | Horizon | NJ Health | 334.49 | | | | 334.49 | 12259.75 | fee schedule | |
| HC PTC ENDOSCOPY WITH DILATION OF STRICTURE | 47555 | CPT | | | | outpatient | | | 12905 | 4550.24 | UHC | Medicare | 3956.73 | | | | 334.49 | 12259.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PTC ENDOSCOPY WITH DILATION OF STRICTURE | 47555 | CPT | | | | outpatient | | | 12905 | 4550.24 | Wellcare | Medicaid | 4071.53 | 31.55 | | | 334.49 | 12259.75 | percent of total billed charges | |
| HC PTC ENDOSCOPY WITH DILATION OF STRICTURE | 47555 | CPT | | | | outpatient | | | 12905 | 4550.24 | United | CommercialPPO | 3492 | | | | 334.49 | 12259.75 | case rate | |
| HC PTC ENDOSCOPY WITH DILATION OF STRICTURE | 47555 | CPT | | | | outpatient | | | 12905 | 4550.24 | Managed Care Inc | Managed Care Inc | 11614.5 | 90 | | | 334.49 | 12259.75 | percent of total billed charges | |
| HC PTC ENDOSCOPY WITH DILATION OF STRICTURE | 47555 | CPT | | | | outpatient | | | 12905 | 4550.24 | Horizon | Medicare Blue | 3956.73 | | | | 334.49 | 12259.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PTC ENDOSCOPY WITH DILATION OF STRICTURE | 47555 | CPT | | | | outpatient | | | 12905 | 4550.24 | Wellcare | Medicare | 3956.73 | | | | 334.49 | 12259.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PTC ENDOSCOPY WITH DILATION OF STRICTURE | 47555 | CPT | | | | outpatient | | | 12905 | 4550.24 | United | Oxford | 3492 | | | | 334.49 | 12259.75 | case rate | |
| HC LAPAROSCOPY SURG CHOLECYSTECTOMY | 47562 | CPT | | | | outpatient | | | 16767.65 | 7588.83 | Horizon | MCD | 12769.03 | | | | 591.92 | 15929.27 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LAPAROSCOPY SURG CHOLECYSTECTOMY | 47562 | CPT | | | | outpatient | | | 16767.65 | 7588.83 | UHC | Medicaid | 5290.19 | 31.55 | | 459.79 | 591.92 | 15929.27 | percent of total billed charges | |
| HC LAPAROSCOPY SURG CHOLECYSTECTOMY | 47562 | CPT | | | | outpatient | | | 16767.65 | 7588.83 | Aetna | Better Health | 5290.19 | 31.55 | | | 591.92 | 15929.27 | percent of total billed charges | |
| HC LAPAROSCOPY SURG CHOLECYSTECTOMY | 47562 | CPT | | | | outpatient | | | 16767.65 | 7588.83 | Aetna | Medicare | 6598.98 | | | | 591.92 | 15929.27 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LAPAROSCOPY SURG CHOLECYSTECTOMY | 47562 | CPT | | | | outpatient | | | 16767.65 | 7588.83 | Amerihealth | HMO/PPO | 2400 | | | | 591.92 | 15929.27 | fee schedule | |
| HC LAPAROSCOPY SURG CHOLECYSTECTOMY | 47562 | CPT | | | | outpatient | | | 16767.65 | 7588.83 | Americare | Americare | 12575.74 | 75 | | | 591.92 | 15929.27 | percent of total billed charges | |
| HC LAPAROSCOPY SURG CHOLECYSTECTOMY | 47562 | CPT | | | | outpatient | | | 16767.65 | 7588.83 | Corrections | Corrections | 13414.12 | 80 | | | 591.92 | 15929.27 | percent of total billed charges | |
| HC LAPAROSCOPY SURG CHOLECYSTECTOMY | 47562 | CPT | | | | outpatient | | | 16767.65 | 7588.83 | Horizon | Medicare Blue | 6598.98 | | | | 591.92 | 15929.27 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LAPAROSCOPY SURG CHOLECYSTECTOMY | 47562 | CPT | | | | outpatient | | | 16767.65 | 7588.83 | Multiplan | Multiplan | 13414.12 | 80 | | | 591.92 | 15929.27 | percent of total billed charges | |
| HC LAPAROSCOPY SURG CHOLECYSTECTOMY | 47562 | CPT | | | | outpatient | | | 16767.65 | 7588.83 | UHC | Medicare | 6598.98 | | | | 591.92 | 15929.27 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LAPAROSCOPY SURG CHOLECYSTECTOMY | 47562 | CPT | | | | outpatient | | | 16767.65 | 7588.83 | Consumer | Consumer | 15929.27 | 95 | | | 591.92 | 15929.27 | percent of total billed charges | |
| HC LAPAROSCOPY SURG CHOLECYSTECTOMY | 47562 | CPT | | | | outpatient | | | 16767.65 | 7588.83 | Three Rivers | Three Rivers | 15929.27 | 95 | | | 591.92 | 15929.27 | percent of total billed charges | |
| HC LAPAROSCOPY SURG CHOLECYSTECTOMY | 47562 | CPT | | | | outpatient | | | 16767.65 | 7588.83 | First Health | First Health | 11737.36 | 70 | | | 591.92 | 15929.27 | percent of total billed charges | |
| HC LAPAROSCOPY SURG CHOLECYSTECTOMY | 47562 | CPT | | | | outpatient | | | 16767.65 | 7588.83 | Wellcare | Medicaid | 5290.19 | 31.55 | | | 591.92 | 15929.27 | percent of total billed charges | |
| HC LAPAROSCOPY SURG CHOLECYSTECTOMY | 47562 | CPT | | | | outpatient | | | 16767.65 | 7588.83 | Wellcare | Medicare | 6598.98 | | | | 591.92 | 15929.27 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LAPAROSCOPY SURG CHOLECYSTECTOMY | 47562 | CPT | | | | outpatient | | | 16767.65 | 7588.83 | Qualacare | Qualacare | 12575.74 | 75 | | | 591.92 | 15929.27 | percent of total billed charges | |
| HC LAPAROSCOPY SURG CHOLECYSTECTOMY | 47562 | CPT | | | | outpatient | | | 16767.65 | 7588.83 | First Trenton | First Trenton | 15090.89 | 90 | | | 591.92 | 15929.27 | percent of total billed charges | |
| HC LAPAROSCOPY SURG CHOLECYSTECTOMY | 47562 | CPT | | | | outpatient | | | 16767.65 | 7588.83 | United | CommercialPPO | 4702 | | | | 591.92 | 15929.27 | case rate | |
| HC LAPAROSCOPY SURG CHOLECYSTECTOMY | 47562 | CPT | | | | outpatient | | | 16767.65 | 7588.83 | WellPoint | WellPoint | 5395.83 | 32.18 | | | 591.92 | 15929.27 | percent of total billed charges | |
| HC LAPAROSCOPY SURG CHOLECYSTECTOMY | 47562 | CPT | | | | outpatient | | | 16767.65 | 7588.83 | Horizon | Indemnity | 12769.03 | | | | 591.92 | 15929.27 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LAPAROSCOPY SURG CHOLECYSTECTOMY | 47562 | CPT | | | | outpatient | | | 16767.65 | 7588.83 | Horizon | NJ Health | 591.92 | | | | 591.92 | 15929.27 | fee schedule | |
| HC LAPAROSCOPY SURG CHOLECYSTECTOMY | 47562 | CPT | | | | outpatient | | | 16767.65 | 7588.83 | Horizon | PPO | 12769.03 | | | | 591.92 | 15929.27 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LAPAROSCOPY SURG CHOLECYSTECTOMY | 47562 | CPT | | | | outpatient | | | 16767.65 | 7588.83 | Managed Care Inc | Managed Care Inc | 15090.89 | 90 | | | 591.92 | 15929.27 | percent of total billed charges | |
| HC LAPAROSCOPY SURG CHOLECYSTECTOMY | 47562 | CPT | | | | outpatient | | | 16767.65 | 7588.83 | United | Oxford | 4702 | | | | 591.92 | 15929.27 | case rate | |
| HC BIOPSY PANCREAS PERC | 48102 | CPT | | | | both | | | 5633 | 2132.36 | Americare | Americare | 4224.75 | 75 | | | 178.36 | 5351.35 | percent of total billed charges | |
| HC BIOPSY PANCREAS PERC | 48102 | CPT | | | | both | | | 5633 | 2132.36 | Horizon | Medicare Blue | 1854.23 | | | | 178.36 | 5351.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY PANCREAS PERC | 48102 | CPT | | | | both | | | 5633 | 2132.36 | Aetna | Better Health | 1777.21 | 31.55 | | | 178.36 | 5351.35 | percent of total billed charges | |
| HC BIOPSY PANCREAS PERC | 48102 | CPT | | | | both | | | 5633 | 2132.36 | First Health | First Health | 3943.1 | 70 | | | 178.36 | 5351.35 | percent of total billed charges | |
| HC BIOPSY PANCREAS PERC | 48102 | CPT | | | | both | | | 5633 | 2132.36 | Amerihealth | HMO/PPO | 650 | | | | 178.36 | 5351.35 | fee schedule | |
| HC BIOPSY PANCREAS PERC | 48102 | CPT | | | | both | | | 5633 | 2132.36 | Aetna | Commercial | 3026.1 | | | | 178.36 | 5351.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY PANCREAS PERC | 48102 | CPT | | | | both | | | 5633 | 2132.36 | Aetna | Medicare | 1854.23 | | | | 178.36 | 5351.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY PANCREAS PERC | 48102 | CPT | | | | both | | | 5633 | 2132.36 | Consumer | Consumer | 5351.35 | 95 | | | 178.36 | 5351.35 | percent of total billed charges | |
| HC BIOPSY PANCREAS PERC | 48102 | CPT | | | | both | | | 5633 | 2132.36 | United | CommercialPPO | 2493 | | | | 178.36 | 5351.35 | case rate | |
| HC BIOPSY PANCREAS PERC | 48102 | CPT | | | | both | | | 5633 | 2132.36 | UHC | Medicare | 1854.23 | | | | 178.36 | 5351.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY PANCREAS PERC | 48102 | CPT | | | | both | | | 5633 | 2132.36 | Horizon | MCD | 3587.94 | | | | 178.36 | 5351.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY PANCREAS PERC | 48102 | CPT | | | | both | | | 5633 | 2132.36 | First Trenton | First Trenton | 5069.7 | 90 | | | 178.36 | 5351.35 | percent of total billed charges | |
| HC BIOPSY PANCREAS PERC | 48102 | CPT | | | | both | | | 5633 | 2132.36 | Multiplan | Multiplan | 4506.4 | 80 | | | 178.36 | 5351.35 | percent of total billed charges | |
| HC BIOPSY PANCREAS PERC | 48102 | CPT | | | | both | | | 5633 | 2132.36 | UHC | Medicaid | 1777.21 | 31.55 | | | 178.36 | 5351.35 | percent of total billed charges | |
| HC BIOPSY PANCREAS PERC | 48102 | CPT | | | | both | | | 5633 | 2132.36 | Qualacare | Qualacare | 4224.75 | 75 | | | 178.36 | 5351.35 | percent of total billed charges | |
| HC BIOPSY PANCREAS PERC | 48102 | CPT | | | | both | | | 5633 | 2132.36 | Corrections | Corrections | 4506.4 | 80 | | | 178.36 | 5351.35 | percent of total billed charges | |
| HC BIOPSY PANCREAS PERC | 48102 | CPT | | | | both | | | 5633 | 2132.36 | Wellcare | Medicare | 1854.23 | | | | 178.36 | 5351.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY PANCREAS PERC | 48102 | CPT | | | | both | | | 5633 | 2132.36 | Managed Care Inc | Managed Care Inc | 5089.7 | 90 | | | 178.36 | 5351.35 | percent of total billed charges | |
| HC BIOPSY PANCREAS PERC | 48102 | CPT | | | | both | | | 5633 | 2132.36 | Horizon | Indemnity | 3587.94 | | | | 178.36 | 5351.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY PANCREAS PERC | 48102 | CPT | | | | both | | | 5633 | 2132.36 | Three Rivers | Three Rivers | 5351.35 | 95 | | | 178.36 | 5351.35 | percent of total billed charges | |
| HC BIOPSY PANCREAS PERC | 48102 | CPT | | | | both | | | 5633 | 2132.36 | Horizon | NJ Health | 178.36 | | | | 178.36 | 5351.35 | fee schedule | |
| HC BIOPSY PANCREAS PERC | 48102 | CPT | | | | both | | | 5633 | 2132.36 | Wellcare | Medicaid | 1777.21 | 31.55 | | | 178.36 | 5351.35 | percent of total billed charges | |
| HC BIOPSY PANCREAS PERC | 48102 | CPT | | | | both | | | 5633 | 2132.36 | Horizon | PPO | 3587.94 | | | | 178.36 | 5351.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY PANCREAS PERC | 48102 | CPT | | | | both | | | 5633 | 2132.36 | United | Oxford | 2493 | | | | 178.36 | 5351.35 | case rate | |
| HC BIOPSY PANCREAS PERC | 48102 | CPT | | | | both | | | 5633 | 2132.36 | WellPoint | WellPoint | 1812.7 | 32.18 | | | 178.36 | 5351.35 | percent of total billed charges | |
| HC UNLISTED PROCED PANCREAS RPT A | 48999 | CPT | | | | outpatient | | | 1543 | 925.36 | First Health | First Health | 1080.1 | 70 | | | 486.82 | 1817 | percent of total billed charges | |
| HC UNLISTED PROCED PANCREAS RPT A | 48999 | CPT | | | | outpatient | | | 1543 | 925.36 | WellPoint | WellPoint | 496.54 | 32.18 | | | 486.82 | 1817 | percent of total billed charges | |
| HC UNLISTED PROCED PANCREAS RPT A | 48999 | CPT | | | | outpatient | | | 1543 | 925.36 | Amerihealth | HMO/PPO | 1002.95 | 65 | | | 486.82 | 1817 | percent of total billed charges | |
| HC UNLISTED PROCED PANCREAS RPT A | 48999 | CPT | | | | outpatient | | | 1543 | 925.36 | Aetna | Commercial | 1313.21 | | | | 486.82 | 1817 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROCED PANCREAS RPT A | 48999 | CPT | | | | outpatient | | | 1543 | 925.36 | Consumer | Consumer | 1465.85 | 95 | | | 486.82 | 1817 | percent of total billed charges | |
| HC UNLISTED PROCED PANCREAS RPT A | 48999 | CPT | | | | outpatient | | | 1543 | 925.36 | Horizon | Indemnity | 1557.02 | | | | 486.82 | 1817 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROCED PANCREAS RPT A | 48999 | CPT | | | | outpatient | | | 1543 | 925.36 | Aetna | Better Health | 486.82 | 31.55 | | | 486.82 | 1817 | percent of total billed charges | |
| HC UNLISTED PROCED PANCREAS RPT A | 48999 | CPT | | | | outpatient | | | 1543 | 925.36 | Aetna | Medicare | 804.66 | | | | 486.82 | 1817 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROCED PANCREAS RPT A | 48999 | CPT | | | | outpatient | | | 1543 | 925.36 | Three Rivers | Three Rivers | 1465.85 | 95 | | | 486.82 | 1817 | percent of total billed charges | |
| HC UNLISTED PROCED PANCREAS RPT A | 48999 | CPT | | | | outpatient | | | 1543 | 925.36 | UHC | Medicare | 804.66 | | | | 486.82 | 1817 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROCED PANCREAS RPT A | 48999 | CPT | | | | outpatient | | | 1543 | 925.36 | Qualacare | Qualacare | 1157.25 | 75 | | | 486.82 | 1817 | percent of total billed charges | |
| HC UNLISTED PROCED PANCREAS RPT A | 48999 | CPT | | | | outpatient | | | 1543 | 925.36 | Americare | Americare | 1157.25 | 75 | | | 486.82 | 1817 | percent of total billed charges | |
| HC UNLISTED PROCED PANCREAS RPT A | 48999 | CPT | | | | outpatient | | | 1543 | 925.36 | Corrections | Corrections | 1234.4 | 80 | | | 486.82 | 1817 | percent of total billed charges | |
| HC UNLISTED PROCED PANCREAS RPT A | 48999 | CPT | | | | outpatient | | | 1543 | 925.36 | Wellcare | Medicaid | 486.82 | 31.55 | | | 486.82 | 1817 | percent of total billed charges | |
| HC UNLISTED PROCED PANCREAS RPT A | 48999 | CPT | | | | outpatient | | | 1543 | 925.36 | Multiplan | Multiplan | 1234.4 | 80 | | | 486.82 | 1817 | percent of total billed charges | |
| HC UNLISTED PROCED PANCREAS RPT A | 48999 | CPT | | | | outpatient | | | 1543 | 925.36 | Horizon | Medicare Blue | 804.66 | | | | 486.82 | 1817 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROCED PANCREAS RPT A | 48999 | CPT | | | | outpatient | | | 1543 | 925.36 | Wellcare | Medicare | 804.66 | | | | 486.82 | 1817 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROCED PANCREAS RPT A | 48999 | CPT | | | | outpatient | | | 1543 | 925.36 | First Trenton | First Trenton | 1388.7 | 90 | | | 486.82 | 1817 | percent of total billed charges | |
| HC UNLISTED PROCED PANCREAS RPT A | 48999 | CPT | | | | outpatient | | | 1543 | 925.36 | Horizon | MGD | 1557.02 | | | | 486.82 | 1817 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROCED PANCREAS RPT A | 48999 | CPT | | | | outpatient | | | 1543 | 925.36 | Horizon | PPO | 1557.02 | | | | 486.82 | 1817 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROCED PANCREAS RPT A | 48999 | CPT | | | | outpatient | | | 1543 | 925.36 | Managed Care Inc | Managed Care Inc | 1388.7 | 90 | | | 486.82 | 1817 | percent of total billed charges | |
| HC UNLISTED PROCED PANCREAS RPT A | 48999 | CPT | | | | outpatient | | | 1543 | 925.36 | UHC | Medicaid | 486.82 | 31.55 | | | 486.82 | 1817 | percent of total billed charges | |
| HC UNLISTED PROCED PANCREAS RPT A | 48999 | CPT | | | | outpatient | | | 1543 | 925.36 | United | CommercialPPO | 1817 | | | | 486.82 | 1817 | case rate | |
| HC UNLISTED PROCED PANCREAS RPT A | 48999 | CPT | | | | outpatient | | | 1543 | 925.36 | United | Oxford | 1817 | | | | 486.82 | 1817 | case rate | |
| HC MINI LAPAROTOMY | 49000 | CPT | | | | outpatient | | | 11827 | | Corrections | Corrections | 9461.6 | 80 | | | 770.99 | 11235.65 | percent of total billed charges | |
| HC MINI LAPAROTOMY | 49000 | CPT | | | | outpatient | | | 11827 | | WellPoint | WellPoint | 3805.93 | 32.18 | | | 770.99 | 11235.65 | percent of total billed charges | |
| HC MINI LAPAROTOMY | 49000 | CPT | | | | outpatient | | | 11827 | | Horizon | Indemnity | 4527.38 | 38.28 | | | 770.99 | 11235.65 | percent of total billed charges | |
| HC MINI LAPAROTOMY | 49000 | CPT | | | | outpatient | | | 11827 | | Aetna | Better Health | 3731.42 | 31.55 | | | 770.99 | 11235.65 | percent of total billed charges | |
| HC MINI LAPAROTOMY | 49000 | CPT | | | | outpatient | | | 11827 | | Americare | Americare | 8870.25 | 75 | | | 770.99 | 11235.65 | percent of total billed charges | |
| HC MINI LAPAROTOMY | 49000 | CPT | | | | outpatient | | | 11827 | | Aetna | Medicare | 3642.72 | 30.8 | | | 770.99 | 11235.65 | percent of total billed charges | |
| HC MINI LAPAROTOMY | 49000 | CPT | | | | outpatient | | | 11827 | | Amerihealth | HMO/PPO | 800 | | | | 770.99 | 11235.65 | fee schedule | |
| HC MINI LAPAROTOMY | 49000 | CPT | | | | outpatient | | | 11827 | | First Health | First Health | 8278.9 | 70 | | | 770.99 | 11235.65 | percent of total billed charges | |
| HC MINI LAPAROTOMY | 49000 | CPT | | | | outpatient | | | 11827 | | Horizon | MGD | 4527.38 | 38.28 | | | 770.99 | 11235.65 | percent of total billed charges | |
| HC MINI LAPAROTOMY | 49000 | CPT | | | | outpatient | | | 11827 | | Consumer | Consumer | 11235.65 | 95 | | | 770.99 | 11235.65 | percent of total billed charges | |
| HC MINI LAPAROTOMY | 49000 | CPT | | | | outpatient | | | 11827 | | First Trenton | First Trenton | 10644.3 | 90 | | | 770.99 | 11235.65 | percent of total billed charges | |
| HC MINI LAPAROTOMY | 49000 | CPT | | | | outpatient | | | 11827 | | Multiplan | Multiplan | 9461.6 | 80 | | | 770.99 | 11235.65 | percent of total billed charges | |
| HC MINI LAPAROTOMY | 49000 | CPT | | | | outpatient | | | 11827 | | UHC | Medicaid | 3731.42 | 31.55 | | | 770.99 | 11235.65 | percent of total billed charges | |
| HC MINI LAPAROTOMY | 49000 | CPT | | | | outpatient | | | 11827 | | Horizon | Medicare Blue | 3648.1 | 30 | | | 770.99 | 11235.65 | percent of total billed charges | |
| HC MINI LAPAROTOMY | 49000 | CPT | | | | outpatient | | | 11827 | | Horizon | NJ Health | 770.99 | | | | 770.99 | 11235.65 | fee schedule | |
| HC MINI LAPAROTOMY | 49000 | CPT | | | | outpatient | | | 11827 | | Qualacare | Qualacare | 8870.25 | 75 | | | 770.99 | 11235.65 | percent of total billed charges | |
| HC MINI LAPAROTOMY | 49000 | CPT | | | | outpatient | | | 11827 | | United | CommercialPPO | 3492 | | | | 770.99 | 11235.65 | case rate | |
| HC MINI LAPAROTOMY | 49000 | CPT | | | | outpatient | | | 11827 | | United | Oxford | 3492 | | | | 770.99 | 11235.65 | case rate | |
| HC MINI LAPAROTOMY | 49000 | CPT | | | | outpatient | | | 11827 | | Horizon | PPO | 4527.38 | 38.28 | | | 770.99 | 11235.65 | percent of total billed charges | |
| HC MINI LAPAROTOMY | 49000 | CPT | | | | outpatient | | | 11827 | | Wellcare | Medicaid | 3731.42 | 31.55 | | | 770.99 | 11235.65 | percent of total billed charges | |
| HC MINI LAPAROTOMY | 49000 | CPT | | | | outpatient | | | 11827 | | Managed Care Inc | Managed Care Inc | 10644.3 | 90 | | | 770.99 | 11235.65 | percent of total billed charges | |
| HC MINI LAPAROTOMY | 49000 | CPT | | | | outpatient | | | 11827 | | Three Rivers | Three Rivers | 11235.65 | 95 | | | 770.99 | 11235.65 | percent of total billed charges | |
| HC ABD PARA DX/THER W/O IMAG GUID | 49082 | CPT | | | | both | | | 3010 | 1192.23 | Corrections | Corrections | 2408 | 80 | | | 187.92 | 2859.5 | percent of total billed charges | |
| HC ABD PARA DX/THER W/O IMAG GUID | 49082 | CPT | | | | both | | | 3010 | 1192.23 | Americare | Americare | 2257.5 | 75 | | | 187.92 | 2859.5 | percent of total billed charges | |
| HC ABD PARA DX/THER W/O IMAG GUID | 49082 | CPT | | | | both | | | 3010 | 1192.23 | First Trenton | First Trenton | 2709 | 90 | | | 187.92 | 2859.5 | percent of total billed charges | |
| HC ABD PARA DX/THER W/O IMAG GUID | 49082 | CPT | | | | both | | | 3010 | 1192.23 | Horizon | Indemnity | 2006.05 | | | | 187.92 | 2859.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABD PARA DX/THER W/O IMAG GUID | 49082 | CPT | | | | both | | | 3010 | 1192.23 | Aetna | Commercial | 1691.93 | | | | 187.92 | 2859.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABD PARA DX/THER W/O IMAG GUID | 49082 | CPT | | | | both | | | 3010 | 1192.23 | Aetna | Better Health | 949.66 | 31.55 | | | 187.92 | 2859.5 | percent of total billed charges | |
| HC ABD PARA DX/THER W/O IMAG GUID | 49082 | CPT | | | | both | | | 3010 | 1192.23 | Amerihealth | HMO/PPO | 550 | | | | 187.92 | 2859.5 | fee schedule | |
| HC ABD PARA DX/THER W/O IMAG GUID | 49082 | CPT | | | | both | | | 3010 | 1192.23 | Horizon | Medicare Blue | 1036.72 | | | | 187.92 | 2859.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABD PARA DX/THER W/O IMAG GUID | 49082 | CPT | | | | both | | | 3010 | 1192.23 | Multiplan | Multiplan | 2408 | 80 | | | 187.92 | 2859.5 | percent of total billed charges | |
| HC ABD PARA DX/THER W/O IMAG GUID | 49082 | CPT | | | | both | | | 3010 | 1192.23 | Aetna | Medicare | 1036.72 | | | | 187.92 | 2859.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABD PARA DX/THER W/O IMAG GUID | 49082 | CPT | | | | both | | | 3010 | 1192.23 | Horizon | MGD | 2006.05 | | | | 187.92 | 2859.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABD PARA DX/THER W/O IMAG GUID | 49082 | CPT | | | | both | | | 3010 | 1192.23 | Horizon | PPO | 2006.05 | | | | 187.92 | 2859.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABD PARA DX/THER W/O IMAG GUID | 49082 | CPT | | | | both | | | 3010 | 1192.23 | Qualacare | Qualacare | 2257.5 | 75 | | | 187.92 | 2859.5 | percent of total billed charges | |
| HC ABD PARA DX/THER W/O IMAG GUID | 49082 | CPT | | | | both | | | 3010 | 1192.23 | Consumer | Consumer | 2859.5 | 95 | | | 187.92 | 2859.5 | percent of total billed charges | |
| HC ABD PARA DX/THER W/O IMAG GUID | 49082 | CPT | | | | both | | | 3010 | 1192.23 | First Health | First Health | 2107 | 70 | | | 187.92 | 2859.5 | percent of total billed charges | |
| HC ABD PARA DX/THER W/O IMAG GUID | 49082 | CPT | | | | both | | | 3010 | 1192.23 | UHC | Medicare | 1036.72 | | | | 187.92 | 2859.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABD PARA DX/THER W/O IMAG GUID | 49082 | CPT | | | | both | | | 3010 | 1192.23 | WellPoint | WellPoint | 968.62 | 32.18 | | 717.45 | 187.92 | 2859.5 | percent of total billed charges | |
| HC ABD PARA DX/THER W/O IMAG GUID | 49082 | CPT | | | | both | | | 3010 | 1192.23 | United | Oxford | 2493 | | | | 187.92 | 2859.5 | case rate | |
| HC ABD PARA DX/THER W/O IMAG GUID | 49082 | CPT | | | | both | | | 3010 | 1192.23 | Horizon | NJ Health | 187.92 | | | | 187.92 | 2859.5 | fee schedule | |
| HC ABD PARA DX/THER W/O IMAG GUID | 49082 | CPT | | | | both | | | 3010 | 1192.23 | United | CommercialPPO | 2493 | | | | 187.92 | 2859.5 | case rate | |
| HC ABD PARA DX/THER W/O IMAG GUID | 49082 | CPT | | | | both | | | 3010 | 1192.23 | Wellcare | Medicare | 1036.72 | | | | 187.92 | 2859.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABD PARA DX/THER W/O IMAG GUID | 49082 | CPT | | | | both | | | 3010 | 1192.23 | Wellcare | Medicaid | 949.66 | 31.55 | | | 187.92 | 2859.5 | percent of total billed charges | |
| HC ABD PARA DX/THER W/O IMAG GUID | 49082 | CPT | | | | both | | | 3010 | 1192.23 | Managed Care Inc | Managed Care Inc | 2709 | 90 | | | 187.92 | 2859.5 | percent of total billed charges | |
| HC ABD PARA DX/THER W/O IMAG GUID | 49082 | CPT | | | | both | | | 3010 | 1192.23 | Three Rivers | Three Rivers | 2859.5 | 95 | | | 187.92 | 2859.5 | percent of total billed charges | |
| HC ABD PARA DX/THER W/O IMAG GUID | 49082 | CPT | | | | both | | | 3010 | 1192.23 | UHC | Medicaid | 949.66 | 31.55 | | | 187.92 | 2859.5 | percent of total billed charges | |
| HC ABDOMINAL PARACENTESIS DX/THER W/IMAGING GUIDANCE | 49083 | CPT | | | | both | | | 1992 | 1192.23 | Wellcare | Medicaid | 628.48 | 31.55 | | | 267.15 | 2493 | percent of total billed charges | |
| HC ABDOMINAL PARACENTESIS DX/THER W/IMAGING GUIDANCE | 49083 | CPT | | | | both | | | 1992 | 1192.23 | Aetna | Commercial | 1691.93 | | | 1284.83 | 267.15 | 2493 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABDOMINAL PARACENTESIS DX/THER W/IMAGING GUIDANCE | 49083 | CPT | | | | both | | | 1992 | 1192.23 | Corrections | Corrections | 1593.6 | 80 | | | 267.15 | 2493 | percent of total billed charges | |
| HC ABDOMINAL PARACENTESIS DX/THER W/IMAGING GUIDANCE | 49083 | CPT | | | | both | | | 1992 | 1192.23 | Aetna | Better Health | 628.48 | 31.55 | | 570.98 | 267.15 | 2493 | percent of total billed charges | |
| HC ABDOMINAL PARACENTESIS DX/THER W/IMAGING GUIDANCE | 49083 | CPT | | | | both | | | 1992 | 1192.23 | Americare | Americare | 1494 | 75 | | | 267.15 | 2493 | percent of total billed charges | |
| HC ABDOMINAL PARACENTESIS DX/THER W/IMAGING GUIDANCE | 49083 | CPT | | | | both | | | 1992 | 1192.23 | Aetna | Medicare | 1036.72 | | | 594.3 | 267.15 | 2493 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABDOMINAL PARACENTESIS DX/THER W/IMAGING GUIDANCE | 49083 | CPT | | | | both | | | 1992 | 1192.23 | Multiplan | Multiplan | 1593.6 | 80 | | | 267.15 | 2493 | percent of total billed charges | |
| HC ABDOMINAL PARACENTESIS DX/THER W/IMAGING GUIDANCE | 49083 | CPT | | | | both | | | 1992 | 1192.23 | UHC | Medicaid | 628.48 | 31.55 | | 377.13 | 267.15 | 2493 | percent of total billed charges | |
| HC ABDOMINAL PARACENTESIS DX/THER W/IMAGING GUIDANCE | 49083 | CPT | | | | both | | | 1992 | 1192.23 | Consumer | Consumer | 1892.4 | 95 | | | 267.15 | 2493 | percent of total billed charges | |
| HC ABDOMINAL PARACENTESIS DX/THER W/IMAGING GUIDANCE | 49083 | CPT | | | | both | | | 1992 | 1192.23 | Amerihealth | HMO/PPO | 550 | | | | 267.15 | 2493 | fee schedule | |
| HC ABDOMINAL PARACENTESIS DX/THER W/IMAGING GUIDANCE | 49083 | CPT | | | | both | | | 1992 | 1192.23 | Horizon | Indemnity | 2006.05 | | | 851.72 | 267.15 | 2493 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABDOMINAL PARACENTESIS DX/THER W/IMAGING GUIDANCE | 49083 | CPT | | | | both | | | 1992 | 1192.23 | Wellcare | Medicare | 1036.72 | | | | 267.15 | 2493 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABDOMINAL PARACENTESIS DX/THER W/IMAGING GUIDANCE | 49083 | CPT | | | | both | | | 1992 | 1192.23 | First Trenton | First Trenton | 1792.8 | 90 | | | 267.15 | 2493 | percent of total billed charges | |
| HC ABDOMINAL PARACENTESIS DX/THER W/IMAGING GUIDANCE | 49083 | CPT | | | | both | | | 1992 | 1192.23 | First Health | First Health | 1394.4 | 70 | | | 267.15 | 2493 | percent of total billed charges | |
| HC ABDOMINAL PARACENTESIS DX/THER W/IMAGING GUIDANCE | 49083 | CPT | | | | both | | | 1992 | 1192.23 | Qualacare | Qualacare | 1494 | 75 | | | 267.15 | 2493 | percent of total billed charges | |
| HC ABDOMINAL PARACENTESIS DX/THER W/IMAGING GUIDANCE | 49083 | CPT | | | | both | | | 1992 | 1192.23 | Horizon | MGD | 2006.05 | | | 1752.66 | 267.15 | 2493 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABDOMINAL PARACENTESIS DX/THER W/IMAGING GUIDANCE | 49083 | CPT | | | | both | | | 1992 | 1192.23 | Managed Care Inc | Managed Care Inc | 1792.8 | 90 | | | 267.15 | 2493 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC ABDOMINAL PARACENTESIS DX/THER W/IMAGING GUIDANCE | 49083 | CPT | | | | both | | | 1992 | 1192.23 | Horizon | NJ Health | 267.15 | | | 632.29 | 267.15 | 2493 | fee schedule | |
| HC ABDOMINAL PARACENTESIS DX/THER W/IMAGING GUIDANCE | 49083 | CPT | | | | both | | | 1992 | 1192.23 | Horizon | Medicare Blue | 1036.72 | | | 930.4 | 267.15 | 2493 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABDOMINAL PARACENTESIS DX/THER W/IMAGING GUIDANCE | 49083 | CPT | | | | both | | | 1992 | 1192.23 | Horizon | PPO | 2006.05 | | | 1077.68 | 267.15 | 2493 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABDOMINAL PARACENTESIS DX/THER W/IMAGING GUIDANCE | 49083 | CPT | | | | both | | | 1992 | 1192.23 | Three Rivers | Three Rivers | 1892.4 | 95 | | | 267.15 | 2493 | percent of total billed charges | |
| HC ABDOMINAL PARACENTESIS DX/THER W/IMAGING GUIDANCE | 49083 | CPT | | | | both | | | 1992 | 1192.23 | UHC | Medicare | 1036.72 | | | 705.93 | 267.15 | 2493 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABDOMINAL PARACENTESIS DX/THER W/IMAGING GUIDANCE | 49083 | CPT | | | | both | | | 1992 | 1192.23 | WellPoint | WellPoint | 641.03 | 32.18 | | 712.05 | 267.15 | 2493 | percent of total billed charges | |
| HC ABDOMINAL PARACENTESIS DX/THER W/IMAGING GUIDANCE | 49083 | CPT | | | | both | | | 1992 | 1192.23 | United | Oxford | 2493 | | | | 267.15 | 2493 | case rate | |
| HC ABDOMINAL PARACENTESIS DX/THER W/IMAGING GUIDANCE | 49083 | CPT | | | | both | | | 1992 | 1192.23 | United | CommercialPPO | 2493 | | | 1582.7 | 267.15 | 2493 | case rate | |
| HC PERITONEAL LAVAGE W/ IMAGING | 49084 | CPT | | | | outpatient | | | 2926 | 1192.23 | Multiplan | Multiplan | 2340.8 | 80 | | | 80.85 | 2779.7 | percent of total billed charges | |
| HC PERITONEAL LAVAGE W/ IMAGING | 49084 | CPT | | | | outpatient | | | 2926 | 1192.23 | Aetna | Commercial | 1691.93 | | | | 80.85 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERITONEAL LAVAGE W/ IMAGING | 49084 | CPT | | | | outpatient | | | 2926 | 1192.23 | Aetna | Better Health | 923.15 | 31.55 | | | 80.85 | 2779.7 | percent of total billed charges | |
| HC PERITONEAL LAVAGE W/ IMAGING | 49084 | CPT | | | | outpatient | | | 2926 | 1192.23 | Managed Care Inc | Managed Care Inc | 2633.4 | 90 | | | 80.85 | 2779.7 | percent of total billed charges | |
| HC PERITONEAL LAVAGE W/ IMAGING | 49084 | CPT | | | | outpatient | | | 2926 | 1192.23 | First Health | First Health | 2048.2 | 70 | | | 80.85 | 2779.7 | percent of total billed charges | |
| HC PERITONEAL LAVAGE W/ IMAGING | 49084 | CPT | | | | outpatient | | | 2926 | 1192.23 | Americare | Americare | 2194.5 | 75 | | | 80.85 | 2779.7 | percent of total billed charges | |
| HC PERITONEAL LAVAGE W/ IMAGING | 49084 | CPT | | | | outpatient | | | 2926 | 1192.23 | Consumer | Consumer | 2779.7 | 95 | | | 80.85 | 2779.7 | percent of total billed charges | |
| HC PERITONEAL LAVAGE W/ IMAGING | 49084 | CPT | | | | outpatient | | | 2926 | 1192.23 | First Trenton | First Trenton | 2633.4 | 90 | | | 80.85 | 2779.7 | percent of total billed charges | |
| HC PERITONEAL LAVAGE W/ IMAGING | 49084 | CPT | | | | outpatient | | | 2926 | 1192.23 | Qualcare | Qualcare | 2194.5 | 75 | | | 80.85 | 2779.7 | percent of total billed charges | |
| HC PERITONEAL LAVAGE W/ IMAGING | 49084 | CPT | | | | outpatient | | | 2926 | 1192.23 | Aetna | Medicare | 1036.72 | | | | 80.85 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERITONEAL LAVAGE W/ IMAGING | 49084 | CPT | | | | outpatient | | | 2926 | 1192.23 | Horizon | MGD | 2006.05 | | | | 80.85 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERITONEAL LAVAGE W/ IMAGING | 49084 | CPT | | | | outpatient | | | 2926 | 1192.23 | UHC | Medicare | 1036.72 | | | | 80.85 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERITONEAL LAVAGE W/ IMAGING | 49084 | CPT | | | | outpatient | | | 2926 | 1192.23 | Three Rivers | Three Rivers | 2779.7 | 95 | | | 80.85 | 2779.7 | percent of total billed charges | |
| HC PERITONEAL LAVAGE W/ IMAGING | 49084 | CPT | | | | outpatient | | | 2926 | 1192.23 | Amerihealth | HMO/PPO | 550 | | | | 80.85 | 2779.7 | fee schedule | |
| HC PERITONEAL LAVAGE W/ IMAGING | 49084 | CPT | | | | outpatient | | | 2926 | 1192.23 | Corrections | Corrections | 2340.8 | 80 | | | 80.85 | 2779.7 | percent of total billed charges | |
| HC PERITONEAL LAVAGE W/ IMAGING | 49084 | CPT | | | | outpatient | | | 2926 | 1192.23 | Horizon | Indemnity | 2006.05 | | | | 80.85 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERITONEAL LAVAGE W/ IMAGING | 49084 | CPT | | | | outpatient | | | 2926 | 1192.23 | UHC | Medicaid | 923.15 | 31.55 | | | 80.85 | 2779.7 | percent of total billed charges | |
| HC PERITONEAL LAVAGE W/ IMAGING | 49084 | CPT | | | | outpatient | | | 2926 | 1192.23 | Wellcare | Medicare | 1036.72 | | | | 80.85 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERITONEAL LAVAGE W/ IMAGING | 49084 | CPT | | | | outpatient | | | 2926 | 1192.23 | Horizon | Medicare Blue | 1036.72 | | | | 80.85 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERITONEAL LAVAGE W/ IMAGING | 49084 | CPT | | | | outpatient | | | 2926 | 1192.23 | Horizon | PPO | 2006.05 | | | | 80.85 | 2779.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERITONEAL LAVAGE W/ IMAGING | 49084 | CPT | | | | outpatient | | | 2926 | 1192.23 | United | CommercialPPO | 2493 | | | | 80.85 | 2779.7 | case rate | |
| HC PERITONEAL LAVAGE W/ IMAGING | 49084 | CPT | | | | outpatient | | | 2926 | 1192.23 | United | Oxford | 2493 | | | | 80.85 | 2779.7 | case rate | |
| HC PERITONEAL LAVAGE W/ IMAGING | 49084 | CPT | | | | outpatient | | | 2926 | 1192.23 | Horizon | NJ Health | 80.85 | | | | 80.85 | 2779.7 | fee schedule | |
| HC PERITONEAL LAVAGE W/ IMAGING | 49084 | CPT | | | | outpatient | | | 2926 | 1192.23 | WellPoint | WellPoint | 941.59 | 32.18 | | | 80.85 | 2779.7 | percent of total billed charges | |
| HC PERITONEAL LAVAGE W/ IMAGING | 49084 | CPT | | | | outpatient | | | 2926 | 1192.23 | Wellcare | Medicaid | 923.15 | 31.55 | | | 80.85 | 2779.7 | percent of total billed charges | |
| HC BIOPSY ABD/RETROP MASS-CTGUIDE | 49180 | CPT | | | | both | | | 5464 | 2132.36 | First Trenton | First Trenton | 4917.6 | 90 | | | 119.56 | 5190.8 | percent of total billed charges | |
| HC BIOPSY ABD/RETROP MASS-CTGUIDE | 49180 | CPT | | | | both | | | 5464 | 2132.36 | Aetna | Better Health | 1723.89 | 31.55 | | | 119.56 | 5190.8 | percent of total billed charges | |
| HC BIOPSY ABD/RETROP MASS-CTGUIDE | 49180 | CPT | | | | both | | | 5464 | 2132.36 | Aetna | Commercial | 3026.1 | | | | 119.56 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY ABD/RETROP MASS-CTGUIDE | 49180 | CPT | | | | both | | | 5464 | 2132.36 | Corrections | Corrections | 4371.2 | 80 | | | 119.56 | 5190.8 | percent of total billed charges | |
| HC BIOPSY ABD/RETROP MASS-CTGUIDE | 49180 | CPT | | | | both | | | 5464 | 2132.36 | Three Rivers | Three Rivers | 5190.8 | 95 | | | 119.56 | 5190.8 | percent of total billed charges | |
| HC BIOPSY ABD/RETROP MASS-CTGUIDE | 49180 | CPT | | | | both | | | 5464 | 2132.36 | Aetna | Medicare | 1854.23 | | | | 119.56 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY ABD/RETROP MASS-CTGUIDE | 49180 | CPT | | | | both | | | 5464 | 2132.36 | Americare | Americare | 4098 | 75 | | | 119.56 | 5190.8 | percent of total billed charges | |
| HC BIOPSY ABD/RETROP MASS-CTGUIDE | 49180 | CPT | | | | both | | | 5464 | 2132.36 | Consumer | Consumer | 5190.8 | 95 | | | 119.56 | 5190.8 | percent of total billed charges | |
| HC BIOPSY ABD/RETROP MASS-CTGUIDE | 49180 | CPT | | | | both | | | 5464 | 2132.36 | Horizon | Indemnity | 3587.94 | | | | 119.56 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY ABD/RETROP MASS-CTGUIDE | 49180 | CPT | | | | both | | | 5464 | 2132.36 | Amerihealth | HMO/PPO | 650 | | | | 119.56 | 5190.8 | fee schedule | |
| HC BIOPSY ABD/RETROP MASS-CTGUIDE | 49180 | CPT | | | | both | | | 5464 | 2132.36 | Multiplan | Multiplan | 4371.2 | 80 | | | 119.56 | 5190.8 | percent of total billed charges | |
| HC BIOPSY ABD/RETROP MASS-CTGUIDE | 49180 | CPT | | | | both | | | 5464 | 2132.36 | Horizon | Medicare Blue | 1854.23 | | | | 119.56 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY ABD/RETROP MASS-CTGUIDE | 49180 | CPT | | | | both | | | 5464 | 2132.36 | UHC | Medicaid | 1723.89 | 31.55 | | | 119.56 | 5190.8 | percent of total billed charges | |
| HC BIOPSY ABD/RETROP MASS-CTGUIDE | 49180 | CPT | | | | both | | | 5464 | 2132.36 | First Health | First Health | 3824.8 | 70 | | | 119.56 | 5190.8 | percent of total billed charges | |
| HC BIOPSY ABD/RETROP MASS-CTGUIDE | 49180 | CPT | | | | both | | | 5464 | 2132.36 | Qualcare | Qualcare | 4098 | 75 | | | 119.56 | 5190.8 | percent of total billed charges | |
| HC BIOPSY ABD/RETROP MASS-CTGUIDE | 49180 | CPT | | | | both | | | 5464 | 2132.36 | Horizon | NJ Health | 119.56 | | | | 119.56 | 5190.8 | fee schedule | |
| HC BIOPSY ABD/RETROP MASS-CTGUIDE | 49180 | CPT | | | | both | | | 5464 | 2132.36 | Horizon | PPO | 3587.94 | | | | 119.56 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY ABD/RETROP MASS-CTGUIDE | 49180 | CPT | | | | both | | | 5464 | 2132.36 | Horizon | MGD | 3587.94 | | | | 119.56 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY ABD/RETROP MASS-CTGUIDE | 49180 | CPT | | | | both | | | 5464 | 2132.36 | Wellcare | Medicare | 1854.23 | | | | 119.56 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY ABD/RETROP MASS-CTGUIDE | 49180 | CPT | | | | both | | | 5464 | 2132.36 | United | Oxford | 2493 | | | | 119.56 | 5190.8 | case rate | |
| HC BIOPSY ABD/RETROP MASS-CTGUIDE | 49180 | CPT | | | | both | | | 5464 | 2132.36 | United | CommercialPPO | 2493 | | | | 119.56 | 5190.8 | case rate | |
| HC BIOPSY ABD/RETROP MASS-CTGUIDE | 49180 | CPT | | | | both | | | 5464 | 2132.36 | UHC | Medicare | 1854.23 | | | | 119.56 | 5190.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY ABD/RETROP MASS-CTGUIDE | 49180 | CPT | | | | both | | | 5464 | 2132.36 | Managed Care Inc | Managed Care Inc | 4917.6 | 90 | | | 119.56 | 5190.8 | percent of total billed charges | |
| HC BIOPSY ABD/RETROP MASS-CTGUIDE | 49180 | CPT | | | | both | | | 5464 | 2132.36 | Wellcare | Medicaid | 1723.89 | 31.55 | | | 119.56 | 5190.8 | percent of total billed charges | |
| HC BIOPSY ABD/RETROP MASS-CTGUIDE | 49180 | CPT | | | | both | | | 5464 | 2132.36 | WellPoint | WellPoint | 1758.32 | 32.18 | | 570.69 | 119.56 | 5190.8 | percent of total billed charges | |
| HC SCLEROTHERAPY OF FLUID COLLECT PERC IN | 49185 | CPT | | | | outpatient | | | 4252 | 2132.36 | First Trenton | First Trenton | 3826.8 | 90 | | | 300 | 4039.4 | percent of total billed charges | |
| HC SCLEROTHERAPY OF FLUID COLLECT PERC IN | 49185 | CPT | | | | outpatient | | | 4252 | 2132.36 | Consumer | Consumer | 4039.4 | 95 | | | 300 | 4039.4 | percent of total billed charges | |
| HC SCLEROTHERAPY OF FLUID COLLECT PERC IN | 49185 | CPT | | | | outpatient | | | 4252 | 2132.36 | UHC | Medicaid | 1341.51 | 31.55 | | | 300 | 4039.4 | percent of total billed charges | |
| HC SCLEROTHERAPY OF FLUID COLLECT PERC IN | 49185 | CPT | | | | outpatient | | | 4252 | 2132.36 | Aetna | Better Health | 1341.51 | 31.55 | | | 300 | 4039.4 | percent of total billed charges | |
| HC SCLEROTHERAPY OF FLUID COLLECT PERC IN | 49185 | CPT | | | | outpatient | | | 4252 | 2132.36 | Qualcare | Qualcare | 3189 | 75 | | | 300 | 4039.4 | percent of total billed charges | |
| HC SCLEROTHERAPY OF FLUID COLLECT PERC IN | 49185 | CPT | | | | outpatient | | | 4252 | 2132.36 | Aetna | Commercial | 3026.1 | | | | 300 | 4039.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCLEROTHERAPY OF FLUID COLLECT PERC IN | 49185 | CPT | | | | outpatient | | | 4252 | 2132.36 | Amerihealth | HMO/PPO | 300 | | | | 300 | 4039.4 | fee schedule | |
| HC SCLEROTHERAPY OF FLUID COLLECT PERC IN | 49185 | CPT | | | | outpatient | | | 4252 | 2132.36 | Horizon | MGD | 3587.94 | | | 1776 | 300 | 4039.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCLEROTHERAPY OF FLUID COLLECT PERC IN | 49185 | CPT | | | | outpatient | | | 4252 | 2132.36 | Horizon | Indemnity | 3587.94 | | | | 300 | 4039.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCLEROTHERAPY OF FLUID COLLECT PERC IN | 49185 | CPT | | | | outpatient | | | 4252 | 2132.36 | Corrections | Corrections | 3401.6 | 80 | | | 300 | 4039.4 | percent of total billed charges | |
| HC SCLEROTHERAPY OF FLUID COLLECT PERC IN | 49185 | CPT | | | | outpatient | | | 4252 | 2132.36 | United | Oxford | 1817 | | | | 300 | 4039.4 | case rate | |
| HC SCLEROTHERAPY OF FLUID COLLECT PERC IN | 49185 | CPT | | | | outpatient | | | 4252 | 2132.36 | Horizon | Medicare Blue | 1854.23 | | | | 300 | 4039.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCLEROTHERAPY OF FLUID COLLECT PERC IN | 49185 | CPT | | | | outpatient | | | 4252 | 2132.36 | Horizon | PPO | 3587.94 | | | | 300 | 4039.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCLEROTHERAPY OF FLUID COLLECT PERC IN | 49185 | CPT | | | | outpatient | | | 4252 | 2132.36 | Aetna | Medicare | 1854.23 | | | | 300 | 4039.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCLEROTHERAPY OF FLUID COLLECT PERC IN | 49185 | CPT | | | | outpatient | | | 4252 | 2132.36 | First Health | First Health | 2976.4 | 70 | | | 300 | 4039.4 | percent of total billed charges | |
| HC SCLEROTHERAPY OF FLUID COLLECT PERC IN | 49185 | CPT | | | | outpatient | | | 4252 | 2132.36 | Horizon | NJ Health | 1107.4 | | | | 300 | 4039.4 | fee schedule | |
| HC SCLEROTHERAPY OF FLUID COLLECT PERC IN | 49185 | CPT | | | | outpatient | | | 4252 | 2132.36 | Managed Care Inc | Managed Care Inc | 3826.8 | 90 | | | 300 | 4039.4 | percent of total billed charges | |
| HC SCLEROTHERAPY OF FLUID COLLECT PERC IN | 49185 | CPT | | | | outpatient | | | 4252 | 2132.36 | Americare | Americare | 3189 | 75 | | | 300 | 4039.4 | percent of total billed charges | |
| HC SCLEROTHERAPY OF FLUID COLLECT PERC IN | 49185 | CPT | | | | outpatient | | | 4252 | 2132.36 | Wellcare | Medicaid | 1341.51 | 31.55 | | | 300 | 4039.4 | percent of total billed charges | |
| HC SCLEROTHERAPY OF FLUID COLLECT PERC IN | 49185 | CPT | | | | outpatient | | | 4252 | 2132.36 | Multiplan | Multiplan | 3401.6 | 80 | | | 300 | 4039.4 | percent of total billed charges | |
| HC SCLEROTHERAPY OF FLUID COLLECT PERC IN | 49185 | CPT | | | | outpatient | | | 4252 | 2132.36 | UHC | Medicare | 1854.23 | | | | 300 | 4039.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCLEROTHERAPY OF FLUID COLLECT PERC IN | 49185 | CPT | | | | outpatient | | | 4252 | 2132.36 | Three Rivers | Three Rivers | 4039.4 | 95 | | | 300 | 4039.4 | percent of total billed charges | |
| HC SCLEROTHERAPY OF FLUID COLLECT PERC IN | 49185 | CPT | | | | outpatient | | | 4252 | 2132.36 | Wellcare | Medicare | 1854.23 | | | | 300 | 4039.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCLEROTHERAPY OF FLUID COLLECT PERC IN | 49185 | CPT | | | | outpatient | | | 4252 | 2132.36 | United | CommercialPPO | 1817 | | | | 300 | 4039.4 | case rate | |
| HC SCLEROTHERAPY OF FLUID COLLECT PERC IN | 49185 | CPT | | | | outpatient | | | 4252 | 2132.36 | WellPoint | WellPoint | 1368.29 | 32.18 | | | 300 | 4039.4 | percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 49405 | CPT | | | | both | | | 5852 | 2132.36 | Horizon | Medicare Blue | 1854.23 | | | | 181.59 | 5559.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO US OR CT GUIDED PERC DRA | 49405 | CPT | | | | both | | | 5852 | 2132.36 | Corrections | Corrections | 4681.6 | 80 | | | 181.59 | 5559.4 | percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 49405 | CPT | | | | both | | | 5852 | 2132.36 | Aetna | Better Health | 1846.31 | 31.55 | | | 181.59 | 5559.4 | percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 49405 | CPT | | | | both | | | 5852 | 2132.36 | Americare | Americare | 4389 | 75 | | | 181.59 | 5559.4 | percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 49405 | CPT | | | | both | | | 5852 | 2132.36 | Consumer | Consumer | 5559.4 | 95 | | | 181.59 | 5559.4 | percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 49405 | CPT | | | | both | | | 5852 | 2132.36 | Multiplan | Multiplan | 4681.6 | 80 | | | 181.59 | 5559.4 | percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 49405 | CPT | | | | both | | | 5852 | 2132.36 | Aetna | Medicare | 1854.23 | | | | 181.59 | 5559.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO US OR CT GUIDED PERC DRA | 49405 | CPT | | | | both | | | 5852 | 2132.36 | First Trenton | First Trenton | 5266.8 | 90 | | | 181.59 | 5559.4 | percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 49405 | CPT | | | | both | | | 5852 | 2132.36 | Horizon | NJ Health | 181.59 | | | 3625.48 | 181.59 | 5559.4 | fee schedule | |
| HC ANGIO US OR CT GUIDED PERC DRA | 49405 | CPT | | | | both | | | 5852 | 2132.36 | Qualcare | Qualcare | 4389 | 75 | | | 181.59 | 5559.4 | percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 49405 | CPT | | | | both | | | 5852 | 2132.36 | Aetna | Commercial | 2223.76 | 38 | | | 181.59 | 5559.4 | percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 49405 | CPT | | | | both | | | 5852 | 2132.36 | Amerihealth | HMO/PPO | 550 | | | | 181.59 | 5559.4 | fee schedule | |
| HC ANGIO US OR CT GUIDED PERC DRA | 49405 | CPT | | | | both | | | 5852 | 2132.36 | United | Oxford | 2493 | | | | 181.59 | 5559.4 | case rate | |
| HC ANGIO US OR CT GUIDED PERC DRA | 49405 | CPT | | | | both | | | 5852 | 2132.36 | UHC | Medicaid | 1846.31 | 31.55 | | 1654.66 | 181.59 | 5559.4 | percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 49405 | CPT | | | | both | | | 5852 | 2132.36 | First Health | First Health | 4096.4 | 70 | | | 181.59 | 5559.4 | percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 49405 | CPT | | | | both | | | 5852 | 2132.36 | Managed Care Inc | Managed Care Inc | 5266.8 | 90 | | | 181.59 | 5559.4 | percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 49405 | CPT | | | | both | | | 5852 | 2132.36 | Wellcare | Medicaid | 1846.31 | 31.55 | | | 181.59 | 5559.4 | percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 49405 | CPT | | | | both | | | 5852 | 2132.36 | Wellcare | Medicare | 1854.23 | | | | 181.59 | 5559.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO US OR CT GUIDED PERC DRA | 49405 | CPT | | | | both | | | 5852 | 2132.36 | Horizon | PPO | 3587.94 | | | | 181.59 | 5559.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO US OR CT GUIDED PERC DRA | 49405 | CPT | | | | both | | | 5852 | 2132.36 | Horizon | Indemnity | 3587.94 | | | | 181.59 | 5559.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO US OR CT GUIDED PERC DRA | 49405 | CPT | | | | both | | | 5852 | 2132.36 | Horizon | MGD | 3587.94 | | | | 181.59 | 5559.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO US OR CT GUIDED PERC DRA | 49405 | CPT | | | | both | | | 5852 | 2132.36 | Three Rivers | Three Rivers | 5559.4 | 95 | | | 181.59 | 5559.4 | percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 49405 | CPT | | | | both | | | 5852 | 2132.36 | WellPoint | WellPoint | 1883.17 | 32.18 | | | 181.59 | 5559.4 | percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 49405 | CPT | | | | both | | | 5852 | 2132.36 | United | CommercialPPO | 2493 | | | | 181.59 | 5559.4 | case rate | |
| HC ANGIO US OR CT GUIDED PERC DRA | 49405 | CPT | | | | both | | | 5852 | 2132.36 | UHC | Medicare | 1854.23 | | | | 181.59 | 5559.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO US OR CT GUIDED PERC DRA | 49406 | CPT | | | | both | | | 5852 | 2132.36 | Aetna | Medicare | 1854.23 | | | | 181.91 | 5559.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO US OR CT GUIDED PERC DRA | 49406 | CPT | | | | both | | | 5852 | 2132.36 | Aetna | Commercial | 3026.1 | | | | 181.91 | 5559.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO US OR CT GUIDED PERC DRA | 49406 | CPT | | | | both | | | 5852 | 2132.36 | Aetna | Better Health | 1846.31 | 31.55 | | | 181.91 | 5559.4 | percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 49406 | CPT | | | | both | | | 5852 | 2132.36 | First Trenton | First Trenton | 5266.8 | 90 | | | 181.91 | 5559.4 | percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 49406 | CPT | | | | both | | | 5852 | 2132.36 | Horizon | PPO | 3587.94 | | | | 181.91 | 5559.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO US OR CT GUIDED PERC DRA | 49406 | CPT | | | | both | | | 5852 | 2132.36 | Americare | Americare | 4389 | 75 | | | 181.91 | 5559.4 | percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 49406 | CPT | | | | both | | | 5852 | 2132.36 | First Health | First Health | 4096.4 | 70 | | | 181.91 | 5559.4 | percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 49406 | CPT | | | | both | | | 5852 | 2132.36 | UHC | Medicaid | 1846.31 | 31.55 | | | 181.91 | 5559.4 | percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 49406 | CPT | | | | both | | | 5852 | 2132.36 | Corrections | Corrections | 4681.6 | 80 | | | 181.91 | 5559.4 | percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 49406 | CPT | | | | both | | | 5852 | 2132.36 | Amerihealth | HMO/PPO | 650 | | | | 181.91 | 5559.4 | fee schedule | |
| HC ANGIO US OR CT GUIDED PERC DRA | 49406 | CPT | | | | both | | | 5852 | 2132.36 | Consumer | Consumer | 5559.4 | 95 | | | 181.91 | 5559.4 | percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 49406 | CPT | | | | both | | | 5852 | 2132.36 | Managed Care Inc | Managed Care Inc | 5266.8 | 90 | | | 181.91 | 5559.4 | percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 49406 | CPT | | | | both | | | 5852 | 2132.36 | Horizon | MGD | 3587.94 | | | | 181.91 | 5559.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO US OR CT GUIDED PERC DRA | 49406 | CPT | | | | both | | | 5852 | 2132.36 | Horizon | Indemnity | 3587.94 | | | | 181.91 | 5559.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO US OR CT GUIDED PERC DRA | 49406 | CPT | | | | both | | | 5852 | 2132.36 | Horizon | Medicare Blue | 1854.23 | | | | 181.91 | 5559.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO US OR CT GUIDED PERC DRA | 49406 | CPT | | | | both | | | 5852 | 2132.36 | UHC | Medicare | 1854.23 | | | | 181.91 | 5559.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO US OR CT GUIDED PERC DRA | 49406 | CPT | | | | both | | | 5852 | 2132.36 | Horizon | NJ Health | 181.91 | | | | 181.91 | 5559.4 | fee schedule | |
| HC ANGIO US OR CT GUIDED PERC DRA | 49406 | CPT | | | | both | | | 5852 | 2132.36 | Wellcare | Medicare | 1854.23 | | | | 181.91 | 5559.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO US OR CT GUIDED PERC DRA | 49406 | CPT | | | | both | | | 5852 | 2132.36 | Multiplan | Multiplan | 4681.6 | 80 | | | 181.91 | 5559.4 | percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 49406 | CPT | | | | both | | | 5852 | 2132.36 | United | CommercialPPO | 2493 | | | | 181.91 | 5559.4 | case rate | |
| HC ANGIO US OR CT GUIDED PERC DRA | 49406 | CPT | | | | both | | | 5852 | 2132.36 | United | Oxford | 2493 | | | | 181.91 | 5559.4 | case rate | |
| HC ANGIO US OR CT GUIDED PERC DRA | 49406 | CPT | | | | both | | | 5852 | 2132.36 | WellPoint | WellPoint | 1883.17 | 32.18 | | | 181.91 | 5559.4 | percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 49406 | CPT | | | | both | | | 5852 | 2132.36 | Qualcare | Qualcare | 4389 | 75 | | | 181.91 | 5559.4 | percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 49406 | CPT | | | | both | | | 5852 | 2132.36 | Three Rivers | Three Rivers | 5559.4 | 95 | | | 181.91 | 5559.4 | percent of total billed charges | |
| HC ANGIO US OR CT GUIDED PERC DRA | 49406 | CPT | | | | both | | | 5852 | 2132.36 | Wellcare | Medicaid | 1846.31 | 31.55 | | | 181.91 | 5559.4 | percent of total billed charges | |
| HC ANGIO US OR CTGUIDED PERC DRAI | 49407 | CPT | | | | both | | | 5628 | 2132.36 | Aetna | Commercial | 3026.1 | | | | 193.79 | 5346.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO US OR CTGUIDED PERC DRAI | 49407 | CPT | | | | both | | | 5628 | 2132.36 | United | CommercialPPO | 2493 | | | | 193.79 | 5346.6 | case rate | |
| HC ANGIO US OR CTGUIDED PERC DRAI | 49407 | CPT | | | | both | | | 5628 | 2132.36 | Qualcare | Qualcare | 4221 | 75 | | | 193.79 | 5346.6 | percent of total billed charges | |
| HC ANGIO US OR CTGUIDED PERC DRAI | 49407 | CPT | | | | both | | | 5628 | 2132.36 | First Health | First Health | 3939.6 | 70 | | | 193.79 | 5346.6 | percent of total billed charges | |
| HC ANGIO US OR CTGUIDED PERC DRAI | 49407 | CPT | | | | both | | | 5628 | 2132.36 | Multiplan | Multiplan | 4502.4 | 80 | | | 193.79 | 5346.6 | percent of total billed charges | |
| HC ANGIO US OR CTGUIDED PERC DRAI | 49407 | CPT | | | | both | | | 5628 | 2132.36 | Horizon | MGD | 3587.94 | | | 2748.4 | 193.79 | 5346.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO US OR CTGUIDED PERC DRAI | 49407 | CPT | | | | both | | | 5628 | 2132.36 | Consumer | Consumer | 5346.6 | 95 | | | 193.79 | 5346.6 | percent of total billed charges | |
| HC ANGIO US OR CTGUIDED PERC DRAI | 49407 | CPT | | | | both | | | 5628 | 2132.36 | Aetna | Better Health | 1775.63 | 31.55 | | | 193.79 | 5346.6 | percent of total billed charges | |
| HC ANGIO US OR CTGUIDED PERC DRAI | 49407 | CPT | | | | both | | | 5628 | 2132.36 | Aetna | Medicare | 1854.23 | | | | 193.79 | 5346.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO US OR CTGUIDED PERC DRAI | 49407 | CPT | | | | both | | | 5628 | 2132.36 | WellPoint | WellPoint | 1811.09 | 32.18 | | | 193.79 | 5346.6 | percent of total billed charges | |
| HC ANGIO US OR CTGUIDED PERC DRAI | 49407 | CPT | | | | both | | | 5628 | 2132.36 | Corrections | Corrections | 4502.4 | 80 | | | 193.79 | 5346.6 | percent of total billed charges | |
| HC ANGIO US OR CT

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC ANGIO US OR CTGUIDED PERC DRAI | 49407 | CPT | | | | both | | | 5628 | | 2132.36 Horizon | Indemnity | 3587.94 | | | | 193.79 | | 5346.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO US OR CTGUIDED PERC DRAI | 49407 | CPT | | | | both | | | 5628 | | 2132.36 Americare | Americare | 4221 | 75 | | | 193.79 | | 5346.6 percent of total billed charges | |
| HC ANGIO US OR CTGUIDED PERC DRAI | 49407 | CPT | | | | both | | | 5628 | | 2132.36 UHC | Medicaid | 1775.63 | 31.55 | | | 193.79 | | 5346.6 percent of total billed charges | |
| HC ANGIO US OR CTGUIDED PERC DRAI | 49407 | CPT | | | | both | | | 5628 | | 2132.36 Horizon | NJ Health | 193.79 | | | | 193.79 | | 5346.6 fee schedule | |
| HC ANGIO US OR CTGUIDED PERC DRAI | 49407 | CPT | | | | both | | | 5628 | | 2132.36 Wellcare | Medicare | 1854.23 | | | | 193.79 | | 5346.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO US OR CTGUIDED PERC DRAI | 49407 | CPT | | | | both | | | 5628 | | 2132.36 Amerihealth | HMO/PPO | 650 | | | | 193.79 | | 5346.6 fee schedule | |
| HC ANGIO US OR CTGUIDED PERC DRAI | 49407 | CPT | | | | both | | | 5628 | | 2132.36 United | Oxford | 2493 | | | | 193.79 | | 5346.6 case rate | |
| HC ANGIO US OR CTGUIDED PERC DRAI | 49407 | CPT | | | | both | | | 5628 | | 2132.36 Managed Care Inc | Managed Care Inc | 5065.2 | 90 | | | 193.79 | | 5346.6 percent of total billed charges | |
| HC ANGIO US OR CTGUIDED PERC DRAI | 49407 | CPT | | | | both | | | 5628 | | 2132.36 UHC | Medicare | 1854.23 | | | | 193.79 | | 5346.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO US OR CTGUIDED PERC DRAI | 49407 | CPT | | | | both | | | 5628 | | 2132.36 Horizon | Medicare Blue | 1854.23 | | | | 193.79 | | 5346.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT TNLD INTRAP CATH W/RS&I | 49418 | CPT | | | | both | | | 11279 | | 4550.24 Consumer | Consumer | 10715.05 | 95 | | | 300 | | 10715.05 percent of total billed charges | |
| HC INSRT TNLD INTRAP CATH W/RS&I | 49418 | CPT | | | | both | | | 11279 | | 4550.24 Aetna | Better Health | 3558.52 | 31.55 | | | 300 | | 10715.05 percent of total billed charges | |
| HC INSRT TNLD INTRAP CATH W/RS&I | 49418 | CPT | | | | both | | | 11279 | | 4550.24 Aetna | Medicare | 3966.73 | | | | 300 | | 10715.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT TNLD INTRAP CATH W/RS&I | 49418 | CPT | | | | both | | | 11279 | | 4550.24 First Trenton | First Trenton | 10151.1 | 90 | | | 300 | | 10715.05 percent of total billed charges | |
| HC INSRT TNLD INTRAP CATH W/RS&I | 49418 | CPT | | | | both | | | 11279 | | 4550.24 Aetna | Commercial | 6457.38 | | | | 300 | | 10715.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT TNLD INTRAP CATH W/RS&I | 49418 | CPT | | | | both | | | 11279 | | 4550.24 Amerihealth | HMO/PPO | 300 | | | | 300 | | 10715.05 fee schedule | |
| HC INSRT TNLD INTRAP CATH W/RS&I | 49418 | CPT | | | | both | | | 11279 | | 4550.24 Corrections | Corrections | 9023.2 | 80 | | | 300 | | 10715.05 percent of total billed charges | |
| HC INSRT TNLD INTRAP CATH W/RS&I | 49418 | CPT | | | | both | | | 11279 | | 4550.24 Horizon | PPO | 7656.27 | | | | 300 | | 10715.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT TNLD INTRAP CATH W/RS&I | 49418 | CPT | | | | both | | | 11279 | | 4550.24 Horizon | NJ Health | 1769.06 | | | | 300 | | 10715.05 fee schedule | |
| HC INSRT TNLD INTRAP CATH W/RS&I | 49418 | CPT | | | | both | | | 11279 | | 4550.24 United | Oxford | 3492 | | | | 300 | | 10715.05 case rate | |
| HC INSRT TNLD INTRAP CATH W/RS&I | 49418 | CPT | | | | both | | | 11279 | | 4550.24 Horizon | MGD | 7656.27 | | | | 300 | | 10715.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT TNLD INTRAP CATH W/RS&I | 49418 | CPT | | | | both | | | 11279 | | 4550.24 Managed Care Inc | Managed Care Inc | 10151.1 | 90 | | | 300 | | 10715.05 percent of total billed charges | |
| HC INSRT TNLD INTRAP CATH W/RS&I | 49418 | CPT | | | | both | | | 11279 | | 4550.24 Americare | Americare | 8459.25 | 75 | | | 300 | | 10715.05 percent of total billed charges | |
| HC INSRT TNLD INTRAP CATH W/RS&I | 49418 | CPT | | | | both | | | 11279 | | 4550.24 First Health | First Health | 7895.3 | 70 | | | 300 | | 10715.05 percent of total billed charges | |
| HC INSRT TNLD INTRAP CATH W/RS&I | 49418 | CPT | | | | both | | | 11279 | | 4550.24 WellPoint | WellPoint | 3629.58 | 32.18 | | | 300 | | 10715.05 percent of total billed charges | |
| HC INSRT TNLD INTRAP CATH W/RS&I | 49418 | CPT | | | | both | | | 11279 | | 4550.24 UHC | Medicaid | 3558.52 | 31.55 | | | 300 | | 10715.05 percent of total billed charges | |
| HC INSRT TNLD INTRAP CATH W/RS&I | 49418 | CPT | | | | both | | | 11279 | | 4550.24 Three Rivers | Three Rivers | 10715.05 | 95 | | | 300 | | 10715.05 percent of total billed charges | |
| HC INSRT TNLD INTRAP CATH W/RS&I | 49418 | CPT | | | | both | | | 11279 | | 4550.24 Horizon | Indemnity | 7656.27 | | | | 300 | | 10715.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT TNLD INTRAP CATH W/RS&I | 49418 | CPT | | | | both | | | 11279 | | 4550.24 Multiplan | Multiplan | 9023.2 | 80 | | | 300 | | 10715.05 percent of total billed charges | |
| HC INSRT TNLD INTRAP CATH W/RS&I | 49418 | CPT | | | | both | | | 11279 | | 4550.24 Wellcare | Medicare | 3956.73 | | | | 300 | | 10715.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT TNLD INTRAP CATH W/RS&I | 49418 | CPT | | | | both | | | 11279 | | 4550.24 Qualcare | Qualcare | 8459.25 | 75 | | | 300 | | 10715.05 percent of total billed charges | |
| HC INSRT TNLD INTRAP CATH W/RS&I | 49418 | CPT | | | | both | | | 11279 | | 4550.24 Horizon | Medicare Blue | 3966.73 | | | | 300 | | 10715.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT TNLD INTRAP CATH W/RS&I | 49418 | CPT | | | | both | | | 11279 | | 4550.24 UHC | Medicare | 3966.73 | | | | 300 | | 10715.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT TNLD INTRAP CATH W/RS&I | 49418 | CPT | | | | both | | | 11279 | | 4550.24 Wellcare | Medicaid | 3558.52 | 31.55 | | | 300 | | 10715.05 percent of total billed charges | |
| HC INSRT TNLD INTRAP CATH W/RS&I | 49418 | CPT | | | | both | | | 11279 | | 4550.24 United | Commercial/PPO | 3492 | | | | 300 | | 10715.05 case rate | |
| HC INS INTRAPERITONEAL CANN/CATH | 49421 | CPT | | | | both | | | 10686 | | 4550.24 Amerihealth | HMO/PPO | 300 | | | | 300 | | 10151.7 fee schedule | |
| HC INS INTRAPERITONEAL CANN/CATH | 49421 | CPT | | | | both | | | 10686 | | 4550.24 Corrections | Corrections | 8548.8 | 80 | | | 300 | | 10151.7 percent of total billed charges | |
| HC INS INTRAPERITONEAL CANN/CATH | 49421 | CPT | | | | both | | | 10686 | | 4550.24 Horizon | Indemnity | 7656.27 | | | | 300 | | 10151.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INS INTRAPERITONEAL CANN/CATH | 49421 | CPT | | | | both | | | 10686 | | 4550.24 Americare | Americare | 8014.5 | 75 | | | 300 | | 10151.7 percent of total billed charges | |
| HC INS INTRAPERITONEAL CANN/CATH | 49421 | CPT | | | | both | | | 10686 | | 4550.24 First Health | First Health | 7480.2 | 70 | | | 300 | | 10151.7 percent of total billed charges | |
| HC INS INTRAPERITONEAL CANN/CATH | 49421 | CPT | | | | both | | | 10686 | | 4550.24 Aetna | Commercial | 6457.38 | | | | 300 | | 10151.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INS INTRAPERITONEAL CANN/CATH | 49421 | CPT | | | | both | | | 10686 | | 4550.24 Horizon | Medicare Blue | 3966.73 | | | | 300 | | 10151.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INS INTRAPERITONEAL CANN/CATH | 49421 | CPT | | | | both | | | 10686 | | 4550.24 Aetna | Better Health | 3371.43 | 31.55 | | | 300 | | 10151.7 percent of total billed charges | |
| HC INS INTRAPERITONEAL CANN/CATH | 49421 | CPT | | | | both | | | 10686 | | 4550.24 Horizon | MGD | 7656.27 | | | | 300 | | 10151.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INS INTRAPERITONEAL CANN/CATH | 49421 | CPT | | | | both | | | 10686 | | 4550.24 Horizon | NJ Health | 356.72 | | | | 300 | | 10151.7 fee schedule | |
| HC INS INTRAPERITONEAL CANN/CATH | 49421 | CPT | | | | both | | | 10686 | | 4550.24 Horizon | PPO | 7656.27 | | | | 300 | | 10151.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INS INTRAPERITONEAL CANN/CATH | 49421 | CPT | | | | both | | | 10686 | | 4550.24 Consumer | Consumer | 10151.7 | 95 | | | 300 | | 10151.7 percent of total billed charges | |
| HC INS INTRAPERITONEAL CANN/CATH | 49421 | CPT | | | | both | | | 10686 | | 4550.24 First Trenton | First Trenton | 9617.4 | 90 | | | 300 | | 10151.7 percent of total billed charges | |
| HC INS INTRAPERITONEAL CANN/CATH | 49421 | CPT | | | | both | | | 10686 | | 4550.24 Multiplan | Multiplan | 8548.8 | 80 | | | 300 | | 10151.7 percent of total billed charges | |
| HC INS INTRAPERITONEAL CANN/CATH | 49421 | CPT | | | | both | | | 10686 | | 4550.24 UHC | Medicare | 3966.73 | | | | 300 | | 10151.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INS INTRAPERITONEAL CANN/CATH | 49421 | CPT | | | | both | | | 10686 | | 4550.24 Aetna | Medicare | 3966.73 | | | | 300 | | 10151.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INS INTRAPERITONEAL CANN/CATH | 49421 | CPT | | | | both | | | 10686 | | 4550.24 Managed Care Inc | Managed Care Inc | 9617.4 | 90 | | | 300 | | 10151.7 percent of total billed charges | |
| HC INS INTRAPERITONEAL CANN/CATH | 49421 | CPT | | | | both | | | 10686 | | 4550.24 Qualcare | Qualcare | 8014.5 | 75 | | | 300 | | 10151.7 percent of total billed charges | |
| HC INS INTRAPERITONEAL CANN/CATH | 49421 | CPT | | | | both | | | 10686 | | 4550.24 United | Commercial/PPO | 3492 | | | | 300 | | 10151.7 case rate | |
| HC INS INTRAPERITONEAL CANN/CATH | 49421 | CPT | | | | both | | | 10686 | | 4550.24 UHC | Medicaid | 3371.43 | 31.55 | | | 300 | | 10151.7 percent of total billed charges | |
| HC INS INTRAPERITONEAL CANN/CATH | 49421 | CPT | | | | both | | | 10686 | | 4550.24 Three Rivers | Three Rivers | 10151.7 | 95 | | | 300 | | 10151.7 percent of total billed charges | |
| HC INS INTRAPERITONEAL CANN/CATH | 49421 | CPT | | | | both | | | 10686 | | 4550.24 Wellcare | Medicaid | 3371.43 | 31.55 | | | 300 | | 10151.7 percent of total billed charges | |
| HC INS INTRAPERITONEAL CANN/CATH | 49421 | CPT | | | | both | | | 10686 | | 4550.24 Wellcare | Medicare | 3966.73 | | | | 300 | | 10151.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INS INTRAPERITONEAL CANN/CATH | 49421 | CPT | | | | both | | | 10686 | | 4550.24 United | Oxford | 3492 | | | | 300 | | 10151.7 case rate | |
| HC INS INTRAPERITONEAL CANN/CATH | 49421 | CPT | | | | both | | | 10686 | | 4550.24 WellPoint | WellPoint | 3438.75 | 32.18 | | | 300 | | 10151.7 percent of total billed charges | |
| HC REM PERMANENT INTRAPERITONEAL | 49422 | CPT | | | | both | | | 7065 | | 4192.26 Aetna | Medicare | 3645.44 | | | | 300 | | 7053.93 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM PERMANENT INTRAPERITONEAL | 49422 | CPT | | | | both | | | 7065 | | 4192.26 Aetna | Better Health | 2229.01 | 31.55 | | | 300 | | 7053.93 percent of total billed charges | |
| HC REM PERMANENT INTRAPERITONEAL | 49422 | CPT | | | | both | | | 7065 | | 4192.26 Americare | Americare | 5298.75 | 75 | | | 300 | | 7053.93 percent of total billed charges | |
| HC REM PERMANENT INTRAPERITONEAL | 49422 | CPT | | | | both | | | 7065 | | 4192.26 First Trenton | First Trenton | 6358.5 | 90 | | | 300 | | 7053.93 percent of total billed charges | |
| HC REM PERMANENT INTRAPERITONEAL | 49422 | CPT | | | | both | | | 7065 | | 4192.26 Consumer | Consumer | 6711.75 | 95 | | | 300 | | 7053.93 percent of total billed charges | |
| HC REM PERMANENT INTRAPERITONEAL | 49422 | CPT | | | | both | | | 7065 | | 4192.26 Horizon | Indemnity | 7053.93 | | | | 300 | | 7053.93 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM PERMANENT INTRAPERITONEAL | 49422 | CPT | | | | both | | | 7065 | | 4192.26 Aetna | Commercial | 5949.36 | | | | 300 | | 7053.93 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM PERMANENT INTRAPERITONEAL | 49422 | CPT | | | | both | | | 7065 | | 4192.26 UHC | Medicare | 3645.44 | | | | 300 | | 7053.93 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM PERMANENT INTRAPERITONEAL | 49422 | CPT | | | | both | | | 7065 | | 4192.26 Corrections | Corrections | 5652 | 80 | | | 300 | | 7053.93 percent of total billed charges | |
| HC REM PERMANENT INTRAPERITONEAL | 49422 | CPT | | | | both | | | 7065 | | 4192.26 First Health | First Health | 4945.5 | 70 | | | 300 | | 7053.93 percent of total billed charges | |
| HC REM PERMANENT INTRAPERITONEAL | 49422 | CPT | | | | both | | | 7065 | | 4192.26 Amerihealth | HMO/PPO | 300 | | | | 300 | | 7053.93 fee schedule | |
| HC REM PERMANENT INTRAPERITONEAL | 49422 | CPT | | | | both | | | 7065 | | 4192.26 Horizon | PPO | 7053.93 | | | | 300 | | 7053.93 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM PERMANENT INTRAPERITONEAL | 49422 | CPT | | | | both | | | 7065 | | 4192.26 Horizon | MGD | 7053.93 | | | | 300 | | 7053.93 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM PERMANENT INTRAPERITONEAL | 49422 | CPT | | | | both | | | 7065 | | 4192.26 Multiplan | Multiplan | 5652 | 80 | | | 300 | | 7053.93 percent of total billed charges | |
| HC REM PERMANENT INTRAPERITONEAL | 49422 | CPT | | | | both | | | 7065 | | 4192.26 Horizon | NJ Health | 633.08 | | | | 300 | | 7053.93 fee schedule | |
| HC REM PERMANENT INTRAPERITONEAL | 49422 | CPT | | | | both | | | 7065 | | 4192.26 United | Commercial/PPO | 3492 | | | | 300 | | 7053.93 case rate | |
| HC REM PERMANENT INTRAPERITONEAL | 49422 | CPT | | | | both | | | 7065 | | 4192.26 Horizon | Medicare Blue | 3645.44 | | | 3533.07 | 300 | | 7053.93 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM PERMANENT INTRAPERITONEAL | 49422 | CPT | | | | both | | | 7065 | | 4192.26 Managed Care Inc | Managed Care Inc | 6358.5 | 90 | | | 300 | | 7053.93 percent of total billed charges | |
| HC REM PERMANENT INTRAPERITONEAL | 49422 | CPT | | | | both | | | 7065 | | 4192.26 Qualcare | Qualcare | 5298.75 | 75 | | | 300 | | 7053.93 percent of total billed charges | |
| HC REM PERMANENT INTRAPERITONEAL | 49422 | CPT | | | | both | | | 7065 | | 4192.26 UHC | Medicaid | 2229.01 | 31.55 | | | 300 | | 7053.93 percent of total billed charges | |
| HC REM PERMANENT INTRAPERITONEAL | 49422 | CPT | | | | both | | | 7065 | | 4192.26 Three Rivers | Three Rivers | 6711.75 | 95 | | | 300 | | 7053.93 percent of total billed charges | |
| HC REM PERMANENT INTRAPERITONEAL | 49422 | CPT | | | | both | | | 7065 | | 4192.26 United | Oxford | 3492 | | | | 300 | | 7053.93 case rate | |
| HC REM PERMANENT INTRAPERITONEAL | 49422 | CPT | | | | both | | | 7065 | | 4192.26 Wellcare | Medicaid | 2229.01 | 31.55 | | | 300 | | 7053.93 percent of total billed charges | |
| HC REM PERMANENT INTRAPERITONEAL | 49422 | CPT | | | | both | | | 7065 | | 4192.26 WellPoint | WellPoint | 2273.52 | 32.18 | | | 300 | | 7053.93 percent of total billed charges | |
| HC REM PERMANENT INTRAPERITONEAL | 49422 | CPT | | | | both | | | 7065 | | 4192.26 Wellcare | Medicare | 3645.44 | | | | 300 | | 7053.93 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCHANGE ABSCESS/CYST DRAIN CA | 49423 | CPT | | | | both | | | 6256 | | 2502.63 UHC | Medicaid | 1973.77 | 31.55 | | | 300 | | 5943.2 percent of total billed charges | |
| HC EXCHANGE ABSCESS/CYST DRAIN CA | 49423 | CPT | | | | both | | | 6256 | | 2502.63 Aetna | Commercial | 3551.56 | | | | 300 | | 5943.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCHANGE ABSCESS/CYST DRAIN CA | 49423 | CPT | | | | both | | | 6256 | | 2502.63 Aetna | Medicare | 2176.2 | | | | 300 | | 5943.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCHANGE ABSCESS/CYST DRAIN CA | 49423 | CPT | | | | both | | | 6256 | | 2502.63 Consumer | Consumer | 5943.2 | 95 | | | 300 | | 5943.2 percent of total billed charges | |
| HC EXCHANGE ABSCESS/CYST DRAIN CA | 49423 | CPT | | | | both | | | 6256 | | 2502.63 First Trenton | First Trenton | 5630.4 | 90 | | | 300 | | 5943.2 percent of total billed charges | |
| HC EXCHANGE ABSCESS/CYST DRAIN CA | 49423 | CPT | | | | both | | | 6256 | | 2502.63 Horizon | Indemnity | 4210.95 | | | | 300 | | 5943.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCHANGE ABSCESS/CYST DRAIN CA | 49423 | CPT | | | | both | | | 6256 | | 2502.63 Aetna | Better Health | 1973.77 | 31.55 | | | 300 | | 5943.2 percent of total billed charges | |
| HC EXCHANGE ABSCESS/CYST DRAIN CA | 49423 | CPT | | | | both | | | 6256 | | 2502.63 Horizon | Medicare Blue | 2176.2 | | | | 300 | | 5943.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCHANGE ABSCESS/CYST DRAIN CA | 49423 | CPT | | | | both | | | 6256 | | 2502.63 United | Commercial/PPO | 2493 | | | | 300 | | 5943.2 case rate | |
| HC EXCHANGE ABSCESS/CYST DRAIN CA | 49423 | CPT | | | | both | | | 6256 | | 2502.63 Americare | Americare | 4692 | 75 | | | 300 | | 5943.2 percent of total billed charges | |
| HC EXCHANGE ABSCESS/CYST DRAIN CA | 49423 | CPT | | | | both | | | 6256 | | 2502.63 Amerihealth | HMO/PPO | 300 | | | | 300 | | 5943.2 fee schedule | |
| HC EXCHANGE ABSCESS/CYST DRAIN CA | 49423 | CPT | | | | both | | | 6256 | | 2502.63 Corrections | Corrections | 5004.8 | 80 | | | 300 | | 5943.2 percent of total billed charges | |
| HC EXCHANGE ABSCESS/CYST DRAIN CA | 49423 | CPT | | | | both | | | 6256 | | 2502.63 Multiplan | Multiplan | 5004.8 | 80 | | | 300 | | 5943.2 percent of total billed charges | |
| HC EXCHANGE ABSCESS/CYST DRAIN CA | 49423 | CPT | | | | both | | | 6256 | | 2502.63 Qualcare | Qualcare | 4692 | 75 | | | 300 | | 5943.2 percent of total billed charges | |
| HC EXCHANGE ABSCESS/CYST DRAIN CA | 49423 | CPT | | | | both | | | 6256 | | 2502.63 First Health | First Health | 4379.2 | 70 | | | 300 | | 5943.2 percent of total billed charges | |
| HC EXCHANGE ABSCESS/CYST DRAIN CA | 49423 | CPT | | | | both | | | 6256 | | 2502.63 WellPoint | WellPoint | 2013.18 | 32.18 | | | 300 | | 5943.2 percent of total billed charges | |
| HC EXCHANGE ABSCESS/CYST DRAIN CA | 49423 | CPT | | | | both | | | 6256 | | 2502.63 Horizon | MGD | 4210.95 | | | | 300 | | 5943.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCHANGE ABSCESS/CYST DRAIN CA | 49423 | CPT | | | | both | | | 6256 | | 2502.63 Three Rivers | Three Rivers | 5943.2 | 95 | | | 300 | | 5943.2 percent of total billed charges | |
| HC EXCHANGE ABSCESS/CYST DRAIN CA | 49423 | CPT | | | | both | | | 6256 | | 2502.63 Wellcare | Medicaid | 1973.77 | 31.55 | | | 300 | | 5943.2 percent of total billed charges | |
| HC EXCHANGE ABSCESS/CYST DRAIN CA | 49423 | CPT | | | | both | | | 6256 | | 2502.63 Horizon | PPO | 4210.95 | | | | 300 | | 5943.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCHANGE ABSCESS/CYST DRAIN CA | 49423 | CPT | | | | both | | | 6256 | | 2502.63 UHC | Medicare | 2176.2 | | | | 300 | | 5943.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCHANGE ABSCESS/CYST DRAIN CA | 49423 | CPT | | | | both | | | 6256 | | 2502.63 Managed Care Inc | Managed Care Inc | 5630.4 | 90 | | | 300 | | 5943.2 percent of total billed charges | |
| HC EXCHANGE ABSCESS/CYST DRAIN CA | 49423 | CPT | | | | both | | | 6256 | | 2502.63 Wellcare | Medicare | 2176.2 | | | | 300 | | 5943.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCHANGE ABSCESS/CYST DRAIN CA | 49423 | CPT | | | | both | | | 6256 | | 2502.63 United | Oxford | 2493 | | | | 300 | | 5943.2 case rate | |
| HC INJ ABCESS/CYST VIA CATH | 49424 | CPT | | | | outpatient | | | 1798 | | UHC | Medicaid | 567.27 | 31.55 | | | 80.36 | | 1782 percent of total billed charges | |
| HC INJ ABCESS/CYST VIA CATH | 49424 | CPT | | | | outpatient | | | 1798 | | Corrections | Corrections | 1438.4 | 80 | | | 80.36 | | 1782 percent of total billed charges | |
| HC INJ ABCESS/CYST VIA CATH | 49424 | CPT | | | | outpatient | | | 1798 | | First Trenton | First Trenton | 1618.2 | 90 | | | 80.36 | | 1782 percent of total billed charges | |
| HC INJ ABCESS/CYST VIA CATH | 49424 | CPT | | | | outpatient | | | 1798 | | Aetna | Medicare | 553.78 | 30.8 | | | 80.36 | | 1782 percent of total billed charges | |
| HC INJ ABCESS/CYST VIA CATH | 49424 | CPT | | | | outpatient | | | 1798 | | First Health | First Health | 1258.6 | 70 | | | 80.36 | | 1782 percent of total billed charges | |
| HC INJ ABCESS/CYST VIA CATH | 49424 | CPT | | | | outpatient | | | 1798 | | Aetna | Better Health | 567.27 | 31.55 | | | 80.36 | | 1782 percent of total billed charges | |
| HC INJ ABCESS/CYST VIA CATH | 49424 | CPT | | | | outpatient | | | 1798 | | Amerihealth | HMO/PPO | 125 | | | | 80.36 | | 1782 fee schedule | |
| HC INJ ABCESS/CYST VIA CATH | 49424 | CPT | | | | outpatient | | | 1798 | | Horizon | MGD | 688.27 | 38.28 | | | 80.36 | | 1782 percent of total billed charges | |
| HC INJ ABCESS/CYST VIA CATH | 49424 | CPT | | | | outpatient | | | 1798 | | United | Commercial/PPO | 1782 | | | | 80.36 | | 1782 case rate | |
| HC INJ ABCESS/CYST VIA CATH | 49424 | CPT | | | | outpatient | | | 1798 | | Americare | Americare | 1348.5 | 75 | | | 80.36 | | 1782 percent of total billed charges | |
| HC INJ ABCESS/CYST VIA CATH | 49424 | CPT | | | | outpatient | | | 1798 | | Horizon | PPO | 688.27 | 38.28 | | | 80.36 | | 1782 percent of total billed charges | |
| HC INJ ABCESS/CYST VIA CATH | 49424 | CPT | | | | outpatient | | | 1798 | | Consumer | Consumer | 1708.1 | 95 | | | 80.36 | | 1782 percent of total billed charges | |
| HC INJ ABCESS/CYST VIA CATH | 49424 | CPT | | | | outpatient | | | 1798 | | Horizon | Indemnity | 688.27 | 38.28 | | | 80.36 | | 1782 percent of total billed charges | |
| HC INJ ABCESS/CYST VIA CATH | 49424 | CPT | | | | outpatient | | | 1798 | | Horizon | NJ Health | 80.36 | | | | 80.36 | | 1782 fee schedule | |
| HC INJ ABCESS/CYST VIA CATH | 49424 | CPT | | | | outpatient | | | 1798 | | Horizon | Medicare Blue | 539.4 | 30 | | | 80.36 | | 1782 percent of total billed charges | |
| HC INJ ABCESS/CYST VIA CATH | 49424 | CPT | | | | outpatient | | | 1798 | | WellPoint | WellPoint | 578.6 | 32.18 | | | 80.36 | | 1782 percent of total billed charges | |
| HC INJ ABCESS/CYST VIA CATH | 49424 | CPT | | | | outpatient | | | 1798 | | Managed Care Inc | Managed Care Inc | 1618.2 | 90 | | | 80.36 | | 1782 percent of total billed charges | |
| HC INJ ABCESS/CYST VIA CATH | 49424 | CPT | | | | outpatient | | | 1798 | | Multiplan | Multiplan | 1438.4 | 80 | | | 80.36 | | 1782 percent of total billed charges | |
| HC INJ ABCESS/CYST VIA CATH | 49424 | CPT | | | | outpatient | | | 1798 | | United | Oxford | 1782 | | | | 80.36 | | 1782 case rate | |
| HC INJ ABCESS/CYST VIA CATH | 49424 | CPT | | | | outpatient | | | 1798 | | Qualcare | Qualcare | 1348.5 | 75 | | | 80.36 | | 1782 percent of total billed charges | |
| HC INJ ABCESS/CYST VIA CATH | 49424 | CPT | | | | outpatient | | | 1798 | | Three Rivers | Three Rivers | 1708.1 | 95 | | | 80.36 | | 1782 percent of total billed charges | |
| HC INJ ABCESS/CYST VIA CATH | 49424 | CPT | | | | outpatient | | | 1798 | | Wellcare | Medicaid | 567.27 | 31.55 | | | 80.36 | | 1782 percent of total billed charges | |
| HC INSRT G-TUBE PC W FLU IMG RPRT | 49440 | CPT | | | | both | | | 6535 | | 2502.63 Americare | Americare | 4901.25 | 75 | | | 550 | | 6208.25 percent of total billed charges | |
| HC INSRT G-TUBE PC W FLU IMG RPRT | 49440 | CPT | | | | both | | | 6535 | | 2502.63 Horizon | NJ Health | 1356.97 | | | 2785 | 550 | | 6208.25 fee schedule | |
| HC INSRT G-TUBE PC W FLU IMG RPRT | 49440 | CPT | | | | both | | | 6535 | | 2502.63 Horizon | MGD | 4210.95 | | | 2203.75 | 550 | | 6208.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT G-TUBE PC W FLU IMG RPRT | 49440 | CPT | | | | both | | | 6535 | | 2502.63 Aetna | Better Health | 2061.79 | 31.55 | | | 550 | | 6208.25 percent of total billed charges | |
| HC INSRT G-TUBE PC W FLU IMG RPRT | 49440 | CPT | | | | both | | | 6535 | | 2502.63 Aetna | Commercial | 3551.56 | | | | 550 | | 6208.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT G-TUBE PC W FLU IMG RPRT | 49440 | CPT | | | | both | | | 6535 | | 2502.63 First Health | First Health | 4574.5 | 70 | | | 550 | | 6208.25 percent of total billed charges | |
| HC INSRT G-TUBE PC W FLU IMG RPRT | 49440 | CPT | | | | both | | | 6535 | | 2502.63 First Trenton | First Trenton | 5881.5 | 90 | | | 550 | | 6208.25 percent of total billed charges | |
| HC INSRT G-TUBE PC W FLU IMG RPRT | 49440 | CPT | | | | both | | | 6535 | | 2502.63 Consumer | Consumer | 6208.25 | 95 | | | 550 | | 6208.25 percent of total billed charges | |
| HC INSRT G-TUBE PC W FLU IMG RPRT | 49440 | CPT | | | | both | | | 6535 | | 2502.63 Amerihealth | HMO/PPO | 550 | | | | 550 | | 6208.25 fee schedule | |
| HC INSRT G-TUBE PC W FLU IMG RPRT | 49440 | CPT | | | | both | | | 6535 | | 2502.63 Multiplan | Multiplan | 5228 | 80 | | | 550 | | 6208.25 percent of total billed charges | |
| HC INSRT G-TUBE PC W FLU IMG RPRT | 49440 | CPT | | | | both | | | 6535 | | 2502.63 Wellcare | Medicare | 2176.2 | | | | 550 | | 6208.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT G-TUBE PC W FLU IMG RPRT | 49440 | CPT | | | | both | | | 6535 | | 2502.63 Horizon | PPO | 4210.95 | | | | 550 | | 6208.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT G-TUBE PC W FLU IMG RPRT | 49440 | CPT | | | | both | | | 6535 | | 2502.63 Aetna | Medicare | 2176.2 | | | | 550 | | 6208.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT G-TUBE PC W FLU IMG RPRT | 49440 | CPT | | | | both | | | 6535 | | 2502.63 Horizon | Indemnity | 4210.95 | | | | 550 | | 6208.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT G-TUBE PC W FLU IMG RPRT | 49440 | CPT | | | | both | | | 6535 | | 2502.63 Managed Care Inc | Managed Care Inc | 5881.5 | 90 | | | 550 | | 6208.25 percent of total billed charges | |
| HC INSRT G-TUBE PC W FLU IMG RPRT | 49440 | CPT | | | | both | | | 6535 | | 2502.63 Corrections | Corrections | 5228 | 80 | | | 550 | | 6208.25 percent of total billed charges | |
| HC INSRT G-TUBE PC W FLU IMG RPRT | 49440 | CPT | | | | both | | | 6535 | | 2502.63 UHC | Medicare | 2176.2 | | | 1383.32 | 550 | | 6208.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC INSRT G-TUBE PC W FLU IMG RPRT | 49440 | CPT | | | | both | | | 6535 | 2502.63 | Qualcare | Qualcare | 4901.25 | 75 | | | 550 | 6208.25 | percent of total billed charges | |
| HC INSRT G-TUBE PC W FLU IMG RPRT | 49440 | CPT | | | | both | | | 6535 | 2502.63 | United | Oxford | 2493 | | | | 550 | 6208.25 | case rate | |
| HC INSRT G-TUBE PC W FLU IMG RPRT | 49440 | CPT | | | | both | | | 6535 | 2502.63 | Horizon | Medicare Blue | 2176.2 | | | | 550 | 6208.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSRT G-TUBE PC W FLU IMG RPRT | 49440 | CPT | | | | both | | | 6535 | 2502.63 | WellPoint | WellPoint | 2102.96 | 32.18 | | | 550 | 6208.25 | percent of total billed charges | |
| HC INSRT G-TUBE PC W FLU IMG RPRT | 49440 | CPT | | | | both | | | 6535 | 2502.63 | Three Rivers | Three Rivers | 6208.25 | 95 | | | 550 | 6208.25 | percent of total billed charges | |
| HC INSRT G-TUBE PC W FLU IMG RPRT | 49440 | CPT | | | | both | | | 6535 | 2502.63 | UHC | Medicaid | 2061.79 | 31.55 | | 2061.79 | 550 | 6208.25 | percent of total billed charges | |
| HC INSRT G-TUBE PC W FLU IMG RPRT | 49440 | CPT | | | | both | | | 6535 | 2502.63 | United | CommercialPPO | 2493 | | | | 550 | 6208.25 | case rate | |
| HC INSRT G-TUBE PC W FLU IMG RPRT | 49440 | CPT | | | | both | | | 6535 | 2502.63 | Wellcare | Medicaid | 2061.79 | 31.55 | | | 550 | 6208.25 | percent of total billed charges | |
| HC CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ | 49446 | CPT | | | | inpatient | | | 2781.13 | 2502.63 | Americare | Americare | 2085.85 | 75 | | | 375 | 4210.95 | percent of total billed charges | |
| HC CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ | 49446 | CPT | | | | inpatient | | | 2781.13 | 2502.63 | Aetna | Better Health | 877.45 | 31.55 | | | 375 | 4210.95 | percent of total billed charges | |
| HC CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ | 49446 | CPT | | | | inpatient | | | 2781.13 | 2502.63 | UHC | Medicare | 2176.2 | | | | 375 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ | 49446 | CPT | | | | inpatient | | | 2781.13 | 2502.63 | Multiplan | Multiplan | 2224.9 | 80 | | | 375 | 4210.95 | percent of total billed charges | |
| HC CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ | 49446 | CPT | | | | inpatient | | | 2781.13 | 2502.63 | Aetna | Commercial | 3551.56 | | | | 375 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ | 49446 | CPT | | | | inpatient | | | 2781.13 | 2502.63 | Consumer | Consumer | 2642.07 | 95 | | | 375 | 4210.95 | percent of total billed charges | |
| HC CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ | 49446 | CPT | | | | inpatient | | | 2781.13 | 2502.63 | First Trenton | First Trenton | 2503.02 | 90 | | | 375 | 4210.95 | percent of total billed charges | |
| HC CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ | 49446 | CPT | | | | inpatient | | | 2781.13 | 2502.63 | First Health | First Health | 1946.79 | 70 | | | 375 | 4210.95 | percent of total billed charges | |
| HC CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ | 49446 | CPT | | | | inpatient | | | 2781.13 | 2502.63 | Amerihealth | HMO/PPO | 375 | | | | 375 | 4210.95 | fee schedule | |
| HC CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ | 49446 | CPT | | | | inpatient | | | 2781.13 | 2502.63 | Corrections | Corrections | 2224.9 | 80 | | | 375 | 4210.95 | percent of total billed charges | |
| HC CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ | 49446 | CPT | | | | inpatient | | | 2781.13 | 2502.63 | Wellcare | Medicare | 2176.2 | | | | 375 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ | 49446 | CPT | | | | inpatient | | | 2781.13 | 2502.63 | Qualcare | Qualcare | 2085.85 | 75 | | | 375 | 4210.95 | percent of total billed charges | |
| HC CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ | 49446 | CPT | | | | inpatient | | | 2781.13 | 2502.63 | Aetna | Medicare | 2176.2 | | | | 375 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ | 49446 | CPT | | | | inpatient | | | 2781.13 | 2502.63 | Horizon | Medicare Blue | 2176.2 | | | | 375 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ | 49446 | CPT | | | | inpatient | | | 2781.13 | 2502.63 | Horizon | Indemnity | 4210.95 | | | | 375 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ | 49446 | CPT | | | | inpatient | | | 2781.13 | 2502.63 | Three Rivers | Three Rivers | 2642.07 | 95 | | | 375 | 4210.95 | percent of total billed charges | |
| HC CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ | 49446 | CPT | | | | inpatient | | | 2781.13 | 2502.63 | Horizon | MGD | 4210.95 | | | | 375 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ | 49446 | CPT | | | | inpatient | | | 2781.13 | 2502.63 | UHC | Medicaid | 877.45 | 31.55 | | | 375 | 4210.95 | percent of total billed charges | |
| HC CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ | 49446 | CPT | | | | inpatient | | | 2781.13 | 2502.63 | Horizon | PPO | 4210.95 | | | | 375 | 4210.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ | 49446 | CPT | | | | inpatient | | | 2781.13 | 2502.63 | United | CommercialPPO | 2493 | | | | 375 | 4210.95 | case rate | |
| HC CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ | 49446 | CPT | | | | inpatient | | | 2781.13 | 2502.63 | Managed Care Inc | Managed Care Inc | 2503.02 | 90 | | | 375 | 4210.95 | percent of total billed charges | |
| HC CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ | 49446 | CPT | | | | inpatient | | | 2781.13 | 2502.63 | Wellcare | Medicaid | 877.45 | 31.55 | | | 375 | 4210.95 | percent of total billed charges | |
| HC CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ | 49446 | CPT | | | | inpatient | | | 2781.13 | 2502.63 | United | Oxford | 2493 | | | | 375 | 4210.95 | case rate | |
| HC CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ | 49446 | CPT | | | | inpatient | | | 2781.13 | 2502.63 | WellPoint | WellPoint | 894.97 | 32.18 | | | 375 | 4210.95 | percent of total billed charges | |
| HC REPLCMNT OF G OR CECOSTMY TUBE | 49450 | CPT | | | | both | | | 3010 | 1192.23 | Consumer | Consumer | 2859.5 | 95 | | | 550 | 2859.5 | percent of total billed charges | |
| HC REPLCMNT OF G OR CECOSTMY TUBE | 49450 | CPT | | | | both | | | 3010 | 1192.23 | Horizon | Medicare Blue | 1036.72 | | | | 550 | 2859.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLCMNT OF G OR CECOSTMY TUBE | 49450 | CPT | | | | both | | | 3010 | 1192.23 | Americare | Americare | 2257.5 | 75 | | | 550 | 2859.5 | percent of total billed charges | |
| HC REPLCMNT OF G OR CECOSTMY TUBE | 49450 | CPT | | | | both | | | 3010 | 1192.23 | United | Oxford | 2493 | | | | 550 | 2859.5 | case rate | |
| HC REPLCMNT OF G OR CECOSTMY TUBE | 49450 | CPT | | | | both | | | 3010 | 1192.23 | Aetna | Commercial | 1691.93 | | | 882.86 | 550 | 2859.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLCMNT OF G OR CECOSTMY TUBE | 49450 | CPT | | | | both | | | 3010 | 1192.23 | Aetna | Better Health | 949.66 | 31.55 | | | 550 | 2859.5 | percent of total billed charges | |
| HC REPLCMNT OF G OR CECOSTMY TUBE | 49450 | CPT | | | | both | | | 3010 | 1192.23 | UHC | Medicare | 1036.72 | | | 181.16 | 550 | 2859.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLCMNT OF G OR CECOSTMY TUBE | 49450 | CPT | | | | both | | | 3010 | 1192.23 | Aetna | Medicare | 1036.72 | | | 713.81 | 550 | 2859.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLCMNT OF G OR CECOSTMY TUBE | 49450 | CPT | | | | both | | | 3010 | 1192.23 | Corrections | Corrections | 2408 | 80 | | | 550 | 2859.5 | percent of total billed charges | |
| HC REPLCMNT OF G OR CECOSTMY TUBE | 49450 | CPT | | | | both | | | 3010 | 1192.23 | Qualcare | Qualcare | 2257.5 | 75 | | | 550 | 2859.5 | percent of total billed charges | |
| HC REPLCMNT OF G OR CECOSTMY TUBE | 49450 | CPT | | | | both | | | 3010 | 1192.23 | Amerihealth | HMO/PPO | 550 | | | | 550 | 2859.5 | fee schedule | |
| HC REPLCMNT OF G OR CECOSTMY TUBE | 49450 | CPT | | | | both | | | 3010 | 1192.23 | First Trenton | First Trenton | 2709 | 90 | | | 550 | 2859.5 | percent of total billed charges | |
| HC REPLCMNT OF G OR CECOSTMY TUBE | 49450 | CPT | | | | both | | | 3010 | 1192.23 | UHC | Medicaid | 949.66 | 31.55 | | 690.94 | 550 | 2859.5 | percent of total billed charges | |
| HC REPLCMNT OF G OR CECOSTMY TUBE | 49450 | CPT | | | | both | | | 3010 | 1192.23 | First Health | First Health | 2107 | 70 | | | 550 | 2859.5 | percent of total billed charges | |
| HC REPLCMNT OF G OR CECOSTMY TUBE | 49450 | CPT | | | | both | | | 3010 | 1192.23 | Wellcare | Medicaid | 949.66 | 31.55 | | 277.49 | 550 | 2859.5 | percent of total billed charges | |
| HC REPLCMNT OF G OR CECOSTMY TUBE | 49450 | CPT | | | | both | | | 3010 | 1192.23 | Horizon | Indemnity | 2006.05 | | | | 550 | 2859.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLCMNT OF G OR CECOSTMY TUBE | 49450 | CPT | | | | both | | | 3010 | 1192.23 | Horizon | NJ Health | 1072.74 | | | | 550 | 2859.5 | fee schedule | |
| HC REPLCMNT OF G OR CECOSTMY TUBE | 49450 | CPT | | | | both | | | 3010 | 1192.23 | Horizon | PPO | 2006.05 | | | 1482.32 | 550 | 2859.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLCMNT OF G OR CECOSTMY TUBE | 49450 | CPT | | | | both | | | 3010 | 1192.23 | Horizon | MGD | 2006.05 | | | | 550 | 2859.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLCMNT OF G OR CECOSTMY TUBE | 49450 | CPT | | | | both | | | 3010 | 1192.23 | Managed Care Inc | Managed Care Inc | 2709 | 90 | | | 550 | 2859.5 | percent of total billed charges | |
| HC REPLCMNT OF G OR CECOSTMY TUBE | 49450 | CPT | | | | both | | | 3010 | 1192.23 | Multiplan | Multiplan | 2408 | 80 | | | 550 | 2859.5 | percent of total billed charges | |
| HC REPLCMNT OF G OR CECOSTMY TUBE | 49450 | CPT | | | | both | | | 3010 | 1192.23 | United | CommercialPPO | 2493 | | | | 550 | 2859.5 | case rate | |
| HC REPLCMNT OF G OR CECOSTMY TUBE | 49450 | CPT | | | | both | | | 3010 | 1192.23 | Three Rivers | Three Rivers | 2859.5 | 95 | | | 550 | 2859.5 | percent of total billed charges | |
| HC REPLCMNT OF G OR CECOSTMY TUBE | 49450 | CPT | | | | both | | | 3010 | 1192.23 | Wellcare | Medicare | 1036.72 | | | | 550 | 2859.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLCMNT OF G OR CECOSTMY TUBE | 49450 | CPT | | | | both | | | 3010 | 1192.23 | WellPoint | WellPoint | 968.62 | 32.18 | | 720.21 | 550 | 2859.5 | percent of total billed charges | |
| HC RPLC DUODEN/JEJUN TUBE PERC | 49451 | CPT | | | | both | | | 3010 | 1192.23 | UHC | Medicare | 1036.72 | | | | 375 | 2859.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPLC DUODEN/JEJUN TUBE PERC | 49451 | CPT | | | | both | | | 3010 | 1192.23 | Amerihealth | HMO/PPO | 375 | | | | 375 | 2859.5 | fee schedule | |
| HC RPLC DUODEN/JEJUN TUBE PERC | 49451 | CPT | | | | both | | | 3010 | 1192.23 | Corrections | Corrections | 2408 | 80 | | | 375 | 2859.5 | percent of total billed charges | |
| HC RPLC DUODEN/JEJUN TUBE PERC | 49451 | CPT | | | | both | | | 3010 | 1192.23 | Aetna | Medicare | 1036.72 | | | | 375 | 2859.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPLC DUODEN/JEJUN TUBE PERC | 49451 | CPT | | | | both | | | 3010 | 1192.23 | Aetna | Commercial | 1691.93 | | | | 375 | 2859.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPLC DUODEN/JEJUN TUBE PERC | 49451 | CPT | | | | both | | | 3010 | 1192.23 | UHC | Medicaid | 949.66 | 31.55 | | | 375 | 2859.5 | percent of total billed charges | |
| HC RPLC DUODEN/JEJUN TUBE PERC | 49451 | CPT | | | | both | | | 3010 | 1192.23 | Aetna | Better Health | 949.66 | 31.55 | | | 375 | 2859.5 | percent of total billed charges | |
| HC RPLC DUODEN/JEJUN TUBE PERC | 49451 | CPT | | | | both | | | 3010 | 1192.23 | First Trenton | First Trenton | 2709 | 90 | | | 375 | 2859.5 | percent of total billed charges | |
| HC RPLC DUODEN/JEJUN TUBE PERC | 49451 | CPT | | | | both | | | 3010 | 1192.23 | Americare | Americare | 2257.5 | 75 | | | 375 | 2859.5 | percent of total billed charges | |
| HC RPLC DUODEN/JEJUN TUBE PERC | 49451 | CPT | | | | both | | | 3010 | 1192.23 | First Health | First Health | 2107 | 70 | | | 375 | 2859.5 | percent of total billed charges | |
| HC RPLC DUODEN/JEJUN TUBE PERC | 49451 | CPT | | | | both | | | 3010 | 1192.23 | Wellcare | Medicare | 1036.72 | | | | 375 | 2859.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPLC DUODEN/JEJUN TUBE PERC | 49451 | CPT | | | | both | | | 3010 | 1192.23 | Horizon | MGD | 2006.05 | | | | 375 | 2859.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPLC DUODEN/JEJUN TUBE PERC | 49451 | CPT | | | | both | | | 3010 | 1192.23 | Multiplan | Multiplan | 2408 | 80 | | | 375 | 2859.5 | percent of total billed charges | |
| HC RPLC DUODEN/JEJUN TUBE PERC | 49451 | CPT | | | | both | | | 3010 | 1192.23 | United | CommercialPPO | 2493 | | | | 375 | 2859.5 | case rate | |
| HC RPLC DUODEN/JEJUN TUBE PERC | 49451 | CPT | | | | both | | | 3010 | 1192.23 | Consumer | Consumer | 2859.5 | 95 | | | 375 | 2859.5 | percent of total billed charges | |
| HC RPLC DUODEN/JEJUN TUBE PERC | 49451 | CPT | | | | both | | | 3010 | 1192.23 | Horizon | PPO | 2006.05 | | | | 375 | 2859.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPLC DUODEN/JEJUN TUBE PERC | 49451 | CPT | | | | both | | | 3010 | 1192.23 | Qualcare | Qualcare | 2257.5 | 75 | | | 375 | 2859.5 | percent of total billed charges | |
| HC RPLC DUODEN/JEJUN TUBE PERC | 49451 | CPT | | | | both | | | 3010 | 1192.23 | Horizon | Indemnity | 2006.05 | | | | 375 | 2859.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPLC DUODEN/JEJUN TUBE PERC | 49451 | CPT | | | | both | | | 3010 | 1192.23 | United | Oxford | 2493 | | | | 375 | 2859.5 | case rate | |
| HC RPLC DUODEN/JEJUN TUBE PERC | 49451 | CPT | | | | both | | | 3010 | 1192.23 | Managed Care Inc | Managed Care Inc | 2709 | 90 | | | 375 | 2859.5 | percent of total billed charges | |
| HC RPLC DUODEN/JEJUN TUBE PERC | 49451 | CPT | | | | both | | | 3010 | 1192.23 | Three Rivers | Three Rivers | 2859.5 | 95 | | | 375 | 2859.5 | percent of total billed charges | |
| HC RPLC DUODEN/JEJUN TUBE PERC | 49451 | CPT | | | | both | | | 3010 | 1192.23 | WellPoint | WellPoint | 968.62 | 32.18 | | 348.91 | 375 | 2859.5 | percent of total billed charges | |
| HC RPLC DUODEN/JEJUN TUBE PERC | 49451 | CPT | | | | both | | | 3010 | 1192.23 | Horizon | Medicare Blue | 1036.72 | | | | 375 | 2859.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLACE GJ TUBE-IR | 49452 | CPT | | | | both | | | 3117 | 1192.23 | Wellcare | Medicaid | 949.66 | 31.55 | | | 375 | 2859.5 | percent of total billed charges | |
| HC REPLACE GJ TUBE-IR | 49452 | CPT | | | | both | | | 3117 | 1192.23 | Aetna | Commercial | 1184.46 | 38 | | | 450 | 2961.15 | percent of total billed charges | |
| HC REPLACE GJ TUBE-IR | 49452 | CPT | | | | both | | | 3117 | 1192.23 | Horizon | Indemnity | 2006.05 | | | | 450 | 2961.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLACE GJ TUBE-IR | 49452 | CPT | | | | both | | | 3117 | 1192.23 | Amerihealth | HMO/PPO | 450 | | | | 450 | 2961.15 | fee schedule | |
| HC REPLACE GJ TUBE-IR | 49452 | CPT | | | | both | | | 3117 | 1192.23 | Aetna | Better Health | 983.41 | 31.55 | | | 450 | 2961.15 | percent of total billed charges | |
| HC REPLACE GJ TUBE-IR | 49452 | CPT | | | | both | | | 3117 | 1192.23 | First Trenton | First Trenton | 2805.3 | 90 | | | 450 | 2961.15 | percent of total billed charges | |
| HC REPLACE GJ TUBE-IR | 49452 | CPT | | | | both | | | 3117 | 1192.23 | Horizon | Medicare Blue | 1036.72 | | | 514.17 | 450 | 2961.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLACE GJ TUBE-IR | 49452 | CPT | | | | both | | | 3117 | 1192.23 | First Health | First Health | 2181.9 | 70 | | | 450 | 2961.15 | percent of total billed charges | |
| HC REPLACE GJ TUBE-IR | 49452 | CPT | | | | both | | | 3117 | 1192.23 | Aetna | Medicare | 1036.72 | | | | 450 | 2961.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLACE GJ TUBE-IR | 49452 | CPT | | | | both | | | 3117 | 1192.23 | Managed Care Inc | Managed Care Inc | 2805.3 | 90 | | | 450 | 2961.15 | percent of total billed charges | |
| HC REPLACE GJ TUBE-IR | 49452 | CPT | | | | both | | | 3117 | 1192.23 | Horizon | PPO | 2006.05 | | | | 450 | 2961.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLACE GJ TUBE-IR | 49452 | CPT | | | | both | | | 3117 | 1192.23 | Wellcare | Medicaid | 983.41 | 31.55 | | | 450 | 2961.15 | percent of total billed charges | |
| HC REPLACE GJ TUBE-IR | 49452 | CPT | | | | both | | | 3117 | 1192.23 | Americare | Americare | 2337.75 | 75 | | | 450 | 2961.15 | percent of total billed charges | |
| HC REPLACE GJ TUBE-IR | 49452 | CPT | | | | both | | | 3117 | 1192.23 | UHC | Medicaid | 983.41 | 31.55 | | | 450 | 2961.15 | percent of total billed charges | |
| HC REPLACE GJ TUBE-IR | 49452 | CPT | | | | both | | | 3117 | 1192.23 | Multiplan | Multiplan | 2493.6 | 80 | | | 450 | 2961.15 | percent of total billed charges | |
| HC REPLACE GJ TUBE-IR | 49452 | CPT | | | | both | | | 3117 | 1192.23 | Wellcare | Medicare | 1036.72 | | | | 450 | 2961.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLACE GJ TUBE-IR | 49452 | CPT | | | | both | | | 3117 | 1192.23 | Consumer | Consumer | 2961.15 | 95 | | | 450 | 2961.15 | percent of total billed charges | |
| HC REPLACE GJ TUBE-IR | 49452 | CPT | | | | both | | | 3117 | 1192.23 | United | Oxford | 2493 | | | | 450 | 2961.15 | case rate | |
| HC REPLACE GJ TUBE-IR | 49452 | CPT | | | | both | | | 3117 | 1192.23 | UHC | Medicare | 1036.72 | | | | 450 | 2961.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLACE GJ TUBE-IR | 49452 | CPT | | | | both | | | 3117 | 1192.23 | Horizon | MGD | 2006.05 | | | | 450 | 2961.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPLACE GJ TUBE-IR | 49452 | CPT | | | | both | | | 3117 | 1192.23 | Qualcare | Qualcare | 2337.75 | 75 | | | 450 | 2961.15 | percent of total billed charges | |
| HC REPLACE GJ TUBE-IR | 49452 | CPT | | | | both | | | 3117 | 1192.23 | Corrections | Corrections | 2493.6 | 80 | | | 450 | 2961.15 | percent of total billed charges | |
| HC REPLACE GJ TUBE-IR | 49452 | CPT | | | | both | | | 3117 | 1192.23 | United | CommercialPPO | 2493 | | | | 450 | 2961.15 | case rate | |
| HC REPLACE GJ TUBE-IR | 49452 | CPT | | | | both | | | 3117 | 1192.23 | Three Rivers | Three Rivers | 2961.15 | 95 | | | 450 | 2961.15 | percent of total billed charges | |
| HC REPLACE GJ TUBE-IR | 49452 | CPT | | | | both | | | 3117 | 1192.23 | WellPoint | WellPoint | 1003.05 | 32.18 | | | 450 | 2961.15 | percent of total billed charges | |
| HC REPLACE GJ TUBE-IR | 49452 | CPT | | | | both | | | 3117 | 1192.23 | Horizon | NJ Health | 1394.91 | | | | 450 | 2961.15 | fee schedule | |
| HC REMOVAL OBSTRCT D C OR G-TUBE | 49460 | CPT | | | | both | | | 1242 | 1192.23 | Aetna | Commercial | 1691.93 | | | | 391.85 | 2493 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL OBSTRCT D C OR G-TUBE | 49460 | CPT | | | | both | | | 1242 | 1192.23 | Aetna | Better Health | 391.85 | 31.55 | | | 391.85 | 2493 | percent of total billed charges | |
| HC REMOVAL OBSTRCT D C OR G-TUBE | 49460 | CPT | | | | both | | | 1242 | 1192.23 | Corrections | Corrections | 993.6 | 80 | | | 391.85 | 2493 | percent of total billed charges | |
| HC REMOVAL OBSTRCT D C OR G-TUBE | 49460 | CPT | | | | both | | | 1242 | 1192.23 | First Trenton | First Trenton | 1117.8 | 90 | | | 391.85 | 2493 | percent of total billed charges | |
| HC REMOVAL OBSTRCT D C OR G-TUBE | 49460 | CPT | | | | both | | | 1242 | 1192.23 | Aetna | Medicare | 1036.72 | | | | 391.85 | 2493 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL OBSTRCT D C OR G-TUBE | 49460 | CPT | | | | both | | | 1242 | 1192.23 | First Health | First Health | 869.4 | 70 | | | 391.85 | 2493 | percent of total billed charges | |
| HC REMOVAL OBSTRCT D C OR G-TUBE | 49460 | CPT | | | | both | | | 1242 | 1192.23 | Americare | Americare | 931.5 | 75 | | | 391.85 | 2493 | percent of total billed charges | |
| HC REMOVAL OBSTRCT D C OR G-TUBE | 49460 | CPT | | | | both | | | 1242 | 1192.23 | Amerihealth | HMO/PPO | 925 | | | | 391.85 | 2493 | fee schedule | |
| HC REMOVAL OBSTRCT D C OR G-TUBE | 49460 | CPT | | | | both | | | 1242 | 1192.23 | Horizon | MGD | 2006.05 | | | | 391.85 | 2493 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL OBSTRCT D C OR G-TUBE | 49460 | CPT | | | | both | | | 1242 | 1192.23 | Horizon | PPO | 2006.05 | | | | 391.85 | 2493 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL OBSTRCT D C OR G-TUBE | 49460 | CPT | | | | both | | | 1242 | 1192.23 | Consumer | Consumer | 1179.9 | 95 | | | 391.85 | 2493 | percent of total billed charges | |
| HC REMOVAL OBSTRCT D C OR G-TUBE | 49460 | CPT | | | | both | | | 1242 | 1192.23 | Horizon | Medicare Blue | 1036.72 | | | | 391.85 | 2493 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL OBSTRCT D C OR G-TUBE | 49460 | CPT | | | | both | | | 1242 | 1192.23 | Three Rivers | Three Rivers | 1179.9 | 95 | | | 391.85 | 2493 | percent of total billed charges | |
| HC REMOVAL OBSTRCT D C OR G-TUBE | 49460 | CPT | | | | both | | | 1242 | 1192.23 | Multiplan | Multiplan | 993.6 | 80 | | | 391.85 | 2493 | percent of total billed charges | |
| HC REMOVAL OBSTRCT D C OR G-TUBE | 49460 | CPT | | | | both | | | 1242 | 1192.23 | Horizon | Indemnity | 2006.05 | | | | 391.85 | 2493 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL OBSTRCT D C OR G-TUBE | 49460 | CPT | | | | both | | | 1242 | 1192.23 | UHC | Medicare | 1036.72 | | | | 391.85 | 2493 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL OBSTRCT D C OR G-TUBE | 49460 | CPT | | | | both | | | 1242 | 1192.23 | Managed Care Inc | Managed Care Inc | 1117.8 | 90 | | | 391.85 | 2493 | percent of total billed charges | |
| HC REMOVAL OBSTRCT D C OR G-TUBE | 49460 | CPT | | | | both | | | 1242 | 1192.23 | Qualcare | Qualcare | 931.5 | 75 | | | 391.85 | 2493 | percent of total billed charges | |
| HC REMOVAL OBSTRCT D C OR G-TUBE | 49460 | CPT | | | | both | | | 1242 | 1192.23 | UHC | Medicaid | 391.85 | 31.55 | | | 391.85 | 2493 | percent of total billed charges | |
| HC REMOVAL OBSTRCT D C OR G-TUBE | 49460 | CPT | | | | both | | | 1242 | 1192.23 | WellPoint | WellPoint | 399.68 | 32.18 | | | 391.85 | 2493 | percent of total billed charges | |
| HC REMOVAL OBSTRCT D C OR G-TUBE | 49460 | CPT | | | | both | | | 1242 | 1192.23 | United | CommercialPPO | 2493 | | | | 391.85 | 2493 | case rate | |
| HC REMOVAL OBSTRCT D C OR G-TUBE | 49460 | CPT | | | | both | | | 1242 | 1192.23 | Wellcare | Medicare | 1036.72 | | | | 391.85 | 2493 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL OBSTRCT D C OR G-TUBE | 49460 | CPT | | | | both | | | 1242 | 1192.23 | United | Oxford | 2493 | | | | 391.85 | 2493 | case rate | |
| HC REMOVAL OBSTRCT D C OR G-TUBE | 49460 | CPT | | | | both | | | 1242 | 1192.23 | Wellcare | Medicaid | 391.85 | 31.55 | | | 391.85 | 2493 | percent of total billed charges | |
| HC CONTRAST INJ EXISTING TUBE | 49465 | CPT | | | | both | | | 737 | 322.28 | Americare | Americare | 552.75 | 75 | | | 200 | 1782 | percent of total billed charges | |
| HC CONTRAST INJ EXISTING TUBE | 49465 | CPT | | | | both | | | 737 | 322.28 | Consumer | Consumer | 700.15 | 95 | | | 200 | 1782 | percent of total billed charges | |
| HC CONTRAST INJ EXISTING TUBE | 49465 | CPT | | | | both | | | 737 | 322.28 | Horizon | Medicare Blue | 280.24 | | | | 200 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONTRAST INJ EXISTING TUBE | 49465 | CPT | | | | both | | | 737 | 322.28 | First Trenton | First Trenton | 663.3 | 90 | | | 200 | 1782 | percent of total billed charges | |
| HC CONTRAST INJ EXISTING TUBE | 49465 | CPT | | | | both | | | 737 | 322.28 | Aetna | Medicare | 280.24 | | | | 200 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONTRAST INJ EXISTING TUBE | 49465 | CPT | | | | both | | | 737 | 322.28 | First Health | First Health | 515.9 | 70 | | | 200 | 1782 | percent of total billed charges | |
| HC CONTRAST INJ EXISTING TUBE | 49465 | CPT | | | | both | | | 737 | 322.28 | Aetna | Better Health | 232.52 | 31.55 | | | 200 | 1782 | percent of total billed charges | |
| HC CONTRAST INJ EXISTING TUBE | 49465 | CPT | | | | both | | | 737 | 322.28 | Corrections | Corrections | 589.6 | 80 | | | 200 | 1782 | percent of total billed charges | |
| HC CONTRAST INJ EXISTING TUBE | 49465 | CPT | | | | both | | | 737 | 322.28 | Amerihealth | HMO/PPO | 200 | | | | 200 | 1782 | fee schedule | |
| HC CONTRAST INJ EXISTING TUBE | 49465 | CPT | | | | both | | | 737 | 322.28 | Horizon | Indemnity | 542.26 | | | | 200 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONTRAST INJ EXISTING TUBE | 49465 | CPT | | | | both | | | 737 | 322.28 | Aetna | Commercial | 280.06 | 38 | | | 200 | 1782 | percent of total billed charges | |
| HC CONTRAST INJ EXISTING TUBE | 49465 | CPT | | | | both | | | 737 | 322.28 | Managed Care Inc | Managed Care Inc | 663.3 | 90 | | | 200 | 1782 | percent of total billed charges | |
| HC CONTRAST INJ EXISTING TUBE | 49465 | CPT | | | | both | | | 737 | 322.28 | Horizon | MGD | 542.26 | | | | 200 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONTRAST INJ EXISTING TUBE | 49465 | CPT | | | | both | | | 737 | 322.28 | Multiplan | Multiplan | 589.6 | 80 | | | 200 | 1782 | percent of total billed charges | |
| HC CONTRAST INJ EXISTING TUBE | 49465 | CPT | | | | both | | | 737 | 322.28 | Horizon | PPO | 542.26 | | | | 200 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONTRAST INJ EXISTING TUBE | 49465 | CPT | | | | both | | | 737 | 322.28 | Three Rivers | Three Rivers | 700.15 | 95 | | | 200 | 1782 | percent of total billed charges | |
| HC CONTRAST INJ EXISTING TUBE | 49465 | CPT | | | | both | | | 737 | 322.28 | UHC | Medicare | 280.24 | | | | 200 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CON

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC CONTRAST INJ EXISTING TUBE | 49465 | CPT | | | | both | | | 737 | 322.28 | WellPoint | WellPoint | 237.17 | 32.18 | | | 200 | 1782 | percent of total billed charges | |
| HC CONTRAST INJ EXISTING TUBE | 49465 | CPT | | | | both | | | 737 | 322.28 | United | Oxford | 1782 | | | | 200 | 1782 | case rate | |
| HC CONTRAST INJ EXISTING TUBE | 49465 | CPT | | | | both | | | 737 | 322.28 | Qualcare | Qualcare | 552.75 | 75 | | | 200 | 1782 | percent of total billed charges | |
| HC CONTRAST INJ EXISTING TUBE | 49465 | CPT | | | | both | | | 737 | 322.28 | United | Commercial\|PPO | 1782 | | | | 200 | 1782 | case rate | |
| HC CONTRAST INJ EXISTING TUBE | 49465 | CPT | | | | both | | | 737 | 322.28 | Wellcare | Medicare | 280.24 | | | | 200 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONTRAST INJ EXISTING TUBE | 49465 | CPT | | | | both | | | 737 | 322.28 | Wellcare | Medicaid | 232.52 | 31.55 | | | 200 | 1782 | percent of total billed charges | |
| HC RPR 1ST INGUN HRNA AGE 5 YRS\> REDUCIBLE | 49505 | CPT | | | | outpatient | | | 8817 | 4550.24 | UHC | Medicaid | 2781.76 | 31.55 | | | 528.63 | 8376.15 | percent of total billed charges | |
| HC RPR 1ST INGUN HRNA AGE 5 YRS\> REDUCIBLE | 49505 | CPT | | | | outpatient | | | 8817 | 4550.24 | Aetna | Better Health | 2781.76 | 31.55 | | | 528.63 | 8376.15 | percent of total billed charges | |
| HC RPR 1ST INGUN HRNA AGE 5 YRS\> REDUCIBLE | 49505 | CPT | | | | outpatient | | | 8817 | 4550.24 | Americare | Americare | 6612.75 | 75 | | | 528.63 | 8376.15 | percent of total billed charges | |
| HC RPR 1ST INGUN HRNA AGE 5 YRS\> REDUCIBLE | 49505 | CPT | | | | outpatient | | | 8817 | 4550.24 | Consumer | Consumer | 8376.15 | 95 | | | 528.63 | 8376.15 | percent of total billed charges | |
| HC RPR 1ST INGUN HRNA AGE 5 YRS\> REDUCIBLE | 49505 | CPT | | | | outpatient | | | 8817 | 4550.24 | First Trenton | First Trenton | 7935.3 | 90 | | | 528.63 | 8376.15 | percent of total billed charges | |
| HC RPR 1ST INGUN HRNA AGE 5 YRS\> REDUCIBLE | 49505 | CPT | | | | outpatient | | | 8817 | 4550.24 | Aetna | Medicare | 3966.73 | | | | 528.63 | 8376.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR 1ST INGUN HRNA AGE 5 YRS\> REDUCIBLE | 49505 | CPT | | | | outpatient | | | 8817 | 4550.24 | Qualcare | Qualcare | 6612.75 | 75 | | | 528.63 | 8376.15 | percent of total billed charges | |
| HC RPR 1ST INGUN HRNA AGE 5 YRS\> REDUCIBLE | 49505 | CPT | | | | outpatient | | | 8817 | 4550.24 | Corrections | Corrections | 7053.6 | 80 | | | 528.63 | 8376.15 | percent of total billed charges | |
| HC RPR 1ST INGUN HRNA AGE 5 YRS\> REDUCIBLE | 49505 | CPT | | | | outpatient | | | 8817 | 4550.24 | Horizon | Indemnity | 7656.27 | | | | 528.63 | 8376.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR 1ST INGUN HRNA AGE 5 YRS\> REDUCIBLE | 49505 | CPT | | | | outpatient | | | 8817 | 4550.24 | Aetna | Commercial | 3350.46 | 38 | | | 528.63 | 8376.15 | percent of total billed charges | |
| HC RPR 1ST INGUN HRNA AGE 5 YRS\> REDUCIBLE | 49505 | CPT | | | | outpatient | | | 8817 | 4550.24 | Multiplan | Multiplan | 7053.6 | 80 | | | 528.63 | 8376.15 | percent of total billed charges | |
| HC RPR 1ST INGUN HRNA AGE 5 YRS\> REDUCIBLE | 49505 | CPT | | | | outpatient | | | 8817 | 4550.24 | Horizon | NJ Health | 528.63 | | | | 528.63 | 8376.15 | fee schedule | |
| HC RPR 1ST INGUN HRNA AGE 5 YRS\> REDUCIBLE | 49505 | CPT | | | | outpatient | | | 8817 | 4550.24 | Horizon | PPO | 7656.27 | | | | 528.63 | 8376.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR 1ST INGUN HRNA AGE 5 YRS\> REDUCIBLE | 49505 | CPT | | | | outpatient | | | 8817 | 4550.24 | Amerihealth | HMO\|PPO | 950 | | | | 528.63 | 8376.15 | fee schedule | |
| HC RPR 1ST INGUN HRNA AGE 5 YRS\> REDUCIBLE | 49505 | CPT | | | | outpatient | | | 8817 | 4550.24 | Three Rivers | Three Rivers | 8376.15 | 95 | | | 528.63 | 8376.15 | percent of total billed charges | |
| HC RPR 1ST INGUN HRNA AGE 5 YRS\> REDUCIBLE | 49505 | CPT | | | | outpatient | | | 8817 | 4550.24 | United | Oxford | 3492 | | | | 528.63 | 8376.15 | case rate | |
| HC RPR 1ST INGUN HRNA AGE 5 YRS\> REDUCIBLE | 49505 | CPT | | | | outpatient | | | 8817 | 4550.24 | Managed Care Inc | Managed Care Inc | 7935.3 | 90 | | | 528.63 | 8376.15 | percent of total billed charges | |
| HC RPR 1ST INGUN HRNA AGE 5 YRS\> REDUCIBLE | 49505 | CPT | | | | outpatient | | | 8817 | 4550.24 | Horizon | Medicare Blue | 3956.73 | | | | 528.63 | 8376.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR 1ST INGUN HRNA AGE 5 YRS\> REDUCIBLE | 49505 | CPT | | | | outpatient | | | 8817 | 4550.24 | Wellcare | Medicare | 3956.73 | | | | 528.63 | 8376.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR 1ST INGUN HRNA AGE 5 YRS\> REDUCIBLE | 49505 | CPT | | | | outpatient | | | 8817 | 4550.24 | WellPoint | WellPoint | 2837.31 | 32.18 | | | 528.63 | 8376.15 | percent of total billed charges | |
| HC RPR 1ST INGUN HRNA AGE 5 YRS\> REDUCIBLE | 49505 | CPT | | | | outpatient | | | 8817 | 4550.24 | UHC | Medicare | 3956.73 | | | | 528.63 | 8376.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR 1ST INGUN HRNA AGE 5 YRS\> REDUCIBLE | 49505 | CPT | | | | outpatient | | | 8817 | 4550.24 | First Health | First Health | 6171.9 | 70 | | | 528.63 | 8376.15 | percent of total billed charges | |
| HC RPR 1ST INGUN HRNA AGE 5 YRS\> REDUCIBLE | 49505 | CPT | | | | outpatient | | | 8817 | 4550.24 | United | Commercial\|PPO | 3492 | | | | 528.63 | 8376.15 | case rate | |
| HC RPR 1ST INGUN HRNA AGE 5 YRS\> REDUCIBLE | 49505 | CPT | | | | outpatient | | | 8817 | 4550.24 | Horizon | MGD | 7656.27 | | | | 528.63 | 8376.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR 1ST INGUN HRNA AGE 5 YRS\> REDUCIBLE | 49505 | CPT | | | | outpatient | | | 8817 | 4550.24 | Wellcare | Medicaid | 2781.76 | 31.55 | | | 528.63 | 8376.15 | percent of total billed charges | |
| HC DRAINAGE PERIRENAL/RENAL ABSCESS OPEN | 50020 | CPT | | | | outpatient | | | 2976.97 | 2678.87 | First Health | First Health | 2083.88 | 70 | | | 550 | 4507.49 | percent of total billed charges | |
| HC DRAINAGE PERIRENAL/RENAL ABSCESS OPEN | 50020 | CPT | | | | outpatient | | | 2976.97 | 2678.87 | Horizon | Indemnity | 4507.49 | | | | 550 | 4507.49 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE PERIRENAL/RENAL ABSCESS OPEN | 50020 | CPT | | | | outpatient | | | 2976.97 | 2678.87 | Aetna | Medicare | 2329.45 | | | | 550 | 4507.49 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE PERIRENAL/RENAL ABSCESS OPEN | 50020 | CPT | | | | outpatient | | | 2976.97 | 2678.87 | Aetna | Commercial | 3801.66 | | | | 550 | 4507.49 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE PERIRENAL/RENAL ABSCESS OPEN | 50020 | CPT | | | | outpatient | | | 2976.97 | 2678.87 | Aetna | Better Health | 939.23 | 31.55 | | | 550 | 4507.49 | percent of total billed charges | |
| HC DRAINAGE PERIRENAL/RENAL ABSCESS OPEN | 50020 | CPT | | | | outpatient | | | 2976.97 | 2678.87 | First Trenton | First Trenton | 2679.27 | 90 | | | 550 | 4507.49 | percent of total billed charges | |
| HC DRAINAGE PERIRENAL/RENAL ABSCESS OPEN | 50020 | CPT | | | | outpatient | | | 2976.97 | 2678.87 | Corrections | Corrections | 2381.58 | 80 | | | 550 | 4507.49 | percent of total billed charges | |
| HC DRAINAGE PERIRENAL/RENAL ABSCESS OPEN | 50020 | CPT | | | | outpatient | | | 2976.97 | 2678.87 | Americare | Americare | 2232.73 | 75 | | | 550 | 4507.49 | percent of total billed charges | |
| HC DRAINAGE PERIRENAL/RENAL ABSCESS OPEN | 50020 | CPT | | | | outpatient | | | 2976.97 | 2678.87 | Horizon | Medicare Blue | 2329.45 | | | | 550 | 4507.49 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE PERIRENAL/RENAL ABSCESS OPEN | 50020 | CPT | | | | outpatient | | | 2976.97 | 2678.87 | Horizon | PPO | 4507.49 | | | | 550 | 4507.49 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE PERIRENAL/RENAL ABSCESS OPEN | 50020 | CPT | | | | outpatient | | | 2976.97 | 2678.87 | Horizon | MGD | 4507.49 | | | | 550 | 4507.49 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE PERIRENAL/RENAL ABSCESS OPEN | 50020 | CPT | | | | outpatient | | | 2976.97 | 2678.87 | Multiplan | Multiplan | 2381.58 | 80 | | | 550 | 4507.49 | percent of total billed charges | |
| HC DRAINAGE PERIRENAL/RENAL ABSCESS OPEN | 50020 | CPT | | | | outpatient | | | 2976.97 | 2678.87 | Amerihealth | HMO\|PPO | 550 | | | | 550 | 4507.49 | fee schedule | |
| HC DRAINAGE PERIRENAL/RENAL ABSCESS OPEN | 50020 | CPT | | | | outpatient | | | 2976.97 | 2678.87 | Managed Care Inc | Managed Care Inc | 2679.27 | 90 | | | 550 | 4507.49 | percent of total billed charges | |
| HC DRAINAGE PERIRENAL/RENAL ABSCESS OPEN | 50020 | CPT | | | | outpatient | | | 2976.97 | 2678.87 | WellPoint | WellPoint | 957.99 | 32.18 | | | 550 | 4507.49 | percent of total billed charges | |
| HC DRAINAGE PERIRENAL/RENAL ABSCESS OPEN | 50020 | CPT | | | | outpatient | | | 2976.97 | 2678.87 | Consumer | Consumer | 2828.12 | 95 | | | 550 | 4507.49 | percent of total billed charges | |
| HC DRAINAGE PERIRENAL/RENAL ABSCESS OPEN | 50020 | CPT | | | | outpatient | | | 2976.97 | 2678.87 | United | Oxford | 2776 | | | | 550 | 4507.49 | case rate | |
| HC DRAINAGE PERIRENAL/RENAL ABSCESS OPEN | 50020 | CPT | | | | outpatient | | | 2976.97 | 2678.87 | UHC | Medicaid | 939.23 | 31.55 | | | 550 | 4507.49 | percent of total billed charges | |
| HC DRAINAGE PERIRENAL/RENAL ABSCESS OPEN | 50020 | CPT | | | | outpatient | | | 2976.97 | 2678.87 | Wellcare | Medicaid | 939.23 | 31.55 | | | 550 | 4507.49 | percent of total billed charges | |
| HC DRAINAGE PERIRENAL/RENAL ABSCESS OPEN | 50020 | CPT | | | | outpatient | | | 2976.97 | 2678.87 | Qualcare | Qualcare | 2232.73 | 75 | | | 550 | 4507.49 | percent of total billed charges | |
| HC DRAINAGE PERIRENAL/RENAL ABSCESS OPEN | 50020 | CPT | | | | outpatient | | | 2976.97 | 2678.87 | Wellcare | Medicare | 2329.45 | | | | 550 | 4507.49 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE PERIRENAL/RENAL ABSCESS OPEN | 50020 | CPT | | | | outpatient | | | 2976.97 | 2678.87 | Horizon | NJ Health | 645.08 | | | | 550 | 4507.49 | fee schedule | |
| HC DRAINAGE PERIRENAL/RENAL ABSCESS OPEN | 50020 | CPT | | | | outpatient | | | 2976.97 | 2678.87 | UHC | Medicare | 2329.45 | | | | 550 | 4507.49 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE PERIRENAL/RENAL ABSCESS OPEN | 50020 | CPT | | | | outpatient | | | 2976.97 | 2678.87 | Three Rivers | Three Rivers | 2828.12 | 95 | | | 550 | 4507.49 | percent of total billed charges | |
| HC DRAINAGE PERIRENAL/RENAL ABSCESS OPEN | 50020 | CPT | | | | outpatient | | | 2976.97 | 2678.87 | United | Commercial\|PPO | 2776 | | | | 550 | 4507.49 | case rate | |
| HC BIOPSY RENAL | 50200 | CPT | | | | both | | | 5515 | 2132.36 | First Health | First Health | 3860.5 | 70 | | | 82.32 | 5239.25 | percent of total billed charges | |
| HC BIOPSY RENAL | 50200 | CPT | | | | both | | | 5515 | 2132.36 | Horizon | MGD | 3587.94 | | | | 82.32 | 5239.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY RENAL | 50200 | CPT | | | | both | | | 5515 | 2132.36 | Aetna | Medicare | 1854.23 | | | | 82.32 | 5239.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY RENAL | 50200 | CPT | | | | both | | | 5515 | 2132.36 | Aetna | Better Health | 1739.98 | 31.55 | | 425.53 | 82.32 | 5239.25 | percent of total billed charges | |
| HC BIOPSY RENAL | 50200 | CPT | | | | both | | | 5515 | 2132.36 | Aetna | Commercial | 2095.7 | 38 | | 1110.4 | 82.32 | 5239.25 | percent of total billed charges | |
| HC BIOPSY RENAL | 50200 | CPT | | | | both | | | 5515 | 2132.36 | Horizon | PPO | 3587.94 | | | | 82.32 | 5239.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY RENAL | 50200 | CPT | | | | both | | | 5515 | 2132.36 | Multiplan | Multiplan | 4412 | 80 | | | 82.32 | 5239.25 | percent of total billed charges | |
| HC BIOPSY RENAL | 50200 | CPT | | | | both | | | 5515 | 2132.36 | Americare | Americare | 4136.25 | 75 | | | 82.32 | 5239.25 | percent of total billed charges | |
| HC BIOPSY RENAL | 50200 | CPT | | | | both | | | 5515 | 2132.36 | First Trenton | First Trenton | 4963.5 | 90 | | | 82.32 | 5239.25 | percent of total billed charges | |
| HC BIOPSY RENAL | 50200 | CPT | | | | both | | | 5515 | 2132.36 | UHC | Medicaid | 1739.98 | 31.55 | | | 82.32 | 5239.25 | percent of total billed charges | |
| HC BIOPSY RENAL | 50200 | CPT | | | | both | | | 5515 | 2132.36 | Consumer | Consumer | 5239.25 | 95 | | | 82.32 | 5239.25 | percent of total billed charges | |
| HC BIOPSY RENAL | 50200 | CPT | | | | both | | | 5515 | 2132.36 | Wellcare | Medicaid | 1739.98 | 31.55 | | | 82.32 | 5239.25 | percent of total billed charges | |
| HC BIOPSY RENAL | 50200 | CPT | | | | both | | | 5515 | 2132.36 | Amerihealth | HMO\|PPO | 650 | | | | 82.32 | 5239.25 | fee schedule | |
| HC BIOPSY RENAL | 50200 | CPT | | | | both | | | 5515 | 2132.36 | Horizon | Medicare Blue | 1854.23 | | | | 82.32 | 5239.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY RENAL | 50200 | CPT | | | | both | | | 5515 | 2132.36 | Qualcare | Qualcare | 4136.25 | 75 | | | 82.32 | 5239.25 | percent of total billed charges | |
| HC BIOPSY RENAL | 50200 | CPT | | | | both | | | 5515 | 2132.36 | WellPoint | WellPoint | 1774.73 | 32.18 | | 768.23 | 82.32 | 5239.25 | percent of total billed charges | |
| HC BIOPSY RENAL | 50200 | CPT | | | | both | | | 5515 | 2132.36 | Managed Care Inc | Managed Care Inc | 4963.5 | 90 | | | 82.32 | 5239.25 | percent of total billed charges | |
| HC BIOPSY RENAL | 50200 | CPT | | | | both | | | 5515 | 2132.36 | United | Oxford | 2493 | | | | 82.32 | 5239.25 | case rate | |
| HC BIOPSY RENAL | 50200 | CPT | | | | both | | | 5515 | 2132.36 | Corrections | Corrections | 4412 | 80 | | | 82.32 | 5239.25 | percent of total billed charges | |
| HC BIOPSY RENAL | 50200 | CPT | | | | both | | | 5515 | 2132.36 | Horizon | Indemnity | 3587.94 | | | | 82.32 | 5239.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY RENAL | 50200 | CPT | | | | both | | | 5515 | 2132.36 | Horizon | NJ Health | 82.32 | | | | 82.32 | 5239.25 | fee schedule | |
| HC BIOPSY RENAL | 50200 | CPT | | | | both | | | 5515 | 2132.36 | Three Rivers | Three Rivers | 5239.25 | 95 | | | 82.32 | 5239.25 | percent of total billed charges | |
| HC BIOPSY RENAL | 50200 | CPT | | | | both | | | 5515 | 2132.36 | UHC | Medicare | 1854.23 | | | 793.02 | 82.32 | 5239.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY RENAL | 50200 | CPT | | | | both | | | 5515 | 2132.36 | United | Commercial\|PPO | 2493 | | | | 82.32 | 5239.25 | case rate | |
| HC BIOPSY RENAL | 50200 | CPT | | | | both | | | 5515 | 2132.36 | Wellcare | Medicare | 1854.23 | | | | 82.32 | 5239.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL & REPLACE OF INTERNAL | 50382 | CPT | | | | outpatient | | | 6758 | 2678.87 | Aetna | Better Health | 2132.15 | 31.55 | | | 320 | 6420.1 | percent of total billed charges | |
| HC REMOVAL & REPLACE OF INTERNAL | 50382 | CPT | | | | outpatient | | | 6758 | 2678.87 | Wellcare | Medicare | 2329.45 | | | | 320 | 6420.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL & REPLACE OF INTERNAL | 50382 | CPT | | | | outpatient | | | 6758 | 2678.87 | Aetna | Medicare | 2329.45 | | | | 320 | 6420.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL & REPLACE OF INTERNAL | 50382 | CPT | | | | outpatient | | | 6758 | 2678.87 | Three Rivers | Three Rivers | 6420.1 | 95 | | | 320 | 6420.1 | percent of total billed charges | |
| HC REMOVAL & REPLACE OF INTERNAL | 50382 | CPT | | | | outpatient | | | 6758 | 2678.87 | Horizon | Medicare Blue | 2329.45 | | | | 320 | 6420.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL & REPLACE OF INTERNAL | 50382 | CPT | | | | outpatient | | | 6758 | 2678.87 | Multiplan | Multiplan | 5406.4 | 80 | | | 320 | 6420.1 | percent of total billed charges | |
| HC REMOVAL & REPLACE OF INTERNAL | 50382 | CPT | | | | outpatient | | | 6758 | 2678.87 | Aetna | Commercial | 2568.04 | 38 | | | 320 | 6420.1 | percent of total billed charges | |
| HC REMOVAL & REPLACE OF INTERNAL | 50382 | CPT | | | | outpatient | | | 6758 | 2678.87 | Corrections | Corrections | 5406.4 | 80 | | | 320 | 6420.1 | percent of total billed charges | |
| HC REMOVAL & REPLACE OF INTERNAL | 50382 | CPT | | | | outpatient | | | 6758 | 2678.87 | Amerihealth | HMO\|PPO | 320 | | | | 320 | 6420.1 | fee schedule | |
| HC REMOVAL & REPLACE OF INTERNAL | 50382 | CPT | | | | outpatient | | | 6758 | 2678.87 | Qualcare | Qualcare | 5068.5 | 75 | | | 320 | 6420.1 | percent of total billed charges | |
| HC REMOVAL & REPLACE OF INTERNAL | 50382 | CPT | | | | outpatient | | | 6758 | 2678.87 | Americare | Americare | 5068.5 | 75 | | | 320 | 6420.1 | percent of total billed charges | |
| HC REMOVAL & REPLACE OF INTERNAL | 50382 | CPT | | | | outpatient | | | 6758 | 2678.87 | UHC | Medicaid | 2132.15 | 31.55 | | | 320 | 6420.1 | percent of total billed charges | |
| HC REMOVAL & REPLACE OF INTERNAL | 50382 | CPT | | | | outpatient | | | 6758 | 2678.87 | UHC | Medicare | 2329.45 | | | | 320 | 6420.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL & REPLACE OF INTERNAL | 50382 | CPT | | | | outpatient | | | 6758 | 2678.87 | First Trenton | First Trenton | 6082.2 | 90 | | | 320 | 6420.1 | percent of total billed charges | |
| HC REMOVAL & REPLACE OF INTERNAL | 50382 | CPT | | | | outpatient | | | 6758 | 2678.87 | Consumer | Consumer | 6420.1 | 95 | | | 320 | 6420.1 | percent of total billed charges | |
| HC REMOVAL & REPLACE OF INTERNAL | 50382 | CPT | | | | outpatient | | | 6758 | 2678.87 | Horizon | Indemnity | 4507.49 | | | | 320 | 6420.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL & REPLACE OF INTERNAL | 50382 | CPT | | | | outpatient | | | 6758 | 2678.87 | First Health | First Health | 4730.6 | 70 | | | 320 | 6420.1 | percent of total billed charges | |
| HC REMOVAL & REPLACE OF INTERNAL | 50382 | CPT | | | | outpatient | | | 6758 | 2678.87 | Horizon | NJ Health | 1374.69 | | | | 320 | 6420.1 | fee schedule | |
| HC REMOVAL & REPLACE OF INTERNAL | 50382 | CPT | | | | outpatient | | | 6758 | 2678.87 | United | Oxford | 2776 | | | | 320 | 6420.1 | case rate | |
| HC REMOVAL & REPLACE OF INTERNAL | 50382 | CPT | | | | outpatient | | | 6758 | 2678.87 | Horizon | PPO | 4507.49 | | | | 320 | 6420.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL & REPLACE OF INTERNAL | 50382 | CPT | | | | outpatient | | | 6758 | 2678.87 | Horizon | MGD | 4507.49 | | | | 320 | 6420.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL & REPLACE OF INTERNAL | 50382 | CPT | | | | outpatient | | | 6758 | 2678.87 | Managed Care Inc | Managed Care Inc | 6082.2 | 90 | | | 320 | 6420.1 | percent of total billed charges | |
| HC REMOVAL & REPLACE OF INTERNAL | 50382 | CPT | | | | outpatient | | | 6758 | 2678.87 | Wellcare | Medicaid | 2132.15 | 31.55 | | | 320 | 6420.1 | percent of total billed charges | |
| HC REMOVAL & REPLACE OF INTERNAL | 50382 | CPT | | | | outpatient | | | 6758 | 2678.87 | United | Commercial\|PPO | 2776 | | | | 320 | 6420.1 | case rate | |
| HC REMOVAL & REPLACE OF INTERNAL | 50382 | CPT | | | | outpatient | | | 6758 | 2678.87 | WellPoint | WellPoint | 2174.72 | 32.18 | | | 320 | 6420.1 | percent of total billed charges | |
| HC NEPHROSTOMY TUBE REMOVAL | 50389 | CPT | | | | both | | | 2435 | 898.44 | Corrections | Corrections | 1948 | 80 | | | 300 | 2313.25 | percent of total billed charges | |
| HC NEPHROSTOMY TUBE REMOVAL | 50389 | CPT | | | | both | | | 2435 | 898.44 | Aetna | Better Health | 768.24 | 31.55 | | | 300 | 2313.25 | percent of total billed charges | |
| HC NEPHROSTOMY TUBE REMOVAL | 50389 | CPT | | | | both | | | 2435 | 898.44 | Aetna | Commercial | 1275 | | | | 300 | 2313.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEPHROSTOMY TUBE REMOVAL | 50389 | CPT | | | | both | | | 2435 | 898.44 | Aetna | Medicare | 781.25 | | | | 300 | 2313.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEPHROSTOMY TUBE REMOVAL | 50389 | CPT | | | | both | | | 2435 | 898.44 | First Trenton | First Trenton | 2191.5 | 90 | | | 300 | 2313.25 | percent of total billed charges | |
| HC NEPHROSTOMY TUBE REMOVAL | 50389 | CPT | | | | both | | | 2435 | 898.44 | Amerihealth | HMO\|PPO | 300 | | | | 300 | 2313.25 | fee schedule | |
| HC NEPHROSTOMY TUBE REMOVAL | 50389 | CPT | | | | both | | | 2435 | 898.44 | Consumer | Consumer | 2313.25 | 95 | | | 300 | 2313.25 | percent of total billed charges | |
| HC NEPHROSTOMY TUBE REMOVAL | 50389 | CPT | | | | both | | | 2435 | 898.44 | Horizon | MGD | 1511.72 | | | | 300 | 2313.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEPHROSTOMY TUBE REMOVAL | 50389 | CPT | | | | both | | | 2435 | 898.44 | UHC | Medicaid | 768.24 | 31.55 | | | 300 | 2313.25 | percent of total billed charges | |
| HC NEPHROSTOMY TUBE REMOVAL | 50389 | CPT | | | | both | | | 2435 | 898.44 | Three Rivers | Three Rivers | 2313.25 | 95 | | | 300 | 2313.25 | percent of total billed charges | |
| HC NEPHROSTOMY TUBE REMOVAL | 50389 | CPT | | | | both | | | 2435 | 898.44 | Americare | Americare | 1826.25 | 75 | | | 300 | 2313.25 | percent of total billed charges | |
| HC NEPHROSTOMY TUBE REMOVAL | 50389 | CPT | | | | both | | | 2435 | 898.44 | First Health | First Health | 1704.5 | 70 | | | 300 | 2313.25 | percent of total billed charges | |
| HC NEPHROSTOMY TUBE REMOVAL | 50389 | CPT | | | | both | | | 2435 | 898.44 | Horizon | NJ Health | 458.62 | | | | 300 | 2313.25 | fee schedule | |
| HC NEPHROSTOMY TUBE REMOVAL | 50389 | CPT | | | | both | | | 2435 | 898.44 | United | Oxford | 1817 | | | | 300 | 2313.25 | case rate | |
| HC NEPHROSTOMY TUBE REMOVAL | 50389 | CPT | | | | both | | | 2435 | 898.44 | Multiplan | Multiplan | 1948 | 80 | | | 300 | 2313.25 | percent of total billed charges | |
| HC NEPHROSTOMY TUBE REMOVAL | 50389 | CPT | | | | both | | | 2435 | 898.44 | Horizon | Indemnity | 1511.72 | | | | 300 | 2313.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEPHROSTOMY TUBE REMOVAL | 50389 | CPT | | | | both | | | 2435 | 898.44 | United | Commercial\|PPO | 1817 | | | | 300 | 2313.25 | case rate | |
| HC NEPHROSTOMY TUBE REMOVAL | 50389 | CPT | | | | both | | | 2435 | 898.44 | Horizon | Medicare Blue | 781.25 | | | | 300 | 2313.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEPHROSTOMY TUBE REMOVAL | 50389 | CPT | | | | both | | | 2435 | 898.44 | Qualcare | Qualcare | 1826.25 | 75 | | | 300 | 2313.25 | percent of total billed charges | |
| HC NEPHROSTOMY TUBE REMOVAL | 50389 | CPT | | | | both | | | 2435 | 898.44 | UHC | Medicare | 781.25 | | | | 300 | 2313.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEPHROSTOMY TUBE REMOVAL | 50389 | CPT | | | | both | | | 2435 | 898.44 | Horizon | PPO | 1511.72 | | | | 300 | 2313.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEPHROSTOMY TUBE REMOVAL | 50389 | CPT | | | | both | | | 2435 | 898.44 | Wellcare | Medicaid | 768.24 | 31.55 | | | 300 | 2313.25 | percent of total billed charges | |
| HC NEPHROSTOMY TUBE REMOVAL | 50389 | CPT | | | | both | | | 2435 | 898.44 | WellPoint | WellPoint | 783.58 | 32.18 | | | 300 | 2313.25 | percent of total billed charges | |
| HC NEPHROSTOMY TUBE REMOVAL | 50389 | CPT | | | | both | | | 2435 | 898.44 | Managed Care Inc | Managed Care Inc | 2191.5 | 90 | | | 300 | 2313.25 | percent of total billed charges | |
| HC NEPHROSTOMY TUBE REMOVAL | 50389 | CPT | | | | both | | | 2435 | 898.44 | Wellcare | Medicare | 781.25 | | | | 300 | 2313.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASPIR &/NJX RENAL CYST/PELVIS NEEDLE PRQ | 50390 | CPT | | | | outpatient | | | 3309 | 925.36 | Corrections | Corrections | 2647.2 | 80 | | | 82.32 | 3143.55 | percent of total billed charges | |
| HC ASPIR &/NJX RENAL CYST/PELVIS NEEDLE PRQ | 50390 | CPT | | | | outpatient | | | 3309 | 925.36 | Aetna | Commercial | 1313.21 | | | | 82.32 | 3143.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASPIR &/NJX RENAL CYST/PELVIS NEEDLE PRQ | 50390 | CPT | | | | outpatient | | | 3309 | 925.36 | Aetna | Medicare | 804.66 | | | | 82.32 | 3143.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASPIR &/NJX RENAL CYST/PELVIS NEEDLE PRQ | 50390 | CPT | | | | outpatient | | | 3309 | 925.36 | Americare | Americare | 2481.75 | 75 | | | 82.32 | 3143.55 | percent of total billed charges | |
| HC ASPIR &/NJX RENAL CYST/PELVIS NEEDLE PRQ | 50390 | CPT | | | | outpatient | | | 3309 | 925.36 | Consumer | Consumer | 3143.55 | 95 | | | 82.32 | 3143.55 | percent of total billed charges | |
| HC ASPIR &/NJX RENAL CYST/PELVIS NEEDLE PRQ | 50390 | CPT | | | | outpatient | | | 3309 | 925.36 | Horizon | Medicare Blue | 804.66 | | | | 82.32 | 3143.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASPIR &/NJX RENAL CYST/PELVIS NEEDLE PRQ | 50390 | CPT | | | | outpatient | | | 3309 | 925.36 | Aetna | Better Health | 1043.99 | 31.55 | | | 82.32 | 3143.55 | percent of total billed charges | |
| HC ASPIR &/NJX RENAL CYST/PELVIS NEEDLE PRQ | 50390 | CPT | | | | outpatient | | | 3309 | 925.36 | Amerihealth | HMO\|PPO | 650 | | | | 82.32 | 3143.55 | fee schedule | |
| HC ASPIR &/NJX RENAL CYST/PELVIS NEEDLE PRQ | 50390 | CPT | | | | outpatient | | | 3309 | 925.36 | Horizon | Indemnity | 1557.02 | | | | 82.32 | 3143.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASPIR &/NJX RENAL CYST/PELVIS NEEDLE PRQ | 50390 | CPT | | | | outpatient | | | 3309 | 925.36 | Wellcare | Medicaid | 1043.99 | 31.55 | | | 82.32 | 3143.55 | percent of total billed charges | |
| HC ASPIR &/NJX RENAL CYST/PELVIS NEEDLE PRQ | 50390 | CPT | | | | outpatient | | | 3309 | 925.36 | First Health | First Health | 2316.3 | 70 | | | 82.32 | 3143.55 | percent of total billed charges | |
| HC ASPIR &/NJX RENAL CYST/PELVIS NEEDLE PRQ | 50390 | CPT | | | | outpatient | | | 3309 | 925.36 | Horizon | MGD | 1557.02 | | | | 82.32 | 3143.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASPIR &/NJX RENAL CYST/PELVIS NEEDLE PRQ | 50390 | CPT | | | | outpatient | | | 3309 | 925.36 | First Trenton | First Trenton | 2978.1 | 90 | | | 82.32 | 3143.55 | percent of total billed charges | |
| HC ASPIR &/NJX RENAL CYST/PELVIS NEEDLE PRQ | 50390 | CPT | | | | outpatient | | | 3309 | 925.36 | UHC | Medicare | 

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC ASPIR &NUX RENAL CYST/PELVIS NEEDLE PRQ | 50390 | CPT | | | | outpatient | | | 3309 | 925.36 | Wellcare | Medicare | 804.66 | | | | 82.32 | 3143.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASPIR &NUX RENAL CYST/PELVIS NEEDLE PRQ | 50390 | CPT | | | | outpatient | | | 3309 | 925.36 | Qualcare | Qualcare | 2481.75 | 75 | | | 82.32 | 3143.55 | percent of total billed charges | |
| HC ASPIR &NUX RENAL CYST/PELVIS NEEDLE PRQ | 50390 | CPT | | | | outpatient | | | 3309 | 925.36 | Horizon | NJ Health | 82.32 | | | | 82.32 | 3143.55 | fee schedule | |
| HC ASPIR &NUX RENAL CYST/PELVIS NEEDLE PRQ | 50390 | CPT | | | | outpatient | | | 3309 | 925.36 | United | CommercialPPO | 1817 | | | | 82.32 | 3143.55 | case rate | |
| HC ASPIR &NUX RENAL CYST/PELVIS NEEDLE PRQ | 50390 | CPT | | | | outpatient | | | 3309 | 925.36 | Managed Care Inc | Managed Care Inc | 2978.1 | 90 | | | 82.32 | 3143.55 | percent of total billed charges | |
| HC ASPIR &NUX RENAL CYST/PELVIS NEEDLE PRQ | 50390 | CPT | | | | outpatient | | | 3309 | 925.36 | WellPoint | WellPoint | 1064.84 | 32.18 | | | 82.32 | 3143.55 | percent of total billed charges | |
| HC ASPIR &NUX RENAL CYST/PELVIS NEEDLE PRQ | 50390 | CPT | | | | outpatient | | | 3309 | 925.36 | Three Rivers | Three Rivers | 3143.55 | 95 | | | 82.32 | 3143.55 | percent of total billed charges | |
| HC ASPIR &NUX RENAL CYST/PELVIS NEEDLE PRQ | 50390 | CPT | | | | outpatient | | | 3309 | 925.36 | United | Oxford | 1817 | | | | 82.32 | 3143.55 | case rate | |
| HC INJECT THRU NEW PCN W/NEPHROSTOGRAM INC | 50430 | CPT | | | | both | | | 2369 | 898.44 | Aetna | Better Health | 747.42 | 31.55 | | | 125 | 2250.55 | percent of total billed charges | |
| HC INJECT THRU NEW PCN W/NEPHROSTOGRAM INC | 50430 | CPT | | | | both | | | 2369 | 898.44 | Horizon | Indemnity | 1511.72 | | | | 125 | 2250.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECT THRU NEW PCN W/NEPHROSTOGRAM INC | 50430 | CPT | | | | both | | | 2369 | 898.44 | Aetna | Commercial | 1275 | | | | 125 | 2250.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECT THRU NEW PCN W/NEPHROSTOGRAM INC | 50430 | CPT | | | | both | | | 2369 | 898.44 | Americare | Americare | 1776.75 | 75 | | | 125 | 2250.55 | percent of total billed charges | |
| HC INJECT THRU NEW PCN W/NEPHROSTOGRAM INC | 50430 | CPT | | | | both | | | 2369 | 898.44 | Consumer | Consumer | 2250.55 | 95 | | | 125 | 2250.55 | percent of total billed charges | |
| HC INJECT THRU NEW PCN W/NEPHROSTOGRAM INC | 50430 | CPT | | | | both | | | 2369 | 898.44 | Horizon | Medicare Blue | 781.25 | | | | 125 | 2250.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECT THRU NEW PCN W/NEPHROSTOGRAM INC | 50430 | CPT | | | | both | | | 2369 | 898.44 | Corrections | Corrections | 1895.2 | 80 | | | 125 | 2250.55 | percent of total billed charges | |
| HC INJECT THRU NEW PCN W/NEPHROSTOGRAM INC | 50430 | CPT | | | | both | | | 2369 | 898.44 | Aetna | Medicare | 781.25 | | | | 125 | 2250.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECT THRU NEW PCN W/NEPHROSTOGRAM INC | 50430 | CPT | | | | both | | | 2369 | 898.44 | First Health | First Health | 1658.3 | 70 | | | 125 | 2250.55 | percent of total billed charges | |
| HC INJECT THRU NEW PCN W/NEPHROSTOGRAM INC | 50430 | CPT | | | | both | | | 2369 | 898.44 | Horizon | PPO | 1511.72 | | | | 125 | 2250.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECT THRU NEW PCN W/NEPHROSTOGRAM INC | 50430 | CPT | | | | both | | | 2369 | 898.44 | Multiplan | Multiplan | 1895.2 | 80 | | | 125 | 2250.55 | percent of total billed charges | |
| HC INJECT THRU NEW PCN W/NEPHROSTOGRAM INC | 50430 | CPT | | | | both | | | 2369 | 898.44 | Amerihealth | HMO/PPO | 125 | | | | 125 | 2250.55 | fee schedule | |
| HC INJECT THRU NEW PCN W/NEPHROSTOGRAM INC | 50430 | CPT | | | | both | | | 2369 | 898.44 | UHC | Medicaid | 747.42 | 31.55 | | | 125 | 2250.55 | percent of total billed charges | |
| HC INJECT THRU NEW PCN W/NEPHROSTOGRAM INC | 50430 | CPT | | | | both | | | 2369 | 898.44 | UHC | Medicare | 781.25 | | | | 125 | 2250.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECT THRU NEW PCN W/NEPHROSTOGRAM INC | 50430 | CPT | | | | both | | | 2369 | 898.44 | Horizon | NJ Health | 573.61 | | | | 125 | 2250.55 | fee schedule | |
| HC INJECT THRU NEW PCN W/NEPHROSTOGRAM INC | 50430 | CPT | | | | both | | | 2369 | 898.44 | First Trenton | First Trenton | 2132.1 | 90 | | | 125 | 2250.55 | percent of total billed charges | |
| HC INJECT THRU NEW PCN W/NEPHROSTOGRAM INC | 50430 | CPT | | | | both | | | 2369 | 898.44 | Wellcare | Medicaid | 747.42 | 31.55 | | | 125 | 2250.55 | percent of total billed charges | |
| HC INJECT THRU NEW PCN W/NEPHROSTOGRAM INC | 50430 | CPT | | | | both | | | 2369 | 898.44 | United | CommercialPPO | 1817 | | | | 125 | 2250.55 | case rate | |
| HC INJECT THRU NEW PCN W/NEPHROSTOGRAM INC | 50430 | CPT | | | | both | | | 2369 | 898.44 | Qualcare | Qualcare | 1776.75 | 75 | | | 125 | 2250.55 | percent of total billed charges | |
| HC INJECT THRU NEW PCN W/NEPHROSTOGRAM INC | 50430 | CPT | | | | both | | | 2369 | 898.44 | Horizon | MGD | 1511.72 | | | | 125 | 2250.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECT THRU NEW PCN W/NEPHROSTOGRAM INC | 50430 | CPT | | | | both | | | 2369 | 898.44 | United | Oxford | 1817 | | | | 125 | 2250.55 | case rate | |
| HC INJECT THRU NEW PCN W/NEPHROSTOGRAM INC | 50430 | CPT | | | | both | | | 2369 | 898.44 | WellPoint | WellPoint | 762.34 | 32.18 | | 733.57 | 125 | 2250.55 | percent of total billed charges | |
| HC INJECT THRU NEW PCN W/NEPHROSTOGRAM INC | 50430 | CPT | | | | both | | | 2369 | 898.44 | Wellcare | Medicare | 781.25 | | | | 125 | 2250.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECT THRU NEW PCN W/NEPHROSTOGRAM INC | 50430 | CPT | | | | both | | | 2369 | 898.44 | Managed Care Inc | Managed Care Inc | 2132.1 | 90 | | | 125 | 2250.55 | percent of total billed charges | |
| HC INJECT THRU NEW PCN W/NEPHROSTOGRAM INC | 50430 | CPT | | | | both | | | 2369 | 898.44 | Three Rivers | Three Rivers | 2250.55 | 95 | | | 125 | 2250.55 | percent of total billed charges | |
| HC NEPHROSTOGRAM THRU EXISTING AC | 50431 | CPT | | | | both | | | 2369 | 898.44 | Corrections | Corrections | 1895.2 | 80 | | | 125 | 2250.55 | percent of total billed charges | |
| HC NEPHROSTOGRAM THRU EXISTING AC | 50431 | CPT | | | | both | | | 2369 | 898.44 | First Health | First Health | 1658.3 | 70 | | | 125 | 2250.55 | percent of total billed charges | |
| HC NEPHROSTOGRAM THRU EXISTING AC | 50431 | CPT | | | | both | | | 2369 | 898.44 | Wellcare | Medicare | 781.25 | | | | 125 | 2250.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEPHROSTOGRAM THRU EXISTING AC | 50431 | CPT | | | | both | | | 2369 | 898.44 | Americare | Americare | 1776.75 | 75 | | | 125 | 2250.55 | percent of total billed charges | |
| HC NEPHROSTOGRAM THRU EXISTING AC | 50431 | CPT | | | | both | | | 2369 | 898.44 | Aetna | Commercial | 1275 | | | | 125 | 2250.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEPHROSTOGRAM THRU EXISTING AC | 50431 | CPT | | | | both | | | 2369 | 898.44 | Horizon | Indemnity | 1511.72 | | | | 125 | 2250.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEPHROSTOGRAM THRU EXISTING AC | 50431 | CPT | | | | both | | | 2369 | 898.44 | Aetna | Better Health | 747.42 | 31.55 | | | 125 | 2250.55 | percent of total billed charges | |
| HC NEPHROSTOGRAM THRU EXISTING AC | 50431 | CPT | | | | both | | | 2369 | 898.44 | Aetna | Medicare | 781.25 | | | | 125 | 2250.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEPHROSTOGRAM THRU EXISTING AC | 50431 | CPT | | | | both | | | 2369 | 898.44 | Multiplan | Multiplan | 1895.2 | 80 | | | 125 | 2250.55 | percent of total billed charges | |
| HC NEPHROSTOGRAM THRU EXISTING AC | 50431 | CPT | | | | both | | | 2369 | 898.44 | Horizon | Medicare Blue | 781.25 | | | | 125 | 2250.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEPHROSTOGRAM THRU EXISTING AC | 50431 | CPT | | | | both | | | 2369 | 898.44 | Consumer | Consumer | 2250.55 | 95 | | | 125 | 2250.55 | percent of total billed charges | |
| HC NEPHROSTOGRAM THRU EXISTING AC | 50431 | CPT | | | | both | | | 2369 | 898.44 | Amerihealth | HMO/PPO | 125 | | | | 125 | 2250.55 | fee schedule | |
| HC NEPHROSTOGRAM THRU EXISTING AC | 50431 | CPT | | | | both | | | 2369 | 898.44 | Qualcare | Qualcare | 1776.75 | 75 | | | 125 | 2250.55 | percent of total billed charges | |
| HC NEPHROSTOGRAM THRU EXISTING AC | 50431 | CPT | | | | both | | | 2369 | 898.44 | Horizon | PPO | 1511.72 | | | | 125 | 2250.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEPHROSTOGRAM THRU EXISTING AC | 50431 | CPT | | | | both | | | 2369 | 898.44 | United | Oxford | 1817 | | | | 125 | 2250.55 | case rate | |
| HC NEPHROSTOGRAM THRU EXISTING AC | 50431 | CPT | | | | both | | | 2369 | 898.44 | First Trenton | First Trenton | 2132.1 | 90 | | | 125 | 2250.55 | percent of total billed charges | |
| HC NEPHROSTOGRAM THRU EXISTING AC | 50431 | CPT | | | | both | | | 2369 | 898.44 | Wellcare | Medicaid | 747.42 | 31.55 | | | 125 | 2250.55 | percent of total billed charges | |
| HC NEPHROSTOGRAM THRU EXISTING AC | 50431 | CPT | | | | both | | | 2369 | 898.44 | UHC | Medicare | 781.25 | | | | 125 | 2250.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEPHROSTOGRAM THRU EXISTING AC | 50431 | CPT | | | | both | | | 2369 | 898.44 | Horizon | MGD | 1511.72 | | | | 125 | 2250.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEPHROSTOGRAM THRU EXISTING AC | 50431 | CPT | | | | both | | | 2369 | 898.44 | UHC | Medicaid | 747.42 | 31.55 | | | 125 | 2250.55 | percent of total billed charges | |
| HC NEPHROSTOGRAM THRU EXISTING AC | 50431 | CPT | | | | both | | | 2369 | 898.44 | Horizon | NJ Health | 178.01 | | | | 125 | 2250.55 | fee schedule | |
| HC NEPHROSTOGRAM THRU EXISTING AC | 50431 | CPT | | | | both | | | 2369 | 898.44 | United | CommercialPPO | 1817 | | | | 125 | 2250.55 | case rate | |
| HC NEPHROSTOGRAM THRU EXISTING AC | 50431 | CPT | | | | both | | | 2369 | 898.44 | Managed Care Inc | Managed Care Inc | 2132.1 | 90 | | | 125 | 2250.55 | percent of total billed charges | |
| HC NEPHROSTOGRAM THRU EXISTING AC | 50431 | CPT | | | | both | | | 2369 | 898.44 | WellPoint | WellPoint | 762.34 | 32.18 | | | 125 | 2250.55 | percent of total billed charges | |
| HC NEPHROSTOGRAM THRU EXISTING AC | 50431 | CPT | | | | both | | | 2369 | 898.44 | Three Rivers | Three Rivers | 2250.55 | 95 | | | 125 | 2250.55 | percent of total billed charges | |
| HC PLACE PCN CATH. W/ NEPHROSTOGR | 50432 | CPT | | | | both | | | 6794 | 2678.87 | Consumer | Consumer | 6454.3 | 95 | | | 650 | 6454.3 | percent of total billed charges | |
| HC PLACE PCN CATH. W/ NEPHROSTOGR | 50432 | CPT | | | | both | | | 6794 | 2678.87 | Amerihealth | HMO/PPO | 650 | | | | 650 | 6454.3 | fee schedule | |
| HC PLACE PCN CATH. W/ NEPHROSTOGR | 50432 | CPT | | | | both | | | 6794 | 2678.87 | Aetna | Commercial | 3801.66 | | | | 650 | 6454.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE PCN CATH. W/ NEPHROSTOGR | 50432 | CPT | | | | both | | | 6794 | 2678.87 | First Health | First Health | 4755.8 | 70 | | | 650 | 6454.3 | percent of total billed charges | |
| HC PLACE PCN CATH. W/ NEPHROSTOGR | 50432 | CPT | | | | both | | | 6794 | 2678.87 | Aetna | Medicare | 2329.45 | | | | 650 | 6454.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE PCN CATH. W/ NEPHROSTOGR | 50432 | CPT | | | | both | | | 6794 | 2678.87 | Americare | Americare | 5095.5 | 75 | | | 650 | 6454.3 | percent of total billed charges | |
| HC PLACE PCN CATH. W/ NEPHROSTOGR | 50432 | CPT | | | | both | | | 6794 | 2678.87 | Horizon | MGD | 4507.49 | | | | 650 | 6454.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE PCN CATH. W/ NEPHROSTOGR | 50432 | CPT | | | | both | | | 6794 | 2678.87 | Aetna | Better Health | 2143.51 | 31.55 | | | 650 | 6454.3 | percent of total billed charges | |
| HC PLACE PCN CATH. W/ NEPHROSTOGR | 50432 | CPT | | | | both | | | 6794 | 2678.87 | UHC | Medicare | 2329.45 | | | | 650 | 6454.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE PCN CATH. W/ NEPHROSTOGR | 50432 | CPT | | | | both | | | 6794 | 2678.87 | Horizon | Indemnity | 4507.49 | | | | 650 | 6454.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE PCN CATH. W/ NEPHROSTOGR | 50432 | CPT | | | | both | | | 6794 | 2678.87 | Multiplan | Multiplan | 5435.2 | 80 | | | 650 | 6454.3 | percent of total billed charges | |
| HC PLACE PCN CATH. W/ NEPHROSTOGR | 50432 | CPT | | | | both | | | 6794 | 2678.87 | First Trenton | First Trenton | 6114.6 | 90 | | | 650 | 6454.3 | percent of total billed charges | |
| HC PLACE PCN CATH. W/ NEPHROSTOGR | 50432 | CPT | | | | both | | | 6794 | 2678.87 | Corrections | Corrections | 5435.2 | 80 | | | 650 | 6454.3 | percent of total billed charges | |
| HC PLACE PCN CATH. W/ NEPHROSTOGR | 50432 | CPT | | | | both | | | 6794 | 2678.87 | UHC | Medicaid | 2143.51 | 31.55 | | | 650 | 6454.3 | percent of total billed charges | |
| HC PLACE PCN CATH. W/ NEPHROSTOGR | 50432 | CPT | | | | both | | | 6794 | 2678.87 | Qualcare | Qualcare | 5095.5 | 75 | | | 650 | 6454.3 | percent of total billed charges | |
| HC PLACE PCN CATH. W/ NEPHROSTOGR | 50432 | CPT | | | | both | | | 6794 | 2678.87 | Horizon | Medicare Blue | 2329.45 | | | | 650 | 6454.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE PCN CATH. W/ NEPHROSTOGR | 50432 | CPT | | | | both | | | 6794 | 2678.87 | Horizon | PPO | 4507.49 | | | | 650 | 6454.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE PCN CATH. W/ NEPHROSTOGR | 50432 | CPT | | | | both | | | 6794 | 2678.87 | United | CommercialPPO | 2776 | | | | 650 | 6454.3 | case rate | |
| HC PLACE PCN CATH. W/ NEPHROSTOGR | 50432 | CPT | | | | both | | | 6794 | 2678.87 | Wellcare | Medicare | 2329.45 | | | | 650 | 6454.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE PCN CATH. W/ NEPHROSTOGR | 50432 | CPT | | | | both | | | 6794 | 2678.87 | Horizon | NJ Health | 933.2 | | | | 650 | 6454.3 | fee schedule | |
| HC PLACE PCN CATH. W/ NEPHROSTOGR | 50432 | CPT | | | | both | | | 6794 | 2678.87 | WellPoint | WellPoint | 2186.31 | 32.18 | | | 650 | 6454.3 | percent of total billed charges | |
| HC PLACE PCN CATH. W/ NEPHROSTOGR | 50432 | CPT | | | | both | | | 6794 | 2678.87 | United | Oxford | 2776 | | | | 650 | 6454.3 | case rate | |
| HC PLACE PCN CATH. W/ NEPHROSTOGR | 50432 | CPT | | | | both | | | 6794 | 2678.87 | Managed Care Inc | Managed Care Inc | 6114.6 | 90 | | | 650 | 6454.3 | percent of total billed charges | |
| HC PLACE PCN CATH. W/ NEPHROSTOGR | 50432 | CPT | | | | both | | | 6794 | 2678.87 | Wellcare | Medicaid | 2143.51 | 31.55 | | | 650 | 6454.3 | percent of total billed charges | |
| HC PLACE PCN CATH. W/ NEPHROSTOGR | 50432 | CPT | | | | both | | | 6794 | 2678.87 | Three Rivers | Three Rivers | 6454.3 | 95 | | | 650 | 6454.3 | percent of total billed charges | |
| HC PLACE NEPHROURET CATH W/NEPHRO | 50433 | CPT | | | | both | | | 10130.82 | 4585.08 | Corrections | Corrections | 8104.66 | 80 | | | 650 | 9624.28 | percent of total billed charges | |
| HC PLACE NEPHROURET CATH W/NEPHRO | 50433 | CPT | | | | both | | | 10130.82 | 4585.08 | Aetna | Better Health | 3196.27 | 31.55 | | | 650 | 9624.28 | percent of total billed charges | |
| HC PLACE NEPHROURET CATH W/NEPHRO | 50433 | CPT | | | | both | | | 10130.82 | 4585.08 | Aetna | Medicare | 3987.03 | | | | 650 | 9624.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE NEPHROURET CATH W/NEPHRO | 50433 | CPT | | | | both | | | 10130.82 | 4585.08 | Horizon | Medicare Blue | 3987.03 | | | | 650 | 9624.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE NEPHROURET CATH W/NEPHRO | 50433 | CPT | | | | both | | | 10130.82 | 4585.08 | Aetna | Commercial | 6506.83 | | | | 650 | 9624.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE NEPHROURET CATH W/NEPHRO | 50433 | CPT | | | | both | | | 10130.82 | 4585.08 | Consumer | Consumer | 9624.28 | 95 | | | 650 | 9624.28 | percent of total billed charges | |
| HC PLACE NEPHROURET CATH W/NEPHRO | 50433 | CPT | | | | both | | | 10130.82 | 4585.08 | Americare | Americare | 7598.12 | 75 | | | 650 | 9624.28 | percent of total billed charges | |
| HC PLACE NEPHROURET CATH W/NEPHRO | 50433 | CPT | | | | both | | | 10130.82 | 4585.08 | Horizon | Indemnity | 7714.9 | | | | 650 | 9624.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE NEPHROURET CATH W/NEPHRO | 50433 | CPT | | | | both | | | 10130.82 | 4585.08 | Horizon | NJ Health | 1257.42 | | | 3349.23 | 650 | 9624.28 | fee schedule | |
| HC PLACE NEPHROURET CATH W/NEPHRO | 50433 | CPT | | | | both | | | 10130.82 | 4585.08 | First Health | First Health | 7091.57 | 70 | | | 650 | 9624.28 | percent of total billed charges | |
| HC PLACE NEPHROURET CATH W/NEPHRO | 50433 | CPT | | | | both | | | 10130.82 | 4585.08 | First Trenton | First Trenton | 9117.74 | 90 | | | 650 | 9624.28 | percent of total billed charges | |
| HC PLACE NEPHROURET CATH W/NEPHRO | 50433 | CPT | | | | both | | | 10130.82 | 4585.08 | Horizon | PPO | 7714.9 | | | | 650 | 9624.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE NEPHROURET CATH W/NEPHRO | 50433 | CPT | | | | both | | | 10130.82 | 4585.08 | Multiplan | Multiplan | 8104.66 | 80 | | | 650 | 9624.28 | percent of total billed charges | |
| HC PLACE NEPHROURET CATH W/NEPHRO | 50433 | CPT | | | | both | | | 10130.82 | 4585.08 | UHC | Medicaid | 3196.27 | 31.55 | | | 650 | 9624.28 | percent of total billed charges | |
| HC PLACE NEPHROURET CATH W/NEPHRO | 50433 | CPT | | | | both | | | 10130.82 | 4585.08 | Amerihealth | HMO/PPO | 650 | | | | 650 | 9624.28 | fee schedule | |
| HC PLACE NEPHROURET CATH W/NEPHRO | 50433 | CPT | | | | both | | | 10130.82 | 4585.08 | United | CommercialPPO | 2776 | | | | 650 | 9624.28 | case rate | |
| HC PLACE NEPHROURET CATH W/NEPHRO | 50433 | CPT | | | | both | | | 10130.82 | 4585.08 | Qualcare | Qualcare | 7598.12 | 75 | | | 650 | 9624.28 | percent of total billed charges | |
| HC PLACE NEPHROURET CATH W/NEPHRO | 50433 | CPT | | | | both | | | 10130.82 | 4585.08 | Wellcare | Medicaid | 3196.27 | 31.55 | | | 650 | 9624.28 | percent of total billed charges | |
| HC PLACE NEPHROURET CATH W/NEPHRO | 50433 | CPT | | | | both | | | 10130.82 | 4585.08 | Horizon | MGD | 7714.9 | | | | 650 | 9624.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE NEPHROURET CATH W/NEPHRO | 50433 | CPT | | | | both | | | 10130.82 | 4585.08 | United | Oxford | 2776 | | | | 650 | 9624.28 | case rate | |
| HC PLACE NEPHROURET CATH W/NEPHRO | 50433 | CPT | | | | both | | | 10130.82 | 4585.08 | WellPoint | WellPoint | 3260.1 | 32.18 | | 1972.66 | 650 | 9624.28 | percent of total billed charges | |
| HC PLACE NEPHROURET CATH W/NEPHRO | 50433 | CPT | | | | both | | | 10130.82 | 4585.08 | Wellcare | Medicare | 3987.03 | | | | 650 | 9624.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE NEPHROURET CATH W/NEPHRO | 50433 | CPT | | | | both | | | 10130.82 | 4585.08 | UHC | Medicare | 3987.03 | | | 2204.48 | 650 | 9624.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACE NEPHROURET CATH W/NEPHRO | 50433 | CPT | | | | both | | | 10130.82 | 4585.08 | Managed Care Inc | Managed Care Inc | 9117.74 | 90 | | | 650 | 9624.28 | percent of total billed charges | |
| HC PLACE NEPHROURET CATH W/NEPHRO | 50433 | CPT | | | | both | | | 10130.82 | 4585.08 | Three Rivers | Three Rivers | 9624.28 | 95 | | | 650 | 9624.28 | percent of total billed charges | |
| HC CNVRT NEPHRSTMY CATH | 50434 | CPT | | | | both | | | 7123 | 2678.87 | Americare | Americare | 5342.25 | 75 | | | 300 | 6766.85 | percent of total billed charges | |
| HC CNVRT NEPHRSTMY CATH | 50434 | CPT | | | | both | | | 7123 | 2678.87 | First Trenton | First Trenton | 6410.7 | 90 | | | 300 | 6766.85 | percent of total billed charges | |
| HC CNVRT NEPHRSTMY CATH | 50434 | CPT | | | | both | | | 7123 | 2678.87 | Multiplan | Multiplan | 5698.4 | 80 | | | 300 | 6766.85 | percent of total billed charges | |
| HC CNVRT NEPHRSTMY CATH | 50434 | CPT | | | | both | | | 7123 | 2678.87 | UHC | Medicaid | 2247.31 | 31.55 | | | 300 | 6766.85 | percent of total billed charges | |
| HC CNVRT NEPHRSTMY CATH | 50434 | CPT | | | | both | | | 7123 | 2678.87 | Consumer | Consumer | 6766.85 | 95 | | | 300 | 6766.85 | percent of total billed charges | |
| HC CNVRT NEPHRSTMY CATH | 50434 | CPT | | | | both | | | 7123 | 2678.87 | Amerihealth | HMO/PPO | 300 | | | | 300 | 6766.85 | fee schedule | |
| HC CNVRT NEPHRSTMY CATH | 50434 | CPT | | | | both | | | 7123 | 2678.87 | Aetna | Commercial | 3801.66 | | | | 300 | 6766.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CNVRT NEPHRSTMY CATH | 50434 | CPT | | | | both | | | 7123 | 2678.87 | Aetna | Better Health | 2247.31 | 31.55 | | | 300 | 6766.85 | percent of total billed charges | |
| HC CNVRT NEPHRSTMY CATH | 50434 | CPT | | | | both | | | 7123 | 2678.87 | Horizon | NJ Health | 995.68 | | | | 300 | 6766.85 | fee schedule | |
| HC CNVRT NEPHRSTMY CATH | 50434 | CPT | | | | both | | | 7123 | 2678.87 | Horizon | Medicare Blue | 2329.45 | | | | 300 | 6766.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CNVRT NEPHRSTMY CATH | 50434 | CPT | | | | both | | | 7123 | 2678.87 | Qualcare | Qualcare | 5342.25 | 75 | | | 300 | 6766.85 | percent of total billed charges | |
| HC CNVRT NEPHRSTMY CATH | 50434 | CPT | | | | both | | | 7123 | 2678.87 | UHC | Medicare | 2329.45 | | | | 300 | 6766.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CNVRT NEPHRSTMY CATH | 50434 | CPT | | | | both | | | 7123 | 2678.87 | Corrections | Corrections | 5698.4 | 80 | | | 300 | 6766.85 | percent of total billed charges | |
| HC CNVRT NEPHRSTMY CATH | 50434 | CPT | | | | both | | | 7123 | 2678.87 | First Health | First Health | 4986.1 | 70 | | | 300 | 6766.85 | percent of total billed charges | |
| HC CNVRT NEPHRSTMY CATH | 50434 | CPT | | | | both | | | 7123 | 2678.87 | Aetna | Medicare | 2329.45 | | | | 300 | 6766.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CNVRT NEPHRSTMY CATH | 50434 | CPT | | | | both | | | 7123 | 2678.87 | Wellcare | Medicare | 2329.45 | | | | 300 | 6766.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CNVRT NEPHRSTMY CATH | 50434 | CPT | | | | both | | | 7123 | 2678.87 | Managed Care Inc | Managed Care Inc | 6410.7 | 90 | | | 300 | 6766.85 | percent of total billed charges | |
| HC CNVRT NEPHRSTMY CATH | 50434 | CPT | | | | both | | | 7123 | 2678.87 | Horizon | PPO | 4507.49 | | | | 300 | 6766.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CNVRT NEPHRSTMY CATH | 50434 | CPT | | | | both | | | 7123 | 2678.87 | Horizon | MGD | 4507.49 | | | | 300 | 6766.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CNVRT NEPHRSTMY CATH | 50434 | CPT | | | | both | | | 7123 | 2678.87 | United | CommercialPPO | 1817 | | | | 300 | 6766.85 | case rate | |
| HC CNVRT NEPHRSTMY CATH | 50434 | CPT | | | | both | | | 7123 | 2678.87 | Horizon | Indemnity | 4507.49 | | | | 300 | 6766.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CNVRT NEPHRSTMY CATH | 50434 | CPT | | | | both | | | 7123 | 2678.87 | United | Oxford | 1817 | | | | 300 | 6766.85 | case rate | |
| HC CNVRT NEPHRSTMY CATH | 50434 | CPT | | | | both | | | 7123 | 2678.87 | Three Rivers | Three Rivers | 6766.85 | 95 | | | 300 | 6766.85 | percent of total billed charges | |
| HC CNVRT NEPHRSTMY CATH | 50434 | CPT | | | | both | | | 7123 | 2678.87 | Wellcare | Medicaid | 2247.31 | 31.55 | | | 300 | 6766.85 | percent of total billed charges | |
| HC CNVRT NEPHRSTMY CATH | 50434 | CPT | | | | both | | | 7123 | 2678.87 | WellPoint | WellPoint | 2292.18 | 32.18 | | | 300 | 6766.85 | percent of total billed charges | |
| HC EXHANGE PCN CATH INCL NEPHRO/U | 50435 | CPT | | | | both | | | 7123 | 2678.87 | Multiplan | Multiplan | 5698.4 | 80 | | | 300 | 6766.85 | percent of total billed charges | |
| HC EXHANGE PCN CATH INCL NEPHRO/U | 50435 | CPT | | | | both | | | 7123 | 2678.87 | First Health | First Health | 4986.1 | 70 | | | 300 | 6766.85 | percent of total billed charges | |
| HC EXHANGE PCN CATH INCL NEPHRO/U | 50435 | CPT | | | | both | | | 7123 | 2678.87 | Corrections | Corrections | 5698.4 | 80 | | 2004.45 | 300 | 6766.85 | percent of total billed charges | |
| HC EXHANGE PCN CATH INCL NEPHRO/U | 50435 | CPT | | | | both | | | 7123 | 2678.87 | Aetna | Commercial | 3801.66 | | | 3159.96 | 300 | 6766.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXHANGE PCN CATH INCL NEPHRO/U | 50435 | CPT | | | | both | | | 7123 | 2678.87 | Aetna | Medicare | 2329.45 | | | | 300 | 6766.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXHANGE PCN CATH INCL NEPHRO/U | 50435 | CPT | | | | both | | | 7123 | 2678.87 | Aetna | Better Health | 2247.31 | 31.55 | | | 300 | 6766.85 | percent of total billed charges | |
| HC EXHANGE PCN CATH INCL NEPHRO/U | 50435 | CPT | | | | both | | | 7123 | 2678.87 | Americare | Americare | 5342.25 | 75 | | | 300 | 6766.85 | percent of total billed charges | |
| HC EXHANGE PCN CATH INCL NEPHRO/U | 50435 | CPT | | | | both | | | 7123 | 2678.87 | First Trenton | First Trenton | 6410.7 | 90 | | | 300 | 6766.85 | percent of total billed charges | |
| HC EXHANGE PCN CATH INCL NEPHRO/U | 50435 | CPT | | | | both | | | 7123 | 2678.87 | Qualcare | Qualcare | 5342.25 | 75 | | | 300 | 6766.85 | percent of total billed charges | |
| HC EXHANGE PCN CATH INCL NEPHRO/U | 50435 | CPT | | | | both | | | 7123 | 2678.87 | Horizon | NJ Health | 523.56 | | | 1600.58 | 300 | 6766.85 | fee schedule | |
| HC EXHANGE PCN CATH INCL NEPHRO/U | 50435 | CPT | | | | both | | | 7123 | 2678.87 | Horizon | Indemnity | 4507.49 | | | | 300 | 6766.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXHANGE PCN CATH INCL NEPHRO/U | 50435 | CPT | | | | both | | | 7123 | 2678.87 | Amerihealth | HMO/PPO | 300 | | | | 300 | 6766.85 | fee schedule | |
| HC EXHANGE PCN CATH INCL NEPHRO/U | 50435 | CPT | | | | both | | | 7123 | 2678.87 | Horizon | MGD | 4507.49 | | | | 300 | 6766.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXHANGE PCN CATH INCL NEPHRO/U | 50435 | CPT | | | | both | | | 7123 | 2678.87 | UHC | Medicare | 2329.45 | | | | 300 | 6766.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXHANGE PCN CATH INCL NEPHRO/U | 50435 | CPT | | | | both | | | 7123 | 2678.87 | Consumer | Consumer | 6766.85 | 95 | | | 300 | 6766

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC EXHANGE PCN CATH INCL NEPHRO/U | 50435 | CPT | | | | both | | | 7123 | 2678.87 | Horizon | Medicare Blue | 2329.45 | | | | 300 | 6766.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXHANGE PCN CATH INCL NEPHRO/U | 50435 | CPT | | | | both | | | 7123 | 2678.87 | Managed Care Inc | Managed Care Inc | 6410.7 | 90 | | | 300 | 6766.85 | percent of total billed charges | |
| HC EXHANGE PCN CATH INCL NEPHRO/U | 50435 | CPT | | | | both | | | 7123 | 2678.87 | Wellcare | Medicare | 2329.45 | | | | 300 | 6766.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXHANGE PCN CATH INCL NEPHRO/U | 50435 | CPT | | | | both | | | 7123 | 2678.87 | Three Rivers | Three Rivers | 6766.85 | 95 | | | 300 | 6766.85 | percent of total billed charges | |
| HC EXHANGE PCN CATH INCL NEPHRO/U | 50435 | CPT | | | | both | | | 7123 | 2678.87 | UHC | Medicaid | 2247.31 | 31.55 | | | 300 | 6766.85 | percent of total billed charges | |
| HC EXHANGE PCN CATH INCL NEPHRO/U | 50435 | CPT | | | | both | | | 7123 | 2678.87 | United | Commercial/PPO | 1817 | | | 1597.33 | 300 | 6766.85 | case rate | |
| HC EXHANGE PCN CATH INCL NEPHRO/U | 50435 | CPT | | | | both | | | 7123 | 2678.87 | Horizon | PPO | 4507.49 | | | | 300 | 6766.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXHANGE PCN CATH INCL NEPHRO/U | 50435 | CPT | | | | both | | | 7123 | 2678.87 | United | Oxford | 1817 | | | | 300 | 6766.85 | case rate | |
| HC EXHANGE PCN CATH INCL NEPHRO/U | 50435 | CPT | | | | both | | | 7123 | 2678.87 | WellPoint | WellPoint | 2292.18 | 32.18 | | | 300 | 6766.85 | percent of total billed charges | |
| HC EXHANGE PCN CATH INCL NEPHRO/U | 50435 | CPT | | | | both | | | 7123 | 2678.87 | Wellcare | Medicaid | 2247.31 | 31.55 | | | 300 | 6766.85 | percent of total billed charges | |
| HC ESWL | 50590 | CPT | | | | outpatient | | | 13873 | 4585.08 | Aetna | Better Health | 4376.93 | 31.55 | | | 977.58 | 13179.35 | percent of total billed charges | |
| HC ESWL | 50590 | CPT | | | | outpatient | | | 13873 | 4585.08 | Aetna | Commercial | 6506.83 | | | | 977.58 | 13179.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESWL | 50590 | CPT | | | | outpatient | | | 13873 | 4585.08 | WellPoint | WellPoint | 4464.33 | 32.18 | | | 977.58 | 13179.35 | percent of total billed charges | |
| HC ESWL | 50590 | CPT | | | | outpatient | | | 13873 | 4585.08 | Qualcare | Qualcare | 10404.75 | 75 | | | 977.58 | 13179.35 | percent of total billed charges | |
| HC ESWL | 50590 | CPT | | | | outpatient | | | 13873 | 4585.08 | First Health | First Health | 9711.1 | 70 | | | 977.58 | 13179.35 | percent of total billed charges | |
| HC ESWL | 50590 | CPT | | | | outpatient | | | 13873 | 4585.08 | Multiplan | Multiplan | 11098.4 | 80 | | | 977.58 | 13179.35 | percent of total billed charges | |
| HC ESWL | 50590 | CPT | | | | outpatient | | | 13873 | 4585.08 | Horizon | PPO | 7714.9 | | | | 977.58 | 13179.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESWL | 50590 | CPT | | | | outpatient | | | 13873 | 4585.08 | Consumer | Consumer | 13179.35 | 95 | | | 977.58 | 13179.35 | percent of total billed charges | |
| HC ESWL | 50590 | CPT | | | | outpatient | | | 13873 | 4585.08 | Horizon | Indemnity | 7714.9 | | | | 977.58 | 13179.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESWL | 50590 | CPT | | | | outpatient | | | 13873 | 4585.08 | Aetna | Medicare | 3987.03 | | | | 977.58 | 13179.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESWL | 50590 | CPT | | | | outpatient | | | 13873 | 4585.08 | UHC | Medicaid | 4376.93 | 31.55 | | | 977.58 | 13179.35 | percent of total billed charges | |
| HC ESWL | 50590 | CPT | | | | outpatient | | | 13873 | 4585.08 | Corrections | Corrections | 11098.4 | 80 | | | 977.58 | 13179.35 | percent of total billed charges | |
| HC ESWL | 50590 | CPT | | | | outpatient | | | 13873 | 4585.08 | Three Rivers | Three Rivers | 13179.35 | 95 | | | 977.58 | 13179.35 | percent of total billed charges | |
| HC ESWL | 50590 | CPT | | | | outpatient | | | 13873 | 4585.08 | Americare | Americare | 10404.75 | 75 | | | 977.58 | 13179.35 | percent of total billed charges | |
| HC ESWL | 50590 | CPT | | | | outpatient | | | 13873 | 4585.08 | United | Commercial/PPO | 4702 | | | | 977.58 | 13179.35 | case rate | |
| HC ESWL | 50590 | CPT | | | | outpatient | | | 13873 | 4585.08 | First Trenton | First Trenton | 12485.7 | 90 | | | 977.58 | 13179.35 | percent of total billed charges | |
| HC ESWL | 50590 | CPT | | | | outpatient | | | 13873 | 4585.08 | UHC | Medicare | 3987.03 | | | | 977.58 | 13179.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESWL | 50590 | CPT | | | | outpatient | | | 13873 | 4585.08 | Amerihealth | HMO/PPO | 2930 | | | | 977.58 | 13179.35 | fee schedule | |
| HC ESWL | 50590 | CPT | | | | outpatient | | | 13873 | 4585.08 | United | Oxford | 4702 | | | | 977.58 | 13179.35 | case rate | |
| HC ESWL | 50590 | CPT | | | | outpatient | | | 13873 | 4585.08 | Horizon | NJ Health | 977.58 | | | | 977.58 | 13179.35 | fee schedule | |
| HC ESWL | 50590 | CPT | | | | outpatient | | | 13873 | 4585.08 | Wellcare | Medicaid | 4376.93 | 31.55 | | | 977.58 | 13179.35 | percent of total billed charges | |
| HC ESWL | 50590 | CPT | | | | outpatient | | | 13873 | 4585.08 | Horizon | Medicare Blue | 3987.03 | | | | 977.58 | 13179.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESWL | 50590 | CPT | | | | outpatient | | | 13873 | 4585.08 | Wellcare | Medicare | 3987.03 | | | | 977.58 | 13179.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESWL | 50590 | CPT | | | | outpatient | | | 13873 | 4585.08 | Managed Care Inc | Managed Care Inc | 12485.7 | 90 | | | 977.58 | 13179.35 | percent of total billed charges | |
| HC ESWL | 50590 | CPT | | | | outpatient | | | 13873 | 4585.08 | Horizon | MGD | 7714.9 | | | | 977.58 | 13179.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION 1/> RENAL TUMOR PERQ UNILAT RADIOFREQUENCY | 50592 | CPT | | | | both | | | 21371 | 7588.83 | Amerihealth | HMO/PPO | 800 | | | | 800 | 20302.45 | fee schedule | |
| HC ABLATION 1/> RENAL TUMOR PERQ UNILAT RADIOFREQUENCY | 50592 | CPT | | | | both | | | 21371 | 7588.83 | Aetna | Commercial | 10769.54 | | | | 800 | 20302.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION 1/> RENAL TUMOR PERQ UNILAT RADIOFREQUENCY | 50592 | CPT | | | | both | | | 21371 | 7588.83 | Aetna | Better Health | 6742.55 | 31.55 | | | 800 | 20302.45 | percent of total billed charges | |
| HC ABLATION 1/> RENAL TUMOR PERQ UNILAT RADIOFREQUENCY | 50592 | CPT | | | | both | | | 21371 | 7588.83 | Corrections | Corrections | 17096.8 | 80 | | | 800 | 20302.45 | percent of total billed charges | |
| HC ABLATION 1/> RENAL TUMOR PERQ UNILAT RADIOFREQUENCY | 50592 | CPT | | | | both | | | 21371 | 7588.83 | Americare | Americare | 16028.25 | 75 | | | 800 | 20302.45 | percent of total billed charges | |
| HC ABLATION 1/> RENAL TUMOR PERQ UNILAT RADIOFREQUENCY | 50592 | CPT | | | | both | | | 21371 | 7588.83 | Consumer | Consumer | 20302.45 | 95 | | | 800 | 20302.45 | percent of total billed charges | |
| HC ABLATION 1/> RENAL TUMOR PERQ UNILAT RADIOFREQUENCY | 50592 | CPT | | | | both | | | 21371 | 7588.83 | Horizon | Medicare Blue | 6598.98 | | | | 800 | 20302.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION 1/> RENAL TUMOR PERQ UNILAT RADIOFREQUENCY | 50592 | CPT | | | | both | | | 21371 | 7588.83 | First Trenton | First Trenton | 19233.9 | 90 | | | 800 | 20302.45 | percent of total billed charges | |
| HC ABLATION 1/> RENAL TUMOR PERQ UNILAT RADIOFREQUENCY | 50592 | CPT | | | | both | | | 21371 | 7588.83 | UHC | Medicare | 6598.98 | | | | 800 | 20302.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION 1/> RENAL TUMOR PERQ UNILAT RADIOFREQUENCY | 50592 | CPT | | | | both | | | 21371 | 7588.83 | Horizon | MGD | 12769.03 | | | | 800 | 20302.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION 1/> RENAL TUMOR PERQ UNILAT RADIOFREQUENCY | 50592 | CPT | | | | both | | | 21371 | 7588.83 | Aetna | Medicare | 6598.98 | | | | 800 | 20302.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION 1/> RENAL TUMOR PERQ UNILAT RADIOFREQUENCY | 50592 | CPT | | | | both | | | 21371 | 7588.83 | WellPoint | WellPoint | 6877.19 | 32.18 | | | 800 | 20302.45 | percent of total billed charges | |
| HC ABLATION 1/> RENAL TUMOR PERQ UNILAT RADIOFREQUENCY | 50592 | CPT | | | | both | | | 21371 | 7588.83 | Three Rivers | Three Rivers | 20302.45 | 95 | | | 800 | 20302.45 | percent of total billed charges | |
| HC ABLATION 1/> RENAL TUMOR PERQ UNILAT RADIOFREQUENCY | 50592 | CPT | | | | both | | | 21371 | 7588.83 | First Health | First Health | 14959.7 | 70 | | | 800 | 20302.45 | percent of total billed charges | |
| HC ABLATION 1/> RENAL TUMOR PERQ UNILAT RADIOFREQUENCY | 50592 | CPT | | | | both | | | 21371 | 7588.83 | Wellcare | Medicaid | 6742.55 | 31.55 | | | 800 | 20302.45 | percent of total billed charges | |
| HC ABLATION 1/> RENAL TUMOR PERQ UNILAT RADIOFREQUENCY | 50592 | CPT | | | | both | | | 21371 | 7588.83 | Horizon | Indemnity | 12769.03 | | | | 800 | 20302.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION 1/> RENAL TUMOR PERQ UNILAT RADIOFREQUENCY | 50592 | CPT | | | | both | | | 21371 | 7588.83 | UHC | Medicaid | 6742.55 | 31.55 | | | 800 | 20302.45 | percent of total billed charges | |
| HC ABLATION 1/> RENAL TUMOR PERQ UNILAT RADIOFREQUENCY | 50592 | CPT | | | | both | | | 21371 | 7588.83 | Multiplan | Multiplan | 17096.8 | 80 | | | 800 | 20302.45 | percent of total billed charges | |
| HC ABLATION 1/> RENAL TUMOR PERQ UNILAT RADIOFREQUENCY | 50592 | CPT | | | | both | | | 21371 | 7588.83 | Wellcare | Medicare | 6598.98 | | | | 800 | 20302.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION 1/> RENAL TUMOR PERQ UNILAT RADIOFREQUENCY | 50592 | CPT | | | | both | | | 21371 | 7588.83 | Horizon | NJ Health | 6884.92 | | | | 800 | 20302.45 | fee schedule | |
| HC ABLATION 1/> RENAL TUMOR PERQ UNILAT RADIOFREQUENCY | 50592 | CPT | | | | both | | | 21371 | 7588.83 | United | Commercial/PPO | 4702 | | | | 800 | 20302.45 | case rate | |
| HC ABLATION 1/> RENAL TUMOR PERQ UNILAT RADIOFREQUENCY | 50592 | CPT | | | | both | | | 21371 | 7588.83 | Qualcare | Qualcare | 16028.25 | 75 | | | 800 | 20302.45 | percent of total billed charges | |
| HC ABLATION 1/> RENAL TUMOR PERQ UNILAT RADIOFREQUENCY | 50592 | CPT | | | | both | | | 21371 | 7588.83 | United | Oxford | 4702 | | | | 800 | 20302.45 | case rate | |
| HC ABLATION 1/> RENAL TUMOR PERQ UNILAT RADIOFREQUENCY | 50592 | CPT | | | | both | | | 21371 | 7588.83 | Horizon | PPO | 12769.03 | | | | 800 | 20302.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABLATION 1/> RENAL TUMOR PERQ UNILAT RADIOFREQUENCY | 50592 | CPT | | | | both | | | 21371 | 7588.83 | Managed Care Inc | Managed Care Inc | 19233.9 | 90 | | | 800 | 20302.45 | percent of total billed charges | |
| HC RFA RENAL UNILATERAL CRYOTHERAPY | 50593 | CPT | | | | outpatient | | | 35328 | 13538.55 | First Health | First Health | 24729.6 | 70 | | | 800 | 33561.6 | percent of total billed charges | |
| HC RFA RENAL UNILATERAL CRYOTHERAPY | 50593 | CPT | | | | outpatient | | | 35328 | 13538.55 | Amerihealth | HMO/PPO | 800 | | | | 800 | 33561.6 | fee schedule | |
| HC RFA RENAL UNILATERAL CRYOTHERAPY | 50593 | CPT | | | | outpatient | | | 35328 | 13538.55 | Corrections | Corrections | 28262.4 | 80 | | | 800 | 33561.6 | percent of total billed charges | |
| HC RFA RENAL UNILATERAL CRYOTHERAPY | 50593 | CPT | | | | outpatient | | | 35328 | 13538.55 | Aetna | Commercial | 19212.96 | | | | 800 | 33561.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RFA RENAL UNILATERAL CRYOTHERAPY | 50593 | CPT | | | | outpatient | | | 35328 | 13538.55 | Aetna | Better Health | 11145.98 | 31.55 | | | 800 | 33561.6 | percent of total billed charges | |
| HC RFA RENAL UNILATERAL CRYOTHERAPY | 50593 | CPT | | | | outpatient | | | 35328 | 13538.55 | First Trenton | First Trenton | 31795.2 | 90 | | | 800 | 33561.6 | percent of total billed charges | |
| HC RFA RENAL UNILATERAL CRYOTHERAPY | 50593 | CPT | | | | outpatient | | | 35328 | 13538.55 | Americare | Americare | 26496 | 75 | | | 800 | 33561.6 | percent of total billed charges | |
| HC RFA RENAL UNILATERAL CRYOTHERAPY | 50593 | CPT | | | | outpatient | | | 35328 | 13538.55 | Aetna | Medicare | 11772.65 | | | | 800 | 33561.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RFA RENAL UNILATERAL CRYOTHERAPY | 50593 | CPT | | | | outpatient | | | 35328 | 13538.55 | Multiplan | Multiplan | 28262.4 | 80 | | | 800 | 33561.6 | percent of total billed charges | |
| HC RFA RENAL UNILATERAL CRYOTHERAPY | 50593 | CPT | | | | outpatient | | | 35328 | 13538.55 | Horizon | Indemnity | 22780.08 | | | | 800 | 33561.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RFA RENAL UNILATERAL CRYOTHERAPY | 50593 | CPT | | | | outpatient | | | 35328 | 13538.55 | Consumer | Consumer | 33561.6 | 95 | | | 800 | 33561.6 | percent of total billed charges | |
| HC RFA RENAL UNILATERAL CRYOTHERAPY | 50593 | CPT | | | | outpatient | | | 35328 | 13538.55 | Horizon | MGD | 22780.08 | | | | 800 | 33561.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RFA RENAL UNILATERAL CRYOTHERAPY | 50593 | CPT | | | | outpatient | | | 35328 | 13538.55 | Horizon | PPO | 22780.08 | | | | 800 | 33561.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RFA RENAL UNILATERAL CRYOTHERAPY | 50593 | CPT | | | | outpatient | | | 35328 | 13538.55 | Horizon | Medicare Blue | 11772.65 | | | | 800 | 33561.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RFA RENAL UNILATERAL CRYOTHERAPY | 50593 | CPT | | | | outpatient | | | 35328 | 13538.55 | Qualcare | Qualcare | 26496 | 75 | | | 800 | 33561.6 | percent of total billed charges | |
| HC RFA RENAL UNILATERAL CRYOTHERAPY | 50593 | CPT | | | | outpatient | | | 35328 | 13538.55 | UHC | Medicaid | 11145.98 | 31.55 | | | 800 | 33561.6 | percent of total billed charges | |
| HC RFA RENAL UNILATERAL CRYOTHERAPY | 50593 | CPT | | | | outpatient | | | 35328 | 13538.55 | UHC | Medicare | 11772.65 | | | | 800 | 33561.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RFA RENAL UNILATERAL CRYOTHERAPY | 50593 | CPT | | | | outpatient | | | 35328 | 13538.55 | Managed Care Inc | Managed Care Inc | 31795.2 | 90 | | | 800 | 33561.6 | percent of total billed charges | |
| HC RFA RENAL UNILATERAL CRYOTHERAPY | 50593 | CPT | | | | outpatient | | | 35328 | 13538.55 | Wellcare | Medicare | 11772.65 | | | | 800 | 33561.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RFA RENAL UNILATERAL CRYOTHERAPY | 50593 | CPT | | | | outpatient | | | 35328 | 13538.55 | United | Commercial/PPO | 4702 | | | | 800 | 33561.6 | case rate | |
| HC RFA RENAL UNILATERAL CRYOTHERAPY | 50593 | CPT | | | | outpatient | | | 35328 | 13538.55 | WellPoint | WellPoint | 11368.55 | 32.18 | | | 800 | 33561.6 | percent of total billed charges | |
| HC RFA RENAL UNILATERAL CRYOTHERAPY | 50593 | CPT | | | | outpatient | | | 35328 | 13538.55 | Three Rivers | Three Rivers | 33561.6 | 95 | | | 800 | 33561.6 | percent of total billed charges | |
| HC RFA RENAL UNILATERAL CRYOTHERAPY | 50593 | CPT | | | | outpatient | | | 35328 | 13538.55 | United | Oxford | 4702 | | | | 800 | 33561.6 | case rate | |
| HC RFA RENAL UNILATERAL CRYOTHERAPY | 50593 | CPT | | | | outpatient | | | 35328 | 13538.55 | Wellcare | Medicaid | 11145.98 | 31.55 | | | 800 | 33561.6 | percent of total billed charges | |
| HC PLMNT URETERAL STENT THRU EXIS | 50693 | CPT | | | | both | | | 10130.82 | 4585.08 | Consumer | Consumer | 9624.28 | 95 | | | 650 | 9624.28 | percent of total billed charges | |
| HC PLMNT URETERAL STENT THRU EXIS | 50693 | CPT | | | | both | | | 10130.82 | 4585.08 | Aetna | Medicare | 3987.03 | | | | 650 | 9624.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLMNT URETERAL STENT THRU EXIS | 50693 | CPT | | | | both | | | 10130.82 | 4585.08 | Qualcare | Qualcare | 7598.12 | 75 | | | 650 | 9624.28 | percent of total billed charges | |
| HC PLMNT URETERAL STENT THRU EXIS | 50693 | CPT | | | | both | | | 10130.82 | 4585.08 | Aetna | Better Health | 3196.27 | 31.55 | | | 650 | 9624.28 | percent of total billed charges | |
| HC PLMNT URETERAL STENT THRU EXIS | 50693 | CPT | | | | both | | | 10130.82 | 4585.08 | Americare | Americare | 7598.12 | 75 | | | 650 | 9624.28 | percent of total billed charges | |
| HC PLMNT URETERAL STENT THRU EXIS | 50693 | CPT | | | | both | | | 10130.82 | 4585.08 | Aetna | Commercial | 3849.71 | 38 | | | 650 | 9624.28 | percent of total billed charges | |
| HC PLMNT URETERAL STENT THRU EXIS | 50693 | CPT | | | | both | | | 10130.82 | 4585.08 | First Trenton | First Trenton | 9117.74 | 90 | | | 650 | 9624.28 | percent of total billed charges | |
| HC PLMNT URETERAL STENT THRU EXIS | 50693 | CPT | | | | both | | | 10130.82 | 4585.08 | Amerihealth | HMO/PPO | 650 | | | | 650 | 9624.28 | fee schedule | |
| HC PLMNT URETERAL STENT THRU EXIS | 50693 | CPT | | | | both | | | 10130.82 | 4585.08 | Corrections | Corrections | 8104.66 | 80 | | | 650 | 9624.28 | percent of total billed charges | |
| HC PLMNT URETERAL STENT THRU EXIS | 50693 | CPT | | | | both | | | 10130.82 | 4585.08 | Horizon | MGD | 7714.9 | | | | 650 | 9624.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLMNT URETERAL STENT THRU EXIS | 50693 | CPT | | | | both | | | 10130.82 | 4585.08 | UHC | Medicaid | 3196.27 | 31.55 | | | 650 | 9624.28 | percent of total billed charges | |
| HC PLMNT URETERAL STENT THRU EXIS | 50693 | CPT | | | | both | | | 10130.82 | 4585.08 | Horizon | Medicare Blue | 3987.03 | | | | 650 | 9624.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLMNT URETERAL STENT THRU EXIS | 50693 | CPT | | | | both | | | 10130.82 | 4585.08 | Multiplan | Multiplan | 8104.66 | 80 | | | 650 | 9624.28 | percent of total billed charges | |
| HC PLMNT URETERAL STENT THRU EXIS | 50693 | CPT | | | | both | | | 10130.82 | 4585.08 | WellPoint | WellPoint | 3260.1 | 32.18 | | | 650 | 9624.28 | percent of total billed charges | |
| HC PLMNT URETERAL STENT THRU EXIS | 50693 | CPT | | | | both | | | 10130.82 | 4585.08 | Managed Care Inc | Managed Care Inc | 9117.74 | 90 | | | 650 | 9624.28 | percent of total billed charges | |
| HC PLMNT URETERAL STENT THRU EXIS | 50693 | CPT | | | | both | | | 10130.82 | 4585.08 | First Health | First Health | 7091.57 | 70 | | | 650 | 9624.28 | percent of total billed charges | |
| HC PLMNT URETERAL STENT THRU EXIS | 50693 | CPT | | | | both | | | 10130.82 | 4585.08 | Horizon | NJ Health | 1172.96 | | | | 650 | 9624.28 | fee schedule | |
| HC PLMNT URETERAL STENT THRU EXIS | 50693 | CPT | | | | both | | | 10130.82 | 4585.08 | Horizon | PPO | 7714.9 | | | | 650 | 9624.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLMNT URETERAL STENT THRU EXIS | 50693 | CPT | | | | both | | | 10130.82 | 4585.08 | UHC | Medicare | 3987.03 | | | | 650 | 9624.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLMNT URETERAL STENT THRU EXIS | 50693 | CPT | | | | both | | | 10130.82 | 4585.08 | Horizon | Indemnity | 7714.9 | | | | 650 | 9624.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLMNT URETERAL STENT THRU EXIS | 50693 | CPT | | | | both | | | 10130.82 | 4585.08 | Three Rivers | Three Rivers | 9624.28 | 95 | | | 650 | 9624.28 | percent of total billed charges | |
| HC PLMNT URETERAL STENT THRU EXIS | 50693 | CPT | | | | both | | | 10130.82 | 4585.08 | United | Oxford | 3492 | | | | 650 | 9624.28 | case rate | |
| HC PLMNT URETERAL STENT THRU EXIS | 50693 | CPT | | | | both | | | 10130.82 | 4585.08 | Wellcare | Medicare | 3987.03 | | | | 650 | 9624.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLMNT URETERAL STENT THRU EXIS | 50693 | CPT | | | | both | | | 10130.82 | 4585.08 | Wellcare | Medicaid | 3196.27 | 31.55 | | | 650 | 9624.28 | percent of total billed charges | |
| HC PLMNT URETERAL STENT THRU EXIS | 50693 | CPT | | | | both | | | 10130.82 | 4585.08 | United | Commercial/PPO | 3492 | | | | 650 | 9624.28 | case rate | |
| HC BLATERAL BALLOON DILATION URETERAL STR | 50706 | CPT | | | | outpatient | | | 10114 | | Americare | Americare | 7585.5 | 75 | | | 300 | 9608.3 | percent of total billed charges | |
| HC BLATERAL BALLOON DILATION URETERAL STR | 50706 | CPT | | | | outpatient | | | 10114 | | Aetna | Medicare | 3115.11 | 30.8 | | | 300 | 9608.3 | percent of total billed charges | |
| HC BLATERAL BALLOON DILATION URETERAL STR | 50706 | CPT | | | | outpatient | | | 10114 | | Aetna | Commercial | 3843.32 | 38 | | | 300 | 9608.3 | percent of total billed charges | |
| HC BLATERAL BALLOON DILATION URETERAL STR | 50706 | CPT | | | | outpatient | | | 10114 | | Multiplan | Multiplan | 8091.2 | 80 | | | 300 | 9608.3 | percent of total billed charges | |
| HC BLATERAL BALLOON DILATION URETERAL STR | 50706 | CPT | | | | outpatient | | | 10114 | | Horizon | Indemnity | 3871.64 | 38.28 | | | 300 | 9608.3 | percent of total billed charges | |
| HC BLATERAL BALLOON DILATION URETERAL STR | 50706 | CPT | | | | outpatient | | | 10114 | | First Trenton | First Trenton | 9102.6 | 90 | | | 300 | 9608.3 | percent of total billed charges | |
| HC BLATERAL BALLOON DILATION URETERAL STR | 50706 | CPT | | | | outpatient | | | 10114 | | Consumer | Consumer | 9608.3 | 95 | | | 300 | 9608.3 | percent of total billed charges | |
| HC BLATERAL BALLOON DILATION URETERAL STR | 50706 | CPT | | | | outpatient | | | 10114 | | Aetna | Better Health | 3190.97 | 31.55 | | | 300 | 9608.3 | percent of total billed charges | |
| HC BLATERAL BALLOON DILATION URETERAL STR | 50706 | CPT | | | | outpatient | | | 10114 | | Amerihealth | HMO/PPO | 300 | | | | 300 | 9608.3 | fee schedule | |
| HC BLATERAL BALLOON DILATION URETERAL STR | 50706 | CPT | | | | outpatient | | | 10114 | | Horizon | MGD | 3871.64 | 38.28 | | | 300 | 9608.3 | percent of total billed charges | |
| HC BLATERAL BALLOON DILATION URETERAL STR | 50706 | CPT | | | | outpatient | | | 10114 | | Corrections | Corrections | 8091.2 | 80 | | | 300 | 9608.3 | percent of total billed charges | |
| HC BLATERAL BALLOON DILATION URETERAL STR | 50706 | CPT | | | | outpatient | | | 10114 | | Qualcare | Qualcare | 7585.5 | 75 | | | 300 | 9608.3 | percent of total billed charges | |
| HC BLATERAL BALLOON DILATION URETERAL STR | 50706 | CPT | | | | outpatient | | | 10114 | | Managed Care Inc | Managed Care Inc | 9102.6 | 90 | | | 300 | 9608.3 | percent of total billed charges | |
| HC BLATERAL BALLOON DILATION URETERAL STR | 50706 | CPT | | | | outpatient | | | 10114 | | First Health | First Health | 7079.8 | 70 | | | 300 | 9608.3 | percent of total billed charges | |
| HC BLATERAL BALLOON DILATION URETERAL STR | 50706 | CPT | | | | outpatient | | | 10114 | | UHC | Medicaid | 3190.97 | 31.55 | | | 300 | 9608.3 | percent of total billed charges | |
| HC BLATERAL BALLOON DILATION URETERAL STR | 50706 | CPT | | | | outpatient | | | 10114 | | Horizon | Medicare Blue | 3034.2 | 30 | | | 300 | 9608.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLATERAL BALLOON DILATION URETERAL STR | 50706 | CPT | | | | outpatient | | | 10114 | | United | Oxford | 1782 | | | | 300 | 9608.3 | case rate | |
| HC BLATERAL BALLOON DILATION URETERAL STR | 50706 | CPT | | | | outpatient | | | 10114 | | Horizon | NJ Health | 844.41 | | | | 300 | 9608.3 | fee schedule | |
| HC BLATERAL BALLOON DILATION URETERAL STR | 50706 | CPT | | | | outpatient | | | 10114 | | United | Commercial/PPO | 1782 | | | | 300 | 9608.3 | case rate | |
| HC BLATERAL BALLOON DILATION URETERAL STR | 50706 | CPT | | | | outpatient | | | 10114 | | Horizon | PPO | 3871.64 | 38.28 | | | 300 | 9608.3 | percent of total billed charges | |
| HC BLATERAL BALLOON DILATION URETERAL STR | 50706 | CPT | | | | outpatient | | | 10114 | | WellPoint | WellPoint | 3254.69 | 32.18 | | | 300 | 9608.3 | percent of total billed charges | |
| HC BLATERAL BALLOON DILATION URETERAL STR | 50706 | CPT | | | | outpatient | | | 10114 | | Three Rivers | Three Rivers | 9608.3 | 95 | | | 300 | 9608.3 | percent of total billed charges | |
| HC BLATERAL BALLOON DILATION URETERAL STR | 50706 | CPT | | | | outpatient | | | 10114 | | Wellcare | Medicaid | 3190.97 | 31.55 | | | 300 | 9608.3 | percent of total billed charges | |
| HC CYSTOSTOMY CYSTOTOMY W DRAINAGE | 51040 | CPT | | | | outpatient | | | 9780 | 2678.87 | Aetna | Medicare | 2329.45 | | | | 474.32 | 9291 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTOSTOMY CYSTOTOMY W DRAINAGE | 51040 | CPT | | | | outpatient | | | 9780 | 2678.87 | Horizon | Indemnity | 4507.49 | | | | 474.32 | 9291 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTOSTOMY CYSTOTOMY W DRAINAGE | 51040 | CPT | | | | outpatient | | | 9780 | 2678.87 | UHC | Medicare | 2329.45 | | | | 474.32 | 9291 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTOSTOMY CYSTOTOMY W DRAINAGE | 51040 | CPT | | | | outpatient | | | 9780 | 2678.87 | Consumer | Consumer | 9291 | 95 | | | 474.32 | 9291 | percent of total billed charges | |
| HC CYSTOSTOMY CYSTOTOMY W DRAINAGE | 51040 | CPT | | | | outpatient | | | 9780 | 2678.87 | Americare | Americare | 7335 | 75 | | | 474.32 | 9291 | percent of total billed charges | |
| HC CYSTOSTOMY CYSTOTOMY W DRAINAGE | 51040 | CPT | | | | outpatient | | | 9780 | 2678.87 | Horizon | Medicare Blue | 2329.45 | | | | 474.32 | 9291 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTOSTOMY CYSTOTOMY W DRAINAGE | 51040 | CPT | | | | outpatient | | | 9780 | 2678.87 | Aetna | Commercial | 3801.66 | | | | 474.32 | 9291 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTOSTOMY CYSTOTOMY W DRAINAGE | 51040 | CPT | | | | outpatient | | | 9780 | 2678.87 | Aetna | Better Health | 3085.59 | 31.55 | | | 474.32 | 9291 | percent of total billed charges | |
| HC CYSTOSTOMY CYSTOTOMY W DRAINAGE | 51040 | CPT | | | | outpatient | | | 9780 | 2678.87 | First Trenton | First Trenton | 8802 | 90 | | | 474.32 | 9291 | percent of total billed charges | |
| HC CYSTOSTOMY CYSTOTOMY W DRAINAGE | 51040 | CPT | | | | outpatient | | | 9780 | 2678.87 | Horizon | PPO | 4507.49 | | | | 474.32 | 9291 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTOSTOMY CYSTOTOMY W DRAINAGE | 51040 | CPT | | | | outpatient | | | 9780 | 2678.87 | Multiplan | Multiplan | 7824 | 80 | | | 474.32 | 9291 | percent of total billed charges | |
| HC CYSTOSTOMY CYSTOTOMY W DRAINAGE | 51040 | CPT | | | | outpatient | | | 9780 | 2678.87 | Corrections | Corrections | 7824 | 80 | | | 474.32 | 9291 | percent of total billed charges | |
| HC CYSTOSTOMY CYSTOTOMY W DRAINAGE | 51040 | CPT | | | | outpatient | | | 9780 | 2678.87 | Amerihealth | HMO/PPO | 800 | | | | 474.32 | 9291 | fee schedule | |
| HC CYSTOSTOMY CYSTOTOMY W DRAINAGE | 51040 | CPT | | | | outpatient | | | 9780 | 2678.87 | UHC | Medicaid | 3085.59 | 31.55 | | | 474.32 | 9291 | percent of total billed charges | |
| HC CYSTOSTOMY CYSTOTOMY W DRAINAGE | 51040 | CPT | | | | outpatient | | | 9780 | 2678.87 | Qualcare | Qualcare | 7335 | 75 | | | 474.32 | 9291 | percent of total billed charges | |
| HC CYSTOSTOMY CYSTOTOMY W DRAINAGE | 51040 | CPT | | | | outpatient | | | 9780 | 2678.87 | First Health | First Health | 6846 | 70 | | | 474.32 | 9291 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC CYSTOSTOMY CYSTOTOMY W DRAINAGE | 51040 | CPT | | | | outpatient | | | 9780 | 2678.87 | Horizon | MGD | 4507.49 | | | | 474.32 | | 9291 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTOSTOMY CYSTOTOMY W DRAINAGE | 51040 | CPT | | | | outpatient | | | 9780 | 2678.87 | United | Commercial\|PPO | 2776 | | | | 474.32 | | 9291 case rate | |
| HC CYSTOSTOMY CYSTOTOMY W DRAINAGE | 51040 | CPT | | | | outpatient | | | 9780 | 2678.87 | Managed Care Inc | Managed Care Inc | 8802 | 90 | | | 474.32 | | 9291 percent of total billed charges | |
| HC CYSTOSTOMY CYSTOTOMY W DRAINAGE | 51040 | CPT | | | | outpatient | | | 9780 | 2678.87 | United | Oxford | 2776 | | | | 474.32 | | 9291 case rate | |
| HC CYSTOSTOMY CYSTOTOMY W DRAINAGE | 51040 | CPT | | | | outpatient | | | 9780 | 2678.87 | WellPoint | WellPoint | 3147.2 | 32.18 | | | 474.32 | | 9291 percent of total billed charges | |
| HC CYSTOSTOMY CYSTOTOMY W DRAINAGE | 51040 | CPT | | | | outpatient | | | 9780 | 2678.87 | Horizon | NJ Health | 474.32 | | | | 474.32 | | 9291 fee schedule | |
| HC CYSTOSTOMY CYSTOTOMY W DRAINAGE | 51040 | CPT | | | | outpatient | | | 9780 | 2678.87 | Three Rivers | Three Rivers | 9291 | 95 | | | 474.32 | | 9291 percent of total billed charges | |
| HC CYSTOSTOMY CYSTOTOMY W DRAINAGE | 51040 | CPT | | | | outpatient | | | 9780 | 2678.87 | Wellcare | Medicaid | 3085.59 | 31.55 | | | 474.32 | | 9291 percent of total billed charges | |
| HC CYSTOSTOMY CYSTOTOMY W DRAINAGE | 51040 | CPT | | | | outpatient | | | 9780 | 2678.87 | Wellcare | Medicare | 2329.45 | | | | 474.32 | | 9291 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASPIR BLADDER BY NEEDLE | 51100 | CPT | | | | outpatient | | | 2375 | 325.06 | Aetna | Better Health | 749.31 | 31.55 | | | 282.66 | | 2256.25 percent of total billed charges | |
| HC ASPIR BLADDER BY NEEDLE | 51100 | CPT | | | | outpatient | | | 2375 | 325.06 | Americare | Americare | 1781.25 | 75 | | | 282.66 | | 2256.25 percent of total billed charges | |
| HC ASPIR BLADDER BY NEEDLE | 51100 | CPT | | | | outpatient | | | 2375 | 325.06 | Corrections | Corrections | 1900 | 80 | | | 282.66 | | 2256.25 percent of total billed charges | |
| HC ASPIR BLADDER BY NEEDLE | 51100 | CPT | | | | outpatient | | | 2375 | 325.06 | Aetna | Commercial | 461.3 | | | | 282.66 | | 2256.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASPIR BLADDER BY NEEDLE | 51100 | CPT | | | | outpatient | | | 2375 | 325.06 | Consumer | Consumer | 2256.25 | 95 | | | 282.66 | | 2256.25 percent of total billed charges | |
| HC ASPIR BLADDER BY NEEDLE | 51100 | CPT | | | | outpatient | | | 2375 | 325.06 | Aetna | Medicare | 282.66 | | | | 282.66 | | 2256.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASPIR BLADDER BY NEEDLE | 51100 | CPT | | | | outpatient | | | 2375 | 325.06 | Multiplan | Multiplan | 1900 | 80 | | | 282.66 | | 2256.25 percent of total billed charges | |
| HC ASPIR BLADDER BY NEEDLE | 51100 | CPT | | | | outpatient | | | 2375 | 325.06 | Horizon | Medicare Blue | 282.66 | | | | 282.66 | | 2256.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASPIR BLADDER BY NEEDLE | 51100 | CPT | | | | outpatient | | | 2375 | 325.06 | Horizon | MGD | 546.95 | | | | 282.66 | | 2256.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASPIR BLADDER BY NEEDLE | 51100 | CPT | | | | outpatient | | | 2375 | 325.06 | First Trenton | First Trenton | 2137.5 | 90 | | | 282.66 | | 2256.25 percent of total billed charges | |
| HC ASPIR BLADDER BY NEEDLE | 51100 | CPT | | | | outpatient | | | 2375 | 325.06 | Horizon | Indemnity | 546.95 | | | | 282.66 | | 2256.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASPIR BLADDER BY NEEDLE | 51100 | CPT | | | | outpatient | | | 2375 | 325.06 | UHC | Medicare | 282.66 | | | | 282.66 | | 2256.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASPIR BLADDER BY NEEDLE | 51100 | CPT | | | | outpatient | | | 2375 | 325.06 | First Health | First Health | 1662.5 | 70 | | | 282.66 | | 2256.25 percent of total billed charges | |
| HC ASPIR BLADDER BY NEEDLE | 51100 | CPT | | | | outpatient | | | 2375 | 325.06 | Amerihealth | HMO\|PPO | 300 | | | | 282.66 | | 2256.25 fee schedule | |
| HC ASPIR BLADDER BY NEEDLE | 51100 | CPT | | | | outpatient | | | 2375 | 325.06 | Qualcare | Qualcare | 1781.25 | 75 | | | 282.66 | | 2256.25 percent of total billed charges | |
| HC ASPIR BLADDER BY NEEDLE | 51100 | CPT | | | | outpatient | | | 2375 | 325.06 | Three Rivers | Three Rivers | 2256.25 | 95 | | | 282.66 | | 2256.25 percent of total billed charges | |
| HC ASPIR BLADDER BY NEEDLE | 51100 | CPT | | | | outpatient | | | 2375 | 325.06 | Horizon | PPO | 546.95 | | | | 282.66 | | 2256.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASPIR BLADDER BY NEEDLE | 51100 | CPT | | | | outpatient | | | 2375 | 325.06 | Wellcare | Medicaid | 749.31 | 31.55 | | | 282.66 | | 2256.25 percent of total billed charges | |
| HC ASPIR BLADDER BY NEEDLE | 51100 | CPT | | | | outpatient | | | 2375 | 325.06 | Managed Care Inc | Managed Care Inc | 2137.5 | 90 | | | 282.66 | | 2256.25 percent of total billed charges | |
| HC ASPIR BLADDER BY NEEDLE | 51100 | CPT | | | | outpatient | | | 2375 | 325.06 | UHC | Medicaid | 749.31 | 31.55 | | | 282.66 | | 2256.25 percent of total billed charges | |
| HC ASPIR BLADDER BY NEEDLE | 51100 | CPT | | | | outpatient | | | 2375 | 325.06 | United | Commercial\|PPO | 1782 | | | | 282.66 | | 2256.25 case rate | |
| HC ASPIR BLADDER BY NEEDLE | 51100 | CPT | | | | outpatient | | | 2375 | 325.06 | Wellcare | Medicare | 282.66 | | | | 282.66 | | 2256.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASPIR BLADDER BY NEEDLE | 51100 | CPT | | | | outpatient | | | 2375 | 325.06 | WellPoint | WellPoint | 764.28 | 32.18 | | | 282.66 | | 2256.25 percent of total billed charges | |
| HC ASPIR BLADDER BY NEEDLE | 51100 | CPT | | | | outpatient | | | 2375 | 325.06 | United | Oxford | 1782 | | | | 282.66 | | 2256.25 case rate | |
| HC DRAINAGE BLADDER W SUPRA CATH | 51102 | CPT | | | | outpatient | | | 7170 | 2678.87 | Aetna | Commercial | 3801.66 | | | | 300 | | 6811.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE BLADDER W SUPRA CATH | 51102 | CPT | | | | outpatient | | | 7170 | 2678.87 | Amerihealth | HMO\|PPO | 300 | | | | 300 | | 6811.5 fee schedule | |
| HC DRAINAGE BLADDER W SUPRA CATH | 51102 | CPT | | | | outpatient | | | 7170 | 2678.87 | Consumer | Consumer | 6811.5 | 95 | | | 300 | | 6811.5 percent of total billed charges | |
| HC DRAINAGE BLADDER W SUPRA CATH | 51102 | CPT | | | | outpatient | | | 7170 | 2678.87 | Aetna | Medicare | 2329.45 | | | | 300 | | 6811.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE BLADDER W SUPRA CATH | 51102 | CPT | | | | outpatient | | | 7170 | 2678.87 | Horizon | Indemnity | 4507.49 | | | | 300 | | 6811.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE BLADDER W SUPRA CATH | 51102 | CPT | | | | outpatient | | | 7170 | 2678.87 | Horizon | MGD | 4507.49 | | | | 300 | | 6811.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE BLADDER W SUPRA CATH | 51102 | CPT | | | | outpatient | | | 7170 | 2678.87 | Aetna | Better Health | 2262.14 | 31.55 | | 827.8 | 300 | | 6811.5 percent of total billed charges | |
| HC DRAINAGE BLADDER W SUPRA CATH | 51102 | CPT | | | | outpatient | | | 7170 | 2678.87 | Multiplan | Multiplan | 5736 | 80 | | | 300 | | 6811.5 percent of total billed charges | |
| HC DRAINAGE BLADDER W SUPRA CATH | 51102 | CPT | | | | outpatient | | | 7170 | 2678.87 | Americare | Americare | 5377.5 | 75 | | | 300 | | 6811.5 percent of total billed charges | |
| HC DRAINAGE BLADDER W SUPRA CATH | 51102 | CPT | | | | outpatient | | | 7170 | 2678.87 | UHC | Medicaid | 2262.14 | 31.55 | | | 300 | | 6811.5 percent of total billed charges | |
| HC DRAINAGE BLADDER W SUPRA CATH | 51102 | CPT | | | | outpatient | | | 7170 | 2678.87 | First Trenton | First Trenton | 6453 | 90 | | | 300 | | 6811.5 percent of total billed charges | |
| HC DRAINAGE BLADDER W SUPRA CATH | 51102 | CPT | | | | outpatient | | | 7170 | 2678.87 | First Health | First Health | 5019 | 70 | | | 300 | | 6811.5 percent of total billed charges | |
| HC DRAINAGE BLADDER W SUPRA CATH | 51102 | CPT | | | | outpatient | | | 7170 | 2678.87 | Horizon | Medicare Blue | 2329.45 | | | | 300 | | 6811.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE BLADDER W SUPRA CATH | 51102 | CPT | | | | outpatient | | | 7170 | 2678.87 | Qualcare | Qualcare | 5377.5 | 75 | | | 300 | | 6811.5 percent of total billed charges | |
| HC DRAINAGE BLADDER W SUPRA CATH | 51102 | CPT | | | | outpatient | | | 7170 | 2678.87 | Corrections | Corrections | 5736 | 80 | | | 300 | | 6811.5 percent of total billed charges | |
| HC DRAINAGE BLADDER W SUPRA CATH | 51102 | CPT | | | | outpatient | | | 7170 | 2678.87 | UHC | Medicare | 2329.45 | | | 1740.33 | 300 | | 6811.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE BLADDER W SUPRA CATH | 51102 | CPT | | | | outpatient | | | 7170 | 2678.87 | Managed Care Inc | Managed Care Inc | 6453 | 90 | | | 300 | | 6811.5 percent of total billed charges | |
| HC DRAINAGE BLADDER W SUPRA CATH | 51102 | CPT | | | | outpatient | | | 7170 | 2678.87 | Wellcare | Medicaid | 2262.14 | 31.55 | | | 300 | | 6811.5 percent of total billed charges | |
| HC DRAINAGE BLADDER W SUPRA CATH | 51102 | CPT | | | | outpatient | | | 7170 | 2678.87 | Horizon | PPO | 4507.49 | | | | 300 | | 6811.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE BLADDER W SUPRA CATH | 51102 | CPT | | | | outpatient | | | 7170 | 2678.87 | Wellcare | Medicare | 2329.45 | | | | 300 | | 6811.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE BLADDER W SUPRA CATH | 51102 | CPT | | | | outpatient | | | 7170 | 2678.87 | Three Rivers | Three Rivers | 6811.5 | 95 | | | 300 | | 6811.5 percent of total billed charges | |
| HC DRAINAGE BLADDER W SUPRA CATH | 51102 | CPT | | | | outpatient | | | 7170 | 2678.87 | United | Commercial\|PPO | 2776 | | | | 300 | | 6811.5 case rate | |
| HC DRAINAGE BLADDER W SUPRA CATH | 51102 | CPT | | | | outpatient | | | 7170 | 2678.87 | United | Oxford | 2776 | | | | 300 | | 6811.5 case rate | |
| HC DRAINAGE BLADDER W SUPRA CATH | 51102 | CPT | | | | outpatient | | | 7170 | 2678.87 | WellPoint | WellPoint | 2307.31 | 32.18 | | | 300 | | 6811.5 percent of total billed charges | |
| HC INJECTION PX CYSTOGRAPHY/VOIDING URETHROCYSTOGRAPHY | 51600 | CPT | | | | outpatient | | | 2533 | | Horizon | Medicare Blue | 759.9 | 30 | | | 45.28 | | 2406.35 percent of total billed charges | |
| HC INJECTION PX CYSTOGRAPHY/VOIDING URETHROCYSTOGRAPHY | 51600 | CPT | | | | outpatient | | | 2533 | | Americare | Americare | 1899.75 | 75 | | | 45.28 | | 2406.35 percent of total billed charges | |
| HC INJECTION PX CYSTOGRAPHY/VOIDING URETHROCYSTOGRAPHY | 51600 | CPT | | | | outpatient | | | 2533 | | Aetna | Medicare | 780.16 | 30.8 | | | 45.28 | | 2406.35 percent of total billed charges | |
| HC INJECTION PX CYSTOGRAPHY/VOIDING URETHROCYSTOGRAPHY | 51600 | CPT | | | | outpatient | | | 2533 | | Corrections | Corrections | 2026.4 | 80 | | | 45.28 | | 2406.35 percent of total billed charges | |
| HC INJECTION PX CYSTOGRAPHY/VOIDING URETHROCYSTOGRAPHY | 51600 | CPT | | | | outpatient | | | 2533 | | Consumer | Consumer | 2406.35 | 95 | | | 45.28 | | 2406.35 percent of total billed charges | |
| HC INJECTION PX CYSTOGRAPHY/VOIDING URETHROCYSTOGRAPHY | 51600 | CPT | | | | outpatient | | | 2533 | | Amerihealth | HMO\|PPO | 125 | | | | 45.28 | | 2406.35 fee schedule | |
| HC INJECTION PX CYSTOGRAPHY/VOIDING URETHROCYSTOGRAPHY | 51600 | CPT | | | | outpatient | | | 2533 | | Multiplan | Multiplan | 2026.4 | 80 | | | 45.28 | | 2406.35 percent of total billed charges | |
| HC INJECTION PX CYSTOGRAPHY/VOIDING URETHROCYSTOGRAPHY | 51600 | CPT | | | | outpatient | | | 2533 | | Aetna | Better Health | 799.16 | 31.55 | | | 45.28 | | 2406.35 percent of total billed charges | |
| HC INJECTION PX CYSTOGRAPHY/VOIDING URETHROCYSTOGRAPHY | 51600 | CPT | | | | outpatient | | | 2533 | | First Health | First Health | 1773.1 | 70 | | | 45.28 | | 2406.35 percent of total billed charges | |
| HC INJECTION PX CYSTOGRAPHY/VOIDING URETHROCYSTOGRAPHY | 51600 | CPT | | | | outpatient | | | 2533 | | Horizon | MGD | 969.63 | 38.28 | | | 45.28 | | 2406.35 percent of total billed charges | |
| HC INJECTION PX CYSTOGRAPHY/VOIDING URETHROCYSTOGRAPHY | 51600 | CPT | | | | outpatient | | | 2533 | | Qualcare | Qualcare | 1899.75 | 75 | | | 45.28 | | 2406.35 percent of total billed charges | |
| HC INJECTION PX CYSTOGRAPHY/VOIDING URETHROCYSTOGRAPHY | 51600 | CPT | | | | outpatient | | | 2533 | | WellPoint | WellPoint | 815.12 | 32.18 | | | 45.28 | | 2406.35 percent of total billed charges | |
| HC INJECTION PX CYSTOGRAPHY/VOIDING URETHROCYSTOGRAPHY | 51600 | CPT | | | | outpatient | | | 2533 | | UHC | Medicaid | 799.16 | 31.55 | | | 45.28 | | 2406.35 percent of total billed charges | |
| HC INJECTION PX CYSTOGRAPHY/VOIDING URETHROCYSTOGRAPHY | 51600 | CPT | | | | outpatient | | | 2533 | | United | Commercial\|PPO | 1782 | | | | 45.28 | | 2406.35 case rate | |
| HC INJECTION PX CYSTOGRAPHY/VOIDING URETHROCYSTOGRAPHY | 51600 | CPT | | | | outpatient | | | 2533 | | First Trenton | First Trenton | 2279.7 | 90 | | | 45.28 | | 2406.35 percent of total billed charges | |
| HC INJECTION PX CYSTOGRAPHY/VOIDING URETHROCYSTOGRAPHY | 51600 | CPT | | | | outpatient | | | 2533 | | United | Oxford | 1782 | | | | 45.28 | | 2406.35 case rate | |
| HC INJECTION PX CYSTOGRAPHY/VOIDING URETHROCYSTOGRAPHY | 51600 | CPT | | | | outpatient | | | 2533 | | Horizon | Indemnity | 969.63 | 38.28 | | | 45.28 | | 2406.35 percent of total billed charges | |
| HC INJECTION PX CYSTOGRAPHY/VOIDING URETHROCYSTOGRAPHY | 51600 | CPT | | | | outpatient | | | 2533 | | Wellcare | Medicaid | 799.16 | 31.55 | | | 45.28 | | 2406.35 percent of total billed charges | |
| HC INJECTION PX CYSTOGRAPHY/VOIDING URETHROCYSTOGRAPHY | 51600 | CPT | | | | outpatient | | | 2533 | | Horizon | NJ Health | 45.28 | | | | 45.28 | | 2406.35 fee schedule | |
| HC INJECTION PX CYSTOGRAPHY/VOIDING URETHROCYSTOGRAPHY | 51600 | CPT | | | | outpatient | | | 2533 | | Horizon | PPO | 969.63 | 38.28 | | | 45.28 | | 2406.35 percent of total billed charges | |
| HC INJECTION PX CYSTOGRAPHY/VOIDING URETHROCYSTOGRAPHY | 51600 | CPT | | | | outpatient | | | 2533 | | Managed Care Inc | Managed Care Inc | 2279.7 | 90 | | | 45.28 | | 2406.35 percent of total billed charges | |
| HC INJECTION PX CYSTOGRAPHY/VOIDING URETHROCYSTOGRAPHY | 51600 | CPT | | | | outpatient | | | 2533 | | Three Rivers | Three Rivers | 2406.35 | 95 | | | 45.28 | | 2406.35 percent of total billed charges | |
| HC INJ FOR RETRO URETHROCYST | 51610 | CPT | | | | both | | | 3479 | | Aetna | Better Health | 1097.62 | 31.55 | | | 57.62 | | 3305.05 percent of total billed charges | |
| HC INJ FOR RETRO URETHROCYST | 51610 | CPT | | | | both | | | 3479 | | Multiplan | Multiplan | 2783.2 | 80 | | | 57.62 | | 3305.05 percent of total billed charges | |
| HC INJ FOR RETRO URETHROCYST | 51610 | CPT | | | | both | | | 3479 | | First Trenton | First Trenton | 3131.1 | 90 | | | 57.62 | | 3305.05 percent of total billed charges | |
| HC INJ FOR RETRO URETHROCYST | 51610 | CPT | | | | both | | | 3479 | | Americare | Americare | 2609.25 | 75 | | | 57.62 | | 3305.05 percent of total billed charges | |
| HC INJ FOR RETRO URETHROCYST | 51610 | CPT | | | | both | | | 3479 | | First Health | First Health | 2435.3 | 70 | | | 57.62 | | 3305.05 percent of total billed charges | |
| HC INJ FOR RETRO URETHROCYST | 51610 | CPT | | | | both | | | 3479 | | Horizon | Indemnity | 1331.76 | 38.28 | | | 57.62 | | 3305.05 percent of total billed charges | |
| HC INJ FOR RETRO URETHROCYST | 51610 | CPT | | | | both | | | 3479 | | Aetna | Medicare | 1071.53 | 30.8 | | | 57.62 | | 3305.05 percent of total billed charges | |
| HC INJ FOR RETRO URETHROCYST | 51610 | CPT | | | | both | | | 3479 | | Amerihealth | HMO\|PPO | 125 | | | | 57.62 | | 3305.05 fee schedule | |
| HC INJ FOR RETRO URETHROCYST | 51610 | CPT | | | | both | | | 3479 | | Consumer | Consumer | 3305.05 | 95 | | | 57.62 | | 3305.05 percent of total billed charges | |
| HC INJ FOR RETRO URETHROCYST | 51610 | CPT | | | | both | | | 3479 | | Horizon | Medicare Blue | 1043.7 | 30 | | | 57.62 | | 3305.05 percent of total billed charges | |
| HC INJ FOR RETRO URETHROCYST | 51610 | CPT | | | | both | | | 3479 | | Horizon | PPO | 1331.76 | 38.28 | | | 57.62 | | 3305.05 percent of total billed charges | |
| HC INJ FOR RETRO URETHROCYST | 51610 | CPT | | | | both | | | 3479 | | Horizon | MGD | 1331.76 | 38.28 | | | 57.62 | | 3305.05 percent of total billed charges | |
| HC INJ FOR RETRO URETHROCYST | 51610 | CPT | | | | both | | | 3479 | | Corrections | Corrections | 2783.2 | 80 | | | 57.62 | | 3305.05 percent of total billed charges | |
| HC INJ FOR RETRO URETHROCYST | 51610 | CPT | | | | both | | | 3479 | | WellPoint | WellPoint | 1119.54 | 32.18 | | | 57.62 | | 3305.05 percent of total billed charges | |
| HC INJ FOR RETRO URETHROCYST | 51610 | CPT | | | | both | | | 3479 | | Three Rivers | Three Rivers | 3305.05 | 95 | | | 57.62 | | 3305.05 percent of total billed charges | |
| HC INJ FOR RETRO URETHROCYST | 51610 | CPT | | | | both | | | 3479 | | Qualcare | Qualcare | 2609.25 | 75 | | | 57.62 | | 3305.05 percent of total billed charges | |
| HC INJ FOR RETRO URETHROCYST | 51610 | CPT | | | | both | | | 3479 | | Horizon | NJ Health | 57.62 | | | | 57.62 | | 3305.05 fee schedule | |
| HC INJ FOR RETRO URETHROCYST | 51610 | CPT | | | | both | | | 3479 | | UHC | Medicaid | 1097.62 | 31.55 | | | 57.62 | | 3305.05 percent of total billed charges | |
| HC INJ FOR RETRO URETHROCYST | 51610 | CPT | | | | both | | | 3479 | | Wellcare | Medicaid | 1097.62 | 31.55 | | | 57.62 | | 3305.05 percent of total billed charges | |
| HC INJ FOR RETRO URETHROCYST | 51610 | CPT | | | | both | | | 3479 | | United | Commercial\|PPO | 1782 | | | | 57.62 | | 3305.05 case rate | |
| HC INJ FOR RETRO URETHROCYST | 51610 | CPT | | | | both | | | 3479 | | Managed Care Inc | Managed Care Inc | 3131.1 | 90 | | | 57.62 | | 3305.05 percent of total billed charges | |
| HC INJ FOR RETRO URETHROCYST | 51610 | CPT | | | | both | | | 3479 | | United | Oxford | 1782 | | | | 57.62 | | 3305.05 case rate | |
| HC BLADDER IRRIG LAVAGE/INSTILL | 51700 | CPT | | | | outpatient | | | 936 | 325.06 | United | Commercial\|PPO | 1782 | | | | 41.16 | | 1782 case rate | |
| HC BLADDER IRRIG LAVAGE/INSTILL | 51700 | CPT | | | | outpatient | | | 936 | 325.06 | Aetna | Medicare | 282.66 | | | | 41.16 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLADDER IRRIG LAVAGE/INSTILL | 51700 | CPT | | | | outpatient | | | 936 | 325.06 | Aetna | Better Health | 295.31 | 31.55 | | | 41.16 | | 1782 percent of total billed charges | |
| HC BLADDER IRRIG LAVAGE/INSTILL | 51700 | CPT | | | | outpatient | | | 936 | 325.06 | Americare | Americare | 702 | 75 | | | 41.16 | | 1782 percent of total billed charges | |
| HC BLADDER IRRIG LAVAGE/INSTILL | 51700 | CPT | | | | outpatient | | | 936 | 325.06 | Aetna | Commercial | 461.3 | | | 244.51 | 41.16 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLADDER IRRIG LAVAGE/INSTILL | 51700 | CPT | | | | outpatient | | | 936 | 325.06 | Horizon | MGD | 546.95 | | | 455.45 | 41.16 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLADDER IRRIG LAVAGE/INSTILL | 51700 | CPT | | | | outpatient | | | 936 | 325.06 | Corrections | Corrections | 748.8 | 80 | | 239.73 | 41.16 | | 1782 percent of total billed charges | |
| HC BLADDER IRRIG LAVAGE/INSTILL | 51700 | CPT | | | | outpatient | | | 936 | 325.06 | Amerihealth | HMO\|PPO | 125 | | | | 41.16 | | 1782 fee schedule | |
| HC BLADDER IRRIG LAVAGE/INSTILL | 51700 | CPT | | | | outpatient | | | 936 | 325.06 | First Trenton | First Trenton | 842.4 | 90 | | | 41.16 | | 1782 percent of total billed charges | |
| HC BLADDER IRRIG LAVAGE/INSTILL | 51700 | CPT | | | | outpatient | | | 936 | 325.06 | Horizon | Indemnity | 546.95 | | | 429.88 | 41.16 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLADDER IRRIG LAVAGE/INSTILL | 51700 | CPT | | | | outpatient | | | 936 | 325.06 | Consumer | Consumer | 889.2 | 95 | | | 41.16 | | 1782 percent of total billed charges | |
| HC BLADDER IRRIG LAVAGE/INSTILL | 51700 | CPT | | | | outpatient | | | 936 | 325.06 | Horizon | NJ Health | 41.16 | | | 129.06 | 41.16 | | 1782 fee schedule | |
| HC BLADDER IRRIG LAVAGE/INSTILL | 51700 | CPT | | | | outpatient | | | 936 | 325.06 | Wellcare | Medicare | 282.66 | | | | 41.16 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLADDER IRRIG LAVAGE/INSTILL | 51700 | CPT | | | | outpatient | | | 936 | 325.06 | Multiplan | Multiplan | 748.8 | 80 | | | 41.16 | | 1782 percent of total billed charges | |
| HC BLADDER IRRIG LAVAGE/INSTILL | 51700 | CPT | | | | outpatient | | | 936 | 325.06 | First Health | First Health | 655.2 | 70 | | | 41.16 | | 1782 percent of total billed charges | |
| HC BLADDER IRRIG LAVAGE/INSTILL | 51700 | CPT | | | | outpatient | | | 936 | 325.06 | UHC | Medicaid | 295.31 | 31.55 | | 220.31 | 41.16 | | 1782 percent of total billed charges | |
| HC BLADDER IRRIG LAVAGE/INSTILL | 51700 | CPT | | | | outpatient | | | 936 | 325.06 | Horizon | Medicare Blue | 282.66 | | | 223.86 | 41.16 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLADDER IRRIG LAVAGE/INSTILL | 51700 | CPT | | | | outpatient | | | 936 | 325.06 | Qualcare | Qualcare | 702 | 75 | | | 41.16 | | 1782 percent of total billed charges | |
| HC BLADDER IRRIG LAVAGE/INSTILL | 51700 | CPT | | | | outpatient | | | 936 | 325.06 | WellPoint | WellPoint | 301.2 | 32.18 | | 244.32 | 41.16 | | 1782 percent of total billed charges | |
| HC BLADDER IRRIG LAVAGE/INSTILL | 51700 | CPT | | | | outpatient | | | 936 | 325.06 | Horizon | PPO | 546.95 | | | 461.27 | 41.16 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLADDER IRRIG LAVAGE/INSTILL | 51700 | CPT | | | | outpatient | | | 936 | 325.06 | Managed Care Inc | Managed Care Inc | 842.4 | 90 | | | 41.16 | | 1782 percent of total billed charges | |
| HC BLADDER IRRIG LAVAGE/INSTILL | 51700 | CPT | | | | outpatient | | | 936 | 325.06 | Three Rivers | Three Rivers | 889.2 | 95 | | | 41.16 | | 1782 percent of total billed charges | |
| HC BLADDER IRRIG LAVAGE/INSTILL | 51700 | CPT | | | | outpatient | | | 936 | 325.06 | UHC | Medicare | 282.66 | | | 97.07 | 41.16 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLADDER IRRIG LAVAGE/INSTILL | 51700 | CPT | | | | outpatient | | | 936 | 325.06 | United | Oxford | 1782 | | | | 41.16 | | 1782 case rate | |
| HC BLADDER IRRIG LAVAGE/INSTILL | 51700 | CPT | | | | outpatient | | | 936 | 325.06 | Wellcare | Medicaid | 295.31 | 31.55 | | | 41.16 | | 1782 percent of total billed charges | |
| HC STRAIGHT CATHETER INSERTION | 51701 | CPT | | | | outpatient | | | 424 | 168 | Consumer | Consumer | 402.8 | 95 | | | 74.48 | | 1782 percent of total billed charges | |
| HC STRAIGHT CATHETER INSERTION | 51701 | CPT | | | | outpatient | | | 424 | 168 | Americare | Americare | 318 | 75 | | | 74.48 | | 1782 percent of total billed charges | |
| HC STRAIGHT CATHETER INSERTION | 51701 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Commercial | 238.42 | | | | 74.48 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STRAIGHT CATHETER INSERTION | 51701 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Medicare | 146.09 | | | | 74.48 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STRAIGHT CATHETER INSERTION | 51701 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Better Health | 133.77 | 31.55 | | | 74.48 | | 1782 percent of total billed charges | |
| HC STRAIGHT CATHETER INSERTION | 51701 | CPT | | | | outpatient | | | 424 | 168 | Amerihealth | HMO\|PPO | 125 | | | | 74.48 | | 1782 fee schedule | |
| HC STRAIGHT CATHETER INSERTION | 51701 | CPT | | | | outpatient | | | 424 | 168 | Wellcare | Medicare | 146.09 | | | | 74.48 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STRAIGHT CATHETER INSERTION | 51701 | CPT | | | | outpatient | | | 424 | 168 | Horizon | NJ Health | 74.48 | | | 121.34 | 74.48 | | 1782 fee schedule | |
| HC STRAIGHT CATHETER INSERTION | 51701 | CPT | | | | outpatient | | | 424 | 168 | First Health | First Health | 296.8 | 70 | | | 74.48 | | 1782 percent of total billed charges | |
| HC STRAIGHT CATHETER INSERTION | 51701 | CPT | | | | outpatient | | | 424 | 168 | First Trenton | First Trenton | 381.6 | 90 | | | 74.48 | | 1782 percent of total billed charges | |
| HC STRAIGHT CATHETER INSERTION | 51701 | CPT | | | | outpatient | | | 424 | 168 | Horizon | MGD | 282.68 | | | | 74.48 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STRAIGHT CATHETER INSERTION | 51701 | CPT | | | | outpatient | | | 424 | 168 | Corrections | Corrections | 339.2 | 80 | | | 74.48 | | 1782 percent of total billed charges | |
| HC STRAIGHT CATHETER INSERTION | 51701 | CPT | | | | outpatient | | | 424 | 168 | UHC | Medicaid | 133.77 | 31.55 | | 115.58 | 74.48 | | 1782 percent of total billed charges | |
| HC STRAIGHT CATHETER INSERTION | 51701 | CPT | | | | outpatient | | | 424 | 168 | Horizon | Indemnity | 282.68 | | | 250.12 | 74.48 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STRAIGHT CATHETER INSERTION | 51701 | CPT | | | | outpatient | | | 424 | 168 | Wellcare | Medicaid | 133.77 | 31.55 | | 120.3 | 74.48 | | 1782 percent of total billed charges | |
| HC STRAIGHT CATHETER INSERTION | 51701 | CPT | | | | outpatient | | | 424 | 168 | Multiplan | Multiplan | 339.2 | 80 | | | 74.48 | | 1782 percent of total billed charges | |
| HC STRAIGHT CATHETER INSERTION | 51701 | CPT | | | | outpatient | | | 424 | 168 | WellPoint | WellPoint | 136.44 | 32.18 | | 101.6 | 74.48 | | 1782 percent of total billed charges | |
| HC STRAIGHT CATHETER INSERTION | 51701 | CPT | | | | outpatient | | | 424 | 168 | Horizon | Medicare Blue | 146.09 | | | | 74.48 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STRAIGHT CATHETER INSERTION | 51701 | CPT | | | | outpatient | | | 424 | 168 | Horizon | PPO | 282.68 | | | | 74.48 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STRAIGHT CATHETER INSERTION | 51701 | CPT | | | | outpatient | | | 424 | 168 | UHC | Medicare | 146.09 | | | 43.36 | 74.48 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STRAIGHT CATHETER INSERTION | 51701 | CPT | | | | outpatient | | | 424 | 168 | Qualcare | Qualcare | 318 | 75 | | | 74.48 | | 1782 percent of total billed charges | |
| HC STRAIGHT CATHETER INSERTION | 51701 | CPT | | | | outpatient | | | 424 | 168 | Managed Care Inc | Managed Care Inc | 381.6 | 90 | | | 74.48 | | 1782 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC STRAIGHT CATHETER INSERTION | 51701 | CPT | | | | outpatient | | | 424 | | 168 United | Commercial\|PPO | 1782 | | | | 74.48 | | 1782 case rate | |
| HC STRAIGHT CATHETER INSERTION | 51701 | CPT | | | | outpatient | | | 424 | | 168 Three Rivers | Three Rivers | 402.8 | 95 | | | 74.48 | | 1782 percent of total billed charges | |
| HC STRAIGHT CATHETER INSERTION | 51701 | CPT | | | | outpatient | | | 424 | | 168 United | Oxford | 1782 | | | | 74.48 | | 1782 case rate | |
| HC INSERTION OF TEMP INDWELLING BLADDER CATHETER SIMPLE, FOLEY | 51702 | CPT | | | | both | | | 467 | | 168 First Health | First Health | 326.9 | 70 | | | 78.64 | | 1782 percent of total billed charges | |
| HC INSERTION OF TEMP INDWELLING BLADDER CATHETER SIMPLE, FOLEY | 51702 | CPT | | | | both | | | 467 | | 168 Aetna | Commercial | 238.42 | | | | 78.64 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF TEMP INDWELLING BLADDER CATHETER SIMPLE, FOLEY | 51702 | CPT | | | | both | | | 467 | | 168 Amerihealth | HMO/PPO | 125 | | | | 78.64 | | 1782 fee schedule | |
| HC INSERTION OF TEMP INDWELLING BLADDER CATHETER SIMPLE, FOLEY | 51702 | CPT | | | | both | | | 467 | | 168 Horizon | PPO | 282.68 | | | 117.86 | 78.64 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF TEMP INDWELLING BLADDER CATHETER SIMPLE, FOLEY | 51702 | CPT | | | | both | | | 467 | | 168 Aetna | Medicare | 146.09 | | | 61.02 | 78.64 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF TEMP INDWELLING BLADDER CATHETER SIMPLE, FOLEY | 51702 | CPT | | | | both | | | 467 | | 168 Americare | Americare | 350.25 | 75 | | | 78.64 | | 1782 percent of total billed charges | |
| HC INSERTION OF TEMP INDWELLING BLADDER CATHETER SIMPLE, FOLEY | 51702 | CPT | | | | both | | | 467 | | 168 Wellcare | Medicare | 146.09 | | | | 78.64 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF TEMP INDWELLING BLADDER CATHETER SIMPLE, FOLEY | 51702 | CPT | | | | both | | | 467 | | 168 Aetna | Better Health | 147.34 | 31.55 | | | 78.64 | | 1782 percent of total billed charges | |
| HC INSERTION OF TEMP INDWELLING BLADDER CATHETER SIMPLE, FOLEY | 51702 | CPT | | | | both | | | 467 | | 168 Horizon | NJ Health | 78.64 | | | 26.39 | 78.64 | | 1782 fee schedule | |
| HC INSERTION OF TEMP INDWELLING BLADDER CATHETER SIMPLE, FOLEY | 51702 | CPT | | | | both | | | 467 | | 168 WellPoint | WellPoint | 150.28 | 32.18 | | 103.83 | 78.64 | | 1782 percent of total billed charges | |
| HC INSERTION OF TEMP INDWELLING BLADDER CATHETER SIMPLE, FOLEY | 51702 | CPT | | | | both | | | 467 | | 168 Horizon | Medicare Blue | 146.09 | | | 74.42 | 78.64 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF TEMP INDWELLING BLADDER CATHETER SIMPLE, FOLEY | 51702 | CPT | | | | both | | | 467 | | 168 UHC | Medicaid | 147.34 | 31.55 | | 109.3 | 78.64 | | 1782 percent of total billed charges | |
| HC INSERTION OF TEMP INDWELLING BLADDER CATHETER SIMPLE, FOLEY | 51702 | CPT | | | | both | | | 467 | | 168 Consumer | Consumer | 443.65 | 95 | | | 78.64 | | 1782 percent of total billed charges | |
| HC INSERTION OF TEMP INDWELLING BLADDER CATHETER SIMPLE, FOLEY | 51702 | CPT | | | | both | | | 467 | | 168 Corrections | Corrections | 373.6 | 80 | | 77.6 | 78.64 | | 1782 percent of total billed charges | |
| HC INSERTION OF TEMP INDWELLING BLADDER CATHETER SIMPLE, FOLEY | 51702 | CPT | | | | both | | | 467 | | 168 Horizon | MGD | 282.68 | | | 154.62 | 78.64 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF TEMP INDWELLING BLADDER CATHETER SIMPLE, FOLEY | 51702 | CPT | | | | both | | | 467 | | 168 UHC | Medicare | 146.09 | | | 43.63 | 78.64 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF TEMP INDWELLING BLADDER CATHETER SIMPLE, FOLEY | 51702 | CPT | | | | both | | | 467 | | 168 Three Rivers | Three Rivers | 443.65 | 95 | | | 78.64 | | 1782 percent of total billed charges | |
| HC INSERTION OF TEMP INDWELLING BLADDER CATHETER SIMPLE, FOLEY | 51702 | CPT | | | | both | | | 467 | | 168 Multiplan | Multiplan | 373.6 | 80 | | | 78.64 | | 1782 percent of total billed charges | |
| HC INSERTION OF TEMP INDWELLING BLADDER CATHETER SIMPLE, FOLEY | 51702 | CPT | | | | both | | | 467 | | 168 Wellcare | Medicaid | 147.34 | 31.55 | | | 78.64 | | 1782 percent of total billed charges | |
| HC INSERTION OF TEMP INDWELLING BLADDER CATHETER SIMPLE, FOLEY | 51702 | CPT | | | | both | | | 467 | | 168 Qualcare | Qualcare | 350.25 | 75 | | | 78.64 | | 1782 percent of total billed charges | |
| HC INSERTION OF TEMP INDWELLING BLADDER CATHETER SIMPLE, FOLEY | 51702 | CPT | | | | both | | | 467 | | 168 First Trenton | First Trenton | 420.3 | 90 | | | 78.64 | | 1782 percent of total billed charges | |
| HC INSERTION OF TEMP INDWELLING BLADDER CATHETER SIMPLE, FOLEY | 51702 | CPT | | | | both | | | 467 | | 168 Horizon | Indemnity | 282.68 | | | | 78.64 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF TEMP INDWELLING BLADDER CATHETER SIMPLE, FOLEY | 51702 | CPT | | | | both | | | 467 | | 168 Managed Care Inc | Managed Care Inc | 420.3 | 90 | | | 78.64 | | 1782 percent of total billed charges | |
| HC INSERTION OF TEMP INDWELLING BLADDER CATHETER SIMPLE, FOLEY | 51702 | CPT | | | | both | | | 467 | | 168 United | Commercial\|PPO | 1782 | | | | 78.64 | | 1782 case rate | |
| HC INSERTION OF TEMP INDWELLING BLADDER CATHETER SIMPLE, FOLEY | 51702 | CPT | | | | both | | | 467 | | 168 United | Oxford | 1782 | | | | 78.64 | | 1782 case rate | |
| HC INSERTION OF TEMP INDWELL CATH | 51703 | CPT | | | | outpatient | | | 994 | | 205.45 Aetna | Commercial | 291.56 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF TEMP INDWELL CATH | 51703 | CPT | | | | outpatient | | | 994 | | 205.45 Aetna | Medicare | 178.65 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF TEMP INDWELL CATH | 51703 | CPT | | | | outpatient | | | 994 | | 205.45 Corrections | Corrections | 795.2 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC INSERTION OF TEMP INDWELL CATH | 51703 | CPT | | | | outpatient | | | 994 | | 205.45 Horizon | Medicare Blue | 178.65 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF TEMP INDWELL CATH | 51703 | CPT | | | | outpatient | | | 994 | | 205.45 UHC | Medicare | 178.65 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF TEMP INDWELL CATH | 51703 | CPT | | | | outpatient | | | 994 | | 205.45 Horizon | PPO | 345.69 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF TEMP INDWELL CATH | 51703 | CPT | | | | outpatient | | | 994 | | 205.45 Americare | Americare | 745.5 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC INSERTION OF TEMP INDWELL CATH | 51703 | CPT | | | | outpatient | | | 994 | | 205.45 Aetna | Better Health | 313.61 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC INSERTION OF TEMP INDWELL CATH | 51703 | CPT | | | | outpatient | | | 994 | | 205.45 Amerihealth | HMO/PPO | 125 | | | | 125 | | 1782 fee schedule | |
| HC INSERTION OF TEMP INDWELL CATH | 51703 | CPT | | | | outpatient | | | 994 | | 205.45 Consumer | Consumer | 944.3 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC INSERTION OF TEMP INDWELL CATH | 51703 | CPT | | | | outpatient | | | 994 | | 205.45 First Trenton | First Trenton | 894.6 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC INSERTION OF TEMP INDWELL CATH | 51703 | CPT | | | | outpatient | | | 994 | | 205.45 Multiplan | Multiplan | 795.2 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC INSERTION OF TEMP INDWELL CATH | 51703 | CPT | | | | outpatient | | | 994 | | 205.45 Horizon | MGD | 345.69 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF TEMP INDWELL CATH | 51703 | CPT | | | | outpatient | | | 994 | | 205.45 WellPoint | WellPoint | 319.87 | 32.18 | | | 125 | | 1782 percent of total billed charges | |
| HC INSERTION OF TEMP INDWELL CATH | 51703 | CPT | | | | outpatient | | | 994 | | 205.45 Three Rivers | Three Rivers | 944.3 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC INSERTION OF TEMP INDWELL CATH | 51703 | CPT | | | | outpatient | | | 994 | | 205.45 First Health | First Health | 695.8 | 70 | | | 125 | | 1782 percent of total billed charges | |
| HC INSERTION OF TEMP INDWELL CATH | 51703 | CPT | | | | outpatient | | | 994 | | 205.45 Horizon | Indemnity | 345.69 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF TEMP INDWELL CATH | 51703 | CPT | | | | outpatient | | | 994 | | 205.45 Qualcare | Qualcare | 745.5 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC INSERTION OF TEMP INDWELL CATH | 51703 | CPT | | | | outpatient | | | 994 | | 205.45 UHC | Medicaid | 313.61 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC INSERTION OF TEMP INDWELL CATH | 51703 | CPT | | | | outpatient | | | 994 | | 205.45 Wellcare | Medicaid | 313.61 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC INSERTION OF TEMP INDWELL CATH | 51703 | CPT | | | | outpatient | | | 994 | | 205.45 Horizon | NJ Health | 162.68 | | | | 125 | | 1782 fee schedule | |
| HC INSERTION OF TEMP INDWELL CATH | 51703 | CPT | | | | outpatient | | | 994 | | 205.45 Wellcare | Medicare | 178.65 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF TEMP INDWELL CATH | 51703 | CPT | | | | outpatient | | | 994 | | 205.45 United | Oxford | 1782 | | | | 125 | | 1782 case rate | |
| HC INSERTION OF TEMP INDWELL CATH | 51703 | CPT | | | | outpatient | | | 994 | | 205.45 Managed Care Inc | Managed Care Inc | 894.6 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC INSERTION OF TEMP INDWELL CATH | 51703 | CPT | | | | outpatient | | | 994 | | 205.45 United | Commercial\|PPO | 1782 | | | | 125 | | 1782 case rate | |
| HC CH CYSTOSOMY TUBE;SIMPLE | 51705 | CPT | | | | both | | | 798 | | 325.06 First Trenton | First Trenton | 718.2 | 90 | | | 41.16 | | 1782 percent of total billed charges | |
| HC CH CYSTOSOMY TUBE;SIMPLE | 51705 | CPT | | | | both | | | 798 | | 325.06 Multiplan | Multiplan | 638.4 | 80 | | | 41.16 | | 1782 percent of total billed charges | |
| HC CH CYSTOSOMY TUBE;SIMPLE | 51705 | CPT | | | | both | | | 798 | | 325.06 Aetna | Better Health | 251.77 | 31.55 | | | 41.16 | | 1782 percent of total billed charges | |
| HC CH CYSTOSOMY TUBE;SIMPLE | 51705 | CPT | | | | both | | | 798 | | 325.06 Horizon | MGD | 546.95 | | | | 41.16 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CH CYSTOSOMY TUBE;SIMPLE | 51705 | CPT | | | | both | | | 798 | | 325.06 Corrections | Corrections | 638.4 | 80 | | | 41.16 | | 1782 percent of total billed charges | |
| HC CH CYSTOSOMY TUBE;SIMPLE | 51705 | CPT | | | | both | | | 798 | | 325.06 Aetna | Commercial | 461.3 | | | | 41.16 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CH CYSTOSOMY TUBE;SIMPLE | 51705 | CPT | | | | both | | | 798 | | 325.06 Amerihealth | HMO/PPO | 125 | | | 242.84 | 41.16 | | 1782 fee schedule | |
| HC CH CYSTOSOMY TUBE;SIMPLE | 51705 | CPT | | | | both | | | 798 | | 325.06 Horizon | PPO | 546.95 | | | | 41.16 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CH CYSTOSOMY TUBE;SIMPLE | 51705 | CPT | | | | both | | | 798 | | 325.06 Horizon | Medicare Blue | 282.66 | | | 264.26 | 41.16 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CH CYSTOSOMY TUBE;SIMPLE | 51705 | CPT | | | | both | | | 798 | | 325.06 Wellcare | Medicaid | 251.77 | 31.55 | | | 41.16 | | 1782 percent of total billed charges | |
| HC CH CYSTOSOMY TUBE;SIMPLE | 51705 | CPT | | | | both | | | 798 | | 325.06 Horizon | Indemnity | 546.95 | | | | 41.16 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CH CYSTOSOMY TUBE;SIMPLE | 51705 | CPT | | | | both | | | 798 | | 325.06 UHC | Medicare | 282.66 | | | 222.93 | 41.16 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CH CYSTOSOMY TUBE;SIMPLE | 51705 | CPT | | | | both | | | 798 | | 325.06 Qualcare | Qualcare | 598.5 | 75 | | | 41.16 | | 1782 percent of total billed charges | |
| HC CH CYSTOSOMY TUBE;SIMPLE | 51705 | CPT | | | | both | | | 798 | | 325.06 Aetna | Medicare | 282.66 | | | | 41.16 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CH CYSTOSOMY TUBE;SIMPLE | 51705 | CPT | | | | both | | | 798 | | 325.06 First Health | First Health | 598.6 | 70 | | | 41.16 | | 1782 percent of total billed charges | |
| HC CH CYSTOSOMY TUBE;SIMPLE | 51705 | CPT | | | | both | | | 798 | | 325.06 Wellcare | Medicare | 282.66 | | | 20.6 | 41.16 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CH CYSTOSOMY TUBE;SIMPLE | 51705 | CPT | | | | both | | | 798 | | 325.06 Managed Care Inc | Managed Care Inc | 718.2 | 90 | | | 41.16 | | 1782 percent of total billed charges | |
| HC CH CYSTOSOMY TUBE;SIMPLE | 51705 | CPT | | | | both | | | 798 | | 325.06 Americare | Americare | 598.5 | 75 | | | 41.16 | | 1782 percent of total billed charges | |
| HC CH CYSTOSOMY TUBE;SIMPLE | 51705 | CPT | | | | both | | | 798 | | 325.06 Three Rivers | Three Rivers | 758.1 | 95 | | | 41.16 | | 1782 percent of total billed charges | |
| HC CH CYSTOSOMY TUBE;SIMPLE | 51705 | CPT | | | | both | | | 798 | | 325.06 WellPoint | WellPoint | 256.8 | 32.18 | | 245.67 | 41.16 | | 1782 percent of total billed charges | |
| HC CH CYSTOSOMY TUBE;SIMPLE | 51705 | CPT | | | | both | | | 798 | | 325.06 United | Commercial\|PPO | 1782 | | | | 41.16 | | 1782 case rate | |
| HC CH CYSTOSOMY TUBE;SIMPLE | 51705 | CPT | | | | both | | | 798 | | 325.06 Consumer | Consumer | 758.1 | 95 | | | 41.16 | | 1782 percent of total billed charges | |
| HC CH CYSTOSOMY TUBE;SIMPLE | 51705 | CPT | | | | both | | | 798 | | 325.06 UHC | Medicaid | 251.77 | 31.55 | | 219.22 | 41.16 | | 1782 percent of total billed charges | |
| HC CH CYSTOSOMY TUBE;SIMPLE | 51705 | CPT | | | | both | | | 798 | | 325.06 Horizon | NJ Health | 41.16 | | | 175.85 | 41.16 | | 1782 fee schedule | |
| HC CH CYSTOSOMY TUBE;SIMPLE | 51705 | CPT | | | | both | | | 798 | | 325.06 United | Oxford | 1782 | | | | 41.16 | | 1782 case rate | |
| HC BLADDER INSTILLAT ANTICARCIN | 51720 | CPT | | | | outpatient | | | 2281 | | 898.44 Aetna | Medicare | 781.25 | | | | 78.4 | | 2166.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLADDER INSTILLAT ANTICARCIN | 51720 | CPT | | | | outpatient | | | 2281 | | 898.44 Corrections | Corrections | 1824.8 | 80 | | | 78.4 | | 2166.95 percent of total billed charges | |
| HC BLADDER INSTILLAT ANTICARCIN | 51720 | CPT | | | | outpatient | | | 2281 | | 898.44 First Health | First Health | 1596.7 | 70 | | | 78.4 | | 2166.95 percent of total billed charges | |
| HC BLADDER INSTILLAT ANTICARCIN | 51720 | CPT | | | | outpatient | | | 2281 | | 898.44 Aetna | Commercial | 1275 | | | | 78.4 | | 2166.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLADDER INSTILLAT ANTICARCIN | 51720 | CPT | | | | outpatient | | | 2281 | | 898.44 Horizon | PPO | 1511.72 | | | | 78.4 | | 2166.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLADDER INSTILLAT ANTICARCIN | 51720 | CPT | | | | outpatient | | | 2281 | | 898.44 Americare | Americare | 1710.75 | 75 | | | 78.4 | | 2166.95 percent of total billed charges | |
| HC BLADDER INSTILLAT ANTICARCIN | 51720 | CPT | | | | outpatient | | | 2281 | | 898.44 Aetna | Better Health | 719.66 | 31.55 | | | 78.4 | | 2166.95 percent of total billed charges | |
| HC BLADDER INSTILLAT ANTICARCIN | 51720 | CPT | | | | outpatient | | | 2281 | | 898.44 Amerihealth | HMO/PPO | 550 | | | | 78.4 | | 2166.95 fee schedule | |
| HC BLADDER INSTILLAT ANTICARCIN | 51720 | CPT | | | | outpatient | | | 2281 | | 898.44 WellPoint | WellPoint | 734.03 | 32.18 | | | 78.4 | | 2166.95 percent of total billed charges | |
| HC BLADDER INSTILLAT ANTICARCIN | 51720 | CPT | | | | outpatient | | | 2281 | | 898.44 Horizon | Indemnity | 1511.72 | | | | 78.4 | | 2166.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLADDER INSTILLAT ANTICARCIN | 51720 | CPT | | | | outpatient | | | 2281 | | 898.44 Multiplan | Multiplan | 1824.8 | 80 | | | 78.4 | | 2166.95 percent of total billed charges | |
| HC BLADDER INSTILLAT ANTICARCIN | 51720 | CPT | | | | outpatient | | | 2281 | | 898.44 UHC | Medicare | 781.25 | | | | 78.4 | | 2166.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLADDER INSTILLAT ANTICARCIN | 51720 | CPT | | | | outpatient | | | 2281 | | 898.44 Consumer | Consumer | 2166.95 | 95 | | | 78.4 | | 2166.95 percent of total billed charges | |
| HC BLADDER INSTILLAT ANTICARCIN | 51720 | CPT | | | | outpatient | | | 2281 | | 898.44 First Trenton | First Trenton | 2052.9 | 90 | | | 78.4 | | 2166.95 percent of total billed charges | |
| HC BLADDER INSTILLAT ANTICARCIN | 51720 | CPT | | | | outpatient | | | 2281 | | 898.44 Qualcare | Qualcare | 1710.75 | 75 | | | 78.4 | | 2166.95 percent of total billed charges | |
| HC BLADDER INSTILLAT ANTICARCIN | 51720 | CPT | | | | outpatient | | | 2281 | | 898.44 Horizon | MGD | 1511.72 | | | 189.55 | 78.4 | | 2166.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLADDER INSTILLAT ANTICARCIN | 51720 | CPT | | | | outpatient | | | 2281 | | 898.44 UHC | Medicaid | 719.66 | 31.55 | | 660.16 | 78.4 | | 2166.95 percent of total billed charges | |
| HC BLADDER INSTILLAT ANTICARCIN | 51720 | CPT | | | | outpatient | | | 2281 | | 898.44 Horizon | Medicare Blue | 781.25 | | | 587.64 | 78.4 | | 2166.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLADDER INSTILLAT ANTICARCIN | 51720 | CPT | | | | outpatient | | | 2281 | | 898.44 Wellcare | Medicaid | 719.66 | 31.55 | | | 78.4 | | 2166.95 percent of total billed charges | |
| HC BLADDER INSTILLAT ANTICARCIN | 51720 | CPT | | | | outpatient | | | 2281 | | 898.44 United | Commercial\|PPO | 1782 | | | | 78.4 | | 2166.95 case rate | |
| HC BLADDER INSTILLAT ANTICARCIN | 51720 | CPT | | | | outpatient | | | 2281 | | 898.44 Wellcare | Medicare | 781.25 | | | | 78.4 | | 2166.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLADDER INSTILLAT ANTICARCIN | 51720 | CPT | | | | outpatient | | | 2281 | | 898.44 Horizon | NJ Health | 78.4 | | | | 78.4 | | 2166.95 fee schedule | |
| HC BLADDER INSTILLAT ANTICARCIN | 51720 | CPT | | | | outpatient | | | 2281 | | 898.44 Managed Care Inc | Managed Care Inc | 2052.9 | 90 | | | 78.4 | | 2166.95 percent of total billed charges | |
| HC BLADDER INSTILLAT ANTICARCIN | 51720 | CPT | | | | outpatient | | | 2281 | | 898.44 Three Rivers | Three Rivers | 2166.95 | 95 | | | 78.4 | | 2166.95 percent of total billed charges | |
| HC BLADDER INSTILLAT ANTICARCIN | 51720 | CPT | | | | outpatient | | | 2281 | | 898.44 United | Oxford | 1782 | | | | 78.4 | | 2166.95 case rate | |
| HC SIMPLE CYSTOMETROGRAM | 51725 | CPT | | | | outpatient | | | 1782 | | 325.06 Amerihealth | HMO/PPO | 125 | | | | 89.57 | | 1782 fee schedule | |
| HC SIMPLE CYSTOMETROGRAM | 51725 | CPT | | | | outpatient | | | 1782 | | 325.06 Corrections | Corrections | 1425.6 | 80 | | 237.06 | 89.57 | | 1782 percent of total billed charges | |
| HC SIMPLE CYSTOMETROGRAM | 51725 | CPT | | | | outpatient | | | 1782 | | 325.06 Aetna | Better Health | 562.22 | 31.55 | | | 89.57 | | 1782 percent of total billed charges | |
| HC SIMPLE CYSTOMETROGRAM | 51725 | CPT | | | | outpatient | | | 1782 | | 325.06 Consumer | Consumer | 1692.9 | 95 | | | 89.57 | | 1782 percent of total billed charges | |
| HC SIMPLE CYSTOMETROGRAM | 51725 | CPT | | | | outpatient | | | 1782 | | 325.06 Horizon | Indemnity | 546.95 | | | 355.68 | 89.57 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMPLE CYSTOMETROGRAM | 51725 | CPT | | | | outpatient | | | 1782 | | 325.06 Aetna | Medicare | 282.66 | | | | 89.57 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMPLE CYSTOMETROGRAM | 51725 | CPT | | | | outpatient | | | 1782 | | 325.06 Multiplan | Multiplan | 1425.6 | 80 | | | 89.57 | | 1782 percent of total billed charges | |
| HC SIMPLE CYSTOMETROGRAM | 51725 | CPT | | | | outpatient | | | 1782 | | 325.06 Aetna | Commercial | 461.3 | | | | 89.57 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMPLE CYSTOMETROGRAM | 51725 | CPT | | | | outpatient | | | 1782 | | 325.06 First Health | First Health | 1247.4 | 70 | | | 89.57 | | 1782 percent of total billed charges | |
| HC SIMPLE CYSTOMETROGRAM | 51725 | CPT | | | | outpatient | | | 1782 | | 325.06 Horizon | Medicare Blue | 282.66 | | | 211.71 | 89.57 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMPLE CYSTOMETROGRAM | 51725 | CPT | | | | outpatient | | | 1782 | | 325.06 First Trenton | First Trenton | 1603.8 | 90 | | | 89.57 | | 1782 percent of total billed charges | |
| HC SIMPLE CYSTOMETROGRAM | 51725 | CPT | | | | outpatient | | | 1782 | | 325.06 Americare | Americare | 1336.5 | 75 | | | 89.57 | | 1782 percent of total billed charges | |
| HC SIMPLE CYSTOMETROGRAM | 51725 | CPT | | | | outpatient | | | 1782 | | 325.06 Horizon | PPO | 546.95 | | | | 89.57 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMPLE CYSTOMETROGRAM | 51725 | CPT | | | | outpatient | | | 1782 | | 325.06 Horizon | MGD | 546.95 | | | | 89.57 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMPLE CYSTOMETROGRAM | 51725 | CPT | | | | outpatient | | | 1782 | | 325.06 Qualcare | Qualcare | 1336.5 | 75 | | | 89.57 | | 1782 percent of total billed charges | |
| HC SIMPLE CYSTOMETROGRAM | 51725 | CPT | | | | outpatient | | | 1782 | | 325.06 Three Rivers | Three Rivers | 1692.9 | 95 | | | 89.57 | | 1782 percent of total billed charges | |
| HC SIMPLE CYSTOMETROGRAM | 51725 | CPT | | | | outpatient | | | 1782 | | 325.06 United | Commercial\|PPO | 1782 | | | | 89.57 | | 1782 case rate | |
| HC SIMPLE CYSTOMETROGRAM | 51725 | CPT | | | | outpatient | | | 1782 | | 325.06 Horizon | NJ Health | 89.57 | | | 66.73 | 89.57 | | 1782 fee schedule | |
| HC SIMPLE CYSTOMETROGRAM | 51725 | CPT | | | | outpatient | | | 1782 | | 325.06 Managed Care Inc | Managed Care Inc | 1603.8 | 90 | | | 89.57 | | 1782 percent of total billed charges | |
| HC SIMPLE CYSTOMETROGRAM | 51725 | CPT | | | | outpatient | | | 1782 | | 325.06 United | Oxford | 1782 | | | | 89.57 | | 1782 case rate | |
| HC SIMPLE CYSTOMETROGRAM | 51725 | CPT | | | | outpatient | | | 1782 | | 325.06 UHC | Medicaid | 562.22 | 31.55 | | | 89.57 | | 1782 percent of total billed charges | |
| HC SIMPLE CYSTOMETROGRAM | 51725 | CPT | | | | outpatient | | | 1782 | | 325.06 Wellcare | Medicaid | 562.22 | 31.55 | | | 89.57 | | 1782 percent of total billed charges | |
| HC SIMPLE CYSTOMETROGRAM | 51725 | CPT | | | | outpatient | | | 1782 | | 325.06 UHC | Medicare | 282.66 | | | | 89.57 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SIMPLE CYSTOMETROGRAM | 51725 | CPT | | | | outpatient | | | 1782 | | 325.06 WellPoint | WellPoint | 573.45 | 32.18 | | 199.41 | 89.57 | | 1782 percent of total billed charges | |
| HC SIMPLE CYSTOMETROGRAM | 51725 | CPT | | | | outpatient | | | 1782 | | 325.06 Wellcare | Medicare | 282.66 | | | | 89.57 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COMPLEX UROFLOMETRY | 51741 | CPT | | | | outpatient | | | 1074.82 | | 412.82 Consumer | Consumer | 1021.08 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC COMPLEX UROFLOMETRY | 51741 | CPT | | | | outpatient | | | 1074.82 | | 412.82 First Trenton | First Trenton | 967.34 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC COMPLEX UROFLOMETRY | 51741 | CPT | | | | outpatient | | | 1074.82 | | 412.82 Aetna | Better Health | 339.11 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC COMPLEX UROFLOMETRY | 51741 | CPT | | | | outpatient | | | 1074.82 | | 412.82 Aetna | Medicare | 358.97 | | | 135.2 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COMPLEX UROFLOMETRY | 51741 | CPT | | | | outpatient | | | 1074.82 | | 412.82 Americare | Americare | 806.12 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC COMPLEX UROFLOMETRY | 51741 | CPT | | | | outpatient | | | 1074.82 | | 412.82 Amerihealth | HMO/PPO | 125 | | | | 125 | | 1782 fee schedule | |
| HC COMPLEX UROFLOMETRY | 51741 | CPT | | | | outpatient | | | 1074.82 | | 412.82 Qualcare | Qualcare | 806.12 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC COMPLEX UROFLOMETRY | 51741 | CPT | | | | outpatient | | | 1074.82 | | 412.82 Aetna | Commercial | 408.43 | 38 | | | 125 | | 1782 percent of total billed charges | |
| HC COMPLEX UROFLOMETRY | 51741 | CPT | | | | outpatient | | | 1074.82 | | 412.82 Corrections | Corrections | 859.86 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC COMPLEX UROFLOMETRY | 51741 | CPT | | | | outpatient | | | 1074.82 | | 412.82 Horizon | Medicare Blue | 358.97 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COMPLEX UROFLOMETRY | 51741 | CPT | | | | outpatient | | | 1074.82 | | 412.82 Wellcare | Medicare | 358.97 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COMPLEX UROFLOMETRY | 51741 | CPT | | | | outpatient | | | 1074.82 | | 412.82 Horizon | MGD | 694.61 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COMPLEX UROFLOMETRY | 51741 | CPT | | | | outpatient | | | 1074.82 | | 412.82 Managed Care Inc | Managed Care Inc | 967.34 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC COMPLEX UROFLOMETRY | 51741 | CPT | | | | outpatient | | | 1074.82 | | 412.82 First Health | First Health | 752.37 | 70 | | | 125 | | 1782 percent of total billed charges | |
| HC COMPLEX UROFLOMETRY | 51741 | CPT | | | | outpatient | | | 1074.82 | | 412.82 UHC | Medicaid | 339.11 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC COMPLEX UROFLOMETRY | 51741 | CPT | | | | outpatient | | | 1074.82 | | 412.82 Multiplan | Multiplan | 859.86 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC COMPLEX UROFLOMETRY | 51741 | CPT | | | | outpatient | | | 1074.82 | | 412.82 Horizon | Indemnity | 694.61 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COMPLEX UROFLOMETRY | 51741 | CPT | | | | outpatient | | | 1074.82 | | 412.82 Horizon | PPO | 694.61 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COMPLEX UROFLOMETRY | 51741 | CPT | | | | outpatient | | | 1074.82 | | 412.82 WellPoint | WellPoint | 345.88 | 32.18 | | 165.58 | 125 | | 1782 percent of total billed charges | |
| HC COMPLEX UROFLOMETRY | 51741 | CPT | | | | outpatient | | | 1074.82 | | 412.82 UHC | Medicare | 358.97 | | | 85.41 | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC COMPLEX UROFLOMETRY | 51741 | CPT | | | | outpatient | | | 1074.82 | 412.82 | Three Rivers | Three Rivers | 1021.08 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC COMPLEX UROFLOMETRY | 51741 | CPT | | | | outpatient | | | 1074.82 | 412.82 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC COMPLEX UROFLOMETRY | 51741 | CPT | | | | outpatient | | | 1074.82 | 412.82 | Horizon | NJ Health | 155.23 | | | | 125 | 1782 | fee schedule | |
| HC COMPLEX UROFLOMETRY | 51741 | CPT | | | | outpatient | | | 1074.82 | 412.82 | United | CommercialPPO | 1782 | | | | 125 | 1782 | case rate | |
| HC COMPLEX UROFLOMETRY | 51741 | CPT | | | | outpatient | | | 1074.82 | 412.82 | Wellcare | Medicaid | 339.11 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC STIMULUS EVOKED RESPONSE URINARY REFLEX STUDY | 51792 | CPT | | | | outpatient | | | 667 | 80.45 | Aetna | Medicare | 69.96 | | | | 69.96 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STIMULUS EVOKED RESPONSE URINARY REFLEX STUDY | 51792 | CPT | | | | outpatient | | | 667 | 80.45 | Aetna | Better Health | 210.44 | 31.55 | | | 69.96 | 1782 | percent of total billed charges | |
| HC STIMULUS EVOKED RESPONSE URINARY REFLEX STUDY | 51792 | CPT | | | | outpatient | | | 667 | 80.45 | First Health | First Health | 466.9 | 70 | | | 69.96 | 1782 | percent of total billed charges | |
| HC STIMULUS EVOKED RESPONSE URINARY REFLEX STUDY | 51792 | CPT | | | | outpatient | | | 667 | 80.45 | Amerihealth | HMO/PPO | 433.55 | 65 | | | 69.96 | 1782 | percent of total billed charges | |
| HC STIMULUS EVOKED RESPONSE URINARY REFLEX STUDY | 51792 | CPT | | | | outpatient | | | 667 | 80.45 | First Trenton | First Trenton | 600.3 | 90 | | | 69.96 | 1782 | percent of total billed charges | |
| HC STIMULUS EVOKED RESPONSE URINARY REFLEX STUDY | 51792 | CPT | | | | outpatient | | | 667 | 80.45 | Corrections | Corrections | 533.6 | 80 | | | 69.96 | 1782 | percent of total billed charges | |
| HC STIMULUS EVOKED RESPONSE URINARY REFLEX STUDY | 51792 | CPT | | | | outpatient | | | 667 | 80.45 | Horizon | PPO | 135.37 | | | | 69.96 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STIMULUS EVOKED RESPONSE URINARY REFLEX STUDY | 51792 | CPT | | | | outpatient | | | 667 | 80.45 | Aetna | Commercial | 114.17 | | | | 69.96 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STIMULUS EVOKED RESPONSE URINARY REFLEX STUDY | 51792 | CPT | | | | outpatient | | | 667 | 80.45 | Horizon | MGD | 135.37 | | | | 69.96 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STIMULUS EVOKED RESPONSE URINARY REFLEX STUDY | 51792 | CPT | | | | outpatient | | | 667 | 80.45 | Consumer | Consumer | 633.65 | 95 | | | 69.96 | 1782 | percent of total billed charges | |
| HC STIMULUS EVOKED RESPONSE URINARY REFLEX STUDY | 51792 | CPT | | | | outpatient | | | 667 | 80.45 | Horizon | Indemnity | 135.37 | | | | 69.96 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STIMULUS EVOKED RESPONSE URINARY REFLEX STUDY | 51792 | CPT | | | | outpatient | | | 667 | 80.45 | UHC | Medicare | 69.96 | | | | 69.96 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STIMULUS EVOKED RESPONSE URINARY REFLEX STUDY | 51792 | CPT | | | | outpatient | | | 667 | 80.45 | Managed Care Inc | Managed Care Inc | 600.3 | 90 | | | 69.96 | 1782 | percent of total billed charges | |
| HC STIMULUS EVOKED RESPONSE URINARY REFLEX STUDY | 51792 | CPT | | | | outpatient | | | 667 | 80.45 | Wellcare | Medicare | 69.96 | | | | 69.96 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STIMULUS EVOKED RESPONSE URINARY REFLEX STUDY | 51792 | CPT | | | | outpatient | | | 667 | 80.45 | UHC | Medicaid | 210.44 | 31.55 | | | 69.96 | 1782 | percent of total billed charges | |
| HC STIMULUS EVOKED RESPONSE URINARY REFLEX STUDY | 51792 | CPT | | | | outpatient | | | 667 | 80.45 | Americare | Americare | 500.25 | 75 | | | 69.96 | 1782 | percent of total billed charges | |
| HC STIMULUS EVOKED RESPONSE URINARY REFLEX STUDY | 51792 | CPT | | | | outpatient | | | 667 | 80.45 | Horizon | Medicare Blue | 69.96 | | | | 69.96 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STIMULUS EVOKED RESPONSE URINARY REFLEX STUDY | 51792 | CPT | | | | outpatient | | | 667 | 80.45 | Horizon | NJ Health | 90.16 | | | | 69.96 | 1782 | fee schedule | |
| HC STIMULUS EVOKED RESPONSE URINARY REFLEX STUDY | 51792 | CPT | | | | outpatient | | | 667 | 80.45 | United | CommercialPPO | 1782 | | | | 69.96 | 1782 | case rate | |
| HC STIMULUS EVOKED RESPONSE URINARY REFLEX STUDY | 51792 | CPT | | | | outpatient | | | 667 | 80.45 | Multiplan | Multiplan | 533.6 | 80 | | | 69.96 | 1782 | percent of total billed charges | |
| HC STIMULUS EVOKED RESPONSE URINARY REFLEX STUDY | 51792 | CPT | | | | outpatient | | | 667 | 80.45 | Wellcare | Medicaid | 210.44 | 31.55 | | | 69.96 | 1782 | percent of total billed charges | |
| HC STIMULUS EVOKED RESPONSE URINARY REFLEX STUDY | 51792 | CPT | | | | outpatient | | | 667 | 80.45 | United | Oxford | 1782 | | | | 69.96 | 1782 | case rate | |
| HC STIMULUS EVOKED RESPONSE URINARY REFLEX STUDY | 51792 | CPT | | | | outpatient | | | 667 | 80.45 | WellPoint | WellPoint | 214.64 | 32.18 | | | 69.96 | 1782 | percent of total billed charges | |
| HC STIMULUS EVOKED RESPONSE URINARY REFLEX STUDY | 51792 | CPT | | | | outpatient | | | 667 | 80.45 | Qualcare | Qualcare | 500.25 | 75 | | | 69.96 | 1782 | percent of total billed charges | |
| HC STIMULUS EVOKED RESPONSE URINARY REFLEX STUDY | 51792 | CPT | | | | outpatient | | | 667 | 80.45 | Three Rivers | Three Rivers | 633.65 | 95 | | | 69.96 | 1782 | percent of total billed charges | |
| HC POSTVOID RESIDUAL BLADDER US, PORTABLE | 51798 | CPT | | | | outpatient | | | 263.75 | 80.45 | Aetna | Commercial | 100.23 | 38 | | 49.83 | 41.76 | 1782 | percent of total billed charges | |
| HC POSTVOID RESIDUAL BLADDER US, PORTABLE | 51798 | CPT | | | | outpatient | | | 263.75 | 80.45 | Aetna | Medicare | 69.96 | | | 45.9 | 41.76 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC POSTVOID RESIDUAL BLADDER US, PORTABLE | 51798 | CPT | | | | outpatient | | | 263.75 | 80.45 | Consumer | Consumer | 250.56 | 95 | | | 41.76 | 1782 | percent of total billed charges | |
| HC POSTVOID RESIDUAL BLADDER US, PORTABLE | 51798 | CPT | | | | outpatient | | | 263.75 | 80.45 | Amerihealth | HMO/PPO | 125 | | | | 41.76 | 1782 | fee schedule | |
| HC POSTVOID RESIDUAL BLADDER US, PORTABLE | 51798 | CPT | | | | outpatient | | | 263.75 | 80.45 | UHC | Medicaid | 83.21 | 31.55 | | 53.59 | 41.76 | 1782 | percent of total billed charges | |
| HC POSTVOID RESIDUAL BLADDER US, PORTABLE | 51798 | CPT | | | | outpatient | | | 263.75 | 80.45 | Horizon | PPO | 135.37 | | | 92.51 | 41.76 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC POSTVOID RESIDUAL BLADDER US, PORTABLE | 51798 | CPT | | | | outpatient | | | 263.75 | 80.45 | Aetna | Better Health | 83.21 | 31.55 | | 64.18 | 41.76 | 1782 | percent of total billed charges | |
| HC POSTVOID RESIDUAL BLADDER US, PORTABLE | 51798 | CPT | | | | outpatient | | | 263.75 | 80.45 | Corrections | Corrections | 211 | 80 | | 59.94 | 41.76 | 1782 | percent of total billed charges | |
| HC POSTVOID RESIDUAL BLADDER US, PORTABLE | 51798 | CPT | | | | outpatient | | | 263.75 | 80.45 | Horizon | Medicare Blue | 69.96 | | | 48.42 | 41.76 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC POSTVOID RESIDUAL BLADDER US, PORTABLE | 51798 | CPT | | | | outpatient | | | 263.75 | 80.45 | Multiplan | Multiplan | 211 | 80 | | | 41.76 | 1782 | percent of total billed charges | |
| HC POSTVOID RESIDUAL BLADDER US, PORTABLE | 51798 | CPT | | | | outpatient | | | 263.75 | 80.45 | Americare | Americare | 197.81 | 75 | | | 41.76 | 1782 | percent of total billed charges | |
| HC POSTVOID RESIDUAL BLADDER US, PORTABLE | 51798 | CPT | | | | outpatient | | | 263.75 | 80.45 | First Health | First Health | 184.63 | 70 | | | 41.76 | 1782 | percent of total billed charges | |
| HC POSTVOID RESIDUAL BLADDER US, PORTABLE | 51798 | CPT | | | | outpatient | | | 263.75 | 80.45 | Horizon | MGD | 135.37 | | | 77.11 | 41.76 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC POSTVOID RESIDUAL BLADDER US, PORTABLE | 51798 | CPT | | | | outpatient | | | 263.75 | 80.45 | United | CommercialPPO | 1782 | | | | 41.76 | 1782 | case rate | |
| HC POSTVOID RESIDUAL BLADDER US, PORTABLE | 51798 | CPT | | | | outpatient | | | 263.75 | 80.45 | Horizon | NJ Health | 41.76 | | | 33.16 | 41.76 | 1782 | fee schedule | |
| HC POSTVOID RESIDUAL BLADDER US, PORTABLE | 51798 | CPT | | | | outpatient | | | 263.75 | 80.45 | First Trenton | First Trenton | 237.38 | 90 | | | 41.76 | 1782 | percent of total billed charges | |
| HC POSTVOID RESIDUAL BLADDER US, PORTABLE | 51798 | CPT | | | | outpatient | | | 263.75 | 80.45 | Three Rivers | Three Rivers | 250.56 | 95 | | | 41.76 | 1782 | percent of total billed charges | |
| HC POSTVOID RESIDUAL BLADDER US, PORTABLE | 51798 | CPT | | | | outpatient | | | 263.75 | 80.45 | Qualcare | Qualcare | 197.81 | 75 | | | 41.76 | 1782 | percent of total billed charges | |
| HC POSTVOID RESIDUAL BLADDER US, PORTABLE | 51798 | CPT | | | | outpatient | | | 263.75 | 80.45 | Wellcare | Medicare | 69.96 | | | | 41.76 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC POSTVOID RESIDUAL BLADDER US, PORTABLE | 51798 | CPT | | | | outpatient | | | 263.75 | 80.45 | Wellcare | Medicaid | 83.21 | 31.55 | | 51.08 | 41.76 | 1782 | percent of total billed charges | |
| HC POSTVOID RESIDUAL BLADDER US, PORTABLE | 51798 | CPT | | | | outpatient | | | 263.75 | 80.45 | Horizon | Indemnity | 135.37 | | | 85.17 | 41.76 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC POSTVOID RESIDUAL BLADDER US, PORTABLE | 51798 | CPT | | | | outpatient | | | 263.75 | 80.45 | WellPoint | WellPoint | 84.67 | 32.18 | | 47.15 | 41.76 | 1782 | percent of total billed charges | |
| HC POSTVOID RESIDUAL BLADDER US, PORTABLE | 51798 | CPT | | | | outpatient | | | 263.75 | 80.45 | Managed Care Inc | Managed Care Inc | 237.38 | 90 | | | 41.76 | 1782 | percent of total billed charges | |
| HC POSTVOID RESIDUAL BLADDER US, PORTABLE | 51798 | CPT | | | | outpatient | | | 263.75 | 80.45 | UHC | Medicare | 69.96 | | | 43.62 | 41.76 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC POSTVOID RESIDUAL BLADDER US, PORTABLE | 51798 | CPT | | | | outpatient | | | 263.75 | 80.45 | United | Oxford | 1782 | | | | 41.76 | 1782 | case rate | |
| HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY | 51850 | CPT | | | | outpatient | | | 18500 | | Amerihealth | HMO/PPO | 12025 | 65 | | | 5550 | 17575 | percent of total billed charges | |
| HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY | 51850 | CPT | | | | outpatient | | | 18500 | | Aetna | Medicare | 5698 | 30.8 | | | 5550 | 17575 | percent of total billed charges | |
| HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY | 51850 | CPT | | | | outpatient | | | 18500 | | Americare | Americare | 13875 | 75 | | | 5550 | 17575 | percent of total billed charges | |
| HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY | 51850 | CPT | | | | outpatient | | | 18500 | | Aetna | Better Health | 5836.75 | 31.55 | | | 5550 | 17575 | percent of total billed charges | |
| HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY | 51850 | CPT | | | | outpatient | | | 18500 | | First Trenton | First Trenton | 16650 | 90 | | | 5550 | 17575 | percent of total billed charges | |
| HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY | 51850 | CPT | | | | outpatient | | | 18500 | | Horizon | MGD | 7081.8 | 38.28 | | | 5550 | 17575 | percent of total billed charges | |
| HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY | 51850 | CPT | | | | outpatient | | | 18500 | | Consumer | Consumer | 17575 | 95 | | | 5550 | 17575 | percent of total billed charges | |
| HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY | 51850 | CPT | | | | outpatient | | | 18500 | | First Health | First Health | 12950 | 70 | | | 5550 | 17575 | percent of total billed charges | |
| HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY | 51850 | CPT | | | | outpatient | | | 18500 | | Qualcare | Qualcare | 13875 | 75 | | | 5550 | 17575 | percent of total billed charges | |
| HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY | 51850 | CPT | | | | outpatient | | | 18500 | | Horizon | PPO | 7081.8 | 38.28 | | | 5550 | 17575 | percent of total billed charges | |
| HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY | 51850 | CPT | | | | outpatient | | | 18500 | | Multiplan | Multiplan | 14800 | 80 | | | 5550 | 17575 | percent of total billed charges | |
| HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY | 51850 | CPT | | | | outpatient | | | 18500 | | Wellcare | Medicaid | 5836.75 | 31.55 | | | 5550 | 17575 | percent of total billed charges | |
| HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY | 51850 | CPT | | | | outpatient | | | 18500 | | Managed Care Inc | Managed Care Inc | 16650 | 90 | | | 5550 | 17575 | percent of total billed charges | |
| HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY | 51850 | CPT | | | | outpatient | | | 18500 | | Corrections | Corrections | 14800 | 80 | | | 5550 | 17575 | percent of total billed charges | |
| HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY | 51850 | CPT | | | | outpatient | | | 18500 | | UHC | Medicaid | 5836.75 | 31.55 | | | 5550 | 17575 | percent of total billed charges | |
| HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY | 51850 | CPT | | | | outpatient | | | 18500 | | Three Rivers | Three Rivers | 17575 | 95 | | | 5550 | 17575 | percent of total billed charges | |
| HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY | 51850 | CPT | | | | outpatient | | | 18500 | | WellPoint | WellPoint | 5953.3 | 32.18 | | | 5550 | 17575 | percent of total billed charges | |
| HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY | 51850 | CPT | | | | outpatient | | | 18500 | | Horizon | Indemnity | 7081.8 | 38.28 | | | 5550 | 17575 | percent of total billed charges | |
| HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY | 51850 | CPT | | | | outpatient | | | 18500 | | Horizon | Medicare Blue | 5550 | 30 | | | 5550 | 17575 | percent of total billed charges | |
| HC CYSTOURETHROSCOPY, PORTABLE | 52000 | CPT | | | | both | | | 2851.25 | 898.44 | Aetna | Medicare | 781.25 | | | | 117.45 | 2708.69 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTOURETHROSCOPY, PORTABLE | 52000 | CPT | | | | both | | | 2851.25 | 898.44 | UHC | Medicaid | 899.57 | 31.55 | | 646.96 | 117.45 | 2708.69 | percent of total billed charges | |
| HC CYSTOURETHROSCOPY, PORTABLE | 52000 | CPT | | | | both | | | 2851.25 | 898.44 | Horizon | NJ Health | 117.45 | | | 674.45 | 117.45 | 2708.69 | fee schedule | $3,681 All-Inclusive Case Rate |
| HC CYSTOURETHROSCOPY, PORTABLE | 52000 | CPT | | | | both | | | 2851.25 | 898.44 | Corrections | Corrections | 2281 | 80 | | 682.45 | 117.45 | 2708.69 | percent of total billed charges | |
| HC CYSTOURETHROSCOPY, PORTABLE | 52000 | CPT | | | | both | | | 2851.25 | 898.44 | Aetna | Better Health | 899.57 | 31.55 | | 674.36 | 117.45 | 2708.69 | percent of total billed charges | |
| HC CYSTOURETHROSCOPY, PORTABLE | 52000 | CPT | | | | both | | | 2851.25 | 898.44 | Consumer | Consumer | 2708.69 | 95 | | | 117.45 | 2708.69 | percent of total billed charges | |
| HC CYSTOURETHROSCOPY, PORTABLE | 52000 | CPT | | | | both | | | 2851.25 | 898.44 | First Health | First Health | 1995.88 | 70 | | | 117.45 | 2708.69 | percent of total billed charges | |
| HC CYSTOURETHROSCOPY, PORTABLE | 52000 | CPT | | | | both | | | 2851.25 | 898.44 | Aetna | Commercial | 1083.48 | 38 | | 730.19 | 117.45 | 2708.69 | percent of total billed charges | |
| HC CYSTOURETHROSCOPY, PORTABLE | 52000 | CPT | | | | both | | | 2851.25 | 898.44 | Horizon | Indemnity | 1511.72 | | | 1271.04 | 117.45 | 2708.69 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTOURETHROSCOPY, PORTABLE | 52000 | CPT | | | | both | | | 2851.25 | 898.44 | United | Oxford | 1817 | | | 61.75 | 117.45 | 2708.69 | case rate | |
| HC CYSTOURETHROSCOPY, PORTABLE | 52000 | CPT | | | | both | | | 2851.25 | 898.44 | Multiplan | Multiplan | 2281 | 80 | | | 117.45 | 2708.69 | percent of total billed charges | |
| HC CYSTOURETHROSCOPY, PORTABLE | 52000 | CPT | | | | both | | | 2851.25 | 898.44 | Horizon | Medicare Blue | 781.25 | | | 592.14 | 117.45 | 2708.69 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTOURETHROSCOPY, PORTABLE | 52000 | CPT | | | | both | | | 2851.25 | 898.44 | Americare | Americare | 2138.44 | 75 | | | 117.45 | 2708.69 | percent of total billed charges | |
| HC CYSTOURETHROSCOPY, PORTABLE | 52000 | CPT | | | | both | | | 2851.25 | 898.44 | First Trenton | First Trenton | 2566.13 | 90 | | | 117.45 | 2708.69 | percent of total billed charges | |
| HC CYSTOURETHROSCOPY, PORTABLE | 52000 | CPT | | | | both | | | 2851.25 | 898.44 | Qualcare | Qualcare | 2138.44 | 75 | | | 117.45 | 2708.69 | percent of total billed charges | |
| HC CYSTOURETHROSCOPY, PORTABLE | 52000 | CPT | | | | both | | | 2851.25 | 898.44 | Amerihealth | HMO/PPO | 125 | | | 386.36 | 117.45 | 2708.69 | fee schedule | |
| HC CYSTOURETHROSCOPY, PORTABLE | 52000 | CPT | | | | both | | | 2851.25 | 898.44 | Horizon | PPO | 1511.72 | | | 1189.43 | 117.45 | 2708.69 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTOURETHROSCOPY, PORTABLE | 52000 | CPT | | | | both | | | 2851.25 | 898.44 | Managed Care Inc | Managed Care Inc | 2566.13 | 90 | | | 117.45 | 2708.69 | percent of total billed charges | |
| HC CYSTOURETHROSCOPY, PORTABLE | 52000 | CPT | | | | both | | | 2851.25 | 898.44 | Horizon | MGD | 1511.72 | | | 1306.28 | 117.45 | 2708.69 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTOURETHROSCOPY, PORTABLE | 52000 | CPT | | | | both | | | 2851.25 | 898.44 | Three Rivers | Three Rivers | 2708.69 | 95 | | | 117.45 | 2708.69 | percent of total billed charges | |
| HC CYSTOURETHROSCOPY, PORTABLE | 52000 | CPT | | | | both | | | 2851.25 | 898.44 | WellPoint | WellPoint | 917.53 | 32.18 | | 735.98 | 117.45 | 2708.69 | percent of total billed charges | |
| HC CYSTOURETHROSCOPY, PORTABLE | 52000 | CPT | | | | both | | | 2851.25 | 898.44 | Wellcare | Medicaid | 899.57 | 31.55 | | 648.04 | 117.45 | 2708.69 | percent of total billed charges | |
| HC CYSTOURETHROSCOPY, PORTABLE | 52000 | CPT | | | | both | | | 2851.25 | 898.44 | UHC | Medicare | 781.25 | | | 601.84 | 117.45 | 2708.69 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTOURETHROSCOPY, PORTABLE | 52000 | CPT | | | | both | | | 2851.25 | 898.44 | United | CommercialPPO | 1817 | | | 59.73 | 117.45 | 2708.69 | case rate | |
| HC CYSTOURETHROSCOPY, PORTABLE | 52000 | CPT | | | | both | | | 2851.25 | 898.44 | Wellcare | Medicare | 781.25 | | | 22.55 | 117.45 | 2708.69 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTY W/URETERAL CATHERIZATION | 52005 | CPT | | | | outpatient | | | 6892 | 2678.87 | First Trenton | First Trenton | 6202.8 | 90 | | | 238.82 | 6547.4 | percent of total billed charges | |
| HC CYSTY W/URETERAL CATHERIZATION | 52005 | CPT | | | | outpatient | | | 6892 | 2678.87 | Aetna | Medicare | 2329.45 | | | | 238.82 | 6547.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTY W/URETERAL CATHERIZATION | 52005 | CPT | | | | outpatient | | | 6892 | 2678.87 | First Health | First Health | 4824.4 | 70 | | | 238.82 | 6547.4 | percent of total billed charges | |
| HC CYSTY W/URETERAL CATHERIZATION | 52005 | CPT | | | | outpatient | | | 6892 | 2678.87 | Americare | Americare | 5169 | 75 | | | 238.82 | 6547.4 | percent of total billed charges | |
| HC CYSTY W/URETERAL CATHERIZATION | 52005 | CPT | | | | outpatient | | | 6892 | 2678.87 | Horizon | Indemnity | 4507.49 | | | | 238.82 | 6547.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTY W/URETERAL CATHERIZATION | 52005 | CPT | | | | outpatient | | | 6892 | 2678.87 | Aetna | Better Health | 2174.43 | 31.55 | | | 238.82 | 6547.4 | percent of total billed charges | |
| HC CYSTY W/URETERAL CATHERIZATION | 52005 | CPT | | | | outpatient | | | 6892 | 2678.87 | UHC | Medicaid | 2174.43 | 31.55 | | | 238.82 | 6547.4 | percent of total billed charges | |
| HC CYSTY W/URETERAL CATHERIZATION | 52005 | CPT | | | | outpatient | | | 6892 | 2678.87 | Aetna | Commercial | 2618.96 | 38 | | | 238.82 | 6547.4 | percent of total billed charges | |
| HC CYSTY W/URETERAL CATHERIZATION | 52005 | CPT | | | | outpatient | | | 6892 | 2678.87 | Wellcare | Medicare | 2329.45 | | | | 238.82 | 6547.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTY W/URETERAL CATHERIZATION | 52005 | CPT | | | | outpatient | | | 6892 | 2678.87 | Corrections | Corrections | 5513.6 | 80 | | | 238.82 | 6547.4 | percent of total billed charges | |
| HC CYSTY W/URETERAL CATHERIZATION | 52005 | CPT | | | | outpatient | | | 6892 | 2678.87 | Three Rivers | Three Rivers | 6547.4 | 95 | | | 238.82 | 6547.4 | percent of total billed charges | |
| HC CYSTY W/URETERAL CATHERIZATION | 52005 | CPT | | | | outpatient | | | 6892 | 2678.87 | Amerihealth | HMO/PPO | 550 | | | | 238.82 | 6547.4 | fee schedule | |
| HC CYSTY W/URETERAL CATHERIZATION | 52005 | CPT | | | | outpatient | | | 6892 | 2678.87 | Horizon | PPO | 4507.49 | | | | 238.82 | 6547.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTY W/URETERAL CATHERIZATION | 52005 | CPT | | | | outpatient | | | 6892 | 2678.87 | Consumer | Consumer | 6547.4 | 95 | | | 238.82 | 6547.4 | percent of total billed charges | |
| HC CYSTY W/URETERAL CATHERIZATION | 52005 | CPT | | | | outpatient | | | 6892 | 2678.87 | UHC | Medicare | 2329.45 | | | | 238.82 | 6547.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTY W/URETERAL CATHERIZATION | 52005 | CPT | | | | outpatient | | | 6892 | 2678.87 | Multiplan | Multiplan | 5513.6 | 80 | | | 238.82 | 6547.4 | percent of total billed charges | |
| HC CYSTY W/URETERAL CATHERIZATION | 52005 | CPT | | | | outpatient | | | 6892 | 2678.87 | WellPoint | WellPoint | 2217.85 | 32.18 | | | 238.82 | 6547.4 | percent of total billed charges | |
| HC CYSTY W/URETERAL CATHERIZATION | 52005 | CPT | | | | outpatient | | | 6892 | 2678.87 | Horizon | MGD | 4507.49 | | | | 238.82 | 6547.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTY W/URETERAL CATHERIZATION | 52005 | CPT | | | | outpatient | | | 6892 | 2678.87 | Wellcare | Medicaid | 2174.43 | 31.55 | | | 238.82 | 6547.4 | percent of total billed charges | |
| HC CYSTY W/URETERAL CATHERIZATION | 52005 | CPT | | | | outpatient | | | 6892 | 2678.87 | Horizon | Medicare Blue | 2329.45 | | | | 238.82 | 6547.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTY W/URETERAL CATHERIZATION | 52005 | CPT | | | | outpatient | | | 6892 | 2678.87 | United | Oxford | 2776 | | | | 238.82 | 6547.4 | case rate | |
| HC CYSTY W/URETERAL CATHERIZATION | 52005 | CPT | | | | outpatient | | | 6892 | 2678.87 | Horizon | NJ Health | 238.82 | | | | 238.82 | 6547.4 | fee schedule | |
| HC CYSTY W/URETERAL CATHERIZATION | 52005 | CPT | | | | outpatient | | | 6892 | 2678.87 | United | CommercialPPO | 2776 | | | | 238.82 | 6547.4 | case rate | |
| HC CYSTY W/URETERAL CATHERIZATION | 52005 | CPT | | | | outpatient | | | 6892 | 2678.87 | Qualcare | Qualcare | 5169 | 75 | | | 238.82 | 6547.4 | percent of total billed charges | |
| HC CYSTY W/URETERAL CATHERIZATION | 52005 | CPT | | | | outpatient | | | 6892 | 2678.87 | Managed Care Inc | Managed Care Inc | 6202.8 | 90 | | | 238.82 | 6547.4 | percent of total billed charges | |
| HC CYSTY W/CUP BIOSPY BLADDER | 52204 | CPT | | | | outpatient | | | 6758 | 2678.87 | Consumer | Consumer | 6420.1 | 95 | | | 153.47 | 6420.1 | percent of total billed charges | |
| HC CYSTY W/CUP BIOSPY BLADDER | 52204 | CPT | | | | outpatient | | | 6758 | 2678.87 | Qualcare | Qualcare | 5068.5 | 75 | | | 153.47 | 6420.1 | percent of total billed charges | |
| HC CYSTY W/CUP BIOSPY BLADDER | 52204 | CPT | | | | outpatient | | | 6758 | 2678.87 | Aetna | Better Health | 2132.15 | 31.55 | | | 153.47 | 6420.1 | percent of total billed charges | |
| HC CYSTY W/CUP BIOSPY BLADDER | 52204 | CPT | | | | outpatient | | | 6758 | 2678.87 | Horizon | PPO | 4507.49 | | | | 153.47 | 6420.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTY W/CUP BIOSPY BLADDER | 52204 | CPT | | | | outpatient | | | 6758 | 2678.87 | Aetna | Medicare | 2329.45 | | | | 153.47 | 6420.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTY W/CUP BIOSPY BLADDER | 52204 | CPT | | | | outpatient | | | 6758 | 2678.87 | First Trenton | First Trenton | 6082.2 | 90 | | | 153.47 | 6420.1 | percent of total billed charges | |
| HC CYSTY W/CUP BIOSPY BLADDER | 52204 | CPT | | | | outpatient | | | 6758 | 2678.87 | Horizon | Medicare Blue | 2329.45 | | | | 153.47 | 6420.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTY W/CUP BIOSPY BLADDER | 52204 | CPT | | | | outpatient | | | 6758 | 2678.87 | Amerihealth | HMO/PPO | 550 | | | | 153.47 | 6420.1 | fee schedule | |
| HC CYSTY W/CUP BIOSPY BLADDER | 52204 | CPT | | | | outpatient | | | 6758 | 2678.87 | Corrections | Corrections | 5406.4 | 80 | | | 153.47 | 6420.1 | percent of total billed charges | |
| HC CYSTY W/CUP BIOSPY BLADDER | 52204 | CPT | | | | outpatient | | | 6758 | 2678.87 | UHC | Medicare | 2329.45 | | | | 153.47 | 6420.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTY W/CUP BIOSPY BLADDER | 52204 | CPT | | | | outpatient | | | 6758 | 2678.87 | Aetna | Commercial | 2568.04 | 38 | | | 153.47 | 6420.1 | percent of total billed charges | |
| HC CYSTY W/CUP BIOSPY BLADDER | 52204 | CPT | | | | outpatient | | | 6758 | 2678.87 | UHC | Medicaid | 2132.15 | 31.55 | | | 153.47 | 6420.1 | percent of total billed charges | |
| HC CYSTY W/CUP BIOSPY BLADDER | 52204 | CPT | | | | outpatient | | | 6758 | 2678.87 | Americare | Americare | 5068.5 | 75 | | | 153.47 | 6420.1 | percent of total billed charges | |
| HC CYSTY W/CUP BIOSPY BLADDER | 52204 | CPT | | | | outpatient | | | 6758 | 2678.87 | Managed Care Inc | Managed Care Inc | 6082.2 | 90 | | | 153.47 | 6420.1 | percent of total billed charges | |
| HC CYSTY W/CUP BIOSPY BLADDER | 52204 | CPT | | | | outpatient | | | 6758 | 2678.87 | WellPoint | WellPoint | 2174.72 | 32.18 | | | 153.47 | 6420.1 | percent of total billed charges | |
| HC CYSTY W/CUP BIOSPY BLADDER | 52204 | CPT | | | | outpatient | | | 6758 | 2678.87 | First Health | First Health | 4730.6 | 70 | | | 153.47 | 6420.1 | percent of total billed charges | |
| HC CYSTY W/CUP BIOSPY BLADDER | 52204 | CPT | | | | outpatient | | | 6758 | 2678.87 | Horizon | MGD | 4507.49 | | | | 153.47 | 6420.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTY W/CUP BIOSPY BLADDER | 52204 | CPT | | | | outpatient | | | 6758 | 2678.87 | United | CommercialPPO | 2776 | | | | 153.47 | 6420.1 | case rate | |
| HC CYSTY W/CUP BIOSPY BLADDER | 52204 | CPT | | | | outpatient | | | 6758 | 2678.87 | Horizon | Indemnity | 4507.49 | | | | 153.47 | 6420.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYST

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC CYSTY W/CLIP BIOSPY BLADDER | 52204 | CPT | | | | outpatient | | | 6758 | 2678.87 | Three Rivers | Three Rivers | 6420.1 | 95 | | | 153.47 | 6420.1 | percent of total billed charges | |
| HC CYSTY W/CALIB & DILATION STRIC | 52281 | CPT | | | | outpatient | | | 6758 | 2678.87 | Aetna | Medicare | 2329.45 | | | | 168.08 | 6420.1 | percent of total billed charges | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTY W/CALIB & DILATION STRIC | 52281 | CPT | | | | outpatient | | | 6758 | 2678.87 | Aetna | Better Health | 2132.15 | 31.55 | | | 168.08 | 6420.1 | percent of total billed charges | |
| HC CYSTY W/CALIB & DILATION STRIC | 52281 | CPT | | | | outpatient | | | 6758 | 2678.87 | First Health | First Health | 4730.6 | 70 | | | 168.08 | 6420.1 | percent of total billed charges | |
| HC CYSTY W/CALIB & DILATION STRIC | 52281 | CPT | | | | outpatient | | | 6758 | 2678.87 | Aetna | Commercial | 3801.66 | | | | 168.08 | 6420.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTY W/CALIB & DILATION STRIC | 52281 | CPT | | | | outpatient | | | 6758 | 2678.87 | Horizon | Medicare Blue | 2329.45 | | | | 168.08 | 6420.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTY W/CALIB & DILATION STRIC | 52281 | CPT | | | | outpatient | | | 6758 | 2678.87 | Qualcare | Qualcare | 5068.5 | 75 | | | 168.08 | 6420.1 | percent of total billed charges | |
| HC CYSTY W/CALIB & DILATION STRIC | 52281 | CPT | | | | outpatient | | | 6758 | 2678.87 | Multiplan | Multiplan | 5406.4 | 80 | | | 168.08 | 6420.1 | percent of total billed charges | |
| HC CYSTY W/CALIB & DILATION STRIC | 52281 | CPT | | | | outpatient | | | 6758 | 2678.87 | Amerihealth | HMO/PPO | 550 | | | | 168.08 | 6420.1 | fee schedule | |
| HC CYSTY W/CALIB & DILATION STRIC | 52281 | CPT | | | | outpatient | | | 6758 | 2678.87 | Horizon | MGD | 4507.49 | | | 4030.42 | 168.08 | 6420.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTY W/CALIB & DILATION STRIC | 52281 | CPT | | | | outpatient | | | 6758 | 2678.87 | Consumer | Consumer | 6420.1 | 95 | | | 168.08 | 6420.1 | percent of total billed charges | |
| HC CYSTY W/CALIB & DILATION STRIC | 52281 | CPT | | | | outpatient | | | 6758 | 2678.87 | UHC | Medicaid | 2132.15 | 31.55 | | | 168.08 | 6420.1 | percent of total billed charges | |
| HC CYSTY W/CALIB & DILATION STRIC | 52281 | CPT | | | | outpatient | | | 6758 | 2678.87 | Americare | Americare | 5068.5 | 75 | | | 168.08 | 6420.1 | percent of total billed charges | |
| HC CYSTY W/CALIB & DILATION STRIC | 52281 | CPT | | | | outpatient | | | 6758 | 2678.87 | Wellcare | Medicare | 2329.45 | | | | 168.08 | 6420.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTY W/CALIB & DILATION STRIC | 52281 | CPT | | | | outpatient | | | 6758 | 2678.87 | UHC | Medicare | 2329.45 | | | | 168.08 | 6420.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTY W/CALIB & DILATION STRIC | 52281 | CPT | | | | outpatient | | | 6758 | 2678.87 | Corrections | Corrections | 5406.4 | 80 | | | 168.08 | 6420.1 | percent of total billed charges | |
| HC CYSTY W/CALIB & DILATION STRIC | 52281 | CPT | | | | outpatient | | | 6758 | 2678.87 | Three Rivers | Three Rivers | 6420.1 | 95 | | | 168.08 | 6420.1 | percent of total billed charges | |
| HC CYSTY W/CALIB & DILATION STRIC | 52281 | CPT | | | | outpatient | | | 6758 | 2678.87 | WellPoint | WellPoint | 2174.72 | 32.18 | | | 168.08 | 6420.1 | percent of total billed charges | |
| HC CYSTY W/CALIB & DILATION STRIC | 52281 | CPT | | | | outpatient | | | 6758 | 2678.87 | Wellcare | Medicaid | 2132.15 | 31.55 | | | 168.08 | 6420.1 | percent of total billed charges | |
| HC CYSTY W/CALIB & DILATION STRIC | 52281 | CPT | | | | outpatient | | | 6758 | 2678.87 | First Trenton | First Trenton | 6082.2 | 90 | | | 168.08 | 6420.1 | percent of total billed charges | |
| HC CYSTY W/CALIB & DILATION STRIC | 52281 | CPT | | | | outpatient | | | 6758 | 2678.87 | United | Commercial/PPO | 2493 | | | | 168.08 | 6420.1 | case rate | |
| HC CYSTY W/CALIB & DILATION STRIC | 52281 | CPT | | | | outpatient | | | 6758 | 2678.87 | Horizon | Indemnity | 4507.49 | | | | 168.08 | 6420.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTY W/CALIB & DILATION STRIC | 52281 | CPT | | | | outpatient | | | 6758 | 2678.87 | Horizon | NJ Health | 168.08 | | | | 168.08 | 6420.1 | fee schedule | |
| HC CYSTY W/CALIB & DILATION STRIC | 52281 | CPT | | | | outpatient | | | 6758 | 2678.87 | Horizon | PPO | 4507.49 | | | | 168.08 | 6420.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTY W/CALIB & DILATION STRIC | 52281 | CPT | | | | outpatient | | | 6758 | 2678.87 | Managed Care Inc | Managed Care Inc | 6082.2 | 90 | | | 168.08 | 6420.1 | percent of total billed charges | |
| HC CYSTY W/CALIB & DILATION STRIC | 52281 | CPT | | | | outpatient | | | 6758 | 2678.87 | United | Oxford | 2493 | | | | 168.08 | 6420.1 | case rate | |
| HC CYSTO WIREM FB CALC STNT, PORTABLE | 52310 | CPT | | | | outpatient | | | 8728.75 | 2678.87 | Aetna | Medicare | 2329.45 | | | | 222.89 | 8292.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTO WIREM FB CALC STNT, PORTABLE | 52310 | CPT | | | | outpatient | | | 8728.75 | 2678.87 | Americare | Americare | 6546.56 | 75 | | | 222.89 | 8292.31 | percent of total billed charges | |
| HC CYSTO WIREM FB CALC STNT, PORTABLE | 52310 | CPT | | | | outpatient | | | 8728.75 | 2678.87 | Aetna | Commercial | 3316.93 | 38 | | 3703.83 | 222.89 | 8292.31 | percent of total billed charges | |
| HC CYSTO WIREM FB CALC STNT, PORTABLE | 52310 | CPT | | | | outpatient | | | 8728.75 | 2678.87 | First Trenton | First Trenton | 7855.88 | 90 | | | 222.89 | 8292.31 | percent of total billed charges | |
| HC CYSTO WIREM FB CALC STNT, PORTABLE | 52310 | CPT | | | | outpatient | | | 8728.75 | 2678.87 | Consumer | Consumer | 8292.31 | 95 | | | 222.89 | 8292.31 | percent of total billed charges | |
| HC CYSTO WIREM FB CALC STNT, PORTABLE | 52310 | CPT | | | | outpatient | | | 8728.75 | 2678.87 | Multiplan | Multiplan | 6983 | 80 | | | 222.89 | 8292.31 | percent of total billed charges | |
| HC CYSTO WIREM FB CALC STNT, PORTABLE | 52310 | CPT | | | | outpatient | | | 8728.75 | 2678.87 | Aetna | Better Health | 2753.92 | 31.55 | | | 222.89 | 8292.31 | percent of total billed charges | |
| HC CYSTO WIREM FB CALC STNT, PORTABLE | 52310 | CPT | | | | outpatient | | | 8728.75 | 2678.87 | Corrections | Corrections | 6983 | 80 | | | 222.89 | 8292.31 | percent of total billed charges | |
| HC CYSTO WIREM FB CALC STNT, PORTABLE | 52310 | CPT | | | | outpatient | | | 8728.75 | 2678.87 | Horizon | MGD | 4507.49 | | | | 222.89 | 8292.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTO WIREM FB CALC STNT, PORTABLE | 52310 | CPT | | | | outpatient | | | 8728.75 | 2678.87 | Wellcare | Medicare | 2329.45 | | | | 222.89 | 8292.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTO WIREM FB CALC STNT, PORTABLE | 52310 | CPT | | | | outpatient | | | 8728.75 | 2678.87 | Horizon | Medicare Blue | 2329.45 | | | | 222.89 | 8292.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTO WIREM FB CALC STNT, PORTABLE | 52310 | CPT | | | | outpatient | | | 8728.75 | 2678.87 | Horizon | NJ Health | 222.89 | | | | 222.89 | 8292.31 | fee schedule | |
| HC CYSTO WIREM FB CALC STNT, PORTABLE | 52310 | CPT | | | | outpatient | | | 8728.75 | 2678.87 | United | Oxford | 2493 | | | | 222.89 | 8292.31 | case rate | |
| HC CYSTO WIREM FB CALC STNT, PORTABLE | 52310 | CPT | | | | outpatient | | | 8728.75 | 2678.87 | Qualcare | Qualcare | 6546.56 | 75 | | | 222.89 | 8292.31 | percent of total billed charges | |
| HC CYSTO WIREM FB CALC STNT, PORTABLE | 52310 | CPT | | | | outpatient | | | 8728.75 | 2678.87 | Amerihealth | HMO/PPO | 550 | | | | 222.89 | 8292.31 | fee schedule | |
| HC CYSTO WIREM FB CALC STNT, PORTABLE | 52310 | CPT | | | | outpatient | | | 8728.75 | 2678.87 | Horizon | Indemnity | 4507.49 | | | | 222.89 | 8292.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTO WIREM FB CALC STNT, PORTABLE | 52310 | CPT | | | | outpatient | | | 8728.75 | 2678.87 | UHC | Medicare | 2329.45 | | | | 222.89 | 8292.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTO WIREM FB CALC STNT, PORTABLE | 52310 | CPT | | | | outpatient | | | 8728.75 | 2678.87 | Managed Care Inc | Managed Care Inc | 7855.88 | 90 | | | 222.89 | 8292.31 | percent of total billed charges | |
| HC CYSTO WIREM FB CALC STNT, PORTABLE | 52310 | CPT | | | | outpatient | | | 8728.75 | 2678.87 | First Health | First Health | 6110.13 | 70 | | | 222.89 | 8292.31 | percent of total billed charges | |
| HC CYSTO WIREM FB CALC STNT, PORTABLE | 52310 | CPT | | | | outpatient | | | 8728.75 | 2678.87 | Horizon | PPO | 4507.49 | | | | 222.89 | 8292.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTO WIREM FB CALC STNT, PORTABLE | 52310 | CPT | | | | outpatient | | | 8728.75 | 2678.87 | Wellcare | Medicaid | 2753.92 | 31.55 | | | 222.89 | 8292.31 | percent of total billed charges | |
| HC CYSTO WIREM FB CALC STNT, PORTABLE | 52310 | CPT | | | | outpatient | | | 8728.75 | 2678.87 | Three Rivers | Three Rivers | 8292.31 | 95 | | | 222.89 | 8292.31 | percent of total billed charges | |
| HC CYSTO WIREM FB CALC STNT, PORTABLE | 52310 | CPT | | | | outpatient | | | 8728.75 | 2678.87 | United | Commercial/PPO | 2493 | | | | 222.89 | 8292.31 | case rate | |
| HC CYSTO WIREM FB CALC STNT, PORTABLE | 52310 | CPT | | | | outpatient | | | 8728.75 | 2678.87 | UHC | Medicaid | 2753.92 | 31.55 | | | 222.89 | 8292.31 | percent of total billed charges | |
| HC CYSTO WIREM FB CALC STNT, PORTABLE | 52310 | CPT | | | | outpatient | | | 8728.75 | 2678.87 | WellPoint | WellPoint | 2808.91 | 32.18 | | | 222.89 | 8292.31 | percent of total billed charges | |
| HC DSTR LSN PENIS ELCTRODESCTN | 54055 | CPT | | | | outpatient | | | 6289 | 2398.47 | Americare | Americare | 4716.75 | 75 | | | 101.06 | 5974.55 | percent of total billed charges | |
| HC DSTR LSN PENIS ELCTRODESCTN | 54055 | CPT | | | | outpatient | | | 6289 | 2398.47 | Aetna | Medicare | 2085.63 | | | | 101.06 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTR LSN PENIS ELCTRODESCTN | 54055 | CPT | | | | outpatient | | | 6289 | 2398.47 | Qualcare | Qualcare | 4716.75 | 75 | | | 101.06 | 5974.55 | percent of total billed charges | |
| HC DSTR LSN PENIS ELCTRODESCTN | 54055 | CPT | | | | outpatient | | | 6289 | 2398.47 | Three Rivers | Three Rivers | 5974.55 | 95 | | | 101.06 | 5974.55 | percent of total billed charges | |
| HC DSTR LSN PENIS ELCTRODESCTN | 54055 | CPT | | | | outpatient | | | 6289 | 2398.47 | Consumer | Consumer | 5974.55 | 95 | | | 101.06 | 5974.55 | percent of total billed charges | |
| HC DSTR LSN PENIS ELCTRODESCTN | 54055 | CPT | | | | outpatient | | | 6289 | 2398.47 | Aetna | Better Health | 1984.18 | 31.55 | | | 101.06 | 5974.55 | percent of total billed charges | |
| HC DSTR LSN PENIS ELCTRODESCTN | 54055 | CPT | | | | outpatient | | | 6289 | 2398.47 | Aetna | Commercial | 3403.75 | | | | 101.06 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTR LSN PENIS ELCTRODESCTN | 54055 | CPT | | | | outpatient | | | 6289 | 2398.47 | Corrections | Corrections | 5031.2 | 80 | | | 101.06 | 5974.55 | percent of total billed charges | |
| HC DSTR LSN PENIS ELCTRODESCTN | 54055 | CPT | | | | outpatient | | | 6289 | 2398.47 | United | Oxford | 2493 | | | | 101.06 | 5974.55 | case rate | |
| HC DSTR LSN PENIS ELCTRODESCTN | 54055 | CPT | | | | outpatient | | | 6289 | 2398.47 | Amerihealth | HMO/PPO | 300 | | | | 101.06 | 5974.55 | fee schedule | |
| HC DSTR LSN PENIS ELCTRODESCTN | 54055 | CPT | | | | outpatient | | | 6289 | 2398.47 | Multiplan | Multiplan | 5031.2 | 80 | | | 101.06 | 5974.55 | percent of total billed charges | |
| HC DSTR LSN PENIS ELCTRODESCTN | 54055 | CPT | | | | outpatient | | | 6289 | 2398.47 | UHC | Medicaid | 1984.18 | 31.55 | | | 101.06 | 5974.55 | percent of total billed charges | |
| HC DSTR LSN PENIS ELCTRODESCTN | 54055 | CPT | | | | outpatient | | | 6289 | 2398.47 | Wellcare | Medicare | 2085.63 | | | | 101.06 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTR LSN PENIS ELCTRODESCTN | 54055 | CPT | | | | outpatient | | | 6289 | 2398.47 | Horizon | Medicare Blue | 2085.63 | | | | 101.06 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTR LSN PENIS ELCTRODESCTN | 54055 | CPT | | | | outpatient | | | 6289 | 2398.47 | First Trenton | First Trenton | 5660.1 | 90 | | | 101.06 | 5974.55 | percent of total billed charges | |
| HC DSTR LSN PENIS ELCTRODESCTN | 54055 | CPT | | | | outpatient | | | 6289 | 2398.47 | First Health | First Health | 4402.3 | 70 | | | 101.06 | 5974.55 | percent of total billed charges | |
| HC DSTR LSN PENIS ELCTRODESCTN | 54055 | CPT | | | | outpatient | | | 6289 | 2398.47 | United | Commercial/PPO | 2493 | | | | 101.06 | 5974.55 | case rate | |
| HC DSTR LSN PENIS ELCTRODESCTN | 54055 | CPT | | | | outpatient | | | 6289 | 2398.47 | WellPoint | WellPoint | 2023.8 | 32.18 | | | 101.06 | 5974.55 | percent of total billed charges | |
| HC DSTR LSN PENIS ELCTRODESCTN | 54055 | CPT | | | | outpatient | | | 6289 | 2398.47 | Horizon | Indemnity | 4035.69 | | | | 101.06 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTR LSN PENIS ELCTRODESCTN | 54055 | CPT | | | | outpatient | | | 6289 | 2398.47 | Horizon | MGD | 4035.69 | | | | 101.06 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTR LSN PENIS ELCTRODESCTN | 54055 | CPT | | | | outpatient | | | 6289 | 2398.47 | Horizon | NJ Health | 101.06 | | | | 101.06 | 5974.55 | fee schedule | |
| HC DSTR LSN PENIS ELCTRODESCTN | 54055 | CPT | | | | outpatient | | | 6289 | 2398.47 | UHC | Medicare | 2085.63 | | | | 101.06 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTR LSN PENIS ELCTRODESCTN | 54055 | CPT | | | | outpatient | | | 6289 | 2398.47 | Horizon | PPO | 4035.69 | | | | 101.06 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTR LSN PENIS ELCTRODESCTN | 54055 | CPT | | | | outpatient | | | 6289 | 2398.47 | Wellcare | Medicaid | 1984.18 | 31.55 | | | 101.06 | 5974.55 | percent of total billed charges | |
| HC DSTR LSN PENIS ELCTRODESCTN | 54055 | CPT | | | | outpatient | | | 6289 | 2398.47 | Managed Care Inc | Managed Care Inc | 5660.1 | 90 | | | 101.06 | 5974.55 | percent of total billed charges | |
| HC EXCISION CONDYLOMA PENILE | 54060 | CPT | | | | outpatient | | | 6289 | 2398.47 | Aetna | Commercial | 3403.75 | | | | 138.33 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION CONDYLOMA PENILE | 54060 | CPT | | | | outpatient | | | 6289 | 2398.47 | Horizon | MGD | 4035.69 | | | | 138.33 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION CONDYLOMA PENILE | 54060 | CPT | | | | outpatient | | | 6289 | 2398.47 | Americare | Americare | 4716.75 | 75 | | | 138.33 | 5974.55 | percent of total billed charges | |
| HC EXCISION CONDYLOMA PENILE | 54060 | CPT | | | | outpatient | | | 6289 | 2398.47 | Aetna | Better Health | 1984.18 | 31.55 | | | 138.33 | 5974.55 | percent of total billed charges | |
| HC EXCISION CONDYLOMA PENILE | 54060 | CPT | | | | outpatient | | | 6289 | 2398.47 | Horizon | Medicare Blue | 2085.63 | | | | 138.33 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION CONDYLOMA PENILE | 54060 | CPT | | | | outpatient | | | 6289 | 2398.47 | Horizon | PPO | 4035.69 | | | | 138.33 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION CONDYLOMA PENILE | 54060 | CPT | | | | outpatient | | | 6289 | 2398.47 | Consumer | Consumer | 5974.55 | 95 | | | 138.33 | 5974.55 | percent of total billed charges | |
| HC EXCISION CONDYLOMA PENILE | 54060 | CPT | | | | outpatient | | | 6289 | 2398.47 | Amerihealth | HMO/PPO | 300 | | | | 138.33 | 5974.55 | fee schedule | |
| HC EXCISION CONDYLOMA PENILE | 54060 | CPT | | | | outpatient | | | 6289 | 2398.47 | Aetna | Medicare | 2085.63 | | | | 138.33 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION CONDYLOMA PENILE | 54060 | CPT | | | | outpatient | | | 6289 | 2398.47 | UHC | Medicaid | 1984.18 | 31.55 | | | 138.33 | 5974.55 | percent of total billed charges | |
| HC EXCISION CONDYLOMA PENILE | 54060 | CPT | | | | outpatient | | | 6289 | 2398.47 | First Trenton | First Trenton | 5660.1 | 90 | | | 138.33 | 5974.55 | percent of total billed charges | |
| HC EXCISION CONDYLOMA PENILE | 54060 | CPT | | | | outpatient | | | 6289 | 2398.47 | UHC | Medicare | 2085.63 | | | | 138.33 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION CONDYLOMA PENILE | 54060 | CPT | | | | outpatient | | | 6289 | 2398.47 | Multiplan | Multiplan | 5031.2 | 80 | | | 138.33 | 5974.55 | percent of total billed charges | |
| HC EXCISION CONDYLOMA PENILE | 54060 | CPT | | | | outpatient | | | 6289 | 2398.47 | United | Oxford | 2493 | | | | 138.33 | 5974.55 | case rate | |
| HC EXCISION CONDYLOMA PENILE | 54060 | CPT | | | | outpatient | | | 6289 | 2398.47 | Corrections | Corrections | 5031.2 | 80 | | | 138.33 | 5974.55 | percent of total billed charges | |
| HC EXCISION CONDYLOMA PENILE | 54060 | CPT | | | | outpatient | | | 6289 | 2398.47 | First Health | First Health | 4402.3 | 70 | | | 138.33 | 5974.55 | percent of total billed charges | |
| HC EXCISION CONDYLOMA PENILE | 54060 | CPT | | | | outpatient | | | 6289 | 2398.47 | Wellcare | Medicaid | 1984.18 | 31.55 | | | 138.33 | 5974.55 | percent of total billed charges | |
| HC EXCISION CONDYLOMA PENILE | 54060 | CPT | | | | outpatient | | | 6289 | 2398.47 | WellPoint | WellPoint | 2023.8 | 32.18 | | | 138.33 | 5974.55 | percent of total billed charges | |
| HC EXCISION CONDYLOMA PENILE | 54060 | CPT | | | | outpatient | | | 6289 | 2398.47 | Horizon | NJ Health | 138.33 | | | | 138.33 | 5974.55 | fee schedule | |
| HC EXCISION CONDYLOMA PENILE | 54060 | CPT | | | | outpatient | | | 6289 | 2398.47 | Wellcare | Medicare | 2085.63 | | | | 138.33 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION CONDYLOMA PENILE | 54060 | CPT | | | | outpatient | | | 6289 | 2398.47 | Qualcare | Qualcare | 4716.75 | 75 | | | 138.33 | 5974.55 | percent of total billed charges | |
| HC EXCISION CONDYLOMA PENILE | 54060 | CPT | | | | outpatient | | | 6289 | 2398.47 | Horizon | Indemnity | 4035.69 | | | | 138.33 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION CONDYLOMA PENILE | 54060 | CPT | | | | outpatient | | | 6289 | 2398.47 | Managed Care Inc | Managed Care Inc | 5660.1 | 90 | | | 138.33 | 5974.55 | percent of total billed charges | |
| HC EXCISION CONDYLOMA PENILE | 54060 | CPT | | | | outpatient | | | 6289 | 2398.47 | United | Commercial/PPO | 2493 | | | | 138.33 | 5974.55 | case rate | |
| HC EXCISION CONDYLOMA PENILE | 54060 | CPT | | | | outpatient | | | 6289 | 2398.47 | Three Rivers | Three Rivers | 5974.55 | 95 | | | 138.33 | 5974.55 | percent of total billed charges | |
| HC INJECTION PEYRONIE DISEASE | 54200 | CPT | | | | outpatient | | | 846.32 | 325.06 | Amerihealth | HMO/PPO | 300 | | | | 101.06 | 1782 | fee schedule | |
| HC INJECTION PEYRONIE DISEASE | 54200 | CPT | | | | outpatient | | | 846.32 | 325.06 | Aetna | Commercial | 461.3 | | | | 101.06 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION PEYRONIE DISEASE | 54200 | CPT | | | | outpatient | | | 846.32 | 325.06 | Multiplan | Multiplan | 677.06 | 80 | | | 101.06 | 1782 | percent of total billed charges | |
| HC INJECTION PEYRONIE DISEASE | 54200 | CPT | | | | outpatient | | | 846.32 | 325.06 | Consumer | Consumer | 804 | 95 | | | 101.06 | 1782 | percent of total billed charges | |
| HC INJECTION PEYRONIE DISEASE | 54200 | CPT | | | | outpatient | | | 846.32 | 325.06 | First Trenton | First Trenton | 761.69 | 90 | | | 101.06 | 1782 | percent of total billed charges | |
| HC INJECTION PEYRONIE DISEASE | 54200 | CPT | | | | outpatient | | | 846.32 | 325.06 | Aetna | Medicare | 282.66 | | | | 101.06 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION PEYRONIE DISEASE | 54200 | CPT | | | | outpatient | | | 846.32 | 325.06 | Aetna | Better Health | 267.01 | 31.55 | | | 101.06 | 1782 | percent of total billed charges | |
| HC INJECTION PEYRONIE DISEASE | 54200 | CPT | | | | outpatient | | | 846.32 | 325.06 | Americare | Americare | 634.74 | 75 | | | 101.06 | 1782 | percent of total billed charges | |
| HC INJECTION PEYRONIE DISEASE | 54200 | CPT | | | | outpatient | | | 846.32 | 325.06 | First Health | First Health | 592.42 | 70 | | | 101.06 | 1782 | percent of total billed charges | |
| HC INJECTION PEYRONIE DISEASE | 54200 | CPT | | | | outpatient | | | 846.32 | 325.06 | Horizon | MGD | 546.95 | | | | 101.06 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION PEYRONIE DISEASE | 54200 | CPT | | | | outpatient | | | 846.32 | 325.06 | Qualcare | Qualcare | 634.74 | 75 | | | 101.06 | 1782 | percent of total billed charges | |
| HC INJECTION PEYRONIE DISEASE | 54200 | CPT | | | | outpatient | | | 846.32 | 325.06 | Corrections | Corrections | 677.06 | 80 | | | 101.06 | 1782 | percent of total billed charges | |
| HC INJECTION PEYRONIE DISEASE | 54200 | CPT | | | | outpatient | | | 846.32 | 325.06 | Horizon | Medicare Blue | 282.66 | | | | 101.06 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION PEYRONIE DISEASE | 54200 | CPT | | | | outpatient | | | 846.32 | 325.06 | Horizon | NJ Health | 101.06 | | | | 101.06 | 1782 | fee schedule | |
| HC INJECTION PEYRONIE DISEASE | 54200 | CPT | | | | outpatient | | | 846.32 | 325.06 | Horizon | PPO | 546.95 | | | | 101.06 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION PEYRONIE DISEASE | 54200 | CPT | | | | outpatient | | | 846.32 | 325.06 | Three Rivers | Three Rivers | 804 | 95 | | | 101.06 | 1782 | percent of total billed charges | |
| HC INJECTION PEYRONIE DISEASE | 54200 | CPT | | | | outpatient | | | 846.32 | 325.06 | Horizon | Indemnity | 546.95 | | | | 101.06 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION PEYRONIE DISEASE | 54200 | CPT | | | | outpatient | | | 846.32 | 325.06 | UHC | Medicaid | 267.01 | 31.55 | | | 101.06 | 1782 | percent of total billed charges | |
| HC INJECTION PEYRONIE DISEASE | 54200 | CPT | | | | outpatient | | | 846.32 | 325.06 | Managed Care Inc | Managed Care Inc | 761.69 | 90 | | | 101.06 | 1782 | percent of total billed charges | |
| HC INJECTION PEYRONIE DISEASE | 54200 | CPT | | | | outpatient | | | 846.32 | 325.06 | UHC | Medicare | 282.66 | | | | 101.06 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION PEYRONIE DISEASE | 54200 | CPT | | | | outpatient | | | 846.32 | 325.06 | United | Commercial/PPO | 1782 | | | | 101.06 | 1782 | case rate | |
| HC INJECTION PEYRONIE DISEASE | 54200 | CPT | | | | outpatient | | | 846.32 | 325.06 | Wellcare | Medicare | 282.66 | | | | 101.06 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION PEYRONIE DISEASE | 54200 | CPT | | | | outpatient | | | 846.32 | 325.06 | United | Oxford | 1782 | | | | 101.06 | 1782 | case rate | |
| HC INJECTION PEYRONIE DISEASE | 54200 | CPT | | | | outpatient | | | 846.32 | 325.06 | WellPoint | WellPoint | 272.35 | 32.18 | | | 101.06 | 1782 | percent of total billed charges | |
| HC INJECTION PEYRONIE DISEASE | 54200 | CPT | | | | outpatient | | | 846.32 | 325.06 | Wellcare | Medicaid | 267.01 | 31.55 | | | 101.06 | 1782 | percent of total billed charges | |
| HC IRR CORPORA CAVERNOSA PRIAPISM | 54220 | CPT | | | | outpatient | | | 924 | 325.06 | First Trenton | First Trenton | 831.6 | 90 | | | 224.96 | 1782 | percent of total billed charges | |
| HC IRR CORPORA CAVERNOSA PRIAPISM | 54220 | CPT | | | | outpatient | | | 924 | 325.06 | Aetna | Medicare | 282.66 | | | | 224.96 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IRR CORPORA CAVERNOSA PRIAPISM | 54220 | CPT | | | | outpatient | | | 924 | 325.06 | Americare | Americare | 693 | 75 | | | 224.96 | 1782 | percent of total billed charges | |
| HC IRR CORPORA CAVERNOSA PRIAPISM | 54220 | CPT | | | | outpatient | | | 924 | 325.06 | Aetna | Better Health | 291.52 | 31.55 | | | 224.96 | 1782 | percent of total billed charges | |
| HC IRR CORPORA CAVERNOSA PRIAPISM | 54220 | CPT | | | | outpatient | | | 924 | 325.06 | UHC | Medicaid | 291.52 | 31.55 | | | 224.96 | 1782 | percent of total billed charges | |
| HC IRR CORPORA CAVERNOSA PRIAPISM | 54220 | CPT | | | | outpatient | | | 924 | 325.06 | Corrections | Corrections | 739.2 | 80 | | | 224.96 | 1782 | percent of total billed charges | |
| HC IRR CORPORA CAVERNOSA PRIAPISM | 54220 | CPT | | | | outpatient | | | 924 | 325.06 | Aetna | Commercial | 461.3 | | | | 224.96 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IRR CORPORA CAVERNOSA PRIAPISM | 54220 | CPT | | | | outpatient | | | 924 | 325.06 | First Health | First Health | 646.8 | 70 | | | 224.96 | 1782 | percent of total billed charges | |
| HC IRR CORPORA CAVERNOSA PRIAPISM | 54220 | CPT | | | | outpatient | | | 924 | 325.06 | Managed Care Inc | Managed Care Inc | 831.6 | 90 | | | 224.96 | 1782 | percent of total billed charges | |
| HC IRR CORPORA CAVERNOSA PRIAPISM | 54220 | CPT | | | | outpatient | | | 924 | 325.06 | Horizon | MGD | 546.95 | | | | 224.96 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IRR CORPORA CAVERNOSA PRIAPISM | 54220 | CPT | | | | outpatient | | | 924 | 325.06 | Consumer | Consumer | 877.8 | 95 | | | 224.96 | 1782 | percent of total billed charges | |
| HC IRR CORPORA CAVERNOSA PRIAPISM | 54220 | CPT | | | | outpatient | | | 924 | 325.06 | Amerihealth | HMO/PPO | 300 | | | | 224.96 | 1782 | fee schedule | |
| HC IRR CORPORA CAVERNOSA PRIAPISM | 54220 | CPT | | | | outpatient | | | 924 | 325.06 | UHC | Medicare | 282.66 | | | | 224.96 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IRR CORPORA CAVERNOSA PRIAPISM | 54220 | CPT | | | | outpatient | | | 924 | 325.06 | Horizon | PPO | 546.95 | | | | 224.96 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IRR CORPORA CAVERNOSA PRIAPISM | 54220 | CPT | | | | outpatient | | | 924 | 325.06 | Horizon | Indemnity | 546.95 | | | | 224.96 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IRR CORPORA CAVERNOSA PRIAPISM | 54220 | CPT | | | | outpatient | | | 924 | 325.06 | Horizon | Medicare Blue | 282.66 | | | | 224.96 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IRR CORPORA CAVERNOSA PRIAPISM | 54220 | CPT | | | | outpatient | | | 924 | 325.06 | Wellcare | Medicare | 282.66 | | | | 224.96 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IRR CORPORA CAVERNOSA PRIAPISM | 54220 | CPT | | | | outpatient | | | 924 | 325.06 | WellPoint | WellPoint | 297.34 | 32.18 | | | 224.96 | 1782 | percent of total billed charges | |
| HC IRR CORPORA CAVERNOSA PRIAPISM | 54220 | CPT | | | | outpatient | | | 924 | 325.06 | Three Rivers | Three Rivers | 877.8 | 95 | | | 224.96 | 1782 | percent of total billed charges | |
| HC IRR CORPORA CAVERNOSA PRIAPISM | 54220 | CPT | | | | outpatient | | | 924 | 325.06 | United | Oxford | 1782 | | | | 224.96 | 1782 | case rate | |
| HC IRR CORPORA CAVERNOSA PR

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC IRR CORPORA CAVERNOSA PRIAPISM | 54220 | CPT | | | | outpatient | | | 924 | | 325.06 Horizon | NJ Health | 224.96 | | | 53.64 | 224.96 | 1782.96 | 1782 fee schedule | |
| HC IRR CORPORA CAVERNOSA PRIAPISM | 54220 | CPT | | | | outpatient | | | 924 | | 325.06 Multiplan | Multiplan | 739.2 | 80 | | | 224.96 | 1782.96 | 1782 percent of total billed charges | |
| HC IRR CORPORA CAVERNOSA PRIAPISM | 54220 | CPT | | | | outpatient | | | 924 | | 325.06 Qualcare | Qualcare | 693 | 75 | | | 224.96 | 1782.96 | 1782 percent of total billed charges | |
| HC INJ CAVERNOSA W/PHRMCLGC AGT | 54235 | CPT | | | | outpatient | | | 785 | | 325.06 Aetna | Medicare | 282.66 | | | | 62.72 | 1782.96 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ CAVERNOSA W/PHRMCLGC AGT | 54235 | CPT | | | | outpatient | | | 785 | | 325.06 Multiplan | Multiplan | 628 | 80 | | | 62.72 | 1782.96 | 1782 percent of total billed charges | |
| HC INJ CAVERNOSA W/PHRMCLGC AGT | 54235 | CPT | | | | outpatient | | | 785 | | 325.06 Aetna | Better Health | 247.67 | 31.55 | | | 62.72 | 1782.96 | 1782 percent of total billed charges | |
| HC INJ CAVERNOSA W/PHRMCLGC AGT | 54235 | CPT | | | | outpatient | | | 785 | | 325.06 Amerihealth | HMO/PPO | 125 | | | | 62.72 | 1782.96 | 1782 fee schedule | |
| HC INJ CAVERNOSA W/PHRMCLGC AGT | 54235 | CPT | | | | outpatient | | | 785 | | 325.06 Consumer | Consumer | 745.75 | 95 | | | 62.72 | 1782.96 | 1782 percent of total billed charges | |
| HC INJ CAVERNOSA W/PHRMCLGC AGT | 54235 | CPT | | | | outpatient | | | 785 | | 325.06 First Trenton | First Trenton | 706.5 | 90 | | | 62.72 | 1782.96 | 1782 percent of total billed charges | |
| HC INJ CAVERNOSA W/PHRMCLGC AGT | 54235 | CPT | | | | outpatient | | | 785 | | 325.06 Aetna | Commercial | 461.3 | | | | 62.72 | 1782.96 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ CAVERNOSA W/PHRMCLGC AGT | 54235 | CPT | | | | outpatient | | | 785 | | 325.06 United | Oxford | 1782 | | | | 62.72 | 1782.96 | 1782 case rate | |
| HC INJ CAVERNOSA W/PHRMCLGC AGT | 54235 | CPT | | | | outpatient | | | 785 | | 325.06 Corrections | Corrections | 628 | 80 | | | 62.72 | 1782.96 | 1782 percent of total billed charges | |
| HC INJ CAVERNOSA W/PHRMCLGC AGT | 54235 | CPT | | | | outpatient | | | 785 | | 325.06 Qualcare | Qualcare | 588.75 | 75 | | | 62.72 | 1782.96 | 1782 percent of total billed charges | |
| HC INJ CAVERNOSA W/PHRMCLGC AGT | 54235 | CPT | | | | outpatient | | | 785 | | 325.06 Americare | Americare | 588.75 | 75 | | | 62.72 | 1782.96 | 1782 percent of total billed charges | |
| HC INJ CAVERNOSA W/PHRMCLGC AGT | 54235 | CPT | | | | outpatient | | | 785 | | 325.06 First Health | First Health | 549.5 | 70 | | | 62.72 | 1782.96 | 1782 percent of total billed charges | |
| HC INJ CAVERNOSA W/PHRMCLGC AGT | 54235 | CPT | | | | outpatient | | | 785 | | 325.06 Horizon | NJ Health | 62.72 | | | | 62.72 | 1782.96 | 1782 fee schedule | |
| HC INJ CAVERNOSA W/PHRMCLGC AGT | 54235 | CPT | | | | outpatient | | | 785 | | 325.06 Horizon | Indemnity | 546.95 | | | | 62.72 | 1782.96 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ CAVERNOSA W/PHRMCLGC AGT | 54235 | CPT | | | | outpatient | | | 785 | | 325.06 Horizon | Medicare Blue | 282.66 | | | 179.66 | 62.72 | 1782.96 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ CAVERNOSA W/PHRMCLGC AGT | 54235 | CPT | | | | outpatient | | | 785 | | 325.06 Wellcare | Medicare | 282.66 | | | | 62.72 | 1782.96 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ CAVERNOSA W/PHRMCLGC AGT | 54235 | CPT | | | | outpatient | | | 785 | | 325.06 Horizon | MGD | 546.95 | | | 420.81 | 62.72 | 1782.96 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ CAVERNOSA W/PHRMCLGC AGT | 54235 | CPT | | | | outpatient | | | 785 | | 325.06 UHC | Medicaid | 247.67 | 31.55 | | 239.73 | 62.72 | 1782.96 | 1782 percent of total billed charges | |
| HC INJ CAVERNOSA W/PHRMCLGC AGT | 54235 | CPT | | | | outpatient | | | 785 | | 325.06 Three Rivers | Three Rivers | 745.75 | 95 | | | 62.72 | 1782.96 | 1782 percent of total billed charges | |
| HC INJ CAVERNOSA W/PHRMCLGC AGT | 54235 | CPT | | | | outpatient | | | 785 | | 325.06 Horizon | PPO | 546.95 | | | | 62.72 | 1782.96 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ CAVERNOSA W/PHRMCLGC AGT | 54235 | CPT | | | | outpatient | | | 785 | | 325.06 Managed Care Inc | Managed Care Inc | 706.5 | 90 | | | 62.72 | 1782.96 | 1782 percent of total billed charges | |
| HC INJ CAVERNOSA W/PHRMCLGC AGT | 54235 | CPT | | | | outpatient | | | 785 | | 325.06 UHC | Medicare | 282.66 | | | | 62.72 | 1782.96 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ CAVERNOSA W/PHRMCLGC AGT | 54235 | CPT | | | | outpatient | | | 785 | | 325.06 United | CommercialPPO | 1782 | | | | 62.72 | 1782.96 | 1782 case rate | |
| HC INJ CAVERNOSA W/PHRMCLGC AGT | 54235 | CPT | | | | outpatient | | | 785 | | 325.06 Wellcare | Medicaid | 247.67 | 31.55 | | 223.04 | 62.72 | 1782.96 | 1782 percent of total billed charges | |
| HC INJ CAVERNOSA W/PHRMCLGC AGT | 54235 | CPT | | | | outpatient | | | 785 | | 325.06 WellPoint | WellPoint | 252.61 | 32.18 | | | 62.72 | 1782.96 | 1782 percent of total billed charges | |
| HC MANIPULATION FORESKIN PENIS | 54450 | CPT | | | | outpatient | | | 1401 | | 325.06 Aetna | Medicare | 282.66 | | | | 91.35 | 1782.96 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MANIPULATION FORESKIN PENIS | 54450 | CPT | | | | outpatient | | | 1401 | | 325.06 Amerihealth | HMO/PPO | 300 | | | | 91.35 | 1782.96 | 1782 fee schedule | |
| HC MANIPULATION FORESKIN PENIS | 54450 | CPT | | | | outpatient | | | 1401 | | 325.06 Aetna | Commercial | 461.3 | | | | 91.35 | 1782.96 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MANIPULATION FORESKIN PENIS | 54450 | CPT | | | | outpatient | | | 1401 | | 325.06 Corrections | Corrections | 1120.8 | 80 | | | 91.35 | 1782.96 | 1782 percent of total billed charges | |
| HC MANIPULATION FORESKIN PENIS | 54450 | CPT | | | | outpatient | | | 1401 | | 325.06 First Trenton | First Trenton | 1260.9 | 90 | | | 91.35 | 1782.96 | 1782 percent of total billed charges | |
| HC MANIPULATION FORESKIN PENIS | 54450 | CPT | | | | outpatient | | | 1401 | | 325.06 UHC | Medicaid | 442.02 | 31.55 | | | 91.35 | 1782.96 | 1782 percent of total billed charges | |
| HC MANIPULATION FORESKIN PENIS | 54450 | CPT | | | | outpatient | | | 1401 | | 325.06 UHC | Medicare | 282.66 | | | | 91.35 | 1782.96 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MANIPULATION FORESKIN PENIS | 54450 | CPT | | | | outpatient | | | 1401 | | 325.06 Aetna | Better Health | 442.02 | 31.55 | | | 91.35 | 1782.96 | 1782 percent of total billed charges | |
| HC MANIPULATION FORESKIN PENIS | 54450 | CPT | | | | outpatient | | | 1401 | | 325.06 Horizon | MGD | 546.95 | | | | 91.35 | 1782.96 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MANIPULATION FORESKIN PENIS | 54450 | CPT | | | | outpatient | | | 1401 | | 325.06 First Health | First Health | 980.7 | 70 | | | 91.35 | 1782.96 | 1782 percent of total billed charges | |
| HC MANIPULATION FORESKIN PENIS | 54450 | CPT | | | | outpatient | | | 1401 | | 325.06 Americare | Americare | 1050.75 | 75 | | | 91.35 | 1782.96 | 1782 percent of total billed charges | |
| HC MANIPULATION FORESKIN PENIS | 54450 | CPT | | | | outpatient | | | 1401 | | 325.06 Wellcare | Medicare | 282.66 | | | | 91.35 | 1782.96 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MANIPULATION FORESKIN PENIS | 54450 | CPT | | | | outpatient | | | 1401 | | 325.06 Horizon | PPO | 546.95 | | | | 91.35 | 1782.96 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MANIPULATION FORESKIN PENIS | 54450 | CPT | | | | outpatient | | | 1401 | | 325.06 United | CommercialPPO | 1782 | | | | 91.35 | 1782.96 | 1782 case rate | |
| HC MANIPULATION FORESKIN PENIS | 54450 | CPT | | | | outpatient | | | 1401 | | 325.06 Multiplan | Multiplan | 1120.8 | 80 | | | 91.35 | 1782.96 | 1782 percent of total billed charges | |
| HC MANIPULATION FORESKIN PENIS | 54450 | CPT | | | | outpatient | | | 1401 | | 325.06 Consumer | Consumer | 1330.95 | 95 | | | 91.35 | 1782.96 | 1782 percent of total billed charges | |
| HC MANIPULATION FORESKIN PENIS | 54450 | CPT | | | | outpatient | | | 1401 | | 325.06 Managed Care Inc | Managed Care Inc | 1260.9 | 90 | | | 91.35 | 1782.96 | 1782 percent of total billed charges | |
| HC MANIPULATION FORESKIN PENIS | 54450 | CPT | | | | outpatient | | | 1401 | | 325.06 Horizon | Indemnity | 546.95 | | | | 91.35 | 1782.96 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MANIPULATION FORESKIN PENIS | 54450 | CPT | | | | outpatient | | | 1401 | | 325.06 Qualcare | Qualcare | 1050.75 | 75 | | | 91.35 | 1782.96 | 1782 percent of total billed charges | |
| HC MANIPULATION FORESKIN PENIS | 54450 | CPT | | | | outpatient | | | 1401 | | 325.06 Horizon | NJ Health | 91.35 | | | | 91.35 | 1782.96 | 1782 fee schedule | |
| HC MANIPULATION FORESKIN PENIS | 54450 | CPT | | | | outpatient | | | 1401 | | 325.06 Three Rivers | Three Rivers | 1330.95 | 95 | | | 91.35 | 1782.96 | 1782 percent of total billed charges | |
| HC MANIPULATION FORESKIN PENIS | 54450 | CPT | | | | outpatient | | | 1401 | | 325.06 WellPoint | WellPoint | 450.84 | 32.18 | | | 91.35 | 1782.96 | 1782 percent of total billed charges | |
| HC MANIPULATION FORESKIN PENIS | 54450 | CPT | | | | outpatient | | | 1401 | | 325.06 United | Oxford | 1782 | | | | 91.35 | 1782.96 | 1782 case rate | |
| HC MANIPULATION FORESKIN PENIS | 54450 | CPT | | | | outpatient | | | 1401 | | 325.06 Horizon | Medicare Blue | 282.66 | | | | 91.35 | 1782.96 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MANIPULATION FORESKIN PENIS | 54450 | CPT | | | | outpatient | | | 1401 | | 325.06 Wellcare | Medicaid | 442.02 | 31.55 | | | 91.35 | 1782.96 | 1782 percent of total billed charges | |
| HC I&D EQIDIDYMIS TESTIS OR SCROT | 54700 | CPT | | | | outpatient | | | 7022 | | 2678.87 Consumer | Consumer | 6670.9 | 95 | | | 200.68 | 6670.9 | 6670.9 percent of total billed charges | |
| HC I&D EQIDIDYMIS TESTIS OR SCROT | 54700 | CPT | | | | outpatient | | | 7022 | | 2678.87 Aetna | Commercial | 3801.66 | | | | 200.68 | 6670.9 | 6670.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D EQIDIDYMIS TESTIS OR SCROT | 54700 | CPT | | | | outpatient | | | 7022 | | 2678.87 Aetna | Better Health | 2215.44 | 31.55 | | | 200.68 | 6670.9 | 6670.9 percent of total billed charges | |
| HC I&D EQIDIDYMIS TESTIS OR SCROT | 54700 | CPT | | | | outpatient | | | 7022 | | 2678.87 Multiplan | Multiplan | 5617.6 | 80 | | | 200.68 | 6670.9 | 6670.9 percent of total billed charges | |
| HC I&D EQIDIDYMIS TESTIS OR SCROT | 54700 | CPT | | | | outpatient | | | 7022 | | 2678.87 First Health | First Health | 4915.4 | 70 | | | 200.68 | 6670.9 | 6670.9 percent of total billed charges | |
| HC I&D EQIDIDYMIS TESTIS OR SCROT | 54700 | CPT | | | | outpatient | | | 7022 | | 2678.87 Americare | Americare | 5266.5 | 75 | | | 200.68 | 6670.9 | 6670.9 percent of total billed charges | |
| HC I&D EQIDIDYMIS TESTIS OR SCROT | 54700 | CPT | | | | outpatient | | | 7022 | | 2678.87 Aetna | Medicare | 2329.45 | | | | 200.68 | 6670.9 | 6670.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D EQIDIDYMIS TESTIS OR SCROT | 54700 | CPT | | | | outpatient | | | 7022 | | 2678.87 First Trenton | First Trenton | 6319.8 | 90 | | | 200.68 | 6670.9 | 6670.9 percent of total billed charges | |
| HC I&D EQIDIDYMIS TESTIS OR SCROT | 54700 | CPT | | | | outpatient | | | 7022 | | 2678.87 Corrections | Corrections | 5617.6 | 80 | | | 200.68 | 6670.9 | 6670.9 percent of total billed charges | |
| HC I&D EQIDIDYMIS TESTIS OR SCROT | 54700 | CPT | | | | outpatient | | | 7022 | | 2678.87 Amerihealth | HMO/PPO | 550 | | | | 200.68 | 6670.9 | 6670.9 fee schedule | |
| HC I&D EQIDIDYMIS TESTIS OR SCROT | 54700 | CPT | | | | outpatient | | | 7022 | | 2678.87 Horizon | MGD | 4507.49 | | | | 200.68 | 6670.9 | 6670.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D EQIDIDYMIS TESTIS OR SCROT | 54700 | CPT | | | | outpatient | | | 7022 | | 2678.87 Qualcare | Qualcare | 5266.5 | 75 | | | 200.68 | 6670.9 | 6670.9 percent of total billed charges | |
| HC I&D EQIDIDYMIS TESTIS OR SCROT | 54700 | CPT | | | | outpatient | | | 7022 | | 2678.87 Three Rivers | Three Rivers | 6670.9 | 95 | | | 200.68 | 6670.9 | 6670.9 percent of total billed charges | |
| HC I&D EQIDIDYMIS TESTIS OR SCROT | 54700 | CPT | | | | outpatient | | | 7022 | | 2678.87 United | CommercialPPO | 2776 | | | | 200.68 | 6670.9 | 6670.9 case rate | |
| HC I&D EQIDIDYMIS TESTIS OR SCROT | 54700 | CPT | | | | outpatient | | | 7022 | | 2678.87 Horizon | Indemnity | 4507.49 | | | | 200.68 | 6670.9 | 6670.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D EQIDIDYMIS TESTIS OR SCROT | 54700 | CPT | | | | outpatient | | | 7022 | | 2678.87 Managed Care Inc | Managed Care Inc | 6319.8 | 90 | | | 200.68 | 6670.9 | 6670.9 percent of total billed charges | |
| HC I&D EQIDIDYMIS TESTIS OR SCROT | 54700 | CPT | | | | outpatient | | | 7022 | | 2678.87 Wellcare | Medicaid | 2215.44 | 31.55 | | | 200.68 | 6670.9 | 6670.9 percent of total billed charges | |
| HC I&D EQIDIDYMIS TESTIS OR SCROT | 54700 | CPT | | | | outpatient | | | 7022 | | 2678.87 UHC | Medicaid | 2215.44 | 31.55 | | | 200.68 | 6670.9 | 6670.9 percent of total billed charges | |
| HC I&D EQIDIDYMIS TESTIS OR SCROT | 54700 | CPT | | | | outpatient | | | 7022 | | 2678.87 Horizon | Medicare Blue | 2329.45 | | | | 200.68 | 6670.9 | 6670.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D EQIDIDYMIS TESTIS OR SCROT | 54700 | CPT | | | | outpatient | | | 7022 | | 2678.87 UHC | Medicare | 2329.45 | | | | 200.68 | 6670.9 | 6670.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D EQIDIDYMIS TESTIS OR SCROT | 54700 | CPT | | | | outpatient | | | 7022 | | 2678.87 Horizon | NJ Health | 200.68 | | | | 200.68 | 6670.9 | 6670.9 fee schedule | |
| HC I&D EQIDIDYMIS TESTIS OR SCROT | 54700 | CPT | | | | outpatient | | | 7022 | | 2678.87 Wellcare | Medicare | 2329.45 | | | | 200.68 | 6670.9 | 6670.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D EQIDIDYMIS TESTIS OR SCROT | 54700 | CPT | | | | outpatient | | | 7022 | | 2678.87 Horizon | PPO | 4507.49 | | | | 200.68 | 6670.9 | 6670.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D EQIDIDYMIS TESTIS OR SCROT | 54700 | CPT | | | | outpatient | | | 7022 | | 2678.87 United | Oxford | 2776 | | | | 200.68 | 6670.9 | 6670.9 case rate | |
| HC I&D EQIDIDYMIS TESTIS OR SCROT | 54700 | CPT | | | | outpatient | | | 7022 | | 2678.87 WellPoint | WellPoint | 2259.68 | 32.18 | | | 200.68 | 6670.9 | 6670.9 percent of total billed charges | |
| HC PNCT ASP W/WOUT INJCTN OF MED | 55000 | CPT | | | | outpatient | | | 2367 | | 925.36 Aetna | Better Health | 746.79 | 31.55 | | | 58.46 | 2248.65 | 2248.65 percent of total billed charges | |
| HC PNCT ASP W/WOUT INJCTN OF MED | 55000 | CPT | | | | outpatient | | | 2367 | | 925.36 Horizon | MGD | 1557.02 | | | | 58.46 | 2248.65 | 2248.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PNCT ASP W/WOUT INJCTN OF MED | 55000 | CPT | | | | outpatient | | | 2367 | | 925.36 Multiplan | Multiplan | 1893.6 | 80 | | | 58.46 | 2248.65 | 2248.65 percent of total billed charges | |
| HC PNCT ASP W/WOUT INJCTN OF MED | 55000 | CPT | | | | outpatient | | | 2367 | | 925.36 Aetna | Commercial | 1313.21 | | | | 58.46 | 2248.65 | 2248.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PNCT ASP W/WOUT INJCTN OF MED | 55000 | CPT | | | | outpatient | | | 2367 | | 925.36 First Health | First Health | 1656.9 | 70 | | | 58.46 | 2248.65 | 2248.65 percent of total billed charges | |
| HC PNCT ASP W/WOUT INJCTN OF MED | 55000 | CPT | | | | outpatient | | | 2367 | | 925.36 Horizon | PPO | 1557.02 | | | | 58.46 | 2248.65 | 2248.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PNCT ASP W/WOUT INJCTN OF MED | 55000 | CPT | | | | outpatient | | | 2367 | | 925.36 Aetna | Medicare | 804.66 | | | | 58.46 | 2248.65 | 2248.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PNCT ASP W/WOUT INJCTN OF MED | 55000 | CPT | | | | outpatient | | | 2367 | | 925.36 Horizon | Medicare Blue | 804.66 | | | | 58.46 | 2248.65 | 2248.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PNCT ASP W/WOUT INJCTN OF MED | 55000 | CPT | | | | outpatient | | | 2367 | | 925.36 Consumer | Consumer | 2248.65 | 95 | | | 58.46 | 2248.65 | 2248.65 percent of total billed charges | |
| HC PNCT ASP W/WOUT INJCTN OF MED | 55000 | CPT | | | | outpatient | | | 2367 | | 925.36 UHC | Medicaid | 746.79 | 31.55 | | | 58.46 | 2248.65 | 2248.65 percent of total billed charges | |
| HC PNCT ASP W/WOUT INJCTN OF MED | 55000 | CPT | | | | outpatient | | | 2367 | | 925.36 Qualcare | Qualcare | 1775.25 | 75 | | | 58.46 | 2248.65 | 2248.65 percent of total billed charges | |
| HC PNCT ASP W/WOUT INJCTN OF MED | 55000 | CPT | | | | outpatient | | | 2367 | | 925.36 Americare | Americare | 1775.25 | 75 | | | 58.46 | 2248.65 | 2248.65 percent of total billed charges | |
| HC PNCT ASP W/WOUT INJCTN OF MED | 55000 | CPT | | | | outpatient | | | 2367 | | 925.36 Three Rivers | Three Rivers | 2248.65 | 95 | | | 58.46 | 2248.65 | 2248.65 percent of total billed charges | |
| HC PNCT ASP W/WOUT INJCTN OF MED | 55000 | CPT | | | | outpatient | | | 2367 | | 925.36 Wellcare | Medicare | 804.66 | | | | 58.46 | 2248.65 | 2248.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PNCT ASP W/WOUT INJCTN OF MED | 55000 | CPT | | | | outpatient | | | 2367 | | 925.36 Corrections | Corrections | 1893.6 | 80 | | | 58.46 | 2248.65 | 2248.65 percent of total billed charges | |
| HC PNCT ASP W/WOUT INJCTN OF MED | 55000 | CPT | | | | outpatient | | | 2367 | | 925.36 Amerihealth | HMO/PPO | 125 | | | | 58.46 | 2248.65 | 2248.65 fee schedule | |
| HC PNCT ASP W/WOUT INJCTN OF MED | 55000 | CPT | | | | outpatient | | | 2367 | | 925.36 First Trenton | First Trenton | 2130.3 | 90 | | | 58.46 | 2248.65 | 2248.65 percent of total billed charges | |
| HC PNCT ASP W/WOUT INJCTN OF MED | 55000 | CPT | | | | outpatient | | | 2367 | | 925.36 UHC | Medicare | 804.66 | | | | 58.46 | 2248.65 | 2248.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PNCT ASP W/WOUT INJCTN OF MED | 55000 | CPT | | | | outpatient | | | 2367 | | 925.36 Horizon | Indemnity | 1557.02 | | | | 58.46 | 2248.65 | 2248.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PNCT ASP W/WOUT INJCTN OF MED | 55000 | CPT | | | | outpatient | | | 2367 | | 925.36 WellPoint | WellPoint | 761.7 | 32.18 | | | 58.46 | 2248.65 | 2248.65 percent of total billed charges | |
| HC PNCT ASP W/WOUT INJCTN OF MED | 55000 | CPT | | | | outpatient | | | 2367 | | 925.36 Horizon | NJ Health | 58.46 | | | | 58.46 | 2248.65 | 2248.65 fee schedule | |
| HC PNCT ASP W/WOUT INJCTN OF MED | 55000 | CPT | | | | outpatient | | | 2367 | | 925.36 United | CommercialPPO | 1817 | | | | 58.46 | 2248.65 | 2248.65 case rate | |
| HC PNCT ASP W/WOUT INJCTN OF MED | 55000 | CPT | | | | outpatient | | | 2367 | | 925.36 Managed Care Inc | Managed Care Inc | 2130.3 | 90 | | | 58.46 | 2248.65 | 2248.65 percent of total billed charges | |
| HC PNCT ASP W/WOUT INJCTN OF MED | 55000 | CPT | | | | outpatient | | | 2367 | | 925.36 Wellcare | Medicaid | 746.79 | 31.55 | | | 58.46 | 2248.65 | 2248.65 percent of total billed charges | |
| HC PNCT ASP W/WOUT INJCTN OF MED | 55000 | CPT | | | | outpatient | | | 2367 | | 925.36 United | Oxford | 1817 | | | | 58.46 | 2248.65 | 2248.65 case rate | |
| HC INCISE & DRAIN ABSCESS SCROTUM | 55100 | CPT | | | | outpatient | | | 5464 | | 2132.36 First Trenton | First Trenton | 4917.6 | 90 | | | 109.62 | 5190.8 | 5190.8 percent of total billed charges | |
| HC INCISE & DRAIN ABSCESS SCROTUM | 55100 | CPT | | | | outpatient | | | 5464 | | 2132.36 Aetna | Commercial | 3026.1 | | | | 109.62 | 5190.8 | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISE & DRAIN ABSCESS SCROTUM | 55100 | CPT | | | | outpatient | | | 5464 | | 2132.36 Horizon | PPO | 3587.94 | | | | 109.62 | 5190.8 | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISE & DRAIN ABSCESS SCROTUM | 55100 | CPT | | | | outpatient | | | 5464 | | 2132.36 Horizon | Indemnity | 3587.94 | | | | 109.62 | 5190.8 | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISE & DRAIN ABSCESS SCROTUM | 55100 | CPT | | | | outpatient | | | 5464 | | 2132.36 Qualcare | Qualcare | 4098 | 75 | | | 109.62 | 5190.8 | 5190.8 percent of total billed charges | |
| HC INCISE & DRAIN ABSCESS SCROTUM | 55100 | CPT | | | | outpatient | | | 5464 | | 2132.36 Aetna | Better Health | 1723.89 | 31.55 | | 899.48 | 109.62 | 5190.8 | 5190.8 percent of total billed charges | |
| HC INCISE & DRAIN ABSCESS SCROTUM | 55100 | CPT | | | | outpatient | | | 5464 | | 2132.36 Amerihealth | HMO/PPO | 300 | | | | 109.62 | 5190.8 | 5190.8 fee schedule | |
| HC INCISE & DRAIN ABSCESS SCROTUM | 55100 | CPT | | | | outpatient | | | 5464 | | 2132.36 Horizon | Medicare Blue | 1854.23 | | | | 109.62 | 5190.8 | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISE & DRAIN ABSCESS SCROTUM | 55100 | CPT | | | | outpatient | | | 5464 | | 2132.36 Managed Care Inc | Managed Care Inc | 4917.6 | 90 | | | 109.62 | 5190.8 | 5190.8 percent of total billed charges | |
| HC INCISE & DRAIN ABSCESS SCROTUM | 55100 | CPT | | | | outpatient | | | 5464 | | 2132.36 Aetna | Medicare | 1854.23 | | | | 109.62 | 5190.8 | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISE & DRAIN ABSCESS SCROTUM | 55100 | CPT | | | | outpatient | | | 5464 | | 2132.36 UHC | Medicaid | 1723.89 | 31.55 | | | 109.62 | 5190.8 | 5190.8 percent of total billed charges | |
| HC INCISE & DRAIN ABSCESS SCROTUM | 55100 | CPT | | | | outpatient | | | 5464 | | 2132.36 Consumer | Consumer | 5190.8 | 95 | | | 109.62 | 5190.8 | 5190.8 percent of total billed charges | |
| HC INCISE & DRAIN ABSCESS SCROTUM | 55100 | CPT | | | | outpatient | | | 5464 | | 2132.36 UHC | Medicare | 1854.23 | | | | 109.62 | 5190.8 | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISE & DRAIN ABSCESS SCROTUM | 55100 | CPT | | | | outpatient | | | 5464 | | 2132.36 Americare | Americare | 4098 | 75 | | | 109.62 | 5190.8 | 5190.8 percent of total billed charges | |
| HC INCISE & DRAIN ABSCESS SCROTUM | 55100 | CPT | | | | outpatient | | | 5464 | | 2132.36 First Health | First Health | 3824.8 | 70 | | | 109.62 | 5190.8 | 5190.8 percent of total billed charges | |
| HC INCISE & DRAIN ABSCESS SCROTUM | 55100 | CPT | | | | outpatient | | | 5464 | | 2132.36 Corrections | Corrections | 4371.2 | 80 | | | 109.62 | 5190.8 | 5190.8 percent of total billed charges | |
| HC INCISE & DRAIN ABSCESS SCROTUM | 55100 | CPT | | | | outpatient | | | 5464 | | 2132.36 United | CommercialPPO | 2493 | | | | 109.62 | 5190.8 | 5190.8 case rate | |
| HC INCISE & DRAIN ABSCESS SCROTUM | 55100 | CPT | | | | outpatient | | | 5464 | | 2132.36 Horizon | MGD | 3587.94 | | | | 109.62 | 5190.8 | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISE & DRAIN ABSCESS SCROTUM | 55100 | CPT | | | | outpatient | | | 5464 | | 2132.36 United | Oxford | 2493 | | | | 109.62 | 5190.8 | 5190.8 case rate | |
| HC INCISE & DRAIN ABSCESS SCROTUM | 55100 | CPT | | | | outpatient | | | 5464 | | 2132.36 Horizon | NJ Health | 109.62 | | | | 109.62 | 5190.8 | 5190.8 fee schedule | |
| HC INCISE & DRAIN ABSCESS SCROTUM | 55100 | CPT | | | | outpatient | | | 5464 | | 2132.36 Wellcare | Medicaid | 1723.89 | 31.55 | | | 109.62 | 5190.8 | 5190.8 percent of total billed charges | |
| HC INCISE & DRAIN ABSCESS SCROTUM | 55100 | CPT | | | | outpatient | | | 5464 | | 2132.36 Multiplan | Multiplan | 4371.2 | 80 | | | 109.62 | 5190.8 | 5190.8 percent of total billed charges | |
| HC INCISE & DRAIN ABSCESS SCROTUM | 55100 | CPT | | | | outpatient | | | 5464 | | 2132.36 WellPoint | WellPoint | 1758.32 | 32.18 | | | 109.62 | 5190.8 | 5190.8 percent of total billed charges | |
| HC INCISE & DRAIN ABSCESS SCROTUM | 55100 | CPT | | | | outpatient | | | 5464 | | 2132.36 Three Rivers | Three Rivers | 5190.8 | 95 | | | 109.62 | 5190.8 | 5190.8 percent of total billed charges | |
| HC INCISE & DRAIN ABSCESS SCROTUM | 55100 | CPT | | | | outpatient | | | 5464 | | 2132.36 Wellcare | Medicare | 1854.23 | | | | 109.62 | 5190.8 | 5190.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY PROSTATE;NEEDLE, PORTABLE | 55700 | CPT | | | | outpatient | | | 8481.25 | | 2678.87 Consumer | Consumer | 8057.19 | 95 | | | 109.62 | 8057.19 | 8057.19 percent of total billed charges | |
| HC BIOPSY PROSTATE;NEEDLE, PORTABLE | 55700 | CPT | | | | outpatient | | | 8481.25 | | 2678.87 Horizon | Medicare Blue | 2329.45 | | | | 109.62 | 8057.19 | 8057.19 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY PROSTATE;NEEDLE, PORTABLE | 55700 | CPT | | | | outpatient | | | 8481.25 | | 2678.87 Amerihealth | HMO/PPO | 650 | | | | 109.62 | 8057.19 | 8057.19 fee schedule | |
| HC BIOPSY PROSTATE;NEEDLE, PORTABLE | 55700 | CPT | | | | outpatient | | | 8481.25 | | 2678.87 Americare | Americare | 6360.94 | 75 | | | 109.62 | 8057.19 | 8057.19 percent of total billed charges | |
| HC BIOPSY PROSTATE;NEEDLE, PORTABLE | 55700 | CPT | | | | outpatient | | | 8481.25 | | 2678.87 Aetna | Better Health | 2675.83 | 31.55 | | | 109.62 | 8057.19 | 8057.19 percent of total billed charges | |
| HC BIOPSY PROSTATE;NEEDLE, PORTABLE | 55700 | CPT | | | | outpatient | | | 8481.25 | | 2678.87 First Trenton | First Trenton | 7633.13 | 90 | | | 109.62 | 8057.19 | 8057.19 percent of total billed charges | |
| HC BIOPSY PROSTATE;NEEDLE, PORTABLE | 55700 | CPT | | | | outpatient | | | 8481.25 | | 2678.87 First Health | First Health | 5936.88 | 70 | | | 109.62 | 8057.19 | 8057.19 percent of total billed charges | |
| HC BIOPSY PROSTATE;NEEDLE, PORTABLE | 55700 | CPT | | | | outpatient | | | 8481.25 | | 2678.87 Aetna | Commercial | 3801.66 | | | | 109.62 | 8057.19 | 8057.19 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY PROSTATE;NEEDLE, PORTABLE | 55700 | CPT | | | | outpatient | | | 8481.25 | | 2678.87 Corrections | Corrections | 6785 | 80 | | | 109.62 | 8057.19 | 8057.19 percent of total billed charges | |
| HC BIOPSY PROSTATE;NEEDLE, PORTABLE | 55700 | CPT | | | | outpatient | | | 8481.25 | | 2678.87 Horizon | MGD | 4

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC BIOPSY PROSTATE;NEEDLE, PORTABLE | 55700 | CPT | | | | outpatient | | | 8481.25 | 2678.87 | United | Oxford | 2493 | | | | 109.62 | 8057.19 | case rate | |
| HC BIOPSY PROSTATE;NEEDLE, PORTABLE | 55700 | CPT | | | | outpatient | | | 8481.25 | 2678.87 | Horizon | NJ Health | 109.62 | | | 34.13 | 109.62 | 8057.19 | fee schedule | |
| HC BIOPSY PROSTATE;NEEDLE, PORTABLE | 55700 | CPT | | | | outpatient | | | 8481.25 | 2678.87 | Wellcare | Medicare | 2329.45 | | | | 109.62 | 8057.19 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY PROSTATE;NEEDLE, PORTABLE | 55700 | CPT | | | | outpatient | | | 8481.25 | 2678.87 | UHC | Medicaid | 2675.83 | 31.55 | | 1962.05 | 109.62 | 8057.19 | percent of total billed charges | |
| HC BIOPSY PROSTATE;NEEDLE, PORTABLE | 55700 | CPT | | | | outpatient | | | 8481.25 | 2678.87 | WellPoint | WellPoint | 2729.27 | 32.18 | | 1833.99 | 109.62 | 8057.19 | percent of total billed charges | |
| HC LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT | 55866 | CPT | | | | outpatient | | | 29913.67 | 13538.55 | Aetna | Medicare | 11772.65 | | | | 800 | 28417.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT | 55866 | CPT | | | | outpatient | | | 29913.67 | 13538.55 | Horizon | Indemnity | 22780.08 | | | | 800 | 28417.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT | 55866 | CPT | | | | outpatient | | | 29913.67 | 13538.55 | Corrections | Corrections | 23930.94 | 80 | | | 800 | 28417.99 | percent of total billed charges | |
| HC LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT | 55866 | CPT | | | | outpatient | | | 29913.67 | 13538.55 | First Health | First Health | 20939.57 | 70 | | | 800 | 28417.99 | percent of total billed charges | |
| HC LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT | 55866 | CPT | | | | outpatient | | | 29913.67 | 13538.55 | Amerihealth | HMO/PPO | 800 | | | | 800 | 28417.99 | fee schedule | |
| HC LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT | 55866 | CPT | | | | outpatient | | | 29913.67 | 13538.55 | Aetna | Better Health | 9437.76 | 31.55 | | | 800 | 28417.99 | percent of total billed charges | |
| HC LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT | 55866 | CPT | | | | outpatient | | | 29913.67 | 13538.55 | First Trenton | First Trenton | 26922.3 | 90 | | | 800 | 28417.99 | percent of total billed charges | |
| HC LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT | 55866 | CPT | | | | outpatient | | | 29913.67 | 13538.55 | Consumer | Consumer | 28417.99 | 95 | | | 800 | 28417.99 | percent of total billed charges | |
| HC LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT | 55866 | CPT | | | | outpatient | | | 29913.67 | 13538.55 | Americare | Americare | 22435.25 | 75 | | | 800 | 28417.99 | percent of total billed charges | |
| HC LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT | 55866 | CPT | | | | outpatient | | | 29913.67 | 13538.55 | Horizon | Medicare Blue | 11772.65 | | | | 800 | 28417.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT | 55866 | CPT | | | | outpatient | | | 29913.67 | 13538.55 | Horizon | NJ Health | 1762.61 | | | | 800 | 28417.99 | fee schedule | |
| HC LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT | 55866 | CPT | | | | outpatient | | | 29913.67 | 13538.55 | Multiplan | Multiplan | 23930.94 | 80 | | | 800 | 28417.99 | percent of total billed charges | |
| HC LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT | 55866 | CPT | | | | outpatient | | | 29913.67 | 13538.55 | Horizon | MGD | 22780.08 | | | | 800 | 28417.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT | 55866 | CPT | | | | outpatient | | | 29913.67 | 13538.55 | Horizon | PPO | 22780.08 | | | | 800 | 28417.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT | 55866 | CPT | | | | outpatient | | | 29913.67 | 13538.55 | Managed Care Inc | Managed Care Inc | 26922.3 | 90 | | | 800 | 28417.99 | percent of total billed charges | |
| HC LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT | 55866 | CPT | | | | outpatient | | | 29913.67 | 13538.55 | UHC | Medicaid | 9437.76 | 31.55 | | | 800 | 28417.99 | percent of total billed charges | |
| HC LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT | 55866 | CPT | | | | outpatient | | | 29913.67 | 13538.55 | UHC | Medicare | 11772.65 | | | | 800 | 28417.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT | 55866 | CPT | | | | outpatient | | | 29913.67 | 13538.55 | WellPoint | WellPoint | 9626.22 | 32.18 | | | 800 | 28417.99 | percent of total billed charges | |
| HC LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT | 55866 | CPT | | | | outpatient | | | 29913.67 | 13538.55 | Three Rivers | Three Rivers | 28417.99 | 95 | | | 800 | 28417.99 | percent of total billed charges | |
| HC LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT | 55866 | CPT | | | | outpatient | | | 29913.67 | 13538.55 | Qualcare | Qualcare | 22435.25 | 75 | | | 800 | 28417.99 | percent of total billed charges | |
| HC LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT | 55866 | CPT | | | | outpatient | | | 29913.67 | 13538.55 | United | CommercialPPO | 5843 | | | | 800 | 28417.99 | case rate | |
| HC LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT | 55866 | CPT | | | | outpatient | | | 29913.67 | 13538.55 | Wellcare | Medicare | 11772.65 | | | | 800 | 28417.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT | 55866 | CPT | | | | outpatient | | | 29913.67 | 13538.55 | United | Oxford | 5843 | | | | 800 | 28417.99 | case rate | |
| HC LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT | 55866 | CPT | | | | outpatient | | | 29913.67 | 13538.55 | Wellcare | Medicaid | 9437.76 | 31.55 | | | 800 | 28417.99 | percent of total billed charges | |
| HC TRANSPER PLMT BIODE MT 1/MLT NJ | 55874 | CPT | | | | outpatient | | | 17629 | 6805.44 | Americare | Americare | 13221.75 | 75 | | | 1025.73 | 16747.55 | percent of total billed charges | |
| HC TRANSPER PLMT BIODE MT 1/MLT NJ | 55874 | CPT | | | | outpatient | | | 17629 | 6805.44 | Aetna | Better Health | 5561.95 | 31.55 | | | 1025.73 | 16747.55 | percent of total billed charges | |
| HC TRANSPER PLMT BIODE MT 1/MLT NJ | 55874 | CPT | | | | outpatient | | | 17629 | 6805.44 | Aetna | Commercial | 9657.8 | | | | 1025.73 | 16747.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSPER PLMT BIODE MT 1/MLT NJ | 55874 | CPT | | | | outpatient | | | 17629 | 6805.44 | Corrections | Corrections | 14103.2 | 80 | | | 1025.73 | 16747.55 | percent of total billed charges | |
| HC TRANSPER PLMT BIODE MT 1/MLT NJ | 55874 | CPT | | | | outpatient | | | 17629 | 6805.44 | Consumer | Consumer | 16747.55 | 95 | | | 1025.73 | 16747.55 | percent of total billed charges | |
| HC TRANSPER PLMT BIODE MT 1/MLT NJ | 55874 | CPT | | | | outpatient | | | 17629 | 6805.44 | Horizon | Medicare Blue | 5917.77 | | | | 1025.73 | 16747.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSPER PLMT BIODE MT 1/MLT NJ | 55874 | CPT | | | | outpatient | | | 17629 | 6805.44 | Aetna | Medicare | 5917.77 | | | | 1025.73 | 16747.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSPER PLMT BIODE MT 1/MLT NJ | 55874 | CPT | | | | outpatient | | | 17629 | 6805.44 | First Health | First Health | 12340.3 | 70 | | | 1025.73 | 16747.55 | percent of total billed charges | |
| HC TRANSPER PLMT BIODE MT 1/MLT NJ | 55874 | CPT | | | | outpatient | | | 17629 | 6805.44 | United | Oxford | 4702 | | | | 1025.73 | 16747.55 | case rate | |
| HC TRANSPER PLMT BIODE MT 1/MLT NJ | 55874 | CPT | | | | outpatient | | | 17629 | 6805.44 | Horizon | MGD | 11450.88 | | | | 1025.73 | 16747.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSPER PLMT BIODE MT 1/MLT NJ | 55874 | CPT | | | | outpatient | | | 17629 | 6805.44 | Amerihealth | HMO/PPO | 11458.85 | 65 | | | 1025.73 | 16747.55 | percent of total billed charges | |
| HC TRANSPER PLMT BIODE MT 1/MLT NJ | 55874 | CPT | | | | outpatient | | | 17629 | 6805.44 | Horizon | Indemnity | 11450.88 | | | | 1025.73 | 16747.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSPER PLMT BIODE MT 1/MLT NJ | 55874 | CPT | | | | outpatient | | | 17629 | 6805.44 | Wellcare | Medicare | 5917.77 | | | | 1025.73 | 16747.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSPER PLMT BIODE MT 1/MLT NJ | 55874 | CPT | | | | outpatient | | | 17629 | 6805.44 | UHC | Medicare | 5917.77 | | | | 1025.73 | 16747.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSPER PLMT BIODE MT 1/MLT NJ | 55874 | CPT | | | | outpatient | | | 17629 | 6805.44 | Multiplan | Multiplan | 14103.2 | 80 | | | 1025.73 | 16747.55 | percent of total billed charges | |
| HC TRANSPER PLMT BIODE MT 1/MLT NJ | 55874 | CPT | | | | outpatient | | | 17629 | 6805.44 | First Trenton | First Trenton | 15866.1 | 90 | | | 1025.73 | 16747.55 | percent of total billed charges | |
| HC TRANSPER PLMT BIODE MT 1/MLT NJ | 55874 | CPT | | | | outpatient | | | 17629 | 6805.44 | Qualcare | Qualcare | 13221.75 | 75 | | | 1025.73 | 16747.55 | percent of total billed charges | |
| HC TRANSPER PLMT BIODE MT 1/MLT NJ | 55874 | CPT | | | | outpatient | | | 17629 | 6805.44 | Wellcare | Medicaid | 5561.95 | 31.55 | | | 1025.73 | 16747.55 | percent of total billed charges | |
| HC TRANSPER PLMT BIODE MT 1/MLT NJ | 55874 | CPT | | | | outpatient | | | 17629 | 6805.44 | Horizon | NJ Health | 1025.73 | | | | 1025.73 | 16747.55 | fee schedule | |
| HC TRANSPER PLMT BIODE MT 1/MLT NJ | 55874 | CPT | | | | outpatient | | | 17629 | 6805.44 | Three Rivers | Three Rivers | 16747.55 | 95 | | | 1025.73 | 16747.55 | percent of total billed charges | |
| HC TRANSPER PLMT BIODE MT 1/MLT NJ | 55874 | CPT | | | | outpatient | | | 17629 | 6805.44 | Horizon | PPO | 11450.88 | | | | 1025.73 | 16747.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSPER PLMT BIODE MT 1/MLT NJ | 55874 | CPT | | | | outpatient | | | 17629 | 6805.44 | UHC | Medicaid | 5561.95 | 31.55 | | | 1025.73 | 16747.55 | percent of total billed charges | |
| HC TRANSPER PLMT BIODE MT 1/MLT NJ | 55874 | CPT | | | | outpatient | | | 17629 | 6805.44 | Managed Care Inc | Managed Care Inc | 15866.1 | 90 | | | 1025.73 | 16747.55 | percent of total billed charges | |
| HC TRANSPER PLMT BIODE MT 1/MLT NJ | 55874 | CPT | | | | outpatient | | | 17629 | 6805.44 | United | CommercialPPO | 4702 | | | | 1025.73 | 16747.55 | case rate | |
| HC TRANSPER PLMT BIODE MT 1/MLT NJ | 55874 | CPT | | | | outpatient | | | 17629 | 6805.44 | WellPoint | WellPoint | 5673.01 | 32.18 | | | 1025.73 | 16747.55 | percent of total billed charges | |
| HC TRANPERI PLMT ND/CA PRO RAD IN | 55875 | CPT | | | | outpatient | | | 17284 | 6805.44 | First Trenton | First Trenton | 15555.6 | 90 | | | 1400 | 16419.8 | percent of total billed charges | |
| HC TRANPERI PLMT ND/CA PRO RAD IN | 55875 | CPT | | | | outpatient | | | 17284 | 6805.44 | Corrections | Corrections | 13827.2 | 80 | | | 1400 | 16419.8 | percent of total billed charges | |
| HC TRANPERI PLMT ND/CA PRO RAD IN | 55875 | CPT | | | | outpatient | | | 17284 | 6805.44 | Aetna | Medicare | 5917.77 | | | | 1400 | 16419.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANPERI PLMT ND/CA PRO RAD IN | 55875 | CPT | | | | outpatient | | | 17284 | 6805.44 | Consumer | Consumer | 16419.8 | 95 | | | 1400 | 16419.8 | percent of total billed charges | |
| HC TRANPERI PLMT ND/CA PRO RAD IN | 55875 | CPT | | | | outpatient | | | 17284 | 6805.44 | Americare | Americare | 12963 | 75 | | | 1400 | 16419.8 | percent of total billed charges | |
| HC TRANPERI PLMT ND/CA PRO RAD IN | 55875 | CPT | | | | outpatient | | | 17284 | 6805.44 | Aetna | Commercial | 9657.8 | | | | 1400 | 16419.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANPERI PLMT ND/CA PRO RAD IN | 55875 | CPT | | | | outpatient | | | 17284 | 6805.44 | Aetna | Better Health | 5453.1 | 31.55 | | | 1400 | 16419.8 | percent of total billed charges | |
| HC TRANPERI PLMT ND/CA PRO RAD IN | 55875 | CPT | | | | outpatient | | | 17284 | 6805.44 | Horizon | Medicare Blue | 5917.77 | | | | 1400 | 16419.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANPERI PLMT ND/CA PRO RAD IN | 55875 | CPT | | | | outpatient | | | 17284 | 6805.44 | Managed Care Inc | Managed Care Inc | 15555.6 | 90 | | | 1400 | 16419.8 | percent of total billed charges | |
| HC TRANPERI PLMT ND/CA PRO RAD IN | 55875 | CPT | | | | outpatient | | | 17284 | 6805.44 | Multiplan | Multiplan | 13827.2 | 80 | | | 1400 | 16419.8 | percent of total billed charges | |
| HC TRANPERI PLMT ND/CA PRO RAD IN | 55875 | CPT | | | | outpatient | | | 17284 | 6805.44 | First Health | First Health | 12098.8 | 70 | | | 1400 | 16419.8 | percent of total billed charges | |
| HC TRANPERI PLMT ND/CA PRO RAD IN | 55875 | CPT | | | | outpatient | | | 17284 | 6805.44 | United | Oxford | 6362 | | | | 1400 | 16419.8 | case rate | |
| HC TRANPERI PLMT ND/CA PRO RAD IN | 55875 | CPT | | | | outpatient | | | 17284 | 6805.44 | Amerihealth | HMO/PPO | 1400 | | | | 1400 | 16419.8 | fee schedule | |
| HC TRANPERI PLMT ND/CA PRO RAD IN | 55875 | CPT | | | | outpatient | | | 17284 | 6805.44 | Qualcare | Qualcare | 12963 | 75 | | | 1400 | 16419.8 | percent of total billed charges | |
| HC TRANPERI PLMT ND/CA PRO RAD IN | 55875 | CPT | | | | outpatient | | | 17284 | 6805.44 | Horizon | PPO | 11450.88 | | | | 1400 | 16419.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANPERI PLMT ND/CA PRO RAD IN | 55875 | CPT | | | | outpatient | | | 17284 | 6805.44 | Wellcare | Medicaid | 5453.1 | 31.55 | | | 1400 | 16419.8 | percent of total billed charges | |
| HC TRANPERI PLMT ND/CA PRO RAD IN | 55875 | CPT | | | | outpatient | | | 17284 | 6805.44 | Three Rivers | Three Rivers | 16419.8 | 95 | | | 1400 | 16419.8 | percent of total billed charges | |
| HC TRANPERI PLMT ND/CA PRO RAD IN | 55875 | CPT | | | | outpatient | | | 17284 | 6805.44 | Wellcare | Medicare | 5917.77 | | | | 1400 | 16419.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANPERI PLMT ND/CA PRO RAD IN | 55875 | CPT | | | | outpatient | | | 17284 | 6805.44 | Horizon | MGD | 11450.88 | | | | 1400 | 16419.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANPERI PLMT ND/CA PRO RAD IN | 55875 | CPT | | | | outpatient | | | 17284 | 6805.44 | Horizon | Indemnity | 11450.88 | | | | 1400 | 16419.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANPERI PLMT ND/CA PRO RAD IN | 55875 | CPT | | | | outpatient | | | 17284 | 6805.44 | WellPoint | WellPoint | 5561.99 | 32.18 | | | 1400 | 16419.8 | percent of total billed charges | |
| HC TRANPERI PLMT ND/CA PRO RAD IN | 55875 | CPT | | | | outpatient | | | 17284 | 6805.44 | UHC | Medicaid | 5453.1 | 31.55 | | | 1400 | 16419.8 | percent of total billed charges | |
| HC TRANPERI PLMT ND/CA PRO RAD IN | 55875 | CPT | | | | outpatient | | | 17284 | 6805.44 | UHC | Medicare | 5917.77 | | | | 1400 | 16419.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANPERI PLMT ND/CA PRO RAD IN | 55875 | CPT | | | | outpatient | | | 17284 | 6805.44 | United | CommercialPPO | 6362 | | | | 1400 | 16419.8 | case rate | |
| HC PL INTERST. DEV RAD TX PROSTAT | 55876 | CPT | | | | outpatient | | | 5043 | 1822.41 | Aetna | Commercial | 2586.23 | | | | 125 | 4790.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PL INTERST. DEV RAD TX PROSTAT | 55876 | CPT | | | | outpatient | | | 5043 | 1822.41 | Consumer | Consumer | 4790.85 | 95 | | | 125 | 4790.85 | percent of total billed charges | |
| HC PL INTERST. DEV RAD TX PROSTAT | 55876 | CPT | | | | outpatient | | | 5043 | 1822.41 | UHC | Medicaid | 1591.07 | 31.55 | | | 125 | 4790.85 | percent of total billed charges | |
| HC PL INTERST. DEV RAD TX PROSTAT | 55876 | CPT | | | | outpatient | | | 5043 | 1822.41 | First Health | First Health | 3530.1 | 70 | | | 125 | 4790.85 | percent of total billed charges | |
| HC PL INTERST. DEV RAD TX PROSTAT | 55876 | CPT | | | | outpatient | | | 5043 | 1822.41 | Aetna | Medicare | 1584.7 | | | | 125 | 4790.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PL INTERST. DEV RAD TX PROSTAT | 55876 | CPT | | | | outpatient | | | 5043 | 1822.41 | Aetna | Better Health | 1591.07 | 31.55 | | | 125 | 4790.85 | percent of total billed charges | |
| HC PL INTERST. DEV RAD TX PROSTAT | 55876 | CPT | | | | outpatient | | | 5043 | 1822.41 | First Trenton | First Trenton | 4538.7 | 90 | | | 125 | 4790.85 | percent of total billed charges | |
| HC PL INTERST. DEV RAD TX PROSTAT | 55876 | CPT | | | | outpatient | | | 5043 | 1822.41 | Multiplan | Multiplan | 4034.4 | 80 | | | 125 | 4790.85 | percent of total billed charges | |
| HC PL INTERST. DEV RAD TX PROSTAT | 55876 | CPT | | | | outpatient | | | 5043 | 1822.41 | Americare | Americare | 3782.25 | 75 | | | 125 | 4790.85 | percent of total billed charges | |
| HC PL INTERST. DEV RAD TX PROSTAT | 55876 | CPT | | | | outpatient | | | 5043 | 1822.41 | Corrections | Corrections | 4034.4 | 80 | | | 125 | 4790.85 | percent of total billed charges | |
| HC PL INTERST. DEV RAD TX PROSTAT | 55876 | CPT | | | | outpatient | | | 5043 | 1822.41 | United | CommercialPPO | 2493 | | | | 125 | 4790.85 | case rate | |
| HC PL INTERST. DEV RAD TX PROSTAT | 55876 | CPT | | | | outpatient | | | 5043 | 1822.41 | Qualcare | Qualcare | 3782.25 | 75 | | | 125 | 4790.85 | percent of total billed charges | |
| HC PL INTERST. DEV RAD TX PROSTAT | 55876 | CPT | | | | outpatient | | | 5043 | 1822.41 | Amerihealth | HMO/PPO | 125 | | | | 125 | 4790.85 | fee schedule | |
| HC PL INTERST. DEV RAD TX PROSTAT | 55876 | CPT | | | | outpatient | | | 5043 | 1822.41 | Horizon | PPO | 3066.39 | | | | 125 | 4790.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PL INTERST. DEV RAD TX PROSTAT | 55876 | CPT | | | | outpatient | | | 5043 | 1822.41 | Horizon | Indemnity | 3066.39 | | | | 125 | 4790.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PL INTERST. DEV RAD TX PROSTAT | 55876 | CPT | | | | outpatient | | | 5043 | 1822.41 | Wellcare | Medicaid | 1591.07 | 31.55 | | | 125 | 4790.85 | percent of total billed charges | |
| HC PL INTERST. DEV RAD TX PROSTAT | 55876 | CPT | | | | outpatient | | | 5043 | 1822.41 | Horizon | MGD | 3066.39 | | | | 125 | 4790.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PL INTERST. DEV RAD TX PROSTAT | 55876 | CPT | | | | outpatient | | | 5043 | 1822.41 | WellPoint | WellPoint | 1622.84 | 32.18 | | | 125 | 4790.85 | percent of total billed charges | |
| HC PL INTERST. DEV RAD TX PROSTAT | 55876 | CPT | | | | outpatient | | | 5043 | 1822.41 | United | Oxford | 2493 | | | | 125 | 4790.85 | case rate | |
| HC PL INTERST. DEV RAD TX PROSTAT | 55876 | CPT | | | | outpatient | | | 5043 | 1822.41 | Wellcare | Medicare | 1584.7 | | | | 125 | 4790.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PL INTERST. DEV RAD TX PROSTAT | 55876 | CPT | | | | outpatient | | | 5043 | 1822.41 | UHC | Medicare | 1584.7 | | | | 125 | 4790.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PL INTERST. DEV RAD TX PROSTAT | 55876 | CPT | | | | outpatient | | | 5043 | 1822.41 | Horizon | Medicare Blue | 1584.7 | | | | 125 | 4790.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PL INTERST. DEV RAD TX PROSTAT | 55876 | CPT | | | | outpatient | | | 5043 | 1822.41 | Managed Care Inc | Managed Care Inc | 4538.7 | 90 | | | 125 | 4790.85 | percent of total billed charges | |
| HC PL INTERST. DEV RAD TX PROSTAT | 55876 | CPT | | | | outpatient | | | 5043 | 1822.41 | Three Rivers | Three Rivers | 4790.85 | 95 | | | 125 | 4790.85 | percent of total billed charges | |
| HC PLACEMENT OF NEEDLES INTO PELV | 55920 | CPT | | | | both | | | 17266 | 6541.81 | Americare | Americare | 12949.5 | 75 | | | 1400 | 16402.7 | percent of total billed charges | |
| HC PLACEMENT OF NEEDLES INTO PELV | 55920 | CPT | | | | both | | | 17266 | 6541.81 | First Trenton | First Trenton | 15539.4 | 90 | | | 1400 | 16402.7 | percent of total billed charges | |
| HC PLACEMENT OF NEEDLES INTO PELV | 55920 | CPT | | | | both | | | 17266 | 6541.81 | Aetna | Medicare | 5688.53 | | | | 1400 | 16402.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACEMENT OF NEEDLES INTO PELV | 55920 | CPT | | | | both | | | 17266 | 6541.81 | First Health | First Health | 12086.2 | 70 | | | 1400 | 16402.7 | percent of total billed charges | |
| HC PLACEMENT OF NEEDLES INTO PELV | 55920 | CPT | | | | both | | | 17266 | 6541.81 | Aetna | Commercial | 9283.68 | | | | 1400 | 16402.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACEMENT OF NEEDLES INTO PELV | 55920 | CPT | | | | both | | | 17266 | 6541.81 | UHC | Medicaid | 5447.42 | 31.55 | | | 1400 | 16402.7 | percent of total billed charges | |
| HC PLACEMENT OF NEEDLES INTO PELV | 55920 | CPT | | | | both | | | 17266 | 6541.81 | Consumer | Consumer | 16402.7 | 95 | | | 1400 | 16402.7 | percent of total billed charges | |
| HC PLACEMENT OF NEEDLES INTO PELV | 55920 | CPT | | | | both | | | 17266 | 6541.81 | Aetna | Better Health | 5447.42 | 31.55 | | | 1400 | 16402.7 | percent of total billed charges | |
| HC PLACEMENT OF NEEDLES INTO PELV | 55920 | CPT | | | | both | | | 17266 | 6541.81 | Three Rivers | Three Rivers | 16402.7 | 95 | | | 1400 | 16402.7 | percent of total billed charges | |
| HC PLACEMENT OF NEEDLES INTO PELV | 55920 | CPT | | | | both | | | 17266 | 6541.81 | Managed Care Inc | Managed Care Inc | 15539.4 | 90 | | | 1400 | 16402.7 | percent of total billed charges | |
| HC PLACEMENT OF NEEDLES INTO PELV | 55920 | CPT | | | | both | | | 17266 | 6541.81 | Corrections | Corrections | 13812.8 | 80 | | | 1400 | 16402.7 | percent of total billed charges | |
| HC PLACEMENT OF NEEDLES INTO PELV | 55920 | CPT | | | | both | | | 17266 | 6541.81 | Horizon | Medicare Blue | 5688.53 | | | | 1400 | 16402.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACEMENT OF NEEDLES INTO PELV | 55920 | CPT | | | | both | | | 17266 | 6541.81 | Multiplan | Multiplan | 13812.8 | 80 | | | 1400 | 16402.7 | percent of total billed charges | |
| HC PLACEMENT OF NEEDLES INTO PELV | 55920 | CPT | | | | both | | | 17266 | 6541.81 | United | CommercialPPO | 3492 | | | | 1400 | 16402.7 | case rate | |
| HC PLACEMENT OF NEEDLES INTO PELV | 55920 | CPT | | | | both | | | 17266 | 6541.81 | Horizon | Indemnity | 11007.31 | | | 109.61 | 1400 | 16402.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACEMENT OF NEEDLES INTO PELV | 55920 | CPT | | | | both | | | 17266 | 6541.81 | Amerihealth | HMO/PPO | 1400 | | | | 1400 | 16402.7 | fee schedule | |
| HC PLACEMENT OF NEEDLES INTO PELV | 55920 | CPT | | | | both | | | 17266 | 6541.81 | Wellcare | Medicare | 5688.53 | | | | 1400 | 16402.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACEMENT OF NEEDLES INTO PELV | 55920 | CPT | | | | both | | | 17266 | 6541.81 | UHC | Medicare | 5688.53 | | | 3122.78 | 1400 | 16402.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACEMENT OF NEEDLES INTO PELV | 55920 | CPT | | | | both | | | 17266 | 6541.81 | Horizon | MGD | 11007.31 | | | | 1400 | 16402.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACEMENT OF NEEDLES INTO PELV | 55920 | CPT | | | | both | | | 17266 | 6541.81 | Wellcare | Medicaid | 5447.42 | 31.55 | | | 1400 | 16402.7 | percent of total billed charges | |
| HC PLACEMENT OF NEEDLES INTO PELV | 55920 | CPT | | | | both | | | 17266 | 6541.81 | Qualcare | Qualcare | 12949.5 | 75 | | | 1400 | 16402.7 | percent of total billed charges | |
| HC PLACEMENT OF NEEDLES INTO PELV | 55920 | CPT | | | | both | | | 17266 | 6541.81 | Horizon | PPO | 11007.31 | | | | 1400 | 16402.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACEMENT OF NEEDLES INTO PELV | 55920 | CPT | | | | both | | | 17266 | 6541.81 | United | Oxford | 3492 | | | | 1400 | 16402.7 | case rate | |
| HC PLACEMENT OF NEEDLES INTO PELV | 55920 | CPT | | | | both | | | 17266 | 6541.81 | WellPoint | WellPoint | 5556.2 | 32.18 | | | 1400 | 16402.7 | percent of total billed charges | |
| HC I&D VULVA/PERINEAL ABSCESS | 56405 | CPT | | | | outpatient | | | 2097 | 421.94 | Aetna | Commercial | 598.78 | | | | 76.6 | 1992.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D VULVA/PERINEAL ABSCESS | 56405 | CPT | | | | outpatient | | | 2097 | 421.94 | Qualcare | Qualcare | 1572.75 | 75 | | | 76.6 | 1992.15 | percent of total billed charges | |
| HC I&D VULVA/PERINEAL ABSCESS | 56405 | CPT | | | | outpatient | | | 2097 | 421.94 | Aetna | Medicare | 366.9 | | | | 76.6 | 1992.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D VULVA/PERINEAL ABSCESS | 56405 | CPT | | | | outpatient | | | 2097 | 421.94 | Consumer | Consumer | 1992.15 | 95 | | | 76.6 | 1992.15 | percent of total billed charges | |
| HC I&D VULVA/PERINEAL ABSCESS | 56405 | CPT | | | | outpatient | | | 2097 | 421.94 | Americare | Americare | 1572.75 | 75 | | | 76.6 | 1992.15 | percent of total billed charges | |
| HC I&D VULVA/PERINEAL ABSCESS | 56405 | CPT | | | | outpatient | | | 2097 | 421.94 | First Trenton | First Trenton | 1887.3 | 90 | | | 76.6 | 1992.15 | percent of total billed charges | |
| HC I&D VULVA/PERINEAL ABSCESS | 56405 | CPT | | | | outpatient | | | 2097 | 421.94 | Horizon | MGD | 709.95 | | | | 76.6 | 1992.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D VULVA/PERINEAL ABSCESS | 56405 | CPT | | | | outpatient | | | 2097 | 421.94 | Aetna | Better Health | 661.6 | 31.55 | | 536.44 | 76.6 | 1992.15 | percent of total billed charges | |
| HC I&D VULVA/PERINEAL ABSCESS | 56405 | CPT | | | | outpatient | | | 2097 | 421.94 | Amerihealth | HMO/PPO | 550 | | | | 76.6 | 1992.15 | fee schedule | |
| HC I&D VULVA/PERINEAL ABSCESS | 56405 | CPT | | | | outpatient | | | 2097 | 421.94 | Managed Care Inc | Managed Care Inc | 1887.3 | 90 | | | 76.6 | 1992.15 | percent of total billed charges | |
| HC I&D VULVA/PERINEAL ABSCESS | 56405 | CPT | | | | outpatient | | | 2097 | 421.94 | Horizon | Indemnity | 709.95 | | | | 76.6 | 1992.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D VULVA/PERINEAL ABSCESS | 56405 | CPT | | | | outpatient | | | 2097 | 421.94 | Corrections | Corrections | 1677.6 | 80 | | | 76.6 | 1992.15 | percent of total billed charges | |
| HC I&D VULVA/PERINEAL ABSCESS | 56405 | CPT | | | | outpatient | | | 2097 | 421.94 | UHC | Medicaid | 661.6 | 31.55 | | 550.83 | 76.6 | 1992.15 | percent of total billed charges | |
| HC I&D VULVA/PERINEAL ABSCESS | 56405 | CPT | | | | outpatient | | | 2097 | 421.94 | UHC | Medicare | 366.9 | | | | 76.6 | 1992.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC I&D VULVA/PERINEAL ABSCESS | 56405 | CPT | | | | outpatient

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC I&D VULVA/PERINEAL ABSCESS | 56405 | CPT | | | | outpatient | | | 2097 | 421.94 | Wellcare | Medicaid | 661.6 | 31.55 | | | 76.6 | 1992.15 | percent of total billed charges | |
| HC I&D VULVA/PERINEAL ABSCESS | 56405 | CPT | | | | outpatient | | | 2097 | 421.94 | United | Oxford | 1782 | | | | 76.6 | 1992.15 | case rate | |
| HC I&D VULVA/PERINEAL ABSCESS | 56405 | CPT | | | | outpatient | | | 2097 | 421.94 | WellPoint | WellPoint | 674.81 | 32.18 | | | 76.6 | 1992.15 | percent of total billed charges | |
| HC DRAINAGE OF GLAND ABSCESS | 56420 | CPT | | | | outpatient | | | 649 | 262.09 | Corrections | Corrections | 519.2 | 80 | | | 73.79 | 1782 | percent of total billed charges | |
| HC DRAINAGE OF GLAND ABSCESS | 56420 | CPT | | | | outpatient | | | 649 | 262.09 | Horizon | PPO | 440.99 | | | | 73.79 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE OF GLAND ABSCESS | 56420 | CPT | | | | outpatient | | | 649 | 262.09 | Aetna | Better Health | 204.76 | 31.55 | | | 73.79 | 1782 | percent of total billed charges | |
| HC DRAINAGE OF GLAND ABSCESS | 56420 | CPT | | | | outpatient | | | 649 | 262.09 | UHC | Medicare | 227.9 | | | | 73.79 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE OF GLAND ABSCESS | 56420 | CPT | | | | outpatient | | | 649 | 262.09 | Americare | Americare | 486.75 | 75 | | | 73.79 | 1782 | percent of total billed charges | |
| HC DRAINAGE OF GLAND ABSCESS | 56420 | CPT | | | | outpatient | | | 649 | 262.09 | Aetna | Medicare | 227.9 | | | | 73.79 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE OF GLAND ABSCESS | 56420 | CPT | | | | outpatient | | | 649 | 262.09 | Aetna | Commercial | 371.93 | | | 151.94 | 73.79 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE OF GLAND ABSCESS | 56420 | CPT | | | | outpatient | | | 649 | 262.09 | Amerihealth | HMO/PPO | 550 | | | | 73.79 | 1782 | fee schedule | |
| HC DRAINAGE OF GLAND ABSCESS | 56420 | CPT | | | | outpatient | | | 649 | 262.09 | Horizon | Indemnity | 440.99 | | | | 73.79 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE OF GLAND ABSCESS | 56420 | CPT | | | | outpatient | | | 649 | 262.09 | WellPoint | WellPoint | 208.85 | 32.18 | | | 73.79 | 1782 | percent of total billed charges | |
| HC DRAINAGE OF GLAND ABSCESS | 56420 | CPT | | | | outpatient | | | 649 | 262.09 | Consumer | Consumer | 616.55 | 95 | | | 73.79 | 1782 | percent of total billed charges | |
| HC DRAINAGE OF GLAND ABSCESS | 56420 | CPT | | | | outpatient | | | 649 | 262.09 | Horizon | MGD | 440.99 | | | | 73.79 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE OF GLAND ABSCESS | 56420 | CPT | | | | outpatient | | | 649 | 262.09 | First Trenton | First Trenton | 584.1 | 90 | | | 73.79 | 1782 | percent of total billed charges | |
| HC DRAINAGE OF GLAND ABSCESS | 56420 | CPT | | | | outpatient | | | 649 | 262.09 | First Health | First Health | 454.3 | 70 | | | 73.79 | 1782 | percent of total billed charges | |
| HC DRAINAGE OF GLAND ABSCESS | 56420 | CPT | | | | outpatient | | | 649 | 262.09 | United | Commercial/PPO | 1782 | | | | 73.79 | 1782 | case rate | |
| HC DRAINAGE OF GLAND ABSCESS | 56420 | CPT | | | | outpatient | | | 649 | 262.09 | United | Oxford | 1782 | | | | 73.79 | 1782 | case rate | |
| HC DRAINAGE OF GLAND ABSCESS | 56420 | CPT | | | | outpatient | | | 649 | 262.09 | Horizon | NJ Health | 73.79 | | | | 73.79 | 1782 | fee schedule | |
| HC DRAINAGE OF GLAND ABSCESS | 56420 | CPT | | | | outpatient | | | 649 | 262.09 | Horizon | Medicare Blue | 227.9 | | | | 73.79 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE OF GLAND ABSCESS | 56420 | CPT | | | | outpatient | | | 649 | 262.09 | Managed Care Inc | Managed Care Inc | 584.1 | 90 | | | 73.79 | 1782 | percent of total billed charges | |
| HC DRAINAGE OF GLAND ABSCESS | 56420 | CPT | | | | outpatient | | | 649 | 262.09 | Wellcare | Medicaid | 204.76 | 31.55 | | | 73.79 | 1782 | percent of total billed charges | |
| HC DRAINAGE OF GLAND ABSCESS | 56420 | CPT | | | | outpatient | | | 649 | 262.09 | Three Rivers | Three Rivers | 616.55 | 95 | | | 73.79 | 1782 | percent of total billed charges | |
| HC DRAINAGE OF GLAND ABSCESS | 56420 | CPT | | | | outpatient | | | 649 | 262.09 | Multiplan | Multiplan | 519.2 | 80 | | | 73.79 | 1782 | percent of total billed charges | |
| HC DRAINAGE OF GLAND ABSCESS | 56420 | CPT | | | | outpatient | | | 649 | 262.09 | UHC | Medicaid | 204.76 | 31.55 | | 200.89 | 73.79 | 1782 | percent of total billed charges | |
| HC DRAINAGE OF GLAND ABSCESS | 56420 | CPT | | | | outpatient | | | 649 | 262.09 | Qualcare | Qualcare | 486.75 | 75 | | | 73.79 | 1782 | percent of total billed charges | |
| HC DRAINAGE OF GLAND ABSCESS | 56420 | CPT | | | | outpatient | | | 649 | 262.09 | Wellcare | Medicare | 227.9 | | | | 73.79 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MARSUP BARTHOLI CYST | 56440 | CPT | | | | outpatient | | | 7152 | 4111.87 | UHC | Medicare | 3575.54 | | | | 210.26 | 6918.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MARSUP BARTHOLI CYST | 56440 | CPT | | | | outpatient | | | 7152 | 4111.87 | Corrections | Corrections | 5721.6 | 80 | | | 210.26 | 6918.67 | percent of total billed charges | |
| HC MARSUP BARTHOLI CYST | 56440 | CPT | | | | outpatient | | | 7152 | 4111.87 | Amerihealth | HMO/PPO | 550 | | | | 210.26 | 6918.67 | fee schedule | |
| HC MARSUP BARTHOLI CYST | 56440 | CPT | | | | outpatient | | | 7152 | 4111.87 | Aetna | Commercial | 5835.28 | | | | 210.26 | 6918.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MARSUP BARTHOLI CYST | 56440 | CPT | | | | outpatient | | | 7152 | 4111.87 | First Trenton | First Trenton | 6436.8 | 90 | | | 210.26 | 6918.67 | percent of total billed charges | |
| HC MARSUP BARTHOLI CYST | 56440 | CPT | | | | outpatient | | | 7152 | 4111.87 | Aetna | Better Health | 2256.46 | 31.55 | | | 210.26 | 6918.67 | percent of total billed charges | |
| HC MARSUP BARTHOLI CYST | 56440 | CPT | | | | outpatient | | | 7152 | 4111.87 | UHC | Medicaid | 2256.46 | 31.55 | | | 210.26 | 6918.67 | percent of total billed charges | |
| HC MARSUP BARTHOLI CYST | 56440 | CPT | | | | outpatient | | | 7152 | 4111.87 | Consumer | Consumer | 6794.4 | 95 | | | 210.26 | 6918.67 | percent of total billed charges | |
| HC MARSUP BARTHOLI CYST | 56440 | CPT | | | | outpatient | | | 7152 | 4111.87 | Managed Care Inc | Managed Care Inc | 6436.8 | 90 | | | 210.26 | 6918.67 | percent of total billed charges | |
| HC MARSUP BARTHOLI CYST | 56440 | CPT | | | | outpatient | | | 7152 | 4111.87 | Horizon | Medicare Blue | 3575.54 | | | | 210.26 | 6918.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MARSUP BARTHOLI CYST | 56440 | CPT | | | | outpatient | | | 7152 | 4111.87 | First Health | First Health | 5006.4 | 70 | | | 210.26 | 6918.67 | percent of total billed charges | |
| HC MARSUP BARTHOLI CYST | 56440 | CPT | | | | outpatient | | | 7152 | 4111.87 | Aetna | Medicare | 3575.54 | | | | 210.26 | 6918.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MARSUP BARTHOLI CYST | 56440 | CPT | | | | outpatient | | | 7152 | 4111.87 | United | Commercial/PPO | 2776 | | | | 210.26 | 6918.67 | case rate | |
| HC MARSUP BARTHOLI CYST | 56440 | CPT | | | | outpatient | | | 7152 | 4111.87 | Horizon | Indemnity | 6918.67 | | | | 210.26 | 6918.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MARSUP BARTHOLI CYST | 56440 | CPT | | | | outpatient | | | 7152 | 4111.87 | Wellcare | Medicaid | 2256.46 | 31.55 | | | 210.26 | 6918.67 | percent of total billed charges | |
| HC MARSUP BARTHOLI CYST | 56440 | CPT | | | | outpatient | | | 7152 | 4111.87 | Horizon | NJ Health | 210.26 | | | | 210.26 | 6918.67 | fee schedule | |
| HC MARSUP BARTHOLI CYST | 56440 | CPT | | | | outpatient | | | 7152 | 4111.87 | United | Oxford | 2776 | | | | 210.26 | 6918.67 | case rate | |
| HC MARSUP BARTHOLI CYST | 56440 | CPT | | | | outpatient | | | 7152 | 4111.87 | Horizon | PPO | 6918.67 | | | | 210.26 | 6918.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MARSUP BARTHOLI CYST | 56440 | CPT | | | | outpatient | | | 7152 | 4111.87 | Wellcare | Medicare | 3575.54 | | | | 210.26 | 6918.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MARSUP BARTHOLI CYST | 56440 | CPT | | | | outpatient | | | 7152 | 4111.87 | Americare | Americare | 5364 | 75 | | | 210.26 | 6918.67 | percent of total billed charges | |
| HC MARSUP BARTHOLI CYST | 56440 | CPT | | | | outpatient | | | 7152 | 4111.87 | WellPoint | WellPoint | 2301.51 | 32.18 | | | 210.26 | 6918.67 | percent of total billed charges | |
| HC MARSUP BARTHOLI CYST | 56440 | CPT | | | | outpatient | | | 7152 | 4111.87 | Three Rivers | Three Rivers | 6794.4 | 95 | | | 210.26 | 6918.67 | percent of total billed charges | |
| HC MARSUP BARTHOLI CYST | 56440 | CPT | | | | outpatient | | | 7152 | 4111.87 | Horizon | MGD | 6918.67 | | | | 210.26 | 6918.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MARSUP BARTHOLI CYST | 56440 | CPT | | | | outpatient | | | 7152 | 4111.87 | Multiplan | Multiplan | 5721.6 | 80 | | | 210.26 | 6918.67 | percent of total billed charges | |
| HC MARSUP BARTHOLI CYST | 56440 | CPT | | | | outpatient | | | 7152 | 4111.87 | Qualcare | Qualcare | 5364 | 75 | | | 210.26 | 6918.67 | percent of total billed charges | |
| HC LYSIS LABIAL ADHESIONS | 56441 | CPT | | | | outpatient | | | 10303 | 4111.87 | Consumer | Consumer | 9787.85 | 95 | | | 109.62 | 9787.85 | percent of total billed charges | |
| HC LYSIS LABIAL ADHESIONS | 56441 | CPT | | | | outpatient | | | 10303 | 4111.87 | Amerihealth | HMO/PPO | 300 | | | | 109.62 | 9787.85 | fee schedule | |
| HC LYSIS LABIAL ADHESIONS | 56441 | CPT | | | | outpatient | | | 10303 | 4111.87 | Aetna | Better Health | 3250.6 | 31.55 | | | 109.62 | 9787.85 | percent of total billed charges | |
| HC LYSIS LABIAL ADHESIONS | 56441 | CPT | | | | outpatient | | | 10303 | 4111.87 | Horizon | Medicare Blue | 3575.54 | | | | 109.62 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LYSIS LABIAL ADHESIONS | 56441 | CPT | | | | outpatient | | | 10303 | 4111.87 | First Health | First Health | 7212.1 | 70 | | | 109.62 | 9787.85 | percent of total billed charges | |
| HC LYSIS LABIAL ADHESIONS | 56441 | CPT | | | | outpatient | | | 10303 | 4111.87 | Aetna | Commercial | 5835.28 | | | | 109.62 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LYSIS LABIAL ADHESIONS | 56441 | CPT | | | | outpatient | | | 10303 | 4111.87 | Corrections | Corrections | 8242.4 | 80 | | | 109.62 | 9787.85 | percent of total billed charges | |
| HC LYSIS LABIAL ADHESIONS | 56441 | CPT | | | | outpatient | | | 10303 | 4111.87 | Horizon | Indemnity | 6918.67 | | | | 109.62 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LYSIS LABIAL ADHESIONS | 56441 | CPT | | | | outpatient | | | 10303 | 4111.87 | First Trenton | First Trenton | 9272.7 | 90 | | | 109.62 | 9787.85 | percent of total billed charges | |
| HC LYSIS LABIAL ADHESIONS | 56441 | CPT | | | | outpatient | | | 10303 | 4111.87 | Aetna | Medicare | 3575.54 | | | | 109.62 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LYSIS LABIAL ADHESIONS | 56441 | CPT | | | | outpatient | | | 10303 | 4111.87 | Multiplan | Multiplan | 8242.4 | 80 | | | 109.62 | 9787.85 | percent of total billed charges | |
| HC LYSIS LABIAL ADHESIONS | 56441 | CPT | | | | outpatient | | | 10303 | 4111.87 | UHC | Medicare | 3575.54 | | | | 109.62 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LYSIS LABIAL ADHESIONS | 56441 | CPT | | | | outpatient | | | 10303 | 4111.87 | Wellcare | Medicare | 3575.54 | | | | 109.62 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LYSIS LABIAL ADHESIONS | 56441 | CPT | | | | outpatient | | | 10303 | 4111.87 | Americare | Americare | 7727.25 | 75 | | | 109.62 | 9787.85 | percent of total billed charges | |
| HC LYSIS LABIAL ADHESIONS | 56441 | CPT | | | | outpatient | | | 10303 | 4111.87 | Qualcare | Qualcare | 7727.25 | 75 | | | 109.62 | 9787.85 | percent of total billed charges | |
| HC LYSIS LABIAL ADHESIONS | 56441 | CPT | | | | outpatient | | | 10303 | 4111.87 | Horizon | PPO | 6918.67 | | | | 109.62 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LYSIS LABIAL ADHESIONS | 56441 | CPT | | | | outpatient | | | 10303 | 4111.87 | Horizon | MGD | 6918.67 | | | | 109.62 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LYSIS LABIAL ADHESIONS | 56441 | CPT | | | | outpatient | | | 10303 | 4111.87 | Wellcare | Medicaid | 3250.6 | 31.55 | | | 109.62 | 9787.85 | percent of total billed charges | |
| HC LYSIS LABIAL ADHESIONS | 56441 | CPT | | | | outpatient | | | 10303 | 4111.87 | Horizon | NJ Health | 109.62 | | | | 109.62 | 9787.85 | fee schedule | |
| HC LYSIS LABIAL ADHESIONS | 56441 | CPT | | | | outpatient | | | 10303 | 4111.87 | United | Commercial/PPO | 2776 | | | | 109.62 | 9787.85 | case rate | |
| HC LYSIS LABIAL ADHESIONS | 56441 | CPT | | | | outpatient | | | 10303 | 4111.87 | Managed Care Inc | Managed Care Inc | 9272.7 | 90 | | | 109.62 | 9787.85 | percent of total billed charges | |
| HC LYSIS LABIAL ADHESIONS | 56441 | CPT | | | | outpatient | | | 10303 | 4111.87 | WellPoint | WellPoint | 3315.51 | 32.18 | | | 109.62 | 9787.85 | percent of total billed charges | |
| HC LYSIS LABIAL ADHESIONS | 56441 | CPT | | | | outpatient | | | 10303 | 4111.87 | Three Rivers | Three Rivers | 9787.85 | 95 | | | 109.62 | 9787.85 | percent of total billed charges | |
| HC LYSIS LABIAL ADHESIONS | 56441 | CPT | | | | outpatient | | | 10303 | 4111.87 | UHC | Medicaid | 3250.6 | 31.55 | | | 109.62 | 9787.85 | percent of total billed charges | |
| HC LYSIS LABIAL ADHESIONS | 56441 | CPT | | | | outpatient | | | 10303 | 4111.87 | United | Oxford | 2776 | | | | 109.62 | 9787.85 | case rate | |
| HC DEST LESION VULVA SIMPLE | 56501 | CPT | | | | outpatient | | | 6289 | 2398.47 | Horizon | Medicare Blue | 2085.63 | | | | 92.89 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEST LESION VULVA SIMPLE | 56501 | CPT | | | | outpatient | | | 6289 | 2398.47 | Corrections | Corrections | 5031.2 | 80 | | | 92.89 | 5974.55 | percent of total billed charges | |
| HC DEST LESION VULVA SIMPLE | 56501 | CPT | | | | outpatient | | | 6289 | 2398.47 | Aetna | Medicare | 2085.63 | | | | 92.89 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEST LESION VULVA SIMPLE | 56501 | CPT | | | | outpatient | | | 6289 | 2398.47 | Americare | Americare | 4716.75 | 75 | | | 92.89 | 5974.55 | percent of total billed charges | |
| HC DEST LESION VULVA SIMPLE | 56501 | CPT | | | | outpatient | | | 6289 | 2398.47 | Aetna | Better Health | 1984.18 | 31.55 | | | 92.89 | 5974.55 | percent of total billed charges | |
| HC DEST LESION VULVA SIMPLE | 56501 | CPT | | | | outpatient | | | 6289 | 2398.47 | Three Rivers | Three Rivers | 5974.55 | 95 | | | 92.89 | 5974.55 | percent of total billed charges | |
| HC DEST LESION VULVA SIMPLE | 56501 | CPT | | | | outpatient | | | 6289 | 2398.47 | Aetna | Commercial | 2389.82 | 38 | | | 92.89 | 5974.55 | percent of total billed charges | |
| HC DEST LESION VULVA SIMPLE | 56501 | CPT | | | | outpatient | | | 6289 | 2398.47 | UHC | Medicare | 2085.63 | | | | 92.89 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEST LESION VULVA SIMPLE | 56501 | CPT | | | | outpatient | | | 6289 | 2398.47 | Multiplan | Multiplan | 5031.2 | 80 | | | 92.89 | 5974.55 | percent of total billed charges | |
| HC DEST LESION VULVA SIMPLE | 56501 | CPT | | | | outpatient | | | 6289 | 2398.47 | First Trenton | First Trenton | 5660.1 | 90 | | | 92.89 | 5974.55 | percent of total billed charges | |
| HC DEST LESION VULVA SIMPLE | 56501 | CPT | | | | outpatient | | | 6289 | 2398.47 | Consumer | Consumer | 5974.55 | 95 | | | 92.89 | 5974.55 | percent of total billed charges | |
| HC DEST LESION VULVA SIMPLE | 56501 | CPT | | | | outpatient | | | 6289 | 2398.47 | Amerihealth | HMO/PPO | 125 | | | | 92.89 | 5974.55 | fee schedule | |
| HC DEST LESION VULVA SIMPLE | 56501 | CPT | | | | outpatient | | | 6289 | 2398.47 | First Health | First Health | 4402.3 | 70 | | | 92.89 | 5974.55 | percent of total billed charges | |
| HC DEST LESION VULVA SIMPLE | 56501 | CPT | | | | outpatient | | | 6289 | 2398.47 | UHC | Medicaid | 1984.18 | 31.55 | | | 92.89 | 5974.55 | percent of total billed charges | |
| HC DEST LESION VULVA SIMPLE | 56501 | CPT | | | | outpatient | | | 6289 | 2398.47 | Horizon | PPO | 4035.69 | | | | 92.89 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEST LESION VULVA SIMPLE | 56501 | CPT | | | | outpatient | | | 6289 | 2398.47 | Horizon | MGD | 4035.69 | | | | 92.89 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEST LESION VULVA SIMPLE | 56501 | CPT | | | | outpatient | | | 6289 | 2398.47 | Qualcare | Qualcare | 4716.75 | 75 | | | 92.89 | 5974.55 | percent of total billed charges | |
| HC DEST LESION VULVA SIMPLE | 56501 | CPT | | | | outpatient | | | 6289 | 2398.47 | Horizon | Indemnity | 4035.69 | | | | 92.89 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEST LESION VULVA SIMPLE | 56501 | CPT | | | | outpatient | | | 6289 | 2398.47 | WellPoint | WellPoint | 2023.8 | 32.18 | | | 92.89 | 5974.55 | percent of total billed charges | |
| HC DEST LESION VULVA SIMPLE | 56501 | CPT | | | | outpatient | | | 6289 | 2398.47 | United | Oxford | 2483 | | | | 92.89 | 5974.55 | case rate | |
| HC DEST LESION VULVA SIMPLE | 56501 | CPT | | | | outpatient | | | 6289 | 2398.47 | Wellcare | Medicaid | 1984.18 | 31.55 | | | 92.89 | 5974.55 | percent of total billed charges | |
| HC DEST LESION VULVA SIMPLE | 56501 | CPT | | | | outpatient | | | 6289 | 2398.47 | Horizon | NJ Health | 92.89 | | | | 92.89 | 5974.55 | fee schedule | |
| HC DEST LESION VULVA SIMPLE | 56501 | CPT | | | | outpatient | | | 6289 | 2398.47 | Wellcare | Medicare | 2085.63 | | | | 92.89 | 5974.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEST LESION VULVA SIMPLE | 56501 | CPT | | | | outpatient | | | 6289 | 2398.47 | Managed Care Inc | Managed Care Inc | 5660.1 | 90 | | | 92.89 | 5974.55 | percent of total billed charges | |
| HC DEST LESION VULVA SIMPLE | 56501 | CPT | | | | outpatient | | | 6289 | 2398.47 | United | Commercial/PPO | 2483 | | | | 92.89 | 5974.55 | case rate | |
| HC VULVAR BIOPSY ONE LESION | 56605 | CPT | | | | outpatient | | | 2565 | 1057.32 | Horizon | MGD | 1779.06 | | | | 61.52 | 2436.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VULVAR BIOPSY ONE LESION | 56605 | CPT | | | | outpatient | | | 2565 | 1057.32 | Aetna | Commercial | 1500.48 | | | | 61.52 | 2436.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VULVAR BIOPSY ONE LESION | 56605 | CPT | | | | outpatient | | | 2565 | 1057.32 | Horizon | Medicare Blue | 919.41 | | | | 61.52 | 2436.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VULVAR BIOPSY ONE LESION | 56605 | CPT | | | | outpatient | | | 2565 | 1057.32 | First Trenton | First Trenton | 2308.5 | 90 | | | 61.52 | 2436.75 | percent of total billed charges | |
| HC VULVAR BIOPSY ONE LESION | 56605 | CPT | | | | outpatient | | | 2565 | 1057.32 | WellPoint | WellPoint | 825.42 | 32.18 | | | 61.52 | 2436.75 | percent of total billed charges | |
| HC VULVAR BIOPSY ONE LESION | 56605 | CPT | | | | outpatient | | | 2565 | 1057.32 | First Health | First Health | 1795.5 | 70 | | | 61.52 | 2436.75 | percent of total billed charges | |
| HC VULVAR BIOPSY ONE LESION | 56605 | CPT | | | | outpatient | | | 2565 | 1057.32 | Aetna | Medicare | 919.41 | | | | 61.52 | 2436.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VULVAR BIOPSY ONE LESION | 56605 | CPT | | | | outpatient | | | 2565 | 1057.32 | Aetna | Better Health | 809.26 | 31.55 | | 826.34 | 61.52 | 2436.75 | percent of total billed charges | |
| HC VULVAR BIOPSY ONE LESION | 56605 | CPT | | | | outpatient | | | 2565 | 1057.32 | Horizon | PPO | 1779.06 | | | | 61.52 | 2436.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VULVAR BIOPSY ONE LESION | 56605 | CPT | | | | outpatient | | | 2565 | 1057.32 | Amerihealth | HMO/PPO | 300 | | | | 61.52 | 2436.75 | fee schedule | |
| HC VULVAR BIOPSY ONE LESION | 56605 | CPT | | | | outpatient | | | 2565 | 1057.32 | Multiplan | Multiplan | 2052 | 80 | | | 61.52 | 2436.75 | percent of total billed charges | |
| HC VULVAR BIOPSY ONE LESION | 56605 | CPT | | | | outpatient | | | 2565 | 1057.32 | Horizon | NJ Health | 61.52 | | | 68.28 | 61.52 | 2436.75 | fee schedule | |
| HC VULVAR BIOPSY ONE LESION | 56605 | CPT | | | | outpatient | | | 2565 | 1057.32 | Americare | Americare | 1923.75 | 75 | | | 61.52 | 2436.75 | percent of total billed charges | |
| HC VULVAR BIOPSY ONE LESION | 56605 | CPT | | | | outpatient | | | 2565 | 1057.32 | Three Rivers | Three Rivers | 2436.75 | 95 | | | 61.52 | 2436.75 | percent of total billed charges | |
| HC VULVAR BIOPSY ONE LESION | 56605 | CPT | | | | outpatient | | | 2565 | 1057.32 | Qualcare | Qualcare | 1923.75 | 75 | | | 61.52 | 2436.75 | percent of total billed charges | |
| HC VULVAR BIOPSY ONE LESION | 56605 | CPT | | | | outpatient | | | 2565 | 1057.32 | Corrections | Corrections | 2052 | 80 | | | 61.52 | 2436.75 | percent of total billed charges | |
| HC VULVAR BIOPSY ONE LESION | 56605 | CPT | | | | outpatient | | | 2565 | 1057.32 | Consumer | Consumer | 2436.75 | 95 | | | 61.52 | 2436.75 | percent of total billed charges | |
| HC VULVAR BIOPSY ONE LESION | 56605 | CPT | | | | outpatient | | | 2565 | 1057.32 | Horizon | Indemnity | 1779.06 | | | | 61.52 | 2436.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VULVAR BIOPSY ONE LESION | 56605 | CPT | | | | outpatient | | | 2565 | 1057.32 | Wellcare | Medicaid | 809.26 | 31.55 | | | 61.52 | 2436.75 | percent of total billed charges | |
| HC VULVAR BIOPSY ONE LESION | 56605 | CPT | | | | outpatient | | | 2565 | 1057.32 | Managed Care Inc | Managed Care Inc | 2308.5 | 90 | | | 61.52 | 2436.75 | percent of total billed charges | |
| HC VULVAR BIOPSY ONE LESION | 56605 | CPT | | | | outpatient | | | 2565 | 1057.32 | United | Oxford | 1817 | | | | 61.52 | 2436.75 | case rate | |
| HC VULVAR BIOPSY ONE LESION | 56605 | CPT | | | | outpatient | | | 2565 | 1057.32 | UHC | Medicaid | 809.26 | 31.55 | | 787.99 | 61.52 | 2436.75 | percent of total billed charges | |
| HC VULVAR BIOPSY ONE LESION | 56605 | CPT | | | | outpatient | | | 2565 | 1057.32 | United | Commercial/PPO | 1817 | | | | 61.52 | 2436.75 | case rate | |
| HC VULVAR BIOPSY ONE LESION | 56605 | CPT | | | | outpatient | | | 2565 | 1057.32 | UHC | Medicare | 919.41 | | | | 61.52 | 2436.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VULVAR BIOPSY ONE LESION | 56605 | CPT | | | | outpatient | | | 2565 | 1057.32 | Wellcare | Medicare | 919.41 | | | | 61.52 | 2436.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY VULVA EA ADDL LESION | 56606 | CPT | | | | outpatient | | | 128.34 | | First Trenton | First Trenton | 115.51 | 90 | | | 38.5 | 1782 | percent of total billed charges | |
| HC BIOPSY VULVA EA ADDL LESION | 56606 | CPT | | | | outpatient | | | 128.34 | | Aetna | Medicare | 39.53 | 30.8 | | | 38.5 | 1782 | percent of total billed charges | |
| HC BIOPSY VULVA EA ADDL LESION | 56606 | CPT | | | | outpatient | | | 128.34 | | Consumer | Consumer | 121.92 | 95 | | | 38.5 | 1782 | percent of total billed charges | |
| HC BIOPSY VULVA EA ADDL LESION | 56606 | CPT | | | | outpatient | | | 128.34 | | Corrections | Corrections | 102.67 | 80 | | | 38.5 | 1782 | percent of total billed charges | |
| HC BIOPSY VULVA EA ADDL LESION | 56606 | CPT | | | | outpatient | | | 128.34 | | Horizon | Medicare Blue | 38.5 | 30 | | | 38.5 | 1782 | percent of total billed charges | |
| HC BIOPSY VULVA EA ADDL LESION | 56606 | CPT | | | | outpatient | | | 128.34 | | Americare | Americare | 96.26 | 75 | | | 38.5 | 1782 | percent of total billed charges | |
| HC BIOPSY VULVA EA ADDL LESION | 56606 | CPT | | | | outpatient | | | 128.34 | | First Health | First Health | 89.84 | 70 | | | 38.5 | 1782 | percent of total billed charges | |
| HC BIOPSY VULVA EA ADDL LESION | 56606 | CPT | | | | outpatient | | | 128.34 | | Aetna | Better Health | 40.49 | 31.55 | | | 38.5 | 1782 | percent of total billed charges | |
| HC BIOPSY VULVA EA ADDL LESION | 56606 | CPT | | | | outpatient | | | 128.34 | | Horizon | Indemnity | 49.13 | 38.28 | | | 38.5 | 1782 | percent of total billed charges | |
| HC BIOPSY VULVA EA ADDL LESION | 56606 | CPT | | | | outpatient | | | 128.34 | | Amerihealth | HMO/PPO | 300 | | | | 38.5 | 1782 | fee schedule | |
| HC BIOPSY VULVA EA ADDL LESION | 56606 | CPT | | | | outpatient | | | 128.34 | | Horizon | NJ Health | 46.98 | | | | 38.5 | 1782 | fee schedule | |
| HC BIOPSY VULVA EA ADDL LESION | 56606 | CPT | | | | outpatient | | | 128.34 | | WellPoint | WellPoint | 41.3 | 32.18 | | | 38.5 | 1782 | percent of total billed charges | |
| HC BIOPSY VULVA EA ADDL LESION | 56606 | CPT | | | | outpatient | | | 128.34 | | Horizon | PPO | 49.13 | 38.28 | | | 38.5 | 1782 | percent of total billed charges | |
| HC BIOPSY VULVA EA ADDL LESION | 56606 | CPT | | | | outpatient | | | 128.34 | | Horizon | MGD | 49.13 | 38.28 | | | 38.5 | 1782 | percent of total billed charges | |
| HC BIOPSY VULVA EA ADDL LESION | 56606 | CPT | | | | outpatient | | | 128.34 | | Multiplan | Multiplan | 102.67 | 80 | | | 38.5 | 1782 | percent of total billed charges | |
| HC BIOPSY VULVA EA ADDL LESION | 56606 | CPT | | | | outpatient | | | 128.34 | | Managed Care Inc | Managed Care Inc | 115.51 | 90 | | | 38.5 | 1782 | percent of total billed charges | |
| HC BIOPSY VULVA EA ADDL LESION | 56606 | CPT | | | | outpatient | | | 128.34 | | UHC | Medicaid | 40.49 | 31.55 | | | 38.5 | 1782 | percent of total billed charges | |
| HC BIOPSY VULVA EA ADDL LESION | 56606 | CPT | | | | outpatient | | | 128.34 | | Three Rivers | Three Rivers | 121.92 | 95 | | | 38.5 | 1782 | percent of total billed charges | |
| HC BIOPSY VULVA EA ADDL LESION | 56606 | CPT | | | | outpatient | | | 128.34 | | Qualcare | Qualcare | 96.26 | 75 | | | 38.5 | 1782 | percent of total billed charges | |
| HC BIOPSY VULVA EA ADDL LESION | 56606 | CPT | | | | outpatient | | | 128.34 | | United | Oxford | 1782 | | | | 38.5 | 1782 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC BIOPSY VULVA EA ADDL LESION | 56606 | CPT | | | | outpatient | | | 128.34 | | United | CommercialPPO | 1782 | | | | 38.5 | 1782 | case rate | |
| HC BIOPSY VULVA EA ADDL LESION | 56606 | CPT | | | | outpatient | | | 128.34 | | Wellcare | Medicaid | 40.49 | 31.55 | | | 38.5 | 1782 | percent of total billed charges | |
| HC VULVECTOMY SIMPLE PARTIAL | 56620 | CPT | | | | outpatient | | | 10303 | | 4111.87 | Amerihealth | HMO/PPO | 950 | | | | 566.81 | 9787.85 | fee schedule | |
| HC VULVECTOMY SIMPLE PARTIAL | 56620 | CPT | | | | outpatient | | | 10303 | | 4111.87 | Aetna | Medicare | 3575.54 | | | | 566.81 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VULVECTOMY SIMPLE PARTIAL | 56620 | CPT | | | | outpatient | | | 10303 | | 4111.87 | UHC | Medicaid | 3250.6 | 31.55 | | | 566.81 | 9787.85 | percent of total billed charges | |
| HC VULVECTOMY SIMPLE PARTIAL | 56620 | CPT | | | | outpatient | | | 10303 | | 4111.87 | Aetna | Commercial | 5835.28 | | | | 566.81 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VULVECTOMY SIMPLE PARTIAL | 56620 | CPT | | | | outpatient | | | 10303 | | 4111.87 | First Trenton | First Trenton | 9272.7 | 90 | | | 566.81 | 9787.85 | percent of total billed charges | |
| HC VULVECTOMY SIMPLE PARTIAL | 56620 | CPT | | | | outpatient | | | 10303 | | 4111.87 | Aetna | Better Health | 3250.6 | 31.55 | | | 566.81 | 9787.85 | percent of total billed charges | |
| HC VULVECTOMY SIMPLE PARTIAL | 56620 | CPT | | | | outpatient | | | 10303 | | 4111.87 | First Health | First Health | 7212.1 | 70 | | | 566.81 | 9787.85 | percent of total billed charges | |
| HC VULVECTOMY SIMPLE PARTIAL | 56620 | CPT | | | | outpatient | | | 10303 | | 4111.87 | Horizon | Indemnity | 6918.67 | | | | 566.81 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VULVECTOMY SIMPLE PARTIAL | 56620 | CPT | | | | outpatient | | | 10303 | | 4111.87 | United | Oxford | 2776 | | | | 566.81 | 9787.85 | case rate | |
| HC VULVECTOMY SIMPLE PARTIAL | 56620 | CPT | | | | outpatient | | | 10303 | | 4111.87 | Corrections | Corrections | 8242.4 | 80 | | | 566.81 | 9787.85 | percent of total billed charges | |
| HC VULVECTOMY SIMPLE PARTIAL | 56620 | CPT | | | | outpatient | | | 10303 | | 4111.87 | UHC | Medicare | 3575.54 | | | | 566.81 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VULVECTOMY SIMPLE PARTIAL | 56620 | CPT | | | | outpatient | | | 10303 | | 4111.87 | Horizon | Medicare Blue | 3575.54 | | | | 566.81 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VULVECTOMY SIMPLE PARTIAL | 56620 | CPT | | | | outpatient | | | 10303 | | 4111.87 | Horizon | PPO | 6918.67 | | | | 566.81 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VULVECTOMY SIMPLE PARTIAL | 56620 | CPT | | | | outpatient | | | 10303 | | 4111.87 | Americare | Americare | 7727.25 | 75 | | | 566.81 | 9787.85 | percent of total billed charges | |
| HC VULVECTOMY SIMPLE PARTIAL | 56620 | CPT | | | | outpatient | | | 10303 | | 4111.87 | Multiplan | Multiplan | 8242.4 | 80 | | | 566.81 | 9787.85 | percent of total billed charges | |
| HC VULVECTOMY SIMPLE PARTIAL | 56620 | CPT | | | | outpatient | | | 10303 | | 4111.87 | Horizon | MGD | 6918.67 | | | | 566.81 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VULVECTOMY SIMPLE PARTIAL | 56620 | CPT | | | | outpatient | | | 10303 | | 4111.87 | Wellcare | Medicaid | 3250.6 | 31.55 | | | 566.81 | 9787.85 | percent of total billed charges | |
| HC VULVECTOMY SIMPLE PARTIAL | 56620 | CPT | | | | outpatient | | | 10303 | | 4111.87 | Consumer | Consumer | 9787.85 | 95 | | | 566.81 | 9787.85 | percent of total billed charges | |
| HC VULVECTOMY SIMPLE PARTIAL | 56620 | CPT | | | | outpatient | | | 10303 | | 4111.87 | United | CommercialPPO | 2776 | | | | 566.81 | 9787.85 | case rate | |
| HC VULVECTOMY SIMPLE PARTIAL | 56620 | CPT | | | | outpatient | | | 10303 | | 4111.87 | Horizon | NJ Health | 566.81 | | | | 566.81 | 9787.85 | fee schedule | |
| HC VULVECTOMY SIMPLE PARTIAL | 56620 | CPT | | | | outpatient | | | 10303 | | 4111.87 | Managed Care Inc | Managed Care Inc | 9272.7 | 90 | | | 566.81 | 9787.85 | percent of total billed charges | |
| HC VULVECTOMY SIMPLE PARTIAL | 56620 | CPT | | | | outpatient | | | 10303 | | 4111.87 | Three Rivers | Three Rivers | 9787.85 | 95 | | | 566.81 | 9787.85 | percent of total billed charges | |
| HC VULVECTOMY SIMPLE PARTIAL | 56620 | CPT | | | | outpatient | | | 10303 | | 4111.87 | Qualcare | Qualcare | 7727.25 | 75 | | | 566.81 | 9787.85 | percent of total billed charges | |
| HC VULVECTOMY SIMPLE PARTIAL | 56620 | CPT | | | | outpatient | | | 10303 | | 4111.87 | Wellcare | Medicare | 3575.54 | | | | 566.81 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VULVECTOMY SIMPLE PARTIAL | 56620 | CPT | | | | outpatient | | | 10303 | | 4111.87 | WellPoint | WellPoint | 3315.51 | 32.18 | | | 566.81 | 9787.85 | percent of total billed charges | |
| HC EXC BARTHOLINS CYST | 56740 | CPT | | | | outpatient | | | 7511 | | 4111.87 | First Trenton | First Trenton | 6799.9 | 90 | | | 305.92 | 7135.45 | percent of total billed charges | |
| HC EXC BARTHOLINS CYST | 56740 | CPT | | | | outpatient | | | 7511 | | 4111.87 | Americare | Americare | 5633.25 | 75 | | | 305.92 | 7135.45 | percent of total billed charges | |
| HC EXC BARTHOLINS CYST | 56740 | CPT | | | | outpatient | | | 7511 | | 4111.87 | Aetna | Medicare | 3575.54 | | | | 305.92 | 7135.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BARTHOLINS CYST | 56740 | CPT | | | | outpatient | | | 7511 | | 4111.87 | Horizon | MGD | 6918.67 | | | | 305.92 | 7135.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BARTHOLINS CYST | 56740 | CPT | | | | outpatient | | | 7511 | | 4111.87 | Amerihealth | HMO/PPO | 650 | | | | 305.92 | 7135.45 | fee schedule | |
| HC EXC BARTHOLINS CYST | 56740 | CPT | | | | outpatient | | | 7511 | | 4111.87 | Consumer | Consumer | 7135.45 | 95 | | | 305.92 | 7135.45 | percent of total billed charges | |
| HC EXC BARTHOLINS CYST | 56740 | CPT | | | | outpatient | | | 7511 | | 4111.87 | Aetna | Commercial | 5835.28 | | | | 305.92 | 7135.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BARTHOLINS CYST | 56740 | CPT | | | | outpatient | | | 7511 | | 4111.87 | Aetna | Better Health | 2369.72 | 31.55 | | | 305.92 | 7135.45 | percent of total billed charges | |
| HC EXC BARTHOLINS CYST | 56740 | CPT | | | | outpatient | | | 7511 | | 4111.87 | Horizon | NJ Health | 305.92 | | | | 305.92 | 7135.45 | fee schedule | |
| HC EXC BARTHOLINS CYST | 56740 | CPT | | | | outpatient | | | 7511 | | 4111.87 | Horizon | Medicare Blue | 3575.54 | | | | 305.92 | 7135.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BARTHOLINS CYST | 56740 | CPT | | | | outpatient | | | 7511 | | 4111.87 | Corrections | Corrections | 6008.8 | 80 | | | 305.92 | 7135.45 | percent of total billed charges | |
| HC EXC BARTHOLINS CYST | 56740 | CPT | | | | outpatient | | | 7511 | | 4111.87 | UHC | Medicaid | 2369.72 | 31.55 | | | 305.92 | 7135.45 | percent of total billed charges | |
| HC EXC BARTHOLINS CYST | 56740 | CPT | | | | outpatient | | | 7511 | | 4111.87 | First Health | First Health | 5257.7 | 70 | | | 305.92 | 7135.45 | percent of total billed charges | |
| HC EXC BARTHOLINS CYST | 56740 | CPT | | | | outpatient | | | 7511 | | 4111.87 | United | Oxford | 2776 | | | | 305.92 | 7135.45 | case rate | |
| HC EXC BARTHOLINS CYST | 56740 | CPT | | | | outpatient | | | 7511 | | 4111.87 | Multiplan | Multiplan | 6008.8 | 80 | | | 305.92 | 7135.45 | percent of total billed charges | |
| HC EXC BARTHOLINS CYST | 56740 | CPT | | | | outpatient | | | 7511 | | 4111.87 | Horizon | PPO | 6918.67 | | | | 305.92 | 7135.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BARTHOLINS CYST | 56740 | CPT | | | | outpatient | | | 7511 | | 4111.87 | Managed Care Inc | Managed Care Inc | 6759.9 | 90 | | | 305.92 | 7135.45 | percent of total billed charges | |
| HC EXC BARTHOLINS CYST | 56740 | CPT | | | | outpatient | | | 7511 | | 4111.87 | Wellcare | Medicaid | 2369.72 | 31.55 | | | 305.92 | 7135.45 | percent of total billed charges | |
| HC EXC BARTHOLINS CYST | 56740 | CPT | | | | outpatient | | | 7511 | | 4111.87 | Qualcare | Qualcare | 5633.25 | 75 | | | 305.92 | 7135.45 | percent of total billed charges | |
| HC EXC BARTHOLINS CYST | 56740 | CPT | | | | outpatient | | | 7511 | | 4111.87 | UHC | Medicare | 3575.54 | | | | 305.92 | 7135.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BARTHOLINS CYST | 56740 | CPT | | | | outpatient | | | 7511 | | 4111.87 | Horizon | Indemnity | 6918.67 | | | | 305.92 | 7135.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BARTHOLINS CYST | 56740 | CPT | | | | outpatient | | | 7511 | | 4111.87 | Wellcare | Medicare | 3575.54 | | | | 305.92 | 7135.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC BARTHOLINS CYST | 56740 | CPT | | | | outpatient | | | 7511 | | 4111.87 | Three Rivers | Three Rivers | 7135.45 | 95 | | | 305.92 | 7135.45 | percent of total billed charges | |
| HC EXC BARTHOLINS CYST | 56740 | CPT | | | | outpatient | | | 7511 | | 4111.87 | WellPoint | WellPoint | 2417.04 | 32.18 | | | 305.92 | 7135.45 | percent of total billed charges | |
| HC EXC BARTHOLINS CYST | 56740 | CPT | | | | outpatient | | | 7511 | | 4111.87 | United | CommercialPPO | 2776 | | | | 305.92 | 7135.45 | case rate | |
| HC COLPOSCOPY VULVA | 56820 | CPT | | | | outpatient | | | 649 | | 262.09 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC COLPOSCOPY VULVA | 56820 | CPT | | | | outpatient | | | 649 | | 262.09 | Aetna | Better Health | 204.76 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY VULVA | 56820 | CPT | | | | outpatient | | | 649 | | 262.09 | Horizon | Indemnity | 440.99 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY VULVA | 56820 | CPT | | | | outpatient | | | 649 | | 262.09 | Aetna | Commercial | 371.93 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY VULVA | 56820 | CPT | | | | outpatient | | | 649 | | 262.09 | First Trenton | First Trenton | 584.1 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY VULVA | 56820 | CPT | | | | outpatient | | | 649 | | 262.09 | Corrections | Corrections | 519.2 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY VULVA | 56820 | CPT | | | | outpatient | | | 649 | | 262.09 | Horizon | Medicare Blue | 227.9 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY VULVA | 56820 | CPT | | | | outpatient | | | 649 | | 262.09 | Horizon | NJ Health | 229.68 | | | 489.26 | 125 | 1782 | fee schedule | |
| HC COLPOSCOPY VULVA | 56820 | CPT | | | | outpatient | | | 649 | | 262.09 | First Health | First Health | 454.3 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY VULVA | 56820 | CPT | | | | outpatient | | | 649 | | 262.09 | Multiplan | Multiplan | 519.2 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY VULVA | 56820 | CPT | | | | outpatient | | | 649 | | 262.09 | Horizon | PPO | 440.99 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY VULVA | 56820 | CPT | | | | outpatient | | | 649 | | 262.09 | Aetna | Medicare | 227.9 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY VULVA | 56820 | CPT | | | | outpatient | | | 649 | | 262.09 | Horizon | MGD | 440.99 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY VULVA | 56820 | CPT | | | | outpatient | | | 649 | | 262.09 | Qualcare | Qualcare | 486.75 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY VULVA | 56820 | CPT | | | | outpatient | | | 649 | | 262.09 | UHC | Medicare | 227.9 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY VULVA | 56820 | CPT | | | | outpatient | | | 649 | | 262.09 | Americare | Americare | 486.75 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY VULVA | 56820 | CPT | | | | outpatient | | | 649 | | 262.09 | Wellcare | Medicare | 227.9 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY VULVA | 56820 | CPT | | | | outpatient | | | 649 | | 262.09 | Consumer | Consumer | 616.55 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY VULVA | 56820 | CPT | | | | outpatient | | | 649 | | 262.09 | United | CommercialPPO | 1782 | | | | 125 | 1782 | case rate | |
| HC COLPOSCOPY VULVA | 56820 | CPT | | | | outpatient | | | 649 | | 262.09 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC COLPOSCOPY VULVA | 56820 | CPT | | | | outpatient | | | 649 | | 262.09 | Managed Care Inc | Managed Care Inc | 584.1 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY VULVA | 56820 | CPT | | | | outpatient | | | 649 | | 262.09 | Wellcare | Medicaid | 204.76 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY VULVA | 56820 | CPT | | | | outpatient | | | 649 | | 262.09 | WellPoint | WellPoint | 208.85 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY VULVA | 56820 | CPT | | | | outpatient | | | 649 | | 262.09 | Three Rivers | Three Rivers | 616.55 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY VULVA | 56820 | CPT | | | | outpatient | | | 649 | | 262.09 | UHC | Medicaid | 204.76 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY OF VULVA W BIOPSY | 56821 | CPT | | | | outpatient | | | 1067 | | 421.94 | First Health | First Health | 746.9 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY OF VULVA W BIOPSY | 56821 | CPT | | | | outpatient | | | 1067 | | 421.94 | Americare | Americare | 800.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY OF VULVA W BIOPSY | 56821 | CPT | | | | outpatient | | | 1067 | | 421.94 | Aetna | Better Health | 336.64 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY OF VULVA W BIOPSY | 56821 | CPT | | | | outpatient | | | 1067 | | 421.94 | First Trenton | First Trenton | 960.3 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY OF VULVA W BIOPSY | 56821 | CPT | | | | outpatient | | | 1067 | | 421.94 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC COLPOSCOPY OF VULVA W BIOPSY | 56821 | CPT | | | | outpatient | | | 1067 | | 421.94 | Aetna | Commercial | 598.78 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY OF VULVA W BIOPSY | 56821 | CPT | | | | outpatient | | | 1067 | | 421.94 | Horizon | Medicare Blue | 366.9 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY OF VULVA W BIOPSY | 56821 | CPT | | | | outpatient | | | 1067 | | 421.94 | Aetna | Medicare | 366.9 | | | 201.13 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY OF VULVA W BIOPSY | 56821 | CPT | | | | outpatient | | | 1067 | | 421.94 | UHC | Medicare | 366.9 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY OF VULVA W BIOPSY | 56821 | CPT | | | | outpatient | | | 1067 | | 421.94 | Consumer | Consumer | 1013.65 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY OF VULVA W BIOPSY | 56821 | CPT | | | | outpatient | | | 1067 | | 421.94 | Horizon | Indemnity | 709.95 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY OF VULVA W BIOPSY | 56821 | CPT | | | | outpatient | | | 1067 | | 421.94 | Managed Care Inc | Managed Care Inc | 960.3 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY OF VULVA W BIOPSY | 56821 | CPT | | | | outpatient | | | 1067 | | 421.94 | Wellcare | Medicare | 366.9 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY OF VULVA W BIOPSY | 56821 | CPT | | | | outpatient | | | 1067 | | 421.94 | Horizon | MGD | 709.95 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY OF VULVA W BIOPSY | 56821 | CPT | | | | outpatient | | | 1067 | | 421.94 | UHC | Medicaid | 336.64 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY OF VULVA W BIOPSY | 56821 | CPT | | | | outpatient | | | 1067 | | 421.94 | Corrections | Corrections | 853.6 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY OF VULVA W BIOPSY | 56821 | CPT | | | | outpatient | | | 1067 | | 421.94 | United | CommercialPPO | 1782 | | | | 125 | 1782 | case rate | |
| HC COLPOSCOPY OF VULVA W BIOPSY | 56821 | CPT | | | | outpatient | | | 1067 | | 421.94 | Horizon | NJ Health | 294.93 | | | 52.83 | 125 | 1782 | fee schedule | |
| HC COLPOSCOPY OF VULVA W BIOPSY | 56821 | CPT | | | | outpatient | | | 1067 | | 421.94 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC COLPOSCOPY OF VULVA W BIOPSY | 56821 | CPT | | | | outpatient | | | 1067 | | 421.94 | Three Rivers | Three Rivers | 1013.65 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY OF VULVA W BIOPSY | 56821 | CPT | | | | outpatient | | | 1067 | | 421.94 | Wellcare | Medicaid | 336.64 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY OF VULVA W BIOPSY | 56821 | CPT | | | | outpatient | | | 1067 | | 421.94 | Multiplan | Multiplan | 853.6 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY OF VULVA W BIOPSY | 56821 | CPT | | | | outpatient | | | 1067 | | 421.94 | Horizon | PPO | 709.95 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY OF VULVA W BIOPSY | 56821 | CPT | | | | outpatient | | | 1067 | | 421.94 | Qualcare | Qualcare | 800.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY OF VULVA W BIOPSY | 56821 | CPT | | | | outpatient | | | 1067 | | 421.94 | WellPoint | WellPoint | 343.36 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC BIOPSY VAGINAL MUCOSA | 57100 | CPT | | | | outpatient | | | 2565 | | 1057.32 | Corrections | Corrections | 2052 | 80 | | | 58.46 | 2436.75 | percent of total billed charges | |
| HC BIOPSY VAGINAL MUCOSA | 57100 | CPT | | | | outpatient | | | 2565 | | 1057.32 | Aetna | Commercial | 1500.48 | | | | 58.46 | 2436.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY VAGINAL MUCOSA | 57100 | CPT | | | | outpatient | | | 2565 | | 1057.32 | Horizon | MGD | 1779.06 | | | | 58.46 | 2436.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY VAGINAL MUCOSA | 57100 | CPT | | | | outpatient | | | 2565 | | 1057.32 | Horizon | Medicare Blue | 919.41 | | | | 58.46 | 2436.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY VAGINAL MUCOSA | 57100 | CPT | | | | outpatient | | | 2565 | | 1057.32 | Aetna | Better Health | 809.26 | 31.55 | | | 58.46 | 2436.75 | percent of total billed charges | |
| HC BIOPSY VAGINAL MUCOSA | 57100 | CPT | | | | outpatient | | | 2565 | | 1057.32 | UHC | Medicare | 919.41 | | | | 58.46 | 2436.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY VAGINAL MUCOSA | 57100 | CPT | | | | outpatient | | | 2565 | | 1057.32 | Amerihealth | HMO/PPO | 125 | | | | 58.46 | 2436.75 | fee schedule | |
| HC BIOPSY VAGINAL MUCOSA | 57100 | CPT | | | | outpatient | | | 2565 | | 1057.32 | Aetna | Medicare | 919.41 | | | | 58.46 | 2436.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY VAGINAL MUCOSA | 57100 | CPT | | | | outpatient | | | 2565 | | 1057.32 | Horizon | PPO | 1779.06 | | | | 58.46 | 2436.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY VAGINAL MUCOSA | 57100 | CPT | | | | outpatient | | | 2565 | | 1057.32 | Americare | Americare | 1923.75 | 75 | | | 58.46 | 2436.75 | percent of total billed charges | |
| HC BIOPSY VAGINAL MUCOSA | 57100 | CPT | | | | outpatient | | | 2565 | | 1057.32 | Multiplan | Multiplan | 2052 | 80 | | | 58.46 | 2436.75 | percent of total billed charges | |
| HC BIOPSY VAGINAL MUCOSA | 57100 | CPT | | | | outpatient | | | 2565 | | 1057.32 | Wellcare | Medicaid | 809.26 | 31.55 | | | 58.46 | 2436.75 | percent of total billed charges | |
| HC BIOPSY VAGINAL MUCOSA | 57100 | CPT | | | | outpatient | | | 2565 | | 1057.32 | Consumer | Consumer | 2436.75 | 95 | | | 58.46 | 2436.75 | percent of total billed charges | |
| HC BIOPSY VAGINAL MUCOSA | 57100 | CPT | | | | outpatient | | | 2565 | | 1057.32 | United | CommercialPPO | 1817 | | | | 58.46 | 2436.75 | case rate | |
| HC BIOPSY VAGINAL MUCOSA | 57100 | CPT | | | | outpatient | | | 2565 | | 1057.32 | First Health | First Health | 1795.5 | 70 | | | 58.46 | 2436.75 | percent of total billed charges | |
| HC BIOPSY VAGINAL MUCOSA | 57100 | CPT | | | | outpatient | | | 2565 | | 1057.32 | Wellcare | Medicare | 919.41 | | | | 58.46 | 2436.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY VAGINAL MUCOSA | 57100 | CPT | | | | outpatient | | | 2565 | | 1057.32 | Qualcare | Qualcare | 1923.75 | 75 | | | 58.46 | 2436.75 | percent of total billed charges | |
| HC BIOPSY VAGINAL MUCOSA | 57100 | CPT | | | | outpatient | | | 2565 | | 1057.32 | First Trenton | First Trenton | 2308.5 | 90 | | | 58.46 | 2436.75 | percent of total billed charges | |
| HC BIOPSY VAGINAL MUCOSA | 57100 | CPT | | | | outpatient | | | 2565 | | 1057.32 | UHC | Medicaid | 809.26 | 31.55 | | | 58.46 | 2436.75 | percent of total billed charges | |
| HC BIOPSY VAGINAL MUCOSA | 57100 | CPT | | | | outpatient | | | 2565 | | 1057.32 | WellPoint | WellPoint | 825.42 | 32.18 | | | 58.46 | 2436.75 | percent of total billed charges | |
| HC BIOPSY VAGINAL MUCOSA | 57100 | CPT | | | | outpatient | | | 2565 | | 1057.32 | Horizon | Indemnity | 1779.06 | | | | 58.46 | 2436.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY VAGINAL MUCOSA | 57100 | CPT | | | | outpatient | | | 2565 | | 1057.32 | Horizon | NJ Health | 58.46 | | | | 58.46 | 2436.75 | fee schedule | |
| HC BIOPSY VAGINAL MUCOSA | 57100 | CPT | | | | outpatient | | | 2565 | | 1057.32 | Managed Care Inc | Managed Care Inc | 2308.5 | 90 | | | 58.46 | 2436.75 | percent of total billed charges | |
| HC BIOPSY VAGINAL MUCOSA | 57100 | CPT | | | | outpatient | | | 2565 | | 1057.32 | Three Rivers | Three Rivers | 2436.75 | 95 | | | 58.46 | 2436.75 | percent of total billed charges | |
| HC BIOPSY VAGINAL MUCOSA | 57100 | CPT | | | | outpatient | | | 2565 | | 1057.32 | United | Oxford | 1817 | | | | 58.46 | 2436.75 | case rate | |
| HC INSERT UTER TAND&/VAG OVOID | 57155 | CPT | | | | both | | | 17267 | | 6541.81 | Multiplan | Multiplan | 13813.6 | 80 | | | 125 | 16403.65 | percent of total billed charges | |
| HC INSERT UTER TAND&/VAG OVOID | 57155 | CPT | | | | both | | | 17267 | | 6541.81 | First Health | First Health | 12086.9 | 70 | | | 125 | 16403.65 | percent of total billed charges | |
| HC INSERT UTER TAND&/VAG OVOID | 57155 | CPT | | | | both | | | 17267 | | 6541.81 | Americare | Americare | 12950.25 | 75 | | | 125 | 16403.65 | percent of total billed charges | |
| HC INSERT UTER TAND&/VAG OVOID | 57155 | CPT | | | | both | | | 17267 | | 6541.81 | Wellcare | Medicare | 5688.53 | | | | 125 | 16403.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT UTER TAND&/VAG OVOID | 57155 | CPT | | | | both | | | 17267 | | 6541.81 | Aetna | Medicare | 5688.53 | | | | 125 | 16403.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT UTER TAND&/VAG OVOID | 57155 | CPT | | | | both | | | 17267 | | 6541.81 | Aetna | Better Health | 5447.74 | 31.55 | | | 125 | 16403.65 | percent of total billed charges | |
| HC INSERT UTER TAND&/VAG OVOID | 57155 | CPT | | | | both | | | 17267 | | 6541.81 | Aetna | Commercial | 9283.68 | | | | 125 | 16403.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT UTER TAND&/VAG OVOID | 57155 | CPT | | | | both | | | 17267 | | 6541.81 | Horizon | MGD | 11007.31 | | | | 125 | 16403.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT UTER TAND&/VAG OVOID | 57155 | CPT | | | | both | | | 17267 | | 6541.81 | Qualcare | Qualcare | 12950.25 | 75 | | | 125 | 16403.65 | percent of total billed charges | |
| HC INSERT UTER TAND&/VAG OVOID | 57155 | CPT | | | | both | | | 17267 | | 6541.81 | Amerihealth | HMO/PPO | 125 | | | | 125 | 16403.65 | fee schedule | |
| HC INSERT UTER TAND&/VAG OVOID | 57155 | CPT | | | | both | | | 17267 | | 6541.81 | Consumer | Consumer | 16403.65 | 95 | | | 125 | 16403.65 | percent of total billed charges | |
| HC INSERT UTER TAND&/VAG OVOID | 57155 | CPT | | | | both | | | 17267 | | 6541.81 | UHC | Medicaid | 5447.74 | 31.55 | | | 125 | 16403.65 | percent of total billed charges | |
| HC INSERT UTER TAND&/VAG OVOID | 57155 | CPT | | | | both | | | 17267 | | 6541.81 | Corrections | Corrections | 13813.6 | 80 | | | 125 | 16403.65 | percent of total billed charges | |
| HC INSERT UTER TAND&/VAG OVOID | 57155 | CPT | | | | both | | | 17267 | | 6541.81 | United | Oxford | 1817 | | | | 125 | 16403.65 | case rate | |
| HC INSERT UTER TAND&/VAG OVOID | 57155 | CPT | | | | both | | | 17267 | | 6541.81 | Wellcare | Medicaid | 5447.74 | 31.55 | | | 125 | 16403.65 | percent of total billed charges | |
| HC INSERT UTER TAND&/VAG OVOID | 57155 | CPT | | | | both | | | 17267 | | 6541.81 | UHC | Medicare | 5688.53 | | | | 125 | 16403.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT UTER TAND&/VAG OVOID | 57155 | CPT | | | | both | | | 17267 | | 6541.81 | Horizon | Indemnity | 11007.31 | | | 109.61 | 125 | 16403.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT UTER TAND&/VAG OVOID | 57155 | CPT | | | | both | | | 17267 | | 6541.81 | United | CommercialPPO | 1817 | | | | 125 | 16403.65 | case rate | |
| HC INSERT UTER TAND&/VAG OVOID | 57155 | CPT | | | | both | | | 17267 | | 6541.81 | First Trenton | First Trenton | 15540.3 | 90 | | | 125 | 16403.65 | percent of total billed charges | |
| HC INSERT UTER TAND&/VAG OVOID | 57155 | CPT | | | | both | | | 17267 | | 6541.81 | Horizon | PPO | 11007.31 | | | | 125 | 16403.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERT UTER TAND&/VAG OVOID | 57155 | CPT | | | | both | | | 17267 | | 6541.81 | Horizon | Medicare Blue | 5688.53 | | | | 125 | 16403.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC INSERT UTER TAND&VAG OVOID | 57155 | CPT | | | | both | | | 17267 | 6541.81 | WellPoint | | 5556.52 | 32.18 | | | 125 | | 16403.65 percent of total billed charges | |
| HC INSERT UTER TAND&VAG OVOID | 57155 | CPT | | | | both | | | 17267 | 6541.81 | Horizon | NJ Health | 3612.1 | | | | 125 | | 16403.65 fee schedule | |
| HC INSERT UTER TAND&VAG OVOID | 57155 | CPT | | | | both | | | 17267 | 6541.81 | Managed Care Inc | Managed Care Inc | 15540.3 | 90 | | | 125 | | 16403.65 percent of total billed charges | |
| HC INSERT UTER TAND&VAG OVOID | 57155 | CPT | | | | both | | | 17267 | 6541.81 | Three Rivers | Three Rivers | 16403.65 | 95 | | | 125 | | 16403.65 percent of total billed charges | |
| HC INSJ VAGINAL RADIATION DEVICE | 57156 | CPT | | | | outpatient | | | 1104 | 421.94 | Horizon | Indemnity | 709.95 | | | | 169.47 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSJ VAGINAL RADIATION DEVICE | 57156 | CPT | | | | outpatient | | | 1104 | 421.94 | First Health | First Health | 772.8 | 70 | | | 169.47 | | 1782 percent of total billed charges | |
| HC INSJ VAGINAL RADIATION DEVICE | 57156 | CPT | | | | outpatient | | | 1104 | 421.94 | UHC | Medicare | 366.9 | | | 228.33 | 169.47 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSJ VAGINAL RADIATION DEVICE | 57156 | CPT | | | | outpatient | | | 1104 | 421.94 | Aetna | Better Health | 348.31 | 31.55 | | | 169.47 | | 1782 percent of total billed charges | |
| HC INSJ VAGINAL RADIATION DEVICE | 57156 | CPT | | | | outpatient | | | 1104 | 421.94 | First Trenton | First Trenton | 993.6 | 90 | | | 169.47 | | 1782 percent of total billed charges | |
| HC INSJ VAGINAL RADIATION DEVICE | 57156 | CPT | | | | outpatient | | | 1104 | 421.94 | Consumer | Consumer | 1048.8 | 95 | | | 169.47 | | 1782 percent of total billed charges | |
| HC INSJ VAGINAL RADIATION DEVICE | 57156 | CPT | | | | outpatient | | | 1104 | 421.94 | Aetna | Commercial | 598.78 | | | | 169.47 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSJ VAGINAL RADIATION DEVICE | 57156 | CPT | | | | outpatient | | | 1104 | 421.94 | Horizon | Medicare Blue | 366.9 | | | | 169.47 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSJ VAGINAL RADIATION DEVICE | 57156 | CPT | | | | outpatient | | | 1104 | 421.94 | Qualcare | Qualcare | 828 | 75 | | | 169.47 | | 1782 percent of total billed charges | |
| HC INSJ VAGINAL RADIATION DEVICE | 57156 | CPT | | | | outpatient | | | 1104 | 421.94 | Multiplan | Multiplan | 883.2 | 80 | | | 169.47 | | 1782 percent of total billed charges | |
| HC INSJ VAGINAL RADIATION DEVICE | 57156 | CPT | | | | outpatient | | | 1104 | 421.94 | Aetna | Medicare | 366.9 | | | | 169.47 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSJ VAGINAL RADIATION DEVICE | 57156 | CPT | | | | outpatient | | | 1104 | 421.94 | Corrections | Corrections | 883.2 | 80 | | | 169.47 | | 1782 percent of total billed charges | |
| HC INSJ VAGINAL RADIATION DEVICE | 57156 | CPT | | | | outpatient | | | 1104 | 421.94 | Managed Care Inc | Managed Care Inc | 993.6 | 90 | | | 169.47 | | 1782 percent of total billed charges | |
| HC INSJ VAGINAL RADIATION DEVICE | 57156 | CPT | | | | outpatient | | | 1104 | 421.94 | Three Rivers | Three Rivers | 1048.8 | 95 | | | 169.47 | | 1782 percent of total billed charges | |
| HC INSJ VAGINAL RADIATION DEVICE | 57156 | CPT | | | | outpatient | | | 1104 | 421.94 | Americare | Americare | 828 | 75 | | | 169.47 | | 1782 percent of total billed charges | |
| HC INSJ VAGINAL RADIATION DEVICE | 57156 | CPT | | | | outpatient | | | 1104 | 421.94 | Horizon | NJ Health | 169.47 | | | | 169.47 | | 1782 fee schedule | |
| HC INSJ VAGINAL RADIATION DEVICE | 57156 | CPT | | | | outpatient | | | 1104 | 421.94 | WellPoint | WellPoint | 355.27 | 32.18 | | | 169.47 | | 1782 percent of total billed charges | |
| HC INSJ VAGINAL RADIATION DEVICE | 57156 | CPT | | | | outpatient | | | 1104 | 421.94 | Wellcare | Medicaid | 348.31 | 31.55 | | | 169.47 | | 1782 percent of total billed charges | |
| HC INSJ VAGINAL RADIATION DEVICE | 57156 | CPT | | | | outpatient | | | 1104 | 421.94 | Amerihealth | HMO/PPO | 550 | | | | 169.47 | | 1782 fee schedule | |
| HC INSJ VAGINAL RADIATION DEVICE | 57156 | CPT | | | | outpatient | | | 1104 | 421.94 | Horizon | PPO | 709.95 | | | | 169.47 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSJ VAGINAL RADIATION DEVICE | 57156 | CPT | | | | outpatient | | | 1104 | 421.94 | Horizon | MGD | 709.95 | | | | 169.47 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSJ VAGINAL RADIATION DEVICE | 57156 | CPT | | | | outpatient | | | 1104 | 421.94 | Wellcare | Medicare | 366.9 | | | | 169.47 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSJ VAGINAL RADIATION DEVICE | 57156 | CPT | | | | outpatient | | | 1104 | 421.94 | UHC | Medicaid | 348.31 | 31.55 | | | 169.47 | | 1782 percent of total billed charges | |
| HC INSJ VAGINAL RADIATION DEVICE | 57156 | CPT | | | | outpatient | | | 1104 | 421.94 | United | Commercial/PPO | 1782 | | | | 169.47 | | 1782 case rate | |
| HC INSJ VAGINAL RADIATION DEVICE | 57156 | CPT | | | | outpatient | | | 1104 | 421.94 | United | Oxford | 1782 | | | | 169.47 | | 1782 case rate | |
| HC PESSARY | 57160 | CPT | | | | outpatient | | | 682 | 262.09 | Aetna | Better Health | 215.17 | 31.55 | | | 51.6 | | 1782 percent of total billed charges | |
| HC PESSARY | 57160 | CPT | | | | outpatient | | | 682 | 262.09 | United | Commercial/PPO | 1782 | | | | 51.6 | | 1782 case rate | |
| HC PESSARY | 57160 | CPT | | | | outpatient | | | 682 | 262.09 | First Trenton | First Trenton | 613.8 | 90 | | | 51.6 | | 1782 percent of total billed charges | |
| HC PESSARY | 57160 | CPT | | | | outpatient | | | 682 | 262.09 | Aetna | Medicare | 227.9 | | | | 51.6 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PESSARY | 57160 | CPT | | | | outpatient | | | 682 | 262.09 | Corrections | Corrections | 545.6 | 80 | | | 51.6 | | 1782 percent of total billed charges | |
| HC PESSARY | 57160 | CPT | | | | outpatient | | | 682 | 262.09 | Amerihealth | HMO/PPO | 125 | | | | 51.6 | | 1782 fee schedule | |
| HC PESSARY | 57160 | CPT | | | | outpatient | | | 682 | 262.09 | First Health | First Health | 477.4 | 70 | | | 51.6 | | 1782 percent of total billed charges | |
| HC PESSARY | 57160 | CPT | | | | outpatient | | | 682 | 262.09 | Americare | Americare | 511.5 | 75 | | | 51.6 | | 1782 percent of total billed charges | |
| HC PESSARY | 57160 | CPT | | | | outpatient | | | 682 | 262.09 | Aetna | Commercial | 371.93 | | | | 51.6 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PESSARY | 57160 | CPT | | | | outpatient | | | 682 | 262.09 | WellPoint | WellPoint | 219.47 | 32.18 | | | 51.6 | | 1782 percent of total billed charges | |
| HC PESSARY | 57160 | CPT | | | | outpatient | | | 682 | 262.09 | Horizon | MGD | 440.99 | | | | 51.6 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PESSARY | 57160 | CPT | | | | outpatient | | | 682 | 262.09 | Consumer | Consumer | 647.9 | 95 | | | 51.6 | | 1782 percent of total billed charges | |
| HC PESSARY | 57160 | CPT | | | | outpatient | | | 682 | 262.09 | UHC | Medicare | 227.9 | | | 165.5 | 51.6 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PESSARY | 57160 | CPT | | | | outpatient | | | 682 | 262.09 | Horizon | Indemnity | 440.99 | | | | 51.6 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PESSARY | 57160 | CPT | | | | outpatient | | | 682 | 262.09 | Three Rivers | Three Rivers | 647.9 | 95 | | | 51.6 | | 1782 percent of total billed charges | |
| HC PESSARY | 57160 | CPT | | | | outpatient | | | 682 | 262.09 | United | Oxford | 1782 | | | | 51.6 | | 1782 case rate | |
| HC PESSARY | 57160 | CPT | | | | outpatient | | | 682 | 262.09 | Multiplan | Multiplan | 545.6 | 80 | | | 51.6 | | 1782 percent of total billed charges | |
| HC PESSARY | 57160 | CPT | | | | outpatient | | | 682 | 262.09 | Horizon | Medicare Blue | 227.9 | | | | 51.6 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PESSARY | 57160 | CPT | | | | outpatient | | | 682 | 262.09 | Horizon | NJ Health | 51.6 | | | | 51.6 | | 1782 fee schedule | |
| HC PESSARY | 57160 | CPT | | | | outpatient | | | 682 | 262.09 | Wellcare | Medicaid | 215.17 | 31.55 | | | 51.6 | | 1782 percent of total billed charges | |
| HC PESSARY | 57160 | CPT | | | | outpatient | | | 682 | 262.09 | Qualcare | Qualcare | 511.5 | 75 | | | 51.6 | | 1782 percent of total billed charges | |
| HC PESSARY | 57160 | CPT | | | | outpatient | | | 682 | 262.09 | UHC | Medicaid | 215.17 | 31.55 | | 183.9 | 51.6 | | 1782 percent of total billed charges | |
| HC PESSARY | 57160 | CPT | | | | outpatient | | | 682 | 262.09 | Horizon | PPO | 440.99 | | | | 51.6 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PESSARY | 57160 | CPT | | | | outpatient | | | 682 | 262.09 | Wellcare | Medicare | 227.9 | | | | 51.6 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PESSARY | 57160 | CPT | | | | outpatient | | | 682 | 262.09 | Managed Care Inc | Managed Care Inc | 613.8 | 90 | | | 51.6 | | 1782 percent of total billed charges | |
| HC TREAT VAGINAL BLEEDING | 57180 | CPT | | | | outpatient | | | 649 | 262.09 | First Health | First Health | 454.3 | 70 | | | 95.37 | | 1782 percent of total billed charges | |
| HC TREAT VAGINAL BLEEDING | 57180 | CPT | | | | outpatient | | | 649 | 262.09 | Aetna | Better Health | 204.76 | 31.55 | | | 95.37 | | 1782 percent of total billed charges | |
| HC TREAT VAGINAL BLEEDING | 57180 | CPT | | | | outpatient | | | 649 | 262.09 | Qualcare | Qualcare | 486.75 | 75 | | | 95.37 | | 1782 percent of total billed charges | |
| HC TREAT VAGINAL BLEEDING | 57180 | CPT | | | | outpatient | | | 649 | 262.09 | Aetna | Commercial | 371.93 | | | | 95.37 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT VAGINAL BLEEDING | 57180 | CPT | | | | outpatient | | | 649 | 262.09 | Consumer | Consumer | 616.55 | 95 | | | 95.37 | | 1782 percent of total billed charges | |
| HC TREAT VAGINAL BLEEDING | 57180 | CPT | | | | outpatient | | | 649 | 262.09 | Aetna | Medicare | 227.9 | | | | 95.37 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT VAGINAL BLEEDING | 57180 | CPT | | | | outpatient | | | 649 | 262.09 | First Trenton | First Trenton | 584.1 | 90 | | | 95.37 | | 1782 percent of total billed charges | |
| HC TREAT VAGINAL BLEEDING | 57180 | CPT | | | | outpatient | | | 649 | 262.09 | Americare | Americare | 486.75 | 75 | | | 95.37 | | 1782 percent of total billed charges | |
| HC TREAT VAGINAL BLEEDING | 57180 | CPT | | | | outpatient | | | 649 | 262.09 | Multiplan | Multiplan | 519.2 | 80 | | | 95.37 | | 1782 percent of total billed charges | |
| HC TREAT VAGINAL BLEEDING | 57180 | CPT | | | | outpatient | | | 649 | 262.09 | Horizon | MGD | 440.99 | | | | 95.37 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT VAGINAL BLEEDING | 57180 | CPT | | | | outpatient | | | 649 | 262.09 | UHC | Medicaid | 204.76 | 31.55 | | | 95.37 | | 1782 percent of total billed charges | |
| HC TREAT VAGINAL BLEEDING | 57180 | CPT | | | | outpatient | | | 649 | 262.09 | Amerihealth | HMO/PPO | 125 | | | | 95.37 | | 1782 fee schedule | |
| HC TREAT VAGINAL BLEEDING | 57180 | CPT | | | | outpatient | | | 649 | 262.09 | Corrections | Corrections | 519.2 | 80 | | | 95.37 | | 1782 percent of total billed charges | |
| HC TREAT VAGINAL BLEEDING | 57180 | CPT | | | | outpatient | | | 649 | 262.09 | Horizon | PPO | 440.99 | | | | 95.37 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT VAGINAL BLEEDING | 57180 | CPT | | | | outpatient | | | 649 | 262.09 | Managed Care Inc | Managed Care Inc | 584.1 | 90 | | | 95.37 | | 1782 percent of total billed charges | |
| HC TREAT VAGINAL BLEEDING | 57180 | CPT | | | | outpatient | | | 649 | 262.09 | Horizon | Indemnity | 440.99 | | | | 95.37 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT VAGINAL BLEEDING | 57180 | CPT | | | | outpatient | | | 649 | 262.09 | Three Rivers | Three Rivers | 616.55 | 95 | | | 95.37 | | 1782 percent of total billed charges | |
| HC TREAT VAGINAL BLEEDING | 57180 | CPT | | | | outpatient | | | 649 | 262.09 | United | Commercial/PPO | 1782 | | | | 95.37 | | 1782 case rate | |
| HC TREAT VAGINAL BLEEDING | 57180 | CPT | | | | outpatient | | | 649 | 262.09 | UHC | Medicare | 227.9 | | | | 95.37 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT VAGINAL BLEEDING | 57180 | CPT | | | | outpatient | | | 649 | 262.09 | Horizon | Medicare Blue | 227.9 | | | | 95.37 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT VAGINAL BLEEDING | 57180 | CPT | | | | outpatient | | | 649 | 262.09 | Wellcare | Medicare | 227.9 | | | | 95.37 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREAT VAGINAL BLEEDING | 57180 | CPT | | | | outpatient | | | 649 | 262.09 | Wellcare | Medicaid | 204.76 | 31.55 | | | 95.37 | | 1782 percent of total billed charges | |
| HC TREAT VAGINAL BLEEDING | 57180 | CPT | | | | outpatient | | | 649 | 262.09 | Horizon | NJ Health | 95.37 | | | | 95.37 | | 1782 fee schedule | |
| HC TREAT VAGINAL BLEEDING | 57180 | CPT | | | | outpatient | | | 649 | 262.09 | United | Oxford | 1782 | | | | 95.37 | | 1782 case rate | |
| HC TREAT VAGINAL BLEEDING | 57180 | CPT | | | | outpatient | | | 649 | 262.09 | WellPoint | WellPoint | 208.85 | 32.18 | | | 95.37 | | 1782 percent of total billed charges | |
| HC COLPO ENIRE VAG W/CERVIX IF PR. | 57420 | CPT | | | | outpatient | | | 1067 | 421.94 | Aetna | Medicare | 366.9 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPO ENIRE VAG W/CERVIX IF PR. | 57420 | CPT | | | | outpatient | | | 1067 | 421.94 | Corrections | Corrections | 853.6 | 80 | | 303.44 | 125 | | 1782 percent of total billed charges | |
| HC COLPO ENIRE VAG W/CERVIX IF PR. | 57420 | CPT | | | | outpatient | | | 1067 | 421.94 | Aetna | Better Health | 336.64 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC COLPO ENIRE VAG W/CERVIX IF PR. | 57420 | CPT | | | | outpatient | | | 1067 | 421.94 | Aetna | Commercial | 598.78 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPO ENIRE VAG W/CERVIX IF PR. | 57420 | CPT | | | | outpatient | | | 1067 | 421.94 | Horizon | MGD | 709.95 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPO ENIRE VAG W/CERVIX IF PR. | 57420 | CPT | | | | outpatient | | | 1067 | 421.94 | First Trenton | First Trenton | 960.3 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC COLPO ENIRE VAG W/CERVIX IF PR. | 57420 | CPT | | | | outpatient | | | 1067 | 421.94 | First Health | First Health | 746.9 | 70 | | | 125 | | 1782 percent of total billed charges | |
| HC COLPO ENIRE VAG W/CERVIX IF PR. | 57420 | CPT | | | | outpatient | | | 1067 | 421.94 | Three Rivers | Three Rivers | 1013.65 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC COLPO ENIRE VAG W/CERVIX IF PR. | 57420 | CPT | | | | outpatient | | | 1067 | 421.94 | Horizon | PPO | 709.95 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPO ENIRE VAG W/CERVIX IF PR. | 57420 | CPT | | | | outpatient | | | 1067 | 421.94 | Qualcare | Qualcare | 800.25 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC COLPO ENIRE VAG W/CERVIX IF PR. | 57420 | CPT | | | | outpatient | | | 1067 | 421.94 | Consumer | Consumer | 1013.65 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC COLPO ENIRE VAG W/CERVIX IF PR. | 57420 | CPT | | | | outpatient | | | 1067 | 421.94 | Americare | Americare | 800.25 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC COLPO ENIRE VAG W/CERVIX IF PR. | 57420 | CPT | | | | outpatient | | | 1067 | 421.94 | Horizon | Medicare Blue | 366.9 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPO ENIRE VAG W/CERVIX IF PR. | 57420 | CPT | | | | outpatient | | | 1067 | 421.94 | Horizon | NJ Health | 185.31 | | | | 125 | | 1782 fee schedule | |
| HC COLPO ENIRE VAG W/CERVIX IF PR. | 57420 | CPT | | | | outpatient | | | 1067 | 421.94 | United | Oxford | 1782 | | | | 125 | | 1782 case rate | |
| HC COLPO ENIRE VAG W/CERVIX IF PR. | 57420 | CPT | | | | outpatient | | | 1067 | 421.94 | Amerihealth | HMO/PPO | 125 | | | | 125 | | 1782 fee schedule | |
| HC COLPO ENIRE VAG W/CERVIX IF PR. | 57420 | CPT | | | | outpatient | | | 1067 | 421.94 | Multiplan | Multiplan | 853.6 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC COLPO ENIRE VAG W/CERVIX IF PR. | 57420 | CPT | | | | outpatient | | | 1067 | 421.94 | UHC | Medicaid | 336.64 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC COLPO ENIRE VAG W/CERVIX IF PR. | 57420 | CPT | | | | outpatient | | | 1067 | 421.94 | Wellcare | Medicaid | 336.64 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC COLPO ENIRE VAG W/CERVIX IF PR. | 57420 | CPT | | | | outpatient | | | 1067 | 421.94 | Horizon | Indemnity | 709.95 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPO ENIRE VAG W/CERVIX IF PR. | 57420 | CPT | | | | outpatient | | | 1067 | 421.94 | Managed Care Inc | Managed Care Inc | 960.3 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC COLPO ENIRE VAG W/CERVIX IF PR. | 57420 | CPT | | | | outpatient | | | 1067 | 421.94 | UHC | Medicare | 366.9 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPO ENIRE VAG W/CERVIX IF PR. | 57420 | CPT | | | | outpatient | | | 1067 | 421.94 | United | Commercial/PPO | 1782 | | | | 125 | | 1782 case rate | |
| HC COLPO ENIRE VAG W/CERVIX IF PR. | 57420 | CPT | | | | outpatient | | | 1067 | 421.94 | WellPoint | WellPoint | 343.36 | 32.18 | | 332.12 | 125 | | 1782 percent of total billed charges | |
| HC COLPO ENIRE VAG W/CERVIX IF PR. | 57420 | CPT | | | | outpatient | | | 1067 | 421.94 | Wellcare | Medicare | 366.9 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY W/CERVICAL BX | 57421 | CPT | | | | outpatient | | | 2565 | 1057.32 | Aetna | Better Health | 809.26 | 31.55 | | | 125 | | 2436.75 percent of total billed charges | |
| HC COLPOSCOPY W/CERVICAL BX | 57421 | CPT | | | | outpatient | | | 2565 | 1057.32 | Multiplan | Multiplan | 2052 | 80 | | | 125 | | 2436.75 percent of total billed charges | |
| HC COLPOSCOPY W/CERVICAL BX | 57421 | CPT | | | | outpatient | | | 2565 | 1057.32 | Aetna | Commercial | 1500.48 | | | | 125 | | 2436.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY W/CERVICAL BX | 57421 | CPT | | | | outpatient | | | 2565 | 1057.32 | Amerihealth | HMO/PPO | 125 | | | 348.94 | 125 | | 2436.75 fee schedule | |
| HC COLPOSCOPY W/CERVICAL BX | 57421 | CPT | | | | outpatient | | | 2565 | 1057.32 | Aetna | Medicare | 919.41 | | | | 125 | | 2436.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY W/CERVICAL BX | 57421 | CPT | | | | outpatient | | | 2565 | 1057.32 | Horizon | Indemnity | 1779.06 | | | | 125 | | 2436.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY W/CERVICAL BX | 57421 | CPT | | | | outpatient | | | 2565 | 1057.32 | UHC | Medicare | 919.41 | | | | 125 | | 2436.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY W/CERVICAL BX | 57421 | CPT | | | | outpatient | | | 2565 | 1057.32 | Horizon | PPO | 1779.06 | | | | 125 | | 2436.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY W/CERVICAL BX | 57421 | CPT | | | | outpatient | | | 2565 | 1057.32 | Americare | Americare | 1923.75 | 75 | | | 125 | | 2436.75 percent of total billed charges | |
| HC COLPOSCOPY W/CERVICAL BX | 57421 | CPT | | | | outpatient | | | 2565 | 1057.32 | Qualcare | Qualcare | 1923.75 | 75 | | | 125 | | 2436.75 percent of total billed charges | |
| HC COLPOSCOPY W/CERVICAL BX | 57421 | CPT | | | | outpatient | | | 2565 | 1057.32 | Horizon | NJ Health | 242.73 | | | | 125 | | 2436.75 fee schedule | |
| HC COLPOSCOPY W/CERVICAL BX | 57421 | CPT | | | | outpatient | | | 2565 | 1057.32 | Consumer | Consumer | 2436.75 | 95 | | | 125 | | 2436.75 percent of total billed charges | |
| HC COLPOSCOPY W/CERVICAL BX | 57421 | CPT | | | | outpatient | | | 2565 | 1057.32 | Corrections | Corrections | 2052 | 80 | | 751.74 | 125 | | 2436.75 percent of total billed charges | |
| HC COLPOSCOPY W/CERVICAL BX | 57421 | CPT | | | | outpatient | | | 2565 | 1057.32 | United | Commercial/PPO | 1817 | | | | 125 | | 2436.75 case rate | |
| HC COLPOSCOPY W/CERVICAL BX | 57421 | CPT | | | | outpatient | | | 2565 | 1057.32 | First Trenton | First Trenton | 2308.5 | 90 | | | 125 | | 2436.75 percent of total billed charges | |
| HC COLPOSCOPY W/CERVICAL BX | 57421 | CPT | | | | outpatient | | | 2565 | 1057.32 | UHC | Medicaid | 809.26 | 31.55 | | | 125 | | 2436.75 percent of total billed charges | |
| HC COLPOSCOPY W/CERVICAL BX | 57421 | CPT | | | | outpatient | | | 2565 | 1057.32 | Horizon | MGD | 1779.06 | | | 1265.62 | 125 | | 2436.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY W/CERVICAL BX | 57421 | CPT | | | | outpatient | | | 2565 | 1057.32 | First Health | First Health | 1795.5 | 70 | | | 125 | | 2436.75 percent of total billed charges | |
| HC COLPOSCOPY W/CERVICAL BX | 57421 | CPT | | | | outpatient | | | 2565 | 1057.32 | Managed Care Inc | Managed Care Inc | 2308.5 | 90 | | | 125 | | 2436.75 percent of total billed charges | |
| HC COLPOSCOPY W/CERVICAL BX | 57421 | CPT | | | | outpatient | | | 2565 | 1057.32 | WellPoint | WellPoint | 825.42 | 32.18 | | | 125 | | 2436.75 percent of total billed charges | |
| HC COLPOSCOPY W/CERVICAL BX | 57421 | CPT | | | | outpatient | | | 2565 | 1057.32 | Three Rivers | Three Rivers | 2436.75 | 95 | | | 125 | | 2436.75 percent of total billed charges | |
| HC COLPOSCOPY W/CERVICAL BX | 57421 | CPT | | | | outpatient | | | 2565 | 1057.32 | Horizon | Medicare Blue | 919.41 | | | | 125 | | 2436.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY W/CERVICAL BX | 57421 | CPT | | | | outpatient | | | 2565 | 1057.32 | United | Oxford | 1817 | | | | 125 | | 2436.75 case rate | |
| HC COLPOSCOPY W/CERVICAL BX | 57421 | CPT | | | | outpatient | | | 2565 | 1057.32 | Wellcare | Medicare | 919.41 | | | | 125 | | 2436.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY W/CERVICAL BX | 57421 | CPT | | | | outpatient | | | 2565 | 1057.32 | Wellcare | Medicaid | 809.26 | 31.55 | | 728.82 | 125 | | 2436.75 percent of total billed charges | |
| HC COLPOSCOPY OF CERVIX | 57452 | CPT | | | | outpatient | | | 649 | 262.09 | Multiplan | Multiplan | 519.2 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC COLPOSCOPY OF CERVIX | 57452 | CPT | | | | outpatient | | | 649 | 262.09 | Horizon | MGD | 440.99 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY OF CERVIX | 57452 | CPT | | | | outpatient | | | 649 | 262.09 | Amerihealth | HMO/PPO | 125 | | | | 125 | | 1782 fee schedule | |
| HC COLPOSCOPY OF CERVIX | 57452 | CPT | | | | outpatient | | | 649 | 262.09 | Aetna | Commercial | 371.93 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY OF CERVIX | 57452 | CPT | | | | outpatient | | | 649 | 262.09 | Aetna | Better Health | 204.76 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC COLPOSCOPY OF CERVIX | 57452 | CPT | | | | outpatient | | | 649 | 262.09 | Aetna | Medicare | 227.9 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY OF CERVIX | 57452 | CPT | | | | outpatient | | | 649 | 262.09 | Horizon | Medicare Blue | 227.9 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY OF CERVIX | 57452 | CPT | | | | outpatient | | | 649 | 262.09 | Consumer | Consumer | 616.55 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC COLPOSCOPY OF CERVIX | 57452 | CPT | | | | outpatient | | | 649 | 262.09 | Qualcare | Qualcare | 486.75 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC COLPOSCOPY OF CERVIX | 57452 | CPT | | | | outpatient | | | 649 | 262.09 | United | Commercial/PPO | 1782 | | | 25.28 | 125 | | 1782 case rate | |
| HC COLPOSCOPY OF CERVIX | 57452 | CPT | | | | outpatient | | | 649 | 262.09 | First Health | First Health | 454.3 | 70 | | | 125 | | 1782 percent of total billed charges | |
| HC COLPOSCOPY OF CERVIX | 57452 | CPT | | | | outpatient | | | 649 | 262.09 | Americare | Americare | 486.75 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC COLPOSCOPY OF CERVIX | 57452 | CPT | | | | outpatient | | | 649 | 262.09 | First Trenton | First Trenton | 584.1 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC COLPOSCOPY OF CERVIX | 57452 | CPT | | | | outpatient | | | 649 | 262.09 | Corrections | Corrections | 519.2 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC COLPOSCOPY OF CERVIX | 57452 | CPT | | | | outpatient | | | 649 | 262.09 | Horizon | PPO | 440.99 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY OF CERVIX | 57452 | CPT | | | | outpatient | | | 649 | 262.09 | Three Rivers | Three Rivers | 616.55 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC COLPOSCOPY OF CERVIX | 57452 | CPT | | | | outpatient | | | 649 | 262.09 | UHC | Medicare | 227.9 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY OF CERVIX | 57452 | CPT | | | | outpatient | | | 649 | 262.09 | Horizon | Indemnity | 440.99 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY OF CERVIX | 57452 | CPT | | | | outpatient | | | 649 | 262.09 | Horizon | NJ Health | 159.97 | | | 489.26 | 125 | | 1782 fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC COLPOSCOPY OF CERVIX | 57452 | CPT | | | | outpatient | | | 649 | 262.09 | Managed Care Inc | Managed Care Inc | 584.1 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY OF CERVIX | 57452 | CPT | | | | outpatient | | | 649 | 262.09 | Wellcare | Medicare | 227.9 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY OF CERVIX | 57452 | CPT | | | | outpatient | | | 649 | 262.09 | UHC | Medicaid | 204.76 | 31.55 | | 155.17 | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY OF CERVIX | 57452 | CPT | | | | outpatient | | | 649 | 262.09 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC COLPOSCOPY OF CERVIX | 57452 | CPT | | | | outpatient | | | 649 | 262.09 | Wellcare | Medicaid | 204.76 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY OF CERVIX | 57452 | CPT | | | | outpatient | | | 649 | 262.09 | WellPoint | WellPoint | 208.85 | 32.18 | | 208.86 | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY CERVIX W BIOPSY & ENDOCERVICAL CURRETAGE | 57454 | CPT | | | | outpatient | | | 1067 | 421.94 | Americare | Americare | 800.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY CERVIX W BIOPSY & ENDOCERVICAL CURRETAGE | 57454 | CPT | | | | outpatient | | | 1067 | 421.94 | First Health | First Health | 746.9 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY CERVIX W BIOPSY & ENDOCERVICAL CURRETAGE | 57454 | CPT | | | | outpatient | | | 1067 | 421.94 | Aetna | Better Health | 336.64 | 31.55 | | 272.44 | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY CERVIX W BIOPSY & ENDOCERVICAL CURRETAGE | 57454 | CPT | | | | outpatient | | | 1067 | 421.94 | Wellcare | Medicaid | 336.64 | 31.55 | | 335.5 | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY CERVIX W BIOPSY & ENDOCERVICAL CURRETAGE | 57454 | CPT | | | | outpatient | | | 1067 | 421.94 | Aetna | Medicare | 366.9 | | | 196.73 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY CERVIX W BIOPSY & ENDOCERVICAL CURRETAGE | 57454 | CPT | | | | outpatient | | | 1067 | 421.94 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC COLPOSCOPY CERVIX W BIOPSY & ENDOCERVICAL CURRETAGE | 57454 | CPT | | | | outpatient | | | 1067 | 421.94 | Horizon | Indemnity | 709.95 | | | 448.38 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY CERVIX W BIOPSY & ENDOCERVICAL CURRETAGE | 57454 | CPT | | | | outpatient | | | 1067 | 421.94 | Aetna | Commercial | 598.78 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY CERVIX W BIOPSY & ENDOCERVICAL CURRETAGE | 57454 | CPT | | | | outpatient | | | 1067 | 421.94 | Consumer | Consumer | 1013.65 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY CERVIX W BIOPSY & ENDOCERVICAL CURRETAGE | 57454 | CPT | | | | outpatient | | | 1067 | 421.94 | First Trenton | First Trenton | 960.3 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY CERVIX W BIOPSY & ENDOCERVICAL CURRETAGE | 57454 | CPT | | | | outpatient | | | 1067 | 421.94 | WellPoint | WellPoint | 343.36 | 32.18 | | 295.1 | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY CERVIX W BIOPSY & ENDOCERVICAL CURRETAGE | 57454 | CPT | | | | outpatient | | | 1067 | 421.94 | Multiplan | Multiplan | 853.6 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY CERVIX W BIOPSY & ENDOCERVICAL CURRETAGE | 57454 | CPT | | | | outpatient | | | 1067 | 421.94 | Horizon | MGD | 709.95 | | | 331.08 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY CERVIX W BIOPSY & ENDOCERVICAL CURRETAGE | 57454 | CPT | | | | outpatient | | | 1067 | 421.94 | United | Commercial/PPO | 1782 | | | | 125 | 1782 | case rate | |
| HC COLPOSCOPY CERVIX W BIOPSY & ENDOCERVICAL CURRETAGE | 57454 | CPT | | | | outpatient | | | 1067 | 421.94 | Horizon | Medicare Blue | 366.9 | | | 230.06 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY CERVIX W BIOPSY & ENDOCERVICAL CURRETAGE | 57454 | CPT | | | | outpatient | | | 1067 | 421.94 | Qualcare | Qualcare | 800.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY CERVIX W BIOPSY & ENDOCERVICAL CURRETAGE | 57454 | CPT | | | | outpatient | | | 1067 | 421.94 | Corrections | Corrections | 853.6 | 80 | | 325 | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY CERVIX W BIOPSY & ENDOCERVICAL CURRETAGE | 57454 | CPT | | | | outpatient | | | 1067 | 421.94 | Managed Care Inc | Managed Care Inc | 960.3 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY CERVIX W BIOPSY & ENDOCERVICAL CURRETAGE | 57454 | CPT | | | | outpatient | | | 1067 | 421.94 | Horizon | NJ Health | 225.11 | | | 44.91 | 125 | 1782 | fee schedule | |
| HC COLPOSCOPY CERVIX W BIOPSY & ENDOCERVICAL CURRETAGE | 57454 | CPT | | | | outpatient | | | 1067 | 421.94 | Three Rivers | Three Rivers | 1013.65 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY CERVIX W BIOPSY & ENDOCERVICAL CURRETAGE | 57454 | CPT | | | | outpatient | | | 1067 | 421.94 | Horizon | PPO | 709.95 | | | 492.24 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY CERVIX W BIOPSY & ENDOCERVICAL CURRETAGE | 57454 | CPT | | | | outpatient | | | 1067 | 421.94 | Wellcare | Medicare | 366.9 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY CERVIX W BIOPSY & ENDOCERVICAL CURRETAGE | 57454 | CPT | | | | outpatient | | | 1067 | 421.94 | UHC | Medicaid | 336.64 | 31.55 | | 285.64 | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY CERVIX W BIOPSY & ENDOCERVICAL CURRETAGE | 57454 | CPT | | | | outpatient | | | 1067 | 421.94 | UHC | Medicare | 366.9 | | | 236.95 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY CERVIX W BIOPSY & ENDOCERVICAL CURRETAGE | 57454 | CPT | | | | outpatient | | | 1067 | 421.94 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC COLPOSCOPY W/BX CERVIX | 57455 | CPT | | | | outpatient | | | 1262 | 421.94 | Corrections | Corrections | 1009.6 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY W/BX CERVIX | 57455 | CPT | | | | outpatient | | | 1262 | 421.94 | Horizon | MGD | 709.95 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY W/BX CERVIX | 57455 | CPT | | | | outpatient | | | 1262 | 421.94 | Aetna | Commercial | 598.78 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY W/BX CERVIX | 57455 | CPT | | | | outpatient | | | 1262 | 421.94 | Multiplan | Multiplan | 1009.6 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY W/BX CERVIX | 57455 | CPT | | | | outpatient | | | 1262 | 421.94 | Qualcare | Qualcare | 946.5 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY W/BX CERVIX | 57455 | CPT | | | | outpatient | | | 1262 | 421.94 | Aetna | Medicare | 366.9 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY W/BX CERVIX | 57455 | CPT | | | | outpatient | | | 1262 | 421.94 | Aetna | Better Health | 398.16 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY W/BX CERVIX | 57455 | CPT | | | | outpatient | | | 1262 | 421.94 | Wellcare | Medicaid | 398.16 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY W/BX CERVIX | 57455 | CPT | | | | outpatient | | | 1262 | 421.94 | First Trenton | First Trenton | 1135.8 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY W/BX CERVIX | 57455 | CPT | | | | outpatient | | | 1262 | 421.94 | Americare | Americare | 946.5 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY W/BX CERVIX | 57455 | CPT | | | | outpatient | | | 1262 | 421.94 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC COLPOSCOPY W/BX CERVIX | 57455 | CPT | | | | outpatient | | | 1262 | 421.94 | Consumer | Consumer | 1198.9 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY W/BX CERVIX | 57455 | CPT | | | | outpatient | | | 1262 | 421.94 | Horizon | NJ Health | 221.85 | | | 126.2 | 125 | 1782 | fee schedule | |
| HC COLPOSCOPY W/BX CERVIX | 57455 | CPT | | | | outpatient | | | 1262 | 421.94 | Horizon | Medicare Blue | 366.9 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY W/BX CERVIX | 57455 | CPT | | | | outpatient | | | 1262 | 421.94 | First Health | First Health | 883.4 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY W/BX CERVIX | 57455 | CPT | | | | outpatient | | | 1262 | 421.94 | United | Commercial/PPO | 1782 | | | 721.14 | 125 | 1782 | case rate | |
| HC COLPOSCOPY W/BX CERVIX | 57455 | CPT | | | | outpatient | | | 1262 | 421.94 | Managed Care Inc | Managed Care Inc | 1135.8 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY W/BX CERVIX | 57455 | CPT | | | | outpatient | | | 1262 | 421.94 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC COLPOSCOPY W/BX CERVIX | 57455 | CPT | | | | outpatient | | | 1262 | 421.94 | Horizon | Indemnity | 709.95 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY W/BX CERVIX | 57455 | CPT | | | | outpatient | | | 1262 | 421.94 | WellPoint | WellPoint | 406.11 | 32.18 | | 305.11 | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY W/BX CERVIX | 57455 | CPT | | | | outpatient | | | 1262 | 421.94 | Horizon | PPO | 709.95 | | | 361.7 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY W/BX CERVIX | 57455 | CPT | | | | outpatient | | | 1262 | 421.94 | UHC | Medicaid | 398.16 | 31.55 | | 353.61 | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY W/BX CERVIX | 57455 | CPT | | | | outpatient | | | 1262 | 421.94 | Three Rivers | Three Rivers | 1198.9 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY W/BX CERVIX | 57455 | CPT | | | | outpatient | | | 1262 | 421.94 | UHC | Medicare | 366.9 | | | 268.37 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY W/BX CERVIX | 57455 | CPT | | | | outpatient | | | 1262 | 421.94 | Wellcare | Medicare | 366.9 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY CERVIX W ENDOCERVICAL CURETTAGE | 57456 | CPT | | | | outpatient | | | 1067 | 421.94 | Corrections | Corrections | 853.6 | 80 | | 314.95 | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY CERVIX W ENDOCERVICAL CURETTAGE | 57456 | CPT | | | | outpatient | | | 1067 | 421.94 | Aetna | Better Health | 336.64 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY CERVIX W ENDOCERVICAL CURETTAGE | 57456 | CPT | | | | outpatient | | | 1067 | 421.94 | Wellcare | Medicare | 366.9 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY CERVIX W ENDOCERVICAL CURETTAGE | 57456 | CPT | | | | outpatient | | | 1067 | 421.94 | Aetna | Medicare | 366.9 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY CERVIX W ENDOCERVICAL CURETTAGE | 57456 | CPT | | | | outpatient | | | 1067 | 421.94 | Americare | Americare | 800.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY CERVIX W ENDOCERVICAL CURETTAGE | 57456 | CPT | | | | outpatient | | | 1067 | 421.94 | Consumer | Consumer | 1013.65 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY CERVIX W ENDOCERVICAL CURETTAGE | 57456 | CPT | | | | outpatient | | | 1067 | 421.94 | Aetna | Commercial | 598.78 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY CERVIX W ENDOCERVICAL CURETTAGE | 57456 | CPT | | | | outpatient | | | 1067 | 421.94 | Multiplan | Multiplan | 853.6 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY CERVIX W ENDOCERVICAL CURETTAGE | 57456 | CPT | | | | outpatient | | | 1067 | 421.94 | First Trenton | First Trenton | 960.3 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY CERVIX W ENDOCERVICAL CURETTAGE | 57456 | CPT | | | | outpatient | | | 1067 | 421.94 | First Health | First Health | 746.9 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY CERVIX W ENDOCERVICAL CURETTAGE | 57456 | CPT | | | | outpatient | | | 1067 | 421.94 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC COLPOSCOPY CERVIX W ENDOCERVICAL CURETTAGE | 57456 | CPT | | | | outpatient | | | 1067 | 421.94 | Horizon | PPO | 709.95 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY CERVIX W ENDOCERVICAL CURETTAGE | 57456 | CPT | | | | outpatient | | | 1067 | 421.94 | Three Rivers | Three Rivers | 1013.65 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY CERVIX W ENDOCERVICAL CURETTAGE | 57456 | CPT | | | | outpatient | | | 1067 | 421.94 | Horizon | MGD | 709.95 | | | 508.53 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY CERVIX W ENDOCERVICAL CURETTAGE | 57456 | CPT | | | | outpatient | | | 1067 | 421.94 | UHC | Medicaid | 336.64 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY CERVIX W ENDOCERVICAL CURETTAGE | 57456 | CPT | | | | outpatient | | | 1067 | 421.94 | Qualcare | Qualcare | 800.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY CERVIX W ENDOCERVICAL CURETTAGE | 57456 | CPT | | | | outpatient | | | 1067 | 421.94 | Horizon | Indemnity | 709.95 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY CERVIX W ENDOCERVICAL CURETTAGE | 57456 | CPT | | | | outpatient | | | 1067 | 421.94 | WellPoint | WellPoint | 343.36 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY CERVIX W ENDOCERVICAL CURETTAGE | 57456 | CPT | | | | outpatient | | | 1067 | 421.94 | UHC | Medicare | 366.9 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY CERVIX W ENDOCERVICAL CURETTAGE | 57456 | CPT | | | | outpatient | | | 1067 | 421.94 | Wellcare | Medicaid | 336.64 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY CERVIX W ENDOCERVICAL CURETTAGE | 57456 | CPT | | | | outpatient | | | 1067 | 421.94 | United | Commercial/PPO | 1782 | | | | 125 | 1782 | case rate | |
| HC COLPOSCOPY CERVIX W ENDOCERVICAL CURETTAGE | 57456 | CPT | | | | outpatient | | | 1067 | 421.94 | Horizon | Medicare Blue | 366.9 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY CERVIX W ENDOCERVICAL CURETTAGE | 57456 | CPT | | | | outpatient | | | 1067 | 421.94 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC COLPOSCOPY CERVIX W ENDOCERVICAL CURETTAGE | 57456 | CPT | | | | outpatient | | | 1067 | 421.94 | Horizon | NJ Health | 199.4 | | | | 125 | 1782 | fee schedule | |
| HC COLPOSCOPY CERVIX W ENDOCERVICAL CURETTAGE | 57456 | CPT | | | | outpatient | | | 1067 | 421.94 | Managed Care Inc | Managed Care Inc | 960.3 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC COLPOSCOPY W LEEP OF CERVIX | 57460 | CPT | | | | outpatient | | | 10303 | 4111.87 | Aetna | Better Health | 3250.6 | 31.55 | | | 125 | 9787.85 | percent of total billed charges | |
| HC COLPOSCOPY W LEEP OF CERVIX | 57460 | CPT | | | | outpatient | | | 10303 | 4111.87 | First Trenton | First Trenton | 9272.7 | 90 | | | 125 | 9787.85 | percent of total billed charges | |
| HC COLPOSCOPY W LEEP OF CERVIX | 57460 | CPT | | | | outpatient | | | 10303 | 4111.87 | Aetna | Medicare | 3575.54 | | | | 125 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY W LEEP OF CERVIX | 57460 | CPT | | | | outpatient | | | 10303 | 4111.87 | Aetna | Commercial | 5835.28 | | | | 125 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY W LEEP OF CERVIX | 57460 | CPT | | | | outpatient | | | 10303 | 4111.87 | First Health | First Health | 7212.1 | 70 | | | 125 | 9787.85 | percent of total billed charges | |
| HC COLPOSCOPY W LEEP OF CERVIX | 57460 | CPT | | | | outpatient | | | 10303 | 4111.87 | Horizon | Indemnity | 6918.67 | | | | 125 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY W LEEP OF CERVIX | 57460 | CPT | | | | outpatient | | | 10303 | 4111.87 | UHC | Medicaid | 3250.6 | 31.55 | | 3105.78 | 125 | 9787.85 | percent of total billed charges | |
| HC COLPOSCOPY W LEEP OF CERVIX | 57460 | CPT | | | | outpatient | | | 10303 | 4111.87 | Americare | Americare | 7727.25 | 75 | | | 125 | 9787.85 | percent of total billed charges | |
| HC COLPOSCOPY W LEEP OF CERVIX | 57460 | CPT | | | | outpatient | | | 10303 | 4111.87 | Amerihealth | HMO/PPO | 125 | | | | 125 | 9787.85 | fee schedule | |
| HC COLPOSCOPY W LEEP OF CERVIX | 57460 | CPT | | | | outpatient | | | 10303 | 4111.87 | Managed Care Inc | Managed Care Inc | 9272.7 | 90 | | | 125 | 9787.85 | percent of total billed charges | |
| HC COLPOSCOPY W LEEP OF CERVIX | 57460 | CPT | | | | outpatient | | | 10303 | 4111.87 | Corrections | Corrections | 8242.4 | 80 | | | 125 | 9787.85 | percent of total billed charges | |
| HC COLPOSCOPY W LEEP OF CERVIX | 57460 | CPT | | | | outpatient | | | 10303 | 4111.87 | Multiplan | Multiplan | 8242.4 | 80 | | | 125 | 9787.85 | percent of total billed charges | |
| HC COLPOSCOPY W LEEP OF CERVIX | 57460 | CPT | | | | outpatient | | | 10303 | 4111.87 | Horizon | Medicare Blue | 3575.54 | | | | 125 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY W LEEP OF CERVIX | 57460 | CPT | | | | outpatient | | | 10303 | 4111.87 | UHC | Medicare | 3575.54 | | | | 125 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY W LEEP OF CERVIX | 57460 | CPT | | | | outpatient | | | 10303 | 4111.87 | Horizon | MGD | 6918.67 | | | | 125 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY W LEEP OF CERVIX | 57460 | CPT | | | | outpatient | | | 10303 | 4111.87 | Consumer | Consumer | 9787.85 | 95 | | | 125 | 9787.85 | percent of total billed charges | |
| HC COLPOSCOPY W LEEP OF CERVIX | 57460 | CPT | | | | outpatient | | | 10303 | 4111.87 | Wellcare | Medicaid | 3250.6 | 31.55 | | | 125 | 9787.85 | percent of total billed charges | |
| HC COLPOSCOPY W LEEP OF CERVIX | 57460 | CPT | | | | outpatient | | | 10303 | 4111.87 | United | Commercial/PPO | 2776 | | | | 125 | 9787.85 | case rate | |
| HC COLPOSCOPY W LEEP OF CERVIX | 57460 | CPT | | | | outpatient | | | 10303 | 4111.87 | Horizon | PPO | 6918.67 | | | | 125 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLPOSCOPY W LEEP OF CERVIX | 57460 | CPT | | | | outpatient | | | 10303 | 4111.87 | Qualcare | Qualcare | 7727.25 | 75 | | | 125 | 9787.85 | percent of total billed charges | |
| HC COLPOSCOPY W LEEP OF CERVIX | 57460 | CPT | | | | outpatient | | | 10303 | 4111.87 | United | Oxford | 2776 | | | | 125 | 9787.85 | case rate | |
| HC COLPOSCOPY W LEEP OF CERVIX | 57460 | CPT | | | | outpatient | | | 10303 | 4111.87 | Horizon | NJ Health | 219.24 | | | | 125 | 9787.85 | fee schedule | |
| HC COLPOSCOPY W LEEP OF CERVIX | 57460 | CPT | | | | outpatient | | | 10303 | 4111.87 | WellPoint | WellPoint | 3315.51 | 32.18 | | | 125 | 9787.85 | percent of total billed charges | |
| HC COLPOSCOPY W LEEP OF CERVIX | 57460 | CPT | | | | outpatient | | | 10303 | 4111.87 | Three Rivers | Three Rivers | 9787.85 | 95 | | | 125 | 9787.85 | percent of total billed charges | |
| HC COLPOSCOPY W LEEP OF CERVIX | 57460 | CPT | | | | outpatient | | | 10303 | 4111.87 | Wellcare | Medicare | 3575.54 | | | | 125 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONZ OF CERVIX W/SCOPE LEEP | 57461 | CPT | | | | outpatient | | | 10303 | 4111.87 | First Health | First Health | 7212.1 | 70 | | | 125 | 9787.85 | percent of total billed charges | |
| HC CONZ OF CERVIX W/SCOPE LEEP | 57461 | CPT | | | | outpatient | | | 10303 | 4111.87 | First Trenton | First Trenton | 9272.7 | 90 | | | 125 | 9787.85 | percent of total billed charges | |
| HC CONZ OF CERVIX W/SCOPE LEEP | 57461 | CPT | | | | outpatient | | | 10303 | 4111.87 | Aetna | Medicare | 3575.54 | | | | 125 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONZ OF CERVIX W/SCOPE LEEP | 57461 | CPT | | | | outpatient | | | 10303 | 4111.87 | Aetna | Commercial | 5835.28 | | | | 125 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONZ OF CERVIX W/SCOPE LEEP | 57461 | CPT | | | | outpatient | | | 10303 | 4111.87 | Aetna | Better Health | 3250.6 | 31.55 | | | 125 | 9787.85 | percent of total billed charges | |
| HC CONZ OF CERVIX W/SCOPE LEEP | 57461 | CPT | | | | outpatient | | | 10303 | 4111.87 | Horizon | Indemnity | 6918.67 | | | | 125 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONZ OF CERVIX W/SCOPE LEEP | 57461 | CPT | | | | outpatient | | | 10303 | 4111.87 | Corrections | Corrections | 8242.4 | 80 | | | 125 | 9787.85 | percent of total billed charges | |
| HC CONZ OF CERVIX W/SCOPE LEEP | 57461 | CPT | | | | outpatient | | | 10303 | 4111.87 | Consumer | Consumer | 9787.85 | 95 | | | 125 | 9787.85 | percent of total billed charges | |
| HC CONZ OF CERVIX W/SCOPE LEEP | 57461 | CPT | | | | outpatient | | | 10303 | 4111.87 | Horizon | Medicare Blue | 3575.54 | | | | 125 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONZ OF CERVIX W/SCOPE LEEP | 57461 | CPT | | | | outpatient | | | 10303 | 4111.87 | Managed Care Inc | Managed Care Inc | 9272.7 | 90 | | | 125 | 9787.85 | percent of total billed charges | |
| HC CONZ OF CERVIX W/SCOPE LEEP | 57461 | CPT | | | | outpatient | | | 10303 | 4111.87 | Horizon | MGD | 6918.67 | | | | 125 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONZ OF CERVIX W/SCOPE LEEP | 57461 | CPT | | | | outpatient | | | 10303 | 4111.87 | Americare | Americare | 7727.25 | 75 | | | 125 | 9787.85 | percent of total billed charges | |
| HC CONZ OF CERVIX W/SCOPE LEEP | 57461 | CPT | | | | outpatient | | | 10303 | 4111.87 | Amerihealth | HMO/PPO | 125 | | | | 125 | 9787.85 | fee schedule | |
| HC CONZ OF CERVIX W/SCOPE LEEP | 57461 | CPT | | | | outpatient | | | 10303 | 4111.87 | UHC | Medicaid | 3250.6 | 31.55 | | | 125 | 9787.85 | percent of total billed charges | |
| HC CONZ OF CERVIX W/SCOPE LEEP | 57461 | CPT | | | | outpatient | | | 10303 | 4111.87 | Horizon | PPO | 6918.67 | | | | 125 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONZ OF CERVIX W/SCOPE LEEP | 57461 | CPT | | | | outpatient | | | 10303 | 4111.87 | Horizon | NJ Health | 495.9 | | | | 125 | 9787.85 | fee schedule | |
| HC CONZ OF CERVIX W/SCOPE LEEP | 57461 | CPT | | | | outpatient | | | 10303 | 4111.87 | United | Oxford | 2776 | | | | 125 | 9787.85 | case rate | |
| HC CONZ OF CERVIX W/SCOPE LEEP | 57461 | CPT | | | | outpatient | | | 10303 | 4111.87 | Wellcare | Medicare | 3575.54 | | | | 125 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONZ OF CERVIX W/SCOPE LEEP | 57461 | CPT | | | | outpatient | | | 10303 | 4111.87 | WellPoint | WellPoint | 3315.51 | 32.18 | | | 125 | 9787.85 | percent of total billed charges | |
| HC CONZ OF CERVIX W/SCOPE LEEP | 57461 | CPT | | | | outpatient | | | 10303 | 4111.87 | Multiplan | Multiplan | 8242.4 | 80 | | | 125 | 9787.85 | percent of total billed charges | |
| HC CONZ OF CERVIX W/SCOPE LEEP | 57461 | CPT | | | | outpatient | | | 10303 | 4111.87 | Wellcare | Medicaid | 3250.6 | 31.55 | | | 125 | 9787.85 | percent of total billed charges | |
| HC CONZ OF CERVIX W/SCOPE LEEP | 57461 | CPT | | | | outpatient | | | 10303 | 4111.87 | UHC | Medicare | 3575.54 | | | | 125 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONZ OF CERVIX W/SCOPE LEEP | 57461 | CPT | | | | outpatient | | | 10303 | 4111.87 | Three Rivers | Three Rivers | 9787.85 | 95 | | | 125 | 9787.85 | percent of total billed charges | |
| HC CONZ OF CERVIX W/SCOPE LEEP | 57461 | CPT | | | | outpatient | | | 10303 | 4111.87 | United | Commercial/PPO | 2776 | | | | 125 | 9787.85 | case rate | |
| HC CONZ OF CERVIX W/SCOPE LEEP | 57461 | CPT | | | | outpatient | | | 10303 | 4111.87 | Quakcare | Qualcare | 7727.25 | 75 | | | 125 | 9787.85 | percent of total billed charges | |
| HC BX/EXC CERVIX LESION W/WO FULG | 57500 | CPT | | | | outpatient | | | 2878 | 1057.32 | First Trenton | First Trenton | 2590.2 | 90 | | | 65.77 | 2734.1 | percent of total billed charges | |
| HC BX/EXC CERVIX LESION W/WO FULG | 57500 | CPT | | | | outpatient | | | 2878 | 1057.32 | Aetna | Better Health | 908.01 | 31.55 | | | 65.77 | 2734.1 | percent of total billed charges | |
| HC BX/EXC CERVIX LESION W/WO FULG | 57500 | CPT | | | | outpatient | | | 2878 | 1057.32 | Amerihealth | HMO/PPO | 550 | | | | 65.77 | 2734.1 | fee schedule | |
| HC BX/EXC CERVIX LESION W/WO FULG | 57500 | CPT | | | | outpatient | | | 2878 | 1057.32 | Aetna | Medicare | 919.41 | | | | 65.77 | 2734.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX/EXC CERVIX LESION W/WO FULG | 57500 | CPT | | | | outpatient | | | 2878 | 1057.32 | Horizon | PPO | 1779.06 | | | | 65.77 | 2734.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX/EXC CERVIX LESION W/WO FULG | 57500 | CPT | | | | outpatient | | | 2878 | 1057.32 | Corrections | Corrections | 2302.4 | 80 | | | 65.77 | 2734.1 | percent of total billed charges | |
| HC BX/EXC CERVIX LESION W/WO FULG | 57500 | CPT | | | | outpatient | | | 2878 | 1057.32 | First Health | First Health | 2014.6 | 70 | | | 65.77 | 2734.1 | percent of total billed charges | |
| HC BX/EXC CERVIX LESION W/WO FULG | 57500 | CPT | | | | outpatient | | | 2878 | 1057.32 | Consumer | Consumer | 2734.1 | 95 | | | 65.77 | 2734.1 | percent of total billed charges | |
| HC BX/EXC CERVIX LESION W/WO FULG | 57500 | CPT | | | | outpatient | | | 2878 | 1057.32 | Managed Care Inc | Managed Care Inc | 2590.2 | 90 | | | 65.77 | 2734.1 | percent of total billed charges | |
| HC BX/EXC CERVIX LESION W/WO FULG | 57500 | CPT | | | | outpatient | | | 2878 | 1057.32 | Aetna | Commercial | 1500.48 | | | 707.32 | 65.77 | 2734.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX/EXC CERVIX LESION W/WO FULG | 57500 | CPT | | | | outpatient | | | 2878 | 1057.32 | Horizon | Indemnity | 1779.06 | | | | 65.77 | 2734.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX/EXC CERVIX LESION W/WO FULG | 57500 | CPT | | | | outpatient | | | 2878 

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC BX/EXC CERVIX LESION W/WO FULLG | 57500 | CPT | | | | outpatient | | | 2878 | 1057.32 | Horizon NJ Health | | 65.77 | | | 121.95 | 65.77 | 2734.1 | fee schedule | |
| HC BX/EXC CERVIX LESION W/WO FULLG | 57500 | CPT | | | | outpatient | | | 2878 | 1057.32 | United | CommercialPPO | 1817 | | | | 65.77 | 2734.1 | case rate | |
| HC BX/EXC CERVIX LESION W/WO FULLG | 57500 | CPT | | | | outpatient | | | 2878 | 1057.32 | Horizon | MGD | 1779.06 | | | | 65.77 | 2734.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX/EXC CERVIX LESION W/WO FULLG | 57500 | CPT | | | | outpatient | | | 2878 | 1057.32 | Wellcare | Medicare | 919.41 | | | | 65.77 | 2734.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX/EXC CERVIX LESION W/WO FULLG | 57500 | CPT | | | | outpatient | | | 2878 | 1057.32 | UHC | Medicaid | 908.01 | 31.55 | | 673.99 | 65.77 | 2734.1 | percent of total billed charges | |
| HC BX/EXC CERVIX LESION W/WO FULLG | 57500 | CPT | | | | outpatient | | | 2878 | 1057.32 | United | Oxford | 1817 | | | | 65.77 | 2734.1 | case rate | |
| HC BX/EXC CERVIX LESION W/WO FULLG | 57500 | CPT | | | | outpatient | | | 2878 | 1057.32 | Multiplan | Multiplan | 2302.4 | 80 | | | 65.77 | 2734.1 | percent of total billed charges | |
| HC BX/EXC CERVIX LESION W/WO FULLG | 57500 | CPT | | | | outpatient | | | 2878 | 1057.32 | Quelcare | Qualcare | 2158.5 | 75 | | | 65.77 | 2734.1 | percent of total billed charges | |
| HC ENDOCERVICAL CURETAGE(NOT PART | 57505 | CPT | | | | outpatient | | | 2565 | 1057.32 | Multiplan | Multiplan | 2052 | 80 | | | 67.86 | 2436.75 | percent of total billed charges | |
| HC ENDOCERVICAL CURETAGE(NOT PART | 57505 | CPT | | | | outpatient | | | 2565 | 1057.32 | First Health | First Health | 1795.5 | 70 | | | 67.86 | 2436.75 | percent of total billed charges | |
| HC ENDOCERVICAL CURETAGE(NOT PART | 57505 | CPT | | | | outpatient | | | 2565 | 1057.32 | Aetna | Better Health | 809.26 | 31.55 | | | 67.86 | 2436.75 | percent of total billed charges | |
| HC ENDOCERVICAL CURETAGE(NOT PART | 57505 | CPT | | | | outpatient | | | 2565 | 1057.32 | Wellcare | Medicare | 919.41 | | | | 67.86 | 2436.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOCERVICAL CURETAGE(NOT PART | 57505 | CPT | | | | outpatient | | | 2565 | 1057.32 | Americare | Americare | 1923.75 | 75 | | | 67.86 | 2436.75 | percent of total billed charges | |
| HC ENDOCERVICAL CURETAGE(NOT PART | 57505 | CPT | | | | outpatient | | | 2565 | 1057.32 | Aetna | Commercial | 1500.48 | | | | 67.86 | 2436.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOCERVICAL CURETAGE(NOT PART | 57505 | CPT | | | | outpatient | | | 2565 | 1057.32 | Aetna | Medicare | 919.41 | | | | 67.86 | 2436.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOCERVICAL CURETAGE(NOT PART | 57505 | CPT | | | | outpatient | | | 2565 | 1057.32 | Horizon | Indemnity | 1779.06 | | | | 67.86 | 2436.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOCERVICAL CURETAGE(NOT PART | 57505 | CPT | | | | outpatient | | | 2565 | 1057.32 | Qualcare | Qualcare | 1923.75 | 75 | | | 67.86 | 2436.75 | percent of total billed charges | |
| HC ENDOCERVICAL CURETAGE(NOT PART | 57505 | CPT | | | | outpatient | | | 2565 | 1057.32 | Three Rivers | Three Rivers | 2436.75 | 95 | | | 67.86 | 2436.75 | percent of total billed charges | |
| HC ENDOCERVICAL CURETAGE(NOT PART | 57505 | CPT | | | | outpatient | | | 2565 | 1057.32 | First Trenton | First Trenton | 2308.5 | 90 | | | 67.86 | 2436.75 | percent of total billed charges | |
| HC ENDOCERVICAL CURETAGE(NOT PART | 57505 | CPT | | | | outpatient | | | 2565 | 1057.32 | Horizon | Medicare Blue | 919.41 | | | | 67.86 | 2436.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOCERVICAL CURETAGE(NOT PART | 57505 | CPT | | | | outpatient | | | 2565 | 1057.32 | Consumer | Consumer | 2436.75 | 95 | | | 67.86 | 2436.75 | percent of total billed charges | |
| HC ENDOCERVICAL CURETAGE(NOT PART | 57505 | CPT | | | | outpatient | | | 2565 | 1057.32 | Amerihealth | HMO/PPO | 125 | | | | 67.86 | 2436.75 | fee schedule | |
| HC ENDOCERVICAL CURETAGE(NOT PART | 57505 | CPT | | | | outpatient | | | 2565 | 1057.32 | Corrections | Corrections | 2052 | 80 | | | 67.86 | 2436.75 | percent of total billed charges | |
| HC ENDOCERVICAL CURETAGE(NOT PART | 57505 | CPT | | | | outpatient | | | 2565 | 1057.32 | Horizon | PPO | 1779.06 | | | | 67.86 | 2436.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOCERVICAL CURETAGE(NOT PART | 57505 | CPT | | | | outpatient | | | 2565 | 1057.32 | Wellcare | Medicaid | 809.26 | 31.55 | | | 67.86 | 2436.75 | percent of total billed charges | |
| HC ENDOCERVICAL CURETAGE(NOT PART | 57505 | CPT | | | | outpatient | | | 2565 | 1057.32 | Horizon | MGD | 1779.06 | | | | 67.86 | 2436.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOCERVICAL CURETAGE(NOT PART | 57505 | CPT | | | | outpatient | | | 2565 | 1057.32 | Horizon | NJ Health | 67.86 | | | | 67.86 | 2436.75 | fee schedule | |
| HC ENDOCERVICAL CURETAGE(NOT PART | 57505 | CPT | | | | outpatient | | | 2565 | 1057.32 | WellPoint | WellPoint | 825.42 | 32.18 | | 804.99 | 67.86 | 2436.75 | percent of total billed charges | |
| HC ENDOCERVICAL CURETAGE(NOT PART | 57505 | CPT | | | | outpatient | | | 2565 | 1057.32 | United | CommercialPPO | 1817 | | | | 67.86 | 2436.75 | case rate | |
| HC ENDOCERVICAL CURETAGE(NOT PART | 57505 | CPT | | | | outpatient | | | 2565 | 1057.32 | UHC | Medicaid | 809.26 | 31.55 | | 721.31 | 67.86 | 2436.75 | percent of total billed charges | |
| HC ENDOCERVICAL CURETAGE(NOT PART | 57505 | CPT | | | | outpatient | | | 2565 | 1057.32 | Managed Care Inc | Managed Care Inc | 2308.5 | 90 | | | 67.86 | 2436.75 | percent of total billed charges | |
| HC ENDOCERVICAL CURETAGE(NOT PART | 57505 | CPT | | | | outpatient | | | 2565 | 1057.32 | UHC | Medicare | 919.41 | | | | 67.86 | 2436.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOCERVICAL CURETAGE(NOT PART | 57505 | CPT | | | | outpatient | | | 2565 | 1057.32 | United | Oxford | 1817 | | | | 67.86 | 2436.75 | case rate | |
| HC CONIZATION CERVIX W/WO D&C RPR ELTRD EXC | 57522 | CPT | | | | outpatient | | | 10273 | 4111.87 | Aetna | Medicare | 3575.54 | | | | 336.69 | 9759.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONIZATION CERVIX W/WO D&C RPR ELTRD EXC | 57522 | CPT | | | | outpatient | | | 10273 | 4111.87 | First Trenton | First Trenton | 9245.7 | 90 | | | 336.69 | 9759.35 | percent of total billed charges | |
| HC CONIZATION CERVIX W/WO D&C RPR ELTRD EXC | 57522 | CPT | | | | outpatient | | | 10273 | 4111.87 | Horizon | Medicare Blue | 3575.54 | | | | 336.69 | 9759.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONIZATION CERVIX W/WO D&C RPR ELTRD EXC | 57522 | CPT | | | | outpatient | | | 10273 | 4111.87 | Aetna | Commercial | 5835.28 | | | 4600.2 | 336.69 | 9759.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONIZATION CERVIX W/WO D&C RPR ELTRD EXC | 57522 | CPT | | | | outpatient | | | 10273 | 4111.87 | Aetna | Better Health | 3241.13 | 31.55 | | | 336.69 | 9759.35 | percent of total billed charges | |
| HC CONIZATION CERVIX W/WO D&C RPR ELTRD EXC | 57522 | CPT | | | | outpatient | | | 10273 | 4111.87 | Amerihealth | HMO/PPO | 550 | | | | 336.69 | 9759.35 | fee schedule | |
| HC CONIZATION CERVIX W/WO D&C RPR ELTRD EXC | 57522 | CPT | | | | outpatient | | | 10273 | 4111.87 | UHC | Medicare | 3575.54 | | | | 336.69 | 9759.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONIZATION CERVIX W/WO D&C RPR ELTRD EXC | 57522 | CPT | | | | outpatient | | | 10273 | 4111.87 | Multiplan | Multiplan | 8218.4 | 80 | | | 336.69 | 9759.35 | percent of total billed charges | |
| HC CONIZATION CERVIX W/WO D&C RPR ELTRD EXC | 57522 | CPT | | | | outpatient | | | 10273 | 4111.87 | Consumer | Consumer | 9759.35 | 95 | | | 336.69 | 9759.35 | percent of total billed charges | |
| HC CONIZATION CERVIX W/WO D&C RPR ELTRD EXC | 57522 | CPT | | | | outpatient | | | 10273 | 4111.87 | Three Rivers | Three Rivers | 9759.35 | 95 | | | 336.69 | 9759.35 | percent of total billed charges | |
| HC CONIZATION CERVIX W/WO D&C RPR ELTRD EXC | 57522 | CPT | | | | outpatient | | | 10273 | 4111.87 | Americare | Americare | 7704.75 | 75 | | | 336.69 | 9759.35 | percent of total billed charges | |
| HC CONIZATION CERVIX W/WO D&C RPR ELTRD EXC | 57522 | CPT | | | | outpatient | | | 10273 | 4111.87 | Corrections | Corrections | 8218.4 | 80 | | | 336.69 | 9759.35 | percent of total billed charges | |
| HC CONIZATION CERVIX W/WO D&C RPR ELTRD EXC | 57522 | CPT | | | | outpatient | | | 10273 | 4111.87 | Horizon | NJ Health | 336.69 | | | | 336.69 | 9759.35 | fee schedule | |
| HC CONIZATION CERVIX W/WO D&C RPR ELTRD EXC | 57522 | CPT | | | | outpatient | | | 10273 | 4111.87 | First Health | First Health | 7191.1 | 70 | | | 336.69 | 9759.35 | percent of total billed charges | |
| HC CONIZATION CERVIX W/WO D&C RPR ELTRD EXC | 57522 | CPT | | | | outpatient | | | 10273 | 4111.87 | Horizon | MGD | 6918.67 | | | | 336.69 | 9759.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONIZATION CERVIX W/WO D&C RPR ELTRD EXC | 57522 | CPT | | | | outpatient | | | 10273 | 4111.87 | Quelcare | Qualcare | 7704.75 | 75 | | | 336.69 | 9759.35 | percent of total billed charges | |
| HC CONIZATION CERVIX W/WO D&C RPR ELTRD EXC | 57522 | CPT | | | | outpatient | | | 10273 | 4111.87 | UHC | Medicaid | 3241.13 | 31.55 | | 2901.91 | 336.69 | 9759.35 | percent of total billed charges | |
| HC CONIZATION CERVIX W/WO D&C RPR ELTRD EXC | 57522 | CPT | | | | outpatient | | | 10273 | 4111.87 | United | Oxford | 2776 | | | | 336.69 | 9759.35 | case rate | |
| HC CONIZATION CERVIX W/WO D&C RPR ELTRD EXC | 57522 | CPT | | | | outpatient | | | 10273 | 4111.87 | Horizon | Indemnity | 6918.67 | | | | 336.69 | 9759.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONIZATION CERVIX W/WO D&C RPR ELTRD EXC | 57522 | CPT | | | | outpatient | | | 10273 | 4111.87 | Wellcare | Medicaid | 3241.13 | 31.55 | | | 336.69 | 9759.35 | percent of total billed charges | |
| HC CONIZATION CERVIX W/WO D&C RPR ELTRD EXC | 57522 | CPT | | | | outpatient | | | 10273 | 4111.87 | Horizon | PPO | 6918.67 | | | | 336.69 | 9759.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONIZATION CERVIX W/WO D&C RPR ELTRD EXC | 57522 | CPT | | | | outpatient | | | 10273 | 4111.87 | WellPoint | WellPoint | 3305.85 | 32.18 | | 3202.6 | 336.69 | 9759.35 | percent of total billed charges | |
| HC CONIZATION CERVIX W/WO D&C RPR ELTRD EXC | 57522 | CPT | | | | outpatient | | | 10273 | 4111.87 | Managed Care Inc | Managed Care Inc | 9245.7 | 90 | | | 336.69 | 9759.35 | percent of total billed charges | |
| HC CONIZATION CERVIX W/WO D&C RPR ELTRD EXC | 57522 | CPT | | | | outpatient | | | 10273 | 4111.87 | Wellcare | Medicare | 3575.54 | | | | 336.69 | 9759.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONIZATION CERVIX W/WO D&C RPR ELTRD EXC | 57522 | CPT | | | | outpatient | | | 10273 | 4111.87 | United | CommercialPPO | 2776 | | | | 336.69 | 9759.35 | case rate | |
| HC ENDOMET BX WO CERVICAL DIL | 58100 | CPT | | | | outpatient | | | 1067 | 262.09 | Corrections | Corrections | 853.6 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC ENDOMET BX WO CERVICAL DIL | 58100 | CPT | | | | outpatient | | | 1067 | 262.09 | Americare | Americare | 800.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC ENDOMET BX WO CERVICAL DIL | 58100 | CPT | | | | outpatient | | | 1067 | 262.09 | First Health | First Health | 746.9 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC ENDOMET BX WO CERVICAL DIL | 58100 | CPT | | | | outpatient | | | 1067 | 262.09 | Horizon | Medicare Blue | 227.9 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOMET BX WO CERVICAL DIL | 58100 | CPT | | | | outpatient | | | 1067 | 262.09 | Aetna | Better Health | 336.64 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC ENDOMET BX WO CERVICAL DIL | 58100 | CPT | | | | outpatient | | | 1067 | 262.09 | Aetna | Medicare | 227.9 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOMET BX WO CERVICAL DIL | 58100 | CPT | | | | outpatient | | | 1067 | 262.09 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC ENDOMET BX WO CERVICAL DIL | 58100 | CPT | | | | outpatient | | | 1067 | 262.09 | Aetna | Commercial | 371.93 | | | 125.43 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOMET BX WO CERVICAL DIL | 58100 | CPT | | | | outpatient | | | 1067 | 262.09 | Multiplan | Multiplan | 853.6 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC ENDOMET BX WO CERVICAL DIL | 58100 | CPT | | | | outpatient | | | 1067 | 262.09 | Consumer | Consumer | 1013.65 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC ENDOMET BX WO CERVICAL DIL | 58100 | CPT | | | | outpatient | | | 1067 | 262.09 | Horizon | PPO | 440.99 | | | 29.1 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOMET BX WO CERVICAL DIL | 58100 | CPT | | | | outpatient | | | 1067 | 262.09 | First Trenton | First Trenton | 960.3 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC ENDOMET BX WO CERVICAL DIL | 58100 | CPT | | | | outpatient | | | 1067 | 262.09 | Qualcare | Qualcare | 800.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC ENDOMET BX WO CERVICAL DIL | 58100 | CPT | | | | outpatient | | | 1067 | 262.09 | Horizon | NJ Health | 161.79 | | | 449.86 | 125 | 1782 | fee schedule | |
| HC ENDOMET BX WO CERVICAL DIL | 58100 | CPT | | | | outpatient | | | 1067 | 262.09 | UHC | Medicare | 227.9 | | | 140.49 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOMET BX WO CERVICAL DIL | 58100 | CPT | | | | outpatient | | | 1067 | 262.09 | Horizon | Indemnity | 440.99 | | | 171.23 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOMET BX WO CERVICAL DIL | 58100 | CPT | | | | outpatient | | | 1067 | 262.09 | Wellcare | Medicaid | 336.64 | 31.55 | | 195.99 | 125 | 1782 | percent of total billed charges | |
| HC ENDOMET BX WO CERVICAL DIL | 58100 | CPT | | | | outpatient | | | 1067 | 262.09 | Horizon | MGD | 440.99 | | | 245.35 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOMET BX WO CERVICAL DIL | 58100 | CPT | | | | outpatient | | | 1067 | 262.09 | United | CommercialPPO | 1782 | | | | 125 | 1782 | case rate | |
| HC ENDOMET BX WO CERVICAL DIL | 58100 | CPT | | | | outpatient | | | 1067 | 262.09 | UHC | Medicaid | 336.64 | 31.55 | | 205.09 | 125 | 1782 | percent of total billed charges | |
| HC ENDOMET BX WO CERVICAL DIL | 58100 | CPT | | | | outpatient | | | 1067 | 262.09 | Wellcare | Medicare | 227.9 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOMET BX WO CERVICAL DIL | 58100 | CPT | | | | outpatient | | | 1067 | 262.09 | Managed Care Inc | Managed Care Inc | 960.3 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC ENDOMET BX WO CERVICAL DIL | 58100 | CPT | | | | outpatient | | | 1067 | 262.09 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC ENDOMET BX WO CERVICAL DIL | 58100 | CPT | | | | outpatient | | | 1067 | 262.09 | WellPoint | WellPoint | 343.36 | 32.18 | | 149.78 | 125 | 1782 | percent of total billed charges | |
| HC ENDOMET BX WO CERVICAL DIL | 58100 | CPT | | | | outpatient | | | 1067 | 262.09 | Three Rivers | Three Rivers | 1013.65 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC ENDOMETRIAL BX W/COLPOSCOPY | 58110 | CPT | | | | outpatient | | | 169.38 | | First Health | First Health | 118.57 | 70 | | | 50.81 | 1782 | percent of total billed charges | |
| HC ENDOMETRIAL BX W/COLPOSCOPY | 58110 | CPT | | | | outpatient | | | 169.38 | | Aetna | Medicare | 52.17 | 30.8 | | | 50.81 | 1782 | percent of total billed charges | |
| HC ENDOMETRIAL BX W/COLPOSCOPY | 58110 | CPT | | | | outpatient | | | 169.38 | | Corrections | Corrections | 135.5 | 80 | | | 50.81 | 1782 | percent of total billed charges | |
| HC ENDOMETRIAL BX W/COLPOSCOPY | 58110 | CPT | | | | outpatient | | | 169.38 | | Horizon | MGD | 64.84 | 38.28 | | | 50.81 | 1782 | percent of total billed charges | |
| HC ENDOMETRIAL BX W/COLPOSCOPY | 58110 | CPT | | | | outpatient | | | 169.38 | | Consumer | Consumer | 160.91 | 95 | | | 50.81 | 1782 | percent of total billed charges | |
| HC ENDOMETRIAL BX W/COLPOSCOPY | 58110 | CPT | | | | outpatient | | | 169.38 | | Horizon | Medicare Blue | 50.81 | 30 | | | 50.81 | 1782 | percent of total billed charges | |
| HC ENDOMETRIAL BX W/COLPOSCOPY | 58110 | CPT | | | | outpatient | | | 169.38 | | Aetna | Better Health | 53.44 | 31.55 | | | 50.81 | 1782 | percent of total billed charges | |
| HC ENDOMETRIAL BX W/COLPOSCOPY | 58110 | CPT | | | | outpatient | | | 169.38 | | United | CommercialPPO | 1782 | | | | 50.81 | 1782 | case rate | |
| HC ENDOMETRIAL BX W/COLPOSCOPY | 58110 | CPT | | | | outpatient | | | 169.38 | | First Trenton | First Trenton | 152.44 | 90 | | | 50.81 | 1782 | percent of total billed charges | |
| HC ENDOMETRIAL BX W/COLPOSCOPY | 58110 | CPT | | | | outpatient | | | 169.38 | | Americare | Americare | 127.04 | 75 | | | 50.81 | 1782 | percent of total billed charges | |
| HC ENDOMETRIAL BX W/COLPOSCOPY | 58110 | CPT | | | | outpatient | | | 169.38 | | Horizon | Indemnity | 64.84 | 38.28 | | | 50.81 | 1782 | percent of total billed charges | |
| HC ENDOMETRIAL BX W/COLPOSCOPY | 58110 | CPT | | | | outpatient | | | 169.38 | | WellPoint | WellPoint | 54.51 | 32.18 | | | 50.81 | 1782 | percent of total billed charges | |
| HC ENDOMETRIAL BX W/COLPOSCOPY | 58110 | CPT | | | | outpatient | | | 169.38 | | Horizon | NJ Health | 58.15 | | | | 50.81 | 1782 | fee schedule | |
| HC ENDOMETRIAL BX W/COLPOSCOPY | 58110 | CPT | | | | outpatient | | | 169.38 | | Wellcare | Medicaid | 53.44 | 31.55 | | | 50.81 | 1782 | percent of total billed charges | |
| HC ENDOMETRIAL BX W/COLPOSCOPY | 58110 | CPT | | | | outpatient | | | 169.38 | | Multiplan | Multiplan | 135.5 | 80 | | | 50.81 | 1782 | percent of total billed charges | |
| HC ENDOMETRIAL BX W/COLPOSCOPY | 58110 | CPT | | | | outpatient | | | 169.38 | | Amerihealth | HMO/PPO | 125 | | | | 50.81 | 1782 | fee schedule | |
| HC ENDOMETRIAL BX W/COLPOSCOPY | 58110 | CPT | | | | outpatient | | | 169.38 | | Horizon | PPO | 64.84 | 38.28 | | | 50.81 | 1782 | percent of total billed charges | |
| HC ENDOMETRIAL BX W/COLPOSCOPY | 58110 | CPT | | | | outpatient | | | 169.38 | | Qualcare | Qualcare | 127.04 | 75 | | | 50.81 | 1782 | percent of total billed charges | |
| HC ENDOMETRIAL BX W/COLPOSCOPY | 58110 | CPT | | | | outpatient | | | 169.38 | | Managed Care Inc | Managed Care Inc | 152.44 | 90 | | | 50.81 | 1782 | percent of total billed charges | |
| HC ENDOMETRIAL BX W/COLPOSCOPY | 58110 | CPT | | | | outpatient | | | 169.38 | | Three Rivers | Three Rivers | 160.91 | 95 | | | 50.81 | 1782 | percent of total billed charges | |
| HC ENDOMETRIAL BX W/COLPOSCOPY | 58110 | CPT | | | | outpatient | | | 169.38 | | UHC | Medicaid | 53.44 | 31.55 | | | 50.81 | 1782 | percent of total billed charges | |
| HC ENDOMETRIAL BX W/COLPOSCOPY | 58110 | CPT | | | | outpatient | | | 169.38 | | United | Oxford | 1782 | | | | 50.81 | 1782 | case rate | |
| HC DILATION AND CURETTAGE (D&C) | 58120 | CPT | | | | outpatient | | | 10303 | 4111.87 | Aetna | Medicare | 3575.54 | | | | 257.82 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DILATION AND CURETTAGE (D&C) | 58120 | CPT | | | | outpatient | | | 10303 | 4111.87 | Americare | Americare | 7727.25 | 75 | | | 257.82 | 9787.85 | percent of total billed charges | |
| HC DILATION AND CURETTAGE (D&C) | 58120 | CPT | | | | outpatient | | | 10303 | 4111.87 | Corrections | Corrections | 8242.4 | 80 | | | 257.82 | 9787.85 | percent of total billed charges | |
| HC DILATION AND CURETTAGE (D&C) | 58120 | CPT | | | | outpatient | | | 10303 | 4111.87 | Aetna | Commercial | 5835.28 | | | | 257.82 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DILATION AND CURETTAGE (D&C) | 58120 | CPT | | | | outpatient | | | 10303 | 4111.87 | Aetna | Better Health | 3250.6 | 31.55 | | | 257.82 | 9787.85 | percent of total billed charges | |
| HC DILATION AND CURETTAGE (D&C) | 58120 | CPT | | | | outpatient | | | 10303 | 4111.87 | First Trenton | First Trenton | 9272.7 | 90 | | | 257.82 | 9787.85 | percent of total billed charges | |
| HC DILATION AND CURETTAGE (D&C) | 58120 | CPT | | | | outpatient | | | 10303 | 4111.87 | First Health | First Health | 7212.1 | 70 | | | 257.82 | 9787.85 | percent of total billed charges | |
| HC DILATION AND CURETTAGE (D&C) | 58120 | CPT | | | | outpatient | | | 10303 | 4111.87 | Horizon | Medicare Blue | 3575.54 | | | | 257.82 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DILATION AND CURETTAGE (D&C) | 58120 | CPT | | | | outpatient | | | 10303 | 4111.87 | Horizon | MGD | 6918.67 | | | | 257.82 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DILATION AND CURETTAGE (D&C) | 58120 | CPT | | | | outpatient | | | 10303 | 4111.87 | Amerihealth | HMO/PPO | 550 | | | | 257.82 | 9787.85 | fee schedule | |
| HC DILATION AND CURETTAGE (D&C) | 58120 | CPT | | | | outpatient | | | 10303 | 4111.87 | Horizon | PPO | 6918.67 | | | | 257.82 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DILATION AND CURETTAGE (D&C) | 58120 | CPT | | | | outpatient | | | 10303 | 4111.87 | UHC | Medicare | 3575.54 | | | | 257.82 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DILATION AND CURETTAGE (D&C) | 58120 | CPT | | | | outpatient | | | 10303 | 4111.87 | Consumer | Consumer | 9787.85 | 95 | | | 257.82 | 9787.85 | percent of total billed charges | |
| HC DILATION AND CURETTAGE (D&C) | 58120 | CPT | | | | outpatient | | | 10303 | 4111.87 | Horizon | NJ Health | 257.82 | | | | 257.82 | 9787.85 | fee schedule | |
| HC DILATION AND CURETTAGE (D&C) | 58120 | CPT | | | | outpatient | | | 10303 | 4111.87 | Horizon | Indemnity | 6918.67 | | | | 257.82 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DILATION AND CURETTAGE (D&C) | 58120 | CPT | | | | outpatient | | | 10303 | 4111.87 | United | Oxford | 2776 | | | | 257.82 | 9787.85 | case rate | |
| HC DILATION AND CURETTAGE (D&C) | 58120 | CPT | | | | outpatient | | | 10303 | 4111.87 | UHC | Medicaid | 3250.6 | 31.55 | | | 257.82 | 9787.85 | percent of total billed charges | |
| HC DILATION AND CURETTAGE (D&C) | 58120 | CPT | | | | outpatient | | | 10303 | 4111.87 | Managed Care Inc | Managed Care Inc | 9272.7 | 90 | | | 257.82 | 9787.85 | percent of total billed charges | |
| HC DILATION AND CURETTAGE (D&C) | 58120 | CPT | | | | outpatient | | | 10303 | 4111.87 | Multiplan | Multiplan | 8242.4 | 80 | | | 257.82 | 9787.85 | percent of total billed charges | |
| HC DILATION AND CURETTAGE (D&C) | 58120 | CPT | | | | outpatient | | | 10303 | 4111.87 | Wellcare | Medicaid | 3250.6 | 31.55 | | | 257.82 | 9787.85 | percent of total billed charges | |
| HC DILATION AND CURETTAGE (D&C) | 58120 | CPT | | | | outpatient | | | 10303 | 4111.87 | United | CommercialPPO | 2776 | | | | 257.82 | 9787.85 | case rate | |
| HC DILATION AND CURETTAGE (D&C) | 58120 | CPT | | | | outpatient | | | 10303 | 4111.87 | Three Rivers | Three Rivers | 9787.85 | 95 | | | 257.82 | 9787.85 | percent of total billed charges | |
| HC DILATION AND CURETTAGE (D&C) | 58120 | CPT | | | | outpatient | | | 10303 | 4111.87 | Qualcare | Qualcare | 7727.25 | 75 | | | 257.82 | 9787.85 | percent of total billed charges | |
| HC DILATION AND CURETTAGE (D&C) | 58120 | CPT | | | | outpatient | | | 10303 | 4111.87 | Wellcare | Medicare | 3575.54 | | | | 257.82 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DILATION AND CURETTAGE (D&C) | 58120 | CPT | | | | outpatient | | | 10303 | 4111.87 | WellPoint | WellPoint | 3315.51 | 32.18 | | | 257.82 | 9787.85 | percent of total billed charges | |
| HC MYOMECTOMY VAG 1-4 MYOMAS<=250G | 58145 | CPT | | | | outpatient | | | 8666 | 4111.87 | Amerihealth | HMO/PPO | 950 | | | | 709.92 | 8232.7 | fee schedule | |
| HC MYOMECTOMY VAG 1-4 MYOMAS<=250G | 58145 | CPT | | | | outpatient | | | 8666 | 4111.87 | Aetna | Better Health | 2734.12 | 31.55 | | | 709.92 | 8232.7 | percent of total billed charges | |
| HC MYOMECTOMY VAG 1-4 MYOMAS<=250G | 58145 | CPT | | | | outpatient | | | 8666 | 4111.87 | Aetna | Commercial | 5835.28 | | | | 709.92 | 8232.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYOMECTOMY VAG 1-4 MYOMAS<=250G | 58145 | CPT | | | | outpatient | | | 8666 | 4111.87 | Consumer | Consumer | 8232.7 | 95 | | | 709.92 | 8232.7 | percent of total billed charges | |
| HC MYOMECTOMY VAG 1-4 MYOMAS<=250G | 58145 | CPT | | | | outpatient | | | 8666 | 4111.87 | Horizon | MGD | 6918.67 | | | | 709.92 | 8232.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYOMECTOMY VAG 1-4 MYOMAS<=250G | 58145 | CPT | | | | outpatient | | | 8666 | 4111.87 | Aetna | Medicare | 3575.54 | | | | 709.92 | 8232.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYOMECTOMY VAG 1-4 MYOMAS<=250G | 58145 | CPT | | | | outpatient | | | 8666 | 4111.87 | Horizon | Medicare Blue | 3575.54 | | | | 709.92 | 8232.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYOMECTOMY VAG 1-4 MYOMAS<=250G | 58145 | CPT | | | | outpatient | | | 8666 | 4111.87 | Corrections | Corrections | 6932.8 | 80 | | | 709.92 | 8232.7 | percent of total billed charges | |
| HC MYOMECTOMY VAG 1-4 MYOMAS<=250G | 58145 | CPT | | | | outpatient | | | 8666 | 4111.87 | UHC | Medicaid | 2734.12 | 31.55 | | | 709.92 | 8232.7 | percent of total billed charges | |
| HC MYOMECTOMY VAG 1-4 MYOMAS<=250G | 58145 | CPT | | | | outpatient | | | 8666 | 4111.87 | Multiplan | Multiplan | 6932.8 | 80 | | | 709.92 | 8232.7 | percent of total billed charges | |
| HC MYOMECTOMY VAG 1-4 MYOMAS<=250G | 58145 | CPT | | | | outpatient | | | 8666 | 4111.87 | Americare | Americare | 6499.5 | 75 | | | 709.92 | 8232.7 | percent of total billed charges | |
| HC MYOMECTOMY VAG 1-4 MYOMAS<=250G | 58145 | CPT | | | | outpatient | | | 8666 | 4111.87 | First Trenton | First Trenton | 7799.4 | 90 | | | 709.92 | 8232.7 | percent of total billed charges | |
| HC MYOMECTOMY VAG 1-4 MYOMAS<=250G | 58145 | CPT | | | | outpatient | | | 8666 | 4111.87 | United | CommercialPPO | 2776 | | | | 709.92 | 8232.7 | case rate | |
| HC MYOMECTOMY VAG 1-4 MYOMAS<=250G | 58145 | CPT | | | | outpatient | | | 8666 | 4111.87 | First Health | First Health | 6066.2 | 70 | | | 709.92 | 8232.7 | percent of total billed charges | |
| HC MYOMECTOMY VAG 1-4 MYOMAS<=250G | 58145 | CPT | | | | outpatient | | | 8666 | 4111.87 | UHC | Medicare | 3575.54 | | | | 709.92 | 8232.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYOMECTOMY VAG 1-4 MYOMAS<=250G | 58145 | CPT | | | | outpatient | | | 8666 | 4111.87 | Horizon | Indemnity | 

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC MYOMECTOMY VAG 1-4 MYOMAS<=250G | 58145 | CPT | | | | outpatient | | | 8666 | 4111.87 | Wellcare | Medicare | 3575.54 | | | | 709.92 | 8232.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYOMECTOMY VAG 1-4 MYOMAS<=250G | 58145 | CPT | | | | outpatient | | | 8666 | 4111.87 | Horizon | NJ Health | 709.92 | | | | 709.92 | 8232.7 | fee schedule | |
| HC MYOMECTOMY VAG 1-4 MYOMAS<=250G | 58145 | CPT | | | | outpatient | | | 8666 | 4111.87 | Horizon | PPO | 6918.67 | | | | 709.92 | 8232.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYOMECTOMY VAG 1-4 MYOMAS<=250G | 58145 | CPT | | | | outpatient | | | 8666 | 4111.87 | Managed Care Inc | Managed Care Inc | 7799.4 | 90 | | | 709.92 | 8232.7 | percent of total billed charges | |
| HC MYOMECTOMY VAG 1-4 MYOMAS<=250G | 58145 | CPT | | | | outpatient | | | 8666 | 4111.87 | WellPoint | WellPoint | 2788.72 | 32.18 | | | 709.92 | 8232.7 | percent of total billed charges | |
| HC MYOMECTOMY VAG 1-4 MYOMAS<=250G | 58145 | CPT | | | | outpatient | | | 8666 | 4111.87 | Three Rivers | Three Rivers | 8232.7 | 95 | | | 709.92 | 8232.7 | percent of total billed charges | |
| HC MYOMECTOMY VAG 1-4 MYOMAS<=250G | 58145 | CPT | | | | outpatient | | | 8666 | 4111.87 | United | Oxford | 2776 | | | | 709.92 | 8232.7 | case rate | |
| HC INSERT INTRAUTERINE DEVICE | 58300 | CPT | | | | outpatient | | | 200 | | First Health | First Health | 140 | 70 | | | 60 | 1782 | percent of total billed charges | |
| HC INSERT INTRAUTERINE DEVICE | 58300 | CPT | | | | outpatient | | | 200 | | WellPoint | WellPoint | 64.36 | 32.18 | | 138.35 | 60 | 1782 | percent of total billed charges | |
| HC INSERT INTRAUTERINE DEVICE | 58300 | CPT | | | | outpatient | | | 200 | | Corrections | Corrections | 160 | 80 | | 148.34 | 60 | 1782 | percent of total billed charges | |
| HC INSERT INTRAUTERINE DEVICE | 58300 | CPT | | | | outpatient | | | 200 | | Americare | Americare | 150 | 75 | | | 60 | 1782 | percent of total billed charges | |
| HC INSERT INTRAUTERINE DEVICE | 58300 | CPT | | | | outpatient | | | 200 | | Consumer | Consumer | 190 | 95 | | | 60 | 1782 | percent of total billed charges | |
| HC INSERT INTRAUTERINE DEVICE | 58300 | CPT | | | | outpatient | | | 200 | | Aetna | Better Health | 63.1 | 31.55 | | | 60 | 1782 | percent of total billed charges | |
| HC INSERT INTRAUTERINE DEVICE | 58300 | CPT | | | | outpatient | | | 200 | | First Trenton | First Trenton | 180 | 90 | | | 60 | 1782 | percent of total billed charges | |
| HC INSERT INTRAUTERINE DEVICE | 58300 | CPT | | | | outpatient | | | 200 | | Aetna | Medicare | 61.6 | 30.8 | | | 60 | 1782 | percent of total billed charges | |
| HC INSERT INTRAUTERINE DEVICE | 58300 | CPT | | | | outpatient | | | 200 | | Multiplan | Multiplan | 160 | 80 | | | 60 | 1782 | percent of total billed charges | |
| HC INSERT INTRAUTERINE DEVICE | 58300 | CPT | | | | outpatient | | | 200 | | Amerihealth | HMO/PPO | 125 | | | | 60 | 1782 | fee schedule | |
| HC INSERT INTRAUTERINE DEVICE | 58300 | CPT | | | | outpatient | | | 200 | | Horizon | Medicare Blue | 60 | 30 | | | 60 | 1782 | percent of total billed charges | |
| HC INSERT INTRAUTERINE DEVICE | 58300 | CPT | | | | outpatient | | | 200 | | Horizon | MGD | 76.56 | 38.28 | | 7.2 | 60 | 1782 | percent of total billed charges | |
| HC INSERT INTRAUTERINE DEVICE | 58300 | CPT | | | | outpatient | | | 200 | | Three Rivers | Three Rivers | 190 | 95 | | | 60 | 1782 | percent of total billed charges | |
| HC INSERT INTRAUTERINE DEVICE | 58300 | CPT | | | | outpatient | | | 200 | | Horizon | Indemnity | 76.56 | 38.28 | | 3.36 | 60 | 1782 | percent of total billed charges | |
| HC INSERT INTRAUTERINE DEVICE | 58300 | CPT | | | | outpatient | | | 200 | | Qualcare | Qualcare | 150 | 75 | | | 60 | 1782 | percent of total billed charges | |
| HC INSERT INTRAUTERINE DEVICE | 58300 | CPT | | | | outpatient | | | 200 | | Horizon | PPO | 76.56 | 38.28 | | 4.28 | 60 | 1782 | percent of total billed charges | |
| HC INSERT INTRAUTERINE DEVICE | 58300 | CPT | | | | outpatient | | | 200 | | United | Commercial/PPO | 1782 | | | | 60 | 1782 | case rate | |
| HC INSERT INTRAUTERINE DEVICE | 58300 | CPT | | | | outpatient | | | 200 | | Managed Care Inc | Managed Care Inc | 180 | 90 | | | 60 | 1782 | percent of total billed charges | |
| HC INSERT INTRAUTERINE DEVICE | 58300 | CPT | | | | outpatient | | | 200 | | Wellcare | Medicaid | 63.1 | 31.55 | | 125.07 | 60 | 1782 | percent of total billed charges | |
| HC INSERT INTRAUTERINE DEVICE | 58300 | CPT | | | | outpatient | | | 200 | | UHC | Medicaid | 63.1 | 31.55 | | 124.58 | 60 | 1782 | percent of total billed charges | |
| HC INSERT INTRAUTERINE DEVICE | 58300 | CPT | | | | outpatient | | | 200 | | United | Oxford | 1782 | | | 186.82 | 60 | 1782 | case rate | |
| HC IUD REMOVAL | 58301 | CPT | | | | outpatient | | | 1104 | | United | Commercial/PPO | 1782 | | | | 300 | 1782 | case rate | |
| HC IUD REMOVAL | 58301 | CPT | | | | outpatient | | | 1104 | 421.94 | Aetna | Medicare | 366.9 | | | | 300 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IUD REMOVAL | 58301 | CPT | | | | outpatient | | | 1104 | 421.94 | Aetna | Better Health | 348.31 | 31.55 | | | 300 | 1782 | percent of total billed charges | |
| HC IUD REMOVAL | 58301 | CPT | | | | outpatient | | | 1104 | 421.94 | Amerihealth | HMO/PPO | 300 | | | 348.76 | 300 | 1782 | fee schedule | |
| HC IUD REMOVAL | 58301 | CPT | | | | outpatient | | | 1104 | 421.94 | First Health | First Health | 772.8 | 70 | | | 300 | 1782 | percent of total billed charges | |
| HC IUD REMOVAL | 58301 | CPT | | | | outpatient | | | 1104 | 421.94 | Corrections | Corrections | 883.2 | 80 | | 213.4 | 300 | 1782 | percent of total billed charges | |
| HC IUD REMOVAL | 58301 | CPT | | | | outpatient | | | 1104 | 421.94 | Wellcare | Medicare | 366.9 | | | | 300 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IUD REMOVAL | 58301 | CPT | | | | outpatient | | | 1104 | 421.94 | Americare | Americare | 828 | 75 | | | 300 | 1782 | percent of total billed charges | |
| HC IUD REMOVAL | 58301 | CPT | | | | outpatient | | | 1104 | 421.94 | WellPoint | WellPoint | 355.27 | 32.18 | | 283.1 | 300 | 1782 | percent of total billed charges | |
| HC IUD REMOVAL | 58301 | CPT | | | | outpatient | | | 1104 | 421.94 | First Trenton | First Trenton | 993.6 | 90 | | | 300 | 1782 | percent of total billed charges | |
| HC IUD REMOVAL | 58301 | CPT | | | | outpatient | | | 1104 | 421.94 | Aetna | Commercial | 598.78 | | | 237.71 | 300 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IUD REMOVAL | 58301 | CPT | | | | outpatient | | | 1104 | 421.94 | Horizon | PPO | 709.95 | | | 31.57 | 300 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IUD REMOVAL | 58301 | CPT | | | | outpatient | | | 1104 | 421.94 | Horizon | Indemnity | 709.95 | | | 625.19 | 300 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IUD REMOVAL | 58301 | CPT | | | | outpatient | | | 1104 | 421.94 | United | Oxford | 1782 | | | 540.59 | 300 | 1782 | case rate | |
| HC IUD REMOVAL | 58301 | CPT | | | | outpatient | | | 1104 | 421.94 | Consumer | Consumer | 1048.8 | 95 | | | 300 | 1782 | percent of total billed charges | |
| HC IUD REMOVAL | 58301 | CPT | | | | outpatient | | | 1104 | 421.94 | Multiplan | Multiplan | 883.2 | 80 | | | 300 | 1782 | percent of total billed charges | |
| HC IUD REMOVAL | 58301 | CPT | | | | outpatient | | | 1104 | 421.94 | Horizon | MGD | 709.95 | | | 152.17 | 300 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IUD REMOVAL | 58301 | CPT | | | | outpatient | | | 1104 | 421.94 | Qualcare | Qualcare | 828 | 75 | | | 300 | 1782 | percent of total billed charges | |
| HC IUD REMOVAL | 58301 | CPT | | | | outpatient | | | 1104 | 421.94 | Horizon | Medicare Blue | 366.9 | | | | 300 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IUD REMOVAL | 58301 | CPT | | | | outpatient | | | 1104 | 421.94 | Three Rivers | Three Rivers | 1048.8 | 95 | | | 300 | 1782 | percent of total billed charges | |
| HC IUD REMOVAL | 58301 | CPT | | | | outpatient | | | 1104 | 421.94 | UHC | Medicaid | 348.31 | 31.55 | | 282.99 | 300 | 1782 | percent of total billed charges | |
| HC IUD REMOVAL | 58301 | CPT | | | | outpatient | | | 1104 | 421.94 | UHC | Medicare | 366.9 | | | | 300 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IUD REMOVAL | 58301 | CPT | | | | outpatient | | | 1104 | 421.94 | Managed Care Inc | Managed Care Inc | 993.6 | 90 | | | 300 | 1782 | percent of total billed charges | |
| HC IUD REMOVAL | 58301 | CPT | | | | outpatient | | | 1104 | 421.94 | Wellcare | Medicaid | 348.31 | 31.55 | | | 300 | 1782 | percent of total billed charges | |
| HC HYSTEROSALPINGOGRAPHY INJECTIO | 58340 | CPT | | | | outpatient | | | 1871 | | Horizon | MGD | 716.22 | 38.28 | | | 106.11 | 1782 | percent of total billed charges | |
| HC HYSTEROSALPINGOGRAPHY INJECTIO | 58340 | CPT | | | | outpatient | | | 1871 | | First Health | First Health | 1309.7 | 70 | | | 106.11 | 1782 | percent of total billed charges | |
| HC HYSTEROSALPINGOGRAPHY INJECTIO | 58340 | CPT | | | | outpatient | | | 1871 | | Horizon | Medicare Blue | 561.3 | 30 | | | 106.11 | 1782 | percent of total billed charges | |
| HC HYSTEROSALPINGOGRAPHY INJECTIO | 58340 | CPT | | | | outpatient | | | 1871 | | Consumer | Consumer | 1777.45 | 95 | | | 106.11 | 1782 | percent of total billed charges | |
| HC HYSTEROSALPINGOGRAPHY INJECTIO | 58340 | CPT | | | | outpatient | | | 1871 | | Aetna | Medicare | 576.27 | 30.8 | | | 106.11 | 1782 | percent of total billed charges | |
| HC HYSTEROSALPINGOGRAPHY INJECTIO | 58340 | CPT | | | | outpatient | | | 1871 | | UHC | Medicaid | 590.3 | 31.55 | | | 106.11 | 1782 | percent of total billed charges | |
| HC HYSTEROSALPINGOGRAPHY INJECTIO | 58340 | CPT | | | | outpatient | | | 1871 | | United | Oxford | 1782 | | | | 106.11 | 1782 | case rate | |
| HC HYSTEROSALPINGOGRAPHY INJECTIO | 58340 | CPT | | | | outpatient | | | 1871 | | Aetna | Better Health | 590.3 | 31.55 | | | 106.11 | 1782 | percent of total billed charges | |
| HC HYSTEROSALPINGOGRAPHY INJECTIO | 58340 | CPT | | | | outpatient | | | 1871 | | Wellcare | Medicaid | 590.3 | 31.55 | | | 106.11 | 1782 | percent of total billed charges | |
| HC HYSTEROSALPINGOGRAPHY INJECTIO | 58340 | CPT | | | | outpatient | | | 1871 | | First Trenton | First Trenton | 1683.9 | 90 | | | 106.11 | 1782 | percent of total billed charges | |
| HC HYSTEROSALPINGOGRAPHY INJECTIO | 58340 | CPT | | | | outpatient | | | 1871 | | WellPoint | WellPoint | 602.09 | 32.18 | | | 106.11 | 1782 | percent of total billed charges | |
| HC HYSTEROSALPINGOGRAPHY INJECTIO | 58340 | CPT | | | | outpatient | | | 1871 | | Corrections | Corrections | 1496.8 | 80 | | | 106.11 | 1782 | percent of total billed charges | |
| HC HYSTEROSALPINGOGRAPHY INJECTIO | 58340 | CPT | | | | outpatient | | | 1871 | | Americare | Americare | 1403.25 | 75 | | | 106.11 | 1782 | percent of total billed charges | |
| HC HYSTEROSALPINGOGRAPHY INJECTIO | 58340 | CPT | | | | outpatient | | | 1871 | | Horizon | PPO | 716.22 | 38.28 | | | 106.11 | 1782 | percent of total billed charges | |
| HC HYSTEROSALPINGOGRAPHY INJECTIO | 58340 | CPT | | | | outpatient | | | 1871 | | Amerihealth | HMO/PPO | 125 | | | | 106.11 | 1782 | fee schedule | |
| HC HYSTEROSALPINGOGRAPHY INJECTIO | 58340 | CPT | | | | outpatient | | | 1871 | | Horizon | Indemnity | 716.22 | 38.28 | | | 106.11 | 1782 | percent of total billed charges | |
| HC HYSTEROSALPINGOGRAPHY INJECTIO | 58340 | CPT | | | | outpatient | | | 1871 | | Managed Care Inc | Managed Care Inc | 1683.9 | 90 | | | 106.11 | 1782 | percent of total billed charges | |
| HC HYSTEROSALPINGOGRAPHY INJECTIO | 58340 | CPT | | | | outpatient | | | 1871 | | Horizon | NJ Health | 106.11 | | | | 106.11 | 1782 | fee schedule | |
| HC HYSTEROSALPINGOGRAPHY INJECTIO | 58340 | CPT | | | | outpatient | | | 1871 | | Three Rivers | Three Rivers | 1777.45 | 95 | | | 106.11 | 1782 | percent of total billed charges | |
| HC HYSTEROSALPINGOGRAPHY INJECTIO | 58340 | CPT | | | | outpatient | | | 1871 | | Multiplan | Multiplan | 1496.8 | 80 | | | 106.11 | 1782 | percent of total billed charges | |
| HC HYSTEROSALPINGOGRAPHY INJECTIO | 58340 | CPT | | | | outpatient | | | 1871 | | United | Commercial/PPO | 1782 | | | | 106.11 | 1782 | case rate | |
| HC HYSTEROSALPINGOGRAPHY INJECTIO | 58340 | CPT | | | | outpatient | | | 1871 | | Qualcare | Qualcare | 1403.25 | 75 | | | 106.11 | 1782 | percent of total billed charges | |
| HC ENDMTR ABLTN W/OUT HYSTEROSCPY | 58353 | CPT | | | | outpatient | | | 16887 | 6541.81 | Aetna | Better Health | 5327.85 | 31.55 | | | 284.65 | 16042.65 | percent of total billed charges | |
| HC ENDMTR ABLTN W/OUT HYSTEROSCPY | 58353 | CPT | | | | outpatient | | | 16887 | 6541.81 | Qualcare | Qualcare | 12665.25 | 75 | | | 284.65 | 16042.65 | percent of total billed charges | |
| HC ENDMTR ABLTN W/OUT HYSTEROSCPY | 58353 | CPT | | | | outpatient | | | 16887 | 6541.81 | Horizon | MGD | 11007.31 | | | | 284.65 | 16042.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDMTR ABLTN W/OUT HYSTEROSCPY | 58353 | CPT | | | | outpatient | | | 16887 | 6541.81 | Americare | Americare | 12665.25 | 75 | | | 284.65 | 16042.65 | percent of total billed charges | |
| HC ENDMTR ABLTN W/OUT HYSTEROSCPY | 58353 | CPT | | | | outpatient | | | 16887 | 6541.81 | Aetna | Medicare | 5688.53 | | | | 284.65 | 16042.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDMTR ABLTN W/OUT HYSTEROSCPY | 58353 | CPT | | | | outpatient | | | 16887 | 6541.81 | Corrections | Corrections | 13509.6 | 80 | | | 284.65 | 16042.65 | percent of total billed charges | |
| HC ENDMTR ABLTN W/OUT HYSTEROSCPY | 58353 | CPT | | | | outpatient | | | 16887 | 6541.81 | UHC | Medicaid | 5327.85 | 31.55 | | | 284.65 | 16042.65 | percent of total billed charges | |
| HC ENDMTR ABLTN W/OUT HYSTEROSCPY | 58353 | CPT | | | | outpatient | | | 16887 | 6541.81 | Amerihealth | HMO/PPO | 950 | | | | 284.65 | 16042.65 | fee schedule | |
| HC ENDMTR ABLTN W/OUT HYSTEROSCPY | 58353 | CPT | | | | outpatient | | | 16887 | 6541.81 | Aetna | Commercial | 9283.68 | | | | 284.65 | 16042.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDMTR ABLTN W/OUT HYSTEROSCPY | 58353 | CPT | | | | outpatient | | | 16887 | 6541.81 | United | Commercial/PPO | 3492 | | | | 284.65 | 16042.65 | case rate | |
| HC ENDMTR ABLTN W/OUT HYSTEROSCPY | 58353 | CPT | | | | outpatient | | | 16887 | 6541.81 | Consumer | Consumer | 16042.65 | 95 | | | 284.65 | 16042.65 | percent of total billed charges | |
| HC ENDMTR ABLTN W/OUT HYSTEROSCPY | 58353 | CPT | | | | outpatient | | | 16887 | 6541.81 | Horizon | Medicare Blue | 5688.53 | | | | 284.65 | 16042.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDMTR ABLTN W/OUT HYSTEROSCPY | 58353 | CPT | | | | outpatient | | | 16887 | 6541.81 | Multiplan | Multiplan | 13509.6 | 80 | | | 284.65 | 16042.65 | percent of total billed charges | |
| HC ENDMTR ABLTN W/OUT HYSTEROSCPY | 58353 | CPT | | | | outpatient | | | 16887 | 6541.81 | First Trenton | First Trenton | 15198.3 | 90 | | | 284.65 | 16042.65 | percent of total billed charges | |
| HC ENDMTR ABLTN W/OUT HYSTEROSCPY | 58353 | CPT | | | | outpatient | | | 16887 | 6541.81 | First Health | First Health | 11820.9 | 70 | | | 284.65 | 16042.65 | percent of total billed charges | |
| HC ENDMTR ABLTN W/OUT HYSTEROSCPY | 58353 | CPT | | | | outpatient | | | 16887 | 6541.81 | Horizon | Indemnity | 11007.31 | | | | 284.65 | 16042.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDMTR ABLTN W/OUT HYSTEROSCPY | 58353 | CPT | | | | outpatient | | | 16887 | 6541.81 | WellPoint | WellPoint | 5434.24 | 32.18 | | | 284.65 | 16042.65 | percent of total billed charges | |
| HC ENDMTR ABLTN W/OUT HYSTEROSCPY | 58353 | CPT | | | | outpatient | | | 16887 | 6541.81 | Three Rivers | Three Rivers | 16042.65 | 95 | | | 284.65 | 16042.65 | percent of total billed charges | |
| HC ENDMTR ABLTN W/OUT HYSTEROSCPY | 58353 | CPT | | | | outpatient | | | 16887 | 6541.81 | Horizon | NJ Health | 284.65 | | | | 284.65 | 16042.65 | fee schedule | |
| HC ENDMTR ABLTN W/OUT HYSTEROSCPY | 58353 | CPT | | | | outpatient | | | 16887 | 6541.81 | UHC | Medicare | 5688.53 | | | | 284.65 | 16042.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDMTR ABLTN W/OUT HYSTEROSCPY | 58353 | CPT | | | | outpatient | | | 16887 | 6541.81 | Horizon | PPO | 11007.31 | | | | 284.65 | 16042.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDMTR ABLTN W/OUT HYSTEROSCPY | 58353 | CPT | | | | outpatient | | | 16887 | 6541.81 | United | Oxford | 3492 | | | | 284.65 | 16042.65 | case rate | |
| HC ENDMTR ABLTN W/OUT HYSTEROSCPY | 58353 | CPT | | | | outpatient | | | 16887 | 6541.81 | Managed Care Inc | Managed Care Inc | 15198.3 | 90 | | | 284.65 | 16042.65 | percent of total billed charges | |
| HC ENDMTR ABLTN W/OUT HYSTEROSCPY | 58353 | CPT | | | | outpatient | | | 16887 | 6541.81 | Wellcare | Medicaid | 5327.85 | 31.55 | | | 284.65 | 16042.65 | percent of total billed charges | |
| HC ENDMTR ABLTN W/OUT HYSTEROSCPY | 58353 | CPT | | | | outpatient | | | 16887 | 6541.81 | Wellcare | Medicare | 5688.53 | | | | 284.65 | 16042.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HYSRTSCPY W/BX, W-W/OUT D&C | 58558 | CPT | | | | outpatient | | | 10303 | 4111.87 | Aetna | Medicare | 3575.54 | | | | 319.83 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HYSRTSCPY W/BX, W-W/OUT D&C | 58558 | CPT | | | | outpatient | | | 10303 | 4111.87 | Qualcare | Qualcare | 7727.25 | 75 | | | 319.83 | 9787.85 | percent of total billed charges | |
| HC HYSRTSCPY W/BX, W-W/OUT D&C | 58558 | CPT | | | | outpatient | | | 10303 | 4111.87 | Aetna | Commercial | 5835.28 | | | | 319.83 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HYSRTSCPY W/BX, W-W/OUT D&C | 58558 | CPT | | | | outpatient | | | 10303 | 4111.87 | Amerihealth | HMO/PPO | 650 | | | | 319.83 | 9787.85 | fee schedule | |
| HC HYSRTSCPY W/BX, W-W/OUT D&C | 58558 | CPT | | | | outpatient | | | 10303 | 4111.87 | Horizon | MGD | 6918.67 | | | | 319.83 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HYSRTSCPY W/BX, W-W/OUT D&C | 58558 | CPT | | | | outpatient | | | 10303 | 4111.87 | First Trenton | First Trenton | 9272.7 | 90 | | | 319.83 | 9787.85 | percent of total billed charges | |
| HC HYSRTSCPY W/BX, W-W/OUT D&C | 58558 | CPT | | | | outpatient | | | 10303 | 4111.87 | Consumer | Consumer | 9787.85 | 95 | | | 319.83 | 9787.85 | percent of total billed charges | |
| HC HYSRTSCPY W/BX, W-W/OUT D&C | 58558 | CPT | | | | outpatient | | | 10303 | 4111.87 | Aetna | Better Health | 3250.6 | 31.55 | | | 319.83 | 9787.85 | percent of total billed charges | |
| HC HYSRTSCPY W/BX, W-W/OUT D&C | 58558 | CPT | | | | outpatient | | | 10303 | 4111.87 | Americare | Americare | 7727.25 | 75 | | | 319.83 | 9787.85 | percent of total billed charges | |
| HC HYSRTSCPY W/BX, W-W/OUT D&C | 58558 | CPT | | | | outpatient | | | 10303 | 4111.87 | UHC | Medicaid | 3250.6 | 31.55 | | | 319.83 | 9787.85 | percent of total billed charges | |
| HC HYSRTSCPY W/BX, W-W/OUT D&C | 58558 | CPT | | | | outpatient | | | 10303 | 4111.87 | Corrections | Corrections | 8242.4 | 80 | | | 319.83 | 9787.85 | percent of total billed charges | |
| HC HYSRTSCPY W/BX, W-W/OUT D&C | 58558 | CPT | | | | outpatient | | | 10303 | 4111.87 | First Health | First Health | 7212.1 | 70 | | | 319.83 | 9787.85 | percent of total billed charges | |
| HC HYSRTSCPY W/BX, W-W/OUT D&C | 58558 | CPT | | | | outpatient | | | 10303 | 4111.87 | Multiplan | Multiplan | 8242.4 | 80 | | | 319.83 | 9787.85 | percent of total billed charges | |
| HC HYSRTSCPY W/BX, W-W/OUT D&C | 58558 | CPT | | | | outpatient | | | 10303 | 4111.87 | Horizon | PPO | 6918.67 | | | | 319.83 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HYSRTSCPY W/BX, W-W/OUT D&C | 58558 | CPT | | | | outpatient | | | 10303 | 4111.87 | Horizon | NJ Health | 319.83 | | | | 319.83 | 9787.85 | fee schedule | |
| HC HYSRTSCPY W/BX, W-W/OUT D&C | 58558 | CPT | | | | outpatient | | | 10303 | 4111.87 | United | Oxford | 2776 | | | | 319.83 | 9787.85 | case rate | |
| HC HYSRTSCPY W/BX, W-W/OUT D&C | 58558 | CPT | | | | outpatient | | | 10303 | 4111.87 | Three Rivers | Three Rivers | 9787.85 | 95 | | | 319.83 | 9787.85 | percent of total billed charges | |
| HC HYSRTSCPY W/BX, W-W/OUT D&C | 58558 | CPT | | | | outpatient | | | 10303 | 4111.87 | UHC | Medicare | 3575.54 | | | | 319.83 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HYSRTSCPY W/BX, W-W/OUT D&C | 58558 | CPT | | | | outpatient | | | 10303 | 4111.87 | Horizon | Indemnity | 6918.67 | | | | 319.83 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HYSRTSCPY W/BX, W-W/OUT D&C | 58558 | CPT | | | | outpatient | | | 10303 | 4111.87 | Managed Care Inc | Managed Care Inc | 9272.7 | 90 | | | 319.83 | 9787.85 | percent of total billed charges | |
| HC HYSRTSCPY W/BX, W-W/OUT D&C | 58558 | CPT | | | | outpatient | | | 10303 | 4111.87 | Horizon | Medicare Blue | 3575.54 | | | | 319.83 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HYSRTSCPY W/BX, W-W/OUT D&C | 58558 | CPT | | | | outpatient | | | 10303 | 4111.87 | United | Commercial/PPO | 2776 | | | | 319.83 | 9787.85 | case rate | |
| HC HYSRTSCPY W/BX, W-W/OUT D&C | 58558 | CPT | | | | outpatient | | | 10303 | 4111.87 | Wellcare | Medicaid | 3250.6 | 31.55 | | | 319.83 | 9787.85 | percent of total billed charges | |
| HC HYSRTSCPY W/BX, W-W/OUT D&C | 58558 | CPT | | | | outpatient | | | 10303 | 4111.87 | Wellcare | Medicare | 3575.54 | | | | 319.83 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HYSRTSCPY W/BX, W-W/OUT D&C | 58558 | CPT | | | | outpatient | | | 10303 | 4111.87 | WellPoint | WellPoint | 3315.51 | 32.18 | | | 319.83 | 9787.85 | percent of total billed charges | |
| HC TUBAL LIGATION ABD/VAGINAL | 58605 | CPT | | | | inpatient | | | 3752 | | Horizon | Indemnity | 1436.27 | 38.28 | | | 1125.6 | 3564.4 | percent of total billed charges | |
| HC TUBAL LIGATION ABD/VAGINAL | 58605 | CPT | | | | inpatient | | | 3752 | | Consumer | Consumer | 3564.4 | 95 | | | 1125.6 | 3564.4 | percent of total billed charges | |
| HC TUBAL LIGATION ABD/VAGINAL | 58605 | CPT | | | | inpatient | | | 3752 | | First Trenton | First Trenton | 3376.8 | 90 | | | 1125.6 | 3564.4 | percent of total billed charges | |
| HC TUBAL LIGATION ABD/VAGINAL | 58605 | CPT | | | | inpatient | | | 3752 | | Aetna | Better Health | 1183.76 | 31.55 | | | 1125.6 | 3564.4 | percent of total billed charges | |
| HC TUBAL LIGATION ABD/VAGINAL | 58605 | CPT | | | | inpatient | | | 3752 | | Americare | Americare | 2814 | 75 | | | 1125.6 | 3564.4 | percent of total billed charges | |
| HC TUBAL LIGATION ABD/VAGINAL | 58605 | CPT | | | | inpatient | | | 3752 | | First Health | First Health | 2626.4 | 70 | | | 1125.6 | 3564.4 | percent of total billed charges | |
| HC TUBAL LIGATION ABD/VAGINAL | 58605 | CPT | | | | inpatient | | | 3752 | | Managed Care Inc | Managed Care Inc | 3376.8 | 90 | | | 1125.6 | 3564.4 | percent of total billed charges | |
| HC TUBAL LIGATION ABD/VAGINAL | 58605 | CPT | | | | inpatient | | | 3752 | | Aetna | Medicare | 1155.62 | 30.8 | | | 1125.6 | 3564.4 | percent of total billed charges | |
| HC TUBAL LIGATION ABD/VAGINAL | 58605 | CPT | | | | inpatient | | | 3752 | | Horizon | MGD | 1436.27 | 38.28 | | | 1125.6 | 3564.4 | percent of total billed charges | |
| HC TUBAL LIGATION ABD/VAGINAL | 58605 | CPT | | | | inpatient | | | 3752 | | Amerihealth | HMO/PPO | 2438.8 | 65 | | | 1125.6 | 3564.4 | percent of total billed charges | |
| HC TUBAL LIGATION ABD/VAGINAL | 58605 | CPT | | | | inpatient | | | 3752 | | Horizon | PPO | 1436.27 | 38.28 | | | 1125.6 | 3564.4 | percent of total billed charges | |
| HC TUBAL LIGATION ABD/VAGINAL | 58605 | CPT | | | | inpatient | | | 3752 | | Multiplan | Multiplan | 3001.6 | 80 | | | 1125.6 | 3564.4 | percent of total billed charges | |
| HC TUBAL LIGATION ABD/VAGINAL | 58605 | CPT | | | | inpatient | | | 3752 | | Three Rivers | Three Rivers | 3564.4 | 95 | | | 1125.6 | 3564.4 | percent of total billed charges | |
| HC TUBAL LIGATION ABD/VAGINAL | 58605 | CPT | | | | inpatient | | | 3752 | | Corrections | Corrections | 3001.6 | 80 | | | 1125.6 | 3564.4 | percent of total billed charges | |
| HC TUBAL LIGATION ABD/VAGINAL | 58605 | CPT | | | | inpatient | | | 3752 | | UHC | Medicaid | 1183.76 | 31.55 | | | 1125.6 | 3564.4 | percent of total billed charges | |
| HC TUBAL LIGATION ABD/VAGINAL | 58605 | CPT | | | | inpatient | | | 3752 | | Qualcare | Qualcare | 2814 | 75 | | | 1125.6 | 3564.4 | percent of total billed charges | |
| HC TUBAL LIGATION ABD/VAGINAL | 58605 | CPT | | | | inpatient | | | 3752 | | United | Commercial/PPO | 2493 | | | | 1125.6 | 3564.4 | case rate | |
| HC TUBAL LIGATION ABD/VAGINAL | 58605 | CPT | | | | inpatient | | | 3752 | | Horizon | Medicare Blue | 1125.6 | 30 | | | 1125.6 | 3564.4 | percent of total billed charges | |
| HC TUBAL LIGATION ABD/VAGINAL | 58605 | CPT | | | | inpatient | | | 3752 | | United | Oxford | 2493 | | | | 1125.6 | 3564.4 | case rate | |
| HC TUBAL LIGATION ABD/VAGINAL | 58605 | CPT | | | | inpatient | | | 3752 | | Wellcare | Medicaid | 1183.76 | 31.55 | | | 1125.6 | 3564.4 | percent of total billed charges | |
| HC TUBAL LIGATION ABD/VAGINAL | 58605 | CPT | | | | inpatient | | | 3752 | | WellPoint | WellPoint | 1207.39 | 32.18 | | | 1125.6 | 3564.4 | percent of total billed charges | |
| HC TUBAL LIGATION W/C SECTION | 58611 | CPT | | | | inpatient | | | 7262 | | Aetna | Medicare | 2236.7 | 30.8 | | | 1782 | 6898.9 | percent of total billed charges | |
| HC TUBAL LIGATION W/C SECTION | 58611 | CPT | | | | inpatient | | | 7262 | | Aetna | Better Health | 2291.16 | 31.55 | | | 1782 | 6898.9 | percent of total billed charges | |
| HC TUBAL LIGATION W/C SECTION | 58611 | CPT | | | | inpatient | | | 7262 | | Americare | Americare | 5446.5 | 75 | | | 1782 | 6898.9 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC TUBAL LIGATION W/C SECTION | 58611 | CPT | | | | inpatient | | | 7262 | | Managed Care Inc | Managed Care Inc | 6535.8 | 90 | | | 1782 | 6898.9 | percent of total billed charges | |
| HC TUBAL LIGATION W/C SECTION | 58611 | CPT | | | | inpatient | | | 7262 | | Consumer | Consumer | 6898.9 | 95 | | | 1782 | 6898.9 | percent of total billed charges | |
| HC TUBAL LIGATION W/C SECTION | 58611 | CPT | | | | inpatient | | | 7262 | | First Health | First Health | 5083.4 | 70 | | | 1782 | 6898.9 | percent of total billed charges | |
| HC TUBAL LIGATION W/C SECTION | 58611 | CPT | | | | inpatient | | | 7262 | | Amerihealth | HMO/PPO | 4720.3 | 65 | | | 1782 | 6898.9 | percent of total billed charges | |
| HC TUBAL LIGATION W/C SECTION | 58611 | CPT | | | | inpatient | | | 7262 | | First Trenton | First Trenton | 6535.8 | 90 | | | 1782 | 6898.9 | percent of total billed charges | |
| HC TUBAL LIGATION W/C SECTION | 58611 | CPT | | | | inpatient | | | 7262 | | Corrections | Corrections | 5809.6 | 80 | | | 1782 | 6898.9 | percent of total billed charges | |
| HC TUBAL LIGATION W/C SECTION | 58611 | CPT | | | | inpatient | | | 7262 | | Wellcare | Medicaid | 2291.16 | 31.55 | | | 1782 | 6898.9 | percent of total billed charges | |
| HC TUBAL LIGATION W/C SECTION | 58611 | CPT | | | | inpatient | | | 7262 | | Horizon | Medicare Blue | 2178.6 | 30 | | | 1782 | 6898.9 | percent of total billed charges | |
| HC TUBAL LIGATION W/C SECTION | 58611 | CPT | | | | inpatient | | | 7262 | | United | Commercial/PPO | 1782 | | | | 1782 | 6898.9 | case rate | |
| HC TUBAL LIGATION W/C SECTION | 58611 | CPT | | | | inpatient | | | 7262 | | Horizon | MGD | 2779.89 | 38.28 | | | 1782 | 6898.9 | percent of total billed charges | |
| HC TUBAL LIGATION W/C SECTION | 58611 | CPT | | | | inpatient | | | 7262 | | Horizon | PPO | 2779.89 | 38.28 | | | 1782 | 6898.9 | percent of total billed charges | |
| HC TUBAL LIGATION W/C SECTION | 58611 | CPT | | | | inpatient | | | 7262 | | Horizon | Indemnity | 2779.89 | 38.28 | | | 1782 | 6898.9 | percent of total billed charges | |
| HC TUBAL LIGATION W/C SECTION | 58611 | CPT | | | | inpatient | | | 7262 | | UHC | Medicaid | 2291.16 | 31.55 | | | 1782 | 6898.9 | percent of total billed charges | |
| HC TUBAL LIGATION W/C SECTION | 58611 | CPT | | | | inpatient | | | 7262 | | United | Oxford | 1782 | | | | 1782 | 6898.9 | case rate | |
| HC TUBAL LIGATION W/C SECTION | 58611 | CPT | | | | inpatient | | | 7262 | | Three Rivers | Three Rivers | 6898.9 | 95 | | | 1782 | 6898.9 | percent of total billed charges | |
| HC TUBAL LIGATION W/C SECTION | 58611 | CPT | | | | inpatient | | | 7262 | | WellPoint | WellPoint | 2336.91 | 32.18 | | | 1782 | 6898.9 | percent of total billed charges | |
| HC TUBAL LIGATION W/C SECTION | 58611 | CPT | | | | inpatient | | | 7262 | | Multiplan | Multiplan | 5809.6 | 80 | | | 1782 | 6898.9 | percent of total billed charges | |
| HC TUBAL LIGATION W/C SECTION | 58611 | CPT | | | | inpatient | | | 7262 | | Qualcare | Qualcare | 5446.5 | 75 | | | 1782 | 6898.9 | percent of total billed charges | |
| HC DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN | 58820 | CPT | | | | outpatient | | | 4569.43 | 4111.87 | First Trenton | First Trenton | 4112.49 | 90 | | | 334.76 | 6918.67 | percent of total billed charges | |
| HC DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN | 58820 | CPT | | | | outpatient | | | 4569.43 | 4111.87 | Qualcare | Qualcare | 3427.07 | 75 | | | 334.76 | 6918.67 | percent of total billed charges | |
| HC DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN | 58820 | CPT | | | | outpatient | | | 4569.43 | 4111.87 | Americare | Americare | 3427.07 | 75 | | | 334.76 | 6918.67 | percent of total billed charges | |
| HC DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN | 58820 | CPT | | | | outpatient | | | 4569.43 | 4111.87 | Consumer | Consumer | 4340.96 | 95 | | | 334.76 | 6918.67 | percent of total billed charges | |
| HC DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN | 58820 | CPT | | | | outpatient | | | 4569.43 | 4111.87 | Three Rivers | Three Rivers | 4340.96 | 95 | | | 334.76 | 6918.67 | percent of total billed charges | |
| HC DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN | 58820 | CPT | | | | outpatient | | | 4569.43 | 4111.87 | First Health | First Health | 3198.6 | 70 | | | 334.76 | 6918.67 | percent of total billed charges | |
| HC DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN | 58820 | CPT | | | | outpatient | | | 4569.43 | 4111.87 | Amerihealth | HMO/PPO | 650 | | | | 334.76 | 6918.67 | fee schedule | |
| HC DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN | 58820 | CPT | | | | outpatient | | | 4569.43 | 4111.87 | Aetna | Better Health | 1441.66 | 31.55 | | | 334.76 | 6918.67 | percent of total billed charges | |
| HC DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN | 58820 | CPT | | | | outpatient | | | 4569.43 | 4111.87 | Managed Care Inc | Managed Care Inc | 4112.49 | 90 | | | 334.76 | 6918.67 | percent of total billed charges | |
| HC DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN | 58820 | CPT | | | | outpatient | | | 4569.43 | 4111.87 | UHC | Medicaid | 1441.66 | 31.55 | | | 334.76 | 6918.67 | percent of total billed charges | |
| HC DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN | 58820 | CPT | | | | outpatient | | | 4569.43 | 4111.87 | United | Oxford | 2776 | | | | 334.76 | 6918.67 | case rate | |
| HC DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN | 58820 | CPT | | | | outpatient | | | 4569.43 | 4111.87 | Corrections | Corrections | 3655.54 | 80 | | | 334.76 | 6918.67 | percent of total billed charges | |
| HC DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN | 58820 | CPT | | | | outpatient | | | 4569.43 | 4111.87 | UHC | Medicare | 3575.54 | | | | 334.76 | 6918.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN | 58820 | CPT | | | | outpatient | | | 4569.43 | 4111.87 | Horizon | Indemnity | 6918.67 | | | | 334.76 | 6918.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN | 58820 | CPT | | | | outpatient | | | 4569.43 | 4111.87 | Wellcare | Medicare | 3575.54 | | | | 334.76 | 6918.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN | 58820 | CPT | | | | outpatient | | | 4569.43 | 4111.87 | Aetna | Medicare | 3575.54 | | | | 334.76 | 6918.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN | 58820 | CPT | | | | outpatient | | | 4569.43 | 4111.87 | Multiplan | Multiplan | 3655.54 | 80 | | | 334.76 | 6918.67 | percent of total billed charges | |
| HC DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN | 58820 | CPT | | | | outpatient | | | 4569.43 | 4111.87 | Horizon | Medicare Blue | 3575.54 | | | | 334.76 | 6918.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN | 58820 | CPT | | | | outpatient | | | 4569.43 | 4111.87 | United | Commercial/PPO | 2776 | | | | 334.76 | 6918.67 | case rate | |
| HC DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN | 58820 | CPT | | | | outpatient | | | 4569.43 | 4111.87 | Horizon | MGD | 6918.67 | | | | 334.76 | 6918.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN | 58820 | CPT | | | | outpatient | | | 4569.43 | 4111.87 | Wellcare | Medicaid | 1441.66 | 31.55 | | | 334.76 | 6918.67 | percent of total billed charges | |
| HC DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN | 58820 | CPT | | | | outpatient | | | 4569.43 | 4111.87 | Horizon | NJ Health | 334.76 | | | | 334.76 | 6918.67 | fee schedule | |
| HC DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN | 58820 | CPT | | | | outpatient | | | 4569.43 | 4111.87 | Horizon | PPO | 6918.67 | | | | 334.76 | 6918.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN | 58820 | CPT | | | | outpatient | | | 4569.43 | 4111.87 | WellPoint | WellPoint | 1470.44 | 32.18 | | | 334.76 | 6918.67 | percent of total billed charges | |
| HC AMNIOCENTESIS | 59000 | CPT | | | | outpatient | | | 2877 | 1057.32 | Aetna | Medicare | 919.41 | | | | 191.63 | 2733.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMNIOCENTESIS | 59000 | CPT | | | | outpatient | | | 2877 | 1057.32 | Aetna | Better Health | 907.69 | 31.55 | | | 191.63 | 2733.15 | percent of total billed charges | |
| HC AMNIOCENTESIS | 59000 | CPT | | | | outpatient | | | 2877 | 1057.32 | UHC | Medicaid | 907.69 | 31.55 | | | 191.63 | 2733.15 | percent of total billed charges | |
| HC AMNIOCENTESIS | 59000 | CPT | | | | outpatient | | | 2877 | 1057.32 | Qualcare | Qualcare | 2157.75 | 75 | | | 191.63 | 2733.15 | percent of total billed charges | |
| HC AMNIOCENTESIS | 59000 | CPT | | | | outpatient | | | 2877 | 1057.32 | First Trenton | First Trenton | 2589.3 | 90 | | | 191.63 | 2733.15 | percent of total billed charges | |
| HC AMNIOCENTESIS | 59000 | CPT | | | | outpatient | | | 2877 | 1057.32 | Wellcare | Medicare | 919.41 | | | | 191.63 | 2733.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMNIOCENTESIS | 59000 | CPT | | | | outpatient | | | 2877 | 1057.32 | Amerihealth | HMO/PPO | 300 | | | | 191.63 | 2733.15 | fee schedule | |
| HC AMNIOCENTESIS | 59000 | CPT | | | | outpatient | | | 2877 | 1057.32 | Aetna | Commercial | 1503.48 | | | | 191.63 | 2733.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMNIOCENTESIS | 59000 | CPT | | | | outpatient | | | 2877 | 1057.32 | Horizon | MGD | 1779.06 | | | | 191.63 | 2733.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMNIOCENTESIS | 59000 | CPT | | | | outpatient | | | 2877 | 1057.32 | Consumer | Consumer | 2733.15 | 95 | | | 191.63 | 2733.15 | percent of total billed charges | |
| HC AMNIOCENTESIS | 59000 | CPT | | | | outpatient | | | 2877 | 1057.32 | WellPoint | WellPoint | 925.82 | 32.18 | | | 191.63 | 2733.15 | percent of total billed charges | |
| HC AMNIOCENTESIS | 59000 | CPT | | | | outpatient | | | 2877 | 1057.32 | UHC | Medicare | 919.41 | | | | 191.63 | 2733.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMNIOCENTESIS | 59000 | CPT | | | | outpatient | | | 2877 | 1057.32 | Horizon | PPO | 1779.06 | | | | 191.63 | 2733.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMNIOCENTESIS | 59000 | CPT | | | | outpatient | | | 2877 | 1057.32 | Corrections | Corrections | 2301.6 | 80 | | | 191.63 | 2733.15 | percent of total billed charges | |
| HC AMNIOCENTESIS | 59000 | CPT | | | | outpatient | | | 2877 | 1057.32 | First Health | First Health | 2013.9 | 70 | | | 191.63 | 2733.15 | percent of total billed charges | |
| HC AMNIOCENTESIS | 59000 | CPT | | | | outpatient | | | 2877 | 1057.32 | Americare | Americare | 2157.75 | 75 | | | 191.63 | 2733.15 | percent of total billed charges | |
| HC AMNIOCENTESIS | 59000 | CPT | | | | outpatient | | | 2877 | 1057.32 | Managed Care Inc | Managed Care Inc | 2589.3 | 90 | | | 191.63 | 2733.15 | percent of total billed charges | |
| HC AMNIOCENTESIS | 59000 | CPT | | | | outpatient | | | 2877 | 1057.32 | Horizon | Medicare Blue | 919.41 | | | | 191.63 | 2733.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMNIOCENTESIS | 59000 | CPT | | | | outpatient | | | 2877 | 1057.32 | Horizon | Indemnity | 1779.06 | | | | 191.63 | 2733.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMNIOCENTESIS | 59000 | CPT | | | | outpatient | | | 2877 | 1057.32 | Multiplan | Multiplan | 2301.6 | 80 | | | 191.63 | 2733.15 | percent of total billed charges | |
| HC AMNIOCENTESIS | 59000 | CPT | | | | outpatient | | | 2877 | 1057.32 | United | Commercial/PPO | 1817 | | | | 191.63 | 2733.15 | case rate | |
| HC AMNIOCENTESIS | 59000 | CPT | | | | outpatient | | | 2877 | 1057.32 | Horizon | NJ Health | 191.63 | | | | 191.63 | 2733.15 | fee schedule | |
| HC AMNIOCENTESIS | 59000 | CPT | | | | outpatient | | | 2877 | 1057.32 | Wellcare | Medicaid | 907.69 | 31.55 | | | 191.63 | 2733.15 | percent of total billed charges | |
| HC AMNIOCENTESIS | 59000 | CPT | | | | outpatient | | | 2877 | 1057.32 | Three Rivers | Three Rivers | 2733.15 | 95 | | | 191.63 | 2733.15 | percent of total billed charges | |
| HC AMNIOCENTESIS | 59000 | CPT | | | | outpatient | | | 2877 | 1057.32 | United | Oxford | 1817 | | | | 191.63 | 2733.15 | case rate | |
| HC AMNIOCENTESIS THERAPEUTIC AMNIOTIC FLUID REDUCTION W US GUID | 59001 | CPT | | | | both | | | 7134 | 421.94 | Aetna | Commercial | 598.78 | | | | 208.85 | 6777.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMNIOCENTESIS THERAPEUTIC AMNIOTIC FLUID REDUCTION W US GUID | 59001 | CPT | | | | both | | | 7134 | 421.94 | Horizon | PPO | 709.95 | | | | 208.85 | 6777.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMNIOCENTESIS THERAPEUTIC AMNIOTIC FLUID REDUCTION W US GUID | 59001 | CPT | | | | both | | | 7134 | 421.94 | First Trenton | First Trenton | 6420.6 | 90 | | | 208.85 | 6777.3 | percent of total billed charges | |
| HC AMNIOCENTESIS THERAPEUTIC AMNIOTIC FLUID REDUCTION W US GUID | 59001 | CPT | | | | both | | | 7134 | 421.94 | Horizon | Medicare Blue | 366.9 | | | | 208.85 | 6777.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMNIOCENTESIS THERAPEUTIC AMNIOTIC FLUID REDUCTION W US GUID | 59001 | CPT | | | | both | | | 7134 | 421.94 | Americare | Americare | 5393.5 | 75 | | | 208.85 | 6777.3 | percent of total billed charges | |
| HC AMNIOCENTESIS THERAPEUTIC AMNIOTIC FLUID REDUCTION W US GUID | 59001 | CPT | | | | both | | | 7134 | 421.94 | Aetna | Medicare | 366.9 | | | | 208.85 | 6777.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMNIOCENTESIS THERAPEUTIC AMNIOTIC FLUID REDUCTION W US GUID | 59001 | CPT | | | | both | | | 7134 | 421.94 | UHC | Medicaid | 2250.78 | 31.55 | | | 208.85 | 6777.3 | percent of total billed charges | |
| HC AMNIOCENTESIS THERAPEUTIC AMNIOTIC FLUID REDUCTION W US GUID | 59001 | CPT | | | | both | | | 7134 | 421.94 | Aetna | Better Health | 2250.78 | 31.55 | | | 208.85 | 6777.3 | percent of total billed charges | |
| HC AMNIOCENTESIS THERAPEUTIC AMNIOTIC FLUID REDUCTION W US GUID | 59001 | CPT | | | | both | | | 7134 | 421.94 | Amerihealth | HMO/PPO | 300 | | | | 208.85 | 6777.3 | fee schedule | |
| HC AMNIOCENTESIS THERAPEUTIC AMNIOTIC FLUID REDUCTION W US GUID | 59001 | CPT | | | | both | | | 7134 | 421.94 | WellPoint | WellPoint | 2295.72 | 32.18 | | | 208.85 | 6777.3 | percent of total billed charges | |
| HC AMNIOCENTESIS THERAPEUTIC AMNIOTIC FLUID REDUCTION W US GUID | 59001 | CPT | | | | both | | | 7134 | 421.94 | Horizon | Indemnity | 709.95 | | | | 208.85 | 6777.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMNIOCENTESIS THERAPEUTIC AMNIOTIC FLUID REDUCTION W US GUID | 59001 | CPT | | | | both | | | 7134 | 421.94 | Multiplan | Multiplan | 5707.2 | 80 | | | 208.85 | 6777.3 | percent of total billed charges | |
| HC AMNIOCENTESIS THERAPEUTIC AMNIOTIC FLUID REDUCTION W US GUID | 59001 | CPT | | | | both | | | 7134 | 421.94 | Horizon | MGD | 709.95 | | | | 208.85 | 6777.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMNIOCENTESIS THERAPEUTIC AMNIOTIC FLUID REDUCTION W US GUID | 59001 | CPT | | | | both | | | 7134 | 421.94 | Consumer | Consumer | 6777.3 | 95 | | | 208.85 | 6777.3 | percent of total billed charges | |
| HC AMNIOCENTESIS THERAPEUTIC AMNIOTIC FLUID REDUCTION W US GUID | 59001 | CPT | | | | both | | | 7134 | 421.94 | United | Oxford | 1782 | | | | 208.85 | 6777.3 | case rate | |
| HC AMNIOCENTESIS THERAPEUTIC AMNIOTIC FLUID REDUCTION W US GUID | 59001 | CPT | | | | both | | | 7134 | 421.94 | First Health | First Health | 4993.8 | 70 | | | 208.85 | 6777.3 | percent of total billed charges | |
| HC AMNIOCENTESIS THERAPEUTIC AMNIOTIC FLUID REDUCTION W US GUID | 59001 | CPT | | | | both | | | 7134 | 421.94 | Managed Care Inc | Managed Care Inc | 6420.6 | 90 | | | 208.85 | 6777.3 | percent of total billed charges | |
| HC AMNIOCENTESIS THERAPEUTIC AMNIOTIC FLUID REDUCTION W US GUID | 59001 | CPT | | | | both | | | 7134 | 421.94 | Corrections | Corrections | 5707.2 | 80 | | | 208.85 | 6777.3 | percent of total billed charges | |
| HC AMNIOCENTESIS THERAPEUTIC AMNIOTIC FLUID REDUCTION W US GUID | 59001 | CPT | | | | both | | | 7134 | 421.94 | UHC | Medicare | 366.9 | | | | 208.85 | 6777.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMNIOCENTESIS THERAPEUTIC AMNIOTIC FLUID REDUCTION W US GUID | 59001 | CPT | | | | both | | | 7134 | 421.94 | Qualcare | Qualcare | 5393.5 | 75 | | | 208.85 | 6777.3 | percent of total billed charges | |
| HC AMNIOCENTESIS THERAPEUTIC AMNIOTIC FLUID REDUCTION W US GUID | 59001 | CPT | | | | both | | | 7134 | 421.94 | United | Commercial/PPO | 1782 | | | | 208.85 | 6777.3 | case rate | |
| HC AMNIOCENTESIS THERAPEUTIC AMNIOTIC FLUID REDUCTION W US GUID | 59001 | CPT | | | | both | | | 7134 | 421.94 | Horizon | NJ Health | 208.85 | | | | 208.85 | 6777.3 | fee schedule | |
| HC AMNIOCENTESIS THERAPEUTIC AMNIOTIC FLUID REDUCTION W US GUID | 59001 | CPT | | | | both | | | 7134 | 421.94 | Three Rivers | Three Rivers | 6777.3 | 95 | | | 208.85 | 6777.3 | percent of total billed charges | |
| HC AMNIOCENTESIS THERAPEUTIC AMNIOTIC FLUID REDUCTION W US GUID | 59001 | CPT | | | | both | | | 7134 | 421.94 | Wellcare | Medicaid | 2250.78 | 31.55 | | | 208.85 | 6777.3 | percent of total billed charges | |
| HC AMNIOCENTESIS THERAPEUTIC AMNIOTIC FLUID REDUCTION W US GUID | 59001 | CPT | | | | both | | | 7134 | 421.94 | Wellcare | Medicare | 366.9 | | | | 208.85 | 6777.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FETAL CONTRACTION STRESS TEST | 59020 | CPT | | | | both | | | 289 | 262.09 | Aetna | Commercial | 371.93 | | | | 91.18 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FETAL CONTRACTION STRESS TEST | 59020 | CPT | | | | both | | | 289 | 262.09 | Corrections | Corrections | 231.2 | 80 | | | 91.18 | 1782 | percent of total billed charges | |
| HC FETAL CONTRACTION STRESS TEST | 59020 | CPT | | | | both | | | 289 | 262.09 | United | Commercial/PPO | 1782 | | | | 91.18 | 1782 | case rate | |
| HC FETAL CONTRACTION STRESS TEST | 59020 | CPT | | | | both | | | 289 | 262.09 | Aetna | Better Health | 91.18 | 31.55 | | | 91.18 | 1782 | percent of total billed charges | |
| HC FETAL CONTRACTION STRESS TEST | 59020 | CPT | | | | both | | | 289 | 262.09 | Aetna | Medicare | 227.9 | | | | 91.18 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FETAL CONTRACTION STRESS TEST | 59020 | CPT | | | | both | | | 289 | 262.09 | Americare | Americare | 216.75 | 75 | | | 91.18 | 1782 | percent of total billed charges | |
| HC FETAL CONTRACTION STRESS TEST | 59020 | CPT | | | | both | | | 289 | 262.09 | First Trenton | First Trenton | 260.1 | 90 | | | 91.18 | 1782 | percent of total billed charges | |
| HC FETAL CONTRACTION STRESS TEST | 59020 | CPT | | | | both | | | 289 | 262.09 | Amerihealth | HMO/PPO | 187.85 | 65 | | | 91.18 | 1782 | percent of total billed charges | |
| HC FETAL CONTRACTION STRESS TEST | 59020 | CPT | | | | both | | | 289 | 262.09 | Horizon | MGD | 440.99 | | | | 91.18 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FETAL CONTRACTION STRESS TEST | 59020 | CPT | | | | both | | | 289 | 262.09 | Horizon | Indemnity | 440.99 | | | | 91.18 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FETAL CONTRACTION STRESS TEST | 59020 | CPT | | | | both | | | 289 | 262.09 | United | Oxford | 1782 | | | | 91.18 | 1782 | case rate | |
| HC FETAL CONTRACTION STRESS TEST | 59020 | CPT | | | | both | | | 289 | 262.09 | UHC | Medicaid | 91.18 | 31.55 | | 44.41 | 91.18 | 1782 | percent of total billed charges | |
| HC FETAL CONTRACTION STRESS TEST | 59020 | CPT | | | | both | | | 289 | 262.09 | Horizon | Medicare Blue | 227.9 | | | | 91.18 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FETAL CONTRACTION STRESS TEST | 59020 | CPT | | | | both | | | 289 | 262.09 | Consumer | Consumer | 274.55 | 95 | | | 91.18 | 1782 | percent of total billed charges | |
| HC FETAL CONTRACTION STRESS TEST | 59020 | CPT | | | | both | | | 289 | 262.09 | Wellcare | Medicaid | 91.18 | 31.55 | | | 91.18 | 1782 | percent of total billed charges | |
| HC FETAL CONTRACTION STRESS TEST | 59020 | CPT | | | | both | | | 289 | 262.09 | First Health | First Health | 202.3 | 70 | | | 91.18 | 1782 | percent of total billed charges | |
| HC FETAL CONTRACTION STRESS TEST | 59020 | CPT | | | | both | | | 289 | 262.09 | Horizon | PPO | 440.99 | | | | 91.18 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FETAL CONTRACTION STRESS TEST | 59020 | CPT | | | | both | | | 289 | 262.09 | Horizon | NJ Health | 103.59 | | | | 91.18 | 1782 | fee schedule | |
| HC FETAL CONTRACTION STRESS TEST | 59020 | CPT | | | | both | | | 289 | 262.09 | Managed Care Inc | Managed Care Inc | 260.1 | 90 | | | 91.18 | 1782 | percent of total billed charges | |
| HC FETAL CONTRACTION STRESS TEST | 59020 | CPT | | | | both | | | 289 | 262.09 | UHC | Medicare | 227.9 | | | | 91.18 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FETAL CONTRACTION STRESS TEST | 59020 | CPT | | | | both | | | 289 | 262.09 | WellPoint | WellPoint | 93 | 32.18 | | | 91.18 | 1782 | percent of total billed charges | |
| HC FETAL CONTRACTION STRESS TEST | 59020 | CPT | | | | both | | | 289 | 262.09 | Three Rivers | Three Rivers | 274.55 | 95 | | | 91.18 | 1782 | percent of total billed charges | |
| HC FETAL CONTRACTION STRESS TEST | 59020 | CPT | | | | both | | | 289 | 262.09 | Multiplan | Multiplan | 231.2 | 80 | | | 91.18 | 1782 | percent of total billed charges | |
| HC FETAL CONTRACTION STRESS TEST | 59020 | CPT | | | | both | | | 289 | 262.09 | Qualcare | Qualcare | 216.75 | 75 | | | 91.18 | 1782 | percent of total billed charges | |
| HC FETAL CONTRACTION STRESS TEST | 59020 | CPT | | | | both | | | 289 | 262.09 | Wellcare | Medicare | 227.9 | | | | 91.18 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FETAL NON-STRESS TEST | 59025 | CPT | | | | both | | | 716 | 262.09 | Aetna | Better Health | 225.9 | 31.55 | | 203.43 | 225.9 | 1782 | percent of total billed charges | |
| HC FETAL NON-STRESS TEST | 59025 | CPT | | | | both | | | 716 | 262.09 | UHC | Medicare | 227.9 | | | | 225.9 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FETAL NON-STRESS TEST | 59025 | CPT | | | | both | | | 716 | 262.09 | Aetna | Commercial | 371.93 | | | 194.83 | 225.9 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FETAL NON-STRESS TEST | 59025 | CPT | | | | both | | | 716 | 262.09 | Aetna | Medicare | 227.9 | | | | 225.9 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FETAL NON-STRESS TEST | 59025 | CPT | | | | both | | | 716 | 262.09 | Consumer | Consumer | 680.2 | 95 | | | 225.9 | 1782 | percent of total billed charges | |
| HC FETAL NON-STRESS TEST | 59025 | CPT | | | | both | | | 716 | 262.09 | Americare | Americare | 537 | 75 | | | 225.9 | 1782 | percent of total billed charges | |
| HC FETAL NON-STRESS TEST | 59025 | CPT | | | | both | | | 716 | 262.09 | Corrections | Corrections | 572.8 | 80 | | 126.9 | 225.9 | 1782 | percent of total billed charges | |
| HC FETAL NON-STRESS TEST | 59025 | CPT | | | | both | | | 716 | 262.09 | Horizon | Medicare Blue | 227.9 | | | | 225.9 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FETAL NON-STRESS TEST | 59025 | CPT | | | | both | | | 716 | 262.09 | Amerihealth | HMO/PPO | 465.4 | 65 | | | 225.9 | 1782 | percent of total billed charges | |
| HC FETAL NON-STRESS TEST | 59025 | CPT | | | | both | | | 716 | 262.09 | Wellcare | Medicaid | 225.9 | 31.55 | | 176.67 | 225.9 | 1782 | percent of total billed charges | |
| HC FETAL NON-STRESS TEST | 59025 | CPT | | | | both | | | 716 | 262.09 | First Health | First Health | 501.2 | 70 | | | 225.9 | 1782 | percent of total billed charges | |
| HC FETAL NON-STRESS TEST | 59025 | CPT | | | | both | | | 716 | 262.09 | WellPoint | WellPoint | 230.41 | 32.18 | | 147.46 | 225.9 | 1782 | percent of total billed charges | |
| HC FETAL NON-STRESS TEST | 59025 | CPT | | | | both | | | 716 | 262.09 | First Trenton | First Trenton | 644.4 | 90 | | | 225.9 | 1782 | percent of total billed charges | |
| HC FETAL NON-STRESS TEST | 59025 | CPT | | | | both | | | 716 | 262.09 | Three Rivers | Three Rivers | 680.2 | 95 | | | 225.9 | 1782 | percent of total billed charges | |
| HC FETAL NON-STRESS TEST | 59025 | CPT | | | | both | | | 716 | 262.09 | Horizon | MGD | 440.99 | | | 294.94 | 225.9 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FETAL NON-STRESS TEST | 59025 | CPT | | | | both | | | 716 | 262.09 | Horizon | PPO | 440.99 | | | 247.23 | 225.9 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FETAL NON-STRESS TEST | 59025 | CPT | | | | both | | | 716 | 262.09 | Horizon | Indemnity | 440.99 | | | 174.18 | 225.9 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FETAL NON-STRESS TEST | 59025 | CPT | | | | both | | | 716 | 262.09 | Managed Care Inc | Managed Care Inc | 644.4 | 90 | | | 225.9 | 1782 | percent of total billed charges | |
| HC FETAL NON-STRESS TEST | 59025 | CPT | | | | both | | | 716 | 262.09 | Multiplan | Multiplan | 572.8 | 80 | | | 225.9 | 1782 | percent of total billed charges | |
| HC FETAL NON-STRESS TEST | 59025 | CPT | | | | both | | | 716 | 262.09 | Wellcare | Medicare | 227.9 | | | | 225.9 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FETAL NON-STRESS TEST | 59025 | CPT | | | | both | | | 716 | 262.09 | Horizon | NJ Health | 678.6 | | | 202.02 | 225.9 | 1782 | fee schedule | |
| HC FETAL NON-STRESS TEST | 59025 | CPT | | | | both | | | 716 | 262.09 | United | Oxford | 1782 | | | | 225.9 | 1782 | case rate | |
| HC FETAL NON-STRESS TEST | 59025 | CPT | | | | both | | | 716 | 262.09 | Qualcare | Qualcare | 537 | 75 | | | 225.9 | 1782 | percent of total billed charges | |
| HC FETAL NON-STRESS TEST | 59025 | CPT | | | | both | | | 716 | 262.09 | United | Commercial/PPO | 1782 | | | 262.68 | 225.9 | 1782 | case rate | |
| HC FETAL NON-STRESS TEST | 59025 | CPT | | | | both | | | 716 | 262.09 | UHC | Medicaid | 225.9 | 31.55 | | 154.71 | 225.9 | 1782 | percent of total billed charges | |
| HC FETAL SCALP BLOOD SAMPLING | 59030 | CPT | | | | outpatient | | | 1149 | 421.94 | Amerihealth | HMO/PPO | 127.39 | | | | 127.39 | 1782 | fee schedule | |
| HC FETAL SCALP BLOOD SAMPLING | 59030 | CPT | | | | outpatient | | | 1149 | 421.94 | Americare | Americare | 861.75 | 75 | | | 127.39 | 1782 | percent of total billed charges | |
| HC FETAL SCALP BLOOD SAMPLING | 59030 | CPT | | | | outpatient | | | 1149 | 421.94 | Horizon | Indemnity | 709.95 | | | | 127.39 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FETAL SCALP BLOOD SAMPLING | 59030 | CPT | | | | outpatient | | | 1149 | 421.94 | Aetna | Better Health | 362.51 | 31.55 | | | 127.39 | 1782 | percent of total billed charges | |
| HC FETAL SCALP BLOOD SAMPLING | 59030 | CPT | | | | outpatient | | | 1149 | 421.94 | First Trenton | First Trenton | 1034.1 | 90 | | | 127.39 | 1782 | percent of total billed charges | |
| HC FETAL SCALP BLOOD SAMPLING | 59030 | CPT | | | | outpatient | | | 1149 | 421.94 | Aetna | Commercial | 598.78 | | | | 127.39 | 1782 | other | Payer-specific negotiated charge calculated as a

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
| HC FETAL SCALP BLOOD SAMPLING | 59030 | CPT | | | | outpatient | | | 1149 | | 421.94 | Horizon | Medicare Blue | 366.9 | | | | 127.39 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FETAL SCALP BLOOD SAMPLING | 59030 | CPT | | | | outpatient | | | 1149 | | 421.94 | Corrections | Corrections | 919.2 | 80 | | | 127.39 | 1782 | percent of total billed charges | |
| HC FETAL SCALP BLOOD SAMPLING | 59030 | CPT | | | | outpatient | | | 1149 | | 421.94 | First Health | First Health | 804.3 | 70 | | | 127.39 | 1782 | percent of total billed charges | |
| HC FETAL SCALP BLOOD SAMPLING | 59030 | CPT | | | | outpatient | | | 1149 | | 421.94 | United | Oxford | 1782 | | | | 127.39 | 1782 | case rate | |
| HC FETAL SCALP BLOOD SAMPLING | 59030 | CPT | | | | outpatient | | | 1149 | | 421.94 | Horizon | PPO | 709.95 | | | | 127.39 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FETAL SCALP BLOOD SAMPLING | 59030 | CPT | | | | outpatient | | | 1149 | | 421.94 | Multiplan | Multiplan | 919.2 | 80 | | | 127.39 | 1782 | percent of total billed charges | |
| HC FETAL SCALP BLOOD SAMPLING | 59030 | CPT | | | | outpatient | | | 1149 | | 421.94 | Horizon | MGD | 709.95 | | | | 127.39 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FETAL SCALP BLOOD SAMPLING | 59030 | CPT | | | | outpatient | | | 1149 | | 421.94 | Aetna | Medicare | 366.9 | | | | 127.39 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FETAL SCALP BLOOD SAMPLING | 59030 | CPT | | | | outpatient | | | 1149 | | 421.94 | UHC | Medicare | 366.9 | | | | 127.39 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FETAL SCALP BLOOD SAMPLING | 59030 | CPT | | | | outpatient | | | 1149 | | 421.94 | Qualcare | Qualcare | 861.75 | 75 | | | 127.39 | 1782 | percent of total billed charges | |
| HC FETAL SCALP BLOOD SAMPLING | 59030 | CPT | | | | outpatient | | | 1149 | | 421.94 | Horizon | NJ Health | 135.2 | | | | 127.39 | 1782 | fee schedule | |
| HC FETAL SCALP BLOOD SAMPLING | 59030 | CPT | | | | outpatient | | | 1149 | | 421.94 | Consumer | Consumer | 1091.55 | 95 | | | 127.39 | 1782 | percent of total billed charges | |
| HC FETAL SCALP BLOOD SAMPLING | 59030 | CPT | | | | outpatient | | | 1149 | | 421.94 | United | Commercial/PPO | 1782 | | | | 127.39 | 1782 | case rate | |
| HC FETAL SCALP BLOOD SAMPLING | 59030 | CPT | | | | outpatient | | | 1149 | | 421.94 | Wellcare | Medicaid | 362.51 | 31.55 | | | 127.39 | 1782 | percent of total billed charges | |
| HC FETAL SCALP BLOOD SAMPLING | 59030 | CPT | | | | outpatient | | | 1149 | | 421.94 | Managed Care Inc | Managed Care Inc | 1034.1 | 90 | | | 127.39 | 1782 | percent of total billed charges | |
| HC FETAL SCALP BLOOD SAMPLING | 59030 | CPT | | | | outpatient | | | 1149 | | 421.94 | Wellcare | Medicare | 366.9 | | | | 127.39 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FETAL SCALP BLOOD SAMPLING | 59030 | CPT | | | | outpatient | | | 1149 | | 421.94 | Three Rivers | Three Rivers | 1091.55 | 95 | | | 127.39 | 1782 | percent of total billed charges | |
| HC FETAL SCALP BLOOD SAMPLING | 59030 | CPT | | | | outpatient | | | 1149 | | 421.94 | WellPoint | WellPoint | 369.75 | 32.18 | | | 127.39 | 1782 | percent of total billed charges | |
| HC FETAL SCALP BLOOD SAMPLING | 59030 | CPT | | | | outpatient | | | 1149 | | 421.94 | UHC | Medicaid | 362.51 | 31.55 | | | 127.39 | 1782 | percent of total billed charges | |
| HC EXTERNAL FETAL MONIT. ON UNITS | 59050 | CPT | | | | both | | | 598 | | | Horizon | Indemnity | 228.91 | 38.28 | | 42.28 | 179.4 | 1782 | percent of total billed charges | |
| HC EXTERNAL FETAL MONIT. ON UNITS | 59050 | CPT | | | | both | | | 598 | | | Aetna | Better Health | 188.67 | 31.55 | | 87.11 | 179.4 | 1782 | percent of total billed charges | |
| HC EXTERNAL FETAL MONIT. ON UNITS | 59050 | CPT | | | | both | | | 598 | | | Consumer | Consumer | 568.1 | 95 | | | 179.4 | 1782 | percent of total billed charges | |
| HC EXTERNAL FETAL MONIT. ON UNITS | 59050 | CPT | | | | both | | | 598 | | | Americare | Americare | 448.5 | 75 | | | 179.4 | 1782 | percent of total billed charges | |
| HC EXTERNAL FETAL MONIT. ON UNITS | 59050 | CPT | | | | both | | | 598 | | | Amerihealth | HMO/PPO | 388.7 | 65 | | | 179.4 | 1782 | percent of total billed charges | |
| HC EXTERNAL FETAL MONIT. ON UNITS | 59050 | CPT | | | | both | | | 598 | | | Aetna | Medicare | 184.18 | 30.8 | | | 179.4 | 1782 | percent of total billed charges | |
| HC EXTERNAL FETAL MONIT. ON UNITS | 59050 | CPT | | | | both | | | 598 | | | First Health | First Health | 418.6 | 70 | | | 179.4 | 1782 | percent of total billed charges | |
| HC EXTERNAL FETAL MONIT. ON UNITS | 59050 | CPT | | | | both | | | 598 | | | First Trenton | First Trenton | 538.2 | 90 | | | 179.4 | 1782 | percent of total billed charges | |
| HC EXTERNAL FETAL MONIT. ON UNITS | 59050 | CPT | | | | both | | | 598 | | | Multiplan | Multiplan | 478.4 | 80 | | | 179.4 | 1782 | percent of total billed charges | |
| HC EXTERNAL FETAL MONIT. ON UNITS | 59050 | CPT | | | | both | | | 598 | | | Horizon | MGD | 228.91 | 38.28 | | 21.3 | 179.4 | 1782 | percent of total billed charges | |
| HC EXTERNAL FETAL MONIT. ON UNITS | 59050 | CPT | | | | both | | | 598 | | | Corrections | Corrections | 478.4 | 80 | | | 179.4 | 1782 | percent of total billed charges | |
| HC EXTERNAL FETAL MONIT. ON UNITS | 59050 | CPT | | | | both | | | 598 | | | United | Commercial/PPO | 1782 | | | 452.39 | 179.4 | 1782 | case rate | |
| HC EXTERNAL FETAL MONIT. ON UNITS | 59050 | CPT | | | | both | | | 598 | | | Qualcare | Qualcare | 448.5 | 75 | | | 179.4 | 1782 | percent of total billed charges | |
| HC EXTERNAL FETAL MONIT. ON UNITS | 59050 | CPT | | | | both | | | 598 | | | WellPoint | WellPoint | 192.44 | 32.18 | | 116.25 | 179.4 | 1782 | percent of total billed charges | |
| HC EXTERNAL FETAL MONIT. ON UNITS | 59050 | CPT | | | | both | | | 598 | | | Horizon | Medicare Blue | 179.4 | 30 | | | 179.4 | 1782 | percent of total billed charges | |
| HC EXTERNAL FETAL MONIT. ON UNITS | 59050 | CPT | | | | both | | | 598 | | | Managed Care Inc | Managed Care Inc | 538.2 | 90 | | | 179.4 | 1782 | percent of total billed charges | |
| HC EXTERNAL FETAL MONIT. ON UNITS | 59050 | CPT | | | | both | | | 598 | | | United | Oxford | 1782 | | | | 179.4 | 1782 | case rate | |
| HC EXTERNAL FETAL MONIT. ON UNITS | 59050 | CPT | | | | both | | | 598 | | | Wellcare | Medicaid | 188.67 | 31.55 | | 103.71 | 179.4 | 1782 | percent of total billed charges | |
| HC EXTERNAL FETAL MONIT. ON UNITS | 59050 | CPT | | | | both | | | 598 | | | Horizon | NJ Health | 751.68 | | | 119.19 | 179.4 | 1782 | fee schedule | |
| HC EXTERNAL FETAL MONIT. ON UNITS | 59050 | CPT | | | | both | | | 598 | | | Horizon | PPO | 228.91 | 38.28 | | 25.07 | 179.4 | 1782 | percent of total billed charges | |
| HC EXTERNAL FETAL MONIT. ON UNITS | 59050 | CPT | | | | both | | | 598 | | | Three Rivers | Three Rivers | 568.1 | 95 | | | 179.4 | 1782 | percent of total billed charges | |
| HC EXTERNAL FETAL MONIT. ON UNITS | 59050 | CPT | | | | both | | | 598 | | | UHC | Medicaid | 188.67 | 31.55 | | 57.13 | 179.4 | 1782 | percent of total billed charges | |
| HC HYSTEROTOMY ABDOMINAL | 59100 | CPT | | | | outpatient | | | 12786 | | 6541.81 | Horizon | Indemnity | 11007.31 | | | | 859 | 12146.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HYSTEROTOMY ABDOMINAL | 59100 | CPT | | | | outpatient | | | 12786 | | 6541.81 | Corrections | Corrections | 10228.8 | 80 | | | 859 | 12146.7 | percent of total billed charges | |
| HC HYSTEROTOMY ABDOMINAL | 59100 | CPT | | | | outpatient | | | 12786 | | 6541.81 | Consumer | Consumer | 12146.7 | 95 | | | 859 | 12146.7 | percent of total billed charges | |
| HC HYSTEROTOMY ABDOMINAL | 59100 | CPT | | | | outpatient | | | 12786 | | 6541.81 | Aetna | Medicare | 5688.53 | | | | 859 | 12146.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HYSTEROTOMY ABDOMINAL | 59100 | CPT | | | | outpatient | | | 12786 | | 6541.81 | Horizon | Medicare Blue | 5688.53 | | | | 859 | 12146.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HYSTEROTOMY ABDOMINAL | 59100 | CPT | | | | outpatient | | | 12786 | | 6541.81 | Aetna | Commercial | 9283.68 | | | | 859 | 12146.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HYSTEROTOMY ABDOMINAL | 59100 | CPT | | | | outpatient | | | 12786 | | 6541.81 | Aetna | Better Health | 4033.98 | 31.55 | | | 859 | 12146.7 | percent of total billed charges | |
| HC HYSTEROTOMY ABDOMINAL | 59100 | CPT | | | | outpatient | | | 12786 | | 6541.81 | Americare | Americare | 9589.5 | 75 | | | 859 | 12146.7 | percent of total billed charges | |
| HC HYSTEROTOMY ABDOMINAL | 59100 | CPT | | | | outpatient | | | 12786 | | 6541.81 | Horizon | PPO | 11007.31 | | | | 859 | 12146.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HYSTEROTOMY ABDOMINAL | 59100 | CPT | | | | outpatient | | | 12786 | | 6541.81 | First Trenton | First Trenton | 11507.4 | 90 | | | 859 | 12146.7 | percent of total billed charges | |
| HC HYSTEROTOMY ABDOMINAL | 59100 | CPT | | | | outpatient | | | 12786 | | 6541.81 | UHC | Medicaid | 4033.98 | 31.55 | | | 859 | 12146.7 | percent of total billed charges | |
| HC HYSTEROTOMY ABDOMINAL | 59100 | CPT | | | | outpatient | | | 12786 | | 6541.81 | Three Rivers | Three Rivers | 12146.7 | 95 | | | 859 | 12146.7 | percent of total billed charges | |
| HC HYSTEROTOMY ABDOMINAL | 59100 | CPT | | | | outpatient | | | 12786 | | 6541.81 | UHC | Medicare | 5688.53 | | | | 859 | 12146.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HYSTEROTOMY ABDOMINAL | 59100 | CPT | | | | outpatient | | | 12786 | | 6541.81 | Multiplan | Multiplan | 10228.8 | 80 | | | 859 | 12146.7 | percent of total billed charges | |
| HC HYSTEROTOMY ABDOMINAL | 59100 | CPT | | | | outpatient | | | 12786 | | 6541.81 | First Health | First Health | 8950.2 | 70 | | | 859 | 12146.7 | percent of total billed charges | |
| HC HYSTEROTOMY ABDOMINAL | 59100 | CPT | | | | outpatient | | | 12786 | | 6541.81 | Amerihealth | HMO/PPO | 950 | | | | 859 | 12146.7 | fee schedule | |
| HC HYSTEROTOMY ABDOMINAL | 59100 | CPT | | | | outpatient | | | 12786 | | 6541.81 | United | Commercial/PPO | 2776 | | | | 859 | 12146.7 | case rate | |
| HC HYSTEROTOMY ABDOMINAL | 59100 | CPT | | | | outpatient | | | 12786 | | 6541.81 | Horizon | NJ Health | 859 | | | | 859 | 12146.7 | fee schedule | |
| HC HYSTEROTOMY ABDOMINAL | 59100 | CPT | | | | outpatient | | | 12786 | | 6541.81 | United | Oxford | 2776 | | | | 859 | 12146.7 | case rate | |
| HC HYSTEROTOMY ABDOMINAL | 59100 | CPT | | | | outpatient | | | 12786 | | 6541.81 | Horizon | MGD | 11007.31 | | | | 859 | 12146.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HYSTEROTOMY ABDOMINAL | 59100 | CPT | | | | outpatient | | | 12786 | | 6541.81 | WellPoint | WellPoint | 4114.53 | 32.18 | | | 859 | 12146.7 | percent of total billed charges | |
| HC HYSTEROTOMY ABDOMINAL | 59100 | CPT | | | | outpatient | | | 12786 | | 6541.81 | Qualcare | Qualcare | 9589.5 | 75 | | | 859 | 12146.7 | percent of total billed charges | |
| HC HYSTEROTOMY ABDOMINAL | 59100 | CPT | | | | outpatient | | | 12786 | | 6541.81 | Wellcare | Medicaid | 4033.98 | 31.55 | | | 859 | 12146.7 | percent of total billed charges | |
| HC HYSTEROTOMY ABDOMINAL | 59100 | CPT | | | | outpatient | | | 12786 | | 6541.81 | Managed Care Inc | Managed Care Inc | 11507.4 | 90 | | | 859 | 12146.7 | percent of total billed charges | |
| HC HYSTEROTOMY ABDOMINAL | 59100 | CPT | | | | outpatient | | | 12786 | | 6541.81 | Wellcare | Medicare | 5688.53 | | | | 859 | 12146.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CURET FOR POSTPARTUM HEMORRHAGE | 59160 | CPT | | | | both | | | 9085.25 | | 4111.87 | Aetna | Better Health | 2866.4 | 31.55 | | | 263.09 | 8630.99 | percent of total billed charges | |
| HC CURET FOR POSTPARTUM HEMORRHAGE | 59160 | CPT | | | | both | | | 9085.25 | | 4111.87 | Amerihealth | HMO/PPO | 550 | | | | 263.09 | 8630.99 | fee schedule | |
| HC CURET FOR POSTPARTUM HEMORRHAGE | 59160 | CPT | | | | both | | | 9085.25 | | 4111.87 | Americare | Americare | 6813.94 | 75 | | | 263.09 | 8630.99 | percent of total billed charges | |
| HC CURET FOR POSTPARTUM HEMORRHAGE | 59160 | CPT | | | | both | | | 9085.25 | | 4111.87 | Horizon | MGD | 6918.67 | | | | 263.09 | 8630.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CURET FOR POSTPARTUM HEMORRHAGE | 59160 | CPT | | | | both | | | 9085.25 | | 4111.87 | Consumer | Consumer | 8630.99 | 95 | | | 263.09 | 8630.99 | percent of total billed charges | |
| HC CURET FOR POSTPARTUM HEMORRHAGE | 59160 | CPT | | | | both | | | 9085.25 | | 4111.87 | UHC | Medicaid | 2866.4 | 31.55 | | | 263.09 | 8630.99 | percent of total billed charges | |
| HC CURET FOR POSTPARTUM HEMORRHAGE | 59160 | CPT | | | | both | | | 9085.25 | | 4111.87 | Aetna | Commercial | 5835.28 | | | | 263.09 | 8630.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CURET FOR POSTPARTUM HEMORRHAGE | 59160 | CPT | | | | both | | | 9085.25 | | 4111.87 | First Trenton | First Trenton | 8176.73 | 90 | | | 263.09 | 8630.99 | percent of total billed charges | |
| HC CURET FOR POSTPARTUM HEMORRHAGE | 59160 | CPT | | | | both | | | 9085.25 | | 4111.87 | Wellcare | Medicare | 3575.54 | | | | 263.09 | 8630.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CURET FOR POSTPARTUM HEMORRHAGE | 59160 | CPT | | | | both | | | 9085.25 | | 4111.87 | First Health | First Health | 6359.68 | 70 | | | 263.09 | 8630.99 | percent of total billed charges | |
| HC CURET FOR POSTPARTUM HEMORRHAGE | 59160 | CPT | | | | both | | | 9085.25 | | 4111.87 | Three Rivers | Three Rivers | 8630.99 | 95 | | | 263.09 | 8630.99 | percent of total billed charges | |
| HC CURET FOR POSTPARTUM HEMORRHAGE | 59160 | CPT | | | | both | | | 9085.25 | | 4111.87 | UHC | Medicare | 3575.54 | | | | 263.09 | 8630.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CURET FOR POSTPARTUM HEMORRHAGE | 59160 | CPT | | | | both | | | 9085.25 | | 4111.87 | Corrections | Corrections | 7268.2 | 80 | | | 263.09 | 8630.99 | percent of total billed charges | |
| HC CURET FOR POSTPARTUM HEMORRHAGE | 59160 | CPT | | | | both | | | 9085.25 | | 4111.87 | United | Commercial/PPO | 2776 | | | | 263.09 | 8630.99 | case rate | |
| HC CURET FOR POSTPARTUM HEMORRHAGE | 59160 | CPT | | | | both | | | 9085.25 | | 4111.87 | Aetna | Medicare | 3575.54 | | | | 263.09 | 8630.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CURET FOR POSTPARTUM HEMORRHAGE | 59160 | CPT | | | | both | | | 9085.25 | | 4111.87 | Managed Care Inc | Managed Care Inc | 8176.73 | 90 | | | 263.09 | 8630.99 | percent of total billed charges | |
| HC CURET FOR POSTPARTUM HEMORRHAGE | 59160 | CPT | | | | both | | | 9085.25 | | 4111.87 | Horizon | Indemnity | 6918.67 | | | | 263.09 | 8630.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CURET FOR POSTPARTUM HEMORRHAGE | 59160 | CPT | | | | both | | | 9085.25 | | 4111.87 | Wellcare | Medicaid | 2866.4 | 31.55 | | | 263.09 | 8630.99 | percent of total billed charges | |
| HC CURET FOR POSTPARTUM HEMORRHAGE | 59160 | CPT | | | | both | | | 9085.25 | | 4111.87 | Multiplan | Multiplan | 7268.2 | 80 | | | 263.09 | 8630.99 | percent of total billed charges | |
| HC CURET FOR POSTPARTUM HEMORRHAGE | 59160 | CPT | | | | both | | | 9085.25 | | 4111.87 | Horizon | Medicare Blue | 3575.54 | | | | 263.09 | 8630.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CURET FOR POSTPARTUM HEMORRHAGE | 59160 | CPT | | | | both | | | 9085.25 | | 4111.87 | Qualcare | Medicare | 6813.94 | 75 | | | 263.09 | 8630.99 | percent of total billed charges | |
| HC CURET FOR POSTPARTUM HEMORRHAGE | 59160 | CPT | | | | both | | | 9085.25 | | 4111.87 | Horizon | NJ Health | 263.09 | | | | 263.09 | 8630.99 | fee schedule | |
| HC CURET FOR POSTPARTUM HEMORRHAGE | 59160 | CPT | | | | both | | | 9085.25 | | 4111.87 | Horizon | PPO | 6918.67 | | | | 263.09 | 8630.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CURET FOR POSTPARTUM HEMORRHAGE | 59160 | CPT | | | | both | | | 9085.25 | | 4111.87 | United | Oxford | 2776 | | | | 263.09 | 8630.99 | case rate | |
| HC CURET FOR POSTPARTUM HEMORRHAGE | 59160 | CPT | | | | both | | | 9085.25 | | 4111.87 | WellPoint | WellPoint | 2923.63 | 32.18 | | | 263.09 | 8630.99 | percent of total billed charges | |
| HC LAMINARIA INSERTION | 59200 | CPT | | | | outpatient | | | 1121 | | 421.94 | Aetna | Commercial | 598.78 | | | | 108.97 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LAMINARIA INSERTION | 59200 | CPT | | | | outpatient | | | 1121 | | 421.94 | First Trenton | First Trenton | 1008.9 | 90 | | | 108.97 | 1782 | percent of total billed charges | |
| HC LAMINARIA INSERTION | 59200 | CPT | | | | outpatient | | | 1121 | | 421.94 | Aetna | Better Health | 353.68 | 31.55 | | | 108.97 | 1782 | percent of total billed charges | |
| HC LAMINARIA INSERTION | 59200 | CPT | | | | outpatient | | | 1121 | | 421.94 | UHC | Medicare | 366.9 | | | | 108.97 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LAMINARIA INSERTION | 59200 | CPT | | | | outpatient | | | 1121 | | 421.94 | Multiplan | Multiplan | 896.8 | 80 | | | 108.97 | 1782 | percent of total billed charges | |
| HC LAMINARIA INSERTION | 59200 | CPT | | | | outpatient | | | 1121 | | 421.94 | Amerihealth | HMO/PPO | 125 | | | | 108.97 | 1782 | fee schedule | |
| HC LAMINARIA INSERTION | 59200 | CPT | | | | outpatient | | | 1121 | | 421.94 | Aetna | Medicare | 366.9 | | | | 108.97 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LAMINARIA INSERTION | 59200 | CPT | | | | outpatient | | | 1121 | | 421.94 | United | Commercial/PPO | 1782 | | | | 108.97 | 1782 | case rate | |
| HC LAMINARIA INSERTION | 59200 | CPT | | | | outpatient | | | 1121 | | 421.94 | Horizon | Indemnity | 709.95 | | | | 108.97 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LAMINARIA INSERTION | 59200 | CPT | | | | outpatient | | | 1121 | | 421.94 | Horizon | PPO | 709.95 | | | | 108.97 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LAMINARIA INSERTION | 59200 | CPT | | | | outpatient | | | 1121 | | 421.94 | Americare | Americare | 840.75 | 75 | | | 108.97 | 1782 | percent of total billed charges | |
| HC LAMINARIA INSERTION | 59200 | CPT | | | | outpatient | | | 1121 | | 421.94 | WellPoint | WellPoint | 360.74 | 32.18 | | 343.37 | 108.97 | 1782 | percent of total billed charges | |
| HC LAMINARIA INSERTION | 59200 | CPT | | | | outpatient | | | 1121 | | 421.94 | Qualcare | Qualcare | 840.75 | 75 | | | 108.97 | 1782 | percent of total billed charges | |
| HC LAMINARIA INSERTION | 59200 | CPT | | | | outpatient | | | 1121 | | 421.94 | First Health | First Health | 784.7 | 70 | | | 108.97 | 1782 | percent of total billed charges | |
| HC LAMINARIA INSERTION | 59200 | CPT | | | | outpatient | | | 1121 | | 421.94 | Consumer | Consumer | 1064.95 | 95 | | | 108.97 | 1782 | percent of total billed charges | |
| HC LAMINARIA INSERTION | 59200 | CPT | | | | outpatient | | | 1121 | | 421.94 | UHC | Medicaid | 353.68 | 31.55 | | | 108.97 | 1782 | percent of total billed charges | |
| HC LAMINARIA INSERTION | 59200 | CPT | | | | outpatient | | | 1121 | | 421.94 | Horizon | Medicare Blue | 366.9 | | | | 108.97 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LAMINARIA INSERTION | 59200 | CPT | | | | outpatient | | | 1121 | | 421.94 | Wellcare | Medicare | 366.9 | | | | 108.97 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LAMINARIA INSERTION | 59200 | CPT | | | | outpatient | | | 1121 | | 421.94 | Horizon | MGD | 709.95 | | | | 108.97 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LAMINARIA INSERTION | 59200 | CPT | | | | outpatient | | | 1121 | | 421.94 | United | Oxford | 1782 | | | | 108.97 | 1782 | case rate | |
| HC LAMINARIA INSERTION | 59200 | CPT | | | | outpatient | | | 1121 | | 421.94 | Wellcare | Medicaid | 353.68 | 31.55 | | 247.71 | 108.97 | 1782 | percent of total billed charges | |
| HC LAMINARIA INSERTION | 59200 | CPT | | | | outpatient | | | 1121 | | 421.94 | Corrections | Corrections | 896.8 | 80 | | | 108.97 | 1782 | percent of total billed charges | |
| HC LAMINARIA INSERTION | 59200 | CPT | | | | outpatient | | | 1121 | | 421.94 | Horizon | NJ Health | 108.97 | | | 17.12 | 108.97 | 1782 | fee schedule | |
| HC LAMINARIA INSERTION | 59200 | CPT | | | | outpatient | | | 1121 | | 421.94 | Managed Care Inc | Managed Care Inc | 1008.9 | 90 | | | 108.97 | 1782 | percent of total billed charges | |
| HC LAMINARIA INSERTION | 59200 | CPT | | | | outpatient | | | 1121 | | 421.94 | Three Rivers | Three Rivers | 1064.95 | 95 | | | 108.97 | 1782 | percent of total billed charges | |
| HC CERCLAGE | 59320 | CPT | | | | both | | | 10303 | | 4111.87 | Aetna | Commercial | 5835.28 | | | | 221.85 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CERCLAGE | 59320 | CPT | | | | both | | | 10303 | | 4111.87 | UHC | Medicaid | 3250.6 | 31.55 | | | 221.85 | 9787.85 | percent of total billed charges | |
| HC CERCLAGE | 59320 | CPT | | | | both | | | 10303 | | 4111.87 | Aetna | Better Health | 3250.6 | 31.55 | | | 221.85 | 9787.85 | percent of total billed charges | |
| HC CERCLAGE | 59320 | CPT | | | | both | | | 10303 | | 4111.87 | First Trenton | First Trenton | 9272.7 | 90 | | | 221.85 | 9787.85 | percent of total billed charges | |
| HC CERCLAGE | 59320 | CPT | | | | both | | | 10303 | | 4111.87 | Multiplan | Multiplan | 8242.4 | 80 | | | 221.85 | 9787.85 | percent of total billed charges | |
| HC CERCLAGE | 59320 | CPT | | | | both | | | 10303 | | 4111.87 | First Health | First Health | 7212.1 | 70 | | | 221.85 | 9787.85 | percent of total billed charges | |
| HC CERCLAGE | 59320 | CPT | | | | both | | | 10303 | | 4111.87 | Aetna | Medicare | 3575.54 | | | | 221.85 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CERCLAGE | 59320 | CPT | | | | both | | | 10303 | | 4111.87 | Amerihealth | HMO/PPO | 550 | | | | 221.85 | 9787.85 | fee schedule | |
| HC CERCLAGE | 59320 | CPT | | | | both | | | 10303 | | 4111.87 | Horizon | Indemnity | 6918.67 | | | | 221.85 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CERCLAGE | 59320 | CPT | | | | both | | | 10303 | | 4111.87 | UHC | Medicare | 3575.54 | | | | 221.85 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CERCLAGE | 59320 | CPT | | | | both | | | 10303 | | 4111.87 | Americare | Americare | 7727.25 | 75 | | | 221.85 | 9787.85 | percent of total billed charges | |
| HC CERCLAGE | 59320 | CPT | | | | both | | | 10303 | | 4111.87 | Horizon | NJ Health | 221.85 | | | 86.74 | 221.85 | 9787.85 | fee schedule | |
| HC CERCLAGE | 59320 | CPT | | | | both | | | 10303 | | 4111.87 | Horizon | Medicare Blue | 3575.54 | | | | 221.85 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CERCLAGE | 59320 | CPT | | | | both | | | 10303 | | 4111.87 | Qualcare | Qualcare | 7727.25 | 75 | | | 221.85 | 9787.85 | percent of total billed charges | |
| HC CERCLAGE | 59320 | CPT | | | | both | | | 10303 | | 4111.87 | Corrections | Corrections | 8242.4 | 80 | | | 221.85 | 9787.85 | percent of total billed charges | |
| HC CERCLAGE | 59320 | CPT | | | | both | | | 10303 | | 4111.87 | United | Oxford | 2776 | | | | 221.85 | 9787.85 | case rate | |
| HC CERCLAGE | 59320 | CPT | | | | both | | | 10303 | | 4111.87 | Consumer | Consumer | 9787.85 | 95 | | | 221.85 | 9787.85 | percent of total billed charges | |
| HC CERCLAGE | 59320 | CPT | | | | both | | | 10303 | | 4111.87 | United | Commercial/PPO | 2776 | | | | 221.85 | 9787.85 | case rate | |
| HC CERCLAGE | 59320 | CPT | | | | both | | | 10303 | | 4111.87 | Horizon | MGD | 6918.67 | | | | 221.85 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CERCLAGE | 59320 | CPT | | | | both | | | 10303 | | 4111.87 | Horizon | PPO | 6918.67 | | | | 221.85 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CERCLAGE | 59320 | CPT | | | | both | | | 10303 | | 4111.87 | Managed Care Inc | Managed Care Inc | 9272.7 | 90 | | | 221.85 | 9787.85 | percent of total billed charges | |
| HC CERCLAGE | 59320 | CPT | | | | both | | | 10303 | | 4111.87 | Wellcare | Medicaid | 3250.6 | 31.55 | | | 221.85 | 9787.85 | percent of total billed charges | |
| HC CERCLAGE | 59320 | CPT | | | | both | | | 10303 | | 4111.87 | Three Rivers | Three Rivers | 9787.85 | 95 | | | 221.85 | 9787.85 | percent of total billed charges | |
| HC CERCLAGE | 59320 | CPT | | | | both | | | 10303 | | 4111.87 | Wellcare | Medicare | 3575.54 | | | | 221.85 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CERCLAGE | 59320 | CPT | | | | both | | | 10303 | | 4111.87 | WellPoint | WellPoint | 3315.51 | 32.18 | | | 221.85 | 9787.85 | percent of total billed charges | |
| HC CERCIAGE OF CERVIXPREG. ABDMINI | 59325 | CPT | | | | inpatient | | | 840 | | | Amerihealth | HMO/PPO | 546 | 65 | | | 252 | 1782 | percent of total billed charges | |
| HC CERCIAGE OF CERVIXPREG. ABDMINI | 59325 | CPT | | | | inpatient | | | 840 | | | First Trenton | First Trenton | 756 | 90 | | | 252 | 1782 | percent of total billed charges | |
| HC CERCIAGE OF CERVIXPREG. ABDMINI | 59325 | CPT | | | | inpatient | | | 840 | | | Aetna | Medicare | 258.72 | 30.8 | | | 252 | 1782 | percent of total billed charges | |
| HC CERCIAGE OF CERVIXPREG. ABDMINI | 59325 | CPT | | | | inpatient | | | 840 | | | Americare | Americare | 630 | 75 | | | 252 | 1782 | percent of total billed charges | |
| HC CERCIAGE OF CERVIXPREG. ABDMINI | 59325 | CPT | | | | inpatient | | | 840 | | | Aetna | Better Health | 265.02 | 31.55 | | | 252 | 1782 | percent of total billed charges | |
| HC CERCIAGE OF CERVIXPREG. ABDMINI | 59325 | CPT | | | | inpatient | | | 840 | | | Consumer | Consumer | 798 | 95 | | | 252 | 1782 | percent of total billed charges | |
| HC CERCIAGE OF CERVIXPREG. ABDMINI | 59325 | CPT | | | | inpatient | | | 840 | | | First Health | First Health | 588 | 70 | | | 252 | 1782 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC CERCIAGE OF CERVIX\PREG. ABDMINI | 59325 | CPT | | | | inpatient | | | 840 | | Horizon | Indemnity | 321.55 | 38.28 | | | 252 | 1782 | percent of total billed charges | |
| HC CERCIAGE OF CERVIX\PREG. ABDMINI | 59325 | CPT | | | | inpatient | | | 840 | | Qualcare | Qualcare | 630 | 75 | | | 252 | 1782 | percent of total billed charges | |
| HC CERCIAGE OF CERVIX\PREG. ABDMINI | 59325 | CPT | | | | inpatient | | | 840 | | Corrections | Corrections | 672 | 80 | | | 252 | 1782 | percent of total billed charges | |
| HC CERCIAGE OF CERVIX\PREG. ABDMINI | 59325 | CPT | | | | inpatient | | | 840 | | Horizon | MGD | 321.55 | 38.28 | | | 252 | 1782 | percent of total billed charges | |
| HC CERCIAGE OF CERVIX\PREG. ABDMINI | 59325 | CPT | | | | inpatient | | | 840 | | Horizon | PPO | 321.55 | 38.28 | | | 252 | 1782 | percent of total billed charges | |
| HC CERCIAGE OF CERVIX\PREG. ABDMINI | 59325 | CPT | | | | inpatient | | | 840 | | Multiplan | Multiplan | 672 | 80 | | | 252 | 1782 | percent of total billed charges | |
| HC CERCIAGE OF CERVIX\PREG. ABDMINI | 59325 | CPT | | | | inpatient | | | 840 | | Horizon | NJ Health | 492.66 | | | | 252 | 1782 | fee schedule | |
| HC CERCIAGE OF CERVIX\PREG. ABDMINI | 59325 | CPT | | | | inpatient | | | 840 | | Horizon | Medicare Blue | 252 | 30 | | | 252 | 1782 | percent of total billed charges | |
| HC CERCIAGE OF CERVIX\PREG. ABDMINI | 59325 | CPT | | | | inpatient | | | 840 | | Three Rivers | Three Rivers | 798 | 95 | | | 252 | 1782 | percent of total billed charges | |
| HC CERCIAGE OF CERVIX\PREG. ABDMINI | 59325 | CPT | | | | inpatient | | | 840 | | WellPoint | WellPoint | 270.31 | 32.18 | | | 252 | 1782 | percent of total billed charges | |
| HC CERCIAGE OF CERVIX\PREG. ABDMINI | 59325 | CPT | | | | inpatient | | | 840 | | Managed Care Inc | Managed Care Inc | 756 | 90 | | | 252 | 1782 | percent of total billed charges | |
| HC CERCIAGE OF CERVIX\PREG. ABDMINI | 59325 | CPT | | | | inpatient | | | 840 | | UHC | Medicaid | 265.02 | 31.55 | | | 252 | 1782 | percent of total billed charges | |
| HC CERCIAGE OF CERVIX\PREG. ABDMINI | 59325 | CPT | | | | inpatient | | | 840 | | Wellcare | Medicaid | 265.02 | 31.55 | | | 252 | 1782 | percent of total billed charges | |
| HC CERCIAGE OF CERVIX\PREG. ABDMINI | 59325 | CPT | | | | inpatient | | | 840 | | United | CommercialPPO | 1782 | | | | 252 | 1782 | case rate | |
| HC CERCIAGE OF CERVIX\PREG. ABDMINI | 59325 | CPT | | | | inpatient | | | 840 | | United | Oxford | 1782 | | | | 252 | 1782 | case rate | |
| HC HYSTERRAHAPPY OF RUPTURED UTER | 59350 | CPT | | | | inpatient | | | 1909 | | Amerihealth | HMO/PPO | 1240.85 | 65 | | | 572.7 | 1813.55 | percent of total billed charges | |
| HC HYSTERRAHAPPY OF RUPTURED UTER | 59350 | CPT | | | | inpatient | | | 1909 | | Aetna | Medicare | 587.97 | 30.8 | | | 572.7 | 1813.55 | percent of total billed charges | |
| HC HYSTERRAHAPPY OF RUPTURED UTER | 59350 | CPT | | | | inpatient | | | 1909 | | Aetna | Better Health | 602.29 | 31.55 | | | 572.7 | 1813.55 | percent of total billed charges | |
| HC HYSTERRAHAPPY OF RUPTURED UTER | 59350 | CPT | | | | inpatient | | | 1909 | | Horizon | Medicare Blue | 572.7 | 30 | | | 572.7 | 1813.55 | percent of total billed charges | |
| HC HYSTERRAHAPPY OF RUPTURED UTER | 59350 | CPT | | | | inpatient | | | 1909 | | UHC | Medicaid | 602.29 | 31.55 | | | 572.7 | 1813.55 | percent of total billed charges | |
| HC HYSTERRAHAPPY OF RUPTURED UTER | 59350 | CPT | | | | inpatient | | | 1909 | | Horizon | MGD | 730.77 | 38.28 | | | 572.7 | 1813.55 | percent of total billed charges | |
| HC HYSTERRAHAPPY OF RUPTURED UTER | 59350 | CPT | | | | inpatient | | | 1909 | | Corrections | Corrections | 1527.2 | 80 | | | 572.7 | 1813.55 | percent of total billed charges | |
| HC HYSTERRAHAPPY OF RUPTURED UTER | 59350 | CPT | | | | inpatient | | | 1909 | | First Trenton | First Trenton | 1718.1 | 90 | | | 572.7 | 1813.55 | percent of total billed charges | |
| HC HYSTERRAHAPPY OF RUPTURED UTER | 59350 | CPT | | | | inpatient | | | 1909 | | First Health | First Health | 1336.3 | 70 | | | 572.7 | 1813.55 | percent of total billed charges | |
| HC HYSTERRAHAPPY OF RUPTURED UTER | 59350 | CPT | | | | inpatient | | | 1909 | | Wellcare | Medicaid | 602.29 | 31.55 | | | 572.7 | 1813.55 | percent of total billed charges | |
| HC HYSTERRAHAPPY OF RUPTURED UTER | 59350 | CPT | | | | inpatient | | | 1909 | | Americare | Americare | 1431.75 | 75 | | | 572.7 | 1813.55 | percent of total billed charges | |
| HC HYSTERRAHAPPY OF RUPTURED UTER | 59350 | CPT | | | | inpatient | | | 1909 | | WellPoint | WellPoint | 614.32 | 32.18 | | | 572.7 | 1813.55 | percent of total billed charges | |
| HC HYSTERRAHAPPY OF RUPTURED UTER | 59350 | CPT | | | | inpatient | | | 1909 | | Horizon | Indemnity | 730.77 | 38.28 | | | 572.7 | 1813.55 | percent of total billed charges | |
| HC HYSTERRAHAPPY OF RUPTURED UTER | 59350 | CPT | | | | inpatient | | | 1909 | | Consumer | Consumer | 1813.55 | 95 | | | 572.7 | 1813.55 | percent of total billed charges | |
| HC HYSTERRAHAPPY OF RUPTURED UTER | 59350 | CPT | | | | inpatient | | | 1909 | | Multiplan | Multiplan | 1527.2 | 80 | | | 572.7 | 1813.55 | percent of total billed charges | |
| HC HYSTERRAHAPPY OF RUPTURED UTER | 59350 | CPT | | | | inpatient | | | 1909 | | Horizon | NJ Health | 631.62 | | | | 572.7 | 1813.55 | fee schedule | |
| HC HYSTERRAHAPPY OF RUPTURED UTER | 59350 | CPT | | | | inpatient | | | 1909 | | Qualcare | Qualcare | 1431.75 | 75 | | | 572.7 | 1813.55 | percent of total billed charges | |
| HC HYSTERRAHAPPY OF RUPTURED UTER | 59350 | CPT | | | | inpatient | | | 1909 | | Horizon | PPO | 730.77 | 38.28 | | | 572.7 | 1813.55 | percent of total billed charges | |
| HC HYSTERRAHAPPY OF RUPTURED UTER | 59350 | CPT | | | | inpatient | | | 1909 | | Managed Care Inc | Managed Care Inc | 1718.1 | 90 | | | 572.7 | 1813.55 | percent of total billed charges | |
| HC HYSTERRAHAPPY OF RUPTURED UTER | 59350 | CPT | | | | inpatient | | | 1909 | | Three Rivers | Three Rivers | 1813.55 | 95 | | | 572.7 | 1813.55 | percent of total billed charges | |
| HC OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM | 59400 | CPT | | | | outpatient | | | 8304 | | Horizon | Indemnity | 3178.77 | 38.28 | | | 1331.1 | 7888.8 | percent of total billed charges | |
| HC OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM | 59400 | CPT | | | | outpatient | | | 8304 | | First Health | First Health | 5812.8 | 70 | | | 1331.1 | 7888.8 | percent of total billed charges | |
| HC OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM | 59400 | CPT | | | | outpatient | | | 8304 | | First Trenton | First Trenton | 7473.6 | 90 | | | 1331.1 | 7888.8 | percent of total billed charges | |
| HC OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM | 59400 | CPT | | | | outpatient | | | 8304 | | Consumer | Consumer | 7888.8 | 95 | | | 1331.1 | 7888.8 | percent of total billed charges | |
| HC OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM | 59400 | CPT | | | | outpatient | | | 8304 | | Americare | Americare | 6228 | 75 | | | 1331.1 | 7888.8 | percent of total billed charges | |
| HC OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM | 59400 | CPT | | | | outpatient | | | 8304 | | Aetna | Better Health | 2619.91 | 31.55 | | | 1331.1 | 7888.8 | percent of total billed charges | |
| HC OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM | 59400 | CPT | | | | outpatient | | | 8304 | | Aetna | Medicare | 2557.63 | 30.8 | | | 1331.1 | 7888.8 | percent of total billed charges | |
| HC OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM | 59400 | CPT | | | | outpatient | | | 8304 | | Corrections | Corrections | 6643.2 | 80 | | | 1331.1 | 7888.8 | percent of total billed charges | |
| HC OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM | 59400 | CPT | | | | outpatient | | | 8304 | | Managed Care Inc | Managed Care Inc | 7473.6 | 90 | | | 1331.1 | 7888.8 | percent of total billed charges | |
| HC OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM | 59400 | CPT | | | | outpatient | | | 8304 | | Multiplan | Multiplan | 6643.2 | 80 | | | 1331.1 | 7888.8 | percent of total billed charges | |
| HC OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM | 59400 | CPT | | | | outpatient | | | 8304 | | Horizon | MGD | 3178.77 | 38.28 | | | 1331.1 | 7888.8 | percent of total billed charges | |
| HC OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM | 59400 | CPT | | | | outpatient | | | 8304 | | Horizon | NJ Health | 1331.1 | | | | 1331.1 | 7888.8 | fee schedule | |
| HC OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM | 59400 | CPT | | | | outpatient | | | 8304 | | WellPoint | WellPoint | 2672.23 | 32.18 | | | 1331.1 | 7888.8 | percent of total billed charges | |
| HC OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM | 59400 | CPT | | | | outpatient | | | 8304 | | Amerihealth | HMO/PPO | 5397.6 | 65 | | | 1331.1 | 7888.8 | percent of total billed charges | |
| HC OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM | 59400 | CPT | | | | outpatient | | | 8304 | | Horizon | PPO | 3178.77 | 38.28 | | | 1331.1 | 7888.8 | percent of total billed charges | |
| HC OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM | 59400 | CPT | | | | outpatient | | | 8304 | | Qualcare | Qualcare | 6228 | 75 | | | 1331.1 | 7888.8 | percent of total billed charges | |
| HC OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM | 59400 | CPT | | | | outpatient | | | 8304 | | UHC | Medicaid | 2619.91 | 31.55 | | | 1331.1 | 7888.8 | percent of total billed charges | |
| HC OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM | 59400 | CPT | | | | outpatient | | | 8304 | | Horizon | Medicare Blue | 2491.2 | 30 | | | 1331.1 | 7888.8 | percent of total billed charges | |
| HC OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM | 59400 | CPT | | | | outpatient | | | 8304 | | Three Rivers | Three Rivers | 7888.8 | 95 | | | 1331.1 | 7888.8 | percent of total billed charges | |
| HC OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM | 59400 | CPT | | | | outpatient | | | 8304 | | Wellcare | Medicaid | 2619.91 | 31.55 | | | 1331.1 | 7888.8 | percent of total billed charges | |
| HC VAGINAL DELIVERY ONLY WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS | 59409 | CPT | | | | both | | | 9085.25 | | 4111.87 Horizon | PPO | 6918.67 | | | | 550 | 8630.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VAGINAL DELIVERY ONLY WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS | 59409 | CPT | | | | both | | | 9085.25 | | 4111.87 Aetna | Commercial | 5835.28 | | | | 550 | 8630.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VAGINAL DELIVERY ONLY WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS | 59409 | CPT | | | | both | | | 9085.25 | | 4111.87 First Health | First Health | 6359.68 | 70 | | | 550 | 8630.99 | percent of total billed charges | |
| HC VAGINAL DELIVERY ONLY WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS | 59409 | CPT | | | | both | | | 9085.25 | | 4111.87 Aetna | Better Health | 2866.4 | 31.55 | | | 550 | 8630.99 | percent of total billed charges | |
| HC VAGINAL DELIVERY ONLY WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS | 59409 | CPT | | | | both | | | 9085.25 | | 4111.87 First Trenton | First Trenton | 8176.73 | 90 | | | 550 | 8630.99 | percent of total billed charges | |
| HC VAGINAL DELIVERY ONLY WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS | 59409 | CPT | | | | both | | | 9085.25 | | 4111.87 Consumer | Consumer | 8630.99 | 95 | | | 550 | 8630.99 | percent of total billed charges | |
| HC VAGINAL DELIVERY ONLY WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS | 59409 | CPT | | | | both | | | 9085.25 | | 4111.87 Amerihealth | HMO/PPO | 550 | | | | 550 | 8630.99 | fee schedule | |
| HC VAGINAL DELIVERY ONLY WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS | 59409 | CPT | | | | both | | | 9085.25 | | 4111.87 Corrections | Corrections | 7268.2 | 80 | | | 550 | 8630.99 | percent of total billed charges | |
| HC VAGINAL DELIVERY ONLY WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS | 59409 | CPT | | | | both | | | 9085.25 | | 4111.87 UHC | Medicare | 3575.54 | | | | 550 | 8630.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VAGINAL DELIVERY ONLY WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS | 59409 | CPT | | | | both | | | 9085.25 | | 4111.87 Aetna | Medicare | 3575.54 | | | | 550 | 8630.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VAGINAL DELIVERY ONLY WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS | 59409 | CPT | | | | both | | | 9085.25 | | 4111.87 Wellcare | Medicare | 3575.54 | | | | 550 | 8630.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VAGINAL DELIVERY ONLY WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS | 59409 | CPT | | | | both | | | 9085.25 | | 4111.87 Horizon | Medicare Blue | 3575.54 | | | | 550 | 8630.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VAGINAL DELIVERY ONLY WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS | 59409 | CPT | | | | both | | | 9085.25 | | 4111.87 Horizon | Indemnity | 6918.67 | | | | 550 | 8630.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VAGINAL DELIVERY ONLY WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS | 59409 | CPT | | | | both | | | 9085.25 | | 4111.87 Horizon | NJ Health | 1090.9 | | | | 550 | 8630.99 | fee schedule | |
| HC VAGINAL DELIVERY ONLY WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS | 59409 | CPT | | | | both | | | 9085.25 | | 4111.87 UHC | Medicaid | 2866.4 | 31.55 | | | 550 | 8630.99 | percent of total billed charges | |
| HC VAGINAL DELIVERY ONLY WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS | 59409 | CPT | | | | both | | | 9085.25 | | 4111.87 WellPoint | WellPoint | 2923.63 | 32.18 | | | 550 | 8630.99 | percent of total billed charges | |
| HC VAGINAL DELIVERY ONLY WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS | 59409 | CPT | | | | both | | | 9085.25 | | 4111.87 Managed Care Inc | Managed Care Inc | 8176.73 | 90 | | | 550 | 8630.99 | percent of total billed charges | |
| HC VAGINAL DELIVERY ONLY WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS | 59409 | CPT | | | | both | | | 9085.25 | | 4111.87 Americare | Americare | 6813.94 | 75 | | | 550 | 8630.99 | percent of total billed charges | |
| HC VAGINAL DELIVERY ONLY WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS | 59409 | CPT | | | | both | | | 9085.25 | | 4111.87 United | CommercialPPO | 2776 | | | | 550 | 8630.99 | case rate | |
| HC VAGINAL DELIVERY ONLY WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS | 59409 | CPT | | | | both | | | 9085.25 | | 4111.87 Three Rivers | Three Rivers | 8630.99 | 95 | | | 550 | 8630.99 | percent of total billed charges | |
| HC VAGINAL DELIVERY ONLY WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS | 59409 | CPT | | | | both | | | 9085.25 | | 4111.87 United | Oxford | 2776 | | | | 550 | 8630.99 | case rate | |
| HC VAGINAL DELIVERY ONLY WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS | 59409 | CPT | | | | both | | | 9085.25 | | 4111.87 Horizon | MGD | 6918.67 | | | | 550 | 8630.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VAGINAL DELIVERY ONLY WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS | 59409 | CPT | | | | both | | | 9085.25 | | 4111.87 Wellcare | Medicaid | 2866.4 | 31.55 | | | 550 | 8630.99 | percent of total billed charges | |
| HC VAGINAL DELIVERY ONLY WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS | 59409 | CPT | | | | both | | | 9085.25 | | 4111.87 Multiplan | Multiplan | 7268.2 | 80 | | | 550 | 8630.99 | percent of total billed charges | |
| HC VAGINAL DELIVERY ONLY WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS | 59409 | CPT | | | | both | | | 9085.25 | | 4111.87 Qualcare | Qualcare | 6813.94 | 75 | | | 550 | 8630.99 | percent of total billed charges | |
| HC EXTML CEPHALIC VERSION W/ORW/O TOCLYSIS | 59412 | CPT | | | | both | | | 1049 | | 4111.87 First Health | First Health | 7734.3 | 70 | | | 123.95 | 10496.55 | percent of total billed charges | |
| HC EXTML CEPHALIC VERSION W/ORW/O TOCLYSIS | 59412 | CPT | | | | both | | | 1049 | | 4111.87 Aetna | Commercial | 5835.28 | | | | 123.95 | 10496.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTML CEPHALIC VERSION W/ORW/O TOCLYSIS | 59412 | CPT | | | | both | | | 1049 | | 4111.87 Aetna | Better Health | 3485.96 | 31.55 | | | 123.95 | 10496.55 | percent of total billed charges | |
| HC EXTML CEPHALIC VERSION W/ORW/O TOCLYSIS | 59412 | CPT | | | | both | | | 1049 | | 4111.87 First Trenton | First Trenton | 9944.1 | 90 | | | 123.95 | 10496.55 | percent of total billed charges | |
| HC EXTML CEPHALIC VERSION W/ORW/O TOCLYSIS | 59412 | CPT | | | | both | | | 1049 | | 4111.87 Qualcare | Qualcare | 8286.75 | 75 | | | 123.95 | 10496.55 | percent of total billed charges | |
| HC EXTML CEPHALIC VERSION W/ORW/O TOCLYSIS | 59412 | CPT | | | | both | | | 1049 | | 4111.87 Americare | Americare | 8286.75 | 75 | | | 123.95 | 10496.55 | percent of total billed charges | |
| HC EXTML CEPHALIC VERSION W/ORW/O TOCLYSIS | 59412 | CPT | | | | both | | | 1049 | | 4111.87 Aetna | Medicare | 3575.54 | | | | 123.95 | 10496.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTML CEPHALIC VERSION W/ORW/O TOCLYSIS | 59412 | CPT | | | | both | | | 1049 | | 4111.87 Three Rivers | Three Rivers | 10496.55 | 95 | | | 123.95 | 10496.55 | percent of total billed charges | |
| HC EXTML CEPHALIC VERSION W/ORW/O TOCLYSIS | 59412 | CPT | | | | both | | | 1049 | | 4111.87 Horizon | Indemnity | 6918.67 | | | | 123.95 | 10496.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTML CEPHALIC VERSION W/ORW/O TOCLYSIS | 59412 | CPT | | | | both | | | 1049 | | 4111.87 Amerihealth | HMO/PPO | 550 | | | | 123.95 | 10496.55 | fee schedule | |
| HC EXTML CEPHALIC VERSION W/ORW/O TOCLYSIS | 59412 | CPT | | | | both | | | 1049 | | 4111.87 Consumer | Consumer | 10496.55 | 95 | | | 123.95 | 10496.55 | percent of total billed charges | |
| HC EXTML CEPHALIC VERSION W/ORW/O TOCLYSIS | 59412 | CPT | | | | both | | | 1049 | | 4111.87 Managed Care Inc | Managed Care Inc | 9944.1 | 90 | | | 123.95 | 10496.55 | percent of total billed charges | |
| HC EXTML CEPHALIC VERSION W/ORW/O TOCLYSIS | 59412 | CPT | | | | both | | | 1049 | | 4111.87 UHC | Medicaid | 3485.96 | 31.55 | | | 123.95 | 10496.55 | percent of total billed charges | |
| HC EXTML CEPHALIC VERSION W/ORW/O TOCLYSIS | 59412 | CPT | | | | both | | | 1049 | | 4111.87 United | Oxford | 2776 | | | | 123.95 | 10496.55 | case rate | |
| HC EXTML CEPHALIC VERSION W/ORW/O TOCLYSIS | 59412 | CPT | | | | both | | | 1049 | | 4111.87 Horizon | MGD | 6918.67 | | | | 123.95 | 10496.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTML CEPHALIC VERSION W/ORW/O TOCLYSIS | 59412 | CPT | | | | both | | | 1049 | | 4111.87 Wellcare | Medicare | 3575.54 | | | | 123.95 | 10496.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTML CEPHALIC VERSION W/ORW/O TOCLYSIS | 59412 | CPT | | | | both | | | 1049 | | 4111.87 Multiplan | Multiplan | 8839.2 | 80 | | | 123.95 | 10496.55 | percent of total billed charges | |
| HC EXTML CEPHALIC VERSION W/ORW/O TOCLYSIS | 59412 | CPT | | | | both | | | 1049 | | 4111.87 Corrections | Corrections | 8839.2 | 80 | | | 123.95 | 10496.55 | percent of total billed charges | |
| HC EXTML CEPHALIC VERSION W/ORW/O TOCLYSIS | 59412 | CPT | | | | both | | | 1049 | | 4111.87 UHC | Medicare | 3575.54 | | | | 123.95 | 10496.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTML CEPHALIC VERSION W/ORW/O TOCLYSIS | 59412 | CPT | | | | both | | | 1049 | | 4111.87 Horizon | PPO | 6918.67 | | | | 123.95 | 10496.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTML CEPHALIC VERSION W/ORW/O TOCLYSIS | 59412 | CPT | | | | both | | | 1049 | | 4111.87 United | CommercialPPO | 2776 | | | | 123.95 | 10496.55 | case rate | |
| HC EXTML CEPHALIC VERSION W/ORW/O TOCLYSIS | 59412 | CPT | | | | both | | | 1049 | | 4111.87 Horizon | Medicare Blue | 3575.54 | | | | 123.95 | 10496.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTML CEPHALIC VERSION W/ORW/O TOCLYSIS | 59412 | CPT | | | | both | | | 1049 | | 4111.87 WellPoint | WellPoint | 3555.57 | 32.18 | | | 123.95 | 10496.55 | percent of total billed charges | |
| HC EXTML CEPHALIC VERSION W/ORW/O TOCLYSIS | 59412 | CPT | | | | both | | | 1049 | | 4111.87 Horizon | NJ Health | 123.95 | | | | 123.95 | 10496.55 | fee schedule | |
| HC EXTML CEPHALIC VERSION W/ORW/O TOCLYSIS | 59412 | CPT | | | | both | | | 1049 | | 4111.87 Wellcare | Medicaid | 3485.96 | 31.55 | | | 123.95 | 10496.55 | percent of total billed charges | |
| HC DELIVERY OF PLACENTA | 59414 | CPT | | | | both | | | 9085.25 | | 4111.87 Aetna | Better Health | 2866.4 | 31.55 | | | 109.62 | 8630.99 | percent of total billed charges | |
| HC DELIVERY OF PLACENTA | 59414 | CPT | | | | both | | | 9085.25 | | 4111.87 First Health | First Health | 6359.68 | 70 | | | 109.62 | 8630.99 | percent of total billed charges | |
| HC DELIVERY OF PLACENTA | 59414 | CPT | | | | both | | | 9085.25 | | 4111.87 UHC | Medicare | 3575.54 | | | | 109.62 | 8630.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DELIVERY OF PLACENTA | 59414 | CPT | | | | both | | | 9085.25 | | 4111.87 Americare | Americare | 6813.94 | 75 | | | 109.62 | 8630.99 | percent of total billed charges | |
| HC DELIVERY OF PLACENTA | 59414 | CPT | | | | both | | | 9085.25 | | 4111.87 Corrections | Corrections | 7268.2 | 80 | | | 109.62 | 8630.99 | percent of total billed charges | |
| HC DELIVERY OF PLACENTA | 59414 | CPT | | | | both | | | 9085.25 | | 4111.87 UHC | Medicaid | 2866.4 | 31.55 | | | 109.62 | 8630.99 | percent of total billed charges | |
| HC DELIVERY OF PLACENTA | 59414 | CPT | | | | both | | | 9085.25 | | 4111.87 Aetna | Commercial | 5835.28 | | | | 109.62 | 8630.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DELIVERY OF PLACENTA | 59414 | CPT | | | | both | | | 9085.25 | | 4111.87 Aetna | Medicare | 3575.54 | | | | 109.62 | 8630.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DELIVERY OF PLACENTA | 59414 | CPT | | | | both | | | 9085.25 | | 4111.87 Consumer | Consumer | 8630.99 | 95 | | | 109.62 | 8630.99 | percent of total billed charges | |
| HC DELIVERY OF PLACENTA | 59414 | CPT | | | | both | | | 9085.25 | | 4111.87 Horizon | Medicare Blue | 3575.54 | | | | 109.62 | 8630.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DELIVERY OF PLACENTA | 59414 | CPT | | | | both | | | 9085.25 | | 4111.87 Horizon | Indemnity | 6918.67 | | | | 109.62 | 8630.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DELIVERY OF PLACENTA | 59414 | CPT | | | | both | | | 9085.25 | | 4111.87 Amerihealth | HMO/PPO | 550 | | | | 109.62 | 8630.99 | fee schedule | |
| HC DELIVERY OF PLACENTA | 59414 | CPT | | | | both | | | 9085.25 | | 4111.87 Horizon | PPO | 6918.67 | | | | 109.62 | 8630.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DELIVERY OF PLACENTA | 59414 | CPT | | | | both | | | 9085.25 | | 4111.87 United | CommercialPPO | 2776 | | | | 109.62 | 8630.99 | case rate | |
| HC DELIVERY OF PLACENTA | 59414 | CPT | | | | both | | | 9085.25 | | 4111.87 Multiplan | Multiplan | 7268.2 | 80 | | | 109.62 | 8630.99 | percent of total billed charges | |
| HC DELIVERY OF PLACENTA | 59414 | CPT | | | | both | | | 9085.25 | | 4111.87 First Trenton | First Trenton | 8176.73 | 90 | | | 109.62 | 8630.99 | percent of total billed charges | |
| HC DELIVERY OF PLACENTA | 59414 | CPT | | | | both | | | 9085.25 | | 4111.87 Horizon | NJ Health | 109.62 | | | | 109.62 | 8630.99 | fee schedule | |
| HC DELIVERY OF PLACENTA | 59414 | CPT | | | | both | | | 9085.25 | | 4111.87 Horizon | MGD | 6918.67 | | | | 109.62 | 8630.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DELIVERY OF PLACENTA | 59414 | CPT | | | | both | | | 9085.25 | | 4111.87 Qualcare | Qualcare | 6813.94 | 75 | | | 109.62 | 8630.99 | percent of total billed charges | |
| HC DELIVERY OF PLACENTA | 59414 | CPT | | | | both | | | 9085.25 | | 4111.87 Managed Care Inc | Managed Care Inc | 8176.73 | 90 | | | 109.62 | 8630.99 | percent of total billed charges | |
| HC DELIVERY OF PLACENTA | 59414 | CPT | | | | both | | | 9085.25 | | 4111.87 Wellcare | Medicare | 3575.54 | | | | 109.62 | 8630.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DELIVERY OF PLACENTA | 59414 | CPT | | | | both | | | 9085.25 | | 4111.87 Three Rivers | Three Rivers | 8630.99 | 95 | | | 109.62 | 8630.99 | percent of total billed charges | |
| HC DELIVERY OF PLACENTA | 59414 | CPT | | | | both | | | 9085.25 | | 4111.87 WellPoint | WellPoint | 2923.63 | 32.18 | | | 109.62 | 8630.99 | percent of total billed charges | |
| HC DELIVERY OF PLACENTA | 59414 | CPT | | | | both | | | 9085.25 | | 4111.87 United | Oxford | 2776 | | | | 109.62 | 8630.99 | case rate | |
| HC DELIVERY OF PLACENTA | 59414 | CPT | | | | both | | | 9085.25 | | 4111.87 Wellcare | Medicaid | 2866.4 | 31.55 | | | 109.62 | 8630.99 | percent of total billed charges | |
| HC OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM | 59510 | CPT | | | | outpatient | | | 2960.9 | | Americare | Americare | 2220.68 | 75 | | | 888.27 | 2812.86 | percent of total billed charges | |
| HC OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM | 59510 | CPT | | | | outpatient | | | 2960.9 | | Consumer | Consumer | 2812.86 | 95 | | | 888.27 | 2812.86 | percent of total billed charges | |
| HC OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM | 59510 | CPT | | | | outpatient | | | 2960.9 | | Horizon | MGD | 1133.43 | 38.28 | | | 888.27 | 2812.86 | percent of total billed charges | |
| HC OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM | 59510 | CPT | | | | outpatient | | | 2960.9 | | Aetna | Better Health | 934.16 | 31.55 | | | 888.27 | 2812.86 | percent of total billed charges | |
| HC OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM | 59510 | CPT | | | | outpatient | | | 2960.9 | | Horizon | Medicare Blue | 886.27 | 30 | | | 888.27 | 2812.86 | percent of total billed charges | |
| HC OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM | 59510 | CPT | | | | outpatient | | | 2960.9 | | Aetna | Medicare | 911.96 | 30.8 | | | 888.27 | 2812.86 | percent of total billed charges | |
| HC OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM | 59510 | CPT | | | | outpatient | | | 2960.9 | | First Trenton | First Trenton | 2664.81 | 90 | | | 888.27 | 2812.86 | percent of total billed charges | |
| HC OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM | 59510 | CPT | | | | outpatient | | | 2960.9 | | Corrections | Corrections | 2368.72 | 80 | | | 888.27 | 2812.86 | percent of total billed charges | |
| HC OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM | 59510 | CPT | | | | outpatient | | | 2960.9 | | Wellcare | Medicaid | 934.16 | 31.55 | | | 888.27 | 2812.86 | percent of total billed charges | |
| HC OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM | 59510 | CPT | | | | outpatient | | | 2960.9 | | First Health | First Health | 2072.63 | 70 | | | 888.27 | 2812.86 | percent of total billed charges | |
| HC OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM | 59510 | CPT | | | | outpatient | | | 2960.9 | | Horizon | NJ Health | 1560.78 | | | | 888.27 | 2812.86 | fee schedule | |
| HC OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM | 59510 | CPT | | | | outpatient | | | 2960.9 | | Amerihealth | HMO/PPO | 1924.59 | 65 | | | 888.27 | 2812.86 | percent of total billed charges | |
| HC OB ANTEPARTUM CARE CESAREA

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM | 59510 | CPT | | | | outpatient | | | 2960.9 | | Multiplan | Multiplan | 2368.72 | 80 | | | 888.27 | 2812.86 | percent of total billed charges | |
| HC OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM | 59510 | CPT | | | | outpatient | | | 2960.9 | | Qualcare | Qualcare | 2220.68 | 75 | | | 888.27 | 2812.86 | percent of total billed charges | |
| HC CESAREAN DELIVERY ONLY, EMERGENCY | 59514 | CPT | | | | both | | | 12374 | | Aetna | Better Health | 3904 | 31.55 | | | 1122.3 | 11755.3 | percent of total billed charges | |
| HC CESAREAN DELIVERY ONLY, EMERGENCY | 59514 | CPT | | | | both | | | 12374 | | First Health | First Health | 8661.8 | 70 | | | 1122.3 | 11755.3 | percent of total billed charges | |
| HC CESAREAN DELIVERY ONLY, EMERGENCY | 59514 | CPT | | | | both | | | 12374 | | Amerihealth | HMO/PPO | 8043.1 | 65 | | | 1122.3 | 11755.3 | percent of total billed charges | |
| HC CESAREAN DELIVERY ONLY, EMERGENCY | 59514 | CPT | | | | both | | | 12374 | | First Trenton | First Trenton | 11136.6 | 90 | | | 1122.3 | 11755.3 | percent of total billed charges | |
| HC CESAREAN DELIVERY ONLY, EMERGENCY | 59514 | CPT | | | | both | | | 12374 | | Aetna | Commercial | 4702.12 | 38 | | | 1122.3 | 11755.3 | percent of total billed charges | |
| HC CESAREAN DELIVERY ONLY, EMERGENCY | 59514 | CPT | | | | both | | | 12374 | | Aetna | Medicare | 3811.19 | 30.8 | | | 1122.3 | 11755.3 | percent of total billed charges | |
| HC CESAREAN DELIVERY ONLY, EMERGENCY | 59514 | CPT | | | | both | | | 12374 | | Americare | Americare | 9280.5 | 75 | | | 1122.3 | 11755.3 | percent of total billed charges | |
| HC CESAREAN DELIVERY ONLY, EMERGENCY | 59514 | CPT | | | | both | | | 12374 | | Corrections | Corrections | 9899.2 | 80 | | | 1122.3 | 11755.3 | percent of total billed charges | |
| HC CESAREAN DELIVERY ONLY, EMERGENCY | 59514 | CPT | | | | both | | | 12374 | | Horizon | Medicare Blue | 3712.2 | 30 | | | 1122.3 | 11755.3 | percent of total billed charges | |
| HC CESAREAN DELIVERY ONLY, EMERGENCY | 59514 | CPT | | | | both | | | 12374 | | Horizon | MGD | 4736.77 | 38.28 | | | 1122.3 | 11755.3 | percent of total billed charges | |
| HC CESAREAN DELIVERY ONLY, EMERGENCY | 59514 | CPT | | | | both | | | 12374 | | Multiplan | Multiplan | 9899.2 | 80 | | | 1122.3 | 11755.3 | percent of total billed charges | |
| HC CESAREAN DELIVERY ONLY, EMERGENCY | 59514 | CPT | | | | both | | | 12374 | | Horizon | Indemnity | 4736.77 | 38.28 | | | 1122.3 | 11755.3 | percent of total billed charges | |
| HC CESAREAN DELIVERY ONLY, EMERGENCY | 59514 | CPT | | | | both | | | 12374 | | Consumer | Consumer | 11755.3 | 95 | | | 1122.3 | 11755.3 | percent of total billed charges | |
| HC CESAREAN DELIVERY ONLY, EMERGENCY | 59514 | CPT | | | | both | | | 12374 | | UHC | Medicaid | 3904 | 31.55 | | | 1122.3 | 11755.3 | percent of total billed charges | |
| HC CESAREAN DELIVERY ONLY, EMERGENCY | 59514 | CPT | | | | both | | | 12374 | | Qualcare | Qualcare | 9280.5 | 75 | | | 1122.3 | 11755.3 | percent of total billed charges | |
| HC CESAREAN DELIVERY ONLY, EMERGENCY | 59514 | CPT | | | | both | | | 12374 | | WellPoint | WellPoint | 3981.95 | 32.18 | | | 1122.3 | 11755.3 | percent of total billed charges | |
| HC CESAREAN DELIVERY ONLY, EMERGENCY | 59514 | CPT | | | | both | | | 12374 | | Wellcare | Medicaid | 3904 | 31.55 | | | 1122.3 | 11755.3 | percent of total billed charges | |
| HC CESAREAN DELIVERY ONLY, EMERGENCY | 59514 | CPT | | | | both | | | 12374 | | Horizon | NJ Health | 1122.3 | | | | 1122.3 | 11755.3 | fee schedule | |
| HC CESAREAN DELIVERY ONLY, EMERGENCY | 59514 | CPT | | | | both | | | 12374 | | Horizon | PPO | 4736.77 | 38.28 | | | 1122.3 | 11755.3 | percent of total billed charges | |
| HC CESAREAN DELIVERY ONLY, EMERGENCY | 59514 | CPT | | | | both | | | 12374 | | Managed Care Inc | Managed Care Inc | 11136.6 | 90 | | | 1122.3 | 11756.3 | percent of total billed charges | |
| HC CESAREAN DELIVERY ONLY, EMERGENCY | 59514 | CPT | | | | both | | | 12374 | | Three Rivers | Three Rivers | 11755.3 | 95 | | | 1122.3 | 11755.3 | percent of total billed charges | |
| HC HYSTERECTOMY TOTAL OR SUBTOTAL AFTER CESAREAN DELIVERY | 59525 | CPT | | | | outpatient | | | 18715 | | Aetna | Medicare | 5764.22 | 30.8 | | | 944.82 | 17779.25 | percent of total billed charges | |
| HC HYSTERECTOMY TOTAL OR SUBTOTAL AFTER CESAREAN DELIVERY | 59525 | CPT | | | | outpatient | | | 18715 | | Aetna | Better Health | 5904.58 | 31.55 | | | 944.82 | 17779.25 | percent of total billed charges | |
| HC HYSTERECTOMY TOTAL OR SUBTOTAL AFTER CESAREAN DELIVERY | 59525 | CPT | | | | outpatient | | | 18715 | | WellPoint | WellPoint | 6022.49 | 32.18 | | | 944.82 | 17779.25 | percent of total billed charges | |
| HC HYSTERECTOMY TOTAL OR SUBTOTAL AFTER CESAREAN DELIVERY | 59525 | CPT | | | | outpatient | | | 18715 | | First Health | First Health | 13100.5 | 70 | | | 944.82 | 17779.25 | percent of total billed charges | |
| HC HYSTERECTOMY TOTAL OR SUBTOTAL AFTER CESAREAN DELIVERY | 59525 | CPT | | | | outpatient | | | 18715 | | Americare | Americare | 14036.25 | 75 | | | 944.82 | 17779.25 | percent of total billed charges | |
| HC HYSTERECTOMY TOTAL OR SUBTOTAL AFTER CESAREAN DELIVERY | 59525 | CPT | | | | outpatient | | | 18715 | | Amerihealth | HMO/PPO | 12164.75 | 65 | | | 944.82 | 17779.25 | percent of total billed charges | |
| HC HYSTERECTOMY TOTAL OR SUBTOTAL AFTER CESAREAN DELIVERY | 59525 | CPT | | | | outpatient | | | 18715 | | Horizon | Medicare Blue | 5614.5 | 30 | | | 944.82 | 17779.25 | percent of total billed charges | |
| HC HYSTERECTOMY TOTAL OR SUBTOTAL AFTER CESAREAN DELIVERY | 59525 | CPT | | | | outpatient | | | 18715 | | UHC | Medicaid | 5904.58 | 31.55 | | | 944.82 | 17779.25 | percent of total billed charges | |
| HC HYSTERECTOMY TOTAL OR SUBTOTAL AFTER CESAREAN DELIVERY | 59525 | CPT | | | | outpatient | | | 18715 | | Multiplan | Multiplan | 14972 | 80 | | | 944.82 | 17779.25 | percent of total billed charges | |
| HC HYSTERECTOMY TOTAL OR SUBTOTAL AFTER CESAREAN DELIVERY | 59525 | CPT | | | | outpatient | | | 18715 | | Consumer | Consumer | 17779.25 | 95 | | | 944.82 | 17779.25 | percent of total billed charges | |
| HC HYSTERECTOMY TOTAL OR SUBTOTAL AFTER CESAREAN DELIVERY | 59525 | CPT | | | | outpatient | | | 18715 | | Wellcare | Medicaid | 5904.58 | 31.55 | | | 944.82 | 17779.25 | percent of total billed charges | |
| HC HYSTERECTOMY TOTAL OR SUBTOTAL AFTER CESAREAN DELIVERY | 59525 | CPT | | | | outpatient | | | 18715 | | Horizon | MGD | 7164.1 | 38.28 | | | 944.82 | 17779.25 | percent of total billed charges | |
| HC HYSTERECTOMY TOTAL OR SUBTOTAL AFTER CESAREAN DELIVERY | 59525 | CPT | | | | outpatient | | | 18715 | | Horizon | Indemnity | 7164.1 | 38.28 | | | 944.82 | 17779.25 | percent of total billed charges | |
| HC HYSTERECTOMY TOTAL OR SUBTOTAL AFTER CESAREAN DELIVERY | 59525 | CPT | | | | outpatient | | | 18715 | | Horizon | PPO | 7164.1 | 38.28 | | | 944.82 | 17779.25 | percent of total billed charges | |
| HC HYSTERECTOMY TOTAL OR SUBTOTAL AFTER CESAREAN DELIVERY | 59525 | CPT | | | | outpatient | | | 18715 | | Corrections | Corrections | 14972 | 80 | | | 944.82 | 17779.25 | percent of total billed charges | |
| HC HYSTERECTOMY TOTAL OR SUBTOTAL AFTER CESAREAN DELIVERY | 59525 | CPT | | | | outpatient | | | 18715 | | Three Rivers | Three Rivers | 17779.25 | 95 | | | 944.82 | 17779.25 | percent of total billed charges | |
| HC HYSTERECTOMY TOTAL OR SUBTOTAL AFTER CESAREAN DELIVERY | 59525 | CPT | | | | outpatient | | | 18715 | | Qualcare | Qualcare | 14036.25 | 75 | | | 944.82 | 17779.25 | percent of total billed charges | |
| HC HYSTERECTOMY TOTAL OR SUBTOTAL AFTER CESAREAN DELIVERY | 59525 | CPT | | | | outpatient | | | 18715 | | First Trenton | First Trenton | 16843.5 | 90 | | | 944.82 | 17779.25 | percent of total billed charges | |
| HC HYSTERECTOMY TOTAL OR SUBTOTAL AFTER CESAREAN DELIVERY | 59525 | CPT | | | | outpatient | | | 18715 | | Horizon | NJ Health | 944.82 | | | | 944.82 | 17779.25 | fee schedule | |
| HC HYSTERECTOMY TOTAL OR SUBTOTAL AFTER CESAREAN DELIVERY | 59525 | CPT | | | | outpatient | | | 18715 | | Managed Care Inc | Managed Care Inc | 16843.5 | 90 | | | 944.82 | 17779.25 | percent of total billed charges | |
| HC ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB | 59610 | CPT | | | | outpatient | | | 9082 | | Amerihealth | HMO/PPO | 5903.3 | 65 | | | 2724.6 | 8627.9 | percent of total billed charges | |
| HC ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB | 59610 | CPT | | | | outpatient | | | 9082 | | Americare | Americare | 6811.5 | 75 | | | 2724.6 | 8627.9 | percent of total billed charges | |
| HC ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB | 59610 | CPT | | | | outpatient | | | 9082 | | First Health | First Health | 6357.4 | 70 | | | 2724.6 | 8627.9 | percent of total billed charges | |
| HC ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB | 59610 | CPT | | | | outpatient | | | 9082 | | Aetna | Better Health | 2865.37 | 31.55 | | | 2724.6 | 8627.9 | percent of total billed charges | |
| HC ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB | 59610 | CPT | | | | outpatient | | | 9082 | | Corrections | Corrections | 7265.6 | 80 | | | 2724.6 | 8627.9 | percent of total billed charges | |
| HC ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB | 59610 | CPT | | | | outpatient | | | 9082 | | Wellcare | Medicaid | 2865.37 | 31.55 | | | 2724.6 | 8627.9 | percent of total billed charges | |
| HC ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB | 59610 | CPT | | | | outpatient | | | 9082 | | Horizon | Indemnity | 3476.59 | 38.28 | | | 2724.6 | 8627.9 | percent of total billed charges | |
| HC ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB | 59610 | CPT | | | | outpatient | | | 9082 | | Aetna | Medicare | 2797.26 | 30.8 | | | 2724.6 | 8627.9 | percent of total billed charges | |
| HC ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB | 59610 | CPT | | | | outpatient | | | 9082 | | Horizon | MGD | 3476.59 | 38.28 | | | 2724.6 | 8627.9 | percent of total billed charges | |
| HC ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB | 59610 | CPT | | | | outpatient | | | 9082 | | Consumer | Consumer | 8627.9 | 95 | | | 2724.6 | 8627.9 | percent of total billed charges | |
| HC ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB | 59610 | CPT | | | | outpatient | | | 9082 | | Horizon | PPO | 3476.59 | 38.28 | | | 2724.6 | 8627.9 | percent of total billed charges | |
| HC ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB | 59610 | CPT | | | | outpatient | | | 9082 | | WellPoint | WellPoint | 2922.59 | 32.18 | | | 2724.6 | 8627.9 | percent of total billed charges | |
| HC ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB | 59610 | CPT | | | | outpatient | | | 9082 | | First Trenton | First Trenton | 8173.8 | 90 | | | 2724.6 | 8627.9 | percent of total billed charges | |
| HC ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB | 59610 | CPT | | | | outpatient | | | 9082 | | Three Rivers | Three Rivers | 8627.9 | 95 | | | 2724.6 | 8627.9 | percent of total billed charges | |
| HC ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB | 59610 | CPT | | | | outpatient | | | 9082 | | Multiplan | Multiplan | 7265.6 | 80 | | | 2724.6 | 8627.9 | percent of total billed charges | |
| HC ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB | 59610 | CPT | | | | outpatient | | | 9082 | | Horizon | Medicare Blue | 2724.6 | 30 | | | 2724.6 | 8627.9 | percent of total billed charges | |
| HC ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB | 59610 | CPT | | | | outpatient | | | 9082 | | Qualcare | Qualcare | 6811.5 | 75 | | | 2724.6 | 8627.9 | percent of total billed charges | |
| HC ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB | 59610 | CPT | | | | outpatient | | | 9082 | | Managed Care Inc | Managed Care Inc | 8173.8 | 90 | | | 2724.6 | 8627.9 | percent of total billed charges | |
| HC ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB | 59610 | CPT | | | | outpatient | | | 9082 | | UHC | Medicaid | 2865.37 | 31.55 | | | 2724.6 | 8627.9 | percent of total billed charges | |
| HC VBAC | 59612 | CPT | | | | inpatient | | | 6169 | 4111.87 | Aetna | Commercial | 5835.28 | | | | 550 | 6918.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VBAC | 59612 | CPT | | | | inpatient | | | 6169 | 4111.87 | First Health | First Health | 4318.3 | 70 | | | 550 | 6918.67 | percent of total billed charges | |
| HC VBAC | 59612 | CPT | | | | inpatient | | | 6169 | 4111.87 | Multiplan | Multiplan | 4935.2 | 80 | | | 550 | 6918.67 | percent of total billed charges | |
| HC VBAC | 59612 | CPT | | | | inpatient | | | 6169 | 4111.87 | Horizon | PPO | 6918.67 | | | | 550 | 6918.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VBAC | 59612 | CPT | | | | inpatient | | | 6169 | 4111.87 | Americare | Americare | 4626.75 | 75 | | | 550 | 6918.67 | percent of total billed charges | |
| HC VBAC | 59612 | CPT | | | | inpatient | | | 6169 | 4111.87 | Aetna | Better Health | 1946.32 | 31.55 | | | 550 | 6918.67 | percent of total billed charges | |
| HC VBAC | 59612 | CPT | | | | inpatient | | | 6169 | 4111.87 | Aetna | Medicare | 3575.54 | | | | 550 | 6918.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VBAC | 59612 | CPT | | | | inpatient | | | 6169 | 4111.87 | Horizon | MGD | 6918.67 | | | | 550 | 6918.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VBAC | 59612 | CPT | | | | inpatient | | | 6169 | 4111.87 | Wellcare | Medicaid | 1946.32 | 31.55 | | | 550 | 6918.67 | percent of total billed charges | |
| HC VBAC | 59612 | CPT | | | | inpatient | | | 6169 | 4111.87 | Horizon | Indemnity | 6918.67 | | | | 550 | 6918.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VBAC | 59612 | CPT | | | | inpatient | | | 6169 | 4111.87 | Qualcare | Qualcare | 4626.75 | 75 | | | 550 | 6918.67 | percent of total billed charges | |
| HC VBAC | 59612 | CPT | | | | inpatient | | | 6169 | 4111.87 | United | Oxford | 2776 | | | | 550 | 6918.67 | case rate | |
| HC VBAC | 59612 | CPT | | | | inpatient | | | 6169 | 4111.87 | Amerihealth | HMO/PPO | 550 | | | | 550 | 6918.67 | fee schedule | |
| HC VBAC | 59612 | CPT | | | | inpatient | | | 6169 | 4111.87 | Consumer | Consumer | 5860.55 | 95 | | | 550 | 6918.67 | percent of total billed charges | |
| HC VBAC | 59612 | CPT | | | | inpatient | | | 6169 | 4111.87 | Corrections | Corrections | 4935.2 | 80 | | | 550 | 6918.67 | percent of total billed charges | |
| HC VBAC | 59612 | CPT | | | | inpatient | | | 6169 | 4111.87 | UHC | Medicaid | 1946.32 | 31.55 | | | 550 | 6918.67 | percent of total billed charges | |
| HC VBAC | 59612 | CPT | | | | inpatient | | | 6169 | 4111.87 | Horizon | Medicare Blue | 3575.54 | | | | 550 | 6918.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VBAC | 59612 | CPT | | | | inpatient | | | 6169 | 4111.87 | First Trenton | First Trenton | 5552.1 | 90 | | | 550 | 6918.67 | percent of total billed charges | |
| HC VBAC | 59612 | CPT | | | | inpatient | | | 6169 | 4111.87 | WellPoint | WellPoint | 1985.18 | 32.18 | | | 550 | 6918.67 | percent of total billed charges | |
| HC VBAC | 59612 | CPT | | | | inpatient | | | 6169 | 4111.87 | Horizon | NJ Health | 1043.79 | | | | 550 | 6918.67 | fee schedule | |
| HC VBAC | 59612 | CPT | | | | inpatient | | | 6169 | 4111.87 | UHC | Medicare | 3575.54 | | | | 550 | 6918.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VBAC | 59612 | CPT | | | | inpatient | | | 6169 | 4111.87 | Managed Care Inc | Managed Care Inc | 5552.1 | 90 | | | 550 | 6918.67 | percent of total billed charges | |
| HC VBAC | 59612 | CPT | | | | inpatient | | | 6169 | 4111.87 | United | CommercialPPO | 2776 | | | | 550 | 6918.67 | case rate | |
| HC VBAC | 59612 | CPT | | | | inpatient | | | 6169 | 4111.87 | Three Rivers | Three Rivers | 5860.55 | 95 | | | 550 | 6918.67 | percent of total billed charges | |
| HC VBAC | 59612 | CPT | | | | inpatient | | | 6169 | 4111.87 | Wellcare | Medicare | 3575.54 | | | | 550 | 6918.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC C SECT,REPEAT FOLL ATTEMPT VAG | 59620 | CPT | | | | inpatient | | | 12172 | | Aetna | Better Health | 3840.27 | 31.55 | | | 1201.23 | 11563.4 | percent of total billed charges | |
| HC C SECT,REPEAT FOLL ATTEMPT VAG | 59620 | CPT | | | | inpatient | | | 12172 | | WellPoint | WellPoint | 3916.95 | 32.18 | | | 1201.23 | 11563.4 | percent of total billed charges | |
| HC C SECT,REPEAT FOLL ATTEMPT VAG | 59620 | CPT | | | | inpatient | | | 12172 | | Wellcare | Medicaid | 3840.27 | 31.55 | | | 1201.23 | 11563.4 | percent of total billed charges | |
| HC C SECT,REPEAT FOLL ATTEMPT VAG | 59620 | CPT | | | | inpatient | | | 12172 | | First Health | First Health | 8520.4 | 70 | | | 1201.23 | 11563.4 | percent of total billed charges | |
| HC C SECT,REPEAT FOLL ATTEMPT VAG | 59620 | CPT | | | | inpatient | | | 12172 | | Corrections | Corrections | 9737.6 | 80 | | | 1201.23 | 11563.4 | percent of total billed charges | |
| HC C SECT,REPEAT FOLL ATTEMPT VAG | 59620 | CPT | | | | inpatient | | | 12172 | | Horizon | Medicare Blue | 3651.6 | 30 | | | 1201.23 | 11563.4 | percent of total billed charges | |
| HC C SECT,REPEAT FOLL ATTEMPT VAG | 59620 | CPT | | | | inpatient | | | 12172 | | Aetna | Medicare | 3748.98 | 30.8 | | | 1201.23 | 11563.4 | percent of total billed charges | |
| HC C SECT,REPEAT FOLL ATTEMPT VAG | 59620 | CPT | | | | inpatient | | | 12172 | | UHC | Medicaid | 3840.27 | 31.55 | | | 1201.23 | 11563.4 | percent of total billed charges | |
| HC C SECT,REPEAT FOLL ATTEMPT VAG | 59620 | CPT | | | | inpatient | | | 12172 | | Americare | Americare | 9129 | 75 | | | 1201.23 | 11563.4 | percent of total billed charges | |
| HC C SECT,REPEAT FOLL ATTEMPT VAG | 59620 | CPT | | | | inpatient | | | 12172 | | Amerihealth | HMO/PPO | 7911.8 | 65 | | | 1201.23 | 11563.4 | percent of total billed charges | |
| HC C SECT,REPEAT FOLL ATTEMPT VAG | 59620 | CPT | | | | inpatient | | | 12172 | | Consumer | Consumer | 11563.4 | 95 | | | 1201.23 | 11563.4 | percent of total billed charges | |
| HC C SECT,REPEAT FOLL ATTEMPT VAG | 59620 | CPT | | | | inpatient | | | 12172 | | Horizon | MGD | 4659.44 | 38.28 | | | 1201.23 | 11563.4 | percent of total billed charges | |
| HC C SECT,REPEAT FOLL ATTEMPT VAG | 59620 | CPT | | | | inpatient | | | 12172 | | First Trenton | First Trenton | 10954.8 | 90 | | | 1201.23 | 11563.4 | percent of total billed charges | |
| HC C SECT,REPEAT FOLL ATTEMPT VAG | 59620 | CPT | | | | inpatient | | | 12172 | | Multiplan | Multiplan | 9737.6 | 80 | | | 1201.23 | 11563.4 | percent of total billed charges | |
| HC C SECT,REPEAT FOLL ATTEMPT VAG | 59620 | CPT | | | | inpatient | | | 12172 | | Horizon | Indemnity | 4659.44 | 38.28 | | | 1201.23 | 11563.4 | percent of total billed charges | |
| HC C SECT,REPEAT FOLL ATTEMPT VAG | 59620 | CPT | | | | inpatient | | | 12172 | | Qualcare | Qualcare | 9129 | 75 | | | 1201.23 | 11563.4 | percent of total billed charges | |
| HC C SECT,REPEAT FOLL ATTEMPT VAG | 59620 | CPT | | | | inpatient | | | 12172 | | Horizon | NJ Health | 1201.23 | | | | 1201.23 | 11563.4 | fee schedule | |
| HC C SECT,REPEAT FOLL ATTEMPT VAG | 59620 | CPT | | | | inpatient | | | 12172 | | Horizon | PPO | 4659.44 | 38.28 | | | 1201.23 | 11563.4 | percent of total billed charges | |
| HC C SECT,REPEAT FOLL ATTEMPT VAG | 59620 | CPT | | | | inpatient | | | 12172 | | Managed Care Inc | Managed Care Inc | 10954.8 | 90 | | | 1201.23 | 11563.4 | percent of total billed charges | |
| HC C SECT,REPEAT FOLL ATTEMPT VAG | 59620 | CPT | | | | inpatient | | | 12172 | | Three Rivers | Three Rivers | 11563.4 | 95 | | | 1201.23 | 11563.4 | percent of total billed charges | |
| HC TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, SURGICAL COMPLETN | 59812 | CPT | | | | outpatient | | | 10273 | 4111.87 | First Health | First Health | 7191.1 | 70 | | | 301.46 | 9759.35 | percent of total billed charges | |
| HC TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, SURGICAL COMPLETN | 59812 | CPT | | | | outpatient | | | 10273 | 4111.87 | Aetna | Better Health | 3241.13 | 31.55 | | | 301.46 | 9759.35 | percent of total billed charges | |
| HC TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, SURGICAL COMPLETN | 59812 | CPT | | | | outpatient | | | 10273 | 4111.87 | Aetna | Medicare | 3575.54 | | | | 301.46 | 9759.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, SURGICAL COMPLETN | 59812 | CPT | | | | outpatient | | | 10273 | 4111.87 | Americare | Americare | 7704.75 | 75 | | | 301.46 | 9759.35 | percent of total billed charges | |
| HC TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, SURGICAL COMPLETN | 59812 | CPT | | | | outpatient | | | 10273 | 4111.87 | Horizon | MGD | 6918.67 | | | 2996.23 | 301.46 | 9759.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, SURGICAL COMPLETN | 59812 | CPT | | | | outpatient | | | 10273 | 4111.87 | Aetna | Commercial | 5835.28 | | | 3711.28 | 301.46 | 9759.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, SURGICAL COMPLETN | 59812 | CPT | | | | outpatient | | | 10273 | 4111.87 | Horizon | Medicare Blue | 3575.54 | | | | 301.46 | 9759.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, SURGICAL COMPLETN | 59812 | CPT | | | | outpatient | | | 10273 | 4111.87 | Amerihealth | HMO/PPO | 550 | | | | 301.46 | 9759.35 | fee schedule | |
| HC TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, SURGICAL COMPLETN | 59812 | CPT | | | | outpatient | | | 10273 | 4111.87 | UHC | Medicaid | 3241.13 | 31.55 | | 2591.05 | 301.46 | 9759.35 | percent of total billed charges | |
| HC TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, SURGICAL COMPLETN | 59812 | CPT | | | | outpatient | | | 10273 | 4111.87 | Qualcare | Qualcare | 7704.75 | 75 | | | 301.46 | 9759.35 | percent of total billed charges | |
| HC TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, SURGICAL COMPLETN | 59812 | CPT | | | | outpatient | | | 10273 | 4111.87 | Horizon | NJ Health | 301.46 | | | 479.51 | 301.46 | 9759.35 | fee schedule | |
| HC TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, SURGICAL COMPLETN | 59812 | CPT | | | | outpatient | | | 10273 | 4111.87 | Three Rivers | Three Rivers | 9759.35 | 95 | | | 301.46 | 9759.35 | percent of total billed charges | |
| HC TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, SURGICAL COMPLETN | 59812 | CPT | | | | outpatient | | | 10273 | 4111.87 | Multiplan | Multiplan | 8218.4 | 80 | | | 301.46 | 9759.35 | percent of total billed charges | |
| HC TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, SURGICAL COMPLETN | 59812 | CPT | | | | outpatient | | | 10273 | 4111.87 | Consumer | Consumer | 9759.35 | 95 | | | 301.46 | 9759.35 | percent of total billed charges | |
| HC TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, SURGICAL COMPLETN | 59812 | CPT | | | | outpatient | | | 10273 | 4111.87 | UHC | Medicare | 3575.54 | | | | 301.46 | 9759.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, SURGICAL COMPLETN | 59812 | CPT | | | | outpatient | | | 10273 | 4111.87 | Wellcare | Medicaid | 3241.13 | 31.55 | | | 301.46 | 9759.35 | percent of total billed charges | |
| HC TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, SURGICAL COMPLETN | 59812 | CPT | | | | outpatient | | | 10273 | 4111.87 | Wellcare | Medicare | 3575.54 | | | | 301.46 | 9759.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, SURGICAL COMPLETN | 59812 | CPT | | | | outpatient | | | 10273 | 4111.87 | Corrections | Corrections | 8218.4 | 80 | | | 301.46 | 9759.35 | percent of total billed charges | |
| HC TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, SURGICAL COMPLETN | 59812 | CPT | | | | outpatient | | | 10273 | 4111.87 | First Trenton | First Trenton | 9245.7 | 90 | | | 301.46 | 9759.35 | percent of total billed charges | |
| HC TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, SURGICAL COMPLETN | 59812 | CPT | | | | outpatient | | | 10273 | 4111.87 | Horizon | Indemnity | 6918.67 | | | | 301.46 | 9759.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, SURGICAL COMPLETN | 59812 | CPT | | | | outpatient | | | 10273 | 4111.87 | Horizon | PPO | 6918.67 | | | | 301.46 | 9759.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, SURGICAL COMPLETN | 59812 | CPT | | | | outpatient | | | 10273 | 4111.87 | Managed Care Inc | Managed Care Inc | 9245.7 | 90 | | | 301.46 | 9759.35 | percent of total billed charges | |
| HC TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, SURGICAL COMPLETN | 59812 | CPT | | | | outpatient | | | 10273 | 4111.87 | United | CommercialPPO | 2776 | | | | 301.46 | 9759.35 | case rate | |
| HC TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, SURGICAL COMPLETN | 59812 | CPT | | | | outpatient | | | 10273 | 4111.87 | United | Oxford | 2776 | | | | 301.46 | 9759.35 | case rate | |
| HC TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, SURGICAL COMPLETN | 59812 | CPT | | | | outpatient | | | 10273 | 4111.87 | WellPoint | WellPoint | 3305.85 | 32.18 | | | 301.46 | 9759.35 | percent of total billed charges | |
| HC MIDDED.SURG.COM. 1ST TRIM | 59820 | CPT | | | | outpatient | | | 10303 | 4111.87 | Americare | Americare | 7727.25 | 75 | | | 383.67 | 9787.85 | percent of total billed charges | |
| HC MIDDED.SURG.COM. 1ST TRIM | 59820 | CPT | | | | outpatient | | | 10303 | 4111.87 | First Health | First Health | 7212.1 | 70 | | | 383.67 | 9787.85 | percent of total billed charges | |
| HC MIDDED.SURG.COM. 1ST TRIM | 59820 | CPT | | | | outpatient | | | 10303 | 4111.87 | Horizon | MGD | 6918.67 | | | | 383.67 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MIDDED.SURG.COM. 1ST TRIM | 59820 | CPT | | | | outpatient | | | 10303 | 4111.87 | Aetna | Medicare | 3575.54 | | | | 383.67 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MIDDED.SURG.COM. 1ST TRIM | 59820 | CPT | | | | outpatient | | | 10303 | 4111.87 | Consumer | Consumer | 9787.85 | 95 | | | 383.67 | 9787.85 | percent of total billed charges | |
| HC MIDDED.SURG.COM. 1ST TRIM | 59820 | CPT | | | | outpatient | | | 10303 | 4111.87 | Aetna | Better Health | 3250.6 | 31.55 | | | 383.67 | 9787.85 | percent of total billed charges | |
| HC MIDDED.SURG.COM. 1ST TRIM | 59820 | CPT | | | | outpatient | | | 10303 | 4111.87 | Wellcare | Medicare | 3575.54 | | | | 383.67 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MIDDED.SURG.COM. 1ST TRIM | 59820 | CPT | | | | outpatient | | | 10303 | 4111.87 | Aetna | Commercial | 3915.14 | 38 | | | 383.67 | 9787.85 | percent of total billed charges | |
| HC MIDDED.SURG.COM. 1ST TRIM | 59820 | CPT | | | | outpatient | | | 10303 | 4111.87 | United | CommercialPPO | 2776 | | | | 383.67 | 9787.85 | case rate | |
| HC MIDDED.SURG.COM. 1ST TRIM | 59820 | CPT | | | | outpatient | | | 10303 | 4111.87 | Amerihealth | HMO/PPO | 550 | | | | 383.67 | 9787.85 | fee schedule | |
| HC MIDDED.SURG.COM. 1ST TRIM | 59820 | CPT | | | | outpatient | | | 10303 | 4111.87 | UHC | Medicaid | 3250.6 | 31.55 | | | 383.67 | 9787.85 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC MIDDED.SURG.COM. 1ST TRIM | 59820 | CPT | | | | outpatient | | | 10303 | | 4111.87 Horizon | Indemnity | 6918.67 | | | | 383.67 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MIDDED.SURG.COM. 1ST TRIM | 59820 | CPT | | | | outpatient | | | 10303 | | 4111.87 Horizon | PPO | 6918.67 | | | | 383.67 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MIDDED.SURG.COM. 1ST TRIM | 59820 | CPT | | | | outpatient | | | 10303 | | 4111.87 Horizon | Medicare Blue | 3575.54 | | | | 383.67 | 9787.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MIDDED.SURG.COM. 1ST TRIM | 59820 | CPT | | | | outpatient | | | 10303 | | 4111.87 Quelcare | Qualcare | 7727.25 | 75 | | | 383.67 | 9787.85 | percent of total billed charges | |
| HC MIDDED.SURG.COM. 1ST TRIM | 59820 | CPT | | | | outpatient | | | 10303 | | 4111.87 Horizon | NJ Health | 383.67 | | | | 383.67 | 9787.85 | fee schedule | |
| HC MIDDED.SURG.COM. 1ST TRIM | 59820 | CPT | | | | outpatient | | | 10303 | | 4111.87 WellPoint | WellPoint | 3315.51 | 32.18 | | | 383.67 | 9787.85 | percent of total billed charges | |
| HC MIDDED.SURG.COM. 1ST TRIM | 59820 | CPT | | | | outpatient | | | 10303 | | 4111.87 Managed Care Inc | Managed Care Inc | 9272.7 | 90 | | | 383.67 | 9787.85 | percent of total billed charges | |
| HC MIDDED.SURG.COM. 1ST TRIM | 59820 | CPT | | | | outpatient | | | 10303 | | 4111.87 Three Rivers | Three Rivers | 9787.85 | 95 | | | 383.67 | 9787.85 | percent of total billed charges | |
| HC MIDDED.SURG.COM. 1ST TRIM | 59820 | CPT | | | | outpatient | | | 10303 | | 4111.87 Wellcare | Medicaid | 3250.6 | 31.55 | | 3094.51 | 383.67 | 9787.85 | percent of total billed charges | |
| HC TREATMENT OF MISCARRIAGE | 59821 | CPT | | | | outpatient | | | 7152 | | 4111.87 Aetna | Better Health | 2256.46 | 31.55 | | | 274.05 | 6918.67 | percent of total billed charges | |
| HC TREATMENT OF MISCARRIAGE | 59821 | CPT | | | | outpatient | | | 7152 | | 4111.87 Consumer | Consumer | 6794.4 | 95 | | | 274.05 | 6918.67 | percent of total billed charges | |
| HC TREATMENT OF MISCARRIAGE | 59821 | CPT | | | | outpatient | | | 7152 | | 4111.87 Horizon | MGD | 6918.67 | | | | 274.05 | 6918.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREATMENT OF MISCARRIAGE | 59821 | CPT | | | | outpatient | | | 7152 | | 4111.87 Aetna | Medicare | 3575.54 | | | | 274.05 | 6918.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREATMENT OF MISCARRIAGE | 59821 | CPT | | | | outpatient | | | 7152 | | 4111.87 Horizon | Medicare Blue | 3575.54 | | | | 274.05 | 6918.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREATMENT OF MISCARRIAGE | 59821 | CPT | | | | outpatient | | | 7152 | | 4111.87 Aetna | Commercial | 2717.76 | 38 | | | 274.05 | 6918.67 | percent of total billed charges | |
| HC TREATMENT OF MISCARRIAGE | 59821 | CPT | | | | outpatient | | | 7152 | | 4111.87 Amerihealth | HMO/PPO | 650 | | | | 274.05 | 6918.67 | fee schedule | |
| HC TREATMENT OF MISCARRIAGE | 59821 | CPT | | | | outpatient | | | 7152 | | 4111.87 Americare | Americare | 5364 | 75 | | | 274.05 | 6918.67 | percent of total billed charges | |
| HC TREATMENT OF MISCARRIAGE | 59821 | CPT | | | | outpatient | | | 7152 | | 4111.87 Horizon | PPO | 6918.67 | | | | 274.05 | 6918.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREATMENT OF MISCARRIAGE | 59821 | CPT | | | | outpatient | | | 7152 | | 4111.87 Horizon | Indemnity | 6918.67 | | | | 274.05 | 6918.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREATMENT OF MISCARRIAGE | 59821 | CPT | | | | outpatient | | | 7152 | | 4111.87 UHC | Medicaid | 2256.46 | 31.55 | | | 274.05 | 6918.67 | percent of total billed charges | |
| HC TREATMENT OF MISCARRIAGE | 59821 | CPT | | | | outpatient | | | 7152 | | 4111.87 Corrections | Corrections | 5721.6 | 80 | | | 274.05 | 6918.67 | percent of total billed charges | |
| HC TREATMENT OF MISCARRIAGE | 59821 | CPT | | | | outpatient | | | 7152 | | 4111.87 Wellcare | Medicare | 3575.54 | | | | 274.05 | 6918.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREATMENT OF MISCARRIAGE | 59821 | CPT | | | | outpatient | | | 7152 | | 4111.87 Multiplan | Multiplan | 5721.6 | 80 | | | 274.05 | 6918.67 | percent of total billed charges | |
| HC TREATMENT OF MISCARRIAGE | 59821 | CPT | | | | outpatient | | | 7152 | | 4111.87 First Health | First Health | 5006.4 | 70 | | | 274.05 | 6918.67 | percent of total billed charges | |
| HC TREATMENT OF MISCARRIAGE | 59821 | CPT | | | | outpatient | | | 7152 | | 4111.87 First Trenton | First Trenton | 6436.8 | 90 | | | 274.05 | 6918.67 | percent of total billed charges | |
| HC TREATMENT OF MISCARRIAGE | 59821 | CPT | | | | outpatient | | | 7152 | | 4111.87 WellPoint | WellPoint | 2301.51 | 32.18 | | | 274.05 | 6918.67 | percent of total billed charges | |
| HC TREATMENT OF MISCARRIAGE | 59821 | CPT | | | | outpatient | | | 7152 | | 4111.87 United | Commercial/PPO | 2776 | | | | 274.05 | 6918.67 | case rate | |
| HC TREATMENT OF MISCARRIAGE | 59821 | CPT | | | | outpatient | | | 7152 | | 4111.87 UHC | Medicare | 3575.54 | | | | 274.05 | 6918.67 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TREATMENT OF MISCARRIAGE | 59821 | CPT | | | | outpatient | | | 7152 | | 4111.87 Horizon | NJ Health | 274.05 | | | | 274.05 | 6918.67 | fee schedule | |
| HC TREATMENT OF MISCARRIAGE | 59821 | CPT | | | | outpatient | | | 7152 | | 4111.87 Quelcare | Qualcare | 5364 | 75 | | | 274.05 | 6918.67 | percent of total billed charges | |
| HC TREATMENT OF MISCARRIAGE | 59821 | CPT | | | | outpatient | | | 7152 | | 4111.87 Managed Care Inc | Managed Care Inc | 6436.8 | 90 | | | 274.05 | 6918.67 | percent of total billed charges | |
| HC TREATMENT OF MISCARRIAGE | 59821 | CPT | | | | outpatient | | | 7152 | | 4111.87 Wellcare | Medicaid | 2256.46 | 31.55 | | | 274.05 | 6918.67 | percent of total billed charges | |
| HC TREATMENT OF MISCARRIAGE | 59821 | CPT | | | | outpatient | | | 7152 | | 4111.87 Three Rivers | Three Rivers | 6794.4 | 95 | | | 274.05 | 6918.67 | percent of total billed charges | |
| HC TREATMENT OF MISCARRIAGE | 59821 | CPT | | | | outpatient | | | 7152 | | 4111.87 United | Oxford | 2776 | | | | 274.05 | 6918.67 | case rate | |
| HC INDUCED ABRTN BY D & C | 59841 | CPT | | | | outpatient | | | 10612 | | 4111.87 Horizon | PPO | 6918.67 | | | | 550 | 10081.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INDUCED ABRTN BY D & C | 59841 | CPT | | | | outpatient | | | 10612 | | 4111.87 Aetna | Better Health | 3348.09 | 31.55 | | | 550 | 10081.4 | percent of total billed charges | |
| HC INDUCED ABRTN BY D & C | 59841 | CPT | | | | outpatient | | | 10612 | | 4111.87 UHC | Medicare | 3575.54 | | | | 550 | 10081.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INDUCED ABRTN BY D & C | 59841 | CPT | | | | outpatient | | | 10612 | | 4111.87 Americare | Americare | 7959 | 75 | | | 550 | 10081.4 | percent of total billed charges | |
| HC INDUCED ABRTN BY D & C | 59841 | CPT | | | | outpatient | | | 10612 | | 4111.87 Horizon | MGD | 6918.67 | | | | 550 | 10081.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INDUCED ABRTN BY D & C | 59841 | CPT | | | | outpatient | | | 10612 | | 4111.87 Aetna | Commercial | 4032.56 | 38 | | | 550 | 10081.4 | percent of total billed charges | |
| HC INDUCED ABRTN BY D & C | 59841 | CPT | | | | outpatient | | | 10612 | | 4111.87 Amerihealth | HMO/PPO | 550 | | | | 550 | 10081.4 | fee schedule | |
| HC INDUCED ABRTN BY D & C | 59841 | CPT | | | | outpatient | | | 10612 | | 4111.87 Corrections | Corrections | 8489.6 | 80 | | | 550 | 10081.4 | percent of total billed charges | |
| HC INDUCED ABRTN BY D & C | 59841 | CPT | | | | outpatient | | | 10612 | | 4111.87 WellPoint | WellPoint | 3414.94 | 32.18 | | | 550 | 10081.4 | percent of total billed charges | |
| HC INDUCED ABRTN BY D & C | 59841 | CPT | | | | outpatient | | | 10612 | | 4111.87 Aetna | Medicare | 3575.54 | | | | 550 | 10081.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INDUCED ABRTN BY D & C | 59841 | CPT | | | | outpatient | | | 10612 | | 4111.87 First Health | First Health | 7428.4 | 70 | | | 550 | 10081.4 | percent of total billed charges | |
| HC INDUCED ABRTN BY D & C | 59841 | CPT | | | | outpatient | | | 10612 | | 4111.87 First Trenton | First Trenton | 9550.8 | 90 | | | 550 | 10081.4 | percent of total billed charges | |
| HC INDUCED ABRTN BY D & C | 59841 | CPT | | | | outpatient | | | 10612 | | 4111.87 UHC | Medicaid | 3348.09 | 31.55 | | | 550 | 10081.4 | percent of total billed charges | |
| HC INDUCED ABRTN BY D & C | 59841 | CPT | | | | outpatient | | | 10612 | | 4111.87 Horizon | Medicare Blue | 3575.54 | | | | 550 | 10081.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INDUCED ABRTN BY D & C | 59841 | CPT | | | | outpatient | | | 10612 | | 4111.87 Wellcare | Medicare | 3575.54 | | | | 550 | 10081.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INDUCED ABRTN BY D & C | 59841 | CPT | | | | outpatient | | | 10612 | | 4111.87 Horizon | Indemnity | 6918.67 | | | | 550 | 10081.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INDUCED ABRTN BY D & C | 59841 | CPT | | | | outpatient | | | 10612 | | 4111.87 Consumer | Consumer | 10081.4 | 95 | | | 550 | 10081.4 | percent of total billed charges | |
| HC INDUCED ABRTN BY D & C | 59841 | CPT | | | | outpatient | | | 10612 | | 4111.87 Managed Care Inc | Managed Care Inc | 9550.8 | 90 | | | 550 | 10081.4 | percent of total billed charges | |
| HC INDUCED ABRTN BY D & C | 59841 | CPT | | | | outpatient | | | 10612 | | 4111.87 Multiplan | Multiplan | 8489.6 | 80 | | | 550 | 10081.4 | percent of total billed charges | |
| HC INDUCED ABRTN BY D & C | 59841 | CPT | | | | outpatient | | | 10612 | | 4111.87 United | Commercial/PPO | 2776 | | | | 550 | 10081.4 | case rate | |
| HC INDUCED ABRTN BY D & C | 59841 | CPT | | | | outpatient | | | 10612 | | 4111.87 United | Oxford | 2776 | | | | 550 | 10081.4 | case rate | |
| HC INDUCED ABRTN BY D & C | 59841 | CPT | | | | outpatient | | | 10612 | | 4111.87 Three Rivers | Three Rivers | 10081.4 | 95 | | | 550 | 10081.4 | percent of total billed charges | |
| HC INDUCED ABRTN BY D & C | 59841 | CPT | | | | outpatient | | | 10612 | | 4111.87 Quelcare | Qualcare | 7959 | 75 | | | 550 | 10081.4 | percent of total billed charges | |
| HC INDUCED ABRTN BY D & C | 59841 | CPT | | | | outpatient | | | 10612 | | 4111.87 Wellcare | Medicaid | 3348.09 | 31.55 | | | 550 | 10081.4 | percent of total billed charges | |
| HC ABORTION W/INJECTION | 59850 | CPT | | | | outpatient | | | 2149 | | WellPoint | WellPoint | 691.55 | 32.18 | | | 644.7 | 2041.55 | percent of total billed charges | |
| HC ABORTION W/INJECTION | 59850 | CPT | | | | outpatient | | | 2149 | | Amerihealth | HMO/PPO | 1396.85 | 65 | | | 644.7 | 2041.55 | percent of total billed charges | |
| HC ABORTION W/INJECTION | 59850 | CPT | | | | outpatient | | | 2149 | | Aetna | Commercial | 816.62 | 38 | | | 644.7 | 2041.55 | percent of total billed charges | |
| HC ABORTION W/INJECTION | 59850 | CPT | | | | outpatient | | | 2149 | | Aetna | Better Health | 678.01 | 31.55 | | | 644.7 | 2041.55 | percent of total billed charges | |
| HC ABORTION W/INJECTION | 59850 | CPT | | | | outpatient | | | 2149 | | Aetna | Medicare | 661.89 | 30.8 | | | 644.7 | 2041.55 | percent of total billed charges | |
| HC ABORTION W/INJECTION | 59850 | CPT | | | | outpatient | | | 2149 | | Consumer | Consumer | 2041.55 | 95 | | | 644.7 | 2041.55 | percent of total billed charges | |
| HC ABORTION W/INJECTION | 59850 | CPT | | | | outpatient | | | 2149 | | Americare | Americare | 1611.75 | 75 | | | 644.7 | 2041.55 | percent of total billed charges | |
| HC ABORTION W/INJECTION | 59850 | CPT | | | | outpatient | | | 2149 | | First Health | First Health | 1504.3 | 70 | | | 644.7 | 2041.55 | percent of total billed charges | |
| HC ABORTION W/INJECTION | 59850 | CPT | | | | outpatient | | | 2149 | | Horizon | MGD | 822.64 | 38.28 | | | 644.7 | 2041.55 | percent of total billed charges | |
| HC ABORTION W/INJECTION | 59850 | CPT | | | | outpatient | | | 2149 | | Corrections | Corrections | 1719.2 | 80 | | | 644.7 | 2041.55 | percent of total billed charges | |
| HC ABORTION W/INJECTION | 59850 | CPT | | | | outpatient | | | 2149 | | Multiplan | Multiplan | 1719.2 | 80 | | | 644.7 | 2041.55 | percent of total billed charges | |
| HC ABORTION W/INJECTION | 59850 | CPT | | | | outpatient | | | 2149 | | Horizon | Medicare Blue | 644.7 | 30 | | | 644.7 | 2041.55 | percent of total billed charges | |
| HC ABORTION W/INJECTION | 59850 | CPT | | | | outpatient | | | 2149 | | UHC | Medicaid | 678.01 | 31.55 | | | 644.7 | 2041.55 | percent of total billed charges | |
| HC ABORTION W/INJECTION | 59850 | CPT | | | | outpatient | | | 2149 | | First Trenton | First Trenton | 1934.1 | 90 | | | 644.7 | 2041.55 | percent of total billed charges | |
| HC ABORTION W/INJECTION | 59850 | CPT | | | | outpatient | | | 2149 | | Qualcare | Qualcare | 1611.75 | 75 | | | 644.7 | 2041.55 | percent of total billed charges | |
| HC ABORTION W/INJECTION | 59850 | CPT | | | | outpatient | | | 2149 | | Horizon | Indemnity | 822.64 | 38.28 | | | 644.7 | 2041.55 | percent of total billed charges | |
| HC ABORTION W/INJECTION | 59850 | CPT | | | | outpatient | | | 2149 | | United | Commercial/PPO | 1782 | | | | 644.7 | 2041.55 | case rate | |
| HC ABORTION W/INJECTION | 59850 | CPT | | | | outpatient | | | 2149 | | Managed Care Inc | Managed Care Inc | 1934.1 | 90 | | | 644.7 | 2041.55 | percent of total billed charges | |
| HC ABORTION W/INJECTION | 59850 | CPT | | | | outpatient | | | 2149 | | Wellcare | Medicaid | 678.01 | 31.55 | | | 644.7 | 2041.55 | percent of total billed charges | |
| HC ABORTION W/INJECTION | 59850 | CPT | | | | outpatient | | | 2149 | | Horizon | PPO | 822.64 | 38.28 | | | 644.7 | 2041.55 | percent of total billed charges | |
| HC ABORTION W/INJECTION | 59850 | CPT | | | | outpatient | | | 2149 | | United | Oxford | 1782 | | | | 644.7 | 2041.55 | case rate | |
| HC ABORTION W/INJECTION | 59850 | CPT | | | | outpatient | | | 2149 | | Three Rivers | Three Rivers | 2041.55 | 95 | | | 644.7 | 2041.55 | percent of total billed charges | |
| HC UNLIS FTL INVASIVE W/US GID | 59897 | CPT | | | | outpatient | | | 649 | | 262.09 Aetna | Better Health | 204.76 | 31.55 | | | 204.76 | 1782 | percent of total billed charges | |
| HC UNLIS FTL INVASIVE W/US GID | 59897 | CPT | | | | outpatient | | | 649 | | 262.09 Aetna | Commercial | 246.62 | 38 | | | 204.76 | 1782 | percent of total billed charges | |
| HC UNLIS FTL INVASIVE W/US GID | 59897 | CPT | | | | outpatient | | | 649 | | 262.09 UHC | Medicare | 227.9 | | | | 204.76 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLIS FTL INVASIVE W/US GID | 59897 | CPT | | | | outpatient | | | 649 | | 262.09 Aetna | Medicare | 227.9 | | | | 204.76 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLIS FTL INVASIVE W/US GID | 59897 | CPT | | | | outpatient | | | 649 | | 262.09 Corrections | Corrections | 519.2 | 80 | | | 204.76 | 1782 | percent of total billed charges | |
| HC UNLIS FTL INVASIVE W/US GID | 59897 | CPT | | | | outpatient | | | 649 | | 262.09 First Health | First Health | 454.3 | 70 | | | 204.76 | 1782 | percent of total billed charges | |
| HC UNLIS FTL INVASIVE W/US GID | 59897 | CPT | | | | outpatient | | | 649 | | 262.09 Americare | Americare | 486.75 | 75 | | | 204.76 | 1782 | percent of total billed charges | |
| HC UNLIS FTL INVASIVE W/US GID | 59897 | CPT | | | | outpatient | | | 649 | | 262.09 Horizon | Medicare Blue | 227.9 | | | | 204.76 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLIS FTL INVASIVE W/US GID | 59897 | CPT | | | | outpatient | | | 649 | | 262.09 Consumer | Consumer | 616.55 | 95 | | | 204.76 | 1782 | percent of total billed charges | |
| HC UNLIS FTL INVASIVE W/US GID | 59897 | CPT | | | | outpatient | | | 649 | | 262.09 Amerihealth | HMO/PPO | 421.85 | 65 | | | 204.76 | 1782 | percent of total billed charges | |
| HC UNLIS FTL INVASIVE W/US GID | 59897 | CPT | | | | outpatient | | | 649 | | 262.09 Wellcare | Medicaid | 204.76 | 31.55 | | | 204.76 | 1782 | percent of total billed charges | |
| HC UNLIS FTL INVASIVE W/US GID | 59897 | CPT | | | | outpatient | | | 649 | | 262.09 Horizon | MGD | 440.99 | | | | 204.76 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLIS FTL INVASIVE W/US GID | 59897 | CPT | | | | outpatient | | | 649 | | 262.09 Horizon | PPO | 440.99 | | | | 204.76 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLIS FTL INVASIVE W/US GID | 59897 | CPT | | | | outpatient | | | 649 | | 262.09 Multiplan | Multiplan | 519.2 | 80 | | | 204.76 | 1782 | percent of total billed charges | |
| HC UNLIS FTL INVASIVE W/US GID | 59897 | CPT | | | | outpatient | | | 649 | | 262.09 First Trenton | First Trenton | 584.1 | 90 | | | 204.76 | 1782 | percent of total billed charges | |
| HC UNLIS FTL INVASIVE W/US GID | 59897 | CPT | | | | outpatient | | | 649 | | 262.09 Quelcare | Qualcare | 486.75 | 75 | | | 204.76 | 1782 | percent of total billed charges | |
| HC UNLIS FTL INVASIVE W/US GID | 59897 | CPT | | | | outpatient | | | 649 | | 262.09 Wellcare | Medicare | 227.9 | | | | 204.76 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLIS FTL INVASIVE W/US GID | 59897 | CPT | | | | outpatient | | | 649 | | 262.09 UHC | Medicaid | 204.76 | 31.55 | | | 204.76 | 1782 | percent of total billed charges | |
| HC UNLIS FTL INVASIVE W/US GID | 59897 | CPT | | | | outpatient | | | 649 | | 262.09 Horizon | Indemnity | 440.99 | | | | 204.76 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLIS FTL INVASIVE W/US GID | 59897 | CPT | | | | outpatient | | | 649 | | 262.09 United | Commercial/PPO | 1782 | | | | 204.76 | 1782 | case rate | |
| HC UNLIS FTL INVASIVE W/US GID | 59897 | CPT | | | | outpatient | | | 649 | | 262.09 WellPoint | WellPoint | 208.85 | 32.18 | | | 204.76 | 1782 | percent of total billed charges | |
| HC UNLIS FTL INVASIVE W/US GID | 59897 | CPT | | | | outpatient | | | 649 | | 262.09 Managed Care Inc | Managed Care Inc | 584.1 | 90 | | | 204.76 | 1782 | percent of total billed charges | |
| HC UNLIS FTL INVASIVE W/US GID | 59897 | CPT | | | | outpatient | | | 649 | | 262.09 Three Rivers | Three Rivers | 616.55 | 95 | | | 204.76 | 1782 | percent of total billed charges | |
| HC UNLIS FTL INVASIVE W/US GID | 59897 | CPT | | | | outpatient | | | 649 | | 262.09 United | Oxford | 1782 | | | | 204.76 | 1782 | case rate | |
| HC BX THYROID PERC CORE NEEDLE | 60100 | CPT | | | | outpatient | | | 2375 | | 925.36 Corrections | Corrections | 1900 | 80 | | | 164.82 | 2256.25 | percent of total billed charges | |
| HC BX THYROID PERC CORE NEEDLE | 60100 | CPT | | | | outpatient | | | 2375 | | 925.36 First Health | First Health | 1662.5 | 70 | | | 164.82 | 2256.25 | percent of total billed charges | |
| HC BX THYROID PERC CORE NEEDLE | 60100 | CPT | | | | outpatient | | | 2375 | | 925.36 Americare | Americare | 1781.25 | 75 | | | 164.82 | 2256.25 | percent of total billed charges | |
| HC BX THYROID PERC CORE NEEDLE | 60100 | CPT | | | | outpatient | | | 2375 | | 925.36 Aetna | Medicare | 804.66 | | | | 164.82 | 2256.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX THYROID PERC CORE NEEDLE | 60100 | CPT | | | | outpatient | | | 2375 | | 925.36 Aetna | Better Health | 749.31 | 31.55 | | | 164.82 | 2256.25 | percent of total billed charges | |
| HC BX THYROID PERC CORE NEEDLE | 60100 | CPT | | | | outpatient | | | 2375 | | 925.36 Aetna | Commercial | 902.5 | 38 | | | 164.82 | 2256.25 | percent of total billed charges | |
| HC BX THYROID PERC CORE NEEDLE | 60100 | CPT | | | | outpatient | | | 2375 | | 925.36 UHC | Medicare | 804.66 | | | | 164.82 | 2256.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX THYROID PERC CORE NEEDLE | 60100 | CPT | | | | outpatient | | | 2375 | | 925.36 Amerihealth | HMO/PPO | 300 | | | | 164.82 | 2256.25 | fee schedule | |
| HC BX THYROID PERC CORE NEEDLE | 60100 | CPT | | | | outpatient | | | 2375 | | 925.36 Wellcare | Medicare | 804.66 | | | | 164.82 | 2256.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX THYROID PERC CORE NEEDLE | 60100 | CPT | | | | outpatient | | | 2375 | | 925.36 Horizon | Indemnity | 1557.02 | | | | 164.82 | 2256.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX THYROID PERC CORE NEEDLE | 60100 | CPT | | | | outpatient | | | 2375 | | 925.36 Multiplan | Multiplan | 1900 | 80 | | | 164.82 | 2256.25 | percent of total billed charges | |
| HC BX THYROID PERC CORE NEEDLE | 60100 | CPT | | | | outpatient | | | 2375 | | 925.36 First Trenton | First Trenton | 2137.5 | 90 | | | 164.82 | 2256.25 | percent of total billed charges | |
| HC BX THYROID PERC CORE NEEDLE | 60100 | CPT | | | | outpatient | | | 2375 | | 925.36 Consumer | Consumer | 2256.25 | 95 | | | 164.82 | 2256.25 | percent of total billed charges | |
| HC BX THYROID PERC CORE NEEDLE | 60100 | CPT | | | | outpatient | | | 2375 | | 925.36 Horizon | PPO | 1557.02 | | | | 164.82 | 2256.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX THYROID PERC CORE NEEDLE | 60100 | CPT | | | | outpatient | | | 2375 | | 925.36 Quelcare | Qualcare | 1781.25 | 75 | | | 164.82 | 2256.25 | percent of total billed charges | |
| HC BX THYROID PERC CORE NEEDLE | 60100 | CPT | | | | outpatient | | | 2375 | | 925.36 Horizon | MGD | 1557.02 | | | | 164.82 | 2256.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX THYROID PERC CORE NEEDLE | 60100 | CPT | | | | outpatient | | | 2375 | | 925.36 WellPoint | WellPoint | 764.28 | 32.18 | | | 164.82 | 2256.25 | percent of total billed charges | |
| HC BX THYROID PERC CORE NEEDLE | 60100 | CPT | | | | outpatient | | | 2375 | | 925.36 Horizon | Medicare Blue | 804.66 | | | | 164.82 | 2256.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BX THYROID PERC CORE NEEDLE | 60100 | CPT | | | | outpatient | | | 2375 | | 925.36 Horizon | NJ Health | 164.82 | | | | 164.82 | 2256.25 | fee schedule | |
| HC BX THYROID PERC CORE NEEDLE | 60100 | CPT | | | | outpatient | | | 2375 | | 925.36 Managed Care Inc | Managed Care Inc | 2137.5 | 90 | | | 164.82 | 2256.25 | percent of total billed charges | |
| HC BX THYROID PERC CORE NEEDLE | 60100 | CPT | | | | outpatient | | | 2375 | | 925.36 Three Rivers | Three Rivers | 2256.25 | 95 | | | 164.82 | 2256.25 | percent of total billed charges | |
| HC BX THYROID PERC CORE NEEDLE | 60100 | CPT | | | | outpatient | | | 2375 | | 925.36 UHC | Medicaid | 749.31 | 31.55 | | | 164.82 | 2256.25 | percent of total billed charges | |
| HC BX THYROID PERC CORE NEEDLE | 60100 | CPT | | | | outpatient | | | 2375 | | 925.36 United | Oxford | 1817 | | | | 164.82 | 2256.25 | case rate | |
| HC BX THYROID PERC CORE NEEDLE | 60100 | CPT | | | | outpatient | | | 2375 | | 925.36 United | Commercial/PPO | 1817 | | | | 164.82 | 2256.25 | case rate | |
| HC BX THYROID PERC CORE NEEDLE | 60100 | CPT | | | | outpatient | | | 2375 | | 925.36 Wellcare | Medicaid | 749.31 | 31.55 | | | 164.82 | 2256.25 | percent of total billed charges | |
| HC UNLISTED PROCEDURE ENDOCRINE SYSTEM | 60699 | CPT | | | | outpatient | | | 8433.3 | | 7588.83 First Trenton | First Trenton | 7589.97 | 90 | | | 300 | 12769.03 | percent of total billed charges | |
| HC UNLISTED PROCEDURE ENDOCRINE SYSTEM | 60699 | CPT | | | | outpatient | | | 8433.3 | | 7588.83 First Health | First Health | 5903.31 | 70 | | | 300 | 12769.03 | percent of total billed charges | |
| HC UNLISTED PROCEDURE ENDOCRINE SYSTEM | 60699 | CPT | | | | outpatient | | | 8433.3 | | 7588.83 Consumer | Consumer | 8011.64 | 95 | | | 300 | 12769.03 | percent of total billed charges | |
| HC UNLISTED PROCEDURE ENDOCRINE SYSTEM | 60699 | CPT | | | | outpatient | | | 8433.3 | | 7588.83 Aetna | Better Health | 2660.71 | 31.55 | | | 300 | 12769.03 | percent of total billed charges | |
| HC UNLISTED PROCEDURE ENDOCRINE SYSTEM | 60699 | CPT | | | | outpatient | | | 8433.3 | | 7588.83 Corrections | Corrections | 6746.64 | 80 | | | 300 | 12769.03 | percent of total billed charges | |
| HC UNLISTED PROCEDURE ENDOCRINE SYSTEM | 60699 | CPT | | | | outpatient | | | 8433.3 | | 7588.83 Amerihealth | HMO/PPO | 300 | | | | 300 | 12769.03 | fee schedule | |
| HC UNLISTED PROCEDURE ENDOCRINE SYSTEM | 60699 | CPT | | | | outpatient | | | 8433.3 | | 7588.83 Aetna | Medicare | 6598.98 | | | | 300 | 12769.03 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROCEDURE ENDOCRINE SYSTEM | 60699 | CPT | | | | outpatient | | | 8433.3 | | 7588.83 Americare | Americare | 6324.98 | 75 | | | 300 | 12769.03 | percent of total billed charges | |
| HC UNLISTED PROCEDURE ENDOCRINE SYSTEM | 60699 | CPT | | | | outpatient | | | 8433.3 | | 7588.83 Managed Care Inc | Managed Care Inc | 7589.97 | 90 | | | 300 | 12769.03 | percent of total billed charges | |
| HC UNLISTED PROCEDURE ENDOCRINE SYSTEM | 60699 | CPT | | | | outpatient | | | 8433.3 | | 7588.83 UHC | Medicare | 6598.98 | | | | 300 | 12769.03 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROCEDURE ENDOCRINE SYSTEM | 60699 | CPT | | | | outpatient | | | 8433.3 | | 7588.83 Horizon | MGD | 12769.03 | | | | 300 | 12769.03 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROCEDURE ENDOCRINE SYSTEM | 60699 | CPT | | | | outpatient | | | 8433.3 | | 7588.83 Aetna | Commercial | 3204.65 | 38 | | | 300 | 12769.03 | percent of total billed charges | |
| HC UNLISTED PROCEDURE ENDOCRINE SYSTEM | 60699 | CPT | | | | outpatient | | | 8433.3 | | 7588.83 Horizon | PPO | 12769.03 | | | | 300 | 12769.03 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROCEDURE ENDOCRINE SYSTEM | 60699 | CPT | | | | outpatient | | | 8433.3 | | 7588.83 Horizon | Indemnity | 12769.03 | | | | 300 | 12769.03 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROCEDURE ENDOCRINE SYSTEM | 60699 | CPT | | | | outpatient | | | 8433.3 | | 7588.83 Multiplan | Multiplan | 6746.64 | 80 | | | 300 | 12769.03 | percent of total billed charges | |
| HC UNLISTED PROCEDURE ENDOCRINE SYSTEM | 60699 | CPT | | | | outpatient | | | 8433.3 | | 7588.83 Horizon | Medicare Blue | 6598.98 | | | | 300 | 12769.03 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROCEDURE ENDOCRINE SYSTEM | 60699 | CPT | | | | outpatient | | | 8433.3 | | 7588.83 Three Rivers | Three Rivers | 8011.64 | 95 | | | 300 | 12769.03 | percent of total billed charges | |
| HC UNLISTED PROCEDURE ENDOCRINE SYSTEM | 60699 | CPT | | | | outpatient | | | 8433.3 | | 7588.83 Wellcare | Medicare | 6598.98 | | | | 300 | 12769.03 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROCEDURE ENDOCRINE SYSTEM | 60699 | CPT | | | | outpatient | | | 8433.3 | | 7588.83 Quelcare | Qualcare | 6324.98 | 75 | | | 300 | 12769.03 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC UNLISTED PROCEDURE ENDOCRINE SYSTEM | 60699 | CPT | | | | outpatient | | | 8433.3 | 7588.83 | UHC | Medicaid | 2660.71 | 31.55 | | | 300 | 12769.03 | percent of total billed charges | |
| HC UNLISTED PROCEDURE ENDOCRINE SYSTEM | 60699 | CPT | | | | outpatient | | | 8433.3 | 7588.83 | WellPoint | WellPoint | 2713.84 | 32.18 | | | 300 | 12769.03 | percent of total billed charges | |
| HC UNLISTED PROCEDURE ENDOCRINE SYSTEM | 60699 | CPT | | | | outpatient | | | 8433.3 | 7588.83 | United | Commercial\|PPO | 4702 | | | | 300 | 12769.03 | case rate | |
| HC UNLISTED PROCEDURE ENDOCRINE SYSTEM | 60699 | CPT | | | | outpatient | | | 8433.3 | 7588.83 | United | Oxford | 4702 | | | | 300 | 12769.03 | case rate | |
| HC UNLISTED PROCEDURE ENDOCRINE SYSTEM | 60699 | CPT | | | | outpatient | | | 8433.3 | 7588.83 | Wellcare | Medicaid | 2660.71 | 31.55 | | | 300 | 12769.03 | percent of total billed charges | |
| HC CISLAT CERV PUNCT W/INJ | 61055 | CPT | | | | inpatient | | | 2681 | 389.55 | First Trenton | First Trenton | 2412.9 | 90 | | | 159.55 | 2546.95 | percent of total billed charges | |
| HC CISLAT CERV PUNCT W/INJ | 61055 | CPT | | | | inpatient | | | 2681 | 389.55 | Horizon | Medicare Blue | 338.74 | | | | 159.55 | 2546.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CISLAT CERV PUNCT W/INJ | 61055 | CPT | | | | inpatient | | | 2681 | 389.55 | Americare | Americare | 2010.75 | 75 | | | 159.55 | 2546.95 | percent of total billed charges | |
| HC CISLAT CERV PUNCT W/INJ | 61055 | CPT | | | | inpatient | | | 2681 | 389.55 | Aetna | Commercial | 1018.78 | 38 | | | 159.55 | 2546.95 | percent of total billed charges | |
| HC CISLAT CERV PUNCT W/INJ | 61055 | CPT | | | | inpatient | | | 2681 | 389.55 | Horizon | Indemnity | 655.46 | | | | 159.55 | 2546.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CISLAT CERV PUNCT W/INJ | 61055 | CPT | | | | inpatient | | | 2681 | 389.55 | Aetna | Better Health | 845.86 | 31.55 | | | 159.55 | 2546.95 | percent of total billed charges | |
| HC CISLAT CERV PUNCT W/INJ | 61055 | CPT | | | | inpatient | | | 2681 | 389.55 | UHC | Medicare | 338.74 | | | | 159.55 | 2546.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CISLAT CERV PUNCT W/INJ | 61055 | CPT | | | | inpatient | | | 2681 | 389.55 | Aetna | Medicare | 338.74 | | | | 159.55 | 2546.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CISLAT CERV PUNCT W/INJ | 61055 | CPT | | | | inpatient | | | 2681 | 389.55 | Managed Care Inc | Managed Care Inc | 2412.9 | 90 | | | 159.55 | 2546.95 | percent of total billed charges | |
| HC CISLAT CERV PUNCT W/INJ | 61055 | CPT | | | | inpatient | | | 2681 | 389.55 | Multiplan | Multiplan | 2144.8 | 80 | | | 159.55 | 2546.95 | percent of total billed charges | |
| HC CISLAT CERV PUNCT W/INJ | 61055 | CPT | | | | inpatient | | | 2681 | 389.55 | Amerihealth | HMO/PPO | 300 | | | | 159.55 | 2546.95 | fee schedule | |
| HC CISLAT CERV PUNCT W/INJ | 61055 | CPT | | | | inpatient | | | 2681 | 389.55 | Horizon | PPO | 655.46 | | | | 159.55 | 2546.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CISLAT CERV PUNCT W/INJ | 61055 | CPT | | | | inpatient | | | 2681 | 389.55 | United | Commercial\|PPO | 1782 | | | | 159.55 | 2546.95 | case rate | |
| HC CISLAT CERV PUNCT W/INJ | 61055 | CPT | | | | inpatient | | | 2681 | 389.55 | First Health | First Health | 1876.7 | 70 | | | 159.55 | 2546.95 | percent of total billed charges | |
| HC CISLAT CERV PUNCT W/INJ | 61055 | CPT | | | | inpatient | | | 2681 | 389.55 | Three Rivers | Three Rivers | 2546.95 | 95 | | | 159.55 | 2546.95 | percent of total billed charges | |
| HC CISLAT CERV PUNCT W/INJ | 61055 | CPT | | | | inpatient | | | 2681 | 389.55 | Consumer | Consumer | 2546.95 | 95 | | | 159.55 | 2546.95 | percent of total billed charges | |
| HC CISLAT CERV PUNCT W/INJ | 61055 | CPT | | | | inpatient | | | 2681 | 389.55 | UHC | Medicaid | 845.86 | 31.55 | | | 159.55 | 2546.95 | percent of total billed charges | |
| HC CISLAT CERV PUNCT W/INJ | 61055 | CPT | | | | inpatient | | | 2681 | 389.55 | Qualcare | Qualcare | 2010.75 | 75 | | | 159.55 | 2546.95 | percent of total billed charges | |
| HC CISLAT CERV PUNCT W/INJ | 61055 | CPT | | | | inpatient | | | 2681 | 389.55 | United | Oxford | 1782 | | | | 159.55 | 2546.95 | case rate | |
| HC CISLAT CERV PUNCT W/INJ | 61055 | CPT | | | | inpatient | | | 2681 | 389.55 | WellPoint | WellPoint | 862.75 | 32.18 | | | 159.55 | 2546.95 | percent of total billed charges | |
| HC CISLAT CERV PUNCT W/INJ | 61055 | CPT | | | | inpatient | | | 2681 | 389.55 | Horizon | NJ Health | 159.55 | | | | 159.55 | 2546.95 | fee schedule | |
| HC CISLAT CERV PUNCT W/INJ | 61055 | CPT | | | | inpatient | | | 2681 | 389.55 | Corrections | Corrections | 2144.8 | 80 | | | 159.55 | 2546.95 | percent of total billed charges | |
| HC CISLAT CERV PUNCT W/INJ | 61055 | CPT | | | | inpatient | | | 2681 | 389.55 | Wellcare | Medicaid | 845.86 | 31.55 | | | 159.55 | 2546.95 | percent of total billed charges | |
| HC CISLAT CERV PUNCT W/INJ | 61055 | CPT | | | | inpatient | | | 2681 | 389.55 | Horizon | MGD | 655.46 | | | | 159.55 | 2546.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CISLAT CERV PUNCT W/INJ | 61055 | CPT | | | | inpatient | | | 2681 | 389.55 | Wellcare | Medicare | 338.74 | | | | 159.55 | 2546.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRAIN CANAL SHUNT PX | 61070 | CPT | | | | outpatient | | | 2536 | 909.54 | Americare | Americare | 1902 | 75 | | | 130.5 | 2409.2 | percent of total billed charges | |
| HC BRAIN CANAL SHUNT PX | 61070 | CPT | | | | outpatient | | | 2536 | 909.54 | Amerihealth | HMO/PPO | 300 | | | | 130.5 | 2409.2 | fee schedule | |
| HC BRAIN CANAL SHUNT PX | 61070 | CPT | | | | outpatient | | | 2536 | 909.54 | Aetna | Medicare | 790.9 | | | | 130.5 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRAIN CANAL SHUNT PX | 61070 | CPT | | | | outpatient | | | 2536 | 909.54 | First Health | First Health | 1775.2 | 70 | | | 130.5 | 2409.2 | percent of total billed charges | |
| HC BRAIN CANAL SHUNT PX | 61070 | CPT | | | | outpatient | | | 2536 | 909.54 | Consumer | Consumer | 2409.2 | 95 | | | 130.5 | 2409.2 | percent of total billed charges | |
| HC BRAIN CANAL SHUNT PX | 61070 | CPT | | | | outpatient | | | 2536 | 909.54 | Horizon | Medicare Blue | 790.9 | | | | 130.5 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRAIN CANAL SHUNT PX | 61070 | CPT | | | | outpatient | | | 2536 | 909.54 | Aetna | Better Health | 800.11 | 31.55 | | | 130.5 | 2409.2 | percent of total billed charges | |
| HC BRAIN CANAL SHUNT PX | 61070 | CPT | | | | outpatient | | | 2536 | 909.54 | Corrections | Corrections | 2028.8 | 80 | | | 130.5 | 2409.2 | percent of total billed charges | |
| HC BRAIN CANAL SHUNT PX | 61070 | CPT | | | | outpatient | | | 2536 | 909.54 | Horizon | MGD | 1530.39 | | | | 130.5 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRAIN CANAL SHUNT PX | 61070 | CPT | | | | outpatient | | | 2536 | 909.54 | Wellcare | Medicaid | 800.11 | 31.55 | | | 130.5 | 2409.2 | percent of total billed charges | |
| HC BRAIN CANAL SHUNT PX | 61070 | CPT | | | | outpatient | | | 2536 | 909.54 | Aetna | Commercial | 963.68 | 38 | | | 130.5 | 2409.2 | percent of total billed charges | |
| HC BRAIN CANAL SHUNT PX | 61070 | CPT | | | | outpatient | | | 2536 | 909.54 | First Trenton | First Trenton | 2282.4 | 90 | | | 130.5 | 2409.2 | percent of total billed charges | |
| HC BRAIN CANAL SHUNT PX | 61070 | CPT | | | | outpatient | | | 2536 | 909.54 | UHC | Medicaid | 800.11 | 31.55 | | | 130.5 | 2409.2 | percent of total billed charges | |
| HC BRAIN CANAL SHUNT PX | 61070 | CPT | | | | outpatient | | | 2536 | 909.54 | UHC | Medicare | 790.9 | | | | 130.5 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRAIN CANAL SHUNT PX | 61070 | CPT | | | | outpatient | | | 2536 | 909.54 | Multiplan | Multiplan | 2028.8 | 80 | | | 130.5 | 2409.2 | percent of total billed charges | |
| HC BRAIN CANAL SHUNT PX | 61070 | CPT | | | | outpatient | | | 2536 | 909.54 | Horizon | Indemnity | 1530.39 | | | | 130.5 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRAIN CANAL SHUNT PX | 61070 | CPT | | | | outpatient | | | 2536 | 909.54 | United | Oxford | 1817 | | | | 130.5 | 2409.2 | case rate | |
| HC BRAIN CANAL SHUNT PX | 61070 | CPT | | | | outpatient | | | 2536 | 909.54 | Wellcare | Medicare | 790.9 | | | | 130.5 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRAIN CANAL SHUNT PX | 61070 | CPT | | | | outpatient | | | 2536 | 909.54 | Qualcare | Qualcare | 1902 | 75 | | | 130.5 | 2409.2 | percent of total billed charges | |
| HC BRAIN CANAL SHUNT PX | 61070 | CPT | | | | outpatient | | | 2536 | 909.54 | Horizon | NJ Health | 130.5 | | | | 130.5 | 2409.2 | fee schedule | |
| HC BRAIN CANAL SHUNT PX | 61070 | CPT | | | | outpatient | | | 2536 | 909.54 | Horizon | PPO | 1530.39 | | | | 130.5 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRAIN CANAL SHUNT PX | 61070 | CPT | | | | outpatient | | | 2536 | 909.54 | Managed Care Inc | Managed Care Inc | 2282.4 | 90 | | | 130.5 | 2409.2 | percent of total billed charges | |
| HC BRAIN CANAL SHUNT PX | 61070 | CPT | | | | outpatient | | | 2536 | 909.54 | United | Commercial\|PPO | 1817 | | | | 130.5 | 2409.2 | case rate | |
| HC BRAIN CANAL SHUNT PX | 61070 | CPT | | | | outpatient | | | 2536 | 909.54 | Three Rivers | Three Rivers | 2409.2 | 95 | | | 130.5 | 2409.2 | percent of total billed charges | |
| HC BRAIN CANAL SHUNT PX | 61070 | CPT | | | | outpatient | | | 2536 | 909.54 | WellPoint | WellPoint | 816.08 | 32.18 | | | 130.5 | 2409.2 | percent of total billed charges | |
| HC ENDOVASC TEMP OCCL HD/NCK W/VE | 61623 | CPT | | | | inpatient | | | 44053 | 14469 | Aetna | Better Health | 13898.72 | 31.55 | | | 800 | 41850.35 | percent of total billed charges | |
| HC ENDOVASC TEMP OCCL HD/NCK W/VE | 61623 | CPT | | | | inpatient | | | 44053 | 14469 | Corrections | Corrections | 35242.4 | 80 | | | 800 | 41850.35 | percent of total billed charges | |
| HC ENDOVASC TEMP OCCL HD/NCK W/VE | 61623 | CPT | | | | inpatient | | | 44053 | 14469 | Aetna | Commercial | 16740.14 | 38 | | | 800 | 41850.35 | percent of total billed charges | |
| HC ENDOVASC TEMP OCCL HD/NCK W/VE | 61623 | CPT | | | | inpatient | | | 44053 | 14469 | Aetna | Medicare | 12581.74 | | | | 800 | 41850.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOVASC TEMP OCCL HD/NCK W/VE | 61623 | CPT | | | | inpatient | | | 44053 | 14469 | Wellcare | Medicare | 12581.74 | | | | 800 | 41850.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOVASC TEMP OCCL HD/NCK W/VE | 61623 | CPT | | | | inpatient | | | 44053 | 14469 | Multiplan | Multiplan | 35242.4 | 80 | | | 800 | 41850.35 | percent of total billed charges | |
| HC ENDOVASC TEMP OCCL HD/NCK W/VE | 61623 | CPT | | | | inpatient | | | 44053 | 14469 | Amerihealth | HMO/PPO | 800 | | | | 800 | 41850.35 | fee schedule | |
| HC ENDOVASC TEMP OCCL HD/NCK W/VE | 61623 | CPT | | | | inpatient | | | 44053 | 14469 | Three Rivers | Three Rivers | 41850.35 | 95 | | | 800 | 41850.35 | percent of total billed charges | |
| HC ENDOVASC TEMP OCCL HD/NCK W/VE | 61623 | CPT | | | | inpatient | | | 44053 | 14469 | Americare | Americare | 33039.75 | 75 | | | 800 | 41850.35 | percent of total billed charges | |
| HC ENDOVASC TEMP OCCL HD/NCK W/VE | 61623 | CPT | | | | inpatient | | | 44053 | 14469 | Qualcare | Qualcare | 33039.75 | 75 | | | 800 | 41850.35 | percent of total billed charges | |
| HC ENDOVASC TEMP OCCL HD/NCK W/VE | 61623 | CPT | | | | inpatient | | | 44053 | 14469 | UHC | Medicaid | 13898.72 | 31.55 | | | 800 | 41850.35 | percent of total billed charges | |
| HC ENDOVASC TEMP OCCL HD/NCK W/VE | 61623 | CPT | | | | inpatient | | | 44053 | 14469 | First Trenton | First Trenton | 39647.7 | 90 | | | 800 | 41850.35 | percent of total billed charges | |
| HC ENDOVASC TEMP OCCL HD/NCK W/VE | 61623 | CPT | | | | inpatient | | | 44053 | 14469 | Consumer | Consumer | 41850.35 | 95 | | | 800 | 41850.35 | percent of total billed charges | |
| HC ENDOVASC TEMP OCCL HD/NCK W/VE | 61623 | CPT | | | | inpatient | | | 44053 | 14469 | Horizon | MGD | 24345.67 | | | | 800 | 41850.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOVASC TEMP OCCL HD/NCK W/VE | 61623 | CPT | | | | inpatient | | | 44053 | 14469 | First Health | First Health | 30837.1 | 70 | | | 800 | 41850.35 | percent of total billed charges | |
| HC ENDOVASC TEMP OCCL HD/NCK W/VE | 61623 | CPT | | | | inpatient | | | 44053 | 14469 | Horizon | NJ Health | 1941.84 | | | | 800 | 41850.35 | fee schedule | |
| HC ENDOVASC TEMP OCCL HD/NCK W/VE | 61623 | CPT | | | | inpatient | | | 44053 | 14469 | United | Oxford | 5843 | | | | 800 | 41850.35 | case rate | |
| HC ENDOVASC TEMP OCCL HD/NCK W/VE | 61623 | CPT | | | | inpatient | | | 44053 | 14469 | Horizon | PPO | 24345.67 | | | | 800 | 41850.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOVASC TEMP OCCL HD/NCK W/VE | 61623 | CPT | | | | inpatient | | | 44053 | 14469 | United | Commercial\|PPO | 5843 | | | | 800 | 41850.35 | case rate | |
| HC ENDOVASC TEMP OCCL HD/NCK W/VE | 61623 | CPT | | | | inpatient | | | 44053 | 14469 | Managed Care Inc | Managed Care Inc | 39647.7 | 90 | | | 800 | 41850.35 | percent of total billed charges | |
| HC ENDOVASC TEMP OCCL HD/NCK W/VE | 61623 | CPT | | | | inpatient | | | 44053 | 14469 | Horizon | Indemnity | 24345.67 | | | | 800 | 41850.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOVASC TEMP OCCL HD/NCK W/VE | 61623 | CPT | | | | inpatient | | | 44053 | 14469 | WellPoint | WellPoint | 14176.26 | 32.18 | | | 800 | 41850.35 | percent of total billed charges | |
| HC ENDOVASC TEMP OCCL HD/NCK W/VE | 61623 | CPT | | | | inpatient | | | 44053 | 14469 | Horizon | Medicare Blue | 12581.74 | | | | 800 | 41850.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOVASC TEMP OCCL HD/NCK W/VE | 61623 | CPT | | | | inpatient | | | 44053 | 14469 | UHC | Medicare | 12581.74 | | | | 800 | 41850.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOVASC TEMP OCCL HD/NCK W/VE | 61623 | CPT | | | | inpatient | | | 44053 | 14469 | Wellcare | Medicaid | 13898.72 | 31.55 | | | 800 | 41850.35 | percent of total billed charges | |
| HC OCCL/EMBO PERC CNS | 61624 | CPT | | | | both | | | 62900 | | Corrections | Corrections | 50320 | 80 | | | 800 | 59755 | percent of total billed charges | |
| HC OCCL/EMBO PERC CNS | 61624 | CPT | | | | both | | | 62900 | | Aetna | Medicare | 19373.2 | 30.8 | | | 800 | 59755 | percent of total billed charges | |
| HC OCCL/EMBO PERC CNS | 61624 | CPT | | | | both | | | 62900 | | Amerihealth | HMO/PPO | 800 | | | | 800 | 59755 | fee schedule | |
| HC OCCL/EMBO PERC CNS | 61624 | CPT | | | | both | | | 62900 | | Horizon | MGD | 24078.12 | 38.28 | | | 800 | 59755 | percent of total billed charges | |
| HC OCCL/EMBO PERC CNS | 61624 | CPT | | | | both | | | 62900 | | Aetna | Better Health | 19844.95 | 31.55 | | | 800 | 59755 | percent of total billed charges | |
| HC OCCL/EMBO PERC CNS | 61624 | CPT | | | | both | | | 62900 | | Horizon | Medicare Blue | 18870 | 30 | | | 800 | 59755 | percent of total billed charges | |
| HC OCCL/EMBO PERC CNS | 61624 | CPT | | | | both | | | 62900 | | Consumer | Consumer | 59755 | 95 | | | 800 | 59755 | percent of total billed charges | |
| HC OCCL/EMBO PERC CNS | 61624 | CPT | | | | both | | | 62900 | | United | Commercial\|PPO | 5843 | | | | 800 | 59755 | case rate | |
| HC OCCL/EMBO PERC CNS | 61624 | CPT | | | | both | | | 62900 | | Aetna | Commercial | 23902 | 38 | | | 800 | 59755 | percent of total billed charges | |
| HC OCCL/EMBO PERC CNS | 61624 | CPT | | | | both | | | 62900 | | Americare | Americare | 47175 | 75 | | | 800 | 59755 | percent of total billed charges | |
| HC OCCL/EMBO PERC CNS | 61624 | CPT | | | | both | | | 62900 | | First Health | First Health | 44030 | 70 | | | 800 | 59755 | percent of total billed charges | |
| HC OCCL/EMBO PERC CNS | 61624 | CPT | | | | both | | | 62900 | | WellPoint | WellPoint | 20241.22 | 32.18 | | | 800 | 59755 | percent of total billed charges | |
| HC OCCL/EMBO PERC CNS | 61624 | CPT | | | | both | | | 62900 | | Horizon | Indemnity | 24078.12 | 38.28 | | | 800 | 59755 | percent of total billed charges | |
| HC OCCL/EMBO PERC CNS | 61624 | CPT | | | | both | | | 62900 | | United | Oxford | 5843 | | | | 800 | 59755 | case rate | |
| HC OCCL/EMBO PERC CNS | 61624 | CPT | | | | both | | | 62900 | | First Trenton | First Trenton | 56610 | 90 | | | 800 | 59755 | percent of total billed charges | |
| HC OCCL/EMBO PERC CNS | 61624 | CPT | | | | both | | | 62900 | | Wellcare | Medicaid | 19844.95 | 31.55 | | | 800 | 59755 | percent of total billed charges | |
| HC OCCL/EMBO PERC CNS | 61624 | CPT | | | | both | | | 62900 | | Multiplan | Multiplan | 50320 | 80 | | | 800 | 59755 | percent of total billed charges | |
| HC OCCL/EMBO PERC CNS | 61624 | CPT | | | | both | | | 62900 | | Horizon | NJ Health | 1231.08 | | | | 800 | 59755 | fee schedule | |
| HC OCCL/EMBO PERC CNS | 61624 | CPT | | | | both | | | 62900 | | Qualcare | Qualcare | 47175 | 75 | | | 800 | 59755 | percent of total billed charges | |
| HC OCCL/EMBO PERC CNS | 61624 | CPT | | | | both | | | 62900 | | Horizon | PPO | 24078.12 | 38.28 | | | 800 | 59755 | percent of total billed charges | |
| HC OCCL/EMBO PERC CNS | 61624 | CPT | | | | both | | | 62900 | | Managed Care Inc | Managed Care Inc | 56610 | 90 | | | 800 | 59755 | percent of total billed charges | |
| HC OCCL/EMBO PERC CNS | 61624 | CPT | | | | both | | | 62900 | | Three Rivers | Three Rivers | 59755 | 95 | | | 800 | 59755 | percent of total billed charges | |
| HC OCCL/EMBO PERC CNS | 61624 | CPT | | | | both | | | 62900 | | UHC | Medicaid | 19844.95 | 31.55 | | | 800 | 59755 | percent of total billed charges | |
| HC OCCL/EMBO PERC NON CNS HG/INK | 61626 | CPT | | | | both | | | 37686 | 14469 | Aetna | Commercial | 14320.68 | 38 | | | 800 | 35801.7 | percent of total billed charges | |
| HC OCCL/EMBO PERC NON CNS HG/INK | 61626 | CPT | | | | both | | | 37686 | 14469 | Americare | Americare | 28264.5 | 75 | | | 800 | 35801.7 | percent of total billed charges | |
| HC OCCL/EMBO PERC NON CNS HG/INK | 61626 | CPT | | | | both | | | 37686 | 14469 | Three Rivers | Three Rivers | 35801.7 | 95 | | | 800 | 35801.7 | percent of total billed charges | |
| HC OCCL/EMBO PERC NON CNS HG/INK | 61626 | CPT | | | | both | | | 37686 | 14469 | Consumer | Consumer | 35801.7 | 95 | | | 800 | 35801.7 | percent of total billed charges | |
| HC OCCL/EMBO PERC NON CNS HG/INK | 61626 | CPT | | | | both | | | 37686 | 14469 | Aetna | Better Health | 11889.93 | 31.55 | | | 800 | 35801.7 | percent of total billed charges | |
| HC OCCL/EMBO PERC NON CNS HG/INK | 61626 | CPT | | | | both | | | 37686 | 14469 | Multiplan | Multiplan | 30148.8 | 80 | | | 800 | 35801.7 | percent of total billed charges | |
| HC OCCL/EMBO PERC NON CNS HG/INK | 61626 | CPT | | | | both | | | 37686 | 14469 | First Trenton | First Trenton | 33917.4 | 90 | | | 800 | 35801.7 | percent of total billed charges | |
| HC OCCL/EMBO PERC NON CNS HG/INK | 61626 | CPT | | | | both | | | 37686 | 14469 | Corrections | Corrections | 30148.8 | 80 | | | 800 | 35801.7 | percent of total billed charges | |
| HC OCCL/EMBO PERC NON CNS HG/INK | 61626 | CPT | | | | both | | | 37686 | 14469 | Horizon | Medicare Blue | 12581.74 | | | | 800 | 35801.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCCL/EMBO PERC NON CNS HG/INK | 61626 | CPT | | | | both | | | 37686 | 14469 | Wellcare | Medicare | 12581.74 | | | | 800 | 35801.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCCL/EMBO PERC NON CNS HG/INK | 61626 | CPT | | | | both | | | 37686 | 14469 | UHC | Medicaid | 11889.93 | 31.55 | | | 800 | 35801.7 | percent of total billed charges | |
| HC OCCL/EMBO PERC NON CNS HG/INK | 61626 | CPT | | | | both | | | 37686 | 14469 | Horizon | NJ Health | 1050.53 | | | | 800 | 35801.7 | fee schedule | |
| HC OCCL/EMBO PERC NON CNS HG/INK | 61626 | CPT | | | | both | | | 37686 | 14469 | Aetna | Medicare | 12581.74 | | | | 800 | 35801.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCCL/EMBO PERC NON CNS HG/INK | 61626 | CPT | | | | both | | | 37686 | 14469 | Qualcare | Qualcare | 28264.5 | 75 | | | 800 | 35801.7 | percent of total billed charges | |
| HC OCCL/EMBO PERC NON CNS HG/INK | 61626 | CPT | | | | both | | | 37686 | 14469 | Horizon | Indemnity | 24345.67 | | | | 800 | 35801.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCCL/EMBO PERC NON CNS HG/INK | 61626 | CPT | | | | both | | | 37686 | 14469 | United | Oxford | 5843 | | | | 800 | 35801.7 | case rate | |
| HC OCCL/EMBO PERC NON CNS HG/INK | 61626 | CPT | | | | both | | | 37686 | 14469 | Amerihealth | HMO/PPO | 800 | | | | 800 | 35801.7 | fee schedule | |
| HC OCCL/EMBO PERC NON CNS HG/INK | 61626 | CPT | | | | both | | | 37686 | 14469 | Horizon | PPO | 24345.67 | | | | 800 | 35801.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCCL/EMBO PERC NON CNS HG/INK | 61626 | CPT | | | | both | | | 37686 | 14469 | First Health | First Health | 26380.2 | 70 | | | 800 | 35801.7 | percent of total billed charges | |
| HC OCCL/EMBO PERC NON CNS HG/INK | 61626 | CPT | | | | both | | | 37686 | 14469 | Managed Care Inc | Managed Care Inc | 33917.4 | 90 | | | 800 | 35801.7 | percent of total billed charges | |
| HC OCCL/EMBO PERC NON CNS HG/INK | 61626 | CPT | | | | both | | | 37686 | 14469 | Horizon | MGD | 24345.67 | | | | 800 | 35801.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCCL/EMBO PERC NON CNS HG/INK | 61626 | CPT | | | | both | | | 37686 | 14469 | UHC | Medicare | 12581.74 | | | | 800 | 35801.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCCL/EMBO PERC NON CNS HG/INK | 61626 | CPT | | | | both | | | 37686 | 14469 | Wellcare | Medicaid | 11889.93 | 31.55 | | | 800 | 35801.7 | percent of total billed charges | |
| HC OCCL/EMBO PERC NON CNS HG/INK | 61626 | CPT | | | | both | | | 37686 | 14469 | United | Commercial\|PPO | 5843 | | | | 800 | 35801.7 | case rate | |
| HC OCCL/EMBO PERC NON CNS HG/INK | 61626 | CPT | | | | both | | | 37686 | 14469 | WellPoint | WellPoint | 12127.35 | 32.18 | | | 800 | 35801.7 | percent of total billed charges | |
| HC INTERCRAN ANGIOPLSTY W/STENT | 61635 | CPT | | | | inpatient | | | 9993 | | Corrections | Corrections | 7994.4 | 80 | | | 1782 | 9493.35 | percent of total billed charges | |
| HC INTERCRAN ANGIOPLSTY W/STENT | 61635 | CPT | | | | inpatient | | | 9993 | | Aetna | Commercial | 3797.34 | 38 | | | 1782 | 9493.35 | percent of total billed charges | |
| HC INTERCRAN ANGIOPLSTY W/STENT | 61635 | CPT | | | | inpatient | | | 9993 | | Aetna | Better Health | 3152.79 | 31.55 | | | 1782 | 9493.35 | percent of total billed charges | |
| HC INTERCRAN ANGIOPLSTY W/STENT | 61635 | CPT | | | | inpatient | | | 9993 | | First Trenton | First Trenton | 8993.7 | 90 | | | 1782 | 9493.35 | percent of total billed charges | |
| HC INTERCRAN ANGIOPLSTY W/STENT | 61635 | CPT | | | | inpatient | | | 9993 | | Amerihealth | HMO/PPO | 6495.45 | 65 | | | 1782 | 9493.35 | percent of total billed charges | |
| HC INTERCRAN ANGIOPLSTY W/STENT | 61635 | CPT | | | | inpatient | | | 9993 | | Horizon | MGD | 3825.32 | 38.28 | | | 1782 | 9493.35 | percent of total billed charges | |
| HC INTERCRAN ANGIOPLSTY W/STENT | 61635 | CPT | | | | inpatient | | | 9993 | | Aetna | Medicare | 3077.84 | 30.8 | | | 1782 | 9493.35 | percent of total billed charges | |
| HC INTERCRAN ANGIOPLSTY W/STENT | 61635 | CPT | | | | inpatient | | | 9993 | | Horizon | PPO | 3825.32 | 38.28 | | | 1782 | 9493.35 | percent of total billed charges | |
| HC INTERCRAN ANGIOPLSTY W/STENT | 61635 | CPT | | | | inpatient | | | 9993 | | Horizon | NJ Health | 1796.88 | | | | 1782 | 9493.35 | fee schedule | |
| HC INTERCRAN ANGIOPLSTY W/STENT | 61635 | CPT | | | | inpatient | | | 9993 | | United | Commercial\|PPO | 1782 | | | | 1782 | 9493.35 | case rate | |
| HC INTERCRAN ANGIOPLSTY W/STENT | 61635 | CPT | | | | inpatient | | | 9993 | | First Health | First Health | 6995.1 | 70 | | | 1782 | 9493.35 | percent of total billed charges | |
| HC INTERCRAN ANGIOPLSTY W/STENT | 61635 | CPT | | | | inpatient | | | 9993 | | Managed Care Inc | Managed Care Inc | 8993.7 | 90 | | | 1782 | 9493.35 | percent of total billed charges | |
| HC INTERCRAN ANGIOPLSTY W/STENT | 61635 | CPT | | | | inpatient | | | 9993 | | Horizon | Indemnity | 3825.32 | 38.28 | | | 1782 | 9493.35 | percent of total billed charges | |
| HC INTERCRAN ANGIOPLSTY W/STENT | 61635 | CPT | | | | inpatient | | | 9993 | | WellPoint | WellPoint | 3215.75 | 32.18 | | | 1782 | 9493.35 | percent of total billed charges | |
| HC INTERCRAN ANGIOPLSTY W/STENT | 61635 | CPT | | | | inpatient | | | 9993 | | Americare | Americare | 7494.75 | 75 | | | 1782 | 9493.35 | percent of total billed charges | |
| HC INTERCRAN ANGIOPLSTY W/STENT | 61635 | CPT | | | | inpatient | | | 9993 | | Three Rivers | Three Rivers | 9493.35 | 95 | | | 1782 | 9493.35 | percent of total billed charges | |
| HC INTERCRAN ANGIOPLSTY W/STENT | 61635 | CPT | | | | inpatient | | | 9993 | | Multiplan | Multiplan | 7994.4 | 80 | | | 1782 | 9493.35 | percent of total billed charges | |
| HC INTERCRAN ANGIOPLSTY W/STENT | 61635 | CPT | | | | inpatient | | | 9993 | | Horizon | Medicare Blue | 2997.9 | 30 | | | 1782 | 9493.35 | percent of total billed charges | |
| HC INTERCRAN ANGIOPLSTY W/STENT | 61635 | CPT | | | | inpatient | | | 9993 | | Qualcare | Qualcare | 7494.75 | 75 | | | 1782 | 9493.35 | percent of total billed charges | |
| HC INTERCRAN ANGIOPLSTY W/STENT | 61635 | CPT | | | | inpatient | | | 9993 | | Consumer | Consumer | 9493.35 | 95 | | | 1782 | 9493.35 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC INTERCRAN ANGIOPLSTY W/STENT | 61635 | CPT | | | | inpatient | | | 9993 | | Wellcare | Medicaid | 3152.79 | 31.55 | | | 1782 | 9493.35 | percent of total billed charges | |
| HC INTERCRAN ANGIOPLSTY W/STENT | 61635 | CPT | | | | inpatient | | | 9993 | | UHC | Medicaid | 3152.79 | 31.55 | | | 1782 | 9493.35 | percent of total billed charges | |
| HC INTERCRAN ANGIOPLSTY W/STENT | 61635 | CPT | | | | inpatient | | | 9993 | | United | Oxford | 1782 | | | | 1782 | 9493.35 | case rate | |
| HC DILATE IC VASOSPASM INIT | 61640 | CPT | | | | inpatient | | | 6665 | | Horizon | Medicare Blue | 1999.5 | 30 | | | 1347.67 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM INIT | 61640 | CPT | | | | inpatient | | | 6665 | | First Health | First Health | 4665.5 | 70 | | | 1347.67 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM INIT | 61640 | CPT | | | | inpatient | | | 6665 | | Corrections | Corrections | 5332 | 80 | | | 1347.67 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM INIT | 61640 | CPT | | | | inpatient | | | 6665 | | First Trenton | First Trenton | 5998.5 | 90 | | | 1347.67 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM INIT | 61640 | CPT | | | | inpatient | | | 6665 | | Americare | Americare | 4998.75 | 75 | | | 1347.67 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM INIT | 61640 | CPT | | | | inpatient | | | 6665 | | Aetna | Better Health | 2102.81 | 31.55 | | | 1347.67 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM INIT | 61640 | CPT | | | | inpatient | | | 6665 | | Aetna | Medicare | 2052.82 | 30.8 | | | 1347.67 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM INIT | 61640 | CPT | | | | inpatient | | | 6665 | | UHC | Medicaid | 2102.81 | 31.55 | | | 1347.67 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM INIT | 61640 | CPT | | | | inpatient | | | 6665 | | Amerihealth | HMO/PPO | 4332.25 | 65 | | | 1347.67 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM INIT | 61640 | CPT | | | | inpatient | | | 6665 | | Aetna | Commercial | 2532.7 | 38 | | | 1347.67 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM INIT | 61640 | CPT | | | | inpatient | | | 6665 | | WellPoint | WellPoint | 2144.8 | 32.18 | | | 1347.67 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM INIT | 61640 | CPT | | | | inpatient | | | 6665 | | Horizon | Indemnity | 2551.36 | 38.28 | | | 1347.67 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM INIT | 61640 | CPT | | | | inpatient | | | 6665 | | Multiplan | Multiplan | 5332 | 80 | | | 1347.67 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM INIT | 61640 | CPT | | | | inpatient | | | 6665 | | United | Commercial/PPO | 1782 | | | | 1347.67 | 6331.75 | case rate | |
| HC DILATE IC VASOSPASM INIT | 61640 | CPT | | | | inpatient | | | 6665 | | Consumer | Consumer | 6331.75 | 95 | | | 1347.67 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM INIT | 61640 | CPT | | | | inpatient | | | 6665 | | Horizon | PPO | 2551.36 | 38.28 | | | 1347.67 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM INIT | 61640 | CPT | | | | inpatient | | | 6665 | | Qualcare | Qualcare | 4998.75 | 75 | | | 1347.67 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM INIT | 61640 | CPT | | | | inpatient | | | 6665 | | Managed Care Inc | Managed Care Inc | 5998.5 | 90 | | | 1347.67 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM INIT | 61640 | CPT | | | | inpatient | | | 6665 | | Horizon | MGD | 2551.36 | 38.28 | | | 1347.67 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM INIT | 61640 | CPT | | | | inpatient | | | 6665 | | Horizon | NJ Health | 1347.67 | | | | 1347.67 | 6331.75 | fee schedule | |
| HC DILATE IC VASOSPASM INIT | 61640 | CPT | | | | inpatient | | | 6665 | | Three Rivers | Three Rivers | 6331.75 | 95 | | | 1347.67 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM INIT | 61640 | CPT | | | | inpatient | | | 6665 | | United | Oxford | 1782 | | | | 1347.67 | 6331.75 | case rate | |
| HC DILATE IC VASOSPASM INIT | 61640 | CPT | | | | inpatient | | | 6665 | | Wellcare | Medicaid | 2102.81 | 31.55 | | | 1347.67 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM ADD-ON | 61642 | CPT | | | | inpatient | | | 6665 | | UHC | Medicaid | 2102.81 | 31.55 | | | 674.42 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM ADD-ON | 61642 | CPT | | | | inpatient | | | 6665 | | Americare | Americare | 4998.75 | 75 | | | 674.42 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM ADD-ON | 61642 | CPT | | | | inpatient | | | 6665 | | Horizon | MGD | 2551.36 | 38.28 | | | 674.42 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM ADD-ON | 61642 | CPT | | | | inpatient | | | 6665 | | Corrections | Corrections | 5332 | 80 | | | 674.42 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM ADD-ON | 61642 | CPT | | | | inpatient | | | 6665 | | Aetna | Medicare | 2052.82 | 30.8 | | | 674.42 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM ADD-ON | 61642 | CPT | | | | inpatient | | | 6665 | | Horizon | Medicare Blue | 1999.5 | 30 | | | 674.42 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM ADD-ON | 61642 | CPT | | | | inpatient | | | 6665 | | Consumer | Consumer | 6331.75 | 95 | | | 674.42 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM ADD-ON | 61642 | CPT | | | | inpatient | | | 6665 | | Aetna | Better Health | 2102.81 | 31.55 | | | 674.42 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM ADD-ON | 61642 | CPT | | | | inpatient | | | 6665 | | First Health | First Health | 4665.5 | 70 | | | 674.42 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM ADD-ON | 61642 | CPT | | | | inpatient | | | 6665 | | First Trenton | First Trenton | 5998.5 | 90 | | | 674.42 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM ADD-ON | 61642 | CPT | | | | inpatient | | | 6665 | | Horizon | NJ Health | 674.42 | | | | 674.42 | 6331.75 | fee schedule | |
| HC DILATE IC VASOSPASM ADD-ON | 61642 | CPT | | | | inpatient | | | 6665 | | Wellcare | Medicaid | 2102.81 | 31.55 | | | 674.42 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM ADD-ON | 61642 | CPT | | | | inpatient | | | 6665 | | Aetna | Commercial | 2532.7 | 38 | | | 674.42 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM ADD-ON | 61642 | CPT | | | | inpatient | | | 6665 | | Horizon | PPO | 2551.36 | 38.28 | | | 674.42 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM ADD-ON | 61642 | CPT | | | | inpatient | | | 6665 | | United | Commercial/PPO | 1782 | | | | 674.42 | 6331.75 | case rate | |
| HC DILATE IC VASOSPASM ADD-ON | 61642 | CPT | | | | inpatient | | | 6665 | | Managed Care Inc | Managed Care Inc | 5998.5 | 90 | | | 674.42 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM ADD-ON | 61642 | CPT | | | | inpatient | | | 6665 | | Amerihealth | HMO/PPO | 4332.25 | 65 | | | 674.42 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM ADD-ON | 61642 | CPT | | | | inpatient | | | 6665 | | Three Rivers | Three Rivers | 6331.75 | 95 | | | 674.42 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM ADD-ON | 61642 | CPT | | | | inpatient | | | 6665 | | WellPoint | WellPoint | 2144.8 | 32.18 | | | 674.42 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM ADD-ON | 61642 | CPT | | | | inpatient | | | 6665 | | United | Oxford | 1782 | | | | 674.42 | 6331.75 | case rate | |
| HC DILATE IC VASOSPASM ADD-ON | 61642 | CPT | | | | inpatient | | | 6665 | | Horizon | Indemnity | 2551.36 | 38.28 | | | 674.42 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM ADD-ON | 61642 | CPT | | | | inpatient | | | 6665 | | Multiplan | Multiplan | 5332 | 80 | | | 674.42 | 6331.75 | percent of total billed charges | |
| HC DILATE IC VASOSPASM ADD-ON | 61642 | CPT | | | | inpatient | | | 6665 | | Qualcare | Qualcare | 4998.75 | 75 | | | 674.42 | 6331.75 | percent of total billed charges | |
| HC PERC ART THROMBECTOMY/LYSIS A | 61645 | CPT | | | | inpatient | | | 15715 | | Corrections | Corrections | 12572 | 80 | | | 800 | 14929.25 | percent of total billed charges | |
| HC PERC ART THROMBECTOMY/LYSIS A | 61645 | CPT | | | | inpatient | | | 15715 | | Aetna | Commercial | 5971.7 | 38 | | | 800 | 14929.25 | percent of total billed charges | |
| HC PERC ART THROMBECTOMY/LYSIS A | 61645 | CPT | | | | inpatient | | | 15715 | | Horizon | Indemnity | 6015.7 | 38.28 | | | 800 | 14929.25 | percent of total billed charges | |
| HC PERC ART THROMBECTOMY/LYSIS A | 61645 | CPT | | | | inpatient | | | 15715 | | Americare | Americare | 11786.25 | 75 | | | 800 | 14929.25 | percent of total billed charges | |
| HC PERC ART THROMBECTOMY/LYSIS A | 61645 | CPT | | | | inpatient | | | 15715 | | Aetna | Better Health | 4968.08 | 31.55 | | | 800 | 14929.25 | percent of total billed charges | |
| HC PERC ART THROMBECTOMY/LYSIS A | 61645 | CPT | | | | inpatient | | | 15715 | | First Health | First Health | 11000.5 | 70 | | | 800 | 14929.25 | percent of total billed charges | |
| HC PERC ART THROMBECTOMY/LYSIS A | 61645 | CPT | | | | inpatient | | | 15715 | | Multiplan | Multiplan | 12572 | 80 | | | 800 | 14929.25 | percent of total billed charges | |
| HC PERC ART THROMBECTOMY/LYSIS A | 61645 | CPT | | | | inpatient | | | 15715 | | First Trenton | First Trenton | 14143.5 | 90 | | | 800 | 14929.25 | percent of total billed charges | |
| HC PERC ART THROMBECTOMY/LYSIS A | 61645 | CPT | | | | inpatient | | | 15715 | | United | Oxford | 1782 | | | | 800 | 14929.25 | case rate | |
| HC PERC ART THROMBECTOMY/LYSIS A | 61645 | CPT | | | | inpatient | | | 15715 | | Aetna | Medicare | 4840.22 | 30.8 | | | 800 | 14929.25 | percent of total billed charges | |
| HC PERC ART THROMBECTOMY/LYSIS A | 61645 | CPT | | | | inpatient | | | 15715 | | Qualcare | Qualcare | 11786.25 | 75 | | | 800 | 14929.25 | percent of total billed charges | |
| HC PERC ART THROMBECTOMY/LYSIS A | 61645 | CPT | | | | inpatient | | | 15715 | | Amerihealth | HMO/PPO | 800 | | | | 800 | 14929.25 | fee schedule | |
| HC PERC ART THROMBECTOMY/LYSIS A | 61645 | CPT | | | | inpatient | | | 15715 | | Consumer | Consumer | 14929.25 | 95 | | | 800 | 14929.25 | percent of total billed charges | |
| HC PERC ART THROMBECTOMY/LYSIS A | 61645 | CPT | | | | inpatient | | | 15715 | | Horizon | MGD | 6015.7 | 38.28 | | | 800 | 14929.25 | percent of total billed charges | |
| HC PERC ART THROMBECTOMY/LYSIS A | 61645 | CPT | | | | inpatient | | | 15715 | | Horizon | Medicare Blue | 4714.5 | 30 | | | 800 | 14929.25 | percent of total billed charges | |
| HC PERC ART THROMBECTOMY/LYSIS A | 61645 | CPT | | | | inpatient | | | 15715 | | Horizon | PPO | 6015.7 | 38.28 | | | 800 | 14929.25 | percent of total billed charges | |
| HC PERC ART THROMBECTOMY/LYSIS A | 61645 | CPT | | | | inpatient | | | 15715 | | Horizon | NJ Health | 1112.41 | | | | 800 | 14929.25 | fee schedule | |
| HC PERC ART THROMBECTOMY/LYSIS A | 61645 | CPT | | | | inpatient | | | 15715 | | UHC | Medicaid | 4968.08 | 31.55 | | | 800 | 14929.25 | percent of total billed charges | |
| HC PERC ART THROMBECTOMY/LYSIS A | 61645 | CPT | | | | inpatient | | | 15715 | | Three Rivers | Three Rivers | 14929.25 | 95 | | | 800 | 14929.25 | percent of total billed charges | |
| HC PERC ART THROMBECTOMY/LYSIS A | 61645 | CPT | | | | inpatient | | | 15715 | | Managed Care Inc | Managed Care Inc | 14143.5 | 90 | | | 800 | 14929.25 | percent of total billed charges | |
| HC PERC ART THROMBECTOMY/LYSIS A | 61645 | CPT | | | | inpatient | | | 15715 | | Wellcare | Medicaid | 4968.08 | 31.55 | | | 800 | 14929.25 | percent of total billed charges | |
| HC PERC ART THROMBECTOMY/LYSIS A | 61645 | CPT | | | | inpatient | | | 15715 | | United | Commercial/PPO | 1782 | | | | 800 | 14929.25 | case rate | |
| HC PERC ART THROMBECTOMY/LYSIS A | 61645 | CPT | | | | inpatient | | | 15715 | | WellPoint | WellPoint | 5057.09 | 32.18 | | | 800 | 14929.25 | percent of total billed charges | |
| HC ENDOVASC INTRACRANIAL PROLNG ADMIN OF RX AGENT, ARTERIAL, INITIAL | 61650 | CPT | | | | both | | | 16438 | | Americare | Americare | 12328.5 | 75 | | | 742.47 | 15616.1 | percent of total billed charges | |
| HC ENDOVASC INTRACRANIAL PROLNG ADMIN OF RX AGENT, ARTERIAL, INITIAL | 61650 | CPT | | | | both | | | 16438 | | Corrections | Corrections | 13150.4 | 80 | | | 742.47 | 15616.1 | percent of total billed charges | |
| HC ENDOVASC INTRACRANIAL PROLNG ADMIN OF RX AGENT, ARTERIAL, INITIAL | 61650 | CPT | | | | both | | | 16438 | | Horizon | Indemnity | 6292.47 | 38.28 | | | 742.47 | 15616.1 | percent of total billed charges | |
| HC ENDOVASC INTRACRANIAL PROLNG ADMIN OF RX AGENT, ARTERIAL, INITIAL | 61650 | CPT | | | | both | | | 16438 | | Aetna | Medicare | 5062.9 | 30.8 | | | 742.47 | 15616.1 | percent of total billed charges | |
| HC ENDOVASC INTRACRANIAL PROLNG ADMIN OF RX AGENT, ARTERIAL, INITIAL | 61650 | CPT | | | | both | | | 16438 | | Consumer | Consumer | 15616.1 | 95 | | | 742.47 | 15616.1 | percent of total billed charges | |
| HC ENDOVASC INTRACRANIAL PROLNG ADMIN OF RX AGENT, ARTERIAL, INITIAL | 61650 | CPT | | | | both | | | 16438 | | Aetna | Better Health | 5186.19 | 31.55 | | | 742.47 | 15616.1 | percent of total billed charges | |
| HC ENDOVASC INTRACRANIAL PROLNG ADMIN OF RX AGENT, ARTERIAL, INITIAL | 61650 | CPT | | | | both | | | 16438 | | First Trenton | First Trenton | 14794.2 | 90 | | | 742.47 | 15616.1 | percent of total billed charges | |
| HC ENDOVASC INTRACRANIAL PROLNG ADMIN OF RX AGENT, ARTERIAL, INITIAL | 61650 | CPT | | | | both | | | 16438 | | Amerihealth | HMO/PPO | 800 | | | | 742.47 | 15616.1 | fee schedule | |
| HC ENDOVASC INTRACRANIAL PROLNG ADMIN OF RX AGENT, ARTERIAL, INITIAL | 61650 | CPT | | | | both | | | 16438 | | Multiplan | Multiplan | 13150.4 | 80 | | | 742.47 | 15616.1 | percent of total billed charges | |
| HC ENDOVASC INTRACRANIAL PROLNG ADMIN OF RX AGENT, ARTERIAL, INITIAL | 61650 | CPT | | | | both | | | 16438 | | WellPoint | WellPoint | 5289.75 | 32.18 | | | 742.47 | 15616.1 | percent of total billed charges | |
| HC ENDOVASC INTRACRANIAL PROLNG ADMIN OF RX AGENT, ARTERIAL, INITIAL | 61650 | CPT | | | | both | | | 16438 | | Managed Care Inc | Managed Care Inc | 14794.2 | 90 | | | 742.47 | 15616.1 | percent of total billed charges | |
| HC ENDOVASC INTRACRANIAL PROLNG ADMIN OF RX AGENT, ARTERIAL, INITIAL | 61650 | CPT | | | | both | | | 16438 | | Horizon | MGD | 6292.47 | 38.28 | | | 742.47 | 15616.1 | percent of total billed charges | |
| HC ENDOVASC INTRACRANIAL PROLNG ADMIN OF RX AGENT, ARTERIAL, INITIAL | 61650 | CPT | | | | both | | | 16438 | | Horizon | NJ Health | 742.47 | | | | 742.47 | 15616.1 | fee schedule | |
| HC ENDOVASC INTRACRANIAL PROLNG ADMIN OF RX AGENT, ARTERIAL, INITIAL | 61650 | CPT | | | | both | | | 16438 | | Aetna | Commercial | 6246.44 | 38 | | | 742.47 | 15616.1 | percent of total billed charges | |
| HC ENDOVASC INTRACRANIAL PROLNG ADMIN OF RX AGENT, ARTERIAL, INITIAL | 61650 | CPT | | | | both | | | 16438 | | Qualcare | Qualcare | 12328.5 | 75 | | | 742.47 | 15616.1 | percent of total billed charges | |
| HC ENDOVASC INTRACRANIAL PROLNG ADMIN OF RX AGENT, ARTERIAL, INITIAL | 61650 | CPT | | | | both | | | 16438 | | First Health | First Health | 11506.6 | 70 | | | 742.47 | 15616.1 | percent of total billed charges | |
| HC ENDOVASC INTRACRANIAL PROLNG ADMIN OF RX AGENT, ARTERIAL, INITIAL | 61650 | CPT | | | | both | | | 16438 | | Three Rivers | Three Rivers | 15616.1 | 95 | | | 742.47 | 15616.1 | percent of total billed charges | |
| HC ENDOVASC INTRACRANIAL PROLNG ADMIN OF RX AGENT, ARTERIAL, INITIAL | 61650 | CPT | | | | both | | | 16438 | | Horizon | Medicare Blue | 4931.4 | 30 | | | 742.47 | 15616.1 | percent of total billed charges | |
| HC ENDOVASC INTRACRANIAL PROLNG ADMIN OF RX AGENT, ARTERIAL, INITIAL | 61650 | CPT | | | | both | | | 16438 | | Horizon | PPO | 6292.47 | 38.28 | | | 742.47 | 15616.1 | percent of total billed charges | |
| HC ENDOVASC INTRACRANIAL PROLNG ADMIN OF RX AGENT, ARTERIAL, INITIAL | 61650 | CPT | | | | both | | | 16438 | | Wellcare | Medicaid | 5186.19 | 31.55 | | | 742.47 | 15616.1 | percent of total billed charges | |
| HC ENDOVASC INTRACRANIAL PROLNG ADMIN OF RX AGENT, ARTERIAL, INITIAL | 61650 | CPT | | | | both | | | 16438 | | UHC | Medicaid | 5186.19 | 31.55 | | | 742.47 | 15616.1 | percent of total billed charges | |
| HC ENDOVASC INTRACRANIAL PROLNG ADMIN OF RX AGENT, ARTERIAL, INITIAL | 61650 | CPT | | | | both | | | 16438 | | United | Commercial/PPO | 1782 | | | | 742.47 | 15616.1 | case rate | |
| HC ENDOVASC INTRACRANIAL PROLNG ADMIN OF RX AGENT, ARTERIAL, INITIAL | 61650 | CPT | | | | both | | | 16438 | | United | Oxford | 1782 | | | | 742.47 | 15616.1 | case rate | |
| HC ADMIN PHARM AGENTS EACH ADDIT TERRITORY | 61651 | CPT | | | | inpatient | | | 3216 | | Americare | Americare | 2412 | 75 | | | 315.31 | 3055.2 | percent of total billed charges | |
| HC ADMIN PHARM AGENTS EACH ADDIT TERRITORY | 61651 | CPT | | | | inpatient | | | 3216 | | Aetna | Better Health | 1014.65 | 31.55 | | | 315.31 | 3055.2 | percent of total billed charges | |
| HC ADMIN PHARM AGENTS EACH ADDIT TERRITORY | 61651 | CPT | | | | inpatient | | | 3216 | | Corrections | Corrections | 2572.8 | 80 | | | 315.31 | 3055.2 | percent of total billed charges | |
| HC ADMIN PHARM AGENTS EACH ADDIT TERRITORY | 61651 | CPT | | | | inpatient | | | 3216 | | Aetna | Medicare | 990.53 | 30.8 | | | 315.31 | 3055.2 | percent of total billed charges | |
| HC ADMIN PHARM AGENTS EACH ADDIT TERRITORY | 61651 | CPT | | | | inpatient | | | 3216 | | Horizon | Indemnity | 1231.08 | 38.28 | | | 315.31 | 3055.2 | percent of total billed charges | |
| HC ADMIN PHARM AGENTS EACH ADDIT TERRITORY | 61651 | CPT | | | | inpatient | | | 3216 | | First Health | First Health | 2251.2 | 70 | | | 315.31 | 3055.2 | percent of total billed charges | |
| HC ADMIN PHARM AGENTS EACH ADDIT TERRITORY | 61651 | CPT | | | | inpatient | | | 3216 | | Aetna | Commercial | 1222.08 | 38 | | | 315.31 | 3055.2 | percent of total billed charges | |
| HC ADMIN PHARM AGENTS EACH ADDIT TERRITORY | 61651 | CPT | | | | inpatient | | | 3216 | | First Trenton | First Trenton | 2894.4 | 90 | | | 315.31 | 3055.2 | percent of total billed charges | |
| HC ADMIN PHARM AGENTS EACH ADDIT TERRITORY | 61651 | CPT | | | | inpatient | | | 3216 | | Amerihealth | HMO/PPO | 800 | | | | 315.31 | 3055.2 | fee schedule | |
| HC ADMIN PHARM AGENTS EACH ADDIT TERRITORY | 61651 | CPT | | | | inpatient | | | 3216 | | Consumer | Consumer | 3055.2 | 95 | | | 315.31 | 3055.2 | percent of total billed charges | |
| HC ADMIN PHARM AGENTS EACH ADDIT TERRITORY | 61651 | CPT | | | | inpatient | | | 3216 | | WellPoint | WellPoint | 1034.91 | 32.18 | | | 315.31 | 3055.2 | percent of total billed charges | |
| HC ADMIN PHARM AGENTS EACH ADDIT TERRITORY | 61651 | CPT | | | | inpatient | | | 3216 | | Horizon | MGD | 1231.08 | 38.28 | | | 315.31 | 3055.2 | percent of total billed charges | |
| HC ADMIN PHARM AGENTS EACH ADDIT TERRITORY | 61651 | CPT | | | | inpatient | | | 3216 | | Multiplan | Multiplan | 2572.8 | 80 | | | 315.31 | 3055.2 | percent of total billed charges | |
| HC ADMIN PHARM AGENTS EACH ADDIT TERRITORY | 61651 | CPT | | | | inpatient | | | 3216 | | Horizon | PPO | 1231.08 | 38.28 | | | 315.31 | 3055.2 | percent of total billed charges | |
| HC ADMIN PHARM AGENTS EACH ADDIT TERRITORY | 61651 | CPT | | | | inpatient | | | 3216 | | Horizon | Medicare Blue | 964.8 | 30 | | | 315.31 | 3055.2 | percent of total billed charges | |
| HC ADMIN PHARM AGENTS EACH ADDIT TERRITORY | 61651 | CPT | | | | inpatient | | | 3216 | | UHC | Medicaid | 1014.65 | 31.55 | | | 315.31 | 3055.2 | percent of total billed charges | |
| HC ADMIN PHARM AGENTS EACH ADDIT TERRITORY | 61651 | CPT | | | | inpatient | | | 3216 | | Qualcare | Qualcare | 2412 | 75 | | | 315.31 | 3055.2 | percent of total billed charges | |
| HC ADMIN PHARM AGENTS EACH ADDIT TERRITORY | 61651 | CPT | | | | inpatient | | | 3216 | | Managed Care Inc | Managed Care Inc | 2894.4 | 90 | | | 315.31 | 3055.2 | percent of total billed charges | |
| HC ADMIN PHARM AGENTS EACH ADDIT TERRITORY | 61651 | CPT | | | | inpatient | | | 3216 | | Horizon | NJ Health | 315.31 | | | | 315.31 | 3055.2 | fee schedule | |
| HC ADMIN PHARM AGENTS EACH ADDIT TERRITORY | 61651 | CPT | | | | inpatient | | | 3216 | | United | Commercial/PPO | 1782 | | | | 315.31 | 3055.2 | case rate | |
| HC ADMIN PHARM AGENTS EACH ADDIT TERRITORY | 61651 | CPT | | | | inpatient | | | 3216 | | Wellcare | Medicaid | 1014.65 | 31.55 | | | 315.31 | 3055.2 | percent of total billed charges | |
| HC ADMIN PHARM AGENTS EACH ADDIT TERRITORY | 61651 | CPT | | | | inpatient | | | 3216 | | Three Rivers | Three Rivers | 3055.2 | 95 | | | 315.31 | 3055.2 | percent of total billed charges | |
| HC ADMIN PHARM AGENTS EACH ADDIT TERRITORY | 61651 | CPT | | | | inpatient | | | 3216 | | United | Oxford | 1782 | | | | 315.31 | 3055.2 | case rate | |
| HC REPROGRAMMING CFS SHUNT | 62252 | CPT | | | | outpatient | | | 1011 | 392.84 | Multiplan | Multiplan | 808.8 | 80 | | | 96.57 | 1782 | percent of total billed charges | |
| HC REPROGRAMMING CFS SHUNT | 62252 | CPT | | | | outpatient | | | 1011 | 392.84 | UHC | Medicare | 341.6 | | | 142.84 | 96.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPROGRAMMING CFS SHUNT | 62252 | CPT | | | | outpatient | | | 1011 | 392.84 | Amerihealth | HMO/PPO | 100 | | | | 96.57 | 1782 | fee schedule | |
| HC REPROGRAMMING CFS SHUNT | 62252 | CPT | | | | outpatient | | | 1011 | 392.84 | Aetna | Commercial | 384.18 | 38 | | | 96.57 | 1782 | percent of total billed charges | |
| HC REPROGRAMMING CFS SHUNT | 62252 | CPT | | | | outpatient | | | 1011 | 392.84 | Aetna | Better Health | 318.97 | 31.55 | | | 96.57 | 1782 | percent of total billed charges | |
| HC REPROGRAMMING CFS SHUNT | 62252 | CPT | | | | outpatient | | | 1011 | 392.84 | Consumer | Consumer | 960.45 | 95 | | | 96.57 | 1782 | percent of total billed charges | |
| HC REPROGRAMMING CFS SHUNT | 62252 | CPT | | | | outpatient | | | 1011 | 392.84 | Americare | Americare | 758.25 | 75 | | | 96.57 | 1782 | percent of total billed charges | |
| HC REPROGRAMMING CFS SHUNT | 62252 | CPT | | | | outpatient | | | 1011 | 392.84 | Horizon | MGD | 661 | | | | 96.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPROGRAMMING CFS SHUNT | 62252 | CPT | | | | outpatient | | | 1011 | 392.84 | Qualcare | Qualcare | 758.25 | 75 | | | 96.57 | 1782 | percent of total billed charges | |
| HC REPROGRAMMING CFS SHUNT | 62252 | CPT | | | | outpatient | | | 1011 | 392.84 | First Health | First Health | 707.7 | 70 | | | 96.57 | 1782 | percent of total billed charges | |
| HC REPROGRAMMING CFS SHUNT | 62252 | CPT | | | | outpatient | | | 1011 | 392.84 | Horizon | Indemnity | 661 | | | | 96.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPROGRAMMING CFS SHUNT | 62252 | CPT | | | | outpatient | | | 1011 | 392.84 | Wellcare | Medicare | 341.6 | | | | 96.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPROGRAMMING CFS SHUNT | 62252 | CPT | | | | outpatient | | | 1011 | 392.84 | Aetna | Medicare | 341.6 | | | | 96.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPROGRAMMING CFS SHUNT | 62252 | CPT | | | | outpatient | | | 1011 | 392.84 | First Trenton | First Trenton | 909.9 | 90 | | | 96.57 | 1782 | percent of total billed charges | |
| HC REPROGRAMMING CFS SHUNT | 62252 | CPT | | | | outpatient | | | 1011 | 392.84 | Corrections | Corrections | 808.8 | 80 | | | 96.57 | 1782 | percent of total billed charges | |
| HC REPROGRAMMING CFS SHUNT | 62252 | CPT | | | | outpatient | | | 1011 | 392.84 | UHC | Medicaid | 318.97 | 31.55 | | | 96.57 | 1782 | percent of total billed charges | |
| HC REPROGRAMMING CFS SHUNT | 62252 | CPT | | | | outpatient | | | 1011 | 392.84 | Horizon | PPO | 661 | | | | 96.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPROGRAMMING CFS SHUNT | 62252 | CPT | | | | outpatient | | | 1011 | 392.84 | Horizon | Medicare Blue | 341.6 | | | | 96.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPROGRAMMING CFS SHUNT | 62252 | CPT | | | | outpatient | | | 1011 | 392.84 | WellPoint | WellPoint | 325.34 | 32.18 | | | 96.57 | 1782 | percent of total billed charges | |
| HC REPROGRAMMING CFS SHUNT | 62252 | CPT | | | | outpatient | | | 1011 | 392.84 | United | Commercial/PPO | 1782 | | | | 96.57 | 1782 | case rate | |
| HC REPROGRAMMING CFS SHUNT | 62252 | CPT | | | | outpatient | | | 1011 | 392.84 | Horizon | NJ Health | 96.57 | | | | 96.57 | 1782 | fee schedule | |
| HC REPROGRAMMING CFS SHUNT | 62252 | CPT | | | | outpatient | | | 1011 | 392.84 | United | Oxford | 1782 | | | | 96.57 | 1782 | case rate | |
| HC REPROGRAMMING CFS SHUNT | 62252 | CPT | | | | outpatient | | | 1011 | 392.84 | Managed Care Inc | Managed Care Inc | 909.9 | 90 | | | 96.57 | 1782 | percent of total billed charges | |
| HC REPROGRAMMING CFS SHUNT | 62252 | CPT | | | | outpatient | | | 1011 | 392.84 | Wellcare | Medicaid | 318.97 | 31.55 | | | 96.57 | 1782 | percent of total billed charges | |
| HC REPROGRAMMING CFS SHUNT | 62252 | CPT | | | | outpatient | | | 1011 | 392.84 | Three Rivers | Three Rivers | 960.45 | 95 | | | 96.57 | 1782 | percent of total billed charges | |
| HC LUMBAR PUNCTURE DIAG | 62270 | CPT | | | | both | | | 2361 | 909.54 | Aetna | Better Health | 744.9 | 31.55 | | | 79.38 | 2242.95 | percent of total billed charges | |
| HC LUMBAR PUNCTURE DIAG | 62270 | CPT | | | | both | | | 2361 | 909.54 | Corrections | Corrections | 1888.8 | 80 | | | 79.38 | 2242.95 | percent of total billed charges | |
| HC LUMBAR PUNCTURE DIAG | 62270 | CPT | | | | both | | | 2361 | 909.54 | Aetna | Commercial | 897.18 | 38 | | | 79.38 | 2242.95 | percent of total billed charges | |
| HC LUMBAR PUNCTURE DIAG | 62270 | CPT | | | | both | | | 2361 | 909.54 | Americare | Americare | 1770.75 | 75 | | | 79.38 | 2242.95 | percent of total billed charges | |
| HC LUMBAR PUNCTURE DIAG | 62270 | CPT | | | | both | | | 2361 | 909.54 | Consumer | Consumer | 2242.95 | 95 | | | 79.38 | 2242.95 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC LUMBAR PUNCTURE DIAG | 62270 | CPT | | | | both | | | 2361 | | 909.54 Horizon | MGD | 1530.39 | | | 184.08 | 79.38 | 2242.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LUMBAR PUNCTURE DIAG | 62270 | CPT | | | | both | | | 2361 | | 909.54 Aetna | Medicare | 790.9 | | | | 79.38 | 2242.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LUMBAR PUNCTURE DIAG | 62270 | CPT | | | | both | | | 2361 | | 909.54 Amerihealth | HMO/PPO | 125 | | | | 79.38 | 2242.95 | fee schedule | |
| HC LUMBAR PUNCTURE DIAG | 62270 | CPT | | | | both | | | 2361 | | 909.54 Multiplan | Multiplan | 1888.8 | 80 | | | 79.38 | 2242.95 | percent of total billed charges | |
| HC LUMBAR PUNCTURE DIAG | 62270 | CPT | | | | both | | | 2361 | | 909.54 First Trenton | First Trenton | 2124.9 | 90 | | | 79.38 | 2242.95 | percent of total billed charges | |
| HC LUMBAR PUNCTURE DIAG | 62270 | CPT | | | | both | | | 2361 | | 909.54 Horizon | Medicare Blue | 790.9 | | | | 79.38 | 2242.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LUMBAR PUNCTURE DIAG | 62270 | CPT | | | | both | | | 2361 | | 909.54 Three Rivers | Three Rivers | 2242.95 | 95 | | | 79.38 | 2242.95 | percent of total billed charges | |
| HC LUMBAR PUNCTURE DIAG | 62270 | CPT | | | | both | | | 2361 | | 909.54 Horizon | PPO | 1530.39 | | | 542.16 | 79.38 | 2242.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LUMBAR PUNCTURE DIAG | 62270 | CPT | | | | both | | | 2361 | | 909.54 Qualcare | Qualcare | 1770.75 | 75 | | | 79.38 | 2242.95 | percent of total billed charges | |
| HC LUMBAR PUNCTURE DIAG | 62270 | CPT | | | | both | | | 2361 | | 909.54 UHC | Medicare | 790.9 | | | | 79.38 | 2242.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LUMBAR PUNCTURE DIAG | 62270 | CPT | | | | both | | | 2361 | | 909.54 First Health | First Health | 1652.7 | 70 | | | 79.38 | 2242.95 | percent of total billed charges | |
| HC LUMBAR PUNCTURE DIAG | 62270 | CPT | | | | both | | | 2361 | | 909.54 Horizon | Indemnity | 1530.39 | | | | 79.38 | 2242.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LUMBAR PUNCTURE DIAG | 62270 | CPT | | | | both | | | 2361 | | 909.54 UHC | Medicaid | 744.9 | 31.55 | | | 79.38 | 2242.95 | percent of total billed charges | |
| HC LUMBAR PUNCTURE DIAG | 62270 | CPT | | | | both | | | 2361 | | 909.54 Horizon | NJ Health | 79.38 | | | | 79.38 | 2242.95 | fee schedule | |
| HC LUMBAR PUNCTURE DIAG | 62270 | CPT | | | | both | | | 2361 | | 909.54 Wellcare | Medicaid | 744.9 | 31.55 | | | 79.38 | 2242.95 | percent of total billed charges | |
| HC LUMBAR PUNCTURE DIAG | 62270 | CPT | | | | both | | | 2361 | | 909.54 Managed Care Inc | Managed Care Inc | 2124.9 | 90 | | | 79.38 | 2242.95 | percent of total billed charges | |
| HC LUMBAR PUNCTURE DIAG | 62270 | CPT | | | | both | | | 2361 | | 909.54 United | Oxford | 1817 | | | | 79.38 | 2242.95 | case rate | |
| HC LUMBAR PUNCTURE DIAG | 62270 | CPT | | | | both | | | 2361 | | 909.54 United | CommercialPPO | 1817 | | | | 79.38 | 2242.95 | case rate | |
| HC LUMBAR PUNCTURE DIAG | 62270 | CPT | | | | both | | | 2361 | | 909.54 Wellcare | Medicare | 790.9 | | | | 79.38 | 2242.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LUMBAR PUNCTURE DIAG | 62270 | CPT | | | | both | | | 2361 | | 909.54 WellPoint | WellPoint | 759.77 | 32.18 | | | 79.38 | 2242.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLOOD PATCH INJ EPIDURAL SPACE | 62273 | CPT | | | | outpatient | | | 2536 | | 909.54 Aetna | Medicare | 790.9 | | | | 125 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLOOD PATCH INJ EPIDURAL SPACE | 62273 | CPT | | | | outpatient | | | 2536 | | 909.54 Three Rivers | Three Rivers | 2409.2 | 95 | | | 125 | 2409.2 | percent of total billed charges | |
| HC BLOOD PATCH INJ EPIDURAL SPACE | 62273 | CPT | | | | outpatient | | | 2536 | | 909.54 First Trenton | First Trenton | 2282.4 | 90 | | | 125 | 2409.2 | percent of total billed charges | |
| HC BLOOD PATCH INJ EPIDURAL SPACE | 62273 | CPT | | | | outpatient | | | 2536 | | 909.54 Aetna | Better Health | 800.11 | 31.55 | | | 125 | 2409.2 | percent of total billed charges | |
| HC BLOOD PATCH INJ EPIDURAL SPACE | 62273 | CPT | | | | outpatient | | | 2536 | | 909.54 Consumer | Consumer | 2409.2 | 95 | | | 125 | 2409.2 | percent of total billed charges | |
| HC BLOOD PATCH INJ EPIDURAL SPACE | 62273 | CPT | | | | outpatient | | | 2536 | | 909.54 Amerihealth | HMO/PPO | 125 | | | | 125 | 2409.2 | fee schedule | |
| HC BLOOD PATCH INJ EPIDURAL SPACE | 62273 | CPT | | | | outpatient | | | 2536 | | 909.54 Corrections | Corrections | 2028.8 | 80 | | | 125 | 2409.2 | percent of total billed charges | |
| HC BLOOD PATCH INJ EPIDURAL SPACE | 62273 | CPT | | | | outpatient | | | 2536 | | 909.54 Horizon | Medicare Blue | 790.9 | | | | 125 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLOOD PATCH INJ EPIDURAL SPACE | 62273 | CPT | | | | outpatient | | | 2536 | | 909.54 Americare | Americare | 1902 | 75 | | | 125 | 2409.2 | percent of total billed charges | |
| HC BLOOD PATCH INJ EPIDURAL SPACE | 62273 | CPT | | | | outpatient | | | 2536 | | 909.54 UHC | Medicaid | 800.11 | 31.55 | | | 125 | 2409.2 | percent of total billed charges | |
| HC BLOOD PATCH INJ EPIDURAL SPACE | 62273 | CPT | | | | outpatient | | | 2536 | | 909.54 Horizon | Indemnity | 1530.39 | | | | 125 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLOOD PATCH INJ EPIDURAL SPACE | 62273 | CPT | | | | outpatient | | | 2536 | | 909.54 Aetna | Commercial | 963.68 | 38 | | | 125 | 2409.2 | percent of total billed charges | |
| HC BLOOD PATCH INJ EPIDURAL SPACE | 62273 | CPT | | | | outpatient | | | 2536 | | 909.54 Horizon | MGD | 1530.39 | | | | 125 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLOOD PATCH INJ EPIDURAL SPACE | 62273 | CPT | | | | outpatient | | | 2536 | | 909.54 First Health | First Health | 1775.2 | 70 | | | 125 | 2409.2 | percent of total billed charges | |
| HC BLOOD PATCH INJ EPIDURAL SPACE | 62273 | CPT | | | | outpatient | | | 2536 | | 909.54 WellPoint | WellPoint | 816.08 | 32.18 | | | 125 | 2409.2 | percent of total billed charges | |
| HC BLOOD PATCH INJ EPIDURAL SPACE | 62273 | CPT | | | | outpatient | | | 2536 | | 909.54 United | CommercialPPO | 1817 | | | | 125 | 2409.2 | case rate | |
| HC BLOOD PATCH INJ EPIDURAL SPACE | 62273 | CPT | | | | outpatient | | | 2536 | | 909.54 Multiplan | Multiplan | 2028.8 | 80 | | | 125 | 2409.2 | percent of total billed charges | |
| HC BLOOD PATCH INJ EPIDURAL SPACE | 62273 | CPT | | | | outpatient | | | 2536 | | 909.54 UHC | Medicare | 790.9 | | | | 125 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLOOD PATCH INJ EPIDURAL SPACE | 62273 | CPT | | | | outpatient | | | 2536 | | 909.54 Horizon | NJ Health | 145.04 | | | | 125 | 2409.2 | fee schedule | |
| HC BLOOD PATCH INJ EPIDURAL SPACE | 62273 | CPT | | | | outpatient | | | 2536 | | 909.54 United | Oxford | 1817 | | | | 125 | 2409.2 | case rate | |
| HC BLOOD PATCH INJ EPIDURAL SPACE | 62273 | CPT | | | | outpatient | | | 2536 | | 909.54 Qualcare | Qualcare | 1902 | 75 | | | 125 | 2409.2 | percent of total billed charges | |
| HC BLOOD PATCH INJ EPIDURAL SPACE | 62273 | CPT | | | | outpatient | | | 2536 | | 909.54 Wellcare | Medicaid | 800.11 | 31.55 | | | 125 | 2409.2 | percent of total billed charges | |
| HC BLOOD PATCH INJ EPIDURAL SPACE | 62273 | CPT | | | | outpatient | | | 2536 | | 909.54 Horizon | PPO | 1530.39 | | | | 125 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLOOD PATCH INJ EPIDURAL SPACE | 62273 | CPT | | | | outpatient | | | 2536 | | 909.54 Wellcare | Medicare | 790.9 | | | | 125 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLOOD PATCH INJ EPIDURAL SPACE | 62273 | CPT | | | | outpatient | | | 2536 | | 909.54 Managed Care Inc | Managed Care Inc | 2282.4 | 90 | | | 125 | 2409.2 | percent of total billed charges | |
| HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR | 62284 | CPT | | | | outpatient | | | 2670 | | First Trenton | First Trenton | 2403 | 90 | | | 210.6 | 2536.5 | percent of total billed charges | |
| HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR | 62284 | CPT | | | | outpatient | | | 2670 | | Aetna | Better Health | 842.39 | 31.55 | | | 210.6 | 2536.5 | percent of total billed charges | |
| HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR | 62284 | CPT | | | | outpatient | | | 2670 | | Corrections | Corrections | 2136 | 80 | | | 210.6 | 2536.5 | percent of total billed charges | |
| HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR | 62284 | CPT | | | | outpatient | | | 2670 | | Consumer | Consumer | 2536.5 | 95 | | | 210.6 | 2536.5 | percent of total billed charges | |
| HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR | 62284 | CPT | | | | outpatient | | | 2670 | | Amerihealth | HMO/PPO | 550 | | | | 210.6 | 2536.5 | fee schedule | |
| HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR | 62284 | CPT | | | | outpatient | | | 2670 | | Aetna | Medicare | 822.36 | 30.8 | | | 210.6 | 2536.5 | percent of total billed charges | |
| HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR | 62284 | CPT | | | | outpatient | | | 2670 | | Multiplan | Multiplan | 2136 | 80 | | | 210.6 | 2536.5 | percent of total billed charges | |
| HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR | 62284 | CPT | | | | outpatient | | | 2670 | | Americare | Americare | 2002.5 | 75 | | | 210.6 | 2536.5 | percent of total billed charges | |
| HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR | 62284 | CPT | | | | outpatient | | | 2670 | | Horizon | Indemnity | 1022.08 | 38.28 | | | 210.6 | 2536.5 | percent of total billed charges | |
| HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR | 62284 | CPT | | | | outpatient | | | 2670 | | Aetna | Commercial | 1014.6 | 38 | | | 210.6 | 2536.5 | percent of total billed charges | |
| HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR | 62284 | CPT | | | | outpatient | | | 2670 | | Horizon | Medicare Blue | 801 | 30 | | | 210.6 | 2536.5 | percent of total billed charges | |
| HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR | 62284 | CPT | | | | outpatient | | | 2670 | | Horizon | MGD | 1022.08 | 38.28 | | | 210.6 | 2536.5 | percent of total billed charges | |
| HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR | 62284 | CPT | | | | outpatient | | | 2670 | | UHC | Medicaid | 842.39 | 31.55 | | | 210.6 | 2536.5 | percent of total billed charges | |
| HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR | 62284 | CPT | | | | outpatient | | | 2670 | | First Health | First Health | 1869 | 70 | | | 210.6 | 2536.5 | percent of total billed charges | |
| HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR | 62284 | CPT | | | | outpatient | | | 2670 | | Qualcare | Qualcare | 2002.5 | 75 | | | 210.6 | 2536.5 | percent of total billed charges | |
| HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR | 62284 | CPT | | | | outpatient | | | 2670 | | United | Oxford | 1782 | | | | 210.6 | 2536.5 | case rate | |
| HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR | 62284 | CPT | | | | outpatient | | | 2670 | | Horizon | NJ Health | 210.6 | | | | 210.6 | 2536.5 | fee schedule | |
| HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR | 62284 | CPT | | | | outpatient | | | 2670 | | WellPoint | WellPoint | 859.21 | 32.18 | | | 210.6 | 2536.5 | percent of total billed charges | |
| HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR | 62284 | CPT | | | | outpatient | | | 2670 | | United | CommercialPPO | 1782 | | | | 210.6 | 2536.5 | case rate | |
| HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR | 62284 | CPT | | | | outpatient | | | 2670 | | Wellcare | Medicaid | 842.39 | 31.55 | | | 210.6 | 2536.5 | percent of total billed charges | |
| HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR | 62284 | CPT | | | | outpatient | | | 2670 | | Horizon | PPO | 1022.08 | 38.28 | | | 210.6 | 2536.5 | percent of total billed charges | |
| HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR | 62284 | CPT | | | | outpatient | | | 2670 | | Managed Care Inc | Managed Care Inc | 2403 | 90 | | | 210.6 | 2536.5 | percent of total billed charges | |
| HC INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR | 62284 | CPT | | | | outpatient | | | 2670 | | Three Rivers | Three Rivers | 2536.5 | 95 | | | 210.6 | 2536.5 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, CERVICAL | 62302 | CPT | | | | outpatient | | | 2887 | | 1053.08 Corrections | Corrections | 2309.6 | 80 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, CERVICAL | 62302 | CPT | | | | outpatient | | | 2887 | | 1053.08 Amerihealth | HMO/PPO | 550 | | | | 550 | 2742.65 | fee schedule | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, CERVICAL | 62302 | CPT | | | | outpatient | | | 2887 | | 1053.08 Aetna | Medicare | 915.72 | | | | 550 | 2742.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, CERVICAL | 62302 | CPT | | | | outpatient | | | 2887 | | 1053.08 Aetna | Better Health | 910.85 | 31.55 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, CERVICAL | 62302 | CPT | | | | outpatient | | | 2887 | | 1053.08 Americare | Americare | 2165.25 | 75 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, CERVICAL | 62302 | CPT | | | | outpatient | | | 2887 | | 1053.08 First Trenton | First Trenton | 2598.3 | 90 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, CERVICAL | 62302 | CPT | | | | outpatient | | | 2887 | | 1053.08 Aetna | Commercial | 1097.06 | 38 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, CERVICAL | 62302 | CPT | | | | outpatient | | | 2887 | | 1053.08 First Health | First Health | 2020.9 | 70 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, CERVICAL | 62302 | CPT | | | | outpatient | | | 2887 | | 1053.08 Horizon | Indemnity | 1771.92 | | | | 550 | 2742.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, CERVICAL | 62302 | CPT | | | | outpatient | | | 2887 | | 1053.08 UHC | Medicaid | 910.85 | 31.55 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, CERVICAL | 62302 | CPT | | | | outpatient | | | 2887 | | 1053.08 Horizon | MGD | 1771.92 | | | | 550 | 2742.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, CERVICAL | 62302 | CPT | | | | outpatient | | | 2887 | | 1053.08 UHC | Medicare | 915.72 | | | | 550 | 2742.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, CERVICAL | 62302 | CPT | | | | outpatient | | | 2887 | | 1053.08 Consumer | Consumer | 2742.65 | 95 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, CERVICAL | 62302 | CPT | | | | outpatient | | | 2887 | | 1053.08 Horizon | Medicare Blue | 915.72 | | | | 550 | 2742.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, CERVICAL | 62302 | CPT | | | | outpatient | | | 2887 | | 1053.08 Managed Care Inc | Managed Care Inc | 2598.3 | 90 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, CERVICAL | 62302 | CPT | | | | outpatient | | | 2887 | | 1053.08 Multiplan | Multiplan | 2309.6 | 80 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, CERVICAL | 62302 | CPT | | | | outpatient | | | 2887 | | 1053.08 Three Rivers | Three Rivers | 2742.65 | 95 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, CERVICAL | 62302 | CPT | | | | outpatient | | | 2887 | | 1053.08 United | CommercialPPO | 1817 | | | | 550 | 2742.65 | case rate | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, CERVICAL | 62302 | CPT | | | | outpatient | | | 2887 | | 1053.08 Qualcare | Qualcare | 2165.25 | 75 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, CERVICAL | 62302 | CPT | | | | outpatient | | | 2887 | | 1053.08 Horizon | PPO | 1771.92 | | | | 550 | 2742.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, CERVICAL | 62302 | CPT | | | | outpatient | | | 2887 | | 1053.08 Wellcare | Medicare | 915.72 | | | | 550 | 2742.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, CERVICAL | 62302 | CPT | | | | outpatient | | | 2887 | | 1053.08 United | Oxford | 1817 | | | | 550 | 2742.65 | case rate | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, CERVICAL | 62302 | CPT | | | | outpatient | | | 2887 | | 1053.08 WellPoint | WellPoint | 929.04 | 32.18 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, CERVICAL | 62302 | CPT | | | | outpatient | | | 2887 | | 1053.08 Wellcare | Medicaid | 910.85 | 31.55 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, THORACIC REGION | 62303 | CPT | | | | outpatient | | | 2887 | | 1053.08 Americare | Americare | 2165.25 | 75 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, THORACIC REGION | 62303 | CPT | | | | outpatient | | | 2887 | | 1053.08 First Health | First Health | 2020.9 | 70 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, THORACIC REGION | 62303 | CPT | | | | outpatient | | | 2887 | | 1053.08 Aetna | Medicare | 915.72 | | | | 550 | 2742.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, THORACIC REGION | 62303 | CPT | | | | outpatient | | | 2887 | | 1053.08 Multiplan | Multiplan | 2309.6 | 80 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, THORACIC REGION | 62303 | CPT | | | | outpatient | | | 2887 | | 1053.08 First Trenton | First Trenton | 2598.3 | 90 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, THORACIC REGION | 62303 | CPT | | | | outpatient | | | 2887 | | 1053.08 Consumer | Consumer | 2742.65 | 95 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, THORACIC REGION | 62303 | CPT | | | | outpatient | | | 2887 | | 1053.08 Aetna | Better Health | 910.85 | 31.55 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, THORACIC REGION | 62303 | CPT | | | | outpatient | | | 2887 | | 1053.08 UHC | Medicare | 915.72 | | | | 550 | 2742.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, THORACIC REGION | 62303 | CPT | | | | outpatient | | | 2887 | | 1053.08 Amerihealth | HMO/PPO | 550 | | | | 550 | 2742.65 | fee schedule | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, THORACIC REGION | 62303 | CPT | | | | outpatient | | | 2887 | | 1053.08 Managed Care Inc | Managed Care Inc | 2598.3 | 90 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, THORACIC REGION | 62303 | CPT | | | | outpatient | | | 2887 | | 1053.08 Aetna | Commercial | 1097.06 | 38 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, THORACIC REGION | 62303 | CPT | | | | outpatient | | | 2887 | | 1053.08 Qualcare | Qualcare | 2165.25 | 75 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, THORACIC REGION | 62303 | CPT | | | | outpatient | | | 2887 | | 1053.08 United | CommercialPPO | 1817 | | | | 550 | 2742.65 | case rate | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, THORACIC REGION | 62303 | CPT | | | | outpatient | | | 2887 | | 1053.08 Corrections | Corrections | 2309.6 | 80 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, THORACIC REGION | 62303 | CPT | | | | outpatient | | | 2887 | | 1053.08 Horizon | MGD | 1771.92 | | | | 550 | 2742.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, THORACIC REGION | 62303 | CPT | | | | outpatient | | | 2887 | | 1053.08 Wellcare | Medicare | 915.72 | | | | 550 | 2742.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, THORACIC REGION | 62303 | CPT | | | | outpatient | | | 2887 | | 1053.08 Three Rivers | Three Rivers | 2742.65 | 95 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, THORACIC REGION | 62303 | CPT | | | | outpatient | | | 2887 | | 1053.08 UHC | Medicaid | 910.85 | 31.55 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, THORACIC REGION | 62303 | CPT | | | | outpatient | | | 2887 | | 1053.08 Horizon | Indemnity | 1771.92 | | | | 550 | 2742.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, THORACIC REGION | 62303 | CPT | | | | outpatient | | | 2887 | | 1053.08 Wellcare | Medicaid | 910.85 | 31.55 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, THORACIC REGION | 62303 | CPT | | | | outpatient | | | 2887 | | 1053.08 Horizon | Medicare Blue | 915.72 | | | | 550 | 2742.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, THORACIC REGION | 62303 | CPT | | | | outpatient | | | 2887 | | 1053.08 Horizon | PPO | 1771.92 | | | | 550 | 2742.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, THORACIC REGION | 62303 | CPT | | | | outpatient | | | 2887 | | 1053.08 United | Oxford | 1817 | | | | 550 | 2742.65 | case rate | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, THORACIC REGION | 62303 | CPT | | | | outpatient | | | 2887 | | 1053.08 WellPoint | WellPoint | 929.04 | 32.18 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELO LUMBAR ONLY W/INJECT S | 62304 | CPT | | | | both | | | 2887 | | 1053.08 Horizon | Medicare Blue | 915.72 | | | | 550 | 2742.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELO LUMBAR ONLY W/INJECT S | 62304 | CPT | | | | both | | | 2887 | | 1053.08 Aetna | Medicare | 915.72 | | | | 550 | 2742.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELO LUMBAR ONLY W/INJECT S | 62304 | CPT | | | | both | | | 2887 | | 1053.08 Amerihealth | HMO/PPO | 550 | | | | 550 | 2742.65 | fee schedule | |
| HC MYELO LUMBAR ONLY W/INJECT S | 62304 | CPT | | | | both | | | 2887 | | 1053.08 First Health | First Health | 2020.9 | 70 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELO LUMBAR ONLY W/INJECT S | 62304 | CPT | | | | both | | | 2887 | | 1053.08 Americare | Americare | 2165.25 | 75 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELO LUMBAR ONLY W/INJECT S | 62304 | CPT | | | | both | | | 2887 | | 1053.08 Aetna | Commercial | 1097.06 | 38 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELO LUMBAR ONLY W/INJECT S | 62304 | CPT | | | | both | | | 2887 | | 1053.08 Wellcare | Medicare | 915.72 | | | | 550 | 2742.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELO LUMBAR ONLY W/INJECT S | 62304 | CPT | | | | both | | | 2887 | | 1053.08 Aetna | Better Health | 910.85 | 31.55 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELO LUMBAR ONLY W/INJECT S | 62304 | CPT | | | | both | | | 2887 | | 1053.08 Horizon | MGD | 1771.92 | | | | 550 | 2742.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELO LUMBAR ONLY W/INJECT S | 62304 | CPT | | | | both | | | 2887 | | 1053.08 Corrections | Corrections | 2309.6 | 80 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELO LUMBAR ONLY W/INJECT S | 62304 | CPT | | | | both | | | 2887 | | 1053.08 WellPoint | WellPoint | 929.04 | 32.18 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELO LUMBAR ONLY W/INJECT S | 62304 | CPT | | | | both | | | 2887 | | 1053.08 Three Rivers | Three Rivers | 2742.65 | 95 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELO LUMBAR ONLY W/INJECT S | 62304 | CPT | | | | both | | | 2887 | | 1053.08 UHC | Medicaid | 910.85 | 31.55 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELO LUMBAR ONLY W/INJECT S | 62304 | CPT | | | | both | | | 2887 | | 1053.08 Multiplan | Multiplan | 2309.6 | 80 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELO LUMBAR ONLY W/INJECT S | 62304 | CPT | | | | both | | | 2887 | | 1053.08 UHC | Medicare | 915.72 | | | | 550 | 2742.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELO LUMBAR ONLY W/INJECT S | 62304 | CPT | | | | both | | | 2887 | | 1053.08 Consumer | Consumer | 2742.65 | 95 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELO LUMBAR ONLY W/INJECT S | 62304 | CPT | | | | both | | | 2887 | | 1053.08 Wellcare | Medicaid | 910.85 | 31.55 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELO LUMBAR ONLY W/INJECT S | 62304 | CPT | | | | both | | | 2887 | | 1053.08 Qualcare | Qualcare | 2165.25 | 75 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELO LUMBAR ONLY W/INJECT S | 62304 | CPT | | | | both | | | 2887 | | 1053.08 United | CommercialPPO | 1817 | | | | 550 | 2742.65 | case rate | |
| HC MYELO LUMBAR ONLY W/INJECT S | 62304 | CPT | | | | both | | | 2887 | | 1053.08 First Trenton | First Trenton | 2598.3 | 90 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELO LUMBAR ONLY W/INJECT S | 62304 | CPT | | | | both | | | 2887 | | 1053.08 Horizon | Indemnity | 1771.92 | | | | 550 | 2742.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELO LUMBAR ONLY W/INJECT S | 62304 | CPT | | | | both | | | 2887 | | 1053.08 Horizon | PPO | 1771.92 | | | | 550 | 2742.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELO LUMBAR ONLY W/INJECT S | 62304 | CPT | | | | both | | | 2887 | | 1053.08 Managed Care Inc | Managed Care Inc | 2598.3 | 90 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELO LUMBAR ONLY W/INJECT S | 62304 | CPT | | | | both | | | 2887 | | 1053.08 United | Oxford | 1817 | | | | 550 | 2742.65 | case rate | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, 2+ REGIONS | 62305 | CPT | | | | outpatient | | | 2887 | | 1053.08 First Health | First Health | 2020.9 | 70 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, 2+ REGIONS | 62305 | CPT | | | | outpatient | | | 2887 | | 1053.08 Consumer | Consumer | 2742.65 | 95 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, 2+ REGIONS | 62305 | CPT | | | | outpatient | | | 2887 | | 1053.08 Amerihealth | HMO/PPO | 550 | | | | 550 | 2742.65 | fee schedule | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, 2+ REGIONS | 62305 | CPT | | | | outpatient | | | 2887 | | 1053.08 Aetna | Commercial | 1

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC MYELOGRAPHY VIA LUMBAR INJECTION, 2+ REGIONS | 62305 | CPT | | | | outpatient | | | 2887 | 1053.08 | Multiplan | | 2369.6 | 80 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, 2+ REGIONS | 62305 | CPT | | | | outpatient | | | 2887 | 1053.08 | Managed Care Inc | Managed Care Inc | 2598.3 | 90 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, 2+ REGIONS | 62305 | CPT | | | | outpatient | | | 2887 | 1053.08 | UHC | Medicaid | 910.85 | 31.55 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, 2+ REGIONS | 62305 | CPT | | | | outpatient | | | 2887 | 1053.08 | Americare | Americare | 2165.25 | 75 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, 2+ REGIONS | 62305 | CPT | | | | outpatient | | | 2887 | 1053.08 | Horizon | Indemnity | 1771.92 | | | | 550 | 2742.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, 2+ REGIONS | 62305 | CPT | | | | outpatient | | | 2887 | 1053.08 | Three Rivers | Three Rivers | 2742.65 | 95 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, 2+ REGIONS | 62305 | CPT | | | | outpatient | | | 2887 | 1053.08 | Horizon | Medicare Blue | 915.72 | | | | 550 | 2742.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, 2+ REGIONS | 62305 | CPT | | | | outpatient | | | 2887 | 1053.08 | Horizon | MGD | 1771.92 | | | | 550 | 2742.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, 2+ REGIONS | 62305 | CPT | | | | outpatient | | | 2887 | 1053.08 | Qualicare | Qualicare | 2165.25 | 75 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, 2+ REGIONS | 62305 | CPT | | | | outpatient | | | 2887 | 1053.08 | United | Commercial/PPO | 1817 | | | | 550 | 2742.65 | case rate | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, 2+ REGIONS | 62305 | CPT | | | | outpatient | | | 2887 | 1053.08 | UHC | Medicare | 915.72 | | | | 550 | 2742.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, 2+ REGIONS | 62305 | CPT | | | | outpatient | | | 2887 | 1053.08 | Horizon | PPO | 1771.92 | | | | 550 | 2742.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, 2+ REGIONS | 62305 | CPT | | | | outpatient | | | 2887 | 1053.08 | Wellcare | Medicare | 915.72 | | | | 550 | 2742.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, 2+ REGIONS | 62305 | CPT | | | | outpatient | | | 2887 | 1053.08 | United | Oxford | 1817 | | | | 550 | 2742.65 | case rate | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, 2+ REGIONS | 62305 | CPT | | | | outpatient | | | 2887 | 1053.08 | WellPoint | WellPoint | 929.04 | 32.18 | | | 550 | 2742.65 | percent of total billed charges | |
| HC MYELOGRAPHY VIA LUMBAR INJECTION, 2+ REGIONS | 62305 | CPT | | | | outpatient | | | 2887 | 1053.08 | Wellcare | Medicaid | 910.85 | 31.55 | | | 550 | 2742.65 | percent of total billed charges | |
| HC THORACIC EPIDURAL STEROID INJECT | 62320 | CPT | | | | outpatient | | | 2536 | 909.54 | Aetna | Better Health | 800.11 | 31.55 | | | 225.43 | 2409.2 | percent of total billed charges | |
| HC THORACIC EPIDURAL STEROID INJECT | 62320 | CPT | | | | outpatient | | | 2536 | 909.54 | First Health | First Health | 1775.2 | 70 | | | 225.43 | 2409.2 | percent of total billed charges | |
| HC THORACIC EPIDURAL STEROID INJECT | 62320 | CPT | | | | outpatient | | | 2536 | 909.54 | Americare | Americare | 1902 | 75 | | | 225.43 | 2409.2 | percent of total billed charges | |
| HC THORACIC EPIDURAL STEROID INJECT | 62320 | CPT | | | | outpatient | | | 2536 | 909.54 | United | Oxford | 1817 | | | | 225.43 | 2409.2 | case rate | |
| HC THORACIC EPIDURAL STEROID INJECT | 62320 | CPT | | | | outpatient | | | 2536 | 909.54 | Aetna | Medicare | 790.9 | | | | 225.43 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THORACIC EPIDURAL STEROID INJECT | 62320 | CPT | | | | outpatient | | | 2536 | 909.54 | UHC | Medicaid | 800.11 | 31.55 | | | 225.43 | 2409.2 | percent of total billed charges | |
| HC THORACIC EPIDURAL STEROID INJECT | 62320 | CPT | | | | outpatient | | | 2536 | 909.54 | Aetna | Commercial | 963.68 | 38 | | | 225.43 | 2409.2 | percent of total billed charges | |
| HC THORACIC EPIDURAL STEROID INJECT | 62320 | CPT | | | | outpatient | | | 2536 | 909.54 | First Trenton | First Trenton | 2282.4 | 90 | | | 225.43 | 2409.2 | percent of total billed charges | |
| HC THORACIC EPIDURAL STEROID INJECT | 62320 | CPT | | | | outpatient | | | 2536 | 909.54 | Consumer | Consumer | 2409.2 | 95 | | | 225.43 | 2409.2 | percent of total billed charges | |
| HC THORACIC EPIDURAL STEROID INJECT | 62320 | CPT | | | | outpatient | | | 2536 | 909.54 | Horizon | Indemnity | 1530.39 | | | | 225.43 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THORACIC EPIDURAL STEROID INJECT | 62320 | CPT | | | | outpatient | | | 2536 | 909.54 | Amerihealth | HMO/PPO | 300 | | | | 225.43 | 2409.2 | fee schedule | |
| HC THORACIC EPIDURAL STEROID INJECT | 62320 | CPT | | | | outpatient | | | 2536 | 909.54 | Managed Care Inc | Managed Care Inc | 2282.4 | 90 | | | 225.43 | 2409.2 | percent of total billed charges | |
| HC THORACIC EPIDURAL STEROID INJECT | 62320 | CPT | | | | outpatient | | | 2536 | 909.54 | Corrections | Corrections | 2028.8 | 80 | | | 225.43 | 2409.2 | percent of total billed charges | |
| HC THORACIC EPIDURAL STEROID INJECT | 62320 | CPT | | | | outpatient | | | 2536 | 909.54 | UHC | Medicare | 790.9 | | | | 225.43 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THORACIC EPIDURAL STEROID INJECT | 62320 | CPT | | | | outpatient | | | 2536 | 909.54 | Horizon | Medicare Blue | 790.9 | | | | 225.43 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THORACIC EPIDURAL STEROID INJECT | 62320 | CPT | | | | outpatient | | | 2536 | 909.54 | Wellcare | Medicare | 790.9 | | | | 225.43 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THORACIC EPIDURAL STEROID INJECT | 62320 | CPT | | | | outpatient | | | 2536 | 909.54 | Horizon | NJ Health | 225.43 | | | | 225.43 | 2409.2 | fee schedule | |
| HC THORACIC EPIDURAL STEROID INJECT | 62320 | CPT | | | | outpatient | | | 2536 | 909.54 | Multiplan | Multiplan | 2028.8 | 80 | | | 225.43 | 2409.2 | percent of total billed charges | |
| HC THORACIC EPIDURAL STEROID INJECT | 62320 | CPT | | | | outpatient | | | 2536 | 909.54 | Horizon | MGD | 1530.39 | | | | 225.43 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THORACIC EPIDURAL STEROID INJECT | 62320 | CPT | | | | outpatient | | | 2536 | 909.54 | WellPoint | WellPoint | 816.08 | 32.18 | | | 225.43 | 2409.2 | percent of total billed charges | |
| HC THORACIC EPIDURAL STEROID INJECT | 62320 | CPT | | | | outpatient | | | 2536 | 909.54 | Horizon | PPO | 1530.39 | | | | 225.43 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC THORACIC EPIDURAL STEROID INJECT | 62320 | CPT | | | | outpatient | | | 2536 | 909.54 | United | Commercial/PPO | 1817 | | | | 225.43 | 2409.2 | case rate | |
| HC THORACIC EPIDURAL STEROID INJECT | 62320 | CPT | | | | outpatient | | | 2536 | 909.54 | Qualicare | Qualicare | 1902 | 75 | | | 225.43 | 2409.2 | percent of total billed charges | |
| HC THORACIC EPIDURAL STEROID INJECT | 62320 | CPT | | | | outpatient | | | 2536 | 909.54 | Three Rivers | Three Rivers | 2409.2 | 95 | | | 225.43 | 2409.2 | percent of total billed charges | |
| HC THORACIC EPIDURAL STEROID INJECT | 62320 | CPT | | | | outpatient | | | 2536 | 909.54 | Wellcare | Medicaid | 800.11 | 31.55 | | | 225.43 | 2409.2 | percent of total billed charges | |
| HC INJECTION OF DIAG/THER SUBSTNCE, CERVICAL/THORACIC, W IMG GUIDANCE; SURGICAL | 62321 | CPT | | | | outpatient | | | 3066.25 | 909.54 | Americare | Americare | 2299.69 | 75 | | | 220.36 | 2912.94 | percent of total billed charges | |
| HC INJECTION OF DIAG/THER SUBSTNCE, CERVICAL/THORACIC, W IMG GUIDANCE; SURGICAL | 62321 | CPT | | | | outpatient | | | 3066.25 | 909.54 | Corrections | Corrections | 2453 | 80 | | 722.33 | 220.36 | 2912.94 | percent of total billed charges | |
| HC INJECTION OF DIAG/THER SUBSTNCE, CERVICAL/THORACIC, W IMG GUIDANCE; SURGICAL | 62321 | CPT | | | | outpatient | | | 3066.25 | 909.54 | Horizon | Medicare Blue | 790.9 | | | 553.65 | 220.36 | 2912.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION OF DIAG/THER SUBSTNCE, CERVICAL/THORACIC, W IMG GUIDANCE; SURGICAL | 62321 | CPT | | | | outpatient | | | 3066.25 | 909.54 | First Trenton | First Trenton | 2759.63 | 90 | | | 220.36 | 2912.94 | percent of total billed charges | |
| HC INJECTION OF DIAG/THER SUBSTNCE, CERVICAL/THORACIC, W IMG GUIDANCE; SURGICAL | 62321 | CPT | | | | outpatient | | | 3066.25 | 909.54 | Consumer | Consumer | 2912.94 | 95 | | | 220.36 | 2912.94 | percent of total billed charges | |
| HC INJECTION OF DIAG/THER SUBSTNCE, CERVICAL/THORACIC, W IMG GUIDANCE; SURGICAL | 62321 | CPT | | | | outpatient | | | 3066.25 | 909.54 | Aetna | Medicare | 790.9 | | | | 220.36 | 2912.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION OF DIAG/THER SUBSTNCE, CERVICAL/THORACIC, W IMG GUIDANCE; SURGICAL | 62321 | CPT | | | | outpatient | | | 3066.25 | 909.54 | Aetna | Better Health | 967.4 | 31.55 | | | 220.36 | 2912.94 | percent of total billed charges | |
| HC INJECTION OF DIAG/THER SUBSTNCE, CERVICAL/THORACIC, W IMG GUIDANCE; SURGICAL | 62321 | CPT | | | | outpatient | | | 3066.25 | 909.54 | Amerihealth | HMO/PPO | 300 | | | | 220.36 | 2912.94 | fee schedule | |
| HC INJECTION OF DIAG/THER SUBSTNCE, CERVICAL/THORACIC, W IMG GUIDANCE; SURGICAL | 62321 | CPT | | | | outpatient | | | 3066.25 | 909.54 | NJ Health | | 220.36 | | | 184.12 | 220.36 | 2912.94 | fee schedule | |
| HC INJECTION OF DIAG/THER SUBSTNCE, CERVICAL/THORACIC, W IMG GUIDANCE; SURGICAL | 62321 | CPT | | | | outpatient | | | 3066.25 | 909.54 | Multiplan | Multiplan | 2453 | 80 | | | 220.36 | 2912.94 | percent of total billed charges | |
| HC INJECTION OF DIAG/THER SUBSTNCE, CERVICAL/THORACIC, W IMG GUIDANCE; SURGICAL | 62321 | CPT | | | | outpatient | | | 3066.25 | 909.54 | Aetna | Commercial | 1165.18 | 38 | | | 220.36 | 2912.94 | percent of total billed charges | |
| HC INJECTION OF DIAG/THER SUBSTNCE, CERVICAL/THORACIC, W IMG GUIDANCE; SURGICAL | 62321 | CPT | | | | outpatient | | | 3066.25 | 909.54 | Horizon | PPO | 1530.39 | | | 1063.72 | 220.36 | 2912.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION OF DIAG/THER SUBSTNCE, CERVICAL/THORACIC, W IMG GUIDANCE; SURGICAL | 62321 | CPT | | | | outpatient | | | 3066.25 | 909.54 | United | Oxford | 1817 | | | | 220.36 | 2912.94 | case rate | |
| HC INJECTION OF DIAG/THER SUBSTNCE, CERVICAL/THORACIC, W IMG GUIDANCE; SURGICAL | 62321 | CPT | | | | outpatient | | | 3066.25 | 909.54 | Horizon | MGD | 1530.39 | | | 1330.51 | 220.36 | 2912.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION OF DIAG/THER SUBSTNCE, CERVICAL/THORACIC, W IMG GUIDANCE; SURGICAL | 62321 | CPT | | | | outpatient | | | 3066.25 | 909.54 | UHC | Medicaid | 967.4 | 31.55 | | 685.27 | 220.36 | 2912.94 | percent of total billed charges | |
| HC INJECTION OF DIAG/THER SUBSTNCE, CERVICAL/THORACIC, W IMG GUIDANCE; SURGICAL | 62321 | CPT | | | | outpatient | | | 3066.25 | 909.54 | First Health | First Health | 2146.38 | 70 | | | 220.36 | 2912.94 | percent of total billed charges | |
| HC INJECTION OF DIAG/THER SUBSTNCE, CERVICAL/THORACIC, W IMG GUIDANCE; SURGICAL | 62321 | CPT | | | | outpatient | | | 3066.25 | 909.54 | WellPoint | WellPoint | 986.72 | 32.18 | | | 220.36 | 2912.94 | percent of total billed charges | |
| HC INJECTION OF DIAG/THER SUBSTNCE, CERVICAL/THORACIC, W IMG GUIDANCE; SURGICAL | 62321 | CPT | | | | outpatient | | | 3066.25 | 909.54 | Qualicare | Qualicare | 2299.69 | 75 | | | 220.36 | 2912.94 | percent of total billed charges | |
| HC INJECTION OF DIAG/THER SUBSTNCE, CERVICAL/THORACIC, W IMG GUIDANCE; SURGICAL | 62321 | CPT | | | | outpatient | | | 3066.25 | 909.54 | Managed Care Inc | Managed Care Inc | 2759.63 | 90 | | | 220.36 | 2912.94 | percent of total billed charges | |
| HC INJECTION OF DIAG/THER SUBSTNCE, CERVICAL/THORACIC, W IMG GUIDANCE; SURGICAL | 62321 | CPT | | | | outpatient | | | 3066.25 | 909.54 | Wellcare | Medicare | 790.9 | | | | 220.36 | 2912.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION OF DIAG/THER SUBSTNCE, CERVICAL/THORACIC, W IMG GUIDANCE; SURGICAL | 62321 | CPT | | | | outpatient | | | 3066.25 | 909.54 | Horizon | Indemnity | 1530.39 | | | | 220.36 | 2912.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION OF DIAG/THER SUBSTNCE, CERVICAL/THORACIC, W IMG GUIDANCE; SURGICAL | 62321 | CPT | | | | outpatient | | | 3066.25 | 909.54 | Three Rivers | Three Rivers | 2912.94 | 95 | | | 220.36 | 2912.94 | percent of total billed charges | |
| HC INJECTION OF DIAG/THER SUBSTNCE, CERVICAL/THORACIC, W IMG GUIDANCE; SURGICAL | 62321 | CPT | | | | outpatient | | | 3066.25 | 909.54 | UHC | Medicare | 790.9 | | | 628.41 | 220.36 | 2912.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION OF DIAG/THER SUBSTNCE, CERVICAL/THORACIC, W IMG GUIDANCE; SURGICAL | 62321 | CPT | | | | outpatient | | | 3066.25 | 909.54 | Wellcare | Medicaid | 967.4 | 31.55 | | 515.84 | 220.36 | 2912.94 | percent of total billed charges | |
| HC INJECTION OF DIAG/THER SUBSTNCE, CERVICAL/THORACIC, W IMG GUIDANCE; SURGICAL | 62321 | CPT | | | | outpatient | | | 3066.25 | 909.54 | United | Commercial/PPO | 1817 | | | | 220.36 | 2912.94 | case rate | |
| HC INTRATHECAL INJECTION | 62322 | CPT | | | | outpatient | | | 2648.77 | 1198.81 | Aetna | Better Health | 835.69 | 31.55 | | | 210.24 | 2516.33 | percent of total billed charges | |
| HC INTRATHECAL INJECTION | 62322 | CPT | | | | outpatient | | | 2648.77 | 1198.81 | Aetna | Medicare | 1042.44 | | | | 210.24 | 2516.33 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRATHECAL INJECTION | 62322 | CPT | | | | outpatient | | | 2648.77 | 1198.81 | UHC | Medicaid | 835.69 | 31.55 | | | 210.24 | 2516.33 | percent of total billed charges | |
| HC INTRATHECAL INJECTION | 62322 | CPT | | | | outpatient | | | 2648.77 | 1198.81 | Americare | Americare | 1986.58 | 75 | | | 210.24 | 2516.33 | percent of total billed charges | |
| HC INTRATHECAL INJECTION | 62322 | CPT | | | | outpatient | | | 2648.77 | 1198.81 | First Health | First Health | 1854.14 | 70 | | | 210.24 | 2516.33 | percent of total billed charges | |
| HC INTRATHECAL INJECTION | 62322 | CPT | | | | outpatient | | | 2648.77 | 1198.81 | Aetna | Commercial | 1006.53 | 38 | | | 210.24 | 2516.33 | percent of total billed charges | |
| HC INTRATHECAL INJECTION | 62322 | CPT | | | | outpatient | | | 2648.77 | 1198.81 | First Trenton | First Trenton | 2383.89 | 90 | | | 210.24 | 2516.33 | percent of total billed charges | |
| HC INTRATHECAL INJECTION | 62322 | CPT | | | | outpatient | | | 2648.77 | 1198.81 | Amerihealth | HMO/PPO | 300 | | | | 210.24 | 2516.33 | fee schedule | |
| HC INTRATHECAL INJECTION | 62322 | CPT | | | | outpatient | | | 2648.77 | 1198.81 | Consumer | Consumer | 2516.33 | 95 | | | 210.24 | 2516.33 | percent of total billed charges | |
| HC INTRATHECAL INJECTION | 62322 | CPT | | | | outpatient | | | 2648.77 | 1198.81 | Corrections | Corrections | 2119.02 | 80 | | | 210.24 | 2516.33 | percent of total billed charges | |
| HC INTRATHECAL INJECTION | 62322 | CPT | | | | outpatient | | | 2648.77 | 1198.81 | UHC | Medicare | 1042.44 | | | | 210.24 | 2516.33 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRATHECAL INJECTION | 62322 | CPT | | | | outpatient | | | 2648.77 | 1198.81 | Multiplan | Multiplan | 2119.02 | 80 | | | 210.24 | 2516.33 | percent of total billed charges | |
| HC INTRATHECAL INJECTION | 62322 | CPT | | | | outpatient | | | 2648.77 | 1198.81 | Horizon | Indemnity | 2017.12 | | | | 210.24 | 2516.33 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRATHECAL INJECTION | 62322 | CPT | | | | outpatient | | | 2648.77 | 1198.81 | Horizon | MGD | 2017.12 | | | | 210.24 | 2516.33 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRATHECAL INJECTION | 62322 | CPT | | | | outpatient | | | 2648.77 | 1198.81 | Horizon | PPO | 2017.12 | | | | 210.24 | 2516.33 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRATHECAL INJECTION | 62322 | CPT | | | | outpatient | | | 2648.77 | 1198.81 | Qualicare | Qualicare | 1986.58 | 75 | | | 210.24 | 2516.33 | percent of total billed charges | |
| HC INTRATHECAL INJECTION | 62322 | CPT | | | | outpatient | | | 2648.77 | 1198.81 | Horizon | NJ Health | 210.24 | | | | 210.24 | 2516.33 | fee schedule | |
| HC INTRATHECAL INJECTION | 62322 | CPT | | | | outpatient | | | 2648.77 | 1198.81 | United | Commercial/PPO | 1817 | | | | 210.24 | 2516.33 | case rate | |
| HC INTRATHECAL INJECTION | 62322 | CPT | | | | outpatient | | | 2648.77 | 1198.81 | Horizon | Medicare Blue | 1042.44 | | | | 210.24 | 2516.33 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRATHECAL INJECTION | 62322 | CPT | | | | outpatient | | | 2648.77 | 1198.81 | Wellcare | Medicare | 1042.44 | | | | 210.24 | 2516.33 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRATHECAL INJECTION | 62322 | CPT | | | | outpatient | | | 2648.77 | 1198.81 | Managed Care Inc | Managed Care Inc | 2383.89 | 90 | | | 210.24 | 2516.33 | percent of total billed charges | |
| HC INTRATHECAL INJECTION | 62322 | CPT | | | | outpatient | | | 2648.77 | 1198.81 | WellPoint | WellPoint | 852.37 | 32.18 | | | 210.24 | 2516.33 | percent of total billed charges | |
| HC INTRATHECAL INJECTION | 62322 | CPT | | | | outpatient | | | 2648.77 | 1198.81 | Three Rivers | Three Rivers | 2516.33 | 95 | | | 210.24 | 2516.33 | percent of total billed charges | |
| HC INTRATHECAL INJECTION | 62322 | CPT | | | | outpatient | | | 2648.77 | 1198.81 | United | Oxford | 1817 | | | | 210.24 | 2516.33 | case rate | |
| HC INTRATHECAL INJECTION | 62322 | CPT | | | | outpatient | | | 2648.77 | 1198.81 | Wellcare | Medicaid | 835.69 | 31.55 | | | 210.24 | 2516.33 | percent of total billed charges | |
| HC INTLMR INJX EPIDURAL LUMBAR W/; SURGICAL | 62323 | CPT | | | | outpatient | | | 3066.25 | 909.54 | UHC | Medicaid | 967.4 | 31.55 | | 592.32 | 216.31 | 2912.94 | percent of total billed charges | |
| HC INTLMR INJX EPIDURAL LUMBAR W/; SURGICAL | 62323 | CPT | | | | outpatient | | | 3066.25 | 909.54 | Aetna | Commercial | 1165.18 | 38 | | 714.67 | 216.31 | 2912.94 | percent of total billed charges | |
| HC INTLMR INJX EPIDURAL LUMBAR W/; SURGICAL | 62323 | CPT | | | | outpatient | | | 3066.25 | 909.54 | Three Rivers | Three Rivers | 2912.94 | 95 | | | 216.31 | 2912.94 | percent of total billed charges | |
| HC INTLMR INJX EPIDURAL LUMBAR W/; SURGICAL | 62323 | CPT | | | | outpatient | | | 3066.25 | 909.54 | Horizon | Indemnity | 1530.39 | | | 1111.75 | 216.31 | 2912.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTLMR INJX EPIDURAL LUMBAR W/; SURGICAL | 62323 | CPT | | | | outpatient | | | 3066.25 | 909.54 | Amerihealth | HMO/PPO | 300 | | | | 216.31 | 2912.94 | fee schedule | |
| HC INTLMR INJX EPIDURAL LUMBAR W/; SURGICAL | 62323 | CPT | | | | outpatient | | | 3066.25 | 909.54 | Aetna | Better Health | 967.4 | 31.55 | | 708.43 | 216.31 | 2912.94 | percent of total billed charges | |
| HC INTLMR INJX EPIDURAL LUMBAR W/; SURGICAL | 62323 | CPT | | | | outpatient | | | 3066.25 | 909.54 | United | Oxford | 1817 | | | | 216.31 | 2912.94 | case rate | |
| HC INTLMR INJX EPIDURAL LUMBAR W/; SURGICAL | 62323 | CPT | | | | outpatient | | | 3066.25 | 909.54 | Corrections | Corrections | 2453 | 80 | | 758.78 | 216.31 | 2912.94 | percent of total billed charges | |
| HC INTLMR INJX EPIDURAL LUMBAR W/; SURGICAL | 62323 | CPT | | | | outpatient | | | 3066.25 | 909.54 | First Health | First Health | 2146.38 | 70 | | | 216.31 | 2912.94 | percent of total billed charges | |
| HC INTLMR INJX EPIDURAL LUMBAR W/; SURGICAL | 62323 | CPT | | | | outpatient | | | 3066.25 | 909.54 | Aetna | Medicare | 790.9 | | | | 216.31 | 2912.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTLMR INJX EPIDURAL LUMBAR W/; SURGICAL | 62323 | CPT | | | | outpatient | | | 3066.25 | 909.54 | Wellcare | Medicaid | 967.4 | 31.55 | | | 216.31 | 2912.94 | percent of total billed charges | |
| HC INTLMR INJX EPIDURAL LUMBAR W/; SURGICAL | 62323 | CPT | | | | outpatient | | | 3066.25 | 909.54 | Qualicare | Qualicare | 2299.69 | 75 | | | 216.31 | 2912.94 | percent of total billed charges | |
| HC INTLMR INJX EPIDURAL LUMBAR W/; SURGICAL | 62323 | CPT | | | | outpatient | | | 3066.25 | 909.54 | Consumer | Consumer | 2912.94 | 95 | | | 216.31 | 2912.94 | percent of total billed charges | |
| HC INTLMR INJX EPIDURAL LUMBAR W/; SURGICAL | 62323 | CPT | | | | outpatient | | | 3066.25 | 909.54 | First Trenton | First Trenton | 2759.63 | 90 | | | 216.31 | 2912.94 | percent of total billed charges | |
| HC INTLMR INJX EPIDURAL LUMBAR W/; SURGICAL | 62323 | CPT | | | | outpatient | | | 3066.25 | 909.54 | Americare | Americare | 2299.69 | 75 | | | 216.31 | 2912.94 | percent of total billed charges | |
| HC INTLMR INJX EPIDURAL LUMBAR W/; SURGICAL | 62323 | CPT | | | | outpatient | | | 3066.25 | 909.54 | UHC | Medicare | 790.9 | | | 580.99 | 216.31 | 2912.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTLMR INJX EPIDURAL LUMBAR W/; SURGICAL | 62323 | CPT | | | | outpatient | | | 3066.25 | 909.54 | Horizon | MGD | 1530.39 | | | 1234.55 | 216.31 | 2912.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTLMR INJX EPIDURAL LUMBAR W/; SURGICAL | 62323 | CPT | | | | outpatient | | | 3066.25 | 909.54 | Horizon | Medicare Blue | 790.9 | | | 494.74 | 216.31 | 2912.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTLMR INJX EPIDURAL LUMBAR W/; SURGICAL | 62323 | CPT | | | | outpatient | | | 3066.25 | 909.54 | Multiplan | Multiplan | 2453 | 80 | | | 216.31 | 2912.94 | percent of total billed charges | |
| HC INTLMR INJX EPIDURAL LUMBAR W/; SURGICAL | 62323 | CPT | | | | outpatient | | | 3066.25 | 909.54 | Wellcare | Medicare | 790.9 | | | 702.82 | 216.31 | 2912.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTLMR INJX EPIDURAL LUMBAR W/; SURGICAL | 62323 | CPT | | | | outpatient | | | 3066.25 | 909.54 | WellPoint | WellPoint | 986.72 | 32.18 | | 562.12 | 216.31 | 2912.94 | percent of total billed charges | |
| HC INTLMR INJX EPIDURAL LUMBAR W/; SURGICAL | 62323 | CPT | | | | outpatient | | | 3066.25 | 909.54 | Horizon | NJ Health | 216.31 | | | 184.61 | 216.31 | 2912.94 | fee schedule | |
| HC INTLMR INJX EPIDURAL LUMBAR W/; SURGICAL | 62323 | CPT | | | | outpatient | | | 3066.25 | 909.54 | Horizon | PPO | 1530.39 | | | | 216.31 | 2912.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTLMR INJX EPIDURAL LUMBAR W/; SURGICAL | 62323 | CPT | | | | outpatient | | | 3066.25 | 909.54 | Managed Care Inc | Managed Care Inc | 2759.63 | 90 | | | 216.31 | 2912.94 | percent of total billed charges | |
| HC INTLMR INJX EPIDURAL LUMBAR W/; SURGICAL | 62323 | CPT | | | | outpatient | | | 3066.25 | 909.54 | United | Commercial/PPO | 1817 | | | | 216.31 | 2912.94 | case rate | |
| HC NJX DX/THER SBST INTRIMNR CRV/THRC W/IMG; SURGICAL | 62325 | CPT | | | | outpatient | | | 4070 | 1198.81 | Amerihealth | HMO/PPO | 300 | | | | 195.39 | 3866.5 | fee schedule | |
| HC NJX DX/THER SBST INTRIMNR CRV/THRC W/IMG; SURGICAL | 62325 | CPT | | | | outpatient | | | 4070 | 1198.81 | First Health | First Health | 2849 | 70 | | | 195.39 | 3866.5 | percent of total billed charges | |
| HC NJX DX/THER SBST INTRIMNR CRV/THRC W/IMG; SURGICAL | 62325 | CPT | | | | outpatient | | | 4070 | 1198.81 | Americare | Americare | 3052.5 | 75 | | | 195.39 | 3866.5 | percent of total billed charges | |
| HC NJX DX/THER SBST INTRIMNR CRV/THRC W/IMG; SURGICAL | 62325 | CPT | | | | outpatient | | | 4070 | 1198.81 | Aetna | Commercial | 1546.6 | 38 | | | 195.39 | 3866.5 | percent of total billed charges | |
| HC NJX DX/THER SBST INTRIMNR CRV/THRC W/IMG; SURGICAL | 62325 | CPT | | | | outpatient | | | 4070 | 1198.81 | Aetna | Better Health | 1284.09 | 31.55 | | | 195.39 | 3866.5 | percent of total billed charges | |
| HC NJX DX/THER SBST INTRIMNR CRV/THRC W/IMG; SURGICAL | 62325 | CPT | | | | outpatient | | | 4070 | 1198.81 | Horizon | PPO | 2017.12 | | | | 195.39 | 3866.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NJX DX/THER SBST INTRIMNR CRV/THRC W/IMG; SURGICAL | 62325 | CPT | | | | outpatient | | | 4070 | 1198.81 | Consumer | Consumer | 3866.5 | 95 | | | 195.39 | 3866.5 | percent of total billed charges | |
| HC NJX DX/THER SBST INTRIMNR CRV/THRC W/IMG; SURGICAL | 62325 | CPT | | | | outpatient | | | 4070 | 1198.81 | Aetna | Medicare | 1042.44 | | | | 195.39 | 3866.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NJX DX/THER SBST INTRIMNR CRV/THRC W/IMG; SURGICAL | 62325 | CPT | | | | outpatient | | | 4070 | 1198.81 | UHC | Medicare | 1042.44 | | | | 195.39 | 3866.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NJX DX/THER SBST INTRIMNR CRV/THRC W/IMG; SURGICAL | 62325 | CPT | | | | outpatient | | | 4070 | 1198.81 | Horizon | MGD | 2017.12 | | | | 195.39 | 3866.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NJX DX/THER SBST INTRIMNR CRV/THRC W/IMG; SURGICAL | 62325 | CPT | | | | outpatient | | | 4070 | 1198.81 | First Trenton | First Trenton | 3663 | 90 | | | 195.39 | 3866.5 | percent of total billed charges | |
| HC NJX DX/THER SBST INTRIMNR CRV/THRC W/IMG; SURGICAL | 62325 | CPT | | | | outpatient | | | 4070 | 1198.81 | Horizon | Medicare Blue | 1042.44 | | | | 195.39 | 3866.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NJX DX/THER SBST INTRIMNR CRV/THRC W/IMG; SURGICAL | 62325 | CPT | | | | outpatient | | | 4070 | 1198.81 | Wellcare | Medicare | 1042.44 | | | | 195.39 | 3866.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NJX DX/THER SBST INTRIMNR CRV/THRC W/IMG; SURGICAL | 62325 | CPT | | | | outpatient | | | 4070 | 1198.81 | United | Oxford | 1817 | | | | 195.39 | 3866.5 | case rate | |
| HC NJX DX/THER SBST INTRIMNR CRV/THRC W/IMG; SURGICAL | 62325 | CPT | | | | outpatient | | | 4070 | 1198.81 | Corrections | Corrections | 3256 | 80 | | | 195.39 | 3866.5 | percent of total billed charges | |
| HC NJX DX/THER SBST INTRIMNR CRV/THRC W/IMG; SURGICAL | 62325 | CPT | | | | outpatient | | | 4070 | 1198.81 | Wellcare | Medicaid | 1284.09 | 31.55 | | | 195.39 | 3866.5 | percent of total billed charges |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC INJECTION DX/THER SBST INTERLA; SURGICAL | 62327 | CPT | | | | outpatient | | | 3840 | 1198.81 | Amerihealth | HMO/PPO | 300 | | | | 199.16 | | 3648 fee schedule | |
| HC INJECTION DX/THER SBST INTERLA; SURGICAL | 62327 | CPT | | | | outpatient | | | 3840 | 1198.81 | Consumer | Consumer | 3648 | 95 | | | 199.16 | | 3648 percent of total billed charges | |
| HC INJECTION DX/THER SBST INTERLA; SURGICAL | 62327 | CPT | | | | outpatient | | | 3840 | 1198.81 | Wellcare | Medicare | 1042.44 | | | | 199.16 | | 3648 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION DX/THER SBST INTERLA; SURGICAL | 62327 | CPT | | | | outpatient | | | 3840 | 1198.81 | Horizon | Indemnity | 2017.12 | | | | 199.16 | | 3648 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION DX/THER SBST INTERLA; SURGICAL | 62327 | CPT | | | | outpatient | | | 3840 | 1198.81 | Horizon | MGD | 2017.12 | | | | 199.16 | | 3648 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION DX/THER SBST INTERLA; SURGICAL | 62327 | CPT | | | | outpatient | | | 3840 | 1198.81 | Wellcare | Medicaid | 1211.52 | 31.55 | | | 199.16 | | 3648 percent of total billed charges | |
| HC INJECTION DX/THER SBST INTERLA; SURGICAL | 62327 | CPT | | | | outpatient | | | 3840 | 1198.81 | Horizon | NJ Health | 199.16 | | | 161.74 | 199.16 | | 3648 fee schedule | |
| HC INJECTION DX/THER SBST INTERLA; SURGICAL | 62327 | CPT | | | | outpatient | | | 3840 | 1198.81 | Aetna | Commercial | 1459.2 | 38 | | | 199.16 | | 3648 percent of total billed charges | |
| HC INJECTION DX/THER SBST INTERLA; SURGICAL | 62327 | CPT | | | | outpatient | | | 3840 | 1198.81 | UHC | Medicaid | 1211.52 | 31.55 | | | 199.16 | | 3648 percent of total billed charges | |
| HC INJECTION DX/THER SBST INTERLA; SURGICAL | 62327 | CPT | | | | outpatient | | | 3840 | 1198.81 | First Trenton | First Trenton | 3456 | 90 | | | 199.16 | | 3648 percent of total billed charges | |
| HC INJECTION DX/THER SBST INTERLA; SURGICAL | 62327 | CPT | | | | outpatient | | | 3840 | 1198.81 | United | Commercial/PPO | 1817 | | | | 199.16 | | 3648 case rate | |
| HC INJECTION DX/THER SBST INTERLA; SURGICAL | 62327 | CPT | | | | outpatient | | | 3840 | 1198.81 | Horizon | PPO | 2017.12 | | | | 199.16 | | 3648 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION DX/THER SBST INTERLA; SURGICAL | 62327 | CPT | | | | outpatient | | | 3840 | 1198.81 | United | Oxford | 1817 | | | | 199.16 | | 3648 case rate | |
| HC INJECTION DX/THER SBST INTERLA; SURGICAL | 62327 | CPT | | | | outpatient | | | 3840 | 1198.81 | Managed Care Inc | Managed Care Inc | 3456 | 90 | | | 199.16 | | 3648 percent of total billed charges | |
| HC INJECTION DX/THER SBST INTERLA; SURGICAL | 62327 | CPT | | | | outpatient | | | 3840 | 1198.81 | Multiplan | Multiplan | 3072 | 80 | | | 199.16 | | 3648 percent of total billed charges | |
| HC INJECTION DX/THER SBST INTERLA; SURGICAL | 62327 | CPT | | | | outpatient | | | 3840 | 1198.81 | Three Rivers | Three Rivers | 3648 | 95 | | | 199.16 | | 3648 percent of total billed charges | |
| HC INJECTION DX/THER SBST INTERLA; SURGICAL | 62327 | CPT | | | | outpatient | | | 3840 | 1198.81 | WellPoint | WellPoint | 1235.71 | 32.18 | | | 199.16 | | 3648 percent of total billed charges | |
| HC INJECTION DX/THER SBST INTERLA; SURGICAL | 62327 | CPT | | | | outpatient | | | 3840 | 1198.81 | Qualcare | Qualcare | 2880 | 75 | | | 199.16 | | 3648 percent of total billed charges | |
| HC X-RAY FLUORO GUIDED LUMBAR PUN | 62328 | CPT | | | | both | | | 2505 | 909.54 | Aetna | Medicare | 790.9 | | | | 230.77 | | 2379.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC X-RAY FLUORO GUIDED LUMBAR PUN | 62328 | CPT | | | | both | | | 2505 | 909.54 | Americare | Americare | 1878.75 | 75 | | | 230.77 | | 2379.75 percent of total billed charges | |
| HC X-RAY FLUORO GUIDED LUMBAR PUN | 62328 | CPT | | | | both | | | 2505 | 909.54 | Consumer | Consumer | 2379.75 | 95 | | | 230.77 | | 2379.75 percent of total billed charges | |
| HC X-RAY FLUORO GUIDED LUMBAR PUN | 62328 | CPT | | | | both | | | 2505 | 909.54 | Amerihealth | HMO/PPO | 1628.25 | 65 | | | 230.77 | | 2379.75 percent of total billed charges | |
| HC X-RAY FLUORO GUIDED LUMBAR PUN | 62328 | CPT | | | | both | | | 2505 | 909.54 | Aetna | Commercial | 951.9 | 38 | | | 230.77 | | 2379.75 percent of total billed charges | |
| HC X-RAY FLUORO GUIDED LUMBAR PUN | 62328 | CPT | | | | both | | | 2505 | 909.54 | First Health | First Health | 1753.5 | 70 | | | 230.77 | | 2379.75 percent of total billed charges | |
| HC X-RAY FLUORO GUIDED LUMBAR PUN | 62328 | CPT | | | | both | | | 2505 | 909.54 | UHC | Medicare | 790.9 | | | | 230.77 | | 2379.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC X-RAY FLUORO GUIDED LUMBAR PUN | 62328 | CPT | | | | both | | | 2505 | 909.54 | Aetna | Better Health | 790.33 | 31.55 | | | 230.77 | | 2379.75 percent of total billed charges | |
| HC X-RAY FLUORO GUIDED LUMBAR PUN | 62328 | CPT | | | | both | | | 2505 | 909.54 | Horizon | MGD | 1530.39 | | | | 230.77 | | 2379.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC X-RAY FLUORO GUIDED LUMBAR PUN | 62328 | CPT | | | | both | | | 2505 | 909.54 | First Trenton | First Trenton | 2254.5 | 90 | | | 230.77 | | 2379.75 percent of total billed charges | |
| HC X-RAY FLUORO GUIDED LUMBAR PUN | 62328 | CPT | | | | both | | | 2505 | 909.54 | United | Commercial/PPO | 1817 | | | 635.41 | 230.77 | | 2379.75 case rate | |
| HC X-RAY FLUORO GUIDED LUMBAR PUN | 62328 | CPT | | | | both | | | 2505 | 909.54 | Multiplan | Multiplan | 2004 | 80 | | | 230.77 | | 2379.75 percent of total billed charges | |
| HC X-RAY FLUORO GUIDED LUMBAR PUN | 62328 | CPT | | | | both | | | 2505 | 909.54 | Horizon | NJ Health | 230.77 | | | 251.43 | 230.77 | | 2379.75 fee schedule | |
| HC X-RAY FLUORO GUIDED LUMBAR PUN | 62328 | CPT | | | | both | | | 2505 | 909.54 | Horizon | Indemnity | 1530.39 | | | | 230.77 | | 2379.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC X-RAY FLUORO GUIDED LUMBAR PUN | 62328 | CPT | | | | both | | | 2505 | 909.54 | Corrections | Corrections | 2004 | 80 | | | 230.77 | | 2379.75 percent of total billed charges | |
| HC X-RAY FLUORO GUIDED LUMBAR PUN | 62328 | CPT | | | | both | | | 2505 | 909.54 | Horizon | Medicare Blue | 790.9 | | | | 230.77 | | 2379.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC X-RAY FLUORO GUIDED LUMBAR PUN | 62328 | CPT | | | | both | | | 2505 | 909.54 | Qualcare | Qualcare | 1878.75 | 75 | | | 230.77 | | 2379.75 percent of total billed charges | |
| HC X-RAY FLUORO GUIDED LUMBAR PUN | 62328 | CPT | | | | both | | | 2505 | 909.54 | Wellcare | Medicaid | 790.33 | 31.55 | | | 230.77 | | 2379.75 percent of total billed charges | |
| HC X-RAY FLUORO GUIDED LUMBAR PUN | 62328 | CPT | | | | both | | | 2505 | 909.54 | Horizon | PPO | 1530.39 | | | | 230.77 | | 2379.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC X-RAY FLUORO GUIDED LUMBAR PUN | 62328 | CPT | | | | both | | | 2505 | 909.54 | Three Rivers | Three Rivers | 2379.75 | 95 | | | 230.77 | | 2379.75 percent of total billed charges | |
| HC X-RAY FLUORO GUIDED LUMBAR PUN | 62328 | CPT | | | | both | | | 2505 | 909.54 | UHC | Medicaid | 790.33 | 31.55 | | | 230.77 | | 2379.75 percent of total billed charges | |
| HC X-RAY FLUORO GUIDED LUMBAR PUN | 62328 | CPT | | | | both | | | 2505 | 909.54 | United | Oxford | 1817 | | | | 230.77 | | 2379.75 case rate | |
| HC X-RAY FLUORO GUIDED LUMBAR PUN | 62328 | CPT | | | | both | | | 2505 | 909.54 | Managed Care Inc | Managed Care Inc | 2254.5 | 90 | | | 230.77 | | 2379.75 percent of total billed charges | |
| HC X-RAY FLUORO GUIDED LUMBAR PUN | 62328 | CPT | | | | both | | | 2505 | 909.54 | Wellcare | Medicare | 790.9 | | | | 230.77 | | 2379.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC X-RAY FLUORO GUIDED LUMBAR PUN | 62328 | CPT | | | | both | | | 2505 | 909.54 | WellPoint | WellPoint | 806.11 | 32.18 | | | 230.77 | | 2379.75 percent of total billed charges | |
| HC XRAY FLUORO SPINAL PUNCTURE;T | 62329 | CPT | | | | both | | | 2505 | 909.54 | Aetna | Better Health | 790.33 | 31.55 | | | 286.26 | | 2379.75 percent of total billed charges | |
| HC XRAY FLUORO SPINAL PUNCTURE;T | 62329 | CPT | | | | both | | | 2505 | 909.54 | Horizon | Medicare Blue | 790.9 | | | | 286.26 | | 2379.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC XRAY FLUORO SPINAL PUNCTURE;T | 62329 | CPT | | | | both | | | 2505 | 909.54 | First Health | First Health | 1753.5 | 70 | | | 286.26 | | 2379.75 percent of total billed charges | |
| HC XRAY FLUORO SPINAL PUNCTURE;T | 62329 | CPT | | | | both | | | 2505 | 909.54 | Aetna | Medicare | 790.9 | | | | 286.26 | | 2379.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC XRAY FLUORO SPINAL PUNCTURE;T | 62329 | CPT | | | | both | | | 2505 | 909.54 | Corrections | Corrections | 2004 | 80 | | | 286.26 | | 2379.75 percent of total billed charges | |
| HC XRAY FLUORO SPINAL PUNCTURE;T | 62329 | CPT | | | | both | | | 2505 | 909.54 | Horizon | Indemnity | 1530.39 | | | | 286.26 | | 2379.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC XRAY FLUORO SPINAL PUNCTURE;T | 62329 | CPT | | | | both | | | 2505 | 909.54 | Consumer | Consumer | 2379.75 | 95 | | | 286.26 | | 2379.75 percent of total billed charges | |
| HC XRAY FLUORO SPINAL PUNCTURE;T | 62329 | CPT | | | | both | | | 2505 | 909.54 | Americare | Americare | 1878.75 | 75 | | | 286.26 | | 2379.75 percent of total billed charges | |
| HC XRAY FLUORO SPINAL PUNCTURE;T | 62329 | CPT | | | | both | | | 2505 | 909.54 | Aetna | Commercial | 951.9 | 38 | | | 286.26 | | 2379.75 percent of total billed charges | |
| HC XRAY FLUORO SPINAL PUNCTURE;T | 62329 | CPT | | | | both | | | 2505 | 909.54 | UHC | Medicare | 790.9 | | | | 286.26 | | 2379.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC XRAY FLUORO SPINAL PUNCTURE;T | 62329 | CPT | | | | both | | | 2505 | 909.54 | Wellcare | Medicare | 790.9 | | | | 286.26 | | 2379.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC XRAY FLUORO SPINAL PUNCTURE;T | 62329 | CPT | | | | both | | | 2505 | 909.54 | Horizon | MGD | 1530.39 | | | | 286.26 | | 2379.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC XRAY FLUORO SPINAL PUNCTURE;T | 62329 | CPT | | | | both | | | 2505 | 909.54 | Amerihealth | HMO/PPO | 1628.25 | 65 | | | 286.26 | | 2379.75 percent of total billed charges | |
| HC XRAY FLUORO SPINAL PUNCTURE;T | 62329 | CPT | | | | both | | | 2505 | 909.54 | Horizon | PPO | 1530.39 | | | | 286.26 | | 2379.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC XRAY FLUORO SPINAL PUNCTURE;T | 62329 | CPT | | | | both | | | 2505 | 909.54 | First Trenton | First Trenton | 2254.5 | 90 | | | 286.26 | | 2379.75 percent of total billed charges | |
| HC XRAY FLUORO SPINAL PUNCTURE;T | 62329 | CPT | | | | both | | | 2505 | 909.54 | WellPoint | WellPoint | 806.11 | 32.18 | | | 286.26 | | 2379.75 percent of total billed charges | |
| HC XRAY FLUORO SPINAL PUNCTURE;T | 62329 | CPT | | | | both | | | 2505 | 909.54 | Multiplan | Multiplan | 2004 | 80 | | | 286.26 | | 2379.75 percent of total billed charges | |
| HC XRAY FLUORO SPINAL PUNCTURE;T | 62329 | CPT | | | | both | | | 2505 | 909.54 | Horizon | NJ Health | 286.26 | | | | 286.26 | | 2379.75 fee schedule | |
| HC XRAY FLUORO SPINAL PUNCTURE;T | 62329 | CPT | | | | both | | | 2505 | 909.54 | Qualcare | Qualcare | 1878.75 | 75 | | | 286.26 | | 2379.75 percent of total billed charges | |
| HC XRAY FLUORO SPINAL PUNCTURE;T | 62329 | CPT | | | | both | | | 2505 | 909.54 | Managed Care Inc | Managed Care Inc | 2254.5 | 90 | | | 286.26 | | 2379.75 percent of total billed charges | |
| HC XRAY FLUORO SPINAL PUNCTURE;T | 62329 | CPT | | | | both | | | 2505 | 909.54 | Three Rivers | Three Rivers | 2379.75 | 95 | | | 286.26 | | 2379.75 percent of total billed charges | |
| HC XRAY FLUORO SPINAL PUNCTURE;T | 62329 | CPT | | | | both | | | 2505 | 909.54 | UHC | Medicaid | 790.33 | 31.55 | | | 286.26 | | 2379.75 percent of total billed charges | |
| HC XRAY FLUORO SPINAL PUNCTURE;T | 62329 | CPT | | | | both | | | 2505 | 909.54 | United | Commercial/PPO | 1817 | | | | 286.26 | | 2379.75 case rate | |
| HC XRAY FLUORO SPINAL PUNCTURE;T | 62329 | CPT | | | | both | | | 2505 | 909.54 | United | Oxford | 1817 | | | | 286.26 | | 2379.75 case rate | |
| HC XRAY FLUORO SPINAL PUNCTURE;T | 62329 | CPT | | | | both | | | 2505 | 909.54 | Wellcare | Medicaid | 790.33 | 31.55 | | | 286.26 | | 2379.75 percent of total billed charges | |
| HC ELEC ANLYS IMPLT ITHCL/EDRL PM | 62370 | CPT | | | | outpatient | | | 1298 | 392.84 | Amerihealth | HMO/PPO | 650 | | | | 149.71 | | 1782 fee schedule | |
| HC ELEC ANLYS IMPLT ITHCL/EDRL PM | 62370 | CPT | | | | outpatient | | | 1298 | 392.84 | Multiplan | Multiplan | 1038.4 | 80 | | | 149.71 | | 1782 percent of total billed charges | |
| HC ELEC ANLYS IMPLT ITHCL/EDRL PM | 62370 | CPT | | | | outpatient | | | 1298 | 392.84 | Aetna | Better Health | 409.52 | 31.55 | | | 149.71 | | 1782 percent of total billed charges | |
| HC ELEC ANLYS IMPLT ITHCL/EDRL PM | 62370 | CPT | | | | outpatient | | | 1298 | 392.84 | Horizon | Medicare Blue | 341.6 | | | | 149.71 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELEC ANLYS IMPLT ITHCL/EDRL PM | 62370 | CPT | | | | outpatient | | | 1298 | 392.84 | First Trenton | First Trenton | 1168.2 | 90 | | | 149.71 | | 1782 percent of total billed charges | |
| HC ELEC ANLYS IMPLT ITHCL/EDRL PM | 62370 | CPT | | | | outpatient | | | 1298 | 392.84 | Aetna | Medicare | 341.6 | | | | 149.71 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELEC ANLYS IMPLT ITHCL/EDRL PM | 62370 | CPT | | | | outpatient | | | 1298 | 392.84 | First Health | First Health | 908.6 | 70 | | | 149.71 | | 1782 percent of total billed charges | |
| HC ELEC ANLYS IMPLT ITHCL/EDRL PM | 62370 | CPT | | | | outpatient | | | 1298 | 392.84 | Americare | Americare | 973.5 | 75 | | | 149.71 | | 1782 percent of total billed charges | |
| HC ELEC ANLYS IMPLT ITHCL/EDRL PM | 62370 | CPT | | | | outpatient | | | 1298 | 392.84 | Horizon | Indemnity | 661 | | | | 149.71 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELEC ANLYS IMPLT ITHCL/EDRL PM | 62370 | CPT | | | | outpatient | | | 1298 | 392.84 | Qualcare | Qualcare | 973.5 | 75 | | | 149.71 | | 1782 percent of total billed charges | |
| HC ELEC ANLYS IMPLT ITHCL/EDRL PM | 62370 | CPT | | | | outpatient | | | 1298 | 392.84 | Aetna | Commercial | 493.24 | 38 | | | 149.71 | | 1782 percent of total billed charges | |
| HC ELEC ANLYS IMPLT ITHCL/EDRL PM | 62370 | CPT | | | | outpatient | | | 1298 | 392.84 | Consumer | Consumer | 1233.1 | 95 | | | 149.71 | | 1782 percent of total billed charges | |
| HC ELEC ANLYS IMPLT ITHCL/EDRL PM | 62370 | CPT | | | | outpatient | | | 1298 | 392.84 | Horizon | NJ Health | 149.71 | | | | 149.71 | | 1782 fee schedule | |
| HC ELEC ANLYS IMPLT ITHCL/EDRL PM | 62370 | CPT | | | | outpatient | | | 1298 | 392.84 | Corrections | Corrections | 1038.4 | 80 | | | 149.71 | | 1782 percent of total billed charges | |
| HC ELEC ANLYS IMPLT ITHCL/EDRL PM | 62370 | CPT | | | | outpatient | | | 1298 | 392.84 | Horizon | MGD | 661 | | | | 149.71 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELEC ANLYS IMPLT ITHCL/EDRL PM | 62370 | CPT | | | | outpatient | | | 1298 | 392.84 | United | Oxford | 1782 | | | | 149.71 | | 1782 case rate | |
| HC ELEC ANLYS IMPLT ITHCL/EDRL PM | 62370 | CPT | | | | outpatient | | | 1298 | 392.84 | UHC | Medicaid | 409.52 | 31.55 | | | 149.71 | | 1782 percent of total billed charges | |
| HC ELEC ANLYS IMPLT ITHCL/EDRL PM | 62370 | CPT | | | | outpatient | | | 1298 | 392.84 | Wellcare | Medicare | 341.6 | | | | 149.71 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELEC ANLYS IMPLT ITHCL/EDRL PM | 62370 | CPT | | | | outpatient | | | 1298 | 392.84 | Horizon | PPO | 661 | | | | 149.71 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELEC ANLYS IMPLT ITHCL/EDRL PM | 62370 | CPT | | | | outpatient | | | 1298 | 392.84 | Wellcare | Medicaid | 409.52 | 31.55 | | | 149.71 | | 1782 percent of total billed charges | |
| HC ELEC ANLYS IMPLT ITHCL/EDRL PM | 62370 | CPT | | | | outpatient | | | 1298 | 392.84 | Managed Care Inc | Managed Care Inc | 1168.2 | 90 | | | 149.71 | | 1782 percent of total billed charges | |
| HC ELEC ANLYS IMPLT ITHCL/EDRL PM | 62370 | CPT | | | | outpatient | | | 1298 | 392.84 | UHC | Medicare | 341.6 | | | | 149.71 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELEC ANLYS IMPLT ITHCL/EDRL PM | 62370 | CPT | | | | outpatient | | | 1298 | 392.84 | United | Commercial/PPO | 1782 | | | | 149.71 | | 1782 case rate | |
| HC ELEC ANLYS IMPLT ITHCL/EDRL PM | 62370 | CPT | | | | outpatient | | | 1298 | 392.84 | WellPoint | WellPoint | 417.7 | 32.18 | | | 149.71 | | 1782 percent of total billed charges | |
| HC ELEC ANLYS IMPLT ITHCL/EDRL PM | 62370 | CPT | | | | outpatient | | | 1298 | 392.84 | Three Rivers | Three Rivers | 1233.1 | 95 | | | 149.71 | | 1782 percent of total billed charges | |
| HC NEUROSTIN ELECTRODE IMPL | 63650 | CPT | | | | outpatient | | | 24459 | 8995.01 | Aetna | Medicare | 7821.75 | | | | 550 | | 23236.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEUROSTIN ELECTRODE IMPL | 63650 | CPT | | | | outpatient | | | 24459 | 8995.01 | Amerihealth | HMO/PPO | 550 | | | | 550 | | 23236.05 fee schedule | |
| HC NEUROSTIN ELECTRODE IMPL | 63650 | CPT | | | | outpatient | | | 24459 | 8995.01 | Corrections | Corrections | 19667.2 | 80 | | | 550 | | 23236.05 percent of total billed charges | |
| HC NEUROSTIN ELECTRODE IMPL | 63650 | CPT | | | | outpatient | | | 24459 | 8995.01 | Horizon | Medicare Blue | 7821.75 | | | | 550 | | 23236.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEUROSTIN ELECTRODE IMPL | 63650 | CPT | | | | outpatient | | | 24459 | 8995.01 | Aetna | Better Health | 7716.81 | 31.55 | | | 550 | | 23236.05 percent of total billed charges | |
| HC NEUROSTIN ELECTRODE IMPL | 63650 | CPT | | | | outpatient | | | 24459 | 8995.01 | First Trenton | First Trenton | 22013.1 | 90 | | | 550 | | 23236.05 percent of total billed charges | |
| HC NEUROSTIN ELECTRODE IMPL | 63650 | CPT | | | | outpatient | | | 24459 | 8995.01 | Multiplan | Multiplan | 19567.2 | 80 | | | 550 | | 23236.05 percent of total billed charges | |
| HC NEUROSTIN ELECTRODE IMPL | 63650 | CPT | | | | outpatient | | | 24459 | 8995.01 | Aetna | Commercial | 9294.42 | 38 | | | 550 | | 23236.05 percent of total billed charges | |
| HC NEUROSTIN ELECTRODE IMPL | 63650 | CPT | | | | outpatient | | | 24459 | 8995.01 | Consumer | Consumer | 23236.05 | 95 | | | 550 | | 23236.05 percent of total billed charges | |
| HC NEUROSTIN ELECTRODE IMPL | 63650 | CPT | | | | outpatient | | | 24459 | 8995.01 | First Health | First Health | 17121.3 | 70 | | | 550 | | 23236.05 percent of total billed charges | |
| HC NEUROSTIN ELECTRODE IMPL | 63650 | CPT | | | | outpatient | | | 24459 | 8995.01 | Horizon | Indemnity | 15135.09 | | | | 550 | | 23236.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEUROSTIN ELECTRODE IMPL | 63650 | CPT | | | | outpatient | | | 24459 | 8995.01 | UHC | Medicare | 7821.75 | | | | 550 | | 23236.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEUROSTIN ELECTRODE IMPL | 63650 | CPT | | | | outpatient | | | 24459 | 8995.01 | Americare | Americare | 18344.25 | 75 | | | 550 | | 23236.05 percent of total billed charges | |
| HC NEUROSTIN ELECTRODE IMPL | 63650 | CPT | | | | outpatient | | | 24459 | 8995.01 | Three Rivers | Three Rivers | 23236.05 | 95 | | | 550 | | 23236.05 percent of total billed charges | |
| HC NEUROSTIN ELECTRODE IMPL | 63650 | CPT | | | | outpatient | | | 24459 | 8995.01 | Qualcare | Qualcare | 18344.25 | 75 | | | 550 | | 23236.05 percent of total billed charges | |
| HC NEUROSTIN ELECTRODE IMPL | 63650 | CPT | | | | outpatient | | | 24459 | 8995.01 | Wellcare | Medicaid | 7716.81 | 31.55 | | | 550 | | 23236.05 percent of total billed charges | |
| HC NEUROSTIN ELECTRODE IMPL | 63650 | CPT | | | | outpatient | | | 24459 | 8995.01 | Horizon | NJ Health | 1117.08 | | | | 550 | | 23236.05 fee schedule | |
| HC NEUROSTIN ELECTRODE IMPL | 63650 | CPT | | | | outpatient | | | 24459 | 8995.01 | UHC | Medicaid | 7716.81 | 31.55 | | | 550 | | 23236.05 percent of total billed charges | |
| HC NEUROSTIN ELECTRODE IMPL | 63650 | CPT | | | | outpatient | | | 24459 | 8995.01 | Horizon | PPO | 15135.09 | | | | 550 | | 23236.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEUROSTIN ELECTRODE IMPL | 63650 | CPT | | | | outpatient | | | 24459 | 8995.01 | Wellcare | Medicare | 7821.75 | | | | 550 | | 23236.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEUROSTIN ELECTRODE IMPL | 63650 | CPT | | | | outpatient | | | 24459 | 8995.01 | Horizon | MGD | 15135.09 | | | | 550 | | 23236.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEUROSTIN ELECTRODE IMPL | 63650 | CPT | | | | outpatient | | | 24459 | 8995.01 | United | Oxford | 4702 | | | | 550 | | 23236.05 case rate | |
| HC NEUROSTIN ELECTRODE IMPL | 63650 | CPT | | | | outpatient | | | 24459 | 8995.01 | Managed Care Inc | Managed Care Inc | 22013.1 | 90 | | | 550 | | 23236.05 percent of total billed charges | |
| HC NEUROSTIN ELECTRODE IMPL | 63650 | CPT | | | | outpatient | | | 24459 | 8995.01 | WellPoint | WellPoint | 7870.91 | 32.18 | | 4043.26 | 550 | | 23236.05 percent of total billed charges | |
| HC NEUROSTIN ELECTRODE IMPL | 63650 | CPT | | | | outpatient | | | 24459 | 8995.01 | United | Commercial/PPO | 4702 | | | | 550 | | 23236.05 case rate | |
| HC PLACEMENT SUBQ SPINE NEUROSTIM | 63685 | CPT | | | | outpatient | | | 113340 | 40840.65 | Aetna | Commercial | 43069.2 | 38 | | | 524.64 | | 107673 percent of total billed charges | |
| HC PLACEMENT SUBQ SPINE NEUROSTIM | 63685 | CPT | | | | outpatient | | | 113340 | 40840.65 | Aetna | Better Health | 35758.77 | 31.55 | | | 524.64 | | 107673 percent of total billed charges | |
| HC PLACEMENT SUBQ SPINE NEUROSTIM | 63685 | CPT | | | | outpatient | | | 113340 | 40840.65 | Americare | Americare | 85005 | 75 | | | 524.64 | | 107673 percent of total billed charges | |
| HC PLACEMENT SUBQ SPINE NEUROSTIM | 63685 | CPT | | | | outpatient | | | 113340 | 40840.65 | Wellcare | Medicare | 35513.61 | | | | 524.64 | | 107673 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACEMENT SUBQ SPINE NEUROSTIM | 63685 | CPT | | | | outpatient | | | 113340 | 40840.65 | Aetna | Medicare | 35513.61 | | | | 524.64 | | 107673 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACEMENT SUBQ SPINE NEUROSTIM | 63685 | CPT | | | | outpatient | | | 113340 | 40840.65 | First Health | First Health | 79338 | 70 | | | 524.64 | | 107673 percent of total billed charges | |
| HC PLACEMENT SUBQ SPINE NEUROSTIM | 63685 | CPT | | | | outpatient | | | 113340 | 40840.65 | Amerihealth | HMO/PPO | 550 | | | | 524.64 | | 107673 fee schedule | |
| HC PLACEMENT SUBQ SPINE NEUROSTIM | 63685 | CPT | | | | outpatient | | | 113340 | 40840.65 | Horizon | MGD | 68718.84 | | | | 524.64 | | 107673 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACEMENT SUBQ SPINE NEUROSTIM | 63685 | CPT | | | | outpatient | | | 113340 | 40840.65 | Multiplan | Multiplan | 90672 | 80 | | | 524.64 | | 107673 percent of total billed charges | |
| HC PLACEMENT SUBQ SPINE NEUROSTIM | 63685 | CPT | | | | outpatient | | | 113340 | 40840.65 | United | Oxford | 6553 | | | | 524.64 | | 107673 case rate | |
| HC PLACEMENT SUBQ SPINE NEUROSTIM | 63685 | CPT | | | | outpatient | | | 113340 | 40840.65 | Consumer | Consumer | 107673 | 95 | | | 524.64 | | 107673 percent of total billed charges | |
| HC PLACEMENT SUBQ SPINE NEUROSTIM | 63685 | CPT | | | | outpatient | | | 113340 | 40840.65 | UHC | Medicaid | 35758.77 | 31.55 | | | 524.64 | | 107673 percent of total billed charges | |
| HC PLACEMENT SUBQ SPINE NEUROSTIM | 63685 | CPT | | | | outpatient | | | 113340 | 40840.65 | Corrections | Corrections | 90672 | 80 | | | 524.64 | | 107673 percent of total billed charges | |
| HC PLACEMENT SUBQ SPINE NEUROSTIM | 63685 | CPT | | | | outpatient | | | 113340 | 40840.65 | UHC | Medicare | 35513.61 | | | | 524.64 | | 107673 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACEMENT SUBQ SPINE NEUROSTIM | 63685 | CPT | | | | outpatient | | | 113340 | 40840.65 | Horizon | Indemnity | 68718.84 | | | | 524.64 | | 107673 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACEMENT SUBQ SPINE NEUROSTIM | 63685 | CPT | | | | outpatient | | | 113340 | 40840.65 | Qualcare | Qualcare | 85005 | 75 | | | 524.64 | | 107673 percent of total billed charges | |
| HC PLACEMENT SUBQ SPINE NEUROSTIM | 63685 | CPT | | | | outpatient | | | 113340 | 40840.65 | First Trenton | First Trenton | 102006 | 90 | | | 524.64 | | 107673 percent of total billed charges | |
| HC PLACEMENT SUBQ SPINE NEUROSTIM | 63685 | CPT | | | | outpatient | | | 113340 | 40840.65 | Horizon | PPO | 68718.84 | | | | 524.64 | | 107673 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACEMENT SUBQ SPINE NEUROSTIM | 63685 | CPT | | | | outpatient | | | 113340 | 40840.65 | United | Commercial/PPO | 6553 | | | | 524.64 | | 107673 case rate | |
| HC PLACEMENT SUBQ SPINE NEUROSTIM | 63685 | CPT | | | | outpatient | | | 113340 | 40840.65 | WellPoint | WellPoint | 36472.81 | 32.18 | | | 524.64 | | 107673 percent of total billed charges | |
| HC PLACEMENT SUBQ SPINE NEUROSTIM | 63685 | CPT | | | | outpatient | | | 113340 | 40840.65 | Horizon | Medicare Blue | 35513.61 | | | | 524.64 | | 107673 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLACEMENT SUBQ SPINE NEUROSTIM | 63685 | CPT | | | | outpatient | | | 113340 | 40840.65 | Wellcare | Medicaid | 35758.77 | 31.55 | | | 524.64 | | 107673 percent of total billed charges | |
| HC PLACEMENT SUBQ SPINE NEUROSTIM | 63685 | CPT | | | | outpatient | | | 113340 | 40840.65 | Horizon | NJ Health | 524.64 | | | | 524.64 | | 107673 fee schedule | |
| HC PLACEMENT SUBQ SPINE NEUROSTIM | 63685 | CPT | | | | outpatient | | | 113340 | 40840.65 | Managed Care Inc | Managed Care Inc | 102006 | 90 | | | 524.64 | | 107673 percent of total billed charges | |
| HC PLACEMENT SUBQ SPINE NEUROSTIM | 63685 | CPT | | | | outpatient | | | 113340 | 40840.65 | Three Rivers | Three Rivers | 107673 | 95 | | | 524.64 | | 107673 percent of total billed charges | |
| HC INJ ANES AGNT;TRIGEMIN NERV | 64400 | CPT | | | | outpatient | | | 1218 | 389.55 | Americare | Americare | 913.5 | 75 | | | 98.66 | | 1782 percent of total billed charges | |
| HC INJ ANES AGNT;TRIGEMIN NERV | 64400 | CPT | | | | outpatient | | | 1218 | 389.55 | First Trenton | First Trenton | 1096.2 | 90 | | | 98.66 | | 1782 percent of total billed charges | |
| HC INJ ANES AGNT;TRIGEMIN NERV | 64400 | CPT | | | | outpatient | | | 1218 | 389.55 | Aetna | Commercial | 462.84 | 38 | | | 98.66 | | 1782 percent of total billed charges | |
| HC INJ ANES AGNT;TRIGEMIN NERV | 64400 | CPT | | | | outpatient | | | 1218 |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC INJ ANES AGNT;TRIGEMIN NERV | 64400 | CPT | | | | outpatient | | | 1218 | 389.55 | UHC | Medicare | 338.74 | | | | 24.38 | 98.66 | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES AGNT;TRIGEMIN NERV | 64400 | CPT | | | | outpatient | | | 1218 | 389.55 | Amerihealth | HMO/PPO | 125 | | | 284.48 | 98.66 | 1782 | fee schedule | |
| HC INJ ANES AGNT;TRIGEMIN NERV | 64400 | CPT | | | | outpatient | | | 1218 | 389.55 | First Health | First Health | 852.6 | 70 | | | 98.66 | 1782 | percent of total billed charges | |
| HC INJ ANES AGNT;TRIGEMIN NERV | 64400 | CPT | | | | outpatient | | | 1218 | 389.55 | Consumer | Consumer | 1157.1 | 95 | | | 98.66 | 1782 | percent of total billed charges | |
| HC INJ ANES AGNT;TRIGEMIN NERV | 64400 | CPT | | | | outpatient | | | 1218 | 389.55 | Managed Care Inc | Managed Care Inc | 1096.2 | 90 | | | 98.66 | 1782 | percent of total billed charges | |
| HC INJ ANES AGNT;TRIGEMIN NERV | 64400 | CPT | | | | outpatient | | | 1218 | 389.55 | Corrections | Corrections | 974.4 | 80 | | | 98.66 | 1782 | percent of total billed charges | |
| HC INJ ANES AGNT;TRIGEMIN NERV | 64400 | CPT | | | | outpatient | | | 1218 | 389.55 | Horizon | PPO | 655.46 | | | 401.77 | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES AGNT;TRIGEMIN NERV | 64400 | CPT | | | | outpatient | | | 1218 | 389.55 | Aetna | Medicare | 338.74 | | | | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES AGNT;TRIGEMIN NERV | 64400 | CPT | | | | outpatient | | | 1218 | 389.55 | WellPoint | WellPoint | 391.95 | 32.18 | | | 98.66 | 1782 | percent of total billed charges | |
| HC INJ ANES AGNT;TRIGEMIN NERV | 64400 | CPT | | | | outpatient | | | 1218 | 389.55 | Horizon | Medicare Blue | 338.74 | | | | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES AGNT;TRIGEMIN NERV | 64400 | CPT | | | | outpatient | | | 1218 | 389.55 | Wellcare | Medicare | 338.74 | | | | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES AGNT;TRIGEMIN NERV | 64400 | CPT | | | | outpatient | | | 1218 | 389.55 | Horizon | NJ Health | 98.66 | | | | 98.66 | 1782 | fee schedule | |
| HC INJ ANES AGNT;TRIGEMIN NERV | 64400 | CPT | | | | outpatient | | | 1218 | 389.55 | United | Commercial/PPO | 1782 | | | | 98.66 | 1782 | case rate | |
| HC INJ ANES AGNT;TRIGEMIN NERV | 64400 | CPT | | | | outpatient | | | 1218 | 389.55 | Horizon | MGD | 655.46 | | | | 98.66 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES AGNT;TRIGEMIN NERV | 64400 | CPT | | | | outpatient | | | 1218 | 389.55 | United | Oxford | 1782 | | | | 98.66 | 1782 | case rate | |
| HC INJ ANES AGNT;TRIGEMIN NERV | 64400 | CPT | | | | outpatient | | | 1218 | 389.55 | Three Rivers | Three Rivers | 1157.1 | 95 | | | 98.66 | 1782 | percent of total billed charges | |
| HC INJ ANES AGNT;TRIGEMIN NERV | 64400 | CPT | | | | outpatient | | | 1218 | 389.55 | Wellcare | Medicaid | 384.28 | 31.55 | | | 98.66 | 1782 | percent of total billed charges | |
| HC INJ ANES AGNT;TRIGEMIN NERV | 64400 | CPT | | | | outpatient | | | 1218 | 389.55 | Multiplan | Multiplan | 974.4 | 80 | | | 98.66 | 1782 | percent of total billed charges | |
| HC INJ ANES AGNT;TRIGEMIN NERV | 64400 | CPT | | | | outpatient | | | 1218 | 389.55 | UHC | Medicaid | 384.28 | 31.55 | | 260.14 | 98.66 | 1782 | percent of total billed charges | |
| HC INJ ANES AGNT;TRIGEMIN NERV | 64400 | CPT | | | | outpatient | | | 1218 | 389.55 | Qualcare | Qualcare | 913.5 | 75 | | | 98.66 | 1782 | percent of total billed charges | |
| HC INJ ANES GREATER OCCIPITAL NRV | 64405 | CPT | | | | outpatient | | | 1218 | 389.55 | Americare | Americare | 913.5 | 75 | | | 125.51 | 1782 | percent of total billed charges | |
| HC INJ ANES GREATER OCCIPITAL NRV | 64405 | CPT | | | | outpatient | | | 1218 | 389.55 | Three Rivers | Three Rivers | 1157.1 | 95 | | | 125.51 | 1782 | percent of total billed charges | |
| HC INJ ANES GREATER OCCIPITAL NRV | 64405 | CPT | | | | outpatient | | | 1218 | 389.55 | Wellcare | Medicare | 338.74 | | | | 125.51 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES GREATER OCCIPITAL NRV | 64405 | CPT | | | | outpatient | | | 1218 | 389.55 | Aetna | Commercial | 462.84 | 38 | | | 125.51 | 1782 | percent of total billed charges | |
| HC INJ ANES GREATER OCCIPITAL NRV | 64405 | CPT | | | | outpatient | | | 1218 | 389.55 | Consumer | Consumer | 1157.1 | 95 | | | 125.51 | 1782 | percent of total billed charges | |
| HC INJ ANES GREATER OCCIPITAL NRV | 64405 | CPT | | | | outpatient | | | 1218 | 389.55 | Corrections | Corrections | 974.4 | 80 | | | 125.51 | 1782 | percent of total billed charges | |
| HC INJ ANES GREATER OCCIPITAL NRV | 64405 | CPT | | | | outpatient | | | 1218 | 389.55 | Amerihealth | HMO/PPO | 791.7 | 65 | | | 125.51 | 1782 | percent of total billed charges | |
| HC INJ ANES GREATER OCCIPITAL NRV | 64405 | CPT | | | | outpatient | | | 1218 | 389.55 | Aetna | Better Health | 384.28 | 31.55 | | | 125.51 | 1782 | percent of total billed charges | |
| HC INJ ANES GREATER OCCIPITAL NRV | 64405 | CPT | | | | outpatient | | | 1218 | 389.55 | United | Oxford | 1782 | | | | 125.51 | 1782 | case rate | |
| HC INJ ANES GREATER OCCIPITAL NRV | 64405 | CPT | | | | outpatient | | | 1218 | 389.55 | UHC | Medicaid | 384.28 | 31.55 | | | 125.51 | 1782 | percent of total billed charges | |
| HC INJ ANES GREATER OCCIPITAL NRV | 64405 | CPT | | | | outpatient | | | 1218 | 389.55 | Multiplan | Multiplan | 974.4 | 80 | | | 125.51 | 1782 | percent of total billed charges | |
| HC INJ ANES GREATER OCCIPITAL NRV | 64405 | CPT | | | | outpatient | | | 1218 | 389.55 | Horizon | Medicare Blue | 338.74 | | | | 125.51 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES GREATER OCCIPITAL NRV | 64405 | CPT | | | | outpatient | | | 1218 | 389.55 | Qualcare | Qualcare | 913.5 | 75 | | | 125.51 | 1782 | percent of total billed charges | |
| HC INJ ANES GREATER OCCIPITAL NRV | 64405 | CPT | | | | outpatient | | | 1218 | 389.55 | First Trenton | First Trenton | 1096.2 | 90 | | | 125.51 | 1782 | percent of total billed charges | |
| HC INJ ANES GREATER OCCIPITAL NRV | 64405 | CPT | | | | outpatient | | | 1218 | 389.55 | Aetna | Medicare | 338.74 | | | | 125.51 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES GREATER OCCIPITAL NRV | 64405 | CPT | | | | outpatient | | | 1218 | 389.55 | Horizon | Indemnity | 655.46 | | | | 125.51 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES GREATER OCCIPITAL NRV | 64405 | CPT | | | | outpatient | | | 1218 | 389.55 | Horizon | NJ Health | 125.51 | | | 40 | 125.51 | 1782 | fee schedule | |
| HC INJ ANES GREATER OCCIPITAL NRV | 64405 | CPT | | | | outpatient | | | 1218 | 389.55 | Horizon | PPO | 655.46 | | | | 125.51 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES GREATER OCCIPITAL NRV | 64405 | CPT | | | | outpatient | | | 1218 | 389.55 | First Health | First Health | 852.6 | 70 | | | 125.51 | 1782 | percent of total billed charges | |
| HC INJ ANES GREATER OCCIPITAL NRV | 64405 | CPT | | | | outpatient | | | 1218 | 389.55 | Managed Care Inc | Managed Care Inc | 1096.2 | 90 | | | 125.51 | 1782 | percent of total billed charges | |
| HC INJ ANES GREATER OCCIPITAL NRV | 64405 | CPT | | | | outpatient | | | 1218 | 389.55 | UHC | Medicare | 338.74 | | | | 125.51 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES GREATER OCCIPITAL NRV | 64405 | CPT | | | | outpatient | | | 1218 | 389.55 | United | Commercial/PPO | 1782 | | | | 125.51 | 1782 | case rate | |
| HC INJ ANES GREATER OCCIPITAL NRV | 64405 | CPT | | | | outpatient | | | 1218 | 389.55 | Horizon | MGD | 655.46 | | | | 125.51 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES GREATER OCCIPITAL NRV | 64405 | CPT | | | | outpatient | | | 1218 | 389.55 | WellPoint | WellPoint | 391.95 | 32.18 | | | 125.51 | 1782 | percent of total billed charges | |
| HC INJ ANES GREATER OCCIPITAL NRV | 64405 | CPT | | | | outpatient | | | 1218 | 389.55 | Wellcare | Medicaid | 384.28 | 31.55 | | | 125.51 | 1782 | percent of total billed charges | |
| HC INJ AA&STRD VAGUS NERVE | 64408 | CPT | | | | outpatient | | | 1218 | 389.55 | Americare | Americare | 913.5 | 75 | | | 85.27 | 1782 | percent of total billed charges | |
| HC INJ AA&STRD VAGUS NERVE | 64408 | CPT | | | | outpatient | | | 1218 | 389.55 | Horizon | Medicare Blue | 338.74 | | | | 85.27 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ AA&STRD VAGUS NERVE | 64408 | CPT | | | | outpatient | | | 1218 | 389.55 | Aetna | Commercial | 462.84 | 38 | | | 85.27 | 1782 | percent of total billed charges | |
| HC INJ AA&STRD VAGUS NERVE | 64408 | CPT | | | | outpatient | | | 1218 | 389.55 | First Trenton | First Trenton | 1096.2 | 90 | | | 85.27 | 1782 | percent of total billed charges | |
| HC INJ AA&STRD VAGUS NERVE | 64408 | CPT | | | | outpatient | | | 1218 | 389.55 | Amerihealth | HMO/PPO | 125 | | | | 85.27 | 1782 | fee schedule | |
| HC INJ AA&STRD VAGUS NERVE | 64408 | CPT | | | | outpatient | | | 1218 | 389.55 | Aetna | Better Health | 384.28 | 31.55 | | | 85.27 | 1782 | percent of total billed charges | |
| HC INJ AA&STRD VAGUS NERVE | 64408 | CPT | | | | outpatient | | | 1218 | 389.55 | Aetna | Medicare | 338.74 | | | | 85.27 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ AA&STRD VAGUS NERVE | 64408 | CPT | | | | outpatient | | | 1218 | 389.55 | Horizon | Indemnity | 655.46 | | | | 85.27 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ AA&STRD VAGUS NERVE | 64408 | CPT | | | | outpatient | | | 1218 | 389.55 | Horizon | PPO | 655.46 | | | | 85.27 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ AA&STRD VAGUS NERVE | 64408 | CPT | | | | outpatient | | | 1218 | 389.55 | Multiplan | Multiplan | 974.4 | 80 | | | 85.27 | 1782 | percent of total billed charges | |
| HC INJ AA&STRD VAGUS NERVE | 64408 | CPT | | | | outpatient | | | 1218 | 389.55 | Consumer | Consumer | 1157.1 | 95 | | | 85.27 | 1782 | percent of total billed charges | |
| HC INJ AA&STRD VAGUS NERVE | 64408 | CPT | | | | outpatient | | | 1218 | 389.55 | Managed Care Inc | Managed Care Inc | 1096.2 | 90 | | | 85.27 | 1782 | percent of total billed charges | |
| HC INJ AA&STRD VAGUS NERVE | 64408 | CPT | | | | outpatient | | | 1218 | 389.55 | WellPoint | WellPoint | 391.95 | 32.18 | | | 85.27 | 1782 | percent of total billed charges | |
| HC INJ AA&STRD VAGUS NERVE | 64408 | CPT | | | | outpatient | | | 1218 | 389.55 | First Health | First Health | 852.6 | 70 | | | 85.27 | 1782 | percent of total billed charges | |
| HC INJ AA&STRD VAGUS NERVE | 64408 | CPT | | | | outpatient | | | 1218 | 389.55 | Corrections | Corrections | 974.4 | 80 | | | 85.27 | 1782 | percent of total billed charges | |
| HC INJ AA&STRD VAGUS NERVE | 64408 | CPT | | | | outpatient | | | 1218 | 389.55 | UHC | Medicare | 338.74 | | | | 85.27 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ AA&STRD VAGUS NERVE | 64408 | CPT | | | | outpatient | | | 1218 | 389.55 | Horizon | MGD | 655.46 | | | | 85.27 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ AA&STRD VAGUS NERVE | 64408 | CPT | | | | outpatient | | | 1218 | 389.55 | Qualcare | Qualcare | 913.5 | 75 | | | 85.27 | 1782 | percent of total billed charges | |
| HC INJ AA&STRD VAGUS NERVE | 64408 | CPT | | | | outpatient | | | 1218 | 389.55 | Horizon | NJ Health | 85.27 | | | | 85.27 | 1782 | fee schedule | |
| HC INJ AA&STRD VAGUS NERVE | 64408 | CPT | | | | outpatient | | | 1218 | 389.55 | UHC | Medicaid | 384.28 | 31.55 | | | 85.27 | 1782 | percent of total billed charges | |
| HC INJ AA&STRD VAGUS NERVE | 64408 | CPT | | | | outpatient | | | 1218 | 389.55 | Three Rivers | Three Rivers | 1157.1 | 95 | | | 85.27 | 1782 | percent of total billed charges | |
| HC INJ AA&STRD VAGUS NERVE | 64408 | CPT | | | | outpatient | | | 1218 | 389.55 | United | Commercial/PPO | 1782 | | | | 85.27 | 1782 | case rate | |
| HC INJ AA&STRD VAGUS NERVE | 64408 | CPT | | | | outpatient | | | 1218 | 389.55 | Wellcare | Medicaid | 384.28 | 31.55 | | | 85.27 | 1782 | percent of total billed charges | |
| HC INJ AA&STRD VAGUS NERVE | 64408 | CPT | | | | outpatient | | | 1218 | 389.55 | United | Oxford | 1782 | | | | 85.27 | 1782 | case rate | |
| HC INJ AA&STRD VAGUS NERVE | 64408 | CPT | | | | outpatient | | | 1218 | 389.55 | Wellcare | Medicare | 338.74 | | | | 85.27 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTN OF ANESTHETIC/STEROID, BRACHIAL PLEXUS INCL IMAGING GUIDANCE | 64415 | CPT | | | | outpatient | | | 3106 | 1198.81 | UHC | Medicaid | 979.94 | 31.55 | | | 125 | 2950.7 | percent of total billed charges | |
| HC INJECTN OF ANESTHETIC/STEROID, BRACHIAL PLEXUS INCL IMAGING GUIDANCE | 64415 | CPT | | | | outpatient | | | 3106 | 1198.81 | Americare | Americare | 2329.5 | 75 | | | 125 | 2950.7 | percent of total billed charges | |
| HC INJECTN OF ANESTHETIC/STEROID, BRACHIAL PLEXUS INCL IMAGING GUIDANCE | 64415 | CPT | | | | outpatient | | | 3106 | 1198.81 | Aetna | Better Health | 979.94 | 31.55 | | | 125 | 2950.7 | percent of total billed charges | |
| HC INJECTN OF ANESTHETIC/STEROID, BRACHIAL PLEXUS INCL IMAGING GUIDANCE | 64415 | CPT | | | | outpatient | | | 3106 | 1198.81 | Aetna | Medicare | 1042.44 | | | | 125 | 2950.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTN OF ANESTHETIC/STEROID, BRACHIAL PLEXUS INCL IMAGING GUIDANCE | 64415 | CPT | | | | outpatient | | | 3106 | 1198.81 | Horizon | MGD | 2017.12 | | | | 125 | 2950.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTN OF ANESTHETIC/STEROID, BRACHIAL PLEXUS INCL IMAGING GUIDANCE | 64415 | CPT | | | | outpatient | | | 3106 | 1198.81 | Horizon | Indemnity | 2017.12 | | | | 125 | 2950.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTN OF ANESTHETIC/STEROID, BRACHIAL PLEXUS INCL IMAGING GUIDANCE | 64415 | CPT | | | | outpatient | | | 3106 | 1198.81 | Amerihealth | HMO/PPO | 125 | | | | 125 | 2950.7 | fee schedule | |
| HC INJECTN OF ANESTHETIC/STEROID, BRACHIAL PLEXUS INCL IMAGING GUIDANCE | 64415 | CPT | | | | outpatient | | | 3106 | 1198.81 | Aetna | Commercial | 1180.28 | 38 | | | 125 | 2950.7 | percent of total billed charges | |
| HC INJECTN OF ANESTHETIC/STEROID, BRACHIAL PLEXUS INCL IMAGING GUIDANCE | 64415 | CPT | | | | outpatient | | | 3106 | 1198.81 | UHC | Medicare | 1042.44 | | | | 125 | 2950.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTN OF ANESTHETIC/STEROID, BRACHIAL PLEXUS INCL IMAGING GUIDANCE | 64415 | CPT | | | | outpatient | | | 3106 | 1198.81 | First Trenton | First Trenton | 2795.4 | 90 | | | 125 | 2950.7 | percent of total billed charges | |
| HC INJECTN OF ANESTHETIC/STEROID, BRACHIAL PLEXUS INCL IMAGING GUIDANCE | 64415 | CPT | | | | outpatient | | | 3106 | 1198.81 | First Health | First Health | 2174.2 | 70 | | | 125 | 2950.7 | percent of total billed charges | |
| HC INJECTN OF ANESTHETIC/STEROID, BRACHIAL PLEXUS INCL IMAGING GUIDANCE | 64415 | CPT | | | | outpatient | | | 3106 | 1198.81 | Consumer | Consumer | 2950.7 | 95 | | | 125 | 2950.7 | percent of total billed charges | |
| HC INJECTN OF ANESTHETIC/STEROID, BRACHIAL PLEXUS INCL IMAGING GUIDANCE | 64415 | CPT | | | | outpatient | | | 3106 | 1198.81 | United | Commercial/PPO | 1817 | | | | 125 | 2950.7 | case rate | |
| HC INJECTN OF ANESTHETIC/STEROID, BRACHIAL PLEXUS INCL IMAGING GUIDANCE | 64415 | CPT | | | | outpatient | | | 3106 | 1198.81 | Wellcare | Medicaid | 979.94 | 31.55 | | | 125 | 2950.7 | percent of total billed charges | |
| HC INJECTN OF ANESTHETIC/STEROID, BRACHIAL PLEXUS INCL IMAGING GUIDANCE | 64415 | CPT | | | | outpatient | | | 3106 | 1198.81 | Multiplan | Multiplan | 2484.8 | 80 | | | 125 | 2950.7 | percent of total billed charges | |
| HC INJECTN OF ANESTHETIC/STEROID, BRACHIAL PLEXUS INCL IMAGING GUIDANCE | 64415 | CPT | | | | outpatient | | | 3106 | 1198.81 | Horizon | Medicare Blue | 1042.44 | | | | 125 | 2950.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTN OF ANESTHETIC/STEROID, BRACHIAL PLEXUS INCL IMAGING GUIDANCE | 64415 | CPT | | | | outpatient | | | 3106 | 1198.81 | Corrections | Corrections | 2484.8 | 80 | | | 125 | 2950.7 | percent of total billed charges | |
| HC INJECTN OF ANESTHETIC/STEROID, BRACHIAL PLEXUS INCL IMAGING GUIDANCE | 64415 | CPT | | | | outpatient | | | 3106 | 1198.81 | Managed Care Inc | Managed Care Inc | 2795.4 | 90 | | | 125 | 2950.7 | percent of total billed charges | |
| HC INJECTN OF ANESTHETIC/STEROID, BRACHIAL PLEXUS INCL IMAGING GUIDANCE | 64415 | CPT | | | | outpatient | | | 3106 | 1198.81 | Qualcare | Qualcare | 2329.5 | 75 | | | 125 | 2950.7 | percent of total billed charges | |
| HC INJECTN OF ANESTHETIC/STEROID, BRACHIAL PLEXUS INCL IMAGING GUIDANCE | 64415 | CPT | | | | outpatient | | | 3106 | 1198.81 | Three Rivers | Three Rivers | 2950.7 | 95 | | | 125 | 2950.7 | percent of total billed charges | |
| HC INJECTN OF ANESTHETIC/STEROID, BRACHIAL PLEXUS INCL IMAGING GUIDANCE | 64415 | CPT | | | | outpatient | | | 3106 | 1198.81 | Horizon | NJ Health | 137 | | | | 125 | 2950.7 | fee schedule | |
| HC INJECTN OF ANESTHETIC/STEROID, BRACHIAL PLEXUS INCL IMAGING GUIDANCE | 64415 | CPT | | | | outpatient | | | 3106 | 1198.81 | Wellcare | Medicare | 1042.44 | | | | 125 | 2950.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTN OF ANESTHETIC/STEROID, BRACHIAL PLEXUS INCL IMAGING GUIDANCE | 64415 | CPT | | | | outpatient | | | 3106 | 1198.81 | Horizon | PPO | 2017.12 | | | | 125 | 2950.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTN OF ANESTHETIC/STEROID, BRACHIAL PLEXUS INCL IMAGING GUIDANCE | 64415 | CPT | | | | outpatient | | | 3106 | 1198.81 | United | Oxford | 1817 | | | | 125 | 2950.7 | case rate | |
| HC INJECTN OF ANESTHETIC/STEROID, BRACHIAL PLEXUS INCL IMAGING GUIDANCE | 64415 | CPT | | | | outpatient | | | 3106 | 1198.81 | WellPoint | WellPoint | 999.51 | 32.18 | | | 125 | 2950.7 | percent of total billed charges | |
| HC INJ ANES. AGENT SUPRASCAP. NER | 64418 | CPT | | | | outpatient | | | 2536 | 909.54 | First Trenton | First Trenton | 2282.4 | 90 | | | 98.66 | 2409.2 | percent of total billed charges | |
| HC INJ ANES. AGENT SUPRASCAP. NER | 64418 | CPT | | | | outpatient | | | 2536 | 909.54 | Aetna | Better Health | 800.11 | 31.55 | | | 98.66 | 2409.2 | percent of total billed charges | |
| HC INJ ANES. AGENT SUPRASCAP. NER | 64418 | CPT | | | | outpatient | | | 2536 | 909.54 | First Health | First Health | 1775.2 | 70 | | | 98.66 | 2409.2 | percent of total billed charges | |
| HC INJ ANES. AGENT SUPRASCAP. NER | 64418 | CPT | | | | outpatient | | | 2536 | 909.54 | Americare | Americare | 1902 | 75 | | | 98.66 | 2409.2 | percent of total billed charges | |
| HC INJ ANES. AGENT SUPRASCAP. NER | 64418 | CPT | | | | outpatient | | | 2536 | 909.54 | Multiplan | Multiplan | 2028.8 | 80 | | | 98.66 | 2409.2 | percent of total billed charges | |
| HC INJ ANES. AGENT SUPRASCAP. NER | 64418 | CPT | | | | outpatient | | | 2536 | 909.54 | Aetna | Medicare | 790.9 | | | | 98.66 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES. AGENT SUPRASCAP. NER | 64418 | CPT | | | | outpatient | | | 2536 | 909.54 | Consumer | Consumer | 2409.2 | 95 | | | 98.66 | 2409.2 | percent of total billed charges | |
| HC INJ ANES. AGENT SUPRASCAP. NER | 64418 | CPT | | | | outpatient | | | 2536 | 909.54 | Amerihealth | HMO/PPO | 125 | | | | 98.66 | 2409.2 | fee schedule | |
| HC INJ ANES. AGENT SUPRASCAP. NER | 64418 | CPT | | | | outpatient | | | 2536 | 909.54 | UHC | Medicare | 790.9 | | | | 98.66 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES. AGENT SUPRASCAP. NER | 64418 | CPT | | | | outpatient | | | 2536 | 909.54 | Aetna | Commercial | 963.68 | 38 | | | 98.66 | 2409.2 | percent of total billed charges | |
| HC INJ ANES. AGENT SUPRASCAP. NER | 64418 | CPT | | | | outpatient | | | 2536 | 909.54 | Three Rivers | Three Rivers | 2409.2 | 95 | | | 98.66 | 2409.2 | percent of total billed charges | |
| HC INJ ANES. AGENT SUPRASCAP. NER | 64418 | CPT | | | | outpatient | | | 2536 | 909.54 | United | Commercial/PPO | 1817 | | | | 98.66 | 2409.2 | case rate | |
| HC INJ ANES. AGENT SUPRASCAP. NER | 64418 | CPT | | | | outpatient | | | 2536 | 909.54 | Qualcare | Qualcare | 1902 | 75 | | | 98.66 | 2409.2 | percent of total billed charges | |
| HC INJ ANES. AGENT SUPRASCAP. NER | 64418 | CPT | | | | outpatient | | | 2536 | 909.54 | Horizon | MGD | 1530.39 | | | | 98.66 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES. AGENT SUPRASCAP. NER | 64418 | CPT | | | | outpatient | | | 2536 | 909.54 | Corrections | Corrections | 2028.8 | 80 | | | 98.66 | 2409.2 | percent of total billed charges | |
| HC INJ ANES. AGENT SUPRASCAP. NER | 64418 | CPT | | | | outpatient | | | 2536 | 909.54 | Wellcare | Medicare | 790.9 | | | | 98.66 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES. AGENT SUPRASCAP. NER | 64418 | CPT | | | | outpatient | | | 2536 | 909.54 | Wellcare | Medicaid | 800.11 | 31.55 | | | 98.66 | 2409.2 | percent of total billed charges | |
| HC INJ ANES. AGENT SUPRASCAP. NER | 64418 | CPT | | | | outpatient | | | 2536 | 909.54 | UHC | Medicaid | 800.11 | 31.55 | | | 98.66 | 2409.2 | percent of total billed charges | |
| HC INJ ANES. AGENT SUPRASCAP. NER | 64418 | CPT | | | | outpatient | | | 2536 | 909.54 | Horizon | Indemnity | 1530.39 | | | | 98.66 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES. AGENT SUPRASCAP. NER | 64418 | CPT | | | | outpatient | | | 2536 | 909.54 | Horizon | Medicare Blue | 790.9 | | | | 98.66 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES. AGENT SUPRASCAP. NER | 64418 | CPT | | | | outpatient | | | 2536 | 909.54 | Horizon | NJ Health | 98.66 | | | | 98.66 | 2409.2 | fee schedule | |
| HC INJ ANES. AGENT SUPRASCAP. NER | 64418 | CPT | | | | outpatient | | | 2536 | 909.54 | Horizon | PPO | 1530.39 | | | | 98.66 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES. AGENT SUPRASCAP. NER | 64418 | CPT | | | | outpatient | | | 2536 | 909.54 | Managed Care Inc | Managed Care Inc | 2282.4 | 90 | | | 98.66 | 2409.2 | percent of total billed charges | |
| HC INJ ANES. AGENT SUPRASCAP. NER | 64418 | CPT | | | | outpatient | | | 2536 | 909.54 | United | Oxford | 1817 | | | | 98.66 | 2409.2 | case rate | |
| HC INJ ANES. AGENT SUPRASCAP. NER | 64418 | CPT | | | | outpatient | | | 2536 | 909.54 | WellPoint | WellPoint | 816.08 | 32.18 | | | 98.66 | 2409.2 | percent of total billed charges | |
| HC INTERCOSTAL SINGLE | 64420 | CPT | | | | outpatient | | | 2536 | 909.54 | Aetna | Better Health | 800.11 | 31.55 | | | 85.27 | 2409.2 | percent of total billed charges | |
| HC INTERCOSTAL SINGLE | 64420 | CPT | | | | outpatient | | | 2536 | 909.54 | Horizon | Indemnity | 1530.39 | | | | 85.27 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERCOSTAL SINGLE | 64420 | CPT | | | | outpatient | | | 2536 | 909.54 | United | Commercial/PPO | 1817 | | | | 85.27 | 2409.2 | case rate | |
| HC INTERCOSTAL SINGLE | 64420 | CPT | | | | outpatient | | | 2536 | 909.54 | Aetna | Medicare | 790.9 | | | | 85.27 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERCOSTAL SINGLE | 64420 | CPT | | | | outpatient | | | 2536 | 909.54 | Consumer | Consumer | 2409.2 | 95 | | | 85.27 | 2409.2 | percent of total billed charges | |
| HC INTERCOSTAL SINGLE | 64420 | CPT | | | | outpatient | | | 2536 | 909.54 | First Trenton | First Trenton | 2282.4 | 90 | | | 85.27 | 2409.2 | percent of total billed charges | |
| HC INTERCOSTAL SINGLE | 64420 | CPT | | | | outpatient | | | 2536 | 909.54 | Aetna | Commercial | 963.68 | 38 | | | 85.27 | 2409.2 | percent of total billed charges | |
| HC INTERCOSTAL SINGLE | 64420 | CPT | | | | outpatient | | | 2536 | 909.54 | Americare | Americare | 1902 | 75 | | | 85.27 | 2409.2 | percent of total billed charges | |
| HC INTERCOSTAL SINGLE | 64420 | CPT | | | | outpatient | | | 2536 | 909.54 | First Health | First Health | 1775.2 | 70 | | | 85.27 | 2409.2 | percent of total billed charges | |
| HC INTERCOSTAL SINGLE | 64420 | CPT | | | | outpatient | | | 2536 | 909.54 | Horizon | NJ Health | 85.27 | | | 562.07 | 85.27 | 2409.2 | fee schedule | |
| HC INTERCOSTAL SINGLE | 64420 | CPT | | | | outpatient | | | 2536 | 909.54 | Horizon | Medicare Blue | 790.9 | | | | 85.27 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERCOSTAL SINGLE | 64420 | CPT | | | | outpatient | | | 2536 | 909.54 | Amerihealth | HMO/PPO | 125 | | | | 85.27 | 2409.2 | fee schedule | |
| HC INTERCOSTAL SINGLE | 64420 | CPT | | | | outpatient | | | 2536 | 909.54 | Corrections | Corrections | 2028.8 | 80 | | | 85.27 | 2409.2 | percent of total billed charges | |
| HC INTERCOSTAL SINGLE | 64420 | CPT | | | | outpatient | | | 2536 | 909.54 | Managed Care Inc | Managed Care Inc | 2282.4 | 90 | | | 85.27 | 2409.2 | percent of total billed charges | |
| HC INTERCOSTAL SINGLE | 64420 | CPT | | | | outpatient | | | 2536 | 909.54 | Three Rivers | Three Rivers | 2409.2 | 95 | | | 85.27 | 2409.2 | percent of total billed charges | |
| HC INTERCOSTAL SINGLE | 64420 | CPT | | | | outpatient | | | 2536 | 909.54 | Horizon | MGD | 1530.39 | | | | 85.27 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERCOSTAL SINGLE | 64420 | CPT | | | | outpatient | | | 2536 | 909.54 | Horizon | PPO | 1530.39 | | | | 85.27 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERCOSTAL SINGLE | 64420 | CPT | | | | outpatient | | | 2536 | 909.54 | Multiplan | Multiplan | 2028.8 | 80 | | | 85.27 | 2409.2 | percent of total billed charges | |
| HC INTERCOSTAL SINGLE | 64420 | CPT | | | | outpatient | | | 2536 | 909.54 | Wellcare | Medicaid | 800.11 | 31.55 | | | 85.27 | 2409.2 | percent of total billed charges | |
| HC INTERCOSTAL SINGLE | 64420 | CPT | | | | outpatient | | | 2536 | 909.54 | UHC | Medicare | 790.9 | | | | 85.27 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERCOSTAL SINGLE | 64420 | CPT | | | | outpatient | | | 2536 | 909.54 | UHC | Medicaid | 800.11 | 31.55 | | | 85.27 | 2409.2 | percent of total billed charges | |
| HC INTERCOSTAL SINGLE | 64420 | CPT | | | | outpatient | | | 2536 | 909.54 | Qualcare | Qualcare | 1902 | 75 | | | 85.27 | 2409.2 | percent of total billed charges | |
| HC INTERCOSTAL SINGLE | 64420 | CPT | | | | outpatient | | | 2536 | 909.54 | Wellcare | Medicare | 790.9 | | | | 85.27 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERCOSTAL SINGLE | 64420 | CPT | | | | outpatient | | | 2536 | 909.54 | United | Ox

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC INTERCOSTAL NERVES BLOCK MULT | 64421 | CPT | | | | outpatient | | | 3222 | 1198.81 | Horizon | MGD | 2017.12 | | | | 125 | 3060.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERCOSTAL NERVES BLOCK MULT | 64421 | CPT | | | | outpatient | | | 3222 | 1198.81 | Multiplan | Multiplan | 2577.6 | 80 | | | 125 | 3060.9 | percent of total billed charges | |
| HC INTERCOSTAL NERVES BLOCK MULT | 64421 | CPT | | | | outpatient | | | 3222 | 1198.81 | Americare | Americare | 2416.5 | 75 | | | 125 | 3060.9 | percent of total billed charges | |
| HC INTERCOSTAL NERVES BLOCK MULT | 64421 | CPT | | | | outpatient | | | 3222 | 1198.81 | First Health | First Health | 2255.4 | 70 | | | 125 | 3060.9 | percent of total billed charges | |
| HC INTERCOSTAL NERVES BLOCK MULT | 64421 | CPT | | | | outpatient | | | 3222 | 1198.81 | Aetna | Commercial | 1224.36 | 38 | | | 125 | 3060.9 | percent of total billed charges | |
| HC INTERCOSTAL NERVES BLOCK MULT | 64421 | CPT | | | | outpatient | | | 3222 | 1198.81 | Aetna | Medicare | 1042.44 | | | | 125 | 3060.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERCOSTAL NERVES BLOCK MULT | 64421 | CPT | | | | outpatient | | | 3222 | 1198.81 | Horizon | Indemnity | 2017.12 | | | | 125 | 3060.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERCOSTAL NERVES BLOCK MULT | 64421 | CPT | | | | outpatient | | | 3222 | 1198.81 | Qualcare | Qualcare | 2416.5 | 75 | | | 125 | 3060.9 | percent of total billed charges | |
| HC INTERCOSTAL NERVES BLOCK MULT | 64421 | CPT | | | | outpatient | | | 3222 | 1198.81 | UHC | Medicare | 1042.44 | | | | 125 | 3060.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERCOSTAL NERVES BLOCK MULT | 64421 | CPT | | | | outpatient | | | 3222 | 1198.81 | Corrections | Corrections | 2577.6 | 80 | | | 125 | 3060.9 | percent of total billed charges | |
| HC INTERCOSTAL NERVES BLOCK MULT | 64421 | CPT | | | | outpatient | | | 3222 | 1198.81 | Amerihealth | HMO/PPO | 125 | | | | 125 | 3060.9 | fee schedule | |
| HC INTERCOSTAL NERVES BLOCK MULT | 64421 | CPT | | | | outpatient | | | 3222 | 1198.81 | Horizon | PPO | 2017.12 | | | | 125 | 3060.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERCOSTAL NERVES BLOCK MULT | 64421 | CPT | | | | outpatient | | | 3222 | 1198.81 | Wellcare | Medicare | 1042.44 | | | | 125 | 3060.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERCOSTAL NERVES BLOCK MULT | 64421 | CPT | | | | outpatient | | | 3222 | 1198.81 | WellPoint | WellPoint | 1036.84 | 32.18 | | | 125 | 3060.9 | percent of total billed charges | |
| HC INTERCOSTAL NERVES BLOCK MULT | 64421 | CPT | | | | outpatient | | | 3222 | 1198.81 | Horizon | Medicare Blue | 1042.44 | | | | 125 | 3060.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERCOSTAL NERVES BLOCK MULT | 64421 | CPT | | | | outpatient | | | 3222 | 1198.81 | UHC | Medicaid | 1016.54 | 31.55 | | | 125 | 3060.9 | percent of total billed charges | |
| HC INTERCOSTAL NERVES BLOCK MULT | 64421 | CPT | | | | outpatient | | | 3222 | 1198.81 | Horizon | NJ Health | 232.55 | | | 728.28 | 125 | 3060.9 | fee schedule | |
| HC INTERCOSTAL NERVES BLOCK MULT | 64421 | CPT | | | | outpatient | | | 3222 | 1198.81 | United | Commercial/PPO | 1817 | | | | 125 | 3060.9 | case rate | |
| HC INTERCOSTAL NERVES BLOCK MULT | 64421 | CPT | | | | outpatient | | | 3222 | 1198.81 | Managed Care Inc | Managed Care Inc | 2899.8 | 90 | | | 125 | 3060.9 | percent of total billed charges | |
| HC INTERCOSTAL NERVES BLOCK MULT | 64421 | CPT | | | | outpatient | | | 3222 | 1198.81 | United | Oxford | 1817 | | | | 125 | 3060.9 | case rate | |
| HC INTERCOSTAL NERVES BLOCK MULT | 64421 | CPT | | | | outpatient | | | 3222 | 1198.81 | Three Rivers | Three Rivers | 3060.9 | 95 | | | 125 | 3060.9 | percent of total billed charges | |
| HC INTERCOSTAL NERVES BLOCK MULT | 64421 | CPT | | | | outpatient | | | 3222 | 1198.81 | Wellcare | Medicaid | 1016.54 | 31.55 | | | 125 | 3060.9 | percent of total billed charges | |
| HC INJ ANESTH AGENT; IL; IH NERV | 64425 | CPT | | | | outpatient | | | 2536 | 909.54 | Americare | Americare | 1902 | 75 | | | 125 | 2409.2 | percent of total billed charges | |
| HC INJ ANESTH AGENT; IL; IH NERV | 64425 | CPT | | | | outpatient | | | 2536 | 909.54 | Aetna | Commercial | 963.68 | 38 | | | 125 | 2409.2 | percent of total billed charges | |
| HC INJ ANESTH AGENT; IL; IH NERV | 64425 | CPT | | | | outpatient | | | 2536 | 909.54 | Horizon | Indemnity | 1530.39 | | | | 125 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANESTH AGENT; IL; IH NERV | 64425 | CPT | | | | outpatient | | | 2536 | 909.54 | Aetna | Better Health | 800.11 | 31.55 | | | 125 | 2409.2 | percent of total billed charges | |
| HC INJ ANESTH AGENT; IL; IH NERV | 64425 | CPT | | | | outpatient | | | 2536 | 909.54 | Multiplan | Multiplan | 2028.8 | 80 | | | 125 | 2409.2 | percent of total billed charges | |
| HC INJ ANESTH AGENT; IL; IH NERV | 64425 | CPT | | | | outpatient | | | 2536 | 909.54 | Aetna | Medicare | 790.9 | | | | 125 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANESTH AGENT; IL; IH NERV | 64425 | CPT | | | | outpatient | | | 2536 | 909.54 | First Trenton | First Trenton | 2282.4 | 90 | | | 125 | 2409.2 | percent of total billed charges | |
| HC INJ ANESTH AGENT; IL; IH NERV | 64425 | CPT | | | | outpatient | | | 2536 | 909.54 | Horizon | Medicare Blue | 790.9 | | | | 125 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANESTH AGENT; IL; IH NERV | 64425 | CPT | | | | outpatient | | | 2536 | 909.54 | Three Rivers | Three Rivers | 2409.2 | 95 | | | 125 | 2409.2 | percent of total billed charges | |
| HC INJ ANESTH AGENT; IL; IH NERV | 64425 | CPT | | | | outpatient | | | 2536 | 909.54 | Consumer | Consumer | 2409.2 | 95 | | | 125 | 2409.2 | percent of total billed charges | |
| HC INJ ANESTH AGENT; IL; IH NERV | 64425 | CPT | | | | outpatient | | | 2536 | 909.54 | Horizon | PPO | 1530.39 | | | | 125 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANESTH AGENT; IL; IH NERV | 64425 | CPT | | | | outpatient | | | 2536 | 909.54 | Amerihealth | HMO/PPO | 125 | | | | 125 | 2409.2 | fee schedule | |
| HC INJ ANESTH AGENT; IL; IH NERV | 64425 | CPT | | | | outpatient | | | 2536 | 909.54 | Qualcare | Qualcare | 1902 | 75 | | | 125 | 2409.2 | percent of total billed charges | |
| HC INJ ANESTH AGENT; IL; IH NERV | 64425 | CPT | | | | outpatient | | | 2536 | 909.54 | Corrections | Corrections | 2028.8 | 80 | | | 125 | 2409.2 | percent of total billed charges | |
| HC INJ ANESTH AGENT; IL; IH NERV | 64425 | CPT | | | | outpatient | | | 2536 | 909.54 | Managed Care Inc | Managed Care Inc | 2282.4 | 90 | | | 125 | 2409.2 | percent of total billed charges | |
| HC INJ ANESTH AGENT; IL; IH NERV | 64425 | CPT | | | | outpatient | | | 2536 | 909.54 | First Health | First Health | 1775.2 | 70 | | | 125 | 2409.2 | percent of total billed charges | |
| HC INJ ANESTH AGENT; IL; IH NERV | 64425 | CPT | | | | outpatient | | | 2536 | 909.54 | Wellcare | Medicare | 790.9 | | | | 125 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANESTH AGENT; IL; IH NERV | 64425 | CPT | | | | outpatient | | | 2536 | 909.54 | Horizon | MGD | 1530.39 | | | | 125 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANESTH AGENT; IL; IH NERV | 64425 | CPT | | | | outpatient | | | 2536 | 909.54 | UHC | Medicare | 790.9 | | | | 125 | 2409.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANESTH AGENT; IL; IH NERV | 64425 | CPT | | | | outpatient | | | 2536 | 909.54 | Wellcare | Medicaid | 800.11 | 31.55 | | | 125 | 2409.2 | percent of total billed charges | |
| HC INJ ANESTH AGENT; IL; IH NERV | 64425 | CPT | | | | outpatient | | | 2536 | 909.54 | UHC | Medicaid | 800.11 | 31.55 | | | 125 | 2409.2 | percent of total billed charges | |
| HC INJ ANESTH AGENT; IL; IH NERV | 64425 | CPT | | | | outpatient | | | 2536 | 909.54 | Horizon | NJ Health | 154.09 | | | | 125 | 2409.2 | fee schedule | |
| HC INJ ANESTH AGENT; IL; IH NERV | 64425 | CPT | | | | outpatient | | | 2536 | 909.54 | United | Commercial/PPO | 1817 | | | | 125 | 2409.2 | case rate | |
| HC INJ ANESTH AGENT; IL; IH NERV | 64425 | CPT | | | | outpatient | | | 2536 | 909.54 | United | Oxford | 1817 | | | | 125 | 2409.2 | case rate | |
| HC INJ ANESTH AGENT; IL; IH NERV | 64425 | CPT | | | | outpatient | | | 2536 | 909.54 | WellPoint | WellPoint | 816.08 | 32.18 | | | 125 | 2409.2 | percent of total billed charges | |
| HC INJECTION ANESTHETIC AGENT PUDENDAL NERV | 64430 | CPT | | | | outpatient | | | 3106 | 1198.81 | Amerihealth | HMO/PPO | 125 | | | | 125 | 2950.7 | fee schedule | |
| HC INJECTION ANESTHETIC AGENT PUDENDAL NERV | 64430 | CPT | | | | outpatient | | | 3106 | 1198.81 | Americare | Americare | 2329.5 | 75 | | | 125 | 2950.7 | percent of total billed charges | |
| HC INJECTION ANESTHETIC AGENT PUDENDAL NERV | 64430 | CPT | | | | outpatient | | | 3106 | 1198.81 | Aetna | Better Health | 979.94 | 31.55 | | | 125 | 2950.7 | percent of total billed charges | |
| HC INJECTION ANESTHETIC AGENT PUDENDAL NERV | 64430 | CPT | | | | outpatient | | | 3106 | 1198.81 | First Trenton | First Trenton | 2795.4 | 90 | | | 125 | 2950.7 | percent of total billed charges | |
| HC INJECTION ANESTHETIC AGENT PUDENDAL NERV | 64430 | CPT | | | | outpatient | | | 3106 | 1198.81 | UHC | Medicaid | 979.94 | 31.55 | | | 125 | 2950.7 | percent of total billed charges | |
| HC INJECTION ANESTHETIC AGENT PUDENDAL NERV | 64430 | CPT | | | | outpatient | | | 3106 | 1198.81 | Aetna | Medicare | 1042.44 | | | | 125 | 2950.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION ANESTHETIC AGENT PUDENDAL NERV | 64430 | CPT | | | | outpatient | | | 3106 | 1198.81 | Consumer | Consumer | 2950.7 | 95 | | | 125 | 2950.7 | percent of total billed charges | |
| HC INJECTION ANESTHETIC AGENT PUDENDAL NERV | 64430 | CPT | | | | outpatient | | | 3106 | 1198.81 | Horizon | MGD | 2017.12 | | | | 125 | 2950.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION ANESTHETIC AGENT PUDENDAL NERV | 64430 | CPT | | | | outpatient | | | 3106 | 1198.81 | First Health | First Health | 2174.2 | 70 | | | 125 | 2950.7 | percent of total billed charges | |
| HC INJECTION ANESTHETIC AGENT PUDENDAL NERV | 64430 | CPT | | | | outpatient | | | 3106 | 1198.81 | Three Rivers | Three Rivers | 2950.7 | 95 | | | 125 | 2950.7 | percent of total billed charges | |
| HC INJECTION ANESTHETIC AGENT PUDENDAL NERV | 64430 | CPT | | | | outpatient | | | 3106 | 1198.81 | Aetna | Commercial | 1180.28 | 38 | | | 125 | 2950.7 | percent of total billed charges | |
| HC INJECTION ANESTHETIC AGENT PUDENDAL NERV | 64430 | CPT | | | | outpatient | | | 3106 | 1198.81 | Managed Care Inc | Managed Care Inc | 2795.4 | 90 | | | 125 | 2950.7 | percent of total billed charges | |
| HC INJECTION ANESTHETIC AGENT PUDENDAL NERV | 64430 | CPT | | | | outpatient | | | 3106 | 1198.81 | Horizon | Indemnity | 2017.12 | | | | 125 | 2950.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION ANESTHETIC AGENT PUDENDAL NERV | 64430 | CPT | | | | outpatient | | | 3106 | 1198.81 | Multiplan | Multiplan | 2484.8 | 80 | | | 125 | 2950.7 | percent of total billed charges | |
| HC INJECTION ANESTHETIC AGENT PUDENDAL NERV | 64430 | CPT | | | | outpatient | | | 3106 | 1198.81 | Corrections | Corrections | 2484.8 | 80 | | | 125 | 2950.7 | percent of total billed charges | |
| HC INJECTION ANESTHETIC AGENT PUDENDAL NERV | 64430 | CPT | | | | outpatient | | | 3106 | 1198.81 | UHC | Medicare | 1042.44 | | | | 125 | 2950.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION ANESTHETIC AGENT PUDENDAL NERV | 64430 | CPT | | | | outpatient | | | 3106 | 1198.81 | United | Commercial/PPO | 1817 | | | | 125 | 2950.7 | case rate | |
| HC INJECTION ANESTHETIC AGENT PUDENDAL NERV | 64430 | CPT | | | | outpatient | | | 3106 | 1198.81 | Qualcare | Qualcare | 2329.5 | 75 | | | 125 | 2950.7 | percent of total billed charges | |
| HC INJECTION ANESTHETIC AGENT PUDENDAL NERV | 64430 | CPT | | | | outpatient | | | 3106 | 1198.81 | Wellcare | Medicare | 1042.44 | | | | 125 | 2950.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION ANESTHETIC AGENT PUDENDAL NERV | 64430 | CPT | | | | outpatient | | | 3106 | 1198.81 | Wellcare | Medicaid | 979.94 | 31.55 | | | 125 | 2950.7 | percent of total billed charges | |
| HC INJECTION ANESTHETIC AGENT PUDENDAL NERV | 64430 | CPT | | | | outpatient | | | 3106 | 1198.81 | Horizon | Medicare Blue | 1042.44 | | | | 125 | 2950.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION ANESTHETIC AGENT PUDENDAL NERV | 64430 | CPT | | | | outpatient | | | 3106 | 1198.81 | Horizon | NJ Health | 164.43 | | | | 125 | 2950.7 | fee schedule | |
| HC INJECTION ANESTHETIC AGENT PUDENDAL NERV | 64430 | CPT | | | | outpatient | | | 3106 | 1198.81 | Horizon | PPO | 2017.12 | | | | 125 | 2950.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION ANESTHETIC AGENT PUDENDAL NERV | 64430 | CPT | | | | outpatient | | | 3106 | 1198.81 | United | Oxford | 1817 | | | | 125 | 2950.7 | case rate | |
| HC INJECTION ANESTHETIC AGENT PUDENDAL NERV | 64430 | CPT | | | | outpatient | | | 3106 | 1198.81 | WellPoint | WellPoint | 999.51 | 32.18 | | | 125 | 2950.7 | percent of total billed charges | |
| HC INJECTION AA&/STRD PARACERVICAL NERVE | 64435 | CPT | | | | outpatient | | | 2368.09 | 909.54 | Consumer | Consumer | 2249.69 | 95 | | | 125 | 2249.69 | percent of total billed charges | |
| HC INJECTION AA&/STRD PARACERVICAL NERVE | 64435 | CPT | | | | outpatient | | | 2368.09 | 909.54 | Multiplan | Multiplan | 1894.47 | 80 | | | 125 | 2249.69 | percent of total billed charges | |
| HC INJECTION AA&/STRD PARACERVICAL NERVE | 64435 | CPT | | | | outpatient | | | 2368.09 | 909.54 | Aetna | Better Health | 747.13 | 31.55 | | | 125 | 2249.69 | percent of total billed charges | |
| HC INJECTION AA&/STRD PARACERVICAL NERVE | 64435 | CPT | | | | outpatient | | | 2368.09 | 909.54 | Americare | Americare | 1776.07 | 75 | | | 125 | 2249.69 | percent of total billed charges | |
| HC INJECTION AA&/STRD PARACERVICAL NERVE | 64435 | CPT | | | | outpatient | | | 2368.09 | 909.54 | First Health | First Health | 1657.66 | 70 | | | 125 | 2249.69 | percent of total billed charges | |
| HC INJECTION AA&/STRD PARACERVICAL NERVE | 64435 | CPT | | | | outpatient | | | 2368.09 | 909.54 | Managed Care Inc | Managed Care Inc | 2131.28 | 90 | | | 125 | 2249.69 | percent of total billed charges | |
| HC INJECTION AA&/STRD PARACERVICAL NERVE | 64435 | CPT | | | | outpatient | | | 2368.09 | 909.54 | Aetna | Medicare | 790.9 | | | | 125 | 2249.69 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION AA&/STRD PARACERVICAL NERVE | 64435 | CPT | | | | outpatient | | | 2368.09 | 909.54 | First Trenton | First Trenton | 2131.28 | 90 | | | 125 | 2249.69 | percent of total billed charges | |
| HC INJECTION AA&/STRD PARACERVICAL NERVE | 64435 | CPT | | | | outpatient | | | 2368.09 | 909.54 | Corrections | Corrections | 1894.47 | 80 | | | 125 | 2249.69 | percent of total billed charges | |
| HC INJECTION AA&/STRD PARACERVICAL NERVE | 64435 | CPT | | | | outpatient | | | 2368.09 | 909.54 | Qualcare | Qualcare | 1776.07 | 75 | | | 125 | 2249.69 | percent of total billed charges | |
| HC INJECTION AA&/STRD PARACERVICAL NERVE | 64435 | CPT | | | | outpatient | | | 2368.09 | 909.54 | Aetna | Commercial | 899.87 | 38 | | | 125 | 2249.69 | percent of total billed charges | |
| HC INJECTION AA&/STRD PARACERVICAL NERVE | 64435 | CPT | | | | outpatient | | | 2368.09 | 909.54 | Amerihealth | HMO/PPO | 125 | | | | 125 | 2249.69 | fee schedule | |
| HC INJECTION AA&/STRD PARACERVICAL NERVE | 64435 | CPT | | | | outpatient | | | 2368.09 | 909.54 | Three Rivers | Three Rivers | 2249.69 | 95 | | | 125 | 2249.69 | percent of total billed charges | |
| HC INJECTION AA&/STRD PARACERVICAL NERVE | 64435 | CPT | | | | outpatient | | | 2368.09 | 909.54 | UHC | Medicare | 790.9 | | | | 125 | 2249.69 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION AA&/STRD PARACERVICAL NERVE | 64435 | CPT | | | | outpatient | | | 2368.09 | 909.54 | Horizon | MGD | 1530.39 | | | | 125 | 2249.69 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION AA&/STRD PARACERVICAL NERVE | 64435 | CPT | | | | outpatient | | | 2368.09 | 909.54 | Horizon | Indemnity | 1530.39 | | | | 125 | 2249.69 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION AA&/STRD PARACERVICAL NERVE | 64435 | CPT | | | | outpatient | | | 2368.09 | 909.54 | Horizon | Medicare Blue | 790.9 | | | | 125 | 2249.69 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION AA&/STRD PARACERVICAL NERVE | 64435 | CPT | | | | outpatient | | | 2368.09 | 909.54 | UHC | Medicaid | 747.13 | 31.55 | | | 125 | 2249.69 | percent of total billed charges | |
| HC INJECTION AA&/STRD PARACERVICAL NERVE | 64435 | CPT | | | | outpatient | | | 2368.09 | 909.54 | Horizon | PPO | 1530.39 | | | | 125 | 2249.69 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION AA&/STRD PARACERVICAL NERVE | 64435 | CPT | | | | outpatient | | | 2368.09 | 909.54 | United | Commercial/PPO | 1817 | | | | 125 | 2249.69 | case rate | |
| HC INJECTION AA&/STRD PARACERVICAL NERVE | 64435 | CPT | | | | outpatient | | | 2368.09 | 909.54 | Wellcare | Medicaid | 747.13 | 31.55 | | | 125 | 2249.69 | percent of total billed charges | |
| HC INJECTION AA&/STRD PARACERVICAL NERVE | 64435 | CPT | | | | outpatient | | | 2368.09 | 909.54 | Wellcare | Medicare | 790.9 | | | | 125 | 2249.69 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION AA&/STRD PARACERVICAL NERVE | 64435 | CPT | | | | outpatient | | | 2368.09 | 909.54 | Horizon | NJ Health | 160.25 | | | | 125 | 2249.69 | fee schedule | |
| HC INJECTION AA&/STRD PARACERVICAL NERVE | 64435 | CPT | | | | outpatient | | | 2368.09 | 909.54 | United | Oxford | 1817 | | | | 125 | 2249.69 | case rate | |
| HC INJECTION AA&/STRD PARACERVICAL NERVE | 64435 | CPT | | | | outpatient | | | 2368.09 | 909.54 | WellPoint | WellPoint | 762.05 | 32.18 | | | 125 | 2249.69 | percent of total billed charges | |
| HC INJ ANES. AGENT SCIATIC NRV SIN. | 64445 | CPT | | | | both | | | 2487 | 909.54 | Consumer | Consumer | 2362.65 | 95 | | | 125 | 2362.65 | percent of total billed charges | |
| HC INJ ANES. AGENT SCIATIC NRV SIN. | 64445 | CPT | | | | both | | | 2487 | 909.54 | Aetna | Medicare | 790.9 | | | | 125 | 2362.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES. AGENT SCIATIC NRV SIN. | 64445 | CPT | | | | both | | | 2487 | 909.54 | Multiplan | Multiplan | 1989.6 | 80 | | | 125 | 2362.65 | percent of total billed charges | |
| HC INJ ANES. AGENT SCIATIC NRV SIN. | 64445 | CPT | | | | both | | | 2487 | 909.54 | Americare | Americare | 1865.25 | 75 | | | 125 | 2362.65 | percent of total billed charges | |
| HC INJ ANES. AGENT SCIATIC NRV SIN. | 64445 | CPT | | | | both | | | 2487 | 909.54 | First Health | First Health | 1740.9 | 70 | | | 125 | 2362.65 | percent of total billed charges | |
| HC INJ ANES. AGENT SCIATIC NRV SIN. | 64445 | CPT | | | | both | | | 2487 | 909.54 | Aetna | Better Health | 784.65 | 31.55 | | | 125 | 2362.65 | percent of total billed charges | |
| HC INJ ANES. AGENT SCIATIC NRV SIN. | 64445 | CPT | | | | both | | | 2487 | 909.54 | Wellcare | Medicare | 790.9 | | | | 125 | 2362.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES. AGENT SCIATIC NRV SIN. | 64445 | CPT | | | | both | | | 2487 | 909.54 | First Trenton | First Trenton | 2238.3 | 90 | | | 125 | 2362.65 | percent of total billed charges | |
| HC INJ ANES. AGENT SCIATIC NRV SIN. | 64445 | CPT | | | | both | | | 2487 | 909.54 | Corrections | Corrections | 1989.6 | 80 | | | 125 | 2362.65 | percent of total billed charges | |
| HC INJ ANES. AGENT SCIATIC NRV SIN. | 64445 | CPT | | | | both | | | 2487 | 909.54 | Aetna | Commercial | 945.06 | 38 | | | 125 | 2362.65 | percent of total billed charges | |
| HC INJ ANES. AGENT SCIATIC NRV SIN. | 64445 | CPT | | | | both | | | 2487 | 909.54 | Qualcare | Qualcare | 1865.25 | 75 | | | 125 | 2362.65 | percent of total billed charges | |
| HC INJ ANES. AGENT SCIATIC NRV SIN. | 64445 | CPT | | | | both | | | 2487 | 909.54 | Amerihealth | HMO/PPO | 125 | | | | 125 | 2362.65 | fee schedule | |
| HC INJ ANES. AGENT SCIATIC NRV SIN. | 64445 | CPT | | | | both | | | 2487 | 909.54 | Three Rivers | Three Rivers | 2362.65 | 95 | | | 125 | 2362.65 | percent of total billed charges | |
| HC INJ ANES. AGENT SCIATIC NRV SIN. | 64445 | CPT | | | | both | | | 2487 | 909.54 | Horizon | MGD | 1530.39 | | | | 125 | 2362.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES. AGENT SCIATIC NRV SIN. | 64445 | CPT | | | | both | | | 2487 | 909.54 | UHC | Medicaid | 784.65 | 31.55 | | | 125 | 2362.65 | percent of total billed charges | |
| HC INJ ANES. AGENT SCIATIC NRV SIN. | 64445 | CPT | | | | both | | | 2487 | 909.54 | Managed Care Inc | Managed Care Inc | 2238.3 | 90 | | | 125 | 2362.65 | percent of total billed charges | |
| HC INJ ANES. AGENT SCIATIC NRV SIN. | 64445 | CPT | | | | both | | | 2487 | 909.54 | Horizon | Indemnity | 1530.39 | | | | 125 | 2362.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES. AGENT SCIATIC NRV SIN. | 64445 | CPT | | | | both | | | 2487 | 909.54 | United | Commercial/PPO | 1817 | | | | 125 | 2362.65 | case rate | |
| HC INJ ANES. AGENT SCIATIC NRV SIN. | 64445 | CPT | | | | both | | | 2487 | 909.54 | UHC | Medicare | 790.9 | | | 478.46 | 125 | 2362.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES. AGENT SCIATIC NRV SIN. | 64445 | CPT | | | | both | | | 2487 | 909.54 | Wellcare | Medicaid | 784.65 | 31.55 | | | 125 | 2362.65 | percent of total billed charges | |
| HC INJ ANES. AGENT SCIATIC NRV SIN. | 64445 | CPT | | | | both | | | 2487 | 909.54 | Horizon | Medicare Blue | 790.9 | | | | 125 | 2362.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES. AGENT SCIATIC NRV SIN. | 64445 | CPT | | | | both | | | 2487 | 909.54 | Horizon | NJ Health | 161.53 | | | | 125 | 2362.65 | fee schedule | |
| HC INJ ANES. AGENT SCIATIC NRV SIN. | 64445 | CPT | | | | both | | | 2487 | 909.54 | Horizon | PPO | 1530.39 | | | | 125 | 2362.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES. AGENT SCIATIC NRV SIN. | 64445 | CPT | | | | both | | | 2487 | 909.54 | United | Oxford | 1817 | | | | 125 | 2362.65 | case rate | |
| HC INJ ANES. AGENT SCIATIC NRV SIN. | 64445 | CPT | | | | both | | | 2487 | 909.54 | WellPoint | WellPoint | 800.32 | 32.18 | | | 125 | 2362.65 | percent of total billed charges | |
| HC INJ ANESTH FEMO NERV | 64447 | CPT | | | | outpatient | | | 2505 | 909.54 | Horizon | Medicare Blue | 790.9 | | | | 99.18 | 2379.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANESTH FEMO NERV | 64447 | CPT | | | | outpatient | | | 2505 | 909.54 | Americare | Americare | 1878.75 | 75 | | | 99.18 | 2379.75 | percent of total billed charges | |
| HC INJ ANESTH FEMO NERV | 64447 | CPT | | | | outpatient | | | 2505 | 909.54 | Aetna | Medicare | 790.9 | | | | 99.18 | 2379.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANESTH FEMO NERV | 64447 | CPT | | | | outpatient | | | 2505 | 909.54 | Aetna | Better Health | 790.33 | 31.55 | | | 99.18 | 2379.75 | percent of total billed charges | |
| HC INJ ANESTH FEMO NERV | 64447 | CPT | | | | outpatient | | | 2505 | 909.54 | Amerihealth | HMO/PPO | 125 | | | | 99.18 | 2379.75 | fee schedule | |
| HC INJ ANESTH FEMO NERV | 64447 | CPT | | | | outpatient | | | 2505 | 909.54 | Consumer | Consumer | 2379.75 | 95 | | | 99.18 | 2379.75 | percent of total billed charges | |
| HC INJ ANESTH FEMO NERV | 64447 | CPT | | | | outpatient | | | 2505 | 909.54 | Aetna | Commercial | 951.9 | 38 | | | 99.18 | 2379.75 | percent of total billed charges | |
| HC INJ ANESTH FEMO NERV | 64447 | CPT | | | | outpatient | | | 2505 | 909.54 | Multiplan | Multiplan | 2004 | 80 | | | 99.18 | 2379.75 | percent of total billed charges | |
| HC INJ ANESTH FEMO NERV | 64447 | CPT | | | | outpatient | | | 2505 | 909.54 | United | Oxford | 1817 | | | | 99.18 | 2379.75 | case rate | |
| HC INJ ANESTH FEMO NERV | 64447 | CPT | | | | outpatient | | | 2505 | 909.54 | Three Rivers | Three Rivers | 2379.75 | 95 | | | 99.18 | 2379.75 | percent of total billed charges | |
| HC INJ ANESTH FEMO NERV | 64447 | CPT | | | | outpatient | | | 2505 | 909.54 | Horizon | MGD | 1530.39 | | | | 99.18 | 2379.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANESTH FEMO NERV | 64447 | CPT | | | | outpatient | | | 2505 | 909.54 | First Trenton | First Trenton | 2254.5 | 90 | | | 99.18 | 2379.75 | percent of total billed charges | |
| HC INJ ANESTH FEMO NERV | 64447 | CPT | | | | outpatient | | | 2505 | 909.54 | First Health | First Health | 1753.5 | 70 | | | 99.18 | 2379.75 | percent of total billed charges | |
| HC INJ ANESTH FEMO NERV | 64447 | CPT | | | | outpatient | | | 2505 | 909.54 | Corrections | Corrections | 2004 | 80 | | | 99.18 | 2379.75 | percent of total billed charges | |
| HC INJ ANESTH FEMO NERV | 64447 | CPT | | | | outpatient | | | 2505 | 909.54 | WellPoint | WellPoint | 806.11 | 32.18 | | | 99.18 | 2379.75 | percent of total billed charges | |
| HC INJ ANESTH FEMO NERV | 64447 | CPT | | | | outpatient | | | 2505 | 909.54 | Qualcare | Qualcare | 1878.75 | 75 | | | 99.18 | 2379.75 | percent of total billed charges | |
| HC INJ ANESTH FEMO NERV | 64447 | CPT | | | | outpatient | | | 2505 | 909.54 | Horizon | Indemnity | 1530.39 | | | | 99.18 | 2379.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANESTH FEMO NERV | 64447 | CPT | | | | outpatient | | | 2505 | 909.54 | Horizon | NJ Health | 99.18 | | | | 99.18 | 2379.75 | fee schedule | |
| HC INJ ANESTH FEMO NERV | 64447 | CPT | | | | outpatient | | | 2505 | 909.54 | United | Commercial/PPO | 1817 | | | | 99.18 | 2379.75 | case rate | |
| HC INJ ANESTH FEMO NERV | 64447 | CPT | | | | outpatient | | | 2505 | 909.54 | Horizon | PPO | 1530.39 | | | | 99.18 | 2379.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANESTH FEMO NERV | 64447 | CPT | | | | outpatient | | | 2505 | 909.54 | Wellcare | Medicaid | 790.33 | 31.55 | | | 99.18 | 2379.75 | percent of total billed charges | |
| HC INJ ANESTH FEMO NERV | 64447 | CPT | | | | outpatient | | | 2505 | 909.54 | UHC | Medicaid | 790.33 | 31.55 | | | 99.18 | 2379.75 | percent of total billed charges | |
| HC INJ ANESTH FEMO NERV | 64447 | CPT | | | | outpatient | | | 2505 | 909.54 | Managed Care Inc | Managed Care Inc | 2254.5 | 90 | | | 99.18 | 2379.75 | percent of total billed charges | |
| HC INJ ANESTH FEMO NERV | 64447 | CPT | | | | outpatient | | | 2505 | 909.54 | UHC | Medicare | 790.9 | | | 553.4 | 99.18 | 2379.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANESTH FEMO NERV | 64447 | CPT | | | | outpatient | | | 2505 | 909.54 | Wellcare | Medicare | 790.9 | | | | 99.18 | 2379.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANESTH; OTHR PERIPH NRV/BR | 64450 | CPT | | | | outpatient | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC INJ ANESTH; OTHR PERIPH NRV/BR | 64450 | CPT | | | | outpatient | | | 2454 | 909.54 | First Trenton | First Trenton | 2208.6 | 90 | | | 98.66 | | 2331.3 percent of total billed charges | |
| HC INJ ANESTH; OTHR PERIPH NRV/BR | 64450 | CPT | | | | outpatient | | | 2454 | 909.54 | Aetna | Commercial | 932.52 | 38 | | | 98.66 | | 2331.3 percent of total billed charges | |
| HC INJ ANESTH; OTHR PERIPH NRV/BR | 64450 | CPT | | | | outpatient | | | 2454 | 909.54 | Aetna | Better Health | 774.24 | 31.55 | | | 98.66 | | 2331.3 percent of total billed charges | |
| HC INJ ANESTH; OTHR PERIPH NRV/BR | 64450 | CPT | | | | outpatient | | | 2454 | 909.54 | Americare | Americare | 1840.5 | 75 | | | 98.66 | | 2331.3 percent of total billed charges | |
| HC INJ ANESTH; OTHR PERIPH NRV/BR | 64450 | CPT | | | | outpatient | | | 2454 | 909.54 | Horizon | NJ Health | 98.66 | | | 375.1 | 98.66 | | 2331.3 fee schedule | |
| HC INJ ANESTH; OTHR PERIPH NRV/BR | 64450 | CPT | | | | outpatient | | | 2454 | 909.54 | Aetna | Medicare | 790.9 | | | | 98.66 | | 2331.3 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANESTH; OTHR PERIPH NRV/BR | 64450 | CPT | | | | outpatient | | | 2454 | 909.54 | First Health | First Health | 1717.8 | 70 | | | 98.66 | | 2331.3 percent of total billed charges | |
| HC INJ ANESTH; OTHR PERIPH NRV/BR | 64450 | CPT | | | | outpatient | | | 2454 | 909.54 | Amerihealth | HMO/PPO | 125 | | | | 98.66 | | 2331.3 fee schedule | |
| HC INJ ANESTH; OTHR PERIPH NRV/BR | 64450 | CPT | | | | outpatient | | | 2454 | 909.54 | Managed Care Inc | Managed Care Inc | 2208.6 | 90 | | | 98.66 | | 2331.3 percent of total billed charges | |
| HC INJ ANESTH; OTHR PERIPH NRV/BR | 64450 | CPT | | | | outpatient | | | 2454 | 909.54 | Corrections | Corrections | 1963.2 | 80 | | | 98.66 | | 2331.3 percent of total billed charges | |
| HC INJ ANESTH; OTHR PERIPH NRV/BR | 64450 | CPT | | | | outpatient | | | 2454 | 909.54 | Consumer | Consumer | 2331.3 | 95 | | | 98.66 | | 2331.3 percent of total billed charges | |
| HC INJ ANESTH; OTHR PERIPH NRV/BR | 64450 | CPT | | | | outpatient | | | 2454 | 909.54 | Horizon | Indemnity | 1530.39 | | | | 98.66 | | 2331.3 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANESTH; OTHR PERIPH NRV/BR | 64450 | CPT | | | | outpatient | | | 2454 | 909.54 | Wellcare | Medicare | 790.9 | | | | 98.66 | | 2331.3 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANESTH; OTHR PERIPH NRV/BR | 64450 | CPT | | | | outpatient | | | 2454 | 909.54 | Horizon | PPO | 1530.39 | | | | 98.66 | | 2331.3 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANESTH; OTHR PERIPH NRV/BR | 64450 | CPT | | | | outpatient | | | 2454 | 909.54 | Horizon | Medicare Blue | 790.9 | | | | 98.66 | | 2331.3 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANESTH; OTHR PERIPH NRV/BR | 64450 | CPT | | | | outpatient | | | 2454 | 909.54 | WellPoint | WellPoint | 789.7 | 32.18 | | | 98.66 | | 2331.3 percent of total billed charges | |
| HC INJ ANESTH; OTHR PERIPH NRV/BR | 64450 | CPT | | | | outpatient | | | 2454 | 909.54 | Horizon | MGD | 1530.39 | | | 556.94 | 98.66 | | 2331.3 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANESTH; OTHR PERIPH NRV/BR | 64450 | CPT | | | | outpatient | | | 2454 | 909.54 | Multiplan | Multiplan | 1963.2 | 80 | | | 98.66 | | 2331.3 percent of total billed charges | |
| HC INJ ANESTH; OTHR PERIPH NRV/BR | 64450 | CPT | | | | outpatient | | | 2454 | 909.54 | UHC | Medicaid | 774.24 | 31.55 | | 487.83 | 98.66 | | 2331.3 percent of total billed charges | |
| HC INJ ANESTH; OTHR PERIPH NRV/BR | 64450 | CPT | | | | outpatient | | | 2454 | 909.54 | Qualcare | Qualcare | 1840.5 | 75 | | | 98.66 | | 2331.3 percent of total billed charges | |
| HC INJ ANESTH; OTHR PERIPH NRV/BR | 64450 | CPT | | | | outpatient | | | 2454 | 909.54 | United | Oxford | 1817 | | | | 98.66 | | 2331.3 case rate | |
| HC INJ ANESTH; OTHR PERIPH NRV/BR | 64450 | CPT | | | | outpatient | | | 2454 | 909.54 | Three Rivers | Three Rivers | 2331.3 | 95 | | | 98.66 | | 2331.3 percent of total billed charges | |
| HC INJ ANESTH; OTHR PERIPH NRV/BR | 64450 | CPT | | | | outpatient | | | 2454 | 909.54 | United | CommercialPPO | 1817 | | | 1178.57 | 98.66 | | 2331.3 case rate | |
| HC INJ ANESTH; OTHR PERIPH NRV/BR | 64450 | CPT | | | | outpatient | | | 2454 | 909.54 | Wellcare | Medicaid | 774.24 | 31.55 | | | 98.66 | | 2331.3 percent of total billed charges | |
| HC INJ AA/STRD GNCLR NRV BRNCH; PORTABLE | 64454 | CPT | | | | outpatient | | | 3170 | 909.54 | UHC | Medicare | 790.9 | | | 688.12 | 188.61 | | 3011.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ AA/STRD GNCLR NRV BRNCH; PORTABLE | 64454 | CPT | | | | outpatient | | | 3170 | 909.54 | Aetna | Commercial | 1204.6 | 38 | | | 188.61 | | 3011.5 percent of total billed charges | |
| HC INJ AA/STRD GNCLR NRV BRNCH; PORTABLE | 64454 | CPT | | | | outpatient | | | 3170 | 909.54 | Amerihealth | HMO/PPO | 2060.5 | 65 | | | 188.61 | | 3011.5 percent of total billed charges | |
| HC INJ AA/STRD GNCLR NRV BRNCH; PORTABLE | 64454 | CPT | | | | outpatient | | | 3170 | 909.54 | Aetna | Better Health | 1000.14 | 31.55 | | | 188.61 | | 3011.5 percent of total billed charges | |
| HC INJ AA/STRD GNCLR NRV BRNCH; PORTABLE | 64454 | CPT | | | | outpatient | | | 3170 | 909.54 | Americare | Americare | 2377.5 | 75 | | | 188.61 | | 3011.5 percent of total billed charges | |
| HC INJ AA/STRD GNCLR NRV BRNCH; PORTABLE | 64454 | CPT | | | | outpatient | | | 3170 | 909.54 | Aetna | Medicare | 790.9 | | | | 188.61 | | 3011.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ AA/STRD GNCLR NRV BRNCH; PORTABLE | 64454 | CPT | | | | outpatient | | | 3170 | 909.54 | First Trenton | First Trenton | 2853 | 90 | | | 188.61 | | 3011.5 percent of total billed charges | |
| HC INJ AA/STRD GNCLR NRV BRNCH; PORTABLE | 64454 | CPT | | | | outpatient | | | 3170 | 909.54 | First Health | First Health | 2219 | 70 | | | 188.61 | | 3011.5 percent of total billed charges | |
| HC INJ AA/STRD GNCLR NRV BRNCH; PORTABLE | 64454 | CPT | | | | outpatient | | | 3170 | 909.54 | Horizon | Indemnity | 1530.39 | | | | 188.61 | | 3011.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ AA/STRD GNCLR NRV BRNCH; PORTABLE | 64454 | CPT | | | | outpatient | | | 3170 | 909.54 | Corrections | Corrections | 2536 | 80 | | | 188.61 | | 3011.5 percent of total billed charges | |
| HC INJ AA/STRD GNCLR NRV BRNCH; PORTABLE | 64454 | CPT | | | | outpatient | | | 3170 | 909.54 | United | CommercialPPO | 1817 | | | | 188.61 | | 3011.5 case rate | |
| HC INJ AA/STRD GNCLR NRV BRNCH; PORTABLE | 64454 | CPT | | | | outpatient | | | 3170 | 909.54 | Consumer | Consumer | 3011.5 | 95 | | | 188.61 | | 3011.5 percent of total billed charges | |
| HC INJ AA/STRD GNCLR NRV BRNCH; PORTABLE | 64454 | CPT | | | | outpatient | | | 3170 | 909.54 | Managed Care Inc | Managed Care Inc | 2853 | 90 | | | 188.61 | | 3011.5 percent of total billed charges | |
| HC INJ AA/STRD GNCLR NRV BRNCH; PORTABLE | 64454 | CPT | | | | outpatient | | | 3170 | 909.54 | Horizon | MGD | 1530.39 | | | | 188.61 | | 3011.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ AA/STRD GNCLR NRV BRNCH; PORTABLE | 64454 | CPT | | | | outpatient | | | 3170 | 909.54 | Wellcare | Medicare | 790.9 | | | | 188.61 | | 3011.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ AA/STRD GNCLR NRV BRNCH; PORTABLE | 64454 | CPT | | | | outpatient | | | 3170 | 909.54 | Horizon | Medicare Blue | 790.9 | | | | 188.61 | | 3011.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ AA/STRD GNCLR NRV BRNCH; PORTABLE | 64454 | CPT | | | | outpatient | | | 3170 | 909.54 | WellPoint | WellPoint | 1020.11 | 32.18 | | 591.39 | 188.61 | | 3011.5 percent of total billed charges | |
| HC INJ AA/STRD GNCLR NRV BRNCH; PORTABLE | 64454 | CPT | | | | outpatient | | | 3170 | 909.54 | Horizon | NJ Health | 188.61 | | | | 188.61 | | 3011.5 fee schedule | |
| HC INJ AA/STRD GNCLR NRV BRNCH; PORTABLE | 64454 | CPT | | | | outpatient | | | 3170 | 909.54 | Multiplan | Multiplan | 2536 | 80 | | | 188.61 | | 3011.5 percent of total billed charges | |
| HC INJ AA/STRD GNCLR NRV BRNCH; PORTABLE | 64454 | CPT | | | | outpatient | | | 3170 | 909.54 | Horizon | PPO | 1530.39 | | | | 188.61 | | 3011.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ AA/STRD GNCLR NRV BRNCH; PORTABLE | 64454 | CPT | | | | outpatient | | | 3170 | 909.54 | Qualcare | Qualcare | 2377.5 | 75 | | | 188.61 | | 3011.5 percent of total billed charges | |
| HC INJ AA/STRD GNCLR NRV BRNCH; PORTABLE | 64454 | CPT | | | | outpatient | | | 3170 | 909.54 | United | Oxford | 1817 | | | | 188.61 | | 3011.5 case rate | |
| HC INJ AA/STRD GNCLR NRV BRNCH; PORTABLE | 64454 | CPT | | | | outpatient | | | 3170 | 909.54 | Three Rivers | Three Rivers | 3011.5 | 95 | | | 188.61 | | 3011.5 percent of total billed charges | |
| HC INJ AA/STRD GNCLR NRV BRNCH; PORTABLE | 64454 | CPT | | | | outpatient | | | 3170 | 909.54 | UHC | Medicaid | 1000.14 | 31.55 | | 619.57 | 188.61 | | 3011.5 percent of total billed charges | |
| HC INJ AA/STRD GNCLR NRV BRNCH; PORTABLE | 64454 | CPT | | | | outpatient | | | 3170 | 909.54 | Wellcare | Medicaid | 1000.14 | 31.55 | | | 188.61 | | 3011.5 percent of total billed charges | |
| HC INJ ANESTH/STERIOD PLANTAR | 64455 | CPT | | | | outpatient | | | 992 | 389.55 | Consumer | Consumer | 942.4 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC INJ ANESTH/STERIOD PLANTAR | 64455 | CPT | | | | outpatient | | | 992 | 389.55 | Horizon | MGD | 655.46 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANESTH/STERIOD PLANTAR | 64455 | CPT | | | | outpatient | | | 992 | 389.55 | Aetna | Commercial | 376.96 | 38 | | | 125 | | 1782 percent of total billed charges | |
| HC INJ ANESTH/STERIOD PLANTAR | 64455 | CPT | | | | outpatient | | | 992 | 389.55 | Americare | Americare | 744 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC INJ ANESTH/STERIOD PLANTAR | 64455 | CPT | | | | outpatient | | | 992 | 389.55 | First Health | First Health | 694.4 | 70 | | | 125 | | 1782 percent of total billed charges | |
| HC INJ ANESTH/STERIOD PLANTAR | 64455 | CPT | | | | outpatient | | | 992 | 389.55 | Horizon | Medicare Blue | 338.74 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANESTH/STERIOD PLANTAR | 64455 | CPT | | | | outpatient | | | 992 | 389.55 | Aetna | Better Health | 312.98 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC INJ ANESTH/STERIOD PLANTAR | 64455 | CPT | | | | outpatient | | | 992 | 389.55 | Amerihealth | HMO/PPO | 125 | | | | 125 | | 1782 fee schedule | |
| HC INJ ANESTH/STERIOD PLANTAR | 64455 | CPT | | | | outpatient | | | 992 | 389.55 | Corrections | Corrections | 793.6 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC INJ ANESTH/STERIOD PLANTAR | 64455 | CPT | | | | outpatient | | | 992 | 389.55 | UHC | Medicaid | 312.98 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC INJ ANESTH/STERIOD PLANTAR | 64455 | CPT | | | | outpatient | | | 992 | 389.55 | Multiplan | Multiplan | 793.6 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC INJ ANESTH/STERIOD PLANTAR | 64455 | CPT | | | | outpatient | | | 992 | 389.55 | United | CommercialPPO | 1782 | | | | 125 | | 1782 case rate | |
| HC INJ ANESTH/STERIOD PLANTAR | 64455 | CPT | | | | outpatient | | | 992 | 389.55 | Three Rivers | Three Rivers | 942.4 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC INJ ANESTH/STERIOD PLANTAR | 64455 | CPT | | | | outpatient | | | 992 | 389.55 | UHC | Medicare | 338.74 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANESTH/STERIOD PLANTAR | 64455 | CPT | | | | outpatient | | | 992 | 389.55 | Aetna | Medicare | 338.74 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANESTH/STERIOD PLANTAR | 64455 | CPT | | | | outpatient | | | 992 | 389.55 | Wellcare | Medicaid | 312.98 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC INJ ANESTH/STERIOD PLANTAR | 64455 | CPT | | | | outpatient | | | 992 | 389.55 | First Trenton | First Trenton | 892.8 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC INJ ANESTH/STERIOD PLANTAR | 64455 | CPT | | | | outpatient | | | 992 | 389.55 | Wellcare | Medicare | 338.74 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANESTH/STERIOD PLANTAR | 64455 | CPT | | | | outpatient | | | 992 | 389.55 | Qualcare | Qualcare | 744 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC INJ ANESTH/STERIOD PLANTAR | 64455 | CPT | | | | outpatient | | | 992 | 389.55 | Horizon | Indemnity | 655.46 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANESTH/STERIOD PLANTAR | 64455 | CPT | | | | outpatient | | | 992 | 389.55 | Horizon | PPO | 655.46 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANESTH/STERIOD PLANTAR | 64455 | CPT | | | | outpatient | | | 992 | 389.55 | Managed Care Inc | Managed Care Inc | 892.8 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC INJ ANESTH/STERIOD PLANTAR | 64455 | CPT | | | | outpatient | | | 992 | 389.55 | United | Oxford | 1782 | | | | 125 | | 1782 case rate | |
| HC INJ ANESTH/STERIOD PLANTAR | 64455 | CPT | | | | outpatient | | | 992 | 389.55 | WellPoint | WellPoint | 319.23 | 32.18 | | | 125 | | 1782 percent of total billed charges | |
| HC INJ FORAMEN EPIDURAL L/S 1 LVL | 64483 | CPT | | | | outpatient | | | 3106 | 1198.81 | Horizon | Indemnity | 2017.12 | | | 1430.49 | 300 | | 2950.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ FORAMEN EPIDURAL L/S 1 LVL | 64483 | CPT | | | | outpatient | | | 3106 | 1198.81 | Aetna | Medicare | 1042.44 | | | 1022.27 | 300 | | 2950.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ FORAMEN EPIDURAL L/S 1 LVL | 64483 | CPT | | | | outpatient | | | 3106 | 1198.81 | Aetna | Commercial | 1180.28 | 38 | | | 300 | | 2950.7 percent of total billed charges | |
| HC INJ FORAMEN EPIDURAL L/S 1 LVL | 64483 | CPT | | | | outpatient | | | 3106 | 1198.81 | Wellcare | Medicare | 1042.44 | | | 948.53 | 300 | | 2950.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ FORAMEN EPIDURAL L/S 1 LVL | 64483 | CPT | | | | outpatient | | | 3106 | 1198.81 | First Trenton | First Trenton | 2795.4 | 90 | | | 300 | | 2950.7 percent of total billed charges | |
| HC INJ FORAMEN EPIDURAL L/S 1 LVL | 64483 | CPT | | | | outpatient | | | 3106 | 1198.81 | Americare | Americare | 2329.5 | 75 | | | 300 | | 2950.7 percent of total billed charges | |
| HC INJ FORAMEN EPIDURAL L/S 1 LVL | 64483 | CPT | | | | outpatient | | | 3106 | 1198.81 | Amerihealth | HMO/PPO | 300 | | | | 300 | | 2950.7 fee schedule | |
| HC INJ FORAMEN EPIDURAL L/S 1 LVL | 64483 | CPT | | | | outpatient | | | 3106 | 1198.81 | Aetna | Better Health | 979.94 | 31.55 | | 924.55 | 300 | | 2950.7 percent of total billed charges | |
| HC INJ FORAMEN EPIDURAL L/S 1 LVL | 64483 | CPT | | | | outpatient | | | 3106 | 1198.81 | UHC | Medicare | 1042.44 | | | 833.68 | 300 | | 2950.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ FORAMEN EPIDURAL L/S 1 LVL | 64483 | CPT | | | | outpatient | | | 3106 | 1198.81 | Corrections | Corrections | 2494.8 | 80 | | 749.93 | 300 | | 2950.7 percent of total billed charges | |
| HC INJ FORAMEN EPIDURAL L/S 1 LVL | 64483 | CPT | | | | outpatient | | | 3106 | 1198.81 | UHC | Medicaid | 979.94 | 31.55 | | 817.56 | 300 | | 2950.7 percent of total billed charges | |
| HC INJ FORAMEN EPIDURAL L/S 1 LVL | 64483 | CPT | | | | outpatient | | | 3106 | 1198.81 | Consumer | Consumer | 2950.7 | 95 | | | 300 | | 2950.7 percent of total billed charges | |
| HC INJ FORAMEN EPIDURAL L/S 1 LVL | 64483 | CPT | | | | outpatient | | | 3106 | 1198.81 | Horizon | Medicare Blue | 1042.44 | | | 977.26 | 300 | | 2950.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ FORAMEN EPIDURAL L/S 1 LVL | 64483 | CPT | | | | outpatient | | | 3106 | 1198.81 | Multiplan | Multiplan | 2494.8 | 80 | | | 300 | | 2950.7 percent of total billed charges | |
| HC INJ FORAMEN EPIDURAL L/S 1 LVL | 64483 | CPT | | | | outpatient | | | 3106 | 1198.81 | First Health | First Health | 2174.2 | 70 | | | 300 | | 2950.7 percent of total billed charges | |
| HC INJ FORAMEN EPIDURAL L/S 1 LVL | 64483 | CPT | | | | outpatient | | | 3106 | 1198.81 | Horizon | MGD | 2017.12 | | | 1679.51 | 300 | | 2950.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ FORAMEN EPIDURAL L/S 1 LVL | 64483 | CPT | | | | outpatient | | | 3106 | 1198.81 | Horizon | PPO | 2017.12 | | | 1495.42 | 300 | | 2950.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ FORAMEN EPIDURAL L/S 1 LVL | 64483 | CPT | | | | outpatient | | | 3106 | 1198.81 | WellPoint | WellPoint | 999.51 | 32.18 | | 861.22 | 300 | | 2950.7 percent of total billed charges | |
| HC INJ FORAMEN EPIDURAL L/S 1 LVL | 64483 | CPT | | | | outpatient | | | 3106 | 1198.81 | United | CommercialPPO | 1817 | | | | 300 | | 2950.7 case rate | |
| HC INJ FORAMEN EPIDURAL L/S 1 LVL | 64483 | CPT | | | | outpatient | | | 3106 | 1198.81 | Horizon | NJ Health | 365.17 | | | 2531.17 | 300 | | 2950.7 fee schedule | |
| HC INJ FORAMEN EPIDURAL L/S 1 LVL | 64483 | CPT | | | | outpatient | | | 3106 | 1198.81 | Managed Care Inc | Managed Care Inc | 2795.4 | 90 | | | 300 | | 2950.7 percent of total billed charges | |
| HC INJ FORAMEN EPIDURAL L/S 1 LVL | 64483 | CPT | | | | outpatient | | | 3106 | 1198.81 | Qualcare | Qualcare | 2329.5 | 75 | | | 300 | | 2950.7 percent of total billed charges | |
| HC INJ FORAMEN EPIDURAL L/S 1 LVL | 64483 | CPT | | | | outpatient | | | 3106 | 1198.81 | Wellcare | Medicaid | 979.94 | 31.55 | | | 300 | | 2950.7 percent of total billed charges | |
| HC INJ FORAMEN EPIDURAL L/S 1 LVL | 64483 | CPT | | | | outpatient | | | 3106 | 1198.81 | United | Oxford | 1817 | | | | 300 | | 2950.7 case rate | |
| HC INJ FORAMEN EPIDURAL L/S 1 LVL | 64483 | CPT | | | | outpatient | | | 3106 | 1198.81 | Three Rivers | Three Rivers | 2950.7 | 95 | | | 300 | | 2950.7 percent of total billed charges | |
| HC INJ FORAMEN EPIDURAL EA ADDL L | 64484 | CPT | | | | outpatient | | | 2880 | | Horizon | MGD | 1102.46 | 38.28 | | | 160.05 | | 2736 percent of total billed charges | |
| HC INJ FORAMEN EPIDURAL EA ADDL L | 64484 | CPT | | | | outpatient | | | 2880 | | Aetna | Medicare | 887.04 | 30.8 | | | 160.05 | | 2736 percent of total billed charges | |
| HC INJ FORAMEN EPIDURAL EA ADDL L | 64484 | CPT | | | | outpatient | | | 2880 | | Aetna | Better Health | 908.64 | 31.55 | | | 160.05 | | 2736 percent of total billed charges | |
| HC INJ FORAMEN EPIDURAL EA ADDL L | 64484 | CPT | | | | outpatient | | | 2880 | | Americare | Americare | 2160 | 75 | | | 160.05 | | 2736 percent of total billed charges | |
| HC INJ FORAMEN EPIDURAL EA ADDL L | 64484 | CPT | | | | outpatient | | | 2880 | | UHC | Medicaid | 908.64 | 31.55 | | | 160.05 | | 2736 percent of total billed charges | |
| HC INJ FORAMEN EPIDURAL EA ADDL L | 64484 | CPT | | | | outpatient | | | 2880 | | Multiplan | Multiplan | 2304 | 80 | | | 160.05 | | 2736 percent of total billed charges | |
| HC INJ FORAMEN EPIDURAL EA ADDL L | 64484 | CPT | | | | outpatient | | | 2880 | | Aetna | Commercial | 1094.4 | 38 | | | 160.05 | | 2736 percent of total billed charges | |
| HC INJ FORAMEN EPIDURAL EA ADDL L | 64484 | CPT | | | | outpatient | | | 2880 | | Amerihealth | HMO/PPO | 300 | | | | 160.05 | | 2736 fee schedule | |
| HC INJ FORAMEN EPIDURAL EA ADDL L | 64484 | CPT | | | | outpatient | | | 2880 | | First Health | First Health | 2016 | 70 | | | 160.05 | | 2736 percent of total billed charges | |
| HC INJ FORAMEN EPIDURAL EA ADDL L | 64484 | CPT | | | | outpatient | | | 2880 | | Consumer | Consumer | 2736 | 95 | | | 160.05 | | 2736 percent of total billed charges | |
| HC INJ FORAMEN EPIDURAL EA ADDL L | 64484 | CPT | | | | outpatient | | | 2880 | | Horizon | Indemnity | 1102.46 | 38.28 | | | 160.05 | | 2736 percent of total billed charges | |
| HC INJ FORAMEN EPIDURAL EA ADDL L | 64484 | CPT | | | | outpatient | | | 2880 | | Horizon | PPO | 1102.46 | 38.28 | | | 160.05 | | 2736 percent of total billed charges | |
| HC INJ FORAMEN EPIDURAL EA ADDL L | 64484 | CPT | | | | outpatient | | | 2880 | | Qualcare | Qualcare | 2160 | 75 | | | 160.05 | | 2736 percent of total billed charges | |
| HC INJ FORAMEN EPIDURAL EA ADDL L | 64484 | CPT | | | | outpatient | | | 2880 | | United | CommercialPPO | 1782 | | | | 160.05 | | 2736 case rate | |
| HC INJ FORAMEN EPIDURAL EA ADDL L | 64484 | CPT | | | | outpatient | | | 2880 | | Corrections | Corrections | 2304 | 80 | | | 160.05 | | 2736 percent of total billed charges | |
| HC INJ FORAMEN EPIDURAL EA ADDL L | 64484 | CPT | | | | outpatient | | | 2880 | | Three Rivers | Three Rivers | 2736 | 95 | | | 160.05 | | 2736 percent of total billed charges | |
| HC INJ FORAMEN EPIDURAL EA ADDL L | 64484 | CPT | | | | outpatient | | | 2880 | | First Trenton | First Trenton | 2592 | 90 | | | 160.05 | | 2736 percent of total billed charges | |
| HC INJ FORAMEN EPIDURAL EA ADDL L | 64484 | CPT | | | | outpatient | | | 2880 | | Wellcare | Medicaid | 908.64 | 31.55 | | | 160.05 | | 2736 percent of total billed charges | |
| HC INJ FORAMEN EPIDURAL EA ADDL L | 64484 | CPT | | | | outpatient | | | 2880 | | Horizon | Medicare Blue | 864 | 30 | | | 160.05 | | 2736 percent of total billed charges | |
| HC INJ FORAMEN EPIDURAL EA ADDL L | 64484 | CPT | | | | outpatient | | | 2880 | | Horizon | NJ Health | 160.05 | | | | 160.05 | | 2736 fee schedule | |
| HC INJ FORAMEN EPIDURAL EA ADDL L | 64484 | CPT | | | | outpatient | | | 2880 | | Managed Care Inc | Managed Care Inc | 2592 | 90 | | | 160.05 | | 2736 percent of total billed charges | |
| HC INJ FORAMEN EPIDURAL EA ADDL L | 64484 | CPT | | | | outpatient | | | 2880 | | United | Oxford | 1782 | | | | 160.05 | | 2736 case rate | |
| HC INJ FORAMEN EPIDURAL EA ADDL L | 64484 | CPT | | | | outpatient | | | 2880 | | WellPoint | WellPoint | 926.78 | 32.18 | | | 160.05 | | 2736 percent of total billed charges | |
| HC TAP BLOCK UNILATERAL BY INJECT | 64486 | CPT | | | | outpatient | | | 1327 | | Horizon | MGD | 507.98 | 38.28 | | | 125 | | 1782 percent of total billed charges | |
| HC TAP BLOCK UNILATERAL BY INJECT | 64486 | CPT | | | | outpatient | | | 1327 | | First Health | First Health | 928.9 | 70 | | | 125 | | 1782 percent of total billed charges | |
| HC TAP BLOCK UNILATERAL BY INJECT | 64486 | CPT | | | | outpatient | | | 1327 | | Consumer | Consumer | 1260.65 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC TAP BLOCK UNILATERAL BY INJECT | 64486 | CPT | | | | outpatient | | | 1327 | | Qualcare | Qualcare | 995.25 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC TAP BLOCK UNILATERAL BY INJECT | 64486 | CPT | | | | outpatient | | | 1327 | | Amerihealth | HMO/PPO | 125 | | | | 125 | | 1782 fee schedule | |
| HC TAP BLOCK UNILATERAL BY INJECT | 64486 | CPT | | | | outpatient | | | 1327 | | Aetna | Medicare | 408.72 | 30.8 | | | 125 | | 1782 percent of total billed charges | |
| HC TAP BLOCK UNILATERAL BY INJECT | 64486 | CPT | | | | outpatient | | | 1327 | | Americare | Americare | 995.25 | 75 | | | 125 | | 1782 percent of total billed charges | |
| HC TAP BLOCK UNILATERAL BY INJECT | 64486 | CPT | | | | outpatient | | | 1327 | | Aetna | Better Health | 418.67 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC TAP BLOCK UNILATERAL BY INJECT | 64486 | CPT | | | | outpatient | | | 1327 | | Corrections | Corrections | 1061.6 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC TAP BLOCK UNILATERAL BY INJECT | 64486 | CPT | | | | outpatient | | | 1327 | | UHC | Medicaid | 418.67 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC TAP BLOCK UNILATERAL BY INJECT | 64486 | CPT | | | | outpatient | | | 1327 | | Horizon | Indemnity | 507.98 | 38.28 | | | 125 | | 1782 percent of total billed charges | |
| HC TAP BLOCK UNILATERAL BY INJECT | 64486 | CPT | | | | outpatient | | | 1327 | | Aetna | Commercial | 504.26 | 38 | | | 125 | | 1782 percent of total billed charges | |
| HC TAP BLOCK UNILATERAL BY INJECT | 64486 | CPT | | | | outpatient | | | 1327 | | First Trenton | First Trenton | 1194.3 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC TAP BLOCK UNILATERAL BY INJECT | 64486 | CPT | | | | outpatient | | | 1327 | | United | Oxford | 1782 | | | | 125 | | 1782 case rate | |
| HC TAP BLOCK UNILATERAL BY INJECT | 64486 | CPT | | | | outpatient | | | 1327 | | Horizon | PPO | 507.98 | 38.28 | | | 125 | | 1782 percent of total billed charges | |
| HC TAP BLOCK UNILATERAL BY INJECT | 64486 | CPT | | | | outpatient | | | 1327 | | Multiplan | Multiplan | 1061.6 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC TAP BLOCK UNILATERAL BY INJECT | 64486 | CPT | | | | outpatient | | | 1327 | | Horizon | Medicare Blue | 398.1 | 30 | | | 125 | | 1782 percent of total billed charges | |
| HC TAP BLOCK UNILATERAL BY INJECT | 64486 | CPT | | | | outpatient | | | 1327 | | WellPoint | WellPoint | 427.03 | 32.18 | | | 125 | | 1782 percent of total billed charges | |
| HC TAP BLOCK UNILATERAL BY INJECT | 64486 | CPT | | | | outpatient | | | 1327 | | Three Rivers | Three Rivers | 1260.65 | 95 | | | 125 | | 1782 percent of total billed charges | |
| HC TAP BLOCK UNILATERAL BY INJECT | 64486 | CPT | | | | outpatient | | | 1327 | | United | CommercialPPO | 1782 | | | | 125 | | 1782 case rate | |
| HC TAP BLOCK UNILATERAL BY INJECT | 64486 | CPT | | | | outpatient | | | 1327 | | Horizon | NJ Health | 185.86 | | | | 125 | | 1782 fee schedule | |
| HC TAP BLOCK UNILATERAL BY INJECT | 64486 | CPT | | | | outpatient | | | 1327 | | Wellcare | Medicaid | 418.67 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC TAP BLOCK UNILATERAL BY INJECT | 64486 | CPT | | | | outpatient | | | 1327 | | Managed Care Inc | Managed Care Inc | 1194.3 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC TAP BLOCK BILATERAL BY INJECTIONS | 64488 | CPT | | | | outpatient | | | 1327 | | Corrections | Corrections | 1061.6 | 80 | | | 125 | | 1782 percent of total billed charges | |
| HC TAP BLOCK BILATERAL BY INJECTIONS | 64488 | CPT | | | | outpatient | | | 1327 | | Horizon | Medicare Blue | 398.1 | 30 | | | 125 | | 1782 percent of total billed charges | |
| HC TAP BLOCK BILATERAL BY INJECTIONS | 64488 | CPT | | | | outpatient | | | 1327 | | Amerihealth | HMO/PPO | 125 | | | | 125 | | 1782 fee schedule | |
| HC TAP BLOCK BILATERAL BY INJECTIONS | 64488 | CPT | | | | outpatient | | | 1327 | | Horizon | MGD | 507.98 | 38.28 | | | 125 | | 1782 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC TAP BLOCK BILATERAL BY INJECTIONS | 64488 | CPT | | | | outpatient | | | 1327 | | Aetna | Better Health | 418.67 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC TAP BLOCK BILATERAL BY INJECTIONS | 64488 | CPT | | | | outpatient | | | 1327 | | Aetna | Medicare | 408.72 | 30.8 | | | 125 | 1782 | percent of total billed charges | |
| HC TAP BLOCK BILATERAL BY INJECTIONS | 64488 | CPT | | | | outpatient | | | 1327 | | Consumer | Consumer | 1260.65 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC TAP BLOCK BILATERAL BY INJECTIONS | 64488 | CPT | | | | outpatient | | | 1327 | | United | Commercial\|PPO | 1782 | | | | 125 | 1782 | case rate | |
| HC TAP BLOCK BILATERAL BY INJECTIONS | 64488 | CPT | | | | outpatient | | | 1327 | | Aetna | Commercial | 504.26 | 38 | | | 125 | 1782 | percent of total billed charges | |
| HC TAP BLOCK BILATERAL BY INJECTIONS | 64488 | CPT | | | | outpatient | | | 1327 | | Wellcare | Medicaid | 418.67 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC TAP BLOCK BILATERAL BY INJECTIONS | 64488 | CPT | | | | outpatient | | | 1327 | | First Health | First Health | 928.9 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC TAP BLOCK BILATERAL BY INJECTIONS | 64488 | CPT | | | | outpatient | | | 1327 | | WellPoint | WellPoint | 427.03 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC TAP BLOCK BILATERAL BY INJECTIONS | 64488 | CPT | | | | outpatient | | | 1327 | | Horizon | Indemnity | 507.98 | 38.28 | | | 125 | 1782 | percent of total billed charges | |
| HC TAP BLOCK BILATERAL BY INJECTIONS | 64488 | CPT | | | | outpatient | | | 1327 | | Americare | Americare | 995.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC TAP BLOCK BILATERAL BY INJECTIONS | 64488 | CPT | | | | outpatient | | | 1327 | | First Trenton | First Trenton | 1194.3 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC TAP BLOCK BILATERAL BY INJECTIONS | 64488 | CPT | | | | outpatient | | | 1327 | | Multiplan | Multiplan | 1061.6 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC TAP BLOCK BILATERAL BY INJECTIONS | 64488 | CPT | | | | outpatient | | | 1327 | | Horizon | NJ Health | 228.24 | | | | 125 | 1782 | fee schedule | |
| HC TAP BLOCK BILATERAL BY INJECTIONS | 64488 | CPT | | | | outpatient | | | 1327 | | Qualcare | Qualcare | 995.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC TAP BLOCK BILATERAL BY INJECTIONS | 64488 | CPT | | | | outpatient | | | 1327 | | Horizon | PPO | 507.98 | 38.28 | | | 125 | 1782 | percent of total billed charges | |
| HC TAP BLOCK BILATERAL BY INJECTIONS | 64488 | CPT | | | | outpatient | | | 1327 | | Managed Care Inc | Managed Care Inc | 1194.3 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC TAP BLOCK BILATERAL BY INJECTIONS | 64488 | CPT | | | | outpatient | | | 1327 | | Three Rivers | Three Rivers | 1260.65 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC TAP BLOCK BILATERAL BY INJECTIONS | 64488 | CPT | | | | outpatient | | | 1327 | | UHC | Medicaid | 418.67 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC TAP BLOCK BILATERAL BY INJECTIONS | 64488 | CPT | | | | outpatient | | | 1327 | | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC INJ PARAVERT FACET JNT C/T 1 LEV | 64490 | CPT | | | | outpatient | | | 3223 | 1198.81 | First Health | First Health | 2256.1 | 70 | | | 197.71 | 3061.85 | percent of total billed charges | |
| HC INJ PARAVERT FACET JNT C/T 1 LEV | 64490 | CPT | | | | outpatient | | | 3223 | 1198.81 | Americare | Americare | 2417.25 | 75 | | | 197.71 | 3061.85 | percent of total billed charges | |
| HC INJ PARAVERT FACET JNT C/T 1 LEV | 64490 | CPT | | | | outpatient | | | 3223 | 1198.81 | Corrections | Corrections | 2578.4 | 80 | | | 197.71 | 3061.85 | percent of total billed charges | |
| HC INJ PARAVERT FACET JNT C/T 1 LEV | 64490 | CPT | | | | outpatient | | | 3223 | 1198.81 | Aetna | Commercial | 1224.74 | 38 | | 268.11 | 197.71 | 3061.85 | percent of total billed charges | |
| HC INJ PARAVERT FACET JNT C/T 1 LEV | 64490 | CPT | | | | outpatient | | | 3223 | 1198.81 | Aetna | Better Health | 1016.86 | 31.55 | | | 197.71 | 3061.85 | percent of total billed charges | |
| HC INJ PARAVERT FACET JNT C/T 1 LEV | 64490 | CPT | | | | outpatient | | | 3223 | 1198.81 | Multiplan | Multiplan | 2578.4 | 80 | | | 197.71 | 3061.85 | percent of total billed charges | |
| HC INJ PARAVERT FACET JNT C/T 1 LEV | 64490 | CPT | | | | outpatient | | | 3223 | 1198.81 | Horizon | MGD | 2017.12 | | | | 197.71 | 3061.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ PARAVERT FACET JNT C/T 1 LEV | 64490 | CPT | | | | outpatient | | | 3223 | 1198.81 | Aetna | Medicare | 1042.44 | | | 599.06 | 197.71 | 3061.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ PARAVERT FACET JNT C/T 1 LEV | 64490 | CPT | | | | outpatient | | | 3223 | 1198.81 | Horizon | Medicare Blue | 1042.44 | | | | 197.71 | 3061.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ PARAVERT FACET JNT C/T 1 LEV | 64490 | CPT | | | | outpatient | | | 3223 | 1198.81 | Consumer | Consumer | 3061.85 | 95 | | | 197.71 | 3061.85 | percent of total billed charges | |
| HC INJ PARAVERT FACET JNT C/T 1 LEV | 64490 | CPT | | | | outpatient | | | 3223 | 1198.81 | United | Oxford | 1817 | | | | 197.71 | 3061.85 | case rate | |
| HC INJ PARAVERT FACET JNT C/T 1 LEV | 64490 | CPT | | | | outpatient | | | 3223 | 1198.81 | Horizon | Indemnity | 2017.12 | | | | 197.71 | 3061.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ PARAVERT FACET JNT C/T 1 LEV | 64490 | CPT | | | | outpatient | | | 3223 | 1198.81 | Amerihealth | HMO\|PPO | 300 | | | | 197.71 | 3061.85 | fee schedule | |
| HC INJ PARAVERT FACET JNT C/T 1 LEV | 64490 | CPT | | | | outpatient | | | 3223 | 1198.81 | Qualcare | Qualcare | 2417.25 | 75 | | | 197.71 | 3061.85 | percent of total billed charges | |
| HC INJ PARAVERT FACET JNT C/T 1 LEV | 64490 | CPT | | | | outpatient | | | 3223 | 1198.81 | Horizon | NJ Health | 197.71 | | | 2491.42 | 197.71 | 3061.85 | fee schedule | |
| HC INJ PARAVERT FACET JNT C/T 1 LEV | 64490 | CPT | | | | outpatient | | | 3223 | 1198.81 | First Trenton | First Trenton | 2900.7 | 90 | | | 197.71 | 3061.85 | percent of total billed charges | |
| HC INJ PARAVERT FACET JNT C/T 1 LEV | 64490 | CPT | | | | outpatient | | | 3223 | 1198.81 | Wellcare | Medicaid | 1016.86 | 31.55 | | | 197.71 | 3061.85 | percent of total billed charges | |
| HC INJ PARAVERT FACET JNT C/T 1 LEV | 64490 | CPT | | | | outpatient | | | 3223 | 1198.81 | Three Rivers | Three Rivers | 3061.85 | 95 | | | 197.71 | 3061.85 | percent of total billed charges | |
| HC INJ PARAVERT FACET JNT C/T 1 LEV | 64490 | CPT | | | | outpatient | | | 3223 | 1198.81 | Horizon | PPO | 2017.12 | | | | 197.71 | 3061.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ PARAVERT FACET JNT C/T 1 LEV | 64490 | CPT | | | | outpatient | | | 3223 | 1198.81 | UHC | Medicaid | 1016.86 | 31.55 | | 411.22 | 197.71 | 3061.85 | percent of total billed charges | |
| HC INJ PARAVERT FACET JNT C/T 1 LEV | 64490 | CPT | | | | outpatient | | | 3223 | 1198.81 | Managed Care Inc | Managed Care Inc | 2900.7 | 90 | | | 197.71 | 3061.85 | percent of total billed charges | |
| HC INJ PARAVERT FACET JNT C/T 1 LEV | 64490 | CPT | | | | outpatient | | | 3223 | 1198.81 | United | Commercial\|PPO | 1817 | | | | 197.71 | 3061.85 | case rate | |
| HC INJ PARAVERT FACET JNT C/T 1 LEV | 64490 | CPT | | | | outpatient | | | 3223 | 1198.81 | UHC | Medicare | 1042.44 | | | 718.12 | 197.71 | 3061.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ PARAVERT FACET JNT C/T 1 LEV | 64490 | CPT | | | | outpatient | | | 3223 | 1198.81 | WellPoint | WellPoint | 1037.16 | 32.18 | | | 197.71 | 3061.85 | percent of total billed charges | |
| HC INJ PARAVERT FACET JNT C/T 1 LEV | 64490 | CPT | | | | outpatient | | | 3223 | 1198.81 | Wellcare | Medicare | 1042.44 | | | | 197.71 | 3061.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ PARAVRT FACET JNT CRV/THRC 2LV | 64491 | CPT | | | | outpatient | | | 949 | | Aetna | Better Health | 299.41 | 31.55 | | | 95.32 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT FACET JT CRV/THRC 2LV | 64491 | CPT | | | | outpatient | | | 949 | | Aetna | Medicare | 292.29 | 30.8 | | | 95.32 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT FACET JT CRV/THRC 2LV | 64491 | CPT | | | | outpatient | | | 949 | | Consumer | Consumer | 901.55 | 95 | | | 95.32 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT FACET JT CRV/THRC 2LV | 64491 | CPT | | | | outpatient | | | 949 | | Americare | Americare | 711.75 | 75 | | | 95.32 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT FACET JT CRV/THRC 2LV | 64491 | CPT | | | | outpatient | | | 949 | | Multiplan | Multiplan | 759.2 | 80 | | | 95.32 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT FACET JT CRV/THRC 2LV | 64491 | CPT | | | | outpatient | | | 949 | | First Trenton | First Trenton | 854.1 | 90 | | | 95.32 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT FACET JT CRV/THRC 2LV | 64491 | CPT | | | | outpatient | | | 949 | | Aetna | Commercial | 360.62 | 38 | | | 95.32 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT FACET JT CRV/THRC 2LV | 64491 | CPT | | | | outpatient | | | 949 | | Horizon | Indemnity | 363.28 | 38.28 | | | 95.32 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT FACET JT CRV/THRC 2LV | 64491 | CPT | | | | outpatient | | | 949 | | First Health | First Health | 664.3 | 70 | | | 95.32 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT FACET JT CRV/THRC 2LV | 64491 | CPT | | | | outpatient | | | 949 | | Managed Care Inc | Managed Care Inc | 854.1 | 90 | | | 95.32 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT FACET JT CRV/THRC 2LV | 64491 | CPT | | | | outpatient | | | 949 | | Corrections | Corrections | 759.2 | 80 | | | 95.32 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT FACET JT CRV/THRC 2LV | 64491 | CPT | | | | outpatient | | | 949 | | Amerihealth | HMO\|PPO | 300 | | | | 95.32 | 1782 | fee schedule | |
| HC INJ PARAVRT FACET JT CRV/THRC 2LV | 64491 | CPT | | | | outpatient | | | 949 | | Qualcare | Qualcare | 711.75 | 75 | | | 95.32 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT FACET JT CRV/THRC 2LV | 64491 | CPT | | | | outpatient | | | 949 | | Horizon | MGD | 363.28 | 38.28 | | | 95.32 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT FACET JT CRV/THRC 2LV | 64491 | CPT | | | | outpatient | | | 949 | | Horizon | NJ Health | 95.32 | | | | 95.32 | 1782 | fee schedule | |
| HC INJ PARAVRT FACET JT CRV/THRC 2LV | 64491 | CPT | | | | outpatient | | | 949 | | United | Commercial\|PPO | 1782 | | | | 95.32 | 1782 | case rate | |
| HC INJ PARAVRT FACET JT CRV/THRC 2LV | 64491 | CPT | | | | outpatient | | | 949 | | Horizon | Medicare Blue | 284.7 | 30 | | | 95.32 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT FACET JT CRV/THRC 2LV | 64491 | CPT | | | | outpatient | | | 949 | | Horizon | PPO | 363.28 | 38.28 | | | 95.32 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT FACET JT CRV/THRC 2LV | 64491 | CPT | | | | outpatient | | | 949 | | Three Rivers | Three Rivers | 901.55 | 95 | | | 95.32 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT FACET JT CRV/THRC 2LV | 64491 | CPT | | | | outpatient | | | 949 | | UHC | Medicaid | 299.41 | 31.55 | | | 95.32 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT FACET JT CRV/THRC 2LV | 64491 | CPT | | | | outpatient | | | 949 | | Wellcare | Medicaid | 299.41 | 31.55 | | | 95.32 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT FACET JT CRV/THRC 2LV | 64491 | CPT | | | | outpatient | | | 949 | | United | Oxford | 1782 | | | | 95.32 | 1782 | case rate | |
| HC INJ PARAVRT FACET JT CRV/THRC 2LV | 64491 | CPT | | | | outpatient | | | 949 | | WellPoint | WellPoint | 305.39 | 32.18 | | | 95.32 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT C/T >=3 LVLS | 64492 | CPT | | | | outpatient | | | 949 | | Aetna | Medicare | 292.29 | 30.8 | | | 96.7 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT C/T >=3 LVLS | 64492 | CPT | | | | outpatient | | | 949 | | Aetna | Better Health | 299.41 | 31.55 | | | 96.7 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT C/T >=3 LVLS | 64492 | CPT | | | | outpatient | | | 949 | | Wellcare | Medicaid | 299.41 | 31.55 | | | 96.7 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT C/T >=3 LVLS | 64492 | CPT | | | | outpatient | | | 949 | | Aetna | Commercial | 360.62 | 38 | | | 96.7 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT C/T >=3 LVLS | 64492 | CPT | | | | outpatient | | | 949 | | UHC | Medicaid | 299.41 | 31.55 | | | 96.7 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT C/T >=3 LVLS | 64492 | CPT | | | | outpatient | | | 949 | | First Health | First Health | 664.3 | 70 | | | 96.7 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT C/T >=3 LVLS | 64492 | CPT | | | | outpatient | | | 949 | | Americare | Americare | 711.75 | 75 | | | 96.7 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT C/T >=3 LVLS | 64492 | CPT | | | | outpatient | | | 949 | | Consumer | Consumer | 901.55 | 95 | | | 96.7 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT C/T >=3 LVLS | 64492 | CPT | | | | outpatient | | | 949 | | Horizon | MGD | 363.28 | 38.28 | | | 96.7 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT C/T >=3 LVLS | 64492 | CPT | | | | outpatient | | | 949 | | First Trenton | First Trenton | 854.1 | 90 | | | 96.7 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT C/T >=3 LVLS | 64492 | CPT | | | | outpatient | | | 949 | | Amerihealth | HMO\|PPO | 300 | | | | 96.7 | 1782 | fee schedule | |
| HC INJ PARAVRT F JNT C/T >=3 LVLS | 64492 | CPT | | | | outpatient | | | 949 | | Multiplan | Multiplan | 759.2 | 80 | | | 96.7 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT C/T >=3 LVLS | 64492 | CPT | | | | outpatient | | | 949 | | United | Oxford | 1782 | | | | 96.7 | 1782 | case rate | |
| HC INJ PARAVRT F JNT C/T >=3 LVLS | 64492 | CPT | | | | outpatient | | | 949 | | Horizon | Indemnity | 363.28 | 38.28 | | | 96.7 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT C/T >=3 LVLS | 64492 | CPT | | | | outpatient | | | 949 | | United | Commercial\|PPO | 1782 | | | | 96.7 | 1782 | case rate | |
| HC INJ PARAVRT F JNT C/T >=3 LVLS | 64492 | CPT | | | | outpatient | | | 949 | | Corrections | Corrections | 759.2 | 80 | | | 96.7 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT C/T >=3 LVLS | 64492 | CPT | | | | outpatient | | | 949 | | WellPoint | WellPoint | 305.39 | 32.18 | | | 96.7 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT C/T >=3 LVLS | 64492 | CPT | | | | outpatient | | | 949 | | Horizon | Medicare Blue | 284.7 | 30 | | | 96.7 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT C/T >=3 LVLS | 64492 | CPT | | | | outpatient | | | 949 | | Qualcare | Qualcare | 711.75 | 75 | | | 96.7 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT C/T >=3 LVLS | 64492 | CPT | | | | outpatient | | | 949 | | Horizon | PPO | 363.28 | 38.28 | | | 96.7 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT C/T >=3 LVLS | 64492 | CPT | | | | outpatient | | | 949 | | Horizon | NJ Health | 96.7 | | | | 96.7 | 1782 | fee schedule | |
| HC INJ PARAVRT F JNT C/T >=3 LVLS | 64492 | CPT | | | | outpatient | | | 949 | | Managed Care Inc | Managed Care Inc | 854.1 | 90 | | | 96.7 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT C/T >=3 LVLS | 64492 | CPT | | | | outpatient | | | 949 | | Three Rivers | Three Rivers | 901.55 | 95 | | | 96.7 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 1 LVL | 64493 | CPT | | | | outpatient | | | 3131 | 1198.81 | Three Rivers | Three Rivers | 2974.45 | 95 | | | 264.16 | 2974.45 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 1 LVL | 64493 | CPT | | | | outpatient | | | 3131 | 1198.81 | Corrections | Corrections | 2504.8 | 80 | | 794.82 | 264.16 | 2974.45 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 1 LVL | 64493 | CPT | | | | outpatient | | | 3131 | 1198.81 | Aetna | Better Health | 987.83 | 31.55 | | | 264.16 | 2974.45 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 1 LVL | 64493 | CPT | | | | outpatient | | | 3131 | 1198.81 | Americare | Americare | 2348.25 | 75 | | | 264.16 | 2974.45 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 1 LVL | 64493 | CPT | | | | outpatient | | | 3131 | 1198.81 | First Trenton | First Trenton | 2817.9 | 90 | | | 264.16 | 2974.45 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 1 LVL | 64493 | CPT | | | | outpatient | | | 3131 | 1198.81 | Aetna | Medicare | 1042.44 | | | 791.47 | 264.16 | 2974.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ PARAVRT F JNT LIS 1 LVL | 64493 | CPT | | | | outpatient | | | 3131 | 1198.81 | UHC | Medicaid | 987.83 | 31.55 | | 686.78 | 264.16 | 2974.45 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 1 LVL | 64493 | CPT | | | | outpatient | | | 3131 | 1198.81 | Aetna | Commercial | 1189.78 | 38 | | 1637.81 | 264.16 | 2974.45 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 1 LVL | 64493 | CPT | | | | outpatient | | | 3131 | 1198.81 | Horizon | Indemnity | 2017.12 | | | | 264.16 | 2974.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ PARAVRT F JNT LIS 1 LVL | 64493 | CPT | | | | outpatient | | | 3131 | 1198.81 | Horizon | MGD | 2017.12 | | | 2113.17 | 264.16 | 2974.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ PARAVRT F JNT LIS 1 LVL | 64493 | CPT | | | | outpatient | | | 3131 | 1198.81 | Amerihealth | HMO\|PPO | 300 | | | | 264.16 | 2974.45 | fee schedule | |
| HC INJ PARAVRT F JNT LIS 1 LVL | 64493 | CPT | | | | outpatient | | | 3131 | 1198.81 | Consumer | Consumer | 2974.45 | 95 | | | 264.16 | 2974.45 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 1 LVL | 64493 | CPT | | | | outpatient | | | 3131 | 1198.81 | Horizon | Medicare Blue | 1042.44 | | | 2051.38 | 264.16 | 2974.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ PARAVRT F JNT LIS 1 LVL | 64493 | CPT | | | | outpatient | | | 3131 | 1198.81 | Qualcare | Qualcare | 2348.25 | 75 | | | 264.16 | 2974.45 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 1 LVL | 64493 | CPT | | | | outpatient | | | 3131 | 1198.81 | First Health | First Health | 2191.7 | 70 | | | 264.16 | 2974.45 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 1 LVL | 64493 | CPT | | | | outpatient | | | 3131 | 1198.81 | United | Commercial\|PPO | 1817 | | | 2364.85 | 264.16 | 2974.45 | case rate | |
| HC INJ PARAVRT F JNT LIS 1 LVL | 64493 | CPT | | | | outpatient | | | 3131 | 1198.81 | Managed Care Inc | Managed Care Inc | 2817.9 | 90 | | | 264.16 | 2974.45 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 1 LVL | 64493 | CPT | | | | outpatient | | | 3131 | 1198.81 | Horizon | NJ Health | 264.16 | | | 2319.35 | 264.16 | 2974.45 | fee schedule | |
| HC INJ PARAVRT F JNT LIS 1 LVL | 64493 | CPT | | | | outpatient | | | 3131 | 1198.81 | Horizon | PPO | 2017.12 | | | 1908.08 | 264.16 | 2974.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ PARAVRT F JNT LIS 1 LVL | 64493 | CPT | | | | outpatient | | | 3131 | 1198.81 | United | Oxford | 1817 | | | | 264.16 | 2974.45 | case rate | |
| HC INJ PARAVRT F JNT LIS 1 LVL | 64493 | CPT | | | | outpatient | | | 3131 | 1198.81 | WellPoint | WellPoint | 1007.56 | 32.18 | | 750.61 | 264.16 | 2974.45 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 1 LVL | 64493 | CPT | | | | outpatient | | | 3131 | 1198.81 | Multiplan | Multiplan | 2504.8 | 80 | | | 264.16 | 2974.45 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 1 LVL | 64493 | CPT | | | | outpatient | | | 3131 | 1198.81 | UHC | Medicare | 1042.44 | | | 916.71 | 264.16 | 2974.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ PARAVRT F JNT LIS 1 LVL | 64493 | CPT | | | | outpatient | | | 3131 | 1198.81 | Wellcare | Medicaid | 987.83 | 31.55 | | 843.55 | 264.16 | 2974.45 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 1 LVL | 64493 | CPT | | | | outpatient | | | 3131 | 1198.81 | Wellcare | Medicare | 1042.44 | | | | 264.16 | 2974.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ PARAVRT F JNT LIS 2 LVL ADD | 64494 | CPT | | | | outpatient | | | 949 | | First Trenton | First Trenton | 854.1 | 90 | | | 130.63 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 2 LVL ADD | 64494 | CPT | | | | outpatient | | | 949 | | Americare | Americare | 711.75 | 75 | | | 130.63 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 2 LVL ADD | 64494 | CPT | | | | outpatient | | | 949 | | First Health | First Health | 664.3 | 70 | | | 130.63 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 2 LVL ADD | 64494 | CPT | | | | outpatient | | | 949 | | Corrections | Corrections | 759.2 | 80 | | | 130.63 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 2 LVL ADD | 64494 | CPT | | | | outpatient | | | 949 | | Aetna | Medicare | 292.29 | 30.8 | | | 130.63 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 2 LVL ADD | 64494 | CPT | | | | outpatient | | | 949 | | Horizon | Indemnity | 363.28 | 38.28 | | | 130.63 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 2 LVL ADD | 64494 | CPT | | | | outpatient | | | 949 | | Aetna | Better Health | 299.41 | 31.55 | | | 130.63 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 2 LVL ADD | 64494 | CPT | | | | outpatient | | | 949 | | Aetna | Commercial | 360.62 | 38 | | | 130.63 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 2 LVL ADD | 64494 | CPT | | | | outpatient | | | 949 | | Horizon | PPO | 363.28 | 38.28 | | | 130.63 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 2 LVL ADD | 64494 | CPT | | | | outpatient | | | 949 | | Amerihealth | HMO\|PPO | 300 | | | | 130.63 | 1782 | fee schedule | |
| HC INJ PARAVRT F JNT LIS 2 LVL ADD | 64494 | CPT | | | | outpatient | | | 949 | | Multiplan | Multiplan | 759.2 | 80 | | | 130.63 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 2 LVL ADD | 64494 | CPT | | | | outpatient | | | 949 | | UHC | Medicaid | 299.41 | 31.55 | | 174.3 | 130.63 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 2 LVL ADD | 64494 | CPT | | | | outpatient | | | 949 | | Horizon | MGD | 363.28 | 38.28 | | | 130.63 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 2 LVL ADD | 64494 | CPT | | | | outpatient | | | 949 | | Consumer | Consumer | 901.55 | 95 | | | 130.63 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 2 LVL ADD | 64494 | CPT | | | | outpatient | | | 949 | | Managed Care Inc | Managed Care Inc | 854.1 | 90 | | | 130.63 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 2 LVL ADD | 64494 | CPT | | | | outpatient | | | 949 | | Qualcare | Qualcare | 711.75 | 75 | | | 130.63 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 2 LVL ADD | 64494 | CPT | | | | outpatient | | | 949 | | United | Commercial\|PPO | 1782 | | | | 130.63 | 1782 | case rate | |
| HC INJ PARAVRT F JNT LIS 2 LVL ADD | 64494 | CPT | | | | outpatient | | | 949 | | Horizon | Medicare Blue | 284.7 | 30 | | | 130.63 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 2 LVL ADD | 64494 | CPT | | | | outpatient | | | 949 | | United | Oxford | 1782 | | | | 130.63 | 1782 | case rate | |
| HC INJ PARAVRT F JNT LIS 2 LVL ADD | 64494 | CPT | | | | outpatient | | | 949 | | Horizon | NJ Health | 130.63 | | | | 130.63 | 1782 | fee schedule | |
| HC INJ PARAVRT F JNT LIS 2 LVL ADD | 64494 | CPT | | | | outpatient | | | 949 | | WellPoint | WellPoint | 305.39 | 32.18 | | | 130.63 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 2 LVL ADD | 64494 | CPT | | | | outpatient | | | 949 | | Three Rivers | Three Rivers | 901.55 | 95 | | | 130.63 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 2 LVL ADD | 64494 | CPT | | | | outpatient | | | 949 | | Wellcare | Medicaid | 299.41 | 31.55 | | | 130.63 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 3 LEV | 64495 | CPT | | | | outpatient | | | 949 | | Consumer | Consumer | 901.55 | 95 | | | 132.77 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 3 LEV | 64495 | CPT | | | | outpatient | | | 949 | | Aetna | Better Health | 299.41 | 31.55 | | | 132.77 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 3 LEV | 64495 | CPT | | | | outpatient | | | 949 | | Wellcare | Medicaid | 299.41 | 31.55 | | | 132.77 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 3 LEV | 64495 | CPT | | | | outpatient | | | 949 | | UHC | Medicaid | 299.41 | 31.55 | | | 132.77 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 3 LEV | 64495 | CPT | | | | outpatient | | | 949 | | Aetna | Commercial | 360.62 | 38 | | | 132.77 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 3 LEV | 64495 | CPT | | | | outpatient | | | 949 | | First Health | First Health | 664.3 | 70 | | | 132.77 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 3 LEV | 64495 | CPT | | | | outpatient | | | 949 | | Americare | Americare | 711.75 | 75 | | | 132.77 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 3 LEV | 64495 | CPT | | | | outpatient | | | 949 | | United | Commercial\|PPO | 1782 | | | | 132.77 | 1782 | case rate | |
| HC INJ PARAVRT F JNT LIS 3 LEV | 64495 | CPT | | | | outpatient | | | 949 | | Corrections | Corrections | 759.2 | 80 | | | 132.77 | 1782 | percent of total billed charges | |
| HC INJ PARAVRT F JNT LIS 3 LEV | 64495 | CPT | | | | outpatient | | | 949 | | Amerihealth | HMO\|PPO | 300 | | | | 132.77 | 1782 | fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC INJ PARAVERT F JNT LIS 3 LEV | 64495 | CPT | | | | outpatient | | | 949 | | First Trenton | First Trenton | 854.1 | 90 | | | 132.77 | 1782 | percent of total billed charges | |
| HC INJ PARAVERT F JNT LIS 3 LEV | 64495 | CPT | | | | outpatient | | | 949 | | Horizon | Indemnity | 363.28 | 38.28 | | | 132.77 | 1782 | percent of total billed charges | |
| HC INJ PARAVERT F JNT LIS 3 LEV | 64495 | CPT | | | | outpatient | | | 949 | | Aetna | Medicare | 292.29 | 30.8 | | | 132.77 | 1782 | percent of total billed charges | |
| HC INJ PARAVERT F JNT LIS 3 LEV | 64495 | CPT | | | | outpatient | | | 949 | | Horizon | NJ Health | 132.77 | | | | 132.77 | 1782 | fee schedule | |
| HC INJ PARAVERT F JNT LIS 3 LEV | 64495 | CPT | | | | outpatient | | | 949 | | Horizon | Medicare Blue | 284.7 | 30 | | | 132.77 | 1782 | percent of total billed charges | |
| HC INJ PARAVERT F JNT LIS 3 LEV | 64495 | CPT | | | | outpatient | | | 949 | | Horizon | PPO | 363.28 | 38.28 | | | 132.77 | 1782 | percent of total billed charges | |
| HC INJ PARAVERT F JNT LIS 3 LEV | 64495 | CPT | | | | outpatient | | | 949 | | Horizon | MGD | 363.28 | 38.28 | | | 132.77 | 1782 | percent of total billed charges | |
| HC INJ PARAVERT F JNT LIS 3 LEV | 64495 | CPT | | | | outpatient | | | 949 | | Managed Care Inc | Managed Care Inc | 854.1 | 90 | | | 132.77 | 1782 | percent of total billed charges | |
| HC INJ PARAVERT F JNT LIS 3 LEV | 64495 | CPT | | | | outpatient | | | 949 | | United | Oxford | 1782 | | | | 132.77 | 1782 | case rate | |
| HC INJ PARAVERT F JNT LIS 3 LEV | 64495 | CPT | | | | outpatient | | | 949 | | Three Rivers | Three Rivers | 901.55 | 95 | | | 132.77 | 1782 | percent of total billed charges | |
| HC INJ PARAVERT F JNT LIS 3 LEV | 64495 | CPT | | | | outpatient | | | 949 | | Multiplan | Multiplan | 759.2 | 80 | | | 132.77 | 1782 | percent of total billed charges | |
| HC INJ PARAVERT F JNT LIS 3 LEV | 64495 | CPT | | | | outpatient | | | 949 | | WellPoint | WellPoint | 305.39 | 32.18 | | | 132.77 | 1782 | percent of total billed charges | |
| HC INJ PARAVERT F JNT LIS 3 LEV | 64495 | CPT | | | | outpatient | | | 949 | | Qualcare | Qualcare | 711.75 | 75 | | | 132.77 | 1782 | percent of total billed charges | |
| HC INJ ANES AGENT SPHENO. GANGLION | 64505 | CPT | | | | outpatient | | | 1218 | 389.55 | First Health | First Health | 852.6 | 70 | | | 117.74 | 1782 | percent of total billed charges | |
| HC INJ ANES AGENT SPHENO. GANGLION | 64505 | CPT | | | | outpatient | | | 1218 | 389.55 | Corrections | Corrections | 974.4 | 80 | | | 117.74 | 1782 | percent of total billed charges | |
| HC INJ ANES AGENT SPHENO. GANGLION | 64505 | CPT | | | | outpatient | | | 1218 | 389.55 | Aetna | Better Health | 384.28 | 31.55 | | | 117.74 | 1782 | percent of total billed charges | |
| HC INJ ANES AGENT SPHENO. GANGLION | 64505 | CPT | | | | outpatient | | | 1218 | 389.55 | Americare | Americare | 913.5 | 75 | | | 117.74 | 1782 | percent of total billed charges | |
| HC INJ ANES AGENT SPHENO. GANGLION | 64505 | CPT | | | | outpatient | | | 1218 | 389.55 | Multiplan | Multiplan | 974.4 | 80 | | | 117.74 | 1782 | percent of total billed charges | |
| HC INJ ANES AGENT SPHENO. GANGLION | 64505 | CPT | | | | outpatient | | | 1218 | 389.55 | First Trenton | First Trenton | 1096.2 | 90 | | | 117.74 | 1782 | percent of total billed charges | |
| HC INJ ANES AGENT SPHENO. GANGLION | 64505 | CPT | | | | outpatient | | | 1218 | 389.55 | Consumer | Consumer | 1157.1 | 95 | | | 117.74 | 1782 | percent of total billed charges | |
| HC INJ ANES AGENT SPHENO. GANGLION | 64505 | CPT | | | | outpatient | | | 1218 | 389.55 | Aetna | Medicare | 338.74 | | | | 117.74 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES AGENT SPHENO. GANGLION | 64505 | CPT | | | | outpatient | | | 1218 | 389.55 | Horizon | Indemnity | 655.46 | | | | 117.74 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES AGENT SPHENO. GANGLION | 64505 | CPT | | | | outpatient | | | 1218 | 389.55 | Horizon | NJ Health | 117.74 | | | | 117.74 | 1782 | fee schedule | |
| HC INJ ANES AGENT SPHENO. GANGLION | 64505 | CPT | | | | outpatient | | | 1218 | 389.55 | Aetna | Commercial | 462.84 | 38 | | | 117.74 | 1782 | percent of total billed charges | |
| HC INJ ANES AGENT SPHENO. GANGLION | 64505 | CPT | | | | outpatient | | | 1218 | 389.55 | Amerihealth | HMO/PPO | 125 | | | | 117.74 | 1782 | fee schedule | |
| HC INJ ANES AGENT SPHENO. GANGLION | 64505 | CPT | | | | outpatient | | | 1218 | 389.55 | Qualcare | Qualcare | 913.5 | 75 | | | 117.74 | 1782 | percent of total billed charges | |
| HC INJ ANES AGENT SPHENO. GANGLION | 64505 | CPT | | | | outpatient | | | 1218 | 389.55 | Managed Care Inc | Managed Care Inc | 1096.2 | 90 | | | 117.74 | 1782 | percent of total billed charges | |
| HC INJ ANES AGENT SPHENO. GANGLION | 64505 | CPT | | | | outpatient | | | 1218 | 389.55 | Horizon | Medicare Blue | 338.74 | | | | 117.74 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES AGENT SPHENO. GANGLION | 64505 | CPT | | | | outpatient | | | 1218 | 389.55 | UHC | Medicare | 338.74 | | | | 117.74 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES AGENT SPHENO. GANGLION | 64505 | CPT | | | | outpatient | | | 1218 | 389.55 | United | Commercial/PPO | 1782 | | | | 117.74 | 1782 | case rate | |
| HC INJ ANES AGENT SPHENO. GANGLION | 64505 | CPT | | | | outpatient | | | 1218 | 389.55 | Wellcare | Medicare | 338.74 | | | | 117.74 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES AGENT SPHENO. GANGLION | 64505 | CPT | | | | outpatient | | | 1218 | 389.55 | Horizon | MGD | 655.46 | | | | 117.74 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES AGENT SPHENO. GANGLION | 64505 | CPT | | | | outpatient | | | 1218 | 389.55 | Three Rivers | Three Rivers | 1157.1 | 95 | | | 117.74 | 1782 | percent of total billed charges | |
| HC INJ ANES AGENT SPHENO. GANGLION | 64505 | CPT | | | | outpatient | | | 1218 | 389.55 | UHC | Medicaid | 384.28 | 31.55 | | | 117.74 | 1782 | percent of total billed charges | |
| HC INJ ANES AGENT SPHENO. GANGLION | 64505 | CPT | | | | outpatient | | | 1218 | 389.55 | United | Oxford | 1782 | | | | 117.74 | 1782 | case rate | |
| HC INJ ANES AGENT SPHENO. GANGLION | 64505 | CPT | | | | outpatient | | | 1218 | 389.55 | Horizon | PPO | 655.46 | | | | 117.74 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES AGENT SPHENO. GANGLION | 64505 | CPT | | | | outpatient | | | 1218 | 389.55 | Wellcare | Medicaid | 384.28 | 31.55 | | | 117.74 | 1782 | percent of total billed charges | |
| HC INJ ANES AGENT SPHENO. GANGLION | 64505 | CPT | | | | outpatient | | | 1218 | 389.55 | WellPoint | WellPoint | 391.95 | 32.18 | | | 117.74 | 1782 | percent of total billed charges | |
| HC INJECTN OF ANESTHETIC, STELLATE GANGLION CERVICAL SYMPATHETIC | 64510 | CPT | | | | outpatient | | | 3286 | 1198.81 | Aetna | Medicare | 1042.44 | | | | 203.35 | 3121.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTN OF ANESTHETIC, STELLATE GANGLION CERVICAL SYMPATHETIC | 64510 | CPT | | | | outpatient | | | 3286 | 1198.81 | Corrections | Corrections | 2628.8 | 80 | | | 203.35 | 3121.7 | percent of total billed charges | |
| HC INJECTN OF ANESTHETIC, STELLATE GANGLION CERVICAL SYMPATHETIC | 64510 | CPT | | | | outpatient | | | 3286 | 1198.81 | Americare | Americare | 2464.5 | 75 | | | 203.35 | 3121.7 | percent of total billed charges | |
| HC INJECTN OF ANESTHETIC, STELLATE GANGLION CERVICAL SYMPATHETIC | 64510 | CPT | | | | outpatient | | | 3286 | 1198.81 | Aetna | Better Health | 1036.73 | 31.55 | | | 203.35 | 3121.7 | percent of total billed charges | |
| HC INJECTN OF ANESTHETIC, STELLATE GANGLION CERVICAL SYMPATHETIC | 64510 | CPT | | | | outpatient | | | 3286 | 1198.81 | Aetna | Commercial | 1248.68 | 38 | | | 203.35 | 3121.7 | percent of total billed charges | |
| HC INJECTN OF ANESTHETIC, STELLATE GANGLION CERVICAL SYMPATHETIC | 64510 | CPT | | | | outpatient | | | 3286 | 1198.81 | First Trenton | First Trenton | 2957.4 | 90 | | | 203.35 | 3121.7 | percent of total billed charges | |
| HC INJECTN OF ANESTHETIC, STELLATE GANGLION CERVICAL SYMPATHETIC | 64510 | CPT | | | | outpatient | | | 3286 | 1198.81 | Consumer | Consumer | 3121.7 | 95 | | | 203.35 | 3121.7 | percent of total billed charges | |
| HC INJECTN OF ANESTHETIC, STELLATE GANGLION CERVICAL SYMPATHETIC | 64510 | CPT | | | | outpatient | | | 3286 | 1198.81 | Amerihealth | HMO/PPO | 300 | | | | 203.35 | 3121.7 | fee schedule | |
| HC INJECTN OF ANESTHETIC, STELLATE GANGLION CERVICAL SYMPATHETIC | 64510 | CPT | | | | outpatient | | | 3286 | 1198.81 | Horizon | MGD | 2017.12 | | | | 203.35 | 3121.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTN OF ANESTHETIC, STELLATE GANGLION CERVICAL SYMPATHETIC | 64510 | CPT | | | | outpatient | | | 3286 | 1198.81 | Horizon | PPO | 2017.12 | | | | 203.35 | 3121.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTN OF ANESTHETIC, STELLATE GANGLION CERVICAL SYMPATHETIC | 64510 | CPT | | | | outpatient | | | 3286 | 1198.81 | Multiplan | Multiplan | 2628.8 | 80 | | | 203.35 | 3121.7 | percent of total billed charges | |
| HC INJECTN OF ANESTHETIC, STELLATE GANGLION CERVICAL SYMPATHETIC | 64510 | CPT | | | | outpatient | | | 3286 | 1198.81 | United | Oxford | 1817 | | | | 203.35 | 3121.7 | case rate | |
| HC INJECTN OF ANESTHETIC, STELLATE GANGLION CERVICAL SYMPATHETIC | 64510 | CPT | | | | outpatient | | | 3286 | 1198.81 | UHC | Medicaid | 1036.73 | 31.55 | | 814.57 | 203.35 | 3121.7 | percent of total billed charges | |
| HC INJECTN OF ANESTHETIC, STELLATE GANGLION CERVICAL SYMPATHETIC | 64510 | CPT | | | | outpatient | | | 3286 | 1198.81 | Horizon | Indemnity | 2017.12 | | | 1647.9 | 203.35 | 3121.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTN OF ANESTHETIC, STELLATE GANGLION CERVICAL SYMPATHETIC | 64510 | CPT | | | | outpatient | | | 3286 | 1198.81 | Qualcare | Qualcare | 2464.5 | 75 | | | 203.35 | 3121.7 | percent of total billed charges | |
| HC INJECTN OF ANESTHETIC, STELLATE GANGLION CERVICAL SYMPATHETIC | 64510 | CPT | | | | outpatient | | | 3286 | 1198.81 | First Health | First Health | 2300.2 | 70 | | | 203.35 | 3121.7 | percent of total billed charges | |
| HC INJECTN OF ANESTHETIC, STELLATE GANGLION CERVICAL SYMPATHETIC | 64510 | CPT | | | | outpatient | | | 3286 | 1198.81 | Wellcare | Medicaid | 1036.73 | 31.55 | | 26.29 | 203.35 | 3121.7 | percent of total billed charges | |
| HC INJECTN OF ANESTHETIC, STELLATE GANGLION CERVICAL SYMPATHETIC | 64510 | CPT | | | | outpatient | | | 3286 | 1198.81 | United | Commercial/PPO | 1817 | | | | 203.35 | 3121.7 | case rate | |
| HC INJECTN OF ANESTHETIC, STELLATE GANGLION CERVICAL SYMPATHETIC | 64510 | CPT | | | | outpatient | | | 3286 | 1198.81 | Horizon | Medicare Blue | 1042.44 | | | | 203.35 | 3121.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTN OF ANESTHETIC, STELLATE GANGLION CERVICAL SYMPATHETIC | 64510 | CPT | | | | outpatient | | | 3286 | 1198.81 | Managed Care Inc | Managed Care Inc | 2957.4 | 90 | | | 203.35 | 3121.7 | percent of total billed charges | |
| HC INJECTN OF ANESTHETIC, STELLATE GANGLION CERVICAL SYMPATHETIC | 64510 | CPT | | | | outpatient | | | 3286 | 1198.81 | Horizon | NJ Health | 203.35 | | | 3040.61 | 203.35 | 3121.7 | fee schedule | |
| HC INJECTN OF ANESTHETIC, STELLATE GANGLION CERVICAL SYMPATHETIC | 64510 | CPT | | | | outpatient | | | 3286 | 1198.81 | WellPoint | WellPoint | 1057.43 | 32.18 | | | 203.35 | 3121.7 | percent of total billed charges | |
| HC INJECTN OF ANESTHETIC, STELLATE GANGLION CERVICAL SYMPATHETIC | 64510 | CPT | | | | outpatient | | | 3286 | 1198.81 | UHC | Medicare | 1042.44 | | | | 203.35 | 3121.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTN OF ANESTHETIC, STELLATE GANGLION CERVICAL SYMPATHETIC | 64510 | CPT | | | | outpatient | | | 3286 | 1198.81 | Three Rivers | Three Rivers | 3121.7 | 95 | | | 203.35 | 3121.7 | percent of total billed charges | |
| HC INJECTN OF ANESTHETIC, STELLATE GANGLION CERVICAL SYMPATHETIC | 64510 | CPT | | | | outpatient | | | 3286 | 1198.81 | Wellcare | Medicare | 1042.44 | | | | 203.35 | 3121.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION NEUROLYTIC AGT GENICULAR NER | 64517 | CPT | | | | outpatient | | | 3286 | 1198.81 | UHC | Medicare | 1042.44 | | | | 270.53 | 3121.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION NEUROLYTIC AGT GENICULAR NER | 64517 | CPT | | | | outpatient | | | 3286 | 1198.81 | Aetna | Commercial | 1248.68 | 38 | | | 270.53 | 3121.7 | percent of total billed charges | |
| HC DESTRUCTION NEUROLYTIC AGT GENICULAR NER | 64517 | CPT | | | | outpatient | | | 3286 | 1198.81 | Aetna | Better Health | 1036.73 | 31.55 | | | 270.53 | 3121.7 | percent of total billed charges | |
| HC DESTRUCTION NEUROLYTIC AGT GENICULAR NER | 64517 | CPT | | | | outpatient | | | 3286 | 1198.81 | Americare | Americare | 2464.5 | 75 | | | 270.53 | 3121.7 | percent of total billed charges | |
| HC DESTRUCTION NEUROLYTIC AGT GENICULAR NER | 64517 | CPT | | | | outpatient | | | 3286 | 1198.81 | Horizon | MGD | 2017.12 | | | | 270.53 | 3121.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION NEUROLYTIC AGT GENICULAR NER | 64517 | CPT | | | | outpatient | | | 3286 | 1198.81 | Aetna | Medicare | 1042.44 | | | | 270.53 | 3121.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION NEUROLYTIC AGT GENICULAR NER | 64517 | CPT | | | | outpatient | | | 3286 | 1198.81 | Horizon | Indemnity | 2017.12 | | | | 270.53 | 3121.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION NEUROLYTIC AGT GENICULAR NER | 64517 | CPT | | | | outpatient | | | 3286 | 1198.81 | Wellcare | Medicaid | 1036.73 | 31.55 | | | 270.53 | 3121.7 | percent of total billed charges | |
| HC DESTRUCTION NEUROLYTIC AGT GENICULAR NER | 64517 | CPT | | | | outpatient | | | 3286 | 1198.81 | Horizon | PPO | 2017.12 | | | | 270.53 | 3121.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION NEUROLYTIC AGT GENICULAR NER | 64517 | CPT | | | | outpatient | | | 3286 | 1198.81 | Multiplan | Multiplan | 2628.8 | 80 | | | 270.53 | 3121.7 | percent of total billed charges | |
| HC DESTRUCTION NEUROLYTIC AGT GENICULAR NER | 64517 | CPT | | | | outpatient | | | 3286 | 1198.81 | First Health | First Health | 2300.2 | 70 | | | 270.53 | 3121.7 | percent of total billed charges | |
| HC DESTRUCTION NEUROLYTIC AGT GENICULAR NER | 64517 | CPT | | | | outpatient | | | 3286 | 1198.81 | Amerihealth | HMO/PPO | 300 | | | | 270.53 | 3121.7 | fee schedule | |
| HC DESTRUCTION NEUROLYTIC AGT GENICULAR NER | 64517 | CPT | | | | outpatient | | | 3286 | 1198.81 | UHC | Medicaid | 1036.73 | 31.55 | | | 270.53 | 3121.7 | percent of total billed charges | |
| HC DESTRUCTION NEUROLYTIC AGT GENICULAR NER | 64517 | CPT | | | | outpatient | | | 3286 | 1198.81 | Consumer | Consumer | 3121.7 | 95 | | | 270.53 | 3121.7 | percent of total billed charges | |
| HC DESTRUCTION NEUROLYTIC AGT GENICULAR NER | 64517 | CPT | | | | outpatient | | | 3286 | 1198.81 | United | Commercial/PPO | 1817 | | | | 270.53 | 3121.7 | case rate | |
| HC DESTRUCTION NEUROLYTIC AGT GENICULAR NER | 64517 | CPT | | | | outpatient | | | 3286 | 1198.81 | Horizon | Medicare Blue | 1042.44 | | | | 270.53 | 3121.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION NEUROLYTIC AGT GENICULAR NER | 64517 | CPT | | | | outpatient | | | 3286 | 1198.81 | United | Oxford | 1817 | | | | 270.53 | 3121.7 | case rate | |
| HC DESTRUCTION NEUROLYTIC AGT GENICULAR NER | 64517 | CPT | | | | outpatient | | | 3286 | 1198.81 | Qualcare | Qualcare | 2464.5 | 75 | | | 270.53 | 3121.7 | percent of total billed charges | |
| HC DESTRUCTION NEUROLYTIC AGT GENICULAR NER | 64517 | CPT | | | | outpatient | | | 3286 | 1198.81 | First Trenton | First Trenton | 2957.4 | 90 | | | 270.53 | 3121.7 | percent of total billed charges | |
| HC DESTRUCTION NEUROLYTIC AGT GENICULAR NER | 64517 | CPT | | | | outpatient | | | 3286 | 1198.81 | Corrections | Corrections | 2628.8 | 80 | | | 270.53 | 3121.7 | percent of total billed charges | |
| HC DESTRUCTION NEUROLYTIC AGT GENICULAR NER | 64517 | CPT | | | | outpatient | | | 3286 | 1198.81 | WellPoint | WellPoint | 1057.43 | 32.18 | | | 270.53 | 3121.7 | percent of total billed charges | |
| HC DESTRUCTION NEUROLYTIC AGT GENICULAR NER | 64517 | CPT | | | | outpatient | | | 3286 | 1198.81 | Horizon | NJ Health | 270.53 | | | | 270.53 | 3121.7 | fee schedule | |
| HC DESTRUCTION NEUROLYTIC AGT GENICULAR NER | 64517 | CPT | | | | outpatient | | | 3286 | 1198.81 | Managed Care Inc | Managed Care Inc | 2957.4 | 90 | | | 270.53 | 3121.7 | percent of total billed charges | |
| HC DESTRUCTION NEUROLYTIC AGT GENICULAR NER | 64517 | CPT | | | | outpatient | | | 3286 | 1198.81 | Three Rivers | Three Rivers | 3121.7 | 95 | | | 270.53 | 3121.7 | percent of total billed charges | |
| HC DESTRUCTION NEUROLYTIC AGT GENICULAR NER | 64517 | CPT | | | | outpatient | | | 3286 | 1198.81 | Wellcare | Medicare | 1042.44 | | | | 270.53 | 3121.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES AGNT;LUMB/THORACIC | 64520 | CPT | | | | outpatient | | | 3286 | 1198.81 | Corrections | Corrections | 2628.8 | 80 | | | 296.89 | 3121.7 | percent of total billed charges | |
| HC INJ ANES AGNT;LUMB/THORACIC | 64520 | CPT | | | | outpatient | | | 3286 | 1198.81 | Qualcare | Qualcare | 2464.5 | 75 | | | 296.89 | 3121.7 | percent of total billed charges | |
| HC INJ ANES AGNT;LUMB/THORACIC | 64520 | CPT | | | | outpatient | | | 3286 | 1198.81 | Aetna | Commercial | 1248.68 | 38 | | | 296.89 | 3121.7 | percent of total billed charges | |
| HC INJ ANES AGNT;LUMB/THORACIC | 64520 | CPT | | | | outpatient | | | 3286 | 1198.81 | Aetna | Better Health | 1036.73 | 31.55 | | 366.48 | 296.89 | 3121.7 | percent of total billed charges | |
| HC INJ ANES AGNT;LUMB/THORACIC | 64520 | CPT | | | | outpatient | | | 3286 | 1198.81 | First Health | First Health | 2300.2 | 70 | | | 296.89 | 3121.7 | percent of total billed charges | |
| HC INJ ANES AGNT;LUMB/THORACIC | 64520 | CPT | | | | outpatient | | | 3286 | 1198.81 | Multiplan | Multiplan | 2628.8 | 80 | | | 296.89 | 3121.7 | percent of total billed charges | |
| HC INJ ANES AGNT;LUMB/THORACIC | 64520 | CPT | | | | outpatient | | | 3286 | 1198.81 | Amerihealth | HMO/PPO | 300 | | | | 296.89 | 3121.7 | fee schedule | |
| HC INJ ANES AGNT;LUMB/THORACIC | 64520 | CPT | | | | outpatient | | | 3286 | 1198.81 | Aetna | Medicare | 1042.44 | | | | 296.89 | 3121.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES AGNT;LUMB/THORACIC | 64520 | CPT | | | | outpatient | | | 3286 | 1198.81 | First Trenton | First Trenton | 2957.4 | 90 | | | 296.89 | 3121.7 | percent of total billed charges | |
| HC INJ ANES AGNT;LUMB/THORACIC | 64520 | CPT | | | | outpatient | | | 3286 | 1198.81 | Americare | Americare | 2464.5 | 75 | | | 296.89 | 3121.7 | percent of total billed charges | |
| HC INJ ANES AGNT;LUMB/THORACIC | 64520 | CPT | | | | outpatient | | | 3286 | 1198.81 | UHC | Medicaid | 1036.73 | 31.55 | | | 296.89 | 3121.7 | percent of total billed charges | |
| HC INJ ANES AGNT;LUMB/THORACIC | 64520 | CPT | | | | outpatient | | | 3286 | 1198.81 | Consumer | Consumer | 3121.7 | 95 | | | 296.89 | 3121.7 | percent of total billed charges | |
| HC INJ ANES AGNT;LUMB/THORACIC | 64520 | CPT | | | | outpatient | | | 3286 | 1198.81 | Three Rivers | Three Rivers | 3121.7 | 95 | | | 296.89 | 3121.7 | percent of total billed charges | |
| HC INJ ANES AGNT;LUMB/THORACIC | 64520 | CPT | | | | outpatient | | | 3286 | 1198.81 | Horizon | Medicare Blue | 1042.44 | | | | 296.89 | 3121.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES AGNT;LUMB/THORACIC | 64520 | CPT | | | | outpatient | | | 3286 | 1198.81 | Horizon | Indemnity | 2017.12 | | | | 296.89 | 3121.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES AGNT;LUMB/THORACIC | 64520 | CPT | | | | outpatient | | | 3286 | 1198.81 | United | Oxford | 1817 | | | | 296.89 | 3121.7 | case rate | |
| HC INJ ANES AGNT;LUMB/THORACIC | 64520 | CPT | | | | outpatient | | | 3286 | 1198.81 | Horizon | MGD | 2017.12 | | | | 296.89 | 3121.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES AGNT;LUMB/THORACIC | 64520 | CPT | | | | outpatient | | | 3286 | 1198.81 | United | Commercial/PPO | 1817 | | | | 296.89 | 3121.7 | case rate | |
| HC INJ ANES AGNT;LUMB/THORACIC | 64520 | CPT | | | | outpatient | | | 3286 | 1198.81 | Wellcare | Medicare | 1042.44 | | | | 296.89 | 3121.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES AGNT;LUMB/THORACIC | 64520 | CPT | | | | outpatient | | | 3286 | 1198.81 | Horizon | NJ Health | 296.89 | | | 1044.39 | 296.89 | 3121.7 | fee schedule | |
| HC INJ ANES AGNT;LUMB/THORACIC | 64520 | CPT | | | | outpatient | | | 3286 | 1198.81 | Horizon | PPO | 2017.12 | | | | 296.89 | 3121.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES AGNT;LUMB/THORACIC | 64520 | CPT | | | | outpatient | | | 3286 | 1198.81 | WellPoint | WellPoint | 1057.43 | 32.18 | | | 296.89 | 3121.7 | percent of total billed charges | |
| HC INJ ANES AGNT;LUMB/THORACIC | 64520 | CPT | | | | outpatient | | | 3286 | 1198.81 | Managed Care Inc | Managed Care Inc | 2957.4 | 90 | | | 296.89 | 3121.7 | percent of total billed charges | |
| HC INJ ANES AGNT;LUMB/THORACIC | 64520 | CPT | | | | outpatient | | | 3286 | 1198.81 | UHC | Medicare | 1042.44 | | | | 296.89 | 3121.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJ ANES AGNT;LUMB/THORACIC | 64520 | CPT | | | | outpatient | | | 3286 | 1198.81 | Wellcare | Medicaid | 1036.73 | 31.55 | | | 296.89 | 3121.7 | percent of total billed charges | |
| HC CELIAC PLEXUS GANGLION BR | 64530 | CPT | | | | outpatient | | | 3286 | 1198.81 | Multiplan | Multiplan | 2628.8 | 80 | | | 164.43 | 3121.7 | percent of total billed charges | |
| HC CELIAC PLEXUS GANGLION BR | 64530 | CPT | | | | outpatient | | | 3286 | 1198.81 | Consumer | Consumer | 3121.7 | 95 | | | 164.43 | 3121.7 | percent of total billed charges | |
| HC CELIAC PLEXUS GANGLION BR | 64530 | CPT | | | | outpatient | | | 3286 | 1198.81 | Americare | Americare | 2464.5 | 75 | | | 164.43 | 3121.7 | percent of total billed charges | |
| HC CELIAC PLEXUS GANGLION BR | 64530 | CPT | | | | outpatient | | | 3286 | 1198.81 | Aetna | Medicare | 1042.44 | | | | 164.43 | 3121.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CELIAC PLEXUS GANGLION BR | 64530 | CPT | | | | outpatient | | | 3286 | 1198.81 | UHC | Medicare | 1042.44 | | | | 164.43 | 3121.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CELIAC PLEXUS GANGLION BR | 64530 | CPT | | | | outpatient | | | 3286 | 1198.81 | First Health | First Health | 2300.2 | 70 | | | 164.43 | 3121.7 | percent of total billed charges | |
| HC CELIAC PLEXUS GANGLION BR | 64530 | CPT | | | | outpatient | | | 3286 | 1198.81 | First Trenton | First Trenton | 2957.4 | 90 | | | 164.43 | 3121.7 | percent of total billed charges | |
| HC CELIAC PLEXUS GANGLION BR | 64530 | CPT | | | | outpatient | | | 3286 | 1198.81 | Aetna | Better Health | 1036.73 | 31.55 | | | 164.43 | 3121.7 | percent of total billed charges | |
| HC CELIAC PLEXUS GANGLION BR | 64530 | CPT | | | | outpatient | | | 3286 | 1198.81 | Qualcare | Qualcare | 2464.5 | 75 | | | 164.43 | 3121.7 | percent of total billed charges | |
| HC CELIAC PLEXUS GANGLION BR | 64530 | CPT | | | | outpatient | | | 3286 | 1198.81 | Corrections | Corrections | 2628.8 | 80 | | | 164.43 | 3121.7 | percent of total billed charges | |
| HC CELIAC PLEXUS GANGLION BR | 64530 | CPT | | | | outpatient | | | 3286 | 1198.81 | Amerihealth | HMO/PPO | 300 | | | | 164.43 | 3121.7 | fee schedule | |
| HC CELIAC PLEXUS GANGLION BR | 64530 | CPT | | | | outpatient | | | 3286 | 1198.81 | Aetna | Commercial | 1248.68 | 38 | | | 164.43 | 3121.7 | percent of total billed charges | |
| HC CELIAC PLEXUS GANGLION BR | 64530 | CPT | | | | outpatient | | | 3286 | 1198.81 | Wellcare | Medicare | 1042.44 | | | | 164.43 | 3121.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CELIAC PLEXUS GANGLION BR | 64530 | CPT | | | | outpatient | | | 3286 | 1198.81 | Three Rivers | Three Rivers | 3121.7 | 95 | | | 164.43 | 3121.7 | percent of total billed charges | |
| HC CELIAC PLEXUS GANGLION BR | 64530 | CPT | | | | outpatient | | | 3286 | 1198.81 | Managed Care Inc | Managed Care Inc | 2957.4 | 90 | | | 164.43 | 3121.7 | percent of total billed charges | |
| HC CELIAC PLEXUS GANGLION BR | 64530 | CPT | | | | outpatient | | | 3286 | 1198.81 | Horizon | MGD | 2017.12 | | | | 164.43 | 3121.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CELIAC PLEXUS GANGLION BR | 64530 | CPT | | | | outpatient | | | 3286 | 1198.81 | UHC | Medicaid | 1036.73 | 31.55 | | | 164.43 | 3121.7 | percent of total billed charges | |
| HC CELIAC PLEXUS GANGLION BR | 64530 | CPT | | | | outpatient | | | 3286 | 1198.81 | Horizon | Medicare Blue | 1042.44 | | | | 164.43 | 3121.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CELIAC PLEXUS GANGLION BR | 64530 | CPT | | | | outpatient | | | 3286 | 1198.81 | Horizon | Indemnity | 2017.12 | | | | 164.43 | 3121.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CELIAC PLEXUS GANGLION BR | 64530 | CPT | | | | outpatient | | | 3286 | 1198.81 | Horizon | PPO | 2017.12 | | | | 164.43 | 3121.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CELIAC PLEXUS GANGLION BR | 64530 | CPT | | | | outpatient | | | 3286 | 1198.81 | United | Commercial/PPO | 1817 | | | | 164.43 | 3121.7 | case rate | |
| HC CELIAC PLEXUS GANGLION BR | 64530 | CPT | | | | outpatient | | | 3286 | 1198.81 | Wellcare | Medicaid | 1036.73 | 31.55 | | | 164.43 | 3121.7 | percent of total billed charges | |
| HC CELIAC PLEXUS GANGLION BR | 64530 | CPT | | | | outpatient | | | 3286 | 1198.81 | WellPoint | WellPoint | 1057.43 | 32.18 | | | 164.43 | 3121.7 | percent of total billed charges | |
| HC CELIAC PLEXUS GANGLION BR | 64530 | CPT | | | | outpatient | | | 3286 | 1198.81 | Horizon | NJ Health | 164.43 | | | | 164.43 | 3121.7 | fee schedule | |
| HC CELIAC PLEXUS GANGLION BR | 64530 | CPT | | | | outpatient | | | 3286 | 1198.81 | United | Oxford | 1817 | | | | 164.43 | 3121.7 | case rate | |
| HC OPN IMPLNT PRPHL NRV | 64575 | CPT | | | | outpatient | | | 43997 | 17916.02 | Corrections | Corrections | 35197.6 | 80 | | | 391.5 | 41797.15 | percent of total billed charges | |
| HC OPN IMPLNT PRPHL NRV | 64575 | CPT | | | | outpatient | | | 43997 | 17916.02 | Aetna | Commercial | 16718.86 | 38 | | | 391.5 | 41797.15 | percent of total billed charges | |
| HC OPN IMPLNT PRPHL NRV | 64575 | CPT | | | | outpatient | | | 43997 | 17916.02 | Three Rivers | Three Rivers | 41797.15 | 95 | | | 391.5 | 41797.15 | percent of total billed charges | |
| HC OPN IMPLNT PRPHL NRV | 64575 | CPT | | | | outpatient | | | 43997 | 17916.02 | First Health | First Health | 30797.9 | 70 | | | 391.5 | 41797.15 

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC OPN IMPLNT PRPHL NRV | 64575 | CPT | | | | outpatient | | | 43997 | 17916.02 | Horizon | Indemnity | 30145.66 | | | | 391.5 | | 41797.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPN IMPLNT PRPHL NRV | 64575 | CPT | | | | outpatient | | | 43997 | 17916.02 | Multiplan | Multiplan | 35197.6 | 80 | | | 391.5 | | 41797.15 percent of total billed charges | |
| HC OPN IMPLNT PRPHL NRV | 64575 | CPT | | | | outpatient | | | 43997 | 17916.02 | UHC | Medicaid | 13881.05 | 31.55 | | | 391.5 | | 41797.15 percent of total billed charges | |
| HC OPN IMPLNT PRPHL NRV | 64575 | CPT | | | | outpatient | | | 43997 | 17916.02 | Aetna | Medicare | 15579.15 | | | | 391.5 | | 41797.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPN IMPLNT PRPHL NRV | 64575 | CPT | | | | outpatient | | | 43997 | 17916.02 | United | Commercial\|PPO | 5843 | | | | 391.5 | | 41797.15 case rate | |
| HC OPN IMPLNT PRPHL NRV | 64575 | CPT | | | | outpatient | | | 43997 | 17916.02 | Consumer | Consumer | 41797.15 | 95 | | | 391.5 | | 41797.15 percent of total billed charges | |
| HC OPN IMPLNT PRPHL NRV | 64575 | CPT | | | | outpatient | | | 43997 | 17916.02 | Horizon | NJ Health | 391.5 | | | | 391.5 | | 41797.15 fee schedule | |
| HC OPN IMPLNT PRPHL NRV | 64575 | CPT | | | | outpatient | | | 43997 | 17916.02 | Horizon | MGD | 30145.66 | | | | 391.5 | | 41797.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPN IMPLNT PRPHL NRV | 64575 | CPT | | | | outpatient | | | 43997 | 17916.02 | Managed Care Inc | Managed Care Inc | 39597.3 | 90 | | | 391.5 | | 41797.15 percent of total billed charges | |
| HC OPN IMPLNT PRPHL NRV | 64575 | CPT | | | | outpatient | | | 43997 | 17916.02 | Wellcare | Medicaid | 13881.05 | 31.55 | | | 391.5 | | 41797.15 percent of total billed charges | |
| HC OPN IMPLNT PRPHL NRV | 64575 | CPT | | | | outpatient | | | 43997 | 17916.02 | Wellcare | Medicare | 15579.15 | | | | 391.5 | | 41797.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPN IMPLNT PRPHL NRV | 64575 | CPT | | | | outpatient | | | 43997 | 17916.02 | Horizon | PPO | 30145.66 | | | | 391.5 | | 41797.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPN IMPLNT PRPHL NRV | 64575 | CPT | | | | outpatient | | | 43997 | 17916.02 | Horizon | Medicare Blue | 15579.15 | | | | 391.5 | | 41797.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPN IMPLNT PRPHL NRV | 64575 | CPT | | | | outpatient | | | 43997 | 17916.02 | WellPoint | WellPoint | 14158.23 | 32.18 | | | 391.5 | | 41797.15 percent of total billed charges | |
| HC OPN IMPLNT PRPHL NRV | 64575 | CPT | | | | outpatient | | | 43997 | 17916.02 | United | Oxford | 5843 | | | | 391.5 | | 41797.15 case rate | |
| HC DEST TRGMNL NRV 2&3 DIV BRNCH | 64610 | CPT | | | | outpatient | | | 6753 | 2539.41 | Americare | Americare | 5064.75 | 75 | | | 300 | | 6415.35 percent of total billed charges | |
| HC DEST TRGMNL NRV 2&3 DIV BRNCH | 64610 | CPT | | | | outpatient | | | 6753 | 2539.41 | Horizon | Indemnity | 4272.83 | | | | 300 | | 6415.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEST TRGMNL NRV 2&3 DIV BRNCH | 64610 | CPT | | | | outpatient | | | 6753 | 2539.41 | Aetna | Commercial | 2566.14 | 38 | | | 300 | | 6415.35 percent of total billed charges | |
| HC DEST TRGMNL NRV 2&3 DIV BRNCH | 64610 | CPT | | | | outpatient | | | 6753 | 2539.41 | Horizon | Medicare Blue | 2208.18 | | | | 300 | | 6415.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEST TRGMNL NRV 2&3 DIV BRNCH | 64610 | CPT | | | | outpatient | | | 6753 | 2539.41 | Amerihealth | HMO\|PPO | 300 | | | | 300 | | 6415.35 fee schedule | |
| HC DEST TRGMNL NRV 2&3 DIV BRNCH | 64610 | CPT | | | | outpatient | | | 6753 | 2539.41 | First Trenton | First Trenton | 6077.7 | 90 | | | 300 | | 6415.35 percent of total billed charges | |
| HC DEST TRGMNL NRV 2&3 DIV BRNCH | 64610 | CPT | | | | outpatient | | | 6753 | 2539.41 | Aetna | Medicare | 2208.18 | | | | 300 | | 6415.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEST TRGMNL NRV 2&3 DIV BRNCH | 64610 | CPT | | | | outpatient | | | 6753 | 2539.41 | Aetna | Better Health | 2130.57 | 31.55 | | | 300 | | 6415.35 percent of total billed charges | |
| HC DEST TRGMNL NRV 2&3 DIV BRNCH | 64610 | CPT | | | | outpatient | | | 6753 | 2539.41 | Horizon | PPO | 4272.83 | | | | 300 | | 6415.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEST TRGMNL NRV 2&3 DIV BRNCH | 64610 | CPT | | | | outpatient | | | 6753 | 2539.41 | UHC | Medicare | 2208.18 | | | | 300 | | 6415.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEST TRGMNL NRV 2&3 DIV BRNCH | 64610 | CPT | | | | outpatient | | | 6753 | 2539.41 | Consumer | Consumer | 6415.35 | 95 | | | 300 | | 6415.35 percent of total billed charges | |
| HC DEST TRGMNL NRV 2&3 DIV BRNCH | 64610 | CPT | | | | outpatient | | | 6753 | 2539.41 | Multiplan | Multiplan | 5402.4 | 80 | | | 300 | | 6415.35 percent of total billed charges | |
| HC DEST TRGMNL NRV 2&3 DIV BRNCH | 64610 | CPT | | | | outpatient | | | 6753 | 2539.41 | WellPoint | WellPoint | 2173.12 | 32.18 | | | 300 | | 6415.35 percent of total billed charges | |
| HC DEST TRGMNL NRV 2&3 DIV BRNCH | 64610 | CPT | | | | outpatient | | | 6753 | 2539.41 | Managed Care Inc | Managed Care Inc | 6077.7 | 90 | | | 300 | | 6415.35 percent of total billed charges | |
| HC DEST TRGMNL NRV 2&3 DIV BRNCH | 64610 | CPT | | | | outpatient | | | 6753 | 2539.41 | Corrections | Corrections | 5402.4 | 80 | | | 300 | | 6415.35 percent of total billed charges | |
| HC DEST TRGMNL NRV 2&3 DIV BRNCH | 64610 | CPT | | | | outpatient | | | 6753 | 2539.41 | First Health | First Health | 4727.1 | 70 | | | 300 | | 6415.35 percent of total billed charges | |
| HC DEST TRGMNL NRV 2&3 DIV BRNCH | 64610 | CPT | | | | outpatient | | | 6753 | 2539.41 | Horizon | MGD | 4272.83 | | | | 300 | | 6415.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEST TRGMNL NRV 2&3 DIV BRNCH | 64610 | CPT | | | | outpatient | | | 6753 | 2539.41 | United | Commercial\|PPO | 2776 | | | | 300 | | 6415.35 case rate | |
| HC DEST TRGMNL NRV 2&3 DIV BRNCH | 64610 | CPT | | | | outpatient | | | 6753 | 2539.41 | Horizon | NJ Health | 577.75 | | | | 300 | | 6415.35 fee schedule | |
| HC DEST TRGMNL NRV 2&3 DIV BRNCH | 64610 | CPT | | | | outpatient | | | 6753 | 2539.41 | Qualcare | Qualcare | 5064.75 | 75 | | | 300 | | 6415.35 percent of total billed charges | |
| HC DEST TRGMNL NRV 2&3 DIV BRNCH | 64610 | CPT | | | | outpatient | | | 6753 | 2539.41 | UHC | Medicaid | 2130.57 | 31.55 | | | 300 | | 6415.35 percent of total billed charges | |
| HC DEST TRGMNL NRV 2&3 DIV BRNCH | 64610 | CPT | | | | outpatient | | | 6753 | 2539.41 | Three Rivers | Three Rivers | 6415.35 | 95 | | | 300 | | 6415.35 percent of total billed charges | |
| HC DEST TRGMNL NRV 2&3 DIV BRNCH | 64610 | CPT | | | | outpatient | | | 6753 | 2539.41 | United | Oxford | 2776 | | | | 300 | | 6415.35 case rate | |
| HC DEST TRGMNL NRV 2&3 DIV BRNCH | 64610 | CPT | | | | outpatient | | | 6753 | 2539.41 | Wellcare | Medicaid | 2130.57 | 31.55 | | | 300 | | 6415.35 percent of total billed charges | |
| HC DEST TRGMNL NRV 2&3 DIV BRNCH | 64610 | CPT | | | | outpatient | | | 6753 | 2539.41 | Wellcare | Medicare | 2208.18 | | | | 300 | | 6415.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO PARO SUB SALIVARY | 64611 | CPT | | | | outpatient | | | 992 | 389.55 | First Health | First Health | 694.4 | 70 | | | 113.8 | | 1782 percent of total billed charges | |
| HC CHEMO PARO SUB SALIVARY | 64611 | CPT | | | | outpatient | | | 992 | 389.55 | Aetna | Commercial | 376.96 | 38 | | | 113.8 | | 1782 percent of total billed charges | |
| HC CHEMO PARO SUB SALIVARY | 64611 | CPT | | | | outpatient | | | 992 | 389.55 | Horizon | Indemnity | 655.46 | | | | 113.8 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO PARO SUB SALIVARY | 64611 | CPT | | | | outpatient | | | 992 | 389.55 | Americare | Americare | 744 | 75 | | | 113.8 | | 1782 percent of total billed charges | |
| HC CHEMO PARO SUB SALIVARY | 64611 | CPT | | | | outpatient | | | 992 | 389.55 | Aetna | Better Health | 312.98 | 31.55 | | | 113.8 | | 1782 percent of total billed charges | |
| HC CHEMO PARO SUB SALIVARY | 64611 | CPT | | | | outpatient | | | 992 | 389.55 | Aetna | Medicare | 338.74 | | | | 113.8 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO PARO SUB SALIVARY | 64611 | CPT | | | | outpatient | | | 992 | 389.55 | First Trenton | First Trenton | 892.8 | 90 | | | 113.8 | | 1782 percent of total billed charges | |
| HC CHEMO PARO SUB SALIVARY | 64611 | CPT | | | | outpatient | | | 992 | 389.55 | Amerihealth | HMO\|PPO | 550 | | | | 113.8 | | 1782 fee schedule | |
| HC CHEMO PARO SUB SALIVARY | 64611 | CPT | | | | outpatient | | | 992 | 389.55 | Horizon | Medicare Blue | 338.74 | | | | 113.8 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO PARO SUB SALIVARY | 64611 | CPT | | | | outpatient | | | 992 | 389.55 | Horizon | PPO | 655.46 | | | | 113.8 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO PARO SUB SALIVARY | 64611 | CPT | | | | outpatient | | | 992 | 389.55 | UHC | Medicaid | 312.98 | 31.55 | | | 113.8 | | 1782 percent of total billed charges | |
| HC CHEMO PARO SUB SALIVARY | 64611 | CPT | | | | outpatient | | | 992 | 389.55 | Corrections | Corrections | 793.6 | 80 | | | 113.8 | | 1782 percent of total billed charges | |
| HC CHEMO PARO SUB SALIVARY | 64611 | CPT | | | | outpatient | | | 992 | 389.55 | Consumer | Consumer | 942.4 | 95 | | | 113.8 | | 1782 percent of total billed charges | |
| HC CHEMO PARO SUB SALIVARY | 64611 | CPT | | | | outpatient | | | 992 | 389.55 | Horizon | MGD | 655.46 | | | | 113.8 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO PARO SUB SALIVARY | 64611 | CPT | | | | outpatient | | | 992 | 389.55 | Managed Care Inc | Managed Care Inc | 892.8 | 90 | | | 113.8 | | 1782 percent of total billed charges | |
| HC CHEMO PARO SUB SALIVARY | 64611 | CPT | | | | outpatient | | | 992 | 389.55 | UHC | Medicare | 338.74 | | | 271.6 | 113.8 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO PARO SUB SALIVARY | 64611 | CPT | | | | outpatient | | | 992 | 389.55 | Multiplan | Multiplan | 793.6 | 80 | | | 113.8 | | 1782 percent of total billed charges | |
| HC CHEMO PARO SUB SALIVARY | 64611 | CPT | | | | outpatient | | | 992 | 389.55 | United | Commercial\|PPO | 1782 | | | | 113.8 | | 1782 case rate | |
| HC CHEMO PARO SUB SALIVARY | 64611 | CPT | | | | outpatient | | | 992 | 389.55 | Horizon | NJ Health | 113.8 | | | | 113.8 | | 1782 fee schedule | |
| HC CHEMO PARO SUB SALIVARY | 64611 | CPT | | | | outpatient | | | 992 | 389.55 | Wellcare | Medicare | 338.74 | | | | 113.8 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO PARO SUB SALIVARY | 64611 | CPT | | | | outpatient | | | 992 | 389.55 | Qualcare | Qualcare | 744 | 75 | | | 113.8 | | 1782 percent of total billed charges | |
| HC CHEMO PARO SUB SALIVARY | 64611 | CPT | | | | outpatient | | | 992 | 389.55 | WellPoint | WellPoint | 319.23 | 32.18 | | | 113.8 | | 1782 percent of total billed charges | |
| HC CHEMO PARO SUB SALIVARY | 64611 | CPT | | | | outpatient | | | 992 | 389.55 | Three Rivers | Three Rivers | 942.4 | 95 | | | 113.8 | | 1782 percent of total billed charges | |
| HC CHEMO PARO SUB SALIVARY | 64611 | CPT | | | | outpatient | | | 992 | 389.55 | United | Oxford | 1782 | | | | 113.8 | | 1782 case rate | |
| HC CHEMO PARO SUB SALIVARY | 64611 | CPT | | | | outpatient | | | 992 | 389.55 | Wellcare | Medicaid | 312.98 | 31.55 | | | 113.8 | | 1782 percent of total billed charges | |
| HC BOTOX INJ BLEPHAROSPASM\|BTX | 64612 | CPT | | | | outpatient | | | 992 | 389.55 | Aetna | Better Health | 312.98 | 31.55 | | | 200.92 | | 1782 percent of total billed charges | |
| HC BOTOX INJ BLEPHAROSPASM\|BTX | 64612 | CPT | | | | outpatient | | | 992 | 389.55 | Aetna | Medicare | 338.74 | | | 86.37 | 200.92 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BOTOX INJ BLEPHAROSPASM\|BTX | 64612 | CPT | | | | outpatient | | | 992 | 389.55 | Three Rivers | Three Rivers | 942.4 | 95 | | | 200.92 | | 1782 percent of total billed charges | |
| HC BOTOX INJ BLEPHAROSPASM\|BTX | 64612 | CPT | | | | outpatient | | | 992 | 389.55 | Aetna | Commercial | 376.96 | 38 | | | 200.92 | | 1782 percent of total billed charges | |
| HC BOTOX INJ BLEPHAROSPASM\|BTX | 64612 | CPT | | | | outpatient | | | 992 | 389.55 | Multiplan | Multiplan | 793.6 | 80 | | | 200.92 | | 1782 percent of total billed charges | |
| HC BOTOX INJ BLEPHAROSPASM\|BTX | 64612 | CPT | | | | outpatient | | | 992 | 389.55 | Americare | Americare | 744 | 75 | | | 200.92 | | 1782 percent of total billed charges | |
| HC BOTOX INJ BLEPHAROSPASM\|BTX | 64612 | CPT | | | | outpatient | | | 992 | 389.55 | Amerihealth | HMO\|PPO | 550 | | | | 200.92 | | 1782 fee schedule | |
| HC BOTOX INJ BLEPHAROSPASM\|BTX | 64612 | CPT | | | | outpatient | | | 992 | 389.55 | UHC | Medicaid | 312.98 | 31.55 | | 137.49 | 200.92 | | 1782 percent of total billed charges | |
| HC BOTOX INJ BLEPHAROSPASM\|BTX | 64612 | CPT | | | | outpatient | | | 992 | 389.55 | First Trenton | First Trenton | 892.8 | 90 | | | 200.92 | | 1782 percent of total billed charges | |
| HC BOTOX INJ BLEPHAROSPASM\|BTX | 64612 | CPT | | | | outpatient | | | 992 | 389.55 | Consumer | Consumer | 942.4 | 95 | | | 200.92 | | 1782 percent of total billed charges | |
| HC BOTOX INJ BLEPHAROSPASM\|BTX | 64612 | CPT | | | | outpatient | | | 992 | 389.55 | United | Oxford | 1782 | | | | 200.92 | | 1782 case rate | |
| HC BOTOX INJ BLEPHAROSPASM\|BTX | 64612 | CPT | | | | outpatient | | | 992 | 389.55 | UHC | Medicare | 338.74 | | | 35.14 | 200.92 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BOTOX INJ BLEPHAROSPASM\|BTX | 64612 | CPT | | | | outpatient | | | 992 | 389.55 | Qualcare | Qualcare | 744 | 75 | | | 200.92 | | 1782 percent of total billed charges | |
| HC BOTOX INJ BLEPHAROSPASM\|BTX | 64612 | CPT | | | | outpatient | | | 992 | 389.55 | Horizon | Medicare Blue | 338.74 | | | 135.59 | 200.92 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BOTOX INJ BLEPHAROSPASM\|BTX | 64612 | CPT | | | | outpatient | | | 992 | 389.55 | First Health | First Health | 694.4 | 70 | | | 200.92 | | 1782 percent of total billed charges | |
| HC BOTOX INJ BLEPHAROSPASM\|BTX | 64612 | CPT | | | | outpatient | | | 992 | 389.55 | Corrections | Corrections | 793.6 | 80 | | | 200.92 | | 1782 percent of total billed charges | |
| HC BOTOX INJ BLEPHAROSPASM\|BTX | 64612 | CPT | | | | outpatient | | | 992 | 389.55 | Horizon | NJ Health | 200.92 | | | 48.29 | 200.92 | | 1782 fee schedule | |
| HC BOTOX INJ BLEPHAROSPASM\|BTX | 64612 | CPT | | | | outpatient | | | 992 | 389.55 | Horizon | MGD | 655.46 | | | 512.15 | 200.92 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BOTOX INJ BLEPHAROSPASM\|BTX | 64612 | CPT | | | | outpatient | | | 992 | 389.55 | Horizon | Indemnity | 655.46 | | | | 200.92 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BOTOX INJ BLEPHAROSPASM\|BTX | 64612 | CPT | | | | outpatient | | | 992 | 389.55 | Horizon | PPO | 655.46 | | | 286.58 | 200.92 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BOTOX INJ BLEPHAROSPASM\|BTX | 64612 | CPT | | | | outpatient | | | 992 | 389.55 | Managed Care Inc | Managed Care Inc | 892.8 | 90 | | | 200.92 | | 1782 percent of total billed charges | |
| HC BOTOX INJ BLEPHAROSPASM\|BTX | 64612 | CPT | | | | outpatient | | | 992 | 389.55 | Wellcare | Medicaid | 312.98 | 31.55 | | | 200.92 | | 1782 percent of total billed charges | |
| HC BOTOX INJ BLEPHAROSPASM\|BTX | 64612 | CPT | | | | outpatient | | | 992 | 389.55 | United | Commercial\|PPO | 1782 | | | 158.66 | 200.92 | | 1782 case rate | |
| HC BOTOX INJ BLEPHAROSPASM\|BTX | 64612 | CPT | | | | outpatient | | | 992 | 389.55 | Wellcare | Medicare | 338.74 | | | | 200.92 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BOTOX INJ BLEPHAROSPASM\|BTX | 64612 | CPT | | | | outpatient | | | 992 | 389.55 | WellPoint | WellPoint | 319.23 | 32.18 | | 305.58 | 200.92 | | 1782 percent of total billed charges | |
| HC CHEM FAC/TRIG/CERV MUSC M/GR | 64615 | CPT | | | | outpatient | | | 1014 | 389.55 | Americare | Americare | 760.5 | 75 | | | 160.57 | | 1782 percent of total billed charges | |
| HC CHEM FAC/TRIG/CERV MUSC M/GR | 64615 | CPT | | | | outpatient | | | 1014 | 389.55 | Aetna | Better Health | 319.92 | 31.55 | | | 160.57 | | 1782 percent of total billed charges | |
| HC CHEM FAC/TRIG/CERV MUSC M/GR | 64615 | CPT | | | | outpatient | | | 1014 | 389.55 | Horizon | Indemnity | 655.46 | | | | 160.57 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEM FAC/TRIG/CERV MUSC M/GR | 64615 | CPT | | | | outpatient | | | 1014 | 389.55 | Amerihealth | HMO\|PPO | 550 | | | | 160.57 | | 1782 fee schedule | |
| HC CHEM FAC/TRIG/CERV MUSC M/GR | 64615 | CPT | | | | outpatient | | | 1014 | 389.55 | Aetna | Commercial | 385.32 | 38 | | | 160.57 | | 1782 percent of total billed charges | |
| HC CHEM FAC/TRIG/CERV MUSC M/GR | 64615 | CPT | | | | outpatient | | | 1014 | 389.55 | Aetna | Medicare | 338.74 | | | | 160.57 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEM FAC/TRIG/CERV MUSC M/GR | 64615 | CPT | | | | outpatient | | | 1014 | 389.55 | Horizon | Medicare Blue | 338.74 | | | | 160.57 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEM FAC/TRIG/CERV MUSC M/GR | 64615 | CPT | | | | outpatient | | | 1014 | 389.55 | First Health | First Health | 709.8 | 70 | | | 160.57 | | 1782 percent of total billed charges | |
| HC CHEM FAC/TRIG/CERV MUSC M/GR | 64615 | CPT | | | | outpatient | | | 1014 | 389.55 | Consumer | Consumer | 963.3 | 95 | | | 160.57 | | 1782 percent of total billed charges | |
| HC CHEM FAC/TRIG/CERV MUSC M/GR | 64615 | CPT | | | | outpatient | | | 1014 | 389.55 | Corrections | Corrections | 811.2 | 80 | | | 160.57 | | 1782 percent of total billed charges | |
| HC CHEM FAC/TRIG/CERV MUSC M/GR | 64615 | CPT | | | | outpatient | | | 1014 | 389.55 | Horizon | PPO | 655.46 | | | | 160.57 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEM FAC/TRIG/CERV MUSC M/GR | 64615 | CPT | | | | outpatient | | | 1014 | 389.55 | UHC | Medicare | 338.74 | | | | 160.57 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEM FAC/TRIG/CERV MUSC M/GR | 64615 | CPT | | | | outpatient | | | 1014 | 389.55 | Multiplan | Multiplan | 811.2 | 80 | | | 160.57 | | 1782 percent of total billed charges | |
| HC CHEM FAC/TRIG/CERV MUSC M/GR | 64615 | CPT | | | | outpatient | | | 1014 | 389.55 | Qualcare | Qualcare | 760.5 | 75 | | | 160.57 | | 1782 percent of total billed charges | |
| HC CHEM FAC/TRIG/CERV MUSC M/GR | 64615 | CPT | | | | outpatient | | | 1014 | 389.55 | Wellcare | Medicare | 338.74 | | | | 160.57 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEM FAC/TRIG/CERV MUSC M/GR | 64615 | CPT | | | | outpatient | | | 1014 | 389.55 | Horizon | MGD | 655.46 | | | 97.87 | 160.57 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEM FAC/TRIG/CERV MUSC M/GR | 64615 | CPT | | | | outpatient | | | 1014 | 389.55 | United | Oxford | 1782 | | | | 160.57 | | 1782 case rate | |
| HC CHEM FAC/TRIG/CERV MUSC M/GR | 64615 | CPT | | | | outpatient | | | 1014 | 389.55 | First Trenton | First Trenton | 912.6 | 90 | | | 160.57 | | 1782 percent of total billed charges | |
| HC CHEM FAC/TRIG/CERV MUSC M/GR | 64615 | CPT | | | | outpatient | | | 1014 | 389.55 | United | Commercial\|PPO | 1782 | | | | 160.57 | | 1782 case rate | |
| HC CHEM FAC/TRIG/CERV MUSC M/GR | 64615 | CPT | | | | outpatient | | | 1014 | 389.55 | Three Rivers | Three Rivers | 963.3 | 95 | | | 160.57 | | 1782 percent of total billed charges | |
| HC CHEM FAC/TRIG/CERV MUSC M/GR | 64615 | CPT | | | | outpatient | | | 1014 | 389.55 | Wellcare | Medicaid | 319.92 | 31.55 | | | 160.57 | | 1782 percent of total billed charges | |
| HC CHEM FAC/TRIG/CERV MUSC M/GR | 64615 | CPT | | | | outpatient | | | 1014 | 389.55 | UHC | Medicaid | 319.92 | 31.55 | | 320.86 | 160.57 | | 1782 percent of total billed charges | |
| HC CHEM FAC/TRIG/CERV MUSC M/GR | 64615 | CPT | | | | outpatient | | | 1014 | 389.55 | WellPoint | WellPoint | 326.31 | 32.18 | | | 160.57 | | 1782 percent of total billed charges | |
| HC CHEM FAC/TRIG/CERV MUSC M/GR | 64615 | CPT | | | | outpatient | | | 1014 | 389.55 | Horizon | NJ Health | 160.57 | | | | 160.57 | | 1782 fee schedule | |
| HC CHEM FAC/TRIG/CERV MUSC M/GR | 64615 | CPT | | | | outpatient | | | 1014 | 389.55 | Managed Care Inc | Managed Care Inc | 912.6 | 90 | | | 160.57 | | 1782 percent of total billed charges | |
| HC CHEMODENERV MUSCLE NECK | 64616 | CPT | | | | outpatient | | | 1686 | 389.55 | Consumer | Consumer | 1601.7 | 95 | | | 122.46 | | 1782 percent of total billed charges | |
| HC CHEMODENERV MUSCLE NECK | 64616 | CPT | | | | outpatient | | | 1686 | 389.55 | Aetna | Medicare | 338.74 | | | | 122.46 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMODENERV MUSCLE NECK | 64616 | CPT | | | | outpatient | | | 1686 | 389.55 | Horizon | Indemnity | 655.46 | | | | 122.46 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMODENERV MUSCLE NECK | 64616 | CPT | | | | outpatient | | | 1686 | 389.55 | Aetna | Better Health | 531.93 | 31.55 | | | 122.46 | | 1782 percent of total billed charges | |
| HC CHEMODENERV MUSCLE NECK | 64616 | CPT | | | | outpatient | | | 1686 | 389.55 | First Health | First Health | 1180.2 | 70 | | | 122.46 | | 1782 percent of total billed charges | |
| HC CHEMODENERV MUSCLE NECK | 64616 | CPT | | | | outpatient | | | 1686 | 389.55 | Americare | Americare | 1264.5 | 75 | | | 122.46 | | 1782 percent of total billed charges | |
| HC CHEMODENERV MUSCLE NECK | 64616 | CPT | | | | outpatient | | | 1686 | 389.55 | United | Commercial\|PPO | 1782 | | | | 122.46 | | 1782 case rate | |
| HC CHEMODENERV MUSCLE NECK | 64616 | CPT | | | | outpatient | | | 1686 | 389.55 | Corrections | Corrections | 1348.8 | 80 | | | 122.46 | | 1782 percent of total billed charges | |
| HC CHEMODENERV MUSCLE NECK | 64616 | CPT | | | | outpatient | | | 1686 | 389.55 | First Trenton | First Trenton | 1517.4 | 90 | | | 122.46 | | 1782 percent of total billed charges | |
| HC CHEMODENERV MUSCLE NECK | 64616 | CPT | | | | outpatient | | | 1686 | 389.55 | Amerihealth | HMO\|PPO | 550 | | | | 122.46 | | 1782 fee schedule | |
| HC CHEMODENERV MUSCLE NECK | 64616 | CPT | | | | outpatient | | | 1686 | 389.55 | Horizon | Medicare Blue | 338.74 | | | | 122.46 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMODENERV MUSCLE NECK | 64616 | CPT | | | | outpatient | | | 1686 | 389.55 | Aetna | Commercial | 640.68 | 38 | | | 122.46 | | 1782 percent of total billed charges | |
| HC CHEMODENERV MUSCLE NECK | 64616 | CPT | | | | outpatient | | | 1686 | 389.55 | Three Rivers | Three Rivers | 1601.7 | 95 | | | 122.46 | | 1782 percent of total billed charges | |
| HC CHEMODENERV MUSCLE NECK | 64616 | CPT | | | | outpatient | | | 1686 | 389.55 | Multiplan | Multiplan | 1348.8 | 80 | | | 122.46 | | 1782 percent of total billed charges | |
| HC CHEMODENERV MUSCLE NECK | 64616 | CPT | | | | outpatient | | | 1686 | 389.55 | WellPoint | WellPoint | 542.55 | 32.18 | | | 122.46 | | 1782 percent of total billed charges | |
| HC CHEMODENERV MUSCLE NECK | 64616 | CPT | | | | outpatient | | | 1686 | 389.55 | Qualcare | Qualcare | 1264.5 | 75 | | | 122.46 | | 1782 percent of total billed charges | |
| HC CHEMODENERV MUSCLE NECK | 64616 | CPT | | | | outpatient | | | 1686 | 389.55 | Horizon | MGD | 655.46 | | | | 122.46 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMODENERV MUSCLE NECK | 64616 | CPT | | | | outpatient | | | 1686 | 389.55 | UHC | Medicare | 338.74 | | | | 122.46 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMODENERV MUSCLE NECK | 64616 | CPT | | | | outpatient | | | 1686 | 389.55 | Wellcare | Medicare | 338.74 | | | | 122.46 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMODENERV MUSCLE NECK | 64616 | CPT | | | | outpatient | | | 1686 | 389.55 | Wellcare | Medicaid | 531.93 | 31.55 | | | 122.46 | | 1782 percent of total billed charges | |
| HC CHEMODENERV MUSCLE NECK | 64616 | CPT | | | | outpatient | | | 1686 | 389.55 | Horizon | NJ Health | 122.46 | | | | 122.46 | | 1782 fee schedule | |
| HC CHEMODENERV MUSCLE NECK | 64616 | CPT | | | | outpatient | | | 1686 | 389.55 | Horizon | PPO | 655.46 | | | | 122.46 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMODENERV MUSCLE NECK | 64616 | CPT | | | | outpatient | | | 1686 | 389.55 | Managed Care Inc | Managed Care Inc | 1517.4 | 90 | | | 122.46 | | 1782 percent of total billed charges | |
| HC CHEMODENERV MUSCLE NECK | 64616 | CPT | | | | outpatient | | | 1686 | 389.55 | UHC | Medicaid | 531.93 | 31.55 | | | 122.46 | | 1782 percent of total billed charges | |
| HC CHEMODENERV MUSCLE NECK | 64616 | CPT | | | | outpatient | | | 1686 | 389.55 | United | Oxford | 1782 | | | | 122.46 | | 1782 case rate | |
| HC DSTR NROLYTC AGNT SNGL CRVC/TH | 64633 | CPT | | | | outpatient | | | 7009 | 2539.41 | Aetna | Better Health | 2211.34 | 31.55 | | | 300 | | 6658.55 percent of total billed charges | |
| HC DSTR NROLYTC AGNT SNGL CRVC/TH | 64633 | CPT | | | | outpatient | | | 7009 | 2539.41 | First Trenton | First Trenton | 6308.1 | 90 | | | 300 | | 6658.55 percent of total billed charges | |
| HC DSTR NROLYTC AGNT SNGL CRVC/TH | 64633 | CPT | | | | outpatient | | | 7009 | 2539.41 | Corrections | Corrections | 5607.2 | 80 | | 1657.09 | 300 | | 6658.55 percent of total billed charges | |
| HC DSTR NROLYTC AGNT SNGL CRVC/TH | 64633 | CPT | | | | outpatient | | | 7009 | 2539.41 | Americare | Americare | 5256.75 | 75 | | | 300 | | 6658.55 percent of total billed charges | |
| HC DSTR NROLYTC AGNT SNGL CRVC/TH | 64633 | CPT | | | | outpatient | | | 7009 | 2539.41 | First Health | First Health | 4906.3 | 70 | | | 300 | | 6658.55 percent of total billed charges | |
| HC DSTR NROLYTC AGNT SNGL CRVC/TH | 64633 | CPT | | | | outpatient | | | 7009 | 2539.41 | United | Commercial\|PPO | 2776 | | | | 300 | | 6658.55 case rate | |
| HC DSTR NROLYTC AGNT SNGL CRVC/TH | 64633 | CPT | | | | outpatient | | | 7009 | 2539.41 | Consumer | Consumer | 6658.55 | 95 | | | 300 | | 6658.55 percent of total billed charges | |
| HC DSTR NROLYTC AGNT SNGL CRVC/TH | 64633 | CPT | | | | outpatient | | | 7009 | 2539.41 | Aetna | Commercial | 2663.42 | 38 | | | 300 | | 6658.55 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC DSTR NROLYTC AGNT SNGL CRVC/TH | 64633 | CPT | | | | outpatient | | | 7009 | 2539.41 | Aetna | Medicare | 2208.18 | | | 1277.08 | 300 | 6658.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTR NROLYTC AGNT SNGL CRVC/TH | 64633 | CPT | | | | outpatient | | | 7009 | 2539.41 | Horizon | Indemnity | 4272.83 | | | | 300 | 6658.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTR NROLYTC AGNT SNGL CRVC/TH | 64633 | CPT | | | | outpatient | | | 7009 | 2539.41 | Multiplan | Multiplan | 5607.2 | 80 | | | 300 | 6658.55 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT SNGL CRVC/TH | 64633 | CPT | | | | outpatient | | | 7009 | 2539.41 | Amerihealth | HMO/PPO | 300 | | | | 300 | 6658.55 | fee schedule | |
| HC DSTR NROLYTC AGNT SNGL CRVC/TH | 64633 | CPT | | | | outpatient | | | 7009 | 2539.41 | Horizon | PPO | 4272.83 | | | | 300 | 6658.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTR NROLYTC AGNT SNGL CRVC/TH | 64633 | CPT | | | | outpatient | | | 7009 | 2539.41 | United | Oxford | 2776 | | | | 300 | 6658.55 | case rate | |
| HC DSTR NROLYTC AGNT SNGL CRVC/TH | 64633 | CPT | | | | outpatient | | | 7009 | 2539.41 | Qualcare | Qualcare | 5256.75 | 75 | | | 300 | 6658.55 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT SNGL CRVC/TH | 64633 | CPT | | | | outpatient | | | 7009 | 2539.41 | Horizon | MGD | 4272.83 | | | | 300 | 6658.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTR NROLYTC AGNT SNGL CRVC/TH | 64633 | CPT | | | | outpatient | | | 7009 | 2539.41 | WellPoint | WellPoint | 2255.5 | 32.18 | | | 300 | 6658.55 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT SNGL CRVC/TH | 64633 | CPT | | | | outpatient | | | 7009 | 2539.41 | Horizon | Medicare Blue | 2208.18 | | | | 300 | 6658.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTR NROLYTC AGNT SNGL CRVC/TH | 64633 | CPT | | | | outpatient | | | 7009 | 2539.41 | Wellcare | Medicaid | 2211.34 | 31.55 | | | 300 | 6658.55 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT SNGL CRVC/TH | 64633 | CPT | | | | outpatient | | | 7009 | 2539.41 | UHC | Medicaid | 2211.34 | 31.55 | | 1646.39 | 300 | 6658.55 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT SNGL CRVC/TH | 64633 | CPT | | | | outpatient | | | 7009 | 2539.41 | Wellcare | Medicare | 2208.18 | | | | 300 | 6658.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTR NROLYTC AGNT SNGL CRVC/TH | 64633 | CPT | | | | outpatient | | | 7009 | 2539.41 | Horizon | NJ Health | 516.49 | | | 3330.03 | 300 | 6658.55 | fee schedule | |
| HC DSTR NROLYTC AGNT SNGL CRVC/TH | 64633 | CPT | | | | outpatient | | | 7009 | 2539.41 | UHC | Medicare | 2208.18 | | | | 300 | 6658.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTR NROLYTC AGNT SNGL CRVC/TH | 64633 | CPT | | | | outpatient | | | 7009 | 2539.41 | Managed Care Inc | Managed Care Inc | 6308.1 | 90 | | | 300 | 6658.55 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT SNGL CRVC/TH | 64633 | CPT | | | | outpatient | | | 7009 | 2539.41 | Three Rivers | Three Rivers | 6658.55 | 95 | | | 300 | 6658.55 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT ADDL CRVC/TH | 64634 | CPT | | | | outpatient | | | 898 | | First Trenton | First Trenton | 808.2 | 90 | | | 238.45 | 1782 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT ADDL CRVC/TH | 64634 | CPT | | | | outpatient | | | 898 | | Aetna | Medicare | 276.58 | 30.8 | | | 238.45 | 1782 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT ADDL CRVC/TH | 64634 | CPT | | | | outpatient | | | 898 | | Consumer | Consumer | 853.1 | 95 | | | 238.45 | 1782 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT ADDL CRVC/TH | 64634 | CPT | | | | outpatient | | | 898 | | Aetna | Better Health | 283.32 | 31.55 | | | 238.45 | 1782 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT ADDL CRVC/TH | 64634 | CPT | | | | outpatient | | | 898 | | Corrections | Corrections | 718.4 | 80 | | | 238.45 | 1782 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT ADDL CRVC/TH | 64634 | CPT | | | | outpatient | | | 898 | | Americare | Americare | 673.5 | 75 | | | 238.45 | 1782 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT ADDL CRVC/TH | 64634 | CPT | | | | outpatient | | | 898 | | First Health | First Health | 628.6 | 70 | | | 238.45 | 1782 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT ADDL CRVC/TH | 64634 | CPT | | | | outpatient | | | 898 | | Aetna | Commercial | 341.24 | 38 | | | 238.45 | 1782 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT ADDL CRVC/TH | 64634 | CPT | | | | outpatient | | | 898 | | Horizon | Indemnity | 343.75 | 38.28 | | | 238.45 | 1782 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT ADDL CRVC/TH | 64634 | CPT | | | | outpatient | | | 898 | | Amerihealth | HMO/PPO | 300 | | | | 238.45 | 1782 | fee schedule | |
| HC DSTR NROLYTC AGNT ADDL CRVC/TH | 64634 | CPT | | | | outpatient | | | 898 | | Horizon | NJ Health | 238.45 | | | | 238.45 | 1782 | fee schedule | |
| HC DSTR NROLYTC AGNT ADDL CRVC/TH | 64634 | CPT | | | | outpatient | | | 898 | | WellPoint | WellPoint | 288.98 | 32.18 | | | 238.45 | 1782 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT ADDL CRVC/TH | 64634 | CPT | | | | outpatient | | | 898 | | Horizon | Medicare Blue | 269.4 | 30 | | | 238.45 | 1782 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT ADDL CRVC/TH | 64634 | CPT | | | | outpatient | | | 898 | | Horizon | MGD | 343.75 | 38.28 | | | 238.45 | 1782 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT ADDL CRVC/TH | 64634 | CPT | | | | outpatient | | | 898 | | Multiplan | Multiplan | 718.4 | 80 | | | 238.45 | 1782 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT ADDL CRVC/TH | 64634 | CPT | | | | outpatient | | | 898 | | Horizon | PPO | 343.75 | 38.28 | | | 238.45 | 1782 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT ADDL CRVC/TH | 64634 | CPT | | | | outpatient | | | 898 | | UHC | Medicaid | 283.32 | 31.55 | | | 238.45 | 1782 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT ADDL CRVC/TH | 64634 | CPT | | | | outpatient | | | 898 | | Managed Care Inc | Managed Care Inc | 808.2 | 90 | | | 238.45 | 1782 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT ADDL CRVC/TH | 64634 | CPT | | | | outpatient | | | 898 | | Qualcare | Qualcare | 673.5 | 75 | | | 238.45 | 1782 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT ADDL CRVC/TH | 64634 | CPT | | | | outpatient | | | 898 | | Three Rivers | Three Rivers | 853.1 | 95 | | | 238.45 | 1782 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT ADDL CRVC/TH | 64634 | CPT | | | | outpatient | | | 898 | | United | Commercial/PPO | 1782 | | | | 238.45 | 1782 | case rate | |
| HC DSTR NROLYTC AGNT ADDL CRVC/TH | 64634 | CPT | | | | outpatient | | | 898 | | United | Oxford | 1782 | | | | 238.45 | 1782 | case rate | |
| HC DSTR NROLYTC AGNT ADDL CRVC/TH | 64634 | CPT | | | | outpatient | | | 898 | | Wellcare | Medicaid | 283.32 | 31.55 | | | 238.45 | 1782 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64635 | CPT | | | | outpatient | | | 7009 | 2539.41 | Americare | Americare | 5256.75 | 75 | | | 300 | 6658.55 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64635 | CPT | | | | outpatient | | | 7009 | 2539.41 | Aetna | Better Health | 2211.34 | 31.55 | | | 300 | 6658.55 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64635 | CPT | | | | outpatient | | | 7009 | 2539.41 | First Trenton | First Trenton | 6308.1 | 90 | | | 300 | 6658.55 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64635 | CPT | | | | outpatient | | | 7009 | 2539.41 | Aetna | Medicare | 2208.18 | | | 1684.14 | 300 | 6658.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64635 | CPT | | | | outpatient | | | 7009 | 2539.41 | Qualcare | Qualcare | 5256.75 | 75 | | | 300 | 6658.55 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64635 | CPT | | | | outpatient | | | 7009 | 2539.41 | Aetna | Commercial | 2663.42 | 38 | | 3475.47 | 300 | 6658.55 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64635 | CPT | | | | outpatient | | | 7009 | 2539.41 | Horizon | Medicare Blue | 2208.18 | | | 2029.57 | 300 | 6658.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64635 | CPT | | | | outpatient | | | 7009 | 2539.41 | Consumer | Consumer | 6658.55 | 95 | | | 300 | 6658.55 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64635 | CPT | | | | outpatient | | | 7009 | 2539.41 | Corrections | Corrections | 5607.2 | 80 | | 1974.64 | 300 | 6658.55 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64635 | CPT | | | | outpatient | | | 7009 | 2539.41 | Horizon | MGD | 4272.83 | | | 3235.46 | 300 | 6658.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64635 | CPT | | | | outpatient | | | 7009 | 2539.41 | Horizon | Indemnity | 4272.83 | | | | 300 | 6658.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64635 | CPT | | | | outpatient | | | 7009 | 2539.41 | United | Oxford | 2776 | | | | 300 | 6658.55 | case rate | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64635 | CPT | | | | outpatient | | | 7009 | 2539.41 | UHC | Medicare | 2208.18 | | | 1753.7 | 300 | 6658.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64635 | CPT | | | | outpatient | | | 7009 | 2539.41 | Amerihealth | HMO/PPO | 300 | | | | 300 | 6658.55 | fee schedule | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64635 | CPT | | | | outpatient | | | 7009 | 2539.41 | Three Rivers | Three Rivers | 6658.55 | 95 | | | 300 | 6658.55 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64635 | CPT | | | | outpatient | | | 7009 | 2539.41 | WellPoint | WellPoint | 2255.5 | 32.18 | | 1602.28 | 300 | 6658.55 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64635 | CPT | | | | outpatient | | | 7009 | 2539.41 | Horizon | NJ Health | 662.18 | | | 2966.93 | 300 | 6658.55 | fee schedule | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64635 | CPT | | | | outpatient | | | 7009 | 2539.41 | First Health | First Health | 4906.3 | 70 | | | 300 | 6658.55 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64635 | CPT | | | | outpatient | | | 7009 | 2539.41 | Horizon | PPO | 4272.83 | | | | 300 | 6658.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64635 | CPT | | | | outpatient | | | 7009 | 2539.41 | Wellcare | Medicaid | 2211.34 | 31.55 | | | 300 | 6658.55 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64635 | CPT | | | | outpatient | | | 7009 | 2539.41 | Multiplan | Multiplan | 5607.2 | 80 | | | 300 | 6658.55 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64635 | CPT | | | | outpatient | | | 7009 | 2539.41 | United | Commercial/PPO | 2776 | | | | 300 | 6658.55 | case rate | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64635 | CPT | | | | outpatient | | | 7009 | 2539.41 | UHC | Medicaid | 2211.34 | 31.55 | | 1735.64 | 300 | 6658.55 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64635 | CPT | | | | outpatient | | | 7009 | 2539.41 | Managed Care Inc | Managed Care Inc | 6308.1 | 90 | | | 300 | 6658.55 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64635 | CPT | | | | outpatient | | | 7009 | 2539.41 | Wellcare | Medicare | 2208.18 | | | | 300 | 6658.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64636 | CPT | | | | outpatient | | | 2681 | | Consumer | Consumer | 2546.95 | 95 | | | 280.81 | 2546.95 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64636 | CPT | | | | outpatient | | | 2681 | | Americare | Americare | 2010.75 | 75 | | | 280.81 | 2546.95 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64636 | CPT | | | | outpatient | | | 2681 | | UHC | Medicaid | 845.86 | 31.55 | | | 280.81 | 2546.95 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64636 | CPT | | | | outpatient | | | 2681 | | Aetna | Better Health | 845.86 | 31.55 | | | 280.81 | 2546.95 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64636 | CPT | | | | outpatient | | | 2681 | | Aetna | Medicare | 825.75 | 30.8 | | | 280.81 | 2546.95 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64636 | CPT | | | | outpatient | | | 2681 | | Amerihealth | HMO/PPO | 300 | | | | 280.81 | 2546.95 | fee schedule | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64636 | CPT | | | | outpatient | | | 2681 | | Wellcare | Medicaid | 845.86 | 31.55 | | | 280.81 | 2546.95 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64636 | CPT | | | | outpatient | | | 2681 | | Horizon | Medicare Blue | 804.3 | 30 | | | 280.81 | 2546.95 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64636 | CPT | | | | outpatient | | | 2681 | | Corrections | Corrections | 2144.8 | 80 | | | 280.81 | 2546.95 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64636 | CPT | | | | outpatient | | | 2681 | | United | Commercial/PPO | 1782 | | | | 280.81 | 2546.95 | case rate | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64636 | CPT | | | | outpatient | | | 2681 | | First Health | First Health | 1876.7 | 70 | | | 280.81 | 2546.95 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64636 | CPT | | | | outpatient | | | 2681 | | Aetna | Commercial | 1018.78 | 38 | | | 280.81 | 2546.95 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64636 | CPT | | | | outpatient | | | 2681 | | United | Oxford | 1782 | | | | 280.81 | 2546.95 | case rate | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64636 | CPT | | | | outpatient | | | 2681 | | Horizon | Indemnity | 1026.29 | 38.28 | | | 280.81 | 2546.95 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64636 | CPT | | | | outpatient | | | 2681 | | First Trenton | First Trenton | 2412.9 | 90 | | | 280.81 | 2546.95 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64636 | CPT | | | | outpatient | | | 2681 | | Multiplan | Multiplan | 2144.8 | 80 | | | 280.81 | 2546.95 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64636 | CPT | | | | outpatient | | | 2681 | | WellPoint | WellPoint | 862.75 | 32.18 | | | 280.81 | 2546.95 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64636 | CPT | | | | outpatient | | | 2681 | | Qualcare | Qualcare | 2010.75 | 75 | | | 280.81 | 2546.95 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64636 | CPT | | | | outpatient | | | 2681 | | Horizon | MGD | 1026.29 | 38.28 | | | 280.81 | 2546.95 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64636 | CPT | | | | outpatient | | | 2681 | | Horizon | NJ Health | 280.81 | | | | 280.81 | 2546.95 | fee schedule | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64636 | CPT | | | | outpatient | | | 2681 | | Horizon | PPO | 1026.29 | 38.28 | | | 280.81 | 2546.95 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64636 | CPT | | | | outpatient | | | 2681 | | Managed Care Inc | Managed Care Inc | 2412.9 | 90 | | | 280.81 | 2546.95 | percent of total billed charges | |
| HC DSTR NROLYTC AGNT PARVERTEB FC | 64636 | CPT | | | | outpatient | | | 2681 | | Three Rivers | Three Rivers | 2546.95 | 95 | | | 280.81 | 2546.95 | percent of total billed charges | |
| HC DSTRY NULYT AGENT-OTHER NERVE | 64640 | CPT | | | | outpatient | | | 3286 | 1198.81 | Consumer | Consumer | 3121.7 | 95 | | | 206.71 | 3121.7 | percent of total billed charges | |
| HC DSTRY NULYT AGENT-OTHER NERVE | 64640 | CPT | | | | outpatient | | | 3286 | 1198.81 | Aetna | Commercial | 1248.68 | 38 | | | 206.71 | 3121.7 | percent of total billed charges | |
| HC DSTRY NULYT AGENT-OTHER NERVE | 64640 | CPT | | | | outpatient | | | 3286 | 1198.81 | Americare | Americare | 2464.5 | 75 | | | 206.71 | 3121.7 | percent of total billed charges | |
| HC DSTRY NULYT AGENT-OTHER NERVE | 64640 | CPT | | | | outpatient | | | 3286 | 1198.81 | First Trenton | First Trenton | 2957.4 | 90 | | | 206.71 | 3121.7 | percent of total billed charges | |
| HC DSTRY NULYT AGENT-OTHER NERVE | 64640 | CPT | | | | outpatient | | | 3286 | 1198.81 | Corrections | Corrections | 2628.8 | 80 | | | 206.71 | 3121.7 | percent of total billed charges | |
| HC DSTRY NULYT AGENT-OTHER NERVE | 64640 | CPT | | | | outpatient | | | 3286 | 1198.81 | Aetna | Better Health | 1036.73 | 31.55 | | | 206.71 | 3121.7 | percent of total billed charges | |
| HC DSTRY NULYT AGENT-OTHER NERVE | 64640 | CPT | | | | outpatient | | | 3286 | 1198.81 | Multiplan | Multiplan | 2628.8 | 80 | | | 206.71 | 3121.7 | percent of total billed charges | |
| HC DSTRY NULYT AGENT-OTHER NERVE | 64640 | CPT | | | | outpatient | | | 3286 | 1198.81 | UHC | Medicaid | 1036.73 | 31.55 | | | 206.71 | 3121.7 | percent of total billed charges | |
| HC DSTRY NULYT AGENT-OTHER NERVE | 64640 | CPT | | | | outpatient | | | 3286 | 1198.81 | Horizon | NJ Health | 206.71 | | | | 206.71 | 3121.7 | fee schedule | |
| HC DSTRY NULYT AGENT-OTHER NERVE | 64640 | CPT | | | | outpatient | | | 3286 | 1198.81 | Horizon | Medicare Blue | 1042.44 | | | | 206.71 | 3121.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTRY NULYT AGENT-OTHER NERVE | 64640 | CPT | | | | outpatient | | | 3286 | 1198.81 | Three Rivers | Three Rivers | 3121.7 | 95 | | | 206.71 | 3121.7 | percent of total billed charges | |
| HC DSTRY NULYT AGENT-OTHER NERVE | 64640 | CPT | | | | outpatient | | | 3286 | 1198.81 | Horizon | Indemnity | 2017.12 | | | | 206.71 | 3121.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTRY NULYT AGENT-OTHER NERVE | 64640 | CPT | | | | outpatient | | | 3286 | 1198.81 | United | Oxford | 1817 | | | | 206.71 | 3121.7 | case rate | |
| HC DSTRY NULYT AGENT-OTHER NERVE | 64640 | CPT | | | | outpatient | | | 3286 | 1198.81 | Aetna | Medicare | 1042.44 | | | | 206.71 | 3121.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTRY NULYT AGENT-OTHER NERVE | 64640 | CPT | | | | outpatient | | | 3286 | 1198.81 | Qualcare | Qualcare | 2464.5 | 75 | | | 206.71 | 3121.7 | percent of total billed charges | |
| HC DSTRY NULYT AGENT-OTHER NERVE | 64640 | CPT | | | | outpatient | | | 3286 | 1198.81 | Horizon | PPO | 2017.12 | | | | 206.71 | 3121.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTRY NULYT AGENT-OTHER NERVE | 64640 | CPT | | | | outpatient | | | 3286 | 1198.81 | WellPoint | WellPoint | 1057.43 | 32.18 | | | 206.71 | 3121.7 | percent of total billed charges | |
| HC DSTRY NULYT AGENT-OTHER NERVE | 64640 | CPT | | | | outpatient | | | 3286 | 1198.81 | Amerihealth | HMO/PPO | 550 | | | | 206.71 | 3121.7 | fee schedule | |
| HC DSTRY NULYT AGENT-OTHER NERVE | 64640 | CPT | | | | outpatient | | | 3286 | 1198.81 | Wellcare | Medicare | 1042.44 | | | | 206.71 | 3121.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTRY NULYT AGENT-OTHER NERVE | 64640 | CPT | | | | outpatient | | | 3286 | 1198.81 | Managed Care Inc | Managed Care Inc | 2957.4 | 90 | | | 206.71 | 3121.7 | percent of total billed charges | |
| HC DSTRY NULYT AGENT-OTHER NERVE | 64640 | CPT | | | | outpatient | | | 3286 | 1198.81 | First Health | First Health | 2300.2 | 70 | | | 206.71 | 3121.7 | percent of total billed charges | |
| HC DSTRY NULYT AGENT-OTHER NERVE | 64640 | CPT | | | | outpatient | | | 3286 | 1198.81 | UHC | Medicare | 1042.44 | | | | 206.71 | 3121.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTRY NULYT AGENT-OTHER NERVE | 64640 | CPT | | | | outpatient | | | 3286 | 1198.81 | Horizon | MGD | 2017.12 | | | | 206.71 | 3121.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTRY NULYT AGENT-OTHER NERVE | 64640 | CPT | | | | outpatient | | | 3286 | 1198.81 | United | Commercial/PPO | 1817 | | | | 206.71 | 3121.7 | case rate | |
| HC DSTRY NULYT AGENT-OTHER NERVE | 64640 | CPT | | | | outpatient | | | 3286 | 1198.81 | Wellcare | Medicaid | 1036.73 | 31.55 | | | 206.71 | 3121.7 | percent of total billed charges | |
| HC CHEMODENERV 1 EXT 1-4MUSC | 64642 | CPT | | | | outpatient | | | 2349 | 909.54 | Consumer | Consumer | 2231.55 | 95 | | | 121.83 | 2231.55 | percent of total billed charges | |
| HC CHEMODENERV 1 EXT 1-4MUSC | 64642 | CPT | | | | outpatient | | | 2349 | 909.54 | Americare | Americare | 1761.75 | 75 | | | 121.83 | 2231.55 | percent of total billed charges | |
| HC CHEMODENERV 1 EXT 1-4MUSC | 64642 | CPT | | | | outpatient | | | 2349 | 909.54 | Aetna | Better Health | 741.11 | 31.55 | | | 121.83 | 2231.55 | percent of total billed charges | |
| HC CHEMODENERV 1 EXT 1-4MUSC | 64642 | CPT | | | | outpatient | | | 2349 | 909.54 | Wellcare | Medicare | 790.9 | | | | 121.83 | 2231.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMODENERV 1 EXT 1-4MUSC | 64642 | CPT | | | | outpatient | | | 2349 | 909.54 | First Health | First Health | 1644.3 | 70 | | | 121.83 | 2231.55 | percent of total billed charges | |
| HC CHEMODENERV 1 EXT 1-4MUSC | 64642 | CPT | | | | outpatient | | | 2349 | 909.54 | First Trenton | First Trenton | 2114.1 | 90 | | | 121.83 | 2231.55 | percent of total billed charges | |
| HC CHEMODENERV 1 EXT 1-4MUSC | 64642 | CPT | | | | outpatient | | | 2349 | 909.54 | Aetna | Medicare | 790.9 | | | | 121.83 | 2231.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMODENERV 1 EXT 1-4MUSC | 64642 | CPT | | | | outpatient | | | 2349 | 909.54 | Multiplan | Multiplan | 1879.2 | 80 | | | 121.83 | 2231.55 | percent of total billed charges | |
| HC CHEMODENERV 1 EXT 1-4MUSC | 64642 | CPT | | | | outpatient | | | 2349 | 909.54 | Corrections | Corrections | 1879.2 | 80 | | | 121.83 | 2231.55 | percent of total billed charges | |
| HC CHEMODENERV 1 EXT 1-4MUSC | 64642 | CPT | | | | outpatient | | | 2349 | 909.54 | Amerihealth | HMO/PPO | 550 | | | | 121.83 | 2231.55 | fee schedule | |
| HC CHEMODENERV 1 EXT 1-4MUSC | 64642 | CPT | | | | outpatient | | | 2349 | 909.54 | Aetna | Commercial | 892.62 | 38 | | | 121.83 | 2231.55 | percent of total billed charges | |
| HC CHEMODENERV 1 EXT 1-4MUSC | 64642 | CPT | | | | outpatient | | | 2349 | 909.54 | Qualcare | Qualcare | 1761.75 | 75 | | | 121.83 | 2231.55 | percent of total billed charges | |
| HC CHEMODENERV 1 EXT 1-4MUSC | 64642 | CPT | | | | outpatient | | | 2349 | 909.54 | Three Rivers | Three Rivers | 2231.55 | 95 | | | 121.83 | 2231.55 | percent of total billed charges | |
| HC CHEMODENERV 1 EXT 1-4MUSC | 64642 | CPT | | | | outpatient | | | 2349 | 909.54 | Managed Care Inc | Managed Care Inc | 2114.1 | 90 | | | 121.83 | 2231.55 | percent of total billed charges | |
| HC CHEMODENERV 1 EXT 1-4MUSC | 64642 | CPT | | | | outpatient | | | 2349 | 909.54 | Horizon | MGD | 1530.39 | | | | 121.83 | 2231.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMODENERV 1 EXT 1-4MUSC | 64642 | CPT | | | | outpatient | | | 2349 | 909.54 | UHC | Medicaid | 741.11 | 31.55 | | | 121.83 | 2231.55 | percent of total billed charges | |
| HC CHEMODENERV 1 EXT 1-4MUSC | 64642 | CPT | | | | outpatient | | | 2349 | 909.54 | Horizon | Medicare Blue | 790.9 | | | | 121.83 | 2231.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMODENERV 1 EXT 1-4MUSC | 64642 | CPT | | | | outpatient | | | 2349 | 909.54 | Horizon | Indemnity | 1530.39 | | | | 121.83 | 2231.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMODENERV 1 EXT 1-4MUSC | 64642 | CPT | | | | outpatient | | | 2349 | 909.54 | Wellcare | Medicaid | 741.11 | 31.55 | | | 121.83 | 2231.55 | percent of total billed charges | |
| HC CHEMODENERV 1 EXT 1-4MUSC | 64642 | CPT | | | | outpatient | | | 2349 | 909.54 | UHC | Medicare | 790.9 | | | 697.5 | 121.83 | 2231.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMODENERV 1 EXT 1-4MUSC | 64642 | CPT | | | | outpatient | | | 2349 | 909.54 | Horizon | NJ Health | 121.83 | | | | 121.83 | 2231.55 | fee schedule | |
| HC CHEMODENERV 1 EXT 1-4MUSC | 64642 | CPT | | | | outpatient | | | 2349 | 909.54 | United | Commercial/PPO | 1817 | | | | 121.83 | 2231.55 | case rate | |
| HC CHEMODENERV 1 EXT 1-4MUSC | 64642 | CPT | | | | outpatient | | | 2349 | 909.54 | Horizon | PPO | 1530.39 | | | | 121.83 | 2231.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMODENERV 1 EXT 1-4MUSC | 64642 | CPT | | | | outpatient | | | 2349 | 909.54 | United | Oxford | 1817 | | | | 121.83 | 2231.55 | case rate | |
| HC CHEMODENERV 1 EXT 1-4MUSC | 64642 | CPT | | | | outpatient | | | 2349 | 909.54 | WellPoint | WellPoint | 755.91 | 32.18 | | | 121.83 | 2231.55 | percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 1-4 MUSC\|S | 64643 | CPT | | | | outpatient | | | 317.57 | | Corrections | Corrections | 254.06 | 80 | | | 81.14 | 1782 | percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 1-4 MUSC\|S | 64643 | CPT | | | | outpatient | | | 317.57 | | Aetna | Medicare | 97.81 | 30.8 | | | 81.14 | 1782 | percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 1-4 MUSC\|S | 64643 | CPT | | | | outpatient | | | 317.57 | | First Trenton | First Trenton | 285.81 | 90 | | | 81.14 | 1782 | percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 1-4 MUSC\|S | 64643 | CPT | | | | outpatient | | | 317.57 | | Americare | Americare | 238.18 | 75 | | | 81.14 | 1782 | percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 1-4 MUSC\|S | 64643 | CPT | | | | outpatient | | | 317.57 | | Multiplan | Multiplan | 254.06 | 80 | | | 81.14 | 1782 | percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 1-4 MUSC\|S | 64643 | CPT | | | | outpatient | | | 317.57 | | Aetna | Better Health | 100.19 | 31.55 | | | 81.14 | 1782 | percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 1-4 MUSC\|S | 64643 | CPT | | | | outpatient | | | 317.57 | | Horizon | PPO | 121.57 | 38.28 | | | 81.14 | 1782 | percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 1-4 MUSC\|S | 64643 | CPT | | | | outpatient | | | 317.57 | | Consumer | Consumer | 301.69 | 95 | | | 81.14 | 1782 | percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 1-4 MUSC\|S | 64643 | CPT | | | | outpatient | | | 317.57 | | Horizon | Indemnity | 121.57 | 38.28 | | | 81.14 | 1782 | percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 1-4 MUSC\|S | 64643 | CPT | | | | outpatient | | | 317.57 | | Amerihealth | HMO/PPO | 550 | | | | 81.14 | 1782 | fee schedule

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 | Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC BOTOX EA ADDL EXTR. 1-4 MUSC\|S | 64643 | CPT | | | | outpatient | | | 317.57 | | Horizon | NJ Health | 81.14 | | | | 81.14 | | 1782 fee schedule | |
| HC BOTOX EA ADDL EXTR. 1-4 MUSC\|S | 64643 | CPT | | | | outpatient | | | 317.57 | | Horizon | MGD | 121.57 | 38.28 | | | 81.14 | | 1782 percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 1-4 MUSC\|S | 64643 | CPT | | | | outpatient | | | 317.57 | | Qualcare | Qualcare | 238.18 | 75 | | | 81.14 | | 1782 percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 1-4 MUSC\|S | 64643 | CPT | | | | outpatient | | | 317.57 | | Aetna | Commercial | 120.68 | 38 | | | 81.14 | | 1782 percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 1-4 MUSC\|S | 64643 | CPT | | | | outpatient | | | 317.57 | | Three Rivers | Three Rivers | 301.69 | 95 | | | 81.14 | | 1782 percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 1-4 MUSC\|S | 64643 | CPT | | | | outpatient | | | 317.57 | | United | Oxford | 1782 | | | | 81.14 | | 1782 case rate | |
| HC BOTOX EA ADDL EXTR. 1-4 MUSC\|S | 64643 | CPT | | | | outpatient | | | 317.57 | | Horizon | Medicare Blue | 95.27 | 30 | | | 81.14 | | 1782 percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 1-4 MUSC\|S | 64643 | CPT | | | | outpatient | | | 317.57 | | First Health | First Health | 222.3 | 70 | | | 81.14 | | 1782 percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 1-4 MUSC\|S | 64643 | CPT | | | | outpatient | | | 317.57 | | Managed Care Inc | Managed Care Inc | 285.81 | 90 | | | 81.14 | | 1782 percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 1-4 MUSC\|S | 64643 | CPT | | | | outpatient | | | 317.57 | | WellPoint | WellPoint | 102.19 | 32.18 | | | 81.14 | | 1782 percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 1-4 MUSC\|S | 64643 | CPT | | | | outpatient | | | 317.57 | | UHC | Medicaid | 100.19 | 31.55 | | | 81.14 | | 1782 percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 1-4 MUSC\|S | 64643 | CPT | | | | outpatient | | | 317.57 | | Wellcare | Medicaid | 100.19 | 31.55 | | | 81.14 | | 1782 percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 1-4 MUSC\|S | 64643 | CPT | | | | outpatient | | | 317.57 | | United | CommercialPPO | 1782 | | | | 81.14 | | 1782 case rate | |
| HC CHEMODENERV. 1 EXTRM S=MUSCLES | 64644 | CPT | | | | outpatient | | | 2432 | 909.54 | First Health | First Health | 1702.4 | 70 | | | 132.93 | | 2310.4 percent of total billed charges | |
| HC CHEMODENERV. 1 EXTRM S=MUSCLES | 64644 | CPT | | | | outpatient | | | 2432 | 909.54 | Horizon | Indemnity | 1530.39 | | | | 132.93 | | 2310.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMODENERV. 1 EXTRM S=MUSCLES | 64644 | CPT | | | | outpatient | | | 2432 | 909.54 | Qualcare | Qualcare | 1824 | 75 | | | 132.93 | | 2310.4 percent of total billed charges | |
| HC CHEMODENERV. 1 EXTRM S=MUSCLES | 64644 | CPT | | | | outpatient | | | 2432 | 909.54 | Aetna | Medicare | 790.9 | | | | 132.93 | | 2310.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMODENERV. 1 EXTRM S=MUSCLES | 64644 | CPT | | | | outpatient | | | 2432 | 909.54 | Consumer | Consumer | 2310.4 | 95 | | | 132.93 | | 2310.4 percent of total billed charges | |
| HC CHEMODENERV. 1 EXTRM S=MUSCLES | 64644 | CPT | | | | outpatient | | | 2432 | 909.54 | Aetna | Better Health | 767.3 | 31.55 | | | 132.93 | | 2310.4 percent of total billed charges | |
| HC CHEMODENERV. 1 EXTRM S=MUSCLES | 64644 | CPT | | | | outpatient | | | 2432 | 909.54 | Corrections | Corrections | 1945.6 | 80 | | | 132.93 | | 2310.4 percent of total billed charges | |
| HC CHEMODENERV. 1 EXTRM S=MUSCLES | 64644 | CPT | | | | outpatient | | | 2432 | 909.54 | Three Rivers | Three Rivers | 2310.4 | 95 | | | 132.93 | | 2310.4 percent of total billed charges | |
| HC CHEMODENERV. 1 EXTRM S=MUSCLES | 64644 | CPT | | | | outpatient | | | 2432 | 909.54 | Multiplan | Multiplan | 1945.6 | 80 | | | 132.93 | | 2310.4 percent of total billed charges | |
| HC CHEMODENERV. 1 EXTRM S=MUSCLES | 64644 | CPT | | | | outpatient | | | 2432 | 909.54 | Horizon | Medicare Blue | 790.9 | | | | 132.93 | | 2310.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMODENERV. 1 EXTRM S=MUSCLES | 64644 | CPT | | | | outpatient | | | 2432 | 909.54 | United | CommercialPPO | 1817 | | | 1322.49 | 132.93 | | 2310.4 case rate | |
| HC CHEMODENERV. 1 EXTRM S=MUSCLES | 64644 | CPT | | | | outpatient | | | 2432 | 909.54 | Americare | Americare | 1824 | 75 | | | 132.93 | | 2310.4 percent of total billed charges | |
| HC CHEMODENERV. 1 EXTRM S=MUSCLES | 64644 | CPT | | | | outpatient | | | 2432 | 909.54 | Horizon | MGD | 1530.39 | | | 1430.24 | 132.93 | | 2310.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMODENERV. 1 EXTRM S=MUSCLES | 64644 | CPT | | | | outpatient | | | 2432 | 909.54 | Aetna | Commercial | 924.16 | 38 | | | 132.93 | | 2310.4 percent of total billed charges | |
| HC CHEMODENERV. 1 EXTRM S=MUSCLES | 64644 | CPT | | | | outpatient | | | 2432 | 909.54 | First Trenton | First Trenton | 2188.8 | 90 | | | 132.93 | | 2310.4 percent of total billed charges | |
| HC CHEMODENERV. 1 EXTRM S=MUSCLES | 64644 | CPT | | | | outpatient | | | 2432 | 909.54 | Amerihealth | HMO/PPO | 650 | | | | 132.93 | | 2310.4 fee schedule | |
| HC CHEMODENERV. 1 EXTRM S=MUSCLES | 64644 | CPT | | | | outpatient | | | 2432 | 909.54 | Wellcare | Medicaid | 767.3 | 31.55 | | | 132.93 | | 2310.4 percent of total billed charges | |
| HC CHEMODENERV. 1 EXTRM S=MUSCLES | 64644 | CPT | | | | outpatient | | | 2432 | 909.54 | Horizon | PPO | 1530.39 | | | | 132.93 | | 2310.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMODENERV. 1 EXTRM S=MUSCLES | 64644 | CPT | | | | outpatient | | | 2432 | 909.54 | Horizon | NJ Health | 132.93 | | | | 132.93 | | 2310.4 fee schedule | |
| HC CHEMODENERV. 1 EXTRM S=MUSCLES | 64644 | CPT | | | | outpatient | | | 2432 | 909.54 | UHC | Medicare | 790.9 | | | | 132.93 | | 2310.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMODENERV. 1 EXTRM S=MUSCLES | 64644 | CPT | | | | outpatient | | | 2432 | 909.54 | UHC | Medicaid | 767.3 | 31.55 | | | 132.93 | | 2310.4 percent of total billed charges | |
| HC CHEMODENERV. 1 EXTRM S=MUSCLES | 64644 | CPT | | | | outpatient | | | 2432 | 909.54 | WellPoint | WellPoint | 782.62 | 32.18 | | | 132.93 | | 2310.4 percent of total billed charges | |
| HC CHEMODENERV. 1 EXTRM S=MUSCLES | 64644 | CPT | | | | outpatient | | | 2432 | 909.54 | Managed Care Inc | Managed Care Inc | 2188.8 | 90 | | | 132.93 | | 2310.4 percent of total billed charges | |
| HC CHEMODENERV. 1 EXTRM S=MUSCLES | 64644 | CPT | | | | outpatient | | | 2432 | 909.54 | Wellcare | Medicare | 790.9 | | | | 132.93 | | 2310.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMODENERV. 1 EXTRM S=MUSCLES | 64644 | CPT | | | | outpatient | | | 2432 | 909.54 | United | Oxford | 1817 | | | | 132.93 | | 2310.4 case rate | |
| HC BOTOX EA ADDL EXTR. 5>MUSCLES | 64645 | CPT | | | | outpatient | | | 412 | | Amerihealth | HMO/PPO | 650 | | | | 93.05 | | 1782 fee schedule | |
| HC BOTOX EA ADDL EXTR. 5>MUSCLES | 64645 | CPT | | | | outpatient | | | 412 | | Corrections | Corrections | 329.6 | 80 | | | 93.05 | | 1782 percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 5>MUSCLES | 64645 | CPT | | | | outpatient | | | 412 | | United | Oxford | 1782 | | | | 93.05 | | 1782 case rate | |
| HC BOTOX EA ADDL EXTR. 5>MUSCLES | 64645 | CPT | | | | outpatient | | | 412 | | Aetna | Commercial | 156.56 | 38 | | | 93.05 | | 1782 percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 5>MUSCLES | 64645 | CPT | | | | outpatient | | | 412 | | UHC | Medicaid | 129.99 | 31.55 | | | 93.05 | | 1782 percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 5>MUSCLES | 64645 | CPT | | | | outpatient | | | 412 | | Aetna | Better Health | 129.99 | 31.55 | | | 93.05 | | 1782 percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 5>MUSCLES | 64645 | CPT | | | | outpatient | | | 412 | | WellPoint | WellPoint | 132.58 | 32.18 | | | 93.05 | | 1782 percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 5>MUSCLES | 64645 | CPT | | | | outpatient | | | 412 | | United | CommercialPPO | 1782 | | | | 93.05 | | 1782 case rate | |
| HC BOTOX EA ADDL EXTR. 5>MUSCLES | 64645 | CPT | | | | outpatient | | | 412 | | First Health | First Health | 288.4 | 70 | | | 93.05 | | 1782 percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 5>MUSCLES | 64645 | CPT | | | | outpatient | | | 412 | | Horizon | Medicare Blue | 123.6 | 30 | | | 93.05 | | 1782 percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 5>MUSCLES | 64645 | CPT | | | | outpatient | | | 412 | | Horizon | MGD | 157.71 | 38.28 | | | 93.05 | | 1782 percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 5>MUSCLES | 64645 | CPT | | | | outpatient | | | 412 | | Aetna | Medicare | 126.9 | 30.8 | | | 93.05 | | 1782 percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 5>MUSCLES | 64645 | CPT | | | | outpatient | | | 412 | | Americare | Americare | 309 | 75 | | | 93.05 | | 1782 percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 5>MUSCLES | 64645 | CPT | | | | outpatient | | | 412 | | Wellcare | Medicaid | 129.99 | 31.55 | | | 93.05 | | 1782 percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 5>MUSCLES | 64645 | CPT | | | | outpatient | | | 412 | | Consumer | Consumer | 391.4 | 95 | | | 93.05 | | 1782 percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 5>MUSCLES | 64645 | CPT | | | | outpatient | | | 412 | | Multiplan | Multiplan | 329.6 | 80 | | | 93.05 | | 1782 percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 5>MUSCLES | 64645 | CPT | | | | outpatient | | | 412 | | First Trenton | First Trenton | 370.8 | 90 | | | 93.05 | | 1782 percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 5>MUSCLES | 64645 | CPT | | | | outpatient | | | 412 | | Qualcare | Qualcare | 309 | 75 | | | 93.05 | | 1782 percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 5>MUSCLES | 64645 | CPT | | | | outpatient | | | 412 | | Horizon | Indemnity | 157.71 | 38.28 | | | 93.05 | | 1782 percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 5>MUSCLES | 64645 | CPT | | | | outpatient | | | 412 | | Horizon | NJ Health | 93.05 | | | | 93.05 | | 1782 fee schedule | |
| HC BOTOX EA ADDL EXTR. 5>MUSCLES | 64645 | CPT | | | | outpatient | | | 412 | | Horizon | PPO | 157.71 | 38.28 | | | 93.05 | | 1782 percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 5>MUSCLES | 64645 | CPT | | | | outpatient | | | 412 | | Managed Care Inc | Managed Care Inc | 370.8 | 90 | | | 93.05 | | 1782 percent of total billed charges | |
| HC BOTOX EA ADDL EXTR. 5>MUSCLES | 64645 | CPT | | | | outpatient | | | 412 | | Three Rivers | Three Rivers | 391.4 | 95 | | | 93.05 | | 1782 percent of total billed charges | |
| HC CHMDNVSN TRNK MSCL; 1-5 MSCLS | 64646 | CPT | | | | outpatient | | | 2536 | 909.54 | Horizon | PPO | 1530.39 | | | | 131.75 | | 2409.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHMDNVSN TRNK MSCL; 1-5 MSCLS | 64646 | CPT | | | | outpatient | | | 2536 | 909.54 | Aetna | Better Health | 800.11 | 31.55 | | | 131.75 | | 2409.2 percent of total billed charges | |
| HC CHMDNVSN TRNK MSCL; 1-5 MSCLS | 64646 | CPT | | | | outpatient | | | 2536 | 909.54 | Aetna | Medicare | 790.9 | | | | 131.75 | | 2409.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHMDNVSN TRNK MSCL; 1-5 MSCLS | 64646 | CPT | | | | outpatient | | | 2536 | 909.54 | Consumer | Consumer | 2409.2 | 95 | | | 131.75 | | 2409.2 percent of total billed charges | |
| HC CHMDNVSN TRNK MSCL; 1-5 MSCLS | 64646 | CPT | | | | outpatient | | | 2536 | 909.54 | Horizon | MGD | 1530.39 | | | | 131.75 | | 2409.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHMDNVSN TRNK MSCL; 1-5 MSCLS | 64646 | CPT | | | | outpatient | | | 2536 | 909.54 | Amerihealth | HMO/PPO | 550 | | | | 131.75 | | 2409.2 fee schedule | |
| HC CHMDNVSN TRNK MSCL; 1-5 MSCLS | 64646 | CPT | | | | outpatient | | | 2536 | 909.54 | Aetna | Commercial | 963.68 | 38 | | | 131.75 | | 2409.2 percent of total billed charges | |
| HC CHMDNVSN TRNK MSCL; 1-5 MSCLS | 64646 | CPT | | | | outpatient | | | 2536 | 909.54 | Corrections | Corrections | 2028.8 | 80 | | | 131.75 | | 2409.2 percent of total billed charges | |
| HC CHMDNVSN TRNK MSCL; 1-5 MSCLS | 64646 | CPT | | | | outpatient | | | 2536 | 909.54 | WellPoint | WellPoint | 816.08 | 32.18 | | | 131.75 | | 2409.2 percent of total billed charges | |
| HC CHMDNVSN TRNK MSCL; 1-5 MSCLS | 64646 | CPT | | | | outpatient | | | 2536 | 909.54 | UHC | Medicare | 790.9 | | | | 131.75 | | 2409.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHMDNVSN TRNK MSCL; 1-5 MSCLS | 64646 | CPT | | | | outpatient | | | 2536 | 909.54 | Americare | Americare | 1902 | 75 | | | 131.75 | | 2409.2 percent of total billed charges | |
| HC CHMDNVSN TRNK MSCL; 1-5 MSCLS | 64646 | CPT | | | | outpatient | | | 2536 | 909.54 | First Trenton | First Trenton | 2282.4 | 90 | | | 131.75 | | 2409.2 percent of total billed charges | |
| HC CHMDNVSN TRNK MSCL; 1-5 MSCLS | 64646 | CPT | | | | outpatient | | | 2536 | 909.54 | UHC | Medicaid | 800.11 | 31.55 | | | 131.75 | | 2409.2 percent of total billed charges | |
| HC CHMDNVSN TRNK MSCL; 1-5 MSCLS | 64646 | CPT | | | | outpatient | | | 2536 | 909.54 | First Health | First Health | 1775.2 | 70 | | | 131.75 | | 2409.2 percent of total billed charges | |
| HC CHMDNVSN TRNK MSCL; 1-5 MSCLS | 64646 | CPT | | | | outpatient | | | 2536 | 909.54 | Horizon | Medicare Blue | 790.9 | | | | 131.75 | | 2409.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHMDNVSN TRNK MSCL; 1-5 MSCLS | 64646 | CPT | | | | outpatient | | | 2536 | 909.54 | Horizon | Indemnity | 1530.39 | | | | 131.75 | | 2409.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHMDNVSN TRNK MSCL; 1-5 MSCLS | 64646 | CPT | | | | outpatient | | | 2536 | 909.54 | United | Oxford | 1817 | | | | 131.75 | | 2409.2 case rate | |
| HC CHMDNVSN TRNK MSCL; 1-5 MSCLS | 64646 | CPT | | | | outpatient | | | 2536 | 909.54 | Wellcare | Medicare | 790.9 | | | | 131.75 | | 2409.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHMDNVSN TRNK MSCL; 1-5 MSCLS | 64646 | CPT | | | | outpatient | | | 2536 | 909.54 | Wellcare | Medicaid | 800.11 | 31.55 | | | 131.75 | | 2409.2 percent of total billed charges | |
| HC CHMDNVSN TRNK MSCL; 1-5 MSCLS | 64646 | CPT | | | | outpatient | | | 2536 | 909.54 | Horizon | NJ Health | 131.75 | | | | 131.75 | | 2409.2 fee schedule | |
| HC CHMDNVSN TRNK MSCL; 1-5 MSCLS | 64646 | CPT | | | | outpatient | | | 2536 | 909.54 | Multiplan | Multiplan | 2028.8 | 80 | | | 131.75 | | 2409.2 percent of total billed charges | |
| HC CHMDNVSN TRNK MSCL; 1-5 MSCLS | 64646 | CPT | | | | outpatient | | | 2536 | 909.54 | United | CommercialPPO | 1817 | | | | 131.75 | | 2409.2 case rate | |
| HC CHMDNVSN TRNK MSCL; 1-5 MSCLS | 64646 | CPT | | | | outpatient | | | 2536 | 909.54 | Qualcare | Qualcare | 1902 | 75 | | | 131.75 | | 2409.2 percent of total billed charges | |
| HC CHMDNVSN TRNK MSCL; 1-5 MSCLS | 64646 | CPT | | | | outpatient | | | 2536 | 909.54 | Managed Care Inc | Managed Care Inc | 2282.4 | 90 | | | 131.75 | | 2409.2 percent of total billed charges | |
| HC CHMDNVSN TRNK MSCL; 1-5 MSCLS | 64646 | CPT | | | | outpatient | | | 2536 | 909.54 | Three Rivers | Three Rivers | 2409.2 | 95 | | | 131.75 | | 2409.2 percent of total billed charges | |
| HC SUTURE DIG NERVE H/F 1 NERVE | 64831 | CPT | | | | outpatient | | | 6889 | 2539.41 | Horizon | Indemnity | 4272.83 | | | | 433 | | 6544.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUTURE DIG NERVE H/F 1 NERVE | 64831 | CPT | | | | outpatient | | | 6889 | 2539.41 | Americare | Americare | 5166.75 | 75 | | | 433 | | 6544.55 percent of total billed charges | |
| HC SUTURE DIG NERVE H/F 1 NERVE | 64831 | CPT | | | | outpatient | | | 6889 | 2539.41 | Aetna | Better Health | 2173.48 | 31.55 | | | 433 | | 6544.55 percent of total billed charges | |
| HC SUTURE DIG NERVE H/F 1 NERVE | 64831 | CPT | | | | outpatient | | | 6889 | 2539.41 | Aetna | Commercial | 2617.82 | 38 | | | 433 | | 6544.55 percent of total billed charges | |
| HC SUTURE DIG NERVE H/F 1 NERVE | 64831 | CPT | | | | outpatient | | | 6889 | 2539.41 | First Trenton | First Trenton | 6200.1 | 90 | | | 433 | | 6544.55 percent of total billed charges | |
| HC SUTURE DIG NERVE H/F 1 NERVE | 64831 | CPT | | | | outpatient | | | 6889 | 2539.41 | Amerihealth | HMO/PPO | 800 | | | | 433 | | 6544.55 fee schedule | |
| HC SUTURE DIG NERVE H/F 1 NERVE | 64831 | CPT | | | | outpatient | | | 6889 | 2539.41 | Horizon | Medicare Blue | 2208.18 | | | | 433 | | 6544.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUTURE DIG NERVE H/F 1 NERVE | 64831 | CPT | | | | outpatient | | | 6889 | 2539.41 | Aetna | Medicare | 2208.18 | | | | 433 | | 6544.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUTURE DIG NERVE H/F 1 NERVE | 64831 | CPT | | | | outpatient | | | 6889 | 2539.41 | UHC | Medicare | 2208.18 | | | | 433 | | 6544.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUTURE DIG NERVE H/F 1 NERVE | 64831 | CPT | | | | outpatient | | | 6889 | 2539.41 | Horizon | MGD | 4272.83 | | | | 433 | | 6544.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUTURE DIG NERVE H/F 1 NERVE | 64831 | CPT | | | | outpatient | | | 6889 | 2539.41 | First Health | First Health | 4822.3 | 70 | | | 433 | | 6544.55 percent of total billed charges | |
| HC SUTURE DIG NERVE H/F 1 NERVE | 64831 | CPT | | | | outpatient | | | 6889 | 2539.41 | Consumer | Consumer | 6544.55 | 95 | | | 433 | | 6544.55 percent of total billed charges | |
| HC SUTURE DIG NERVE H/F 1 NERVE | 64831 | CPT | | | | outpatient | | | 6889 | 2539.41 | Horizon | PPO | 4272.83 | | | | 433 | | 6544.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUTURE DIG NERVE H/F 1 NERVE | 64831 | CPT | | | | outpatient | | | 6889 | 2539.41 | Corrections | Corrections | 5511.2 | 80 | | | 433 | | 6544.55 percent of total billed charges | |
| HC SUTURE DIG NERVE H/F 1 NERVE | 64831 | CPT | | | | outpatient | | | 6889 | 2539.41 | Multiplan | Multiplan | 5511.2 | 80 | | | 433 | | 6544.55 percent of total billed charges | |
| HC SUTURE DIG NERVE H/F 1 NERVE | 64831 | CPT | | | | outpatient | | | 6889 | 2539.41 | Horizon | NJ Health | 433 | | | | 433 | | 6544.55 fee schedule | |
| HC SUTURE DIG NERVE H/F 1 NERVE | 64831 | CPT | | | | outpatient | | | 6889 | 2539.41 | United | CommercialPPO | 3492 | | | | 433 | | 6544.55 case rate | |
| HC SUTURE DIG NERVE H/F 1 NERVE | 64831 | CPT | | | | outpatient | | | 6889 | 2539.41 | Three Rivers | Three Rivers | 6544.55 | 95 | | | 433 | | 6544.55 percent of total billed charges | |
| HC SUTURE DIG NERVE H/F 1 NERVE | 64831 | CPT | | | | outpatient | | | 6889 | 2539.41 | Managed Care Inc | Managed Care Inc | 6200.1 | 90 | | | 433 | | 6544.55 percent of total billed charges | |
| HC SUTURE DIG NERVE H/F 1 NERVE | 64831 | CPT | | | | outpatient | | | 6889 | 2539.41 | Qualcare | Qualcare | 5166.75 | 75 | | | 433 | | 6544.55 percent of total billed charges | |
| HC SUTURE DIG NERVE H/F 1 NERVE | 64831 | CPT | | | | outpatient | | | 6889 | 2539.41 | UHC | Medicaid | 2173.48 | 31.55 | | | 433 | | 6544.55 percent of total billed charges | |
| HC SUTURE DIG NERVE H/F 1 NERVE | 64831 | CPT | | | | outpatient | | | 6889 | 2539.41 | Wellcare | Medicaid | 2173.48 | 31.55 | | | 433 | | 6544.55 percent of total billed charges | |
| HC SUTURE DIG NERVE H/F 1 NERVE | 64831 | CPT | | | | outpatient | | | 6889 | 2539.41 | United | Oxford | 3492 | | | | 433 | | 6544.55 case rate | |
| HC SUTURE DIG NERVE H/F 1 NERVE | 64831 | CPT | | | | outpatient | | | 6889 | 2539.41 | Wellcare | Medicare | 2208.18 | | | | 433 | | 6544.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUTURE DIG NERVE H/F 1 NERVE | 64831 | CPT | | | | outpatient | | | 6889 | 2539.41 | WellPoint | WellPoint | 2216.88 | 32.18 | | | 433 | | 6544.55 percent of total billed charges | |
| HC UNLISTED PROCEDURE NERVOUS SYSTEM | 64999 | CPT | | | | both | | | 1045 | 389.55 | Aetna | Commercial | 397.1 | 38 | | 327.72 | 300 | | 1782 percent of total billed charges | |
| HC UNLISTED PROCEDURE NERVOUS SYSTEM | 64999 | CPT | | | | both | | | 1045 | 389.55 | Aetna | Better Health | 329.7 | 31.55 | | | 300 | | 1782 percent of total billed charges | |
| HC UNLISTED PROCEDURE NERVOUS SYSTEM | 64999 | CPT | | | | both | | | 1045 | 389.55 | First Trenton | First Trenton | 940.5 | 90 | | | 300 | | 1782 percent of total billed charges | |
| HC UNLISTED PROCEDURE NERVOUS SYSTEM | 64999 | CPT | | | | both | | | 1045 | 389.55 | Horizon | Medicare Blue | 338.74 | | | 184.36 | 300 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROCEDURE NERVOUS SYSTEM | 64999 | CPT | | | | both | | | 1045 | 389.55 | Aetna | Medicare | 338.74 | | | | 300 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROCEDURE NERVOUS SYSTEM | 64999 | CPT | | | | both | | | 1045 | 389.55 | First Health | First Health | 731.5 | 70 | | | 300 | | 1782 percent of total billed charges | |
| HC UNLISTED PROCEDURE NERVOUS SYSTEM | 64999 | CPT | | | | both | | | 1045 | 389.55 | Horizon | PPO | 655.46 | | | | 300 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROCEDURE NERVOUS SYSTEM | 64999 | CPT | | | | both | | | 1045 | 389.55 | Consumer | Consumer | 992.75 | 95 | | | 300 | | 1782 percent of total billed charges | |
| HC UNLISTED PROCEDURE NERVOUS SYSTEM | 64999 | CPT | | | | both | | | 1045 | 389.55 | Americare | Americare | 783.75 | 75 | | | 300 | | 1782 percent of total billed charges | |
| HC UNLISTED PROCEDURE NERVOUS SYSTEM | 64999 | CPT | | | | both | | | 1045 | 389.55 | Horizon | Indemnity | 655.46 | | | | 300 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROCEDURE NERVOUS SYSTEM | 64999 | CPT | | | | both | | | 1045 | 389.55 | Managed Care Inc | Managed Care Inc | 940.5 | 90 | | | 300 | | 1782 percent of total billed charges | |
| HC UNLISTED PROCEDURE NERVOUS SYSTEM | 64999 | CPT | | | | both | | | 1045 | 389.55 | Horizon | MGD | 655.46 | | | 319.29 | 300 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROCEDURE NERVOUS SYSTEM | 64999 | CPT | | | | both | | | 1045 | 389.55 | Amerihealth | HMO/PPO | 300 | | | | 300 | | 1782 fee schedule | |
| HC UNLISTED PROCEDURE NERVOUS SYSTEM | 64999 | CPT | | | | both | | | 1045 | 389.55 | Multiplan | Multiplan | 836 | 80 | | | 300 | | 1782 percent of total billed charges | |
| HC UNLISTED PROCEDURE NERVOUS SYSTEM | 64999 | CPT | | | | both | | | 1045 | 389.55 | United | CommercialPPO | 1782 | | | | 300 | | 1782 case rate | |
| HC UNLISTED PROCEDURE NERVOUS SYSTEM | 64999 | CPT | | | | both | | | 1045 | 389.55 | Corrections | Corrections | 836 | 80 | | | 300 | | 1782 percent of total billed charges | |
| HC UNLISTED PROCEDURE NERVOUS SYSTEM | 64999 | CPT | | | | both | | | 1045 | 389.55 | WellPoint | WellPoint | 336.28 | 32.18 | | 318.86 | 300 | | 1782 percent of total billed charges | |
| HC UNLISTED PROCEDURE NERVOUS SYSTEM | 64999 | CPT | | | | both | | | 1045 | 389.55 | Qualcare | Qualcare | 783.75 | 75 | | | 300 | | 1782 percent of total billed charges | |
| HC UNLISTED PROCEDURE NERVOUS SYSTEM | 64999 | CPT | | | | both | | | 1045 | 389.55 | United | Oxford | 1782 | | | | 300 | | 1782 case rate | |
| HC UNLISTED PROCEDURE NERVOUS SYSTEM | 64999 | CPT | | | | both | | | 1045 | 389.55 | UHC | Medicaid | 329.7 | 31.55 | | 195.64 | 300 | | 1782 percent of total billed charges | |
| HC UNLISTED PROCEDURE NERVOUS SYSTEM | 64999 | CPT | | | | both | | | 1045 | 389.55 | Three Rivers | Three Rivers | 992.75 | 95 | | | 300 | | 1782 percent of total billed charges | |
| HC UNLISTED PROCEDURE NERVOUS SYSTEM | 64999 | CPT | | | | both | | | 1045 | 389.55 | UHC | Medicare | 338.74 | | | | 300 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROCEDURE NERVOUS SYSTEM | 64999 | CPT | | | | both | | | 1045 | 389.55 | Wellcare | Medicaid | 329.7 | 31.55 | | | 300 | | 1782 percent of total billed charges | |
| HC UNLISTED PROCEDURE NERVOUS SYSTEM | 64999 | CPT | | | | both | | | 1045 | 389.55 | Wellcare | Medicare | 338.74 | | | | 300 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM CONJ FB SUPERFICIAL | 65205 | CPT | | | | outpatient | | | 424 | 168 | First Trenton | First Trenton | 381.6 | 90 | | | 58.46 | | 1782 percent of total billed charges | |
| HC REM CONJ FB SUPERFICIAL | 65205 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Better Health | 133.77 | 31.55 | | | 58.46 | | 1782 percent of total billed charges | |
| HC REM CONJ FB SUPERFICIAL | 65205 | CPT | | | | outpatient | | | 424 | 168 | Americare | Americare | 318 | 75 | | | 58.46 | | 1782 percent of total billed charges | |
| HC REM CONJ FB SUPERFICIAL | 65205 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Medicare | 146.09 | | | | 58.46 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM CONJ FB SUPERFICIAL | 65205 | CPT | | | | outpatient | | | 424 | 168 | UHC | Medicaid | 133.77 | 31.55 | | | 58.46 | | 1782 percent of total billed charges | |
| HC REM CONJ FB SUPERFICIAL | 65205 | CPT | | | | outpatient | | | 424 | 168 | First Health | First Health | 296.8 | 70 | | | 58.46 | | 1782 percent of total billed charges | |
| HC REM CONJ FB SUPERFICIAL | 65205 | CPT | | | | outpatient | | | 424 | 168 | Horizon | Indemnity | 282.68 | | | | 58.46 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM CONJ FB SUPERFICIAL | 65205 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Commercial | 161.12 | 38 | | | 58.46 | | 1782 percent of total billed charges | |
| HC REM CONJ FB SUPERFICIAL | 65205 | CPT | | | | outpatient | | | 424 | 168 | Wellcare | Medicare | 146.09 | | | | 58.46 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM CONJ FB SUPERFICIAL | 65205 | CPT | | | | outpatient | | | 424 | 168 | Amerihealth | HMO/PPO | 300 | | | | 58.46 | | 1782 fee schedule | |
| HC REM CONJ FB SUPERFICIAL | 65205 | CPT | | | | outpatient | | | 424 | 168 | Consumer | Consumer | 402.8 | 95 | | | 58.46 | | 1782 percent of total billed charges | |
| HC REM CONJ FB SUPERFICIAL | 65205 | CPT | | | | outpatient | | | 424 | 168 | Corrections | Corrections | 339.2 | 80 | | | 58.46 | | 1782 percent of total billed charges | |
| HC REM CONJ FB SUPERFICIAL | 65205 | CPT | | | | outpatient | | | 424 | 168 | UHC | Medicare | 146.09 | | | | 58.46 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC REM CONJ FB SUPERFICIAL | 65205 | CPT | | | | outpatient | | | 424 | 168 | Horizon | Medicare Blue | 146.09 | | | | 58.46 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM CONJ FB SUPERFICIAL | 65205 | CPT | | | | outpatient | | | 424 | 168 | Multiplan | Multiplan | 339.2 | 80 | | | 58.46 | | 1782 percent of total billed charges | |
| HC REM CONJ FB SUPERFICIAL | 65205 | CPT | | | | outpatient | | | 424 | 168 | Horizon | MGD | 282.68 | | | | 58.46 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM CONJ FB SUPERFICIAL | 65205 | CPT | | | | outpatient | | | 424 | 168 | United | Commercial\|PPO | 1782 | | | | 58.46 | | 1782 case rate | |
| HC REM CONJ FB SUPERFICIAL | 65205 | CPT | | | | outpatient | | | 424 | 168 | United | Oxford | 1782 | | | | 58.46 | | 1782 case rate | |
| HC REM CONJ FB SUPERFICIAL | 65205 | CPT | | | | outpatient | | | 424 | 168 | Horizon | NJ Health | 58.46 | | | | 58.46 | | 1782 fee schedule | |
| HC REM CONJ FB SUPERFICIAL | 65205 | CPT | | | | outpatient | | | 424 | 168 | Horizon | PPO | 282.68 | | | | 58.46 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM CONJ FB SUPERFICIAL | 65205 | CPT | | | | outpatient | | | 424 | 168 | Qualcare | Qualcare | 318 | 75 | | | 58.46 | | 1782 percent of total billed charges | |
| HC REM CONJ FB SUPERFICIAL | 65205 | CPT | | | | outpatient | | | 424 | 168 | Wellcare | Medicaid | 133.77 | 31.55 | | | 58.46 | | 1782 percent of total billed charges | |
| HC REM CONJ FB SUPERFICIAL | 65205 | CPT | | | | outpatient | | | 424 | 168 | Managed Care Inc | Managed Care Inc | 381.6 | 90 | | | 58.46 | | 1782 percent of total billed charges | |
| HC REM CONJ FB SUPERFICIAL | 65205 | CPT | | | | outpatient | | | 424 | 168 | WellPoint | WellPoint | 136.44 | 32.18 | | | 58.46 | | 1782 percent of total billed charges | |
| HC REM CONJ FB SUPERFICIAL | 65205 | CPT | | | | outpatient | | | 424 | 168 | Three Rivers | Three Rivers | 402.8 | 95 | | | 58.46 | | 1782 percent of total billed charges | |
| HC RMVL FB XTRNL EYE EMBED SC,INCL/SCLERAL NONPERFOR | 65210 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Americare | Americare | 1007.92 | 75 | | | 83.52 | | 1782 percent of total billed charges | |
| HC RMVL FB XTRNL EYE EMBED SC,INCL/SCLERAL NONPERFOR | 65210 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Aetna | Better Health | 424 | 31.55 | | | 83.52 | | 1782 percent of total billed charges | |
| HC RMVL FB XTRNL EYE EMBED SC,INCL/SCLERAL NONPERFOR | 65210 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Aetna | Medicare | 455.69 | | | | 83.52 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL FB XTRNL EYE EMBED SC,INCL/SCLERAL NONPERFOR | 65210 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Amerihealth | HMO\|PPO | 300 | | | | 83.52 | | 1782 fee schedule | |
| HC RMVL FB XTRNL EYE EMBED SC,INCL/SCLERAL NONPERFOR | 65210 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Consumer | Consumer | 1276.7 | 95 | | | 83.52 | | 1782 percent of total billed charges | |
| HC RMVL FB XTRNL EYE EMBED SC,INCL/SCLERAL NONPERFOR | 65210 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Multiplan | Multiplan | 1075.11 | 80 | | | 83.52 | | 1782 percent of total billed charges | |
| HC RMVL FB XTRNL EYE EMBED SC,INCL/SCLERAL NONPERFOR | 65210 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Aetna | Commercial | 510.68 | 38 | | | 83.52 | | 1782 percent of total billed charges | |
| HC RMVL FB XTRNL EYE EMBED SC,INCL/SCLERAL NONPERFOR | 65210 | CPT | | | | outpatient | | | 1343.89 | 524.04 | First Trenton | First Trenton | 1209.5 | 90 | | | 83.52 | | 1782 percent of total billed charges | |
| HC RMVL FB XTRNL EYE EMBED SC,INCL/SCLERAL NONPERFOR | 65210 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Three Rivers | Three Rivers | 1276.7 | 95 | | | 83.52 | | 1782 percent of total billed charges | |
| HC RMVL FB XTRNL EYE EMBED SC,INCL/SCLERAL NONPERFOR | 65210 | CPT | | | | outpatient | | | 1343.89 | 524.04 | UHC | Medicare | 455.69 | | | | 83.52 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL FB XTRNL EYE EMBED SC,INCL/SCLERAL NONPERFOR | 65210 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Horizon | MGD | 881.76 | | | | 83.52 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL FB XTRNL EYE EMBED SC,INCL/SCLERAL NONPERFOR | 65210 | CPT | | | | outpatient | | | 1343.89 | 524.04 | First Health | First Health | 940.72 | 70 | | | 83.52 | | 1782 percent of total billed charges | |
| HC RMVL FB XTRNL EYE EMBED SC,INCL/SCLERAL NONPERFOR | 65210 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Corrections | Corrections | 1075.11 | 80 | | | 83.52 | | 1782 percent of total billed charges | |
| HC RMVL FB XTRNL EYE EMBED SC,INCL/SCLERAL NONPERFOR | 65210 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Qualcare | Qualcare | 1007.92 | 75 | | | 83.52 | | 1782 percent of total billed charges | |
| HC RMVL FB XTRNL EYE EMBED SC,INCL/SCLERAL NONPERFOR | 65210 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Horizon | Indemnity | 881.76 | | | | 83.52 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL FB XTRNL EYE EMBED SC,INCL/SCLERAL NONPERFOR | 65210 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Horizon | Medicare Blue | 455.69 | | | | 83.52 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL FB XTRNL EYE EMBED SC,INCL/SCLERAL NONPERFOR | 65210 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Horizon | NJ Health | 83.52 | | | | 83.52 | | 1782 fee schedule | |
| HC RMVL FB XTRNL EYE EMBED SC,INCL/SCLERAL NONPERFOR | 65210 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Wellcare | Medicare | 455.69 | | | | 83.52 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL FB XTRNL EYE EMBED SC,INCL/SCLERAL NONPERFOR | 65210 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Managed Care Inc | Managed Care Inc | 1209.5 | 90 | | | 83.52 | | 1782 percent of total billed charges | |
| HC RMVL FB XTRNL EYE EMBED SC,INCL/SCLERAL NONPERFOR | 65210 | CPT | | | | outpatient | | | 1343.89 | 524.04 | United | Commercial\|PPO | 1782 | | | | 83.52 | | 1782 case rate | |
| HC RMVL FB XTRNL EYE EMBED SC,INCL/SCLERAL NONPERFOR | 65210 | CPT | | | | outpatient | | | 1343.89 | 524.04 | UHC | Medicaid | 424 | 31.55 | | | 83.52 | | 1782 percent of total billed charges | |
| HC RMVL FB XTRNL EYE EMBED SC,INCL/SCLERAL NONPERFOR | 65210 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Horizon | PPO | 881.76 | | | | 83.52 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL FB XTRNL EYE EMBED SC,INCL/SCLERAL NONPERFOR | 65210 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Wellcare | Medicaid | 424 | 31.55 | | | 83.52 | | 1782 percent of total billed charges | |
| HC RMVL FB XTRNL EYE EMBED SC,INCL/SCLERAL NONPERFOR | 65210 | CPT | | | | outpatient | | | 1343.89 | 524.04 | United | Oxford | 1782 | | | | 83.52 | | 1782 case rate | |
| HC RMVL FB XTRNL EYE EMBED SC,INCL/SCLERAL NONPERFOR | 65210 | CPT | | | | outpatient | | | 1343.89 | 524.04 | WellPoint | WellPoint | 432.46 | 32.18 | | | 83.52 | | 1782 percent of total billed charges | |
| HC RMVL FB EXT EYE CORNEAL WO SLI | 65220 | CPT | | | | outpatient | | | 1379 | 524.04 | Amerihealth | HMO\|PPO | 300 | | | | 83.52 | | 1782 fee schedule | |
| HC RMVL FB EXT EYE CORNEAL WO SLI | 65220 | CPT | | | | outpatient | | | 1379 | 524.04 | Corrections | Corrections | 1103.2 | 80 | | | 83.52 | | 1782 percent of total billed charges | |
| HC RMVL FB EXT EYE CORNEAL WO SLI | 65220 | CPT | | | | outpatient | | | 1379 | 524.04 | First Health | First Health | 965.3 | 70 | | | 83.52 | | 1782 percent of total billed charges | |
| HC RMVL FB EXT EYE CORNEAL WO SLI | 65220 | CPT | | | | outpatient | | | 1379 | 524.04 | Americare | Americare | 1034.25 | 75 | | | 83.52 | | 1782 percent of total billed charges | |
| HC RMVL FB EXT EYE CORNEAL WO SLI | 65220 | CPT | | | | outpatient | | | 1379 | 524.04 | Aetna | Medicare | 455.69 | | | | 83.52 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL FB EXT EYE CORNEAL WO SLI | 65220 | CPT | | | | outpatient | | | 1379 | 524.04 | Aetna | Better Health | 435.07 | 31.55 | | | 83.52 | | 1782 percent of total billed charges | |
| HC RMVL FB EXT EYE CORNEAL WO SLI | 65220 | CPT | | | | outpatient | | | 1379 | 524.04 | Aetna | Commercial | 524.02 | 38 | | | 83.52 | | 1782 percent of total billed charges | |
| HC RMVL FB EXT EYE CORNEAL WO SLI | 65220 | CPT | | | | outpatient | | | 1379 | 524.04 | UHC | Medicare | 455.69 | | | | 83.52 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL FB EXT EYE CORNEAL WO SLI | 65220 | CPT | | | | outpatient | | | 1379 | 524.04 | Horizon | Medicare Blue | 455.69 | | | | 83.52 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL FB EXT EYE CORNEAL WO SLI | 65220 | CPT | | | | outpatient | | | 1379 | 524.04 | Horizon | PPO | 881.76 | | | | 83.52 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL FB EXT EYE CORNEAL WO SLI | 65220 | CPT | | | | outpatient | | | 1379 | 524.04 | Horizon | MGD | 881.76 | | | | 83.52 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL FB EXT EYE CORNEAL WO SLI | 65220 | CPT | | | | outpatient | | | 1379 | 524.04 | United | Commercial\|PPO | 1782 | | | | 83.52 | | 1782 case rate | |
| HC RMVL FB EXT EYE CORNEAL WO SLI | 65220 | CPT | | | | outpatient | | | 1379 | 524.04 | Multiplan | Multiplan | 1103.2 | 80 | | | 83.52 | | 1782 percent of total billed charges | |
| HC RMVL FB EXT EYE CORNEAL WO SLI | 65220 | CPT | | | | outpatient | | | 1379 | 524.04 | Consumer | Consumer | 1310.05 | 95 | | | 83.52 | | 1782 percent of total billed charges | |
| HC RMVL FB EXT EYE CORNEAL WO SLI | 65220 | CPT | | | | outpatient | | | 1379 | 524.04 | Qualcare | Qualcare | 1034.25 | 75 | | | 83.52 | | 1782 percent of total billed charges | |
| HC RMVL FB EXT EYE CORNEAL WO SLI | 65220 | CPT | | | | outpatient | | | 1379 | 524.04 | Wellcare | Medicaid | 435.07 | 31.55 | | | 83.52 | | 1782 percent of total billed charges | |
| HC RMVL FB EXT EYE CORNEAL WO SLI | 65220 | CPT | | | | outpatient | | | 1379 | 524.04 | UHC | Medicaid | 435.07 | 31.55 | | | 83.52 | | 1782 percent of total billed charges | |
| HC RMVL FB EXT EYE CORNEAL WO SLI | 65220 | CPT | | | | outpatient | | | 1379 | 524.04 | Wellcare | Medicare | 455.69 | | | | 83.52 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL FB EXT EYE CORNEAL WO SLI | 65220 | CPT | | | | outpatient | | | 1379 | 524.04 | First Trenton | First Trenton | 1241.1 | 90 | | | 83.52 | | 1782 percent of total billed charges | |
| HC RMVL FB EXT EYE CORNEAL WO SLI | 65220 | CPT | | | | outpatient | | | 1379 | 524.04 | WellPoint | WellPoint | 443.76 | 32.18 | | | 83.52 | | 1782 percent of total billed charges | |
| HC RMVL FB EXT EYE CORNEAL WO SLI | 65220 | CPT | | | | outpatient | | | 1379 | 524.04 | Horizon | Indemnity | 881.76 | | | | 83.52 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL FB EXT EYE CORNEAL WO SLI | 65220 | CPT | | | | outpatient | | | 1379 | 524.04 | Horizon | NJ Health | 83.52 | | | | 83.52 | | 1782 fee schedule | |
| HC RMVL FB EXT EYE CORNEAL WO SLI | 65220 | CPT | | | | outpatient | | | 1379 | 524.04 | Managed Care Inc | Managed Care Inc | 1241.1 | 90 | | | 83.52 | | 1782 percent of total billed charges | |
| HC RMVL FB EXT EYE CORNEAL WO SLI | 65220 | CPT | | | | outpatient | | | 1379 | 524.04 | Three Rivers | Three Rivers | 1310.05 | 95 | | | 83.52 | | 1782 percent of total billed charges | |
| HC RMVL FB EXT EYE CORNEAL WO SLI | 65220 | CPT | | | | outpatient | | | 1379 | 524.04 | United | Oxford | 1782 | | | | 83.52 | | 1782 case rate | |
| HC RMVL FB EXT EYE CORNEAL W SLIT | 65222 | CPT | | | | outpatient | | | 424 | 168 | Three Rivers | Three Rivers | 402.8 | 95 | | | 125.28 | | 1782 percent of total billed charges | |
| HC RMVL FB EXT EYE CORNEAL W SLIT | 65222 | CPT | | | | outpatient | | | 424 | 168 | Multiplan | Multiplan | 339.2 | 80 | | | 125.28 | | 1782 percent of total billed charges | |
| HC RMVL FB EXT EYE CORNEAL W SLIT | 65222 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Commercial | 161.12 | 38 | | | 125.28 | | 1782 percent of total billed charges | |
| HC RMVL FB EXT EYE CORNEAL W SLIT | 65222 | CPT | | | | outpatient | | | 424 | 168 | Americare | Americare | 318 | 75 | | | 125.28 | | 1782 percent of total billed charges | |
| HC RMVL FB EXT EYE CORNEAL W SLIT | 65222 | CPT | | | | outpatient | | | 424 | 168 | Corrections | Corrections | 339.2 | 80 | | | 125.28 | | 1782 percent of total billed charges | |
| HC RMVL FB EXT EYE CORNEAL W SLIT | 65222 | CPT | | | | outpatient | | | 424 | 168 | Horizon | PPO | 282.68 | | | 45.04 | 125.28 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL FB EXT EYE CORNEAL W SLIT | 65222 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Better Health | 133.77 | 31.55 | | 96.85 | 125.28 | | 1782 percent of total billed charges | |
| HC RMVL FB EXT EYE CORNEAL W SLIT | 65222 | CPT | | | | outpatient | | | 424 | 168 | Consumer | Consumer | 402.8 | 95 | | | 125.28 | | 1782 percent of total billed charges | |
| HC RMVL FB EXT EYE CORNEAL W SLIT | 65222 | CPT | | | | outpatient | | | 424 | 168 | UHC | Medicaid | 133.77 | 31.55 | | | 125.28 | | 1782 percent of total billed charges | |
| HC RMVL FB EXT EYE CORNEAL W SLIT | 65222 | CPT | | | | outpatient | | | 424 | 168 | Wellcare | Medicare | 146.09 | | | | 125.28 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL FB EXT EYE CORNEAL W SLIT | 65222 | CPT | | | | outpatient | | | 424 | 168 | Horizon | Medicare Blue | 146.09 | | | | 125.28 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL FB EXT EYE CORNEAL W SLIT | 65222 | CPT | | | | outpatient | | | 424 | 168 | United | Oxford | 1782 | | | | 125.28 | | 1782 case rate | |
| HC RMVL FB EXT EYE CORNEAL W SLIT | 65222 | CPT | | | | outpatient | | | 424 | 168 | First Trenton | First Trenton | 381.6 | 90 | | | 125.28 | | 1782 percent of total billed charges | |
| HC RMVL FB EXT EYE CORNEAL W SLIT | 65222 | CPT | | | | outpatient | | | 424 | 168 | Qualcare | Qualcare | 318 | 75 | | | 125.28 | | 1782 percent of total billed charges | |
| HC RMVL FB EXT EYE CORNEAL W SLIT | 65222 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Medicare | 146.09 | | | | 125.28 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL FB EXT EYE CORNEAL W SLIT | 65222 | CPT | | | | outpatient | | | 424 | 168 | Horizon | Indemnity | 282.68 | | | | 125.28 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL FB EXT EYE CORNEAL W SLIT | 65222 | CPT | | | | outpatient | | | 424 | 168 | UHC | Medicare | 146.09 | | | | 125.28 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL FB EXT EYE CORNEAL W SLIT | 65222 | CPT | | | | outpatient | | | 424 | 168 | Horizon | MGD | 282.68 | | | 68.32 | 125.28 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL FB EXT EYE CORNEAL W SLIT | 65222 | CPT | | | | outpatient | | | 424 | 168 | Amerihealth | HMO\|PPO | 300 | | | | 125.28 | | 1782 fee schedule | |
| HC RMVL FB EXT EYE CORNEAL W SLIT | 65222 | CPT | | | | outpatient | | | 424 | 168 | Horizon | NJ Health | 125.28 | | | | 125.28 | | 1782 fee schedule | |
| HC RMVL FB EXT EYE CORNEAL W SLIT | 65222 | CPT | | | | outpatient | | | 424 | 168 | First Health | First Health | 296.8 | 70 | | | 125.28 | | 1782 percent of total billed charges | |
| HC RMVL FB EXT EYE CORNEAL W SLIT | 65222 | CPT | | | | outpatient | | | 424 | 168 | Managed Care Inc | Managed Care Inc | 381.6 | 90 | | | 125.28 | | 1782 percent of total billed charges | |
| HC RMVL FB EXT EYE CORNEAL W SLIT | 65222 | CPT | | | | outpatient | | | 424 | 168 | Wellcare | Medicaid | 133.77 | 31.55 | | | 125.28 | | 1782 percent of total billed charges | |
| HC RMVL FB EXT EYE CORNEAL W SLIT | 65222 | CPT | | | | outpatient | | | 424 | 168 | United | Commercial\|PPO | 1782 | | | | 125.28 | | 1782 case rate | |
| HC RMVL FB EXT EYE CORNEAL W SLIT | 65222 | CPT | | | | outpatient | | | 424 | 168 | WellPoint | WellPoint | 136.44 | 32.18 | | | 125.28 | | 1782 percent of total billed charges | |
| HC RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS | 65235 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Corrections | Corrections | 6288.03 | 80 | | | 550 | | 7457.04 percent of total billed charges | |
| HC RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS | 65235 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Aetna | Better Health | 2479.84 | 31.55 | | | 550 | | 7457.04 percent of total billed charges | |
| HC RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS | 65235 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Multiplan | Multiplan | 6288.03 | 80 | | | 550 | | 7457.04 percent of total billed charges | |
| HC RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS | 65235 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Americare | Americare | 5895.03 | 75 | | | 550 | | 7457.04 percent of total billed charges | |
| HC RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS | 65235 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Consumer | Consumer | 7467.04 | 95 | | | 550 | | 7457.04 percent of total billed charges | |
| HC RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS | 65235 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Aetna | Medicare | 2665.17 | | | | 550 | | 7457.04 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS | 65235 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | UHC | Medicare | 2665.17 | | | | 550 | | 7457.04 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS | 65235 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | First Trenton | First Trenton | 7074.04 | 90 | | | 550 | | 7457.04 percent of total billed charges | |
| HC RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS | 65235 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | Medicare Blue | 2665.17 | | | | 550 | | 7457.04 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS | 65235 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Aetna | Commercial | 2986.82 | 38 | | | 550 | | 7457.04 percent of total billed charges | |
| HC RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS | 65235 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Qualcare | Qualcare | 5895.03 | 75 | | | 550 | | 7457.04 percent of total billed charges | |
| HC RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS | 65235 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Amerihealth | HMO\|PPO | 550 | | | | 550 | | 7457.04 fee schedule | |
| HC RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS | 65235 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | NJ Health | 641.25 | | | | 550 | | 7457.04 fee schedule | |
| HC RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS | 65235 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | First Health | First Health | 5502.03 | 70 | | | 550 | | 7457.04 percent of total billed charges | |
| HC RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS | 65235 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Wellcare | Medicare | 2665.17 | | | | 550 | | 7457.04 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS | 65235 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Managed Care Inc | Managed Care Inc | 7074.04 | 90 | | | 550 | | 7457.04 percent of total billed charges | |
| HC RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS | 65235 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | WellPoint | WellPoint | 2529.36 | 32.18 | | | 550 | | 7457.04 percent of total billed charges | |
| HC RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS | 65235 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | PPO | 5157.1 | | | | 550 | | 7457.04 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS | 65235 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Three Rivers | Three Rivers | 7467.04 | 95 | | | 550 | | 7457.04 percent of total billed charges | |
| HC RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS | 65235 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | Indemnity | 5157.1 | | | | 550 | | 7457.04 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS | 65235 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | United | Oxford | 2776 | | | | 550 | | 7457.04 case rate | |
| HC RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS | 65235 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | MGD | 5157.1 | | | | 550 | | 7457.04 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS | 65235 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Wellcare | Medicaid | 2479.84 | 31.55 | | | 550 | | 7457.04 percent of total billed charges | |
| HC RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS | 65235 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | UHC | Medicaid | 2479.84 | 31.55 | | | 550 | | 7457.04 percent of total billed charges | |
| HC RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS | 65235 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | United | Commercial\|PPO | 2776 | | | | 550 | | 7457.04 case rate | |
| HC RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR | 65270 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | PPO | 5171.35 | | | | 109.62 | | 7487.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR | 65270 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Medicare | 2672.53 | | | | 109.62 | | 7487.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR | 65270 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Commercial | 2995.06 | 38 | | | 109.62 | | 7487.65 percent of total billed charges | |
| HC RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR | 65270 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | MGD | 5171.35 | | | | 109.62 | | 7487.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR | 65270 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Amerihealth | HMO\|PPO | 550 | | | | 109.62 | | 7487.65 fee schedule | |
| HC RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR | 65270 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Better Health | 2486.69 | 31.55 | | | 109.62 | | 7487.65 percent of total billed charges | |
| HC RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR | 65270 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 109.62 | | 7487.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR | 65270 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | First Health | First Health | 5517.22 | 70 | | | 109.62 | | 7487.65 percent of total billed charges | |
| HC RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR | 65270 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 109.62 | | 7487.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR | 65270 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Corrections | Corrections | 6305.39 | 80 | | | 109.62 | | 7487.65 percent of total billed charges | |
| HC RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR | 65270 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Multiplan | Multiplan | 6305.39 | 80 | | | 109.62 | | 7487.65 percent of total billed charges | |
| HC RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR | 65270 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | UHC | Medicaid | 2486.69 | 31.55 | | | 109.62 | | 7487.65 percent of total billed charges | |
| HC RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR | 65270 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 109.62 | | 7487.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR | 65270 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Americare | Americare | 5911.31 | 75 | | | 109.62 | | 7487.65 percent of total billed charges | |
| HC RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR | 65270 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Wellcare | Medicaid | 2486.69 | 31.55 | | | 109.62 | | 7487.65 percent of total billed charges | |
| HC RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR | 65270 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | UHC | Medicare | 2672.53 | | | | 109.62 | | 7487.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR | 65270 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | WellPoint | WellPoint | 2536.34 | 32.18 | | | 109.62 | | 7487.65 percent of total billed charges | |
| HC RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR | 65270 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Consumer | Consumer | 7487.65 | 95 | | | 109.62 | | 7487.65 percent of total billed charges | |
| HC RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR | 65270 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Qualcare | Qualcare | 5911.31 | 75 | | | 109.62 | | 7487.65 percent of total billed charges | |
| HC RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR | 65270 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | United | Commercial\|PPO | 2776 | | | | 109.62 | | 7487.65 case rate | |
| HC RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR | 65270 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | United | Oxford | 2776 | | | | 109.62 | | 7487.65 case rate | |
| HC RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR | 65270 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | First Trenton | First Trenton | 7093.57 | 90 | | | 109.62 | | 7487.65 percent of total billed charges | |
| HC RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR | 65270 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | NJ Health | 109.62 | | | | 109.62 | | 7487.65 fee schedule | |
| HC RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR | 65270 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Managed Care Inc | Managed Care Inc | 7093.57 | 90 | | | 109.62 | | 7487.65 percent of total billed charges | |
| HC RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR | 65270 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Three Rivers | Three Rivers | 7487.65 | 95 | | | 109.62 | | 7487.65 percent of total billed charges | |
| HC RPR LAC CORNEA NONPERFOR W/WO RMVL FOREIGN BODY | 65275 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | First Health | First Health | 9128.6 | 70 | | | 469.8 

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numTo the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC RPR LAC CORNEA NONPERFOR W/MO RMVL FOREIGN BODY | 65275 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Aetna | Commercial | 4955.53 | 38 | | | 469.8 | 12388.82 | percent of total billed charges | |
| HC RPR LAC CORNEA NONPERFOR W/MO RMVL FOREIGN BODY | 65275 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Horizon | Medicare Blue | 4421.88 | | | | 469.8 | 12388.82 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR LAC CORNEA NONPERFOR W/MO RMVL FOREIGN BODY | 65275 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Horizon | NJ Health | 469.8 | | | | 469.8 | 12388.82 | fee schedule | |
| HC RPR LAC CORNEA NONPERFOR W/MO RMVL FOREIGN BODY | 65275 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Qualcare | Qualcare | 9780.65 | 75 | | | 469.8 | 12388.82 | percent of total billed charges | |
| HC RPR LAC CORNEA NONPERFOR W/MO RMVL FOREIGN BODY | 65275 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Horizon | MGD | 8556.34 | | | | 469.8 | 12388.82 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR LAC CORNEA NONPERFOR W/MO RMVL FOREIGN BODY | 65275 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | United | Oxford | 3492 | | | | 469.8 | 12388.82 | case rate | |
| HC RPR LAC CORNEA NONPERFOR W/MO RMVL FOREIGN BODY | 65275 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Horizon | Indemnity | 8556.34 | | | | 469.8 | 12388.82 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR LAC CORNEA NONPERFOR W/MO RMVL FOREIGN BODY | 65275 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | UHC | Medicaid | 4114.39 | 31.55 | | | 469.8 | 12388.82 | percent of total billed charges | |
| HC RPR LAC CORNEA NONPERFOR W/MO RMVL FOREIGN BODY | 65275 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Horizon | PPO | 8556.34 | | | | 469.8 | 12388.82 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR LAC CORNEA NONPERFOR W/MO RMVL FOREIGN BODY | 65275 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Managed Care Inc | Managed Care Inc | 11736.77 | 90 | | | 469.8 | 12388.82 | percent of total billed charges | |
| HC RPR LAC CORNEA NONPERFOR W/MO RMVL FOREIGN BODY | 65275 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | UHC | Medicare | 4421.88 | | | | 469.8 | 12388.82 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR LAC CORNEA NONPERFOR W/MO RMVL FOREIGN BODY | 65275 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | United | Commercial/PPO | 3492 | | | | 469.8 | 12388.82 | case rate | |
| HC RPR LAC CORNEA NONPERFOR W/MO RMVL FOREIGN BODY | 65275 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | WellPoint | WellPoint | 4196.55 | 32.18 | | | 469.8 | 12388.82 | percent of total billed charges | |
| HC RPR LAC CORNEA NONPERFOR W/MO RMVL FOREIGN BODY | 65275 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Three Rivers | Three Rivers | 12388.82 | 95 | | | 469.8 | 12388.82 | percent of total billed charges | |
| HC RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS | 65280 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Aetna | Medicare | 5977.45 | | | | 621.78 | 16747.07 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS | 65280 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Americare | Americare | 13221.37 | 75 | | | 621.78 | 16747.07 | percent of total billed charges | |
| HC RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS | 65280 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | First Health | First Health | 12339.94 | 70 | | | 621.78 | 16747.07 | percent of total billed charges | |
| HC RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS | 65280 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | First Trenton | First Trenton | 15865.64 | 90 | | | 621.78 | 16747.07 | percent of total billed charges | |
| HC RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS | 65280 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Aetna | Commercial | 6698.83 | 38 | | | 621.78 | 16747.07 | percent of total billed charges | |
| HC RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS | 65280 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Multiplan | Multiplan | 14102.79 | 80 | | | 621.78 | 16747.07 | percent of total billed charges | |
| HC RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS | 65280 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Aetna | Better Health | 5561.79 | 31.55 | | | 621.78 | 16747.07 | percent of total billed charges | |
| HC RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS | 65280 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Horizon | Indemnity | 11566.37 | | | | 621.78 | 16747.07 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS | 65280 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Corrections | Corrections | 14102.79 | 80 | | | 621.78 | 16747.07 | percent of total billed charges | |
| HC RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS | 65280 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Consumer | Consumer | 16747.07 | 95 | | | 621.78 | 16747.07 | percent of total billed charges | |
| HC RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS | 65280 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Horizon | Medicare Blue | 5977.45 | | | | 621.78 | 16747.07 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS | 65280 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Managed Care Inc | Managed Care Inc | 15865.64 | 90 | | | 621.78 | 16747.07 | percent of total billed charges | |
| HC RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS | 65280 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Horizon | MGD | 11566.37 | | | | 621.78 | 16747.07 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS | 65280 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Qualcare | Qualcare | 13221.37 | 75 | | | 621.78 | 16747.07 | percent of total billed charges | |
| HC RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS | 65280 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Amerihealth | HMO/PPO | 800 | | | | 621.78 | 16747.07 | fee schedule | |
| HC RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS | 65280 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Horizon | PPO | 11566.37 | | | | 621.78 | 16747.07 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS | 65280 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | WellPoint | WellPoint | 5672.85 | 32.18 | | | 621.78 | 16747.07 | percent of total billed charges | |
| HC RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS | 65280 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Horizon | NJ Health | 621.78 | | | | 621.78 | 16747.07 | fee schedule | |
| HC RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS | 65280 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | United | Oxford | 2776 | | | | 621.78 | 16747.07 | case rate | |
| HC RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS | 65280 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Wellcare | Medicare | 5977.45 | | | | 621.78 | 16747.07 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS | 65280 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Wellcare | Medicaid | 5561.79 | 31.55 | | | 621.78 | 16747.07 | percent of total billed charges | |
| HC RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS | 65280 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Three Rivers | Three Rivers | 16747.07 | 95 | | | 621.78 | 16747.07 | percent of total billed charges | |
| HC RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS | 65280 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | UHC | Medicaid | 5561.79 | 31.55 | | | 621.78 | 16747.07 | percent of total billed charges | |
| HC RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS | 65280 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | UHC | Medicare | 5977.45 | | | | 621.78 | 16747.07 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS | 65280 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | United | Commercial/PPO | 2776 | | | | 621.78 | 16747.07 | case rate | |
| HC RPR LAC CORNA/SCLRA PERF W/REPOS/RESCJ UVEAL T | 65285 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Horizon | Medicare Blue | 5977.45 | | | | 770.99 | 16747.07 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR LAC CORNA/SCLRA PERF W/REPOS/RESCJ UVEAL T | 65285 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Aetna | Medicare | 5977.45 | | | | 770.99 | 16747.07 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR LAC CORNA/SCLRA PERF W/REPOS/RESCJ UVEAL T | 65285 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Aetna | Better Health | 5561.79 | 31.55 | | | 770.99 | 16747.07 | percent of total billed charges | |
| HC RPR LAC CORNA/SCLRA PERF W/REPOS/RESCJ UVEAL T | 65285 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Three Rivers | Three Rivers | 16747.07 | 95 | | | 770.99 | 16747.07 | percent of total billed charges | |
| HC RPR LAC CORNA/SCLRA PERF W/REPOS/RESCJ UVEAL T | 65285 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Americare | Americare | 13221.37 | 75 | | | 770.99 | 16747.07 | percent of total billed charges | |
| HC RPR LAC CORNA/SCLRA PERF W/REPOS/RESCJ UVEAL T | 65285 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Multiplan | Multiplan | 14102.79 | 80 | | | 770.99 | 16747.07 | percent of total billed charges | |
| HC RPR LAC CORNA/SCLRA PERF W/REPOS/RESCJ UVEAL T | 65285 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Amerihealth | HMO/PPO | 800 | | | | 770.99 | 16747.07 | fee schedule | |
| HC RPR LAC CORNA/SCLRA PERF W/REPOS/RESCJ UVEAL T | 65285 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | First Trenton | First Trenton | 15865.64 | 90 | | | 770.99 | 16747.07 | percent of total billed charges | |
| HC RPR LAC CORNA/SCLRA PERF W/REPOS/RESCJ UVEAL T | 65285 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Consumer | Consumer | 16747.07 | 95 | | | 770.99 | 16747.07 | percent of total billed charges | |
| HC RPR LAC CORNA/SCLRA PERF W/REPOS/RESCJ UVEAL T | 65285 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Corrections | Corrections | 14102.79 | 80 | | | 770.99 | 16747.07 | percent of total billed charges | |
| HC RPR LAC CORNA/SCLRA PERF W/REPOS/RESCJ UVEAL T | 65285 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Aetna | Commercial | 6698.83 | 38 | | | 770.99 | 16747.07 | percent of total billed charges | |
| HC RPR LAC CORNA/SCLRA PERF W/REPOS/RESCJ UVEAL T | 65285 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | UHC | Medicaid | 5561.79 | 31.55 | | | 770.99 | 16747.07 | percent of total billed charges | |
| HC RPR LAC CORNA/SCLRA PERF W/REPOS/RESCJ UVEAL T | 65285 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | United | Oxford | 2776 | | | | 770.99 | 16747.07 | case rate | |
| HC RPR LAC CORNA/SCLRA PERF W/REPOS/RESCJ UVEAL T | 65285 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Qualcare | Qualcare | 13221.37 | 75 | | | 770.99 | 16747.07 | percent of total billed charges | |
| HC RPR LAC CORNA/SCLRA PERF W/REPOS/RESCJ UVEAL T | 65285 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | First Health | First Health | 12339.94 | 70 | | | 770.99 | 16747.07 | percent of total billed charges | |
| HC RPR LAC CORNA/SCLRA PERF W/REPOS/RESCJ UVEAL T | 65285 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Horizon | Indemnity | 11566.37 | | | | 770.99 | 16747.07 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR LAC CORNA/SCLRA PERF W/REPOS/RESCJ UVEAL T | 65285 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | WellPoint | WellPoint | 5672.85 | 32.18 | | | 770.99 | 16747.07 | percent of total billed charges | |
| HC RPR LAC CORNA/SCLRA PERF W/REPOS/RESCJ UVEAL T | 65285 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Wellcare | Medicare | 5977.45 | | | | 770.99 | 16747.07 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR LAC CORNA/SCLRA PERF W/REPOS/RESCJ UVEAL T | 65285 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Horizon | MGD | 11566.37 | | | | 770.99 | 16747.07 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR LAC CORNA/SCLRA PERF W/REPOS/RESCJ UVEAL T | 65285 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | United | Commercial/PPO | 2776 | | | | 770.99 | 16747.07 | case rate | |
| HC RPR LAC CORNA/SCLRA PERF W/REPOS/RESCJ UVEAL T | 65285 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | UHC | Medicare | 5977.45 | | | | 770.99 | 16747.07 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR LAC CORNA/SCLRA PERF W/REPOS/RESCJ UVEAL T | 65285 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Horizon | NJ Health | 770.99 | | | | 770.99 | 16747.07 | fee schedule | |
| HC RPR LAC CORNA/SCLRA PERF W/REPOS/RESCJ UVEAL T | 65285 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Wellcare | Medicaid | 5561.79 | 31.55 | | | 770.99 | 16747.07 | percent of total billed charges | |
| HC RPR LAC CORNA/SCLRA PERF W/REPOS/RESCJ UVEAL T | 65285 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Horizon | PPO | 11566.37 | | | | 770.99 | 16747.07 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR LAC CORNA/SCLRA PERF W/REPOS/RESCJ UVEAL T | 65285 | CPT | | | | outpatient | | | 17628.49 | 6874.07 | Managed Care Inc | Managed Care Inc | 15865.64 | 90 | | | 770.99 | 16747.07 | percent of total billed charges | |
| HC CORNEAL REPAIR W/TISSUE GLUE | 65286 | CPT | | | | outpatient | | | 7868 | 3064.95 | First Trenton | First Trenton | 7081.2 | 90 | | | 550 | 7474.6 | percent of total billed charges | |
| HC CORNEAL REPAIR W/TISSUE GLUE | 65286 | CPT | | | | outpatient | | | 7868 | 3064.95 | Amerihealth | HMO/PPO | 550 | | | | 550 | 7474.6 | fee schedule | |
| HC CORNEAL REPAIR W/TISSUE GLUE | 65286 | CPT | | | | outpatient | | | 7868 | 3064.95 | Consumer | Consumer | 7474.6 | 95 | | | 550 | 7474.6 | percent of total billed charges | |
| HC CORNEAL REPAIR W/TISSUE GLUE | 65286 | CPT | | | | outpatient | | | 7868 | 3064.95 | Aetna | Better Health | 2482.35 | 31.55 | | | 550 | 7474.6 | percent of total billed charges | |
| HC CORNEAL REPAIR W/TISSUE GLUE | 65286 | CPT | | | | outpatient | | | 7868 | 3064.95 | Corrections | Corrections | 6294.4 | 80 | | | 550 | 7474.6 | percent of total billed charges | |
| HC CORNEAL REPAIR W/TISSUE GLUE | 65286 | CPT | | | | outpatient | | | 7868 | 3064.95 | UHC | Medicare | 2665.17 | | | | 550 | 7474.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORNEAL REPAIR W/TISSUE GLUE | 65286 | CPT | | | | outpatient | | | 7868 | 3064.95 | Aetna | Commercial | 2989.84 | 38 | | | 550 | 7474.6 | percent of total billed charges | |
| HC CORNEAL REPAIR W/TISSUE GLUE | 65286 | CPT | | | | outpatient | | | 7868 | 3064.95 | Americare | Americare | 5901 | 75 | | | 550 | 7474.6 | percent of total billed charges | |
| HC CORNEAL REPAIR W/TISSUE GLUE | 65286 | CPT | | | | outpatient | | | 7868 | 3064.95 | Horizon | NJ Health | 568.46 | | | | 550 | 7474.6 | fee schedule | |
| HC CORNEAL REPAIR W/TISSUE GLUE | 65286 | CPT | | | | outpatient | | | 7868 | 3064.95 | Horizon | Indemnity | 5157.1 | | | | 550 | 7474.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORNEAL REPAIR W/TISSUE GLUE | 65286 | CPT | | | | outpatient | | | 7868 | 3064.95 | First Health | First Health | 5507.6 | 70 | | | 550 | 7474.6 | percent of total billed charges | |
| HC CORNEAL REPAIR W/TISSUE GLUE | 65286 | CPT | | | | outpatient | | | 7868 | 3064.95 | Aetna | Medicare | 2665.17 | | | | 550 | 7474.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORNEAL REPAIR W/TISSUE GLUE | 65286 | CPT | | | | outpatient | | | 7868 | 3064.95 | Horizon | PPO | 5157.1 | | | | 550 | 7474.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORNEAL REPAIR W/TISSUE GLUE | 65286 | CPT | | | | outpatient | | | 7868 | 3064.95 | United | Commercial/PPO | 2493 | | | | 550 | 7474.6 | case rate | |
| HC CORNEAL REPAIR W/TISSUE GLUE | 65286 | CPT | | | | outpatient | | | 7868 | 3064.95 | Horizon | MGD | 5157.1 | | | | 550 | 7474.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORNEAL REPAIR W/TISSUE GLUE | 65286 | CPT | | | | outpatient | | | 7868 | 3064.95 | Horizon | Medicare Blue | 2665.17 | | | | 550 | 7474.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORNEAL REPAIR W/TISSUE GLUE | 65286 | CPT | | | | outpatient | | | 7868 | 3064.95 | Managed Care Inc | Managed Care Inc | 7081.2 | 90 | | | 550 | 7474.6 | percent of total billed charges | |
| HC CORNEAL REPAIR W/TISSUE GLUE | 65286 | CPT | | | | outpatient | | | 7868 | 3064.95 | United | Oxford | 2493 | | | | 550 | 7474.6 | case rate | |
| HC CORNEAL REPAIR W/TISSUE GLUE | 65286 | CPT | | | | outpatient | | | 7868 | 3064.95 | Multiplan | Multiplan | 6294.4 | 80 | | | 550 | 7474.6 | percent of total billed charges | |
| HC CORNEAL REPAIR W/TISSUE GLUE | 65286 | CPT | | | | outpatient | | | 7868 | 3064.95 | Wellcare | Medicaid | 2482.35 | 31.55 | | | 550 | 7474.6 | percent of total billed charges | |
| HC CORNEAL REPAIR W/TISSUE GLUE | 65286 | CPT | | | | outpatient | | | 7868 | 3064.95 | Wellcare | Medicare | 2665.17 | | | | 550 | 7474.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORNEAL REPAIR W/TISSUE GLUE | 65286 | CPT | | | | outpatient | | | 7868 | 3064.95 | Qualcare | Qualcare | 5901 | 75 | | | 550 | 7474.6 | percent of total billed charges | |
| HC CORNEAL REPAIR W/TISSUE GLUE | 65286 | CPT | | | | outpatient | | | 7868 | 3064.95 | Three Rivers | Three Rivers | 7474.6 | 95 | | | 550 | 7474.6 | percent of total billed charges | |
| HC CORNEAL REPAIR W/TISSUE GLUE | 65286 | CPT | | | | outpatient | | | 7868 | 3064.95 | UHC | Medicaid | 2482.35 | 31.55 | | | 550 | 7474.6 | percent of total billed charges | |
| HC CORNEAL REPAIR W/TISSUE GLUE | 65286 | CPT | | | | outpatient | | | 7868 | 3064.95 | WellPoint | WellPoint | 2531.92 | 32.18 | | 1791.66 | 550 | 7474.6 | percent of total billed charges | |
| HC EXC LES CORNEA | 65400 | CPT | | | | outpatient | | | 3180 | 1331.59 | Americare | Americare | 2385 | 75 | | | 300 | 3021 | percent of total billed charges | |
| HC EXC LES CORNEA | 65400 | CPT | | | | outpatient | | | 3180 | 1331.59 | Aetna | Better Health | 1003.29 | 31.55 | | | 300 | 3021 | percent of total billed charges | |
| HC EXC LES CORNEA | 65400 | CPT | | | | outpatient | | | 3180 | 1331.59 | First Trenton | First Trenton | 2862 | 90 | | | 300 | 3021 | percent of total billed charges | |
| HC EXC LES CORNEA | 65400 | CPT | | | | outpatient | | | 3180 | 1331.59 | Horizon | Indemnity | 2240.54 | | | | 300 | 3021 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC LES CORNEA | 65400 | CPT | | | | outpatient | | | 3180 | 1331.59 | Aetna | Medicare | 1157.9 | | | | 300 | 3021 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC LES CORNEA | 65400 | CPT | | | | outpatient | | | 3180 | 1331.59 | Consumer | Consumer | 3021 | 95 | | | 300 | 3021 | percent of total billed charges | |
| HC EXC LES CORNEA | 65400 | CPT | | | | outpatient | | | 3180 | 1331.59 | Wellcare | Medicare | 1157.9 | | | | 300 | 3021 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC LES CORNEA | 65400 | CPT | | | | outpatient | | | 3180 | 1331.59 | First Health | First Health | 2226 | 70 | | | 300 | 3021 | percent of total billed charges | |
| HC EXC LES CORNEA | 65400 | CPT | | | | outpatient | | | 3180 | 1331.59 | Amerihealth | HMO/PPO | 300 | | | | 300 | 3021 | fee schedule | |
| HC EXC LES CORNEA | 65400 | CPT | | | | outpatient | | | 3180 | 1331.59 | Aetna | Commercial | 1208.4 | 38 | | | 300 | 3021 | percent of total billed charges | |
| HC EXC LES CORNEA | 65400 | CPT | | | | outpatient | | | 3180 | 1331.59 | Managed Care Inc | Managed Care Inc | 2862 | 90 | | | 300 | 3021 | percent of total billed charges | |
| HC EXC LES CORNEA | 65400 | CPT | | | | outpatient | | | 3180 | 1331.59 | Horizon | NJ Health | 551.75 | | | | 300 | 3021 | fee schedule | |
| HC EXC LES CORNEA | 65400 | CPT | | | | outpatient | | | 3180 | 1331.59 | Horizon | MGD | 2240.54 | | | | 300 | 3021 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC LES CORNEA | 65400 | CPT | | | | outpatient | | | 3180 | 1331.59 | Corrections | Corrections | 2544 | 80 | | | 300 | 3021 | percent of total billed charges | |
| HC EXC LES CORNEA | 65400 | CPT | | | | outpatient | | | 3180 | 1331.59 | Three Rivers | Three Rivers | 3021 | 95 | | | 300 | 3021 | percent of total billed charges | |
| HC EXC LES CORNEA | 65400 | CPT | | | | outpatient | | | 3180 | 1331.59 | Multiplan | Multiplan | 2544 | 80 | | | 300 | 3021 | percent of total billed charges | |
| HC EXC LES CORNEA | 65400 | CPT | | | | outpatient | | | 3180 | 1331.59 | UHC | Medicare | 1157.9 | | | | 300 | 3021 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC LES CORNEA | 65400 | CPT | | | | outpatient | | | 3180 | 1331.59 | Horizon | PPO | 2240.54 | | | | 300 | 3021 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC LES CORNEA | 65400 | CPT | | | | outpatient | | | 3180 | 1331.59 | United | Oxford | 2493 | | | | 300 | 3021 | case rate | |
| HC EXC LES CORNEA | 65400 | CPT | | | | outpatient | | | 3180 | 1331.59 | UHC | Medicaid | 1003.29 | 31.55 | | | 300 | 3021 | percent of total billed charges | |
| HC EXC LES CORNEA | 65400 | CPT | | | | outpatient | | | 3180 | 1331.59 | Horizon | Medicare Blue | 1157.9 | | | | 300 | 3021 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC LES CORNEA | 65400 | CPT | | | | outpatient | | | 3180 | 1331.59 | Qualcare | Qualcare | 2385 | 75 | | | 300 | 3021 | percent of total billed charges | |
| HC EXC LES CORNEA | 65400 | CPT | | | | outpatient | | | 3180 | 1331.59 | WellPoint | WellPoint | 1023.32 | 32.18 | | | 300 | 3021 | percent of total billed charges | |
| HC EXC LES CORNEA | 65400 | CPT | | | | outpatient | | | 3180 | 1331.59 | United | Commercial/PPO | 2493 | | | | 300 | 3021 | case rate | |
| HC EXC LES CORNEA | 65400 | CPT | | | | outpatient | | | 3180 | 1331.59 | Wellcare | Medicaid | 1003.29 | 31.55 | | | 300 | 3021 | percent of total billed charges | |
| HC BIOPSY CORNEA | 65410 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Better Health | 2486.69 | 31.55 | | | 87.7 | 7487.65 | percent of total billed charges | |
| HC BIOPSY CORNEA | 65410 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | First Trenton | First Trenton | 7093.57 | 90 | | | 87.7 | 7487.65 | percent of total billed charges | |
| HC BIOPSY CORNEA | 65410 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Consumer | Consumer | 7487.65 | 95 | | | 87.7 | 7487.65 | percent of total billed charges | |
| HC BIOPSY CORNEA | 65410 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Medicare | 2672.53 | | | | 87.7 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY CORNEA | 65410 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | First Health | First Health | 5517.22 | 70 | | | 87.7 | 7487.65 | percent of total billed charges | |
| HC BIOPSY CORNEA | 65410 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Americare | Americare | 5911.31 | 75 | | | 87.7 | 7487.65 | percent of total billed charges | |
| HC BIOPSY CORNEA | 65410 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Corrections | Corrections | 6305.39 | 80 | | | 87.7 | 7487.65 | percent of total billed charges | |
| HC BIOPSY CORNEA | 65410 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Commercial | 2995.06 | 38 | | | 87.7 | 7487.65 | percent of total billed charges | |
| HC BIOPSY CORNEA | 65410 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Multiplan | Multiplan | 6305.39 | 80 | | | 87.7 | 7487.65 | percent of total billed charges | |
| HC BIOPSY CORNEA | 65410 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 87.7 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY CORNEA | 65410 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | PPO | 5171.35 | | | | 87.7 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY CORNEA | 65410 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | MGD | 5171.35 | | | | 87.7 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY CORNEA | 65410 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Qualcare | Qualcare | 5911.31 | 75 | | | 87.7 | 7487.65 | percent of total billed charges | |
| HC BIOPSY CORNEA | 65410 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Amerihealth | HMO/PPO | 300 | | | | 87.7 | 7487.65 | fee schedule | |
| HC BIOPSY CORNEA | 65410 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | WellPoint | WellPoint | 2536.34 | 32.18 | | | 87.7 | 7487.65 | percent of total billed charges | |
| HC BIOPSY CORNEA | 65410 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | UHC | Medicare | 2672.53 | | | | 87.7 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY CORNEA | 65410 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 87.7 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY CORNEA | 65410 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | NJ Health | 87.7 | | | | 87.7 | 7487.65 | fee schedule | |
| HC BIOPSY CORNEA | 65410 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 87.7 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY CORNEA | 65410 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Managed Care Inc | Managed Care Inc | 7093.57 | 90 | | | 87.7 | 7487.65 | percent of total billed charges | |
| HC BIOPSY CORNEA | 65410 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | UHC | Medicaid | 2486.69 | 31.55 | | | 87.7 | 7487.65 | percent of total billed charges | |
| HC BIOPSY CORNEA | 65410 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Three Rivers | Three Rivers | 7487.65 | 95 | | | 87.7 | 7487.65 | percent of total billed charges | |
| HC BIOPSY CORNEA | 65410 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | United | Commercial/PPO | 1817 | | | | 87.7 | 7487.65 | case rate | |
| HC BIOPSY CORNEA | 65410 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | United | Oxford | 1817 | | | | 87.7 | 7487.65 | case rate | |
| HC BIOPSY CORNEA | 65410 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Wellcare | Medicaid | 2486.69 | 31.55 | | | 87.7 | 7487.65 | percent of total billed charges | |
| HC EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT | 65420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Commercial | 2995.06 | 38 | | | 388.24 | 7487.65 | percent of total billed charges | |
| HC EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT | 65420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | First Health | First Health | 5517.

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT | 65420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | United | CommercialPPO | 2776 | | | | 388.24 | 7487.65 | case rate | |
| HC EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT | 65420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Corrections | Corrections | 6305.39 | 80 | | | 388.24 | 7487.65 | percent of total billed charges | |
| HC EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT | 65420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | MGD | 5171.35 | | | | 388.24 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT | 65420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Qualcare | Qualcare | 5911.31 | 75 | | | 388.24 | 7487.65 | percent of total billed charges | |
| HC EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT | 65420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Consumer | Consumer | 7487.65 | 95 | | | 388.24 | 7487.65 | percent of total billed charges | |
| HC EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT | 65420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 388.24 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT | 65420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | First Trenton | First Trenton | 7093.57 | 90 | | | 388.24 | 7487.65 | percent of total billed charges | |
| HC EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT | 65420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | UHC | Medicaid | 2486.69 | 31.55 | | | 388.24 | 7487.65 | percent of total billed charges | |
| HC EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT | 65420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 388.24 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT | 65420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | WellPoint | WellPoint | 2536.34 | 32.18 | | | 388.24 | 7487.65 | percent of total billed charges | |
| HC EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT | 65420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | NJ Health | 388.24 | | | | 388.24 | 7487.65 | fee schedule | |
| HC EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT | 65420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | UHC | Medicare | 2672.53 | | | | 388.24 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT | 65420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Managed Care Inc | Managed Care Inc | 7093.57 | 90 | | | 388.24 | 7487.65 | percent of total billed charges | |
| HC EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT | 65420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Wellcare | Medicaid | 2486.69 | 31.55 | | | 388.24 | 7487.65 | percent of total billed charges | |
| HC EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT | 65420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Three Rivers | Three Rivers | 7487.65 | 95 | | | 388.24 | 7487.65 | percent of total billed charges | |
| HC EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT | 65420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | United | Oxford | 2776 | | | | 388.24 | 7487.65 | case rate | |
| HC EXC PTERYGIUM W/ GRAFT | 65426 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 442.13 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC PTERYGIUM W/ GRAFT | 65426 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Medicare | 2672.53 | | | | 442.13 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC PTERYGIUM W/ GRAFT | 65426 | CPT | | | | outpatient | | | 7704 | 3073.41 | First Trenton | First Trenton | 6933.6 | 90 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC EXC PTERYGIUM W/ GRAFT | 65426 | CPT | | | | outpatient | | | 7704 | 3073.41 | Multiplan | Multiplan | 6163.2 | 80 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC EXC PTERYGIUM W/ GRAFT | 65426 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Commercial | 2927.52 | 38 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC EXC PTERYGIUM W/ GRAFT | 65426 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Better Health | 2430.61 | 31.55 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC EXC PTERYGIUM W/ GRAFT | 65426 | CPT | | | | outpatient | | | 7704 | 3073.41 | Amerihealth | HMO/PPO | 950 | | | | 442.13 | 7318.8 | fee schedule | |
| HC EXC PTERYGIUM W/ GRAFT | 65426 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 442.13 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC PTERYGIUM W/ GRAFT | 65426 | CPT | | | | outpatient | | | 7704 | 3073.41 | Managed Care Inc | Managed Care Inc | 6933.6 | 90 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC EXC PTERYGIUM W/ GRAFT | 65426 | CPT | | | | outpatient | | | 7704 | 3073.41 | Consumer | Consumer | 7318.8 | 95 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC EXC PTERYGIUM W/ GRAFT | 65426 | CPT | | | | outpatient | | | 7704 | 3073.41 | First Health | First Health | 5392.8 | 70 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC EXC PTERYGIUM W/ GRAFT | 65426 | CPT | | | | outpatient | | | 7704 | 3073.41 | Qualcare | Qualcare | 5778 | 75 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC EXC PTERYGIUM W/ GRAFT | 65426 | CPT | | | | outpatient | | | 7704 | 3073.41 | UHC | Medicaid | 2430.61 | 31.55 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC EXC PTERYGIUM W/ GRAFT | 65426 | CPT | | | | outpatient | | | 7704 | 3073.41 | Americare | Americare | 5778 | 75 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC EXC PTERYGIUM W/ GRAFT | 65426 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicaid | 2430.61 | 31.55 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC EXC PTERYGIUM W/ GRAFT | 65426 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | PPO | 5171.35 | | | | 442.13 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC PTERYGIUM W/ GRAFT | 65426 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | Oxford | 2776 | | | | 442.13 | 7318.8 | case rate | |
| HC EXC PTERYGIUM W/ GRAFT | 65426 | CPT | | | | outpatient | | | 7704 | 3073.41 | Corrections | Corrections | 6163.2 | 80 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC EXC PTERYGIUM W/ GRAFT | 65426 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 442.13 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC PTERYGIUM W/ GRAFT | 65426 | CPT | | | | outpatient | | | 7704 | 3073.41 | UHC | Medicare | 2672.53 | | | | 442.13 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC PTERYGIUM W/ GRAFT | 65426 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | MGD | 5171.35 | | | | 442.13 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC PTERYGIUM W/ GRAFT | 65426 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | CommercialPPO | 2776 | | | | 442.13 | 7318.8 | case rate | |
| HC EXC PTERYGIUM W/ GRAFT | 65426 | CPT | | | | outpatient | | | 7704 | 3073.41 | NJ Health | NJ Health | 442.13 | | | | 442.13 | 7318.8 | fee schedule | |
| HC EXC PTERYGIUM W/ GRAFT | 65426 | CPT | | | | outpatient | | | 7704 | 3073.41 | WellPoint | WellPoint | 2479.15 | 32.18 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC EXC PTERYGIUM W/ GRAFT | 65426 | CPT | | | | outpatient | | | 7704 | 3073.41 | Three Rivers | Three Rivers | 7318.8 | 95 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE | 65430 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Aetna | Better Health | 424 | 31.55 | | | 58.46 | 1782 | percent of total billed charges | |
| HC CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE | 65430 | CPT | | | | outpatient | | | 1343.89 | 524.04 | UHC | Medicare | 455.69 | | | | 58.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE | 65430 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Amerihealth | HMO/PPO | 125 | | | | 58.46 | 1782 | fee schedule | |
| HC CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE | 65430 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Americare | Americare | 1007.92 | 75 | | | 58.46 | 1782 | percent of total billed charges | |
| HC CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE | 65430 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Corrections | Corrections | 1075.11 | 80 | | | 58.46 | 1782 | percent of total billed charges | |
| HC CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE | 65430 | CPT | | | | outpatient | | | 1343.89 | 524.04 | First Trenton | First Trenton | 1209.5 | 90 | | | 58.46 | 1782 | percent of total billed charges | |
| HC CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE | 65430 | CPT | | | | outpatient | | | 1343.89 | 524.04 | First Health | First Health | 940.72 | 70 | | | 58.46 | 1782 | percent of total billed charges | |
| HC CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE | 65430 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Aetna | Medicare | 455.69 | | | | 58.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE | 65430 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Aetna | Commercial | 510.68 | 38 | | | 58.46 | 1782 | percent of total billed charges | |
| HC CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE | 65430 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Managed Care Inc | Managed Care Inc | 1209.5 | 90 | | | 58.46 | 1782 | percent of total billed charges | |
| HC CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE | 65430 | CPT | | | | outpatient | | | 1343.89 | 524.04 | United | CommercialPPO | 1782 | | | | 58.46 | 1782 | case rate | |
| HC CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE | 65430 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Consumer | Consumer | 1276.7 | 95 | | | 58.46 | 1782 | percent of total billed charges | |
| HC CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE | 65430 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Horizon | Indemnity | 881.76 | | | | 58.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE | 65430 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Horizon | MGD | 881.76 | | | | 58.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE | 65430 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Wellcare | Medicare | 455.69 | | | | 58.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE | 65430 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Horizon | NJ Health | 58.46 | | | | 58.46 | 1782 | fee schedule | |
| HC CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE | 65430 | CPT | | | | outpatient | | | 1343.89 | 524.04 | UHC | Medicaid | 424 | 31.55 | | 313.01 | 58.46 | 1782 | percent of total billed charges | |
| HC CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE | 65430 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Multiplan | Multiplan | 1075.11 | 80 | | | 58.46 | 1782 | percent of total billed charges | |
| HC CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE | 65430 | CPT | | | | outpatient | | | 1343.89 | 524.04 | United | Oxford | 1782 | | | | 58.46 | 1782 | case rate | |
| HC CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE | 65430 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Three Rivers | Three Rivers | 1276.7 | 95 | | | 58.46 | 1782 | percent of total billed charges | |
| HC CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE | 65430 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Horizon | Medicare Blue | 455.69 | | | | 58.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE | 65430 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Qualcare | Qualcare | 1007.92 | 75 | | | 58.46 | 1782 | percent of total billed charges | |
| HC CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE | 65430 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Wellcare | Medicaid | 424 | 31.55 | | | 58.46 | 1782 | percent of total billed charges | |
| HC CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE | 65430 | CPT | | | | outpatient | | | 1343.89 | 524.04 | Horizon | PPO | 881.76 | | | | 58.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE | 65430 | CPT | | | | outpatient | | | 1343.89 | 524.04 | WellPoint | WellPoint | 432.46 | 32.18 | | | 58.46 | 1782 | percent of total billed charges | |
| HC REM CORNEAL EPITHELIUM | 65435 | CPT | | | | outpatient | | | 3180 | 1331.59 | First Health | First Health | 2226 | 70 | | | 78.3 | 3021 | percent of total billed charges | |
| HC REM CORNEAL EPITHELIUM | 65435 | CPT | | | | outpatient | | | 3180 | 1331.59 | UHC | Medicaid | 1003.29 | 31.55 | | | 78.3 | 3021 | percent of total billed charges | |
| HC REM CORNEAL EPITHELIUM | 65435 | CPT | | | | outpatient | | | 3180 | 1331.59 | Aetna | Medicare | 1157.9 | | | | 78.3 | 3021 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM CORNEAL EPITHELIUM | 65435 | CPT | | | | outpatient | | | 3180 | 1331.59 | Americare | Americare | 2385 | 75 | | | 78.3 | 3021 | percent of total billed charges | |
| HC REM CORNEAL EPITHELIUM | 65435 | CPT | | | | outpatient | | | 3180 | 1331.59 | Aetna | Better Health | 1003.29 | 31.55 | | | 78.3 | 3021 | percent of total billed charges | |
| HC REM CORNEAL EPITHELIUM | 65435 | CPT | | | | outpatient | | | 3180 | 1331.59 | First Trenton | First Trenton | 2862 | 90 | | | 78.3 | 3021 | percent of total billed charges | |
| HC REM CORNEAL EPITHELIUM | 65435 | CPT | | | | outpatient | | | 3180 | 1331.59 | Aetna | Commercial | 1208.4 | 38 | | | 78.3 | 3021 | percent of total billed charges | |
| HC REM CORNEAL EPITHELIUM | 65435 | CPT | | | | outpatient | | | 3180 | 1331.59 | Amerihealth | HMO/PPO | 300 | | | | 78.3 | 3021 | fee schedule | |
| HC REM CORNEAL EPITHELIUM | 65435 | CPT | | | | outpatient | | | 3180 | 1331.59 | Horizon | Medicare Blue | 1157.9 | | | | 78.3 | 3021 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM CORNEAL EPITHELIUM | 65435 | CPT | | | | outpatient | | | 3180 | 1331.59 | UHC | Medicare | 1157.9 | | | | 78.3 | 3021 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM CORNEAL EPITHELIUM | 65435 | CPT | | | | outpatient | | | 3180 | 1331.59 | Corrections | Corrections | 2544 | 80 | | | 78.3 | 3021 | percent of total billed charges | |
| HC REM CORNEAL EPITHELIUM | 65435 | CPT | | | | outpatient | | | 3180 | 1331.59 | Wellcare | Medicare | 1157.9 | | | | 78.3 | 3021 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM CORNEAL EPITHELIUM | 65435 | CPT | | | | outpatient | | | 3180 | 1331.59 | Consumer | Consumer | 3021 | 95 | | | 78.3 | 3021 | percent of total billed charges | |
| HC REM CORNEAL EPITHELIUM | 65435 | CPT | | | | outpatient | | | 3180 | 1331.59 | United | CommercialPPO | 2493 | | | | 78.3 | 3021 | case rate | |
| HC REM CORNEAL EPITHELIUM | 65435 | CPT | | | | outpatient | | | 3180 | 1331.59 | Horizon | MGD | 2240.54 | | | | 78.3 | 3021 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM CORNEAL EPITHELIUM | 65435 | CPT | | | | outpatient | | | 3180 | 1331.59 | WellPoint | WellPoint | 1023.32 | 32.18 | | | 78.3 | 3021 | percent of total billed charges | |
| HC REM CORNEAL EPITHELIUM | 65435 | CPT | | | | outpatient | | | 3180 | 1331.59 | Multiplan | Multiplan | 2544 | 80 | | | 78.3 | 3021 | percent of total billed charges | |
| HC REM CORNEAL EPITHELIUM | 65435 | CPT | | | | outpatient | | | 3180 | 1331.59 | Horizon | Indemnity | 2240.54 | | | | 78.3 | 3021 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM CORNEAL EPITHELIUM | 65435 | CPT | | | | outpatient | | | 3180 | 1331.59 | Qualcare | Qualcare | 2385 | 75 | | | 78.3 | 3021 | percent of total billed charges | |
| HC REM CORNEAL EPITHELIUM | 65435 | CPT | | | | outpatient | | | 3180 | 1331.59 | Horizon | NJ Health | 78.3 | | | | 78.3 | 3021 | fee schedule | |
| HC REM CORNEAL EPITHELIUM | 65435 | CPT | | | | outpatient | | | 3180 | 1331.59 | Three Rivers | Three Rivers | 3021 | 95 | | | 78.3 | 3021 | percent of total billed charges | |
| HC REM CORNEAL EPITHELIUM | 65435 | CPT | | | | outpatient | | | 3180 | 1331.59 | Horizon | PPO | 2240.54 | | | | 78.3 | 3021 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM CORNEAL EPITHELIUM | 65435 | CPT | | | | outpatient | | | 3180 | 1331.59 | Wellcare | Medicaid | 1003.29 | 31.55 | | | 78.3 | 3021 | percent of total billed charges | |
| HC REM CORNEAL EPITHELIUM | 65435 | CPT | | | | outpatient | | | 3180 | 1331.59 | Managed Care Inc | Managed Care Inc | 2862 | 90 | | | 78.3 | 3021 | percent of total billed charges | |
| HC REM CORNEAL EPITHELIUM | 65435 | CPT | | | | outpatient | | | 3180 | 1331.59 | United | Oxford | 2493 | | | | 78.3 | 3021 | case rate | |
| HC RMVL CORN EPTH W/APP CHEL AG | 65436 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Better Health | 2430.61 | 31.55 | | | 125 | 7318.8 | percent of total billed charges | |
| HC RMVL CORN EPTH W/APP CHEL AG | 65436 | CPT | | | | outpatient | | | 7704 | 3073.41 | Corrections | Corrections | 6163.2 | 80 | | | 125 | 7318.8 | percent of total billed charges | |
| HC RMVL CORN EPTH W/APP CHEL AG | 65436 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Commercial | 2927.52 | 38 | | | 125 | 7318.8 | percent of total billed charges | |
| HC RMVL CORN EPTH W/APP CHEL AG | 65436 | CPT | | | | outpatient | | | 7704 | 3073.41 | First Trenton | First Trenton | 6933.6 | 90 | | | 125 | 7318.8 | percent of total billed charges | |
| HC RMVL CORN EPTH W/APP CHEL AG | 65436 | CPT | | | | outpatient | | | 7704 | 3073.41 | Americare | Americare | 5778 | 75 | | | 125 | 7318.8 | percent of total billed charges | |
| HC RMVL CORN EPTH W/APP CHEL AG | 65436 | CPT | | | | outpatient | | | 7704 | 3073.41 | Multiplan | Multiplan | 6163.2 | 80 | | | 125 | 7318.8 | percent of total billed charges | |
| HC RMVL CORN EPTH W/APP CHEL AG | 65436 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 125 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL CORN EPTH W/APP CHEL AG | 65436 | CPT | | | | outpatient | | | 7704 | 3073.41 | Amerihealth | HMO/PPO | 125 | | | | 125 | 7318.8 | fee schedule | |
| HC RMVL CORN EPTH W/APP CHEL AG | 65436 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Medicare | 2672.53 | | | | 125 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL CORN EPTH W/APP CHEL AG | 65436 | CPT | | | | outpatient | | | 7704 | 3073.41 | Qualcare | Qualcare | 5778 | 75 | | | 125 | 7318.8 | percent of total billed charges | |
| HC RMVL CORN EPTH W/APP CHEL AG | 65436 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 125 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL CORN EPTH W/APP CHEL AG | 65436 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | MGD | 5171.35 | | | | 125 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL CORN EPTH W/APP CHEL AG | 65436 | CPT | | | | outpatient | | | 7704 | 3073.41 | Consumer | Consumer | 7318.8 | 95 | | | 125 | 7318.8 | percent of total billed charges | |
| HC RMVL CORN EPTH W/APP CHEL AG | 65436 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | NJ Health | 200.63 | | | | 125 | 7318.8 | fee schedule | |
| HC RMVL CORN EPTH W/APP CHEL AG | 65436 | CPT | | | | outpatient | | | 7704 | 3073.41 | UHC | Medicare | 2672.53 | | | | 125 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL CORN EPTH W/APP CHEL AG | 65436 | CPT | | | | outpatient | | | 7704 | 3073.41 | Managed Care Inc | Managed Care Inc | 6933.6 | 90 | | | 125 | 7318.8 | percent of total billed charges | |
| HC RMVL CORN EPTH W/APP CHEL AG | 65436 | CPT | | | | outpatient | | | 7704 | 3073.41 | First Health | First Health | 5392.8 | 70 | | | 125 | 7318.8 | percent of total billed charges | |
| HC RMVL CORN EPTH W/APP CHEL AG | 65436 | CPT | | | | outpatient | | | 7704 | 3073.41 | Three Rivers | Three Rivers | 7318.8 | 95 | | | 125 | 7318.8 | percent of total billed charges | |
| HC RMVL CORN EPTH W/APP CHEL AG | 65436 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | PPO | 5171.35 | | | | 125 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL CORN EPTH W/APP CHEL AG | 65436 | CPT | | | | outpatient | | | 7704 | 3073.41 | UHC | Medicaid | 2430.61 | 31.55 | | | 125 | 7318.8 | percent of total billed charges | |
| HC RMVL CORN EPTH W/APP CHEL AG | 65436 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | CommercialPPO | 2776 | | | | 125 | 7318.8 | case rate | |
| HC RMVL CORN EPTH W/APP CHEL AG | 65436 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicaid | 2430.61 | 31.55 | | | 125 | 7318.8 | percent of total billed charges | |
| HC RMVL CORN EPTH W/APP CHEL AG | 65436 | CPT | | | | outpatient | | | 7704 | 3073.41 | WellPoint | WellPoint | 2479.15 | 32.18 | | | 125 | 7318.8 | percent of total billed charges | |
| HC RMVL CORN EPTH W/APP CHEL AG | 65436 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | Oxford | 2776 | | | | 125 | 7318.8 | case rate | |
| HC RMVL CORN EPTH W/APP CHEL AG | 65436 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 125 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION | 65450 | CPT | | | | outpatient | | | 982.56 | 383.15 | First Trenton | First Trenton | 884.3 | 90 | | | 94.74 | 1782 | percent of total billed charges | |
| HC DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION | 65450 | CPT | | | | outpatient | | | 982.56 | 383.15 | Americare | Americare | 736.92 | 75 | | | 94.74 | 1782 | percent of total billed charges | |
| HC DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION | 65450 | CPT | | | | outpatient | | | 982.56 | 383.15 | First Health | First Health | 687.79 | 70 | | | 94.74 | 1782 | percent of total billed charges | |
| HC DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION | 65450 | CPT | | | | outpatient | | | 982.56 | 383.15 | Aetna | Commercial | 373.37 | 38 | | | 94.74 | 1782 | percent of total billed charges | |
| HC DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION | 65450 | CPT | | | | outpatient | | | 982.56 | 383.15 | Amerihealth | HMO/PPO | 125 | | | | 94.74 | 1782 | fee schedule | |
| HC DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION | 65450 | CPT | | | | outpatient | | | 982.56 | 383.15 | Corrections | Corrections | 786.05 | 80 | | | 94.74 | 1782 | percent of total billed charges | |
| HC DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION | 65450 | CPT | | | | outpatient | | | 982.56 | 383.15 | Aetna | Better Health | 310 | 31.55 | | | 94.74 | 1782 | percent of total billed charges | |
| HC DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION | 65450 | CPT | | | | outpatient | | | 982.56 | 383.15 | Aetna | Medicare | 333.17 | | | | 94.74 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION | 65450 | CPT | | | | outpatient | | | 982.56 | 383.15 | Horizon | Medicare Blue | 333.17 | | | | 94.74 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION | 65450 | CPT | | | | outpatient | | | 982.56 | 383.15 | Consumer | Consumer | 933.43 | 95 | | | 94.74 | 1782 | percent of total billed charges | |
| HC DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION | 65450 | CPT | | | | outpatient | | | 982.56 | 383.15 | Multiplan | Multiplan | 786.05 | 80 | | | 94.74 | 1782 | percent of total billed charges | |
| HC DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION | 65450 | CPT | | | | outpatient | | | 982.56 | 383.15 | Horizon | MGD | 644.68 | | | | 94.74 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION | 65450 | CPT | | | | outpatient | | | 982.56 | 383.15 | UHC | Medicaid | 310 | 31.55 | | | 94.74 | 1782 | percent of total billed charges | |
| HC DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION | 65450 | CPT | | | | outpatient | | | 982.56 | 383.15 | Horizon | Indemnity | 644.68 | | | | 94.74 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION | 65450 | CPT | | | | outpatient | | | 982.56 | 383.15 | UHC | Medicare | 333.17 | | | | 94.74 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION | 65450 | CPT | | | | outpatient | | | 982.56 | 383.15 | Horizon | NJ Health | 94.74 | | | | 94.74 | 1782 | fee schedule | |
| HC DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION | 65450 | CPT | | | | outpatient | | | 982.56 | 383.15 | Horizon | PPO | 644.68 | | | | 94.74 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION | 65450 | CPT | | | | outpatient | | | 982.56 | 383.15 | Three Rivers | Three Rivers | 933.43 | 95 | | | 94.74 | 1782 | percent of total billed charges | |
| HC DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION | 65450 | CPT | | | | outpatient | | | 982.56 | 383.15 | Qualcare | Qualcare | 736.92 | 75 | | | 94.74 | 1782 | percent of total billed charges | |
| HC DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION | 65450 | CPT | | | | outpatient | | | 982.56 | 383.15 | United | CommercialPPO | 1782 | | | | 94.74 | 1782 | case rate | |
| HC DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION | 65450 | CPT | | | | outpatient | | | 982.56 | 383.15 | Wellcare | Medicare | 333.17 | | | | 94.74 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION | 65450 | CPT | | | | outpatient | | | 982.56 | 383.15 | Managed Care Inc | Managed Care Inc | 884.3 | 90 | | | 94.74 | 1782 | percent of total billed charges | |
| HC DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION | 65450 | CPT | | | | outpatient | | | 982.56 | 383.15 | United | Oxford | 1782 | | | | 94.74 | 1782 | case rate | |
| HC DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION | 65450 | CPT | | | | outpatient | | | 982.56 | 383.15 | WellPoint | WellPoint | 316.19 | 32.18 | | | 94.74 | 1782 | percent of total billed charges | |
| HC DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION | 65450 | CPT | | | | outpatient | | | 982.56 | 383.15 | Wellcare | Medicaid | 310 | 31.55 | | | 94.74 | 1782 | percent of total billed charges | |
| HC OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE | 65780 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Wellcare | Medicaid |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE | 65780 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Horizon | MGD | 8556.34 | | | | 919.66 | 12388.82 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE | 65780 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Amerihealth | HMO/PPO | 1200 | | | | 919.66 | 12388.82 | fee schedule | |
| HC OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE | 65780 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | First Health | First Health | 9128.6 | 70 | | | 919.66 | 12388.82 | percent of total billed charges | |
| HC OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE | 65780 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Multiplan | Multiplan | 10432.69 | 80 | | | 919.66 | 12388.82 | percent of total billed charges | |
| HC OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE | 65780 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | United | Commercial/PPO | 3492 | | | | 919.66 | 12388.82 | case rate | |
| HC OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE | 65780 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Horizon | Medicare Blue | 4421.88 | | | | 919.66 | 12388.82 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE | 65780 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | First Trenton | First Trenton | 11736.77 | 90 | | | 919.66 | 12388.82 | percent of total billed charges | |
| HC OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE | 65780 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Consumer | Consumer | 12388.82 | 95 | | | 919.66 | 12388.82 | percent of total billed charges | |
| HC OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE | 65780 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Horizon | PPO | 8556.34 | | | | 919.66 | 12388.82 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE | 65780 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Qualcare | Qualcare | 9780.65 | 75 | | | 919.66 | 12388.82 | percent of total billed charges | |
| HC OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE | 65780 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Managed Care Inc | Managed Care Inc | 11736.77 | 90 | | | 919.66 | 12388.82 | percent of total billed charges | |
| HC OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE | 65780 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Corrections | Corrections | 10432.69 | 80 | | | 919.66 | 12388.82 | percent of total billed charges | |
| HC OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE | 65780 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | UHC | Medicaid | 4114.39 | 31.55 | | | 919.66 | 12388.82 | percent of total billed charges | |
| HC OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE | 65780 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Horizon | NJ Health | 919.66 | | | | 919.66 | 12388.82 | fee schedule | |
| HC OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE | 65780 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Three Rivers | Three Rivers | 12388.82 | 95 | | | 919.66 | 12388.82 | percent of total billed charges | |
| HC OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE | 65780 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | United | Oxford | 3492 | | | | 919.66 | 12388.82 | case rate | |
| HC OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE | 65780 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Wellcare | Medicare | 4421.88 | | | | 919.66 | 12388.82 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE | 65780 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | WellPoint | WellPoint | 4196.55 | 32.18 | | | 919.66 | 12388.82 | percent of total billed charges | |
| HC PARACENTESIS OF ANTERIOR CHAMBER | 65800 | CPT | | | | outpatient | | | 7871 | 3064.95 | Horizon | Medicare Blue | 2665.17 | | | | 125 | 7477.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PARACENTESIS OF ANTERIOR CHAMBER | 65800 | CPT | | | | outpatient | | | 7871 | 3064.95 | Multiplan | Multiplan | 6296.8 | 80 | | | 125 | 7477.45 | percent of total billed charges | |
| HC PARACENTESIS OF ANTERIOR CHAMBER | 65800 | CPT | | | | outpatient | | | 7871 | 3064.95 | Aetna | Better Health | 2483.3 | 31.55 | | | 125 | 7477.45 | percent of total billed charges | |
| HC PARACENTESIS OF ANTERIOR CHAMBER | 65800 | CPT | | | | outpatient | | | 7871 | 3064.95 | Amerihealth | HMO/PPO | 125 | | | | 125 | 7477.45 | fee schedule | |
| HC PARACENTESIS OF ANTERIOR CHAMBER | 65800 | CPT | | | | outpatient | | | 7871 | 3064.95 | Aetna | Commercial | 2990.98 | 38 | | | 125 | 7477.45 | percent of total billed charges | |
| HC PARACENTESIS OF ANTERIOR CHAMBER | 65800 | CPT | | | | outpatient | | | 7871 | 3064.95 | Corrections | Corrections | 6296.8 | 80 | | | 125 | 7477.45 | percent of total billed charges | |
| HC PARACENTESIS OF ANTERIOR CHAMBER | 65800 | CPT | | | | outpatient | | | 7871 | 3064.95 | Aetna | Medicare | 2665.17 | | | | 125 | 7477.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PARACENTESIS OF ANTERIOR CHAMBER | 65800 | CPT | | | | outpatient | | | 7871 | 3064.95 | Americare | Americare | 5903.25 | 75 | | | 125 | 7477.45 | percent of total billed charges | |
| HC PARACENTESIS OF ANTERIOR CHAMBER | 65800 | CPT | | | | outpatient | | | 7871 | 3064.95 | UHC | Medicare | 2665.17 | | | | 125 | 7477.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PARACENTESIS OF ANTERIOR CHAMBER | 65800 | CPT | | | | outpatient | | | 7871 | 3064.95 | Qualcare | Qualcare | 5903.25 | 75 | | | 125 | 7477.45 | percent of total billed charges | |
| HC PARACENTESIS OF ANTERIOR CHAMBER | 65800 | CPT | | | | outpatient | | | 7871 | 3064.95 | Consumer | Consumer | 7477.45 | 95 | | | 125 | 7477.45 | percent of total billed charges | |
| HC PARACENTESIS OF ANTERIOR CHAMBER | 65800 | CPT | | | | outpatient | | | 7871 | 3064.95 | First Health | First Health | 5509.7 | 70 | | | 125 | 7477.45 | percent of total billed charges | |
| HC PARACENTESIS OF ANTERIOR CHAMBER | 65800 | CPT | | | | outpatient | | | 7871 | 3064.95 | Horizon | MGD | 5157.1 | | | | 125 | 7477.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PARACENTESIS OF ANTERIOR CHAMBER | 65800 | CPT | | | | outpatient | | | 7871 | 3064.95 | Horizon | Indemnity | 5157.1 | | | | 125 | 7477.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PARACENTESIS OF ANTERIOR CHAMBER | 65800 | CPT | | | | outpatient | | | 7871 | 3064.95 | First Trenton | First Trenton | 7083.9 | 90 | | | 125 | 7477.45 | percent of total billed charges | |
| HC PARACENTESIS OF ANTERIOR CHAMBER | 65800 | CPT | | | | outpatient | | | 7871 | 3064.95 | Horizon | NJ Health | 166.15 | | | | 125 | 7477.45 | fee schedule | |
| HC PARACENTESIS OF ANTERIOR CHAMBER | 65800 | CPT | | | | outpatient | | | 7871 | 3064.95 | Wellcare | Medicaid | 2483.3 | 31.55 | | | 125 | 7477.45 | percent of total billed charges | |
| HC PARACENTESIS OF ANTERIOR CHAMBER | 65800 | CPT | | | | outpatient | | | 7871 | 3064.95 | Horizon | PPO | 5157.1 | | | | 125 | 7477.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PARACENTESIS OF ANTERIOR CHAMBER | 65800 | CPT | | | | outpatient | | | 7871 | 3064.95 | Managed Care Inc | Managed Care Inc | 7083.9 | 90 | | | 125 | 7477.45 | percent of total billed charges | |
| HC PARACENTESIS OF ANTERIOR CHAMBER | 65800 | CPT | | | | outpatient | | | 7871 | 3064.95 | United | Commercial/PPO | 1782 | | | | 125 | 7477.45 | case rate | |
| HC PARACENTESIS OF ANTERIOR CHAMBER | 65800 | CPT | | | | outpatient | | | 7871 | 3064.95 | Wellcare | Medicare | 2665.17 | | | | 125 | 7477.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PARACENTESIS OF ANTERIOR CHAMBER | 65800 | CPT | | | | outpatient | | | 7871 | 3064.95 | WellPoint | WellPoint | 2532.89 | 32.18 | | | 125 | 7477.45 | percent of total billed charges | |
| HC PARACENTESIS OF ANTERIOR CHAMBER | 65800 | CPT | | | | outpatient | | | 7871 | 3064.95 | Three Rivers | Three Rivers | 7477.45 | 95 | | | 125 | 7477.45 | percent of total billed charges | |
| HC PARACENTESIS OF ANTERIOR CHAMBER | 65800 | CPT | | | | outpatient | | | 7871 | 3064.95 | UHC | Medicaid | 2483.3 | 31.55 | | | 125 | 7477.45 | percent of total billed charges | |
| HC PARACENTESIS OF ANTERIOR CHAMBER | 65800 | CPT | | | | outpatient | | | 7871 | 3064.95 | United | Oxford | 1782 | | | | 125 | 7477.45 | case rate | |
| HC PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN | 65815 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Aetna | Medicare | 2665.17 | | | | 315.81 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN | 65815 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Wellcare | Medicare | 2665.17 | | | | 315.81 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN | 65815 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Qualcare | Qualcare | 5895.03 | 75 | | | 315.81 | 7467.04 | percent of total billed charges | |
| HC PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN | 65815 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Aetna | Commercial | 2986.82 | 38 | | | 315.81 | 7467.04 | percent of total billed charges | |
| HC PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN | 65815 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | First Trenton | First Trenton | 7074.04 | 90 | | | 315.81 | 7467.04 | percent of total billed charges | |
| HC PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN | 65815 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Aetna | Better Health | 2479.84 | 31.55 | | | 315.81 | 7467.04 | percent of total billed charges | |
| HC PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN | 65815 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Americare | Americare | 5895.03 | 75 | | | 315.81 | 7467.04 | percent of total billed charges | |
| HC PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN | 65815 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Amerihealth | HMO/PPO | 550 | | | | 315.81 | 7467.04 | fee schedule | |
| HC PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN | 65815 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | MGD | 5157.1 | | | | 315.81 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN | 65815 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | WellPoint | WellPoint | 2529.36 | 32.18 | | | 315.81 | 7467.04 | percent of total billed charges | |
| HC PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN | 65815 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | UHC | Medicare | 2665.17 | | | | 315.81 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN | 65815 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Multiplan | Multiplan | 6288.03 | 80 | | | 315.81 | 7467.04 | percent of total billed charges | |
| HC PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN | 65815 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Three Rivers | Three Rivers | 7467.04 | 95 | | | 315.81 | 7467.04 | percent of total billed charges | |
| HC PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN | 65815 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Consumer | Consumer | 7467.04 | 95 | | | 315.81 | 7467.04 | percent of total billed charges | |
| HC PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN | 65815 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | First Health | First Health | 5502.03 | 70 | | | 315.81 | 7467.04 | percent of total billed charges | |
| HC PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN | 65815 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Corrections | Corrections | 6288.03 | 80 | | | 315.81 | 7467.04 | percent of total billed charges | |
| HC PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN | 65815 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | UHC | Medicaid | 2479.84 | 31.55 | | | 315.81 | 7467.04 | percent of total billed charges | |
| HC PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN | 65815 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | Indemnity | 5157.1 | | | | 315.81 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN | 65815 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Wellcare | Medicaid | 2479.84 | 31.55 | | | 315.81 | 7467.04 | percent of total billed charges | |
| HC PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN | 65815 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | Medicare Blue | 2665.17 | | | | 315.81 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN | 65815 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | United | Commercial/PPO | 2776 | | | | 315.81 | 7467.04 | case rate | |
| HC PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN | 65815 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | NJ Health | 315.81 | | | | 315.81 | 7467.04 | fee schedule | |
| HC PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN | 65815 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | PPO | 5157.1 | | | | 315.81 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN | 65815 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Managed Care Inc | Managed Care Inc | 7074.04 | 90 | | | 315.81 | 7467.04 | percent of total billed charges | |
| HC PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN | 65815 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | United | Oxford | 2776 | | | | 315.81 | 7467.04 | case rate | |
| HC LASER-TRABECULOPLASTY | 65855 | CPT | | | | outpatient | | | 1935 | 764.5 | First Trenton | First Trenton | 1741.5 | 90 | | | 610.49 | 1838.25 | percent of total billed charges | |
| HC LASER-TRABECULOPLASTY | 65855 | CPT | | | | outpatient | | | 1935 | 764.5 | Consumer | Consumer | 1838.25 | 95 | | | 610.49 | 1838.25 | percent of total billed charges | |
| HC LASER-TRABECULOPLASTY | 65855 | CPT | | | | outpatient | | | 1935 | 764.5 | Amerihealth | HMO/PPO | 800 | | | | 610.49 | 1838.25 | fee schedule | |
| HC LASER-TRABECULOPLASTY | 65855 | CPT | | | | outpatient | | | 1935 | 764.5 | Aetna | Better Health | 610.49 | 31.55 | | | 610.49 | 1838.25 | percent of total billed charges | |
| HC LASER-TRABECULOPLASTY | 65855 | CPT | | | | outpatient | | | 1935 | 764.5 | Qualcare | Qualcare | 1451.25 | 75 | | | 610.49 | 1838.25 | percent of total billed charges | |
| HC LASER-TRABECULOPLASTY | 65855 | CPT | | | | outpatient | | | 1935 | 764.5 | Americare | Americare | 1451.25 | 75 | | | 610.49 | 1838.25 | percent of total billed charges | |
| HC LASER-TRABECULOPLASTY | 65855 | CPT | | | | outpatient | | | 1935 | 764.5 | UHC | Medicaid | 610.49 | 31.55 | | | 610.49 | 1838.25 | percent of total billed charges | |
| HC LASER-TRABECULOPLASTY | 65855 | CPT | | | | outpatient | | | 1935 | 764.5 | Aetna | Commercial | 735.3 | 38 | | 828.13 | 610.49 | 1838.25 | percent of total billed charges | |
| HC LASER-TRABECULOPLASTY | 65855 | CPT | | | | outpatient | | | 1935 | 764.5 | Horizon | Indemnity | 1286.35 | | | | 610.49 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-TRABECULOPLASTY | 65855 | CPT | | | | outpatient | | | 1935 | 764.5 | Corrections | Corrections | 1548 | 80 | | | 610.49 | 1838.25 | percent of total billed charges | |
| HC LASER-TRABECULOPLASTY | 65855 | CPT | | | | outpatient | | | 1935 | 764.5 | First Health | First Health | 1354.5 | 70 | | | 610.49 | 1838.25 | percent of total billed charges | |
| HC LASER-TRABECULOPLASTY | 65855 | CPT | | | | outpatient | | | 1935 | 764.5 | Aetna | Medicare | 664.78 | | | 651.48 | 610.49 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-TRABECULOPLASTY | 65855 | CPT | | | | outpatient | | | 1935 | 764.5 | UHC | Medicare | 664.78 | | | 573.79 | 610.49 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-TRABECULOPLASTY | 65855 | CPT | | | | outpatient | | | 1935 | 764.5 | Horizon | Medicare Blue | 664.78 | | | 521.18 | 610.49 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-TRABECULOPLASTY | 65855 | CPT | | | | outpatient | | | 1935 | 764.5 | United | Oxford | 1817 | | | | 610.49 | 1838.25 | case rate | |
| HC LASER-TRABECULOPLASTY | 65855 | CPT | | | | outpatient | | | 1935 | 764.5 | Horizon | NJ Health | 709.92 | | | 1878 | 610.49 | 1838.25 | fee schedule | |
| HC LASER-TRABECULOPLASTY | 65855 | CPT | | | | outpatient | | | 1935 | 764.5 | Managed Care Inc | Managed Care Inc | 1741.5 | 90 | | | 610.49 | 1838.25 | percent of total billed charges | |
| HC LASER-TRABECULOPLASTY | 65855 | CPT | | | | outpatient | | | 1935 | 764.5 | Horizon | MGD | 1286.35 | | | 1197.49 | 610.49 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-TRABECULOPLASTY | 65855 | CPT | | | | outpatient | | | 1935 | 764.5 | Wellcare | Medicaid | 610.49 | 31.55 | | | 610.49 | 1838.25 | percent of total billed charges | |
| HC LASER-TRABECULOPLASTY | 65855 | CPT | | | | outpatient | | | 1935 | 764.5 | Horizon | PPO | 1286.35 | | | 1190.25 | 610.49 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-TRABECULOPLASTY | 65855 | CPT | | | | outpatient | | | 1935 | 764.5 | United | Commercial/PPO | 1817 | | | | 610.49 | 1838.25 | case rate | |
| HC LASER-TRABECULOPLASTY | 65855 | CPT | | | | outpatient | | | 1935 | 764.5 | Multiplan | Multiplan | 1548 | 80 | | | 610.49 | 1838.25 | percent of total billed charges | |
| HC LASER-TRABECULOPLASTY | 65855 | CPT | | | | outpatient | | | 1935 | 764.5 | Wellcare | Medicare | 664.78 | | | | 610.49 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-TRABECULOPLASTY | 65855 | CPT | | | | outpatient | | | 1935 | 764.5 | WellPoint | WellPoint | 622.68 | 32.18 | | 651.48 | 610.49 | 1838.25 | percent of total billed charges | |
| HC LASER-TRABECULOPLASTY | 65855 | CPT | | | | outpatient | | | 1935 | 764.5 | Three Rivers | Three Rivers | 1838.25 | 95 | | | 610.49 | 1838.25 | percent of total billed charges | |
| HC SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE | 65870 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Amerihealth | HMO/PPO | 800 | | | | 569.63 | 7467.04 | fee schedule | |
| HC SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE | 65870 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Aetna | Better Health | 2479.84 | 31.55 | | | 569.63 | 7467.04 | percent of total billed charges | |
| HC SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE | 65870 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | MGD | 5157.1 | | | | 569.63 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE | 65870 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | First Trenton | First Trenton | 7074.04 | 90 | | | 569.63 | 7467.04 | percent of total billed charges | |
| HC SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE | 65870 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Three Rivers | Three Rivers | 7467.04 | 95 | | | 569.63 | 7467.04 | percent of total billed charges | |
| HC SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE | 65870 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | First Health | First Health | 5502.03 | 70 | | | 569.63 | 7467.04 | percent of total billed charges | |
| HC SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE | 65870 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Aetna | Commercial | 2986.82 | 38 | | | 569.63 | 7467.04 | percent of total billed charges | |
| HC SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE | 65870 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Corrections | Corrections | 6288.03 | 80 | | | 569.63 | 7467.04 | percent of total billed charges | |
| HC SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE | 65870 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | Indemnity | 5157.1 | | | | 569.63 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE | 65870 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Aetna | Medicare | 2665.17 | | | | 569.63 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE | 65870 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | PPO | 5157.1 | | | | 569.63 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE | 65870 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | NJ Health | 569.63 | | | | 569.63 | 7467.04 | fee schedule | |
| HC SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE | 65870 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | UHC | Medicare | 2665.17 | | | | 569.63 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE | 65870 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | Medicare Blue | 2665.17 | | | | 569.63 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE | 65870 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | WellPoint | WellPoint | 2529.36 | 32.18 | | | 569.63 | 7467.04 | percent of total billed charges | |
| HC SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE | 65870 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | UHC | Medicaid | 2479.84 | 31.55 | | | 569.63 | 7467.04 | percent of total billed charges | |
| HC SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE | 65870 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Americare | Americare | 5895.03 | 75 | | | 569.63 | 7467.04 | percent of total billed charges | |
| HC SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE | 65870 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Managed Care Inc | Managed Care Inc | 7074.04 | 90 | | | 569.63 | 7467.04 | percent of total billed charges | |
| HC SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE | 65870 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Multiplan | Multiplan | 6288.03 | 80 | | | 569.63 | 7467.04 | percent of total billed charges | |
| HC SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE | 65870 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | United | Commercial/PPO | 2776 | | | | 569.63 | 7467.04 | case rate | |
| HC SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE | 65870 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Consumer | Consumer | 7467.04 | 95 | | | 569.63 | 7467.04 | percent of total billed charges | |
| HC SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE | 65870 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Wellcare | Medicare | 2665.17 | | | | 569.63 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE | 65870 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Qualcare | Qualcare | 5895.03 | 75 | | | 569.63 | 7467.04 | percent of total billed charges | |
| HC SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE | 65870 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | United | Oxford | 2776 | | | | 569.63 | 7467.04 | case rate | |
| HC SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE | 65870 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Wellcare | Medicaid | 2479.84 | 31.55 | | | 569.63 | 7467.04 | percent of total billed charges | |
| HC RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE | 65900 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Aetna | Better Health | 2479.84 | 31.55 | | | 631.62 | 7467.04 | percent of total billed charges | |
| HC RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE | 65900 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Aetna | Commercial | 2986.82 | 38 | | | 631.62 | 7467.04 | percent of total billed charges | |
| HC RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE | 65900 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | MGD | 5157.1 | | | | 631.62 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE | 65900 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Americare | Americare | 5895.03 | 75 | | | 631.62 | 7467.04 | percent of total billed charges | |
| HC RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE | 65900 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Amerihealth | HMO/PPO | 950 | | | | 631.62 | 7467.04 | fee schedule | |
| HC RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE | 65900 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Aetna | Medicare | 2665.17 | | | | 631.62 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE | 65900 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | UHC | Medicare | 2665.17 | | | | 631.62 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE | 65900 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Wellcare | Medicaid | 2479.84 | 31.55 | | | 631.62 | 7467.04 | percent of total billed charges | |
| HC RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE | 65900 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | First Health | First Health | 5502.03 | 70 | | | 631.62 | 7467.04 | percent of total billed charges | |
| HC RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE | 65900 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Multiplan | Multiplan | 6288.03 | 80 | | | 631.62 | 7467.04 | percent of total billed charges | |
| HC RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE | 65900 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | PPO | 5157.1 | | | | 631.62 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE | 65900 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Consumer | Consumer | 7467.04 | 95 | | | 631.62 | 7467.04 | percent of total billed charges | |
| HC RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE | 65900 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | Indemnity | 5157.1 | | | | 631.62 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE | 65900 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Corrections | Corrections | 6288.03 | 80 | | | 631.62 | 7467.04 | percent of total billed charges | |
| HC RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE | 65900 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | UHC | Medicaid | 2479.84 | 31.55 | | | 631.62 | 7467.04 | percent of total billed charges | |
| HC RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE | 65900 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | Medicare Blue | 2665.17 | | | | 631.62 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE | 65900 | CPT | | | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC REM IMPLNT MTRL ANT SEG EYE | 65920 | CPT | | | | outpatient | | | 7871 | 3064.95 | Horizon | Indemnity | 5157.1 | | | | 730.8 | 7477.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM IMPLNT MTRL ANT SEG EYE | 65920 | CPT | | | | outpatient | | | 7871 | 3064.95 | Aetna | Commercial | 2990.98 | 38 | | | 730.8 | 7477.45 | percent of total billed charges | |
| HC REM IMPLNT MTRL ANT SEG EYE | 65920 | CPT | | | | outpatient | | | 7871 | 3064.95 | First Health | First Health | 5509.7 | 70 | | | 730.8 | 7477.45 | percent of total billed charges | |
| HC REM IMPLNT MTRL ANT SEG EYE | 65920 | CPT | | | | outpatient | | | 7871 | 3064.95 | Consumer | Consumer | 7477.45 | 95 | | | 730.8 | 7477.45 | percent of total billed charges | |
| HC REM IMPLNT MTRL ANT SEG EYE | 65920 | CPT | | | | outpatient | | | 7871 | 3064.95 | Managed Care Inc | Managed Care Inc | 7083.9 | 90 | | | 730.8 | 7477.45 | percent of total billed charges | |
| HC REM IMPLNT MTRL ANT SEG EYE | 65920 | CPT | | | | outpatient | | | 7871 | 3064.95 | Corrections | Corrections | 6296.8 | 80 | | | 730.8 | 7477.45 | percent of total billed charges | |
| HC REM IMPLNT MTRL ANT SEG EYE | 65920 | CPT | | | | outpatient | | | 7871 | 3064.95 | Amerihealth | HMO/PPO | 1200 | | | | 730.8 | 7477.45 | fee schedule | |
| HC REM IMPLNT MTRL ANT SEG EYE | 65920 | CPT | | | | outpatient | | | 7871 | 3064.95 | Qualcare | Qualcare | 5903.25 | 75 | | | 730.8 | 7477.45 | percent of total billed charges | |
| HC REM IMPLNT MTRL ANT SEG EYE | 65920 | CPT | | | | outpatient | | | 7871 | 3064.95 | Horizon | PPO | 5157.1 | | | | 730.8 | 7477.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM IMPLNT MTRL ANT SEG EYE | 65920 | CPT | | | | outpatient | | | 7871 | 3064.95 | Horizon | MGD | 5157.1 | | | | 730.8 | 7477.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM IMPLNT MTRL ANT SEG EYE | 65920 | CPT | | | | outpatient | | | 7871 | 3064.95 | Horizon | Medicare Blue | 2665.17 | | | | 730.8 | 7477.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM IMPLNT MTRL ANT SEG EYE | 65920 | CPT | | | | outpatient | | | 7871 | 3064.95 | Horizon | NJ Health | 730.8 | | | | 730.8 | 7477.45 | fee schedule | |
| HC REM IMPLNT MTRL ANT SEG EYE | 65920 | CPT | | | | outpatient | | | 7871 | 3064.95 | Wellcare | Medicare | 2665.17 | | | | 730.8 | 7477.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM IMPLNT MTRL ANT SEG EYE | 65920 | CPT | | | | outpatient | | | 7871 | 3064.95 | United | Oxford | 2776 | | | | 730.8 | 7477.45 | case rate | |
| HC REM IMPLNT MTRL ANT SEG EYE | 65920 | CPT | | | | outpatient | | | 7871 | 3064.95 | Wellcare | Medicaid | 2483.3 | 31.55 | | | 730.8 | 7477.45 | percent of total billed charges | |
| HC REM IMPLNT MTRL ANT SEG EYE | 65920 | CPT | | | | outpatient | | | 7871 | 3064.95 | Three Rivers | Three Rivers | 7477.45 | 95 | | | 730.8 | 7477.45 | percent of total billed charges | |
| HC REM IMPLNT MTRL ANT SEG EYE | 65920 | CPT | | | | outpatient | | | 7871 | 3064.95 | UHC | Medicaid | 2483.3 | 31.55 | | | 730.8 | 7477.45 | percent of total billed charges | |
| HC REM IMPLNT MTRL ANT SEG EYE | 65920 | CPT | | | | outpatient | | | 7871 | 3064.95 | WellPoint | WellPoint | 2532.89 | 32.18 | | | 730.8 | 7477.45 | percent of total billed charges | |
| HC REM IMPLNT MTRL ANT SEG EYE | 65920 | CPT | | | | outpatient | | | 7871 | 3064.95 | UHC | Medicare | 2665.17 | | | | 730.8 | 7477.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM IMPLNT MTRL ANT SEG EYE | 65920 | CPT | | | | outpatient | | | 7871 | 3064.95 | United | CommercialPPO | 2776 | | | | 730.8 | 7477.45 | case rate | |
| HC RMVL BLOOD CLOT ANTERIOR SEGMENT EYE | 65930 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Aetna | Medicare | 2665.17 | | | | 640.02 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL BLOOD CLOT ANTERIOR SEGMENT EYE | 65930 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | First Trenton | First Trenton | 7074.04 | 90 | | | 640.02 | 7467.04 | percent of total billed charges | |
| HC RMVL BLOOD CLOT ANTERIOR SEGMENT EYE | 65930 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Aetna | Better Health | 2479.84 | 31.55 | | | 640.02 | 7467.04 | percent of total billed charges | |
| HC RMVL BLOOD CLOT ANTERIOR SEGMENT EYE | 65930 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Americare | Americare | 5895.03 | 75 | | | 640.02 | 7467.04 | percent of total billed charges | |
| HC RMVL BLOOD CLOT ANTERIOR SEGMENT EYE | 65930 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Aetna | Commercial | 2986.82 | 38 | | | 640.02 | 7467.04 | percent of total billed charges | |
| HC RMVL BLOOD CLOT ANTERIOR SEGMENT EYE | 65930 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | Indemnity | 5157.1 | | | | 640.02 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL BLOOD CLOT ANTERIOR SEGMENT EYE | 65930 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | Medicare Blue | 2665.17 | | | | 640.02 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL BLOOD CLOT ANTERIOR SEGMENT EYE | 65930 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Amerihealth | HMO/PPO | 950 | | | | 640.02 | 7467.04 | fee schedule | |
| HC RMVL BLOOD CLOT ANTERIOR SEGMENT EYE | 65930 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Consumer | Consumer | 7467.04 | 95 | | | 640.02 | 7467.04 | percent of total billed charges | |
| HC RMVL BLOOD CLOT ANTERIOR SEGMENT EYE | 65930 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | PPO | 5157.1 | | | | 640.02 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL BLOOD CLOT ANTERIOR SEGMENT EYE | 65930 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | First Health | First Health | 5502.03 | 70 | | | 640.02 | 7467.04 | percent of total billed charges | |
| HC RMVL BLOOD CLOT ANTERIOR SEGMENT EYE | 65930 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | MGD | 5157.1 | | | | 640.02 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL BLOOD CLOT ANTERIOR SEGMENT EYE | 65930 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Corrections | Corrections | 6288.03 | 80 | | | 640.02 | 7467.04 | percent of total billed charges | |
| HC RMVL BLOOD CLOT ANTERIOR SEGMENT EYE | 65930 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Managed Care Inc | Managed Care Inc | 7074.04 | 90 | | | 640.02 | 7467.04 | percent of total billed charges | |
| HC RMVL BLOOD CLOT ANTERIOR SEGMENT EYE | 65930 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Multiplan | Multiplan | 6288.03 | 80 | | | 640.02 | 7467.04 | percent of total billed charges | |
| HC RMVL BLOOD CLOT ANTERIOR SEGMENT EYE | 65930 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | UHC | Medicaid | 2479.84 | 31.55 | | | 640.02 | 7467.04 | percent of total billed charges | |
| HC RMVL BLOOD CLOT ANTERIOR SEGMENT EYE | 65930 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | NJ Health | 640.02 | | | | 640.02 | 7467.04 | fee schedule | |
| HC RMVL BLOOD CLOT ANTERIOR SEGMENT EYE | 65930 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | UHC | Medicare | 2665.17 | | | | 640.02 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL BLOOD CLOT ANTERIOR SEGMENT EYE | 65930 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Three Rivers | Three Rivers | 7467.04 | 95 | | | 640.02 | 7467.04 | percent of total billed charges | |
| HC RMVL BLOOD CLOT ANTERIOR SEGMENT EYE | 65930 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | United | Oxford | 2776 | | | | 640.02 | 7467.04 | case rate | |
| HC RMVL BLOOD CLOT ANTERIOR SEGMENT EYE | 65930 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Qualcare | Qualcare | 5895.03 | 75 | | | 640.02 | 7467.04 | percent of total billed charges | |
| HC RMVL BLOOD CLOT ANTERIOR SEGMENT EYE | 65930 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | United | CommercialPPO | 2776 | | | | 640.02 | 7467.04 | case rate | |
| HC RMVL BLOOD CLOT ANTERIOR SEGMENT EYE | 65930 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Wellcare | Medicaid | 2479.84 | 31.55 | | | 640.02 | 7467.04 | percent of total billed charges | |
| HC RMVL BLOOD CLOT ANTERIOR SEGMENT EYE | 65930 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | WellPoint | WellPoint | 2529.36 | 32.18 | | | 640.02 | 7467.04 | percent of total billed charges | |
| HC RMVL BLOOD CLOT ANTERIOR SEGMENT EYE | 65930 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Wellcare | Medicare | 2665.17 | | | | 640.02 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION AC AIRILIQUID | 66020 | CPT | | | | outpatient | | | 7871 | 3064.95 | Americare | Americare | 5903.25 | 75 | | | 125 | 7477.45 | percent of total billed charges | |
| HC INJECTION AC AIRILIQUID | 66020 | CPT | | | | outpatient | | | 7871 | 3064.95 | Horizon | Indemnity | 5157.1 | | | | 125 | 7477.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION AC AIRILIQUID | 66020 | CPT | | | | outpatient | | | 7871 | 3064.95 | Consumer | Consumer | 7477.45 | 95 | | | 125 | 7477.45 | percent of total billed charges | |
| HC INJECTION AC AIRILIQUID | 66020 | CPT | | | | outpatient | | | 7871 | 3064.95 | First Trenton | First Trenton | 7083.9 | 90 | | | 125 | 7477.45 | percent of total billed charges | |
| HC INJECTION AC AIRILIQUID | 66020 | CPT | | | | outpatient | | | 7871 | 3064.95 | Aetna | Medicare | 2665.17 | | | | 125 | 7477.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION AC AIRILIQUID | 66020 | CPT | | | | outpatient | | | 7871 | 3064.95 | Horizon | Medicare Blue | 2665.17 | | | | 125 | 7477.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION AC AIRILIQUID | 66020 | CPT | | | | outpatient | | | 7871 | 3064.95 | Aetna | Better Health | 2483.3 | 31.55 | | | 125 | 7477.45 | percent of total billed charges | |
| HC INJECTION AC AIRILIQUID | 66020 | CPT | | | | outpatient | | | 7871 | 3064.95 | First Health | First Health | 5509.7 | 70 | | | 125 | 7477.45 | percent of total billed charges | |
| HC INJECTION AC AIRILIQUID | 66020 | CPT | | | | outpatient | | | 7871 | 3064.95 | Amerihealth | HMO/PPO | 125 | | | | 125 | 7477.45 | fee schedule | |
| HC INJECTION AC AIRILIQUID | 66020 | CPT | | | | outpatient | | | 7871 | 3064.95 | Horizon | PPO | 5157.1 | | | | 125 | 7477.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION AC AIRILIQUID | 66020 | CPT | | | | outpatient | | | 7871 | 3064.95 | Corrections | Corrections | 6296.8 | 80 | | | 125 | 7477.45 | percent of total billed charges | |
| HC INJECTION AC AIRILIQUID | 66020 | CPT | | | | outpatient | | | 7871 | 3064.95 | Horizon | MGD | 5157.1 | | | | 125 | 7477.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION AC AIRILIQUID | 66020 | CPT | | | | outpatient | | | 7871 | 3064.95 | Wellcare | Medicaid | 2483.3 | 31.55 | | | 125 | 7477.45 | percent of total billed charges | |
| HC INJECTION AC AIRILIQUID | 66020 | CPT | | | | outpatient | | | 7871 | 3064.95 | UHC | Medicare | 2665.17 | | | | 125 | 7477.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION AC AIRILIQUID | 66020 | CPT | | | | outpatient | | | 7871 | 3064.95 | Aetna | Commercial | 2990.98 | 38 | | | 125 | 7477.45 | percent of total billed charges | |
| HC INJECTION AC AIRILIQUID | 66020 | CPT | | | | outpatient | | | 7871 | 3064.95 | Horizon | NJ Health | 234.9 | | | | 125 | 7477.45 | fee schedule | |
| HC INJECTION AC AIRILIQUID | 66020 | CPT | | | | outpatient | | | 7871 | 3064.95 | Multiplan | Multiplan | 6296.8 | 80 | | | 125 | 7477.45 | percent of total billed charges | |
| HC INJECTION AC AIRILIQUID | 66020 | CPT | | | | outpatient | | | 7871 | 3064.95 | United | Oxford | 2493 | | | | 125 | 7477.45 | case rate | |
| HC INJECTION AC AIRILIQUID | 66020 | CPT | | | | outpatient | | | 7871 | 3064.95 | Qualcare | Qualcare | 5903.25 | 75 | | | 125 | 7477.45 | percent of total billed charges | |
| HC INJECTION AC AIRILIQUID | 66020 | CPT | | | | outpatient | | | 7871 | 3064.95 | Managed Care Inc | Managed Care Inc | 7083.9 | 90 | | | 125 | 7477.45 | percent of total billed charges | |
| HC INJECTION AC AIRILIQUID | 66020 | CPT | | | | outpatient | | | 7871 | 3064.95 | Wellcare | Medicare | 2665.17 | | | | 125 | 7477.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION AC AIRILIQUID | 66020 | CPT | | | | outpatient | | | 7871 | 3064.95 | Three Rivers | Three Rivers | 7477.45 | 95 | | | 125 | 7477.45 | percent of total billed charges | |
| HC INJECTION AC AIRILIQUID | 66020 | CPT | | | | outpatient | | | 7871 | 3064.95 | WellPoint | WellPoint | 2532.89 | 32.18 | | | 125 | 7477.45 | percent of total billed charges | |
| HC INJECTION AC AIRILIQUID | 66020 | CPT | | | | outpatient | | | 7871 | 3064.95 | UHC | Medicaid | 2483.3 | 31.55 | | | 125 | 7477.45 | percent of total billed charges | |
| HC INJECTION AC AIRILIQUID | 66020 | CPT | | | | outpatient | | | 7871 | 3064.95 | United | CommercialPPO | 2493 | | | | 125 | 7477.45 | case rate | |
| HC INJECTION ANTERIOR CHAMBER | 66030 | CPT | | | | outpatient | | | 7871 | 3064.95 | Aetna | Medicare | 2665.17 | | | | 125 | 7477.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION ANTERIOR CHAMBER | 66030 | CPT | | | | outpatient | | | 7871 | 3064.95 | Multiplan | Multiplan | 6296.8 | 80 | | | 125 | 7477.45 | percent of total billed charges | |
| HC INJECTION ANTERIOR CHAMBER | 66030 | CPT | | | | outpatient | | | 7871 | 3064.95 | Aetna | Better Health | 2483.3 | 31.55 | | | 125 | 7477.45 | percent of total billed charges | |
| HC INJECTION ANTERIOR CHAMBER | 66030 | CPT | | | | outpatient | | | 7871 | 3064.95 | Corrections | Corrections | 6296.8 | 80 | | | 125 | 7477.45 | percent of total billed charges | |
| HC INJECTION ANTERIOR CHAMBER | 66030 | CPT | | | | outpatient | | | 7871 | 3064.95 | Aetna | Commercial | 2990.98 | 38 | | | 125 | 7477.45 | percent of total billed charges | |
| HC INJECTION ANTERIOR CHAMBER | 66030 | CPT | | | | outpatient | | | 7871 | 3064.95 | Americare | Americare | 5903.25 | 75 | | | 125 | 7477.45 | percent of total billed charges | |
| HC INJECTION ANTERIOR CHAMBER | 66030 | CPT | | | | outpatient | | | 7871 | 3064.95 | First Health | First Health | 5509.7 | 70 | | | 125 | 7477.45 | percent of total billed charges | |
| HC INJECTION ANTERIOR CHAMBER | 66030 | CPT | | | | outpatient | | | 7871 | 3064.95 | First Trenton | First Trenton | 7083.9 | 90 | | | 125 | 7477.45 | percent of total billed charges | |
| HC INJECTION ANTERIOR CHAMBER | 66030 | CPT | | | | outpatient | | | 7871 | 3064.95 | Horizon | MGD | 5157.1 | | | | 125 | 7477.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION ANTERIOR CHAMBER | 66030 | CPT | | | | outpatient | | | 7871 | 3064.95 | Qualcare | Qualcare | 5903.25 | 75 | | | 125 | 7477.45 | percent of total billed charges | |
| HC INJECTION ANTERIOR CHAMBER | 66030 | CPT | | | | outpatient | | | 7871 | 3064.95 | Amerihealth | HMO/PPO | 125 | | | | 125 | 7477.45 | fee schedule | |
| HC INJECTION ANTERIOR CHAMBER | 66030 | CPT | | | | outpatient | | | 7871 | 3064.95 | Horizon | Indemnity | 5157.1 | | | | 125 | 7477.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION ANTERIOR CHAMBER | 66030 | CPT | | | | outpatient | | | 7871 | 3064.95 | Horizon | Medicare Blue | 2665.17 | | | | 125 | 7477.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION ANTERIOR CHAMBER | 66030 | CPT | | | | outpatient | | | 7871 | 3064.95 | Consumer | Consumer | 7477.45 | 95 | | | 125 | 7477.45 | percent of total billed charges | |
| HC INJECTION ANTERIOR CHAMBER | 66030 | CPT | | | | outpatient | | | 7871 | 3064.95 | United | Oxford | 2493 | | | | 125 | 7477.45 | case rate | |
| HC INJECTION ANTERIOR CHAMBER | 66030 | CPT | | | | outpatient | | | 7871 | 3064.95 | Managed Care Inc | Managed Care Inc | 7083.9 | 90 | | | 125 | 7477.45 | percent of total billed charges | |
| HC INJECTION ANTERIOR CHAMBER | 66030 | CPT | | | | outpatient | | | 7871 | 3064.95 | UHC | Medicare | 2665.17 | | | | 125 | 7477.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION ANTERIOR CHAMBER | 66030 | CPT | | | | outpatient | | | 7871 | 3064.95 | Horizon | NJ Health | 234.9 | | | | 125 | 7477.45 | fee schedule | |
| HC INJECTION ANTERIOR CHAMBER | 66030 | CPT | | | | outpatient | | | 7871 | 3064.95 | Wellcare | Medicaid | 2483.3 | 31.55 | | | 125 | 7477.45 | percent of total billed charges | |
| HC INJECTION ANTERIOR CHAMBER | 66030 | CPT | | | | outpatient | | | 7871 | 3064.95 | Horizon | PPO | 5157.1 | | | | 125 | 7477.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION ANTERIOR CHAMBER | 66030 | CPT | | | | outpatient | | | 7871 | 3064.95 | Three Rivers | Three Rivers | 7477.45 | 95 | | | 125 | 7477.45 | percent of total billed charges | |
| HC INJECTION ANTERIOR CHAMBER | 66030 | CPT | | | | outpatient | | | 7871 | 3064.95 | UHC | Medicaid | 2483.3 | 31.55 | | | 125 | 7477.45 | percent of total billed charges | |
| HC INJECTION ANTERIOR CHAMBER | 66030 | CPT | | | | outpatient | | | 7871 | 3064.95 | Wellcare | Medicare | 2665.17 | | | | 125 | 7477.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION ANTERIOR CHAMBER | 66030 | CPT | | | | outpatient | | | 7871 | 3064.95 | United | CommercialPPO | 2493 | | | | 125 | 7477.45 | case rate | |
| HC INJECTION ANTERIOR CHAMBER | 66030 | CPT | | | | outpatient | | | 7871 | 3064.95 | WellPoint | WellPoint | 2532.89 | 32.18 | | | 125 | 7477.45 | percent of total billed charges | |
| HC FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING | 66172 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | First Trenton | First Trenton | 7074.04 | 90 | | | 800 | 7467.04 | percent of total billed charges | |
| HC FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING | 66172 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | MGD | 5157.1 | | | | 800 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING | 66172 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Amerihealth | HMO/PPO | 800 | | | | 800 | 7467.04 | fee schedule | |
| HC FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING | 66172 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Aetna | Better Health | 2479.84 | 31.55 | | | 800 | 7467.04 | percent of total billed charges | |
| HC FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING | 66172 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Corrections | Corrections | 6288.03 | 80 | | | 800 | 7467.04 | percent of total billed charges | |
| HC FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING | 66172 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Multiplan | Multiplan | 6288.03 | 80 | | | 800 | 7467.04 | percent of total billed charges | |
| HC FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING | 66172 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | UHC | Medicare | 2665.17 | | | | 800 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING | 66172 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Americare | Americare | 5895.03 | 75 | | | 800 | 7467.04 | percent of total billed charges | |
| HC FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING | 66172 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | NJ Health | 1174.5 | | | | 800 | 7467.04 | fee schedule | |
| HC FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING | 66172 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Qualcare | Qualcare | 5895.03 | 75 | | | 800 | 7467.04 | percent of total billed charges | |
| HC FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING | 66172 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | First Health | First Health | 5502.03 | 70 | | | 800 | 7467.04 | percent of total billed charges | |
| HC FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING | 66172 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Aetna | Commercial | 2986.82 | 38 | | | 800 | 7467.04 | percent of total billed charges | |
| HC FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING | 66172 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | PPO | 5157.1 | | | | 800 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING | 66172 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Consumer | Consumer | 7467.04 | 95 | | | 800 | 7467.04 | percent of total billed charges | |
| HC FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING | 66172 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | Indemnity | 5157.1 | | | | 800 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING | 66172 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Aetna | Medicare | 2665.17 | | | | 800 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING | 66172 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Managed Care Inc | Managed Care Inc | 7074.04 | 90 | | | 800 | 7467.04 | percent of total billed charges | |
| HC FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING | 66172 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | Medicare Blue | 2665.17 | | | | 800 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING | 66172 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | UHC | Medicaid | 2479.84 | 31.55 | | | 800 | 7467.04 | percent of total billed charges | |
| HC FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING | 66172 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Wellcare | Medicare | 2665.17 | | | | 800 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING | 66172 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | WellPoint | WellPoint | 2529.36 | 32.18 | | | 800 | 7467.04 | percent of total billed charges | |
| HC FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING | 66172 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | United | Oxford | 2776 | | | | 800 | 7467.04 | case rate | |
| HC FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING | 66172 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | United | CommercialPPO | 2776 | | | | 800 | 7467.04 | case rate | |
| HC FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING | 66172 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Three Rivers | Three Rivers | 7467.04 | 95 | | | 800 | 7467.04 | percent of total billed charges | |
| HC FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING | 66172 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Wellcare | Medicaid | 2479.84 | 31.55 | | | 800 | 7467.04 | percent of total billed charges | |
| HC REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT | 66185 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | First Trenton | First Trenton | 7074.04 | 90 | | | 650 | 7467.04 | percent of total billed charges | |
| HC REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT | 66185 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Amerihealth | HMO/PPO | 650 | | | | 650 | 7467.04 | fee schedule | |
| HC REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT | 66185 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Aetna | Better Health | 2479.84 | 31.55 | | | 650 | 7467.04 | percent of total billed charges | |
| HC REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT | 66185 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Consumer | Consumer | 7467.04 | 95 | | | 650 | 7467.04 | percent of total billed charges | |
| HC REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT | 66185 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Aetna | Medicare | 2665.17 | | | | 650 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT | 66185 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | Medicare Blue | 2665.17 | | | | 650 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT | 66185 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Corrections | Corrections | 6288.03 | 80 | | | 650 | 7467.04 | percent of total billed charges | |
| HC REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT | 66185 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | MGD | 5157.1 | | | | 650 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT | 66185 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | NJ Health | 1062.27 | | | | 650 | 7467.04 | fee schedule | |
| HC REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT | 66185 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | UHC | Medicare | 2665.17 | | | | 650 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT | 66185 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Aetna | Commercial | 2986.82 | 38 | | | 650 | 7467.04 | percent of total billed charges | |
| HC REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT | 66185 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | First Health | First Health | 5502.03 | 70 | | | 650 | 7467.04 | percent of total billed charges | |
| HC REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT | 66185 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Americare | Americare | 5895.03 | 75 | | | 650 | 7467.04 | percent of total billed charges | |
| HC REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT | 66185 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | PPO | 5157.1 | | | | 650 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT | 66185 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | United | CommercialPPO | 2776 | | | | 650 | 7467.04 | case rate | |
| HC REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT | 66185 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Wellcare | Medicare | 2665.17 | | | | 650 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT | 66185 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Managed Care Inc | Managed Care Inc | 7074.04 | 90 | | | 650 | 7467.04 | percent of total billed charges | |
| HC REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT | 66185 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | UHC | Medicaid | 2479.84 | 31.55 | | | 650 | 7467.04 | percent of total billed charges | |
| HC REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT | 66185 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | Indemnity | 5157.1 | | | | 650 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT | 66185 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Three

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC REV OPERATIVE WOUND ANT SEGME | 66250 | CPT | | | | outpatient | | | 7704 | 3073.41 | First Health | First Health | 5392.8 | 70 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC REV OPERATIVE WOUND ANT SEGME | 66250 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Commercial | 2927.52 | 38 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC REV OPERATIVE WOUND ANT SEGME | 66250 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | PPO | 5171.35 | | | | 442.13 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REV OPERATIVE WOUND ANT SEGME | 66250 | CPT | | | | outpatient | | | 7704 | 3073.41 | Americare | Americare | 5778 | 75 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC REV OPERATIVE WOUND ANT SEGME | 66250 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Better Health | 2430.61 | 31.55 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC REV OPERATIVE WOUND ANT SEGME | 66250 | CPT | | | | outpatient | | | 7704 | 3073.41 | Amerihealth | HMO/PPO | 550 | | | | 442.13 | 7318.8 | fee schedule | |
| HC REV OPERATIVE WOUND ANT SEGME | 66250 | CPT | | | | outpatient | | | 7704 | 3073.41 | Multiplan | Multiplan | 6163.2 | 80 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC REV OPERATIVE WOUND ANT SEGME | 66250 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 442.13 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REV OPERATIVE WOUND ANT SEGME | 66250 | CPT | | | | outpatient | | | 7704 | 3073.41 | Corrections | Corrections | 6163.2 | 80 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC REV OPERATIVE WOUND ANT SEGME | 66250 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | MGD | 5171.35 | | | | 442.13 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REV OPERATIVE WOUND ANT SEGME | 66250 | CPT | | | | outpatient | | | 7704 | 3073.41 | Qualcare | Qualcare | 5778 | 75 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC REV OPERATIVE WOUND ANT SEGME | 66250 | CPT | | | | outpatient | | | 7704 | 3073.41 | Three Rivers | Three Rivers | 7318.8 | 95 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC REV OPERATIVE WOUND ANT SEGME | 66250 | CPT | | | | outpatient | | | 7704 | 3073.41 | WellPoint | WellPoint | 2479.15 | 32.18 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC REV OPERATIVE WOUND ANT SEGME | 66250 | CPT | | | | outpatient | | | 7704 | 3073.41 | UHC | Medicare | 2672.53 | | | | 442.13 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REV OPERATIVE WOUND ANT SEGME | 66250 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicaid | 2430.61 | 31.55 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC REV OPERATIVE WOUND ANT SEGME | 66250 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 442.13 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REV OPERATIVE WOUND ANT SEGME | 66250 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 442.13 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REV OPERATIVE WOUND ANT SEGME | 66250 | CPT | | | | outpatient | | | 7704 | 3073.41 | UHC | Medicaid | 2430.61 | 31.55 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC REV OPERATIVE WOUND ANT SEGME | 66250 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | NJ Health | 442.13 | | | | 442.13 | 7318.8 | fee schedule | |
| HC REV OPERATIVE WOUND ANT SEGME | 66250 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | Commercial\|PPO | 2776 | | | | 442.13 | 7318.8 | case rate | |
| HC REV OPERATIVE WOUND ANT SEGME | 66250 | CPT | | | | outpatient | | | 7704 | 3073.41 | Managed Care Inc | Managed Care Inc | 6933.6 | 90 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC REV OPERATIVE WOUND ANT SEGME | 66250 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | Oxford | 2776 | | | | 442.13 | 7318.8 | case rate | |
| HC IRIDOTOMY STAB INC SPX XCP TRANSFIXION | 66500 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | MGD | 5157.1 | | | | 125 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IRIDOTOMY STAB INC SPX XCP TRANSFIXION | 66500 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Amerihealth | HMO/PPO | 125 | | | | 125 | 7467.04 | fee schedule | |
| HC IRIDOTOMY STAB INC SPX XCP TRANSFIXION | 66500 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | Indemnity | 5157.1 | | | | 125 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IRIDOTOMY STAB INC SPX XCP TRANSFIXION | 66500 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Aetna | Better Health | 2479.84 | 31.55 | | | 125 | 7467.04 | percent of total billed charges | |
| HC IRIDOTOMY STAB INC SPX XCP TRANSFIXION | 66500 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Consumer | Consumer | 7467.04 | 95 | | | 125 | 7467.04 | percent of total billed charges | |
| HC IRIDOTOMY STAB INC SPX XCP TRANSFIXION | 66500 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | UHC | Medicare | 2665.17 | | | | 125 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IRIDOTOMY STAB INC SPX XCP TRANSFIXION | 66500 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Aetna | Commercial | 2986.82 | 38 | | | 125 | 7467.04 | percent of total billed charges | |
| HC IRIDOTOMY STAB INC SPX XCP TRANSFIXION | 66500 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Aetna | Medicare | 2665.17 | | | | 125 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IRIDOTOMY STAB INC SPX XCP TRANSFIXION | 66500 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | PPO | 5157.1 | | | | 125 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IRIDOTOMY STAB INC SPX XCP TRANSFIXION | 66500 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Americare | Americare | 5895.03 | 75 | | | 125 | 7467.04 | percent of total billed charges | |
| HC IRIDOTOMY STAB INC SPX XCP TRANSFIXION | 66500 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | United | Commercial\|PPO | 1782 | | | | 125 | 7467.04 | case rate | |
| HC IRIDOTOMY STAB INC SPX XCP TRANSFIXION | 66500 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Corrections | Corrections | 6288.03 | 80 | | | 125 | 7467.04 | percent of total billed charges | |
| HC IRIDOTOMY STAB INC SPX XCP TRANSFIXION | 66500 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | First Health | First Health | 5502.03 | 70 | | | 125 | 7467.04 | percent of total billed charges | |
| HC IRIDOTOMY STAB INC SPX XCP TRANSFIXION | 66500 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | First Trenton | First Trenton | 7074.04 | 90 | | | 125 | 7467.04 | percent of total billed charges | |
| HC IRIDOTOMY STAB INC SPX XCP TRANSFIXION | 66500 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Multiplan | Multiplan | 6288.03 | 80 | | | 125 | 7467.04 | percent of total billed charges | |
| HC IRIDOTOMY STAB INC SPX XCP TRANSFIXION | 66500 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | NJ Health | 375.87 | | | | 125 | 7467.04 | fee schedule | |
| HC IRIDOTOMY STAB INC SPX XCP TRANSFIXION | 66500 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | UHC | Medicaid | 2479.84 | 31.55 | | | 125 | 7467.04 | percent of total billed charges | |
| HC IRIDOTOMY STAB INC SPX XCP TRANSFIXION | 66500 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Managed Care Inc | Managed Care Inc | 7074.04 | 90 | | | 125 | 7467.04 | percent of total billed charges | |
| HC IRIDOTOMY STAB INC SPX XCP TRANSFIXION | 66500 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Wellcare | Medicaid | 2479.84 | 31.55 | | | 125 | 7467.04 | percent of total billed charges | |
| HC IRIDOTOMY STAB INC SPX XCP TRANSFIXION | 66500 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Three Rivers | Three Rivers | 7467.04 | 95 | | | 125 | 7467.04 | percent of total billed charges | |
| HC IRIDOTOMY STAB INC SPX XCP TRANSFIXION | 66500 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | Medicare Blue | 2665.17 | | | | 125 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IRIDOTOMY STAB INC SPX XCP TRANSFIXION | 66500 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | United | Oxford | 1782 | | | | 125 | 7467.04 | case rate | |
| HC IRIDOTOMY STAB INC SPX XCP TRANSFIXION | 66500 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Qualcare | Qualcare | 5895.03 | 75 | | | 125 | 7467.04 | percent of total billed charges | |
| HC IRIDOTOMY STAB INC SPX XCP TRANSFIXION | 66500 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | WellPoint | WellPoint | 2529.36 | 32.18 | | | 125 | 7467.04 | percent of total billed charges | |
| HC IRIDOTOMY STAB INC SPX XCP TRANSFIXION | 66500 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Wellcare | Medicare | 2665.17 | | | | 125 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-TSCPC | 66710 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Medicare | 2672.53 | | | 2619.08 | 339.3 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-TSCPC | 66710 | CPT | | | | outpatient | | | 7704 | 3073.41 | First Trenton | First Trenton | 6933.6 | 90 | | | 339.3 | 7318.8 | percent of total billed charges | |
| HC LASER-TSCPC | 66710 | CPT | | | | outpatient | | | 7704 | 3073.41 | Americare | Americare | 5778 | 75 | | | 339.3 | 7318.8 | percent of total billed charges | |
| HC LASER-TSCPC | 66710 | CPT | | | | outpatient | | | 7704 | 3073.41 | Amerihealth | HMO/PPO | 550 | | | | 339.3 | 7318.8 | fee schedule | |
| HC LASER-TSCPC | 66710 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Better Health | 2430.61 | 31.55 | | | 339.3 | 7318.8 | percent of total billed charges | |
| HC LASER-TSCPC | 66710 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | MGD | 5171.35 | | | | 339.3 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-TSCPC | 66710 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | NJ Health | 339.3 | | | 3681 | 339.3 | 7318.8 | fee schedule | |
| HC LASER-TSCPC | 66710 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Commercial | 2927.52 | 38 | | | 339.3 | 7318.8 | percent of total billed charges | |
| HC LASER-TSCPC | 66710 | CPT | | | | outpatient | | | 7704 | 3073.41 | Corrections | Corrections | 6163.2 | 80 | | | 339.3 | 7318.8 | percent of total billed charges | |
| HC LASER-TSCPC | 66710 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | PPO | 5171.35 | | | | 339.3 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-TSCPC | 66710 | CPT | | | | outpatient | | | 7704 | 3073.41 | Multiplan | Multiplan | 6163.2 | 80 | | | 339.3 | 7318.8 | percent of total billed charges | |
| HC LASER-TSCPC | 66710 | CPT | | | | outpatient | | | 7704 | 3073.41 | First Health | First Health | 5392.8 | 70 | | | 339.3 | 7318.8 | percent of total billed charges | |
| HC LASER-TSCPC | 66710 | CPT | | | | outpatient | | | 7704 | 3073.41 | Consumer | Consumer | 7318.8 | 95 | | | 339.3 | 7318.8 | percent of total billed charges | |
| HC LASER-TSCPC | 66710 | CPT | | | | outpatient | | | 7704 | 3073.41 | Managed Care Inc | Managed Care Inc | 6933.6 | 90 | | | 339.3 | 7318.8 | percent of total billed charges | |
| HC LASER-TSCPC | 66710 | CPT | | | | outpatient | | | 7704 | 3073.41 | Qualcare | Qualcare | 5778 | 75 | | | 339.3 | 7318.8 | percent of total billed charges | |
| HC LASER-TSCPC | 66710 | CPT | | | | outpatient | | | 7704 | 3073.41 | UHC | Medicaid | 2430.61 | 31.55 | | | 339.3 | 7318.8 | percent of total billed charges | |
| HC LASER-TSCPC | 66710 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 339.3 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-TSCPC | 66710 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 339.3 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-TSCPC | 66710 | CPT | | | | outpatient | | | 7704 | 3073.41 | Three Rivers | Three Rivers | 7318.8 | 95 | | | 339.3 | 7318.8 | percent of total billed charges | |
| HC LASER-TSCPC | 66710 | CPT | | | | outpatient | | | 7704 | 3073.41 | UHC | Medicare | 2672.53 | | | 2174.51 | 339.3 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-TSCPC | 66710 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | Oxford | 2776 | | | | 339.3 | 7318.8 | case rate | |
| HC LASER-TSCPC | 66710 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 339.3 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-TSCPC | 66710 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | Commercial\|PPO | 2776 | | | | 339.3 | 7318.8 | case rate | |
| HC LASER-TSCPC | 66710 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicaid | 2430.61 | 31.55 | | | 339.3 | 7318.8 | percent of total billed charges | |
| HC LASER-TSCPC | 66710 | CPT | | | | outpatient | | | 7704 | 3073.41 | WellPoint | WellPoint | 2479.15 | 32.18 | | | 339.3 | 7318.8 | percent of total billed charges | |
| HC CILIARY BODY DESTRUCTION CRYOTHERAPY | 66720 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | UHC | Medicare | 2672.53 | | | | 442.13 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CILIARY BODY DESTRUCTION CRYOTHERAPY | 66720 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | First Health | First Health | 5517.22 | 70 | | | 442.13 | 7487.65 | percent of total billed charges | |
| HC CILIARY BODY DESTRUCTION CRYOTHERAPY | 66720 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Wellcare | Medicaid | 2486.69 | 31.55 | | | 442.13 | 7487.65 | percent of total billed charges | |
| HC CILIARY BODY DESTRUCTION CRYOTHERAPY | 66720 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Corrections | Corrections | 6305.39 | 80 | | | 442.13 | 7487.65 | percent of total billed charges | |
| HC CILIARY BODY DESTRUCTION CRYOTHERAPY | 66720 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Better Health | 2486.69 | 31.55 | | | 442.13 | 7487.65 | percent of total billed charges | |
| HC CILIARY BODY DESTRUCTION CRYOTHERAPY | 66720 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Amerihealth | HMO/PPO | 550 | | | | 442.13 | 7487.65 | fee schedule | |
| HC CILIARY BODY DESTRUCTION CRYOTHERAPY | 66720 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Medicare | 2672.53 | | | | 442.13 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CILIARY BODY DESTRUCTION CRYOTHERAPY | 66720 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Commercial | 2995.06 | 38 | | | 442.13 | 7487.65 | percent of total billed charges | |
| HC CILIARY BODY DESTRUCTION CRYOTHERAPY | 66720 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | MGD | 5171.35 | | | | 442.13 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CILIARY BODY DESTRUCTION CRYOTHERAPY | 66720 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Three Rivers | Three Rivers | 7487.65 | 95 | | | 442.13 | 7487.65 | percent of total billed charges | |
| HC CILIARY BODY DESTRUCTION CRYOTHERAPY | 66720 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Americare | Americare | 5911.31 | 75 | | | 442.13 | 7487.65 | percent of total billed charges | |
| HC CILIARY BODY DESTRUCTION CRYOTHERAPY | 66720 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | First Trenton | First Trenton | 7093.57 | 90 | | | 442.13 | 7487.65 | percent of total billed charges | |
| HC CILIARY BODY DESTRUCTION CRYOTHERAPY | 66720 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | PPO | 5171.35 | | | | 442.13 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CILIARY BODY DESTRUCTION CRYOTHERAPY | 66720 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 442.13 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CILIARY BODY DESTRUCTION CRYOTHERAPY | 66720 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Consumer | Consumer | 7487.65 | 95 | | | 442.13 | 7487.65 | percent of total billed charges | |
| HC CILIARY BODY DESTRUCTION CRYOTHERAPY | 66720 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Multiplan | Multiplan | 6305.39 | 80 | | | 442.13 | 7487.65 | percent of total billed charges | |
| HC CILIARY BODY DESTRUCTION CRYOTHERAPY | 66720 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | UHC | Medicaid | 2486.69 | 31.55 | | | 442.13 | 7487.65 | percent of total billed charges | |
| HC CILIARY BODY DESTRUCTION CRYOTHERAPY | 66720 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 442.13 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CILIARY BODY DESTRUCTION CRYOTHERAPY | 66720 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 442.13 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CILIARY BODY DESTRUCTION CRYOTHERAPY | 66720 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | NJ Health | 442.13 | | | | 442.13 | 7487.65 | fee schedule | |
| HC CILIARY BODY DESTRUCTION CRYOTHERAPY | 66720 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | WellPoint | WellPoint | 2536.34 | 32.18 | | | 442.13 | 7487.65 | percent of total billed charges | |
| HC CILIARY BODY DESTRUCTION CRYOTHERAPY | 66720 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | United | Commercial\|PPO | 2776 | | | | 442.13 | 7487.65 | case rate | |
| HC CILIARY BODY DESTRUCTION CRYOTHERAPY | 66720 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | United | Oxford | 2776 | | | | 442.13 | 7487.65 | case rate | |
| HC CILIARY BODY DESTRUCTION CRYOTHERAPY | 66720 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Qualcare | Qualcare | 5911.31 | 75 | | | 442.13 | 7487.65 | percent of total billed charges | |
| HC CILIARY BODY DESTRUCTION CRYOTHERAPY | 66720 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Managed Care Inc | Managed Care Inc | 7093.57 | 90 | | | 442.13 | 7487.65 | percent of total billed charges | |
| HC LASER-PERIPH IRIDOTOMY | 66761 | CPT | | | | outpatient | | | 1935 | 764.5 | Multiplan | Multiplan | 1548 | 80 | | | 300 | 1838.25 | percent of total billed charges | |
| HC LASER-PERIPH IRIDOTOMY | 66761 | CPT | | | | outpatient | | | 1935 | 764.5 | Aetna | Commercial | 735.3 | 38 | | 731.06 | 300 | 1838.25 | percent of total billed charges | |
| HC LASER-PERIPH IRIDOTOMY | 66761 | CPT | | | | outpatient | | | 1935 | 764.5 | First Health | First Health | 1354.5 | 70 | | | 300 | 1838.25 | percent of total billed charges | |
| HC LASER-PERIPH IRIDOTOMY | 66761 | CPT | | | | outpatient | | | 1935 | 764.5 | Amerihealth | HMO/PPO | 300 | | | | 300 | 1838.25 | fee schedule | |
| HC LASER-PERIPH IRIDOTOMY | 66761 | CPT | | | | outpatient | | | 1935 | 764.5 | Aetna | Medicare | 664.78 | | | | 300 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-PERIPH IRIDOTOMY | 66761 | CPT | | | | outpatient | | | 1935 | 764.5 | Americare | Americare | 1451.25 | 75 | | | 300 | 1838.25 | percent of total billed charges | |
| HC LASER-PERIPH IRIDOTOMY | 66761 | CPT | | | | outpatient | | | 1935 | 764.5 | First Trenton | First Trenton | 1741.5 | 90 | | | 300 | 1838.25 | percent of total billed charges | |
| HC LASER-PERIPH IRIDOTOMY | 66761 | CPT | | | | outpatient | | | 1935 | 764.5 | Aetna | Better Health | 610.49 | 31.55 | | | 300 | 1838.25 | percent of total billed charges | |
| HC LASER-PERIPH IRIDOTOMY | 66761 | CPT | | | | outpatient | | | 1935 | 764.5 | Qualcare | Qualcare | 1451.25 | 75 | | | 300 | 1838.25 | percent of total billed charges | |
| HC LASER-PERIPH IRIDOTOMY | 66761 | CPT | | | | outpatient | | | 1935 | 764.5 | Consumer | Consumer | 1838.25 | 95 | | | 300 | 1838.25 | percent of total billed charges | |
| HC LASER-PERIPH IRIDOTOMY | 66761 | CPT | | | | outpatient | | | 1935 | 764.5 | Horizon | NJ Health | 436.03 | | | 1796.15 | 300 | 1838.25 | fee schedule | |
| HC LASER-PERIPH IRIDOTOMY | 66761 | CPT | | | | outpatient | | | 1935 | 764.5 | Horizon | Medicare Blue | 664.78 | | | 491.65 | 300 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-PERIPH IRIDOTOMY | 66761 | CPT | | | | outpatient | | | 1935 | 764.5 | Corrections | Corrections | 1548 | 80 | | | 300 | 1838.25 | percent of total billed charges | |
| HC LASER-PERIPH IRIDOTOMY | 66761 | CPT | | | | outpatient | | | 1935 | 764.5 | United | Oxford | 1817 | | | | 300 | 1838.25 | case rate | |
| HC LASER-PERIPH IRIDOTOMY | 66761 | CPT | | | | outpatient | | | 1935 | 764.5 | Horizon | Indemnity | 1286.35 | | | | 300 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-PERIPH IRIDOTOMY | 66761 | CPT | | | | outpatient | | | 1935 | 764.5 | Horizon | PPO | 1286.35 | | | 1157.19 | 300 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-PERIPH IRIDOTOMY | 66761 | CPT | | | | outpatient | | | 1935 | 764.5 | Wellcare | Medicare | 664.78 | | | | 300 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-PERIPH IRIDOTOMY | 66761 | CPT | | | | outpatient | | | 1935 | 764.5 | Wellcare | Medicaid | 610.49 | 31.55 | | 565.07 | 300 | 1838.25 | percent of total billed charges | |
| HC LASER-PERIPH IRIDOTOMY | 66761 | CPT | | | | outpatient | | | 1935 | 764.5 | Three Rivers | Three Rivers | 1838.25 | 95 | | | 300 | 1838.25 | percent of total billed charges | |
| HC LASER-PERIPH IRIDOTOMY | 66761 | CPT | | | | outpatient | | | 1935 | 764.5 | WellPoint | WellPoint | 622.68 | 32.18 | | | 300 | 1838.25 | percent of total billed charges | |
| HC LASER-PERIPH IRIDOTOMY | 66761 | CPT | | | | outpatient | | | 1935 | 764.5 | Horizon | MGD | 1286.35 | | | 1216.86 | 300 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-PERIPH IRIDOTOMY | 66761 | CPT | | | | outpatient | | | 1935 | 764.5 | United | Commercial\|PPO | 1817 | | | | 300 | 1838.25 | case rate | |
| HC LASER-PERIPH IRIDOTOMY | 66761 | CPT | | | | outpatient | | | 1935 | 764.5 | Managed Care Inc | Managed Care Inc | 1741.5 | 90 | | | 300 | 1838.25 | percent of total billed charges | |
| HC LASER-PERIPH IRIDOTOMY | 66761 | CPT | | | | outpatient | | | 1935 | 764.5 | UHC | Medicaid | 610.49 | 31.55 | | 603.81 | 300 | 1838.25 | percent of total billed charges | |
| HC LASER-PERIPH IRIDOTOMY | 66761 | CPT | | | | outpatient | | | 1935 | 764.5 | UHC | Medicare | 664.78 | | | 559.24 | 300 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-IRIDOPLASTY | 66762 | CPT | | | | outpatient | | | 1935 | 764.5 | Corrections | Corrections | 1548 | 80 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER-IRIDOPLASTY | 66762 | CPT | | | | outpatient | | | 1935 | 764.5 | Multiplan | Multiplan | 1548 | 80 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER-IRIDOPLASTY | 66762 | CPT | | | | outpatient | | | 1935 | 764.5 | Aetna | Better Health | 610.49 | 31.55 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER-IRIDOPLASTY | 66762 | CPT | | | | outpatient | | | 1935 | 764.5 | Americare | Americare | 1451.25 | 75 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER-IRIDOPLASTY | 66762 | CPT | | | | outpatient | | | 1935 | 764.5 | First Trenton | First Trenton | 1741.5 | 90 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER-IRIDOPLASTY | 66762 | CPT | | | | outpatient | | | 1935 | 764.5 | Aetna | Medicare | 664.78 | | | | 125 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-IRIDOPLASTY | 66762 | CPT | | | | outpatient | | | 1935 | 764.5 | First Health | First Health | 1354.5 | 70 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER-IRIDOPLASTY | 66762 | CPT | | | | outpatient | | | 1935 | 764.5 | Aetna | Commercial | 735.3 | 38 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER-IRIDOPLASTY | 66762 | CPT | | | | outpatient | | | 1935 | 764.5 | Horizon | Indemnity | 1286.35 | | | | 125 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-IRIDOPLASTY | 66762 | CPT | | | | outpatient | | | 1935 | 764.5 | Qualcare | Qualcare | 1451.25 | 75 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER-IRIDOPLASTY | 66762 | CPT | | | | outpatient | | | 1935 | 764.5 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1838.25 | fee schedule | |
| HC LASER-IRIDOPLASTY | 66762 | CPT | | | | outpatient | | | 1935 | 764.5 | Horizon | MGD | 1286.35 | | | | 125 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-IRIDOPLASTY | 66762 | CPT | | | | outpatient | | | 1935 | 764.5 | Horizon | NJ Health | 442.13 | | | | 125 | 1838.25 | fee schedule | |
| HC LASER-IRIDOPLASTY | 66762 | CPT | | | | outpatient | | | 1935 | 764.5 | Consumer | Consumer | 1838.25 | 95 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER-IRIDOPLASTY | 66762 | CPT | | | | outpatient | | | 1935 | 764.5 | Horizon | Medicare Blue | 664.78 | | | | 125 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-IRIDOPLASTY | 66762 | CPT | | | | outpatient | | | 1935 | 764.5 | Horizon | PPO | 1286.35 | | | | 125 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-IRIDOPLASTY | 66762 | CPT | | | | outpatient | | | 1935 | 764.5 | United | Oxford | 1817 | | | | 125 | 1838.25 | case rate | |
| HC LASER-IRIDOPLASTY | 66762 | CPT | | | | outpatient | | | 1935 | 764.5 | Managed Care Inc | Managed Care Inc | 1741.5 | 90 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER-IRIDOPLASTY | 66762 | CPT | | | | outpatient | | | 1935 | 764.5 | UHC | Medicare | 664.78 | | | | 125 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-IRIDOPLASTY | 66762 | CPT | | | | outpatient | | | 1935 | 764.5 | UHC | Medicaid | 610.49 | 31.55 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER-IRIDOPLASTY | 66762 | CPT | | | | outpatient | | | 1935 | 764.5 | Wellcare | Medicaid | 610.49 | 31.55 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER-IRIDOPLASTY | 66762 | CPT | | | | outpatient | | | 1935 | 764.5 | Three Rivers | Three Rivers | 1838.25 | 95 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER-IRIDOPLASTY | 66762 | CPT | | | | outpatient | | | 1935 | 764.5 | United | Commercial\|PPO | 1817 | | | | 125 | 1838.25 | case rate | |
| HC LASER-IRIDOPLASTY | 66762 | CPT | | | | outpatient | | | 1935 | 764.5 | Wellcare | Medicare | 664.78 | | | | 125 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-IRIDOPLASTY | 66762 | CPT | | | | outpatient | | | 1935 | 764.5 | WellPoint | WellPoint | 622.68 | 32.18 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER-POSTERIOR CAPSULOTOMY | 66821 | CPT | | | | outpatient | | | 1935 | 764.5 | Aetna | Medicare | 664.78 | | | 537.08 | 394.11 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC LASER-POSTERIOR CAPSULOTOMY | 66821 | CPT | | | | outpatient | | | 1935 | 764.5 | Multiplan | Multiplan | 1548 | 80 | | | 394.11 | 1838.25 | percent of total billed charges | |
| HC LASER-POSTERIOR CAPSULOTOMY | 66821 | CPT | | | | outpatient | | | 1935 | 764.5 | Corrections | Corrections | 1548 | 80 | | 590.82 | 394.11 | 1838.25 | percent of total billed charges | |
| HC LASER-POSTERIOR CAPSULOTOMY | 66821 | CPT | | | | outpatient | | | 1935 | 764.5 | Aetna | Commercial | 735.3 | 38 | | 1057 | 394.11 | 1838.25 | percent of total billed charges | |
| HC LASER-POSTERIOR CAPSULOTOMY | 66821 | CPT | | | | outpatient | | | 1935 | 764.5 | Consumer | Consumer | 1838.25 | 95 | | | 394.11 | 1838.25 | percent of total billed charges | |
| HC LASER-POSTERIOR CAPSULOTOMY | 66821 | CPT | | | | outpatient | | | 1935 | 764.5 | Americare | Americare | 1461.25 | 75 | | | 394.11 | 1838.25 | percent of total billed charges | |
| HC LASER-POSTERIOR CAPSULOTOMY | 66821 | CPT | | | | outpatient | | | 1935 | 764.5 | Aetna | Better Health | 610.49 | 31.55 | | | 394.11 | 1838.25 | percent of total billed charges | |
| HC LASER-POSTERIOR CAPSULOTOMY | 66821 | CPT | | | | outpatient | | | 1935 | 764.5 | Horizon | Indemnity | 1286.35 | | | | 394.11 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-POSTERIOR CAPSULOTOMY | 66821 | CPT | | | | outpatient | | | 1935 | 764.5 | Horizon | NJ Health | 394.11 | | | | 394.11 | 1838.25 | fee schedule | |
| HC LASER-POSTERIOR CAPSULOTOMY | 66821 | CPT | | | | outpatient | | | 1935 | 764.5 | Qualcare | Qualcare | 1461.25 | 75 | | | 394.11 | 1838.25 | percent of total billed charges | |
| HC LASER-POSTERIOR CAPSULOTOMY | 66821 | CPT | | | | outpatient | | | 1935 | 764.5 | Horizon | Medicare Blue | 664.78 | | | 570.18 | 394.11 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-POSTERIOR CAPSULOTOMY | 66821 | CPT | | | | outpatient | | | 1935 | 764.5 | First Trenton | First Trenton | 1741.5 | 90 | | | 394.11 | 1838.25 | percent of total billed charges | |
| HC LASER-POSTERIOR CAPSULOTOMY | 66821 | CPT | | | | outpatient | | | 1935 | 764.5 | United | Oxford | 1817 | | | | 394.11 | 1838.25 | case rate | |
| HC LASER-POSTERIOR CAPSULOTOMY | 66821 | CPT | | | | outpatient | | | 1935 | 764.5 | Three Rivers | Three Rivers | 1838.25 | 95 | | | 394.11 | 1838.25 | percent of total billed charges | |
| HC LASER-POSTERIOR CAPSULOTOMY | 66821 | CPT | | | | outpatient | | | 1935 | 764.5 | Amerihealth | HMO/PPO | 550 | | | | 394.11 | 1838.25 | fee schedule | |
| HC LASER-POSTERIOR CAPSULOTOMY | 66821 | CPT | | | | outpatient | | | 1935 | 764.5 | Horizon | PPO | 1286.35 | | | | 394.11 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-POSTERIOR CAPSULOTOMY | 66821 | CPT | | | | outpatient | | | 1935 | 764.5 | Horizon | MCD | 1286.35 | | | 1125.59 | 394.11 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-POSTERIOR CAPSULOTOMY | 66821 | CPT | | | | outpatient | | | 1935 | 764.5 | Wellcare | Medicare | 664.78 | | | | 394.11 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-POSTERIOR CAPSULOTOMY | 66821 | CPT | | | | outpatient | | | 1935 | 764.5 | First Health | First Health | 1354.5 | 70 | | | 394.11 | 1838.25 | percent of total billed charges | |
| HC LASER-POSTERIOR CAPSULOTOMY | 66821 | CPT | | | | outpatient | | | 1935 | 764.5 | Managed Care Inc | Managed Care Inc | 1741.5 | 90 | | | 394.11 | 1838.25 | percent of total billed charges | |
| HC LASER-POSTERIOR CAPSULOTOMY | 66821 | CPT | | | | outpatient | | | 1935 | 764.5 | UHC | Medicaid | 610.49 | 31.55 | | 577.81 | 394.11 | 1838.25 | percent of total billed charges | |
| HC LASER-POSTERIOR CAPSULOTOMY | 66821 | CPT | | | | outpatient | | | 1935 | 764.5 | UHC | Medicare | 664.78 | | | 538.12 | 394.11 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-POSTERIOR CAPSULOTOMY | 66821 | CPT | | | | outpatient | | | 1935 | 764.5 | Wellcare | Medicaid | 610.49 | 31.55 | | | 394.11 | 1838.25 | percent of total billed charges | |
| HC LASER-POSTERIOR CAPSULOTOMY | 66821 | CPT | | | | outpatient | | | 1935 | 764.5 | United | Commercial/PPO | 1817 | | | | 394.11 | 1838.25 | case rate | |
| HC LASER-POSTERIOR CAPSULOTOMY | 66821 | CPT | | | | outpatient | | | 1935 | 764.5 | WellPoint | WellPoint | 622.68 | 32.18 | | 576.86 | 394.11 | 1838.25 | percent of total billed charges | |
| HC XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP | 66984 | CPT | | | | outpatient | | | 6772.07 | 3064.95 | Horizon | Medicare Blue | 2665.17 | | | | 1338.93 | 6433.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP | 66984 | CPT | | | | outpatient | | | 6772.07 | 3064.95 | Americare | Americare | 5079.05 | 75 | | | 1338.93 | 6433.47 | percent of total billed charges | |
| HC XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP | 66984 | CPT | | | | outpatient | | | 6772.07 | 3064.95 | Consumer | Consumer | 6433.47 | 95 | | | 1338.93 | 6433.47 | percent of total billed charges | |
| HC XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP | 66984 | CPT | | | | outpatient | | | 6772.07 | 3064.95 | UHC | Medicare | 2665.17 | | | | 1338.93 | 6433.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP | 66984 | CPT | | | | outpatient | | | 6772.07 | 3064.95 | Horizon | Indemnity | 5157.1 | | | | 1338.93 | 6433.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP | 66984 | CPT | | | | outpatient | | | 6772.07 | 3064.95 | Aetna | Medicare | 2665.17 | | | | 1338.93 | 6433.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP | 66984 | CPT | | | | outpatient | | | 6772.07 | 3064.95 | Aetna | Better Health | 2136.59 | 31.55 | | | 1338.93 | 6433.47 | percent of total billed charges | |
| HC XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP | 66984 | CPT | | | | outpatient | | | 6772.07 | 3064.95 | Multiplan | Multiplan | 5417.66 | 80 | | | 1338.93 | 6433.47 | percent of total billed charges | |
| HC XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP | 66984 | CPT | | | | outpatient | | | 6772.07 | 3064.95 | Horizon | PPO | 5157.1 | | | | 1338.93 | 6433.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP | 66984 | CPT | | | | outpatient | | | 6772.07 | 3064.95 | Amerihealth | HMO/PPO | 1400 | | | | 1338.93 | 6433.47 | fee schedule | |
| HC XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP | 66984 | CPT | | | | outpatient | | | 6772.07 | 3064.95 | Corrections | Corrections | 5417.66 | 80 | | | 1338.93 | 6433.47 | percent of total billed charges | |
| HC XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP | 66984 | CPT | | | | outpatient | | | 6772.07 | 3064.95 | Qualcare | Qualcare | 5079.05 | 75 | | | 1338.93 | 6433.47 | percent of total billed charges | |
| HC XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP | 66984 | CPT | | | | outpatient | | | 6772.07 | 3064.95 | United | Commercial/PPO | 2776 | | | | 1338.93 | 6433.47 | case rate | |
| HC XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP | 66984 | CPT | | | | outpatient | | | 6772.07 | 3064.95 | First Trenton | First Trenton | 6094.86 | 90 | | | 1338.93 | 6433.47 | percent of total billed charges | |
| HC XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP | 66984 | CPT | | | | outpatient | | | 6772.07 | 3064.95 | First Health | First Health | 4740.45 | 70 | | | 1338.93 | 6433.47 | percent of total billed charges | |
| HC XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP | 66984 | CPT | | | | outpatient | | | 6772.07 | 3064.95 | Horizon | MCD | 5157.1 | | | | 1338.93 | 6433.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP | 66984 | CPT | | | | outpatient | | | 6772.07 | 3064.95 | WellPoint | WellPoint | 2179.25 | 32.18 | | | 1338.93 | 6433.47 | percent of total billed charges | |
| HC XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP | 66984 | CPT | | | | outpatient | | | 6772.07 | 3064.95 | Managed Care Inc | Managed Care Inc | 6094.86 | 90 | | | 1338.93 | 6433.47 | percent of total billed charges | |
| HC XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP | 66984 | CPT | | | | outpatient | | | 6772.07 | 3064.95 | Horizon | NJ Health | 1338.93 | | | | 1338.93 | 6433.47 | fee schedule | |
| HC XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP | 66984 | CPT | | | | outpatient | | | 6772.07 | 3064.95 | Three Rivers | Three Rivers | 6433.47 | 95 | | | 1338.93 | 6433.47 | percent of total billed charges | |
| HC XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP | 66984 | CPT | | | | outpatient | | | 6772.07 | 3064.95 | UHC | Medicaid | 2136.59 | 31.55 | | | 1338.93 | 6433.47 | percent of total billed charges | |
| HC XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP | 66984 | CPT | | | | outpatient | | | 6772.07 | 3064.95 | Wellcare | Medicaid | 2136.59 | 31.55 | | | 1338.93 | 6433.47 | percent of total billed charges | |
| HC XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP | 66984 | CPT | | | | outpatient | | | 6772.07 | 3064.95 | United | Oxford | 2776 | | | | 1338.93 | 6433.47 | case rate | |
| HC XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP | 66984 | CPT | | | | outpatient | | | 6772.07 | 3064.95 | Wellcare | Medicare | 2665.17 | | | | 1338.93 | 6433.47 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL | 67015 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Qualcare | Qualcare | 5895.03 | 75 | | | 300 | 7467.04 | percent of total billed charges | |
| HC ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL | 67015 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | Indemnity | 5157.1 | | | | 300 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL | 67015 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | First Health | First Health | 5502.03 | 70 | | | 300 | 7467.04 | percent of total billed charges | |
| HC ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL | 67015 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Aetna | Medicare | 2665.17 | | | | 300 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL | 67015 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Aetna | Better Health | 2479.84 | 31.55 | | | 300 | 7467.04 | percent of total billed charges | |
| HC ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL | 67015 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | UHC | Medicare | 2665.17 | | | | 300 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL | 67015 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Consumer | Consumer | 7467.04 | 95 | | | 300 | 7467.04 | percent of total billed charges | |
| HC ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL | 67015 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Americare | Americare | 5895.03 | 75 | | | 300 | 7467.04 | percent of total billed charges | |
| HC ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL | 67015 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | United | Commercial/PPO | 2776 | | | | 300 | 7467.04 | case rate | |
| HC ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL | 67015 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Wellcare | Medicaid | 2479.84 | 31.55 | | | 300 | 7467.04 | percent of total billed charges | |
| HC ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL | 67015 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Three Rivers | Three Rivers | 7467.04 | 95 | | | 300 | 7467.04 | percent of total billed charges | |
| HC ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL | 67015 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Amerihealth | HMO/PPO | 300 | | | | 300 | 7467.04 | fee schedule | |
| HC ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL | 67015 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Aetna | Commercial | 2986.82 | 38 | | | 300 | 7467.04 | percent of total billed charges | |
| HC ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL | 67015 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | Medicare Blue | 2665.17 | | | | 300 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL | 67015 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Corrections | Corrections | 6288.03 | 80 | | | 300 | 7467.04 | percent of total billed charges | |
| HC ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL | 67015 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Multiplan | Multiplan | 6288.03 | 80 | | | 300 | 7467.04 | percent of total billed charges | |
| HC ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL | 67015 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Wellcare | Medicare | 2665.17 | | | | 300 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL | 67015 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | First Trenton | First Trenton | 7074.04 | 90 | | | 300 | 7467.04 | percent of total billed charges | |
| HC ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL | 67015 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | MCD | 5157.1 | | | | 300 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL | 67015 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | NJ Health | 591.75 | | | | 300 | 7467.04 | fee schedule | |
| HC ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL | 67015 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | PPO | 5157.1 | | | | 300 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL | 67015 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Managed Care Inc | Managed Care Inc | 7074.04 | 90 | | | 300 | 7467.04 | percent of total billed charges | |
| HC ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL | 67015 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | UHC | Medicaid | 2479.84 | 31.55 | | | 300 | 7467.04 | percent of total billed charges | |
| HC ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL | 67015 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | United | Oxford | 2776 | | | | 300 | 7467.04 | case rate | |
| HC ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL | 67015 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | WellPoint | WellPoint | 2529.36 | 32.18 | | | 300 | 7467.04 | percent of total billed charges | |
| HC VIT FLUID-GAS EXCHANGE | 67025 | CPT | | | | outpatient | | | 7868 | 3064.95 | Aetna | Commercial | 2989.84 | 38 | | | 300 | 7474.6 | percent of total billed charges | |
| HC VIT FLUID-GAS EXCHANGE | 67025 | CPT | | | | outpatient | | | 7868 | 3064.95 | UHC | Medicare | 2665.17 | | | | 300 | 7474.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VIT FLUID-GAS EXCHANGE | 67025 | CPT | | | | outpatient | | | 7868 | 3064.95 | Consumer | Consumer | 7474.6 | 95 | | | 300 | 7474.6 | percent of total billed charges | |
| HC VIT FLUID-GAS EXCHANGE | 67025 | CPT | | | | outpatient | | | 7868 | 3064.95 | Americare | Americare | 5901 | 75 | | | 300 | 7474.6 | percent of total billed charges | |
| HC VIT FLUID-GAS EXCHANGE | 67025 | CPT | | | | outpatient | | | 7868 | 3064.95 | Horizon | Medicare Blue | 2665.17 | | | | 300 | 7474.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VIT FLUID-GAS EXCHANGE | 67025 | CPT | | | | outpatient | | | 7868 | 3064.95 | Horizon | Indemnity | 5157.1 | | | | 300 | 7474.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VIT FLUID-GAS EXCHANGE | 67025 | CPT | | | | outpatient | | | 7868 | 3064.95 | Aetna | Better Health | 2482.35 | 31.55 | | | 300 | 7474.6 | percent of total billed charges | |
| HC VIT FLUID-GAS EXCHANGE | 67025 | CPT | | | | outpatient | | | 7868 | 3064.95 | Aetna | Medicare | 2665.17 | | | | 300 | 7474.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VIT FLUID-GAS EXCHANGE | 67025 | CPT | | | | outpatient | | | 7868 | 3064.95 | United | Commercial/PPO | 2776 | | | | 300 | 7474.6 | case rate | |
| HC VIT FLUID-GAS EXCHANGE | 67025 | CPT | | | | outpatient | | | 7868 | 3064.95 | Multiplan | Multiplan | 6294.4 | 80 | | | 300 | 7474.6 | percent of total billed charges | |
| HC VIT FLUID-GAS EXCHANGE | 67025 | CPT | | | | outpatient | | | 7868 | 3064.95 | Corrections | Corrections | 6294.4 | 80 | | | 300 | 7474.6 | percent of total billed charges | |
| HC VIT FLUID-GAS EXCHANGE | 67025 | CPT | | | | outpatient | | | 7868 | 3064.95 | Amerihealth | HMO/PPO | 300 | | | | 300 | 7474.6 | fee schedule | |
| HC VIT FLUID-GAS EXCHANGE | 67025 | CPT | | | | outpatient | | | 7868 | 3064.95 | First Health | First Health | 5507.6 | 70 | | | 300 | 7474.6 | percent of total billed charges | |
| HC VIT FLUID-GAS EXCHANGE | 67025 | CPT | | | | outpatient | | | 7868 | 3064.95 | Qualcare | Qualcare | 5901 | 75 | | | 300 | 7474.6 | percent of total billed charges | |
| HC VIT FLUID-GAS EXCHANGE | 67025 | CPT | | | | outpatient | | | 7868 | 3064.95 | Horizon | NJ Health | 743.85 | | | | 300 | 7474.6 | fee schedule | |
| HC VIT FLUID-GAS EXCHANGE | 67025 | CPT | | | | outpatient | | | 7868 | 3064.95 | First Trenton | First Trenton | 7081.2 | 90 | | | 300 | 7474.6 | percent of total billed charges | |
| HC VIT FLUID-GAS EXCHANGE | 67025 | CPT | | | | outpatient | | | 7868 | 3064.95 | Three Rivers | Three Rivers | 7474.6 | 95 | | | 300 | 7474.6 | percent of total billed charges | |
| HC VIT FLUID-GAS EXCHANGE | 67025 | CPT | | | | outpatient | | | 7868 | 3064.95 | Horizon | MCD | 5157.1 | | | | 300 | 7474.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VIT FLUID-GAS EXCHANGE | 67025 | CPT | | | | outpatient | | | 7868 | 3064.95 | Horizon | PPO | 5157.1 | | | | 300 | 7474.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VIT FLUID-GAS EXCHANGE | 67025 | CPT | | | | outpatient | | | 7868 | 3064.95 | Managed Care Inc | Managed Care Inc | 7081.2 | 90 | | | 300 | 7474.6 | percent of total billed charges | |
| HC VIT FLUID-GAS EXCHANGE | 67025 | CPT | | | | outpatient | | | 7868 | 3064.95 | Wellcare | Medicaid | 2482.35 | 31.55 | | | 300 | 7474.6 | percent of total billed charges | |
| HC VIT FLUID-GAS EXCHANGE | 67025 | CPT | | | | outpatient | | | 7868 | 3064.95 | UHC | Medicaid | 2482.35 | 31.55 | | | 300 | 7474.6 | percent of total billed charges | |
| HC VIT FLUID-GAS EXCHANGE | 67025 | CPT | | | | outpatient | | | 7868 | 3064.95 | Wellcare | Medicare | 2665.17 | | | | 300 | 7474.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VIT FLUID-GAS EXCHANGE | 67025 | CPT | | | | outpatient | | | 7868 | 3064.95 | United | Oxford | 2776 | | | | 300 | 7474.6 | case rate | |
| HC VIT FLUID-GAS EXCHANGE | 67025 | CPT | | | | outpatient | | | 7868 | 3064.95 | WellPoint | WellPoint | 2531.92 | 32.18 | | | 300 | 7474.6 | percent of total billed charges | |
| HC VITREOUS INJ OF PHARM AGENT | 67028 | CPT | | | | outpatient | | | 1219 | 445.43 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC VITREOUS INJ OF PHARM AGENT | 67028 | CPT | | | | outpatient | | | 1219 | 445.43 | Aetna | Better Health | 384.59 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC VITREOUS INJ OF PHARM AGENT | 67028 | CPT | | | | outpatient | | | 1219 | 445.43 | Aetna | Medicare | 387.33 | | | 295.36 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VITREOUS INJ OF PHARM AGENT | 67028 | CPT | | | | outpatient | | | 1219 | 445.43 | Horizon | Indemnity | 749.48 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VITREOUS INJ OF PHARM AGENT | 67028 | CPT | | | | outpatient | | | 1219 | 445.43 | First Trenton | First Trenton | 1097.1 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC VITREOUS INJ OF PHARM AGENT | 67028 | CPT | | | | outpatient | | | 1219 | 445.43 | Americare | Americare | 914.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC VITREOUS INJ OF PHARM AGENT | 67028 | CPT | | | | outpatient | | | 1219 | 445.43 | Aetna | Commercial | 463.22 | 38 | | 479.57 | 125 | 1782 | percent of total billed charges | |
| HC VITREOUS INJ OF PHARM AGENT | 67028 | CPT | | | | outpatient | | | 1219 | 445.43 | First Health | First Health | 853.3 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC VITREOUS INJ OF PHARM AGENT | 67028 | CPT | | | | outpatient | | | 1219 | 445.43 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC VITREOUS INJ OF PHARM AGENT | 67028 | CPT | | | | outpatient | | | 1219 | 445.43 | Consumer | Consumer | 1158.05 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC VITREOUS INJ OF PHARM AGENT | 67028 | CPT | | | | outpatient | | | 1219 | 445.43 | Corrections | Corrections | 975.2 | 80 | | 377.88 | 125 | 1782 | percent of total billed charges | |
| HC VITREOUS INJ OF PHARM AGENT | 67028 | CPT | | | | outpatient | | | 1219 | 445.43 | Horizon | Medicare Blue | 387.33 | | | 279.1 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VITREOUS INJ OF PHARM AGENT | 67028 | CPT | | | | outpatient | | | 1219 | 445.43 | Managed Care Inc | Managed Care Inc | 1097.1 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC VITREOUS INJ OF PHARM AGENT | 67028 | CPT | | | | outpatient | | | 1219 | 445.43 | Three Rivers | Three Rivers | 1158.05 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC VITREOUS INJ OF PHARM AGENT | 67028 | CPT | | | | outpatient | | | 1219 | 445.43 | UHC | Medicaid | 394.59 | 31.55 | | 362.24 | 125 | 1782 | percent of total billed charges | |
| HC VITREOUS INJ OF PHARM AGENT | 67028 | CPT | | | | outpatient | | | 1219 | 445.43 | Multiplan | Multiplan | 975.2 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC VITREOUS INJ OF PHARM AGENT | 67028 | CPT | | | | outpatient | | | 1219 | 445.43 | Wellcare | Medicare | 387.33 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VITREOUS INJ OF PHARM AGENT | 67028 | CPT | | | | outpatient | | | 1219 | 445.43 | Horizon | MCD | 749.48 | | | 576.42 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VITREOUS INJ OF PHARM AGENT | 67028 | CPT | | | | outpatient | | | 1219 | 445.43 | WellPoint | WellPoint | 392.27 | 32.18 | | 297.76 | 125 | 1782 | percent of total billed charges | |
| HC VITREOUS INJ OF PHARM AGENT | 67028 | CPT | | | | outpatient | | | 1219 | 445.43 | Qualcare | Qualcare | 914.25 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC VITREOUS INJ OF PHARM AGENT | 67028 | CPT | | | | outpatient | | | 1219 | 445.43 | Horizon | NJ Health | 208.8 | | | 118.92 | 125 | 1782 | fee schedule | |
| HC VITREOUS INJ OF PHARM AGENT | 67028 | CPT | | | | outpatient | | | 1219 | 445.43 | Horizon | PPO | 749.48 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VITREOUS INJ OF PHARM AGENT | 67028 | CPT | | | | outpatient | | | 1219 | 445.43 | UHC | Medicare | 387.33 | | | 254.6 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VITREOUS INJ OF PHARM AGENT | 67028 | CPT | | | | outpatient | | | 1219 | 445.43 | United | Commercial/PPO | 1782 | | | | 125 | 1782 | case rate | |
| HC VITREOUS INJ OF PHARM AGENT | 67028 | CPT | | | | outpatient | | | 1219 | 445.43 | Wellcare | Medicaid | 384.59 | 31.55 | | 363.12 | 125 | 1782 | percent of total billed charges | |
| HC VITREC MECH PANRET PHOTOCOAG | 67040 | CPT | | | | outpatient | | | 14557 | 5347.5 | Aetna | Better Health | 4592.73 | 31.55 | | | 1348.33 | 13829.15 | percent of total billed charges | |
| HC VITREC MECH PANRET PHOTOCOAG | 67040 | CPT | | | | outpatient | | | 14557 | 5347.5 | Americare | Americare | 10917.75 | 75 | | | 1348.33 | 13829.15 | percent of total billed charges | |
| HC VITREC MECH PANRET PHOTOCOAG | 67040 | CPT | | | | outpatient | | | 14557 | 5347.5 | Aetna | Commercial | 5531.66 | 38 | | | 1348.33 | 13829.15 | percent of total billed charges | |
| HC VITREC MECH PANRET PHOTOCOAG | 67040 | CPT | | | | outpatient | | | 14557 | 5347.5 | Aetna | Medicare | 4650 | | | | 1348.33 | 13829.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VITREC MECH PANRET PHOTOCOAG | 67040 | CPT | | | | outpatient | | | 14557 | 5347.5 | Corrections | Corrections | 11645.6 | 80 | | | 1348.33 | 13829.15 | percent of total billed charges | |
| HC VITREC MECH PANRET PHOTOCOAG | 67040 | CPT | | | | outpatient | | | 14557 | 5347.5 | UHC | Medicare | 4650 | | | | 1348.33 | 13829.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VITREC MECH PANRET PHOTOCOAG | 67040 | CPT | | | | outpatient | | | 14557 | 5347.5 | First Health | First Health | 10189.9 | 70 | | | 1348.33 | 13829.15 | percent of total billed charges | |
| HC VITREC MECH PANRET PHOTOCOAG | 67040 | CPT | | | | outpatient | | | 14557 | 5347.5 | Amerihealth | HMO/PPO | 1800 | | | | 1348.33 | 13829.15 | fee schedule | |
| HC VITREC MECH PANRET PHOTOCOAG | 67040 | CPT | | | | outpatient | | | 14557 | 5347.5 | Consumer | Consumer | 13829.15 | 95 | | | 1348.33 | 13829.15 | percent of total billed charges | |
| HC VITREC MECH PANRET PHOTOCOAG | 67040 | CPT | | | | outpatient | | | 14557 | 5347.5 | Multiplan | Multiplan | 11645.6 | 80 | | | 1348.33 | 13829.15 | percent of total billed charges | |
| HC VITREC MECH PANRET PHOTOCOAG | 67040 | CPT | | | | outpatient | | | 14557 | 5347.5 | Horizon | Indemnity | 8997.75 | | | | 1348.33 | 13829.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VITREC MECH PANRET PHOTOCOAG | 67040 | CPT | | | | outpatient | | | 14557 | 5347.5 | First Trenton | First Trenton | 13101.3 | 90 | | | 1348.33 | 13829.15 | percent of total billed charges | |
| HC VITREC MECH PANRET PHOTOCOAG | 67040 | CPT | | | | outpatient | | | 14557 | 5347.5 | Wellcare | Medicare | 4650 | | | | 1348.33 | 13829.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VITREC MECH PANRET PHOTOCOAG | 67040 | CPT | | | | outpatient | | | 14557 | 5347.5 | Qualcare | Qualcare | 10917.75 | 75 | | | 1348.33 | 13829.15 | percent of total billed charges | |
| HC VITREC MECH PANRET PHOTOCOAG | 67040 | CPT | | | | outpatient | | | 14557 | 5347.5 | Horizon | Medicare Blue | 4650 | | | | 1348.33 | 13829.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VITREC MECH PANRET PHOTOCOAG | 67040 | CPT | | | | outpatient | | | 14557 | 5347.5 | Horizon | MCD | 8997.75 | | | | 1348.33 | 13829.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VITREC MECH PANRET PHOTOCOAG | 67040 | CPT | | | | outpatient | | | 14557 | 5347.5 | Horizon | NJ Health | 1348.33 | | | | 1348.33 | 13829.15 | fee schedule | |
| HC VITREC MECH PANRET PHOTOCOAG | 67040 | CPT | | | | outpatient | | | 14557 | 5347.5 | Managed

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE | 67041 | CPT | | | | outpatient | | | 13713.61 | 5347.5 | Amerihealth | HMO/PPO | 1800 | | | | 1800 | | 13027.93 fee schedule | |
| HC VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE | 67041 | CPT | | | | outpatient | | | 13713.61 | 5347.5 | First Health | First Health | 9599.53 | 70 | | | 1800 | | 13027.93 percent of total billed charges | |
| HC VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE | 67041 | CPT | | | | outpatient | | | 13713.61 | 5347.5 | Aetna | Commercial | 5211.17 | 38 | | | 1800 | | 13027.93 percent of total billed charges | |
| HC VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE | 67041 | CPT | | | | outpatient | | | 13713.61 | 5347.5 | Aetna | Medicare | 4650 | | | | 1800 | | 13027.93 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE | 67041 | CPT | | | | outpatient | | | 13713.61 | 5347.5 | First Trenton | First Trenton | 12342.25 | 90 | | | 1800 | | 13027.93 percent of total billed charges | |
| HC VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE | 67041 | CPT | | | | outpatient | | | 13713.61 | 5347.5 | UHC | Medicaid | 4326.64 | 31.55 | | | 1800 | | 13027.93 percent of total billed charges | |
| HC VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE | 67041 | CPT | | | | outpatient | | | 13713.61 | 5347.5 | Americare | Americare | 10285.21 | 75 | | | 1800 | | 13027.93 percent of total billed charges | |
| HC VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE | 67041 | CPT | | | | outpatient | | | 13713.61 | 5347.5 | Aetna | Better Health | 4326.64 | 31.55 | | | 1800 | | 13027.93 percent of total billed charges | |
| HC VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE | 67041 | CPT | | | | outpatient | | | 13713.61 | 5347.5 | Horizon | Indemnity | 8997.75 | | | | 1800 | | 13027.93 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE | 67041 | CPT | | | | outpatient | | | 13713.61 | 5347.5 | Multiplan | Multiplan | 10970.89 | 80 | | | 1800 | | 13027.93 percent of total billed charges | |
| HC VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE | 67041 | CPT | | | | outpatient | | | 13713.61 | 5347.5 | Horizon | Medicare Blue | 4650 | | | | 1800 | | 13027.93 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE | 67041 | CPT | | | | outpatient | | | 13713.61 | 5347.5 | Corrections | Corrections | 10970.89 | 80 | | | 1800 | | 13027.93 percent of total billed charges | |
| HC VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE | 67041 | CPT | | | | outpatient | | | 13713.61 | 5347.5 | Horizon | PPO | 8997.75 | | | | 1800 | | 13027.93 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE | 67041 | CPT | | | | outpatient | | | 13713.61 | 5347.5 | UHC | Medicare | 4650 | | | | 1800 | | 13027.93 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE | 67041 | CPT | | | | outpatient | | | 13713.61 | 5347.5 | United | Oxford | 6362 | | | | 1800 | | 13027.93 case rate | |
| HC VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE | 67041 | CPT | | | | outpatient | | | 13713.61 | 5347.5 | Consumer | Consumer | 13027.93 | 95 | | | 1800 | | 13027.93 percent of total billed charges | |
| HC VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE | 67041 | CPT | | | | outpatient | | | 13713.61 | 5347.5 | Managed Care Inc | Managed Care Inc | 12342.25 | 90 | | | 1800 | | 13027.93 percent of total billed charges | |
| HC VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE | 67041 | CPT | | | | outpatient | | | 13713.61 | 5347.5 | Qualcare | Qualcare | 10285.21 | 75 | | | 1800 | | 13027.93 percent of total billed charges | |
| HC VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE | 67041 | CPT | | | | outpatient | | | 13713.61 | 5347.5 | Wellcare | Medicaid | 4326.64 | 31.55 | | | 1800 | | 13027.93 percent of total billed charges | |
| HC VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE | 67041 | CPT | | | | outpatient | | | 13713.61 | 5347.5 | Horizon | MGD | 8997.75 | | | | 1800 | | 13027.93 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE | 67041 | CPT | | | | outpatient | | | 13713.61 | 5347.5 | Wellcare | Medicare | 4650 | | | | 1800 | | 13027.93 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE | 67041 | CPT | | | | outpatient | | | 13713.61 | 5347.5 | United | CommercialPPO | 6362 | | | | 1800 | | 13027.93 case rate | |
| HC VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE | 67041 | CPT | | | | outpatient | | | 13713.61 | 5347.5 | WellPoint | WellPoint | 4413.04 | 32.18 | | | 1800 | | 13027.93 percent of total billed charges | |
| HC VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE | 67041 | CPT | | | | outpatient | | | 13713.61 | 5347.5 | Three Rivers | Three Rivers | 13027.93 | 95 | | | 1800 | | 13027.93 percent of total billed charges | |
| HC CRYOPEXY RETINAL DETACH | 67101 | CPT | | | | outpatient | | | 8055 | 3064.95 | Consumer | Consumer | 7652.25 | 95 | | | 300 | | 7652.25 percent of total billed charges | |
| HC CRYOPEXY RETINAL DETACH | 67101 | CPT | | | | outpatient | | | 8055 | 3064.95 | Americare | Americare | 6041.25 | 75 | | | 300 | | 7652.25 percent of total billed charges | |
| HC CRYOPEXY RETINAL DETACH | 67101 | CPT | | | | outpatient | | | 8055 | 3064.95 | Qualcare | Qualcare | 6041.25 | 75 | | | 300 | | 7652.25 percent of total billed charges | |
| HC CRYOPEXY RETINAL DETACH | 67101 | CPT | | | | outpatient | | | 8055 | 3064.95 | Aetna | Better Health | 2541.35 | 31.55 | | | 300 | | 7652.25 percent of total billed charges | |
| HC CRYOPEXY RETINAL DETACH | 67101 | CPT | | | | outpatient | | | 8055 | 3064.95 | First Health | First Health | 5638.5 | 70 | | | 300 | | 7652.25 percent of total billed charges | |
| HC CRYOPEXY RETINAL DETACH | 67101 | CPT | | | | outpatient | | | 8055 | 3064.95 | First Trenton | First Trenton | 7249.5 | 90 | | | 300 | | 7652.25 percent of total billed charges | |
| HC CRYOPEXY RETINAL DETACH | 67101 | CPT | | | | outpatient | | | 8055 | 3064.95 | UHC | Medicare | 2665.17 | | | | 300 | | 7652.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CRYOPEXY RETINAL DETACH | 67101 | CPT | | | | outpatient | | | 8055 | 3064.95 | Aetna | Medicare | 2665.17 | | | | 300 | | 7652.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CRYOPEXY RETINAL DETACH | 67101 | CPT | | | | outpatient | | | 8055 | 3064.95 | Corrections | Corrections | 6444 | 80 | | | 300 | | 7652.25 percent of total billed charges | |
| HC CRYOPEXY RETINAL DETACH | 67101 | CPT | | | | outpatient | | | 8055 | 3064.95 | Amerihealth | HMO/PPO | 300 | | | | 300 | | 7652.25 fee schedule | |
| HC CRYOPEXY RETINAL DETACH | 67101 | CPT | | | | outpatient | | | 8055 | 3064.95 | UHC | Medicaid | 2541.35 | 31.55 | | | 300 | | 7652.25 percent of total billed charges | |
| HC CRYOPEXY RETINAL DETACH | 67101 | CPT | | | | outpatient | | | 8055 | 3064.95 | Aetna | Commercial | 3060.9 | 38 | | | 300 | | 7652.25 percent of total billed charges | |
| HC CRYOPEXY RETINAL DETACH | 67101 | CPT | | | | outpatient | | | 8055 | 3064.95 | Managed Care Inc | Managed Care Inc | 7249.5 | 90 | | | 300 | | 7652.25 percent of total billed charges | |
| HC CRYOPEXY RETINAL DETACH | 67101 | CPT | | | | outpatient | | | 8055 | 3064.95 | United | CommercialPPO | 2776 | | | | 300 | | 7652.25 case rate | |
| HC CRYOPEXY RETINAL DETACH | 67101 | CPT | | | | outpatient | | | 8055 | 3064.95 | Wellcare | Medicare | 2665.17 | | | | 300 | | 7652.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CRYOPEXY RETINAL DETACH | 67101 | CPT | | | | outpatient | | | 8055 | 3064.95 | Multiplan | Multiplan | 6444 | 80 | | | 300 | | 7652.25 percent of total billed charges | |
| HC CRYOPEXY RETINAL DETACH | 67101 | CPT | | | | outpatient | | | 8055 | 3064.95 | Horizon | Indemnity | 5157.1 | | | | 300 | | 7652.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CRYOPEXY RETINAL DETACH | 67101 | CPT | | | | outpatient | | | 8055 | 3064.95 | Three Rivers | Three Rivers | 7652.25 | 95 | | | 300 | | 7652.25 percent of total billed charges | |
| HC CRYOPEXY RETINAL DETACH | 67101 | CPT | | | | outpatient | | | 8055 | 3064.95 | Horizon | Medicare Blue | 2665.17 | | | | 300 | | 7652.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CRYOPEXY RETINAL DETACH | 67101 | CPT | | | | outpatient | | | 8055 | 3064.95 | Wellcare | Medicaid | 2541.35 | 31.55 | | | 300 | | 7652.25 percent of total billed charges | |
| HC CRYOPEXY RETINAL DETACH | 67101 | CPT | | | | outpatient | | | 8055 | 3064.95 | Horizon | MGD | 5157.1 | | | 4830.34 | 300 | | 7652.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CRYOPEXY RETINAL DETACH | 67101 | CPT | | | | outpatient | | | 8055 | 3064.95 | Horizon | NJ Health | 944.82 | | | | 300 | | 7652.25 fee schedule | |
| HC CRYOPEXY RETINAL DETACH | 67101 | CPT | | | | outpatient | | | 8055 | 3064.95 | Horizon | PPO | 5157.1 | | | | 300 | | 7652.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CRYOPEXY RETINAL DETACH | 67101 | CPT | | | | outpatient | | | 8055 | 3064.95 | United | Oxford | 2776 | | | | 300 | | 7652.25 case rate | |
| HC CRYOPEXY RETINAL DETACH | 67101 | CPT | | | | outpatient | | | 8055 | 3064.95 | WellPoint | WellPoint | 2592.1 | 32.18 | | | 300 | | 7652.25 percent of total billed charges | |
| HC LASER-RETINAL DETACHMENT | 67105 | CPT | | | | outpatient | | | 1935 | 764.5 | Aetna | Better Health | 610.49 | 31.55 | | | 300 | | 1838.25 percent of total billed charges | |
| HC LASER-RETINAL DETACHMENT | 67105 | CPT | | | | outpatient | | | 1935 | 764.5 | Corrections | Corrections | 1548 | 80 | | | 300 | | 1838.25 percent of total billed charges | |
| HC LASER-RETINAL DETACHMENT | 67105 | CPT | | | | outpatient | | | 1935 | 764.5 | Horizon | Indemnity | 1286.35 | | | | 300 | | 1838.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-RETINAL DETACHMENT | 67105 | CPT | | | | outpatient | | | 1935 | 764.5 | First Health | First Health | 1354.5 | 70 | | | 300 | | 1838.25 percent of total billed charges | |
| HC LASER-RETINAL DETACHMENT | 67105 | CPT | | | | outpatient | | | 1935 | 764.5 | Americare | Americare | 1451.25 | 75 | | | 300 | | 1838.25 percent of total billed charges | |
| HC LASER-RETINAL DETACHMENT | 67105 | CPT | | | | outpatient | | | 1935 | 764.5 | Aetna | Commercial | 735.3 | 38 | | | 300 | | 1838.25 percent of total billed charges | |
| HC LASER-RETINAL DETACHMENT | 67105 | CPT | | | | outpatient | | | 1935 | 764.5 | Horizon | Medicare Blue | 664.78 | | | | 300 | | 1838.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-RETINAL DETACHMENT | 67105 | CPT | | | | outpatient | | | 1935 | 764.5 | Amerihealth | HMO/PPO | 300 | | | | 300 | | 1838.25 fee schedule | |
| HC LASER-RETINAL DETACHMENT | 67105 | CPT | | | | outpatient | | | 1935 | 764.5 | Aetna | Medicare | 664.78 | | | | 300 | | 1838.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-RETINAL DETACHMENT | 67105 | CPT | | | | outpatient | | | 1935 | 764.5 | Horizon | NJ Health | 944.82 | | | | 300 | | 1838.25 fee schedule | |
| HC LASER-RETINAL DETACHMENT | 67105 | CPT | | | | outpatient | | | 1935 | 764.5 | Horizon | PPO | 1286.35 | | | | 300 | | 1838.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-RETINAL DETACHMENT | 67105 | CPT | | | | outpatient | | | 1935 | 764.5 | First Trenton | First Trenton | 1741.5 | 90 | | | 300 | | 1838.25 percent of total billed charges | |
| HC LASER-RETINAL DETACHMENT | 67105 | CPT | | | | outpatient | | | 1935 | 764.5 | Consumer | Consumer | 1838.25 | 95 | | | 300 | | 1838.25 percent of total billed charges | |
| HC LASER-RETINAL DETACHMENT | 67105 | CPT | | | | outpatient | | | 1935 | 764.5 | Multiplan | Multiplan | 1548 | 80 | | | 300 | | 1838.25 percent of total billed charges | |
| HC LASER-RETINAL DETACHMENT | 67105 | CPT | | | | outpatient | | | 1935 | 764.5 | UHC | Medicare | 664.78 | | | | 300 | | 1838.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-RETINAL DETACHMENT | 67105 | CPT | | | | outpatient | | | 1935 | 764.5 | Horizon | MGD | 1286.35 | | | | 300 | | 1838.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-RETINAL DETACHMENT | 67105 | CPT | | | | outpatient | | | 1935 | 764.5 | Wellcare | Medicaid | 610.49 | 31.55 | | | 300 | | 1838.25 percent of total billed charges | |
| HC LASER-RETINAL DETACHMENT | 67105 | CPT | | | | outpatient | | | 1935 | 764.5 | Qualcare | Qualcare | 1451.25 | 75 | | | 300 | | 1838.25 percent of total billed charges | |
| HC LASER-RETINAL DETACHMENT | 67105 | CPT | | | | outpatient | | | 1935 | 764.5 | United | CommercialPPO | 1817 | | | | 300 | | 1838.25 case rate | |
| HC LASER-RETINAL DETACHMENT | 67105 | CPT | | | | outpatient | | | 1935 | 764.5 | Managed Care Inc | Managed Care Inc | 1741.5 | 90 | | | 300 | | 1838.25 percent of total billed charges | |
| HC LASER-RETINAL DETACHMENT | 67105 | CPT | | | | outpatient | | | 1935 | 764.5 | United | Oxford | 1817 | | | | 300 | | 1838.25 case rate | |
| HC LASER-RETINAL DETACHMENT | 67105 | CPT | | | | outpatient | | | 1935 | 764.5 | UHC | Medicaid | 610.49 | 31.55 | | | 300 | | 1838.25 percent of total billed charges | |
| HC LASER-RETINAL DETACHMENT | 67105 | CPT | | | | outpatient | | | 1935 | 764.5 | Wellcare | Medicare | 664.78 | | | | 300 | | 1838.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-RETINAL DETACHMENT | 67105 | CPT | | | | outpatient | | | 1935 | 764.5 | Three Rivers | Three Rivers | 1838.25 | 95 | | | 300 | | 1838.25 percent of total billed charges | |
| HC LASER-RETINAL DETACHMENT | 67105 | CPT | | | | outpatient | | | 1935 | 764.5 | WellPoint | WellPoint | 622.68 | 32.18 | | | 300 | | 1838.25 percent of total billed charges | |
| HC PNEUMATIC RETINOPEXY | 67110 | CPT | | | | outpatient | | | 7868 | 3064.95 | Aetna | Better Health | 2482.35 | 31.55 | | | 125 | | 7474.6 percent of total billed charges | |
| HC PNEUMATIC RETINOPEXY | 67110 | CPT | | | | outpatient | | | 7868 | 3064.95 | Horizon | MGD | 5157.1 | | | | 125 | | 7474.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PNEUMATIC RETINOPEXY | 67110 | CPT | | | | outpatient | | | 7868 | 3064.95 | Corrections | Corrections | 6294.4 | 80 | | | 125 | | 7474.6 percent of total billed charges | |
| HC PNEUMATIC RETINOPEXY | 67110 | CPT | | | | outpatient | | | 7868 | 3064.95 | Aetna | Commercial | 2989.84 | 38 | | | 125 | | 7474.6 percent of total billed charges | |
| HC PNEUMATIC RETINOPEXY | 67110 | CPT | | | | outpatient | | | 7868 | 3064.95 | Amerihealth | HMO/PPO | 125 | | | | 125 | | 7474.6 fee schedule | |
| HC PNEUMATIC RETINOPEXY | 67110 | CPT | | | | outpatient | | | 7868 | 3064.95 | UHC | Medicaid | 2482.35 | 31.55 | | | 125 | | 7474.6 percent of total billed charges | |
| HC PNEUMATIC RETINOPEXY | 67110 | CPT | | | | outpatient | | | 7868 | 3064.95 | First Trenton | First Trenton | 7081.2 | 90 | | | 125 | | 7474.6 percent of total billed charges | |
| HC PNEUMATIC RETINOPEXY | 67110 | CPT | | | | outpatient | | | 7868 | 3064.95 | Aetna | Medicare | 2665.17 | | | | 125 | | 7474.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PNEUMATIC RETINOPEXY | 67110 | CPT | | | | outpatient | | | 7868 | 3064.95 | Americare | Americare | 5901 | 75 | | | 125 | | 7474.6 percent of total billed charges | |
| HC PNEUMATIC RETINOPEXY | 67110 | CPT | | | | outpatient | | | 7868 | 3064.95 | Multiplan | Multiplan | 6294.4 | 80 | | | 125 | | 7474.6 percent of total billed charges | |
| HC PNEUMATIC RETINOPEXY | 67110 | CPT | | | | outpatient | | | 7868 | 3064.95 | Horizon | PPO | 5157.1 | | | | 125 | | 7474.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PNEUMATIC RETINOPEXY | 67110 | CPT | | | | outpatient | | | 7868 | 3064.95 | Consumer | Consumer | 7474.6 | 95 | | | 125 | | 7474.6 percent of total billed charges | |
| HC PNEUMATIC RETINOPEXY | 67110 | CPT | | | | outpatient | | | 7868 | 3064.95 | Horizon | Indemnity | 5157.1 | | | | 125 | | 7474.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PNEUMATIC RETINOPEXY | 67110 | CPT | | | | outpatient | | | 7868 | 3064.95 | Qualcare | Qualcare | 5901 | 75 | | | 125 | | 7474.6 percent of total billed charges | |
| HC PNEUMATIC RETINOPEXY | 67110 | CPT | | | | outpatient | | | 7868 | 3064.95 | Horizon | NJ Health | 795.84 | | | | 125 | | 7474.6 fee schedule | |
| HC PNEUMATIC RETINOPEXY | 67110 | CPT | | | | outpatient | | | 7868 | 3064.95 | First Health | First Health | 5507.6 | 70 | | | 125 | | 7474.6 percent of total billed charges | |
| HC PNEUMATIC RETINOPEXY | 67110 | CPT | | | | outpatient | | | 7868 | 3064.95 | United | Oxford | 2776 | | | | 125 | | 7474.6 case rate | |
| HC PNEUMATIC RETINOPEXY | 67110 | CPT | | | | outpatient | | | 7868 | 3064.95 | United | CommercialPPO | 2776 | | | | 125 | | 7474.6 case rate | |
| HC PNEUMATIC RETINOPEXY | 67110 | CPT | | | | outpatient | | | 7868 | 3064.95 | Horizon | Medicare Blue | 2665.17 | | | | 125 | | 7474.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PNEUMATIC RETINOPEXY | 67110 | CPT | | | | outpatient | | | 7868 | 3064.95 | Managed Care Inc | Managed Care Inc | 7081.2 | 90 | | | 125 | | 7474.6 percent of total billed charges | |
| HC PNEUMATIC RETINOPEXY | 67110 | CPT | | | | outpatient | | | 7868 | 3064.95 | Wellcare | Medicare | 2665.17 | | | | 125 | | 7474.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PNEUMATIC RETINOPEXY | 67110 | CPT | | | | outpatient | | | 7868 | 3064.95 | WellPoint | WellPoint | 2531.92 | 32.18 | | | 125 | | 7474.6 percent of total billed charges | |
| HC PNEUMATIC RETINOPEXY | 67110 | CPT | | | | outpatient | | | 7868 | 3064.95 | UHC | Medicare | 2665.17 | | | | 125 | | 7474.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PNEUMATIC RETINOPEXY | 67110 | CPT | | | | outpatient | | | 7868 | 3064.95 | Three Rivers | Three Rivers | 7474.6 | 95 | | | 125 | | 7474.6 percent of total billed charges | |
| HC PNEUMATIC RETINOPEXY | 67110 | CPT | | | | outpatient | | | 7868 | 3064.95 | Wellcare | Medicaid | 2482.35 | 31.55 | | | 125 | | 7474.6 percent of total billed charges | |
| HC RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR | 67120 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | First Trenton | First Trenton | 7074.04 | 90 | | | 550 | | 7467.04 percent of total billed charges | |
| HC RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR | 67120 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Consumer | Consumer | 7467.04 | 95 | | | 550 | | 7467.04 percent of total billed charges | |
| HC RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR | 67120 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Aetna | Better Health | 2479.84 | 31.55 | | | 550 | | 7467.04 percent of total billed charges | |
| HC RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR | 67120 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Multiplan | Multiplan | 6288.03 | 80 | | | 550 | | 7467.04 percent of total billed charges | |
| HC RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR | 67120 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Americare | Americare | 5895.03 | 75 | | | 550 | | 7467.04 percent of total billed charges | |
| HC RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR | 67120 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | First Health | First Health | 5502.03 | 70 | | | 550 | | 7467.04 percent of total billed charges | |
| HC RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR | 67120 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Aetna | Medicare | 2665.17 | | | | 550 | | 7467.04 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR | 67120 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | UHC | Medicare | 2665.17 | | | | 550 | | 7467.04 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR | 67120 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Managed Care Inc | Managed Care Inc | 7074.04 | 90 | | | 550 | | 7467.04 percent of total billed charges | |
| HC RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR | 67120 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Corrections | Corrections | 6288.03 | 80 | | | 550 | | 7467.04 percent of total billed charges | |
| HC RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR | 67120 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Aetna | Commercial | 2986.82 | 38 | | | 550 | | 7467.04 percent of total billed charges | |
| HC RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR | 67120 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Qualcare | Qualcare | 5895.03 | 75 | | | 550 | | 7467.04 percent of total billed charges | |
| HC RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR | 67120 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Amerihealth | HMO/PPO | 550 | | | | 550 | | 7467.04 fee schedule | |
| HC RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR | 67120 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Three Rivers | Three Rivers | 7467.04 | 95 | | | 550 | | 7467.04 percent of total billed charges | |
| HC RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR | 67120 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | MGD | 5157.1 | | | | 550 | | 7467.04 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR | 67120 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Wellcare | Medicare | 2665.17 | | | | 550 | | 7467.04 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR | 67120 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | United | CommercialPPO | 2776 | | | | 550 | | 7467.04 case rate | |
| HC RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR | 67120 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | Indemnity | 5157.1 | | | | 550 | | 7467.04 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR | 67120 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | UHC | Medicaid | 2479.84 | 31.55 | | | 550 | | 7467.04 percent of total billed charges | |
| HC RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR | 67120 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Wellcare | Medicaid | 2479.84 | 31.55 | | | 550 | | 7467.04 percent of total billed charges | |
| HC RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR | 67120 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | Medicare Blue | 2665.17 | | | | 550 | | 7467.04 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR | 67120 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | NJ Health | 654.59 | | | | 550 | | 7467.04 fee schedule | |
| HC RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR | 67120 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | PPO | 5157.1 | | | | 550 | | 7467.04 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR | 67120 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | United | Oxford | 2776 | | | | 550 | | 7467.04 case rate | |
| HC RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR | 67120 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | WellPoint | WellPoint | 2529.36 | 32.18 | | | 550 | | 7467.04 percent of total billed charges | |
| HC CRYO FOR TEAR LATTICE | 67141 | CPT | | | | outpatient | | | 968 | 383.15 | First Health | First Health | 677.6 | 70 | | | 300 | | 1782 percent of total billed charges | |
| HC CRYO FOR TEAR LATTICE | 67141 | CPT | | | | outpatient | | | 968 | 383.15 | Aetna | Medicare | 333.17 | | | | 300 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CRYO FOR TEAR LATTICE | 67141 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | Medicare Blue | 333.17 | | | | 300 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CRYO FOR TEAR LATTICE | 67141 | CPT | | | | outpatient | | | 968 | 383.15 | Amerihealth | HMO/PPO | 300 | | | | 300 | | 1782 fee schedule | |
| HC CRYO FOR TEAR LATTICE | 67141 | CPT | | | | outpatient | | | 968 | 383.15 | Aetna | Better Health | 305.4 | 31.55 | | | 300 | | 1782 percent of total billed charges | |
| HC CRYO FOR TEAR LATTICE | 67141 | CPT | | | | outpatient | | | 968 | 383.15 | Multiplan | Multiplan | 774.4 | 80 | | | 300 | | 1782 percent of total billed charges | |
| HC CRYO FOR TEAR LATTICE | 67141 | CPT | | | | outpatient | | | 968 | 383.15 | Americare | Americare | 726 | 75 | | | 300 | | 1782 percent of total billed charges | |
| HC CRYO FOR TEAR LATTICE | 67141 | CPT | | | | outpatient | | | 968 | 383.15 | First Trenton | First Trenton | 871.2 | 90 | | | 300 | | 1782 percent of total billed charges | |
| HC CRYO FOR TEAR LATTICE | 67141 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | MGD | 644.68 | | | | 300 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CRYO FOR TEAR LATTICE | 67141 | CPT | | | | outpatient | | | 968 | 383.15 | Corrections | Corrections | 774.4 | 80 | | | 300 | | 1782 percent of total billed charges | |
| HC CRYO FOR TEAR LATTICE | 67141 | CPT | | | | outpatient | | | 968 | 383.15 | Consumer | Consumer | 919.6 | 95 | | | 300 | | 1782 percent of total billed charges | |
| HC CRYO FOR TEAR LATTICE | 67141 | CPT | | | | outpatient | | | 968 | 383.15 | UHC | Medicaid | 305.4 | 31.55 | | | 300 | | 1782 percent of total billed charges | |
| HC CRYO FOR TEAR LATTICE | 67141 | CPT | | | | outpatient | | | 968 | 383.15 | Aetna | Commercial | 367.84 | 38 | | | 300 | | 1782 percent of total billed charges | |
| HC CRYO FOR TEAR LATTICE | 67141 | CPT | | | | outpatient | | | 968 | 383.15 | Qualcare | Qualcare | 726 | 75 | | | 300 | | 1782 percent of total billed charges | |
| HC CRYO FOR TEAR LATTICE | 67141 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | Indemnity | 644.68 | | | 603.41 | 300 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CRYO FOR TEAR LATTICE | 67141 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | NJ Health | 595.08 | | | | 300 | | 1782 fee schedule | |
| HC CRYO FOR TEAR LATTICE | 67141 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | PPO | 644.68 | | | | 300 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CRYO FOR TEAR LATTICE | 67141 | CPT | | | | outpatient | | | 968 | 383.15 | Wellcare | Medicare | 333.17 | | | | 300 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CRYO FOR TEAR LATTICE | 67141 | CPT | | | | outpatient | | | 968 | 383.15 | United | Oxford | 1782 | | | | 300 | | 1782 case rate | |
| HC CRYO FOR TEAR LATTICE | 67141 | CPT | | | | outpatient | | | 968 | 383.15 | United | CommercialPPO | 1782 | | | | 300 | | 1782 case rate | |
| HC CRYO FOR TEAR LATTICE | 67141 | CPT | | | | outpatient | | | 968 | 383.15 | WellPoint | WellPoint | 311.5 | 32.18 | | | 300 | | 1782 percent of total billed charges | |
| HC CRYO FOR TEAR LATTICE | 67141 | CPT | | | | outpatient | | | 968 | 383.15 | Managed Care Inc | Managed Care Inc | 871.2 | 90 | | | 300 | | 1782 percent of total billed charges | |
| HC CRYO FOR T

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC CRYO FOR TEAR LATTICE | 67141 | CPT | | | | outpatient | | | 968 | 383.15 | UHC | Medicare | 333.17 | | | 286.64 | 300 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER - RETINAL BREAK | 67145 | CPT | | | | outpatient | | | 1935 | 764.5 | Aetna | Medicare | 664.78 | | | | 300 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER - RETINAL BREAK | 67145 | CPT | | | | outpatient | | | 1935 | 764.5 | Horizon | PPO | 1286.35 | | | | 300 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER - RETINAL BREAK | 67145 | CPT | | | | outpatient | | | 1935 | 764.5 | Qualcare | Qualcare | 1451.25 | 75 | | | 300 | 1838.25 | percent of total billed charges | |
| HC LASER - RETINAL BREAK | 67145 | CPT | | | | outpatient | | | 1935 | 764.5 | Amerihealth | HMO/PPO | 300 | | | | 300 | 1838.25 | fee schedule | |
| HC LASER - RETINAL BREAK | 67145 | CPT | | | | outpatient | | | 1935 | 764.5 | Consumer | Consumer | 1838.25 | 95 | | | 300 | 1838.25 | percent of total billed charges | |
| HC LASER - RETINAL BREAK | 67145 | CPT | | | | outpatient | | | 1935 | 764.5 | First Health | First Health | 1354.5 | 70 | | | 300 | 1838.25 | percent of total billed charges | |
| HC LASER - RETINAL BREAK | 67145 | CPT | | | | outpatient | | | 1935 | 764.5 | Aetna | Better Health | 610.49 | 31.55 | | | 300 | 1838.25 | percent of total billed charges | |
| HC LASER - RETINAL BREAK | 67145 | CPT | | | | outpatient | | | 1935 | 764.5 | Horizon | NJ Health | 498.77 | | | 372.74 | 300 | 1838.25 | fee schedule | |
| HC LASER - RETINAL BREAK | 67145 | CPT | | | | outpatient | | | 1935 | 764.5 | Americare | Americare | 1451.25 | 75 | | | 300 | 1838.25 | percent of total billed charges | |
| HC LASER - RETINAL BREAK | 67145 | CPT | | | | outpatient | | | 1935 | 764.5 | United | Oxford | 1817 | | | | 300 | 1838.25 | case rate | |
| HC LASER - RETINAL BREAK | 67145 | CPT | | | | outpatient | | | 1935 | 764.5 | United | Commercial/PPO | 1817 | | | | 300 | 1838.25 | case rate | |
| HC LASER - RETINAL BREAK | 67145 | CPT | | | | outpatient | | | 1935 | 764.5 | UHC | Medicare | 664.78 | | | | 300 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER - RETINAL BREAK | 67145 | CPT | | | | outpatient | | | 1935 | 764.5 | Corrections | Corrections | 1548 | 80 | | | 300 | 1838.25 | percent of total billed charges | |
| HC LASER - RETINAL BREAK | 67145 | CPT | | | | outpatient | | | 1935 | 764.5 | Horizon | Medicare Blue | 664.78 | | | | 300 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER - RETINAL BREAK | 67145 | CPT | | | | outpatient | | | 1935 | 764.5 | Aetna | Commercial | 736.3 | 38 | | | 300 | 1838.25 | percent of total billed charges | |
| HC LASER - RETINAL BREAK | 67145 | CPT | | | | outpatient | | | 1935 | 764.5 | UHC | Medicaid | 610.49 | 31.55 | | 590.82 | 300 | 1838.25 | percent of total billed charges | |
| HC LASER - RETINAL BREAK | 67145 | CPT | | | | outpatient | | | 1935 | 764.5 | Horizon | MGD | 1286.35 | | | 1090.77 | 300 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER - RETINAL BREAK | 67145 | CPT | | | | outpatient | | | 1935 | 764.5 | Wellcare | Medicare | 664.78 | | | | 300 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER - RETINAL BREAK | 67145 | CPT | | | | outpatient | | | 1935 | 764.5 | WellPoint | WellPoint | 622.68 | 32.18 | | | 300 | 1838.25 | percent of total billed charges | |
| HC LASER - RETINAL BREAK | 67145 | CPT | | | | outpatient | | | 1935 | 764.5 | First Trenton | First Trenton | 1741.5 | 90 | | | 300 | 1838.25 | percent of total billed charges | |
| HC LASER - RETINAL BREAK | 67145 | CPT | | | | outpatient | | | 1935 | 764.5 | Horizon | Indemnity | 1286.35 | | | | 300 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER - RETINAL BREAK | 67145 | CPT | | | | outpatient | | | 1935 | 764.5 | Three Rivers | Three Rivers | 1838.25 | 95 | | | 300 | 1838.25 | percent of total billed charges | |
| HC LASER - RETINAL BREAK | 67145 | CPT | | | | outpatient | | | 1935 | 764.5 | Multiplan | Multiplan | 1548 | 80 | | | 300 | 1838.25 | percent of total billed charges | |
| HC LASER - RETINAL BREAK | 67145 | CPT | | | | outpatient | | | 1935 | 764.5 | Managed Care Inc | Managed Care Inc | 1741.5 | 90 | | | 300 | 1838.25 | percent of total billed charges | |
| HC LASER - RETINAL BREAK | 67145 | CPT | | | | outpatient | | | 1935 | 764.5 | Wellcare | Medicaid | 610.49 | 31.55 | | | 300 | 1838.25 | percent of total billed charges | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM | 67208 | CPT | | | | outpatient | | | 982.56 | 383.15 | First Health | First Health | 687.79 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM | 67208 | CPT | | | | outpatient | | | 982.56 | 383.15 | Corrections | Corrections | 786.05 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM | 67208 | CPT | | | | outpatient | | | 982.56 | 383.15 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM | 67208 | CPT | | | | outpatient | | | 982.56 | 383.15 | Aetna | Medicare | 333.17 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM | 67208 | CPT | | | | outpatient | | | 982.56 | 383.15 | Aetna | Better Health | 310 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM | 67208 | CPT | | | | outpatient | | | 982.56 | 383.15 | Consumer | Consumer | 933.43 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM | 67208 | CPT | | | | outpatient | | | 982.56 | 383.15 | First Trenton | First Trenton | 884.3 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM | 67208 | CPT | | | | outpatient | | | 982.56 | 383.15 | Aetna | Commercial | 373.37 | 38 | | | 125 | 1782 | percent of total billed charges | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM | 67208 | CPT | | | | outpatient | | | 982.56 | 383.15 | Multiplan | Multiplan | 786.05 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM | 67208 | CPT | | | | outpatient | | | 982.56 | 383.15 | Horizon | NJ Health | 944.82 | | | | 125 | 1782 | fee schedule | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM | 67208 | CPT | | | | outpatient | | | 982.56 | 383.15 | UHC | Medicaid | 310 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM | 67208 | CPT | | | | outpatient | | | 982.56 | 383.15 | Americare | Americare | 736.92 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM | 67208 | CPT | | | | outpatient | | | 982.56 | 383.15 | Horizon | PPO | 644.68 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM | 67208 | CPT | | | | outpatient | | | 982.56 | 383.15 | Horizon | MGD | 644.68 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM | 67208 | CPT | | | | outpatient | | | 982.56 | 383.15 | Horizon | Indemnity | 644.68 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM | 67208 | CPT | | | | outpatient | | | 982.56 | 383.15 | Qualcare | Qualcare | 736.92 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM | 67208 | CPT | | | | outpatient | | | 982.56 | 383.15 | United | Commercial/PPO | 1782 | | | | 125 | 1782 | case rate | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM | 67208 | CPT | | | | outpatient | | | 982.56 | 383.15 | UHC | Medicare | 333.17 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM | 67208 | CPT | | | | outpatient | | | 982.56 | 383.15 | Horizon | Medicare Blue | 333.17 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM | 67208 | CPT | | | | outpatient | | | 982.56 | 383.15 | Wellcare | Medicare | 333.17 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM | 67208 | CPT | | | | outpatient | | | 982.56 | 383.15 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM | 67208 | CPT | | | | outpatient | | | 982.56 | 383.15 | WellPoint | WellPoint | 316.19 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM | 67208 | CPT | | | | outpatient | | | 982.56 | 383.15 | Managed Care Inc | Managed Care Inc | 884.3 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM | 67208 | CPT | | | | outpatient | | | 982.56 | 383.15 | Wellcare | Medicaid | 310 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM | 67208 | CPT | | | | outpatient | | | 982.56 | 383.15 | Three Rivers | Three Rivers | 933.43 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS PC | 67210 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Aetna | Commercial | 745.01 | 38 | | | 125 | 1862.53 | percent of total billed charges | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS PC | 67210 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1862.53 | fee schedule | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS PC | 67210 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Corrections | Corrections | 1568.45 | 80 | | | 125 | 1862.53 | percent of total billed charges | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS PC | 67210 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Americare | Americare | 1470.42 | 75 | | | 125 | 1862.53 | percent of total billed charges | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS PC | 67210 | CPT | | | | outpatient | | | 1960.56 | 764.5 | First Health | First Health | 1372.39 | 70 | | | 125 | 1862.53 | percent of total billed charges | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS PC | 67210 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Aetna | Medicare | 664.78 | | | | 125 | 1862.53 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS PC | 67210 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Aetna | Better Health | 618.56 | 31.55 | | | 125 | 1862.53 | percent of total billed charges | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS PC | 67210 | CPT | | | | outpatient | | | 1960.56 | 764.5 | UHC | Medicare | 664.78 | | | | 125 | 1862.53 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS PC | 67210 | CPT | | | | outpatient | | | 1960.56 | 764.5 | UHC | Medicaid | 618.56 | 31.55 | | | 125 | 1862.53 | percent of total billed charges | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS PC | 67210 | CPT | | | | outpatient | | | 1960.56 | 764.5 | First Trenton | First Trenton | 1764.5 | 90 | | | 125 | 1862.53 | percent of total billed charges | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS PC | 67210 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Horizon | PPO | 1286.35 | | | | 125 | 1862.53 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS PC | 67210 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Multiplan | Multiplan | 1568.45 | 80 | | | 125 | 1862.53 | percent of total billed charges | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS PC | 67210 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Horizon | Medicare Blue | 664.78 | | | | 125 | 1862.53 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS PC | 67210 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Horizon | MGD | 1286.35 | | | | 125 | 1862.53 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS PC | 67210 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Consumer | Consumer | 1862.53 | 95 | | | 125 | 1862.53 | percent of total billed charges | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS PC | 67210 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Qualcare | Qualcare | 1470.42 | 75 | | | 125 | 1862.53 | percent of total billed charges | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS PC | 67210 | CPT | | | | outpatient | | | 1960.56 | 764.5 | United | Commercial/PPO | 1817 | | | | 125 | 1862.53 | case rate | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS PC | 67210 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Managed Care Inc | Managed Care Inc | 1764.5 | 90 | | | 125 | 1862.53 | percent of total billed charges | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS PC | 67210 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Wellcare | Medicare | 664.78 | | | | 125 | 1862.53 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS PC | 67210 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Horizon | Indemnity | 1286.35 | | | | 125 | 1862.53 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS PC | 67210 | CPT | | | | outpatient | | | 1960.56 | 764.5 | WellPoint | WellPoint | 630.91 | 32.18 | | | 125 | 1862.53 | percent of total billed charges | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS PC | 67210 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Horizon | NJ Health | 665.03 | | | | 125 | 1862.53 | fee schedule | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS PC | 67210 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Three Rivers | Three Rivers | 1862.53 | 95 | | | 125 | 1862.53 | percent of total billed charges | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS PC | 67210 | CPT | | | | outpatient | | | 1960.56 | 764.5 | United | Oxford | 1817 | | | | 125 | 1862.53 | case rate | |
| HC DISTRJ LOCLZD LESION RETINA 1/> SESS PC | 67210 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Wellcare | Medicaid | 618.56 | 31.55 | | | 125 | 1862.53 | percent of total billed charges | |
| HC LASER DESTR-CHOROID LESION | 67220 | CPT | | | | outpatient | | | 1935 | 764.5 | United | Oxford | 1817 | | | | 125 | 1838.25 | case rate | |
| HC LASER DESTR-CHOROID LESION | 67220 | CPT | | | | outpatient | | | 1935 | 764.5 | Aetna | Medicare | 664.78 | | | | 125 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER DESTR-CHOROID LESION | 67220 | CPT | | | | outpatient | | | 1935 | 764.5 | UHC | Medicaid | 610.49 | 31.55 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER DESTR-CHOROID LESION | 67220 | CPT | | | | outpatient | | | 1935 | 764.5 | Americare | Americare | 1451.25 | 75 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER DESTR-CHOROID LESION | 67220 | CPT | | | | outpatient | | | 1935 | 764.5 | First Trenton | First Trenton | 1741.5 | 90 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER DESTR-CHOROID LESION | 67220 | CPT | | | | outpatient | | | 1935 | 764.5 | Aetna | Better Health | 610.49 | 31.55 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER DESTR-CHOROID LESION | 67220 | CPT | | | | outpatient | | | 1935 | 764.5 | First Health | First Health | 1354.5 | 70 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER DESTR-CHOROID LESION | 67220 | CPT | | | | outpatient | | | 1935 | 764.5 | Aetna | Commercial | 736.3 | 38 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER DESTR-CHOROID LESION | 67220 | CPT | | | | outpatient | | | 1935 | 764.5 | Managed Care Inc | Managed Care Inc | 1741.5 | 90 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER DESTR-CHOROID LESION | 67220 | CPT | | | | outpatient | | | 1935 | 764.5 | Corrections | Corrections | 1548 | 80 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER DESTR-CHOROID LESION | 67220 | CPT | | | | outpatient | | | 1935 | 764.5 | UHC | Medicare | 664.78 | | | | 125 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER DESTR-CHOROID LESION | 67220 | CPT | | | | outpatient | | | 1935 | 764.5 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1838.25 | fee schedule | |
| HC LASER DESTR-CHOROID LESION | 67220 | CPT | | | | outpatient | | | 1935 | 764.5 | Wellcare | Medicare | 664.78 | | | | 125 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER DESTR-CHOROID LESION | 67220 | CPT | | | | outpatient | | | 1935 | 764.5 | Consumer | Consumer | 1838.25 | 95 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER DESTR-CHOROID LESION | 67220 | CPT | | | | outpatient | | | 1935 | 764.5 | Horizon | Indemnity | 1286.35 | | | | 125 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER DESTR-CHOROID LESION | 67220 | CPT | | | | outpatient | | | 1935 | 764.5 | Horizon | Medicare Blue | 664.78 | | | | 125 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER DESTR-CHOROID LESION | 67220 | CPT | | | | outpatient | | | 1935 | 764.5 | WellPoint | WellPoint | 622.68 | 32.18 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER DESTR-CHOROID LESION | 67220 | CPT | | | | outpatient | | | 1935 | 764.5 | Horizon | MGD | 1286.35 | | | | 125 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER DESTR-CHOROID LESION | 67220 | CPT | | | | outpatient | | | 1935 | 764.5 | United | Commercial/PPO | 1817 | | | | 125 | 1838.25 | case rate | |
| HC LASER DESTR-CHOROID LESION | 67220 | CPT | | | | outpatient | | | 1935 | 764.5 | Horizon | NJ Health | 931.48 | | | | 125 | 1838.25 | fee schedule | |
| HC LASER DESTR-CHOROID LESION | 67220 | CPT | | | | outpatient | | | 1935 | 764.5 | Multiplan | Multiplan | 1548 | 80 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER DESTR-CHOROID LESION | 67220 | CPT | | | | outpatient | | | 1935 | 764.5 | Horizon | PPO | 1286.35 | | | | 125 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER DESTR-CHOROID LESION | 67220 | CPT | | | | outpatient | | | 1935 | 764.5 | Qualcare | Qualcare | 1451.25 | 75 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER DESTR-CHOROID LESION | 67220 | CPT | | | | outpatient | | | 1935 | 764.5 | Three Rivers | Three Rivers | 1838.25 | 95 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER DESTR-CHOROID LESION | 67220 | CPT | | | | outpatient | | | 1935 | 764.5 | Wellcare | Medicaid | 610.49 | 31.55 | | | 125 | 1838.25 | percent of total billed charges | |
| HC DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY | 67221 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Aetna | Medicare | 664.78 | | | | 618.56 | 1862.53 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY | 67221 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Americare | Americare | 1470.42 | 75 | | | 618.56 | 1862.53 | percent of total billed charges | |
| HC DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY | 67221 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Horizon | Medicare Blue | 664.78 | | | | 618.56 | 1862.53 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY | 67221 | CPT | | | | outpatient | | | 1960.56 | 764.5 | First Health | First Health | 1372.39 | 70 | | | 618.56 | 1862.53 | percent of total billed charges | |
| HC DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY | 67221 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Amerihealth | HMO/PPO | 1700 | | | | 618.56 | 1862.53 | fee schedule | |
| HC DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY | 67221 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Corrections | Corrections | 1568.45 | 80 | | | 618.56 | 1862.53 | percent of total billed charges | |
| HC DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY | 67221 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Aetna | Better Health | 618.56 | 31.55 | | | 618.56 | 1862.53 | percent of total billed charges | |
| HC DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY | 67221 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Consumer | Consumer | 1862.53 | 95 | | | 618.56 | 1862.53 | percent of total billed charges | |
| HC DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY | 67221 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Horizon | MGD | 1286.35 | | | | 618.56 | 1862.53 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY | 67221 | CPT | | | | outpatient | | | 1960.56 | 764.5 | First Trenton | First Trenton | 1764.5 | 90 | | | 618.56 | 1862.53 | percent of total billed charges | |
| HC DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY | 67221 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Aetna | Commercial | 745.01 | 38 | | | 618.56 | 1862.53 | percent of total billed charges | |
| HC DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY | 67221 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Multiplan | Multiplan | 1568.45 | 80 | | | 618.56 | 1862.53 | percent of total billed charges | |
| HC DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY | 67221 | CPT | | | | outpatient | | | 1960.56 | 764.5 | UHC | Medicare | 664.78 | | | | 618.56 | 1862.53 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY | 67221 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Horizon | NJ Health | 738.63 | | | | 618.56 | 1862.53 | fee schedule | |
| HC DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY | 67221 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Horizon | PPO | 1286.35 | | | | 618.56 | 1862.53 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY | 67221 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Horizon | Indemnity | 1286.35 | | | | 618.56 | 1862.53 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY | 67221 | CPT | | | | outpatient | | | 1960.56 | 764.5 | WellPoint | WellPoint | 630.91 | 32.18 | | | 618.56 | 1862.53 | percent of total billed charges | |
| HC DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY | 67221 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Managed Care Inc | Managed Care Inc | 1764.5 | 90 | | | 618.56 | 1862.53 | percent of total billed charges | |
| HC DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY | 67221 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Qualcare | Qualcare | 1470.42 | 75 | | | 618.56 | 1862.53 | percent of total billed charges | |
| HC DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY | 67221 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Three Rivers | Three Rivers | 1862.53 | 95 | | | 618.56 | 1862.53 | percent of total billed charges | |
| HC DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY | 67221 | CPT | | | | outpatient | | | 1960.56 | 764.5 | UHC | Medicaid | 618.56 | 31.55 | | | 618.56 | 1862.53 | percent of total billed charges | |
| HC DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY | 67221 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Wellcare | Medicare | 664.78 | | | | 618.56 | 1862.53 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY | 67221 | CPT | | | | outpatient | | | 1960.56 | 764.5 | United | Commercial/PPO | 1817 | | | | 618.56 | 1862.53 | case rate | |
| HC DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY | 67221 | CPT | | | | outpatient | | | 1960.56 | 764.5 | United | Oxford | 1817 | | | | 618.56 | 1862.53 | case rate | |
| HC DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY | 67221 | CPT | | | | outpatient | | | 1960.56 | 764.5 | Wellcare | Medicaid | 618.56 | 31.55 | | | 618.56 | 1862.53 | percent of total billed charges | |
| HC DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION | 67225 | CPT | | | | outpatient | | | 2655 | | Americare | Americare | 1991.25 | 75 | | | 60.03 | 2522.25 | percent of total billed charges | |
| HC DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION | 67225 | CPT | | | | outpatient | | | 2655 | | Corrections | Corrections | 2124 | 80 | | | 60.03 | 2522.25 | percent of total billed charges | |
| HC DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION | 67225 | CPT | | | | outpatient | | | 2655 | | Aetna | Better Health | 837.65 | 31.55 | | | 60.03 | 2522.25 | percent of total billed charges | |
| HC DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION | 67225 | CPT | | | | outpatient | | | 2655 | | Qualcare | Qualcare | 1991.25 | 75 | | | 60.03 | 2522.25 | percent of total billed charges | |
| HC DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION | 67225 | CPT | | | | outpatient | | | 2655 | | Aetna | Commercial | 1008.9 | 38 | | | 60.03 | 2522.25 | percent of total billed charges | |
| HC DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION | 67225 | CPT | | | | outpatient | | | 2655 | | Horizon | Indemnity | 1016.33 | 38.28 | | | 60.03 | 2522.25 | percent of total billed charges | |
| HC DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION | 67225 | CPT | | | | outpatient | | | 2655 | | Consumer | Consumer | 2522.25 | 95 | | | 60.03 | 2522.25 | percent of total billed charges | |
| HC DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION | 67225 | CPT | | | | outpatient | | | 2655 | | First Health | First Health | 1858.5 | 70 | | | 60.03 | 2522.25 | percent of total billed charges | |
| HC DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION | 67225 | CPT | | | | outpatient | | | 2655 | | Amerihealth | HMO/PPO | 1700 | | | | 60.03 | 2522.25 | fee schedule | |
| HC DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION | 67225 | CPT | | | | outpatient | | | 2655 | | First Trenton | First Trenton | 2389.5 | 90 | | | 60.03 | 2522.25 | percent of total billed charges | |
| HC DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION | 67225 | CPT | | | | outpatient | | | 2655 | | Aetna | Medicare | 817.74 | 30.8 | | | 60.03 | 2522.25 | percent of total billed charges | |
| HC DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION | 67225 | CPT | | | | outpatient | | | 2655 | | UHC | Medicaid | 837.65 | 31.55 | | | 60.03 | 2522.25 | percent of total billed charges | |
| HC DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION | 67225 | CPT | | | | outpatient | | | 2655 | | Horizon | MGD | 1016.33 | 38.28 | | | 60.03 | 2522.25 | percent of total billed charges | |
| HC DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION | 67225 | CPT | | | | outpatient | | | 2655 | | Horizon | PPO | 1016.33 | 38.28 | | | 60.03 | 2522.25 | percent of total billed charges | |
| HC DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION | 67225 | CPT | | | | outpatient | | | 2655 | | Multiplan | Multiplan | 2124 | 80 | | | 60.03 | 2522.25 | percent of total billed charges | |
| HC DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION | 67225 | CPT | | | | outpatient | | | 2655 | | Horizon | Medicare Blue | 796.5 | 30 | | | 60.03 | 2522.25 | percent of total billed charges | |
| HC DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION | 67225 | CPT | | | | outpatient | | | 2655 | | WellPoint | WellPoint | 854.38 | 32.18 | | | 60.03 | 2522.25 | percent of total billed charges | |
| HC DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION | 67225 | CPT | | | | outpatient | | | 2655 | | Three Rivers | Three Rivers | 2522.25 | 95 | | | 60.03 | 2522.25 | percent of total bill

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC DISTRU LESION CHOROID PDT 2ND EYE 1 SESSION | 67225 | CPT | | | | outpatient | | | 2655 | | Managed Care Inc | Managed Care Inc | 2389.5 | 90 | | | 60.03 | 2522.25 | percent of total billed charges | |
| HC DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY | 67227 | CPT | | | | outpatient | | | 13040.86 | | 50856.16 | UHC | Medicaid | 4114.39 | 31.55 | | | 125 | 12388.82 | percent of total billed charges | |
| HC DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY | 67227 | CPT | | | | outpatient | | | 13040.86 | | 50856.16 | First Health | First Health | 9128.6 | 70 | | | 125 | 12388.82 | percent of total billed charges | |
| HC DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY | 67227 | CPT | | | | outpatient | | | 13040.86 | | 50856.16 | Aetna | Commercial | 4955.53 | 38 | | | 125 | 12388.82 | percent of total billed charges | |
| HC DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY | 67227 | CPT | | | | outpatient | | | 13040.86 | | 50856.16 | Horizon | PPO | 8556.34 | | | | 125 | 12388.82 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY | 67227 | CPT | | | | outpatient | | | 13040.86 | | 50856.16 | First Trenton | First Trenton | 11736.77 | 90 | | | 125 | 12388.82 | percent of total billed charges | |
| HC DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY | 67227 | CPT | | | | outpatient | | | 13040.86 | | 50856.16 | Aetna | Better Health | 4114.39 | 31.55 | | | 125 | 12388.82 | percent of total billed charges | |
| HC DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY | 67227 | CPT | | | | outpatient | | | 13040.86 | | 50856.16 | Aetna | Medicare | 4421.88 | | | | 125 | 12388.82 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY | 67227 | CPT | | | | outpatient | | | 13040.86 | | 50856.16 | Consumer | Consumer | 12388.82 | 95 | | | 125 | 12388.82 | percent of total billed charges | |
| HC DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY | 67227 | CPT | | | | outpatient | | | 13040.86 | | 50856.16 | United | Commercial\|PPO | 3492 | | | | 125 | 12388.82 | case rate | |
| HC DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY | 67227 | CPT | | | | outpatient | | | 13040.86 | | 50856.16 | Multiplan | Multiplan | 10432.69 | 80 | | | 125 | 12388.82 | percent of total billed charges | |
| HC DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY | 67227 | CPT | | | | outpatient | | | 13040.86 | | 50856.16 | Americare | Americare | 9780.65 | 75 | | | 125 | 12388.82 | percent of total billed charges | |
| HC DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY | 67227 | CPT | | | | outpatient | | | 13040.86 | | 50856.16 | Corrections | Corrections | 10432.69 | 80 | | | 125 | 12388.82 | percent of total billed charges | |
| HC DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY | 67227 | CPT | | | | outpatient | | | 13040.86 | | 50856.16 | Horizon | Indemnity | 8556.34 | | | | 125 | 12388.82 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY | 67227 | CPT | | | | outpatient | | | 13040.86 | | 50856.16 | Qualcare | Qualcare | 9780.65 | 75 | | | 125 | 12388.82 | percent of total billed charges | |
| HC DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY | 67227 | CPT | | | | outpatient | | | 13040.86 | | 50856.16 | Amerihealth | HMO\|PPO | 125 | | | | 125 | 12388.82 | fee schedule | |
| HC DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY | 67227 | CPT | | | | outpatient | | | 13040.86 | | 50856.16 | Horizon | NJ Health | 591.17 | | | | 125 | 12388.82 | fee schedule | |
| HC DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY | 67227 | CPT | | | | outpatient | | | 13040.86 | | 50856.16 | United | Oxford | 3492 | | | | 125 | 12388.82 | case rate | |
| HC DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY | 67227 | CPT | | | | outpatient | | | 13040.86 | | 50856.16 | Three Rivers | Three Rivers | 12388.82 | 95 | | | 125 | 12388.82 | percent of total billed charges | |
| HC DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY | 67227 | CPT | | | | outpatient | | | 13040.86 | | 50856.16 | Horizon | MGD | 8556.34 | | | | 125 | 12388.82 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY | 67227 | CPT | | | | outpatient | | | 13040.86 | | 50856.16 | UHC | Medicare | 4421.88 | | | | 125 | 12388.82 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY | 67227 | CPT | | | | outpatient | | | 13040.86 | | 50856.16 | Horizon | Medicare Blue | 4421.88 | | | | 125 | 12388.82 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY | 67227 | CPT | | | | outpatient | | | 13040.86 | | 50856.16 | Wellcare | Medicaid | 4114.39 | 31.55 | | | 125 | 12388.82 | percent of total billed charges | |
| HC DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY | 67227 | CPT | | | | outpatient | | | 13040.86 | | 50856.16 | Managed Care Inc | Managed Care Inc | 11736.77 | 90 | | | 125 | 12388.82 | percent of total billed charges | |
| HC DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY | 67227 | CPT | | | | outpatient | | | 13040.86 | | 50856.16 | WellPoint | WellPoint | 4196.55 | 32.18 | | | 125 | 12388.82 | percent of total billed charges | |
| HC DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY | 67227 | CPT | | | | outpatient | | | 13040.86 | | 50856.16 | Wellcare | Medicare | 4421.88 | | | | 125 | 12388.82 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-PRP | 67228 | CPT | | | | outpatient | | | 1935 | | 764.5 | Corrections | Corrections | 1548 | 80 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER-PRP | 67228 | CPT | | | | outpatient | | | 1935 | | 764.5 | Aetna | Commercial | 726.3 | 38 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER-PRP | 67228 | CPT | | | | outpatient | | | 1935 | | 764.5 | Americare | Americare | 1451.25 | 75 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER-PRP | 67228 | CPT | | | | outpatient | | | 1935 | | 764.5 | Aetna | Medicare | 664.78 | | | | 125 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-PRP | 67228 | CPT | | | | outpatient | | | 1935 | | 764.5 | Aetna | Better Health | 610.49 | 31.55 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER-PRP | 67228 | CPT | | | | outpatient | | | 1935 | | 764.5 | Amerihealth | HMO\|PPO | 125 | | | | 125 | 1838.25 | fee schedule | |
| HC LASER-PRP | 67228 | CPT | | | | outpatient | | | 1935 | | 764.5 | UHC | Medicare | 664.78 | | | | 125 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-PRP | 67228 | CPT | | | | outpatient | | | 1935 | | 764.5 | First Trenton | First Trenton | 1741.5 | 90 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER-PRP | 67228 | CPT | | | | outpatient | | | 1935 | | 764.5 | Consumer | Consumer | 1838.25 | 95 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER-PRP | 67228 | CPT | | | | outpatient | | | 1935 | | 764.5 | Horizon | PPO | 1286.35 | | | | 125 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-PRP | 67228 | CPT | | | | outpatient | | | 1935 | | 764.5 | Multiplan | Multiplan | 1548 | 80 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER-PRP | 67228 | CPT | | | | outpatient | | | 1935 | | 764.5 | Managed Care Inc | Managed Care Inc | 1741.5 | 90 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER-PRP | 67228 | CPT | | | | outpatient | | | 1935 | | 764.5 | Three Rivers | Three Rivers | 1838.25 | 95 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER-PRP | 67228 | CPT | | | | outpatient | | | 1935 | | 764.5 | First Health | First Health | 1354.5 | 70 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER-PRP | 67228 | CPT | | | | outpatient | | | 1935 | | 764.5 | WellPoint | WellPoint | 622.68 | 32.18 | | 327.71 | 125 | 1838.25 | percent of total billed charges | |
| HC LASER-PRP | 67228 | CPT | | | | outpatient | | | 1935 | | 764.5 | UHC | Medicaid | 610.49 | 31.55 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER-PRP | 67228 | CPT | | | | outpatient | | | 1935 | | 764.5 | United | Oxford | 1817 | | | | 125 | 1838.25 | case rate | |
| HC LASER-PRP | 67228 | CPT | | | | outpatient | | | 1935 | | 764.5 | Horizon | Indemnity | 1286.35 | | | | 125 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-PRP | 67228 | CPT | | | | outpatient | | | 1935 | | 764.5 | Qualcare | Qualcare | 1451.25 | 75 | | | 125 | 1838.25 | percent of total billed charges | |
| HC LASER-PRP | 67228 | CPT | | | | outpatient | | | 1935 | | 764.5 | United | Commercial\|PPO | 1817 | | | | 125 | 1838.25 | case rate | |
| HC LASER-PRP | 67228 | CPT | | | | outpatient | | | 1935 | | 764.5 | Wellcare | Medicare | 664.78 | | | 566.72 | 125 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-PRP | 67228 | CPT | | | | outpatient | | | 1935 | | 764.5 | Horizon | Medicare Blue | 664.78 | | | | 125 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-PRP | 67228 | CPT | | | | outpatient | | | 1935 | | 764.5 | Horizon | MGD | 1286.35 | | | 1098.42 | 125 | 1838.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LASER-PRP | 67228 | CPT | | | | outpatient | | | 1935 | | 764.5 | Horizon | NJ Health | 665.03 | | | 1159.63 | 125 | 1838.25 | fee schedule | |
| HC LASER-PRP | 67228 | CPT | | | | outpatient | | | 1935 | | 764.5 | Wellcare | Medicaid | 610.49 | 31.55 | | 120.94 | 125 | 1838.25 | percent of total billed charges | |
| HC EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT | 67229 | CPT | | | | outpatient | | | 1960.56 | | 764.5 | Aetna | Commercial | 745.01 | 38 | | | 200 | 1862.53 | percent of total billed charges | |
| HC EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT | 67229 | CPT | | | | outpatient | | | 1960.56 | | 764.5 | Americare | Americare | 1470.42 | 75 | | | 200 | 1862.53 | percent of total billed charges | |
| HC EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT | 67229 | CPT | | | | outpatient | | | 1960.56 | | 764.5 | First Health | First Health | 1372.39 | 70 | | | 200 | 1862.53 | percent of total billed charges | |
| HC EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT | 67229 | CPT | | | | outpatient | | | 1960.56 | | 764.5 | Corrections | Corrections | 1568.45 | 80 | | | 200 | 1862.53 | percent of total billed charges | |
| HC EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT | 67229 | CPT | | | | outpatient | | | 1960.56 | | 764.5 | Aetna | Medicare | 664.78 | | | | 200 | 1862.53 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT | 67229 | CPT | | | | outpatient | | | 1960.56 | | 764.5 | UHC | Medicare | 664.78 | | | | 200 | 1862.53 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT | 67229 | CPT | | | | outpatient | | | 1960.56 | | 764.5 | Aetna | Better Health | 618.56 | 31.55 | | | 200 | 1862.53 | percent of total billed charges | |
| HC EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT | 67229 | CPT | | | | outpatient | | | 1960.56 | | 764.5 | First Trenton | First Trenton | 1764.5 | 90 | | | 200 | 1862.53 | percent of total billed charges | |
| HC EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT | 67229 | CPT | | | | outpatient | | | 1960.56 | | 764.5 | Horizon | PPO | 1286.35 | | | | 200 | 1862.53 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT | 67229 | CPT | | | | outpatient | | | 1960.56 | | 764.5 | Amerihealth | HMO\|PPO | 200 | | | | 200 | 1862.53 | fee schedule | |
| HC EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT | 67229 | CPT | | | | outpatient | | | 1960.56 | | 764.5 | Horizon | Medicare Blue | 664.78 | | | | 200 | 1862.53 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT | 67229 | CPT | | | | outpatient | | | 1960.56 | | 764.5 | Horizon | Indemnity | 1286.35 | | | | 200 | 1862.53 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT | 67229 | CPT | | | | outpatient | | | 1960.56 | | 764.5 | Horizon | MGD | 1286.35 | | | | 200 | 1862.53 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT | 67229 | CPT | | | | outpatient | | | 1960.56 | | 764.5 | Managed Care Inc | Managed Care Inc | 1764.5 | 90 | | | 200 | 1862.53 | percent of total billed charges | |
| HC EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT | 67229 | CPT | | | | outpatient | | | 1960.56 | | 764.5 | Consumer | Consumer | 1862.53 | 95 | | | 200 | 1862.53 | percent of total billed charges | |
| HC EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT | 67229 | CPT | | | | outpatient | | | 1960.56 | | 764.5 | UHC | Medicaid | 618.56 | 31.55 | | | 200 | 1862.53 | percent of total billed charges | |
| HC EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT | 67229 | CPT | | | | outpatient | | | 1960.56 | | 764.5 | WellPoint | WellPoint | 630.91 | 32.18 | | | 200 | 1862.53 | percent of total billed charges | |
| HC EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT | 67229 | CPT | | | | outpatient | | | 1960.56 | | 764.5 | Three Rivers | Three Rivers | 1862.53 | 95 | | | 200 | 1862.53 | percent of total billed charges | |
| HC EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT | 67229 | CPT | | | | outpatient | | | 1960.56 | | 764.5 | Multiplan | Multiplan | 1568.45 | 80 | | | 200 | 1862.53 | percent of total billed charges | |
| HC EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT | 67229 | CPT | | | | outpatient | | | 1960.56 | | 764.5 | United | Commercial\|PPO | 1817 | | | | 200 | 1862.53 | case rate | |
| HC EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT | 67229 | CPT | | | | outpatient | | | 1960.56 | | 764.5 | United | Oxford | 1817 | | | | 200 | 1862.53 | case rate | |
| HC EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT | 67229 | CPT | | | | outpatient | | | 1960.56 | | 764.5 | Wellcare | Medicare | 664.78 | | | | 200 | 1862.53 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT | 67229 | CPT | | | | outpatient | | | 1960.56 | | 764.5 | Qualcare | Qualcare | 1470.42 | 75 | | | 200 | 1862.53 | percent of total billed charges | |
| HC EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT | 67229 | CPT | | | | outpatient | | | 1960.56 | | 764.5 | Wellcare | Medicaid | 618.56 | 31.55 | | | 200 | 1862.53 | percent of total billed charges | |
| HC CHEMODENERVATION EXTRAOCULAR M | 67345 | CPT | | | | outpatient | | | 968 | | 383.15 | Consumer | Consumer | 919.6 | 95 | | | 149.81 | 1782 | percent of total billed charges | |
| HC CHEMODENERVATION EXTRAOCULAR M | 67345 | CPT | | | | outpatient | | | 968 | | 383.15 | Aetna | Commercial | 367.84 | 38 | | | 149.81 | 1782 | percent of total billed charges | |
| HC CHEMODENERVATION EXTRAOCULAR M | 67345 | CPT | | | | outpatient | | | 968 | | 383.15 | Corrections | Corrections | 774.4 | 80 | | | 149.81 | 1782 | percent of total billed charges | |
| HC CHEMODENERVATION EXTRAOCULAR M | 67345 | CPT | | | | outpatient | | | 968 | | 383.15 | Three Rivers | Three Rivers | 919.6 | 95 | | | 149.81 | 1782 | percent of total billed charges | |
| HC CHEMODENERVATION EXTRAOCULAR M | 67345 | CPT | | | | outpatient | | | 968 | | 383.15 | Aetna | Better Health | 305.4 | 31.55 | | | 149.81 | 1782 | percent of total billed charges | |
| HC CHEMODENERVATION EXTRAOCULAR M | 67345 | CPT | | | | outpatient | | | 968 | | 383.15 | Horizon | Indemnity | 644.68 | | | | 149.81 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMODENERVATION EXTRAOCULAR M | 67345 | CPT | | | | outpatient | | | 968 | | 383.15 | Multiplan | Multiplan | 774.4 | 80 | | | 149.81 | 1782 | percent of total billed charges | |
| HC CHEMODENERVATION EXTRAOCULAR M | 67345 | CPT | | | | outpatient | | | 968 | | 383.15 | Aetna | Medicare | 333.17 | | | | 149.81 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMODENERVATION EXTRAOCULAR M | 67345 | CPT | | | | outpatient | | | 968 | | 383.15 | UHC | Medicaid | 305.4 | 31.55 | | | 149.81 | 1782 | percent of total billed charges | |
| HC CHEMODENERVATION EXTRAOCULAR M | 67345 | CPT | | | | outpatient | | | 968 | | 383.15 | Horizon | Medicare Blue | 333.17 | | | | 149.81 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMODENERVATION EXTRAOCULAR M | 67345 | CPT | | | | outpatient | | | 968 | | 383.15 | First Trenton | First Trenton | 871.2 | 90 | | | 149.81 | 1782 | percent of total billed charges | |
| HC CHEMODENERVATION EXTRAOCULAR M | 67345 | CPT | | | | outpatient | | | 968 | | 383.15 | Americare | Americare | 726 | 75 | | | 149.81 | 1782 | percent of total billed charges | |
| HC CHEMODENERVATION EXTRAOCULAR M | 67345 | CPT | | | | outpatient | | | 968 | | 383.15 | First Health | First Health | 677.6 | 70 | | | 149.81 | 1782 | percent of total billed charges | |
| HC CHEMODENERVATION EXTRAOCULAR M | 67345 | CPT | | | | outpatient | | | 968 | | 383.15 | Horizon | PPO | 644.68 | | | | 149.81 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMODENERVATION EXTRAOCULAR M | 67345 | CPT | | | | outpatient | | | 968 | | 383.15 | Qualcare | Qualcare | 726 | 75 | | | 149.81 | 1782 | percent of total billed charges | |
| HC CHEMODENERVATION EXTRAOCULAR M | 67345 | CPT | | | | outpatient | | | 968 | | 383.15 | Amerihealth | HMO\|PPO | 550 | | | | 149.81 | 1782 | fee schedule | |
| HC CHEMODENERVATION EXTRAOCULAR M | 67345 | CPT | | | | outpatient | | | 968 | | 383.15 | United | Oxford | 1782 | | | | 149.81 | 1782 | case rate | |
| HC CHEMODENERVATION EXTRAOCULAR M | 67345 | CPT | | | | outpatient | | | 968 | | 383.15 | United | Commercial\|PPO | 1782 | | | | 149.81 | 1782 | case rate | |
| HC CHEMODENERVATION EXTRAOCULAR M | 67345 | CPT | | | | outpatient | | | 968 | | 383.15 | Horizon | NJ Health | 149.81 | | | | 149.81 | 1782 | fee schedule | |
| HC CHEMODENERVATION EXTRAOCULAR M | 67345 | CPT | | | | outpatient | | | 968 | | 383.15 | Horizon | MGD | 644.68 | | | | 149.81 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMODENERVATION EXTRAOCULAR M | 67345 | CPT | | | | outpatient | | | 968 | | 383.15 | Wellcare | Medicaid | 305.4 | 31.55 | | | 149.81 | 1782 | percent of total billed charges | |
| HC CHEMODENERVATION EXTRAOCULAR M | 67345 | CPT | | | | outpatient | | | 968 | | 383.15 | WellPoint | WellPoint | 311.5 | 32.18 | | | 149.81 | 1782 | percent of total billed charges | |
| HC CHEMODENERVATION EXTRAOCULAR M | 67345 | CPT | | | | outpatient | | | 968 | | 383.15 | Managed Care Inc | Managed Care Inc | 871.2 | 90 | | | 149.81 | 1782 | percent of total billed charges | |
| HC CHEMODENERVATION EXTRAOCULAR M | 67345 | CPT | | | | outpatient | | | 968 | | 383.15 | Wellcare | Medicare | 333.17 | | | | 149.81 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMODENERVATION EXTRAOCULAR M | 67345 | CPT | | | | outpatient | | | 968 | | 383.15 | UHC | Medicare | 333.17 | | | 435.61 | 149.81 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITOTOMY | 67400 | CPT | | | | outpatient | | | 12737 | | 50856.16 | Americare | Americare | 9552.75 | 75 | | | 650 | 12100.15 | percent of total billed charges | |
| HC ORBITOTOMY | 67400 | CPT | | | | outpatient | | | 12737 | | 50856.16 | Aetna | Medicare | 4421.88 | | | | 650 | 12100.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITOTOMY | 67400 | CPT | | | | outpatient | | | 12737 | | 50856.16 | Horizon | Medicare Blue | 4421.88 | | | | 650 | 12100.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITOTOMY | 67400 | CPT | | | | outpatient | | | 12737 | | 50856.16 | Multiplan | Multiplan | 10189.6 | 80 | | | 650 | 12100.15 | percent of total billed charges | |
| HC ORBITOTOMY | 67400 | CPT | | | | outpatient | | | 12737 | | 50856.16 | Aetna | Better Health | 4018.52 | 31.55 | | | 650 | 12100.15 | percent of total billed charges | |
| HC ORBITOTOMY | 67400 | CPT | | | | outpatient | | | 12737 | | 50856.16 | Amerihealth | HMO\|PPO | 650 | | | | 650 | 12100.15 | fee schedule | |
| HC ORBITOTOMY | 67400 | CPT | | | | outpatient | | | 12737 | | 50856.16 | Aetna | Commercial | 4840.06 | 38 | | | 650 | 12100.15 | percent of total billed charges | |
| HC ORBITOTOMY | 67400 | CPT | | | | outpatient | | | 12737 | | 50856.16 | Corrections | Corrections | 10189.6 | 80 | | | 650 | 12100.15 | percent of total billed charges | |
| HC ORBITOTOMY | 67400 | CPT | | | | outpatient | | | 12737 | | 50856.16 | Consumer | Consumer | 12100.15 | 95 | | | 650 | 12100.15 | percent of total billed charges | |
| HC ORBITOTOMY | 67400 | CPT | | | | outpatient | | | 12737 | | 50856.16 | First Trenton | First Trenton | 11463.3 | 90 | | | 650 | 12100.15 | percent of total billed charges | |
| HC ORBITOTOMY | 67400 | CPT | | | | outpatient | | | 12737 | | 50856.16 | UHC | Medicare | 4421.88 | | | | 650 | 12100.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITOTOMY | 67400 | CPT | | | | outpatient | | | 12737 | | 50856.16 | Qualcare | Qualcare | 9552.75 | 75 | | | 650 | 12100.15 | percent of total billed charges | |
| HC ORBITOTOMY | 67400 | CPT | | | | outpatient | | | 12737 | | 50856.16 | First Health | First Health | 8915.9 | 70 | | | 650 | 12100.15 | percent of total billed charges | |
| HC ORBITOTOMY | 67400 | CPT | | | | outpatient | | | 12737 | | 50856.16 | Horizon | MGD | 8556.34 | | | | 650 | 12100.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITOTOMY | 67400 | CPT | | | | outpatient | | | 12737 | | 50856.16 | Horizon | Indemnity | 8556.34 | | | | 650 | 12100.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITOTOMY | 67400 | CPT | | | | outpatient | | | 12737 | | 50856.16 | Horizon | NJ Health | 884.27 | | | | 650 | 12100.15 | fee schedule | |
| HC ORBITOTOMY | 67400 | CPT | | | | outpatient | | | 12737 | | 50856.16 | UHC | Medicaid | 4018.52 | 31.55 | | | 650 | 12100.15 | percent of total billed charges | |
| HC ORBITOTOMY | 67400 | CPT | | | | outpatient | | | 12737 | | 50856.16 | Managed Care Inc | Managed Care Inc | 11463.3 | 90 | | | 650 | 12100.15 | percent of total billed charges | |
| HC ORBITOTOMY | 67400 | CPT | | | | outpatient | | | 12737 | | 50856.16 | Horizon | PPO | 8556.34 | | | | 650 | 12100.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITOTOMY | 67400 | CPT | | | | outpatient | | | 12737 | | 50856.16 | Three Rivers | Three Rivers | 12100.15 | 95 | | | 650 | 12100.15 | percent of total billed charges | |
| HC ORBITOTOMY | 67400 | CPT | | | | outpatient | | | 12737 | | 50856.16 | Wellcare | Medicare | 4421.88 | | | | 650 | 12100.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITOTOMY | 67400 | CPT | | | | outpatient | | | 12737 | | 50856.16 | United | Commercial\|PPO | 3492 | | | | 650 | 12100.15 | case rate | |
| HC ORBITOTOMY | 67400 | CPT | | | | outpatient | | | 12737 | | 50856.16 | United | Oxford | 3492 | | | | 650 | 12100.15 | case rate | |
| HC ORBITOTOMY | 67400 | CPT | | | | outpatient | | | 12737 | | 50856.16 | WellPoint | WellPoint | 4098.77 | 32.18 | | | 650 | 12100.15 | percent of total billed charges | |
| HC ORBITOTOMY | 67400 | CPT | | | | outpatient | | | 12737 | | 50856.16 | Wellcare | Medicaid | 4018.52 | 31.55 | | 4018.13 | 650 | 12100.15 | percent of total billed charges | |
| HC ORBITOTOMY WITH DRAINAGE ONLY | 67405 | CPT | | | | outpatient | | | 9240 | | 3073.41 | UHC | Medicare | 2672.53 | | | | 799.57 | 8778 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITOTOMY WITH DRAINAGE ONLY | 67405 | CPT | | | | outpatient | | | 9240 | | 3073.41 | Aetna | Better Health | 2915.22 | 31.55 | | | 799.57 | 8778 | percent of total billed charges | |
| HC ORBITOTOMY WITH DRAINAGE ONLY | 67405 | CPT | | | | outpatient | | | 9240 | | 3073.41 | First Health | First Health | 6468 | 70 | | | 799.57 | 8778 | percent of total billed charges | |
| HC ORBITOTOMY WITH DRAINAGE ONLY | 67405 | CPT | | | | outpatient | | | 9240 | | 3073.41 | Aetna | Medicare | 2672.53 | | | | 799.57 | 8778 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITOTOMY WITH DRAINAGE ONLY | 67405 | CPT | | | | outpatient | | | 9240 | | 3073.41 | First Trenton | First Trenton | 8316 | 90 | | | 799.57 | 8778 | percent of total billed charges | |
| HC ORBITOTOMY WITH DRAINAGE ONLY | 67405 | CPT | | | | outpatient | | | 9240 | | 3073.41 | Corrections | Corrections | 7392 | 80 | | | 799.57 | 8778 | percent of total billed charges | |
| HC ORBITOTOMY WITH DRAINAGE ONLY | 67405 | CPT | | | | outpatient | | | 9240 | | 3073.41 | Consumer | Consumer | 8778 | 95 | | | 799.57 | 8778 | percent of total billed charges | |
| HC ORBITOTOMY WITH DRAINAGE ONLY | 67405 | CPT | | | | outpatient | | | 9240 | | 3073.41 | Americare | Americare | 6930 | 75 | | | 799.57 | 8778 | percent of total billed charges | |
| HC ORBITOTOMY WITH DRAINAGE ONLY | 67405 | CPT | | | | outpatient | | | 9240 | | 3073.41 | Managed Care Inc | Managed Care Inc | 8316 | 90 | | | 799.57 | 8778 | percent of total billed charges | |
| HC ORBITOTOMY WITH DRAINAGE ONLY | 67405 | CPT | | | | outpatient | | | 9240 | | 3073.41 | Aetna | Commercial | 3511.2 | 38 | | | 799.57 | 8778 | percent of total billed charges | |
| HC ORBITOTOMY WITH DRAINAGE ONLY | 67405 | CPT | | | | outpatient | | | 9240 | | 3073.41 | Multiplan | Multiplan | 7392 | 80 | | | 799.57 | 8778 | percent of total billed charges | |
| HC ORBITOTOMY WITH DRAINAGE ONLY | 67405 | CPT | | | | outpatient | | | 9240 | | 3073.41 | Horizon | MGD | 5171.35 | | | | 799.57 | 8778 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITOTOMY WITH DRAINAGE ONLY | 67405 | CPT | | | | outpatient | | | 9240 | | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 799.57 | 8778 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITOTOMY WITH DRAINAGE ONLY | 67405 | CPT | | | | outpatient | | | 9240 | | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 799.57 | 8778 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITOTOMY WITH DRAINAGE ONLY | 67405 | CPT | | | | outpatient | | | 9240 | | 3073.41 | Qualcare | Qualcare | 6930 | 75 | | | 799.57 | 8778 | percent of total billed charges | |
| HC ORBITOTOMY WITH DRAINAGE ONLY | 67405 | CPT | | | | outpatient | | | 9240 | | 3073.41 | Amerihealth | HMO\|PPO | 800 | | | | 799.57 | 8778 | fee schedule | |
| HC ORBITOTOMY WITH DRAINAGE ONLY | 67405 | CPT | | | | outpatient | | | 9240 | | 3073.41 | Horizon | NJ Health | 799.57 | | | | 799.57 | 8778 | fee schedule | |
| HC ORBITOTOMY WITH DRAINAGE ONLY | 67405 | CPT | | | | outpatient | | | 9240 | | 3073.41 | Horizon | PPO | 5171.35 | | | | 799.57 | 8778 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITOTOMY WITH DRAINAGE ONLY | 67405 | CPT | | | | outpatient | | | 9240 | | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 799.57 | 8778 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITOTOMY WITH DRAINAGE ONLY | 67405 | CPT | | | | outpatient | | | 9240 | | 3073.41 | WellPoint | WellPoint | 2973.43 | 32.18 | | | 799.57 | 8778 | percent of total billed charges | |
| HC ORBITOTOMY WITH DRAINAGE ONLY | 67405 | CPT | | | | outpatient | | | 9240 | | 3073.41 | Three Rivers | Three Rivers | 8778 | 95 | | | 799.57 | 8778 | percent of total billed charges | |
| HC ORBITOTOMY WITH DRAINAGE ONLY | 67405 | CPT | | | | outpatient | | | 9240 | | 3073.41 | UHC | Medic

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC ORBITOTOMY WITH DRAINAGE ONLY | 67405 | CPT | | | | outpatient | | | 9240 | | 3073.41 | United | Oxford | 2776 | | | | 799.57 | 8778 | case rate | |
| HC ORBITOTOMY WITH DRAINAGE ONLY | 67405 | CPT | | | | outpatient | | | 9240 | | 3073.41 | Wellcare | Medicaid | 2915.22 | 31.55 | | | 799.57 | 8778 | percent of total billed charges | |
| HC ORBITOTOMY W/REMOVAL OF LESION | 67412 | CPT | | | | outpatient | | | 10203 | | 3073.41 | Aetna | Better Health | 3219.05 | 31.55 | | | 920.05 | 9692.85 | percent of total billed charges | |
| HC ORBITOTOMY W/REMOVAL OF LESION | 67412 | CPT | | | | outpatient | | | 10203 | | 3073.41 | Aetna | Commercial | 3877.14 | 38 | | | 920.05 | 9692.85 | percent of total billed charges | |
| HC ORBITOTOMY W/REMOVAL OF LESION | 67412 | CPT | | | | outpatient | | | 10203 | | 3073.41 | UHC | Medicare | 2672.53 | | | | 920.05 | 9692.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITOTOMY W/REMOVAL OF LESION | 67412 | CPT | | | | outpatient | | | 10203 | | 3073.41 | Americare | Americare | 7652.25 | 75 | | | 920.05 | 9692.85 | percent of total billed charges | |
| HC ORBITOTOMY W/REMOVAL OF LESION | 67412 | CPT | | | | outpatient | | | 10203 | | 3073.41 | Consumer | Consumer | 9692.85 | 95 | | | 920.05 | 9692.85 | percent of total billed charges | |
| HC ORBITOTOMY W/REMOVAL OF LESION | 67412 | CPT | | | | outpatient | | | 10203 | | 3073.41 | Multiplan | Multiplan | 8162.4 | 80 | | | 920.05 | 9692.85 | percent of total billed charges | |
| HC ORBITOTOMY W/REMOVAL OF LESION | 67412 | CPT | | | | outpatient | | | 10203 | | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 920.05 | 9692.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITOTOMY W/REMOVAL OF LESION | 67412 | CPT | | | | outpatient | | | 10203 | | 3073.41 | Aetna | Medicare | 2672.53 | | | | 920.05 | 9692.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITOTOMY W/REMOVAL OF LESION | 67412 | CPT | | | | outpatient | | | 10203 | | 3073.41 | First Health | First Health | 7142.1 | 70 | | | 920.05 | 9692.85 | percent of total billed charges | |
| HC ORBITOTOMY W/REMOVAL OF LESION | 67412 | CPT | | | | outpatient | | | 10203 | | 3073.41 | Qualcare | Qualcare | 7652.25 | 75 | | | 920.05 | 9692.85 | percent of total billed charges | |
| HC ORBITOTOMY W/REMOVAL OF LESION | 67412 | CPT | | | | outpatient | | | 10203 | | 3073.41 | Wellcare | Medicaid | 3219.05 | 31.55 | | | 920.05 | 9692.85 | percent of total billed charges | |
| HC ORBITOTOMY W/REMOVAL OF LESION | 67412 | CPT | | | | outpatient | | | 10203 | | 3073.41 | Amerihealth | HMO/PPO | 950 | | | | 920.05 | 9692.85 | fee schedule | |
| HC ORBITOTOMY W/REMOVAL OF LESION | 67412 | CPT | | | | outpatient | | | 10203 | | 3073.41 | Corrections | Corrections | 8162.4 | 80 | | | 920.05 | 9692.85 | percent of total billed charges | |
| HC ORBITOTOMY W/REMOVAL OF LESION | 67412 | CPT | | | | outpatient | | | 10203 | | 3073.41 | UHC | Medicaid | 3219.05 | 31.55 | | 2424.31 | 920.05 | 9692.85 | percent of total billed charges | |
| HC ORBITOTOMY W/REMOVAL OF LESION | 67412 | CPT | | | | outpatient | | | 10203 | | 3073.41 | Three Rivers | Three Rivers | 9692.85 | 95 | | | 920.05 | 9692.85 | percent of total billed charges | |
| HC ORBITOTOMY W/REMOVAL OF LESION | 67412 | CPT | | | | outpatient | | | 10203 | | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 920.05 | 9692.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITOTOMY W/REMOVAL OF LESION | 67412 | CPT | | | | outpatient | | | 10203 | | 3073.41 | First Trenton | First Trenton | 9182.7 | 90 | | | 920.05 | 9692.85 | percent of total billed charges | |
| HC ORBITOTOMY W/REMOVAL OF LESION | 67412 | CPT | | | | outpatient | | | 10203 | | 3073.41 | United | Commercial/PPO | 2776 | | | | 920.05 | 9692.85 | case rate | |
| HC ORBITOTOMY W/REMOVAL OF LESION | 67412 | CPT | | | | outpatient | | | 10203 | | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 920.05 | 9692.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITOTOMY W/REMOVAL OF LESION | 67412 | CPT | | | | outpatient | | | 10203 | | 3073.41 | Horizon | MGD | 5171.35 | | | | 920.05 | 9692.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITOTOMY W/REMOVAL OF LESION | 67412 | CPT | | | | outpatient | | | 10203 | | 3073.41 | Horizon | NJ Health | 920.05 | | | | 920.05 | 9692.85 | fee schedule | |
| HC ORBITOTOMY W/REMOVAL OF LESION | 67412 | CPT | | | | outpatient | | | 10203 | | 3073.41 | Horizon | PPO | 5171.35 | | | | 920.05 | 9692.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITOTOMY W/REMOVAL OF LESION | 67412 | CPT | | | | outpatient | | | 10203 | | 3073.41 | Managed Care Inc | Managed Care Inc | 9182.7 | 90 | | | 920.05 | 9692.85 | percent of total billed charges | |
| HC ORBITOTOMY W/REMOVAL OF LESION | 67412 | CPT | | | | outpatient | | | 10203 | | 3073.41 | United | Oxford | 2776 | | | | 920.05 | 9692.85 | case rate | |
| HC ORBITOTOMY W/REMOVAL OF LESION | 67412 | CPT | | | | outpatient | | | 10203 | | 3073.41 | WellPoint | WellPoint | 3283.33 | 32.18 | | | 920.05 | 9692.85 | percent of total billed charges | |
| HC ORBITOTOMY W/REM OF FB | 67413 | CPT | | | | outpatient | | | 7704 | | 3073.41 | Multiplan | Multiplan | 6163.2 | 80 | | | 859 | 7318.8 | percent of total billed charges | |
| HC ORBITOTOMY W/REM OF FB | 67413 | CPT | | | | outpatient | | | 7704 | | 3073.41 | Aetna | Better Health | 2430.61 | 31.55 | | | 859 | 7318.8 | percent of total billed charges | |
| HC ORBITOTOMY W/REM OF FB | 67413 | CPT | | | | outpatient | | | 7704 | | 3073.41 | First Trenton | First Trenton | 6933.6 | 90 | | | 859 | 7318.8 | percent of total billed charges | |
| HC ORBITOTOMY W/REM OF FB | 67413 | CPT | | | | outpatient | | | 7704 | | 3073.41 | Aetna | Commercial | 2927.52 | 38 | | | 859 | 7318.8 | percent of total billed charges | |
| HC ORBITOTOMY W/REM OF FB | 67413 | CPT | | | | outpatient | | | 7704 | | 3073.41 | Corrections | Corrections | 6163.2 | 80 | | | 859 | 7318.8 | percent of total billed charges | |
| HC ORBITOTOMY W/REM OF FB | 67413 | CPT | | | | outpatient | | | 7704 | | 3073.41 | Aetna | Medicare | 2672.53 | | | | 859 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITOTOMY W/REM OF FB | 67413 | CPT | | | | outpatient | | | 7704 | | 3073.41 | Amerihealth | HMO/PPO | 950 | | | | 859 | 7318.8 | fee schedule | |
| HC ORBITOTOMY W/REM OF FB | 67413 | CPT | | | | outpatient | | | 7704 | | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 859 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITOTOMY W/REM OF FB | 67413 | CPT | | | | outpatient | | | 7704 | | 3073.41 | Qualcare | Qualcare | 5778 | 75 | | | 859 | 7318.8 | percent of total billed charges | |
| HC ORBITOTOMY W/REM OF FB | 67413 | CPT | | | | outpatient | | | 7704 | | 3073.41 | Americare | Americare | 5778 | 75 | | | 859 | 7318.8 | percent of total billed charges | |
| HC ORBITOTOMY W/REM OF FB | 67413 | CPT | | | | outpatient | | | 7704 | | 3073.41 | Managed Care Inc | Managed Care Inc | 6933.6 | 90 | | | 859 | 7318.8 | percent of total billed charges | |
| HC ORBITOTOMY W/REM OF FB | 67413 | CPT | | | | outpatient | | | 7704 | | 3073.41 | UHC | Medicare | 2672.53 | | | | 859 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITOTOMY W/REM OF FB | 67413 | CPT | | | | outpatient | | | 7704 | | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 859 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITOTOMY W/REM OF FB | 67413 | CPT | | | | outpatient | | | 7704 | | 3073.41 | Consumer | Consumer | 7318.8 | 95 | | | 859 | 7318.8 | percent of total billed charges | |
| HC ORBITOTOMY W/REM OF FB | 67413 | CPT | | | | outpatient | | | 7704 | | 3073.41 | First Health | First Health | 5382.8 | 70 | | | 859 | 7318.8 | percent of total billed charges | |
| HC ORBITOTOMY W/REM OF FB | 67413 | CPT | | | | outpatient | | | 7704 | | 3073.41 | Horizon | MGD | 5171.35 | | | | 859 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITOTOMY W/REM OF FB | 67413 | CPT | | | | outpatient | | | 7704 | | 3073.41 | Horizon | PPO | 5171.35 | | | | 859 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITOTOMY W/REM OF FB | 67413 | CPT | | | | outpatient | | | 7704 | | 3073.41 | Horizon | NJ Health | 859 | | | | 859 | 7318.8 | fee schedule | |
| HC ORBITOTOMY W/REM OF FB | 67413 | CPT | | | | outpatient | | | 7704 | | 3073.41 | Three Rivers | Three Rivers | 7318.8 | 95 | | | 859 | 7318.8 | percent of total billed charges | |
| HC ORBITOTOMY W/REM OF FB | 67413 | CPT | | | | outpatient | | | 7704 | | 3073.41 | United | Commercial/PPO | 2776 | | | | 859 | 7318.8 | case rate | |
| HC ORBITOTOMY W/REM OF FB | 67413 | CPT | | | | outpatient | | | 7704 | | 3073.41 | Wellcare | Medicaid | 2430.61 | 31.55 | | | 859 | 7318.8 | percent of total billed charges | |
| HC ORBITOTOMY W/REM OF FB | 67413 | CPT | | | | outpatient | | | 7704 | | 3073.41 | WellPoint | WellPoint | 2479.15 | 32.18 | | | 859 | 7318.8 | percent of total billed charges | |
| HC ORBITOTOMY W/REM OF FB | 67413 | CPT | | | | outpatient | | | 7704 | | 3073.41 | UHC | Medicaid | 2430.61 | 31.55 | | | 859 | 7318.8 | percent of total billed charges | |
| HC ORBITOTOMY W/REM OF FB | 67413 | CPT | | | | outpatient | | | 7704 | | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 859 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITOTOMY W/REM OF FB | 67413 | CPT | | | | outpatient | | | 7704 | | 3073.41 | United | Oxford | 2776 | | | | 859 | 7318.8 | case rate | |
| HC FINE NEEDLE ASPIRATION ORBITAL CONTENTS | 67415 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 | First Trenton | First Trenton | 7093.57 | 90 | | | 125.28 | 7487.65 | percent of total billed charges | |
| HC FINE NEEDLE ASPIRATION ORBITAL CONTENTS | 67415 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 | Aetna | Medicare | 2672.53 | | | | 125.28 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FINE NEEDLE ASPIRATION ORBITAL CONTENTS | 67415 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 | Aetna | Better Health | 2486.69 | 31.55 | | | 125.28 | 7487.65 | percent of total billed charges | |
| HC FINE NEEDLE ASPIRATION ORBITAL CONTENTS | 67415 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 | Americare | Americare | 5911.31 | 75 | | | 125.28 | 7487.65 | percent of total billed charges | |
| HC FINE NEEDLE ASPIRATION ORBITAL CONTENTS | 67415 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 | UHC | Medicaid | 2486.69 | 31.55 | | | 125.28 | 7487.65 | percent of total billed charges | |
| HC FINE NEEDLE ASPIRATION ORBITAL CONTENTS | 67415 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 | Aetna | Commercial | 2995.06 | 38 | | | 125.28 | 7487.65 | percent of total billed charges | |
| HC FINE NEEDLE ASPIRATION ORBITAL CONTENTS | 67415 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 125.28 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FINE NEEDLE ASPIRATION ORBITAL CONTENTS | 67415 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 125.28 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FINE NEEDLE ASPIRATION ORBITAL CONTENTS | 67415 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 | Managed Care Inc | Managed Care Inc | 7093.57 | 90 | | | 125.28 | 7487.65 | percent of total billed charges | |
| HC FINE NEEDLE ASPIRATION ORBITAL CONTENTS | 67415 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 | Consumer | Consumer | 7487.65 | 95 | | | 125.28 | 7487.65 | percent of total billed charges | |
| HC FINE NEEDLE ASPIRATION ORBITAL CONTENTS | 67415 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 | Amerihealth | HMO/PPO | 300 | | | | 125.28 | 7487.65 | fee schedule | |
| HC FINE NEEDLE ASPIRATION ORBITAL CONTENTS | 67415 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 | Three Rivers | Three Rivers | 7487.65 | 95 | | | 125.28 | 7487.65 | percent of total billed charges | |
| HC FINE NEEDLE ASPIRATION ORBITAL CONTENTS | 67415 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 | UHC | Medicare | 2672.53 | | | | 125.28 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FINE NEEDLE ASPIRATION ORBITAL CONTENTS | 67415 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 | Corrections | Corrections | 6305.39 | 80 | | | 125.28 | 7487.65 | percent of total billed charges | |
| HC FINE NEEDLE ASPIRATION ORBITAL CONTENTS | 67415 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 | First Health | First Health | 5517.22 | 70 | | | 125.28 | 7487.65 | percent of total billed charges | |
| HC FINE NEEDLE ASPIRATION ORBITAL CONTENTS | 67415 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 | Multiplan | Multiplan | 6305.39 | 80 | | | 125.28 | 7487.65 | percent of total billed charges | |
| HC FINE NEEDLE ASPIRATION ORBITAL CONTENTS | 67415 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 | United | Commercial/PPO | 2776 | | | | 125.28 | 7487.65 | case rate | |
| HC FINE NEEDLE ASPIRATION ORBITAL CONTENTS | 67415 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 | Horizon | NJ Health | 125.28 | | | | 125.28 | 7487.65 | fee schedule | |
| HC FINE NEEDLE ASPIRATION ORBITAL CONTENTS | 67415 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 | Horizon | MGD | 5171.35 | | | | 125.28 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FINE NEEDLE ASPIRATION ORBITAL CONTENTS | 67415 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 125.28 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FINE NEEDLE ASPIRATION ORBITAL CONTENTS | 67415 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 | Wellcare | Medicaid | 2486.69 | 31.55 | | | 125.28 | 7487.65 | percent of total billed charges | |
| HC FINE NEEDLE ASPIRATION ORBITAL CONTENTS | 67415 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 | Horizon | PPO | 5171.35 | | | | 125.28 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FINE NEEDLE ASPIRATION ORBITAL CONTENTS | 67415 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 | Qualcare | Qualcare | 5911.31 | 75 | | | 125.28 | 7487.65 | percent of total billed charges | |
| HC FINE NEEDLE ASPIRATION ORBITAL CONTENTS | 67415 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 | United | Oxford | 2776 | | | | 125.28 | 7487.65 | case rate | |
| HC FINE NEEDLE ASPIRATION ORBITAL CONTENTS | 67415 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 | WellPoint | WellPoint | 2536.34 | 32.18 | | | 125.28 | 7487.65 | percent of total billed charges | |
| HC RETROBULBAR INJECTION MEDICATION SPX | 67500 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Aetna | Medicare | 333.17 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RETROBULBAR INJECTION MEDICATION SPX | 67500 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Aetna | Commercial | 373.37 | 38 | | | 125 | 1782 | percent of total billed charges | |
| HC RETROBULBAR INJECTION MEDICATION SPX | 67500 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC RETROBULBAR INJECTION MEDICATION SPX | 67500 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Aetna | Better Health | 310 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC RETROBULBAR INJECTION MEDICATION SPX | 67500 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Americare | Americare | 736.92 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC RETROBULBAR INJECTION MEDICATION SPX | 67500 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Consumer | Consumer | 933.43 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC RETROBULBAR INJECTION MEDICATION SPX | 67500 | CPT | | | | outpatient | | | 982.56 | | 383.15 | UHC | Medicare | 333.17 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RETROBULBAR INJECTION MEDICATION SPX | 67500 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Corrections | Corrections | 786.05 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC RETROBULBAR INJECTION MEDICATION SPX | 67500 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Horizon | Medicare Blue | 333.17 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RETROBULBAR INJECTION MEDICATION SPX | 67500 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Horizon | MGD | 644.68 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RETROBULBAR INJECTION MEDICATION SPX | 67500 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Horizon | Indemnity | 644.68 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RETROBULBAR INJECTION MEDICATION SPX | 67500 | CPT | | | | outpatient | | | 982.56 | | 383.15 | First Trenton | First Trenton | 884.3 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC RETROBULBAR INJECTION MEDICATION SPX | 67500 | CPT | | | | outpatient | | | 982.56 | | 383.15 | United | Commercial/PPO | 1782 | | | | 125 | 1782 | case rate | |
| HC RETROBULBAR INJECTION MEDICATION SPX | 67500 | CPT | | | | outpatient | | | 982.56 | | 383.15 | First Health | First Health | 687.79 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC RETROBULBAR INJECTION MEDICATION SPX | 67500 | CPT | | | | outpatient | | | 982.56 | | 383.15 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC RETROBULBAR INJECTION MEDICATION SPX | 67500 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Horizon | PPO | 644.68 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RETROBULBAR INJECTION MEDICATION SPX | 67500 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Wellcare | Medicaid | 310 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC RETROBULBAR INJECTION MEDICATION SPX | 67500 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Multiplan | Multiplan | 786.05 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC RETROBULBAR INJECTION MEDICATION SPX | 67500 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Horizon | NJ Health | 148.77 | | | | 125 | 1782 | fee schedule | |
| HC RETROBULBAR INJECTION MEDICATION SPX | 67500 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Qualcare | Qualcare | 736.92 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC RETROBULBAR INJECTION MEDICATION SPX | 67500 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Wellcare | Medicare | 333.17 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RETROBULBAR INJECTION MEDICATION SPX | 67500 | CPT | | | | outpatient | | | 982.56 | | 383.15 | UHC | Medicaid | 310 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC RETROBULBAR INJECTION MEDICATION SPX | 67500 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Managed Care Inc | Managed Care Inc | 884.3 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC RETROBULBAR INJECTION MEDICATION SPX | 67500 | CPT | | | | outpatient | | | 982.56 | | 383.15 | WellPoint | WellPoint | 316.19 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC RETROBULBAR INJECTION MEDICATION SPX | 67500 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Three Rivers | Three Rivers | 933.43 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC RETROBULBAR INJECTION ALCOHOL | 67505 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Aetna | Medicare | 333.17 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RETROBULBAR INJECTION ALCOHOL | 67505 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Aetna | Commercial | 373.37 | 38 | | | 125 | 1782 | percent of total billed charges | |
| HC RETROBULBAR INJECTION ALCOHOL | 67505 | CPT | | | | outpatient | | | 982.56 | | 383.15 | UHC | Medicare | 333.17 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RETROBULBAR INJECTION ALCOHOL | 67505 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Corrections | Corrections | 786.05 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC RETROBULBAR INJECTION ALCOHOL | 67505 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Americare | Americare | 736.92 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC RETROBULBAR INJECTION ALCOHOL | 67505 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Multiplan | Multiplan | 786.05 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC RETROBULBAR INJECTION ALCOHOL | 67505 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC RETROBULBAR INJECTION ALCOHOL | 67505 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Aetna | Better Health | 310 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC RETROBULBAR INJECTION ALCOHOL | 67505 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Consumer | Consumer | 933.43 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC RETROBULBAR INJECTION ALCOHOL | 67505 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Qualcare | Qualcare | 736.92 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC RETROBULBAR INJECTION ALCOHOL | 67505 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Horizon | Indemnity | 644.68 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RETROBULBAR INJECTION ALCOHOL | 67505 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Horizon | MGD | 644.68 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RETROBULBAR INJECTION ALCOHOL | 67505 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Horizon | Medicare Blue | 333.17 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RETROBULBAR INJECTION ALCOHOL | 67505 | CPT | | | | outpatient | | | 982.56 | | 383.15 | First Health | First Health | 687.79 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC RETROBULBAR INJECTION ALCOHOL | 67505 | CPT | | | | outpatient | | | 982.56 | | 383.15 | United | Commercial/PPO | 1782 | | | | 125 | 1782 | case rate | |
| HC RETROBULBAR INJECTION ALCOHOL | 67505 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Horizon | NJ Health | 148.77 | | | | 125 | 1782 | fee schedule | |
| HC RETROBULBAR INJECTION ALCOHOL | 67505 | CPT | | | | outpatient | | | 982.56 | | 383.15 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC RETROBULBAR INJECTION ALCOHOL | 67505 | CPT | | | | outpatient | | | 982.56 | | 383.15 | First Trenton | First Trenton | 884.3 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC RETROBULBAR INJECTION ALCOHOL | 67505 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Wellcare | Medicaid | 310 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC RETROBULBAR INJECTION ALCOHOL | 67505 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Horizon | PPO | 644.68 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RETROBULBAR INJECTION ALCOHOL | 67505 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Managed Care Inc | Managed Care Inc | 884.3 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC RETROBULBAR INJECTION ALCOHOL | 67505 | CPT | | | | outpatient | | | 982.56 | | 383.15 | UHC | Medicaid | 310 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC RETROBULBAR INJECTION ALCOHOL | 67505 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Three Rivers | Three Rivers | 933.43 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC RETROBULBAR INJECTION ALCOHOL | 67505 | CPT | | | | outpatient | | | 982.56 | | 383.15 | WellPoint | WellPoint | 316.19 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC RETROBULBAR INJECTION ALCOHOL | 67505 | CPT | | | | outpatient | | | 982.56 | | 383.15 | Wellcare | Medicare | 333.17 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECT/TREAT EYE SOCKET | 67515 | CPT | | | | outpatient | | | 968 | | 383.15 | First Health | First Health | 677.6 | 70 | | | 78.3 | 1782 | percent of total billed charges | |
| HC INJECT/TREAT EYE SOCKET | 67515 | CPT | | | | outpatient | | | 968 | | 383.15 | Aetna | Medicare | 333.17 | | | | 78.3 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECT/TREAT EYE SOCKET | 67515 | CPT | | | | outpatient | | | 968 | | 383.15 | Aetna | Commercial | 367.84 | 38 | | 247.63 | 78.3 | 1782 | percent of total billed charges | |
| HC INJECT/TREAT EYE SOCKET | 67515 | CPT | | | | outpatient | | | 968 | | 383.15 | Horizon | Indemnity | 644.68 | | | | 78.3 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECT/TREAT EYE SOCKET | 67515 | CPT | | | | outpatient | | | 968 | | 383.15 | UHC | Medicaid | 305.4 | 31.55 | | | 78.3 | 1782 | percent of total billed charges | |
| HC INJECT/TREAT EYE SOCKET | 67515 | CPT | | | | outpatient | | | 968 | | 383.15 | Aetna | Better Health | 305.4 | 31.55 | | | 78.3 | 1782 | percent of total billed charges | |
| HC INJECT/TREAT EYE SOCKET | 67515 | CPT | | | | outpatient | | | 968 | | 383.15 | First Trenton | First Trenton | 871.2 | 90 | | | 78.3 | 1782 | percent of total billed charges | |
| HC INJECT/TREAT EYE SOCKET | 67515 | CPT | | | | outpatient | | | 968 | | 383.15 | Horizon | Medicare Blue | 333.17 | | | | 78.3 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECT/TREAT EYE SOCKET | 67515 | CPT | | | | outpatient | | | 968 | | 383.15 | Multiplan | Multiplan | 774.4 | 80 | | | 78.3 | 1782 | percent of total billed charges | |
| HC INJECT/TREAT EYE SOCKET | 67515 | CPT | | | | outpatient | | | 968 | | 383.15 | Corrections | Corrections | 774.4 | 80 | | | 78.3 | 1782 | percent of total billed charges | |
| HC INJECT/TREAT EYE SOCKET | 67515 | CPT | | | | outpatient | | | 968 | | 383.15 | Amerihealth | HMO/PPO | 650 | | | | 78.3 | 1782 | fee schedule | |
| HC INJECT/TREAT EYE SOCKET | 67515 | CPT | | | | outpatient | | | 968 | | 383.15 | Americare | Americare | 726 | 75 | | | 78.3 | 1782 | percent of total billed charges | |
| HC INJECT/TREAT EYE SOCKET | 67515 | CPT | | | | outpatient | | | 968 | | 383.15 | UHC | Medicare | 333.17 | | | | 78.3 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECT/TREAT EYE SOCKET | 67515 | CPT | | | | outpatient | | | 968 | | 383.15 | Horizon | MGD | 644.68 | | | | 78.3 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECT/TREAT EYE SOCKET | 67515 | CPT | | | | outpatient | | | 968 | | 383.15 | Horizon | PPO | 644.68 | | | | 78.3 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECT/TREAT EYE SOCKET | 67515 | CPT | | | | outpatient | | | 968 | | 383.15 | Consumer | Consumer | 919.6 | 95 | | | 78.3 | 1782 | percent of total billed charges | |
| HC INJECT/TREAT EYE SOCKET | 67515 | CPT | | | | outpatient | | | 968 | | 383.15 | Qualcare | Qualcare | 726 | 75 | | | 78.3 | 1782 | percent of total billed charges | |
| HC INJECT/TREAT EYE SOCKET | 67515 | CPT | | | | outpatient | | | 968 | | 383.15 | Horizon | NJ Health | 78.3 | | | | 78.3 | 1782 | fee schedule | |
| HC INJECT/TREAT EYE SOCKET | 67515 | CPT | | | | outpatient | | | 968 | | 383.15 | United | Oxford | 1782 | | | | 78.3 | 1782 | case rate | |
| HC INJECT/TREAT EYE SOCKET | 67515 | CPT | | | | outpatient | | | 968 | | 383.15 | Three Rivers | Three Rivers | 919.6 | 95 | | | 78.3 | 1782 | percent of total billed charges | |
| HC INJEC

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC INJECT/TREAT EYE SOCKET | 67515 | CPT | | | | outpatient | | | 968 | 383.15 | Wellcare | Medicaid | 305.4 | 31.55 | | 131.85 | 78.3 | 1782 | percent of total billed charges | |
| HC INJECT/TREAT EYE SOCKET | 67515 | CPT | | | | outpatient | | | 968 | 383.15 | Managed Care Inc | Managed Care Inc | 871.2 | 90 | | | 78.3 | 1782 | percent of total billed charges | |
| HC INJECT/TREAT EYE SOCKET | 67515 | CPT | | | | outpatient | | | 968 | 383.15 | Wellcare | Medicare | 333.17 | | | | 78.3 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECT/TREAT EYE SOCKET | 67515 | CPT | | | | outpatient | | | 968 | 383.15 | WellPoint | WellPoint | 311.5 | 32.18 | | | 78.3 | 1782 | percent of total billed charges | |
| HC BLEPHAROTOMY DR ABSCESS EYELI | 67700 | CPT | | | | outpatient | | | 1049 | 383.15 | Horizon | MGD | 644.68 | | | | 83.39 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROTOMY DR ABSCESS EYELI | 67700 | CPT | | | | outpatient | | | 1049 | 383.15 | Horizon | Indemnity | 644.68 | | | | 83.39 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROTOMY DR ABSCESS EYELI | 67700 | CPT | | | | outpatient | | | 1049 | 383.15 | Aetna | Medicare | 333.17 | | | | 83.39 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROTOMY DR ABSCESS EYELI | 67700 | CPT | | | | outpatient | | | 1049 | 383.15 | Amerihealth | HMO/PPO | 300 | | | | 83.39 | 1782 | fee schedule | |
| HC BLEPHAROTOMY DR ABSCESS EYELI | 67700 | CPT | | | | outpatient | | | 1049 | 383.15 | First Health | First Health | 734.3 | 70 | | | 83.39 | 1782 | percent of total billed charges | |
| HC BLEPHAROTOMY DR ABSCESS EYELI | 67700 | CPT | | | | outpatient | | | 1049 | 383.15 | Aetna | Commercial | 398.62 | 38 | | | 83.39 | 1782 | percent of total billed charges | |
| HC BLEPHAROTOMY DR ABSCESS EYELI | 67700 | CPT | | | | outpatient | | | 1049 | 383.15 | Aetna | Better Health | 330.96 | 31.55 | | | 83.39 | 1782 | percent of total billed charges | |
| HC BLEPHAROTOMY DR ABSCESS EYELI | 67700 | CPT | | | | outpatient | | | 1049 | 383.15 | Horizon | PPO | 644.68 | | | | 83.39 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROTOMY DR ABSCESS EYELI | 67700 | CPT | | | | outpatient | | | 1049 | 383.15 | UHC | Medicaid | 330.96 | 31.55 | | | 83.39 | 1782 | percent of total billed charges | |
| HC BLEPHAROTOMY DR ABSCESS EYELI | 67700 | CPT | | | | outpatient | | | 1049 | 383.15 | Wellcare | Medicaid | 330.96 | 31.55 | | | 83.39 | 1782 | percent of total billed charges | |
| HC BLEPHAROTOMY DR ABSCESS EYELI | 67700 | CPT | | | | outpatient | | | 1049 | 383.15 | Corrections | Corrections | 839.2 | 80 | | | 83.39 | 1782 | percent of total billed charges | |
| HC BLEPHAROTOMY DR ABSCESS EYELI | 67700 | CPT | | | | outpatient | | | 1049 | 383.15 | Horizon | Medicare Blue | 333.17 | | | | 83.39 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROTOMY DR ABSCESS EYELI | 67700 | CPT | | | | outpatient | | | 1049 | 383.15 | UHC | Medicare | 333.17 | | | | 83.39 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROTOMY DR ABSCESS EYELI | 67700 | CPT | | | | outpatient | | | 1049 | 383.15 | Multiplan | Multiplan | 839.2 | 80 | | | 83.39 | 1782 | percent of total billed charges | |
| HC BLEPHAROTOMY DR ABSCESS EYELI | 67700 | CPT | | | | outpatient | | | 1049 | 383.15 | Americare | Americare | 786.75 | 75 | | | 83.39 | 1782 | percent of total billed charges | |
| HC BLEPHAROTOMY DR ABSCESS EYELI | 67700 | CPT | | | | outpatient | | | 1049 | 383.15 | Wellcare | Medicare | 333.17 | | | | 83.39 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BLEPHAROTOMY DR ABSCESS EYELI | 67700 | CPT | | | | outpatient | | | 1049 | 383.15 | United | Commercial/PPO | 1782 | | | | 83.39 | 1782 | case rate | |
| HC BLEPHAROTOMY DR ABSCESS EYELI | 67700 | CPT | | | | outpatient | | | 1049 | 383.15 | Qualcare | Qualcare | 786.75 | 75 | | | 83.39 | 1782 | percent of total billed charges | |
| HC BLEPHAROTOMY DR ABSCESS EYELI | 67700 | CPT | | | | outpatient | | | 1049 | 383.15 | Consumer | Consumer | 996.55 | 95 | | | 83.39 | 1782 | percent of total billed charges | |
| HC BLEPHAROTOMY DR ABSCESS EYELI | 67700 | CPT | | | | outpatient | | | 1049 | 383.15 | United | Oxford | 1782 | | | | 83.39 | 1782 | case rate | |
| HC BLEPHAROTOMY DR ABSCESS EYELI | 67700 | CPT | | | | outpatient | | | 1049 | 383.15 | First Trenton | First Trenton | 944.1 | 90 | | | 83.39 | 1782 | percent of total billed charges | |
| HC BLEPHAROTOMY DR ABSCESS EYELI | 67700 | CPT | | | | outpatient | | | 1049 | 383.15 | WellPoint | WellPoint | 337.57 | 32.18 | | 326.67 | 83.39 | 1782 | percent of total billed charges | |
| HC BLEPHAROTOMY DR ABSCESS EYELI | 67700 | CPT | | | | outpatient | | | 1049 | 383.15 | Horizon | NJ Health | 83.39 | | | | 83.39 | 1782 | fee schedule | |
| HC BLEPHAROTOMY DR ABSCESS EYELI | 67700 | CPT | | | | outpatient | | | 1049 | 383.15 | Managed Care Inc | Managed Care Inc | 944.1 | 90 | | | 83.39 | 1782 | percent of total billed charges | |
| HC BLEPHAROTOMY DR ABSCESS EYELI | 67700 | CPT | | | | outpatient | | | 1049 | 383.15 | Three Rivers | Three Rivers | 996.55 | 95 | | | 83.39 | 1782 | percent of total billed charges | |
| HC SEVERING TARSORRHAPHY | 67710 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | First Health | First Health | 2390.38 | 70 | | | 75.79 | 3244.09 | percent of total billed charges | |
| HC SEVERING TARSORRHAPHY | 67710 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Wellcare | Medicare | 1157.9 | | | | 75.79 | 3244.09 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SEVERING TARSORRHAPHY | 67710 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Aetna | Medicare | 1157.9 | | | | 75.79 | 3244.09 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SEVERING TARSORRHAPHY | 67710 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Amerihealth | HMO/PPO | 550 | | | | 75.79 | 3244.09 | fee schedule | |
| HC SEVERING TARSORRHAPHY | 67710 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Aetna | Better Health | 1077.38 | 31.55 | | | 75.79 | 3244.09 | percent of total billed charges | |
| HC SEVERING TARSORRHAPHY | 67710 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Horizon | MGD | 2240.54 | | | | 75.79 | 3244.09 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SEVERING TARSORRHAPHY | 67710 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Aetna | Commercial | 1297.64 | 38 | | | 75.79 | 3244.09 | percent of total billed charges | |
| HC SEVERING TARSORRHAPHY | 67710 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Americare | Americare | 2561.12 | 75 | | | 75.79 | 3244.09 | percent of total billed charges | |
| HC SEVERING TARSORRHAPHY | 67710 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | United | Oxford | 2493 | | | | 75.79 | 3244.09 | case rate | |
| HC SEVERING TARSORRHAPHY | 67710 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | UHC | Medicaid | 1077.38 | 31.55 | | | 75.79 | 3244.09 | percent of total billed charges | |
| HC SEVERING TARSORRHAPHY | 67710 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Corrections | Corrections | 2731.86 | 80 | | | 75.79 | 3244.09 | percent of total billed charges | |
| HC SEVERING TARSORRHAPHY | 67710 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Horizon | Indemnity | 2240.54 | | | | 75.79 | 3244.09 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SEVERING TARSORRHAPHY | 67710 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Multiplan | Multiplan | 2731.86 | 80 | | | 75.79 | 3244.09 | percent of total billed charges | |
| HC SEVERING TARSORRHAPHY | 67710 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | UHC | Medicare | 1157.9 | | | | 75.79 | 3244.09 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SEVERING TARSORRHAPHY | 67710 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Horizon | PPO | 2240.54 | | | | 75.79 | 3244.09 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SEVERING TARSORRHAPHY | 67710 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Consumer | Consumer | 3244.09 | 95 | | | 75.79 | 3244.09 | percent of total billed charges | |
| HC SEVERING TARSORRHAPHY | 67710 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Qualcare | Qualcare | 2561.12 | 75 | | | 75.79 | 3244.09 | percent of total billed charges | |
| HC SEVERING TARSORRHAPHY | 67710 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | United | Commercial/PPO | 2493 | | | | 75.79 | 3244.09 | case rate | |
| HC SEVERING TARSORRHAPHY | 67710 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | WellPoint | WellPoint | 1098.89 | 32.18 | | | 75.79 | 3244.09 | percent of total billed charges | |
| HC SEVERING TARSORRHAPHY | 67710 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | First Trenton | First Trenton | 3073.35 | 90 | | | 75.79 | 3244.09 | percent of total billed charges | |
| HC SEVERING TARSORRHAPHY | 67710 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Wellcare | Medicaid | 1077.38 | 31.55 | | | 75.79 | 3244.09 | percent of total billed charges | |
| HC SEVERING TARSORRHAPHY | 67710 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Horizon | Medicare Blue | 1157.9 | | | | 75.79 | 3244.09 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SEVERING TARSORRHAPHY | 67710 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Horizon | NJ Health | 75.79 | | | | 75.79 | 3244.09 | fee schedule | |
| HC SEVERING TARSORRHAPHY | 67710 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Managed Care Inc | Managed Care Inc | 3073.35 | 90 | | | 75.79 | 3244.09 | percent of total billed charges | |
| HC SEVERING TARSORRHAPHY | 67710 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Three Rivers | Three Rivers | 3244.09 | 95 | | | 75.79 | 3244.09 | percent of total billed charges | |
| HC CANTHOTOMY SEPARATE PROCEDURE | 67715 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Multiplan | Multiplan | 6305.39 | 80 | | | 87.7 | 7487.65 | percent of total billed charges | |
| HC CANTHOTOMY SEPARATE PROCEDURE | 67715 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Medicare | 2672.53 | | | | 87.7 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CANTHOTOMY SEPARATE PROCEDURE | 67715 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Better Health | 2486.69 | 31.55 | | | 87.7 | 7487.65 | percent of total billed charges | |
| HC CANTHOTOMY SEPARATE PROCEDURE | 67715 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | First Health | First Health | 5517.22 | 70 | | | 87.7 | 7487.65 | percent of total billed charges | |
| HC CANTHOTOMY SEPARATE PROCEDURE | 67715 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | UHC | Medicare | 2672.53 | | | | 87.7 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CANTHOTOMY SEPARATE PROCEDURE | 67715 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Americare | Americare | 5911.31 | 75 | | | 87.7 | 7487.65 | percent of total billed charges | |
| HC CANTHOTOMY SEPARATE PROCEDURE | 67715 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Corrections | Corrections | 6305.39 | 80 | | | 87.7 | 7487.65 | percent of total billed charges | |
| HC CANTHOTOMY SEPARATE PROCEDURE | 67715 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Commercial | 2995.06 | 38 | | | 87.7 | 7487.65 | percent of total billed charges | |
| HC CANTHOTOMY SEPARATE PROCEDURE | 67715 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Qualcare | Qualcare | 5911.31 | 75 | | | 87.7 | 7487.65 | percent of total billed charges | |
| HC CANTHOTOMY SEPARATE PROCEDURE | 67715 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | First Trenton | First Trenton | 7093.57 | 90 | | | 87.7 | 7487.65 | percent of total billed charges | |
| HC CANTHOTOMY SEPARATE PROCEDURE | 67715 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Consumer | Consumer | 7487.65 | 95 | | | 87.7 | 7487.65 | percent of total billed charges | |
| HC CANTHOTOMY SEPARATE PROCEDURE | 67715 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 87.7 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CANTHOTOMY SEPARATE PROCEDURE | 67715 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 87.7 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CANTHOTOMY SEPARATE PROCEDURE | 67715 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Amerihealth | HMO/PPO | 300 | | | | 87.7 | 7487.65 | fee schedule | |
| HC CANTHOTOMY SEPARATE PROCEDURE | 67715 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | NJ Health | 87.7 | | | | 87.7 | 7487.65 | fee schedule | |
| HC CANTHOTOMY SEPARATE PROCEDURE | 67715 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 87.7 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CANTHOTOMY SEPARATE PROCEDURE | 67715 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | WellPoint | WellPoint | 2536.34 | 32.18 | | | 87.7 | 7487.65 | percent of total billed charges | |
| HC CANTHOTOMY SEPARATE PROCEDURE | 67715 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | MGD | 5171.35 | | | | 87.7 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CANTHOTOMY SEPARATE PROCEDURE | 67715 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Three Rivers | Three Rivers | 7487.65 | 95 | | | 87.7 | 7487.65 | percent of total billed charges | |
| HC CANTHOTOMY SEPARATE PROCEDURE | 67715 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | PPO | 5171.35 | | | | 87.7 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CANTHOTOMY SEPARATE PROCEDURE | 67715 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | United | Oxford | 2776 | | | | 87.7 | 7487.65 | case rate | |
| HC CANTHOTOMY SEPARATE PROCEDURE | 67715 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Managed Care Inc | Managed Care Inc | 7093.57 | 90 | | | 87.7 | 7487.65 | percent of total billed charges | |
| HC CANTHOTOMY SEPARATE PROCEDURE | 67715 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Wellcare | Medicaid | 2486.69 | 31.55 | | | 87.7 | 7487.65 | percent of total billed charges | |
| HC CANTHOTOMY SEPARATE PROCEDURE | 67715 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | UHC | Medicaid | 2486.69 | 31.55 | | | 87.7 | 7487.65 | percent of total billed charges | |
| HC CANTHOTOMY SEPARATE PROCEDURE | 67715 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | United | Commercial/PPO | 2776 | | | | 87.7 | 7487.65 | case rate | |
| HC CHALAZION EXCISION SINGLE | 67800 | CPT | | | | outpatient | | | 968 | 383.15 | First Trenton | First Trenton | 871.2 | 90 | | | 107.27 | 1782 | percent of total billed charges | |
| HC CHALAZION EXCISION SINGLE | 67800 | CPT | | | | outpatient | | | 968 | 383.15 | Aetna | Medicare | 333.17 | | | | 107.27 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHALAZION EXCISION SINGLE | 67800 | CPT | | | | outpatient | | | 968 | 383.15 | Aetna | Better Health | 305.4 | 31.55 | | | 107.27 | 1782 | percent of total billed charges | |
| HC CHALAZION EXCISION SINGLE | 67800 | CPT | | | | outpatient | | | 968 | 383.15 | Americare | Americare | 726 | 75 | | | 107.27 | 1782 | percent of total billed charges | |
| HC CHALAZION EXCISION SINGLE | 67800 | CPT | | | | outpatient | | | 968 | 383.15 | Amerihealth | HMO/PPO | 125 | | | | 107.27 | 1782 | fee schedule | |
| HC CHALAZION EXCISION SINGLE | 67800 | CPT | | | | outpatient | | | 968 | 383.15 | Aetna | Commercial | 367.84 | 38 | | | 107.27 | 1782 | percent of total billed charges | |
| HC CHALAZION EXCISION SINGLE | 67800 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | NJ Health | 107.27 | | | 560.24 | 107.27 | 1782 | fee schedule | |
| HC CHALAZION EXCISION SINGLE | 67800 | CPT | | | | outpatient | | | 968 | 383.15 | Consumer | Consumer | 919.6 | 95 | | | 107.27 | 1782 | percent of total billed charges | |
| HC CHALAZION EXCISION SINGLE | 67800 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | Medicare Blue | 333.17 | | | | 107.27 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHALAZION EXCISION SINGLE | 67800 | CPT | | | | outpatient | | | 968 | 383.15 | Three Rivers | Three Rivers | 919.6 | 95 | | | 107.27 | 1782 | percent of total billed charges | |
| HC CHALAZION EXCISION SINGLE | 67800 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | PPO | 644.68 | | | | 107.27 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHALAZION EXCISION SINGLE | 67800 | CPT | | | | outpatient | | | 968 | 383.15 | Corrections | Corrections | 774.4 | 80 | | | 107.27 | 1782 | percent of total billed charges | |
| HC CHALAZION EXCISION SINGLE | 67800 | CPT | | | | outpatient | | | 968 | 383.15 | First Health | First Health | 677.6 | 70 | | | 107.27 | 1782 | percent of total billed charges | |
| HC CHALAZION EXCISION SINGLE | 67800 | CPT | | | | outpatient | | | 968 | 383.15 | Multiplan | Multiplan | 774.4 | 80 | | | 107.27 | 1782 | percent of total billed charges | |
| HC CHALAZION EXCISION SINGLE | 67800 | CPT | | | | outpatient | | | 968 | 383.15 | Managed Care Inc | Managed Care Inc | 871.2 | 90 | | | 107.27 | 1782 | percent of total billed charges | |
| HC CHALAZION EXCISION SINGLE | 67800 | CPT | | | | outpatient | | | 968 | 383.15 | UHC | Medicare | 333.17 | | | | 107.27 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHALAZION EXCISION SINGLE | 67800 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | Indemnity | 644.68 | | | | 107.27 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHALAZION EXCISION SINGLE | 67800 | CPT | | | | outpatient | | | 968 | 383.15 | Qualcare | Qualcare | 726 | 75 | | | 107.27 | 1782 | percent of total billed charges | |
| HC CHALAZION EXCISION SINGLE | 67800 | CPT | | | | outpatient | | | 968 | 383.15 | United | Oxford | 1782 | | | | 107.27 | 1782 | case rate | |
| HC CHALAZION EXCISION SINGLE | 67800 | CPT | | | | outpatient | | | 968 | 383.15 | Wellcare | Medicare | 333.17 | | | | 107.27 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHALAZION EXCISION SINGLE | 67800 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | MGD | 644.68 | | | 620.03 | 107.27 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHALAZION EXCISION SINGLE | 67800 | CPT | | | | outpatient | | | 968 | 383.15 | UHC | Medicaid | 305.4 | 31.55 | | | 107.27 | 1782 | percent of total billed charges | |
| HC CHALAZION EXCISION SINGLE | 67800 | CPT | | | | outpatient | | | 968 | 383.15 | United | Commercial/PPO | 1782 | | | | 107.27 | 1782 | case rate | |
| HC CHALAZION EXCISION SINGLE | 67800 | CPT | | | | outpatient | | | 968 | 383.15 | WellPoint | WellPoint | 311.5 | 32.18 | | | 107.27 | 1782 | percent of total billed charges | |
| HC CHALAZION EXCISION SINGLE | 67800 | CPT | | | | outpatient | | | 968 | 383.15 | Wellcare | Medicaid | 305.4 | 31.55 | | | 107.27 | 1782 | percent of total billed charges | |
| HC CHALAZION EXC MULT SAME LID | 67801 | CPT | | | | outpatient | | | 3180 | 1331.59 | Consumer | Consumer | 3021 | 95 | | | 125 | 3021 | percent of total billed charges | |
| HC CHALAZION EXC MULT SAME LID | 67801 | CPT | | | | outpatient | | | 3180 | 1331.59 | Americare | Americare | 2385 | 75 | | | 125 | 3021 | percent of total billed charges | |
| HC CHALAZION EXC MULT SAME LID | 67801 | CPT | | | | outpatient | | | 3180 | 1331.59 | Aetna | Better Health | 1003.29 | 31.55 | | | 125 | 3021 | percent of total billed charges | |
| HC CHALAZION EXC MULT SAME LID | 67801 | CPT | | | | outpatient | | | 3180 | 1331.59 | Amerihealth | HMO/PPO | 125 | | | | 125 | 3021 | fee schedule | |
| HC CHALAZION EXC MULT SAME LID | 67801 | CPT | | | | outpatient | | | 3180 | 1331.59 | First Trenton | First Trenton | 2862 | 90 | | | 125 | 3021 | percent of total billed charges | |
| HC CHALAZION EXC MULT SAME LID | 67801 | CPT | | | | outpatient | | | 3180 | 1331.59 | UHC | Medicaid | 1003.29 | 31.55 | | | 125 | 3021 | percent of total billed charges | |
| HC CHALAZION EXC MULT SAME LID | 67801 | CPT | | | | outpatient | | | 3180 | 1331.59 | Aetna | Medicare | 1157.9 | | | | 125 | 3021 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHALAZION EXC MULT SAME LID | 67801 | CPT | | | | outpatient | | | 3180 | 1331.59 | Horizon | Medicare Blue | 1157.9 | | | | 125 | 3021 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHALAZION EXC MULT SAME LID | 67801 | CPT | | | | outpatient | | | 3180 | 1331.59 | Corrections | Corrections | 2544 | 80 | | | 125 | 3021 | percent of total billed charges | |
| HC CHALAZION EXC MULT SAME LID | 67801 | CPT | | | | outpatient | | | 3180 | 1331.59 | Wellcare | Medicaid | 1003.29 | 31.55 | | | 125 | 3021 | percent of total billed charges | |
| HC CHALAZION EXC MULT SAME LID | 67801 | CPT | | | | outpatient | | | 3180 | 1331.59 | Aetna | Commercial | 1208.4 | 38 | | | 125 | 3021 | percent of total billed charges | |
| HC CHALAZION EXC MULT SAME LID | 67801 | CPT | | | | outpatient | | | 3180 | 1331.59 | UHC | Medicare | 1157.9 | | | | 125 | 3021 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHALAZION EXC MULT SAME LID | 67801 | CPT | | | | outpatient | | | 3180 | 1331.59 | Horizon | NJ Health | 151.56 | | | | 125 | 3021 | fee schedule | |
| HC CHALAZION EXC MULT SAME LID | 67801 | CPT | | | | outpatient | | | 3180 | 1331.59 | Wellcare | Medicare | 1157.9 | | | | 125 | 3021 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHALAZION EXC MULT SAME LID | 67801 | CPT | | | | outpatient | | | 3180 | 1331.59 | First Health | First Health | 2226 | 70 | | | 125 | 3021 | percent of total billed charges | |
| HC CHALAZION EXC MULT SAME LID | 67801 | CPT | | | | outpatient | | | 3180 | 1331.59 | Horizon | Indemnity | 2240.54 | | | | 125 | 3021 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHALAZION EXC MULT SAME LID | 67801 | CPT | | | | outpatient | | | 3180 | 1331.59 | Horizon | MGD | 2240.54 | | | 1979.06 | 125 | 3021 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHALAZION EXC MULT SAME LID | 67801 | CPT | | | | outpatient | | | 3180 | 1331.59 | Managed Care Inc | Managed Care Inc | 2862 | 90 | | | 125 | 3021 | percent of total billed charges | |
| HC CHALAZION EXC MULT SAME LID | 67801 | CPT | | | | outpatient | | | 3180 | 1331.59 | Multiplan | Multiplan | 2544 | 80 | | | 125 | 3021 | percent of total billed charges | |
| HC CHALAZION EXC MULT SAME LID | 67801 | CPT | | | | outpatient | | | 3180 | 1331.59 | Horizon | PPO | 2240.54 | | | | 125 | 3021 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHALAZION EXC MULT SAME LID | 67801 | CPT | | | | outpatient | | | 3180 | 1331.59 | Qualcare | Qualcare | 2385 | 75 | | | 125 | 3021 | percent of total billed charges | |
| HC CHALAZION EXC MULT SAME LID | 67801 | CPT | | | | outpatient | | | 3180 | 1331.59 | Three Rivers | Three Rivers | 3021 | 95 | | | 125 | 3021 | percent of total billed charges | |
| HC CHALAZION EXC MULT SAME LID | 67801 | CPT | | | | outpatient | | | 3180 | 1331.59 | United | Commercial/PPO | 2493 | | | | 125 | 3021 | case rate | |
| HC CHALAZION EXC MULT SAME LID | 67801 | CPT | | | | outpatient | | | 3180 | 1331.59 | United | Oxford | 2493 | | | | 125 | 3021 | case rate | |
| HC CHALAZION EXC MULT SAME LID | 67801 | CPT | | | | outpatient | | | 3180 | 1331.59 | WellPoint | WellPoint | 1023.32 | 32.18 | | | 125 | 3021 | percent of total billed charges | |
| HC CHALAZION EXC MULT DIFF LIDS | 67805 | CPT | | | | outpatient | | | 968 | 383.15 | Aetna | Commercial | 367.84 | 38 | | | 125 | 1782 | percent of total billed charges | |
| HC CHALAZION EXC MULT DIFF LIDS | 67805 | CPT | | | | outpatient | | | 968 | 383.15 | Consumer | Consumer | 919.6 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC CHALAZION EXC MULT DIFF LIDS | 67805 | CPT | | | | outpatient | | | 968 | 383.15 | Americare | Americare | 726 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC CHALAZION EXC MULT DIFF LIDS | 67805 | CPT | | | | outpatient | | | 968 | 383.15 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC CHALAZION EXC MULT DIFF LIDS | 67805 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | Indemnity | 644.68 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHALAZION EXC MULT DIFF LIDS | 67805 | CPT | | | | outpatient | | | 968 | 383.15 | Aetna | Better Health | 305.4 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC CHALAZION EXC MULT DIFF LIDS | 67805 | CPT | | | | outpatient | | | 968 | 383.15 | Aetna | Medicare | 333.17 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHALAZION EXC MULT DIFF LIDS | 67805 | CPT | | | | outpatient | | | 968 | 383.15 | UHC | Medicare | 333.17 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHALAZION EXC MULT DIFF LIDS | 67805 | CPT | | | | outpatient | | | 968 | 383.15 | Multiplan | Multiplan | 774.4 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC CHALAZION EXC MULT DIFF LIDS | 67805 | CPT | | | | outpatient | | | 968 | 383.15 | First Health | First Health | 677.6 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC CHALAZION EXC MULT DIFF LIDS | 67805 | CPT | | | | outpatient | | | 968 | 383.15 | Three Rivers | Three Rivers | 919.6 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC CHALAZION EXC MULT DIFF LIDS | 67805 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | MGD | 644.68 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHALAZION EXC MULT DIFF LIDS | 67805 | CPT | | | | outpatient | | | 968 | 383.15 | United | Commercial/PPO | 1782 | | | | 125 | 1782 | case rate | |
| HC CHALAZION EXC MULT DIFF LIDS | 67805 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | Medicare Blue | 333.17 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHALAZION EXC MULT DIFF LIDS | 67805 | CPT | | | | outpatient | | | 968 | 383.15 | Corrections | Corrections | 774.4 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC CHALAZION EXC MULT DIFF LIDS | 67805 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | PPO | 644.68 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHALAZION EXC MULT DIFF LIDS | 67805 | CPT | | | | outpatient | | | 968 | 383.15 | Qualcare | Qualcare | 726 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC CHALAZION EXC MULT DIFF LIDS | 67805 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | NJ Health | 165.89 | | | 165.89 | 125 | 1782 | fee schedule | |
| HC CHALAZION EXC MULT DIFF LIDS | 67805 | CPT | | | | outpatient | | | 968 | 383.15 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC CHALAZION EXC MULT DIFF LIDS | 67805 | CPT | | | | outpatient | | | 968 | 383.15 | UHC | Medicaid | 305.4 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC CHALAZION EXC MULT DIFF LIDS | 67805 | CPT | | | | outpatient | | | 968 | 383.15 | Wellcare | Medicaid | 305.4 | 31.55 | | | 125 | | 1782 percent of total billed charges | |
| HC CHALAZION EXC MULT DIFF LIDS | 67805 | CPT | | | | outpatient | | | 968 | 383.15 | Wellcare | Medicare | 333.17 | | | | 125 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHALAZION EXC MULT DIFF LIDS | 67805 | CPT | | | | outpatient | | | 968 | 383.15 | First Trenton | First Trenton | 871.2 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC CHALAZION EXC MULT DIFF LIDS | 67805 | CPT | | | | outpatient | | | 968 | 383.15 | WellPoint | WellPoint | 311.5 | 32.18 | | | 125 | | 1782 percent of total billed charges | |
| HC CHALAZION EXC MULT DIFF LIDS | 67805 | CPT | | | | outpatient | | | 968 | 383.15 | Managed Care Inc | Managed Care Inc | 871.2 | 90 | | | 125 | | 1782 percent of total billed charges | |
| HC BIOSPY EYELID | 67810 | CPT | | | | outpatient | | | 968 | 383.15 | Consumer | Consumer | 919.6 | 95 | | | 50.53 | | 1782 percent of total billed charges | |
| HC BIOSPY EYELID | 67810 | CPT | | | | outpatient | | | 968 | 383.15 | First Trenton | First Trenton | 871.2 | 90 | | | 50.53 | | 1782 percent of total billed charges | |
| HC BIOSPY EYELID | 67810 | CPT | | | | outpatient | | | 968 | 383.15 | Multiplan | Multiplan | 774.4 | 80 | | | 50.53 | | 1782 percent of total billed charges | |
| HC BIOSPY EYELID | 67810 | CPT | | | | outpatient | | | 968 | 383.15 | Aetna | Medicare | 333.17 | | | | 50.53 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOSPY EYELID | 67810 | CPT | | | | outpatient | | | 968 | 383.15 | Corrections | Corrections | 774.4 | 80 | | | 50.53 | | 1782 percent of total billed charges | |
| HC BIOSPY EYELID | 67810 | CPT | | | | outpatient | | | 968 | 383.15 | Americare | Americare | 726 | 75 | | | 50.53 | | 1782 percent of total billed charges | |
| HC BIOSPY EYELID | 67810 | CPT | | | | outpatient | | | 968 | 383.15 | UHC | Medicare | 333.17 | | | | 50.53 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOSPY EYELID | 67810 | CPT | | | | outpatient | | | 968 | 383.15 | Aetna | Better Health | 305.4 | 31.55 | | | 50.53 | | 1782 percent of total billed charges | |
| HC BIOSPY EYELID | 67810 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | NJ Health | 50.53 | | | | 50.53 | | 1782 fee schedule | |
| HC BIOSPY EYELID | 67810 | CPT | | | | outpatient | | | 968 | 383.15 | Managed Care Inc | Managed Care Inc | 871.2 | 90 | | | 50.53 | | 1782 percent of total billed charges | |
| HC BIOSPY EYELID | 67810 | CPT | | | | outpatient | | | 968 | 383.15 | Qualcare | Qualcare | 726 | 75 | | | 50.53 | | 1782 percent of total billed charges | |
| HC BIOSPY EYELID | 67810 | CPT | | | | outpatient | | | 968 | 383.15 | First Health | First Health | 677.6 | 70 | | | 50.53 | | 1782 percent of total billed charges | |
| HC BIOSPY EYELID | 67810 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | Medicare Blue | 333.17 | | | | 50.53 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOSPY EYELID | 67810 | CPT | | | | outpatient | | | 968 | 383.15 | Amerihealth | HMO/PPO | 125 | | | | 50.53 | | 1782 fee schedule | |
| HC BIOSPY EYELID | 67810 | CPT | | | | outpatient | | | 968 | 383.15 | Wellcare | Medicare | 333.17 | | | | 50.53 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOSPY EYELID | 67810 | CPT | | | | outpatient | | | 968 | 383.15 | Aetna | Commercial | 367.84 | 38 | | | 50.53 | | 1782 percent of total billed charges | |
| HC BIOSPY EYELID | 67810 | CPT | | | | outpatient | | | 968 | 383.15 | United | Oxford | 1782 | | | | 50.53 | | 1782 case rate | |
| HC BIOSPY EYELID | 67810 | CPT | | | | outpatient | | | 968 | 383.15 | Three Rivers | Three Rivers | 919.6 | 95 | | | 50.53 | | 1782 percent of total billed charges | |
| HC BIOSPY EYELID | 67810 | CPT | | | | outpatient | | | 968 | 383.15 | Wellcare | Medicaid | 305.4 | 31.55 | | | 50.53 | | 1782 percent of total billed charges | |
| HC BIOSPY EYELID | 67810 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | MGD | 644.68 | | | | 50.53 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOSPY EYELID | 67810 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | Indemnity | 644.68 | | | | 50.53 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOSPY EYELID | 67810 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | PPO | 644.68 | | | | 50.53 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOSPY EYELID | 67810 | CPT | | | | outpatient | | | 968 | 383.15 | UHC | Medicaid | 305.4 | 31.55 | | | 50.53 | | 1782 percent of total billed charges | |
| HC BIOSPY EYELID | 67810 | CPT | | | | outpatient | | | 968 | 383.15 | WellPoint | WellPoint | 311.5 | 32.18 | | | 50.53 | | 1782 percent of total billed charges | |
| HC BIOSPY EYELID | 67810 | CPT | | | | outpatient | | | 968 | 383.15 | United | CommercialPPO | 1782 | | | | 50.53 | | 1782 case rate | |
| HC EPILATION FORCEPS | 67820 | CPT | | | | outpatient | | | 592 | 168 | Aetna | Commercial | 224.96 | 38 | | | 58.46 | | 1782 percent of total billed charges | |
| HC EPILATION FORCEPS | 67820 | CPT | | | | outpatient | | | 592 | 168 | Americare | Americare | 444 | 75 | | | 58.46 | | 1782 percent of total billed charges | |
| HC EPILATION FORCEPS | 67820 | CPT | | | | outpatient | | | 592 | 168 | UHC | Medicare | 146.09 | | | | 58.46 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EPILATION FORCEPS | 67820 | CPT | | | | outpatient | | | 592 | 168 | Qualcare | Qualcare | 444 | 75 | | | 58.46 | | 1782 percent of total billed charges | |
| HC EPILATION FORCEPS | 67820 | CPT | | | | outpatient | | | 592 | 168 | Aetna | Better Health | 186.78 | 31.55 | | | 58.46 | | 1782 percent of total billed charges | |
| HC EPILATION FORCEPS | 67820 | CPT | | | | outpatient | | | 592 | 168 | Amerihealth | HMO/PPO | 125 | | | | 58.46 | | 1782 fee schedule | |
| HC EPILATION FORCEPS | 67820 | CPT | | | | outpatient | | | 592 | 168 | Horizon | MGD | 282.68 | | | | 58.46 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EPILATION FORCEPS | 67820 | CPT | | | | outpatient | | | 592 | 168 | Corrections | Corrections | 473.6 | 80 | | | 58.46 | | 1782 percent of total billed charges | |
| HC EPILATION FORCEPS | 67820 | CPT | | | | outpatient | | | 592 | 168 | Multiplan | Multiplan | 473.6 | 80 | | | 58.46 | | 1782 percent of total billed charges | |
| HC EPILATION FORCEPS | 67820 | CPT | | | | outpatient | | | 592 | 168 | Horizon | Medicare Blue | 146.09 | | | | 58.46 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EPILATION FORCEPS | 67820 | CPT | | | | outpatient | | | 592 | 168 | Horizon | PPO | 282.68 | | | 132.15 | 58.46 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EPILATION FORCEPS | 67820 | CPT | | | | outpatient | | | 592 | 168 | First Trenton | First Trenton | 532.8 | 90 | | | 58.46 | | 1782 percent of total billed charges | |
| HC EPILATION FORCEPS | 67820 | CPT | | | | outpatient | | | 592 | 168 | Aetna | Medicare | 146.09 | | | | 58.46 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EPILATION FORCEPS | 67820 | CPT | | | | outpatient | | | 592 | 168 | Horizon | Indemnity | 282.68 | | | | 58.46 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EPILATION FORCEPS | 67820 | CPT | | | | outpatient | | | 592 | 168 | UHC | Medicaid | 186.78 | 31.55 | | | 58.46 | | 1782 percent of total billed charges | |
| HC EPILATION FORCEPS | 67820 | CPT | | | | outpatient | | | 592 | 168 | Horizon | NJ Health | 58.46 | | | | 58.46 | | 1782 fee schedule | |
| HC EPILATION FORCEPS | 67820 | CPT | | | | outpatient | | | 592 | 168 | Consumer | Consumer | 562.4 | 95 | | | 58.46 | | 1782 percent of total billed charges | |
| HC EPILATION FORCEPS | 67820 | CPT | | | | outpatient | | | 592 | 168 | Three Rivers | Three Rivers | 562.4 | 95 | | | 58.46 | | 1782 percent of total billed charges | |
| HC EPILATION FORCEPS | 67820 | CPT | | | | outpatient | | | 592 | 168 | First Health | First Health | 414.4 | 70 | | | 58.46 | | 1782 percent of total billed charges | |
| HC EPILATION FORCEPS | 67820 | CPT | | | | outpatient | | | 592 | 168 | Managed Care Inc | Managed Care Inc | 532.8 | 90 | | | 58.46 | | 1782 percent of total billed charges | |
| HC EPILATION FORCEPS | 67820 | CPT | | | | outpatient | | | 592 | 168 | United | CommercialPPO | 1782 | | | | 58.46 | | 1782 case rate | |
| HC EPILATION FORCEPS | 67820 | CPT | | | | outpatient | | | 592 | 168 | WellPoint | WellPoint | 190.51 | 32.18 | | | 58.46 | | 1782 percent of total billed charges | |
| HC EPILATION FORCEPS | 67820 | CPT | | | | outpatient | | | 592 | 168 | United | Oxford | 1782 | | | | 58.46 | | 1782 case rate | |
| HC EPILATION FORCEPS | 67820 | CPT | | | | outpatient | | | 592 | 168 | Wellcare | Medicaid | 186.78 | 31.55 | | | 58.46 | | 1782 percent of total billed charges | |
| HC EPILATION FORCEPS | 67820 | CPT | | | | outpatient | | | 592 | 168 | Wellcare | Medicare | 146.09 | | | | 58.46 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS | 67825 | CPT | | | | outpatient | | | 982.56 | 383.15 | Aetna | Better Health | 310 | 31.55 | | | 73.08 | | 1782 percent of total billed charges | |
| HC CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS | 67825 | CPT | | | | outpatient | | | 982.56 | 383.15 | Aetna | Medicare | 333.17 | | | | 73.08 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS | 67825 | CPT | | | | outpatient | | | 982.56 | 383.15 | Americare | Americare | 736.92 | 75 | | | 73.08 | | 1782 percent of total billed charges | |
| HC CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS | 67825 | CPT | | | | outpatient | | | 982.56 | 383.15 | Amerihealth | HMO/PPO | 125 | | | | 73.08 | | 1782 fee schedule | |
| HC CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS | 67825 | CPT | | | | outpatient | | | 982.56 | 383.15 | Corrections | Corrections | 786.05 | 80 | | | 73.08 | | 1782 percent of total billed charges | |
| HC CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS | 67825 | CPT | | | | outpatient | | | 982.56 | 383.15 | First Trenton | First Trenton | 884.3 | 90 | | | 73.08 | | 1782 percent of total billed charges | |
| HC CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS | 67825 | CPT | | | | outpatient | | | 982.56 | 383.15 | UHC | Medicare | 333.17 | | | | 73.08 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS | 67825 | CPT | | | | outpatient | | | 982.56 | 383.15 | Aetna | Commercial | 373.37 | 38 | | | 73.08 | | 1782 percent of total billed charges | |
| HC CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS | 67825 | CPT | | | | outpatient | | | 982.56 | 383.15 | Consumer | Consumer | 933.43 | 95 | | | 73.08 | | 1782 percent of total billed charges | |
| HC CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS | 67825 | CPT | | | | outpatient | | | 982.56 | 383.15 | Horizon | MGD | 644.68 | | | | 73.08 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS | 67825 | CPT | | | | outpatient | | | 982.56 | 383.15 | Multiplan | Multiplan | 786.05 | 80 | | | 73.08 | | 1782 percent of total billed charges | |
| HC CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS | 67825 | CPT | | | | outpatient | | | 982.56 | 383.15 | First Health | First Health | 687.79 | 70 | | | 73.08 | | 1782 percent of total billed charges | |
| HC CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS | 67825 | CPT | | | | outpatient | | | 982.56 | 383.15 | Wellcare | Medicare | 333.17 | | | | 73.08 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS | 67825 | CPT | | | | outpatient | | | 982.56 | 383.15 | Managed Care Inc | Managed Care Inc | 884.3 | 90 | | | 73.08 | | 1782 percent of total billed charges | |
| HC CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS | 67825 | CPT | | | | outpatient | | | 982.56 | 383.15 | Qualcare | Qualcare | 736.92 | 75 | | | 73.08 | | 1782 percent of total billed charges | |
| HC CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS | 67825 | CPT | | | | outpatient | | | 982.56 | 383.15 | Horizon | PPO | 644.68 | | | | 73.08 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS | 67825 | CPT | | | | outpatient | | | 982.56 | 383.15 | Horizon | NJ Health | 73.08 | | | | 73.08 | | 1782 fee schedule | |
| HC CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS | 67825 | CPT | | | | outpatient | | | 982.56 | 383.15 | Horizon | Indemnity | 644.68 | | | | 73.08 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS | 67825 | CPT | | | | outpatient | | | 982.56 | 383.15 | Three Rivers | Three Rivers | 933.43 | 95 | | | 73.08 | | 1782 percent of total billed charges | |
| HC CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS | 67825 | CPT | | | | outpatient | | | 982.56 | 383.15 | UHC | Medicaid | 310 | 31.55 | | | 73.08 | | 1782 percent of total billed charges | |
| HC CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS | 67825 | CPT | | | | outpatient | | | 982.56 | 383.15 | United | Oxford | 1782 | | | | 73.08 | | 1782 case rate | |
| HC CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS | 67825 | CPT | | | | outpatient | | | 982.56 | 383.15 | Horizon | Medicare Blue | 333.17 | | | | 73.08 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS | 67825 | CPT | | | | outpatient | | | 982.56 | 383.15 | United | CommercialPPO | 1782 | | | | 73.08 | | 1782 case rate | |
| HC CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS | 67825 | CPT | | | | outpatient | | | 982.56 | 383.15 | Wellcare | Medicaid | 310 | 31.55 | | | 73.08 | | 1782 percent of total billed charges | |
| HC CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS | 67825 | CPT | | | | outpatient | | | 982.56 | 383.15 | WellPoint | WellPoint | 316.19 | 32.18 | | | 73.08 | | 1782 percent of total billed charges | |
| HC CORRECTION TRICHIASIS INCCISION LID MARGIN | 67830 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Aetna | Medicare | 1157.9 | | | | 315.81 | | 3244.09 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECTION TRICHIASIS INCCISION LID MARGIN | 67830 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Consumer | Consumer | 3244.09 | 95 | | | 315.81 | | 3244.09 percent of total billed charges | |
| HC CORRECTION TRICHIASIS INCCISION LID MARGIN | 67830 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | UHC | Medicare | 1157.9 | | | | 315.81 | | 3244.09 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECTION TRICHIASIS INCCISION LID MARGIN | 67830 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Amerihealth | HMO/PPO | 550 | | | | 315.81 | | 3244.09 fee schedule | |
| HC CORRECTION TRICHIASIS INCCISION LID MARGIN | 67830 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Americare | Americare | 2561.12 | 75 | | | 315.81 | | 3244.09 percent of total billed charges | |
| HC CORRECTION TRICHIASIS INCCISION LID MARGIN | 67830 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Aetna | Better Health | 1077.38 | 31.55 | | | 315.81 | | 3244.09 percent of total billed charges | |
| HC CORRECTION TRICHIASIS INCCISION LID MARGIN | 67830 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | First Trenton | First Trenton | 3073.35 | 90 | | | 315.81 | | 3244.09 percent of total billed charges | |
| HC CORRECTION TRICHIASIS INCCISION LID MARGIN | 67830 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | UHC | Medicaid | 1077.38 | 31.55 | | | 315.81 | | 3244.09 percent of total billed charges | |
| HC CORRECTION TRICHIASIS INCCISION LID MARGIN | 67830 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Horizon | MGD | 2240.54 | | | | 315.81 | | 3244.09 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECTION TRICHIASIS INCCISION LID MARGIN | 67830 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Corrections | Corrections | 2731.86 | 80 | | | 315.81 | | 3244.09 percent of total billed charges | |
| HC CORRECTION TRICHIASIS INCCISION LID MARGIN | 67830 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Managed Care Inc | Managed Care Inc | 3073.35 | 90 | | | 315.81 | | 3244.09 percent of total billed charges | |
| HC CORRECTION TRICHIASIS INCCISION LID MARGIN | 67830 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | First Health | First Health | 2390.38 | 70 | | | 315.81 | | 3244.09 percent of total billed charges | |
| HC CORRECTION TRICHIASIS INCCISION LID MARGIN | 67830 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Three Rivers | Three Rivers | 3244.09 | 95 | | | 315.81 | | 3244.09 percent of total billed charges | |
| HC CORRECTION TRICHIASIS INCCISION LID MARGIN | 67830 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Aetna | Commercial | 1297.64 | 38 | | | 315.81 | | 3244.09 percent of total billed charges | |
| HC CORRECTION TRICHIASIS INCCISION LID MARGIN | 67830 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Multiplan | Multiplan | 2731.86 | 80 | | | 315.81 | | 3244.09 percent of total billed charges | |
| HC CORRECTION TRICHIASIS INCCISION LID MARGIN | 67830 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | United | CommercialPPO | 2493 | | | | 315.81 | | 3244.09 case rate | |
| HC CORRECTION TRICHIASIS INCCISION LID MARGIN | 67830 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Qualcare | Qualcare | 2561.12 | 75 | | | 315.81 | | 3244.09 percent of total billed charges | |
| HC CORRECTION TRICHIASIS INCCISION LID MARGIN | 67830 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Horizon | Indemnity | 2240.54 | | | | 315.81 | | 3244.09 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECTION TRICHIASIS INCCISION LID MARGIN | 67830 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Wellcare | Medicaid | 1077.38 | 31.55 | | | 315.81 | | 3244.09 percent of total billed charges | |
| HC CORRECTION TRICHIASIS INCCISION LID MARGIN | 67830 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Wellcare | Medicare | 1157.9 | | | | 315.81 | | 3244.09 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECTION TRICHIASIS INCCISION LID MARGIN | 67830 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Horizon | Medicare Blue | 1157.9 | | | | 315.81 | | 3244.09 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECTION TRICHIASIS INCCISION LID MARGIN | 67830 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Horizon | NJ Health | 315.81 | | | | 315.81 | | 3244.09 fee schedule | |
| HC CORRECTION TRICHIASIS INCCISION LID MARGIN | 67830 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Horizon | PPO | 2240.54 | | | | 315.81 | | 3244.09 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECTION TRICHIASIS INCCISION LID MARGIN | 67830 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | United | Oxford | 2493 | | | | 315.81 | | 3244.09 case rate | |
| HC CORRECTION TRICHIASIS INCCISION LID MARGIN | 67830 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | WellPoint | WellPoint | 1098.89 | 32.18 | | | 315.81 | | 3244.09 percent of total billed charges | |
| HC EXCISION LESION LID INV MARGIN | 67840 | CPT | | | | outpatient | | | 3180 | 1331.59 | Americare | Americare | 2385 | 75 | | | 65.77 | | 3021 percent of total billed charges | |
| HC EXCISION LESION LID INV MARGIN | 67840 | CPT | | | | outpatient | | | 3180 | 1331.59 | Horizon | Indemnity | 2240.54 | | | | 65.77 | | 3021 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION LESION LID INV MARGIN | 67840 | CPT | | | | outpatient | | | 3180 | 1331.59 | Aetna | Medicare | 1157.9 | | | | 65.77 | | 3021 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION LESION LID INV MARGIN | 67840 | CPT | | | | outpatient | | | 3180 | 1331.59 | First Health | First Health | 2226 | 70 | | | 65.77 | | 3021 percent of total billed charges | |
| HC EXCISION LESION LID INV MARGIN | 67840 | CPT | | | | outpatient | | | 3180 | 1331.59 | Aetna | Commercial | 1208.4 | 38 | | | 65.77 | | 3021 percent of total billed charges | |
| HC EXCISION LESION LID INV MARGIN | 67840 | CPT | | | | outpatient | | | 3180 | 1331.59 | Wellcare | Medicare | 1157.9 | | | | 65.77 | | 3021 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION LESION LID INV MARGIN | 67840 | CPT | | | | outpatient | | | 3180 | 1331.59 | Aetna | Better Health | 1003.29 | 31.55 | | | 65.77 | | 3021 percent of total billed charges | |
| HC EXCISION LESION LID INV MARGIN | 67840 | CPT | | | | outpatient | | | 3180 | 1331.59 | Amerihealth | HMO/PPO | 125 | | | | 65.77 | | 3021 fee schedule | |
| HC EXCISION LESION LID INV MARGIN | 67840 | CPT | | | | outpatient | | | 3180 | 1331.59 | United | CommercialPPO | 2493 | | | | 65.77 | | 3021 case rate | |
| HC EXCISION LESION LID INV MARGIN | 67840 | CPT | | | | outpatient | | | 3180 | 1331.59 | Horizon | Medicare Blue | 1157.9 | | | | 65.77 | | 3021 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION LESION LID INV MARGIN | 67840 | CPT | | | | outpatient | | | 3180 | 1331.59 | Corrections | Corrections | 2544 | 80 | | | 65.77 | | 3021 percent of total billed charges | |
| HC EXCISION LESION LID INV MARGIN | 67840 | CPT | | | | outpatient | | | 3180 | 1331.59 | Three Rivers | Three Rivers | 3021 | 95 | | | 65.77 | | 3021 percent of total billed charges | |
| HC EXCISION LESION LID INV MARGIN | 67840 | CPT | | | | outpatient | | | 3180 | 1331.59 | Multiplan | Multiplan | 2544 | 80 | | | 65.77 | | 3021 percent of total billed charges | |
| HC EXCISION LESION LID INV MARGIN | 67840 | CPT | | | | outpatient | | | 3180 | 1331.59 | Horizon | PPO | 2240.54 | | | | 65.77 | | 3021 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION LESION LID INV MARGIN | 67840 | CPT | | | | outpatient | | | 3180 | 1331.59 | Consumer | Consumer | 3021 | 95 | | | 65.77 | | 3021 percent of total billed charges | |
| HC EXCISION LESION LID INV MARGIN | 67840 | CPT | | | | outpatient | | | 3180 | 1331.59 | Horizon | MGD | 2240.54 | | | | 65.77 | | 3021 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION LESION LID INV MARGIN | 67840 | CPT | | | | outpatient | | | 3180 | 1331.59 | Qualcare | Qualcare | 2385 | 75 | | | 65.77 | | 3021 percent of total billed charges | |
| HC EXCISION LESION LID INV MARGIN | 67840 | CPT | | | | outpatient | | | 3180 | 1331.59 | United | Oxford | 2493 | | | | 65.77 | | 3021 case rate | |
| HC EXCISION LESION LID INV MARGIN | 67840 | CPT | | | | outpatient | | | 3180 | 1331.59 | First Trenton | First Trenton | 2862 | 90 | | | 65.77 | | 3021 percent of total billed charges | |
| HC EXCISION LESION LID INV MARGIN | 67840 | CPT | | | | outpatient | | | 3180 | 1331.59 | UHC | Medicaid | 1003.29 | 31.55 | | | 65.77 | | 3021 percent of total billed charges | |
| HC EXCISION LESION LID INV MARGIN | 67840 | CPT | | | | outpatient | | | 3180 | 1331.59 | Horizon | NJ Health | 65.77 | | | | 65.77 | | 3021 fee schedule | |
| HC EXCISION LESION LID INV MARGIN | 67840 | CPT | | | | outpatient | | | 3180 | 1331.59 | Wellcare | Medicaid | 1003.29 | 31.55 | | 1003.19 | 65.77 | | 3021 percent of total billed charges | |
| HC EXCISION LESION LID INV MARGIN | 67840 | CPT | | | | outpatient | | | 3180 | 1331.59 | Managed Care Inc | Managed Care Inc | 2862 | 90 | | | 65.77 | | 3021 percent of total billed charges | |
| HC EXCISION LESION LID INV MARGIN | 67840 | CPT | | | | outpatient | | | 3180 | 1331.59 | UHC | Medicare | 1157.9 | | | | 65.77 | | 3021 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION LESION LID INV MARGIN | 67840 | CPT | | | | outpatient | | | 3180 | 1331.59 | WellPoint | WellPoint | 1023.32 | 32.18 | | 1070.91 | 65.77 | | 3021 percent of total billed charges | |
| HC TARSORRHAPHY TEMPORARY | 67875 | CPT | | | | outpatient | | | 3180 | 1331.59 | Aetna | Better Health | 1003.29 | 31.55 | | | 182.7 | | 3021 percent of total billed charges | |
| HC TARSORRHAPHY TEMPORARY | 67875 | CPT | | | | outpatient | | | 3180 | 1331.59 | Amerihealth | HMO/PPO | 550 | | | | 182.7 | | 3021 fee schedule | |
| HC TARSORRHAPHY TEMPORARY | 67875 | CPT | | | | outpatient | | | 3180 | 1331.59 | Americare | Americare | 2385 | 75 | | | 182.7 | | 3021 percent of total billed charges | |
| HC TARSORRHAPHY TEMPORARY | 67875 | CPT | | | | outpatient | | | 3180 | 1331.59 | Corrections | Corrections | 2544 | 80 | | | 182.7 | | 3021 percent of total billed charges | |
| HC TARSORRHAPHY TEMPORARY | 67875 | CPT | | | | outpatient | | | 3180 | 1331.59 | Consumer | Consumer | 3021 | 95 | | | 182.7 | | 3021 percent of total billed charges | |
| HC TARSORRHAPHY TEMPORARY | 67875 | CPT | | | | outpatient | | | 3180 | 1331.59 | UHC | Medicare | 1157.9 | | | | 182.7 | | 3021 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TARSORRHAPHY TEMPORARY | 67875 | CPT | | | | outpatient | | | 3180 | 1331.59 | Aetna | Medicare | 1157.9 | | | | 182.7 | | 3021 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TARSORRHAPHY TEMPORARY | 67875 | CPT | | | | outpatient | | | 3180 | 1331.59 | First Trenton | First Trenton | 2862 | 90 | | | 182.7 | | 3021 percent of total billed charges | |
| HC TARSORRHAPHY TEMPORARY | 67875 | CPT | | | | outpatient | | | 3180 | 1331.59 | Aetna | Commercial | 1208.4 | 38 | | | 182.7 | | 3021 percent of total billed charges | |
| HC TARSORRHAPHY TEMPORARY | 67875 | CPT | | | | outpatient | | | 3180 | 1331.59 | First Health | First Health | 2226 | 70 | | | 182.7 | | 3021 percent of total billed charges | |
| HC TARSORRHAPHY TEMPORARY | 67875 | CPT | | | | outpatient | | | 3180 | 1331.59 | Horizon | MGD | 2240.54 | | | | 182.7 | | 3021 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TARSORRHAPHY TEMPORARY | 67875 | CPT | | | | outpatient | | | 3180 | 1331.59 | Horizon | PPO | 2240.54 | | | | 182.7 | | 3021 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TARSORRHAPHY TEMPORARY | 67875 | CPT | | | | outpatient | | | 3180 | 1331.59 | Horizon | Medicare Blue | 1157.9 | | | | 182.7 | | 3021 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TARSORRHAPHY TEMPORARY | 67875 | CPT | | | | outpatient | | | 3180 | 1331.59 | Horizon | Indemnity | 2240.54 | | | | 182.7 | | 3021 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TARSORRHAPHY TEMPORARY | 67875 | CPT | | | | outpatient | | | 3180 | 1331.59 | Multiplan | Multiplan | 2544 | 80 | | | 182.7 | | 3021 percent of total billed charges | |
| HC TARSORRHAPHY TEMPORARY | 67875 | CPT | | | | outpatient | | | 3180 | 1331.59 | Horizon | NJ Health | 182.7 | | | | 182.7 | | 3021 fee schedule | |
| HC TARSORRHAPHY TEMPORARY | 67875 | CPT | | | | outpatient | | | 3180 | 1331.59 | Wellcare | Medicare | 1157.9 | | | | 182.7 | | 3021 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC TARSORRHAPHY TEMPORARY | 67875 | CPT | | | | outpatient | | | 3180 | 1331.59 | Wellcare | Medicaid | 1003.29 | 31.55 | | | 182.7 | 3021 | percent of total billed charges | |
| HC TARSORRHAPHY TEMPORARY | 67875 | CPT | | | | outpatient | | | 3180 | 1331.59 | Qualcare | Qualcare | 2385 | 75 | | | 182.7 | 3021 | percent of total billed charges | |
| HC TARSORRHAPHY TEMPORARY | 67875 | CPT | | | | outpatient | | | 3180 | 1331.59 | UHC | Medicaid | 1003.29 | 31.55 | | 966.9 | 182.7 | 3021 | percent of total billed charges | |
| HC TARSORRHAPHY TEMPORARY | 67875 | CPT | | | | outpatient | | | 3180 | 1331.59 | United | Oxford | 2493 | | | | 182.7 | 3021 | case rate | |
| HC TARSORRHAPHY TEMPORARY | 67875 | CPT | | | | outpatient | | | 3180 | 1331.59 | Managed Care Inc | Managed Care Inc | 2862 | 90 | | | 182.7 | 3021 | percent of total billed charges | |
| HC TARSORRHAPHY TEMPORARY | 67875 | CPT | | | | outpatient | | | 3180 | 1331.59 | United | Commercial\|PPO | 2493 | | | 1790.34 | 182.7 | 3021 | case rate | |
| HC TARSORRHAPHY TEMPORARY | 67875 | CPT | | | | outpatient | | | 3180 | 1331.59 | Three Rivers | Three Rivers | 3021 | 95 | | | 182.7 | 3021 | percent of total billed charges | |
| HC TARSORRHAPHY TEMPORARY | 67875 | CPT | | | | outpatient | | | 3180 | 1331.59 | WellPoint | WellPoint | 1023.32 | 32.18 | | | 182.7 | 3021 | percent of total billed charges | |
| HC TARSORRHAPHY PERMANENT | 67880 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 277.7 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TARSORRHAPHY PERMANENT | 67880 | CPT | | | | outpatient | | | 7704 | 3073.41 | Managed Care Inc | Managed Care Inc | 6933.6 | 90 | | | 277.7 | 7318.8 | percent of total billed charges | |
| HC TARSORRHAPHY PERMANENT | 67880 | CPT | | | | outpatient | | | 7704 | 3073.41 | Consumer | Consumer | 7318.8 | 95 | | | 277.7 | 7318.8 | percent of total billed charges | |
| HC TARSORRHAPHY PERMANENT | 67880 | CPT | | | | outpatient | | | 7704 | 3073.41 | Americare | Americare | 5778 | 75 | | | 277.7 | 7318.8 | percent of total billed charges | |
| HC TARSORRHAPHY PERMANENT | 67880 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Commercial | 2927.52 | 38 | | | 277.7 | 7318.8 | percent of total billed charges | |
| HC TARSORRHAPHY PERMANENT | 67880 | CPT | | | | outpatient | | | 7704 | 3073.41 | Multiplan | Multiplan | 6163.2 | 80 | | | 277.7 | 7318.8 | percent of total billed charges | |
| HC TARSORRHAPHY PERMANENT | 67880 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Better Health | 2430.61 | 31.55 | | | 277.7 | 7318.8 | percent of total billed charges | |
| HC TARSORRHAPHY PERMANENT | 67880 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Medicare | 2672.53 | | | | 277.7 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TARSORRHAPHY PERMANENT | 67880 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 277.7 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TARSORRHAPHY PERMANENT | 67880 | CPT | | | | outpatient | | | 7704 | 3073.41 | UHC | Medicare | 2672.53 | | | | 277.7 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TARSORRHAPHY PERMANENT | 67880 | CPT | | | | outpatient | | | 7704 | 3073.41 | Corrections | Corrections | 6163.2 | 80 | | | 277.7 | 7318.8 | percent of total billed charges | |
| HC TARSORRHAPHY PERMANENT | 67880 | CPT | | | | outpatient | | | 7704 | 3073.41 | Amerihealth | HMO/PPO | 650 | | | | 277.7 | 7318.8 | fee schedule | |
| HC TARSORRHAPHY PERMANENT | 67880 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | Commercial\|PPO | 2776 | | | | 277.7 | 7318.8 | case rate | |
| HC TARSORRHAPHY PERMANENT | 67880 | CPT | | | | outpatient | | | 7704 | 3073.41 | Qualcare | Qualcare | 5778 | 75 | | | 277.7 | 7318.8 | percent of total billed charges | |
| HC TARSORRHAPHY PERMANENT | 67880 | CPT | | | | outpatient | | | 7704 | 3073.41 | First Health | First Health | 5392.8 | 70 | | | 277.7 | 7318.8 | percent of total billed charges | |
| HC TARSORRHAPHY PERMANENT | 67880 | CPT | | | | outpatient | | | 7704 | 3073.41 | First Trenton | First Trenton | 6933.6 | 90 | | | 277.7 | 7318.8 | percent of total billed charges | |
| HC TARSORRHAPHY PERMANENT | 67880 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | NJ Health | 277.7 | | | | 277.7 | 7318.8 | fee schedule | |
| HC TARSORRHAPHY PERMANENT | 67880 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | MGD | 5171.35 | | | | 277.7 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TARSORRHAPHY PERMANENT | 67880 | CPT | | | | outpatient | | | 7704 | 3073.41 | Three Rivers | Three Rivers | 7318.8 | 95 | | | 277.7 | 7318.8 | percent of total billed charges | |
| HC TARSORRHAPHY PERMANENT | 67880 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | PPO | 5171.35 | | | | 277.7 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TARSORRHAPHY PERMANENT | 67880 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicaid | 2430.61 | 31.55 | | | 277.7 | 7318.8 | percent of total billed charges | |
| HC TARSORRHAPHY PERMANENT | 67880 | CPT | | | | outpatient | | | 7704 | 3073.41 | UHC | Medicaid | 2430.61 | 31.55 | | | 277.7 | 7318.8 | percent of total billed charges | |
| HC TARSORRHAPHY PERMANENT | 67880 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 277.7 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TARSORRHAPHY PERMANENT | 67880 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | Oxford | 2776 | | | | 277.7 | 7318.8 | case rate | |
| HC TARSORRHAPHY PERMANENT | 67880 | CPT | | | | outpatient | | | 7704 | 3073.41 | WellPoint | WellPoint | 2479.15 | 32.18 | | | 277.7 | 7318.8 | percent of total billed charges | |
| HC CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS | 67882 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Better Health | 2486.69 | 31.55 | | | 360.02 | 7487.65 | percent of total billed charges | |
| HC CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS | 67882 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | MGD | 5171.35 | | | | 360.02 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS | 67882 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 360.02 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS | 67882 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | UHC | Medicare | 2672.53 | | | | 360.02 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS | 67882 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Medicare | 2672.53 | | | | 360.02 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS | 67882 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Amerihealth | HMO/PPO | 650 | | | | 360.02 | 7487.65 | fee schedule | |
| HC CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS | 67882 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Commercial | 2995.06 | 38 | | | 360.02 | 7487.65 | percent of total billed charges | |
| HC CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS | 67882 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | PPO | 5171.35 | | | | 360.02 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS | 67882 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Americare | Americare | 5911.31 | 75 | | | 360.02 | 7487.65 | percent of total billed charges | |
| HC CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS | 67882 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | First Health | First Health | 5517.22 | 70 | | | 360.02 | 7487.65 | percent of total billed charges | |
| HC CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS | 67882 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | United | Commercial\|PPO | 2776 | | | | 360.02 | 7487.65 | case rate | |
| HC CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS | 67882 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | UHC | Medicaid | 2486.69 | 31.55 | | | 360.02 | 7487.65 | percent of total billed charges | |
| HC CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS | 67882 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Consumer | Consumer | 7487.65 | 95 | | | 360.02 | 7487.65 | percent of total billed charges | |
| HC CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS | 67882 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 360.02 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS | 67882 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Multiplan | Multiplan | 6305.39 | 80 | | | 360.02 | 7487.65 | percent of total billed charges | |
| HC CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS | 67882 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | United | Oxford | 2776 | | | | 360.02 | 7487.65 | case rate | |
| HC CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS | 67882 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Three Rivers | Three Rivers | 7487.65 | 95 | | | 360.02 | 7487.65 | percent of total billed charges | |
| HC CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS | 67882 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 360.02 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS | 67882 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Wellcare | Medicaid | 2486.69 | 31.55 | | | 360.02 | 7487.65 | percent of total billed charges | |
| HC CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS | 67882 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | WellPoint | WellPoint | 2536.34 | 32.18 | | | 360.02 | 7487.65 | percent of total billed charges | |
| HC CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS | 67882 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Corrections | Corrections | 6305.39 | 80 | | | 360.02 | 7487.65 | percent of total billed charges | |
| HC CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS | 67882 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Qualcare | Qualcare | 5911.31 | 75 | | | 360.02 | 7487.65 | percent of total billed charges | |
| HC CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS | 67882 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | First Trenton | First Trenton | 7093.57 | 90 | | | 360.02 | 7487.65 | percent of total billed charges | |
| HC CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS | 67882 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | NJ Health | 360.02 | | | | 360.02 | 7487.65 | fee schedule | |
| HC CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS | 67882 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Managed Care Inc | Managed Care Inc | 7093.57 | 90 | | | 360.02 | 7487.65 | percent of total billed charges | |
| HC REPAIR BROW PTOSIS | 67900 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Better Health | 2486.69 | 31.55 | | | 378.97 | 7487.65 | percent of total billed charges | |
| HC REPAIR BROW PTOSIS | 67900 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 378.97 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR BROW PTOSIS | 67900 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Amerihealth | HMO/PPO | 650 | | | | 378.97 | 7487.65 | fee schedule | |
| HC REPAIR BROW PTOSIS | 67900 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Medicare | 2672.53 | | | | 378.97 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR BROW PTOSIS | 67900 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Qualcare | Qualcare | 5911.31 | 75 | | | 378.97 | 7487.65 | percent of total billed charges | |
| HC REPAIR BROW PTOSIS | 67900 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | UHC | Medicare | 2672.53 | | | | 378.97 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR BROW PTOSIS | 67900 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | MGD | 5171.35 | | | | 378.97 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR BROW PTOSIS | 67900 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Consumer | Consumer | 7487.65 | 95 | | | 378.97 | 7487.65 | percent of total billed charges | |
| HC REPAIR BROW PTOSIS | 67900 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Commercial | 2995.06 | 38 | | | 378.97 | 7487.65 | percent of total billed charges | |
| HC REPAIR BROW PTOSIS | 67900 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Americare | Americare | 5911.31 | 75 | | | 378.97 | 7487.65 | percent of total billed charges | |
| HC REPAIR BROW PTOSIS | 67900 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | First Health | First Health | 5517.22 | 70 | | | 378.97 | 7487.65 | percent of total billed charges | |
| HC REPAIR BROW PTOSIS | 67900 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Corrections | Corrections | 6305.39 | 80 | | | 378.97 | 7487.65 | percent of total billed charges | |
| HC REPAIR BROW PTOSIS | 67900 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | WellPoint | WellPoint | 2536.34 | 32.18 | | | 378.97 | 7487.65 | percent of total billed charges | |
| HC REPAIR BROW PTOSIS | 67900 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Three Rivers | Three Rivers | 7487.65 | 95 | | | 378.97 | 7487.65 | percent of total billed charges | |
| HC REPAIR BROW PTOSIS | 67900 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | PPO | 5171.35 | | | | 378.97 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR BROW PTOSIS | 67900 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | First Trenton | First Trenton | 7093.57 | 90 | | | 378.97 | 7487.65 | percent of total billed charges | |
| HC REPAIR BROW PTOSIS | 67900 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 378.97 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR BROW PTOSIS | 67900 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | NJ Health | 378.97 | | | | 378.97 | 7487.65 | fee schedule | |
| HC REPAIR BROW PTOSIS | 67900 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 378.97 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR BROW PTOSIS | 67900 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Managed Care Inc | Managed Care Inc | 7093.57 | 90 | | | 378.97 | 7487.65 | percent of total billed charges | |
| HC REPAIR BROW PTOSIS | 67900 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Multiplan | Multiplan | 6305.39 | 80 | | | 378.97 | 7487.65 | percent of total billed charges | |
| HC REPAIR BROW PTOSIS | 67900 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | UHC | Medicaid | 2486.69 | 31.55 | | | 378.97 | 7487.65 | percent of total billed charges | |
| HC REPAIR BROW PTOSIS | 67900 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Wellcare | Medicaid | 2486.69 | 31.55 | | | 378.97 | 7487.65 | percent of total billed charges | |
| HC REPAIR BROW PTOSIS | 67900 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | United | Commercial\|PPO | 2776 | | | | 378.97 | 7487.65 | case rate | |
| HC REPAIR BROW PTOSIS | 67900 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | United | Oxford | 2776 | | | | 378.97 | 7487.65 | case rate | |
| HC RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL | 67901 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Americare | Americare | 5911.31 | 75 | | | 709.92 | 7487.65 | percent of total billed charges | |
| HC RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL | 67901 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Better Health | 2486.69 | 31.55 | | | 709.92 | 7487.65 | percent of total billed charges | |
| HC RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL | 67901 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Commercial | 2995.06 | 38 | | | 709.92 | 7487.65 | percent of total billed charges | |
| HC RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL | 67901 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Corrections | Corrections | 6305.39 | 80 | | | 709.92 | 7487.65 | percent of total billed charges | |
| HC RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL | 67901 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Medicare | 2672.53 | | | | 709.92 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL | 67901 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 709.92 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL | 67901 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | First Health | First Health | 5517.22 | 70 | | | 709.92 | 7487.65 | percent of total billed charges | |
| HC RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL | 67901 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Multiplan | Multiplan | 6305.39 | 80 | | | 709.92 | 7487.65 | percent of total billed charges | |
| HC RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL | 67901 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Amerihealth | HMO/PPO | 950 | | | | 709.92 | 7487.65 | fee schedule | |
| HC RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL | 67901 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Consumer | Consumer | 7487.65 | 95 | | | 709.92 | 7487.65 | percent of total billed charges | |
| HC RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL | 67901 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 709.92 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL | 67901 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Qualcare | Qualcare | 5911.31 | 75 | | | 709.92 | 7487.65 | percent of total billed charges | |
| HC RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL | 67901 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | First Trenton | First Trenton | 7093.57 | 90 | | | 709.92 | 7487.65 | percent of total billed charges | |
| HC RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL | 67901 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | United | Oxford | 2776 | | | | 709.92 | 7487.65 | case rate | |
| HC RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL | 67901 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 709.92 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL | 67901 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Wellcare | Medicaid | 2486.69 | 31.55 | | | 709.92 | 7487.65 | percent of total billed charges | |
| HC RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL | 67901 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | MGD | 5171.35 | | | | 709.92 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL | 67901 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | PPO | 5171.35 | | | | 709.92 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL | 67901 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | NJ Health | 709.92 | | | | 709.92 | 7487.65 | fee schedule | |
| HC RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL | 67901 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | UHC | Medicare | 2672.53 | | | | 709.92 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL | 67901 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Managed Care Inc | Managed Care Inc | 7093.57 | 90 | | | 709.92 | 7487.65 | percent of total billed charges | |
| HC RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL | 67901 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | UHC | Medicaid | 2486.69 | 31.55 | | | 709.92 | 7487.65 | percent of total billed charges | |
| HC RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL | 67901 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Three Rivers | Three Rivers | 7487.65 | 95 | | | 709.92 | 7487.65 | percent of total billed charges | |
| HC RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL | 67901 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | United | Commercial\|PPO | 2776 | | | | 709.92 | 7487.65 | case rate | |
| HC RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL | 67901 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | WellPoint | WellPoint | 2536.34 | 32.18 | | | 709.92 | 7487.65 | percent of total billed charges | |
| HC RPR BLEPHAROPTOSIS LEVATOR RESC/ADVMNT XTRNL | 67904 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Better Health | 2486.69 | 31.55 | | | 722.53 | 7487.65 | percent of total billed charges | |
| HC RPR BLEPHAROPTOSIS LEVATOR RESC/ADVMNT XTRNL | 67904 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 722.53 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR BLEPHAROPTOSIS LEVATOR RESC/ADVMNT XTRNL | 67904 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Medicare | 2672.53 | | | | 722.53 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR BLEPHAROPTOSIS LEVATOR RESC/ADVMNT XTRNL | 67904 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Americare | Americare | 5911.31 | 75 | | | 722.53 | 7487.65 | percent of total billed charges | |
| HC RPR BLEPHAROPTOSIS LEVATOR RESC/ADVMNT XTRNL | 67904 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | First Health | First Health | 5517.22 | 70 | | | 722.53 | 7487.65 | percent of total billed charges | |
| HC RPR BLEPHAROPTOSIS LEVATOR RESC/ADVMNT XTRNL | 67904 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | First Trenton | First Trenton | 7093.57 | 90 | | | 722.53 | 7487.65 | percent of total billed charges | |
| HC RPR BLEPHAROPTOSIS LEVATOR RESC/ADVMNT XTRNL | 67904 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Commercial | 2995.06 | 38 | | | 722.53 | 7487.65 | percent of total billed charges | |
| HC RPR BLEPHAROPTOSIS LEVATOR RESC/ADVMNT XTRNL | 67904 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Consumer | Consumer | 7487.65 | 95 | | | 722.53 | 7487.65 | percent of total billed charges | |
| HC RPR BLEPHAROPTOSIS LEVATOR RESC/ADVMNT XTRNL | 67904 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Amerihealth | HMO/PPO | 800 | | | | 722.53 | 7487.65 | fee schedule | |
| HC RPR BLEPHAROPTOSIS LEVATOR RESC/ADVMNT XTRNL | 67904 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | PPO | 5171.35 | | | | 722.53 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR BLEPHAROPTOSIS LEVATOR RESC/ADVMNT XTRNL | 67904 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Corrections | Corrections | 6305.39 | 80 | | | 722.53 | 7487.65 | percent of total billed charges | |
| HC RPR BLEPHAROPTOSIS LEVATOR RESC/ADVMNT XTRNL | 67904 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Multiplan | Multiplan | 6305.39 | 80 | | | 722.53 | 7487.65 | percent of total billed charges | |
| HC RPR BLEPHAROPTOSIS LEVATOR RESC/ADVMNT XTRNL | 67904 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 722.53 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR BLEPHAROPTOSIS LEVATOR RESC/ADVMNT XTRNL | 67904 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Managed Care Inc | Managed Care Inc | 7093.57 | 90 | | | 722.53 | 7487.65 | percent of total billed charges | |
| HC RPR BLEPHAROPTOSIS LEVATOR RESC/ADVMNT XTRNL | 67904 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | MGD | 5171.35 | | | | 722.53 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR BLEPHAROPTOSIS LEVATOR RESC/ADVMNT XTRNL | 67904 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | NJ Health | 722.53 | | | | 722.53 | 7487.65 | fee schedule | |
| HC RPR BLEPHAROPTOSIS LEVATOR RESC/ADVMNT XTRNL | 67904 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | United | Oxford | 2776 | | | | 722.53 | 7487.65 | case rate | |
| HC RPR BLEPHAROPTOSIS LEVATOR RESC/ADVMNT XTRNL | 67904 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | UHC | Medicaid | 2486.69 | 31.55 | | | 722.53 | 7487.65 | percent of total billed charges | |
| HC RPR BLEPHAROPTOSIS LEVATOR RESC/ADVMNT XTRNL | 67904 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | WellPoint | WellPoint | 2536.34 | 32.18 | | | 722.53 | 7487.65 | percent of total billed charges | |
| HC RPR BLEPHAROPTOSIS LEVATOR RESC/ADVMNT XTRNL | 67904 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Qualcare | Qualcare | 5911.31 | 75 | | | 722.53 | 7487.65 | percent of total billed charges | |
| HC RPR BLEPHAROPTOSIS LEVATOR RESC/ADVMNT XTRNL | 67904 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Wellcare | Medicaid | 2486.69 | 31.55 | | | 722.53 | 7487.65 | percent of total billed charges | |
| HC RPR BLEPHAROPTOSIS LEVATOR RESC/ADVMNT XTRNL | 67904 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 722.53 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR BLEPHAROPTOSIS LEVATOR RESC/ADVMNT XTRNL | 67904 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Three Rivers | Three Rivers | 7487.65 | 95 | | | 722.53 | 7487.65 | percent of total billed charges | |
| HC RPR BLEPHAROPTOSIS LEVATOR RESC/ADVMNT XTRNL | 67904 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | UHC | Medicare | 2672.53 | | | | 722.53 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR BLEPHAROPTOSIS LEVATOR RESC/ADVMNT XTRNL | 67904 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | United | Commercial\|PPO | 2776 | | | | 722.53 | 7487.65 | case rate | |
| HC REP BLEPHOSIS; W RESEC | 67908 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Commercial | 2927.52 | 38 | | | 535.05 | 7318.8 | percent of total billed charges | |
| HC REP BLEPHOSIS; W RESEC | 67908 | CPT | | | | outpatient | | | 7704 | 3073.41 | Consumer | Consumer | 7318.8 | 95 | | | 535.05 | 7318.8 | percent of total billed charges | |
| HC REP BLEP

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC REP BLEPHOSIS; W RESEC | 67908 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 535.05 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REP BLEPHOSIS; W RESEC | 67908 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicaid | 2430.61 | 31.55 | | | 535.05 | 7318.8 | percent of total billed charges | |
| HC REP BLEPHOSIS; W RESEC | 67908 | CPT | | | | outpatient | | | 7704 | 3073.41 | Multiplan | Multiplan | 6163.2 | 80 | | | 535.05 | 7318.8 | percent of total billed charges | |
| HC REP BLEPHOSIS; W RESEC | 67908 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | Oxford | 2776 | | | | 535.05 | 7318.8 | case rate | |
| HC REP BLEPHOSIS; W RESEC | 67908 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | NJ Health | 535.05 | | | | 535.05 | 7318.8 | fee schedule | |
| HC REP BLEPHOSIS; W RESEC | 67908 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 535.05 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REP BLEPHOSIS; W RESEC | 67908 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | PPO | 5171.35 | | | | 535.05 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REP BLEPHOSIS; W RESEC | 67908 | CPT | | | | outpatient | | | 7704 | 3073.41 | Managed Care Inc | Managed Care Inc | 6933.6 | 90 | | | 535.05 | 7318.8 | percent of total billed charges | |
| HC REP BLEPHOSIS; W RESEC | 67908 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | CommercialPPO | 2776 | | | | 535.05 | 7318.8 | case rate | |
| HC REP BLEPHOSIS; W RESEC | 67908 | CPT | | | | outpatient | | | 7704 | 3073.41 | WellPoint | WellPoint | 2479.15 | 32.18 | | | 535.05 | 7318.8 | percent of total billed charges | |
| HC REDUCTION OVERCORRECTION PTOSIS | 67909 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Better Health | 2486.69 | 31.55 | | | 360.02 | 7487.65 | percent of total billed charges | |
| HC REDUCTION OVERCORRECTION PTOSIS | 67909 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Americare | Americare | 5911.31 | 75 | | | 360.02 | 7487.65 | percent of total billed charges | |
| HC REDUCTION OVERCORRECTION PTOSIS | 67909 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Amerihealth | HMO/PPO | 800 | | | | 360.02 | 7487.65 | fee schedule | |
| HC REDUCTION OVERCORRECTION PTOSIS | 67909 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Medicare | 2672.53 | | | | 360.02 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REDUCTION OVERCORRECTION PTOSIS | 67909 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 360.02 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REDUCTION OVERCORRECTION PTOSIS | 67909 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Qualcare | Qualcare | 5911.31 | 75 | | | 360.02 | 7487.65 | percent of total billed charges | |
| HC REDUCTION OVERCORRECTION PTOSIS | 67909 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Commercial | 2995.06 | 38 | | | 360.02 | 7487.65 | percent of total billed charges | |
| HC REDUCTION OVERCORRECTION PTOSIS | 67909 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | First Trenton | First Trenton | 7093.57 | 90 | | | 360.02 | 7487.65 | percent of total billed charges | |
| HC REDUCTION OVERCORRECTION PTOSIS | 67909 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Consumer | Consumer | 7487.65 | 95 | | | 360.02 | 7487.65 | percent of total billed charges | |
| HC REDUCTION OVERCORRECTION PTOSIS | 67909 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Multiplan | Multiplan | 6305.39 | 80 | | | 360.02 | 7487.65 | percent of total billed charges | |
| HC REDUCTION OVERCORRECTION PTOSIS | 67909 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | First Health | First Health | 5517.22 | 70 | | | 360.02 | 7487.65 | percent of total billed charges | |
| HC REDUCTION OVERCORRECTION PTOSIS | 67909 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | MGD | 5171.35 | | | | 360.02 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REDUCTION OVERCORRECTION PTOSIS | 67909 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | WellPoint | WellPoint | 2536.34 | 32.18 | | | 360.02 | 7487.65 | percent of total billed charges | |
| HC REDUCTION OVERCORRECTION PTOSIS | 67909 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | UHC | Medicare | 2672.53 | | | | 360.02 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REDUCTION OVERCORRECTION PTOSIS | 67909 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | UHC | Medicaid | 2486.69 | 31.55 | | | 360.02 | 7487.65 | percent of total billed charges | |
| HC REDUCTION OVERCORRECTION PTOSIS | 67909 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Managed Care Inc | Managed Care Inc | 7093.57 | 90 | | | 360.02 | 7487.65 | percent of total billed charges | |
| HC REDUCTION OVERCORRECTION PTOSIS | 67909 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Corrections | Corrections | 6305.39 | 80 | | | 360.02 | 7487.65 | percent of total billed charges | |
| HC REDUCTION OVERCORRECTION PTOSIS | 67909 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Three Rivers | Three Rivers | 7487.65 | 95 | | | 360.02 | 7487.65 | percent of total billed charges | |
| HC REDUCTION OVERCORRECTION PTOSIS | 67909 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 360.02 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REDUCTION OVERCORRECTION PTOSIS | 67909 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 360.02 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REDUCTION OVERCORRECTION PTOSIS | 67909 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | United | CommercialPPO | 2776 | | | | 360.02 | 7487.65 | case rate | |
| HC REDUCTION OVERCORRECTION PTOSIS | 67909 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | NJ Health | 360.02 | | | | 360.02 | 7487.65 | fee schedule | |
| HC REDUCTION OVERCORRECTION PTOSIS | 67909 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Wellcare | Medicaid | 2486.69 | 31.55 | | | 360.02 | 7487.65 | percent of total billed charges | |
| HC REDUCTION OVERCORRECTION PTOSIS | 67909 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | PPO | 5171.35 | | | | 360.02 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REDUCTION OVERCORRECTION PTOSIS | 67909 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | United | Oxford | 2776 | | | | 360.02 | 7487.65 | case rate | |
| HC CORRECTION LID RETRACTION | 67911 | CPT | | | | outpatient | | | 7704 | 3073.41 | UHC | Medicare | 2672.53 | | | | 535.05 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECTION LID RETRACTION | 67911 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Better Health | 2430.61 | 31.55 | | | 535.05 | 7318.8 | percent of total billed charges | |
| HC CORRECTION LID RETRACTION | 67911 | CPT | | | | outpatient | | | 7704 | 3073.41 | Americare | Americare | 5778 | 75 | | | 535.05 | 7318.8 | percent of total billed charges | |
| HC CORRECTION LID RETRACTION | 67911 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Medicare | 2672.53 | | | | 535.05 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECTION LID RETRACTION | 67911 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | MGD | 5171.35 | | | | 535.05 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECTION LID RETRACTION | 67911 | CPT | | | | outpatient | | | 7704 | 3073.41 | Amerihealth | HMO/PPO | 650 | | | | 535.05 | 7318.8 | fee schedule | |
| HC CORRECTION LID RETRACTION | 67911 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 535.05 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECTION LID RETRACTION | 67911 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Commercial | 2927.52 | 38 | | | 535.05 | 7318.8 | percent of total billed charges | |
| HC CORRECTION LID RETRACTION | 67911 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | CommercialPPO | 2776 | | | | 535.05 | 7318.8 | case rate | |
| HC CORRECTION LID RETRACTION | 67911 | CPT | | | | outpatient | | | 7704 | 3073.41 | First Health | First Health | 5392.8 | 70 | | | 535.05 | 7318.8 | percent of total billed charges | |
| HC CORRECTION LID RETRACTION | 67911 | CPT | | | | outpatient | | | 7704 | 3073.41 | First Trenton | First Trenton | 6933.6 | 90 | | | 535.05 | 7318.8 | percent of total billed charges | |
| HC CORRECTION LID RETRACTION | 67911 | CPT | | | | outpatient | | | 7704 | 3073.41 | Consumer | Consumer | 7318.8 | 95 | | | 535.05 | 7318.8 | percent of total billed charges | |
| HC CORRECTION LID RETRACTION | 67911 | CPT | | | | outpatient | | | 7704 | 3073.41 | UHC | Medicaid | 2430.61 | 31.55 | | | 535.05 | 7318.8 | percent of total billed charges | |
| HC CORRECTION LID RETRACTION | 67911 | CPT | | | | outpatient | | | 7704 | 3073.41 | Multiplan | Multiplan | 6163.2 | 80 | | | 535.05 | 7318.8 | percent of total billed charges | |
| HC CORRECTION LID RETRACTION | 67911 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicaid | 2430.61 | 31.55 | | 2326.72 | 535.05 | 7318.8 | percent of total billed charges | |
| HC CORRECTION LID RETRACTION | 67911 | CPT | | | | outpatient | | | 7704 | 3073.41 | Corrections | Corrections | 6163.2 | 80 | | | 535.05 | 7318.8 | percent of total billed charges | |
| HC CORRECTION LID RETRACTION | 67911 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 535.05 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECTION LID RETRACTION | 67911 | CPT | | | | outpatient | | | 7704 | 3073.41 | Qualcare | Qualcare | 5778 | 75 | | | 535.05 | 7318.8 | percent of total billed charges | |
| HC CORRECTION LID RETRACTION | 67911 | CPT | | | | outpatient | | | 7704 | 3073.41 | Managed Care Inc | Managed Care Inc | 6933.6 | 90 | | | 535.05 | 7318.8 | percent of total billed charges | |
| HC CORRECTION LID RETRACTION | 67911 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | NJ Health | 535.05 | | | | 535.05 | 7318.8 | fee schedule | |
| HC CORRECTION LID RETRACTION | 67911 | CPT | | | | outpatient | | | 7704 | 3073.41 | Three Rivers | Three Rivers | 7318.8 | 95 | | | 535.05 | 7318.8 | percent of total billed charges | |
| HC CORRECTION LID RETRACTION | 67911 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | PPO | 5171.35 | | | | 535.05 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECTION LID RETRACTION | 67911 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 535.05 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECTION LID RETRACTION | 67911 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | Oxford | 2776 | | | | 535.05 | 7318.8 | case rate | |
| HC CORRECTION LID RETRACTION | 67911 | CPT | | | | outpatient | | | 7704 | 3073.41 | WellPoint | WellPoint | 2479.15 | 32.18 | | | 535.05 | 7318.8 | percent of total billed charges | |
| HC CORRECT LAGOPHTHALMOS | 67912 | CPT | | | | outpatient | | | 7704 | 3073.41 | UHC | Medicare | 2672.53 | | | | 550 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECT LAGOPHTHALMOS | 67912 | CPT | | | | outpatient | | | 7704 | 3073.41 | Consumer | Consumer | 7318.8 | 95 | | | 550 | 7318.8 | percent of total billed charges | |
| HC CORRECT LAGOPHTHALMOS | 67912 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | MGD | 5171.35 | | | | 550 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECT LAGOPHTHALMOS | 67912 | CPT | | | | outpatient | | | 7704 | 3073.41 | Qualcare | Qualcare | 5778 | 75 | | | 550 | 7318.8 | percent of total billed charges | |
| HC CORRECT LAGOPHTHALMOS | 67912 | CPT | | | | outpatient | | | 7704 | 3073.41 | Amerihealth | HMO/PPO | 650 | | | | 550 | 7318.8 | fee schedule | |
| HC CORRECT LAGOPHTHALMOS | 67912 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Medicare | 2672.53 | | | | 550 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECT LAGOPHTHALMOS | 67912 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | PPO | 5171.35 | | | | 550 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECT LAGOPHTHALMOS | 67912 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Better Health | 2430.61 | 31.55 | | | 550 | 7318.8 | percent of total billed charges | |
| HC CORRECT LAGOPHTHALMOS | 67912 | CPT | | | | outpatient | | | 7704 | 3073.41 | First Health | First Health | 5392.8 | 70 | | | 550 | 7318.8 | percent of total billed charges | |
| HC CORRECT LAGOPHTHALMOS | 67912 | CPT | | | | outpatient | | | 7704 | 3073.41 | Corrections | Corrections | 6163.2 | 80 | | | 550 | 7318.8 | percent of total billed charges | |
| HC CORRECT LAGOPHTHALMOS | 67912 | CPT | | | | outpatient | | | 7704 | 3073.41 | UHC | Medicaid | 2430.61 | 31.55 | | | 550 | 7318.8 | percent of total billed charges | |
| HC CORRECT LAGOPHTHALMOS | 67912 | CPT | | | | outpatient | | | 7704 | 3073.41 | WellPoint | WellPoint | 2479.15 | 32.18 | | | 550 | 7318.8 | percent of total billed charges | |
| HC CORRECT LAGOPHTHALMOS | 67912 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 550 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECT LAGOPHTHALMOS | 67912 | CPT | | | | outpatient | | | 7704 | 3073.41 | Americare | Americare | 5778 | 75 | | | 550 | 7318.8 | percent of total billed charges | |
| HC CORRECT LAGOPHTHALMOS | 67912 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | CommercialPPO | 2776 | | | | 550 | 7318.8 | case rate | |
| HC CORRECT LAGOPHTHALMOS | 67912 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Commercial | 2927.52 | 38 | | | 550 | 7318.8 | percent of total billed charges | |
| HC CORRECT LAGOPHTHALMOS | 67912 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 550 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECT LAGOPHTHALMOS | 67912 | CPT | | | | outpatient | | | 7704 | 3073.41 | First Trenton | First Trenton | 6933.6 | 90 | | | 550 | 7318.8 | percent of total billed charges | |
| HC CORRECT LAGOPHTHALMOS | 67912 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | Oxford | 2776 | | | | 550 | 7318.8 | case rate | |
| HC CORRECT LAGOPHTHALMOS | 67912 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 550 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECT LAGOPHTHALMOS | 67912 | CPT | | | | outpatient | | | 7704 | 3073.41 | Three Rivers | Three Rivers | 7318.8 | 95 | | | 550 | 7318.8 | percent of total billed charges | |
| HC CORRECT LAGOPHTHALMOS | 67912 | CPT | | | | outpatient | | | 7704 | 3073.41 | Multiplan | Multiplan | 6163.2 | 80 | | | 550 | 7318.8 | percent of total billed charges | |
| HC CORRECT LAGOPHTHALMOS | 67912 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | NJ Health | 1263.24 | | | | 550 | 7318.8 | fee schedule | |
| HC CORRECT LAGOPHTHALMOS | 67912 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicaid | 2430.61 | 31.55 | | | 550 | 7318.8 | percent of total billed charges | |
| HC CORRECT LAGOPHTHALMOS | 67912 | CPT | | | | outpatient | | | 7704 | 3073.41 | Managed Care Inc | Managed Care Inc | 6933.6 | 90 | | | 550 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-SUTURE | 67914 | CPT | | | | outpatient | | | 7704 | 3073.41 | Consumer | Consumer | 7318.8 | 95 | | | 94.74 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-SUTURE | 67914 | CPT | | | | outpatient | | | 7704 | 3073.41 | First Trenton | First Trenton | 6933.6 | 90 | | | 94.74 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-SUTURE | 67914 | CPT | | | | outpatient | | | 7704 | 3073.41 | UHC | Medicaid | 2430.61 | 31.55 | | | 94.74 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-SUTURE | 67914 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Medicare | 2672.53 | | | | 94.74 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR OF ECTROPION-SUTURE | 67914 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Better Health | 2430.61 | 31.55 | | | 94.74 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-SUTURE | 67914 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | MGD | 5171.35 | | | | 94.74 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR OF ECTROPION-SUTURE | 67914 | CPT | | | | outpatient | | | 7704 | 3073.41 | Amerihealth | HMO/PPO | 650 | | | | 94.74 | 7318.8 | fee schedule | |
| HC REPAIR OF ECTROPION-SUTURE | 67914 | CPT | | | | outpatient | | | 7704 | 3073.41 | Americare | Americare | 5778 | 75 | | | 94.74 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-SUTURE | 67914 | CPT | | | | outpatient | | | 7704 | 3073.41 | Corrections | Corrections | 6163.2 | 80 | | | 94.74 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-SUTURE | 67914 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | PPO | 5171.35 | | | | 94.74 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR OF ECTROPION-SUTURE | 67914 | CPT | | | | outpatient | | | 7704 | 3073.41 | First Health | First Health | 5392.8 | 70 | | | 94.74 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-SUTURE | 67914 | CPT | | | | outpatient | | | 7704 | 3073.41 | Multiplan | Multiplan | 6163.2 | 80 | | | 94.74 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-SUTURE | 67914 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Commercial | 2927.52 | 38 | | | 94.74 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-SUTURE | 67914 | CPT | | | | outpatient | | | 7704 | 3073.41 | Managed Care Inc | Managed Care Inc | 6933.6 | 90 | | | 94.74 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-SUTURE | 67914 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 94.74 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR OF ECTROPION-SUTURE | 67914 | CPT | | | | outpatient | | | 7704 | 3073.41 | Three Rivers | Three Rivers | 7318.8 | 95 | | | 94.74 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-SUTURE | 67914 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 94.74 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR OF ECTROPION-SUTURE | 67914 | CPT | | | | outpatient | | | 7704 | 3073.41 | UHC | Medicare | 2672.53 | | | | 94.74 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR OF ECTROPION-SUTURE | 67914 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | CommercialPPO | 2776 | | | | 94.74 | 7318.8 | case rate | |
| HC REPAIR OF ECTROPION-SUTURE | 67914 | CPT | | | | outpatient | | | 7704 | 3073.41 | Qualcare | Qualcare | 5778 | 75 | | | 94.74 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-SUTURE | 67914 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 94.74 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR OF ECTROPION-SUTURE | 67914 | CPT | | | | outpatient | | | 7704 | 3073.41 | WellPoint | WellPoint | 2479.15 | 32.18 | | | 94.74 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-SUTURE | 67914 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicaid | 2430.61 | 31.55 | | | 94.74 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-SUTURE | 67914 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | NJ Health | 94.74 | | | | 94.74 | 7318.8 | fee schedule | |
| HC REPAIR OF ECTROPION-SUTURE | 67914 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | Oxford | 2776 | | | | 94.74 | 7318.8 | case rate | |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67917 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | PPO | 5171.35 | | | | 655.32 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67917 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Medicare | 2672.53 | | | | 655.32 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67917 | CPT | | | | outpatient | | | 7704 | 3073.41 | First Trenton | First Trenton | 6933.6 | 90 | | | 655.32 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67917 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Better Health | 2430.61 | 31.55 | | | 655.32 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67917 | CPT | | | | outpatient | | | 7704 | 3073.41 | Amerihealth | HMO/PPO | 800 | | | | 655.32 | 7318.8 | fee schedule | |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67917 | CPT | | | | outpatient | | | 7704 | 3073.41 | Consumer | Consumer | 7318.8 | 95 | | | 655.32 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67917 | CPT | | | | outpatient | | | 7704 | 3073.41 | Qualcare | Qualcare | 5778 | 75 | | | 655.32 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67917 | CPT | | | | outpatient | | | 7704 | 3073.41 | WellPoint | WellPoint | 2479.15 | 32.18 | | | 655.32 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67917 | CPT | | | | outpatient | | | 7704 | 3073.41 | UHC | Medicaid | 2430.61 | 31.55 | | | 655.32 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67917 | CPT | | | | outpatient | | | 7704 | 3073.41 | Americare | Americare | 5778 | 75 | | | 655.32 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67917 | CPT | | | | outpatient | | | 7704 | 3073.41 | Managed Care Inc | Managed Care Inc | 6933.6 | 90 | | | 655.32 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67917 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Commercial | 2927.52 | 38 | | | 655.32 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67917 | CPT | | | | outpatient | | | 7704 | 3073.41 | First Health | First Health | 5392.8 | 70 | | | 655.32 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67917 | CPT | | | | outpatient | | | 7704 | 3073.41 | Corrections | Corrections | 6163.2 | 80 | | | 655.32 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67917 | CPT | | | | outpatient | | | 7704 | 3073.41 | UHC | Medicare | 2672.53 | | | | 655.32 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67917 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 655.32 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67917 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | CommercialPPO | 2776 | | | | 655.32 | 7318.8 | case rate | |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67917 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | MGD | 5171.35 | | | | 655.32 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67917 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicaid | 2430.61 | 31.55 | | | 655.32 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67917 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 655.32 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67917 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | Oxford | 2776 | | | | 655.32 | 7318.8 | case rate | |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67917 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | NJ Health | 655.32 | | | | 655.32 | 7318.8 | fee schedule | |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67917 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 655.32 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67917 | CPT | | | | outpatient | | | 7704 | 3073.41 | Multiplan | Multiplan | 6163.2 | 80 | | | 655.32 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67917 | CPT | | | | outpatient | | | 7704 | 3073.41 | Three Rivers | Three Rivers | 7318.8 | 95 | | | 655.32 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ENTROPION-SUTURE | 67921 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 109.62 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR OF ENTROPION-SUTURE | 67921 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Better Health | 2430.61 | 31.55 | | | 109.62 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ENTROPION-SUTURE | 67921 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | PPO | 5171.35 | | | | 109.62 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR OF ENTROPION-SUTURE | 67921 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Medicare | 2672.53 | | | | 109.62 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR OF ENTROPION-SUTURE | 67921 | CPT | | | | outpatient | | | 7704 | 3073.41 | Americare | Americare | 5778 | 75 | | | 109.62 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ENTROPION-SUTURE | 67921 | CPT | | | | outpatient | | | 7704 | 3073.41 | Amerihealth | HMO/PPO | 650 | | | | 109.62 | 7318.8 | fee schedule | |
| HC REPAIR OF ENTROPION-SUTURE | 67921 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | MGD | 5171.35 | | | | 109.62 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR OF ENTROPION-SUTURE | 67921 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Commercial | 2927.52 | 38 | | | 109.62 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ENTROPION-SUTURE | 67921 | CPT | | | | outpatient | | | 7704 | 3073.41 | Consumer | Consumer | 7318.8 | 95 | | | 109.62 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ENTROPION-SUTURE | 67921 | CPT | | | | outpatient | | | 7704 | 3073.41 | First Trenton | First Trenton | 6933.6 | 90 | | | 109.62 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ENTROPION-SUTURE | 67921 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicaid | 2430.61 | 31.55 | | 2189.1 | 109.62 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ENTROPION-SUTURE | 67921 | CPT | | | | outpatient | | | 7704 | 3073.41 | Corrections | Corrections | 6163.2 | 80 | | | 109.62 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ENTROPION-SUTURE | 67921 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | Oxford | 2776 | | | | 109.62 | 7318.8 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC REPAIR OF ENTROPION-SUTURE | 67921 | CPT | | | | outpatient | | | 7704 | 3073.41 | First Health | First Health | 5392.8 | 70 | | | 109.62 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ENTROPION-SUTURE | 67921 | CPT | | | | outpatient | | | 7704 | 3073.41 | UHC | Medicaid | 2430.61 | 31.55 | | | 109.62 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ENTROPION-SUTURE | 67921 | CPT | | | | outpatient | | | 7704 | 3073.41 | Multiplan | Multiplan | 6163.2 | 80 | | | 109.62 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ENTROPION-SUTURE | 67921 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 109.62 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR OF ENTROPION-SUTURE | 67921 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | NJ Health | 109.62 | | | | 109.62 | 7318.8 | fee schedule | |
| HC REPAIR OF ENTROPION-SUTURE | 67921 | CPT | | | | outpatient | | | 7704 | 3073.41 | WellPoint | WellPoint | 2479.15 | 32.18 | | | 109.62 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ENTROPION-SUTURE | 67921 | CPT | | | | outpatient | | | 7704 | 3073.41 | Qualcare | Qualcare | 5778 | 75 | | | 109.62 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ENTROPION-SUTURE | 67921 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 109.62 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR OF ENTROPION-SUTURE | 67921 | CPT | | | | outpatient | | | 7704 | 3073.41 | Managed Care Inc | Managed Care Inc | 6933.6 | 90 | | | 109.62 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ENTROPION-SUTURE | 67921 | CPT | | | | outpatient | | | 7704 | 3073.41 | UHC | Medicare | 2672.53 | | | 2387.85 | 109.62 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR OF ENTROPION-SUTURE | 67921 | CPT | | | | outpatient | | | 7704 | 3073.41 | Three Rivers | Three Rivers | 7318.8 | 95 | | | 109.62 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ENTROPION-SUTURE | 67921 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | Commercial\|PPO | 2776 | | | | 109.62 | 7318.8 | case rate | |
| HC REPAIR ENTROPIAN EXC TARSAL WDG | 67923 | CPT | | | | outpatient | | | 7704 | 3073.41 | Americare | Americare | 5778 | 75 | | | 490.94 | 7318.8 | percent of total billed charges | |
| HC REPAIR ENTROPIAN EXC TARSAL WDG | 67923 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | MGD | 5171.35 | | | | 490.94 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR ENTROPIAN EXC TARSAL WDG | 67923 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Commercial | 2927.52 | 38 | | | 490.94 | 7318.8 | percent of total billed charges | |
| HC REPAIR ENTROPIAN EXC TARSAL WDG | 67923 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Better Health | 2430.61 | 31.55 | | | 490.94 | 7318.8 | percent of total billed charges | |
| HC REPAIR ENTROPIAN EXC TARSAL WDG | 67923 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicaid | 2430.61 | 31.55 | | | 490.94 | 7318.8 | percent of total billed charges | |
| HC REPAIR ENTROPIAN EXC TARSAL WDG | 67923 | CPT | | | | outpatient | | | 7704 | 3073.41 | UHC | Medicare | 2672.53 | | | | 490.94 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR ENTROPIAN EXC TARSAL WDG | 67923 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Medicare | 2672.53 | | | | 490.94 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR ENTROPIAN EXC TARSAL WDG | 67923 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 490.94 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR ENTROPIAN EXC TARSAL WDG | 67923 | CPT | | | | outpatient | | | 7704 | 3073.41 | Amerihealth | HMO\|PPO | 800 | | | | 490.94 | 7318.8 | fee schedule | |
| HC REPAIR ENTROPIAN EXC TARSAL WDG | 67923 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | PPO | 5171.35 | | | | 490.94 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR ENTROPIAN EXC TARSAL WDG | 67923 | CPT | | | | outpatient | | | 7704 | 3073.41 | Multiplan | Multiplan | 6163.2 | 80 | | | 490.94 | 7318.8 | percent of total billed charges | |
| HC REPAIR ENTROPIAN EXC TARSAL WDG | 67923 | CPT | | | | outpatient | | | 7704 | 3073.41 | First Health | First Health | 5392.8 | 70 | | | 490.94 | 7318.8 | percent of total billed charges | |
| HC REPAIR ENTROPIAN EXC TARSAL WDG | 67923 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 490.94 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR ENTROPIAN EXC TARSAL WDG | 67923 | CPT | | | | outpatient | | | 7704 | 3073.41 | UHC | Medicaid | 2430.61 | 31.55 | | | 490.94 | 7318.8 | percent of total billed charges | |
| HC REPAIR ENTROPIAN EXC TARSAL WDG | 67923 | CPT | | | | outpatient | | | 7704 | 3073.41 | Consumer | Consumer | 7318.8 | 95 | | | 490.94 | 7318.8 | percent of total billed charges | |
| HC REPAIR ENTROPIAN EXC TARSAL WDG | 67923 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | Commercial\|PPO | 2776 | | | | 490.94 | 7318.8 | case rate | |
| HC REPAIR ENTROPIAN EXC TARSAL WDG | 67923 | CPT | | | | outpatient | | | 7704 | 3073.41 | Quelcare | Qualcare | 5778 | 75 | | | 490.94 | 7318.8 | percent of total billed charges | |
| HC REPAIR ENTROPIAN EXC TARSAL WDG | 67923 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | Oxford | 2776 | | | | 490.94 | 7318.8 | case rate | |
| HC REPAIR ENTROPIAN EXC TARSAL WDG | 67923 | CPT | | | | outpatient | | | 7704 | 3073.41 | Corrections | Corrections | 6163.2 | 80 | | | 490.94 | 7318.8 | percent of total billed charges | |
| HC REPAIR ENTROPIAN EXC TARSAL WDG | 67923 | CPT | | | | outpatient | | | 7704 | 3073.41 | Three Rivers | Three Rivers | 7318.8 | 95 | | | 490.94 | 7318.8 | percent of total billed charges | |
| HC REPAIR ENTROPIAN EXC TARSAL WDG | 67923 | CPT | | | | outpatient | | | 7704 | 3073.41 | First Trenton | First Trenton | 6933.6 | 90 | | | 490.94 | 7318.8 | percent of total billed charges | |
| HC REPAIR ENTROPIAN EXC TARSAL WDG | 67923 | CPT | | | | outpatient | | | 7704 | 3073.41 | WellPoint | WellPoint | 2479.15 | 32.18 | | | 490.94 | 7318.8 | percent of total billed charges | |
| HC REPAIR ENTROPIAN EXC TARSAL WDG | 67923 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | NJ Health | 490.94 | | | | 490.94 | 7318.8 | fee schedule | |
| HC REPAIR ENTROPIAN EXC TARSAL WDG | 67923 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 490.94 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR ENTROPIAN EXC TARSAL WDG | 67923 | CPT | | | | outpatient | | | 7704 | 3073.41 | Managed Care Inc | Managed Care Inc | 6933.6 | 90 | | | 490.94 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67924 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Commercial | 2927.52 | 38 | | | 641.43 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67924 | CPT | | | | outpatient | | | 7704 | 3073.41 | Consumer | Consumer | 7318.8 | 95 | | | 641.43 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67924 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Medicare | 2672.53 | | | | 641.43 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67924 | CPT | | | | outpatient | | | 7704 | 3073.41 | UHC | Medicare | 2672.53 | | | | 641.43 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67924 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 641.43 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67924 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Better Health | 2430.61 | 31.55 | | | 641.43 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67924 | CPT | | | | outpatient | | | 7704 | 3073.41 | Amerihealth | HMO\|PPO | 800 | | | | 641.43 | 7318.8 | fee schedule | |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67924 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | NJ Health | 641.43 | | | | 641.43 | 7318.8 | fee schedule | |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67924 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | Commercial\|PPO | 2776 | | | | 641.43 | 7318.8 | case rate | |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67924 | CPT | | | | outpatient | | | 7704 | 3073.41 | Three Rivers | Three Rivers | 7318.8 | 95 | | | 641.43 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67924 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | MGD | 5171.35 | | | 4973.58 | 641.43 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67924 | CPT | | | | outpatient | | | 7704 | 3073.41 | UHC | Medicaid | 2430.61 | 31.55 | | | 641.43 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67924 | CPT | | | | outpatient | | | 7704 | 3073.41 | WellPoint | WellPoint | 2479.15 | 32.18 | | | 641.43 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67924 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicaid | 2430.61 | 31.55 | | | 641.43 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67924 | CPT | | | | outpatient | | | 7704 | 3073.41 | Managed Care Inc | Managed Care Inc | 6933.6 | 90 | | | 641.43 | 7318.8 | percent of total billed charges | |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67924 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | Oxford | 2776 | | | | 641.43 | 7318.8 | case rate | |
| HC REPAIR OF ECTROPION-EXTENSIVE | 67924 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 641.43 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK | 67930 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | First Trenton | First Trenton | 7093.57 | 90 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK | 67930 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Better Health | 2486.69 | 31.55 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK | 67930 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Commercial | 2995.06 | 38 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK | 67930 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | First Health | First Health | 5517.22 | 70 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK | 67930 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 109.62 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK | 67930 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Medicare | 2672.53 | | | | 109.62 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK | 67930 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Americare | Americare | 5911.31 | 75 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK | 67930 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | UHC | Medicaid | 2486.69 | 31.55 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK | 67930 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | PPO | 5171.35 | | | | 109.62 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK | 67930 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Consumer | Consumer | 7487.65 | 95 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK | 67930 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Amerihealth | HMO\|PPO | 550 | | | | 109.62 | 7487.65 | fee schedule | |
| HC SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK | 67930 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Multiplan | Multiplan | 6305.39 | 80 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK | 67930 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | United | Oxford | 2776 | | | | 109.62 | 7487.65 | case rate | |
| HC SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK | 67930 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Corrections | Corrections | 6305.39 | 80 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK | 67930 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 109.62 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK | 67930 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | UHC | Medicare | 2672.53 | | | | 109.62 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK | 67930 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Managed Care Inc | Managed Care Inc | 7093.57 | 90 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK | 67930 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | NJ Health | 109.62 | | | | 109.62 | 7487.65 | fee schedule | |
| HC SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK | 67930 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 109.62 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK | 67930 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Quelcare | Qualcare | 5911.31 | 75 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK | 67930 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | WellPoint | WellPoint | 2536.34 | 32.18 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK | 67930 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | MGD | 5171.35 | | | | 109.62 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK | 67930 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | United | Commercial\|PPO | 2776 | | | | 109.62 | 7487.65 | case rate | |
| HC SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK | 67930 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Three Rivers | Three Rivers | 7487.65 | 95 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK | 67930 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Wellcare | Medicaid | 2486.69 | 31.55 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC REPAIR LID INV MARGIN FULL | 67935 | CPT | | | | outpatient | | | 7704 | 3073.41 | Americare | Americare | 5778 | 75 | | | 208.28 | 7318.8 | percent of total billed charges | |
| HC REPAIR LID INV MARGIN FULL | 67935 | CPT | | | | outpatient | | | 7704 | 3073.41 | Corrections | Corrections | 6163.2 | 80 | | | 208.28 | 7318.8 | percent of total billed charges | |
| HC REPAIR LID INV MARGIN FULL | 67935 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Commercial | 2927.52 | 38 | | | 208.28 | 7318.8 | percent of total billed charges | |
| HC REPAIR LID INV MARGIN FULL | 67935 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Better Health | 2430.61 | 31.55 | | | 208.28 | 7318.8 | percent of total billed charges | |
| HC REPAIR LID INV MARGIN FULL | 67935 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Medicare | 2672.53 | | | | 208.28 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR LID INV MARGIN FULL | 67935 | CPT | | | | outpatient | | | 7704 | 3073.41 | Multiplan | Multiplan | 6163.2 | 80 | | | 208.28 | 7318.8 | percent of total billed charges | |
| HC REPAIR LID INV MARGIN FULL | 67935 | CPT | | | | outpatient | | | 7704 | 3073.41 | First Health | First Health | 5392.8 | 70 | | | 208.28 | 7318.8 | percent of total billed charges | |
| HC REPAIR LID INV MARGIN FULL | 67935 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 208.28 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR LID INV MARGIN FULL | 67935 | CPT | | | | outpatient | | | 7704 | 3073.41 | Amerihealth | HMO\|PPO | 550 | | | | 208.28 | 7318.8 | fee schedule | |
| HC REPAIR LID INV MARGIN FULL | 67935 | CPT | | | | outpatient | | | 7704 | 3073.41 | Quelcare | Qualcare | 5778 | 75 | | | 208.28 | 7318.8 | percent of total billed charges | |
| HC REPAIR LID INV MARGIN FULL | 67935 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 208.28 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR LID INV MARGIN FULL | 67935 | CPT | | | | outpatient | | | 7704 | 3073.41 | Consumer | Consumer | 7318.8 | 95 | | | 208.28 | 7318.8 | percent of total billed charges | |
| HC REPAIR LID INV MARGIN FULL | 67935 | CPT | | | | outpatient | | | 7704 | 3073.41 | First Trenton | First Trenton | 6933.6 | 90 | | | 208.28 | 7318.8 | percent of total billed charges | |
| HC REPAIR LID INV MARGIN FULL | 67935 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | Oxford | 2776 | | | | 208.28 | 7318.8 | case rate | |
| HC REPAIR LID INV MARGIN FULL | 67935 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 208.28 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR LID INV MARGIN FULL | 67935 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicaid | 2430.61 | 31.55 | | | 208.28 | 7318.8 | percent of total billed charges | |
| HC REPAIR LID INV MARGIN FULL | 67935 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | MGD | 5171.35 | | | | 208.28 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR LID INV MARGIN FULL | 67935 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | PPO | 5171.35 | | | | 208.28 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR LID INV MARGIN FULL | 67935 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | NJ Health | 208.28 | | | | 208.28 | 7318.8 | fee schedule | |
| HC REPAIR LID INV MARGIN FULL | 67935 | CPT | | | | outpatient | | | 7704 | 3073.41 | UHC | Medicare | 2672.53 | | | | 208.28 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR LID INV MARGIN FULL | 67935 | CPT | | | | outpatient | | | 7704 | 3073.41 | Managed Care Inc | Managed Care Inc | 6933.6 | 90 | | | 208.28 | 7318.8 | percent of total billed charges | |
| HC REPAIR LID INV MARGIN FULL | 67935 | CPT | | | | outpatient | | | 7704 | 3073.41 | UHC | Medicaid | 2430.61 | 31.55 | | | 208.28 | 7318.8 | percent of total billed charges | |
| HC REPAIR LID INV MARGIN FULL | 67935 | CPT | | | | outpatient | | | 7704 | 3073.41 | Three Rivers | Three Rivers | 7318.8 | 95 | | | 208.28 | 7318.8 | percent of total billed charges | |
| HC REPAIR LID INV MARGIN FULL | 67935 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | Commercial\|PPO | 2776 | | | | 208.28 | 7318.8 | case rate | |
| HC REPAIR LID INV MARGIN FULL | 67935 | CPT | | | | outpatient | | | 7704 | 3073.41 | WellPoint | WellPoint | 2479.15 | 32.18 | | | 208.28 | 7318.8 | percent of total billed charges | |
| HC REMOVAL EMBEDDED FOREIGN BODY EYELID | 67938 | CPT | | | | outpatient | | | 982.56 | 383.15 | Aetna | Medicare | 333.17 | | | | 86.13 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL EMBEDDED FOREIGN BODY EYELID | 67938 | CPT | | | | outpatient | | | 982.56 | 383.15 | Americare | Americare | 736.92 | 75 | | | 86.13 | 1782 | percent of total billed charges | |
| HC REMOVAL EMBEDDED FOREIGN BODY EYELID | 67938 | CPT | | | | outpatient | | | 982.56 | 383.15 | First Health | First Health | 687.79 | 70 | | | 86.13 | 1782 | percent of total billed charges | |
| HC REMOVAL EMBEDDED FOREIGN BODY EYELID | 67938 | CPT | | | | outpatient | | | 982.56 | 383.15 | Horizon | Medicare Blue | 333.17 | | | | 86.13 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL EMBEDDED FOREIGN BODY EYELID | 67938 | CPT | | | | outpatient | | | 982.56 | 383.15 | Aetna | Better Health | 310 | 31.55 | | | 86.13 | 1782 | percent of total billed charges | |
| HC REMOVAL EMBEDDED FOREIGN BODY EYELID | 67938 | CPT | | | | outpatient | | | 982.56 | 383.15 | Amerihealth | HMO\|PPO | 125 | | | | 86.13 | 1782 | fee schedule | |
| HC REMOVAL EMBEDDED FOREIGN BODY EYELID | 67938 | CPT | | | | outpatient | | | 982.56 | 383.15 | Consumer | Consumer | 933.43 | 95 | | | 86.13 | 1782 | percent of total billed charges | |
| HC REMOVAL EMBEDDED FOREIGN BODY EYELID | 67938 | CPT | | | | outpatient | | | 982.56 | 383.15 | Horizon | MGD | 644.68 | | | | 86.13 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL EMBEDDED FOREIGN BODY EYELID | 67938 | CPT | | | | outpatient | | | 982.56 | 383.15 | Aetna | Commercial | 373.37 | 38 | | | 86.13 | 1782 | percent of total billed charges | |
| HC REMOVAL EMBEDDED FOREIGN BODY EYELID | 67938 | CPT | | | | outpatient | | | 982.56 | 383.15 | United | Commercial\|PPO | 1782 | | | | 86.13 | 1782 | case rate | |
| HC REMOVAL EMBEDDED FOREIGN BODY EYELID | 67938 | CPT | | | | outpatient | | | 982.56 | 383.15 | First Trenton | First Trenton | 884.3 | 90 | | | 86.13 | 1782 | percent of total billed charges | |
| HC REMOVAL EMBEDDED FOREIGN BODY EYELID | 67938 | CPT | | | | outpatient | | | 982.56 | 383.15 | UHC | Medicare | 333.17 | | | | 86.13 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL EMBEDDED FOREIGN BODY EYELID | 67938 | CPT | | | | outpatient | | | 982.56 | 383.15 | Multiplan | Multiplan | 786.05 | 80 | | | 86.13 | 1782 | percent of total billed charges | |
| HC REMOVAL EMBEDDED FOREIGN BODY EYELID | 67938 | CPT | | | | outpatient | | | 982.56 | 383.15 | UHC | Medicaid | 310 | 31.55 | | | 86.13 | 1782 | percent of total billed charges | |
| HC REMOVAL EMBEDDED FOREIGN BODY EYELID | 67938 | CPT | | | | outpatient | | | 982.56 | 383.15 | Corrections | Corrections | 786.05 | 80 | | | 86.13 | 1782 | percent of total billed charges | |
| HC REMOVAL EMBEDDED FOREIGN BODY EYELID | 67938 | CPT | | | | outpatient | | | 982.56 | 383.15 | Wellcare | Medicare | 333.17 | | | | 86.13 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL EMBEDDED FOREIGN BODY EYELID | 67938 | CPT | | | | outpatient | | | 982.56 | 383.15 | Quelcare | Qualcare | 736.92 | 75 | | | 86.13 | 1782 | percent of total billed charges | |
| HC REMOVAL EMBEDDED FOREIGN BODY EYELID | 67938 | CPT | | | | outpatient | | | 982.56 | 383.15 | Wellcare | Medicaid | 310 | 31.55 | | | 86.13 | 1782 | percent of total billed charges | |
| HC REMOVAL EMBEDDED FOREIGN BODY EYELID | 67938 | CPT | | | | outpatient | | | 982.56 | 383.15 | Managed Care Inc | Managed Care Inc | 884.3 | 90 | | | 86.13 | 1782 | percent of total billed charges | |
| HC REMOVAL EMBEDDED FOREIGN BODY EYELID | 67938 | CPT | | | | outpatient | | | 982.56 | 383.15 | Horizon | Indemnity | 644.68 | | | | 86.13 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL EMBEDDED FOREIGN BODY EYELID | 67938 | CPT | | | | outpatient | | | 982.56 | 383.15 | Three Rivers | Three Rivers | 933.43 | 95 | | | 86.13 | 1782 | percent of total billed charges | |
| HC REMOVAL EMBEDDED FOREIGN BODY EYELID | 67938 | CPT | | | | outpatient | | | 982.56 | 383.15 | Horizon | NJ Health | 86.13 | | | | 86.13 | 1782 | fee schedule | |
| HC REMOVAL EMBEDDED FOREIGN BODY EYELID | 67938 | CPT | | | | outpatient | | | 982.56 | 383.15 | Horizon | PPO | 644.68 | | | | 86.13 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL EMBEDDED FOREIGN BODY EYELID | 67938 | CPT | | | | outpatient | | | 982.56 | 383.15 | United | Oxford | 1782 | | | | 86.13 | 1782 | case rate | |
| HC REMOVAL EMBEDDED FOREIGN BODY EYELID | 67938 | CPT | | | | outpatient | | | 982.56 | 383.15 | WellPoint | WellPoint | 316.19 | 32.18 | | | 86.13 | 1782 | percent of total billed charges | |
| HC CANTHOPLASTY | 67950 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Better Health | 2430.61 | 31.55 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC CANTHOPLASTY | 67950 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Commercial | 2927.52 | 38 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC CANTHOPLASTY | 67950 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 442.13 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CANTHOPLASTY | 67950 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Medicare | 2672.53 | | | | 442.13 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CANTHOPLASTY | 67950 | CPT | | | | outpatient | | | 7704 | 3073.41 | Corrections | Corrections | 6163.2 | 80 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC CANTHOPLASTY | 67950 | CPT | | | | outpatient | | | 7704 | 3073.41 | First Health | First Health | 5392.8 | 70 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC CANTHOPLASTY | 67950 | CPT | | | | outpatient | | | 7704 | 3073.41 | UHC | Medicare | 2672.53 | | | | 442.13 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CANTHOPLASTY | 67950 | CPT | | | | outpatient | | | 7704 | 3073.41 | Americare | Americare | 5778 | 75 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC CANTHOPLASTY | 67950 | CPT | | | | outpatient | | | 7704 | 3073.41 | Consumer | Consumer | 7318.8 | 95 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC CANTHOPLASTY | 67950 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | MGD | 5171.35 | | | | 442.13 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CANTHOPLASTY | 67950 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | Commercial\|PPO | 2776 | | | | 442.13 | 7318.8 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC CANTHOPLASTY | 67950 | CPT | | | | outpatient | | | 7704 | 3073.41 | Amerihealth | HMO/PPO | 550 | | | | 442.13 | 7318.8 | fee schedule | |
| HC CANTHOPLASTY | 67950 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | PPO | 5171.35 | | | | 442.13 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CANTHOPLASTY | 67950 | CPT | | | | outpatient | | | 7704 | 3073.41 | Multiplan | Multiplan | 6163.2 | 80 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC CANTHOPLASTY | 67950 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicaid | 2430.61 | 31.55 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC CANTHOPLASTY | 67950 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 442.13 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CANTHOPLASTY | 67950 | CPT | | | | outpatient | | | 7704 | 3073.41 | First Trenton | First Trenton | 6933.6 | 90 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC CANTHOPLASTY | 67950 | CPT | | | | outpatient | | | 7704 | 3073.41 | Qualcare | Qualcare | 5778 | 75 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC CANTHOPLASTY | 67950 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 442.13 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CANTHOPLASTY | 67950 | CPT | | | | outpatient | | | 7704 | 3073.41 | UHC | Medicaid | 2430.61 | 31.55 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC CANTHOPLASTY | 67950 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | NJ Health | 442.13 | | | | 442.13 | 7318.8 | fee schedule | |
| HC CANTHOPLASTY | 67950 | CPT | | | | outpatient | | | 7704 | 3073.41 | WellPoint | WellPoint | 2479.15 | 32.18 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC CANTHOPLASTY | 67950 | CPT | | | | outpatient | | | 7704 | 3073.41 | Managed Care Inc | Managed Care Inc | 6933.6 | 90 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC CANTHOPLASTY | 67950 | CPT | | | | outpatient | | | 7704 | 3073.41 | Three Rivers | Three Rivers | 7318.8 | 95 | | | 442.13 | 7318.8 | percent of total billed charges | |
| HC CANTHOPLASTY | 67950 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | Oxford | 2776 | | | | 442.13 | 7318.8 | case rate | |
| HC EXC AND REPAIR OF EYELID | 67961 | CPT | | | | outpatient | | | 7704 | 3073.41 | Qualcare | Qualcare | 5778 | 75 | | | 592.47 | 7318.8 | percent of total billed charges | |
| HC EXC AND REPAIR OF EYELID | 67961 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Commercial | 2927.52 | 38 | | | 592.47 | 7318.8 | percent of total billed charges | |
| HC EXC AND REPAIR OF EYELID | 67961 | CPT | | | | outpatient | | | 7704 | 3073.41 | Americare | Americare | 5778 | 75 | | | 592.47 | 7318.8 | percent of total billed charges | |
| HC EXC AND REPAIR OF EYELID | 67961 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Medicare | 2672.53 | | | | 592.47 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC AND REPAIR OF EYELID | 67961 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Better Health | 2430.61 | 31.55 | | | 592.47 | 7318.8 | percent of total billed charges | |
| HC EXC AND REPAIR OF EYELID | 67961 | CPT | | | | outpatient | | | 7704 | 3073.41 | First Health | First Health | 5392.8 | 70 | | | 592.47 | 7318.8 | percent of total billed charges | |
| HC EXC AND REPAIR OF EYELID | 67961 | CPT | | | | outpatient | | | 7704 | 3073.41 | Amerihealth | HMO/PPO | 800 | | | | 592.47 | 7318.8 | fee schedule | |
| HC EXC AND REPAIR OF EYELID | 67961 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 592.47 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC AND REPAIR OF EYELID | 67961 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 592.47 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC AND REPAIR OF EYELID | 67961 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | MGD | 5171.35 | | | | 592.47 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC AND REPAIR OF EYELID | 67961 | CPT | | | | outpatient | | | 7704 | 3073.41 | Three Rivers | Three Rivers | 7318.8 | 95 | | | 592.47 | 7318.8 | percent of total billed charges | |
| HC EXC AND REPAIR OF EYELID | 67961 | CPT | | | | outpatient | | | 7704 | 3073.41 | Multiplan | Multiplan | 6163.2 | 80 | | | 592.47 | 7318.8 | percent of total billed charges | |
| HC EXC AND REPAIR OF EYELID | 67961 | CPT | | | | outpatient | | | 7704 | 3073.41 | Consumer | Consumer | 7318.8 | 95 | | | 592.47 | 7318.8 | percent of total billed charges | |
| HC EXC AND REPAIR OF EYELID | 67961 | CPT | | | | outpatient | | | 7704 | 3073.41 | UHC | Medicaid | 2430.61 | 31.55 | | | 592.47 | 7318.8 | percent of total billed charges | |
| HC EXC AND REPAIR OF EYELID | 67961 | CPT | | | | outpatient | | | 7704 | 3073.41 | UHC | Medicare | 2672.53 | | | | 592.47 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC AND REPAIR OF EYELID | 67961 | CPT | | | | outpatient | | | 7704 | 3073.41 | WellPoint | WellPoint | 2479.15 | 32.18 | | | 592.47 | 7318.8 | percent of total billed charges | |
| HC EXC AND REPAIR OF EYELID | 67961 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | CommercialPPO | 2776 | | | | 592.47 | 7318.8 | case rate | |
| HC EXC AND REPAIR OF EYELID | 67961 | CPT | | | | outpatient | | | 7704 | 3073.41 | Corrections | Corrections | 6163.2 | 80 | | | 592.47 | 7318.8 | percent of total billed charges | |
| HC EXC AND REPAIR OF EYELID | 67961 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicaid | 2430.61 | 31.55 | | | 592.47 | 7318.8 | percent of total billed charges | |
| HC EXC AND REPAIR OF EYELID | 67961 | CPT | | | | outpatient | | | 7704 | 3073.41 | First Trenton | First Trenton | 6933.6 | 90 | | | 592.47 | 7318.8 | percent of total billed charges | |
| HC EXC AND REPAIR OF EYELID | 67961 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 592.47 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC AND REPAIR OF EYELID | 67961 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | NJ Health | 592.47 | | | | 592.47 | 7318.8 | fee schedule | |
| HC EXC AND REPAIR OF EYELID | 67961 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | PPO | 5171.35 | | | | 592.47 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXC AND REPAIR OF EYELID | 67961 | CPT | | | | outpatient | | | 7704 | 3073.41 | Managed Care Inc | Managed Care Inc | 6933.6 | 90 | | | 592.47 | 7318.8 | percent of total billed charges | |
| HC EXC AND REPAIR OF EYELID | 67961 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | Oxford | 2776 | | | | 592.47 | 7318.8 | case rate | |
| HC RCNSTJ EYELID FULL THICKNESS SECOND STAGE | 67975 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Medicare | 2672.53 | | | | 145.27 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RCNSTJ EYELID FULL THICKNESS SECOND STAGE | 67975 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Better Health | 2486.69 | 31.55 | | | 145.27 | 7487.65 | percent of total billed charges | |
| HC RCNSTJ EYELID FULL THICKNESS SECOND STAGE | 67975 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | Indemnity | 6171.35 | | | | 145.27 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RCNSTJ EYELID FULL THICKNESS SECOND STAGE | 67975 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Consumer | Consumer | 7487.65 | 95 | | | 145.27 | 7487.65 | percent of total billed charges | |
| HC RCNSTJ EYELID FULL THICKNESS SECOND STAGE | 67975 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Americare | Americare | 5911.31 | 75 | | | 145.27 | 7487.65 | percent of total billed charges | |
| HC RCNSTJ EYELID FULL THICKNESS SECOND STAGE | 67975 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Qualcare | Qualcare | 5911.31 | 75 | | | 145.27 | 7487.65 | percent of total billed charges | |
| HC RCNSTJ EYELID FULL THICKNESS SECOND STAGE | 67975 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | United | CommercialPPO | 2776 | | | | 145.27 | 7487.65 | case rate | |
| HC RCNSTJ EYELID FULL THICKNESS SECOND STAGE | 67975 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | First Health | First Health | 5517.22 | 70 | | | 145.27 | 7487.65 | percent of total billed charges | |
| HC RCNSTJ EYELID FULL THICKNESS SECOND STAGE | 67975 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Amerihealth | HMO/PPO | 650 | | | | 145.27 | 7487.65 | fee schedule | |
| HC RCNSTJ EYELID FULL THICKNESS SECOND STAGE | 67975 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Commercial | 2995.06 | 38 | | | 145.27 | 7487.65 | percent of total billed charges | |
| HC RCNSTJ EYELID FULL THICKNESS SECOND STAGE | 67975 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | UHC | Medicare | 2672.53 | | | | 145.27 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RCNSTJ EYELID FULL THICKNESS SECOND STAGE | 67975 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Corrections | Corrections | 6305.39 | 80 | | | 145.27 | 7487.65 | percent of total billed charges | |
| HC RCNSTJ EYELID FULL THICKNESS SECOND STAGE | 67975 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 145.27 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RCNSTJ EYELID FULL THICKNESS SECOND STAGE | 67975 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Multiplan | Multiplan | 6305.39 | 80 | | | 145.27 | 7487.65 | percent of total billed charges | |
| HC RCNSTJ EYELID FULL THICKNESS SECOND STAGE | 67975 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | WellPoint | WellPoint | 2536.34 | 32.18 | | | 145.27 | 7487.65 | percent of total billed charges | |
| HC RCNSTJ EYELID FULL THICKNESS SECOND STAGE | 67975 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Three Rivers | Three Rivers | 7487.65 | 95 | | | 145.27 | 7487.65 | percent of total billed charges | |
| HC RCNSTJ EYELID FULL THICKNESS SECOND STAGE | 67975 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Wellcare | Medicaid | 2486.69 | 31.55 | | | 145.27 | 7487.65 | percent of total billed charges | |
| HC RCNSTJ EYELID FULL THICKNESS SECOND STAGE | 67975 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | First Trenton | First Trenton | 7093.57 | 90 | | | 145.27 | 7487.65 | percent of total billed charges | |
| HC RCNSTJ EYELID FULL THICKNESS SECOND STAGE | 67975 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 145.27 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RCNSTJ EYELID FULL THICKNESS SECOND STAGE | 67975 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | MGD | 5171.35 | | | | 145.27 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RCNSTJ EYELID FULL THICKNESS SECOND STAGE | 67975 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | NJ Health | 145.27 | | | | 145.27 | 7487.65 | fee schedule | |
| HC RCNSTJ EYELID FULL THICKNESS SECOND STAGE | 67975 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | PPO | 5171.35 | | | | 145.27 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RCNSTJ EYELID FULL THICKNESS SECOND STAGE | 67975 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Managed Care Inc | Managed Care Inc | 7093.57 | 90 | | | 145.27 | 7487.65 | percent of total billed charges | |
| HC RCNSTJ EYELID FULL THICKNESS SECOND STAGE | 67975 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | UHC | Medicaid | 2486.69 | 31.55 | | | 145.27 | 7487.65 | percent of total billed charges | |
| HC RCNSTJ EYELID FULL THICKNESS SECOND STAGE | 67975 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | United | Oxford | 2776 | | | | 145.27 | 7487.65 | case rate | |
| HC GOLD WEIGHT REMOVAL-EYELID | 67999 | CPT | | | | outpatient | | | 968 | 383.15 | Aetna | Better Health | 305.4 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC GOLD WEIGHT REMOVAL-EYELID | 67999 | CPT | | | | outpatient | | | 968 | 383.15 | First Trenton | First Trenton | 871.2 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC GOLD WEIGHT REMOVAL-EYELID | 67999 | CPT | | | | outpatient | | | 968 | 383.15 | Consumer | Consumer | 919.6 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC GOLD WEIGHT REMOVAL-EYELID | 67999 | CPT | | | | outpatient | | | 968 | 383.15 | Aetna | Medicare | 333.17 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GOLD WEIGHT REMOVAL-EYELID | 67999 | CPT | | | | outpatient | | | 968 | 383.15 | UHC | Medicare | 333.17 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GOLD WEIGHT REMOVAL-EYELID | 67999 | CPT | | | | outpatient | | | 968 | 383.15 | Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC GOLD WEIGHT REMOVAL-EYELID | 67999 | CPT | | | | outpatient | | | 968 | 383.15 | Americare | Americare | 726 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC GOLD WEIGHT REMOVAL-EYELID | 67999 | CPT | | | | outpatient | | | 968 | 383.15 | Aetna | Commercial | 367.84 | 38 | | | 125 | 1782 | percent of total billed charges | |
| HC GOLD WEIGHT REMOVAL-EYELID | 67999 | CPT | | | | outpatient | | | 968 | 383.15 | Wellcare | Medicare | 333.17 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GOLD WEIGHT REMOVAL-EYELID | 67999 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | PPO | 644.68 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GOLD WEIGHT REMOVAL-EYELID | 67999 | CPT | | | | outpatient | | | 968 | 383.15 | Corrections | Corrections | 774.4 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC GOLD WEIGHT REMOVAL-EYELID | 67999 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | MGD | 644.68 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GOLD WEIGHT REMOVAL-EYELID | 67999 | CPT | | | | outpatient | | | 968 | 383.15 | Managed Care Inc | Managed Care Inc | 871.2 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC GOLD WEIGHT REMOVAL-EYELID | 67999 | CPT | | | | outpatient | | | 968 | 383.15 | First Health | First Health | 677.6 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC GOLD WEIGHT REMOVAL-EYELID | 67999 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | Indemnity | 644.68 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GOLD WEIGHT REMOVAL-EYELID | 67999 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | Medicare Blue | 333.17 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GOLD WEIGHT REMOVAL-EYELID | 67999 | CPT | | | | outpatient | | | 968 | 383.15 | Three Rivers | Three Rivers | 919.6 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC GOLD WEIGHT REMOVAL-EYELID | 67999 | CPT | | | | outpatient | | | 968 | 383.15 | United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC GOLD WEIGHT REMOVAL-EYELID | 67999 | CPT | | | | outpatient | | | 968 | 383.15 | Multiplan | Multiplan | 774.4 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC GOLD WEIGHT REMOVAL-EYELID | 67999 | CPT | | | | outpatient | | | 968 | 383.15 | UHC | Medicaid | 305.4 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC GOLD WEIGHT REMOVAL-EYELID | 67999 | CPT | | | | outpatient | | | 968 | 383.15 | Qualcare | Qualcare | 726 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC GOLD WEIGHT REMOVAL-EYELID | 67999 | CPT | | | | outpatient | | | 968 | 383.15 | WellPoint | WellPoint | 311.5 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC GOLD WEIGHT REMOVAL-EYELID | 67999 | CPT | | | | outpatient | | | 968 | 383.15 | United | CommercialPPO | 1782 | | | | 125 | 1782 | case rate | |
| HC GOLD WEIGHT REMOVAL-EYELID | 67999 | CPT | | | | outpatient | | | 968 | 383.15 | Wellcare | Medicaid | 305.4 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC INCISION CONJUNCTIVA DRAINAGE OF CYST | 68020 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | First Health | First Health | 2390.38 | 70 | | | 50.53 | 3244.09 | percent of total billed charges | |
| HC INCISION CONJUNCTIVA DRAINAGE OF CYST | 68020 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Aetna | Medicare | 1157.9 | | | | 50.53 | 3244.09 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISION CONJUNCTIVA DRAINAGE OF CYST | 68020 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Horizon | Indemnity | 2240.54 | | | | 50.53 | 3244.09 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISION CONJUNCTIVA DRAINAGE OF CYST | 68020 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | First Trenton | First Trenton | 3073.35 | 90 | | | 50.53 | 3244.09 | percent of total billed charges | |
| HC INCISION CONJUNCTIVA DRAINAGE OF CYST | 68020 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Consumer | Consumer | 3244.09 | 95 | | | 50.53 | 3244.09 | percent of total billed charges | |
| HC INCISION CONJUNCTIVA DRAINAGE OF CYST | 68020 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Americare | Americare | 2561.12 | 75 | | | 50.53 | 3244.09 | percent of total billed charges | |
| HC INCISION CONJUNCTIVA DRAINAGE OF CYST | 68020 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Aetna | Better Health | 1077.38 | 31.55 | | | 50.53 | 3244.09 | percent of total billed charges | |
| HC INCISION CONJUNCTIVA DRAINAGE OF CYST | 68020 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Qualcare | Qualcare | 2561.12 | 75 | | | 50.53 | 3244.09 | percent of total billed charges | |
| HC INCISION CONJUNCTIVA DRAINAGE OF CYST | 68020 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Multiplan | Multiplan | 2731.86 | 80 | | | 50.53 | 3244.09 | percent of total billed charges | |
| HC INCISION CONJUNCTIVA DRAINAGE OF CYST | 68020 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Amerihealth | HMO/PPO | 125 | | | | 50.53 | 3244.09 | fee schedule | |
| HC INCISION CONJUNCTIVA DRAINAGE OF CYST | 68020 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Horizon | PPO | 2240.54 | | | | 50.53 | 3244.09 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISION CONJUNCTIVA DRAINAGE OF CYST | 68020 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Managed Care Inc | Managed Care Inc | 3073.35 | 90 | | | 50.53 | 3244.09 | percent of total billed charges | |
| HC INCISION CONJUNCTIVA DRAINAGE OF CYST | 68020 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Corrections | Corrections | 2731.86 | 80 | | | 50.53 | 3244.09 | percent of total billed charges | |
| HC INCISION CONJUNCTIVA DRAINAGE OF CYST | 68020 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Horizon | MGD | 2240.54 | | | | 50.53 | 3244.09 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISION CONJUNCTIVA DRAINAGE OF CYST | 68020 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Aetna | Commercial | 1297.64 | 38 | | | 50.53 | 3244.09 | percent of total billed charges | |
| HC INCISION CONJUNCTIVA DRAINAGE OF CYST | 68020 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | UHC | Medicare | 1157.9 | | | | 50.53 | 3244.09 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISION CONJUNCTIVA DRAINAGE OF CYST | 68020 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Three Rivers | Three Rivers | 3244.09 | 95 | | | 50.53 | 3244.09 | percent of total billed charges | |
| HC INCISION CONJUNCTIVA DRAINAGE OF CYST | 68020 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | WellPoint | WellPoint | 1098.89 | 32.18 | | | 50.53 | 3244.09 | percent of total billed charges | |
| HC INCISION CONJUNCTIVA DRAINAGE OF CYST | 68020 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Horizon | Medicare Blue | 1157.9 | | | | 50.53 | 3244.09 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISION CONJUNCTIVA DRAINAGE OF CYST | 68020 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Horizon | NJ Health | 50.53 | | | | 50.53 | 3244.09 | fee schedule | |
| HC INCISION CONJUNCTIVA DRAINAGE OF CYST | 68020 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Wellcare | Medicaid | 1077.38 | 31.55 | | | 50.53 | 3244.09 | percent of total billed charges | |
| HC INCISION CONJUNCTIVA DRAINAGE OF CYST | 68020 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | UHC | Medicaid | 1077.38 | 31.55 | | | 50.53 | 3244.09 | percent of total billed charges | |
| HC INCISION CONJUNCTIVA DRAINAGE OF CYST | 68020 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Wellcare | Medicare | 1157.9 | | | | 50.53 | 3244.09 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISION CONJUNCTIVA DRAINAGE OF CYST | 68020 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | United | CommercialPPO | 2493 | | | | 50.53 | 3244.09 | case rate | |
| HC INCISION CONJUNCTIVA DRAINAGE OF CYST | 68020 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | United | Oxford | 2493 | | | | 50.53 | 3244.09 | case rate | |
| HC BIOPSY OF CONJUNCTIVA | 68100 | CPT | | | | outpatient | | | 7704 | 3073.41 | First Health | First Health | 5392.8 | 70 | | | 65.77 | 7318.8 | percent of total billed charges | |
| HC BIOPSY OF CONJUNCTIVA | 68100 | CPT | | | | outpatient | | | 7704 | 3073.41 | Three Rivers | Three Rivers | 7318.8 | 95 | | | 65.77 | 7318.8 | percent of total billed charges | |
| HC BIOPSY OF CONJUNCTIVA | 68100 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Medicare | 2672.53 | | | | 65.77 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY OF CONJUNCTIVA | 68100 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Commercial | 2927.52 | 38 | | | 65.77 | 7318.8 | percent of total billed charges | |
| HC BIOPSY OF CONJUNCTIVA | 68100 | CPT | | | | outpatient | | | 7704 | 3073.41 | Corrections | Corrections | 6163.2 | 80 | | | 65.77 | 7318.8 | percent of total billed charges | |
| HC BIOPSY OF CONJUNCTIVA | 68100 | CPT | | | | outpatient | | | 7704 | 3073.41 | First Trenton | First Trenton | 6933.6 | 90 | | | 65.77 | 7318.8 | percent of total billed charges | |
| HC BIOPSY OF CONJUNCTIVA | 68100 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Better Health | 2430.61 | 31.55 | | | 65.77 | 7318.8 | percent of total billed charges | |
| HC BIOPSY OF CONJUNCTIVA | 68100 | CPT | | | | outpatient | | | 7704 | 3073.41 | Americare | Americare | 5778 | 75 | | | 65.77 | 7318.8 | percent of total billed charges | |
| HC BIOPSY OF CONJUNCTIVA | 68100 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 65.77 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY OF CONJUNCTIVA | 68100 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | Oxford | 1817 | | | | 65.77 | 7318.8 | case rate | |
| HC BIOPSY OF CONJUNCTIVA | 68100 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | MGD | 5171.35 | | | | 65.77 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY OF CONJUNCTIVA | 68100 | CPT | | | | outpatient | | | 7704 | 3073.41 | Amerihealth | HMO/PPO | 300 | | | | 65.77 | 7318.8 | fee schedule | |
| HC BIOPSY OF CONJUNCTIVA | 68100 | CPT | | | | outpatient | | | 7704 | 3073.41 | UHC | Medicaid | 2430.61 | 31.55 | | | 65.77 | 7318.8 | percent of total billed charges | |
| HC BIOPSY OF CONJUNCTIVA | 68100 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | NJ Health | 65.77 | | | | 65.77 | 7318.8 | fee schedule | |
| HC BIOPSY OF CONJUNCTIVA | 68100 | CPT | | | | outpatient | | | 7704 | 3073.41 | Consumer | Consumer | 7318.8 | 95 | | | 65.77 | 7318.8 | percent of total billed charges | |
| HC BIOPSY OF CONJUNCTIVA | 68100 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 65.77 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY OF CONJUNCTIVA | 68100 | CPT | | | | outpatient | | | 7704 | 3073.41 | Multiplan | Multiplan | 6163.2 | 80 | | | 65.77 | 7318.8 | percent of total billed charges | |
| HC BIOPSY OF CONJUNCTIVA | 68100 | CPT | | | | outpatient | | | 7704 | 3073.41 | Managed Care Inc | Managed Care Inc | 6933.6 | 90 | | | 65.77 | 7318.8 | percent of total billed charges | |
| HC BIOPSY OF CONJUNCTIVA | 68100 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | PPO | 5171.35 | | | | 65.77 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY OF CONJUNCTIVA | 68100 | CPT | | | | outpatient | | | 7704 | 3073.41 | UHC | Medicare | 2672.53 | | | | 65.77 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY OF CONJUNCTIVA | 68100 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | CommercialPPO | 1817 | | | | 65.77 | 7318.8 | case rate | |
| HC BIOPSY OF CONJUNCTIVA | 68100 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 65.77 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY OF CONJUNCTIVA | 68100 | CPT | | | | outpatient | | | 7704 | 3073.41 | Qualcare | Qualcare | 5778 | 75 | | | 65.77 | 7318.8 | percent of total billed charges | |
| HC BIOPSY OF CONJUNCTIVA | 68100 | CPT | | | | outpatient | | | 7704 | 3073.41 | WellPoint | WellPoint | 2479.15 | 32.18 | | | 65.77 | 7318.8 | percent of total billed charges | |
| HC BIOPSY OF CONJUNCTIVA | 68100 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicaid | 2430.61 | 31.55 | | | 65.77 | 7318.8 | percent of total billed charges | |
| HC EXCISION OF CONJ LESION;UP TO 1CM | 68110 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Commercial | 2927.52 | 38 | | | 78.3 | 7318.8 | percent of total billed charges | |
| HC EXCISION OF CONJ LESION;UP TO 1CM | 68110 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Medicare | 2672.53 | | | | 78.3 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION OF CONJ LESION;UP TO 1CM | 68110 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Better Health | 2430.61 | 31.55 | | | 78.3 | 7318.8 | percent of total billed charges | |
| HC EXCISION OF CONJ LESION;UP TO 1CM | 68110 | CPT | | | | outpatient | | | 7704 | 3073.41 | Qualcare | Qualcare | 5778 | 75 | | | 78.3 | 7318.8 | percent of total billed charges | |
| HC EXCISION OF CONJ LESION;UP TO 1CM | 68110 | CPT | | | | outpatient | | | 7704 | 3073.41 | Amerihealth | HMO/PPO | 300 | | | | 78.3 | 7318.8 | fee schedule | |
| HC EXCISION OF CONJ LESION;UP TO 1CM | 68110 | CPT | | | | outpatient | | | 7704 | 3073.41 | Corrections | Corrections | 6163.2 | 80 | | | 78.3 | 7318.8 | percent of total billed charges | |
| HC EXCISION OF CONJ LESION;UP TO 1CM | 68110 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | MGD | 5171.35 | | | | 78.3 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION OF CONJ LESION;UP TO 1CM | 68110 | CPT | | | | outpatient | | | 7704 | 3073.41 | First Health | First Health | 5392.8 | 70 | | | 78.3 | 7318.8 | percent of total billed charges | |
| HC EXCISION OF CONJ LESION;UP TO 1CM | 68110 | CP

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC EXCISION OF CONJ LESION;UP TO 1CM | 68110 | CPT | | | | outpatient | | | 7704 | 3073.41 | Consumer | Consumer | 7318.8 | | | | 78.3 | 7318.8 | percent of total billed charges | |
| HC EXCISION OF CONJ LESION;UP TO 1CM | 68110 | CPT | | | | outpatient | | | 7704 | 3073.41 | UHC | Medicaid | 2430.61 | 31.55 | | | 78.3 | 7318.8 | percent of total billed charges | |
| HC EXCISION OF CONJ LESION;UP TO 1CM | 68110 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | PPO | 5171.35 | | | | 78.3 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION OF CONJ LESION;UP TO 1CM | 68110 | CPT | | | | outpatient | | | 7704 | 3073.41 | First Trenton | First Trenton | 6933.6 | 90 | | | 78.3 | 7318.8 | percent of total billed charges | |
| HC EXCISION OF CONJ LESION;UP TO 1CM | 68110 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 78.3 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION OF CONJ LESION;UP TO 1CM | 68110 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 78.3 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION OF CONJ LESION;UP TO 1CM | 68110 | CPT | | | | outpatient | | | 7704 | 3073.41 | WellPoint | WellPoint | 2479.15 | 32.18 | | | 78.3 | 7318.8 | percent of total billed charges | |
| HC EXCISION OF CONJ LESION;UP TO 1CM | 68110 | CPT | | | | outpatient | | | 7704 | 3073.41 | Three Rivers | Three Rivers | 7318.8 | 95 | | | 78.3 | 7318.8 | percent of total billed charges | |
| HC EXCISION OF CONJ LESION;UP TO 1CM | 68110 | CPT | | | | outpatient | | | 7704 | 3073.41 | Multiplan | Multiplan | 6163.2 | 80 | | | 78.3 | 7318.8 | percent of total billed charges | |
| HC EXCISION OF CONJ LESION;UP TO 1CM | 68110 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | NJ Health | 78.3 | | | | 78.3 | 7318.8 | fee schedule | |
| HC EXCISION OF CONJ LESION;UP TO 1CM | 68110 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | CommercialPPO | 2776 | | | | 78.3 | 7318.8 | case rate | |
| HC EXCISION OF CONJ LESION;UP TO 1CM | 68110 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | Oxford | 2776 | | | | 78.3 | 7318.8 | case rate | |
| HC EXCISION OF CONJ LESION;UP TO 1CM | 68110 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicaid | 2430.61 | 31.55 | | | 78.3 | 7318.8 | percent of total billed charges | |
| HC EXCISION OF CONJ LESION;UP TO 1CM | 68110 | CPT | | | | outpatient | | | 7704 | 3073.41 | Managed Care Inc | Managed Care Inc | 6933.6 | 90 | | | 78.3 | 7318.8 | percent of total billed charges | |
| HC EXCISION OF CONJ LESION;UP TO 1CM | 68110 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 78.3 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION LESION CONJUNCTIVA > 1 CM | 68115 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Better Health | 2486.69 | 31.55 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC EXCISION LESION CONJUNCTIVA > 1 CM | 68115 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Americare | Americare | 5911.31 | 75 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC EXCISION LESION CONJUNCTIVA > 1 CM | 68115 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Commercial | 2995.06 | 38 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC EXCISION LESION CONJUNCTIVA > 1 CM | 68115 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | UHC | Medicare | 2672.53 | | | | 109.62 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION LESION CONJUNCTIVA > 1 CM | 68115 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Corrections | Corrections | 6305.39 | 80 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC EXCISION LESION CONJUNCTIVA > 1 CM | 68115 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Medicare | 2672.53 | | | | 109.62 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION LESION CONJUNCTIVA > 1 CM | 68115 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | First Health | First Health | 5517.22 | 70 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC EXCISION LESION CONJUNCTIVA > 1 CM | 68115 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 109.62 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION LESION CONJUNCTIVA > 1 CM | 68115 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Consumer | Consumer | 7487.65 | 95 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC EXCISION LESION CONJUNCTIVA > 1 CM | 68115 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Amerihealth | HMO/PPO | 300 | | | | 109.62 | 7487.65 | fee schedule | |
| HC EXCISION LESION CONJUNCTIVA > 1 CM | 68115 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | UHC | Medicaid | 2486.69 | 31.55 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC EXCISION LESION CONJUNCTIVA > 1 CM | 68115 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Multiplan | Multiplan | 6305.39 | 80 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC EXCISION LESION CONJUNCTIVA > 1 CM | 68115 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | PPO | 5171.35 | | | | 109.62 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION LESION CONJUNCTIVA > 1 CM | 68115 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | First Trenton | First Trenton | 7093.57 | 90 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC EXCISION LESION CONJUNCTIVA > 1 CM | 68115 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 109.62 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION LESION CONJUNCTIVA > 1 CM | 68115 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Qualcare | Qualcare | 5911.31 | 75 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC EXCISION LESION CONJUNCTIVA > 1 CM | 68115 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | NJ Health | 109.62 | | | | 109.62 | 7487.65 | fee schedule | |
| HC EXCISION LESION CONJUNCTIVA > 1 CM | 68115 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | MGD | 5171.35 | | | | 109.62 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION LESION CONJUNCTIVA > 1 CM | 68115 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | United | CommercialPPO | 2776 | | | | 109.62 | 7487.65 | case rate | |
| HC EXCISION LESION CONJUNCTIVA > 1 CM | 68115 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Managed Care Inc | Managed Care Inc | 7093.57 | 90 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC EXCISION LESION CONJUNCTIVA > 1 CM | 68115 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | United | Oxford | 2776 | | | | 109.62 | 7487.65 | case rate | |
| HC EXCISION LESION CONJUNCTIVA > 1 CM | 68115 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Three Rivers | Three Rivers | 7487.65 | 95 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC EXCISION LESION CONJUNCTIVA > 1 CM | 68115 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 109.62 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXCISION LESION CONJUNCTIVA > 1 CM | 68115 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Wellcare | Medicaid | 2486.69 | 31.55 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC EXCISION LESION CONJUNCTIVA > 1 CM | 68115 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | WellPoint | WellPoint | 2536.34 | 32.18 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC SUB-CONJ INJ DRUG SEPARATE | 68200 | CPT | | | | outpatient | | | 1379 | 524.04 | Aetna | Commercial | 524.02 | 38 | | | 46.12 | 1782 | percent of total billed charges | |
| HC SUB-CONJ INJ DRUG SEPARATE | 68200 | CPT | | | | outpatient | | | 1379 | 524.04 | Horizon | Indemnity | 881.76 | | | | 46.12 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUB-CONJ INJ DRUG SEPARATE | 68200 | CPT | | | | outpatient | | | 1379 | 524.04 | Aetna | Better Health | 435.07 | 31.55 | | | 46.12 | 1782 | percent of total billed charges | |
| HC SUB-CONJ INJ DRUG SEPARATE | 68200 | CPT | | | | outpatient | | | 1379 | 524.04 | Americare | Americare | 1034.25 | 75 | | | 46.12 | 1782 | percent of total billed charges | |
| HC SUB-CONJ INJ DRUG SEPARATE | 68200 | CPT | | | | outpatient | | | 1379 | 524.04 | First Health | First Health | 965.3 | 70 | | | 46.12 | 1782 | percent of total billed charges | |
| HC SUB-CONJ INJ DRUG SEPARATE | 68200 | CPT | | | | outpatient | | | 1379 | 524.04 | UHC | Medicare | 455.69 | | | | 46.12 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUB-CONJ INJ DRUG SEPARATE | 68200 | CPT | | | | outpatient | | | 1379 | 524.04 | Corrections | Corrections | 1103.2 | 80 | | | 46.12 | 1782 | percent of total billed charges | |
| HC SUB-CONJ INJ DRUG SEPARATE | 68200 | CPT | | | | outpatient | | | 1379 | 524.04 | Aetna | Medicare | 455.69 | | | | 46.12 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUB-CONJ INJ DRUG SEPARATE | 68200 | CPT | | | | outpatient | | | 1379 | 524.04 | Horizon | MGD | 881.76 | | | | 46.12 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUB-CONJ INJ DRUG SEPARATE | 68200 | CPT | | | | outpatient | | | 1379 | 524.04 | Wellcare | Medicaid | 435.07 | 31.55 | | | 46.12 | 1782 | percent of total billed charges | |
| HC SUB-CONJ INJ DRUG SEPARATE | 68200 | CPT | | | | outpatient | | | 1379 | 524.04 | Consumer | Consumer | 1310.05 | 95 | | | 46.12 | 1782 | percent of total billed charges | |
| HC SUB-CONJ INJ DRUG SEPARATE | 68200 | CPT | | | | outpatient | | | 1379 | 524.04 | Amerihealth | HMO/PPO | 125 | | | | 46.12 | 1782 | fee schedule | |
| HC SUB-CONJ INJ DRUG SEPARATE | 68200 | CPT | | | | outpatient | | | 1379 | 524.04 | Multiplan | Multiplan | 1103.2 | 80 | | | 46.12 | 1782 | percent of total billed charges | |
| HC SUB-CONJ INJ DRUG SEPARATE | 68200 | CPT | | | | outpatient | | | 1379 | 524.04 | Horizon | Medicare Blue | 455.69 | | | | 46.12 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUB-CONJ INJ DRUG SEPARATE | 68200 | CPT | | | | outpatient | | | 1379 | 524.04 | Horizon | PPO | 881.76 | | | | 46.12 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUB-CONJ INJ DRUG SEPARATE | 68200 | CPT | | | | outpatient | | | 1379 | 524.04 | Qualcare | Qualcare | 1034.25 | 75 | | | 46.12 | 1782 | percent of total billed charges | |
| HC SUB-CONJ INJ DRUG SEPARATE | 68200 | CPT | | | | outpatient | | | 1379 | 524.04 | First Trenton | First Trenton | 1241.1 | 90 | | | 46.12 | 1782 | percent of total billed charges | |
| HC SUB-CONJ INJ DRUG SEPARATE | 68200 | CPT | | | | outpatient | | | 1379 | 524.04 | UHC | Medicaid | 435.07 | 31.55 | | | 46.12 | 1782 | percent of total billed charges | |
| HC SUB-CONJ INJ DRUG SEPARATE | 68200 | CPT | | | | outpatient | | | 1379 | 524.04 | Wellcare | Medicare | 455.69 | | | | 46.12 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUB-CONJ INJ DRUG SEPARATE | 68200 | CPT | | | | outpatient | | | 1379 | 524.04 | United | CommercialPPO | 1782 | | | | 46.12 | 1782 | case rate | |
| HC SUB-CONJ INJ DRUG SEPARATE | 68200 | CPT | | | | outpatient | | | 1379 | 524.04 | Horizon | NJ Health | 46.12 | | | | 46.12 | 1782 | fee schedule | |
| HC SUB-CONJ INJ DRUG SEPARATE | 68200 | CPT | | | | outpatient | | | 1379 | 524.04 | WellPoint | WellPoint | 443.76 | 32.18 | | | 46.12 | 1782 | percent of total billed charges | |
| HC SUB-CONJ INJ DRUG SEPARATE | 68200 | CPT | | | | outpatient | | | 1379 | 524.04 | Managed Care Inc | Managed Care Inc | 1241.1 | 90 | | | 46.12 | 1782 | percent of total billed charges | |
| HC SUB-CONJ INJ DRUG SEPARATE | 68200 | CPT | | | | outpatient | | | 1379 | 524.04 | Three Rivers | Three Rivers | 1310.05 | 95 | | | 46.12 | 1782 | percent of total billed charges | |
| HC SUB-CONJ INJ DRUG SEPARATE | 68200 | CPT | | | | outpatient | | | 1379 | 524.04 | United | Oxford | 1782 | | | | 46.12 | 1782 | case rate | |
| HC CONJUCTIVOPLASTY | 68320 | CPT | | | | outpatient | | | 7704 | 3073.41 | First Trenton | First Trenton | 6933.6 | 90 | | | 694.78 | 7318.8 | percent of total billed charges | |
| HC CONJUCTIVOPLASTY | 68320 | CPT | | | | outpatient | | | 7704 | 3073.41 | Consumer | Consumer | 7318.8 | 95 | | | 694.78 | 7318.8 | percent of total billed charges | |
| HC CONJUCTIVOPLASTY | 68320 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Better Health | 2430.61 | 31.55 | | | 694.78 | 7318.8 | percent of total billed charges | |
| HC CONJUCTIVOPLASTY | 68320 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Commercial | 2927.52 | 38 | | | 694.78 | 7318.8 | percent of total billed charges | |
| HC CONJUCTIVOPLASTY | 68320 | CPT | | | | outpatient | | | 7704 | 3073.41 | Amerihealth | HMO/PPO | 800 | | | | 694.78 | 7318.8 | fee schedule | |
| HC CONJUCTIVOPLASTY | 68320 | CPT | | | | outpatient | | | 7704 | 3073.41 | Corrections | Corrections | 6163.2 | 80 | | | 694.78 | 7318.8 | percent of total billed charges | |
| HC CONJUCTIVOPLASTY | 68320 | CPT | | | | outpatient | | | 7704 | 3073.41 | First Health | First Health | 5392.8 | 70 | | | 694.78 | 7318.8 | percent of total billed charges | |
| HC CONJUCTIVOPLASTY | 68320 | CPT | | | | outpatient | | | 7704 | 3073.41 | Aetna | Medicare | 2672.53 | | | | 694.78 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONJUCTIVOPLASTY | 68320 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 694.78 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONJUCTIVOPLASTY | 68320 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | NJ Health | 694.78 | | | 678.1 | 694.78 | 7318.8 | fee schedule | |
| HC CONJUCTIVOPLASTY | 68320 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | PPO | 5171.35 | | | | 694.78 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONJUCTIVOPLASTY | 68320 | CPT | | | | outpatient | | | 7704 | 3073.41 | Americare | Americare | 5778 | 75 | | | 694.78 | 7318.8 | percent of total billed charges | |
| HC CONJUCTIVOPLASTY | 68320 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 694.78 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONJUCTIVOPLASTY | 68320 | CPT | | | | outpatient | | | 7704 | 3073.41 | Horizon | MGD | 5171.35 | | | | 694.78 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONJUCTIVOPLASTY | 68320 | CPT | | | | outpatient | | | 7704 | 3073.41 | Multiplan | Multiplan | 6163.2 | 80 | | | 694.78 | 7318.8 | percent of total billed charges | |
| HC CONJUCTIVOPLASTY | 68320 | CPT | | | | outpatient | | | 7704 | 3073.41 | UHC | Medicare | 2672.53 | | | | 694.78 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONJUCTIVOPLASTY | 68320 | CPT | | | | outpatient | | | 7704 | 3073.41 | Managed Care Inc | Managed Care Inc | 6933.6 | 90 | | | 694.78 | 7318.8 | percent of total billed charges | |
| HC CONJUCTIVOPLASTY | 68320 | CPT | | | | outpatient | | | 7704 | 3073.41 | WellPoint | WellPoint | 2479.15 | 32.18 | | | 694.78 | 7318.8 | percent of total billed charges | |
| HC CONJUCTIVOPLASTY | 68320 | CPT | | | | outpatient | | | 7704 | 3073.41 | UHC | Medicaid | 2430.61 | 31.55 | | | 694.78 | 7318.8 | percent of total billed charges | |
| HC CONJUCTIVOPLASTY | 68320 | CPT | | | | outpatient | | | 7704 | 3073.41 | Qualcare | Qualcare | 5778 | 75 | | | 694.78 | 7318.8 | percent of total billed charges | |
| HC CONJUCTIVOPLASTY | 68320 | CPT | | | | outpatient | | | 7704 | 3073.41 | Three Rivers | Three Rivers | 7318.8 | 95 | | | 694.78 | 7318.8 | percent of total billed charges | |
| HC CONJUCTIVOPLASTY | 68320 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 694.78 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONJUCTIVOPLASTY | 68320 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | CommercialPPO | 2776 | | | | 694.78 | 7318.8 | case rate | |
| HC CONJUCTIVOPLASTY | 68320 | CPT | | | | outpatient | | | 7704 | 3073.41 | United | Oxford | 2776 | | | | 694.78 | 7318.8 | case rate | |
| HC CONJUCTIVOPLASTY | 68320 | CPT | | | | outpatient | | | 7704 | 3073.41 | Wellcare | Medicaid | 2430.61 | 31.55 | | | 694.78 | 7318.8 | percent of total billed charges | |
| HC CONJUNCTVPLST REV CONJ GRFT | 68326 | CPT | | | | outpatient | | | 12737 | 5085.16 | Wellcare | Medicare | 4421.88 | | | | 800 | 12100.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONJUNCTVPLST REV CONJ GRFT | 68326 | CPT | | | | outpatient | | | 12737 | 5085.16 | First Health | First Health | 8915.9 | 70 | | | 800 | 12100.15 | percent of total billed charges | |
| HC CONJUNCTVPLST REV CONJ GRFT | 68326 | CPT | | | | outpatient | | | 12737 | 5085.16 | Americare | Americare | 9552.75 | 75 | | | 800 | 12100.15 | percent of total billed charges | |
| HC CONJUNCTVPLST REV CONJ GRFT | 68326 | CPT | | | | outpatient | | | 12737 | 5085.16 | Aetna | Medicare | 4421.88 | | | | 800 | 12100.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONJUNCTVPLST REV CONJ GRFT | 68326 | CPT | | | | outpatient | | | 12737 | 5085.16 | Multiplan | Multiplan | 10189.6 | 80 | | | 800 | 12100.15 | percent of total billed charges | |
| HC CONJUNCTVPLST REV CONJ GRFT | 68326 | CPT | | | | outpatient | | | 12737 | 5085.16 | Consumer | Consumer | 12100.15 | 95 | | | 800 | 12100.15 | percent of total billed charges | |
| HC CONJUNCTVPLST REV CONJ GRFT | 68326 | CPT | | | | outpatient | | | 12737 | 5085.16 | First Trenton | First Trenton | 11463.3 | 90 | | | 800 | 12100.15 | percent of total billed charges | |
| HC CONJUNCTVPLST REV CONJ GRFT | 68326 | CPT | | | | outpatient | | | 12737 | 5085.16 | Aetna | Better Health | 4018.52 | 31.55 | | | 800 | 12100.15 | percent of total billed charges | |
| HC CONJUNCTVPLST REV CONJ GRFT | 68326 | CPT | | | | outpatient | | | 12737 | 5085.16 | Qualcare | Qualcare | 9552.75 | 75 | | | 800 | 12100.15 | percent of total billed charges | |
| HC CONJUNCTVPLST REV CONJ GRFT | 68326 | CPT | | | | outpatient | | | 12737 | 5085.16 | UHC | Medicare | 4421.88 | | | 3774.95 | 800 | 12100.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONJUNCTVPLST REV CONJ GRFT | 68326 | CPT | | | | outpatient | | | 12737 | 5085.16 | Amerihealth | HMO/PPO | 800 | | | | 800 | 12100.15 | fee schedule | |
| HC CONJUNCTVPLST REV CONJ GRFT | 68326 | CPT | | | | outpatient | | | 12737 | 5085.16 | Horizon | MGD | 8556.34 | | | | 800 | 12100.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONJUNCTVPLST REV CONJ GRFT | 68326 | CPT | | | | outpatient | | | 12737 | 5085.16 | UHC | Medicaid | 4018.52 | 31.55 | | | 800 | 12100.15 | percent of total billed charges | |
| HC CONJUNCTVPLST REV CONJ GRFT | 68326 | CPT | | | | outpatient | | | 12737 | 5085.16 | Corrections | Corrections | 10189.6 | 80 | | | 800 | 12100.15 | percent of total billed charges | |
| HC CONJUNCTVPLST REV CONJ GRFT | 68326 | CPT | | | | outpatient | | | 12737 | 5085.16 | Managed Care Inc | Managed Care Inc | 11463.3 | 90 | | | 800 | 12100.15 | percent of total billed charges | |
| HC CONJUNCTVPLST REV CONJ GRFT | 68326 | CPT | | | | outpatient | | | 12737 | 5085.16 | Aetna | Commercial | 4840.06 | 38 | | | 800 | 12100.15 | percent of total billed charges | |
| HC CONJUNCTVPLST REV CONJ GRFT | 68326 | CPT | | | | outpatient | | | 12737 | 5085.16 | Horizon | Indemnity | 8556.34 | | | | 800 | 12100.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONJUNCTVPLST REV CONJ GRFT | 68326 | CPT | | | | outpatient | | | 12737 | 5085.16 | Wellcare | Medicaid | 4018.52 | 31.55 | | | 800 | 12100.15 | percent of total billed charges | |
| HC CONJUNCTVPLST REV CONJ GRFT | 68326 | CPT | | | | outpatient | | | 12737 | 5085.16 | Three Rivers | Three Rivers | 12100.15 | 95 | | | 800 | 12100.15 | percent of total billed charges | |
| HC CONJUNCTVPLST REV CONJ GRFT | 68326 | CPT | | | | outpatient | | | 12737 | 5085.16 | Horizon | PPO | 8556.34 | | | | 800 | 12100.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONJUNCTVPLST REV CONJ GRFT | 68326 | CPT | | | | outpatient | | | 12737 | 5085.16 | United | CommercialPPO | 3492 | | | | 800 | 12100.15 | case rate | |
| HC CONJUNCTVPLST REV CONJ GRFT | 68326 | CPT | | | | outpatient | | | 12737 | 5085.16 | Horizon | Medicare Blue | 4421.88 | | | | 800 | 12100.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONJUNCTVPLST REV CONJ GRFT | 68326 | CPT | | | | outpatient | | | 12737 | 5085.16 | WellPoint | WellPoint | 4098.77 | 32.18 | | | 800 | 12100.15 | percent of total billed charges | |
| HC CONJUNCTVPLST REV CONJ GRFT | 68326 | CPT | | | | outpatient | | | 12737 | 5085.16 | Horizon | NJ Health | 892.62 | | | | 800 | 12100.15 | fee schedule | |
| HC CONJUNCTVPLST REV CONJ GRFT | 68326 | CPT | | | | outpatient | | | 12737 | 5085.16 | United | Oxford | 3492 | | | | 800 | 12100.15 | case rate | |
| HC RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT | 68330 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | UHC | Medicare | 2665.17 | | | | 670.77 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT | 68330 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Aetna | Medicare | 2665.17 | | | | 670.77 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT | 68330 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | First Trenton | First Trenton | 7074.04 | 90 | | | 670.77 | 7467.04 | percent of total billed charges | |
| HC RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT | 68330 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | First Health | First Health | 5502.03 | 70 | | | 670.77 | 7467.04 | percent of total billed charges | |
| HC RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT | 68330 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Multiplan | Multiplan | 6288.03 | 80 | | | 670.77 | 7467.04 | percent of total billed charges | |
| HC RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT | 68330 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Aetna | Better Health | 2479.84 | 31.55 | | | 670.77 | 7467.04 | percent of total billed charges | |
| HC RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT | 68330 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Americare | Americare | 5895.03 | 75 | | | 670.77 | 7467.04 | percent of total billed charges | |
| HC RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT | 68330 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Consumer | Consumer | 7467.04 | 95 | | | 670.77 | 7467.04 | percent of total billed charges | |
| HC RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT | 68330 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Wellcare | Medicare | 2665.17 | | | | 670.77 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT | 68330 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Aetna | Commercial | 2986.82 | 38 | | | 670.77 | 7467.04 | percent of total billed charges | |
| HC RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT | 68330 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Managed Care Inc | Managed Care Inc | 7074.04 | 90 | | | 670.77 | 7467.04 | percent of total billed charges | |
| HC RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT | 68330 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Wellcare | Medicaid | 2479.84 | 31.55 | | | 670.77 | 7467.04 | percent of total billed charges | |
| HC RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT | 68330 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Qualcare | Qualcare | 5895.03 | 75 | | | 670.77 | 7467.04 | percent of total billed charges | |
| HC RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT | 68330 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | MGD | 5157.1 | | | | 670.77 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT | 68330 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Amerihealth | HMO/PPO | 800 | | | | 670.77 | 7467.04 | fee schedule | |
| HC RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT | 68330 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Corrections | Corrections | 6288.03 | 80 | | | 670.77 | 7467.04 | percent of total billed charges | |
| HC RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT | 68330 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | UHC | Medicaid | 2479.84 | 31.55 | | | 670.77 | 7467.04 | percent of total billed charges | |
| HC RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT | 68330 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | PPO | 5157.1 | | | | 670.77 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT | 68330 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Three Rivers | Three Rivers | 7467.04 | 95 | | | 670.77 | 7467.04 | percent of total billed charges | |
| HC RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT | 68330 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | Medicare Blue | 2665.17 | | | | 670.77 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT | 68330 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | Indemnity | 5157.1 | | | | 670.77 | 7467.04 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT | 68330 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | WellPoint | WellPoint | 2529.36 | 32.18 | | | 670.77 | 7467.04 | percent of total billed charges | |
| HC RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT | 68330 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | United | CommercialPPO | 2776 | | | | 670.77 | 7467.04 | case rate | |
| HC RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT | 68330 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | Horizon | NJ Health | 670.77 | | | | 670.77 | 7467.04 | fee schedule | |
| HC RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT | 68330 | CPT | | | | outpatient | | | 7860.04 | 3064.95 | United | Oxford | 2776 | | | | 670.77 | 7467.04 | case rate | |
| HC RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE | 68340 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Medicare | 2672.53 | | | | 670.77 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE | 68340 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | UHC | Medicaid | 2486.69 | 31.55 | | | 670.77 | 7487.65 | percent of total billed charges | |
| HC RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC RPR & DIV SYMBLEPHARON W/MO CONFORM/CONTACT LE | 68340 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Corrections | Corrections | 6305.39 | 80 | | | 670.77 | 7487.65 | percent of total billed charges | |
| HC RPR & DIV SYMBLEPHARON W/MO CONFORM/CONTACT LE | 68340 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | UHC | Medicare | 2672.53 | | | | 670.77 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR & DIV SYMBLEPHARON W/MO CONFORM/CONTACT LE | 68340 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Consumer | Consumer | 7487.65 | 95 | | | 670.77 | 7487.65 | percent of total billed charges | |
| HC RPR & DIV SYMBLEPHARON W/MO CONFORM/CONTACT LE | 68340 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 670.77 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR & DIV SYMBLEPHARON W/MO CONFORM/CONTACT LE | 68340 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Multiplan | Multiplan | 6305.39 | 80 | | | 670.77 | 7487.65 | percent of total billed charges | |
| HC RPR & DIV SYMBLEPHARON W/MO CONFORM/CONTACT LE | 68340 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | United | Commercial/PPO | 2776 | | | | 670.77 | 7487.65 | case rate | |
| HC RPR & DIV SYMBLEPHARON W/MO CONFORM/CONTACT LE | 68340 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 670.77 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR & DIV SYMBLEPHARON W/MO CONFORM/CONTACT LE | 68340 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | WellPoint | WellPoint | 2536.34 | 32.18 | | | 670.77 | 7487.65 | percent of total billed charges | |
| HC RPR & DIV SYMBLEPHARON W/MO CONFORM/CONTACT LE | 68340 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | MCD | 5171.35 | | | | 670.77 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR & DIV SYMBLEPHARON W/MO CONFORM/CONTACT LE | 68340 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 670.77 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR & DIV SYMBLEPHARON W/MO CONFORM/CONTACT LE | 68340 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Qualcare | Qualcare | 5911.31 | 75 | | | 670.77 | 7487.65 | percent of total billed charges | |
| HC RPR & DIV SYMBLEPHARON W/MO CONFORM/CONTACT LE | 68340 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Three Rivers | Three Rivers | 7487.65 | 95 | | | 670.77 | 7487.65 | percent of total billed charges | |
| HC RPR & DIV SYMBLEPHARON W/MO CONFORM/CONTACT LE | 68340 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | NJ Health | NJ Health | 670.77 | | | | 670.77 | 7487.65 | fee schedule | |
| HC RPR & DIV SYMBLEPHARON W/MO CONFORM/CONTACT LE | 68340 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Wellcare | Medicaid | 2486.69 | 31.55 | | | 670.77 | 7487.65 | percent of total billed charges | |
| HC RPR & DIV SYMBLEPHARON W/MO CONFORM/CONTACT LE | 68340 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | PPO | 5171.35 | | | | 670.77 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RPR & DIV SYMBLEPHARON W/MO CONFORM/CONTACT LE | 68340 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Managed Care Inc | Managed Care Inc | 7093.57 | 90 | | | 670.77 | 7487.65 | percent of total billed charges | |
| HC RPR & DIV SYMBLEPHARON W/MO CONFORM/CONTACT LE | 68340 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | United | Oxford | 2776 | | | | 670.77 | 7487.65 | case rate | |
| HC INCISION DRAINAGE LACRIMAL GLAND | 68400 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Americare | Americare | 2561.12 | 75 | | | 125 | 3244.09 | percent of total billed charges | |
| HC INCISION DRAINAGE LACRIMAL GLAND | 68400 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | First Trenton | First Trenton | 3073.35 | 90 | | | 125 | 3244.09 | percent of total billed charges | |
| HC INCISION DRAINAGE LACRIMAL GLAND | 68400 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Aetna | Commercial | 1297.64 | 38 | | | 125 | 3244.09 | percent of total billed charges | |
| HC INCISION DRAINAGE LACRIMAL GLAND | 68400 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Horizon | Medicare Blue | 1157.9 | | | | 125 | 3244.09 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISION DRAINAGE LACRIMAL GLAND | 68400 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | UHC | Medicare | 1157.9 | | | | 125 | 3244.09 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISION DRAINAGE LACRIMAL GLAND | 68400 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Corrections | Corrections | 2731.86 | 80 | | | 125 | 3244.09 | percent of total billed charges | |
| HC INCISION DRAINAGE LACRIMAL GLAND | 68400 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Aetna | Medicare | 1157.9 | | | | 125 | 3244.09 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISION DRAINAGE LACRIMAL GLAND | 68400 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Aetna | Better Health | 1077.38 | 31.55 | | | 125 | 3244.09 | percent of total billed charges | |
| HC INCISION DRAINAGE LACRIMAL GLAND | 68400 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Amerihealth | HMO/PPO | 125 | | | | 125 | 3244.09 | fee schedule | |
| HC INCISION DRAINAGE LACRIMAL GLAND | 68400 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Horizon | NJ Health | 137.81 | | | | 125 | 3244.09 | fee schedule | |
| HC INCISION DRAINAGE LACRIMAL GLAND | 68400 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Horizon | PPO | 2240.54 | | | | 125 | 3244.09 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISION DRAINAGE LACRIMAL GLAND | 68400 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Multiplan | Multiplan | 2731.86 | 80 | | | 125 | 3244.09 | percent of total billed charges | |
| HC INCISION DRAINAGE LACRIMAL GLAND | 68400 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Consumer | Consumer | 3244.09 | 95 | | | 125 | 3244.09 | percent of total billed charges | |
| HC INCISION DRAINAGE LACRIMAL GLAND | 68400 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Horizon | Indemnity | 2240.54 | | | | 125 | 3244.09 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISION DRAINAGE LACRIMAL GLAND | 68400 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | WellPoint | WellPoint | 1098.89 | 32.18 | | | 125 | 3244.09 | percent of total billed charges | |
| HC INCISION DRAINAGE LACRIMAL GLAND | 68400 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | First Health | First Health | 2390.38 | 70 | | | 125 | 3244.09 | percent of total billed charges | |
| HC INCISION DRAINAGE LACRIMAL GLAND | 68400 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Horizon | MCD | 2240.54 | | | | 125 | 3244.09 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISION DRAINAGE LACRIMAL GLAND | 68400 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Managed Care Inc | Managed Care Inc | 3073.35 | 90 | | | 125 | 3244.09 | percent of total billed charges | |
| HC INCISION DRAINAGE LACRIMAL GLAND | 68400 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Qualcare | Qualcare | 2561.12 | 75 | | | 125 | 3244.09 | percent of total billed charges | |
| HC INCISION DRAINAGE LACRIMAL GLAND | 68400 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | UHC | Medicaid | 1077.38 | 31.55 | | | 125 | 3244.09 | percent of total billed charges | |
| HC INCISION DRAINAGE LACRIMAL GLAND | 68400 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Wellcare | Medicaid | 1077.38 | 31.55 | | | 125 | 3244.09 | percent of total billed charges | |
| HC INCISION DRAINAGE LACRIMAL GLAND | 68400 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Three Rivers | Three Rivers | 3244.09 | 95 | | | 125 | 3244.09 | percent of total billed charges | |
| HC INCISION DRAINAGE LACRIMAL GLAND | 68400 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | Wellcare | Medicare | 1157.9 | | | | 125 | 3244.09 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISION DRAINAGE LACRIMAL GLAND | 68400 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | United | Commercial/PPO | 2493 | | | | 125 | 3244.09 | case rate | |
| HC INCISION DRAINAGE LACRIMAL GLAND | 68400 | CPT | | | | outpatient | | | 3414.83 | 1331.59 | United | Oxford | 2493 | | | | 125 | 3244.09 | case rate | |
| HC INCISION DRAINAGE LACRIMAL SAC | 68420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Consumer | Consumer | 7487.65 | 95 | | | 116.85 | 7487.65 | percent of total billed charges | |
| HC INCISION DRAINAGE LACRIMAL SAC | 68420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Three Rivers | Three Rivers | 7487.65 | 95 | | | 116.85 | 7487.65 | percent of total billed charges | |
| HC INCISION DRAINAGE LACRIMAL SAC | 68420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Corrections | Corrections | 6305.39 | 80 | | | 116.85 | 7487.65 | percent of total billed charges | |
| HC INCISION DRAINAGE LACRIMAL SAC | 68420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 116.85 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISION DRAINAGE LACRIMAL SAC | 68420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | First Health | First Health | 5517.22 | 70 | | | 116.85 | 7487.65 | percent of total billed charges | |
| HC INCISION DRAINAGE LACRIMAL SAC | 68420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Medicare | 2672.53 | | | | 116.85 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISION DRAINAGE LACRIMAL SAC | 68420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Qualcare | Qualcare | 5911.31 | 75 | | | 116.85 | 7487.65 | percent of total billed charges | |
| HC INCISION DRAINAGE LACRIMAL SAC | 68420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Better Health | 2486.69 | 31.55 | | | 116.85 | 7487.65 | percent of total billed charges | |
| HC INCISION DRAINAGE LACRIMAL SAC | 68420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | UHC | Medicaid | 2486.69 | 31.55 | | | 116.85 | 7487.65 | percent of total billed charges | |
| HC INCISION DRAINAGE LACRIMAL SAC | 68420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Americare | Americare | 5911.31 | 75 | | | 116.85 | 7487.65 | percent of total billed charges | |
| HC INCISION DRAINAGE LACRIMAL SAC | 68420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | First Trenton | First Trenton | 7093.57 | 90 | | | 116.85 | 7487.65 | percent of total billed charges | |
| HC INCISION DRAINAGE LACRIMAL SAC | 68420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | PPO | 5171.35 | | | | 116.85 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISION DRAINAGE LACRIMAL SAC | 68420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Multiplan | Multiplan | 6305.39 | 80 | | | 116.85 | 7487.65 | percent of total billed charges | |
| HC INCISION DRAINAGE LACRIMAL SAC | 68420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Amerihealth | HMO/PPO | 550 | | | | 116.85 | 7487.65 | fee schedule | |
| HC INCISION DRAINAGE LACRIMAL SAC | 68420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | NJ Health | 116.85 | | | | 116.85 | 7487.65 | fee schedule | |
| HC INCISION DRAINAGE LACRIMAL SAC | 68420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Commercial | 2995.06 | 38 | | | 116.85 | 7487.65 | percent of total billed charges | |
| HC INCISION DRAINAGE LACRIMAL SAC | 68420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | United | Commercial/PPO | 1817 | | | | 116.85 | 7487.65 | case rate | |
| HC INCISION DRAINAGE LACRIMAL SAC | 68420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | MCD | 5171.35 | | | | 116.85 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISION DRAINAGE LACRIMAL SAC | 68420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Managed Care Inc | Managed Care Inc | 7093.57 | 90 | | | 116.85 | 7487.65 | percent of total billed charges | |
| HC INCISION DRAINAGE LACRIMAL SAC | 68420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 116.85 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISION DRAINAGE LACRIMAL SAC | 68420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Wellcare | Medicaid | 2486.69 | 31.55 | | | 116.85 | 7487.65 | percent of total billed charges | |
| HC INCISION DRAINAGE LACRIMAL SAC | 68420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | UHC | Medicare | 2672.53 | | | | 116.85 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INCISION DRAINAGE LACRIMAL SAC | 68420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | United | Oxford | 1817 | | | | 116.85 | 7487.65 | case rate | |
| HC INCISION DRAINAGE LACRIMAL SAC | 68420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | WellPoint | WellPoint | 2536.34 | 32.18 | | | 116.85 | 7487.65 | percent of total billed charges | |
| HC INCISION DRAINAGE LACRIMAL SAC | 68420 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 116.85 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCTOPLASTY | 68440 | CPT | | | | outpatient | | | 968 | 383.15 | First Health | First Health | 677.6 | 70 | | | 58.46 | 1782 | percent of total billed charges | |
| HC PUNCTOPLASTY | 68440 | CPT | | | | outpatient | | | 968 | 383.15 | Corrections | Corrections | 774.4 | 80 | | | 58.46 | 1782 | percent of total billed charges | |
| HC PUNCTOPLASTY | 68440 | CPT | | | | outpatient | | | 968 | 383.15 | Aetna | Better Health | 305.4 | 31.55 | | | 58.46 | 1782 | percent of total billed charges | |
| HC PUNCTOPLASTY | 68440 | CPT | | | | outpatient | | | 968 | 383.15 | Amerihealth | HMO/PPO | 125 | | | | 58.46 | 1782 | fee schedule | |
| HC PUNCTOPLASTY | 68440 | CPT | | | | outpatient | | | 968 | 383.15 | Qualcare | Qualcare | 726 | 75 | | | 58.46 | 1782 | percent of total billed charges | |
| HC PUNCTOPLASTY | 68440 | CPT | | | | outpatient | | | 968 | 383.15 | Aetna | Medicare | 333.17 | | | | 58.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCTOPLASTY | 68440 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | MCD | 644.68 | | | | 58.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCTOPLASTY | 68440 | CPT | | | | outpatient | | | 968 | 383.15 | Aetna | Commercial | 367.84 | 38 | | | 58.46 | 1782 | percent of total billed charges | |
| HC PUNCTOPLASTY | 68440 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | Indemnity | 644.68 | | | | 58.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCTOPLASTY | 68440 | CPT | | | | outpatient | | | 968 | 383.15 | First Trenton | First Trenton | 871.2 | 90 | | | 58.46 | 1782 | percent of total billed charges | |
| HC PUNCTOPLASTY | 68440 | CPT | | | | outpatient | | | 968 | 383.15 | Consumer | Consumer | 919.6 | 95 | | | 58.46 | 1782 | percent of total billed charges | |
| HC PUNCTOPLASTY | 68440 | CPT | | | | outpatient | | | 968 | 383.15 | UHC | Medicaid | 305.4 | 31.55 | | 295.41 | 58.46 | 1782 | percent of total billed charges | |
| HC PUNCTOPLASTY | 68440 | CPT | | | | outpatient | | | 968 | 383.15 | United | Commercial/PPO | 1782 | | | | 58.46 | 1782 | case rate | |
| HC PUNCTOPLASTY | 68440 | CPT | | | | outpatient | | | 968 | 383.15 | Americare | Americare | 726 | 75 | | | 58.46 | 1782 | percent of total billed charges | |
| HC PUNCTOPLASTY | 68440 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | PPO | 644.68 | | | | 58.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCTOPLASTY | 68440 | CPT | | | | outpatient | | | 968 | 383.15 | UHC | Medicare | 333.17 | | | | 58.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCTOPLASTY | 68440 | CPT | | | | outpatient | | | 968 | 383.15 | Multiplan | Multiplan | 774.4 | 80 | | | 58.46 | 1782 | percent of total billed charges | |
| HC PUNCTOPLASTY | 68440 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | NJ Health | 58.46 | | | | 58.46 | 1782 | fee schedule | |
| HC PUNCTOPLASTY | 68440 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | Medicare Blue | 333.17 | | | | 58.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCTOPLASTY | 68440 | CPT | | | | outpatient | | | 968 | 383.15 | Three Rivers | Three Rivers | 919.6 | 95 | | | 58.46 | 1782 | percent of total billed charges | |
| HC PUNCTOPLASTY | 68440 | CPT | | | | outpatient | | | 968 | 383.15 | WellPoint | WellPoint | 311.5 | 32.18 | | | 58.46 | 1782 | percent of total billed charges | |
| HC PUNCTOPLASTY | 68440 | CPT | | | | outpatient | | | 968 | 383.15 | Managed Care Inc | Managed Care Inc | 871.2 | 90 | | | 58.46 | 1782 | percent of total billed charges | |
| HC PUNCTOPLASTY | 68440 | CPT | | | | outpatient | | | 968 | 383.15 | Wellcare | Medicaid | 305.4 | 31.55 | | | 58.46 | 1782 | percent of total billed charges | |
| HC PUNCTOPLASTY | 68440 | CPT | | | | outpatient | | | 968 | 383.15 | United | Oxford | 1782 | | | | 58.46 | 1782 | case rate | |
| HC PUNCTOPLASTY | 68440 | CPT | | | | outpatient | | | 968 | 383.15 | Wellcare | Medicare | 333.17 | | | | 58.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY LACRIMAL GLAND | 68510 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Corrections | Corrections | 6305.39 | 80 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC BIOPSY LACRIMAL GLAND | 68510 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Multiplan | Multiplan | 6305.39 | 80 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC BIOPSY LACRIMAL GLAND | 68510 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Medicare | 2672.53 | | | | 109.62 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY LACRIMAL GLAND | 68510 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Consumer | Consumer | 7487.65 | 95 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC BIOPSY LACRIMAL GLAND | 68510 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | First Trenton | First Trenton | 7093.57 | 90 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC BIOPSY LACRIMAL GLAND | 68510 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | First Health | First Health | 5517.22 | 70 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC BIOPSY LACRIMAL GLAND | 68510 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Americare | Americare | 5911.31 | 75 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC BIOPSY LACRIMAL GLAND | 68510 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Better Health | 2486.69 | 31.55 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC BIOPSY LACRIMAL GLAND | 68510 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | NJ Health | 109.62 | | | | 109.62 | 7487.65 | fee schedule | |
| HC BIOPSY LACRIMAL GLAND | 68510 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Qualcare | Qualcare | 5911.31 | 75 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC BIOPSY LACRIMAL GLAND | 68510 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | UHC | Medicare | 2672.53 | | | | 109.62 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY LACRIMAL GLAND | 68510 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 109.62 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY LACRIMAL GLAND | 68510 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Three Rivers | Three Rivers | 7487.65 | 95 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC BIOPSY LACRIMAL GLAND | 68510 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 109.62 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY LACRIMAL GLAND | 68510 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Amerihealth | HMO/PPO | 300 | | | | 109.62 | 7487.65 | fee schedule | |
| HC BIOPSY LACRIMAL GLAND | 68510 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Aetna | Commercial | 2995.06 | 38 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC BIOPSY LACRIMAL GLAND | 68510 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Managed Care Inc | Managed Care Inc | 7093.57 | 90 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC BIOPSY LACRIMAL GLAND | 68510 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | UHC | Medicaid | 2486.69 | 31.55 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC BIOPSY LACRIMAL GLAND | 68510 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | United | Oxford | 2776 | | | | 109.62 | 7487.65 | case rate | |
| HC BIOPSY LACRIMAL GLAND | 68510 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | MCD | 5171.35 | | | | 109.62 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY LACRIMAL GLAND | 68510 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 109.62 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY LACRIMAL GLAND | 68510 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | United | Commercial/PPO | 2776 | | | | 109.62 | 7487.65 | case rate | |
| HC BIOPSY LACRIMAL GLAND | 68510 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Horizon | PPO | 5171.35 | | | | 109.62 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BIOPSY LACRIMAL GLAND | 68510 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | Wellcare | Medicaid | 2486.69 | 31.55 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC BIOPSY LACRIMAL GLAND | 68510 | CPT | | | | outpatient | | | 7881.74 | 3073.41 | WellPoint | WellPoint | 2536.34 | 32.18 | | | 109.62 | 7487.65 | percent of total billed charges | |
| HC REM FB LACRIMAL PAS | 68530 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | Medicare Blue | 333.17 | | | | 189.49 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM FB LACRIMAL PAS | 68530 | CPT | | | | outpatient | | | 968 | 383.15 | Aetna | Better Health | 305.4 | 31.55 | | | 189.49 | 1782 | percent of total billed charges | |
| HC REM FB LACRIMAL PAS | 68530 | CPT | | | | outpatient | | | 968 | 383.15 | Aetna | Commercial | 367.84 | 38 | | | 189.49 | 1782 | percent of total billed charges | |
| HC REM FB LACRIMAL PAS | 68530 | CPT | | | | outpatient | | | 968 | 383.15 | UHC | Medicare | 333.17 | | | | 189.49 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM FB LACRIMAL PAS | 68530 | CPT | | | | outpatient | | | 968 | 383.15 | Aetna | Medicare | 333.17 | | | | 189.49 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM FB LACRIMAL PAS | 68530 | CPT | | | | outpatient | | | 968 | 383.15 | Corrections | Corrections | 774.4 | 80 | | | 189.49 | 1782 | percent of total billed charges | |
| HC REM FB LACRIMAL PAS | 68530 | CPT | | | | outpatient | | | 968 | 383.15 | Amerihealth | HMO/PPO | 300 | | | | 189.49 | 1782 | fee schedule | |
| HC REM FB LACRIMAL PAS | 68530 | CPT | | | | outpatient | | | 968 | 383.15 | Americare | Americare | 726 | 75 | | | 189.49 | 1782 | percent of total billed charges | |
| HC REM FB LACRIMAL PAS | 68530 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | MCD | 644.68 | | | | 189.49 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM FB LACRIMAL PAS | 68530 | CPT | | | | outpatient | | | 968 | 383.15 | Consumer | Consumer | 919.6 | 95 | | | 189.49 | 1782 | percent of total billed charges | |
| HC REM FB LACRIMAL PAS | 68530 | CPT | | | | outpatient | | | 968 | 383.15 | First Health | First Health | 677.6 | 70 | | | 189.49 | 1782 | percent of total billed charges | |
| HC REM FB LACRIMAL PAS | 68530 | CPT | | | | outpatient | | | 968 | 383.15 | Wellcare | Medicaid | 305.4 | 31.55 | | | 189.49 | 1782 | percent of total billed charges | |
| HC REM FB LACRIMAL PAS | 68530 | CPT | | | | outpatient | | | 968 | 383.15 | Multiplan | Multiplan | 774.4 | 80 | | | 189.49 | 1782 | percent of total billed charges | |
| HC REM FB LACRIMAL PAS | 68530 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | PPO | 644.68 | | | | 189.49 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM FB LACRIMAL PAS | 68530 | CPT | | | | outpatient | | | 968 | 383.15 | Qualcare | Qualcare | 726 | 75 | | | 189.49 | 1782 | percent of total billed charges | |
| HC REM FB LACRIMAL PAS | 68530 | CPT | | | | outpatient | | | 968 | 383.15 | First Trenton | First Trenton | 871.2 | 90 | | | 189.49 | 1782 | percent of total billed charges | |
| HC REM FB LACRIMAL PAS | 68530 | CPT | | | | outpatient | | | 968 | 383.15 | UHC | Medicaid | 305.4 | 31.55 | | | 189.49 | 1782 | percent of total billed charges | |
| HC REM FB LACRIMAL PAS | 68530 | CPT | | | | outpatient | | | 968 | 383.15 | Wellcare | Medicare | 333.17 | | | | 189.49 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM FB LACRIMAL PAS | 68530 | CPT | | | | outpatient | | | 968 | 383.15 | United | Commercial/PPO | 1782 | | | | 189.49 | 1782 | case rate | |
| HC REM FB LACRIMAL PAS | 68530 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | Indemnity | 644.68 | | | | 189.49 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REM FB LACRIMAL PAS | 68530 | CPT | | | | outpatient | | | 968 | 383.15 | WellPoint | WellPoint | 311.5 | 32.18 | | | 189.49 | 1782 | percent of total billed charges | |
| HC REM FB LACRIMAL PAS | 68530 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | NJ Health | 189.49 | | | | 189.49 | 1782 | fee schedule | |
| HC REM FB LACRIMAL PAS | 68530 | CPT | | | | outpatient | | | 968 | 383.15 | Managed Care Inc | Managed Care Inc | 871.2 | 90 | | | 189.49 | 1782 | percent of total billed charges | |
| HC REM FB LACRIMAL PAS | 68530 | CPT | | | | outpatient | | | 968 | 383.15 | Three Rivers | Three Rivers | 919.6 | 95 | | | 189.49 | 1782 | percent of total billed charges | |
| HC REM FB LACRIMAL PAS | 68530 | CPT | | | | outpatient | | | 968 | 383.15 | United | Oxford | 1782 | | | | 189.49 | 1782 | case rate | |
| HC REPAIR CANALICULUS | 68700 | CPT | | | | outpatient | | | 8016 | 3073.41 | Aetna | Commercial | 3046.08 | 38 | | | 328.86 | 7615.2 | percent of total billed charges | |
| HC REPAIR CANALICULUS | 68700 | CPT | | | | outpatient | | | 8016 | 3073.41 | First Health | First Health | 5611.2 | 70 | | | 328.86 | 7615.2 | percent of total billed charges | |
| HC REPAIR CANALICULUS | 68700 | CPT | | | | outpatient | | | 8016 | 3073.41 | Horizon | Indemnity | 5171.35 | | | | 328.86 | 7615.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR CANALICULUS | 68700 | CPT | | | | outpatient | | | 8016 | 3073.41 | First Trenton | First Trenton | 7214.4 | 90 | | | 328.86 | 7615.2 | percent of total billed charges | |
| HC REPAIR CANALICULUS | 68700 | CPT | | | | outpatient | | | 8016 | 3073.41 | Aetna | Medicare | 2672.53 | | | | 328.86 | 7615.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR CANALICULUS | 68700 | CPT | | | | outpatient | | | 8016 | 3073.41 | Aetna | Better Health | 2529.05 | 31.55 | | | 328.86 | 7615.2 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC REPAIR CANALICULUS | 68700 | CPT | | | | outpatient | | | 8016 | 3073.41 | Americare | Americare | 6012 | 75 | | | 328.86 | 7615.2 | percent of total billed charges | |
| HC REPAIR CANALICULUS | 68700 | CPT | | | | outpatient | | | 8016 | 3073.41 | UHC | Medicare | 2672.53 | | | | 328.86 | 7615.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR CANALICULUS | 68700 | CPT | | | | outpatient | | | 8016 | 3073.41 | Consumer | Consumer | 7615.2 | 95 | | | 328.86 | 7615.2 | percent of total billed charges | |
| HC REPAIR CANALICULUS | 68700 | CPT | | | | outpatient | | | 8016 | 3073.41 | Horizon | Medicare Blue | 2672.53 | | | | 328.86 | 7615.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR CANALICULUS | 68700 | CPT | | | | outpatient | | | 8016 | 3073.41 | Multiplan | Multiplan | 6412.8 | 80 | | | 328.86 | 7615.2 | percent of total billed charges | |
| HC REPAIR CANALICULUS | 68700 | CPT | | | | outpatient | | | 8016 | 3073.41 | Amerihealth | HMO/PPO | 550 | | | | 328.86 | 7615.2 | fee schedule | |
| HC REPAIR CANALICULUS | 68700 | CPT | | | | outpatient | | | 8016 | 3073.41 | Corrections | Corrections | 6412.8 | 80 | | | 328.86 | 7615.2 | percent of total billed charges | |
| HC REPAIR CANALICULUS | 68700 | CPT | | | | outpatient | | | 8016 | 3073.41 | UHC | Medicaid | 2529.05 | 31.55 | | 2352.89 | 328.86 | 7615.2 | percent of total billed charges | |
| HC REPAIR CANALICULUS | 68700 | CPT | | | | outpatient | | | 8016 | 3073.41 | Horizon | NJ Health | 328.86 | | | | 328.86 | 7615.2 | fee schedule | |
| HC REPAIR CANALICULUS | 68700 | CPT | | | | outpatient | | | 8016 | 3073.41 | Wellcare | Medicaid | 2529.05 | 31.55 | | | 328.86 | 7615.2 | percent of total billed charges | |
| HC REPAIR CANALICULUS | 68700 | CPT | | | | outpatient | | | 8016 | 3073.41 | Horizon | MGD | 5171.35 | | | | 328.86 | 7615.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR CANALICULUS | 68700 | CPT | | | | outpatient | | | 8016 | 3073.41 | Qualcare | Qualcare | 6012 | 75 | | | 328.86 | 7615.2 | percent of total billed charges | |
| HC REPAIR CANALICULUS | 68700 | CPT | | | | outpatient | | | 8016 | 3073.41 | Horizon | PPO | 5171.35 | | | | 328.86 | 7615.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR CANALICULUS | 68700 | CPT | | | | outpatient | | | 8016 | 3073.41 | Managed Care Inc | Managed Care Inc | 7214.4 | 90 | | | 328.86 | 7615.2 | percent of total billed charges | |
| HC REPAIR CANALICULUS | 68700 | CPT | | | | outpatient | | | 8016 | 3073.41 | United | CommercialPPO | 2776 | | | 4210.68 | 328.86 | 7615.2 | case rate | |
| HC REPAIR CANALICULUS | 68700 | CPT | | | | outpatient | | | 8016 | 3073.41 | Three Rivers | Three Rivers | 7615.2 | 95 | | | 328.86 | 7615.2 | percent of total billed charges | |
| HC REPAIR CANALICULUS | 68700 | CPT | | | | outpatient | | | 8016 | 3073.41 | United | Oxford | 2776 | | | | 328.86 | 7615.2 | case rate | |
| HC REPAIR CANALICULUS | 68700 | CPT | | | | outpatient | | | 8016 | 3073.41 | Wellcare | Medicare | 2672.53 | | | | 328.86 | 7615.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REPAIR CANALICULUS | 68700 | CPT | | | | outpatient | | | 8016 | 3073.41 | WellPoint | WellPoint | 2579.55 | 32.18 | | | 328.86 | 7615.2 | percent of total billed charges | |
| HC CORRECTION EVERTED PUNCTUM CAUTERY | 68705 | CPT | | | | outpatient | | | 982.56 | 383.15 | Americare | Americare | 736.92 | 75 | | | 84.04 | 1782 | percent of total billed charges | |
| HC CORRECTION EVERTED PUNCTUM CAUTERY | 68705 | CPT | | | | outpatient | | | 982.56 | 383.15 | Wellcare | Medicare | 333.17 | | | | 84.04 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECTION EVERTED PUNCTUM CAUTERY | 68705 | CPT | | | | outpatient | | | 982.56 | 383.15 | Aetna | Medicare | 333.17 | | | | 84.04 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECTION EVERTED PUNCTUM CAUTERY | 68705 | CPT | | | | outpatient | | | 982.56 | 383.15 | Amerihealth | HMO/PPO | 125 | | | | 84.04 | 1782 | fee schedule | |
| HC CORRECTION EVERTED PUNCTUM CAUTERY | 68705 | CPT | | | | outpatient | | | 982.56 | 383.15 | Aetna | Commercial | 373.37 | 38 | | | 84.04 | 1782 | percent of total billed charges | |
| HC CORRECTION EVERTED PUNCTUM CAUTERY | 68705 | CPT | | | | outpatient | | | 982.56 | 383.15 | Horizon | Indemnity | 644.68 | | | | 84.04 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECTION EVERTED PUNCTUM CAUTERY | 68705 | CPT | | | | outpatient | | | 982.56 | 383.15 | Aetna | Better Health | 310 | 31.55 | | | 84.04 | 1782 | percent of total billed charges | |
| HC CORRECTION EVERTED PUNCTUM CAUTERY | 68705 | CPT | | | | outpatient | | | 982.56 | 383.15 | First Health | First Health | 687.79 | 70 | | | 84.04 | 1782 | percent of total billed charges | |
| HC CORRECTION EVERTED PUNCTUM CAUTERY | 68705 | CPT | | | | outpatient | | | 982.56 | 383.15 | Consumer | Consumer | 933.43 | 95 | | | 84.04 | 1782 | percent of total billed charges | |
| HC CORRECTION EVERTED PUNCTUM CAUTERY | 68705 | CPT | | | | outpatient | | | 982.56 | 383.15 | WellPoint | WellPoint | 316.19 | 32.18 | | | 84.04 | 1782 | percent of total billed charges | |
| HC CORRECTION EVERTED PUNCTUM CAUTERY | 68705 | CPT | | | | outpatient | | | 982.56 | 383.15 | Corrections | Corrections | 786.05 | 80 | | | 84.04 | 1782 | percent of total billed charges | |
| HC CORRECTION EVERTED PUNCTUM CAUTERY | 68705 | CPT | | | | outpatient | | | 982.56 | 383.15 | Horizon | MGD | 644.68 | | | | 84.04 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECTION EVERTED PUNCTUM CAUTERY | 68705 | CPT | | | | outpatient | | | 982.56 | 383.15 | Multiplan | Multiplan | 786.05 | 80 | | | 84.04 | 1782 | percent of total billed charges | |
| HC CORRECTION EVERTED PUNCTUM CAUTERY | 68705 | CPT | | | | outpatient | | | 982.56 | 383.15 | Horizon | Medicare Blue | 333.17 | | | | 84.04 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECTION EVERTED PUNCTUM CAUTERY | 68705 | CPT | | | | outpatient | | | 982.56 | 383.15 | First Trenton | First Trenton | 884.3 | 90 | | | 84.04 | 1782 | percent of total billed charges | |
| HC CORRECTION EVERTED PUNCTUM CAUTERY | 68705 | CPT | | | | outpatient | | | 982.56 | 383.15 | Three Rivers | Three Rivers | 933.43 | 95 | | | 84.04 | 1782 | percent of total billed charges | |
| HC CORRECTION EVERTED PUNCTUM CAUTERY | 68705 | CPT | | | | outpatient | | | 982.56 | 383.15 | United | CommercialPPO | 1782 | | | | 84.04 | 1782 | case rate | |
| HC CORRECTION EVERTED PUNCTUM CAUTERY | 68705 | CPT | | | | outpatient | | | 982.56 | 383.15 | Horizon | PPO | 644.68 | | | | 84.04 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECTION EVERTED PUNCTUM CAUTERY | 68705 | CPT | | | | outpatient | | | 982.56 | 383.15 | Horizon | NJ Health | 84.04 | | | | 84.04 | 1782 | fee schedule | |
| HC CORRECTION EVERTED PUNCTUM CAUTERY | 68705 | CPT | | | | outpatient | | | 982.56 | 383.15 | UHC | Medicaid | 310 | 31.55 | | | 84.04 | 1782 | percent of total billed charges | |
| HC CORRECTION EVERTED PUNCTUM CAUTERY | 68705 | CPT | | | | outpatient | | | 982.56 | 383.15 | Qualcare | Qualcare | 736.92 | 75 | | | 84.04 | 1782 | percent of total billed charges | |
| HC CORRECTION EVERTED PUNCTUM CAUTERY | 68705 | CPT | | | | outpatient | | | 982.56 | 383.15 | UHC | Medicare | 333.17 | | | | 84.04 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORRECTION EVERTED PUNCTUM CAUTERY | 68705 | CPT | | | | outpatient | | | 982.56 | 383.15 | Managed Care Inc | Managed Care Inc | 884.3 | 90 | | | 84.04 | 1782 | percent of total billed charges | |
| HC CORRECTION EVERTED PUNCTUM CAUTERY | 68705 | CPT | | | | outpatient | | | 982.56 | 383.15 | United | Oxford | 1782 | | | | 84.04 | 1782 | case rate | |
| HC CORRECTION EVERTED PUNCTUM CAUTERY | 68705 | CPT | | | | outpatient | | | 982.56 | 383.15 | Wellcare | Medicaid | 310 | 31.55 | | | 84.04 | 1782 | percent of total billed charges | |
| HC CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT | 68750 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Aetna | Medicare | 4421.88 | | | | 759.67 | 12388.82 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT | 68750 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Aetna | Better Health | 4114.39 | 31.55 | | | 759.67 | 12388.82 | percent of total billed charges | |
| HC CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT | 68750 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Amerihealth | HMO/PPO | 800 | | | | 759.67 | 12388.82 | fee schedule | |
| HC CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT | 68750 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Consumer | Consumer | 12388.82 | 95 | | | 759.67 | 12388.82 | percent of total billed charges | |
| HC CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT | 68750 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Americare | Americare | 9780.65 | 75 | | | 759.67 | 12388.82 | percent of total billed charges | |
| HC CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT | 68750 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Horizon | Medicare Blue | 4421.88 | | | | 759.67 | 12388.82 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT | 68750 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Horizon | MGD | 8556.34 | | | | 759.67 | 12388.82 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT | 68750 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | First Health | First Health | 9128.6 | 70 | | | 759.67 | 12388.82 | percent of total billed charges | |
| HC CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT | 68750 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Corrections | Corrections | 10432.69 | 80 | | | 759.67 | 12388.82 | percent of total billed charges | |
| HC CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT | 68750 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Aetna | Commercial | 4955.53 | 38 | | | 759.67 | 12388.82 | percent of total billed charges | |
| HC CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT | 68750 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | UHC | Medicare | 4421.88 | | | | 759.67 | 12388.82 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT | 68750 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Horizon | Indemnity | 8556.34 | | | | 759.67 | 12388.82 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT | 68750 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | First Trenton | First Trenton | 11736.77 | 90 | | | 759.67 | 12388.82 | percent of total billed charges | |
| HC CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT | 68750 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Horizon | PPO | 8556.34 | | | | 759.67 | 12388.82 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT | 68750 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Horizon | NJ Health | 759.67 | | | | 759.67 | 12388.82 | fee schedule | |
| HC CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT | 68750 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Multiplan | Multiplan | 10432.69 | 80 | | | 759.67 | 12388.82 | percent of total billed charges | |
| HC CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT | 68750 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Managed Care Inc | Managed Care Inc | 11736.77 | 90 | | | 759.67 | 12388.82 | percent of total billed charges | |
| HC CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT | 68750 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | WellPoint | WellPoint | 4196.55 | 32.18 | | | 759.67 | 12388.82 | percent of total billed charges | |
| HC CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT | 68750 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Three Rivers | Three Rivers | 12388.82 | 95 | | | 759.67 | 12388.82 | percent of total billed charges | |
| HC CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT | 68750 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | UHC | Medicaid | 4114.39 | 31.55 | | | 759.67 | 12388.82 | percent of total billed charges | |
| HC CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT | 68750 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Qualcare | Qualcare | 9780.65 | 75 | | | 759.67 | 12388.82 | percent of total billed charges | |
| HC CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT | 68750 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | United | CommercialPPO | 3492 | | | | 759.67 | 12388.82 | case rate | |
| HC CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT | 68750 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Wellcare | Medicare | 4421.88 | | | | 759.67 | 12388.82 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT | 68750 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | United | Oxford | 3492 | | | | 759.67 | 12388.82 | case rate | |
| HC CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT | 68750 | CPT | | | | outpatient | | | 13040.86 | 5085.16 | Wellcare | Medicaid | 4114.39 | 31.55 | | | 759.67 | 12388.82 | percent of total billed charges | |
| HC CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER | 68760 | CPT | | | | outpatient | | | 982.56 | 383.15 | Americare | Americare | 736.92 | 75 | | | 109.62 | 1782 | percent of total billed charges | |
| HC CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER | 68760 | CPT | | | | outpatient | | | 982.56 | 383.15 | Aetna | Better Health | 310 | 31.55 | | | 109.62 | 1782 | percent of total billed charges | |
| HC CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER | 68760 | CPT | | | | outpatient | | | 982.56 | 383.15 | First Trenton | First Trenton | 884.3 | 90 | | | 109.62 | 1782 | percent of total billed charges | |
| HC CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER | 68760 | CPT | | | | outpatient | | | 982.56 | 383.15 | UHC | Medicaid | 310 | 31.55 | | | 109.62 | 1782 | percent of total billed charges | |
| HC CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER | 68760 | CPT | | | | outpatient | | | 982.56 | 383.15 | Aetna | Commercial | 373.37 | 38 | | | 109.62 | 1782 | percent of total billed charges | |
| HC CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER | 68760 | CPT | | | | outpatient | | | 982.56 | 383.15 | Aetna | Medicare | 333.17 | | | | 109.62 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER | 68760 | CPT | | | | outpatient | | | 982.56 | 383.15 | Amerihealth | HMO/PPO | 300 | | | | 109.62 | 1782 | fee schedule | |
| HC CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER | 68760 | CPT | | | | outpatient | | | 982.56 | 383.15 | First Health | First Health | 687.79 | 70 | | | 109.62 | 1782 | percent of total billed charges | |
| HC CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER | 68760 | CPT | | | | outpatient | | | 982.56 | 383.15 | Horizon | Medicare Blue | 333.17 | | | | 109.62 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER | 68760 | CPT | | | | outpatient | | | 982.56 | 383.15 | Consumer | Consumer | 933.43 | 95 | | | 109.62 | 1782 | percent of total billed charges | |
| HC CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER | 68760 | CPT | | | | outpatient | | | 982.56 | 383.15 | Horizon | PPO | 644.68 | | | | 109.62 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER | 68760 | CPT | | | | outpatient | | | 982.56 | 383.15 | UHC | Medicare | 333.17 | | | | 109.62 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER | 68760 | CPT | | | | outpatient | | | 982.56 | 383.15 | Horizon | Indemnity | 644.68 | | | | 109.62 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER | 68760 | CPT | | | | outpatient | | | 982.56 | 383.15 | Corrections | Corrections | 786.05 | 80 | | | 109.62 | 1782 | percent of total billed charges | |
| HC CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER | 68760 | CPT | | | | outpatient | | | 982.56 | 383.15 | Managed Care Inc | Managed Care Inc | 884.3 | 90 | | | 109.62 | 1782 | percent of total billed charges | |
| HC CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER | 68760 | CPT | | | | outpatient | | | 982.56 | 383.15 | Multiplan | Multiplan | 786.05 | 80 | | | 109.62 | 1782 | percent of total billed charges | |
| HC CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER | 68760 | CPT | | | | outpatient | | | 982.56 | 383.15 | United | Oxford | 1782 | | | | 109.62 | 1782 | case rate | |
| HC CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER | 68760 | CPT | | | | outpatient | | | 982.56 | 383.15 | Horizon | NJ Health | 109.62 | | | | 109.62 | 1782 | fee schedule | |
| HC CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER | 68760 | CPT | | | | outpatient | | | 982.56 | 383.15 | Wellcare | Medicare | 333.17 | | | | 109.62 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER | 68760 | CPT | | | | outpatient | | | 982.56 | 383.15 | United | CommercialPPO | 1782 | | | | 109.62 | 1782 | case rate | |
| HC CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER | 68760 | CPT | | | | outpatient | | | 982.56 | 383.15 | Wellcare | Medicaid | 310 | 31.55 | | | 109.62 | 1782 | percent of total billed charges | |
| HC CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER | 68760 | CPT | | | | outpatient | | | 982.56 | 383.15 | Horizon | MGD | 644.68 | | | | 109.62 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER | 68760 | CPT | | | | outpatient | | | 982.56 | 383.15 | WellPoint | WellPoint | 316.19 | 32.18 | | | 109.62 | 1782 | percent of total billed charges | |
| HC CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER | 68760 | CPT | | | | outpatient | | | 982.56 | 383.15 | Qualcare | Qualcare | 736.92 | 75 | | | 109.62 | 1782 | percent of total billed charges | |
| HC CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER | 68760 | CPT | | | | outpatient | | | 982.56 | 383.15 | Three Rivers | Three Rivers | 933.43 | 95 | | | 109.62 | 1782 | percent of total billed charges | |
| HC CLOSURE PUNCTUM BY PLUG | 68761 | CPT | | | | outpatient | | | 968 | 383.15 | Aetna | Commercial | 367.84 | 38 | | | 94.74 | 1782 | percent of total billed charges | |
| HC CLOSURE PUNCTUM BY PLUG | 68761 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | Indemnity | 644.68 | | | | 94.74 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOSURE PUNCTUM BY PLUG | 68761 | CPT | | | | outpatient | | | 968 | 383.15 | Aetna | Better Health | 305.4 | 31.55 | | | 94.74 | 1782 | percent of total billed charges | |
| HC CLOSURE PUNCTUM BY PLUG | 68761 | CPT | | | | outpatient | | | 968 | 383.15 | First Trenton | First Trenton | 871.2 | 90 | | | 94.74 | 1782 | percent of total billed charges | |
| HC CLOSURE PUNCTUM BY PLUG | 68761 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | Medicare Blue | 333.17 | | | | 94.74 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOSURE PUNCTUM BY PLUG | 68761 | CPT | | | | outpatient | | | 968 | 383.15 | Multiplan | Multiplan | 774.4 | 80 | | | 94.74 | 1782 | percent of total billed charges | |
| HC CLOSURE PUNCTUM BY PLUG | 68761 | CPT | | | | outpatient | | | 968 | 383.15 | Aetna | Medicare | 333.17 | | | 204.71 | 94.74 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOSURE PUNCTUM BY PLUG | 68761 | CPT | | | | outpatient | | | 968 | 383.15 | Amerihealth | HMO/PPO | 300 | | | | 94.74 | 1782 | fee schedule | |
| HC CLOSURE PUNCTUM BY PLUG | 68761 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | NJ Health | 94.74 | | | 628.45 | 94.74 | 1782 | fee schedule | |
| HC CLOSURE PUNCTUM BY PLUG | 68761 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | PPO | 644.68 | | | | 94.74 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOSURE PUNCTUM BY PLUG | 68761 | CPT | | | | outpatient | | | 968 | 383.15 | Americare | Americare | 726 | 75 | | | 94.74 | 1782 | percent of total billed charges | |
| HC CLOSURE PUNCTUM BY PLUG | 68761 | CPT | | | | outpatient | | | 968 | 383.15 | Managed Care Inc | Managed Care Inc | 871.2 | 90 | | | 94.74 | 1782 | percent of total billed charges | |
| HC CLOSURE PUNCTUM BY PLUG | 68761 | CPT | | | | outpatient | | | 968 | 383.15 | Consumer | Consumer | 919.6 | 95 | | | 94.74 | 1782 | percent of total billed charges | |
| HC CLOSURE PUNCTUM BY PLUG | 68761 | CPT | | | | outpatient | | | 968 | 383.15 | Qualcare | Qualcare | 726 | 75 | | | 94.74 | 1782 | percent of total billed charges | |
| HC CLOSURE PUNCTUM BY PLUG | 68761 | CPT | | | | outpatient | | | 968 | 383.15 | Corrections | Corrections | 774.4 | 80 | | | 94.74 | 1782 | percent of total billed charges | |
| HC CLOSURE PUNCTUM BY PLUG | 68761 | CPT | | | | outpatient | | | 968 | 383.15 | First Health | First Health | 677.6 | 70 | | | 94.74 | 1782 | percent of total billed charges | |
| HC CLOSURE PUNCTUM BY PLUG | 68761 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | MGD | 644.68 | | | | 94.74 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOSURE PUNCTUM BY PLUG | 68761 | CPT | | | | outpatient | | | 968 | 383.15 | UHC | Medicaid | 305.4 | 31.55 | | 294.12 | 94.74 | 1782 | percent of total billed charges | |
| HC CLOSURE PUNCTUM BY PLUG | 68761 | CPT | | | | outpatient | | | 968 | 383.15 | WellPoint | WellPoint | 311.5 | 32.18 | | 301.32 | 94.74 | 1782 | percent of total billed charges | |
| HC CLOSURE PUNCTUM BY PLUG | 68761 | CPT | | | | outpatient | | | 968 | 383.15 | Three Rivers | Three Rivers | 919.6 | 95 | | | 94.74 | 1782 | percent of total billed charges | |
| HC CLOSURE PUNCTUM BY PLUG | 68761 | CPT | | | | outpatient | | | 968 | 383.15 | UHC | Medicare | 333.17 | | | 78.11 | 94.74 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOSURE PUNCTUM BY PLUG | 68761 | CPT | | | | outpatient | | | 968 | 383.15 | Wellcare | Medicaid | 305.4 | 31.55 | | | 94.74 | 1782 | percent of total billed charges | |
| HC CLOSURE PUNCTUM BY PLUG | 68761 | CPT | | | | outpatient | | | 968 | 383.15 | United | CommercialPPO | 1782 | | | | 94.74 | 1782 | case rate | |
| HC CLOSURE PUNCTUM BY PLUG | 68761 | CPT | | | | outpatient | | | 968 | 383.15 | United | Oxford | 1782 | | | | 94.74 | 1782 | case rate | |
| HC CLOSURE PUNCTUM BY PLUG | 68761 | CPT | | | | outpatient | | | 968 | 383.15 | Wellcare | Medicare | 333.17 | | | | 94.74 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCTAL DILATION | 68801 | CPT | | | | outpatient | | | 1379 | 524.04 | Aetna | Medicare | 455.69 | | | | 59.38 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCTAL DILATION | 68801 | CPT | | | | outpatient | | | 1379 | 524.04 | Corrections | Corrections | 1103.2 | 80 | | | 59.38 | 1782 | percent of total billed charges | |
| HC PUNCTAL DILATION | 68801 | CPT | | | | outpatient | | | 1379 | 524.04 | UHC | Medicare | 455.69 | | | | 59.38 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCTAL DILATION | 68801 | CPT | | | | outpatient | | | 1379 | 524.04 | First Health | First Health | 965.3 | 70 | | | 59.38 | 1782 | percent of total billed charges | |
| HC PUNCTAL DILATION | 68801 | CPT | | | | outpatient | | | 1379 | 524.04 | Americare | Americare | 1034.25 | 75 | | | 59.38 | 1782 | percent of total billed charges | |
| HC PUNCTAL DILATION | 68801 | CPT | | | | outpatient | | | 1379 | 524.04 | Aetna | Better Health | 435.07 | 31.55 | | | 59.38 | 1782 | percent of total billed charges | |
| HC PUNCTAL DILATION | 68801 | CPT | | | | outpatient | | | 1379 | 524.04 | Horizon | Indemnity | 881.76 | | | | 59.38 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCTAL DILATION | 68801 | CPT | | | | outpatient | | | 1379 | 524.04 | Aetna | Commercial | 524.02 | 38 | | | 59.38 | 1782 | percent of total billed charges | |
| HC PUNCTAL DILATION | 68801 | CPT | | | | outpatient | | | 1379 | 524.04 | First Trenton | First Trenton | 1241.1 | 90 | | | 59.38 | 1782 | percent of total billed charges | |
| HC PUNCTAL DILATION | 68801 | CPT | | | | outpatient | | | 1379 | 524.04 | Horizon | PPO | 881.76 | | | | 59.38 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCTAL DILATION | 68801 | CPT | | | | outpatient | | | 1379 | 524.04 | Multiplan | Multiplan | 1103.2 | 80 | | | 59.38 | 1782 | percent of total billed charges | |
| HC PUNCTAL DILATION | 68801 | CPT | | | | outpatient | | | 1379 | 524.04 | Horizon | Medicare Blue | 455.69 | | | | 59.38 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCTAL DILATION | 68801 | CPT | | | | outpatient | | | 1379 | 524.04 | Amerihealth | HMO/PPO | 300 | | | | 59.38 | 1782 | fee schedule | |
| HC PUNCTAL DILATION | 68801 | CPT | | | | outpatient | | | 1379 | 524.04 | Consumer | Consumer | 1310.05 | 95 | | | 59.38 | 1782 | percent of total billed charges | |
| HC PUNCTAL DILATION | 68801 | CPT | | | | outpatient | | | 1379 | 524.04 | Qualcare | Qualcare | 1034.25 | 75 | | | 59.38 | 1782 | percent of total billed charges | |
| HC PUNCTAL DILATION | 68801 | CPT | | | | outpatient | | | 1379 | 524.04 | UHC | Medicaid | 435.07 | 31.55 | | | 59.38 | 1782 | percent of total billed charges | |
| HC PUNCTAL DILATION | 68801 | CPT | | | | outpatient | | | 1379 | 524.04 | Horizon | MGD | 881.76 | | | | 59.38 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCTAL DILATION | 68801 | CPT | | | | outpatient | | | 1379 | 524.04 | Wellcare | Medicare | 455.69 | | | | 59.38 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PUNCTAL DILATION | 68801 | CPT | | | | outpatient | | | 1379 | 524.04 | United | CommercialPPO | 1782 | | | | 59.38 | 1782 | case rate | |
| HC PUNCTAL DILATION | 68801 | CPT | | | | outpatient | | | 1379 | 524.04 | Horizon | NJ Health | 59.38 | | | | 59.38 | 1782 | fee schedule | |
| HC PUNCTAL DILATION | 68801 | CPT | | | | outpatient | | | 1379 | 524.04 | WellPoint | WellPoint | 443.76 | 32.18 | | | 59.38 | 1782 | percent of total billed charges | |
| HC PUNCTAL DILATION | 68801 | CPT | | | | outpatient | | | 1379 | 524.04 | Managed Care Inc | Managed Care Inc | 1241.1 | 90 | | | 59.38 | 1782 | percent of total billed charges | |
| HC PUNCTAL DILATION | 68801 | CPT | | | | outpatient | | | 1379 | 524.04 | Three Rivers | Three Rivers | 1310.05 | 95 | | | 59.38 | 1782 | percent of total billed charges | |
| HC PUNCTAL DILATION | 68801 | CPT | | | | outpatient | | | 1379 | 524.04 | United | Oxford | 1782 | | | | 59.38 | 1782 | case rate | |
| HC PUNCTAL DILATION | 68801 | CPT | | | | outpatient | | | 1379 | 524.04 | Wellcare | Medicaid | 435.07 | 31.55 | | | 59.38 | 1782 | percent of total billed charges | |
| HC PROBE NASO-LACRIMAL DUCT | 68810 | CPT | | | | outpatient | | | 968 | 383.15 | Horizon | Indemnity | 644.68 | | | | 52.2 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PROBE NASO-LACRIMAL DUCT | 68810 | CPT | | | | outpatient | | | 968 | 383.15 | Aetna | Better Health | 305.4 | 31.55 | | | 52.2 | 1782 | percent of total billed charges | |
| HC PROBE NASO-LACRIMAL DUCT | 68810 | CPT | | | | outpatient | | | 968 | 383.15 | Aetna | Medicare | 333.17 | | | | 52.2 | 1782 | other |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC PROBE NASO-LACRIMAL DUCT | 68810 | CPT | | | | outpatient | | | 968 | | 383.15 Horizon | Medicare Blue | 333.17 | | | | 52.2 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PROBE NASO-LACRIMAL DUCT | 68810 | CPT | | | | outpatient | | | 968 | | 383.15 Consumer | Consumer | 919.6 | 95 | | | 52.2 | 1782 | percent of total billed charges | |
| HC PROBE NASO-LACRIMAL DUCT | 68810 | CPT | | | | outpatient | | | 968 | | 383.15 Americare | Americare | 726 | 75 | | | 52.2 | 1782 | percent of total billed charges | |
| HC PROBE NASO-LACRIMAL DUCT | 68810 | CPT | | | | outpatient | | | 968 | | 383.15 Amerihealth | HMO/PPO | 300 | | | | 52.2 | 1782 | fee schedule | |
| HC PROBE NASO-LACRIMAL DUCT | 68810 | CPT | | | | outpatient | | | 968 | | 383.15 Horizon | PPO | 644.68 | | | | 52.2 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PROBE NASO-LACRIMAL DUCT | 68810 | CPT | | | | outpatient | | | 968 | | 383.15 Aetna | Commercial | 367.84 | 38 | | | 52.2 | 1782 | percent of total billed charges | |
| HC PROBE NASO-LACRIMAL DUCT | 68810 | CPT | | | | outpatient | | | 968 | | 383.15 Wellcare | Medicaid | 305.4 | 31.55 | | | 52.2 | 1782 | percent of total billed charges | |
| HC PROBE NASO-LACRIMAL DUCT | 68810 | CPT | | | | outpatient | | | 968 | | 383.15 First Trenton | First Trenton | 871.2 | 90 | | | 52.2 | 1782 | percent of total billed charges | |
| HC PROBE NASO-LACRIMAL DUCT | 68810 | CPT | | | | outpatient | | | 968 | | 383.15 UHC | Medicare | 333.17 | | | | 52.2 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PROBE NASO-LACRIMAL DUCT | 68810 | CPT | | | | outpatient | | | 968 | | 383.15 Corrections | Corrections | 774.4 | 80 | | | 52.2 | 1782 | percent of total billed charges | |
| HC PROBE NASO-LACRIMAL DUCT | 68810 | CPT | | | | outpatient | | | 968 | | 383.15 United | CommercialPPO | 1782 | | | | 52.2 | 1782 | case rate | |
| HC PROBE NASO-LACRIMAL DUCT | 68810 | CPT | | | | outpatient | | | 968 | | 383.15 UHC | Medicaid | 305.4 | 31.55 | | | 52.2 | 1782 | percent of total billed charges | |
| HC PROBE NASO-LACRIMAL DUCT | 68810 | CPT | | | | outpatient | | | 968 | | 383.15 Wellcare | Medicare | 333.17 | | | | 52.2 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PROBE NASO-LACRIMAL DUCT | 68810 | CPT | | | | outpatient | | | 968 | | 383.15 Multiplan | Multiplan | 774.4 | 80 | | | 52.2 | 1782 | percent of total billed charges | |
| HC PROBE NASO-LACRIMAL DUCT | 68810 | CPT | | | | outpatient | | | 968 | | 383.15 United | Oxford | 1782 | | | | 52.2 | 1782 | case rate | |
| HC PROBE NASO-LACRIMAL DUCT | 68810 | CPT | | | | outpatient | | | 968 | | 383.15 Horizon | MGD | 644.68 | | | | 52.2 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PROBE NASO-LACRIMAL DUCT | 68810 | CPT | | | | outpatient | | | 968 | | 383.15 WellPoint | WellPoint | 311.5 | 32.18 | | | 52.2 | 1782 | percent of total billed charges | |
| HC PROBE NASO-LACRIMAL DUCT | 68810 | CPT | | | | outpatient | | | 968 | | 383.15 Horizon | NJ Health | 52.2 | | | | 52.2 | 1782 | fee schedule | |
| HC PROBE NASO-LACRIMAL DUCT | 68810 | CPT | | | | outpatient | | | 968 | | 383.15 Managed Care Inc | Managed Care Inc | 871.2 | 90 | | | 52.2 | 1782 | percent of total billed charges | |
| HC PROBE NASO-LACRIMAL DUCT | 68810 | CPT | | | | outpatient | | | 968 | | 383.15 Qualcare | Qualcare | 726 | 75 | | | 52.2 | 1782 | percent of total billed charges | |
| HC PROBE NASO-LACRIMAL DUCT | 68810 | CPT | | | | outpatient | | | 968 | | 383.15 Three Rivers | Three Rivers | 919.6 | 95 | | | 52.2 | 1782 | percent of total billed charges | |
| HC INSERTION OF STENT | 68815 | CPT | | | | outpatient | | | 7704 | | 3073.41 Aetna | Better Health | 2430.61 | 31.55 | | | 171.66 | 7318.8 | percent of total billed charges | |
| HC INSERTION OF STENT | 68815 | CPT | | | | outpatient | | | 7704 | | 3073.41 Aetna | Medicare | 2672.53 | | | 2619.58 | 171.66 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF STENT | 68815 | CPT | | | | outpatient | | | 7704 | | 3073.41 Consumer | Consumer | 7318.8 | 95 | | | 171.66 | 7318.8 | percent of total billed charges | |
| HC INSERTION OF STENT | 68815 | CPT | | | | outpatient | | | 7704 | | 3073.41 First Trenton | First Trenton | 6933.6 | 90 | | | 171.66 | 7318.8 | percent of total billed charges | |
| HC INSERTION OF STENT | 68815 | CPT | | | | outpatient | | | 7704 | | 3073.41 Corrections | Corrections | 6163.2 | 80 | | | 171.66 | 7318.8 | percent of total billed charges | |
| HC INSERTION OF STENT | 68815 | CPT | | | | outpatient | | | 7704 | | 3073.41 Amerihealth | HMO/PPO | 300 | | | | 171.66 | 7318.8 | fee schedule | |
| HC INSERTION OF STENT | 68815 | CPT | | | | outpatient | | | 7704 | | 3073.41 Americare | Americare | 5778 | 75 | | | 171.66 | 7318.8 | percent of total billed charges | |
| HC INSERTION OF STENT | 68815 | CPT | | | | outpatient | | | 7704 | | 3073.41 UHC | Medicare | 2672.53 | | | | 171.66 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF STENT | 68815 | CPT | | | | outpatient | | | 7704 | | 3073.41 Aetna | Commercial | 2927.52 | 38 | | | 171.66 | 7318.8 | percent of total billed charges | |
| HC INSERTION OF STENT | 68815 | CPT | | | | outpatient | | | 7704 | | 3073.41 First Health | First Health | 5392.8 | 70 | | | 171.66 | 7318.8 | percent of total billed charges | |
| HC INSERTION OF STENT | 68815 | CPT | | | | outpatient | | | 7704 | | 3073.41 Horizon | NJ Health | 171.66 | | | | 171.66 | 7318.8 | fee schedule | |
| HC INSERTION OF STENT | 68815 | CPT | | | | outpatient | | | 7704 | | 3073.41 Managed Care Inc | Managed Care Inc | 6933.6 | 90 | | | 171.66 | 7318.8 | percent of total billed charges | |
| HC INSERTION OF STENT | 68815 | CPT | | | | outpatient | | | 7704 | | 3073.41 Horizon | Medicare Blue | 2672.53 | | | | 171.66 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF STENT | 68815 | CPT | | | | outpatient | | | 7704 | | 3073.41 United | Oxford | 2776 | | | | 171.66 | 7318.8 | case rate | |
| HC INSERTION OF STENT | 68815 | CPT | | | | outpatient | | | 7704 | | 3073.41 Horizon | MGD | 5171.35 | | | | 171.66 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF STENT | 68815 | CPT | | | | outpatient | | | 7704 | | 3073.41 Wellcare | Medicare | 2672.53 | | | | 171.66 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF STENT | 68815 | CPT | | | | outpatient | | | 7704 | | 3073.41 Horizon | Indemnity | 5171.35 | | | | 171.66 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF STENT | 68815 | CPT | | | | outpatient | | | 7704 | | 3073.41 Wellcare | Medicaid | 2430.61 | 31.55 | | | 171.66 | 7318.8 | percent of total billed charges | |
| HC INSERTION OF STENT | 68815 | CPT | | | | outpatient | | | 7704 | | 3073.41 Three Rivers | Three Rivers | 7318.8 | 95 | | | 171.66 | 7318.8 | percent of total billed charges | |
| HC INSERTION OF STENT | 68815 | CPT | | | | outpatient | | | 7704 | | 3073.41 Horizon | PPO | 5171.35 | | | | 171.66 | 7318.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INSERTION OF STENT | 68815 | CPT | | | | outpatient | | | 7704 | | 3073.41 Multiplan | Multiplan | 6163.2 | 80 | | | 171.66 | 7318.8 | percent of total billed charges | |
| HC INSERTION OF STENT | 68815 | CPT | | | | outpatient | | | 7704 | | 3073.41 UHC | Medicaid | 2430.61 | 31.55 | | 2352.89 | 171.66 | 7318.8 | percent of total billed charges | |
| HC INSERTION OF STENT | 68815 | CPT | | | | outpatient | | | 7704 | | 3073.41 United | CommercialPPO | 2776 | | | 4210.68 | 171.66 | 7318.8 | case rate | |
| HC INSERTION OF STENT | 68815 | CPT | | | | outpatient | | | 7704 | | 3073.41 WellPoint | WellPoint | 2479.15 | 32.18 | | | 171.66 | 7318.8 | percent of total billed charges | |
| HC INSERTION OF STENT | 68815 | CPT | | | | outpatient | | | 7704 | | 3073.41 Qualcare | Qualcare | 5778 | 75 | | | 171.66 | 7318.8 | percent of total billed charges | |
| HC PROBE LACRIMAL CANALICULI W/WO IRRIGATION | 68840 | CPT | | | | outpatient | | | 968 | | 383.15 Corrections | Corrections | 774.4 | 80 | | | 29.23 | 1782 | percent of total billed charges | |
| HC PROBE LACRIMAL CANALICULI W/WO IRRIGATION | 68840 | CPT | | | | outpatient | | | 968 | | 383.15 Aetna | Medicare | 333.17 | | | | 29.23 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PROBE LACRIMAL CANALICULI W/WO IRRIGATION | 68840 | CPT | | | | outpatient | | | 968 | | 383.15 Qualcare | Qualcare | 726 | 75 | | | 29.23 | 1782 | percent of total billed charges | |
| HC PROBE LACRIMAL CANALICULI W/WO IRRIGATION | 68840 | CPT | | | | outpatient | | | 968 | | 383.15 Amerihealth | HMO/PPO | 300 | | | | 29.23 | 1782 | fee schedule | |
| HC PROBE LACRIMAL CANALICULI W/WO IRRIGATION | 68840 | CPT | | | | outpatient | | | 968 | | 383.15 Aetna | Better Health | 305.4 | 31.55 | | | 29.23 | 1782 | percent of total billed charges | |
| HC PROBE LACRIMAL CANALICULI W/WO IRRIGATION | 68840 | CPT | | | | outpatient | | | 968 | | 383.15 First Trenton | First Trenton | 871.2 | 90 | | | 29.23 | 1782 | percent of total billed charges | |
| HC PROBE LACRIMAL CANALICULI W/WO IRRIGATION | 68840 | CPT | | | | outpatient | | | 968 | | 383.15 Americare | Americare | 726 | 75 | | | 29.23 | 1782 | percent of total billed charges | |
| HC PROBE LACRIMAL CANALICULI W/WO IRRIGATION | 68840 | CPT | | | | outpatient | | | 968 | | 383.15 Aetna | Commercial | 367.84 | 38 | | | 29.23 | 1782 | percent of total billed charges | |
| HC PROBE LACRIMAL CANALICULI W/WO IRRIGATION | 68840 | CPT | | | | outpatient | | | 968 | | 383.15 Wellcare | Medicare | 333.17 | | | | 29.23 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PROBE LACRIMAL CANALICULI W/WO IRRIGATION | 68840 | CPT | | | | outpatient | | | 968 | | 383.15 Horizon | MGD | 644.68 | | | | 29.23 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PROBE LACRIMAL CANALICULI W/WO IRRIGATION | 68840 | CPT | | | | outpatient | | | 968 | | 383.15 UHC | Medicare | 333.17 | | | | 29.23 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PROBE LACRIMAL CANALICULI W/WO IRRIGATION | 68840 | CPT | | | | outpatient | | | 968 | | 383.15 First Health | First Health | 677.6 | 70 | | | 29.23 | 1782 | percent of total billed charges | |
| HC PROBE LACRIMAL CANALICULI W/WO IRRIGATION | 68840 | CPT | | | | outpatient | | | 968 | | 383.15 Consumer | Consumer | 919.6 | 95 | | | 29.23 | 1782 | percent of total billed charges | |
| HC PROBE LACRIMAL CANALICULI W/WO IRRIGATION | 68840 | CPT | | | | outpatient | | | 968 | | 383.15 Horizon | PPO | 644.68 | | | | 29.23 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PROBE LACRIMAL CANALICULI W/WO IRRIGATION | 68840 | CPT | | | | outpatient | | | 968 | | 383.15 Multiplan | Multiplan | 774.4 | 80 | | | 29.23 | 1782 | percent of total billed charges | |
| HC PROBE LACRIMAL CANALICULI W/WO IRRIGATION | 68840 | CPT | | | | outpatient | | | 968 | | 383.15 UHC | Medicaid | 305.4 | 31.55 | | | 29.23 | 1782 | percent of total billed charges | |
| HC PROBE LACRIMAL CANALICULI W/WO IRRIGATION | 68840 | CPT | | | | outpatient | | | 968 | | 383.15 Horizon | NJ Health | 29.23 | | | | 29.23 | 1782 | fee schedule | |
| HC PROBE LACRIMAL CANALICULI W/WO IRRIGATION | 68840 | CPT | | | | outpatient | | | 968 | | 383.15 Managed Care Inc | Managed Care Inc | 871.2 | 90 | | | 29.23 | 1782 | percent of total billed charges | |
| HC PROBE LACRIMAL CANALICULI W/WO IRRIGATION | 68840 | CPT | | | | outpatient | | | 968 | | 383.15 Three Rivers | Three Rivers | 919.6 | 95 | | | 29.23 | 1782 | percent of total billed charges | |
| HC PROBE LACRIMAL CANALICULI W/WO IRRIGATION | 68840 | CPT | | | | outpatient | | | 968 | | 383.15 Horizon | Indemnity | 644.68 | | | | 29.23 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PROBE LACRIMAL CANALICULI W/WO IRRIGATION | 68840 | CPT | | | | outpatient | | | 968 | | 383.15 United | Oxford | 1782 | | | | 29.23 | 1782 | case rate | |
| HC PROBE LACRIMAL CANALICULI W/WO IRRIGATION | 68840 | CPT | | | | outpatient | | | 968 | | 383.15 United | CommercialPPO | 1782 | | | | 29.23 | 1782 | case rate | |
| HC PROBE LACRIMAL CANALICULI W/WO IRRIGATION | 68840 | CPT | | | | outpatient | | | 968 | | 383.15 Horizon | Medicare Blue | 333.17 | | | | 29.23 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PROBE LACRIMAL CANALICULI W/WO IRRIGATION | 68840 | CPT | | | | outpatient | | | 968 | | 383.15 WellPoint | WellPoint | 311.5 | 32.18 | | | 29.23 | 1782 | percent of total billed charges | |
| HC PROBE LACRIMAL CANALICULI W/WO IRRIGATION | 68840 | CPT | | | | outpatient | | | 968 | | 383.15 Wellcare | Medicaid | 305.4 | 31.55 | | | 29.23 | 1782 | percent of total billed charges | |
| HC INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY | 68850 | CPT | | | | outpatient | | | 5586.12 | | Americare | Americare | 4189.59 | 75 | | | 66.32 | 5306.81 | percent of total billed charges | |
| HC INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY | 68850 | CPT | | | | outpatient | | | 5586.12 | | Corrections | Corrections | 4468.9 | 80 | | | 66.32 | 5306.81 | percent of total billed charges | |
| HC INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY | 68850 | CPT | | | | outpatient | | | 5586.12 | | Consumer | Consumer | 5306.81 | 95 | | | 66.32 | 5306.81 | percent of total billed charges | |
| HC INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY | 68850 | CPT | | | | outpatient | | | 5586.12 | | First Health | First Health | 3910.28 | 70 | | | 66.32 | 5306.81 | percent of total billed charges | |
| HC INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY | 68850 | CPT | | | | outpatient | | | 5586.12 | | Horizon | Indemnity | 2138.37 | 38.28 | | | 66.32 | 5306.81 | percent of total billed charges | |
| HC INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY | 68850 | CPT | | | | outpatient | | | 5586.12 | | Aetna | Better Health | 1762.42 | 31.55 | | | 66.32 | 5306.81 | percent of total billed charges | |
| HC INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY | 68850 | CPT | | | | outpatient | | | 5586.12 | | First Trenton | First Trenton | 5027.51 | 90 | | | 66.32 | 5306.81 | percent of total billed charges | |
| HC INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY | 68850 | CPT | | | | outpatient | | | 5586.12 | | Aetna | Medicare | 1720.52 | 30.8 | | | 66.32 | 5306.81 | percent of total billed charges | |
| HC INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY | 68850 | CPT | | | | outpatient | | | 5586.12 | | Wellcare | Medicaid | 1762.42 | 31.55 | | | 66.32 | 5306.81 | percent of total billed charges | |
| HC INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY | 68850 | CPT | | | | outpatient | | | 5586.12 | | WellPoint | WellPoint | 1797.61 | 32.18 | | | 66.32 | 5306.81 | percent of total billed charges | |
| HC INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY | 68850 | CPT | | | | outpatient | | | 5586.12 | | Horizon | NJ Health | 66.32 | | | | 66.32 | 5306.81 | fee schedule | |
| HC INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY | 68850 | CPT | | | | outpatient | | | 5586.12 | | Amerihealth | HMO/PPO | 125 | | | | 66.32 | 5306.81 | fee schedule | |
| HC INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY | 68850 | CPT | | | | outpatient | | | 5586.12 | | Horizon | PPO | 2138.37 | 38.28 | | | 66.32 | 5306.81 | percent of total billed charges | |
| HC INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY | 68850 | CPT | | | | outpatient | | | 5586.12 | | Aetna | Commercial | 2122.73 | 38 | | | 66.32 | 5306.81 | percent of total billed charges | |
| HC INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY | 68850 | CPT | | | | outpatient | | | 5586.12 | | Managed Care Inc | Managed Care Inc | 5027.51 | 90 | | | 66.32 | 5306.81 | percent of total billed charges | |
| HC INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY | 68850 | CPT | | | | outpatient | | | 5586.12 | | Horizon | MGD | 2138.37 | 38.28 | | | 66.32 | 5306.81 | percent of total billed charges | |
| HC INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY | 68850 | CPT | | | | outpatient | | | 5586.12 | | Three Rivers | Three Rivers | 5306.81 | 95 | | | 66.32 | 5306.81 | percent of total billed charges | |
| HC INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY | 68850 | CPT | | | | outpatient | | | 5586.12 | | Horizon | Medicare Blue | 1675.84 | 30 | | | 66.32 | 5306.81 | percent of total billed charges | |
| HC INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY | 68850 | CPT | | | | outpatient | | | 5586.12 | | UHC | Medicaid | 1762.42 | 31.55 | | | 66.32 | 5306.81 | percent of total billed charges | |
| HC INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY | 68850 | CPT | | | | outpatient | | | 5586.12 | | Multiplan | Multiplan | 4468.9 | 80 | | | 66.32 | 5306.81 | percent of total billed charges | |
| HC INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY | 68850 | CPT | | | | outpatient | | | 5586.12 | | United | CommercialPPO | 1782 | | | | 66.32 | 5306.81 | case rate | |
| HC INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY | 68850 | CPT | | | | outpatient | | | 5586.12 | | Qualcare | Qualcare | 4189.59 | 75 | | | 66.32 | 5306.81 | percent of total billed charges | |
| HC INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY | 68850 | CPT | | | | outpatient | | | 5586.12 | | United | Oxford | 1782 | | | | 66.32 | 5306.81 | case rate | |
| HC UNLISTED PROCEDURE LACRIMAL SYSTEM | 68899 | CPT | | | | outpatient | | | 1053 | | 383.15 Wellcare | Medicaid | 332.22 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC UNLISTED PROCEDURE LACRIMAL SYSTEM | 68899 | CPT | | | | outpatient | | | 1053 | | 383.15 Aetna | Better Health | 332.22 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC UNLISTED PROCEDURE LACRIMAL SYSTEM | 68899 | CPT | | | | outpatient | | | 1053 | | 383.15 Aetna | Commercial | 400.14 | 38 | | | 125 | 1782 | percent of total billed charges | |
| HC UNLISTED PROCEDURE LACRIMAL SYSTEM | 68899 | CPT | | | | outpatient | | | 1053 | | 383.15 UHC | Medicare | 333.17 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROCEDURE LACRIMAL SYSTEM | 68899 | CPT | | | | outpatient | | | 1053 | | 383.15 Americare | Americare | 789.75 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC UNLISTED PROCEDURE LACRIMAL SYSTEM | 68899 | CPT | | | | outpatient | | | 1053 | | 383.15 Amerihealth | HMO/PPO | 125 | | | | 125 | 1782 | fee schedule | |
| HC UNLISTED PROCEDURE LACRIMAL SYSTEM | 68899 | CPT | | | | outpatient | | | 1053 | | 383.15 Aetna | Medicare | 333.17 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROCEDURE LACRIMAL SYSTEM | 68899 | CPT | | | | outpatient | | | 1053 | | 383.15 Horizon | Medicare Blue | 333.17 | | | 391.81 | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROCEDURE LACRIMAL SYSTEM | 68899 | CPT | | | | outpatient | | | 1053 | | 383.15 Multiplan | Multiplan | 842.4 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC UNLISTED PROCEDURE LACRIMAL SYSTEM | 68899 | CPT | | | | outpatient | | | 1053 | | 383.15 First Health | First Health | 737.1 | 70 | | | 125 | 1782 | percent of total billed charges | |
| HC UNLISTED PROCEDURE LACRIMAL SYSTEM | 68899 | CPT | | | | outpatient | | | 1053 | | 383.15 Consumer | Consumer | 1000.35 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC UNLISTED PROCEDURE LACRIMAL SYSTEM | 68899 | CPT | | | | outpatient | | | 1053 | | 383.15 Horizon | MGD | 644.68 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROCEDURE LACRIMAL SYSTEM | 68899 | CPT | | | | outpatient | | | 1053 | | 383.15 Qualcare | Qualcare | 789.75 | 75 | | | 125 | 1782 | percent of total billed charges | |
| HC UNLISTED PROCEDURE LACRIMAL SYSTEM | 68899 | CPT | | | | outpatient | | | 1053 | | 383.15 Horizon | Indemnity | 644.68 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROCEDURE LACRIMAL SYSTEM | 68899 | CPT | | | | outpatient | | | 1053 | | 383.15 Corrections | Corrections | 842.4 | 80 | | | 125 | 1782 | percent of total billed charges | |
| HC UNLISTED PROCEDURE LACRIMAL SYSTEM | 68899 | CPT | | | | outpatient | | | 1053 | | 383.15 Horizon | PPO | 644.68 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED PROCEDURE LACRIMAL SYSTEM | 68899 | CPT | | | | outpatient | | | 1053 | | 383.15 First Trenton | First Trenton | 947.7 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC UNLISTED PROCEDURE LACRIMAL SYSTEM | 68899 | CPT | | | | outpatient | | | 1053 | | 383.15 UHC | Medicaid | 332.22 | 31.55 | | | 125 | 1782 | percent of total billed charges | |
| HC UNLISTED PROCEDURE LACRIMAL SYSTEM | 68899 | CPT | | | | outpatient | | | 1053 | | 383.15 United | CommercialPPO | 1782 | | | | 125 | 1782 | case rate | |
| HC UNLISTED PROCEDURE LACRIMAL SYSTEM | 68899 | CPT | | | | outpatient | | | 1053 | | 383.15 United | Oxford | 1782 | | | | 125 | 1782 | case rate | |
| HC UNLISTED PROCEDURE LACRIMAL SYSTEM | 68899 | CPT | | | | outpatient | | | 1053 | | 383.15 Managed Care Inc | Managed Care Inc | 947.7 | 90 | | | 125 | 1782 | percent of total billed charges | |
| HC UNLISTED PROCEDURE LACRIMAL SYSTEM | 68899 | CPT | | | | outpatient | | | 1053 | | 383.15 WellPoint | WellPoint | 338.86 | 32.18 | | | 125 | 1782 | percent of total billed charges | |
| HC UNLISTED PROCEDURE LACRIMAL SYSTEM | 68899 | CPT | | | | outpatient | | | 1053 | | 383.15 Three Rivers | Three Rivers | 1000.35 | 95 | | | 125 | 1782 | percent of total billed charges | |
| HC UNLISTED PROCEDURE LACRIMAL SYSTEM | 68899 | CPT | | | | outpatient | | | 1053 | | 383.15 Wellcare | Medicare | 333.17 | | | | 125 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE | 69000 | CPT | | | | outpatient | | | 2487 | | 925.36 Horizon | PPO | 1557.02 | | | | 80.54 | 2362.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE | 69000 | CPT | | | | outpatient | | | 2487 | | 925.36 First Health | First Health | 1740.9 | 70 | | | 80.54 | 2362.65 | percent of total billed charges | |
| HC DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE | 69000 | CPT | | | | outpatient | | | 2487 | | 925.36 Aetna | Medicare | 804.66 | | | | 80.54 | 2362.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE | 69000 | CPT | | | | outpatient | | | 2487 | | 925.36 Aetna | Commercial | 945.06 | 38 | | | 80.54 | 2362.65 | percent of total billed charges | |
| HC DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE | 69000 | CPT | | | | outpatient | | | 2487 | | 925.36 First Trenton | First Trenton | 2238.3 | 90 | | | 80.54 | 2362.65 | percent of total billed charges | |
| HC DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE | 69000 | CPT | | | | outpatient | | | 2487 | | 925.36 Aetna | Better Health | 784.65 | 31.55 | | 585.1 | 80.54 | 2362.65 | percent of total billed charges | |
| HC DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE | 69000 | CPT | | | | outpatient | | | 2487 | | 925.36 Consumer | Consumer | 2362.65 | 95 | | | 80.54 | 2362.65 | percent of total billed charges | |
| HC DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE | 69000 | CPT | | | | outpatient | | | 2487 | | 925.36 Horizon | Medicare Blue | 804.66 | | | | 80.54 | 2362.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE | 69000 | CPT | | | | outpatient | | | 2487 | | 925.36 UHC | Medicare | 804.66 | | | | 80.54 | 2362.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE | 69000 | CPT | | | | outpatient | | | 2487 | | 925.36 Wellcare | Medicare | 804.66 | | | | 80.54 | 2362.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE | 69000 | CPT | | | | outpatient | | | 2487 | | 925.36 Americare | Americare | 1865.25 | 75 | | | 80.54 | 2362.65 | percent of total billed charges | |
| HC DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE | 69000 | CPT | | | | outpatient | | | 2487 | | 925.36 Corrections | Corrections | 1989.6 | 80 | | 185.2 | 80.54 | 2362.65 | percent of total billed charges | |
| HC DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE | 69000 | CPT | | | | outpatient | | | 2487 | | 925.36 Horizon | Indemnity | 1557.02 | | | | 80.54 | 2362.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE | 69000 | CPT | | | | outpatient | | | 2487 | | 925.36 Amerihealth | HMO/PPO | 125 | | | | 80.54 | 2362.65 | fee schedule | |
| HC DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE | 69000 | CPT | | | | outpatient | | | 2487 | | 925.36 Horizon | NJ Health | 80.54 | | | | 80.54 | 2362.65 | fee schedule | |
| HC DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE | 69000 | CPT | | | | outpatient | | | 2487 | | 925.36 Horizon | MGD | 1557.02 | | | 1017 | 80.54 | 2362.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE | 69000 | CPT | | | | outpatient | | | 2487 | | 925.36 WellPoint | WellPoint | 800.32 | 32.18 | | | 80.54 | 2362.65 | percent of total billed charges | |
| HC DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE | 69000 | CPT | | | | outpatient | | | 2487 | | 925.36 UHC | Medicaid | 784.65 | 31.55 | | | 80.54 | 2362.65 | percent of total billed charges | |
| HC DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE | 69000 | CPT | | | | outpatient | | | 2487 | | 925.36 Multiplan | Multiplan | 1989.6 | 80 | | | 80.54 | 2362.65 | percent of total billed charges | |
| HC DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE | 69000 | CPT | | | | outpatient | | | 2487 | | 925.36 United | CommercialPPO | 1817 | | | | 80.54 | 2362.65 | case rate | |
| HC DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE | 69000 | CPT | | | | outpatient | | | 2487 | | 925.36 Managed Care Inc | Managed Care Inc | 2238.3 | 90 | | | 80.54 | 2362.65 | percent of total billed charges | |
| HC DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE | 69000 | CPT | | | | outpatient | | | 2487 | | 925.36 United | Oxford | 1817 | | | | 80.54 | 2362.65 | case rate | |
| HC DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE | 69000 | CPT | | | | outpatient | | | 2487 | | 925.36 Three Rivers | Three Rivers | 2362.65 | 95 | | | 80.54 | 2362.65 | percent of total billed charges | |
| HC DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE | 69000 | CPT | | | | outpatient | | | 2487 | | 925.36 Wellcare | Medicaid | 784.65 | 31.55 | | | 80.54 | 2362.65 | percent of total billed charges | |
| HC DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE | 69000 | CPT | | | | outpatient | | | 2487 | | 925.36 Qualcare | Qualcare | 1865.25 | 75 | | | 80.54 | 2362.65 | percent of total billed charges | |
| HC DRAIN EXTERNAL AUDITORY CANAL ABSCESS | 69020 | CPT | | | | outpatient | | | 2328 | | 925.36 Consumer | Consumer | 2211.6 | 95 | | | 65.77 | 2211.6 | percent of total billed charges | |
| HC DRAIN EXTERNAL AUDITORY CANAL ABSCESS | 69020 | CPT | | | | outpatient | | | 2328 | | 925.36

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC DRAIN EXTERNAL AUDITORY CANAL ABSCESS | 69020 | CPT | | | | outpatient | | | 2328 | 925.36 | First Trenton | First Trenton | 2095.2 | 90 | | | 65.77 | 2211.6 | percent of total billed charges | |
| HC DRAIN EXTERNAL AUDITORY CANAL ABSCESS | 69020 | CPT | | | | outpatient | | | 2328 | 925.36 | Aetna | Better Health | 734.48 | 31.55 | | | 65.77 | 2211.6 | percent of total billed charges | |
| HC DRAIN EXTERNAL AUDITORY CANAL ABSCESS | 69020 | CPT | | | | outpatient | | | 2328 | 925.36 | Americare | Americare | 1746 | 75 | | | 65.77 | 2211.6 | percent of total billed charges | |
| HC DRAIN EXTERNAL AUDITORY CANAL ABSCESS | 69020 | CPT | | | | outpatient | | | 2328 | 925.36 | Horizon | NJ Health | 65.77 | | | | 65.77 | 2211.6 | fee schedule | |
| HC DRAIN EXTERNAL AUDITORY CANAL ABSCESS | 69020 | CPT | | | | outpatient | | | 2328 | 925.36 | United | CommercialPPO | 1817 | | | | 65.77 | 2211.6 | case rate | |
| HC DRAIN EXTERNAL AUDITORY CANAL ABSCESS | 69020 | CPT | | | | outpatient | | | 2328 | 925.36 | Amerihealth | HMO/PPO | 125 | | | | 65.77 | 2211.6 | fee schedule | |
| HC DRAIN EXTERNAL AUDITORY CANAL ABSCESS | 69020 | CPT | | | | outpatient | | | 2328 | 925.36 | Multiplan | Multiplan | 1862.4 | 80 | | | 65.77 | 2211.6 | percent of total billed charges | |
| HC DRAIN EXTERNAL AUDITORY CANAL ABSCESS | 69020 | CPT | | | | outpatient | | | 2328 | 925.36 | Horizon | Medicare Blue | 804.66 | | | | 65.77 | 2211.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAIN EXTERNAL AUDITORY CANAL ABSCESS | 69020 | CPT | | | | outpatient | | | 2328 | 925.36 | Horizon | Indemnity | 1557.02 | | | | 65.77 | 2211.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAIN EXTERNAL AUDITORY CANAL ABSCESS | 69020 | CPT | | | | outpatient | | | 2328 | 925.36 | Aetna | Commercial | 884.64 | 38 | | | 65.77 | 2211.6 | percent of total billed charges | |
| HC DRAIN EXTERNAL AUDITORY CANAL ABSCESS | 69020 | CPT | | | | outpatient | | | 2328 | 925.36 | Qualcare | Qualcare | 1746 | 75 | | | 65.77 | 2211.6 | percent of total billed charges | |
| HC DRAIN EXTERNAL AUDITORY CANAL ABSCESS | 69020 | CPT | | | | outpatient | | | 2328 | 925.36 | United | Oxford | 1817 | | | | 65.77 | 2211.6 | case rate | |
| HC DRAIN EXTERNAL AUDITORY CANAL ABSCESS | 69020 | CPT | | | | outpatient | | | 2328 | 925.36 | Managed Care Inc | Managed Care Inc | 2095.2 | 90 | | | 65.77 | 2211.6 | percent of total billed charges | |
| HC DRAIN EXTERNAL AUDITORY CANAL ABSCESS | 69020 | CPT | | | | outpatient | | | 2328 | 925.36 | First Health | First Health | 1629.6 | 70 | | | 65.77 | 2211.6 | percent of total billed charges | |
| HC DRAIN EXTERNAL AUDITORY CANAL ABSCESS | 69020 | CPT | | | | outpatient | | | 2328 | 925.36 | Three Rivers | Three Rivers | 2211.6 | 95 | | | 65.77 | 2211.6 | percent of total billed charges | |
| HC DRAIN EXTERNAL AUDITORY CANAL ABSCESS | 69020 | CPT | | | | outpatient | | | 2328 | 925.36 | WellPoint | WellPoint | 749.15 | 32.18 | | | 65.77 | 2211.6 | percent of total billed charges | |
| HC DRAIN EXTERNAL AUDITORY CANAL ABSCESS | 69020 | CPT | | | | outpatient | | | 2328 | 925.36 | Wellcare | Medicare | 804.66 | | | | 65.77 | 2211.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAIN EXTERNAL AUDITORY CANAL ABSCESS | 69020 | CPT | | | | outpatient | | | 2328 | 925.36 | Horizon | PPO | 1557.02 | | | | 65.77 | 2211.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAIN EXTERNAL AUDITORY CANAL ABSCESS | 69020 | CPT | | | | outpatient | | | 2328 | 925.36 | Horizon | MGD | 1557.02 | | | | 65.77 | 2211.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DRAIN EXTERNAL AUDITORY CANAL ABSCESS | 69020 | CPT | | | | outpatient | | | 2328 | 925.36 | Wellcare | Medicaid | 734.48 | 31.55 | | | 65.77 | 2211.6 | percent of total billed charges | |
| HC FB REMOVAL-EAR | 69200 | CPT | | | | outpatient | | | 424 | 168 | Horizon | Medicare Blue | 146.09 | | | | 47.5 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FB REMOVAL-EAR | 69200 | CPT | | | | outpatient | | | 424 | 168 | Corrections | Corrections | 339.2 | 80 | | 129.22 | 47.5 | 1782 | percent of total billed charges | |
| HC FB REMOVAL-EAR | 69200 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Better Health | 133.77 | 31.55 | | 108.98 | 47.5 | 1782 | percent of total billed charges | |
| HC FB REMOVAL-EAR | 69200 | CPT | | | | outpatient | | | 424 | 168 | Horizon | PPO | 282.68 | | | 67.48 | 47.5 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FB REMOVAL-EAR | 69200 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Medicare | 146.09 | | | | 47.5 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FB REMOVAL-EAR | 69200 | CPT | | | | outpatient | | | 424 | 168 | First Health | First Health | 296.8 | 70 | | | 47.5 | 1782 | percent of total billed charges | |
| HC FB REMOVAL-EAR | 69200 | CPT | | | | outpatient | | | 424 | 168 | UHC | Medicaid | 133.77 | 31.55 | | 112.78 | 47.5 | 1782 | percent of total billed charges | |
| HC FB REMOVAL-EAR | 69200 | CPT | | | | outpatient | | | 424 | 168 | Amerihealth | HMO/PPO | 125 | | | 61.78 | 47.5 | 1782 | fee schedule | |
| HC FB REMOVAL-EAR | 69200 | CPT | | | | outpatient | | | 424 | 168 | Multiplan | Multiplan | 339.2 | 80 | | | 47.5 | 1782 | percent of total billed charges | |
| HC FB REMOVAL-EAR | 69200 | CPT | | | | outpatient | | | 424 | 168 | Horizon | Indemnity | 282.68 | | | 100.11 | 47.5 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FB REMOVAL-EAR | 69200 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Commercial | 161.12 | 38 | | 71.71 | 47.5 | 1782 | percent of total billed charges | |
| HC FB REMOVAL-EAR | 69200 | CPT | | | | outpatient | | | 424 | 168 | Wellcare | Medicaid | 133.77 | 31.55 | | 98.59 | 47.5 | 1782 | percent of total billed charges | |
| HC FB REMOVAL-EAR | 69200 | CPT | | | | outpatient | | | 424 | 168 | Americare | Americare | 318 | 75 | | | 47.5 | 1782 | percent of total billed charges | |
| HC FB REMOVAL-EAR | 69200 | CPT | | | | outpatient | | | 424 | 168 | Horizon | MGD | 282.68 | | | 129.74 | 47.5 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FB REMOVAL-EAR | 69200 | CPT | | | | outpatient | | | 424 | 168 | United | CommercialPPO | 1782 | | | | 47.5 | 1782 | case rate | |
| HC FB REMOVAL-EAR | 69200 | CPT | | | | outpatient | | | 424 | 168 | UHC | Medicare | 146.09 | | | 69.87 | 47.5 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FB REMOVAL-EAR | 69200 | CPT | | | | outpatient | | | 424 | 168 | Qualcare | Qualcare | 318 | 75 | | | 47.5 | 1782 | percent of total billed charges | |
| HC FB REMOVAL-EAR | 69200 | CPT | | | | outpatient | | | 424 | 168 | Wellcare | Medicare | 146.09 | | | | 47.5 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FB REMOVAL-EAR | 69200 | CPT | | | | outpatient | | | 424 | 168 | Consumer | Consumer | 402.8 | 95 | | | 47.5 | 1782 | percent of total billed charges | |
| HC FB REMOVAL-EAR | 69200 | CPT | | | | outpatient | | | 424 | 168 | United | Oxford | 1782 | | | | 47.5 | 1782 | case rate | |
| HC FB REMOVAL-EAR | 69200 | CPT | | | | outpatient | | | 424 | 168 | First Trenton | First Trenton | 381.6 | 90 | | | 47.5 | 1782 | percent of total billed charges | |
| HC FB REMOVAL-EAR | 69200 | CPT | | | | outpatient | | | 424 | 168 | WellPoint | WellPoint | 136.44 | 32.18 | | 128.72 | 47.5 | 1782 | percent of total billed charges | |
| HC FB REMOVAL-EAR | 69200 | CPT | | | | outpatient | | | 424 | 168 | Horizon | NJ Health | 47.5 | | | 91.77 | 47.5 | 1782 | fee schedule | |
| HC FB REMOVAL-EAR | 69200 | CPT | | | | outpatient | | | 424 | 168 | Managed Care Inc | Managed Care Inc | 381.6 | 90 | | | 47.5 | 1782 | percent of total billed charges | |
| HC FB REMOVAL-EAR | 69200 | CPT | | | | outpatient | | | 424 | 168 | Three Rivers | Three Rivers | 402.8 | 95 | | | 47.5 | 1782 | percent of total billed charges | |
| HC REMOVAL IMPACTED CERUMEN IRRIGATION/LAVAGE UNILAT | 69209 | CPT | | | | outpatient | | | 247 | 80.45 | Aetna | Commercial | 93.86 | 38 | | | 18.92 | 1782 | percent of total billed charges | |
| HC REMOVAL IMPACTED CERUMEN IRRIGATION/LAVAGE UNILAT | 69209 | CPT | | | | outpatient | | | 247 | 80.45 | Aetna | Better Health | 77.93 | 31.55 | | 77.93 | 18.92 | 1782 | percent of total billed charges | |
| HC REMOVAL IMPACTED CERUMEN IRRIGATION/LAVAGE UNILAT | 69209 | CPT | | | | outpatient | | | 247 | 80.45 | Consumer | Consumer | 234.65 | 95 | | | 18.92 | 1782 | percent of total billed charges | |
| HC REMOVAL IMPACTED CERUMEN IRRIGATION/LAVAGE UNILAT | 69209 | CPT | | | | outpatient | | | 247 | 80.45 | First Trenton | First Trenton | 222.3 | 90 | | | 18.92 | 1782 | percent of total billed charges | |
| HC REMOVAL IMPACTED CERUMEN IRRIGATION/LAVAGE UNILAT | 69209 | CPT | | | | outpatient | | | 247 | 80.45 | Horizon | PPO | 135.37 | | | | 18.92 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL IMPACTED CERUMEN IRRIGATION/LAVAGE UNILAT | 69209 | CPT | | | | outpatient | | | 247 | 80.45 | Aetna | Medicare | 69.96 | | | | 18.92 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL IMPACTED CERUMEN IRRIGATION/LAVAGE UNILAT | 69209 | CPT | | | | outpatient | | | 247 | 80.45 | First Health | First Health | 172.9 | 70 | | | 18.92 | 1782 | percent of total billed charges | |
| HC REMOVAL IMPACTED CERUMEN IRRIGATION/LAVAGE UNILAT | 69209 | CPT | | | | outpatient | | | 247 | 80.45 | Horizon | Medicare Blue | 69.96 | | | 27.47 | 18.92 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL IMPACTED CERUMEN IRRIGATION/LAVAGE UNILAT | 69209 | CPT | | | | outpatient | | | 247 | 80.45 | Amerihealth | HMO/PPO | 125 | | | 24.09 | 18.92 | 1782 | fee schedule | |
| HC REMOVAL IMPACTED CERUMEN IRRIGATION/LAVAGE UNILAT | 69209 | CPT | | | | outpatient | | | 247 | 80.45 | Americare | Americare | 185.25 | 75 | | | 18.92 | 1782 | percent of total billed charges | |
| HC REMOVAL IMPACTED CERUMEN IRRIGATION/LAVAGE UNILAT | 69209 | CPT | | | | outpatient | | | 247 | 80.45 | Corrections | Corrections | 197.6 | 80 | | | 18.92 | 1782 | percent of total billed charges | |
| HC REMOVAL IMPACTED CERUMEN IRRIGATION/LAVAGE UNILAT | 69209 | CPT | | | | outpatient | | | 247 | 80.45 | Horizon | MGD | 135.37 | | | 67.69 | 18.92 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL IMPACTED CERUMEN IRRIGATION/LAVAGE UNILAT | 69209 | CPT | | | | outpatient | | | 247 | 80.45 | United | CommercialPPO | 1782 | | | | 18.92 | 1782 | case rate | |
| HC REMOVAL IMPACTED CERUMEN IRRIGATION/LAVAGE UNILAT | 69209 | CPT | | | | outpatient | | | 247 | 80.45 | Horizon | Indemnity | 135.37 | | | 53.8 | 18.92 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL IMPACTED CERUMEN IRRIGATION/LAVAGE UNILAT | 69209 | CPT | | | | outpatient | | | 247 | 80.45 | Multiplan | Multiplan | 197.6 | 80 | | | 18.92 | 1782 | percent of total billed charges | |
| HC REMOVAL IMPACTED CERUMEN IRRIGATION/LAVAGE UNILAT | 69209 | CPT | | | | outpatient | | | 247 | 80.45 | Horizon | NJ Health | 18.92 | | | 41.93 | 18.92 | 1782 | fee schedule | |
| HC REMOVAL IMPACTED CERUMEN IRRIGATION/LAVAGE UNILAT | 69209 | CPT | | | | outpatient | | | 247 | 80.45 | United | Oxford | 1782 | | | | 18.92 | 1782 | case rate | |
| HC REMOVAL IMPACTED CERUMEN IRRIGATION/LAVAGE UNILAT | 69209 | CPT | | | | outpatient | | | 247 | 80.45 | Managed Care Inc | Managed Care Inc | 222.3 | 90 | | | 18.92 | 1782 | percent of total billed charges | |
| HC REMOVAL IMPACTED CERUMEN IRRIGATION/LAVAGE UNILAT | 69209 | CPT | | | | outpatient | | | 247 | 80.45 | Three Rivers | Three Rivers | 234.65 | 95 | | | 18.92 | 1782 | percent of total billed charges | |
| HC REMOVAL IMPACTED CERUMEN IRRIGATION/LAVAGE UNILAT | 69209 | CPT | | | | outpatient | | | 247 | 80.45 | Qualcare | Qualcare | 185.25 | 75 | | | 18.92 | 1782 | percent of total billed charges | |
| HC REMOVAL IMPACTED CERUMEN IRRIGATION/LAVAGE UNILAT | 69209 | CPT | | | | outpatient | | | 247 | 80.45 | UHC | Medicaid | 77.93 | 31.55 | | 47.49 | 18.92 | 1782 | percent of total billed charges | |
| HC REMOVAL IMPACTED CERUMEN IRRIGATION/LAVAGE UNILAT | 69209 | CPT | | | | outpatient | | | 247 | 80.45 | WellPoint | WellPoint | 79.48 | 32.18 | | 62.77 | 18.92 | 1782 | percent of total billed charges | |
| HC REMOVAL IMPACTED CERUMEN IRRIGATION/LAVAGE UNILAT | 69209 | CPT | | | | outpatient | | | 247 | 80.45 | UHC | Medicare | 69.96 | | | 50.4 | 18.92 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL IMPACTED CERUMEN IRRIGATION/LAVAGE UNILAT | 69209 | CPT | | | | outpatient | | | 247 | 80.45 | Wellcare | Medicaid | 77.93 | 31.55 | | | 18.92 | 1782 | percent of total billed charges | |
| HC REMOVAL IMPACTED CERUMEN IRRIGATION/LAVAGE UNILAT | 69209 | CPT | | | | outpatient | | | 247 | 80.45 | Wellcare | Medicare | 69.96 | | | | 18.92 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL IMPACTED CERUMEN UNILAT | 69210 | CPT | | | | outpatient | | | 258 | 80.45 | Aetna | Commercial | 98.04 | 38 | | 32.91 | 69.96 | 1782 | percent of total billed charges | |
| HC REMOVAL IMPACTED CERUMEN UNILAT | 69210 | CPT | | | | outpatient | | | 258 | 80.45 | Aetna | Better Health | 81.4 | 31.55 | | | 69.96 | 1782 | percent of total billed charges | |
| HC REMOVAL IMPACTED CERUMEN UNILAT | 69210 | CPT | | | | outpatient | | | 258 | 80.45 | Multiplan | Multiplan | 206.4 | 80 | | | 69.96 | 1782 | percent of total billed charges | |
| HC REMOVAL IMPACTED CERUMEN UNILAT | 69210 | CPT | | | | outpatient | | | 258 | 80.45 | Americare | Americare | 193.5 | 75 | | | 69.96 | 1782 | percent of total billed charges | |
| HC REMOVAL IMPACTED CERUMEN UNILAT | 69210 | CPT | | | | outpatient | | | 258 | 80.45 | Horizon | Medicare Blue | 69.96 | | | | 69.96 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL IMPACTED CERUMEN UNILAT | 69210 | CPT | | | | outpatient | | | 258 | 80.45 | Aetna | Medicare | 69.96 | | | | 69.96 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL IMPACTED CERUMEN UNILAT | 69210 | CPT | | | | outpatient | | | 258 | 80.45 | Qualcare | Qualcare | 193.5 | 75 | | | 69.96 | 1782 | percent of total billed charges | |
| HC REMOVAL IMPACTED CERUMEN UNILAT | 69210 | CPT | | | | outpatient | | | 258 | 80.45 | Corrections | Corrections | 206.4 | 80 | | 64.18 | 69.96 | 1782 | percent of total billed charges | |
| HC REMOVAL IMPACTED CERUMEN UNILAT | 69210 | CPT | | | | outpatient | | | 258 | 80.45 | Consumer | Consumer | 245.1 | 95 | | | 69.96 | 1782 | percent of total billed charges | |
| HC REMOVAL IMPACTED CERUMEN UNILAT | 69210 | CPT | | | | outpatient | | | 258 | 80.45 | First Health | First Health | 180.6 | 70 | | | 69.96 | 1782 | percent of total billed charges | |
| HC REMOVAL IMPACTED CERUMEN UNILAT | 69210 | CPT | | | | outpatient | | | 258 | 80.45 | Wellcare | Medicare | 69.96 | | | | 69.96 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL IMPACTED CERUMEN UNILAT | 69210 | CPT | | | | outpatient | | | 258 | 80.45 | Amerihealth | HMO/PPO | 125 | | | | 69.96 | 1782 | fee schedule | |
| HC REMOVAL IMPACTED CERUMEN UNILAT | 69210 | CPT | | | | outpatient | | | 258 | 80.45 | UHC | Medicare | 69.96 | | | 43.4 | 69.96 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL IMPACTED CERUMEN UNILAT | 69210 | CPT | | | | outpatient | | | 258 | 80.45 | Horizon | PPO | 135.37 | | | 86.16 | 69.96 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL IMPACTED CERUMEN UNILAT | 69210 | CPT | | | | outpatient | | | 258 | 80.45 | WellPoint | WellPoint | 83.02 | 32.18 | | 69.85 | 69.96 | 1782 | percent of total billed charges | |
| HC REMOVAL IMPACTED CERUMEN UNILAT | 69210 | CPT | | | | outpatient | | | 258 | 80.45 | First Trenton | First Trenton | 232.2 | 90 | | | 69.96 | 1782 | percent of total billed charges | |
| HC REMOVAL IMPACTED CERUMEN UNILAT | 69210 | CPT | | | | outpatient | | | 258 | 80.45 | United | Oxford | 1782 | | | | 69.96 | 1782 | case rate | |
| HC REMOVAL IMPACTED CERUMEN UNILAT | 69210 | CPT | | | | outpatient | | | 258 | 80.45 | Wellcare | Medicaid | 81.4 | 31.55 | | 64.98 | 69.96 | 1782 | percent of total billed charges | |
| HC REMOVAL IMPACTED CERUMEN UNILAT | 69210 | CPT | | | | outpatient | | | 258 | 80.45 | Horizon | Indemnity | 135.37 | | | | 69.96 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL IMPACTED CERUMEN UNILAT | 69210 | CPT | | | | outpatient | | | 258 | 80.45 | Horizon | NJ Health | 75.27 | | | 53.25 | 69.96 | 1782 | fee schedule | |
| HC REMOVAL IMPACTED CERUMEN UNILAT | 69210 | CPT | | | | outpatient | | | 258 | 80.45 | Horizon | MGD | 135.37 | | | 66.62 | 69.96 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REMOVAL IMPACTED CERUMEN UNILAT | 69210 | CPT | | | | outpatient | | | 258 | 80.45 | Managed Care Inc | Managed Care Inc | 232.2 | 90 | | | 69.96 | 1782 | percent of total billed charges | |
| HC REMOVAL IMPACTED CERUMEN UNILAT | 69210 | CPT | | | | outpatient | | | 258 | 80.45 | UHC | Medicaid | 81.4 | 31.55 | | 60.8 | 69.96 | 1782 | percent of total billed charges | |
| HC REMOVAL IMPACTED CERUMEN UNILAT | 69210 | CPT | | | | outpatient | | | 258 | 80.45 | Three Rivers | Three Rivers | 245.1 | 95 | | | 69.96 | 1782 | percent of total billed charges | |
| HC REMOVAL IMPACTED CERUMEN UNILAT | 69210 | CPT | | | | outpatient | | | 258 | 80.45 | United | CommercialPPO | 1782 | | | | 69.96 | 1782 | case rate | |
| HC DEBRIDE MASTOIDECTOMY | 69220 | CPT | | | | outpatient | | | 659 | 263.3 | Aetna | Medicare | 228.96 | | | | 62.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDE MASTOIDECTOMY | 69220 | CPT | | | | outpatient | | | 659 | 263.3 | Wellcare | Medicare | 228.96 | | | | 62.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDE MASTOIDECTOMY | 69220 | CPT | | | | outpatient | | | 659 | 263.3 | Aetna | Better Health | 207.91 | 31.55 | | | 62.46 | 1782 | percent of total billed charges | |
| HC DEBRIDE MASTOIDECTOMY | 69220 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | Medicare Blue | 228.96 | | | | 62.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDE MASTOIDECTOMY | 69220 | CPT | | | | outpatient | | | 659 | 263.3 | Aetna | Commercial | 250.42 | 38 | | | 62.46 | 1782 | percent of total billed charges | |
| HC DEBRIDE MASTOIDECTOMY | 69220 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | MGD | 443.04 | | | | 62.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDE MASTOIDECTOMY | 69220 | CPT | | | | outpatient | | | 659 | 263.3 | First Health | First Health | 461.3 | 70 | | | 62.46 | 1782 | percent of total billed charges | |
| HC DEBRIDE MASTOIDECTOMY | 69220 | CPT | | | | outpatient | | | 659 | 263.3 | Americare | Americare | 494.25 | 75 | | | 62.46 | 1782 | percent of total billed charges | |
| HC DEBRIDE MASTOIDECTOMY | 69220 | CPT | | | | outpatient | | | 659 | 263.3 | Corrections | Corrections | 527.2 | 80 | | | 62.46 | 1782 | percent of total billed charges | |
| HC DEBRIDE MASTOIDECTOMY | 69220 | CPT | | | | outpatient | | | 659 | 263.3 | WellPoint | WellPoint | 212.07 | 32.18 | | | 62.46 | 1782 | percent of total billed charges | |
| HC DEBRIDE MASTOIDECTOMY | 69220 | CPT | | | | outpatient | | | 659 | 263.3 | Consumer | Consumer | 626.05 | 95 | | | 62.46 | 1782 | percent of total billed charges | |
| HC DEBRIDE MASTOIDECTOMY | 69220 | CPT | | | | outpatient | | | 659 | 263.3 | Amerihealth | HMO/PPO | 125 | | | | 62.46 | 1782 | fee schedule | |
| HC DEBRIDE MASTOIDECTOMY | 69220 | CPT | | | | outpatient | | | 659 | 263.3 | Multiplan | Multiplan | 527.2 | 80 | | | 62.46 | 1782 | percent of total billed charges | |
| HC DEBRIDE MASTOIDECTOMY | 69220 | CPT | | | | outpatient | | | 659 | 263.3 | UHC | Medicaid | 207.91 | 31.55 | | | 62.46 | 1782 | percent of total billed charges | |
| HC DEBRIDE MASTOIDECTOMY | 69220 | CPT | | | | outpatient | | | 659 | 263.3 | Three Rivers | Three Rivers | 626.05 | 95 | | | 62.46 | 1782 | percent of total billed charges | |
| HC DEBRIDE MASTOIDECTOMY | 69220 | CPT | | | | outpatient | | | 659 | 263.3 | UHC | Medicare | 228.96 | | | | 62.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDE MASTOIDECTOMY | 69220 | CPT | | | | outpatient | | | 659 | 263.3 | Qualcare | Qualcare | 494.25 | 75 | | | 62.46 | 1782 | percent of total billed charges | |
| HC DEBRIDE MASTOIDECTOMY | 69220 | CPT | | | | outpatient | | | 659 | 263.3 | United | CommercialPPO | 1782 | | | | 62.46 | 1782 | case rate | |
| HC DEBRIDE MASTOIDECTOMY | 69220 | CPT | | | | outpatient | | | 659 | 263.3 | First Trenton | First Trenton | 593.1 | 90 | | | 62.46 | 1782 | percent of total billed charges | |
| HC DEBRIDE MASTOIDECTOMY | 69220 | CPT | | | | outpatient | | | 659 | 263.3 | Wellcare | Medicaid | 207.91 | 31.55 | | | 62.46 | 1782 | percent of total billed charges | |
| HC DEBRIDE MASTOIDECTOMY | 69220 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | Indemnity | 443.04 | | | | 62.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDE MASTOIDECTOMY | 69220 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | NJ Health | 62.46 | | | | 62.46 | 1782 | fee schedule | |
| HC DEBRIDE MASTOIDECTOMY | 69220 | CPT | | | | outpatient | | | 659 | 263.3 | Horizon | PPO | 443.04 | | | | 62.46 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBRIDE MASTOIDECTOMY | 69220 | CPT | | | | outpatient | | | 659 | 263.3 | Managed Care Inc | Managed Care Inc | 593.1 | 90 | | | 62.46 | 1782 | percent of total billed charges | |
| HC DEBRIDE MASTOIDECTOMY | 69220 | CPT | | | | outpatient | | | 659 | 263.3 | United | Oxford | 1782 | | | | 62.46 | 1782 | case rate | |
| HC DEBREDEMENT MASTOIDECTOMY CAVITY CMPLX | 69222 | CPT | | | | outpatient | | | 1884.08 | 723.64 | Aetna | Commercial | 715.95 | 38 | | | 91.35 | 1789.88 | percent of total billed charges | |
| HC DEBREDEMENT MASTOIDECTOMY CAVITY CMPLX | 69222 | CPT | | | | outpatient | | | 1884.08 | 723.64 | Aetna | Medicare | 629.25 | | | | 91.35 | 1789.88 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBREDEMENT MASTOIDECTOMY CAVITY CMPLX | 69222 | CPT | | | | outpatient | | | 1884.08 | 723.64 | First Trenton | First Trenton | 1695.67 | 90 | | | 91.35 | 1789.88 | percent of total billed charges | |
| HC DEBREDEMENT MASTOIDECTOMY CAVITY CMPLX | 69222 | CPT | | | | outpatient | | | 1884.08 | 723.64 | First Health | First Health | 1318.86 | 70 | | | 91.35 | 1789.88 | percent of total billed charges | |
| HC DEBREDEMENT MASTOIDECTOMY CAVITY CMPLX | 69222 | CPT | | | | outpatient | | | 1884.08 | 723.64 | Horizon | Medicare Blue | 629.25 | | | | 91.35 | 1789.88 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBREDEMENT MASTOIDECTOMY CAVITY CMPLX | 69222 | CPT | | | | outpatient | | | 1884.08 | 723.64 | Aetna | Better Health | 594.43 | 31.55 | | | 91.35 | 1789.88 | percent of total billed charges | |
| HC DEBREDEMENT MASTOIDECTOMY CAVITY CMPLX | 69222 | CPT | | | | outpatient | | | 1884.08 | 723.64 | Amerihealth | HMO/PPO | 550 | | | | 91.35 | 1789.88 | fee schedule | |
| HC DEBREDEMENT MASTOIDECTOMY CAVITY CMPLX | 69222 | CPT | | | | outpatient | | | 1884.08 | 723.64 | Horizon | Indemnity | 1217.6 | | | | 91.35 | 1789.88 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBREDEMENT MASTOIDECTOMY CAVITY CMPLX | 69222 | CPT | | | | outpatient | | | 1884.08 | 723.64 | Managed Care Inc | Managed Care Inc | 1695.67 | 90 | | | 91.35 | 1789.88 | percent of total billed charges | |
| HC DEBREDEMENT MASTOIDECTOMY CAVITY CMPLX | 69222 | CPT | | | | outpatient | | | 1884.08 | 723.64 | Corrections | Corrections | 1507.26 | 80 | | | 91.35 | 1789.88 | percent of total billed charges | |
| HC DEBREDEMENT MASTOIDECTOMY CAVITY CMPLX | 69222 | CPT | | | | outpatient | | | 1884.08 | 723.64 | United | Oxford | 1782 | | | | 91.35 | 1789.88 | case rate | |
| HC DEBREDEMENT MASTOIDECTOMY CAVITY CMPLX | 69222 | CPT | | | | outpatient | | | 1884.08 | 723.64 | Multiplan | Multiplan | 1507.26 | 80 | | | 91.35 | 1789.88 | percent of total billed charges | |
| HC DEBREDEMENT MASTOIDECTOMY CAVITY CMPLX | 69222 | CPT | | | | outpatient | | | 1884.08 | 723.64 | Wellcare | Medicare | 629.25 | | | | 91.35 | 1789.88 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBREDEMENT MASTOIDECTOMY CAVITY CMPLX | 69222 | CPT | | | | outpatient | | | 1884.08 | 723.64 | Americare | Americare | 1413.06 | 75 | | | 91.35 | 1789.88 | percent of total billed charges | |
| HC DEBREDEMENT MASTOIDECTOMY CAVITY CMPLX | 69222 | CPT | | | | outpatient | | | 1884.08 | 723.64 | Wellcare | Medicaid | 594.43 | 31.55 | | | 91.35 | 1789.88 | percent of total billed charges | |
| HC DEBREDEMENT MASTOIDECTOMY CAVITY CMPLX | 69222 | CPT | | | | outpatient | | | 1884.08 | 723.64 | Horizon | PPO | 1217.6 | | | | 91.35 | 1789.88 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBREDEMENT MASTOIDECTOMY CAVITY CMPLX | 69222 | CPT | | | | outpatient | | | 1884.08 | 723.64 | Horizon | MGD | 1217.6 | | | | 91.35 | 1789.88 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBREDEMENT MASTOIDECTOMY CAVITY CMPLX | 69222 | CPT | | | | outpatient | | | 1884.08 | 723.64 | Qualcare | Qualcare | 1413.06 | 75 | | | 91.35 | 1789.88 | percent of total billed charges | |
| HC DEBREDEMENT MASTOIDECTOMY CAVITY CMPLX | 69222 | CPT | | | | outpatient | | | 1884.08 | 723.64 | Consumer | Consumer | 1789.88 | 95 | | | 91.35 | 1789.88 | percent of total billed charges | |
| HC DEBREDEMENT MASTOIDECTOMY CAVITY CMPLX | 69222 | CPT | | | | outpatient | | | 1884.08 | 723.64 | UHC | Medicaid | 594.43 | 31.55 | | | 91.35 | 1789.88 | percent of total billed charges | |
| HC DEBREDEMENT MASTOIDECTOMY CAVITY CMPLX | 69222 | CPT | | | | outpatient | | | 1884.08 | 723.64 | Horizon | NJ Health | 91.35 | | | | 91.35 | 1789.88 | fee schedule | |
| HC DEBREDEMENT MASTOIDECTOMY CAVITY CMPLX | 69222 | CPT | | | | outpatient | | | 1884.08 | 723.64 | UHC | Medicare | 629.25 | | | | 91.35 | 1789.88 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEBREDEMENT MASTOIDECTOMY CAVITY CMPLX | 69222 | CPT | | | | outpatient | | | 1884.08 | 723.64 | Three Rivers | Three Rivers | 1789.88 | 95 | | | 91.35 | 1789.88 | percent of total billed charges | |
| HC DEBREDEMENT MASTOIDECTOMY CAVITY CMPLX | 69222 | CPT | | | | outpatient | | | 1884.08 | 723.64 | United | CommercialPPO | 1782 | | | | 91.35 | 1789.88 | case rate | |
| HC DEBREDEMENT MASTOIDECTOMY CAVITY CMPLX | 69222 

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC MYRINGOTOMY UNI | 69420 | CPT | | | | outpatient | | | 758 | 321.26 | Qualcare | Qualcare | 568.5 | 75 | | | 87.7 | 1782 | percent of total billed charges | |
| HC MYRINGOTOMY UNI | 69420 | CPT | | | | outpatient | | | 758 | 321.26 | Aetna | Commercial | 288.04 | 38 | | | 87.7 | 1782 | percent of total billed charges | |
| HC MYRINGOTOMY UNI | 69420 | CPT | | | | outpatient | | | 758 | 321.26 | Aetna | Medicare | 279.36 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYRINGOTOMY UNI | 69420 | CPT | | | | outpatient | | | 758 | 321.26 | Amerihealth | HMO/PPO | 300 | | | | 87.7 | 1782 | fee schedule | |
| HC MYRINGOTOMY UNI | 69420 | CPT | | | | outpatient | | | 758 | 321.26 | First Trenton | First Trenton | 682.2 | 90 | | | 87.7 | 1782 | percent of total billed charges | |
| HC MYRINGOTOMY UNI | 69420 | CPT | | | | outpatient | | | 758 | 321.26 | Horizon | Indemnity | 540.56 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYRINGOTOMY UNI | 69420 | CPT | | | | outpatient | | | 758 | 321.26 | Corrections | Corrections | 606.4 | 80 | | | 87.7 | 1782 | percent of total billed charges | |
| HC MYRINGOTOMY UNI | 69420 | CPT | | | | outpatient | | | 758 | 321.26 | UHC | Medicaid | 239.15 | 31.55 | | | 87.7 | 1782 | percent of total billed charges | |
| HC MYRINGOTOMY UNI | 69420 | CPT | | | | outpatient | | | 758 | 321.26 | UHC | Medicare | 279.36 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYRINGOTOMY UNI | 69420 | CPT | | | | outpatient | | | 758 | 321.26 | Horizon | Medicare Blue | 279.36 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYRINGOTOMY UNI | 69420 | CPT | | | | outpatient | | | 758 | 321.26 | Americare | Americare | 568.5 | 75 | | | 87.7 | 1782 | percent of total billed charges | |
| HC MYRINGOTOMY UNI | 69420 | CPT | | | | outpatient | | | 758 | 321.26 | First Health | First Health | 530.6 | 70 | | | 87.7 | 1782 | percent of total billed charges | |
| HC MYRINGOTOMY UNI | 69420 | CPT | | | | outpatient | | | 758 | 321.26 | United | Commercial/PPO | 1782 | | | | 87.7 | 1782 | case rate | |
| HC MYRINGOTOMY UNI | 69420 | CPT | | | | outpatient | | | 758 | 321.26 | Multiplan | Multiplan | 606.4 | 80 | | | 87.7 | 1782 | percent of total billed charges | |
| HC MYRINGOTOMY UNI | 69420 | CPT | | | | outpatient | | | 758 | 321.26 | Horizon | NJ Health | 87.7 | | | | 87.7 | 1782 | fee schedule | |
| HC MYRINGOTOMY UNI | 69420 | CPT | | | | outpatient | | | 758 | 321.26 | United | Oxford | 1782 | | | | 87.7 | 1782 | case rate | |
| HC MYRINGOTOMY UNI | 69420 | CPT | | | | outpatient | | | 758 | 321.26 | Horizon | MGD | 540.56 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYRINGOTOMY UNI | 69420 | CPT | | | | outpatient | | | 758 | 321.26 | Wellcare | Medicaid | 239.15 | 31.55 | | | 87.7 | 1782 | percent of total billed charges | |
| HC MYRINGOTOMY UNI | 69420 | CPT | | | | outpatient | | | 758 | 321.26 | Managed Care Inc | Managed Care Inc | 682.2 | 90 | | | 87.7 | 1782 | percent of total billed charges | |
| HC MYRINGOTOMY UNI | 69420 | CPT | | | | outpatient | | | 758 | 321.26 | WellPoint | WellPoint | 243.92 | 32.18 | | | 87.7 | 1782 | percent of total billed charges | |
| HC MYRINGOTOMY UNI | 69420 | CPT | | | | outpatient | | | 758 | 321.26 | Three Rivers | Three Rivers | 720.1 | 95 | | | 87.7 | 1782 | percent of total billed charges | |
| HC MYRINGOTOMY UNI | 69420 | CPT | | | | outpatient | | | 758 | 321.26 | Wellcare | Medicare | 279.36 | | | | 87.7 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TYPANOTOMY W/TUBE-UNILATERAL | 69433 | CPT | | | | outpatient | | | 1666 | 723.64 | Aetna | Medicare | 629.25 | | | | 146.16 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TYPANOTOMY W/TUBE-UNILATERAL | 69433 | CPT | | | | outpatient | | | 1666 | 723.64 | Aetna | Better Health | 525.62 | 31.55 | | | 146.16 | 1782 | percent of total billed charges | |
| HC TYPANOTOMY W/TUBE-UNILATERAL | 69433 | CPT | | | | outpatient | | | 1666 | 723.64 | Americare | Americare | 1249.5 | 75 | | | 146.16 | 1782 | percent of total billed charges | |
| HC TYPANOTOMY W/TUBE-UNILATERAL | 69433 | CPT | | | | outpatient | | | 1666 | 723.64 | First Health | First Health | 1166.2 | 70 | | | 146.16 | 1782 | percent of total billed charges | |
| HC TYPANOTOMY W/TUBE-UNILATERAL | 69433 | CPT | | | | outpatient | | | 1666 | 723.64 | Amerihealth | HMO/PPO | 300 | | | | 146.16 | 1782 | fee schedule | |
| HC TYPANOTOMY W/TUBE-UNILATERAL | 69433 | CPT | | | | outpatient | | | 1666 | 723.64 | Corrections | Corrections | 1332.8 | 80 | | | 146.16 | 1782 | percent of total billed charges | |
| HC TYPANOTOMY W/TUBE-UNILATERAL | 69433 | CPT | | | | outpatient | | | 1666 | 723.64 | UHC | Medicare | 629.25 | | | | 146.16 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TYPANOTOMY W/TUBE-UNILATERAL | 69433 | CPT | | | | outpatient | | | 1666 | 723.64 | Aetna | Commercial | 633.08 | 38 | | | 146.16 | 1782 | percent of total billed charges | |
| HC TYPANOTOMY W/TUBE-UNILATERAL | 69433 | CPT | | | | outpatient | | | 1666 | 723.64 | First Trenton | First Trenton | 1499.4 | 90 | | | 146.16 | 1782 | percent of total billed charges | |
| HC TYPANOTOMY W/TUBE-UNILATERAL | 69433 | CPT | | | | outpatient | | | 1666 | 723.64 | Consumer | Consumer | 1582.7 | 95 | | | 146.16 | 1782 | percent of total billed charges | |
| HC TYPANOTOMY W/TUBE-UNILATERAL | 69433 | CPT | | | | outpatient | | | 1666 | 723.64 | Multiplan | Multiplan | 1332.8 | 80 | | | 146.16 | 1782 | percent of total billed charges | |
| HC TYPANOTOMY W/TUBE-UNILATERAL | 69433 | CPT | | | | outpatient | | | 1666 | 723.64 | Horizon | Medicare Blue | 629.25 | | | | 146.16 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TYPANOTOMY W/TUBE-UNILATERAL | 69433 | CPT | | | | outpatient | | | 1666 | 723.64 | Horizon | MGD | 1217.6 | | | | 146.16 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TYPANOTOMY W/TUBE-UNILATERAL | 69433 | CPT | | | | outpatient | | | 1666 | 723.64 | Horizon | PPO | 1217.6 | | | | 146.16 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TYPANOTOMY W/TUBE-UNILATERAL | 69433 | CPT | | | | outpatient | | | 1666 | 723.64 | Qualcare | Qualcare | 1249.5 | 75 | | | 146.16 | 1782 | percent of total billed charges | |
| HC TYPANOTOMY W/TUBE-UNILATERAL | 69433 | CPT | | | | outpatient | | | 1666 | 723.64 | UHC | Medicaid | 525.62 | 31.55 | | | 146.16 | 1782 | percent of total billed charges | |
| HC TYPANOTOMY W/TUBE-UNILATERAL | 69433 | CPT | | | | outpatient | | | 1666 | 723.64 | Managed Care Inc | Managed Care Inc | 1499.4 | 90 | | | 146.16 | 1782 | percent of total billed charges | |
| HC TYPANOTOMY W/TUBE-UNILATERAL | 69433 | CPT | | | | outpatient | | | 1666 | 723.64 | Horizon | Indemnity | 1217.6 | | | | 146.16 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TYPANOTOMY W/TUBE-UNILATERAL | 69433 | CPT | | | | outpatient | | | 1666 | 723.64 | United | Commercial/PPO | 1782 | | | | 146.16 | 1782 | case rate | |
| HC TYPANOTOMY W/TUBE-UNILATERAL | 69433 | CPT | | | | outpatient | | | 1666 | 723.64 | Wellcare | Medicare | 629.25 | | | | 146.16 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TYPANOTOMY W/TUBE-UNILATERAL | 69433 | CPT | | | | outpatient | | | 1666 | 723.64 | Horizon | NJ Health | 146.16 | | | | 146.16 | 1782 | fee schedule | |
| HC TYPANOTOMY W/TUBE-UNILATERAL | 69433 | CPT | | | | outpatient | | | 1666 | 723.64 | WellPoint | WellPoint | 536.12 | 32.18 | | | 146.16 | 1782 | percent of total billed charges | |
| HC TYPANOTOMY W/TUBE-UNILATERAL | 69433 | CPT | | | | outpatient | | | 1666 | 723.64 | Three Rivers | Three Rivers | 1582.7 | 95 | | | 146.16 | 1782 | percent of total billed charges | |
| HC TYPANOTOMY W/TUBE-UNILATERAL | 69433 | CPT | | | | outpatient | | | 1666 | 723.64 | United | Oxford | 1782 | | | | 146.16 | 1782 | case rate | |
| HC TYPANOTOMY W/TUBE-UNILATERAL | 69433 | CPT | | | | outpatient | | | 1666 | 723.64 | Wellcare | Medicaid | 525.62 | 31.55 | | | 146.16 | 1782 | percent of total billed charges | |
| HC MANDIBLE PARTIAL <4 VIEWS | 70100 | CPT | | | | both | | | 609 | 119.52 | Aetna | Better Health | 192.14 | 31.55 | | | 18.6 | 578.55 | percent of total billed charges | |
| HC MANDIBLE PARTIAL <4 VIEWS | 70100 | CPT | | | | both | | | 609 | 119.52 | Multiplan | Multiplan | 487.2 | 80 | | | 18.6 | 578.55 | percent of total billed charges | |
| HC MANDIBLE PARTIAL <4 VIEWS | 70100 | CPT | | | | both | | | 609 | 119.52 | Corrections | Corrections | 487.2 | 80 | | | 18.6 | 578.55 | percent of total billed charges | |
| HC MANDIBLE PARTIAL <4 VIEWS | 70100 | CPT | | | | both | | | 609 | 119.52 | Americare | Americare | 456.75 | 75 | | | 18.6 | 578.55 | percent of total billed charges | |
| HC MANDIBLE PARTIAL <4 VIEWS | 70100 | CPT | | | | both | | | 609 | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 18.6 | 578.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MANDIBLE PARTIAL <4 VIEWS | 70100 | CPT | | | | both | | | 609 | 119.52 | Aetna | Medicare | 103.93 | | | | 18.6 | 578.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MANDIBLE PARTIAL <4 VIEWS | 70100 | CPT | | | | both | | | 609 | 119.52 | First Health | First Health | 426.3 | 70 | | | 18.6 | 578.55 | percent of total billed charges | |
| HC MANDIBLE PARTIAL <4 VIEWS | 70100 | CPT | | | | both | | | 609 | 119.52 | Aetna | Commercial | 231.42 | 38 | | | 18.6 | 578.55 | percent of total billed charges | |
| HC MANDIBLE PARTIAL <4 VIEWS | 70100 | CPT | | | | both | | | 609 | 119.52 | Amerihealth | HMO/PPO | 18.6 | | | | 18.6 | 578.55 | fee schedule | |
| HC MANDIBLE PARTIAL <4 VIEWS | 70100 | CPT | | | | both | | | 609 | 119.52 | Qualcare | Qualcare | 456.75 | 75 | | | 18.6 | 578.55 | percent of total billed charges | |
| HC MANDIBLE PARTIAL <4 VIEWS | 70100 | CPT | | | | both | | | 609 | 119.52 | Horizon | Indemnity | 201.1 | | | | 18.6 | 578.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MANDIBLE PARTIAL <4 VIEWS | 70100 | CPT | | | | both | | | 609 | 119.52 | Consumer | Consumer | 578.55 | 95 | | | 18.6 | 578.55 | percent of total billed charges | |
| HC MANDIBLE PARTIAL <4 VIEWS | 70100 | CPT | | | | both | | | 609 | 119.52 | UHC | Medicare | 103.93 | | | | 18.6 | 578.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MANDIBLE PARTIAL <4 VIEWS | 70100 | CPT | | | | both | | | 609 | 119.52 | Horizon | NJ Health | 32.34 | | | 32.34 | 18.6 | 578.55 | fee schedule | |
| HC MANDIBLE PARTIAL <4 VIEWS | 70100 | CPT | | | | both | | | 609 | 119.52 | First Trenton | First Trenton | 548.1 | 90 | | | 18.6 | 578.55 | percent of total billed charges | |
| HC MANDIBLE PARTIAL <4 VIEWS | 70100 | CPT | | | | both | | | 609 | 119.52 | Horizon | MGD | 201.1 | | | | 18.6 | 578.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MANDIBLE PARTIAL <4 VIEWS | 70100 | CPT | | | | both | | | 609 | 119.52 | Horizon | PPO | 201.1 | | | | 18.6 | 578.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MANDIBLE PARTIAL <4 VIEWS | 70100 | CPT | | | | both | | | 609 | 119.52 | Wellcare | Medicare | 103.93 | | | | 18.6 | 578.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MANDIBLE PARTIAL <4 VIEWS | 70100 | CPT | | | | both | | | 609 | 119.52 | Three Rivers | Three Rivers | 578.55 | 95 | | | 18.6 | 578.55 | percent of total billed charges | |
| HC MANDIBLE PARTIAL <4 VIEWS | 70100 | CPT | | | | both | | | 609 | 119.52 | UHC | Medicaid | 192.14 | 31.55 | | | 18.6 | 578.55 | percent of total billed charges | |
| HC MANDIBLE PARTIAL <4 VIEWS | 70100 | CPT | | | | both | | | 609 | 119.52 | Managed Care Inc | Managed Care Inc | 548.1 | 90 | | | 18.6 | 578.55 | percent of total billed charges | |
| HC MANDIBLE PARTIAL <4 VIEWS | 70100 | CPT | | | | both | | | 609 | 119.52 | Wellcare | Medicaid | 192.14 | 31.55 | | | 18.6 | 578.55 | percent of total billed charges | |
| HC MANDIBLE PARTIAL <4 VIEWS | 70100 | CPT | | | | both | | | 609 | 119.52 | WellPoint | WellPoint | 195.98 | 32.18 | | | 18.6 | 578.55 | percent of total billed charges | |
| HC MANDIBLE COMPLETE 4/> VIEWS, SURGICAL | 70110 | CPT | | | | both | | | 1310 | 144.6 | Aetna | Commercial | 497.8 | 38 | | | 22.32 | 1244.5 | percent of total billed charges | |
| HC MANDIBLE COMPLETE 4/> VIEWS, SURGICAL | 70110 | CPT | | | | both | | | 1310 | 144.6 | Americare | Americare | 982.5 | 75 | | | 22.32 | 1244.5 | percent of total billed charges | |
| HC MANDIBLE COMPLETE 4/> VIEWS, SURGICAL | 70110 | CPT | | | | both | | | 1310 | 144.6 | Wellcare | Medicare | 125.74 | | | | 22.32 | 1244.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MANDIBLE COMPLETE 4/> VIEWS, SURGICAL | 70110 | CPT | | | | both | | | 1310 | 144.6 | Aetna | Medicare | 125.74 | | | | 22.32 | 1244.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MANDIBLE COMPLETE 4/> VIEWS, SURGICAL | 70110 | CPT | | | | both | | | 1310 | 144.6 | Amerihealth | HMO/PPO | 22.32 | | | | 22.32 | 1244.5 | fee schedule | |
| HC MANDIBLE COMPLETE 4/> VIEWS, SURGICAL | 70110 | CPT | | | | both | | | 1310 | 144.6 | Qualcare | Qualcare | 982.5 | 75 | | | 22.32 | 1244.5 | percent of total billed charges | |
| HC MANDIBLE COMPLETE 4/> VIEWS, SURGICAL | 70110 | CPT | | | | both | | | 1310 | 144.6 | Aetna | Better Health | 413.31 | 31.55 | | | 22.32 | 1244.5 | percent of total billed charges | |
| HC MANDIBLE COMPLETE 4/> VIEWS, SURGICAL | 70110 | CPT | | | | both | | | 1310 | 144.6 | Corrections | Corrections | 1048 | 80 | | 296.11 | 22.32 | 1244.5 | percent of total billed charges | |
| HC MANDIBLE COMPLETE 4/> VIEWS, SURGICAL | 70110 | CPT | | | | both | | | 1310 | 144.6 | First Health | First Health | 917 | 70 | | | 22.32 | 1244.5 | percent of total billed charges | |
| HC MANDIBLE COMPLETE 4/> VIEWS, SURGICAL | 70110 | CPT | | | | both | | | 1310 | 144.6 | Multiplan | Multiplan | 1048 | 80 | | | 22.32 | 1244.5 | percent of total billed charges | |
| HC MANDIBLE COMPLETE 4/> VIEWS, SURGICAL | 70110 | CPT | | | | both | | | 1310 | 144.6 | WellPoint | WellPoint | 421.56 | 32.18 | | | 22.32 | 1244.5 | percent of total billed charges | |
| HC MANDIBLE COMPLETE 4/> VIEWS, SURGICAL | 70110 | CPT | | | | both | | | 1310 | 144.6 | First Trenton | First Trenton | 1179 | 90 | | | 22.32 | 1244.5 | percent of total billed charges | |
| HC MANDIBLE COMPLETE 4/> VIEWS, SURGICAL | 70110 | CPT | | | | both | | | 1310 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 22.32 | 1244.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MANDIBLE COMPLETE 4/> VIEWS, SURGICAL | 70110 | CPT | | | | both | | | 1310 | 144.6 | Three Rivers | Three Rivers | 1244.5 | 95 | | | 22.32 | 1244.5 | percent of total billed charges | |
| HC MANDIBLE COMPLETE 4/> VIEWS, SURGICAL | 70110 | CPT | | | | both | | | 1310 | 144.6 | Consumer | Consumer | 1244.5 | 95 | | | 22.32 | 1244.5 | percent of total billed charges | |
| HC MANDIBLE COMPLETE 4/> VIEWS, SURGICAL | 70110 | CPT | | | | both | | | 1310 | 144.6 | Horizon | NJ Health | 39.2 | | | 39.2 | 22.32 | 1244.5 | fee schedule | |
| HC MANDIBLE COMPLETE 4/> VIEWS, SURGICAL | 70110 | CPT | | | | both | | | 1310 | 144.6 | Wellcare | Medicaid | 413.31 | 31.55 | | | 22.32 | 1244.5 | percent of total billed charges | |
| HC MANDIBLE COMPLETE 4/> VIEWS, SURGICAL | 70110 | CPT | | | | both | | | 1310 | 144.6 | Horizon | MGD | 243.31 | | | | 22.32 | 1244.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MANDIBLE COMPLETE 4/> VIEWS, SURGICAL | 70110 | CPT | | | | both | | | 1310 | 144.6 | Horizon | Indemnity | 243.31 | | | | 22.32 | 1244.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MANDIBLE COMPLETE 4/> VIEWS, SURGICAL | 70110 | CPT | | | | both | | | 1310 | 144.6 | UHC | Medicare | 125.74 | | | 49.94 | 22.32 | 1244.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MANDIBLE COMPLETE 4/> VIEWS, SURGICAL | 70110 | CPT | | | | both | | | 1310 | 144.6 | Horizon | PPO | 243.31 | | | | 22.32 | 1244.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MANDIBLE COMPLETE 4/> VIEWS, SURGICAL | 70110 | CPT | | | | both | | | 1310 | 144.6 | Managed Care Inc | Managed Care Inc | 1179 | 90 | | | 22.32 | 1244.5 | percent of total billed charges | |
| HC MANDIBLE COMPLETE 4/> VIEWS, SURGICAL | 70110 | CPT | | | | both | | | 1310 | 144.6 | UHC | Medicaid | 413.31 | 31.55 | | 280.36 | 22.32 | 1244.5 | percent of total billed charges | |
| HC MASTOIDS COMPLETE MIN 3 VIEWS PER SIDE | 70130 | CPT | | | | outpatient | | | 751 | 144.6 | Horizon | Indemnity | 243.31 | | | | 28.52 | 713.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MASTOIDS COMPLETE MIN 3 VIEWS PER SIDE | 70130 | CPT | | | | outpatient | | | 751 | 144.6 | Consumer | Consumer | 713.45 | 95 | | | 28.52 | 713.45 | percent of total billed charges | |
| HC MASTOIDS COMPLETE MIN 3 VIEWS PER SIDE | 70130 | CPT | | | | outpatient | | | 751 | 144.6 | Aetna | Medicare | 125.74 | | | | 28.52 | 713.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MASTOIDS COMPLETE MIN 3 VIEWS PER SIDE | 70130 | CPT | | | | outpatient | | | 751 | 144.6 | First Health | First Health | 525.7 | 70 | | | 28.52 | 713.45 | percent of total billed charges | |
| HC MASTOIDS COMPLETE MIN 3 VIEWS PER SIDE | 70130 | CPT | | | | outpatient | | | 751 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 28.52 | 713.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MASTOIDS COMPLETE MIN 3 VIEWS PER SIDE | 70130 | CPT | | | | outpatient | | | 751 | 144.6 | Aetna | Better Health | 236.94 | 31.55 | | | 28.52 | 713.45 | percent of total billed charges | |
| HC MASTOIDS COMPLETE MIN 3 VIEWS PER SIDE | 70130 | CPT | | | | outpatient | | | 751 | 144.6 | Americare | Americare | 563.25 | 75 | | | 28.52 | 713.45 | percent of total billed charges | |
| HC MASTOIDS COMPLETE MIN 3 VIEWS PER SIDE | 70130 | CPT | | | | outpatient | | | 751 | 144.6 | Horizon | MGD | 243.31 | | | | 28.52 | 713.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MASTOIDS COMPLETE MIN 3 VIEWS PER SIDE | 70130 | CPT | | | | outpatient | | | 751 | 144.6 | Horizon | PPO | 243.31 | | | | 28.52 | 713.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MASTOIDS COMPLETE MIN 3 VIEWS PER SIDE | 70130 | CPT | | | | outpatient | | | 751 | 144.6 | Corrections | Corrections | 600.8 | 80 | | | 28.52 | 713.45 | percent of total billed charges | |
| HC MASTOIDS COMPLETE MIN 3 VIEWS PER SIDE | 70130 | CPT | | | | outpatient | | | 751 | 144.6 | Wellcare | Medicaid | 236.94 | 31.55 | | | 28.52 | 713.45 | percent of total billed charges | |
| HC MASTOIDS COMPLETE MIN 3 VIEWS PER SIDE | 70130 | CPT | | | | outpatient | | | 751 | 144.6 | First Trenton | First Trenton | 675.9 | 90 | | | 28.52 | 713.45 | percent of total billed charges | |
| HC MASTOIDS COMPLETE MIN 3 VIEWS PER SIDE | 70130 | CPT | | | | outpatient | | | 751 | 144.6 | UHC | Medicare | 125.74 | | | | 28.52 | 713.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MASTOIDS COMPLETE MIN 3 VIEWS PER SIDE | 70130 | CPT | | | | outpatient | | | 751 | 144.6 | Aetna | Commercial | 285.38 | 38 | | | 28.52 | 713.45 | percent of total billed charges | |
| HC MASTOIDS COMPLETE MIN 3 VIEWS PER SIDE | 70130 | CPT | | | | outpatient | | | 751 | 144.6 | Amerihealth | HMO/PPO | 28.52 | | | | 28.52 | 713.45 | fee schedule | |
| HC MASTOIDS COMPLETE MIN 3 VIEWS PER SIDE | 70130 | CPT | | | | outpatient | | | 751 | 144.6 | UHC | Medicaid | 236.94 | 31.55 | | | 28.52 | 713.45 | percent of total billed charges | |
| HC MASTOIDS COMPLETE MIN 3 VIEWS PER SIDE | 70130 | CPT | | | | outpatient | | | 751 | 144.6 | WellPoint | WellPoint | 241.67 | 32.18 | | | 28.52 | 713.45 | percent of total billed charges | |
| HC MASTOIDS COMPLETE MIN 3 VIEWS PER SIDE | 70130 | CPT | | | | outpatient | | | 751 | 144.6 | Horizon | NJ Health | 48.16 | | | | 28.52 | 713.45 | fee schedule | |
| HC MASTOIDS COMPLETE MIN 3 VIEWS PER SIDE | 70130 | CPT | | | | outpatient | | | 751 | 144.6 | Wellcare | Medicare | 125.74 | | | | 28.52 | 713.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MASTOIDS COMPLETE MIN 3 VIEWS PER SIDE | 70130 | CPT | | | | outpatient | | | 751 | 144.6 | Three Rivers | Three Rivers | 713.45 | 95 | | | 28.52 | 713.45 | percent of total billed charges | |
| HC MASTOIDS COMPLETE MIN 3 VIEWS PER SIDE | 70130 | CPT | | | | outpatient | | | 751 | 144.6 | Multiplan | Multiplan | 600.8 | 80 | | | 28.52 | 713.45 | percent of total billed charges | |
| HC MASTOIDS COMPLETE MIN 3 VIEWS PER SIDE | 70130 | CPT | | | | outpatient | | | 751 | 144.6 | Managed Care Inc | Managed Care Inc | 675.9 | 90 | | | 28.52 | 713.45 | percent of total billed charges | |
| HC MASTOIDS COMPLETE MIN 3 VIEWS PER SIDE | 70130 | CPT | | | | outpatient | | | 751 | 144.6 | Qualcare | Qualcare | 563.25 | 75 | | | 28.52 | 713.45 | percent of total billed charges | |
| HC FACIAL BONES <3 VIEWS (ZYGOMA/ZYGOMATIC ARCH/MAXILLA) | 70140 | CPT | | | | both | | | 409 | 119.52 | Americare | Americare | 306.75 | 75 | | | 29.4 | 388.55 | percent of total billed charges | |
| HC FACIAL BONES <3 VIEWS (ZYGOMA/ZYGOMATIC ARCH/MAXILLA) | 70140 | CPT | | | | both | | | 409 | 119.52 | Aetna | Better Health | 129.04 | 31.55 | | | 29.4 | 388.55 | percent of total billed charges | |
| HC FACIAL BONES <3 VIEWS (ZYGOMA/ZYGOMATIC ARCH/MAXILLA) | 70140 | CPT | | | | both | | | 409 | 119.52 | UHC | Medicare | 103.93 | | | | 29.4 | 388.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FACIAL BONES <3 VIEWS (ZYGOMA/ZYGOMATIC ARCH/MAXILLA) | 70140 | CPT | | | | both | | | 409 | 119.52 | Aetna | Commercial | 155.42 | 38 | | | 29.4 | 388.55 | percent of total billed charges | |
| HC FACIAL BONES <3 VIEWS (ZYGOMA/ZYGOMATIC ARCH/MAXILLA) | 70140 | CPT | | | | both | | | 409 | 119.52 | Aetna | Medicare | 103.93 | | | | 29.4 | 388.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FACIAL BONES <3 VIEWS (ZYGOMA/ZYGOMATIC ARCH/MAXILLA) | 70140 | CPT | | | | both | | | 409 | 119.52 | Consumer | Consumer | 388.55 | 95 | | | 29.4 | 388.55 | percent of total billed charges | |
| HC FACIAL BONES <3 VIEWS (ZYGOMA/ZYGOMATIC ARCH/MAXILLA) | 70140 | CPT | | | | both | | | 409 | 119.52 | Horizon | Indemnity | 201.1 | | | | 29.4 | 388.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FACIAL BONES <3 VIEWS (ZYGOMA/ZYGOMATIC ARCH/MAXILLA) | 70140 | CPT | | | | both | | | 409 | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 29.4 | 388.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FACIAL BONES <3 VIEWS (ZYGOMA/ZYGOMATIC ARCH/MAXILLA) | 70140 | CPT | | | | both | | | 409 | 119.52 | Amerihealth | HMO/PPO | 34.1 | | | | 29.4 | 388.55 | fee schedule | |
| HC FACIAL BONES <3 VIEWS (ZYGOMA/ZYGOMATIC ARCH/MAXILLA) | 70140 | CPT | | | | both | | | 409 | 119.52 | First Health | First Health | 286.3 | 70 | | | 29.4 | 388.55 | percent of total billed charges | |
| HC FACIAL BONES <3 VIEWS (ZYGOMA/ZYGOMATIC ARCH/MAXILLA) | 70140 | CPT | | | | both | | | 409 | 119.52 | Multiplan | Multiplan | 327.2 | 80 | | | 29.4 | 388.55 | percent of total billed charges | |
| HC FACIAL BONES <3 VIEWS (ZYGOMA/ZYGOMATIC ARCH/MAXILLA) | 70140 | CPT | | | | both | | | 409 | 119.52 | UHC | Medicaid | 129.04 | 31.55 | | | 29.4 | 388.55 | percent of total billed charges | |
| HC FACIAL BONES <3 VIEWS (ZYGOMA/ZYGOMATIC ARCH/MAXILLA) | 70140 | CPT | | | | both | | | 409 | 119.52 | First Trenton | First Trenton | 368.1 | 90 | | | 29.4 | 388.55 | percent of total billed charges | |
| HC FACIAL BONES <3 VIEWS (ZYGOMA/ZYGOMATIC ARCH/MAXILLA) | 70140 | CPT | | | | both | | | 409 | 119.52 | Corrections | Corrections | 327.2 | 80 | | | 29.4 | 388.55 | percent of total billed charges | |
| HC FACIAL BONES <3 VIEWS (ZYGOMA/ZYGOMATIC ARCH/MAXILLA) | 70140 | CPT | | | | both | | | 409 | 119.52 | Qualcare | Qualcare | 306.75 | 75 | | | 29.4 | 388.55 | percent of total billed charges | |
| HC FACIAL BONES <3 VIEWS (ZYGOMA/ZYGOMATIC ARCH/MAXILLA) | 70140 | CPT | | | | both | | | 409 | 119.52 | Horizon | NJ Health | 29.4 | | | | 29.4 | 388.55 | fee schedule | |
| HC FACIAL BONES <3 VIEWS (ZYGOMA/ZYGOMATIC ARCH/MAXILLA) | 70140 | CPT | | | | both | | | 409 | 119.52 | Horizon | MGD | 201.1 | | | | 29.4 | 388.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FACIAL BONES <3 VIEWS (ZYGOMA/ZYGOMATIC ARCH/MAXILLA) | 70140 | CPT | | | | both | | | 409 | 119.52 | Horizon | PPO | 201.1 | | | | 29.4 | 388.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FACIAL BONES <3 VIEWS (ZYGOMA/ZYGOMATIC ARCH/MAXILLA) | 70140 | CPT | | | | both | | | 409 | 119.52 | Managed Care Inc | Managed Care Inc | 368.1 | 90 | | | 29.4 | 388.55 | percent of total billed charges | |
| HC FACIAL BONES <3 VIEWS (ZYGOMA/ZYGOMATIC ARCH/MAXILLA) | 70140 | CPT | | | | both | | | 409 | 119.52 | Three Rivers | Three Rivers | 388.55 | 95 | | | 29.4 | 388.55 | percent of total billed charges | |
| HC FACIAL BONES <3 VIEWS (ZYGOMA/ZYGOMATIC ARCH/MAXILLA) | 70140 | CPT | | | | both | | | 409 | 119.52 | WellPoint | WellPoint | 131.62 | 32.18 | | | 29.4 | 388.55 | percent of total billed charges | |
| HC FACIAL BONES <3 VIEWS (ZYGOMA/ZYGOMATIC ARCH/MAXILLA) | 70140 | CPT | | | | both | | | 409 | 119.52 | Wellcare | Medicaid | 129.04 | 31.55 | | | 29.4 | 388.55 | percent of total billed charges | |
| HC FACIAL BONES <3 VIEWS (ZYGOMA/ZYGOMATIC ARCH/MAXILLA) | 70140 | CPT | | | | both | | | 409 | 119.52 | Wellcare | Medicare | 103.93 | | | | 29.4 | 388.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FACIAL BONES COMPLETE 3/> VIEWS | 70150 | CPT | | | | both | | | 556 | 144.6 | Horizon | Indemnity | 243.31 | | | | 26.66 | 528.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FACIAL BONES COMPLETE 3/> VIEWS | 70150 | CPT | | | | both | | | 556 | 144.6 | Aetna | Commercial | 211.28 | 38 | | 82.82 | 26.66 | 528.2 | percent of total billed charges | |
| HC FACIAL BONES COMPLETE 3/> VIEWS | 70150 | CPT | | | | both | | | 556 | 144.6 | First Health | First Health | 389.2 | 70 | | | 26.66 | 528.2 | percent of total billed charges | |
| HC FACIAL BONES COMPLETE 3/> VIEWS | 70150 | CPT | | | | both | | | 556 | 144.6 | Three Rivers | Three Rivers | 528.2

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC FACIAL BONES COMPLETE 3/> VIEWS | 70150 | CPT | | | | both | | | 556 | 144.6 | Qualcare | Qualcare | 417 | 75 | | | 26.66 | 528.2 | percent of total billed charges | |
| HC FACIAL BONES COMPLETE 3/> VIEWS | 70150 | CPT | | | | both | | | 556 | 144.6 | Multiplan | Multiplan | 444.8 | 80 | | | 26.66 | 528.2 | percent of total billed charges | |
| HC FACIAL BONES COMPLETE 3/> VIEWS | 70150 | CPT | | | | both | | | 556 | 144.6 | Ameritheath | HMO/PPO | 26.66 | | | | 26.66 | 528.2 | fee schedule | |
| HC FACIAL BONES COMPLETE 3/> VIEWS | 70150 | CPT | | | | both | | | 556 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 26.66 | 528.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FACIAL BONES COMPLETE 3/> VIEWS | 70150 | CPT | | | | both | | | 556 | 144.6 | First Trenton | First Trenton | 500.4 | 90 | | | 26.66 | 528.2 | percent of total billed charges | |
| HC FACIAL BONES COMPLETE 3/> VIEWS | 70150 | CPT | | | | both | | | 556 | 144.6 | Consumer | Consumer | 528.2 | 95 | | | 26.66 | 528.2 | percent of total billed charges | |
| HC FACIAL BONES COMPLETE 3/> VIEWS | 70150 | CPT | | | | both | | | 556 | 144.6 | Horizon | MGD | 243.31 | | | 147.44 | 26.66 | 528.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FACIAL BONES COMPLETE 3/> VIEWS | 70150 | CPT | | | | both | | | 556 | 144.6 | UHC | Medicaid | 175.42 | 31.55 | | 158.36 | 26.66 | 528.2 | percent of total billed charges | |
| HC FACIAL BONES COMPLETE 3/> VIEWS | 70150 | CPT | | | | both | | | 556 | 144.6 | Managed Care Inc | Managed Care Inc | 500.4 | 90 | | | 26.66 | 528.2 | percent of total billed charges | |
| HC FACIAL BONES COMPLETE 3/> VIEWS | 70150 | CPT | | | | both | | | 556 | 144.6 | Wellcare | Medicaid | 175.42 | 31.55 | | | 26.66 | 528.2 | percent of total billed charges | |
| HC FACIAL BONES COMPLETE 3/> VIEWS | 70150 | CPT | | | | both | | | 556 | 144.6 | UHC | Medicare | 125.74 | | | | 26.66 | 528.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FACIAL BONES COMPLETE 3/> VIEWS | 70150 | CPT | | | | both | | | 556 | 144.6 | Horizon | NJ Health | 39.2 | | | 106.42 | 26.66 | 528.2 | fee schedule | |
| HC FACIAL BONES COMPLETE 3/> VIEWS | 70150 | CPT | | | | both | | | 556 | 144.6 | Wellcare | Medicare | 125.74 | | | | 26.66 | 528.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FACIAL BONES COMPLETE 3/> VIEWS | 70150 | CPT | | | | both | | | 556 | 144.6 | WellPoint | WellPoint | 178.92 | 32.18 | | | 26.66 | 528.2 | percent of total billed charges | |
| HC NASAL BONES COMPLETE 3/> VIEWS; PORTABLE | 70160 | CPT | | | | outpatient | | | 783.75 | 119.52 | Aetna | Medicare | 103.93 | | | | 21.08 | 744.56 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NASAL BONES COMPLETE 3/> VIEWS; PORTABLE | 70160 | CPT | | | | outpatient | | | 783.75 | 119.52 | Horizon | Indemnity | 201.1 | | | | 21.08 | 744.56 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NASAL BONES COMPLETE 3/> VIEWS; PORTABLE | 70160 | CPT | | | | outpatient | | | 783.75 | 119.52 | Ameritheath | HMO/PPO | 21.08 | | | | 21.08 | 744.56 | fee schedule | |
| HC NASAL BONES COMPLETE 3/> VIEWS; PORTABLE | 70160 | CPT | | | | outpatient | | | 783.75 | 119.52 | Consumer | Consumer | 744.56 | 95 | | | 21.08 | 744.56 | percent of total billed charges | |
| HC NASAL BONES COMPLETE 3/> VIEWS; PORTABLE | 70160 | CPT | | | | outpatient | | | 783.75 | 119.52 | Aetna | Better Health | 247.27 | 31.55 | | 197.82 | 21.08 | 744.56 | percent of total billed charges | |
| HC NASAL BONES COMPLETE 3/> VIEWS; PORTABLE | 70160 | CPT | | | | outpatient | | | 783.75 | 119.52 | Aetna | Commercial | 297.83 | 38 | | | 21.08 | 744.56 | percent of total billed charges | |
| HC NASAL BONES COMPLETE 3/> VIEWS; PORTABLE | 70160 | CPT | | | | outpatient | | | 783.75 | 119.52 | UHC | Medicare | 103.93 | | | | 21.08 | 744.56 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NASAL BONES COMPLETE 3/> VIEWS; PORTABLE | 70160 | CPT | | | | outpatient | | | 783.75 | 119.52 | Horizon | PPO | 201.1 | | | | 21.08 | 744.56 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NASAL BONES COMPLETE 3/> VIEWS; PORTABLE | 70160 | CPT | | | | outpatient | | | 783.75 | 119.52 | Corrections | Corrections | 627 | 80 | | | 21.08 | 744.56 | percent of total billed charges | |
| HC NASAL BONES COMPLETE 3/> VIEWS; PORTABLE | 70160 | CPT | | | | outpatient | | | 783.75 | 119.52 | Wellcare | Medicaid | 247.27 | 31.55 | | | 21.08 | 744.56 | percent of total billed charges | |
| HC NASAL BONES COMPLETE 3/> VIEWS; PORTABLE | 70160 | CPT | | | | outpatient | | | 783.75 | 119.52 | Americare | Americare | 587.81 | 75 | | | 21.08 | 744.56 | percent of total billed charges | |
| HC NASAL BONES COMPLETE 3/> VIEWS; PORTABLE | 70160 | CPT | | | | outpatient | | | 783.75 | 119.52 | First Health | First Health | 548.63 | 70 | | | 21.08 | 744.56 | percent of total billed charges | |
| HC NASAL BONES COMPLETE 3/> VIEWS; PORTABLE | 70160 | CPT | | | | outpatient | | | 783.75 | 119.52 | First Trenton | First Trenton | 705.38 | 90 | | | 21.08 | 744.56 | percent of total billed charges | |
| HC NASAL BONES COMPLETE 3/> VIEWS; PORTABLE | 70160 | CPT | | | | outpatient | | | 783.75 | 119.52 | Multiplan | Multiplan | 627 | 80 | | | 21.08 | 744.56 | percent of total billed charges | |
| HC NASAL BONES COMPLETE 3/> VIEWS; PORTABLE | 70160 | CPT | | | | outpatient | | | 783.75 | 119.52 | Horizon | NJ Health | 32.34 | | | 116.03 | 21.08 | 744.56 | fee schedule | |
| HC NASAL BONES COMPLETE 3/> VIEWS; PORTABLE | 70160 | CPT | | | | outpatient | | | 783.75 | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 21.08 | 744.56 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NASAL BONES COMPLETE 3/> VIEWS; PORTABLE | 70160 | CPT | | | | outpatient | | | 783.75 | 119.52 | Managed Care Inc | Managed Care Inc | 705.38 | 90 | | | 21.08 | 744.56 | percent of total billed charges | |
| HC NASAL BONES COMPLETE 3/> VIEWS; PORTABLE | 70160 | CPT | | | | outpatient | | | 783.75 | 119.52 | Qualcare | Qualcare | 587.81 | 75 | | | 21.08 | 744.56 | percent of total billed charges | |
| HC NASAL BONES COMPLETE 3/> VIEWS; PORTABLE | 70160 | CPT | | | | outpatient | | | 783.75 | 119.52 | Three Rivers | Three Rivers | 744.56 | 95 | | | 21.08 | 744.56 | percent of total billed charges | |
| HC NASAL BONES COMPLETE 3/> VIEWS; PORTABLE | 70160 | CPT | | | | outpatient | | | 783.75 | 119.52 | Horizon | MGD | 201.1 | | | 124.02 | 21.08 | 744.56 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NASAL BONES COMPLETE 3/> VIEWS; PORTABLE | 70160 | CPT | | | | outpatient | | | 783.75 | 119.52 | WellPoint | WellPoint | 252.21 | 32.18 | | 65.82 | 21.08 | 744.56 | percent of total billed charges | |
| HC NASAL BONES COMPLETE 3/> VIEWS; PORTABLE | 70160 | CPT | | | | outpatient | | | 783.75 | 119.52 | UHC | Medicaid | 247.27 | 31.55 | | 191.28 | 21.08 | 744.56 | percent of total billed charges | |
| HC NASAL BONES COMPLETE 3/> VIEWS; PORTABLE | 70160 | CPT | | | | outpatient | | | 783.75 | 119.52 | Wellcare | Medicare | 103.93 | | | | 21.08 | 744.56 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPTIC FORAMINA EYE SOCKETS | 70190 | CPT | | | | outpatient | | | 854 | 119.52 | Consumer | Consumer | 811.3 | 95 | | | 21.7 | 811.3 | percent of total billed charges | |
| HC OPTIC FORAMINA EYE SOCKETS | 70190 | CPT | | | | outpatient | | | 854 | 119.52 | UHC | Medicaid | 269.44 | 31.55 | | | 21.7 | 811.3 | percent of total billed charges | |
| HC OPTIC FORAMINA EYE SOCKETS | 70190 | CPT | | | | outpatient | | | 854 | 119.52 | Qualcare | Qualcare | 640.5 | 75 | | | 21.7 | 811.3 | percent of total billed charges | |
| HC OPTIC FORAMINA EYE SOCKETS | 70190 | CPT | | | | outpatient | | | 854 | 119.52 | Aetna | Better Health | 269.44 | 31.55 | | | 21.7 | 811.3 | percent of total billed charges | |
| HC OPTIC FORAMINA EYE SOCKETS | 70190 | CPT | | | | outpatient | | | 854 | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 21.7 | 811.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPTIC FORAMINA EYE SOCKETS | 70190 | CPT | | | | outpatient | | | 854 | 119.52 | First Trenton | First Trenton | 768.6 | 90 | | | 21.7 | 811.3 | percent of total billed charges | |
| HC OPTIC FORAMINA EYE SOCKETS | 70190 | CPT | | | | outpatient | | | 854 | 119.52 | Americare | Americare | 640.5 | 75 | | | 21.7 | 811.3 | percent of total billed charges | |
| HC OPTIC FORAMINA EYE SOCKETS | 70190 | CPT | | | | outpatient | | | 854 | 119.52 | Aetna | Medicare | 103.93 | | | | 21.7 | 811.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPTIC FORAMINA EYE SOCKETS | 70190 | CPT | | | | outpatient | | | 854 | 119.52 | Corrections | Corrections | 683.2 | 80 | | | 21.7 | 811.3 | percent of total billed charges | |
| HC OPTIC FORAMINA EYE SOCKETS | 70190 | CPT | | | | outpatient | | | 854 | 119.52 | Horizon | Indemnity | 201.1 | | | | 21.7 | 811.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPTIC FORAMINA EYE SOCKETS | 70190 | CPT | | | | outpatient | | | 854 | 119.52 | UHC | Medicare | 103.93 | | | | 21.7 | 811.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPTIC FORAMINA EYE SOCKETS | 70190 | CPT | | | | outpatient | | | 854 | 119.52 | Aetna | Commercial | 324.52 | 38 | | | 21.7 | 811.3 | percent of total billed charges | |
| HC OPTIC FORAMINA EYE SOCKETS | 70190 | CPT | | | | outpatient | | | 854 | 119.52 | WellPoint | WellPoint | 274.82 | 32.18 | | | 21.7 | 811.3 | percent of total billed charges | |
| HC OPTIC FORAMINA EYE SOCKETS | 70190 | CPT | | | | outpatient | | | 854 | 119.52 | Horizon | PPO | 201.1 | | | | 21.7 | 811.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPTIC FORAMINA EYE SOCKETS | 70190 | CPT | | | | outpatient | | | 854 | 119.52 | Multiplan | Multiplan | 683.2 | 80 | | | 21.7 | 811.3 | percent of total billed charges | |
| HC OPTIC FORAMINA EYE SOCKETS | 70190 | CPT | | | | outpatient | | | 854 | 119.52 | Ameritheath | HMO/PPO | 21.7 | | | | 21.7 | 811.3 | fee schedule | |
| HC OPTIC FORAMINA EYE SOCKETS | 70190 | CPT | | | | outpatient | | | 854 | 119.52 | Horizon | NJ Health | 29.4 | | | | 21.7 | 811.3 | fee schedule | |
| HC OPTIC FORAMINA EYE SOCKETS | 70190 | CPT | | | | outpatient | | | 854 | 119.52 | Managed Care Inc | Managed Care Inc | 768.6 | 90 | | | 21.7 | 811.3 | percent of total billed charges | |
| HC OPTIC FORAMINA EYE SOCKETS | 70190 | CPT | | | | outpatient | | | 854 | 119.52 | Three Rivers | Three Rivers | 811.3 | 95 | | | 21.7 | 811.3 | percent of total billed charges | |
| HC OPTIC FORAMINA EYE SOCKETS | 70190 | CPT | | | | outpatient | | | 854 | 119.52 | First Health | First Health | 597.8 | 70 | | | 21.7 | 811.3 | percent of total billed charges | |
| HC OPTIC FORAMINA EYE SOCKETS | 70190 | CPT | | | | outpatient | | | 854 | 119.52 | Wellcare | Medicare | 103.93 | | | | 21.7 | 811.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPTIC FORAMINA EYE SOCKETS | 70190 | CPT | | | | outpatient | | | 854 | 119.52 | Horizon | MGD | 201.1 | | | | 21.7 | 811.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPTIC FORAMINA EYE SOCKETS | 70190 | CPT | | | | outpatient | | | 854 | 119.52 | Wellcare | Medicaid | 269.44 | 31.55 | | | 21.7 | 811.3 | percent of total billed charges | |
| HC ORBITS COMPLETE 4/> VIEWS; PORTABLE | 70200 | CPT | | | | both | | | 761.25 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 29.14 | 723.19 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITS COMPLETE 4/> VIEWS; PORTABLE | 70200 | CPT | | | | both | | | 761.25 | 144.6 | Corrections | Corrections | 609 | 80 | | | 29.14 | 723.19 | percent of total billed charges | |
| HC ORBITS COMPLETE 4/> VIEWS; PORTABLE | 70200 | CPT | | | | both | | | 761.25 | 144.6 | Three Rivers | Three Rivers | 723.19 | 95 | | | 29.14 | 723.19 | percent of total billed charges | |
| HC ORBITS COMPLETE 4/> VIEWS; PORTABLE | 70200 | CPT | | | | both | | | 761.25 | 144.6 | Consumer | Consumer | 723.19 | 95 | | | 29.14 | 723.19 | percent of total billed charges | |
| HC ORBITS COMPLETE 4/> VIEWS; PORTABLE | 70200 | CPT | | | | both | | | 761.25 | 144.6 | Aetna | Better Health | 240.17 | 31.55 | | | 29.14 | 723.19 | percent of total billed charges | |
| HC ORBITS COMPLETE 4/> VIEWS; PORTABLE | 70200 | CPT | | | | both | | | 761.25 | 144.6 | First Trenton | First Trenton | 685.13 | 90 | | | 29.14 | 723.19 | percent of total billed charges | |
| HC ORBITS COMPLETE 4/> VIEWS; PORTABLE | 70200 | CPT | | | | both | | | 761.25 | 144.6 | Ameritheath | HMO/PPO | 29.14 | | | | 29.14 | 723.19 | fee schedule | |
| HC ORBITS COMPLETE 4/> VIEWS; PORTABLE | 70200 | CPT | | | | both | | | 761.25 | 144.6 | Aetna | Medicare | 125.74 | | | | 29.14 | 723.19 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITS COMPLETE 4/> VIEWS; PORTABLE | 70200 | CPT | | | | both | | | 761.25 | 144.6 | Aetna | Commercial | 289.28 | 38 | | | 29.14 | 723.19 | percent of total billed charges | |
| HC ORBITS COMPLETE 4/> VIEWS; PORTABLE | 70200 | CPT | | | | both | | | 761.25 | 144.6 | WellPoint | WellPoint | 244.97 | 32.18 | | | 29.14 | 723.19 | percent of total billed charges | |
| HC ORBITS COMPLETE 4/> VIEWS; PORTABLE | 70200 | CPT | | | | both | | | 761.25 | 144.6 | First Health | First Health | 532.88 | 70 | | | 29.14 | 723.19 | percent of total billed charges | |
| HC ORBITS COMPLETE 4/> VIEWS; PORTABLE | 70200 | CPT | | | | both | | | 761.25 | 144.6 | Americare | Americare | 570.94 | 75 | | | 29.14 | 723.19 | percent of total billed charges | |
| HC ORBITS COMPLETE 4/> VIEWS; PORTABLE | 70200 | CPT | | | | both | | | 761.25 | 144.6 | UHC | Medicaid | 240.17 | 31.55 | | 185.93 | 29.14 | 723.19 | percent of total billed charges | |
| HC ORBITS COMPLETE 4/> VIEWS; PORTABLE | 70200 | CPT | | | | both | | | 761.25 | 144.6 | Horizon | Indemnity | 243.31 | | | | 29.14 | 723.19 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITS COMPLETE 4/> VIEWS; PORTABLE | 70200 | CPT | | | | both | | | 761.25 | 144.6 | UHC | Medicare | 125.74 | | | | 29.14 | 723.19 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITS COMPLETE 4/> VIEWS; PORTABLE | 70200 | CPT | | | | both | | | 761.25 | 144.6 | Horizon | MGD | 243.31 | | | | 29.14 | 723.19 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITS COMPLETE 4/> VIEWS; PORTABLE | 70200 | CPT | | | | both | | | 761.25 | 144.6 | Wellcare | Medicaid | 240.17 | 31.55 | | | 29.14 | 723.19 | percent of total billed charges | |
| HC ORBITS COMPLETE 4/> VIEWS; PORTABLE | 70200 | CPT | | | | both | | | 761.25 | 144.6 | Horizon | NJ Health | 49 | | | | 29.14 | 723.19 | fee schedule | |
| HC ORBITS COMPLETE 4/> VIEWS; PORTABLE | 70200 | CPT | | | | both | | | 761.25 | 144.6 | Wellcare | Medicare | 125.74 | | | | 29.14 | 723.19 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITS COMPLETE 4/> VIEWS; PORTABLE | 70200 | CPT | | | | both | | | 761.25 | 144.6 | Multiplan | Multiplan | 609 | 80 | | | 29.14 | 723.19 | percent of total billed charges | |
| HC ORBITS COMPLETE 4/> VIEWS; PORTABLE | 70200 | CPT | | | | both | | | 761.25 | 144.6 | Horizon | PPO | 243.31 | | | | 29.14 | 723.19 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORBITS COMPLETE 4/> VIEWS; PORTABLE | 70200 | CPT | | | | both | | | 761.25 | 144.6 | Qualcare | Qualcare | 570.94 | 75 | | | 29.14 | 723.19 | percent of total billed charges | |
| HC ORBITS COMPLETE 4/> VIEWS; PORTABLE | 70200 | CPT | | | | both | | | 761.25 | 144.6 | Managed Care Inc | Managed Care Inc | 685.13 | 90 | | | 29.14 | 723.19 | percent of total billed charges | |
| HC SINUSES PARANASAL COMPLETE 3/> VIEWS | 70220 | CPT | | | | both | | | 750 | 119.52 | Aetna | Better Health | 236.63 | 31.55 | | | 26.04 | 712.5 | percent of total billed charges | |
| HC SINUSES PARANASAL COMPLETE 3/> VIEWS | 70220 | CPT | | | | both | | | 750 | 119.52 | First Health | First Health | 525 | 70 | | | 26.04 | 712.5 | percent of total billed charges | |
| HC SINUSES PARANASAL COMPLETE 3/> VIEWS | 70220 | CPT | | | | both | | | 750 | 119.52 | Multiplan | Multiplan | 600 | 80 | | | 26.04 | 712.5 | percent of total billed charges | |
| HC SINUSES PARANASAL COMPLETE 3/> VIEWS | 70220 | CPT | | | | both | | | 750 | 119.52 | First Trenton | First Trenton | 675 | 90 | | | 26.04 | 712.5 | percent of total billed charges | |
| HC SINUSES PARANASAL COMPLETE 3/> VIEWS | 70220 | CPT | | | | both | | | 750 | 119.52 | Americare | Americare | 562.5 | 75 | | | 26.04 | 712.5 | percent of total billed charges | |
| HC SINUSES PARANASAL COMPLETE 3/> VIEWS | 70220 | CPT | | | | both | | | 750 | 119.52 | Aetna | Commercial | 285 | 38 | | | 26.04 | 712.5 | percent of total billed charges | |
| HC SINUSES PARANASAL COMPLETE 3/> VIEWS | 70220 | CPT | | | | both | | | 750 | 119.52 | Corrections | Corrections | 600 | 80 | | | 26.04 | 712.5 | percent of total billed charges | |
| HC SINUSES PARANASAL COMPLETE 3/> VIEWS | 70220 | CPT | | | | both | | | 750 | 119.52 | Ameritheath | HMO/PPO | 26.04 | | | | 26.04 | 712.5 | fee schedule | |
| HC SINUSES PARANASAL COMPLETE 3/> VIEWS | 70220 | CPT | | | | both | | | 750 | 119.52 | Aetna | Medicare | 103.93 | | | | 26.04 | 712.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SINUSES PARANASAL COMPLETE 3/> VIEWS | 70220 | CPT | | | | both | | | 750 | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 26.04 | 712.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SINUSES PARANASAL COMPLETE 3/> VIEWS | 70220 | CPT | | | | both | | | 750 | 119.52 | Qualcare | Qualcare | 562.5 | 75 | | | 26.04 | 712.5 | percent of total billed charges | |
| HC SINUSES PARANASAL COMPLETE 3/> VIEWS | 70220 | CPT | | | | both | | | 750 | 119.52 | Horizon | MGD | 201.1 | | | | 26.04 | 712.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SINUSES PARANASAL COMPLETE 3/> VIEWS | 70220 | CPT | | | | both | | | 750 | 119.52 | Wellcare | Medicare | 103.93 | | | | 26.04 | 712.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SINUSES PARANASAL COMPLETE 3/> VIEWS | 70220 | CPT | | | | both | | | 750 | 119.52 | Horizon | Indemnity | 201.1 | | | | 26.04 | 712.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SINUSES PARANASAL COMPLETE 3/> VIEWS | 70220 | CPT | | | | both | | | 750 | 119.52 | Horizon | NJ Health | 53.9 | | | 53.9 | 26.04 | 712.5 | fee schedule | |
| HC SINUSES PARANASAL COMPLETE 3/> VIEWS | 70220 | CPT | | | | both | | | 750 | 119.52 | Managed Care Inc | Managed Care Inc | 675 | 90 | | | 26.04 | 712.5 | percent of total billed charges | |
| HC SINUSES PARANASAL COMPLETE 3/> VIEWS | 70220 | CPT | | | | both | | | 750 | 119.52 | Consumer | Consumer | 712.5 | 95 | | | 26.04 | 712.5 | percent of total billed charges | |
| HC SINUSES PARANASAL COMPLETE 3/> VIEWS | 70220 | CPT | | | | both | | | 750 | 119.52 | UHC | Medicare | 103.93 | | | | 26.04 | 712.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SINUSES PARANASAL COMPLETE 3/> VIEWS | 70220 | CPT | | | | both | | | 750 | 119.52 | Wellcare | Medicaid | 236.63 | 31.55 | | | 26.04 | 712.5 | percent of total billed charges | |
| HC SINUSES PARANASAL COMPLETE 3/> VIEWS | 70220 | CPT | | | | both | | | 750 | 119.52 | Three Rivers | Three Rivers | 712.5 | 95 | | | 26.04 | 712.5 | percent of total billed charges | |
| HC SINUSES PARANASAL COMPLETE 3/> VIEWS | 70220 | CPT | | | | both | | | 750 | 119.52 | Horizon | PPO | 201.1 | | | | 26.04 | 712.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SINUSES PARANASAL COMPLETE 3/> VIEWS | 70220 | CPT | | | | both | | | 750 | 119.52 | UHC | Medicaid | 236.63 | 31.55 | | | 26.04 | 712.5 | percent of total billed charges | |
| HC SINUSES PARANASAL COMPLETE 3/> VIEWS | 70220 | CPT | | | | both | | | 750 | 119.52 | WellPoint | WellPoint | 241.35 | 32.18 | | | 26.04 | 712.5 | percent of total billed charges | |
| HC SELLA TURCICA PITUITARY SADDLE | 70240 | CPT | | | | outpatient | | | 609 | 119.52 | Aetna | Medicare | 103.93 | | | | 16.12 | 578.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELLA TURCICA PITUITARY SADDLE | 70240 | CPT | | | | outpatient | | | 609 | 119.52 | Aetna | Commercial | 231.42 | 38 | | | 16.12 | 578.55 | percent of total billed charges | |
| HC SELLA TURCICA PITUITARY SADDLE | 70240 | CPT | | | | outpatient | | | 609 | 119.52 | First Health | First Health | 426.3 | 70 | | | 16.12 | 578.55 | percent of total billed charges | |
| HC SELLA TURCICA PITUITARY SADDLE | 70240 | CPT | | | | outpatient | | | 609 | 119.52 | Horizon | PPO | 201.1 | | | | 16.12 | 578.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELLA TURCICA PITUITARY SADDLE | 70240 | CPT | | | | outpatient | | | 609 | 119.52 | Aetna | Better Health | 192.14 | 31.55 | | | 16.12 | 578.55 | percent of total billed charges | |
| HC SELLA TURCICA PITUITARY SADDLE | 70240 | CPT | | | | outpatient | | | 609 | 119.52 | Americare | Americare | 456.75 | 75 | | | 16.12 | 578.55 | percent of total billed charges | |
| HC SELLA TURCICA PITUITARY SADDLE | 70240 | CPT | | | | outpatient | | | 609 | 119.52 | Horizon | MGD | 201.1 | | | | 16.12 | 578.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELLA TURCICA PITUITARY SADDLE | 70240 | CPT | | | | outpatient | | | 609 | 119.52 | Horizon | Indemnity | 201.1 | | | | 16.12 | 578.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELLA TURCICA PITUITARY SADDLE | 70240 | CPT | | | | outpatient | | | 609 | 119.52 | Corrections | Corrections | 487.2 | 80 | | | 16.12 | 578.55 | percent of total billed charges | |
| HC SELLA TURCICA PITUITARY SADDLE | 70240 | CPT | | | | outpatient | | | 609 | 119.52 | Multiplan | Multiplan | 487.2 | 80 | | | 16.12 | 578.55 | percent of total billed charges | |
| HC SELLA TURCICA PITUITARY SADDLE | 70240 | CPT | | | | outpatient | | | 609 | 119.52 | UHC | Medicaid | 192.14 | 31.55 | | | 16.12 | 578.55 | percent of total billed charges | |
| HC SELLA TURCICA PITUITARY SADDLE | 70240 | CPT | | | | outpatient | | | 609 | 119.52 | Wellcare | Medicare | 103.93 | | | | 16.12 | 578.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELLA TURCICA PITUITARY SADDLE | 70240 | CPT | | | | outpatient | | | 609 | 119.52 | Consumer | Consumer | 578.55 | 95 | | | 16.12 | 578.55 | percent of total billed charges | |
| HC SELLA TURCICA PITUITARY SADDLE | 70240 | CPT | | | | outpatient | | | 609 | 119.52 | Ameritheath | HMO/PPO | 16.12 | | | | 16.12 | 578.55 | fee schedule | |
| HC SELLA TURCICA PITUITARY SADDLE | 70240 | CPT | | | | outpatient | | | 609 | 119.52 | UHC | Medicare | 103.93 | | | | 16.12 | 578.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELLA TURCICA PITUITARY SADDLE | 70240 | CPT | | | | outpatient | | | 609 | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 16.12 | 578.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELLA TURCICA PITUITARY SADDLE | 70240 | CPT | | | | outpatient | | | 609 | 119.52 | First Trenton | First Trenton | 548.1 | 90 | | | 16.12 | 578.55 | percent of total billed charges | |
| HC SELLA TURCICA PITUITARY SADDLE | 70240 | CPT | | | | outpatient | | | 609 | 119.52 | Qualcare | Qualcare | 456.75 | 75 | | | 16.12 | 578.55 | percent of total billed charges | |
| HC SELLA TURCICA PITUITARY SADDLE | 70240 | CPT | | | | outpatient | | | 609 | 119.52 | Horizon | NJ Health | 32.34 | | | | 16.12 | 578.55 | fee schedule | |
| HC SELLA TURCICA PITUITARY SADDLE | 70240 | CPT | | | | outpatient | | | 609 | 119.52 | WellPoint | WellPoint | 195.98 | 32.18 | | | 16.12 | 578.55 | percent of total billed charges | |
| HC SELLA TURCICA PITUITARY SADDLE | 70240 | CPT | | | | outpatient | | | 609 | 119.52 | Managed Care Inc | Managed Care Inc | 548.1 | 90 | | | 16.12 | 578.55 | percent of total billed charges | |
| HC SELLA TURCICA PITUITARY SADDLE | 70240 | CPT | | | | outpatient | | | 609 | 119.52 | Wellcare | Medicaid | 192.14 | 31.55 | | | 16.12 | 578.55 | percent of total billed charges | |
| HC SELLA TURCICA PITUITARY SADDLE | 70240 | CPT | | | | outpatient | | | 609 | 119.52 | Three Rivers | Three Rivers | 578.55 | 95 | | | 16.12 | 578.55 | percent of total billed charges | |
| HC SKULL <4 VIEWS; PORTABLE | 70250 | CPT | | | | both | | | 631.25 | 144.6 | Aetna | Commercial | 239.88 | 38 | | | 31 | 599.69 | percent of total billed charges | |
| HC SKULL <4 VIEWS; PORTABLE | 70250 | CPT | | | | both | | | 631.25 | 144.6 | Horizon | Medicare Blue | 125.74 | | | 71.27 | 31 | 599.69 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SKULL <4 VIEWS; PORTABLE | 70250 | CPT | | | | both | | | 631.25 | 144.6 | Aetna | Medicare | 125.74 | | | | 31 | 599.69 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SKULL <4 VIEWS; PORTABLE | 70250 | CPT | | | | both | | | 631.25 | 144.6 | Americare | Americare | 473.44 | 75 | | | 31 | 599.69 | percent of total billed charges | |
| HC SKULL <4 VIEWS; PORTABLE | 70250 | CPT | | | | both | | | 631.25 | 144.6 | Ameritheath | HMO/PPO | 31 | | | | 31 | 599.69 | fee schedule | |
| HC SKULL <4 VIEWS; PORTABLE | 70250 | CPT | | | | both | | | 631.25 | 144.6 | Aetna | Better Health | 198.16 | 31.55 | | | 31 | 599.69 | percent of total billed charges | |
| HC SKULL <4 VIEWS; PORTABLE | 70250 | CPT | | | | both | | | 631.25 | 144.6 | First Trenton | First Trenton | 568.13 | 90 | | | 31 | 599.69 | percent of total billed charges | |
| HC SKULL <4 VIEWS; PORTABLE | 70250 | CPT | | | | both | | | 631.25 | 144.6 | Horizon | NJ Health | 36.91 | | | 35.54 | 31 | 599.69 | fee schedule | |
| HC SKULL <4 VIEWS; PORTABLE | 70250 | CPT | | | | both | | | 631.25 | 144.6 | Horizon | MGD | 243.31 | | | 81.41 | 31 | 599.69 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SKULL <4 VIEWS; PORTABLE | 70250 | CPT | | | | both | | | 631.25 | 144.6 | UHC | Medicare | 125.74 | | | 39.16 | 31 | 599.69 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SKULL <4 VIEWS; PORTABLE | 70250 | CPT | | | | both | | | 631.25 | 144.6 | Horizon | PPO | 243.31 | | | 53.27 | 31 | 599.69 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SKULL <4 VIEWS; PORTABLE | 70250 | CPT | | | | both | | | 631.25 | 144.6 | Multiplan | Multiplan | 505 | 80 | | | 31 | 599.69 | percent of total billed charges | |
| HC SKULL <4 VIEWS; PORTABLE | 70250 | CPT | | | | both | | | 631.25 | 144.6 | First Health | First Health | 441.88 | 70 | | | 31 | 599.69 | percent of total billed charges | |
| HC SKULL <4 VIEWS; PORTABLE | 70250 | CPT | | | | both | | | 631.25 | 144.6 | Consumer | Consumer | 599.69 | 95 | | | 31 | 599.69 | percent of total billed charges | |
| HC SKULL <4 VIEWS; PORTABLE | 70250 | CPT | | | | both | | | 631.25 | 144.6 | Managed Care Inc | Managed Care Inc | 568.13 | 90 | | | 31 | 599.69 | percent of total billed charges | |
| HC SKULL <4 VIEWS; PORTABLE | 70250 | CPT | | | | both | | | 631.25 | 144.6 | Qualcare | Qualcare | 473.44 | 75 | | | 31 | 599.69 | percent of total billed charges | |
| HC SKULL <4 VIEWS; PORTABLE | 70250 | CPT | | | | both | | | 631.25 | 144.6 | Wellcare | Medicare | 125.74 | | | 6.06 | 31 | 599.69 |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC SKULL <4 VIEWS; PORTABLE | 70250 | CPT | | | | both | | | 631.25 | 144.6 | Corrections | Corrections | 505 | 80 | | | 31 | 599.69 | percent of total billed charges | |
| HC SKULL <4 VIEWS; PORTABLE | 70250 | CPT | | | | both | | | 631.25 | 144.6 | Wellcare | Medicaid | 199.16 | 31.55 | | 110.46 | 31 | 599.69 | percent of total billed charges | |
| HC SKULL <4 VIEWS; PORTABLE | 70250 | CPT | | | | both | | | 631.25 | 144.6 | Horizon | Indemnity | 243.31 | | | | 31 | 599.69 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SKULL <4 VIEWS; PORTABLE | 70250 | CPT | | | | both | | | 631.25 | 144.6 | UHC | Medicaid | 199.16 | 31.55 | | 108.39 | 31 | 599.69 | percent of total billed charges | |
| HC SKULL COMPLETE 4/> VIEWS; SURGICAL | 70260 | CPT | | | | both | | | 1088.75 | 144.6 | Aetna | Better Health | 343.5 | 31.55 | | | 31 | 1034.31 | percent of total billed charges | |
| HC SKULL COMPLETE 4/> VIEWS; SURGICAL | 70260 | CPT | | | | both | | | 1088.75 | 144.6 | Horizon | PPO | 243.31 | | | | 31 | 1034.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SKULL COMPLETE 4/> VIEWS; SURGICAL | 70260 | CPT | | | | both | | | 1088.75 | 144.6 | Aetna | Medicare | 125.74 | | | 88.93 | 31 | 1034.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SKULL COMPLETE 4/> VIEWS; SURGICAL | 70260 | CPT | | | | both | | | 1088.75 | 144.6 | Horizon | Indemnity | 243.31 | | | | 31 | 1034.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SKULL COMPLETE 4/> VIEWS; SURGICAL | 70260 | CPT | | | | both | | | 1088.75 | 144.6 | Corrections | Corrections | 871 | 80 | | | 31 | 1034.31 | percent of total billed charges | |
| HC SKULL COMPLETE 4/> VIEWS; SURGICAL | 70260 | CPT | | | | both | | | 1088.75 | 144.6 | Amerihealth | HMO/PPO | 31 | | | | 31 | 1034.31 | fee schedule | |
| HC SKULL COMPLETE 4/> VIEWS; SURGICAL | 70260 | CPT | | | | both | | | 1088.75 | 144.6 | First Health | First Health | 762.13 | 70 | | | 31 | 1034.31 | percent of total billed charges | |
| HC SKULL COMPLETE 4/> VIEWS; SURGICAL | 70260 | CPT | | | | both | | | 1088.75 | 144.6 | Aetna | Commercial | 413.73 | 38 | | | 31 | 1034.31 | percent of total billed charges | |
| HC SKULL COMPLETE 4/> VIEWS; SURGICAL | 70260 | CPT | | | | both | | | 1088.75 | 144.6 | Americare | Americare | 816.56 | 75 | | | 31 | 1034.31 | percent of total billed charges | |
| HC SKULL COMPLETE 4/> VIEWS; SURGICAL | 70260 | CPT | | | | both | | | 1088.75 | 144.6 | Wellcare | Medicare | 125.74 | | | | 31 | 1034.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SKULL COMPLETE 4/> VIEWS; SURGICAL | 70260 | CPT | | | | both | | | 1088.75 | 144.6 | Horizon | MGD | 243.31 | | | | 31 | 1034.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SKULL COMPLETE 4/> VIEWS; SURGICAL | 70260 | CPT | | | | both | | | 1088.75 | 144.6 | Multiplan | Multiplan | 871 | 80 | | | 31 | 1034.31 | percent of total billed charges | |
| HC SKULL COMPLETE 4/> VIEWS; SURGICAL | 70260 | CPT | | | | both | | | 1088.75 | 144.6 | Consumer | Consumer | 1034.31 | 95 | | | 31 | 1034.31 | percent of total billed charges | |
| HC SKULL COMPLETE 4/> VIEWS; SURGICAL | 70260 | CPT | | | | both | | | 1088.75 | 144.6 | Horizon | Medicare Blue | 125.74 | | | 131.02 | 31 | 1034.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SKULL COMPLETE 4/> VIEWS; SURGICAL | 70260 | CPT | | | | both | | | 1088.75 | 144.6 | Horizon | NJ Health | 53.9 | | | 142.42 | 31 | 1034.31 | fee schedule | |
| HC SKULL COMPLETE 4/> VIEWS; SURGICAL | 70260 | CPT | | | | both | | | 1088.75 | 144.6 | Qualcare | Qualcare | 816.56 | 75 | | | 31 | 1034.31 | percent of total billed charges | |
| HC SKULL COMPLETE 4/> VIEWS; SURGICAL | 70260 | CPT | | | | both | | | 1088.75 | 144.6 | First Trenton | First Trenton | 979.88 | 90 | | | 31 | 1034.31 | percent of total billed charges | |
| HC SKULL COMPLETE 4/> VIEWS; SURGICAL | 70260 | CPT | | | | both | | | 1088.75 | 144.6 | UHC | Medicaid | 343.5 | 31.55 | | 239.16 | 31 | 1034.31 | percent of total billed charges | |
| HC SKULL COMPLETE 4/> VIEWS; SURGICAL | 70260 | CPT | | | | both | | | 1088.75 | 144.6 | Wellcare | Medicaid | 343.5 | 31.55 | | 44.91 | 31 | 1034.31 | percent of total billed charges | |
| HC SKULL COMPLETE 4/> VIEWS; SURGICAL | 70260 | CPT | | | | both | | | 1088.75 | 144.6 | Managed Care Inc | Managed Care Inc | 979.88 | 90 | | | 31 | 1034.31 | percent of total billed charges | |
| HC SKULL COMPLETE 4/> VIEWS; SURGICAL | 70260 | CPT | | | | both | | | 1088.75 | 144.6 | WellPoint | WellPoint | 350.36 | 32.18 | | 42.26 | 31 | 1034.31 | percent of total billed charges | |
| HC SKULL COMPLETE 4/> VIEWS; SURGICAL | 70260 | CPT | | | | both | | | 1088.75 | 144.6 | Three Rivers | Three Rivers | 1034.31 | 95 | | | 31 | 1034.31 | percent of total billed charges | |
| HC SKULL COMPLETE 4/> VIEWS; SURGICAL | 70260 | CPT | | | | both | | | 1088.75 | 144.6 | UHC | Medicare | 125.74 | | | 67.69 | 31 | 1034.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RADIOLOGIC EXAMINATION TEETH 1 VIEW | 70300 | CPT | | | | outpatient | | | 132.81 | 119.52 | Aetna | Better Health | 41.9 | 31.55 | | | 9.3 | 201.1 | percent of total billed charges | |
| HC RADIOLOGIC EXAMINATION TEETH 1 VIEW | 70300 | CPT | | | | outpatient | | | 132.81 | 119.52 | Aetna | Medicare | 103.93 | | | | 9.3 | 201.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RADIOLOGIC EXAMINATION TEETH 1 VIEW | 70300 | CPT | | | | outpatient | | | 132.81 | 119.52 | Horizon | PPO | 201.1 | | | | 9.3 | 201.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RADIOLOGIC EXAMINATION TEETH 1 VIEW | 70300 | CPT | | | | outpatient | | | 132.81 | 119.52 | Consumer | Consumer | 126.17 | 95 | | | 9.3 | 201.1 | percent of total billed charges | |
| HC RADIOLOGIC EXAMINATION TEETH 1 VIEW | 70300 | CPT | | | | outpatient | | | 132.81 | 119.52 | First Health | First Health | 92.97 | 70 | | | 9.3 | 201.1 | percent of total billed charges | |
| HC RADIOLOGIC EXAMINATION TEETH 1 VIEW | 70300 | CPT | | | | outpatient | | | 132.81 | 119.52 | Aetna | Commercial | 50.47 | 38 | | | 9.3 | 201.1 | percent of total billed charges | |
| HC RADIOLOGIC EXAMINATION TEETH 1 VIEW | 70300 | CPT | | | | outpatient | | | 132.81 | 119.52 | First Trenton | First Trenton | 119.53 | 90 | | | 9.3 | 201.1 | percent of total billed charges | |
| HC RADIOLOGIC EXAMINATION TEETH 1 VIEW | 70300 | CPT | | | | outpatient | | | 132.81 | 119.52 | Corrections | Corrections | 106.25 | 80 | | | 9.3 | 201.1 | percent of total billed charges | |
| HC RADIOLOGIC EXAMINATION TEETH 1 VIEW | 70300 | CPT | | | | outpatient | | | 132.81 | 119.52 | UHC | Medicare | 103.93 | | | | 9.3 | 201.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RADIOLOGIC EXAMINATION TEETH 1 VIEW | 70300 | CPT | | | | outpatient | | | 132.81 | 119.52 | Americare | Americare | 99.61 | 75 | | | 9.3 | 201.1 | percent of total billed charges | |
| HC RADIOLOGIC EXAMINATION TEETH 1 VIEW | 70300 | CPT | | | | outpatient | | | 132.81 | 119.52 | UHC | Medicaid | 41.9 | 31.55 | | | 9.3 | 201.1 | percent of total billed charges | |
| HC RADIOLOGIC EXAMINATION TEETH 1 VIEW | 70300 | CPT | | | | outpatient | | | 132.81 | 119.52 | Horizon | NJ Health | 9.8 | | | | 9.3 | 201.1 | fee schedule | |
| HC RADIOLOGIC EXAMINATION TEETH 1 VIEW | 70300 | CPT | | | | outpatient | | | 132.81 | 119.52 | Multiplan | Multiplan | 106.25 | 80 | | | 9.3 | 201.1 | percent of total billed charges | |
| HC RADIOLOGIC EXAMINATION TEETH 1 VIEW | 70300 | CPT | | | | outpatient | | | 132.81 | 119.52 | Amerihealth | HMO/PPO | 9.3 | | | | 9.3 | 201.1 | fee schedule | |
| HC RADIOLOGIC EXAMINATION TEETH 1 VIEW | 70300 | CPT | | | | outpatient | | | 132.81 | 119.52 | Horizon | Indemnity | 201.1 | | | | 9.3 | 201.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RADIOLOGIC EXAMINATION TEETH 1 VIEW | 70300 | CPT | | | | outpatient | | | 132.81 | 119.52 | Horizon | MGD | 201.1 | | | | 9.3 | 201.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RADIOLOGIC EXAMINATION TEETH 1 VIEW | 70300 | CPT | | | | outpatient | | | 132.81 | 119.52 | Qualcare | Qualcare | 99.61 | 75 | | | 9.3 | 201.1 | percent of total billed charges | |
| HC RADIOLOGIC EXAMINATION TEETH 1 VIEW | 70300 | CPT | | | | outpatient | | | 132.81 | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 9.3 | 201.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RADIOLOGIC EXAMINATION TEETH 1 VIEW | 70300 | CPT | | | | outpatient | | | 132.81 | 119.52 | Three Rivers | Three Rivers | 126.17 | 95 | | | 9.3 | 201.1 | percent of total billed charges | |
| HC RADIOLOGIC EXAMINATION TEETH 1 VIEW | 70300 | CPT | | | | outpatient | | | 132.81 | 119.52 | Managed Care Inc | Managed Care Inc | 119.53 | 90 | | | 9.3 | 201.1 | percent of total billed charges | |
| HC RADIOLOGIC EXAMINATION TEETH 1 VIEW | 70300 | CPT | | | | outpatient | | | 132.81 | 119.52 | Wellcare | Medicaid | 41.9 | 31.55 | | | 9.3 | 201.1 | percent of total billed charges | |
| HC RADIOLOGIC EXAMINATION TEETH 1 VIEW | 70300 | CPT | | | | outpatient | | | 132.81 | 119.52 | WellPoint | WellPoint | 42.74 | 32.18 | | | 9.3 | 201.1 | percent of total billed charges | |
| HC RADIOLOGIC EXAMINATION TEETH 1 VIEW | 70300 | CPT | | | | outpatient | | | 132.81 | 119.52 | Wellcare | Medicare | 103.93 | | | | 9.3 | 201.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TEETH OCCLUSAL PARTIAL EXAM | 70310 | CPT | | | | outpatient | | | 853 | 322.28 | Aetna | Medicare | 280.24 | | | | 14.26 | 810.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TEETH OCCLUSAL PARTIAL EXAM | 70310 | CPT | | | | outpatient | | | 853 | 322.28 | Corrections | Corrections | 682.4 | 80 | | | 14.26 | 810.35 | percent of total billed charges | |
| HC TEETH OCCLUSAL PARTIAL EXAM | 70310 | CPT | | | | outpatient | | | 853 | 322.28 | Americare | Americare | 639.75 | 75 | | | 14.26 | 810.35 | percent of total billed charges | |
| HC TEETH OCCLUSAL PARTIAL EXAM | 70310 | CPT | | | | outpatient | | | 853 | 322.28 | First Health | First Health | 597.1 | 70 | | | 14.26 | 810.35 | percent of total billed charges | |
| HC TEETH OCCLUSAL PARTIAL EXAM | 70310 | CPT | | | | outpatient | | | 853 | 322.28 | Aetna | Better Health | 269.12 | 31.55 | | | 14.26 | 810.35 | percent of total billed charges | |
| HC TEETH OCCLUSAL PARTIAL EXAM | 70310 | CPT | | | | outpatient | | | 853 | 322.28 | Multiplan | Multiplan | 682.4 | 80 | | | 14.26 | 810.35 | percent of total billed charges | |
| HC TEETH OCCLUSAL PARTIAL EXAM | 70310 | CPT | | | | outpatient | | | 853 | 322.28 | First Trenton | First Trenton | 767.7 | 90 | | | 14.26 | 810.35 | percent of total billed charges | |
| HC TEETH OCCLUSAL PARTIAL EXAM | 70310 | CPT | | | | outpatient | | | 853 | 322.28 | Consumer | Consumer | 810.35 | 95 | | | 14.26 | 810.35 | percent of total billed charges | |
| HC TEETH OCCLUSAL PARTIAL EXAM | 70310 | CPT | | | | outpatient | | | 853 | 322.28 | UHC | Medicare | 280.24 | | | | 14.26 | 810.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TEETH OCCLUSAL PARTIAL EXAM | 70310 | CPT | | | | outpatient | | | 853 | 322.28 | Horizon | NJ Health | 24.25 | | | | 14.26 | 810.35 | fee schedule | |
| HC TEETH OCCLUSAL PARTIAL EXAM | 70310 | CPT | | | | outpatient | | | 853 | 322.28 | Amerihealth | HMO/PPO | 14.26 | | | | 14.26 | 810.35 | fee schedule | |
| HC TEETH OCCLUSAL PARTIAL EXAM | 70310 | CPT | | | | outpatient | | | 853 | 322.28 | Wellcare | Medicaid | 269.12 | 31.55 | | | 14.26 | 810.35 | percent of total billed charges | |
| HC TEETH OCCLUSAL PARTIAL EXAM | 70310 | CPT | | | | outpatient | | | 853 | 322.28 | Aetna | Commercial | 324.14 | 38 | | | 14.26 | 810.35 | percent of total billed charges | |
| HC TEETH OCCLUSAL PARTIAL EXAM | 70310 | CPT | | | | outpatient | | | 853 | 322.28 | Qualcare | Qualcare | 639.75 | 75 | | | 14.26 | 810.35 | percent of total billed charges | |
| HC TEETH OCCLUSAL PARTIAL EXAM | 70310 | CPT | | | | outpatient | | | 853 | 322.28 | Managed Care Inc | Managed Care Inc | 767.7 | 90 | | | 14.26 | 810.35 | percent of total billed charges | |
| HC TEETH OCCLUSAL PARTIAL EXAM | 70310 | CPT | | | | outpatient | | | 853 | 322.28 | Horizon | Medicare Blue | 280.24 | | | | 14.26 | 810.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TEETH OCCLUSAL PARTIAL EXAM | 70310 | CPT | | | | outpatient | | | 853 | 322.28 | Horizon | MGD | 542.26 | | | | 14.26 | 810.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TEETH OCCLUSAL PARTIAL EXAM | 70310 | CPT | | | | outpatient | | | 853 | 322.28 | Wellcare | Medicare | 280.24 | | | | 14.26 | 810.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TEETH OCCLUSAL PARTIAL EXAM | 70310 | CPT | | | | outpatient | | | 853 | 322.28 | Horizon | Indemnity | 542.26 | | | | 14.26 | 810.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TEETH OCCLUSAL PARTIAL EXAM | 70310 | CPT | | | | outpatient | | | 853 | 322.28 | UHC | Medicaid | 269.12 | 31.55 | | | 14.26 | 810.35 | percent of total billed charges | |
| HC TEETH OCCLUSAL PARTIAL EXAM | 70310 | CPT | | | | outpatient | | | 853 | 322.28 | Horizon | PPO | 542.26 | | | | 14.26 | 810.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TEETH OCCLUSAL PARTIAL EXAM | 70310 | CPT | | | | outpatient | | | 853 | 322.28 | Three Rivers | Three Rivers | 810.35 | 95 | | | 14.26 | 810.35 | percent of total billed charges | |
| HC TEETH OCCLUSAL PARTIAL EXAM | 70310 | CPT | | | | outpatient | | | 853 | 322.28 | WellPoint | WellPoint | 274.5 | 32.18 | | | 14.26 | 810.35 | percent of total billed charges | |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH UNILAT; PORTABLE | 70328 | CPT | | | | outpatient | | | 937.5 | 119.52 | Americare | Americare | 703.13 | 75 | | | 17.98 | 890.63 | percent of total billed charges | |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH UNILAT; PORTABLE | 70328 | CPT | | | | outpatient | | | 937.5 | 119.52 | Consumer | Consumer | 890.63 | 95 | | | 17.98 | 890.63 | percent of total billed charges | |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH UNILAT; PORTABLE | 70328 | CPT | | | | outpatient | | | 937.5 | 119.52 | Corrections | Corrections | 750 | 80 | | | 17.98 | 890.63 | percent of total billed charges | |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH UNILAT; PORTABLE | 70328 | CPT | | | | outpatient | | | 937.5 | 119.52 | Aetna | Medicare | 103.93 | | | | 17.98 | 890.63 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH UNILAT; PORTABLE | 70328 | CPT | | | | outpatient | | | 937.5 | 119.52 | First Trenton | First Trenton | 843.75 | 90 | | | 17.98 | 890.63 | percent of total billed charges | |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH UNILAT; PORTABLE | 70328 | CPT | | | | outpatient | | | 937.5 | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 17.98 | 890.63 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH UNILAT; PORTABLE | 70328 | CPT | | | | outpatient | | | 937.5 | 119.52 | Multiplan | Multiplan | 750 | 80 | | | 17.98 | 890.63 | percent of total billed charges | |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH UNILAT; PORTABLE | 70328 | CPT | | | | outpatient | | | 937.5 | 119.52 | Aetna | Better Health | 295.78 | 31.55 | | | 17.98 | 890.63 | percent of total billed charges | |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH UNILAT; PORTABLE | 70328 | CPT | | | | outpatient | | | 937.5 | 119.52 | Amerihealth | HMO/PPO | 17.98 | | | | 17.98 | 890.63 | fee schedule | |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH UNILAT; PORTABLE | 70328 | CPT | | | | outpatient | | | 937.5 | 119.52 | Wellcare | Medicaid | 295.78 | 31.55 | | | 17.98 | 890.63 | percent of total billed charges | |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH UNILAT; PORTABLE | 70328 | CPT | | | | outpatient | | | 937.5 | 119.52 | UHC | Medicaid | 295.78 | 31.55 | | 229.03 | 17.98 | 890.63 | percent of total billed charges | |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH UNILAT; PORTABLE | 70328 | CPT | | | | outpatient | | | 937.5 | 119.52 | First Health | First Health | 656.25 | 70 | | | 17.98 | 890.63 | percent of total billed charges | |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH UNILAT; PORTABLE | 70328 | CPT | | | | outpatient | | | 937.5 | 119.52 | Horizon | NJ Health | 28.83 | | | | 17.98 | 890.63 | fee schedule | |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH UNILAT; PORTABLE | 70328 | CPT | | | | outpatient | | | 937.5 | 119.52 | Aetna | Commercial | 356.25 | 38 | | | 17.98 | 890.63 | percent of total billed charges | |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH UNILAT; PORTABLE | 70328 | CPT | | | | outpatient | | | 937.5 | 119.52 | Qualcare | Qualcare | 703.13 | 75 | | | 17.98 | 890.63 | percent of total billed charges | |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH UNILAT; PORTABLE | 70328 | CPT | | | | outpatient | | | 937.5 | 119.52 | Horizon | MGD | 201.1 | | | | 17.98 | 890.63 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH UNILAT; PORTABLE | 70328 | CPT | | | | outpatient | | | 937.5 | 119.52 | Horizon | Indemnity | 201.1 | | | | 17.98 | 890.63 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH UNILAT; PORTABLE | 70328 | CPT | | | | outpatient | | | 937.5 | 119.52 | Horizon | PPO | 201.1 | | | | 17.98 | 890.63 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH UNILAT; PORTABLE | 70328 | CPT | | | | outpatient | | | 937.5 | 119.52 | Wellcare | Medicare | 103.93 | | | | 17.98 | 890.63 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH UNILAT; PORTABLE | 70328 | CPT | | | | outpatient | | | 937.5 | 119.52 | UHC | Medicare | 103.93 | | | | 17.98 | 890.63 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH UNILAT; PORTABLE | 70328 | CPT | | | | outpatient | | | 937.5 | 119.52 | Managed Care Inc | Managed Care Inc | 843.75 | 90 | | | 17.98 | 890.63 | percent of total billed charges | |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH UNILAT; PORTABLE | 70328 | CPT | | | | outpatient | | | 937.5 | 119.52 | WellPoint | WellPoint | 301.69 | 32.18 | | | 17.98 | 890.63 | percent of total billed charges | |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH UNILAT; PORTABLE | 70328 | CPT | | | | outpatient | | | 937.5 | 119.52 | Three Rivers | Three Rivers | 890.63 | 95 | | | 17.98 | 890.63 | percent of total billed charges | |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT; PORTABLE | 70330 | CPT | | | | both | | | 761.25 | 119.52 | Aetna | Commercial | 289.28 | 38 | | | 26.66 | 723.19 | percent of total billed charges | |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT; PORTABLE | 70330 | CPT | | | | both | | | 761.25 | 119.52 | First Trenton | First Trenton | 685.13 | 90 | | | 26.66 | 723.19 | percent of total billed charges | |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT; PORTABLE | 70330 | CPT | | | | both | | | 761.25 | 119.52 | Aetna | Better Health | 240.17 | 31.55 | | | 26.66 | 723.19 | percent of total billed charges | |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT; PORTABLE | 70330 | CPT | | | | both | | | 761.25 | 119.52 | Multiplan | Multiplan | 609 | 80 | | | 26.66 | 723.19 | percent of total billed charges | |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT; PORTABLE | 70330 | CPT | | | | both | | | 761.25 | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 26.66 | 723.19 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT; PORTABLE | 70330 | CPT | | | | both | | | 761.25 | 119.52 | Amerihealth | HMO/PPO | 26.66 | | | | 26.66 | 723.19 | fee schedule | |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT; PORTABLE | 70330 | CPT | | | | both | | | 761.25 | 119.52 | Aetna | Medicare | 103.93 | | | | 26.66 | 723.19 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT; PORTABLE | 70330 | CPT | | | | both | | | 761.25 | 119.52 | Horizon | Indemnity | 201.1 | | | | 26.66 | 723.19 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT; PORTABLE | 70330 | CPT | | | | both | | | 761.25 | 119.52 | Americare | Americare | 570.94 | 75 | | | 26.66 | 723.19 | percent of total billed charges | |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT; PORTABLE | 70330 | CPT | | | | both | | | 761.25 | 119.52 | Managed Care Inc | Managed Care Inc | 685.13 | 90 | | | 26.66 | 723.19 | percent of total billed charges | |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT; PORTABLE | 70330 | CPT | | | | both | | | 761.25 | 119.52 | Consumer | Consumer | 723.19 | 95 | | | 26.66 | 723.19 | percent of total billed charges | |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT; PORTABLE | 70330 | CPT | | | | both | | | 761.25 | 119.52 | Qualcare | Qualcare | 570.94 | 75 | | | 26.66 | 723.19 | percent of total billed charges | |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT; PORTABLE | 70330 | CPT | | | | both | | | 761.25 | 119.52 | Three Rivers | Three Rivers | 723.19 | 95 | | | 26.66 | 723.19 | percent of total billed charges | |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT; PORTABLE | 70330 | CPT | | | | both | | | 761.25 | 119.52 | First Health | First Health | 532.88 | 70 | | | 26.66 | 723.19 | percent of total billed charges | |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT; PORTABLE | 70330 | CPT | | | | both | | | 761.25 | 119.52 | Corrections | Corrections | 609 | 80 | | | 26.66 | 723.19 | percent of total billed charges | |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT; PORTABLE | 70330 | CPT | | | | both | | | 761.25 | 119.52 | Horizon | PPO | 201.1 | | | | 26.66 | 723.19 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT; PORTABLE | 70330 | CPT | | | | both | | | 761.25 | 119.52 | Horizon | MGD | 201.1 | | | | 26.66 | 723.19 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT; PORTABLE | 70330 | CPT | | | | both | | | 761.25 | 119.52 | UHC | Medicaid | 240.17 | 31.55 | | | 26.66 | 723.19 | percent of total billed charges | |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT; PORTABLE | 70330 | CPT | | | | both | | | 761.25 | 119.52 | Horizon | NJ Health | 39.2 | | | | 26.66 | 723.19 | fee schedule | |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT; PORTABLE | 70330 | CPT | | | | both | | | 761.25 | 119.52 | UHC | Medicare | 103.93 | | | | 26.66 | 723.19 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT; PORTABLE | 70330 | CPT | | | | both | | | 761.25 | 119.52 | Wellcare | Medicaid | 240.17 | 31.55 | | | 26.66 | 723.19 | percent of total billed charges | |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT; PORTABLE | 70330 | CPT | | | | both | | | 761.25 | 119.52 | WellPoint | WellPoint | 244.97 | 32.18 | | | 26.66 | 723.19 | percent of total billed charges | |
| HC TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT; PORTABLE | 70330 | CPT | | | | both | | | 761.25 | 119.52 | Wellcare | Medicare | 103.93 | | | | 26.66 | 723.19 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI TEMPOROMANDIBULAR JOINT | 70336 | CPT | | | | outpatient | | | 3002 | 322.28 | Corrections | Corrections | 2401.6 | 80 | | | 280.24 | 2851.9 | percent of total billed charges | |
| HC MRI TEMPOROMANDIBULAR JOINT | 70336 | CPT | | | | outpatient | | | 3002 | 322.28 | Amerihealth | HMO/PPO | 294.5 | | | | 280.24 | 2851.9 | fee schedule | |
| HC MRI TEMPOROMANDIBULAR JOINT | 70336 | CPT | | | | outpatient | | | 3002 | 322.28 | Aetna | Medicare | 280.24 | | | | 280.24 | 2851.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI TEMPOROMANDIBULAR JOINT | 70336 | CPT | | | | outpatient | | | 3002 | 322.28 | Americare | Americare | 2251.5 | 75 | | | 280.24 | 2851.9 | percent of total billed charges | |
| HC MRI TEMPOROMANDIBULAR JOINT | 70336 | CPT | | | | outpatient | | | 3002 | 322.28 | Consumer | Consumer | 2851.9 | 95 | | | 280.24 | 2851.9 | percent of total billed charges | |
| HC MRI TEMPOROMANDIBULAR JOINT | 70336 | CPT | | | | outpatient | | | 3002 | 322.28 | First Trenton | First Trenton | 2701.8 | 90 | | | 280.24 | 2851.9 | percent of total billed charges | |
| HC MRI TEMPOROMANDIBULAR JOINT | 70336 | CPT | | | | outpatient | | | 3002 | 322.28 | Aetna | Better Health | 947.13 | 31.55 | | | 280.24 | 2851.9 | percent of total billed charges | |
| HC MRI TEMPOROMANDIBULAR JOINT | 70336 | CPT | | | | outpatient | | | 3002 | 322.28 | Wellcare | Medicare | 280.24 | | | | 280.24 | 2851.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI TEMPOROMANDIBULAR JOINT | 70336 | CPT | | | | outpatient | | | 3002 | 322.28 | Horizon | Indemnity | 542.26 | | | | 280.24 | 2851.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI TEMPOROMANDIBULAR JOINT | 70336 | CPT | | | | outpatient | | | 3002 | 322.28 | Horizon | NJ Health | 588 | | | 588 | 280.24 | 2851.9 | fee schedule | |
| HC MRI TEMPOROMANDIBULAR JOINT | 70336 | CPT | | | | outpatient | | | 3002 | 322.28 | First Health | First Health | 2101.4 | 70 | | | 280.24 | 2851.9 | percent of total billed charges | |
| HC MRI TEMPOROMANDIBULAR JOINT | 70336 | CPT | | | | outpatient | | | 3002 | 322.28 | UHC | Medicaid | 947.13 | 31.55 | | | 280.24 | 2851.9 | percent of total billed charges | |
| HC MRI TEMPOROMANDIBULAR JOINT | 70336 | CPT | | | | outpatient | | | 3002 | 322.28 | Managed Care Inc | Managed Care Inc | 2701.8 | 90 | | | 280.24 | 2851.9 | percent of total billed charges | |
| HC MRI TEMPOROMANDIBULAR JOINT | 70336 | CPT | | | | outpatient | | | 3002 | 322.28 | Aetna | Commercial | 1140.76 | 38 | | | 280.24 | 2851.9 | percent of total billed charges | |
| HC MRI TEMPOROMANDIBULAR JOINT | 70336 | CPT | | | | outpatient | | | 3002 | 322.28 | Horizon | Medicare Blue | 280.24 | | | | 280.24 | 2851.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI TEMPOROMANDIBULAR JOINT | 70336 | CPT | | | | outpatient | | | 3002 | 322.28 | Horizon | MGD | 542.26 | | | | 280.24 | 2851.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI TEMPOROMANDIBULAR JOINT | 70336 | CPT | | | | outpatient | | | 3002 | 322.28 | Three Rivers | Three Rivers | 2851.9 | 95 | | | 280.24 | 2851.9 | percent of total billed charges | |
| HC MRI TEMPOROMANDIBULAR JOINT | 70336 | CPT | | | | outpatient | | | 3002 | 322.28 | Multiplan | Multiplan | 2401.6 | 80 | | | 280.24 | 2851.9 | percent of total billed charges

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC CEPHALOGRAM ORTHODONTIC | 70350 | CPT | | | | outpatient | | | 319 | 119.52 | First Health | First Health | 223.3 | 70 | | | 13.64 | 303.05 | percent of total billed charges | |
| HC CEPHALOGRAM ORTHODONTIC | 70350 | CPT | | | | outpatient | | | 319 | 119.52 | Amerihealth | HMO/PPO | 13.64 | | | | 13.64 | 303.05 | fee schedule | |
| HC CEPHALOGRAM ORTHODONTIC | 70350 | CPT | | | | outpatient | | | 319 | 119.52 | Managed Care Inc | Managed Care Inc | 287.1 | 90 | | | 13.64 | 303.05 | percent of total billed charges | |
| HC CEPHALOGRAM ORTHODONTIC | 70350 | CPT | | | | outpatient | | | 319 | 119.52 | Horizon | MGD | 201.1 | | | | 13.64 | 303.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CEPHALOGRAM ORTHODONTIC | 70350 | CPT | | | | outpatient | | | 319 | 119.52 | Consumer | Consumer | 303.05 | 95 | | | 13.64 | 303.05 | percent of total billed charges | |
| HC CEPHALOGRAM ORTHODONTIC | 70350 | CPT | | | | outpatient | | | 319 | 119.52 | Horizon | PPO | 201.1 | | | 5.22 | 13.64 | 303.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CEPHALOGRAM ORTHODONTIC | 70350 | CPT | | | | outpatient | | | 319 | 119.52 | UHC | Medicare | 103.93 | | | | 13.64 | 303.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CEPHALOGRAM ORTHODONTIC | 70350 | CPT | | | | outpatient | | | 319 | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 13.64 | 303.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CEPHALOGRAM ORTHODONTIC | 70350 | CPT | | | | outpatient | | | 319 | 119.52 | Wellcare | Medicare | 103.93 | | | | 13.64 | 303.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CEPHALOGRAM ORTHODONTIC | 70350 | CPT | | | | outpatient | | | 319 | 119.52 | Corrections | Corrections | 255.2 | 80 | | 67.34 | 13.64 | 303.05 | percent of total billed charges | |
| HC CEPHALOGRAM ORTHODONTIC | 70350 | CPT | | | | outpatient | | | 319 | 119.52 | WellPoint | WellPoint | 102.65 | 32.18 | | 59.52 | 13.64 | 303.05 | percent of total billed charges | |
| HC CEPHALOGRAM ORTHODONTIC | 70350 | CPT | | | | outpatient | | | 319 | 119.52 | Multiplan | Multiplan | 255.2 | 80 | | | 13.64 | 303.05 | percent of total billed charges | |
| HC CEPHALOGRAM ORTHODONTIC | 70350 | CPT | | | | outpatient | | | 319 | 119.52 | Horizon | Indemnity | 201.1 | | | 108.11 | 13.64 | 303.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CEPHALOGRAM ORTHODONTIC | 70350 | CPT | | | | outpatient | | | 319 | 119.52 | Qualcare | Qualcare | 239.25 | 75 | | | 13.64 | 303.05 | percent of total billed charges | |
| HC CEPHALOGRAM ORTHODONTIC | 70350 | CPT | | | | outpatient | | | 319 | 119.52 | Horizon | NJ Health | 18.97 | | | | 13.64 | 303.05 | fee schedule | |
| HC CEPHALOGRAM ORTHODONTIC | 70350 | CPT | | | | outpatient | | | 319 | 119.52 | Three Rivers | Three Rivers | 303.05 | 95 | | | 13.64 | 303.05 | percent of total billed charges | |
| HC CEPHALOGRAM ORTHODONTIC | 70350 | CPT | | | | outpatient | | | 319 | 119.52 | Wellcare | Medicaid | 100.64 | 31.55 | | | 13.64 | 303.05 | percent of total billed charges | |
| HC ORTHOPANTOGRAM (PANORAMIC XR OF JAWS) | 70355 | CPT | | | | both | | | 319 | 119.52 | UHC | Medicaid | 100.64 | 31.55 | | 36.43 | 22.94 | 303.05 | percent of total billed charges | |
| HC ORTHOPANTOGRAM (PANORAMIC XR OF JAWS) | 70355 | CPT | | | | both | | | 319 | 119.52 | Corrections | Corrections | 255.2 | 80 | | 24.43 | 22.94 | 303.05 | percent of total billed charges | |
| HC ORTHOPANTOGRAM (PANORAMIC XR OF JAWS) | 70355 | CPT | | | | both | | | 319 | 119.52 | Consumer | Consumer | 303.05 | 95 | | | 22.94 | 303.05 | percent of total billed charges | |
| HC ORTHOPANTOGRAM (PANORAMIC XR OF JAWS) | 70355 | CPT | | | | both | | | 319 | 119.52 | Aetna | Better Health | 100.64 | 31.55 | | 50.51 | 22.94 | 303.05 | percent of total billed charges | |
| HC ORTHOPANTOGRAM (PANORAMIC XR OF JAWS) | 70355 | CPT | | | | both | | | 319 | 119.52 | Aetna | Commercial | 121.22 | 38 | | 57.41 | 22.94 | 303.05 | percent of total billed charges | |
| HC ORTHOPANTOGRAM (PANORAMIC XR OF JAWS) | 70355 | CPT | | | | both | | | 319 | 119.52 | Americare | Americare | 239.25 | 75 | | | 22.94 | 303.05 | percent of total billed charges | |
| HC ORTHOPANTOGRAM (PANORAMIC XR OF JAWS) | 70355 | CPT | | | | both | | | 319 | 119.52 | Wellcare | Medicare | 103.93 | | | | 22.94 | 303.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORTHOPANTOGRAM (PANORAMIC XR OF JAWS) | 70355 | CPT | | | | both | | | 319 | 119.52 | Aetna | Medicare | 103.93 | | | | 22.94 | 303.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORTHOPANTOGRAM (PANORAMIC XR OF JAWS) | 70355 | CPT | | | | both | | | 319 | 119.52 | WellPoint | WellPoint | 102.65 | 32.18 | | 67.73 | 22.94 | 303.05 | percent of total billed charges | |
| HC ORTHOPANTOGRAM (PANORAMIC XR OF JAWS) | 70355 | CPT | | | | both | | | 319 | 119.52 | Horizon | Indemnity | 201.1 | | | 103.96 | 22.94 | 303.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORTHOPANTOGRAM (PANORAMIC XR OF JAWS) | 70355 | CPT | | | | both | | | 319 | 119.52 | Horizon | MGD | 201.1 | | | 139.03 | 22.94 | 303.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORTHOPANTOGRAM (PANORAMIC XR OF JAWS) | 70355 | CPT | | | | both | | | 319 | 119.52 | Horizon | PPO | 201.1 | | | 206.74 | 22.94 | 303.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORTHOPANTOGRAM (PANORAMIC XR OF JAWS) | 70355 | CPT | | | | both | | | 319 | 119.52 | First Health | First Health | 223.3 | 70 | | | 22.94 | 303.05 | percent of total billed charges | |
| HC ORTHOPANTOGRAM (PANORAMIC XR OF JAWS) | 70355 | CPT | | | | both | | | 319 | 119.52 | Amerihealth | HMO/PPO | 22.94 | | | 25.49 | 22.94 | 303.05 | fee schedule | |
| HC ORTHOPANTOGRAM (PANORAMIC XR OF JAWS) | 70355 | CPT | | | | both | | | 319 | 119.52 | UHC | Medicare | 103.93 | | | 80.6 | 22.94 | 303.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORTHOPANTOGRAM (PANORAMIC XR OF JAWS) | 70355 | CPT | | | | both | | | 319 | 119.52 | First Trenton | First Trenton | 287.1 | 90 | | | 22.94 | 303.05 | percent of total billed charges | |
| HC ORTHOPANTOGRAM (PANORAMIC XR OF JAWS) | 70355 | CPT | | | | both | | | 319 | 119.52 | Wellcare | Medicaid | 100.64 | 31.55 | | 84.14 | 22.94 | 303.05 | percent of total billed charges | |
| HC ORTHOPANTOGRAM (PANORAMIC XR OF JAWS) | 70355 | CPT | | | | both | | | 319 | 119.52 | Three Rivers | Three Rivers | 303.05 | 95 | | | 22.94 | 303.05 | percent of total billed charges | |
| HC ORTHOPANTOGRAM (PANORAMIC XR OF JAWS) | 70355 | CPT | | | | both | | | 319 | 119.52 | Multiplan | Multiplan | 255.2 | 80 | | | 22.94 | 303.05 | percent of total billed charges | |
| HC ORTHOPANTOGRAM (PANORAMIC XR OF JAWS) | 70355 | CPT | | | | both | | | 319 | 119.52 | Horizon | Medicare Blue | 103.93 | | | 55.82 | 22.94 | 303.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORTHOPANTOGRAM (PANORAMIC XR OF JAWS) | 70355 | CPT | | | | both | | | 319 | 119.52 | Qualcare | Qualcare | 239.25 | 75 | | | 22.94 | 303.05 | percent of total billed charges | |
| HC ORTHOPANTOGRAM (PANORAMIC XR OF JAWS) | 70355 | CPT | | | | both | | | 319 | 119.52 | Horizon | NJ Health | 27.44 | | | 9.58 | 22.94 | 303.05 | fee schedule | |
| HC ORTHOPANTOGRAM (PANORAMIC XR OF JAWS) | 70355 | CPT | | | | both | | | 319 | 119.52 | Managed Care Inc | Managed Care Inc | 287.1 | 90 | | | 22.94 | 303.05 | percent of total billed charges | |
| HC NECK SOFT TISSUE | 70360 | CPT | | | | both | | | 505 | 119.52 | Corrections | Corrections | 404 | 80 | | | 14.88 | 479.75 | percent of total billed charges | |
| HC NECK SOFT TISSUE | 70360 | CPT | | | | both | | | 505 | 119.52 | Aetna | Commercial | 191.9 | 38 | | | 14.88 | 479.75 | percent of total billed charges | |
| HC NECK SOFT TISSUE | 70360 | CPT | | | | both | | | 505 | 119.52 | First Health | First Health | 353.5 | 70 | | | 14.88 | 479.75 | percent of total billed charges | |
| HC NECK SOFT TISSUE | 70360 | CPT | | | | both | | | 505 | 119.52 | Aetna | Better Health | 159.33 | 31.55 | | 125.97 | 14.88 | 479.75 | percent of total billed charges | |
| HC NECK SOFT TISSUE | 70360 | CPT | | | | both | | | 505 | 119.52 | First Trenton | First Trenton | 454.5 | 90 | | | 14.88 | 479.75 | percent of total billed charges | |
| HC NECK SOFT TISSUE | 70360 | CPT | | | | both | | | 505 | 119.52 | Aetna | Medicare | 103.93 | | | | 14.88 | 479.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NECK SOFT TISSUE | 70360 | CPT | | | | both | | | 505 | 119.52 | Consumer | Consumer | 479.75 | 95 | | | 14.88 | 479.75 | percent of total billed charges | |
| HC NECK SOFT TISSUE | 70360 | CPT | | | | both | | | 505 | 119.52 | Americare | Americare | 378.75 | 75 | | | 14.88 | 479.75 | percent of total billed charges | |
| HC NECK SOFT TISSUE | 70360 | CPT | | | | both | | | 505 | 119.52 | Managed Care Inc | Managed Care Inc | 454.5 | 90 | | | 14.88 | 479.75 | percent of total billed charges | |
| HC NECK SOFT TISSUE | 70360 | CPT | | | | both | | | 505 | 119.52 | Horizon | NJ Health | 25.3 | | | 119.83 | 14.88 | 479.75 | fee schedule | |
| HC NECK SOFT TISSUE | 70360 | CPT | | | | both | | | 505 | 119.52 | Horizon | MGD | 201.1 | | | 140.23 | 14.88 | 479.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NECK SOFT TISSUE | 70360 | CPT | | | | both | | | 505 | 119.52 | Three Rivers | Three Rivers | 479.75 | 95 | | | 14.88 | 479.75 | percent of total billed charges | |
| HC NECK SOFT TISSUE | 70360 | CPT | | | | both | | | 505 | 119.52 | Wellcare | Medicare | 103.93 | | | | 14.88 | 479.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NECK SOFT TISSUE | 70360 | CPT | | | | both | | | 505 | 119.52 | Amerihealth | HMO/PPO | 14.88 | | | | 14.88 | 479.75 | fee schedule | |
| HC NECK SOFT TISSUE | 70360 | CPT | | | | both | | | 505 | 119.52 | Horizon | Medicare Blue | 103.93 | | | 81.48 | 14.88 | 479.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NECK SOFT TISSUE | 70360 | CPT | | | | both | | | 505 | 119.52 | WellPoint | WellPoint | 162.51 | 32.18 | | 148.47 | 14.88 | 479.75 | percent of total billed charges | |
| HC NECK SOFT TISSUE | 70360 | CPT | | | | both | | | 505 | 119.52 | Multiplan | Multiplan | 404 | 80 | | | 14.88 | 479.75 | percent of total billed charges | |
| HC NECK SOFT TISSUE | 70360 | CPT | | | | both | | | 505 | 119.52 | Horizon | Indemnity | 201.1 | | | | 14.88 | 479.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NECK SOFT TISSUE | 70360 | CPT | | | | both | | | 505 | 119.52 | Horizon | PPO | 201.1 | | | 139.61 | 14.88 | 479.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NECK SOFT TISSUE | 70360 | CPT | | | | both | | | 505 | 119.52 | UHC | Medicare | 103.93 | | | | 14.88 | 479.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NECK SOFT TISSUE | 70360 | CPT | | | | both | | | 505 | 119.52 | Qualcare | Qualcare | 378.75 | 75 | | | 14.88 | 479.75 | percent of total billed charges | |
| HC NECK SOFT TISSUE | 70360 | CPT | | | | both | | | 505 | 119.52 | Wellcare | Medicaid | 159.33 | 31.55 | | 120.08 | 14.88 | 479.75 | percent of total billed charges | |
| HC NECK SOFT TISSUE | 70360 | CPT | | | | both | | | 505 | 119.52 | UHC | Medicaid | 159.33 | 31.55 | | 145.06 | 14.88 | 479.75 | percent of total billed charges | |
| HC CT HEAD/BRAIN WO CONTRAST | 70450 | CPT | | | | both | | | 2486 | 144.6 | Corrections | Corrections | 1988.8 | 80 | | 556.82 | 125.74 | 2361.7 | percent of total billed charges | |
| HC CT HEAD/BRAIN WO CONTRAST | 70450 | CPT | | | | both | | | 2486 | 144.6 | Aetna | Commercial | 944.68 | 38 | | 387.8 | 125.74 | 2361.7 | percent of total billed charges | |
| HC CT HEAD/BRAIN WO CONTRAST | 70450 | CPT | | | | both | | | 2486 | 144.6 | First Health | First Health | 1740.2 | 70 | | | 125.74 | 2361.7 | percent of total billed charges | |
| HC CT HEAD/BRAIN WO CONTRAST | 70450 | CPT | | | | both | | | 2486 | 144.6 | First Trenton | First Trenton | 2237.4 | 90 | | | 125.74 | 2361.7 | percent of total billed charges | |
| HC CT HEAD/BRAIN WO CONTRAST | 70450 | CPT | | | | both | | | 2486 | 144.6 | Aetna | Medicare | 125.74 | | | 321.45 | 125.74 | 2361.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEAD/BRAIN WO CONTRAST | 70450 | CPT | | | | both | | | 2486 | 144.6 | Amerihealth | HMO/PPO | 137.02 | | | 168.33 | 125.74 | 2361.7 | fee schedule | |
| HC CT HEAD/BRAIN WO CONTRAST | 70450 | CPT | | | | both | | | 2486 | 144.6 | Aetna | Better Health | 784.33 | 31.55 | | 658.53 | 125.74 | 2361.7 | percent of total billed charges | |
| HC CT HEAD/BRAIN WO CONTRAST | 70450 | CPT | | | | both | | | 2486 | 144.6 | Americare | Americare | 1864.5 | 75 | | | 125.74 | 2361.7 | percent of total billed charges | |
| HC CT HEAD/BRAIN WO CONTRAST | 70450 | CPT | | | | both | | | 2486 | 144.6 | Multiplan | Multiplan | 1988.8 | 80 | | | 125.74 | 2361.7 | percent of total billed charges | |
| HC CT HEAD/BRAIN WO CONTRAST | 70450 | CPT | | | | both | | | 2486 | 144.6 | Horizon | NJ Health | 269.5 | | | 154.45 | 125.74 | 2361.7 | fee schedule | |
| HC CT HEAD/BRAIN WO CONTRAST | 70450 | CPT | | | | both | | | 2486 | 144.6 | Three Rivers | Three Rivers | 2361.7 | 95 | | | 125.74 | 2361.7 | percent of total billed charges | |
| HC CT HEAD/BRAIN WO CONTRAST | 70450 | CPT | | | | both | | | 2486 | 144.6 | Managed Care Inc | Managed Care Inc | 2237.4 | 90 | | | 125.74 | 2361.7 | percent of total billed charges | |
| HC CT HEAD/BRAIN WO CONTRAST | 70450 | CPT | | | | both | | | 2486 | 144.6 | Horizon | PPO | 243.31 | | | 438.51 | 125.74 | 2361.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEAD/BRAIN WO CONTRAST | 70450 | CPT | | | | both | | | 2486 | 144.6 | Horizon | Indemnity | 243.31 | | | 432.35 | 125.74 | 2361.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEAD/BRAIN WO CONTRAST | 70450 | CPT | | | | both | | | 2486 | 144.6 | Consumer | Consumer | 2361.7 | 95 | | | 125.74 | 2361.7 | percent of total billed charges | |
| HC CT HEAD/BRAIN WO CONTRAST | 70450 | CPT | | | | both | | | 2486 | 144.6 | UHC | Medicare | 125.74 | | | 296.69 | 125.74 | 2361.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEAD/BRAIN WO CONTRAST | 70450 | CPT | | | | both | | | 2486 | 144.6 | Qualcare | Qualcare | 1864.5 | 75 | | | 125.74 | 2361.7 | percent of total billed charges | |
| HC CT HEAD/BRAIN WO CONTRAST | 70450 | CPT | | | | both | | | 2486 | 144.6 | Horizon | MGD | 243.31 | | | 497.88 | 125.74 | 2361.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEAD/BRAIN WO CONTRAST | 70450 | CPT | | | | both | | | 2486 | 144.6 | Wellcare | Medicaid | 784.33 | 31.55 | | 621.99 | 125.74 | 2361.7 | percent of total billed charges | |
| HC CT HEAD/BRAIN WO CONTRAST | 70450 | CPT | | | | both | | | 2486 | 144.6 | WellPoint | WellPoint | 799.99 | 32.18 | | 510.47 | 125.74 | 2361.7 | percent of total billed charges | |
| HC CT HEAD/BRAIN WO CONTRAST | 70450 | CPT | | | | both | | | 2486 | 144.6 | UHC | Medicaid | 784.33 | 31.55 | | 654.23 | 125.74 | 2361.7 | percent of total billed charges | |
| HC CT HEAD/BRAIN WO CONTRAST | 70450 | CPT | | | | both | | | 2486 | 144.6 | Horizon | Medicare Blue | 125.74 | | | 240.93 | 125.74 | 2361.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEAD/BRAIN WO CONTRAST | 70450 | CPT | | | | both | | | 2486 | 144.6 | Wellcare | Medicare | 125.74 | | | 330.19 | 125.74 | 2361.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEAD/BRAIN W CONTRAST | 70460 | CPT | | | | both | | | 3081 | 241.65 | Horizon | Medicare Blue | 210.13 | | | | 164.92 | 2926.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEAD/BRAIN W CONTRAST | 70460 | CPT | | | | both | | | 3081 | 241.65 | First Health | First Health | 2156.7 | 70 | | | 164.92 | 2926.95 | percent of total billed charges | |
| HC CT HEAD/BRAIN W CONTRAST | 70460 | CPT | | | | both | | | 3081 | 241.65 | Aetna | Medicare | 210.13 | | | | 164.92 | 2926.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEAD/BRAIN W CONTRAST | 70460 | CPT | | | | both | | | 3081 | 241.65 | Corrections | Corrections | 2464.8 | 80 | | | 164.92 | 2926.95 | percent of total billed charges | |
| HC CT HEAD/BRAIN W CONTRAST | 70460 | CPT | | | | both | | | 3081 | 241.65 | Americare | Americare | 2310.75 | 75 | | | 164.92 | 2926.95 | percent of total billed charges | |
| HC CT HEAD/BRAIN W CONTRAST | 70460 | CPT | | | | both | | | 3081 | 241.65 | Amerihealth | HMO/PPO | 164.92 | | | 239.04 | 164.92 | 2926.95 | fee schedule | |
| HC CT HEAD/BRAIN W CONTRAST | 70460 | CPT | | | | both | | | 3081 | 241.65 | Horizon | PPO | 406.6 | | | 445.45 | 164.92 | 2926.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEAD/BRAIN W CONTRAST | 70460 | CPT | | | | both | | | 3081 | 241.65 | Aetna | Better Health | 972.06 | 31.55 | | | 164.92 | 2926.95 | percent of total billed charges | |
| HC CT HEAD/BRAIN W CONTRAST | 70460 | CPT | | | | both | | | 3081 | 241.65 | Consumer | Consumer | 2926.95 | 95 | | | 164.92 | 2926.95 | percent of total billed charges | |
| HC CT HEAD/BRAIN W CONTRAST | 70460 | CPT | | | | both | | | 3081 | 241.65 | Wellcare | Medicare | 210.13 | | | | 164.92 | 2926.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEAD/BRAIN W CONTRAST | 70460 | CPT | | | | both | | | 3081 | 241.65 | Wellcare | Medicaid | 972.06 | 31.55 | | | 164.92 | 2926.95 | percent of total billed charges | |
| HC CT HEAD/BRAIN W CONTRAST | 70460 | CPT | | | | both | | | 3081 | 241.65 | Horizon | Indemnity | 406.6 | | | | 164.92 | 2926.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEAD/BRAIN W CONTRAST | 70460 | CPT | | | | both | | | 3081 | 241.65 | First Trenton | First Trenton | 2772.9 | 90 | | | 164.92 | 2926.95 | percent of total billed charges | |
| HC CT HEAD/BRAIN W CONTRAST | 70460 | CPT | | | | both | | | 3081 | 241.65 | Horizon | MGD | 406.6 | | | | 164.92 | 2926.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEAD/BRAIN W CONTRAST | 70460 | CPT | | | | both | | | 3081 | 241.65 | Horizon | NJ Health | 275.56 | | | | 164.92 | 2926.95 | fee schedule | |
| HC CT HEAD/BRAIN W CONTRAST | 70460 | CPT | | | | both | | | 3081 | 241.65 | Aetna | Commercial | 1170.78 | 38 | | | 164.92 | 2926.95 | percent of total billed charges | |
| HC CT HEAD/BRAIN W CONTRAST | 70460 | CPT | | | | both | | | 3081 | 241.65 | Managed Care Inc | Managed Care Inc | 2772.9 | 90 | | | 164.92 | 2926.95 | percent of total billed charges | |
| HC CT HEAD/BRAIN W CONTRAST | 70460 | CPT | | | | both | | | 3081 | 241.65 | UHC | Medicaid | 972.06 | 31.55 | | | 164.92 | 2926.95 | percent of total billed charges | |
| HC CT HEAD/BRAIN W CONTRAST | 70460 | CPT | | | | both | | | 3081 | 241.65 | Three Rivers | Three Rivers | 2926.95 | 95 | | | 164.92 | 2926.95 | percent of total billed charges | |
| HC CT HEAD/BRAIN W CONTRAST | 70460 | CPT | | | | both | | | 3081 | 241.65 | WellPoint | WellPoint | 991.47 | 32.18 | | | 164.92 | 2926.95 | percent of total billed charges | |
| HC CT HEAD/BRAIN W CONTRAST | 70460 | CPT | | | | both | | | 3081 | 241.65 | UHC | Medicare | 210.13 | | | 206.7 | 164.92 | 2926.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEAD/BRAIN W CONTRAST | 70460 | CPT | | | | both | | | 3081 | 241.65 | Multiplan | Multiplan | 2464.8 | 80 | | | 164.92 | 2926.95 | percent of total billed charges | |
| HC CT HEAD/BRAIN W CONTRAST | 70460 | CPT | | | | both | | | 3081 | 241.65 | Qualcare | Qualcare | 2310.75 | 75 | | | 164.92 | 2926.95 | percent of total billed charges | |
| HC CT HEAD/BRAIN WO/W CONTRAST | 70470 | CPT | | | | both | | | 3849 | 241.65 | Corrections | Corrections | 3079.2 | 80 | | | 202.12 | 3656.55 | percent of total billed charges | |
| HC CT HEAD/BRAIN WO/W CONTRAST | 70470 | CPT | | | | both | | | 3849 | 241.65 | Aetna | Medicare | 210.13 | | | | 202.12 | 3656.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEAD/BRAIN WO/W CONTRAST | 70470 | CPT | | | | both | | | 3849 | 241.65 | Amerihealth | HMO/PPO | 202.12 | | | | 202.12 | 3656.55 | fee schedule | |
| HC CT HEAD/BRAIN WO/W CONTRAST | 70470 | CPT | | | | both | | | 3849 | 241.65 | Americare | Americare | 2886.75 | 75 | | | 202.12 | 3656.55 | percent of total billed charges | |
| HC CT HEAD/BRAIN WO/W CONTRAST | 70470 | CPT | | | | both | | | 3849 | 241.65 | Consumer | Consumer | 3656.55 | 95 | | | 202.12 | 3656.55 | percent of total billed charges | |
| HC CT HEAD/BRAIN WO/W CONTRAST | 70470 | CPT | | | | both | | | 3849 | 241.65 | Aetna | Better Health | 1214.36 | 31.55 | | | 202.12 | 3656.55 | percent of total billed charges | |
| HC CT HEAD/BRAIN WO/W CONTRAST | 70470 | CPT | | | | both | | | 3849 | 241.65 | Horizon | Medicare Blue | 210.13 | | | | 202.12 | 3656.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEAD/BRAIN WO/W CONTRAST | 70470 | CPT | | | | both | | | 3849 | 241.65 | Horizon | MGD | 406.6 | | | | 202.12 | 3656.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEAD/BRAIN WO/W CONTRAST | 70470 | CPT | | | | both | | | 3849 | 241.65 | Horizon | Indemnity | 406.6 | | | | 202.12 | 3656.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEAD/BRAIN WO/W CONTRAST | 70470 | CPT | | | | both | | | 3849 | 241.65 | First Health | First Health | 2894.3 | 70 | | | 202.12 | 3656.55 | percent of total billed charges | |
| HC CT HEAD/BRAIN WO/W CONTRAST | 70470 | CPT | | | | both | | | 3849 | 241.65 | Wellcare | Medicaid | 1214.36 | 31.55 | | | 202.12 | 3656.55 | percent of total billed charges | |
| HC CT HEAD/BRAIN WO/W CONTRAST | 70470 | CPT | | | | both | | | 3849 | 241.65 | UHC | Medicaid | 1214.36 | 31.55 | | | 202.12 | 3656.55 | percent of total billed charges | |
| HC CT HEAD/BRAIN WO/W CONTRAST | 70470 | CPT | | | | both | | | 3849 | 241.65 | First Trenton | First Trenton | 3464.1 | 90 | | | 202.12 | 3656.55 | percent of total billed charges | |
| HC CT HEAD/BRAIN WO/W CONTRAST | 70470 | CPT | | | | both | | | 3849 | 241.65 | Aetna | Commercial | 1462.62 | 38 | | | 202.12 | 3656.55 | percent of total billed charges | |
| HC CT HEAD/BRAIN WO/W CONTRAST | 70470 | CPT | | | | both | | | 3849 | 241.65 | UHC | Medicare | 210.13 | | | | 202.12 | 3656.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEAD/BRAIN WO/W CONTRAST | 70470 | CPT | | | | both | | | 3849 | 241.65 | Multiplan | Multiplan | 3079.2 | 80 | | | 202.12 | 3656.55 | percent of total billed charges | |
| HC CT HEAD/BRAIN WO/W CONTRAST | 70470 | CPT | | | | both | | | 3849 | 241.65 | Horizon | PPO | 406.6 | | | | 202.12 | 3656.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEAD/BRAIN WO/W CONTRAST | 70470 | CPT | | | | both | | | 3849 | 241.65 | Qualcare | Qualcare | 2886.75 | 75 | | | 202.12 | 3656.55 | percent of total billed charges | |
| HC CT HEAD/BRAIN WO/W CONTRAST | 70470 | CPT | | | | both | | | 3849 | 241.65 | Wellcare | Medicare | 210.13 | | | | 202.12 | 3656.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEAD/BRAIN WO/W CONTRAST | 70470 | CPT | | | | both | | | 3849 | 241.65 | Horizon | NJ Health | 336.73 | | | | 202.12 | 3656.55 | fee schedule | |
| HC CT HEAD/BRAIN WO/W CONTRAST | 70470 | CPT | | | | both | | | 3849 | 241.65 | WellPoint | WellPoint | 1238.61 | 32.18 | | | 202.12 | 3656.55 | percent of total billed charges | |
| HC CT HEAD/BRAIN WO/W CONTRAST | 70470 | CPT | | | | both | | | 3849 | 241.65 | Managed Care Inc | Managed Care Inc | 3464.1 | 90 | | | 202.12 | 3656.55 | percent of total billed charges | |
| HC CT HEAD/BRAIN WO/W CONTRAST | 70470 | CPT | | | | both | | | 3849 | 241.65 | Three Rivers | Three Rivers | 3656.55 | 95 | | | 202.12 | 3656.55 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR WO CONTRAST | 70480 | CPT | | | | both | | | 513 | 144.6 | Horizon | MGD | 243.31 | | | 148.66 | 125.74 | 487.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ORBIT SELLA/POST FOSSA/EAR WO CONTRAST | 70480 | CPT | | | | both | | | 513 | 144.6 | Horizon | Medicare Blue | 125.74 | | | 34.86 | 125.74 | 487.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ORBIT SELLA/POST FOSSA/EAR WO CONTRAST | 70480 | CPT | | | | both | | | 513 | 144.6 | Consumer | Consumer | 487.35 | 95 | | | 125.74 | 487.35 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR WO CONTRAST | 70480 | CPT | | | | both | | | 513 | 144.6 | Horizon | Indemnity | 243.31 | | | 119.83 | 125.74 | 487.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ORBIT SELLA/POST FOSSA/EAR WO CONTRAST | 70480 | CPT | | | | both | | | 513 | 144.6 | First Health | First Health | 359.1 | 70 | | | 125.74 | 487.35 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR WO CONTRAST | 70480 | CPT | | | | both | | | 513 | 144.6 | Aetna | Commercial | 194.94 | 38 | | 133.42 | 125.74 | 487.35 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR WO CONTRAST | 70480 | CPT | | | | both | | | 513 | 144.6 | Aetna | Better Health | 161.85 | 31.55 | | | 125.74 | 487.35 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR WO CONTRAST | 70480 | CPT | | | | both | | | 513 | 144.6 | Americare | Americare | 384.75 | 75 | | | 125.74 | 487.35 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR WO CONTRAST | 70480 | CPT | | | | both | | | 513 | 144.6 | UHC | Medicare | 125.74 | | | 63.49 | 125.74 | 487.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ORBIT SELLA/POST FOSSA/EAR WO CONTRAST | 70480 | CPT | | | | both | | | 513 | 144.6 | First Trenton | First Trenton | 461.7 | 90 | | | 125.74 | 487.35 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR WO CONTRAST | 70480 | CPT | | | | both | | | 513 | 144.6 | Corrections | Corrections | 410.4 | 80 | | 143.75 | 125.74 | 487.35 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR WO CONTRAST | 70480 | CPT | | | | both | | | 513 | 144.6 | Amerihealth | HMO/PPO | 149.42 | | | | 125.74 | 487.35 | fee schedule | |
| HC CT ORBIT SELLA/POST FOSSA/EAR WO CONTRAST | 70480 | CPT | | | | both | | | 513 | 144.6 | Three Rivers | Three Rivers | 487.35 | 95 | | | 125.74 | 487.35 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR WO CONTRAST | 70480 | CPT | | | | both | | | 513 | 144.6 | WellPoint | WellPoint | 165.08 | 32.18 | | 107.96 | 125.74 | 487.35 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR WO CONTRAST | 70480 | CPT | | | | both | | | 513 | 144.6 | Aetna | Medicare | 125.74 | | | 111.15 | 125.74 | 487.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ORBIT SELLA/POST FOSSA/EAR WO CONTRAST | 70480 | CPT | | | | both | | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC CT ORBIT SELLA/POST FOSSA/EAR WO CONTRAST | 70480 | CPT | | | | both | | | 513 | 144.6 | UHC | Medicaid | 161.85 | 31.55 | | | 143.5 | 125.74 | 487.35 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR WO CONTRAST | 70480 | CPT | | | | both | | | 513 | 144.6 | Wellcare | Medicaid | 161.85 | 31.55 | | | 121.46 | 125.74 | 487.35 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR WO CONTRAST | 70480 | CPT | | | | both | | | 513 | 144.6 | Managed Care Inc | Managed Care Inc | 461.7 | 90 | | | | 125.74 | 487.35 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR WO CONTRAST | 70480 | CPT | | | | both | | | 513 | 144.6 | Wellcare | Medicare | 125.74 | | | | 113.17 | 125.74 | 487.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ORBIT SELLA/POST FOSSA/EAR WO CONTRAST | 70480 | CPT | | | | both | | | 513 | 144.6 | Horizon | NJ Health | 269.5 | | | | 83.98 | 125.74 | 487.35 | fee schedule | |
| HC CT ORBIT SELLA/POST FOSSA/EAR WO CONTRAST | 70480 | CPT | | | | both | | | 513 | 144.6 | Multiplan | Multiplan | 410.4 | 80 | | | | 125.74 | 487.35 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR WO CONTRAST | 70480 | CPT | | | | both | | | 513 | 144.6 | Qualcare | Qualcare | 384.75 | 75 | | | | 125.74 | 487.35 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR W CONTRAST | 70481 | CPT | | | | both | | | 1073 | 241.65 | Horizon | Indemnity | 406.6 | | | | 218.77 | 173.6 | 1019.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ORBIT SELLA/POST FOSSA/EAR W CONTRAST | 70481 | CPT | | | | both | | | 1073 | 241.65 | First Trenton | First Trenton | 965.7 | 90 | | | | 173.6 | 1019.35 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR W CONTRAST | 70481 | CPT | | | | both | | | 1073 | 241.65 | Aetna | Commercial | 407.74 | 38 | | | | 173.6 | 1019.35 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR W CONTRAST | 70481 | CPT | | | | both | | | 1073 | 241.65 | Aetna | Better Health | 338.53 | 31.55 | | | | 173.6 | 1019.35 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR W CONTRAST | 70481 | CPT | | | | both | | | 1073 | 241.65 | Americare | Americare | 804.75 | 75 | | | | 173.6 | 1019.35 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR W CONTRAST | 70481 | CPT | | | | both | | | 1073 | 241.65 | Horizon | PPO | 406.6 | | | | | 173.6 | 1019.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ORBIT SELLA/POST FOSSA/EAR W CONTRAST | 70481 | CPT | | | | both | | | 1073 | 241.65 | Aetna | Medicare | 210.13 | | | | | 173.6 | 1019.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ORBIT SELLA/POST FOSSA/EAR W CONTRAST | 70481 | CPT | | | | both | | | 1073 | 241.65 | Corrections | Corrections | 858.4 | 80 | | | 208.2 | 173.6 | 1019.35 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR W CONTRAST | 70481 | CPT | | | | both | | | 1073 | 241.65 | Horizon | NJ Health | 245 | | | | 230.78 | 173.6 | 1019.35 | fee schedule | |
| HC CT ORBIT SELLA/POST FOSSA/EAR W CONTRAST | 70481 | CPT | | | | both | | | 1073 | 241.65 | Managed Care Inc | Managed Care Inc | 965.7 | 90 | | | | 173.6 | 1019.35 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR W CONTRAST | 70481 | CPT | | | | both | | | 1073 | 241.65 | UHC | Medicaid | 338.53 | 31.55 | | | 249.08 | 173.6 | 1019.35 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR W CONTRAST | 70481 | CPT | | | | both | | | 1073 | 241.65 | Amerihealth | HMO/PPO | 173.6 | | | | | 173.6 | 1019.35 | fee schedule | |
| HC CT ORBIT SELLA/POST FOSSA/EAR W CONTRAST | 70481 | CPT | | | | both | | | 1073 | 241.65 | Three Rivers | Three Rivers | 1019.35 | 95 | | | | 173.6 | 1019.35 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR W CONTRAST | 70481 | CPT | | | | both | | | 1073 | 241.65 | UHC | Medicare | 210.13 | | | | 164.98 | 173.6 | 1019.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ORBIT SELLA/POST FOSSA/EAR W CONTRAST | 70481 | CPT | | | | both | | | 1073 | 241.65 | Consumer | Consumer | 1019.35 | 95 | | | | 173.6 | 1019.35 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR W CONTRAST | 70481 | CPT | | | | both | | | 1073 | 241.65 | Horizon | Medicare Blue | 210.13 | | | | | 173.6 | 1019.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ORBIT SELLA/POST FOSSA/EAR W CONTRAST | 70481 | CPT | | | | both | | | 1073 | 241.65 | Multiplan | Multiplan | 858.4 | 80 | | | | 173.6 | 1019.35 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR W CONTRAST | 70481 | CPT | | | | both | | | 1073 | 241.65 | WellPoint | WellPoint | 345.29 | 32.18 | | | | 173.6 | 1019.35 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR W CONTRAST | 70481 | CPT | | | | both | | | 1073 | 241.65 | Wellcare | Medicare | 210.13 | | | | | 173.6 | 1019.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ORBIT SELLA/POST FOSSA/EAR W CONTRAST | 70481 | CPT | | | | both | | | 1073 | 241.65 | First Health | First Health | 751.1 | 70 | | | | 173.6 | 1019.35 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR W CONTRAST | 70481 | CPT | | | | both | | | 1073 | 241.65 | Qualcare | Qualcare | 804.75 | 75 | | | | 173.6 | 1019.35 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR W CONTRAST | 70481 | CPT | | | | both | | | 1073 | 241.65 | Horizon | MGD | 406.6 | | | | 181.34 | 173.6 | 1019.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ORBIT SELLA/POST FOSSA/EAR W CONTRAST | 70481 | CPT | | | | both | | | 1073 | 241.65 | Wellcare | Medicaid | 338.53 | 31.55 | | | | 173.6 | 1019.35 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR W/O W CONTRAST | 70482 | CPT | | | | both | | | 3849 | 241.65 | Consumer | Consumer | 3656.55 | 95 | | | | 207.7 | 3656.55 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR W/O W CONTRAST | 70482 | CPT | | | | both | | | 3849 | 241.65 | Horizon | Medicare Blue | 210.13 | | | | | 207.7 | 3656.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ORBIT SELLA/POST FOSSA/EAR W/O W CONTRAST | 70482 | CPT | | | | both | | | 3849 | 241.65 | Horizon | MGD | 406.6 | | | | | 207.7 | 3656.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ORBIT SELLA/POST FOSSA/EAR W/O W CONTRAST | 70482 | CPT | | | | both | | | 3849 | 241.65 | Americare | Americare | 2886.75 | 75 | | | | 207.7 | 3656.55 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR W/O W CONTRAST | 70482 | CPT | | | | both | | | 3849 | 241.65 | Aetna | Better Health | 1214.36 | 31.55 | | | | 207.7 | 3656.55 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR W/O W CONTRAST | 70482 | CPT | | | | both | | | 3849 | 241.65 | UHC | Medicare | 210.13 | | | | | 207.7 | 3656.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ORBIT SELLA/POST FOSSA/EAR W/O W CONTRAST | 70482 | CPT | | | | both | | | 3849 | 241.65 | Amerihealth | HMO/PPO | 207.7 | | | | | 207.7 | 3656.55 | fee schedule | |
| HC CT ORBIT SELLA/POST FOSSA/EAR W/O W CONTRAST | 70482 | CPT | | | | both | | | 3849 | 241.65 | Aetna | Medicare | 210.13 | | | | | 207.7 | 3656.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ORBIT SELLA/POST FOSSA/EAR W/O W CONTRAST | 70482 | CPT | | | | both | | | 3849 | 241.65 | Corrections | Corrections | 3079.2 | 80 | | | | 207.7 | 3656.55 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR W/O W CONTRAST | 70482 | CPT | | | | both | | | 3849 | 241.65 | First Trenton | First Trenton | 3464.1 | 90 | | | | 207.7 | 3656.55 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR W/O W CONTRAST | 70482 | CPT | | | | both | | | 3849 | 241.65 | UHC | Medicaid | 1214.36 | 31.55 | | | 317.23 | 207.7 | 3656.55 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR W/O W CONTRAST | 70482 | CPT | | | | both | | | 3849 | 241.65 | Wellcare | Medicaid | 1214.36 | 31.55 | | | | 207.7 | 3656.55 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR W/O W CONTRAST | 70482 | CPT | | | | both | | | 3849 | 241.65 | Aetna | Commercial | 1462.62 | 38 | | | | 207.7 | 3656.55 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR W/O W CONTRAST | 70482 | CPT | | | | both | | | 3849 | 241.65 | Horizon | NJ Health | 343 | | | | 342.68 | 207.7 | 3656.55 | fee schedule | |
| HC CT ORBIT SELLA/POST FOSSA/EAR W/O W CONTRAST | 70482 | CPT | | | | both | | | 3849 | 241.65 | First Health | First Health | 2694.3 | 70 | | | | 207.7 | 3656.55 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR W/O W CONTRAST | 70482 | CPT | | | | both | | | 3849 | 241.65 | Managed Care Inc | Managed Care Inc | 3464.1 | 90 | | | | 207.7 | 3656.55 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR W/O W CONTRAST | 70482 | CPT | | | | both | | | 3849 | 241.65 | Horizon | Indemnity | 406.6 | | | | | 207.7 | 3656.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ORBIT SELLA/POST FOSSA/EAR W/O W CONTRAST | 70482 | CPT | | | | both | | | 3849 | 241.65 | Three Rivers | Three Rivers | 3656.55 | 95 | | | | 207.7 | 3656.55 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR W/O W CONTRAST | 70482 | CPT | | | | both | | | 3849 | 241.65 | Multiplan | Multiplan | 3079.2 | 80 | | | | 207.7 | 3656.55 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR W/O W CONTRAST | 70482 | CPT | | | | both | | | 3849 | 241.65 | Horizon | PPO | 406.6 | | | | | 207.7 | 3656.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ORBIT SELLA/POST FOSSA/EAR W/O W CONTRAST | 70482 | CPT | | | | both | | | 3849 | 241.65 | Qualcare | Qualcare | 2886.75 | 75 | | | | 207.7 | 3656.55 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR W/O W CONTRAST | 70482 | CPT | | | | both | | | 3849 | 241.65 | WellPoint | WellPoint | 1238.61 | 32.18 | | | | 207.7 | 3656.55 | percent of total billed charges | |
| HC CT ORBIT SELLA/POST FOSSA/EAR W/O W CONTRAST | 70482 | CPT | | | | both | | | 3849 | 241.65 | Wellcare | Medicare | 210.13 | | | | | 207.7 | 3656.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT MAXILLOFACIAL WO CONTRAST | 70486 | CPT | | | | both | | | 1160 | 144.6 | Corrections | Corrections | 928 | 80 | | | 259.09 | 125.74 | 1102 | percent of total billed charges | |
| HC CT MAXILLOFACIAL WO CONTRAST | 70486 | CPT | | | | both | | | 1160 | 144.6 | Consumer | Consumer | 1102 | 95 | | | | 125.74 | 1102 | percent of total billed charges | |
| HC CT MAXILLOFACIAL WO CONTRAST | 70486 | CPT | | | | both | | | 1160 | 144.6 | Aetna | Commercial | 440.8 | 38 | | | 190.01 | 125.74 | 1102 | percent of total billed charges | |
| HC CT MAXILLOFACIAL WO CONTRAST | 70486 | CPT | | | | both | | | 1160 | 144.6 | Multiplan | Multiplan | 928 | 80 | | | | 125.74 | 1102 | percent of total billed charges | |
| HC CT MAXILLOFACIAL WO CONTRAST | 70486 | CPT | | | | both | | | 1160 | 144.6 | Americare | Americare | 870 | 75 | | | | 125.74 | 1102 | percent of total billed charges | |
| HC CT MAXILLOFACIAL WO CONTRAST | 70486 | CPT | | | | both | | | 1160 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 141.81 | 125.74 | 1102 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT MAXILLOFACIAL WO CONTRAST | 70486 | CPT | | | | both | | | 1160 | 144.6 | Horizon | Indemnity | 243.31 | | | | 218.77 | 125.74 | 1102 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT MAXILLOFACIAL WO CONTRAST | 70486 | CPT | | | | both | | | 1160 | 144.6 | Aetna | Better Health | 365.98 | 31.55 | | | 326.53 | 125.74 | 1102 | percent of total billed charges | |
| HC CT MAXILLOFACIAL WO CONTRAST | 70486 | CPT | | | | both | | | 1160 | 144.6 | Wellcare | Medicaid | 365.98 | 31.55 | | | 317.38 | 125.74 | 1102 | percent of total billed charges | |
| HC CT MAXILLOFACIAL WO CONTRAST | 70486 | CPT | | | | both | | | 1160 | 144.6 | Wellcare | Medicare | 125.74 | | | | 25.15 | 125.74 | 1102 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT MAXILLOFACIAL WO CONTRAST | 70486 | CPT | | | | both | | | 1160 | 144.6 | Aetna | Medicare | 125.74 | | | | 96.42 | 125.74 | 1102 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT MAXILLOFACIAL WO CONTRAST | 70486 | CPT | | | | both | | | 1160 | 144.6 | Qualcare | Qualcare | 870 | 75 | | | | 125.74 | 1102 | percent of total billed charges | |
| HC CT MAXILLOFACIAL WO CONTRAST | 70486 | CPT | | | | both | | | 1160 | 144.6 | Horizon | MGD | 243.31 | | | | 233.71 | 125.74 | 1102 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT MAXILLOFACIAL WO CONTRAST | 70486 | CPT | | | | both | | | 1160 | 144.6 | First Health | First Health | 812 | 70 | | | | 125.74 | 1102 | percent of total billed charges | |
| HC CT MAXILLOFACIAL WO CONTRAST | 70486 | CPT | | | | both | | | 1160 | 144.6 | Horizon | NJ Health | 269.5 | | | | 86.41 | 125.74 | 1102 | fee schedule | |
| HC CT MAXILLOFACIAL WO CONTRAST | 70486 | CPT | | | | both | | | 1160 | 144.6 | UHC | Medicaid | 365.98 | 31.55 | | | 322.7 | 125.74 | 1102 | percent of total billed charges | |
| HC CT MAXILLOFACIAL WO CONTRAST | 70486 | CPT | | | | both | | | 1160 | 144.6 | Amerihealth | HMO/PPO | 144.46 | | | | 150.53 | 125.74 | 1102 | fee schedule | |
| HC CT MAXILLOFACIAL WO CONTRAST | 70486 | CPT | | | | both | | | 1160 | 144.6 | Horizon | PPO | 243.31 | | | | 239.02 | 125.74 | 1102 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT MAXILLOFACIAL WO CONTRAST | 70486 | CPT | | | | both | | | 1160 | 144.6 | First Trenton | First Trenton | 1044 | 90 | | | | 125.74 | 1102 | percent of total billed charges | |
| HC CT MAXILLOFACIAL WO CONTRAST | 70486 | CPT | | | | both | | | 1160 | 144.6 | Three Rivers | Three Rivers | 1102 | 95 | | | | 125.74 | 1102 | percent of total billed charges | |
| HC CT MAXILLOFACIAL WO CONTRAST | 70486 | CPT | | | | both | | | 1160 | 144.6 | Managed Care Inc | Managed Care Inc | 1044 | 90 | | | | 125.74 | 1102 | percent of total billed charges | |
| HC CT MAXILLOFACIAL WO CONTRAST | 70486 | CPT | | | | both | | | 1160 | 144.6 | WellPoint | WellPoint | 373.29 | 32.18 | | | 280.35 | 125.74 | 1102 | percent of total billed charges | |
| HC CT MAXILLOFACIAL WO CONTRAST | 70486 | CPT | | | | both | | | 1160 | 144.6 | UHC | Medicare | 125.74 | | | | 109.72 | 125.74 | 1102 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT MAXILLOFACIAL W CONTRAST | 70487 | CPT | | | | both | | | 3081 | 241.65 | First Trenton | First Trenton | 2772.9 | 90 | | | | 171.12 | 2926.95 | percent of total billed charges | |
| HC CT MAXILLOFACIAL W CONTRAST | 70487 | CPT | | | | both | | | 3081 | 241.65 | Americare | Americare | 2310.75 | 75 | | | | 171.12 | 2926.95 | percent of total billed charges | |
| HC CT MAXILLOFACIAL W CONTRAST | 70487 | CPT | | | | both | | | 3081 | 241.65 | Aetna | Commercial | 1170.78 | 38 | | | 429.67 | 171.12 | 2926.95 | percent of total billed charges | |
| HC CT MAXILLOFACIAL W CONTRAST | 70487 | CPT | | | | both | | | 3081 | 241.65 | Aetna | Medicare | 210.13 | | | | | 171.12 | 2926.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT MAXILLOFACIAL W CONTRAST | 70487 | CPT | | | | both | | | 3081 | 241.65 | Aetna | Better Health | 972.06 | 31.55 | | | 563.28 | 171.12 | 2926.95 | percent of total billed charges | |
| HC CT MAXILLOFACIAL W CONTRAST | 70487 | CPT | | | | both | | | 3081 | 241.65 | Corrections | Corrections | 2464.8 | 80 | | | 972.06 | 171.12 | 2926.95 | percent of total billed charges | |
| HC CT MAXILLOFACIAL W CONTRAST | 70487 | CPT | | | | both | | | 3081 | 241.65 | First Health | First Health | 2158.7 | 70 | | | | 171.12 | 2926.95 | percent of total billed charges | |
| HC CT MAXILLOFACIAL W CONTRAST | 70487 | CPT | | | | both | | | 3081 | 241.65 | Horizon | Indemnity | 406.6 | | | | 390.92 | 171.12 | 2926.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT MAXILLOFACIAL W CONTRAST | 70487 | CPT | | | | both | | | 3081 | 241.65 | UHC | Medicare | 210.13 | | | | 365.89 | 171.12 | 2926.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT MAXILLOFACIAL W CONTRAST | 70487 | CPT | | | | both | | | 3081 | 241.65 | Amerihealth | HMO/PPO | 171.12 | | | | | 171.12 | 2926.95 | fee schedule | |
| HC CT MAXILLOFACIAL W CONTRAST | 70487 | CPT | | | | both | | | 3081 | 241.65 | Consumer | Consumer | 2926.95 | 95 | | | | 171.12 | 2926.95 | percent of total billed charges | |
| HC CT MAXILLOFACIAL W CONTRAST | 70487 | CPT | | | | both | | | 3081 | 241.65 | UHC | Medicaid | 972.06 | 31.55 | | | 651.98 | 171.12 | 2926.95 | percent of total billed charges | |
| HC CT MAXILLOFACIAL W CONTRAST | 70487 | CPT | | | | both | | | 3081 | 241.65 | Horizon | Medicare Blue | 210.13 | | | | 209.56 | 171.12 | 2926.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT MAXILLOFACIAL W CONTRAST | 70487 | CPT | | | | both | | | 3081 | 241.65 | Horizon | NJ Health | 245 | | | | 176.93 | 171.12 | 2926.95 | fee schedule | |
| HC CT MAXILLOFACIAL W CONTRAST | 70487 | CPT | | | | both | | | 3081 | 241.65 | Horizon | MGD | 406.6 | | | | 543.32 | 171.12 | 2926.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT MAXILLOFACIAL W CONTRAST | 70487 | CPT | | | | both | | | 3081 | 241.65 | Multiplan | Multiplan | 2464.8 | 80 | | | | 171.12 | 2926.95 | percent of total billed charges | |
| HC CT MAXILLOFACIAL W CONTRAST | 70487 | CPT | | | | both | | | 3081 | 241.65 | Wellcare | Medicare | 210.13 | | | | | 171.12 | 2926.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT MAXILLOFACIAL W CONTRAST | 70487 | CPT | | | | both | | | 3081 | 241.65 | Qualcare | Qualcare | 2310.75 | 75 | | | | 171.12 | 2926.95 | percent of total billed charges | |
| HC CT MAXILLOFACIAL W CONTRAST | 70487 | CPT | | | | both | | | 3081 | 241.65 | Managed Care Inc | Managed Care Inc | 2772.9 | 90 | | | | 171.12 | 2926.95 | percent of total billed charges | |
| HC CT MAXILLOFACIAL W CONTRAST | 70487 | CPT | | | | both | | | 3081 | 241.65 | Horizon | PPO | 406.6 | | | | 361.72 | 171.12 | 2926.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT MAXILLOFACIAL W CONTRAST | 70487 | CPT | | | | both | | | 3081 | 241.65 | WellPoint | WellPoint | 991.47 | 32.18 | | | 506.84 | 171.12 | 2926.95 | percent of total billed charges | |
| HC CT MAXILLOFACIAL W CONTRAST | 70487 | CPT | | | | both | | | 3081 | 241.65 | Three Rivers | Three Rivers | 2926.95 | 95 | | | | 171.12 | 2926.95 | percent of total billed charges | |
| HC CT MAXILLOFACIAL W CONTRAST | 70487 | CPT | | | | both | | | 3081 | 241.65 | Wellcare | Medicaid | 972.06 | 31.55 | | | 763.28 | 171.12 | 2926.95 | percent of total billed charges | |
| HC CT MAXILLOFACIAL WO/W CONTRAST | 70488 | CPT | | | | both | | | 3849 | 241.65 | First Health | First Health | 2694.3 | 70 | | | | 207.08 | 3656.55 | percent of total billed charges | |
| HC CT MAXILLOFACIAL WO/W CONTRAST | 70488 | CPT | | | | both | | | 3849 | 241.65 | Consumer | Consumer | 3656.55 | 95 | | | | 207.08 | 3656.55 | percent of total billed charges | |
| HC CT MAXILLOFACIAL WO/W CONTRAST | 70488 | CPT | | | | both | | | 3849 | 241.65 | Horizon | PPO | 406.6 | | | | | 207.08 | 3656.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT MAXILLOFACIAL WO/W CONTRAST | 70488 | CPT | | | | both | | | 3849 | 241.65 | Aetna | Commercial | 1462.62 | 38 | | | | 207.08 | 3656.55 | percent of total billed charges | |
| HC CT MAXILLOFACIAL WO/W CONTRAST | 70488 | CPT | | | | both | | | 3849 | 241.65 | Aetna | Better Health | 1214.36 | 31.55 | | | | 207.08 | 3656.55 | percent of total billed charges | |
| HC CT MAXILLOFACIAL WO/W CONTRAST | 70488 | CPT | | | | both | | | 3849 | 241.65 | Corrections | Corrections | 3079.2 | 80 | | | | 207.08 | 3656.55 | percent of total billed charges | |
| HC CT MAXILLOFACIAL WO/W CONTRAST | 70488 | CPT | | | | both | | | 3849 | 241.65 | First Trenton | First Trenton | 3464.1 | 90 | | | | 207.08 | 3656.55 | percent of total billed charges | |
| HC CT MAXILLOFACIAL WO/W CONTRAST | 70488 | CPT | | | | both | | | 3849 | 241.65 | Aetna | Medicare | 210.13 | | | | | 207.08 | 3656.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT MAXILLOFACIAL WO/W CONTRAST | 70488 | CPT | | | | both | | | 3849 | 241.65 | Multiplan | Multiplan | 3079.2 | 80 | | | | 207.08 | 3656.55 | percent of total billed charges | |
| HC CT MAXILLOFACIAL WO/W CONTRAST | 70488 | CPT | | | | both | | | 3849 | 241.65 | Horizon | NJ Health | 343 | | | | | 207.08 | 3656.55 | fee schedule | |
| HC CT MAXILLOFACIAL WO/W CONTRAST | 70488 | CPT | | | | both | | | 3849 | 241.65 | UHC | Medicaid | 1214.36 | 31.55 | | | | 207.08 | 3656.55 | percent of total billed charges | |
| HC CT MAXILLOFACIAL WO/W CONTRAST | 70488 | CPT | | | | both | | | 3849 | 241.65 | Americare | Americare | 2886.75 | 75 | | | | 207.08 | 3656.55 | percent of total billed charges | |
| HC CT MAXILLOFACIAL WO/W CONTRAST | 70488 | CPT | | | | both | | | 3849 | 241.65 | Horizon | Indemnity | 406.6 | | | | | 207.08 | 3656.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT MAXILLOFACIAL WO/W CONTRAST | 70488 | CPT | | | | both | | | 3849 | 241.65 | Amerihealth | HMO/PPO | 207.08 | | | | | 207.08 | 3656.55 | fee schedule | |
| HC CT MAXILLOFACIAL WO/W CONTRAST | 70488 | CPT | | | | both | | | 3849 | 241.65 | Managed Care Inc | Managed Care Inc | 3464.1 | 90 | | | | 207.08 | 3656.55 | percent of total billed charges | |
| HC CT MAXILLOFACIAL WO/W CONTRAST | 70488 | CPT | | | | both | | | 3849 | 241.65 | Horizon | MGD | 406.6 | | | | | 207.08 | 3656.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT MAXILLOFACIAL WO/W CONTRAST | 70488 | CPT | | | | both | | | 3849 | 241.65 | Three Rivers | Three Rivers | 3656.55 | 95 | | | | 207.08 | 3656.55 | percent of total billed charges | |
| HC CT MAXILLOFACIAL WO/W CONTRAST | 70488 | CPT | | | | both | | | 3849 | 241.65 | WellPoint | WellPoint | 1238.61 | 32.18 | | | | 207.08 | 3656.55 | percent of total billed charges | |
| HC CT MAXILLOFACIAL WO/W CONTRAST | 70488 | CPT | | | | both | | | 3849 | 241.65 | Horizon | Medicare Blue | 210.13 | | | | | 207.08 | 3656.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT MAXILLOFACIAL WO/W CONTRAST | 70488 | CPT | | | | both | | | 3849 | 241.65 | Wellcare | Medicaid | 1214.36 | 31.55 | | | | 207.08 | 3656.55 | percent of total billed charges | |
| HC CT MAXILLOFACIAL WO/W CONTRAST | 70488 | CPT | | | | both | | | 3849 | 241.65 | Qualcare | Qualcare | 2886.75 | 75 | | | | 207.08 | 3656.55 | percent of total billed charges | |
| HC CT MAXILLOFACIAL WO/W CONTRAST | 70488 | CPT | | | | both | | | 3849 | 241.65 | Wellcare | Medicare | 210.13 | | | | | 207.08 | 3656.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT MAXILLOFACIAL WO/W CONTRAST | 70488 | CPT | | | | both | | | 3849 | 241.65 | UHC | Medicare | 210.13 | | | | | 207.08 | 3656.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT SOFT TISSUE NECK WO CONTRAST | 70490 | CPT | | | | both | | | 2573 | 144.6 | Horizon | Indemnity | 243.31 | | | | | 125.74 | 2444.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT SOFT TISSUE NECK WO CONTRAST | 70490 | CPT | | | | both | | | 2573 | 144.6 | UHC | Medicaid | 811.78 | 31.55 | | | 798.83 | 125.74 | 2444.35 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK WO CONTRAST | 70490 | CPT | | | | both | | | 2573 | 144.6 | Consumer | Consumer | 2444.35 | 95 | | | | 125.74 | 2444.35 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK WO CONTRAST | 70490 | CPT | | | | both | | | 2573 | 144.6 | Aetna | Medicare | 125.74 | | | | | 125.74 | 2444.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT SOFT TISSUE NECK WO CONTRAST | 70490 | CPT | | | | both | | | 2573 | 144.6 | Aetna | Better Health | 811.78 | 31.55 | | | 777.13 | 125.74 | 2444.35 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK WO CONTRAST | 70490 | CPT | | | | both | | | 2573 | 144.6 | Corrections | Corrections | 2938.4 | 80 | | | 691.36 | 125.74 | 2444.35 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK WO CONTRAST | 70490 | CPT | | | | both | | | 2573 | 144.6 | First Health | First Health | 1801.1 | 70 | | | | 125.74 | 2444.35 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK WO CONTRAST | 70490 | CPT | | | | both | | | 2573 | 144.6 | Americare | Americare | 1929.75 | 75 | | | | 125.74 | 2444.35 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK WO CONTRAST | 70490 | CPT | | | | both | | | 2573 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | | 125.74 | 2444.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT SOFT TISSUE NECK WO CONTRAST | 70490 | CPT | | | | both | | | 2573 | 144.6 | First Trenton | First Trenton | 2315.7 | 90 | | | | 125.74 | 2444.35 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK WO CONTRAST | 70490 | CPT | | | | both | | | 2573 | 144.6 | Three Rivers | Three Rivers | 2444.35 | 95 | | | | 125.74 | 2444.35 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK WO CONTRAST | 70490 | CPT | | | | both | | | 2573 | 144.6 | Amerihealth | HMO/PPO | 149.42 | | | | | 125.74 | 2444.35 | fee schedule | |
| HC CT SOFT TISSUE NECK WO CONTRAST | 70490 | CPT | | | | both | | | 2573 | 144.6 | Aetna | Commercial | 977.74 | 38 | | | | 125.74 | 2444.35 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK WO CONTRAST | 70490 | CPT | | | | both | | | 2573 | 144.6 | Managed Care Inc | Managed Care Inc | 2315.7 | 90 | | | | 125.74 | 2444.35 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK WO CONTRAST | 70490 | CPT | | | | both | | | 2573 | 144.6 | Multiplan | Multiplan | 2058.4 | 80 | | | | 125.74 | 2444.35 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK WO CONTRAST | 70490 | CPT | | | | both | | | 2573 | 144.6 | Horizon | MGD | 243.31 | | | | | 125.74 | 2444.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT SOFT TISSUE NECK WO CONTRAST | 70490 | CPT | | | | both | | | 2573 | 144.6 | Horizon | NJ Health | 245 | | | | 245 | 125.74 | 2444.35 | fee schedule | |
| HC CT SOFT TISSUE NECK WO CONTRAST | 70490 | CPT | | | | both | | | 2573 | 144.6 | WellPoint | WellPoint | 827.99 | 32.18 | | | 801.59 | 125.74 | 2444.35 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK WO CONTRAST | 70490 | CPT | | | | both | | | 2573 | 144.6 | UHC | Medicare | 125.74 | | | | 132.95 | 125.74 | 2444.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT SOFT TISSUE NECK WO CONTRAST | 70490 | CPT | | | | both | | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 | Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC CT SOFT TISSUE NECK W CONTRAST | 70491 | CPT | | | | both | | | 3081 | | 241.65 Amerihealth | HMO/PPO | | | | | 170.79 | 173.6 | 2926.95 | fee schedule | |
| HC CT SOFT TISSUE NECK W CONTRAST | 70491 | CPT | | | | both | | | 3081 | | 241.65 Corrections | Corrections | 2464.8 | 80 | | 653.23 | 173.6 | 2926.95 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK W CONTRAST | 70491 | CPT | | | | both | | | 3081 | | 241.65 Aetna | Better Health | 972.06 | 31.55 | | 861.42 | 173.6 | 2926.95 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK W CONTRAST | 70491 | CPT | | | | both | | | 3081 | | 241.65 Aetna | Medicare | 210.13 | | | 196.41 | 173.6 | 2926.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT SOFT TISSUE NECK W CONTRAST | 70491 | CPT | | | | both | | | 3081 | | 241.65 Horizon | MGD | 406.6 | | | 489.39 | 173.6 | 2926.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT SOFT TISSUE NECK W CONTRAST | 70491 | CPT | | | | both | | | 3081 | | 241.65 Multiplan | Multiplan | 2464.8 | 80 | | | 173.6 | 2926.95 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK W CONTRAST | 70491 | CPT | | | | both | | | 3081 | | 241.65 Americare | Americare | 2310.75 | 75 | | | 173.6 | 2926.95 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK W CONTRAST | 70491 | CPT | | | | both | | | 3081 | | 241.65 Qualcare | Qualcare | 2310.75 | 75 | | | 173.6 | 2926.95 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK W CONTRAST | 70491 | CPT | | | | both | | | 3081 | | 241.65 Horizon | Indemnity | 406.6 | | | 409.99 | 173.6 | 2926.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT SOFT TISSUE NECK W CONTRAST | 70491 | CPT | | | | both | | | 3081 | | 241.65 First Trenton | First Trenton | 2772.9 | 90 | | | 173.6 | 2926.95 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK W CONTRAST | 70491 | CPT | | | | both | | | 3081 | | 241.65 First Health | First Health | 2166.7 | 70 | | | 173.6 | 2926.95 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK W CONTRAST | 70491 | CPT | | | | both | | | 3081 | | 241.65 UHC | Medicare | 210.13 | | | 309.3 | 173.6 | 2926.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT SOFT TISSUE NECK W CONTRAST | 70491 | CPT | | | | both | | | 3081 | | 241.65 Horizon | PPO | 406.6 | | | 701.64 | 173.6 | 2926.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT SOFT TISSUE NECK W CONTRAST | 70491 | CPT | | | | both | | | 3081 | | 241.65 Horizon | NJ Health | 289.63 | | | 179.16 | 173.6 | 2926.95 | fee schedule | |
| HC CT SOFT TISSUE NECK W CONTRAST | 70491 | CPT | | | | both | | | 3081 | | 241.65 Three Rivers | Three Rivers | 2926.95 | 95 | | | 173.6 | 2926.95 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK W CONTRAST | 70491 | CPT | | | | both | | | 3081 | | 241.65 Managed Care Inc | Managed Care Inc | 2772.9 | 90 | | | 173.6 | 2926.95 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK W CONTRAST | 70491 | CPT | | | | both | | | 3081 | | 241.65 Wellcare | Medicare | 210.13 | | | 193.43 | 173.6 | 2926.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT SOFT TISSUE NECK W CONTRAST | 70491 | CPT | | | | both | | | 3081 | | 241.65 UHC | Medicaid | 972.06 | 31.55 | | 743.19 | 173.6 | 2926.95 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK W CONTRAST | 70491 | CPT | | | | both | | | 3081 | | 241.65 Wellcare | Medicaid | 972.06 | 31.55 | | 650.03 | 173.6 | 2926.95 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK W CONTRAST | 70491 | CPT | | | | both | | | 3081 | | 241.65 WellPoint | WellPoint | 991.47 | 32.18 | | 659.52 | 173.6 | 2926.95 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK WO/W CONTRAST | 70492 | CPT | | | | both | | | 2751 | | 241.65 Aetna | Medicare | 210.13 | | | | 207.7 | 2613.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT SOFT TISSUE NECK WO/W CONTRAST | 70492 | CPT | | | | both | | | 2751 | | 241.65 First Trenton | First Trenton | 2475.9 | 90 | | | 207.7 | 2613.45 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK WO/W CONTRAST | 70492 | CPT | | | | both | | | 2751 | | 241.65 First Health | First Health | 1925.7 | 70 | | | 207.7 | 2613.45 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK WO/W CONTRAST | 70492 | CPT | | | | both | | | 2751 | | 241.65 Aetna | Commercial | 1045.38 | 38 | | | 207.7 | 2613.45 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK WO/W CONTRAST | 70492 | CPT | | | | both | | | 2751 | | 241.65 Aetna | Better Health | 867.94 | 31.55 | | | 207.7 | 2613.45 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK WO/W CONTRAST | 70492 | CPT | | | | both | | | 2751 | | 241.65 Amerihealth | HMO/PPO | 207.7 | | | | 207.7 | 2613.45 | fee schedule | |
| HC CT SOFT TISSUE NECK WO/W CONTRAST | 70492 | CPT | | | | both | | | 2751 | | 241.65 Corrections | Corrections | 2200.8 | 80 | | | 207.7 | 2613.45 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK WO/W CONTRAST | 70492 | CPT | | | | both | | | 2751 | | 241.65 Horizon | Medicare Blue | 210.13 | | | | 207.7 | 2613.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT SOFT TISSUE NECK WO/W CONTRAST | 70492 | CPT | | | | both | | | 2751 | | 241.65 Horizon | NJ Health | 343 | | | 342.88 | 207.7 | 2613.45 | fee schedule | |
| HC CT SOFT TISSUE NECK WO/W CONTRAST | 70492 | CPT | | | | both | | | 2751 | | 241.65 Managed Care Inc | Managed Care Inc | 2475.9 | 90 | | | 207.7 | 2613.45 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK WO/W CONTRAST | 70492 | CPT | | | | both | | | 2751 | | 241.65 Multiplan | Multiplan | 2200.8 | 80 | | | 207.7 | 2613.45 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK WO/W CONTRAST | 70492 | CPT | | | | both | | | 2751 | | 241.65 UHC | Medicaid | 867.94 | 31.55 | | 839.98 | 207.7 | 2613.45 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK WO/W CONTRAST | 70492 | CPT | | | | both | | | 2751 | | 241.65 Americare | Americare | 2063.25 | 75 | | | 207.7 | 2613.45 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK WO/W CONTRAST | 70492 | CPT | | | | both | | | 2751 | | 241.65 Three Rivers | Three Rivers | 2613.45 | 95 | | | 207.7 | 2613.45 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK WO/W CONTRAST | 70492 | CPT | | | | both | | | 2751 | | 241.65 Horizon | Indemnity | 406.6 | | | | 207.7 | 2613.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT SOFT TISSUE NECK WO/W CONTRAST | 70492 | CPT | | | | both | | | 2751 | | 241.65 UHC | Medicare | 210.13 | | | 42.01 | 207.7 | 2613.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT SOFT TISSUE NECK WO/W CONTRAST | 70492 | CPT | | | | both | | | 2751 | | 241.65 Consumer | Consumer | 2613.45 | 95 | | | 207.7 | 2613.45 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK WO/W CONTRAST | 70492 | CPT | | | | both | | | 2751 | | 241.65 Wellcare | Medicare | 210.13 | | | | 207.7 | 2613.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT SOFT TISSUE NECK WO/W CONTRAST | 70492 | CPT | | | | both | | | 2751 | | 241.65 Qualcare | Qualcare | 2063.25 | 75 | | | 207.7 | 2613.45 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK WO/W CONTRAST | 70492 | CPT | | | | both | | | 2751 | | 241.65 Horizon | MGD | 406.6 | | | 282.58 | 207.7 | 2613.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT SOFT TISSUE NECK WO/W CONTRAST | 70492 | CPT | | | | both | | | 2751 | | 241.65 Horizon | PPO | 406.6 | | | | 207.7 | 2613.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT SOFT TISSUE NECK WO/W CONTRAST | 70492 | CPT | | | | both | | | 2751 | | 241.65 Wellcare | Medicaid | 867.94 | 31.55 | | 250.72 | 207.7 | 2613.45 | percent of total billed charges | |
| HC CT SOFT TISSUE NECK WO/W CONTRAST | 70492 | CPT | | | | both | | | 2751 | | 241.65 WellPoint | WellPoint | 885.27 | 32.18 | | | 207.7 | 2613.45 | percent of total billed charges | |
| HC CT ANGIO HEAD W/WO CONTRAST | 70496 | CPT | | | | both | | | 1692 | | 241.65 First Health | First Health | 1184.4 | 70 | | | 210.13 | 1607.4 | percent of total billed charges | |
| HC CT ANGIO HEAD W/WO CONTRAST | 70496 | CPT | | | | both | | | 1692 | | 241.65 Horizon | Indemnity | 406.6 | | | 351.58 | 210.13 | 1607.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO HEAD W/WO CONTRAST | 70496 | CPT | | | | both | | | 1692 | | 241.65 Corrections | Corrections | 1353.6 | 80 | | 338.02 | 210.13 | 1607.4 | percent of total billed charges | |
| HC CT ANGIO HEAD W/WO CONTRAST | 70496 | CPT | | | | both | | | 1692 | | 241.65 Aetna | Better Health | 533.83 | 31.55 | | 327.51 | 210.13 | 1607.4 | percent of total billed charges | |
| HC CT ANGIO HEAD W/WO CONTRAST | 70496 | CPT | | | | both | | | 1692 | | 241.65 Aetna | Commercial | 642.96 | 38 | | 360.63 | 210.13 | 1607.4 | percent of total billed charges | |
| HC CT ANGIO HEAD W/WO CONTRAST | 70496 | CPT | | | | both | | | 1692 | | 241.65 Consumer | Consumer | 1607.4 | 95 | | | 210.13 | 1607.4 | percent of total billed charges | |
| HC CT ANGIO HEAD W/WO CONTRAST | 70496 | CPT | | | | both | | | 1692 | | 241.65 Aetna | Medicare | 210.13 | | | 71.53 | 210.13 | 1607.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO HEAD W/WO CONTRAST | 70496 | CPT | | | | both | | | 1692 | | 241.65 Wellcare | Medicaid | 533.83 | 31.55 | | 708.39 | 210.13 | 1607.4 | percent of total billed charges | |
| HC CT ANGIO HEAD W/WO CONTRAST | 70496 | CPT | | | | both | | | 1692 | | 241.65 Horizon | NJ Health | 362.6 | | | 80.9 | 210.13 | 1607.4 | fee schedule | |
| HC CT ANGIO HEAD W/WO CONTRAST | 70496 | CPT | | | | both | | | 1692 | | 241.65 UHC | Medicaid | 533.83 | 31.55 | | 415.59 | 210.13 | 1607.4 | percent of total billed charges | |
| HC CT ANGIO HEAD W/WO CONTRAST | 70496 | CPT | | | | both | | | 1692 | | 241.65 First Trenton | First Trenton | 1522.8 | 90 | | | 210.13 | 1607.4 | percent of total billed charges | |
| HC CT ANGIO HEAD W/WO CONTRAST | 70496 | CPT | | | | both | | | 1692 | | 241.65 Americare | Americare | 1269 | 75 | | | 210.13 | 1607.4 | percent of total billed charges | |
| HC CT ANGIO HEAD W/WO CONTRAST | 70496 | CPT | | | | both | | | 1692 | | 241.65 Horizon | Medicare Blue | 210.13 | | | 251.4 | 210.13 | 1607.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO HEAD W/WO CONTRAST | 70496 | CPT | | | | both | | | 1692 | | 241.65 Amerihealth | HMO/PPO | 220.1 | | | | 210.13 | 1607.4 | fee schedule | |
| HC CT ANGIO HEAD W/WO CONTRAST | 70496 | CPT | | | | both | | | 1692 | | 241.65 Horizon | MGD | 406.6 | | | 200.69 | 210.13 | 1607.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO HEAD W/WO CONTRAST | 70496 | CPT | | | | both | | | 1692 | | 241.65 Horizon | PPO | 406.6 | | | 329.49 | 210.13 | 1607.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO HEAD W/WO CONTRAST | 70496 | CPT | | | | both | | | 1692 | | 241.65 Multiplan | Multiplan | 1353.6 | 80 | | | 210.13 | 1607.4 | percent of total billed charges | |
| HC CT ANGIO HEAD W/WO CONTRAST | 70496 | CPT | | | | both | | | 1692 | | 241.65 Managed Care Inc | Managed Care Inc | 1522.8 | 90 | | | 210.13 | 1607.4 | percent of total billed charges | |
| HC CT ANGIO HEAD W/WO CONTRAST | 70496 | CPT | | | | both | | | 1692 | | 241.65 Qualcare | Qualcare | 1269 | 75 | | | 210.13 | 1607.4 | percent of total billed charges | |
| HC CT ANGIO HEAD W/WO CONTRAST | 70496 | CPT | | | | both | | | 1692 | | 241.65 UHC | Medicare | 210.13 | | | 232.61 | 210.13 | 1607.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO HEAD W/WO CONTRAST | 70496 | CPT | | | | both | | | 1692 | | 241.65 Three Rivers | Three Rivers | 1607.4 | 95 | | | 210.13 | 1607.4 | percent of total billed charges | |
| HC CT ANGIO HEAD W/WO CONTRAST | 70496 | CPT | | | | both | | | 1692 | | 241.65 Wellcare | Medicare | 210.13 | | | | 210.13 | 1607.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO HEAD W/WO CONTRAST | 70496 | CPT | | | | both | | | 1692 | | 241.65 WellPoint | WellPoint | 544.49 | 32.18 | | 275.41 | 210.13 | 1607.4 | percent of total billed charges | |
| HC CT ANGIO NECK W/WO CONTRAST | 70498 | CPT | | | | both | | | 1660 | | 241.65 Amerihealth | HMO/PPO | 220.1 | | | | 210.13 | 1577 | fee schedule | |
| HC CT ANGIO NECK W/WO CONTRAST | 70498 | CPT | | | | both | | | 1660 | | 241.65 Horizon | NJ Health | 362.6 | | | 110.01 | 210.13 | 1577 | fee schedule | |
| HC CT ANGIO NECK W/WO CONTRAST | 70498 | CPT | | | | both | | | 1660 | | 241.65 Aetna | Better Health | 523.73 | 31.55 | | 139.57 | 210.13 | 1577 | percent of total billed charges | |
| HC CT ANGIO NECK W/WO CONTRAST | 70498 | CPT | | | | both | | | 1660 | | 241.65 Corrections | Corrections | 1328 | 80 | | 508.95 | 210.13 | 1577 | percent of total billed charges | |
| HC CT ANGIO NECK W/WO CONTRAST | 70498 | CPT | | | | both | | | 1660 | | 241.65 Aetna | Commercial | 630.8 | 38 | | 265.58 | 210.13 | 1577 | percent of total billed charges | |
| HC CT ANGIO NECK W/WO CONTRAST | 70498 | CPT | | | | both | | | 1660 | | 241.65 First Health | First Health | 1162 | 70 | | | 210.13 | 1577 | percent of total billed charges | |
| HC CT ANGIO NECK W/WO CONTRAST | 70498 | CPT | | | | both | | | 1660 | | 241.65 Aetna | Medicare | 210.13 | | | 71.53 | 210.13 | 1577 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO NECK W/WO CONTRAST | 70498 | CPT | | | | both | | | 1660 | | 241.65 Horizon | PPO | 406.6 | | | 325.79 | 210.13 | 1577 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO NECK W/WO CONTRAST | 70498 | CPT | | | | both | | | 1660 | | 241.65 Americare | Americare | 1245 | 75 | | | 210.13 | 1577 | percent of total billed charges | |
| HC CT ANGIO NECK W/WO CONTRAST | 70498 | CPT | | | | both | | | 1660 | | 241.65 UHC | Medicaid | 523.73 | 31.55 | | 425.79 | 210.13 | 1577 | percent of total billed charges | |
| HC CT ANGIO NECK W/WO CONTRAST | 70498 | CPT | | | | both | | | 1660 | | 241.65 Consumer | Consumer | 1577 | 95 | | | 210.13 | 1577 | percent of total billed charges | |
| HC CT ANGIO NECK W/WO CONTRAST | 70498 | CPT | | | | both | | | 1660 | | 241.65 Wellcare | Medicare | 210.13 | | | | 210.13 | 1577 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO NECK W/WO CONTRAST | 70498 | CPT | | | | both | | | 1660 | | 241.65 Horizon | Indemnity | 406.6 | | | 288.36 | 210.13 | 1577 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO NECK W/WO CONTRAST | 70498 | CPT | | | | both | | | 1660 | | 241.65 First Trenton | First Trenton | 1494 | 90 | | | 210.13 | 1577 | percent of total billed charges | |
| HC CT ANGIO NECK W/WO CONTRAST | 70498 | CPT | | | | both | | | 1660 | | 241.65 Horizon | Medicare Blue | 210.13 | | | 236.49 | 210.13 | 1577 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO NECK W/WO CONTRAST | 70498 | CPT | | | | both | | | 1660 | | 241.65 Multiplan | Multiplan | 1328 | 80 | | | 210.13 | 1577 | percent of total billed charges | |
| HC CT ANGIO NECK W/WO CONTRAST | 70498 | CPT | | | | both | | | 1660 | | 241.65 UHC | Medicare | 210.13 | | | 214.59 | 210.13 | 1577 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO NECK W/WO CONTRAST | 70498 | CPT | | | | both | | | 1660 | | 241.65 WellPoint | WellPoint | 534.19 | 32.18 | | 323.56 | 210.13 | 1577 | percent of total billed charges | |
| HC CT ANGIO NECK W/WO CONTRAST | 70498 | CPT | | | | both | | | 1660 | | 241.65 Qualcare | Qualcare | 1245 | 75 | | | 210.13 | 1577 | percent of total billed charges | |
| HC CT ANGIO NECK W/WO CONTRAST | 70498 | CPT | | | | both | | | 1660 | | 241.65 Horizon | MGD | 406.6 | | | 234.77 | 210.13 | 1577 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO NECK W/WO CONTRAST | 70498 | CPT | | | | both | | | 1660 | | 241.65 Wellcare | Medicaid | 523.73 | 31.55 | | 723.54 | 210.13 | 1577 | percent of total billed charges | |
| HC CT ANGIO NECK W/WO CONTRAST | 70498 | CPT | | | | both | | | 1660 | | 241.65 Managed Care Inc | Managed Care Inc | 1494 | 90 | | | 210.13 | 1577 | percent of total billed charges | |
| HC CT ANGIO NECK W/WO CONTRAST | 70498 | CPT | | | | both | | | 1660 | | 241.65 Three Rivers | Three Rivers | 1577 | 95 | | | 210.13 | 1577 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK WO CONTRAST | 70540 | CPT | | | | both | | | 3607 | | 322.28 Aetna | Better Health | 1138.01 | 31.55 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK WO CONTRAST | 70540 | CPT | | | | both | | | 3607 | | 322.28 WellPoint | WellPoint | 1160.73 | 32.18 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK WO CONTRAST | 70540 | CPT | | | | both | | | 3607 | | 322.28 Aetna | Medicare | 280.24 | | | | 280.24 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ORBIT FACE NECK WO CONTRAST | 70540 | CPT | | | | both | | | 3607 | | 322.28 Multiplan | Multiplan | 2885.6 | 80 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK WO CONTRAST | 70540 | CPT | | | | both | | | 3607 | | 322.28 Consumer | Consumer | 3426.65 | 95 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK WO CONTRAST | 70540 | CPT | | | | both | | | 3607 | | 322.28 First Trenton | First Trenton | 3246.3 | 90 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK WO CONTRAST | 70540 | CPT | | | | both | | | 3607 | | 322.28 Americare | Americare | 2705.25 | 75 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK WO CONTRAST | 70540 | CPT | | | | both | | | 3607 | | 322.28 First Health | First Health | 2524.9 | 70 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK WO CONTRAST | 70540 | CPT | | | | both | | | 3607 | | 322.28 Aetna | Commercial | 1370.66 | 38 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK WO CONTRAST | 70540 | CPT | | | | both | | | 3607 | | 322.28 Managed Care Inc | Managed Care Inc | 3246.3 | 90 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK WO CONTRAST | 70540 | CPT | | | | both | | | 3607 | | 322.28 Corrections | Corrections | 2885.6 | 80 | | 1089.16 | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK WO CONTRAST | 70540 | CPT | | | | both | | | 3607 | | 322.28 Qualcare | Qualcare | 2705.25 | 75 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK WO CONTRAST | 70540 | CPT | | | | both | | | 3607 | | 322.28 Horizon | Medicare Blue | 280.24 | | | | 280.24 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ORBIT FACE NECK WO CONTRAST | 70540 | CPT | | | | both | | | 3607 | | 322.28 UHC | Medicare | 280.24 | | | | 280.24 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ORBIT FACE NECK WO CONTRAST | 70540 | CPT | | | | both | | | 3607 | | 322.28 Amerihealth | HMO/PPO | 294.5 | | | | 280.24 | 3426.65 | fee schedule | |
| HC MRI ORBIT FACE NECK WO CONTRAST | 70540 | CPT | | | | both | | | 3607 | | 322.28 Horizon | Indemnity | 542.26 | | | | 280.24 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ORBIT FACE NECK WO CONTRAST | 70540 | CPT | | | | both | | | 3607 | | 322.28 Horizon | NJ Health | 588 | | | 588 | 280.24 | 3426.65 | fee schedule | |
| HC MRI ORBIT FACE NECK WO CONTRAST | 70540 | CPT | | | | both | | | 3607 | | 322.28 Wellcare | Medicare | 280.24 | | | | 280.24 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ORBIT FACE NECK WO CONTRAST | 70540 | CPT | | | | both | | | 3607 | | 322.28 Horizon | MGD | 542.26 | | | 213.04 | 280.24 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ORBIT FACE NECK WO CONTRAST | 70540 | CPT | | | | both | | | 3607 | | 322.28 UHC | Medicaid | 1138.01 | 31.55 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK WO CONTRAST | 70540 | CPT | | | | both | | | 3607 | | 322.28 Horizon | PPO | 542.26 | | | | 280.24 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ORBIT FACE NECK WO CONTRAST | 70540 | CPT | | | | both | | | 3607 | | 322.28 Three Rivers | Three Rivers | 3426.65 | 95 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK WO CONTRAST | 70540 | CPT | | | | both | | | 3607 | | 322.28 Wellcare | Medicaid | 1138.01 | 31.55 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK W CONTRAST | 70542 | CPT | | | | outpatient | | | 4926 | | 505.8 First Health | First Health | 3448.2 | 70 | | | 341 | 4679.7 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK W CONTRAST | 70542 | CPT | | | | outpatient | | | 4926 | | 505.8 Qualcare | Qualcare | 3694.5 | 75 | | | 341 | 4679.7 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK W CONTRAST | 70542 | CPT | | | | outpatient | | | 4926 | | 505.8 WellPoint | WellPoint | 1585.19 | 32.18 | | | 341 | 4679.7 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK W CONTRAST | 70542 | CPT | | | | outpatient | | | 4926 | | 505.8 Aetna | Medicare | 439.83 | | | | 341 | 4679.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ORBIT FACE NECK W CONTRAST | 70542 | CPT | | | | outpatient | | | 4926 | | 505.8 Aetna | Better Health | 1554.15 | 31.55 | | | 341 | 4679.7 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK W CONTRAST | 70542 | CPT | | | | outpatient | | | 4926 | | 505.8 Consumer | Consumer | 4679.7 | 95 | | | 341 | 4679.7 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK W CONTRAST | 70542 | CPT | | | | outpatient | | | 4926 | | 505.8 Horizon | MGD | 851.07 | | | | 341 | 4679.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ORBIT FACE NECK W CONTRAST | 70542 | CPT | | | | outpatient | | | 4926 | | 505.8 Aetna | Commercial | 1871.88 | 38 | | | 341 | 4679.7 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK W CONTRAST | 70542 | CPT | | | | outpatient | | | 4926 | | 505.8 Three Rivers | Three Rivers | 4679.7 | 95 | | | 341 | 4679.7 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK W CONTRAST | 70542 | CPT | | | | outpatient | | | 4926 | | 505.8 Corrections | Corrections | 3940.8 | 80 | | | 341 | 4679.7 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK W CONTRAST | 70542 | CPT | | | | outpatient | | | 4926 | | 505.8 Horizon | PPO | 851.07 | | | | 341 | 4679.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ORBIT FACE NECK W CONTRAST | 70542 | CPT | | | | outpatient | | | 4926 | | 505.8 Americare | Americare | 3694.5 | 75 | | | 341 | 4679.7 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK W CONTRAST | 70542 | CPT | | | | outpatient | | | 4926 | | 505.8 Amerihealth | HMO/PPO | 341 | | | | 341 | 4679.7 | fee schedule | |
| HC MRI ORBIT FACE NECK W CONTRAST | 70542 | CPT | | | | outpatient | | | 4926 | | 505.8 First Trenton | First Trenton | 4433.4 | 90 | | | 341 | 4679.7 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK W CONTRAST | 70542 | CPT | | | | outpatient | | | 4926 | | 505.8 UHC | Medicaid | 1554.15 | 31.55 | | | 341 | 4679.7 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK W CONTRAST | 70542 | CPT | | | | outpatient | | | 4926 | | 505.8 Multiplan | Multiplan | 3940.8 | 80 | | | 341 | 4679.7 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK W CONTRAST | 70542 | CPT | | | | outpatient | | | 4926 | | 505.8 Wellcare | Medicare | 439.83 | | | | 341 | 4679.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ORBIT FACE NECK W CONTRAST | 70542 | CPT | | | | outpatient | | | 4926 | | 505.8 Horizon | NJ Health | 668.36 | | | | 341 | 4679.7 | fee schedule | |
| HC MRI ORBIT FACE NECK W CONTRAST | 70542 | CPT | | | | outpatient | | | 4926 | | 505.8 Horizon | Indemnity | 851.07 | | | | 341 | 4679.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ORBIT FACE NECK W CONTRAST | 70542 | CPT | | | | outpatient | | | 4926 | | 505.8 Horizon | Medicare Blue | 439.83 | | | | 341 | 4679.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ORBIT FACE NECK W CONTRAST | 70542 | CPT | | | | outpatient | | | 4926 | | 505.8 UHC | Medicare | 439.83 | | | | 341 | 4679.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ORBIT FACE NECK W CONTRAST | 70542 | CPT | | | | outpatient | | | 4926 | | 505.8 Managed Care Inc | Managed Care Inc | 4433.4 | 90 | | | 341 | 4679.7 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK W CONTRAST | 70542 | CPT | | | | outpatient | | | 4926 | | 505.8 Wellcare | Medicaid | 1554.15 | 31.55 | | | 341 | 4679.7 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK WO/W CONTRAST | 70543 | CPT | | | | both | | | 4087 | | 505.8 Horizon | MGD | 851.07 | | | 810.69 | 439.83 | 3882.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ORBIT FACE NECK WO/W CONTRAST | 70543 | CPT | | | | both | | | 4087 | | 505.8 Aetna | Commercial | 1553.06 | 38 | | 712.87 | 439.83 | 3882.65 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK WO/W CONTRAST | 70543 | CPT | | | | both | | | 4087 | | 505.8 WellPoint | WellPoint | 1315.2 | 32.18 | | 739.48 | 439.83 | 3882.65 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK WO/W CONTRAST | 70543 | CPT | | | | both | | | 4087 | | 505.8 Aetna | Better Health | 1289.45 | 31.55 | | 1289.45 | 439.83 | 3882.65 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK WO/W CONTRAST | 70543 | CPT | | | | both | | | 4087 | | 505.8 Amerihealth | HMO/PPO | 477.4 | | | 488.51 | 439.83 | 3882.65 | fee schedule | |
| HC MRI ORBIT FACE NECK WO/W CONTRAST | 70543 | CPT | | | | both | | | 4087 | | 505.8 Aetna | Medicare | 439.83 | | | 441.3 | 439.83 | 3882.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ORBIT FACE NECK WO/W CONTRAST | 70543 | CPT | | | | both | | | 4087 | | 505.8 Corrections | Corrections | 3269.6 | 80 | | 1261.29 | 439.83 | 3882.65 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK WO/W CONTRAST | 70543 | CPT | | | | both | | | 4087 | | 505.8 Horizon | Medicare Blue | 439.83 | | | 429.29 | 439.83 | 3882.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ORBIT FACE NECK WO/W CONTRAST | 70543 | CPT | | | | both | | | 4087 | | 505.8 First Health | First Health | 2860.9 | 70 | | | 439.83 | 3882.65 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK WO/W CONTRAST | 70543 | CPT | | | | both | | | 4087 | | 505.8 Consumer | Consumer | 3882.65 | 95 | | | 439.83 | 3882.65 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK WO/W CONTRAST | 70543 | CPT | | | | both | | | 4087 | | 505.8 First Trenton | First Trenton | 3678.3 | 90 | | | 439.83 | 3882.65 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK WO/W CONTRAST | 70543 | CPT | | | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC MRI ORBIT FACE NECK WO/W CONTRAST | 70543 | CPT | | | | both | | | 4087 | 505.8 | Americare | Americare | 3065.25 | 75 | | | 439.83 | 3882.65 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK WO/W CONTRAST | 70543 | CPT | | | | both | | | 4087 | 505.8 | Qualcare | Qualcare | 3065.25 | 75 | | | 439.83 | 3882.65 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK WO/W CONTRAST | 70543 | CPT | | | | both | | | 4087 | 505.8 | Managed Care Inc | Managed Care Inc | 3678.3 | 90 | | | 439.83 | 3882.65 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK WO/W CONTRAST | 70543 | CPT | | | | both | | | 4087 | 505.8 | UHC | Medicaid | 1289.45 | 31.55 | | 1140.31 | 439.83 | 3882.65 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK WO/W CONTRAST | 70543 | CPT | | | | both | | | 4087 | 505.8 | Horizon | Indemnity | 851.07 | | | 991.07 | 439.83 | 3882.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ORBIT FACE NECK WO/W CONTRAST | 70543 | CPT | | | | both | | | 4087 | 505.8 | UHC | Medicare | 439.83 | | | 356.56 | 439.83 | 3882.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ORBIT FACE NECK WO/W CONTRAST | 70543 | CPT | | | | both | | | 4087 | 505.8 | Horizon | NJ Health | 959.24 | | | 517.32 | 439.83 | 3882.65 | fee schedule | |
| HC MRI ORBIT FACE NECK WO/W CONTRAST | 70543 | CPT | | | | both | | | 4087 | 505.8 | Wellcare | Medicaid | 1289.45 | 31.55 | | 1221.04 | 439.83 | 3882.65 | percent of total billed charges | |
| HC MRI ORBIT FACE NECK WO/W CONTRAST | 70543 | CPT | | | | both | | | 4087 | 505.8 | Horizon | PPO | 851.07 | | | 699.62 | 439.83 | 3882.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ORBIT FACE NECK WO/W CONTRAST | 70543 | CPT | | | | both | | | 4087 | 505.8 | Three Rivers | Three Rivers | 3882.65 | 95 | | | 439.83 | 3882.65 | percent of total billed charges | |
| HC MRA HEAD WO CONTRAST | 70544 | CPT | | | | both | | | 3607 | 322.28 | Aetna | Better Health | 1138.01 | 31.55 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRA HEAD WO CONTRAST | 70544 | CPT | | | | both | | | 3607 | 322.28 | First Trenton | First Trenton | 3246.3 | 90 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRA HEAD WO CONTRAST | 70544 | CPT | | | | both | | | 3607 | 322.28 | UHC | Medicare | 280.24 | | | 564.24 | 280.24 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA HEAD WO CONTRAST | 70544 | CPT | | | | both | | | 3607 | 322.28 | Amerihealth | HMO/PPO | 294.5 | | | | 280.24 | 3426.65 | fee schedule | |
| HC MRA HEAD WO CONTRAST | 70544 | CPT | | | | both | | | 3607 | 322.28 | Consumer | Consumer | 3426.65 | 95 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRA HEAD WO CONTRAST | 70544 | CPT | | | | both | | | 3607 | 322.28 | Aetna | Commercial | 1370.66 | 38 | | 744.9 | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRA HEAD WO CONTRAST | 70544 | CPT | | | | both | | | 3607 | 322.28 | Horizon | Medicare Blue | 280.24 | | | | 280.24 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA HEAD WO CONTRAST | 70544 | CPT | | | | both | | | 3607 | 322.28 | WellPoint | WellPoint | 1160.73 | 32.18 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRA HEAD WO CONTRAST | 70544 | CPT | | | | both | | | 3607 | 322.28 | Aetna | Medicare | 280.24 | | | | 280.24 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA HEAD WO CONTRAST | 70544 | CPT | | | | both | | | 3607 | 322.28 | Horizon | Indemnity | 542.26 | | | | 280.24 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA HEAD WO CONTRAST | 70544 | CPT | | | | both | | | 3607 | 322.28 | Wellcare | Medicaid | 1138.01 | 31.55 | | 1077.61 | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRA HEAD WO CONTRAST | 70544 | CPT | | | | both | | | 3607 | 322.28 | First Health | First Health | 2524.9 | 70 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRA HEAD WO CONTRAST | 70544 | CPT | | | | both | | | 3607 | 322.28 | Corrections | Corrections | 2885.6 | 80 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRA HEAD WO CONTRAST | 70544 | CPT | | | | both | | | 3607 | 322.28 | Qualcare | Qualcare | 2705.25 | 75 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRA HEAD WO CONTRAST | 70544 | CPT | | | | both | | | 3607 | 322.28 | Americare | Americare | 2705.25 | 75 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRA HEAD WO CONTRAST | 70544 | CPT | | | | both | | | 3607 | 322.28 | Horizon | MGD | 542.26 | | | 210.62 | 280.24 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA HEAD WO CONTRAST | 70544 | CPT | | | | both | | | 3607 | 322.28 | UHC | Medicaid | 1138.01 | 31.55 | | 855.49 | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRA HEAD WO CONTRAST | 70544 | CPT | | | | both | | | 3607 | 322.28 | Horizon | NJ Health | 593.88 | | | 248.5 | 280.24 | 3426.65 | fee schedule | |
| HC MRA HEAD WO CONTRAST | 70544 | CPT | | | | both | | | 3607 | 322.28 | Multiplan | Multiplan | 2885.6 | 80 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRA HEAD WO CONTRAST | 70544 | CPT | | | | both | | | 3607 | 322.28 | Horizon | PPO | 542.26 | | | | 280.24 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA HEAD WO CONTRAST | 70544 | CPT | | | | both | | | 3607 | 322.28 | Three Rivers | Three Rivers | 3426.65 | 95 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRA HEAD WO CONTRAST | 70544 | CPT | | | | both | | | 3607 | 322.28 | Managed Care Inc | Managed Care Inc | 3246.3 | 90 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRA HEAD WO CONTRAST | 70544 | CPT | | | | both | | | 3607 | 322.28 | Wellcare | Medicare | 280.24 | | | 1077.61 | 280.24 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA HEAD W CONTRAST MATERIAL | 70545 | CPT | | | | outpatient | | | 4926 | 505.8 | Americare | Americare | 3694.5 | 75 | | | 341 | 4679.7 | percent of total billed charges | |
| HC MRA HEAD W CONTRAST MATERIAL | 70545 | CPT | | | | outpatient | | | 4926 | 505.8 | Horizon | MGD | 851.07 | | | | 341 | 4679.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA HEAD W CONTRAST MATERIAL | 70545 | CPT | | | | outpatient | | | 4926 | 505.8 | Aetna | Medicare | 439.83 | | | | 341 | 4679.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA HEAD W CONTRAST MATERIAL | 70545 | CPT | | | | outpatient | | | 4926 | 505.8 | Amerihealth | HMO/PPO | 341 | | | | 341 | 4679.7 | fee schedule | |
| HC MRA HEAD W CONTRAST MATERIAL | 70545 | CPT | | | | outpatient | | | 4926 | 505.8 | Wellcare | Medicaid | 1554.15 | 31.55 | | | 341 | 4679.7 | percent of total billed charges | |
| HC MRA HEAD W CONTRAST MATERIAL | 70545 | CPT | | | | outpatient | | | 4926 | 505.8 | UHC | Medicare | 439.83 | | | | 341 | 4679.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA HEAD W CONTRAST MATERIAL | 70545 | CPT | | | | outpatient | | | 4926 | 505.8 | Aetna | Commercial | 1871.88 | 38 | | | 341 | 4679.7 | percent of total billed charges | |
| HC MRA HEAD W CONTRAST MATERIAL | 70545 | CPT | | | | outpatient | | | 4926 | 505.8 | Aetna | Better Health | 1554.15 | 31.55 | | | 341 | 4679.7 | percent of total billed charges | |
| HC MRA HEAD W CONTRAST MATERIAL | 70545 | CPT | | | | outpatient | | | 4926 | 505.8 | Horizon | Medicare Blue | 439.83 | | | | 341 | 4679.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA HEAD W CONTRAST MATERIAL | 70545 | CPT | | | | outpatient | | | 4926 | 505.8 | Horizon | PPO | 851.07 | | | | 341 | 4679.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA HEAD W CONTRAST MATERIAL | 70545 | CPT | | | | outpatient | | | 4926 | 505.8 | Consumer | Consumer | 4679.7 | 95 | | | 341 | 4679.7 | percent of total billed charges | |
| HC MRA HEAD W CONTRAST MATERIAL | 70545 | CPT | | | | outpatient | | | 4926 | 505.8 | Horizon | Indemnity | 851.07 | | | | 341 | 4679.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA HEAD W CONTRAST MATERIAL | 70545 | CPT | | | | outpatient | | | 4926 | 505.8 | Multiplan | Multiplan | 3940.8 | 80 | | | 341 | 4679.7 | percent of total billed charges | |
| HC MRA HEAD W CONTRAST MATERIAL | 70545 | CPT | | | | outpatient | | | 4926 | 505.8 | UHC | Medicaid | 1554.15 | 31.55 | | | 341 | 4679.7 | percent of total billed charges | |
| HC MRA HEAD W CONTRAST MATERIAL | 70545 | CPT | | | | outpatient | | | 4926 | 505.8 | Corrections | Corrections | 3940.8 | 80 | | | 341 | 4679.7 | percent of total billed charges | |
| HC MRA HEAD W CONTRAST MATERIAL | 70545 | CPT | | | | outpatient | | | 4926 | 505.8 | First Health | First Health | 3448.2 | 70 | | | 341 | 4679.7 | percent of total billed charges | |
| HC MRA HEAD W CONTRAST MATERIAL | 70545 | CPT | | | | outpatient | | | 4926 | 505.8 | Qualcare | Qualcare | 3694.5 | 75 | | | 341 | 4679.7 | percent of total billed charges | |
| HC MRA HEAD W CONTRAST MATERIAL | 70545 | CPT | | | | outpatient | | | 4926 | 505.8 | WellPoint | WellPoint | 1585.19 | 32.18 | | | 341 | 4679.7 | percent of total billed charges | |
| HC MRA HEAD W CONTRAST MATERIAL | 70545 | CPT | | | | outpatient | | | 4926 | 505.8 | Horizon | NJ Health | 668.36 | | | | 341 | 4679.7 | fee schedule | |
| HC MRA HEAD W CONTRAST MATERIAL | 70545 | CPT | | | | outpatient | | | 4926 | 505.8 | First Trenton | First Trenton | 4433.4 | 90 | | | 341 | 4679.7 | percent of total billed charges | |
| HC MRA HEAD W CONTRAST MATERIAL | 70545 | CPT | | | | outpatient | | | 4926 | 505.8 | Managed Care Inc | Managed Care Inc | 4433.4 | 90 | | | 341 | 4679.7 | percent of total billed charges | |
| HC MRA HEAD W CONTRAST MATERIAL | 70545 | CPT | | | | outpatient | | | 4926 | 505.8 | Three Rivers | Three Rivers | 4679.7 | 95 | | | 341 | 4679.7 | percent of total billed charges | |
| HC MRA HEAD W CONTRAST MATERIAL | 70545 | CPT | | | | outpatient | | | 4926 | 505.8 | Wellcare | Medicare | 439.83 | | | | 341 | 4679.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA HEAD WO/W CONTRAST | 70546 | CPT | | | | both | | | 3607 | 505.8 | Americare | Americare | 2705.25 | 75 | | | 439.83 | 3426.65 | percent of total billed charges | |
| HC MRA HEAD WO/W CONTRAST | 70546 | CPT | | | | both | | | 3607 | 505.8 | Medicare | Medicare | 439.83 | | | | 439.83 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA HEAD WO/W CONTRAST | 70546 | CPT | | | | both | | | 3607 | 505.8 | Multiplan | Multiplan | 2885.6 | 80 | | | 439.83 | 3426.65 | percent of total billed charges | |
| HC MRA HEAD WO/W CONTRAST | 70546 | CPT | | | | both | | | 3607 | 505.8 | Consumer | Consumer | 3426.65 | 95 | | | 439.83 | 3426.65 | percent of total billed charges | |
| HC MRA HEAD WO/W CONTRAST | 70546 | CPT | | | | both | | | 3607 | 505.8 | First Trenton | First Trenton | 3246.3 | 90 | | | 439.83 | 3426.65 | percent of total billed charges | |
| HC MRA HEAD WO/W CONTRAST | 70546 | CPT | | | | both | | | 3607 | 505.8 | Aetna | Better Health | 1138.01 | 31.55 | | | 439.83 | 3426.65 | percent of total billed charges | |
| HC MRA HEAD WO/W CONTRAST | 70546 | CPT | | | | both | | | 3607 | 505.8 | UHC | Medicare | 439.83 | | | | 439.83 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA HEAD WO/W CONTRAST | 70546 | CPT | | | | both | | | 3607 | 505.8 | Corrections | Corrections | 2885.6 | 80 | | | 439.83 | 3426.65 | percent of total billed charges | |
| HC MRA HEAD WO/W CONTRAST | 70546 | CPT | | | | both | | | 3607 | 505.8 | Amerihealth | HMO/PPO | 477.4 | | | | 439.83 | 3426.65 | fee schedule | |
| HC MRA HEAD WO/W CONTRAST | 70546 | CPT | | | | both | | | 3607 | 505.8 | First Health | First Health | 2524.9 | 70 | | | 439.83 | 3426.65 | percent of total billed charges | |
| HC MRA HEAD WO/W CONTRAST | 70546 | CPT | | | | both | | | 3607 | 505.8 | Qualcare | Qualcare | 2705.25 | 75 | | | 439.83 | 3426.65 | percent of total billed charges | |
| HC MRA HEAD WO/W CONTRAST | 70546 | CPT | | | | both | | | 3607 | 505.8 | Three Rivers | Three Rivers | 3426.65 | 95 | | | 439.83 | 3426.65 | percent of total billed charges | |
| HC MRA HEAD WO/W CONTRAST | 70546 | CPT | | | | both | | | 3607 | 505.8 | Managed Care Inc | Managed Care Inc | 3246.3 | 90 | | | 439.83 | 3426.65 | percent of total billed charges | |
| HC MRA HEAD WO/W CONTRAST | 70546 | CPT | | | | both | | | 3607 | 505.8 | Aetna | Commercial | 1370.66 | 38 | | | 439.83 | 3426.65 | percent of total billed charges | |
| HC MRA HEAD WO/W CONTRAST | 70546 | CPT | | | | both | | | 3607 | 505.8 | Wellcare | Medicare | 439.83 | | | | 439.83 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA HEAD WO/W CONTRAST | 70546 | CPT | | | | both | | | 3607 | 505.8 | Horizon | Medicare Blue | 439.83 | | | | 439.83 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA HEAD WO/W CONTRAST | 70546 | CPT | | | | both | | | 3607 | 505.8 | Horizon | Indemnity | 851.07 | | | | 439.83 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA HEAD WO/W CONTRAST | 70546 | CPT | | | | both | | | 3607 | 505.8 | Horizon | MGD | 851.07 | | | | 439.83 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA HEAD WO/W CONTRAST | 70546 | CPT | | | | both | | | 3607 | 505.8 | UHC | Medicaid | 1138.01 | 31.55 | | 535.18 | 439.83 | 3426.65 | percent of total billed charges | |
| HC MRA HEAD WO/W CONTRAST | 70546 | CPT | | | | both | | | 3607 | 505.8 | Wellcare | Medicaid | 1138.01 | 31.55 | | | 439.83 | 3426.65 | percent of total billed charges | |
| HC MRA HEAD WO/W CONTRAST | 70546 | CPT | | | | both | | | 3607 | 505.8 | Horizon | NJ Health | 859.73 | | | 76.27 | 439.83 | 3426.65 | fee schedule | |
| HC MRA HEAD WO/W CONTRAST | 70546 | CPT | | | | both | | | 3607 | 505.8 | WellPoint | WellPoint | 1160.73 | 32.18 | | | 439.83 | 3426.65 | percent of total billed charges | |
| HC MRA HEAD WO/W CONTRAST | 70546 | CPT | | | | both | | | 3607 | 505.8 | Horizon | PPO | 851.07 | | | 793.63 | 439.83 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA NECK WO CONTRAST | 70547 | CPT | | | | both | | | 3607 | 322.28 | Aetna | Medicare | 280.24 | | | | 280.24 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA NECK WO CONTRAST | 70547 | CPT | | | | both | | | 3607 | 322.28 | Aetna | Commercial | 1370.66 | 38 | | 744.9 | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRA NECK WO CONTRAST | 70547 | CPT | | | | both | | | 3607 | 322.28 | Horizon | Medicare Blue | 280.24 | | | | 280.24 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA NECK WO CONTRAST | 70547 | CPT | | | | both | | | 3607 | 322.28 | Amerihealth | HMO/PPO | 294.5 | | | | 280.24 | 3426.65 | fee schedule | |
| HC MRA NECK WO CONTRAST | 70547 | CPT | | | | both | | | 3607 | 322.28 | Aetna | Better Health | 1138.01 | 31.55 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRA NECK WO CONTRAST | 70547 | CPT | | | | both | | | 3607 | 322.28 | Horizon | Indemnity | 542.26 | | | | 280.24 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA NECK WO CONTRAST | 70547 | CPT | | | | both | | | 3607 | 322.28 | Consumer | Consumer | 3426.65 | 95 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRA NECK WO CONTRAST | 70547 | CPT | | | | both | | | 3607 | 322.28 | First Trenton | First Trenton | 3246.3 | 90 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRA NECK WO CONTRAST | 70547 | CPT | | | | both | | | 3607 | 322.28 | Americare | Americare | 2705.25 | 75 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRA NECK WO CONTRAST | 70547 | CPT | | | | both | | | 3607 | 322.28 | Multiplan | Multiplan | 2885.6 | 80 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRA NECK WO CONTRAST | 70547 | CPT | | | | both | | | 3607 | 322.28 | Corrections | Corrections | 2885.6 | 80 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRA NECK WO CONTRAST | 70547 | CPT | | | | both | | | 3607 | 322.28 | First Health | First Health | 2524.9 | 70 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRA NECK WO CONTRAST | 70547 | CPT | | | | both | | | 3607 | 322.28 | Horizon | NJ Health | 593.88 | | | | 280.24 | 3426.65 | fee schedule | |
| HC MRA NECK WO CONTRAST | 70547 | CPT | | | | both | | | 3607 | 322.28 | Horizon | PPO | 542.26 | | | | 280.24 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA NECK WO CONTRAST | 70547 | CPT | | | | both | | | 3607 | 322.28 | Horizon | MGD | 542.26 | | | | 280.24 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA NECK WO CONTRAST | 70547 | CPT | | | | both | | | 3607 | 322.28 | Managed Care Inc | Managed Care Inc | 3246.3 | 90 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRA NECK WO CONTRAST | 70547 | CPT | | | | both | | | 3607 | 322.28 | Three Rivers | Three Rivers | 3426.65 | 95 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRA NECK WO CONTRAST | 70547 | CPT | | | | both | | | 3607 | 322.28 | Qualcare | Qualcare | 2705.25 | 75 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRA NECK WO CONTRAST | 70547 | CPT | | | | both | | | 3607 | 322.28 | Wellcare | Medicaid | 1138.01 | 31.55 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRA NECK WO CONTRAST | 70547 | CPT | | | | both | | | 3607 | 322.28 | UHC | Medicare | 280.24 | | | | 280.24 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA NECK WO CONTRAST | 70547 | CPT | | | | both | | | 3607 | 322.28 | UHC | Medicaid | 1138.01 | 31.55 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRA NECK WO CONTRAST | 70547 | CPT | | | | both | | | 3607 | 322.28 | Wellcare | Medicare | 280.24 | | | | 280.24 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA NECK WO CONTRAST | 70547 | CPT | | | | both | | | 3607 | 322.28 | WellPoint | WellPoint | 1160.73 | 32.18 | | | 280.24 | 3426.65 | percent of total billed charges | |
| HC MRA NECK W CONTRAST | 70548 | CPT | | | | outpatient | | | 3607 | 505.8 | Qualcare | Qualcare | 2705.25 | 75 | | | 341 | 3426.65 | percent of total billed charges | |
| HC MRA NECK W CONTRAST | 70548 | CPT | | | | outpatient | | | 3607 | 505.8 | Aetna | Medicare | 439.83 | | | | 341 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA NECK W CONTRAST | 70548 | CPT | | | | outpatient | | | 3607 | 505.8 | Amerihealth | HMO/PPO | 341 | | | | 341 | 3426.65 | fee schedule | |
| HC MRA NECK W CONTRAST | 70548 | CPT | | | | outpatient | | | 3607 | 505.8 | Consumer | Consumer | 3426.65 | 95 | | | 341 | 3426.65 | percent of total billed charges | |
| HC MRA NECK W CONTRAST | 70548 | CPT | | | | outpatient | | | 3607 | 505.8 | Aetna | Better Health | 1138.01 | 31.55 | | | 341 | 3426.65 | percent of total billed charges | |
| HC MRA NECK W CONTRAST | 70548 | CPT | | | | outpatient | | | 3607 | 505.8 | Aetna | Commercial | 1370.66 | 38 | | | 341 | 3426.65 | percent of total billed charges | |
| HC MRA NECK W CONTRAST | 70548 | CPT | | | | outpatient | | | 3607 | 505.8 | Horizon | Medicare Blue | 439.83 | | | | 341 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA NECK W CONTRAST | 70548 | CPT | | | | outpatient | | | 3607 | 505.8 | Americare | Americare | 2705.25 | 75 | | | 341 | 3426.65 | percent of total billed charges | |
| HC MRA NECK W CONTRAST | 70548 | CPT | | | | outpatient | | | 3607 | 505.8 | UHC | Medicaid | 1138.01 | 31.55 | | | 341 | 3426.65 | percent of total billed charges | |
| HC MRA NECK W CONTRAST | 70548 | CPT | | | | outpatient | | | 3607 | 505.8 | Horizon | MGD | 851.07 | | | | 341 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA NECK W CONTRAST | 70548 | CPT | | | | outpatient | | | 3607 | 505.8 | First Health | First Health | 2524.9 | 70 | | | 341 | 3426.65 | percent of total billed charges | |
| HC MRA NECK W CONTRAST | 70548 | CPT | | | | outpatient | | | 3607 | 505.8 | Corrections | Corrections | 2885.6 | 80 | | | 341 | 3426.65 | percent of total billed charges | |
| HC MRA NECK W CONTRAST | 70548 | CPT | | | | outpatient | | | 3607 | 505.8 | First Trenton | First Trenton | 3246.3 | 90 | | | 341 | 3426.65 | percent of total billed charges | |
| HC MRA NECK W CONTRAST | 70548 | CPT | | | | outpatient | | | 3607 | 505.8 | Multiplan | Multiplan | 2885.6 | 80 | | | 341 | 3426.65 | percent of total billed charges | |
| HC MRA NECK W CONTRAST | 70548 | CPT | | | | outpatient | | | 3607 | 505.8 | Horizon | Indemnity | 851.07 | | | | 341 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA NECK W CONTRAST | 70548 | CPT | | | | outpatient | | | 3607 | 505.8 | Horizon | NJ Health | 668.36 | | | | 341 | 3426.65 | fee schedule | |
| HC MRA NECK W CONTRAST | 70548 | CPT | | | | outpatient | | | 3607 | 505.8 | Horizon | PPO | 851.07 | | | | 341 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA NECK W CONTRAST | 70548 | CPT | | | | outpatient | | | 3607 | 505.8 | Three Rivers | Three Rivers | 3426.65 | 95 | | | 341 | 3426.65 | percent of total billed charges | |
| HC MRA NECK W CONTRAST | 70548 | CPT | | | | outpatient | | | 3607 | 505.8 | Wellcare | Medicaid | 1138.01 | 31.55 | | | 341 | 3426.65 | percent of total billed charges | |
| HC MRA NECK W CONTRAST | 70548 | CPT | | | | outpatient | | | 3607 | 505.8 | Managed Care Inc | Managed Care Inc | 3246.3 | 90 | | | 341 | 3426.65 | percent of total billed charges | |
| HC MRA NECK W CONTRAST | 70548 | CPT | | | | outpatient | | | 3607 | 505.8 | UHC | Medicare | 439.83 | | | | 341 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA NECK W CONTRAST | 70548 | CPT | | | | outpatient | | | 3607 | 505.8 | Wellcare | Medicare | 439.83 | | | | 341 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA NECK W CONTRAST | 70548 | CPT | | | | outpatient | | | 3607 | 505.8 | WellPoint | WellPoint | 1160.73 | 32.18 | | | 341 | 3426.65 | percent of total billed charges | |
| HC MRA NECK WO/W CONTRAST | 70549 | CPT | | | | both | | | 3607 | 505.8 | Corrections | Corrections | 2885.6 | 80 | | | 439.83 | 3426.65 | percent of total billed charges | |
| HC MRA NECK WO/W CONTRAST | 70549 | CPT | | | | both | | | 3607 | 505.8 | Americare | Americare | 2705.25 | 75 | | | 439.83 | 3426.65 | percent of total billed charges | |
| HC MRA NECK WO/W CONTRAST | 70549 | CPT | | | | both | | | 3607 | 505.8 | Aetna | Medicare | 439.83 | | | | 439.83 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA NECK WO/W CONTRAST | 70549 | CPT | | | | both | | | 3607 | 505.8 | First Trenton | First Trenton | 3246.3 | 90 | | | 439.83 | 3426.65 | percent of total billed charges | |
| HC MRA NECK WO/W CONTRAST | 70549 | CPT | | | | both | | | 3607 | 505.8 | Consumer | Consumer | 3426.65 | 95 | | | 439.83 | 3426.65 | percent of total billed charges | |
| HC MRA NECK WO/W CONTRAST | 70549 | CPT | | | | both | | | 3607 | 505.8 | UHC | Medicare | 439.83 | | | | 439.83 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA NECK WO/W CONTRAST | 70549 | CPT | | | | both | | | 3607 | 505.8 | Aetna | Better Health | 1138.01 | 31.55 | | | 439.83 | 3426.65 | percent of total billed charges | |
| HC MRA NECK WO/W CONTRAST | 70549 | CPT | | | | both | | | 3607 | 505.8 | UHC | Medicaid | 1138.01 | 31.55 | | | 439.83 | 3426.65 | percent of total billed charges | |
| HC MRA NECK WO/W CONTRAST | 70549 | CPT | | | | both | | | 3607 | 505.8 | Horizon | Medicare Blue | 439.83 | | | | 439.83 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA NECK WO/W CONTRAST | 70549 | CPT | | | | both | | | 3607 | 505.8 | Multiplan | Multiplan | 2885.6 | 80 | | | 439.83 | 3426.65 | percent of total billed charges | |
| HC MRA NECK WO/W CONTRAST | 70549 | CPT | | | | both | | | 3607 | 505.8 | Amerihealth | HMO/PPO | 477.4 | | | | 439.83 | 3426.65 | fee schedule | |
| HC MRA NECK WO/W CONTRAST | 70549 | CPT | | | | both | | | 3607 | 505.8 | Horizon | Indemnity | 851.07 | | | | 439.83 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA NECK WO/W CONTRAST | 70549 | CPT | | | | both | | | 3607 | 505.8 | Horizon | NJ Health | 859.73 | | | | 439.83 | 3426.65 | fee schedule | |
| HC MRA NECK WO/W CONTRAST | 70549 | CPT | | | | both | | | 3607 | 505.8 | Qualcare | Qualcare | 2705.25 | 75 | | | 439.83 | 3426.65 | percent of total billed charges | |
| HC MRA NECK WO/W CONTRAST | 70549 | CPT | | | | both | | | 3607 | 505.8 | Aetna | Commercial | 1370.66 | 38 | | | 439.83 | 3426.65 | percent of total billed charges | |
| HC MRA NECK WO/W CONTRAST | 70549 | CPT | | | | both | | | 3607 | 505.8 | Horizon | PPO | 851.07 | | | | 439.83 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA NECK WO/W CONTRAST | 70549 | CPT | | | | both | | | 3607 | 505.8 | WellPoint | WellPoint | 1160.73 | 32.18 | | | 439.83 | 3426.65 | percent of total billed charges | |
| HC MRA NECK WO/W CONTRAST | 70549 | CPT | | | | both | | | 3607 | 505.8 | Three Rivers | Three Rivers | 3426.65 | 95 | | | 439.83 | 3426.65 | percent of total billed charges | |
| HC MRA NECK WO/W CONTRAST | 70549 | CPT | | | | both | | | 3607 | 505.8 | First Health | First Health | 2524.9 | 70 | | | 439.83 | 3426.65 | percent of total billed charges | |
| HC MRA NECK WO/W CONTRAST | 70549 | CPT | | | | both | | | 3607 | 505.8 | Managed Care Inc | Managed Care Inc | 3246.3 | 90 | | | 439.83 | 3426.65 | percent of total billed charges | |
| HC MRA NECK WO/W CONTRAST | 70549 | CPT | | | | both | | | 3607 | 505.8 | Horizon | MGD | 851.07 | | | | 439.83 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA NECK WO/W CONTRAST | 70549 | CPT | | | | both | | | 3607 | 505.8 | Wellcare | Medicare | 439.83 | | | | 439.83 | 3426.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA NECK WO/W CONTRAST | 70549 | CPT | | | | both | | | 3607 | 505.8 | Wellcare | Medicaid | 1138.01 | 31.55 | | | 439.83 | 3426.65 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC MRI BRAIN, BRAIN STEM W/O CONTRAST | 70551 | CPT | | | | both | | | 5625 | 322.28 | Aetna | Commercial | 2137.5 | 38 | | 1112.13 | 280.24 | 5343.75 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM W/O CONTRAST | 70551 | CPT | | | | both | | | 5625 | 322.28 | Aetna | Better Health | 1774.69 | 31.55 | | | 280.24 | 5343.75 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM W/O CONTRAST | 70551 | CPT | | | | both | | | 5625 | 322.28 | Corrections | Corrections | 4500 | 80 | | 1791.14 | 280.24 | 5343.75 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM W/O CONTRAST | 70551 | CPT | | | | both | | | 5625 | 322.28 | Consumer | Consumer | 5343.75 | 95 | | | 280.24 | 5343.75 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM W/O CONTRAST | 70551 | CPT | | | | both | | | 5625 | 322.28 | Americare | Americare | 4218.75 | 75 | | | 280.24 | 5343.75 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM W/O CONTRAST | 70551 | CPT | | | | both | | | 5625 | 322.28 | Aetna | Medicare | 280.24 | | | 977.02 | 280.24 | 5343.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN, BRAIN STEM W/O CONTRAST | 70551 | CPT | | | | both | | | 5625 | 322.28 | Horizon | NJ Health | 646.8 | | | 288.76 | 280.24 | 5343.75 | fee schedule | |
| HC MRI BRAIN, BRAIN STEM W/O CONTRAST | 70551 | CPT | | | | both | | | 5625 | 322.28 | Horizon | PPO | 542.26 | | | 1389.96 | 280.24 | 5343.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN, BRAIN STEM W/O CONTRAST | 70551 | CPT | | | | both | | | 5625 | 322.28 | Multiplan | Multiplan | 4500 | 80 | | | 280.24 | 5343.75 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM W/O CONTRAST | 70551 | CPT | | | | both | | | 5625 | 322.28 | Amerihealth | HMO/PPO | 294.5 | | | 71.68 | 280.24 | 5343.75 | fee schedule | |
| HC MRI BRAIN, BRAIN STEM W/O CONTRAST | 70551 | CPT | | | | both | | | 5625 | 322.28 | UHC | Medicaid | 1774.69 | 31.55 | | 1618.8 | 280.24 | 5343.75 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM W/O CONTRAST | 70551 | CPT | | | | both | | | 5625 | 322.28 | First Trenton | First Trenton | 5062.5 | 90 | | | 280.24 | 5343.75 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM W/O CONTRAST | 70551 | CPT | | | | both | | | 5625 | 322.28 | Horizon | Medicare Blue | 280.24 | | | 478.19 | 280.24 | 5343.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN, BRAIN STEM W/O CONTRAST | 70551 | CPT | | | | both | | | 5625 | 322.28 | First Health | First Health | 3937.5 | 70 | | | 280.24 | 5343.75 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM W/O CONTRAST | 70551 | CPT | | | | both | | | 5625 | 322.28 | Wellcare | Medicaid | 1774.69 | 31.55 | | 1719.82 | 280.24 | 5343.75 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM W/O CONTRAST | 70551 | CPT | | | | both | | | 5625 | 322.28 | Quality Care | Quality Care | 4218.75 | 75 | | | 280.24 | 5343.75 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM W/O CONTRAST | 70551 | CPT | | | | both | | | 5625 | 322.28 | Horizon | MGD | 542.26 | | | 933.69 | 280.24 | 5343.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN, BRAIN STEM W/O CONTRAST | 70551 | CPT | | | | both | | | 5625 | 322.28 | UHC | Medicare | 280.24 | | | 722.5 | 280.24 | 5343.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN, BRAIN STEM W/O CONTRAST | 70551 | CPT | | | | both | | | 5625 | 322.28 | WellPoint | WellPoint | 1810.13 | 32.18 | | 1134.76 | 280.24 | 5343.75 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM W/O CONTRAST | 70551 | CPT | | | | both | | | 5625 | 322.28 | Managed Care Inc | Managed Care Inc | 5062.5 | 90 | | | 280.24 | 5343.75 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM W/O CONTRAST | 70551 | CPT | | | | both | | | 5625 | 322.28 | Horizon | Indemnity | 542.26 | | | 887.31 | 280.24 | 5343.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN, BRAIN STEM W/O CONTRAST | 70551 | CPT | | | | both | | | 5625 | 322.28 | Three Rivers | Three Rivers | 5343.75 | 95 | | | 280.24 | 5343.75 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM W/O CONTRAST | 70551 | CPT | | | | both | | | 5625 | 322.28 | Wellcare | Medicare | 280.24 | | | 280.24 | 280.24 | 5343.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN, BRAIN STEM W CONTRAST | 70552 | CPT | | | | both | | | 7289 | 505.8 | Horizon | Indemnity | 851.07 | | | | 341 | 6924.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN, BRAIN STEM W CONTRAST | 70552 | CPT | | | | both | | | 7289 | 505.8 | Aetna | Commercial | 2769.82 | 38 | | | 341 | 6924.55 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM W CONTRAST | 70552 | CPT | | | | both | | | 7289 | 505.8 | Aetna | Better Health | 2299.68 | 31.55 | | | 341 | 6924.55 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM W CONTRAST | 70552 | CPT | | | | both | | | 7289 | 505.8 | Americare | Americare | 5466.75 | 75 | | | 341 | 6924.55 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM W CONTRAST | 70552 | CPT | | | | both | | | 7289 | 505.8 | First Trenton | First Trenton | 6560.1 | 90 | | | 341 | 6924.55 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM W CONTRAST | 70552 | CPT | | | | both | | | 7289 | 505.8 | Aetna | Medicare | 439.83 | | | | 341 | 6924.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN, BRAIN STEM W CONTRAST | 70552 | CPT | | | | both | | | 7289 | 505.8 | First Health | First Health | 5102.3 | 70 | | | 341 | 6924.55 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM W CONTRAST | 70552 | CPT | | | | both | | | 7289 | 505.8 | Amerihealth | HMO/PPO | 341 | | | | 341 | 6924.55 | fee schedule | |
| HC MRI BRAIN, BRAIN STEM W CONTRAST | 70552 | CPT | | | | both | | | 7289 | 505.8 | UHC | Medicaid | 2299.68 | 31.55 | | | 341 | 6924.55 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM W CONTRAST | 70552 | CPT | | | | both | | | 7289 | 505.8 | Horizon | PPO | 851.07 | | | | 341 | 6924.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN, BRAIN STEM W CONTRAST | 70552 | CPT | | | | both | | | 7289 | 505.8 | Consumer | Consumer | 6924.55 | 95 | | | 341 | 6924.55 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM W CONTRAST | 70552 | CPT | | | | both | | | 7289 | 505.8 | Corrections | Corrections | 5831.2 | 80 | | | 341 | 6924.55 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM W CONTRAST | 70552 | CPT | | | | both | | | 7289 | 505.8 | Managed Care Inc | Managed Care Inc | 6560.1 | 90 | | | 341 | 6924.55 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM W CONTRAST | 70552 | CPT | | | | both | | | 7289 | 505.8 | WellPoint | WellPoint | 2345.6 | 32.18 | | | 341 | 6924.55 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM W CONTRAST | 70552 | CPT | | | | both | | | 7289 | 505.8 | Horizon | Medicare Blue | 439.83 | | | | 341 | 6924.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN, BRAIN STEM W CONTRAST | 70552 | CPT | | | | both | | | 7289 | 505.8 | Horizon | MGD | 851.07 | | | | 341 | 6924.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN, BRAIN STEM W CONTRAST | 70552 | CPT | | | | both | | | 7289 | 505.8 | UHC | Medicare | 439.83 | | | | 341 | 6924.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN, BRAIN STEM W CONTRAST | 70552 | CPT | | | | both | | | 7289 | 505.8 | Horizon | NJ Health | 689.92 | | | | 341 | 6924.55 | fee schedule | |
| HC MRI BRAIN, BRAIN STEM W CONTRAST | 70552 | CPT | | | | both | | | 7289 | 505.8 | Wellcare | Medicare | 439.83 | | | | 341 | 6924.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN, BRAIN STEM W CONTRAST | 70552 | CPT | | | | both | | | 7289 | 505.8 | Multiplan | Multiplan | 5831.2 | 80 | | | 341 | 6924.55 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM W CONTRAST | 70552 | CPT | | | | both | | | 7289 | 505.8 | Three Rivers | Three Rivers | 6924.55 | 95 | | | 341 | 6924.55 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM W CONTRAST | 70552 | CPT | | | | both | | | 7289 | 505.8 | Quality Care | Quality Care | 5466.75 | 75 | | | 341 | 6924.55 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM W CONTRAST | 70552 | CPT | | | | both | | | 7289 | 505.8 | Wellcare | Medicaid | 2299.68 | 31.55 | | | 341 | 6924.55 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM WO/W CONTRAST | 70553 | CPT | | | | both | | | 9831 | 505.8 | Consumer | Consumer | 9339.45 | 95 | | | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM WO/W CONTRAST | 70553 | CPT | | | | both | | | 9831 | 505.8 | Horizon | Medicare Blue | 439.83 | | | 399.04 | 439.83 | 9339.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN, BRAIN STEM WO/W CONTRAST | 70553 | CPT | | | | both | | | 9831 | 505.8 | First Trenton | First Trenton | 8847.9 | 90 | | | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM WO/W CONTRAST | 70553 | CPT | | | | both | | | 9831 | 505.8 | Aetna | Medicare | 439.83 | | | 523.42 | 439.83 | 9339.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN, BRAIN STEM WO/W CONTRAST | 70553 | CPT | | | | both | | | 9831 | 505.8 | Aetna | Better Health | 3101.68 | 31.55 | | | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM WO/W CONTRAST | 70553 | CPT | | | | both | | | 9831 | 505.8 | Horizon | Indemnity | 851.07 | | | 1560.82 | 439.83 | 9339.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN, BRAIN STEM WO/W CONTRAST | 70553 | CPT | | | | both | | | 9831 | 505.8 | Aetna | Commercial | 3735.78 | 38 | | 637.17 | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM WO/W CONTRAST | 70553 | CPT | | | | both | | | 9831 | 505.8 | Americare | Americare | 7373.25 | 75 | | | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM WO/W CONTRAST | 70553 | CPT | | | | both | | | 9831 | 505.8 | Corrections | Corrections | 7864.8 | 80 | | 3030.6 | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM WO/W CONTRAST | 70553 | CPT | | | | both | | | 9831 | 505.8 | Horizon | MGD | 851.07 | | | 805.81 | 439.83 | 9339.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN, BRAIN STEM WO/W CONTRAST | 70553 | CPT | | | | both | | | 9831 | 505.8 | Managed Care Inc | Managed Care Inc | 8847.9 | 90 | | | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM WO/W CONTRAST | 70553 | CPT | | | | both | | | 9831 | 505.8 | Amerihealth | HMO/PPO | 477.4 | | | 244.25 | 439.83 | 9339.45 | fee schedule | |
| HC MRI BRAIN, BRAIN STEM WO/W CONTRAST | 70553 | CPT | | | | both | | | 9831 | 505.8 | First Health | First Health | 6881.7 | 70 | | | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM WO/W CONTRAST | 70553 | CPT | | | | both | | | 9831 | 505.8 | UHC | Medicaid | 3101.68 | 31.55 | | 2971.59 | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM WO/W CONTRAST | 70553 | CPT | | | | both | | | 9831 | 505.8 | Horizon | NJ Health | 1066.42 | | | 1003.77 | 439.83 | 9339.45 | fee schedule | |
| HC MRI BRAIN, BRAIN STEM WO/W CONTRAST | 70553 | CPT | | | | both | | | 9831 | 505.8 | Wellcare | Medicare | 439.83 | | | 87.97 | 439.83 | 9339.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN, BRAIN STEM WO/W CONTRAST | 70553 | CPT | | | | both | | | 9831 | 505.8 | Horizon | PPO | 851.07 | | | 788.56 | 439.83 | 9339.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN, BRAIN STEM WO/W CONTRAST | 70553 | CPT | | | | both | | | 9831 | 505.8 | Multiplan | Multiplan | 7864.8 | 80 | | | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM WO/W CONTRAST | 70553 | CPT | | | | both | | | 9831 | 505.8 | Quality Care | Quality Care | 7373.25 | 75 | | | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM WO/W CONTRAST | 70553 | CPT | | | | both | | | 9831 | 505.8 | Three Rivers | Three Rivers | 9339.45 | 95 | | | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM WO/W CONTRAST | 70553 | CPT | | | | both | | | 9831 | 505.8 | UHC | Medicare | 439.83 | | | 934.11 | 439.83 | 9339.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN, BRAIN STEM WO/W CONTRAST | 70553 | CPT | | | | both | | | 9831 | 505.8 | Wellcare | Medicaid | 3101.68 | 31.55 | | 3107.9 | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI BRAIN, BRAIN STEM WO/W CONTRAST | 70553 | CPT | | | | both | | | 9831 | 505.8 | WellPoint | WellPoint | 3163.62 | 32.18 | | 1890.21 | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION | 70554 | CPT | | | | outpatient | | | 1767 | 322.28 | Aetna | Better Health | 557.49 | 31.55 | | | 132.25 | 1678.65 | percent of total billed charges | |
| HC MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION | 70554 | CPT | | | | outpatient | | | 1767 | 322.28 | Amerihealth | HMO/PPO | 132.25 | | | | 132.25 | 1678.65 | fee schedule | |
| HC MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION | 70554 | CPT | | | | outpatient | | | 1767 | 322.28 | Aetna | Commercial | 671.46 | 38 | | | 132.25 | 1678.65 | percent of total billed charges | |
| HC MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION | 70554 | CPT | | | | outpatient | | | 1767 | 322.28 | UHC | Medicare | 280.24 | | | | 132.25 | 1678.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION | 70554 | CPT | | | | outpatient | | | 1767 | 322.28 | Consumer | Consumer | 1678.65 | 95 | | | 132.25 | 1678.65 | percent of total billed charges | |
| HC MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION | 70554 | CPT | | | | outpatient | | | 1767 | 322.28 | Horizon | MGD | 542.26 | | | | 132.25 | 1678.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION | 70554 | CPT | | | | outpatient | | | 1767 | 322.28 | Quality Care | Quality Care | 1325.25 | 75 | | | 132.25 | 1678.65 | percent of total billed charges | |
| HC MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION | 70554 | CPT | | | | outpatient | | | 1767 | 322.28 | First Health | First Health | 1236.9 | 70 | | | 132.25 | 1678.65 | percent of total billed charges | |
| HC MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION | 70554 | CPT | | | | outpatient | | | 1767 | 322.28 | Aetna | Medicare | 280.24 | | | | 132.25 | 1678.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION | 70554 | CPT | | | | outpatient | | | 1767 | 322.28 | Horizon | PPO | 542.26 | | | | 132.25 | 1678.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION | 70554 | CPT | | | | outpatient | | | 1767 | 322.28 | Indemnity | Indemnity | 542.26 | | | | 132.25 | 1678.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION | 70554 | CPT | | | | outpatient | | | 1767 | 322.28 | Horizon | Medicare Blue | 280.24 | | | | 132.25 | 1678.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION | 70554 | CPT | | | | outpatient | | | 1767 | 322.28 | Corrections | Corrections | 1413.6 | 80 | | | 132.25 | 1678.65 | percent of total billed charges | |
| HC MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION | 70554 | CPT | | | | outpatient | | | 1767 | 322.28 | UHC | Medicaid | 557.49 | 31.55 | | | 132.25 | 1678.65 | percent of total billed charges | |
| HC MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION | 70554 | CPT | | | | outpatient | | | 1767 | 322.28 | Multiplan | Multiplan | 1413.6 | 80 | | | 132.25 | 1678.65 | percent of total billed charges | |
| HC MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION | 70554 | CPT | | | | outpatient | | | 1767 | 322.28 | Wellcare | Medicare | 280.24 | | | | 132.25 | 1678.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION | 70554 | CPT | | | | outpatient | | | 1767 | 322.28 | Americare | Americare | 1325.25 | 75 | | | 132.25 | 1678.65 | percent of total billed charges | |
| HC MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION | 70554 | CPT | | | | outpatient | | | 1767 | 322.28 | WellPoint | WellPoint | 568.62 | 32.18 | | | 132.25 | 1678.65 | percent of total billed charges | |
| HC MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION | 70554 | CPT | | | | outpatient | | | 1767 | 322.28 | Wellcare | Medicaid | 557.49 | 31.55 | | | 132.25 | 1678.65 | percent of total billed charges | |
| HC MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION | 70554 | CPT | | | | outpatient | | | 1767 | 322.28 | First Trenton | First Trenton | 1590.3 | 90 | | | 132.25 | 1678.65 | percent of total billed charges | |
| HC MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION | 70554 | CPT | | | | outpatient | | | 1767 | 322.28 | Three Rivers | Three Rivers | 1678.65 | 95 | | | 132.25 | 1678.65 | percent of total billed charges | |
| HC MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION | 70554 | CPT | | | | outpatient | | | 1767 | 322.28 | Horizon | NJ Health | 1131.66 | | | | 132.25 | 1678.65 | fee schedule | |
| HC MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION | 70554 | CPT | | | | outpatient | | | 1767 | 322.28 | Managed Care Inc | Managed Care Inc | 1590.3 | 90 | | | 132.25 | 1678.65 | percent of total billed charges | |
| HC MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION | 70555 | CPT | | | | outpatient | | | 2687 | 322.28 | Wellcare | Medicaid | 847.75 | 31.55 | | | 130.09 | 2552.65 | percent of total billed charges | |
| HC MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION | 70555 | CPT | | | | outpatient | | | 2687 | 322.28 | First Health | First Health | 1880.9 | 70 | | | 130.09 | 2552.65 | percent of total billed charges | |
| HC MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION | 70555 | CPT | | | | outpatient | | | 2687 | 322.28 | Multiplan | Multiplan | 2149.6 | 80 | | | 130.09 | 2552.65 | percent of total billed charges | |
| HC MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION | 70555 | CPT | | | | outpatient | | | 2687 | 322.28 | UHC | Medicare | 280.24 | | | | 130.09 | 2552.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION | 70555 | CPT | | | | outpatient | | | 2687 | 322.28 | Americare | Americare | 2015.25 | 75 | | | 130.09 | 2552.65 | percent of total billed charges | |
| HC MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION | 70555 | CPT | | | | outpatient | | | 2687 | 322.28 | Amerihealth | HMO/PPO | 130.09 | | | | 130.09 | 2552.65 | fee schedule | |
| HC MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION | 70555 | CPT | | | | outpatient | | | 2687 | 322.28 | Aetna | Medicare | 280.24 | | | | 130.09 | 2552.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION | 70555 | CPT | | | | outpatient | | | 2687 | 322.28 | Aetna | Better Health | 847.75 | 31.55 | | | 130.09 | 2552.65 | percent of total billed charges | |
| HC MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION | 70555 | CPT | | | | outpatient | | | 2687 | 322.28 | Consumer | Consumer | 2552.65 | 95 | | | 130.09 | 2552.65 | percent of total billed charges | |
| HC MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION | 70555 | CPT | | | | outpatient | | | 2687 | 322.28 | First Trenton | First Trenton | 2418.3 | 90 | | | 130.09 | 2552.65 | percent of total billed charges | |
| HC MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION | 70555 | CPT | | | | outpatient | | | 2687 | 322.28 | Quality Care | Quality Care | 2015.25 | 75 | | | 130.09 | 2552.65 | percent of total billed charges | |
| HC MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION | 70555 | CPT | | | | outpatient | | | 2687 | 322.28 | Aetna | Commercial | 1021.06 | 38 | | | 130.09 | 2552.65 | percent of total billed charges | |
| HC MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION | 70555 | CPT | | | | outpatient | | | 2687 | 322.28 | Horizon | Medicare Blue | 280.24 | | | | 130.09 | 2552.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION | 70555 | CPT | | | | outpatient | | | 2687 | 322.28 | Horizon | Indemnity | 542.26 | | | | 130.09 | 2552.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION | 70555 | CPT | | | | outpatient | | | 2687 | 322.28 | Corrections | Corrections | 2149.6 | 80 | | | 130.09 | 2552.65 | percent of total billed charges | |
| HC MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION | 70555 | CPT | | | | outpatient | | | 2687 | 322.28 | Horizon | MGD | 542.26 | | | | 130.09 | 2552.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION | 70555 | CPT | | | | outpatient | | | 2687 | 322.28 | UHC | Medicaid | 847.75 | 31.55 | | | 130.09 | 2552.65 | percent of total billed charges | |
| HC MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION | 70555 | CPT | | | | outpatient | | | 2687 | 322.28 | Three Rivers | Three Rivers | 2552.65 | 95 | | | 130.09 | 2552.65 | percent of total billed charges | |
| HC MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION | 70555 | CPT | | | | outpatient | | | 2687 | 322.28 | Horizon | NJ Health | 331.53 | | | | 130.09 | 2552.65 | fee schedule | |
| HC MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION | 70555 | CPT | | | | outpatient | | | 2687 | 322.28 | Horizon | PPO | 542.26 | | | | 130.09 | 2552.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION | 70555 | CPT | | | | outpatient | | | 2687 | 322.28 | Managed Care Inc | Managed Care Inc | 2418.3 | 90 | | | 130.09 | 2552.65 | percent of total billed charges | |
| HC MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION | 70555 | CPT | | | | outpatient | | | 2687 | 322.28 | Wellcare | Medicare | 280.24 | | | | 130.09 | 2552.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION | 70555 | CPT | | | | outpatient | | | 2687 | 322.28 | WellPoint | WellPoint | 864.68 | 32.18 | | | 130.09 | 2552.65 | percent of total billed charges | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL | 70557 | CPT | | | | outpatient | | | 806.32 | 725.57 | Consumer | Consumer | 766 | 95 | | | 132.25 | 1220.85 | percent of total billed charges | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL | 70557 | CPT | | | | outpatient | | | 806.32 | 725.57 | Amerihealth | HMO/PPO | 132.25 | | | | 132.25 | 1220.85 | fee schedule | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL | 70557 | CPT | | | | outpatient | | | 806.32 | 725.57 | Corrections | Corrections | 645.06 | 80 | | | 132.25 | 1220.85 | percent of total billed charges | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL | 70557 | CPT | | | | outpatient | | | 806.32 | 725.57 | First Trenton | First Trenton | 725.69 | 90 | | | 132.25 | 1220.85 | percent of total billed charges | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL | 70557 | CPT | | | | outpatient | | | 806.32 | 725.57 | First Health | First Health | 564.42 | 70 | | | 132.25 | 1220.85 | percent of total billed charges | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL | 70557 | CPT | | | | outpatient | | | 806.32 | 725.57 | Aetna | Medicare | 630.93 | | | | 132.25 | 1220.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL | 70557 | CPT | | | | outpatient | | | 806.32 | 725.57 | Aetna | Better Health | 254.39 | 31.55 | | | 132.25 | 1220.85 | percent of total billed charges | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL | 70557 | CPT | | | | outpatient | | | 806.32 | 725.57 | Horizon | Indemnity | 1220.85 | | | | 132.25 | 1220.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL | 70557 | CPT | | | | outpatient | | | 806.32 | 725.57 | Horizon | NJ Health | 808.93 | | | | 132.25 | 1220.85 | fee schedule | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL | 70557 | CPT | | | | outpatient | | | 806.32 | 725.57 | Americare | Americare | 604.74 | 75 | | | 132.25 | 1220.85 | percent of total billed charges | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL | 70557 | CPT | | | | outpatient | | | 806.32 | 725.57 | Horizon | Medicare Blue | 630.93 | | | | 132.25 | 1220.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL | 70557 | CPT | | | | outpatient | | | 806.32 | 725.57 | Horizon | PPO | 1220.85 | | | | 132.25 | 1220.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL | 70557 | CPT | | | | outpatient | | | 806.32 | 725.57 | Wellcare | Medicare | 630.93 | | | | 132.25 | 1220.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL | 70557 | CPT | | | | outpatient | | | 806.32 | 725.57 | Horizon | MGD | 1220.85 | | | | 132.25 | 1220.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL | 70557 | CPT | | | | outpatient | | | 806.32 | 725.57 | Aetna | Commercial | 306.4 | 38 | | | 132.25 | 1220.85 | percent of total billed charges | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL | 70557 | CPT | | | | outpatient | | | 806.32 | 725.57 | UHC | Medicare | 630.93 | | | | 132.25 | 1220.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL | 70557 | CPT | | | | outpatient | | | 806.32 | 725.57 | Managed Care Inc | Managed Care Inc | 725.69 | 90 | | | 132.25 | 1220.85 | percent of total billed charges | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL | 70557 | CPT | | | | outpatient | | | 806.32 | 725.57 | WellPoint | WellPoint | 259.47 | 32.18 | | | 132.25 | 1220.85 | percent of total billed charges | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL | 70557 | CPT | | | | outpatient | | | 806.32 | 725.57 | Multiplan | Multiplan | 645.06 | 80 | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC MRI BRAIN OPEN INTRACRANIAL PX W\CONTRAST MATL | 70558 | CPT | | | | outpatient | | | 268.54 | 241.65 | First Health | First Health | 187.98 | 70 | | | 84.72 | 894.39 | percent of total billed charges | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W\CONTRAST MATL | 70558 | CPT | | | | outpatient | | | 268.54 | 241.65 | Corrections | Corrections | 214.83 | 80 | | | 84.72 | 894.39 | percent of total billed charges | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W\CONTRAST MATL | 70558 | CPT | | | | outpatient | | | 268.54 | 241.65 | UHC | Medicare | 210.13 | | | | 84.72 | 894.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN OPEN INTRACRANIAL PX W\CONTRAST MATL | 70558 | CPT | | | | outpatient | | | 268.54 | 241.65 | Three Rivers | Three Rivers | 255.11 | 95 | | | 84.72 | 894.39 | percent of total billed charges | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W\CONTRAST MATL | 70558 | CPT | | | | outpatient | | | 268.54 | 241.65 | Wellcare | Medicaid | 84.72 | 31.55 | | | 84.72 | 894.39 | percent of total billed charges | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W\CONTRAST MATL | 70558 | CPT | | | | outpatient | | | 268.54 | 241.65 | Aetna | Commercial | 102.05 | 38 | | | 84.72 | 894.39 | percent of total billed charges | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W\CONTRAST MATL | 70558 | CPT | | | | outpatient | | | 268.54 | 241.65 | Qualcare | Qualcare | 201.41 | 75 | | | 84.72 | 894.39 | percent of total billed charges | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W\CONTRAST MATL | 70558 | CPT | | | | outpatient | | | 268.54 | 241.65 | Horizon | Indemnity | 406.6 | | | | 84.72 | 894.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN OPEN INTRACRANIAL PX W\CONTRAST MATL | 70558 | CPT | | | | outpatient | | | 268.54 | 241.65 | Wellcare | Medicare | 210.13 | | | | 84.72 | 894.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN OPEN INTRACRANIAL PX W\CONTRAST MATL | 70558 | CPT | | | | outpatient | | | 268.54 | 241.65 | Horizon | Medicare Blue | 210.13 | | | | 84.72 | 894.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN OPEN INTRACRANIAL PX W\CONTRAST MATL | 70558 | CPT | | | | outpatient | | | 268.54 | 241.65 | Horizon | NJ Health | 894.39 | | | | 84.72 | 894.39 | fee schedule | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W\CONTRAST MATL | 70558 | CPT | | | | outpatient | | | 268.54 | 241.65 | Horizon | PPO | 406.6 | | | | 84.72 | 894.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN OPEN INTRACRANIAL PX W\CONTRAST MATL | 70558 | CPT | | | | outpatient | | | 268.54 | 241.65 | WellPoint | WellPoint | 86.42 | 32.18 | | | 84.72 | 894.39 | percent of total billed charges | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W\O & W\CONTRAST | 70559 | CPT | | | | outpatient | | | 268.54 | 241.65 | Aetna | Medicare | 210.13 | | | | 84.72 | 897.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN OPEN INTRACRANIAL PX W\O & W\CONTRAST | 70559 | CPT | | | | outpatient | | | 268.54 | 241.65 | Amerihealth | HMO/PPO | 204.67 | | | | 84.72 | 897.99 | fee schedule | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W\O & W\CONTRAST | 70559 | CPT | | | | outpatient | | | 268.54 | 241.65 | Corrections | Corrections | 214.83 | 80 | | | 84.72 | 897.99 | percent of total billed charges | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W\O & W\CONTRAST | 70559 | CPT | | | | outpatient | | | 268.54 | 241.65 | Aetna | Better Health | 84.72 | 31.55 | | | 84.72 | 897.99 | percent of total billed charges | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W\O & W\CONTRAST | 70559 | CPT | | | | outpatient | | | 268.54 | 241.65 | Aetna | Commercial | 102.05 | 38 | | | 84.72 | 897.99 | percent of total billed charges | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W\O & W\CONTRAST | 70559 | CPT | | | | outpatient | | | 268.54 | 241.65 | First Trenton | First Trenton | 241.69 | 90 | | | 84.72 | 897.99 | percent of total billed charges | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W\O & W\CONTRAST | 70559 | CPT | | | | outpatient | | | 268.54 | 241.65 | Americare | Americare | 201.41 | 75 | | | 84.72 | 897.99 | percent of total billed charges | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W\O & W\CONTRAST | 70559 | CPT | | | | outpatient | | | 268.54 | 241.65 | First Health | First Health | 187.98 | 70 | | | 84.72 | 897.99 | percent of total billed charges | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W\O & W\CONTRAST | 70559 | CPT | | | | outpatient | | | 268.54 | 241.65 | Horizon | MGD | 406.6 | | | | 84.72 | 897.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN OPEN INTRACRANIAL PX W\O & W\CONTRAST | 70559 | CPT | | | | outpatient | | | 268.54 | 241.65 | Horizon | Indemnity | 406.6 | | | | 84.72 | 897.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN OPEN INTRACRANIAL PX W\O & W\CONTRAST | 70559 | CPT | | | | outpatient | | | 268.54 | 241.65 | Consumer | Consumer | 255.11 | 95 | | | 84.72 | 897.99 | percent of total billed charges | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W\O & W\CONTRAST | 70559 | CPT | | | | outpatient | | | 268.54 | 241.65 | Horizon | PPO | 406.6 | | | | 84.72 | 897.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN OPEN INTRACRANIAL PX W\O & W\CONTRAST | 70559 | CPT | | | | outpatient | | | 268.54 | 241.65 | Horizon | NJ Health | 897.99 | | | | 84.72 | 897.99 | fee schedule | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W\O & W\CONTRAST | 70559 | CPT | | | | outpatient | | | 268.54 | 241.65 | Horizon | Medicare Blue | 210.13 | | | | 84.72 | 897.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN OPEN INTRACRANIAL PX W\O & W\CONTRAST | 70559 | CPT | | | | outpatient | | | 268.54 | 241.65 | Three Rivers | Three Rivers | 255.11 | 95 | | | 84.72 | 897.99 | percent of total billed charges | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W\O & W\CONTRAST | 70559 | CPT | | | | outpatient | | | 268.54 | 241.65 | Multiplan | Multiplan | 214.83 | 80 | | | 84.72 | 897.99 | percent of total billed charges | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W\O & W\CONTRAST | 70559 | CPT | | | | outpatient | | | 268.54 | 241.65 | UHC | Medicaid | 84.72 | 31.55 | | | 84.72 | 897.99 | percent of total billed charges | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W\O & W\CONTRAST | 70559 | CPT | | | | outpatient | | | 268.54 | 241.65 | UHC | Medicare | 210.13 | | | | 84.72 | 897.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BRAIN OPEN INTRACRANIAL PX W\O & W\CONTRAST | 70559 | CPT | | | | outpatient | | | 268.54 | 241.65 | Managed Care Inc | Managed Care Inc | 241.69 | 90 | | | 84.72 | 897.99 | percent of total billed charges | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W\O & W\CONTRAST | 70559 | CPT | | | | outpatient | | | 268.54 | 241.65 | Qualcare | Qualcare | 201.41 | 75 | | | 84.72 | 897.99 | percent of total billed charges | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W\O & W\CONTRAST | 70559 | CPT | | | | outpatient | | | 268.54 | 241.65 | Wellcare | Medicaid | 84.72 | 31.55 | | | 84.72 | 897.99 | percent of total billed charges | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W\O & W\CONTRAST | 70559 | CPT | | | | outpatient | | | 268.54 | 241.65 | WellPoint | WellPoint | 86.42 | 32.18 | | | 84.72 | 897.99 | percent of total billed charges | |
| HC MRI BRAIN OPEN INTRACRANIAL PX W\O & W\CONTRAST | 70559 | CPT | | | | outpatient | | | 268.54 | 241.65 | Wellcare | Medicare | 210.13 | | | | 84.72 | 897.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEST, 1 VIEW; SURGICAL | 71045 | CPT | | | | both | | | 402 | 119.52 | First Trenton | First Trenton | 361.8 | 90 | | | 24.01 | 381.9 | percent of total billed charges | |
| HC CHEST, 1 VIEW; SURGICAL | 71045 | CPT | | | | both | | | 402 | 119.52 | Horizon | Indemnity | 201.1 | | | 53.45 | 24.01 | 381.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEST, 1 VIEW; SURGICAL | 71045 | CPT | | | | both | | | 402 | 119.52 | Aetna | Better Health | 126.83 | 31.55 | | 68.95 | 24.01 | 381.9 | percent of total billed charges | |
| HC CHEST, 1 VIEW; SURGICAL | 71045 | CPT | | | | both | | | 402 | 119.52 | Aetna | Commercial | 152.76 | 38 | | 52.08 | 24.01 | 381.9 | percent of total billed charges | |
| HC CHEST, 1 VIEW; SURGICAL | 71045 | CPT | | | | both | | | 402 | 119.52 | Horizon | Medicare Blue | 103.93 | | | 27.69 | 24.01 | 381.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEST, 1 VIEW; SURGICAL | 71045 | CPT | | | | both | | | 402 | 119.52 | Americare | Americare | 301.5 | 75 | | | 24.01 | 381.9 | percent of total billed charges | |
| HC CHEST, 1 VIEW; SURGICAL | 71045 | CPT | | | | both | | | 402 | 119.52 | Corrections | Corrections | 321.6 | 80 | | 49.71 | 24.01 | 381.9 | percent of total billed charges | |
| HC CHEST, 1 VIEW; SURGICAL | 71045 | CPT | | | | both | | | 402 | 119.52 | Consumer | Consumer | 381.9 | 95 | | | 24.01 | 381.9 | percent of total billed charges | |
| HC CHEST, 1 VIEW; SURGICAL | 71045 | CPT | | | | both | | | 402 | 119.52 | Managed Care Inc | Managed Care Inc | 361.8 | 90 | | | 24.01 | 381.9 | percent of total billed charges | |
| HC CHEST, 1 VIEW; SURGICAL | 71045 | CPT | | | | both | | | 402 | 119.52 | Horizon | MGD | 201.1 | | | 59.5 | 24.01 | 381.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEST, 1 VIEW; SURGICAL | 71045 | CPT | | | | both | | | 402 | 119.52 | Aetna | Medicare | 103.93 | | | 36.9 | 24.01 | 381.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEST, 1 VIEW; SURGICAL | 71045 | CPT | | | | both | | | 402 | 119.52 | Horizon | PPO | 201.1 | | | 58.93 | 24.01 | 381.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEST, 1 VIEW; SURGICAL | 71045 | CPT | | | | both | | | 402 | 119.52 | Three Rivers | Three Rivers | 381.9 | 95 | | | 24.01 | 381.9 | percent of total billed charges | |
| HC CHEST, 1 VIEW; SURGICAL | 71045 | CPT | | | | both | | | 402 | 119.52 | Amerihealth | HMO/PPO | 261.3 | 65 | | 28.48 | 24.01 | 381.9 | percent of total billed charges | |
| HC CHEST, 1 VIEW; SURGICAL | 71045 | CPT | | | | both | | | 402 | 119.52 | First Health | First Health | 281.4 | 70 | | | 24.01 | 381.9 | percent of total billed charges | |
| HC CHEST, 1 VIEW; SURGICAL | 71045 | CPT | | | | both | | | 402 | 119.52 | UHC | Medicare | 103.93 | | | 35.41 | 24.01 | 381.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEST, 1 VIEW; SURGICAL | 71045 | CPT | | | | both | | | 402 | 119.52 | Wellcare | Medicaid | 126.83 | 31.55 | | 68.73 | 24.01 | 381.9 | percent of total billed charges | |
| HC CHEST, 1 VIEW; SURGICAL | 71045 | CPT | | | | both | | | 402 | 119.52 | Multiplan | Multiplan | 321.6 | 80 | | | 24.01 | 381.9 | percent of total billed charges | |
| HC CHEST, 1 VIEW; SURGICAL | 71045 | CPT | | | | both | | | 402 | 119.52 | Horizon | NJ Health | 24.01 | | | 17.34 | 24.01 | 381.9 | fee schedule | |
| HC CHEST, 1 VIEW; SURGICAL | 71045 | CPT | | | | both | | | 402 | 119.52 | Qualcare | Qualcare | 301.5 | 75 | | | 24.01 | 381.9 | percent of total billed charges | |
| HC CHEST, 1 VIEW; SURGICAL | 71045 | CPT | | | | both | | | 402 | 119.52 | Wellcare | Medicare | 103.93 | | | 34.96 | 24.01 | 381.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEST, 1 VIEW; SURGICAL | 71045 | CPT | | | | both | | | 402 | 119.52 | WellPoint | WellPoint | 129.36 | 32.18 | | 53.13 | 24.01 | 381.9 | percent of total billed charges | |
| HC CHEST, 1 VIEW; SURGICAL | 71045 | CPT | | | | both | | | 402 | 119.52 | UHC | Medicaid | 126.83 | 31.55 | | 67.68 | 24.01 | 381.9 | percent of total billed charges | |
| HC CHEST, 2 VIEWS | 71046 | CPT | | | | both | | | 322 | 119.52 | Corrections | Corrections | 257.6 | 80 | | 62.97 | 36.87 | 305.9 | percent of total billed charges | |
| HC CHEST, 2 VIEWS | 71046 | CPT | | | | both | | | 322 | 119.52 | Americare | Americare | 241.5 | 75 | | | 36.87 | 305.9 | percent of total billed charges | |
| HC CHEST, 2 VIEWS | 71046 | CPT | | | | both | | | 322 | 119.52 | Aetna | Better Health | 101.59 | 31.55 | | 75.18 | 36.87 | 305.9 | percent of total billed charges | |
| HC CHEST, 2 VIEWS | 71046 | CPT | | | | both | | | 322 | 119.52 | Consumer | Consumer | 305.9 | 95 | | | 36.87 | 305.9 | percent of total billed charges | |
| HC CHEST, 2 VIEWS | 71046 | CPT | | | | both | | | 322 | 119.52 | Multiplan | Multiplan | 257.6 | 80 | | | 36.87 | 305.9 | percent of total billed charges | |
| HC CHEST, 2 VIEWS | 71046 | CPT | | | | both | | | 322 | 119.52 | Aetna | Commercial | 122.36 | 38 | | 51.52 | 36.87 | 305.9 | percent of total billed charges | |
| HC CHEST, 2 VIEWS | 71046 | CPT | | | | both | | | 322 | 119.52 | Horizon | Indemnity | 201.1 | | | 68.24 | 36.87 | 305.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEST, 2 VIEWS | 71046 | CPT | | | | both | | | 322 | 119.52 | Amerihealth | HMO/PPO | 209.3 | 65 | | 26.75 | 36.87 | 305.9 | percent of total billed charges | |
| HC CHEST, 2 VIEWS | 71046 | CPT | | | | both | | | 322 | 119.52 | First Health | First Health | 225.4 | 70 | | | 36.87 | 305.9 | percent of total billed charges | |
| HC CHEST, 2 VIEWS | 71046 | CPT | | | | both | | | 322 | 119.52 | Horizon | NJ Health | 36.87 | | | 37.32 | 36.87 | 305.9 | fee schedule | |
| HC CHEST, 2 VIEWS | 71046 | CPT | | | | both | | | 322 | 119.52 | First Trenton | First Trenton | 289.8 | 90 | | | 36.87 | 305.9 | percent of total billed charges | |
| HC CHEST, 2 VIEWS | 71046 | CPT | | | | both | | | 322 | 119.52 | UHC | Medicare | 103.93 | | | 40.69 | 36.87 | 305.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEST, 2 VIEWS | 71046 | CPT | | | | both | | | 322 | 119.52 | Qualcare | Qualcare | 241.5 | 75 | | | 36.87 | 305.9 | percent of total billed charges | |
| HC CHEST, 2 VIEWS | 71046 | CPT | | | | both | | | 322 | 119.52 | Aetna | Medicare | 103.93 | | | 41.65 | 36.87 | 305.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEST, 2 VIEWS | 71046 | CPT | | | | both | | | 322 | 119.52 | Horizon | MGD | 201.1 | | | 67.25 | 36.87 | 305.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEST, 2 VIEWS | 71046 | CPT | | | | both | | | 322 | 119.52 | Horizon | Medicare Blue | 103.93 | | | 40.04 | 36.87 | 305.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEST, 2 VIEWS | 71046 | CPT | | | | both | | | 322 | 119.52 | WellPoint | WellPoint | 103.62 | 32.18 | | 59.71 | 36.87 | 305.9 | percent of total billed charges | |
| HC CHEST, 2 VIEWS | 71046 | CPT | | | | both | | | 322 | 119.52 | Wellcare | Medicaid | 101.59 | 31.55 | | 70.19 | 36.87 | 305.9 | percent of total billed charges | |
| HC CHEST, 2 VIEWS | 71046 | CPT | | | | both | | | 322 | 119.52 | Horizon | PPO | 201.1 | | | 71.73 | 36.87 | 305.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEST, 2 VIEWS | 71046 | CPT | | | | both | | | 322 | 119.52 | UHC | Medicaid | 101.59 | 31.55 | | 77.26 | 36.87 | 305.9 | percent of total billed charges | |
| HC CHEST, 2 VIEWS | 71046 | CPT | | | | both | | | 322 | 119.52 | Managed Care Inc | Managed Care Inc | 289.8 | 90 | | | 36.87 | 305.9 | percent of total billed charges | |
| HC CHEST, 2 VIEWS | 71046 | CPT | | | | both | | | 322 | 119.52 | Three Rivers | Three Rivers | 305.9 | 95 | | | 36.87 | 305.9 | percent of total billed charges | |
| HC CHEST, 2 VIEWS | 71046 | CPT | | | | both | | | 322 | 119.52 | Wellcare | Medicare | 103.93 | | | 42.07 | 36.87 | 305.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEST, 3 VIEWS | 71047 | CPT | | | | both | | | 327 | 119.52 | Americare | Americare | 245.25 | 75 | | | 47.16 | 310.65 | percent of total billed charges | |
| HC CHEST, 3 VIEWS | 71047 | CPT | | | | both | | | 327 | 119.52 | First Health | First Health | 228.9 | 70 | | | 47.16 | 310.65 | percent of total billed charges | |
| HC CHEST, 3 VIEWS | 71047 | CPT | | | | both | | | 327 | 119.52 | Wellcare | Medicare | 103.93 | | | | 47.16 | 310.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEST, 3 VIEWS | 71047 | CPT | | | | both | | | 327 | 119.52 | Aetna | Better Health | 103.17 | 31.55 | | | 47.16 | 310.65 | percent of total billed charges | |
| HC CHEST, 3 VIEWS | 71047 | CPT | | | | both | | | 327 | 119.52 | First Trenton | First Trenton | 294.3 | 90 | | | 47.16 | 310.65 | percent of total billed charges | |
| HC CHEST, 3 VIEWS | 71047 | CPT | | | | both | | | 327 | 119.52 | Consumer | Consumer | 310.65 | 95 | | | 47.16 | 310.65 | percent of total billed charges | |
| HC CHEST, 3 VIEWS | 71047 | CPT | | | | both | | | 327 | 119.52 | Amerihealth | HMO/PPO | 212.55 | 65 | | | 47.16 | 310.65 | percent of total billed charges | |
| HC CHEST, 3 VIEWS | 71047 | CPT | | | | both | | | 327 | 119.52 | Aetna | Medicare | 103.93 | | | | 47.16 | 310.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEST, 3 VIEWS | 71047 | CPT | | | | both | | | 327 | 119.52 | Horizon | Indemnity | 201.1 | | | | 47.16 | 310.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEST, 3 VIEWS | 71047 | CPT | | | | both | | | 327 | 119.52 | Three Rivers | Three Rivers | 310.65 | 95 | | | 47.16 | 310.65 | percent of total billed charges | |
| HC CHEST, 3 VIEWS | 71047 | CPT | | | | both | | | 327 | 119.52 | Multiplan | Multiplan | 261.6 | 80 | | | 47.16 | 310.65 | percent of total billed charges | |
| HC CHEST, 3 VIEWS | 71047 | CPT | | | | both | | | 327 | 119.52 | Aetna | Commercial | 124.26 | 38 | | | 47.16 | 310.65 | percent of total billed charges | |
| HC CHEST, 3 VIEWS | 71047 | CPT | | | | both | | | 327 | 119.52 | Managed Care Inc | Managed Care Inc | 294.3 | 90 | | | 47.16 | 310.65 | percent of total billed charges | |
| HC CHEST, 3 VIEWS | 71047 | CPT | | | | both | | | 327 | 119.52 | Corrections | Corrections | 261.6 | 80 | | | 47.16 | 310.65 | percent of total billed charges | |
| HC CHEST, 3 VIEWS | 71047 | CPT | | | | both | | | 327 | 119.52 | Qualcare | Qualcare | 245.25 | 75 | | | 47.16 | 310.65 | percent of total billed charges | |
| HC CHEST, 3 VIEWS | 71047 | CPT | | | | both | | | 327 | 119.52 | Horizon | MGD | 201.1 | | | | 47.16 | 310.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEST, 3 VIEWS | 71047 | CPT | | | | both | | | 327 | 119.52 | UHC | Medicare | 103.93 | | | 40.64 | 47.16 | 310.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEST, 3 VIEWS | 71047 | CPT | | | | both | | | 327 | 119.52 | Wellcare | Medicaid | 103.17 | 31.55 | | | 47.16 | 310.65 | percent of total billed charges | |
| HC CHEST, 3 VIEWS | 71047 | CPT | | | | both | | | 327 | 119.52 | UHC | Medicaid | 103.17 | 31.55 | | | 47.16 | 310.65 | percent of total billed charges | |
| HC CHEST, 3 VIEWS | 71047 | CPT | | | | both | | | 327 | 119.52 | Horizon | PPO | 201.1 | | | | 47.16 | 310.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEST, 3 VIEWS | 71047 | CPT | | | | both | | | 327 | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 47.16 | 310.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEST, 3 VIEWS | 71047 | CPT | | | | both | | | 327 | 119.52 | Horizon | NJ Health | 47.16 | | | | 47.16 | 310.65 | fee schedule | |
| HC CHEST, 3 VIEWS | 71047 | CPT | | | | both | | | 327 | 119.52 | WellPoint | WellPoint | 105.23 | 32.18 | | | 47.16 | 310.65 | percent of total billed charges | |
| HC CHEST, 4+ V | 71048 | CPT | | | | inpatient | | | 501 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 50.59 | 475.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEST, 4+ V | 71048 | CPT | | | | inpatient | | | 501 | 144.6 | Aetna | Commercial | 190.38 | 38 | | | 50.59 | 475.95 | percent of total billed charges | |
| HC CHEST, 4+ V | 71048 | CPT | | | | inpatient | | | 501 | 144.6 | Wellcare | Medicare | 125.74 | | | | 50.59 | 475.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEST, 4+ V | 71048 | CPT | | | | inpatient | | | 501 | 144.6 | First Health | First Health | 392.7 | 70 | | | 50.59 | 475.95 | percent of total billed charges | |
| HC CHEST, 4+ V | 71048 | CPT | | | | inpatient | | | 501 | 144.6 | Americare | Americare | 375.75 | 75 | | | 50.59 | 475.95 | percent of total billed charges | |
| HC CHEST, 4+ V | 71048 | CPT | | | | inpatient | | | 501 | 144.6 | Aetna | Medicare | 125.74 | | | | 50.59 | 475.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEST, 4+ V | 71048 | CPT | | | | inpatient | | | 501 | 144.6 | Horizon | MGD | 243.31 | | | | 50.59 | 475.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEST, 4+ V | 71048 | CPT | | | | inpatient | | | 501 | 144.6 | Aetna | Better Health | 158.07 | 31.55 | | | 50.59 | 475.95 | percent of total billed charges | |
| HC CHEST, 4+ V | 71048 | CPT | | | | inpatient | | | 501 | 144.6 | WellPoint | WellPoint | 161.22 | 32.18 | | | 50.59 | 475.95 | percent of total billed charges | |
| HC CHEST, 4+ V | 71048 | CPT | | | | inpatient | | | 501 | 144.6 | Multiplan | Multiplan | 400.8 | 80 | | | 50.59 | 475.95 | percent of total billed charges | |
| HC CHEST, 4+ V | 71048 | CPT | | | | inpatient | | | 501 | 144.6 | UHC | Medicaid | 158.07 | 31.55 | | | 50.59 | 475.95 | percent of total billed charges | |
| HC CHEST, 4+ V | 71048 | CPT | | | | inpatient | | | 501 | 144.6 | Three Rivers | Three Rivers | 475.95 | 95 | | | 50.59 | 475.95 | percent of total billed charges | |
| HC CHEST, 4+ V | 71048 | CPT | | | | inpatient | | | 501 | 144.6 | UHC | Medicare | 125.74 | | | | 50.59 | 475.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEST, 4+ V | 71048 | CPT | | | | inpatient | | | 501 | 144.6 | Amerihealth | HMO/PPO | 325.65 | 65 | | | 50.59 | 475.95 | percent of total billed charges | |
| HC CHEST, 4+ V | 71048 | CPT | | | | inpatient | | | 501 | 144.6 | Wellcare | Medicaid | 158.07 | 31.55 | | | 50.59 | 475.95 | percent of total billed charges | |
| HC CHEST, 4+ V | 71048 | CPT | | | | inpatient | | | 501 | 144.6 | Consumer | Consumer | 475.95 | 95 | | | 50.59 | 475.95 | percent of total billed charges | |
| HC CHEST, 4+ V | 71048 | CPT | | | | inpatient | | | 501 | 144.6 | Qualcare | Qualcare | 375.75 | 75 | | | 50.59 | 475.95 | percent of total billed charges | |
| HC CHEST, 4+ V | 71048 | CPT | | | | inpatient | | | 501 | 144.6 | First Trenton | First Trenton | 450.9 | 90 | | | 50.59 | 475.95 | percent of total billed charges | |
| HC CHEST, 4+ V | 71048 | CPT | | | | inpatient | | | 501 | 144.6 | Corrections | Corrections | 400.8 | 80 | | | 50.59 | 475.95 | percent of total billed charges | |
| HC CHEST, 4+ V | 71048 | CPT | | | | inpatient | | | 501 | 144.6 | Horizon | Indemnity | 243.31 | | | | 50.59 | 475.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEST, 4+ V | 71048 | CPT | | | | inpatient | | | 501 | 144.6 | Horizon | NJ Health | 50.59 | | | | 50.59 | 475.95 | fee schedule | |
| HC CHEST, 4+ V | 71048 | CPT | | | | inpatient | | | 501 | 144.6 | Horizon | PPO | 243.31 | | | | 50.59 | 475.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEST, 4+ V | 71048 | CPT | | | | inpatient | | | 501 | 144.6 | Managed Care Inc | Managed Care Inc | 450.9 | 90 | | | 50.59 | 475.95 | percent of total billed charges | |
| HC RIBS UNILAT 2 VIEWS | 71100 | CPT | | | | outpatient | | | 609 | 119.52 | Aetna | Commercial | 231.42 | 38 | | | 20.46 | 578.55 | percent of total billed charges | |
| HC RIBS UNILAT 2 VIEWS | 71100 | CPT | | | | outpatient | | | 609 | 119.52 | Aetna | Better Health | 192.14 | 31.55 | | | 20.46 | 578.55 | percent of total billed charges | |
| HC RIBS UNILAT 2 VIEWS | 71100 | CPT | | | | outpatient | | | 609 | 119.52 | Multiplan | Multiplan | 487.2 | 80 | | | 20.46 | 578.55 | percent of total billed charges | |
| HC RIBS UNILAT 2 VIEWS | 71100 | CPT | | | | outpatient | | | 609 | 119.52 | First Trenton | First Trenton | 548.1 | 90 | | | 20.46 | 578.55 | percent of total billed charges | |
| HC RIBS UNILAT 2 VIEWS | 71100 | CPT | | | | outpatient | | | 609 | 119.52 | Aetna | Medicare | 103.93 | | | | 20.46 | 578.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RIBS UNILAT 2 VIEWS | 71100 | CPT | | | | outpatient | | | 609 | 119.52 | First Health | First Health | 426.3 | 70 | | | 20.46 | 578.55 | percent of total billed charges | |
| HC RIBS UNILAT 2 VIEWS | 71100 | CPT | | | | outpatient | | | 609 | 119.52 | Americare | Americare | 456.75 | 75 | | | 20.46 | 578.55 | percent of total billed charges | |
| HC RIBS UNILAT 2 VIEWS | 71100 | CPT | | | | outpatient | | | 609 | 119.52 | Corrections | Corrections | 487.2 | 80 | | | 20.46 | 578.55 | percent of total billed charges | |
| HC RIBS UNILAT 2 VIEWS | 71100 | CPT | | | | outpatient | | | 609 | 119.52 | Horizon | MGD | 201.1 | | | 193.41 | 20.46 | 578.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RIBS UNILAT 2 VIEWS | 71100 | CPT | | | | outpatient | | | 609 | 119.52 | Amerihealth | HMO/PPO | 20.46 | | | | 20.46 | 578.55 | fee schedule | |
| HC RIBS UNILAT 2 VIEWS | 71100 | CPT | | | | outpatient | | | 609 | 119.52 | Qualcare | Qualcare | 456.75 | 75 | | | 20.46 | 578.55 | percent of total billed charges | |
| HC RIBS UNILAT 2 VIEWS | 71100 | CPT | | | | outpatient | | | 609 | 119.52 | Managed Care Inc | Managed Care Inc | 548.1 | 90 | | | 20.46 | 578.55 | percent of total billed charges | |
| HC RIBS UNILAT 2 VIEWS | 71100 | CPT | | | | outpatient | | | 609 | 119.52 | Consumer | Consumer | 578.55 | 95 | | | 20.46 | 578.55 | percent of total billed charges | |
| HC RIBS UNILAT 2 VIEWS | 71100 | CPT | | | | outpatient | | | 609 | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 20.46 | 578.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RIBS UNILAT 2 VIEWS | 71100 | CPT | | | | outpatient | | | 609 | 119.52 | Horizon | Indemnity | 201.1 | | | | 20.46 | 578.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RIBS UNILAT 2 VIEWS | 71100 | CPT | | | | outpatient | | | 609 | 119.52 | Horizon | NJ Health | 29.4 | | | 28.68 | 20.46 | 578.55 | fee schedule | |
| HC RIBS UNILAT 2 VIEWS | 71100 | CPT | | | | outpatient | | | 609 | 119.52 | Three Rivers | Three Rivers | 578.55 | 95 | | | 20.46 | 578.55 | percent of total billed charges | |
| HC RIBS UNILAT 2 VIEWS | 71100 | CPT | | | | outpatient | | | 609 | 119.52 | UHC | Medicare | 103.93 | | | | 20.46 | 578.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RIBS UNILAT 2 VIEWS | 71100 | CPT | | | | outpatient | | | 609 | 119.52 | Horizon | PPO | 201.1 | | | | 20.46 | 578.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RIBS UNILAT 2 VIEWS | 71100 | CPT | | | | outpatient | | | 609 | 119.52 | Wellcare | Medicaid | 192.14 | 31.55 | | | 20.46 | 578.55 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC RIBS UNILAT 2 VIEWS | 71100 | CPT | | | | outpatient | | | 609 | 119.52 | Wellcare | Medicare | 103.93 | | | | 20.46 | 578.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RIBS UNILAT 2 VIEWS | 71100 | CPT | | | | outpatient | | | 609 | 119.52 | UHC | Medicaid | 192.14 | 31.55 | | | 20.46 | 578.55 | percent of total billed charges | |
| HC RIBS UNILAT 2 VIEWS | 71100 | CPT | | | | outpatient | | | 609 | 119.52 | WellPoint | WellPoint | 195.98 | 32.18 | | | 20.46 | 578.55 | percent of total billed charges | |
| HC RIBS UNILAT W PA CHEST 3/> VIEWS, PORTABLE | 71101 | CPT | | | | both | | | 937.5 | 144.6 | Corrections | Corrections | 750 | | | 80 | 234.3 | 28.52 | 890.63 | percent of total billed charges |
| HC RIBS UNILAT W PA CHEST 3/> VIEWS, PORTABLE | 71101 | CPT | | | | both | | | 937.5 | 144.6 | First Health | First Health | 656.25 | | | 70 | | 28.52 | 890.63 | percent of total billed charges |
| HC RIBS UNILAT W PA CHEST 3/> VIEWS, PORTABLE | 71101 | CPT | | | | both | | | 937.5 | 144.6 | Americare | Americare | 703.13 | | | 75 | | 28.52 | 890.63 | percent of total billed charges |
| HC RIBS UNILAT W PA CHEST 3/> VIEWS, PORTABLE | 71101 | CPT | | | | both | | | 937.5 | 144.6 | UHC | Medicare | 125.74 | | | | 94.56 | 28.52 | 890.63 | other |
| HC RIBS UNILAT W PA CHEST 3/> VIEWS, PORTABLE | 71101 | CPT | | | | both | | | 937.5 | 144.6 | Aetna | Medicare | 125.74 | | | | | 28.52 | 890.63 | other |
| HC RIBS UNILAT W PA CHEST 3/> VIEWS, PORTABLE | 71101 | CPT | | | | both | | | 937.5 | 144.6 | Aetna | Better Health | 295.78 | 31.55 | | | 226.48 | 28.52 | 890.63 | percent of total billed charges |
| HC RIBS UNILAT W PA CHEST 3/> VIEWS, PORTABLE | 71101 | CPT | | | | both | | | 937.5 | 144.6 | Qualcare | Qualcare | 703.13 | 75 | | | | 28.52 | 890.63 | percent of total billed charges |
| HC RIBS UNILAT W PA CHEST 3/> VIEWS, PORTABLE | 71101 | CPT | | | | both | | | 937.5 | 144.6 | Aetna | Commercial | 356.25 | 38 | | | 64.27 | 28.52 | 890.63 | percent of total billed charges |
| HC RIBS UNILAT W PA CHEST 3/> VIEWS, PORTABLE | 71101 | CPT | | | | both | | | 937.5 | 144.6 | Horizon | MGD | 243.31 | | | | 164.5 | 28.52 | 890.63 | other |
| HC RIBS UNILAT W PA CHEST 3/> VIEWS, PORTABLE | 71101 | CPT | | | | both | | | 937.5 | 144.6 | UHC | Medicaid | 295.78 | 31.55 | | | 212.86 | 28.52 | 890.63 | percent of total billed charges |
| HC RIBS UNILAT W PA CHEST 3/> VIEWS, PORTABLE | 71101 | CPT | | | | both | | | 937.5 | 144.6 | Amerihealth | HMO/PPO | 28.52 | | | | 41.04 | 28.52 | 890.63 | fee schedule |
| HC RIBS UNILAT W PA CHEST 3/> VIEWS, PORTABLE | 71101 | CPT | | | | both | | | 937.5 | 144.6 | Wellcare | Medicare | 125.74 | | | | | 28.52 | 890.63 | other |
| HC RIBS UNILAT W PA CHEST 3/> VIEWS, PORTABLE | 71101 | CPT | | | | both | | | 937.5 | 144.6 | First Trenton | First Trenton | 843.75 | | | 90 | | 28.52 | 890.63 | percent of total billed charges |
| HC RIBS UNILAT W PA CHEST 3/> VIEWS, PORTABLE | 71101 | CPT | | | | both | | | 937.5 | 144.6 | Horizon | NJ Health | 53.9 | | | | 127.5 | 28.52 | 890.63 | fee schedule |
| HC RIBS UNILAT W PA CHEST 3/> VIEWS, PORTABLE | 71101 | CPT | | | | both | | | 937.5 | 144.6 | Multiplan | Multiplan | 750 | | | 80 | | 28.52 | 890.63 | percent of total billed charges |
| HC RIBS UNILAT W PA CHEST 3/> VIEWS, PORTABLE | 71101 | CPT | | | | both | | | 937.5 | 144.6 | Consumer | Consumer | 890.63 | | | 95 | | 28.52 | 890.63 | percent of total billed charges |
| HC RIBS UNILAT W PA CHEST 3/> VIEWS, PORTABLE | 71101 | CPT | | | | both | | | 937.5 | 144.6 | Managed Care Inc | Managed Care Inc | 843.75 | | | 90 | | 28.52 | 890.63 | percent of total billed charges |
| HC RIBS UNILAT W PA CHEST 3/> VIEWS, PORTABLE | 71101 | CPT | | | | both | | | 937.5 | 144.6 | Wellcare | Medicaid | 295.78 | 31.55 | | | | 28.52 | 890.63 | percent of total billed charges |
| HC RIBS UNILAT W PA CHEST 3/> VIEWS, PORTABLE | 71101 | CPT | | | | both | | | 937.5 | 144.6 | Three Rivers | Three Rivers | 890.63 | 95 | | | | 28.52 | 890.63 | percent of total billed charges |
| HC RIBS UNILAT W PA CHEST 3/> VIEWS, PORTABLE | 71101 | CPT | | | | both | | | 937.5 | 144.6 | WellPoint | WellPoint | 301.69 | 32.18 | | | | 28.52 | 890.63 | percent of total billed charges |
| HC RIBS UNILAT W PA CHEST 3/> VIEWS, PORTABLE | 71101 | CPT | | | | both | | | 937.5 | 144.6 | Horizon | Indemnity | 243.31 | | | | | 28.52 | 890.63 | other |
| HC RIBS UNILAT W PA CHEST 3/> VIEWS, PORTABLE | 71101 | CPT | | | | both | | | 937.5 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 51.55 | 28.52 | 890.63 | other |
| HC RIBS UNILAT W PA CHEST 3/> VIEWS, PORTABLE | 71101 | CPT | | | | both | | | 937.5 | 144.6 | Horizon | PPO | 243.31 | | | | | 28.52 | 890.63 | other |
| HC RIBS BILAT 3 VIEWS | 71110 | CPT | | | | both | | | 811 | 144.6 | Consumer | Consumer | 770.45 | | | 95 | | 26.66 | 770.45 | percent of total billed charges |
| HC RIBS BILAT 3 VIEWS | 71110 | CPT | | | | both | | | 811 | 144.6 | Horizon | MGD | 243.31 | | | | 141.58 | 26.66 | 770.45 | other |
| HC RIBS BILAT 3 VIEWS | 71110 | CPT | | | | both | | | 811 | 144.6 | Aetna | Medicare | 125.74 | | | | | 26.66 | 770.45 | other |
| HC RIBS BILAT 3 VIEWS | 71110 | CPT | | | | both | | | 811 | 144.6 | Americare | Americare | 608.25 | 75 | | | | 26.66 | 770.45 | percent of total billed charges |
| HC RIBS BILAT 3 VIEWS | 71110 | CPT | | | | both | | | 811 | 144.6 | First Health | First Health | 567.7 | 70 | | | | 26.66 | 770.45 | percent of total billed charges |
| HC RIBS BILAT 3 VIEWS | 71110 | CPT | | | | both | | | 811 | 144.6 | Managed Care Inc | Managed Care Inc | 729.9 | 90 | | | | 26.66 | 770.45 | percent of total billed charges |
| HC RIBS BILAT 3 VIEWS | 71110 | CPT | | | | both | | | 811 | 144.6 | Aetna | Better Health | 255.87 | 31.55 | | | | 26.66 | 770.45 | percent of total billed charges |
| HC RIBS BILAT 3 VIEWS | 71110 | CPT | | | | both | | | 811 | 144.6 | First Trenton | First Trenton | 729.9 | 90 | | | | 26.66 | 770.45 | percent of total billed charges |
| HC RIBS BILAT 3 VIEWS | 71110 | CPT | | | | both | | | 811 | 144.6 | Corrections | Corrections | 648.8 | 80 | | | | 26.66 | 770.45 | percent of total billed charges |
| HC RIBS BILAT 3 VIEWS | 71110 | CPT | | | | both | | | 811 | 144.6 | Multiplan | Multiplan | 648.8 | 80 | | | | 26.66 | 770.45 | percent of total billed charges |
| HC RIBS BILAT 3 VIEWS | 71110 | CPT | | | | both | | | 811 | 144.6 | Aetna | Commercial | 308.18 | 38 | | | | 26.66 | 770.45 | percent of total billed charges |
| HC RIBS BILAT 3 VIEWS | 71110 | CPT | | | | both | | | 811 | 144.6 | Amerihealth | HMO/PPO | 26.66 | | | | | 26.66 | 770.45 | fee schedule |
| HC RIBS BILAT 3 VIEWS | 71110 | CPT | | | | both | | | 811 | 144.6 | Three Rivers | Three Rivers | 770.45 | 95 | | | | 26.66 | 770.45 | percent of total billed charges |
| HC RIBS BILAT 3 VIEWS | 71110 | CPT | | | | both | | | 811 | 144.6 | UHC | Medicare | 125.74 | | | | | 26.66 | 770.45 | other |
| HC RIBS BILAT 3 VIEWS | 71110 | CPT | | | | both | | | 811 | 144.6 | Horizon | PPO | 243.31 | | | | | 26.66 | 770.45 | other |
| HC RIBS BILAT 3 VIEWS | 71110 | CPT | | | | both | | | 811 | 144.6 | Horizon | Indemnity | 243.31 | | | | | 26.66 | 770.45 | other |
| HC RIBS BILAT 3 VIEWS | 71110 | CPT | | | | both | | | 811 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | | 26.66 | 770.45 | other |
| HC RIBS BILAT 3 VIEWS | 71110 | CPT | | | | both | | | 811 | 144.6 | Qualcare | Qualcare | 608.25 | 75 | | | | 26.66 | 770.45 | percent of total billed charges |
| HC RIBS BILAT 3 VIEWS | 71110 | CPT | | | | both | | | 811 | 144.6 | WellPoint | WellPoint | 260.98 | 32.18 | | | | 26.66 | 770.45 | percent of total billed charges |
| HC RIBS BILAT 3 VIEWS | 71110 | CPT | | | | both | | | 811 | 144.6 | Wellcare | Medicare | 125.74 | | | | | 26.66 | 770.45 | other |
| HC RIBS BILAT 3 VIEWS | 71110 | CPT | | | | both | | | 811 | 144.6 | Wellcare | Medicaid | 255.87 | 31.55 | | | | 26.66 | 770.45 | percent of total billed charges |
| HC RIBS BILAT 3 VIEWS | 71110 | CPT | | | | both | | | 811 | 144.6 | UHC | Medicaid | 255.87 | 31.55 | | | | 26.66 | 770.45 | percent of total billed charges |
| HC RIBS BILAT 3 VIEWS | 71110 | CPT | | | | both | | | 811 | 144.6 | Horizon | NJ Health | 39.2 | | | | | 26.66 | 770.45 | fee schedule |
| HC RIBS BILAT W PA CHEST 4/> VIEWS, PORTABLE | 71111 | CPT | | | | both | | | 1182.5 | 144.6 | Multiplan | Multiplan | 946 | 80 | | | | 30.38 | 1123.38 | percent of total billed charges |
| HC RIBS BILAT W PA CHEST 4/> VIEWS, PORTABLE | 71111 | CPT | | | | both | | | 1182.5 | 144.6 | Amerihealth | HMO/PPO | 30.38 | | | | | 30.38 | 1123.38 | fee schedule |
| HC RIBS BILAT W PA CHEST 4/> VIEWS, PORTABLE | 71111 | CPT | | | | both | | | 1182.5 | 144.6 | Horizon | Indemnity | 243.31 | | | | | 30.38 | 1123.38 | other |
| HC RIBS BILAT W PA CHEST 4/> VIEWS, PORTABLE | 71111 | CPT | | | | both | | | 1182.5 | 144.6 | First Trenton | First Trenton | 1064.25 | 90 | | | | 30.38 | 1123.38 | percent of total billed charges |
| HC RIBS BILAT W PA CHEST 4/> VIEWS, PORTABLE | 71111 | CPT | | | | both | | | 1182.5 | 144.6 | Aetna | Medicare | 125.74 | | | | | 30.38 | 1123.38 | other |
| HC RIBS BILAT W PA CHEST 4/> VIEWS, PORTABLE | 71111 | CPT | | | | both | | | 1182.5 | 144.6 | Aetna | Better Health | 373.08 | 31.55 | | | 439.06 | 30.38 | 1123.38 | percent of total billed charges |
| HC RIBS BILAT W PA CHEST 4/> VIEWS, PORTABLE | 71111 | CPT | | | | both | | | 1182.5 | 144.6 | Americare | Americare | 886.88 | 75 | | | | 30.38 | 1123.38 | percent of total billed charges |
| HC RIBS BILAT W PA CHEST 4/> VIEWS, PORTABLE | 71111 | CPT | | | | both | | | 1182.5 | 144.6 | Horizon | NJ Health | 68.6 | | | | 225.68 | 30.38 | 1123.38 | fee schedule |
| HC RIBS BILAT W PA CHEST 4/> VIEWS, PORTABLE | 71111 | CPT | | | | both | | | 1182.5 | 144.6 | WellPoint | WellPoint | 380.53 | 32.18 | | | 98.43 | 30.38 | 1123.38 | percent of total billed charges |
| HC RIBS BILAT W PA CHEST 4/> VIEWS, PORTABLE | 71111 | CPT | | | | both | | | 1182.5 | 144.6 | First Health | First Health | 827.75 | 70 | | | | 30.38 | 1123.38 | percent of total billed charges |
| HC RIBS BILAT W PA CHEST 4/> VIEWS, PORTABLE | 71111 | CPT | | | | both | | | 1182.5 | 144.6 | Qualcare | Qualcare | 886.88 | 75 | | | | 30.38 | 1123.38 | percent of total billed charges |
| HC RIBS BILAT W PA CHEST 4/> VIEWS, PORTABLE | 71111 | CPT | | | | both | | | 1182.5 | 144.6 | UHC | Medicare | 125.74 | | | | | 30.38 | 1123.38 | other |
| HC RIBS BILAT W PA CHEST 4/> VIEWS, PORTABLE | 71111 | CPT | | | | both | | | 1182.5 | 144.6 | Consumer | Consumer | 1123.38 | 95 | | | | 30.38 | 1123.38 | percent of total billed charges |
| HC RIBS BILAT W PA CHEST 4/> VIEWS, PORTABLE | 71111 | CPT | | | | both | | | 1182.5 | 144.6 | Aetna | Commercial | 449.35 | 38 | | | 107.43 | 30.38 | 1123.38 | percent of total billed charges |
| HC RIBS BILAT W PA CHEST 4/> VIEWS, PORTABLE | 71111 | CPT | | | | both | | | 1182.5 | 144.6 | Managed Care Inc | Managed Care Inc | 1064.25 | 90 | | | | 30.38 | 1123.38 | percent of total billed charges |
| HC RIBS BILAT W PA CHEST 4/> VIEWS, PORTABLE | 71111 | CPT | | | | both | | | 1182.5 | 144.6 | Wellcare | Medicaid | 373.08 | 31.55 | | | | 30.38 | 1123.38 | percent of total billed charges |
| HC RIBS BILAT W PA CHEST 4/> VIEWS, PORTABLE | 71111 | CPT | | | | both | | | 1182.5 | 144.6 | Corrections | Corrections | 946 | 80 | | | | 30.38 | 1123.38 | percent of total billed charges |
| HC RIBS BILAT W PA CHEST 4/> VIEWS, PORTABLE | 71111 | CPT | | | | both | | | 1182.5 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | | 30.38 | 1123.38 | other |
| HC RIBS BILAT W PA CHEST 4/> VIEWS, PORTABLE | 71111 | CPT | | | | both | | | 1182.5 | 144.6 | Three Rivers | Three Rivers | 1123.38 | 95 | | | | 30.38 | 1123.38 | percent of total billed charges |
| HC RIBS BILAT W PA CHEST 4/> VIEWS, PORTABLE | 71111 | CPT | | | | both | | | 1182.5 | 144.6 | Medicaid | 373.08 | 31.55 | | | | 295 | 30.38 | 1123.38 | percent of total billed charges |
| HC RIBS BILAT W PA CHEST 4/> VIEWS, PORTABLE | 71111 | CPT | | | | both | | | 1182.5 | 144.6 | Horizon | MGD | 243.31 | | | | | 30.38 | 1123.38 | other |
| HC RIBS BILAT W PA CHEST 4/> VIEWS, PORTABLE | 71111 | CPT | | | | both | | | 1182.5 | 144.6 | Wellcare | Medicare | 125.74 | | | | | 30.38 | 1123.38 | other |
| HC RIBS BILAT W PA CHEST 4/> VIEWS, PORTABLE | 71111 | CPT | | | | both | | | 1182.5 | 144.6 | Horizon | PPO | 243.31 | | | | | 30.38 | 1123.38 | other |
| HC STERNUM 2/> VIEWS | 71120 | CPT | | | | outpatient | | | 627 | 119.52 | Horizon | Medicare Blue | 103.93 | | | | | 21.08 | 595.65 | other |
| HC STERNUM 2/> VIEWS | 71120 | CPT | | | | outpatient | | | 627 | 119.52 | Amerihealth | HMO/PPO | 21.08 | | | | | 21.08 | 595.65 | fee schedule |
| HC STERNUM 2/> VIEWS | 71120 | CPT | | | | outpatient | | | 627 | 119.52 | Aetna | Medicare | 103.93 | | | | | 21.08 | 595.65 | other |
| HC STERNUM 2/> VIEWS | 71120 | CPT | | | | outpatient | | | 627 | 119.52 | Consumer | Consumer | 595.65 | 95 | | | | 21.08 | 595.65 | percent of total billed charges |
| HC STERNUM 2/> VIEWS | 71120 | CPT | | | | outpatient | | | 627 | 119.52 | UHC | Medicare | 103.93 | | | | | 21.08 | 595.65 | other |
| HC STERNUM 2/> VIEWS | 71120 | CPT | | | | outpatient | | | 627 | 119.52 | Horizon | MGD | 201.1 | | | | | 21.08 | 595.65 | other |
| HC STERNUM 2/> VIEWS | 71120 | CPT | | | | outpatient | | | 627 | 119.52 | Americare | Americare | 470.25 | 75 | | | | 21.08 | 595.65 | percent of total billed charges |
| HC STERNUM 2/> VIEWS | 71120 | CPT | | | | outpatient | | | 627 | 119.52 | Aetna | Better Health | 197.82 | 31.55 | | | | 21.08 | 595.65 | percent of total billed charges |
| HC STERNUM 2/> VIEWS | 71120 | CPT | | | | outpatient | | | 627 | 119.52 | Wellcare | Medicaid | 197.82 | 31.55 | | | | 21.08 | 595.65 | percent of total billed charges |
| HC STERNUM 2/> VIEWS | 71120 | CPT | | | | outpatient | | | 627 | 119.52 | First Health | First Health | 438.9 | 70 | | | | 21.08 | 595.65 | percent of total billed charges |
| HC STERNUM 2/> VIEWS | 71120 | CPT | | | | outpatient | | | 627 | 119.52 | Three Rivers | Three Rivers | 595.65 | 95 | | | | 21.08 | 595.65 | percent of total billed charges |
| HC STERNUM 2/> VIEWS | 71120 | CPT | | | | outpatient | | | 627 | 119.52 | Corrections | Corrections | 501.6 | 80 | | | | 21.08 | 595.65 | percent of total billed charges |
| HC STERNUM 2/> VIEWS | 71120 | CPT | | | | outpatient | | | 627 | 119.52 | UHC | Medicaid | 197.82 | 31.55 | | | | 21.08 | 595.65 | percent of total billed charges |
| HC STERNUM 2/> VIEWS | 71120 | CPT | | | | outpatient | | | 627 | 119.52 | Aetna | Commercial | 238.26 | 38 | | | | 21.08 | 595.65 | percent of total billed charges |
| HC STERNUM 2/> VIEWS | 71120 | CPT | | | | outpatient | | | 627 | 119.52 | First Trenton | First Trenton | 564.3 | 90 | | | | 21.08 | 595.65 | percent of total billed charges |
| HC STERNUM 2/> VIEWS | 71120 | CPT | | | | outpatient | | | 627 | 119.52 | Multiplan | Multiplan | 501.6 | 80 | | | | 21.08 | 595.65 | percent of total billed charges |
| HC STERNUM 2/> VIEWS | 71120 | CPT | | | | outpatient | | | 627 | 119.52 | Horizon | Indemnity | 201.1 | | | | | 21.08 | 595.65 | other |
| HC STERNUM 2/> VIEWS | 71120 | CPT | | | | outpatient | | | 627 | 119.52 | Qualcare | Qualcare | 470.25 | 75 | | | | 21.08 | 595.65 | percent of total billed charges |
| HC STERNUM 2/> VIEWS | 71120 | CPT | | | | outpatient | | | 627 | 119.52 | Horizon | NJ Health | 35.48 | | | | | 21.08 | 595.65 | fee schedule |
| HC STERNUM 2/> VIEWS | 71120 | CPT | | | | outpatient | | | 627 | 119.52 | Wellcare | Medicare | 103.93 | | | | | 21.08 | 595.65 | other |
| HC STERNUM 2/> VIEWS | 71120 | CPT | | | | outpatient | | | 627 | 119.52 | Horizon | PPO | 201.1 | | | | | 21.08 | 595.65 | other |
| HC STERNUM 2/> VIEWS | 71120 | CPT | | | | outpatient | | | 627 | 119.52 | Managed Care Inc | Managed Care Inc | 564.3 | 90 | | | | 21.08 | 595.65 | percent of total billed charges |
| HC STERNUM 2/> VIEWS | 71120 | CPT | | | | outpatient | | | 627 | 119.52 | WellPoint | WellPoint | 201.77 | 32.18 | | | | 21.08 | 595.65 | percent of total billed charges |
| HC STERNOCLAVICULAR JT/JTS 3/> VIEWS | 71130 | CPT | | | | both | | | 433 | 119.52 | Qualcare | Qualcare | 324.75 | 75 | | | | 22.94 | 411.35 | percent of total billed charges |
| HC STERNOCLAVICULAR JT/JTS 3/> VIEWS | 71130 | CPT | | | | both | | | 433 | 119.52 | First Trenton | First Trenton | 389.7 | 90 | | | | 22.94 | 411.35 | percent of total billed charges |
| HC STERNOCLAVICULAR JT/JTS 3/> VIEWS | 71130 | CPT | | | | both | | | 433 | 119.52 | Aetna | Better Health | 136.61 | 31.55 | | | | 22.94 | 411.35 | percent of total billed charges |
| HC STERNOCLAVICULAR JT/JTS 3/> VIEWS | 71130 | CPT | | | | both | | | 433 | 119.52 | Americare | Americare | 324.75 | 75 | | | | 22.94 | 411.35 | percent of total billed charges |
| HC STERNOCLAVICULAR JT/JTS 3/> VIEWS | 71130 | CPT | | | | both | | | 433 | 119.52 | First Health | First Health | 303.1 | 70 | | | | 22.94 | 411.35 | percent of total billed charges |
| HC STERNOCLAVICULAR JT/JTS 3/> VIEWS | 71130 | CPT | | | | both | | | 433 | 119.52 | Horizon | PPO | 201.1 | | | | | 22.94 | 411.35 | other |
| HC STERNOCLAVICULAR JT/JTS 3/> VIEWS | 71130 | CPT | | | | both | | | 433 | 119.52 | Aetna | Medicare | 103.93 | | | | | 22.94 | 411.35 | other |
| HC STERNOCLAVICULAR JT/JTS 3/> VIEWS | 71130 | CPT | | | | both | | | 433 | 119.52 | Aetna | Commercial | 164.54 | 38 | | | | 22.94 | 411.35 | percent of total billed charges |
| HC STERNOCLAVICULAR JT/JTS 3/> VIEWS | 71130 | CPT | | | | both | | | 433 | 119.52 | UHC | Medicaid | 136.61 | 31.55 | | | | 22.94 | 411.35 | percent of total billed charges |
| HC STERNOCLAVICULAR JT/JTS 3/> VIEWS | 71130 | CPT | | | | both | | | 433 | 119.52 | Managed Care Inc | Managed Care Inc | 389.7 | 90 | | | | 22.94 | 411.35 | percent of total billed charges |
| HC STERNOCLAVICULAR JT/JTS 3/> VIEWS | 71130 | CPT | | | | both | | | 433 | 119.52 | Consumer | Consumer | 411.35 | 95 | | | | 22.94 | 411.35 | percent of total billed charges |
| HC STERNOCLAVICULAR JT/JTS 3/> VIEWS | 71130 | CPT | | | | both | | | 433 | 119.52 | Amerihealth | HMO/PPO | 22.94 | | | | | 22.94 | 411.35 | fee schedule |
| HC STERNOCLAVICULAR JT/JTS 3/> VIEWS | 71130 | CPT | | | | both | | | 433 | 119.52 | Horizon | Indemnity | 201.1 | | | | | 22.94 | 411.35 | other |
| HC STERNOCLAVICULAR JT/JTS 3/> VIEWS | 71130 | CPT | | | | both | | | 433 | 119.52 | Wellcare | Medicare | 103.93 | | | | | 22.94 | 411.35 | other |
| HC STERNOCLAVICULAR JT/JTS 3/> VIEWS | 71130 | CPT | | | | both | | | 433 | 119.52 | Horizon | MGD | 201.1 | | | | | 22.94 | 411.35 | other |
| HC STERNOCLAVICULAR JT/JTS 3/> VIEWS | 71130 | CPT | | | | both | | | 433 | 119.52 | WellPoint | WellPoint | 139.34 | 32.18 | | | | 22.94 | 411.35 | percent of total billed charges |
| HC STERNOCLAVICULAR JT/JTS 3/> VIEWS | 71130 | CPT | | | | both | | | 433 | 119.52 | UHC | Medicare | 103.93 | | | | | 22.94 | 411.35 | other |
| HC STERNOCLAVICULAR JT/JTS 3/> VIEWS | 71130 | CPT | | | | both | | | 433 | 119.52 | Corrections | Corrections | 346.4 | 80 | | | | 22.94 | 411.35 | percent of total billed charges |
| HC STERNOCLAVICULAR JT/JTS 3/> VIEWS | 71130 | CPT | | | | both | | | 433 | 119.52 | Multiplan | Multiplan | 346.4 | 80 | | | | 22.94 | 411.35 | percent of total billed charges |
| HC STERNOCLAVICULAR JT/JTS 3/> VIEWS | 71130 | CPT | | | | both | | | 433 | 119.52 | Horizon | Medicare Blue | 103.93 | | | | | 22.94 | 411.35 | other |
| HC STERNOCLAVICULAR JT/JTS 3/> VIEWS | 71130 | CPT | | | | both | | | 433 | 119.52 | Three Rivers | Three Rivers | 411.35 | 95 | | | | 22.94 | 411.35 | percent of total billed charges |
| HC STERNOCLAVICULAR JT/JTS 3/> VIEWS | 71130 | CPT | | | | both | | | 433 | 119.52 | Horizon | NJ Health | 39.2 | | | | | 22.94 | 411.35 | fee schedule |
| HC STERNOCLAVICULAR JT/JTS 3/> VIEWS | 71130 | CPT | | | | both | | | 433 | 119.52 | Wellcare | Medicaid | 136.61 | 31.55 | | | | 22.94 | 411.35 | percent of total billed charges |
| HC CT THORAX/CHEST WO CONTRAST | 71250 | CPT | | | | both | | | 1548 | 144.6 | Aetna | Commercial | 588.24 | 38 | | | 177.89 | 125.74 | 1470.6 | percent of total billed charges |
| HC CT THORAX/CHEST WO CONTRAST | 71250 | CPT | | | | both | | | 1548 | 144.6 | Aetna | Medicare | 125.74 | | | | 124.27 | 125.74 | 1470.6 | other |
| HC CT THORAX/CHEST WO CONTRAST | 71250 | CPT | | | | both | | | 1548 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 113.18 | 125.74 | 1470.6 | other |
| HC CT THORAX/CHEST WO CONTRAST | 71250 | CPT | | | | both | | | 1548 | 144.6 | First Health | First Health | 1083.6 | 70 | | | | 125.74 | 1470.6 | percent of total billed charges |
| HC CT THORAX/CHEST WO CONTRAST | 71250 | CPT | | | | both | | | 1548 | 144.6 | Corrections | Corrections | 1238.4 | 80 | | | 308.77 | 125.74 | 1470.6 | percent of total billed charges |
| HC CT THORAX/CHEST WO CONTRAST | 71250 | CPT | | | | both | | | 1548 | 144.6 | First Trenton | First Trenton | 1393.2 | 90 | | | | 125.74 | 1470.6 | percent of total billed charges |
| HC CT THORAX/CHEST WO CONTRAST | 71250 | CPT | | | | both | | | 1548 | 144.6 | Wellcare | Medicare | 125.74 | | | | 84 | 125.74 | 1470.6 | other |
| HC CT THORAX/CHEST WO CONTRAST | 71250 | CPT | | | | both | | | 1548 | 144.6 | Aetna | Better Health | 488.39 | 31.55 | | | 297.91 | 125.74 | 1470.6 | percent of total billed charges |
| HC CT THORAX/CHEST WO CONTRAST | 71250 | CPT | | | | both | | | 1548 | 144.6 | Americare | Americare | 1161 | 75 | | | | 125.74 | 1470.6 | percent of total billed charges |
| HC CT THORAX/CHEST WO CONTRAST | 71250 | CPT | | | | both | | | 1548 | 144.6 | Amerihealth | HMO/PPO | 171.74 | | | | 142.07 | 125.74 | 1470.6 | fee schedule |
| HC CT THORAX/CHEST WO CONTRAST | 71250 | CPT | | | | both | | | 1548 | 144.6 | UHC | Medicare | 125.74 | | | | 134.95 | 125.74 | 1470.6 | other |
| HC CT THORAX/CHEST WO CONTRAST | 71250 | CPT | | | | both | | | 1548 | 144.6 | Consumer | Consumer | 1470.6 | 95 | | | | 125.74 | 1470.6 | percent of total billed charges |
| HC CT THORAX/CHEST WO CONTRAST | 71250 | CPT | | | | both | | | 1548 | 144.6 | Horizon | NJ Health | 286.1 | | | | 87.97 | 125.74 | 1470.6 | fee schedule |
| HC CT THORAX/CHEST WO CONTRAST | 71250 | CPT | | | | both | | | 1548 | 144.6 | Managed Care Inc | Managed Care Inc | 1393.2 | 90 | | | | 125.74 | 1470.6 | percent of total billed charges |
| HC CT THORAX/CHEST WO CONTRAST | 71250 | CPT | | | | both | | | 1548 | 144.6 | Wellcare | Medicaid | 488.39 | 31.55 | | | 296.08 | 125.74 | 1470.6 | percent of total billed charges |
| HC CT THORAX/CHEST WO CONTRAST | 71250 | CPT | | | | both | | | 1548 | 144.6 | Horizon | MGD | 243.31 | | | | 219.68 | 125.74 | 1470.6 | other |
| HC CT THORAX/CHEST WO CONTRAST | 71250 | CPT | | | | both | | | 1548 | 144.6 | Horizon | Indemnity | 243.31 | | | | 143.76 | 125.74 | 1470.6 | other |
| HC CT THORAX/CHEST WO CONTRAST | 71250 | CPT | | | | both | | | 1548 | 144.6 | Multiplan | Multiplan | 1238.4 | 80 | | | | 125.74 | 1470.6 | percent of total billed charges |
| HC CT THORAX/CHEST WO CONTRAST | 71250 | CPT | | | | both | | | 1548 | 144.6 | Three Rivers | Three Rivers | 1470.6 | 95 | | | | 125.74 | 1470.6 | percent of total billed charges |
| HC CT THORAX/CHEST WO CONTRAST | 71250 | CPT | | | | both | | | 1548 | 144.6 | Horizon | PPO | 243.31 | | | | 241.36 | 125.74 | 1470.6 | other |
| HC CT THORAX/CHEST WO CONTRAST | 71250 | CPT | | | | both | | | 1548 | 144.6 | Qualcare | Qualcare | 1161 | 75 | | | | 125.74 | 1470.6 | percent of total billed charges |
| HC CT THORAX/CHEST WO CONTRAST | 71250 | CPT | | | | both | | | 1548 | 144.6 | UHC | Medicaid | 488.39 | 31.55 | | | 299.09 | 125.74 | 1470.6 | percent of total billed charges |
| HC CT THORAX/CHEST WO CONTRAST | 71250 | CPT | | | | both | | | 1548 | 144.6 | WellPoint | WellPoint | 498.15 | 32.18 | | | 209.04 | 125.74 | 1470.6 | percent of total billed charges |
| HC CT THORAX/CHEST W CONTRAST | 71260 | CPT | | | | both | | | 2388 | 241.65 | Aetna | Medicare | 210.13 | | | | 189.6 | 200.88 | 2268.6 | other |
| HC CT THORAX/CHEST W CONTRAST | 71260 | CPT | | | | both | | | 2388 | 241.65 | Consumer | Consumer | 2268.6 | 95 | | | | 200.88 | 2268.6 | percent of total billed charges |
| HC CT THORAX/CHEST W CONTRAST | 71260 | CPT | | | | both | | | 2388 | 241.65 | Aetna | Better Health | 753.41 | 31.55 | | | 417.11 | 200.88 | 2268.6 | percent of total billed charges |
| HC CT THORAX/CHEST W CONTRAST | 71260 | CPT | | | | both | | | 2388 | 241.65 | Horizon | Medicare Blue | 210.13 | | | | 165.77 | 200.88 | 2268.6 | other |
| HC CT THORAX/CHEST W CONTRAST | 71260 | CPT | | | | both | | | 2388 | 241.65 | First Health | First Health | 1671.6 | 70 | | | | 200.88 | 2268.6 | percent of total billed charges |
| HC CT THORAX/CHEST W CONTRAST | 71260 | CPT | | | | both | | | 2388 | 241.65 | Corrections | Corrections | 1910.4 | 80 | | | 388.86 | 200.88 | 2268.6 | percent of total billed charges |
| HC CT THORAX/CHEST W CONTRAST | 71260 | CPT | | | | both | | | 2388 | 241.65 | Amerihealth | HMO/PPO | 200.88 | | | | 114.15 | 200.88 | 2268.6 | fee schedule |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC CT THORAX/CHEST W CONTRAST | 71260 | CPT | | | | both | | | 2388 | | 241.65 Aetna | Commercial | 907.44 | 38 | | 192.28 | 200.88 | | 2268.6 percent of total billed charges | |
| HC CT THORAX/CHEST W CONTRAST | 71260 | CPT | | | | both | | | 2388 | | 241.65 Horizon | NJ Health | 334.96 | | | 77.57 | 200.88 | | 2268.6 fee schedule | |
| HC CT THORAX/CHEST W CONTRAST | 71260 | CPT | | | | both | | | 2388 | | 241.65 First Trenton | First Trenton | 2149.2 | 90 | | | 200.88 | | 2268.6 percent of total billed charges | |
| HC CT THORAX/CHEST W CONTRAST | 71260 | CPT | | | | both | | | 2388 | | 241.65 Multiplan | Multiplan | 1910.4 | 80 | | | 200.88 | | 2268.6 percent of total billed charges | |
| HC CT THORAX/CHEST W CONTRAST | 71260 | CPT | | | | both | | | 2388 | | 241.65 UHC | Medicaid | 753.41 | 31.55 | | 388.61 | 200.88 | | 2268.6 percent of total billed charges | |
| HC CT THORAX/CHEST W CONTRAST | 71260 | CPT | | | | both | | | 2388 | | 241.65 Americare | Americare | 1791 | 75 | | | 200.88 | | 2268.6 percent of total billed charges | |
| HC CT THORAX/CHEST W CONTRAST | 71260 | CPT | | | | both | | | 2388 | | 241.65 Horizon | MGD | 406.6 | | | 338.42 | 200.88 | | 2268.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORAX/CHEST W CONTRAST | 71260 | CPT | | | | both | | | 2388 | | 241.65 Qualcare | Qualcare | 1791 | 75 | | | 200.88 | | 2268.6 percent of total billed charges | |
| HC CT THORAX/CHEST W CONTRAST | 71260 | CPT | | | | both | | | 2388 | | 241.65 UHC | Medicare | 210.13 | | | 184.41 | 200.88 | | 2268.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORAX/CHEST W CONTRAST | 71260 | CPT | | | | both | | | 2388 | | 241.65 Horizon | Indemnity | 406.6 | | | 233.17 | 200.88 | | 2268.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORAX/CHEST W CONTRAST | 71260 | CPT | | | | both | | | 2388 | | 241.65 Horizon | PPO | 406.6 | | | 279.67 | 200.88 | | 2268.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORAX/CHEST W CONTRAST | 71260 | CPT | | | | both | | | 2388 | | 241.65 Wellcare | Medicaid | 753.41 | 31.55 | | 334.89 | 200.88 | | 2268.6 percent of total billed charges | |
| HC CT THORAX/CHEST W CONTRAST | 71260 | CPT | | | | both | | | 2388 | | 241.65 WellPoint | WellPoint | 768.46 | 32.18 | | 309.77 | 200.88 | | 2268.6 percent of total billed charges | |
| HC CT THORAX/CHEST W CONTRAST | 71260 | CPT | | | | both | | | 2388 | | 241.65 Wellcare | Medicare | 210.13 | | | 155.28 | 200.88 | | 2268.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORAX/CHEST W CONTRAST | 71260 | CPT | | | | both | | | 2388 | | 241.65 Managed Care Inc | Managed Care Inc | 2149.2 | 90 | | | 200.88 | | 2268.6 percent of total billed charges | |
| HC CT THORAX/CHEST W CONTRAST | 71260 | CPT | | | | both | | | 2388 | | 241.65 Three Rivers | Three Rivers | 2268.6 | 95 | | | 200.88 | | 2268.6 percent of total billed charges | |
| HC CT THORAX/CHEST WO/W CONTRAST | 71270 | CPT | | | | both | | | 1172 | | 241.65 Consumer | Consumer | 1113.4 | 95 | | | 210.13 | | 1113.4 percent of total billed charges | |
| HC CT THORAX/CHEST WO/W CONTRAST | 71270 | CPT | | | | both | | | 1172 | | 241.65 Horizon | MGD | 406.6 | | | | 210.13 | | 1113.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORAX/CHEST WO/W CONTRAST | 71270 | CPT | | | | both | | | 1172 | | 241.65 Aetna | Commercial | 445.36 | 38 | | | 210.13 | | 1113.4 percent of total billed charges | |
| HC CT THORAX/CHEST WO/W CONTRAST | 71270 | CPT | | | | both | | | 1172 | | 241.65 Amerihealth | HMO/PPO | 245.52 | | | | 210.13 | | 1113.4 fee schedule | |
| HC CT THORAX/CHEST WO/W CONTRAST | 71270 | CPT | | | | both | | | 1172 | | 241.65 Horizon | Indemnity | 406.6 | | | 171.59 | 210.13 | | 1113.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORAX/CHEST WO/W CONTRAST | 71270 | CPT | | | | both | | | 1172 | | 241.65 Aetna | Better Health | 369.77 | 31.55 | | 10.86 | 210.13 | | 1113.4 percent of total billed charges | |
| HC CT THORAX/CHEST WO/W CONTRAST | 71270 | CPT | | | | both | | | 1172 | | 241.65 Aetna | Medicare | 210.13 | | | | 210.13 | | 1113.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORAX/CHEST WO/W CONTRAST | 71270 | CPT | | | | both | | | 1172 | | 241.65 Americare | Americare | 879 | 75 | | | 210.13 | | 1113.4 percent of total billed charges | |
| HC CT THORAX/CHEST WO/W CONTRAST | 71270 | CPT | | | | both | | | 1172 | | 241.65 First Health | First Health | 820.4 | 70 | | | 210.13 | | 1113.4 percent of total billed charges | |
| HC CT THORAX/CHEST WO/W CONTRAST | 71270 | CPT | | | | both | | | 1172 | | 241.65 Horizon | PPO | 406.6 | | | 103.73 | 210.13 | | 1113.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORAX/CHEST WO/W CONTRAST | 71270 | CPT | | | | both | | | 1172 | | 241.65 Multiplan | Multiplan | 937.6 | 80 | | | 210.13 | | 1113.4 percent of total billed charges | |
| HC CT THORAX/CHEST WO/W CONTRAST | 71270 | CPT | | | | both | | | 1172 | | 241.65 Corrections | Corrections | 937.6 | 80 | | 180.85 | 210.13 | | 1113.4 percent of total billed charges | |
| HC CT THORAX/CHEST WO/W CONTRAST | 71270 | CPT | | | | both | | | 1172 | | 241.65 UHC | Medicaid | 369.77 | 31.55 | | 210.95 | 210.13 | | 1113.4 percent of total billed charges | |
| HC CT THORAX/CHEST WO/W CONTRAST | 71270 | CPT | | | | both | | | 1172 | | 241.65 First Trenton | First Trenton | 1054.8 | 90 | | | 210.13 | | 1113.4 percent of total billed charges | |
| HC CT THORAX/CHEST WO/W CONTRAST | 71270 | CPT | | | | both | | | 1172 | | 241.65 WellPoint | WellPoint | 377.15 | 32.18 | | 20.12 | 210.13 | | 1113.4 percent of total billed charges | |
| HC CT THORAX/CHEST WO/W CONTRAST | 71270 | CPT | | | | both | | | 1172 | | 241.65 Horizon | NJ Health | 343 | | | 55.91 | 210.13 | | 1113.4 fee schedule | |
| HC CT THORAX/CHEST WO/W CONTRAST | 71270 | CPT | | | | both | | | 1172 | | 241.65 Qualcare | Qualcare | 879 | 75 | | | 210.13 | | 1113.4 percent of total billed charges | |
| HC CT THORAX/CHEST WO/W CONTRAST | 71270 | CPT | | | | both | | | 1172 | | 241.65 Horizon | Medicare Blue | 210.13 | | | | 210.13 | | 1113.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORAX/CHEST WO/W CONTRAST | 71270 | CPT | | | | both | | | 1172 | | 241.65 Wellcare | Medicaid | 369.77 | 31.55 | | 306.63 | 210.13 | | 1113.4 percent of total billed charges | |
| HC CT THORAX/CHEST WO/W CONTRAST | 71270 | CPT | | | | both | | | 1172 | | 241.65 Managed Care Inc | Managed Care Inc | 1054.8 | 90 | | | 210.13 | | 1113.4 percent of total billed charges | |
| HC CT THORAX/CHEST WO/W CONTRAST | 71270 | CPT | | | | both | | | 1172 | | 241.65 Wellcare | Medicare | 210.13 | | | 7 | 210.13 | | 1113.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORAX/CHEST WO/W CONTRAST | 71270 | CPT | | | | both | | | 1172 | | 241.65 Three Rivers | Three Rivers | 1113.4 | 95 | | | 210.13 | | 1113.4 percent of total billed charges | |
| HC CT THORAX/CHEST WO/W CONTRAST | 71270 | CPT | | | | both | | | 1172 | | 241.65 UHC | Medicare | 210.13 | | | 87.96 | 210.13 | | 1113.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORAX/CHEST LOW DOSE LUNG CA SCRN WO CONTRAST | 71271 | CPT | | | | both | | | 421 | | 144.6 Horizon | PPO | 243.31 | | | 230.91 | 125.74 | | 399.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORAX/CHEST LOW DOSE LUNG CA SCRN WO CONTRAST | 71271 | CPT | | | | both | | | 421 | | 144.6 Aetna | Commercial | 159.98 | 38 | | 72.79 | 125.74 | | 399.95 percent of total billed charges | |
| HC CT THORAX/CHEST LOW DOSE LUNG CA SCRN WO CONTRAST | 71271 | CPT | | | | both | | | 421 | | 144.6 Consumer | Consumer | 399.95 | 95 | | | 125.74 | | 399.95 percent of total billed charges | |
| HC CT THORAX/CHEST LOW DOSE LUNG CA SCRN WO CONTRAST | 71271 | CPT | | | | both | | | 421 | | 144.6 Wellcare | Medicaid | 132.83 | 31.55 | | 123.89 | 125.74 | | 399.95 percent of total billed charges | |
| HC CT THORAX/CHEST LOW DOSE LUNG CA SCRN WO CONTRAST | 71271 | CPT | | | | both | | | 421 | | 144.6 First Health | First Health | 294.7 | 70 | | | 125.74 | | 399.95 percent of total billed charges | |
| HC CT THORAX/CHEST LOW DOSE LUNG CA SCRN WO CONTRAST | 71271 | CPT | | | | both | | | 421 | | 144.6 Aetna | Medicare | 125.74 | | | 58.6 | 125.74 | | 399.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORAX/CHEST LOW DOSE LUNG CA SCRN WO CONTRAST | 71271 | CPT | | | | both | | | 421 | | 144.6 Aetna | Better Health | 132.83 | 31.55 | | 26.73 | 125.74 | | 399.95 percent of total billed charges | |
| HC CT THORAX/CHEST LOW DOSE LUNG CA SCRN WO CONTRAST | 71271 | CPT | | | | both | | | 421 | | 144.6 Americare | Americare | 315.75 | 75 | | | 125.74 | | 399.95 percent of total billed charges | |
| HC CT THORAX/CHEST LOW DOSE LUNG CA SCRN WO CONTRAST | 71271 | CPT | | | | both | | | 421 | | 144.6 Wellcare | Medicare | 125.74 | | | 95.89 | 125.74 | | 399.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORAX/CHEST LOW DOSE LUNG CA SCRN WO CONTRAST | 71271 | CPT | | | | both | | | 421 | | 144.6 Corrections | Corrections | 336.8 | 80 | | 126.36 | 125.74 | | 399.95 percent of total billed charges | |
| HC CT THORAX/CHEST LOW DOSE LUNG CA SCRN WO CONTRAST | 71271 | CPT | | | | both | | | 421 | | 144.6 UHC | Medicaid | 132.83 | 31.55 | | 119.68 | 125.74 | | 399.95 percent of total billed charges | |
| HC CT THORAX/CHEST LOW DOSE LUNG CA SCRN WO CONTRAST | 71271 | CPT | | | | both | | | 421 | | 144.6 Multiplan | Multiplan | 336.8 | 80 | | | 125.74 | | 399.95 percent of total billed charges | |
| HC CT THORAX/CHEST LOW DOSE LUNG CA SCRN WO CONTRAST | 71271 | CPT | | | | both | | | 421 | | 144.6 WellPoint | WellPoint | 135.48 | 32.18 | | 90.54 | 125.74 | | 399.95 percent of total billed charges | |
| HC CT THORAX/CHEST LOW DOSE LUNG CA SCRN WO CONTRAST | 71271 | CPT | | | | both | | | 421 | | 144.6 First Trenton | First Trenton | 378.9 | 90 | | | 125.74 | | 399.95 percent of total billed charges | |
| HC CT THORAX/CHEST LOW DOSE LUNG CA SCRN WO CONTRAST | 71271 | CPT | | | | both | | | 421 | | 144.6 Amerihealth | HMO/PPO | 273.65 | 65 | | 46.39 | 125.74 | | 399.95 percent of total billed charges | |
| HC CT THORAX/CHEST LOW DOSE LUNG CA SCRN WO CONTRAST | 71271 | CPT | | | | both | | | 421 | | 144.6 Qualcare | Qualcare | 315.75 | 75 | | | 125.74 | | 399.95 percent of total billed charges | |
| HC CT THORAX/CHEST LOW DOSE LUNG CA SCRN WO CONTRAST | 71271 | CPT | | | | both | | | 421 | | 144.6 Horizon | Indemnity | 243.31 | | | 198.79 | 125.74 | | 399.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORAX/CHEST LOW DOSE LUNG CA SCRN WO CONTRAST | 71271 | CPT | | | | both | | | 421 | | 144.6 Horizon | Medicare Blue | 125.74 | | | 124.16 | 125.74 | | 399.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORAX/CHEST LOW DOSE LUNG CA SCRN WO CONTRAST | 71271 | CPT | | | | both | | | 421 | | 144.6 Horizon | MGD | 243.31 | | | 207.64 | 125.74 | | 399.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORAX/CHEST LOW DOSE LUNG CA SCRN WO CONTRAST | 71271 | CPT | | | | both | | | 421 | | 144.6 Managed Care Inc | Managed Care Inc | 378.9 | 90 | | | 125.74 | | 399.95 percent of total billed charges | |
| HC CT THORAX/CHEST LOW DOSE LUNG CA SCRN WO CONTRAST | 71271 | CPT | | | | both | | | 421 | | 144.6 Three Rivers | Three Rivers | 399.95 | 95 | | | 125.74 | | 399.95 percent of total billed charges | |
| HC CT THORAX/CHEST LOW DOSE LUNG CA SCRN WO CONTRAST | 71271 | CPT | | | | both | | | 421 | | 144.6 UHC | Medicare | 125.74 | | | 97.18 | 125.74 | | 399.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO CHEST NONCORONARY W/WO CONTRAST | 71275 | CPT | | | | both | | | 765 | | 241.65 Aetna | Medicare | 210.13 | | | 103.99 | 210.13 | | 726.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO CHEST NONCORONARY W/WO CONTRAST | 71275 | CPT | | | | both | | | 765 | | 241.65 Americare | Americare | 573.75 | 75 | | | 210.13 | | 726.75 percent of total billed charges | |
| HC CT ANGIO CHEST NONCORONARY W/WO CONTRAST | 71275 | CPT | | | | both | | | 765 | | 241.65 Corrections | Corrections | 612 | 80 | | 137.27 | 210.13 | | 726.75 percent of total billed charges | |
| HC CT ANGIO CHEST NONCORONARY W/WO CONTRAST | 71275 | CPT | | | | both | | | 765 | | 241.65 Aetna | Commercial | 290.7 | 38 | | 81.48 | 210.13 | | 726.75 percent of total billed charges | |
| HC CT ANGIO CHEST NONCORONARY W/WO CONTRAST | 71275 | CPT | | | | both | | | 765 | | 241.65 Aetna | Better Health | 241.36 | 31.55 | | 182.54 | 210.13 | | 726.75 percent of total billed charges | |
| HC CT ANGIO CHEST NONCORONARY W/WO CONTRAST | 71275 | CPT | | | | both | | | 765 | | 241.65 First Health | First Health | 535.5 | 70 | | | 210.13 | | 726.75 percent of total billed charges | |
| HC CT ANGIO CHEST NONCORONARY W/WO CONTRAST | 71275 | CPT | | | | both | | | 765 | | 241.65 Amerihealth | HMO/PPO | 245.52 | | | 391.97 | 210.13 | | 726.75 fee schedule | |
| HC CT ANGIO CHEST NONCORONARY W/WO CONTRAST | 71275 | CPT | | | | both | | | 765 | | 241.65 Horizon | NJ Health | 342.86 | | | 41.73 | 210.13 | | 726.75 fee schedule | |
| HC CT ANGIO CHEST NONCORONARY W/WO CONTRAST | 71275 | CPT | | | | both | | | 765 | | 241.65 Consumer | Consumer | 726.75 | 95 | | | 210.13 | | 726.75 percent of total billed charges | |
| HC CT ANGIO CHEST NONCORONARY W/WO CONTRAST | 71275 | CPT | | | | both | | | 765 | | 241.65 First Trenton | First Trenton | 688.5 | 90 | | | 210.13 | | 726.75 percent of total billed charges | |
| HC CT ANGIO CHEST NONCORONARY W/WO CONTRAST | 71275 | CPT | | | | both | | | 765 | | 241.65 Horizon | Medicare Blue | 210.13 | | | 74.37 | 210.13 | | 726.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO CHEST NONCORONARY W/WO CONTRAST | 71275 | CPT | | | | both | | | 765 | | 241.65 UHC | Medicaid | 241.36 | 31.55 | | 191.78 | 210.13 | | 726.75 percent of total billed charges | |
| HC CT ANGIO CHEST NONCORONARY W/WO CONTRAST | 71275 | CPT | | | | both | | | 765 | | 241.65 Horizon | Indemnity | 406.6 | | | 134.62 | 210.13 | | 726.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO CHEST NONCORONARY W/WO CONTRAST | 71275 | CPT | | | | both | | | 765 | | 241.65 Horizon | MGD | 406.6 | | | 201.42 | 210.13 | | 726.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO CHEST NONCORONARY W/WO CONTRAST | 71275 | CPT | | | | both | | | 765 | | 241.65 Multiplan | Multiplan | 612 | 80 | | | 210.13 | | 726.75 percent of total billed charges | |
| HC CT ANGIO CHEST NONCORONARY W/WO CONTRAST | 71275 | CPT | | | | both | | | 765 | | 241.65 Horizon | PPO | 406.6 | | | 170.05 | 210.13 | | 726.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO CHEST NONCORONARY W/WO CONTRAST | 71275 | CPT | | | | both | | | 765 | | 241.65 Wellcare | Medicaid | 241.36 | 31.55 | | 176.46 | 210.13 | | 726.75 percent of total billed charges | |
| HC CT ANGIO CHEST NONCORONARY W/WO CONTRAST | 71275 | CPT | | | | both | | | 765 | | 241.65 Managed Care Inc | Managed Care Inc | 688.5 | 90 | | | 210.13 | | 726.75 percent of total billed charges | |
| HC CT ANGIO CHEST NONCORONARY W/WO CONTRAST | 71275 | CPT | | | | both | | | 765 | | 241.65 Qualcare | Qualcare | 573.75 | 75 | | | 210.13 | | 726.75 percent of total billed charges | |
| HC CT ANGIO CHEST NONCORONARY W/WO CONTRAST | 71275 | CPT | | | | both | | | 765 | | 241.65 Three Rivers | Three Rivers | 726.75 | 95 | | | 210.13 | | 726.75 percent of total billed charges | |
| HC CT ANGIO CHEST NONCORONARY W/WO CONTRAST | 71275 | CPT | | | | both | | | 765 | | 241.65 WellPoint | WellPoint | 246.18 | 32.18 | | 175.95 | 210.13 | | 726.75 percent of total billed charges | |
| HC CT ANGIO CHEST NONCORONARY W/WO CONTRAST | 71275 | CPT | | | | both | | | 765 | | 241.65 UHC | Medicare | 210.13 | | | 110.74 | 210.13 | | 726.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO CHEST NONCORONARY W/WO CONTRAST | 71275 | CPT | | | | both | | | 765 | | 241.65 Wellcare | Medicare | 210.13 | | | 80.18 | 210.13 | | 726.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI CHEST WO CONTRAST | 71550 | CPT | | | | outpatient | | | 9123 | | 322.28 Multiplan | Multiplan | 7298.4 | 80 | | | 280.24 | | 8666.85 percent of total billed charges | |
| HC MRI CHEST WO CONTRAST | 71550 | CPT | | | | outpatient | | | 9123 | | 322.28 Aetna | Commercial | 3466.74 | 38 | | | 280.24 | | 8666.85 percent of total billed charges | |
| HC MRI CHEST WO CONTRAST | 71550 | CPT | | | | outpatient | | | 9123 | | 322.28 Americare | Americare | 6842.25 | 75 | | | 280.24 | | 8666.85 percent of total billed charges | |
| HC MRI CHEST WO CONTRAST | 71550 | CPT | | | | outpatient | | | 9123 | | 322.28 Consumer | Consumer | 8666.85 | 95 | | | 280.24 | | 8666.85 percent of total billed charges | |
| HC MRI CHEST WO CONTRAST | 71550 | CPT | | | | outpatient | | | 9123 | | 322.28 Aetna | Better Health | 2878.31 | 31.55 | | | 280.24 | | 8666.85 percent of total billed charges | |
| HC MRI CHEST WO CONTRAST | 71550 | CPT | | | | outpatient | | | 9123 | | 322.28 Horizon | MGD | 542.26 | | | | 280.24 | | 8666.85 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI CHEST WO CONTRAST | 71550 | CPT | | | | outpatient | | | 9123 | | 322.28 First Trenton | First Trenton | 821.7 | 90 | | | 280.24 | | 8666.85 percent of total billed charges | |
| HC MRI CHEST WO CONTRAST | 71550 | CPT | | | | outpatient | | | 9123 | | 322.28 First Health | First Health | 6386.1 | 70 | | | 280.24 | | 8666.85 percent of total billed charges | |
| HC MRI CHEST WO CONTRAST | 71550 | CPT | | | | outpatient | | | 9123 | | 322.28 Qualcare | Qualcare | 6842.25 | 75 | | | 280.24 | | 8666.85 percent of total billed charges | |
| HC MRI CHEST WO CONTRAST | 71550 | CPT | | | | outpatient | | | 9123 | | 322.28 UHC | Medicare | 280.24 | | | | 280.24 | | 8666.85 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI CHEST WO CONTRAST | 71550 | CPT | | | | outpatient | | | 9123 | | 322.28 Amerihealth | HMO/PPO | 294.5 | | | | 280.24 | | 8666.85 fee schedule | |
| HC MRI CHEST WO CONTRAST | 71550 | CPT | | | | outpatient | | | 9123 | | 322.28 Aetna | Medicare | 280.24 | | | | 280.24 | | 8666.85 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI CHEST WO CONTRAST | 71550 | CPT | | | | outpatient | | | 9123 | | 322.28 Horizon | Indemnity | 542.26 | | | | 280.24 | | 8666.85 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI CHEST WO CONTRAST | 71550 | CPT | | | | outpatient | | | 9123 | | 322.28 Wellcare | Medicare | 280.24 | | | | 280.24 | | 8666.85 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI CHEST WO CONTRAST | 71550 | CPT | | | | outpatient | | | 9123 | | 322.28 UHC | Medicaid | 2878.31 | 31.55 | | | 280.24 | | 8666.85 percent of total billed charges | |
| HC MRI CHEST WO CONTRAST | 71550 | CPT | | | | outpatient | | | 9123 | | 322.28 Corrections | Corrections | 7298.4 | 80 | | | 280.24 | | 8666.85 percent of total billed charges | |
| HC MRI CHEST WO CONTRAST | 71550 | CPT | | | | outpatient | | | 9123 | | 322.28 Horizon | Medicare Blue | 280.24 | | | | 280.24 | | 8666.85 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI CHEST WO CONTRAST | 71550 | CPT | | | | outpatient | | | 9123 | | 322.28 Horizon | PPO | 542.26 | | | | 280.24 | | 8666.85 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI CHEST WO CONTRAST | 71550 | CPT | | | | outpatient | | | 9123 | | 322.28 Wellcare | Medicaid | 2878.31 | 31.55 | | | 280.24 | | 8666.85 percent of total billed charges | |
| HC MRI CHEST WO CONTRAST | 71550 | CPT | | | | outpatient | | | 9123 | | 322.28 WellPoint | WellPoint | 2935.78 | 32.18 | | | 280.24 | | 8666.85 percent of total billed charges | |
| HC MRI CHEST WO CONTRAST | 71550 | CPT | | | | outpatient | | | 9123 | | 322.28 Horizon | NJ Health | 588 | | | | 280.24 | | 8666.85 fee schedule | |
| HC MRI CHEST WO CONTRAST | 71550 | CPT | | | | outpatient | | | 9123 | | 322.28 Managed Care Inc | Managed Care Inc | 8210.7 | 90 | | | 280.24 | | 8666.85 percent of total billed charges | |
| HC MRI CHEST WO CONTRAST | 71550 | CPT | | | | outpatient | | | 9123 | | 322.28 Three Rivers | Three Rivers | 8666.85 | 95 | | | 280.24 | | 8666.85 percent of total billed charges | |
| HC MRI CHEST W CONTRAST MATERIAL | 71551 | CPT | | | | outpatient | | | 2427 | | 1053.08 Aetna | Better Health | 765.72 | 31.55 | | | 341 | | 2305.65 percent of total billed charges | |
| HC MRI CHEST W CONTRAST MATERIAL | 71551 | CPT | | | | outpatient | | | 2427 | | 1053.08 Horizon | Indemnity | 1771.92 | | | | 341 | | 2305.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI CHEST W CONTRAST MATERIAL | 71551 | CPT | | | | outpatient | | | 2427 | | 1053.08 Horizon | Medicare Blue | 915.72 | | | | 341 | | 2305.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI CHEST W CONTRAST MATERIAL | 71551 | CPT | | | | outpatient | | | 2427 | | 1053.08 First Trenton | First Trenton | 2184.3 | 90 | | | 341 | | 2305.65 percent of total billed charges | |
| HC MRI CHEST W CONTRAST MATERIAL | 71551 | CPT | | | | outpatient | | | 2427 | | 1053.08 Aetna | Medicare | 915.72 | | | | 341 | | 2305.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI CHEST W CONTRAST MATERIAL | 71551 | CPT | | | | outpatient | | | 2427 | | 1053.08 First Health | First Health | 1698.9 | 70 | | | 341 | | 2305.65 percent of total billed charges | |
| HC MRI CHEST W CONTRAST MATERIAL | 71551 | CPT | | | | outpatient | | | 2427 | | 1053.08 Aetna | Commercial | 922.26 | 38 | | | 341 | | 2305.65 percent of total billed charges | |
| HC MRI CHEST W CONTRAST MATERIAL | 71551 | CPT | | | | outpatient | | | 2427 | | 1053.08 Amerihealth | HMO/PPO | 341 | | | | 341 | | 2305.65 fee schedule | |
| HC MRI CHEST W CONTRAST MATERIAL | 71551 | CPT | | | | outpatient | | | 2427 | | 1053.08 Americare | Americare | 1820.25 | 75 | | | 341 | | 2305.65 percent of total billed charges | |
| HC MRI CHEST W CONTRAST MATERIAL | 71551 | CPT | | | | outpatient | | | 2427 | | 1053.08 Horizon | PPO | 1771.92 | | | | 341 | | 2305.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI CHEST W CONTRAST MATERIAL | 71551 | CPT | | | | outpatient | | | 2427 | | 1053.08 Corrections | Corrections | 1941.6 | 80 | | | 341 | | 2305.65 percent of total billed charges | |
| HC MRI CHEST W CONTRAST MATERIAL | 71551 | CPT | | | | outpatient | | | 2427 | | 1053.08 Managed Care Inc | Managed Care Inc | 2184.3 | 90 | | | 341 | | 2305.65 percent of total billed charges | |
| HC MRI CHEST W CONTRAST MATERIAL | 71551 | CPT | | | | outpatient | | | 2427 | | 1053.08 Consumer | Consumer | 2305.65 | 95 | | | 341 | | 2305.65 percent of total billed charges | |
| HC MRI CHEST W CONTRAST MATERIAL | 71551 | CPT | | | | outpatient | | | 2427 | | 1053.08 Multiplan | Multiplan | 1941.6 | 80 | | | 341 | | 2305.65 percent of total billed charges | |
| HC MRI CHEST W CONTRAST MATERIAL | 71551 | CPT | | | | outpatient | | | 2427 | | 1053.08 Horizon | MGD | 1771.92 | | | | 341 | | 2305.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI CHEST W CONTRAST MATERIAL | 71551 | CPT | | | | outpatient | | | 2427 | | 1053.08 Wellcare | Medicaid | 765.72 | 31.55 | | | 341 | | 2305.65 percent of total billed charges | |
| HC MRI CHEST W CONTRAST MATERIAL | 71551 | CPT | | | | outpatient | | | 2427 | | 1053.08 Horizon | NJ Health | 584.08 | | | | 341 | | 2305.65 fee schedule | |
| HC MRI CHEST W CONTRAST MATERIAL | 71551 | CPT | | | | outpatient | | | 2427 | | 1053.08 UHC | Medicaid | 765.72 | 31.55 | | | 341 | | 2305.65 percent of total billed charges | |
| HC MRI CHEST W CONTRAST MATERIAL | 71551 | CPT | | | | outpatient | | | 2427 | | 1053.08 Three Rivers | Three Rivers | 2305.65 | 95 | | | 341 | | 2305.65 percent of total billed charges | |
| HC MRI CHEST W CONTRAST MATERIAL | 71551 | CPT | | | | outpatient | | | 2427 | | 1053.08 Wellcare | Medicare | 915.72 | | | | 341 | | 2305.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI CHEST W CONTRAST MATERIAL | 71551 | CPT | | | | outpatient | | | 2427 | | 1053.08 Qualcare | Qualcare | 1820.25 | 75 | | | 341 | | 2305.65 percent of total billed charges | |
| HC MRI CHEST W CONTRAST MATERIAL | 71551 | CPT | | | | outpatient | | | 2427 | | 1053.08 WellPoint | WellPoint | 781.01 | 32.18 | | | 341 | | 2305.65 percent of total billed charges | |
| HC MRI CHEST W CONTRAST MATERIAL | 71551 | CPT | | | | outpatient | | | 2427 | | 1053.08 UHC | Medicare | 915.72 | | | | 341 | | 2305.65 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI CLAVICLES WO/W CONTRAST | 71552 | CPT | | | | both | | | 6502.5 | | 505.8 Corrections | Corrections | 5202 | 80 | | 1323.84 | 439.83 | | 6177.38 percent of total billed charges | |
| HC MRI CLAVICLES WO/W CONTRAST | 71552 | CPT | | | | both | | | 6502.5 | | 505.8 Amerihealth | HMO/PPO | 477.4 | | | | 439.83 | | 6177.38 fee schedule | |
| HC MRI CLAVICLES WO/W CONTRAST | 71552 | CPT | | | | both | | | 6502.5 | | 505.8 Consumer | Consumer | 6177.38 | 95 | | | 439.83 | | 6177.38 percent of total billed charges | |
| HC MRI CLAVICLES WO/W CONTRAST | 71552 | CPT | | | | both | | | 6502.5 | | 505.8 Aetna | Better Health | 2051.54 | 31.55 | | | 439.83 | | 6177.38 percent of total billed charges | |
| HC MRI CLAVICLES WO/W CONTRAST | 71552 | CPT | | | | both | | | 6502.5 | | 505.8 First Trenton | First Trenton | 5852.25 | 90 | | | 439.83 | | 6177.38 percent of total billed charges | |
| HC MRI CLAVICLES WO/W CONTRAST | 71552 | CPT | | | | both | | | 6502.5 | | 505.8 UHC | Medicaid | 2051.54 | 31.55 | | | 439.83 | | 6177.38 percent of total billed charges | |
| HC MRI CLAVICLES WO/W CONTRAST | 71552 | CPT | | | | both | | | 6502.5 | | 505.8 Aetna | Medicare | 439.83 | | | | 439.83 | | 6177.38 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI CLAVICLES WO/W CONTRAST | 71552 | CPT | | | | both | | | 6502.5 | | 505.8 Horizon | Medicare Blue | 439.83 | | | | 439.83 | | 6177.38 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI CLAVICLES WO/W CONTRAST | 71552 | CPT | | | | both | | | 6502.5 | | 505.8 Horizon | PPO | 851.07 | | | | 439.83 | | 6177.38 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI CLAVICLES WO/W CONTRAST | 71552 | CPT | | | | both | | | 6502.5 | | 505.8 First Health | First Health | 4551.75 | 70 | | | 439.83 | | 6177.38 percent of total billed charges | |
| HC MRI CLAVICLES WO/W CONTRAST | 71552 | CPT | | | | both | | | 6502.5 | | 505.8 Horizon | NJ Health | 949.37 | | | | 439.83 | | 6177.38 fee schedule | |
| HC MRI CLAVICLES WO/W CONTRAST | 71552 | CPT | | | | both | | | 6502.5 | | 505.8 Aetna | Commercial | 2470.95 | 38 | | | 439.83 | | 6177.38 percent of total billed charges | |
| HC MRI CLAVICLES WO/W CONTRAST | 71552 | CPT | | | | both | | | 6502.5 | | 505.8 Horizon | Indemnity | 851.07 | | | | 439.83 | | 6177.38 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI CLAVICLES WO/W CONTRAST | 71552 | CPT | | | | both | | | 6502.5 | | 505.8 Wellcare | Medicaid | 2051.54 | 31.55 | | | 439.83 | | 6177.38 percent of total billed charges | |
| HC MRI CLAVICLES WO/W CONTRAST | 71552

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC MRI CLAVICLES WO/W CONTRAST | 71552 | CPT | | | | both | | | 6502.5 | 505.8 | Managed Care Inc | Managed Care Inc | 5852.25 | 90 | | | 439.83 | 6177.38 | percent of total billed charges | |
| HC MRI CLAVICLES WO/W CONTRAST | 71552 | CPT | | | | both | | | 6502.5 | 505.8 | Horizon | MGD | 851.07 | | | | 439.83 | 6177.38 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI CLAVICLES WO/W CONTRAST | 71552 | CPT | | | | both | | | 6502.5 | 505.8 | WellPoint | WellPoint | 2092.5 | 32.18 | | 1335.29 | 439.83 | 6177.38 | percent of total billed charges | |
| HC MRI CLAVICLES WO/W CONTRAST | 71552 | CPT | | | | both | | | 6502.5 | 505.8 | Multiplan | Multiplan | 5202 | 80 | | | 439.83 | 6177.38 | percent of total billed charges | |
| HC MRI CLAVICLES WO/W CONTRAST | 71552 | CPT | | | | both | | | 6502.5 | 505.8 | Qualcare | Qualcare | 4876.88 | 75 | | | 439.83 | 6177.38 | percent of total billed charges | |
| HC MRA CHEST WO/W CONTRAST MATERIAL | 71555 | CPT | | | | outpatient | | | 4937 | | First Health | First Health | 3455.9 | 70 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA CHEST WO/W CONTRAST MATERIAL | 71555 | CPT | | | | outpatient | | | 4937 | | Aetna | Commercial | 1876.06 | 38 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA CHEST WO/W CONTRAST MATERIAL | 71555 | CPT | | | | outpatient | | | 4937 | | Americare | Americare | 3702.75 | 75 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA CHEST WO/W CONTRAST MATERIAL | 71555 | CPT | | | | outpatient | | | 4937 | | Aetna | Medicare | 1520.6 | 30.8 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA CHEST WO/W CONTRAST MATERIAL | 71555 | CPT | | | | outpatient | | | 4937 | | Aetna | Better Health | 1557.62 | 31.55 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA CHEST WO/W CONTRAST MATERIAL | 71555 | CPT | | | | outpatient | | | 4937 | | First Trenton | First Trenton | 4443.3 | 90 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA CHEST WO/W CONTRAST MATERIAL | 71555 | CPT | | | | outpatient | | | 4937 | | Corrections | Corrections | 3949.6 | 80 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA CHEST WO/W CONTRAST MATERIAL | 71555 | CPT | | | | outpatient | | | 4937 | | Amerihealth | HMO/PPO | 341 | | | | 341 | 4690.15 | fee schedule | |
| HC MRA CHEST WO/W CONTRAST MATERIAL | 71555 | CPT | | | | outpatient | | | 4937 | | Multiplan | Multiplan | 3949.6 | 80 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA CHEST WO/W CONTRAST MATERIAL | 71555 | CPT | | | | outpatient | | | 4937 | | Horizon | PPO | 1889.88 | 38.28 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA CHEST WO/W CONTRAST MATERIAL | 71555 | CPT | | | | outpatient | | | 4937 | | Consumer | Consumer | 4690.15 | 95 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA CHEST WO/W CONTRAST MATERIAL | 71555 | CPT | | | | outpatient | | | 4937 | | Horizon | MGD | 1889.88 | 38.28 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA CHEST WO/W CONTRAST MATERIAL | 71555 | CPT | | | | outpatient | | | 4937 | | Horizon | Medicare Blue | 1481.1 | 30 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA CHEST WO/W CONTRAST MATERIAL | 71555 | CPT | | | | outpatient | | | 4937 | | Managed Care Inc | Managed Care Inc | 4443.3 | 90 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA CHEST WO/W CONTRAST MATERIAL | 71555 | CPT | | | | outpatient | | | 4937 | | Horizon | Indemnity | 1889.88 | 38.28 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA CHEST WO/W CONTRAST MATERIAL | 71555 | CPT | | | | outpatient | | | 4937 | | UHC | Medicaid | 1557.62 | 31.55 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA CHEST WO/W CONTRAST MATERIAL | 71555 | CPT | | | | outpatient | | | 4937 | | Qualcare | Qualcare | 3702.75 | 75 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA CHEST WO/W CONTRAST MATERIAL | 71555 | CPT | | | | outpatient | | | 4937 | | WellPoint | WellPoint | 1588.73 | 32.18 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA CHEST WO/W CONTRAST MATERIAL | 71555 | CPT | | | | outpatient | | | 4937 | | Horizon | NJ Health | 497.35 | | | | 341 | 4690.15 | fee schedule | |
| HC MRA CHEST WO/W CONTRAST MATERIAL | 71555 | CPT | | | | outpatient | | | 4937 | | Wellcare | Medicaid | 1557.62 | 31.55 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA CHEST WO/W CONTRAST MATERIAL | 71555 | CPT | | | | outpatient | | | 4937 | | Three Rivers | Three Rivers | 4690.15 | 95 | | | 341 | 4690.15 | percent of total billed charges | |
| HC SPINE, 1 VIEW (ANY LEVEL); SURGICAL | 72020 | CPT | | | | both | | | 330.09 | 119.52 | Corrections | Corrections | 264.07 | 80 | | 68.44 | 14.26 | 313.59 | percent of total billed charges | |
| HC SPINE, 1 VIEW (ANY LEVEL); SURGICAL | 72020 | CPT | | | | both | | | 330.09 | 119.52 | Americare | Americare | 247.57 | 75 | | | 14.26 | 313.59 | percent of total billed charges | |
| HC SPINE, 1 VIEW (ANY LEVEL); SURGICAL | 72020 | CPT | | | | both | | | 330.09 | 119.52 | Consumer | Consumer | 313.59 | 95 | | | 14.26 | 313.59 | percent of total billed charges | |
| HC SPINE, 1 VIEW (ANY LEVEL); SURGICAL | 72020 | CPT | | | | both | | | 330.09 | 119.52 | Horizon | Indemnity | 201.1 | | | 33.96 | 14.26 | 313.59 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE, 1 VIEW (ANY LEVEL); SURGICAL | 72020 | CPT | | | | both | | | 330.09 | 119.52 | First Health | First Health | 231.06 | 70 | | | 14.26 | 313.59 | percent of total billed charges | |
| HC SPINE, 1 VIEW (ANY LEVEL); SURGICAL | 72020 | CPT | | | | both | | | 330.09 | 119.52 | Aetna | Commercial | 125.43 | 38 | | 148.73 | 14.26 | 313.59 | percent of total billed charges | |
| HC SPINE, 1 VIEW (ANY LEVEL); SURGICAL | 72020 | CPT | | | | both | | | 330.09 | 119.52 | Aetna | Better Health | 104.14 | 31.55 | | | 14.26 | 313.59 | percent of total billed charges | |
| HC SPINE, 1 VIEW (ANY LEVEL); SURGICAL | 72020 | CPT | | | | both | | | 330.09 | 119.52 | First Trenton | First Trenton | 297.08 | 90 | | | 14.26 | 313.59 | percent of total billed charges | |
| HC SPINE, 1 VIEW (ANY LEVEL); SURGICAL | 72020 | CPT | | | | both | | | 330.09 | 119.52 | Multiplan | Multiplan | 264.07 | 80 | | | 14.26 | 313.59 | percent of total billed charges | |
| HC SPINE, 1 VIEW (ANY LEVEL); SURGICAL | 72020 | CPT | | | | both | | | 330.09 | 119.52 | Amerihealth | HMO/PPO | 14.26 | | | | 14.26 | 313.59 | fee schedule | |
| HC SPINE, 1 VIEW (ANY LEVEL); SURGICAL | 72020 | CPT | | | | both | | | 330.09 | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 14.26 | 313.59 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE, 1 VIEW (ANY LEVEL); SURGICAL | 72020 | CPT | | | | both | | | 330.09 | 119.52 | Managed Care Inc | Managed Care Inc | 297.08 | 90 | | | 14.26 | 313.59 | percent of total billed charges | |
| HC SPINE, 1 VIEW (ANY LEVEL); SURGICAL | 72020 | CPT | | | | both | | | 330.09 | 119.52 | Three Rivers | Three Rivers | 313.59 | 95 | | | 14.26 | 313.59 | percent of total billed charges | |
| HC SPINE, 1 VIEW (ANY LEVEL); SURGICAL | 72020 | CPT | | | | both | | | 330.09 | 119.52 | Aetna | Medicare | 103.93 | | | | 14.26 | 313.59 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE, 1 VIEW (ANY LEVEL); SURGICAL | 72020 | CPT | | | | both | | | 330.09 | 119.52 | Horizon | MGD | 201.1 | | | 23.84 | 14.26 | 313.59 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE, 1 VIEW (ANY LEVEL); SURGICAL | 72020 | CPT | | | | both | | | 330.09 | 119.52 | UHC | Medicare | 103.93 | | | | 14.26 | 313.59 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE, 1 VIEW (ANY LEVEL); SURGICAL | 72020 | CPT | | | | both | | | 330.09 | 119.52 | Qualcare | Qualcare | 247.57 | 75 | | | 14.26 | 313.59 | percent of total billed charges | |
| HC SPINE, 1 VIEW (ANY LEVEL); SURGICAL | 72020 | CPT | | | | both | | | 330.09 | 119.52 | Wellcare | Medicare | 103.93 | | | | 14.26 | 313.59 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE, 1 VIEW (ANY LEVEL); SURGICAL | 72020 | CPT | | | | both | | | 330.09 | 119.52 | Horizon | NJ Health | 23.89 | | | | 14.26 | 313.59 | fee schedule | |
| HC SPINE, 1 VIEW (ANY LEVEL); SURGICAL | 72020 | CPT | | | | both | | | 330.09 | 119.52 | Wellcare | Medicaid | 104.14 | 31.55 | | | 14.26 | 313.59 | percent of total billed charges | |
| HC SPINE, 1 VIEW (ANY LEVEL); SURGICAL | 72020 | CPT | | | | both | | | 330.09 | 119.52 | Horizon | PPO | 201.1 | | | | 14.26 | 313.59 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE, 1 VIEW (ANY LEVEL); SURGICAL | 72020 | CPT | | | | both | | | 330.09 | 119.52 | UHC | Medicaid | 104.14 | 31.55 | | | 14.26 | 313.59 | percent of total billed charges | |
| HC SPINE, 1 VIEW (ANY LEVEL); SURGICAL | 72020 | CPT | | | | both | | | 330.09 | 119.52 | WellPoint | WellPoint | 106.22 | 32.18 | | 75.95 | 14.26 | 313.59 | percent of total billed charges | |
| HC SPINE CERVICAL 2-3 VIEWS; SURGICAL | 72040 | CPT | | | | both | | | 330.09 | 119.52 | First Trenton | First Trenton | 297.08 | 90 | | | 21.08 | 313.59 | percent of total billed charges | |
| HC SPINE CERVICAL 2-3 VIEWS; SURGICAL | 72040 | CPT | | | | both | | | 330.09 | 119.52 | Amerihealth | HMO/PPO | 21.08 | | | 39.18 | 21.08 | 313.59 | fee schedule | |
| HC SPINE CERVICAL 2-3 VIEWS; SURGICAL | 72040 | CPT | | | | both | | | 330.09 | 119.52 | Horizon | MGD | 201.1 | | | 67.14 | 21.08 | 313.59 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE CERVICAL 2-3 VIEWS; SURGICAL | 72040 | CPT | | | | both | | | 330.09 | 119.52 | Americare | Americare | 247.57 | 75 | | | 21.08 | 313.59 | percent of total billed charges | |
| HC SPINE CERVICAL 2-3 VIEWS; SURGICAL | 72040 | CPT | | | | both | | | 330.09 | 119.52 | Aetna | Commercial | 125.43 | 38 | | 40.99 | 21.08 | 313.59 | percent of total billed charges | |
| HC SPINE CERVICAL 2-3 VIEWS; SURGICAL | 72040 | CPT | | | | both | | | 330.09 | 119.52 | Consumer | Consumer | 313.59 | 95 | | | 21.08 | 313.59 | percent of total billed charges | |
| HC SPINE CERVICAL 2-3 VIEWS; SURGICAL | 72040 | CPT | | | | both | | | 330.09 | 119.52 | Aetna | Better Health | 104.14 | 31.55 | | 78.79 | 21.08 | 313.59 | percent of total billed charges | |
| HC SPINE CERVICAL 2-3 VIEWS; SURGICAL | 72040 | CPT | | | | both | | | 330.09 | 119.52 | Aetna | Medicare | 103.93 | | | 48.89 | 21.08 | 313.59 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE CERVICAL 2-3 VIEWS; SURGICAL | 72040 | CPT | | | | both | | | 330.09 | 119.52 | Horizon | Medicare Blue | 103.93 | | | 45.13 | 21.08 | 313.59 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE CERVICAL 2-3 VIEWS; SURGICAL | 72040 | CPT | | | | both | | | 330.09 | 119.52 | Corrections | Corrections | 264.07 | 80 | | | 21.08 | 313.59 | percent of total billed charges | |
| HC SPINE CERVICAL 2-3 VIEWS; SURGICAL | 72040 | CPT | | | | both | | | 330.09 | 119.52 | UHC | Medicaid | 104.14 | 31.55 | | 61.29 | 21.08 | 313.59 | percent of total billed charges | |
| HC SPINE CERVICAL 2-3 VIEWS; SURGICAL | 72040 | CPT | | | | both | | | 330.09 | 119.52 | Multiplan | Multiplan | 264.07 | 80 | | | 21.08 | 313.59 | percent of total billed charges | |
| HC SPINE CERVICAL 2-3 VIEWS; SURGICAL | 72040 | CPT | | | | both | | | 330.09 | 119.52 | Wellcare | Medicare | 103.93 | | | 30.22 | 21.08 | 313.59 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE CERVICAL 2-3 VIEWS; SURGICAL | 72040 | CPT | | | | both | | | 330.09 | 119.52 | Horizon | PPO | 201.1 | | | 65.22 | 21.08 | 313.59 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE CERVICAL 2-3 VIEWS; SURGICAL | 72040 | CPT | | | | both | | | 330.09 | 119.52 | First Health | First Health | 231.06 | 70 | | | 21.08 | 313.59 | percent of total billed charges | |
| HC SPINE CERVICAL 2-3 VIEWS; SURGICAL | 72040 | CPT | | | | both | | | 330.09 | 119.52 | Horizon | Indemnity | 201.1 | | | 187.14 | 21.08 | 313.59 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE CERVICAL 2-3 VIEWS; SURGICAL | 72040 | CPT | | | | both | | | 330.09 | 119.52 | Managed Care Inc | Managed Care Inc | 297.08 | 90 | | | 21.08 | 313.59 | percent of total billed charges | |
| HC SPINE CERVICAL 2-3 VIEWS; SURGICAL | 72040 | CPT | | | | both | | | 330.09 | 119.52 | Horizon | NJ Health | 34.79 | | | 31.98 | 21.08 | 313.59 | fee schedule | |
| HC SPINE CERVICAL 2-3 VIEWS; SURGICAL | 72040 | CPT | | | | both | | | 330.09 | 119.52 | UHC | Medicare | 103.93 | | | 33.69 | 21.08 | 313.59 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE CERVICAL 2-3 VIEWS; SURGICAL | 72040 | CPT | | | | both | | | 330.09 | 119.52 | Qualcare | Qualcare | 247.57 | 75 | | | 21.08 | 313.59 | percent of total billed charges | |
| HC SPINE CERVICAL 2-3 VIEWS; SURGICAL | 72040 | CPT | | | | both | | | 330.09 | 119.52 | Three Rivers | Three Rivers | 313.59 | 95 | | | 21.08 | 313.59 | percent of total billed charges | |
| HC SPINE CERVICAL 2-3 VIEWS; SURGICAL | 72040 | CPT | | | | both | | | 330.09 | 119.52 | Wellcare | Medicaid | 104.14 | 31.55 | | 68.13 | 21.08 | 313.59 | percent of total billed charges | |
| HC SPINE CERVICAL 2-3 VIEWS; SURGICAL | 72040 | CPT | | | | both | | | 330.09 | 119.52 | WellPoint | WellPoint | 106.22 | 32.18 | | 47.21 | 21.08 | 313.59 | percent of total billed charges | |
| HC SPINE CERVICAL 4-5 VIEWS | 72050 | CPT | | | | outpatient | | | 750 | 144.6 | Consumer | Consumer | 712.5 | 95 | | | 30.38 | 712.5 | percent of total billed charges | |
| HC SPINE CERVICAL 4-5 VIEWS | 72050 | CPT | | | | outpatient | | | 750 | 144.6 | Aetna | Medicare | 125.74 | | | 184.85 | 30.38 | 712.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE CERVICAL 4-5 VIEWS | 72050 | CPT | | | | outpatient | | | 750 | 144.6 | Multiplan | Multiplan | 600 | 80 | | | 30.38 | 712.5 | percent of total billed charges | |
| HC SPINE CERVICAL 4-5 VIEWS | 72050 | CPT | | | | outpatient | | | 750 | 144.6 | Americare | Americare | 562.5 | 75 | | | 30.38 | 712.5 | percent of total billed charges | |
| HC SPINE CERVICAL 4-5 VIEWS | 72050 | CPT | | | | outpatient | | | 750 | 144.6 | Amerihealth | HMO/PPO | 30.38 | | | 106.45 | 30.38 | 712.5 | fee schedule | |
| HC SPINE CERVICAL 4-5 VIEWS | 72050 | CPT | | | | outpatient | | | 750 | 144.6 | Aetna | Better Health | 236.63 | 31.55 | | | 30.38 | 712.5 | percent of total billed charges | |
| HC SPINE CERVICAL 4-5 VIEWS | 72050 | CPT | | | | outpatient | | | 750 | 144.6 | UHC | Medicaid | 236.63 | 31.55 | | 232.84 | 30.38 | 712.5 | percent of total billed charges | |
| HC SPINE CERVICAL 4-5 VIEWS | 72050 | CPT | | | | outpatient | | | 750 | 144.6 | First Trenton | First Trenton | 675 | 90 | | | 30.38 | 712.5 | percent of total billed charges | |
| HC SPINE CERVICAL 4-5 VIEWS | 72050 | CPT | | | | outpatient | | | 750 | 144.6 | First Health | First Health | 525 | 70 | | | 30.38 | 712.5 | percent of total billed charges | |
| HC SPINE CERVICAL 4-5 VIEWS | 72050 | CPT | | | | outpatient | | | 750 | 144.6 | Corrections | Corrections | 600 | 80 | | 229.03 | 30.38 | 712.5 | percent of total billed charges | |
| HC SPINE CERVICAL 4-5 VIEWS | 72050 | CPT | | | | outpatient | | | 750 | 144.6 | Qualcare | Qualcare | 562.5 | 75 | | | 30.38 | 712.5 | percent of total billed charges | |
| HC SPINE CERVICAL 4-5 VIEWS | 72050 | CPT | | | | outpatient | | | 750 | 144.6 | Horizon | Indemnity | 243.31 | | | | 30.38 | 712.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE CERVICAL 4-5 VIEWS | 72050 | CPT | | | | outpatient | | | 750 | 144.6 | Three Rivers | Three Rivers | 712.5 | 95 | | | 30.38 | 712.5 | percent of total billed charges | |
| HC SPINE CERVICAL 4-5 VIEWS | 72050 | CPT | | | | outpatient | | | 750 | 144.6 | Aetna | Commercial | 285 | 38 | | | 30.38 | 712.5 | percent of total billed charges | |
| HC SPINE CERVICAL 4-5 VIEWS | 72050 | CPT | | | | outpatient | | | 750 | 144.6 | Wellcare | Medicare | 125.74 | | | | 30.38 | 712.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE CERVICAL 4-5 VIEWS | 72050 | CPT | | | | outpatient | | | 750 | 144.6 | Horizon | PPO | 243.31 | | | 224.95 | 30.38 | 712.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE CERVICAL 4-5 VIEWS | 72050 | CPT | | | | outpatient | | | 750 | 144.6 | Wellcare | Medicaid | 236.63 | 31.55 | | | 30.38 | 712.5 | percent of total billed charges | |
| HC SPINE CERVICAL 4-5 VIEWS | 72050 | CPT | | | | outpatient | | | 750 | 144.6 | WellPoint | WellPoint | 241.35 | 32.18 | | 104.34 | 30.38 | 712.5 | percent of total billed charges | |
| HC SPINE CERVICAL 4-5 VIEWS | 72050 | CPT | | | | outpatient | | | 750 | 144.6 | Horizon | MGD | 243.31 | | | 147.91 | 30.38 | 712.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE CERVICAL 4-5 VIEWS | 72050 | CPT | | | | outpatient | | | 750 | 144.6 | Horizon | Medicare Blue | 125.74 | | | 98.8 | 30.38 | 712.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE CERVICAL 4-5 VIEWS | 72050 | CPT | | | | outpatient | | | 750 | 144.6 | Managed Care Inc | Managed Care Inc | 675 | 90 | | | 30.38 | 712.5 | percent of total billed charges | |
| HC SPINE CERVICAL 4-5 VIEWS | 72050 | CPT | | | | outpatient | | | 750 | 144.6 | Horizon | NJ Health | 50.25 | | | 52.41 | 30.38 | 712.5 | fee schedule | |
| HC SPINE CERVICAL 4-5 VIEWS | 72050 | CPT | | | | outpatient | | | 750 | 144.6 | UHC | Medicare | 125.74 | | | 82.54 | 30.38 | 712.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE CERVICAL 6/> VIEWS | 72052 | CPT | | | | both | | | 627 | 144.6 | Wellcare | Medicaid | 197.82 | 31.55 | | | 37.2 | 595.65 | percent of total billed charges | |
| HC SPINE CERVICAL 6/> VIEWS | 72052 | CPT | | | | both | | | 627 | 144.6 | Aetna | Better Health | 197.82 | 31.55 | | 253.98 | 37.2 | 595.65 | percent of total billed charges | |
| HC SPINE CERVICAL 6/> VIEWS | 72052 | CPT | | | | both | | | 627 | 144.6 | Amerihealth | HMO/PPO | 37.2 | | | 125.69 | 37.2 | 595.65 | fee schedule | |
| HC SPINE CERVICAL 6/> VIEWS | 72052 | CPT | | | | both | | | 627 | 144.6 | Corrections | Corrections | 501.6 | 80 | | 197.82 | 37.2 | 595.65 | percent of total billed charges | |
| HC SPINE CERVICAL 6/> VIEWS | 72052 | CPT | | | | both | | | 627 | 144.6 | Aetna | Commercial | 238.26 | 38 | | 324.91 | 37.2 | 595.65 | percent of total billed charges | |
| HC SPINE CERVICAL 6/> VIEWS | 72052 | CPT | | | | both | | | 627 | 144.6 | Horizon | Indemnity | 243.31 | | | 234 | 37.2 | 595.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE CERVICAL 6/> VIEWS | 72052 | CPT | | | | both | | | 627 | 144.6 | First Health | First Health | 438.9 | 70 | | | 37.2 | 595.65 | percent of total billed charges | |
| HC SPINE CERVICAL 6/> VIEWS | 72052 | CPT | | | | both | | | 627 | 144.6 | Americare | Americare | 470.25 | 75 | | | 37.2 | 595.65 | percent of total billed charges | |
| HC SPINE CERVICAL 6/> VIEWS | 72052 | CPT | | | | both | | | 627 | 144.6 | Horizon | MGD | 243.31 | | | 128.43 | 37.2 | 595.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE CERVICAL 6/> VIEWS | 72052 | CPT | | | | both | | | 627 | 144.6 | Aetna | Medicare | 125.74 | | | | 37.2 | 595.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE CERVICAL 6/> VIEWS | 72052 | CPT | | | | both | | | 627 | 144.6 | First Trenton | First Trenton | 564.3 | 90 | | | 37.2 | 595.65 | percent of total billed charges | |
| HC SPINE CERVICAL 6/> VIEWS | 72052 | CPT | | | | both | | | 627 | 144.6 | Horizon | NJ Health | 61.86 | | | 69.97 | 37.2 | 595.65 | fee schedule | |
| HC SPINE CERVICAL 6/> VIEWS | 72052 | CPT | | | | both | | | 627 | 144.6 | Wellcare | Medicare | 125.74 | | | | 37.2 | 595.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE CERVICAL 6/> VIEWS | 72052 | CPT | | | | both | | | 627 | 144.6 | Multiplan | Multiplan | 501.6 | 80 | | | 37.2 | 595.65 | percent of total billed charges | |
| HC SPINE CERVICAL 6/> VIEWS | 72052 | CPT | | | | both | | | 627 | 144.6 | Managed Care Inc | Managed Care Inc | 564.3 | 90 | | | 37.2 | 595.65 | percent of total billed charges | |
| HC SPINE CERVICAL 6/> VIEWS | 72052 | CPT | | | | both | | | 627 | 144.6 | Consumer | Consumer | 595.65 | 95 | | | 37.2 | 595.65 | percent of total billed charges | |
| HC SPINE CERVICAL 6/> VIEWS | 72052 | CPT | | | | both | | | 627 | 144.6 | Three Rivers | Three Rivers | 595.65 | 95 | | | 37.2 | 595.65 | percent of total billed charges | |
| HC SPINE CERVICAL 6/> VIEWS | 72052 | CPT | | | | both | | | 627 | 144.6 | Horizon | Medicare Blue | 125.74 | | | 86.44 | 37.2 | 595.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE CERVICAL 6/> VIEWS | 72052 | CPT | | | | both | | | 627 | 144.6 | WellPoint | WellPoint | 201.77 | 32.18 | | 198.77 | 37.2 | 595.65 | percent of total billed charges | |
| HC SPINE CERVICAL 6/> VIEWS | 72052 | CPT | | | | both | | | 627 | 144.6 | Horizon | PPO | 243.31 | | | 96.41 | 37.2 | 595.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE CERVICAL 6/> VIEWS | 72052 | CPT | | | | both | | | 627 | 144.6 | Qualcare | Qualcare | 470.25 | 75 | | | 37.2 | 595.65 | percent of total billed charges | |
| HC SPINE CERVICAL 6/> VIEWS | 72052 | CPT | | | | both | | | 627 | 144.6 | UHC | Medicare | 125.74 | | | 102.44 | 37.2 | 595.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE CERVICAL 6/> VIEWS | 72052 | CPT | | | | both | | | 627 | 144.6 | UHC | Medicaid | 197.82 | 31.55 | | 162.11 | 37.2 | 595.65 | percent of total billed charges | |
| HC SPINE THORACIC 2 VIEWS; SURGICAL | 72070 | CPT | | | | both | | | 399.36 | 144.6 | Aetna | Commercial | 151.76 | 38 | | 47.47 | 22.32 | 379.39 | percent of total billed charges | |
| HC SPINE THORACIC 2 VIEWS; SURGICAL | 72070 | CPT | | | | both | | | 399.36 | 144.6 | Aetna | Better Health | 126 | 31.55 | | 34.01 | 22.32 | 379.39 | percent of total billed charges | |
| HC SPINE THORACIC 2 VIEWS; SURGICAL | 72070 | CPT | | | | both | | | 399.36 | 144.6 | Consumer | Consumer | 379.39 | 95 | | | 22.32 | 379.39 | percent of total billed charges | |
| HC SPINE THORACIC 2 VIEWS; SURGICAL | 72070 | CPT | | | | both | | | 399.36 | 144.6 | Aetna | Medicare | 125.74 | | | 52.49 | 22.32 | 379.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE THORACIC 2 VIEWS; SURGICAL | 72070 | CPT | | | | both | | | 399.36 | 144.6 | First Trenton | First Trenton | 359.42 | 90 | | | 22.32 | 379.39 | percent of total billed charges | |
| HC SPINE THORACIC 2 VIEWS; SURGICAL | 72070 | CPT | | | | both | | | 399.36 | 144.6 | Americare | Americare | 299.52 | 75 | | | 22.32 | 379.39 | percent of total billed charges | |
| HC SPINE THORACIC 2 VIEWS; SURGICAL | 72070 | CPT | | | | both | | | 399.36 | 144.6 | Amerihealth | HMO/PPO | 22.32 | | | 42.06 | 22.32 | 379.39 | fee schedule | |
| HC SPINE THORACIC 2 VIEWS; SURGICAL | 72070 | CPT | | | | both | | | 399.36 | 144.6 | Horizon | Indemnity | 243.31 | | | | 22.32 | 379.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE THORACIC 2 VIEWS; SURGICAL | 72070 | CPT | | | | both | | | 399.36 | 144.6 | Qualcare | Qualcare | 299.52 | 75 | | | 22.32 | 379.39 | percent of total billed charges | |
| HC SPINE THORACIC 2 VIEWS; SURGICAL | 72070 | CPT | | | | both | | | 399.36 | 144.6 | Horizon | MGD | 243.31 | | | 57.82 | 22.32 | 379.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE THORACIC 2 VIEWS; SURGICAL | 72070 | CPT | | | | both | | | 399.36 | 144.6 | Corrections | Corrections | 319.49 | 80 | | | 22.32 | 379.39 | percent of total billed charges | |
| HC SPINE THORACIC 2 VIEWS; SURGICAL | 72070 | CPT | | | | both | | | 399.36 | 144.6 | Managed Care Inc | Managed Care Inc | 359.42 | 90 | | | 22.32 | 379.39 | percent of total billed charges | |
| HC SPINE THORACIC 2 VIEWS; SURGICAL | 72070 | CPT | | | | both | | | 399.36 | 144.6 | First Health | First Health | 279.55 | 70 | | | 22.32 | 379.39 | percent of total billed charges | |
| HC SPINE THORACIC 2 VIEWS; SURGICAL | 72070 | CPT | | | | both | | | 399.36 | 144.6 | UHC | Medicare | 125.74 | | | 31.12 | 22.32 | 379.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE THORACIC 2 VIEWS; SURGICAL | 72070 | CPT | | | | both | | | 399.36 | 144.6 | Horizon | NJ Health | 36.55 | | | 23.86 | 22.32 | 379.39 | fee schedule | |
| HC SPINE THORACIC 2 VIEWS; SURGICAL | 72070 | CPT | | | | both | | | 399.36 | 144.6 | Wellcare | Medicare | 125.74 | | | | 22.32 | 379.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE THORACIC 2 VIEWS; SURGICAL | 72070 | CPT | | | | both | | | 399.36 | 144.6 | Horizon | Medicare Blue | 125.74 | | | 68.29 | 22.32 | 379.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE THORACIC 2 VIEWS; SURGICAL | 72070 | CPT | | | | both | | | 399.36 | 144.6 | Wellcare | Medicaid | 126 | 31.55 | | 54.34 | 22.32 | 379.39 | percent of total billed charges | |
| HC SPINE THORACIC 2 VIEWS; SURGICAL | 72070 | CPT | | | | both | | | 399.36 | 144.6 | WellPoint | WellPoint | 128.51 | 32.18 | | 52 | 22.32 | 379.39 | percent of total billed charges | |
| HC SPINE THORACIC 2 VIEWS; SURGICAL | 72070 | CPT | | | | both | | | 399.36 | 144.6 | Horizon | PPO | 243.31 | | | 42.88 | 22.32 | 379.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE THORACIC 2 VIEWS; SURGICAL | 72070 | CPT | | | | both | | | 399.36 | 144.6 | Multiplan | Multiplan | 319.49 | 80 | | | 22.32 | 379.39 | percent of total billed charges | |
| HC SPINE THORACIC 2 VIEWS; SURGICAL | 72070 | CPT | | | | both | | | 399.36 | 144.6 | Three Rivers | Three Rivers | 379.39 | 95 | | | 22.32 | 379.39 | percent of total billed charges | |
| HC SPINE THORACIC 2 VIEWS; SURGICAL | 72070 | CPT | | | | both | | | 399.36 | 144.6 | UHC | Medicaid | 126 | 31.55 | | 70.97 | 22.32 | 379.39 | percent of total billed charges | |
| HC SPINE THORACIC 4/> VIEWS | 72074 | CPT | | | | both | | | 717 | 144.6 | Americare | Americare | 537.75 | 75 | | | 27.9 | 681.15 | percent of total billed charges | |
| HC SPINE THORACIC 4/> VIEWS | 72074 | CPT | | | | both | | | 717 | 144.6 | First Health | First Health | 501.9 | 70 | | | 27.9 | 681.15 | percent of total billed charges | |
| HC SPINE THORACIC 4/> VIEWS | 72074 | CPT | | | | both | | | 717 | 144.6 | Horizon | MGD | 243.31 | | | | 27.9 | 681.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE THORACIC 4/> VIEWS | 72074 | CPT | | | | both | | | 717 | 144.6 | Aetna | Commercial | 272.46 | 38 | | | 27.9 | 681.15 | percent of total billed charges | |
| HC SPINE THORACIC 4/> VIEWS | 72074 | CPT | | | | both | | | 717 | 144.6 | Horizon | Indemnity | 243.31 | | | | 27.9 | 681.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE THORACIC 4/> VIEWS | 72074 | CPT

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC SPINE THORACIC 4/> VIEWS | 72074 | CPT | | | | both | | | 717 | 144.6 | Aetna | Medicare | 125.74 | | | | 27.9 | | 681.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE THORACIC 4/> VIEWS | 72074 | CPT | | | | both | | | 717 | 144.6 | Consumer | Consumer | 681.15 | 95 | | | 27.9 | | 681.15 percent of total billed charges | |
| HC SPINE THORACIC 4/> VIEWS | 72074 | CPT | | | | both | | | 717 | 144.6 | Amerihealth | HMO/PPO | 27.9 | | | | 27.9 | | 681.15 fee schedule | |
| HC SPINE THORACIC 4/> VIEWS | 72074 | CPT | | | | both | | | 717 | 144.6 | UHC | Medicaid | 226.21 | 31.55 | | | 27.9 | | 681.15 percent of total billed charges | |
| HC SPINE THORACIC 4/> VIEWS | 72074 | CPT | | | | both | | | 717 | 144.6 | Multiplan | Multiplan | 573.6 | 80 | | | 27.9 | | 681.15 percent of total billed charges | |
| HC SPINE THORACIC 4/> VIEWS | 72074 | CPT | | | | both | | | 717 | 144.6 | Wellcare | Medicaid | 226.21 | 31.55 | | | 27.9 | | 681.15 percent of total billed charges | |
| HC SPINE THORACIC 4/> VIEWS | 72074 | CPT | | | | both | | | 717 | 144.6 | Corrections | Corrections | 573.6 | 80 | | | 27.9 | | 681.15 percent of total billed charges | |
| HC SPINE THORACIC 4/> VIEWS | 72074 | CPT | | | | both | | | 717 | 144.6 | UHC | Medicare | 125.74 | | | | 27.9 | | 681.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE THORACIC 4/> VIEWS | 72074 | CPT | | | | both | | | 717 | 144.6 | Qualcare | Qualcare | 537.75 | 75 | | | 27.9 | | 681.15 percent of total billed charges | |
| HC SPINE THORACIC 4/> VIEWS | 72074 | CPT | | | | both | | | 717 | 144.6 | First Trenton | First Trenton | 645.3 | 90 | | | 27.9 | | 681.15 percent of total billed charges | |
| HC SPINE THORACIC 4/> VIEWS | 72074 | CPT | | | | both | | | 717 | 144.6 | Horizon | PPO | 243.31 | | | | 27.9 | | 681.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE THORACIC 4/> VIEWS | 72074 | CPT | | | | both | | | 717 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 27.9 | | 681.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE THORACIC 4/> VIEWS | 72074 | CPT | | | | both | | | 717 | 144.6 | WellPoint | WellPoint | 230.73 | 32.18 | | | 27.9 | | 681.15 percent of total billed charges | |
| HC SPINE THORACIC 4/> VIEWS | 72074 | CPT | | | | both | | | 717 | 144.6 | Horizon | NJ Health | 49 | | | | 27.9 | | 681.15 fee schedule | |
| HC SPINE THORACIC 4/> VIEWS | 72074 | CPT | | | | both | | | 717 | 144.6 | Managed Care Inc | Managed Care Inc | 645.3 | 90 | | | 27.9 | | 681.15 percent of total billed charges | |
| HC SPINE THORACIC 4/> VIEWS | 72074 | CPT | | | | both | | | 717 | 144.6 | Three Rivers | Three Rivers | 681.15 | 95 | | | 27.9 | | 681.15 percent of total billed charges | |
| HC SPINE THORACOLUMBAR JUNCTION 2/> VIEWS | 72080 | CPT | | | | both | | | 999 | 119.52 | Aetna | Medicare | 103.93 | | | | 22.32 | | 949.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE THORACOLUMBAR JUNCTION 2/> VIEWS | 72080 | CPT | | | | both | | | 999 | 119.52 | First Health | First Health | 699.3 | 70 | | | 22.32 | | 949.05 percent of total billed charges | |
| HC SPINE THORACOLUMBAR JUNCTION 2/> VIEWS | 72080 | CPT | | | | both | | | 999 | 119.52 | Aetna | Commercial | 379.62 | 38 | | | 22.32 | | 949.05 percent of total billed charges | |
| HC SPINE THORACOLUMBAR JUNCTION 2/> VIEWS | 72080 | CPT | | | | both | | | 999 | 119.52 | First Trenton | First Trenton | 899.1 | 90 | | | 22.32 | | 949.05 percent of total billed charges | |
| HC SPINE THORACOLUMBAR JUNCTION 2/> VIEWS | 72080 | CPT | | | | both | | | 999 | 119.52 | Aetna | Better Health | 315.18 | 31.55 | | | 22.32 | | 949.05 percent of total billed charges | |
| HC SPINE THORACOLUMBAR JUNCTION 2/> VIEWS | 72080 | CPT | | | | both | | | 999 | 119.52 | Corrections | Corrections | 799.2 | 80 | | | 22.32 | | 949.05 percent of total billed charges | |
| HC SPINE THORACOLUMBAR JUNCTION 2/> VIEWS | 72080 | CPT | | | | both | | | 999 | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 22.32 | | 949.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE THORACOLUMBAR JUNCTION 2/> VIEWS | 72080 | CPT | | | | both | | | 999 | 119.52 | Americare | Americare | 749.25 | 75 | | | 22.32 | | 949.05 percent of total billed charges | |
| HC SPINE THORACOLUMBAR JUNCTION 2/> VIEWS | 72080 | CPT | | | | both | | | 999 | 119.52 | Horizon | MGD | 201.1 | | | 186.54 | 22.32 | | 949.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE THORACOLUMBAR JUNCTION 2/> VIEWS | 72080 | CPT | | | | both | | | 999 | 119.52 | Horizon | Indemnity | 201.1 | | | | 22.32 | | 949.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE THORACOLUMBAR JUNCTION 2/> VIEWS | 72080 | CPT | | | | both | | | 999 | 119.52 | Consumer | Consumer | 949.05 | 95 | | | 22.32 | | 949.05 percent of total billed charges | |
| HC SPINE THORACOLUMBAR JUNCTION 2/> VIEWS | 72080 | CPT | | | | both | | | 999 | 119.52 | Managed Care Inc | Managed Care Inc | 899.1 | 90 | | | 22.32 | | 949.05 percent of total billed charges | |
| HC SPINE THORACOLUMBAR JUNCTION 2/> VIEWS | 72080 | CPT | | | | both | | | 999 | 119.52 | Horizon | NJ Health | 37.26 | | | 32.13 | 22.32 | | 949.05 fee schedule | |
| HC SPINE THORACOLUMBAR JUNCTION 2/> VIEWS | 72080 | CPT | | | | both | | | 999 | 119.52 | WellPoint | WellPoint | 321.48 | 32.18 | | | 22.32 | | 949.05 percent of total billed charges | |
| HC SPINE THORACOLUMBAR JUNCTION 2/> VIEWS | 72080 | CPT | | | | both | | | 999 | 119.52 | Horizon | PPO | 201.1 | | | 193.41 | 22.32 | | 949.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE THORACOLUMBAR JUNCTION 2/> VIEWS | 72080 | CPT | | | | both | | | 999 | 119.52 | Amerihealth | HMO/PPO | 22.32 | | | 54.63 | 22.32 | | 949.05 fee schedule | |
| HC SPINE THORACOLUMBAR JUNCTION 2/> VIEWS | 72080 | CPT | | | | both | | | 999 | 119.52 | Multiplan | Multiplan | 799.2 | 80 | | | 22.32 | | 949.05 percent of total billed charges | |
| HC SPINE THORACOLUMBAR JUNCTION 2/> VIEWS | 72080 | CPT | | | | both | | | 999 | 119.52 | UHC | Medicaid | 315.18 | 31.55 | | 264.49 | 22.32 | | 949.05 percent of total billed charges | |
| HC SPINE THORACOLUMBAR JUNCTION 2/> VIEWS | 72080 | CPT | | | | both | | | 999 | 119.52 | Qualcare | Qualcare | 749.25 | 75 | | | 22.32 | | 949.05 percent of total billed charges | |
| HC SPINE THORACOLUMBAR JUNCTION 2/> VIEWS | 72080 | CPT | | | | both | | | 999 | 119.52 | Three Rivers | Three Rivers | 949.05 | 95 | | | 22.32 | | 949.05 percent of total billed charges | |
| HC SPINE THORACOLUMBAR JUNCTION 2/> VIEWS | 72080 | CPT | | | | both | | | 999 | 119.52 | Wellcare | Medicaid | 315.18 | 31.55 | | | 22.32 | | 949.05 percent of total billed charges | |
| HC SPINE THORACOLUMBAR JUNCTION 2/> VIEWS | 72080 | CPT | | | | both | | | 999 | 119.52 | UHC | Medicare | 103.93 | | | 41.88 | 22.32 | | 949.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE THORACOLUMBAR JUNCTION 2/> VIEWS | 72080 | CPT | | | | both | | | 999 | 119.52 | Wellcare | Medicare | 103.93 | | | | 22.32 | | 949.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCOLIOSIS 1 VIEW, SURGICAL | 72081 | CPT | | | | outpatient | | | 391.25 | 119.52 | Corrections | Corrections | 313 | 80 | | | 14.26 | | 371.69 percent of total billed charges | |
| HC SCOLIOSIS 1 VIEW, SURGICAL | 72081 | CPT | | | | outpatient | | | 391.25 | 119.52 | Aetna | Commercial | 148.68 | 38 | | | 14.26 | | 371.69 percent of total billed charges | |
| HC SCOLIOSIS 1 VIEW, SURGICAL | 72081 | CPT | | | | outpatient | | | 391.25 | 119.52 | Amerihealth | HMO/PPO | 14.26 | | | | 14.26 | | 371.69 fee schedule | |
| HC SCOLIOSIS 1 VIEW, SURGICAL | 72081 | CPT | | | | outpatient | | | 391.25 | 119.52 | Aetna | Better Health | 123.44 | 31.55 | | | 14.26 | | 371.69 percent of total billed charges | |
| HC SCOLIOSIS 1 VIEW, SURGICAL | 72081 | CPT | | | | outpatient | | | 391.25 | 119.52 | Qualcare | Qualcare | 293.44 | 75 | | | 14.26 | | 371.69 percent of total billed charges | |
| HC SCOLIOSIS 1 VIEW, SURGICAL | 72081 | CPT | | | | outpatient | | | 391.25 | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 14.26 | | 371.69 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCOLIOSIS 1 VIEW, SURGICAL | 72081 | CPT | | | | outpatient | | | 391.25 | 119.52 | Three Rivers | Three Rivers | 371.69 | 95 | | | 14.26 | | 371.69 percent of total billed charges | |
| HC SCOLIOSIS 1 VIEW, SURGICAL | 72081 | CPT | | | | outpatient | | | 391.25 | 119.52 | Consumer | Consumer | 371.69 | 95 | | | 14.26 | | 371.69 percent of total billed charges | |
| HC SCOLIOSIS 1 VIEW, SURGICAL | 72081 | CPT | | | | outpatient | | | 391.25 | 119.52 | First Trenton | First Trenton | 352.13 | 90 | | | 14.26 | | 371.69 percent of total billed charges | |
| HC SCOLIOSIS 1 VIEW, SURGICAL | 72081 | CPT | | | | outpatient | | | 391.25 | 119.52 | UHC | Medicare | 103.93 | | | | 14.26 | | 371.69 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCOLIOSIS 1 VIEW, SURGICAL | 72081 | CPT | | | | outpatient | | | 391.25 | 119.52 | First Health | First Health | 273.88 | 70 | | | 14.26 | | 371.69 percent of total billed charges | |
| HC SCOLIOSIS 1 VIEW, SURGICAL | 72081 | CPT | | | | outpatient | | | 391.25 | 119.52 | Aetna | Medicare | 103.93 | | | | 14.26 | | 371.69 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCOLIOSIS 1 VIEW, SURGICAL | 72081 | CPT | | | | outpatient | | | 391.25 | 119.52 | Horizon | Indemnity | 201.1 | | | | 14.26 | | 371.69 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCOLIOSIS 1 VIEW, SURGICAL | 72081 | CPT | | | | outpatient | | | 391.25 | 119.52 | Horizon | NJ Health | 42.08 | | | | 14.26 | | 371.69 fee schedule | |
| HC SCOLIOSIS 1 VIEW, SURGICAL | 72081 | CPT | | | | outpatient | | | 391.25 | 119.52 | Wellcare | Medicaid | 123.44 | 31.55 | | | 14.26 | | 371.69 percent of total billed charges | |
| HC SCOLIOSIS 1 VIEW, SURGICAL | 72081 | CPT | | | | outpatient | | | 391.25 | 119.52 | Americare | Americare | 293.44 | 75 | | | 14.26 | | 371.69 percent of total billed charges | |
| HC SCOLIOSIS 1 VIEW, SURGICAL | 72081 | CPT | | | | outpatient | | | 391.25 | 119.52 | Horizon | PPO | 201.1 | | | | 14.26 | | 371.69 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCOLIOSIS 1 VIEW, SURGICAL | 72081 | CPT | | | | outpatient | | | 391.25 | 119.52 | Horizon | MGD | 201.1 | | | | 14.26 | | 371.69 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCOLIOSIS 1 VIEW, SURGICAL | 72081 | CPT | | | | outpatient | | | 391.25 | 119.52 | Wellcare | Medicare | 103.93 | | | | 14.26 | | 371.69 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCOLIOSIS 1 VIEW, SURGICAL | 72081 | CPT | | | | outpatient | | | 391.25 | 119.52 | Multiplan | Multiplan | 313 | 80 | | | 14.26 | | 371.69 percent of total billed charges | |
| HC SCOLIOSIS 1 VIEW, SURGICAL | 72081 | CPT | | | | outpatient | | | 391.25 | 119.52 | Managed Care Inc | Managed Care Inc | 352.13 | 90 | | | 14.26 | | 371.69 percent of total billed charges | |
| HC SCOLIOSIS 1 VIEW, SURGICAL | 72081 | CPT | | | | outpatient | | | 391.25 | 119.52 | UHC | Medicaid | 123.44 | 31.55 | | 83.69 | 14.26 | | 371.69 percent of total billed charges | |
| HC SCOLIOSIS 1 VIEW, SURGICAL | 72081 | CPT | | | | outpatient | | | 391.25 | 119.52 | WellPoint | WellPoint | 125.9 | 32.18 | | | 14.26 | | 371.69 percent of total billed charges | |
| HC SCOLIOSIS 2-3 VIEWS, SURGICAL | 72082 | CPT | | | | both | | | 573.75 | 144.6 | Corrections | Corrections | 459 | 80 | | | 21.08 | | 545.06 percent of total billed charges | |
| HC SCOLIOSIS 2-3 VIEWS, SURGICAL | 72082 | CPT | | | | both | | | 573.75 | 144.6 | Aetna | Better Health | 181.02 | 31.55 | | 134.35 | 21.08 | | 545.06 percent of total billed charges | |
| HC SCOLIOSIS 2-3 VIEWS, SURGICAL | 72082 | CPT | | | | both | | | 573.75 | 144.6 | Americare | Americare | 430.31 | 75 | | | 21.08 | | 545.06 percent of total billed charges | |
| HC SCOLIOSIS 2-3 VIEWS, SURGICAL | 72082 | CPT | | | | both | | | 573.75 | 144.6 | Aetna | Commercial | 218.03 | 38 | | 117.02 | 21.08 | | 545.06 percent of total billed charges | |
| HC SCOLIOSIS 2-3 VIEWS, SURGICAL | 72082 | CPT | | | | both | | | 573.75 | 144.6 | Horizon | PPO | 243.31 | | | 146.74 | 21.08 | | 545.06 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCOLIOSIS 2-3 VIEWS, SURGICAL | 72082 | CPT | | | | both | | | 573.75 | 144.6 | First Health | First Health | 401.63 | 70 | | | 21.08 | | 545.06 percent of total billed charges | |
| HC SCOLIOSIS 2-3 VIEWS, SURGICAL | 72082 | CPT | | | | both | | | 573.75 | 144.6 | Aetna | Medicare | 125.74 | | | 123.23 | 21.08 | | 545.06 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCOLIOSIS 2-3 VIEWS, SURGICAL | 72082 | CPT | | | | both | | | 573.75 | 144.6 | First Trenton | First Trenton | 516.38 | 90 | | | 21.08 | | 545.06 percent of total billed charges | |
| HC SCOLIOSIS 2-3 VIEWS, SURGICAL | 72082 | CPT | | | | both | | | 573.75 | 144.6 | UHC | Medicaid | 181.02 | 31.55 | | 138.12 | 21.08 | | 545.06 percent of total billed charges | |
| HC SCOLIOSIS 2-3 VIEWS, SURGICAL | 72082 | CPT | | | | both | | | 573.75 | 144.6 | Amerihealth | HMO/PPO | 21.08 | | | | 21.08 | | 545.06 fee schedule | |
| HC SCOLIOSIS 2-3 VIEWS, SURGICAL | 72082 | CPT | | | | both | | | 573.75 | 144.6 | Consumer | Consumer | 545.06 | 95 | | | 21.08 | | 545.06 percent of total billed charges | |
| HC SCOLIOSIS 2-3 VIEWS, SURGICAL | 72082 | CPT | | | | both | | | 573.75 | 144.6 | Horizon | NJ Health | 67.95 | | | 53.78 | 21.08 | | 545.06 fee schedule | |
| HC SCOLIOSIS 2-3 VIEWS, SURGICAL | 72082 | CPT | | | | both | | | 573.75 | 144.6 | UHC | Medicare | 125.74 | | | 76.75 | 21.08 | | 545.06 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCOLIOSIS 2-3 VIEWS, SURGICAL | 72082 | CPT | | | | both | | | 573.75 | 144.6 | Horizon | Medicare Blue | 125.74 | | | 33.75 | 21.08 | | 545.06 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCOLIOSIS 2-3 VIEWS, SURGICAL | 72082 | CPT | | | | both | | | 573.75 | 144.6 | Horizon | MGD | 243.31 | | | 152.06 | 21.08 | | 545.06 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCOLIOSIS 2-3 VIEWS, SURGICAL | 72082 | CPT | | | | both | | | 573.75 | 144.6 | Managed Care Inc | Managed Care Inc | 516.38 | 90 | | | 21.08 | | 545.06 percent of total billed charges | |
| HC SCOLIOSIS 2-3 VIEWS, SURGICAL | 72082 | CPT | | | | both | | | 573.75 | 144.6 | Three Rivers | Three Rivers | 545.06 | 95 | | | 21.08 | | 545.06 percent of total billed charges | |
| HC SCOLIOSIS 2-3 VIEWS, SURGICAL | 72082 | CPT | | | | both | | | 573.75 | 144.6 | Horizon | Indemnity | 243.31 | | | 160.19 | 21.08 | | 545.06 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCOLIOSIS 2-3 VIEWS, SURGICAL | 72082 | CPT | | | | both | | | 573.75 | 144.6 | Multiplan | Multiplan | 459 | 80 | | | 21.08 | | 545.06 percent of total billed charges | |
| HC SCOLIOSIS 2-3 VIEWS, SURGICAL | 72082 | CPT | | | | both | | | 573.75 | 144.6 | Wellcare | Medicare | 125.74 | | | | 21.08 | | 545.06 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCOLIOSIS 2-3 VIEWS, SURGICAL | 72082 | CPT | | | | both | | | 573.75 | 144.6 | Wellcare | Medicaid | 181.02 | 31.55 | | 127.41 | 21.08 | | 545.06 percent of total billed charges | |
| HC SCOLIOSIS 2-3 VIEWS, SURGICAL | 72082 | CPT | | | | both | | | 573.75 | 144.6 | WellPoint | WellPoint | 184.63 | 32.18 | | 128.41 | 21.08 | | 545.06 percent of total billed charges | |
| HC SCOLIOSIS 2-3 VIEWS, SURGICAL | 72082 | CPT | | | | both | | | 573.75 | 144.6 | Qualcare | Qualcare | 430.31 | 75 | | | 21.08 | | 545.06 percent of total billed charges | |
| HC SCOLIOSIS 4-5 VIEWS | 72083 | CPT | | | | both | | | 869 | 144.6 | First Health | First Health | 608.3 | 70 | | | 30.38 | | 825.55 percent of total billed charges | |
| HC SCOLIOSIS 4-5 VIEWS | 72083 | CPT | | | | both | | | 869 | 144.6 | Aetna | Commercial | 330.22 | 38 | | | 30.38 | | 825.55 percent of total billed charges | |
| HC SCOLIOSIS 4-5 VIEWS | 72083 | CPT | | | | both | | | 869 | 144.6 | Aetna | Better Health | 274.17 | 31.55 | | | 30.38 | | 825.55 percent of total billed charges | |
| HC SCOLIOSIS 4-5 VIEWS | 72083 | CPT | | | | both | | | 869 | 144.6 | Wellcare | Medicare | 125.74 | | | | 30.38 | | 825.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCOLIOSIS 4-5 VIEWS | 72083 | CPT | | | | both | | | 869 | 144.6 | UHC | Medicare | 125.74 | | | | 30.38 | | 825.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCOLIOSIS 4-5 VIEWS | 72083 | CPT | | | | both | | | 869 | 144.6 | Americare | Americare | 651.75 | 75 | | | 30.38 | | 825.55 percent of total billed charges | |
| HC SCOLIOSIS 4-5 VIEWS | 72083 | CPT | | | | both | | | 869 | 144.6 | Aetna | Medicare | 125.74 | | | | 30.38 | | 825.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCOLIOSIS 4-5 VIEWS | 72083 | CPT | | | | both | | | 869 | 144.6 | Horizon | Indemnity | 243.31 | | | | 30.38 | | 825.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCOLIOSIS 4-5 VIEWS | 72083 | CPT | | | | both | | | 869 | 144.6 | Horizon | NJ Health | 73.74 | | | 57.83 | 30.38 | | 825.55 fee schedule | |
| HC SCOLIOSIS 4-5 VIEWS | 72083 | CPT | | | | both | | | 869 | 144.6 | Multiplan | Multiplan | 695.2 | 80 | | | 30.38 | | 825.55 percent of total billed charges | |
| HC SCOLIOSIS 4-5 VIEWS | 72083 | CPT | | | | both | | | 869 | 144.6 | Consumer | Consumer | 825.55 | 95 | | | 30.38 | | 825.55 percent of total billed charges | |
| HC SCOLIOSIS 4-5 VIEWS | 72083 | CPT | | | | both | | | 869 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 30.38 | | 825.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCOLIOSIS 4-5 VIEWS | 72083 | CPT | | | | both | | | 869 | 144.6 | Three Rivers | Three Rivers | 825.55 | 95 | | | 30.38 | | 825.55 percent of total billed charges | |
| HC SCOLIOSIS 4-5 VIEWS | 72083 | CPT | | | | both | | | 869 | 144.6 | Amerihealth | HMO/PPO | 30.38 | | | | 30.38 | | 825.55 fee schedule | |
| HC SCOLIOSIS 4-5 VIEWS | 72083 | CPT | | | | both | | | 869 | 144.6 | Qualcare | Qualcare | 651.75 | 75 | | | 30.38 | | 825.55 percent of total billed charges | |
| HC SCOLIOSIS 4-5 VIEWS | 72083 | CPT | | | | both | | | 869 | 144.6 | Horizon | PPO | 243.31 | | | | 30.38 | | 825.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCOLIOSIS 4-5 VIEWS | 72083 | CPT | | | | both | | | 869 | 144.6 | UHC | Medicaid | 274.17 | 31.55 | | 218.13 | 30.38 | | 825.55 percent of total billed charges | |
| HC SCOLIOSIS 4-5 VIEWS | 72083 | CPT | | | | both | | | 869 | 144.6 | Wellcare | Medicaid | 274.17 | 31.55 | | | 30.38 | | 825.55 percent of total billed charges | |
| HC SCOLIOSIS 4-5 VIEWS | 72083 | CPT | | | | both | | | 869 | 144.6 | Corrections | Corrections | 695.2 | 80 | | | 30.38 | | 825.55 percent of total billed charges | |
| HC SCOLIOSIS 4-5 VIEWS | 72083 | CPT | | | | both | | | 869 | 144.6 | Horizon | MGD | 243.31 | | | 234 | 30.38 | | 825.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCOLIOSIS 4-5 VIEWS | 72083 | CPT | | | | both | | | 869 | 144.6 | First Trenton | First Trenton | 782.1 | 90 | | | 30.38 | | 825.55 percent of total billed charges | |
| HC SCOLIOSIS 4-5 VIEWS | 72083 | CPT | | | | both | | | 869 | 144.6 | WellPoint | WellPoint | 279.64 | 32.18 | | 264.36 | 30.38 | | 825.55 percent of total billed charges | |
| HC SCOLIOSIS 4-5 VIEWS | 72083 | CPT | | | | both | | | 869 | 144.6 | Managed Care Inc | Managed Care Inc | 782.1 | 90 | | | 30.38 | | 825.55 percent of total billed charges | |
| HC SCOLIOSIS 6/> VIEWS | 72084 | CPT | | | | both | | | 869 | 144.6 | Americare | Americare | 651.75 | 75 | | | 37.2 | | 825.55 percent of total billed charges | |
| HC SCOLIOSIS 6/> VIEWS | 72084 | CPT | | | | both | | | 869 | 144.6 | Aetna | Better Health | 274.17 | 31.55 | | | 37.2 | | 825.55 percent of total billed charges | |
| HC SCOLIOSIS 6/> VIEWS | 72084 | CPT | | | | both | | | 869 | 144.6 | Aetna | Medicare | 125.74 | | | | 37.2 | | 825.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCOLIOSIS 6/> VIEWS | 72084 | CPT | | | | both | | | 869 | 144.6 | First Health | First Health | 608.3 | 70 | | | 37.2 | | 825.55 percent of total billed charges | |
| HC SCOLIOSIS 6/> VIEWS | 72084 | CPT | | | | both | | | 869 | 144.6 | Corrections | Corrections | 695.2 | 80 | | | 37.2 | | 825.55 percent of total billed charges | |
| HC SCOLIOSIS 6/> VIEWS | 72084 | CPT | | | | both | | | 869 | 144.6 | Wellcare | Medicare | 125.74 | | | | 37.2 | | 825.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCOLIOSIS 6/> VIEWS | 72084 | CPT | | | | both | | | 869 | 144.6 | Amerihealth | HMO/PPO | 37.2 | | | | 37.2 | | 825.55 fee schedule | |
| HC SCOLIOSIS 6/> VIEWS | 72084 | CPT | | | | both | | | 869 | 144.6 | Aetna | Commercial | 330.22 | 38 | | | 37.2 | | 825.55 percent of total billed charges | |
| HC SCOLIOSIS 6/> VIEWS | 72084 | CPT | | | | both | | | 869 | 144.6 | Multiplan | Multiplan | 695.2 | 80 | | | 37.2 | | 825.55 percent of total billed charges | |
| HC SCOLIOSIS 6/> VIEWS | 72084 | CPT | | | | both | | | 869 | 144.6 | Consumer | Consumer | 825.55 | 95 | | | 37.2 | | 825.55 percent of total billed charges | |
| HC SCOLIOSIS 6/> VIEWS | 72084 | CPT | | | | both | | | 869 | 144.6 | First Trenton | First Trenton | 782.1 | 90 | | | 37.2 | | 825.55 percent of total billed charges | |
| HC SCOLIOSIS 6/> VIEWS | 72084 | CPT | | | | both | | | 869 | 144.6 | Horizon | Indemnity | 243.31 | | | | 37.2 | | 825.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCOLIOSIS 6/> VIEWS | 72084 | CPT | | | | both | | | 869 | 144.6 | Horizon | NJ Health | 88.14 | | | 88.14 | 37.2 | | 825.55 fee schedule | |
| HC SCOLIOSIS 6/> VIEWS | 72084 | CPT | | | | both | | | 869 | 144.6 | Wellcare | Medicaid | 274.17 | 31.55 | | | 37.2 | | 825.55 percent of total billed charges | |
| HC SCOLIOSIS 6/> VIEWS | 72084 | CPT | | | | both | | | 869 | 144.6 | Horizon | MGD | 243.31 | | | | 37.2 | | 825.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCOLIOSIS 6/> VIEWS | 72084 | CPT | | | | both | | | 869 | 144.6 | Horizon | PPO | 243.31 | | | | 37.2 | | 825.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCOLIOSIS 6/> VIEWS | 72084 | CPT | | | | both | | | 869 | 144.6 | Qualcare | Qualcare | 651.75 | 75 | | | 37.2 | | 825.55 percent of total billed charges | |
| HC SCOLIOSIS 6/> VIEWS | 72084 | CPT | | | | both | | | 869 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 37.2 | | 825.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCOLIOSIS 6/> VIEWS | 72084 | CPT | | | | both | | | 869 | 144.6 | Managed Care Inc | Managed Care Inc | 782.1 | 90 | | | 37.2 | | 825.55 percent of total billed charges | |
| HC SCOLIOSIS 6/> VIEWS | 72084 | CPT | | | | both | | | 869 | 144.6 | UHC | Medicaid | 274.17 | 31.55 | | | 37.2 | | 825.55 percent of total billed charges | |
| HC SCOLIOSIS 6/> VIEWS | 72084 | CPT | | | | both | | | 869 | 144.6 | Three Rivers | Three Rivers | 825.55 | 95 | | | 37.2 | | 825.55 percent of total billed charges | |
| HC SCOLIOSIS 6/> VIEWS | 72084 | CPT | | | | both | | | 869 | 144.6 | UHC | Medicare | 125.74 | | | | 37.2 | | 825.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCOLIOSIS 6/> VIEWS | 72084 | CPT | | | | both | | | 869 | 144.6 | WellPoint | WellPoint | 279.64 | 32.18 | | | 37.2 | | 825.55 percent of total billed charges | |
| HC SPINE LUMBOSACRAL 2-3 VIEWS, SURGICAL | 72100 | CPT | | | | both | | | 581.25 | 144.6 | Aetna | Medicare | 125.74 | | | 55.67 | 22.94 | | 552.19 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE LUMBOSACRAL 2-3 VIEWS, SURGICAL | 72100 | CPT | | | | both | | | 581.25 | 144.6 | Aetna | Better Health | 183.38 | 31.55 | | 86.72 | 22.94 | | 552.19 percent of total billed charges | |
| HC SPINE LUMBOSACRAL 2-3 VIEWS, SURGICAL | 72100 | CPT | | | | both | | | 581.25 | 144.6 | UHC | Medicare | 125.74 | | | 55.98 | 22.94 | | 552.19 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE LUMBOSACRAL 2-3 VIEWS, SURGICAL | 72100 | CPT | | | | both | | | 581.25 | 144.6 | First Trenton | First Trenton | 523.13 | 90 | | | 22.94 | | 552.19 percent of total billed charges | |
| HC SPINE LUMBOSACRAL 2-3 VIEWS, SURGICAL | 72100 | CPT | | | | both | | | 581.25 | 144.6 | Consumer | Consumer | 552.19 | 95 | | | 22.94 | | 552.19 percent of total billed charges | |
| HC SPINE LUMBOSACRAL 2-3 VIEWS, SURGICAL | 72100 | CPT | | | | both | | | 581.25 | 144.6 | Horizon | Medicare Blue | 125.74 | | | 46.7 | 22.94 | | 552.19 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE LUMBOSACRAL 2-3 VIEWS, SURGICAL | 72100 | CPT | | | | both | | | 581.25 | 144.6 | Horizon | Indemnity | 243.31 | | | 110.77 | 22.94 | | 552.19 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE LUMBOSACRAL 2-3 VIEWS, SURGICAL | 72100 | CPT | | | | both | | | 581.25 | 144.6 | First Health | First Health | 496.88 | 70 | | | 22.94 | | 552.19 percent of total billed charges | |
| HC SPINE LUMBOSACRAL 2-3 VIEWS, SURGICAL | 72100 | CPT | | | | both | | | 581.25 | 144.6 | Americare | Americare | 435.94 | 75 | | | 22.94 | | 552.19 percent of total billed charges | |
| HC SPINE LUMBOSACRAL 2-3 VIEWS, SURGICAL | 72100 | CPT | | | | both | | | 581.25 | 144.6 | Aetna | Commercial | 220.88 | 38 | | 74.29 | 22.94 | | 552.19 percent of total billed charges | |
| HC SPINE LUMBOSACRAL 2-3 VIEWS, SURGICAL | 72100 | CPT | | | | both | | | 581.25 | 144.6 | WellPoint | WellPoint | 187.05 | 32.18 | | 96.49 | 22.94 | | 552.19 percent of total billed charges | |
| HC SPINE LUMBOSACRAL 2-3 VIEWS, SURGICAL | 72100 | CPT | | | | both | | | 581.25 | 144.6 | Managed Care Inc | Managed Care Inc | 523.13 | 90 | | | 22.94 | | 552.19 percent of total billed charges | |
| HC SPINE LUMBOSACRAL 2-3 VIEWS, SURGICAL | 72100 | CPT | | | | both | | | 581.25 | 144.6 | Corrections | Corrections | 465 | 80 | | | 22.94 | | 552.19 percent of total billed charges | |
| HC SPINE LUMBOSACRAL 2-3 VIEWS, SURGICAL | 72100 | CPT | | | | both | | | 581.25 | 144.6 | Wellcare | Medicaid | 183.38 | 31.55 | | 122.91 | 22.94 | | 552.19 percent of total billed charges | |
| HC SPINE LUMBOSACRAL 2-3 VIEWS, SURGICAL | 72100 | CPT | | | | both | | | 581.25 | 144.6 | Horizon | NJ Health | 43.12 | | | 53.97 | 22.94 | | 552.19 fee schedule | |
| HC SPINE LUMBOSACRAL 2-3 VIEWS, SURGICAL | 72100 | CPT | | | | both | | | 581.25 |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC SPINE LUMBOSACRAL 2-3 VIEWS, SURGICAL | 72100 | CPT | | | | both | | | 581.25 | 144.6 | Amerihealth | HMO/PPO | 22.94 | | | 56.17 | 22.94 | 552.19 | fee schedule | |
| HC SPINE LUMBOSACRAL 2-3 VIEWS, SURGICAL | 72100 | CPT | | | | both | | | 581.25 | 144.6 | Multiplan | Multiplan | 465 | 80 | | | 22.94 | 552.19 | percent of total billed charges | |
| HC SPINE LUMBOSACRAL 2-3 VIEWS, SURGICAL | 72100 | CPT | | | | both | | | 581.25 | 144.6 | Horizon | MGD | 243.31 | | | 122.75 | 22.94 | 552.19 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE LUMBOSACRAL 2-3 VIEWS, SURGICAL | 72100 | CPT | | | | both | | | 581.25 | 144.6 | Qualcare | Qualcare | 435.94 | 75 | | | 22.94 | 552.19 | percent of total billed charges | |
| HC SPINE LUMBOSACRAL 2-3 VIEWS, SURGICAL | 72100 | CPT | | | | both | | | 581.25 | 144.6 | Horizon | PPO | 243.31 | | | 83 | 22.94 | 552.19 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE LUMBOSACRAL 2-3 VIEWS, SURGICAL | 72100 | CPT | | | | both | | | 581.25 | 144.6 | UHC | Medicaid | 183.38 | 31.55 | | 111.64 | 22.94 | 552.19 | percent of total billed charges | |
| HC SPINE LUMBOSACRAL 4/> VIEWS | 72110 | CPT | | | | both | | | 396 | 144.6 | Amerihealth | HMO/PPO | 31 | | | 70.7 | 31 | 376.2 | fee schedule | |
| HC SPINE LUMBOSACRAL 4/> VIEWS | 72110 | CPT | | | | both | | | 396 | 144.6 | First Health | First Health | 277.2 | 70 | | | 31 | 376.2 | percent of total billed charges | |
| HC SPINE LUMBOSACRAL 4/> VIEWS | 72110 | CPT | | | | both | | | 396 | 144.6 | Americare | Americare | 297 | 75 | | | 31 | 376.2 | percent of total billed charges | |
| HC SPINE LUMBOSACRAL 4/> VIEWS | 72110 | CPT | | | | both | | | 396 | 144.6 | Wellcare | Medicare | 125.74 | | | 29.21 | 31 | 376.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE LUMBOSACRAL 4/> VIEWS | 72110 | CPT | | | | both | | | 396 | 144.6 | Aetna | Medicare | 125.74 | | | 94.62 | 31 | 376.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE LUMBOSACRAL 4/> VIEWS | 72110 | CPT | | | | both | | | 396 | 144.6 | Aetna | Better Health | 124.94 | 31.55 | | 112.4 | 31 | 376.2 | percent of total billed charges | |
| HC SPINE LUMBOSACRAL 4/> VIEWS | 72110 | CPT | | | | both | | | 396 | 144.6 | Horizon | Medicare Blue | 125.74 | | | 76.96 | 31 | 376.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE LUMBOSACRAL 4/> VIEWS | 72110 | CPT | | | | both | | | 396 | 144.6 | Aetna | Commercial | 150.48 | 38 | | 174.01 | 31 | 376.2 | percent of total billed charges | |
| HC SPINE LUMBOSACRAL 4/> VIEWS | 72110 | CPT | | | | both | | | 396 | 144.6 | First Trenton | First Trenton | 366.4 | 90 | | | 31 | 376.2 | percent of total billed charges | |
| HC SPINE LUMBOSACRAL 4/> VIEWS | 72110 | CPT | | | | both | | | 396 | 144.6 | Three Rivers | Three Rivers | 376.2 | 95 | | | 31 | 376.2 | percent of total billed charges | |
| HC SPINE LUMBOSACRAL 4/> VIEWS | 72110 | CPT | | | | both | | | 396 | 144.6 | Horizon | MGD | 243.31 | | | 177.93 | 31 | 376.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE LUMBOSACRAL 4/> VIEWS | 72110 | CPT | | | | both | | | 396 | 144.6 | Consumer | Consumer | 376.2 | 95 | | | 31 | 376.2 | percent of total billed charges | |
| HC SPINE LUMBOSACRAL 4/> VIEWS | 72110 | CPT | | | | both | | | 396 | 144.6 | UHC | Medicare | 125.74 | | | 61.08 | 31 | 376.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE LUMBOSACRAL 4/> VIEWS | 72110 | CPT | | | | both | | | 396 | 144.6 | Multiplan | Multiplan | 316.8 | 80 | | | 31 | 376.2 | percent of total billed charges | |
| HC SPINE LUMBOSACRAL 4/> VIEWS | 72110 | CPT | | | | both | | | 396 | 144.6 | UHC | Medicaid | 124.94 | 31.55 | | 102.57 | 31 | 376.2 | percent of total billed charges | |
| HC SPINE LUMBOSACRAL 4/> VIEWS | 72110 | CPT | | | | both | | | 396 | 144.6 | Corrections | Corrections | 316.8 | 80 | | | 31 | 376.2 | percent of total billed charges | |
| HC SPINE LUMBOSACRAL 4/> VIEWS | 72110 | CPT | | | | both | | | 396 | 144.6 | Horizon | NJ Health | 53.9 | | | 44.71 | 31 | 376.2 | fee schedule | |
| HC SPINE LUMBOSACRAL 4/> VIEWS | 72110 | CPT | | | | both | | | 396 | 144.6 | WellPoint | WellPoint | 127.43 | 32.18 | | 64.87 | 31 | 376.2 | percent of total billed charges | |
| HC SPINE LUMBOSACRAL 4/> VIEWS | 72110 | CPT | | | | both | | | 396 | 144.6 | Horizon | PPO | 243.31 | | | 166.41 | 31 | 376.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE LUMBOSACRAL 4/> VIEWS | 72110 | CPT | | | | both | | | 396 | 144.6 | Horizon | Indemnity | 243.31 | | | 70.82 | 31 | 376.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE LUMBOSACRAL 4/> VIEWS | 72110 | CPT | | | | both | | | 396 | 144.6 | Managed Care Inc | Managed Care Inc | 356.4 | 90 | | | 31 | 376.2 | percent of total billed charges | |
| HC SPINE LUMBOSACRAL 4/> VIEWS | 72110 | CPT | | | | both | | | 396 | 144.6 | Qualcare | Qualcare | 297 | 75 | | | 31 | 376.2 | percent of total billed charges | |
| HC SPINE LUMBOSACRAL 4/> VIEWS | 72110 | CPT | | | | both | | | 396 | 144.6 | Wellcare | Medicaid | 124.94 | 31.55 | | 85.26 | 31 | 376.2 | percent of total billed charges | |
| HC SPINE LUMBSCRL COMPLETE W BENDING 6/> VIEWS | 72114 | CPT | | | | both | | | 501 | 144.6 | Aetna | Medicare | 125.74 | | | | 37.82 | 475.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE LUMBSCRL COMPLETE W BENDING 6/> VIEWS | 72114 | CPT | | | | both | | | 501 | 144.6 | Corrections | Corrections | 400.8 | 80 | | | 37.82 | 475.95 | percent of total billed charges | |
| HC SPINE LUMBSCRL COMPLETE W BENDING 6/> VIEWS | 72114 | CPT | | | | both | | | 501 | 144.6 | Horizon | MGD | 243.31 | | | 230.24 | 37.82 | 475.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE LUMBSCRL COMPLETE W BENDING 6/> VIEWS | 72114 | CPT | | | | both | | | 501 | 144.6 | First Health | First Health | 350.7 | 70 | | | 37.82 | 475.95 | percent of total billed charges | |
| HC SPINE LUMBSCRL COMPLETE W BENDING 6/> VIEWS | 72114 | CPT | | | | both | | | 501 | 144.6 | Americare | Americare | 375.75 | 75 | | | 37.82 | 475.95 | percent of total billed charges | |
| HC SPINE LUMBSCRL COMPLETE W BENDING 6/> VIEWS | 72114 | CPT | | | | both | | | 501 | 144.6 | Aetna | Better Health | 158.07 | 31.55 | | | 37.82 | 475.95 | percent of total billed charges | |
| HC SPINE LUMBSCRL COMPLETE W BENDING 6/> VIEWS | 72114 | CPT | | | | both | | | 501 | 144.6 | Amerihealth | HMO/PPO | 37.82 | | | | 37.82 | 475.95 | fee schedule | |
| HC SPINE LUMBSCRL COMPLETE W BENDING 6/> VIEWS | 72114 | CPT | | | | both | | | 501 | 144.6 | First Trenton | First Trenton | 450.9 | 90 | | | 37.82 | 475.95 | percent of total billed charges | |
| HC SPINE LUMBSCRL COMPLETE W BENDING 6/> VIEWS | 72114 | CPT | | | | both | | | 501 | 144.6 | Consumer | Consumer | 475.95 | 95 | | | 37.82 | 475.95 | percent of total billed charges | |
| HC SPINE LUMBSCRL COMPLETE W BENDING 6/> VIEWS | 72114 | CPT | | | | both | | | 501 | 144.6 | Horizon | NJ Health | 54.88 | | | 34.21 | 37.82 | 475.95 | fee schedule | |
| HC SPINE LUMBSCRL COMPLETE W BENDING 6/> VIEWS | 72114 | CPT | | | | both | | | 501 | 144.6 | Horizon | PPO | 243.31 | | | | 37.82 | 475.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE LUMBSCRL COMPLETE W BENDING 6/> VIEWS | 72114 | CPT | | | | both | | | 501 | 144.6 | Wellcare | Medicare | 125.74 | | | | 37.82 | 475.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE LUMBSCRL COMPLETE W BENDING 6/> VIEWS | 72114 | CPT | | | | both | | | 501 | 144.6 | Horizon | Indemnity | 243.31 | | | | 37.82 | 475.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE LUMBSCRL COMPLETE W BENDING 6/> VIEWS | 72114 | CPT | | | | both | | | 501 | 144.6 | Aetna | Commercial | 190.38 | 38 | | | 37.82 | 475.95 | percent of total billed charges | |
| HC SPINE LUMBSCRL COMPLETE W BENDING 6/> VIEWS | 72114 | CPT | | | | both | | | 501 | 144.6 | WellPoint | WellPoint | 161.22 | 32.18 | | | 37.82 | 475.95 | percent of total billed charges | |
| HC SPINE LUMBSCRL COMPLETE W BENDING 6/> VIEWS | 72114 | CPT | | | | both | | | 501 | 144.6 | Managed Care Inc | Managed Care Inc | 450.9 | 90 | | | 37.82 | 475.95 | percent of total billed charges | |
| HC SPINE LUMBSCRL COMPLETE W BENDING 6/> VIEWS | 72114 | CPT | | | | both | | | 501 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 37.82 | 475.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE LUMBSCRL COMPLETE W BENDING 6/> VIEWS | 72114 | CPT | | | | both | | | 501 | 144.6 | Multiplan | Multiplan | 400.8 | 80 | | | 37.82 | 475.95 | percent of total billed charges | |
| HC SPINE LUMBSCRL COMPLETE W BENDING 6/> VIEWS | 72114 | CPT | | | | both | | | 501 | 144.6 | UHC | Medicaid | 158.07 | 31.55 | | 122.89 | 37.82 | 475.95 | percent of total billed charges | |
| HC SPINE LUMBSCRL COMPLETE W BENDING 6/> VIEWS | 72114 | CPT | | | | both | | | 501 | 144.6 | Three Rivers | Three Rivers | 475.95 | 95 | | | 37.82 | 475.95 | percent of total billed charges | |
| HC SPINE LUMBSCRL COMPLETE W BENDING 6/> VIEWS | 72114 | CPT | | | | both | | | 501 | 144.6 | UHC | Medicare | 125.74 | | | | 37.82 | 475.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE LUMBSCRL COMPLETE W BENDING 6/> VIEWS | 72114 | CPT | | | | both | | | 501 | 144.6 | Qualcare | Qualcare | 375.75 | 75 | | | 37.82 | 475.95 | percent of total billed charges | |
| HC SPINE LUMBSCRL COMPLETE W BENDING 6/> VIEWS | 72114 | CPT | | | | both | | | 501 | 144.6 | Wellcare | Medicaid | 158.07 | 31.55 | | | 37.82 | 475.95 | percent of total billed charges | |
| HC SPINE LUMBOSACRAL ONLY BENDING 2-3 VIEWS | 72120 | CPT | | | | both | | | 319.49 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 27.28 | 303.52 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE LUMBOSACRAL ONLY BENDING 2-3 VIEWS | 72120 | CPT | | | | both | | | 319.49 | 144.6 | Horizon | NJ Health | 39.2 | | | 39.2 | 27.28 | 303.52 | fee schedule | |
| HC SPINE LUMBOSACRAL ONLY BENDING 2-3 VIEWS | 72120 | CPT | | | | both | | | 319.49 | 144.6 | Americare | Americare | 239.62 | 75 | | | 27.28 | 303.52 | percent of total billed charges | |
| HC SPINE LUMBOSACRAL ONLY BENDING 2-3 VIEWS | 72120 | CPT | | | | both | | | 319.49 | 144.6 | Aetna | Medicare | 125.74 | | | | 27.28 | 303.52 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE LUMBOSACRAL ONLY BENDING 2-3 VIEWS | 72120 | CPT | | | | both | | | 319.49 | 144.6 | Consumer | Consumer | 303.52 | 95 | | | 27.28 | 303.52 | percent of total billed charges | |
| HC SPINE LUMBOSACRAL ONLY BENDING 2-3 VIEWS | 72120 | CPT | | | | both | | | 319.49 | 144.6 | First Trenton | First Trenton | 287.54 | 90 | | | 27.28 | 303.52 | percent of total billed charges | |
| HC SPINE LUMBOSACRAL ONLY BENDING 2-3 VIEWS | 72120 | CPT | | | | both | | | 319.49 | 144.6 | Corrections | Corrections | 255.59 | 80 | | | 27.28 | 303.52 | percent of total billed charges | |
| HC SPINE LUMBOSACRAL ONLY BENDING 2-3 VIEWS | 72120 | CPT | | | | both | | | 319.49 | 144.6 | Aetna | Better Health | 100.8 | 31.55 | | | 27.28 | 303.52 | percent of total billed charges | |
| HC SPINE LUMBOSACRAL ONLY BENDING 2-3 VIEWS | 72120 | CPT | | | | both | | | 319.49 | 144.6 | UHC | Medicare | 125.74 | | | 59.83 | 27.28 | 303.52 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE LUMBOSACRAL ONLY BENDING 2-3 VIEWS | 72120 | CPT | | | | both | | | 319.49 | 144.6 | Three Rivers | Three Rivers | 303.52 | 95 | | | 27.28 | 303.52 | percent of total billed charges | |
| HC SPINE LUMBOSACRAL ONLY BENDING 2-3 VIEWS | 72120 | CPT | | | | both | | | 319.49 | 144.6 | Multiplan | Multiplan | 255.59 | 80 | | | 27.28 | 303.52 | percent of total billed charges | |
| HC SPINE LUMBOSACRAL ONLY BENDING 2-3 VIEWS | 72120 | CPT | | | | both | | | 319.49 | 144.6 | Amerihealth | HMO/PPO | 27.28 | | | | 27.28 | 303.52 | fee schedule | |
| HC SPINE LUMBOSACRAL ONLY BENDING 2-3 VIEWS | 72120 | CPT | | | | both | | | 319.49 | 144.6 | Horizon | MGD | 243.31 | | | 105.87 | 27.28 | 303.52 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE LUMBOSACRAL ONLY BENDING 2-3 VIEWS | 72120 | CPT | | | | both | | | 319.49 | 144.6 | Horizon | Indemnity | 243.31 | | | | 27.28 | 303.52 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE LUMBOSACRAL ONLY BENDING 2-3 VIEWS | 72120 | CPT | | | | both | | | 319.49 | 144.6 | Qualcare | Qualcare | 239.62 | 75 | | | 27.28 | 303.52 | percent of total billed charges | |
| HC SPINE LUMBOSACRAL ONLY BENDING 2-3 VIEWS | 72120 | CPT | | | | both | | | 319.49 | 144.6 | Aetna | Commercial | 121.41 | 38 | | | 27.28 | 303.52 | percent of total billed charges | |
| HC SPINE LUMBOSACRAL ONLY BENDING 2-3 VIEWS | 72120 | CPT | | | | both | | | 319.49 | 144.6 | Wellcare | Medicare | 125.74 | | | | 27.28 | 303.52 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE LUMBOSACRAL ONLY BENDING 2-3 VIEWS | 72120 | CPT | | | | both | | | 319.49 | 144.6 | Horizon | PPO | 243.31 | | | | 27.28 | 303.52 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPINE LUMBOSACRAL ONLY BENDING 2-3 VIEWS | 72120 | CPT | | | | both | | | 319.49 | 144.6 | First Health | First Health | 223.64 | 70 | | | 27.28 | 303.52 | percent of total billed charges | |
| HC SPINE LUMBOSACRAL ONLY BENDING 2-3 VIEWS | 72120 | CPT | | | | both | | | 319.49 | 144.6 | Managed Care Inc | Managed Care Inc | 287.54 | 90 | | | 27.28 | 303.52 | percent of total billed charges | |
| HC SPINE LUMBOSACRAL ONLY BENDING 2-3 VIEWS | 72120 | CPT | | | | both | | | 319.49 | 144.6 | WellPoint | WellPoint | 102.81 | 32.18 | | 20.53 | 27.28 | 303.52 | percent of total billed charges | |
| HC SPINE LUMBOSACRAL ONLY BENDING 2-3 VIEWS | 72120 | CPT | | | | both | | | 319.49 | 144.6 | UHC | Medicaid | 100.8 | 31.55 | | 63.32 | 27.28 | 303.52 | percent of total billed charges | |
| HC SPINE LUMBOSACRAL ONLY BENDING 2-3 VIEWS | 72120 | CPT | | | | both | | | 319.49 | 144.6 | Wellcare | Medicaid | 100.8 | 31.55 | | | 27.28 | 303.52 | percent of total billed charges | |
| HC CT CERVICAL SPINE WO CONTRAST | 72125 | CPT | | | | both | | | 1317 | 144.6 | Amerihealth | HMO/PPO | 171.74 | | | 27.64 | 125.74 | 1251.15 | fee schedule | |
| HC CT CERVICAL SPINE WO CONTRAST | 72125 | CPT | | | | both | | | 1317 | 144.6 | Aetna | Better Health | 415.51 | 31.55 | | 344.17 | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT CERVICAL SPINE WO CONTRAST | 72125 | CPT | | | | both | | | 1317 | 144.6 | Multiplan | Multiplan | 1053.6 | 80 | | | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT CERVICAL SPINE WO CONTRAST | 72125 | CPT | | | | both | | | 1317 | 144.6 | WellPoint | WellPoint | 423.81 | 32.18 | | 259.98 | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT CERVICAL SPINE WO CONTRAST | 72125 | CPT | | | | both | | | 1317 | 144.6 | Americare | Americare | 987.75 | 75 | | | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT CERVICAL SPINE WO CONTRAST | 72125 | CPT | | | | both | | | 1317 | 144.6 | First Health | First Health | 921.9 | 70 | | | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT CERVICAL SPINE WO CONTRAST | 72125 | CPT | | | | both | | | 1317 | 144.6 | Aetna | Commercial | 500.46 | 38 | | 159.6 | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT CERVICAL SPINE WO CONTRAST | 72125 | CPT | | | | both | | | 1317 | 144.6 | Aetna | Medicare | 125.74 | | | 114.45 | 125.74 | 1251.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT CERVICAL SPINE WO CONTRAST | 72125 | CPT | | | | both | | | 1317 | 144.6 | Consumer | Consumer | 1251.15 | 95 | | | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT CERVICAL SPINE WO CONTRAST | 72125 | CPT | | | | both | | | 1317 | 144.6 | Corrections | Corrections | 1053.6 | 80 | | 315.54 | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT CERVICAL SPINE WO CONTRAST | 72125 | CPT | | | | both | | | 1317 | 144.6 | Qualcare | Qualcare | 987.75 | 75 | | | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT CERVICAL SPINE WO CONTRAST | 72125 | CPT | | | | both | | | 1317 | 144.6 | First Trenton | First Trenton | 1185.3 | 90 | | | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT CERVICAL SPINE W CONTRAST | 72125 | CPT | | | | both | | | 1317 | 144.6 | UHC | Medicare | 125.74 | | | 143.97 | 125.74 | 1251.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT CERVICAL SPINE W CONTRAST | 72125 | CPT | | | | both | | | 1317 | 144.6 | Horizon | Medicare Blue | 125.74 | | | 120.98 | 125.74 | 1251.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT CERVICAL SPINE W CONTRAST | 72125 | CPT | | | | both | | | 1317 | 144.6 | Horizon | Indemnity | 243.31 | | | 189.24 | 125.74 | 1251.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT CERVICAL SPINE W CONTRAST | 72125 | CPT | | | | both | | | 1317 | 144.6 | Horizon | MGD | 243.31 | | | 248.48 | 125.74 | 1251.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT CERVICAL SPINE W CONTRAST | 72125 | CPT | | | | both | | | 1317 | 144.6 | Horizon | NJ Health | 245 | | | 68.36 | 125.74 | 1251.15 | fee schedule | |
| HC CT CERVICAL SPINE W CONTRAST | 72125 | CPT | | | | both | | | 1317 | 144.6 | Horizon | PPO | 243.31 | | | 182.12 | 125.74 | 1251.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT CERVICAL SPINE W CONTRAST | 72125 | CPT | | | | both | | | 1317 | 144.6 | Wellcare | Medicare | 125.74 | | | 127.59 | 125.74 | 1251.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT CERVICAL SPINE W CONTRAST | 72125 | CPT | | | | both | | | 1317 | 144.6 | Managed Care Inc | Managed Care Inc | 1185.3 | 90 | | | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT CERVICAL SPINE W CONTRAST | 72125 | CPT | | | | both | | | 1317 | 144.6 | Three Rivers | Three Rivers | 1251.15 | 95 | | | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT CERVICAL SPINE W CONTRAST | 72125 | CPT | | | | both | | | 1317 | 144.6 | UHC | Medicaid | 415.51 | 31.55 | | 330.27 | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT CERVICAL SPINE W CONTRAST | 72125 | CPT | | | | both | | | 1317 | 144.6 | Wellcare | Medicaid | 415.51 | 31.55 | | 339.21 | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT CERVICAL SPINE W CONTRAST | 72126 | CPT | | | | both | | | 1721 | 505.8 | UHC | Medicare | 439.83 | | | | 200.26 | 1634.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT CERVICAL SPINE W CONTRAST | 72126 | CPT | | | | both | | | 1721 | 505.8 | Corrections | Corrections | 1376.8 | 80 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT CERVICAL SPINE W CONTRAST | 72126 | CPT | | | | both | | | 1721 | 505.8 | First Trenton | First Trenton | 1548.9 | 90 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT CERVICAL SPINE W CONTRAST | 72126 | CPT | | | | both | | | 1721 | 505.8 | Aetna | Better Health | 542.98 | 31.55 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT CERVICAL SPINE W CONTRAST | 72126 | CPT | | | | both | | | 1721 | 505.8 | Horizon | Indemnity | 851.07 | | | | 200.26 | 1634.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT CERVICAL SPINE W CONTRAST | 72126 | CPT | | | | both | | | 1721 | 505.8 | Aetna | Commercial | 653.98 | 38 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT CERVICAL SPINE W CONTRAST | 72126 | CPT | | | | both | | | 1721 | 505.8 | Amerihealth | HMO/PPO | 200.26 | | | | 200.26 | 1634.95 | fee schedule | |
| HC CT CERVICAL SPINE W CONTRAST | 72126 | CPT | | | | both | | | 1721 | 505.8 | Americare | Americare | 1290.75 | 75 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT CERVICAL SPINE W CONTRAST | 72126 | CPT | | | | both | | | 1721 | 505.8 | Horizon | PPO | 851.07 | | | | 200.26 | 1634.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT CERVICAL SPINE W CONTRAST | 72126 | CPT | | | | both | | | 1721 | 505.8 | Multiplan | Multiplan | 1376.8 | 80 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT CERVICAL SPINE W CONTRAST | 72126 | CPT | | | | both | | | 1721 | 505.8 | Horizon | MGD | 851.07 | | | | 200.26 | 1634.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT CERVICAL SPINE W CONTRAST | 72126 | CPT | | | | both | | | 1721 | 505.8 | Aetna | Medicare | 439.83 | | | | 200.26 | 1634.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT CERVICAL SPINE W CONTRAST | 72126 | CPT | | | | both | | | 1721 | 505.8 | WellPoint | WellPoint | 553.82 | 32.18 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT CERVICAL SPINE W CONTRAST | 72126 | CPT | | | | both | | | 1721 | 505.8 | Qualcare | Qualcare | 1290.75 | 75 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT CERVICAL SPINE W CONTRAST | 72126 | CPT | | | | both | | | 1721 | 505.8 | First Health | First Health | 1204.7 | 70 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT CERVICAL SPINE W CONTRAST | 72126 | CPT | | | | both | | | 1721 | 505.8 | Horizon | Medicare Blue | 439.83 | | | 124.4 | 200.26 | 1634.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT CERVICAL SPINE W CONTRAST | 72126 | CPT | | | | both | | | 1721 | 505.8 | Horizon | NJ Health | 333.55 | | | | 200.26 | 1634.95 | fee schedule | |
| HC CT CERVICAL SPINE W CONTRAST | 72126 | CPT | | | | both | | | 1721 | 505.8 | Consumer | Consumer | 1634.95 | 95 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT CERVICAL SPINE W CONTRAST | 72126 | CPT | | | | both | | | 1721 | 505.8 | Wellcare | Medicare | 439.83 | | | | 200.26 | 1634.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT CERVICAL SPINE W CONTRAST | 72126 | CPT | | | | both | | | 1721 | 505.8 | Wellcare | Medicaid | 542.98 | 31.55 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT CERVICAL SPINE W CONTRAST | 72126 | CPT | | | | both | | | 1721 | 505.8 | Managed Care Inc | Managed Care Inc | 1548.9 | 90 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT CERVICAL SPINE W CONTRAST | 72126 | CPT | | | | both | | | 1721 | 505.8 | Three Rivers | Three Rivers | 1634.95 | 95 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT CERVICAL SPINE W CONTRAST | 72126 | CPT | | | | both | | | 1721 | 505.8 | UHC | Medicaid | 542.98 | 31.55 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT CERVICAL SPINE WO/W CONTRAST | 72127 | CPT | | | | both | | | 2047 | 241.65 | Qualcare | Qualcare | 1535.25 | 75 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT CERVICAL SPINE WO/W CONTRAST | 72127 | CPT | | | | both | | | 2047 | 241.65 | Aetna | Medicare | 210.13 | | | | 210.13 | 1944.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT CERVICAL SPINE WO/W CONTRAST | 72127 | CPT | | | | both | | | 2047 | 241.65 | Americare | Americare | 1535.25 | 75 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT CERVICAL SPINE WO/W CONTRAST | 72127 | CPT | | | | both | | | 2047 | 241.65 | Aetna | Better Health | 645.83 | 31.55 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT CERVICAL SPINE WO/W CONTRAST | 72127 | CPT | | | | both | | | 2047 | 241.65 | First Trenton | First Trenton | 1842.3 | 90 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT CERVICAL SPINE WO/W CONTRAST | 72127 | CPT | | | | both | | | 2047 | 241.65 | Aetna | Commercial | 777.86 | 38 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT CERVICAL SPINE WO/W CONTRAST | 72127 | CPT | | | | both | | | 2047 | 241.65 | Amerihealth | HMO/PPO | 252.96 | | | | 210.13 | 1944.65 | fee schedule | |
| HC CT CERVICAL SPINE WO/W CONTRAST | 72127 | CPT | | | | both | | | 2047 | 241.65 | First Health | First Health | 1432.9 | 70 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT CERVICAL SPINE WO/W CONTRAST | 72127 | CPT | | | | both | | | 2047 | 241.65 | UHC | Medicaid | 645.83 | 31.55 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT CERVICAL SPINE WO/W CONTRAST | 72127 | CPT | | | | both | | | 2047 | 241.65 | Corrections | Corrections | 1637.6 | 80 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT CERVICAL SPINE WO/W CONTRAST | 72127 | CPT | | | | both | | | 2047 | 241.65 | Horizon | Indemnity | 406.6 | | | | 210.13 | 1944.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT CERVICAL SPINE WO/W CONTRAST | 72127 | CPT | | | | both | | | 2047 | 241.65 | Consumer | Consumer | 1944.65 | 95 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT CERVICAL SPINE WO/W CONTRAST | 72127 | CPT | | | | both | | | 2047 | 241.65 | Managed Care Inc | Managed Care Inc | 1842.3 | 90 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT CERVICAL SPINE WO/W CONTRAST | 72127 | CPT | | | | both | | | 2047 | 241.65 | Horizon | MGD | 406.6 | | | | 210.13 | 1944.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT CERVICAL SPINE WO/W CONTRAST | 72127 | CPT | | | | both | | | 2047 | 241.65 | UHC | Medicare | 210.13 | | | | 210.13 | 1944.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT CERVICAL SPINE WO/W CONTRAST | 72127 | CPT | | | | both | | | 2047 | 241.65 | Horizon | Medicare Blue | 210.13 | | | | 210.13 | 1944.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT CERVICAL SPINE WO/W CONTRAST | 72127 | CPT | | | | both | | | 2047 | 241.65 | Wellcare | Medicare | 210.13 | | | | 210.13 | 1944.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT CERVICAL SPINE WO/W CONTRAST | 72127 | CPT | | | | both | | | 2047 | 241.65 | Horizon | PPO | 406.6 | | | | 210.13 | 1944.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT CERVICAL SPINE WO/W CONTRAST | 72127 | CPT | | | | both | | | 2047 | 241.65 | WellPoint | WellPoint | 658.72 | 32.18 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT CERVICAL SPINE WO/W CONTRAST | 72127 | CPT | | | | both | | | 2047 | 241.65 | Horizon | NJ Health | 343 | | | | 210.13 | 1944.65 | fee schedule | |
| HC CT CERVICAL SPINE WO/W CONTRAST | 72127 | CPT | | | | both | | | 2047 | 241.65 | Multiplan | Multiplan | 1637.6 | 80 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT CERVICAL SPINE WO/W CONTRAST | 72127 | CPT | | | | both | | | 2047 | 241.65 | Three Rivers | Three Rivers | 1944.65 | 95 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT CERVICAL SPINE WO/W CONTRAST | 72127 | CPT | | | | both | | | 2047 | 241.65 | Wellcare | Medicaid | 645.83 | 31.55 | | | 210.13 | 1944.65 | percent

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC CT THORACIC SPINE WO CONTRAST | 72128 | CPT | | | | both | | | 462 | 144.6 | Americare | Americare | 346.5 | 75 | | | 125.74 | 438.9 | percent of total billed charges | |
| HC CT THORACIC SPINE WO CONTRAST | 72128 | CPT | | | | both | | | 462 | 144.6 | Horizon | NJ Health | 245 | | | 33.09 | 125.74 | 438.9 | fee schedule | |
| HC CT THORACIC SPINE WO CONTRAST | 72128 | CPT | | | | both | | | 462 | 144.6 | UHC | Medicare | 125.74 | | | 36.93 | 125.74 | 438.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORACIC SPINE WO CONTRAST | 72128 | CPT | | | | both | | | 462 | 144.6 | First Health | First Health | 323.4 | 70 | | | 125.74 | 438.9 | percent of total billed charges | |
| HC CT THORACIC SPINE WO CONTRAST | 72128 | CPT | | | | both | | | 462 | 144.6 | Corrections | Corrections | 369.6 | 80 | | 85.36 | 125.74 | 438.9 | percent of total billed charges | |
| HC CT THORACIC SPINE WO CONTRAST | 72128 | CPT | | | | both | | | 462 | 144.6 | Managed Care Inc | Managed Care Inc | 415.8 | 90 | | | 125.74 | 438.9 | percent of total billed charges | |
| HC CT THORACIC SPINE WO CONTRAST | 72128 | CPT | | | | both | | | 462 | 144.6 | Horizon | Medicare Blue | 125.74 | | | 87.83 | 125.74 | 438.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORACIC SPINE WO CONTRAST | 72128 | CPT | | | | both | | | 462 | 144.6 | Aetna | Commercial | 175.56 | 38 | | 266.4 | 125.74 | 438.9 | percent of total billed charges | |
| HC CT THORACIC SPINE WO CONTRAST | 72128 | CPT | | | | both | | | 462 | 144.6 | Amerihealth | HMO/PPO | 171.74 | | | 5.9 | 125.74 | 438.9 | fee schedule | |
| HC CT THORACIC SPINE WO CONTRAST | 72128 | CPT | | | | both | | | 462 | 144.6 | Wellcare | Medicare | 125.74 | | | | 125.74 | 438.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORACIC SPINE WO CONTRAST | 72128 | CPT | | | | both | | | 462 | 144.6 | UHC | Medicaid | 145.76 | 31.55 | | 161.59 | 125.74 | 438.9 | percent of total billed charges | |
| HC CT THORACIC SPINE WO CONTRAST | 72128 | CPT | | | | both | | | 462 | 144.6 | Horizon | Indemnity | 243.31 | | | | 125.74 | 438.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORACIC SPINE WO CONTRAST | 72128 | CPT | | | | both | | | 462 | 144.6 | WellPoint | WellPoint | 148.67 | 32.18 | | 140.35 | 125.74 | 438.9 | percent of total billed charges | |
| HC CT THORACIC SPINE WO CONTRAST | 72128 | CPT | | | | both | | | 462 | 144.6 | Multiplan | Multiplan | 369.6 | 80 | | | 125.74 | 438.9 | percent of total billed charges | |
| HC CT THORACIC SPINE WO CONTRAST | 72128 | CPT | | | | both | | | 462 | 144.6 | Horizon | MGD | 243.31 | | | 207.71 | 125.74 | 438.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORACIC SPINE WO CONTRAST | 72128 | CPT | | | | both | | | 462 | 144.6 | Quálicare | Qualicare | 346.5 | 75 | | | 125.74 | 438.9 | percent of total billed charges | |
| HC CT THORACIC SPINE WO CONTRAST | 72128 | CPT | | | | both | | | 462 | 144.6 | Horizon | PPO | 243.31 | | | 52.14 | 125.74 | 438.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORACIC SPINE WO CONTRAST | 72128 | CPT | | | | both | | | 462 | 144.6 | Three Rivers | Three Rivers | 438.9 | 95 | | | 125.74 | 438.9 | percent of total billed charges | |
| HC CT THORACIC SPINE WO CONTRAST | 72128 | CPT | | | | both | | | 462 | 144.6 | Wellcare | Medicaid | 145.76 | 31.55 | | | 125.74 | 438.9 | percent of total billed charges | |
| HC CT THORACIC SPINE W CONTRAST | 72129 | CPT | | | | both | | | 1721 | 241.65 | Corrections | Corrections | 1376.8 | 80 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT THORACIC SPINE W CONTRAST | 72129 | CPT | | | | both | | | 1721 | 241.65 | Aetna | Medicare | 210.13 | | | | 200.26 | 1634.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORACIC SPINE W CONTRAST | 72129 | CPT | | | | both | | | 1721 | 241.65 | Horizon | Medicare Blue | 210.13 | | | | 200.26 | 1634.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORACIC SPINE W CONTRAST | 72129 | CPT | | | | both | | | 1721 | 241.65 | UHC | Medicare | 210.13 | | | 254.21 | 200.26 | 1634.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORACIC SPINE W CONTRAST | 72129 | CPT | | | | both | | | 1721 | 241.65 | Consumer | Consumer | 1634.95 | 95 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT THORACIC SPINE W CONTRAST | 72129 | CPT | | | | both | | | 1721 | 241.65 | Aetna | Better Health | 542.98 | 31.55 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT THORACIC SPINE W CONTRAST | 72129 | CPT | | | | both | | | 1721 | 241.65 | Wellcare | Medicaid | 542.98 | 31.55 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT THORACIC SPINE W CONTRAST | 72129 | CPT | | | | both | | | 1721 | 241.65 | Americare | Americare | 1290.75 | 75 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT THORACIC SPINE W CONTRAST | 72129 | CPT | | | | both | | | 1721 | 241.65 | Horizon | Indemnity | 406.6 | | | | 200.26 | 1634.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORACIC SPINE W CONTRAST | 72129 | CPT | | | | both | | | 1721 | 241.65 | First Health | First Health | 1204.7 | 70 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT THORACIC SPINE W CONTRAST | 72129 | CPT | | | | both | | | 1721 | 241.65 | Wellcare | Medicare | 210.13 | | | | 200.26 | 1634.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORACIC SPINE W CONTRAST | 72129 | CPT | | | | both | | | 1721 | 241.65 | Amerihealth | HMO/PPO | 200.26 | | | | 200.26 | 1634.95 | fee schedule | |
| HC CT THORACIC SPINE W CONTRAST | 72129 | CPT | | | | both | | | 1721 | 241.65 | First Trenton | First Trenton | 1548.9 | 90 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT THORACIC SPINE W CONTRAST | 72129 | CPT | | | | both | | | 1721 | 241.65 | Aetna | Commercial | 653.98 | 38 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT THORACIC SPINE W CONTRAST | 72129 | CPT | | | | both | | | 1721 | 241.65 | Horizon | PPO | 406.6 | | | | 200.26 | 1634.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORACIC SPINE W CONTRAST | 72129 | CPT | | | | both | | | 1721 | 241.65 | Horizon | MGD | 406.6 | | | | 200.26 | 1634.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORACIC SPINE W CONTRAST | 72129 | CPT | | | | both | | | 1721 | 241.65 | Horizon | NJ Health | 333.55 | | | | 200.26 | 1634.95 | fee schedule | |
| HC CT THORACIC SPINE W CONTRAST | 72129 | CPT | | | | both | | | 1721 | 241.65 | Multiplan | Multiplan | 1376.8 | 80 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT THORACIC SPINE W CONTRAST | 72129 | CPT | | | | both | | | 1721 | 241.65 | Managed Care Inc | Managed Care Inc | 1548.9 | 90 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT THORACIC SPINE W CONTRAST | 72129 | CPT | | | | both | | | 1721 | 241.65 | UHC | Medicaid | 542.98 | 31.55 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT THORACIC SPINE W CONTRAST | 72129 | CPT | | | | both | | | 1721 | 241.65 | Three Rivers | Three Rivers | 1634.95 | 95 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT THORACIC SPINE W CONTRAST | 72129 | CPT | | | | both | | | 1721 | 241.65 | Qualcare | Qualcare | 1290.75 | 75 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT THORACIC SPINE W CONTRAST | 72129 | CPT | | | | both | | | 1721 | 241.65 | WellPoint | WellPoint | 553.82 | 32.18 | | 498.59 | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT THORACIC SPINE WO/W CONTRAST | 72130 | CPT | | | | both | | | 2047 | 241.65 | Consumer | Consumer | 1944.65 | 95 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT THORACIC SPINE WO/W CONTRAST | 72130 | CPT | | | | both | | | 2047 | 241.65 | First Trenton | First Trenton | 1842.3 | 90 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT THORACIC SPINE WO/W CONTRAST | 72130 | CPT | | | | both | | | 2047 | 241.65 | Aetna | Better Health | 645.83 | 31.55 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT THORACIC SPINE WO/W CONTRAST | 72130 | CPT | | | | both | | | 2047 | 241.65 | Aetna | Medicare | 210.13 | | | | 210.13 | 1944.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORACIC SPINE WO/W CONTRAST | 72130 | CPT | | | | both | | | 2047 | 241.65 | Corrections | Corrections | 1637.6 | 80 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT THORACIC SPINE WO/W CONTRAST | 72130 | CPT | | | | both | | | 2047 | 241.65 | Horizon | PPO | 406.6 | | | | 210.13 | 1944.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORACIC SPINE WO/W CONTRAST | 72130 | CPT | | | | both | | | 2047 | 241.65 | Horizon | Medicare Blue | 210.13 | | | | 210.13 | 1944.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORACIC SPINE WO/W CONTRAST | 72130 | CPT | | | | both | | | 2047 | 241.65 | Aetna | Commercial | 777.86 | 38 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT THORACIC SPINE WO/W CONTRAST | 72130 | CPT | | | | both | | | 2047 | 241.65 | Horizon | NJ Health | 343 | | | | 210.13 | 1944.65 | fee schedule | |
| HC CT THORACIC SPINE WO/W CONTRAST | 72130 | CPT | | | | both | | | 2047 | 241.65 | Horizon | Indemnity | 406.6 | | | | 210.13 | 1944.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORACIC SPINE WO/W CONTRAST | 72130 | CPT | | | | both | | | 2047 | 241.65 | First Health | First Health | 1432.9 | 70 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT THORACIC SPINE WO/W CONTRAST | 72130 | CPT | | | | both | | | 2047 | 241.65 | Americare | Americare | 1535.25 | 75 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT THORACIC SPINE WO/W CONTRAST | 72130 | CPT | | | | both | | | 2047 | 241.65 | Qualcare | Qualcare | 1535.25 | 75 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT THORACIC SPINE WO/W CONTRAST | 72130 | CPT | | | | both | | | 2047 | 241.65 | UHC | Medicaid | 645.83 | 31.55 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT THORACIC SPINE WO/W CONTRAST | 72130 | CPT | | | | both | | | 2047 | 241.65 | Multiplan | Multiplan | 1637.6 | 80 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT THORACIC SPINE WO/W CONTRAST | 72130 | CPT | | | | both | | | 2047 | 241.65 | Amerihealth | HMO/PPO | 241.8 | | | | 210.13 | 1944.65 | fee schedule | |
| HC CT THORACIC SPINE WO/W CONTRAST | 72130 | CPT | | | | both | | | 2047 | 241.65 | Three Rivers | Three Rivers | 1944.65 | 95 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT THORACIC SPINE WO/W CONTRAST | 72130 | CPT | | | | both | | | 2047 | 241.65 | Managed Care Inc | Managed Care Inc | 1842.3 | 90 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT THORACIC SPINE WO/W CONTRAST | 72130 | CPT | | | | both | | | 2047 | 241.65 | Wellcare | Medicaid | 645.83 | 31.55 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT THORACIC SPINE WO/W CONTRAST | 72130 | CPT | | | | both | | | 2047 | 241.65 | Horizon | MGD | 406.6 | | | | 210.13 | 1944.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORACIC SPINE WO/W CONTRAST | 72130 | CPT | | | | both | | | 2047 | 241.65 | Wellcare | Medicare | 210.13 | | | | 210.13 | 1944.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT THORACIC SPINE WO/W CONTRAST | 72130 | CPT | | | | both | | | 2047 | 241.65 | WellPoint | WellPoint | 658.72 | 32.18 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT THORACIC SPINE WO/W CONTRAST | 72130 | CPT | | | | both | | | 2047 | 241.65 | UHC | Medicare | 210.13 | | | | 210.13 | 1944.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT LUMBAR SPINE WO CONTRAST | 72131 | CPT | | | | both | | | 720 | 144.6 | First Trenton | First Trenton | 648 | 90 | | | 125.74 | 684 | percent of total billed charges | |
| HC CT LUMBAR SPINE WO CONTRAST | 72131 | CPT | | | | both | | | 720 | 144.6 | Consumer | Consumer | 684 | 95 | | | 125.74 | 684 | percent of total billed charges | |
| HC CT LUMBAR SPINE WO CONTRAST | 72131 | CPT | | | | both | | | 720 | 144.6 | Aetna | Commercial | 273.6 | 38 | | 240.02 | 125.74 | 684 | percent of total billed charges | |
| HC CT LUMBAR SPINE WO CONTRAST | 72131 | CPT | | | | both | | | 720 | 144.6 | Horizon | Indemnity | 243.31 | | | 53.59 | 125.74 | 684 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT LUMBAR SPINE WO CONTRAST | 72131 | CPT | | | | both | | | 720 | 144.6 | Wellcare | Medicare | 125.74 | | | 29.4 | 125.74 | 684 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT LUMBAR SPINE WO CONTRAST | 72131 | CPT | | | | both | | | 720 | 144.6 | Aetna | Better Health | 227.16 | 31.55 | | 119.93 | 125.74 | 684 | percent of total billed charges | |
| HC CT LUMBAR SPINE WO CONTRAST | 72131 | CPT | | | | both | | | 720 | 144.6 | Aetna | Medicare | 125.74 | | | | 125.74 | 684 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT LUMBAR SPINE WO CONTRAST | 72131 | CPT | | | | both | | | 720 | 144.6 | Horizon | PPO | 243.31 | | | 52.14 | 125.74 | 684 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT LUMBAR SPINE WO CONTRAST | 72131 | CPT | | | | both | | | 720 | 144.6 | Horizon | MGD | 243.31 | | | 205.65 | 125.74 | 684 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT LUMBAR SPINE WO CONTRAST | 72131 | CPT | | | | both | | | 720 | 144.6 | Horizon | NJ Health | 286.1 | | | 63.09 | 125.74 | 684 | fee schedule | |
| HC CT LUMBAR SPINE WO CONTRAST | 72131 | CPT | | | | both | | | 720 | 144.6 | UHC | Medicaid | 227.16 | 31.55 | | 352.99 | 125.74 | 684 | percent of total billed charges | |
| HC CT LUMBAR SPINE WO CONTRAST | 72131 | CPT | | | | both | | | 720 | 144.6 | First Health | First Health | 504 | 70 | | | 125.74 | 684 | percent of total billed charges | |
| HC CT LUMBAR SPINE WO CONTRAST | 72131 | CPT | | | | both | | | 720 | 144.6 | WellPoint | WellPoint | 231.7 | 32.18 | | 148.2 | 125.74 | 684 | percent of total billed charges | |
| HC CT LUMBAR SPINE WO CONTRAST | 72131 | CPT | | | | both | | | 720 | 144.6 | Managed Care Inc | Managed Care Inc | 648 | 90 | | | 125.74 | 684 | percent of total billed charges | |
| HC CT LUMBAR SPINE WO CONTRAST | 72131 | CPT | | | | both | | | 720 | 144.6 | Americare | Americare | 540 | 75 | | | 125.74 | 684 | percent of total billed charges | |
| HC CT LUMBAR SPINE WO CONTRAST | 72131 | CPT | | | | both | | | 720 | 144.6 | Horizon | Medicare Blue | 125.74 | | | 155.64 | 125.74 | 684 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT LUMBAR SPINE WO CONTRAST | 72131 | CPT | | | | both | | | 720 | 144.6 | Amerihealth | HMO/PPO | 171.74 | | | 22.62 | 125.74 | 684 | fee schedule | |
| HC CT LUMBAR SPINE WO CONTRAST | 72131 | CPT | | | | both | | | 720 | 144.6 | Three Rivers | Three Rivers | 684 | 95 | | | 125.74 | 684 | percent of total billed charges | |
| HC CT LUMBAR SPINE WO CONTRAST | 72131 | CPT | | | | both | | | 720 | 144.6 | Corrections | Corrections | 576 | 80 | | 298.93 | 125.74 | 684 | percent of total billed charges | |
| HC CT LUMBAR SPINE WO CONTRAST | 72131 | CPT | | | | both | | | 720 | 144.6 | Multiplan | Multiplan | 576 | 80 | | | 125.74 | 684 | percent of total billed charges | |
| HC CT LUMBAR SPINE WO CONTRAST | 72131 | CPT | | | | both | | | 720 | 144.6 | UHC | Medicare | 125.74 | | | 184.65 | 125.74 | 684 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT LUMBAR SPINE WO CONTRAST | 72131 | CPT | | | | both | | | 720 | 144.6 | Qualcare | Qualcare | 540 | 75 | | | 125.74 | 684 | percent of total billed charges | |
| HC CT LUMBAR SPINE WO CONTRAST | 72131 | CPT | | | | both | | | 720 | 144.6 | Wellcare | Medicaid | 227.16 | 31.55 | | 505.41 | 125.74 | 684 | percent of total billed charges | |
| HC CT LUMBAR SPINE W CONTRAST | 72132 | CPT | | | | both | | | 1721 | 505.8 | Americare | Americare | 1290.75 | 75 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT LUMBAR SPINE W CONTRAST | 72132 | CPT | | | | both | | | 1721 | 505.8 | Aetna | Better Health | 542.98 | 31.55 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT LUMBAR SPINE W CONTRAST | 72132 | CPT | | | | both | | | 1721 | 505.8 | Horizon | MGD | 851.07 | | | 472.84 | 200.26 | 1634.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT LUMBAR SPINE W CONTRAST | 72132 | CPT | | | | both | | | 1721 | 505.8 | Aetna | Commercial | 653.98 | 38 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT LUMBAR SPINE W CONTRAST | 72132 | CPT | | | | both | | | 1721 | 505.8 | Aetna | Medicare | 439.83 | | | | 200.26 | 1634.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT LUMBAR SPINE W CONTRAST | 72132 | CPT | | | | both | | | 1721 | 505.8 | Consumer | Consumer | 1634.95 | 95 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT LUMBAR SPINE W CONTRAST | 72132 | CPT | | | | both | | | 1721 | 505.8 | Corrections | Corrections | 1376.8 | 80 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT LUMBAR SPINE W CONTRAST | 72132 | CPT | | | | both | | | 1721 | 505.8 | Horizon | Medicare Blue | 439.83 | | | | 200.26 | 1634.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT LUMBAR SPINE W CONTRAST | 72132 | CPT | | | | both | | | 1721 | 505.8 | First Trenton | First Trenton | 1548.9 | 90 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT LUMBAR SPINE W CONTRAST | 72132 | CPT | | | | both | | | 1721 | 505.8 | First Health | First Health | 1204.7 | 70 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT LUMBAR SPINE W CONTRAST | 72132 | CPT | | | | both | | | 1721 | 505.8 | Multiplan | Multiplan | 1376.8 | 80 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT LUMBAR SPINE W CONTRAST | 72132 | CPT | | | | both | | | 1721 | 505.8 | Amerihealth | HMO/PPO | 200.26 | | | | 200.26 | 1634.95 | fee schedule | |
| HC CT LUMBAR SPINE W CONTRAST | 72132 | CPT | | | | both | | | 1721 | 505.8 | Horizon | Indemnity | 851.07 | | | | 200.26 | 1634.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT LUMBAR SPINE W CONTRAST | 72132 | CPT | | | | both | | | 1721 | 505.8 | Horizon | NJ Health | 333.55 | | | | 200.26 | 1634.95 | fee schedule | |
| HC CT LUMBAR SPINE W CONTRAST | 72132 | CPT | | | | both | | | 1721 | 505.8 | Quálicare | Qualcare | 1290.75 | 75 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT LUMBAR SPINE W CONTRAST | 72132 | CPT | | | | both | | | 1721 | 505.8 | Wellcare | Medicaid | 542.98 | 31.55 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT LUMBAR SPINE W CONTRAST | 72132 | CPT | | | | both | | | 1721 | 505.8 | Horizon | PPO | 851.07 | | | | 200.26 | 1634.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT LUMBAR SPINE W CONTRAST | 72132 | CPT | | | | both | | | 1721 | 505.8 | Managed Care Inc | Managed Care Inc | 1548.9 | 90 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT LUMBAR SPINE W CONTRAST | 72132 | CPT | | | | both | | | 1721 | 505.8 | UHC | Medicare | 439.83 | | | 311.6 | 200.26 | 1634.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT LUMBAR SPINE W CONTRAST | 72132 | CPT | | | | both | | | 1721 | 505.8 | Three Rivers | Three Rivers | 1634.95 | 95 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT LUMBAR SPINE W CONTRAST | 72132 | CPT | | | | both | | | 1721 | 505.8 | UHC | Medicaid | 542.98 | 31.55 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT LUMBAR SPINE W CONTRAST | 72132 | CPT | | | | both | | | 1721 | 505.8 | Wellcare | Medicare | 439.83 | | | | 200.26 | 1634.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT LUMBAR SPINE W CONTRAST | 72132 | CPT | | | | both | | | 1721 | 505.8 | WellPoint | WellPoint | 553.82 | 32.18 | | | 200.26 | 1634.95 | percent of total billed charges | |
| HC CT LUMBAR SPINE WO/W CONTRAST | 72133 | CPT | | | | both | | | 2047 | 241.65 | Americare | Americare | 1535.25 | 75 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT LUMBAR SPINE WO/W CONTRAST | 72133 | CPT | | | | both | | | 2047 | 241.65 | Aetna | Commercial | 777.86 | 38 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT LUMBAR SPINE WO/W CONTRAST | 72133 | CPT | | | | both | | | 2047 | 241.65 | First Trenton | First Trenton | 1842.3 | 90 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT LUMBAR SPINE WO/W CONTRAST | 72133 | CPT | | | | both | | | 2047 | 241.65 | Horizon | Medicare Blue | 210.13 | | | | 210.13 | 1944.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT LUMBAR SPINE WO/W CONTRAST | 72133 | CPT | | | | both | | | 2047 | 241.65 | Amerihealth | HMO/PPO | 241.8 | | | | 210.13 | 1944.65 | fee schedule | |
| HC CT LUMBAR SPINE WO/W CONTRAST | 72133 | CPT | | | | both | | | 2047 | 241.65 | Aetna | Medicare | 210.13 | | | | 210.13 | 1944.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT LUMBAR SPINE WO/W CONTRAST | 72133 | CPT | | | | both | | | 2047 | 241.65 | Horizon | Indemnity | 406.6 | | | | 210.13 | 1944.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT LUMBAR SPINE WO/W CONTRAST | 72133 | CPT | | | | both | | | 2047 | 241.65 | Aetna | Better Health | 645.83 | 31.55 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT LUMBAR SPINE WO/W CONTRAST | 72133 | CPT | | | | both | | | 2047 | 241.65 | Horizon | PPO | 406.6 | | | | 210.13 | 1944.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT LUMBAR SPINE WO/W CONTRAST | 72133 | CPT | | | | both | | | 2047 | 241.65 | Consumer | Consumer | 1944.65 | 95 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT LUMBAR SPINE WO/W CONTRAST | 72133 | CPT | | | | both | | | 2047 | 241.65 | UHC | Medicare | 210.13 | | | | 210.13 | 1944.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT LUMBAR SPINE WO/W CONTRAST | 72133 | CPT | | | | both | | | 2047 | 241.65 | Multiplan | Multiplan | 1637.6 | 80 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT LUMBAR SPINE WO/W CONTRAST | 72133 | CPT | | | | both | | | 2047 | 241.65 | Managed Care Inc | Managed Care Inc | 1842.3 | 90 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT LUMBAR SPINE WO/W CONTRAST | 72133 | CPT | | | | both | | | 2047 | 241.65 | Corrections | Corrections | 1637.6 | 80 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT LUMBAR SPINE WO/W CONTRAST | 72133 | CPT | | | | both | | | 2047 | 241.65 | UHC | Medicaid | 645.83 | 31.55 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT LUMBAR SPINE WO/W CONTRAST | 72133 | CPT | | | | both | | | 2047 | 241.65 | First Health | First Health | 1432.9 | 70 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT LUMBAR SPINE WO/W CONTRAST | 72133 | CPT | | | | both | | | 2047 | 241.65 | WellPoint | WellPoint | 658.72 | 32.18 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT LUMBAR SPINE WO/W CONTRAST | 72133 | CPT | | | | both | | | 2047 | 241.65 | Horizon | MGD | 406.6 | | | | 210.13 | 1944.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT LUMBAR SPINE WO/W CONTRAST | 72133 | CPT | | | | both | | | 2047 | 241.65 | Qualcare | Qualcare | 1535.25 | 75 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT LUMBAR SPINE WO/W CONTRAST | 72133 | CPT | | | | both | | | 2047 | 241.65 | Horizon | NJ Health | 343 | | | | 210.13 | 1944.65 | fee schedule | |
| HC CT LUMBAR SPINE WO/W CONTRAST | 72133 | CPT | | | | both | | | 2047 | 241.65 | Three Rivers | Three Rivers | 1944.65 | 95 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT LUMBAR SPINE WO/W CONTRAST | 72133 | CPT | | | | both | | | 2047 | 241.65 | Wellcare | Medicaid | 645.83 | 31.55 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT LUMBAR SPINE WO/W CONTRAST | 72133 | CPT | | | | both | | | 2047 | 241.65 | Wellcare | Medicare | 210.13 | | | | 210.13 | 1944.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE CERVICAL WO CONTRAST | 72141 | CPT | | | | both | | | 6082 | 322.28 | Corrections | Corrections | 4865.6 | 80 | | 1809.37 | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI SPINE CERVICAL WO CONTRAST | 72141 | CPT | | | | both | | | 6082 | 322.28 | Amerihealth | HMO/PPO | 294.5 | | | | 280.24 | 5777.9 | fee schedule | |
| HC MRI SPINE CERVICAL WO CONTRAST | 72141 | CPT | | | | both | | | 6082 | 322.28 | Aetna | Commercial | 2311.16 | 38 | | 438.61 | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI SPINE CERVICAL WO CONTRAST | 72141 | CPT | | | | both | | | 6082 | 322.28 | UHC | Medicare | 280.24 | | | 390.07 | 280.24 | 5777.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE CERVICAL WO CONTRAST | 72141 | CPT | | | | both | | | 6082 | 322.28 | First Health | First Health | 4257.4 | 70 | | | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI SPINE CERVICAL WO CONTRAST | 72141 | CPT | | | | both | | | 6082 | 322.28 | Aetna | Better Health | 1918.87 | 31.55 | | 1797.16 | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI SPINE CERVICAL WO CONTRAST | 72141 | CPT | | | | both | | | 6082 | 322.28 | Aetna | Medicare | 280.24 | | | | 280.24 | 5777.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE CERVICAL WO CONTRAST | 72141 | CPT | | | | both | | | 6082 | 322.28 | Wellcare | Medicaid | 1918.87 | 31.55 | | 1745.9 | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI SPINE CERVICAL WO CONTRAST | 72141 | CPT | | | | both | | | 6082 | 322.28 | Multiplan | Multiplan | 4865.6 | 80 | | | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI SPINE CERVICAL WO CONTRAST | 72141 | CPT | | | | both | | | 6082 | 322.28 | Horizon | MGD | 542.26 | | | 624.56 | 280.24 | 5777.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE CERVICAL WO CONTRAST | 72141 | CPT | | | | both | | | 6082 | 322.28 | Americare | Americare | 4561.5 | 75 | | | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI SPINE CERVICAL WO CONTRAST | 72141 | CPT | | | | both | | | 6082 | 322.28 | First Trenton | First Trenton | 5473.8 | 90 | | | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI SPINE CERVICAL WO CONTRAST | 72141 | CPT | | | | both | | | 6082 | 322.28 | Quálicare | Qualcare | 4561.5 | 75 | | | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI SPINE CERVICAL WO CONTRAST | 72141 | CPT | | | | both | | | 6082 | 322.28 | UHC | Medicaid | 1918.87 | 31.55 | | 1763.12 | 280.24 | 5777.9 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC MRI SPINE CERVICAL WO CONTRAST | 72141 | CPT | | | | both | | | 6082 | | 322.28 Consumer | Consumer | 5777.9 | 95 | | | 280.24 | | 5777.9 percent of total billed charges | |
| HC MRI SPINE CERVICAL WO CONTRAST | 72141 | CPT | | | | both | | | 6082 | | 322.28 Horizon | Medicare Blue | 280.24 | | | 500.16 | 280.24 | | 5777.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE CERVICAL WO CONTRAST | 72141 | CPT | | | | both | | | 6082 | | 322.28 Horizon | Indemnity | 542.26 | | | 489.57 | 280.24 | | 5777.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE CERVICAL WO CONTRAST | 72141 | CPT | | | | both | | | 6082 | | 322.28 Horizon | NJ Health | 646.8 | | | 410.07 | 280.24 | | 5777.9 fee schedule | |
| HC MRI SPINE CERVICAL WO CONTRAST | 72141 | CPT | | | | both | | | 6082 | | 322.28 Horizon | PPO | 542.26 | | | 663.09 | 280.24 | | 5777.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE CERVICAL WO CONTRAST | 72141 | CPT | | | | both | | | 6082 | | 322.28 Managed Care Inc | Managed Care Inc | 5473.8 | 90 | | | 280.24 | | 5777.9 percent of total billed charges | |
| HC MRI SPINE CERVICAL WO CONTRAST | 72141 | CPT | | | | both | | | 6082 | | 322.28 Three Rivers | Three Rivers | 5777.9 | 95 | | | 280.24 | | 5777.9 percent of total billed charges | |
| HC MRI SPINE CERVICAL WO CONTRAST | 72141 | CPT | | | | both | | | 6082 | | 322.28 Wellcare | Medicare | 280.24 | | | | 280.24 | | 5777.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE CERVICAL WO CONTRAST | 72141 | CPT | | | | both | | | 6082 | | 322.28 WellPoint | WellPoint | 1957.19 | 32.18 | | 971.3 | 280.24 | | 5777.9 percent of total billed charges | |
| HC MRI SPINE CERVICAL W CONTRAST | 72142 | CPT | | | | both | | | 7289 | | 505.8 Amerihealth | HMO/PPO | 341 | | | | 341 | | 6924.55 fee schedule | |
| HC MRI SPINE CERVICAL W CONTRAST | 72142 | CPT | | | | both | | | 7289 | | 505.8 Aetna | Medicare | 439.83 | | | | 341 | | 6924.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE CERVICAL W CONTRAST | 72142 | CPT | | | | both | | | 7289 | | 505.8 Horizon | MGD | 851.07 | | | | 341 | | 6924.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE CERVICAL W CONTRAST | 72142 | CPT | | | | both | | | 7289 | | 505.8 Corrections | Corrections | 5831.2 | 80 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE CERVICAL W CONTRAST | 72142 | CPT | | | | both | | | 7289 | | 505.8 Aetna | Better Health | 2299.68 | 31.55 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE CERVICAL W CONTRAST | 72142 | CPT | | | | both | | | 7289 | | 505.8 Aetna | Commercial | 2769.82 | 38 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE CERVICAL W CONTRAST | 72142 | CPT | | | | both | | | 7289 | | 505.8 Horizon | PPO | 851.07 | | | | 341 | | 6924.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE CERVICAL W CONTRAST | 72142 | CPT | | | | both | | | 7289 | | 505.8 Americare | Americare | 5466.75 | 75 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE CERVICAL W CONTRAST | 72142 | CPT | | | | both | | | 7289 | | 505.8 First Health | First Health | 5102.3 | 70 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE CERVICAL W CONTRAST | 72142 | CPT | | | | both | | | 7289 | | 505.8 Wellcare | Medicaid | 2299.68 | 31.55 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE CERVICAL W CONTRAST | 72142 | CPT | | | | both | | | 7289 | | 505.8 UHC | Medicaid | 2299.68 | 31.55 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE CERVICAL W CONTRAST | 72142 | CPT | | | | both | | | 7289 | | 505.8 Horizon | Indemnity | 851.07 | | | | 341 | | 6924.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE CERVICAL W CONTRAST | 72142 | CPT | | | | both | | | 7289 | | 505.8 UHC | Medicare | 439.83 | | | | 341 | | 6924.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE CERVICAL W CONTRAST | 72142 | CPT | | | | both | | | 7289 | | 505.8 Horizon | Medicare Blue | 439.83 | | | | 341 | | 6924.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE CERVICAL W CONTRAST | 72142 | CPT | | | | both | | | 7289 | | 505.8 WellPoint | WellPoint | 2345.6 | 32.18 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE CERVICAL W CONTRAST | 72142 | CPT | | | | both | | | 7289 | | 505.8 Consumer | Consumer | 6924.55 | 95 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE CERVICAL W CONTRAST | 72142 | CPT | | | | both | | | 7289 | | 505.8 Wellcare | Medicare | 439.83 | | | | 341 | | 6924.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE CERVICAL W CONTRAST | 72142 | CPT | | | | both | | | 7289 | | 505.8 Multiplan | Multiplan | 5831.2 | 80 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE CERVICAL W CONTRAST | 72142 | CPT | | | | both | | | 7289 | | 505.8 First Trenton | First Trenton | 6560.1 | 90 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE CERVICAL W CONTRAST | 72142 | CPT | | | | both | | | 7289 | | 505.8 Quelcare | Quelcare | 5466.75 | 75 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE CERVICAL W CONTRAST | 72142 | CPT | | | | both | | | 7289 | | 505.8 Horizon | NJ Health | 691.88 | | | | 341 | | 6924.55 fee schedule | |
| HC MRI SPINE CERVICAL W CONTRAST | 72142 | CPT | | | | both | | | 7289 | | 505.8 Managed Care Inc | Managed Care Inc | 6560.1 | 90 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE CERVICAL W CONTRAST | 72142 | CPT | | | | both | | | 7289 | | 505.8 Three Rivers | Three Rivers | 6924.55 | 95 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE THORACIC WO CONTRAST | 72146 | CPT | | | | both | | | 6752 | | 322.28 UHC | Medicare | 280.24 | | | 274.76 | 280.24 | | 6414.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE THORACIC WO CONTRAST | 72146 | CPT | | | | both | | | 6752 | | 322.28 Aetna | Better Health | 2130.26 | 31.55 | | 2130.26 | 280.24 | | 6414.4 percent of total billed charges | |
| HC MRI SPINE THORACIC WO CONTRAST | 72146 | CPT | | | | both | | | 6752 | | 322.28 Americare | Americare | 5064 | 75 | | | 280.24 | | 6414.4 percent of total billed charges | |
| HC MRI SPINE THORACIC WO CONTRAST | 72146 | CPT | | | | both | | | 6752 | | 322.28 Horizon | MGD | 542.26 | | | 560.72 | 280.24 | | 6414.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE THORACIC WO CONTRAST | 72146 | CPT | | | | both | | | 6752 | | 322.28 First Trenton | First Trenton | 6076.8 | 90 | | | 280.24 | | 6414.4 percent of total billed charges | |
| HC MRI SPINE THORACIC WO CONTRAST | 72146 | CPT | | | | both | | | 6752 | | 322.28 Aetna | Commercial | 2565.76 | 38 | | 794.2 | 280.24 | | 6414.4 percent of total billed charges | |
| HC MRI SPINE THORACIC WO CONTRAST | 72146 | CPT | | | | both | | | 6752 | | 322.28 Aetna | Medicare | 280.24 | | | | 280.24 | | 6414.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE THORACIC WO CONTRAST | 72146 | CPT | | | | both | | | 6752 | | 322.28 Horizon | PPO | 542.26 | | | | 280.24 | | 6414.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE THORACIC WO CONTRAST | 72146 | CPT | | | | both | | | 6752 | | 322.28 Managed Care Inc | Managed Care Inc | 6076.8 | 90 | | | 280.24 | | 6414.4 percent of total billed charges | |
| HC MRI SPINE THORACIC WO CONTRAST | 72146 | CPT | | | | both | | | 6752 | | 322.28 Corrections | Corrections | 5401.6 | 80 | | 2053.28 | 280.24 | | 6414.4 percent of total billed charges | |
| HC MRI SPINE THORACIC WO CONTRAST | 72146 | CPT | | | | both | | | 6752 | | 322.28 Amerihealth | HMO/PPO | 294.5 | | | | 280.24 | | 6414.4 fee schedule | |
| HC MRI SPINE THORACIC WO CONTRAST | 72146 | CPT | | | | both | | | 6752 | | 322.28 Consumer | Consumer | 6414.4 | 95 | | | 280.24 | | 6414.4 percent of total billed charges | |
| HC MRI SPINE THORACIC WO CONTRAST | 72146 | CPT | | | | both | | | 6752 | | 322.28 Three Rivers | Three Rivers | 6414.4 | 95 | | | 280.24 | | 6414.4 percent of total billed charges | |
| HC MRI SPINE THORACIC WO CONTRAST | 72146 | CPT | | | | both | | | 6752 | | 322.28 First Health | First Health | 4726.4 | 70 | | | 280.24 | | 6414.4 percent of total billed charges | |
| HC MRI SPINE THORACIC WO CONTRAST | 72146 | CPT | | | | both | | | 6752 | | 322.28 WellPoint | WellPoint | 2172.79 | 32.18 | | 2103.44 | 280.24 | | 6414.4 percent of total billed charges | |
| HC MRI SPINE THORACIC WO CONTRAST | 72146 | CPT | | | | both | | | 6752 | | 322.28 Horizon | Indemnity | 542.26 | | | | 280.24 | | 6414.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE THORACIC WO CONTRAST | 72146 | CPT | | | | both | | | 6752 | | 322.28 Horizon | NJ Health | 646.8 | | | 606.94 | 280.24 | | 6414.4 fee schedule | |
| HC MRI SPINE THORACIC WO CONTRAST | 72146 | CPT | | | | both | | | 6752 | | 322.28 Multiplan | Multiplan | 5401.6 | 80 | | | 280.24 | | 6414.4 percent of total billed charges | |
| HC MRI SPINE THORACIC WO CONTRAST | 72146 | CPT | | | | both | | | 6752 | | 322.28 UHC | Medicaid | 2130.26 | 31.55 | | 1953.29 | 280.24 | | 6414.4 percent of total billed charges | |
| HC MRI SPINE THORACIC WO CONTRAST | 72146 | CPT | | | | both | | | 6752 | | 322.28 Horizon | Medicare Blue | 280.24 | | | 561.24 | 280.24 | | 6414.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE THORACIC WO CONTRAST | 72146 | CPT | | | | both | | | 6752 | | 322.28 Qualcare | Qualcare | 5064 | 75 | | | 280.24 | | 6414.4 percent of total billed charges | |
| HC MRI SPINE THORACIC WO CONTRAST | 72146 | CPT | | | | both | | | 6752 | | 322.28 Wellcare | Medicaid | 2130.26 | 31.55 | | | 280.24 | | 6414.4 percent of total billed charges | |
| HC MRI SPINE THORACIC WO CONTRAST | 72146 | CPT | | | | both | | | 6752 | | 322.28 Wellcare | Medicare | 280.24 | | | | 280.24 | | 6414.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE THORACIC W CONTRAST | 72147 | CPT | | | | inpatient | | | 7289 | | 505.8 Aetna | Better Health | 2299.68 | 31.55 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE THORACIC W CONTRAST | 72147 | CPT | | | | inpatient | | | 7289 | | 505.8 Americare | Americare | 5466.75 | 75 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE THORACIC W CONTRAST | 72147 | CPT | | | | inpatient | | | 7289 | | 505.8 Corrections | Corrections | 5831.2 | 80 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE THORACIC W CONTRAST | 72147 | CPT | | | | inpatient | | | 7289 | | 505.8 UHC | Medicaid | 2299.68 | 31.55 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE THORACIC W CONTRAST | 72147 | CPT | | | | inpatient | | | 7289 | | 505.8 Aetna | Medicare | 439.83 | | | | 341 | | 6924.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE THORACIC W CONTRAST | 72147 | CPT | | | | inpatient | | | 7289 | | 505.8 Quelcare | Quelcare | 5466.75 | 75 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE THORACIC W CONTRAST | 72147 | CPT | | | | inpatient | | | 7289 | | 505.8 Consumer | Consumer | 6924.55 | 95 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE THORACIC W CONTRAST | 72147 | CPT | | | | inpatient | | | 7289 | | 505.8 First Trenton | First Trenton | 6560.1 | 90 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE THORACIC W CONTRAST | 72147 | CPT | | | | inpatient | | | 7289 | | 505.8 Aetna | Commercial | 2769.82 | 38 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE THORACIC W CONTRAST | 72147 | CPT | | | | inpatient | | | 7289 | | 505.8 Multiplan | Multiplan | 5831.2 | 80 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE THORACIC W CONTRAST | 72147 | CPT | | | | inpatient | | | 7289 | | 505.8 Horizon | Medicare Blue | 439.83 | | | | 341 | | 6924.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE THORACIC W CONTRAST | 72147 | CPT | | | | inpatient | | | 7289 | | 505.8 Horizon | Indemnity | 851.07 | | | | 341 | | 6924.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE THORACIC W CONTRAST | 72147 | CPT | | | | inpatient | | | 7289 | | 505.8 Amerihealth | HMO/PPO | 341 | | | | 341 | | 6924.55 fee schedule | |
| HC MRI SPINE THORACIC W CONTRAST | 72147 | CPT | | | | inpatient | | | 7289 | | 505.8 UHC | Medicare | 439.83 | | | | 341 | | 6924.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE THORACIC W CONTRAST | 72147 | CPT | | | | inpatient | | | 7289 | | 505.8 Horizon | NJ Health | 646.8 | | | | 341 | | 6924.55 fee schedule | |
| HC MRI SPINE THORACIC W CONTRAST | 72147 | CPT | | | | inpatient | | | 7289 | | 505.8 Horizon | PPO | 851.07 | | | | 341 | | 6924.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE THORACIC W CONTRAST | 72147 | CPT | | | | inpatient | | | 7289 | | 505.8 WellPoint | WellPoint | 2345.6 | 32.18 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE THORACIC W CONTRAST | 72147 | CPT | | | | inpatient | | | 7289 | | 505.8 Three Rivers | Three Rivers | 6924.55 | 95 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE THORACIC W CONTRAST | 72147 | CPT | | | | inpatient | | | 7289 | | 505.8 First Health | First Health | 5102.3 | 70 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE THORACIC W CONTRAST | 72147 | CPT | | | | inpatient | | | 7289 | | 505.8 Managed Care Inc | Managed Care Inc | 6560.1 | 90 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE THORACIC W CONTRAST | 72147 | CPT | | | | inpatient | | | 7289 | | 505.8 Horizon | MGD | 851.07 | | | | 341 | | 6924.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE THORACIC W CONTRAST | 72147 | CPT | | | | inpatient | | | 7289 | | 505.8 Wellcare | Medicare | 439.83 | | | | 341 | | 6924.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE THORACIC W CONTRAST | 72147 | CPT | | | | inpatient | | | 7289 | | 505.8 Wellcare | Medicaid | 2299.68 | 31.55 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE LUMBAR WO CONTRAST | 72148 | CPT | | | | both | | | 1418 | | 322.28 Aetna | Commercial | 538.84 | 38 | | 250.94 | 280.24 | | 1347.1 percent of total billed charges | |
| HC MRI SPINE LUMBAR WO CONTRAST | 72148 | CPT | | | | both | | | 1418 | | 322.28 Corrections | Corrections | 1134.4 | 80 | | 430.91 | 280.24 | | 1347.1 percent of total billed charges | |
| HC MRI SPINE LUMBAR WO CONTRAST | 72148 | CPT | | | | both | | | 1418 | | 322.28 UHC | Medicare | 280.24 | | | 242.63 | 280.24 | | 1347.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE LUMBAR WO CONTRAST | 72148 | CPT | | | | both | | | 1418 | | 322.28 Horizon | PPO | 542.26 | | | 515.36 | 280.24 | | 1347.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE LUMBAR WO CONTRAST | 72148 | CPT | | | | both | | | 1418 | | 322.28 Aetna | Medicare | 280.24 | | | 203.21 | 280.24 | | 1347.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE LUMBAR WO CONTRAST | 72148 | CPT | | | | both | | | 1418 | | 322.28 Aetna | Better Health | 447.38 | 31.55 | | 281.71 | 280.24 | | 1347.1 percent of total billed charges | |
| HC MRI SPINE LUMBAR WO CONTRAST | 72148 | CPT | | | | both | | | 1418 | | 322.28 Amerihealth | HMO/PPO | 294.5 | | | | 280.24 | | 1347.1 fee schedule | |
| HC MRI SPINE LUMBAR WO CONTRAST | 72148 | CPT | | | | both | | | 1418 | | 322.28 Horizon | Medicare Blue | 280.24 | | | 247.29 | 280.24 | | 1347.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE LUMBAR WO CONTRAST | 72148 | CPT | | | | both | | | 1418 | | 322.28 Americare | Americare | 1093.5 | 75 | | | 280.24 | | 1347.1 percent of total billed charges | |
| HC MRI SPINE LUMBAR WO CONTRAST | 72148 | CPT | | | | both | | | 1418 | | 322.28 First Trenton | First Trenton | 1276.2 | 90 | | | 280.24 | | 1347.1 percent of total billed charges | |
| HC MRI SPINE LUMBAR WO CONTRAST | 72148 | CPT | | | | both | | | 1418 | | 322.28 Wellcare | Medicaid | 447.38 | 31.55 | | 805.52 | 280.24 | | 1347.1 percent of total billed charges | |
| HC MRI SPINE LUMBAR WO CONTRAST | 72148 | CPT | | | | both | | | 1418 | | 322.28 Horizon | MGD | 542.26 | | | 429.55 | 280.24 | | 1347.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE LUMBAR WO CONTRAST | 72148 | CPT | | | | both | | | 1418 | | 322.28 Consumer | Consumer | 1347.1 | 95 | | | 280.24 | | 1347.1 percent of total billed charges | |
| HC MRI SPINE LUMBAR WO CONTRAST | 72148 | CPT | | | | both | | | 1418 | | 322.28 Horizon | NJ Health | 646.8 | | | 215.68 | 280.24 | | 1347.1 fee schedule | |
| HC MRI SPINE LUMBAR WO CONTRAST | 72148 | CPT | | | | both | | | 1418 | | 322.28 First Health | First Health | 992.6 | 70 | | | 280.24 | | 1347.1 percent of total billed charges | |
| HC MRI SPINE LUMBAR WO CONTRAST | 72148 | CPT | | | | both | | | 1418 | | 322.28 Multiplan | Multiplan | 1134.4 | 80 | | | 280.24 | | 1347.1 percent of total billed charges | |
| HC MRI SPINE LUMBAR WO CONTRAST | 72148 | CPT | | | | both | | | 1418 | | 322.28 Horizon | Indemnity | 542.26 | | | 211.26 | 280.24 | | 1347.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE LUMBAR WO CONTRAST | 72148 | CPT | | | | both | | | 1418 | | 322.28 Managed Care Inc | Managed Care Inc | 1276.2 | 90 | | | 280.24 | | 1347.1 percent of total billed charges | |
| HC MRI SPINE LUMBAR WO CONTRAST | 72148 | CPT | | | | both | | | 1418 | | 322.28 WellPoint | WellPoint | 456.31 | 32.18 | | 379.14 | 280.24 | | 1347.1 percent of total billed charges | |
| HC MRI SPINE LUMBAR WO CONTRAST | 72148 | CPT | | | | both | | | 1418 | | 322.28 Qualcare | Qualcare | 1093.5 | 75 | | | 280.24 | | 1347.1 percent of total billed charges | |
| HC MRI SPINE LUMBAR WO CONTRAST | 72148 | CPT | | | | both | | | 1418 | | 322.28 Wellcare | Medicare | 280.24 | | | 24.23 | 280.24 | | 1347.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE LUMBAR WO CONTRAST | 72148 | CPT | | | | both | | | 1418 | | 322.28 Three Rivers | Three Rivers | 1347.1 | 95 | | | 280.24 | | 1347.1 percent of total billed charges | |
| HC MRI SPINE LUMBAR WO CONTRAST | 72148 | CPT | | | | both | | | 1418 | | 322.28 UHC | Medicaid | 447.38 | 31.55 | | 399.97 | 280.24 | | 1347.1 percent of total billed charges | |
| HC MRI SPINE LUMBAR W CONTRAST | 72149 | CPT | | | | both | | | 7289 | | 505.8 Aetna | Better Health | 2299.68 | 31.55 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE LUMBAR W CONTRAST | 72149 | CPT | | | | both | | | 7289 | | 505.8 Aetna | Medicare | 439.83 | | | | 341 | | 6924.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE LUMBAR W CONTRAST | 72149 | CPT | | | | both | | | 7289 | | 505.8 Horizon | MGD | 851.07 | | | | 341 | | 6924.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE LUMBAR W CONTRAST | 72149 | CPT | | | | both | | | 7289 | | 505.8 Wellcare | Medicaid | 2299.68 | 31.55 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE LUMBAR W CONTRAST | 72149 | CPT | | | | both | | | 7289 | | 505.8 Amerihealth | HMO/PPO | 341 | | | | 341 | | 6924.55 fee schedule | |
| HC MRI SPINE LUMBAR W CONTRAST | 72149 | CPT | | | | both | | | 7289 | | 505.8 Aetna | Commercial | 2769.82 | 38 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE LUMBAR W CONTRAST | 72149 | CPT | | | | both | | | 7289 | | 505.8 UHC | Medicare | 439.83 | | | | 341 | | 6924.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE LUMBAR W CONTRAST | 72149 | CPT | | | | both | | | 7289 | | 505.8 Americare | Americare | 5466.75 | 75 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE LUMBAR W CONTRAST | 72149 | CPT | | | | both | | | 7289 | | 505.8 First Health | First Health | 5102.3 | 70 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE LUMBAR W CONTRAST | 72149 | CPT | | | | both | | | 7289 | | 505.8 Consumer | Consumer | 6924.55 | 95 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE LUMBAR W CONTRAST | 72149 | CPT | | | | both | | | 7289 | | 505.8 Horizon | PPO | 851.07 | | | | 341 | | 6924.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE LUMBAR W CONTRAST | 72149 | CPT | | | | both | | | 7289 | | 505.8 Horizon | Medicare Blue | 439.83 | | | | 341 | | 6924.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE LUMBAR W CONTRAST | 72149 | CPT | | | | both | | | 7289 | | 505.8 Horizon | Indemnity | 851.07 | | | | 341 | | 6924.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE LUMBAR W CONTRAST | 72149 | CPT | | | | both | | | 7289 | | 505.8 Multiplan | Multiplan | 5831.2 | 80 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE LUMBAR W CONTRAST | 72149 | CPT | | | | both | | | 7289 | | 505.8 UHC | Medicaid | 2299.68 | 31.55 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE LUMBAR W CONTRAST | 72149 | CPT | | | | both | | | 7289 | | 505.8 Corrections | Corrections | 5831.2 | 80 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE LUMBAR W CONTRAST | 72149 | CPT | | | | both | | | 7289 | | 505.8 Three Rivers | Three Rivers | 6924.55 | 95 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE LUMBAR W CONTRAST | 72149 | CPT | | | | both | | | 7289 | | 505.8 Qualcare | Qualcare | 5466.75 | 75 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE LUMBAR W CONTRAST | 72149 | CPT | | | | both | | | 7289 | | 505.8 WellPoint | WellPoint | 2345.6 | 32.18 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE LUMBAR W CONTRAST | 72149 | CPT | | | | both | | | 7289 | | 505.8 First Trenton | First Trenton | 6560.1 | 90 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE LUMBAR W CONTRAST | 72149 | CPT | | | | both | | | 7289 | | 505.8 Wellcare | Medicare | 439.83 | | | | 341 | | 6924.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE LUMBAR W CONTRAST | 72149 | CPT | | | | both | | | 7289 | | 505.8 Horizon | NJ Health | 588 | | | | 341 | | 6924.55 fee schedule | |
| HC MRI SPINE LUMBAR W CONTRAST | 72149 | CPT | | | | both | | | 7289 | | 505.8 Managed Care Inc | Managed Care Inc | 6560.1 | 90 | | | 341 | | 6924.55 percent of total billed charges | |
| HC MRI SPINE CERVICAL WO/W CONTRAST | 72156 | CPT | | | | both | | | 9831 | | 505.8 Aetna | Medicare | 439.83 | | | | 439.83 | | 9339.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE CERVICAL WO/W CONTRAST | 72156 | CPT | | | | both | | | 9831 | | 505.8 Horizon | PPO | 851.07 | | | 786.86 | 439.83 | | 9339.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE CERVICAL WO/W CONTRAST | 72156 | CPT | | | | both | | | 9831 | | 505.8 First Health | First Health | 6881.7 | 70 | | | 439.83 | | 9339.45 percent of total billed charges | |
| HC MRI SPINE CERVICAL WO/W CONTRAST | 72156 | CPT | | | | both | | | 9831 | | 505.8 Consumer | Consumer | 9339.45 | 95 | | | 439.83 | | 9339.45 percent of total billed charges | |
| HC MRI SPINE CERVICAL WO/W CONTRAST | 72156 | CPT | | | | both | | | 9831 | | 505.8 Aetna | Better Health | 3101.68 | 31.55 | | 2877.53 | 439.83 | | 9339.45 percent of total billed charges | |
| HC MRI SPINE CERVICAL WO/W CONTRAST | 72156 | CPT | | | | both | | | 9831 | | 505.8 Aetna | Commercial | 3735.78 | 38 | | | 439.83 | | 9339.45 percent of total billed charges | |
| HC MRI SPINE CERVICAL WO/W CONTRAST | 72156 | CPT | | | | both | | | 9831 | | 505.8 Corrections | Corrections | 7864.8 | 80 | | | 439.83 | | 9339.45 percent of total billed charges | |
| HC MRI SPINE CERVICAL WO/W CONTRAST | 72156 | CPT | | | | both | | | 9831 | | 505.8 Horizon | MGD | 851.07 | | | | 439.83 | | 9339.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE CERVICAL WO/W CONTRAST | 72156 | CPT | | | | both | | | 9831 | | 505.8 Amerihealth | HMO/PPO | 477.4 | | | | 439.83 | | 9339.45 fee schedule | |
| HC MRI SPINE CERVICAL WO/W CONTRAST | 72156 | CPT | | | | both | | | 9831 | | 505.8 WellPoint | WellPoint | 3163.62 | 32.18 | | 1899.6 | 439.83 | | 9339.45 percent of total billed charges | |
| HC MRI SPINE CERVICAL WO/W CONTRAST | 72156 | CPT | | | | both | | | 9831 | | 505.8 Multiplan | Multiplan | 7864.8 | 80 | | | 439.83 | | 9339.45 percent of total billed charges | |
| HC MRI SPINE CERVICAL WO/W CONTRAST | 72156 | CPT | | | | both | | | 9831 | | 505.8 Horizon | NJ Health | 939.43 | | | 666.49 | 439.83 | | 9339.45 fee schedule | |
| HC MRI SPINE CERVICAL WO/W CONTRAST | 72156 | CPT | | | | both | | | 9831 | | 505.8 Americare | Americare | 7373.25 | 75 | | | 439.83 | | 9339.45 percent of total billed charges | |
| HC MRI SPINE CERVICAL WO/W CONTRAST | 72156 | CPT | | | | both | | | 9831 | | 505.8 UHC | Medicaid | 3101.68 | 31.55 | | 3042.48 | 439.83 | | 9339.45 percent of total billed charges | |
| HC MRI SPINE CERVICAL WO/W CONTRAST | 72156 | CPT | | | | both | | | 9831 | | 505.8 Horizon | Indemnity | 851.07 | | | | 439.83 | | 9339.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE CERVICAL WO/W CONTRAST | 72156 | CPT | | | | both | | | 9831 | | 505.8 UHC | Medicare | 439.83 | | | 574.66 | 439.83 | | 9339.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE CERVICAL WO/W CONTRAST | 72156 | CPT | | | | both | | | 9831 | | 505.8 Horizon | Medicare Blue | 439.83 | | | 432.79 | 439.83 | | 9339.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE CERVICAL WO/W CONTRAST | 72156 | CPT | | | | both | | | 9831 | | 505.8 Qualcare | Qualcare | 7373.25 | 75 | | | 439.83 | | 9339.45 percent of total billed charges | |
| HC MRI SPINE CERVICAL WO/W CONTRAST | 72156 | CPT | | | | both | | | 9831 | | 505.8 First Trenton | First Trenton | 8847.9 | 90 | | | 439.83 | | 9339.45 percent of total billed charges | |
| HC MRI SPINE CERVICAL WO/W CONTRAST | 72156 | CPT | | | | both | | | 9831 | | 505.8 Wellcare | Medicaid | 3101.68 | 31.55 | | | 439.83 | | 9339.45 percent of total billed charges | |
| HC MRI SPINE CERVICAL WO/W CONTRAST | 72156 | CPT | | | | both | | | 9831 | | 505.8 Managed Care Inc | Managed Care Inc | 8847.9 | 90 | | | 439.83 | | 9339.45 percent of total billed charges | |
| HC MRI SPINE CERVICAL WO/W CONTRAST | 72156 | CPT | | | | both | | | 9831 | | 505.8 Three Rivers | Three Rivers | 9339.45 | 95 | | | 439.83 | | 9339.45 percent of total billed charges | |
| HC MRI SPINE CERVICAL WO/W CONTRAST | 72156 | CPT | | | | both | | | 9831 | | 505.8 Wellcare | Medicare | 439.83 | | | | 439.83 | | 9339.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE THORACIC WO/W CONTRAST | 72157 | CPT | | | | both | | | 9831 | | 505.8 First Trenton | First Trenton | 8847.9 | 90 | | | 439.83 | | 9339.45 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC MRI SPINE THORACIC WO/W CONTRAST | 72157 | CPT | | | | both | | | 9831 | 505.8 | Aetna | Better Health | 3101.68 | 31.55 | | 2877.53 | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI SPINE THORACIC WO/W CONTRAST | 72157 | CPT | | | | both | | | 9831 | 505.8 | Amerihealth | HMO/PPO | 477.4 | | | | 439.83 | 9339.45 | fee schedule | |
| HC MRI SPINE THORACIC WO/W CONTRAST | 72157 | CPT | | | | both | | | 9831 | 505.8 | Horizon | MGD | 851.07 | | | | 439.83 | 9339.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE THORACIC WO/W CONTRAST | 72157 | CPT | | | | both | | | 9831 | 505.8 | Corrections | Corrections | 7864.8 | 80 | | | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI SPINE THORACIC WO/W CONTRAST | 72157 | CPT | | | | both | | | 9831 | 505.8 | Aetna | Commercial | 3735.78 | 38 | | | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI SPINE THORACIC WO/W CONTRAST | 72157 | CPT | | | | both | | | 9831 | 505.8 | First Health | First Health | 6881.7 | 70 | | | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI SPINE THORACIC WO/W CONTRAST | 72157 | CPT | | | | both | | | 9831 | 505.8 | Consumer | Consumer | 9339.45 | 95 | | | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI SPINE THORACIC WO/W CONTRAST | 72157 | CPT | | | | both | | | 9831 | 505.8 | Managed Care Inc | Managed Care Inc | 8847.9 | 90 | | | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI SPINE THORACIC WO/W CONTRAST | 72157 | CPT | | | | both | | | 9831 | 505.8 | Americare | Americare | 7373.25 | 75 | | | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI SPINE THORACIC WO/W CONTRAST | 72157 | CPT | | | | both | | | 9831 | 505.8 | Horizon | Indemnity | 851.07 | | | | 439.83 | 9339.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE THORACIC WO/W CONTRAST | 72157 | CPT | | | | both | | | 9831 | 505.8 | Multiplan | Multiplan | 7864.8 | 80 | | | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI SPINE THORACIC WO/W CONTRAST | 72157 | CPT | | | | both | | | 9831 | 505.8 | Horizon | NJ Health | 939.43 | | | 626.14 | 439.83 | 9339.45 | fee schedule | |
| HC MRI SPINE THORACIC WO/W CONTRAST | 72157 | CPT | | | | both | | | 9831 | 505.8 | Aetna | Medicare | 439.83 | | | | 439.83 | 9339.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE THORACIC WO/W CONTRAST | 72157 | CPT | | | | both | | | 9831 | 505.8 | UHC | Medicare | 439.83 | | | 490.03 | 439.83 | 9339.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE THORACIC WO/W CONTRAST | 72157 | CPT | | | | both | | | 9831 | 505.8 | Qualcare | Qualcare | 7373.25 | 75 | | | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI SPINE THORACIC WO/W CONTRAST | 72157 | CPT | | | | both | | | 9831 | 505.8 | Three Rivers | Three Rivers | 9339.45 | 95 | | | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI SPINE THORACIC WO/W CONTRAST | 72157 | CPT | | | | both | | | 9831 | 505.8 | Horizon | Medicare Blue | 439.83 | | | | 439.83 | 9339.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE THORACIC WO/W CONTRAST | 72157 | CPT | | | | both | | | 9831 | 505.8 | Wellcare | Medicaid | 3101.68 | 31.55 | | | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI SPINE THORACIC WO/W CONTRAST | 72157 | CPT | | | | both | | | 9831 | 505.8 | Wellcare | Medicare | 439.83 | | | | 439.83 | 9339.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE THORACIC WO/W CONTRAST | 72157 | CPT | | | | both | | | 9831 | 505.8 | Horizon | PPO | 851.07 | | | | 439.83 | 9339.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE THORACIC WO/W CONTRAST | 72157 | CPT | | | | both | | | 9831 | 505.8 | WellPoint | WellPoint | 3163.62 | 32.18 | | 1899.6 | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI SPINE THORACIC WO/W CONTRAST | 72157 | CPT | | | | both | | | 9831 | 505.8 | UHC | Medicaid | 3101.68 | 31.55 | | 3101.68 | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI SPINE LUMBAR WO/W CONTRAST | 72158 | CPT | | | | both | | | 9831 | 505.8 | Aetna | Better Health | 3101.68 | 31.55 | | 2793.53 | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI SPINE LUMBAR WO/W CONTRAST | 72158 | CPT | | | | both | | | 9831 | 505.8 | Horizon | MGD | 851.07 | | | 642.1 | 439.83 | 9339.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE LUMBAR WO/W CONTRAST | 72158 | CPT | | | | both | | | 9831 | 505.8 | Aetna | Commercial | 3735.78 | 38 | | | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI SPINE LUMBAR WO/W CONTRAST | 72158 | CPT | | | | both | | | 9831 | 505.8 | Corrections | Corrections | 7864.8 | 80 | | | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI SPINE LUMBAR WO/W CONTRAST | 72158 | CPT | | | | both | | | 9831 | 505.8 | Horizon | NJ Health | 1066.42 | | | 553.4 | 439.83 | 9339.45 | fee schedule | |
| HC MRI SPINE LUMBAR WO/W CONTRAST | 72158 | CPT | | | | both | | | 9831 | 505.8 | Amerihealth | HMO/PPO | 477.4 | | | | 439.83 | 9339.45 | fee schedule | |
| HC MRI SPINE LUMBAR WO/W CONTRAST | 72158 | CPT | | | | both | | | 9831 | 505.8 | Americare | Americare | 7373.25 | 75 | | | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI SPINE LUMBAR WO/W CONTRAST | 72158 | CPT | | | | both | | | 9831 | 505.8 | Three Rivers | Three Rivers | 9339.45 | 95 | | | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI SPINE LUMBAR WO/W CONTRAST | 72158 | CPT | | | | both | | | 9831 | 505.8 | Multiplan | Multiplan | 7864.8 | 80 | | | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI SPINE LUMBAR WO/W CONTRAST | 72158 | CPT | | | | both | | | 9831 | 505.8 | Wellcare | Medicaid | 3101.68 | 31.55 | | 2793.53 | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI SPINE LUMBAR WO/W CONTRAST | 72158 | CPT | | | | both | | | 9831 | 505.8 | Aetna | Medicare | 439.83 | | | | 439.83 | 9339.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE LUMBAR WO/W CONTRAST | 72158 | CPT | | | | both | | | 9831 | 505.8 | First Trenton | First Trenton | 8847.9 | 90 | | | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI SPINE LUMBAR WO/W CONTRAST | 72158 | CPT | | | | both | | | 9831 | 505.8 | Quelcare | Quelcare | 7373.25 | 75 | | | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI SPINE LUMBAR WO/W CONTRAST | 72158 | CPT | | | | both | | | 9831 | 505.8 | First Health | First Health | 6881.7 | 70 | | | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI SPINE LUMBAR WO/W CONTRAST | 72158 | CPT | | | | both | | | 9831 | 505.8 | Consumer | Consumer | 9339.45 | 95 | | | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI SPINE LUMBAR WO/W CONTRAST | 72158 | CPT | | | | both | | | 9831 | 505.8 | UHC | Medicaid | 3101.68 | 31.55 | | 3068.67 | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI SPINE LUMBAR WO/W CONTRAST | 72158 | CPT | | | | both | | | 9831 | 505.8 | UHC | Medicare | 439.83 | | | 584.91 | 439.83 | 9339.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE LUMBAR WO/W CONTRAST | 72158 | CPT | | | | both | | | 9831 | 505.8 | Horizon | Indemnity | 851.07 | | | | 439.83 | 9339.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE LUMBAR WO/W CONTRAST | 72158 | CPT | | | | both | | | 9831 | 505.8 | Wellcare | Medicare | 439.83 | | | | 439.83 | 9339.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE LUMBAR WO/W CONTRAST | 72158 | CPT | | | | both | | | 9831 | 505.8 | Horizon | PPO | 851.07 | | | 818.52 | 439.83 | 9339.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE LUMBAR WO/W CONTRAST | 72158 | CPT | | | | both | | | 9831 | 505.8 | Horizon | Medicare Blue | 439.83 | | | 664.05 | 439.83 | 9339.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPINE LUMBAR WO/W CONTRAST | 72158 | CPT | | | | both | | | 9831 | 505.8 | WellPoint | WellPoint | 3163.62 | 32.18 | | 1483.87 | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRI SPINE LUMBAR WO/W CONTRAST | 72158 | CPT | | | | both | | | 9831 | 505.8 | Managed Care Inc | Managed Care Inc | 8847.9 | 90 | | | 439.83 | 9339.45 | percent of total billed charges | |
| HC MRA SPINAL CANAL W/WO CONTRAST MATERIAL | 72159 | CPT | | | | outpatient | | | 4937 | | Amerihealth | HMO/PPO | 341 | | | | 341 | 4690.15 | fee schedule | |
| HC MRA SPINAL CANAL W/WO CONTRAST MATERIAL | 72159 | CPT | | | | outpatient | | | 4937 | | Wellcare | Medicaid | 1557.62 | 31.55 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA SPINAL CANAL W/WO CONTRAST MATERIAL | 72159 | CPT | | | | outpatient | | | 4937 | | Horizon | Indemnity | 1889.88 | 38.28 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA SPINAL CANAL W/WO CONTRAST MATERIAL | 72159 | CPT | | | | outpatient | | | 4937 | | Americare | Americare | 3702.75 | 75 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA SPINAL CANAL W/WO CONTRAST MATERIAL | 72159 | CPT | | | | outpatient | | | 4937 | | Aetna | Commercial | 1876.06 | 38 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA SPINAL CANAL W/WO CONTRAST MATERIAL | 72159 | CPT | | | | outpatient | | | 4937 | | Horizon | PPO | 1889.88 | 38.28 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA SPINAL CANAL W/WO CONTRAST MATERIAL | 72159 | CPT | | | | outpatient | | | 4937 | | Aetna | Better Health | 1557.62 | 31.55 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA SPINAL CANAL W/WO CONTRAST MATERIAL | 72159 | CPT | | | | outpatient | | | 4937 | | Three Rivers | Three Rivers | 4690.15 | 95 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA SPINAL CANAL W/WO CONTRAST MATERIAL | 72159 | CPT | | | | outpatient | | | 4937 | | First Health | First Health | 3455.9 | 70 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA SPINAL CANAL W/WO CONTRAST MATERIAL | 72159 | CPT | | | | outpatient | | | 4937 | | Horizon | Medicare Blue | 1481.1 | 30 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA SPINAL CANAL W/WO CONTRAST MATERIAL | 72159 | CPT | | | | outpatient | | | 4937 | | Aetna | Medicare | 1520.6 | 30.8 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA SPINAL CANAL W/WO CONTRAST MATERIAL | 72159 | CPT | | | | outpatient | | | 4937 | | Consumer | Consumer | 4690.15 | 95 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA SPINAL CANAL W/WO CONTRAST MATERIAL | 72159 | CPT | | | | outpatient | | | 4937 | | Horizon | MGD | 1889.88 | 38.28 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA SPINAL CANAL W/WO CONTRAST MATERIAL | 72159 | CPT | | | | outpatient | | | 4937 | | Qualcare | Qualcare | 3702.75 | 75 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA SPINAL CANAL W/WO CONTRAST MATERIAL | 72159 | CPT | | | | outpatient | | | 4937 | | Multiplan | Multiplan | 3949.6 | 80 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA SPINAL CANAL W/WO CONTRAST MATERIAL | 72159 | CPT | | | | outpatient | | | 4937 | | Corrections | Corrections | 3949.6 | 80 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA SPINAL CANAL W/WO CONTRAST MATERIAL | 72159 | CPT | | | | outpatient | | | 4937 | | UHC | Medicaid | 1557.62 | 31.55 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA SPINAL CANAL W/WO CONTRAST MATERIAL | 72159 | CPT | | | | outpatient | | | 4937 | | First Trenton | First Trenton | 4443.3 | 90 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA SPINAL CANAL W/WO CONTRAST MATERIAL | 72159 | CPT | | | | outpatient | | | 4937 | | Horizon | NJ Health | 538.82 | | | | 341 | 4690.15 | fee schedule | |
| HC MRA SPINAL CANAL W/WO CONTRAST MATERIAL | 72159 | CPT | | | | outpatient | | | 4937 | | Managed Care Inc | Managed Care Inc | 4443.3 | 90 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA SPINAL CANAL W/WO CONTRAST MATERIAL | 72159 | CPT | | | | outpatient | | | 4937 | | WellPoint | WellPoint | 1588.73 | 32.18 | | | 341 | 4690.15 | percent of total billed charges | |
| HC PELVIS 1-2 VIEWS, SURGICAL | 72170 | CPT | | | | both | | | 399.36 | 144.6 | Aetna | Commercial | 151.76 | 38 | | 41.34 | 16.74 | 379.39 | percent of total billed charges | |
| HC PELVIS 1-2 VIEWS, SURGICAL | 72170 | CPT | | | | both | | | 399.36 | 144.6 | Amerihealth | HMO/PPO | 16.74 | | | | 16.74 | 379.39 | fee schedule | |
| HC PELVIS 1-2 VIEWS, SURGICAL | 72170 | CPT | | | | both | | | 399.36 | 144.6 | Aetna | Better Health | 126 | 31.55 | | 59.63 | 16.74 | 379.39 | percent of total billed charges | |
| HC PELVIS 1-2 VIEWS, SURGICAL | 72170 | CPT | | | | both | | | 399.36 | 144.6 | First Health | First Health | 279.55 | 70 | | | 16.74 | 379.39 | percent of total billed charges | |
| HC PELVIS 1-2 VIEWS, SURGICAL | 72170 | CPT | | | | both | | | 399.36 | 144.6 | Americare | Americare | 299.52 | 75 | | | 16.74 | 379.39 | percent of total billed charges | |
| HC PELVIS 1-2 VIEWS, SURGICAL | 72170 | CPT | | | | both | | | 399.36 | 144.6 | Corrections | Corrections | 319.49 | 80 | | 43.09 | 16.74 | 379.39 | percent of total billed charges | |
| HC PELVIS 1-2 VIEWS, SURGICAL | 72170 | CPT | | | | both | | | 399.36 | 144.6 | Multiplan | Multiplan | 319.49 | 80 | | | 16.74 | 379.39 | percent of total billed charges | |
| HC PELVIS 1-2 VIEWS, SURGICAL | 72170 | CPT | | | | both | | | 399.36 | 144.6 | Consumer | Consumer | 379.39 | 95 | | | 16.74 | 379.39 | percent of total billed charges | |
| HC PELVIS 1-2 VIEWS, SURGICAL | 72170 | CPT | | | | both | | | 399.36 | 144.6 | Aetna | Medicare | 125.74 | | | 18.5 | 16.74 | 379.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PELVIS 1-2 VIEWS, SURGICAL | 72170 | CPT | | | | both | | | 399.36 | 144.6 | WellPoint | WellPoint | 128.51 | 32.18 | | 56.45 | 16.74 | 379.39 | percent of total billed charges | |
| HC PELVIS 1-2 VIEWS, SURGICAL | 72170 | CPT | | | | both | | | 399.36 | 144.6 | Horizon | Medicare Blue | 125.74 | | | 35.94 | 16.74 | 379.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PELVIS 1-2 VIEWS, SURGICAL | 72170 | CPT | | | | both | | | 399.36 | 144.6 | First Trenton | First Trenton | 359.42 | 90 | | | 16.74 | 379.39 | percent of total billed charges | |
| HC PELVIS 1-2 VIEWS, SURGICAL | 72170 | CPT | | | | both | | | 399.36 | 144.6 | Horizon | Indemnity | 243.31 | | | 58.58 | 16.74 | 379.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PELVIS 1-2 VIEWS, SURGICAL | 72170 | CPT | | | | both | | | 399.36 | 144.6 | Horizon | NJ Health | 32.34 | | | 16.93 | 16.74 | 379.39 | fee schedule | |
| HC PELVIS 1-2 VIEWS, SURGICAL | 72170 | CPT | | | | both | | | 399.36 | 144.6 | Qualcare | Qualcare | 299.52 | 75 | | | 16.74 | 379.39 | percent of total billed charges | |
| HC PELVIS 1-2 VIEWS, SURGICAL | 72170 | CPT | | | | both | | | 399.36 | 144.6 | Managed Care Inc | Managed Care Inc | 359.42 | 90 | | | 16.74 | 379.39 | percent of total billed charges | |
| HC PELVIS 1-2 VIEWS, SURGICAL | 72170 | CPT | | | | both | | | 399.36 | 144.6 | Horizon | MGD | 243.31 | | | 41.56 | 16.74 | 379.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PELVIS 1-2 VIEWS, SURGICAL | 72170 | CPT | | | | both | | | 399.36 | 144.6 | Wellcare | Medicaid | 126 | 31.55 | | 73.66 | 16.74 | 379.39 | percent of total billed charges | |
| HC PELVIS 1-2 VIEWS, SURGICAL | 72170 | CPT | | | | both | | | 399.36 | 144.6 | Horizon | PPO | 243.31 | | | 42.99 | 16.74 | 379.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PELVIS 1-2 VIEWS, SURGICAL | 72170 | CPT | | | | both | | | 399.36 | 144.6 | Three Rivers | Three Rivers | 379.39 | 95 | | | 16.74 | 379.39 | percent of total billed charges | |
| HC PELVIS 1-2 VIEWS, SURGICAL | 72170 | CPT | | | | both | | | 399.36 | 144.6 | UHC | Medicare | 125.74 | | | 37.32 | 16.74 | 379.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PELVIS 1-2 VIEWS, SURGICAL | 72170 | CPT | | | | both | | | 399.36 | 144.6 | UHC | Medicaid | 126 | 31.55 | | 51.62 | 16.74 | 379.39 | percent of total billed charges | |
| HC PELVIS 1-2 VIEWS, SURGICAL | 72170 | CPT | | | | both | | | 399.36 | 144.6 | Wellcare | Medicare | 125.74 | | | 49.37 | 16.74 | 379.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PELVIS COMPLETE 3> VIEWS, SURGICAL | 72190 | CPT | | | | both | | | 399.36 | 144.6 | Aetna | Commercial | 151.76 | 38 | | 104.31 | 22.32 | 379.39 | percent of total billed charges | |
| HC PELVIS COMPLETE 3> VIEWS, SURGICAL | 72190 | CPT | | | | both | | | 399.36 | 144.6 | Horizon | Indemnity | 243.31 | | | 85.12 | 22.32 | 379.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PELVIS COMPLETE 3> VIEWS, SURGICAL | 72190 | CPT | | | | both | | | 399.36 | 144.6 | Aetna | Better Health | 126 | 31.55 | | 41.97 | 22.32 | 379.39 | percent of total billed charges | |
| HC PELVIS COMPLETE 3> VIEWS, SURGICAL | 72190 | CPT | | | | both | | | 399.36 | 144.6 | Horizon | NJ Health | 39.2 | | | 21.29 | 22.32 | 379.39 | fee schedule | |
| HC PELVIS COMPLETE 3> VIEWS, SURGICAL | 72190 | CPT | | | | both | | | 399.36 | 144.6 | Aetna | Medicare | 125.74 | | | | 22.32 | 379.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PELVIS COMPLETE 3> VIEWS, SURGICAL | 72190 | CPT | | | | both | | | 399.36 | 144.6 | Amerihealth | HMO/PPO | 22.32 | | | 71.7 | 22.32 | 379.39 | fee schedule | |
| HC PELVIS COMPLETE 3> VIEWS, SURGICAL | 72190 | CPT | | | | both | | | 399.36 | 144.6 | Americare | Americare | 299.52 | 75 | | | 22.32 | 379.39 | percent of total billed charges | |
| HC PELVIS COMPLETE 3> VIEWS, SURGICAL | 72190 | CPT | | | | both | | | 399.36 | 144.6 | Wellcare | Medicare | 125.74 | | | 113.42 | 22.32 | 379.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PELVIS COMPLETE 3> VIEWS, SURGICAL | 72190 | CPT | | | | both | | | 399.36 | 144.6 | Horizon | Medicare Blue | 125.74 | | | 38.64 | 22.32 | 379.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PELVIS COMPLETE 3> VIEWS, SURGICAL | 72190 | CPT | | | | both | | | 399.36 | 144.6 | Wellcare | Medicaid | 126 | 31.55 | | 69.58 | 22.32 | 379.39 | percent of total billed charges | |
| HC PELVIS COMPLETE 3> VIEWS, SURGICAL | 72190 | CPT | | | | both | | | 399.36 | 144.6 | Corrections | Corrections | 319.49 | 80 | | 75.34 | 22.32 | 379.39 | percent of total billed charges | |
| HC PELVIS COMPLETE 3> VIEWS, SURGICAL | 72190 | CPT | | | | both | | | 399.36 | 144.6 | Consumer | Consumer | 379.39 | 95 | | | 22.32 | 379.39 | percent of total billed charges | |
| HC PELVIS COMPLETE 3> VIEWS, SURGICAL | 72190 | CPT | | | | both | | | 399.36 | 144.6 | First Health | First Health | 279.55 | 70 | | | 22.32 | 379.39 | percent of total billed charges | |
| HC PELVIS COMPLETE 3> VIEWS, SURGICAL | 72190 | CPT | | | | both | | | 399.36 | 144.6 | First Trenton | First Trenton | 359.42 | 90 | | | 22.32 | 379.39 | percent of total billed charges | |
| HC PELVIS COMPLETE 3> VIEWS, SURGICAL | 72190 | CPT | | | | both | | | 399.36 | 144.6 | Horizon | MGD | 243.31 | | | 125.99 | 22.32 | 379.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PELVIS COMPLETE 3> VIEWS, SURGICAL | 72190 | CPT | | | | both | | | 399.36 | 144.6 | Managed Care Inc | Managed Care Inc | 359.42 | 90 | | | 22.32 | 379.39 | percent of total billed charges | |
| HC PELVIS COMPLETE 3> VIEWS, SURGICAL | 72190 | CPT | | | | both | | | 399.36 | 144.6 | Multiplan | Multiplan | 319.49 | 80 | | | 22.32 | 379.39 | percent of total billed charges | |
| HC PELVIS COMPLETE 3> VIEWS, SURGICAL | 72190 | CPT | | | | both | | | 399.36 | 144.6 | Three Rivers | Three Rivers | 379.39 | 95 | | | 22.32 | 379.39 | percent of total billed charges | |
| HC PELVIS COMPLETE 3> VIEWS, SURGICAL | 72190 | CPT | | | | both | | | 399.36 | 144.6 | Horizon | PPO | 243.31 | | | 53.6 | 22.32 | 379.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PELVIS COMPLETE 3> VIEWS, SURGICAL | 72190 | CPT | | | | both | | | 399.36 | 144.6 | UHC | Medicare | 125.74 | | | 40.84 | 22.32 | 379.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PELVIS COMPLETE 3> VIEWS, SURGICAL | 72190 | CPT | | | | both | | | 399.36 | 144.6 | UHC | Medicaid | 126 | 31.55 | | 63.6 | 22.32 | 379.39 | percent of total billed charges | |
| HC PELVIS COMPLETE 3> VIEWS, SURGICAL | 72190 | CPT | | | | both | | | 399.36 | 144.6 | Qualcare | Qualcare | 299.52 | 75 | | | 22.32 | 379.39 | percent of total billed charges | |
| HC PELVIS COMPLETE 3> VIEWS, SURGICAL | 72190 | CPT | | | | both | | | 399.36 | 144.6 | WellPoint | WellPoint | 128.51 | 32.18 | | 67.2 | 22.32 | 379.39 | percent of total billed charges | |
| HC CT ANGIO PELVIS W/WO CONTRAST | 72191 | CPT | | | | both | | | 2561 | 241.65 | Americare | Americare | 1920.75 | 75 | | | 210.13 | 2432.95 | percent of total billed charges | |
| HC CT ANGIO PELVIS W/WO CONTRAST | 72191 | CPT | | | | both | | | 2561 | 241.65 | Horizon | Medicare Blue | 210.13 | | | | 210.13 | 2432.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO PELVIS W/WO CONTRAST | 72191 | CPT | | | | both | | | 2561 | 241.65 | Consumer | Consumer | 2432.95 | 95 | | | 210.13 | 2432.95 | percent of total billed charges | |
| HC CT ANGIO PELVIS W/WO CONTRAST | 72191 | CPT | | | | both | | | 2561 | 241.65 | First Health | First Health | 1792.7 | 70 | | | 210.13 | 2432.95 | percent of total billed charges | |
| HC CT ANGIO PELVIS W/WO CONTRAST | 72191 | CPT | | | | both | | | 2561 | 241.65 | Aetna | Medicare | 210.13 | | | | 210.13 | 2432.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO PELVIS W/WO CONTRAST | 72191 | CPT | | | | both | | | 2561 | 241.65 | UHC | Medicare | 210.13 | | | | 210.13 | 2432.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO PELVIS W/WO CONTRAST | 72191 | CPT | | | | both | | | 2561 | 241.65 | Aetna | Better Health | 808 | 31.55 | | | 210.13 | 2432.95 | percent of total billed charges | |
| HC CT ANGIO PELVIS W/WO CONTRAST | 72191 | CPT | | | | both | | | 2561 | 241.65 | Horizon | MGD | 406.6 | | | | 210.13 | 2432.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO PELVIS W/WO CONTRAST | 72191 | CPT | | | | both | | | 2561 | 241.65 | First Trenton | First Trenton | 2304.9 | 90 | | | 210.13 | 2432.95 | percent of total billed charges | |
| HC CT ANGIO PELVIS W/WO CONTRAST | 72191 | CPT | | | | both | | | 2561 | 241.65 | UHC | Medicaid | 808 | 31.55 | | | 210.13 | 2432.95 | percent of total billed charges | |
| HC CT ANGIO PELVIS W/WO CONTRAST | 72191 | CPT | | | | both | | | 2561 | 241.65 | Corrections | Corrections | 2048.8 | 80 | | | 210.13 | 2432.95 | percent of total billed charges | |
| HC CT ANGIO PELVIS W/WO CONTRAST | 72191 | CPT | | | | both | | | 2561 | 241.65 | Amerihealth | HMO/PPO | 238.08 | | | | 210.13 | 2432.95 | fee schedule | |
| HC CT ANGIO PELVIS W/WO CONTRAST | 72191 | CPT | | | | both | | | 2561 | 241.65 | Aetna | Commercial | 973.18 | 38 | | | 210.13 | 2432.95 | percent of total billed charges | |
| HC CT ANGIO PELVIS W/WO CONTRAST | 72191 | CPT | | | | both | | | 2561 | 241.65 | Three Rivers | Three Rivers | 2432.95 | 95 | | | 210.13 | 2432.95 | percent of total billed charges | |
| HC CT ANGIO PELVIS W/WO CONTRAST | 72191 | CPT | | | | both | | | 2561 | 241.65 | Horizon | Indemnity | 406.6 | | | | 210.13 | 2432.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO PELVIS W/WO CONTRAST | 72191 | CPT | | | | both | | | 2561 | 241.65 | Wellcare | Medicaid | 808 | 31.55 | | | 210.13 | 2432.95 | percent of total billed charges | |
| HC CT ANGIO PELVIS W/WO CONTRAST | 72191 | CPT | | | | both | | | 2561 | 241.65 | Multiplan | Multiplan | 2048.8 | 80 | | | 210.13 | 2432.95 | percent of total billed charges | |
| HC CT ANGIO PELVIS W/WO CONTRAST | 72191 | CPT | | | | both | | | 2561 | 241.65 | Horizon | NJ Health | 366.52 | | | | 210.13 | 2432.95 | fee schedule | |
| HC CT ANGIO PELVIS W/WO CONTRAST | 72191 | CPT | | | | both | | | 2561 | 241.65 | Qualcare | Qualcare | 1920.75 | 75 | | | 210.13 | 2432.95 | percent of total billed charges | |
| HC CT ANGIO PELVIS W/WO CONTRAST | 72191 | CPT | | | | both | | | 2561 | 241.65 | Horizon | PPO | 406.6 | | | | 210.13 | 2432.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO PELVIS W/WO CONTRAST | 72191 | CPT | | | | both | | | 2561 | 241.65 | Wellcare | Medicare | 210.13 | | | | 210.13 | 2432.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO PELVIS W/WO CONTRAST | 72191 | CPT | | | | both | | | 2561 | 241.65 | Managed Care Inc | Managed Care Inc | 2304.9 | 90 | | | 210.13 | 2432.95 | percent of total billed charges | |
| HC CT ANGIO PELVIS W/WO CONTRAST | 72191 | CPT | | | | both | | | 2561 | 241.65 | WellPoint | WellPoint | 824.13 | 32.18 | | | 210.13 | 2432.95 | percent of total billed charges | |
| HC CT PELVIS WO CONTRAST | 72192 | CPT | | | | both | | | 1317 | 144.6 | Three Rivers | Three Rivers | 1251.15 | 95 | | | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT PELVIS WO CONTRAST | 72192 | CPT | | | | both | | | 1317 | 144.6 | Americare | Americare | 987.75 | 75 | | | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT PELVIS WO CONTRAST | 72192 | CPT | | | | both | | | 1317 | 144.6 | Amerihealth | HMO/PPO | 168.64 | | | | 125.74 | 1251.15 | fee schedule | |
| HC CT PELVIS WO CONTRAST | 72192 | CPT | | | | both | | | 1317 | 144.6 | Horizon | NJ Health | 281.53 | | | 151.66 | 125.74 | 1251.15 | fee schedule | |
| HC CT PELVIS WO CONTRAST | 72192 | CPT | | | | both | | | 1317 | 144.6 | Aetna | Medicare | 125.74 | | | | 125.74 | 1251.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT PELVIS WO CONTRAST | 72192 | CPT | | | | both | | | 1317 | 144.6 | Qualcare | Qualcare | 987.75 | 75 | | | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT PELVIS WO CONTRAST | 72192 | CPT | | | | both | | | 1317 | 144.6 | Aetna | Commercial | 500.46 | 38 | | | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT PELVIS WO CONTRAST | 72192 | CPT | | | | both | | | 1317 | 144.6 | Aetna | Better Health | 415.51 | 31.55 | | | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT PELVIS WO CONTRAST | 72192 | CPT | | | | both | | | 1317 | 144.6 | UHC | Medicare | 125.74 | | | 118.35 | 125.74 | 1251.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT PELVIS WO CONTRAST | 72192 | CPT | | | | both | | | 1317 | 144.6 | Horizon | Indemnity | 243.31 | | | 229.73 | 125.74 | 1251.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT PELVIS WO CONTRAST | 72192 | CPT | | | | both | | | 1317 | 144.6 | First Health | First Health | 921.9 | 70 | | | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT PELVIS WO CONTRAST | 72192 | CPT | | | | both

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC CT PELVIS WO CONTRAST | 72192 | CPT | | | | both | | | 1317 | 144.6 | Multiplan | Multiplan | 1053.6 | 80 | | | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT PELVIS WO CONTRAST | 72192 | CPT | | | | both | | | 1317 | 144.6 | Wellcare | Medicaid | 415.51 | 31.55 | | | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT PELVIS WO CONTRAST | 72192 | CPT | | | | both | | | 1317 | 144.6 | Consumer | Consumer | 1251.15 | 95 | | | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT PELVIS WO CONTRAST | 72192 | CPT | | | | both | | | 1317 | 144.6 | First Trenton | First Trenton | 1185.3 | 90 | | | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT PELVIS WO CONTRAST | 72192 | CPT | | | | both | | | 1317 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 125.74 | 1251.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT PELVIS WO CONTRAST | 72192 | CPT | | | | both | | | 1317 | 144.6 | WellPoint | WellPoint | 423.81 | 32.18 | | 52.8 | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT PELVIS WO CONTRAST | 72192 | CPT | | | | both | | | 1317 | 144.6 | Horizon | MGD | 243.31 | | | 162.33 | 125.74 | 1251.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT PELVIS WO CONTRAST | 72192 | CPT | | | | both | | | 1317 | 144.6 | Horizon | PPO | 243.31 | | | 130.24 | 125.74 | 1251.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT PELVIS WO CONTRAST | 72192 | CPT | | | | both | | | 1317 | 144.6 | UHC | Medicaid | 415.51 | 31.55 | | 408.79 | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT PELVIS WO CONTRAST | 72192 | CPT | | | | both | | | 1317 | 144.6 | Managed Care Inc | Managed Care Inc | 1185.3 | 90 | | | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT PELVIS W CONTRAST | 72193 | CPT | | | | both | | | 1721 | 241.65 | UHC | Medicare | 210.13 | | | | 192.82 | 1634.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT PELVIS W CONTRAST | 72193 | CPT | | | | both | | | 1721 | 241.65 | Aetna | Better Health | 542.98 | 31.55 | | 500.16 | 192.82 | 1634.95 | percent of total billed charges | |
| HC CT PELVIS W CONTRAST | 72193 | CPT | | | | both | | | 1721 | 241.65 | Aetna | Medicare | 210.13 | | | | 192.82 | 1634.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT PELVIS W CONTRAST | 72193 | CPT | | | | both | | | 1721 | 241.65 | Consumer | Consumer | 1634.95 | 95 | | | 192.82 | 1634.95 | percent of total billed charges | |
| HC CT PELVIS W CONTRAST | 72193 | CPT | | | | both | | | 1721 | 241.65 | Horizon | Indemnity | 406.6 | | | | 192.82 | 1634.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT PELVIS W CONTRAST | 72193 | CPT | | | | both | | | 1721 | 241.65 | First Health | First Health | 1204.7 | 70 | | | 192.82 | 1634.95 | percent of total billed charges | |
| HC CT PELVIS W CONTRAST | 72193 | CPT | | | | both | | | 1721 | 241.65 | Americare | Americare | 1290.75 | 75 | | | 192.82 | 1634.95 | percent of total billed charges | |
| HC CT PELVIS W CONTRAST | 72193 | CPT | | | | both | | | 1721 | 241.65 | Corrections | Corrections | 1376.8 | 80 | | 485.16 | 192.82 | 1634.95 | percent of total billed charges | |
| HC CT PELVIS W CONTRAST | 72193 | CPT | | | | both | | | 1721 | 241.65 | Horizon | NJ Health | 321.62 | | | 143.87 | 192.82 | 1634.95 | fee schedule | |
| HC CT PELVIS W CONTRAST | 72193 | CPT | | | | both | | | 1721 | 241.65 | Aetna | Commercial | 653.98 | 38 | | | 192.82 | 1634.95 | percent of total billed charges | |
| HC CT PELVIS W CONTRAST | 72193 | CPT | | | | both | | | 1721 | 241.65 | WellPoint | WellPoint | 553.82 | 32.18 | | 474.7 | 192.82 | 1634.95 | percent of total billed charges | |
| HC CT PELVIS W CONTRAST | 72193 | CPT | | | | both | | | 1721 | 241.65 | First Trenton | First Trenton | 1548.9 | 90 | | | 192.82 | 1634.95 | percent of total billed charges | |
| HC CT PELVIS W CONTRAST | 72193 | CPT | | | | both | | | 1721 | 241.65 | Amerihealth | HMO/PPO | 192.82 | | | | 192.82 | 1634.95 | fee schedule | |
| HC CT PELVIS W CONTRAST | 72193 | CPT | | | | both | | | 1721 | 241.65 | Horizon | MGD | 406.6 | | | 680.31 | 192.82 | 1634.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT PELVIS W CONTRAST | 72193 | CPT | | | | both | | | 1721 | 241.65 | Horizon | Medicare Blue | 210.13 | | | 167.95 | 192.82 | 1634.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT PELVIS W CONTRAST | 72193 | CPT | | | | both | | | 1721 | 241.65 | Horizon | PPO | 406.6 | | | | 192.82 | 1634.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT PELVIS W CONTRAST | 72193 | CPT | | | | both | | | 1721 | 241.65 | Multiplan | Multiplan | 1376.8 | 80 | | | 192.82 | 1634.95 | percent of total billed charges | |
| HC CT PELVIS W CONTRAST | 72193 | CPT | | | | both | | | 1721 | 241.65 | Managed Care Inc | Managed Care Inc | 1548.9 | 90 | | | 192.82 | 1634.95 | percent of total billed charges | |
| HC CT PELVIS W CONTRAST | 72193 | CPT | | | | both | | | 1721 | 241.65 | UHC | Medicaid | 542.98 | 31.55 | | 467.37 | 192.82 | 1634.95 | percent of total billed charges | |
| HC CT PELVIS W CONTRAST | 72193 | CPT | | | | both | | | 1721 | 241.65 | Three Rivers | Three Rivers | 1634.95 | 95 | | | 192.82 | 1634.95 | percent of total billed charges | |
| HC CT PELVIS W CONTRAST | 72193 | CPT | | | | both | | | 1721 | 241.65 | Qualcare | Qualcare | 1290.75 | 75 | | | 192.82 | 1634.95 | percent of total billed charges | |
| HC CT PELVIS W CONTRAST | 72193 | CPT | | | | both | | | 1721 | 241.65 | Wellcare | Medicaid | 542.98 | 31.55 | | | 192.82 | 1634.95 | percent of total billed charges | |
| HC CT PELVIS W CONTRAST | 72193 | CPT | | | | both | | | 1721 | 241.65 | Wellcare | Medicare | 210.13 | | | | 192.82 | 1634.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT PELVIS WO/W CONTRAST | 72194 | CPT | | | | both | | | 2047 | 241.65 | Horizon | MGD | 406.6 | | | | 210.13 | 1944.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT PELVIS WO/W CONTRAST | 72194 | CPT | | | | both | | | 2047 | 241.65 | Aetna | Medicare | 210.13 | | | | 210.13 | 1944.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT PELVIS WO/W CONTRAST | 72194 | CPT | | | | both | | | 2047 | 241.65 | Wellcare | Medicaid | 645.83 | 31.55 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT PELVIS WO/W CONTRAST | 72194 | CPT | | | | both | | | 2047 | 241.65 | First Health | First Health | 1432.9 | 70 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT PELVIS WO/W CONTRAST | 72194 | CPT | | | | both | | | 2047 | 241.65 | Horizon | PPO | 406.6 | | | | 210.13 | 1944.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT PELVIS WO/W CONTRAST | 72194 | CPT | | | | both | | | 2047 | 241.65 | Aetna | Commercial | 777.86 | 38 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT PELVIS WO/W CONTRAST | 72194 | CPT | | | | both | | | 2047 | 241.65 | Americare | Americare | 1535.25 | 75 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT PELVIS WO/W CONTRAST | 72194 | CPT | | | | both | | | 2047 | 241.65 | Aetna | Better Health | 645.83 | 31.55 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT PELVIS WO/W CONTRAST | 72194 | CPT | | | | both | | | 2047 | 241.65 | UHC | Medicaid | 645.83 | 31.55 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT PELVIS WO/W CONTRAST | 72194 | CPT | | | | both | | | 2047 | 241.65 | Corrections | Corrections | 1637.6 | 80 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT PELVIS WO/W CONTRAST | 72194 | CPT | | | | both | | | 2047 | 241.65 | Amerihealth | HMO/PPO | 231.88 | | | | 210.13 | 1944.65 | fee schedule | |
| HC CT PELVIS WO/W CONTRAST | 72194 | CPT | | | | both | | | 2047 | 241.65 | Horizon | Indemnity | 406.6 | | | | 210.13 | 1944.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT PELVIS WO/W CONTRAST | 72194 | CPT | | | | both | | | 2047 | 241.65 | Wellcare | Medicare | 210.13 | | | | 210.13 | 1944.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT PELVIS WO/W CONTRAST | 72194 | CPT | | | | both | | | 2047 | 241.65 | Multiplan | Multiplan | 1637.6 | 80 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT PELVIS WO/W CONTRAST | 72194 | CPT | | | | both | | | 2047 | 241.65 | Horizon | Medicare Blue | 210.13 | | | | 210.13 | 1944.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT PELVIS WO/W CONTRAST | 72194 | CPT | | | | both | | | 2047 | 241.65 | Consumer | Consumer | 1944.65 | 95 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT PELVIS WO/W CONTRAST | 72194 | CPT | | | | both | | | 2047 | 241.65 | UHC | Medicare | 210.13 | | | | 210.13 | 1944.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT PELVIS WO/W CONTRAST | 72194 | CPT | | | | both | | | 2047 | 241.65 | Qualcare | Qualcare | 1535.25 | 75 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT PELVIS WO/W CONTRAST | 72194 | CPT | | | | both | | | 2047 | 241.65 | WellPoint | WellPoint | 658.72 | 32.18 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT PELVIS WO/W CONTRAST | 72194 | CPT | | | | both | | | 2047 | 241.65 | First Trenton | First Trenton | 1842.3 | 90 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT PELVIS WO/W CONTRAST | 72194 | CPT | | | | both | | | 2047 | 241.65 | Horizon | NJ Health | 343 | | | | 210.13 | 1944.65 | fee schedule | |
| HC CT PELVIS WO/W CONTRAST | 72194 | CPT | | | | both | | | 2047 | 241.65 | Managed Care Inc | Managed Care Inc | 1842.3 | 90 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC CT PELVIS WO/W CONTRAST | 72194 | CPT | | | | both | | | 2047 | 241.65 | Three Rivers | Three Rivers | 1944.65 | 95 | | | 210.13 | 1944.65 | percent of total billed charges | |
| HC MRI PELVIS WO CONTRAST | 72195 | CPT | | | | both | | | 6082 | 322.28 | Horizon | Indemnity | 542.26 | | | | 280.24 | 5777.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI PELVIS WO CONTRAST | 72195 | CPT | | | | both | | | 6082 | 322.28 | Aetna | Medicare | 280.24 | | | | 280.24 | 5777.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI PELVIS WO CONTRAST | 72195 | CPT | | | | both | | | 6082 | 322.28 | Aetna | Commercial | 2311.16 | 38 | | 275.76 | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI PELVIS WO CONTRAST | 72195 | CPT | | | | both | | | 6082 | 322.28 | Americare | Americare | 4561.5 | 75 | | | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI PELVIS WO CONTRAST | 72195 | CPT | | | | both | | | 6082 | 322.28 | Aetna | Better Health | 1918.87 | 31.55 | | | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI PELVIS WO CONTRAST | 72195 | CPT | | | | both | | | 6082 | 322.28 | Consumer | Consumer | 5777.9 | 95 | | | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI PELVIS WO CONTRAST | 72195 | CPT | | | | both | | | 6082 | 322.28 | First Trenton | First Trenton | 5473.8 | 90 | | | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI PELVIS WO CONTRAST | 72195 | CPT | | | | both | | | 6082 | 322.28 | Amerihealth | HMO/PPO | 294.5 | | | | 280.24 | 5777.9 | fee schedule | |
| HC MRI PELVIS WO CONTRAST | 72195 | CPT | | | | both | | | 6082 | 322.28 | Horizon | Medicare Blue | 280.24 | | | | 280.24 | 5777.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI PELVIS WO CONTRAST | 72195 | CPT | | | | both | | | 6082 | 322.28 | Corrections | Corrections | 4865.6 | 80 | | | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI PELVIS WO CONTRAST | 72195 | CPT | | | | both | | | 6082 | 322.28 | UHC | Medicare | 280.24 | | | 269.06 | 280.24 | 5777.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI PELVIS WO CONTRAST | 72195 | CPT | | | | both | | | 6082 | 322.28 | Horizon | NJ Health | 539 | | | 493.03 | 280.24 | 5777.9 | fee schedule | |
| HC MRI PELVIS WO CONTRAST | 72195 | CPT | | | | both | | | 6082 | 322.28 | First Health | First Health | 4257.4 | 70 | | | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI PELVIS WO CONTRAST | 72195 | CPT | | | | both | | | 6082 | 322.28 | Horizon | MGD | 542.26 | | | 521.53 | 280.24 | 5777.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI PELVIS WO CONTRAST | 72195 | CPT | | | | both | | | 6082 | 322.28 | Horizon | PPO | 542.26 | | | | 280.24 | 5777.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI PELVIS WO CONTRAST | 72195 | CPT | | | | both | | | 6082 | 322.28 | Multiplan | Multiplan | 4865.6 | 80 | | | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI PELVIS WO CONTRAST | 72195 | CPT | | | | both | | | 6082 | 322.28 | WellPoint | WellPoint | 1957.19 | 32.18 | | 338.53 | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI PELVIS WO CONTRAST | 72195 | CPT | | | | both | | | 6082 | 322.28 | Three Rivers | Three Rivers | 5777.9 | 95 | | | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI PELVIS WO CONTRAST | 72195 | CPT | | | | both | | | 6082 | 322.28 | Managed Care Inc | Managed Care Inc | 5473.8 | 90 | | | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI PELVIS WO CONTRAST | 72195 | CPT | | | | both | | | 6082 | 322.28 | Qualcare | Qualcare | 4561.5 | 75 | | | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI PELVIS WO CONTRAST | 72195 | CPT | | | | both | | | 6082 | 322.28 | Wellcare | Medicaid | 1918.87 | 31.55 | | | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI PELVIS WO CONTRAST | 72195 | CPT | | | | both | | | 6082 | 322.28 | UHC | Medicaid | 1918.87 | 31.55 | | 1674.66 | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI PELVIS WO CONTRAST | 72195 | CPT | | | | both | | | 6082 | 322.28 | Wellcare | Medicare | 280.24 | | | | 280.24 | 5777.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI PELVIS W CONTRAST | 72196 | CPT | | | | outpatient | | | 4348 | 505.8 | Aetna | Commercial | 1652.24 | 38 | | | 341 | 4130.6 | percent of total billed charges | |
| HC MRI PELVIS W CONTRAST | 72196 | CPT | | | | outpatient | | | 4348 | 505.8 | First Trenton | First Trenton | 3913.2 | 90 | | | 341 | 4130.6 | percent of total billed charges | |
| HC MRI PELVIS W CONTRAST | 72196 | CPT | | | | outpatient | | | 4348 | 505.8 | Consumer | Consumer | 4130.6 | 95 | | | 341 | 4130.6 | percent of total billed charges | |
| HC MRI PELVIS W CONTRAST | 72196 | CPT | | | | outpatient | | | 4348 | 505.8 | Aetna | Better Health | 1371.79 | 31.55 | | | 341 | 4130.6 | percent of total billed charges | |
| HC MRI PELVIS W CONTRAST | 72196 | CPT | | | | outpatient | | | 4348 | 505.8 | Aetna | Medicare | 439.83 | | | | 341 | 4130.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI PELVIS W CONTRAST | 72196 | CPT | | | | outpatient | | | 4348 | 505.8 | Amerihealth | HMO/PPO | 341 | | | | 341 | 4130.6 | fee schedule | |
| HC MRI PELVIS W CONTRAST | 72196 | CPT | | | | outpatient | | | 4348 | 505.8 | Americare | Americare | 3261 | 75 | | | 341 | 4130.6 | percent of total billed charges | |
| HC MRI PELVIS W CONTRAST | 72196 | CPT | | | | outpatient | | | 4348 | 505.8 | Multiplan | Multiplan | 3478.4 | 80 | | | 341 | 4130.6 | percent of total billed charges | |
| HC MRI PELVIS W CONTRAST | 72196 | CPT | | | | outpatient | | | 4348 | 505.8 | Horizon | MGD | 851.07 | | | | 341 | 4130.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI PELVIS W CONTRAST | 72196 | CPT | | | | outpatient | | | 4348 | 505.8 | Horizon | Medicare Blue | 439.83 | | | | 341 | 4130.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI PELVIS W CONTRAST | 72196 | CPT | | | | outpatient | | | 4348 | 505.8 | Corrections | Corrections | 3478.4 | 80 | | | 341 | 4130.6 | percent of total billed charges | |
| HC MRI PELVIS W CONTRAST | 72196 | CPT | | | | outpatient | | | 4348 | 505.8 | Horizon | PPO | 851.07 | | | | 341 | 4130.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI PELVIS W CONTRAST | 72196 | CPT | | | | outpatient | | | 4348 | 505.8 | Horizon | NJ Health | 588 | | | 588 | 341 | 4130.6 | fee schedule | |
| HC MRI PELVIS W CONTRAST | 72196 | CPT | | | | outpatient | | | 4348 | 505.8 | First Health | First Health | 3043.6 | 70 | | | 341 | 4130.6 | percent of total billed charges | |
| HC MRI PELVIS W CONTRAST | 72196 | CPT | | | | outpatient | | | 4348 | 505.8 | Three Rivers | Three Rivers | 4130.6 | 95 | | | 341 | 4130.6 | percent of total billed charges | |
| HC MRI PELVIS W CONTRAST | 72196 | CPT | | | | outpatient | | | 4348 | 505.8 | Qualcare | Qualcare | 3261 | 75 | | | 341 | 4130.6 | percent of total billed charges | |
| HC MRI PELVIS W CONTRAST | 72196 | CPT | | | | outpatient | | | 4348 | 505.8 | Managed Care Inc | Managed Care Inc | 3913.2 | 90 | | | 341 | 4130.6 | percent of total billed charges | |
| HC MRI PELVIS W CONTRAST | 72196 | CPT | | | | outpatient | | | 4348 | 505.8 | UHC | Medicare | 439.83 | | | | 341 | 4130.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI PELVIS W CONTRAST | 72196 | CPT | | | | outpatient | | | 4348 | 505.8 | Horizon | Indemnity | 851.07 | | | | 341 | 4130.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI PELVIS W CONTRAST | 72196 | CPT | | | | outpatient | | | 4348 | 505.8 | UHC | Medicaid | 1371.79 | 31.55 | | | 341 | 4130.6 | percent of total billed charges | |
| HC MRI PELVIS W CONTRAST | 72196 | CPT | | | | outpatient | | | 4348 | 505.8 | Wellcare | Medicaid | 1371.79 | 31.55 | | | 341 | 4130.6 | percent of total billed charges | |
| HC MRI PELVIS W CONTRAST | 72196 | CPT | | | | outpatient | | | 4348 | 505.8 | Wellcare | Medicare | 439.83 | | | | 341 | 4130.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI PELVIS W CONTRAST | 72196 | CPT | | | | outpatient | | | 4348 | 505.8 | WellPoint | WellPoint | 1399.19 | 32.18 | | | 341 | 4130.6 | percent of total billed charges | |
| HC MRI PELVIS WO/W CONTRAST | 72197 | CPT | | | | both | | | 6082 | 505.8 | UHC | Medicare | 439.83 | | | 410.64 | 439.83 | 5777.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI PELVIS WO/W CONTRAST | 72197 | CPT | | | | both | | | 6082 | 505.8 | Aetna | Better Health | 1918.87 | 31.55 | | | 439.83 | 5777.9 | percent of total billed charges | |
| HC MRI PELVIS WO/W CONTRAST | 72197 | CPT | | | | both | | | 6082 | 505.8 | First Trenton | First Trenton | 5473.8 | 90 | | | 439.83 | 5777.9 | percent of total billed charges | |
| HC MRI PELVIS WO/W CONTRAST | 72197 | CPT | | | | both | | | 6082 | 505.8 | Aetna | Commercial | 2311.16 | 38 | | 604.41 | 439.83 | 5777.9 | percent of total billed charges | |
| HC MRI PELVIS WO/W CONTRAST | 72197 | CPT | | | | both | | | 6082 | 505.8 | Corrections | Corrections | 4865.6 | 80 | | 1857.4 | 439.83 | 5777.9 | percent of total billed charges | |
| HC MRI PELVIS WO/W CONTRAST | 72197 | CPT | | | | both | | | 6082 | 505.8 | Aetna | Medicare | 439.83 | | | | 439.83 | 5777.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI PELVIS WO/W CONTRAST | 72197 | CPT | | | | both | | | 6082 | 505.8 | Managed Care Inc | Managed Care Inc | 5473.8 | 90 | | | 439.83 | 5777.9 | percent of total billed charges | |
| HC MRI PELVIS WO/W CONTRAST | 72197 | CPT | | | | both | | | 6082 | 505.8 | Americare | Americare | 4561.5 | 75 | | | 439.83 | 5777.9 | percent of total billed charges | |
| HC MRI PELVIS WO/W CONTRAST | 72197 | CPT | | | | both | | | 6082 | 505.8 | WellPoint | WellPoint | 1957.19 | 32.18 | | 1843.56 | 439.83 | 5777.9 | percent of total billed charges | |
| HC MRI PELVIS WO/W CONTRAST | 72197 | CPT | | | | both | | | 6082 | 505.8 | Consumer | Consumer | 5777.9 | 95 | | | 439.83 | 5777.9 | percent of total billed charges | |
| HC MRI PELVIS WO/W CONTRAST | 72197 | CPT | | | | both | | | 6082 | 505.8 | Wellcare | Medicare | 439.83 | | | | 439.83 | 5777.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI PELVIS WO/W CONTRAST | 72197 | CPT | | | | both | | | 6082 | 505.8 | Horizon | PPO | 851.07 | | | 813.54 | 439.83 | 5777.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI PELVIS WO/W CONTRAST | 72197 | CPT | | | | both | | | 6082 | 505.8 | First Health | First Health | 4257.4 | 70 | | | 439.83 | 5777.9 | percent of total billed charges | |
| HC MRI PELVIS WO/W CONTRAST | 72197 | CPT | | | | both | | | 6082 | 505.8 | Horizon | Indemnity | 851.07 | | | 812.64 | 439.83 | 5777.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI PELVIS WO/W CONTRAST | 72197 | CPT | | | | both | | | 6082 | 505.8 | Horizon | MGD | 851.07 | | | 941.17 | 439.83 | 5777.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI PELVIS WO/W CONTRAST | 72197 | CPT | | | | both | | | 6082 | 505.8 | Amerihealth | HMO/PPO | 477.4 | | | | 439.83 | 5777.9 | fee schedule | |
| HC MRI PELVIS WO/W CONTRAST | 72197 | CPT | | | | both | | | 6082 | 505.8 | Multiplan | Multiplan | 4865.6 | 80 | | | 439.83 | 5777.9 | percent of total billed charges | |
| HC MRI PELVIS WO/W CONTRAST | 72197 | CPT | | | | both | | | 6082 | 505.8 | Three Rivers | Three Rivers | 5777.9 | 95 | | | 439.83 | 5777.9 | percent of total billed charges | |
| HC MRI PELVIS WO/W CONTRAST | 72197 | CPT | | | | both | | | 6082 | 505.8 | Qualcare | Qualcare | 4561.5 | 75 | | | 439.83 | 5777.9 | percent of total billed charges | |
| HC MRI PELVIS WO/W CONTRAST | 72197 | CPT | | | | both | | | 6082 | 505.8 | Horizon | Medicare Blue | 439.83 | | | | 439.83 | 5777.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI PELVIS WO/W CONTRAST | 72197 | CPT | | | | both | | | 6082 | 505.8 | UHC | Medicaid | 1918.87 | 31.55 | | 1715.65 | 439.83 | 5777.9 | percent of total billed charges | |
| HC MRI PELVIS WO/W CONTRAST | 72197 | CPT | | | | both | | | 6082 | 505.8 | Horizon | NJ Health | 960.95 | | | 505.08 | 439.83 | 5777.9 | fee schedule | |
| HC MRI PELVIS WO/W CONTRAST | 72197 | CPT | | | | both | | | 6082 | 505.8 | Wellcare | Medicaid | 1918.87 | 31.55 | | 1728.1 | 439.83 | 5777.9 | percent of total billed charges | |
| HC MRA PELVIS W/WO CONTRAST MATERIAL | 72198 | CPT | | | | outpatient | | | 399.83 | | Horizon | MGD | 153.05 | 38.28 | | | 119.95 | 497 | percent of total billed charges | |
| HC MRA PELVIS W/WO CONTRAST MATERIAL | 72198 | CPT | | | | outpatient | | | 399.83 | | First Trenton | First Trenton | 359.85 | 90 | | | 119.95 | 497 | percent of total billed charges | |
| HC MRA PELVIS W/WO CONTRAST MATERIAL | 72198 | CPT | | | | outpatient | | | 399.83 | | Americare | Americare | 299.87 | 75 | | | 119.95 | 497 | percent of total billed charges | |
| HC MRA PELVIS W/WO CONTRAST MATERIAL | 72198 | CPT | | | | outpatient | | | 399.83 | | Aetna | Medicare | 123.15 | 30.8 | | | 119.95 | 497 | percent of total billed charges | |
| HC MRA PELVIS W/WO CONTRAST MATERIAL | 72198 | CPT | | | | outpatient | | | 399.83 | | Corrections | Corrections | 319.86 | 80 | | | 119.95 | 497 | percent of total billed charges | |
| HC MRA PELVIS W/WO CONTRAST MATERIAL | 72198 | CPT | | | | outpatient | | | 399.83 | | Amerihealth | HMO/PPO | 341 | | | | 119.95 | 497 | fee schedule | |
| HC MRA PELVIS W/WO CONTRAST MATERIAL | 72198 | CPT | | | | outpatient | | | 399.83 | | First Health | First Health | 279.88 | 70 | | | 119.95 | 497 | percent of total billed charges | |
| HC MRA PELVIS W/WO CONTRAST MATERIAL | 72198 | CPT | | | | outpatient | | | 399.83 | | Aetna | Better Health | 126.15 | 31.55 | | | 119.95 | 497 | percent of total billed charges | |
| HC MRA PELVIS W/WO CONTRAST MATERIAL | 72198 | CPT | | | | outpatient | | | 399.83 | | Multiplan | Multiplan | 319.86 | 80 | | | 119.95 | 497 | percent of total billed charges | |
| HC MRA PELVIS W/WO CONTRAST MATERIAL | 72198 | CPT | | | | outpatient | | | 399.83 | | Horizon | Indemnity | 153.05 | 38.28 | | | 119.95 | 497 | percent of total billed charges | |
| HC MRA PELVIS W/WO CONTRAST MATERIAL | 72198 | CPT | | | | outpatient | | | 399.83 | | Consumer | Consumer | 379.84 | 95 | | | 119.95 | 497 | percent of total billed charges | |
| HC MRA PELVIS W/WO CONTRAST MATERIAL | 72198 | CPT | | | | outpatient | | | 399.83 | | WellPoint | WellPoint | 128.67 | 32.18 | | | 119.95 | 497 | percent of total billed charges | |
| HC MRA PELVIS W/WO CONTRAST MATERIAL | 72198 | CPT | | | | outpatient | | | 399.83 | | Horizon | Medicare Blue | 119.95 | 30 | | | 119.95 | 497 | percent of total billed charges | |
| HC MRA PELVIS W/WO CONTRAST MATERIAL | 72198 | CPT | | | | outpatient | | | 399.83 | | Horizon | PPO | 153.05 | 38.28 | | | 119.95 | 497 | percent of total billed charges | |
| HC MRA PELVIS W/WO CONTRAST MATERIAL | 72198 | CPT | | | | outpatient | | | 399.83 | | Wellcare | Medicaid | 126.15 | 31.55 | | | 119.95 | 497 | percent of total billed charges | |
| HC MRA PELVIS W/WO CONTRAST MATERIAL | 72198 | CPT | | | | outpatient | | | 399.83 | | Three Rivers | Three Rivers | 379.84 | 95 | | | 119.95 | 497 | percent of total billed charges | |
| HC MRA PELVIS W/WO CONTRAST MATERIAL | 72198 | CPT | | | | outpatient | | | 399.83 | | Qualcare | Qualcare | 299.87 | 75 | | | 119.95 | 497 | percent of total billed charges | |
| HC MRA PELVIS W/WO CONTRAST MATERIAL | 72198 | CPT | | | | outpatient | | | 399.83 | | Horizon | NJ Health | 497 | | | | 119.95 | 497 | fee schedule | |
| HC MRA PELVIS W/WO CONTRAST MATERIAL | 72198 | CPT | | | | outpatient | | | 399.83 | | UHC | Medicaid | 126.15 | 31.55 | | | 119.95 | 497 | percent of total billed charges | |
| HC MRA PELVIS W/WO CONTRAST MATERIAL | 72198 | CPT | | | | outpatient | | | 399.83 | | Managed Care Inc | Managed Care Inc | 359.85 | 90 | | | 119.95 | 497 | percent of total billed charges | |
| HC SACROILIAC JOINTS <3 VIEWS | 72200 | CPT | | | | outpatient | | | 811 | 144.6 | First Health | First Health | 567.7 | 70 | | | 17.98 | 770.45 | percent of total billed charges | |
| HC SACROILIAC JOINTS <3 VIEWS | 72200 | CPT | | | | outpatient | | | 811 | 144.6 | Qualcare | Qualcare | 608.25 | 75 | | | 17.98 | 770.45 | percent of total billed charges | |
| HC SACROILIAC JOINTS <3 VIEWS | 72200 | CPT | | | | outpatient | | | 811 | 144.6 | Amerihealth | HMO/PPO | 17.98 | | | | 17.98 | 770.45 | fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measure | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC SACROILIAC JOINTS <3 VIEWS | 72200 | CPT | | | | outpatient | | | 811 | 144.6 | Aetna | Medicare | 125.74 | | | | 17.98 | 770.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SACROILIAC JOINTS <3 VIEWS | 72200 | CPT | | | | outpatient | | | 811 | 144.6 | Horizon | MGD | 243.31 | | | | 17.98 | 770.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SACROILIAC JOINTS <3 VIEWS | 72200 | CPT | | | | outpatient | | | 811 | 144.6 | Aetna | Better Health | 255.87 | 31.55 | | | 17.98 | 770.45 | percent of total billed charges | |
| HC SACROILIAC JOINTS <3 VIEWS | 72200 | CPT | | | | outpatient | | | 811 | 144.6 | Horizon | NJ Health | 39.2 | | | 62.57 | 17.98 | 770.45 | fee schedule | |
| HC SACROILIAC JOINTS <3 VIEWS | 72200 | CPT | | | | outpatient | | | 811 | 144.6 | Consumer | Consumer | 770.45 | 95 | | | 17.98 | 770.45 | percent of total billed charges | |
| HC SACROILIAC JOINTS <3 VIEWS | 72200 | CPT | | | | outpatient | | | 811 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 17.98 | 770.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SACROILIAC JOINTS <3 VIEWS | 72200 | CPT | | | | outpatient | | | 811 | 144.6 | WellPoint | WellPoint | 260.98 | 32.18 | | | 17.98 | 770.45 | percent of total billed charges | |
| HC SACROILIAC JOINTS <3 VIEWS | 72200 | CPT | | | | outpatient | | | 811 | 144.6 | UHC | Medicare | 125.74 | | | | 17.98 | 770.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SACROILIAC JOINTS <3 VIEWS | 72200 | CPT | | | | outpatient | | | 811 | 144.6 | Americare | Americare | 608.25 | 75 | | | 17.98 | 770.45 | percent of total billed charges | |
| HC SACROILIAC JOINTS <3 VIEWS | 72200 | CPT | | | | outpatient | | | 811 | 144.6 | Horizon | PPO | 243.31 | | | | 17.98 | 770.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SACROILIAC JOINTS <3 VIEWS | 72200 | CPT | | | | outpatient | | | 811 | 144.6 | Aetna | Commercial | 308.18 | 38 | | | 17.98 | 770.45 | percent of total billed charges | |
| HC SACROILIAC JOINTS <3 VIEWS | 72200 | CPT | | | | outpatient | | | 811 | 144.6 | Wellcare | Medicare | 125.74 | | | | 17.98 | 770.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SACROILIAC JOINTS <3 VIEWS | 72200 | CPT | | | | outpatient | | | 811 | 144.6 | Corrections | Corrections | 648.8 | 80 | | | 17.98 | 770.45 | percent of total billed charges | |
| HC SACROILIAC JOINTS <3 VIEWS | 72200 | CPT | | | | outpatient | | | 811 | 144.6 | UHC | Medicaid | 255.87 | 31.55 | | | 17.98 | 770.45 | percent of total billed charges | |
| HC SACROILIAC JOINTS <3 VIEWS | 72200 | CPT | | | | outpatient | | | 811 | 144.6 | Horizon | Indemnity | 243.31 | | | | 17.98 | 770.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SACROILIAC JOINTS <3 VIEWS | 72200 | CPT | | | | outpatient | | | 811 | 144.6 | Three Rivers | Three Rivers | 770.45 | 95 | | | 17.98 | 770.45 | percent of total billed charges | |
| HC SACROILIAC JOINTS <3 VIEWS | 72200 | CPT | | | | outpatient | | | 811 | 144.6 | Multiplan | Multiplan | 648.8 | 80 | | | 17.98 | 770.45 | percent of total billed charges | |
| HC SACROILIAC JOINTS <3 VIEWS | 72200 | CPT | | | | outpatient | | | 811 | 144.6 | First Trenton | First Trenton | 729.9 | 90 | | | 17.98 | 770.45 | percent of total billed charges | |
| HC SACROILIAC JOINTS <3 VIEWS | 72200 | CPT | | | | outpatient | | | 811 | 144.6 | Wellcare | Medicaid | 255.87 | 31.55 | | | 17.98 | 770.45 | percent of total billed charges | |
| HC SACROILIAC JOINTS <3 VIEWS | 72200 | CPT | | | | outpatient | | | 811 | 144.6 | Managed Care Inc | Managed Care Inc | 729.9 | 90 | | | 17.98 | 770.45 | percent of total billed charges | |
| HC SACROILIAC JOINTS 3+ VIEWS | 72202 | CPT | | | | both | | | 609 | 144.6 | Aetna | Commercial | 231.42 | 38 | | 33.38 | 20.46 | 578.55 | percent of total billed charges | |
| HC SACROILIAC JOINTS 3+ VIEWS | 72202 | CPT | | | | both | | | 609 | 144.6 | Aetna | Better Health | 192.14 | 31.55 | | 172.99 | 20.46 | 578.55 | percent of total billed charges | |
| HC SACROILIAC JOINTS 3+ VIEWS | 72202 | CPT | | | | both | | | 609 | 144.6 | Horizon | Indemnity | 243.31 | | | | 20.46 | 578.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SACROILIAC JOINTS 3+ VIEWS | 72202 | CPT | | | | both | | | 609 | 144.6 | Corrections | Corrections | 487.2 | 80 | | | 20.46 | 578.55 | percent of total billed charges | |
| HC SACROILIAC JOINTS 3+ VIEWS | 72202 | CPT | | | | both | | | 609 | 144.6 | Americare | Americare | 456.75 | 75 | | | 20.46 | 578.55 | percent of total billed charges | |
| HC SACROILIAC JOINTS 3+ VIEWS | 72202 | CPT | | | | both | | | 609 | 144.6 | First Health | First Health | 426.3 | 70 | | | 20.46 | 578.55 | percent of total billed charges | |
| HC SACROILIAC JOINTS 3+ VIEWS | 72202 | CPT | | | | both | | | 609 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 20.46 | 578.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SACROILIAC JOINTS 3+ VIEWS | 72202 | CPT | | | | both | | | 609 | 144.6 | Multiplan | Multiplan | 487.2 | 80 | | | 20.46 | 578.55 | percent of total billed charges | |
| HC SACROILIAC JOINTS 3+ VIEWS | 72202 | CPT | | | | both | | | 609 | 144.6 | Aetna | Medicare | 125.74 | | | | 20.46 | 578.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SACROILIAC JOINTS 3+ VIEWS | 72202 | CPT | | | | both | | | 609 | 144.6 | UHC | Medicaid | 192.14 | 31.55 | | 188.48 | 20.46 | 578.55 | percent of total billed charges | |
| HC SACROILIAC JOINTS 3+ VIEWS | 72202 | CPT | | | | both | | | 609 | 144.6 | Horizon | PPO | 243.31 | | | | 20.46 | 578.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SACROILIAC JOINTS 3+ VIEWS | 72202 | CPT | | | | both | | | 609 | 144.6 | First Trenton | First Trenton | 548.1 | 90 | | | 20.46 | 578.55 | percent of total billed charges | |
| HC SACROILIAC JOINTS 3+ VIEWS | 72202 | CPT | | | | both | | | 609 | 144.6 | Amerihealth | HMO/PPO | 20.46 | | | 31.13 | 20.46 | 578.55 | fee schedule | |
| HC SACROILIAC JOINTS 3+ VIEWS | 72202 | CPT | | | | both | | | 609 | 144.6 | Three Rivers | Three Rivers | 578.55 | 95 | | | 20.46 | 578.55 | percent of total billed charges | |
| HC SACROILIAC JOINTS 3+ VIEWS | 72202 | CPT | | | | both | | | 609 | 144.6 | Horizon | NJ Health | 39.2 | | | 49.74 | 20.46 | 578.55 | fee schedule | |
| HC SACROILIAC JOINTS 3+ VIEWS | 72202 | CPT | | | | both | | | 609 | 144.6 | Qualcare | Qualcare | 456.75 | 75 | | | 20.46 | 578.55 | percent of total billed charges | |
| HC SACROILIAC JOINTS 3+ VIEWS | 72202 | CPT | | | | both | | | 609 | 144.6 | Wellcare | Medicaid | 192.14 | 31.55 | | | 20.46 | 578.55 | percent of total billed charges | |
| HC SACROILIAC JOINTS 3+ VIEWS | 72202 | CPT | | | | both | | | 609 | 144.6 | Managed Care Inc | Managed Care Inc | 548.1 | 90 | | | 20.46 | 578.55 | percent of total billed charges | |
| HC SACROILIAC JOINTS 3+ VIEWS | 72202 | CPT | | | | both | | | 609 | 144.6 | WellPoint | WellPoint | 195.98 | 32.18 | | | 20.46 | 578.55 | percent of total billed charges | |
| HC SACROILIAC JOINTS 3+ VIEWS | 72202 | CPT | | | | both | | | 609 | 144.6 | Consumer | Consumer | 578.55 | 95 | | | 20.46 | 578.55 | percent of total billed charges | |
| HC SACROILIAC JOINTS 3+ VIEWS | 72202 | CPT | | | | both | | | 609 | 144.6 | UHC | Medicare | 125.74 | | | | 20.46 | 578.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SACROILIAC JOINTS 3+ VIEWS | 72202 | CPT | | | | both | | | 609 | 144.6 | Wellcare | Medicare | 125.74 | | | | 20.46 | 578.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SACROILIAC JOINTS 3+ VIEWS | 72202 | CPT | | | | both | | | 609 | 144.6 | Horizon | MGD | 243.31 | | | 118.17 | 20.46 | 578.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SACRUM & COCCYX 2/> VIEWS, PORTABLE | 72220 | CPT | | | | both | | | 631.25 | 119.52 | Aetna | Better Health | 199.16 | 31.55 | | 71.55 | 19.84 | 599.69 | percent of total billed charges | |
| HC SACRUM & COCCYX 2/> VIEWS, PORTABLE | 72220 | CPT | | | | both | | | 631.25 | 119.52 | Aetna | Medicare | 103.93 | | | 101.9 | 19.84 | 599.69 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SACRUM & COCCYX 2/> VIEWS, PORTABLE | 72220 | CPT | | | | both | | | 631.25 | 119.52 | Corrections | Corrections | 505 | 80 | | | 19.84 | 599.69 | percent of total billed charges | |
| HC SACRUM & COCCYX 2/> VIEWS, PORTABLE | 72220 | CPT | | | | both | | | 631.25 | 119.52 | Aetna | Commercial | 239.88 | 38 | | 168.27 | 19.84 | 599.69 | percent of total billed charges | |
| HC SACRUM & COCCYX 2/> VIEWS, PORTABLE | 72220 | CPT | | | | both | | | 631.25 | 119.52 | Amerihealth | HMO/PPO | 19.84 | | | | 19.84 | 599.69 | fee schedule | |
| HC SACRUM & COCCYX 2/> VIEWS, PORTABLE | 72220 | CPT | | | | both | | | 631.25 | 119.52 | Horizon | Indemnity | 201.1 | | | 123.18 | 19.84 | 599.69 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SACRUM & COCCYX 2/> VIEWS, PORTABLE | 72220 | CPT | | | | both | | | 631.25 | 119.52 | Americare | Americare | 473.44 | 75 | | | 19.84 | 599.69 | percent of total billed charges | |
| HC SACRUM & COCCYX 2/> VIEWS, PORTABLE | 72220 | CPT | | | | both | | | 631.25 | 119.52 | Multiplan | Multiplan | 505 | 80 | | | 19.84 | 599.69 | percent of total billed charges | |
| HC SACRUM & COCCYX 2/> VIEWS, PORTABLE | 72220 | CPT | | | | both | | | 631.25 | 119.52 | UHC | Medicare | 103.93 | | | 16.34 | 19.84 | 599.69 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SACRUM & COCCYX 2/> VIEWS, PORTABLE | 72220 | CPT | | | | both | | | 631.25 | 119.52 | Consumer | Consumer | 599.69 | 95 | | | 19.84 | 599.69 | percent of total billed charges | |
| HC SACRUM & COCCYX 2/> VIEWS, PORTABLE | 72220 | CPT | | | | both | | | 631.25 | 119.52 | First Trenton | First Trenton | 568.13 | 90 | | | 19.84 | 599.69 | percent of total billed charges | |
| HC SACRUM & COCCYX 2/> VIEWS, PORTABLE | 72220 | CPT | | | | both | | | 631.25 | 119.52 | Horizon | PPO | 201.1 | | | 115.1 | 19.84 | 599.69 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SACRUM & COCCYX 2/> VIEWS, PORTABLE | 72220 | CPT | | | | both | | | 631.25 | 119.52 | Three Rivers | Three Rivers | 599.69 | 95 | | | 19.84 | 599.69 | percent of total billed charges | |
| HC SACRUM & COCCYX 2/> VIEWS, PORTABLE | 72220 | CPT | | | | both | | | 631.25 | 119.52 | Horizon | NJ Health | 32.34 | | | 97.61 | 19.84 | 599.69 | fee schedule | |
| HC SACRUM & COCCYX 2/> VIEWS, PORTABLE | 72220 | CPT | | | | both | | | 631.25 | 119.52 | Horizon | MGD | 201.1 | | | 69.1 | 19.84 | 599.69 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SACRUM & COCCYX 2/> VIEWS, PORTABLE | 72220 | CPT | | | | both | | | 631.25 | 119.52 | Wellcare | Medicaid | 199.16 | 31.55 | | | 19.84 | 599.69 | percent of total billed charges | |
| HC SACRUM & COCCYX 2/> VIEWS, PORTABLE | 72220 | CPT | | | | both | | | 631.25 | 119.52 | Managed Care Inc | Managed Care Inc | 568.13 | 90 | | | 19.84 | 599.69 | percent of total billed charges | |
| HC SACRUM & COCCYX 2/> VIEWS, PORTABLE | 72220 | CPT | | | | both | | | 631.25 | 119.52 | First Health | First Health | 441.88 | 70 | | | 19.84 | 599.69 | percent of total billed charges | |
| HC SACRUM & COCCYX 2/> VIEWS, PORTABLE | 72220 | CPT | | | | both | | | 631.25 | 119.52 | UHC | Medicaid | 199.16 | 31.55 | | 63.89 | 19.84 | 599.69 | percent of total billed charges | |
| HC SACRUM & COCCYX 2/> VIEWS, PORTABLE | 72220 | CPT | | | | both | | | 631.25 | 119.52 | Qualcare | Qualcare | 473.44 | 75 | | | 19.84 | 599.69 | percent of total billed charges | |
| HC SACRUM & COCCYX 2/> VIEWS, PORTABLE | 72220 | CPT | | | | both | | | 631.25 | 119.52 | Wellcare | Medicare | 103.93 | | | | 19.84 | 599.69 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SACRUM & COCCYX 2/> VIEWS, PORTABLE | 72220 | CPT | | | | both | | | 631.25 | 119.52 | Horizon | Medicare Blue | 103.93 | | | 42.33 | 19.84 | 599.69 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SACRUM & COCCYX 2/> VIEWS, PORTABLE | 72220 | CPT | | | | both | | | 631.25 | 119.52 | WellPoint | WellPoint | 203.14 | 32.18 | | 63.04 | 19.84 | 599.69 | percent of total billed charges | |
| HC MYELOGRAPHY CERVICAL RS&I | 72240 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Aetna | Medicare | 915.72 | | | | 109.76 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY CERVICAL RS&I | 72240 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | First Trenton | First Trenton | 1053.23 | 90 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY CERVICAL RS&I | 72240 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Consumer | Consumer | 1111.75 | 95 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY CERVICAL RS&I | 72240 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | First Health | First Health | 819.18 | 70 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY CERVICAL RS&I | 72240 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Americare | Americare | 877.7 | 75 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY CERVICAL RS&I | 72240 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Corrections | Corrections | 936.21 | 80 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY CERVICAL RS&I | 72240 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Amerihealth | HMO/PPO | 760.67 | 65 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY CERVICAL RS&I | 72240 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Aetna | Better Health | 369.22 | 31.55 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY CERVICAL RS&I | 72240 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Horizon | MGD | 1771.92 | | | | 109.76 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY CERVICAL RS&I | 72240 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Horizon | NJ Health | 109.76 | | | | 109.76 | 1771.92 | fee schedule | |
| HC MYELOGRAPHY CERVICAL RS&I | 72240 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Multiplan | Multiplan | 936.21 | 80 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY CERVICAL RS&I | 72240 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Horizon | Medicare Blue | 915.72 | | | | 109.76 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY CERVICAL RS&I | 72240 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Qualcare | Qualcare | 877.7 | 75 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY CERVICAL RS&I | 72240 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Horizon | Indemnity | 1771.92 | | | | 109.76 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY CERVICAL RS&I | 72240 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Wellcare | Medicaid | 369.22 | 31.55 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY CERVICAL RS&I | 72240 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Managed Care Inc | Managed Care Inc | 1053.23 | 90 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY CERVICAL RS&I | 72240 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | UHC | Medicare | 915.72 | | | | 109.76 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY CERVICAL RS&I | 72240 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Horizon | PPO | 1771.92 | | | | 109.76 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY CERVICAL RS&I | 72240 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Three Rivers | Three Rivers | 1111.75 | 95 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY CERVICAL RS&I | 72240 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | UHC | Medicaid | 369.22 | 31.55 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY CERVICAL RS&I | 72240 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Wellcare | Medicare | 915.72 | | | | 109.76 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY CERVICAL RS&I | 72240 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | WellPoint | WellPoint | 376.59 | 32.18 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY THORACIC RS&I | 72255 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | First Trenton | First Trenton | 1053.23 | 90 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY THORACIC RS&I | 72255 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Amerihealth | HMO/PPO | 760.67 | 65 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY THORACIC RS&I | 72255 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Aetna | Medicare | 915.72 | | | | 109.76 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY THORACIC RS&I | 72255 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | First Health | First Health | 819.18 | 70 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY THORACIC RS&I | 72255 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Americare | Americare | 877.7 | 75 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY THORACIC RS&I | 72255 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Corrections | Corrections | 936.21 | 80 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY THORACIC RS&I | 72255 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Aetna | Better Health | 369.22 | 31.55 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY THORACIC RS&I | 72255 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Consumer | Consumer | 1111.75 | 95 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY THORACIC RS&I | 72255 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Managed Care Inc | Managed Care Inc | 1053.23 | 90 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY THORACIC RS&I | 72255 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Multiplan | Multiplan | 936.21 | 80 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY THORACIC RS&I | 72255 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | UHC | Medicare | 915.72 | | | | 109.76 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY THORACIC RS&I | 72255 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Wellcare | Medicaid | 369.22 | 31.55 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY THORACIC RS&I | 72255 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Horizon | Indemnity | 1771.92 | | | | 109.76 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY THORACIC RS&I | 72255 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Horizon | NJ Health | 109.76 | | | | 109.76 | 1771.92 | fee schedule | |
| HC MYELOGRAPHY THORACIC RS&I | 72255 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Aetna | Commercial | 444.7 | 38 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY THORACIC RS&I | 72255 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Horizon | Medicare Blue | 915.72 | | | | 109.76 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY THORACIC RS&I | 72255 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Three Rivers | Three Rivers | 1111.75 | 95 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY THORACIC RS&I | 72255 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Qualcare | Qualcare | 877.7 | 75 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY THORACIC RS&I | 72255 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Horizon | MGD | 1771.92 | | | | 109.76 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY THORACIC RS&I | 72255 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Wellcare | Medicare | 915.72 | | | | 109.76 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY THORACIC RS&I | 72255 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Horizon | PPO | 1771.92 | | | | 109.76 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY THORACIC RS&I | 72255 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | UHC | Medicaid | 369.22 | 31.55 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY THORACIC RS&I | 72255 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | WellPoint | WellPoint | 376.59 | 32.18 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY LUMBOSACRAL RS&I | 72265 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | First Health | First Health | 819.18 | 70 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY LUMBOSACRAL RS&I | 72265 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Americare | Americare | 877.7 | 75 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY LUMBOSACRAL RS&I | 72265 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Corrections | Corrections | 936.21 | 80 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY LUMBOSACRAL RS&I | 72265 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Aetna | Medicare | 915.72 | | | | 109.76 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY LUMBOSACRAL RS&I | 72265 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Consumer | Consumer | 1111.75 | 95 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY LUMBOSACRAL RS&I | 72265 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | First Trenton | First Trenton | 1053.23 | 90 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY LUMBOSACRAL RS&I | 72265 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Amerihealth | HMO/PPO | 760.67 | 65 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY LUMBOSACRAL RS&I | 72265 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Aetna | Better Health | 369.22 | 31.55 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY LUMBOSACRAL RS&I | 72265 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Wellcare | Medicaid | 369.22 | 31.55 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY LUMBOSACRAL RS&I | 72265 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Horizon | Indemnity | 1771.92 | | | | 109.76 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY LUMBOSACRAL RS&I | 72265 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Wellcare | Medicare | 915.72 | | | | 109.76 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY LUMBOSACRAL RS&I | 72265 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | UHC | Medicare | 915.72 | | | | 109.76 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY LUMBOSACRAL RS&I | 72265 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Horizon | Medicare Blue | 915.72 | | | | 109.76 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY LUMBOSACRAL RS&I | 72265 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Managed Care Inc | Managed Care Inc | 1053.23 | 90 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY LUMBOSACRAL RS&I | 72265 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Multiplan | Multiplan | 936.21 | 80 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY LUMBOSACRAL RS&I | 72265 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Aetna | Commercial | 444.7 | 38 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY LUMBOSACRAL RS&I | 72265 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Horizon | NJ Health | 109.76 | | | | 109.76 | 1771.92 | fee schedule | |
| HC MYELOGRAPHY LUMBOSACRAL RS&I | 72265 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Three Rivers | Three Rivers | 1111.75 | 95 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY LUMBOSACRAL RS&I | 72265 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Qualcare | Qualcare | 877.7 | 75 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY LUMBOSACRAL RS&I | 72265 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Horizon | MGD | 1771.92 | | | | 109.76 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY LUMBOSACRAL RS&I | 72265 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | UHC | Medicaid | 369.22 | 31.55 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY LUMBOSACRAL RS&I | 72265 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Horizon | PPO | 1771.92 | | | | 109.76 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY LUMBOSACRAL RS&I | 72265 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | WellPoint | WellPoint | 376.59 | 32.18 | | | 109.76 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY 2/MORE REGIONS RS&I | 72270 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Aetna | Better Health | 369.22 | 31.55 | | | 164.64 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY 2/MORE REGIONS RS&I | 72270 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Horizon | MGD | 1771.92 | | | | 164.64 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY 2/MORE REGIONS RS&I | 72270 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | First Health | First Health | 819.18 | 70 | | | 164.64 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY 2/MORE REGIONS RS&I | 72270 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Consumer | Consumer | 1111.75 | 95 | | | 164.64 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY 2/MORE REGIONS RS&I | 72270 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Amerihealth | HMO/PPO | 760.67 | 65 | | | 164.64 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY 2/MORE REGIONS RS&I | 72270 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Aetna | Medicare | 915.72 | | | | 164.64 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY 2/MORE REGIONS RS&I | 72270 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Americare | Americare | 877.7 | 75 | | | 164.64 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPHY 2/MORE REGIONS RS&I | 72270 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | UHC | Medicare | 915.72 | | | | 164.64 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPHY 2/MORE REGIONS RS&I | 72270 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Corrections | Corrections | 936.21 | 80 | | | 164.64 | 1771.92 | percent of total bill

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC MYELOGRAPY 2/MORE REGIONS RS&I | 72270 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Qualcare | Qualcare | 877.7 | 75 | | | 164.64 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPY 2/MORE REGIONS RS&I | 72270 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Horizon | Medicare Blue | 915.72 | | | | 164.64 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPY 2/MORE REGIONS RS&I | 72270 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Horizon | PPO | 1771.92 | | | | 164.64 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPY 2/MORE REGIONS RS&I | 72270 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Three Rivers | Three Rivers | 1111.75 | 95 | | | 164.64 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPY 2/MORE REGIONS RS&I | 72270 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | UHC | Medicaid | 369.22 | 31.55 | | | 164.64 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPY 2/MORE REGIONS RS&I | 72270 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Managed Care Inc | Managed Care Inc | 1053.23 | 90 | | | 164.64 | 1771.92 | percent of total billed charges | |
| HC MYELOGRAPY 2/MORE REGIONS RS&I | 72270 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | Wellcare | Medicare | 915.72 | | | | 164.64 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MYELOGRAPY 2/MORE REGIONS RS&I | 72270 | CPT | | | | outpatient | | | 1170.26 | 1053.08 | WellPoint | WellPoint | 376.59 | 32.18 | | | 164.64 | 1771.92 | percent of total billed charges | |
| HC CLAVICLE COMPLETE; SURGICAL | 73000 | CPT | | | | both | | | 1623.75 | 119.52 | Corrections | Corrections | 1299 | 80 | | 137.83 | 17.36 | 1542.56 | percent of total billed charges | |
| HC CLAVICLE COMPLETE; SURGICAL | 73000 | CPT | | | | both | | | 1623.75 | 119.52 | Multiplan | Multiplan | 1299 | 80 | | | 17.36 | 1542.56 | percent of total billed charges | |
| HC CLAVICLE COMPLETE; SURGICAL | 73000 | CPT | | | | both | | | 1623.75 | 119.52 | Aetna | Medicare | 103.93 | | | | 17.36 | 1542.56 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLAVICLE COMPLETE; SURGICAL | 73000 | CPT | | | | both | | | 1623.75 | 119.52 | Consumer | Consumer | 1542.56 | 95 | | | 17.36 | 1542.56 | percent of total billed charges | |
| HC CLAVICLE COMPLETE; SURGICAL | 73000 | CPT | | | | both | | | 1623.75 | 119.52 | Aetna | Better Health | 512.29 | 31.55 | | 156.12 | 17.36 | 1542.56 | percent of total billed charges | |
| HC CLAVICLE COMPLETE; SURGICAL | 73000 | CPT | | | | both | | | 1623.75 | 119.52 | WellPoint | WellPoint | 522.52 | 32.18 | | 145.8 | 17.36 | 1542.56 | percent of total billed charges | |
| HC CLAVICLE COMPLETE; SURGICAL | 73000 | CPT | | | | both | | | 1623.75 | 119.52 | Amerihealth | HMO/PPO | 17.36 | | | | 17.36 | 1542.56 | fee schedule | |
| HC CLAVICLE COMPLETE; SURGICAL | 73000 | CPT | | | | both | | | 1623.75 | 119.52 | Aetna | Commercial | 617.03 | 38 | | 160.24 | 17.36 | 1542.56 | percent of total billed charges | |
| HC CLAVICLE COMPLETE; SURGICAL | 73000 | CPT | | | | both | | | 1623.75 | 119.52 | First Health | First Health | 1136.63 | 70 | | | 17.36 | 1542.56 | percent of total billed charges | |
| HC CLAVICLE COMPLETE; SURGICAL | 73000 | CPT | | | | both | | | 1623.75 | 119.52 | Qualcare | Qualcare | 1217.81 | 75 | | | 17.36 | 1542.56 | percent of total billed charges | |
| HC CLAVICLE COMPLETE; SURGICAL | 73000 | CPT | | | | both | | | 1623.75 | 119.52 | First Trenton | First Trenton | 1461.38 | 90 | | | 17.36 | 1542.56 | percent of total billed charges | |
| HC CLAVICLE COMPLETE; SURGICAL | 73000 | CPT | | | | both | | | 1623.75 | 119.52 | Wellcare | Medicaid | 512.29 | 31.55 | | 153.39 | 17.36 | 1542.56 | percent of total billed charges | |
| HC CLAVICLE COMPLETE; SURGICAL | 73000 | CPT | | | | both | | | 1623.75 | 119.52 | Horizon | Indemnity | 201.1 | | | | 17.36 | 1542.56 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLAVICLE COMPLETE; SURGICAL | 73000 | CPT | | | | both | | | 1623.75 | 119.52 | Americare | Americare | 1217.81 | 75 | | | 17.36 | 1542.56 | percent of total billed charges | |
| HC CLAVICLE COMPLETE; SURGICAL | 73000 | CPT | | | | both | | | 1623.75 | 119.52 | Horizon | Medicare Blue | 103.93 | | | 77.35 | 17.36 | 1542.56 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLAVICLE COMPLETE; SURGICAL | 73000 | CPT | | | | both | | | 1623.75 | 119.52 | UHC | Medicare | 103.93 | | | 36.82 | 17.36 | 1542.56 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLAVICLE COMPLETE; SURGICAL | 73000 | CPT | | | | both | | | 1623.75 | 119.52 | UHC | Medicaid | 512.29 | 31.55 | | 143.09 | 17.36 | 1542.56 | percent of total billed charges | |
| HC CLAVICLE COMPLETE; SURGICAL | 73000 | CPT | | | | both | | | 1623.75 | 119.52 | Wellcare | Medicare | 103.93 | | | | 17.36 | 1542.56 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLAVICLE COMPLETE; SURGICAL | 73000 | CPT | | | | both | | | 1623.75 | 119.52 | Horizon | PPO | 201.1 | | | 107.14 | 17.36 | 1542.56 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLAVICLE COMPLETE; SURGICAL | 73000 | CPT | | | | both | | | 1623.75 | 119.52 | Horizon | MGD | 201.1 | | | 112.87 | 17.36 | 1542.56 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLAVICLE COMPLETE; SURGICAL | 73000 | CPT | | | | both | | | 1623.75 | 119.52 | Managed Care Inc | Managed Care Inc | 1461.38 | 90 | | | 17.36 | 1542.56 | percent of total billed charges | |
| HC CLAVICLE COMPLETE; SURGICAL | 73000 | CPT | | | | both | | | 1623.75 | 119.52 | Horizon | NJ Health | 27.44 | | | 47.46 | 17.36 | 1542.56 | fee schedule | |
| HC CLAVICLE COMPLETE; SURGICAL | 73000 | CPT | | | | both | | | 1623.75 | 119.52 | Three Rivers | Three Rivers | 1542.56 | 95 | | | 17.36 | 1542.56 | percent of total billed charges | |
| HC SCAPULA COMPLETE; SURGICAL | 73010 | CPT | | | | both | | | 1623.75 | 144.6 | Aetna | Commercial | 617.03 | 38 | | | 18.6 | 1542.56 | percent of total billed charges | |
| HC SCAPULA COMPLETE; SURGICAL | 73010 | CPT | | | | both | | | 1623.75 | 144.6 | Multiplan | Multiplan | 1299 | 80 | | | 18.6 | 1542.56 | percent of total billed charges | |
| HC SCAPULA COMPLETE; SURGICAL | 73010 | CPT | | | | both | | | 1623.75 | 144.6 | Americare | Americare | 1217.81 | 75 | | | 18.6 | 1542.56 | percent of total billed charges | |
| HC SCAPULA COMPLETE; SURGICAL | 73010 | CPT | | | | both | | | 1623.75 | 144.6 | Aetna | Better Health | 512.29 | 31.55 | | | 18.6 | 1542.56 | percent of total billed charges | |
| HC SCAPULA COMPLETE; SURGICAL | 73010 | CPT | | | | both | | | 1623.75 | 144.6 | First Health | First Health | 1136.63 | 70 | | | 18.6 | 1542.56 | percent of total billed charges | |
| HC SCAPULA COMPLETE; SURGICAL | 73010 | CPT | | | | both | | | 1623.75 | 144.6 | UHC | Medicaid | 512.29 | 31.55 | | 152.45 | 18.6 | 1542.56 | percent of total billed charges | |
| HC SCAPULA COMPLETE; SURGICAL | 73010 | CPT | | | | both | | | 1623.75 | 144.6 | Aetna | Medicare | 125.74 | | | | 18.6 | 1542.56 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCAPULA COMPLETE; SURGICAL | 73010 | CPT | | | | both | | | 1623.75 | 144.6 | Corrections | Corrections | 1299 | 80 | | | 18.6 | 1542.56 | percent of total billed charges | |
| HC SCAPULA COMPLETE; SURGICAL | 73010 | CPT | | | | both | | | 1623.75 | 144.6 | Horizon | Indemnity | 243.31 | | | | 18.6 | 1542.56 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCAPULA COMPLETE; SURGICAL | 73010 | CPT | | | | both | | | 1623.75 | 144.6 | Qualcare | Qualcare | 1217.81 | 75 | | | 18.6 | 1542.56 | percent of total billed charges | |
| HC SCAPULA COMPLETE; SURGICAL | 73010 | CPT | | | | both | | | 1623.75 | 144.6 | Amerihealth | HMO/PPO | 18.6 | | | | 18.6 | 1542.56 | fee schedule | |
| HC SCAPULA COMPLETE; SURGICAL | 73010 | CPT | | | | both | | | 1623.75 | 144.6 | Consumer | Consumer | 1542.56 | 95 | | | 18.6 | 1542.56 | percent of total billed charges | |
| HC SCAPULA COMPLETE; SURGICAL | 73010 | CPT | | | | both | | | 1623.75 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 18.6 | 1542.56 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCAPULA COMPLETE; SURGICAL | 73010 | CPT | | | | both | | | 1623.75 | 144.6 | UHC | Medicare | 125.74 | | | 48.09 | 18.6 | 1542.56 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCAPULA COMPLETE; SURGICAL | 73010 | CPT | | | | both | | | 1623.75 | 144.6 | First Trenton | First Trenton | 1461.38 | 90 | | | 18.6 | 1542.56 | percent of total billed charges | |
| HC SCAPULA COMPLETE; SURGICAL | 73010 | CPT | | | | both | | | 1623.75 | 144.6 | Horizon | PPO | 243.31 | | | 113.64 | 18.6 | 1542.56 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCAPULA COMPLETE; SURGICAL | 73010 | CPT | | | | both | | | 1623.75 | 144.6 | WellPoint | WellPoint | 522.52 | 32.18 | | 39.12 | 18.6 | 1542.56 | percent of total billed charges | |
| HC SCAPULA COMPLETE; SURGICAL | 73010 | CPT | | | | both | | | 1623.75 | 144.6 | Three Rivers | Three Rivers | 1542.56 | 95 | | | 18.6 | 1542.56 | percent of total billed charges | |
| HC SCAPULA COMPLETE; SURGICAL | 73010 | CPT | | | | both | | | 1623.75 | 144.6 | Horizon | NJ Health | 29.4 | | | 42.11 | 18.6 | 1542.56 | fee schedule | |
| HC SCAPULA COMPLETE; SURGICAL | 73010 | CPT | | | | both | | | 1623.75 | 144.6 | Wellcare | Medicaid | 512.29 | 31.55 | | | 18.6 | 1542.56 | percent of total billed charges | |
| HC SCAPULA COMPLETE; SURGICAL | 73010 | CPT | | | | both | | | 1623.75 | 144.6 | Horizon | MGD | 243.31 | | | 64.01 | 18.6 | 1542.56 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCAPULA COMPLETE; SURGICAL | 73010 | CPT | | | | both | | | 1623.75 | 144.6 | Wellcare | Medicare | 125.74 | | | | 18.6 | 1542.56 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCAPULA COMPLETE; SURGICAL | 73010 | CPT | | | | both | | | 1623.75 | 144.6 | Managed Care Inc | Managed Care Inc | 1461.38 | 90 | | | 18.6 | 1542.56 | percent of total billed charges | |
| HC SHOULDER 1 VIEW; PORTABLE | 73020 | CPT | | | | both | | | 991.88 | 119.52 | Corrections | Corrections | 793.5 | 80 | | 105.52 | 15.5 | 942.29 | percent of total billed charges | |
| HC SHOULDER 1 VIEW; PORTABLE | 73020 | CPT | | | | both | | | 991.88 | 119.52 | UHC | Medicare | 103.93 | | | | 15.5 | 942.29 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHOULDER 1 VIEW; PORTABLE | 73020 | CPT | | | | both | | | 991.88 | 119.52 | Aetna | Commercial | 376.91 | 38 | | 84.22 | 15.5 | 942.29 | percent of total billed charges | |
| HC SHOULDER 1 VIEW; PORTABLE | 73020 | CPT | | | | both | | | 991.88 | 119.52 | Aetna | Better Health | 312.94 | 31.55 | | 101.07 | 15.5 | 942.29 | percent of total billed charges | |
| HC SHOULDER 1 VIEW; PORTABLE | 73020 | CPT | | | | both | | | 991.88 | 119.52 | Multiplan | Multiplan | 793.5 | 80 | | | 15.5 | 942.29 | percent of total billed charges | |
| HC SHOULDER 1 VIEW; PORTABLE | 73020 | CPT | | | | both | | | 991.88 | 119.52 | Amerihealth | HMO/PPO | 15.5 | | | | 15.5 | 942.29 | fee schedule | |
| HC SHOULDER 1 VIEW; PORTABLE | 73020 | CPT | | | | both | | | 991.88 | 119.52 | Aetna | Medicare | 103.93 | | | | 15.5 | 942.29 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHOULDER 1 VIEW; PORTABLE | 73020 | CPT | | | | both | | | 991.88 | 119.52 | First Trenton | First Trenton | 892.69 | 90 | | | 15.5 | 942.29 | percent of total billed charges | |
| HC SHOULDER 1 VIEW; PORTABLE | 73020 | CPT | | | | both | | | 991.88 | 119.52 | Qualcare | Qualcare | 743.91 | 75 | | | 15.5 | 942.29 | percent of total billed charges | |
| HC SHOULDER 1 VIEW; PORTABLE | 73020 | CPT | | | | both | | | 991.88 | 119.52 | Horizon | Indemnity | 201.1 | | | | 15.5 | 942.29 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHOULDER 1 VIEW; PORTABLE | 73020 | CPT | | | | both | | | 991.88 | 119.52 | Americare | Americare | 743.91 | 75 | | | 15.5 | 942.29 | percent of total billed charges | |
| HC SHOULDER 1 VIEW; PORTABLE | 73020 | CPT | | | | both | | | 991.88 | 119.52 | First Health | First Health | 694.32 | 70 | | | 15.5 | 942.29 | percent of total billed charges | |
| HC SHOULDER 1 VIEW; PORTABLE | 73020 | CPT | | | | both | | | 991.88 | 119.52 | Consumer | Consumer | 942.29 | 95 | | | 15.5 | 942.29 | percent of total billed charges | |
| HC SHOULDER 1 VIEW; PORTABLE | 73020 | CPT | | | | both | | | 991.88 | 119.52 | Wellcare | Medicaid | 312.94 | 31.55 | | | 15.5 | 942.29 | percent of total billed charges | |
| HC SHOULDER 1 VIEW; PORTABLE | 73020 | CPT | | | | both | | | 991.88 | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 15.5 | 942.29 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHOULDER 1 VIEW; PORTABLE | 73020 | CPT | | | | both | | | 991.88 | 119.52 | Horizon | MGD | 201.1 | | | | 15.5 | 942.29 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHOULDER 1 VIEW; PORTABLE | 73020 | CPT | | | | both | | | 991.88 | 119.52 | UHC | Medicaid | 312.94 | 31.55 | | 31.71 | 15.5 | 942.29 | percent of total billed charges | |
| HC SHOULDER 1 VIEW; PORTABLE | 73020 | CPT | | | | both | | | 991.88 | 119.52 | Three Rivers | Three Rivers | 942.29 | 95 | | | 15.5 | 942.29 | percent of total billed charges | |
| HC SHOULDER 1 VIEW; PORTABLE | 73020 | CPT | | | | both | | | 991.88 | 119.52 | Horizon | NJ Health | 29.4 | | | | 15.5 | 942.29 | fee schedule | |
| HC SHOULDER 1 VIEW; PORTABLE | 73020 | CPT | | | | both | | | 991.88 | 119.52 | Wellcare | Medicare | 103.93 | | | | 15.5 | 942.29 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHOULDER 1 VIEW; PORTABLE | 73020 | CPT | | | | both | | | 991.88 | 119.52 | Horizon | PPO | 201.1 | | | | 15.5 | 942.29 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHOULDER 1 VIEW; PORTABLE | 73020 | CPT | | | | both | | | 991.88 | 119.52 | Managed Care Inc | Managed Care Inc | 892.69 | 90 | | | 15.5 | 942.29 | percent of total billed charges | |
| HC SHOULDER 1 VIEW; PORTABLE | 73020 | CPT | | | | both | | | 991.88 | 119.52 | WellPoint | WellPoint | 319.19 | 32.18 | | | 15.5 | 942.29 | percent of total billed charges | |
| HC SHOULDER COMPLETE 2/+ VIEWS; SURGICAL | 73030 | CPT | | | | both | | | 1119.38 | 119.52 | Aetna | Commercial | 425.36 | 38 | | 96.91 | 19.22 | 1063.41 | percent of total billed charges | |
| HC SHOULDER COMPLETE 2/+ VIEWS; SURGICAL | 73030 | CPT | | | | both | | | 1119.38 | 119.52 | Amerihealth | HMO/PPO | 19.22 | | | 58.84 | 19.22 | 1063.41 | fee schedule | |
| HC SHOULDER COMPLETE 2/+ VIEWS; SURGICAL | 73030 | CPT | | | | both | | | 1119.38 | 119.52 | Horizon | Indemnity | 201.1 | | | 123.62 | 19.22 | 1063.41 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHOULDER COMPLETE 2/+ VIEWS; SURGICAL | 73030 | CPT | | | | both | | | 1119.38 | 119.52 | Aetna | Better Health | 353.16 | 31.55 | | 154.98 | 19.22 | 1063.41 | percent of total billed charges | |
| HC SHOULDER COMPLETE 2/+ VIEWS; SURGICAL | 73030 | CPT | | | | both | | | 1119.38 | 119.52 | First Health | First Health | 783.57 | 70 | | | 19.22 | 1063.41 | percent of total billed charges | |
| HC SHOULDER COMPLETE 2/+ VIEWS; SURGICAL | 73030 | CPT | | | | both | | | 1119.38 | 119.52 | Americare | Americare | 839.54 | 75 | | | 19.22 | 1063.41 | percent of total billed charges | |
| HC SHOULDER COMPLETE 2/+ VIEWS; SURGICAL | 73030 | CPT | | | | both | | | 1119.38 | 119.52 | Aetna | Medicare | 103.93 | | | 78.99 | 19.22 | 1063.41 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHOULDER COMPLETE 2/+ VIEWS; SURGICAL | 73030 | CPT | | | | both | | | 1119.38 | 119.52 | Corrections | Corrections | 895.5 | 80 | | 163.76 | 19.22 | 1063.41 | percent of total billed charges | |
| HC SHOULDER COMPLETE 2/+ VIEWS; SURGICAL | 73030 | CPT | | | | both | | | 1119.38 | 119.52 | Horizon | PPO | 201.1 | | | 123.67 | 19.22 | 1063.41 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHOULDER COMPLETE 2/+ VIEWS; SURGICAL | 73030 | CPT | | | | both | | | 1119.38 | 119.52 | Multiplan | Multiplan | 895.5 | 80 | | | 19.22 | 1063.41 | percent of total billed charges | |
| HC SHOULDER COMPLETE 2/+ VIEWS; SURGICAL | 73030 | CPT | | | | both | | | 1119.38 | 119.52 | First Trenton | First Trenton | 1007.44 | 90 | | | 19.22 | 1063.41 | percent of total billed charges | |
| HC SHOULDER COMPLETE 2/+ VIEWS; SURGICAL | 73030 | CPT | | | | both | | | 1119.38 | 119.52 | Horizon | MGD | 201.1 | | | 135.06 | 19.22 | 1063.41 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHOULDER COMPLETE 2/+ VIEWS; SURGICAL | 73030 | CPT | | | | both | | | 1119.38 | 119.52 | Horizon | Medicare Blue | 103.93 | | | 67.16 | 19.22 | 1063.41 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHOULDER COMPLETE 2/+ VIEWS; SURGICAL | 73030 | CPT | | | | both | | | 1119.38 | 119.52 | Consumer | Consumer | 1063.41 | 95 | | | 19.22 | 1063.41 | percent of total billed charges | |
| HC SHOULDER COMPLETE 2/+ VIEWS; SURGICAL | 73030 | CPT | | | | both | | | 1119.38 | 119.52 | Managed Care Inc | Managed Care Inc | 1007.44 | 90 | | | 19.22 | 1063.41 | percent of total billed charges | |
| HC SHOULDER COMPLETE 2/+ VIEWS; SURGICAL | 73030 | CPT | | | | both | | | 1119.38 | 119.52 | UHC | Medicaid | 353.16 | 31.55 | | 152.74 | 19.22 | 1063.41 | percent of total billed charges | |
| HC SHOULDER COMPLETE 2/+ VIEWS; SURGICAL | 73030 | CPT | | | | both | | | 1119.38 | 119.52 | WellPoint | WellPoint | 360.22 | 32.18 | | 122.37 | 19.22 | 1063.41 | percent of total billed charges | |
| HC SHOULDER COMPLETE 2/+ VIEWS; SURGICAL | 73030 | CPT | | | | both | | | 1119.38 | 119.52 | Qualcare | Qualcare | 839.54 | 75 | | | 19.22 | 1063.41 | percent of total billed charges | |
| HC SHOULDER COMPLETE 2/+ VIEWS; SURGICAL | 73030 | CPT | | | | both | | | 1119.38 | 119.52 | Horizon | NJ Health | 32.34 | | | 49.24 | 19.22 | 1063.41 | fee schedule | |
| HC SHOULDER COMPLETE 2/+ VIEWS; SURGICAL | 73030 | CPT | | | | both | | | 1119.38 | 119.52 | Three Rivers | Three Rivers | 1063.41 | 95 | | | 19.22 | 1063.41 | percent of total billed charges | |
| HC SHOULDER COMPLETE 2/+ VIEWS; SURGICAL | 73030 | CPT | | | | both | | | 1119.38 | 119.52 | UHC | Medicare | 103.93 | | | 62.32 | 19.22 | 1063.41 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHOULDER COMPLETE 2/+ VIEWS; SURGICAL | 73030 | CPT | | | | both | | | 1119.38 | 119.52 | Wellcare | Medicaid | 353.16 | 31.55 | | 165.06 | 19.22 | 1063.41 | percent of total billed charges | |
| HC SHOULDER COMPLETE 2/+ VIEWS; SURGICAL | 73030 | CPT | | | | both | | | 1119.38 | 119.52 | Wellcare | Medicare | 103.93 | | | 47.26 | 19.22 | 1063.41 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHROGRAPHY SHOULDER | 73040 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Horizon | MGD | 851.07 | | | | 41.16 | 2099.03 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHROGRAPHY SHOULDER | 73040 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Aetna | Better Health | 697.1 | 31.55 | | | 41.16 | 2099.03 | percent of total billed charges | |
| HC ARTHROGRAPHY SHOULDER | 73040 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Aetna | Commercial | 839.61 | 38 | | | 41.16 | 2099.03 | percent of total billed charges | |
| HC ARTHROGRAPHY SHOULDER | 73040 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Americare | Americare | 1657.13 | 75 | | | 41.16 | 2099.03 | percent of total billed charges | |
| HC ARTHROGRAPHY SHOULDER | 73040 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Horizon | PPO | 851.07 | | | | 41.16 | 2099.03 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHROGRAPHY SHOULDER | 73040 | CPT | | | | outpatient | | | 2209.5 | 505.8 | First Health | First Health | 1546.65 | 70 | | | 41.16 | 2099.03 | percent of total billed charges | |
| HC ARTHROGRAPHY SHOULDER | 73040 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Aetna | Medicare | 439.83 | | | | 41.16 | 2099.03 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHROGRAPHY SHOULDER | 73040 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Corrections | Corrections | 1767.6 | 80 | | | 41.16 | 2099.03 | percent of total billed charges | |
| HC ARTHROGRAPHY SHOULDER | 73040 | CPT | | | | outpatient | | | 2209.5 | 505.8 | UHC | Medicaid | 697.1 | 31.55 | | | 41.16 | 2099.03 | percent of total billed charges | |
| HC ARTHROGRAPHY SHOULDER | 73040 | CPT | | | | outpatient | | | 2209.5 | 505.8 | UHC | Medicare | 439.83 | | | | 41.16 | 2099.03 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHROGRAPHY SHOULDER | 73040 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Amerihealth | HMO/PPO | 1436.18 | 65 | | | 41.16 | 2099.03 | percent of total billed charges | |
| HC ARTHROGRAPHY SHOULDER | 73040 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Consumer | Consumer | 2099.03 | 95 | | | 41.16 | 2099.03 | percent of total billed charges | |
| HC ARTHROGRAPHY SHOULDER | 73040 | CPT | | | | outpatient | | | 2209.5 | 505.8 | WellPoint | WellPoint | 711.02 | 32.18 | | | 41.16 | 2099.03 | percent of total billed charges | |
| HC ARTHROGRAPHY SHOULDER | 73040 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Horizon | NJ Health | 41.16 | | | 241.47 | 41.16 | 2099.03 | fee schedule | |
| HC ARTHROGRAPHY SHOULDER | 73040 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Wellcare | Medicaid | 697.1 | 31.55 | | | 41.16 | 2099.03 | percent of total billed charges | |
| HC ARTHROGRAPHY SHOULDER | 73040 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Horizon | Indemnity | 851.07 | | | | 41.16 | 2099.03 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHROGRAPHY SHOULDER | 73040 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Horizon | Medicare Blue | 439.83 | | | | 41.16 | 2099.03 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHROGRAPHY SHOULDER | 73040 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Wellcare | Medicare | 439.83 | | | | 41.16 | 2099.03 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ARTHROGRAPHY SHOULDER | 73040 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Multiplan | Multiplan | 1767.6 | 80 | | | 41.16 | 2099.03 | percent of total billed charges | |
| HC ARTHROGRAPHY SHOULDER | 73040 | CPT | | | | outpatient | | | 2209.5 | 505.8 | First Trenton | First Trenton | 1988.55 | 90 | | | 41.16 | 2099.03 | percent of total billed charges | |
| HC ARTHROGRAPHY SHOULDER | 73040 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Qualcare | Qualcare | 1657.13 | 75 | | | 41.16 | 2099.03 | percent of total billed charges | |
| HC ARTHROGRAPHY SHOULDER | 73040 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Managed Care Inc | Managed Care Inc | 1988.55 | 90 | | | 41.16 | 2099.03 | percent of total billed charges | |
| HC ARTHROGRAPHY SHOULDER | 73040 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Three Rivers | Three Rivers | 2099.03 | 95 | | | 41.16 | 2099.03 | percent of total billed charges | |
| HC AC JOINTS BILAT W OR WO WEIGHTED DISTRACTION | 73050 | CPT | | | | both | | | 627 | 119.52 | Aetna | Medicare | 103.93 | | | | 21.7 | 595.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AC JOINTS BILAT W OR WO WEIGHTED DISTRACTION | 73050 | CPT | | | | both | | | 627 | 119.52 | Americare | Americare | 470.25 | 75 | | | 21.7 | 595.65 | percent of total billed charges | |
| HC AC JOINTS BILAT W OR WO WEIGHTED DISTRACTION | 73050 | CPT | | | | both | | | 627 | 119.52 | Consumer | Consumer | 595.65 | 95 | | | 21.7 | 595.65 | percent of total billed charges | |
| HC AC JOINTS BILAT W OR WO WEIGHTED DISTRACTION | 73050 | CPT | | | | both | | | 627 | 119.52 | Horizon | Indemnity | 201.1 | | | | 21.7 | 595.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AC JOINTS BILAT W OR WO WEIGHTED DISTRACTION | 73050 | CPT | | | | both | | | 627 | 119.52 | Aetna | Commercial | 238.26 | 38 | | | 21.7 | 595.65 | percent of total billed charges | |
| HC AC JOINTS BILAT W OR WO WEIGHTED DISTRACTION | 73050 | CPT | | | | both | | | 627 | 119.52 | Amerihealth | HMO/PPO | 21.7 | | | | 21.7 | 595.65 | fee schedule | |
| HC AC JOINTS BILAT W OR WO WEIGHTED DISTRACTION | 73050 | CPT | | | | both | | | 627 | 119.52 | First Health | First Health | 438.9 | 70 | | | 21.7 | 595.65 | percent of total billed charges | |
| HC AC JOINTS BILAT W OR WO WEIGHTED DISTRACTION | 73050 | CPT | | | | both | | | 627 | 119.52 | Aetna | Better Health | 197.82 | 31.55 | | 168.51 | 21.7 | 595.65 | percent of total billed charges | |
| HC AC JOINTS BILAT W OR WO WEIGHTED DISTRACTION | 73050 | CPT | | | | both | | | 627 | 119.52 | UHC | Medicare | 103.93 | | | 29.5 | 21.7 | 595.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AC JOINTS BILAT W OR WO WEIGHTED DISTRACTION | 73050 | CPT | | | | both | | | 627 | 119.52 | Corrections | Corrections | 501.6 | 80 | | 181.24 | 21.7 | 595.65 | percent of total billed charges | |
| HC AC JOINTS BILAT W OR WO WEIGHTED DISTRACTION | 73050 | CPT | | | | both | | | 627 | 119.52 | Horizon | MGD | 201.1 | | | 110.23 | 21.7 | 595.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AC JOINTS BILAT W OR WO WEIGHTED DISTRACTION | 73050 | CPT | | | | both | | | 627 | 119.52 | Horizon | PPO | 201.1 | | | 116.5 | 21.7 | 595.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AC JOINTS BILAT W OR WO WEIGHTED DISTRACTION | 73050 | CPT | | | | both | | | 627 | 119.52 | WellPoint | WellPoint | 201.77 | 32.18 | | | 21.7 | 595.65 | percent of total billed charges | |
| HC AC JOINTS BILAT W OR WO WEIGHTED DISTRACTION | 73050 | CPT | | | | both | | | 627 | 119.52 | UHC | Medicaid | 197.82 | 31.55 | | 179.08 | 21.7 | 595.65 | percent of total billed charges | |
| HC AC JOINTS BILAT W OR WO WEIGHTED DISTRACTION | 73050 | CPT | | | | both | | | 627 | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 21.7 | 595.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AC JOINTS BILAT W OR WO WEIGHTED DISTRACTION | 73050 | CPT | | | | both | | | 627 | 119.52 | First Trenton | First Trenton | 564.3 | 90 | | | 21.7 | 595.65 | percent of total billed charges | |
| HC AC JOINTS BILAT W OR WO WEIGHTED DISTRACTION | 73050 | CPT | | | | both | | | 627 | 119.52 | Three Rivers | Three Rivers | 595.65 | 95 | | | 21.7 | 595.65 | percent of total billed charges | |
| HC AC JOINTS BILAT W OR WO WEIGHTED DISTRACTION | 73050 | CPT | | | | both | | | 627 | 119.52 | Horizon | NJ Health | 35.28 | | | 64.5 | 21.7 | 595.65 | fee schedule | |
| HC AC JOINTS BILAT W OR WO WEIGHTED DISTRACTION | 73050 | CPT | | | | both | | | 627 | 119.52 | Multiplan | Multiplan | 501.6 | 80 | | | 21.7 | 595.65 | percent of total billed charges | |
| HC AC JOINTS BILAT W OR WO WEIGHTED DISTRACTION | 73050 | CPT | | | | both | | | 627 | 119.52 | Managed Care Inc | Managed Care Inc | 564.3 | 90 | | | 21.7 | 595.65 | percent of total billed

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC HUMERUS 2 VIEWS; SURGICAL | 73060 | CPT | | | | both | | | 1134.38 | 119.52 | Horizon | Indemnity | 201.1 | | | 119.3 | 18.6 | 1077.66 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HUMERUS 2 VIEWS; SURGICAL | 73060 | CPT | | | | both | | | 1134.38 | 119.52 | First Health | First Health | 794.07 | 70 | | | 18.6 | 1077.66 | percent of total billed charges | |
| HC HUMERUS 2 VIEWS; SURGICAL | 73060 | CPT | | | | both | | | 1134.38 | 119.52 | Aetna | Better Health | 357.9 | 31.55 | | 140.93 | 18.6 | 1077.66 | percent of total billed charges | |
| HC HUMERUS 2 VIEWS; SURGICAL | 73060 | CPT | | | | both | | | 1134.38 | 119.52 | First Trenton | First Trenton | 1020.94 | 90 | | | 18.6 | 1077.66 | percent of total billed charges | |
| HC HUMERUS 2 VIEWS; SURGICAL | 73060 | CPT | | | | both | | | 1134.38 | 119.52 | Consumer | Consumer | 1077.66 | 95 | | | 18.6 | 1077.66 | percent of total billed charges | |
| HC HUMERUS 2 VIEWS; SURGICAL | 73060 | CPT | | | | both | | | 1134.38 | 119.52 | Amerihealth | HMO/PPO | 18.6 | | | 45.25 | 18.6 | 1077.66 | fee schedule | |
| HC HUMERUS 2 VIEWS; SURGICAL | 73060 | CPT | | | | both | | | 1134.38 | 119.52 | Americare | Americare | 850.79 | 75 | | | 18.6 | 1077.66 | percent of total billed charges | |
| HC HUMERUS 2 VIEWS; SURGICAL | 73060 | CPT | | | | both | | | 1134.38 | 119.52 | UHC | Medicare | 103.93 | | | 56.63 | 18.6 | 1077.66 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HUMERUS 2 VIEWS; SURGICAL | 73060 | CPT | | | | both | | | 1134.38 | 119.52 | Horizon | MGD | 201.1 | | | 110.29 | 18.6 | 1077.66 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HUMERUS 2 VIEWS; SURGICAL | 73060 | CPT | | | | both | | | 1134.38 | 119.52 | Multiplan | Multiplan | 907.5 | 80 | | | 18.6 | 1077.66 | percent of total billed charges | |
| HC HUMERUS 2 VIEWS; SURGICAL | 73060 | CPT | | | | both | | | 1134.38 | 119.52 | WellPoint | WellPoint | 365.04 | 32.18 | | 127.48 | 18.6 | 1077.66 | percent of total billed charges | |
| HC HUMERUS 2 VIEWS; SURGICAL | 73060 | CPT | | | | both | | | 1134.38 | 119.52 | Horizon | NJ Health | 32.34 | | | 53.78 | 18.6 | 1077.66 | fee schedule | |
| HC HUMERUS 2 VIEWS; SURGICAL | 73060 | CPT | | | | both | | | 1134.38 | 119.52 | Wellcare | Medicaid | 357.9 | 31.55 | | 162.03 | 18.6 | 1077.66 | percent of total billed charges | |
| HC HUMERUS 2 VIEWS; SURGICAL | 73060 | CPT | | | | both | | | 1134.38 | 119.52 | Corrections | Corrections | 907.5 | 80 | | 174.85 | 18.6 | 1077.66 | percent of total billed charges | |
| HC HUMERUS 2 VIEWS; SURGICAL | 73060 | CPT | | | | both | | | 1134.38 | 119.52 | Managed Care Inc | Managed Care Inc | 1020.94 | 90 | | | 18.6 | 1077.66 | percent of total billed charges | |
| HC HUMERUS 2 VIEWS; SURGICAL | 73060 | CPT | | | | both | | | 1134.38 | 119.52 | Three Rivers | Three Rivers | 1077.66 | 95 | | | 18.6 | 1077.66 | percent of total billed charges | |
| HC HUMERUS 2 VIEWS; SURGICAL | 73060 | CPT | | | | both | | | 1134.38 | 119.52 | UHC | Medicaid | 357.9 | 31.55 | | 143.05 | 18.6 | 1077.66 | percent of total billed charges | |
| HC HUMERUS 2 VIEWS; SURGICAL | 73060 | CPT | | | | both | | | 1134.38 | 119.52 | Horizon | Medicare Blue | 103.93 | | | 42.12 | 18.6 | 1077.66 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HUMERUS 2 VIEWS; SURGICAL | 73060 | CPT | | | | both | | | 1134.38 | 119.52 | Wellcare | Medicare | 103.93 | | | | 18.6 | 1077.66 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HUMERUS 2 VIEWS; SURGICAL | 73060 | CPT | | | | both | | | 1134.38 | 119.52 | Horizon | PPO | 201.1 | | | 182.73 | 18.6 | 1077.66 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HUMERUS 2 VIEWS; SURGICAL | 73060 | CPT | | | | both | | | 1134.38 | 119.52 | Qualcare | Qualcare | 850.79 | 75 | | | 18.6 | 1077.66 | percent of total billed charges | |
| HC ELBOW 2 VIEWS, SURGICAL | 73070 | CPT | | | | both | | | 1132.5 | 119.52 | Consumer | Consumer | 1075.88 | 95 | | | 17.98 | 1075.88 | percent of total billed charges | |
| HC ELBOW 2 VIEWS, SURGICAL | 73070 | CPT | | | | both | | | 1132.5 | 119.52 | Aetna | Commercial | 430.35 | 38 | | 77.75 | 17.98 | 1075.88 | percent of total billed charges | |
| HC ELBOW 2 VIEWS, SURGICAL | 73070 | CPT | | | | both | | | 1132.5 | 119.52 | Aetna | Medicare | 103.93 | | | 55.81 | 17.98 | 1075.88 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELBOW 2 VIEWS, SURGICAL | 73070 | CPT | | | | both | | | 1132.5 | 119.52 | First Trenton | First Trenton | 1019.25 | 90 | | | 17.98 | 1075.88 | percent of total billed charges | |
| HC ELBOW 2 VIEWS, SURGICAL | 73070 | CPT | | | | both | | | 1132.5 | 119.52 | Americare | Americare | 849.38 | 75 | | | 17.98 | 1075.88 | percent of total billed charges | |
| HC ELBOW 2 VIEWS, SURGICAL | 73070 | CPT | | | | both | | | 1132.5 | 119.52 | Aetna | Better Health | 357.3 | 31.55 | | 153.62 | 17.98 | 1075.88 | percent of total billed charges | |
| HC ELBOW 2 VIEWS, SURGICAL | 73070 | CPT | | | | both | | | 1132.5 | 119.52 | Amerihealth | HMO/PPO | 17.98 | | | 51.95 | 17.98 | 1075.88 | fee schedule | |
| HC ELBOW 2 VIEWS, SURGICAL | 73070 | CPT | | | | both | | | 1132.5 | 119.52 | Corrections | Corrections | 906 | 80 | | 149.76 | 17.98 | 1075.88 | percent of total billed charges | |
| HC ELBOW 2 VIEWS, SURGICAL | 73070 | CPT | | | | both | | | 1132.5 | 119.52 | Horizon | MGD | 201.1 | | | 113.94 | 17.98 | 1075.88 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELBOW 2 VIEWS, SURGICAL | 73070 | CPT | | | | both | | | 1132.5 | 119.52 | Horizon | NJ Health | 32.34 | | | 45.6 | 17.98 | 1075.88 | fee schedule | |
| HC ELBOW 2 VIEWS, SURGICAL | 73070 | CPT | | | | both | | | 1132.5 | 119.52 | Wellcare | Medicaid | 357.3 | 31.55 | | 155.27 | 17.98 | 1075.88 | percent of total billed charges | |
| HC ELBOW 2 VIEWS, SURGICAL | 73070 | CPT | | | | both | | | 1132.5 | 119.52 | Horizon | Indemnity | 201.1 | | | 114.3 | 17.98 | 1075.88 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELBOW 2 VIEWS, SURGICAL | 73070 | CPT | | | | both | | | 1132.5 | 119.52 | Multiplan | Multiplan | 906 | 80 | | | 17.98 | 1075.88 | percent of total billed charges | |
| HC ELBOW 2 VIEWS, SURGICAL | 73070 | CPT | | | | both | | | 1132.5 | 119.52 | Horizon | Medicare Blue | 103.93 | | | 41.17 | 17.98 | 1075.88 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELBOW 2 VIEWS, SURGICAL | 73070 | CPT | | | | both | | | 1132.5 | 119.52 | Qualcare | Qualcare | 849.38 | 75 | | | 17.98 | 1075.88 | percent of total billed charges | |
| HC ELBOW 2 VIEWS, SURGICAL | 73070 | CPT | | | | both | | | 1132.5 | 119.52 | First Health | First Health | 792.75 | 70 | | | 17.98 | 1075.88 | percent of total billed charges | |
| HC ELBOW 2 VIEWS, SURGICAL | 73070 | CPT | | | | both | | | 1132.5 | 119.52 | UHC | Medicaid | 357.3 | 31.55 | | 165.38 | 17.98 | 1075.88 | percent of total billed charges | |
| HC ELBOW 2 VIEWS, SURGICAL | 73070 | CPT | | | | both | | | 1132.5 | 119.52 | Wellcare | Medicare | 103.93 | | | | 17.98 | 1075.88 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELBOW 2 VIEWS, SURGICAL | 73070 | CPT | | | | both | | | 1132.5 | 119.52 | Managed Care Inc | Managed Care Inc | 1019.25 | 90 | | | 17.98 | 1075.88 | percent of total billed charges | |
| HC ELBOW 2 VIEWS, SURGICAL | 73070 | CPT | | | | both | | | 1132.5 | 119.52 | Horizon | PPO | 201.1 | | | 116.76 | 17.98 | 1075.88 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELBOW 2 VIEWS, SURGICAL | 73070 | CPT | | | | both | | | 1132.5 | 119.52 | WellPoint | WellPoint | 364.44 | 32.18 | | 117.98 | 17.98 | 1075.88 | percent of total billed charges | |
| HC ELBOW 2 VIEWS, SURGICAL | 73070 | CPT | | | | both | | | 1132.5 | 119.52 | UHC | Medicare | 103.93 | | | 69.19 | 17.98 | 1075.88 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELBOW 2 VIEWS, SURGICAL | 73070 | CPT | | | | both | | | 1132.5 | 119.52 | Three Rivers | Three Rivers | 1075.88 | 95 | | | 17.98 | 1075.88 | percent of total billed charges | |
| HC ELBOW COMPLETE 3 VIEWS | 73080 | CPT | | | | both | | | 283 | 119.52 | Aetna | Commercial | 107.54 | 38 | | 105.25 | 18.6 | 268.85 | percent of total billed charges | |
| HC ELBOW COMPLETE 3 VIEWS | 73080 | CPT | | | | both | | | 283 | 119.52 | Aetna | Better Health | 89.29 | 31.55 | | 82.31 | 18.6 | 268.85 | percent of total billed charges | |
| HC ELBOW COMPLETE 3 VIEWS | 73080 | CPT | | | | both | | | 283 | 119.52 | Horizon | MGD | 201.1 | | | 73.59 | 18.6 | 268.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELBOW COMPLETE 3 VIEWS | 73080 | CPT | | | | both | | | 283 | 119.52 | Horizon | Indemnity | 201.1 | | | 80.6 | 18.6 | 268.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELBOW COMPLETE 3 VIEWS | 73080 | CPT | | | | both | | | 283 | 119.52 | Corrections | Corrections | 226.4 | 80 | | 83.93 | 18.6 | 268.85 | percent of total billed charges | |
| HC ELBOW COMPLETE 3 VIEWS | 73080 | CPT | | | | both | | | 283 | 119.52 | Americare | Americare | 212.25 | 75 | | | 18.6 | 268.85 | percent of total billed charges | |
| HC ELBOW COMPLETE 3 VIEWS | 73080 | CPT | | | | both | | | 283 | 119.52 | Amerihealth | HMO/PPO | 18.6 | | | | 18.6 | 268.85 | fee schedule | |
| HC ELBOW COMPLETE 3 VIEWS | 73080 | CPT | | | | both | | | 283 | 119.52 | Multiplan | Multiplan | 226.4 | 80 | | | 18.6 | 268.85 | percent of total billed charges | |
| HC ELBOW COMPLETE 3 VIEWS | 73080 | CPT | | | | both | | | 283 | 119.52 | WellPoint | WellPoint | 91.07 | 32.18 | | 74.01 | 18.6 | 268.85 | percent of total billed charges | |
| HC ELBOW COMPLETE 3 VIEWS | 73080 | CPT | | | | both | | | 283 | 119.52 | Aetna | Medicare | 103.93 | | | | 18.6 | 268.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELBOW COMPLETE 3 VIEWS | 73080 | CPT | | | | both | | | 283 | 119.52 | Horizon | PPO | 201.1 | | | 19.01 | 18.6 | 268.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELBOW COMPLETE 3 VIEWS | 73080 | CPT | | | | both | | | 283 | 119.52 | Qualcare | Qualcare | 212.25 | 75 | | | 18.6 | 268.85 | percent of total billed charges | |
| HC ELBOW COMPLETE 3 VIEWS | 73080 | CPT | | | | both | | | 283 | 119.52 | Horizon | NJ Health | 32.34 | | | 32.35 | 18.6 | 268.85 | fee schedule | |
| HC ELBOW COMPLETE 3 VIEWS | 73080 | CPT | | | | both | | | 283 | 119.52 | First Trenton | First Trenton | 254.7 | 90 | | | 18.6 | 268.85 | percent of total billed charges | |
| HC ELBOW COMPLETE 3 VIEWS | 73080 | CPT | | | | both | | | 283 | 119.52 | First Health | First Health | 198.1 | 70 | | | 18.6 | 268.85 | percent of total billed charges | |
| HC ELBOW COMPLETE 3 VIEWS | 73080 | CPT | | | | both | | | 283 | 119.52 | Consumer | Consumer | 268.85 | 95 | | | 18.6 | 268.85 | percent of total billed charges | |
| HC ELBOW COMPLETE 3 VIEWS | 73080 | CPT | | | | both | | | 283 | 119.52 | UHC | Medicaid | 89.29 | 31.55 | | 70.26 | 18.6 | 268.85 | percent of total billed charges | |
| HC ELBOW COMPLETE 3 VIEWS | 73080 | CPT | | | | both | | | 283 | 119.52 | Three Rivers | Three Rivers | 268.85 | 95 | | | 18.6 | 268.85 | percent of total billed charges | |
| HC ELBOW COMPLETE 3 VIEWS | 73080 | CPT | | | | both | | | 283 | 119.52 | Wellcare | Medicaid | 89.29 | 31.55 | | 68.31 | 18.6 | 268.85 | percent of total billed charges | |
| HC ELBOW COMPLETE 3 VIEWS | 73080 | CPT | | | | both | | | 283 | 119.52 | Managed Care Inc | Managed Care Inc | 254.7 | 90 | | | 18.6 | 268.85 | percent of total billed charges | |
| HC ELBOW COMPLETE 3 VIEWS | 73080 | CPT | | | | both | | | 283 | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 18.6 | 268.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELBOW COMPLETE 3 VIEWS | 73080 | CPT | | | | both | | | 283 | 119.52 | UHC | Medicare | 103.93 | | | 32.9 | 18.6 | 268.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELBOW COMPLETE 3 VIEWS | 73080 | CPT | | | | both | | | 283 | 119.52 | Wellcare | Medicare | 103.93 | | | | 18.6 | 268.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELBOW ARTHROGRAPHY | 73085 | CPT | | | | outpatient | | | 2209.5 | 505.8 | UHC | Medicare | 439.83 | | | | 35.57 | 2099.03 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELBOW ARTHROGRAPHY | 73085 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Amerihealth | HMO/PPO | 1436.18 | 65 | | | 35.57 | 2099.03 | percent of total billed charges | |
| HC ELBOW ARTHROGRAPHY | 73085 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Corrections | Corrections | 1767.6 | 80 | | | 35.57 | 2099.03 | percent of total billed charges | |
| HC ELBOW ARTHROGRAPHY | 73085 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Horizon | MGD | 851.07 | | | | 35.57 | 2099.03 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELBOW ARTHROGRAPHY | 73085 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Americare | Americare | 1657.13 | 75 | | | 35.57 | 2099.03 | percent of total billed charges | |
| HC ELBOW ARTHROGRAPHY | 73085 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Aetna | Better Health | 697.1 | 31.55 | | | 35.57 | 2099.03 | percent of total billed charges | |
| HC ELBOW ARTHROGRAPHY | 73085 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Horizon | Indemnity | 851.07 | | | | 35.57 | 2099.03 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELBOW ARTHROGRAPHY | 73085 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Aetna | Commercial | 839.61 | 38 | | | 35.57 | 2099.03 | percent of total billed charges | |
| HC ELBOW ARTHROGRAPHY | 73085 | CPT | | | | outpatient | | | 2209.5 | 505.8 | First Trenton | First Trenton | 1988.55 | 90 | | | 35.57 | 2099.03 | percent of total billed charges | |
| HC ELBOW ARTHROGRAPHY | 73085 | CPT | | | | outpatient | | | 2209.5 | 505.8 | First Health | First Health | 1546.65 | 70 | | | 35.57 | 2099.03 | percent of total billed charges | |
| HC ELBOW ARTHROGRAPHY | 73085 | CPT | | | | outpatient | | | 2209.5 | 505.8 | UHC | Medicaid | 697.1 | 31.55 | | | 35.57 | 2099.03 | percent of total billed charges | |
| HC ELBOW ARTHROGRAPHY | 73085 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Horizon | PPO | 851.07 | | | | 35.57 | 2099.03 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELBOW ARTHROGRAPHY | 73085 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Horizon | NJ Health | 35.57 | | | | 35.57 | 2099.03 | fee schedule | |
| HC ELBOW ARTHROGRAPHY | 73085 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Aetna | Medicare | 439.83 | | | | 35.57 | 2099.03 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELBOW ARTHROGRAPHY | 73085 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Managed Care Inc | Managed Care Inc | 1988.55 | 90 | | | 35.57 | 2099.03 | percent of total billed charges | |
| HC ELBOW ARTHROGRAPHY | 73085 | CPT | | | | outpatient | | | 2209.5 | 505.8 | WellPoint | WellPoint | 711.02 | 32.18 | | | 35.57 | 2099.03 | percent of total billed charges | |
| HC ELBOW ARTHROGRAPHY | 73085 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Three Rivers | Three Rivers | 2099.03 | 95 | | | 35.57 | 2099.03 | percent of total billed charges | |
| HC ELBOW ARTHROGRAPHY | 73085 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Horizon | Medicare Blue | 439.83 | | | | 35.57 | 2099.03 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELBOW ARTHROGRAPHY | 73085 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Wellcare | Medicare | 439.83 | | | | 35.57 | 2099.03 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELBOW ARTHROGRAPHY | 73085 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Consumer | Consumer | 2099.03 | 95 | | | 35.57 | 2099.03 | percent of total billed charges | |
| HC ELBOW ARTHROGRAPHY | 73085 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Multiplan | Multiplan | 1767.6 | 80 | | | 35.57 | 2099.03 | percent of total billed charges | |
| HC ELBOW ARTHROGRAPHY | 73085 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Wellcare | Medicaid | 697.1 | 31.55 | | | 35.57 | 2099.03 | percent of total billed charges | |
| HC ELBOW ARTHROGRAPHY | 73085 | CPT | | | | outpatient | | | 2209.5 | 505.8 | Qualcare | Qualcare | 1657.13 | 75 | | | 35.57 | 2099.03 | percent of total billed charges | |
| HC FOREARM 2 VIEWS; SURGICAL | 73090 | CPT | | | | both | | | 906 | 119.52 | First Health | First Health | 634.2 | 70 | | | 18.6 | 860.7 | percent of total billed charges | |
| HC FOREARM 2 VIEWS; SURGICAL | 73090 | CPT | | | | both | | | 906 | 119.52 | Aetna | Better Health | 285.84 | 31.55 | | 163.31 | 18.6 | 860.7 | percent of total billed charges | |
| HC FOREARM 2 VIEWS; SURGICAL | 73090 | CPT | | | | both | | | 906 | 119.52 | Horizon | PPO | 201.1 | | | 109.32 | 18.6 | 860.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FOREARM 2 VIEWS; SURGICAL | 73090 | CPT | | | | both | | | 906 | 119.52 | Americare | Americare | 679.5 | 75 | | | 18.6 | 860.7 | percent of total billed charges | |
| HC FOREARM 2 VIEWS; SURGICAL | 73090 | CPT | | | | both | | | 906 | 119.52 | Aetna | Medicare | 103.93 | | | 50.97 | 18.6 | 860.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FOREARM 2 VIEWS; SURGICAL | 73090 | CPT | | | | both | | | 906 | 119.52 | First Trenton | First Trenton | 815.4 | 90 | | | 18.6 | 860.7 | percent of total billed charges | |
| HC FOREARM 2 VIEWS; SURGICAL | 73090 | CPT | | | | both | | | 906 | 119.52 | Horizon | Indemnity | 201.1 | | | 127.73 | 18.6 | 860.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FOREARM 2 VIEWS; SURGICAL | 73090 | CPT | | | | both | | | 906 | 119.52 | Aetna | Commercial | 344.28 | 38 | | 86.92 | 18.6 | 860.7 | percent of total billed charges | |
| HC FOREARM 2 VIEWS; SURGICAL | 73090 | CPT | | | | both | | | 906 | 119.52 | Consumer | Consumer | 860.7 | 95 | | | 18.6 | 860.7 | percent of total billed charges | |
| HC FOREARM 2 VIEWS; SURGICAL | 73090 | CPT | | | | both | | | 906 | 119.52 | Amerihealth | HMO/PPO | 18.6 | | | 45.25 | 18.6 | 860.7 | fee schedule | |
| HC FOREARM 2 VIEWS; SURGICAL | 73090 | CPT | | | | both | | | 906 | 119.52 | Horizon | NJ Health | 27.44 | | | 50.53 | 18.6 | 860.7 | fee schedule | |
| HC FOREARM 2 VIEWS; SURGICAL | 73090 | CPT | | | | both | | | 906 | 119.52 | Corrections | Corrections | 724.8 | 80 | | 157.38 | 18.6 | 860.7 | percent of total billed charges | |
| HC FOREARM 2 VIEWS; SURGICAL | 73090 | CPT | | | | both | | | 906 | 119.52 | Wellcare | Medicaid | 285.84 | 31.55 | | 166.81 | 18.6 | 860.7 | percent of total billed charges | |
| HC FOREARM 2 VIEWS; SURGICAL | 73090 | CPT | | | | both | | | 906 | 119.52 | Managed Care Inc | Managed Care Inc | 815.4 | 90 | | | 18.6 | 860.7 | percent of total billed charges | |
| HC FOREARM 2 VIEWS; SURGICAL | 73090 | CPT | | | | both | | | 906 | 119.52 | Multiplan | Multiplan | 724.8 | 80 | | | 18.6 | 860.7 | percent of total billed charges | |
| HC FOREARM 2 VIEWS; SURGICAL | 73090 | CPT | | | | both | | | 906 | 119.52 | Horizon | Medicare Blue | 103.93 | | | 50.68 | 18.6 | 860.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FOREARM 2 VIEWS; SURGICAL | 73090 | CPT | | | | both | | | 906 | 119.52 | UHC | Medicaid | 285.84 | 31.55 | | 157.1 | 18.6 | 860.7 | percent of total billed charges | |
| HC FOREARM 2 VIEWS; SURGICAL | 73090 | CPT | | | | both | | | 906 | 119.52 | Qualcare | Qualcare | 679.5 | 75 | | | 18.6 | 860.7 | percent of total billed charges | |
| HC FOREARM 2 VIEWS; SURGICAL | 73090 | CPT | | | | both | | | 906 | 119.52 | Wellcare | Medicare | 103.93 | | | | 18.6 | 860.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FOREARM 2 VIEWS; SURGICAL | 73090 | CPT | | | | both | | | 906 | 119.52 | Horizon | MGD | 201.1 | | | 131.55 | 18.6 | 860.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FOREARM 2 VIEWS; SURGICAL | 73090 | CPT | | | | both | | | 906 | 119.52 | WellPoint | WellPoint | 291.55 | 32.18 | | 140.95 | 18.6 | 860.7 | percent of total billed charges | |
| HC FOREARM 2 VIEWS; SURGICAL | 73090 | CPT | | | | both | | | 906 | 119.52 | Three Rivers | Three Rivers | 860.7 | 95 | | | 18.6 | 860.7 | percent of total billed charges | |
| HC FOREARM 2 VIEWS; SURGICAL | 73090 | CPT | | | | both | | | 906 | 119.52 | UHC | Medicare | 103.93 | | | 66.05 | 18.6 | 860.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS | 73092 | CPT | | | | outpatient | | | 160.69 | 144.6 | First Trenton | First Trenton | 144.62 | 90 | | | 16.12 | 243.31 | percent of total billed charges | |
| HC RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS | 73092 | CPT | | | | outpatient | | | 160.69 | 144.6 | Aetna | Medicare | 125.74 | | | | 16.12 | 243.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS | 73092 | CPT | | | | outpatient | | | 160.69 | 144.6 | Aetna | Better Health | 50.7 | 31.55 | | | 16.12 | 243.31 | percent of total billed charges | |
| HC RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS | 73092 | CPT | | | | outpatient | | | 160.69 | 144.6 | Consumer | Consumer | 152.66 | 95 | | | 16.12 | 243.31 | percent of total billed charges | |
| HC RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS | 73092 | CPT | | | | outpatient | | | 160.69 | 144.6 | Amerihealth | HMO/PPO | 16.12 | | | | 16.12 | 243.31 | fee schedule | |
| HC RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS | 73092 | CPT | | | | outpatient | | | 160.69 | 144.6 | Aetna | Commercial | 61.06 | 38 | | | 16.12 | 243.31 | percent of total billed charges | |
| HC RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS | 73092 | CPT | | | | outpatient | | | 160.69 | 144.6 | Multiplan | Multiplan | 128.55 | 80 | | | 16.12 | 243.31 | percent of total billed charges | |
| HC RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS | 73092 | CPT | | | | outpatient | | | 160.69 | 144.6 | Americare | Americare | 120.52 | 75 | | | 16.12 | 243.31 | percent of total billed charges | |
| HC RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS | 73092 | CPT | | | | outpatient | | | 160.69 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 16.12 | 243.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS | 73092 | CPT | | | | outpatient | | | 160.69 | 144.6 | Horizon | MGD | 243.31 | | | | 16.12 | 243.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS | 73092 | CPT | | | | outpatient | | | 160.69 | 144.6 | Corrections | Corrections | 128.55 | 80 | | | 16.12 | 243.31 | percent of total billed charges | |
| HC RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS | 73092 | CPT | | | | outpatient | | | 160.69 | 144.6 | UHC | Medicare | 125.74 | | | | 16.12 | 243.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS | 73092 | CPT | | | | outpatient | | | 160.69 | 144.6 | First Health | First Health | 112.48 | 70 | | | 16.12 | 243.31 | percent of total billed charges | |
| HC RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS | 73092 | CPT | | | | outpatient | | | 160.69 | 144.6 | Qualcare | Qualcare | 120.52 | 75 | | | 16.12 | 243.31 | percent of total billed charges | |
| HC RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS | 73092 | CPT | | | | outpatient | | | 160.69 | 144.6 | Horizon | NJ Health | 99.2 | | | | 16.12 | 243.31 | fee schedule | |
| HC RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS | 73092 | CPT | | | | outpatient | | | 160.69 | 144.6 | Horizon | PPO | 243.31 | | | | 16.12 | 243.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS | 73092 | CPT | | | | outpatient | | | 160.69 | 144.6 | Horizon | Indemnity | 243.31 | | | | 16.12 | 243.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS | 73092 | CPT | | | | outpatient | | | 160.69 | 144.6 | Wellcare | Medicare | 125.74 | | | | 16.12 | 243.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS | 73092 | CPT | | | | outpatient | | | 160.69 | 144.6 | Managed Care Inc | Managed Care Inc | 144.62 | 90 | | | 16.12 | 243.31 | percent of total billed charges | |
| HC RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS | 73092 | CPT | | | | outpatient | | | 160.69 | 144.6 | WellPoint | WellPoint | 51.71 | 32.18 | | | 16.12 | 243.31 | percent of total billed charges | |
| HC RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS | 73092 | CPT | | | | outpatient | | | 160.69 | 144.6 | UHC | Medicaid | 50.7 | 31.55 | | | 16.12 | 243.31 | percent of total billed charges | |
| HC RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS | 73092 | CPT | | | | outpatient | | | 160.69 | 144.6 | Three Rivers | Three Rivers | 152.66 | 95 | | | 16.12 | 243.31 | percent of total billed charges | |
| HC RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS | 73092 | CPT | | | | outpatient | | | 160.69 | 144.6 | Wellcare | Medicaid | 50.7 | 31.55 | | | 16.12 | 243.31 | percent of total billed charges | |
| HC WRIST 2 VIEWS | 73100 | CPT | | | | both | | | 729 | 119.52 | Aetna | Better Health | 230 | 31.55 | | | 16.74 | 692.55 | percent of total billed charges | |
| HC WRIST 2 VIEWS | 73100 | CPT | | | | both | | | 729 | 119.52 | Corrections | Corrections | 583.2 | 80 | | | 16.74 | 692.55 | percent of total billed charges | |
| HC WRIST 2 VIEWS | 73100 | CPT | | | | both | | | 729 | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 16.74 | 692.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WRIST 2 VIEWS | 73100 | CPT | | | | both | | | 729 | 119.52 | Aetna | Medicare | 103.93 | | | | 16.74 | 692.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WRIST 2 VIEWS | 73100 | CPT | | | | both | | | 729 | 119.52 | Horizon | MGD | 201.1 | | | | 16.74 | 692.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WRIST 2 VIEWS | 73100 | CPT | | | | both | | | 729 | 119.52 | First Health | First Health | 510.3 | 70 | | | 16.74 | 692.55 | percent of total billed charges | |
| HC WRIST 2 VIEWS | 73100 | CPT | | | | both | | | 729 | 119.52 | Aetna | Commercial | 277.02 | 38 | | | 16.74 | 692.55 | percent of total billed charges | |
| HC WRIST 2 VIEWS | 73100 | CPT | | | | both | | | 729 | 119.52 | Americare | Americare | 546.75 | 75 | | | 16.74 | 692.55 | percent of total billed charges | |
| HC WRIST 2 VIEWS | 73100 | CPT | | | | both | | | 729 | 119.52 | Consumer | Consumer | 692.55 | 95 | | | 16.74 | 692.55 | percent of total billed charges | |
| HC WRIST 2 VIEWS | 73100 | CPT | | | | both | | | 729 | 119.52 | Horizon | Indemnity | 201.1 | | | | 16.74 | 692.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WRIST 2

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 | Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC WRIST 2 VIEWS | 73100 | CPT | | | | both | | | 729 | 119.52 | Multiplan | Multiplan | 583.2 | 80 | | | 16.74 | 692.55 | percent of total billed charges | |
| HC WRIST 2 VIEWS | 73100 | CPT | | | | both | | | 729 | 119.52 | First Trenton | First Trenton | 656.1 | 90 | | | 16.74 | 692.55 | percent of total billed charges | |
| HC WRIST 2 VIEWS | 73100 | CPT | | | | both | | | 729 | 119.52 | Horizon | PPO | 201.1 | | | | 16.74 | 692.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WRIST 2 VIEWS | 73100 | CPT | | | | both | | | 729 | 119.52 | Wellcare | Medicaid | 230 | 31.55 | | | 16.74 | 692.55 | percent of total billed charges | |
| HC WRIST 2 VIEWS | 73100 | CPT | | | | both | | | 729 | 119.52 | Qualcare | Qualcare | 546.75 | 75 | | | 16.74 | 692.55 | percent of total billed charges | |
| HC WRIST 2 VIEWS | 73100 | CPT | | | | both | | | 729 | 119.52 | Horizon | NJ Health | 27.07 | | | | 16.74 | 692.55 | fee schedule | |
| HC WRIST 2 VIEWS | 73100 | CPT | | | | both | | | 729 | 119.52 | UHC | Medicaid | 230 | 31.55 | | | 16.74 | 692.55 | percent of total billed charges | |
| HC WRIST 2 VIEWS | 73100 | CPT | | | | both | | | 729 | 119.52 | Managed Care Inc | Managed Care Inc | 656.1 | 90 | | | 16.74 | 692.55 | percent of total billed charges | |
| HC WRIST 2 VIEWS | 73100 | CPT | | | | both | | | 729 | 119.52 | WellPoint | WellPoint | 234.99 | 32.18 | | | 16.74 | 692.55 | percent of total billed charges | |
| HC WRIST 2 VIEWS | 73100 | CPT | | | | both | | | 729 | 119.52 | Three Rivers | Three Rivers | 692.55 | 95 | | | 16.74 | 692.55 | percent of total billed charges | |
| HC WRIST 2 VIEWS | 73100 | CPT | | | | both | | | 729 | 119.52 | Wellcare | Medicare | 103.93 | | | | 16.74 | 692.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WRIST COMPLETE 3/> VIEWS, SURGICAL | 73110 | CPT | | | | both | | | 684.38 | 119.52 | Horizon | Indemnity | 201.1 | | | 88.11 | 17.98 | 650.16 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WRIST COMPLETE 3/> VIEWS, SURGICAL | 73110 | CPT | | | | both | | | 684.38 | 119.52 | Aetna | Medicare | 103.93 | | | 69.83 | 17.98 | 650.16 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WRIST COMPLETE 3/> VIEWS, SURGICAL | 73110 | CPT | | | | both | | | 684.38 | 119.52 | Americare | Americare | 513.29 | 75 | | | 17.98 | 650.16 | percent of total billed charges | |
| HC WRIST COMPLETE 3/> VIEWS, SURGICAL | 73110 | CPT | | | | both | | | 684.38 | 119.52 | Wellcare | Medicaid | 215.92 | 31.55 | | 97.1 | 17.98 | 650.16 | percent of total billed charges | |
| HC WRIST COMPLETE 3/> VIEWS, SURGICAL | 73110 | CPT | | | | both | | | 684.38 | 119.52 | Managed Care Inc | Managed Care Inc | 615.94 | 90 | | | 17.98 | 650.16 | percent of total billed charges | |
| HC WRIST COMPLETE 3/> VIEWS, SURGICAL | 73110 | CPT | | | | both | | | 684.38 | 119.52 | First Health | First Health | 479.07 | 70 | | | 17.98 | 650.16 | percent of total billed charges | |
| HC WRIST COMPLETE 3/> VIEWS, SURGICAL | 73110 | CPT | | | | both | | | 684.38 | 119.52 | First Trenton | First Trenton | 615.94 | 90 | | | 17.98 | 650.16 | percent of total billed charges | |
| HC WRIST COMPLETE 3/> VIEWS, SURGICAL | 73110 | CPT | | | | both | | | 684.38 | 119.52 | Aetna | Better Health | 215.92 | 31.55 | | 104.15 | 17.98 | 650.16 | percent of total billed charges | |
| HC WRIST COMPLETE 3/> VIEWS, SURGICAL | 73110 | CPT | | | | both | | | 684.38 | 119.52 | Horizon | Medicare Blue | 103.93 | | | 47.22 | 17.98 | 650.16 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WRIST COMPLETE 3/> VIEWS, SURGICAL | 73110 | CPT | | | | both | | | 684.38 | 119.52 | Amerihealth | HMO/PPO | 17.98 | | | 44.28 | 17.98 | 650.16 | fee schedule | |
| HC WRIST COMPLETE 3/> VIEWS, SURGICAL | 73110 | CPT | | | | both | | | 684.38 | 119.52 | Horizon | MGD | 201.1 | | | 111.94 | 17.98 | 650.16 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WRIST COMPLETE 3/> VIEWS, SURGICAL | 73110 | CPT | | | | both | | | 684.38 | 119.52 | Aetna | Commercial | 260.06 | 38 | | 71.95 | 17.98 | 650.16 | percent of total billed charges | |
| HC WRIST COMPLETE 3/> VIEWS, SURGICAL | 73110 | CPT | | | | both | | | 684.38 | 119.52 | Horizon | NJ Health | 32.34 | | | 34.48 | 17.98 | 650.16 | fee schedule | |
| HC WRIST COMPLETE 3/> VIEWS, SURGICAL | 73110 | CPT | | | | both | | | 684.38 | 119.52 | Three Rivers | Three Rivers | 650.16 | 95 | | | 17.98 | 650.16 | percent of total billed charges | |
| HC WRIST COMPLETE 3/> VIEWS, SURGICAL | 73110 | CPT | | | | both | | | 684.38 | 119.52 | UHC | Medicare | 103.93 | | | 43.1 | 17.98 | 650.16 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WRIST COMPLETE 3/> VIEWS, SURGICAL | 73110 | CPT | | | | both | | | 684.38 | 119.52 | Corrections | Corrections | 547.5 | 80 | | 82.7 | 17.98 | 650.16 | percent of total billed charges | |
| HC WRIST COMPLETE 3/> VIEWS, SURGICAL | 73110 | CPT | | | | both | | | 684.38 | 119.52 | Horizon | PPO | 201.1 | | | 93.14 | 17.98 | 650.16 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WRIST COMPLETE 3/> VIEWS, SURGICAL | 73110 | CPT | | | | both | | | 684.38 | 119.52 | Consumer | Consumer | 650.16 | 95 | | | 17.98 | 650.16 | percent of total billed charges | |
| HC WRIST COMPLETE 3/> VIEWS, SURGICAL | 73110 | CPT | | | | both | | | 684.38 | 119.52 | Multiplan | Multiplan | 547.5 | 80 | | | 17.98 | 650.16 | percent of total billed charges | |
| HC WRIST COMPLETE 3/> VIEWS, SURGICAL | 73110 | CPT | | | | both | | | 684.38 | 119.52 | UHC | Medicaid | 215.92 | 31.55 | | 97.79 | 17.98 | 650.16 | percent of total billed charges | |
| HC WRIST COMPLETE 3/> VIEWS, SURGICAL | 73110 | CPT | | | | both | | | 684.38 | 119.52 | Qualcare | Qualcare | 513.29 | 75 | | | 17.98 | 650.16 | percent of total billed charges | |
| HC WRIST COMPLETE 3/> VIEWS, SURGICAL | 73110 | CPT | | | | both | | | 684.38 | 119.52 | WellPoint | WellPoint | 220.23 | 32.18 | | 81.78 | 17.98 | 650.16 | percent of total billed charges | |
| HC WRIST COMPLETE 3/> VIEWS, SURGICAL | 73110 | CPT | | | | both | | | 684.38 | 119.52 | Wellcare | Medicare | 103.93 | | | 24.92 | 17.98 | 650.16 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WRIST ARTHROGRAPHY | 73115 | CPT | | | | outpatient | | | 2715 | 505.8 | First Trenton | First Trenton | 2443.5 | 90 | | | 41.16 | 2579.25 | percent of total billed charges | |
| HC WRIST ARTHROGRAPHY | 73115 | CPT | | | | outpatient | | | 2715 | 505.8 | Amerihealth | HMO/PPO | 1764.75 | 65 | | | 41.16 | 2579.25 | percent of total billed charges | |
| HC WRIST ARTHROGRAPHY | 73115 | CPT | | | | outpatient | | | 2715 | 505.8 | Aetna | Commercial | 1031.7 | 38 | | | 41.16 | 2579.25 | percent of total billed charges | |
| HC WRIST ARTHROGRAPHY | 73115 | CPT | | | | outpatient | | | 2715 | 505.8 | Corrections | Corrections | 2172 | 80 | | | 41.16 | 2579.25 | percent of total billed charges | |
| HC WRIST ARTHROGRAPHY | 73115 | CPT | | | | outpatient | | | 2715 | 505.8 | UHC | Medicaid | 856.58 | 31.55 | | | 41.16 | 2579.25 | percent of total billed charges | |
| HC WRIST ARTHROGRAPHY | 73115 | CPT | | | | outpatient | | | 2715 | 505.8 | Aetna | Better Health | 856.58 | 31.55 | | | 41.16 | 2579.25 | percent of total billed charges | |
| HC WRIST ARTHROGRAPHY | 73115 | CPT | | | | outpatient | | | 2715 | 505.8 | Aetna | Medicare | 439.83 | | | | 41.16 | 2579.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WRIST ARTHROGRAPHY | 73115 | CPT | | | | outpatient | | | 2715 | 505.8 | Americare | Americare | 2036.25 | 75 | | | 41.16 | 2579.25 | percent of total billed charges | |
| HC WRIST ARTHROGRAPHY | 73115 | CPT | | | | outpatient | | | 2715 | 505.8 | Horizon | Medicare Blue | 439.83 | | | | 41.16 | 2579.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WRIST ARTHROGRAPHY | 73115 | CPT | | | | outpatient | | | 2715 | 505.8 | First Health | First Health | 1900.5 | 70 | | | 41.16 | 2579.25 | percent of total billed charges | |
| HC WRIST ARTHROGRAPHY | 73115 | CPT | | | | outpatient | | | 2715 | 505.8 | Horizon | MGD | 851.07 | | | | 41.16 | 2579.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WRIST ARTHROGRAPHY | 73115 | CPT | | | | outpatient | | | 2715 | 505.8 | Horizon | Indemnity | 851.07 | | | | 41.16 | 2579.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WRIST ARTHROGRAPHY | 73115 | CPT | | | | outpatient | | | 2715 | 505.8 | Wellcare | Medicaid | 856.58 | 31.55 | | | 41.16 | 2579.25 | percent of total billed charges | |
| HC WRIST ARTHROGRAPHY | 73115 | CPT | | | | outpatient | | | 2715 | 505.8 | UHC | Medicare | 439.83 | | | | 41.16 | 2579.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WRIST ARTHROGRAPHY | 73115 | CPT | | | | outpatient | | | 2715 | 505.8 | Horizon | PPO | 851.07 | | | | 41.16 | 2579.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC WRIST ARTHROGRAPHY | 73115 | CPT | | | | outpatient | | | 2715 | 505.8 | Consumer | Consumer | 2579.25 | 95 | | | 41.16 | 2579.25 | percent of total billed charges | |
| HC WRIST ARTHROGRAPHY | 73115 | CPT | | | | outpatient | | | 2715 | 505.8 | Managed Care Inc | Managed Care Inc | 2443.5 | 90 | | | 41.16 | 2579.25 | percent of total billed charges | |
| HC WRIST ARTHROGRAPHY | 73115 | CPT | | | | outpatient | | | 2715 | 505.8 | Multiplan | Multiplan | 2172 | 80 | | | 41.16 | 2579.25 | percent of total billed charges | |
| HC WRIST ARTHROGRAPHY | 73115 | CPT | | | | outpatient | | | 2715 | 505.8 | WellPoint | WellPoint | 873.69 | 32.18 | | | 41.16 | 2579.25 | percent of total billed charges | |
| HC WRIST ARTHROGRAPHY | 73115 | CPT | | | | outpatient | | | 2715 | 505.8 | Horizon | NJ Health | 41.16 | | | | 41.16 | 2579.25 | fee schedule | |
| HC WRIST ARTHROGRAPHY | 73115 | CPT | | | | outpatient | | | 2715 | 505.8 | Qualcare | Qualcare | 2036.25 | 75 | | | 41.16 | 2579.25 | percent of total billed charges | |
| HC WRIST ARTHROGRAPHY | 73115 | CPT | | | | outpatient | | | 2715 | 505.8 | Three Rivers | Three Rivers | 2579.25 | 95 | | | 41.16 | 2579.25 | percent of total billed charges | |
| HC WRIST ARTHROGRAPHY | 73115 | CPT | | | | outpatient | | | 2715 | 505.8 | Wellcare | Medicare | 439.83 | | | | 41.16 | 2579.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HAND 2 VIEWS, SURGICAL | 73120 | CPT | | | | both | | | 642.5 | 144.6 | Horizon | NJ Health | 21.56 | | | 54.97 | 16.74 | 610.38 | fee schedule | |
| HC HAND 2 VIEWS, SURGICAL | 73120 | CPT | | | | both | | | 642.5 | 144.6 | Amerihealth | HMO/PPO | 16.74 | | | | 16.74 | 610.38 | fee schedule | |
| HC HAND 2 VIEWS, SURGICAL | 73120 | CPT | | | | both | | | 642.5 | 144.6 | Aetna | Medicare | 125.74 | | | | 16.74 | 610.38 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HAND 2 VIEWS, SURGICAL | 73120 | CPT | | | | both | | | 642.5 | 144.6 | Horizon | Indemnity | 243.31 | | | 77.39 | 16.74 | 610.38 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HAND 2 VIEWS, SURGICAL | 73120 | CPT | | | | both | | | 642.5 | 144.6 | Aetna | Better Health | 202.71 | 31.55 | | 96.33 | 16.74 | 610.38 | percent of total billed charges | |
| HC HAND 2 VIEWS, SURGICAL | 73120 | CPT | | | | both | | | 642.5 | 144.6 | Horizon | MGD | 243.31 | | | | 16.74 | 610.38 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HAND 2 VIEWS, SURGICAL | 73120 | CPT | | | | both | | | 642.5 | 144.6 | Americare | Americare | 481.88 | 75 | | | 16.74 | 610.38 | percent of total billed charges | |
| HC HAND 2 VIEWS, SURGICAL | 73120 | CPT | | | | both | | | 642.5 | 144.6 | First Health | First Health | 449.75 | 70 | | | 16.74 | 610.38 | percent of total billed charges | |
| HC HAND 2 VIEWS, SURGICAL | 73120 | CPT | | | | both | | | 642.5 | 144.6 | Aetna | Commercial | 244.15 | 38 | | | 16.74 | 610.38 | percent of total billed charges | |
| HC HAND 2 VIEWS, SURGICAL | 73120 | CPT | | | | both | | | 642.5 | 144.6 | UHC | Medicaid | 202.71 | 31.55 | | 103.7 | 16.74 | 610.38 | percent of total billed charges | |
| HC HAND 2 VIEWS, SURGICAL | 73120 | CPT | | | | both | | | 642.5 | 144.6 | Consumer | Consumer | 610.38 | 95 | | | 16.74 | 610.38 | percent of total billed charges | |
| HC HAND 2 VIEWS, SURGICAL | 73120 | CPT | | | | both | | | 642.5 | 144.6 | Horizon | PPO | 243.31 | | | 101.03 | 16.74 | 610.38 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HAND 2 VIEWS, SURGICAL | 73120 | CPT | | | | both | | | 642.5 | 144.6 | Corrections | Corrections | 514 | 80 | | 67.2 | 16.74 | 610.38 | percent of total billed charges | |
| HC HAND 2 VIEWS, SURGICAL | 73120 | CPT | | | | both | | | 642.5 | 144.6 | Wellcare | Medicare | 125.74 | | | | 16.74 | 610.38 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HAND 2 VIEWS, SURGICAL | 73120 | CPT | | | | both | | | 642.5 | 144.6 | Three Rivers | Three Rivers | 610.38 | 95 | | | 16.74 | 610.38 | percent of total billed charges | |
| HC HAND 2 VIEWS, SURGICAL | 73120 | CPT | | | | both | | | 642.5 | 144.6 | WellPoint | WellPoint | 206.76 | 32.18 | | 100.01 | 16.74 | 610.38 | percent of total billed charges | |
| HC HAND 2 VIEWS, SURGICAL | 73120 | CPT | | | | both | | | 642.5 | 144.6 | Multiplan | Multiplan | 514 | 80 | | | 16.74 | 610.38 | percent of total billed charges | |
| HC HAND 2 VIEWS, SURGICAL | 73120 | CPT | | | | both | | | 642.5 | 144.6 | First Trenton | First Trenton | 578.25 | 90 | | | 16.74 | 610.38 | percent of total billed charges | |
| HC HAND 2 VIEWS, SURGICAL | 73120 | CPT | | | | both | | | 642.5 | 144.6 | Qualcare | Qualcare | 481.88 | 75 | | | 16.74 | 610.38 | percent of total billed charges | |
| HC HAND 2 VIEWS, SURGICAL | 73120 | CPT | | | | both | | | 642.5 | 144.6 | Horizon | Medicare Blue | 125.74 | | | 60.15 | 16.74 | 610.38 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HAND 2 VIEWS, SURGICAL | 73120 | CPT | | | | both | | | 642.5 | 144.6 | UHC | Medicare | 125.74 | | | 66.31 | 16.74 | 610.38 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HAND 2 VIEWS, SURGICAL | 73120 | CPT | | | | both | | | 642.5 | 144.6 | Managed Care Inc | Managed Care Inc | 578.25 | 90 | | | 16.74 | 610.38 | percent of total billed charges | |
| HC HAND 2 VIEWS, SURGICAL | 73120 | CPT | | | | both | | | 642.5 | 144.6 | Wellcare | Medicaid | 202.71 | 31.55 | | 90.64 | 16.74 | 610.38 | percent of total billed charges | |
| HC HAND 3/> VIEWS, SURGICAL | 73130 | CPT | | | | both | | | 588.75 | 119.52 | Americare | Americare | 441.56 | 75 | | | 17.98 | 559.31 | percent of total billed charges | |
| HC HAND 3/> VIEWS, SURGICAL | 73130 | CPT | | | | both | | | 588.75 | 119.52 | Amerihealth | HMO/PPO | 17.98 | | | 40.34 | 17.98 | 559.31 | fee schedule | |
| HC HAND 3/> VIEWS, SURGICAL | 73130 | CPT | | | | both | | | 588.75 | 119.52 | Horizon | Indemnity | 201.1 | | | 76.99 | 17.98 | 559.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HAND 3/> VIEWS, SURGICAL | 73130 | CPT | | | | both | | | 588.75 | 119.52 | Aetna | Commercial | 223.73 | 38 | | 54.22 | 17.98 | 559.31 | percent of total billed charges | |
| HC HAND 3/> VIEWS, SURGICAL | 73130 | CPT | | | | both | | | 588.75 | 119.52 | Aetna | Medicare | 103.93 | | | 39.37 | 17.98 | 559.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HAND 3/> VIEWS, SURGICAL | 73130 | CPT | | | | both | | | 588.75 | 119.52 | First Health | First Health | 412.13 | 70 | | | 17.98 | 559.31 | percent of total billed charges | |
| HC HAND 3/> VIEWS, SURGICAL | 73130 | CPT | | | | both | | | 588.75 | 119.52 | Aetna | Better Health | 185.75 | 31.55 | | 86.59 | 17.98 | 559.31 | percent of total billed charges | |
| HC HAND 3/> VIEWS, SURGICAL | 73130 | CPT | | | | both | | | 588.75 | 119.52 | Corrections | Corrections | 471 | 80 | | 66.78 | 17.98 | 559.31 | percent of total billed charges | |
| HC HAND 3/> VIEWS, SURGICAL | 73130 | CPT | | | | both | | | 588.75 | 119.52 | Consumer | Consumer | 559.31 | 95 | | | 17.98 | 559.31 | percent of total billed charges | |
| HC HAND 3/> VIEWS, SURGICAL | 73130 | CPT | | | | both | | | 588.75 | 119.52 | UHC | Medicaid | 185.75 | 31.55 | | 82.99 | 17.98 | 559.31 | percent of total billed charges | |
| HC HAND 3/> VIEWS, SURGICAL | 73130 | CPT | | | | both | | | 588.75 | 119.52 | Multiplan | Multiplan | 471 | 80 | | | 17.98 | 559.31 | percent of total billed charges | |
| HC HAND 3/> VIEWS, SURGICAL | 73130 | CPT | | | | both | | | 588.75 | 119.52 | First Trenton | First Trenton | 529.88 | 90 | | | 17.98 | 559.31 | percent of total billed charges | |
| HC HAND 3/> VIEWS, SURGICAL | 73130 | CPT | | | | both | | | 588.75 | 119.52 | Horizon | NJ Health | 32.34 | | | 30.42 | 17.98 | 559.31 | fee schedule | |
| HC HAND 3/> VIEWS, SURGICAL | 73130 | CPT | | | | both | | | 588.75 | 119.52 | Horizon | PPO | 201.1 | | | 64.01 | 17.98 | 559.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HAND 3/> VIEWS, SURGICAL | 73130 | CPT | | | | both | | | 588.75 | 119.52 | Qualcare | Qualcare | 441.56 | 75 | | | 17.98 | 559.31 | percent of total billed charges | |
| HC HAND 3/> VIEWS, SURGICAL | 73130 | CPT | | | | both | | | 588.75 | 119.52 | Horizon | Medicare Blue | 103.93 | | | 36.66 | 17.98 | 559.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HAND 3/> VIEWS, SURGICAL | 73130 | CPT | | | | both | | | 588.75 | 119.52 | UHC | Medicare | 103.93 | | | 37 | 17.98 | 559.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HAND 3/> VIEWS, SURGICAL | 73130 | CPT | | | | both | | | 588.75 | 119.52 | Wellcare | Medicare | 103.93 | | | 19.05 | 17.98 | 559.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HAND 3/> VIEWS, SURGICAL | 73130 | CPT | | | | both | | | 588.75 | 119.52 | Managed Care Inc | Managed Care Inc | 529.88 | 90 | | | 17.98 | 559.31 | percent of total billed charges | |
| HC HAND 3/> VIEWS, SURGICAL | 73130 | CPT | | | | both | | | 588.75 | 119.52 | Horizon | MGD | 201.1 | | | 75.31 | 17.98 | 559.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HAND 3/> VIEWS, SURGICAL | 73130 | CPT | | | | both | | | 588.75 | 119.52 | Three Rivers | Three Rivers | 559.31 | 95 | | | 17.98 | 559.31 | percent of total billed charges | |
| HC HAND 3/> VIEWS, SURGICAL | 73130 | CPT | | | | both | | | 588.75 | 119.52 | Wellcare | Medicaid | 185.75 | 31.55 | | 86.81 | 17.98 | 559.31 | percent of total billed charges | |
| HC HAND 3/> VIEWS, SURGICAL | 73130 | CPT | | | | both | | | 588.75 | 119.52 | WellPoint | WellPoint | 189.46 | 32.18 | | 67.06 | 17.98 | 559.31 | percent of total billed charges | |
| HC FINGER 2/> VIEWS, SURGICAL | 73140 | CPT | | | | both | | | 517.5 | 119.52 | Aetna | Commercial | 196.65 | 38 | | 27.17 | 13.64 | 491.63 | percent of total billed charges | |
| HC FINGER 2/> VIEWS, SURGICAL | 73140 | CPT | | | | both | | | 517.5 | 119.52 | Horizon | Indemnity | 201.1 | | | 52.09 | 13.64 | 491.63 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FINGER 2/> VIEWS, SURGICAL | 73140 | CPT | | | | both | | | 517.5 | 119.52 | Wellcare | Medicare | 103.93 | | | | 13.64 | 491.63 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FINGER 2/> VIEWS, SURGICAL | 73140 | CPT | | | | both | | | 517.5 | 119.52 | Aetna | Medicare | 103.93 | | | 36.41 | 13.64 | 491.63 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FINGER 2/> VIEWS, SURGICAL | 73140 | CPT | | | | both | | | 517.5 | 119.52 | Americare | Americare | 388.13 | 75 | | | 13.64 | 491.63 | percent of total billed charges | |
| HC FINGER 2/> VIEWS, SURGICAL | 73140 | CPT | | | | both | | | 517.5 | 119.52 | Aetna | Better Health | 163.27 | 31.55 | | 107.61 | 13.64 | 491.63 | percent of total billed charges | |
| HC FINGER 2/> VIEWS, SURGICAL | 73140 | CPT | | | | both | | | 517.5 | 119.52 | WellPoint | WellPoint | 166.53 | 32.18 | | 62 | 13.64 | 491.63 | percent of total billed charges | |
| HC FINGER 2/> VIEWS, SURGICAL | 73140 | CPT | | | | both | | | 517.5 | 119.52 | First Health | First Health | 362.25 | 70 | | | 13.64 | 491.63 | percent of total billed charges | |
| HC FINGER 2/> VIEWS, SURGICAL | 73140 | CPT | | | | both | | | 517.5 | 119.52 | Horizon | PPO | 201.1 | | | 77.02 | 13.64 | 491.63 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FINGER 2/> VIEWS, SURGICAL | 73140 | CPT | | | | both | | | 517.5 | 119.52 | Horizon | MGD | 201.1 | | | 143.49 | 13.64 | 491.63 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FINGER 2/> VIEWS, SURGICAL | 73140 | CPT | | | | both | | | 517.5 | 119.52 | Amerihealth | HMO/PPO | 13.64 | | | | 13.64 | 491.63 | fee schedule | |
| HC FINGER 2/> VIEWS, SURGICAL | 73140 | CPT | | | | both | | | 517.5 | 119.52 | Consumer | Consumer | 491.63 | 95 | | | 13.64 | 491.63 | percent of total billed charges | |
| HC FINGER 2/> VIEWS, SURGICAL | 73140 | CPT | | | | both | | | 517.5 | 119.52 | Horizon | NJ Health | 13.72 | | | 39.92 | 13.64 | 491.63 | fee schedule | |
| HC FINGER 2/> VIEWS, SURGICAL | 73140 | CPT | | | | both | | | 517.5 | 119.52 | Multiplan | Multiplan | 414 | 80 | | | 13.64 | 491.63 | percent of total billed charges | |
| HC FINGER 2/> VIEWS, SURGICAL | 73140 | CPT | | | | both | | | 517.5 | 119.52 | Three Rivers | Three Rivers | 491.63 | 95 | | | 13.64 | 491.63 | percent of total billed charges | |
| HC FINGER 2/> VIEWS, SURGICAL | 73140 | CPT | | | | both | | | 517.5 | 119.52 | Qualcare | Qualcare | 388.13 | 75 | | | 13.64 | 491.63 | percent of total billed charges | |
| HC FINGER 2/> VIEWS, SURGICAL | 73140 | CPT | | | | both | | | 517.5 | 119.52 | Corrections | Corrections | 414 | 80 | | | 13.64 | 491.63 | percent of total billed charges | |
| HC FINGER 2/> VIEWS, SURGICAL | 73140 | CPT | | | | both | | | 517.5 | 119.52 | UHC | Medicaid | 163.27 | 31.55 | | 62.78 | 13.64 | 491.63 | percent of total billed charges | |
| HC FINGER 2/> VIEWS, SURGICAL | 73140 | CPT | | | | both | | | 517.5 | 119.52 | First Trenton | First Trenton | 465.75 | 90 | | | 13.64 | 491.63 | percent of total billed charges | |
| HC FINGER 2/> VIEWS, SURGICAL | 73140 | CPT | | | | both | | | 517.5 | 119.52 | UHC | Medicare | 103.93 | | | 40.49 | 13.64 | 491.63 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FINGER 2/> VIEWS, SURGICAL | 73140 | CPT | | | | both | | | 517.5 | 119.52 | Horizon | Medicare Blue | 103.93 | | | 18.06 | 13.64 | 491.63 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FINGER 2/> VIEWS, SURGICAL | 73140 | CPT | | | | both | | | 517.5 | 119.52 | Wellcare | Medicaid | 163.27 | 31.55 | | 65.86 | 13.64 | 491.63 | percent of total billed charges | |
| HC FINGER 2/> VIEWS, SURGICAL | 73140 | CPT | | | | both | | | 517.5 | 119.52 | Managed Care Inc | Managed Care Inc | 465.75 | 90 | | | 13.64 | 491.63 | percent of total billed charges | |
| HC CT WRIST WO CONTRAST | 73200 | CPT | | | | both | | | 1845 | 144.6 | First Trenton | First Trenton | 1660.5 | 90 | | | 125.74 | 1752.75 | percent of total billed charges | |
| HC CT WRIST WO CONTRAST | 73200 | CPT | | | | both | | | 1845 | 144.6 | Aetna | Commercial | 701.1 | 38 | | 122.31 | 125.74 | 1752.75 | percent of total billed charges | |
| HC CT WRIST WO CONTRAST | 73200 | CPT | | | | both | | | 1845 | 144.6 | Aetna | Better Health | 582.1 | 31.55 | | 348 | 125.74 | 1752.75 | percent of total billed charges | |
| HC CT WRIST WO CONTRAST | 73200 | CPT | | | | both | | | 1845 | 144.6 | Horizon | PPO | 243.31 | | | 340.07 | 125.74 | 1752.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT WRIST WO CONTRAST | 73200 | CPT | | | | both | | | 1845 | 144.6 | Managed Care Inc | Managed Care Inc | 1660.5 | 90 | | | 125.74 | 1752.75 | percent of total billed charges | |
| HC CT WRIST WO CONTRAST | 73200 | CPT | | | | both | | | 1845 | 144.6 | Horizon | MGD | 243.31 | | | 275.37 | 125.74 | 1752.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT WRIST WO CONTRAST | 73200 | CPT | | | | both | | | 1845 | 144.6 | Consumer | Consumer | 1752.75 | 95 | | | 125.74 | 1752.75 | percent of total billed charges | |
| HC CT WRIST WO CONTRAST | 73200 | CPT | | | | both | | | 1845 | 144.6 | Aetna | Medicare | 125.74 | | | | 125.74 | 1752.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT WRIST WO CONTRAST | 73200 | CPT | | | | both | | | 1845 | 144.6 | Corrections | Corrections | 1476 | 80 | | 177.62 | 125.74 | 1752.75 | percent of total billed charges | |
| HC CT WRIST WO CONTRAST | 73200 | CPT | | | | both | | | 1845 | 144.6 | Wellcare | Medicaid | 582.1 | 31.55 | | 292.99 | 125.74 | 1752.75 | percent of total billed charges | |
| HC CT WRIST WO CONTRAST | 73200 | CPT | | | | both | | | 1845 | 144.6 | Horizon | NJ Health | 245 | | | 96.98 | 125.74 | 1752.75 | fee schedule | |
| HC CT WRIST WO CONTRAST | 73200 | CPT | | | | both | | | 1845 | 144.6 | Three Rivers | Three Rivers | 1752.75 | 95 | | | 125.74 | 1752.75 | percent of total billed charges | |
| HC CT WRIST WO CONTRAST | 73200 | CPT | | | | both | | | 1845 | 144.6 | First Health | First Health | 1291.5 | 70 | | | 125.74 | 1752.75 | percent of total billed charges | |
| HC CT WRIST WO CONTRAST | 73200 | CPT | | | | both | | | 1845 | 144.6 | WellPoint | WellPoint | 593.72 | 32.18 | | | 125.74 | 1752.75 | percent of total billed charges | |
| HC CT WRIST WO CONTRAST | 73200 | CPT | | | | both | | | 1845 | 144.6 | Horizon | Indemnity | 243.31 | | | 275.2 | 125.74 | 1752.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT WRIST WO CONTRAST | 73200 | CPT | | | | both | | | 1845 | 144.6 | Americare | Americare | 1383.75 | 75 | | | 125.74 | 1752.75 | percent of total billed charges | |
| HC CT WRIST WO CONTRAST | 73200 | CPT | | | | both | | | 1845 | 144.6 | Horizon | Medicare Blue | 125.74 | | | 233.66 | 125.74 | 1752.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT WRIST WO CONTRAST | 73200 | CPT | | | | both | | | 1845 | 144.6 | Amerihealth | HMO/PPO | 147.56 | | | | 125.74 | 1752.75 | fee schedule | |
| HC CT WRIST WO CONTRAST | 73200 | CPT | | | | both | | | 1845 | 144.6 | Multiplan | Multiplan | 1476 | 80 | | | 125.74 | 1752.75 | percent of total billed charges | |
| HC CT WRIST WO CONTRAST | 73200 | CPT | | | | both | | | 1845 | 144.6 | Qualcare | Qualcare | 1383.75 | 75 | | | 125.74 | 1752.75 | percent of total billed charges | |
| HC CT WRIST WO CONTRAST | 73200 | CPT | | | | both | | | 1845 | 144.6 | UHC | Medicaid | 582.1 | 31.55 | | 303.87 | 125.74 | 1752.75 | percent of total billed charges | |
| HC CT WRIST WO CONTRAST | 73200 | CPT | | | | both | | | 1845 | 144.6 | UHC | Medicare | 125.74 | | | 179.01 | 125.74 | 1752.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC CT WRIST WO CONTRAST | 73200 | CPT | | | | both | | | 1845 | 144.6 | Wellcare | Medicare | 125.74 | | | | 125.74 | 1752.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT WRIST W CONTRAST | 73201 | CPT | | | | both | | | 2506.5 | 505.8 | Corrections | Corrections | 2005.2 | 80 | | 344.19 | 171.74 | 2381.18 | percent of total billed charges | |
| HC CT WRIST W CONTRAST | 73201 | CPT | | | | both | | | 2506.5 | 505.8 | Consumer | Consumer | 2381.18 | 95 | | | 171.74 | 2381.18 | percent of total billed charges | |
| HC CT WRIST W CONTRAST | 73201 | CPT | | | | both | | | 2506.5 | 505.8 | Aetna | Better Health | 790.8 | 31.55 | | 152.2 | 171.74 | 2381.18 | percent of total billed charges | |
| HC CT WRIST W CONTRAST | 73201 | CPT | | | | both | | | 2506.5 | 505.8 | Horizon | NJ Health | 286.1 | | | 119.26 | 171.74 | 2381.18 | fee schedule | |
| HC CT WRIST W CONTRAST | 73201 | CPT | | | | both | | | 2506.5 | 505.8 | Horizon | Medicare Blue | 439.83 | | | 314.5 | 171.74 | 2381.18 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT WRIST W CONTRAST | 73201 | CPT | | | | both | | | 2506.5 | 505.8 | First Health | First Health | 1754.55 | 70 | | | 171.74 | 2381.18 | percent of total billed charges | |
| HC CT WRIST W CONTRAST | 73201 | CPT | | | | both | | | 2506.5 | 505.8 | Aetna | Medicare | 439.83 | | | | 171.74 | 2381.18 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT WRIST W CONTRAST | 73201 | CPT | | | | both | | | 2506.5 | 505.8 | Qualcare | Qualcare | 1879.88 | 75 | | | 171.74 | 2381.18 | percent of total billed charges | |
| HC CT WRIST W CONTRAST | 73201 | CPT | | | | both | | | 2506.5 | 505.8 | First Trenton | First Trenton | 2255.85 | 90 | | | 171.74 | 2381.18 | percent of total billed charges | |
| HC CT WRIST W CONTRAST | 73201 | CPT | | | | both | | | 2506.5 | 505.8 | Horizon | MGD | 851.07 | | | 363.42 | 171.74 | 2381.18 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT WRIST W CONTRAST | 73201 | CPT | | | | both | | | 2506.5 | 505.8 | Aetna | Commercial | 952.47 | 38 | | | 171.74 | 2381.18 | percent of total billed charges | |
| HC CT WRIST W CONTRAST | 73201 | CPT | | | | both | | | 2506.5 | 505.8 | UHC | Medicare | 439.83 | | | 140.21 | 171.74 | 2381.18 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT WRIST W CONTRAST | 73201 | CPT | | | | both | | | 2506.5 | 505.8 | Horizon | PPO | 851.07 | | | | 171.74 | 2381.18 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT WRIST W CONTRAST | 73201 | CPT | | | | both | | | 2506.5 | 505.8 | Multiplan | Multiplan | 2005.2 | 80 | | | 171.74 | 2381.18 | percent of total billed charges | |
| HC CT WRIST W CONTRAST | 73201 | CPT | | | | both | | | 2506.5 | 505.8 | Americare | Americare | 1879.88 | 75 | | | 171.74 | 2381.18 | percent of total billed charges | |
| HC CT WRIST W CONTRAST | 73201 | CPT | | | | both | | | 2506.5 | 505.8 | Wellcare | Medicaid | 790.8 | 31.55 | | 513.64 | 171.74 | 2381.18 | percent of total billed charges | |
| HC CT WRIST W CONTRAST | 73201 | CPT | | | | both | | | 2506.5 | 505.8 | Horizon | Indemnity | 851.07 | | | | 171.74 | 2381.18 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT WRIST W CONTRAST | 73201 | CPT | | | | both | | | 2506.5 | 505.8 | Three Rivers | Three Rivers | 2381.18 | 95 | | | 171.74 | 2381.18 | percent of total billed charges | |
| HC CT WRIST W CONTRAST | 73201 | CPT | | | | both | | | 2506.5 | 505.8 | Amerihealth | HMO/PPO | 171.74 | | | | 171.74 | 2381.18 | fee schedule | |
| HC CT WRIST W CONTRAST | 73201 | CPT | | | | both | | | 2506.5 | 505.8 | Wellcare | Medicare | 439.83 | | | | 171.74 | 2381.18 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT WRIST W CONTRAST | 73201 | CPT | | | | both | | | 2506.5 | 505.8 | Managed Care Inc | Managed Care Inc | 2255.85 | 90 | | | 171.74 | 2381.18 | percent of total billed charges | |
| HC CT WRIST W CONTRAST | 73201 | CPT | | | | both | | | 2506.5 | 505.8 | UHC | Medicaid | 790.8 | 31.55 | | 445.66 | 171.74 | 2381.18 | percent of total billed charges | |
| HC CT WRIST W CONTRAST | 73201 | CPT | | | | both | | | 2506.5 | 505.8 | WellPoint | WellPoint | 806.59 | 32.18 | | | 171.74 | 2381.18 | percent of total billed charges | |
| HC CT UPPER EXTREMITY WO/W CONTRAST | 73202 | CPT | | | | both | | | 3506 | 241.65 | First Trenton | First Trenton | 3155.4 | 90 | | | 210.13 | 3330.7 | percent of total billed charges | |
| HC CT UPPER EXTREMITY WO/W CONTRAST | 73202 | CPT | | | | both | | | 3506 | 241.65 | Aetna | Commercial | 1332.28 | 38 | | | 210.13 | 3330.7 | percent of total billed charges | |
| HC CT UPPER EXTREMITY WO/W CONTRAST | 73202 | CPT | | | | both | | | 3506 | 241.65 | Aetna | Better Health | 1106.14 | 31.55 | | | 210.13 | 3330.7 | percent of total billed charges | |
| HC CT UPPER EXTREMITY WO/W CONTRAST | 73202 | CPT | | | | both | | | 3506 | 241.65 | Americare | Americare | 2629.5 | 75 | | | 210.13 | 3330.7 | percent of total billed charges | |
| HC CT UPPER EXTREMITY WO/W CONTRAST | 73202 | CPT | | | | both | | | 3506 | 241.65 | Amerihealth | HMO/PPO | 217.62 | | | | 210.13 | 3330.7 | fee schedule | |
| HC CT UPPER EXTREMITY WO/W CONTRAST | 73202 | CPT | | | | both | | | 3506 | 241.65 | Aetna | Medicare | 210.13 | | | | 210.13 | 3330.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT UPPER EXTREMITY WO/W CONTRAST | 73202 | CPT | | | | both | | | 3506 | 241.65 | First Health | First Health | 2454.2 | 70 | | | 210.13 | 3330.7 | percent of total billed charges | |
| HC CT UPPER EXTREMITY WO/W CONTRAST | 73202 | CPT | | | | both | | | 3506 | 241.65 | Corrections | Corrections | 2804.8 | 80 | | | 210.13 | 3330.7 | percent of total billed charges | |
| HC CT UPPER EXTREMITY WO/W CONTRAST | 73202 | CPT | | | | both | | | 3506 | 241.65 | Horizon | Medicare Blue | 210.13 | | | | 210.13 | 3330.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT UPPER EXTREMITY WO/W CONTRAST | 73202 | CPT | | | | both | | | 3506 | 241.65 | Horizon | MGD | 406.6 | | | | 210.13 | 3330.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT UPPER EXTREMITY WO/W CONTRAST | 73202 | CPT | | | | both | | | 3506 | 241.65 | Horizon | PPO | 406.6 | | | | 210.13 | 3330.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT UPPER EXTREMITY WO/W CONTRAST | 73202 | CPT | | | | both | | | 3506 | 241.65 | Consumer | Consumer | 3330.7 | 95 | | | 210.13 | 3330.7 | percent of total billed charges | |
| HC CT UPPER EXTREMITY WO/W CONTRAST | 73202 | CPT | | | | both | | | 3506 | 241.65 | Horizon | Indemnity | 406.6 | | | | 210.13 | 3330.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT UPPER EXTREMITY WO/W CONTRAST | 73202 | CPT | | | | both | | | 3506 | 241.65 | Horizon | NJ Health | 245 | | | | 210.13 | 3330.7 | fee schedule | |
| HC CT UPPER EXTREMITY WO/W CONTRAST | 73202 | CPT | | | | both | | | 3506 | 241.65 | Multiplan | Multiplan | 2804.8 | 80 | | | 210.13 | 3330.7 | percent of total billed charges | |
| HC CT UPPER EXTREMITY WO/W CONTRAST | 73202 | CPT | | | | both | | | 3506 | 241.65 | Three Rivers | Three Rivers | 3330.7 | 95 | | | 210.13 | 3330.7 | percent of total billed charges | |
| HC CT UPPER EXTREMITY WO/W CONTRAST | 73202 | CPT | | | | both | | | 3506 | 241.65 | Managed Care Inc | Managed Care Inc | 3155.4 | 90 | | | 210.13 | 3330.7 | percent of total billed charges | |
| HC CT UPPER EXTREMITY WO/W CONTRAST | 73202 | CPT | | | | both | | | 3506 | 241.65 | UHC | Medicare | 210.13 | | | | 210.13 | 3330.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT UPPER EXTREMITY WO/W CONTRAST | 73202 | CPT | | | | both | | | 3506 | 241.65 | UHC | Medicaid | 1106.14 | 31.55 | | | 210.13 | 3330.7 | percent of total billed charges | |
| HC CT UPPER EXTREMITY WO/W CONTRAST | 73202 | CPT | | | | both | | | 3506 | 241.65 | Qualcare | Qualcare | 2629.5 | 75 | | | 210.13 | 3330.7 | percent of total billed charges | |
| HC CT UPPER EXTREMITY WO/W CONTRAST | 73202 | CPT | | | | both | | | 3506 | 241.65 | WellPoint | WellPoint | 1128.23 | 32.18 | | | 210.13 | 3330.7 | percent of total billed charges | |
| HC CT UPPER EXTREMITY WO/W CONTRAST | 73202 | CPT | | | | both | | | 3506 | 241.65 | Wellcare | Medicare | 210.13 | | | | 210.13 | 3330.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT UPPER EXTREMITY WO/W CONTRAST | 73202 | CPT | | | | both | | | 3506 | 241.65 | Wellcare | Medicaid | 1106.14 | 31.55 | | | 210.13 | 3330.7 | percent of total billed charges | |
| HC CT ANGIO UPPER EXTREMITY W/WO CONTRAST | 73206 | CPT | | | | both | | | 3582 | 241.65 | Corrections | Corrections | 2865.6 | 80 | | | 210.13 | 3402.9 | percent of total billed charges | |
| HC CT ANGIO UPPER EXTREMITY W/WO CONTRAST | 73206 | CPT | | | | both | | | 3582 | 241.65 | Aetna | Commercial | 1361.16 | 38 | | | 210.13 | 3402.9 | percent of total billed charges | |
| HC CT ANGIO UPPER EXTREMITY W/WO CONTRAST | 73206 | CPT | | | | both | | | 3582 | 241.65 | Horizon | NJ Health | 366.52 | | | 111.74 | 210.13 | 3402.9 | fee schedule | |
| HC CT ANGIO UPPER EXTREMITY W/WO CONTRAST | 73206 | CPT | | | | both | | | 3582 | 241.65 | Aetna | Medicare | 210.13 | | | | 210.13 | 3402.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO UPPER EXTREMITY W/WO CONTRAST | 73206 | CPT | | | | both | | | 3582 | 241.65 | First Trenton | First Trenton | 3223.8 | 90 | | | 210.13 | 3402.9 | percent of total billed charges | |
| HC CT ANGIO UPPER EXTREMITY W/WO CONTRAST | 73206 | CPT | | | | both | | | 3582 | 241.65 | Consumer | Consumer | 3402.9 | 95 | | | 210.13 | 3402.9 | percent of total billed charges | |
| HC CT ANGIO UPPER EXTREMITY W/WO CONTRAST | 73206 | CPT | | | | both | | | 3582 | 241.65 | Amerihealth | HMO/PPO | 217.62 | | | | 210.13 | 3402.9 | fee schedule | |
| HC CT ANGIO UPPER EXTREMITY W/WO CONTRAST | 73206 | CPT | | | | both | | | 3582 | 241.65 | Aetna | Better Health | 1130.12 | 31.55 | | 550.34 | 210.13 | 3402.9 | percent of total billed charges | |
| HC CT ANGIO UPPER EXTREMITY W/WO CONTRAST | 73206 | CPT | | | | both | | | 3582 | 241.65 | Horizon | PPO | 406.6 | | | | 210.13 | 3402.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO UPPER EXTREMITY W/WO CONTRAST | 73206 | CPT | | | | both | | | 3582 | 241.65 | Wellcare | Medicare | 210.13 | | | | 210.13 | 3402.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO UPPER EXTREMITY W/WO CONTRAST | 73206 | CPT | | | | both | | | 3582 | 241.65 | UHC | Medicaid | 1130.12 | 31.55 | | | 210.13 | 3402.9 | percent of total billed charges | |
| HC CT ANGIO UPPER EXTREMITY W/WO CONTRAST | 73206 | CPT | | | | both | | | 3582 | 241.65 | Horizon | MGD | 406.6 | | | | 210.13 | 3402.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO UPPER EXTREMITY W/WO CONTRAST | 73206 | CPT | | | | both | | | 3582 | 241.65 | Managed Care Inc | Managed Care Inc | 3223.8 | 90 | | | 210.13 | 3402.9 | percent of total billed charges | |
| HC CT ANGIO UPPER EXTREMITY W/WO CONTRAST | 73206 | CPT | | | | both | | | 3582 | 241.65 | Horizon | Medicare Blue | 210.13 | | | | 210.13 | 3402.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO UPPER EXTREMITY W/WO CONTRAST | 73206 | CPT | | | | both | | | 3582 | 241.65 | First Health | First Health | 2507.4 | 70 | | | 210.13 | 3402.9 | percent of total billed charges | |
| HC CT ANGIO UPPER EXTREMITY W/WO CONTRAST | 73206 | CPT | | | | both | | | 3582 | 241.65 | Americare | Americare | 2686.5 | 75 | | | 210.13 | 3402.9 | percent of total billed charges | |
| HC CT ANGIO UPPER EXTREMITY W/WO CONTRAST | 73206 | CPT | | | | both | | | 3582 | 241.65 | Three Rivers | Three Rivers | 3402.9 | 95 | | | 210.13 | 3402.9 | percent of total billed charges | |
| HC CT ANGIO UPPER EXTREMITY W/WO CONTRAST | 73206 | CPT | | | | both | | | 3582 | 241.65 | Multiplan | Multiplan | 2865.6 | 80 | | | 210.13 | 3402.9 | percent of total billed charges | |
| HC CT ANGIO UPPER EXTREMITY W/WO CONTRAST | 73206 | CPT | | | | both | | | 3582 | 241.65 | UHC | Medicare | 210.13 | | | | 210.13 | 3402.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO UPPER EXTREMITY W/WO CONTRAST | 73206 | CPT | | | | both | | | 3582 | 241.65 | Qualcare | Qualcare | 2686.5 | 75 | | | 210.13 | 3402.9 | percent of total billed charges | |
| HC CT ANGIO UPPER EXTREMITY W/WO CONTRAST | 73206 | CPT | | | | both | | | 3582 | 241.65 | WellPoint | WellPoint | 1152.69 | 32.18 | | 278.08 | 210.13 | 3402.9 | percent of total billed charges | |
| HC CT ANGIO UPPER EXTREMITY W/WO CONTRAST | 73206 | CPT | | | | both | | | 3582 | 241.65 | Horizon | Indemnity | 406.6 | | | 388.26 | 210.13 | 3402.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO UPPER EXTREMITY W/WO CONTRAST | 73206 | CPT | | | | both | | | 3582 | 241.65 | Wellcare | Medicaid | 1130.12 | 31.55 | | | 210.13 | 3402.9 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY WO CONTRAST | 73218 | CPT | | | | both | | | 4796 | 322.28 | Aetna | Commercial | 1822.48 | 38 | | 445.58 | 280.24 | 4556.2 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY WO CONTRAST | 73218 | CPT | | | | both | | | 4796 | 322.28 | Horizon | Indemnity | 542.26 | | | | 280.24 | 4556.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT UPPER EXTREMITY WO CONTRAST | 73218 | CPT | | | | both | | | 4796 | 322.28 | First Trenton | First Trenton | 4316.4 | 90 | | | 280.24 | 4556.2 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY WO CONTRAST | 73218 | CPT | | | | both | | | 4796 | 322.28 | Aetna | Better Health | 1513.14 | 31.55 | | | 280.24 | 4556.2 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY WO CONTRAST | 73218 | CPT | | | | both | | | 4796 | 322.28 | Horizon | Medicare Blue | 280.24 | | | | 280.24 | 4556.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT UPPER EXTREMITY WO CONTRAST | 73218 | CPT | | | | both | | | 4796 | 322.28 | Corrections | Corrections | 3836.8 | 80 | | | 280.24 | 4556.2 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY WO CONTRAST | 73218 | CPT | | | | both | | | 4796 | 322.28 | Aetna | Medicare | 280.24 | | | | 280.24 | 4556.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT UPPER EXTREMITY WO CONTRAST | 73218 | CPT | | | | both | | | 4796 | 322.28 | UHC | Medicaid | 1513.14 | 31.55 | | 566.95 | 280.24 | 4556.2 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY WO CONTRAST | 73218 | CPT | | | | both | | | 4796 | 322.28 | Managed Care Inc | Managed Care Inc | 4316.4 | 90 | | | 280.24 | 4556.2 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY WO CONTRAST | 73218 | CPT | | | | both | | | 4796 | 322.28 | Multiplan | Multiplan | 3836.8 | 80 | | | 280.24 | 4556.2 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY WO CONTRAST | 73218 | CPT | | | | both | | | 4796 | 322.28 | Americare | Americare | 3597 | 75 | | | 280.24 | 4556.2 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY WO CONTRAST | 73218 | CPT | | | | both | | | 4796 | 322.28 | Consumer | Consumer | 4556.2 | 95 | | | 280.24 | 4556.2 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY WO CONTRAST | 73218 | CPT | | | | both | | | 4796 | 322.28 | Three Rivers | Three Rivers | 4556.2 | 95 | | | 280.24 | 4556.2 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY WO CONTRAST | 73218 | CPT | | | | both | | | 4796 | 322.28 | Horizon | NJ Health | 593.88 | | | 593.88 | 280.24 | 4556.2 | fee schedule | |
| HC MRI NON-JOINT UPPER EXTREMITY WO CONTRAST | 73218 | CPT | | | | both | | | 4796 | 322.28 | Amerihealth | HMO/PPO | 294.5 | | | | 280.24 | 4556.2 | fee schedule | |
| HC MRI NON-JOINT UPPER EXTREMITY WO CONTRAST | 73218 | CPT | | | | both | | | 4796 | 322.28 | First Health | First Health | 3357.2 | 70 | | | 280.24 | 4556.2 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY WO CONTRAST | 73218 | CPT | | | | both | | | 4796 | 322.28 | Horizon | MGD | 542.26 | | | 521.53 | 280.24 | 4556.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT UPPER EXTREMITY WO CONTRAST | 73218 | CPT | | | | both | | | 4796 | 322.28 | Qualcare | Qualcare | 3597 | 75 | | | 280.24 | 4556.2 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY WO CONTRAST | 73218 | CPT | | | | both | | | 4796 | 322.28 | UHC | Medicare | 280.24 | | | 270.92 | 280.24 | 4556.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT UPPER EXTREMITY WO CONTRAST | 73218 | CPT | | | | both | | | 4796 | 322.28 | Wellcare | Medicare | 280.24 | | | | 280.24 | 4556.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT UPPER EXTREMITY WO CONTRAST | 73218 | CPT | | | | both | | | 4796 | 322.28 | Wellcare | Medicaid | 1513.14 | 31.55 | | | 280.24 | 4556.2 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY WO CONTRAST | 73218 | CPT | | | | both | | | 4796 | 322.28 | Horizon | PPO | 542.26 | | | | 280.24 | 4556.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT UPPER EXTREMITY WO CONTRAST | 73218 | CPT | | | | both | | | 4796 | 322.28 | WellPoint | WellPoint | 1543.35 | 32.18 | | | 280.24 | 4556.2 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY W CONTRAST | 73219 | CPT | | | | outpatient | | | 4458 | 505.8 | Horizon | Indemnity | 851.07 | | | | 341 | 4235.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT UPPER EXTREMITY W CONTRAST | 73219 | CPT | | | | outpatient | | | 4458 | 505.8 | First Trenton | First Trenton | 4012.2 | 90 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY W CONTRAST | 73219 | CPT | | | | outpatient | | | 4458 | 505.8 | Aetna | Medicare | 439.83 | | | | 341 | 4235.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT UPPER EXTREMITY W CONTRAST | 73219 | CPT | | | | outpatient | | | 4458 | 505.8 | Horizon | Medicare Blue | 439.83 | | | | 341 | 4235.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT UPPER EXTREMITY W CONTRAST | 73219 | CPT | | | | outpatient | | | 4458 | 505.8 | Multiplan | Multiplan | 3686.4 | 80 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY W CONTRAST | 73219 | CPT | | | | outpatient | | | 4458 | 505.8 | Amerihealth | HMO/PPO | 341 | | | | 341 | 4235.1 | fee schedule | |
| HC MRI NON-JOINT UPPER EXTREMITY W CONTRAST | 73219 | CPT | | | | outpatient | | | 4458 | 505.8 | Aetna | Better Health | 1406.5 | 31.55 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY W CONTRAST | 73219 | CPT | | | | outpatient | | | 4458 | 505.8 | Aetna | Commercial | 1694.04 | 38 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY W CONTRAST | 73219 | CPT | | | | outpatient | | | 4458 | 505.8 | Horizon | PPO | 851.07 | | | | 341 | 4235.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT UPPER EXTREMITY W CONTRAST | 73219 | CPT | | | | outpatient | | | 4458 | 505.8 | UHC | Medicaid | 1406.5 | 31.55 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY W CONTRAST | 73219 | CPT | | | | outpatient | | | 4458 | 505.8 | Consumer | Consumer | 4235.1 | 95 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY W CONTRAST | 73219 | CPT | | | | outpatient | | | 4458 | 505.8 | First Health | First Health | 3120.6 | 70 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY W CONTRAST | 73219 | CPT | | | | outpatient | | | 4458 | 505.8 | Qualcare | Qualcare | 3343.5 | 75 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY W CONTRAST | 73219 | CPT | | | | outpatient | | | 4458 | 505.8 | Wellcare | Medicaid | 1406.5 | 31.55 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY W CONTRAST | 73219 | CPT | | | | outpatient | | | 4458 | 505.8 | Americare | Americare | 3343.5 | 75 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY W CONTRAST | 73219 | CPT | | | | outpatient | | | 4458 | 505.8 | Wellcare | Medicare | 439.83 | | | | 341 | 4235.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT UPPER EXTREMITY W CONTRAST | 73219 | CPT | | | | outpatient | | | 4458 | 505.8 | Managed Care Inc | Managed Care Inc | 4012.2 | 90 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY W CONTRAST | 73219 | CPT | | | | outpatient | | | 4458 | 505.8 | Corrections | Corrections | 3566.4 | 80 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY W CONTRAST | 73219 | CPT | | | | outpatient | | | 4458 | 505.8 | UHC | Medicare | 439.83 | | | | 341 | 4235.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT UPPER EXTREMITY W CONTRAST | 73219 | CPT | | | | outpatient | | | 4458 | 505.8 | Horizon | MGD | 851.07 | | | | 341 | 4235.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT UPPER EXTREMITY W CONTRAST | 73219 | CPT | | | | outpatient | | | 4458 | 505.8 | WellPoint | WellPoint | 1434.58 | 32.18 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY W CONTRAST | 73219 | CPT | | | | outpatient | | | 4458 | 505.8 | Horizon | NJ Health | 668.36 | | | | 341 | 4235.1 | fee schedule | |
| HC MRI NON-JOINT UPPER EXTREMITY W CONTRAST | 73219 | CPT | | | | outpatient | | | 4458 | 505.8 | Three Rivers | Three Rivers | 4235.1 | 95 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY WO/W CONTRAST | 73220 | CPT | | | | both | | | 5626 | 505.8 | First Health | First Health | 3938.2 | 70 | | | 439.83 | 5344.7 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY WO/W CONTRAST | 73220 | CPT | | | | both | | | 5626 | 505.8 | Americare | Americare | 4219.5 | 75 | | | 439.83 | 5344.7 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY WO/W CONTRAST | 73220 | CPT | | | | both | | | 5626 | 505.8 | UHC | Medicare | 439.83 | | | | 439.83 | 5344.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT UPPER EXTREMITY WO/W CONTRAST | 73220 | CPT | | | | both | | | 5626 | 505.8 | Aetna | Better Health | 1775 | 31.55 | | | 439.83 | 5344.7 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY WO/W CONTRAST | 73220 | CPT | | | | both | | | 5626 | 505.8 | Multiplan | Multiplan | 4500.8 | 80 | | | 439.83 | 5344.7 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY WO/W CONTRAST | 73220 | CPT | | | | both | | | 5626 | 505.8 | Aetna | Medicare | 439.83 | | | | 439.83 | 5344.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT UPPER EXTREMITY WO/W CONTRAST | 73220 | CPT | | | | both | | | 5626 | 505.8 | First Trenton | First Trenton | 5063.4 | 90 | | | 439.83 | 5344.7 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY WO/W CONTRAST | 73220 | CPT | | | | both | | | 5626 | 505.8 | Consumer | Consumer | 5344.7 | 95 | | | 439.83 | 5344.7 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY WO/W CONTRAST | 73220 | CPT | | | | both | | | 5626 | 505.8 | Horizon | Indemnity | 851.07 | | | | 439.83 | 5344.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT UPPER EXTREMITY WO/W CONTRAST | 73220 | CPT | | | | both | | | 5626 | 505.8 | Amerihealth | HMO/PPO | 477.4 | | | | 439.83 | 5344.7 | fee schedule | |
| HC MRI NON-JOINT UPPER EXTREMITY WO/W CONTRAST | 73220 | CPT | | | | both | | | 5626 | 505.8 | Wellcare | Medicare | 439.83 | | | | 439.83 | 5344.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT UPPER EXTREMITY WO/W CONTRAST | 73220 | CPT | | | | both | | | 5626 | 505.8 | Aetna | Commercial | 2137.88 | 38 | | | 439.83 | 5344.7 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY WO/W CONTRAST | 73220 | CPT | | | | both | | | 5626 | 505.8 | Qualcare | Qualcare | 4219.5 | 75 | | | 439.83 | 5344.7 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY WO/W CONTRAST | 73220 | CPT | | | | both | | | 5626 | 505.8 | Horizon | MGD | 851.07 | | | | 439.83 | 5344.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT UPPER EXTREMITY WO/W CONTRAST | 73220 | CPT | | | | both | | | 5626 | 505.8 | Managed Care Inc | Managed Care Inc | 5063.4 | 90 | | | 439.83 | 5344.7 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY WO/W CONTRAST | 73220 | CPT | | | | both | | | 5626 | 505.8 | Corrections | Corrections | 4500.8 | 80 | | | 439.83 | 5344.7 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY WO/W CONTRAST | 73220 | CPT | | | | both | | | 5626 | 505.8 | Horizon | NJ Health | 588 | | | 380.93 | 439.83 | 5344.7 | fee schedule | |
| HC MRI NON-JOINT UPPER EXTREMITY WO/W CONTRAST | 73220 | CPT | | | | both | | | 5626 | 505.8 | Horizon | PPO | 851.07 | | | | 439.83 | 5344.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT UPPER EXTREMITY WO/W CONTRAST | 73220 | CPT | | | | both | | | 5626 | 505.8 | Three Rivers | Three Rivers | 5344.7 | 95 | | | 439.83 | 5344.7 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY WO/W CONTRAST | 73220 | CPT | | | | both | | | 5626 | 505.8 | Horizon | Medicare Blue | 439.83 | | | | 439.83 | 5344.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT UPPER EXTREMITY WO/W CONTRAST | 73220 | CPT | | | | both | | | 5626 | 505.8 | UHC | Medicaid | 1775 | 31.55 | | 889.39 | 439.83 | 5344.7 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY WO/W CONTRAST | 73220 | CPT | | | | both | | | 5626 | 505.8 | WellPoint | WellPoint | 1810.45 | 32.18 | | | 439.83 | 5344.7 | percent of total billed charges | |
| HC MRI NON-JOINT UPPER EXTREMITY WO/W CONTRAST | 73220 | CPT | | | | both | | | 5626 | 505.8 | Wellcare | Medicaid | 1775 | 31.55 | | | 439.83 | 5344.7 | percent of total billed charges | |
| HC MRI WRIST WO CONTRAST | 73221 | CPT | | | | both | | | 1843 | 322.28 | First Trenton | First Trenton | 1658.7 | 90 | | | 280.24 | 1750.85 | percent of total billed charges | |
| HC MRI WRIST WO CONTRAST | 73221 | CPT | | | | both | | | 1843 | 322.28 | First Health | First Health | 1290.1 | 70 | | | 280.24 | 1750.85 | percent of total billed charges | |
| HC MRI WRIST WO CONTRAST | 73221 | CPT | | | | both | | | 1843 | 322.28 | Americare | Americare | 1382.25 | 75 | | | 280.24 | 1750.85 | percent of total billed charges | |
| HC MRI WRIST WO CONTRAST | 73221 | CPT | | | | both | | | 1843 | 

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC MRI WRIST WO CONTRAST | 73221 | CPT | | | | both | | | 1843 | 322.28 | Horizon | Medicare Blue | 280.24 | | | | 280.24 | 1750.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI WRIST WO CONTRAST | 73221 | CPT | | | | both | | | 1843 | 322.28 | Consumer | Consumer | 1750.85 | 95 | | | 280.24 | 1750.85 | percent of total billed charges | |
| HC MRI WRIST WO CONTRAST | 73221 | CPT | | | | both | | | 1843 | 322.28 | Aetna | Medicare | 280.24 | | | 425.58 | 280.24 | 1750.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI WRIST WO CONTRAST | 73221 | CPT | | | | both | | | 1843 | 322.28 | UHC | Medicare | 280.24 | | | 274.97 | 280.24 | 1750.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI WRIST WO CONTRAST | 73221 | CPT | | | | both | | | 1843 | 322.28 | Amerihealth | HMO/PPO | 294.5 | | | | 280.24 | 1750.85 | fee schedule | |
| HC MRI WRIST WO CONTRAST | 73221 | CPT | | | | both | | | 1843 | 322.28 | Qualcare | Qualcare | 1382.25 | 75 | | | 280.24 | 1750.85 | percent of total billed charges | |
| HC MRI WRIST WO CONTRAST | 73221 | CPT | | | | both | | | 1843 | 322.28 | Wellcare | Medicaid | 581.47 | 31.55 | | 550.65 | 280.24 | 1750.85 | percent of total billed charges | |
| HC MRI WRIST WO CONTRAST | 73221 | CPT | | | | both | | | 1843 | 322.28 | Wellcare | Medicare | 280.24 | | | | 280.24 | 1750.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI WRIST WO CONTRAST | 73221 | CPT | | | | both | | | 1843 | 322.28 | Horizon | NJ Health | 646.8 | | | 646.8 | 280.24 | 1750.85 | fee schedule | |
| HC MRI WRIST WO CONTRAST | 73221 | CPT | | | | both | | | 1843 | 322.28 | Horizon | MGD | 542.26 | | | 485.08 | 280.24 | 1750.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI WRIST WO CONTRAST | 73221 | CPT | | | | both | | | 1843 | 322.28 | Horizon | Indemnity | 542.26 | | | 501.35 | 280.24 | 1750.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI WRIST WO CONTRAST | 73221 | CPT | | | | both | | | 1843 | 322.28 | Three Rivers | Three Rivers | 1750.85 | 95 | | | 280.24 | 1750.85 | percent of total billed charges | |
| HC MRI WRIST WO CONTRAST | 73221 | CPT | | | | both | | | 1843 | 322.28 | Horizon | PPO | 542.26 | | | 312.32 | 280.24 | 1750.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI WRIST WO CONTRAST | 73221 | CPT | | | | both | | | 1843 | 322.28 | UHC | Medicaid | 581.47 | 31.55 | | 540.74 | 280.24 | 1750.85 | percent of total billed charges | |
| HC MRI SHOULDER W CONTRAST | 73222 | CPT | | | | outpatient | | | 4458 | 1053.08 | Aetna | Medicare | 915.72 | | | | 341 | 4235.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SHOULDER W CONTRAST | 73222 | CPT | | | | outpatient | | | 4458 | 1053.08 | Aetna | Better Health | 1406.5 | 31.55 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI SHOULDER W CONTRAST | 73222 | CPT | | | | outpatient | | | 4458 | 1053.08 | Americare | Americare | 3343.5 | 75 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI SHOULDER W CONTRAST | 73222 | CPT | | | | outpatient | | | 4458 | 1053.08 | First Trenton | First Trenton | 4012.2 | 90 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI SHOULDER W CONTRAST | 73222 | CPT | | | | outpatient | | | 4458 | 1053.08 | Aetna | Commercial | 1694.04 | 38 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI SHOULDER W CONTRAST | 73222 | CPT | | | | outpatient | | | 4458 | 1053.08 | Multiplan | Multiplan | 3566.4 | 80 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI SHOULDER W CONTRAST | 73222 | CPT | | | | outpatient | | | 4458 | 1053.08 | Consumer | Consumer | 4235.1 | 95 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI SHOULDER W CONTRAST | 73222 | CPT | | | | outpatient | | | 4458 | 1053.08 | Amerihealth | HMO/PPO | 341 | | | | 341 | 4235.1 | fee schedule | |
| HC MRI SHOULDER W CONTRAST | 73222 | CPT | | | | outpatient | | | 4458 | 1053.08 | Horizon | MGD | 1771.92 | | | | 341 | 4235.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SHOULDER W CONTRAST | 73222 | CPT | | | | outpatient | | | 4458 | 1053.08 | Horizon | PPO | 1771.92 | | | | 341 | 4235.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SHOULDER W CONTRAST | 73222 | CPT | | | | outpatient | | | 4458 | 1053.08 | Three Rivers | Three Rivers | 4235.1 | 95 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI SHOULDER W CONTRAST | 73222 | CPT | | | | outpatient | | | 4458 | 1053.08 | Horizon | Medicare Blue | 915.72 | | | | 341 | 4235.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SHOULDER W CONTRAST | 73222 | CPT | | | | outpatient | | | 4458 | 1053.08 | Corrections | Corrections | 3566.4 | 80 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI SHOULDER W CONTRAST | 73222 | CPT | | | | outpatient | | | 4458 | 1053.08 | Qualcare | Qualcare | 3343.5 | 75 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI SHOULDER W CONTRAST | 73222 | CPT | | | | outpatient | | | 4458 | 1053.08 | First Health | First Health | 3120.6 | 70 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI SHOULDER W CONTRAST | 73222 | CPT | | | | outpatient | | | 4458 | 1053.08 | UHC | Medicare | 915.72 | | | | 341 | 4235.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SHOULDER W CONTRAST | 73222 | CPT | | | | outpatient | | | 4458 | 1053.08 | Horizon | NJ Health | 668.36 | | | 624.98 | 341 | 4235.1 | fee schedule | |
| HC MRI SHOULDER W CONTRAST | 73222 | CPT | | | | outpatient | | | 4458 | 1053.08 | Wellcare | Medicare | 915.72 | | | | 341 | 4235.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SHOULDER W CONTRAST | 73222 | CPT | | | | outpatient | | | 4458 | 1053.08 | Horizon | Indemnity | 1771.92 | | | | 341 | 4235.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SHOULDER W CONTRAST | 73222 | CPT | | | | outpatient | | | 4458 | 1053.08 | WellPoint | WellPoint | 1434.58 | 32.18 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI SHOULDER W CONTRAST | 73222 | CPT | | | | outpatient | | | 4458 | 1053.08 | Managed Care Inc | Managed Care Inc | 4012.2 | 90 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI SHOULDER W CONTRAST | 73222 | CPT | | | | outpatient | | | 4458 | 1053.08 | Wellcare | Medicaid | 1406.5 | 31.55 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI SHOULDER W CONTRAST | 73222 | CPT | | | | outpatient | | | 4458 | 1053.08 | UHC | Medicaid | 1406.5 | 31.55 | | 682.37 | 341 | 4235.1 | percent of total billed charges | |
| HC MRI WRIST WO/W CONTRAST | 73223 | CPT | | | | both | | | 5626 | 505.8 | Aetna | Commercial | 2137.88 | 38 | | | 439.83 | 5344.7 | percent of total billed charges | |
| HC MRI WRIST WO/W CONTRAST | 73223 | CPT | | | | both | | | 5626 | 505.8 | Multiplan | Multiplan | 4500.8 | 80 | | | 439.83 | 5344.7 | percent of total billed charges | |
| HC MRI WRIST WO/W CONTRAST | 73223 | CPT | | | | both | | | 5626 | 505.8 | Aetna | Better Health | 1775 | 31.55 | | | 439.83 | 5344.7 | percent of total billed charges | |
| HC MRI WRIST WO/W CONTRAST | 73223 | CPT | | | | both | | | 5626 | 505.8 | First Trenton | First Trenton | 5063.4 | 90 | | | 439.83 | 5344.7 | percent of total billed charges | |
| HC MRI WRIST WO/W CONTRAST | 73223 | CPT | | | | both | | | 5626 | 505.8 | Americare | Americare | 4219.5 | 75 | | | 439.83 | 5344.7 | percent of total billed charges | |
| HC MRI WRIST WO/W CONTRAST | 73223 | CPT | | | | both | | | 5626 | 505.8 | First Health | First Health | 3938.2 | 70 | | | 439.83 | 5344.7 | percent of total billed charges | |
| HC MRI WRIST WO/W CONTRAST | 73223 | CPT | | | | both | | | 5626 | 505.8 | Consumer | Consumer | 5344.7 | 95 | | | 439.83 | 5344.7 | percent of total billed charges | |
| HC MRI WRIST WO/W CONTRAST | 73223 | CPT | | | | both | | | 5626 | 505.8 | Managed Care Inc | Managed Care Inc | 5063.4 | 90 | | | 439.83 | 5344.7 | percent of total billed charges | |
| HC MRI WRIST WO/W CONTRAST | 73223 | CPT | | | | both | | | 5626 | 505.8 | UHC | Medicaid | 1775 | 31.55 | | 851.17 | 439.83 | 5344.7 | percent of total billed charges | |
| HC MRI WRIST WO/W CONTRAST | 73223 | CPT | | | | both | | | 5626 | 505.8 | Qualcare | Qualcare | 4219.5 | 75 | | | 439.83 | 5344.7 | percent of total billed charges | |
| HC MRI WRIST WO/W CONTRAST | 73223 | CPT | | | | both | | | 5626 | 505.8 | Aetna | Medicare | 439.83 | | | | 439.83 | 5344.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI WRIST WO/W CONTRAST | 73223 | CPT | | | | both | | | 5626 | 505.8 | UHC | Medicare | 439.83 | | | | 439.83 | 5344.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI WRIST WO/W CONTRAST | 73223 | CPT | | | | both | | | 5626 | 505.8 | Amerihealth | HMO/PPO | 477.4 | | | | 439.83 | 5344.7 | fee schedule | |
| HC MRI WRIST WO/W CONTRAST | 73223 | CPT | | | | both | | | 5626 | 505.8 | Horizon | Indemnity | 851.07 | | | | 439.83 | 5344.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI WRIST WO/W CONTRAST | 73223 | CPT | | | | both | | | 5626 | 505.8 | Corrections | Corrections | 4500.8 | 80 | | | 439.83 | 5344.7 | percent of total billed charges | |
| HC MRI WRIST WO/W CONTRAST | 73223 | CPT | | | | both | | | 5626 | 505.8 | Wellcare | Medicare | 439.83 | | | | 439.83 | 5344.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI WRIST WO/W CONTRAST | 73223 | CPT | | | | both | | | 5626 | 505.8 | Horizon | NJ Health | 959.24 | | | 871.33 | 439.83 | 5344.7 | fee schedule | |
| HC MRI WRIST WO/W CONTRAST | 73223 | CPT | | | | both | | | 5626 | 505.8 | Three Rivers | Three Rivers | 5344.7 | 95 | | | 439.83 | 5344.7 | percent of total billed charges | |
| HC MRI WRIST WO/W CONTRAST | 73223 | CPT | | | | both | | | 5626 | 505.8 | Horizon | MGD | 851.07 | | | | 439.83 | 5344.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI WRIST WO/W CONTRAST | 73223 | CPT | | | | both | | | 5626 | 505.8 | Wellcare | Medicaid | 1775 | 31.55 | | | 439.83 | 5344.7 | percent of total billed charges | |
| HC MRI WRIST WO/W CONTRAST | 73223 | CPT | | | | both | | | 5626 | 505.8 | Horizon | Medicare Blue | 439.83 | | | | 439.83 | 5344.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI WRIST WO/W CONTRAST | 73223 | CPT | | | | both | | | 5626 | 505.8 | Horizon | PPO | 851.07 | | | | 439.83 | 5344.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI WRIST WO/W CONTRAST | 73223 | CPT | | | | both | | | 5626 | 505.8 | WellPoint | WellPoint | 1810.45 | 32.18 | | | 439.83 | 5344.7 | percent of total billed charges | |
| HC MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL | 73225 | CPT | | | | outpatient | | | 4937 | | Amerihealth | HMO/PPO | 341 | | | | 341 | 4690.15 | fee schedule | |
| HC MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL | 73225 | CPT | | | | outpatient | | | 4937 | | Corrections | Corrections | 3949.6 | 80 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL | 73225 | CPT | | | | outpatient | | | 4937 | | Aetna | Commercial | 1876.06 | 38 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL | 73225 | CPT | | | | outpatient | | | 4937 | | Aetna | Better Health | 1557.62 | 31.55 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL | 73225 | CPT | | | | outpatient | | | 4937 | | Americare | Americare | 3702.75 | 75 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL | 73225 | CPT | | | | outpatient | | | 4937 | | Horizon | Indemnity | 1889.88 | 38.28 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL | 73225 | CPT | | | | outpatient | | | 4937 | | First Health | First Health | 3455.9 | 70 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL | 73225 | CPT | | | | outpatient | | | 4937 | | Aetna | Medicare | 1520.6 | 30.8 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL | 73225 | CPT | | | | outpatient | | | 4937 | | Horizon | MGD | 1889.88 | 38.28 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL | 73225 | CPT | | | | outpatient | | | 4937 | | First Trenton | First Trenton | 4443.3 | 90 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL | 73225 | CPT | | | | outpatient | | | 4937 | | Horizon | Medicare Blue | 1481.1 | 30 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL | 73225 | CPT | | | | outpatient | | | 4937 | | Consumer | Consumer | 4690.15 | 95 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL | 73225 | CPT | | | | outpatient | | | 4937 | | Horizon | PPO | 1889.88 | 38.28 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL | 73225 | CPT | | | | outpatient | | | 4937 | | Multiplan | Multiplan | 3949.6 | 80 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL | 73225 | CPT | | | | outpatient | | | 4937 | | Wellcare | Medicaid | 1557.62 | 31.55 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL | 73225 | CPT | | | | outpatient | | | 4937 | | Horizon | NJ Health | 492.08 | | | | 341 | 4690.15 | fee schedule | |
| HC MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL | 73225 | CPT | | | | outpatient | | | 4937 | | Three Rivers | Three Rivers | 4690.15 | 95 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL | 73225 | CPT | | | | outpatient | | | 4937 | | Qualcare | Qualcare | 3702.75 | 75 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL | 73225 | CPT | | | | outpatient | | | 4937 | | UHC | Medicaid | 1557.62 | 31.55 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL | 73225 | CPT | | | | outpatient | | | 4937 | | Managed Care Inc | Managed Care Inc | 4443.3 | 90 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL | 73225 | CPT | | | | outpatient | | | 4937 | | WellPoint | WellPoint | 1588.73 | 32.18 | | | 341 | 4690.15 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 1 VIEW; PORTABLE | 73501 | CPT | | | | both | | | 347.5 | 119.52 | Americare | Americare | 260.63 | 75 | | | 16.12 | 330.13 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 1 VIEW; PORTABLE | 73501 | CPT | | | | both | | | 347.5 | 119.52 | Amerihealth | HMO/PPO | 16.12 | | | 31.1 | 16.12 | 330.13 | fee schedule | |
| HC HIP UNILAT W PELVIS 1 VIEW; PORTABLE | 73501 | CPT | | | | both | | | 347.5 | 119.52 | Aetna | Medicare | 103.93 | | | | 16.12 | 330.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIP UNILAT W PELVIS 1 VIEW; PORTABLE | 73501 | CPT | | | | both | | | 347.5 | 119.52 | Aetna | Better Health | 109.64 | 31.55 | | 78.97 | 16.12 | 330.13 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 1 VIEW; PORTABLE | 73501 | CPT | | | | both | | | 347.5 | 119.52 | First Trenton | First Trenton | 312.75 | 90 | | | 16.12 | 330.13 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 1 VIEW; PORTABLE | 73501 | CPT | | | | both | | | 347.5 | 119.52 | Horizon | PPO | 201.1 | | | 43.96 | 16.12 | 330.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIP UNILAT W PELVIS 1 VIEW; PORTABLE | 73501 | CPT | | | | both | | | 347.5 | 119.52 | WellPoint | WellPoint | 111.83 | 32.18 | | 87.81 | 16.12 | 330.13 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 1 VIEW; PORTABLE | 73501 | CPT | | | | both | | | 347.5 | 119.52 | Consumer | Consumer | 330.13 | 95 | | | 16.12 | 330.13 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 1 VIEW; PORTABLE | 73501 | CPT | | | | both | | | 347.5 | 119.52 | Horizon | Indemnity | 201.1 | | | | 16.12 | 330.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIP UNILAT W PELVIS 1 VIEW; PORTABLE | 73501 | CPT | | | | both | | | 347.5 | 119.52 | Multiplan | Multiplan | 278 | 80 | | | 16.12 | 330.13 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 1 VIEW; PORTABLE | 73501 | CPT | | | | both | | | 347.5 | 119.52 | Horizon | NJ Health | 32.1 | | | 41.2 | 16.12 | 330.13 | fee schedule | |
| HC HIP UNILAT W PELVIS 1 VIEW; PORTABLE | 73501 | CPT | | | | both | | | 347.5 | 119.52 | Aetna | Commercial | 132.05 | 38 | | 38.09 | 16.12 | 330.13 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 1 VIEW; PORTABLE | 73501 | CPT | | | | both | | | 347.5 | 119.52 | Horizon | MGD | 201.1 | | | 87.98 | 16.12 | 330.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIP UNILAT W PELVIS 1 VIEW; PORTABLE | 73501 | CPT | | | | both | | | 347.5 | 119.52 | UHC | Medicare | 103.93 | | | | 16.12 | 330.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIP UNILAT W PELVIS 1 VIEW; PORTABLE | 73501 | CPT | | | | both | | | 347.5 | 119.52 | Managed Care Inc | Managed Care Inc | 312.75 | 90 | | | 16.12 | 330.13 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 1 VIEW; PORTABLE | 73501 | CPT | | | | both | | | 347.5 | 119.52 | Corrections | Corrections | 278 | 80 | | | 16.12 | 330.13 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 1 VIEW; PORTABLE | 73501 | CPT | | | | both | | | 347.5 | 119.52 | Qualcare | Qualcare | 260.63 | 75 | | | 16.12 | 330.13 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 1 VIEW; PORTABLE | 73501 | CPT | | | | both | | | 347.5 | 119.52 | First Health | First Health | 243.25 | 70 | | | 16.12 | 330.13 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 1 VIEW; PORTABLE | 73501 | CPT | | | | both | | | 347.5 | 119.52 | Wellcare | Medicare | 103.93 | | | | 16.12 | 330.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIP UNILAT W PELVIS 1 VIEW; PORTABLE | 73501 | CPT | | | | both | | | 347.5 | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 16.12 | 330.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIP UNILAT W PELVIS 1 VIEW; PORTABLE | 73501 | CPT | | | | both | | | 347.5 | 119.52 | Three Rivers | Three Rivers | 330.13 | 95 | | | 16.12 | 330.13 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 1 VIEW; PORTABLE | 73501 | CPT | | | | both | | | 347.5 | 119.52 | UHC | Medicaid | 109.64 | 31.55 | | 77.93 | 16.12 | 330.13 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 1 VIEW; PORTABLE | 73501 | CPT | | | | both | | | 347.5 | 119.52 | Wellcare | Medicaid | 109.64 | 31.55 | | | 16.12 | 330.13 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 2-3 VIEWS; PORTABLE | 73502 | CPT | | | | both | | | 347.5 | 119.52 | Consumer | Consumer | 330.13 | 95 | | | 19.84 | 330.13 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 2-3 VIEWS; PORTABLE | 73502 | CPT | | | | both | | | 347.5 | 119.52 | Aetna | Commercial | 132.05 | 38 | | 44.2 | 19.84 | 330.13 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 2-3 VIEWS; PORTABLE | 73502 | CPT | | | | both | | | 347.5 | 119.52 | Multiplan | Multiplan | 278 | 80 | | | 19.84 | 330.13 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 2-3 VIEWS; PORTABLE | 73502 | CPT | | | | both | | | 347.5 | 119.52 | First Health | First Health | 243.25 | 70 | | | 19.84 | 330.13 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 2-3 VIEWS; PORTABLE | 73502 | CPT | | | | both | | | 347.5 | 119.52 | Horizon | Medicare Blue | 103.93 | | | 27.27 | 19.84 | 330.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIP UNILAT W PELVIS 2-3 VIEWS; PORTABLE | 73502 | CPT | | | | both | | | 347.5 | 119.52 | Horizon | NJ Health | 45 | | | 22.01 | 19.84 | 330.13 | fee schedule | |
| HC HIP UNILAT W PELVIS 2-3 VIEWS; PORTABLE | 73502 | CPT | | | | both | | | 347.5 | 119.52 | Aetna | Better Health | 109.64 | 31.55 | | 78.34 | 19.84 | 330.13 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 2-3 VIEWS; PORTABLE | 73502 | CPT | | | | both | | | 347.5 | 119.52 | Amerihealth | HMO/PPO | 19.84 | | | 116.87 | 19.84 | 330.13 | fee schedule | |
| HC HIP UNILAT W PELVIS 2-3 VIEWS; PORTABLE | 73502 | CPT | | | | both | | | 347.5 | 119.52 | Corrections | Corrections | 278 | 80 | | 77.98 | 19.84 | 330.13 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 2-3 VIEWS; PORTABLE | 73502 | CPT | | | | both | | | 347.5 | 119.52 | Aetna | Medicare | 103.93 | | | 35.55 | 19.84 | 330.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIP UNILAT W PELVIS 2-3 VIEWS; PORTABLE | 73502 | CPT | | | | both | | | 347.5 | 119.52 | Qualcare | Qualcare | 260.63 | 75 | | | 19.84 | 330.13 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 2-3 VIEWS; PORTABLE | 73502 | CPT | | | | both | | | 347.5 | 119.52 | UHC | Medicare | 103.93 | | | 32.06 | 19.84 | 330.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIP UNILAT W PELVIS 2-3 VIEWS; PORTABLE | 73502 | CPT | | | | both | | | 347.5 | 119.52 | Horizon | MGD | 201.1 | | | 64.4 | 19.84 | 330.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIP UNILAT W PELVIS 2-3 VIEWS; PORTABLE | 73502 | CPT | | | | both | | | 347.5 | 119.52 | Wellcare | Medicare | 103.93 | | | 20.71 | 19.84 | 330.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIP UNILAT W PELVIS 2-3 VIEWS; PORTABLE | 73502 | CPT | | | | both | | | 347.5 | 119.52 | Americare | Americare | 260.63 | 75 | | | 19.84 | 330.13 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 2-3 VIEWS; PORTABLE | 73502 | CPT | | | | both | | | 347.5 | 119.52 | WellPoint | WellPoint | 111.83 | 32.18 | | 48.97 | 19.84 | 330.13 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 2-3 VIEWS; PORTABLE | 73502 | CPT | | | | both | | | 347.5 | 119.52 | First Trenton | First Trenton | 312.75 | 90 | | | 19.84 | 330.13 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 2-3 VIEWS; PORTABLE | 73502 | CPT | | | | both | | | 347.5 | 119.52 | Wellcare | Medicaid | 109.64 | 31.55 | | 78.12 | 19.84 | 330.13 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 2-3 VIEWS; PORTABLE | 73502 | CPT | | | | both | | | 347.5 | 119.52 | Horizon | PPO | 201.1 | | | 57.18 | 19.84 | 330.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIP UNILAT W PELVIS 2-3 VIEWS; PORTABLE | 73502 | CPT | | | | both | | | 347.5 | 119.52 | Horizon | Indemnity | 201.1 | | | 60.63 | 19.84 | 330.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIP UNILAT W PELVIS 2-3 VIEWS; PORTABLE | 73502 | CPT | | | | both | | | 347.5 | 119.52 | UHC | Medicaid | 109.64 | 31.55 | | 60.21 | 19.84 | 330.13 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 2-3 VIEWS; PORTABLE | 73502 | CPT | | | | both | | | 347.5 | 119.52 | Managed Care Inc | Managed Care Inc | 312.75 | 90 | | | 19.84 | 330.13 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 2-3 VIEWS; PORTABLE | 73502 | CPT | | | | both | | | 347.5 | 119.52 | Three Rivers | Three Rivers | 330.13 | 95 | | | 19.84 | 330.13 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 4/> VIEWS | 73503 | CPT | | | | both | | | 459 | 144.6 | First Health | First Health | 321.3 | 70 | | | 24.18 | 436.05 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 4/> VIEWS | 73503 | CPT | | | | both | | | 459 | 144.6 | Corrections | Corrections | 367.2 | 80 | | | 24.18 | 436.05 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 4/> VIEWS | 73503 | CPT | | | | both | | | 459 | 144.6 | Aetna | Better Health | 144.81 | 31.55 | | 84.96 | 24.18 | 436.05 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 4/> VIEWS | 73503 | CPT | | | | both | | | 459 | 144.6 | UHC | Medicare | 125.74 | | | 66.34 | 24.18 | 436.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIP UNILAT W PELVIS 4/> VIEWS | 73503 | CPT | | | | both | | | 459 | 144.6 | Aetna | Commercial | 174.42 | 38 | | | 24.18 | 436.05 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 4/> VIEWS | 73503 | CPT | | | | both | | | 459 | 144.6 | Consumer | Consumer | 436.05 | 95 | | | 24.18 | 436.05 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 4/> VIEWS | 73503 | CPT | | | | both | | | 459 | 144.6 | Americare | Americare | 344.25 | 75 | | | 24.18 | 436.05 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 4/> VIEWS | 73503 | CPT | | | | both | | | 459 | 144.6 | Multiplan | Multiplan | 367.2 | 80 | | | 24.18 | 436.05 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 4/> VIEWS | 73503 | CPT | | | | both | | | 459 | 144.6 | Horizon | Medicare Blue | 125.74 | | | 63.1 | 24.18 | 436.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIP UNILAT W PELVIS 4/> VIEWS | 73503 | CPT | | | | both | | | 459 | 144.6 | Wellcare | Medicare | 125.74 | | | | 24.18 | 436.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIP UNILAT W PELVIS 4/> VIEWS | 73503 | CPT | | | | both | | | 459 | 144.6 | Aetna | Medicare | 125.74 | | | | 24.18 | 436.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIP UNILAT W PELVIS 4/> VIEWS | 73503 | CPT | | | | both | | | 459 | 144.6 | Qualcare | Qualcare | 344.25 | 75 | | | 24.18 | 436.05 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 4/> VIEWS | 73503 | CPT | | | | both | | | 459 | 144.6 | Horizon | Indemnity | 243.31 | | | | 24.18 | 436.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIP UNILAT W PELVIS 4/> VIEWS | 73503 | CPT | | | | both | | | 459 | 144.6 | Horizon | NJ Health | 56.25 | | | 58.55 | 24.18 | 436.05 | fee schedule | |
| HC HIP UNILAT W PELVIS 4/> VIEWS | 73503 | CPT | | | | both | | | 459 | 144.6 | Amerihealth | HMO/PPO | 24.18 | | | | 24.18 | 436.05 | fee schedule | |
| HC HIP UNILAT W PELVIS 4/> VIEWS | 73503 | CPT | | | | both | | | 459 | 144.6 | Three Rivers | Three Rivers | 436.05 | 95 | | | 24.18 | 436.05 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 4/> VIEWS | 73503 | CPT | | | | both | | | 459 | 144.6 | Horizon | PPO | 243.31 | | | | 24.18 | 436.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIP UNILAT W PELVIS 4/> VIEWS | 73503 | CPT | | | | both | | | 459 | 144.6 | Wellcare | Medicaid | 144.81 | 31.55 | | | 24.18 | 436.05 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 4/> VIEWS | 73503 | CPT | | | | both | | | 459 | 144.6 | First Trenton | First Trenton | 413.1 | 90 | | | 24.18 | 436.05 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC HIP UNILAT W PELVIS 4\> VIEWS | 73503 | CPT | | | | both | | | 459 | | 144.6 WellPoint | WellPoint | 147.71 | 32.18 | | 147.71 | 24.18 | 436.05 | percent of total billed charges | |
| HC HIP UNILAT W PELVIS 4\> VIEWS | 73503 | CPT | | | | both | | | 459 | | 144.6 UHC | Medicaid | 144.81 | 31.55 | | 124.71 | 24.18 | 436.05 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 2 VIEWS, PORTABLE | 73521 | CPT | | | | both | | | 573.75 | | 144.6 Horizon | NJ Health | 43.02 | | | 29.51 | 24.18 | 545.06 | fee schedule | |
| HC HIPS BILAT W PELVIS 2 VIEWS, PORTABLE | 73521 | CPT | | | | both | | | 573.75 | | 144.6 First Trenton | First Trenton | 516.38 | 90 | | | 24.18 | 545.06 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 2 VIEWS, PORTABLE | 73521 | CPT | | | | both | | | 573.75 | | 144.6 Aetna | Medicare | 125.74 | | | 47.25 | 24.18 | 545.06 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIPS BILAT W PELVIS 2 VIEWS, PORTABLE | 73521 | CPT | | | | both | | | 573.75 | | 144.6 Aetna | Commercial | 218.03 | 38 | | 179.83 | 24.18 | 545.06 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 2 VIEWS, PORTABLE | 73521 | CPT | | | | both | | | 573.75 | | 144.6 Horizon | Indemnity | 243.31 | | | 69.75 | 24.18 | 545.06 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIPS BILAT W PELVIS 2 VIEWS, PORTABLE | 73521 | CPT | | | | both | | | 573.75 | | 144.6 Corrections | Corrections | 459 | 80 | | 140 | 24.18 | 545.06 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 2 VIEWS, PORTABLE | 73521 | CPT | | | | both | | | 573.75 | | 144.6 Amerihealth | HMO/PPO | 24.18 | | | 14.3 | 24.18 | 545.06 | fee schedule | |
| HC HIPS BILAT W PELVIS 2 VIEWS, PORTABLE | 73521 | CPT | | | | both | | | 573.75 | | 144.6 Aetna | Better Health | 181.02 | 31.55 | | 131.93 | 24.18 | 545.06 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 2 VIEWS, PORTABLE | 73521 | CPT | | | | both | | | 573.75 | | 144.6 Horizon | PPO | 243.31 | | | 163.34 | 24.18 | 545.06 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIPS BILAT W PELVIS 2 VIEWS, PORTABLE | 73521 | CPT | | | | both | | | 573.75 | | 144.6 Managed Care Inc | Managed Care Inc | 516.38 | 90 | | | 24.18 | 545.06 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 2 VIEWS, PORTABLE | 73521 | CPT | | | | both | | | 573.75 | | 144.6 Americare | Americare | 430.31 | 75 | | | 24.18 | 545.06 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 2 VIEWS, PORTABLE | 73521 | CPT | | | | both | | | 573.75 | | 144.6 Consumer | Consumer | 545.06 | 95 | | | 24.18 | 545.06 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 2 VIEWS, PORTABLE | 73521 | CPT | | | | both | | | 573.75 | | 144.6 UHC | Medicaid | 181.02 | 31.55 | | 104.79 | 24.18 | 545.06 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 2 VIEWS, PORTABLE | 73521 | CPT | | | | both | | | 573.75 | | 144.6 Qualcare | Qualcare | 430.31 | 75 | | | 24.18 | 545.06 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 2 VIEWS, PORTABLE | 73521 | CPT | | | | both | | | 573.75 | | 144.6 Wellcare | Medicare | 125.74 | | | 52.27 | 24.18 | 545.06 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIPS BILAT W PELVIS 2 VIEWS, PORTABLE | 73521 | CPT | | | | both | | | 573.75 | | 144.6 First Health | First Health | 401.63 | 70 | | | 24.18 | 545.06 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 2 VIEWS, PORTABLE | 73521 | CPT | | | | both | | | 573.75 | | 144.6 Horizon | Medicare Blue | 125.74 | | | 24.59 | 24.18 | 545.06 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIPS BILAT W PELVIS 2 VIEWS, PORTABLE | 73521 | CPT | | | | both | | | 573.75 | | 144.6 Multiplan | Multiplan | 459 | 80 | | | 24.18 | 545.06 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 2 VIEWS, PORTABLE | 73521 | CPT | | | | both | | | 573.75 | | 144.6 WellPoint | WellPoint | 184.63 | 32.18 | | 102.04 | 24.18 | 545.06 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 2 VIEWS, PORTABLE | 73521 | CPT | | | | both | | | 573.75 | | 144.6 Three Rivers | Three Rivers | 545.06 | 95 | | | 24.18 | 545.06 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 2 VIEWS, PORTABLE | 73521 | CPT | | | | both | | | 573.75 | | 144.6 Horizon | MGD | 243.31 | | | 143.43 | 24.18 | 545.06 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIPS BILAT W PELVIS 2 VIEWS, PORTABLE | 73521 | CPT | | | | both | | | 573.75 | | 144.6 UHC | Medicare | 125.74 | | | 40.98 | 24.18 | 545.06 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIPS BILAT W PELVIS 2 VIEWS, PORTABLE | 73521 | CPT | | | | both | | | 573.75 | | 144.6 Wellcare | Medicaid | 181.02 | 31.55 | | 123.61 | 24.18 | 545.06 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 3-4 VIEWS, PORTABLE | 73522 | CPT | | | | both | | | 573.75 | | 144.6 Amerihealth | HMO/PPO | 27.16 | | | | 27.16 | 545.06 | fee schedule | |
| HC HIPS BILAT W PELVIS 3-4 VIEWS, PORTABLE | 73522 | CPT | | | | both | | | 573.75 | | 144.6 Aetna | Commercial | 218.03 | 38 | | 199.93 | 27.16 | 545.06 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 3-4 VIEWS, PORTABLE | 73522 | CPT | | | | both | | | 573.75 | | 144.6 Aetna | Medicare | 125.74 | | | 61.2 | 27.16 | 545.06 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIPS BILAT W PELVIS 3-4 VIEWS, PORTABLE | 73522 | CPT | | | | both | | | 573.75 | | 144.6 First Trenton | First Trenton | 516.38 | 90 | | | 27.16 | 545.06 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 3-4 VIEWS, PORTABLE | 73522 | CPT | | | | both | | | 573.75 | | 144.6 UHC | Medicare | 125.74 | | | 56.99 | 27.16 | 545.06 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIPS BILAT W PELVIS 3-4 VIEWS, PORTABLE | 73522 | CPT | | | | both | | | 573.75 | | 144.6 Americare | Americare | 430.31 | 75 | | | 27.16 | 545.06 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 3-4 VIEWS, PORTABLE | 73522 | CPT | | | | both | | | 573.75 | | 144.6 Aetna | Better Health | 181.02 | 31.55 | | | 27.16 | 545.06 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 3-4 VIEWS, PORTABLE | 73522 | CPT | | | | both | | | 573.75 | | 144.6 Managed Care Inc | Managed Care Inc | 516.38 | 90 | | | 27.16 | 545.06 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 3-4 VIEWS, PORTABLE | 73522 | CPT | | | | both | | | 573.75 | | 144.6 Corrections | Corrections | 459 | 80 | | 140 | 27.16 | 545.06 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 3-4 VIEWS, PORTABLE | 73522 | CPT | | | | both | | | 573.75 | | 144.6 Horizon | MGD | 243.31 | | | 102.68 | 27.16 | 545.06 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIPS BILAT W PELVIS 3-4 VIEWS, PORTABLE | 73522 | CPT | | | | both | | | 573.75 | | 144.6 Consumer | Consumer | 545.06 | 95 | | | 27.16 | 545.06 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 3-4 VIEWS, PORTABLE | 73522 | CPT | | | | both | | | 573.75 | | 144.6 Three Rivers | Three Rivers | 545.06 | 95 | | | 27.16 | 545.06 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 3-4 VIEWS, PORTABLE | 73522 | CPT | | | | both | | | 573.75 | | 144.6 Wellcare | Medicare | 125.74 | | | 37.43 | 27.16 | 545.06 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIPS BILAT W PELVIS 3-4 VIEWS, PORTABLE | 73522 | CPT | | | | both | | | 573.75 | | 144.6 Horizon | NJ Health | 53.04 | | | 64.96 | 27.16 | 545.06 | fee schedule | |
| HC HIPS BILAT W PELVIS 3-4 VIEWS, PORTABLE | 73522 | CPT | | | | both | | | 573.75 | | 144.6 Wellcare | Medicaid | 181.02 | 31.55 | | 134.92 | 27.16 | 545.06 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 3-4 VIEWS, PORTABLE | 73522 | CPT | | | | both | | | 573.75 | | 144.6 Multiplan | Multiplan | 459 | 80 | | | 27.16 | 545.06 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 3-4 VIEWS, PORTABLE | 73522 | CPT | | | | both | | | 573.75 | | 144.6 First Health | First Health | 401.63 | 70 | | | 27.16 | 545.06 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 3-4 VIEWS, PORTABLE | 73522 | CPT | | | | both | | | 573.75 | | 144.6 Qualcare | Qualcare | 430.31 | 75 | | | 27.16 | 545.06 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 3-4 VIEWS, PORTABLE | 73522 | CPT | | | | both | | | 573.75 | | 144.6 Horizon | Indemnity | 243.31 | | | 154.51 | 27.16 | 545.06 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIPS BILAT W PELVIS 3-4 VIEWS, PORTABLE | 73522 | CPT | | | | both | | | 573.75 | | 144.6 WellPoint | WellPoint | 184.63 | 32.18 | | 111.81 | 27.16 | 545.06 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 3-4 VIEWS, PORTABLE | 73522 | CPT | | | | both | | | 573.75 | | 144.6 Horizon | PPO | 243.31 | | | 111.92 | 27.16 | 545.06 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIPS BILAT W PELVIS 3-4 VIEWS, PORTABLE | 73522 | CPT | | | | both | | | 573.75 | | 144.6 Horizon | Medicare Blue | 125.74 | | | 48.92 | 27.16 | 545.06 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIPS BILAT W PELVIS 3-4 VIEWS, PORTABLE | 73522 | CPT | | | | both | | | 573.75 | | 144.6 UHC | Medicaid | 181.02 | 31.55 | | 130.67 | 27.16 | 545.06 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 5\> VIEWS | 73523 | CPT | | | | both | | | 869 | | 144.6 UHC | Medicaid | 274.17 | 31.55 | | | 51.78 | 825.55 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 5\> VIEWS | 73523 | CPT | | | | both | | | 869 | | 144.6 Americare | Americare | 651.75 | 75 | | | 51.78 | 825.55 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 5\> VIEWS | 73523 | CPT | | | | both | | | 869 | | 144.6 Aetna | Better Health | 274.17 | 31.55 | | | 51.78 | 825.55 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 5\> VIEWS | 73523 | CPT | | | | both | | | 869 | | 144.6 Consumer | Consumer | 825.55 | 95 | | | 51.78 | 825.55 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 5\> VIEWS | 73523 | CPT | | | | both | | | 869 | | 144.6 Aetna | Medicare | 125.74 | | | 62.43 | 51.78 | 825.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIPS BILAT W PELVIS 5\> VIEWS | 73523 | CPT | | | | both | | | 869 | | 144.6 Horizon | Indemnity | 243.31 | | | | 51.78 | 825.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIPS BILAT W PELVIS 5\> VIEWS | 73523 | CPT | | | | both | | | 869 | | 144.6 Amerihealth | HMO/PPO | 51.78 | | | | 51.78 | 825.55 | fee schedule | |
| HC HIPS BILAT W PELVIS 5\> VIEWS | 73523 | CPT | | | | both | | | 869 | | 144.6 Corrections | Corrections | 695.2 | 80 | | | 51.78 | 825.55 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 5\> VIEWS | 73523 | CPT | | | | both | | | 869 | | 144.6 First Trenton | First Trenton | 782.1 | 90 | | | 51.78 | 825.55 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 5\> VIEWS | 73523 | CPT | | | | both | | | 869 | | 144.6 Multiplan | Multiplan | 695.2 | 80 | | | 51.78 | 825.55 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 5\> VIEWS | 73523 | CPT | | | | both | | | 869 | | 144.6 Aetna | Commercial | 330.22 | 38 | | | 51.78 | 825.55 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 5\> VIEWS | 73523 | CPT | | | | both | | | 869 | | 144.6 Horizon | Medicare Blue | 125.74 | | | | 51.78 | 825.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIPS BILAT W PELVIS 5\> VIEWS | 73523 | CPT | | | | both | | | 869 | | 144.6 Managed Care Inc | Managed Care Inc | 782.1 | 90 | | | 51.78 | 825.55 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 5\> VIEWS | 73523 | CPT | | | | both | | | 869 | | 144.6 Horizon | PPO | 243.31 | | | 138.25 | 51.78 | 825.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIPS BILAT W PELVIS 5\> VIEWS | 73523 | CPT | | | | both | | | 869 | | 144.6 First Health | First Health | 608.3 | 70 | | | 51.78 | 825.55 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 5\> VIEWS | 73523 | CPT | | | | both | | | 869 | | 144.6 WellPoint | WellPoint | 279.64 | 32.18 | | 33.45 | 51.78 | 825.55 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 5\> VIEWS | 73523 | CPT | | | | both | | | 869 | | 144.6 Horizon | MGD | 243.31 | | | | 51.78 | 825.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIPS BILAT W PELVIS 5\> VIEWS | 73523 | CPT | | | | both | | | 869 | | 144.6 Qualcare | Qualcare | 651.75 | 75 | | | 51.78 | 825.55 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 5\> VIEWS | 73523 | CPT | | | | both | | | 869 | | 144.6 Horizon | NJ Health | 61.64 | | | 13.7 | 51.78 | 825.55 | fee schedule | |
| HC HIPS BILAT W PELVIS 5\> VIEWS | 73523 | CPT | | | | both | | | 869 | | 144.6 UHC | Medicare | 125.74 | | | | 51.78 | 825.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIPS BILAT W PELVIS 5\> VIEWS | 73523 | CPT | | | | both | | | 869 | | 144.6 Wellcare | Medicaid | 274.17 | 31.55 | | | 51.78 | 825.55 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 5\> VIEWS | 73523 | CPT | | | | both | | | 869 | | 144.6 Three Rivers | Three Rivers | 825.55 | 95 | | | 51.78 | 825.55 | percent of total billed charges | |
| HC HIPS BILAT W PELVIS 5\> VIEWS | 73523 | CPT | | | | both | | | 869 | | 144.6 Wellcare | Medicare | 125.74 | | | | 51.78 | 825.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIP ARTHROGRAPHY | 73525 | CPT | | | | outpatient | | | 2875.5 | | 505.8 Consumer | Consumer | 2731.73 | 95 | | | 41.16 | 2731.73 | percent of total billed charges | |
| HC HIP ARTHROGRAPHY | 73525 | CPT | | | | outpatient | | | 2875.5 | | 505.8 UHC | Medicaid | 907.22 | 31.55 | | | 41.16 | 2731.73 | percent of total billed charges | |
| HC HIP ARTHROGRAPHY | 73525 | CPT | | | | outpatient | | | 2875.5 | | 505.8 Amerihealth | HMO/PPO | 1869.08 | 65 | | | 41.16 | 2731.73 | percent of total billed charges | |
| HC HIP ARTHROGRAPHY | 73525 | CPT | | | | outpatient | | | 2875.5 | | 505.8 Aetna | Better Health | 907.22 | 31.55 | | | 41.16 | 2731.73 | percent of total billed charges | |
| HC HIP ARTHROGRAPHY | 73525 | CPT | | | | outpatient | | | 2875.5 | | 505.8 Corrections | Corrections | 2300.4 | 80 | | | 41.16 | 2731.73 | percent of total billed charges | |
| HC HIP ARTHROGRAPHY | 73525 | CPT | | | | outpatient | | | 2875.5 | | 505.8 First Trenton | First Trenton | 2587.95 | 90 | | | 41.16 | 2731.73 | percent of total billed charges | |
| HC HIP ARTHROGRAPHY | 73525 | CPT | | | | outpatient | | | 2875.5 | | 505.8 Americare | Americare | 2156.63 | 75 | | | 41.16 | 2731.73 | percent of total billed charges | |
| HC HIP ARTHROGRAPHY | 73525 | CPT | | | | outpatient | | | 2875.5 | | 505.8 Aetna | Medicare | 439.83 | | | | 41.16 | 2731.73 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIP ARTHROGRAPHY | 73525 | CPT | | | | outpatient | | | 2875.5 | | 505.8 Horizon | NJ Health | 41.16 | | | | 41.16 | 2731.73 | fee schedule | |
| HC HIP ARTHROGRAPHY | 73525 | CPT | | | | outpatient | | | 2875.5 | | 505.8 Horizon | Indemnity | 851.07 | | | | 41.16 | 2731.73 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIP ARTHROGRAPHY | 73525 | CPT | | | | outpatient | | | 2875.5 | | 505.8 Qualcare | Qualcare | 2156.63 | 75 | | | 41.16 | 2731.73 | percent of total billed charges | |
| HC HIP ARTHROGRAPHY | 73525 | CPT | | | | outpatient | | | 2875.5 | | 505.8 Aetna | Commercial | 1092.69 | 38 | | | 41.16 | 2731.73 | percent of total billed charges | |
| HC HIP ARTHROGRAPHY | 73525 | CPT | | | | outpatient | | | 2875.5 | | 505.8 Multiplan | Multiplan | 2300.4 | 80 | | | 41.16 | 2731.73 | percent of total billed charges | |
| HC HIP ARTHROGRAPHY | 73525 | CPT | | | | outpatient | | | 2875.5 | | 505.8 Horizon | PPO | 851.07 | | | | 41.16 | 2731.73 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIP ARTHROGRAPHY | 73525 | CPT | | | | outpatient | | | 2875.5 | | 505.8 UHC | Medicare | 439.83 | | | | 41.16 | 2731.73 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIP ARTHROGRAPHY | 73525 | CPT | | | | outpatient | | | 2875.5 | | 505.8 First Health | First Health | 2012.85 | 70 | | | 41.16 | 2731.73 | percent of total billed charges | |
| HC HIP ARTHROGRAPHY | 73525 | CPT | | | | outpatient | | | 2875.5 | | 505.8 Three Rivers | Three Rivers | 2731.73 | 95 | | | 41.16 | 2731.73 | percent of total billed charges | |
| HC HIP ARTHROGRAPHY | 73525 | CPT | | | | outpatient | | | 2875.5 | | 505.8 Managed Care Inc | Managed Care Inc | 2587.95 | 90 | | | 41.16 | 2731.73 | percent of total billed charges | |
| HC HIP ARTHROGRAPHY | 73525 | CPT | | | | outpatient | | | 2875.5 | | 505.8 Wellcare | Medicare | 439.83 | | | | 41.16 | 2731.73 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIP ARTHROGRAPHY | 73525 | CPT | | | | outpatient | | | 2875.5 | | 505.8 Horizon | Medicare Blue | 439.83 | | | | 41.16 | 2731.73 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIP ARTHROGRAPHY | 73525 | CPT | | | | outpatient | | | 2875.5 | | 505.8 Horizon | MGD | 851.07 | | | | 41.16 | 2731.73 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HIP ARTHROGRAPHY | 73525 | CPT | | | | outpatient | | | 2875.5 | | 505.8 WellPoint | WellPoint | 925.34 | 32.18 | | | 41.16 | 2731.73 | percent of total billed charges | |
| HC HIP ARTHROGRAPHY | 73525 | CPT | | | | outpatient | | | 2875.5 | | 505.8 Wellcare | Medicaid | 907.22 | 31.55 | | | 41.16 | 2731.73 | percent of total billed charges | |
| HC FEMUR 1 VIEW; SURGICAL | 73551 | CPT | | | | both | | | 831 | | 119.52 Aetna | Medicare | 103.93 | | | 101.85 | 19.84 | 789.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEMUR 1 VIEW; SURGICAL | 73551 | CPT | | | | both | | | 831 | | 119.52 Horizon | PPO | 201.1 | | | 48.62 | 19.84 | 789.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEMUR 1 VIEW; SURGICAL | 73551 | CPT | | | | both | | | 831 | | 119.52 Amerihealth | HMO/PPO | 19.84 | | | | 19.84 | 789.45 | fee schedule | |
| HC FEMUR 1 VIEW; SURGICAL | 73551 | CPT | | | | both | | | 831 | | 119.52 First Health | First Health | 581.7 | 70 | | | 19.84 | 789.45 | percent of total billed charges | |
| HC FEMUR 1 VIEW; SURGICAL | 73551 | CPT | | | | both | | | 831 | | 119.52 Corrections | Corrections | 664.8 | 80 | | | 19.84 | 789.45 | percent of total billed charges | |
| HC FEMUR 1 VIEW; SURGICAL | 73551 | CPT | | | | both | | | 831 | | 119.52 Aetna | Better Health | 262.18 | 31.55 | | 37.32 | 19.84 | 789.45 | percent of total billed charges | |
| HC FEMUR 1 VIEW; SURGICAL | 73551 | CPT | | | | both | | | 831 | | 119.52 Americare | Americare | 623.25 | 75 | | | 19.84 | 789.45 | percent of total billed charges | |
| HC FEMUR 1 VIEW; SURGICAL | 73551 | CPT | | | | both | | | 831 | | 119.52 Aetna | Commercial | 315.78 | 38 | | 23.6 | 19.84 | 789.45 | percent of total billed charges | |
| HC FEMUR 1 VIEW; SURGICAL | 73551 | CPT | | | | both | | | 831 | | 119.52 Horizon | NJ Health | 30.2 | | | 12.62 | 19.84 | 789.45 | fee schedule | |
| HC FEMUR 1 VIEW; SURGICAL | 73551 | CPT | | | | both | | | 831 | | 119.52 Wellcare | Medicare | 103.93 | | | | 19.84 | 789.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEMUR 1 VIEW; SURGICAL | 73551 | CPT | | | | both | | | 831 | | 119.52 Horizon | Indemnity | 201.1 | | | | 19.84 | 789.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEMUR 1 VIEW; SURGICAL | 73551 | CPT | | | | both | | | 831 | | 119.52 Horizon | MGD | 201.1 | | | 33.29 | 19.84 | 789.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEMUR 1 VIEW; SURGICAL | 73551 | CPT | | | | both | | | 831 | | 119.52 Multiplan | Multiplan | 664.8 | 80 | | | 19.84 | 789.45 | percent of total billed charges | |
| HC FEMUR 1 VIEW; SURGICAL | 73551 | CPT | | | | both | | | 831 | | 119.52 UHC | Medicare | 103.93 | | | | 19.84 | 789.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEMUR 1 VIEW; SURGICAL | 73551 | CPT | | | | both | | | 831 | | 119.52 Consumer | Consumer | 789.45 | 95 | | | 19.84 | 789.45 | percent of total billed charges | |
| HC FEMUR 1 VIEW; SURGICAL | 73551 | CPT | | | | both | | | 831 | | 119.52 WellPoint | WellPoint | 267.42 | 32.18 | | 86.32 | 19.84 | 789.45 | percent of total billed charges | |
| HC FEMUR 1 VIEW; SURGICAL | 73551 | CPT | | | | both | | | 831 | | 119.52 Qualcare | Qualcare | 623.25 | 75 | | | 19.84 | 789.45 | percent of total billed charges | |
| HC FEMUR 1 VIEW; SURGICAL | 73551 | CPT | | | | both | | | 831 | | 119.52 Wellcare | Medicaid | 262.18 | 31.55 | | | 19.84 | 789.45 | percent of total billed charges | |
| HC FEMUR 1 VIEW; SURGICAL | 73551 | CPT | | | | both | | | 831 | | 119.52 First Trenton | First Trenton | 747.9 | 90 | | | 19.84 | 789.45 | percent of total billed charges | |
| HC FEMUR 1 VIEW; SURGICAL | 73551 | CPT | | | | both | | | 831 | | 119.52 Horizon | Medicare Blue | 103.93 | | | | 19.84 | 789.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEMUR 1 VIEW; SURGICAL | 73551 | CPT | | | | both | | | 831 | | 119.52 Managed Care Inc | Managed Care Inc | 747.9 | 90 | | | 19.84 | 789.45 | percent of total billed charges | |
| HC FEMUR 1 VIEW; SURGICAL | 73551 | CPT | | | | both | | | 831 | | 119.52 Three Rivers | Three Rivers | 789.45 | 95 | | | 19.84 | 789.45 | percent of total billed charges | |
| HC FEMUR 1 VIEW; SURGICAL | 73551 | CPT | | | | both | | | 831 | | 119.52 UHC | Medicaid | 262.18 | 31.55 | | 85.36 | 19.84 | 789.45 | percent of total billed charges | |
| HC FEMUR 2\> VIEWS, SURGICAL | 73552 | CPT | | | | both | | | 435 | | 119.52 First Trenton | First Trenton | 391.5 | 90 | | | 19.84 | 413.25 | percent of total billed charges | |
| HC FEMUR 2\> VIEWS, SURGICAL | 73552 | CPT | | | | both | | | 435 | | 119.52 Americare | Americare | 326.25 | 75 | | | 19.84 | 413.25 | percent of total billed charges | |
| HC FEMUR 2\> VIEWS, SURGICAL | 73552 | CPT | | | | both | | | 435 | | 119.52 Multiplan | Multiplan | 348 | 80 | | | 19.84 | 413.25 | percent of total billed charges | |
| HC FEMUR 2\> VIEWS, SURGICAL | 73552 | CPT | | | | both | | | 435 | | 119.52 Horizon | NJ Health | 35.28 | | | 20.07 | 19.84 | 413.25 | fee schedule | |
| HC FEMUR 2\> VIEWS, SURGICAL | 73552 | CPT | | | | both | | | 435 | | 119.52 Aetna | Commercial | 165.3 | 38 | | 50.63 | 19.84 | 413.25 | percent of total billed charges | |
| HC FEMUR 2\> VIEWS, SURGICAL | 73552 | CPT | | | | both | | | 435 | | 119.52 Aetna | Better Health | 137.24 | 31.55 | | 77.69 | 19.84 | 413.25 | percent of total billed charges | |
| HC FEMUR 2\> VIEWS, SURGICAL | 73552 | CPT | | | | both | | | 435 | | 119.52 Aetna | Medicare | 103.93 | | | 28.62 | 19.84 | 413.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEMUR 2\> VIEWS, SURGICAL | 73552 | CPT | | | | both | | | 435 | | 119.52 Consumer | Consumer | 413.25 | 95 | | | 19.84 | 413.25 | percent of total billed charges | |
| HC FEMUR 2\> VIEWS, SURGICAL | 73552 | CPT | | | | both | | | 435 | | 119.52 Managed Care Inc | Managed Care Inc | 391.5 | 90 | | | 19.84 | 413.25 | percent of total billed charges | |
| HC FEMUR 2\> VIEWS, SURGICAL | 73552 | CPT | | | | both | | | 435 | | 119.52 Horizon | Indemnity | 201.1 | | | 54.53 | 19.84 | 413.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEMUR 2\> VIEWS, SURGICAL | 73552 | CPT | | | | both | | | 435 | | 119.52 Qualcare | Qualcare | 326.25 | 75 | | | 19.84 | 413.25 | percent of total billed charges | |
| HC FEMUR 2\> VIEWS, SURGICAL | 73552 | CPT | | | | both | | | 435 | | 119.52 Corrections | Corrections | 348 | 80 | | 59.59 | 19.84 | 413.25 | percent of total billed charges | |
| HC FEMUR 2\> VIEWS, SURGICAL | 73552 | CPT | | | | both | | | 435 | | 119.52 Horizon | MGD | 201.1 | | | 47.2 | 19.84 | 413.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEMUR 2\> VIEWS, SURGICAL | 73552 | CPT | | | | both | | | 435 | | 119.52 Amerihealth | HMO/PPO | 19.84 | | | 67.72 | 19.84 | 413.25 | fee schedule | |
| HC FEMUR 2\> VIEWS, SURGICAL | 73552 | CPT | | | | both | | | 435 | | 119.52 First Health | First Health | 304.5 | 70 | | | 19.84 | 413.25 | percent of total billed charges | |
| HC FEMUR 2\> VIEWS, SURGICAL | 73552 | CPT | | | | both | | | 435 | | 119.52 UHC | Medicaid | 137.24 | 31.55 | | 71.59 | 19.84 | 413.25 | percent of total billed charges | |
| HC FEMUR 2\> VIEWS, SURGICAL | 73552 | CPT | | | | both | | | 435 | | 119.52 Horizon | PPO | 201.1 | | | 59.27 | 19.84 | 413.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEMUR 2\> VIEWS, SURGICAL | 73552 | CPT | | | | both | | | 435 | | 119.52 Horizon | Medicare Blue | 103.93 | | | 32.92 | 19.84 | 413.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEMUR 2\> VIEWS, SURGICAL | 73552 | CPT | | | | both | | | 435 | | 119.52 Wellcare | Medicaid | 137.24 | 31.55 | | 70.1 | 19.84 | 413.25 | percent of total billed charges | |
| HC FEMUR 2\> VIEWS, SURGICAL | 73552 | CPT | | | | both | | | 435 | | 119.52 WellPoint | WellPoint | 139.98 | 32.18 | | 55.59 | 19.84 | 413.25 | percent of total billed charges | |
| HC FEMUR 2\> VIEWS, SURGICAL | 73552 | CPT | | | | both | | | 435 | | 119.52 Three Rivers | Three Rivers | 413.25 | 95 | | | 19.84 | 413.25 | percent of total billed charges | |
| HC FEMUR 2\> VIEWS, SURGICAL | 73552 | CPT | | | | both | | | 435 | | 119.52 Wellcare | Medicare | 103.93 | | | 7.77 | 19.84 | 413.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FEMUR 2\> VIEWS, SURGICAL | 73552 | CPT | | | | both | | | 435 | | 119.52 UHC | Medicare | 103.93 | | | 31.94 | 19.84 | 413.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC KNEE 1-2 VIEWS, SURGICAL | 73560 | CPT | | | | both | | | 945 | | 119.52 Aetna | Commercial | 359.1 | 38 | | 110.33 | 16.74 | 897.75 | percent of total billed charges | |
| HC KNEE 1-2 VIEWS, SURGICAL | 73560 | CPT | | | | both | | | 945 | | 119.52 Horizon | MGD | 201.1 | | | 125.58 | 16.74 | 897.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC KNEE 1-2 VIEWS, SURGICAL | 73560 | CPT | | | | both | | | 945 | | 119.52 Horizon | Medicare Blue | 103.93 | | | 61.64 | 16.74 | 897.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC KNEE 1-2 VIEWS, SURGICAL | 73560 | CPT | | | | both | | | 945 | | 119.52 Amerihealth | HMO/PPO | 16.74 | | | 105.96 | 16.74 | 897.75 | fee schedule | |
| HC KNEE 1-2 VIEWS, SURGICAL | 73560 | CPT | | | | both | | | 945 | | 119.52 Aetna | Better Health | 298.15 | 31.55 | | 155.62 | 16.74 | 897.75 | percent of total billed char

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC KNEE 1-2 VIEWS; SURGICAL | 73560 | CPT | | | | both | | | 945 | 119.52 | Americare | Americare | 708.75 | 75 | | | 16.74 | 897.75 | percent of total billed charges | |
| HC KNEE 1-2 VIEWS; SURGICAL | 73560 | CPT | | | | both | | | 945 | 119.52 | Multiplan | Multiplan | 756 | 80 | | | 16.74 | 897.75 | percent of total billed charges | |
| HC KNEE 1-2 VIEWS; SURGICAL | 73560 | CPT | | | | both | | | 945 | 119.52 | Horizon | PPO | 201.1 | | | 127.8 | 16.74 | 897.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC KNEE 1-2 VIEWS; SURGICAL | 73560 | CPT | | | | both | | | 945 | 119.52 | Horizon | NJ Health | 32.34 | | | 48.67 | 16.74 | 897.75 | fee schedule | |
| HC KNEE 1-2 VIEWS; SURGICAL | 73560 | CPT | | | | both | | | 945 | 119.52 | Horizon | Indemnity | 201.1 | | | 117.57 | 16.74 | 897.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC KNEE 1-2 VIEWS; SURGICAL | 73560 | CPT | | | | both | | | 945 | 119.52 | Corrections | Corrections | 756 | 80 | | 136.29 | 16.74 | 897.75 | percent of total billed charges | |
| HC KNEE 1-2 VIEWS; SURGICAL | 73560 | CPT | | | | both | | | 945 | 119.52 | Wellcare | Medicaid | 298.15 | 31.55 | | 162.72 | 16.74 | 897.75 | percent of total billed charges | |
| HC KNEE 1-2 VIEWS; SURGICAL | 73560 | CPT | | | | both | | | 945 | 119.52 | Managed Care Inc | Managed Care Inc | 850.5 | 90 | | | 16.74 | 897.75 | percent of total billed charges | |
| HC KNEE 1-2 VIEWS; SURGICAL | 73560 | CPT | | | | both | | | 945 | 119.52 | Three Rivers | Three Rivers | 897.75 | 95 | | | 16.74 | 897.75 | percent of total billed charges | |
| HC KNEE 1-2 VIEWS; SURGICAL | 73560 | CPT | | | | both | | | 945 | 119.52 | First Health | First Health | 661.5 | 70 | | | 16.74 | 897.75 | percent of total billed charges | |
| HC KNEE 1-2 VIEWS; SURGICAL | 73560 | CPT | | | | both | | | 945 | 119.52 | Qualcare | Qualcare | 708.75 | 75 | | | 16.74 | 897.75 | percent of total billed charges | |
| HC KNEE 1-2 VIEWS; SURGICAL | 73560 | CPT | | | | both | | | 945 | 119.52 | Wellcare | Medicare | 103.93 | | | 95.71 | 16.74 | 897.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC KNEE 1-2 VIEWS; SURGICAL | 73560 | CPT | | | | both | | | 945 | 119.52 | UHC | Medicaid | 298.15 | 31.55 | | 148.25 | 16.74 | 897.75 | percent of total billed charges | |
| HC KNEE 1-2 VIEWS; SURGICAL | 73560 | CPT | | | | both | | | 945 | 119.52 | UHC | Medicare | 103.93 | | | 68.05 | 16.74 | 897.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC KNEE 1-2 VIEWS; SURGICAL | 73560 | CPT | | | | both | | | 945 | 119.52 | WellPoint | WellPoint | 304.1 | 32.18 | | 115.57 | 16.74 | 897.75 | percent of total billed charges | |
| HC KNEE 3 VIEWS; SURGICAL | 73562 | CPT | | | | both | | | 476.25 | 119.52 | First Health | First Health | 333.38 | 70 | | | 19.22 | 452.44 | percent of total billed charges | |
| HC KNEE 3 VIEWS; SURGICAL | 73562 | CPT | | | | both | | | 476.25 | 119.52 | Americare | Americare | 357.19 | 75 | | | 19.22 | 452.44 | percent of total billed charges | |
| HC KNEE 3 VIEWS; SURGICAL | 73562 | CPT | | | | both | | | 476.25 | 119.52 | Horizon | MGD | 201.1 | | | 67.14 | 19.22 | 452.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC KNEE 3 VIEWS; SURGICAL | 73562 | CPT | | | | both | | | 476.25 | 119.52 | Horizon | Indemnity | 201.1 | | | 52.44 | 19.22 | 452.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC KNEE 3 VIEWS; SURGICAL | 73562 | CPT | | | | both | | | 476.25 | 119.52 | Consumer | Consumer | 452.44 | 95 | | | 19.22 | 452.44 | percent of total billed charges | |
| HC KNEE 3 VIEWS; SURGICAL | 73562 | CPT | | | | both | | | 476.25 | 119.52 | Horizon | PPO | 201.1 | | | 51.43 | 19.22 | 452.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC KNEE 3 VIEWS; SURGICAL | 73562 | CPT | | | | both | | | 476.25 | 119.52 | Aetna | Better Health | 150.26 | 31.55 | | 73.24 | 19.22 | 452.44 | percent of total billed charges | |
| HC KNEE 3 VIEWS; SURGICAL | 73562 | CPT | | | | both | | | 476.25 | 119.52 | Amerihealth | HMO/PPO | 19.22 | | | 74.38 | 19.22 | 452.44 | fee schedule | |
| HC KNEE 3 VIEWS; SURGICAL | 73562 | CPT | | | | both | | | 476.25 | 119.52 | Multiplan | Multiplan | 381 | 80 | | | 19.22 | 452.44 | percent of total billed charges | |
| HC KNEE 3 VIEWS; SURGICAL | 73562 | CPT | | | | both | | | 476.25 | 119.52 | Horizon | NJ Health | 32.34 | | | 24.53 | 19.22 | 452.44 | fee schedule | |
| HC KNEE 3 VIEWS; SURGICAL | 73562 | CPT | | | | both | | | 476.25 | 119.52 | Aetna | Commercial | 180.98 | 38 | | 40.48 | 19.22 | 452.44 | percent of total billed charges | |
| HC KNEE 3 VIEWS; SURGICAL | 73562 | CPT | | | | both | | | 476.25 | 119.52 | Corrections | Corrections | 381 | 80 | | 75.35 | 19.22 | 452.44 | percent of total billed charges | |
| HC KNEE 3 VIEWS; SURGICAL | 73562 | CPT | | | | both | | | 476.25 | 119.52 | Horizon | Medicare Blue | 103.93 | | | 39.2 | 19.22 | 452.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC KNEE 3 VIEWS; SURGICAL | 73562 | CPT | | | | both | | | 476.25 | 119.52 | WellPoint | WellPoint | 153.26 | 32.18 | | 63.05 | 19.22 | 452.44 | percent of total billed charges | |
| HC KNEE 3 VIEWS; SURGICAL | 73562 | CPT | | | | both | | | 476.25 | 119.52 | Aetna | Medicare | 103.93 | | | 35.23 | 19.22 | 452.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC KNEE 3 VIEWS; SURGICAL | 73562 | CPT | | | | both | | | 476.25 | 119.52 | UHC | Medicaid | 150.26 | 31.55 | | 70.56 | 19.22 | 452.44 | percent of total billed charges | |
| HC KNEE 3 VIEWS; SURGICAL | 73562 | CPT | | | | both | | | 476.25 | 119.52 | Qualcare | Qualcare | 357.19 | 75 | | | 19.22 | 452.44 | percent of total billed charges | |
| HC KNEE 3 VIEWS; SURGICAL | 73562 | CPT | | | | both | | | 476.25 | 119.52 | First Trenton | First Trenton | 428.63 | 90 | | | 19.22 | 452.44 | percent of total billed charges | |
| HC KNEE 3 VIEWS; SURGICAL | 73562 | CPT | | | | both | | | 476.25 | 119.52 | Three Rivers | Three Rivers | 452.44 | 95 | | | 19.22 | 452.44 | percent of total billed charges | |
| HC KNEE 3 VIEWS; SURGICAL | 73562 | CPT | | | | both | | | 476.25 | 119.52 | Managed Care Inc | Managed Care Inc | 428.63 | 90 | | | 19.22 | 452.44 | percent of total billed charges | |
| HC KNEE 3 VIEWS; SURGICAL | 73562 | CPT | | | | both | | | 476.25 | 119.52 | UHC | Medicare | 103.93 | | | 29.1 | 19.22 | 452.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC KNEE 3 VIEWS; SURGICAL | 73562 | CPT | | | | both | | | 476.25 | 119.52 | Wellcare | Medicare | 103.93 | | | 72 | 19.22 | 452.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC KNEE 3 VIEWS; SURGICAL | 73562 | CPT | | | | both | | | 476.25 | 119.52 | Wellcare | Medicaid | 150.26 | 31.55 | | 56.11 | 19.22 | 452.44 | percent of total billed charges | |
| HC KNEE COMPLETE 4/> VIEWS | 73564 | CPT | | | | both | | | 642 | 144.6 | Wellcare | Medicaid | 202.55 | 31.55 | | 108.04 | 21.7 | 609.9 | percent of total billed charges | |
| HC KNEE COMPLETE 4/> VIEWS | 73564 | CPT | | | | both | | | 642 | 144.6 | Consumer | Consumer | 609.9 | 95 | | | 21.7 | 609.9 | percent of total billed charges | |
| HC KNEE COMPLETE 4/> VIEWS | 73564 | CPT | | | | both | | | 642 | 144.6 | Horizon | Indemnity | 243.31 | | | 143.33 | 21.7 | 609.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC KNEE COMPLETE 4/> VIEWS | 73564 | CPT | | | | both | | | 642 | 144.6 | Aetna | Commercial | 243.96 | 38 | | 110.07 | 21.7 | 609.9 | percent of total billed charges | |
| HC KNEE COMPLETE 4/> VIEWS | 73564 | CPT | | | | both | | | 642 | 144.6 | Americare | Americare | 481.5 | 75 | | | 21.7 | 609.9 | percent of total billed charges | |
| HC KNEE COMPLETE 4/> VIEWS | 73564 | CPT | | | | both | | | 642 | 144.6 | UHC | Medicare | 125.74 | | | 50.54 | 21.7 | 609.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC KNEE COMPLETE 4/> VIEWS | 73564 | CPT | | | | both | | | 642 | 144.6 | Corrections | Corrections | 513.6 | 80 | | 36.6 | 21.7 | 609.9 | percent of total billed charges | |
| HC KNEE COMPLETE 4/> VIEWS | 73564 | CPT | | | | both | | | 642 | 144.6 | Aetna | Better Health | 202.55 | 31.55 | | 121.47 | 21.7 | 609.9 | percent of total billed charges | |
| HC KNEE COMPLETE 4/> VIEWS | 73564 | CPT | | | | both | | | 642 | 144.6 | First Trenton | First Trenton | 577.8 | 90 | | | 21.7 | 609.9 | percent of total billed charges | |
| HC KNEE COMPLETE 4/> VIEWS | 73564 | CPT | | | | both | | | 642 | 144.6 | First Health | First Health | 449.4 | 70 | | | 21.7 | 609.9 | percent of total billed charges | |
| HC KNEE COMPLETE 4/> VIEWS | 73564 | CPT | | | | both | | | 642 | 144.6 | Horizon | PPO | 243.31 | | | 143.79 | 21.7 | 609.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC KNEE COMPLETE 4/> VIEWS | 73564 | CPT | | | | both | | | 642 | 144.6 | Aetna | Medicare | 125.74 | | | 102.06 | 21.7 | 609.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC KNEE COMPLETE 4/> VIEWS | 73564 | CPT | | | | both | | | 642 | 144.6 | Managed Care Inc | Managed Care Inc | 577.8 | 90 | | | 21.7 | 609.9 | percent of total billed charges | |
| HC KNEE COMPLETE 4/> VIEWS | 73564 | CPT | | | | both | | | 642 | 144.6 | Horizon | Medicare Blue | 125.74 | | | 49.29 | 21.7 | 609.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC KNEE COMPLETE 4/> VIEWS | 73564 | CPT | | | | both | | | 642 | 144.6 | Wellcare | Medicare | 125.74 | | | 20.98 | 21.7 | 609.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC KNEE COMPLETE 4/> VIEWS | 73564 | CPT | | | | both | | | 642 | 144.6 | Amerihealth | HMO/PPO | 21.7 | | | 65.68 | 21.7 | 609.9 | fee schedule | |
| HC KNEE COMPLETE 4/> VIEWS | 73564 | CPT | | | | both | | | 642 | 144.6 | Three Rivers | Three Rivers | 609.9 | 95 | | | 21.7 | 609.9 | percent of total billed charges | |
| HC KNEE COMPLETE 4/> VIEWS | 73564 | CPT | | | | both | | | 642 | 144.6 | Horizon | MGD | 243.31 | | | 198.89 | 21.7 | 609.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC KNEE COMPLETE 4/> VIEWS | 73564 | CPT | | | | both | | | 642 | 144.6 | UHC | Medicaid | 202.55 | 31.55 | | 104.82 | 21.7 | 609.9 | percent of total billed charges | |
| HC KNEE COMPLETE 4/> VIEWS | 73564 | CPT | | | | both | | | 642 | 144.6 | Horizon | NJ Health | 48.51 | | | 35.55 | 21.7 | 609.9 | fee schedule | |
| HC KNEE COMPLETE 4/> VIEWS | 73564 | CPT | | | | both | | | 642 | 144.6 | Multiplan | Multiplan | 513.6 | 80 | | | 21.7 | 609.9 | percent of total billed charges | |
| HC KNEE COMPLETE 4/> VIEWS | 73564 | CPT | | | | both | | | 642 | 144.6 | WellPoint | WellPoint | 266.6 | 32.18 | | 100.23 | 21.7 | 609.9 | percent of total billed charges | |
| HC KNEE COMPLETE 4/> VIEWS | 73564 | CPT | | | | both | | | 642 | 144.6 | Qualcare | Qualcare | 481.5 | 75 | | | 21.7 | 609.9 | percent of total billed charges | |
| HC KNEES BILAT AP STANDING | 73565 | CPT | | | | both | | | 358 | 119.52 | Horizon | Medicare Blue | 103.93 | | | 60.8 | 16.74 | 340.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC KNEES BILAT AP STANDING | 73565 | CPT | | | | both | | | 358 | 119.52 | Consumer | Consumer | 340.1 | 95 | | | 16.74 | 340.1 | percent of total billed charges | |
| HC KNEES BILAT AP STANDING | 73565 | CPT | | | | both | | | 358 | 119.52 | Americare | Americare | 268.5 | 75 | | | 16.74 | 340.1 | percent of total billed charges | |
| HC KNEES BILAT AP STANDING | 73565 | CPT | | | | both | | | 358 | 119.52 | Aetna | Better Health | 112.95 | 31.55 | | 112.95 | 16.74 | 340.1 | percent of total billed charges | |
| HC KNEES BILAT AP STANDING | 73565 | CPT | | | | both | | | 358 | 119.52 | Horizon | NJ Health | 50.55 | | | 31.44 | 16.74 | 340.1 | fee schedule | |
| HC KNEES BILAT AP STANDING | 73565 | CPT | | | | both | | | 358 | 119.52 | Horizon | Indemnity | 201.1 | | | 102.52 | 16.74 | 340.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC KNEES BILAT AP STANDING | 73565 | CPT | | | | both | | | 358 | 119.52 | Aetna | Commercial | 136.04 | 38 | | 165.25 | 16.74 | 340.1 | percent of total billed charges | |
| HC KNEES BILAT AP STANDING | 73565 | CPT | | | | both | | | 358 | 119.52 | WellPoint | WellPoint | 115.2 | 32.18 | | 95.51 | 16.74 | 340.1 | percent of total billed charges | |
| HC KNEES BILAT AP STANDING | 73565 | CPT | | | | both | | | 358 | 119.52 | Wellcare | Medicare | 103.93 | | | 61.18 | 16.74 | 340.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC KNEES BILAT AP STANDING | 73565 | CPT | | | | both | | | 358 | 119.52 | Horizon | PPO | 201.1 | | | 59.91 | 16.74 | 340.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC KNEES BILAT AP STANDING | 73565 | CPT | | | | both | | | 358 | 119.52 | First Trenton | First Trenton | 322.2 | 90 | | | 16.74 | 340.1 | percent of total billed charges | |
| HC KNEES BILAT AP STANDING | 73565 | CPT | | | | both | | | 358 | 119.52 | Aetna | Medicare | 103.93 | | | 101.85 | 16.74 | 340.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC KNEES BILAT AP STANDING | 73565 | CPT | | | | both | | | 358 | 119.52 | UHC | Medicaid | 112.95 | 31.55 | | 94.34 | 16.74 | 340.1 | percent of total billed charges | |
| HC KNEES BILAT AP STANDING | 73565 | CPT | | | | both | | | 358 | 119.52 | First Health | First Health | 250.6 | 70 | | | 16.74 | 340.1 | percent of total billed charges | |
| HC KNEES BILAT AP STANDING | 73565 | CPT | | | | both | | | 358 | 119.52 | Amerihealth | HMO/PPO | 16.74 | | | | 16.74 | 340.1 | fee schedule | |
| HC KNEES BILAT AP STANDING | 73565 | CPT | | | | both | | | 358 | 119.52 | Multiplan | Multiplan | 286.4 | 80 | | | 16.74 | 340.1 | percent of total billed charges | |
| HC KNEES BILAT AP STANDING | 73565 | CPT | | | | both | | | 358 | 119.52 | Horizon | MGD | 201.1 | | | 130.7 | 16.74 | 340.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC KNEES BILAT AP STANDING | 73565 | CPT | | | | both | | | 358 | 119.52 | Qualcare | Qualcare | 268.5 | 75 | | | 16.74 | 340.1 | percent of total billed charges | |
| HC KNEES BILAT AP STANDING | 73565 | CPT | | | | both | | | 358 | 119.52 | Corrections | Corrections | 286.4 | 80 | | 109.17 | 16.74 | 340.1 | percent of total billed charges | |
| HC KNEES BILAT AP STANDING | 73565 | CPT | | | | both | | | 358 | 119.52 | Managed Care Inc | Managed Care Inc | 322.2 | 90 | | | 16.74 | 340.1 | percent of total billed charges | |
| HC KNEES BILAT AP STANDING | 73565 | CPT | | | | both | | | 358 | 119.52 | Wellcare | Medicaid | 112.95 | 31.55 | | 64.08 | 16.74 | 340.1 | percent of total billed charges | |
| HC KNEES BILAT AP STANDING | 73565 | CPT | | | | both | | | 358 | 119.52 | Three Rivers | Three Rivers | 340.1 | 95 | | | 16.74 | 340.1 | percent of total billed charges | |
| HC KNEES BILAT AP STANDING | 73565 | CPT | | | | both | | | 358 | 119.52 | UHC | Medicare | 103.93 | | | 44.89 | 16.74 | 340.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC KNEE ARTHROGRAPHY | 73580 | CPT | | | | outpatient | | | 1944 | 505.8 | Aetna | Medicare | 439.83 | | | | 41.16 | 1846.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC KNEE ARTHROGRAPHY | 73580 | CPT | | | | outpatient | | | 1944 | 505.8 | First Health | First Health | 1360.8 | 70 | | | 41.16 | 1846.8 | percent of total billed charges | |
| HC KNEE ARTHROGRAPHY | 73580 | CPT | | | | outpatient | | | 1944 | 505.8 | Americare | Americare | 1458 | 75 | | | 41.16 | 1846.8 | percent of total billed charges | |
| HC KNEE ARTHROGRAPHY | 73580 | CPT | | | | outpatient | | | 1944 | 505.8 | Horizon | MGD | 851.07 | | | | 41.16 | 1846.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC KNEE ARTHROGRAPHY | 73580 | CPT | | | | outpatient | | | 1944 | 505.8 | Aetna | Commercial | 738.72 | 38 | | | 41.16 | 1846.8 | percent of total billed charges | |
| HC KNEE ARTHROGRAPHY | 73580 | CPT | | | | outpatient | | | 1944 | 505.8 | First Trenton | First Trenton | 1749.6 | 90 | | | 41.16 | 1846.8 | percent of total billed charges | |
| HC KNEE ARTHROGRAPHY | 73580 | CPT | | | | outpatient | | | 1944 | 505.8 | Consumer | Consumer | 1846.8 | 95 | | | 41.16 | 1846.8 | percent of total billed charges | |
| HC KNEE ARTHROGRAPHY | 73580 | CPT | | | | outpatient | | | 1944 | 505.8 | Aetna | Better Health | 613.33 | 31.55 | | | 41.16 | 1846.8 | percent of total billed charges | |
| HC KNEE ARTHROGRAPHY | 73580 | CPT | | | | outpatient | | | 1944 | 505.8 | Corrections | Corrections | 1555.2 | 80 | | | 41.16 | 1846.8 | percent of total billed charges | |
| HC KNEE ARTHROGRAPHY | 73580 | CPT | | | | outpatient | | | 1944 | 505.8 | Horizon | Indemnity | 851.07 | | | | 41.16 | 1846.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC KNEE ARTHROGRAPHY | 73580 | CPT | | | | outpatient | | | 1944 | 505.8 | Horizon | Medicare Blue | 439.83 | | | | 41.16 | 1846.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC KNEE ARTHROGRAPHY | 73580 | CPT | | | | outpatient | | | 1944 | 505.8 | UHC | Medicaid | 613.33 | 31.55 | | | 41.16 | 1846.8 | percent of total billed charges | |
| HC KNEE ARTHROGRAPHY | 73580 | CPT | | | | outpatient | | | 1944 | 505.8 | Amerihealth | HMO/PPO | 1263.6 | 65 | | | 41.16 | 1846.8 | percent of total billed charges | |
| HC KNEE ARTHROGRAPHY | 73580 | CPT | | | | outpatient | | | 1944 | 505.8 | Horizon | NJ Health | 41.16 | | | | 41.16 | 1846.8 | fee schedule | |
| HC KNEE ARTHROGRAPHY | 73580 | CPT | | | | outpatient | | | 1944 | 505.8 | Wellcare | Medicaid | 613.33 | 31.55 | | | 41.16 | 1846.8 | percent of total billed charges | |
| HC KNEE ARTHROGRAPHY | 73580 | CPT | | | | outpatient | | | 1944 | 505.8 | Horizon | PPO | 851.07 | | | | 41.16 | 1846.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC KNEE ARTHROGRAPHY | 73580 | CPT | | | | outpatient | | | 1944 | 505.8 | Multiplan | Multiplan | 1555.2 | 80 | | | 41.16 | 1846.8 | percent of total billed charges | |
| HC KNEE ARTHROGRAPHY | 73580 | CPT | | | | outpatient | | | 1944 | 505.8 | Managed Care Inc | Managed Care Inc | 1749.6 | 90 | | | 41.16 | 1846.8 | percent of total billed charges | |
| HC KNEE ARTHROGRAPHY | 73580 | CPT | | | | outpatient | | | 1944 | 505.8 | Qualcare | Qualcare | 1458 | 75 | | | 41.16 | 1846.8 | percent of total billed charges | |
| HC KNEE ARTHROGRAPHY | 73580 | CPT | | | | outpatient | | | 1944 | 505.8 | UHC | Medicare | 439.83 | | | | 41.16 | 1846.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC KNEE ARTHROGRAPHY | 73580 | CPT | | | | outpatient | | | 1944 | 505.8 | Three Rivers | Three Rivers | 1846.8 | 95 | | | 41.16 | 1846.8 | percent of total billed charges | |
| HC KNEE ARTHROGRAPHY | 73580 | CPT | | | | outpatient | | | 1944 | 505.8 | Wellcare | Medicare | 439.83 | | | | 41.16 | 1846.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC KNEE ARTHROGRAPHY | 73580 | CPT | | | | outpatient | | | 1944 | 505.8 | WellPoint | WellPoint | 625.58 | 32.18 | | | 41.16 | 1846.8 | percent of total billed charges | |
| HC TIBIA FIBULA 2 VIEWS; SURGICAL | 73590 | CPT | | | | both | | | 1138.13 | 119.52 | Aetna | Commercial | 432.49 | 38 | | 102.74 | 17.98 | 1081.22 | percent of total billed charges | |
| HC TIBIA FIBULA 2 VIEWS; SURGICAL | 73590 | CPT | | | | both | | | 1138.13 | 119.52 | Aetna | Better Health | 359.08 | 31.55 | | 146.08 | 17.98 | 1081.22 | percent of total billed charges | |
| HC TIBIA FIBULA 2 VIEWS; SURGICAL | 73590 | CPT | | | | both | | | 1138.13 | 119.52 | Consumer | Consumer | 1081.22 | 95 | | | 17.98 | 1081.22 | percent of total billed charges | |
| HC TIBIA FIBULA 2 VIEWS; SURGICAL | 73590 | CPT | | | | both | | | 1138.13 | 119.52 | UHC | Medicaid | 359.08 | 31.55 | | 152.45 | 17.98 | 1081.22 | percent of total billed charges | |
| HC TIBIA FIBULA 2 VIEWS; SURGICAL | 73590 | CPT | | | | both | | | 1138.13 | 119.52 | Amerihealth | HMO/PPO | 17.98 | | | 35.13 | 17.98 | 1081.22 | fee schedule | |
| HC TIBIA FIBULA 2 VIEWS; SURGICAL | 73590 | CPT | | | | both | | | 1138.13 | 119.52 | Aetna | Medicare | 103.93 | | | 61.03 | 17.98 | 1081.22 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIBIA FIBULA 2 VIEWS; SURGICAL | 73590 | CPT | | | | both | | | 1138.13 | 119.52 | First Health | First Health | 796.69 | 70 | | | 17.98 | 1081.22 | percent of total billed charges | |
| HC TIBIA FIBULA 2 VIEWS; SURGICAL | 73590 | CPT | | | | both | | | 1138.13 | 119.52 | Americare | Americare | 853.6 | 75 | | | 17.98 | 1081.22 | percent of total billed charges | |
| HC TIBIA FIBULA 2 VIEWS; SURGICAL | 73590 | CPT | | | | both | | | 1138.13 | 119.52 | Horizon | NJ Health | 32.34 | | | 46.73 | 17.98 | 1081.22 | fee schedule | |
| HC TIBIA FIBULA 2 VIEWS; SURGICAL | 73590 | CPT | | | | both | | | 1138.13 | 119.52 | Multiplan | Multiplan | 910.5 | 80 | | | 17.98 | 1081.22 | percent of total billed charges | |
| HC TIBIA FIBULA 2 VIEWS; SURGICAL | 73590 | CPT | | | | both | | | 1138.13 | 119.52 | Horizon | Medicare Blue | 103.93 | | | 70.21 | 17.98 | 1081.22 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIBIA FIBULA 2 VIEWS; SURGICAL | 73590 | CPT | | | | both | | | 1138.13 | 119.52 | UHC | Medicare | 103.93 | | | 69.84 | 17.98 | 1081.22 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIBIA FIBULA 2 VIEWS; SURGICAL | 73590 | CPT | | | | both | | | 1138.13 | 119.52 | WellPoint | WellPoint | 366.25 | 32.18 | | 134.86 | 17.98 | 1081.22 | percent of total billed charges | |
| HC TIBIA FIBULA 2 VIEWS; SURGICAL | 73590 | CPT | | | | both | | | 1138.13 | 119.52 | Corrections | Corrections | 910.5 | 80 | | 132.53 | 17.98 | 1081.22 | percent of total billed charges | |
| HC TIBIA FIBULA 2 VIEWS; SURGICAL | 73590 | CPT | | | | both | | | 1138.13 | 119.52 | Horizon | PPO | 201.1 | | | 103.8 | 17.98 | 1081.22 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIBIA FIBULA 2 VIEWS; SURGICAL | 73590 | CPT | | | | both | | | 1138.13 | 119.52 | First Trenton | First Trenton | 1024.32 | 90 | | | 17.98 | 1081.22 | percent of total billed charges | |
| HC TIBIA FIBULA 2 VIEWS; SURGICAL | 73590 | CPT | | | | both | | | 1138.13 | 119.52 | Qualcare | Qualcare | 853.6 | 75 | | | 17.98 | 1081.22 | percent of total billed charges | |
| HC TIBIA FIBULA 2 VIEWS; SURGICAL | 73590 | CPT | | | | both | | | 1138.13 | 119.52 | Horizon | MGD | 201.1 | | | 149.05 | 17.98 | 1081.22 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIBIA FIBULA 2 VIEWS; SURGICAL | 73590 | CPT | | | | both | | | 1138.13 | 119.52 | Horizon | Indemnity | 201.1 | | | 120.79 | 17.98 | 1081.22 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIBIA FIBULA 2 VIEWS; SURGICAL | 73590 | CPT | | | | both | | | 1138.13 | 119.52 | Managed Care Inc | Managed Care Inc | 1024.32 | 90 | | | 17.98 | 1081.22 | percent of total billed charges | |
| HC TIBIA FIBULA 2 VIEWS; SURGICAL | 73590 | CPT | | | | both | | | 1138.13 | 119.52 | Wellcare | Medicare | 103.93 | | | 81.62 | 17.98 | 1081.22 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TIBIA FIBULA 2 VIEWS; SURGICAL | 73590 | CPT | | | | both | | | 1138.13 | 119.52 | Three Rivers | Three Rivers | 1081.22 | 95 | | | 17.98 | 1081.22 | percent of total billed charges | |
| HC TIBIA FIBULA 2 VIEWS; SURGICAL | 73590 | CPT | | | | both | | | 1138.13 | 119.52 | Wellcare | Medicaid | 359.08 | 31.55 | | 145.37 | 17.98 | 1081.22 | percent of total billed charges | |
| HC LOWER EXTREMITY INFANT 2/> VIEWS; SURGICAL | 73592 | CPT | | | | both | | | 963.75 | 119.52 | Multiplan | Multiplan | 771 | 80 | | | 16.12 | 915.56 | percent of total billed charges | |
| HC LOWER EXTREMITY INFANT 2/> VIEWS; SURGICAL | 73592 | CPT | | | | both | | | 963.75 | 119.52 | Aetna | Medicare | 103.93 | | | | 16.12 | 915.56 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LOWER EXTREMITY INFANT 2/> VIEWS; SURGICAL | 73592 | CPT | | | | both | | | 963.75 | 119.52 | First Trenton | First Trenton | 867.38 | 90 | | | 16.12 | 915.56 | percent of total billed charges | |
| HC LOWER EXTREMITY INFANT 2/> VIEWS; SURGICAL | 73592 | CPT | | | | both | | | 963.75 | 119.52 | Americare | Americare | 722.81 | 75 | | | 16.12 | 915.56 | percent of total billed charges | |
| HC LOWER EXTREMITY INFANT 2/> VIEWS; SURGICAL | 73592 | CPT | | | | both | | | 963.75 | 119.52 | Corrections | Corrections | 771 | 80 | | | 16.12 | 915.56 | percent of total billed charges | |
| HC LOWER EXTREMITY INFANT 2/> VIEWS; SURGICAL | 73592 | CPT | | | | both | | | 963.75 | 119.52 | Aetna | Better Health | 304.06 | 31.55 | | | 16.12 | 915.56 | percent of total billed charges | |
| HC LOWER EXTREMITY INFANT 2/> VIEWS; SURGICAL | 73592 | CPT | | | | both | | | 963.75 | 119.52 | Amerihealth | HMO/PPO | 16.12 | | | | 16.12 | 915.56 | fee schedule | |
| HC LOWER EXTREMITY INFANT 2/> VIEWS; SURGICAL | 73592 | CPT | | | | both | | | 963.75 | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 16.12 | 915.56 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LOWER EXTREMITY INFANT 2/> VIEWS; SURGICAL | 73592 | CPT | | | | both | | | 963.75 | 119.52 | Qualcare | Qualcare | 722.81 | 75 | | | 16.12 | 915.56 | percent of total billed charges | |
| HC LOWER EXTREMITY INFANT 2/> VIEWS; SURGICAL | 73592 | CPT | | | | both | | | 963.75 | 119.52 | First Health | First Health | 674.63 | 70 | | | 16.12 | 915.56 | percent of total billed charges | |
| HC LOWER EXTREMITY INFANT 2/> VIEWS; SURGICAL | 73592 | CPT | | | | both | | | 963.75 | 119.52 | Managed Care Inc | Managed Care Inc | 867.38 | 90 | | | 16.12 | 915.56 | percent of total billed charges | |
| HC LOWER EXTREMITY INFANT 2/> VIEWS; SURGICAL | 73592 | CPT | | | | both | | | 963.75 | 119.52 | Consumer | Consumer | 915.56 | 95 | | | 16.12 | 915.56 | percent of total billed charges | |
| HC LOWER EXTREMITY INFANT 2/> VIEWS; SURGICAL | 73592 | CPT | | | | both | | | 963.75 | 119.52 | Wellcare | Medicare | 103.93 | | | | 16.12 | 915.56 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LOWER EXTREMITY INFANT 2/> VIEWS; SURGICAL | 73592 | CPT | | | | both | | | 963.75 | 119.52 | Aetna | Commercial | 366.23 | 38 | | | 16.12 | 915.56 | percent of total billed charges | |
| HC LOWER EXTREMITY INFANT 2/> VIEWS; SURGICAL | 73592 | CPT | | | | both | | | 963.75 | 119.52 | Horizon | Indemnity | 201.1 | | | | 16.12 | 915.56 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LOWER EXTREMITY INFANT 2/> VIEWS; SURGICAL | 73592 | CPT | | | | both | | | 963.75 | 119.52 | Wellcare | Medicaid | 304.06 | 31.55 | | | 16.12 | 915.56 | percent of total billed charges | |
| HC LOWER EXTREMITY INFANT 2/> VIEWS; SURGICAL | 73592 | CPT | | | | both | | | 963.75 | 119.52 | Three Rivers | Three Rivers | 915.56 | 95 | | | 16.12 | 915.56 | percent of total billed charges | |
| HC LOWER EXTREMITY INFANT 2/> VIEWS; SURGICAL | 73592 | CPT | | | | both | | | 963.75 | 119.52 | Horizon | MGD | 201.1 | | | | 16.12 | 915.56 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC LOWER EXTREMITY INFANT 2/> VIEWS, SURGICAL | 73592 | CPT | | | | both | | | 963.75 | 119.52 | UHC | Medicaid | 304.06 | 31.55 | | | 16.12 | 915.56 | percent of total billed charges | |
| HC LOWER EXTREMITY INFANT 2/> VIEWS, SURGICAL | 73592 | CPT | | | | both | | | 963.75 | 119.52 | Horizon | PPO | 201.1 | | | | 16.12 | 915.56 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LOWER EXTREMITY INFANT 2/> VIEWS, SURGICAL | 73592 | CPT | | | | both | | | 963.75 | 119.52 | Horizon | NJ Health | 39.2 | | | 12.65 | 16.12 | 915.56 | fee schedule | |
| HC LOWER EXTREMITY INFANT 2/> VIEWS, SURGICAL | 73592 | CPT | | | | both | | | 963.75 | 119.52 | WellPoint | WellPoint | 310.13 | 32.18 | | | 16.12 | 915.56 | percent of total billed charges | |
| HC LOWER EXTREMITY INFANT 2/> VIEWS, SURGICAL | 73592 | CPT | | | | both | | | 963.75 | 119.52 | UHC | Medicare | 103.93 | | | | 16.12 | 915.56 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANKLE 2 VIEWS | 73600 | CPT | | | | both | | | 512 | 119.52 | Aetna | Better Health | 161.54 | 31.55 | | | 16.74 | 486.4 | percent of total billed charges | |
| HC ANKLE 2 VIEWS | 73600 | CPT | | | | both | | | 512 | 119.52 | Americare | Americare | 384 | 75 | | | 16.74 | 486.4 | percent of total billed charges | |
| HC ANKLE 2 VIEWS | 73600 | CPT | | | | both | | | 512 | 119.52 | Consumer | Consumer | 486.4 | 95 | | | 16.74 | 486.4 | percent of total billed charges | |
| HC ANKLE 2 VIEWS | 73600 | CPT | | | | both | | | 512 | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 16.74 | 486.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANKLE 2 VIEWS | 73600 | CPT | | | | both | | | 512 | 119.52 | Aetna | Medicare | 103.93 | | | | 16.74 | 486.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANKLE 2 VIEWS | 73600 | CPT | | | | both | | | 512 | 119.52 | Amerihealth | HMO/PPO | 16.74 | | | | 16.74 | 486.4 | fee schedule | |
| HC ANKLE 2 VIEWS | 73600 | CPT | | | | both | | | 512 | 119.52 | First Health | First Health | 358.4 | 70 | | | 16.74 | 486.4 | percent of total billed charges | |
| HC ANKLE 2 VIEWS | 73600 | CPT | | | | both | | | 512 | 119.52 | Horizon | MGD | 201.1 | | | | 16.74 | 486.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANKLE 2 VIEWS | 73600 | CPT | | | | both | | | 512 | 119.52 | Aetna | Commercial | 194.56 | 38 | | | 16.74 | 486.4 | percent of total billed charges | |
| HC ANKLE 2 VIEWS | 73600 | CPT | | | | both | | | 512 | 119.52 | UHC | Medicare | 103.93 | | | | 16.74 | 486.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANKLE 2 VIEWS | 73600 | CPT | | | | both | | | 512 | 119.52 | Corrections | Corrections | 409.6 | 80 | | | 16.74 | 486.4 | percent of total billed charges | |
| HC ANKLE 2 VIEWS | 73600 | CPT | | | | both | | | 512 | 119.52 | UHC | Medicaid | 161.54 | 31.55 | | | 16.74 | 486.4 | percent of total billed charges | |
| HC ANKLE 2 VIEWS | 73600 | CPT | | | | both | | | 512 | 119.52 | Multiplan | Multiplan | 409.6 | 80 | | | 16.74 | 486.4 | percent of total billed charges | |
| HC ANKLE 2 VIEWS | 73600 | CPT | | | | both | | | 512 | 119.52 | Wellcare | Medicare | 103.93 | | | | 16.74 | 486.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANKLE 2 VIEWS | 73600 | CPT | | | | both | | | 512 | 119.52 | First Trenton | First Trenton | 460.8 | 90 | | | 16.74 | 486.4 | percent of total billed charges | |
| HC ANKLE 2 VIEWS | 73600 | CPT | | | | both | | | 512 | 119.52 | Wellcare | Medicaid | 161.54 | 31.55 | | | 16.74 | 486.4 | percent of total billed charges | |
| HC ANKLE 2 VIEWS | 73600 | CPT | | | | both | | | 512 | 119.52 | Qualcare | Qualcare | 384 | 75 | | | 16.74 | 486.4 | percent of total billed charges | |
| HC ANKLE 2 VIEWS | 73600 | CPT | | | | both | | | 512 | 119.52 | Horizon | Indemnity | 201.1 | | | | 16.74 | 486.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANKLE 2 VIEWS | 73600 | CPT | | | | both | | | 512 | 119.52 | Managed Care Inc | Managed Care Inc | 460.8 | 90 | | | 16.74 | 486.4 | percent of total billed charges | |
| HC ANKLE 2 VIEWS | 73600 | CPT | | | | both | | | 512 | 119.52 | Horizon | NJ Health | 27.07 | | | | 16.74 | 486.4 | fee schedule | |
| HC ANKLE 2 VIEWS | 73600 | CPT | | | | both | | | 512 | 119.52 | Three Rivers | Three Rivers | 486.4 | 95 | | | 16.74 | 486.4 | percent of total billed charges | |
| HC ANKLE 2 VIEWS | 73600 | CPT | | | | both | | | 512 | 119.52 | Horizon | PPO | 201.1 | | | | 16.74 | 486.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANKLE 2 VIEWS | 73600 | CPT | | | | both | | | 512 | 119.52 | WellPoint | WellPoint | 164.76 | 32.18 | | | 16.74 | 486.4 | percent of total billed charges | |
| HC ANKLE 3/> VIEWS, SURGICAL | 73610 | CPT | | | | both | | | 442.5 | 119.52 | Multiplan | Multiplan | 354 | 80 | | | 17.98 | 420.38 | percent of total billed charges | |
| HC ANKLE 3/> VIEWS, SURGICAL | 73610 | CPT | | | | both | | | 442.5 | 119.52 | Aetna | Commercial | 168.15 | 38 | | 49.25 | 17.98 | 420.38 | percent of total billed charges | |
| HC ANKLE 3/> VIEWS, SURGICAL | 73610 | CPT | | | | both | | | 442.5 | 119.52 | Amerihealth | HMO/PPO | 17.98 | | | 24.28 | 17.98 | 420.38 | fee schedule | |
| HC ANKLE 3/> VIEWS, SURGICAL | 73610 | CPT | | | | both | | | 442.5 | 119.52 | Aetna | Better Health | 139.61 | 31.55 | | 59.12 | 17.98 | 420.38 | percent of total billed charges | |
| HC ANKLE 3/> VIEWS, SURGICAL | 73610 | CPT | | | | both | | | 442.5 | 119.52 | UHC | Medicaid | 139.61 | 31.55 | | 59.87 | 17.98 | 420.38 | percent of total billed charges | |
| HC ANKLE 3/> VIEWS, SURGICAL | 73610 | CPT | | | | both | | | 442.5 | 119.52 | Corrections | Corrections | 364 | 80 | | 51.43 | 17.98 | 420.38 | percent of total billed charges | |
| HC ANKLE 3/> VIEWS, SURGICAL | 73610 | CPT | | | | both | | | 442.5 | 119.52 | Aetna | Medicare | 103.93 | | | 28.14 | 17.98 | 420.38 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANKLE 3/> VIEWS, SURGICAL | 73610 | CPT | | | | both | | | 442.5 | 119.52 | Americare | Americare | 331.88 | 75 | | | 17.98 | 420.38 | percent of total billed charges | |
| HC ANKLE 3/> VIEWS, SURGICAL | 73610 | CPT | | | | both | | | 442.5 | 119.52 | Qualcare | Qualcare | 331.88 | 75 | | | 17.98 | 420.38 | percent of total billed charges | |
| HC ANKLE 3/> VIEWS, SURGICAL | 73610 | CPT | | | | both | | | 442.5 | 119.52 | First Trenton | First Trenton | 398.25 | 90 | | | 17.98 | 420.38 | percent of total billed charges | |
| HC ANKLE 3/> VIEWS, SURGICAL | 73610 | CPT | | | | both | | | 442.5 | 119.52 | Horizon | Indemnity | 201.1 | | | 53.46 | 17.98 | 420.38 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANKLE 3/> VIEWS, SURGICAL | 73610 | CPT | | | | both | | | 442.5 | 119.52 | Horizon | Medicare Blue | 103.93 | | | 20.33 | 17.98 | 420.38 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANKLE 3/> VIEWS, SURGICAL | 73610 | CPT | | | | both | | | 442.5 | 119.52 | Wellcare | Medicaid | 139.61 | 31.55 | | 60.86 | 17.98 | 420.38 | percent of total billed charges | |
| HC ANKLE 3/> VIEWS, SURGICAL | 73610 | CPT | | | | both | | | 442.5 | 119.52 | Horizon | PPO | 201.1 | | | 52.11 | 17.98 | 420.38 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANKLE 3/> VIEWS, SURGICAL | 73610 | CPT | | | | both | | | 442.5 | 119.52 | Consumer | Consumer | 420.38 | 95 | | | 17.98 | 420.38 | percent of total billed charges | |
| HC ANKLE 3/> VIEWS, SURGICAL | 73610 | CPT | | | | both | | | 442.5 | 119.52 | Horizon | NJ Health | 29.79 | | | 27.89 | 17.98 | 420.38 | fee schedule | |
| HC ANKLE 3/> VIEWS, SURGICAL | 73610 | CPT | | | | both | | | 442.5 | 119.52 | Wellcare | Medicare | 103.93 | | | 26.76 | 17.98 | 420.38 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANKLE 3/> VIEWS, SURGICAL | 73610 | CPT | | | | both | | | 442.5 | 119.52 | Managed Care Inc | Managed Care Inc | 398.25 | 90 | | | 17.98 | 420.38 | percent of total billed charges | |
| HC ANKLE 3/> VIEWS, SURGICAL | 73610 | CPT | | | | both | | | 442.5 | 119.52 | Horizon | MGD | 201.1 | | | 63.63 | 17.98 | 420.38 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANKLE 3/> VIEWS, SURGICAL | 73610 | CPT | | | | both | | | 442.5 | 119.52 | Three Rivers | Three Rivers | 420.38 | 95 | | | 17.98 | 420.38 | percent of total billed charges | |
| HC ANKLE 3/> VIEWS, SURGICAL | 73610 | CPT | | | | both | | | 442.5 | 119.52 | First Health | First Health | 309.75 | 70 | | | 17.98 | 420.38 | percent of total billed charges | |
| HC ANKLE 3/> VIEWS, SURGICAL | 73610 | CPT | | | | both | | | 442.5 | 119.52 | WellPoint | WellPoint | 142.4 | 32.18 | | 53.82 | 17.98 | 420.38 | percent of total billed charges | |
| HC ANKLE 3/> VIEWS, SURGICAL | 73610 | CPT | | | | both | | | 442.5 | 119.52 | UHC | Medicare | 103.93 | | | 30.7 | 17.98 | 420.38 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANKLE ARTHROGRAPHY | 73615 | CPT | | | | outpatient | | | 1345 | 505.8 | Aetna | Medicare | 439.83 | | | | 79.03 | 1277.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANKLE ARTHROGRAPHY | 73615 | CPT | | | | outpatient | | | 1345 | 505.8 | Aetna | Better Health | 424.35 | 31.55 | | | 79.03 | 1277.75 | percent of total billed charges | |
| HC ANKLE ARTHROGRAPHY | 73615 | CPT | | | | outpatient | | | 1345 | 505.8 | First Health | First Health | 941.5 | 70 | | | 79.03 | 1277.75 | percent of total billed charges | |
| HC ANKLE ARTHROGRAPHY | 73615 | CPT | | | | outpatient | | | 1345 | 505.8 | Amerihealth | HMO/PPO | 874.25 | 65 | | | 79.03 | 1277.75 | percent of total billed charges | |
| HC ANKLE ARTHROGRAPHY | 73615 | CPT | | | | outpatient | | | 1345 | 505.8 | Americare | Americare | 1008.75 | 75 | | | 79.03 | 1277.75 | percent of total billed charges | |
| HC ANKLE ARTHROGRAPHY | 73615 | CPT | | | | outpatient | | | 1345 | 505.8 | Corrections | Corrections | 1076 | 80 | | | 79.03 | 1277.75 | percent of total billed charges | |
| HC ANKLE ARTHROGRAPHY | 73615 | CPT | | | | outpatient | | | 1345 | 505.8 | Aetna | Commercial | 511.1 | 38 | | | 79.03 | 1277.75 | percent of total billed charges | |
| HC ANKLE ARTHROGRAPHY | 73615 | CPT | | | | outpatient | | | 1345 | 505.8 | UHC | Medicare | 439.83 | | | | 79.03 | 1277.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANKLE ARTHROGRAPHY | 73615 | CPT | | | | outpatient | | | 1345 | 505.8 | First Trenton | First Trenton | 1210.5 | 90 | | | 79.03 | 1277.75 | percent of total billed charges | |
| HC ANKLE ARTHROGRAPHY | 73615 | CPT | | | | outpatient | | | 1345 | 505.8 | Consumer | Consumer | 1277.75 | 95 | | | 79.03 | 1277.75 | percent of total billed charges | |
| HC ANKLE ARTHROGRAPHY | 73615 | CPT | | | | outpatient | | | 1345 | 505.8 | Horizon | Medicare Blue | 439.83 | | | | 79.03 | 1277.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANKLE ARTHROGRAPHY | 73615 | CPT | | | | outpatient | | | 1345 | 505.8 | Horizon | Indemnity | 851.07 | | | | 79.03 | 1277.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANKLE ARTHROGRAPHY | 73615 | CPT | | | | outpatient | | | 1345 | 505.8 | Horizon | MGD | 851.07 | | | | 79.03 | 1277.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANKLE ARTHROGRAPHY | 73615 | CPT | | | | outpatient | | | 1345 | 505.8 | Horizon | PPO | 851.07 | | | | 79.03 | 1277.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANKLE ARTHROGRAPHY | 73615 | CPT | | | | outpatient | | | 1345 | 505.8 | UHC | Medicaid | 424.35 | 31.55 | | | 79.03 | 1277.75 | percent of total billed charges | |
| HC ANKLE ARTHROGRAPHY | 73615 | CPT | | | | outpatient | | | 1345 | 505.8 | Multiplan | Multiplan | 1076 | 80 | | | 79.03 | 1277.75 | percent of total billed charges | |
| HC ANKLE ARTHROGRAPHY | 73615 | CPT | | | | outpatient | | | 1345 | 505.8 | Managed Care Inc | Managed Care Inc | 1210.5 | 90 | | | 79.03 | 1277.75 | percent of total billed charges | |
| HC ANKLE ARTHROGRAPHY | 73615 | CPT | | | | outpatient | | | 1345 | 505.8 | Horizon | NJ Health | 79.03 | | | | 79.03 | 1277.75 | fee schedule | |
| HC ANKLE ARTHROGRAPHY | 73615 | CPT | | | | outpatient | | | 1345 | 505.8 | Qualcare | Qualcare | 1008.75 | 75 | | | 79.03 | 1277.75 | percent of total billed charges | |
| HC ANKLE ARTHROGRAPHY | 73615 | CPT | | | | outpatient | | | 1345 | 505.8 | Wellcare | Medicare | 439.83 | | | | 79.03 | 1277.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANKLE ARTHROGRAPHY | 73615 | CPT | | | | outpatient | | | 1345 | 505.8 | Three Rivers | Three Rivers | 1277.75 | 95 | | | 79.03 | 1277.75 | percent of total billed charges | |
| HC ANKLE ARTHROGRAPHY | 73615 | CPT | | | | outpatient | | | 1345 | 505.8 | WellPoint | WellPoint | 432.82 | 32.18 | | | 79.03 | 1277.75 | percent of total billed charges | |
| HC ANKLE ARTHROGRAPHY | 73615 | CPT | | | | outpatient | | | 1345 | 505.8 | Wellcare | Medicaid | 424.35 | 31.55 | | | 79.03 | 1277.75 | percent of total billed charges | |
| HC FOOT 2 VIEWS, SURGICAL | 73620 | CPT | | | | both | | | 2396.25 | 119.52 | Aetna | Better Health | 756.02 | 31.55 | | | 16.12 | 2276.44 | percent of total billed charges | |
| HC FOOT 2 VIEWS, SURGICAL | 73620 | CPT | | | | both | | | 2396.25 | 119.52 | Multiplan | Multiplan | 1917 | 80 | | | 16.12 | 2276.44 | percent of total billed charges | |
| HC FOOT 2 VIEWS, SURGICAL | 73620 | CPT | | | | both | | | 2396.25 | 119.52 | Consumer | Consumer | 2276.44 | 95 | | | 16.12 | 2276.44 | percent of total billed charges | |
| HC FOOT 2 VIEWS, SURGICAL | 73620 | CPT | | | | both | | | 2396.25 | 119.52 | Americare | Americare | 1797.19 | 75 | | | 16.12 | 2276.44 | percent of total billed charges | |
| HC FOOT 2 VIEWS, SURGICAL | 73620 | CPT | | | | both | | | 2396.25 | 119.52 | Aetna | Medicare | 103.93 | | | | 16.12 | 2276.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FOOT 2 VIEWS, SURGICAL | 73620 | CPT | | | | both | | | 2396.25 | 119.52 | UHC | Medicare | 103.93 | | | | 16.12 | 2276.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FOOT 2 VIEWS, SURGICAL | 73620 | CPT | | | | both | | | 2396.25 | 119.52 | First Health | First Health | 1677.38 | 70 | | | 16.12 | 2276.44 | percent of total billed charges | |
| HC FOOT 2 VIEWS, SURGICAL | 73620 | CPT | | | | both | | | 2396.25 | 119.52 | First Trenton | First Trenton | 2156.63 | 90 | | | 16.12 | 2276.44 | percent of total billed charges | |
| HC FOOT 2 VIEWS, SURGICAL | 73620 | CPT | | | | both | | | 2396.25 | 119.52 | Aetna | Commercial | 910.68 | 38 | | | 16.12 | 2276.44 | percent of total billed charges | |
| HC FOOT 2 VIEWS, SURGICAL | 73620 | CPT | | | | both | | | 2396.25 | 119.52 | Qualcare | Qualcare | 1797.19 | 75 | | | 16.12 | 2276.44 | percent of total billed charges | |
| HC FOOT 2 VIEWS, SURGICAL | 73620 | CPT | | | | both | | | 2396.25 | 119.52 | Corrections | Corrections | 1917 | 80 | | | 16.12 | 2276.44 | percent of total billed charges | |
| HC FOOT 2 VIEWS, SURGICAL | 73620 | CPT | | | | both | | | 2396.25 | 119.52 | Amerihealth | HMO/PPO | 16.12 | | | | 16.12 | 2276.44 | fee schedule | |
| HC FOOT 2 VIEWS, SURGICAL | 73620 | CPT | | | | both | | | 2396.25 | 119.52 | Horizon | MGD | 201.1 | | | | 16.12 | 2276.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FOOT 2 VIEWS, SURGICAL | 73620 | CPT | | | | both | | | 2396.25 | 119.52 | Wellcare | Medicare | 103.93 | | | | 16.12 | 2276.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FOOT 2 VIEWS, SURGICAL | 73620 | CPT | | | | both | | | 2396.25 | 119.52 | Three Rivers | Three Rivers | 2276.44 | 95 | | | 16.12 | 2276.44 | percent of total billed charges | |
| HC FOOT 2 VIEWS, SURGICAL | 73620 | CPT | | | | both | | | 2396.25 | 119.52 | Managed Care Inc | Managed Care Inc | 2156.63 | 90 | | | 16.12 | 2276.44 | percent of total billed charges | |
| HC FOOT 2 VIEWS, SURGICAL | 73620 | CPT | | | | both | | | 2396.25 | 119.52 | Horizon | NJ Health | 27.07 | | | 84.36 | 16.12 | 2276.44 | fee schedule | |
| HC FOOT 2 VIEWS, SURGICAL | 73620 | CPT | | | | both | | | 2396.25 | 119.52 | Horizon | Indemnity | 201.1 | | | | 16.12 | 2276.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FOOT 2 VIEWS, SURGICAL | 73620 | CPT | | | | both | | | 2396.25 | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 16.12 | 2276.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FOOT 2 VIEWS, SURGICAL | 73620 | CPT | | | | both | | | 2396.25 | 119.52 | UHC | Medicaid | 756.02 | 31.55 | | 77.61 | 16.12 | 2276.44 | percent of total billed charges | |
| HC FOOT 2 VIEWS, SURGICAL | 73620 | CPT | | | | both | | | 2396.25 | 119.52 | Horizon | PPO | 201.1 | | | | 16.12 | 2276.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FOOT 2 VIEWS, SURGICAL | 73620 | CPT | | | | both | | | 2396.25 | 119.52 | Wellcare | Medicaid | 756.02 | 31.55 | | | 16.12 | 2276.44 | percent of total billed charges | |
| HC FOOT 2 VIEWS, SURGICAL | 73620 | CPT | | | | both | | | 2396.25 | 119.52 | WellPoint | WellPoint | 771.11 | 32.18 | | | 16.12 | 2276.44 | percent of total billed charges | |
| HC FOOT COMPLETE 3/> VIEWS, SURGICAL | 73630 | CPT | | | | both | | | 1222.5 | 119.52 | Consumer | Consumer | 1161.38 | 95 | | | 17.98 | 1161.38 | percent of total billed charges | |
| HC FOOT COMPLETE 3/> VIEWS, SURGICAL | 73630 | CPT | | | | both | | | 1222.5 | 119.52 | Aetna | Medicare | 103.93 | | | 66.98 | 17.98 | 1161.38 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FOOT COMPLETE 3/> VIEWS, SURGICAL | 73630 | CPT | | | | both | | | 1222.5 | 119.52 | Aetna | Better Health | 385.7 | 31.55 | | 157.64 | 17.98 | 1161.38 | percent of total billed charges | |
| HC FOOT COMPLETE 3/> VIEWS, SURGICAL | 73630 | CPT | | | | both | | | 1222.5 | 119.52 | Americare | Americare | 916.88 | 75 | | | 17.98 | 1161.38 | percent of total billed charges | |
| HC FOOT COMPLETE 3/> VIEWS, SURGICAL | 73630 | CPT | | | | both | | | 1222.5 | 119.52 | Corrections | Corrections | 978 | 80 | | 134.58 | 17.98 | 1161.38 | percent of total billed charges | |
| HC FOOT COMPLETE 3/> VIEWS, SURGICAL | 73630 | CPT | | | | both | | | 1222.5 | 119.52 | Aetna | Commercial | 464.55 | 38 | | 114.74 | 17.98 | 1161.38 | percent of total billed charges | |
| HC FOOT COMPLETE 3/> VIEWS, SURGICAL | 73630 | CPT | | | | both | | | 1222.5 | 119.52 | Wellcare | Medicare | 103.93 | | | 61.77 | 17.98 | 1161.38 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FOOT COMPLETE 3/> VIEWS, SURGICAL | 73630 | CPT | | | | both | | | 1222.5 | 119.52 | Amerihealth | HMO/PPO | 17.98 | | | 40.02 | 17.98 | 1161.38 | fee schedule | |
| HC FOOT COMPLETE 3/> VIEWS, SURGICAL | 73630 | CPT | | | | both | | | 1222.5 | 119.52 | First Health | First Health | 855.75 | 70 | | | 17.98 | 1161.38 | percent of total billed charges | |
| HC FOOT COMPLETE 3/> VIEWS, SURGICAL | 73630 | CPT | | | | both | | | 1222.5 | 119.52 | Horizon | PPO | 201.1 | | | 135.52 | 17.98 | 1161.38 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FOOT COMPLETE 3/> VIEWS, SURGICAL | 73630 | CPT | | | | both | | | 1222.5 | 119.52 | Horizon | Medicare Blue | 103.93 | | | 75.05 | 17.98 | 1161.38 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FOOT COMPLETE 3/> VIEWS, SURGICAL | 73630 | CPT | | | | both | | | 1222.5 | 119.52 | Horizon | Indemnity | 201.1 | | | 131.02 | 17.98 | 1161.38 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FOOT COMPLETE 3/> VIEWS, SURGICAL | 73630 | CPT | | | | both | | | 1222.5 | 119.52 | Horizon | NJ Health | 29.79 | | | 64.98 | 17.98 | 1161.38 | fee schedule | |
| HC FOOT COMPLETE 3/> VIEWS, SURGICAL | 73630 | CPT | | | | both | | | 1222.5 | 119.52 | Multiplan | Multiplan | 978 | 80 | | | 17.98 | 1161.38 | percent of total billed charges | |
| HC FOOT COMPLETE 3/> VIEWS, SURGICAL | 73630 | CPT | | | | both | | | 1222.5 | 119.52 | First Trenton | First Trenton | 1100.25 | 90 | | | 17.98 | 1161.38 | percent of total billed charges | |
| HC FOOT COMPLETE 3/> VIEWS, SURGICAL | 73630 | CPT | | | | both | | | 1222.5 | 119.52 | UHC | Medicare | 103.93 | | | 90.32 | 17.98 | 1161.38 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FOOT COMPLETE 3/> VIEWS, SURGICAL | 73630 | CPT | | | | both | | | 1222.5 | 119.52 | Horizon | MGD | 201.1 | | | 146.2 | 17.98 | 1161.38 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FOOT COMPLETE 3/> VIEWS, SURGICAL | 73630 | CPT | | | | both | | | 1222.5 | 119.52 | Qualcare | Qualcare | 916.88 | 75 | | | 17.98 | 1161.38 | percent of total billed charges | |
| HC FOOT COMPLETE 3/> VIEWS, SURGICAL | 73630 | CPT | | | | both | | | 1222.5 | 119.52 | Managed Care Inc | Managed Care Inc | 1100.25 | 90 | | | 17.98 | 1161.38 | percent of total billed charges | |
| HC FOOT COMPLETE 3/> VIEWS, SURGICAL | 73630 | CPT | | | | both | | | 1222.5 | 119.52 | Wellcare | Medicaid | 385.7 | 31.55 | | 189.31 | 17.98 | 1161.38 | percent of total billed charges | |
| HC FOOT COMPLETE 3/> VIEWS, SURGICAL | 73630 | CPT | | | | both | | | 1222.5 | 119.52 | Three Rivers | Three Rivers | 1161.38 | 95 | | | 17.98 | 1161.38 | percent of total billed charges | |
| HC FOOT COMPLETE 3/> VIEWS, SURGICAL | 73630 | CPT | | | | both | | | 1222.5 | 119.52 | WellPoint | WellPoint | 393.4 | 32.18 | | 148.08 | 17.98 | 1161.38 | percent of total billed charges | |
| HC FOOT COMPLETE 3/> VIEWS, SURGICAL | 73630 | CPT | | | | both | | | 1222.5 | 119.52 | UHC | Medicaid | 385.7 | 31.55 | | 175.66 | 17.98 | 1161.38 | percent of total billed charges | |
| HC CALCANEUS 2/> VIEWS, SURGICAL | 73650 | CPT | | | | both | | | 1350 | 119.52 | Aetna | Commercial | 513 | 38 | | | 16.12 | 1282.5 | percent of total billed charges | |
| HC CALCANEUS 2/> VIEWS, SURGICAL | 73650 | CPT | | | | both | | | 1350 | 119.52 | Qualcare | Qualcare | 1012.5 | 75 | | | 16.12 | 1282.5 | percent of total billed charges | |
| HC CALCANEUS 2/> VIEWS, SURGICAL | 73650 | CPT | | | | both | | | 1350 | 119.52 | Corrections | Corrections | 1080 | 80 | | | 16.12 | 1282.5 | percent of total billed charges | |
| HC CALCANEUS 2/> VIEWS, SURGICAL | 73650 | CPT | | | | both | | | 1350 | 119.52 | Aetna | Medicare | 103.93 | | | | 16.12 | 1282.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CALCANEUS 2/> VIEWS, SURGICAL | 73650 | CPT | | | | both | | | 1350 | 119.52 | Americare | Americare | 1012.5 | 75 | | | 16.12 | 1282.5 | percent of total billed charges | |
| HC CALCANEUS 2/> VIEWS, SURGICAL | 73650 | CPT | | | | both | | | 1350 | 119.52 | Aetna | Better Health | 425.93 | 31.55 | | 153.33 | 16.12 | 1282.5 | percent of total billed charges | |
| HC CALCANEUS 2/> VIEWS, SURGICAL | 73650 | CPT | | | | both | | | 1350 | 119.52 | Three Rivers | Three Rivers | 1282.5 | 95 | | | 16.12 | 1282.5 | percent of total billed charges | |
| HC CALCANEUS 2/> VIEWS, SURGICAL | 73650 | CPT | | | | both | | | 1350 | 119.52 | Consumer | Consumer | 1282.5 | 95 | | | 16.12 | 1282.5 | percent of total billed charges | |
| HC CALCANEUS 2/> VIEWS, SURGICAL | 73650 | CPT | | | | both | | | 1350 | 119.52 | Horizon | NJ Health | 26.36 | | | 84.67 | 16.12 | 1282.5 | fee schedule | |
| HC CALCANEUS 2/> VIEWS, SURGICAL | 73650 | CPT | | | | both | | | 1350 | 119.52 | UHC | Medicaid | 425.93 | 31.55 | | 151.8 | 16.12 | 1282.5 | percent of total billed charges | |
| HC CALCANEUS 2/> VIEWS, SURGICAL | 73650 | CPT | | | | both | | | 1350 | 119.52 | First Trenton | First Trenton | 1215 | 90 | | | 16.12 | 1282.5 | percent of total billed charges | |
| HC CALCANEUS 2/> VIEWS, SURGICAL | 73650 | CPT | | | | both | | | 1350 | 119.52 | Horizon | MGD | 201.1 | | | 92.73 | 16.12 | 1282.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CALCANEUS 2/> VIEWS, SURGICAL | 73650 | CPT | | | | both | | | 1350 | 119.52 | Amerihealth | HMO/PPO | 16.12 | | | | 16.12 | 1282.5 | fee schedule | |
| HC CALCANEUS 2/> VIEWS, SURGICAL | 73650 | CPT | | | | both | | | 1350 | 119.52 | First Health | First Health | 945 | 70 | | | 16.12 | 1282.5 | percent of total billed charges | |
| HC CALCANEUS 2/> VIEWS, SURGICAL | 73650 | CPT | | | | both | | | 1350 | 119.52 | Wellcare | Medicaid | 425.93 | 31.55 | | 217.46 | 16.12 | 1282.5 | percent of total billed charges | |
| HC CALCANEUS 2/> VIEWS, SURGICAL | 73650 | CPT | | | | both | | | 1350 | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 16.12 | 1282.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CALCANEUS 2/> VIEWS, SURGICAL | 73650 | CPT | | | | both | | | 1350 | 119.52 | WellPoint | WellPoint | 434.43 | 32.18 | | 116.09 | 16.12 | 1282.5 | percent of total billed charges | |
| HC CALCANEUS 2/> VIEWS, SURGICAL | 73650 | CPT | | | | both | | | 1350 | 119.52 | Horizon | Indemnity | 201.1 | | | | 16.12 | 1282.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CALCANEUS 2/> VIEWS, SURGICAL | 73650 | CPT | | | | both | | | 1350 | 119.52 | Horizon | PPO | 201.1 | | | 100.33 | 16.12 | 1282.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CALCANEUS 2/> VIEWS, SURGICAL | 73650 | CPT | | | | both | | | 1350 | 119.52 | UHC | Medicare | 103.93 | | | 45.1 | 16.12 | 1282.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CALCANEUS 2/> VIEWS, SURGICAL | 73650 | CPT | | | | both | | | 1350 | 119.52 | Managed Care Inc | Managed Care Inc | 1215 | 90 | | | 16.12 | 1282.5 | percent of total billed charges | |
| HC CALCANEUS 2/> VIEWS, SURGICAL | 73650 | CPT | | | | both | | | 1350 | 119.52 | Multiplan | Multiplan | 1080 | 80 | | | 16.12 | 1282.5 | percent of total billed charges | |
| HC CALCANEUS 2/> VIEWS, SURGICAL | 73650 | CPT | | | | both | | | 1350 | 119.52 | Wellcare | Medicare | 103.93 | | | | 16.12 | 1282.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TOES 2/> VIEWS, SURGICAL | 73660 | CPT | | | | both | | | 1207.5 | 119.52 | Americare | Americare | 905.63 | 75 | | | 13.72 | 1147.13 | percent of total billed charges | |
| HC TOES 2/> VIEWS, SURGICAL | 73660 | CPT | | | | both | | | 1207.5 | 119.52 | First Trenton | First Trenton | 1086.75 | 90 | | | 13.72 | 1147.13 | percent of total billed charges | |
| HC TOES 2/> VIEWS, SURGICAL | 73660 | CPT | | | | both | | | 1207.5 | 119.52 | Corrections | Corrections | 966 | 80 | | | 13.72 | 1147.13 | percent of total billed charges | |
| HC TOES 2/> VIEWS, SURGICAL | 73660 | CPT | | | | both | | | 1207.5 | 119.52 | Aetna | Medicare | 103.93 | | | | 13.72 | 1147.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TOES 2/> VIEWS, SURGICAL | 73660 | CPT | | | | both | | | 1207.5 | 119.52 | UHC | Medicare | 103.93 | | | | 13.72 | 1147.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC TOES 2\> VIEWS, SURGICAL | 73660 | CPT | | | | both | | | 1207.5 | 119.52 | Amerihealth | HMO/PPO | | 14.26 | | | 13.72 | 1147.13 | fee schedule | |
| HC TOES 2\> VIEWS, SURGICAL | 73660 | CPT | | | | both | | | 1207.5 | 119.52 | Aetna | Commercial | 458.85 | 38 | | 97.24 | 13.72 | 1147.13 | percent of total billed charges | |
| HC TOES 2\> VIEWS, SURGICAL | 73660 | CPT | | | | both | | | 1207.5 | 119.52 | Aetna | Better Health | 380.97 | 31.55 | | | 13.72 | 1147.13 | percent of total billed charges | |
| HC TOES 2\> VIEWS, SURGICAL | 73660 | CPT | | | | both | | | 1207.5 | 119.52 | Multiplan | Multiplan | 966 | 80 | | | 13.72 | 1147.13 | percent of total billed charges | |
| HC TOES 2\> VIEWS, SURGICAL | 73660 | CPT | | | | both | | | 1207.5 | 119.52 | Managed Care Inc | Managed Care Inc | 1086.75 | 90 | | | 13.72 | 1147.13 | percent of total billed charges | |
| HC TOES 2\> VIEWS, SURGICAL | 73660 | CPT | | | | both | | | 1207.5 | 119.52 | Horizon | Indemnity | 201.1 | | | | 13.72 | 1147.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TOES 2\> VIEWS, SURGICAL | 73660 | CPT | | | | both | | | 1207.5 | 119.52 | First Health | First Health | 845.25 | 70 | | | 13.72 | 1147.13 | percent of total billed charges | |
| HC TOES 2\> VIEWS, SURGICAL | 73660 | CPT | | | | both | | | 1207.5 | 119.52 | Qualcare | Qualcare | 905.63 | 75 | | | 13.72 | 1147.13 | percent of total billed charges | |
| HC TOES 2\> VIEWS, SURGICAL | 73660 | CPT | | | | both | | | 1207.5 | 119.52 | Horizon | MGD | 201.1 | | | 91.85 | 13.72 | 1147.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TOES 2\> VIEWS, SURGICAL | 73660 | CPT | | | | both | | | 1207.5 | 119.52 | Consumer | Consumer | 1147.13 | 95 | | | 13.72 | 1147.13 | percent of total billed charges | |
| HC TOES 2\> VIEWS, SURGICAL | 73660 | CPT | | | | both | | | 1207.5 | 119.52 | Horizon | NJ Health | 13.72 | | | 13.72 | 13.72 | 1147.13 | fee schedule | |
| HC TOES 2\> VIEWS, SURGICAL | 73660 | CPT | | | | both | | | 1207.5 | 119.52 | Wellcare | Medicare | 103.93 | | | | 13.72 | 1147.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TOES 2\> VIEWS, SURGICAL | 73660 | CPT | | | | both | | | 1207.5 | 119.52 | UHC | Medicaid | 380.97 | 31.55 | | 166.64 | 13.72 | 1147.13 | percent of total billed charges | |
| HC TOES 2\> VIEWS, SURGICAL | 73660 | CPT | | | | both | | | 1207.5 | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 13.72 | 1147.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TOES 2\> VIEWS, SURGICAL | 73660 | CPT | | | | both | | | 1207.5 | 119.52 | Three Rivers | Three Rivers | 1147.13 | 95 | | | 13.72 | 1147.13 | percent of total billed charges | |
| HC TOES 2\> VIEWS, SURGICAL | 73660 | CPT | | | | both | | | 1207.5 | 119.52 | Horizon | PPO | 201.1 | | | | 13.72 | 1147.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TOES 2\> VIEWS, SURGICAL | 73660 | CPT | | | | both | | | 1207.5 | 119.52 | Wellcare | Medicaid | 380.97 | 31.55 | | | 13.72 | 1147.13 | percent of total billed charges | |
| HC TOES 2\> VIEWS, SURGICAL | 73660 | CPT | | | | both | | | 1207.5 | 119.52 | WellPoint | WellPoint | 388.57 | 32.18 | | | 13.72 | 1147.13 | percent of total billed charges | |
| HC CT TIBFIB WO CONTRAST | 73700 | CPT | | | | both | | | 2676 | 144.6 | Aetna | Commercial | 1016.88 | 38 | | 159.93 | 125.74 | 2542.2 | percent of total billed charges | |
| HC CT TIBFIB WO CONTRAST | 73700 | CPT | | | | both | | | 2676 | 144.6 | First Trenton | First Trenton | 2408.4 | 90 | | | 125.74 | 2542.2 | percent of total billed charges | |
| HC CT TIBFIB WO CONTRAST | 73700 | CPT | | | | both | | | 2676 | 144.6 | UHC | Medicaid | 844.28 | 31.55 | | 499.24 | 125.74 | 2542.2 | percent of total billed charges | |
| HC CT TIBFIB WO CONTRAST | 73700 | CPT | | | | both | | | 2676 | 144.6 | Aetna | Better Health | 844.28 | 31.55 | | 305.16 | 125.74 | 2542.2 | percent of total billed charges | |
| HC CT TIBFIB WO CONTRAST | 73700 | CPT | | | | both | | | 2676 | 144.6 | Aetna | Medicare | 125.74 | | | 208.61 | 125.74 | 2542.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT TIBFIB WO CONTRAST | 73700 | CPT | | | | both | | | 2676 | 144.6 | Amerihealth | HMO/PPO | 147.56 | | | | 125.74 | 2542.2 | fee schedule | |
| HC CT TIBFIB WO CONTRAST | 73700 | CPT | | | | both | | | 2676 | 144.6 | First Health | First Health | 1873.2 | 70 | | | 125.74 | 2542.2 | percent of total billed charges | |
| HC CT TIBFIB WO CONTRAST | 73700 | CPT | | | | both | | | 2676 | 144.6 | Managed Care Inc | Managed Care Inc | 2408.4 | 90 | | | 125.74 | 2542.2 | percent of total billed charges | |
| HC CT TIBFIB WO CONTRAST | 73700 | CPT | | | | both | | | 2676 | 144.6 | Horizon | NJ Health | 245 | | | 134.01 | 125.74 | 2542.2 | fee schedule | |
| HC CT TIBFIB WO CONTRAST | 73700 | CPT | | | | both | | | 2676 | 144.6 | Corrections | Corrections | 2140.8 | 80 | | 671.04 | 125.74 | 2542.2 | percent of total billed charges | |
| HC CT TIBFIB WO CONTRAST | 73700 | CPT | | | | both | | | 2676 | 144.6 | Horizon | MGD | 243.31 | | | 236.65 | 125.74 | 2542.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT TIBFIB WO CONTRAST | 73700 | CPT | | | | both | | | 2676 | 144.6 | Wellcare | Medicare | 125.74 | | | | 125.74 | 2542.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT TIBFIB WO CONTRAST | 73700 | CPT | | | | both | | | 2676 | 144.6 | Americare | Americare | 2007 | 75 | | | 125.74 | 2542.2 | percent of total billed charges | |
| HC CT TIBFIB WO CONTRAST | 73700 | CPT | | | | both | | | 2676 | 144.6 | Horizon | Medicare Blue | 125.74 | | | 105.69 | 125.74 | 2542.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT TIBFIB WO CONTRAST | 73700 | CPT | | | | both | | | 2676 | 144.6 | Horizon | PPO | 243.31 | | | 458.46 | 125.74 | 2542.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT TIBFIB WO CONTRAST | 73700 | CPT | | | | both | | | 2676 | 144.6 | Wellcare | Medicaid | 844.28 | 31.55 | | 416.97 | 125.74 | 2542.2 | percent of total billed charges | |
| HC CT TIBFIB WO CONTRAST | 73700 | CPT | | | | both | | | 2676 | 144.6 | Multiplan | Multiplan | 2140.8 | 80 | | | 125.74 | 2542.2 | percent of total billed charges | |
| HC CT TIBFIB WO CONTRAST | 73700 | CPT | | | | both | | | 2676 | 144.6 | Consumer | Consumer | 2542.2 | 95 | | | 125.74 | 2542.2 | percent of total billed charges | |
| HC CT TIBFIB WO CONTRAST | 73700 | CPT | | | | both | | | 2676 | 144.6 | Qualcare | Qualcare | 2007 | 75 | | | 125.74 | 2542.2 | percent of total billed charges | |
| HC CT TIBFIB WO CONTRAST | 73700 | CPT | | | | both | | | 2676 | 144.6 | Horizon | Indemnity | 243.31 | | | 269.31 | 125.74 | 2542.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT TIBFIB WO CONTRAST | 73700 | CPT | | | | both | | | 2676 | 144.6 | UHC | Medicare | 125.74 | | | 219.68 | 125.74 | 2542.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT TIBFIB WO CONTRAST | 73700 | CPT | | | | both | | | 2676 | 144.6 | Three Rivers | Three Rivers | 2542.2 | 95 | | | 125.74 | 2542.2 | percent of total billed charges | |
| HC CT TIBFIB WO CONTRAST | 73700 | CPT | | | | both | | | 2676 | 144.6 | WellPoint | WellPoint | 861.14 | 32.18 | | 292.95 | 125.74 | 2542.2 | percent of total billed charges | |
| HC CT TIBFIB W CONTRAST | 73701 | CPT | | | | both | | | 2794.5 | 241.65 | Aetna | Commercial | 1061.91 | 38 | | 385.33 | 171.74 | 2654.78 | percent of total billed charges | |
| HC CT TIBFIB W CONTRAST | 73701 | CPT | | | | both | | | 2794.5 | 241.65 | Horizon | Medicare Blue | 210.13 | | | 165.29 | 171.74 | 2654.78 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT TIBFIB W CONTRAST | 73701 | CPT | | | | both | | | 2794.5 | 241.65 | Aetna | Better Health | 881.66 | 31.55 | | 422.57 | 171.74 | 2654.78 | percent of total billed charges | |
| HC CT TIBFIB W CONTRAST | 73701 | CPT | | | | both | | | 2794.5 | 241.65 | First Trenton | First Trenton | 2515.05 | 90 | | | 171.74 | 2654.78 | percent of total billed charges | |
| HC CT TIBFIB W CONTRAST | 73701 | CPT | | | | both | | | 2794.5 | 241.65 | Americare | Americare | 2095.88 | 75 | | | 171.74 | 2654.78 | percent of total billed charges | |
| HC CT TIBFIB W CONTRAST | 73701 | CPT | | | | both | | | 2794.5 | 241.65 | Amerihealth | HMO/PPO | 171.74 | | | | 171.74 | 2654.78 | fee schedule | |
| HC CT TIBFIB W CONTRAST | 73701 | CPT | | | | both | | | 2794.5 | 241.65 | Horizon | PPO | 406.6 | | | 390.82 | 171.74 | 2654.78 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT TIBFIB W CONTRAST | 73701 | CPT | | | | both | | | 2794.5 | 241.65 | Corrections | Corrections | 2235.6 | 80 | | | 171.74 | 2654.78 | percent of total billed charges | |
| HC CT TIBFIB W CONTRAST | 73701 | CPT | | | | both | | | 2794.5 | 241.65 | First Health | First Health | 1956.15 | 70 | | | 171.74 | 2654.78 | percent of total billed charges | |
| HC CT TIBFIB W CONTRAST | 73701 | CPT | | | | both | | | 2794.5 | 241.65 | Three Rivers | Three Rivers | 2654.78 | 95 | | | 171.74 | 2654.78 | percent of total billed charges | |
| HC CT TIBFIB W CONTRAST | 73701 | CPT | | | | both | | | 2794.5 | 241.65 | Aetna | Medicare | 210.13 | | | | 171.74 | 2654.78 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT TIBFIB W CONTRAST | 73701 | CPT | | | | both | | | 2794.5 | 241.65 | Horizon | Indemnity | 406.6 | | | 424.54 | 171.74 | 2654.78 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT TIBFIB W CONTRAST | 73701 | CPT | | | | both | | | 2794.5 | 241.65 | Consumer | Consumer | 2654.78 | 95 | | | 171.74 | 2654.78 | percent of total billed charges | |
| HC CT TIBFIB W CONTRAST | 73701 | CPT | | | | both | | | 2794.5 | 241.65 | Wellcare | Medicaid | 881.66 | 31.55 | | 584.8 | 171.74 | 2654.78 | percent of total billed charges | |
| HC CT TIBFIB W CONTRAST | 73701 | CPT | | | | both | | | 2794.5 | 241.65 | UHC | Medicare | 210.13 | | | 228.37 | 171.74 | 2654.78 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT TIBFIB W CONTRAST | 73701 | CPT | | | | both | | | 2794.5 | 241.65 | Horizon | NJ Health | 245 | | | 120.96 | 171.74 | 2654.78 | fee schedule | |
| HC CT TIBFIB W CONTRAST | 73701 | CPT | | | | both | | | 2794.5 | 241.65 | Multiplan | Multiplan | 2235.6 | 80 | | | 171.74 | 2654.78 | percent of total billed charges | |
| HC CT TIBFIB W CONTRAST | 73701 | CPT | | | | both | | | 2794.5 | 241.65 | Managed Care Inc | Managed Care Inc | 2515.05 | 90 | | | 171.74 | 2654.78 | percent of total billed charges | |
| HC CT TIBFIB W CONTRAST | 73701 | CPT | | | | both | | | 2794.5 | 241.65 | Horizon | MGD | 406.6 | | | | 171.74 | 2654.78 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT TIBFIB W CONTRAST | 73701 | CPT | | | | both | | | 2794.5 | 241.65 | WellPoint | WellPoint | 899.27 | 32.18 | | 171.67 | 171.74 | 2654.78 | percent of total billed charges | |
| HC CT TIBFIB W CONTRAST | 73701 | CPT | | | | both | | | 2794.5 | 241.65 | UHC | Medicaid | 881.66 | 31.55 | | 470.29 | 171.74 | 2654.78 | percent of total billed charges | |
| HC CT TIBFIB W CONTRAST | 73701 | CPT | | | | both | | | 2794.5 | 241.65 | Wellcare | Medicare | 210.13 | | | | 171.74 | 2654.78 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT TIBFIB W CONTRAST | 73701 | CPT | | | | both | | | 2794.5 | 241.65 | Qualcare | Qualcare | 2095.88 | 75 | | | 171.74 | 2654.78 | percent of total billed charges | |
| HC CT LOWER EXTREMITY WO/W CONTRAST | 73702 | CPT | | | | both | | | 3506 | 241.65 | Horizon | Medicare Blue | 210.13 | | | | 210.13 | 3330.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT LOWER EXTREMITY WO/W CONTRAST | 73702 | CPT | | | | both | | | 3506 | 241.65 | Corrections | Corrections | 2804.8 | 80 | | | 210.13 | 3330.7 | percent of total billed charges | |
| HC CT LOWER EXTREMITY WO/W CONTRAST | 73702 | CPT | | | | both | | | 3506 | 241.65 | Horizon | PPO | 406.6 | | | | 210.13 | 3330.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT LOWER EXTREMITY WO/W CONTRAST | 73702 | CPT | | | | both | | | 3506 | 241.65 | Aetna | Medicare | 210.13 | | | | 210.13 | 3330.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT LOWER EXTREMITY WO/W CONTRAST | 73702 | CPT | | | | both | | | 3506 | 241.65 | Aetna | Better Health | 1106.14 | 31.55 | | | 210.13 | 3330.7 | percent of total billed charges | |
| HC CT LOWER EXTREMITY WO/W CONTRAST | 73702 | CPT | | | | both | | | 3506 | 241.65 | Three Rivers | Three Rivers | 3330.7 | 95 | | | 210.13 | 3330.7 | percent of total billed charges | |
| HC CT LOWER EXTREMITY WO/W CONTRAST | 73702 | CPT | | | | both | | | 3506 | 241.65 | Consumer | Consumer | 3330.7 | 95 | | | 210.13 | 3330.7 | percent of total billed charges | |
| HC CT LOWER EXTREMITY WO/W CONTRAST | 73702 | CPT | | | | both | | | 3506 | 241.65 | Aetna | Commercial | 1332.28 | 38 | | | 210.13 | 3330.7 | percent of total billed charges | |
| HC CT LOWER EXTREMITY WO/W CONTRAST | 73702 | CPT | | | | both | | | 3506 | 241.65 | Multiplan | Multiplan | 2804.8 | 80 | | | 210.13 | 3330.7 | percent of total billed charges | |
| HC CT LOWER EXTREMITY WO/W CONTRAST | 73702 | CPT | | | | both | | | 3506 | 241.65 | First Trenton | First Trenton | 3155.4 | 90 | | | 210.13 | 3330.7 | percent of total billed charges | |
| HC CT LOWER EXTREMITY WO/W CONTRAST | 73702 | CPT | | | | both | | | 3506 | 241.65 | WellPoint | WellPoint | 1128.23 | 32.18 | | | 210.13 | 3330.7 | percent of total billed charges | |
| HC CT LOWER EXTREMITY WO/W CONTRAST | 73702 | CPT | | | | both | | | 3506 | 241.65 | Americare | Americare | 2629.5 | 75 | | | 210.13 | 3330.7 | percent of total billed charges | |
| HC CT LOWER EXTREMITY WO/W CONTRAST | 73702 | CPT | | | | both | | | 3506 | 241.65 | First Health | First Health | 2454.2 | 70 | | | 210.13 | 3330.7 | percent of total billed charges | |
| HC CT LOWER EXTREMITY WO/W CONTRAST | 73702 | CPT | | | | both | | | 3506 | 241.65 | UHC | Medicaid | 1106.14 | 31.55 | | | 210.13 | 3330.7 | percent of total billed charges | |
| HC CT LOWER EXTREMITY WO/W CONTRAST | 73702 | CPT | | | | both | | | 3506 | 241.65 | Qualcare | Qualcare | 2629.5 | 75 | | | 210.13 | 3330.7 | percent of total billed charges | |
| HC CT LOWER EXTREMITY WO/W CONTRAST | 73702 | CPT | | | | both | | | 3506 | 241.65 | UHC | Medicare | 210.13 | | | | 210.13 | 3330.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT LOWER EXTREMITY WO/W CONTRAST | 73702 | CPT | | | | both | | | 3506 | 241.65 | Wellcare | Medicaid | 1106.14 | 31.55 | | | 210.13 | 3330.7 | percent of total billed charges | |
| HC CT LOWER EXTREMITY WO/W CONTRAST | 73702 | CPT | | | | both | | | 3506 | 241.65 | Horizon | Indemnity | 406.6 | | | | 210.13 | 3330.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT LOWER EXTREMITY WO/W CONTRAST | 73702 | CPT | | | | both | | | 3506 | 241.65 | Wellcare | Medicare | 210.13 | | | 180.4 | 210.13 | 3330.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT LOWER EXTREMITY WO/W CONTRAST | 73702 | CPT | | | | both | | | 3506 | 241.65 | Amerihealth | HMO/PPO | 217.62 | | | | 210.13 | 3330.7 | fee schedule | |
| HC CT LOWER EXTREMITY WO/W CONTRAST | 73702 | CPT | | | | both | | | 3506 | 241.65 | Horizon | NJ Health | 343 | | | | 210.13 | 3330.7 | fee schedule | |
| HC CT LOWER EXTREMITY WO/W CONTRAST | 73702 | CPT | | | | both | | | 3506 | 241.65 | Horizon | MGD | 406.6 | | | | 210.13 | 3330.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT LOWER EXTREMITY WO/W CONTRAST | 73702 | CPT | | | | both | | | 3506 | 241.65 | Managed Care Inc | Managed Care Inc | 3155.4 | 90 | | | 210.13 | 3330.7 | percent of total billed charges | |
| HC CT ANGIO LOWER EXTREMITY W/WO CONTRAST | 73706 | CPT | | | | both | | | 1795 | 241.65 | Consumer | Consumer | 1705.25 | 95 | | | 210.13 | 1705.25 | percent of total billed charges | |
| HC CT ANGIO LOWER EXTREMITY W/WO CONTRAST | 73706 | CPT | | | | both | | | 1795 | 241.65 | Horizon | PPO | 406.6 | | | | 210.13 | 1705.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO LOWER EXTREMITY W/WO CONTRAST | 73706 | CPT | | | | both | | | 1795 | 241.65 | Aetna | Better Health | 566.32 | 31.55 | | 468.4 | 210.13 | 1705.25 | percent of total billed charges | |
| HC CT ANGIO LOWER EXTREMITY W/WO CONTRAST | 73706 | CPT | | | | both | | | 1795 | 241.65 | Aetna | Medicare | 210.13 | | | 180.4 | 210.13 | 1705.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO LOWER EXTREMITY W/WO CONTRAST | 73706 | CPT | | | | both | | | 1795 | 241.65 | Aetna | Commercial | 682.1 | 38 | | 309.78 | 210.13 | 1705.25 | percent of total billed charges | |
| HC CT ANGIO LOWER EXTREMITY W/WO CONTRAST | 73706 | CPT | | | | both | | | 1795 | 241.65 | WellPoint | WellPoint | 577.63 | 32.18 | | | 210.13 | 1705.25 | percent of total billed charges | |
| HC CT ANGIO LOWER EXTREMITY W/WO CONTRAST | 73706 | CPT | | | | both | | | 1795 | 241.65 | Multiplan | Multiplan | 1436 | 80 | | | 210.13 | 1705.25 | percent of total billed charges | |
| HC CT ANGIO LOWER EXTREMITY W/WO CONTRAST | 73706 | CPT | | | | both | | | 1795 | 241.65 | Amerihealth | HMO/PPO | 217.62 | | | | 210.13 | 1705.25 | fee schedule | |
| HC CT ANGIO LOWER EXTREMITY W/WO CONTRAST | 73706 | CPT | | | | both | | | 1795 | 241.65 | Corrections | Corrections | 1436 | 80 | | | 210.13 | 1705.25 | percent of total billed charges | |
| HC CT ANGIO LOWER EXTREMITY W/WO CONTRAST | 73706 | CPT | | | | both | | | 1795 | 241.65 | First Health | First Health | 1256.5 | 70 | | | 210.13 | 1705.25 | percent of total billed charges | |
| HC CT ANGIO LOWER EXTREMITY W/WO CONTRAST | 73706 | CPT | | | | both | | | 1795 | 241.65 | Horizon | Indemnity | 406.6 | | | 356.43 | 210.13 | 1705.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO LOWER EXTREMITY W/WO CONTRAST | 73706 | CPT | | | | both | | | 1795 | 241.65 | Horizon | Medicare Blue | 210.13 | | | | 210.13 | 1705.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO LOWER EXTREMITY W/WO CONTRAST | 73706 | CPT | | | | both | | | 1795 | 241.65 | Americare | Americare | 1346.25 | 75 | | | 210.13 | 1705.25 | percent of total billed charges | |
| HC CT ANGIO LOWER EXTREMITY W/WO CONTRAST | 73706 | CPT | | | | both | | | 1795 | 241.65 | Wellcare | Medicaid | 566.32 | 31.55 | | | 210.13 | 1705.25 | percent of total billed charges | |
| HC CT ANGIO LOWER EXTREMITY W/WO CONTRAST | 73706 | CPT | | | | both | | | 1795 | 241.65 | Qualcare | Qualcare | 1346.25 | 75 | | | 210.13 | 1705.25 | percent of total billed charges | |
| HC CT ANGIO LOWER EXTREMITY W/WO CONTRAST | 73706 | CPT | | | | both | | | 1795 | 241.65 | First Trenton | First Trenton | 1615.5 | 90 | | | 210.13 | 1705.25 | percent of total billed charges | |
| HC CT ANGIO LOWER EXTREMITY W/WO CONTRAST | 73706 | CPT | | | | both | | | 1795 | 241.65 | UHC | Medicare | 210.13 | | | 199.71 | 210.13 | 1705.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO LOWER EXTREMITY W/WO CONTRAST | 73706 | CPT | | | | both | | | 1795 | 241.65 | Horizon | NJ Health | 366.52 | | | 61.82 | 210.13 | 1705.25 | fee schedule | |
| HC CT ANGIO LOWER EXTREMITY W/WO CONTRAST | 73706 | CPT | | | | both | | | 1795 | 241.65 | Horizon | MGD | 406.6 | | | 373.68 | 210.13 | 1705.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO LOWER EXTREMITY W/WO CONTRAST | 73706 | CPT | | | | both | | | 1795 | 241.65 | Three Rivers | Three Rivers | 1705.25 | 95 | | | 210.13 | 1705.25 | percent of total billed charges | |
| HC CT ANGIO LOWER EXTREMITY W/WO CONTRAST | 73706 | CPT | | | | both | | | 1795 | 241.65 | Managed Care Inc | Managed Care Inc | 1615.5 | 90 | | | 210.13 | 1705.25 | percent of total billed charges | |
| HC CT ANGIO LOWER EXTREMITY W/WO CONTRAST | 73706 | CPT | | | | both | | | 1795 | 241.65 | UHC | Medicaid | 566.32 | 31.55 | | 505.97 | 210.13 | 1705.25 | percent of total billed charges | |
| HC CT ANGIO LOWER EXTREMITY W/WO CONTRAST | 73706 | CPT | | | | both | | | 1795 | 241.65 | Wellcare | Medicare | 210.13 | | | 210.01 | 210.13 | 1705.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT LOWER EXTREMITY WO CONTRAST | 73718 | CPT | | | | both | | | 2841 | 322.28 | First Health | First Health | 1988.7 | 70 | | | 280.24 | 2698.95 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY WO CONTRAST | 73718 | CPT | | | | both | | | 2841 | 322.28 | Americare | Americare | 2130.75 | 75 | | | 280.24 | 2698.95 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY WO CONTRAST | 73718 | CPT | | | | both | | | 2841 | 322.28 | First Trenton | First Trenton | 2556.9 | 90 | | | 280.24 | 2698.95 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY WO CONTRAST | 73718 | CPT | | | | both | | | 2841 | 322.28 | Aetna | Medicare | 280.24 | | | | 280.24 | 2698.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT LOWER EXTREMITY WO CONTRAST | 73718 | CPT | | | | both | | | 2841 | 322.28 | Horizon | NJ Health | 593.88 | | | 461.38 | 280.24 | 2698.95 | fee schedule | |
| HC MRI NON-JOINT LOWER EXTREMITY WO CONTRAST | 73718 | CPT | | | | both | | | 2841 | 322.28 | Aetna | Commercial | 1079.58 | 38 | | | 280.24 | 2698.95 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY WO CONTRAST | 73718 | CPT | | | | both | | | 2841 | 322.28 | Wellcare | Medicaid | 896.34 | 31.55 | | | 280.24 | 2698.95 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY WO CONTRAST | 73718 | CPT | | | | both | | | 2841 | 322.28 | Aetna | Better Health | 896.34 | 31.55 | | | 280.24 | 2698.95 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY WO CONTRAST | 73718 | CPT | | | | both | | | 2841 | 322.28 | Multiplan | Multiplan | 2272.8 | 80 | | | 280.24 | 2698.95 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY WO CONTRAST | 73718 | CPT | | | | both | | | 2841 | 322.28 | Horizon | Medicare Blue | 280.24 | | | | 280.24 | 2698.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT LOWER EXTREMITY WO CONTRAST | 73718 | CPT | | | | both | | | 2841 | 322.28 | Managed Care Inc | Managed Care Inc | 2556.9 | 90 | | | 280.24 | 2698.95 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY WO CONTRAST | 73718 | CPT | | | | both | | | 2841 | 322.28 | Amerihealth | HMO/PPO | 294.5 | | | 88.03 | 280.24 | 2698.95 | fee schedule | |
| HC MRI NON-JOINT LOWER EXTREMITY WO CONTRAST | 73718 | CPT | | | | both | | | 2841 | 322.28 | Qualcare | Qualcare | 2130.75 | 75 | | | 280.24 | 2698.95 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY WO CONTRAST | 73718 | CPT | | | | both | | | 2841 | 322.28 | Corrections | Corrections | 2272.8 | 80 | | 562.82 | 280.24 | 2698.95 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY WO CONTRAST | 73718 | CPT | | | | both | | | 2841 | 322.28 | Wellcare | Medicare | 280.24 | | | | 280.24 | 2698.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT LOWER EXTREMITY WO CONTRAST | 73718 | CPT | | | | both | | | 2841 | 322.28 | Consumer | Consumer | 2698.95 | 95 | | | 280.24 | 2698.95 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY WO CONTRAST | 73718 | CPT | | | | both | | | 2841 | 322.28 | Horizon | MGD | 542.26 | | | 566.93 | 280.24 | 2698.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT LOWER EXTREMITY WO CONTRAST | 73718 | CPT | | | | both | | | 2841 | 322.28 | Horizon | Indemnity | 542.26 | | | 507.52 | 280.24 | 2698.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT LOWER EXTREMITY WO CONTRAST | 73718 | CPT | | | | both | | | 2841 | 322.28 | UHC | Medicaid | 896.34 | 31.55 | | 568.71 | 280.24 | 2698.95 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY WO CONTRAST | 73718 | CPT | | | | both | | | 2841 | 322.28 | Horizon | PPO | 542.26 | | | 501.35 | 280.24 | 2698.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT LOWER EXTREMITY WO CONTRAST | 73718 | CPT | | | | both | | | 2841 | 322.28 | WellPoint | WellPoint | 914.23 | 32.18 | | 254.35 | 280.24 | 2698.95 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY WO CONTRAST | 73718 | CPT | | | | both | | | 2841 | 322.28 | UHC | Medicare | 280.24 | | | 246.1 | 280.24 | 2698.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT LOWER EXTREMITY WO CONTRAST | 73718 | CPT | | | | both | | | 2841 | 322.28 | Three Rivers | Three Rivers | 2698.95 | 95 | | | 280.24 | 2698.95 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY W CONTRAST | 73719 | CPT | | | | inpatient | | | 4458 | 505.8 | First Trenton | First Trenton | 4012.2 | 90 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY W CONTRAST | 73719 | CPT | | | | inpatient | | | 4458 | 505.8 | Aetna | Better Health | 1406.5 | 31.55 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY W CONTRAST | 73719 | CPT | | | | inpatient | | | 4458 | 505.8 | Aetna | Medicare | 439.83 | | | | 341 | 4235.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT LOWER EXTREMITY W CONTRAST | 73719 | CPT | | | | inpatient | | | 4458 | 505.8 | Amerihealth | HMO/PPO | 341 | | | | 341 | 4235.1 | fee schedule | |
| HC MRI NON-JOINT LOWER EXTREMITY W CONTRAST | 73719 | CPT | | | | inpatient | | | 4458 | 505.8 | Horizon | PPO | 851.07 | | | | 341 | 4235.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT LOWER EXTREMITY W CONTRAST | 73719 | CPT | | | | inpatient | | | 4458 | 505.8 | Corrections | Corrections | 3566.4 | 80 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY W CONTRAST | 73719 | CPT | | | | inpatient | | | 4458 | 505.8 | Americare | Americare | 3343.5 | 75 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY W CONTRAST | 73719 | CPT | | | | inpatient | | | 4458 | 505.8 | First Health | First Health | 3120.6 | 70 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY W CONTRAST | 73719 | CPT | | | | inpatient | | | 4458 | 505.8 | Managed Care Inc | Managed Care Inc | 4012.2 | 90 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY W CONTRAST | 73719 | CPT | | | | inpatient | | | 4458 | 505.8 | Aetna | Commercial | 1694.04 | 38 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY W CONTRAST | 73719 | CPT | | | | inpatient | | | 4458 | 505.8 | Horizon | MGD | 851.07 | | | | 341 | 4235.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT LOWER EXTREMITY W CONTRAST | 73719 | CPT | | | | inpatient | | | 4458 | 505.8 | Horizon | Indemnity | 851.07 | | | | 341 | 4235.1 | other

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC MRI NON-JOINT LOWER EXTREMITY W CONTRAST | 73719 | CPT | | | | inpatient | | | 4458 | 505.8 | UHC | Medicare | 439.83 | | | | 341 | 4235.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT LOWER EXTREMITY W CONTRAST | 73719 | CPT | | | | inpatient | | | 4458 | 505.8 | Three Rivers | Three Rivers | 4235.1 | 95 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY W CONTRAST | 73719 | CPT | | | | inpatient | | | 4458 | 505.8 | UHC | Medicaid | 1406.5 | 31.55 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY W CONTRAST | 73719 | CPT | | | | inpatient | | | 4458 | 505.8 | Multiplan | Multiplan | 3566.4 | 80 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY W CONTRAST | 73719 | CPT | | | | inpatient | | | 4458 | 505.8 | Wellcare | Medicare | 439.83 | | | | 341 | 4235.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT LOWER EXTREMITY W CONTRAST | 73719 | CPT | | | | inpatient | | | 4458 | 505.8 | Horizon | NJ Health | 668.36 | | | | 341 | 4235.1 | fee schedule | |
| HC MRI NON-JOINT LOWER EXTREMITY W CONTRAST | 73719 | CPT | | | | inpatient | | | 4458 | 505.8 | Wellcare | Medicaid | 1406.5 | 31.55 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY W CONTRAST | 73719 | CPT | | | | inpatient | | | 4458 | 505.8 | Qualcare | Qualcare | 3343.5 | 75 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY WO/W CONTRAST | 73720 | CPT | | | | both | | | 4228.5 | 505.8 | First Health | First Health | 2969.95 | 70 | | | 439.83 | 4017.08 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY WO/W CONTRAST | 73720 | CPT | | | | both | | | 4228.5 | 505.8 | Americare | Americare | 3171.38 | 75 | | | 439.83 | 4017.08 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY WO/W CONTRAST | 73720 | CPT | | | | both | | | 4228.5 | 505.8 | UHC | Medicare | 439.83 | | | | 439.83 | 4017.08 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT LOWER EXTREMITY WO/W CONTRAST | 73720 | CPT | | | | both | | | 4228.5 | 505.8 | Aetna | Medicare | 439.83 | | | | 439.83 | 4017.08 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT LOWER EXTREMITY WO/W CONTRAST | 73720 | CPT | | | | both | | | 4228.5 | 505.8 | Aetna | Better Health | 1334.09 | 31.55 | | | 439.83 | 4017.08 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY WO/W CONTRAST | 73720 | CPT | | | | both | | | 4228.5 | 505.8 | Amerihealth | HMO/PPO | 477.4 | | | | 439.83 | 4017.08 | fee schedule | |
| HC MRI NON-JOINT LOWER EXTREMITY WO/W CONTRAST | 73720 | CPT | | | | both | | | 4228.5 | 505.8 | First Trenton | First Trenton | 3805.65 | 90 | | | 439.83 | 4017.08 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY WO/W CONTRAST | 73720 | CPT | | | | both | | | 4228.5 | 505.8 | Aetna | Commercial | 1606.83 | 38 | | | 439.83 | 4017.08 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY WO/W CONTRAST | 73720 | CPT | | | | both | | | 4228.5 | 505.8 | Horizon | Medicare Blue | 439.83 | | | | 439.83 | 4017.08 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT LOWER EXTREMITY WO/W CONTRAST | 73720 | CPT | | | | both | | | 4228.5 | 505.8 | WellPoint | WellPoint | 1360.73 | 32.18 | | 907.18 | 439.83 | 4017.08 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY WO/W CONTRAST | 73720 | CPT | | | | both | | | 4228.5 | 505.8 | Managed Care Inc | Managed Care Inc | 3805.65 | 90 | | | 439.83 | 4017.08 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY WO/W CONTRAST | 73720 | CPT | | | | both | | | 4228.5 | 505.8 | Corrections | Corrections | 3382.8 | 80 | | 889.39 | 439.83 | 4017.08 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY WO/W CONTRAST | 73720 | CPT | | | | both | | | 4228.5 | 505.8 | Consumer | Consumer | 4017.08 | 95 | | | 439.83 | 4017.08 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY WO/W CONTRAST | 73720 | CPT | | | | both | | | 4228.5 | 505.8 | Horizon | NJ Health | 588 | | | 406.02 | 439.83 | 4017.08 | fee schedule | |
| HC MRI NON-JOINT LOWER EXTREMITY WO/W CONTRAST | 73720 | CPT | | | | both | | | 4228.5 | 505.8 | Wellcare | Medicare | 439.83 | | | | 439.83 | 4017.08 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT LOWER EXTREMITY WO/W CONTRAST | 73720 | CPT | | | | both | | | 4228.5 | 505.8 | Horizon | Indemnity | 851.07 | | | 695.75 | 439.83 | 4017.08 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT LOWER EXTREMITY WO/W CONTRAST | 73720 | CPT | | | | both | | | 4228.5 | 505.8 | Multiplan | Multiplan | 3382.8 | 80 | | | 439.83 | 4017.08 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY WO/W CONTRAST | 73720 | CPT | | | | both | | | 4228.5 | 505.8 | Horizon | PPO | 851.07 | | | 684.54 | 439.83 | 4017.08 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT LOWER EXTREMITY WO/W CONTRAST | 73720 | CPT | | | | both | | | 4228.5 | 505.8 | Horizon | MGD | 851.07 | | | 731.61 | 439.83 | 4017.08 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI NON-JOINT LOWER EXTREMITY WO/W CONTRAST | 73720 | CPT | | | | both | | | 4228.5 | 505.8 | UHC | Medicaid | 1334.09 | 31.55 | | 875.07 | 439.83 | 4017.08 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY WO/W CONTRAST | 73720 | CPT | | | | both | | | 4228.5 | 505.8 | Qualcare | Qualcare | 3171.38 | 75 | | | 439.83 | 4017.08 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY WO/W CONTRAST | 73720 | CPT | | | | both | | | 4228.5 | 505.8 | Wellcare | Medicaid | 1334.09 | 31.55 | | 800.83 | 439.83 | 4017.08 | percent of total billed charges | |
| HC MRI NON-JOINT LOWER EXTREMITY WO/W CONTRAST | 73720 | CPT | | | | both | | | 4228.5 | 505.8 | Three Rivers | Three Rivers | 4017.08 | 95 | | | 439.83 | 4017.08 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY WO CONTRAST | 73721 | CPT | | | | both | | | 2764.5 | 322.28 | First Trenton | First Trenton | 2488.05 | 90 | | | 280.24 | 2626.28 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY WO CONTRAST | 73721 | CPT | | | | both | | | 2764.5 | 322.28 | Aetna | Better Health | 872.2 | 31.55 | | 556.56 | 280.24 | 2626.28 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY WO CONTRAST | 73721 | CPT | | | | both | | | 2764.5 | 322.28 | Americare | Americare | 2073.38 | 75 | | | 280.24 | 2626.28 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY WO CONTRAST | 73721 | CPT | | | | both | | | 2764.5 | 322.28 | Horizon | MGD | 542.26 | | | 502.83 | 280.24 | 2626.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI JOINT LOWER EXTREMITY WO CONTRAST | 73721 | CPT | | | | both | | | 2764.5 | 322.28 | Three Rivers | Three Rivers | 2626.28 | 95 | | | 280.24 | 2626.28 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY WO CONTRAST | 73721 | CPT | | | | both | | | 2764.5 | 322.28 | Aetna | Commercial | 1050.51 | 38 | | 379.23 | 280.24 | 2626.28 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY WO CONTRAST | 73721 | CPT | | | | both | | | 2764.5 | 322.28 | Horizon | PPO | 542.26 | | | 537.41 | 280.24 | 2626.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI JOINT LOWER EXTREMITY WO CONTRAST | 73721 | CPT | | | | both | | | 2764.5 | 322.28 | Aetna | Medicare | 280.24 | | | 338.39 | 280.24 | 2626.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI JOINT LOWER EXTREMITY WO CONTRAST | 73721 | CPT | | | | both | | | 2764.5 | 322.28 | Managed Care Inc | Managed Care Inc | 2488.05 | 90 | | | 280.24 | 2626.28 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY WO CONTRAST | 73721 | CPT | | | | both | | | 2764.5 | 322.28 | Amerihealth | HMO/PPO | 294.5 | | | | 280.24 | 2626.28 | fee schedule | |
| HC MRI JOINT LOWER EXTREMITY WO CONTRAST | 73721 | CPT | | | | both | | | 2764.5 | 322.28 | Multiplan | Multiplan | 2211.6 | 80 | | | 280.24 | 2626.28 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY WO CONTRAST | 73721 | CPT | | | | both | | | 2764.5 | 322.28 | Horizon | NJ Health | 646.8 | | | 249.53 | 280.24 | 2626.28 | fee schedule | |
| HC MRI JOINT LOWER EXTREMITY W CONTRAST | 73721 | CPT | | | | both | | | 2764.5 | 322.28 | UHC | Medicare | 280.24 | | | 244.61 | 280.24 | 2626.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI JOINT LOWER EXTREMITY W CONTRAST | 73721 | CPT | | | | both | | | 2764.5 | 322.28 | Corrections | Corrections | 2211.6 | 80 | | 562.82 | 280.24 | 2626.28 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY W CONTRAST | 73721 | CPT | | | | both | | | 2764.5 | 322.28 | Qualcare | Qualcare | 2073.38 | 75 | | | 280.24 | 2626.28 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY W CONTRAST | 73721 | CPT | | | | both | | | 2764.5 | 322.28 | Consumer | Consumer | 2626.28 | 95 | | | 280.24 | 2626.28 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY W CONTRAST | 73721 | CPT | | | | both | | | 2764.5 | 322.28 | First Health | First Health | 1935.15 | 70 | | | 280.24 | 2626.28 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY W CONTRAST | 73721 | CPT | | | | both | | | 2764.5 | 322.28 | Wellcare | Medicare | 280.24 | | | | 280.24 | 2626.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI JOINT LOWER EXTREMITY W CONTRAST | 73721 | CPT | | | | both | | | 2764.5 | 322.28 | Horizon | Medicare Blue | 280.24 | | | | 280.24 | 2626.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI JOINT LOWER EXTREMITY W CONTRAST | 73721 | CPT | | | | both | | | 2764.5 | 322.28 | Horizon | Indemnity | 542.26 | | | 455.57 | 280.24 | 2626.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI JOINT LOWER EXTREMITY W CONTRAST | 73721 | CPT | | | | both | | | 2764.5 | 322.28 | Wellcare | Medicaid | 872.2 | 31.55 | | 550.65 | 280.24 | 2626.28 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY W CONTRAST | 73721 | CPT | | | | both | | | 2764.5 | 322.28 | UHC | Medicaid | 872.2 | 31.55 | | 569.48 | 280.24 | 2626.28 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY W CONTRAST | 73721 | CPT | | | | both | | | 2764.5 | 322.28 | WellPoint | WellPoint | 889.62 | 32.18 | | 432.5 | 280.24 | 2626.28 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY W CONTRAST | 73722 | CPT | | | | outpatient | | | 4458 | 1053.08 | Aetna | Commercial | 1694.04 | 38 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY W CONTRAST | 73722 | CPT | | | | outpatient | | | 4458 | 1053.08 | First Health | First Health | 3120.6 | 70 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY W CONTRAST | 73722 | CPT | | | | outpatient | | | 4458 | 1053.08 | Amerihealth | HMO/PPO | 341 | | | | 341 | 4235.1 | fee schedule | |
| HC MRI JOINT LOWER EXTREMITY W CONTRAST | 73722 | CPT | | | | outpatient | | | 4458 | 1053.08 | Aetna | Better Health | 1406.5 | 31.55 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY W CONTRAST | 73722 | CPT | | | | outpatient | | | 4458 | 1053.08 | Horizon | Indemnity | 1771.92 | | | | 341 | 4235.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI JOINT LOWER EXTREMITY W CONTRAST | 73722 | CPT | | | | outpatient | | | 4458 | 1053.08 | UHC | Medicaid | 1406.5 | 31.55 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY W CONTRAST | 73722 | CPT | | | | outpatient | | | 4458 | 1053.08 | First Trenton | First Trenton | 4012.2 | 90 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY W CONTRAST | 73722 | CPT | | | | outpatient | | | 4458 | 1053.08 | Aetna | Medicare | 915.72 | | | | 341 | 4235.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI JOINT LOWER EXTREMITY W CONTRAST | 73722 | CPT | | | | outpatient | | | 4458 | 1053.08 | Horizon | Medicare Blue | 915.72 | | | | 341 | 4235.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI JOINT LOWER EXTREMITY W CONTRAST | 73722 | CPT | | | | outpatient | | | 4458 | 1053.08 | Multiplan | Multiplan | 3566.4 | 80 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY W CONTRAST | 73722 | CPT | | | | outpatient | | | 4458 | 1053.08 | Wellcare | Medicaid | 1406.5 | 31.55 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY W CONTRAST | 73722 | CPT | | | | outpatient | | | 4458 | 1053.08 | Americare | Americare | 3343.5 | 75 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY W CONTRAST | 73722 | CPT | | | | outpatient | | | 4458 | 1053.08 | Horizon | PPO | 1771.92 | | | | 341 | 4235.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI JOINT LOWER EXTREMITY W CONTRAST | 73722 | CPT | | | | outpatient | | | 4458 | 1053.08 | UHC | Medicare | 915.72 | | | | 341 | 4235.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI JOINT LOWER EXTREMITY W CONTRAST | 73722 | CPT | | | | outpatient | | | 4458 | 1053.08 | Managed Care Inc | Managed Care Inc | 4012.2 | 90 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY W CONTRAST | 73722 | CPT | | | | outpatient | | | 4458 | 1053.08 | Corrections | Corrections | 3566.4 | 80 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY W CONTRAST | 73722 | CPT | | | | outpatient | | | 4458 | 1053.08 | Wellcare | Medicare | 915.72 | | | | 341 | 4235.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI JOINT LOWER EXTREMITY W CONTRAST | 73722 | CPT | | | | outpatient | | | 4458 | 1053.08 | Qualcare | Qualcare | 3343.5 | 75 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY W CONTRAST | 73722 | CPT | | | | outpatient | | | 4458 | 1053.08 | WellPoint | WellPoint | 1434.58 | 32.18 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY W CONTRAST | 73722 | CPT | | | | outpatient | | | 4458 | 1053.08 | Consumer | Consumer | 4235.1 | 95 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY W CONTRAST | 73722 | CPT | | | | outpatient | | | 4458 | 1053.08 | Horizon | MGD | 1771.92 | | | | 341 | 4235.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI JOINT LOWER EXTREMITY W CONTRAST | 73722 | CPT | | | | outpatient | | | 4458 | 1053.08 | Horizon | NJ Health | 668.36 | | | | 341 | 4235.1 | fee schedule | |
| HC MRI JOINT LOWER EXTREMITY W CONTRAST | 73722 | CPT | | | | outpatient | | | 4458 | 1053.08 | Three Rivers | Three Rivers | 4235.1 | 95 | | | 341 | 4235.1 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY WO/W CONTRAST | 73723 | CPT | | | | both | | | 8439 | 505.8 | First Health | First Health | 5907.3 | 70 | | | 439.83 | 8017.05 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY WO/W CONTRAST | 73723 | CPT | | | | both | | | 8439 | 505.8 | Aetna | Commercial | 3206.82 | 38 | | 491.66 | 439.83 | 8017.05 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY WO/W CONTRAST | 73723 | CPT | | | | both | | | 8439 | 505.8 | Corrections | Corrections | 6751.2 | 80 | | | 439.83 | 8017.05 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY WO/W CONTRAST | 73723 | CPT | | | | both | | | 8439 | 505.8 | UHC | Medicaid | 2662.5 | 31.55 | | 860.75 | 439.83 | 8017.05 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY WO/W CONTRAST | 73723 | CPT | | | | both | | | 8439 | 505.8 | Aetna | Better Health | 2662.5 | 31.55 | | | 439.83 | 8017.05 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY WO/W CONTRAST | 73723 | CPT | | | | both | | | 8439 | 505.8 | Aetna | Medicare | 439.83 | | | 431.03 | 439.83 | 8017.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI JOINT LOWER EXTREMITY WO/W CONTRAST | 73723 | CPT | | | | both | | | 8439 | 505.8 | Consumer | Consumer | 8017.05 | 95 | | | 439.83 | 8017.05 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY WO/W CONTRAST | 73723 | CPT | | | | both | | | 8439 | 505.8 | WellPoint | WellPoint | 2715.67 | 32.18 | | | 439.83 | 8017.05 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY WO/W CONTRAST | 73723 | CPT | | | | both | | | 8439 | 505.8 | Three Rivers | Three Rivers | 8017.05 | 95 | | | 439.83 | 8017.05 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY WO/W CONTRAST | 73723 | CPT | | | | both | | | 8439 | 505.8 | Americare | Americare | 6329.25 | 75 | | | 439.83 | 8017.05 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY WO/W CONTRAST | 73723 | CPT | | | | both | | | 8439 | 505.8 | Horizon | NJ Health | 959.24 | | | 612.08 | 439.83 | 8017.05 | fee schedule | |
| HC MRI JOINT LOWER EXTREMITY WO/W CONTRAST | 73723 | CPT | | | | both | | | 8439 | 505.8 | Horizon | Medicare Blue | 439.83 | | | | 439.83 | 8017.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI JOINT LOWER EXTREMITY WO/W CONTRAST | 73723 | CPT | | | | both | | | 8439 | 505.8 | Horizon | Indemnity | 851.07 | | | | 439.83 | 8017.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI JOINT LOWER EXTREMITY WO/W CONTRAST | 73723 | CPT | | | | both | | | 8439 | 505.8 | Amerihealth | HMO/PPO | 477.4 | | | | 439.83 | 8017.05 | fee schedule | |
| HC MRI JOINT LOWER EXTREMITY WO/W CONTRAST | 73723 | CPT | | | | both | | | 8439 | 505.8 | First Trenton | First Trenton | 7595.1 | 90 | | | 439.83 | 8017.05 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY WO/W CONTRAST | 73723 | CPT | | | | both | | | 8439 | 505.8 | Multiplan | Multiplan | 6751.2 | 80 | | | 439.83 | 8017.05 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY WO/W CONTRAST | 73723 | CPT | | | | both | | | 8439 | 505.8 | Wellcare | Medicaid | 2662.5 | 31.55 | | | 439.83 | 8017.05 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY WO/W CONTRAST | 73723 | CPT | | | | both | | | 8439 | 505.8 | Qualcare | Qualcare | 6329.25 | 75 | | | 439.83 | 8017.05 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY WO/W CONTRAST | 73723 | CPT | | | | both | | | 8439 | 505.8 | Managed Care Inc | Managed Care Inc | 7595.1 | 90 | | | 439.83 | 8017.05 | percent of total billed charges | |
| HC MRI JOINT LOWER EXTREMITY WO/W CONTRAST | 73723 | CPT | | | | both | | | 8439 | 505.8 | Horizon | MGD | 851.07 | | | 802.69 | 439.83 | 8017.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI JOINT LOWER EXTREMITY WO/W CONTRAST | 73723 | CPT | | | | both | | | 8439 | 505.8 | UHC | Medicare | 439.83 | | | 458.31 | 439.83 | 8017.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI JOINT LOWER EXTREMITY WO/W CONTRAST | 73723 | CPT | | | | both | | | 8439 | 505.8 | Wellcare | Medicare | 439.83 | | | | 439.83 | 8017.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI JOINT LOWER EXTREMITY WO/W CONTRAST | 73723 | CPT | | | | both | | | 8439 | 505.8 | Horizon | PPO | 851.07 | | | 634.91 | 439.83 | 8017.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL | 73725 | CPT | | | | outpatient | | | 4937 | | Consumer | Consumer | 4690.15 | 95 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL | 73725 | CPT | | | | outpatient | | | 4937 | | First Trenton | First Trenton | 4443.3 | 90 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL | 73725 | CPT | | | | outpatient | | | 4937 | | First Health | First Health | 3455.9 | 70 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL | 73725 | CPT | | | | outpatient | | | 4937 | | Americare | Americare | 3702.75 | 75 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL | 73725 | CPT | | | | outpatient | | | 4937 | | Horizon | NJ Health | 646.8 | | | | 341 | 4690.15 | fee schedule | |
| HC MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL | 73725 | CPT | | | | outpatient | | | 4937 | | Aetna | Medicare | 1520.6 | 30.8 | | | 341 | 4690.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL | 73725 | CPT | | | | outpatient | | | 4937 | | Aetna | Better Health | 1557.62 | 31.55 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL | 73725 | CPT | | | | outpatient | | | 4937 | | Aetna | Commercial | 1876.06 | 38 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL | 73725 | CPT | | | | outpatient | | | 4937 | | Multiplan | Multiplan | 3949.6 | 80 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL | 73725 | CPT | | | | outpatient | | | 4937 | | Horizon | PPO | 1889.88 | 38.28 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL | 73725 | CPT | | | | outpatient | | | 4937 | | Corrections | Corrections | 3949.6 | 80 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL | 73725 | CPT | | | | outpatient | | | 4937 | | Amerihealth | HMO/PPO | 341 | | | | 341 | 4690.15 | fee schedule | |
| HC MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL | 73725 | CPT | | | | outpatient | | | 4937 | | Qualcare | Qualcare | 3702.75 | 75 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL | 73725 | CPT | | | | outpatient | | | 4937 | | Horizon | MGD | 1889.88 | 38.28 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL | 73725 | CPT | | | | outpatient | | | 4937 | | Horizon | Medicare Blue | 1481.1 | 30 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL | 73725 | CPT | | | | outpatient | | | 4937 | | Horizon | Indemnity | 1889.88 | 38.28 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL | 73725 | CPT | | | | outpatient | | | 4937 | | WellPoint | WellPoint | 1588.73 | 32.18 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL | 73725 | CPT | | | | outpatient | | | 4937 | | Managed Care Inc | Managed Care Inc | 4443.3 | 90 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL | 73725 | CPT | | | | outpatient | | | 4937 | | UHC | Medicaid | 1557.62 | 31.55 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL | 73725 | CPT | | | | outpatient | | | 4937 | | Three Rivers | Three Rivers | 4690.15 | 95 | | | 341 | 4690.15 | percent of total billed charges | |
| HC MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL | 73725 | CPT | | | | outpatient | | | 4937 | | Wellcare | Medicaid | 1557.62 | 31.55 | | | 341 | 4690.15 | percent of total billed charges | |
| HC ABDOMEN 1 VIEW; SURGICAL | 74018 | CPT | | | | both | | | 337.5 | 119.52 | Wellcare | Medicaid | 106.48 | 31.55 | | 79.04 | 31.99 | 320.63 | percent of total billed charges | |
| HC ABDOMEN 1 VIEW; SURGICAL | 74018 | CPT | | | | both | | | 337.5 | 119.52 | Aetna | Better Health | 106.48 | 31.55 | | 71.97 | 31.99 | 320.63 | percent of total billed charges | |
| HC ABDOMEN 1 VIEW; SURGICAL | 74018 | CPT | | | | both | | | 337.5 | 119.52 | Consumer | Consumer | 320.63 | 95 | | | 31.99 | 320.63 | percent of total billed charges | |
| HC ABDOMEN 1 VIEW; SURGICAL | 74018 | CPT | | | | both | | | 337.5 | 119.52 | Aetna | Commercial | 128.25 | 38 | | 51.63 | 31.99 | 320.63 | percent of total billed charges | |
| HC ABDOMEN 1 VIEW; SURGICAL | 74018 | CPT | | | | both | | | 337.5 | 119.52 | Aetna | Medicare | 103.93 | | | 50.93 | 31.99 | 320.63 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABDOMEN 1 VIEW; SURGICAL | 74018 | CPT | | | | both | | | 337.5 | 119.52 | UHC | Medicaid | 106.48 | 31.55 | | 71.35 | 31.99 | 320.63 | percent of total billed charges | |
| HC ABDOMEN 1 VIEW; SURGICAL | 74018 | CPT | | | | both | | | 337.5 | 119.52 | Amerihealth | HMO/PPO | 219.38 | 65 | | | 31.99 | 320.63 | percent of total billed charges | |
| HC ABDOMEN 1 VIEW; SURGICAL | 74018 | CPT | | | | both | | | 337.5 | 119.52 | First Health | First Health | 236.25 | 70 | | | 31.99 | 320.63 | percent of total billed charges | |
| HC ABDOMEN 1 VIEW; SURGICAL | 74018 | CPT | | | | both | | | 337.5 | 119.52 | WellPoint | WellPoint | 108.61 | 32.18 | | 51.7 | 31.99 | 320.63 | percent of total billed charges | |
| HC ABDOMEN 1 VIEW; SURGICAL | 74018 | CPT | | | | both | | | 337.5 | 119.52 | UHC | Medicare | 103.93 | | | 32.96 | 31.99 | 320.63 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABDOMEN 1 VIEW; SURGICAL | 74018 | CPT | | | | both | | | 337.5 | 119.52 | Corrections | Corrections | 270 | 80 | | 56.91 | 31.99 | 320.63 | percent of total billed charges | |
| HC ABDOMEN 1 VIEW; SURGICAL | 74018 | CPT | | | | both | | | 337.5 | 119.52 | Horizon | MGD | 201.1 | | | 74.22 | 31.99 | 320.63 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABDOMEN 1 VIEW; SURGICAL | 74018 | CPT | | | | both | | | 337.5 | 119.52 | Americare | Americare | 253.13 | 75 | | | 31.99 | 320.63 | percent of total billed charges | |
| HC ABDOMEN 1 VIEW; SURGICAL | 74018 | CPT | | | | both | | | 337.5 | 119.52 | Wellcare | Medicare | 103.93 | | | 11.86 | 31.99 | 320.63 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABDOMEN 1 VIEW; SURGICAL | 74018 | CPT | | | | both | | | 337.5 | 119.52 | Multiplan | Multiplan | 270 | 80 | | | 31.99 | 320.63 | percent of total billed charges | |
| HC ABDOMEN 1 VIEW; SURGICAL | 74018 | CPT | | | | both | | | 337.5 | 119.52 | Horizon | NJ Health | 31.99 | | | 17.64 | 31.99 | 320.63 | fee schedule | |
| HC ABDOMEN 1 VIEW; SURGICAL | 74018 | CPT | | | | both | | | 337.5 | 119.52 | First Trenton | First Trenton | 303.75 | 90 | | | 31.99 | 320.63 | percent of total billed charges | |
| HC ABDOMEN 1 VIEW; SURGICAL | 74018 | CPT | | | | both | | | 337.5 | 119.52 | Horizon | PPO | 201.1 | | | 64.71 | 31.99 | 320.63 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABDOMEN 1 VIEW; SURGICAL | 74018 | CPT | | | | both | | | 337.5 | 119.52 | Horizon | Indemnity | 201.1 | | | 46.58 | 31.99 | 320

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC ABDOMEN 2 VIEWS; PORTABLE | 74019 | CPT | | | | both | | | 626.25 | | 144.6 Horizon | Medicare Blue | 125.74 | | | 169.7 | 39.04 | 594.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABDOMEN 2 VIEWS; PORTABLE | 74019 | CPT | | | | both | | | 626.25 | | 144.6 Amerihealth | HMO/PPO | 407.06 | 65 | | | 39.04 | 594.94 | percent of total billed charges | |
| HC ABDOMEN 2 VIEWS; PORTABLE | 74019 | CPT | | | | both | | | 626.25 | | 144.6 UHC | Medicare | 125.74 | | | | 39.04 | 594.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABDOMEN 2 VIEWS; PORTABLE | 74019 | CPT | | | | both | | | 626.25 | | 144.6 Aetna | Commercial | 237.98 | 38 | | | 39.04 | 594.94 | percent of total billed charges | |
| HC ABDOMEN 2 VIEWS; PORTABLE | 74019 | CPT | | | | both | | | 626.25 | | 144.6 First Trenton | First Trenton | 563.63 | 90 | | | 39.04 | 594.94 | percent of total billed charges | |
| HC ABDOMEN 2 VIEWS; PORTABLE | 74019 | CPT | | | | both | | | 626.25 | | 144.6 Wellcare | Medicare | 125.74 | | | | 39.04 | 594.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABDOMEN 2 VIEWS; PORTABLE | 74019 | CPT | | | | both | | | 626.25 | | 144.6 First Health | First Health | 438.38 | 70 | | | 39.04 | 594.94 | percent of total billed charges | |
| HC ABDOMEN 2 VIEWS; PORTABLE | 74019 | CPT | | | | both | | | 626.25 | | 144.6 Americare | Americare | 469.69 | 75 | | | 39.04 | 594.94 | percent of total billed charges | |
| HC ABDOMEN 2 VIEWS; PORTABLE | 74019 | CPT | | | | both | | | 626.25 | | 144.6 Three Rivers | Three Rivers | 594.94 | 95 | | | 39.04 | 594.94 | percent of total billed charges | |
| HC ABDOMEN 2 VIEWS; PORTABLE | 74019 | CPT | | | | both | | | 626.25 | | 144.6 Multiplan | Multiplan | 501 | 80 | | | 39.04 | 594.94 | percent of total billed charges | |
| HC ABDOMEN 2 VIEWS; PORTABLE | 74019 | CPT | | | | both | | | 626.25 | | 144.6 UHC | Medicaid | 197.58 | 31.55 | | 156.17 | 39.04 | 594.94 | percent of total billed charges | |
| HC ABDOMEN 2 VIEWS; PORTABLE | 74019 | CPT | | | | both | | | 626.25 | | 144.6 Horizon | MGD | 243.31 | | | 224.95 | 39.04 | 594.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABDOMEN 2 VIEWS; PORTABLE | 74019 | CPT | | | | both | | | 626.25 | | 144.6 Horizon | Indemnity | 243.31 | | | | 39.04 | 594.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABDOMEN 2 VIEWS; PORTABLE | 74019 | CPT | | | | both | | | 626.25 | | 144.6 WellPoint | WellPoint | 201.53 | 32.18 | | 60.01 | 39.04 | 594.94 | percent of total billed charges | |
| HC ABDOMEN 2 VIEWS; PORTABLE | 74019 | CPT | | | | both | | | 626.25 | | 144.6 Horizon | PPO | 243.31 | | | | 39.04 | 594.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABDOMEN 2 VIEWS; PORTABLE | 74019 | CPT | | | | both | | | 626.25 | | 144.6 Consumer | Consumer | 594.94 | 95 | | | 39.04 | 594.94 | percent of total billed charges | |
| HC ABDOMEN 2 VIEWS; PORTABLE | 74019 | CPT | | | | both | | | 626.25 | | 144.6 Managed Care Inc | Managed Care Inc | 563.63 | 90 | | | 39.04 | 594.94 | percent of total billed charges | |
| HC ABDOMEN 2 VIEWS; PORTABLE | 74019 | CPT | | | | both | | | 626.25 | | 144.6 Qualcare | Qualcare | 469.69 | 75 | | | 39.04 | 594.94 | percent of total billed charges | |
| HC ABDOMEN 2 VIEWS; PORTABLE | 74019 | CPT | | | | both | | | 626.25 | | 144.6 Wellcare | Medicaid | 197.58 | 31.55 | | 104.47 | 39.04 | 594.94 | percent of total billed charges | |
| HC ABDOMEN 3+ VIEWS | 74021 | CPT | | | | outpatient | | | 501 | | 144.6 First Health | First Health | 350.7 | 70 | | | 45.69 | 475.95 | percent of total billed charges | |
| HC ABDOMEN 3+ VIEWS | 74021 | CPT | | | | outpatient | | | 501 | | 144.6 Consumer | Consumer | 475.95 | 95 | | | 45.69 | 475.95 | percent of total billed charges | |
| HC ABDOMEN 3+ VIEWS | 74021 | CPT | | | | outpatient | | | 501 | | 144.6 Aetna | Medicare | 125.74 | | | | 45.69 | 475.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABDOMEN 3+ VIEWS | 74021 | CPT | | | | outpatient | | | 501 | | 144.6 First Trenton | First Trenton | 450.9 | 90 | | | 45.69 | 475.95 | percent of total billed charges | |
| HC ABDOMEN 3+ VIEWS | 74021 | CPT | | | | outpatient | | | 501 | | 144.6 Aetna | Better Health | 158.07 | 31.55 | | | 45.69 | 475.95 | percent of total billed charges | |
| HC ABDOMEN 3+ VIEWS | 74021 | CPT | | | | outpatient | | | 501 | | 144.6 Americare | Americare | 375.75 | 75 | | | 45.69 | 475.95 | percent of total billed charges | |
| HC ABDOMEN 3+ VIEWS | 74021 | CPT | | | | outpatient | | | 501 | | 144.6 Aetna | Commercial | 190.38 | 38 | | | 45.69 | 475.95 | percent of total billed charges | |
| HC ABDOMEN 3+ VIEWS | 74021 | CPT | | | | outpatient | | | 501 | | 144.6 UHC | Medicare | 125.74 | | | | 45.69 | 475.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABDOMEN 3+ VIEWS | 74021 | CPT | | | | outpatient | | | 501 | | 144.6 UHC | Medicaid | 158.07 | 31.55 | | 152.9 | 45.69 | 475.95 | percent of total billed charges | |
| HC ABDOMEN 3+ VIEWS | 74021 | CPT | | | | outpatient | | | 501 | | 144.6 Horizon | NJ Health | 45.69 | | | | 45.69 | 475.95 | fee schedule | |
| HC ABDOMEN 3+ VIEWS | 74021 | CPT | | | | outpatient | | | 501 | | 144.6 Corrections | Corrections | 400.8 | 80 | | | 45.69 | 475.95 | percent of total billed charges | |
| HC ABDOMEN 3+ VIEWS | 74021 | CPT | | | | outpatient | | | 501 | | 144.6 Managed Care Inc | Managed Care Inc | 450.9 | 90 | | | 45.69 | 475.95 | percent of total billed charges | |
| HC ABDOMEN 3+ VIEWS | 74021 | CPT | | | | outpatient | | | 501 | | 144.6 Wellcare | Medicaid | 158.07 | 31.55 | | | 45.69 | 475.95 | percent of total billed charges | |
| HC ABDOMEN 3+ VIEWS | 74021 | CPT | | | | outpatient | | | 501 | | 144.6 Amerihealth | HMO/PPO | 325.65 | 65 | | | 45.69 | 475.95 | percent of total billed charges | |
| HC ABDOMEN 3+ VIEWS | 74021 | CPT | | | | outpatient | | | 501 | | 144.6 Horizon | MGD | 243.31 | | | | 45.69 | 475.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABDOMEN 3+ VIEWS | 74021 | CPT | | | | outpatient | | | 501 | | 144.6 Wellcare | Medicare | 125.74 | | | | 45.69 | 475.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABDOMEN 3+ VIEWS | 74021 | CPT | | | | outpatient | | | 501 | | 144.6 Horizon | PPO | 243.31 | | | | 45.69 | 475.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABDOMEN 3+ VIEWS | 74021 | CPT | | | | outpatient | | | 501 | | 144.6 Three Rivers | Three Rivers | 475.95 | 95 | | | 45.69 | 475.95 | percent of total billed charges | |
| HC ABDOMEN 3+ VIEWS | 74021 | CPT | | | | outpatient | | | 501 | | 144.6 WellPoint | WellPoint | 161.22 | 32.18 | | 25.84 | 45.69 | 475.95 | percent of total billed charges | |
| HC ABDOMEN 3+ VIEWS | 74021 | CPT | | | | outpatient | | | 501 | | 144.6 Horizon | Indemnity | 243.31 | | | | 45.69 | 475.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABDOMEN 3+ VIEWS | 74021 | CPT | | | | outpatient | | | 501 | | 144.6 Horizon | Medicare Blue | 125.74 | | | 87.47 | 45.69 | 475.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABDOMEN 3+ VIEWS | 74021 | CPT | | | | outpatient | | | 501 | | 144.6 Multiplan | Multiplan | 400.8 | 80 | | | 45.69 | 475.95 | percent of total billed charges | |
| HC ABDOMEN 3+ VIEWS | 74021 | CPT | | | | outpatient | | | 501 | | 144.6 Qualcare | Qualcare | 375.75 | 75 | | | 45.69 | 475.95 | percent of total billed charges | |
| HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE | 74022 | CPT | | | | both | | | 916.25 | | 144.6 Horizon | MGD | 243.31 | | | | 27.28 | 870.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE | 74022 | CPT | | | | both | | | 916.25 | | 144.6 Corrections | Corrections | 733 | 80 | | | 27.28 | 870.44 | percent of total billed charges | |
| HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE | 74022 | CPT | | | | both | | | 916.25 | | 144.6 Horizon | Medicare Blue | 125.74 | | | | 27.28 | 870.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE | 74022 | CPT | | | | both | | | 916.25 | | 144.6 Aetna | Medicare | 125.74 | | | | 27.28 | 870.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE | 74022 | CPT | | | | both | | | 916.25 | | 144.6 Aetna | Better Health | 289.08 | 31.55 | | | 27.28 | 870.44 | percent of total billed charges | |
| HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE | 74022 | CPT | | | | both | | | 916.25 | | 144.6 Multiplan | Multiplan | 733 | 80 | | | 27.28 | 870.44 | percent of total billed charges | |
| HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE | 74022 | CPT | | | | both | | | 916.25 | | 144.6 UHC | Medicaid | 289.08 | 31.55 | | 200.25 | 27.28 | 870.44 | percent of total billed charges | |
| HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE | 74022 | CPT | | | | both | | | 916.25 | | 144.6 Aetna | Commercial | 348.18 | 38 | | 169.84 | 27.28 | 870.44 | percent of total billed charges | |
| HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE | 74022 | CPT | | | | both | | | 916.25 | | 144.6 Wellcare | Medicaid | 289.08 | 31.55 | | 151.89 | 27.28 | 870.44 | percent of total billed charges | |
| HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE | 74022 | CPT | | | | both | | | 916.25 | | 144.6 Horizon | Indemnity | 243.31 | | | | 27.28 | 870.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE | 74022 | CPT | | | | both | | | 916.25 | | 144.6 Consumer | Consumer | 870.44 | 95 | | | 27.28 | 870.44 | percent of total billed charges | |
| HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE | 74022 | CPT | | | | both | | | 916.25 | | 144.6 Amerihealth | HMO/PPO | 27.28 | | | | 27.28 | 870.44 | fee schedule | |
| HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE | 74022 | CPT | | | | both | | | 916.25 | | 144.6 First Health | First Health | 641.38 | 70 | | | 27.28 | 870.44 | percent of total billed charges | |
| HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE | 74022 | CPT | | | | both | | | 916.25 | | 144.6 Qualcare | Qualcare | 687.19 | 75 | | | 27.28 | 870.44 | percent of total billed charges | |
| HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE | 74022 | CPT | | | | both | | | 916.25 | | 144.6 Wellcare | Medicare | 125.74 | | | | 27.28 | 870.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE | 74022 | CPT | | | | both | | | 916.25 | | 144.6 Americare | Americare | 687.19 | 75 | | | 27.28 | 870.44 | percent of total billed charges | |
| HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE | 74022 | CPT | | | | both | | | 916.25 | | 144.6 Horizon | PPO | 243.31 | | | | 27.28 | 870.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE | 74022 | CPT | | | | both | | | 916.25 | | 144.6 First Trenton | First Trenton | 824.63 | 90 | | | 27.28 | 870.44 | percent of total billed charges | |
| HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE | 74022 | CPT | | | | both | | | 916.25 | | 144.6 WellPoint | WellPoint | 294.85 | 32.18 | | | 27.28 | 870.44 | percent of total billed charges | |
| HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE | 74022 | CPT | | | | both | | | 916.25 | | 144.6 Horizon | NJ Health | 53.9 | | | | 27.28 | 870.44 | fee schedule | |
| HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE | 74022 | CPT | | | | both | | | 916.25 | | 144.6 Managed Care Inc | Managed Care Inc | 824.63 | 90 | | | 27.28 | 870.44 | percent of total billed charges | |
| HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE | 74022 | CPT | | | | both | | | 916.25 | | 144.6 Three Rivers | Three Rivers | 870.44 | 95 | | | 27.28 | 870.44 | percent of total billed charges | |
| HC ABDOMEN COMPLETE/ACUTE ABDOMEN SERIES; PORTABLE | 74022 | CPT | | | | both | | | 916.25 | | 144.6 UHC | Medicare | 125.74 | | | 80.55 | 27.28 | 870.44 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN W/O CONTRAST | 74150 | CPT | | | | both | | | 1317 | | 144.6 Americare | Americare | 987.75 | 75 | | | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT ABDOMEN W/O CONTRAST | 74150 | CPT | | | | both | | | 1317 | | 144.6 Consumer | Consumer | 1251.15 | 95 | | | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT ABDOMEN W/O CONTRAST | 74150 | CPT | | | | both | | | 1317 | | 144.6 Amerihealth | HMO/PPO | 166.78 | | | 124.87 | 125.74 | 1251.15 | fee schedule | |
| HC CT ABDOMEN W/O CONTRAST | 74150 | CPT | | | | both | | | 1317 | | 144.6 Corrections | Corrections | 1033.6 | 80 | | | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT ABDOMEN W/O CONTRAST | 74150 | CPT | | | | both | | | 1317 | | 144.6 Aetna | Medicare | 125.74 | | | 90.77 | 125.74 | 1251.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN W/O CONTRAST | 74150 | CPT | | | | both | | | 1317 | | 144.6 First Health | First Health | 921.9 | 70 | | | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT ABDOMEN W/O CONTRAST | 74150 | CPT | | | | both | | | 1317 | | 144.6 First Trenton | First Trenton | 1185.3 | 90 | | | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT ABDOMEN W/O CONTRAST | 74150 | CPT | | | | both | | | 1317 | | 144.6 Aetna | Better Health | 415.51 | 31.55 | | | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT ABDOMEN W/O CONTRAST | 74150 | CPT | | | | both | | | 1317 | | 144.6 Horizon | Indemnity | 243.31 | | | 234 | 125.74 | 1251.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN W/O CONTRAST | 74150 | CPT | | | | both | | | 1317 | | 144.6 Horizon | MGD | 243.31 | | | 234 | 125.74 | 1251.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN W/O CONTRAST | 74150 | CPT | | | | both | | | 1317 | | 144.6 Qualcare | Qualcare | 987.75 | 75 | | | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT ABDOMEN W/O CONTRAST | 74150 | CPT | | | | both | | | 1317 | | 144.6 Horizon | PPO | 243.31 | | | | 125.74 | 1251.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN W/O CONTRAST | 74150 | CPT | | | | both | | | 1317 | | 144.6 Three Rivers | Three Rivers | 1251.15 | 95 | | | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT ABDOMEN W/O CONTRAST | 74150 | CPT | | | | both | | | 1317 | | 144.6 Multiplan | Multiplan | 1053.6 | 80 | | | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT ABDOMEN W/O CONTRAST | 74150 | CPT | | | | both | | | 1317 | | 144.6 Managed Care Inc | Managed Care Inc | 1185.3 | 90 | | | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT ABDOMEN W/O CONTRAST | 74150 | CPT | | | | both | | | 1317 | | 144.6 Aetna | Commercial | 500.46 | 38 | | | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT ABDOMEN W/O CONTRAST | 74150 | CPT | | | | both | | | 1317 | | 144.6 Horizon | NJ Health | 278.73 | | | | 125.74 | 1251.15 | fee schedule | |
| HC CT ABDOMEN W/O CONTRAST | 74150 | CPT | | | | both | | | 1317 | | 144.6 Horizon | Medicare Blue | 125.74 | | | 124.98 | 125.74 | 1251.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN W/O CONTRAST | 74150 | CPT | | | | both | | | 1317 | | 144.6 Wellcare | Medicaid | 415.51 | 31.55 | | | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT ABDOMEN W/O CONTRAST | 74150 | CPT | | | | both | | | 1317 | | 144.6 UHC | Medicaid | 415.51 | 31.55 | | 299.11 | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT ABDOMEN W/O CONTRAST | 74150 | CPT | | | | both | | | 1317 | | 144.6 Wellcare | Medicare | 125.74 | | | | 125.74 | 1251.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN W/O CONTRAST | 74150 | CPT | | | | both | | | 1317 | | 144.6 UHC | Medicare | 125.74 | | | 99.68 | 125.74 | 1251.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN W/O CONTRAST | 74150 | CPT | | | | both | | | 1317 | | 144.6 WellPoint | WellPoint | 423.81 | 32.18 | | | 125.74 | 1251.15 | percent of total billed charges | |
| HC CT ABDOMEN W CONTRAST | 74160 | CPT | | | | both | | | 3725 | | 241.65 Aetna | Medicare | 210.13 | | | | 196.54 | 3538.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN W CONTRAST | 74160 | CPT | | | | both | | | 3725 | | 241.65 Wellcare | Medicare | 210.13 | | | | 196.54 | 3538.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN W CONTRAST | 74160 | CPT | | | | both | | | 3725 | | 241.65 Aetna | Commercial | 1415.5 | 38 | | 286.75 | 196.54 | 3538.75 | percent of total billed charges | |
| HC CT ABDOMEN W CONTRAST | 74160 | CPT | | | | both | | | 3725 | | 241.65 Aetna | Better Health | 1175.24 | 31.55 | | 1058.4 | 196.54 | 3538.75 | percent of total billed charges | |
| HC CT ABDOMEN W CONTRAST | 74160 | CPT | | | | both | | | 3725 | | 241.65 First Trenton | First Trenton | 3352.5 | 90 | | | 196.54 | 3538.75 | percent of total billed charges | |
| HC CT ABDOMEN W CONTRAST | 74160 | CPT | | | | both | | | 3725 | | 241.65 Consumer | Consumer | 3538.75 | 95 | | | 196.54 | 3538.75 | percent of total billed charges | |
| HC CT ABDOMEN W CONTRAST | 74160 | CPT | | | | both | | | 3725 | | 241.65 Amerihealth | HMO/PPO | 196.54 | | | | 196.54 | 3538.75 | fee schedule | |
| HC CT ABDOMEN W CONTRAST | 74160 | CPT | | | | both | | | 3725 | | 241.65 Americare | Americare | 2793.75 | 75 | | | 196.54 | 3538.75 | percent of total billed charges | |
| HC CT ABDOMEN W CONTRAST | 74160 | CPT | | | | both | | | 3725 | | 241.65 Horizon | MGD | 406.6 | | | | 196.54 | 3538.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN W CONTRAST | 74160 | CPT | | | | both | | | 3725 | | 241.65 Corrections | Corrections | 2980 | 80 | | | 196.54 | 3538.75 | percent of total billed charges | |
| HC CT ABDOMEN W CONTRAST | 74160 | CPT | | | | both | | | 3725 | | 241.65 First Health | First Health | 2607.5 | 70 | | | 196.54 | 3538.75 | percent of total billed charges | |
| HC CT ABDOMEN W CONTRAST | 74160 | CPT | | | | both | | | 3725 | | 241.65 Horizon | NJ Health | 327.93 | | | 334.13 | 196.54 | 3538.75 | fee schedule | |
| HC CT ABDOMEN W CONTRAST | 74160 | CPT | | | | both | | | 3725 | | 241.65 Managed Care Inc | Managed Care Inc | 3352.5 | 90 | | | 196.54 | 3538.75 | percent of total billed charges | |
| HC CT ABDOMEN W CONTRAST | 74160 | CPT | | | | both | | | 3725 | | 241.65 Horizon | Indemnity | 406.6 | | | | 196.54 | 3538.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN W CONTRAST | 74160 | CPT | | | | both | | | 3725 | | 241.65 Wellcare | Medicaid | 1175.24 | 31.55 | | | 196.54 | 3538.75 | percent of total billed charges | |
| HC CT ABDOMEN W CONTRAST | 74160 | CPT | | | | both | | | 3725 | | 241.65 Three Rivers | Three Rivers | 3538.75 | 95 | | | 196.54 | 3538.75 | percent of total billed charges | |
| HC CT ABDOMEN W CONTRAST | 74160 | CPT | | | | both | | | 3725 | | 241.65 UHC | Medicare | 210.13 | | | | 196.54 | 3538.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN W CONTRAST | 74160 | CPT | | | | both | | | 3725 | | 241.65 Horizon | Medicare Blue | 210.13 | | | | 196.54 | 3538.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN W CONTRAST | 74160 | CPT | | | | both | | | 3725 | | 241.65 Multiplan | Multiplan | 2980 | 80 | | | 196.54 | 3538.75 | percent of total billed charges | |
| HC CT ABDOMEN W CONTRAST | 74160 | CPT | | | | both | | | 3725 | | 241.65 Horizon | PPO | 406.6 | | | | 196.54 | 3538.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN W CONTRAST | 74160 | CPT | | | | both | | | 3725 | | 241.65 Qualcare | Qualcare | 2793.75 | 75 | | | 196.54 | 3538.75 | percent of total billed charges | |
| HC CT ABDOMEN W CONTRAST | 74160 | CPT | | | | both | | | 3725 | | 241.65 UHC | Medicaid | 1175.24 | 31.55 | | 1127.84 | 196.54 | 3538.75 | percent of total billed charges | |
| HC CT ABDOMEN W CONTRAST | 74160 | CPT | | | | both | | | 3725 | | 241.65 WellPoint | WellPoint | 1198.71 | 32.18 | | | 196.54 | 3538.75 | percent of total billed charges | |
| HC CT ABDOMEN W/O W CONTRAST | 74170 | CPT | | | | both | | | 4610 | | 241.65 Wellcare | Medicaid | 1454.46 | 31.55 | | 1377.41 | 210.13 | 4379.5 | percent of total billed charges | |
| HC CT ABDOMEN W/O W CONTRAST | 74170 | CPT | | | | both | | | 4610 | | 241.65 Amerihealth | HMO/PPO | 238.08 | | | 304.86 | 210.13 | 4379.5 | fee schedule | |
| HC CT ABDOMEN W/O W CONTRAST | 74170 | CPT | | | | both | | | 4610 | | 241.65 Aetna | Commercial | 1751.8 | 38 | | 480.68 | 210.13 | 4379.5 | percent of total billed charges | |
| HC CT ABDOMEN W/O W CONTRAST | 74170 | CPT | | | | both | | | 4610 | | 241.65 Aetna | Medicare | 210.13 | | | 725.25 | 210.13 | 4379.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN W/O W CONTRAST | 74170 | CPT | | | | both | | | 4610 | | 241.65 Horizon | Indemnity | 406.6 | | | 289.49 | 210.13 | 4379.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN W/O W CONTRAST | 74170 | CPT | | | | both | | | 4610 | | 241.65 Horizon | Medicare Blue | 210.13 | | | 161.4 | 210.13 | 4379.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN W/O W CONTRAST | 74170 | CPT | | | | both | | | 4610 | | 241.65 Corrections | Corrections | 3688 | 80 | | 1407.83 | 210.13 | 4379.5 | percent of total billed charges | |
| HC CT ABDOMEN W/O W CONTRAST | 74170 | CPT | | | | both | | | 4610 | | 241.65 Aetna | Better Health | 1454.46 | 31.55 | | 1239.29 | 210.13 | 4379.5 | percent of total billed charges | |
| HC CT ABDOMEN W/O W CONTRAST | 74170 | CPT | | | | both | | | 4610 | | 241.65 UHC | Medicaid | 1454.46 | 31.55 | | 1297.16 | 210.13 | 4379.5 | percent of total billed charges | |
| HC CT ABDOMEN W/O W CONTRAST | 74170 | CPT | | | | both | | | 4610 | | 241.65 Horizon | PPO | 406.6 | | | 382.81 | 210.13 | 4379.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN W/O W CONTRAST | 74170 | CPT | | | | both | | | 4610 | | 241.65 Horizon | NJ Health | 343 | | | 404.94 | 210.13 | 4379.5 | fee schedule | |
| HC CT ABDOMEN W/O W CONTRAST | 74170 | CPT | | | | both | | | 4610 | | 241.65 Americare | Americare | 3457.5 | 75 | | | 210.13 | 4379.5 | percent of total billed charges | |
| HC CT ABDOMEN W/O W CONTRAST | 74170 | CPT | | | | both | | | 4610 | | 241.65 First Trenton | First Trenton | 4149 | 90 | | | 210.13 | 4379.5 | percent of total billed charges | |
| HC CT ABDOMEN W/O W CONTRAST | 74170 | CPT | | | | both | | | 4610 | | 241.65 Multiplan | Multiplan | 3688 | 80 | | | 210.13 | 4379.5 | percent of total billed charges | |
| HC CT ABDOMEN W/O W CONTRAST | 74170 | CPT | | | | both | | | 4610 | | 241.65 Wellcare | Medicare | 210.13 | | | 42.02 | 210.13 | 4379.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN W/O W CONTRAST | 74170 | CPT | | | | both | | | 4610 | | 241.65 First Health | First Health | 3227 | 70 | | | 210.13 | 4379.5 | percent of total billed charges | |
| HC CT ABDOMEN W/O W CONTRAST | 74170 | CPT | | | | both | | | 4610 | | 241.65 Managed Care Inc | Managed Care Inc | 4149 | 90 | | | 210.13 | 4379.5 | percent of total billed charges | |
| HC CT ABDOMEN W/O W CONTRAST | 74170 | CPT | | | | both | | | 4610 | | 241.65 Qualcare | Qualcare | 3457.5 | 75 | | | 210.13 | 4379.5 | percent of total billed charges | |
| HC CT ABDOMEN W/O W CONTRAST | 74170 | CPT | | | | both | | | 4610 | | 241.65 Three Rivers | Three Rivers | 4379.5 | 95 | | | 210.13 | 4379.5 | percent of total billed charges | |
| HC CT ABDOMEN W/O W CONTRAST | 74170 | CPT | | | | both | | | 4610 | | 241.65 Consumer | Consumer | 4379.5 | 95 | | | 210.13 | 4379.5 | percent of total billed charges | |
| HC CT ABDOMEN W/O W CONTRAST | 74170 | CPT | | | | both | | | 4610 | | 241.65 UHC | Medicare | 210.13 | | | 213.33 | 210.13 | 4379.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN W/O W CONTRAST | 74170 | CPT | | | | both | | | 4610 | | 241.65 Horizon | MGD | 406.6 | | | 373.04 | 210.13 | 4379.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN W/O W CONTRAST | 74170 | CPT | | | | both | | | 4610 | | 241.65 WellPoint | WellPoint | 1483.5 | 32.18 | | 664.6 | 210.13 | 4379.5 | percent of total billed charges | |
| HC CT ANGIO ABDOMEN/PELVIS W/WO CONTRAST | 74174 | CPT | | | | both | | | 1907 | | 505.8 UHC | Medicare | 439.83 | | | 155.39 | 238.08 | 1811.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO ABDOMEN/PELVIS W/WO CONTRAST | 74174 | CPT | | | | both | | | 1907 | | 505.8 Aetna | Commercial | 724.66 | 38 | | 596.52 | 238.08 | 1811.65 | percent of total billed charges | |
| HC CT ANGIO ABDOMEN/PELVIS W/WO CONTRAST | 74174 | CPT | | | | both | | | 1907 | | 505.8 Horizon | NJ Health | 489.9 | | | 111.78 | 238.08 | 1811.65 | fee schedule | |
| HC CT ANGIO ABDOMEN/PELVIS W/WO CONTRAST | 74174 | CPT | | | | both | | | 1907 | | 505.8 Americare | Americare | 1430.25 | 75 | | | 238.08 | 1811.65 | percent of total billed charges | |
| HC CT ANGIO ABDOMEN/PELVIS W/WO CONTRAST | 74174 | CPT | | | | both | | | 1907 | | 505.8 First Trenton | First Trenton | 1716.3 | 90 | | | 238.08 | 1811.65 | percent of total billed charges | |
| HC CT ANGIO ABDOMEN/PELVIS W/WO CONTRAST | 74174 | CPT | | | | both | | | 1907 | | 505.8 Corrections | Corrections | 1525.6 | 80 | | | 238.08 | 1811.65 | percent of total billed charges | |
| HC CT ANGIO ABDOMEN/PELVIS W/WO CONTRAST | 74174 | CPT | | | | both | | | 1907 | | 505.8 First Health | First Health | 1334.9 | 70 | | | 238.08 | 1811.65 | percent of total billed charges | |
| HC CT ANGIO ABDOMEN/PELVIS W/WO CONTRAST | 74174 | CPT | | | | both | | | 1907 | | 505.8 Aetna | Better Health | 601.66 | 31.55 | | 417.87 | 238.08 | 1811.65 | percent of total billed charges | |
| HC CT ANGIO ABDOMEN/PELVIS W/WO CONTRAST | 74174 | CPT | | | | both | | | 1907 | | 505.8 Wellcare | Medicaid | 601.66 | 31.55 | | 559.35 | 238.08 | 1811.65 | percent of total billed charges | |
| HC CT ANGIO ABDOMEN/PELVIS W/WO CONTRAST | 74174 | CPT | | | | both | | | 1907 | | 505.8 Consumer | Consumer | 1811.65 | 95 | | | 238.08 | 1811.65 | percent of total billed charges | |
| HC CT ANGIO ABDOMEN/PELVIS W/WO CONTRAST | 74174 | CPT | | | | both | | | 1907 | | 505.8 Multiplan | Multiplan | 1525.6 | 80 | | | 238.08 | 1811.65 | percent of total billed charges | |
| HC CT ANGIO ABDOMEN/PELVIS W/WO CONTRAST | 74174 | CPT | | | | both | | | 1907 | | 505.8 Horizon | PPO | 851.07 | | | 524.57 | 238.08 | 1811.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO ABDOMEN/PELVIS W

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC CT ANGIO ABDOMEN/PELVIS W/WO CONTRAST | 74174 | CPT | | | | both | | | 1907 | | 505.8 Qualcare | Qualcare | 1430.25 | 75 | | | 238.08 | 1811.65 | percent of total billed charges | |
| HC CT ANGIO ABDOMEN/PELVIS W/WO CONTRAST | 74174 | CPT | | | | both | | | 1907 | | 505.8 Aetna | Medicare | 439.83 | | | 280.53 | 238.08 | 1811.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO ABDOMEN/PELVIS W/WO CONTRAST | 74174 | CPT | | | | both | | | 1907 | | 505.8 UHC | Medicaid | 601.66 | 31.55 | | 428.22 | 238.08 | 1811.65 | percent of total billed charges | |
| HC CT ANGIO ABDOMEN/PELVIS W/WO CONTRAST | 74174 | CPT | | | | both | | | 1907 | | 505.8 Horizon | Medicare Blue | 439.83 | | | 138.54 | 238.08 | 1811.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO ABDOMEN/PELVIS W/WO CONTRAST | 74174 | CPT | | | | both | | | 1907 | | 505.8 Wellcare | Medicare | 439.83 | | | | 238.08 | 1811.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO ABDOMEN/PELVIS W/WO CONTRAST | 74174 | CPT | | | | both | | | 1907 | | 505.8 Amerihealth | HMO/PPO | 238.08 | | | 469.19 | 238.08 | 1811.65 | fee schedule | |
| HC CT ANGIO ABDOMEN/PELVIS W/WO CONTRAST | 74174 | CPT | | | | both | | | 1907 | | 505.8 WellPoint | WellPoint | 613.67 | 32.18 | | 395.25 | 238.08 | 1811.65 | percent of total billed charges | |
| HC CT ANGIO ABDOMEN/PELVIS W/WO CONTRAST | 74174 | CPT | | | | both | | | 1907 | | 505.8 Horizon | MGD | 851.07 | | | 411.41 | 238.08 | 1811.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO ABDOMEN/PELVIS W/WO CONTRAST | 74174 | CPT | | | | both | | | 1907 | | 505.8 Three Rivers | Three Rivers | 1811.65 | 95 | | | 238.08 | 1811.65 | percent of total billed charges | |
| HC CT ANGIO ABDOMEN W CONTRAST INCL NONCONTRAST IMG | 74175 | CPT | | | | outpatient | | | 1561 | | 241.65 Qualcare | Qualcare | 1170.75 | 75 | | | 210.13 | 1482.95 | percent of total billed charges | |
| HC CT ANGIO ABDOMEN W CONTRAST INCL NONCONTRAST IMG | 74175 | CPT | | | | outpatient | | | 1561 | | 241.65 Aetna | Medicare | 210.13 | | | | 210.13 | 1482.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO ABDOMEN W CONTRAST INCL NONCONTRAST IMG | 74175 | CPT | | | | outpatient | | | 1561 | | 241.65 Horizon | Medicare Blue | 210.13 | | | | 210.13 | 1482.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO ABDOMEN W CONTRAST INCL NONCONTRAST IMG | 74175 | CPT | | | | outpatient | | | 1561 | | 241.65 Americare | Americare | 1170.75 | 75 | | | 210.13 | 1482.95 | percent of total billed charges | |
| HC CT ANGIO ABDOMEN W CONTRAST INCL NONCONTRAST IMG | 74175 | CPT | | | | outpatient | | | 1561 | | 241.65 Aetna | Better Health | 492.5 | 31.55 | | | 210.13 | 1482.95 | percent of total billed charges | |
| HC CT ANGIO ABDOMEN W CONTRAST INCL NONCONTRAST IMG | 74175 | CPT | | | | outpatient | | | 1561 | | 241.65 Aetna | Commercial | 593.18 | 38 | | | 210.13 | 1482.95 | percent of total billed charges | |
| HC CT ANGIO ABDOMEN W CONTRAST INCL NONCONTRAST IMG | 74175 | CPT | | | | outpatient | | | 1561 | | 241.65 Amerihealth | HMO/PPO | 238.08 | | | | 210.13 | 1482.95 | fee schedule | |
| HC CT ANGIO ABDOMEN W CONTRAST INCL NONCONTRAST IMG | 74175 | CPT | | | | outpatient | | | 1561 | | 241.65 Consumer | Consumer | 1482.95 | 95 | | | 210.13 | 1482.95 | percent of total billed charges | |
| HC CT ANGIO ABDOMEN W CONTRAST INCL NONCONTRAST IMG | 74175 | CPT | | | | outpatient | | | 1561 | | 241.65 UHC | Medicaid | 492.5 | 31.55 | | | 210.13 | 1482.95 | percent of total billed charges | |
| HC CT ANGIO ABDOMEN W CONTRAST INCL NONCONTRAST IMG | 74175 | CPT | | | | outpatient | | | 1561 | | 241.65 Horizon | MGD | 406.6 | | | | 210.13 | 1482.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO ABDOMEN W CONTRAST INCL NONCONTRAST IMG | 74175 | CPT | | | | outpatient | | | 1561 | | 241.65 Horizon | PPO | 406.6 | | | | 210.13 | 1482.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO ABDOMEN W CONTRAST INCL NONCONTRAST IMG | 74175 | CPT | | | | outpatient | | | 1561 | | 241.65 Multiplan | Multiplan | 1248.8 | 80 | | | 210.13 | 1482.95 | percent of total billed charges | |
| HC CT ANGIO ABDOMEN W CONTRAST INCL NONCONTRAST IMG | 74175 | CPT | | | | outpatient | | | 1561 | | 241.65 First Trenton | First Trenton | 1404.9 | 90 | | | 210.13 | 1482.95 | percent of total billed charges | |
| HC CT ANGIO ABDOMEN W CONTRAST INCL NONCONTRAST IMG | 74175 | CPT | | | | outpatient | | | 1561 | | 241.65 Corrections | Corrections | 1248.8 | 80 | | | 210.13 | 1482.95 | percent of total billed charges | |
| HC CT ANGIO ABDOMEN W CONTRAST INCL NONCONTRAST IMG | 74175 | CPT | | | | outpatient | | | 1561 | | 241.65 First Health | First Health | 1092.7 | 70 | | | 210.13 | 1482.95 | percent of total billed charges | |
| HC CT ANGIO ABDOMEN W CONTRAST INCL NONCONTRAST IMG | 74175 | CPT | | | | outpatient | | | 1561 | | 241.65 Three Rivers | Three Rivers | 1482.95 | 95 | | | 210.13 | 1482.95 | percent of total billed charges | |
| HC CT ANGIO ABDOMEN W CONTRAST INCL NONCONTRAST IMG | 74175 | CPT | | | | outpatient | | | 1561 | | 241.65 Managed Care Inc | Managed Care Inc | 1404.9 | 90 | | | 210.13 | 1482.95 | percent of total billed charges | |
| HC CT ANGIO ABDOMEN W CONTRAST INCL NONCONTRAST IMG | 74175 | CPT | | | | outpatient | | | 1561 | | 241.65 Horizon | Indemnity | 406.6 | | | | 210.13 | 1482.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO ABDOMEN W CONTRAST INCL NONCONTRAST IMG | 74175 | CPT | | | | outpatient | | | 1561 | | 241.65 WellPoint | WellPoint | 502.33 | 32.18 | | | 210.13 | 1482.95 | percent of total billed charges | |
| HC CT ANGIO ABDOMEN W CONTRAST INCL NONCONTRAST IMG | 74175 | CPT | | | | outpatient | | | 1561 | | 241.65 Horizon | NJ Health | 333.2 | | | | 210.13 | 1482.95 | fee schedule | |
| HC CT ANGIO ABDOMEN W CONTRAST INCL NONCONTRAST IMG | 74175 | CPT | | | | outpatient | | | 1561 | | 241.65 UHC | Medicare | 210.13 | | | | 210.13 | 1482.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO ABDOMEN W CONTRAST INCL NONCONTRAST IMG | 74175 | CPT | | | | outpatient | | | 1561 | | 241.65 Wellcare | Medicaid | 492.5 | 31.55 | | | 210.13 | 1482.95 | percent of total billed charges | |
| HC CT ANGIO ABDOMEN W CONTRAST INCL NONCONTRAST IMG | 74175 | CPT | | | | outpatient | | | 1561 | | 241.65 Wellcare | Medicare | 210.13 | | | | 210.13 | 1482.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN/PELVIS W/O CONTRAST | 74176 | CPT | | | | both | | | 1032 | | 322.28 Wellcare | Medicare | 280.24 | | | 65.53 | 166.78 | 980.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN/PELVIS W/O CONTRAST | 74176 | CPT | | | | both | | | 1032 | | 322.28 Horizon | PPO | 542.26 | | | 286.11 | 166.78 | 980.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN/PELVIS W/O CONTRAST | 74176 | CPT | | | | both | | | 1032 | | 322.28 Amerihealth | HMO/PPO | 166.78 | | | | 166.78 | 980.4 | fee schedule | |
| HC CT ABDOMEN/PELVIS W/O CONTRAST | 74176 | CPT | | | | both | | | 1032 | | 322.28 First Trenton | First Trenton | 928.8 | 90 | | | 166.78 | 980.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W/O CONTRAST | 74176 | CPT | | | | both | | | 1032 | | 322.28 Aetna | Better Health | 325.6 | 31.55 | | 240.49 | 166.78 | 980.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W/O CONTRAST | 74176 | CPT | | | | both | | | 1032 | | 322.28 Multiplan | Multiplan | 825.6 | 80 | | | 166.78 | 980.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W/O CONTRAST | 74176 | CPT | | | | both | | | 1032 | | 322.28 Horizon | MGD | 542.26 | | | 300.9 | 166.78 | 980.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN/PELVIS W/O CONTRAST | 74176 | CPT | | | | both | | | 1032 | | 322.28 Aetna | Medicare | 280.24 | | | 197.5 | 166.78 | 980.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN/PELVIS W/O CONTRAST | 74176 | CPT | | | | both | | | 1032 | | 322.28 Aetna | Commercial | 392.16 | 38 | | 172.13 | 166.78 | 980.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W/O CONTRAST | 74176 | CPT | | | | both | | | 1032 | | 322.28 Qualcare | Qualcare | 774 | 75 | | | 166.78 | 980.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W/O CONTRAST | 74176 | CPT | | | | both | | | 1032 | | 322.28 Horizon | NJ Health | 186.4 | | | 79.89 | 166.78 | 980.4 | fee schedule | |
| HC CT ABDOMEN/PELVIS W/O CONTRAST | 74176 | CPT | | | | both | | | 1032 | | 322.28 Horizon | Indemnity | 542.26 | | | 236.17 | 166.78 | 980.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN/PELVIS W/O CONTRAST | 74176 | CPT | | | | both | | | 1032 | | 322.28 Americare | Americare | 774 | 75 | | | 166.78 | 980.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W/O CONTRAST | 74176 | CPT | | | | both | | | 1032 | | 322.28 UHC | Medicaid | 325.6 | 31.55 | | 288.05 | 166.78 | 980.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W/O CONTRAST | 74176 | CPT | | | | both | | | 1032 | | 322.28 WellPoint | WellPoint | 332.1 | 32.18 | | 205.75 | 166.78 | 980.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W/O CONTRAST | 74176 | CPT | | | | both | | | 1032 | | 322.28 Corrections | Corrections | 825.6 | 80 | | 232.85 | 166.78 | 980.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W/O CONTRAST | 74176 | CPT | | | | both | | | 1032 | | 322.28 Consumer | Consumer | 980.4 | 95 | | | 166.78 | 980.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W/O CONTRAST | 74176 | CPT | | | | both | | | 1032 | | 322.28 Horizon | Medicare Blue | 280.24 | | | 125.73 | 166.78 | 980.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN/PELVIS W/O CONTRAST | 74176 | CPT | | | | both | | | 1032 | | 322.28 Wellcare | Medicaid | 325.6 | 31.55 | | 276.12 | 166.78 | 980.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W/O CONTRAST | 74176 | CPT | | | | both | | | 1032 | | 322.28 First Health | First Health | 722.4 | 70 | | | 166.78 | 980.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W/O CONTRAST | 74176 | CPT | | | | both | | | 1032 | | 322.28 Managed Care Inc | Managed Care Inc | 928.8 | 90 | | | 166.78 | 980.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W/O CONTRAST | 74176 | CPT | | | | both | | | 1032 | | 322.28 Three Rivers | Three Rivers | 980.4 | 95 | | | 166.78 | 980.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W/O CONTRAST | 74176 | CPT | | | | both | | | 1032 | | 322.28 UHC | Medicare | 280.24 | | | 122.71 | 166.78 | 980.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN/PELVIS W CONTRAST | 74177 | CPT | | | | both | | | 1592 | | 505.8 Horizon | MGD | 851.07 | | | 374.42 | 196.54 | 1512.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN/PELVIS W CONTRAST | 74177 | CPT | | | | both | | | 1592 | | 505.8 Horizon | Medicare Blue | 439.83 | | | 166.02 | 196.54 | 1512.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN/PELVIS W CONTRAST | 74177 | CPT | | | | both | | | 1592 | | 505.8 First Health | First Health | 1114.4 | 70 | | | 196.54 | 1512.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W CONTRAST | 74177 | CPT | | | | both | | | 1592 | | 505.8 First Trenton | First Trenton | 1432.8 | 90 | | | 196.54 | 1512.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W CONTRAST | 74177 | CPT | | | | both | | | 1592 | | 505.8 Multiplan | Multiplan | 1273.6 | 80 | | | 196.54 | 1512.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W CONTRAST | 74177 | CPT | | | | both | | | 1592 | | 505.8 Horizon | NJ Health | 295.27 | | | 86.92 | 196.54 | 1512.4 | fee schedule | |
| HC CT ABDOMEN/PELVIS W CONTRAST | 74177 | CPT | | | | both | | | 1592 | | 505.8 Aetna | Medicare | 439.83 | | | 204.18 | 196.54 | 1512.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN/PELVIS W CONTRAST | 74177 | CPT | | | | both | | | 1592 | | 505.8 Aetna | Better Health | 502.28 | 31.55 | | 411.19 | 196.54 | 1512.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W CONTRAST | 74177 | CPT | | | | both | | | 1592 | | 505.8 Qualcare | Qualcare | 1194 | 75 | | | 196.54 | 1512.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W CONTRAST | 74177 | CPT | | | | both | | | 1592 | | 505.8 UHC | Medicare | 439.83 | | | 211.36 | 196.54 | 1512.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN/PELVIS W CONTRAST | 74177 | CPT | | | | both | | | 1592 | | 505.8 Three Rivers | Three Rivers | 1512.4 | 95 | | | 196.54 | 1512.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W CONTRAST | 74177 | CPT | | | | both | | | 1592 | | 505.8 Horizon | PPO | 851.07 | | | 340.46 | 196.54 | 1512.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN/PELVIS W CONTRAST | 74177 | CPT | | | | both | | | 1592 | | 505.8 Wellcare | Medicaid | 502.28 | 31.55 | | 381.74 | 196.54 | 1512.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W CONTRAST | 74177 | CPT | | | | both | | | 1592 | | 505.8 WellPoint | WellPoint | 512.31 | 32.18 | | 315.65 | 196.54 | 1512.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W CONTRAST | 74177 | CPT | | | | both | | | 1592 | | 505.8 Consumer | Consumer | 1512.4 | 95 | | | 196.54 | 1512.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W CONTRAST | 74177 | CPT | | | | both | | | 1592 | | 505.8 Aetna | Commercial | 604.96 | 38 | | 256.48 | 196.54 | 1512.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W CONTRAST | 74177 | CPT | | | | both | | | 1592 | | 505.8 Corrections | Corrections | 1273.6 | 80 | | 367.98 | 196.54 | 1512.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W CONTRAST | 74177 | CPT | | | | both | | | 1592 | | 505.8 Managed Care Inc | Managed Care Inc | 1432.8 | 90 | | | 196.54 | 1512.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W CONTRAST | 74177 | CPT | | | | both | | | 1592 | | 505.8 Horizon | Indemnity | 851.07 | | | 319.34 | 196.54 | 1512.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN/PELVIS W CONTRAST | 74177 | CPT | | | | both | | | 1592 | | 505.8 Americare | Americare | 1194 | 75 | | | 196.54 | 1512.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W CONTRAST | 74177 | CPT | | | | both | | | 1592 | | 505.8 Wellcare | Medicare | 439.83 | | | 181.78 | 196.54 | 1512.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN/PELVIS W CONTRAST | 74177 | CPT | | | | both | | | 1592 | | 505.8 UHC | Medicaid | 502.28 | 31.55 | | 397.14 | 196.54 | 1512.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W CONTRAST | 74177 | CPT | | | | both | | | 1592 | | 505.8 Amerihealth | HMO/PPO | 196.54 | | | 171.89 | 196.54 | 1512.4 | fee schedule | |
| HC CT ABDOMEN/PELVIS W/O W CONTRAST 1/> BODY REGIONS | 74178 | CPT | | | | both | | | 1772 | | 505.8 Amerihealth | HMO/PPO | 238.08 | | | 509.37 | 238.08 | 1683.4 | fee schedule | |
| HC CT ABDOMEN/PELVIS W/O W CONTRAST 1/> BODY REGIONS | 74178 | CPT | | | | both | | | 1772 | | 505.8 Horizon | Indemnity | 851.07 | | | 760.64 | 238.08 | 1683.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN/PELVIS W/O W CONTRAST 1/> BODY REGIONS | 74178 | CPT | | | | both | | | 1772 | | 505.8 Aetna | Commercial | 673.36 | 38 | | 606.67 | 238.08 | 1683.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W/O W CONTRAST 1/> BODY REGIONS | 74178 | CPT | | | | both | | | 1772 | | 505.8 First Health | First Health | 1240.4 | 70 | | | 238.08 | 1683.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W/O W CONTRAST 1/> BODY REGIONS | 74178 | CPT | | | | both | | | 1772 | | 505.8 Aetna | Better Health | 569.07 | 31.55 | | 534.78 | 238.08 | 1683.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W/O W CONTRAST 1/> BODY REGIONS | 74178 | CPT | | | | both | | | 1772 | | 505.8 First Trenton | First Trenton | 1594.8 | 90 | | | 238.08 | 1683.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W/O W CONTRAST 1/> BODY REGIONS | 74178 | CPT | | | | both | | | 1772 | | 505.8 Horizon | Medicare Blue | 439.83 | | | 592.64 | 238.08 | 1683.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN/PELVIS W/O W CONTRAST 1/> BODY REGIONS | 74178 | CPT | | | | both | | | 1772 | | 505.8 Americare | Americare | 1329 | 75 | | | 238.08 | 1683.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W/O W CONTRAST 1/> BODY REGIONS | 74178 | CPT | | | | both | | | 1772 | | 505.8 Aetna | Medicare | 439.83 | | | 430.78 | 238.08 | 1683.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN/PELVIS W/O W CONTRAST 1/> BODY REGIONS | 74178 | CPT | | | | both | | | 1772 | | 505.8 Qualcare | Qualcare | 1329 | 75 | | | 238.08 | 1683.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W/O W CONTRAST 1/> BODY REGIONS | 74178 | CPT | | | | both | | | 1772 | | 505.8 Three Rivers | Three Rivers | 1683.4 | 95 | | | 238.08 | 1683.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W/O W CONTRAST 1/> BODY REGIONS | 74178 | CPT | | | | both | | | 1772 | | 505.8 Horizon | MGD | 851.07 | | | 756.92 | 238.08 | 1683.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN/PELVIS W/O W CONTRAST 1/> BODY REGIONS | 74178 | CPT | | | | both | | | 1772 | | 505.8 Horizon | NJ Health | 374.48 | | | 355.83 | 238.08 | 1683.4 | fee schedule | |
| HC CT ABDOMEN/PELVIS W/O W CONTRAST 1/> BODY REGIONS | 74178 | CPT | | | | both | | | 1772 | | 505.8 Managed Care Inc | Managed Care Inc | 1594.8 | 90 | | | 238.08 | 1683.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W/O W CONTRAST 1/> BODY REGIONS | 74178 | CPT | | | | both | | | 1772 | | 505.8 Horizon | PPO | 851.07 | | | 737.75 | 238.08 | 1683.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN/PELVIS W/O W CONTRAST 1/> BODY REGIONS | 74178 | CPT | | | | both | | | 1772 | | 505.8 Consumer | Consumer | 1683.4 | 95 | | | 238.08 | 1683.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W/O W CONTRAST 1/> BODY REGIONS | 74178 | CPT | | | | both | | | 1772 | | 505.8 Wellcare | Medicare | 439.83 | | | 86.8 | 238.08 | 1683.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN/PELVIS W/O W CONTRAST 1/> BODY REGIONS | 74178 | CPT | | | | both | | | 1772 | | 505.8 UHC | Medicaid | 559.07 | 31.55 | | 547.13 | 238.08 | 1683.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W/O W CONTRAST 1/> BODY REGIONS | 74178 | CPT | | | | both | | | 1772 | | 505.8 Multiplan | Multiplan | 1417.6 | 80 | | | 238.08 | 1683.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W/O W CONTRAST 1/> BODY REGIONS | 74178 | CPT | | | | both | | | 1772 | | 505.8 UHC | Medicare | 439.83 | | | 318.08 | 238.08 | 1683.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ABDOMEN/PELVIS W/O W CONTRAST 1/> BODY REGIONS | 74178 | CPT | | | | both | | | 1772 | | 505.8 Corrections | Corrections | 1417.6 | 80 | | 546.78 | 238.08 | 1683.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W/O W CONTRAST 1/> BODY REGIONS | 74178 | CPT | | | | both | | | 1772 | | 505.8 Wellcare | Medicaid | 559.07 | 31.55 | | 513.42 | 238.08 | 1683.4 | percent of total billed charges | |
| HC CT ABDOMEN/PELVIS W/O W CONTRAST 1/> BODY REGIONS | 74178 | CPT | | | | both | | | 1772 | | 505.8 WellPoint | WellPoint | 570.23 | 32.18 | | 344.35 | 238.08 | 1683.4 | percent of total billed charges | |
| HC MRI ABDOMEN W/O CONTRAST | 74181 | CPT | | | | both | | | 6082 | | 322.28 Amerihealth | HMO/PPO | 294.5 | | | | 280.24 | 5777.9 | fee schedule | |
| HC MRI ABDOMEN W/O CONTRAST | 74181 | CPT | | | | both | | | 6082 | | 322.28 Aetna | Better Health | 1918.87 | 31.55 | | | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI ABDOMEN W/O CONTRAST | 74181 | CPT | | | | both | | | 6082 | | 322.28 UHC | Medicare | 280.24 | | | 938.7 | 280.24 | 5777.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ABDOMEN W/O CONTRAST | 74181 | CPT | | | | both | | | 6082 | | 322.28 Corrections | Corrections | 4865.6 | 80 | | | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI ABDOMEN W/O CONTRAST | 74181 | CPT | | | | both | | | 6082 | | 322.28 Americare | Americare | 4561.5 | 75 | | | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI ABDOMEN W/O CONTRAST | 74181 | CPT | | | | both | | | 6082 | | 322.28 Aetna | Commercial | 2311.16 | 38 | | | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI ABDOMEN W/O CONTRAST | 74181 | CPT | | | | both | | | 6082 | | 322.28 Horizon | Indemnity | 542.26 | | | | 280.24 | 5777.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ABDOMEN W/O CONTRAST | 74181 | CPT | | | | both | | | 6082 | | 322.28 Horizon | PPO | 542.26 | | | 498.98 | 280.24 | 5777.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ABDOMEN W/O CONTRAST | 74181 | CPT | | | | both | | | 6082 | | 322.28 Horizon | NJ Health | 646.8 | | | 219.65 | 280.24 | 5777.9 | fee schedule | |
| HC MRI ABDOMEN W/O CONTRAST | 74181 | CPT | | | | both | | | 6082 | | 322.28 Aetna | Medicare | 280.24 | | | | 280.24 | 5777.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ABDOMEN W/O CONTRAST | 74181 | CPT | | | | both | | | 6082 | | 322.28 Wellcare | Medicaid | 1918.87 | 31.55 | | | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI ABDOMEN W/O CONTRAST | 74181 | CPT | | | | both | | | 6082 | | 322.28 First Trenton | First Trenton | 5473.8 | 90 | | | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI ABDOMEN W/O CONTRAST | 74181 | CPT | | | | both | | | 6082 | | 322.28 Three Rivers | Three Rivers | 5777.9 | 95 | | | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI ABDOMEN W/O CONTRAST | 74181 | CPT | | | | both | | | 6082 | | 322.28 Multiplan | Multiplan | 4865.6 | 80 | | | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI ABDOMEN W/O CONTRAST | 74181 | CPT | | | | both | | | 6082 | | 322.28 Wellcare | Medicare | 280.24 | | | | 280.24 | 5777.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ABDOMEN W/O CONTRAST | 74181 | CPT | | | | both | | | 6082 | | 322.28 Qualcare | Qualcare | 4561.5 | 75 | | | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI ABDOMEN W/O CONTRAST | 74181 | CPT | | | | both | | | 6082 | | 322.28 WellPoint | WellPoint | 1957.19 | 32.18 | | 1790.6 | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI ABDOMEN W/O CONTRAST | 74181 | CPT | | | | both | | | 6082 | | 322.28 Consumer | Consumer | 5777.9 | 95 | | | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI ABDOMEN W/O CONTRAST | 74181 | CPT | | | | both | | | 6082 | | 322.28 Horizon | MGD | 542.26 | | | 884.71 | 280.24 | 5777.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ABDOMEN W/O CONTRAST | 74181 | CPT | | | | both | | | 6082 | | 322.28 First Health | First Health | 4257.4 | 70 | | | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI ABDOMEN W/O CONTRAST | 74181 | CPT | | | | both | | | 6082 | | 322.28 Managed Care Inc | Managed Care Inc | 5473.8 | 90 | | | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI ABDOMEN W/O CONTRAST | 74181 | CPT | | | | both | | | 6082 | | 322.28 Horizon | Medicare Blue | 280.24 | | | 508.27 | 280.24 | 5777.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ABDOMEN W/O CONTRAST | 74181 | CPT | | | | both | | | 6082 | | 322.28 UHC | Medicaid | 1918.87 | 31.55 | | 1918.87 | 280.24 | 5777.9 | percent of total billed charges | |
| HC MRI ABDOMEN W CONTRAST | 74182 | CPT | | | | both | | | 3520 | | 505.8 Consumer | Consumer | 3344 | 95 | | | 341 | 3344 | percent of total billed charges | |
| HC MRI ABDOMEN W CONTRAST | 74182 | CPT | | | | both | | | 3520 | | 505.8 Wellcare | Medicare | 439.83 | | | | 341 | 3344 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ABDOMEN W CONTRAST | 74182 | CPT | | | | both | | | 3520 | | 505.8 Aetna | Better Health | 1110.56 | 31.55 | | | 341 | 3344 | percent of total billed charges | |
| HC MRI ABDOMEN W CONTRAST | 74182 | CPT | | | | both | | | 3520 | | 505.8 First Trenton | First Trenton | 3168 | 90 | | | 341 | 3344 | percent of total billed charges | |
| HC MRI ABDOMEN W CONTRAST | 74182 | CPT | | | | both | | | 3520 | | 505.8 First Health | First Health | 2464 | 70 | | | 341 | 3344 | percent of total billed charges | |
| HC MRI ABDOMEN W CONTRAST | 74182 | CPT | | | | both | | | 3520 | | 505.8 Multiplan | Multiplan | 2816 | 80 | | | 341 | 3344 | percent of total billed charges | |
| HC MRI ABDOMEN W CONTRAST | 74182 | CPT | | | | both | | | 3520 | | 505.8 Aetna | Medicare | 439.83 | | | | 341 | 3344 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ABDOMEN W CONTRAST | 74182 | CPT | | | | both | | | 3520 | | 505.8 Americare | Americare | 2640 | 75 | | | 341 | 3344 | percent of total billed charges | |
| HC MRI ABDOMEN W CONTRAST | 74182 | CPT | | | | both | | | 3520 | | 505.8 Corrections | Corrections | 2816 | 80 | | | 341 | 3344 | percent of total billed charges | |
| HC MRI ABDOMEN W CONTRAST | 74182 | CPT | | | | both | | | 3520 | | 505.8 Qualcare | Qualcare | 2640 | 75 | | | 341 | 3344 | percent of total billed charges | |
| HC MRI ABDOMEN W CONTRAST | 74182 | CPT | | | | both | | | 3520 | | 505.8 Aetna | Commercial | 1337.6 | 38 | | | 341 | 3344 | percent of total billed charges | |
| HC MRI ABDOMEN W CONTRAST | 74182 | CPT | | | | both | | | 3520 | | 505.8 Managed Care Inc | Managed Care Inc | 3168 | 90 | | | 341 | 3344 | percent of total billed charges | |
| HC MRI ABDOMEN W CONTRAST | 74182 | CPT | | | | both | | | 3520 | | 505.8 Wellcare | Medicaid | 1110.56 | 31.55 | | | 341 | 3344 | percent of total billed charges | |
| HC MRI ABDOMEN W CONTRAST | 74182 | CPT | | | | both | | | 3520 | | 505.8 UHC | Medicaid | 1110.56 | 31.55 | | | 341 | 3344 | percent of total billed charges | |
| HC MRI ABDOMEN W CONTRAST | 74182 | CPT | | | | both | | | 3520 | | 505.8 UHC | Medicare | 439.83 | | | | 341 | 3344 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ABDOMEN W CONTRAST | 74182 | CPT | | | | both | | | 3520 | | 505.8 Amerihealth | HMO/PPO | 341 | | | | 341 | 3344 | fee schedule |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC MRI ABDOMEN WO/W CONTRAST | 74183 | CPT | | | | both | | | 4087 | 505.8 | Consumer | Consumer | 3882.65 | 95 | | | 439.83 | 3882.65 | percent of total billed charges | |
| HC MRI ABDOMEN WO/W CONTRAST | 74183 | CPT | | | | both | | | 4087 | 505.8 | Aetna | Commercial | 1553.06 | 38 | | 657.5 | 439.83 | 3882.65 | percent of total billed charges | |
| HC MRI ABDOMEN WO/W CONTRAST | 74183 | CPT | | | | both | | | 4087 | 505.8 | First Health | First Health | 2860.9 | 70 | | | 439.83 | 3882.65 | percent of total billed charges | |
| HC MRI ABDOMEN WO/W CONTRAST | 74183 | CPT | | | | both | | | 4087 | 505.8 | Aetna | Better Health | 1289.45 | 31.55 | | 1083.83 | 439.83 | 3882.65 | percent of total billed charges | |
| HC MRI ABDOMEN WO/W CONTRAST | 74183 | CPT | | | | both | | | 4087 | 505.8 | Horizon | NJ Health | 960.95 | | | 936.68 | 439.83 | 3882.65 | fee schedule | |
| HC MRI ABDOMEN WO/W CONTRAST | 74183 | CPT | | | | both | | | 4087 | 505.8 | UHC | Medicare | 439.83 | | | 408.52 | 439.83 | 3882.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ABDOMEN WO/W CONTRAST | 74183 | CPT | | | | both | | | 4087 | 505.8 | Corrections | Corrections | 3269.6 | 80 | | 1244.05 | 439.83 | 3882.65 | percent of total billed charges | |
| HC MRI ABDOMEN WO/W CONTRAST | 74183 | CPT | | | | both | | | 4087 | 505.8 | Americare | Americare | 3065.25 | 75 | | | 439.83 | 3882.65 | percent of total billed charges | |
| HC MRI ABDOMEN WO/W CONTRAST | 74183 | CPT | | | | both | | | 4087 | 505.8 | Wellcare | Medicare | 439.83 | | | 366.19 | 439.83 | 3882.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ABDOMEN WO/W CONTRAST | 74183 | CPT | | | | both | | | 4087 | 505.8 | Aetna | Medicare | 439.83 | | | 443.62 | 439.83 | 3882.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ABDOMEN WO/W CONTRAST | 74183 | CPT | | | | both | | | 4087 | 505.8 | Horizon | Medicare Blue | 439.83 | | | 419.47 | 439.83 | 3882.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ABDOMEN WO/W CONTRAST | 74183 | CPT | | | | both | | | 4087 | 505.8 | Horizon | Indemnity | 851.07 | | | 842.09 | 439.83 | 3882.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ABDOMEN WO/W CONTRAST | 74183 | CPT | | | | both | | | 4087 | 505.8 | UHC | Medicaid | 1289.45 | 31.55 | | 1181.02 | 439.83 | 3882.65 | percent of total billed charges | |
| HC MRI ABDOMEN WO/W CONTRAST | 74183 | CPT | | | | both | | | 4087 | 505.8 | Wellcare | Medicaid | 1289.45 | 31.55 | | 1191.58 | 439.83 | 3882.65 | percent of total billed charges | |
| HC MRI ABDOMEN WO/W CONTRAST | 74183 | CPT | | | | both | | | 4087 | 505.8 | Horizon | PPO | 851.07 | | | 649.16 | 439.83 | 3882.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI ABDOMEN WO/W CONTRAST | 74183 | CPT | | | | both | | | 4087 | 505.8 | Amerihealth | HMO/PPO | 477.4 | | | 589.04 | 439.83 | 3882.65 | fee schedule | |
| HC MRI ABDOMEN WO/W CONTRAST | 74183 | CPT | | | | both | | | 4087 | 505.8 | Multiplan | Multiplan | 3269.6 | 80 | | | 439.83 | 3882.65 | percent of total billed charges | |
| HC MRI ABDOMEN WO/W CONTRAST | 74183 | CPT | | | | both | | | 4087 | 505.8 | WellPoint | WellPoint | 1315.2 | 32.18 | | 705.69 | 439.83 | 3882.65 | percent of total billed charges | |
| HC MRI ABDOMEN WO/W CONTRAST | 74183 | CPT | | | | both | | | 4087 | 505.8 | Qualcare | Qualcare | 3065.25 | 75 | | | 439.83 | 3882.65 | percent of total billed charges | |
| HC MRI ABDOMEN WO/W CONTRAST | 74183 | CPT | | | | both | | | 4087 | 505.8 | First Trenton | First Trenton | 3678.3 | 90 | | | 439.83 | 3882.65 | percent of total billed charges | |
| HC MRI ABDOMEN WO/W CONTRAST | 74183 | CPT | | | | both | | | 4087 | 505.8 | Three Rivers | Three Rivers | 3882.65 | 95 | | | 439.83 | 3882.65 | percent of total billed charges | |
| HC MRI ABDOMEN WO/W CONTRAST | 74183 | CPT | | | | both | | | 4087 | 505.8 | Managed Care Inc | Managed Care Inc | 3678.3 | 90 | | | 439.83 | 3882.65 | percent of total billed charges | |
| HC MRA ABDOMEN W/WO CONTRAST MATERIAL | 74185 | CPT | | | | outpatient | | | 4937 | | Aetna | Better Health | 1557.62 | 31.55 | | | 274.4 | 4690.15 | percent of total billed charges | |
| HC MRA ABDOMEN W/WO CONTRAST MATERIAL | 74185 | CPT | | | | outpatient | | | 4937 | | First Health | First Health | 3455.9 | 70 | | | 274.4 | 4690.15 | percent of total billed charges | |
| HC MRA ABDOMEN W/WO CONTRAST MATERIAL | 74185 | CPT | | | | outpatient | | | 4937 | | Americare | Americare | 3702.75 | 75 | | | 274.4 | 4690.15 | percent of total billed charges | |
| HC MRA ABDOMEN W/WO CONTRAST MATERIAL | 74185 | CPT | | | | outpatient | | | 4937 | | Horizon | Medicare Blue | 1481.1 | 30 | | | 274.4 | 4690.15 | percent of total billed charges | |
| HC MRA ABDOMEN W/WO CONTRAST MATERIAL | 74185 | CPT | | | | outpatient | | | 4937 | | Corrections | Corrections | 3949.6 | 80 | | | 274.4 | 4690.15 | percent of total billed charges | |
| HC MRA ABDOMEN W/WO CONTRAST MATERIAL | 74185 | CPT | | | | outpatient | | | 4937 | | Aetna | Commercial | 1876.06 | 38 | | | 274.4 | 4690.15 | percent of total billed charges | |
| HC MRA ABDOMEN W/WO CONTRAST MATERIAL | 74185 | CPT | | | | outpatient | | | 4937 | | Horizon | MGD | 1889.88 | 38.28 | | | 274.4 | 4690.15 | percent of total billed charges | |
| HC MRA ABDOMEN W/WO CONTRAST MATERIAL | 74185 | CPT | | | | outpatient | | | 4937 | | Amerihealth | HMO/PPO | 341 | | | | 274.4 | 4690.15 | fee schedule | |
| HC MRA ABDOMEN W/WO CONTRAST MATERIAL | 74185 | CPT | | | | outpatient | | | 4937 | | Consumer | Consumer | 4690.15 | 95 | | | 274.4 | 4690.15 | percent of total billed charges | |
| HC MRA ABDOMEN W/WO CONTRAST MATERIAL | 74185 | CPT | | | | outpatient | | | 4937 | | Aetna | Medicare | 1520.6 | 30.8 | | | 274.4 | 4690.15 | percent of total billed charges | |
| HC MRA ABDOMEN W/WO CONTRAST MATERIAL | 74185 | CPT | | | | outpatient | | | 4937 | | Wellcare | Medicaid | 1557.62 | 31.55 | | | 274.4 | 4690.15 | percent of total billed charges | |
| HC MRA ABDOMEN W/WO CONTRAST MATERIAL | 74185 | CPT | | | | outpatient | | | 4937 | | Multiplan | Multiplan | 3949.6 | 80 | | | 274.4 | 4690.15 | percent of total billed charges | |
| HC MRA ABDOMEN W/WO CONTRAST MATERIAL | 74185 | CPT | | | | outpatient | | | 4937 | | Horizon | Indemnity | 1889.88 | 38.28 | | | 274.4 | 4690.15 | percent of total billed charges | |
| HC MRA ABDOMEN W/WO CONTRAST MATERIAL | 74185 | CPT | | | | outpatient | | | 4937 | | Qualcare | Qualcare | 3702.75 | 75 | | | 274.4 | 4690.15 | percent of total billed charges | |
| HC MRA ABDOMEN W/WO CONTRAST MATERIAL | 74185 | CPT | | | | outpatient | | | 4937 | | First Trenton | First Trenton | 4443.3 | 90 | | | 274.4 | 4690.15 | percent of total billed charges | |
| HC MRA ABDOMEN W/WO CONTRAST MATERIAL | 74185 | CPT | | | | outpatient | | | 4937 | | UHC | Medicaid | 1557.62 | 31.55 | | | 274.4 | 4690.15 | percent of total billed charges | |
| HC MRA ABDOMEN W/WO CONTRAST MATERIAL | 74185 | CPT | | | | outpatient | | | 4937 | | WellPoint | WellPoint | 1588.73 | 32.18 | | | 274.4 | 4690.15 | percent of total billed charges | |
| HC MRA ABDOMEN W/WO CONTRAST MATERIAL | 74185 | CPT | | | | outpatient | | | 4937 | | Horizon | NJ Health | 274.4 | | | | 274.4 | 4690.15 | fee schedule | |
| HC MRA ABDOMEN W/WO CONTRAST MATERIAL | 74185 | CPT | | | | outpatient | | | 4937 | | Horizon | PPO | 1889.88 | 38.28 | | | 274.4 | 4690.15 | percent of total billed charges | |
| HC MRA ABDOMEN W/WO CONTRAST MATERIAL | 74185 | CPT | | | | outpatient | | | 4937 | | Managed Care Inc | Managed Care Inc | 4443.3 | 90 | | | 274.4 | 4690.15 | percent of total billed charges | |
| HC MRA ABDOMEN W/WO CONTRAST MATERIAL | 74185 | CPT | | | | outpatient | | | 4937 | | Three Rivers | Three Rivers | 4690.15 | 95 | | | 274.4 | 4690.15 | percent of total billed charges | |
| HC ESOPHAGUS SINGLE CONTRAST STUDY | 74220 | CPT | | | | both | | | 695 | 241.65 | Corrections | Corrections | 556 | 80 | | | 41.54 | 660.25 | percent of total billed charges | |
| HC ESOPHAGUS SINGLE CONTRAST STUDY | 74220 | CPT | | | | both | | | 695 | 241.65 | Aetna | Better Health | 219.27 | 31.55 | | | 41.54 | 660.25 | percent of total billed charges | |
| HC ESOPHAGUS SINGLE CONTRAST STUDY | 74220 | CPT | | | | both | | | 695 | 241.65 | Multiplan | Multiplan | 556 | 80 | | | 41.54 | 660.25 | percent of total billed charges | |
| HC ESOPHAGUS SINGLE CONTRAST STUDY | 74220 | CPT | | | | both | | | 695 | 241.65 | First Trenton | First Trenton | 625.5 | 90 | | | 41.54 | 660.25 | percent of total billed charges | |
| HC ESOPHAGUS SINGLE CONTRAST STUDY | 74220 | CPT | | | | both | | | 695 | 241.65 | Wellcare | Medicaid | 219.27 | 31.55 | | 209.68 | 41.54 | 660.25 | percent of total billed charges | |
| HC ESOPHAGUS SINGLE CONTRAST STUDY | 74220 | CPT | | | | both | | | 695 | 241.65 | First Health | First Health | 486.5 | 70 | | | 41.54 | 660.25 | percent of total billed charges | |
| HC ESOPHAGUS SINGLE CONTRAST STUDY | 74220 | CPT | | | | both | | | 695 | 241.65 | Aetna | Commercial | 264.1 | 38 | | 334.11 | 41.54 | 660.25 | percent of total billed charges | |
| HC ESOPHAGUS SINGLE CONTRAST STUDY | 74220 | CPT | | | | both | | | 695 | 241.65 | Aetna | Medicare | 210.13 | | | 206.77 | 41.54 | 660.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGUS SINGLE CONTRAST STUDY | 74220 | CPT | | | | both | | | 695 | 241.65 | Horizon | MGD | 406.6 | | | 321.63 | 41.54 | 660.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGUS SINGLE CONTRAST STUDY | 74220 | CPT | | | | both | | | 695 | 241.65 | Amerihealth | HMO/PPO | 41.54 | | | | 41.54 | 660.25 | fee schedule | |
| HC ESOPHAGUS SINGLE CONTRAST STUDY | 74220 | CPT | | | | both | | | 695 | 241.65 | Qualcare | Qualcare | 521.25 | 75 | | | 41.54 | 660.25 | percent of total billed charges | |
| HC ESOPHAGUS SINGLE CONTRAST STUDY | 74220 | CPT | | | | both | | | 695 | 241.65 | Managed Care Inc | Managed Care Inc | 625.5 | 90 | | | 41.54 | 660.25 | percent of total billed charges | |
| HC ESOPHAGUS SINGLE CONTRAST STUDY | 74220 | CPT | | | | both | | | 695 | 241.65 | Horizon | NJ Health | 54.88 | | | 50.91 | 41.54 | 660.25 | fee schedule | |
| HC ESOPHAGUS SINGLE CONTRAST STUDY | 74220 | CPT | | | | both | | | 695 | 241.65 | UHC | Medicaid | 219.27 | 31.55 | | 198.18 | 41.54 | 660.25 | percent of total billed charges | |
| HC ESOPHAGUS SINGLE CONTRAST STUDY | 74220 | CPT | | | | both | | | 695 | 241.65 | Americare | Americare | 521.25 | 75 | | | 41.54 | 660.25 | percent of total billed charges | |
| HC ESOPHAGUS SINGLE CONTRAST STUDY | 74220 | CPT | | | | both | | | 695 | 241.65 | Horizon | Indemnity | 406.6 | | | | 41.54 | 660.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGUS SINGLE CONTRAST STUDY | 74220 | CPT | | | | both | | | 695 | 241.65 | Horizon | PPO | 406.6 | | | | 41.54 | 660.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGUS SINGLE CONTRAST STUDY | 74220 | CPT | | | | both | | | 695 | 241.65 | Horizon | Medicare Blue | 210.13 | | | 166.7 | 41.54 | 660.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGUS SINGLE CONTRAST STUDY | 74220 | CPT | | | | both | | | 695 | 241.65 | Consumer | Consumer | 660.25 | 95 | | | 41.54 | 660.25 | percent of total billed charges | |
| HC ESOPHAGUS SINGLE CONTRAST STUDY | 74220 | CPT | | | | both | | | 695 | 241.65 | Wellcare | Medicare | 210.13 | | | | 41.54 | 660.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGUS SINGLE CONTRAST STUDY | 74220 | CPT | | | | both | | | 695 | 241.65 | Three Rivers | Three Rivers | 660.25 | 95 | | | 41.54 | 660.25 | percent of total billed charges | |
| HC ESOPHAGUS SINGLE CONTRAST STUDY | 74220 | CPT | | | | both | | | 695 | 241.65 | WellPoint | WellPoint | 223.65 | 32.18 | | 203.27 | 41.54 | 660.25 | percent of total billed charges | |
| HC ESOPHAGUS SINGLE CONTRAST STUDY | 74220 | CPT | | | | both | | | 695 | 241.65 | UHC | Medicare | 210.13 | | | 143.76 | 41.54 | 660.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGUS DOUBLE CONTRAST STUDY | 74221 | CPT | | | | outpatient | | | 733 | 241.65 | Amerihealth | HMO/PPO | 476.45 | 65 | | | 95.79 | 696.35 | percent of total billed charges | |
| HC ESOPHAGUS DOUBLE CONTRAST STUDY | 74221 | CPT | | | | outpatient | | | 733 | 241.65 | Aetna | Commercial | 278.54 | 38 | | | 95.79 | 696.35 | percent of total billed charges | |
| HC ESOPHAGUS DOUBLE CONTRAST STUDY | 74221 | CPT | | | | outpatient | | | 733 | 241.65 | Consumer | Consumer | 696.35 | 95 | | | 95.79 | 696.35 | percent of total billed charges | |
| HC ESOPHAGUS DOUBLE CONTRAST STUDY | 74221 | CPT | | | | outpatient | | | 733 | 241.65 | First Health | First Health | 513.1 | 70 | | | 95.79 | 696.35 | percent of total billed charges | |
| HC ESOPHAGUS DOUBLE CONTRAST STUDY | 74221 | CPT | | | | outpatient | | | 733 | 241.65 | First Trenton | First Trenton | 659.7 | 90 | | | 95.79 | 696.35 | percent of total billed charges | |
| HC ESOPHAGUS DOUBLE CONTRAST STUDY | 74221 | CPT | | | | outpatient | | | 733 | 241.65 | Aetna | Medicare | 210.13 | | | | 95.79 | 696.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGUS DOUBLE CONTRAST STUDY | 74221 | CPT | | | | outpatient | | | 733 | 241.65 | Americare | Americare | 549.75 | 75 | | | 95.79 | 696.35 | percent of total billed charges | |
| HC ESOPHAGUS DOUBLE CONTRAST STUDY | 74221 | CPT | | | | outpatient | | | 733 | 241.65 | Aetna | Better Health | 231.26 | 31.55 | | | 95.79 | 696.35 | percent of total billed charges | |
| HC ESOPHAGUS DOUBLE CONTRAST STUDY | 74221 | CPT | | | | outpatient | | | 733 | 241.65 | Qualcare | Qualcare | 549.75 | 75 | | | 95.79 | 696.35 | percent of total billed charges | |
| HC ESOPHAGUS DOUBLE CONTRAST STUDY | 74221 | CPT | | | | outpatient | | | 733 | 241.65 | Horizon | MGD | 406.6 | | | | 95.79 | 696.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGUS DOUBLE CONTRAST STUDY | 74221 | CPT | | | | outpatient | | | 733 | 241.65 | Corrections | Corrections | 586.4 | 80 | | | 95.79 | 696.35 | percent of total billed charges | |
| HC ESOPHAGUS DOUBLE CONTRAST STUDY | 74221 | CPT | | | | outpatient | | | 733 | 241.65 | Wellcare | Medicaid | 231.26 | 31.55 | | | 95.79 | 696.35 | percent of total billed charges | |
| HC ESOPHAGUS DOUBLE CONTRAST STUDY | 74221 | CPT | | | | outpatient | | | 733 | 241.65 | Managed Care Inc | Managed Care Inc | 699.7 | 90 | | | 95.79 | 696.35 | percent of total billed charges | |
| HC ESOPHAGUS DOUBLE CONTRAST STUDY | 74221 | CPT | | | | outpatient | | | 733 | 241.65 | Horizon | Medicare Blue | 210.13 | | | | 95.79 | 696.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGUS DOUBLE CONTRAST STUDY | 74221 | CPT | | | | outpatient | | | 733 | 241.65 | Horizon | NJ Health | 95.79 | | | 182.66 | 95.79 | 696.35 | fee schedule | |
| HC ESOPHAGUS DOUBLE CONTRAST STUDY | 74221 | CPT | | | | outpatient | | | 733 | 241.65 | Horizon | PPO | 406.6 | | | | 95.79 | 696.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGUS DOUBLE CONTRAST STUDY | 74221 | CPT | | | | outpatient | | | 733 | 241.65 | UHC | Medicaid | 231.26 | 31.55 | | | 95.79 | 696.35 | percent of total billed charges | |
| HC ESOPHAGUS DOUBLE CONTRAST STUDY | 74221 | CPT | | | | outpatient | | | 733 | 241.65 | WellPoint | WellPoint | 235.88 | 32.18 | | | 95.79 | 696.35 | percent of total billed charges | |
| HC ESOPHAGUS DOUBLE CONTRAST STUDY | 74221 | CPT | | | | outpatient | | | 733 | 241.65 | Horizon | Indemnity | 406.6 | | | | 95.79 | 696.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGUS DOUBLE CONTRAST STUDY | 74221 | CPT | | | | outpatient | | | 733 | 241.65 | Wellcare | Medicare | 210.13 | | | | 95.79 | 696.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGUS DOUBLE CONTRAST STUDY | 74221 | CPT | | | | outpatient | | | 733 | 241.65 | Multiplan | Multiplan | 586.4 | 80 | | | 95.79 | 696.35 | percent of total billed charges | |
| HC ESOPHAGUS DOUBLE CONTRAST STUDY | 74221 | CPT | | | | outpatient | | | 733 | 241.65 | UHC | Medicare | 210.13 | | | | 95.79 | 696.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGUS DOUBLE CONTRAST STUDY | 74221 | CPT | | | | outpatient | | | 733 | 241.65 | Three Rivers | Three Rivers | 696.35 | 95 | | | 95.79 | 696.35 | percent of total billed charges | |
| HC SWALLOW FUNCTION CONTRAST STUDY | 74230 | CPT | | | | both | | | 678 | 241.65 | Consumer | Consumer | 644.1 | 95 | | | 47.74 | 644.1 | percent of total billed charges | |
| HC SWALLOW FUNCTION CONTRAST STUDY | 74230 | CPT | | | | both | | | 678 | 241.65 | Amerihealth | HMO/PPO | 47.74 | | | 239.12 | 47.74 | 644.1 | fee schedule | |
| HC SWALLOW FUNCTION CONTRAST STUDY | 74230 | CPT | | | | both | | | 678 | 241.65 | Americare | Americare | 508.5 | 75 | | | 47.74 | 644.1 | percent of total billed charges | |
| HC SWALLOW FUNCTION CONTRAST STUDY | 74230 | CPT | | | | both | | | 678 | 241.65 | Aetna | Medicare | 210.13 | | | 225.42 | 47.74 | 644.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SWALLOW FUNCTION CONTRAST STUDY | 74230 | CPT | | | | both | | | 678 | 241.65 | Aetna | Better Health | 213.91 | 31.55 | | | 47.74 | 644.1 | percent of total billed charges | |
| HC SWALLOW FUNCTION CONTRAST STUDY | 74230 | CPT | | | | both | | | 678 | 241.65 | First Trenton | First Trenton | 610.2 | 90 | | | 47.74 | 644.1 | percent of total billed charges | |
| HC SWALLOW FUNCTION CONTRAST STUDY | 74230 | CPT | | | | both | | | 678 | 241.65 | Multiplan | Multiplan | 542.4 | 80 | | | 47.74 | 644.1 | percent of total billed charges | |
| HC SWALLOW FUNCTION CONTRAST STUDY | 74230 | CPT | | | | both | | | 678 | 241.65 | First Health | First Health | 474.6 | 70 | | | 47.74 | 644.1 | percent of total billed charges | |
| HC SWALLOW FUNCTION CONTRAST STUDY | 74230 | CPT | | | | both | | | 678 | 241.65 | Horizon | Indemnity | 406.6 | | | | 47.74 | 644.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SWALLOW FUNCTION CONTRAST STUDY | 74230 | CPT | | | | both | | | 678 | 241.65 | Horizon | NJ Health | 79.44 | | | 76.93 | 47.74 | 644.1 | fee schedule | |
| HC SWALLOW FUNCTION CONTRAST STUDY | 74230 | CPT | | | | both | | | 678 | 241.65 | Three Rivers | Three Rivers | 644.1 | 95 | | | 47.74 | 644.1 | percent of total billed charges | |
| HC SWALLOW FUNCTION CONTRAST STUDY | 74230 | CPT | | | | both | | | 678 | 241.65 | Corrections | Corrections | 542.4 | 80 | | 207.01 | 47.74 | 644.1 | percent of total billed charges | |
| HC SWALLOW FUNCTION CONTRAST STUDY | 74230 | CPT | | | | both | | | 678 | 241.65 | Aetna | Commercial | 257.64 | 38 | | 334.11 | 47.74 | 644.1 | percent of total billed charges | |
| HC SWALLOW FUNCTION CONTRAST STUDY | 74230 | CPT | | | | both | | | 678 | 241.65 | Horizon | MGD | 406.6 | | | 309.66 | 47.74 | 644.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SWALLOW FUNCTION CONTRAST STUDY | 74230 | CPT | | | | both | | | 678 | 241.65 | Qualcare | Qualcare | 508.5 | 75 | | | 47.74 | 644.1 | percent of total billed charges | |
| HC SWALLOW FUNCTION CONTRAST STUDY | 74230 | CPT | | | | both | | | 678 | 241.65 | Wellcare | Medicaid | 213.91 | 31.55 | | 192.6 | 47.74 | 644.1 | percent of total billed charges | |
| HC SWALLOW FUNCTION CONTRAST STUDY | 74230 | CPT | | | | both | | | 678 | 241.65 | Wellcare | Medicare | 210.13 | | | | 47.74 | 644.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SWALLOW FUNCTION CONTRAST STUDY | 74230 | CPT | | | | both | | | 678 | 241.65 | UHC | Medicaid | 213.91 | 31.55 | | 203.5 | 47.74 | 644.1 | percent of total billed charges | |
| HC SWALLOW FUNCTION CONTRAST STUDY | 74230 | CPT | | | | both | | | 678 | 241.65 | Horizon | Medicare Blue | 210.13 | | | 142.69 | 47.74 | 644.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SWALLOW FUNCTION CONTRAST STUDY | 74230 | CPT | | | | both | | | 678 | 241.65 | Horizon | PPO | 406.6 | | | 388.77 | 47.74 | 644.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SWALLOW FUNCTION CONTRAST STUDY | 74230 | CPT | | | | both | | | 678 | 241.65 | WellPoint | WellPoint | 218.18 | 32.18 | | 206.89 | 47.74 | 644.1 | percent of total billed charges | |
| HC SWALLOW FUNCTION CONTRAST STUDY | 74230 | CPT | | | | both | | | 678 | 241.65 | Managed Care Inc | Managed Care Inc | 610.2 | 90 | | | 47.74 | 644.1 | percent of total billed charges | |
| HC SWALLOW FUNCTION CONTRAST STUDY | 74230 | CPT | | | | both | | | 678 | 241.65 | UHC | Medicare | 210.13 | | | 157.06 | 47.74 | 644.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UPPER GI SINGLE CONTRAST STUDY | 74240 | CPT | | | | both | | | 999 | 241.65 | Aetna | Better Health | 315.18 | 31.55 | | | 56.42 | 949.05 | percent of total billed charges | |
| HC UPPER GI SINGLE CONTRAST STUDY | 74240 | CPT | | | | both | | | 999 | 241.65 | UHC | Medicare | 210.13 | | | | 56.42 | 949.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UPPER GI SINGLE CONTRAST STUDY | 74240 | CPT | | | | both | | | 999 | 241.65 | Aetna | Medicare | 210.13 | | | | 56.42 | 949.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UPPER GI SINGLE CONTRAST STUDY | 74240 | CPT | | | | both | | | 999 | 241.65 | Consumer | Consumer | 949.05 | 95 | | | 56.42 | 949.05 | percent of total billed charges | |
| HC UPPER GI SINGLE CONTRAST STUDY | 74240 | CPT | | | | both | | | 999 | 241.65 | Aetna | Commercial | 379.62 | 38 | | 300.7 | 56.42 | 949.05 | percent of total billed charges | |
| HC UPPER GI SINGLE CONTRAST STUDY | 74240 | CPT | | | | both | | | 999 | 241.65 | First Trenton | First Trenton | 899.1 | 90 | | | 56.42 | 949.05 | percent of total billed charges | |
| HC UPPER GI SINGLE CONTRAST STUDY | 74240 | CPT | | | | both | | | 999 | 241.65 | Amerihealth | HMO/PPO | 56.42 | | | | 56.42 | 949.05 | fee schedule | |
| HC UPPER GI SINGLE CONTRAST STUDY | 74240 | CPT | | | | both | | | 999 | 241.65 | First Health | First Health | 699.3 | 70 | | | 56.42 | 949.05 | percent of total billed charges | |
| HC UPPER GI SINGLE CONTRAST STUDY | 74240 | CPT | | | | both | | | 999 | 241.65 | Corrections | Corrections | 799.2 | 80 | | | 56.42 | 949.05 | percent of total billed charges | |
| HC UPPER GI SINGLE CONTRAST STUDY | 74240 | CPT | | | | both | | | 999 | 241.65 | Horizon | Indemnity | 406.6 | | | | 56.42 | 949.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UPPER GI SINGLE CONTRAST STUDY | 74240 | CPT | | | | both | | | 999 | 241.65 | Americare | Americare | 749.25 | 75 | | | 56.42 | 949.05 | percent of total billed charges | |
| HC UPPER GI SINGLE CONTRAST STUDY | 74240 | CPT | | | | both | | | 999 | 241.65 | Managed Care Inc | Managed Care Inc | 899.1 | 90 | | | 56.42 | 949.05 | percent of total billed charges | |
| HC UPPER GI SINGLE CONTRAST STUDY | 74240 | CPT | | | | both | | | 999 | 241.65 | Horizon | Medicare Blue | 210.13 | | | | 56.42 | 949.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UPPER GI SINGLE CONTRAST STUDY | 74240 | CPT | | | | both | | | 999 | 241.65 | Horizon | PPO | 406.6 | | | | 56.42 | 949.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UPPER GI SINGLE CONTRAST STUDY | 74240 | CPT | | | | both | | | 999 | 241.65 | Horizon | MGD | 406.6 | | | 231.1 | 56.42 | 949.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UPPER GI SINGLE CONTRAST STUDY | 74240 | CPT | | | | both | | | 999 | 241.65 | WellPoint | WellPoint | 321.48 | 32.18 | | | 56.42 | 949.05 | percent of total billed charges | |
| HC UPPER GI SINGLE CONTRAST STUDY | 74240 | CPT | | | | both | | | 999 | 241.65 | Three Rivers | Three Rivers | 949.05 | 95 | | | 56.42 | 949.05 | percent of total billed charges | |
| HC UPPER GI SINGLE CONTRAST STUDY | 74240 | CPT | | | | both | | | 999 | 241.65 | Horizon | NJ Health | 93.84 | | | 39.48 | 56.42 | 949.05 | fee schedule | |
| HC UPPER GI SINGLE CONTRAST STUDY | 74240 | CPT | | | | both | | | 999 | 241.65 | UHC | Medicaid | 315.18 | 31.55 | | | 56.42 | 949.05 | percent of total billed charges | |
| HC UPPER GI SINGLE CONTRAST STUDY | 74240 | CPT | | | | both | | | 999 | 241.65 | Multiplan | Multiplan | 799.2 | 80 | | | 56.42 | 949.05 | percent of total billed charges | |
| HC UPPER GI SINGLE CONTRAST STUDY | 74240 | CPT | | | | both | | | 999 | 241.65 | Wellcare | Medicaid | 315.18 | 31.55 | | | 56.42 | 949.05 | percent of total billed charges | |
| HC UPPER GI SINGLE CONTRAST STUDY | 74240 | CPT | | | | both | | | 999 | 241.65 | Qualcare | Qualcare | 749.25 | 75 | | | 56.42 | 949.05 | percent of total billed charges | |
| HC UPPER GI SINGLE CONTRAST STUDY | 74240 | CPT | | | | both | | | 999 | 241.65 | Wellcare | Medicare | 210.13 | | | | 56.42 | 949.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UPPER GI DOUBLE CONTRAST STUDY | 74246 | CPT | | | | both | | | 999 | 241.65 | Corrections | Corrections | 799.2 | 80 | | | 60.14 | 949.05 | percent of total billed charges | |
| HC UPPER GI DOUBLE CONTRAST STUDY | 74246 | CPT | | | | both | | | 999 | 241.65 | Americare | Americare | 749.25 | 75 | | | 60.14 | 949.05 | percent of total billed charges | |
| HC UPPER GI DOUBLE CONTRAST STUDY | 74246 | CPT | | | | both | | | 999 | 241.65 | Amerihealth | HMO/PPO | 60.14 | | | | 60.14 | 949.05 | fee schedule | |
| HC UPPER GI DOUBLE CONTRAST STUDY | 74246 | CPT | | | | both | | | 999 | 241.65 | Aetna | Medicare | 210.13 | | | | 60.14 | 949.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UPPER GI DOUBLE CONTRAST STUDY | 74246 | CPT | | | | both | | | 999 | 241.65 | Aetna | Better Health | 315.18 | 31.55 | | | 60.14 | 949.05 | percent of total billed charges | |
| HC UPPER GI DOUBLE CONTRAST STUDY | 74246 | CPT | | | | both | | | 999 | 241.65 | WellPoint | WellPoint | 321.48 | 32.18 | | 298.4 | 60.14 | 949.05 | percent of total billed charges | |
| HC UPPER GI DOUBLE CONTRAST STUDY | 74246 | CPT | | | | both | | | 999 | 241.65 | Aetna | Commercial | 379.62 | 38 | | | 60.14 | 949.05 | percent of total billed charges | |
| HC UPPER GI DOUBLE CONTRAST STUDY | 74246 | CPT | | | | both | | | 999 | 241.65 | Horizon | NJ Health | 100.88 | | | 83.72 | 60.14 | 949.05 | fee schedule | |
| HC UPPER GI DOUBLE CONTRAST STUDY | 74246 | CPT | | | | both | | | 999 | 241.65 | Wellcare | Medicare | 210.13 | | | | 60.14 | 949.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UPPER GI DOUBLE CONTRAST STUDY | 74246 | CPT | | | | both | | | 999 | 241.65 | Multiplan | Multiplan | 799.2 | 80 | | | 60.14 | 949.05 | percent of total billed charges | |
| HC UPPER GI DOUBLE CONTRAST STUDY | 74246 | CPT | | | | both | | | 999 | 241.65 | First Health | First Health | 699.3 | 70 | | | 60.14 | 949.05 | percent of total billed charges | |
| HC UPPER GI DOUBLE CONTRAST STUDY | 74246 | CPT | | | | both | | | 999 | 241.65 | First Trenton | First Trenton | 899.1 | 90 | | | 60.14 | 949.05 | percent of total billed charges | |
| HC UPPER GI DOUBLE CONTRAST STUDY | 74246 | CPT | | | | both | | | 999 | 241.65 | Consumer | Consumer | 949.05 | 95 | | | 60.14 | 949.05 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numTo the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC UPPER GI DOUBLE CONTRAST STUDY | 74246 | CPT | | | | both | | | 999 | 241.65 | Qualcare | Qualcare | 749.25 | 75 | | | 60.14 | 949.05 | percent of total billed charges | |
| HC UPPER GI DOUBLE CONTRAST STUDY | 74246 | CPT | | | | both | | | 999 | 241.65 | Horizon | Indemnity | 406.6 | | | | 60.14 | 949.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UPPER GI DOUBLE CONTRAST STUDY | 74246 | CPT | | | | both | | | 999 | 241.65 | Horizon | MGD | 406.6 | | | 388.62 | 60.14 | 949.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UPPER GI DOUBLE CONTRAST STUDY | 74246 | CPT | | | | both | | | 999 | 241.65 | Wellcare | Medicaid | 315.18 | 31.55 | | 283.63 | 60.14 | 949.05 | percent of total billed charges | |
| HC UPPER GI DOUBLE CONTRAST STUDY | 74246 | CPT | | | | both | | | 999 | 241.65 | Three Rivers | Three Rivers | 949.05 | 95 | | | 60.14 | 949.05 | percent of total billed charges | |
| HC UPPER GI DOUBLE CONTRAST STUDY | 74246 | CPT | | | | both | | | 999 | 241.65 | Horizon | Medicare Blue | 210.13 | | | | 60.14 | 949.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UPPER GI DOUBLE CONTRAST STUDY | 74246 | CPT | | | | both | | | 999 | 241.65 | Horizon | PPO | 406.6 | | | | 60.14 | 949.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UPPER GI DOUBLE CONTRAST STUDY | 74246 | CPT | | | | both | | | 999 | 241.65 | UHC | Medicaid | 315.18 | 31.55 | | 304 | 60.14 | 949.05 | percent of total billed charges | |
| HC UPPER GI DOUBLE CONTRAST STUDY | 74246 | CPT | | | | both | | | 999 | 241.65 | Managed Care Inc | Managed Care Inc | 899.1 | 90 | | | 60.14 | 949.05 | percent of total billed charges | |
| HC UPPER GI DOUBLE CONTRAST STUDY | 74246 | CPT | | | | both | | | 999 | 241.65 | UHC | Medicare | 210.13 | | | 207.07 | 60.14 | 949.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SMALL INTESTINE FOLLOW-THROUGH STUDY | 74248 | CPT | | | | both | | | 711 | | Aetna | Better Health | 224.32 | 31.55 | | | 72.13 | 675.45 | percent of total billed charges | |
| HC SMALL INTESTINE FOLLOW-THROUGH STUDY | 74248 | CPT | | | | both | | | 711 | | Horizon | MGD | 272.17 | 38.28 | | 231.1 | 72.13 | 675.45 | percent of total billed charges | |
| HC SMALL INTESTINE FOLLOW-THROUGH STUDY | 74248 | CPT | | | | both | | | 711 | | Americare | Americare | 533.25 | 75 | | | 72.13 | 675.45 | percent of total billed charges | |
| HC SMALL INTESTINE FOLLOW-THROUGH STUDY | 74248 | CPT | | | | both | | | 711 | | Horizon | Indemnity | 272.17 | 38.28 | | | 72.13 | 675.45 | percent of total billed charges | |
| HC SMALL INTESTINE FOLLOW-THROUGH STUDY | 74248 | CPT | | | | both | | | 711 | | Aetna | Medicare | 218.99 | 30.8 | | | 72.13 | 675.45 | percent of total billed charges | |
| HC SMALL INTESTINE FOLLOW-THROUGH STUDY | 74248 | CPT | | | | both | | | 711 | | Aetna | Commercial | 270.18 | 38 | | | 72.13 | 675.45 | percent of total billed charges | |
| HC SMALL INTESTINE FOLLOW-THROUGH STUDY | 74248 | CPT | | | | both | | | 711 | | UHC | Medicaid | 224.32 | 31.55 | | | 72.13 | 675.45 | percent of total billed charges | |
| HC SMALL INTESTINE FOLLOW-THROUGH STUDY | 74248 | CPT | | | | both | | | 711 | | Consumer | Consumer | 675.45 | 95 | | | 72.13 | 675.45 | percent of total billed charges | |
| HC SMALL INTESTINE FOLLOW-THROUGH STUDY | 74248 | CPT | | | | both | | | 711 | | Corrections | Corrections | 568.8 | 80 | | | 72.13 | 675.45 | percent of total billed charges | |
| HC SMALL INTESTINE FOLLOW-THROUGH STUDY | 74248 | CPT | | | | both | | | 711 | | First Health | First Health | 497.7 | 70 | | | 72.13 | 675.45 | percent of total billed charges | |
| HC SMALL INTESTINE FOLLOW-THROUGH STUDY | 74248 | CPT | | | | both | | | 711 | | First Trenton | First Trenton | 639.9 | 90 | | | 72.13 | 675.45 | percent of total billed charges | |
| HC SMALL INTESTINE FOLLOW-THROUGH STUDY | 74248 | CPT | | | | both | | | 711 | | Amerihealth | HMO/PPO | 462.15 | 65 | | | 72.13 | 675.45 | percent of total billed charges | |
| HC SMALL INTESTINE FOLLOW-THROUGH STUDY | 74248 | CPT | | | | both | | | 711 | | Wellcare | Medicaid | 224.32 | 31.55 | | | 72.13 | 675.45 | percent of total billed charges | |
| HC SMALL INTESTINE FOLLOW-THROUGH STUDY | 74248 | CPT | | | | both | | | 711 | | Horizon | Medicare Blue | 213.3 | 30 | | | 72.13 | 675.45 | percent of total billed charges | |
| HC SMALL INTESTINE FOLLOW-THROUGH STUDY | 74248 | CPT | | | | both | | | 711 | | Horizon | PPO | 272.17 | 38.28 | | | 72.13 | 675.45 | percent of total billed charges | |
| HC SMALL INTESTINE FOLLOW-THROUGH STUDY | 74248 | CPT | | | | both | | | 711 | | Horizon | NJ Health | 72.13 | | | 39.48 | 72.13 | 675.45 | fee schedule | |
| HC SMALL INTESTINE FOLLOW-THROUGH STUDY | 74248 | CPT | | | | both | | | 711 | | Managed Care Inc | Managed Care Inc | 639.9 | 90 | | | 72.13 | 675.45 | percent of total billed charges | |
| HC SMALL INTESTINE FOLLOW-THROUGH STUDY | 74248 | CPT | | | | both | | | 711 | | WellPoint | WellPoint | 228.8 | 32.18 | | | 72.13 | 675.45 | percent of total billed charges | |
| HC SMALL INTESTINE FOLLOW-THROUGH STUDY | 74248 | CPT | | | | both | | | 711 | | Three Rivers | Three Rivers | 675.45 | 95 | | | 72.13 | 675.45 | percent of total billed charges | |
| HC SMALL INTESTINE FOLLOW-THROUGH STUDY | 74248 | CPT | | | | both | | | 711 | | Multiplan | Multiplan | 568.8 | 80 | | | 72.13 | 675.45 | percent of total billed charges | |
| HC SMALL INTESTINE FOLLOW-THROUGH STUDY | 74248 | CPT | | | | both | | | 711 | | Qualcare | Qualcare | 533.25 | 75 | | | 72.13 | 675.45 | percent of total billed charges | |
| HC SMALL INTESTINE SINGLE CONTRAST STUDY | 74250 | CPT | | | | outpatient | | | 725 | 241.65 | Aetna | Medicare | 210.13 | | | | 45.26 | 688.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SMALL INTESTINE SINGLE CONTRAST STUDY | 74250 | CPT | | | | outpatient | | | 725 | 241.65 | Qualcare | Qualcare | 543.75 | 75 | | | 45.26 | 688.75 | percent of total billed charges | |
| HC SMALL INTESTINE SINGLE CONTRAST STUDY | 74250 | CPT | | | | outpatient | | | 725 | 241.65 | Horizon | Indemnity | 406.6 | | | | 45.26 | 688.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SMALL INTESTINE SINGLE CONTRAST STUDY | 74250 | CPT | | | | outpatient | | | 725 | 241.65 | Consumer | Consumer | 688.75 | 95 | | | 45.26 | 688.75 | percent of total billed charges | |
| HC SMALL INTESTINE SINGLE CONTRAST STUDY | 74250 | CPT | | | | outpatient | | | 725 | 241.65 | Americare | Americare | 543.75 | 75 | | | 45.26 | 688.75 | percent of total billed charges | |
| HC SMALL INTESTINE SINGLE CONTRAST STUDY | 74250 | CPT | | | | outpatient | | | 725 | 241.65 | First Trenton | First Trenton | 652.5 | 90 | | | 45.26 | 688.75 | percent of total billed charges | |
| HC SMALL INTESTINE SINGLE CONTRAST STUDY | 74250 | CPT | | | | outpatient | | | 725 | 241.65 | Aetna | Commercial | 275.5 | 38 | | | 45.26 | 688.75 | percent of total billed charges | |
| HC SMALL INTESTINE SINGLE CONTRAST STUDY | 74250 | CPT | | | | outpatient | | | 725 | 241.65 | Aetna | Better Health | 228.74 | 31.55 | | | 45.26 | 688.75 | percent of total billed charges | |
| HC SMALL INTESTINE SINGLE CONTRAST STUDY | 74250 | CPT | | | | outpatient | | | 725 | 241.65 | Amerihealth | HMO/PPO | 45.26 | | | | 45.26 | 688.75 | fee schedule | |
| HC SMALL INTESTINE SINGLE CONTRAST STUDY | 74250 | CPT | | | | outpatient | | | 725 | 241.65 | Managed Care Inc | Managed Care Inc | 652.5 | 90 | | | 45.26 | 688.75 | percent of total billed charges | |
| HC SMALL INTESTINE SINGLE CONTRAST STUDY | 74250 | CPT | | | | outpatient | | | 725 | 241.65 | Horizon | PPO | 406.6 | | | | 45.26 | 688.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SMALL INTESTINE SINGLE CONTRAST STUDY | 74250 | CPT | | | | outpatient | | | 725 | 241.65 | Corrections | Corrections | 580 | 80 | | | 45.26 | 688.75 | percent of total billed charges | |
| HC SMALL INTESTINE SINGLE CONTRAST STUDY | 74250 | CPT | | | | outpatient | | | 725 | 241.65 | Horizon | MGD | 406.6 | | | | 45.26 | 688.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SMALL INTESTINE SINGLE CONTRAST STUDY | 74250 | CPT | | | | outpatient | | | 725 | 241.65 | UHC | Medicare | 210.13 | | | | 45.26 | 688.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SMALL INTESTINE SINGLE CONTRAST STUDY | 74250 | CPT | | | | outpatient | | | 725 | 241.65 | Horizon | Medicare Blue | 210.13 | | | | 45.26 | 688.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SMALL INTESTINE SINGLE CONTRAST STUDY | 74250 | CPT | | | | outpatient | | | 725 | 241.65 | First Health | First Health | 507.5 | 70 | | | 45.26 | 688.75 | percent of total billed charges | |
| HC SMALL INTESTINE SINGLE CONTRAST STUDY | 74250 | CPT | | | | outpatient | | | 725 | 241.65 | Horizon | NJ Health | 75.22 | | | | 45.26 | 688.75 | fee schedule | |
| HC SMALL INTESTINE SINGLE CONTRAST STUDY | 74250 | CPT | | | | outpatient | | | 725 | 241.65 | Multiplan | Multiplan | 580 | 80 | | | 45.26 | 688.75 | percent of total billed charges | |
| HC SMALL INTESTINE SINGLE CONTRAST STUDY | 74250 | CPT | | | | outpatient | | | 725 | 241.65 | UHC | Medicaid | 228.74 | 31.55 | | | 45.26 | 688.75 | percent of total billed charges | |
| HC SMALL INTESTINE SINGLE CONTRAST STUDY | 74250 | CPT | | | | outpatient | | | 725 | 241.65 | Three Rivers | Three Rivers | 688.75 | 95 | | | 45.26 | 688.75 | percent of total billed charges | |
| HC SMALL INTESTINE SINGLE CONTRAST STUDY | 74250 | CPT | | | | outpatient | | | 725 | 241.65 | WellPoint | WellPoint | 233.31 | 32.18 | | | 45.26 | 688.75 | percent of total billed charges | |
| HC SMALL INTESTINE SINGLE CONTRAST STUDY | 74250 | CPT | | | | outpatient | | | 725 | 241.65 | Wellcare | Medicaid | 228.74 | 31.55 | | | 45.26 | 688.75 | percent of total billed charges | |
| HC SMALL INTESTINE SINGLE CONTRAST STUDY | 74250 | CPT | | | | outpatient | | | 725 | 241.65 | Wellcare | Medicare | 210.13 | | | | 45.26 | 688.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SMALL INTESTINE DOUBLE CONTRAST STUDY | 74251 | CPT | | | | outpatient | | | 592 | 241.65 | Aetna | Commercial | 342.93 | | | | 47.74 | 562.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SMALL INTESTINE DOUBLE CONTRAST STUDY | 74251 | CPT | | | | outpatient | | | 592 | 241.65 | Aetna | Better Health | 186.78 | 31.55 | | | 47.74 | 562.4 | percent of total billed charges | |
| HC SMALL INTESTINE DOUBLE CONTRAST STUDY | 74251 | CPT | | | | outpatient | | | 592 | 241.65 | Amerihealth | HMO/PPO | 47.74 | | | | 47.74 | 562.4 | fee schedule | |
| HC SMALL INTESTINE DOUBLE CONTRAST STUDY | 74251 | CPT | | | | outpatient | | | 592 | 241.65 | First Health | First Health | 414.4 | 70 | | | 47.74 | 562.4 | percent of total billed charges | |
| HC SMALL INTESTINE DOUBLE CONTRAST STUDY | 74251 | CPT | | | | outpatient | | | 592 | 241.65 | Americare | Americare | 444 | 75 | | | 47.74 | 562.4 | percent of total billed charges | |
| HC SMALL INTESTINE DOUBLE CONTRAST STUDY | 74251 | CPT | | | | outpatient | | | 592 | 241.65 | Multiplan | Multiplan | 473.6 | 80 | | | 47.74 | 562.4 | percent of total billed charges | |
| HC SMALL INTESTINE DOUBLE CONTRAST STUDY | 74251 | CPT | | | | outpatient | | | 592 | 241.65 | Horizon | Medicare Blue | 210.13 | | | | 47.74 | 562.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SMALL INTESTINE DOUBLE CONTRAST STUDY | 74251 | CPT | | | | outpatient | | | 592 | 241.65 | Consumer | Consumer | 562.4 | 95 | | | 47.74 | 562.4 | percent of total billed charges | |
| HC SMALL INTESTINE DOUBLE CONTRAST STUDY | 74251 | CPT | | | | outpatient | | | 592 | 241.65 | Horizon | MGD | 406.6 | | | | 47.74 | 562.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SMALL INTESTINE DOUBLE CONTRAST STUDY | 74251 | CPT | | | | outpatient | | | 592 | 241.65 | Aetna | Medicare | 210.13 | | | | 47.74 | 562.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SMALL INTESTINE DOUBLE CONTRAST STUDY | 74251 | CPT | | | | outpatient | | | 592 | 241.65 | UHC | Medicare | 210.13 | | | | 47.74 | 562.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SMALL INTESTINE DOUBLE CONTRAST STUDY | 74251 | CPT | | | | outpatient | | | 592 | 241.65 | Three Rivers | Three Rivers | 562.4 | 95 | | | 47.74 | 562.4 | percent of total billed charges | |
| HC SMALL INTESTINE DOUBLE CONTRAST STUDY | 74251 | CPT | | | | outpatient | | | 592 | 241.65 | UHC | Medicaid | 186.78 | 31.55 | | | 47.74 | 562.4 | percent of total billed charges | |
| HC SMALL INTESTINE DOUBLE CONTRAST STUDY | 74251 | CPT | | | | outpatient | | | 592 | 241.65 | Qualcare | Qualcare | 444 | 75 | | | 47.74 | 562.4 | percent of total billed charges | |
| HC SMALL INTESTINE DOUBLE CONTRAST STUDY | 74251 | CPT | | | | outpatient | | | 592 | 241.65 | Wellcare | Medicare | 210.13 | | | | 47.74 | 562.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SMALL INTESTINE DOUBLE CONTRAST STUDY | 74251 | CPT | | | | outpatient | | | 592 | 241.65 | Corrections | Corrections | 473.6 | 80 | | | 47.74 | 562.4 | percent of total billed charges | |
| HC SMALL INTESTINE DOUBLE CONTRAST STUDY | 74251 | CPT | | | | outpatient | | | 592 | 241.65 | Wellcare | Medicaid | 186.78 | 31.55 | | | 47.74 | 562.4 | percent of total billed charges | |
| HC SMALL INTESTINE DOUBLE CONTRAST STUDY | 74251 | CPT | | | | outpatient | | | 592 | 241.65 | First Trenton | First Trenton | 532.8 | 90 | | | 47.74 | 562.4 | percent of total billed charges | |
| HC SMALL INTESTINE DOUBLE CONTRAST STUDY | 74251 | CPT | | | | outpatient | | | 592 | 241.65 | Horizon | Indemnity | 406.6 | | | | 47.74 | 562.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SMALL INTESTINE DOUBLE CONTRAST STUDY | 74251 | CPT | | | | outpatient | | | 592 | 241.65 | Horizon | NJ Health | 88.2 | | | | 47.74 | 562.4 | fee schedule | |
| HC SMALL INTESTINE DOUBLE CONTRAST STUDY | 74251 | CPT | | | | outpatient | | | 592 | 241.65 | Horizon | PPO | 406.6 | | | | 47.74 | 562.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SMALL INTESTINE DOUBLE CONTRAST STUDY | 74251 | CPT | | | | outpatient | | | 592 | 241.65 | Managed Care Inc | Managed Care Inc | 532.8 | 90 | | | 47.74 | 562.4 | percent of total billed charges | |
| HC SMALL INTESTINE DOUBLE CONTRAST STUDY | 74251 | CPT | | | | outpatient | | | 592 | 241.65 | WellPoint | WellPoint | 190.51 | 32.18 | | | 47.74 | 562.4 | percent of total billed charges | |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS WO CONTRAST | 74261 | CPT | | | | outpatient | | | 1074 | 144.6 | Americare | Americare | 805.5 | 75 | | | 125.74 | 1020.3 | percent of total billed charges | |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS WO CONTRAST | 74261 | CPT | | | | outpatient | | | 1074 | 144.6 | UHC | Medicaid | 338.85 | 31.55 | | | 125.74 | 1020.3 | percent of total billed charges | |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS WO CONTRAST | 74261 | CPT | | | | outpatient | | | 1074 | 144.6 | Aetna | Medicare | 125.74 | | | | 125.74 | 1020.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS WO CONTRAST | 74261 | CPT | | | | outpatient | | | 1074 | 144.6 | First Health | First Health | 751.8 | 70 | | | 125.74 | 1020.3 | percent of total billed charges | |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS WO CONTRAST | 74261 | CPT | | | | outpatient | | | 1074 | 144.6 | Amerihealth | HMO/PPO | 186 | | | | 125.74 | 1020.3 | fee schedule | |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS WO CONTRAST | 74261 | CPT | | | | outpatient | | | 1074 | 144.6 | First Trenton | First Trenton | 988.6 | 90 | | | 125.74 | 1020.3 | percent of total billed charges | |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS WO CONTRAST | 74261 | CPT | | | | outpatient | | | 1074 | 144.6 | Aetna | Commercial | 408.12 | 38 | | | 125.74 | 1020.3 | percent of total billed charges | |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS WO CONTRAST | 74261 | CPT | | | | outpatient | | | 1074 | 144.6 | Aetna | Better Health | 338.85 | 31.55 | | | 125.74 | 1020.3 | percent of total billed charges | |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS WO CONTRAST | 74261 | CPT | | | | outpatient | | | 1074 | 144.6 | Corrections | Corrections | 859.2 | 80 | | | 125.74 | 1020.3 | percent of total billed charges | |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS WO CONTRAST | 74261 | CPT | | | | outpatient | | | 1074 | 144.6 | UHC | Medicare | 125.74 | | | | 125.74 | 1020.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS WO CONTRAST | 74261 | CPT | | | | outpatient | | | 1074 | 144.6 | Horizon | MGD | 243.31 | | | | 125.74 | 1020.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS WO CONTRAST | 74261 | CPT | | | | outpatient | | | 1074 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 125.74 | 1020.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS WO CONTRAST | 74261 | CPT | | | | outpatient | | | 1074 | 144.6 | Managed Care Inc | Managed Care Inc | 966.6 | 90 | | | 125.74 | 1020.3 | percent of total billed charges | |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS WO CONTRAST | 74261 | CPT | | | | outpatient | | | 1074 | 144.6 | Consumer | Consumer | 1020.3 | 95 | | | 125.74 | 1020.3 | percent of total billed charges | |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS WO CONTRAST | 74261 | CPT | | | | outpatient | | | 1074 | 144.6 | Wellcare | Medicare | 125.74 | | | | 125.74 | 1020.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS WO CONTRAST | 74261 | CPT | | | | outpatient | | | 1074 | 144.6 | Multiplan | Multiplan | 859.2 | 80 | | | 125.74 | 1020.3 | percent of total billed charges | |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS WO CONTRAST | 74261 | CPT | | | | outpatient | | | 1074 | 144.6 | WellPoint | WellPoint | 345.61 | 32.18 | | | 125.74 | 1020.3 | percent of total billed charges | |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS WO CONTRAST | 74261 | CPT | | | | outpatient | | | 1074 | 144.6 | Horizon | Indemnity | 243.31 | | | | 125.74 | 1020.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS WO CONTRAST | 74261 | CPT | | | | outpatient | | | 1074 | 144.6 | Qualcare | Qualcare | 805.5 | 75 | | | 125.74 | 1020.3 | percent of total billed charges | |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS WO CONTRAST | 74261 | CPT | | | | outpatient | | | 1074 | 144.6 | Horizon | NJ Health | 382.26 | | | | 125.74 | 1020.3 | fee schedule | |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS WO CONTRAST | 74261 | CPT | | | | outpatient | | | 1074 | 144.6 | Three Rivers | Three Rivers | 1020.3 | 95 | | | 125.74 | 1020.3 | percent of total billed charges | |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS WO CONTRAST | 74261 | CPT | | | | outpatient | | | 1074 | 144.6 | Horizon | PPO | 243.31 | | | | 125.74 | 1020.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS WO CONTRAST | 74261 | CPT | | | | outpatient | | | 1074 | 144.6 | Wellcare | Medicaid | 338.85 | 31.55 | | | 125.74 | 1020.3 | percent of total billed charges | |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS W CONTRAST | 74262 | CPT | | | | outpatient | | | 1630 | 241.65 | Aetna | Medicare | 210.13 | | | | 186 | 1548.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS W CONTRAST | 74262 | CPT | | | | outpatient | | | 1630 | 241.65 | Horizon | PPO | 406.6 | | | | 186 | 1548.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS W CONTRAST | 74262 | CPT | | | | outpatient | | | 1630 | 241.65 | Consumer | Consumer | 1548.5 | 95 | | | 186 | 1548.5 | percent of total billed charges | |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS W CONTRAST | 74262 | CPT | | | | outpatient | | | 1630 | 241.65 | UHC | Medicaid | 514.27 | 31.55 | | | 186 | 1548.5 | percent of total billed charges | |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS W CONTRAST | 74262 | CPT | | | | outpatient | | | 1630 | 241.65 | Aetna | Commercial | 619.4 | 38 | | | 186 | 1548.5 | percent of total billed charges | |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS W CONTRAST | 74262 | CPT | | | | outpatient | | | 1630 | 241.65 | Amerihealth | HMO/PPO | 186 | | | | 186 | 1548.5 | fee schedule | |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS W CONTRAST | 74262 | CPT | | | | outpatient | | | 1630 | 241.65 | Americare | Americare | 1222.5 | 75 | | | 186 | 1548.5 | percent of total billed charges | |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS W CONTRAST | 74262 | CPT | | | | outpatient | | | 1630 | 241.65 | Aetna | Better Health | 514.27 | 31.55 | | | 186 | 1548.5 | percent of total billed charges | |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS W CONTRAST | 74262 | CPT | | | | outpatient | | | 1630 | 241.65 | Wellcare | Medicaid | 514.27 | 31.55 | | | 186 | 1548.5 | percent of total billed charges | |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS W CONTRAST | 74262 | CPT | | | | outpatient | | | 1630 | 241.65 | WellPoint | WellPoint | 524.53 | 32.18 | | | 186 | 1548.5 | percent of total billed charges | |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS W CONTRAST | 74262 | CPT | | | | outpatient | | | 1630 | 241.65 | Corrections | Corrections | 1304 | 80 | | | 186 | 1548.5 | percent of total billed charges | |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS W CONTRAST | 74262 | CPT | | | | outpatient | | | 1630 | 241.65 | UHC | Medicare | 210.13 | | | | 186 | 1548.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS W CONTRAST | 74262 | CPT | | | | outpatient | | | 1630 | 241.65 | Horizon | Medicare Blue | 210.13 | | | | 186 | 1548.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS W CONTRAST | 74262 | CPT | | | | outpatient | | | 1630 | 241.65 | First Health | First Health | 1141 | 70 | | | 186 | 1548.5 | percent of total billed charges | |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS W CONTRAST | 74262 | CPT | | | | outpatient | | | 1630 | 241.65 | First Trenton | First Trenton | 1467 | 90 | | | 186 | 1548.5 | percent of total billed charges | |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS W CONTRAST | 74262 | CPT | | | | outpatient | | | 1630 | 241.65 | Wellcare | Medicare | 210.13 | | | | 186 | 1548.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS W CONTRAST | 74262 | CPT | | | | outpatient | | | 1630 | 241.65 | Multiplan | Multiplan | 1304 | 80 | | | 186 | 1548.5 | percent of total billed charges | |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS W CONTRAST | 74262 | CPT | | | | outpatient | | | 1630 | 241.65 | Horizon | MGD | 406.6 | | | | 186 | 1548.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS W CONTRAST | 74262 | CPT | | | | outpatient | | | 1630 | 241.65 | Horizon | Indemnity | 406.6 | | | | 186 | 1548.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS W CONTRAST | 74262 | CPT | | | | outpatient | | | 1630 | 241.65 | Qualcare | Qualcare | 1222.5 | 75 | | | 186 | 1548.5 | percent of total billed charges | |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS W CONTRAST | 74262 | CPT | | | | outpatient | | | 1630 | 241.65 | Horizon | NJ Health | 429.81 | | | | 186 | 1548.5 | fee schedule | |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS W CONTRAST | 74262 | CPT | | | | outpatient | | | 1630 | 241.65 | Managed Care Inc | Managed Care Inc | 1467 | 90 | | | 186 | 1548.5 | percent of total billed charges | |
| HC CT COLONOGRAPHY DX IMAGE POSTPROCESS W CONTRAST | 74262 | CPT | | | | outpatient | | | 1630 | 241.65 | Three Rivers | Three Rivers | 1548.5 | 95 | | | 186 | 1548.5 | percent of total billed charges | |
| HC CT COLONOGRAPHY SCREENING W IMAGE POSTPROCESSING | 74263 | CPT | | | | outpatient | | | 2379.83 | | Horizon | Medicare Blue | 713.95 | 30 | | | 186 | 2260.84 | percent of total billed charges | |
| HC CT COLONOGRAPHY SCREENING W IMAGE POSTPROCESSING | 74263 | CPT | | | | outpatient | | | 2379.83 | | First Health | First Health | 1665.88 | 70 | | | 186 | 2260.84 | percent of total billed charges | |
| HC CT COLONOGRAPHY SCREENING W IMAGE POSTPROCESSING | 74263 | CPT | | | | outpatient | | | 2379.83 | | Corrections | Corrections | 1903.86 | 80 | | | 186 | 2260.84 | percent of total billed charges | |
| HC CT COLONOGRAPHY SCREENING W IMAGE POSTPROCESSING | 74263 | CPT | | | | outpatient | | | 2379.83 | | WellPoint | WellPoint | 765.83 | 32.18 | | | 186 | 2260.84 | percent of total billed charges | |
| HC CT COLONOGRAPHY SCREENING W IMAGE POSTPROCESSING | 74263 | CPT | | | | outpatient | | | 2379.83 | | Aetna | Commercial | 904.34 | 38 | | | 186 | 2260.84 | percent of total billed charges | |
| HC CT COLONOGRAPHY SCREENING W IMAGE POSTPROCESSING | 74263 | CPT | | | | outpatient | | | 2379.83 | | Aetna | Better Health | 750.84 | 31.55 | | | 186 | 2260.84 | percent of total billed charges | |
| HC CT COLONOGRAPHY SCREENING W IMAGE POSTPROCESSING | 74263 | CPT | | | | outpatient | | | 2379.83 | | Americare | Americare | 1784.87 | 75 | | | 186 | 2260.84 | percent of total billed charges | |
| HC CT COLONOGRAPHY SCREENING W IMAGE POSTPROCESSING | 74263 | CPT | | | | outpatient | | | 2379.83 | | Aetna | Medicare | 732.99 | 30.8 | | | 186 | 2260.84 | percent of total billed charges | |
| HC CT COLONOGRAPHY SCREENING W IMAGE POSTPROCESSING | 74263 | CPT | | | | outpatient | | | 2379.83 | | Wellcare | Medicaid | 750.84 | 31.55 | | | 186 | 2260.84 | percent of total billed charges | |
| HC CT COLONOGRAPHY SCREENING W IMAGE POSTPROCESSING | 74263 | CPT | | | | outpatient | | | 2379.83 | | Horizon | Indemnity | 911 | 38.28 | | | 186 | 2260.84 | percent of total billed charges | |
| HC CT COLONOGRAPHY SCREENING W IMAGE POSTPROCESSING | 74263 | CPT | | | | outpatient | | | 2379.83 | | Horizon | MGD | 911 | 38.28 | | | 186 | 2260.84 | percent of total billed charges | |
| HC CT COLONOGRAPHY SCREENING W IMAGE POSTPROCESSING | 74263 | CPT | | | | outpatient | | | 2379.83 | | Amerihealth | HMO/PPO | 186 | | | | 186 | 2260.84 | fee schedule | |
| HC CT COLONOGRAPHY SCREENING W IMAGE POSTPROCESSING | 74263 | CPT | | | | outpatient | | | 2379.83 | | Multiplan | Multiplan | 1903.86 | 80 | | | 186 | 2260.84 | percent of total billed charges | |
| HC CT COLONOGRAPHY SCREENING W IMAGE POSTPROCESSING | 74263 | CPT | | | | outpatient | | | 2379.83 | | UHC | Medicaid | 750.84 | 31.55 | | | 186 | 2260.84 | percent of total billed charges | |
| HC CT COLONOGRAPHY SCREENING W IMAGE POSTPROCESSING | 74263 | CPT | | | | outpatient | | | 2379.83 | | Consumer | Consumer | 2260.84 | 95 | | | 186 | 2260.84 | percent of total billed charges | |
| HC CT COLONOGRAPHY SCREENING W IMAGE POSTPROCESSING | 74263 | CPT | | | | outpatient | | | 2379.83 | | Qualcare | Qualcare | 1784.87 | 75 | | | 186 | 2260.84 | percent of total billed charges | |
| HC CT COLONOGRAPHY SCREENING W IMAGE POSTPROCESSING | 74263 | CPT | | | | outpatient | | | 2379.83 | | First Trenton | First Trenton | 2141.85 | 90 | | | 186 | 2260.84 | percent of total billed charges | |
| HC CT COLONOGRAPHY SCREENING W IMAGE POSTPROCESSING | 74263 | CPT | | | | outpatient | | | 2379.83 | | Horizon

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC COLON SINGLE CONTRAST STUDY | 74270 | CPT | | | | both | | | 938 | 241.65 | First Trenton | First Trenton | 844.2 | 90 | | | 62 | | 891.1 percent of total billed charges | |
| HC COLON SINGLE CONTRAST STUDY | 74270 | CPT | | | | both | | | 938 | 241.65 | Americare | Americare | 703.5 | 75 | | | 62 | | 891.1 percent of total billed charges | |
| HC COLON SINGLE CONTRAST STUDY | 74270 | CPT | | | | both | | | 938 | 241.65 | Horizon | Medicare Blue | 210.13 | | | | 62 | | 891.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLON SINGLE CONTRAST STUDY | 74270 | CPT | | | | both | | | 938 | 241.65 | Aetna | Better Health | 295.94 | 31.55 | | | 62 | | 891.1 percent of total billed charges | |
| HC COLON SINGLE CONTRAST STUDY | 74270 | CPT | | | | both | | | 938 | 241.65 | Horizon | Indemnity | 406.6 | | | | 62 | | 891.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLON SINGLE CONTRAST STUDY | 74270 | CPT | | | | both | | | 938 | 241.65 | Horizon | MGD | 406.6 | | | 314 | 62 | | 891.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLON SINGLE CONTRAST STUDY | 74270 | CPT | | | | both | | | 938 | 241.65 | Wellcare | Medicaid | 295.94 | 31.55 | | | 62 | | 891.1 percent of total billed charges | |
| HC COLON SINGLE CONTRAST STUDY | 74270 | CPT | | | | both | | | 938 | 241.65 | Consumer | Consumer | 891.1 | 95 | | | 62 | | 891.1 percent of total billed charges | |
| HC COLON SINGLE CONTRAST STUDY | 74270 | CPT | | | | both | | | 938 | 241.65 | Managed Care Inc | Managed Care Inc | 844.2 | 90 | | | 62 | | 891.1 percent of total billed charges | |
| HC COLON SINGLE CONTRAST STUDY | 74270 | CPT | | | | both | | | 938 | 241.65 | WellPoint | WellPoint | 301.85 | 32.18 | | 292.01 | 62 | | 891.1 percent of total billed charges | |
| HC COLON SINGLE CONTRAST STUDY | 74270 | CPT | | | | both | | | 938 | 241.65 | Wellcare | Medicare | 210.13 | | | | 62 | | 891.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLON SINGLE CONTRAST STUDY | 74270 | CPT | | | | both | | | 938 | 241.65 | Aetna | Commercial | 356.44 | 38 | | | 62 | | 891.1 percent of total billed charges | |
| HC COLON SINGLE CONTRAST STUDY | 74270 | CPT | | | | both | | | 938 | 241.65 | Horizon | PPO | 406.6 | | | | 62 | | 891.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLON SINGLE CONTRAST STUDY | 74270 | CPT | | | | both | | | 938 | 241.65 | First Health | First Health | 656.6 | 70 | | | 62 | | 891.1 percent of total billed charges | |
| HC COLON SINGLE CONTRAST STUDY | 74270 | CPT | | | | both | | | 938 | 241.65 | Three Rivers | Three Rivers | 891.1 | 95 | | | 62 | | 891.1 percent of total billed charges | |
| HC COLON SINGLE CONTRAST STUDY | 74270 | CPT | | | | both | | | 938 | 241.65 | Multiplan | Multiplan | 760.4 | 80 | | | 62 | | 891.1 percent of total billed charges | |
| HC COLON SINGLE CONTRAST STUDY | 74270 | CPT | | | | both | | | 938 | 241.65 | UHC | Medicare | 210.13 | | | 207.88 | 62 | | 891.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLON SINGLE CONTRAST STUDY | 74270 | CPT | | | | both | | | 938 | 241.65 | Qualcare | Qualcare | 703.5 | 75 | | | 62 | | 891.1 percent of total billed charges | |
| HC COLON SINGLE CONTRAST STUDY | 74270 | CPT | | | | both | | | 938 | 241.65 | UHC | Medicaid | 295.94 | 31.55 | | 44.95 | 62 | | 891.1 percent of total billed charges | |
| HC COLON DOUBLE CONTRAST STUDY | 74280 | CPT | | | | outpatient | | | 1221 | 241.65 | Aetna | Better Health | 385.23 | 31.55 | | | 83.08 | | 1159.95 percent of total billed charges | |
| HC COLON DOUBLE CONTRAST STUDY | 74280 | CPT | | | | outpatient | | | 1221 | 241.65 | Amerihealth | HMO/PPO | 83.08 | | | | 83.08 | | 1159.95 fee schedule | |
| HC COLON DOUBLE CONTRAST STUDY | 74280 | CPT | | | | outpatient | | | 1221 | 241.65 | Aetna | Commercial | 463.98 | 38 | | | 83.08 | | 1159.95 percent of total billed charges | |
| HC COLON DOUBLE CONTRAST STUDY | 74280 | CPT | | | | outpatient | | | 1221 | 241.65 | Horizon | Medicare Blue | 210.13 | | | | 83.08 | | 1159.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLON DOUBLE CONTRAST STUDY | 74280 | CPT | | | | outpatient | | | 1221 | 241.65 | First Health | First Health | 854.7 | 70 | | | 83.08 | | 1159.95 percent of total billed charges | |
| HC COLON DOUBLE CONTRAST STUDY | 74280 | CPT | | | | outpatient | | | 1221 | 241.65 | Wellcare | Medicare | 210.13 | | | | 83.08 | | 1159.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLON DOUBLE CONTRAST STUDY | 74280 | CPT | | | | outpatient | | | 1221 | 241.65 | Aetna | Medicare | 210.13 | | | | 83.08 | | 1159.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLON DOUBLE CONTRAST STUDY | 74280 | CPT | | | | outpatient | | | 1221 | 241.65 | Americare | Americare | 915.75 | 75 | | | 83.08 | | 1159.95 percent of total billed charges | |
| HC COLON DOUBLE CONTRAST STUDY | 74280 | CPT | | | | outpatient | | | 1221 | 241.65 | Consumer | Consumer | 1159.95 | 95 | | | 83.08 | | 1159.95 percent of total billed charges | |
| HC COLON DOUBLE CONTRAST STUDY | 74280 | CPT | | | | outpatient | | | 1221 | 241.65 | Horizon | MGD | 406.6 | | | | 83.08 | | 1159.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLON DOUBLE CONTRAST STUDY | 74280 | CPT | | | | outpatient | | | 1221 | 241.65 | Multiplan | Multiplan | 976.8 | 80 | | | 83.08 | | 1159.95 percent of total billed charges | |
| HC COLON DOUBLE CONTRAST STUDY | 74280 | CPT | | | | outpatient | | | 1221 | 241.65 | WellPoint | WellPoint | 392.92 | 32.18 | | | 83.08 | | 1159.95 percent of total billed charges | |
| HC COLON DOUBLE CONTRAST STUDY | 74280 | CPT | | | | outpatient | | | 1221 | 241.65 | Three Rivers | Three Rivers | 1159.95 | 95 | | | 83.08 | | 1159.95 percent of total billed charges | |
| HC COLON DOUBLE CONTRAST STUDY | 74280 | CPT | | | | outpatient | | | 1221 | 241.65 | UHC | Medicaid | 385.23 | 31.55 | | | 83.08 | | 1159.95 percent of total billed charges | |
| HC COLON DOUBLE CONTRAST STUDY | 74280 | CPT | | | | outpatient | | | 1221 | 241.65 | Qualcare | Qualcare | 915.75 | 75 | | | 83.08 | | 1159.95 percent of total billed charges | |
| HC COLON DOUBLE CONTRAST STUDY | 74280 | CPT | | | | outpatient | | | 1221 | 241.65 | UHC | Medicare | 210.13 | | | | 83.08 | | 1159.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLON DOUBLE CONTRAST STUDY | 74280 | CPT | | | | outpatient | | | 1221 | 241.65 | Corrections | Corrections | 976.8 | 80 | | | 83.08 | | 1159.95 percent of total billed charges | |
| HC COLON DOUBLE CONTRAST STUDY | 74280 | CPT | | | | outpatient | | | 1221 | 241.65 | Wellcare | Medicaid | 385.23 | 31.55 | | | 83.08 | | 1159.95 percent of total billed charges | |
| HC COLON DOUBLE CONTRAST STUDY | 74280 | CPT | | | | outpatient | | | 1221 | 241.65 | First Trenton | First Trenton | 1098.9 | 90 | | | 83.08 | | 1159.95 percent of total billed charges | |
| HC COLON DOUBLE CONTRAST STUDY | 74280 | CPT | | | | outpatient | | | 1221 | 241.65 | Horizon | Indemnity | 406.6 | | | | 83.08 | | 1159.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLON DOUBLE CONTRAST STUDY | 74280 | CPT | | | | outpatient | | | 1221 | 241.65 | Horizon | NJ Health | 109.76 | | | | 83.08 | | 1159.95 fee schedule | |
| HC COLON DOUBLE CONTRAST STUDY | 74280 | CPT | | | | outpatient | | | 1221 | 241.65 | Horizon | PPO | 406.6 | | | | 83.08 | | 1159.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLON DOUBLE CONTRAST STUDY | 74280 | CPT | | | | outpatient | | | 1221 | 241.65 | Managed Care Inc | Managed Care Inc | 1098.9 | 90 | | | 83.08 | | 1159.95 percent of total billed charges | |
| HC CHOLECYSTOGRAPHY ORAL CONTRST | 74290 | CPT | | | | outpatient | | | 609 | 241.65 | Aetna | Commercial | 231.42 | 38 | | | 27.28 | | 578.55 percent of total billed charges | |
| HC CHOLECYSTOGRAPHY ORAL CONTRST | 74290 | CPT | | | | outpatient | | | 609 | 241.65 | Aetna | Better Health | 192.14 | 31.55 | | | 27.28 | | 578.55 percent of total billed charges | |
| HC CHOLECYSTOGRAPHY ORAL CONTRST | 74290 | CPT | | | | outpatient | | | 609 | 241.65 | Multiplan | Multiplan | 487.2 | 80 | | | 27.28 | | 578.55 percent of total billed charges | |
| HC CHOLECYSTOGRAPHY ORAL CONTRST | 74290 | CPT | | | | outpatient | | | 609 | 241.65 | First Trenton | First Trenton | 548.1 | 90 | | | 27.28 | | 578.55 percent of total billed charges | |
| HC CHOLECYSTOGRAPHY ORAL CONTRST | 74290 | CPT | | | | outpatient | | | 609 | 241.65 | Aetna | Medicare | 210.13 | | | | 27.28 | | 578.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHOLECYSTOGRAPHY ORAL CONTRST | 74290 | CPT | | | | outpatient | | | 609 | 241.65 | First Health | First Health | 426.3 | 70 | | | 27.28 | | 578.55 percent of total billed charges | |
| HC CHOLECYSTOGRAPHY ORAL CONTRST | 74290 | CPT | | | | outpatient | | | 609 | 241.65 | Americare | Americare | 456.75 | 75 | | | 27.28 | | 578.55 percent of total billed charges | |
| HC CHOLECYSTOGRAPHY ORAL CONTRST | 74290 | CPT | | | | outpatient | | | 609 | 241.65 | Corrections | Corrections | 487.2 | 80 | | | 27.28 | | 578.55 percent of total billed charges | |
| HC CHOLECYSTOGRAPHY ORAL CONTRST | 74290 | CPT | | | | outpatient | | | 609 | 241.65 | Horizon | MGD | 406.6 | | | | 27.28 | | 578.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHOLECYSTOGRAPHY ORAL CONTRST | 74290 | CPT | | | | outpatient | | | 609 | 241.65 | Amerihealth | HMO/PPO | 27.28 | | | | 27.28 | | 578.55 fee schedule | |
| HC CHOLECYSTOGRAPHY ORAL CONTRST | 74290 | CPT | | | | outpatient | | | 609 | 241.65 | Qualcare | Qualcare | 456.75 | 75 | | | 27.28 | | 578.55 percent of total billed charges | |
| HC CHOLECYSTOGRAPHY ORAL CONTRST | 74290 | CPT | | | | outpatient | | | 609 | 241.65 | Horizon | NJ Health | 68.6 | | | | 27.28 | | 578.55 fee schedule | |
| HC CHOLECYSTOGRAPHY ORAL CONTRST | 74290 | CPT | | | | outpatient | | | 609 | 241.65 | Consumer | Consumer | 578.55 | 95 | | | 27.28 | | 578.55 percent of total billed charges | |
| HC CHOLECYSTOGRAPHY ORAL CONTRST | 74290 | CPT | | | | outpatient | | | 609 | 241.65 | Horizon | Medicare Blue | 210.13 | | | | 27.28 | | 578.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHOLECYSTOGRAPHY ORAL CONTRST | 74290 | CPT | | | | outpatient | | | 609 | 241.65 | Horizon | Indemnity | 406.6 | | | | 27.28 | | 578.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHOLECYSTOGRAPHY ORAL CONTRST | 74290 | CPT | | | | outpatient | | | 609 | 241.65 | Wellcare | Medicaid | 192.14 | 31.55 | | | 27.28 | | 578.55 percent of total billed charges | |
| HC CHOLECYSTOGRAPHY ORAL CONTRST | 74290 | CPT | | | | outpatient | | | 609 | 241.65 | Managed Care Inc | Managed Care Inc | 548.1 | 90 | | | 27.28 | | 578.55 percent of total billed charges | |
| HC CHOLECYSTOGRAPHY ORAL CONTRST | 74290 | CPT | | | | outpatient | | | 609 | 241.65 | UHC | Medicare | 210.13 | | | | 27.28 | | 578.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHOLECYSTOGRAPHY ORAL CONTRST | 74290 | CPT | | | | outpatient | | | 609 | 241.65 | Horizon | PPO | 406.6 | | | | 27.28 | | 578.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHOLECYSTOGRAPHY ORAL CONTRST | 74290 | CPT | | | | outpatient | | | 609 | 241.65 | Three Rivers | Three Rivers | 578.55 | 95 | | | 27.28 | | 578.55 percent of total billed charges | |
| HC CHOLECYSTOGRAPHY ORAL CONTRST | 74290 | CPT | | | | outpatient | | | 609 | 241.65 | UHC | Medicaid | 192.14 | 31.55 | | | 27.28 | | 578.55 percent of total billed charges | |
| HC CHOLECYSTOGRAPHY ORAL CONTRST | 74290 | CPT | | | | outpatient | | | 609 | 241.65 | Wellcare | Medicare | 210.13 | | | | 27.28 | | 578.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHOLECYSTOGRAPHY ORAL CONTRST | 74290 | CPT | | | | outpatient | | | 609 | 241.65 | WellPoint | WellPoint | 195.98 | 32.18 | | | 27.28 | | 578.55 percent of total billed charges | |
| HC INTRAOP CHOLANGIOGRAPHY&/PANCREATOGRAPHY; SURGICAL | 74300 | CPT | | | | outpatient | 567.5 | | | | Aetna | Better Health | 179.05 | 31.55 | | | 86.24 | | 539.13 percent of total billed charges | |
| HC INTRAOP CHOLANGIOGRAPHY&/PANCREATOGRAPHY; SURGICAL | 74300 | CPT | | | | outpatient | 567.5 | | | | WellPoint | WellPoint | 182.62 | 32.18 | | | 86.24 | | 539.13 percent of total billed charges | |
| HC INTRAOP CHOLANGIOGRAPHY&/PANCREATOGRAPHY; SURGICAL | 74300 | CPT | | | | outpatient | 567.5 | | | | Amerihealth | HMO/PPO | 368.88 | 65 | | | 86.24 | | 539.13 percent of total billed charges | |
| HC INTRAOP CHOLANGIOGRAPHY&/PANCREATOGRAPHY; SURGICAL | 74300 | CPT | | | | outpatient | 567.5 | | | | Horizon | MGD | 217.24 | 38.28 | | | 86.24 | | 539.13 percent of total billed charges | |
| HC INTRAOP CHOLANGIOGRAPHY&/PANCREATOGRAPHY; SURGICAL | 74300 | CPT | | | | outpatient | 567.5 | | | | Aetna | Medicare | 174.79 | 30.8 | | | 86.24 | | 539.13 percent of total billed charges | |
| HC INTRAOP CHOLANGIOGRAPHY&/PANCREATOGRAPHY; SURGICAL | 74300 | CPT | | | | outpatient | 567.5 | | | | Aetna | Commercial | 215.65 | 38 | | | 86.24 | | 539.13 percent of total billed charges | |
| HC INTRAOP CHOLANGIOGRAPHY&/PANCREATOGRAPHY; SURGICAL | 74300 | CPT | | | | outpatient | 567.5 | | | | Corrections | Corrections | 454 | 80 | | | 86.24 | | 539.13 percent of total billed charges | |
| HC INTRAOP CHOLANGIOGRAPHY&/PANCREATOGRAPHY; SURGICAL | 74300 | CPT | | | | outpatient | 567.5 | | | | Horizon | PPO | 217.24 | 38.28 | | | 86.24 | | 539.13 percent of total billed charges | |
| HC INTRAOP CHOLANGIOGRAPHY&/PANCREATOGRAPHY; SURGICAL | 74300 | CPT | | | | outpatient | 567.5 | | | | First Health | First Health | 397.25 | 70 | | | 86.24 | | 539.13 percent of total billed charges | |
| HC INTRAOP CHOLANGIOGRAPHY&/PANCREATOGRAPHY; SURGICAL | 74300 | CPT | | | | outpatient | 567.5 | | | | Three Rivers | Three Rivers | 539.13 | 95 | | | 86.24 | | 539.13 percent of total billed charges | |
| HC INTRAOP CHOLANGIOGRAPHY&/PANCREATOGRAPHY; SURGICAL | 74300 | CPT | | | | outpatient | 567.5 | | | | Horizon | Indemnity | 217.24 | 38.28 | | | 86.24 | | 539.13 percent of total billed charges | |
| HC INTRAOP CHOLANGIOGRAPHY&/PANCREATOGRAPHY; SURGICAL | 74300 | CPT | | | | outpatient | 567.5 | | | | Americare | Americare | 425.63 | 75 | | | 86.24 | | 539.13 percent of total billed charges | |
| HC INTRAOP CHOLANGIOGRAPHY&/PANCREATOGRAPHY; SURGICAL | 74300 | CPT | | | | outpatient | 567.5 | | | | First Trenton | First Trenton | 510.75 | 90 | | | 86.24 | | 539.13 percent of total billed charges | |
| HC INTRAOP CHOLANGIOGRAPHY&/PANCREATOGRAPHY; SURGICAL | 74300 | CPT | | | | outpatient | 567.5 | | | | Horizon | Medicare Blue | 170.25 | 30 | | | 86.24 | | 539.13 percent of total billed charges | |
| HC INTRAOP CHOLANGIOGRAPHY&/PANCREATOGRAPHY; SURGICAL | 74300 | CPT | | | | outpatient | 567.5 | | | | Multiplan | Multiplan | 454 | 80 | | | 86.24 | | 539.13 percent of total billed charges | |
| HC INTRAOP CHOLANGIOGRAPHY&/PANCREATOGRAPHY; SURGICAL | 74300 | CPT | | | | outpatient | 567.5 | | | | Consumer | Consumer | 539.13 | 95 | | | 86.24 | | 539.13 percent of total billed charges | |
| HC INTRAOP CHOLANGIOGRAPHY&/PANCREATOGRAPHY; SURGICAL | 74300 | CPT | | | | outpatient | 567.5 | | | | Horizon | NJ Health | 86.24 | | | | 86.24 | | 539.13 fee schedule | |
| HC INTRAOP CHOLANGIOGRAPHY&/PANCREATOGRAPHY; SURGICAL | 74300 | CPT | | | | outpatient | 567.5 | | | | Wellcare | Medicaid | 179.05 | 31.55 | | | 86.24 | | 539.13 percent of total billed charges | |
| HC INTRAOP CHOLANGIOGRAPHY&/PANCREATOGRAPHY; SURGICAL | 74300 | CPT | | | | outpatient | 567.5 | | | | Qualcare | Qualcare | 425.63 | 75 | | | 86.24 | | 539.13 percent of total billed charges | |
| HC INTRAOP CHOLANGIOGRAPHY&/PANCREATOGRAPHY; SURGICAL | 74300 | CPT | | | | outpatient | 567.5 | | | | UHC | Medicaid | 179.05 | 31.55 | | | 86.24 | | 539.13 percent of total billed charges | |
| HC INTRAOP CHOLANGIOGRAPHY&/PANCREATOGRAPHY; SURGICAL | 74300 | CPT | | | | outpatient | 567.5 | | | | Managed Care Inc | Managed Care Inc | 510.75 | 90 | | | 86.24 | | 539.13 percent of total billed charges | |
| HC ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I | 74328 | CPT | | | | outpatient | 1395 | | | | WellPoint | WellPoint | 448.91 | 32.18 | | | 228.1 | | 1325.25 percent of total billed charges | |
| HC ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I | 74328 | CPT | | | | outpatient | 1395 | | | | Americare | Americare | 1046.25 | 75 | | | 228.1 | | 1325.25 percent of total billed charges | |
| HC ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I | 74328 | CPT | | | | outpatient | 1395 | | | | Aetna | Better Health | 440.12 | 31.55 | | | 228.1 | | 1325.25 percent of total billed charges | |
| HC ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I | 74328 | CPT | | | | outpatient | 1395 | | | | Amerihealth | HMO/PPO | 906.75 | 65 | | | 228.1 | | 1325.25 percent of total billed charges | |
| HC ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I | 74328 | CPT | | | | outpatient | 1395 | | | | Aetna | Commercial | 530.1 | 38 | | | 228.1 | | 1325.25 percent of total billed charges | |
| HC ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I | 74328 | CPT | | | | outpatient | 1395 | | | | Aetna | Medicare | 429.66 | 30.8 | | | 228.1 | | 1325.25 percent of total billed charges | |
| HC ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I | 74328 | CPT | | | | outpatient | 1395 | | | | Consumer | Consumer | 1325.25 | 95 | | | 228.1 | | 1325.25 percent of total billed charges | |
| HC ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I | 74328 | CPT | | | | outpatient | 1395 | | | | First Trenton | First Trenton | 1255.5 | 90 | | | 228.1 | | 1325.25 percent of total billed charges | |
| HC ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I | 74328 | CPT | | | | outpatient | 1395 | | | | First Health | First Health | 976.5 | 70 | | | 228.1 | | 1325.25 percent of total billed charges | |
| HC ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I | 74328 | CPT | | | | outpatient | 1395 | | | | Horizon | NJ Health | 228.1 | | | | 228.1 | | 1325.25 fee schedule | $3,681 All-Inclusive Case Rate |
| HC ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I | 74328 | CPT | | | | outpatient | 1395 | | | | Corrections | Corrections | 1116 | 80 | | | 228.1 | | 1325.25 percent of total billed charges | |
| HC ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I | 74328 | CPT | | | | outpatient | 1395 | | | | Horizon | Indemnity | 534.01 | 38.28 | | | 228.1 | | 1325.25 percent of total billed charges | |
| HC ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I | 74328 | CPT | | | | outpatient | 1395 | | | | Horizon | Medicare Blue | 418.5 | 30 | | | 228.1 | | 1325.25 percent of total billed charges | |
| HC ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I | 74328 | CPT | | | | outpatient | 1395 | | | | Horizon | MGD | 534.01 | 38.28 | | | 228.1 | | 1325.25 percent of total billed charges | |
| HC ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I | 74328 | CPT | | | | outpatient | 1395 | | | | UHC | Medicaid | 440.12 | 31.55 | | | 228.1 | | 1325.25 percent of total billed charges | |
| HC ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I | 74328 | CPT | | | | outpatient | 1395 | | | | Managed Care Inc | Managed Care Inc | 1255.5 | 90 | | | 228.1 | | 1325.25 percent of total billed charges | |
| HC ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I | 74328 | CPT | | | | outpatient | 1395 | | | | Three Rivers | Three Rivers | 1325.25 | 95 | | | 228.1 | | 1325.25 percent of total billed charges | |
| HC ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I | 74328 | CPT | | | | outpatient | 1395 | | | | Horizon | PPO | 534.01 | 38.28 | | | 228.1 | | 1325.25 percent of total billed charges | |
| HC ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I | 74328 | CPT | | | | outpatient | 1395 | | | | Wellcare | Medicaid | 440.12 | 31.55 | | | 228.1 | | 1325.25 percent of total billed charges | |
| HC ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I | 74328 | CPT | | | | outpatient | 1395 | | | | Multiplan | Multiplan | 1116 | 80 | | | 228.1 | | 1325.25 percent of total billed charges | |
| HC ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I | 74328 | CPT | | | | outpatient | 1395 | | | | Qualcare | Qualcare | 1046.25 | 75 | | | 228.1 | | 1325.25 percent of total billed charges | |
| HC CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I | 74330 | CPT | | | | outpatient | 2500 | | | | Aetna | Medicare | 770 | 30.8 | | | 148.96 | | 2375 percent of total billed charges | |
| HC CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I | 74330 | CPT | | | | outpatient | 2500 | | | | First Trenton | First Trenton | 2250 | 90 | | | 148.96 | | 2375 percent of total billed charges | |
| HC CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I | 74330 | CPT | | | | outpatient | 2500 | | | | Aetna | Better Health | 788.75 | 31.55 | | | 148.96 | | 2375 percent of total billed charges | |
| HC CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I | 74330 | CPT | | | | outpatient | 2500 | | | | First Health | First Health | 1750 | 70 | | | 148.96 | | 2375 percent of total billed charges | |
| HC CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I | 74330 | CPT | | | | outpatient | 2500 | | | | Consumer | Consumer | 2375 | 95 | | | 148.96 | | 2375 percent of total billed charges | |
| HC CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I | 74330 | CPT | | | | outpatient | 2500 | | | | Corrections | Corrections | 2000 | 80 | | | 148.96 | | 2375 percent of total billed charges | |
| HC CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I | 74330 | CPT | | | | outpatient | 2500 | | | | Americare | Americare | 1875 | 75 | | | 148.96 | | 2375 percent of total billed charges | |
| HC CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I | 74330 | CPT | | | | outpatient | 2500 | | | | Horizon | MGD | 957 | 38.28 | | | 148.96 | | 2375 percent of total billed charges | |
| HC CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I | 74330 | CPT | | | | outpatient | 2500 | | | | Amerihealth | HMO/PPO | 1625 | 65 | | | 148.96 | | 2375 percent of total billed charges | |
| HC CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I | 74330 | CPT | | | | outpatient | 2500 | | | | Horizon | Indemnity | 957 | 38.28 | | | 148.96 | | 2375 percent of total billed charges | |
| HC CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I | 74330 | CPT | | | | outpatient | 2500 | | | | Horizon | Medicare Blue | 750 | 30 | | | 148.96 | | 2375 percent of total billed charges | |
| HC CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I | 74330 | CPT | | | | outpatient | 2500 | | | | UHC | Medicaid | 788.75 | 31.55 | | | 148.96 | | 2375 percent of total billed charges | |
| HC CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I | 74330 | CPT | | | | outpatient | 2500 | | | | Multiplan | Multiplan | 2000 | 80 | | | 148.96 | | 2375 percent of total billed charges | |
| HC CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I | 74330 | CPT | | | | outpatient | 2500 | | | | WellPoint | WellPoint | 804.5 | 32.18 | | | 148.96 | | 2375 percent of total billed charges | |
| HC CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I | 74330 | CPT | | | | outpatient | 2500 | | | | Horizon | NJ Health | 148.96 | | | | 148.96 | | 2375 fee schedule | $3,681 All-Inclusive Case Rate |
| HC CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I | 74330 | CPT | | | | outpatient | 2500 | | | | Wellcare | Medicaid | 788.75 | 31.55 | | | 148.96 | | 2375 percent of total billed charges | |
| HC CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I | 74330 | CPT | | | | outpatient | 2500 | | | | Qualcare | Qualcare | 1875 | 75 | | | 148.96 | | 2375 percent of total billed charges | |
| HC CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I | 74330 | CPT | | | | outpatient | 2500 | | | | Horizon | PPO | 957 | 38.28 | | | 148.96 | | 2375 percent of total billed charges | |
| HC CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I | 74330 | CPT | | | | outpatient | 2500 | | | | Managed Care Inc | Managed Care Inc | 2250 | 90 | | | 148.96 | | 2375 percent of total billed charges | |
| HC CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I | 74330 | CPT | | | | outpatient | 2500 | | | | Three Rivers | Three Rivers | 2375 | 95 | | | 148.96 | | 2375 percent of total billed charges | |
| HC UROGRAPHY/PYELOGRAPHY IV W/WO KUB W/WO TOMOGRAPHY | 74400 | CPT | | | | outpatient | 931 | | | 241.65 | Wellcare | Medicare | 210.13 | | | | 54.56 | | 884.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UROGRAPHY/PYELOGRAPHY IV W/WO KUB W/WO TOMOGRAPHY | 74400 | CPT | | | | outpatient | 931 | | | 241.65 | Americare | Americare | 698.25 | 75 | | | 54.56 | | 884.45 percent of total billed charges | |
| HC UROGRAPHY/PYELOGRAPHY IV W/WO KUB W/WO TOMOGRAPHY | 74400 | CPT | | | | outpatient | 931 | | | 241.65 | First Health | First Health | 651.7 | 70 | | | 54.56 | | 884.45 percent of total billed charges | |
| HC UROGRAPHY/PYELOGRAPHY IV W/WO KUB W/WO TOMOGRAPHY | 74400 | CPT | | | | outpatient | 931 | | | 241.65 | Aetna | Medicare | 210.13 | | | | 54.56 | | 884.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UROGRAPHY/PYELOGRAPHY IV W/WO KUB W/WO TOMOGRAPHY | 74400 | CPT | | | | outpatient | 931 | | | 241.65 | Horizon | MGD | 406.6 | | | | 54.56 | | 884.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UROGRAPHY/PYELOGRAPHY IV W/WO KUB W/WO TOMOGRAPHY | 74400 | CPT | | | | outpatient | 931 | | | 241.65 | Horizon | Indemnity | 406.6 | | | | 54.56 | | 884.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UROGRAPHY/PYELOGRAPHY IV W/WO KUB W/WO TOMOGRAPHY | 74400 | CPT | | | | outpatient | 931 | | | 241.65 | Aetna | Better Health | 293.73 | 31.55 | | | 54.56 | | 884.45 percent of total billed charges | |
| HC UROGRAPHY/PYELOGRAPHY IV W/WO KUB W/WO TOMOGRAPHY | 74400 | CPT | | | | outpatient | 931 | | | 241.65 | Aetna | Commercial | 353.78 | 38 | | | 54.56 | | 884.45 percent of total billed charges | |
| HC UROGRAPHY/PYELOGRAPHY IV W/WO KUB W/WO TOMOGRAPHY | 74400 | CPT | | | | outpatient | 931 | | | 241.65 | UHC | Medicaid | 293.73 | 31.55 | | | 54.56 | | 884.45 percent of total billed charges | |
| HC UROGRAPHY/PYELOGRAPHY IV W/WO KUB W/WO TOMOGRAPHY | 74400 | CPT | | | | outpatient | 931 | | | 241.65 | Consumer | Consumer | 884.45 | 95 | | | 54.56 | | 884.45 percent of total billed charges | |
| HC UROGRAPHY/PYELOGRAPHY IV W/WO KUB W/WO TOMOGRAPHY | 74400 | CPT | | | | outpatient | 931 | | | 241.65 | Amerihealth | HMO/PPO | 54.56 | | | | 54.56 | | 884.45 fee schedule | |
| HC UROGRAPHY/PYELOGRAPHY IV W/WO KUB W/WO TOMOGRAPHY | 74400 | CPT | | | | outpatient | 931 | | | 241.65 | Corrections | Corrections | 744.8 | 80 | | | 54.56 | | 884.45 percent of total billed charges | |
| HC UROGRAPHY/PYELOGRAPHY IV W/WO KUB W/WO TOMOGRAPHY | 74400 | CPT | | | | outpatient | 931 | | | 241.65 | UHC | Medicare | 210.13 | | | | 54.56 | | 884.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UROGRAPHY/PYELOGRAPHY IV W/WO KUB W/WO TOMOGRAPHY | 74

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC UROGRAPHY/PYELOGRAPHY IV W/WO KUB W/WO TOMOGRAPHY | 74400 | CPT | | | | outpatient | | | 931 | 241.65 | Managed Care Inc | Managed Care Inc | 837.9 | 90 | | | 54.56 | 884.45 | percent of total billed charges | |
| HC UROGRAPHY/PYELOGRAPHY IV W/WO KUB W/WO TOMOGRAPHY | 74400 | CPT | | | | outpatient | | | 931 | 241.65 | Three Rivers | Three Rivers | 884.45 | 95 | | | 54.56 | 884.45 | percent of total billed charges | |
| HC UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE | 74410 | CPT | | | | outpatient | | | 268.54 | 241.65 | Aetna | Medicare | 210.13 | | | | 60.14 | 406.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE | 74410 | CPT | | | | outpatient | | | 268.54 | 241.65 | Americare | Americare | 201.41 | 75 | | | 60.14 | 406.6 | percent of total billed charges | |
| HC UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE | 74410 | CPT | | | | outpatient | | | 268.54 | 241.65 | Horizon | Medicare Blue | 210.13 | | | | 60.14 | 406.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE | 74410 | CPT | | | | outpatient | | | 268.54 | 241.65 | First Trenton | First Trenton | 241.69 | 90 | | | 60.14 | 406.6 | percent of total billed charges | |
| HC UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE | 74410 | CPT | | | | outpatient | | | 268.54 | 241.65 | Aetna | Commercial | 102.05 | 38 | | | 60.14 | 406.6 | percent of total billed charges | |
| HC UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE | 74410 | CPT | | | | outpatient | | | 268.54 | 241.65 | UHC | Medicare | 210.13 | | | | 60.14 | 406.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE | 74410 | CPT | | | | outpatient | | | 268.54 | 241.65 | Aetna | Better Health | 84.72 | 31.55 | | | 60.14 | 406.6 | percent of total billed charges | |
| HC UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE | 74410 | CPT | | | | outpatient | | | 268.54 | 241.65 | Horizon | Indemnity | 406.6 | | | | 60.14 | 406.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE | 74410 | CPT | | | | outpatient | | | 268.54 | 241.65 | Consumer | Consumer | 255.11 | 95 | | | 60.14 | 406.6 | percent of total billed charges | |
| HC UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE | 74410 | CPT | | | | outpatient | | | 268.54 | 241.65 | Amerihealth | HMO/PPO | 60.14 | | | | 60.14 | 406.6 | fee schedule | |
| HC UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE | 74410 | CPT | | | | outpatient | | | 268.54 | 241.65 | Multiplan | Multiplan | 214.83 | 80 | | | 60.14 | 406.6 | percent of total billed charges | |
| HC UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE | 74410 | CPT | | | | outpatient | | | 268.54 | 241.65 | Three Rivers | Three Rivers | 255.11 | 95 | | | 60.14 | 406.6 | percent of total billed charges | |
| HC UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE | 74410 | CPT | | | | outpatient | | | 268.54 | 241.65 | Horizon | PPO | 406.6 | | | | 60.14 | 406.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE | 74410 | CPT | | | | outpatient | | | 268.54 | 241.65 | Horizon | MCD | 406.6 | | | | 60.14 | 406.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE | 74410 | CPT | | | | outpatient | | | 268.54 | 241.65 | First Health | First Health | 187.98 | 70 | | | 60.14 | 406.6 | percent of total billed charges | |
| HC UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE | 74410 | CPT | | | | outpatient | | | 268.54 | 241.65 | Managed Care Inc | Managed Care Inc | 241.69 | 90 | | | 60.14 | 406.6 | percent of total billed charges | |
| HC UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE | 74410 | CPT | | | | outpatient | | | 268.54 | 241.65 | Corrections | Corrections | 214.83 | 80 | | | 60.14 | 406.6 | percent of total billed charges | |
| HC UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE | 74410 | CPT | | | | outpatient | | | 268.54 | 241.65 | UHC | Medicaid | 84.72 | 31.55 | | | 60.14 | 406.6 | percent of total billed charges | |
| HC UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE | 74410 | CPT | | | | outpatient | | | 268.54 | 241.65 | Qualcare | Qualcare | 201.41 | 75 | | | 60.14 | 406.6 | percent of total billed charges | |
| HC UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE | 74410 | CPT | | | | outpatient | | | 268.54 | 241.65 | WellPoint | WellPoint | 86.42 | 32.18 | | | 60.14 | 406.6 | percent of total billed charges | |
| HC UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE | 74410 | CPT | | | | outpatient | | | 268.54 | 241.65 | Wellcare | Medicaid | 84.72 | 31.55 | | | 60.14 | 406.6 | percent of total billed charges | |
| HC UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE | 74410 | CPT | | | | outpatient | | | 268.54 | 241.65 | Horizon | NJ Health | 100.18 | | | | 60.14 | 406.6 | fee schedule | |
| HC UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE | 74410 | CPT | | | | outpatient | | | 268.54 | 241.65 | Wellcare | Medicare | 210.13 | | | | 60.14 | 406.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UROGRAPHY NFS DRIP &/BOLUS W/NEPHROTOMOGRAPHY | 74415 | CPT | | | | outpatient | | | 268.54 | 241.65 | Corrections | Corrections | 214.83 | 80 | | | 63.86 | 406.6 | percent of total billed charges | |
| HC UROGRAPHY NFS DRIP &/BOLUS W/NEPHROTOMOGRAPHY | 74415 | CPT | | | | outpatient | | | 268.54 | 241.65 | UHC | Medicaid | 84.72 | 31.55 | | | 63.86 | 406.6 | percent of total billed charges | |
| HC UROGRAPHY NFS DRIP &/BOLUS W/NEPHROTOMOGRAPHY | 74415 | CPT | | | | outpatient | | | 268.54 | 241.65 | Aetna | Medicare | 210.13 | | | | 63.86 | 406.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UROGRAPHY NFS DRIP &/BOLUS W/NEPHROTOMOGRAPHY | 74415 | CPT | | | | outpatient | | | 268.54 | 241.65 | Aetna | Better Health | 84.72 | 31.55 | | | 63.86 | 406.6 | percent of total billed charges | |
| HC UROGRAPHY NFS DRIP &/BOLUS W/NEPHROTOMOGRAPHY | 74415 | CPT | | | | outpatient | | | 268.54 | 241.65 | First Trenton | First Trenton | 241.69 | 90 | | | 63.86 | 406.6 | percent of total billed charges | |
| HC UROGRAPHY NFS DRIP &/BOLUS W/NEPHROTOMOGRAPHY | 74415 | CPT | | | | outpatient | | | 268.54 | 241.65 | Amerihealth | HMO/PPO | 63.86 | | | | 63.86 | 406.6 | fee schedule | |
| HC UROGRAPHY NFS DRIP &/BOLUS W/NEPHROTOMOGRAPHY | 74415 | CPT | | | | outpatient | | | 268.54 | 241.65 | Horizon | MCD | 406.6 | | | | 63.86 | 406.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UROGRAPHY NFS DRIP &/BOLUS W/NEPHROTOMOGRAPHY | 74415 | CPT | | | | outpatient | | | 268.54 | 241.65 | Americare | Americare | 201.41 | 75 | | | 63.86 | 406.6 | percent of total billed charges | |
| HC UROGRAPHY NFS DRIP &/BOLUS W/NEPHROTOMOGRAPHY | 74415 | CPT | | | | outpatient | | | 268.54 | 241.65 | Horizon | NJ Health | 161.7 | | | | 63.86 | 406.6 | fee schedule | |
| HC UROGRAPHY NFS DRIP &/BOLUS W/NEPHROTOMOGRAPHY | 74415 | CPT | | | | outpatient | | | 268.54 | 241.65 | UHC | Medicare | 210.13 | | | | 63.86 | 406.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UROGRAPHY NFS DRIP &/BOLUS W/NEPHROTOMOGRAPHY | 74415 | CPT | | | | outpatient | | | 268.54 | 241.65 | Multiplan | Multiplan | 214.83 | 80 | | | 63.86 | 406.6 | percent of total billed charges | |
| HC UROGRAPHY NFS DRIP &/BOLUS W/NEPHROTOMOGRAPHY | 74415 | CPT | | | | outpatient | | | 268.54 | 241.65 | Aetna | Commercial | 102.05 | 38 | | | 63.86 | 406.6 | percent of total billed charges | |
| HC UROGRAPHY NFS DRIP &/BOLUS W/NEPHROTOMOGRAPHY | 74415 | CPT | | | | outpatient | | | 268.54 | 241.65 | Managed Care Inc | Managed Care Inc | 241.69 | 90 | | | 63.86 | 406.6 | percent of total billed charges | |
| HC UROGRAPHY NFS DRIP &/BOLUS W/NEPHROTOMOGRAPHY | 74415 | CPT | | | | outpatient | | | 268.54 | 241.65 | First Health | First Health | 187.98 | 70 | | | 63.86 | 406.6 | percent of total billed charges | |
| HC UROGRAPHY NFS DRIP &/BOLUS W/NEPHROTOMOGRAPHY | 74415 | CPT | | | | outpatient | | | 268.54 | 241.65 | Qualcare | Qualcare | 201.41 | 75 | | | 63.86 | 406.6 | percent of total billed charges | |
| HC UROGRAPHY NFS DRIP &/BOLUS W/NEPHROTOMOGRAPHY | 74415 | CPT | | | | outpatient | | | 268.54 | 241.65 | Consumer | Consumer | 255.11 | 95 | | | 63.86 | 406.6 | percent of total billed charges | |
| HC UROGRAPHY NFS DRIP &/BOLUS W/NEPHROTOMOGRAPHY | 74415 | CPT | | | | outpatient | | | 268.54 | 241.65 | Horizon | PPO | 406.6 | | | | 63.86 | 406.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UROGRAPHY NFS DRIP &/BOLUS W/NEPHROTOMOGRAPHY | 74415 | CPT | | | | outpatient | | | 268.54 | 241.65 | Horizon | Indemnity | 406.6 | | | | 63.86 | 406.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UROGRAPHY NFS DRIP &/BOLUS W/NEPHROTOMOGRAPHY | 74415 | CPT | | | | outpatient | | | 268.54 | 241.65 | Three Rivers | Three Rivers | 255.11 | 95 | | | 63.86 | 406.6 | percent of total billed charges | |
| HC UROGRAPHY NFS DRIP &/BOLUS W/NEPHROTOMOGRAPHY | 74415 | CPT | | | | outpatient | | | 268.54 | 241.65 | Wellcare | Medicare | 210.13 | | | | 63.86 | 406.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UROGRAPHY NFS DRIP &/BOLUS W/NEPHROTOMOGRAPHY | 74415 | CPT | | | | outpatient | | | 268.54 | 241.65 | WellPoint | WellPoint | 86.42 | 32.18 | | | 63.86 | 406.6 | percent of total billed charges | |
| HC UROGRAPHY NFS DRIP &/BOLUS W/NEPHROTOMOGRAPHY | 74415 | CPT | | | | outpatient | | | 268.54 | 241.65 | Wellcare | Medicaid | 84.72 | 31.55 | | | 63.86 | 406.6 | percent of total billed charges | |
| HC UROGRAPHY NFS DRIP &/BOLUS W/NEPHROTOMOGRAPHY | 74415 | CPT | | | | outpatient | | | 268.54 | 241.65 | Horizon | Medicare Blue | 210.13 | | | | 63.86 | 406.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANTEGRADE UROGRAPHY | 74425 | CPT | | | | outpatient | | | 1676.37 | 505.8 | Aetna | Better Health | 528.89 | 31.55 | | | 54.88 | 1592.55 | percent of total billed charges | |
| HC ANTEGRADE UROGRAPHY | 74425 | CPT | | | | outpatient | | | 1676.37 | 505.8 | Amerihealth | HMO/PPO | 1089.64 | 65 | | | 54.88 | 1592.55 | percent of total billed charges | |
| HC ANTEGRADE UROGRAPHY | 74425 | CPT | | | | outpatient | | | 1676.37 | 505.8 | First Trenton | First Trenton | 1508.73 | 90 | | | 54.88 | 1592.55 | percent of total billed charges | |
| HC ANTEGRADE UROGRAPHY | 74425 | CPT | | | | outpatient | | | 1676.37 | 505.8 | First Health | First Health | 1173.46 | 70 | | | 54.88 | 1592.55 | percent of total billed charges | |
| HC ANTEGRADE UROGRAPHY | 74425 | CPT | | | | outpatient | | | 1676.37 | 505.8 | Aetna | Medicare | 439.83 | | | | 54.88 | 1592.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANTEGRADE UROGRAPHY | 74425 | CPT | | | | outpatient | | | 1676.37 | 505.8 | Managed Care Inc | Managed Care Inc | 1508.73 | 90 | | | 54.88 | 1592.55 | percent of total billed charges | |
| HC ANTEGRADE UROGRAPHY | 74425 | CPT | | | | outpatient | | | 1676.37 | 505.8 | Americare | Americare | 1257.28 | 75 | | | 54.88 | 1592.55 | percent of total billed charges | |
| HC ANTEGRADE UROGRAPHY | 74425 | CPT | | | | outpatient | | | 1676.37 | 505.8 | Consumer | Consumer | 1592.55 | 95 | | | 54.88 | 1592.55 | percent of total billed charges | |
| HC ANTEGRADE UROGRAPHY | 74425 | CPT | | | | outpatient | | | 1676.37 | 505.8 | Aetna | Commercial | 637.02 | 38 | | | 54.88 | 1592.55 | percent of total billed charges | |
| HC ANTEGRADE UROGRAPHY | 74425 | CPT | | | | outpatient | | | 1676.37 | 505.8 | Multiplan | Multiplan | 1341.1 | 80 | | | 54.88 | 1592.55 | percent of total billed charges | |
| HC ANTEGRADE UROGRAPHY | 74425 | CPT | | | | outpatient | | | 1676.37 | 505.8 | Horizon | MGD | 851.07 | | | | 54.88 | 1592.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANTEGRADE UROGRAPHY | 74425 | CPT | | | | outpatient | | | 1676.37 | 505.8 | Three Rivers | Three Rivers | 1592.55 | 95 | | | 54.88 | 1592.55 | percent of total billed charges | |
| HC ANTEGRADE UROGRAPHY | 74425 | CPT | | | | outpatient | | | 1676.37 | 505.8 | UHC | Medicare | 439.83 | | | | 54.88 | 1592.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANTEGRADE UROGRAPHY | 74425 | CPT | | | | outpatient | | | 1676.37 | 505.8 | Corrections | Corrections | 1341.1 | 80 | | | 54.88 | 1592.55 | percent of total billed charges | |
| HC ANTEGRADE UROGRAPHY | 74425 | CPT | | | | outpatient | | | 1676.37 | 505.8 | Qualcare | Qualcare | 1257.28 | 75 | | | 54.88 | 1592.55 | percent of total billed charges | |
| HC ANTEGRADE UROGRAPHY | 74425 | CPT | | | | outpatient | | | 1676.37 | 505.8 | Wellcare | Medicaid | 528.89 | 31.55 | | | 54.88 | 1592.55 | percent of total billed charges | |
| HC ANTEGRADE UROGRAPHY | 74425 | CPT | | | | outpatient | | | 1676.37 | 505.8 | Wellcare | Medicare | 439.83 | | | | 54.88 | 1592.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANTEGRADE UROGRAPHY | 74425 | CPT | | | | outpatient | | | 1676.37 | 505.8 | Horizon | Indemnity | 851.07 | | | | 54.88 | 1592.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANTEGRADE UROGRAPHY | 74425 | CPT | | | | outpatient | | | 1676.37 | 505.8 | UHC | Medicaid | 528.89 | 31.55 | | | 54.88 | 1592.55 | percent of total billed charges | |
| HC ANTEGRADE UROGRAPHY | 74425 | CPT | | | | outpatient | | | 1676.37 | 505.8 | Horizon | Medicare Blue | 439.83 | | | | 54.88 | 1592.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANTEGRADE UROGRAPHY | 74425 | CPT | | | | outpatient | | | 1676.37 | 505.8 | Horizon | NJ Health | 54.88 | | | | 54.88 | 1592.55 | fee schedule | |
| HC ANTEGRADE UROGRAPHY | 74425 | CPT | | | | outpatient | | | 1676.37 | 505.8 | Horizon | PPO | 851.07 | | | | 54.88 | 1592.55 | percent of total billed charges | |
| HC ANTEGRADE UROGRAPHY | 74425 | CPT | | | | outpatient | | | 1676.37 | 505.8 | WellPoint | WellPoint | 539.46 | 32.18 | | | 54.88 | 1592.55 | percent of total billed charges | |
| HC CYSTOGRAPHY MINIMUM 3 VIEWS; SURGICAL | 74430 | CPT | | | | outpatient | | | 733.75 | 505.8 | Horizon | MCD | 851.07 | | | | 41.16 | 851.07 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTOGRAPHY MINIMUM 3 VIEWS; SURGICAL | 74430 | CPT | | | | outpatient | | | 733.75 | 505.8 | First Health | First Health | 513.63 | 70 | | | 41.16 | 851.07 | percent of total billed charges | |
| HC CYSTOGRAPHY MINIMUM 3 VIEWS; SURGICAL | 74430 | CPT | | | | outpatient | | | 733.75 | 505.8 | Americare | Americare | 550.31 | 75 | | | 41.16 | 851.07 | percent of total billed charges | |
| HC CYSTOGRAPHY MINIMUM 3 VIEWS; SURGICAL | 74430 | CPT | | | | outpatient | | | 733.75 | 505.8 | Aetna | Medicare | 439.83 | | | | 41.16 | 851.07 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTOGRAPHY MINIMUM 3 VIEWS; SURGICAL | 74430 | CPT | | | | outpatient | | | 733.75 | 505.8 | Wellcare | Medicare | 439.83 | | | | 41.16 | 851.07 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTOGRAPHY MINIMUM 3 VIEWS; SURGICAL | 74430 | CPT | | | | outpatient | | | 733.75 | 505.8 | Aetna | Better Health | 231.5 | 31.55 | | | 41.16 | 851.07 | percent of total billed charges | |
| HC CYSTOGRAPHY MINIMUM 3 VIEWS; SURGICAL | 74430 | CPT | | | | outpatient | | | 733.75 | 505.8 | Horizon | Indemnity | 851.07 | | | | 41.16 | 851.07 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTOGRAPHY MINIMUM 3 VIEWS; SURGICAL | 74430 | CPT | | | | outpatient | | | 733.75 | 505.8 | Aetna | Commercial | 278.83 | 38 | | | 41.16 | 851.07 | percent of total billed charges | |
| HC CYSTOGRAPHY MINIMUM 3 VIEWS; SURGICAL | 74430 | CPT | | | | outpatient | | | 733.75 | 505.8 | UHC | Medicaid | 231.5 | 31.55 | | | 41.16 | 851.07 | percent of total billed charges | |
| HC CYSTOGRAPHY MINIMUM 3 VIEWS; SURGICAL | 74430 | CPT | | | | outpatient | | | 733.75 | 505.8 | Corrections | Corrections | 587 | 80 | | | 41.16 | 851.07 | percent of total billed charges | |
| HC CYSTOGRAPHY MINIMUM 3 VIEWS; SURGICAL | 74430 | CPT | | | | outpatient | | | 733.75 | 505.8 | Consumer | Consumer | 697.06 | 95 | | | 41.16 | 851.07 | percent of total billed charges | |
| HC CYSTOGRAPHY MINIMUM 3 VIEWS; SURGICAL | 74430 | CPT | | | | outpatient | | | 733.75 | 505.8 | Amerihealth | HMO/PPO | 476.94 | 65 | | | 41.16 | 851.07 | percent of total billed charges | |
| HC CYSTOGRAPHY MINIMUM 3 VIEWS; SURGICAL | 74430 | CPT | | | | outpatient | | | 733.75 | 505.8 | UHC | Medicare | 439.83 | | | | 41.16 | 851.07 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTOGRAPHY MINIMUM 3 VIEWS; SURGICAL | 74430 | CPT | | | | outpatient | | | 733.75 | 505.8 | Horizon | PPO | 851.07 | | | | 41.16 | 851.07 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTOGRAPHY MINIMUM 3 VIEWS; SURGICAL | 74430 | CPT | | | | outpatient | | | 733.75 | 505.8 | Wellcare | Medicaid | 231.5 | 31.55 | | | 41.16 | 851.07 | percent of total billed charges | |
| HC CYSTOGRAPHY MINIMUM 3 VIEWS; SURGICAL | 74430 | CPT | | | | outpatient | | | 733.75 | 505.8 | Multiplan | Multiplan | 587 | 80 | | | 41.16 | 851.07 | percent of total billed charges | |
| HC CYSTOGRAPHY MINIMUM 3 VIEWS; SURGICAL | 74430 | CPT | | | | outpatient | | | 733.75 | 505.8 | First Trenton | First Trenton | 660.38 | 90 | | | 41.16 | 851.07 | percent of total billed charges | |
| HC CYSTOGRAPHY MINIMUM 3 VIEWS; SURGICAL | 74430 | CPT | | | | outpatient | | | 733.75 | 505.8 | WellPoint | WellPoint | 236.12 | 32.18 | | | 41.16 | 851.07 | percent of total billed charges | |
| HC CYSTOGRAPHY MINIMUM 3 VIEWS; SURGICAL | 74430 | CPT | | | | outpatient | | | 733.75 | 505.8 | Horizon | Medicare Blue | 439.83 | | | | 41.16 | 851.07 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CYSTOGRAPHY MINIMUM 3 VIEWS; SURGICAL | 74430 | CPT | | | | outpatient | | | 733.75 | 505.8 | Qualcare | Qualcare | 550.31 | 75 | | | 41.16 | 851.07 | percent of total billed charges | |
| HC CYSTOGRAPHY MINIMUM 3 VIEWS; SURGICAL | 74430 | CPT | | | | outpatient | | | 733.75 | 505.8 | Horizon | NJ Health | 41.16 | | | | 41.16 | 851.07 | fee schedule | |
| HC CYSTOGRAPHY MINIMUM 3 VIEWS; SURGICAL | 74430 | CPT | | | | outpatient | | | 733.75 | 505.8 | Managed Care Inc | Managed Care Inc | 660.38 | 90 | | | 41.16 | 851.07 | percent of total billed charges | |
| HC CYSTOGRAPHY MINIMUM 3 VIEWS; SURGICAL | 74430 | CPT | | | | outpatient | | | 733.75 | 505.8 | Three Rivers | Three Rivers | 697.06 | 95 | | | 41.16 | 851.07 | percent of total billed charges | |
| HC URETHROCYSTOGRAPHY RETROGRADE | 74450 | CPT | | | | both | | | 946 | 322.28 | Aetna | Better Health | 298.46 | 31.55 | | | 54.88 | 898.7 | percent of total billed charges | |
| HC URETHROCYSTOGRAPHY RETROGRADE | 74450 | CPT | | | | both | | | 946 | 322.28 | Consumer | Consumer | 898.7 | 95 | | | 54.88 | 898.7 | percent of total billed charges | |
| HC URETHROCYSTOGRAPHY RETROGRADE | 74450 | CPT | | | | both | | | 946 | 322.28 | Three Rivers | Three Rivers | 898.7 | 95 | | | 54.88 | 898.7 | percent of total billed charges | |
| HC URETHROCYSTOGRAPHY RETROGRADE | 74450 | CPT | | | | both | | | 946 | 322.28 | Amerihealth | HMO/PPO | 614.9 | 65 | | | 54.88 | 898.7 | percent of total billed charges | |
| HC URETHROCYSTOGRAPHY RETROGRADE | 74450 | CPT | | | | both | | | 946 | 322.28 | Aetna | Medicare | 280.24 | | | | 54.88 | 898.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC URETHROCYSTOGRAPHY RETROGRADE | 74450 | CPT | | | | both | | | 946 | 322.28 | Horizon | Medicare Blue | 280.24 | | | | 54.88 | 898.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC URETHROCYSTOGRAPHY RETROGRADE | 74450 | CPT | | | | both | | | 946 | 322.28 | Corrections | Corrections | 756.8 | 80 | | | 54.88 | 898.7 | percent of total billed charges | |
| HC URETHROCYSTOGRAPHY RETROGRADE | 74450 | CPT | | | | both | | | 946 | 322.28 | Americare | Americare | 709.5 | 75 | | | 54.88 | 898.7 | percent of total billed charges | |
| HC URETHROCYSTOGRAPHY RETROGRADE | 74450 | CPT | | | | both | | | 946 | 322.28 | Aetna | Commercial | 359.48 | 38 | | | 54.88 | 898.7 | percent of total billed charges | |
| HC URETHROCYSTOGRAPHY RETROGRADE | 74450 | CPT | | | | both | | | 946 | 322.28 | Horizon | NJ Health | 54.88 | | | 77.69 | 54.88 | 898.7 | fee schedule | |
| HC URETHROCYSTOGRAPHY RETROGRADE | 74450 | CPT | | | | both | | | 946 | 322.28 | UHC | Medicaid | 298.46 | 31.55 | | | 54.88 | 898.7 | percent of total billed charges | |
| HC URETHROCYSTOGRAPHY RETROGRADE | 74450 | CPT | | | | both | | | 946 | 322.28 | Multiplan | Multiplan | 756.8 | 80 | | | 54.88 | 898.7 | percent of total billed charges | |
| HC URETHROCYSTOGRAPHY RETROGRADE | 74450 | CPT | | | | both | | | 946 | 322.28 | First Health | First Health | 662.2 | 70 | | | 54.88 | 898.7 | percent of total billed charges | |
| HC URETHROCYSTOGRAPHY RETROGRADE | 74450 | CPT | | | | both | | | 946 | 322.28 | Qualcare | Qualcare | 709.5 | 75 | | | 54.88 | 898.7 | percent of total billed charges | |
| HC URETHROCYSTOGRAPHY RETROGRADE | 74450 | CPT | | | | both | | | 946 | 322.28 | First Trenton | First Trenton | 851.4 | 90 | | | 54.88 | 898.7 | percent of total billed charges | |
| HC URETHROCYSTOGRAPHY RETROGRADE | 74450 | CPT | | | | both | | | 946 | 322.28 | Wellcare | Medicare | 280.24 | | | | 54.88 | 898.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC URETHROCYSTOGRAPHY RETROGRADE | 74450 | CPT | | | | both | | | 946 | 322.28 | WellPoint | WellPoint | 304.42 | 32.18 | | | 54.88 | 898.7 | percent of total billed charges | |
| HC URETHROCYSTOGRAPHY RETROGRADE | 74450 | CPT | | | | both | | | 946 | 322.28 | UHC | Medicare | 280.24 | | | 249.58 | 54.88 | 898.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC URETHROCYSTOGRAPHY RETROGRADE | 74450 | CPT | | | | both | | | 946 | 322.28 | Horizon | Indemnity | 542.26 | | | | 54.88 | 898.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC URETHROCYSTOGRAPHY RETROGRADE | 74450 | CPT | | | | both | | | 946 | 322.28 | Horizon | MGD | 542.26 | | | | 54.88 | 898.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC URETHROCYSTOGRAPHY RETROGRADE | 74450 | CPT | | | | both | | | 946 | 322.28 | Managed Care Inc | Managed Care Inc | 851.4 | 90 | | | 54.88 | 898.7 | percent of total billed charges | |
| HC URETHROCYSTOGRAPHY RETROGRADE | 74450 | CPT | | | | both | | | 946 | 322.28 | Horizon | PPO | 542.26 | | | 497.18 | 54.88 | 898.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC URETHROCYSTOGRAPHY RETROGRADE | 74450 | CPT | | | | both | | | 946 | 322.28 | Wellcare | Medicaid | 298.46 | 31.55 | | | 54.88 | 898.7 | percent of total billed charges | |
| HC URETHROCYSTOGRAPHY VOIDING | 74455 | CPT | | | | outpatient | | | 903 | 322.28 | Horizon | Medicare Blue | 280.24 | | | | 54.88 | 857.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC URETHROCYSTOGRAPHY VOIDING | 74455 | CPT | | | | outpatient | | | 903 | 322.28 | Amerihealth | HMO/PPO | 586.95 | 65 | | | 54.88 | 857.85 | percent of total billed charges | |
| HC URETHROCYSTOGRAPHY VOIDING | 74455 | CPT | | | | outpatient | | | 903 | 322.28 | Aetna | Medicare | 280.24 | | | | 54.88 | 857.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC URETHROCYSTOGRAPHY VOIDING | 74455 | CPT | | | | outpatient | | | 903 | 322.28 | Horizon | MGD | 542.26 | | | | 54.88 | 857.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC URETHROCYSTOGRAPHY VOIDING | 74455 | CPT | | | | outpatient | | | 903 | 322.28 | Aetna | Commercial | 343.14 | 38 | | | 54.88 | 857.85 | percent of total billed charges | |
| HC URETHROCYSTOGRAPHY VOIDING | 74455 | CPT | | | | outpatient | | | 903 | 322.28 | Corrections | Corrections | 722.4 | 80 | | | 54.88 | 857.85 | percent of total billed charges | |
| HC URETHROCYSTOGRAPHY VOIDING | 74455 | CPT | | | | outpatient | | | 903 | 322.28 | First Trenton | First Trenton | 812.7 | 90 | | | 54.88 | 857.85 | percent of total billed charges | |
| HC URETHROCYSTOGRAPHY VOIDING | 74455 | CPT | | | | outpatient | | | 903 | 322.28 | Aetna | Better Health | 284.9 | 31.55 | | | 54.88 | 857.85 | percent of total billed charges | |
| HC URETHROCYSTOGRAPHY VOIDING | 74455 | CPT | | | | outpatient | | | 903 | 322.28 | UHC | Medicare | 280.24 | | | | 54.88 | 857.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC URETHROCYSTOGRAPHY VOIDING | 74455 | CPT | | | | outpatient | | | 903 | 322.28 | Horizon | Indemnity | 542.26 | | | | 54.88 | 857.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC URETHROCYSTOGRAPHY VOIDING | 74455 | CPT | | | | outpatient | | | 903 | 322.28 | Americare | Americare | 677.25 | 75 | | | 54.88 | 857.85 | percent of total billed charges | |
| HC URETHROCYSTOGRAPHY VOIDING | 74455 | CPT | | | | outpatient | | | 903 | 322.28 | UHC | Medicaid | 284.9 | 31.55 | | | 54.88 | 857.85 | percent of total billed charges | |
| HC URETHROCYSTOGRAPHY VOIDING | 74455 | CPT | | | | outpatient | | | 903 | 322.28 | Horizon | NJ Health | 54.88 | | | | 54.88 | 857.85 | fee schedule | |
| HC URETHROCYSTOGRAPHY VOIDING | 74455 | CPT | | | | outpatient | | | 903 | 322.28 | Horizon | PPO | 542.26 | | | | 54.88 | 857.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC URETHROCYSTOGRAPHY VOIDING | 74455 | CPT | | | | outpatient | | | 903 | 322.28 | Wellcare | Medicaid | 284.9 | 31.55 | | | 54.88 | 857.85 | percent of total billed charges | |
| HC URETHROCYSTOGRAPHY VOIDING | 74455 | CPT | | | | outpatient | | | 903 | 322.28 | Consumer | Consumer | 857.85 | 95 | | | 54.88 | 857.85 | percent of total billed charges | |
| HC URETHROCYSTOGRAPHY VOIDING | 74455 | CPT | | | | outpatient | | | 903 | 322.28 | Managed Care Inc | Managed Care Inc | 812.7 | 90 | | | 54.88 | 857.85 | percent of total billed charges | |
| HC URETHROCYSTOGRAPHY VOIDING | 74455 | CPT | | | | outpatient | | | 903 | 322.28 | Multiplan | Multiplan | 722.4 | 80 | | | 54.88 | 857.85 | percent of total billed charges | |
| HC URETHROCYSTOGRAPHY VOIDING | 74455 | CPT | | | | outpatient | | | 903 | 322.28 | Three Rivers | Three Rivers | 857.85 | 95 | | | 54.88 | 857.85 | percent of total billed charges | |
| HC URETHROCYSTOGRAPHY VOIDING | 74455 | CPT | | | | outpatient | | | 903 | 322.28 | First Health | First Health | 632.1 | 70 | | | 54.88 | 857.85 | percent of total billed charges | |
| HC URETHROCYSTOGRAPHY VOIDING | 74455 | CPT | | | | outpatient | | | 903 | 322.28 | WellPoint | WellPoint | 290.59 | 32.18 | | | 54.88 | 857.85 | percent of total billed charges | |
| HC URETHROCYSTOGRAPHY VOIDING | 74455 | CPT | | | | outpatient | | | 903 | 322.28 | Wellcare | Medicare | 280.24 | | | | 54.88 | 857.85 

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC MRI FETAL INCL PLACENTA MATERNAL PELVIS, SINGLE/1ST GEST | 74712 | CPT | | | | outpatient | | | 1238 | | 322.28 | Horizon | NJ Health | 459.38 | | | 459.38 | 280.24 | 1176.1 | fee schedule | |
| HC MRI FETAL INCL PLACENTA MATERNAL PELVIS, SINGLE/1ST GEST | 74712 | CPT | | | | outpatient | | | 1238 | | 322.28 | Three Rivers | Three Rivers | 1176.1 | 95 | | | 280.24 | 1176.1 | percent of total billed charges | |
| HC MRI FETAL INCL PLACENTA MATERNAL PELVIS, SINGLE/1ST GEST | 74712 | CPT | | | | outpatient | | | 1238 | | 322.28 | Multiplan | Multiplan | 990.4 | 80 | | | 280.24 | 1176.1 | percent of total billed charges | |
| HC MRI FETAL INCL PLACENTA MATERNAL PELVIS, SINGLE/1ST GEST | 74712 | CPT | | | | outpatient | | | 1238 | | 322.28 | Consumer | Consumer | 1176.1 | 95 | | | 280.24 | 1176.1 | percent of total billed charges | |
| HC MRI FETAL INCL PLACENTA MATERNAL PELVIS, SINGLE/1ST GEST | 74712 | CPT | | | | outpatient | | | 1238 | | 322.28 | Aetna | Medicare | 280.24 | | | | 280.24 | 1176.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI FETAL INCL PLACENTA MATERNAL PELVIS, SINGLE/1ST GEST | 74712 | CPT | | | | outpatient | | | 1238 | | 322.28 | Wellcare | Medicaid | 390.59 | 31.55 | | | 280.24 | 1176.1 | percent of total billed charges | |
| HC MRI FETAL INCL PLACENTA MATERNAL PELVIS, SINGLE/1ST GEST | 74712 | CPT | | | | outpatient | | | 1238 | | 322.28 | First Health | First Health | 866.6 | 70 | | | 280.24 | 1176.1 | percent of total billed charges | |
| HC MRI FETAL INCL PLACENTA MATERNAL PELVIS, SINGLE/1ST GEST | 74712 | CPT | | | | outpatient | | | 1238 | | 322.28 | Qualcare | Qualcare | 928.5 | 75 | | | 280.24 | 1176.1 | percent of total billed charges | |
| HC MRI FETAL INCL PLACENTA MATERNAL PELVIS, SINGLE/1ST GEST | 74712 | CPT | | | | outpatient | | | 1238 | | 322.28 | First Trenton | First Trenton | 1114.2 | 90 | | | 280.24 | 1176.1 | percent of total billed charges | |
| HC MRI FETAL INCL PLACENTA MATERNAL PELVIS, SINGLE/1ST GEST | 74712 | CPT | | | | outpatient | | | 1238 | | 322.28 | Wellcare | Medicare | 280.24 | | | | 280.24 | 1176.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI FETAL INCL PLACENTA MATERNAL PELVIS, SINGLE/1ST GEST | 74712 | CPT | | | | outpatient | | | 1238 | | 322.28 | Horizon | Indemnity | 542.26 | | | | 280.24 | 1176.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI FETAL INCL PLACENTA MATERNAL PELVIS, SINGLE/1ST GEST | 74712 | CPT | | | | outpatient | | | 1238 | | 322.28 | WellPoint | WellPoint | 398.39 | 32.18 | | | 280.24 | 1176.1 | percent of total billed charges | |
| HC MRI FETAL INCL PLACENTA MATERNAL PELVIS, SINGLE/1ST GEST | 74712 | CPT | | | | outpatient | | | 1238 | | 322.28 | Horizon | PPO | 542.26 | | | | 280.24 | 1176.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI FETAL INCL PLACENTA MATERNAL PELVIS, SINGLE/1ST GEST | 74712 | CPT | | | | outpatient | | | 1238 | | 322.28 | Managed Care Inc | Managed Care Inc | 1114.2 | 90 | | | 280.24 | 1176.1 | percent of total billed charges | |
| HC MRI FETAL INCL PLACENTA MATERNAL PELVIS, SINGLE/1ST GEST | 74712 | CPT | | | | outpatient | | | 1238 | | 322.28 | UHC | Medicaid | 390.59 | 31.55 | | 373.63 | 280.24 | 1176.1 | percent of total billed charges | |
| HC MRI FETUS INCL PLACENTA & MATERNAL PELVIS EA ADDL GES | 74713 | CPT | | | | outpatient | | | 1238 | | | Aetna | Commercial | 470.44 | 38 | | | 251 | 1176.1 | percent of total billed charges | |
| HC MRI FETUS INCL PLACENTA & MATERNAL PELVIS EA ADDL GES | 74713 | CPT | | | | outpatient | | | 1238 | | | Corrections | Corrections | 990.4 | 80 | | | 251 | 1176.1 | percent of total billed charges | |
| HC MRI FETUS INCL PLACENTA & MATERNAL PELVIS EA ADDL GES | 74713 | CPT | | | | outpatient | | | 1238 | | | Horizon | Medicare Blue | 371.4 | 30 | | | 251 | 1176.1 | percent of total billed charges | |
| HC MRI FETUS INCL PLACENTA & MATERNAL PELVIS EA ADDL GES | 74713 | CPT | | | | outpatient | | | 1238 | | | First Health | First Health | 866.6 | 70 | | | 251 | 1176.1 | percent of total billed charges | |
| HC MRI FETUS INCL PLACENTA & MATERNAL PELVIS EA ADDL GES | 74713 | CPT | | | | outpatient | | | 1238 | | | Aetna | Medicare | 381.3 | 30.8 | | | 251 | 1176.1 | percent of total billed charges | |
| HC MRI FETUS INCL PLACENTA & MATERNAL PELVIS EA ADDL GES | 74713 | CPT | | | | outpatient | | | 1238 | | | Aetna | Better Health | 390.59 | 31.55 | | | 251 | 1176.1 | percent of total billed charges | |
| HC MRI FETUS INCL PLACENTA & MATERNAL PELVIS EA ADDL GES | 74713 | CPT | | | | outpatient | | | 1238 | | | First Trenton | First Trenton | 1114.2 | 90 | | | 251 | 1176.1 | percent of total billed charges | |
| HC MRI FETUS INCL PLACENTA & MATERNAL PELVIS EA ADDL GES | 74713 | CPT | | | | outpatient | | | 1238 | | | UHC | Medicaid | 390.59 | 31.55 | | | 251 | 1176.1 | percent of total billed charges | |
| HC MRI FETUS INCL PLACENTA & MATERNAL PELVIS EA ADDL GES | 74713 | CPT | | | | outpatient | | | 1238 | | | Amerihealth | HMO/PPO | 804.7 | 65 | | | 251 | 1176.1 | percent of total billed charges | |
| HC MRI FETUS INCL PLACENTA & MATERNAL PELVIS EA ADDL GES | 74713 | CPT | | | | outpatient | | | 1238 | | | Americare | Americare | 928.5 | 75 | | | 251 | 1176.1 | percent of total billed charges | |
| HC MRI FETUS INCL PLACENTA & MATERNAL PELVIS EA ADDL GES | 74713 | CPT | | | | outpatient | | | 1238 | | | Wellcare | Medicaid | 390.59 | 31.55 | | | 251 | 1176.1 | percent of total billed charges | |
| HC MRI FETUS INCL PLACENTA & MATERNAL PELVIS EA ADDL GES | 74713 | CPT | | | | outpatient | | | 1238 | | | Multiplan | Multiplan | 990.4 | 80 | | | 251 | 1176.1 | percent of total billed charges | |
| HC MRI FETUS INCL PLACENTA & MATERNAL PELVIS EA ADDL GES | 74713 | CPT | | | | outpatient | | | 1238 | | | Horizon | MGD | 473.91 | 38.28 | | | 251 | 1176.1 | percent of total billed charges | |
| HC MRI FETUS INCL PLACENTA & MATERNAL PELVIS EA ADDL GES | 74713 | CPT | | | | outpatient | | | 1238 | | | Consumer | Consumer | 1176.1 | 95 | | | 251 | 1176.1 | percent of total billed charges | |
| HC MRI FETUS INCL PLACENTA & MATERNAL PELVIS EA ADDL GES | 74713 | CPT | | | | outpatient | | | 1238 | | | WellPoint | WellPoint | 398.39 | 32.18 | | | 251 | 1176.1 | percent of total billed charges | |
| HC MRI FETUS INCL PLACENTA & MATERNAL PELVIS EA ADDL GES | 74713 | CPT | | | | outpatient | | | 1238 | | | Qualcare | Qualcare | 928.5 | 75 | | | 251 | 1176.1 | percent of total billed charges | |
| HC MRI FETUS INCL PLACENTA & MATERNAL PELVIS EA ADDL GES | 74713 | CPT | | | | outpatient | | | 1238 | | | Horizon | Indemnity | 473.91 | 38.28 | | | 251 | 1176.1 | percent of total billed charges | |
| HC MRI FETUS INCL PLACENTA & MATERNAL PELVIS EA ADDL GES | 74713 | CPT | | | | outpatient | | | 1238 | | | Horizon | NJ Health | 251 | | | | 251 | 1176.1 | fee schedule | |
| HC MRI FETUS INCL PLACENTA & MATERNAL PELVIS EA ADDL GES | 74713 | CPT | | | | outpatient | | | 1238 | | | Horizon | PPO | 473.91 | 38.28 | | | 251 | 1176.1 | percent of total billed charges | |
| HC MRI FETUS INCL PLACENTA & MATERNAL PELVIS EA ADDL GES | 74713 | CPT | | | | outpatient | | | 1238 | | | Managed Care Inc | Managed Care Inc | 1114.2 | 90 | | | 251 | 1176.1 | percent of total billed charges | |
| HC MRI FETUS INCL PLACENTA & MATERNAL PELVIS EA ADDL GES | 74713 | CPT | | | | outpatient | | | 1238 | | | Three Rivers | Three Rivers | 1176.1 | 95 | | | 251 | 1176.1 | percent of total billed charges | |
| HC HYSTEROSALPINGOGRAPHY | 74740 | CPT | | | | outpatient | | | 1372 | | 322.28 | First Health | First Health | 960.4 | 70 | | | 54.88 | 1303.4 | percent of total billed charges | |
| HC HYSTEROSALPINGOGRAPHY | 74740 | CPT | | | | outpatient | | | 1372 | | 322.28 | Aetna | Commercial | 521.36 | 38 | | | 54.88 | 1303.4 | percent of total billed charges | |
| HC HYSTEROSALPINGOGRAPHY | 74740 | CPT | | | | outpatient | | | 1372 | | 322.28 | Aetna | Medicare | 280.24 | | | | 54.88 | 1303.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HYSTEROSALPINGOGRAPHY | 74740 | CPT | | | | outpatient | | | 1372 | | 322.28 | Horizon | Medicare Blue | 280.24 | | | | 54.88 | 1303.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HYSTEROSALPINGOGRAPHY | 74740 | CPT | | | | outpatient | | | 1372 | | 322.28 | Corrections | Corrections | 1097.6 | 80 | | | 54.88 | 1303.4 | percent of total billed charges | |
| HC HYSTEROSALPINGOGRAPHY | 74740 | CPT | | | | outpatient | | | 1372 | | 322.28 | Americare | Americare | 1029 | 75 | | | 54.88 | 1303.4 | percent of total billed charges | |
| HC HYSTEROSALPINGOGRAPHY | 74740 | CPT | | | | outpatient | | | 1372 | | 322.28 | Amerihealth | HMO/PPO | 891.8 | 65 | | | 54.88 | 1303.4 | percent of total billed charges | |
| HC HYSTEROSALPINGOGRAPHY | 74740 | CPT | | | | outpatient | | | 1372 | | 322.28 | Aetna | Better Health | 432.87 | 31.55 | | | 54.88 | 1303.4 | percent of total billed charges | |
| HC HYSTEROSALPINGOGRAPHY | 74740 | CPT | | | | outpatient | | | 1372 | | 322.28 | First Trenton | First Trenton | 1234.8 | 90 | | | 54.88 | 1303.4 | percent of total billed charges | |
| HC HYSTEROSALPINGOGRAPHY | 74740 | CPT | | | | outpatient | | | 1372 | | 322.28 | Consumer | Consumer | 1303.4 | 95 | | | 54.88 | 1303.4 | percent of total billed charges | |
| HC HYSTEROSALPINGOGRAPHY | 74740 | CPT | | | | outpatient | | | 1372 | | 322.28 | Wellcare | Medicare | 280.24 | | | | 54.88 | 1303.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HYSTEROSALPINGOGRAPHY | 74740 | CPT | | | | outpatient | | | 1372 | | 322.28 | UHC | Medicare | 280.24 | | | | 54.88 | 1303.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HYSTEROSALPINGOGRAPHY | 74740 | CPT | | | | outpatient | | | 1372 | | 322.28 | Horizon | Indemnity | 542.26 | | | | 54.88 | 1303.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HYSTEROSALPINGOGRAPHY | 74740 | CPT | | | | outpatient | | | 1372 | | 322.28 | Horizon | MGD | 542.26 | | | | 54.88 | 1303.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HYSTEROSALPINGOGRAPHY | 74740 | CPT | | | | outpatient | | | 1372 | | 322.28 | Multiplan | Multiplan | 1097.6 | 80 | | | 54.88 | 1303.4 | percent of total billed charges | |
| HC HYSTEROSALPINGOGRAPHY | 74740 | CPT | | | | outpatient | | | 1372 | | 322.28 | Wellcare | Medicaid | 432.87 | 31.55 | | | 54.88 | 1303.4 | percent of total billed charges | |
| HC HYSTEROSALPINGOGRAPHY | 74740 | CPT | | | | outpatient | | | 1372 | | 322.28 | Managed Care Inc | Managed Care Inc | 1234.8 | 90 | | | 54.88 | 1303.4 | percent of total billed charges | |
| HC HYSTEROSALPINGOGRAPHY | 74740 | CPT | | | | outpatient | | | 1372 | | 322.28 | Qualcare | Qualcare | 1029 | 75 | | | 54.88 | 1303.4 | percent of total billed charges | |
| HC HYSTEROSALPINGOGRAPHY | 74740 | CPT | | | | outpatient | | | 1372 | | 322.28 | Horizon | NJ Health | 54.88 | | | | 54.88 | 1303.4 | fee schedule | |
| HC HYSTEROSALPINGOGRAPHY | 74740 | CPT | | | | outpatient | | | 1372 | | 322.28 | Three Rivers | Three Rivers | 1303.4 | 95 | | | 54.88 | 1303.4 | percent of total billed charges | |
| HC HYSTEROSALPINGOGRAPHY | 74740 | CPT | | | | outpatient | | | 1372 | | 322.28 | Horizon | PPO | 542.26 | | | | 54.88 | 1303.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HYSTEROSALPINGOGRAPHY | 74740 | CPT | | | | outpatient | | | 1372 | | 322.28 | UHC | Medicaid | 432.87 | 31.55 | | | 54.88 | 1303.4 | percent of total billed charges | |
| HC HYSTEROSALPINGOGRAPHY | 74740 | CPT | | | | outpatient | | | 1372 | | 322.28 | WellPoint | WellPoint | 441.51 | 32.18 | | | 54.88 | 1303.4 | percent of total billed charges | |
| HC MRI CARDIAC MORPHOLOGY & FUNCTION WO CONTRAST | 75557 | CPT | | | | both | | | 4937 | | 322.28 | Aetna | Commercial | 1876.06 | 38 | | | 280.24 | 4690.15 | percent of total billed charges | |
| HC MRI CARDIAC MORPHOLOGY & FUNCTION WO CONTRAST | 75557 | CPT | | | | both | | | 4937 | | 322.28 | Horizon | Indemnity | 542.26 | | | | 280.24 | 4690.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI CARDIAC MORPHOLOGY & FUNCTION WO CONTRAST | 75557 | CPT | | | | both | | | 4937 | | 322.28 | Aetna | Medicare | 280.24 | | | | 280.24 | 4690.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI CARDIAC MORPHOLOGY & FUNCTION WO CONTRAST | 75557 | CPT | | | | both | | | 4937 | | 322.28 | First Health | First Health | 3455.9 | 70 | | | 280.24 | 4690.15 | percent of total billed charges | |
| HC MRI CARDIAC MORPHOLOGY & FUNCTION WO CONTRAST | 75557 | CPT | | | | both | | | 4937 | | 322.28 | Americare | Americare | 3702.75 | 75 | | | 280.24 | 4690.15 | percent of total billed charges | |
| HC MRI CARDIAC MORPHOLOGY & FUNCTION WO CONTRAST | 75557 | CPT | | | | both | | | 4937 | | 322.28 | First Trenton | First Trenton | 4443.3 | 90 | | | 280.24 | 4690.15 | percent of total billed charges | |
| HC MRI CARDIAC MORPHOLOGY & FUNCTION WO CONTRAST | 75557 | CPT | | | | both | | | 4937 | | 322.28 | Aetna | Better Health | 1557.62 | 31.55 | | | 280.24 | 4690.15 | percent of total billed charges | |
| HC MRI CARDIAC MORPHOLOGY & FUNCTION WO CONTRAST | 75557 | CPT | | | | both | | | 4937 | | 322.28 | Qualcare | Qualcare | 3702.75 | 75 | | | 280.24 | 4690.15 | percent of total billed charges | |
| HC MRI CARDIAC MORPHOLOGY & FUNCTION WO CONTRAST | 75557 | CPT | | | | both | | | 4937 | | 322.28 | Amerihealth | HMO/PPO | 294.5 | | | | 280.24 | 4690.15 | fee schedule | |
| HC MRI CARDIAC MORPHOLOGY & FUNCTION WO CONTRAST | 75557 | CPT | | | | both | | | 4937 | | 322.28 | Horizon | PPO | 542.26 | | | | 280.24 | 4690.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI CARDIAC MORPHOLOGY & FUNCTION WO CONTRAST | 75557 | CPT | | | | both | | | 4937 | | 322.28 | Horizon | MGD | 542.26 | | | | 280.24 | 4690.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI CARDIAC MORPHOLOGY & FUNCTION WO CONTRAST | 75557 | CPT | | | | both | | | 4937 | | 322.28 | Multiplan | Multiplan | 3949.6 | 80 | | | 280.24 | 4690.15 | percent of total billed charges | |
| HC MRI CARDIAC MORPHOLOGY & FUNCTION WO CONTRAST | 75557 | CPT | | | | both | | | 4937 | | 322.28 | Horizon | Medicare Blue | 280.24 | | | | 280.24 | 4690.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI CARDIAC MORPHOLOGY & FUNCTION WO CONTRAST | 75557 | CPT | | | | both | | | 4937 | | 322.28 | Managed Care Inc | Managed Care Inc | 4443.3 | 90 | | | 280.24 | 4690.15 | percent of total billed charges | |
| HC MRI CARDIAC MORPHOLOGY & FUNCTION WO CONTRAST | 75557 | CPT | | | | both | | | 4937 | | 322.28 | Consumer | Consumer | 4690.15 | 95 | | | 280.24 | 4690.15 | percent of total billed charges | |
| HC MRI CARDIAC MORPHOLOGY & FUNCTION WO CONTRAST | 75557 | CPT | | | | both | | | 4937 | | 322.28 | UHC | Medicare | 280.24 | | | | 280.24 | 4690.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI CARDIAC MORPHOLOGY & FUNCTION WO CONTRAST | 75557 | CPT | | | | both | | | 4937 | | 322.28 | UHC | Medicaid | 1557.62 | 31.55 | | 1060.52 | 280.24 | 4690.15 | percent of total billed charges | |
| HC MRI CARDIAC MORPHOLOGY & FUNCTION WO CONTRAST | 75557 | CPT | | | | both | | | 4937 | | 322.28 | Wellcare | Medicare | 280.24 | | | | 280.24 | 4690.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI CARDIAC MORPHOLOGY & FUNCTION WO CONTRAST | 75557 | CPT | | | | both | | | 4937 | | 322.28 | Corrections | Corrections | 3949.6 | 80 | | | 280.24 | 4690.15 | percent of total billed charges | |
| HC MRI CARDIAC MORPHOLOGY & FUNCTION WO CONTRAST | 75557 | CPT | | | | both | | | 4937 | | 322.28 | Three Rivers | Three Rivers | 4690.15 | 95 | | | 280.24 | 4690.15 | percent of total billed charges | |
| HC MRI CARDIAC MORPHOLOGY & FUNCTION WO CONTRAST | 75557 | CPT | | | | both | | | 4937 | | 322.28 | Horizon | NJ Health | 588 | | | | 280.24 | 4690.15 | fee schedule | |
| HC MRI CARDIAC MORPHOLOGY & FUNCTION WO CONTRAST | 75557 | CPT | | | | both | | | 4937 | | 322.28 | WellPoint | WellPoint | 1588.73 | 32.18 | | | 280.24 | 4690.15 | percent of total billed charges | |
| HC MRI CARDIAC MORPHOLOGY & FUNCTION WO CONTRAST | 75557 | CPT | | | | both | | | 4937 | | 322.28 | Wellcare | Medicaid | 1557.62 | 31.55 | | | 280.24 | 4690.15 | percent of total billed charges | |
| HC MRI CARDIAC MORPHOLOGY FUNCTION WO/W CONTRAST | 75561 | CPT | | | | both | | | 5534 | | 505.8 | Aetna | Commercial | 2102.92 | 38 | | 690.68 | 341 | 5257.3 | percent of total billed charges | |
| HC MRI CARDIAC MORPHOLOGY FUNCTION WO/W CONTRAST | 75561 | CPT | | | | both | | | 5534 | | 505.8 | Americare | Americare | 4150.5 | 75 | | | 341 | 5257.3 | percent of total billed charges | |
| HC MRI CARDIAC MORPHOLOGY FUNCTION WO/W CONTRAST | 75561 | CPT | | | | both | | | 5534 | | 505.8 | Aetna | Better Health | 1745.98 | 31.55 | | | 341 | 5257.3 | percent of total billed charges | |
| HC MRI CARDIAC MORPHOLOGY FUNCTION WO/W CONTRAST | 75561 | CPT | | | | both | | | 5534 | | 505.8 | Horizon | Medicare Blue | 439.83 | | | | 341 | 5257.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI CARDIAC MORPHOLOGY FUNCTION WO/W CONTRAST | 75561 | CPT | | | | both | | | 5534 | | 505.8 | Aetna | Medicare | 439.83 | | | 211.82 | 341 | 5257.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI CARDIAC MORPHOLOGY FUNCTION WO/W CONTRAST | 75561 | CPT | | | | both | | | 5534 | | 505.8 | Horizon | PPO | 851.07 | | | 818.52 | 341 | 5257.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI CARDIAC MORPHOLOGY FUNCTION WO/W CONTRAST | 75561 | CPT | | | | both | | | 5534 | | 505.8 | Amerihealth | HMO/PPO | 341 | | | | 341 | 5257.3 | fee schedule | |
| HC MRI CARDIAC MORPHOLOGY FUNCTION WO/W CONTRAST | 75561 | CPT | | | | both | | | 5534 | | 505.8 | Consumer | Consumer | 5257.3 | 95 | | | 341 | 5257.3 | percent of total billed charges | |
| HC MRI CARDIAC MORPHOLOGY FUNCTION WO/W CONTRAST | 75561 | CPT | | | | both | | | 5534 | | 505.8 | First Trenton | First Trenton | 4980.6 | 90 | | | 341 | 5257.3 | percent of total billed charges | |
| HC MRI CARDIAC MORPHOLOGY FUNCTION WO/W CONTRAST | 75561 | CPT | | | | both | | | 5534 | | 505.8 | Multiplan | Multiplan | 4427.2 | 80 | | | 341 | 5257.3 | percent of total billed charges | |
| HC MRI CARDIAC MORPHOLOGY FUNCTION WO/W CONTRAST | 75561 | CPT | | | | both | | | 5534 | | 505.8 | UHC | Medicare | 439.83 | | | 213.72 | 341 | 5257.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI CARDIAC MORPHOLOGY FUNCTION WO/W CONTRAST | 75561 | CPT | | | | both | | | 5534 | | 505.8 | Horizon | NJ Health | 588 | | | 411.73 | 341 | 5257.3 | fee schedule | |
| HC MRI CARDIAC MORPHOLOGY FUNCTION WO/W CONTRAST | 75561 | CPT | | | | both | | | 5534 | | 505.8 | Horizon | Indemnity | 851.07 | | | | 341 | 5257.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI CARDIAC MORPHOLOGY FUNCTION WO/W CONTRAST | 75561 | CPT | | | | both | | | 5534 | | 505.8 | Qualcare | Qualcare | 4150.5 | 75 | | | 341 | 5257.3 | percent of total billed charges | |
| HC MRI CARDIAC MORPHOLOGY FUNCTION WO/W CONTRAST | 75561 | CPT | | | | both | | | 5534 | | 505.8 | First Health | First Health | 3873.8 | 70 | | | 341 | 5257.3 | percent of total billed charges | |
| HC MRI CARDIAC MORPHOLOGY FUNCTION WO/W CONTRAST | 75561 | CPT | | | | both | | | 5534 | | 505.8 | Corrections | Corrections | 4427.2 | 80 | | 862.63 | 341 | 5257.3 | percent of total billed charges | |
| HC MRI CARDIAC MORPHOLOGY FUNCTION WO/W CONTRAST | 75561 | CPT | | | | both | | | 5534 | | 505.8 | Managed Care Inc | Managed Care Inc | 4980.6 | 90 | | | 341 | 5257.3 | percent of total billed charges | |
| HC MRI CARDIAC MORPHOLOGY FUNCTION WO/W CONTRAST | 75561 | CPT | | | | both | | | 5534 | | 505.8 | Wellcare | Medicare | 439.83 | | | | 341 | 5257.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI CARDIAC MORPHOLOGY FUNCTION WO/W CONTRAST | 75561 | CPT | | | | both | | | 5534 | | 505.8 | Wellcare | Medicaid | 1745.98 | 31.55 | | 802.58 | 341 | 5257.3 | percent of total billed charges | |
| HC MRI CARDIAC MORPHOLOGY FUNCTION WO/W CONTRAST | 75561 | CPT | | | | both | | | 5534 | | 505.8 | Three Rivers | Three Rivers | 5257.3 | 95 | | | 341 | 5257.3 | percent of total billed charges | |
| HC MRI CARDIAC MORPHOLOGY FUNCTION WO/W CONTRAST | 75561 | CPT | | | | both | | | 5534 | | 505.8 | Horizon | MGD | 851.07 | | | 793.63 | 341 | 5257.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI CARDIAC MORPHOLOGY FUNCTION WO/W CONTRAST | 75561 | CPT | | | | both | | | 5534 | | 505.8 | WellPoint | WellPoint | 1780.84 | 32.18 | | | 341 | 5257.3 | percent of total billed charges | |
| HC MRI CARDIAC MORPHOLOGY FUNCTION WO/W CONTRAST | 75561 | CPT | | | | both | | | 5534 | | 505.8 | UHC | Medicaid | 1745.98 | 31.55 | | 1408.09 | 341 | 5257.3 | percent of total billed charges | |
| HC MRI CARDIAC VELOCITY FLOW MAPPING | 75565 | CPT | | | | both | | | 5534 | | | Americare | Americare | 4150.5 | 75 | | | 86.97 | 5257.3 | percent of total billed charges | |
| HC MRI CARDIAC VELOCITY FLOW MAPPING | 75565 | CPT | | | | both | | | 5534 | | | Aetna | Better Health | 1745.98 | 31.55 | | | 86.97 | 5257.3 | percent of total billed charges | |
| HC MRI CARDIAC VELOCITY FLOW MAPPING | 75565 | CPT | | | | both | | | 5534 | | | Consumer | Consumer | 5257.3 | 95 | | | 86.97 | 5257.3 | percent of total billed charges | |
| HC MRI CARDIAC VELOCITY FLOW MAPPING | 75565 | CPT | | | | both | | | 5534 | | | Horizon | MGD | 2118.42 | 38.28 | | | 86.97 | 5257.3 | percent of total billed charges | |
| HC MRI CARDIAC VELOCITY FLOW MAPPING | 75565 | CPT | | | | both | | | 5534 | | | Aetna | Commercial | 2102.92 | 38 | | | 86.97 | 5257.3 | percent of total billed charges | |
| HC MRI CARDIAC VELOCITY FLOW MAPPING | 75565 | CPT | | | | both | | | 5534 | | | First Health | First Health | 3873.8 | 70 | | | 86.97 | 5257.3 | percent of total billed charges | |
| HC MRI CARDIAC VELOCITY FLOW MAPPING | 75565 | CPT | | | | both | | | 5534 | | | Corrections | Corrections | 4427.2 | 80 | | | 86.97 | 5257.3 | percent of total billed charges | |
| HC MRI CARDIAC VELOCITY FLOW MAPPING | 75565 | CPT | | | | both | | | 5534 | | | Aetna | Medicare | 1704.47 | 30.8 | | 211.82 | 86.97 | 5257.3 | percent of total billed charges | |
| HC MRI CARDIAC VELOCITY FLOW MAPPING | 75565 | CPT | | | | both | | | 5534 | | | Amerihealth | HMO/PPO | 341 | | | | 86.97 | 5257.3 | fee schedule | |
| HC MRI CARDIAC VELOCITY FLOW MAPPING | 75565 | CPT | | | | both | | | 5534 | | | Horizon | Medicare Blue | 1660.2 | 30 | | | 86.97 | 5257.3 | percent of total billed charges | |
| HC MRI CARDIAC VELOCITY FLOW MAPPING | 75565 | CPT | | | | both | | | 5534 | | | Three Rivers | Three Rivers | 5257.3 | 95 | | | 86.97 | 5257.3 | percent of total billed charges | |
| HC MRI CARDIAC VELOCITY FLOW MAPPING | 75565 | CPT | | | | both | | | 5534 | | | Horizon | NJ Health | 86.97 | | | 337.49 | 86.97 | 5257.3 | fee schedule | |
| HC MRI CARDIAC VELOCITY FLOW MAPPING | 75565 | CPT | | | | both | | | 5534 | | | Horizon | Indemnity | 2118.42 | 38.28 | | | 86.97 | 5257.3 | percent of total billed charges | |
| HC MRI CARDIAC VELOCITY FLOW MAPPING | 75565 | CPT | | | | both | | | 5534 | | | Multiplan | Multiplan | 4427.2 | 80 | | | 86.97 | 5257.3 | percent of total billed charges | |
| HC MRI CARDIAC VELOCITY FLOW MAPPING | 75565 | CPT | | | | both | | | 5534 | | | UHC | Medicaid | 1745.98 | 31.55 | | 1526.58 | 86.97 | 5257.3 | percent of total billed charges | |
| HC MRI CARDIAC VELOCITY FLOW MAPPING | 75565 | CPT | | | | both | | | 5534 | | | First Trenton | First Trenton | 4980.6 | 90 | | | 86.97 | 5257.3 | percent of total billed charges | |
| HC MRI CARDIAC VELOCITY FLOW MAPPING | 75565 | CPT | | | | both | | | 5534 | | | WellPoint | WellPoint | 1780.84 | 32.18 | | | 86.97 | 5257.3 | percent of total billed charges | |
| HC MRI CARDIAC VELOCITY FLOW MAPPING | 75565 | CPT | | | | both | | | 5534 | | | Horizon | PPO | 2118.42 | 38.28 | | | 86.97 | 5257.3 | percent of total billed charges | |
| HC MRI CARDIAC VELOCITY FLOW MAPPING | 75565 | CPT | | | | both | | | 5534 | | | Qualcare | Qualcare | 4150.5 | 75 | | | 86.97 | 5257.3 | percent of total billed charges | |
| HC MRI CARDIAC VELOCITY FLOW MAPPING | 75565 | CPT | | | | both | | | 5534 | | | Managed Care Inc | Managed Care Inc | 4980.6 | 90 | | | 86.97 | 5257.3 | percent of total billed charges | |
| HC MRI CARDIAC VELOCITY FLOW MAPPING | 75565 | CPT | | | | both | | | 5534 | | | Wellcare | Medicaid | 1745.98 | 31.55 | | | 86.97 | 5257.3 | percent of total billed charges | |
| HC CT HEART WO CONTRAST QUANT EVAL CORONARY CALCIUM | 75571 | CPT | | | | both | | | 110 | | 119.52 | Consumer | Consumer | 104.5 | 95 | | | 34.71 | 201.1 | percent of total billed charges | |
| HC CT HEART WO CONTRAST QUANT EVAL CORONARY CALCIUM | 75571 | CPT | | | | both | | | 110 | | 119.52 | First Trenton | First Trenton | 99 | 90 | | | 34.71 | 201.1 | percent of total billed charges | |
| HC CT HEART WO CONTRAST QUANT EVAL CORONARY CALCIUM | 75571 | CPT | | | | both | | | 110 | | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 34.71 | 201.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEART WO CONTRAST QUANT EVAL CORONARY CALCIUM | 75571 | CPT | | | | both | | | 110 | | 119.52 | Aetna | Better Health | 34.71 | 31.55 | | | 34.71 | 201.1 | percent of total billed charges | |
| HC CT HEART WO CONTRAST QUANT EVAL CORONARY CALCIUM | 75571 | CPT | | | | both | | | 110 | | 119.52 | UHC | Medicaid | 34.71 | 31.55 | | | 34.71 | 201.1 | percent of total billed charges | |
| HC CT HEART WO CONTRAST QUANT EVAL CORONARY CALCIUM | 75571 | CPT | | | | both | | | 110 | | 119.52 | Aetna | Medicare | 103.93 | | | | 34.71 | 201.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEART WO CONTRAST QUANT EVAL CORONARY CALCIUM | 75571 | CPT | | | | both | | | 110 | | 119.52 | UHC | Medicare | 103.93 | | | | 34.71 | 201.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEART WO CONTRAST QUANT EVAL CORONARY CALCIUM | 75571 | CPT | | | | both | | | 110 | | 119.52 | Corrections | Corrections | 88 | 80 | | | 34.71 | 201.1 | percent of total billed charges | |
| HC CT HEART WO CONTRAST QUANT EVAL CORONARY CALCIUM | 75571 | CPT | | | | both | | | 110 | | 119.52 | First Health | First Health | 77 | 70 | | | 34.71 | 201.1 | percent of total billed charges | |
| HC CT HEART WO CONTRAST QUANT EVAL CORONARY CALCIUM | 75571 | CPT | | | | both | | | 110 | | 119.52 | Horizon | MGD | 201.1 | | | 102.6 | 34.71 | 201.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEART WO CONTRAST QUANT EVAL CORONARY CALCIUM | 75571 | CPT | | | | both | | | 110 | | 119.52 | Wellcare | Medicare | 103.93 | | | | 34.71 | 201.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEART WO CONTRAST QUANT EVAL CORONARY CALCIUM | 75571 | CPT | | | | both | | | 110 | | 119.52 | Aetna | Commercial | 41.8 | 38 | | | 34.71 | 201.1 |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC CT HEART WO CONTRAST QUANT EVAL CORONARY CALCIUM | 75571 | CPT | | | | both | | | 110 | 119.52 | Three Rivers | Three Rivers | 104.5 | 95 | | | 34.71 | 201.1 | 1404.1 percent of total billed charges | |
| HC CT HEART W CONTRAST EVAL CARDIAC STRUCTURE MORPHOLOGY | 75572 | CPT | | | | both | | | 1478 | 241.65 | UHC | Medicare | 210.13 | | | 206.63 | 210.13 | 1404.1 | 1404.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEART W CONTRAST EVAL CARDIAC STRUCTURE MORPHOLOGY | 75572 | CPT | | | | both | | | 1478 | 241.65 | Aetna | Better Health | 466.31 | 31.55 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT HEART W CONTRAST EVAL CARDIAC STRUCTURE MORPHOLOGY | 75572 | CPT | | | | both | | | 1478 | 241.65 | Americare | Americare | 1108.5 | 75 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT HEART W CONTRAST EVAL CARDIAC STRUCTURE MORPHOLOGY | 75572 | CPT | | | | both | | | 1478 | 241.65 | Aetna | Commercial | 561.64 | 38 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT HEART W CONTRAST EVAL CARDIAC STRUCTURE MORPHOLOGY | 75572 | CPT | | | | both | | | 1478 | 241.65 | Aetna | Medicare | 210.13 | | | | 210.13 | 1404.1 | 1404.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEART W CONTRAST EVAL CARDIAC STRUCTURE MORPHOLOGY | 75572 | CPT | | | | both | | | 1478 | 241.65 | Qualcare | Qualcare | 1108.5 | 75 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT HEART W CONTRAST EVAL CARDIAC STRUCTURE MORPHOLOGY | 75572 | CPT | | | | both | | | 1478 | 241.65 | Horizon | MGD | 406.6 | | | 299.75 | 210.13 | 1404.1 | 1404.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEART W CONTRAST EVAL CARDIAC STRUCTURE MORPHOLOGY | 75572 | CPT | | | | both | | | 1478 | 241.65 | First Health | First Health | 1034.6 | 70 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT HEART W CONTRAST EVAL CARDIAC STRUCTURE MORPHOLOGY | 75572 | CPT | | | | both | | | 1478 | 241.65 | Amerihealth | HMO/PPO | 248 | | | 139.02 | 210.13 | 1404.1 | 1404.1 fee schedule | |
| HC CT HEART W CONTRAST EVAL CARDIAC STRUCTURE MORPHOLOGY | 75572 | CPT | | | | both | | | 1478 | 241.65 | Consumer | Consumer | 1404.1 | 95 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT HEART W CONTRAST EVAL CARDIAC STRUCTURE MORPHOLOGY | 75572 | CPT | | | | both | | | 1478 | 241.65 | Horizon | Indemnity | 406.6 | | | 358.78 | 210.13 | 1404.1 | 1404.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEART W CONTRAST EVAL CARDIAC STRUCTURE MORPHOLOGY | 75572 | CPT | | | | both | | | 1478 | 241.65 | Horizon | PPO | 406.6 | | | 390.79 | 210.13 | 1404.1 | 1404.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEART W CONTRAST EVAL CARDIAC STRUCTURE MORPHOLOGY | 75572 | CPT | | | | both | | | 1478 | 241.65 | Horizon | Medicare Blue | 210.13 | | | | 210.13 | 1404.1 | 1404.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEART W CONTRAST EVAL CARDIAC STRUCTURE MORPHOLOGY | 75572 | CPT | | | | both | | | 1478 | 241.65 | WellPoint | WellPoint | 475.62 | 32.18 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT HEART W CONTRAST EVAL CARDIAC STRUCTURE MORPHOLOGY | 75572 | CPT | | | | both | | | 1478 | 241.65 | Wellcare | Medicaid | 466.31 | 31.55 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT HEART W CONTRAST EVAL CARDIAC STRUCTURE MORPHOLOGY | 75572 | CPT | | | | both | | | 1478 | 241.65 | Multiplan | Multiplan | 1182.4 | 80 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT HEART W CONTRAST EVAL CARDIAC STRUCTURE MORPHOLOGY | 75572 | CPT | | | | both | | | 1478 | 241.65 | Three Rivers | Three Rivers | 1404.1 | 95 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT HEART W CONTRAST EVAL CARDIAC STRUCTURE MORPHOLOGY | 75572 | CPT | | | | both | | | 1478 | 241.65 | Corrections | Corrections | 1182.4 | 80 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT HEART W CONTRAST EVAL CARDIAC STRUCTURE MORPHOLOGY | 75572 | CPT | | | | both | | | 1478 | 241.65 | UHC | Medicaid | 466.31 | 31.55 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT HEART W CONTRAST EVAL CARDIAC STRUCTURE MORPHOLOGY | 75572 | CPT | | | | both | | | 1478 | 241.65 | First Trenton | First Trenton | 1330.2 | 90 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT HEART W CONTRAST EVAL CARDIAC STRUCTURE MORPHOLOGY | 75572 | CPT | | | | both | | | 1478 | 241.65 | Wellcare | Medicare | 210.13 | | | 212.48 | 210.13 | 1404.1 | 1404.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEART W CONTRAST EVAL CARDIAC STRUCTURE MORPHOLOGY | 75572 | CPT | | | | both | | | 1478 | 241.65 | Horizon | NJ Health | 244.63 | | | | 210.13 | 1404.1 | 1404.1 fee schedule | |
| HC CT HEART W CONTRAST EVAL CARDIAC STRUCTURE MORPHOLOGY | 75572 | CPT | | | | both | | | 1478 | 241.65 | Managed Care Inc | Managed Care Inc | 1330.2 | 90 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT HEART W CONTRST CARDIAC STRUX & MORPH FOR CONGENITAL HRT DZ | 75573 | CPT | | | | outpatient | | | 1478 | 241.65 | Aetna | Commercial | 561.64 | 38 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT HEART W CONTRST CARDIAC STRUX & MORPH FOR CONGENITAL HRT DZ | 75573 | CPT | | | | outpatient | | | 1478 | 241.65 | First Trenton | First Trenton | 1330.2 | 90 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT HEART W CONTRST CARDIAC STRUX & MORPH FOR CONGENITAL HRT DZ | 75573 | CPT | | | | outpatient | | | 1478 | 241.65 | Aetna | Better Health | 466.31 | 31.55 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT HEART W CONTRST CARDIAC STRUX & MORPH FOR CONGENITAL HRT DZ | 75573 | CPT | | | | outpatient | | | 1478 | 241.65 | First Health | First Health | 1034.6 | 70 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT HEART W CONTRST CARDIAC STRUX & MORPH FOR CONGENITAL HRT DZ | 75573 | CPT | | | | outpatient | | | 1478 | 241.65 | Americare | Americare | 1108.5 | 75 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT HEART W CONTRST CARDIAC STRUX & MORPH FOR CONGENITAL HRT DZ | 75573 | CPT | | | | outpatient | | | 1478 | 241.65 | Horizon | Indemnity | 406.6 | | | | 210.13 | 1404.1 | 1404.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEART W CONTRST CARDIAC STRUX & MORPH FOR CONGENITAL HRT DZ | 75573 | CPT | | | | outpatient | | | 1478 | 241.65 | Aetna | Medicare | 210.13 | | | | 210.13 | 1404.1 | 1404.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEART W CONTRST CARDIAC STRUX & MORPH FOR CONGENITAL HRT DZ | 75573 | CPT | | | | outpatient | | | 1478 | 241.65 | UHC | Medicaid | 466.31 | 31.55 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT HEART W CONTRST CARDIAC STRUX & MORPH FOR CONGENITAL HRT DZ | 75573 | CPT | | | | outpatient | | | 1478 | 241.65 | Amerihealth | HMO/PPO | 248 | | | | 210.13 | 1404.1 | 1404.1 fee schedule | |
| HC CT HEART W CONTRST CARDIAC STRUX & MORPH FOR CONGENITAL HRT DZ | 75573 | CPT | | | | outpatient | | | 1478 | 241.65 | Wellcare | Medicare | 210.13 | | | | 210.13 | 1404.1 | 1404.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEART W CONTRST CARDIAC STRUX & MORPH FOR CONGENITAL HRT DZ | 75573 | CPT | | | | outpatient | | | 1478 | 241.65 | Consumer | Consumer | 1404.1 | 95 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT HEART W CONTRST CARDIAC STRUX & MORPH FOR CONGENITAL HRT DZ | 75573 | CPT | | | | outpatient | | | 1478 | 241.65 | Multiplan | Multiplan | 1182.4 | 80 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT HEART W CONTRST CARDIAC STRUX & MORPH FOR CONGENITAL HRT DZ | 75573 | CPT | | | | outpatient | | | 1478 | 241.65 | Horizon | Medicare Blue | 210.13 | | | | 210.13 | 1404.1 | 1404.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEART W CONTRST CARDIAC STRUX & MORPH FOR CONGENITAL HRT DZ | 75573 | CPT | | | | outpatient | | | 1478 | 241.65 | Horizon | PPO | 406.6 | | | | 210.13 | 1404.1 | 1404.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEART W CONTRST CARDIAC STRUX & MORPH FOR CONGENITAL HRT DZ | 75573 | CPT | | | | outpatient | | | 1478 | 241.65 | Corrections | Corrections | 1182.4 | 80 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT HEART W CONTRST CARDIAC STRUX & MORPH FOR CONGENITAL HRT DZ | 75573 | CPT | | | | outpatient | | | 1478 | 241.65 | UHC | Medicare | 210.13 | | | | 210.13 | 1404.1 | 1404.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEART W CONTRST CARDIAC STRUX & MORPH FOR CONGENITAL HRT DZ | 75573 | CPT | | | | outpatient | | | 1478 | 241.65 | Horizon | NJ Health | 347.35 | | | | 210.13 | 1404.1 | 1404.1 fee schedule | |
| HC CT HEART W CONTRST CARDIAC STRUX & MORPH FOR CONGENITAL HRT DZ | 75573 | CPT | | | | outpatient | | | 1478 | 241.65 | WellPoint | WellPoint | 475.62 | 32.18 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT HEART W CONTRST CARDIAC STRUX & MORPH FOR CONGENITAL HRT DZ | 75573 | CPT | | | | outpatient | | | 1478 | 241.65 | Horizon | MGD | 406.6 | | | | 210.13 | 1404.1 | 1404.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT HEART W CONTRST CARDIAC STRUX & MORPH FOR CONGENITAL HRT DZ | 75573 | CPT | | | | outpatient | | | 1478 | 241.65 | Qualcare | Qualcare | 1108.5 | 75 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT HEART W CONTRST CARDIAC STRUX & MORPH FOR CONGENITAL HRT DZ | 75573 | CPT | | | | outpatient | | | 1478 | 241.65 | Managed Care Inc | Managed Care Inc | 1330.2 | 90 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT HEART W CONTRST CARDIAC STRUX & MORPH FOR CONGENITAL HRT DZ | 75573 | CPT | | | | outpatient | | | 1478 | 241.65 | Three Rivers | Three Rivers | 1404.1 | 95 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT HEART W CONTRST CARDIAC STRUX & MORPH FOR CONGENITAL HRT DZ | 75573 | CPT | | | | outpatient | | | 1478 | 241.65 | Wellcare | Medicaid | 466.31 | 31.55 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT ANGIO HEART CORONARY ART/BYPASS GRFTS W CONTRAST 3D POST | 75574 | CPT | | | | both | | | 1478 | 241.65 | Aetna | Commercial | 561.64 | 38 | | 400.73 | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT ANGIO HEART CORONARY ART/BYPASS GRFTS W CONTRAST 3D POST | 75574 | CPT | | | | both | | | 1478 | 241.65 | Aetna | Better Health | 466.31 | 31.55 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT ANGIO HEART CORONARY ART/BYPASS GRFTS W CONTRAST 3D POST | 75574 | CPT | | | | both | | | 1478 | 241.65 | Aetna | Medicare | 210.13 | | | 181.73 | 210.13 | 1404.1 | 1404.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO HEART CORONARY ART/BYPASS GRFTS W CONTRAST 3D POST | 75574 | CPT | | | | both | | | 1478 | 241.65 | Horizon | MGD | 406.6 | | | 380.56 | 210.13 | 1404.1 | 1404.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO HEART CORONARY ART/BYPASS GRFTS W CONTRAST 3D POST | 75574 | CPT | | | | both | | | 1478 | 241.65 | Wellcare | Medicaid | 466.31 | 31.55 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT ANGIO HEART CORONARY ART/BYPASS GRFTS W CONTRAST 3D POST | 75574 | CPT | | | | both | | | 1478 | 241.65 | Corrections | Corrections | 1182.4 | 80 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT ANGIO HEART CORONARY ART/BYPASS GRFTS W CONTRAST 3D POST | 75574 | CPT | | | | both | | | 1478 | 241.65 | Horizon | Medicare Blue | 210.13 | | | | 210.13 | 1404.1 | 1404.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO HEART CORONARY ART/BYPASS GRFTS W CONTRAST 3D POST | 75574 | CPT | | | | both | | | 1478 | 241.65 | Amerihealth | HMO/PPO | 248 | | | | 210.13 | 1404.1 | 1404.1 fee schedule | |
| HC CT ANGIO HEART CORONARY ART/BYPASS GRFTS W CONTRAST 3D POST | 75574 | CPT | | | | both | | | 1478 | 241.65 | Multiplan | Multiplan | 1182.4 | 80 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT ANGIO HEART CORONARY ART/BYPASS GRFTS W CONTRAST 3D POST | 75574 | CPT | | | | both | | | 1478 | 241.65 | Americare | Americare | 1108.5 | 75 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT ANGIO HEART CORONARY ART/BYPASS GRFTS W CONTRAST 3D POST | 75574 | CPT | | | | both | | | 1478 | 241.65 | Horizon | Indemnity | 406.6 | | | 396.8 | 210.13 | 1404.1 | 1404.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO HEART CORONARY ART/BYPASS GRFTS W CONTRAST 3D POST | 75574 | CPT | | | | both | | | 1478 | 241.65 | UHC | Medicaid | 466.31 | 31.55 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT ANGIO HEART CORONARY ART/BYPASS GRFTS W CONTRAST 3D POST | 75574 | CPT | | | | both | | | 1478 | 241.65 | WellPoint | WellPoint | 475.62 | 32.18 | | 383.98 | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT ANGIO HEART CORONARY ART/BYPASS GRFTS W CONTRAST 3D POST | 75574 | CPT | | | | both | | | 1478 | 241.65 | Horizon | NJ Health | 546.82 | | | 490.04 | 210.13 | 1404.1 | 1404.1 fee schedule | |
| HC CT ANGIO HEART CORONARY ART/BYPASS GRFTS W CONTRAST 3D POST | 75574 | CPT | | | | both | | | 1478 | 241.65 | Horizon | PPO | 406.6 | | | | 210.13 | 1404.1 | 1404.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO HEART CORONARY ART/BYPASS GRFTS W CONTRAST 3D POST | 75574 | CPT | | | | both | | | 1478 | 241.65 | First Health | First Health | 1034.6 | 70 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT ANGIO HEART CORONARY ART/BYPASS GRFTS W CONTRAST 3D POST | 75574 | CPT | | | | both | | | 1478 | 241.65 | Qualcare | Qualcare | 1108.5 | 75 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT ANGIO HEART CORONARY ART/BYPASS GRFTS W CONTRAST 3D POST | 75574 | CPT | | | | both | | | 1478 | 241.65 | Consumer | Consumer | 1404.1 | 95 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT ANGIO HEART CORONARY ART/BYPASS GRFTS W CONTRAST 3D POST | 75574 | CPT | | | | both | | | 1478 | 241.65 | Wellcare | Medicare | 210.13 | | | | 210.13 | 1404.1 | 1404.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO HEART CORONARY ART/BYPASS GRFTS W CONTRAST 3D POST | 75574 | CPT | | | | both | | | 1478 | 241.65 | First Trenton | First Trenton | 1330.2 | 90 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT ANGIO HEART CORONARY ART/BYPASS GRFTS W CONTRAST 3D POST | 75574 | CPT | | | | both | | | 1478 | 241.65 | UHC | Medicare | 210.13 | | | 100.85 | 210.13 | 1404.1 | 1404.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO HEART CORONARY ART/BYPASS GRFTS W CONTRAST 3D POST | 75574 | CPT | | | | both | | | 1478 | 241.65 | Managed Care Inc | Managed Care Inc | 1330.2 | 90 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC CT ANGIO HEART CORONARY ART/BYPASS GRFTS W CONTRAST 3D POST | 75574 | CPT | | | | both | | | 1478 | 241.65 | Three Rivers | Three Rivers | 1404.1 | 95 | | | 210.13 | 1404.1 | 1404.1 percent of total billed charges | |
| HC AORTOGRAPHY, THORACIC BY SERIALOGRAPHY | 75605 | CPT | | | | inpatient | | | 15969.56 | 7227.61 | Aetna | Medicare | 6284.88 | | | | 280.93 | 15171.08 | 1407.08 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AORTOGRAPHY, THORACIC BY SERIALOGRAPHY | 75605 | CPT | | | | inpatient | | | 15969.56 | 7227.61 | Horizon | Medicare Blue | 6284.88 | | | | 280.93 | 15171.08 | 1407.08 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AORTOGRAPHY, THORACIC BY SERIALOGRAPHY | 75605 | CPT | | | | inpatient | | | 15969.56 | 7227.61 | Three Rivers | Three Rivers | 15171.08 | 95 | | | 280.93 | 15171.08 | 1407.08 percent of total billed charges | |
| HC AORTOGRAPHY, THORACIC BY SERIALOGRAPHY | 75605 | CPT | | | | inpatient | | | 15969.56 | 7227.61 | Amerihealth | HMO/PPO | 10380.21 | 65 | | | 280.93 | 15171.08 | 1407.08 percent of total billed charges | |
| HC AORTOGRAPHY, THORACIC BY SERIALOGRAPHY | 75605 | CPT | | | | inpatient | | | 15969.56 | 7227.61 | Aetna | Better Health | 5038.4 | 31.55 | | | 280.93 | 15171.08 | 1407.08 percent of total billed charges | |
| HC AORTOGRAPHY, THORACIC BY SERIALOGRAPHY | 75605 | CPT | | | | inpatient | | | 15969.56 | 7227.61 | Consumer | Consumer | 15171.08 | 95 | | | 280.93 | 15171.08 | 1407.08 percent of total billed charges | |
| HC AORTOGRAPHY, THORACIC BY SERIALOGRAPHY | 75605 | CPT | | | | inpatient | | | 15969.56 | 7227.61 | First Trenton | First Trenton | 14372.6 | 90 | | | 280.93 | 15171.08 | 1407.08 percent of total billed charges | |
| HC AORTOGRAPHY, THORACIC BY SERIALOGRAPHY | 75605 | CPT | | | | inpatient | | | 15969.56 | 7227.61 | Americare | Americare | 11977.17 | 75 | | | 280.93 | 15171.08 | 1407.08 percent of total billed charges | |
| HC AORTOGRAPHY, THORACIC BY SERIALOGRAPHY | 75605 | CPT | | | | inpatient | | | 15969.56 | 7227.61 | First Health | First Health | 11178.69 | 70 | | | 280.93 | 15171.08 | 1407.08 percent of total billed charges | |
| HC AORTOGRAPHY, THORACIC BY SERIALOGRAPHY | 75605 | CPT | | | | inpatient | | | 15969.56 | 7227.61 | Corrections | Corrections | 12775.65 | 80 | | | 280.93 | 15171.08 | 1407.08 percent of total billed charges | |
| HC AORTOGRAPHY, THORACIC BY SERIALOGRAPHY | 75605 | CPT | | | | inpatient | | | 15969.56 | 7227.61 | UHC | Medicaid | 5038.4 | 31.55 | | | 280.93 | 15171.08 | 1407.08 percent of total billed charges | |
| HC AORTOGRAPHY, THORACIC BY SERIALOGRAPHY | 75605 | CPT | | | | inpatient | | | 15969.56 | 7227.61 | Multiplan | Multiplan | 12775.65 | 80 | | | 280.93 | 15171.08 | 1407.08 percent of total billed charges | |
| HC AORTOGRAPHY, THORACIC BY SERIALOGRAPHY | 75605 | CPT | | | | inpatient | | | 15969.56 | 7227.61 | Aetna | Commercial | 6068.43 | 38 | | | 280.93 | 15171.08 | 1407.08 percent of total billed charges | |
| HC AORTOGRAPHY, THORACIC BY SERIALOGRAPHY | 75605 | CPT | | | | inpatient | | | 15969.56 | 7227.61 | Qualcare | Qualcare | 11977.17 | 75 | | | 280.93 | 15171.08 | 1407.08 percent of total billed charges | |
| HC AORTOGRAPHY, THORACIC BY SERIALOGRAPHY | 75605 | CPT | | | | inpatient | | | 15969.56 | 7227.61 | Horizon | Indemnity | 12161.24 | | | | 280.93 | 15171.08 | 1407.08 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AORTOGRAPHY, THORACIC BY SERIALOGRAPHY | 75605 | CPT | | | | inpatient | | | 15969.56 | 7227.61 | Wellcare | Medicare | 6284.88 | | | | 280.93 | 15171.08 | 1407.08 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AORTOGRAPHY, THORACIC BY SERIALOGRAPHY | 75605 | CPT | | | | inpatient | | | 15969.56 | 7227.61 | Horizon | MGD | 12161.24 | | | | 280.93 | 15171.08 | 1407.08 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AORTOGRAPHY, THORACIC BY SERIALOGRAPHY | 75605 | CPT | | | | inpatient | | | 15969.56 | 7227.61 | Horizon | NJ Health | 280.93 | | | | 280.93 | 15171.08 | 1407.08 fee schedule | |
| HC AORTOGRAPHY, THORACIC BY SERIALOGRAPHY | 75605 | CPT | | | | inpatient | | | 15969.56 | 7227.61 | WellPoint | WellPoint | 5139 | 32.18 | | | 280.93 | 15171.08 | 1407.08 percent of total billed charges | |
| HC AORTOGRAPHY, THORACIC BY SERIALOGRAPHY | 75605 | CPT | | | | inpatient | | | 15969.56 | 7227.61 | Horizon | PPO | 12161.24 | | | | 280.93 | 15171.08 | 1407.08 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AORTOGRAPHY, THORACIC BY SERIALOGRAPHY | 75605 | CPT | | | | inpatient | | | 15969.56 | 7227.61 | UHC | Medicare | 6284.88 | | | | 280.93 | 15171.08 | 1407.08 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AORTOGRAPHY, THORACIC BY SERIALOGRAPHY | 75605 | CPT | | | | inpatient | | | 15969.56 | 7227.61 | Managed Care Inc | Managed Care Inc | 14372.6 | 90 | | | 280.93 | 15171.08 | 1407.08 percent of total billed charges | |
| HC AORTOGRAPHY, THORACIC BY SERIALOGRAPHY | 75605 | CPT | | | | inpatient | | | 15969.56 | 7227.61 | Wellcare | Medicaid | 5038.4 | 31.55 | | | 280.93 | 15171.08 | 1407.08 percent of total billed charges | |
| HC AORTOGRAPHY, ABDOMINAL BY SERIALOGRAPHY | 75625 | CPT | | | | both | | | 9262.88 | 4192.26 | Corrections | Corrections | 7410.3 | 80 | | | 296.35 | 8799.74 | 1407.08 percent of total billed charges | |
| HC AORTOGRAPHY, ABDOMINAL BY SERIALOGRAPHY | 75625 | CPT | | | | both | | | 9262.88 | 4192.26 | Horizon | PPO | 7053.93 | | | | 296.35 | 8799.74 | 1407.08 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AORTOGRAPHY, ABDOMINAL BY SERIALOGRAPHY | 75625 | CPT | | | | both | | | 9262.88 | 4192.26 | Americare | Americare | 6947.16 | 75 | | | 296.35 | 8799.74 | 1407.08 percent of total billed charges | |
| HC AORTOGRAPHY, ABDOMINAL BY SERIALOGRAPHY | 75625 | CPT | | | | both | | | 9262.88 | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 296.35 | 8799.74 | 1407.08 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AORTOGRAPHY, ABDOMINAL BY SERIALOGRAPHY | 75625 | CPT | | | | both | | | 9262.88 | 4192.26 | Aetna | Better Health | 2922.44 | 31.55 | | | 296.35 | 8799.74 | 1407.08 percent of total billed charges | |
| HC AORTOGRAPHY, ABDOMINAL BY SERIALOGRAPHY | 75625 | CPT | | | | both | | | 9262.88 | 4192.26 | First Trenton | First Trenton | 8336.59 | 90 | | | 296.35 | 8799.74 | 1407.08 percent of total billed charges | |
| HC AORTOGRAPHY, ABDOMINAL BY SERIALOGRAPHY | 75625 | CPT | | | | both | | | 9262.88 | 4192.26 | Aetna | Medicare | 3645.44 | | | | 296.35 | 8799.74 | 1407.08 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AORTOGRAPHY, ABDOMINAL BY SERIALOGRAPHY | 75625 | CPT | | | | both | | | 9262.88 | 4192.26 | First Health | First Health | 6484.02 | 70 | | | 296.35 | 8799.74 | 1407.08 percent of total billed charges | |
| HC AORTOGRAPHY, ABDOMINAL BY SERIALOGRAPHY | 75625 | CPT | | | | both | | | 9262.88 | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | | 296.35 | 8799.74 | 1407.08 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AORTOGRAPHY, ABDOMINAL BY SERIALOGRAPHY | 75625 | CPT | | | | both | | | 9262.88 | 4192.26 | WellPoint | WellPoint | 2980.79 | 32.18 | | | 296.35 | 8799.74 | 1407.08 percent of total billed charges | |
| HC AORTOGRAPHY, ABDOMINAL BY SERIALOGRAPHY | 75625 | CPT | | | | both | | | 9262.88 | 4192.26 | Consumer | Consumer | 8799.74 | 95 | | | 296.35 | 8799.74 | 1407.08 percent of total billed charges | |
| HC AORTOGRAPHY, ABDOMINAL BY SERIALOGRAPHY | 75625 | CPT | | | | both | | | 9262.88 | 4192.26 | UHC | Medicaid | 2922.44 | 31.55 | | | 296.35 | 8799.74 | 1407.08 percent of total billed charges | |
| HC AORTOGRAPHY, ABDOMINAL BY SERIALOGRAPHY | 75625 | CPT | | | | both | | | 9262.88 | 4192.26 | Aetna | Commercial | 3519.89 | 38 | | | 296.35 | 8799.74 | 1407.08 percent of total billed charges | |
| HC AORTOGRAPHY, ABDOMINAL BY SERIALOGRAPHY | 75625 | CPT | | | | both | | | 9262.88 | 4192.26 | Managed Care Inc | Managed Care Inc | 8336.59 | 90 | | | 296.35 | 8799.74 | 1407.08 percent of total billed charges | |
| HC AORTOGRAPHY, ABDOMINAL BY SERIALOGRAPHY | 75625 | CPT | | | | both | | | 9262.88 | 4192.26 | Amerihealth | HMO/PPO | 6020.87 | 65 | | | 296.35 | 8799.74 | 1407.08 percent of total billed charges | |
| HC AORTOGRAPHY, ABDOMINAL BY SERIALOGRAPHY | 75625 | CPT | | | | both | | | 9262.88 | 4192.26 | UHC | Medicare | 3645.44 | | | | 296.35 | 8799.74 | 1407.08 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AORTOGRAPHY, ABDOMINAL BY SERIALOGRAPHY | 75625 | CPT | | | | both | | | 9262.88 | 4192.26 | Horizon | NJ Health | 296.35 | | | | 296.35 | 8799.74 | 1407.08 fee schedule | |
| HC AORTOGRAPHY, ABDOMINAL BY SERIALOGRAPHY | 75625 | CPT | | | | both | | | 9262.88 | 4192.26 | Three Rivers | Three Rivers | 8799.74 | 95 | | | 296.35 | 8799.74 | 1407.08 percent of total billed charges | |
| HC AORTOGRAPHY, ABDOMINAL BY SERIALOGRAPHY | 75625 | CPT | | | | both | | | 9262.88 | 4192.26 | Horizon | MGD | 7053.93 | | | | 296.35 | 8799.74 | 1407.08 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AORTOGRAPHY, ABDOMINAL BY SERIALOGRAPHY | 75625 | CPT | | | | both | | | 9262.88 | 4192.26 | Wellcare | Medicaid | 2922.44 | 31.55 | | | 296.35 | 8799.74 | 1407.08 percent of total billed charges | |
| HC AORTOGRAPHY, ABDOMINAL BY SERIALOGRAPHY | 75625 | CPT | | | | both | | | 9262.88 | 4192.26 | Multiplan | Multiplan | 7410.3 | 80 | | | 296.35 | 8799.74 | 1407.08 percent of total billed charges | |
| HC AORTOGRAPHY, ABDOMINAL BY SERIALOGRAPHY | 75625 | CPT | | | | both | | | 9262.88 | 4192.26 | Wellcare | Medicare | 3645.44 | | | | 296.35 | 8799.74 | 1407.08 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AORTOGRAPHY, ABDOMINAL BY SERIALOGRAPHY | 75625 | CPT | | | | both | | | 9262.88 | 4192.26 | Qualcare | Qualcare | 6947.16 | 75 | | | 296.35 | 8799.74 | 1407.08 percent of total billed charges | |
| HC AORTOGRAPHY, ABDOMINAL+BILAT ILIOFEM LOW EXT BY SERIALOGRAPHY | 75630 | CPT | | | | inpatient | | | 11230 | 4192.26 | UHC | Medicare | 3645.44 | | | | 171.5 | 10668.5 | 1407.08 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AORTOGRAPHY, ABDOMINAL+BILAT ILIOFEM LOW EXT BY SERIALOGRAPHY | 75630 | CPT | | | | inpatient | | | 11230 | 4192.26 | Aetna | Better Health | 3543.07 | 31.55 | | | 171.5 | 10668.5 | 1407.08 percent of total billed charges | |
| HC AORTOGRAPHY, ABDOMINAL+BILAT ILIOFEM LOW EXT BY SERIALOGRAPHY | 75630 | CPT | | | | inpatient | | | 11230 | 4192.26 | Consumer | Consumer | 10668.5 | 95 | | | 171.5 | 10668.5 | 1407.08 percent of total billed charges | |
| HC AORTOGRAPHY, ABDOMINAL+BILAT ILIOFEM LOW EXT BY SERIALOGRAPHY | 75630 | CPT | | | | inpatient | | | 11230 | 4192.26 | Americare | Americare | 8422.5 | 75 | | | 171.5 | 10668.5 | 1407.08 percent of total billed charges | |
| HC AORTOGRAPHY, ABDOMINAL+BILAT ILIOFEM LOW EXT BY SERIALOGRAPHY | 75630 | CPT | | | | inpatient | | | 11230 | 4192.26 | Horizon | MGD | 7053.93 |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC CT ANGIO ABD AORTA+BILAT ILIOFEM LOW EXT RUNOFF W/O/W CONTRAST | 75635 | CPT | | | | both | | | 1373 | 241.65 | UHC | Medicare | 210.13 | | | 160.66 | 210.13 | 1304.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO ABD AORTA+BILAT ILIOFEM LOW EXT RUNOFF W/O/W CONTRAST | 75635 | CPT | | | | both | | | 1373 | 241.65 | Multiplan | Multiplan | 1098.4 | 80 | | | 210.13 | 1304.35 | percent of total billed charges | |
| HC CT ANGIO ABD AORTA+BILAT ILIOFEM LOW EXT RUNOFF W/O/W CONTRAST | 75635 | CPT | | | | both | | | 1373 | 241.65 | Wellcare | Medicare | 210.13 | | | | 210.13 | 1304.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO ABD AORTA+BILAT ILIOFEM LOW EXT RUNOFF W/O/W CONTRAST | 75635 | CPT | | | | both | | | 1373 | 241.65 | Three Rivers | Three Rivers | 1304.35 | 95 | | | 210.13 | 1304.35 | percent of total billed charges | |
| HC CT ANGIO ABD AORTA+BILAT ILIOFEM LOW EXT RUNOFF W/O/W CONTRAST | 75635 | CPT | | | | both | | | 1373 | 241.65 | Amerihealth | HMO/PPO | 263.6 | | | | 210.13 | 1304.35 | fee schedule | |
| HC CT ANGIO ABD AORTA+BILAT ILIOFEM LOW EXT RUNOFF W/O/W CONTRAST | 75635 | CPT | | | | both | | | 1373 | 241.65 | Horizon | Medicare Blue | 210.13 | | | 61.33 | 210.13 | 1304.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO ABD AORTA+BILAT ILIOFEM LOW EXT RUNOFF W/O/W CONTRAST | 75635 | CPT | | | | both | | | 1373 | 241.65 | Wellcare | Medicaid | 433.18 | 31.55 | | | 210.13 | 1304.35 | percent of total billed charges | |
| HC CT ANGIO ABD AORTA+BILAT ILIOFEM LOW EXT RUNOFF W/O/W CONTRAST | 75635 | CPT | | | | both | | | 1373 | 241.65 | First Trenton | First Trenton | 1235.7 | 90 | | | 210.13 | 1304.35 | percent of total billed charges | |
| HC CT ANGIO ABD AORTA+BILAT ILIOFEM LOW EXT RUNOFF W/O/W CONTRAST | 75635 | CPT | | | | both | | | 1373 | 241.65 | UHC | Medicaid | 433.18 | 31.55 | | 425.95 | 210.13 | 1304.35 | percent of total billed charges | |
| HC CT ANGIO ABD AORTA+BILAT ILIOFEM LOW EXT RUNOFF W/O/W CONTRAST | 75635 | CPT | | | | both | | | 1373 | 241.65 | Qualcare | Qualcare | 1029.75 | 75 | | | 210.13 | 1304.35 | percent of total billed charges | |
| HC CT ANGIO ABD AORTA+BILAT ILIOFEM LOW EXT RUNOFF W/O/W CONTRAST | 75635 | CPT | | | | both | | | 1373 | 241.65 | WellPoint | WellPoint | 441.83 | 32.18 | | 116.87 | 210.13 | 1304.35 | percent of total billed charges | |
| HC CT ANGIO ABD AORTA+BILAT ILIOFEM LOW EXT RUNOFF W/O/W CONTRAST | 75635 | CPT | | | | both | | | 1373 | 241.65 | Horizon | Indemnity | 406.6 | | | | 210.13 | 1304.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO ABD AORTA+BILAT ILIOFEM LOW EXT RUNOFF W/O/W CONTRAST | 75635 | CPT | | | | both | | | 1373 | 241.65 | Horizon | PPO | 406.6 | | | | 210.13 | 1304.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT ANGIO ABD AORTA+BILAT ILIOFEM LOW EXT RUNOFF W/O/W CONTRAST | 75635 | CPT | | | | both | | | 1373 | 241.65 | Managed Care Inc | Managed Care Inc | 1235.7 | 90 | | | 210.13 | 1304.35 | percent of total billed charges | |
| HC ANGIOGRAPHY SPINAL SELECTIVE | 75705 | CPT | | | | both | | | 6839 | 7227.61 | Horizon | Indemnity | 12161.24 | | | | 349.08 | 12161.24 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY SPINAL SELECTIVE | 75705 | CPT | | | | both | | | 6839 | 7227.61 | Aetna | Better Health | 2157.7 | 31.55 | | | 349.08 | 12161.24 | percent of total billed charges | |
| HC ANGIOGRAPHY SPINAL SELECTIVE | 75705 | CPT | | | | both | | | 6839 | 7227.61 | First Trenton | First Trenton | 6155.1 | 90 | | | 349.08 | 12161.24 | percent of total billed charges | |
| HC ANGIOGRAPHY SPINAL SELECTIVE | 75705 | CPT | | | | both | | | 6839 | 7227.61 | Horizon | Medicare Blue | 6284.88 | | | | 349.08 | 12161.24 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY SPINAL SELECTIVE | 75705 | CPT | | | | both | | | 6839 | 7227.61 | Amerihealth | HMO/PPO | 4445.35 | 65 | | | 349.08 | 12161.24 | percent of total billed charges | |
| HC ANGIOGRAPHY SPINAL SELECTIVE | 75705 | CPT | | | | both | | | 6839 | 7227.61 | Aetna | Medicare | 6284.88 | | | | 349.08 | 12161.24 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY SPINAL SELECTIVE | 75705 | CPT | | | | both | | | 6839 | 7227.61 | Wellcare | Medicaid | 2157.7 | 31.55 | | | 349.08 | 12161.24 | percent of total billed charges | |
| HC ANGIOGRAPHY SPINAL SELECTIVE | 75705 | CPT | | | | both | | | 6839 | 7227.61 | Aetna | Commercial | 2598.82 | 38 | | | 349.08 | 12161.24 | percent of total billed charges | |
| HC ANGIOGRAPHY SPINAL SELECTIVE | 75705 | CPT | | | | both | | | 6839 | 7227.61 | Horizon | PPO | 12161.24 | | | | 349.08 | 12161.24 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY SPINAL SELECTIVE | 75705 | CPT | | | | both | | | 6839 | 7227.61 | Americare | Americare | 5129.25 | 75 | | | 349.08 | 12161.24 | percent of total billed charges | |
| HC ANGIOGRAPHY SPINAL SELECTIVE | 75705 | CPT | | | | both | | | 6839 | 7227.61 | Managed Care Inc | Managed Care Inc | 6155.1 | 90 | | | 349.08 | 12161.24 | percent of total billed charges | |
| HC ANGIOGRAPHY SPINAL SELECTIVE | 75705 | CPT | | | | both | | | 6839 | 7227.61 | Corrections | Corrections | 5471.2 | 80 | | | 349.08 | 12161.24 | percent of total billed charges | |
| HC ANGIOGRAPHY SPINAL SELECTIVE | 75705 | CPT | | | | both | | | 6839 | 7227.61 | First Health | First Health | 4787.3 | 70 | | | 349.08 | 12161.24 | percent of total billed charges | |
| HC ANGIOGRAPHY SPINAL SELECTIVE | 75705 | CPT | | | | both | | | 6839 | 7227.61 | Consumer | Consumer | 6497.05 | 95 | | | 349.08 | 12161.24 | percent of total billed charges | |
| HC ANGIOGRAPHY SPINAL SELECTIVE | 75705 | CPT | | | | both | | | 6839 | 7227.61 | Wellcare | Medicare | 6284.88 | | | | 349.08 | 12161.24 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY SPINAL SELECTIVE | 75705 | CPT | | | | both | | | 6839 | 7227.61 | Horizon | MGD | 12161.24 | | | | 349.08 | 12161.24 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY SPINAL SELECTIVE | 75705 | CPT | | | | both | | | 6839 | 7227.61 | UHC | Medicaid | 2157.7 | 31.55 | | | 349.08 | 12161.24 | percent of total billed charges | |
| HC ANGIOGRAPHY SPINAL SELECTIVE | 75705 | CPT | | | | both | | | 6839 | 7227.61 | Horizon | NJ Health | 349.08 | | | 126.86 | 349.08 | 12161.24 | fee schedule | |
| HC ANGIOGRAPHY SPINAL SELECTIVE | 75705 | CPT | | | | both | | | 6839 | 7227.61 | Multiplan | Multiplan | 5471.2 | 80 | | | 349.08 | 12161.24 | percent of total billed charges | |
| HC ANGIOGRAPHY SPINAL SELECTIVE | 75705 | CPT | | | | both | | | 6839 | 7227.61 | Three Rivers | Three Rivers | 6497.05 | 95 | | | 349.08 | 12161.24 | percent of total billed charges | |
| HC ANGIOGRAPHY SPINAL SELECTIVE | 75705 | CPT | | | | both | | | 6839 | 7227.61 | UHC | Medicare | 6284.88 | | | | 349.08 | 12161.24 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY SPINAL SELECTIVE | 75705 | CPT | | | | both | | | 6839 | 7227.61 | Qualcare | Qualcare | 5129.25 | 75 | | | 349.08 | 12161.24 | percent of total billed charges | |
| HC ANGIOGRAPHY SPINAL SELECTIVE | 75705 | CPT | | | | both | | | 6839 | 7227.61 | WellPoint | WellPoint | 2200.79 | 32.18 | | | 349.08 | 12161.24 | percent of total billed charges | |
| HC ANGIOGRAPHY EXTREMITY UNILAT | 75710 | CPT | | | | both | | | 6839 | 4192.26 | Aetna | Better Health | 2157.7 | 31.55 | | | 148.18 | 7053.93 | percent of total billed charges | |
| HC ANGIOGRAPHY EXTREMITY UNILAT | 75710 | CPT | | | | both | | | 6839 | 4192.26 | Aetna | Commercial | 2598.82 | 38 | | | 148.18 | 7053.93 | percent of total billed charges | |
| HC ANGIOGRAPHY EXTREMITY UNILAT | 75710 | CPT | | | | both | | | 6839 | 4192.26 | Americare | Americare | 5129.25 | 75 | | | 148.18 | 7053.93 | percent of total billed charges | |
| HC ANGIOGRAPHY EXTREMITY UNILAT | 75710 | CPT | | | | both | | | 6839 | 4192.26 | Corrections | Corrections | 5471.2 | 80 | | | 148.18 | 7053.93 | percent of total billed charges | |
| HC ANGIOGRAPHY EXTREMITY UNILAT | 75710 | CPT | | | | both | | | 6839 | 4192.26 | Horizon | Medicare Blue | 3845.44 | | | | 148.18 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY EXTREMITY UNILAT | 75710 | CPT | | | | both | | | 6839 | 4192.26 | Consumer | Consumer | 6497.05 | 95 | | | 148.18 | 7053.93 | percent of total billed charges | |
| HC ANGIOGRAPHY EXTREMITY UNILAT | 75710 | CPT | | | | both | | | 6839 | 4192.26 | Horizon | NJ Health | 148.18 | | | 265.34 | 148.18 | 7053.93 | fee schedule | |
| HC ANGIOGRAPHY EXTREMITY UNILAT | 75710 | CPT | | | | both | | | 6839 | 4192.26 | First Trenton | First Trenton | 6155.1 | 90 | | | 148.18 | 7053.93 | percent of total billed charges | |
| HC ANGIOGRAPHY EXTREMITY UNILAT | 75710 | CPT | | | | both | | | 6839 | 4192.26 | Aetna | Medicare | 3845.44 | | | | 148.18 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY EXTREMITY UNILAT | 75710 | CPT | | | | both | | | 6839 | 4192.26 | Amerihealth | HMO/PPO | 4445.35 | 65 | | | 148.18 | 7053.93 | percent of total billed charges | |
| HC ANGIOGRAPHY EXTREMITY UNILAT | 75710 | CPT | | | | both | | | 6839 | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 148.18 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY EXTREMITY UNILAT | 75710 | CPT | | | | both | | | 6839 | 4192.26 | Horizon | PPO | 7053.93 | | | | 148.18 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY EXTREMITY UNILAT | 75710 | CPT | | | | both | | | 6839 | 4192.26 | Wellcare | Medicaid | 2157.7 | 31.55 | | | 148.18 | 7053.93 | percent of total billed charges | |
| HC ANGIOGRAPHY EXTREMITY UNILAT | 75710 | CPT | | | | both | | | 6839 | 4192.26 | First Health | First Health | 4787.3 | 70 | | | 148.18 | 7053.93 | percent of total billed charges | |
| HC ANGIOGRAPHY EXTREMITY UNILAT | 75710 | CPT | | | | both | | | 6839 | 4192.26 | Managed Care Inc | Managed Care Inc | 6155.1 | 90 | | | 148.18 | 7053.93 | percent of total billed charges | |
| HC ANGIOGRAPHY EXTREMITY UNILAT | 75710 | CPT | | | | both | | | 6839 | 4192.26 | Horizon | MGD | 7053.93 | | | | 148.18 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY EXTREMITY UNILAT | 75710 | CPT | | | | both | | | 6839 | 4192.26 | UHC | Medicare | 3845.44 | | | 1439.29 | 148.18 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY EXTREMITY UNILAT | 75710 | CPT | | | | both | | | 6839 | 4192.26 | Multiplan | Multiplan | 5471.2 | 80 | | | 148.18 | 7053.93 | percent of total billed charges | |
| HC ANGIOGRAPHY EXTREMITY UNILAT | 75710 | CPT | | | | both | | | 6839 | 4192.26 | Three Rivers | Three Rivers | 6497.05 | 95 | | | 148.18 | 7053.93 | percent of total billed charges | |
| HC ANGIOGRAPHY EXTREMITY UNILAT | 75710 | CPT | | | | both | | | 6839 | 4192.26 | Qualcare | Qualcare | 5129.25 | 75 | | | 148.18 | 7053.93 | percent of total billed charges | |
| HC ANGIOGRAPHY EXTREMITY UNILAT | 75710 | CPT | | | | both | | | 6839 | 4192.26 | Wellcare | Medicare | 3845.44 | | | | 148.18 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY EXTREMITY UNILAT | 75710 | CPT | | | | both | | | 6839 | 4192.26 | UHC | Medicaid | 2157.7 | 31.55 | | | 148.18 | 7053.93 | percent of total billed charges | |
| HC ANGIOGRAPHY EXTREMITY UNILAT | 75710 | CPT | | | | both | | | 6839 | 4192.26 | WellPoint | WellPoint | 2200.79 | 32.18 | | 1417.26 | 148.18 | 7053.93 | percent of total billed charges | |
| HC ANGIOGRAPHY EXTREMITY BILAT | 75716 | CPT | | | | both | | | 11230 | 4192.26 | Aetna | Better Health | 3543.07 | 31.55 | | | 246.96 | 10668.5 | percent of total billed charges | |
| HC ANGIOGRAPHY EXTREMITY BILAT | 75716 | CPT | | | | both | | | 11230 | 4192.26 | Americare | Americare | 8422.5 | 75 | | | 246.96 | 10668.5 | percent of total billed charges | |
| HC ANGIOGRAPHY EXTREMITY BILAT | 75716 | CPT | | | | both | | | 11230 | 4192.26 | Aetna | Commercial | 4267.4 | 38 | | | 246.96 | 10668.5 | percent of total billed charges | |
| HC ANGIOGRAPHY EXTREMITY BILAT | 75716 | CPT | | | | both | | | 11230 | 4192.26 | Amerihealth | HMO/PPO | 7299.5 | 65 | | | 246.96 | 10668.5 | percent of total billed charges | |
| HC ANGIOGRAPHY EXTREMITY BILAT | 75716 | CPT | | | | both | | | 11230 | 4192.26 | Consumer | Consumer | 10668.5 | 95 | | | 246.96 | 10668.5 | percent of total billed charges | |
| HC ANGIOGRAPHY EXTREMITY BILAT | 75716 | CPT | | | | both | | | 11230 | 4192.26 | Aetna | Medicare | 3645.44 | | | | 246.96 | 10668.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY EXTREMITY BILAT | 75716 | CPT | | | | both | | | 11230 | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | | 246.96 | 10668.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY EXTREMITY BILAT | 75716 | CPT | | | | both | | | 11230 | 4192.26 | Corrections | Corrections | 8984 | 80 | | | 246.96 | 10668.5 | percent of total billed charges | |
| HC ANGIOGRAPHY EXTREMITY BILAT | 75716 | CPT | | | | both | | | 11230 | 4192.26 | First Health | First Health | 7861 | 70 | | | 246.96 | 10668.5 | percent of total billed charges | |
| HC ANGIOGRAPHY EXTREMITY BILAT | 75716 | CPT | | | | both | | | 11230 | 4192.26 | First Trenton | First Trenton | 10107 | 90 | | | 246.96 | 10668.5 | percent of total billed charges | |
| HC ANGIOGRAPHY EXTREMITY BILAT | 75716 | CPT | | | | both | | | 11230 | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 246.96 | 10668.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY EXTREMITY BILAT | 75716 | CPT | | | | both | | | 11230 | 4192.26 | Multiplan | Multiplan | 8984 | 80 | | | 246.96 | 10668.5 | percent of total billed charges | |
| HC ANGIOGRAPHY EXTREMITY BILAT | 75716 | CPT | | | | both | | | 11230 | 4192.26 | UHC | Medicaid | 3543.07 | 31.55 | | | 246.96 | 10668.5 | percent of total billed charges | |
| HC ANGIOGRAPHY EXTREMITY BILAT | 75716 | CPT | | | | both | | | 11230 | 4192.26 | Horizon | MGD | 7053.93 | | | | 246.96 | 10668.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY EXTREMITY BILAT | 75716 | CPT | | | | both | | | 11230 | 4192.26 | UHC | Medicare | 3645.44 | | | | 246.96 | 10668.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY EXTREMITY BILAT | 75716 | CPT | | | | both | | | 11230 | 4192.26 | Qualcare | Qualcare | 8422.5 | 75 | | | 246.96 | 10668.5 | percent of total billed charges | |
| HC ANGIOGRAPHY EXTREMITY BILAT | 75716 | CPT | | | | both | | | 11230 | 4192.26 | Wellcare | Medicaid | 3543.07 | 31.55 | | | 246.96 | 10668.5 | percent of total billed charges | |
| HC ANGIOGRAPHY EXTREMITY BILAT | 75716 | CPT | | | | both | | | 11230 | 4192.26 | Horizon | NJ Health | 246.96 | | | | 246.96 | 10668.5 | fee schedule | |
| HC ANGIOGRAPHY EXTREMITY BILAT | 75716 | CPT | | | | both | | | 11230 | 4192.26 | Horizon | PPO | 7053.93 | | | | 246.96 | 10668.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY EXTREMITY BILAT | 75716 | CPT | | | | both | | | 11230 | 4192.26 | Managed Care Inc | Managed Care Inc | 10107 | 90 | | | 246.96 | 10668.5 | percent of total billed charges | |
| HC ANGIOGRAPHY EXTREMITY BILAT | 75716 | CPT | | | | both | | | 11230 | 4192.26 | Wellcare | Medicare | 3645.44 | | | | 246.96 | 10668.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY EXTREMITY BILAT | 75716 | CPT | | | | both | | | 11230 | 4192.26 | Three Rivers | Three Rivers | 10668.5 | 95 | | | 246.96 | 10668.5 | percent of total billed charges | |
| HC ANGIOGRAPHY EXTREMITY BILAT | 75716 | CPT | | | | both | | | 11230 | 4192.26 | WellPoint | WellPoint | 3613.81 | 32.18 | | | 246.96 | 10668.5 | percent of total billed charges | |
| HC ANGIOGRAPHY VISCERAL SELECTIVE/SUPRASELECTIVE W/O/W FLUSH AORTOGRAM | 75726 | CPT | | | | both | | | 6860 | 7227.61 | First Health | First Health | 4802 | 70 | | | 279.34 | 12161.24 | percent of total billed charges | |
| HC ANGIOGRAPHY VISCERAL SELECTIVE/SUPRASELECTIVE W/O/W FLUSH AORTOGRAM | 75726 | CPT | | | | both | | | 6860 | 7227.61 | Americare | Americare | 5145 | 75 | | | 279.34 | 12161.24 | percent of total billed charges | |
| HC ANGIOGRAPHY VISCERAL SELECTIVE/SUPRASELECTIVE W/O/W FLUSH AORTOGRAM | 75726 | CPT | | | | both | | | 6860 | 7227.61 | Corrections | Corrections | 5488 | 80 | | | 279.34 | 12161.24 | percent of total billed charges | |
| HC ANGIOGRAPHY VISCERAL SELECTIVE/SUPRASELECTIVE W/O/W FLUSH AORTOGRAM | 75726 | CPT | | | | both | | | 6860 | 7227.61 | Aetna | Medicare | 6284.88 | | | 1578.23 | 279.34 | 12161.24 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY VISCERAL SELECTIVE/SUPRASELECTIVE W/O/W FLUSH AORTOGRAM | 75726 | CPT | | | | both | | | 6860 | 7227.61 | Aetna | Better Health | 2164.33 | 31.55 | | | 279.34 | 12161.24 | percent of total billed charges | |
| HC ANGIOGRAPHY VISCERAL SELECTIVE/SUPRASELECTIVE W/O/W FLUSH AORTOGRAM | 75726 | CPT | | | | both | | | 6860 | 7227.61 | First Trenton | First Trenton | 6174 | 90 | | | 279.34 | 12161.24 | percent of total billed charges | |
| HC ANGIOGRAPHY VISCERAL SELECTIVE/SUPRASELECTIVE W/O/W FLUSH AORTOGRAM | 75726 | CPT | | | | both | | | 6860 | 7227.61 | Consumer | Consumer | 6517 | 95 | | | 279.34 | 12161.24 | percent of total billed charges | |
| HC ANGIOGRAPHY VISCERAL SELECTIVE/SUPRASELECTIVE W/O/W FLUSH AORTOGRAM | 75726 | CPT | | | | both | | | 6860 | 7227.61 | Aetna | Commercial | 2606.8 | 38 | | 595.78 | 279.34 | 12161.24 | percent of total billed charges | |
| HC ANGIOGRAPHY VISCERAL SELECTIVE/SUPRASELECTIVE W/O/W FLUSH AORTOGRAM | 75726 | CPT | | | | both | | | 6860 | 7227.61 | Horizon | MGD | 12161.24 | | | 2820.3 | 279.34 | 12161.24 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY VISCERAL SELECTIVE/SUPRASELECTIVE W/O/W FLUSH AORTOGRAM | 75726 | CPT | | | | both | | | 6860 | 7227.61 | UHC | Medicaid | 2164.33 | 31.55 | | | 279.34 | 12161.24 | percent of total billed charges | |
| HC ANGIOGRAPHY VISCERAL SELECTIVE/SUPRASELECTIVE W/O/W FLUSH AORTOGRAM | 75726 | CPT | | | | both | | | 6860 | 7227.61 | Horizon | Medicare Blue | 6284.88 | | | | 279.34 | 12161.24 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY VISCERAL SELECTIVE/SUPRASELECTIVE W/O/W FLUSH AORTOGRAM | 75726 | CPT | | | | both | | | 6860 | 7227.61 | Amerihealth | HMO/PPO | 4459 | 65 | | | 279.34 | 12161.24 | percent of total billed charges | |
| HC ANGIOGRAPHY VISCERAL SELECTIVE/SUPRASELECTIVE W/O/W FLUSH AORTOGRAM | 75726 | CPT | | | | both | | | 6860 | 7227.61 | Horizon | PPO | 12161.24 | | | | 279.34 | 12161.24 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY VISCERAL SELECTIVE/SUPRASELECTIVE W/O/W FLUSH AORTOGRAM | 75726 | CPT | | | | both | | | 6860 | 7227.61 | Horizon | Indemnity | 12161.24 | | | 2660.64 | 279.34 | 12161.24 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY VISCERAL SELECTIVE/SUPRASELECTIVE W/O/W FLUSH AORTOGRAM | 75726 | CPT | | | | both | | | 6860 | 7227.61 | Three Rivers | Three Rivers | 6517 | 95 | | | 279.34 | 12161.24 | percent of total billed charges | |
| HC ANGIOGRAPHY VISCERAL SELECTIVE/SUPRASELECTIVE W/O/W FLUSH AORTOGRAM | 75726 | CPT | | | | both | | | 6860 | 7227.61 | Multiplan | Multiplan | 5488 | 80 | | | 279.34 | 12161.24 | percent of total billed charges | |
| HC ANGIOGRAPHY VISCERAL SELECTIVE/SUPRASELECTIVE W/O/W FLUSH AORTOGRAM | 75726 | CPT | | | | both | | | 6860 | 7227.61 | Horizon | NJ Health | 279.34 | | | 999.34 | 279.34 | 12161.24 | fee schedule | |
| HC ANGIOGRAPHY VISCERAL SELECTIVE/SUPRASELECTIVE W/O/W FLUSH AORTOGRAM | 75726 | CPT | | | | both | | | 6860 | 7227.61 | Managed Care Inc | Managed Care Inc | 6174 | 90 | | | 279.34 | 12161.24 | percent of total billed charges | |
| HC ANGIOGRAPHY VISCERAL SELECTIVE/SUPRASELECTIVE W/O/W FLUSH AORTOGRAM | 75726 | CPT | | | | both | | | 6860 | 7227.61 | UHC | Medicare | 6284.88 | | | 1373.93 | 279.34 | 12161.24 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY VISCERAL SELECTIVE/SUPRASELECTIVE W/O/W FLUSH AORTOGRAM | 75726 | CPT | | | | both | | | 6860 | 7227.61 | Qualcare | Qualcare | 5145 | 75 | | | 279.34 | 12161.24 | percent of total billed charges | |
| HC ANGIOGRAPHY VISCERAL SELECTIVE/SUPRASELECTIVE W/O/W FLUSH AORTOGRAM | 75726 | CPT | | | | both | | | 6860 | 7227.61 | Wellcare | Medicaid | 2164.33 | 31.55 | | 123.04 | 279.34 | 12161.24 | percent of total billed charges | |
| HC ANGIOGRAPHY VISCERAL SELECTIVE/SUPRASELECTIVE W/O/W FLUSH AORTOGRAM | 75726 | CPT | | | | both | | | 6860 | 7227.61 | Wellcare | Medicare | 6284.88 | | | | 279.34 | 12161.24 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY VISCERAL SELECTIVE/SUPRASELECTIVE W/O/W FLUSH AORTOGRAM | 75726 | CPT | | | | both | | | 6860 | 7227.61 | WellPoint | WellPoint | 2207.55 | 32.18 | | 598.63 | 279.34 | 12161.24 | percent of total billed charges | |
| HC ANGIOGRAPHY ADRENAL UNILATERAL SELECTIVE | 75731 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | First Trenton | First Trenton | 8336.59 | 90 | | | 256.13 | 8799.74 | percent of total billed charges | |
| HC ANGIOGRAPHY ADRENAL UNILATERAL SELECTIVE | 75731 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Aetna | Better Health | 2922.44 | 31.55 | | | 256.13 | 8799.74 | percent of total billed charges | |
| HC ANGIOGRAPHY ADRENAL UNILATERAL SELECTIVE | 75731 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Aetna | Medicare | 3645.44 | | | | 256.13 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY ADRENAL UNILATERAL SELECTIVE | 75731 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | First Health | First Health | 6484.02 | 70 | | | 256.13 | 8799.74 | percent of total billed charges | |
| HC ANGIOGRAPHY ADRENAL UNILATERAL SELECTIVE | 75731 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Horizon | MGD | 7053.93 | | | | 256.13 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY ADRENAL UNILATERAL SELECTIVE | 75731 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Consumer | Consumer | 8799.74 | 95 | | | 256.13 | 8799.74 | percent of total billed charges | |
| HC ANGIOGRAPHY ADRENAL UNILATERAL SELECTIVE | 75731 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Americare | Americare | 6947.16 | 75 | | | 256.13 | 8799.74 | percent of total billed charges | |
| HC ANGIOGRAPHY ADRENAL UNILATERAL SELECTIVE | 75731 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | UHC | Medicaid | 2922.44 | 31.55 | | | 256.13 | 8799.74 | percent of total billed charges | |
| HC ANGIOGRAPHY ADRENAL UNILATERAL SELECTIVE | 75731 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Managed Care Inc | Managed Care Inc | 8336.59 | 90 | | | 256.13 | 8799.74 | percent of total billed charges | |
| HC ANGIOGRAPHY ADRENAL UNILATERAL SELECTIVE | 75731 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Aetna | Commercial | 3519.89 | 38 | | | 256.13 | 8799.74 | percent of total billed charges | |
| HC ANGIOGRAPHY ADRENAL UNILATERAL SELECTIVE | 75731 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Amerihealth | HMO/PPO | 6020.87 | 65 | | | 256.13 | 8799.74 | percent of total billed charges | |
| HC ANGIOGRAPHY ADRENAL UNILATERAL SELECTIVE | 75731 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 256.13 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY ADRENAL UNILATERAL SELECTIVE | 75731 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Horizon | PPO | 7053.93 | | | | 256.13 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY ADRENAL UNILATERAL SELECTIVE | 75731 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Corrections | Corrections | 7410.3 | 80 | | | 256.13 | 8799.74 | percent of total billed charges | |
| HC ANGIOGRAPHY ADRENAL UNILATERAL SELECTIVE | 75731 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Three Rivers | Three Rivers | 8799.74 | 95 | | | 256.13 | 8799.74 | percent of total billed charges | |
| HC ANGIOGRAPHY ADRENAL UNILATERAL SELECTIVE | 75731 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Wellcare | Medicaid | 2922.44 | 31.55 | | | 256.13 | 8799.74 | percent of total billed charges | |
| HC ANGIOGRAPHY ADRENAL UNILATERAL SELECTIVE | 75731 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | UHC | Medicare | 3645.44 | | | | 256.13 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY ADRENAL UNILATERAL SELECTIVE | 75731 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Wellcare | Medicare | 3645.44 | | | | 256.13 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY ADRENAL UNILATERAL SELECTIVE | 75731 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Multiplan | Multiplan | 7410.3 | 80 | | | 256.13 | 8799.74 | percent of total billed charges | |
| HC ANGIOGRAPHY ADRENAL UNILATERAL SELECTIVE | 75731 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | | 256.13 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY ADRENAL UNILATERAL SELECTIVE | 75731 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | WellPoint | WellPoint | 2980.79 | 32.18 | | | 256.13 | 8799.74 | percent of total billed charges | |
| HC ANGIOGRAPHY ADRENAL UNILATERAL SELECTIVE | 75731 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Horizon | NJ Health | 256.13 | | | | 256.13 | 8799.74 | fee schedule | |
| HC ANGIOGRAPHY ADRENAL UNILATERAL SELECTIVE | 75731 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Qualcare | Qualcare | 6947.16 | 75 | | | 256.13 | 8799.74 | percent of total billed charges | |
| HC ANGIOGRAPHY PELVIC SELECTIVE/SUPRASELECTIVE | 75736 | CPT | | | | both | | | 8002 | 7227.61 | Horizon | PPO | 12161.24 | | | | 296.35 | 12161.24 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY PELVIC SELECTIVE/SUPRASELECTIVE | 75736 | CPT | | | | both | | | 8002 | 7227.61 | First Health | First Health | 5601.4 | 70 | | | 296.35 | 12161.24 |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC ANGIOGRAPHY PELVIC SELECTIVE/SUPRASELECTIVE | 75736 | CPT | | | | both | | | 8002 | 7227.61 | Horizon | NJ Health | 296.35 | | | | 296.35 | 12161.24 | fee schedule | |
| HC ANGIOGRAPHY PELVIC SELECTIVE/SUPRASELECTIVE | 75736 | CPT | | | | both | | | 8002 | 7227.61 | Qualcare | Qualcare | 6001.5 | 75 | | | 296.35 | 12161.24 | percent of total billed charges | |
| HC ANGIOGRAPHY PELVIC SELECTIVE/SUPRASELECTIVE | 75736 | CPT | | | | both | | | 8002 | 7227.61 | Managed Care Inc | Managed Care Inc | 7201.8 | 90 | | | 296.35 | 12161.24 | percent of total billed charges | |
| HC ANGIOGRAPHY PELVIC SELECTIVE/SUPRASELECTIVE | 75736 | CPT | | | | both | | | 8002 | 7227.61 | Three Rivers | Three Rivers | 7601.9 | 95 | | | 296.35 | 12161.24 | percent of total billed charges | |
| HC ANGIOGRAPHY PULMONARY UNILAT SELECTIVE | 75741 | CPT | | | | inpatient | | | 11230 | 4192.26 | Wellcare | Medicaid | 3543.07 | 31.55 | | | 274.4 | 10668.5 | percent of total billed charges | |
| HC ANGIOGRAPHY PULMONARY UNILAT SELECTIVE | 75741 | CPT | | | | inpatient | | | 11230 | 4192.26 | Americare | Americare | 8422.5 | 75 | | | 274.4 | 10668.5 | percent of total billed charges | |
| HC ANGIOGRAPHY PULMONARY UNILAT SELECTIVE | 75741 | CPT | | | | inpatient | | | 11230 | 4192.26 | Corrections | Corrections | 8984 | 80 | | | 274.4 | 10668.5 | percent of total billed charges | |
| HC ANGIOGRAPHY PULMONARY UNILAT SELECTIVE | 75741 | CPT | | | | inpatient | | | 11230 | 4192.26 | Aetna | Medicare | 3645.44 | | | | 274.4 | 10668.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY PULMONARY UNILAT SELECTIVE | 75741 | CPT | | | | inpatient | | | 11230 | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | | 274.4 | 10668.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY PULMONARY UNILAT SELECTIVE | 75741 | CPT | | | | inpatient | | | 11230 | 4192.26 | Horizon | MGD | 7053.93 | | | | 274.4 | 10668.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY PULMONARY UNILAT SELECTIVE | 75741 | CPT | | | | inpatient | | | 11230 | 4192.26 | Consumer | Consumer | 10668.5 | 95 | | | 274.4 | 10668.5 | percent of total billed charges | |
| HC ANGIOGRAPHY PULMONARY UNILAT SELECTIVE | 75741 | CPT | | | | inpatient | | | 11230 | 4192.26 | Aetna | Better Health | 3543.07 | 31.55 | | | 274.4 | 10668.5 | percent of total billed charges | |
| HC ANGIOGRAPHY PULMONARY UNILAT SELECTIVE | 75741 | CPT | | | | inpatient | | | 11230 | 4192.26 | Wellcare | Medicare | 3645.44 | | | | 274.4 | 10668.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY PULMONARY UNILAT SELECTIVE | 75741 | CPT | | | | inpatient | | | 11230 | 4192.26 | UHC | Medicaid | 3543.07 | 31.55 | | | 274.4 | 10668.5 | percent of total billed charges | |
| HC ANGIOGRAPHY PULMONARY UNILAT SELECTIVE | 75741 | CPT | | | | inpatient | | | 11230 | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 274.4 | 10668.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY PULMONARY UNILAT SELECTIVE | 75741 | CPT | | | | inpatient | | | 11230 | 4192.26 | First Health | First Health | 7861 | 70 | | | 274.4 | 10668.5 | percent of total billed charges | |
| HC ANGIOGRAPHY PULMONARY UNILAT SELECTIVE | 75741 | CPT | | | | inpatient | | | 11230 | 4192.26 | UHC | Medicare | 3645.44 | | | | 274.4 | 10668.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY PULMONARY UNILAT SELECTIVE | 75741 | CPT | | | | inpatient | | | 11230 | 4192.26 | Aetna | Commercial | 4267.4 | 38 | | | 274.4 | 10668.5 | percent of total billed charges | |
| HC ANGIOGRAPHY PULMONARY UNILAT SELECTIVE | 75741 | CPT | | | | inpatient | | | 11230 | 4192.26 | First Trenton | First Trenton | 10107 | 90 | | | 274.4 | 10668.5 | percent of total billed charges | |
| HC ANGIOGRAPHY PULMONARY UNILAT SELECTIVE | 75741 | CPT | | | | inpatient | | | 11230 | 4192.26 | Amerihealth | HMO/PPO | 7299.5 | 65 | | | 274.4 | 10668.5 | percent of total billed charges | |
| HC ANGIOGRAPHY PULMONARY UNILAT SELECTIVE | 75741 | CPT | | | | inpatient | | | 11230 | 4192.26 | Horizon | PPO | 7053.93 | | | | 274.4 | 10668.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY PULMONARY UNILAT SELECTIVE | 75741 | CPT | | | | inpatient | | | 11230 | 4192.26 | Multiplan | Multiplan | 8984 | 80 | | | 274.4 | 10668.5 | percent of total billed charges | |
| HC ANGIOGRAPHY PULMONARY UNILAT SELECTIVE | 75741 | CPT | | | | inpatient | | | 11230 | 4192.26 | Horizon | NJ Health | 274.4 | | | | 274.4 | 10668.5 | fee schedule | |
| HC ANGIOGRAPHY PULMONARY UNILAT SELECTIVE | 75741 | CPT | | | | inpatient | | | 11230 | 4192.26 | Qualcare | Qualcare | 8422.5 | 75 | | | 274.4 | 10668.5 | percent of total billed charges | |
| HC ANGIOGRAPHY PULMONARY UNILAT SELECTIVE | 75741 | CPT | | | | inpatient | | | 11230 | 4192.26 | WellPoint | WellPoint | 3613.81 | 32.18 | | | 274.4 | 10668.5 | percent of total billed charges | |
| HC ANGIOGRAPHY PULMONARY UNILAT SELECTIVE | 75741 | CPT | | | | inpatient | | | 11230 | 4192.26 | Managed Care Inc | Managed Care Inc | 10107 | 90 | | | 274.4 | 10668.5 | percent of total billed charges | |
| HC ANGIOGRAPHY PULMONARY UNILAT SELECTIVE | 75741 | CPT | | | | inpatient | | | 11230 | 4192.26 | Three Rivers | Three Rivers | 10668.5 | 95 | | | 274.4 | 10668.5 | percent of total billed charges | |
| HC ANGIOGRAPHY PULMONARY BILAT SELECTIVE | 75743 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Horizon | MGD | 7053.93 | | | | 342.98 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY PULMONARY BILAT SELECTIVE | 75743 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Aetna | Better Health | 2922.44 | 31.55 | | | 342.98 | 8799.74 | percent of total billed charges | |
| HC ANGIOGRAPHY PULMONARY BILAT SELECTIVE | 75743 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | | 342.98 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY PULMONARY BILAT SELECTIVE | 75743 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Aetna | Commercial | 3519.89 | 38 | | | 342.98 | 8799.74 | percent of total billed charges | |
| HC ANGIOGRAPHY PULMONARY BILAT SELECTIVE | 75743 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | First Health | First Health | 6484.02 | 70 | | | 342.98 | 8799.74 | percent of total billed charges | |
| HC ANGIOGRAPHY PULMONARY BILAT SELECTIVE | 75743 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Aetna | Medicare | 3645.44 | | | | 342.98 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY PULMONARY BILAT SELECTIVE | 75743 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Horizon | PPO | 7053.93 | | | | 342.98 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY PULMONARY BILAT SELECTIVE | 75743 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 342.98 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY PULMONARY BILAT SELECTIVE | 75743 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | UHC | Medicaid | 2922.44 | 31.55 | | | 342.98 | 8799.74 | percent of total billed charges | |
| HC ANGIOGRAPHY PULMONARY BILAT SELECTIVE | 75743 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Americare | Americare | 6947.16 | 75 | | | 342.98 | 8799.74 | percent of total billed charges | |
| HC ANGIOGRAPHY PULMONARY BILAT SELECTIVE | 75743 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Wellcare | Medicare | 3645.44 | | | | 342.98 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY PULMONARY BILAT SELECTIVE | 75743 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Amerihealth | HMO/PPO | 6020.87 | 65 | | | 342.98 | 8799.74 | percent of total billed charges | |
| HC ANGIOGRAPHY PULMONARY BILAT SELECTIVE | 75743 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | UHC | Medicare | 3645.44 | | | | 342.98 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY PULMONARY BILAT SELECTIVE | 75743 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Corrections | Corrections | 7410.3 | 80 | | | 342.98 | 8799.74 | percent of total billed charges | |
| HC ANGIOGRAPHY PULMONARY BILAT SELECTIVE | 75743 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | WellPoint | WellPoint | 2980.79 | 32.18 | | | 342.98 | 8799.74 | percent of total billed charges | |
| HC ANGIOGRAPHY PULMONARY BILAT SELECTIVE | 75743 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Wellcare | Medicaid | 2922.44 | 31.55 | | | 342.98 | 8799.74 | percent of total billed charges | |
| HC ANGIOGRAPHY PULMONARY BILAT SELECTIVE | 75743 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Consumer | Consumer | 8799.74 | 95 | | | 342.98 | 8799.74 | percent of total billed charges | |
| HC ANGIOGRAPHY PULMONARY BILAT SELECTIVE | 75743 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Multiplan | Multiplan | 7410.3 | 80 | | | 342.98 | 8799.74 | percent of total billed charges | |
| HC ANGIOGRAPHY PULMONARY BILAT SELECTIVE | 75743 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | First Trenton | First Trenton | 8336.59 | 90 | | | 342.98 | 8799.74 | percent of total billed charges | |
| HC ANGIOGRAPHY PULMONARY BILAT SELECTIVE | 75743 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Qualcare | Qualcare | 6947.16 | 75 | | | 342.98 | 8799.74 | percent of total billed charges | |
| HC ANGIOGRAPHY PULMONARY BILAT SELECTIVE | 75743 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Horizon | NJ Health | 342.98 | | | | 342.98 | 8799.74 | fee schedule | |
| HC ANGIOGRAPHY PULMONARY BILAT SELECTIVE | 75743 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Managed Care Inc | Managed Care Inc | 8336.59 | 90 | | | 342.98 | 8799.74 | percent of total billed charges | |
| HC ANGIOGRAPHY PULMONARY BILAT SELECTIVE | 75743 | CPT | | | | inpatient | | | 9262.88 | 4192.26 | Three Rivers | Three Rivers | 8799.74 | 95 | | | 342.98 | 8799.74 | percent of total billed charges | |
| HC ANGIOGRAPHY INTERNAL MAMMARY | 75756 | CPT | | | | inpatient | | | 10811 | 4192.26 | Amerihealth | HMO/PPO | 7027.15 | 65 | | | 136.32 | 10270.45 | percent of total billed charges | |
| HC ANGIOGRAPHY INTERNAL MAMMARY | 75756 | CPT | | | | inpatient | | | 10811 | 4192.26 | UHC | Medicare | 3645.44 | | | | 136.32 | 10270.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY INTERNAL MAMMARY | 75756 | CPT | | | | inpatient | | | 10811 | 4192.26 | Corrections | Corrections | 8648.8 | 80 | | | 136.32 | 10270.45 | percent of total billed charges | |
| HC ANGIOGRAPHY INTERNAL MAMMARY | 75756 | CPT | | | | inpatient | | | 10811 | 4192.26 | Aetna | Medicare | 3645.44 | | | | 136.32 | 10270.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY INTERNAL MAMMARY | 75756 | CPT | | | | inpatient | | | 10811 | 4192.26 | Aetna | Better Health | 3410.87 | 31.55 | | | 136.32 | 10270.45 | percent of total billed charges | |
| HC ANGIOGRAPHY INTERNAL MAMMARY | 75756 | CPT | | | | inpatient | | | 10811 | 4192.26 | Americare | Americare | 8108.25 | 75 | | | 136.32 | 10270.45 | percent of total billed charges | |
| HC ANGIOGRAPHY INTERNAL MAMMARY | 75756 | CPT | | | | inpatient | | | 10811 | 4192.26 | Three Rivers | Three Rivers | 10270.45 | 95 | | | 136.32 | 10270.45 | percent of total billed charges | |
| HC ANGIOGRAPHY INTERNAL MAMMARY | 75756 | CPT | | | | inpatient | | | 10811 | 4192.26 | Aetna | Commercial | 4108.18 | 38 | | | 136.32 | 10270.45 | percent of total billed charges | |
| HC ANGIOGRAPHY INTERNAL MAMMARY | 75756 | CPT | | | | inpatient | | | 10811 | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | | 136.32 | 10270.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY INTERNAL MAMMARY | 75756 | CPT | | | | inpatient | | | 10811 | 4192.26 | Horizon | MGD | 7053.93 | | | | 136.32 | 10270.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY INTERNAL MAMMARY | 75756 | CPT | | | | inpatient | | | 10811 | 4192.26 | First Trenton | First Trenton | 9729.9 | 90 | | | 136.32 | 10270.45 | percent of total billed charges | |
| HC ANGIOGRAPHY INTERNAL MAMMARY | 75756 | CPT | | | | inpatient | | | 10811 | 4192.26 | Consumer | Consumer | 10270.45 | 95 | | | 136.32 | 10270.45 | percent of total billed charges | |
| HC ANGIOGRAPHY INTERNAL MAMMARY | 75756 | CPT | | | | inpatient | | | 10811 | 4192.26 | First Health | First Health | 7567.7 | 70 | | | 136.32 | 10270.45 | percent of total billed charges | |
| HC ANGIOGRAPHY INTERNAL MAMMARY | 75756 | CPT | | | | inpatient | | | 10811 | 4192.26 | Horizon | PPO | 7053.93 | | | | 136.32 | 10270.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY INTERNAL MAMMARY | 75756 | CPT | | | | inpatient | | | 10811 | 4192.26 | UHC | Medicaid | 3410.87 | 31.55 | | | 136.32 | 10270.45 | percent of total billed charges | |
| HC ANGIOGRAPHY INTERNAL MAMMARY | 75756 | CPT | | | | inpatient | | | 10811 | 4192.26 | WellPoint | WellPoint | 3478.98 | 32.18 | | | 136.32 | 10270.45 | percent of total billed charges | |
| HC ANGIOGRAPHY INTERNAL MAMMARY | 75756 | CPT | | | | inpatient | | | 10811 | 4192.26 | Multiplan | Multiplan | 8648.8 | 80 | | | 136.32 | 10270.45 | percent of total billed charges | |
| HC ANGIOGRAPHY INTERNAL MAMMARY | 75756 | CPT | | | | inpatient | | | 10811 | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 136.32 | 10270.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY INTERNAL MAMMARY | 75756 | CPT | | | | inpatient | | | 10811 | 4192.26 | Wellcare | Medicaid | 3410.87 | 31.55 | | | 136.32 | 10270.45 | percent of total billed charges | |
| HC ANGIOGRAPHY INTERNAL MAMMARY | 75756 | CPT | | | | inpatient | | | 10811 | 4192.26 | Horizon | NJ Health | 136.32 | | | | 136.32 | 10270.45 | fee schedule | |
| HC ANGIOGRAPHY INTERNAL MAMMARY | 75756 | CPT | | | | inpatient | | | 10811 | 4192.26 | Qualcare | Qualcare | 8108.25 | 75 | | | 136.32 | 10270.45 | percent of total billed charges | |
| HC ANGIOGRAPHY INTERNAL MAMMARY | 75756 | CPT | | | | inpatient | | | 10811 | 4192.26 | Managed Care Inc | Managed Care Inc | 9729.9 | 90 | | | 136.32 | 10270.45 | percent of total billed charges | |
| HC ANGIOGRAPHY INTERNAL MAMMARY | 75756 | CPT | | | | inpatient | | | 10811 | 4192.26 | Wellcare | Medicare | 3645.44 | | | | 136.32 | 10270.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIOGRAPHY SELECTIVE EA VESSEL AFTER BASIC EXAM | 75774 | CPT | | | | both | | | 6839 | | Horizon | Indemnity | 2617.97 | 38.28 | | 2685.17 | 356.72 | 6497.05 | percent of total billed charges | |
| HC ANGIOGRAPHY SELECTIVE EA VESSEL AFTER BASIC EXAM | 75774 | CPT | | | | both | | | 6839 | | Aetna | Better Health | 2157.7 | 31.55 | | | 356.72 | 6497.05 | percent of total billed charges | |
| HC ANGIOGRAPHY SELECTIVE EA VESSEL AFTER BASIC EXAM | 75774 | CPT | | | | both | | | 6839 | | Aetna | Commercial | 2596.82 | 38 | | 595.78 | 356.72 | 6497.05 | percent of total billed charges | |
| HC ANGIOGRAPHY SELECTIVE EA VESSEL AFTER BASIC EXAM | 75774 | CPT | | | | both | | | 6839 | | Consumer | Consumer | 6497.05 | 95 | | | 356.72 | 6497.05 | percent of total billed charges | |
| HC ANGIOGRAPHY SELECTIVE EA VESSEL AFTER BASIC EXAM | 75774 | CPT | | | | both | | | 6839 | | First Trenton | First Trenton | 6155.1 | 90 | | | 356.72 | 6497.05 | percent of total billed charges | |
| HC ANGIOGRAPHY SELECTIVE EA VESSEL AFTER BASIC EXAM | 75774 | CPT | | | | both | | | 6839 | | Aetna | Medicare | 2106.41 | 30.8 | | 1578.23 | 356.72 | 6497.05 | percent of total billed charges | |
| HC ANGIOGRAPHY SELECTIVE EA VESSEL AFTER BASIC EXAM | 75774 | CPT | | | | both | | | 6839 | | Americare | Americare | 5129.25 | 75 | | | 356.72 | 6497.05 | percent of total billed charges | |
| HC ANGIOGRAPHY SELECTIVE EA VESSEL AFTER BASIC EXAM | 75774 | CPT | | | | both | | | 6839 | | Corrections | Corrections | 5471.2 | 80 | | | 356.72 | 6497.05 | percent of total billed charges | |
| HC ANGIOGRAPHY SELECTIVE EA VESSEL AFTER BASIC EXAM | 75774 | CPT | | | | both | | | 6839 | | Horizon | MGD | 2617.97 | 38.28 | | 2820.32 | 356.72 | 6497.05 | percent of total billed charges | |
| HC ANGIOGRAPHY SELECTIVE EA VESSEL AFTER BASIC EXAM | 75774 | CPT | | | | both | | | 6839 | | UHC | Medicaid | 2157.7 | 31.55 | | 1581.71 | 356.72 | 6497.05 | percent of total billed charges | |
| HC ANGIOGRAPHY SELECTIVE EA VESSEL AFTER BASIC EXAM | 75774 | CPT | | | | both | | | 6839 | | Amerihealth | HMO/PPO | 4445.35 | 65 | | | 356.72 | 6497.05 | percent of total billed charges | |
| HC ANGIOGRAPHY SELECTIVE EA VESSEL AFTER BASIC EXAM | 75774 | CPT | | | | both | | | 6839 | | First Health | First Health | 4787.3 | 70 | | | 356.72 | 6497.05 | percent of total billed charges | |
| HC ANGIOGRAPHY SELECTIVE EA VESSEL AFTER BASIC EXAM | 75774 | CPT | | | | both | | | 6839 | | Managed Care Inc | Managed Care Inc | 6155.1 | 90 | | | 356.72 | 6497.05 | percent of total billed charges | |
| HC ANGIOGRAPHY SELECTIVE EA VESSEL AFTER BASIC EXAM | 75774 | CPT | | | | both | | | 6839 | | Wellcare | Medicaid | 2157.7 | 31.55 | | 123.04 | 356.72 | 6497.05 | percent of total billed charges | |
| HC ANGIOGRAPHY SELECTIVE EA VESSEL AFTER BASIC EXAM | 75774 | CPT | | | | both | | | 6839 | | Horizon | Medicare Blue | 2051.7 | 30 | | 732.07 | 356.72 | 6497.05 | percent of total billed charges | |
| HC ANGIOGRAPHY SELECTIVE EA VESSEL AFTER BASIC EXAM | 75774 | CPT | | | | both | | | 6839 | | Horizon | NJ Health | 356.72 | | | 772.17 | 356.72 | 6497.05 | fee schedule | |
| HC ANGIOGRAPHY SELECTIVE EA VESSEL AFTER BASIC EXAM | 75774 | CPT | | | | both | | | 6839 | | Multiplan | Multiplan | 5471.2 | 80 | | | 356.72 | 6497.05 | percent of total billed charges | |
| HC ANGIOGRAPHY SELECTIVE EA VESSEL AFTER BASIC EXAM | 75774 | CPT | | | | both | | | 6839 | | Horizon | PPO | 2617.97 | 38.28 | | | 356.72 | 6497.05 | percent of total billed charges | |
| HC ANGIOGRAPHY SELECTIVE EA VESSEL AFTER BASIC EXAM | 75774 | CPT | | | | both | | | 6839 | | Qualcare | Qualcare | 5129.25 | 75 | | | 356.72 | 6497.05 | percent of total billed charges | |
| HC ANGIOGRAPHY SELECTIVE EA VESSEL AFTER BASIC EXAM | 75774 | CPT | | | | both | | | 6839 | | Three Rivers | Three Rivers | 6497.05 | 95 | | | 356.72 | 6497.05 | percent of total billed charges | |
| HC ANGIOGRAPHY SELECTIVE EA VESSEL AFTER BASIC EXAM | 75774 | CPT | | | | both | | | 6839 | | WellPoint | WellPoint | 2200.79 | 32.18 | | 598.63 | 356.72 | 6497.05 | percent of total billed charges | |
| HC LYMPHANGIOGRAPHY EXTREMITY ONLY BILAT | 75803 | CPT | | | | inpatient | | | 4654.09 | 2106.37 | Aetna | Commercial | 1768.55 | 38 | | | 213.44 | 4421.39 | percent of total billed charges | |
| HC LYMPHANGIOGRAPHY EXTREMITY ONLY BILAT | 75803 | CPT | | | | inpatient | | | 4654.09 | 2106.37 | First Health | First Health | 3257.86 | 70 | | | 213.44 | 4421.39 | percent of total billed charges | |
| HC LYMPHANGIOGRAPHY EXTREMITY ONLY BILAT | 75803 | CPT | | | | inpatient | | | 4654.09 | 2106.37 | Consumer | Consumer | 4421.39 | 95 | | | 213.44 | 4421.39 | percent of total billed charges | |
| HC LYMPHANGIOGRAPHY EXTREMITY ONLY BILAT | 75803 | CPT | | | | inpatient | | | 4654.09 | 2106.37 | Three Rivers | Three Rivers | 4421.39 | 95 | | | 213.44 | 4421.39 | percent of total billed charges | |
| HC LYMPHANGIOGRAPHY EXTREMITY ONLY BILAT | 75803 | CPT | | | | inpatient | | | 4654.09 | 2106.37 | Aetna | Medicare | 1831.63 | | | | 213.44 | 4421.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LYMPHANGIOGRAPHY EXTREMITY ONLY BILAT | 75803 | CPT | | | | inpatient | | | 4654.09 | 2106.37 | Aetna | Better Health | 1468.37 | 31.55 | | | 213.44 | 4421.39 | percent of total billed charges | |
| HC LYMPHANGIOGRAPHY EXTREMITY ONLY BILAT | 75803 | CPT | | | | inpatient | | | 4654.09 | 2106.37 | Horizon | PPO | 3544.2 | | | | 213.44 | 4421.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LYMPHANGIOGRAPHY EXTREMITY ONLY BILAT | 75803 | CPT | | | | inpatient | | | 4654.09 | 2106.37 | First Trenton | First Trenton | 4188.68 | 90 | | | 213.44 | 4421.39 | percent of total billed charges | |
| HC LYMPHANGIOGRAPHY EXTREMITY ONLY BILAT | 75803 | CPT | | | | inpatient | | | 4654.09 | 2106.37 | Americare | Americare | 3490.57 | 75 | | | 213.44 | 4421.39 | percent of total billed charges | |
| HC LYMPHANGIOGRAPHY EXTREMITY ONLY BILAT | 75803 | CPT | | | | inpatient | | | 4654.09 | 2106.37 | Multiplan | Multiplan | 3723.27 | 80 | | | 213.44 | 4421.39 | percent of total billed charges | |
| HC LYMPHANGIOGRAPHY EXTREMITY ONLY BILAT | 75803 | CPT | | | | inpatient | | | 4654.09 | 2106.37 | Horizon | MGD | 3544.2 | | | | 213.44 | 4421.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LYMPHANGIOGRAPHY EXTREMITY ONLY BILAT | 75803 | CPT | | | | inpatient | | | 4654.09 | 2106.37 | UHC | Medicaid | 1468.37 | 31.55 | | | 213.44 | 4421.39 | percent of total billed charges | |
| HC LYMPHANGIOGRAPHY EXTREMITY ONLY BILAT | 75803 | CPT | | | | inpatient | | | 4654.09 | 2106.37 | UHC | Medicare | 1831.63 | | | | 213.44 | 4421.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LYMPHANGIOGRAPHY EXTREMITY ONLY BILAT | 75803 | CPT | | | | inpatient | | | 4654.09 | 2106.37 | Amerihealth | HMO/PPO | 3025.16 | 65 | | | 213.44 | 4421.39 | percent of total billed charges | |
| HC LYMPHANGIOGRAPHY EXTREMITY ONLY BILAT | 75803 | CPT | | | | inpatient | | | 4654.09 | 2106.37 | Horizon | Indemnity | 3544.2 | | | | 213.44 | 4421.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LYMPHANGIOGRAPHY EXTREMITY ONLY BILAT | 75803 | CPT | | | | inpatient | | | 4654.09 | 2106.37 | Qualcare | Qualcare | 3490.57 | 75 | | | 213.44 | 4421.39 | percent of total billed charges | |
| HC LYMPHANGIOGRAPHY EXTREMITY ONLY BILAT | 75803 | CPT | | | | inpatient | | | 4654.09 | 2106.37 | Horizon | Medicare Blue | 1831.63 | | | | 213.44 | 4421.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LYMPHANGIOGRAPHY EXTREMITY ONLY BILAT | 75803 | CPT | | | | inpatient | | | 4654.09 | 2106.37 | Corrections | Corrections | 3723.27 | 80 | | | 213.44 | 4421.39 | percent of total billed charges | |
| HC LYMPHANGIOGRAPHY EXTREMITY ONLY BILAT | 75803 | CPT | | | | inpatient | | | 4654.09 | 2106.37 | Horizon | NJ Health | 213.44 | | | | 213.44 | 4421.39 | fee schedule | |
| HC LYMPHANGIOGRAPHY EXTREMITY ONLY BILAT | 75803 | CPT | | | | inpatient | | | 4654.09 | 2106.37 | Wellcare | Medicaid | 1468.37 | 31.55 | | | 213.44 | 4421.39 | percent of total billed charges | |
| HC LYMPHANGIOGRAPHY EXTREMITY ONLY BILAT | 75803 | CPT | | | | inpatient | | | 4654.09 | 2106.37 | Managed Care Inc | Managed Care Inc | 4188.68 | 90 | | | 213.44 | 4421.39 | percent of total billed charges | |
| HC LYMPHANGIOGRAPHY EXTREMITY ONLY BILAT | 75803 | CPT | | | | inpatient | | | 4654.09 | 2106.37 | WellPoint | WellPoint | 1497.69 | 32.18 | | | 213.44 | 4421.39 | percent of total billed charges | |
| HC LYMPHANGIOGRAPHY EXTREMITY ONLY BILAT | 75803 | CPT | | | | inpatient | | | 4654.09 | 2106.37 | Wellcare | Medicare | 1831.63 | | | | 213.44 | 4421.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I; PORTABLE | 75809 | CPT | | | | outpatient | | | 600 | 144.6 | Aetna | Better Health | 189.3 | 31.55 | | | 68.99 | 570 | percent of total billed charges | |
| HC SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I; PORTABLE | 75809 | CPT | | | | outpatient | | | 600 | 144.6 | UHC | Medicare | 125.74 | | | | 68.99 | 570 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I; PORTABLE | 75809 | CPT | | | | outpatient | | | 600 | 144.6 | Consumer | Consumer | 570 | 95 | | | 68.99 | 570 | percent of total billed charges | |
| HC SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I; PORTABLE | 75809 | CPT | | | | outpatient | | | 600 | 144.6 | Americare | Americare | 450 | 75 | | | 68.99 | 570 | percent of total billed charges | |
| HC SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I; PORTABLE | 75809 | CPT | | | | outpatient | | | 600 | 144.6 | Corrections | Corrections | 480 | 80 | | | 68.99 | 570 | percent of total billed charges | |
| HC SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I; PORTABLE | 75809 | CPT | | | | outpatient | | | 600 | 144.6 | First Trenton | First Trenton | 540 | 90 | | | 68.99 | 570 | percent of total billed charges | |
| HC SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I; PORTABLE | 75809 | CPT | | | | outpatient | | | 600 | 144.6 | Amerihealth | HMO/PPO | 390 | 65 | | | 68.99 | 570 | percent of total billed charges | |
| HC SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I; PORTABLE | 75809 | CPT | | | | outpatient | | | 600 | 144.6 | Aetna | Medicare | 125.74 | | | | 68.99 | 570 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I; PORTABLE | 75809 | CPT | | | | outpatient | | | 600 | 144.6 | Aetna | Commercial | 228 | 38 | | | 68.99 | 570 | percent of total billed charges | |
| HC SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I; PORTABLE | 75809 | CPT | | | | outpatient | | | 600 | 144.6 | Managed Care Inc | Managed Care Inc | 540 | 90 | | | 68.99 | 570 | percent of total billed charges | |
| HC SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I; PORTABLE | 75809 | CPT | | | | outpatient | | | 600 | 144.6 | Horizon | Indemnity | 243.31 | | | | 68.99 | 570 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I; PORTABLE | 75809 | CPT | | | | outpatient | | | 600 | 144.6 | Horizon | MGD | 243.31 | | | | 68.99 | 570 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I; PORTABLE | 75809 | CPT | | | | outpatient | | | 600 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 68.99 | 570 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I; PORTABLE | 75809 | CPT | | | | outpatient | | | 600 | 144.6 | WellPoint | WellPoint | 193.08 | 32.18 | | | 68.99 | 570 | percent of total billed charges | |
| HC SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I; PORTABLE | 75809 | CPT | | | | outpatient | | | 600 | 144.6 | First Health | First Health | 420 | 70 | | | 68.99 | 570 | percent of total billed charges | |
| HC SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I; PORTABLE | 75809 | CPT | | | | outpatient | | | 600 | 144.6 | Horizon | PPO | 243.31 | | | | 68.99 | 570 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I; PORTABLE | 75809 | CPT | | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC VENOGRAPHY EXTREMITY UNILAT | 75820 | CPT | | | | both | | | 4654.09 | 2106.37 | Multiplan | Multiplan | 3723.27 | 80 | | | 122.77 | 4421.39 | percent of total billed charges | |
| HC VENOGRAPHY EXTREMITY UNILAT | 75820 | CPT | | | | both | | | 4654.09 | 2106.37 | Consumer | Consumer | 4421.39 | 95 | | | 122.77 | 4421.39 | percent of total billed charges | |
| HC VENOGRAPHY EXTREMITY UNILAT | 75820 | CPT | | | | both | | | 4654.09 | 2106.37 | First Trenton | First Trenton | 4188.68 | 90 | | | 122.77 | 4421.39 | percent of total billed charges | |
| HC VENOGRAPHY EXTREMITY UNILAT | 75820 | CPT | | | | both | | | 4654.09 | 2106.37 | UHC | Medicare | 1831.63 | | | | 122.77 | 4421.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY EXTREMITY UNILAT | 75820 | CPT | | | | both | | | 4654.09 | 2106.37 | Horizon | Indemnity | 3544.2 | | | | 122.77 | 4421.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY EXTREMITY UNILAT | 75820 | CPT | | | | both | | | 4654.09 | 2106.37 | First Health | First Health | 3257.86 | 70 | | | 122.77 | 4421.39 | percent of total billed charges | |
| HC VENOGRAPHY EXTREMITY UNILAT | 75820 | CPT | | | | both | | | 4654.09 | 2106.37 | Wellcare | Medicaid | 1468.37 | 31.55 | | | 122.77 | 4421.39 | percent of total billed charges | |
| HC VENOGRAPHY EXTREMITY UNILAT | 75820 | CPT | | | | both | | | 4654.09 | 2106.37 | Wellcare | Medicare | 1831.63 | | | | 122.77 | 4421.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY EXTREMITY UNILAT | 75820 | CPT | | | | both | | | 4654.09 | 2106.37 | Qualcare | Qualcare | 3480.57 | 75 | | | 122.77 | 4421.39 | percent of total billed charges | |
| HC VENOGRAPHY EXTREMITY UNILAT | 75820 | CPT | | | | both | | | 4654.09 | 2106.37 | Horizon | NJ Health | 122.77 | | | | 122.77 | 4421.39 | fee schedule | |
| HC VENOGRAPHY EXTREMITY UNILAT | 75820 | CPT | | | | both | | | 4654.09 | 2106.37 | Horizon | PPO | 3544.2 | | | | 122.77 | 4421.39 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY EXTREMITY UNILAT | 75820 | CPT | | | | both | | | 4654.09 | 2106.37 | Managed Care Inc | Managed Care Inc | 4188.68 | 90 | | | 122.77 | 4421.39 | percent of total billed charges | |
| HC VENOGRAPHY EXTREMITY UNILAT | 75820 | CPT | | | | both | | | 4654.09 | 2106.37 | UHC | Medicaid | 1468.37 | 31.55 | | | 122.77 | 4421.39 | percent of total billed charges | |
| HC VENOGRAPHY EXTREMITY UNILAT | 75820 | CPT | | | | both | | | 4654.09 | 2106.37 | Three Rivers | Three Rivers | 4421.39 | 95 | | | 122.77 | 4421.39 | percent of total billed charges | |
| HC VENOGRAPHY EXTREMITY UNILAT | 75820 | CPT | | | | both | | | 4654.09 | 2106.37 | WellPoint | WellPoint | 1497.69 | 32.18 | | | 122.77 | 4421.39 | percent of total billed charges | |
| HC VENOGRAPHY EXTREMITY BILAT | 75822 | CPT | | | | inpatient | | | 3930 | 2106.37 | Aetna | Better Health | 1239.92 | 31.55 | | | 154.84 | 3733.5 | percent of total billed charges | |
| HC VENOGRAPHY EXTREMITY BILAT | 75822 | CPT | | | | inpatient | | | 3930 | 2106.37 | Aetna | Commercial | 1493.4 | 38 | | | 154.84 | 3733.5 | percent of total billed charges | |
| HC VENOGRAPHY EXTREMITY BILAT | 75822 | CPT | | | | inpatient | | | 3930 | 2106.37 | Amerihealth | HMO/PPO | 2554.5 | 65 | | | 154.84 | 3733.5 | percent of total billed charges | |
| HC VENOGRAPHY EXTREMITY BILAT | 75822 | CPT | | | | inpatient | | | 3930 | 2106.37 | Aetna | Medicare | 1831.63 | | | | 154.84 | 3733.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY EXTREMITY BILAT | 75822 | CPT | | | | inpatient | | | 3930 | 2106.37 | Consumer | Consumer | 3733.5 | 95 | | | 154.84 | 3733.5 | percent of total billed charges | |
| HC VENOGRAPHY EXTREMITY BILAT | 75822 | CPT | | | | inpatient | | | 3930 | 2106.37 | Horizon | Medicare Blue | 1831.63 | | | | 154.84 | 3733.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY EXTREMITY BILAT | 75822 | CPT | | | | inpatient | | | 3930 | 2106.37 | Managed Care Inc | Managed Care Inc | 3537 | 90 | | | 154.84 | 3733.5 | percent of total billed charges | |
| HC VENOGRAPHY EXTREMITY BILAT | 75822 | CPT | | | | inpatient | | | 3930 | 2106.37 | Americare | Americare | 2947.5 | 75 | | | 154.84 | 3733.5 | percent of total billed charges | |
| HC VENOGRAPHY EXTREMITY BILAT | 75822 | CPT | | | | inpatient | | | 3930 | 2106.37 | First Health | First Health | 2751 | 70 | | | 154.84 | 3733.5 | percent of total billed charges | |
| HC VENOGRAPHY EXTREMITY BILAT | 75822 | CPT | | | | inpatient | | | 3930 | 2106.37 | Horizon | Indemnity | 3544.2 | | | | 154.84 | 3733.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY EXTREMITY BILAT | 75822 | CPT | | | | inpatient | | | 3930 | 2106.37 | Multiplan | Multiplan | 3144 | 80 | | | 154.84 | 3733.5 | percent of total billed charges | |
| HC VENOGRAPHY EXTREMITY BILAT | 75822 | CPT | | | | inpatient | | | 3930 | 2106.37 | First Trenton | First Trenton | 3537 | 90 | | | 154.84 | 3733.5 | percent of total billed charges | |
| HC VENOGRAPHY EXTREMITY BILAT | 75822 | CPT | | | | inpatient | | | 3930 | 2106.37 | Corrections | Corrections | 3144 | 80 | | | 154.84 | 3733.5 | percent of total billed charges | |
| HC VENOGRAPHY EXTREMITY BILAT | 75822 | CPT | | | | inpatient | | | 3930 | 2106.37 | Horizon | PPO | 3544.2 | | | | 154.84 | 3733.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY EXTREMITY BILAT | 75822 | CPT | | | | inpatient | | | 3930 | 2106.37 | UHC | Medicare | 1831.63 | | | | 154.84 | 3733.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY EXTREMITY BILAT | 75822 | CPT | | | | inpatient | | | 3930 | 2106.37 | Horizon | MGD | 3544.2 | | | | 154.84 | 3733.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY EXTREMITY BILAT | 75822 | CPT | | | | inpatient | | | 3930 | 2106.37 | Three Rivers | Three Rivers | 3733.5 | 95 | | | 154.84 | 3733.5 | percent of total billed charges | |
| HC VENOGRAPHY EXTREMITY BILAT | 75822 | CPT | | | | inpatient | | | 3930 | 2106.37 | WellPoint | WellPoint | 1264.67 | 32.18 | | | 154.84 | 3733.5 | percent of total billed charges | |
| HC VENOGRAPHY EXTREMITY BILAT | 75822 | CPT | | | | inpatient | | | 3930 | 2106.37 | Qualcare | Qualcare | 2947.5 | 75 | | | 154.84 | 3733.5 | percent of total billed charges | |
| HC VENOGRAPHY EXTREMITY BILAT | 75822 | CPT | | | | inpatient | | | 3930 | 2106.37 | Horizon | NJ Health | 154.84 | | | | 154.84 | 3733.5 | fee schedule | |
| HC VENOGRAPHY EXTREMITY BILAT | 75822 | CPT | | | | inpatient | | | 3930 | 2106.37 | Wellcare | Medicaid | 1239.92 | 31.55 | | | 154.84 | 3733.5 | percent of total billed charges | |
| HC VENOGRAPHY EXTREMITY BILAT | 75822 | CPT | | | | inpatient | | | 3930 | 2106.37 | UHC | Medicaid | 1239.92 | 31.55 | | | 154.84 | 3733.5 | percent of total billed charges | |
| HC VENOGRAPHY EXTREMITY BILAT | 75822 | CPT | | | | inpatient | | | 3930 | 2106.37 | Wellcare | Medicare | 1831.63 | | | | 154.84 | 3733.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY INFERIOR CAVAL SERIALOGRAPHY | 75825 | CPT | | | | both | | | 11230 | 4192.26 | UHC | Medicaid | 3543.07 | 31.55 | | | 230.5 | 10668.5 | percent of total billed charges | |
| HC VENOGRAPHY INFERIOR CAVAL SERIALOGRAPHY | 75825 | CPT | | | | both | | | 11230 | 4192.26 | Aetna | Medicare | 3645.44 | | | | 230.5 | 10668.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY INFERIOR CAVAL SERIALOGRAPHY | 75825 | CPT | | | | both | | | 11230 | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 230.5 | 10668.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY INFERIOR CAVAL SERIALOGRAPHY | 75825 | CPT | | | | both | | | 11230 | 4192.26 | Consumer | Consumer | 10668.5 | 95 | | | 230.5 | 10668.5 | percent of total billed charges | |
| HC VENOGRAPHY INFERIOR CAVAL SERIALOGRAPHY | 75825 | CPT | | | | both | | | 11230 | 4192.26 | First Trenton | First Trenton | 10107 | 90 | | | 230.5 | 10668.5 | percent of total billed charges | |
| HC VENOGRAPHY INFERIOR CAVAL SERIALOGRAPHY | 75825 | CPT | | | | both | | | 11230 | 4192.26 | Aetna | Better Health | 3543.07 | 31.55 | | | 230.5 | 10668.5 | percent of total billed charges | |
| HC VENOGRAPHY INFERIOR CAVAL SERIALOGRAPHY | 75825 | CPT | | | | both | | | 11230 | 4192.26 | Americare | Americare | 8422.5 | 75 | | | 230.5 | 10668.5 | percent of total billed charges | |
| HC VENOGRAPHY INFERIOR CAVAL SERIALOGRAPHY | 75825 | CPT | | | | both | | | 11230 | 4192.26 | Corrections | Corrections | 8984 | 80 | | | 230.5 | 10668.5 | percent of total billed charges | |
| HC VENOGRAPHY INFERIOR CAVAL SERIALOGRAPHY | 75825 | CPT | | | | both | | | 11230 | 4192.26 | UHC | Medicare | 3645.44 | | | | 230.5 | 10668.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY INFERIOR CAVAL SERIALOGRAPHY | 75825 | CPT | | | | both | | | 11230 | 4192.26 | First Health | First Health | 7861 | 70 | | | 230.5 | 10668.5 | percent of total billed charges | |
| HC VENOGRAPHY INFERIOR CAVAL SERIALOGRAPHY | 75825 | CPT | | | | both | | | 11230 | 4192.26 | Amerihealth | HMO/PPO | 7299.5 | 65 | | | 230.5 | 10668.5 | percent of total billed charges | |
| HC VENOGRAPHY INFERIOR CAVAL SERIALOGRAPHY | 75825 | CPT | | | | both | | | 11230 | 4192.26 | Horizon | NJ Health | 230.5 | | | | 230.5 | 10668.5 | fee schedule | |
| HC VENOGRAPHY INFERIOR CAVAL SERIALOGRAPHY | 75825 | CPT | | | | both | | | 11230 | 4192.26 | Multiplan | Multiplan | 8984 | 80 | | | 230.5 | 10668.5 | percent of total billed charges | |
| HC VENOGRAPHY INFERIOR CAVAL SERIALOGRAPHY | 75825 | CPT | | | | both | | | 11230 | 4192.26 | Aetna | Commercial | 4267.4 | 38 | | | 230.5 | 10668.5 | percent of total billed charges | |
| HC VENOGRAPHY INFERIOR CAVAL SERIALOGRAPHY | 75825 | CPT | | | | both | | | 11230 | 4192.26 | Qualcare | Qualcare | 8422.5 | 75 | | | 230.5 | 10668.5 | percent of total billed charges | |
| HC VENOGRAPHY INFERIOR CAVAL SERIALOGRAPHY | 75825 | CPT | | | | both | | | 11230 | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | | 230.5 | 10668.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY INFERIOR CAVAL SERIALOGRAPHY | 75825 | CPT | | | | both | | | 11230 | 4192.26 | Wellcare | Medicare | 3645.44 | | | | 230.5 | 10668.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY INFERIOR CAVAL SERIALOGRAPHY | 75825 | CPT | | | | both | | | 11230 | 4192.26 | Horizon | MGD | 7053.93 | | | | 230.5 | 10668.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY INFERIOR CAVAL SERIALOGRAPHY | 75825 | CPT | | | | both | | | 11230 | 4192.26 | Managed Care Inc | Managed Care Inc | 10107 | 90 | | | 230.5 | 10668.5 | percent of total billed charges | |
| HC VENOGRAPHY INFERIOR CAVAL SERIALOGRAPHY | 75825 | CPT | | | | both | | | 11230 | 4192.26 | Wellcare | Medicaid | 3543.07 | 31.55 | | | 230.5 | 10668.5 | percent of total billed charges | |
| HC VENOGRAPHY INFERIOR CAVAL SERIALOGRAPHY | 75825 | CPT | | | | both | | | 11230 | 4192.26 | Horizon | PPO | 7053.93 | | | | 230.5 | 10668.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY INFERIOR CAVAL SERIALOGRAPHY | 75825 | CPT | | | | both | | | 11230 | 4192.26 | Three Rivers | Three Rivers | 10668.5 | 95 | | | 230.5 | 10668.5 | percent of total billed charges | |
| HC VENOGRAPHY INFERIOR CAVAL SERIALOGRAPHY | 75825 | CPT | | | | both | | | 11230 | 4192.26 | WellPoint | WellPoint | 3613.81 | 32.18 | | | 230.5 | 10668.5 | percent of total billed charges | |
| HC VENOGRAPHY SUPERIOR CAVAL SERIALOGRAPHY | 75827 | CPT | | | | both | | | 6839 | 2106.37 | Consumer | Consumer | 6497.05 | 95 | | | 407.68 | 6497.05 | percent of total billed charges | |
| HC VENOGRAPHY SUPERIOR CAVAL SERIALOGRAPHY | 75827 | CPT | | | | both | | | 6839 | 2106.37 | Aetna | Better Health | 2157.7 | 31.55 | | | 407.68 | 6497.05 | percent of total billed charges | |
| HC VENOGRAPHY SUPERIOR CAVAL SERIALOGRAPHY | 75827 | CPT | | | | both | | | 6839 | 2106.37 | Horizon | Indemnity | 3544.2 | | | | 407.68 | 6497.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY SUPERIOR CAVAL SERIALOGRAPHY | 75827 | CPT | | | | both | | | 6839 | 2106.37 | Aetna | Medicare | 1831.63 | | | | 407.68 | 6497.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY SUPERIOR CAVAL SERIALOGRAPHY | 75827 | CPT | | | | both | | | 6839 | 2106.37 | First Health | First Health | 4787.3 | 70 | | | 407.68 | 6497.05 | percent of total billed charges | |
| HC VENOGRAPHY SUPERIOR CAVAL SERIALOGRAPHY | 75827 | CPT | | | | both | | | 6839 | 2106.37 | Amerihealth | HMO/PPO | 4445.35 | 65 | | | 407.68 | 6497.05 | percent of total billed charges | |
| HC VENOGRAPHY SUPERIOR CAVAL SERIALOGRAPHY | 75827 | CPT | | | | both | | | 6839 | 2106.37 | WellPoint | WellPoint | 2200.79 | 32.18 | | | 407.68 | 6497.05 | percent of total billed charges | |
| HC VENOGRAPHY SUPERIOR CAVAL SERIALOGRAPHY | 75827 | CPT | | | | both | | | 6839 | 2106.37 | Americare | Americare | 5129.25 | 75 | | | 407.68 | 6497.05 | percent of total billed charges | |
| HC VENOGRAPHY SUPERIOR CAVAL SERIALOGRAPHY | 75827 | CPT | | | | both | | | 6839 | 2106.37 | Corrections | Corrections | 5471.2 | 80 | | | 407.68 | 6497.05 | percent of total billed charges | |
| HC VENOGRAPHY SUPERIOR CAVAL SERIALOGRAPHY | 75827 | CPT | | | | both | | | 6839 | 2106.37 | Aetna | Commercial | 2598.82 | 38 | | | 407.68 | 6497.05 | percent of total billed charges | |
| HC VENOGRAPHY SUPERIOR CAVAL SERIALOGRAPHY | 75827 | CPT | | | | both | | | 6839 | 2106.37 | Horizon | Medicare Blue | 1831.63 | | | | 407.68 | 6497.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY SUPERIOR CAVAL SERIALOGRAPHY | 75827 | CPT | | | | both | | | 6839 | 2106.37 | Qualcare | Qualcare | 5129.25 | 75 | | | 407.68 | 6497.05 | percent of total billed charges | |
| HC VENOGRAPHY SUPERIOR CAVAL SERIALOGRAPHY | 75827 | CPT | | | | both | | | 6839 | 2106.37 | Three Rivers | Three Rivers | 6497.05 | 95 | | | 407.68 | 6497.05 | percent of total billed charges | |
| HC VENOGRAPHY SUPERIOR CAVAL SERIALOGRAPHY | 75827 | CPT | | | | both | | | 6839 | 2106.37 | Multiplan | Multiplan | 5471.2 | 80 | | | 407.68 | 6497.05 | percent of total billed charges | |
| HC VENOGRAPHY SUPERIOR CAVAL SERIALOGRAPHY | 75827 | CPT | | | | both | | | 6839 | 2106.37 | UHC | Medicare | 1831.63 | | | | 407.68 | 6497.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY SUPERIOR CAVAL SERIALOGRAPHY | 75827 | CPT | | | | both | | | 6839 | 2106.37 | First Trenton | First Trenton | 6155.1 | 90 | | | 407.68 | 6497.05 | percent of total billed charges | |
| HC VENOGRAPHY SUPERIOR CAVAL SERIALOGRAPHY | 75827 | CPT | | | | both | | | 6839 | 2106.37 | Wellcare | Medicaid | 2157.7 | 31.55 | | | 407.68 | 6497.05 | percent of total billed charges | |
| HC VENOGRAPHY SUPERIOR CAVAL SERIALOGRAPHY | 75827 | CPT | | | | both | | | 6839 | 2106.37 | Wellcare | Medicare | 1831.63 | | | | 407.68 | 6497.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY SUPERIOR CAVAL SERIALOGRAPHY | 75827 | CPT | | | | both | | | 6839 | 2106.37 | Horizon | MGD | 3544.2 | | | | 407.68 | 6497.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY SUPERIOR CAVAL SERIALOGRAPHY | 75827 | CPT | | | | both | | | 6839 | 2106.37 | Horizon | NJ Health | 407.68 | | | | 407.68 | 6497.05 | fee schedule | |
| HC VENOGRAPHY SUPERIOR CAVAL SERIALOGRAPHY | 75827 | CPT | | | | both | | | 6839 | 2106.37 | Horizon | PPO | 3544.2 | | | | 407.68 | 6497.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY SUPERIOR CAVAL SERIALOGRAPHY | 75827 | CPT | | | | both | | | 6839 | 2106.37 | Managed Care Inc | Managed Care Inc | 6155.1 | 90 | | | 407.68 | 6497.05 | percent of total billed charges | |
| HC VENOGRAPHY SUPERIOR CAVAL SERIALOGRAPHY | 75827 | CPT | | | | both | | | 6839 | 2106.37 | UHC | Medicaid | 2157.7 | 31.55 | | | 407.68 | 6497.05 | percent of total billed charges | |
| HC VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I | 75831 | CPT | | | | outpatient | | | 9262.88 | 4192.26 | Amerihealth | HMO/PPO | 6020.87 | 65 | | | 320.17 | 8799.74 | percent of total billed charges | |
| HC VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I | 75831 | CPT | | | | outpatient | | | 9262.88 | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 320.17 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I | 75831 | CPT | | | | outpatient | | | 9262.88 | 4192.26 | Aetna | Commercial | 3519.89 | 38 | | | 320.17 | 8799.74 | percent of total billed charges | |
| HC VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I | 75831 | CPT | | | | outpatient | | | 9262.88 | 4192.26 | Americare | Americare | 6947.16 | 75 | | | 320.17 | 8799.74 | percent of total billed charges | |
| HC VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I | 75831 | CPT | | | | outpatient | | | 9262.88 | 4192.26 | Aetna | Better Health | 2922.44 | 31.55 | | | 320.17 | 8799.74 | percent of total billed charges | |
| HC VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I | 75831 | CPT | | | | outpatient | | | 9262.88 | 4192.26 | First Trenton | First Trenton | 8336.59 | 90 | | | 320.17 | 8799.74 | percent of total billed charges | |
| HC VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I | 75831 | CPT | | | | outpatient | | | 9262.88 | 4192.26 | Aetna | Medicare | 3645.44 | | | | 320.17 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I | 75831 | CPT | | | | outpatient | | | 9262.88 | 4192.26 | Horizon | MGD | 7053.93 | | | | 320.17 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I | 75831 | CPT | | | | outpatient | | | 9262.88 | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | | 320.17 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I | 75831 | CPT | | | | outpatient | | | 9262.88 | 4192.26 | UHC | Medicare | 3645.44 | | | | 320.17 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I | 75831 | CPT | | | | outpatient | | | 9262.88 | 4192.26 | Horizon | PPO | 7053.93 | | | | 320.17 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I | 75831 | CPT | | | | outpatient | | | 9262.88 | 4192.26 | Managed Care Inc | Managed Care Inc | 8336.59 | 90 | | | 320.17 | 8799.74 | percent of total billed charges | |
| HC VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I | 75831 | CPT | | | | outpatient | | | 9262.88 | 4192.26 | First Health | First Health | 6484.02 | 70 | | | 320.17 | 8799.74 | percent of total billed charges | |
| HC VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I | 75831 | CPT | | | | outpatient | | | 9262.88 | 4192.26 | UHC | Medicaid | 2922.44 | 31.55 | | | 320.17 | 8799.74 | percent of total billed charges | |
| HC VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I | 75831 | CPT | | | | outpatient | | | 9262.88 | 4192.26 | Consumer | Consumer | 8799.74 | 95 | | | 320.17 | 8799.74 | percent of total billed charges | |
| HC VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I | 75831 | CPT | | | | outpatient | | | 9262.88 | 4192.26 | Multiplan | Multiplan | 7410.3 | 80 | | | 320.17 | 8799.74 | percent of total billed charges | |
| HC VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I | 75831 | CPT | | | | outpatient | | | 9262.88 | 4192.26 | WellPoint | WellPoint | 2980.79 | 32.18 | | | 320.17 | 8799.74 | percent of total billed charges | |
| HC VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I | 75831 | CPT | | | | outpatient | | | 9262.88 | 4192.26 | Three Rivers | Three Rivers | 8799.74 | 95 | | | 320.17 | 8799.74 | percent of total billed charges | |
| HC VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I | 75831 | CPT | | | | outpatient | | | 9262.88 | 4192.26 | Corrections | Corrections | 7410.3 | 80 | | | 320.17 | 8799.74 | percent of total billed charges | |
| HC VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I | 75831 | CPT | | | | outpatient | | | 9262.88 | 4192.26 | Qualcare | Qualcare | 6947.16 | 75 | | | 320.17 | 8799.74 | percent of total billed charges | |
| HC VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I | 75831 | CPT | | | | outpatient | | | 9262.88 | 4192.26 | Horizon | NJ Health | 320.17 | | | | 320.17 | 8799.74 | fee schedule | |
| HC VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I | 75831 | CPT | | | | outpatient | | | 9262.88 | 4192.26 | Wellcare | Medicaid | 2922.44 | 31.55 | | | 320.17 | 8799.74 | percent of total billed charges | |
| HC VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I | 75831 | CPT | | | | outpatient | | | 9262.88 | 4192.26 | Wellcare | Medicare | 3645.44 | | | | 320.17 | 8799.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I | 75833 | CPT | | | | outpatient | | | 5549 | 4192.26 | First Health | First Health | 3884.3 | 70 | | | 411.6 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I | 75833 | CPT | | | | outpatient | | | 5549 | 4192.26 | Aetna | Commercial | 2108.62 | 38 | | | 411.6 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I | 75833 | CPT | | | | outpatient | | | 5549 | 4192.26 | Horizon | MGD | 7053.93 | | | | 411.6 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I | 75833 | CPT | | | | outpatient | | | 5549 | 4192.26 | Americare | Americare | 4161.75 | 75 | | | 411.6 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I | 75833 | CPT | | | | outpatient | | | 5549 | 4192.26 | Aetna | Better Health | 1750.71 | 31.55 | | | 411.6 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I | 75833 | CPT | | | | outpatient | | | 5549 | 4192.26 | Aetna | Medicare | 3645.44 | | | | 411.6 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I | 75833 | CPT | | | | outpatient | | | 5549 | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | | 411.6 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I | 75833 | CPT | | | | outpatient | | | 5549 | 4192.26 | Multiplan | Multiplan | 4439.2 | 80 | | | 411.6 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I | 75833 | CPT | | | | outpatient | | | 5549 | 4192.26 | Three Rivers | Three Rivers | 5271.55 | 95 | | | 411.6 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I | 75833 | CPT | | | | outpatient | | | 5549 | 4192.26 | Amerihealth | HMO/PPO | 3606.85 | 65 | | | 411.6 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I | 75833 | CPT | | | | outpatient | | | 5549 | 4192.26 | UHC | Medicaid | 1750.71 | 31.55 | | | 411.6 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I | 75833 | CPT | | | | outpatient | | | 5549 | 4192.26 | Qualcare | Qualcare | 4161.75 | 75 | | | 411.6 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I | 75833 | CPT | | | | outpatient | | | 5549 | 4192.26 | Consumer | Consumer | 5271.55 | 95 | | | 411.6 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I | 75833 | CPT | | | | outpatient | | | 5549 | 4192.26 | UHC | Medicare | 3645.44 | | | | 411.6 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I | 75833 | CPT | | | | outpatient | | | 5549 | 4192.26 | Corrections | Corrections | 4439.2 | 80 | | | 411.6 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I | 75833 | CPT | | | | outpatient | | | 5549 | 4192.26 | Wellcare | Medicaid | 1750.71 | 31.55 | | | 411.6 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I | 75833 | CPT | | | | outpatient | | | 5549 | 4192.26 | First Trenton | First Trenton | 4994.1 | 90 | | | 411.6 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I | 75833 | CPT | | | | outpatient | | | 5549 | 4192.26 | Wellcare | Medicare | 3645.44 | | | | 411.6 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I | 75833 | CPT | | | | outpatient | | | 5549 | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 411.6 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I | 75833 | CPT | | | | outpatient | | | 5549 | 4192.26 | Horizon | NJ Health | 411.6 | | | | 411.6 | 7053.93 | fee schedule | |
| HC VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I | 75833 | CPT | | | | outpatient | | | 5549 | 4192.26 | Horizon | PPO | 7053.93 | | | | 411.6 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I | 75833 | CPT | | | | outpatient | | | 5549 | 4192.26 | Managed Care Inc | Managed Care Inc | 4994.1 | 90 | | | 411.6 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I | 75833 | CPT | | | | outpatient | | | 5549 | 4192.26 | WellPoint | WellPoint | 1785.67 | 32.18 | | | 411.6 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY VENOUS SINUS/JUGULAR CATH | 75860 | CPT | | | | both | | | 6839 | 4192.26 | First Health | First Health | 4787.3 | 70 | | | 370.44 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY VENOUS SINUS/JUGULAR CATH | 75860 | CPT | | | | both | | | 6839 | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 370.44 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY VENOUS SINUS/JUGULAR CATH | 75860 | CPT | | | | both | | | 6839 | 4192.26 | Corrections | Corrections | 5471.2 | 80 | | | 370.44 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY VENOUS SINUS/JUGULAR CATH | 75860 | CPT | | | | both | | | 6839 | 4192.26 | Americare | Americare | 5129.25 | 75 | | | 370.44 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY VENOUS SINUS/JUGULAR CATH | 75860 | CPT | | | | both | | | 6839 | 4192.26 | Consumer | Consumer | 6497.05 | 95 | | | 370.44 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY VENOUS SINUS/JUGULAR CATH | 75860 | CPT | | | | both | | | 6839 | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | | 370.44 | 7053.93 

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC VENOGRAPHY VENOUS SINUS/JUGULAR CATH | 75860 | CPT | | | | both | | | 6839 | | 4192.26 Horizon | NJ Health | 370.44 | | | | 370.44 | 7053.93 | fee schedule | |
| HC VENOGRAPHY VENOUS SINUS/JUGULAR CATH | 75860 | CPT | | | | both | | | 6839 | | 4192.26 Multiplan | Multiplan | 5471.2 | 80 | | | 370.44 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY VENOUS SINUS/JUGULAR CATH | 75860 | CPT | | | | both | | | 6839 | | 4192.26 Managed Care Inc | Managed Care Inc | 6155.1 | 90 | | | 370.44 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY VENOUS SINUS/JUGULAR CATH | 75860 | CPT | | | | both | | | 6839 | | 4192.26 Qualcare | Qualcare | 5129.25 | 75 | | | 370.44 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY VENOUS SINUS/JUGULAR CATH | 75860 | CPT | | | | both | | | 6839 | | 4192.26 Three Rivers | Three Rivers | 6497.05 | 95 | | | 370.44 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY SUPERIOR SAGITTAL SINUS | 75870 | CPT | | | | both | | | 11206 | | 4192.26 Aetna | Better Health | 3535.49 | 31.55 | | | 320.17 | 10645.7 | percent of total billed charges | |
| HC VENOGRAPHY SUPERIOR SAGITTAL SINUS | 75870 | CPT | | | | both | | | 11206 | | 4192.26 First Trenton | First Trenton | 10085.4 | 90 | | | 320.17 | 10645.7 | percent of total billed charges | |
| HC VENOGRAPHY SUPERIOR SAGITTAL SINUS | 75870 | CPT | | | | both | | | 11206 | | 4192.26 Consumer | Consumer | 10645.7 | 95 | | | 320.17 | 10645.7 | percent of total billed charges | |
| HC VENOGRAPHY SUPERIOR SAGITTAL SINUS | 75870 | CPT | | | | both | | | 11206 | | 4192.26 Aetna | Medicare | 3645.44 | | | | 320.17 | 10645.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY SUPERIOR SAGITTAL SINUS | 75870 | CPT | | | | both | | | 11206 | | 4192.26 First Health | First Health | 7844.2 | 70 | | | 320.17 | 10645.7 | percent of total billed charges | |
| HC VENOGRAPHY SUPERIOR SAGITTAL SINUS | 75870 | CPT | | | | both | | | 11206 | | 4192.26 Horizon | PPO | 7053.93 | | | | 320.17 | 10645.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY SUPERIOR SAGITTAL SINUS | 75870 | CPT | | | | both | | | 11206 | | 4192.26 Corrections | Corrections | 8964.8 | 80 | | | 320.17 | 10645.7 | percent of total billed charges | |
| HC VENOGRAPHY SUPERIOR SAGITTAL SINUS | 75870 | CPT | | | | both | | | 11206 | | 4192.26 Aetna | Commercial | 4258.28 | 38 | | | 320.17 | 10645.7 | percent of total billed charges | |
| HC VENOGRAPHY SUPERIOR SAGITTAL SINUS | 75870 | CPT | | | | both | | | 11206 | | 4192.26 Amerihealth | HMO/PPO | 7283.9 | 65 | | | 320.17 | 10645.7 | percent of total billed charges | |
| HC VENOGRAPHY SUPERIOR SAGITTAL SINUS | 75870 | CPT | | | | both | | | 11206 | | 4192.26 Horizon | Medicare Blue | 3645.44 | | | | 320.17 | 10645.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY SUPERIOR SAGITTAL SINUS | 75870 | CPT | | | | both | | | 11206 | | 4192.26 Horizon | NJ Health | 320.17 | | | | 320.17 | 10645.7 | fee schedule | |
| HC VENOGRAPHY SUPERIOR SAGITTAL SINUS | 75870 | CPT | | | | both | | | 11206 | | 4192.26 Americare | Americare | 8404.5 | 75 | | | 320.17 | 10645.7 | percent of total billed charges | |
| HC VENOGRAPHY SUPERIOR SAGITTAL SINUS | 75870 | CPT | | | | both | | | 11206 | | 4192.26 Multiplan | Multiplan | 8964.8 | 80 | | | 320.17 | 10645.7 | percent of total billed charges | |
| HC VENOGRAPHY SUPERIOR SAGITTAL SINUS | 75870 | CPT | | | | both | | | 11206 | | 4192.26 UHC | Medicaid | 3535.49 | 31.55 | | | 320.17 | 10645.7 | percent of total billed charges | |
| HC VENOGRAPHY SUPERIOR SAGITTAL SINUS | 75870 | CPT | | | | both | | | 11206 | | 4192.26 Horizon | Indemnity | 7053.93 | | | | 320.17 | 10645.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY SUPERIOR SAGITTAL SINUS | 75870 | CPT | | | | both | | | 11206 | | 4192.26 Horizon | MGD | 7053.93 | | | | 320.17 | 10645.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY SUPERIOR SAGITTAL SINUS | 75870 | CPT | | | | both | | | 11206 | | 4192.26 Qualcare | Qualcare | 8404.5 | 75 | | | 320.17 | 10645.7 | percent of total billed charges | |
| HC VENOGRAPHY SUPERIOR SAGITTAL SINUS | 75870 | CPT | | | | both | | | 11206 | | 4192.26 Managed Care Inc | Managed Care Inc | 10085.4 | 90 | | | 320.17 | 10645.7 | percent of total billed charges | |
| HC VENOGRAPHY SUPERIOR SAGITTAL SINUS | 75870 | CPT | | | | both | | | 11206 | | 4192.26 UHC | Medicare | 3645.44 | | | | 320.17 | 10645.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY SUPERIOR SAGITTAL SINUS | 75870 | CPT | | | | both | | | 11206 | | 4192.26 WellPoint | WellPoint | 3606.09 | 32.18 | | | 320.17 | 10645.7 | percent of total billed charges | |
| HC VENOGRAPHY SUPERIOR SAGITTAL SINUS | 75870 | CPT | | | | both | | | 11206 | | 4192.26 Three Rivers | Three Rivers | 10645.7 | 95 | | | 320.17 | 10645.7 | percent of total billed charges | |
| HC VENOGRAPHY SUPERIOR SAGITTAL SINUS | 75870 | CPT | | | | both | | | 11206 | | 4192.26 Wellcare | Medicaid | 3535.49 | 31.55 | | | 320.17 | 10645.7 | percent of total billed charges | |
| HC VENOGRAPHY SUPERIOR SAGITTAL SINUS | 75870 | CPT | | | | both | | | 11206 | | 4192.26 Wellcare | Medicare | 3645.44 | | | | 320.17 | 10645.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ TRANSHEPATIC PORTOGRAPY W HEMODYNAMIC EVAL | 75885 | CPT | | | | both | | | 6839 | | 4192.26 Aetna | Medicare | 3645.44 | | | | 279.89 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ TRANSHEPATIC PORTOGRAPY W HEMODYNAMIC EVAL | 75885 | CPT | | | | both | | | 6839 | | 4192.26 Corrections | Corrections | 5471.2 | 80 | | | 279.89 | 7053.93 | percent of total billed charges | |
| HC PERQ TRANSHEPATIC PORTOGRAPY W HEMODYNAMIC EVAL | 75885 | CPT | | | | both | | | 6839 | | 4192.26 Horizon | Medicare Blue | 3645.44 | | | | 279.89 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ TRANSHEPATIC PORTOGRAPY W HEMODYNAMIC EVAL | 75885 | CPT | | | | both | | | 6839 | | 4192.26 Consumer | Consumer | 6497.05 | 95 | | | 279.89 | 7053.93 | percent of total billed charges | |
| HC PERQ TRANSHEPATIC PORTOGRAPY W HEMODYNAMIC EVAL | 75885 | CPT | | | | both | | | 6839 | | 4192.26 Americare | Americare | 5129.25 | 75 | | | 279.89 | 7053.93 | percent of total billed charges | |
| HC PERQ TRANSHEPATIC PORTOGRAPY W HEMODYNAMIC EVAL | 75885 | CPT | | | | both | | | 6839 | | 4192.26 Aetna | Commercial | 5949.36 | | | | 279.89 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ TRANSHEPATIC PORTOGRAPY W HEMODYNAMIC EVAL | 75885 | CPT | | | | both | | | 6839 | | 4192.26 Horizon | Indemnity | 7053.93 | | | | 279.89 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ TRANSHEPATIC PORTOGRAPY W HEMODYNAMIC EVAL | 75885 | CPT | | | | both | | | 6839 | | 4192.26 Aetna | Better Health | 2157.7 | 31.55 | | | 279.89 | 7053.93 | percent of total billed charges | |
| HC PERQ TRANSHEPATIC PORTOGRAPY W HEMODYNAMIC EVAL | 75885 | CPT | | | | both | | | 6839 | | 4192.26 First Trenton | First Trenton | 6155.1 | 90 | | | 279.89 | 7053.93 | percent of total billed charges | |
| HC PERQ TRANSHEPATIC PORTOGRAPY W HEMODYNAMIC EVAL | 75885 | CPT | | | | both | | | 6839 | | 4192.26 Horizon | NJ Health | 279.89 | | | | 279.89 | 7053.93 | fee schedule | |
| HC PERQ TRANSHEPATIC PORTOGRAPY W HEMODYNAMIC EVAL | 75885 | CPT | | | | both | | | 6839 | | 4192.26 UHC | Medicare | 3645.44 | | | | 279.89 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ TRANSHEPATIC PORTOGRAPY W HEMODYNAMIC EVAL | 75885 | CPT | | | | both | | | 6839 | | 4192.26 UHC | Medicaid | 2157.7 | 31.55 | | | 279.89 | 7053.93 | percent of total billed charges | |
| HC PERQ TRANSHEPATIC PORTOGRAPY W HEMODYNAMIC EVAL | 75885 | CPT | | | | both | | | 6839 | | 4192.26 Horizon | MGD | 7053.93 | | | | 279.89 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ TRANSHEPATIC PORTOGRAPY W HEMODYNAMIC EVAL | 75885 | CPT | | | | both | | | 6839 | | 4192.26 Amerihealth | HMO/PPO | 4445.35 | 65 | | | 279.89 | 7053.93 | percent of total billed charges | |
| HC PERQ TRANSHEPATIC PORTOGRAPY W HEMODYNAMIC EVAL | 75885 | CPT | | | | both | | | 6839 | | 4192.26 Horizon | PPO | 7053.93 | | | | 279.89 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ TRANSHEPATIC PORTOGRAPY W HEMODYNAMIC EVAL | 75885 | CPT | | | | both | | | 6839 | | 4192.26 First Health | First Health | 4787.3 | 70 | | | 279.89 | 7053.93 | percent of total billed charges | |
| HC PERQ TRANSHEPATIC PORTOGRAPY W HEMODYNAMIC EVAL | 75885 | CPT | | | | both | | | 6839 | | 4192.26 Three Rivers | Three Rivers | 6497.05 | 95 | | | 279.89 | 7053.93 | percent of total billed charges | |
| HC PERQ TRANSHEPATIC PORTOGRAPY W HEMODYNAMIC EVAL | 75885 | CPT | | | | both | | | 6839 | | 4192.26 Managed Care Inc | Managed Care Inc | 6155.1 | 90 | | | 279.89 | 7053.93 | percent of total billed charges | |
| HC PERQ TRANSHEPATIC PORTOGRAPY W HEMODYNAMIC EVAL | 75885 | CPT | | | | both | | | 6839 | | 4192.26 WellPoint | WellPoint | 2200.79 | 32.18 | | | 279.89 | 7053.93 | percent of total billed charges | |
| HC PERQ TRANSHEPATIC PORTOGRAPY W HEMODYNAMIC EVAL | 75885 | CPT | | | | both | | | 6839 | | 4192.26 Wellcare | Medicaid | 2157.7 | 31.55 | | | 279.89 | 7053.93 | percent of total billed charges | |
| HC PERQ TRANSHEPATIC PORTOGRAPY W HEMODYNAMIC EVAL | 75885 | CPT | | | | both | | | 6839 | | 4192.26 Multiplan | Multiplan | 5471.2 | 80 | | | 279.89 | 7053.93 | percent of total billed charges | |
| HC PERQ TRANSHEPATIC PORTOGRAPY W HEMODYNAMIC EVAL | 75885 | CPT | | | | both | | | 6839 | | 4192.26 Wellcare | Medicare | 3645.44 | | | | 279.89 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ TRANSHEPATIC PORTOGRAPY W HEMODYNAMIC EVAL | 75885 | CPT | | | | both | | | 6839 | | 4192.26 Qualcare | Qualcare | 5129.25 | 75 | | | 279.89 | 7053.93 | percent of total billed charges | |
| HC PERQ TRANSHEPATIC PORTOGRAPY WO HEMODYNAMIC EVAL; PORTABLE | 75887 | CPT | | | | both | | | 8548.75 | | 4192.26 Aetna | Medicare | 3645.44 | | | | 355.74 | 8121.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ TRANSHEPATIC PORTOGRAPY WO HEMODYNAMIC EVAL; PORTABLE | 75887 | CPT | | | | both | | | 8548.75 | | 4192.26 Corrections | Corrections | 6839 | 80 | | | 355.74 | 8121.31 | percent of total billed charges | |
| HC PERQ TRANSHEPATIC PORTOGRAPY WO HEMODYNAMIC EVAL; PORTABLE | 75887 | CPT | | | | both | | | 8548.75 | | 4192.26 First Health | First Health | 5984.13 | 70 | | | 355.74 | 8121.31 | percent of total billed charges | |
| HC PERQ TRANSHEPATIC PORTOGRAPY WO HEMODYNAMIC EVAL; PORTABLE | 75887 | CPT | | | | both | | | 8548.75 | | 4192.26 UHC | Medicare | 3645.44 | | | | 355.74 | 8121.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ TRANSHEPATIC PORTOGRAPY WO HEMODYNAMIC EVAL; PORTABLE | 75887 | CPT | | | | both | | | 8548.75 | | 4192.26 First Trenton | First Trenton | 7693.88 | 90 | | | 355.74 | 8121.31 | percent of total billed charges | |
| HC PERQ TRANSHEPATIC PORTOGRAPY WO HEMODYNAMIC EVAL; PORTABLE | 75887 | CPT | | | | both | | | 8548.75 | | 4192.26 Aetna | Better Health | 2897.13 | 31.55 | | | 355.74 | 8121.31 | percent of total billed charges | |
| HC PERQ TRANSHEPATIC PORTOGRAPY WO HEMODYNAMIC EVAL; PORTABLE | 75887 | CPT | | | | both | | | 8548.75 | | 4192.26 Aetna | Commercial | 3248.53 | 38 | | | 355.74 | 8121.31 | percent of total billed charges | |
| HC PERQ TRANSHEPATIC PORTOGRAPY WO HEMODYNAMIC EVAL; PORTABLE | 75887 | CPT | | | | both | | | 8548.75 | | 4192.26 Americare | Americare | 6411.56 | 75 | | | 355.74 | 8121.31 | percent of total billed charges | |
| HC PERQ TRANSHEPATIC PORTOGRAPY WO HEMODYNAMIC EVAL; PORTABLE | 75887 | CPT | | | | both | | | 8548.75 | | 4192.26 Horizon | MGD | 7053.93 | | | | 355.74 | 8121.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ TRANSHEPATIC PORTOGRAPY WO HEMODYNAMIC EVAL; PORTABLE | 75887 | CPT | | | | both | | | 8548.75 | | 4192.26 Horizon | PPO | 7053.93 | | | | 355.74 | 8121.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ TRANSHEPATIC PORTOGRAPY WO HEMODYNAMIC EVAL; PORTABLE | 75887 | CPT | | | | both | | | 8548.75 | | 4192.26 Horizon | Medicare Blue | 3645.44 | | | | 355.74 | 8121.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ TRANSHEPATIC PORTOGRAPY WO HEMODYNAMIC EVAL; PORTABLE | 75887 | CPT | | | | both | | | 8548.75 | | 4192.26 Amerihealth | HMO/PPO | 5556.69 | 65 | | | 355.74 | 8121.31 | percent of total billed charges | |
| HC PERQ TRANSHEPATIC PORTOGRAPY WO HEMODYNAMIC EVAL; PORTABLE | 75887 | CPT | | | | both | | | 8548.75 | | 4192.26 Managed Care Inc | Managed Care Inc | 7693.88 | 90 | | | 355.74 | 8121.31 | percent of total billed charges | |
| HC PERQ TRANSHEPATIC PORTOGRAPY WO HEMODYNAMIC EVAL; PORTABLE | 75887 | CPT | | | | both | | | 8548.75 | | 4192.26 Consumer | Consumer | 8121.31 | 95 | | | 355.74 | 8121.31 | percent of total billed charges | |
| HC PERQ TRANSHEPATIC PORTOGRAPY WO HEMODYNAMIC EVAL; PORTABLE | 75887 | CPT | | | | both | | | 8548.75 | | 4192.26 UHC | Medicaid | 2897.13 | 31.55 | | | 355.74 | 8121.31 | percent of total billed charges | |
| HC PERQ TRANSHEPATIC PORTOGRAPY WO HEMODYNAMIC EVAL; PORTABLE | 75887 | CPT | | | | both | | | 8548.75 | | 4192.26 Horizon | Indemnity | 7053.93 | | | | 355.74 | 8121.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ TRANSHEPATIC PORTOGRAPY WO HEMODYNAMIC EVAL; PORTABLE | 75887 | CPT | | | | both | | | 8548.75 | | 4192.26 Wellcare | Medicare | 3645.44 | | | | 355.74 | 8121.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ TRANSHEPATIC PORTOGRAPY WO HEMODYNAMIC EVAL; PORTABLE | 75887 | CPT | | | | both | | | 8548.75 | | 4192.26 Multiplan | Multiplan | 6839 | 80 | | | 355.74 | 8121.31 | percent of total billed charges | |
| HC PERQ TRANSHEPATIC PORTOGRAPY WO HEMODYNAMIC EVAL; PORTABLE | 75887 | CPT | | | | both | | | 8548.75 | | 4192.26 Horizon | NJ Health | 355.74 | | | | 355.74 | 8121.31 | fee schedule | |
| HC PERQ TRANSHEPATIC PORTOGRAPY WO HEMODYNAMIC EVAL; PORTABLE | 75887 | CPT | | | | both | | | 8548.75 | | 4192.26 Qualcare | Qualcare | 6411.56 | 75 | | | 355.74 | 8121.31 | percent of total billed charges | |
| HC PERQ TRANSHEPATIC PORTOGRAPY WO HEMODYNAMIC EVAL; PORTABLE | 75887 | CPT | | | | both | | | 8548.75 | | 4192.26 WellPoint | WellPoint | 2750.99 | 32.18 | | | 355.74 | 8121.31 | percent of total billed charges | |
| HC PERQ TRANSHEPATIC PORTOGRAPY WO HEMODYNAMIC EVAL; PORTABLE | 75887 | CPT | | | | both | | | 8548.75 | | 4192.26 Three Rivers | Three Rivers | 8121.31 | 95 | | | 355.74 | 8121.31 | percent of total billed charges | |
| HC PERQ TRANSHEPATIC PORTOGRAPY WO HEMODYNAMIC EVAL; PORTABLE | 75887 | CPT | | | | both | | | 8548.75 | | 4192.26 Wellcare | Medicaid | 2897.13 | 31.55 | | | 355.74 | 8121.31 | percent of total billed charges | |
| HC VENOGRAPHY HEPATIC WEDGED/FREE W HEMODYNAMIC EVAL | 75889 | CPT | | | | both | | | 6839 | | 4192.26 Aetna | Better Health | 2157.7 | 31.55 | | | 370.44 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY HEPATIC WEDGED/FREE W HEMODYNAMIC EVAL | 75889 | CPT | | | | both | | | 6839 | | 4192.26 Aetna | Commercial | 2598.82 | 38 | | | 370.44 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY HEPATIC WEDGED/FREE W HEMODYNAMIC EVAL | 75889 | CPT | | | | both | | | 6839 | | 4192.26 Horizon | Indemnity | 7053.93 | | | 1314.67 | 370.44 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY HEPATIC WEDGED/FREE W HEMODYNAMIC EVAL | 75889 | CPT | | | | both | | | 6839 | | 4192.26 Horizon | PPO | 7053.93 | | | 2394.77 | 370.44 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY HEPATIC WEDGED/FREE W HEMODYNAMIC EVAL | 75889 | CPT | | | | both | | | 6839 | | 4192.26 Amerihealth | HMO/PPO | 4445.35 | 65 | | | 370.44 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY HEPATIC WEDGED/FREE W HEMODYNAMIC EVAL | 75889 | CPT | | | | both | | | 6839 | | 4192.26 Aetna | Medicare | 3645.44 | | | | 370.44 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY HEPATIC WEDGED/FREE W HEMODYNAMIC EVAL | 75889 | CPT | | | | both | | | 6839 | | 4192.26 First Trenton | First Trenton | 6155.1 | 90 | | | 370.44 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY HEPATIC WEDGED/FREE W HEMODYNAMIC EVAL | 75889 | CPT | | | | both | | | 6839 | | 4192.26 Americare | Americare | 5129.25 | 75 | | | 370.44 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY HEPATIC WEDGED/FREE W HEMODYNAMIC EVAL | 75889 | CPT | | | | both | | | 6839 | | 4192.26 First Health | First Health | 4787.3 | 70 | | | 370.44 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY HEPATIC WEDGED/FREE W HEMODYNAMIC EVAL | 75889 | CPT | | | | both | | | 6839 | | 4192.26 WellPoint | WellPoint | 2200.79 | 32.18 | | | 370.44 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY HEPATIC WEDGED/FREE W HEMODYNAMIC EVAL | 75889 | CPT | | | | both | | | 6839 | | 4192.26 UHC | Medicaid | 2157.7 | 31.55 | | | 370.44 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY HEPATIC WEDGED/FREE W HEMODYNAMIC EVAL | 75889 | CPT | | | | both | | | 6839 | | 4192.26 Consumer | Consumer | 6497.05 | 95 | | | 370.44 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY HEPATIC WEDGED/FREE W HEMODYNAMIC EVAL | 75889 | CPT | | | | both | | | 6839 | | 4192.26 Horizon | Medicare Blue | 3645.44 | | | | 370.44 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY HEPATIC WEDGED/FREE W HEMODYNAMIC EVAL | 75889 | CPT | | | | both | | | 6839 | | 4192.26 Corrections | Corrections | 5471.2 | 80 | | | 370.44 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY HEPATIC WEDGED/FREE W HEMODYNAMIC EVAL | 75889 | CPT | | | | both | | | 6839 | | 4192.26 Managed Care Inc | Managed Care Inc | 6155.1 | 90 | | | 370.44 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY HEPATIC WEDGED/FREE W HEMODYNAMIC EVAL | 75889 | CPT | | | | both | | | 6839 | | 4192.26 Horizon | NJ Health | 370.44 | | | 0.73 | 370.44 | 7053.93 | fee schedule | |
| HC VENOGRAPHY HEPATIC WEDGED/FREE W HEMODYNAMIC EVAL | 75889 | CPT | | | | both | | | 6839 | | 4192.26 Three Rivers | Three Rivers | 6497.05 | 95 | | | 370.44 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY HEPATIC WEDGED/FREE W HEMODYNAMIC EVAL | 75889 | CPT | | | | both | | | 6839 | | 4192.26 UHC | Medicare | 3645.44 | | | | 370.44 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY HEPATIC WEDGED/FREE W HEMODYNAMIC EVAL | 75889 | CPT | | | | both | | | 6839 | | 4192.26 Horizon | MGD | 7053.93 | | | 4683.71 | 370.44 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY HEPATIC WEDGED/FREE W HEMODYNAMIC EVAL | 75889 | CPT | | | | both | | | 6839 | | 4192.26 Wellcare | Medicaid | 2157.7 | 31.55 | | | 370.44 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY HEPATIC WEDGED/FREE W HEMODYNAMIC EVAL | 75889 | CPT | | | | both | | | 6839 | | 4192.26 Multiplan | Multiplan | 5471.2 | 80 | | | 370.44 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY HEPATIC WEDGED/FREE W HEMODYNAMIC EVAL | 75889 | CPT | | | | both | | | 6839 | | 4192.26 Wellcare | Medicare | 3645.44 | | | | 370.44 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY HEPATIC WEDGED/FREE W HEMODYNAMIC EVAL | 75889 | CPT | | | | both | | | 6839 | | 4192.26 Qualcare | Qualcare | 5129.25 | 75 | | | 370.44 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY HEPATIC WEDGED/FREE WO HEMODYNAMIC EVAL | 75891 | CPT | | | | inpatient | | | 6839 | | 4192.26 Aetna | Medicare | 3645.44 | | | | 320.17 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY HEPATIC WEDGED/FREE WO HEMODYNAMIC EVAL | 75891 | CPT | | | | inpatient | | | 6839 | | 4192.26 Corrections | Corrections | 5471.2 | 80 | | | 320.17 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY HEPATIC WEDGED/FREE WO HEMODYNAMIC EVAL | 75891 | CPT | | | | inpatient | | | 6839 | | 4192.26 Consumer | Consumer | 6497.05 | 95 | | | 320.17 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY HEPATIC WEDGED/FREE WO HEMODYNAMIC EVAL | 75891 | CPT | | | | inpatient | | | 6839 | | 4192.26 Amerihealth | HMO/PPO | 4445.35 | 65 | | | 320.17 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY HEPATIC WEDGED/FREE WO HEMODYNAMIC EVAL | 75891 | CPT | | | | inpatient | | | 6839 | | 4192.26 UHC | Medicare | 3645.44 | | | | 320.17 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY HEPATIC WEDGED/FREE WO HEMODYNAMIC EVAL | 75891 | CPT | | | | inpatient | | | 6839 | | 4192.26 Americare | Americare | 5129.25 | 75 | | | 320.17 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY HEPATIC WEDGED/FREE WO HEMODYNAMIC EVAL | 75891 | CPT | | | | inpatient | | | 6839 | | 4192.26 Aetna | Better Health | 2157.7 | 31.55 | | | 320.17 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY HEPATIC WEDGED/FREE WO HEMODYNAMIC EVAL | 75891 | CPT | | | | inpatient | | | 6839 | | 4192.26 First Health | First Health | 4787.3 | 70 | | | 320.17 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY HEPATIC WEDGED/FREE WO HEMODYNAMIC EVAL | 75891 | CPT | | | | inpatient | | | 6839 | | 4192.26 Horizon | Medicare Blue | 3645.44 | | | | 320.17 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY HEPATIC WEDGED/FREE WO HEMODYNAMIC EVAL | 75891 | CPT | | | | inpatient | | | 6839 | | 4192.26 Horizon | NJ Health | 320.17 | | | | 320.17 | 7053.93 | fee schedule | |
| HC VENOGRAPHY HEPATIC WEDGED/FREE WO HEMODYNAMIC EVAL | 75891 | CPT | | | | inpatient | | | 6839 | | 4192.26 Aetna | Commercial | 2598.82 | 38 | | | 320.17 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY HEPATIC WEDGED/FREE WO HEMODYNAMIC EVAL | 75891 | CPT | | | | inpatient | | | 6839 | | 4192.26 Multiplan | Multiplan | 5471.2 | 80 | | | 320.17 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY HEPATIC WEDGED/FREE WO HEMODYNAMIC EVAL | 75891 | CPT | | | | inpatient | | | 6839 | | 4192.26 Horizon | MGD | 7053.93 | | | | 320.17 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY HEPATIC WEDGED/FREE WO HEMODYNAMIC EVAL | 75891 | CPT | | | | inpatient | | | 6839 | | 4192.26 First Trenton | First Trenton | 6155.1 | 90 | | | 320.17 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY HEPATIC WEDGED/FREE WO HEMODYNAMIC EVAL | 75891 | CPT | | | | inpatient | | | 6839 | | 4192.26 Horizon | PPO | 7053.93 | | | | 320.17 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY HEPATIC WEDGED/FREE WO HEMODYNAMIC EVAL | 75891 | CPT | | | | inpatient | | | 6839 | | 4192.26 Horizon | Indemnity | 7053.93 | | | | 320.17 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY HEPATIC WEDGED/FREE WO HEMODYNAMIC EVAL | 75891 | CPT | | | | inpatient | | | 6839 | | 4192.26 WellPoint | WellPoint | 2200.79 | 32.18 | | | 320.17 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY HEPATIC WEDGED/FREE WO HEMODYNAMIC EVAL | 75891 | CPT | | | | inpatient | | | 6839 | | 4192.26 Wellcare | Medicare | 3645.44 | | | | 320.17 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOGRAPHY HEPATIC WEDGED/FREE WO HEMODYNAMIC EVAL | 75891 | CPT | | | | inpatient | | | 6839 | | 4192.26 Qualcare | Qualcare | 5129.25 | 75 | | | 320.17 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY HEPATIC WEDGED/FREE WO HEMODYNAMIC EVAL | 75891 | CPT | | | | inpatient | | | 6839 | | 4192.26 Managed Care Inc | Managed Care Inc | 6155.1 | 90 | | | 320.17 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY HEPATIC WEDGED/FREE WO HEMODYNAMIC EVAL | 75891 | CPT | | | | inpatient | | | 6839 | | 4192.26 Wellcare | Medicaid | 2157.7 | 31.55 | | | 320.17 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY HEPATIC WEDGED/FREE WO HEMODYNAMIC EVAL | 75891 | CPT | | | | inpatient | | | 6839 | | 4192.26 Three Rivers | Three Rivers | 6497.05 | 95 | | | 320.17 | 7053.93 | percent of total billed charges | |
| HC VENOGRAPHY HEPATIC WEDGED/FREE WO HEMODYNAMIC EVAL | 75891 | CPT | | | | inpatient | | | 6839 | | 4192.26 UHC | Medicaid | 2157.7 | 31.55 | | | 320.17 | 7053.93 | percent of total billed charges | |
| HC VENOUS SAMPLING BY CATHETER W/WO ANGIO (RENIN, PTH) | 75893 | CPT | | | | both | | | 6839 | | 7227.61 Aetna | Medicare | 6284.88 | | | | 205.8 | 12161.24 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENOUS SAMPLING BY CATHETER W/WO ANGIO (RENIN, PTH) | 75893 | CPT | | | | both | | | 6839 | | 7227.61 Amerihealth | HMO/PPO | 4445.35 | 65 | | | 205.8 | 12161.24 | percent of total billed charges | |
| HC VENOUS SAMPLING BY CATHETER W/WO ANGIO (RENIN, PTH) | 75893 | CPT | | | | both | | | 6839 | | 7227.61 Aetna | Commercial | 2598.82 | 38 | | | 205.8 | 12161.24 | percent of total billed charges | |
| HC VENOUS SAMPLING BY CATHETER W/WO ANGIO (RENIN, PTH) | 75893 | CPT | | | | both | | | 6839 | | 4192.26 Corrections | Corrections | 5471.2 | 80 | | | 205.8 | 12161.24 | percent of total billed charges | |
| HC VENOUS SAMPLING BY CATHETER W/WO ANGIO (RENIN, PTH) | 75893 | CPT | | | | both | | | 6839 | | 7227.61 Americare | Americare | 5129.25 | 75 | | | 205.8 | 12161.24 | percent of total billed charges | |
| HC VENOUS SAMPLING BY CATHETER W/WO ANGIO (RENIN, PTH) | 75893 | CPT | | | | both | | | 6839 | | 7227.61 UHC | Medicare | 6284.88 | | | | 205.8 | 12161.24 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC V

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD | 75894 | CPT | | | | both | | | 2205 | | First Trenton | First Trenton | 1984.5 | 90 | | | 493.92 | 2094.75 | percent of total billed charges | |
| HC TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD | 75894 | CPT | | | | both | | | 2205 | | Amerihealth | HMO/PPO | 1433.25 | 65 | | | 493.92 | 2094.75 | percent of total billed charges | |
| HC TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD | 75894 | CPT | | | | both | | | 2205 | | Aetna | Better Health | 695.68 | 31.55 | | | 493.92 | 2094.75 | percent of total billed charges | |
| HC TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD | 75894 | CPT | | | | both | | | 2205 | | Multiplan | Multiplan | 1764 | 80 | | | 493.92 | 2094.75 | percent of total billed charges | |
| HC TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD | 75894 | CPT | | | | both | | | 2205 | | Horizon | MGD | 844.07 | 38.28 | | | 493.92 | 2094.75 | percent of total billed charges | |
| HC TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD | 75894 | CPT | | | | both | | | 2205 | | Qualcare | Qualcare | 1653.75 | 75 | | | 493.92 | 2094.75 | percent of total billed charges | |
| HC TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD | 75894 | CPT | | | | both | | | 2205 | | Consumer | Consumer | 2094.75 | 95 | | | 493.92 | 2094.75 | percent of total billed charges | |
| HC TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD | 75894 | CPT | | | | both | | | 2205 | | WellPoint | WellPoint | 709.57 | 32.18 | | | 493.92 | 2094.75 | percent of total billed charges | |
| HC TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD | 75894 | CPT | | | | both | | | 2205 | | Horizon | Indemnity | 844.07 | 38.28 | | | 493.92 | 2094.75 | percent of total billed charges | |
| HC TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD | 75894 | CPT | | | | both | | | 2205 | | UHC | Medicaid | 695.68 | 31.55 | | | 493.92 | 2094.75 | percent of total billed charges | |
| HC TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD | 75894 | CPT | | | | both | | | 2205 | | Horizon | Medicare Blue | 661.5 | 30 | | | 493.92 | 2094.75 | percent of total billed charges | |
| HC TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD | 75894 | CPT | | | | both | | | 2205 | | Horizon | NJ Health | 493.92 | | | | 493.92 | 2094.75 | fee schedule | |
| HC TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD | 75894 | CPT | | | | both | | | 2205 | | Horizon | PPO | 844.07 | 38.28 | | | 493.92 | 2094.75 | percent of total billed charges | |
| HC TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD | 75894 | CPT | | | | both | | | 2205 | | Managed Care Inc | Managed Care Inc | 1984.5 | 90 | | | 493.92 | 2094.75 | percent of total billed charges | |
| HC TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD | 75894 | CPT | | | | both | | | 2205 | | Three Rivers | Three Rivers | 2094.75 | 95 | | | 493.92 | 2094.75 | percent of total billed charges | |
| HC TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD | 75894 | CPT | | | | both | | | 2205 | | Wellcare | Medicaid | 695.68 | 31.55 | | | 493.92 | 2094.75 | percent of total billed charges | |
| HC ANGIO F/U FOR TRANSCATHETER TX XC FOR THROMBOLYSIS THRU EXIST CATH | 75898 | CPT | | | | both | | | 4124 | 4192.26 | Corrections | Corrections | 3299.2 | 80 | | | 84.94 | 7053.93 | percent of total billed charges | |
| HC ANGIO F/U FOR TRANSCATHETER TX XC FOR THROMBOLYSIS THRU EXIST CATH | 75898 | CPT | | | | both | | | 4124 | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 84.94 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO F/U FOR TRANSCATHETER TX XC FOR THROMBOLYSIS THRU EXIST CATH | 75898 | CPT | | | | both | | | 4124 | 4192.26 | First Health | First Health | 2886.8 | 70 | | | 84.94 | 7053.93 | percent of total billed charges | |
| HC ANGIO F/U FOR TRANSCATHETER TX XC FOR THROMBOLYSIS THRU EXIST CATH | 75898 | CPT | | | | both | | | 4124 | 4192.26 | Aetna | Medicare | 3645.44 | | | | 84.94 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO F/U FOR TRANSCATHETER TX XC FOR THROMBOLYSIS THRU EXIST CATH | 75898 | CPT | | | | both | | | 4124 | 4192.26 | Aetna | Better Health | 1301.12 | 31.55 | | | 84.94 | 7053.93 | percent of total billed charges | |
| HC ANGIO F/U FOR TRANSCATHETER TX XC FOR THROMBOLYSIS THRU EXIST CATH | 75898 | CPT | | | | both | | | 4124 | 4192.26 | UHC | Medicare | 3645.44 | | | | 84.94 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO F/U FOR TRANSCATHETER TX XC FOR THROMBOLYSIS THRU EXIST CATH | 75898 | CPT | | | | both | | | 4124 | 4192.26 | Aetna | Commercial | 1567.12 | 38 | | | 84.94 | 7053.93 | percent of total billed charges | |
| HC ANGIO F/U FOR TRANSCATHETER TX XC FOR THROMBOLYSIS THRU EXIST CATH | 75898 | CPT | | | | both | | | 4124 | 4192.26 | Americare | Americare | 3093 | 75 | | | 84.94 | 7053.93 | percent of total billed charges | |
| HC ANGIO F/U FOR TRANSCATHETER TX XC FOR THROMBOLYSIS THRU EXIST CATH | 75898 | CPT | | | | both | | | 4124 | 4192.26 | Horizon | PPO | 7053.93 | | | | 84.94 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO F/U FOR TRANSCATHETER TX XC FOR THROMBOLYSIS THRU EXIST CATH | 75898 | CPT | | | | both | | | 4124 | 4192.26 | Wellcare | Medicaid | 1301.12 | 31.55 | | | 84.94 | 7053.93 | percent of total billed charges | |
| HC ANGIO F/U FOR TRANSCATHETER TX XC FOR THROMBOLYSIS THRU EXIST CATH | 75898 | CPT | | | | both | | | 4124 | 4192.26 | Horizon | MGD | 7053.93 | | | | 84.94 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO F/U FOR TRANSCATHETER TX XC FOR THROMBOLYSIS THRU EXIST CATH | 75898 | CPT | | | | both | | | 4124 | 4192.26 | Amerihealth | HMO/PPO | 84.94 | | | | 84.94 | 7053.93 | fee schedule | |
| HC ANGIO F/U FOR TRANSCATHETER TX XC FOR THROMBOLYSIS THRU EXIST CATH | 75898 | CPT | | | | both | | | 4124 | 4192.26 | Consumer | Consumer | 3917.8 | 95 | | | 84.94 | 7053.93 | percent of total billed charges | |
| HC ANGIO F/U FOR TRANSCATHETER TX XC FOR THROMBOLYSIS THRU EXIST CATH | 75898 | CPT | | | | both | | | 4124 | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | | 84.94 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO F/U FOR TRANSCATHETER TX XC FOR THROMBOLYSIS THRU EXIST CATH | 75898 | CPT | | | | both | | | 4124 | 4192.26 | Multiplan | Multiplan | 3299.2 | 80 | | | 84.94 | 7053.93 | percent of total billed charges | |
| HC ANGIO F/U FOR TRANSCATHETER TX XC FOR THROMBOLYSIS THRU EXIST CATH | 75898 | CPT | | | | both | | | 4124 | 4192.26 | Wellcare | Medicare | 3645.44 | | | | 84.94 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANGIO F/U FOR TRANSCATHETER TX XC FOR THROMBOLYSIS THRU EXIST CATH | 75898 | CPT | | | | both | | | 4124 | 4192.26 | Qualcare | Qualcare | 3093 | 75 | | | 84.94 | 7053.93 | percent of total billed charges | |
| HC ANGIO F/U FOR TRANSCATHETER TX XC FOR THROMBOLYSIS THRU EXIST CATH | 75898 | CPT | | | | both | | | 4124 | 4192.26 | First Trenton | First Trenton | 3711.6 | 90 | | | 84.94 | 7053.93 | percent of total billed charges | |
| HC ANGIO F/U FOR TRANSCATHETER TX XC FOR THROMBOLYSIS THRU EXIST CATH | 75898 | CPT | | | | both | | | 4124 | 4192.26 | UHC | Medicaid | 1301.12 | 31.55 | | | 84.94 | 7053.93 | percent of total billed charges | |
| HC ANGIO F/U FOR TRANSCATHETER TX XC FOR THROMBOLYSIS THRU EXIST CATH | 75898 | CPT | | | | both | | | 4124 | 4192.26 | WellPoint | WellPoint | 1327.1 | 32.18 | | | 84.94 | 7053.93 | percent of total billed charges | |
| HC ANGIO F/U FOR TRANSCATHETER TX XC FOR THROMBOLYSIS THRU EXIST CATH | 75898 | CPT | | | | both | | | 4124 | 4192.26 | Horizon | NJ Health | 215.6 | | | | 84.94 | 7053.93 | fee schedule | |
| HC ANGIO F/U FOR TRANSCATHETER TX XC FOR THROMBOLYSIS THRU EXIST CATH | 75898 | CPT | | | | both | | | 4124 | 4192.26 | Managed Care Inc | Managed Care Inc | 3711.6 | 90 | | | 84.94 | 7053.93 | percent of total billed charges | |
| HC ANGIO F/U FOR TRANSCATHETER TX XC FOR THROMBOLYSIS THRU EXIST CATH | 75898 | CPT | | | | both | | | 4124 | 4192.26 | Three Rivers | Three Rivers | 3917.8 | 95 | | | 84.94 | 7053.93 | percent of total billed charges | |
| HC TRANSCATHETER BIOPSY | 75970 | CPT | | | | both | | | 5081 | | Amerihealth | HMO/PPO | 3302.65 | 65 | | | 294 | 4826.95 | percent of total billed charges | |
| HC TRANSCATHETER BIOPSY | 75970 | CPT | | | | both | | | 5081 | | Aetna | Better Health | 1603.06 | 31.55 | | | 294 | 4826.95 | percent of total billed charges | |
| HC TRANSCATHETER BIOPSY | 75970 | CPT | | | | both | | | 5081 | | First Trenton | First Trenton | 4572.9 | 90 | | | 294 | 4826.95 | percent of total billed charges | |
| HC TRANSCATHETER BIOPSY | 75970 | CPT | | | | both | | | 5081 | | First Health | First Health | 3566.7 | 70 | | | 294 | 4826.95 | percent of total billed charges | |
| HC TRANSCATHETER BIOPSY | 75970 | CPT | | | | both | | | 5081 | | Corrections | Corrections | 4064.8 | 80 | | | 294 | 4826.95 | percent of total billed charges | |
| HC TRANSCATHETER BIOPSY | 75970 | CPT | | | | both | | | 5081 | | Aetna | Medicare | 1564.95 | 30.8 | | | 294 | 4826.95 | percent of total billed charges | |
| HC TRANSCATHETER BIOPSY | 75970 | CPT | | | | both | | | 5081 | | Horizon | Indemnity | 1945.01 | 38.28 | | | 294 | 4826.95 | percent of total billed charges | |
| HC TRANSCATHETER BIOPSY | 75970 | CPT | | | | both | | | 5081 | | Americare | Americare | 3810.75 | 75 | | | 294 | 4826.95 | percent of total billed charges | |
| HC TRANSCATHETER BIOPSY | 75970 | CPT | | | | both | | | 5081 | | Horizon | MGD | 1945.01 | 38.28 | | | 294 | 4826.95 | percent of total billed charges | |
| HC TRANSCATHETER BIOPSY | 75970 | CPT | | | | both | | | 5081 | | Aetna | Commercial | 1930.78 | 38 | | | 294 | 4826.95 | percent of total billed charges | |
| HC TRANSCATHETER BIOPSY | 75970 | CPT | | | | both | | | 5081 | | Managed Care Inc | Managed Care Inc | 4572.9 | 90 | | | 294 | 4826.95 | percent of total billed charges | |
| HC TRANSCATHETER BIOPSY | 75970 | CPT | | | | both | | | 5081 | | Wellcare | Medicaid | 1603.06 | 31.55 | | | 294 | 4826.95 | percent of total billed charges | |
| HC TRANSCATHETER BIOPSY | 75970 | CPT | | | | both | | | 5081 | | Horizon | Medicare Blue | 1524.3 | 30 | | | 294 | 4826.95 | percent of total billed charges | |
| HC TRANSCATHETER BIOPSY | 75970 | CPT | | | | both | | | 5081 | | Horizon | PPO | 1945.01 | 38.28 | | 2109.45 | 294 | 4826.95 | percent of total billed charges | |
| HC TRANSCATHETER BIOPSY | 75970 | CPT | | | | both | | | 5081 | | Three Rivers | Three Rivers | 4826.95 | 95 | | | 294 | 4826.95 | percent of total billed charges | |
| HC TRANSCATHETER BIOPSY | 75970 | CPT | | | | both | | | 5081 | | Consumer | Consumer | 4826.95 | 95 | | | 294 | 4826.95 | percent of total billed charges | |
| HC TRANSCATHETER BIOPSY | 75970 | CPT | | | | both | | | 5081 | | Multiplan | Multiplan | 4064.8 | 80 | | | 294 | 4826.95 | percent of total billed charges | |
| HC TRANSCATHETER BIOPSY | 75970 | CPT | | | | both | | | 5081 | | WellPoint | WellPoint | 1635.07 | 32.18 | | | 294 | 4826.95 | percent of total billed charges | |
| HC TRANSCATHETER BIOPSY | 75970 | CPT | | | | both | | | 5081 | | Horizon | NJ Health | 294 | | | | 294 | 4826.95 | fee schedule | |
| HC TRANSCATHETER BIOPSY | 75970 | CPT | | | | both | | | 5081 | | Qualcare | Qualcare | 3810.75 | 75 | | | 294 | 4826.95 | percent of total billed charges | |
| HC TRANSCATHETER BIOPSY | 75970 | CPT | | | | both | | | 5081 | | UHC | Medicaid | 1603.06 | 31.55 | | | 294 | 4826.95 | percent of total billed charges | |
| HC CHANGE PERQ TUBE/DRAINAGE CATH W CONTRAST | 75984 | CPT | | | | both | | | 1072 | | Consumer | Consumer | 1018.4 | 95 | | | 100.84 | 1018.4 | percent of total billed charges | |
| HC CHANGE PERQ TUBE/DRAINAGE CATH W CONTRAST | 75984 | CPT | | | | both | | | 1072 | | First Trenton | First Trenton | 964.8 | 90 | | | 100.84 | 1018.4 | percent of total billed charges | |
| HC CHANGE PERQ TUBE/DRAINAGE CATH W CONTRAST | 75984 | CPT | | | | both | | | 1072 | | Amerihealth | HMO/PPO | 696.8 | 65 | | | 100.84 | 1018.4 | percent of total billed charges | |
| HC CHANGE PERQ TUBE/DRAINAGE CATH W CONTRAST | 75984 | CPT | | | | both | | | 1072 | | Aetna | Commercial | 407.36 | 38 | | | 100.84 | 1018.4 | percent of total billed charges | |
| HC CHANGE PERQ TUBE/DRAINAGE CATH W CONTRAST | 75984 | CPT | | | | both | | | 1072 | | Aetna | Better Health | 338.22 | 31.55 | | | 100.84 | 1018.4 | percent of total billed charges | |
| HC CHANGE PERQ TUBE/DRAINAGE CATH W CONTRAST | 75984 | CPT | | | | both | | | 1072 | | Americare | Americare | 804 | 75 | | | 100.84 | 1018.4 | percent of total billed charges | |
| HC CHANGE PERQ TUBE/DRAINAGE CATH W CONTRAST | 75984 | CPT | | | | both | | | 1072 | | Horizon | Indemnity | 410.36 | 38.28 | | | 100.84 | 1018.4 | percent of total billed charges | |
| HC CHANGE PERQ TUBE/DRAINAGE CATH W CONTRAST | 75984 | CPT | | | | both | | | 1072 | | Aetna | Medicare | 330.18 | 30.8 | | | 100.84 | 1018.4 | percent of total billed charges | |
| HC CHANGE PERQ TUBE/DRAINAGE CATH W CONTRAST | 75984 | CPT | | | | both | | | 1072 | | Corrections | Corrections | 857.6 | 80 | | | 100.84 | 1018.4 | percent of total billed charges | |
| HC CHANGE PERQ TUBE/DRAINAGE CATH W CONTRAST | 75984 | CPT | | | | both | | | 1072 | | Horizon | PPO | 410.36 | 38.28 | | | 100.84 | 1018.4 | percent of total billed charges | |
| HC CHANGE PERQ TUBE/DRAINAGE CATH W CONTRAST | 75984 | CPT | | | | both | | | 1072 | | Multiplan | Multiplan | 857.6 | 80 | | | 100.84 | 1018.4 | percent of total billed charges | |
| HC CHANGE PERQ TUBE/DRAINAGE CATH W CONTRAST | 75984 | CPT | | | | both | | | 1072 | | Horizon | MGD | 410.36 | 38.28 | | | 100.84 | 1018.4 | percent of total billed charges | |
| HC CHANGE PERQ TUBE/DRAINAGE CATH W CONTRAST | 75984 | CPT | | | | both | | | 1072 | | First Health | First Health | 750.4 | 70 | | | 100.84 | 1018.4 | percent of total billed charges | |
| HC CHANGE PERQ TUBE/DRAINAGE CATH W CONTRAST | 75984 | CPT | | | | both | | | 1072 | | Managed Care Inc | Managed Care Inc | 964.8 | 90 | | | 100.84 | 1018.4 | percent of total billed charges | |
| HC CHANGE PERQ TUBE/DRAINAGE CATH W CONTRAST | 75984 | CPT | | | | both | | | 1072 | | Qualcare | Qualcare | 804 | 75 | | | 100.84 | 1018.4 | percent of total billed charges | |
| HC CHANGE PERQ TUBE/DRAINAGE CATH W CONTRAST | 75984 | CPT | | | | both | | | 1072 | | UHC | Medicaid | 338.22 | 31.55 | | | 100.84 | 1018.4 | percent of total billed charges | |
| HC CHANGE PERQ TUBE/DRAINAGE CATH W CONTRAST | 75984 | CPT | | | | both | | | 1072 | | WellPoint | WellPoint | 344.97 | 32.18 | | | 100.84 | 1018.4 | percent of total billed charges | |
| HC CHANGE PERQ TUBE/DRAINAGE CATH W CONTRAST | 75984 | CPT | | | | both | | | 1072 | | Horizon | Medicare Blue | 321.6 | 30 | | | 100.84 | 1018.4 | percent of total billed charges | |
| HC CHANGE PERQ TUBE/DRAINAGE CATH W CONTRAST | 75984 | CPT | | | | both | | | 1072 | | Horizon | NJ Health | 100.84 | | | | 100.84 | 1018.4 | fee schedule | |
| HC CHANGE PERQ TUBE/DRAINAGE CATH W CONTRAST | 75984 | CPT | | | | both | | | 1072 | | Three Rivers | Three Rivers | 1018.4 | 95 | | | 100.84 | 1018.4 | percent of total billed charges | |
| HC CHANGE PERQ TUBE/DRAINAGE CATH W CONTRAST | 75984 | CPT | | | | both | | | 1072 | | Wellcare | Medicaid | 338.22 | 31.55 | | | 100.84 | 1018.4 | percent of total billed charges | |
| HC FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME | 76000 | CPT | | | | both | | | 978 | 322.28 | UHC | Medicare | 280.24 | | | | 34.72 | 929.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME | 76000 | CPT | | | | both | | | 978 | 322.28 | Aetna | Better Health | 308.56 | 31.55 | | | 34.72 | 929.1 | percent of total billed charges | |
| HC FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME | 76000 | CPT | | | | both | | | 978 | 322.28 | Horizon | Indemnity | 542.26 | | | | 34.72 | 929.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME | 76000 | CPT | | | | both | | | 978 | 322.28 | Aetna | Medicare | 280.24 | | | | 34.72 | 929.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME | 76000 | CPT | | | | both | | | 978 | 322.28 | First Trenton | First Trenton | 880.2 | 90 | | | 34.72 | 929.1 | percent of total billed charges | |
| HC FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME | 76000 | CPT | | | | both | | | 978 | 322.28 | First Health | First Health | 684.6 | 70 | | | 34.72 | 929.1 | percent of total billed charges | |
| HC FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME | 76000 | CPT | | | | both | | | 978 | 322.28 | Americare | Americare | 733.5 | 75 | | | 34.72 | 929.1 | percent of total billed charges | |
| HC FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME | 76000 | CPT | | | | both | | | 978 | 322.28 | Aetna | Commercial | 371.64 | 38 | | | 34.72 | 929.1 | percent of total billed charges | |
| HC FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME | 76000 | CPT | | | | both | | | 978 | 322.28 | Managed Care Inc | Managed Care Inc | 880.2 | 90 | | | 34.72 | 929.1 | percent of total billed charges | |
| HC FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME | 76000 | CPT | | | | both | | | 978 | 322.28 | Amerihealth | HMO/PPO | 34.72 | | | | 34.72 | 929.1 | fee schedule | |
| HC FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME | 76000 | CPT | | | | both | | | 978 | 322.28 | Multiplan | Multiplan | 782.4 | 80 | | | 34.72 | 929.1 | percent of total billed charges | |
| HC FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME | 76000 | CPT | | | | both | | | 978 | 322.28 | Consumer | Consumer | 929.1 | 95 | | | 34.72 | 929.1 | percent of total billed charges | |
| HC FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME | 76000 | CPT | | | | both | | | 978 | 322.28 | Horizon | NJ Health | 97.02 | | | | 34.72 | 929.1 | fee schedule | |
| HC FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME | 76000 | CPT | | | | both | | | 978 | 322.28 | Horizon | Medicare Blue | 280.24 | | | | 34.72 | 929.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME | 76000 | CPT | | | | both | | | 978 | 322.28 | Qualcare | Qualcare | 733.5 | 75 | | | 34.72 | 929.1 | percent of total billed charges | |
| HC FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME | 76000 | CPT | | | | both | | | 978 | 322.28 | Horizon | PPO | 542.26 | | | 283.92 | 34.72 | 929.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME | 76000 | CPT | | | | both | | | 978 | 322.28 | Three Rivers | Three Rivers | 929.1 | 95 | | | 34.72 | 929.1 | percent of total billed charges | |
| HC FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME | 76000 | CPT | | | | both | | | 978 | 322.28 | UHC | Medicaid | 308.56 | 31.55 | | 210.56 | 34.72 | 929.1 | percent of total billed charges | |
| HC FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME | 76000 | CPT | | | | both | | | 978 | 322.28 | Wellcare | Medicare | 280.24 | | | | 34.72 | 929.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME | 76000 | CPT | | | | both | | | 978 | 322.28 | Corrections | Corrections | 782.4 | 80 | | | 34.72 | 929.1 | percent of total billed charges | |
| HC FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME | 76000 | CPT | | | | both | | | 978 | 322.28 | Wellcare | Medicaid | 308.56 | 31.55 | | | 34.72 | 929.1 | percent of total billed charges | |
| HC FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME | 76000 | CPT | | | | both | | | 978 | 322.28 | Horizon | MGD | 542.26 | | | | 34.72 | 929.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME | 76000 | CPT | | | | both | | | 978 | 322.28 | WellPoint | WellPoint | 314.72 | 32.18 | | | 34.72 | 929.1 | percent of total billed charges | |
| HC ABSCESS/FISTULA/SINUS TRACT SINOGRAPHY/FISTULOGRAM | 76080 | CPT | | | | both | | | 2039 | 725.57 | Americare | Americare | 1529.25 | 75 | | | 41.16 | 1937.05 | percent of total billed charges | |
| HC ABSCESS/FISTULA/SINUS TRACT SINOGRAPHY/FISTULOGRAM | 76080 | CPT | | | | both | | | 2039 | 725.57 | Horizon | Indemnity | 1220.85 | | | | 41.16 | 1937.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABSCESS/FISTULA/SINUS TRACT SINOGRAPHY/FISTULOGRAM | 76080 | CPT | | | | both | | | 2039 | 725.57 | Consumer | Consumer | 1937.05 | 95 | | | 41.16 | 1937.05 | percent of total billed charges | |
| HC ABSCESS/FISTULA/SINUS TRACT SINOGRAPHY/FISTULOGRAM | 76080 | CPT | | | | both | | | 2039 | 725.57 | First Trenton | First Trenton | 1835.1 | 90 | | | 41.16 | 1937.05 | percent of total billed charges | |
| HC ABSCESS/FISTULA/SINUS TRACT SINOGRAPHY/FISTULOGRAM | 76080 | CPT | | | | both | | | 2039 | 725.57 | Aetna | Better Health | 643.3 | 31.55 | | | 41.16 | 1937.05 | percent of total billed charges | |
| HC ABSCESS/FISTULA/SINUS TRACT SINOGRAPHY/FISTULOGRAM | 76080 | CPT | | | | both | | | 2039 | 725.57 | UHC | Medicare | 630.93 | | | | 41.16 | 1937.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABSCESS/FISTULA/SINUS TRACT SINOGRAPHY/FISTULOGRAM | 76080 | CPT | | | | both | | | 2039 | 725.57 | Amerihealth | HMO/PPO | 1325.35 | 65 | | | 41.16 | 1937.05 | percent of total billed charges | |
| HC ABSCESS/FISTULA/SINUS TRACT SINOGRAPHY/FISTULOGRAM | 76080 | CPT | | | | both | | | 2039 | 725.57 | Corrections | Corrections | 1631.2 | 80 | | | 41.16 | 1937.05 | percent of total billed charges | |
| HC ABSCESS/FISTULA/SINUS TRACT SINOGRAPHY/FISTULOGRAM | 76080 | CPT | | | | both | | | 2039 | 725.57 | Horizon | Medicare Blue | 630.93 | | | | 41.16 | 1937.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABSCESS/FISTULA/SINUS TRACT SINOGRAPHY/FISTULOGRAM | 76080 | CPT | | | | both | | | 2039 | 725.57 | UHC | Medicaid | 643.3 | 31.55 | | | 41.16 | 1937.05 | percent of total billed charges | |
| HC ABSCESS/FISTULA/SINUS TRACT SINOGRAPHY/FISTULOGRAM | 76080 | CPT | | | | both | | | 2039 | 725.57 | First Health | First Health | 1427.3 | 70 | | | 41.16 | 1937.05 | percent of total billed charges | |
| HC ABSCESS/FISTULA/SINUS TRACT SINOGRAPHY/FISTULOGRAM | 76080 | CPT | | | | both | | | 2039 | 725.57 | Horizon | NJ Health | 41.16 | | | | 41.16 | 1937.05 | fee schedule | |
| HC ABSCESS/FISTULA/SINUS TRACT SINOGRAPHY/FISTULOGRAM | 76080 | CPT | | | | both | | | 2039 | 725.57 | Aetna | Commercial | 774.82 | 38 | | | 41.16 | 1937.05 | percent of total billed charges | |
| HC ABSCESS/FISTULA/SINUS TRACT SINOGRAPHY/FISTULOGRAM | 76080 | CPT | | | | both | | | 2039 | 725.57 | Wellcare | Medicare | 630.93 | | | | 41.16 | 1937.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABSCESS/FISTULA/SINUS TRACT SINOGRAPHY/FISTULOGRAM | 76080 | CPT | | | | both | | | 2039 | 725.57 | Horizon | MGD | 1220.85 | | | | 41.16 | 1937.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABSCESS/FISTULA/SINUS TRACT SINOGRAPHY/FISTULOGRAM | 76080 | CPT | | | | both | | | 2039 | 725.57 | Horizon | PPO | 1220.85 | | | | 41.16 | 1937.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABSCESS/FISTULA/SINUS TRACT SINOGRAPHY/FISTULOGRAM | 76080 | CPT | | | | both | | | 2039 | 725.57 | Aetna | Medicare | 630.93 | | | | 41.16 | 1937.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ABSCESS/FISTULA/SINUS TRACT SINOGRAPHY/FISTULOGRAM | 76080 | CPT | | | | both | | | 2039 | 725.57 | Wellcare | Medicaid | 643.3 | 31.55 | | | 41.16 | 1937.05 | percent of total billed charges | |
| HC ABSCESS/FISTULA/SINUS TRACT SINOGRAPHY/FISTULOGRAM | 76080 | CPT | | | | both | | | 2039 | 725.57 | Multiplan | Multiplan | 1631.2 | 80 | | | 41.16 | 1937.05 | percent of total billed charges | |
| HC ABSCESS/FISTULA/SINUS TRACT SINOGRAPHY/FISTULOGRAM | 76080 | CPT | | | | both | | | 2039 | 725.57 | Managed Care Inc | Managed Care Inc | 1835.1 | 90 | | | 41.16 | 1937.05 | percent of total billed charges | |
| HC ABSCESS/FISTULA/SINUS TRACT SINOGRAPHY/FISTULOGRAM | 76080 | CPT | | | | both | | | 2039 | 725.57 | Qualcare | Qualcare | 1529.25 | 75 | | | 41.16 | 1937.05 | percent of total billed charges | |
| HC ABSCESS/FISTULA/SINUS TRACT SINOGRAPHY/FISTULOGRAM | 76080 | CPT | | | | both | | | 2039 | 725.57 | WellPoint | WellPoint | 656.15 | 32.18 | | 252.54 | 41.16 | 1937.05 | percent of total billed charges | |
| HC ABSCESS/FISTULA/SINUS TRACT SINOGRAPHY/FISTULOGRAM | 76080 | CPT | | | | both | | | 2039 | 725.57 | Three Rivers | Three Rivers | 1937.05 | 95 | | | 41.16 | 1937.05 | percent of total billed charges | |
| HC SURGICAL SPECIMEN RAD EXAM; SURGICAL | 76098 | CPT | | | | both | | | 2485 | 725.57 | Aetna | Medicare | 630.93 | | | | 14.26 | 2360.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SURGICAL SPECIMEN RAD EXAM; SURGICAL | 76098 | CPT | | | | both | | | 2485 | 725.57 | Corrections | Corrections | 1988 | 80 | | | 14.26 | 2360.75 | percent of total billed charges | |
| HC SURGICAL SPECIMEN RAD EXAM; SURGICAL | 76098 | CPT | | | | both | | | 2485 | 725.57 | Horizon | Medicare Blue | 630.93 | | | 346.26 | 14.26 | 2360.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SURGICAL SPECIMEN RAD EXAM; SURGICAL | 76098 | CPT | | | | both | | | 2485 | 725.57 | Consumer | Consumer | 2360.75 | 95 | | | 14.26 | 2360.75 | percent of total billed charges | |
| HC SURGICAL SPECIMEN RAD EXAM; SURGICAL | 76098 | CPT | | | | both | | | 2485 | 725.57 | Americare | Americare | 1863.75 | 75 | | | 14.26 | 2360.75 | percent of total billed charges | |
| HC SURGICAL SPECIMEN RAD EXAM; SURGICAL | 76098 | CPT | | | | both | | | 2485 | 725.57 | Aetna | Better Health | 784.02 | 31.55 | | | 14.26 | 2360.75 | percent of total billed charges | |
| HC SURGICAL SPECIMEN RAD EXAM; SURGICAL | 76098 | CPT | | | | both | | | 2485 | 725.57 | Aetna | Commercial | 944.3 | 38 | | 405.75 | 14.26 | 2360.75 | percent of total billed charges | |
| HC SURGICAL SPECIMEN RAD EXAM; SURGICAL | 76098 | CPT | | | | both | | | 2485 | 725.57 | First Health | First Health | 1739.5 | 70 | | | 14.26 | 2360.75 | percent of total billed charges | |
| HC SURGICAL SPECIMEN RAD EXAM; SURGICAL | 76098 | CPT | | | | both | | | 2485 | 725.57 | Horizon | Indemnity | 1220.85 | | | 465.33 | 14.26 | 2360.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SURGICAL SPECIMEN RAD EXAM; SURGICAL | 76098 | CPT | | | | both | | | 2485 | 725.57 | Horizon | NJ Health | 29.4 | | | 241.81 | 14.26 | 2360.75 | fee schedule | |
| HC SURGICAL SPECIMEN RAD EXAM; SURGICAL | 76098 | CPT | | | | both | | | 2485 | 725.57 | Horizon | MGD | 1220.85 | | | 639.5 | 14.26 | 2360.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SURGICAL SPECIMEN RAD EXAM; SURGIC

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC SURGICAL SPECIMEN RAD EXAM; SURGICAL | 76098 | CPT | | | | both | | | 2485 | 725.57 | Quelcare | Quelcare | 1863.75 | 75 | | | 14.26 | 2360.75 | percent of total billed charges | |
| HC SURGICAL SPECIMEN RAD EXAM; SURGICAL | 76098 | CPT | | | | both | | | 2485 | 725.57 | Wellcare | Medicare | 630.93 | | | | 14.26 | 2360.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SINGLE PLANE BODY SECTION (TOMO) NOT UROGRAPHY | 76100 | CPT | | | | outpatient | | | 565 | | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 47.74 | 536.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SINGLE PLANE BODY SECTION (TOMO) NOT UROGRAPHY | 76100 | CPT | | | | outpatient | | | 565 | | 144.6 | Aetna | Commercial | 214.7 | 38 | | | 47.74 | 536.75 | percent of total billed charges | |
| HC SINGLE PLANE BODY SECTION (TOMO) NOT UROGRAPHY | 76100 | CPT | | | | outpatient | | | 565 | | 144.6 | First Trenton | First Trenton | 508.5 | 90 | | | 47.74 | 536.75 | percent of total billed charges | |
| HC SINGLE PLANE BODY SECTION (TOMO) NOT UROGRAPHY | 76100 | CPT | | | | outpatient | | | 565 | | 144.6 | Americare | Americare | 423.75 | 75 | | | 47.74 | 536.75 | percent of total billed charges | |
| HC SINGLE PLANE BODY SECTION (TOMO) NOT UROGRAPHY | 76100 | CPT | | | | outpatient | | | 565 | | 144.6 | Aetna | Better Health | 178.26 | 31.55 | | | 47.74 | 536.75 | percent of total billed charges | |
| HC SINGLE PLANE BODY SECTION (TOMO) NOT UROGRAPHY | 76100 | CPT | | | | outpatient | | | 565 | | 144.6 | Aetna | Medicare | 125.74 | | | | 47.74 | 536.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SINGLE PLANE BODY SECTION (TOMO) NOT UROGRAPHY | 76100 | CPT | | | | outpatient | | | 565 | | 144.6 | Horizon | Indemnity | 243.31 | | | | 47.74 | 536.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SINGLE PLANE BODY SECTION (TOMO) NOT UROGRAPHY | 76100 | CPT | | | | outpatient | | | 565 | | 144.6 | Amerihealth | HMO/PPO | 47.74 | | | | 47.74 | 536.75 | fee schedule | |
| HC SINGLE PLANE BODY SECTION (TOMO) NOT UROGRAPHY | 76100 | CPT | | | | outpatient | | | 565 | | 144.6 | Multiplan | Multiplan | 452 | 80 | | | 47.74 | 536.75 | percent of total billed charges | |
| HC SINGLE PLANE BODY SECTION (TOMO) NOT UROGRAPHY | 76100 | CPT | | | | outpatient | | | 565 | | 144.6 | Horizon | PPO | 243.31 | | | | 47.74 | 536.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SINGLE PLANE BODY SECTION (TOMO) NOT UROGRAPHY | 76100 | CPT | | | | outpatient | | | 565 | | 144.6 | Managed Care Inc | Managed Care Inc | 508.5 | 90 | | | 47.74 | 536.75 | percent of total billed charges | |
| HC SINGLE PLANE BODY SECTION (TOMO) NOT UROGRAPHY | 76100 | CPT | | | | outpatient | | | 565 | | 144.6 | Consumer | Consumer | 536.75 | 95 | | | 47.74 | 536.75 | percent of total billed charges | |
| HC SINGLE PLANE BODY SECTION (TOMO) NOT UROGRAPHY | 76100 | CPT | | | | outpatient | | | 565 | | 144.6 | First Health | First Health | 395.5 | 70 | | | 47.74 | 536.75 | percent of total billed charges | |
| HC SINGLE PLANE BODY SECTION (TOMO) NOT UROGRAPHY | 76100 | CPT | | | | outpatient | | | 565 | | 144.6 | WellPoint | WellPoint | 181.82 | 32.18 | | | 47.74 | 536.75 | percent of total billed charges | |
| HC SINGLE PLANE BODY SECTION (TOMO) NOT UROGRAPHY | 76100 | CPT | | | | outpatient | | | 565 | | 144.6 | UHC | Medicaid | 178.26 | 31.55 | | | 47.74 | 536.75 | percent of total billed charges | |
| HC SINGLE PLANE BODY SECTION (TOMO) NOT UROGRAPHY | 76100 | CPT | | | | outpatient | | | 565 | | 144.6 | Corrections | Corrections | 452 | 80 | | | 47.74 | 536.75 | percent of total billed charges | |
| HC SINGLE PLANE BODY SECTION (TOMO) NOT UROGRAPHY | 76100 | CPT | | | | outpatient | | | 565 | | 144.6 | Qualcare | Qualcare | 423.75 | 75 | | | 47.74 | 536.75 | percent of total billed charges | |
| HC SINGLE PLANE BODY SECTION (TOMO) NOT UROGRAPHY | 76100 | CPT | | | | outpatient | | | 565 | | 144.6 | Horizon | MGD | 243.31 | | | | 47.74 | 536.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SINGLE PLANE BODY SECTION (TOMO) NOT UROGRAPHY | 76100 | CPT | | | | outpatient | | | 565 | | 144.6 | UHC | Medicare | 125.74 | | | | 47.74 | 536.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SINGLE PLANE BODY SECTION (TOMO) NOT UROGRAPHY | 76100 | CPT | | | | outpatient | | | 565 | | 144.6 | Horizon | NJ Health | 68.6 | | | | 47.74 | 536.75 | fee schedule | |
| HC SINGLE PLANE BODY SECTION (TOMO) NOT UROGRAPHY | 76100 | CPT | | | | outpatient | | | 565 | | 144.6 | Three Rivers | Three Rivers | 536.75 | 95 | | | 47.74 | 536.75 | percent of total billed charges | |
| HC SINGLE PLANE BODY SECTION (TOMO) NOT UROGRAPHY | 76100 | CPT | | | | outpatient | | | 565 | | 144.6 | Wellcare | Medicaid | 178.26 | 31.55 | | | 47.74 | 536.75 | percent of total billed charges | |
| HC SINGLE PLANE BODY SECTION (TOMO) NOT UROGRAPHY | 76100 | CPT | | | | outpatient | | | 565 | | 144.6 | Wellcare | Medicare | 125.74 | | | | 47.74 | 536.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONSULT ON XR EXAM MADE ELSEWHERE, WRITTEN REPORT | 76140 | CPT | | | | outpatient | | | 2500 | | | Consumer | Consumer | 2375 | 95 | | | 750 | 2375 | percent of total billed charges | |
| HC CONSULT ON XR EXAM MADE ELSEWHERE, WRITTEN REPORT | 76140 | CPT | | | | outpatient | | | 2500 | | | Wellcare | Medicaid | 788.75 | 31.55 | | | 750 | 2375 | percent of total billed charges | |
| HC CONSULT ON XR EXAM MADE ELSEWHERE, WRITTEN REPORT | 76140 | CPT | | | | outpatient | | | 2500 | | | Amerihealth | HMO/PPO | 1925 | 65 | | | 750 | 2375 | percent of total billed charges | |
| HC CONSULT ON XR EXAM MADE ELSEWHERE, WRITTEN REPORT | 76140 | CPT | | | | outpatient | | | 2500 | | | Aetna | Medicare | 770 | 30.8 | | | 750 | 2375 | percent of total billed charges | |
| HC CONSULT ON XR EXAM MADE ELSEWHERE, WRITTEN REPORT | 76140 | CPT | | | | outpatient | | | 2500 | | | First Health | First Health | 1750 | 70 | | | 750 | 2375 | percent of total billed charges | |
| HC CONSULT ON XR EXAM MADE ELSEWHERE, WRITTEN REPORT | 76140 | CPT | | | | outpatient | | | 2500 | | | Americare | Americare | 1875 | 75 | | | 750 | 2375 | percent of total billed charges | |
| HC CONSULT ON XR EXAM MADE ELSEWHERE, WRITTEN REPORT | 76140 | CPT | | | | outpatient | | | 2500 | | | Aetna | Better Health | 788.75 | 31.55 | | | 750 | 2375 | percent of total billed charges | |
| HC CONSULT ON XR EXAM MADE ELSEWHERE, WRITTEN REPORT | 76140 | CPT | | | | outpatient | | | 2500 | | | Horizon | MGD | 957 | 38.28 | | | 750 | 2375 | percent of total billed charges | |
| HC CONSULT ON XR EXAM MADE ELSEWHERE, WRITTEN REPORT | 76140 | CPT | | | | outpatient | | | 2500 | | | Corrections | Corrections | 2000 | 80 | | | 750 | 2375 | percent of total billed charges | |
| HC CONSULT ON XR EXAM MADE ELSEWHERE, WRITTEN REPORT | 76140 | CPT | | | | outpatient | | | 2500 | | | Qualcare | Qualcare | 1875 | 75 | | | 750 | 2375 | percent of total billed charges | |
| HC CONSULT ON XR EXAM MADE ELSEWHERE, WRITTEN REPORT | 76140 | CPT | | | | outpatient | | | 2500 | | | Horizon | Indemnity | 957 | 38.28 | | | 750 | 2375 | percent of total billed charges | |
| HC CONSULT ON XR EXAM MADE ELSEWHERE, WRITTEN REPORT | 76140 | CPT | | | | outpatient | | | 2500 | | | Aetna | Commercial | 950 | 38 | | | 750 | 2375 | percent of total billed charges | |
| HC CONSULT ON XR EXAM MADE ELSEWHERE, WRITTEN REPORT | 76140 | CPT | | | | outpatient | | | 2500 | | | First Trenton | First Trenton | 2250 | 90 | | | 750 | 2375 | percent of total billed charges | |
| HC CONSULT ON XR EXAM MADE ELSEWHERE, WRITTEN REPORT | 76140 | CPT | | | | outpatient | | | 2500 | | | Multiplan | Multiplan | 2000 | 80 | | | 750 | 2375 | percent of total billed charges | |
| HC CONSULT ON XR EXAM MADE ELSEWHERE, WRITTEN REPORT | 76140 | CPT | | | | outpatient | | | 2500 | | | Horizon | Medicare Blue | 750 | 30 | | | 750 | 2375 | percent of total billed charges | |
| HC CONSULT ON XR EXAM MADE ELSEWHERE, WRITTEN REPORT | 76140 | CPT | | | | outpatient | | | 2500 | | | Managed Care Inc | Managed Care Inc | 2250 | 90 | | | 750 | 2375 | percent of total billed charges | |
| HC CONSULT ON XR EXAM MADE ELSEWHERE, WRITTEN REPORT | 76140 | CPT | | | | outpatient | | | 2500 | | | Horizon | PPO | 957 | 38.28 | | | 750 | 2375 | percent of total billed charges | |
| HC CONSULT ON XR EXAM MADE ELSEWHERE, WRITTEN REPORT | 76140 | CPT | | | | outpatient | | | 2500 | | | UHC | Medicaid | 788.75 | 31.55 | | | 750 | 2375 | percent of total billed charges | |
| HC CONSULT ON XR EXAM MADE ELSEWHERE, WRITTEN REPORT | 76140 | CPT | | | | outpatient | | | 2500 | | | Three Rivers | Three Rivers | 2375 | 95 | | | 750 | 2375 | percent of total billed charges | |
| HC CONSULT ON XR EXAM MADE ELSEWHERE, WRITTEN REPORT | 76140 | CPT | | | | outpatient | | | 2500 | | | WellPoint | WellPoint | 804.5 | 32.18 | | | 750 | 2375 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC SAME WKSTATION | 76376 | CPT | | | | both | | | 423 | | | Amerihealth | HMO/PPO | 274.95 | 65 | | 17.68 | 84.6 | 401.85 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC SAME WKSTATION | 76376 | CPT | | | | both | | | 423 | | | Consumer | Consumer | 401.85 | 95 | | | 84.6 | 401.85 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC SAME WKSTATION | 76376 | CPT | | | | both | | | 423 | | | Corrections | Corrections | 338.4 | 80 | | 58.62 | 84.6 | 401.85 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC SAME WKSTATION | 76376 | CPT | | | | both | | | 423 | | | Aetna | Medicare | 130.28 | 30.8 | | | 84.6 | 401.85 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC SAME WKSTATION | 76376 | CPT | | | | both | | | 423 | | | Aetna | Better Health | 133.46 | 31.55 | | 73.33 | 84.6 | 401.85 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC SAME WKSTATION | 76376 | CPT | | | | both | | | 423 | | | Americare | Americare | 317.25 | 75 | | | 84.6 | 401.85 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC SAME WKSTATION | 76376 | CPT | | | | both | | | 423 | | | Aetna | Commercial | 160.74 | 38 | | 66.52 | 84.6 | 401.85 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC SAME WKSTATION | 76376 | CPT | | | | both | | | 423 | | | Horizon | Medicare Blue | 126.9 | 30 | | 14.9 | 84.6 | 401.85 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC SAME WKSTATION | 76376 | CPT | | | | both | | | 423 | | | First Health | First Health | 296.1 | 70 | | | 84.6 | 401.85 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC SAME WKSTATION | 76376 | CPT | | | | both | | | 423 | | | Managed Care Inc | Managed Care Inc | 380.7 | 90 | | | 84.6 | 401.85 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC SAME WKSTATION | 76376 | CPT | | | | both | | | 423 | | | Horizon | Indemnity | 161.92 | 38.28 | | 38.16 | 84.6 | 401.85 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC SAME WKSTATION | 76376 | CPT | | | | both | | | 423 | | | Horizon | NJ Health | 124.81 | | | 13.05 | 84.6 | 401.85 | fee schedule | |
| HC 3D RENDERING W POSTPROC SAME WKSTATION | 76376 | CPT | | | | both | | | 423 | | | Horizon | MGD | 161.92 | 38.28 | | 26.45 | 84.6 | 401.85 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC SAME WKSTATION | 76376 | CPT | | | | both | | | 423 | | | Horizon | PPO | 161.92 | 38.28 | | 12.38 | 84.6 | 401.85 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC SAME WKSTATION | 76376 | CPT | | | | both | | | 423 | | | First Trenton | First Trenton | 380.7 | 90 | | | 84.6 | 401.85 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC SAME WKSTATION | 76376 | CPT | | | | both | | | 423 | | | Multiplan | Multiplan | 338.4 | 80 | | | 84.6 | 401.85 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC SAME WKSTATION | 76376 | CPT | | | | both | | | 423 | | | Wellcare | Medicaid | 133.46 | 31.55 | | 61.95 | 84.6 | 401.85 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC SAME WKSTATION | 76376 | CPT | | | | both | | | 423 | | | Three Rivers | Three Rivers | 401.85 | 95 | | | 84.6 | 401.85 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC SAME WKSTATION | 76376 | CPT | | | | both | | | 423 | | | WellPoint | WellPoint | 136.12 | 32.18 | | 36.86 | 84.6 | 401.85 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC SAME WKSTATION | 76376 | CPT | | | | both | | | 423 | | | Qualcare | Qualcare | 317.25 | 75 | | | 84.6 | 401.85 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC SAME WKSTATION | 76376 | CPT | | | | both | | | 423 | | | UHC | Medicaid | 133.46 | 31.55 | | 61.06 | 84.6 | 401.85 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC DIFF WKSTATION | 76377 | CPT | | | | both | | | 718 | | | Aetna | Medicare | 221.14 | 30.8 | | 107.77 | 157.04 | 682.1 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC DIFF WKSTATION | 76377 | CPT | | | | both | | | 718 | | | UHC | Medicaid | 226.53 | 31.55 | | | 157.04 | 682.1 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC DIFF WKSTATION | 76377 | CPT | | | | both | | | 718 | | | Corrections | Corrections | 574.4 | 80 | | | 157.04 | 682.1 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC DIFF WKSTATION | 76377 | CPT | | | | both | | | 718 | | | Aetna | Better Health | 226.53 | 31.55 | | | 157.04 | 682.1 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC DIFF WKSTATION | 76377 | CPT | | | | both | | | 718 | | | Consumer | Consumer | 682.1 | 95 | | | 157.04 | 682.1 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC DIFF WKSTATION | 76377 | CPT | | | | both | | | 718 | | | First Health | First Health | 502.6 | 70 | | | 157.04 | 682.1 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC DIFF WKSTATION | 76377 | CPT | | | | both | | | 718 | | | First Trenton | First Trenton | 646.2 | 90 | | | 157.04 | 682.1 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC DIFF WKSTATION | 76377 | CPT | | | | both | | | 718 | | | Aetna | Commercial | 272.84 | 38 | | | 157.04 | 682.1 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC DIFF WKSTATION | 76377 | CPT | | | | both | | | 718 | | | Americare | Americare | 538.5 | 75 | | | 157.04 | 682.1 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC DIFF WKSTATION | 76377 | CPT | | | | both | | | 718 | | | Horizon | PPO | 274.85 | 38.28 | | 206.33 | 157.04 | 682.1 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC DIFF WKSTATION | 76377 | CPT | | | | both | | | 718 | | | Horizon | NJ Health | 157.04 | | | | 157.04 | 682.1 | fee schedule | |
| HC 3D RENDERING W POSTPROC DIFF WKSTATION | 76377 | CPT | | | | both | | | 718 | | | Horizon | Medicare Blue | 215.4 | 30 | | | 157.04 | 682.1 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC DIFF WKSTATION | 76377 | CPT | | | | both | | | 718 | | | Horizon | Indemnity | 274.85 | 38.28 | | 217.15 | 157.04 | 682.1 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC DIFF WKSTATION | 76377 | CPT | | | | both | | | 718 | | | Managed Care Inc | Managed Care Inc | 646.2 | 90 | | | 157.04 | 682.1 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC DIFF WKSTATION | 76377 | CPT | | | | both | | | 718 | | | Amerihealth | HMO/PPO | 466.7 | 65 | | | 157.04 | 682.1 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC DIFF WKSTATION | 76377 | CPT | | | | both | | | 718 | | | Three Rivers | Three Rivers | 682.1 | 95 | | | 157.04 | 682.1 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC DIFF WKSTATION | 76377 | CPT | | | | both | | | 718 | | | Horizon | MGD | 274.85 | 38.28 | | 212.72 | 157.04 | 682.1 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC DIFF WKSTATION | 76377 | CPT | | | | both | | | 718 | | | Multiplan | Multiplan | 574.4 | 80 | | | 157.04 | 682.1 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC DIFF WKSTATION | 76377 | CPT | | | | both | | | 718 | | | Wellcare | Medicaid | 226.53 | 31.55 | | 209.21 | 157.04 | 682.1 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC DIFF WKSTATION | 76377 | CPT | | | | both | | | 718 | | | Qualcare | Qualcare | 538.5 | 75 | | | 157.04 | 682.1 | percent of total billed charges | |
| HC 3D RENDERING W POSTPROC DIFF WKSTATION | 76377 | CPT | | | | both | | | 718 | | | WellPoint | WellPoint | 231.05 | 32.18 | | 115.99 | 157.04 | 682.1 | percent of total billed charges | |
| HC CT LIMITED OR LOCALIZED FOLLOW UP STUDY | 76380 | CPT | | | | outpatient | | | 364 | | 119.52 | Aetna | Commercial | 138.32 | 38 | | | 103.93 | 345.8 | percent of total billed charges | |
| HC CT LIMITED OR LOCALIZED FOLLOW UP STUDY | 76380 | CPT | | | | outpatient | | | 364 | | 119.52 | Americare | Americare | 273 | 75 | | | 103.93 | 345.8 | percent of total billed charges | |
| HC CT LIMITED OR LOCALIZED FOLLOW UP STUDY | 76380 | CPT | | | | outpatient | | | 364 | | 119.52 | Corrections | Corrections | 291.2 | 80 | | | 103.93 | 345.8 | percent of total billed charges | |
| HC CT LIMITED OR LOCALIZED FOLLOW UP STUDY | 76380 | CPT | | | | outpatient | | | 364 | | 119.52 | Wellcare | Medicare | 103.93 | | | | 103.93 | 345.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT LIMITED OR LOCALIZED FOLLOW UP STUDY | 76380 | CPT | | | | outpatient | | | 364 | | 119.52 | Aetna | Better Health | 114.84 | 31.55 | | | 103.93 | 345.8 | percent of total billed charges | |
| HC CT LIMITED OR LOCALIZED FOLLOW UP STUDY | 76380 | CPT | | | | outpatient | | | 364 | | 119.52 | Consumer | Consumer | 345.8 | 95 | | | 103.93 | 345.8 | percent of total billed charges | |
| HC CT LIMITED OR LOCALIZED FOLLOW UP STUDY | 76380 | CPT | | | | outpatient | | | 364 | | 119.52 | First Health | First Health | 254.8 | 70 | | | 103.93 | 345.8 | percent of total billed charges | |
| HC CT LIMITED OR LOCALIZED FOLLOW UP STUDY | 76380 | CPT | | | | outpatient | | | 364 | | 119.52 | Aetna | Medicare | 103.93 | | | | 103.93 | 345.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT LIMITED OR LOCALIZED FOLLOW UP STUDY | 76380 | CPT | | | | outpatient | | | 364 | | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 103.93 | 345.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT LIMITED OR LOCALIZED FOLLOW UP STUDY | 76380 | CPT | | | | outpatient | | | 364 | | 119.52 | Multiplan | Multiplan | 291.2 | 80 | | | 103.93 | 345.8 | percent of total billed charges | |
| HC CT LIMITED OR LOCALIZED FOLLOW UP STUDY | 76380 | CPT | | | | outpatient | | | 364 | | 119.52 | First Trenton | First Trenton | 327.6 | 90 | | | 103.93 | 345.8 | percent of total billed charges | |
| HC CT LIMITED OR LOCALIZED FOLLOW UP STUDY | 76380 | CPT | | | | outpatient | | | 364 | | 119.52 | Qualcare | Qualcare | 273 | 75 | | | 103.93 | 345.8 | percent of total billed charges | |
| HC CT LIMITED OR LOCALIZED FOLLOW UP STUDY | 76380 | CPT | | | | outpatient | | | 364 | | 119.52 | Amerihealth | HMO/PPO | 116.56 | | | | 103.93 | 345.8 | fee schedule | |
| HC CT LIMITED OR LOCALIZED FOLLOW UP STUDY | 76380 | CPT | | | | outpatient | | | 364 | | 119.52 | Three Rivers | Three Rivers | 345.8 | 95 | | | 103.93 | 345.8 | percent of total billed charges | |
| HC CT LIMITED OR LOCALIZED FOLLOW UP STUDY | 76380 | CPT | | | | outpatient | | | 364 | | 119.52 | UHC | Medicare | 103.93 | | | | 103.93 | 345.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT LIMITED OR LOCALIZED FOLLOW UP STUDY | 76380 | CPT | | | | outpatient | | | 364 | | 119.52 | Horizon | Indemnity | 201.1 | | | | 103.93 | 345.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT LIMITED OR LOCALIZED FOLLOW UP STUDY | 76380 | CPT | | | | outpatient | | | 364 | | 119.52 | Horizon | MGD | 201.1 | | | | 103.93 | 345.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT LIMITED OR LOCALIZED FOLLOW UP STUDY | 76380 | CPT | | | | outpatient | | | 364 | | 119.52 | UHC | Medicaid | 114.84 | 31.55 | | | 103.93 | 345.8 | percent of total billed charges | |
| HC CT LIMITED OR LOCALIZED FOLLOW UP STUDY | 76380 | CPT | | | | outpatient | | | 364 | | 119.52 | Wellcare | Medicaid | 114.84 | 31.55 | | | 103.93 | 345.8 | percent of total billed charges | |
| HC CT LIMITED OR LOCALIZED FOLLOW UP STUDY | 76380 | CPT | | | | outpatient | | | 364 | | 119.52 | Horizon | NJ Health | 184.28 | | | | 103.93 | 345.8 | fee schedule | |
| HC CT LIMITED OR LOCALIZED FOLLOW UP STUDY | 76380 | CPT | | | | outpatient | | | 364 | | 119.52 | Horizon | PPO | 201.1 | | | | 103.93 | 345.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT LIMITED OR LOCALIZED FOLLOW UP STUDY | 76380 | CPT | | | | outpatient | | | 364 | | 119.52 | Managed Care Inc | Managed Care Inc | 327.6 | 90 | | | 103.93 | 345.8 | percent of total billed charges | |
| HC CT LIMITED OR LOCALIZED FOLLOW UP STUDY | 76380 | CPT | | | | outpatient | | | 364 | | 119.52 | WellPoint | WellPoint | 117.14 | 32.18 | | | 103.93 | 345.8 | percent of total billed charges | |
| HC MRI SPECTROSCOPY | 76390 | CPT | | | | inpatient | | | 6082 | | 119.52 | Aetna | Commercial | 2311.16 | 38 | | | 103.93 | 5777.9 | percent of total billed charges | |
| HC MRI SPECTROSCOPY | 76390 | CPT | | | | inpatient | | | 6082 | | 119.52 | Amerihealth | HMO/PPO | 294.5 | | | | 103.93 | 5777.9 | fee schedule | |
| HC MRI SPECTROSCOPY | 76390 | CPT | | | | inpatient | | | 6082 | | 119.52 | Aetna | Medicare | 103.93 | | | | 103.93 | 5777.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPECTROSCOPY | 76390 | CPT | | | | inpatient | | | 6082 | | 119.52 | Corrections | Corrections | 4865.6 | 80 | | | 103.93 | 5777.9 | percent of total billed charges | |
| HC MRI SPECTROSCOPY | 76390 | CPT | | | | inpatient | | | 6082 | | 119.52 | Horizon | MGD | 201.1 | | | | 103.93 | 5777.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPECTROSCOPY | 76390 | CPT | | | | inpatient | | | 6082 | | 119.52 | Aetna | Better Health | 1918.87 | 31.55 | | | 103.93 | 5777.9 | percent of total billed charges | |
| HC MRI SPECTROSCOPY | 76390 | CPT | | | | inpatient | | | 6082 | | 119.52 | Multiplan | Multiplan | 4865.6 | 80 | | | 103.93 | 5777.9 | percent of total billed charges | |
| HC MRI SPECTROSCOPY | 76390 | CPT | | | | inpatient | | | 6082 | | 119.52 | Qualcare | Qualcare | 4561.5 | 75 | | | 103.93 | 5777.9 | percent of total billed charges | |
| HC MRI SPECTROSCOPY | 76390 | CPT | | | | inpatient | | | 6082 | | 119.52 | Consumer | Consumer | 5777.9 | 95 | | | 103.93 | 5777.9 | percent of total billed charges | |
| HC MRI SPECTROSCOPY | 76390 | CPT | | | | inpatient | | | 6082 | | 119.52 | Horizon | Indemnity | 201.1 | | | | 103.93 | 5777.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPECTROSCOPY | 76390 | CPT | | | | inpatient | | | 6082 | | 119.52 | First Health | First Health | 4257.4 | 70 | | | 103.93 | 5777.9 | percent of total billed charges | |
| HC MRI SPECTROSCOPY | 76390 | CPT | | | | inpatient | | | 6082 | | 119.52 | First Trenton | First Trenton | 5473.8 | 90 | | | 103.93 | 5777.9 | percent of total billed charges | |
| HC MRI SPECTROSCOPY | 76390 | CPT | | | | inpatient | | | 6082 | | 119.52 | Americare | Americare | 4561.5 | 75 | | | 103.93 | 5777.9 | percent of total billed charges | |
| HC MRI SPECTROSCOPY | 76390 | CPT | | | | inpatient | | | 6082 | | 119.52 | UHC | Medicaid | 1918.87 | 31.55 | | | 103.93 | 5777.9 | percent of total billed charges | |
| HC MRI SPECTROSCOPY | 76390 | CPT | | | | inpatient | | | 6082 | | 119.52 | UHC | Medicare | 103.93 | | | | 103.93 | 5777.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPECTROSCOPY | 76390 | CPT | | | | inpatient | | | 6082 | | 119.52 | Horizon | NJ Health | 548.8 | | | | 103.93 | 5777.9 | fee schedule | |
| HC MRI SPECTROSCOPY | 76390 | CPT | | | | inpatient | | | 6082 | | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 103.93 | 5777.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPECTROSCOPY | 76390 | CPT | | | | inpatient | | | 6082 | | 119.52 | WellPoint | WellPoint | 1957.19 | 32.18 | | | 103.93 | 5777.9 | percent of total billed charges | |
| HC MRI SPECTROSCOPY | 76390 | CPT | | | | inpatient | | | 6082 | | 119.52 | Wellcare | Medicaid | 1918.87 | 31.55 | | | 103.93 | 5777.9 | percent of total billed charges | |
| HC MRI SPECTROSCOPY | 76390 | CPT | | | | inpatient | | | 6082 | | 119.52 | Horizon | PPO | 201.1 | | | | 103.93 | 5777.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI SPECTROSCOPY | 76390 | CPT | | | | inpatient | | | 6082 | | 119.52 | Three Rivers | Three Rivers | 5777.9 | 95 | | | 103.93 | 5777.9 | percent of total billed charges | |
| HC MRI SPECTROSCOPY | 76390 | CPT | | | | inpatient | | | 6082 | | 119.52 | Managed Care Inc | Managed Care Inc | 5473.8 | 90 | | | 103.93 | 5777.9 | percent of total billed charges | |
| HC MRI SPECTROSCOPY | 76390 | CPT | | | | inpatient | | | 6082 | | 119.52 | Wellcare | Medicare | 103.93 | | | | 103.93 | 5777.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED COMPUTED TOMOGRAPHY PROCEDURE | 76497 | CPT | | | | outpatient | | | 646 | | 119.52 | First Trenton | First Trenton | 581.4 | 90 | | | 54.2 | 613.7 | percent of total billed charges | |
| HC UNLISTED COMPUTED TOMOGRAPHY PROCEDURE | 76497 | CPT | | | | outpatient | | | 646 | | 119.52 | Americare | Americare | 484.5 | 75 | | | 54.2 | 613.7 | percent of total billed charges | |
| HC UNLISTED COMPUTED TOMOGRAPHY PROCEDURE | 76497 | CPT | | | | outpatient | | | 646 | | 119.52 | Consumer | Consumer | 613.7 | 95 | | | 54.2 | 613.7 | percent of total billed charges | |
| HC UNLISTED COMPUTED TOMOGRAPHY PROCEDURE | 76497 | CPT | | | | outpatient | | | 646 | | 119.52 | Amerihealth | HMO/PPO | 54.2 | | | | 54.2 | 613.7 | fee schedule | |
| HC UNLISTED COMPUTED TOMOGRAPHY PROCEDURE | 76497 | CPT | | | | outpatient | | | 646 | | 119.52 | Corrections | Corrections | 516.8 | 80 | | | 54.2 | 613.7 | percent of total billed charges | |
| HC UNLISTED COMPUTED TOMOGRAPHY PROCEDURE | 76497 | CPT | | | | outpatient | | | 646 | | 119.52 | Aetna | Better Health | 203.81 | 31.55 | | | 54.2 | 613.7 | percent of total billed charges | |
| HC UNLISTED COMPUTED TOMOGRAPHY PROCEDURE | 76497 | CPT | | | | outpatient | | | 646 | | 119.52 | Horizon | MGD | 201.1 | | | | 54.2 | 613.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED COMPUTED TOMOGRAPHY PROCEDURE | 76497 | CPT | | | | outpatient | | | 646 | | 119.52 | UHC | Medicare | 103.93 | | | | 54.2 | 613.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED COMPUTED TOMOGRAPHY PROCEDURE | 76497 | CPT | | | | outpatient | | | 646 | | 119.52 | Managed Care Inc | Managed Care Inc | 581.4 | 90 | | | 54.2 | 613.7 | percent of total billed charges | |
| HC UNLISTED COMPUTED TOMOGRAPHY PROCEDURE | 76497 | CPT | | | | outpatient | | | 646 | | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 54.2 | 613.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED COMPUTED TOMOGRAPHY PROCEDURE | 76497 | CPT | | | | outpatient | | | 646 | | 119.52 | First Health | First Health | 452.2 | 70 | | | 54.2 | 613.7 | percent of total billed charges | |
| HC UNLISTED COMPUTED TOMOGRAPHY PROCEDURE | 76497 | CPT | | | | outpatient | | | 646 | | 119.52 | Horizon | Indemnity | 201.1 | | | | 54.2 | 613.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED COMPUTED TOMOGRAPHY PROCEDURE | 76497 | CPT | | | | out

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
| HC UNLISTED COMPUTED TOMOGRAPHY PROCEDURE | 76497 | CPT | | | | outpatient | | | 646 | 119.52 | UHC | Medicaid | 203.81 | 31.55 | | | 54.2 | 613.7 | percent of total billed charges | |
| HC UNLISTED COMPUTED TOMOGRAPHY PROCEDURE | 76497 | CPT | | | | outpatient | | | 646 | 119.52 | Three Rivers | Three Rivers | 613.7 | 95 | | | 54.2 | 613.7 | percent of total billed charges | |
| HC UNLISTED COMPUTED TOMOGRAPHY PROCEDURE | 76497 | CPT | | | | outpatient | | | 646 | 119.52 | Aetna | Medicare | 103.93 | | | | 54.2 | 613.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED COMPUTED TOMOGRAPHY PROCEDURE | 76497 | CPT | | | | outpatient | | | 646 | 119.52 | Qualcare | Qualcare | 484.5 | 75 | | | 54.2 | 613.7 | percent of total billed charges | |
| HC UNLISTED COMPUTED TOMOGRAPHY PROCEDURE | 76497 | CPT | | | | outpatient | | | 646 | 119.52 | Wellcare | Medicaid | 203.81 | 31.55 | | | 54.2 | 613.7 | percent of total billed charges | |
| HC UNLISTED COMPUTED TOMOGRAPHY PROCEDURE | 76497 | CPT | | | | outpatient | | | 646 | 119.52 | Wellcare | Medicare | 103.93 | | | | 54.2 | 613.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED COMPUTED TOMOGRAPHY PROCEDURE | 76497 | CPT | | | | outpatient | | | 646 | 119.52 | WellPoint | WellPoint | 207.88 | 32.18 | | | 54.2 | 613.7 | percent of total billed charges | |
| HC UNLISTED MRI | 76498 | CPT | | | | inpatient | | | 2400 | 119.52 | Aetna | Commercial | 912 | 38 | | | 103.93 | 2280 | percent of total billed charges | |
| HC UNLISTED MRI | 76498 | CPT | | | | inpatient | | | 2400 | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 103.93 | 2280 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED MRI | 76498 | CPT | | | | inpatient | | | 2400 | 119.52 | Aetna | Better Health | 757.2 | 31.55 | | | 103.93 | 2280 | percent of total billed charges | |
| HC UNLISTED MRI | 76498 | CPT | | | | inpatient | | | 2400 | 119.52 | Horizon | MGD | 201.1 | | | | 103.93 | 2280 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED MRI | 76498 | CPT | | | | inpatient | | | 2400 | 119.52 | Americare | Americare | 1800 | 75 | | | 103.93 | 2280 | percent of total billed charges | |
| HC UNLISTED MRI | 76498 | CPT | | | | inpatient | | | 2400 | 119.52 | Horizon | Indemnity | 201.1 | | | | 103.93 | 2280 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED MRI | 76498 | CPT | | | | inpatient | | | 2400 | 119.52 | Aetna | Medicare | 103.93 | | | | 103.93 | 2280 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED MRI | 76498 | CPT | | | | inpatient | | | 2400 | 119.52 | First Health | First Health | 1680 | 70 | | | 103.93 | 2280 | percent of total billed charges | |
| HC UNLISTED MRI | 76498 | CPT | | | | inpatient | | | 2400 | 119.52 | Multiplan | Multiplan | 1920 | 80 | | | 103.93 | 2280 | percent of total billed charges | |
| HC UNLISTED MRI | 76498 | CPT | | | | inpatient | | | 2400 | 119.52 | Wellcare | Medicare | 103.93 | | | | 103.93 | 2280 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED MRI | 76498 | CPT | | | | inpatient | | | 2400 | 119.52 | Consumer | Consumer | 2280 | 95 | | | 103.93 | 2280 | percent of total billed charges | |
| HC UNLISTED MRI | 76498 | CPT | | | | inpatient | | | 2400 | 119.52 | UHC | Medicaid | 757.2 | 31.55 | | | 103.93 | 2280 | percent of total billed charges | |
| HC UNLISTED MRI | 76498 | CPT | | | | inpatient | | | 2400 | 119.52 | Amerihealth | HMO/PPO | 2033.65 | | | | 103.93 | 2280 | fee schedule | |
| HC UNLISTED MRI | 76498 | CPT | | | | inpatient | | | 2400 | 119.52 | Horizon | PPO | 201.1 | | | | 103.93 | 2280 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED MRI | 76498 | CPT | | | | inpatient | | | 2400 | 119.52 | Qualcare | Qualcare | 1800 | 75 | | | 103.93 | 2280 | percent of total billed charges | |
| HC UNLISTED MRI | 76498 | CPT | | | | inpatient | | | 2400 | 119.52 | Three Rivers | Three Rivers | 2280 | 95 | | | 103.93 | 2280 | percent of total billed charges | |
| HC UNLISTED MRI | 76498 | CPT | | | | inpatient | | | 2400 | 119.52 | Wellcare | Medicaid | 757.2 | 31.55 | | | 103.93 | 2280 | percent of total billed charges | |
| HC UNLISTED MRI | 76498 | CPT | | | | inpatient | | | 2400 | 119.52 | WellPoint | WellPoint | 772.32 | 32.18 | | | 103.93 | 2280 | percent of total billed charges | |
| HC UNLISTED MRI | 76498 | CPT | | | | inpatient | | | 2400 | 119.52 | Corrections | Corrections | 1920 | 80 | | | 103.93 | 2280 | percent of total billed charges | |
| HC UNLISTED MRI | 76498 | CPT | | | | inpatient | | | 2400 | 119.52 | UHC | Medicare | 103.93 | | | | 103.93 | 2280 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED MRI | 76498 | CPT | | | | inpatient | | | 2400 | 119.52 | First Trenton | First Trenton | 2160 | 90 | | | 103.93 | 2280 | percent of total billed charges | |
| HC UNLISTED MRI | 76498 | CPT | | | | inpatient | | | 2400 | 119.52 | Managed Care Inc | Managed Care Inc | 2160 | 90 | | | 103.93 | 2280 | percent of total billed charges | |
| HC UNLISTED DIAGNOSTIC RADIOLOGY | 76499 | CPT | | | | both | | | 7980 | 119.52 | Aetna | Better Health | 2517.69 | 31.55 | | | 103.93 | 7581 | percent of total billed charges | |
| HC UNLISTED DIAGNOSTIC RADIOLOGY | 76499 | CPT | | | | both | | | 7980 | 119.52 | Consumer | Consumer | 7581 | 95 | | | 103.93 | 7581 | percent of total billed charges | |
| HC UNLISTED DIAGNOSTIC RADIOLOGY | 76499 | CPT | | | | both | | | 7980 | 119.52 | Aetna | Medicare | 103.93 | | | | 103.93 | 7581 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED DIAGNOSTIC RADIOLOGY | 76499 | CPT | | | | both | | | 7980 | 119.52 | Amerihealth | HMO/PPO | 5187 | 65 | | | 103.93 | 7581 | percent of total billed charges | |
| HC UNLISTED DIAGNOSTIC RADIOLOGY | 76499 | CPT | | | | both | | | 7980 | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 103.93 | 7581 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED DIAGNOSTIC RADIOLOGY | 76499 | CPT | | | | both | | | 7980 | 119.52 | First Health | First Health | 5986 | 70 | | | 103.93 | 7581 | percent of total billed charges | |
| HC UNLISTED DIAGNOSTIC RADIOLOGY | 76499 | CPT | | | | both | | | 7980 | 119.52 | Americare | Americare | 5985 | 75 | | | 103.93 | 7581 | percent of total billed charges | |
| HC UNLISTED DIAGNOSTIC RADIOLOGY | 76499 | CPT | | | | both | | | 7980 | 119.52 | First Trenton | First Trenton | 7182 | 90 | | | 103.93 | 7581 | percent of total billed charges | |
| HC UNLISTED DIAGNOSTIC RADIOLOGY | 76499 | CPT | | | | both | | | 7980 | 119.52 | Aetna | Commercial | 3032.4 | 38 | | | 103.93 | 7581 | percent of total billed charges | |
| HC UNLISTED DIAGNOSTIC RADIOLOGY | 76499 | CPT | | | | both | | | 7980 | 119.52 | Corrections | Corrections | 6384 | 80 | | | 103.93 | 7581 | percent of total billed charges | |
| HC UNLISTED DIAGNOSTIC RADIOLOGY | 76499 | CPT | | | | both | | | 7980 | 119.52 | Horizon | MGD | 201.1 | | | | 103.93 | 7581 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED DIAGNOSTIC RADIOLOGY | 76499 | CPT | | | | both | | | 7980 | 119.52 | Horizon | Indemnity | 201.1 | | | | 103.93 | 7581 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED DIAGNOSTIC RADIOLOGY | 76499 | CPT | | | | both | | | 7980 | 119.52 | Multiplan | Multiplan | 6384 | 80 | | | 103.93 | 7581 | percent of total billed charges | |
| HC UNLISTED DIAGNOSTIC RADIOLOGY | 76499 | CPT | | | | both | | | 7980 | 119.52 | Managed Care Inc | Managed Care Inc | 7182 | 90 | | | 103.93 | 7581 | percent of total billed charges | |
| HC UNLISTED DIAGNOSTIC RADIOLOGY | 76499 | CPT | | | | both | | | 7980 | 119.52 | Horizon | PPO | 201.1 | | | | 103.93 | 7581 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED DIAGNOSTIC RADIOLOGY | 76499 | CPT | | | | both | | | 7980 | 119.52 | Qualcare | Qualcare | 5985 | 75 | | | 103.93 | 7581 | percent of total billed charges | |
| HC UNLISTED DIAGNOSTIC RADIOLOGY | 76499 | CPT | | | | both | | | 7980 | 119.52 | Three Rivers | Three Rivers | 7581 | 95 | | | 103.93 | 7581 | percent of total billed charges | |
| HC UNLISTED DIAGNOSTIC RADIOLOGY | 76499 | CPT | | | | both | | | 7980 | 119.52 | WellPoint | WellPoint | 2567.96 | 32.18 | | | 103.93 | 7581 | percent of total billed charges | |
| HC UNLISTED DIAGNOSTIC RADIOLOGY | 76499 | CPT | | | | both | | | 7980 | 119.52 | UHC | Medicaid | 2517.69 | 31.55 | | 64.7 | 103.93 | 7581 | percent of total billed charges | |
| HC UNLISTED DIAGNOSTIC RADIOLOGY | 76499 | CPT | | | | both | | | 7980 | 119.52 | UHC | Medicare | 103.93 | | | | 103.93 | 7581 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED DIAGNOSTIC RADIOLOGY | 76499 | CPT | | | | both | | | 7980 | 119.52 | Wellcare | Medicaid | 2517.69 | 31.55 | | | 103.93 | 7581 | percent of total billed charges | |
| HC UNLISTED DIAGNOSTIC RADIOLOGY | 76499 | CPT | | | | both | | | 7980 | 119.52 | Wellcare | Medicare | 103.93 | | | | 103.93 | 7581 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US HEAD ECHOENCEPHALOGRAPHY | 76506 | CPT | | | | both | | | 640 | 144.6 | Aetna | Commercial | 243.2 | 38 | | | 52.7 | 608 | percent of total billed charges | |
| HC US HEAD ECHOENCEPHALOGRAPHY | 76506 | CPT | | | | both | | | 640 | 144.6 | Corrections | Corrections | 512 | 80 | | | 52.7 | 608 | percent of total billed charges | |
| HC US HEAD ECHOENCEPHALOGRAPHY | 76506 | CPT | | | | both | | | 640 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 52.7 | 608 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US HEAD ECHOENCEPHALOGRAPHY | 76506 | CPT | | | | both | | | 640 | 144.6 | UHC | Medicare | 125.74 | | | | 52.7 | 608 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US HEAD ECHOENCEPHALOGRAPHY | 76506 | CPT | | | | both | | | 640 | 144.6 | Horizon | MGD | 243.31 | | | | 52.7 | 608 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US HEAD ECHOENCEPHALOGRAPHY | 76506 | CPT | | | | both | | | 640 | 144.6 | Americare | Americare | 480 | 75 | | | 52.7 | 608 | percent of total billed charges | |
| HC US HEAD ECHOENCEPHALOGRAPHY | 76506 | CPT | | | | both | | | 640 | 144.6 | Aetna | Better Health | 201.92 | 31.55 | | | 52.7 | 608 | percent of total billed charges | |
| HC US HEAD ECHOENCEPHALOGRAPHY | 76506 | CPT | | | | both | | | 640 | 144.6 | Amerihealth | HMO/PPO | 52.7 | | | | 52.7 | 608 | fee schedule | |
| HC US HEAD ECHOENCEPHALOGRAPHY | 76506 | CPT | | | | both | | | 640 | 144.6 | Horizon | PPO | 243.31 | | | | 52.7 | 608 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US HEAD ECHOENCEPHALOGRAPHY | 76506 | CPT | | | | both | | | 640 | 144.6 | Horizon | Indemnity | 243.31 | | | | 52.7 | 608 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US HEAD ECHOENCEPHALOGRAPHY | 76506 | CPT | | | | both | | | 640 | 144.6 | Horizon | NJ Health | 82.32 | | | 81.33 | 52.7 | 608 | fee schedule | |
| HC US HEAD ECHOENCEPHALOGRAPHY | 76506 | CPT | | | | both | | | 640 | 144.6 | First Health | First Health | 448 | 70 | | | 52.7 | 608 | percent of total billed charges | |
| HC US HEAD ECHOENCEPHALOGRAPHY | 76506 | CPT | | | | both | | | 640 | 144.6 | Aetna | Medicare | 125.74 | | | | 52.7 | 608 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US HEAD ECHOENCEPHALOGRAPHY | 76506 | CPT | | | | both | | | 640 | 144.6 | First Trenton | First Trenton | 576 | 90 | | | 52.7 | 608 | percent of total billed charges | |
| HC US HEAD ECHOENCEPHALOGRAPHY | 76506 | CPT | | | | both | | | 640 | 144.6 | Multiplan | Multiplan | 512 | 80 | | | 52.7 | 608 | percent of total billed charges | |
| HC US HEAD ECHOENCEPHALOGRAPHY | 76506 | CPT | | | | both | | | 640 | 144.6 | Wellcare | Medicare | 125.74 | | | | 52.7 | 608 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US HEAD ECHOENCEPHALOGRAPHY | 76506 | CPT | | | | both | | | 640 | 144.6 | Consumer | Consumer | 608 | 95 | | | 52.7 | 608 | percent of total billed charges | |
| HC US HEAD ECHOENCEPHALOGRAPHY | 76506 | CPT | | | | both | | | 640 | 144.6 | Managed Care Inc | Managed Care Inc | 576 | 90 | | | 52.7 | 608 | percent of total billed charges | |
| HC US HEAD ECHOENCEPHALOGRAPHY | 76506 | CPT | | | | both | | | 640 | 144.6 | Qualcare | Qualcare | 480 | 75 | | | 52.7 | 608 | percent of total billed charges | |
| HC US HEAD ECHOENCEPHALOGRAPHY | 76506 | CPT | | | | both | | | 640 | 144.6 | Three Rivers | Three Rivers | 608 | 95 | | | 52.7 | 608 | percent of total billed charges | |
| HC US HEAD ECHOENCEPHALOGRAPHY | 76506 | CPT | | | | both | | | 640 | 144.6 | UHC | Medicaid | 201.92 | 31.55 | | 245.02 | 52.7 | 608 | percent of total billed charges | |
| HC US HEAD ECHOENCEPHALOGRAPHY | 76506 | CPT | | | | both | | | 640 | 144.6 | Wellcare | Medicaid | 201.92 | 31.55 | | 237.06 | 52.7 | 608 | percent of total billed charges | |
| HC US HEAD ECHOENCEPHALOGRAPHY | 76506 | CPT | | | | both | | | 640 | 144.6 | WellPoint | WellPoint | 205.95 | 32.18 | | 252.62 | 52.7 | 608 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC QUANT A SCAN ONLY | 76511 | CPT | | | | outpatient | | | 502 | 144.6 | Consumer | Consumer | 476.9 | 95 | | | 46.5 | 476.9 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC QUANT A SCAN ONLY | 76511 | CPT | | | | outpatient | | | 502 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 46.5 | 476.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC QUANT A SCAN ONLY | 76511 | CPT | | | | outpatient | | | 502 | 144.6 | Corrections | Corrections | 401.6 | 80 | | | 46.5 | 476.9 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC QUANT A SCAN ONLY | 76511 | CPT | | | | outpatient | | | 502 | 144.6 | Americare | Americare | 376.5 | 75 | | | 46.5 | 476.9 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC QUANT A SCAN ONLY | 76511 | CPT | | | | outpatient | | | 502 | 144.6 | Aetna | Better Health | 158.38 | 31.55 | | | 46.5 | 476.9 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC QUANT A SCAN ONLY | 76511 | CPT | | | | outpatient | | | 502 | 144.6 | Aetna | Commercial | 190.76 | 38 | | | 46.5 | 476.9 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC QUANT A SCAN ONLY | 76511 | CPT | | | | outpatient | | | 502 | 144.6 | Multiplan | Multiplan | 401.6 | 80 | | | 46.5 | 476.9 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC QUANT A SCAN ONLY | 76511 | CPT | | | | outpatient | | | 502 | 144.6 | Aetna | Medicare | 125.74 | | | | 46.5 | 476.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC QUANT A SCAN ONLY | 76511 | CPT | | | | outpatient | | | 502 | 144.6 | UHC | Medicaid | 158.38 | 31.55 | | | 46.5 | 476.9 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC QUANT A SCAN ONLY | 76511 | CPT | | | | outpatient | | | 502 | 144.6 | UHC | Medicare | 125.74 | | | | 46.5 | 476.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC QUANT A SCAN ONLY | 76511 | CPT | | | | outpatient | | | 502 | 144.6 | Horizon | NJ Health | 86.24 | | | | 46.5 | 476.9 | fee schedule | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC QUANT A SCAN ONLY | 76511 | CPT | | | | outpatient | | | 502 | 144.6 | Amerihealth | HMO/PPO | 46.5 | | | | 46.5 | 476.9 | fee schedule | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC QUANT A SCAN ONLY | 76511 | CPT | | | | outpatient | | | 502 | 144.6 | First Health | First Health | 351.4 | 70 | | | 46.5 | 476.9 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC QUANT A SCAN ONLY | 76511 | CPT | | | | outpatient | | | 502 | 144.6 | Horizon | Indemnity | 243.31 | | | | 46.5 | 476.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC QUANT A SCAN ONLY | 76511 | CPT | | | | outpatient | | | 502 | 144.6 | Qualcare | Qualcare | 376.5 | 75 | | | 46.5 | 476.9 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC QUANT A SCAN ONLY | 76511 | CPT | | | | outpatient | | | 502 | 144.6 | First Trenton | First Trenton | 451.8 | 90 | | | 46.5 | 476.9 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC QUANT A SCAN ONLY | 76511 | CPT | | | | outpatient | | | 502 | 144.6 | Wellcare | Medicaid | 158.38 | 31.55 | | | 46.5 | 476.9 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC QUANT A SCAN ONLY | 76511 | CPT | | | | outpatient | | | 502 | 144.6 | Horizon | PPO | 243.31 | | | | 46.5 | 476.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC QUANT A SCAN ONLY | 76511 | CPT | | | | outpatient | | | 502 | 144.6 | Managed Care Inc | Managed Care Inc | 451.8 | 90 | | | 46.5 | 476.9 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC QUANT A SCAN ONLY | 76511 | CPT | | | | outpatient | | | 502 | 144.6 | Horizon | MGD | 243.31 | | | | 46.5 | 476.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC QUANT A SCAN ONLY | 76511 | CPT | | | | outpatient | | | 502 | 144.6 | Wellcare | Medicare | 125.74 | | | | 46.5 | 476.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC QUANT A SCAN ONLY | 76511 | CPT | | | | outpatient | | | 502 | 144.6 | WellPoint | WellPoint | 161.54 | 32.18 | | | 46.5 | 476.9 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC QUANT A SCAN ONLY | 76511 | CPT | | | | outpatient | | | 502 | 144.6 | Three Rivers | Three Rivers | 476.9 | 95 | | | 46.5 | 476.9 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC B SCAN W/OW NONQUAN A SCAN | 76512 | CPT | | | | both | | | 395 | 144.6 | Aetna | Better Health | 124.62 | 31.55 | | 85.79 | 56.42 | 375.25 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC B SCAN W/OW NONQUAN A SCAN | 76512 | CPT | | | | both | | | 395 | 144.6 | First Trenton | First Trenton | 355.5 | 90 | | | 56.42 | 375.25 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC B SCAN W/OW NONQUAN A SCAN | 76512 | CPT | | | | both | | | 395 | 144.6 | Aetna | Medicare | 125.74 | | | 49.71 | 56.42 | 375.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC B SCAN W/OW NONQUAN A SCAN | 76512 | CPT | | | | both | | | 395 | 144.6 | Americare | Americare | 296.25 | 75 | | | 56.42 | 375.25 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC B SCAN W/OW NONQUAN A SCAN | 76512 | CPT | | | | both | | | 395 | 144.6 | Horizon | NJ Health | 117.6 | | | 72.52 | 56.42 | 375.25 | fee schedule | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC B SCAN W/OW NONQUAN A SCAN | 76512 | CPT | | | | both | | | 395 | 144.6 | UHC | Medicaid | 124.62 | 31.55 | | 116.34 | 56.42 | 375.25 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC B SCAN W/OW NONQUAN A SCAN | 76512 | CPT | | | | both | | | 395 | 144.6 | Aetna | Commercial | 150.1 | 38 | | 92.01 | 56.42 | 375.25 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC B SCAN W/OW NONQUAN A SCAN | 76512 | CPT | | | | both | | | 395 | 144.6 | WellPoint | WellPoint | 127.11 | 32.18 | | 93.8 | 56.42 | 375.25 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC B SCAN W/OW NONQUAN A SCAN | 76512 | CPT | | | | both | | | 395 | 144.6 | Horizon | Indemnity | 243.31 | | | 122.16 | 56.42 | 375.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC B SCAN W/OW NONQUAN A SCAN | 76512 | CPT | | | | both | | | 395 | 144.6 | Managed Care Inc | Managed Care Inc | 355.5 | 90 | | | 56.42 | 375.25 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC B SCAN W/OW NONQUAN A SCAN | 76512 | CPT | | | | both | | | 395 | 144.6 | First Health | First Health | 276.5 | 70 | | | 56.42 | 375.25 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC B SCAN W/OW NONQUAN A SCAN | 76512 | CPT | | | | both | | | 395 | 144.6 | Amerihealth | HMO/PPO | 56.42 | | | | 56.42 | 375.25 | fee schedule | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC B SCAN W/OW NONQUAN A SCAN | 76512 | CPT | | | | both | | | 395 | 144.6 | UHC | Medicare | 125.74 | | | 66.8 | 56.42 | 375.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC B SCAN W/OW NONQUAN A SCAN | 76512 | CPT | | | | both | | | 395 | 144.6 | Wellcare | Medicaid | 124.62 | 31.55 | | 123.78 | 56.42 | 375.25 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC B SCAN W/OW NONQUAN A SCAN | 76512 | CPT | | | | both | | | 395 | 144.6 | Consumer | Consumer | 375.25 | 95 | | | 56.42 | 375.25 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC B SCAN W/OW NONQUAN A SCAN | 76512 | CPT | | | | both | | | 395 | 144.6 | Corrections | Corrections | 316 | 80 | | 124.96 | 56.42 | 375.25 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC B SCAN W/OW NONQUAN A SCAN | 76512 | CPT | | | | both | | | 395 | 144.6 | Multiplan | Multiplan | 316 | 80 | | | 56.42 | 375.25 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC B SCAN W/OW NONQUAN A SCAN | 76512 | CPT | | | | both | | | 395 | 144.6 | Horizon | Medicare Blue | 125.74 | | | 50.65 | 56.42 | 375.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC B SCAN W/OW NONQUAN A SCAN | 76512 | CPT | | | | both | | | 395 | 144.6 | Qualcare | Qualcare | 296.25 | 75 | | | 56.42 | 375.25 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC B SCAN W/OW NONQUAN A SCAN | 76512 | CPT | | | | both | | | 395 | 144.6 | Horizon | MGD | 243.31 | | | 34.62 | 56.42 | 375.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC B SCAN W/OW NONQUAN A SCAN | 76512 | CPT | | | | both | | | 395 | 144.6 | Wellcare | Medicare | 125.74 | | | 58.14 | 56.42 | 375.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC B SCAN W/OW NONQUAN A SCAN | 76512 | CPT | | | | both | | | 395 | 144.6 | Horizon | PPO | 243.31 | | | 99.26 | 56.42 | 375.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC B SCAN W/OW NONQUAN A SCAN | 76512 | CPT | | | | both | | | 395 | 144.6 | Three Rivers | Three Rivers | 375.25 | 95 | | | 56.42 | 375.25 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC ANT SEGMT IMMERSN UNILAT/BILAT | 76513 | CPT | | | | outpatient | | | 716 | 144.6 | Qualcare | Qualcare | 537 | 75 | | | 58.9 | 680.2 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC ANT SEGMT IMMERSN UNILAT/BILAT | 76513 | CPT | | | | outpatient | | | 716 | 144.6 | Amerihealth | HMO/PPO | 58.9 | | | | 58.9 | 680.2 | fee schedule | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC ANT SEGMT IMMERSN UNILAT/BILAT | 76513 | CPT | | | | outpatient | | | 716 | 144.6 | Corrections | Corrections | 572.8 | 80 | | 118.92 | 58.9 | 680.2 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC ANT SEGMT IMMERSN UNILAT/BILAT | 76513 | CPT | | | | outpatient | | | 716 | 144.6 | Aetna | Commercial | 272.08 | 38 | | 48.58 | 58.9 | 680.2 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC ANT SEGMT IMMERSN UNILAT/BILAT | 76513 | CPT | | | | outpatient | | | 716 | 144.6 | Aetna | Medicare | 125.74 | | | 37.22 | 58.9 | 680.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC ANT SEGMT IMMERSN UNILAT/BILAT | 76513 | CPT | | | | outpatient | | | 716 | 144.6 | Aetna | Better Health | 225.9 | 31.55 | | | 58.9 | 680.2 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC ANT SEGMT IMMERSN UNILAT/BILAT | 76513 | CPT | | | | outpatient | | | 716 | 144.6 | First Trenton | First Trenton | 644.4 | 90 | | | 58.9 | 680.2 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC ANT SEGMT IMMERSN UNILAT/BILAT | 76513 | CPT | | | | outpatient | | | 716 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 58.9 | 680.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC ANT SEGMT IMMERSN UNILAT/BILAT | 76513 | CPT | | | | outpatient | | | 716 | 144.6 | UHC | Medicare | 125.74 | | | | 58.9 | 680.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC ANT SEGMT IMMERSN UNILAT/BILAT | 76513 | CPT | | | | outpatient | | | 716 | 144.6 | First Health | First Health | 501.2 | 70 | | | 58.9 | 680.2 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC ANT SEGMT IMMERSN UNILAT/BILAT | 76513 | CPT | | | | outpatient | | | 716 | 144.6 | WellPoint | WellPoint | 230.41 | 32.18 | | 119.95 | 58.9 | 680.2 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC ANT SEGMT IMMERSN UNILAT/BILAT | 76513 | CPT | | | | outpatient | | | 716 | 144.6 | Consumer | Consumer | 680.2 | 95 | | | 58.9 | 680.2 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC ANT SEGMT IMMERSN UNILAT/BILAT | 76513 | CPT | | | | outpatient | | | 716 | 144.6 | Americare | Americare | 537 | 75 | | | 58.9 | 680.2 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC ANT SEGMT IMMERSN UNILAT/BILAT | 76513 | CPT | | | | outpatient | | | 716 | 144.6 | Horizon | MGD | 243.31 | | | | 58.9 | 680.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC ANT SEGMT IMMERSN UNILAT/BILAT | 76513 | CPT | | | | outpatient | | | 716 | 144.6 | Horizon | Indemnity | 243.31 | | | | 58.9 | 680.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC ANT SEGMT IMMERSN UNILAT/BILAT | 76513 | CPT | | | | outpatient | | | 716 | 144.6 | Horizon | NJ Health | 129.36 | | | | 58.9 | 680.2 | fee schedule | |
| HC US OPHTHALMIC/OCULAR DIAGNOSTIC ANT SEGMT IMMERSN UNILAT/BILAT | 76513 | CPT | | | | outpatient | | | 716 | 144.6 | Horizon | PPO | 243.31 | | | 43.27 | 58.9 | 680.2

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC OPHTHALMIC US DX CORNEAL PACHYMETRY UNILBI | 76514 | CPT | | | | outpatient | | | 100.43 | | 39.16 UHC | Medicare | 34.05 | | | | 18.6 | 95.41 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPHTHALMIC US DX CORNEAL PACHYMETRY UNILBI | 76514 | CPT | | | | outpatient | | | 100.43 | | 39.16 Amerihealth | HMO/PPO | 18.6 | | | | 18.6 | 95.41 | fee schedule | |
| HC OPHTHALMIC US DX CORNEAL PACHYMETRY UNILBI | 76514 | CPT | | | | outpatient | | | 100.43 | | 39.16 Aetna | Medicare | 34.05 | | | | 18.6 | 95.41 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPHTHALMIC US DX CORNEAL PACHYMETRY UNILBI | 76514 | CPT | | | | outpatient | | | 100.43 | | 39.16 WellPoint | WellPoint | 32.32 | 32.18 | | | 18.6 | 95.41 | percent of total billed charges | |
| HC OPHTHALMIC US DX CORNEAL PACHYMETRY UNILBI | 76514 | CPT | | | | outpatient | | | 100.43 | | 39.16 First Trenton | First Trenton | 90.39 | 90 | | | 18.6 | 95.41 | percent of total billed charges | |
| HC OPHTHALMIC US DX CORNEAL PACHYMETRY UNILBI | 76514 | CPT | | | | outpatient | | | 100.43 | | 39.16 Horizon | PPO | 65.89 | | | | 18.6 | 95.41 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPHTHALMIC US DX CORNEAL PACHYMETRY UNILBI | 76514 | CPT | | | | outpatient | | | 100.43 | | 39.16 Americare | Americare | 75.32 | 75 | | | 18.6 | 95.41 | percent of total billed charges | |
| HC OPHTHALMIC US DX CORNEAL PACHYMETRY UNILBI | 76514 | CPT | | | | outpatient | | | 100.43 | | 39.16 Aetna | Commercial | 38.16 | 38 | | | 18.6 | 95.41 | percent of total billed charges | |
| HC OPHTHALMIC US DX CORNEAL PACHYMETRY UNILBI | 76514 | CPT | | | | outpatient | | | 100.43 | | 39.16 Horizon | NJ Health | 21.56 | | | | 18.6 | 95.41 | fee schedule | |
| HC OPHTHALMIC US DX CORNEAL PACHYMETRY UNILBI | 76514 | CPT | | | | outpatient | | | 100.43 | | 39.16 First Health | First Health | 70.3 | 70 | | | 18.6 | 95.41 | percent of total billed charges | |
| HC OPHTHALMIC US DX CORNEAL PACHYMETRY UNILBI | 76514 | CPT | | | | outpatient | | | 100.43 | | 39.16 Three Rivers | Three Rivers | 95.41 | 95 | | | 18.6 | 95.41 | percent of total billed charges | |
| HC OPHTHALMIC US DX CORNEAL PACHYMETRY UNILBI | 76514 | CPT | | | | outpatient | | | 100.43 | | 39.16 Horizon | Indemnity | 65.89 | | | | 18.6 | 95.41 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPHTHALMIC US DX CORNEAL PACHYMETRY UNILBI | 76514 | CPT | | | | outpatient | | | 100.43 | | 39.16 Managed Care Inc | Managed Care Inc | 90.39 | 90 | | | 18.6 | 95.41 | percent of total billed charges | |
| HC OPHTHALMIC US DX CORNEAL PACHYMETRY UNILBI | 76514 | CPT | | | | outpatient | | | 100.43 | | 39.16 UHC | Medicaid | 31.69 | 31.55 | | | 18.6 | 95.41 | percent of total billed charges | |
| HC OPHTHALMIC US DX CORNEAL PACHYMETRY UNILBI | 76514 | CPT | | | | outpatient | | | 100.43 | | 39.16 Multiplan | Multiplan | 80.34 | 80 | | | 18.6 | 95.41 | percent of total billed charges | |
| HC OPHTHALMIC US DX CORNEAL PACHYMETRY UNILBI | 76514 | CPT | | | | outpatient | | | 100.43 | | 39.16 Wellcare | Medicare | 34.05 | | | | 18.6 | 95.41 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPHTHALMIC US DX CORNEAL PACHYMETRY UNILBI | 76514 | CPT | | | | outpatient | | | 100.43 | | 39.16 Qualcare | Qualcare | 75.32 | 75 | | | 18.6 | 95.41 | percent of total billed charges | |
| HC OPHTHALMIC US DX CORNEAL PACHYMETRY UNILBI | 76514 | CPT | | | | outpatient | | | 100.43 | | 39.16 Wellcare | Medicaid | 31.69 | 31.55 | | | 18.6 | 95.41 | percent of total billed charges | |
| HC US OPHTHALMIC BIOMETRY A-SCAN | 76516 | CPT | | | | outpatient | | | 390 | | 144.6 Aetna | Medicare | 125.74 | | | | 46.5 | 370.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US OPHTHALMIC BIOMETRY A-SCAN | 76516 | CPT | | | | outpatient | | | 390 | | 144.6 Americare | Americare | 292.5 | 75 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US OPHTHALMIC BIOMETRY A-SCAN | 76516 | CPT | | | | outpatient | | | 390 | | 144.6 Horizon | PPO | 243.31 | | | | 46.5 | 370.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US OPHTHALMIC BIOMETRY A-SCAN | 76516 | CPT | | | | outpatient | | | 390 | | 144.6 Amerihealth | HMO/PPO | 46.5 | | | | 46.5 | 370.5 | fee schedule | |
| HC US OPHTHALMIC BIOMETRY A-SCAN | 76516 | CPT | | | | outpatient | | | 390 | | 144.6 Aetna | Commercial | 148.2 | 38 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US OPHTHALMIC BIOMETRY A-SCAN | 76516 | CPT | | | | outpatient | | | 390 | | 144.6 Consumer | Consumer | 370.5 | 95 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US OPHTHALMIC BIOMETRY A-SCAN | 76516 | CPT | | | | outpatient | | | 390 | | 144.6 First Health | First Health | 273 | 70 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US OPHTHALMIC BIOMETRY A-SCAN | 76516 | CPT | | | | outpatient | | | 390 | | 144.6 Aetna | Better Health | 123.05 | 31.55 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US OPHTHALMIC BIOMETRY A-SCAN | 76516 | CPT | | | | outpatient | | | 390 | | 144.6 Wellcare | Medicaid | 123.05 | 31.55 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US OPHTHALMIC BIOMETRY A-SCAN | 76516 | CPT | | | | outpatient | | | 390 | | 144.6 First Trenton | First Trenton | 351 | 90 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US OPHTHALMIC BIOMETRY A-SCAN | 76516 | CPT | | | | outpatient | | | 390 | | 144.6 WellPoint | WellPoint | 125.5 | 32.18 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US OPHTHALMIC BIOMETRY A-SCAN | 76516 | CPT | | | | outpatient | | | 390 | | 144.6 UHC | Medicare | 125.74 | | | | 46.5 | 370.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US OPHTHALMIC BIOMETRY A-SCAN | 76516 | CPT | | | | outpatient | | | 390 | | 144.6 Horizon | Medicare Blue | 125.74 | | | | 46.5 | 370.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US OPHTHALMIC BIOMETRY A-SCAN | 76516 | CPT | | | | outpatient | | | 390 | | 144.6 Corrections | Corrections | 312 | 80 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US OPHTHALMIC BIOMETRY A-SCAN | 76516 | CPT | | | | outpatient | | | 390 | | 144.6 Horizon | MGD | 243.31 | | | | 46.5 | 370.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US OPHTHALMIC BIOMETRY A-SCAN | 76516 | CPT | | | | outpatient | | | 390 | | 144.6 Wellcare | Medicare | 125.74 | | | | 46.5 | 370.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US OPHTHALMIC BIOMETRY A-SCAN | 76516 | CPT | | | | outpatient | | | 390 | | 144.6 Multiplan | Multiplan | 312 | 80 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US OPHTHALMIC BIOMETRY A-SCAN | 76516 | CPT | | | | outpatient | | | 390 | | 144.6 Horizon | NJ Health | 78.4 | | | | 46.5 | 370.5 | fee schedule | |
| HC US OPHTHALMIC BIOMETRY A-SCAN | 76516 | CPT | | | | outpatient | | | 390 | | 144.6 UHC | Medicaid | 123.05 | 31.55 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US OPHTHALMIC BIOMETRY A-SCAN | 76516 | CPT | | | | outpatient | | | 390 | | 144.6 Horizon | Indemnity | 243.31 | | | | 46.5 | 370.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US OPHTHALMIC BIOMETRY A-SCAN | 76516 | CPT | | | | outpatient | | | 390 | | 144.6 Qualcare | Qualcare | 292.5 | 75 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US OPHTHALMIC BIOMETRY A-SCAN | 76516 | CPT | | | | outpatient | | | 390 | | 144.6 Managed Care Inc | Managed Care Inc | 351 | 90 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US OPHTHALMIC BIOMETRY A-SCAN | 76516 | CPT | | | | outpatient | | | 390 | | 144.6 Three Rivers | Three Rivers | 370.5 | 95 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR BIOMETRY A SCAN INTRAOCULAR LENS PWR CALC | 76519 | CPT | | | | outpatient | | | 390 | | 144.6 Aetna | Medicare | 125.74 | | | | 46.5 | 370.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US OPHTHALMIC/OCULAR BIOMETRY A SCAN INTRAOCULAR LENS PWR CALC | 76519 | CPT | | | | outpatient | | | 390 | | 144.6 Aetna | Commercial | 148.2 | 38 | | 88.71 | 46.5 | 370.5 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR BIOMETRY A SCAN INTRAOCULAR LENS PWR CALC | 76519 | CPT | | | | outpatient | | | 390 | | 144.6 Consumer | Consumer | 370.5 | 95 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR BIOMETRY A SCAN INTRAOCULAR LENS PWR CALC | 76519 | CPT | | | | outpatient | | | 390 | | 144.6 Amerihealth | HMO/PPO | 46.5 | | | | 46.5 | 370.5 | fee schedule | |
| HC US OPHTHALMIC/OCULAR BIOMETRY A SCAN INTRAOCULAR LENS PWR CALC | 76519 | CPT | | | | outpatient | | | 390 | | 144.6 Aetna | Better Health | 123.05 | 31.55 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR BIOMETRY A SCAN INTRAOCULAR LENS PWR CALC | 76519 | CPT | | | | outpatient | | | 390 | | 144.6 Americare | Americare | 292.5 | 75 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR BIOMETRY A SCAN INTRAOCULAR LENS PWR CALC | 76519 | CPT | | | | outpatient | | | 390 | | 144.6 First Health | First Health | 273 | 70 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR BIOMETRY A SCAN INTRAOCULAR LENS PWR CALC | 76519 | CPT | | | | outpatient | | | 390 | | 144.6 Wellcare | Medicare | 125.74 | | | | 46.5 | 370.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US OPHTHALMIC/OCULAR BIOMETRY A SCAN INTRAOCULAR LENS PWR CALC | 76519 | CPT | | | | outpatient | | | 390 | | 144.6 Horizon | NJ Health | 86.24 | | | 52.87 | 46.5 | 370.5 | fee schedule | |
| HC US OPHTHALMIC/OCULAR BIOMETRY A SCAN INTRAOCULAR LENS PWR CALC | 76519 | CPT | | | | outpatient | | | 390 | | 144.6 Horizon | MGD | 243.31 | | | 90.46 | 46.5 | 370.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US OPHTHALMIC/OCULAR BIOMETRY A SCAN INTRAOCULAR LENS PWR CALC | 76519 | CPT | | | | outpatient | | | 390 | | 144.6 Corrections | Corrections | 312 | 80 | | 118.32 | 46.5 | 370.5 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR BIOMETRY A SCAN INTRAOCULAR LENS PWR CALC | 76519 | CPT | | | | outpatient | | | 390 | | 144.6 Horizon | Medicare Blue | 125.74 | | | 43.27 | 46.5 | 370.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US OPHTHALMIC/OCULAR BIOMETRY A SCAN INTRAOCULAR LENS PWR CALC | 76519 | CPT | | | | outpatient | | | 390 | | 144.6 Multiplan | Multiplan | 312 | 80 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR BIOMETRY A SCAN INTRAOCULAR LENS PWR CALC | 76519 | CPT | | | | outpatient | | | 390 | | 144.6 First Trenton | First Trenton | 351 | 90 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR BIOMETRY A SCAN INTRAOCULAR LENS PWR CALC | 76519 | CPT | | | | outpatient | | | 390 | | 144.6 Qualcare | Qualcare | 292.5 | 75 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR BIOMETRY A SCAN INTRAOCULAR LENS PWR CALC | 76519 | CPT | | | | outpatient | | | 390 | | 144.6 Horizon | Indemnity | 243.31 | | | | 46.5 | 370.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US OPHTHALMIC/OCULAR BIOMETRY A SCAN INTRAOCULAR LENS PWR CALC | 76519 | CPT | | | | outpatient | | | 390 | | 144.6 Horizon | PPO | 243.31 | | | 90.34 | 46.5 | 370.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US OPHTHALMIC/OCULAR BIOMETRY A SCAN INTRAOCULAR LENS PWR CALC | 76519 | CPT | | | | outpatient | | | 390 | | 144.6 Managed Care Inc | Managed Care Inc | 351 | 90 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR BIOMETRY A SCAN INTRAOCULAR LENS PWR CALC | 76519 | CPT | | | | outpatient | | | 390 | | 144.6 Three Rivers | Three Rivers | 370.5 | 95 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR BIOMETRY A SCAN INTRAOCULAR LENS PWR CALC | 76519 | CPT | | | | outpatient | | | 390 | | 144.6 Wellcare | Medicaid | 123.05 | 31.55 | | 114.12 | 46.5 | 370.5 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR BIOMETRY A SCAN INTRAOCULAR LENS PWR CALC | 76519 | CPT | | | | outpatient | | | 390 | | 144.6 UHC | Medicaid | 123.05 | 31.55 | | 120.52 | 46.5 | 370.5 | percent of total billed charges | |
| HC US OPHTHALMIC/OCULAR BIOMETRY A SCAN INTRAOCULAR LENS PWR CALC | 76519 | CPT | | | | outpatient | | | 390 | | 144.6 UHC | Medicare | 125.74 | | | 66.7 | 46.5 | 370.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US OPHTHALMIC/OCULAR BIOMETRY A SCAN INTRAOCULAR LENS PWR CALC | 76519 | CPT | | | | outpatient | | | 390 | | 144.6 WellPoint | WellPoint | 125.5 | 32.18 | | 114.22 | 46.5 | 370.5 | percent of total billed charges | |
| HC OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION | 76529 | CPT | | | | outpatient | | | 306.49 | | 119.52 Aetna | Better Health | 96.7 | 31.55 | | | 52.08 | 291.17 | percent of total billed charges | |
| HC OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION | 76529 | CPT | | | | outpatient | | | 306.49 | | 119.52 Corrections | Corrections | 245.19 | 80 | | | 52.08 | 291.17 | percent of total billed charges | |
| HC OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION | 76529 | CPT | | | | outpatient | | | 306.49 | | 119.52 Amerihealth | HMO/PPO | 52.08 | | | | 52.08 | 291.17 | fee schedule | |
| HC OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION | 76529 | CPT | | | | outpatient | | | 306.49 | | 119.52 Three Rivers | Three Rivers | 291.17 | 95 | | | 52.08 | 291.17 | percent of total billed charges | |
| HC OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION | 76529 | CPT | | | | outpatient | | | 306.49 | | 119.52 Wellcare | Medicare | 103.93 | | | | 52.08 | 291.17 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION | 76529 | CPT | | | | outpatient | | | 306.49 | | 119.52 Multiplan | Multiplan | 245.19 | 80 | | | 52.08 | 291.17 | percent of total billed charges | |
| HC OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION | 76529 | CPT | | | | outpatient | | | 306.49 | | 119.52 Aetna | Commercial | 116.47 | 38 | | | 52.08 | 291.17 | percent of total billed charges | |
| HC OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION | 76529 | CPT | | | | outpatient | | | 306.49 | | 119.52 Aetna | Medicare | 103.93 | | | | 52.08 | 291.17 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION | 76529 | CPT | | | | outpatient | | | 306.49 | | 119.52 Americare | Americare | 229.87 | 75 | | | 52.08 | 291.17 | percent of total billed charges | |
| HC OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION | 76529 | CPT | | | | outpatient | | | 306.49 | | 119.52 Qualcare | Qualcare | 229.87 | 75 | | | 52.08 | 291.17 | percent of total billed charges | |
| HC OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION | 76529 | CPT | | | | outpatient | | | 306.49 | | 119.52 First Health | First Health | 214.54 | 70 | | | 52.08 | 291.17 | percent of total billed charges | |
| HC OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION | 76529 | CPT | | | | outpatient | | | 306.49 | | 119.52 First Trenton | First Trenton | 275.84 | 90 | | | 52.08 | 291.17 | percent of total billed charges | |
| HC OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION | 76529 | CPT | | | | outpatient | | | 306.49 | | 119.52 Consumer | Consumer | 291.17 | 95 | | | 52.08 | 291.17 | percent of total billed charges | |
| HC OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION | 76529 | CPT | | | | outpatient | | | 306.49 | | 119.52 Horizon | MGD | 201.1 | | | | 52.08 | 291.17 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION | 76529 | CPT | | | | outpatient | | | 306.49 | | 119.52 UHC | Medicaid | 96.7 | 31.55 | | | 52.08 | 291.17 | percent of total billed charges | |
| HC OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION | 76529 | CPT | | | | outpatient | | | 306.49 | | 119.52 Horizon | NJ Health | 111.47 | | | | 52.08 | 291.17 | fee schedule | |
| HC OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION | 76529 | CPT | | | | outpatient | | | 306.49 | | 119.52 Horizon | Indemnity | 201.1 | | | | 52.08 | 291.17 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION | 76529 | CPT | | | | outpatient | | | 306.49 | | 119.52 Horizon | PPO | 201.1 | | | | 52.08 | 291.17 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION | 76529 | CPT | | | | outpatient | | | 306.49 | | 119.52 WellPoint | WellPoint | 98.63 | 32.18 | | | 52.08 | 291.17 | percent of total billed charges | |
| HC OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION | 76529 | CPT | | | | outpatient | | | 306.49 | | 119.52 Managed Care Inc | Managed Care Inc | 275.84 | 90 | | | 52.08 | 291.17 | percent of total billed charges | |
| HC OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION | 76529 | CPT | | | | outpatient | | | 306.49 | | 119.52 Horizon | Medicare Blue | 103.93 | | | | 52.08 | 291.17 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION | 76529 | CPT | | | | outpatient | | | 306.49 | | 119.52 UHC | Medicare | 103.93 | | | | 52.08 | 291.17 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION | 76529 | CPT | | | | outpatient | | | 306.49 | | 119.52 Wellcare | Medicaid | 96.7 | 31.55 | | | 52.08 | 291.17 | percent of total billed charges | |
| HC US SOFT TISSUE HEAD NECK THYR PARATHY PAROTID | 76536 | CPT | | | | both | | | 640 | | 144.6 First Trenton | First Trenton | 576 | 90 | | | 50.84 | 608 | percent of total billed charges | |
| HC US SOFT TISSUE HEAD NECK THYR PARATHY PAROTID | 76536 | CPT | | | | both | | | 640 | | 144.6 Aetna | Medicare | 125.74 | | | 116.5 | 50.84 | 608 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US SOFT TISSUE HEAD NECK THYR PARATHY PAROTID | 76536 | CPT | | | | both | | | 640 | | 144.6 Horizon | Medicare Blue | 125.74 | | | 88.9 | 50.84 | 608 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US SOFT TISSUE HEAD NECK THYR PARATHY PAROTID | 76536 | CPT | | | | both | | | 640 | | 144.6 Aetna | Better Health | 201.92 | 31.55 | | 165.22 | 50.84 | 608 | percent of total billed charges | |
| HC US SOFT TISSUE HEAD NECK THYR PARATHY PAROTID | 76536 | CPT | | | | both | | | 640 | | 144.6 Wellcare | Medicare | 125.74 | | | 60.39 | 50.84 | 608 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US SOFT TISSUE HEAD NECK THYR PARATHY PAROTID | 76536 | CPT | | | | both | | | 640 | | 144.6 Horizon | MGD | 243.31 | | | 183.84 | 50.84 | 608 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US SOFT TISSUE HEAD NECK THYR PARATHY PAROTID | 76536 | CPT | | | | both | | | 640 | | 144.6 First Health | First Health | 448 | 70 | | | 50.84 | 608 | percent of total billed charges | |
| HC US SOFT TISSUE HEAD NECK THYR PARATHY PAROTID | 76536 | CPT | | | | both | | | 640 | | 144.6 Aetna | Commercial | 243.2 | 38 | | 129.22 | 50.84 | 608 | percent of total billed charges | |
| HC US SOFT TISSUE HEAD NECK THYR PARATHY PAROTID | 76536 | CPT | | | | both | | | 640 | | 144.6 Managed Care Inc | Managed Care Inc | 576 | 90 | | | 50.84 | 608 | percent of total billed charges | |
| HC US SOFT TISSUE HEAD NECK THYR PARATHY PAROTID | 76536 | CPT | | | | both | | | 640 | | 144.6 Americare | Americare | 480 | 75 | | | 50.84 | 608 | percent of total billed charges | |
| HC US SOFT TISSUE HEAD NECK THYR PARATHY PAROTID | 76536 | CPT | | | | both | | | 640 | | 144.6 UHC | Medicare | 125.74 | | | 115.3 | 50.84 | 608 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US SOFT TISSUE HEAD NECK THYR PARATHY PAROTID | 76536 | CPT | | | | both | | | 640 | | 144.6 Amerihealth | HMO/PPO | 50.84 | | | 108.26 | 50.84 | 608 | fee schedule | |
| HC US SOFT TISSUE HEAD NECK THYR PARATHY PAROTID | 76536 | CPT | | | | both | | | 640 | | 144.6 Horizon | NJ Health | 80.24 | | | 82.26 | 50.84 | 608 | fee schedule | |
| HC US SOFT TISSUE HEAD NECK THYR PARATHY PAROTID | 76536 | CPT | | | | both | | | 640 | | 144.6 Multiplan | Multiplan | 512 | 80 | | | 50.84 | 608 | percent of total billed charges | |
| HC US SOFT TISSUE HEAD NECK THYR PARATHY PAROTID | 76536 | CPT | | | | both | | | 640 | | 144.6 Three Rivers | Three Rivers | 608 | 95 | | | 50.84 | 608 | percent of total billed charges | |
| HC US SOFT TISSUE HEAD NECK THYR PARATHY PAROTID | 76536 | CPT | | | | both | | | 640 | | 144.6 Horizon | Indemnity | 243.31 | | | 176.93 | 50.84 | 608 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US SOFT TISSUE HEAD NECK THYR PARATHY PAROTID | 76536 | CPT | | | | both | | | 640 | | 144.6 Consumer | Consumer | 608 | 95 | | | 50.84 | 608 | percent of total billed charges | |
| HC US SOFT TISSUE HEAD NECK THYR PARATHY PAROTID | 76536 | CPT | | | | both | | | 640 | | 144.6 Corrections | Corrections | 512 | 80 | | 247.67 | 50.84 | 608 | percent of total billed charges | |
| HC US SOFT TISSUE HEAD NECK THYR PARATHY PAROTID | 76536 | CPT | | | | both | | | 640 | | 144.6 Qualcare | Qualcare | 480 | 75 | | | 50.84 | 608 | percent of total billed charges | |
| HC US SOFT TISSUE HEAD NECK THYR PARATHY PAROTID | 76536 | CPT | | | | both | | | 640 | | 144.6 Horizon | PPO | 243.31 | | | 205.15 | 50.84 | 608 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US SOFT TISSUE HEAD NECK THYR PARATHY PAROTID | 76536 | CPT | | | | both | | | 640 | | 144.6 Wellcare | Medicaid | 201.92 | 31.55 | | 224.96 | 50.84 | 608 | percent of total billed charges | |
| HC US SOFT TISSUE HEAD NECK THYR PARATHY PAROTID | 76536 | CPT | | | | both | | | 640 | | 144.6 UHC | Medicaid | 201.92 | 31.55 | | 234.4 | 50.84 | 608 | percent of total billed charges | |
| HC US SOFT TISSUE HEAD NECK THYR PARATHY PAROTID | 76536 | CPT | | | | both | | | 640 | | 144.6 WellPoint | WellPoint | 205.95 | 32.18 | | 199.88 | 50.84 | 608 | percent of total billed charges | |
| HC US CHEST INCL MEDIASTINUM | 76604 | CPT | | | | both | | | 725 | | 144.6 Americare | Americare | 543.75 | 75 | | | 48.36 | 688.75 | percent of total billed charges | |
| HC US CHEST INCL MEDIASTINUM | 76604 | CPT | | | | both | | | 725 | | 144.6 Aetna | Better Health | 228.74 | 31.55 | | 188.37 | 48.36 | 688.75 | percent of total billed charges | |
| HC US CHEST INCL MEDIASTINUM | 76604 | CPT | | | | both | | | 725 | | 144.6 Multiplan | Multiplan | 580 | 80 | | | 48.36 | 688.75 | percent of total billed charges | |
| HC US CHEST INCL MEDIASTINUM | 76604 | CPT | | | | both | | | 725 | | 144.6 Aetna | Medicare | 125.74 | | | 79.67 | 48.36 | 688.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US CHEST INCL MEDIASTINUM | 76604 | CPT | | | | both | | | 725 | | 144.6 Consumer | Consumer | 688.75 | 95 | | | 48.36 | 688.75 | percent of total billed charges | |
| HC US CHEST INCL MEDIASTINUM | 76604 | CPT | | | | both | | | 725 | | 144.6 First Trenton | First Trenton | 652.5 | 90 | | | 48.36 | 688.75 | percent of total billed charges | |
| HC US CHEST INCL MEDIASTINUM | 76604 | CPT | | | | both | | | 725 | | 144.6 Managed Care Inc | Managed Care Inc | 652.5 | 90 | | | 48.36 | 688.75 | percent of total billed charges | |
| HC US CHEST INCL MEDIASTINUM | 76604 | CPT | | | | both | | | 725 | | 144.6 Aetna | Commercial | 275.5 | 38 | | | 48.36 | 688.75 | percent of total billed charges | |
| HC US CHEST INCL MEDIASTINUM | 76604 | CPT | | | | both | | | 725 | | 144.6 Horizon | Medicare Blue | 125.74 | | | 89.91 | 48.36 | 688.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US CHEST INCL MEDIASTINUM | 76604 | CPT | | | | both | | | 725 | | 144.6 Amerihealth | HMO/PPO | 48.36 | | | | 48.36 | 688.75 | fee schedule | |
| HC US CHEST INCL MEDIASTINUM | 76604 | CPT | | | | both | | | 725 | | 144.6 Qualcare | Qualcare | 543.75 | 75 | | | 48.36 | 688.75 | percent of total billed charges | |
| HC US CHEST INCL MEDIASTINUM | 76604 | CPT | | | | both | | | 725 | | 144.6 Horizon | NJ Health | 68.6 | | | 10.57 | 48.36 | 688.75 | fee schedule | |
| HC US CHEST INCL MEDIASTINUM | 76604 | CPT | | | | both | | | 725 | | 144.6 Corrections | Corrections | 580 | 80 | | | 48.36 | 688.75 | percent of total billed charges | |
| HC US CHEST INCL MEDIASTINUM | 76604 | CPT | | | | both | | | 725 | | 144.6 Horizon | Indemnity | 243.31 | | | 77.69 | 48.36 | 688.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US CHEST INCL MEDIASTINUM | 76604 | CPT | | | | both | | | 725 | | 144.6 UHC | Medicare | 125.74 | | | | 48.36 | 688.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US CHEST INCL MEDIASTINUM | 76604 | CPT | | | | both | | | 725 | | 144.6 Horizon | MGD | 243.31 | | | | 48.36 | 688.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US CHEST INCL MEDIASTINUM | 76604 | CPT | | | | both | | | 725 | | 144.6 Three Rivers | Three Rivers | 688.75 | 95 | | | 48.36 | 688.75 | percent of total billed charges | |
| HC US CHEST INCL MEDIASTINUM | 76604 | CPT | | | | both | | | 725 | | 144.6 First Health | First Health | 507.5 | 70 | | | 48.36 | 688.75 | percent of total billed charges | |
| HC US CHEST INCL MEDIASTINUM | 76604 | CPT | | | | both | | | 725 | | 144.6 Wellcare | Medicare | 125.74 | | | | 48.36 | 688.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US CHEST INCL MEDIASTINUM | 76604 | CPT | | | | both | | | 725 | | 144.6 Horizon | PPO | 243.31 | | | | 48.36 | 688.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US CHEST INCL MEDIASTINUM | 76604 | CPT | | | | both | | | 725 | | 144.6 UHC | Medicaid | 228.74 | 31.55 | | 162.52 | 48.36 | 688.75 | percent of total billed charges | |
| HC US CHEST INCL MEDIASTINUM | 76604 | CPT | | | | both | | | 725 | | 144.6 Wellcare | Medicaid | 228.74 | 31.55 | | | 48.36 | 688.75 | percent of total billed charges | |
| HC US CHEST INCL MEDIASTINUM | 76604 | CPT | | | | both | | | 725 | | 144.6 WellPoint | WellPoint | 233.31 | 32.18 | | | 48.36 | 688.75 | percent of total billed charges | |
| HC US BREAST UNILAT COMPLETE | 76641 | CPT | | | | both | | | 652.5 | | 144.6 First Health | First Health | 456.75 | 70 | | | 42.16 | 619.88 | percent of total billed charges | |
| HC US BREAST UNILAT COMPLETE | 76641 | CPT | | | | both | | | 652.5 | | 144.6 Aetna | Better Health | 205.86 | 31.55 | | 94.58 | 42.16 | 619.88 | percent of total billed charges | |
| HC US BREAST UNILAT COMPLETE | 76641 | CPT | | | | both | | | 652.5 | | 144.6 Horizon | MGD | 243.31 | | | 112.43 | 42.16 | 619.88 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US BREAST UNILAT COMPLETE | 76641 | CPT | | | | both | | | 652.5 | | 144.6 Aetna | Commercial | 247.95 | 38 | | 152.58 | 42.16 | 619.88 | percent of total billed charges | |
| HC US BREAST UNILAT COM

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC US BREAST UNILAT COMPLETE | 76641 | CPT | | | | both | | | 652.5 | 144.6 | Three Rivers | Three Rivers | 619.88 | 95 | | | 42.16 | | 619.88 percent of total billed charges | |
| HC US BREAST UNILAT COMPLETE | 76641 | CPT | | | | both | | | 652.5 | 144.6 | UHC | Medicaid | 205.86 | 31.55 | | 127.89 | 42.16 | | 619.88 percent of total billed charges | |
| HC US BREAST UNILAT COMPLETE | 76641 | CPT | | | | both | | | 652.5 | 144.6 | Multiplan | Multiplan | 522 | 80 | | | 42.16 | | 619.88 percent of total billed charges | |
| HC US BREAST UNILAT COMPLETE | 76641 | CPT | | | | both | | | 652.5 | 144.6 | Horizon | PPO | 243.31 | | | 234 | 42.16 | | 619.88 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US BREAST UNILAT COMPLETE | 76641 | CPT | | | | both | | | 652.5 | 144.6 | Corrections | Corrections | 522 | 80 | | | 42.16 | | 619.88 percent of total billed charges | |
| HC US BREAST UNILAT COMPLETE | 76641 | CPT | | | | both | | | 652.5 | 144.6 | Qualcare | Qualcare | 489.38 | 75 | | | 42.16 | | 619.88 percent of total billed charges | |
| HC US BREAST UNILAT COMPLETE | 76641 | CPT | | | | both | | | 652.5 | 144.6 | UHC | Medicare | 125.74 | | | 73.05 | 42.16 | | 619.88 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US BREAST UNILAT COMPLETE | 76641 | CPT | | | | both | | | 652.5 | 144.6 | WellPoint | WellPoint | 209.97 | 32.18 | | 76.49 | 42.16 | | 619.88 percent of total billed charges | |
| HC US BREAST UNILAT LIMITED | 76642 | CPT | | | | both | | | 652.5 | 119.52 | Americare | Americare | 489.38 | 75 | | | 42.16 | | 619.88 percent of total billed charges | |
| HC US BREAST UNILAT LIMITED | 76642 | CPT | | | | both | | | 652.5 | 119.52 | Horizon | Indemnity | 201.1 | | | 76.87 | 42.16 | | 619.88 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US BREAST UNILAT LIMITED | 76642 | CPT | | | | both | | | 652.5 | 119.52 | Consumer | Consumer | 619.88 | 95 | | | 42.16 | | 619.88 percent of total billed charges | |
| HC US BREAST UNILAT LIMITED | 76642 | CPT | | | | both | | | 652.5 | 119.52 | Aetna | Better Health | 205.86 | 31.55 | | 70.33 | 42.16 | | 619.88 percent of total billed charges | |
| HC US BREAST UNILAT LIMITED | 76642 | CPT | | | | both | | | 652.5 | 119.52 | First Trenton | First Trenton | 587.25 | 90 | | | 42.16 | | 619.88 percent of total billed charges | |
| HC US BREAST UNILAT LIMITED | 76642 | CPT | | | | both | | | 652.5 | 119.52 | Aetna | Commercial | 247.95 | 38 | | 113.7 | 42.16 | | 619.88 percent of total billed charges | |
| HC US BREAST UNILAT LIMITED | 76642 | CPT | | | | both | | | 652.5 | 119.52 | Horizon | Medicare Blue | 103.93 | | | 56.74 | 42.16 | | 619.88 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US BREAST UNILAT LIMITED | 76642 | CPT | | | | both | | | 652.5 | 119.52 | Amerihealth | HMO/PPO | 42.16 | | | 80.65 | 42.16 | | 619.88 fee schedule | |
| HC US BREAST UNILAT LIMITED | 76642 | CPT | | | | both | | | 652.5 | 119.52 | Managed Care Inc | Managed Care Inc | 587.25 | 90 | | | 42.16 | | 619.88 percent of total billed charges | |
| HC US BREAST UNILAT LIMITED | 76642 | CPT | | | | both | | | 652.5 | 119.52 | Aetna | Medicare | 103.93 | | | 62.37 | 42.16 | | 619.88 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US BREAST UNILAT LIMITED | 76642 | CPT | | | | both | | | 652.5 | 119.52 | Corrections | Corrections | 522 | 80 | | | 42.16 | | 619.88 percent of total billed charges | |
| HC US BREAST UNILAT LIMITED | 76642 | CPT | | | | both | | | 652.5 | 119.52 | First Health | First Health | 456.75 | 70 | | | 42.16 | | 619.88 percent of total billed charges | |
| HC US BREAST UNILAT LIMITED | 76642 | CPT | | | | both | | | 652.5 | 119.52 | Three Rivers | Three Rivers | 619.88 | 95 | | | 42.16 | | 619.88 percent of total billed charges | |
| HC US BREAST UNILAT LIMITED | 76642 | CPT | | | | both | | | 652.5 | 119.52 | Wellcare | Medicare | 103.93 | | | 31.39 | 42.16 | | 619.88 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US BREAST UNILAT LIMITED | 76642 | CPT | | | | both | | | 652.5 | 119.52 | Horizon | MGD | 201.1 | | | 90.69 | 42.16 | | 619.88 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US BREAST UNILAT LIMITED | 76642 | CPT | | | | both | | | 652.5 | 119.52 | Horizon | NJ Health | 77.5 | | | 62.17 | 42.16 | | 619.88 fee schedule | |
| HC US BREAST UNILAT LIMITED | 76642 | CPT | | | | both | | | 652.5 | 119.52 | Horizon | PPO | 201.1 | | | 39.81 | 42.16 | | 619.88 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US BREAST UNILAT LIMITED | 76642 | CPT | | | | both | | | 652.5 | 119.52 | UHC | Medicare | 103.93 | | | 66.67 | 42.16 | | 619.88 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US BREAST UNILAT LIMITED | 76642 | CPT | | | | both | | | 652.5 | 119.52 | Multiplan | Multiplan | 522 | 80 | | | 42.16 | | 619.88 percent of total billed charges | |
| HC US BREAST UNILAT LIMITED | 76642 | CPT | | | | both | | | 652.5 | 119.52 | Wellcare | Medicaid | 205.86 | 31.55 | | 116.15 | 42.16 | | 619.88 percent of total billed charges | |
| HC US BREAST UNILAT LIMITED | 76642 | CPT | | | | both | | | 652.5 | 119.52 | Qualcare | Qualcare | 489.38 | 75 | | | 42.16 | | 619.88 percent of total billed charges | |
| HC US BREAST UNILAT LIMITED | 76642 | CPT | | | | both | | | 652.5 | 119.52 | WellPoint | WellPoint | 209.97 | 32.18 | | 95.96 | 42.16 | | 619.88 percent of total billed charges | |
| HC US BREAST UNILAT LIMITED | 76642 | CPT | | | | both | | | 652.5 | 119.52 | UHC | Medicaid | 205.86 | 31.55 | | 121.51 | 42.16 | | 619.88 percent of total billed charges | |
| HC US ABDOMEN COMPLETE | 76700 | CPT | | | | both | | | 1084 | 144.6 | UHC | Medicare | 125.74 | | | 139.88 | 70.68 | | 1029.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US ABDOMEN COMPLETE | 76700 | CPT | | | | both | | | 1084 | 144.6 | Consumer | Consumer | 1029.8 | 95 | | | 70.68 | | 1029.8 percent of total billed charges | |
| HC US ABDOMEN COMPLETE | 76700 | CPT | | | | both | | | 1084 | 144.6 | First Health | First Health | 758.8 | 70 | | | 70.68 | | 1029.8 percent of total billed charges | |
| HC US ABDOMEN COMPLETE | 76700 | CPT | | | | both | | | 1084 | 144.6 | Corrections | Corrections | 867.2 | 80 | | 62.4 | 70.68 | | 1029.8 percent of total billed charges | |
| HC US ABDOMEN COMPLETE | 76700 | CPT | | | | both | | | 1084 | 144.6 | First Trenton | First Trenton | 975.6 | 90 | | | 70.68 | | 1029.8 percent of total billed charges | |
| HC US ABDOMEN COMPLETE | 76700 | CPT | | | | both | | | 1084 | 144.6 | Aetna | Medicare | 125.74 | | | 126.93 | 70.68 | | 1029.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US ABDOMEN COMPLETE | 76700 | CPT | | | | both | | | 1084 | 144.6 | Aetna | Better Health | 342 | 31.55 | | 205.5 | 70.68 | | 1029.8 percent of total billed charges | |
| HC US ABDOMEN COMPLETE | 76700 | CPT | | | | both | | | 1084 | 144.6 | WellPoint | WellPoint | 348.83 | 32.18 | | 168.98 | 70.68 | | 1029.8 percent of total billed charges | |
| HC US ABDOMEN COMPLETE | 76700 | CPT | | | | both | | | 1084 | 144.6 | Horizon | NJ Health | 129.36 | | | 99.47 | 70.68 | | 1029.8 fee schedule | |
| HC US ABDOMEN COMPLETE | 76700 | CPT | | | | both | | | 1084 | 144.6 | Horizon | MGD | 243.31 | | | 273.32 | 70.68 | | 1029.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US ABDOMEN COMPLETE | 76700 | CPT | | | | both | | | 1084 | 144.6 | Horizon | Medicare Blue | 125.74 | | | 172.75 | 70.68 | | 1029.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US ABDOMEN COMPLETE | 76700 | CPT | | | | both | | | 1084 | 144.6 | Multiplan | Multiplan | 867.2 | 80 | | | 70.68 | | 1029.8 percent of total billed charges | |
| HC US ABDOMEN COMPLETE | 76700 | CPT | | | | both | | | 1084 | 144.6 | Aetna | Commercial | 411.92 | 38 | | 186.68 | 70.68 | | 1029.8 percent of total billed charges | |
| HC US ABDOMEN COMPLETE | 76700 | CPT | | | | both | | | 1084 | 144.6 | Americare | Americare | 813 | 75 | | | 70.68 | | 1029.8 percent of total billed charges | |
| HC US ABDOMEN COMPLETE | 76700 | CPT | | | | both | | | 1084 | 144.6 | Horizon | PPO | 243.31 | | | 212.89 | 70.68 | | 1029.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US ABDOMEN COMPLETE | 76700 | CPT | | | | both | | | 1084 | 144.6 | Qualcare | Qualcare | 813 | 75 | | | 70.68 | | 1029.8 percent of total billed charges | |
| HC US ABDOMEN COMPLETE | 76700 | CPT | | | | both | | | 1084 | 144.6 | UHC | Medicaid | 342 | 31.55 | | 266.34 | 70.68 | | 1029.8 percent of total billed charges | |
| HC US ABDOMEN COMPLETE | 76700 | CPT | | | | both | | | 1084 | 144.6 | Managed Care Inc | Managed Care Inc | 975.6 | 90 | | | 70.68 | | 1029.8 percent of total billed charges | |
| HC US ABDOMEN COMPLETE | 76700 | CPT | | | | both | | | 1084 | 144.6 | Wellcare | Medicaid | 342 | 31.55 | | 243.57 | 70.68 | | 1029.8 percent of total billed charges | |
| HC US ABDOMEN COMPLETE | 76700 | CPT | | | | both | | | 1084 | 144.6 | Amerihealth | HMO/PPO | 70.68 | | | 129.22 | 70.68 | | 1029.8 fee schedule | |
| HC US ABDOMEN COMPLETE | 76700 | CPT | | | | both | | | 1084 | 144.6 | Wellcare | Medicare | 125.74 | | | 42.19 | 70.68 | | 1029.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US ABDOMEN COMPLETE | 76700 | CPT | | | | both | | | 1084 | 144.6 | Three Rivers | Three Rivers | 1029.8 | 95 | | | 70.68 | | 1029.8 percent of total billed charges | |
| HC US ABDOMEN COMPLETE | 76700 | CPT | | | | both | | | 1084 | 144.6 | Horizon | Indemnity | 243.31 | | | 292.85 | 70.68 | | 1029.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US ABDOMEN LIMITED | 76705 | CPT | | | | both | | | 785 | 144.6 | Horizon | MGD | 243.31 | | | 198.03 | 51.46 | | 745.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US ABDOMEN LIMITED | 76705 | CPT | | | | both | | | 785 | 144.6 | Aetna | Commercial | 298.3 | 38 | | 135.99 | 51.46 | | 745.75 percent of total billed charges | |
| HC US ABDOMEN LIMITED | 76705 | CPT | | | | both | | | 785 | 144.6 | Americare | Americare | 588.75 | 75 | | | 51.46 | | 745.75 percent of total billed charges | |
| HC US ABDOMEN LIMITED | 76705 | CPT | | | | both | | | 785 | 144.6 | Multiplan | Multiplan | 628 | 80 | | | 51.46 | | 745.75 percent of total billed charges | |
| HC US ABDOMEN LIMITED | 76705 | CPT | | | | both | | | 785 | 144.6 | Aetna | Better Health | 247.67 | 31.55 | | 199.11 | 51.46 | | 745.75 percent of total billed charges | |
| HC US ABDOMEN LIMITED | 76705 | CPT | | | | both | | | 785 | 144.6 | Aetna | Medicare | 125.74 | | | 143.53 | 51.46 | | 745.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US ABDOMEN LIMITED | 76705 | CPT | | | | both | | | 785 | 144.6 | Horizon | Medicare Blue | 125.74 | | | 109.96 | 51.46 | | 745.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US ABDOMEN LIMITED | 76705 | CPT | | | | both | | | 785 | 144.6 | Corrections | Corrections | 628 | 80 | | 137.63 | 51.46 | | 745.75 percent of total billed charges | |
| HC US ABDOMEN LIMITED | 76705 | CPT | | | | both | | | 785 | 144.6 | Horizon | Indemnity | 243.31 | | | 189.04 | 51.46 | | 745.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US ABDOMEN LIMITED | 76705 | CPT | | | | both | | | 785 | 144.6 | Amerihealth | HMO/PPO | 51.46 | | | 139.73 | 51.46 | | 745.75 fee schedule | |
| HC US ABDOMEN LIMITED | 76705 | CPT | | | | both | | | 785 | 144.6 | Horizon | PPO | 243.31 | | | 182.76 | 51.46 | | 745.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US ABDOMEN LIMITED | 76705 | CPT | | | | both | | | 785 | 144.6 | Qualcare | Qualcare | 588.75 | 75 | | | 51.46 | | 745.75 percent of total billed charges | |
| HC US ABDOMEN LIMITED | 76705 | CPT | | | | both | | | 785 | 144.6 | Horizon | NJ Health | 86.24 | | | 61.79 | 51.46 | | 745.75 fee schedule | |
| HC US ABDOMEN LIMITED | 76705 | CPT | | | | both | | | 785 | 144.6 | Consumer | Consumer | 745.75 | 95 | | | 51.46 | | 745.75 percent of total billed charges | |
| HC US ABDOMEN LIMITED | 76705 | CPT | | | | both | | | 785 | 144.6 | Wellcare | Medicaid | 247.67 | 31.55 | | 209.68 | 51.46 | | 745.75 percent of total billed charges | |
| HC US ABDOMEN LIMITED | 76705 | CPT | | | | both | | | 785 | 144.6 | First Health | First Health | 549.5 | 70 | | | 51.46 | | 745.75 percent of total billed charges | |
| HC US ABDOMEN LIMITED | 76705 | CPT | | | | both | | | 785 | 144.6 | Three Rivers | Three Rivers | 745.75 | 95 | | | 51.46 | | 745.75 percent of total billed charges | |
| HC US ABDOMEN LIMITED | 76705 | CPT | | | | both | | | 785 | 144.6 | First Trenton | First Trenton | 706.5 | 90 | | | 51.46 | | 745.75 percent of total billed charges | |
| HC US ABDOMEN LIMITED | 76705 | CPT | | | | both | | | 785 | 144.6 | UHC | Medicaid | 247.67 | 31.55 | | 188.81 | 51.46 | | 745.75 percent of total billed charges | |
| HC US ABDOMEN LIMITED | 76705 | CPT | | | | both | | | 785 | 144.6 | UHC | Medicare | 125.74 | | | 119.5 | 51.46 | | 745.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US ABDOMEN LIMITED | 76705 | CPT | | | | both | | | 785 | 144.6 | Managed Care Inc | Managed Care Inc | 706.5 | 90 | | | 51.46 | | 745.75 percent of total billed charges | |
| HC US ABDOMEN LIMITED | 76705 | CPT | | | | both | | | 785 | 144.6 | WellPoint | WellPoint | 252.61 | 32.18 | | 144.03 | 51.46 | | 745.75 percent of total billed charges | |
| HC US ABDOMEN LIMITED | 76705 | CPT | | | | both | | | 785 | 144.6 | Wellcare | Medicare | 125.74 | | | 27.43 | 51.46 | | 745.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US ABDOMINAL AORTA SCREEN STUDY AAA | 76706 | CPT | | | | both | | | 491 | 144.6 | First Trenton | First Trenton | 441.9 | 90 | | | 58.9 | | 466.45 percent of total billed charges | |
| HC US ABDOMINAL AORTA SCREEN STUDY AAA | 76706 | CPT | | | | both | | | 491 | 144.6 | Amerihealth | HMO/PPO | 58.9 | | | | 58.9 | | 466.45 fee schedule | |
| HC US ABDOMINAL AORTA SCREEN STUDY AAA | 76706 | CPT | | | | both | | | 491 | 144.6 | Aetna | Medicare | 125.74 | | | | 58.9 | | 466.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US ABDOMINAL AORTA SCREEN STUDY AAA | 76706 | CPT | | | | both | | | 491 | 144.6 | Aetna | Better Health | 154.91 | 31.55 | | | 58.9 | | 466.45 percent of total billed charges | |
| HC US ABDOMINAL AORTA SCREEN STUDY AAA | 76706 | CPT | | | | both | | | 491 | 144.6 | Horizon | NJ Health | 88.24 | | | 88.24 | 58.9 | | 466.45 fee schedule | |
| HC US ABDOMINAL AORTA SCREEN STUDY AAA | 76706 | CPT | | | | both | | | 491 | 144.6 | First Health | First Health | 343.7 | 70 | | | 58.9 | | 466.45 percent of total billed charges | |
| HC US ABDOMINAL AORTA SCREEN STUDY AAA | 76706 | CPT | | | | both | | | 491 | 144.6 | Americare | Americare | 368.25 | 75 | | | 58.9 | | 466.45 percent of total billed charges | |
| HC US ABDOMINAL AORTA SCREEN STUDY AAA | 76706 | CPT | | | | both | | | 491 | 144.6 | Consumer | Consumer | 466.45 | 95 | | | 58.9 | | 466.45 percent of total billed charges | |
| HC US ABDOMINAL AORTA SCREEN STUDY AAA | 76706 | CPT | | | | both | | | 491 | 144.6 | Horizon | MGD | 243.31 | | | | 58.9 | | 466.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US ABDOMINAL AORTA SCREEN STUDY AAA | 76706 | CPT | | | | both | | | 491 | 144.6 | UHC | Medicaid | 154.91 | 31.55 | | | 58.9 | | 466.45 percent of total billed charges | |
| HC US ABDOMINAL AORTA SCREEN STUDY AAA | 76706 | CPT | | | | both | | | 491 | 144.6 | Managed Care Inc | Managed Care Inc | 441.9 | 90 | | | 58.9 | | 466.45 percent of total billed charges | |
| HC US ABDOMINAL AORTA SCREEN STUDY AAA | 76706 | CPT | | | | both | | | 491 | 144.6 | Aetna | Commercial | 186.58 | 38 | | | 58.9 | | 466.45 percent of total billed charges | |
| HC US ABDOMINAL AORTA SCREEN STUDY AAA | 76706 | CPT | | | | both | | | 491 | 144.6 | Wellcare | Medicare | 125.74 | | | 126.02 | 58.9 | | 466.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US ABDOMINAL AORTA SCREEN STUDY AAA | 76706 | CPT | | | | both | | | 491 | 144.6 | UHC | Medicare | 125.74 | | | 123.23 | 58.9 | | 466.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US ABDOMINAL AORTA SCREEN STUDY AAA | 76706 | CPT | | | | both | | | 491 | 144.6 | Three Rivers | Three Rivers | 466.45 | 95 | | | 58.9 | | 466.45 percent of total billed charges | |
| HC US ABDOMINAL AORTA SCREEN STUDY AAA | 76706 | CPT | | | | both | | | 491 | 144.6 | Corrections | Corrections | 392.8 | 80 | | | 58.9 | | 466.45 percent of total billed charges | |
| HC US ABDOMINAL AORTA SCREEN STUDY AAA | 76706 | CPT | | | | both | | | 491 | 144.6 | Wellcare | Medicaid | 154.91 | 31.55 | | | 58.9 | | 466.45 percent of total billed charges | |
| HC US ABDOMINAL AORTA SCREEN STUDY AAA | 76706 | CPT | | | | both | | | 491 | 144.6 | Multiplan | Multiplan | 392.8 | 80 | | | 58.9 | | 466.45 percent of total billed charges | |
| HC US ABDOMINAL AORTA SCREEN STUDY AAA | 76706 | CPT | | | | both | | | 491 | 144.6 | Horizon | Indemnity | 243.31 | | | | 58.9 | | 466.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US ABDOMINAL AORTA SCREEN STUDY AAA | 76706 | CPT | | | | both | | | 491 | 144.6 | Qualcare | Qualcare | 368.25 | 75 | | | 58.9 | | 466.45 percent of total billed charges | |
| HC US ABDOMINAL AORTA SCREEN STUDY AAA | 76706 | CPT | | | | both | | | 491 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 58.9 | | 466.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US ABDOMINAL AORTA SCREEN STUDY AAA | 76706 | CPT | | | | both | | | 491 | 144.6 | Horizon | PPO | 243.31 | | | | 58.9 | | 466.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US ABDOMINAL AORTA SCREEN STUDY AAA | 76706 | CPT | | | | both | | | 491 | 144.6 | WellPoint | WellPoint | 158 | 32.18 | | | 58.9 | | 466.45 percent of total billed charges | |
| HC US RETROPERITONEAL COMPLETE (RENAL, AORTA, NODES) | 76770 | CPT | | | | both | | | 754.5 | 144.6 | Consumer | Consumer | 716.78 | 95 | | | 68.82 | | 716.78 percent of total billed charges | |
| HC US RETROPERITONEAL COMPLETE (RENAL, AORTA, NODES) | 76770 | CPT | | | | both | | | 754.5 | 144.6 | Aetna | Commercial | 286.71 | 38 | | 31.34 | 68.82 | | 716.78 percent of total billed charges | |
| HC US RETROPERITONEAL COMPLETE (RENAL, AORTA, NODES) | 76770 | CPT | | | | both | | | 754.5 | 144.6 | UHC | Medicare | 125.74 | | | 42.22 | 68.82 | | 716.78 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US RETROPERITONEAL COMPLETE (RENAL, AORTA, NODES) | 76770 | CPT | | | | both | | | 754.5 | 144.6 | Horizon | Medicare Blue | 125.74 | | | 104.58 | 68.82 | | 716.78 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US RETROPERITONEAL COMPLETE (RENAL, AORTA, NODES) | 76770 | CPT | | | | both | | | 754.5 | 144.6 | First Trenton | First Trenton | 679.05 | 90 | | | 68.82 | | 716.78 percent of total billed charges | |
| HC US RETROPERITONEAL COMPLETE (RENAL, AORTA, NODES) | 76770 | CPT | | | | both | | | 754.5 | 144.6 | Amerihealth | HMO/PPO | 68.82 | | | 47.3 | 68.82 | | 716.78 fee schedule | |
| HC US RETROPERITONEAL COMPLETE (RENAL, AORTA, NODES) | 76770 | CPT | | | | both | | | 754.5 | 144.6 | Americare | Americare | 565.88 | 75 | | | 68.82 | | 716.78 percent of total billed charges | |
| HC US RETROPERITONEAL COMPLETE (RENAL, AORTA, NODES) | 76770 | CPT | | | | both | | | 754.5 | 144.6 | Aetna | Better Health | 238.04 | 31.55 | | 140.25 | 68.82 | | 716.78 percent of total billed charges | |
| HC US RETROPERITONEAL COMPLETE (RENAL, AORTA, NODES) | 76770 | CPT | | | | both | | | 754.5 | 144.6 | Horizon | PPO | 243.31 | | | 219.37 | 68.82 | | 716.78 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US RETROPERITONEAL COMPLETE (RENAL, AORTA, NODES) | 76770 | CPT | | | | both | | | 754.5 | 144.6 | Aetna | Medicare | 125.74 | | | 108.53 | 68.82 | | 716.78 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US RETROPERITONEAL COMPLETE (RENAL, AORTA, NODES) | 76770 | CPT | | | | both | | | 754.5 | 144.6 | Corrections | Corrections | 603.6 | 80 | | 136.17 | 68.82 | | 716.78 percent of total billed charges | |
| HC US RETROPERITONEAL COMPLETE (RENAL, AORTA, NODES) | 76770 | CPT | | | | both | | | 754.5 | 144.6 | Horizon | Indemnity | 243.31 | | | 125.33 | 68.82 | | 716.78 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US RETROPERITONEAL COMPLETE (RENAL, AORTA, NODES) | 76770 | CPT | | | | both | | | 754.5 | 144.6 | Managed Care Inc | Managed Care Inc | 679.05 | 90 | | | 68.82 | | 716.78 percent of total billed charges | |
| HC US RETROPERITONEAL COMPLETE (RENAL, AORTA, NODES) | 76770 | CPT | | | | both | | | 754.5 | 144.6 | First Health | First Health | 528.15 | 70 | | | 68.82 | | 716.78 percent of total billed charges | |
| HC US RETROPERITONEAL COMPLETE (RENAL, AORTA, NODES) | 76770 | CPT | | | | both | | | 754.5 | 144.6 | Horizon | MGD | 243.31 | | | 152.96 | 68.82 | | 716.78 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US RETROPERITONEAL COMPLETE (RENAL, AORTA, NODES) | 76770 | CPT | | | | both | | | 754.5 | 144.6 | Multiplan | Multiplan | 603.6 | 80 | | | 68.82 | | 716.78 percent of total billed charges | |
| HC US RETROPERITONEAL COMPLETE (RENAL, AORTA, NODES) | 76770 | CPT | | | | both | | | 754.5 | 144.6 | UHC | Medicaid | 238.04 | 31.55 | | 125.99 | 68.82 | | 716.78 percent of total billed charges | |
| HC US RETROPERITONEAL COMPLETE (RENAL, AORTA, NODES) | 76770 | CPT | | | | both | | | 754.5 | 144.6 | Wellcare | Medicaid | 238.04 | 31.55 | | 141.84 | 68.82 | | 716.78 percent of total billed charges | |
| HC US RETROPERITONEAL COMPLETE (RENAL, AORTA, NODES) | 76770 | CPT | | | | both | | | 754.5 | 144.6 | Horizon | NJ Health | 129.36 | | | 67.04 | 68.82 | | 716.78 fee schedule | |
| HC US RETROPERITONEAL COMPLETE (RENAL, AORTA, NODES) | 76770 | CPT | | | | both | | | 754.5 | 144.6 | Qualcare | Qualcare | 565.88 | 75 | | | 68.82 | | 716.78 percent of total billed charges | |
| HC US RETROPERITONEAL COMPLETE (RENAL, AORTA, NODES) | 76770 | CPT | | | | both | | | 754.5 | 144.6 | Wellcare | Medicare | 125.74 | | | 125.74 | 68.82 | | 716.78 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US RETROPERITONEAL COMPLETE (RENAL, AORTA, NODES) | 76770 | CPT | | | | both | | | 754.5 | 144.6 | Three Rivers | Three Rivers | 716.78 | 95 | | | 68.82 | | 716.78 percent of total billed charges | |
| HC US RETROPERITONEAL COMPLETE (RENAL, AORTA, NODES) | 76770 | CPT | | | | both | | | 754.5 | 144.6 | WellPoint | WellPoint | 242.8 | 32.18 | | 155.87 | 68.82 | | 716.78 percent of total billed charges | |
| HC US RETROPERITONEAL LIMITED (RENAL, AORTA, NODES) | 76775 | CPT | | | | both | | | 1320 | 144.6 | Aetna | Medicare | 125.74 | | | 108.65 | 51.46 | | 1254 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US RETROPERITONEAL LIMITED (RENAL, AORTA, NODES) | 76775 | CPT | | | | both | | | 1320 | 144.6 | Corrections | Corrections | 1056 | 80 | | | 51.46 | | 1254 percent of total billed charges | |
| HC US RETROPERITONEAL LIMITED (RENAL, AORTA, NODES) | 76775 | CPT | | | | both | | | 1320 | 144.6 | Americare | Americare | 990 | 75 | | | 51.46 | | 1254 percent of total billed charges | |
| HC US RETROPERITONEAL LIMITED (RENAL, AORTA, NODES) | 76775 | CPT | | | | both | | | 1320 | 144.6 | Aetna | Better Health | 416.46 | 31.55 | | 216.46 | 51.46 | | 1254 percent of total billed charges | |
| HC US RETROPERITONEAL LIMITED (RENAL, AORTA, NODES) | 76775 | CPT | | | | both | | | 1320 | 144.6 | Consumer | Consumer | 1254 | 95 | | | 51.46 | | 1254 percent of total billed charges | |
| HC US RETROPERITONEAL LIMITED (RENAL, AORTA, NODES) | 76775 | CPT | | | | both | | | 1320 | 144.6 | Horizon | PPO | 243.31 | | | 204.73 | 51.46 | | 1254 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US RETROPERITONEAL LIMITED (RENAL, AORTA, NODES) | 76775 | CPT | | | | both | | | 1320 | 144.6 | Aetna | Commercial | 501.6 | 38 | | 101.05 | 51.46 | | 1254 percent of total billed charges | |
| HC US RETROPERITONEAL LIMITED (RENAL, AORTA, NODES) | 76775 | CPT | | | | both | | | 1320 | 144.6 | Amerihealth | HMO/PPO | 51.46 | | | 108.04 | 51.46 | | 1254 fee schedule | |
| HC US RETROPERITONEAL LIMITED (RENAL, AORTA, NODES) | 76775 | CPT | | | | both | | | 1320 | 144.6 | Horizon | NJ Health | 129.36 | | | 59.15 | 51.46 | | 1254 fee schedule | |
| HC US RETROPERITONEAL LIMITED (RENAL, AORTA, NODES) | 76775 | CPT | | | | both | | | 1320 | 144.6 | First Trenton | First Trenton | 1188 | 90 | | | 51.46 | | 1254 percent of total billed charges | |
| HC US RETROPERITONEAL LIMITED (RENAL, AORTA, NODES) | 76775 | CPT | | | | both | | | 1320 | 144.6 | Horizon | Indemnity | 243.31 | | | 102.99 | 51.46 | | 1254 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US RETROPERITONEAL LIMITED (RENAL, AORTA, NODES) | 76775 | CPT | | | | both | | | 1320 | 144.6 | First Health | First Health | 924 | 70 | | | 51.46 | | 1254 percent of total billed charges | |
| HC US RETROPERITONEAL LIMITED (RENAL, AORTA, NODES) | 76775 | CPT | | | | both | | | 1320 | 144.6 | Wellcare | Medicare | 125.74 | | | | 51.46 | | 1254 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US RETROPERITONEAL LIMITED (RENAL, AORTA, NODES) | 76775 | CPT | | | | both | | | 1320 | 144.6 | Three Rivers | Three Rivers | 1254 | 95 | | | 51.46 | | 1254 percent of total billed charges | |
| HC US RETROPERITONEAL LIMITED (RENAL, AORTA, NODES) | 76775 | CPT | | | | both | | | 1320 | 144.6 | Qualcare | Qualcare | 990 | 75 | | | 51.46 | | 1254 percent of total billed charges | |
| HC US RETROPERITONEAL LIMITED (RENAL, AORTA, NODES) | 76775 | CPT | | | | both | | | 1320 | 144.6 | Horizon | Medicare Blue | 125.74 | | | 123.73 | 51.46 | | 1254 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US RETROPERITONEAL LIMITED (RENAL, AORTA, NODES) | 76775 | CPT | | | | both | | | 1320 | 144.6 | Multiplan | Multiplan | 1056 | 80 | | | 51.46 | | 1254 percent of total billed charges | |
| HC US RETROPERITONEAL LIMITED (RENAL, AORTA, NODES) | 76775 | CPT | | | | both | | | 1320 | 144.6 | Managed Care Inc | Managed Care Inc | 1188 | 90 | | | 51.46 | | 1254 percent of total billed charges | |
| HC US RETROPERITONEAL LIMITED (RENAL, AORTA, NODES) | 76775 | CPT | | | | both | | | 1320 | 144.6 | Wellcare | Medicaid | 416.46 | 31.55 | | 158.15 | 51.46 | | 1254 percent of total billed charges | |
| HC US RETROPERITONEAL LIMITED (RENAL, AORTA, NODES) | 76775 | CPT | | | | both | | | 1320 | 144.6 | Horizon | MGD | 243.31 | | | 101.35 | 51.46 | | 1254 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US RETROPERITONEAL LIMITED (RENAL, AORTA, NODES) | 76775 | CPT | | | | both | | | 1320 | 144.6 | UHC | Medicare | 125.74 | | | 114.85 | 51.46 | | 1254 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US RETROPERITONEAL LIMITED (RENAL, AORTA, NODES) | 76775 | CPT | | | | both | | | 1320 | 144.6 | WellPoint | WellPoint | 424.78 | 32.18 | | 102.46 | 51.46 | | 1254 percent of total billed charges | |
| HC US RETROPERITONEAL LIMITED (RENAL, AORTA, NODES) | 76775 | CPT | | | | both | | | 1320 | 144.6 | UHC | Medicaid | 416.46 | 31.55 | | 154.49 | 51.46 | | 1254 percent of total billed charges | |
| HC US TRANSPLANTED KIDNEY REALTIME AND DUPLEX DOPPLER | 76776 | CPT | | | | both | | | 571 | 144.6 | Amerihealth | HMO/PPO | 71.92 | | | | 71.92 | | 542.45 fee schedule | |
| HC US TRANSPLANTED KIDNEY REALTIME AND DUPLEX DOPPLER | 76

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC US TRANSPLANTED KIDNEY REALTIME AND DUPLEX DOPPLER | 76776 | CPT | | | | both | | | 571 | 144.6 | Horizon | Indemnity | 243.31 | | | | 71.92 | 542.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US TRANSPLANTED KIDNEY REALTIME AND DUPLEX DOPPLER | 76776 | CPT | | | | both | | | 571 | 144.6 | Aetna | Commercial | 216.98 | 38 | | | 71.92 | 542.45 | percent of total billed charges | |
| HC US TRANSPLANTED KIDNEY REALTIME AND DUPLEX DOPPLER | 76776 | CPT | | | | both | | | 571 | 144.6 | First Health | First Health | 399.7 | 70 | | | 71.92 | 542.45 | percent of total billed charges | |
| HC US TRANSPLANTED KIDNEY REALTIME AND DUPLEX DOPPLER | 76776 | CPT | | | | both | | | 571 | 144.6 | Aetna | Medicare | 125.74 | | | | 71.92 | 542.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US TRANSPLANTED KIDNEY REALTIME AND DUPLEX DOPPLER | 76776 | CPT | | | | both | | | 571 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 71.92 | 542.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US TRANSPLANTED KIDNEY REALTIME AND DUPLEX DOPPLER | 76776 | CPT | | | | both | | | 571 | 144.6 | Americare | Americare | 428.25 | 75 | | | 71.92 | 542.45 | percent of total billed charges | |
| HC US TRANSPLANTED KIDNEY REALTIME AND DUPLEX DOPPLER | 76776 | CPT | | | | both | | | 571 | 144.6 | Horizon | MGD | 243.31 | | | | 71.92 | 542.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US TRANSPLANTED KIDNEY REALTIME AND DUPLEX DOPPLER | 76776 | CPT | | | | both | | | 571 | 144.6 | Corrections | Corrections | 456.8 | 80 | | | 71.92 | 542.45 | percent of total billed charges | |
| HC US TRANSPLANTED KIDNEY REALTIME AND DUPLEX DOPPLER | 76776 | CPT | | | | both | | | 571 | 144.6 | Horizon | PPO | 243.31 | | | | 71.92 | 542.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US TRANSPLANTED KIDNEY REALTIME AND DUPLEX DOPPLER | 76776 | CPT | | | | both | | | 571 | 144.6 | Multiplan | Multiplan | 456.8 | 80 | | | 71.92 | 542.45 | percent of total billed charges | |
| HC US TRANSPLANTED KIDNEY REALTIME AND DUPLEX DOPPLER | 76776 | CPT | | | | both | | | 571 | 144.6 | Three Rivers | Three Rivers | 542.45 | 95 | | | 71.92 | 542.45 | percent of total billed charges | |
| HC US TRANSPLANTED KIDNEY REALTIME AND DUPLEX DOPPLER | 76776 | CPT | | | | both | | | 571 | 144.6 | Qualcare | Qualcare | 428.25 | 75 | | | 71.92 | 542.45 | percent of total billed charges | |
| HC US TRANSPLANTED KIDNEY REALTIME AND DUPLEX DOPPLER | 76776 | CPT | | | | both | | | 571 | 144.6 | Wellcare | Medicare | 125.74 | | | | 71.92 | 542.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US TRANSPLANTED KIDNEY REALTIME AND DUPLEX DOPPLER | 76776 | CPT | | | | both | | | 571 | 144.6 | Consumer | Consumer | 542.45 | 95 | | | 71.92 | 542.45 | percent of total billed charges | |
| HC US TRANSPLANTED KIDNEY REALTIME AND DUPLEX DOPPLER | 76776 | CPT | | | | both | | | 571 | 144.6 | UHC | Medicaid | 180.15 | 31.55 | | | 71.92 | 542.45 | percent of total billed charges | |
| HC US TRANSPLANTED KIDNEY REALTIME AND DUPLEX DOPPLER | 76776 | CPT | | | | both | | | 571 | 144.6 | First Trenton | First Trenton | 513.9 | 90 | | | 71.92 | 542.45 | percent of total billed charges | |
| HC US TRANSPLANTED KIDNEY REALTIME AND DUPLEX DOPPLER | 76776 | CPT | | | | both | | | 571 | 144.6 | WellPoint | WellPoint | 183.75 | 32.18 | | | 71.92 | 542.45 | percent of total billed charges | |
| HC US TRANSPLANTED KIDNEY REALTIME AND DUPLEX DOPPLER | 76776 | CPT | | | | both | | | 571 | 144.6 | Wellcare | Medicaid | 180.15 | 31.55 | | | 71.92 | 542.45 | percent of total billed charges | |
| HC US TRANSPLANTED KIDNEY REALTIME AND DUPLEX DOPPLER | 76776 | CPT | | | | both | | | 571 | 144.6 | UHC | Medicare | 125.74 | | | | 71.92 | 542.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US TRANSPLANTED KIDNEY REALTIME AND DUPLEX DOPPLER | 76776 | CPT | | | | both | | | 571 | 144.6 | Horizon | NJ Health | 77.07 | | | | 71.92 | 542.45 | fee schedule | |
| HC US TRANSPLANTED KIDNEY REALTIME AND DUPLEX DOPPLER | 76776 | CPT | | | | both | | | 571 | 144.6 | Managed Care Inc | Managed Care Inc | 513.9 | 90 | | | 71.92 | 542.45 | percent of total billed charges | |
| HC US SPINAL CANAL AND CONTENTS | 76800 | CPT | | | | inpatient | | | 640 | 144.6 | First Health | First Health | 448 | 70 | | | 72.54 | 608 | percent of total billed charges | |
| HC US SPINAL CANAL AND CONTENTS | 76800 | CPT | | | | inpatient | | | 640 | 144.6 | Aetna | Better Health | 201.92 | 31.55 | | | 72.54 | 608 | percent of total billed charges | |
| HC US SPINAL CANAL AND CONTENTS | 76800 | CPT | | | | inpatient | | | 640 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 72.54 | 608 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US SPINAL CANAL AND CONTENTS | 76800 | CPT | | | | inpatient | | | 640 | 144.6 | Consumer | Consumer | 608 | 95 | | | 72.54 | 608 | percent of total billed charges | |
| HC US SPINAL CANAL AND CONTENTS | 76800 | CPT | | | | inpatient | | | 640 | 144.6 | Amerihealth | HMO/PPO | 72.54 | | | | 72.54 | 608 | fee schedule | |
| HC US SPINAL CANAL AND CONTENTS | 76800 | CPT | | | | inpatient | | | 640 | 144.6 | Corrections | Corrections | 512 | 80 | | | 72.54 | 608 | percent of total billed charges | |
| HC US SPINAL CANAL AND CONTENTS | 76800 | CPT | | | | inpatient | | | 640 | 144.6 | UHC | Medicare | 125.74 | | | | 72.54 | 608 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US SPINAL CANAL AND CONTENTS | 76800 | CPT | | | | inpatient | | | 640 | 144.6 | Aetna | Medicare | 125.74 | | | | 72.54 | 608 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US SPINAL CANAL AND CONTENTS | 76800 | CPT | | | | inpatient | | | 640 | 144.6 | Wellcare | Medicare | 125.74 | | | | 72.54 | 608 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US SPINAL CANAL AND CONTENTS | 76800 | CPT | | | | inpatient | | | 640 | 144.6 | Aetna | Commercial | 243.2 | 38 | | | 72.54 | 608 | percent of total billed charges | |
| HC US SPINAL CANAL AND CONTENTS | 76800 | CPT | | | | inpatient | | | 640 | 144.6 | Horizon | MGD | 243.31 | | | | 72.54 | 608 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US SPINAL CANAL AND CONTENTS | 76800 | CPT | | | | inpatient | | | 640 | 144.6 | First Trenton | First Trenton | 576 | 90 | | | 72.54 | 608 | percent of total billed charges | |
| HC US SPINAL CANAL AND CONTENTS | 76800 | CPT | | | | inpatient | | | 640 | 144.6 | UHC | Medicaid | 201.92 | 31.55 | | | 72.54 | 608 | percent of total billed charges | |
| HC US SPINAL CANAL AND CONTENTS | 76800 | CPT | | | | inpatient | | | 640 | 144.6 | Horizon | Indemnity | 243.31 | | | | 72.54 | 608 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US SPINAL CANAL AND CONTENTS | 76800 | CPT | | | | inpatient | | | 640 | 144.6 | Americare | Americare | 480 | 75 | | | 72.54 | 608 | percent of total billed charges | |
| HC US SPINAL CANAL AND CONTENTS | 76800 | CPT | | | | inpatient | | | 640 | 144.6 | Multiplan | Multiplan | 512 | 80 | | | 72.54 | 608 | percent of total billed charges | |
| HC US SPINAL CANAL AND CONTENTS | 76800 | CPT | | | | inpatient | | | 640 | 144.6 | Horizon | NJ Health | 127.4 | | | | 72.54 | 608 | fee schedule | |
| HC US SPINAL CANAL AND CONTENTS | 76800 | CPT | | | | inpatient | | | 640 | 144.6 | Horizon | PPO | 243.31 | | | | 72.54 | 608 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US SPINAL CANAL AND CONTENTS | 76800 | CPT | | | | inpatient | | | 640 | 144.6 | Wellcare | Medicaid | 201.92 | 31.55 | | | 72.54 | 608 | percent of total billed charges | |
| HC US SPINAL CANAL AND CONTENTS | 76800 | CPT | | | | inpatient | | | 640 | 144.6 | Qualcare | Qualcare | 480 | 75 | | | 72.54 | 608 | percent of total billed charges | |
| HC US SPINAL CANAL AND CONTENTS | 76800 | CPT | | | | inpatient | | | 640 | 144.6 | Managed Care Inc | Managed Care Inc | 576 | 90 | | | 72.54 | 608 | percent of total billed charges | |
| HC US SPINAL CANAL AND CONTENTS | 76800 | CPT | | | | inpatient | | | 640 | 144.6 | WellPoint | WellPoint | 205.95 | 32.18 | | | 72.54 | 608 | percent of total billed charges | |
| HC US SPINAL CANAL AND CONTENTS | 76800 | CPT | | | | inpatient | | | 640 | 144.6 | Three Rivers | Three Rivers | 608 | 95 | | | 72.54 | 608 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL <14 WK 1/1ST GESTAT; PORTABLE | 76801 | CPT | | | | outpatient | | | 487.5 | 144.6 | Aetna | Better Health | 153.81 | 31.55 | | 123.05 | 62 | 463.13 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL <14 WK 1/1ST GESTAT; PORTABLE | 76801 | CPT | | | | outpatient | | | 487.5 | 144.6 | Aetna | Commercial | 185.25 | 38 | | 56 | 62 | 463.13 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL <14 WK 1/1ST GESTAT; PORTABLE | 76801 | CPT | | | | outpatient | | | 487.5 | 144.6 | WellPoint | WellPoint | 156.88 | 32.18 | | 104.18 | 62 | 463.13 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL <14 WK 1/1ST GESTAT; PORTABLE | 76801 | CPT | | | | outpatient | | | 487.5 | 144.6 | Consumer | Consumer | 463.13 | 95 | | | 62 | 463.13 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL <14 WK 1/1ST GESTAT; PORTABLE | 76801 | CPT | | | | outpatient | | | 487.5 | 144.6 | Aetna | Medicare | 125.74 | | | | 62 | 463.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRANSABDL <14 WK 1/1ST GESTAT; PORTABLE | 76801 | CPT | | | | outpatient | | | 487.5 | 144.6 | Horizon | NJ Health | 107.8 | | | 36.7 | 62 | 463.13 | fee schedule | |
| HC US PREG UTERUS TRANSABDL <14 WK 1/1ST GESTAT; PORTABLE | 76801 | CPT | | | | outpatient | | | 487.5 | 144.6 | First Health | First Health | 341.25 | 70 | | | 62 | 463.13 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL <14 WK 1/1ST GESTAT; PORTABLE | 76801 | CPT | | | | outpatient | | | 487.5 | 144.6 | Americare | Americare | 365.63 | 75 | | | 62 | 463.13 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL <14 WK 1/1ST GESTAT; PORTABLE | 76801 | CPT | | | | outpatient | | | 487.5 | 144.6 | Horizon | Indemnity | 243.31 | | | 86.18 | 62 | 463.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRANSABDL <14 WK 1/1ST GESTAT; PORTABLE | 76801 | CPT | | | | outpatient | | | 487.5 | 144.6 | First Trenton | First Trenton | 438.75 | 90 | | | 62 | 463.13 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL <14 WK 1/1ST GESTAT; PORTABLE | 76801 | CPT | | | | outpatient | | | 487.5 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 62 | 463.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRANSABDL <14 WK 1/1ST GESTAT; PORTABLE | 76801 | CPT | | | | outpatient | | | 487.5 | 144.6 | Amerihealth | HMO/PPO | 62 | | | 39 | 62 | 463.13 | fee schedule | |
| HC US PREG UTERUS TRANSABDL <14 WK 1/1ST GESTAT; PORTABLE | 76801 | CPT | | | | outpatient | | | 487.5 | 144.6 | Horizon | PPO | 243.31 | | | 139.21 | 62 | 463.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRANSABDL <14 WK 1/1ST GESTAT; PORTABLE | 76801 | CPT | | | | outpatient | | | 487.5 | 144.6 | Corrections | Corrections | 390 | 80 | | 103.07 | 62 | 463.13 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL <14 WK 1/1ST GESTAT; PORTABLE | 76801 | CPT | | | | outpatient | | | 487.5 | 144.6 | Horizon | MGD | 243.31 | | | 225.74 | 62 | 463.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRANSABDL <14 WK 1/1ST GESTAT; PORTABLE | 76801 | CPT | | | | outpatient | | | 487.5 | 144.6 | Multiplan | Multiplan | 390 | 80 | | | 62 | 463.13 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL <14 WK 1/1ST GESTAT; PORTABLE | 76801 | CPT | | | | outpatient | | | 487.5 | 144.6 | Managed Care Inc | Managed Care Inc | 438.75 | 90 | | | 62 | 463.13 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL <14 WK 1/1ST GESTAT; PORTABLE | 76801 | CPT | | | | outpatient | | | 487.5 | 144.6 | Qualcare | Qualcare | 365.63 | 75 | | | 62 | 463.13 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL <14 WK 1/1ST GESTAT; PORTABLE | 76801 | CPT | | | | outpatient | | | 487.5 | 144.6 | Three Rivers | Three Rivers | 463.13 | 95 | | | 62 | 463.13 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL <14 WK 1/1ST GESTAT; PORTABLE | 76801 | CPT | | | | outpatient | | | 487.5 | 144.6 | UHC | Medicare | 125.74 | | | 121.04 | 62 | 463.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRANSABDL <14 WK 1/1ST GESTAT; PORTABLE | 76801 | CPT | | | | outpatient | | | 487.5 | 144.6 | UHC | Medicaid | 153.81 | 31.55 | | 72.37 | 62 | 463.13 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL <14 WK 1/1ST GESTAT; PORTABLE | 76801 | CPT | | | | outpatient | | | 487.5 | 144.6 | Wellcare | Medicaid | 153.81 | 31.55 | | 96.92 | 62 | 463.13 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL <14 WK 1/1ST GESTAT; PORTABLE | 76801 | CPT | | | | outpatient | | | 487.5 | 144.6 | Wellcare | Medicare | 125.74 | | | | 62 | 463.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS 14 WK TRANSABDL EA GESTATION, PORTABLE | 76802 | CPT | | | | outpatient | | | 255.82 | | Amerihealth | HMO/PPO | 62 | | | | 61.4 | 243.03 | fee schedule | |
| HC US PREG UTERUS 14 WK TRANSABDL EA GESTATION, PORTABLE | 76802 | CPT | | | | outpatient | | | 255.82 | | WellPoint | WellPoint | 82.32 | 32.18 | | | 61.4 | 243.03 | percent of total billed charges | |
| HC US PREG UTERUS 14 WK TRANSABDL EA GESTATION, PORTABLE | 76802 | CPT | | | | outpatient | | | 255.82 | | Corrections | Corrections | 204.66 | 80 | | | 61.4 | 243.03 | percent of total billed charges | |
| HC US PREG UTERUS 14 WK TRANSABDL EA GESTATION, PORTABLE | 76802 | CPT | | | | outpatient | | | 255.82 | | Americare | Americare | 191.87 | 75 | | | 61.4 | 243.03 | percent of total billed charges | |
| HC US PREG UTERUS 14 WK TRANSABDL EA GESTATION, PORTABLE | 76802 | CPT | | | | outpatient | | | 255.82 | | Aetna | Better Health | 80.71 | 31.55 | | | 61.4 | 243.03 | percent of total billed charges | |
| HC US PREG UTERUS 14 WK TRANSABDL EA GESTATION, PORTABLE | 76802 | CPT | | | | outpatient | | | 255.82 | | Aetna | Medicare | 78.79 | 30.8 | | | 61.4 | 243.03 | percent of total billed charges | |
| HC US PREG UTERUS 14 WK TRANSABDL EA GESTATION, PORTABLE | 76802 | CPT | | | | outpatient | | | 255.82 | | First Trenton | First Trenton | 230.24 | 90 | | | 61.4 | 243.03 | percent of total billed charges | |
| HC US PREG UTERUS 14 WK TRANSABDL EA GESTATION, PORTABLE | 76802 | CPT | | | | outpatient | | | 255.82 | | Aetna | Commercial | 97.21 | 38 | | | 61.4 | 243.03 | percent of total billed charges | |
| HC US PREG UTERUS 14 WK TRANSABDL EA GESTATION, PORTABLE | 76802 | CPT | | | | outpatient | | | 255.82 | | First Health | First Health | 179.07 | 70 | | | 61.4 | 243.03 | percent of total billed charges | |
| HC US PREG UTERUS 14 WK TRANSABDL EA GESTATION, PORTABLE | 76802 | CPT | | | | outpatient | | | 255.82 | | UHC | Medicaid | 80.71 | 31.55 | | | 61.4 | 243.03 | percent of total billed charges | |
| HC US PREG UTERUS 14 WK TRANSABDL EA GESTATION, PORTABLE | 76802 | CPT | | | | outpatient | | | 255.82 | | Horizon | MGD | 97.93 | 38.28 | | | 61.4 | 243.03 | percent of total billed charges | |
| HC US PREG UTERUS 14 WK TRANSABDL EA GESTATION, PORTABLE | 76802 | CPT | | | | outpatient | | | 255.82 | | Consumer | Consumer | 243.03 | 95 | | | 61.4 | 243.03 | percent of total billed charges | |
| HC US PREG UTERUS 14 WK TRANSABDL EA GESTATION, PORTABLE | 76802 | CPT | | | | outpatient | | | 255.82 | | Horizon | Indemnity | 97.93 | 38.28 | | | 61.4 | 243.03 | percent of total billed charges | |
| HC US PREG UTERUS 14 WK TRANSABDL EA GESTATION, PORTABLE | 76802 | CPT | | | | outpatient | | | 255.82 | | Multiplan | Multiplan | 204.66 | 80 | | | 61.4 | 243.03 | percent of total billed charges | |
| HC US PREG UTERUS 14 WK TRANSABDL EA GESTATION, PORTABLE | 76802 | CPT | | | | outpatient | | | 255.82 | | Horizon | NJ Health | 84.28 | | | | 61.4 | 243.03 | fee schedule | |
| HC US PREG UTERUS 14 WK TRANSABDL EA GESTATION, PORTABLE | 76802 | CPT | | | | outpatient | | | 255.82 | | Horizon | Medicare Blue | 76.75 | 30 | | | 61.4 | 243.03 | percent of total billed charges | |
| HC US PREG UTERUS 14 WK TRANSABDL EA GESTATION, PORTABLE | 76802 | CPT | | | | outpatient | | | 255.82 | | Horizon | PPO | 97.93 | 38.28 | | | 61.4 | 243.03 | percent of total billed charges | |
| HC US PREG UTERUS 14 WK TRANSABDL EA GESTATION, PORTABLE | 76802 | CPT | | | | outpatient | | | 255.82 | | Qualcare | Qualcare | 191.87 | 75 | | | 61.4 | 243.03 | percent of total billed charges | |
| HC US PREG UTERUS 14 WK TRANSABDL EA GESTATION, PORTABLE | 76802 | CPT | | | | outpatient | | | 255.82 | | Managed Care Inc | Managed Care Inc | 230.24 | 90 | | | 61.4 | 243.03 | percent of total billed charges | |
| HC US PREG UTERUS 14 WK TRANSABDL EA GESTATION, PORTABLE | 76802 | CPT | | | | outpatient | | | 255.82 | | Wellcare | Medicaid | 80.71 | 31.55 | | | 61.4 | 243.03 | percent of total billed charges | |
| HC US PREG UTERUS 14 WK TRANSABDL EA GESTATION, PORTABLE | 76802 | CPT | | | | outpatient | | | 255.82 | | Three Rivers | Three Rivers | 243.03 | 95 | | | 61.4 | 243.03 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL 14/> WK 1/1ST GESTATION | 76805 | CPT | | | | both | | | 488 | 144.6 | Horizon | Indemnity | 243.31 | | | 85.71 | 62 | 463.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRANSABDL 14/> WK 1/1ST GESTATION | 76805 | CPT | | | | both | | | 488 | 144.6 | UHC | Medicaid | 153.96 | 31.55 | | 77.21 | 62 | 463.6 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL 14/> WK 1/1ST GESTATION | 76805 | CPT | | | | both | | | 488 | 144.6 | Aetna | Better Health | 153.96 | 31.55 | | 51.18 | 62 | 463.6 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL 14/> WK 1/1ST GESTATION | 76805 | CPT | | | | both | | | 488 | 144.6 | UHC | Medicare | 125.74 | | | | 62 | 463.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRANSABDL 14/> WK 1/1ST GESTATION | 76805 | CPT | | | | both | | | 488 | 144.6 | Aetna | Medicare | 125.74 | | | | 62 | 463.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRANSABDL 14/> WK 1/1ST GESTATION | 76805 | CPT | | | | both | | | 488 | 144.6 | Americare | Americare | 366 | 75 | | | 62 | 463.6 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL 14/> WK 1/1ST GESTATION | 76805 | CPT | | | | both | | | 488 | 144.6 | Aetna | Commercial | 185.44 | 38 | | 168.16 | 62 | 463.6 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL 14/> WK 1/1ST GESTATION | 76805 | CPT | | | | both | | | 488 | 144.6 | Consumer | Consumer | 463.6 | 95 | | | 62 | 463.6 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL 14/> WK 1/1ST GESTATION | 76805 | CPT | | | | both | | | 488 | 144.6 | Multiplan | Multiplan | 390.4 | 80 | | | 62 | 463.6 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL 14/> WK 1/1ST GESTATION | 76805 | CPT | | | | both | | | 488 | 144.6 | Corrections | Corrections | 390.4 | 80 | | 60.99 | 62 | 463.6 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL 14/> WK 1/1ST GESTATION | 76805 | CPT | | | | both | | | 488 | 144.6 | Amerihealth | HMO/PPO | 62 | | | | 62 | 463.6 | fee schedule | |
| HC US PREG UTERUS TRANSABDL 14/> WK 1/1ST GESTATION | 76805 | CPT | | | | both | | | 488 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 62 | 463.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRANSABDL 14/> WK 1/1ST GESTATION | 76805 | CPT | | | | both | | | 488 | 144.6 | Managed Care Inc | Managed Care Inc | 439.2 | 90 | | | 62 | 463.6 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL 14/> WK 1/1ST GESTATION | 76805 | CPT | | | | both | | | 488 | 144.6 | Horizon | NJ Health | 126.62 | | | 73.43 | 62 | 463.6 | fee schedule | |
| HC US PREG UTERUS TRANSABDL 14/> WK 1/1ST GESTATION | 76805 | CPT | | | | both | | | 488 | 144.6 | First Health | First Health | 341.6 | 70 | | | 62 | 463.6 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL 14/> WK 1/1ST GESTATION | 76805 | CPT | | | | both | | | 488 | 144.6 | Qualcare | Qualcare | 366 | 75 | | | 62 | 463.6 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL 14/> WK 1/1ST GESTATION | 76805 | CPT | | | | both | | | 488 | 144.6 | Horizon | MGD | 243.31 | | | 232.12 | 62 | 463.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRANSABDL 14/> WK 1/1ST GESTATION | 76805 | CPT | | | | both | | | 488 | 144.6 | First Trenton | First Trenton | 439.2 | 90 | | | 62 | 463.6 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL 14/> WK 1/1ST GESTATION | 76805 | CPT | | | | both | | | 488 | 144.6 | Horizon | PPO | 243.31 | | | 192.12 | 62 | 463.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRANSABDL 14/> WK 1/1ST GESTATION | 76805 | CPT | | | | both | | | 488 | 144.6 | Three Rivers | Three Rivers | 463.6 | 95 | | | 62 | 463.6 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL 14/> WK 1/1ST GESTATION | 76805 | CPT | | | | both | | | 488 | 144.6 | Wellcare | Medicaid | 153.96 | 31.55 | | 54.13 | 62 | 463.6 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL 14/> WK 1/1ST GESTATION | 76805 | CPT | | | | both | | | 488 | 144.6 | Wellcare | Medicare | 125.74 | | | | 62 | 463.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRANSABDL 14/> WK 1/1ST GESTATION | 76805 | CPT | | | | both | | | 488 | 144.6 | WellPoint | WellPoint | 157.04 | 32.18 | | 105.41 | 62 | 463.6 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL >1ST TRIMESTER EA ADDL GESTATION | 76810 | CPT | | | | outpatient | | | 1961 | | Aetna | Commercial | 707.18 | 38 | | | 62 | 1767.95 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL >1ST TRIMESTER EA ADDL GESTATION | 76810 | CPT | | | | outpatient | | | 1961 | | Horizon | Indemnity | 712.39 | 38.28 | | | 62 | 1767.95 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL >1ST TRIMESTER EA ADDL GESTATION | 76810 | CPT | | | | outpatient | | | 1961 | | Horizon | PPO | 712.39 | 38.28 | | | 62 | 1767.95 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL >1ST TRIMESTER EA ADDL GESTATION | 76810 | CPT | | | | outpatient | | | 1961 | | Aetna | Medicare | 573.19 | 30.8 | | | 62 | 1767.95 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL >1ST TRIMESTER EA ADDL GESTATION | 76810 | CPT | | | | outpatient | | | 1961 | | Aetna | Better Health | 587.15 | 31.55 | | | 62 | 1767.95 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL >1ST TRIMESTER EA ADDL GESTATION | 76810 | CPT | | | | outpatient | | | 1961 | | Americare | Americare | 1395.75 | 75 | | | 62 | 1767.95 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL >1ST TRIMESTER EA ADDL GESTATION | 76810 | CPT | | | | outpatient | | | 1961 | | Corrections | Corrections | 1488.8 | 80 | | | 62 | 1767.95 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL >1ST TRIMESTER EA ADDL GESTATION | 76810 | CPT | | | | outpatient | | | 1961 | | Consumer | Consumer | 1767.95 | 95 | | | 62 | 1767.95 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL >1ST TRIMESTER EA ADDL GESTATION | 76810 | CPT | | | | outpatient | | | 1961 | | Amerihealth | HMO/PPO | 62 | | | | 62 | 1767.95 | fee schedule | |
| HC US PREG UTERUS TRANSABDL >1ST TRIMESTER EA ADDL GESTATION | 76810 | CPT | | | | outpatient | | | 1961 | | Qualcare | Qualcare | 1395.75 | 75 | | | 62 | 1767.95 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL >1ST TRIMESTER EA ADDL GESTATION | 76810 | CPT | | | | outpatient | | | 1961 | | Three Rivers | Three Rivers | 1767.95 | 95 | | | 62 | 1767.95 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL >1ST TRIMESTER EA ADDL GESTATION | 76810 | CPT | | | | outpatient | | | 1961 | | Horizon | MGD | 712.39 | 38.28 | | | 62 | 1767.95 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL >1ST TRIMESTER EA ADDL GESTATION | 76810 | CPT | | | | outpatient | | | 1961 | | First Health | First Health | 1302.7 | 70 | | | 62 | 1767.95 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL >1ST TRIMESTER EA ADDL GESTATION | 76810 | CPT | | | | outpatient | | | 1961 | | Horizon | Medicare Blue | 558.3 | 30 | | | 62 | 1767.95 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL >1ST TRIMESTER EA ADDL GESTATION | 76810 | CPT | | | | outpatient | | | 1961 | | First Trenton | First Trenton | 1674.9 | 90 | | | 62 | 1767.95 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL >1ST TRIMESTER EA ADDL GESTATION | 76810 | CPT | | | | outpatient | | | 1961 | | Multiplan | Multiplan | 1488.8 | 80 | | | 62 | 1767.95 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL >1ST TRIMESTER EA ADDL GESTATION | 76810 | CPT | | | | outpatient | | | 1961 | | Wellcare | Medicaid | 587.15 | 31.55 | | | 62 | 1767.95 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL >1ST TRIMESTER EA ADDL GESTATION | 76810 | CPT | | | | outpatient | | | 1961 | | UHC | Medicaid | 587.15 | 31.55 | | | 62 | 1767.95 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL >1ST TRIMESTER EA ADDL GESTATION | 76810 | CPT | | | | outpatient | | | 1961 | | Horizon | NJ Health | 252.31 | | | | 62 | 1767.95 | fee schedule | |
| HC US PREG UTERUS TRANSABDL >1ST TRIMESTER EA ADDL GESTATION | 76810 | CPT | | | | outpatient | | | 1961 | | Managed Care Inc | Managed Care Inc | 1674.9 | 90 | | | 62 | 1767.95 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL >1ST TRIMESTER EA ADDL GESTATION | 76810 | CPT | | | | outpatient | | | 1961 | | WellPoint | WellPoint | 598.87 | 32.18 | | | 62 | 1767.95 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL W DETAIL FETAL ANAT 1ST GESTATION | 76811 | CPT | | | | outpatient | | | 853 | 322.28 | Corrections | Corrections | 682.4 | 80 | | | 78.95 | 810.35 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL W DETAIL FETAL ANAT 1ST GESTATION | 76811 | CPT | | | | outpatient | | | 853 | 322.28 | Aetna | Medicare | 280.24 | | | | 78.95 | 810.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRANSABDL W DETAIL FETAL ANAT 1ST GESTATION | 76811 | CPT | | | | outpatient | | | 853 | 322.28 | Horizon | MGD | 542.26 | | | 457.45 | 78.95 | 810.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRANSABDL W DETAIL FETAL ANAT 1ST GESTATION | 76811 | CPT | | | | outpatient | | | 853 | 322.28 | Americare | Americare | 639.75 | 75 | | | 78.95 | 810.35 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL W DETAIL FETAL ANAT 1ST GESTATION | 76811 | CPT | | | | outpatient | | | 853 | 322.28 | Aetna | Commercial | 324.14 | 38 | | 257 | 78.95 | 810.35 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL W DETAIL FETAL ANAT 1ST GESTATION

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC US PREG UTERUS TRANSABDL W DETAIL FETAL ANAT 1ST GESTATION | 76811 | CPT | | | | outpatient | | | 853 | 322.28 | Horizon | Indemnity | 542.26 | | | | 78.95 | 810.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRANSABDL W DETAIL FETAL ANAT 1ST GESTATION | 76811 | CPT | | | | outpatient | | | 853 | 322.28 | WellPoint | WellPoint | 274.5 | 32.18 | | 249.31 | 78.95 | 810.35 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL W DETAIL FETAL ANAT 1ST GESTATION | 76811 | CPT | | | | outpatient | | | 853 | 322.28 | First Health | First Health | 597.1 | 70 | | | 78.95 | 810.35 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL W DETAIL FETAL ANAT 1ST GESTATION | 76811 | CPT | | | | outpatient | | | 853 | 322.28 | Managed Care Inc | Managed Care Inc | 767.7 | 90 | | | 78.95 | 810.35 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL W DETAIL FETAL ANAT 1ST GESTATION | 76811 | CPT | | | | outpatient | | | 853 | 322.28 | Horizon | NJ Health | 399.84 | | | 267.01 | 78.95 | 810.35 | fee schedule | |
| HC US PREG UTERUS TRANSABDL W DETAIL FETAL ANAT 1ST GESTATION | 76811 | CPT | | | | outpatient | | | 853 | 322.28 | UHC | Medicaid | 269.12 | 31.55 | | 240.61 | 78.95 | 810.35 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL W DETAIL FETAL ANAT 1ST GESTATION | 76811 | CPT | | | | outpatient | | | 853 | 322.28 | UHC | Medicare | 280.24 | | | | 78.95 | 810.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRANSABDL W DETAIL FETAL ANAT EXAM EA GESTAT | 76812 | CPT | | | | outpatient | | | 663.82 | | Americare | Americare | 497.87 | 75 | | | 78.95 | 630.63 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL W DETAIL FETAL ANAT EXAM EA GESTAT | 76812 | CPT | | | | outpatient | | | 663.82 | | First Health | First Health | 464.67 | 70 | | | 78.95 | 630.63 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL W DETAIL FETAL ANAT EXAM EA GESTAT | 76812 | CPT | | | | outpatient | | | 663.82 | | First Trenton | First Trenton | 597.44 | 90 | | | 78.95 | 630.63 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL W DETAIL FETAL ANAT EXAM EA GESTAT | 76812 | CPT | | | | outpatient | | | 663.82 | | Aetna | Commercial | 252.25 | 38 | | | 78.95 | 630.63 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL W DETAIL FETAL ANAT EXAM EA GESTAT | 76812 | CPT | | | | outpatient | | | 663.82 | | Amerihealth | HMO/PPO | 78.95 | | | | 78.95 | 630.63 | fee schedule | |
| HC US PREG UTERUS TRANSABDL W DETAIL FETAL ANAT EXAM EA GESTAT | 76812 | CPT | | | | outpatient | | | 663.82 | | Aetna | Better Health | 209.44 | 31.55 | | | 78.95 | 630.63 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL W DETAIL FETAL ANAT EXAM EA GESTAT | 76812 | CPT | | | | outpatient | | | 663.82 | | Aetna | Medicare | 204.46 | 30.8 | | | 78.95 | 630.63 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL W DETAIL FETAL ANAT EXAM EA GESTAT | 76812 | CPT | | | | outpatient | | | 663.82 | | WellPoint | WellPoint | 213.62 | 32.18 | | | 78.95 | 630.63 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL W DETAIL FETAL ANAT EXAM EA GESTAT | 76812 | CPT | | | | outpatient | | | 663.82 | | Horizon | Indemnity | 254.11 | 38.28 | | | 78.95 | 630.63 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL W DETAIL FETAL ANAT EXAM EA GESTAT | 76812 | CPT | | | | outpatient | | | 663.82 | | Multiplan | Multiplan | 531.06 | 80 | | | 78.95 | 630.63 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL W DETAIL FETAL ANAT EXAM EA GESTAT | 76812 | CPT | | | | outpatient | | | 663.82 | | Horizon | NJ Health | 239.12 | | | | 78.95 | 630.63 | fee schedule | |
| HC US PREG UTERUS TRANSABDL W DETAIL FETAL ANAT EXAM EA GESTAT | 76812 | CPT | | | | outpatient | | | 663.82 | | Consumer | Consumer | 630.63 | 95 | | | 78.95 | 630.63 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL W DETAIL FETAL ANAT EXAM EA GESTAT | 76812 | CPT | | | | outpatient | | | 663.82 | | Corrections | Corrections | 531.06 | 80 | | | 78.95 | 630.63 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL W DETAIL FETAL ANAT EXAM EA GESTAT | 76812 | CPT | | | | outpatient | | | 663.82 | | Qualcare | Qualcare | 497.87 | 75 | | | 78.95 | 630.63 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL W DETAIL FETAL ANAT EXAM EA GESTAT | 76812 | CPT | | | | outpatient | | | 663.82 | | Horizon | PPO | 254.11 | 38.28 | | | 78.95 | 630.63 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL W DETAIL FETAL ANAT EXAM EA GESTAT | 76812 | CPT | | | | outpatient | | | 663.82 | | Horizon | Medicare Blue | 199.15 | 30 | | | 78.95 | 630.63 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL W DETAIL FETAL ANAT EXAM EA GESTAT | 76812 | CPT | | | | outpatient | | | 663.82 | | Horizon | MGD | 254.11 | 38.28 | | | 78.95 | 630.63 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL W DETAIL FETAL ANAT EXAM EA GESTAT | 76812 | CPT | | | | outpatient | | | 663.82 | | Wellcare | Medicaid | 209.44 | 31.55 | | | 78.95 | 630.63 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL W DETAIL FETAL ANAT EXAM EA GESTAT | 76812 | CPT | | | | outpatient | | | 663.82 | | Managed Care Inc | Managed Care Inc | 597.44 | 90 | | | 78.95 | 630.63 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL W DETAIL FETAL ANAT EXAM EA GESTAT | 76812 | CPT | | | | outpatient | | | 663.82 | | UHC | Medicaid | 209.44 | 31.55 | | | 78.95 | 630.63 | percent of total billed charges | |
| HC US PREG UTERUS TRANSABDL W DETAIL FETAL ANAT EXAM EA GESTAT | 76812 | CPT | | | | outpatient | | | 663.82 | | Three Rivers | Three Rivers | 630.63 | 95 | | | 78.95 | 630.63 | percent of total billed charges | |
| HC US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION | 76813 | CPT | | | | outpatient | | | 390 | 144.6 | First Health | First Health | 273 | 70 | | | 96.1 | 370.5 | percent of total billed charges | |
| HC US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION | 76813 | CPT | | | | outpatient | | | 390 | 144.6 | Amerihealth | HMO/PPO | 96.1 | | | | 96.1 | 370.5 | fee schedule | |
| HC US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION | 76813 | CPT | | | | outpatient | | | 390 | 144.6 | Aetna | Commercial | 148.2 | 38 | | | 96.1 | 370.5 | percent of total billed charges | |
| HC US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION | 76813 | CPT | | | | outpatient | | | 390 | 144.6 | Consumer | Consumer | 370.5 | 95 | | | 96.1 | 370.5 | percent of total billed charges | |
| HC US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION | 76813 | CPT | | | | outpatient | | | 390 | 144.6 | Horizon | PPO | 243.31 | | | | 96.1 | 370.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION | 76813 | CPT | | | | outpatient | | | 390 | 144.6 | Aetna | Better Health | 123.05 | 31.55 | | | 96.1 | 370.5 | percent of total billed charges | |
| HC US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION | 76813 | CPT | | | | outpatient | | | 390 | 144.6 | Aetna | Medicare | 125.74 | | | | 96.1 | 370.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION | 76813 | CPT | | | | outpatient | | | 390 | 144.6 | Americare | Americare | 292.5 | 75 | | | 96.1 | 370.5 | percent of total billed charges | |
| HC US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION | 76813 | CPT | | | | outpatient | | | 390 | 144.6 | Horizon | NJ Health | 130.83 | | | 130.83 | 96.1 | 370.5 | fee schedule | |
| HC US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION | 76813 | CPT | | | | outpatient | | | 390 | 144.6 | Horizon | MGD | 243.31 | | | | 96.1 | 370.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION | 76813 | CPT | | | | outpatient | | | 390 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 96.1 | 370.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION | 76813 | CPT | | | | outpatient | | | 390 | 144.6 | Corrections | Corrections | 312 | 80 | | | 96.1 | 370.5 | percent of total billed charges | |
| HC US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION | 76813 | CPT | | | | outpatient | | | 390 | 144.6 | WellPoint | WellPoint | 125.5 | 32.18 | | | 96.1 | 370.5 | percent of total billed charges | |
| HC US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION | 76813 | CPT | | | | outpatient | | | 390 | 144.6 | UHC | Medicare | 125.74 | | | | 96.1 | 370.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION | 76813 | CPT | | | | outpatient | | | 390 | 144.6 | Wellcare | Medicaid | 123.05 | 31.55 | | | 96.1 | 370.5 | percent of total billed charges | |
| HC US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION | 76813 | CPT | | | | outpatient | | | 390 | 144.6 | First Trenton | First Trenton | 351 | 90 | | | 96.1 | 370.5 | percent of total billed charges | |
| HC US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION | 76813 | CPT | | | | outpatient | | | 390 | 144.6 | Multiplan | Multiplan | 312 | 80 | | | 96.1 | 370.5 | percent of total billed charges | |
| HC US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION | 76813 | CPT | | | | outpatient | | | 390 | 144.6 | UHC | Medicaid | 123.05 | 31.55 | | | 96.1 | 370.5 | percent of total billed charges | |
| HC US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION | 76813 | CPT | | | | outpatient | | | 390 | 144.6 | Qualcare | Qualcare | 292.5 | 75 | | | 96.1 | 370.5 | percent of total billed charges | |
| HC US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION | 76813 | CPT | | | | outpatient | | | 390 | 144.6 | Horizon | Indemnity | 243.31 | | | | 96.1 | 370.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION | 76813 | CPT | | | | outpatient | | | 390 | 144.6 | Wellcare | Medicare | 125.74 | | | | 96.1 | 370.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION | 76813 | CPT | | | | outpatient | | | 390 | 144.6 | Three Rivers | Three Rivers | 370.5 | 95 | | | 96.1 | 370.5 | percent of total billed charges | |
| HC US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION | 76813 | CPT | | | | outpatient | | | 390 | 144.6 | Managed Care Inc | Managed Care Inc | 351 | 90 | | | 96.1 | 370.5 | percent of total billed charges | |
| HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION | 76814 | CPT | | | | outpatient | | | 108.29 | | Aetna | Medicare | 33.35 | 30.8 | | | 23.09 | 102.88 | percent of total billed charges | |
| HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION | 76814 | CPT | | | | outpatient | | | 108.29 | | Multiplan | Multiplan | 86.63 | 80 | | | 23.09 | 102.88 | percent of total billed charges | |
| HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION | 76814 | CPT | | | | outpatient | | | 108.29 | | First Trenton | First Trenton | 97.46 | 90 | | | 23.09 | 102.88 | percent of total billed charges | |
| HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION | 76814 | CPT | | | | outpatient | | | 108.29 | | Americare | Americare | 81.22 | 75 | | | 23.09 | 102.88 | percent of total billed charges | |
| HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION | 76814 | CPT | | | | outpatient | | | 108.29 | | Amerihealth | HMO/PPO | 23.09 | | | | 23.09 | 102.88 | fee schedule | |
| HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION | 76814 | CPT | | | | outpatient | | | 108.29 | | Aetna | Better Health | 34.17 | 31.55 | | | 23.09 | 102.88 | percent of total billed charges | |
| HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION | 76814 | CPT | | | | outpatient | | | 108.29 | | Horizon | PPO | 41.45 | 38.28 | | | 23.09 | 102.88 | percent of total billed charges | |
| HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION | 76814 | CPT | | | | outpatient | | | 108.29 | | Consumer | Consumer | 102.88 | 95 | | | 23.09 | 102.88 | percent of total billed charges | |
| HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION | 76814 | CPT | | | | outpatient | | | 108.29 | | First Health | First Health | 75.8 | 70 | | | 23.09 | 102.88 | percent of total billed charges | |
| HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION | 76814 | CPT | | | | outpatient | | | 108.29 | | Qualcare | Qualcare | 81.22 | 75 | | | 23.09 | 102.88 | percent of total billed charges | |
| HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION | 76814 | CPT | | | | outpatient | | | 108.29 | | Managed Care Inc | Managed Care Inc | 97.46 | 90 | | | 23.09 | 102.88 | percent of total billed charges | |
| HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION | 76814 | CPT | | | | outpatient | | | 108.29 | | Horizon | NJ Health | 38.36 | | | | 23.09 | 102.88 | fee schedule | |
| HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION | 76814 | CPT | | | | outpatient | | | 108.29 | | Horizon | MGD | 41.45 | 38.28 | | | 23.09 | 102.88 | percent of total billed charges | |
| HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION | 76814 | CPT | | | | outpatient | | | 108.29 | | Horizon | Medicare Blue | 32.49 | 30 | | | 23.09 | 102.88 | percent of total billed charges | |
| HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION | 76814 | CPT | | | | outpatient | | | 108.29 | | UHC | Medicaid | 34.17 | 31.55 | | | 23.09 | 102.88 | percent of total billed charges | |
| HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION | 76814 | CPT | | | | outpatient | | | 108.29 | | Corrections | Corrections | 86.63 | 80 | | | 23.09 | 102.88 | percent of total billed charges | |
| HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION | 76814 | CPT | | | | outpatient | | | 108.29 | | Wellcare | Medicaid | 34.17 | 31.55 | | | 23.09 | 102.88 | percent of total billed charges | |
| HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION | 76814 | CPT | | | | outpatient | | | 108.29 | | WellPoint | WellPoint | 34.85 | 32.18 | | | 23.09 | 102.88 | percent of total billed charges | |
| HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION | 76814 | CPT | | | | outpatient | | | 108.29 | | Three Rivers | Three Rivers | 102.88 | 95 | | | 23.09 | 102.88 | percent of total billed charges | |
| HC US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION | 76814 | CPT | | | | outpatient | | | 108.29 | | Horizon | Indemnity | 41.45 | 38.28 | | | 23.09 | 102.88 | percent of total billed charges | |
| HC US PREG UTERUS TRNSABDL LIMITED 1/> FETUSES; PORTABLE | 76815 | CPT | | | | both | | | 535 | 144.6 | Americare | Americare | 401.25 | 75 | | | 53.32 | 508.25 | percent of total billed charges | |
| HC US PREG UTERUS TRNSABDL LIMITED 1/> FETUSES; PORTABLE | 76815 | CPT | | | | both | | | 535 | 144.6 | Aetna | Commercial | 203.3 | 38 | | 69.3 | 53.32 | 508.25 | percent of total billed charges | |
| HC US PREG UTERUS TRNSABDL LIMITED 1/> FETUSES; PORTABLE | 76815 | CPT | | | | both | | | 535 | 144.6 | Managed Care Inc | Managed Care Inc | 481.5 | 90 | | | 53.32 | 508.25 | percent of total billed charges | |
| HC US PREG UTERUS TRNSABDL LIMITED 1/> FETUSES; PORTABLE | 76815 | CPT | | | | both | | | 535 | 144.6 | Aetna | Medicare | 125.74 | | | | 53.32 | 508.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRNSABDL LIMITED 1/> FETUSES; PORTABLE | 76815 | CPT | | | | both | | | 535 | 144.6 | Amerihealth | HMO/PPO | 53.32 | | | 44.25 | 53.32 | 508.25 | fee schedule | |
| HC US PREG UTERUS TRNSABDL LIMITED 1/> FETUSES; PORTABLE | 76815 | CPT | | | | both | | | 535 | 144.6 | Aetna | Better Health | 168.79 | 31.55 | | 163.65 | 53.32 | 508.25 | percent of total billed charges | |
| HC US PREG UTERUS TRNSABDL LIMITED 1/> FETUSES; PORTABLE | 76815 | CPT | | | | both | | | 535 | 144.6 | First Trenton | First Trenton | 481.5 | 90 | | | 53.32 | 508.25 | percent of total billed charges | |
| HC US PREG UTERUS TRNSABDL LIMITED 1/> FETUSES; PORTABLE | 76815 | CPT | | | | both | | | 535 | 144.6 | Horizon | MGD | 243.31 | | | 107.13 | 53.32 | 508.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRNSABDL LIMITED 1/> FETUSES; PORTABLE | 76815 | CPT | | | | both | | | 535 | 144.6 | Horizon | Indemnity | 243.31 | | | 122.93 | 53.32 | 508.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRNSABDL LIMITED 1/> FETUSES; PORTABLE | 76815 | CPT | | | | both | | | 535 | 144.6 | First Health | First Health | 374.5 | 70 | | | 53.32 | 508.25 | percent of total billed charges | |
| HC US PREG UTERUS TRNSABDL LIMITED 1/> FETUSES; PORTABLE | 76815 | CPT | | | | both | | | 535 | 144.6 | UHC | Medicare | 125.74 | | | | 53.32 | 508.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRNSABDL LIMITED 1/> FETUSES; PORTABLE | 76815 | CPT | | | | both | | | 535 | 144.6 | Consumer | Consumer | 508.25 | 95 | | | 53.32 | 508.25 | percent of total billed charges | |
| HC US PREG UTERUS TRNSABDL LIMITED 1/> FETUSES; PORTABLE | 76815 | CPT | | | | both | | | 535 | 144.6 | Horizon | PPO | 243.31 | | | 118.4 | 53.32 | 508.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRNSABDL LIMITED 1/> FETUSES; PORTABLE | 76815 | CPT | | | | both | | | 535 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 53.32 | 508.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRNSABDL LIMITED 1/> FETUSES; PORTABLE | 76815 | CPT | | | | both | | | 535 | 144.6 | Wellcare | Medicaid | 168.79 | 31.55 | | 119.33 | 53.32 | 508.25 | percent of total billed charges | |
| HC US PREG UTERUS TRNSABDL LIMITED 1/> FETUSES; PORTABLE | 76815 | CPT | | | | both | | | 535 | 144.6 | UHC | Medicaid | 168.79 | 31.55 | | 105.59 | 53.32 | 508.25 | percent of total billed charges | |
| HC US PREG UTERUS TRNSABDL LIMITED 1/> FETUSES; PORTABLE | 76815 | CPT | | | | both | | | 535 | 144.6 | Three Rivers | Three Rivers | 508.25 | 95 | | | 53.32 | 508.25 | percent of total billed charges | |
| HC US PREG UTERUS TRNSABDL LIMITED 1/> FETUSES; PORTABLE | 76815 | CPT | | | | both | | | 535 | 144.6 | Corrections | Corrections | 428 | 80 | | | 53.32 | 508.25 | percent of total billed charges | |
| HC US PREG UTERUS TRNSABDL LIMITED 1/> FETUSES; PORTABLE | 76815 | CPT | | | | both | | | 535 | 144.6 | Horizon | NJ Health | 68.6 | | | 44.54 | 53.32 | 508.25 | fee schedule | |
| HC US PREG UTERUS TRNSABDL LIMITED 1/> FETUSES; PORTABLE | 76815 | CPT | | | | both | | | 535 | 144.6 | WellPoint | WellPoint | 172.16 | 32.18 | | 145.82 | 53.32 | 508.25 | percent of total billed charges | |
| HC US PREG UTERUS TRNSABDL LIMITED 1/> FETUSES; PORTABLE | 76815 | CPT | | | | both | | | 535 | 144.6 | Wellcare | Medicare | 125.74 | | | | 53.32 | 508.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRNSABDL LIMITED 1/> FETUSES; PORTABLE | 76815 | CPT | | | | both | | | 535 | 144.6 | Multiplan | Multiplan | 428 | 80 | | | 53.32 | 508.25 | percent of total billed charges | |
| HC US PREG UTERUS TRNSABDL LIMITED 1/> FETUSES; PORTABLE | 76815 | CPT | | | | both | | | 535 | 144.6 | Qualcare | Qualcare | 401.25 | 75 | | | 53.32 | 508.25 | percent of total billed charges | |
| HC US PREG UTERUS TRNSABDL FOLLOWUP PER FETUS | 76816 | CPT | | | | outpatient | | | 505 | 144.6 | Wellcare | Medicaid | 159.33 | 31.55 | | 147.52 | 44.02 | 479.75 | percent of total billed charges | |
| HC US PREG UTERUS TRNSABDL FOLLOWUP PER FETUS | 76816 | CPT | | | | outpatient | | | 505 | 144.6 | Americare | Americare | 378.75 | 75 | | | 44.02 | 479.75 | percent of total billed charges | |
| HC US PREG UTERUS TRNSABDL FOLLOWUP PER FETUS | 76816 | CPT | | | | outpatient | | | 505 | 144.6 | Multiplan | Multiplan | 404 | 80 | | | 44.02 | 479.75 | percent of total billed charges | |
| HC US PREG UTERUS TRNSABDL FOLLOWUP PER FETUS | 76816 | CPT | | | | outpatient | | | 505 | 144.6 | Aetna | Commercial | 191.9 | 38 | | 194.83 | 44.02 | 479.75 | percent of total billed charges | |
| HC US PREG UTERUS TRNSABDL FOLLOWUP PER FETUS | 76816 | CPT | | | | outpatient | | | 505 | 144.6 | Consumer | Consumer | 479.75 | 95 | | | 44.02 | 479.75 | percent of total billed charges | |
| HC US PREG UTERUS TRNSABDL FOLLOWUP PER FETUS | 76816 | CPT | | | | outpatient | | | 505 | 144.6 | Amerihealth | HMO/PPO | 44.02 | | | | 44.02 | 479.75 | fee schedule | |
| HC US PREG UTERUS TRNSABDL FOLLOWUP PER FETUS | 76816 | CPT | | | | outpatient | | | 505 | 144.6 | Aetna | Better Health | 159.33 | 31.55 | | | 44.02 | 479.75 | percent of total billed charges | |
| HC US PREG UTERUS TRNSABDL FOLLOWUP PER FETUS | 76816 | CPT | | | | outpatient | | | 505 | 144.6 | Horizon | NJ Health | 68.6 | | | 50.06 | 44.02 | 479.75 | fee schedule | |
| HC US PREG UTERUS TRNSABDL FOLLOWUP PER FETUS | 76816 | CPT | | | | outpatient | | | 505 | 144.6 | First Health | First Health | 353.5 | 70 | | | 44.02 | 479.75 | percent of total billed charges | |
| HC US PREG UTERUS TRNSABDL FOLLOWUP PER FETUS | 76816 | CPT | | | | outpatient | | | 505 | 144.6 | First Trenton | First Trenton | 454.5 | 90 | | | 44.02 | 479.75 | percent of total billed charges | |
| HC US PREG UTERUS TRNSABDL FOLLOWUP PER FETUS | 76816 | CPT | | | | outpatient | | | 505 | 144.6 | Qualcare | Qualcare | 378.75 | 75 | | | 44.02 | 479.75 | percent of total billed charges | |
| HC US PREG UTERUS TRNSABDL FOLLOWUP PER FETUS | 76816 | CPT | | | | outpatient | | | 505 | 144.6 | UHC | Medicare | 125.74 | | | | 44.02 | 479.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRNSABDL FOLLOWUP PER FETUS | 76816 | CPT | | | | outpatient | | | 505 | 144.6 | WellPoint | WellPoint | 162.51 | 32.18 | | 90.19 | 44.02 | 479.75 | percent of total billed charges | |
| HC US PREG UTERUS TRNSABDL FOLLOWUP PER FETUS | 76816 | CPT | | | | outpatient | | | 505 | 144.6 | Horizon | MGD | 243.31 | | | 232.12 | 44.02 | 479.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRNSABDL FOLLOWUP PER FETUS | 76816 | CPT | | | | outpatient | | | 505 | 144.6 | Aetna | Medicare | 125.74 | | | | 44.02 | 479.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRNSABDL FOLLOWUP PER FETUS | 76816 | CPT | | | | outpatient | | | 505 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 44.02 | 479.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRNSABDL FOLLOWUP PER FETUS | 76816 | CPT | | | | outpatient | | | 505 | 144.6 | UHC | Medicaid | 159.33 | 31.55 | | 117.76 | 44.02 | 479.75 | percent of total billed charges | |
| HC US PREG UTERUS TRNSABDL FOLLOWUP PER FETUS | 76816 | CPT | | | | outpatient | | | 505 | 144.6 | Horizon | PPO | 243.31 | | | 174 | 44.02 | 479.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRNSABDL FOLLOWUP PER FETUS | 76816 | CPT | | | | outpatient | | | 505 | 144.6 | Corrections | Corrections | 404 | 80 | | | 44.02 | 479.75 | percent of total billed charges | |
| HC US PREG UTERUS TRNSABDL FOLLOWUP PER FETUS | 76816 | CPT | | | | outpatient | | | 505 | 144.6 | Managed Care Inc | Managed Care Inc | 454.5 | 90 | | | 44.02 | 479.75 | percent of total billed charges | |
| HC US PREG UTERUS TRNSABDL FOLLOWUP PER FETUS | 76816 | CPT | | | | outpatient | | | 505 | 144.6 | Horizon | Indemnity | 243.31 | | | 232.12 | 44.02 | 479.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRNSABDL FOLLOWUP PER FETUS | 76816 | CPT | | | | outpatient | | | 505 | 144.6 | Three Rivers | Three Rivers | 479.75 | 95 | | | 44.02 | 479.75 | percent of total billed charges | |
| HC US PREG UTERUS TRNSABDL FOLLOWUP PER FETUS | 76816 | CPT | | | | outpatient | | | 505 | 144.6 | Wellcare | Medicare | 125.74 | | | | 44.02 | 479.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRANSVAG; PORTABLE | 76817 | CPT | | | | both | | | 487.5 | 144.6 | Aetna | Better Health | 153.81 | 31.55 | | | 62 | 463.13 | percent of total billed charges | |
| HC US PREG UTERUS TRANSVAG; PORTABLE | 76817 | CPT | | | | both | | | 487.5 | 144.6 | Consumer | Consumer | 463.13 | 95 | | | 62 | 463.13 | percent of total billed charges | |
| HC US PREG UTERUS TRANSVAG; PORTABLE | 76817 | CPT | | | | both | | | 487.5 | 144.6 | Aetna | Medicare | 125.74 | | | | 62 | 463.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRANSVAG; PORTABLE | 76817 | CPT | | | | both | | | 487.5 | 144.6 | Horizon | NJ Health | 158.76 | 62 | | 79.62 | 62 | 463.13 | fee schedule | |
| HC US PREG UTERUS TRANSVAG; PORTABLE | 76817 | CPT | | | | both | | | 487.5 | 144.6 | Corrections | Corrections | 390 | 80 | | | 62 | 463.13 | percent of total billed charges | |
| HC US PREG UTERUS TRANSVAG; PORTABLE | 76817 | CPT | | | | both | | | 487.5 | 144.6 | First Health | First Health | 341.25 | 70 | | | 62 | 463.13 | percent of total billed charges | |
| HC US PREG UTERUS TRANSVAG; PORTABLE | 76817 | CPT | | | | both | | | 487.5 | 144.6 | Americare | Americare | 365.63 | 75 | | | 62 | 463.13 | percent of total billed charges | |
| HC US PREG UTERUS TRANSVAG; PORTABLE | 76817 | CPT | | | | both | | | 487.5 | 144.6 | First Trenton | First Trenton | 438.75 | 90 | | | 62 | 463.13 | percent of total billed charges | |
| HC US PREG UTERUS TRANSVAG; PORTABLE | 76817 | CPT | | | | both | | | 487.5 | 144.6 | Aetna | Commercial | 185.25 | 38 | | | 62 | 463.13 | percent of total billed charges | |
| HC US PREG UTERUS TRANSVAG; PORTABLE | 76817 | CPT | | | | both | | | 487.5 | 144.6 | Horizon | Indemnity | 243.31 | | | 97.69 | 62 | 463.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRANSVAG; PORTABLE | 76817 | CPT | | | | both | | | 487.5 | 144.6 | Amerihealth | HMO/PPO | 62 | | | | 62 | 463.13 | fee schedule | |
| HC US PREG UTERUS TRANSVAG; PORTABLE | 76817 | CPT | | | | both | | | 487.5 | 144.6 | UHC | Medicare | 125.74 | | | | 62 | 463.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRANSVAG; PORTABLE | 76817 | CPT | | | | both | | | 487.5 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 62 | 463.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRANSVAG; PORTABLE | 76817 | CPT | | | | both | | | 487.5 | 144.6 | Multiplan | Multiplan | 390 | 80 | | | 62 | 463.13 | percent of total billed charges | |
| HC US PREG UTERUS TRANSVAG; PORTABLE | 76817 | CPT | | | | both | | | 487.5 | 144.6 | Horizon | PPO | 243.31 | | | | 62 | 463.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRANSVAG; PORTABLE | 76817 | CPT | | | | both | | | 487.5 | 144.6 | Horizon | MGD | 243.31 | | | 111.51 | 62 | 463.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PREG UTERUS TRANSVAG; PORTABLE | 76817 | CPT | | | | both | | | 487.5 | 144.6 | Managed Care Inc | Managed Care Inc | 438.75 | 90 | | | 62 | 463.13 | percent of total billed charges | |
| HC US PREG UTERUS TRANSVAG; PORTABLE | 76817 | CPT | | | | both | | | 487.5 | 144.6 | Qualcare | Qualcare | 365.63 | 75 | | | 62 | 463.13 | percent of total billed charges | |
| HC US PREG UTERUS TRANSVAG; PORTABLE | 76817 | CPT | | | | both | | | 487.5 | 144.6 | Wellcare | Medicaid | 153.81 | 31.55 | | 99.82 | 62 | 463.13 | percent of total billed charges | |
| HC US PREG UTERUS TRANSVAG; PORTABLE | 76817 | CPT | | | | both | | | 487.5 | 144.6 | Three Rivers |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC US FETAL BIOPHYSICAL PROFILE W NONSTRESS TEST | 76818 | CPT | | | | outpatient | | | 517 | 144.6 | Multiplan | Multiplan | 413.6 | 80 | | | 86.8 | 86.8 | 491.15 percent of total billed charges | |
| HC US FETAL BIOPHYSICAL PROFILE W NONSTRESS TEST | 76818 | CPT | | | | outpatient | | | 517 | 144.6 | Horizon | Indemnity | 243.31 | | | | 86.8 | 86.8 | 491.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL BIOPHYSICAL PROFILE W NONSTRESS TEST | 76818 | CPT | | | | outpatient | | | 517 | 144.6 | Americare | Americare | 387.75 | 75 | | | 86.8 | 86.8 | 491.15 percent of total billed charges | |
| HC US FETAL BIOPHYSICAL PROFILE W NONSTRESS TEST | 76818 | CPT | | | | outpatient | | | 517 | 144.6 | UHC | Medicaid | 163.11 | 31.55 | | 79.15 | 86.8 | 86.8 | 491.15 percent of total billed charges | |
| HC US FETAL BIOPHYSICAL PROFILE W NONSTRESS TEST | 76818 | CPT | | | | outpatient | | | 517 | 144.6 | Horizon | NJ Health | 118.58 | | | 41 | 86.8 | 86.8 | 491.15 fee schedule | |
| HC US FETAL BIOPHYSICAL PROFILE W NONSTRESS TEST | 76818 | CPT | | | | outpatient | | | 517 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 86.8 | 86.8 | 491.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL BIOPHYSICAL PROFILE W NONSTRESS TEST | 76818 | CPT | | | | outpatient | | | 517 | 144.6 | Consumer | Consumer | 491.15 | 95 | | | 86.8 | 86.8 | 491.15 percent of total billed charges | |
| HC US FETAL BIOPHYSICAL PROFILE W NONSTRESS TEST | 76818 | CPT | | | | outpatient | | | 517 | 144.6 | Horizon | MGD | 243.31 | | | | 86.8 | 86.8 | 491.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL BIOPHYSICAL PROFILE W NONSTRESS TEST | 76818 | CPT | | | | outpatient | | | 517 | 144.6 | Qualcare | Qualcare | 387.75 | 75 | | | 86.8 | 86.8 | 491.15 percent of total billed charges | |
| HC US FETAL BIOPHYSICAL PROFILE W NONSTRESS TEST | 76818 | CPT | | | | outpatient | | | 517 | 144.6 | Managed Care Inc | Managed Care Inc | 465.3 | 90 | | | 86.8 | 86.8 | 491.15 percent of total billed charges | |
| HC US FETAL BIOPHYSICAL PROFILE W NONSTRESS TEST | 76818 | CPT | | | | outpatient | | | 517 | 144.6 | Three Rivers | Three Rivers | 491.15 | 95 | | | 86.8 | 86.8 | 491.15 percent of total billed charges | |
| HC US FETAL BIOPHYSICAL PROFILE W NONSTRESS TEST | 76818 | CPT | | | | outpatient | | | 517 | 144.6 | UHC | Medicare | 125.74 | | | | 86.8 | 86.8 | 491.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL BIOPHYSICAL PROFILE W NONSTRESS TEST | 76818 | CPT | | | | outpatient | | | 517 | 144.6 | Wellcare | Medicaid | 163.11 | 31.55 | | 61.98 | 86.8 | 86.8 | 491.15 percent of total billed charges | |
| HC US FETAL BIOPHYSICAL PROFILE W NONSTRESS TEST | 76818 | CPT | | | | outpatient | | | 517 | 144.6 | WellPoint | WellPoint | 166.37 | 32.18 | | 79.84 | 86.8 | 86.8 | 491.15 percent of total billed charges | |
| HC US FETAL BIOPHYSICAL PROFILE W NONSTRESS TEST | 76818 | CPT | | | | outpatient | | | 517 | 144.6 | Wellcare | Medicare | 125.74 | | | | 86.8 | 86.8 | 491.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL BIOPHYSICAL PROFILE WO NONSTRESS TEST | 76819 | CPT | | | | both | | | 517 | 144.6 | Aetna | Commercial | 265.21 | | | | 77.5 | 77.5 | 491.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL BIOPHYSICAL PROFILE WO NONSTRESS TEST | 76819 | CPT | | | | both | | | 517 | 144.6 | Aetna | Better Health | 163.11 | 31.55 | | | 77.5 | 77.5 | 491.15 percent of total billed charges | |
| HC US FETAL BIOPHYSICAL PROFILE WO NONSTRESS TEST | 76819 | CPT | | | | both | | | 517 | 144.6 | Wellcare | Medicare | 125.74 | | | | 77.5 | 77.5 | 491.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL BIOPHYSICAL PROFILE WO NONSTRESS TEST | 76819 | CPT | | | | both | | | 517 | 144.6 | First Health | First Health | 361.9 | 70 | | | 77.5 | 77.5 | 491.15 percent of total billed charges | |
| HC US FETAL BIOPHYSICAL PROFILE WO NONSTRESS TEST | 76819 | CPT | | | | both | | | 517 | 144.6 | Horizon | PPO | 243.31 | | | 176.34 | 77.5 | 77.5 | 491.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL BIOPHYSICAL PROFILE WO NONSTRESS TEST | 76819 | CPT | | | | both | | | 517 | 144.6 | Aetna | Medicare | 125.74 | | | | 77.5 | 77.5 | 491.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL BIOPHYSICAL PROFILE WO NONSTRESS TEST | 76819 | CPT | | | | both | | | 517 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 77.5 | 77.5 | 491.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL BIOPHYSICAL PROFILE WO NONSTRESS TEST | 76819 | CPT | | | | both | | | 517 | 144.6 | UHC | Medicaid | 163.11 | 31.55 | | 68.37 | 77.5 | 77.5 | 491.15 percent of total billed charges | |
| HC US FETAL BIOPHYSICAL PROFILE WO NONSTRESS TEST | 76819 | CPT | | | | both | | | 517 | 144.6 | Americare | Americare | 387.75 | 75 | | | 77.5 | 77.5 | 491.15 percent of total billed charges | |
| HC US FETAL BIOPHYSICAL PROFILE WO NONSTRESS TEST | 76819 | CPT | | | | both | | | 517 | 144.6 | Consumer | Consumer | 491.15 | 95 | | | 77.5 | 77.5 | 491.15 percent of total billed charges | |
| HC US FETAL BIOPHYSICAL PROFILE WO NONSTRESS TEST | 76819 | CPT | | | | both | | | 517 | 144.6 | Horizon | MGD | 243.31 | | | 127.5 | 77.5 | 77.5 | 491.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL BIOPHYSICAL PROFILE WO NONSTRESS TEST | 76819 | CPT | | | | both | | | 517 | 144.6 | Horizon | NJ Health | 107.8 | | | 36.67 | 77.5 | 77.5 | 491.15 fee schedule | |
| HC US FETAL BIOPHYSICAL PROFILE WO NONSTRESS TEST | 76819 | CPT | | | | both | | | 517 | 144.6 | Multiplan | Multiplan | 413.6 | 80 | | | 77.5 | 77.5 | 491.15 percent of total billed charges | |
| HC US FETAL BIOPHYSICAL PROFILE WO NONSTRESS TEST | 76819 | CPT | | | | both | | | 517 | 144.6 | Corrections | Corrections | 413.6 | 80 | | | 77.5 | 77.5 | 491.15 percent of total billed charges | |
| HC US FETAL BIOPHYSICAL PROFILE WO NONSTRESS TEST | 76819 | CPT | | | | both | | | 517 | 144.6 | WellPoint | WellPoint | 166.37 | 32.18 | | 80.15 | 77.5 | 77.5 | 491.15 percent of total billed charges | |
| HC US FETAL BIOPHYSICAL PROFILE WO NONSTRESS TEST | 76819 | CPT | | | | both | | | 517 | 144.6 | UHC | Medicare | 125.74 | | | | 77.5 | 77.5 | 491.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL BIOPHYSICAL PROFILE WO NONSTRESS TEST | 76819 | CPT | | | | both | | | 517 | 144.6 | Amerihealth | HMO/PPO | 77.5 | | | | 77.5 | 77.5 | 491.15 fee schedule | |
| HC US FETAL BIOPHYSICAL PROFILE WO NONSTRESS TEST | 76819 | CPT | | | | both | | | 517 | 144.6 | First Trenton | First Trenton | 465.3 | 90 | | | 77.5 | 77.5 | 491.15 percent of total billed charges | |
| HC US FETAL BIOPHYSICAL PROFILE WO NONSTRESS TEST | 76819 | CPT | | | | both | | | 517 | 144.6 | Qualcare | Qualcare | 387.75 | 75 | | | 77.5 | 77.5 | 491.15 percent of total billed charges | |
| HC US FETAL BIOPHYSICAL PROFILE WO NONSTRESS TEST | 76819 | CPT | | | | both | | | 517 | 144.6 | Wellcare | Medicaid | 163.11 | 31.55 | | 110.64 | 77.5 | 77.5 | 491.15 percent of total billed charges | |
| HC US FETAL BIOPHYSICAL PROFILE WO NONSTRESS TEST | 76819 | CPT | | | | both | | | 517 | 144.6 | Horizon | Indemnity | 243.31 | | | 110.79 | 77.5 | 77.5 | 491.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL BIOPHYSICAL PROFILE WO NONSTRESS TEST | 76819 | CPT | | | | both | | | 517 | 144.6 | Managed Care Inc | Managed Care Inc | 465.3 | 90 | | | 77.5 | 77.5 | 491.15 percent of total billed charges | |
| HC US FETAL BIOPHYSICAL PROFILE WO NONSTRESS TEST | 76819 | CPT | | | | both | | | 517 | 144.6 | Three Rivers | Three Rivers | 491.15 | 95 | | | 77.5 | 77.5 | 491.15 percent of total billed charges | |
| HC US FETAL UMBILICAL ARTERY DOPPLER VELOCIMETRY | 76820 | CPT | | | | both | | | 390 | 144.6 | Horizon | Indemnity | 243.31 | | | 110.79 | 46.5 | 370.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL UMBILICAL ARTERY DOPPLER VELOCIMETRY | 76820 | CPT | | | | both | | | 390 | 144.6 | Three Rivers | Three Rivers | 370.5 | 95 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US FETAL UMBILICAL ARTERY DOPPLER VELOCIMETRY | 76820 | CPT | | | | both | | | 390 | 144.6 | Consumer | Consumer | 370.5 | 95 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US FETAL UMBILICAL ARTERY DOPPLER VELOCIMETRY | 76820 | CPT | | | | both | | | 390 | 144.6 | Aetna | Better Health | 123.05 | 31.55 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US FETAL UMBILICAL ARTERY DOPPLER VELOCIMETRY | 76820 | CPT | | | | both | | | 390 | 144.6 | Americare | Americare | 292.5 | 75 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US FETAL UMBILICAL ARTERY DOPPLER VELOCIMETRY | 76820 | CPT | | | | both | | | 390 | 144.6 | First Trenton | First Trenton | 351 | 90 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US FETAL UMBILICAL ARTERY DOPPLER VELOCIMETRY | 76820 | CPT | | | | both | | | 390 | 144.6 | Corrections | Corrections | 312 | 80 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US FETAL UMBILICAL ARTERY DOPPLER VELOCIMETRY | 76820 | CPT | | | | both | | | 390 | 144.6 | Aetna | Commercial | 148.2 | 38 | | 103.95 | 46.5 | 370.5 | percent of total billed charges | |
| HC US FETAL UMBILICAL ARTERY DOPPLER VELOCIMETRY | 76820 | CPT | | | | both | | | 390 | 144.6 | Horizon | NJ Health | 50.98 | | | 58.93 | 46.5 | 370.5 | fee schedule | |
| HC US FETAL UMBILICAL ARTERY DOPPLER VELOCIMETRY | 76820 | CPT | | | | both | | | 390 | 144.6 | Wellcare | Medicaid | 123.05 | 31.55 | | 112.42 | 46.5 | 370.5 | percent of total billed charges | |
| HC US FETAL UMBILICAL ARTERY DOPPLER VELOCIMETRY | 76820 | CPT | | | | both | | | 390 | 144.6 | Multiplan | Multiplan | 312 | 80 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US FETAL UMBILICAL ARTERY DOPPLER VELOCIMETRY | 76820 | CPT | | | | both | | | 390 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 46.5 | 370.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL UMBILICAL ARTERY DOPPLER VELOCIMETRY | 76820 | CPT | | | | both | | | 390 | 144.6 | Qualcare | Qualcare | 292.5 | 75 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US FETAL UMBILICAL ARTERY DOPPLER VELOCIMETRY | 76820 | CPT | | | | both | | | 390 | 144.6 | Horizon | PPO | 243.31 | | | | 46.5 | 370.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL UMBILICAL ARTERY DOPPLER VELOCIMETRY | 76820 | CPT | | | | both | | | 390 | 144.6 | Wellcare | Medicare | 125.74 | | | | 46.5 | 370.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL UMBILICAL ARTERY DOPPLER VELOCIMETRY | 76820 | CPT | | | | both | | | 390 | 144.6 | Aetna | Medicare | 125.74 | | | | 46.5 | 370.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL UMBILICAL ARTERY DOPPLER VELOCIMETRY | 76820 | CPT | | | | both | | | 390 | 144.6 | Managed Care Inc | Managed Care Inc | 351 | 90 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US FETAL UMBILICAL ARTERY DOPPLER VELOCIMETRY | 76820 | CPT | | | | both | | | 390 | 144.6 | UHC | Medicare | 125.74 | | | | 46.5 | 370.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL UMBILICAL ARTERY DOPPLER VELOCIMETRY | 76820 | CPT | | | | both | | | 390 | 144.6 | UHC | Medicaid | 123.05 | 31.55 | | 107.03 | 46.5 | 370.5 | percent of total billed charges | |
| HC US FETAL UMBILICAL ARTERY DOPPLER VELOCIMETRY | 76820 | CPT | | | | both | | | 390 | 144.6 | Amerihealth | HMO/PPO | 46.5 | | | | 46.5 | 370.5 | fee schedule | |
| HC US FETAL UMBILICAL ARTERY DOPPLER VELOCIMETRY | 76820 | CPT | | | | both | | | 390 | 144.6 | WellPoint | WellPoint | 125.5 | 32.18 | | 89.52 | 46.5 | 370.5 | percent of total billed charges | |
| HC US FETAL UMBILICAL ARTERY DOPPLER VELOCIMETRY | 76820 | CPT | | | | both | | | 390 | 144.6 | First Health | First Health | 273 | 70 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US FETAL UMBILICAL ARTERY DOPPLER VELOCIMETRY | 76820 | CPT | | | | both | | | 390 | 144.6 | Horizon | MGD | 243.31 | | | | 46.5 | 370.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL DOPPLER VELOCIMETRY MIDDLE CEREBRAL ARTERY | 76821 | CPT | | | | outpatient | | | 390 | 144.6 | Three Rivers | Three Rivers | 370.5 | 95 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US FETAL DOPPLER VELOCIMETRY MIDDLE CEREBRAL ARTERY | 76821 | CPT | | | | outpatient | | | 390 | 144.6 | First Health | First Health | 273 | 70 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US FETAL DOPPLER VELOCIMETRY MIDDLE CEREBRAL ARTERY | 76821 | CPT | | | | outpatient | | | 390 | 144.6 | First Trenton | First Trenton | 351 | 90 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US FETAL DOPPLER VELOCIMETRY MIDDLE CEREBRAL ARTERY | 76821 | CPT | | | | outpatient | | | 390 | 144.6 | Aetna | Medicare | 125.74 | | | | 46.5 | 370.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL DOPPLER VELOCIMETRY MIDDLE CEREBRAL ARTERY | 76821 | CPT | | | | outpatient | | | 390 | 144.6 | Amerihealth | HMO/PPO | 46.5 | | | | 46.5 | 370.5 | fee schedule | |
| HC US FETAL DOPPLER VELOCIMETRY MIDDLE CEREBRAL ARTERY | 76821 | CPT | | | | outpatient | | | 390 | 144.6 | Aetna | Better Health | 123.05 | 31.55 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US FETAL DOPPLER VELOCIMETRY MIDDLE CEREBRAL ARTERY | 76821 | CPT | | | | outpatient | | | 390 | 144.6 | Corrections | Corrections | 312 | 80 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US FETAL DOPPLER VELOCIMETRY MIDDLE CEREBRAL ARTERY | 76821 | CPT | | | | outpatient | | | 390 | 144.6 | Aetna | Commercial | 148.2 | 38 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US FETAL DOPPLER VELOCIMETRY MIDDLE CEREBRAL ARTERY | 76821 | CPT | | | | outpatient | | | 390 | 144.6 | Horizon | Indemnity | 243.31 | | | | 46.5 | 370.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL DOPPLER VELOCIMETRY MIDDLE CEREBRAL ARTERY | 76821 | CPT | | | | outpatient | | | 390 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 46.5 | 370.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL DOPPLER VELOCIMETRY MIDDLE CEREBRAL ARTERY | 76821 | CPT | | | | outpatient | | | 390 | 144.6 | Horizon | NJ Health | 110.21 | | | | 46.5 | 370.5 | fee schedule | |
| HC US FETAL DOPPLER VELOCIMETRY MIDDLE CEREBRAL ARTERY | 76821 | CPT | | | | outpatient | | | 390 | 144.6 | Horizon | MGD | 243.31 | | | | 46.5 | 370.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL DOPPLER VELOCIMETRY MIDDLE CEREBRAL ARTERY | 76821 | CPT | | | | outpatient | | | 390 | 144.6 | UHC | Medicare | 125.74 | | | | 46.5 | 370.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL DOPPLER VELOCIMETRY MIDDLE CEREBRAL ARTERY | 76821 | CPT | | | | outpatient | | | 390 | 144.6 | Americare | Americare | 292.5 | 75 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US FETAL DOPPLER VELOCIMETRY MIDDLE CEREBRAL ARTERY | 76821 | CPT | | | | outpatient | | | 390 | 144.6 | UHC | Medicaid | 123.05 | 31.55 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US FETAL DOPPLER VELOCIMETRY MIDDLE CEREBRAL ARTERY | 76821 | CPT | | | | outpatient | | | 390 | 144.6 | WellPoint | WellPoint | 125.5 | 32.18 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US FETAL DOPPLER VELOCIMETRY MIDDLE CEREBRAL ARTERY | 76821 | CPT | | | | outpatient | | | 390 | 144.6 | Managed Care Inc | Managed Care Inc | 351 | 90 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US FETAL DOPPLER VELOCIMETRY MIDDLE CEREBRAL ARTERY | 76821 | CPT | | | | outpatient | | | 390 | 144.6 | Multiplan | Multiplan | 312 | 80 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US FETAL DOPPLER VELOCIMETRY MIDDLE CEREBRAL ARTERY | 76821 | CPT | | | | outpatient | | | 390 | 144.6 | Wellcare | Medicare | 125.74 | | | | 46.5 | 370.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL DOPPLER VELOCIMETRY MIDDLE CEREBRAL ARTERY | 76821 | CPT | | | | outpatient | | | 390 | 144.6 | Horizon | PPO | 243.31 | | | | 46.5 | 370.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL DOPPLER VELOCIMETRY MIDDLE CEREBRAL ARTERY | 76821 | CPT | | | | outpatient | | | 390 | 144.6 | Consumer | Consumer | 370.5 | 95 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US FETAL DOPPLER VELOCIMETRY MIDDLE CEREBRAL ARTERY | 76821 | CPT | | | | outpatient | | | 390 | 144.6 | Qualcare | Qualcare | 292.5 | 75 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US FETAL DOPPLER VELOCIMETRY MIDDLE CEREBRAL ARTERY | 76821 | CPT | | | | outpatient | | | 390 | 144.6 | Wellcare | Medicaid | 123.05 | 31.55 | | | 46.5 | 370.5 | percent of total billed charges | |
| HC US FETAL ECHO CARDIOVASC SYSTEM 2D W OR WO M-MODE | 76825 | CPT | | | | both | | | 2975 | 725.57 | Aetna | Commercial | 1130.5 | 38 | | 829.07 | 69.44 | 2826.25 | percent of total billed charges | |
| HC US FETAL ECHO CARDIOVASC SYSTEM 2D W OR WO M-MODE | 76825 | CPT | | | | both | | | 2975 | 725.57 | Corrections | Corrections | 2380 | 80 | | | 69.44 | 2826.25 | percent of total billed charges | |
| HC US FETAL ECHO CARDIOVASC SYSTEM 2D W OR WO M-MODE | 76825 | CPT | | | | both | | | 2975 | 725.57 | UHC | Medicaid | 938.61 | 31.55 | | 869.64 | 69.44 | 2826.25 | percent of total billed charges | |
| HC US FETAL ECHO CARDIOVASC SYSTEM 2D W OR WO M-MODE | 76825 | CPT | | | | both | | | 2975 | 725.57 | Aetna | Medicare | 630.93 | | | | 69.44 | 2826.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL ECHO CARDIOVASC SYSTEM 2D W OR WO M-MODE | 76825 | CPT | | | | both | | | 2975 | 725.57 | Aetna | Better Health | 938.61 | 31.55 | | 938.61 | 69.44 | 2826.25 | percent of total billed charges | |
| HC US FETAL ECHO CARDIOVASC SYSTEM 2D W OR WO M-MODE | 76825 | CPT | | | | both | | | 2975 | 725.57 | Americare | Americare | 2231.25 | 75 | | | 69.44 | 2826.25 | percent of total billed charges | |
| HC US FETAL ECHO CARDIOVASC SYSTEM 2D W OR WO M-MODE | 76825 | CPT | | | | both | | | 2975 | 725.57 | Horizon | Indemnity | 1220.85 | | | 1344.18 | 69.44 | 2826.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL ECHO CARDIOVASC SYSTEM 2D W OR WO M-MODE | 76825 | CPT | | | | both | | | 2975 | 725.57 | Horizon | Medicare Blue | 630.93 | | | | 69.44 | 2826.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL ECHO CARDIOVASC SYSTEM 2D W OR WO M-MODE | 76825 | CPT | | | | both | | | 2975 | 725.57 | Amerihealth | HMO/PPO | 69.44 | | | | 69.44 | 2826.25 | fee schedule | |
| HC US FETAL ECHO CARDIOVASC SYSTEM 2D W OR WO M-MODE | 76825 | CPT | | | | both | | | 2975 | 725.57 | Wellcare | Medicaid | 938.61 | 31.55 | | 871.89 | 69.44 | 2826.25 | percent of total billed charges | |
| HC US FETAL ECHO CARDIOVASC SYSTEM 2D W OR WO M-MODE | 76825 | CPT | | | | both | | | 2975 | 725.57 | UHC | Medicare | 630.93 | | | | 69.44 | 2826.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL ECHO CARDIOVASC SYSTEM 2D W OR WO M-MODE | 76825 | CPT | | | | both | | | 2975 | 725.57 | Horizon | PPO | 1220.85 | | | 1047.93 | 69.44 | 2826.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL ECHO CARDIOVASC SYSTEM 2D W OR WO M-MODE | 76825 | CPT | | | | both | | | 2975 | 725.57 | First Health | First Health | 2082.5 | 70 | | | 69.44 | 2826.25 | percent of total billed charges | |
| HC US FETAL ECHO CARDIOVASC SYSTEM 2D W OR WO M-MODE | 76825 | CPT | | | | both | | | 2975 | 725.57 | Consumer | Consumer | 2826.25 | 95 | | | 69.44 | 2826.25 | percent of total billed charges | |
| HC US FETAL ECHO CARDIOVASC SYSTEM 2D W OR WO M-MODE | 76825 | CPT | | | | both | | | 2975 | 725.57 | Horizon | MGD | 1220.85 | | | 1115.42 | 69.44 | 2826.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL ECHO CARDIOVASC SYSTEM 2D W OR WO M-MODE | 76825 | CPT | | | | both | | | 2975 | 725.57 | Horizon | NJ Health | 118.58 | | | 348.63 | 69.44 | 2826.25 | fee schedule | |
| HC US FETAL ECHO CARDIOVASC SYSTEM 2D W OR WO M-MODE | 76825 | CPT | | | | both | | | 2975 | 725.57 | Wellcare | Medicare | 630.93 | | | | 69.44 | 2826.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL ECHO CARDIOVASC SYSTEM 2D W OR WO M-MODE | 76825 | CPT | | | | both | | | 2975 | 725.57 | WellPoint | WellPoint | 957.36 | 32.18 | | 908.81 | 69.44 | 2826.25 | percent of total billed charges | |
| HC US FETAL ECHO CARDIOVASC SYSTEM 2D W OR WO M-MODE | 76825 | CPT | | | | both | | | 2975 | 725.57 | Multiplan | Multiplan | 2380 | 80 | | | 69.44 | 2826.25 | percent of total billed charges | |
| HC US FETAL ECHO CARDIOVASC SYSTEM 2D W OR WO M-MODE | 76825 | CPT | | | | both | | | 2975 | 725.57 | First Trenton | First Trenton | 2677.5 | 90 | | | 69.44 | 2826.25 | percent of total billed charges | |
| HC US FETAL ECHO CARDIOVASC SYSTEM 2D W OR WO M-MODE | 76825 | CPT | | | | both | | | 2975 | 725.57 | Qualcare | Qualcare | 2231.25 | 75 | | | 69.44 | 2826.25 | percent of total billed charges | |
| HC US FETAL ECHO CARDIOVASC SYSTEM 2D W OR WO M-MODE | 76825 | CPT | | | | both | | | 2975 | 725.57 | Managed Care Inc | Managed Care Inc | 2677.5 | 90 | | | 69.44 | 2826.25 | percent of total billed charges | |
| HC US FETAL ECHO CARDIOVASC SYSTEM 2D W OR WO M-MODE | 76825 | CPT | | | | both | | | 2975 | 725.57 | Three Rivers | Three Rivers | 2826.25 | 95 | | | 69.44 | 2826.25 | percent of total billed charges | |
| HC US FETAL ECHO CARDIOVASC W/WO M-MODE FOLLOWUP/REPEAT STUDY | 76826 | CPT | | | | outpatient | | | 1810 | 322.28 | Americare | Americare | 1357.5 | 75 | | | 50.84 | 1719.5 | percent of total billed charges | |
| HC US FETAL ECHO CARDIOVASC W/WO M-MODE FOLLOWUP/REPEAT STUDY | 76826 | CPT | | | | outpatient | | | 1810 | 322.28 | Multiplan | Multiplan | 1448 | 80 | | | 50.84 | 1719.5 | percent of total billed charges | |
| HC US FETAL ECHO CARDIOVASC W/WO M-MODE FOLLOWUP/REPEAT STUDY | 76826 | CPT | | | | outpatient | | | 1810 | 322.28 | Amerihealth | HMO/PPO | 50.84 | | | | 50.84 | 1719.5 | fee schedule | |
| HC US FETAL ECHO CARDIOVASC W/WO M-MODE FOLLOWUP/REPEAT STUDY | 76826 | CPT | | | | outpatient | | | 1810 | 322.28 | Consumer | Consumer | 1719.5 | 95 | | | 50.84 | 1719.5 | percent of total billed charges | |
| HC US FETAL ECHO CARDIOVASC W/WO M-MODE FOLLOWUP/REPEAT STUDY | 76826 | CPT | | | | outpatient | | | 1810 | 322.28 | Aetna | Medicare | 280.24 | | | | 50.84 | 1719.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL ECHO CARDIOVASC W/WO M-MODE FOLLOWUP/REPEAT STUDY | 76826 | CPT | | | | outpatient | | | 1810 | 322.28 | Horizon | Indemnity | 542.26 | | | | 50.84 | 1719.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL ECHO CARDIOVASC W/WO M-MODE FOLLOWUP/REPEAT STUDY | 76826 | CPT | | | | outpatient | | | 1810 | 322.28 | UHC | Medicare | 280.24 | | | | 50.84 | 1719.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL ECHO CARDIOVASC W/WO M-MODE FOLLOWUP/REPEAT STUDY | 76826 | CPT | | | | outpatient | | | 1810 | 322.28 | Aetna | Better Health | 571.06 | 31.55 | | | 50.84 | 1719.5 | percent of total billed charges | |
| HC US FETAL ECHO CARDIOVASC W/WO M-MODE FOLLOWUP/REPEAT STUDY | 76826 | CPT | | | | outpatient | | | 1810 | 322.28 | First Trenton | First Trenton | 1629 | 90 | | | 50.84 | 1719.5 | percent of total billed charges | |
| HC US FETAL ECHO CARDIOVASC W/WO M-MODE FOLLOWUP/REPEAT STUDY | 76826 | CPT | | | | outpatient | | | 1810 | 322.28 | Qualcare | Qualcare | 1357.5 | 75 | | | 50.84 | 1719.5 | percent of total billed charges | |
| HC US FETAL ECHO CARDIOVASC W/WO M-MODE FOLLOWUP/REPEAT STUDY | 76826 | CPT | | | | outpatient | | | 1810 | 322.28 | Corrections | Corrections | 1448 | 80 | | | 50.84 | 1719.5 | percent of total billed charges | |
| HC US FETAL ECHO CARDIOVASC W/WO M-MODE FOLLOWUP/REPEAT STUDY | 76826 | CPT | | | | outpatient | | | 1810 | 322.28 | First Health | First Health | 1267 | 70 | | | 50.84 | 1719.5 | percent of total billed charges | |
| HC US FETAL ECHO CARDIOVASC W/WO M-MODE FOLLOWUP/REPEAT STUDY | 76826 | CPT | | | | outpatient | | | 1810 | 322.28 | Three Rivers | Three Rivers | 1719.5 | 95 | | | 50.84 | 1719.5 | percent of total billed charges | |
| HC US FETAL ECHO CARDIOVASC W/WO M-MODE FOLLOWUP/REPEAT STUDY | 76826 | CPT | | | | outpatient | | | 1810 | 322.28 | Wellcare | Medicaid | 571.06 | 31.55 | | | 50.84 | 1719.5 | percent of total billed charges | |
| HC US FETAL ECHO CARDIOVASC W/WO M-MODE FOLLOWUP/REPEAT STUDY | 76826 | CPT | | | | outpatient | | | 1810 | 322.28 | Horizon | NJ Health | 104.86 | | | | 50.84 | 1719.5 | fee schedule | |
| HC US FETAL ECHO CARDIOVASC W/WO M-MODE FOLLOWUP/REPEAT STUDY | 76826 | CPT | | | | outpatient | | | 1810 | 322.28 | Aetna | Commercial | 687.8 | 38 | | | 50.84 | 1719.5 | percent of total billed charges | |
| HC US FETAL ECHO CARDIOVASC W/WO M-MODE FOLLOWUP/REPEAT STUDY | 76826 | CPT | | | | outpatient | | | 1810 | 322.28 | Managed Care Inc | Managed Care Inc | 1629 | 90 | | | 50.84 | 1719.5 | percent of total billed charges | |
| HC US FETAL ECHO CARDIOVASC W/WO M-MODE FOLLOWUP/REPEAT STUDY | 76826 | CPT | | | | outpatient | | | 1810 | 322.28 | UHC | Medicaid | 571.06 | 31.55 | | | 50.84 | 1719.5 | percent of total billed charges | |
| HC US FETAL ECHO CARDIOVASC W/WO M-MODE FOLLOWUP/REPEAT STUDY | 76826 | CPT | | | | outpatient | | | 1810 | 322.28 | Wellcare | Medicare | 280.24 | | | | 50.84 | 1719.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL ECHO CARDIOVASC W/WO M-MODE FOLLOWUP/REPEAT STUDY | 76826 | CPT | | | | outpatient | | | 1810 | 322.28 | Horizon | Medicare Blue | 280.24 | | | | 50.84 | 1719.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL ECHO CARDIOVASC W/WO M-MODE FOLLOWUP/REPEAT STUDY | 76826 | CPT | | | | outpatient | | | 1810 | 322.28 | Horizon | MGD | 542.26 | | | | 50.84 | 1719.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL ECHO CARDIOVASC W/WO M-MODE FOLLOWUP/REPEAT STUDY | 76826 | CPT | | | | outpatient | | | 1810 | 

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC US FETAL ECHO DOPPLER PULSED/CONTINUOUS WAVE W SPECTRAL, COMPLETE | 76827 | CPT | | | | both | | | 771 | | 144.6 Wellcare | Medicare | 125.74 | | | | 69.44 | | Payer-specific negotiated charge calculated as a percent of the Medicare value | |
| HC US FETAL ECHO DOPPLER PULSED/CONTINUOUS WAVE W SPECTRAL, COMPLETE | 76827 | CPT | | | | both | | | 771 | | 144.6 UHC | Medicaid | 243.25 | 31.55 | | | 69.44 | | 732.45 percent of total billed charges | |
| HC US FETAL ECHO DOPPLER PULSED/CONTINUOUS WAVE W SPECTRAL, COMPLETE | 76827 | CPT | | | | both | | | 771 | | 144.6 Managed Care Inc | Managed Care Inc | 693.9 | 90 | | | 69.44 | | 732.45 percent of total billed charges | |
| HC US FETAL ECHO DOPPLER PULSED/CONTINUOUS WAVE W SPECTRAL, COMPLETE | 76827 | CPT | | | | both | | | 771 | | 144.6 Wellcare | Medicaid | 243.25 | 31.55 | | | 69.44 | | 732.45 percent of total billed charges | |
| HC US FETAL ECHO DOPPLER PULSED/CONTINUOUS WAVE W SPECTRAL, COMPLETE | 76827 | CPT | | | | both | | | 771 | | 144.6 WellPoint | WellPoint | 248.11 | 32.18 | | | 69.44 | | 732.45 percent of total billed charges | |
| HC US FETAL ECHO DOPPLER PULSED/CONTINUOUS WAVE W SPECTRAL, FU/REPEAT | 76828 | CPT | | | | outpatient | | | 445 | | 144.6 Americare | Americare | 333.75 | 75 | | | 21.08 | | 422.75 percent of total billed charges | |
| HC US FETAL ECHO DOPPLER PULSED/CONTINUOUS WAVE W SPECTRAL, FU/REPEAT | 76828 | CPT | | | | outpatient | | | 445 | | 144.6 First Health | First Health | 311.5 | 70 | | | 21.08 | | 422.75 percent of total billed charges | |
| HC US FETAL ECHO DOPPLER PULSED/CONTINUOUS WAVE W SPECTRAL, FU/REPEAT | 76828 | CPT | | | | outpatient | | | 445 | | 144.6 First Trenton | First Trenton | 400.5 | 90 | | | 21.08 | | 422.75 percent of total billed charges | |
| HC US FETAL ECHO DOPPLER PULSED/CONTINUOUS WAVE W SPECTRAL, FU/REPEAT | 76828 | CPT | | | | outpatient | | | 445 | | 144.6 Aetna | Better Health | 140.4 | 31.55 | | | 21.08 | | 422.75 percent of total billed charges | |
| HC US FETAL ECHO DOPPLER PULSED/CONTINUOUS WAVE W SPECTRAL, FU/REPEAT | 76828 | CPT | | | | outpatient | | | 445 | | 144.6 Aetna | Medicare | 125.74 | | | | 21.08 | | 422.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL ECHO DOPPLER PULSED/CONTINUOUS WAVE W SPECTRAL, FU/REPEAT | 76828 | CPT | | | | outpatient | | | 445 | | 144.6 Multiplan | Multiplan | 356 | 80 | | | 21.08 | | 422.75 percent of total billed charges | |
| HC US FETAL ECHO DOPPLER PULSED/CONTINUOUS WAVE W SPECTRAL, FU/REPEAT | 76828 | CPT | | | | outpatient | | | 445 | | 144.6 UHC | Medicare | 125.74 | | | | 21.08 | | 422.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL ECHO DOPPLER PULSED/CONTINUOUS WAVE W SPECTRAL, FU/REPEAT | 76828 | CPT | | | | outpatient | | | 445 | | 144.6 Consumer | Consumer | 422.75 | 95 | | | 21.08 | | 422.75 percent of total billed charges | |
| HC US FETAL ECHO DOPPLER PULSED/CONTINUOUS WAVE W SPECTRAL, FU/REPEAT | 76828 | CPT | | | | outpatient | | | 445 | | 144.6 Amerihealth | HMO/PPO | 21.08 | | | | 21.08 | | 422.75 fee schedule | |
| HC US FETAL ECHO DOPPLER PULSED/CONTINUOUS WAVE W SPECTRAL, FU/REPEAT | 76828 | CPT | | | | outpatient | | | 445 | | 144.6 Horizon | Indemnity | 243.31 | | | | 21.08 | | 422.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL ECHO DOPPLER PULSED/CONTINUOUS WAVE W SPECTRAL, FU/REPEAT | 76828 | CPT | | | | outpatient | | | 445 | | 144.6 Managed Care Inc | Managed Care Inc | 400.5 | 90 | | | 21.08 | | 422.75 percent of total billed charges | |
| HC US FETAL ECHO DOPPLER PULSED/CONTINUOUS WAVE W SPECTRAL, FU/REPEAT | 76828 | CPT | | | | outpatient | | | 445 | | 144.6 Aetna | Commercial | 169.1 | 38 | | | 21.08 | | 422.75 percent of total billed charges | |
| HC US FETAL ECHO DOPPLER PULSED/CONTINUOUS WAVE W SPECTRAL, FU/REPEAT | 76828 | CPT | | | | outpatient | | | 445 | | 144.6 Horizon | MGD | 243.31 | | | | 21.08 | | 422.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL ECHO DOPPLER PULSED/CONTINUOUS WAVE W SPECTRAL, FU/REPEAT | 76828 | CPT | | | | outpatient | | | 445 | | 144.6 Qualcare | Qualcare | 333.75 | 75 | | | 21.08 | | 422.75 percent of total billed charges | |
| HC US FETAL ECHO DOPPLER PULSED/CONTINUOUS WAVE W SPECTRAL, FU/REPEAT | 76828 | CPT | | | | outpatient | | | 445 | | 144.6 Wellcare | Medicare | 125.74 | | | | 21.08 | | 422.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL ECHO DOPPLER PULSED/CONTINUOUS WAVE W SPECTRAL, FU/REPEAT | 76828 | CPT | | | | outpatient | | | 445 | | 144.6 Corrections | Corrections | 356 | 80 | | | 21.08 | | 422.75 percent of total billed charges | |
| HC US FETAL ECHO DOPPLER PULSED/CONTINUOUS WAVE W SPECTRAL, FU/REPEAT | 76828 | CPT | | | | outpatient | | | 445 | | 144.6 Horizon | NJ Health | 106.72 | | | | 21.08 | | 422.75 fee schedule | |
| HC US FETAL ECHO DOPPLER PULSED/CONTINUOUS WAVE W SPECTRAL, FU/REPEAT | 76828 | CPT | | | | outpatient | | | 445 | | 144.6 Horizon | PPO | 243.31 | | | | 21.08 | | 422.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL ECHO DOPPLER PULSED/CONTINUOUS WAVE W SPECTRAL, FU/REPEAT | 76828 | CPT | | | | outpatient | | | 445 | | 144.6 UHC | Medicaid | 140.4 | 31.55 | | | 21.08 | | 422.75 percent of total billed charges | |
| HC US FETAL ECHO DOPPLER PULSED/CONTINUOUS WAVE W SPECTRAL, FU/REPEAT | 76828 | CPT | | | | outpatient | | | 445 | | 144.6 Horizon | Medicare Blue | 125.74 | | | | 21.08 | | 422.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US FETAL ECHO DOPPLER PULSED/CONTINUOUS WAVE W SPECTRAL, FU/REPEAT | 76828 | CPT | | | | outpatient | | | 445 | | 144.6 Three Rivers | Three Rivers | 422.75 | 95 | | | 21.08 | | 422.75 percent of total billed charges | |
| HC US FETAL ECHO DOPPLER PULSED/CONTINUOUS WAVE W SPECTRAL, FU/REPEAT | 76828 | CPT | | | | outpatient | | | 445 | | 144.6 WellPoint | WellPoint | 143.2 | 32.18 | | | 21.08 | | 422.75 percent of total billed charges | |
| HC US FETAL ECHO DOPPLER PULSED/CONTINUOUS WAVE W SPECTRAL, FU/REPEAT | 76828 | CPT | | | | outpatient | | | 445 | | 144.6 Wellcare | Medicaid | 140.4 | 31.55 | | | 21.08 | | 422.75 percent of total billed charges | |
| HC US TRANSVAGINAL PELVIS NON-OB; PORTABLE | 76830 | CPT | | | | both | | | 613.75 | | 144.6 UHC | Medicare | 125.74 | | | 76.5 | 57.66 | | 583.06 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US TRANSVAGINAL PELVIS NON-OB; PORTABLE | 76830 | CPT | | | | both | | | 613.75 | | 144.6 Multiplan | Multiplan | 491 | 80 | | | 57.66 | | 583.06 percent of total billed charges | |
| HC US TRANSVAGINAL PELVIS NON-OB; PORTABLE | 76830 | CPT | | | | both | | | 613.75 | | 144.6 Amerihealth | HMO/PPO | 57.66 | | | 103.93 | 57.66 | | 583.06 fee schedule | |
| HC US TRANSVAGINAL PELVIS NON-OB; PORTABLE | 76830 | CPT | | | | both | | | 613.75 | | 144.6 Aetna | Better Health | 193.64 | 31.55 | | 113.9 | 57.66 | | 583.06 percent of total billed charges | |
| HC US TRANSVAGINAL PELVIS NON-OB; PORTABLE | 76830 | CPT | | | | both | | | 613.75 | | 144.6 Corrections | Corrections | 491 | 80 | | | 57.66 | | 583.06 percent of total billed charges | |
| HC US TRANSVAGINAL PELVIS NON-OB; PORTABLE | 76830 | CPT | | | | both | | | 613.75 | | 144.6 Aetna | Commercial | 233.23 | 38 | | 120.41 | 57.66 | | 583.06 percent of total billed charges | |
| HC US TRANSVAGINAL PELVIS NON-OB; PORTABLE | 76830 | CPT | | | | both | | | 613.75 | | 144.6 Horizon | Medicare Blue | 125.74 | | | 131.45 | 57.66 | | 583.06 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US TRANSVAGINAL PELVIS NON-OB; PORTABLE | 76830 | CPT | | | | both | | | 613.75 | | 144.6 Aetna | Medicare | 125.74 | | | 76.89 | 57.66 | | 583.06 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US TRANSVAGINAL PELVIS NON-OB; PORTABLE | 76830 | CPT | | | | both | | | 613.75 | | 144.6 First Health | First Health | 429.63 | 70 | | | 57.66 | | 583.06 percent of total billed charges | |
| HC US TRANSVAGINAL PELVIS NON-OB; PORTABLE | 76830 | CPT | | | | both | | | 613.75 | | 144.6 Qualcare | Qualcare | 460.31 | 75 | | | 57.66 | | 583.06 percent of total billed charges | |
| HC US TRANSVAGINAL PELVIS NON-OB; PORTABLE | 76830 | CPT | | | | both | | | 613.75 | | 144.6 Wellcare | Medicaid | 193.64 | 31.55 | | 123.69 | 57.66 | | 583.06 percent of total billed charges | |
| HC US TRANSVAGINAL PELVIS NON-OB; PORTABLE | 76830 | CPT | | | | both | | | 613.75 | | 144.6 First Trenton | First Trenton | 552.38 | 90 | | | 57.66 | | 583.06 percent of total billed charges | |
| HC US TRANSVAGINAL PELVIS NON-OB; PORTABLE | 76830 | CPT | | | | both | | | 613.75 | | 144.6 Wellcare | Medicare | 125.74 | | | | 57.66 | | 583.06 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US TRANSVAGINAL PELVIS NON-OB; PORTABLE | 76830 | CPT | | | | both | | | 613.75 | | 144.6 Americare | Americare | 460.31 | 75 | | | 57.66 | | 583.06 percent of total billed charges | |
| HC US TRANSVAGINAL PELVIS NON-OB; PORTABLE | 76830 | CPT | | | | both | | | 613.75 | | 144.6 Horizon | PPO | 243.31 | | | 136.89 | 57.66 | | 583.06 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US TRANSVAGINAL PELVIS NON-OB; PORTABLE | 76830 | CPT | | | | both | | | 613.75 | | 144.6 Consumer | Consumer | 583.06 | 95 | | | 57.66 | | 583.06 percent of total billed charges | |
| HC US TRANSVAGINAL PELVIS NON-OB; PORTABLE | 76830 | CPT | | | | both | | | 613.75 | | 144.6 Horizon | NJ Health | 144.45 | | | 63.47 | 57.66 | | 583.06 fee schedule | |
| HC US TRANSVAGINAL PELVIS NON-OB; PORTABLE | 76830 | CPT | | | | both | | | 613.75 | | 144.6 Horizon | Indemnity | 243.31 | | | 118.4 | 57.66 | | 583.06 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US TRANSVAGINAL PELVIS NON-OB; PORTABLE | 76830 | CPT | | | | both | | | 613.75 | | 144.6 UHC | Medicaid | 193.64 | 31.55 | | 111.24 | 57.66 | | 583.06 percent of total billed charges | |
| HC US TRANSVAGINAL PELVIS NON-OB; PORTABLE | 76830 | CPT | | | | both | | | 613.75 | | 144.6 Horizon | MGD | 243.31 | | | 131.1 | 57.66 | | 583.06 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US TRANSVAGINAL PELVIS NON-OB; PORTABLE | 76830 | CPT | | | | both | | | 613.75 | | 144.6 Managed Care Inc | Managed Care Inc | 552.38 | 90 | | | 57.66 | | 583.06 percent of total billed charges | |
| HC US TRANSVAGINAL PELVIS NON-OB; PORTABLE | 76830 | CPT | | | | both | | | 613.75 | | 144.6 Three Rivers | Three Rivers | 583.06 | 95 | | | 57.66 | | 583.06 percent of total billed charges | |
| HC US TRANSVAGINAL PELVIS NON-OB; PORTABLE | 76830 | CPT | | | | both | | | 613.75 | | 144.6 WellPoint | WellPoint | 197.5 | 32.18 | | 142.98 | 57.66 | | 583.06 percent of total billed charges | |
| HC US SALINE INFUS SONOHYSTEROGRAPHY W COLOR DOPPLER; PORTABLE | 76831 | CPT | | | | outpatient | | | 1066.25 | | 322.28 Horizon | Indemnity | 542.26 | | | | 131.32 | | 1012.94 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US SALINE INFUS SONOHYSTEROGRAPHY W COLOR DOPPLER; PORTABLE | 76831 | CPT | | | | outpatient | | | 1066.25 | | 322.28 Consumer | Consumer | 1012.94 | 95 | | | 131.32 | | 1012.94 percent of total billed charges | |
| HC US SALINE INFUS SONOHYSTEROGRAPHY W COLOR DOPPLER; PORTABLE | 76831 | CPT | | | | outpatient | | | 1066.25 | | 322.28 UHC | Medicare | 280.24 | | | | 131.32 | | 1012.94 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US SALINE INFUS SONOHYSTEROGRAPHY W COLOR DOPPLER; PORTABLE | 76831 | CPT | | | | outpatient | | | 1066.25 | | 322.28 Aetna | Medicare | 280.24 | | | | 131.32 | | 1012.94 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US SALINE INFUS SONOHYSTEROGRAPHY W COLOR DOPPLER; PORTABLE | 76831 | CPT | | | | outpatient | | | 1066.25 | | 322.28 First Trenton | First Trenton | 959.63 | 90 | | | 131.32 | | 1012.94 percent of total billed charges | |
| HC US SALINE INFUS SONOHYSTEROGRAPHY W COLOR DOPPLER; PORTABLE | 76831 | CPT | | | | outpatient | | | 1066.25 | | 322.28 Corrections | Corrections | 853 | 80 | | | 131.32 | | 1012.94 percent of total billed charges | |
| HC US SALINE INFUS SONOHYSTEROGRAPHY W COLOR DOPPLER; PORTABLE | 76831 | CPT | | | | outpatient | | | 1066.25 | | 322.28 Americare | Americare | 799.69 | 75 | | | 131.32 | | 1012.94 percent of total billed charges | |
| HC US SALINE INFUS SONOHYSTEROGRAPHY W COLOR DOPPLER; PORTABLE | 76831 | CPT | | | | outpatient | | | 1066.25 | | 322.28 Aetna | Better Health | 336.4 | 31.55 | | | 131.32 | | 1012.94 percent of total billed charges | |
| HC US SALINE INFUS SONOHYSTEROGRAPHY W COLOR DOPPLER; PORTABLE | 76831 | CPT | | | | outpatient | | | 1066.25 | | 322.28 Horizon | NJ Health | 131.32 | | | 117.81 | 131.32 | | 1012.94 fee schedule | |
| HC US SALINE INFUS SONOHYSTEROGRAPHY W COLOR DOPPLER; PORTABLE | 76831 | CPT | | | | outpatient | | | 1066.25 | | 322.28 Three Rivers | Three Rivers | 1012.94 | 95 | | | 131.32 | | 1012.94 percent of total billed charges | |
| HC US SALINE INFUS SONOHYSTEROGRAPHY W COLOR DOPPLER; PORTABLE | 76831 | CPT | | | | outpatient | | | 1066.25 | | 322.28 Amerihealth | HMO/PPO | 693.06 | 65 | | | 131.32 | | 1012.94 percent of total billed charges | |
| HC US SALINE INFUS SONOHYSTEROGRAPHY W COLOR DOPPLER; PORTABLE | 76831 | CPT | | | | outpatient | | | 1066.25 | | 322.28 First Health | First Health | 746.38 | 70 | | | 131.32 | | 1012.94 percent of total billed charges | |
| HC US SALINE INFUS SONOHYSTEROGRAPHY W COLOR DOPPLER; PORTABLE | 76831 | CPT | | | | outpatient | | | 1066.25 | | 322.28 Managed Care Inc | Managed Care Inc | 959.63 | 90 | | | 131.32 | | 1012.94 percent of total billed charges | |
| HC US SALINE INFUS SONOHYSTEROGRAPHY W COLOR DOPPLER; PORTABLE | 76831 | CPT | | | | outpatient | | | 1066.25 | | 322.28 Horizon | Medicare Blue | 280.24 | | | | 131.32 | | 1012.94 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US SALINE INFUS SONOHYSTEROGRAPHY W COLOR DOPPLER; PORTABLE | 76831 | CPT | | | | outpatient | | | 1066.25 | | 322.28 Horizon | MGD | 542.26 | | | 467.58 | 131.32 | | 1012.94 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US SALINE INFUS SONOHYSTEROGRAPHY W COLOR DOPPLER; PORTABLE | 76831 | CPT | | | | outpatient | | | 1066.25 | | 322.28 Aetna | Commercial | 405.18 | 38 | | | 131.32 | | 1012.94 percent of total billed charges | |
| HC US SALINE INFUS SONOHYSTEROGRAPHY W COLOR DOPPLER; PORTABLE | 76831 | CPT | | | | outpatient | | | 1066.25 | | 322.28 Multiplan | Multiplan | 853 | 80 | | | 131.32 | | 1012.94 percent of total billed charges | |
| HC US SALINE INFUS SONOHYSTEROGRAPHY W COLOR DOPPLER; PORTABLE | 76831 | CPT | | | | outpatient | | | 1066.25 | | 322.28 UHC | Medicaid | 336.4 | 31.55 | | 256.27 | 131.32 | | 1012.94 percent of total billed charges | |
| HC US SALINE INFUS SONOHYSTEROGRAPHY W COLOR DOPPLER; PORTABLE | 76831 | CPT | | | | outpatient | | | 1066.25 | | 322.28 Qualcare | Qualcare | 799.69 | 75 | | | 131.32 | | 1012.94 percent of total billed charges | |
| HC US SALINE INFUS SONOHYSTEROGRAPHY W COLOR DOPPLER; PORTABLE | 76831 | CPT | | | | outpatient | | | 1066.25 | | 322.28 Horizon | PPO | 542.26 | | | | 131.32 | | 1012.94 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US SALINE INFUS SONOHYSTEROGRAPHY W COLOR DOPPLER; PORTABLE | 76831 | CPT | | | | outpatient | | | 1066.25 | | 322.28 Wellcare | Medicare | 280.24 | | | | 131.32 | | 1012.94 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US SALINE INFUS SONOHYSTEROGRAPHY W COLOR DOPPLER; PORTABLE | 76831 | CPT | | | | outpatient | | | 1066.25 | | 322.28 Wellcare | Medicaid | 336.4 | 31.55 | | | 131.32 | | 1012.94 percent of total billed charges | |
| HC US SALINE INFUS SONOHYSTEROGRAPHY W COLOR DOPPLER; PORTABLE | 76831 | CPT | | | | outpatient | | | 1066.25 | | 322.28 WellPoint | WellPoint | 343.12 | 32.18 | | | 131.32 | | 1012.94 percent of total billed charges | |
| HC US PELVIS NON-OB COMPLETE, PORTABLE | 76856 | CPT | | | | both | | | 615 | | 144.6 Aetna | Medicare | 125.74 | | | 76.89 | 57.66 | | 584.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PELVIS NON-OB COMPLETE, PORTABLE | 76856 | CPT | | | | both | | | 615 | | 144.6 First Health | First Health | 430.5 | 70 | | | 57.66 | | 584.25 percent of total billed charges | |
| HC US PELVIS NON-OB COMPLETE, PORTABLE | 76856 | CPT | | | | both | | | 615 | | 144.6 Consumer | Consumer | 584.25 | 95 | | | 57.66 | | 584.25 percent of total billed charges | |
| HC US PELVIS NON-OB COMPLETE, PORTABLE | 76856 | CPT | | | | both | | | 615 | | 144.6 WellPoint | WellPoint | 197.91 | 32.18 | | 142.81 | 57.66 | | 584.25 percent of total billed charges | |
| HC US PELVIS NON-OB COMPLETE, PORTABLE | 76856 | CPT | | | | both | | | 615 | | 144.6 Aetna | Commercial | 233.7 | 38 | | 112.16 | 57.66 | | 584.25 percent of total billed charges | |
| HC US PELVIS NON-OB COMPLETE, PORTABLE | 76856 | CPT | | | | both | | | 615 | | 144.6 Horizon | Indemnity | 243.31 | | | 122.88 | 57.66 | | 584.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PELVIS NON-OB COMPLETE, PORTABLE | 76856 | CPT | | | | both | | | 615 | | 144.6 Aetna | Better Health | 194.03 | 31.55 | | 116.56 | 57.66 | | 584.25 percent of total billed charges | |
| HC US PELVIS NON-OB COMPLETE, PORTABLE | 76856 | CPT | | | | both | | | 615 | | 144.6 Corrections | Corrections | 492 | 80 | | | 57.66 | | 584.25 percent of total billed charges | |
| HC US PELVIS NON-OB COMPLETE, PORTABLE | 76856 | CPT | | | | both | | | 615 | | 144.6 Horizon | PPO | 243.31 | | | 136.89 | 57.66 | | 584.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PELVIS NON-OB COMPLETE, PORTABLE | 76856 | CPT | | | | both | | | 615 | | 144.6 Wellcare | Medicare | 125.74 | | | | 57.66 | | 584.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PELVIS NON-OB COMPLETE, PORTABLE | 76856 | CPT | | | | both | | | 615 | | 144.6 Horizon | NJ Health | 129.36 | | | 62.56 | 57.66 | | 584.25 fee schedule | |
| HC US PELVIS NON-OB COMPLETE, PORTABLE | 76856 | CPT | | | | both | | | 615 | | 144.6 Horizon | Medicare Blue | 125.74 | | | 145.34 | 57.66 | | 584.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PELVIS NON-OB COMPLETE, PORTABLE | 76856 | CPT | | | | both | | | 615 | | 144.6 Amerihealth | HMO/PPO | 57.66 | | | 100.28 | 57.66 | | 584.25 fee schedule | |
| HC US PELVIS NON-OB COMPLETE, PORTABLE | 76856 | CPT | | | | both | | | 615 | | 144.6 Horizon | MGD | 243.31 | | | 133.02 | 57.66 | | 584.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PELVIS NON-OB COMPLETE, PORTABLE | 76856 | CPT | | | | both | | | 615 | | 144.6 Americare | Americare | 461.25 | 75 | | | 57.66 | | 584.25 percent of total billed charges | |
| HC US PELVIS NON-OB COMPLETE, PORTABLE | 76856 | CPT | | | | both | | | 615 | | 144.6 First Trenton | First Trenton | 553.5 | 90 | | | 57.66 | | 584.25 percent of total billed charges | |
| HC US PELVIS NON-OB COMPLETE, PORTABLE | 76856 | CPT | | | | both | | | 615 | | 144.6 Managed Care Inc | Managed Care Inc | 553.5 | 90 | | | 57.66 | | 584.25 percent of total billed charges | |
| HC US PELVIS NON-OB COMPLETE, PORTABLE | 76856 | CPT | | | | both | | | 615 | | 144.6 UHC | Medicaid | 194.03 | 31.55 | | 112.36 | 57.66 | | 584.25 percent of total billed charges | |
| HC US PELVIS NON-OB COMPLETE, PORTABLE | 76856 | CPT | | | | both | | | 615 | | 144.6 Multiplan | Multiplan | 492 | 80 | | | 57.66 | | 584.25 percent of total billed charges | |
| HC US PELVIS NON-OB COMPLETE, PORTABLE | 76856 | CPT | | | | both | | | 615 | | 144.6 UHC | Medicare | 125.74 | | | 79.89 | 57.66 | | 584.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PELVIS NON-OB COMPLETE, PORTABLE | 76856 | CPT | | | | both | | | 615 | | 144.6 Three Rivers | Three Rivers | 584.25 | 95 | | | 57.66 | | 584.25 percent of total billed charges | |
| HC US PELVIS NON-OB COMPLETE, PORTABLE | 76856 | CPT | | | | both | | | 615 | | 144.6 Wellcare | Medicaid | 194.03 | 31.55 | | 124.89 | 57.66 | | 584.25 percent of total billed charges | |
| HC US PELVIS NON-OB COMPLETE, PORTABLE | 76856 | CPT | | | | both | | | 615 | | 144.6 Qualcare | Qualcare | 461.25 | 75 | | | 57.66 | | 584.25 percent of total billed charges | |
| HC US PELVIS NON-OB LIMITED | 76857 | CPT | | | | both | | | 390 | | 144.6 First Trenton | First Trenton | 351 | 90 | | | 35.96 | | 370.5 percent of total billed charges | |
| HC US PELVIS NON-OB LIMITED | 76857 | CPT | | | | both | | | 390 | | 144.6 Consumer | Consumer | 370.5 | 95 | | | 35.96 | | 370.5 percent of total billed charges | |
| HC US PELVIS NON-OB LIMITED | 76857 | CPT | | | | both | | | 390 | | 144.6 Aetna | Medicare | 125.74 | | | | 35.96 | | 370.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PELVIS NON-OB LIMITED | 76857 | CPT | | | | both | | | 390 | | 144.6 Corrections | Corrections | 312 | 80 | | | 35.96 | | 370.5 percent of total billed charges | |
| HC US PELVIS NON-OB LIMITED | 76857 | CPT | | | | both | | | 390 | | 144.6 Horizon | Indemnity | 243.31 | | | | 35.96 | | 370.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PELVIS NON-OB LIMITED | 76857 | CPT | | | | both | | | 390 | | 144.6 Horizon | Medicare Blue | 125.74 | | | | 35.96 | | 370.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PELVIS NON-OB LIMITED | 76857 | CPT | | | | both | | | 390 | | 144.6 Aetna | Better Health | 123.05 | 31.55 | | | 35.96 | | 370.5 percent of total billed charges | |
| HC US PELVIS NON-OB LIMITED | 76857 | CPT | | | | both | | | 390 | | 144.6 Americare | Americare | 292.5 | 75 | | | 35.96 | | 370.5 percent of total billed charges | |
| HC US PELVIS NON-OB LIMITED | 76857 | CPT | | | | both | | | 390 | | 144.6 Managed Care Inc | Managed Care Inc | 351 | 90 | | | 35.96 | | 370.5 percent of total billed charges | |
| HC US PELVIS NON-OB LIMITED | 76857 | CPT | | | | both | | | 390 | | 144.6 UHC | Medicaid | 123.05 | 31.55 | | 82.53 | 35.96 | | 370.5 percent of total billed charges | |
| HC US PELVIS NON-OB LIMITED | 76857 | CPT | | | | both | | | 390 | | 144.6 Amerihealth | HMO/PPO | 35.96 | | | | 35.96 | | 370.5 fee schedule | |
| HC US PELVIS NON-OB LIMITED | 76857 | CPT | | | | both | | | 390 | | 144.6 Horizon | NJ Health | 86.24 | | | 46.15 | 35.96 | | 370.5 fee schedule | |
| HC US PELVIS NON-OB LIMITED | 76857 | CPT | | | | both | | | 390 | | 144.6 Three Rivers | Three Rivers | 370.5 | 95 | | | 35.96 | | 370.5 percent of total billed charges | |
| HC US PELVIS NON-OB LIMITED | 76857 | CPT | | | | both | | | 390 | | 144.6 Multiplan | Multiplan | 312 | 80 | | | 35.96 | | 370.5 percent of total billed charges | |
| HC US PELVIS NON-OB LIMITED | 76857 | CPT | | | | both | | | 390 | | 144.6 Aetna | Commercial | 148.2 | 38 | | | 35.96 | | 370.5 percent of total billed charges | |
| HC US PELVIS NON-OB LIMITED | 76857 | CPT | | | | both | | | 390 | | 144.6 WellPoint | WellPoint | 125.5 | 32.18 | | 114.91 | 35.96 | | 370.5 percent of total billed charges | |
| HC US PELVIS NON-OB LIMITED | 76857 | CPT | | | | both | | | 390 | | 144.6 First Health | First Health | 273 | 70 | | | 35.96 | | 370.5 percent of total billed charges | |
| HC US PELVIS NON-OB LIMITED | 76857 | CPT | | | | both | | | 390 | | 144.6 Qualcare | Qualcare | 292.5 | 75 | | | 35.96 | | 370.5 percent of total billed charges | |
| HC US PELVIS NON-OB LIMITED | 76857 | CPT | | | | both | | | 390 | | 144.6 UHC | Medicare | 125.74 | | | 99.1 | 35.96 | | 370.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PELVIS NON-OB LIMITED | 76857 | CPT | | | | both | | | 390 | | 144.6 Wellcare | Medicare | 125.74 | | | | 35.96 | | 370.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PELVIS NON-OB LIMITED | 76857 | CPT | | | | both | | | 390 | | 144.6 Horizon | MGD | 243.31 | | | | 35.96 | | 370.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PELVIS NON-OB LIMITED | 76857 | CPT | | | | both | | | 390 | | 144.6 Horizon | PPO | 243.31 | | | 124.45 | 35.96 | | 370.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US PELVIS NON-OB LIMITED | 76857 | CPT | | | | both | | | 390 | | 144.6 Wellcare | Medicaid | 123.05 | 31.55 | | | 35.96 | | 370.5 percent of total billed charges | |
| HC US SCROTUM AND CONTENTS | 76870 | CPT | | | | both | | | 686 | | 144.6 First Trenton | First Trenton | 617.4 | 90 | | | 55.8 | | 651.7 percent of total billed charges | |
| HC US SCROTUM AND CONTENTS | 76870 | CPT | | | | both | | | 686 | | 144.6 Corrections | Corrections | 548.8 | 80 | | 238.9 | 55.8 | | 651.7 percent of total billed charges | |
| HC US SCROTUM AND CONTENTS | 76870 | CPT | | | | both | | | 686 | | 144.6 Aetna | Better Health | 216.43 | 31.55 | | 151.06 | 55.8 | | 651.7 percent of total billed charges | |
| HC US SCROTUM AND CONTENTS | 76870 | CPT | | | | both | | | 686 | | 144.6 Aetna | Commercial | 260.68 | 38 | | 107 | 55.8 | | 651.7 percent of total billed charges | |
| HC US SCROTUM AND CONTENTS | 76870 | CPT | | | | both | | | 686 | | 144.6 Horizon | Medicare Blue | 125.74 | | | 100.96 | 55.8 | | 651.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US SCROTUM AND CONTENTS | 76870 | CPT | | | | both | | | 686 | | 144.6 Horizon | Indemnity | 243.31 | | | | 55.8 | | 651.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US SCROTUM AND CONTENTS | 76870 | CPT | | | | both | | | 686 | | 144.6 Aetna | Medicare | 125.74 | | | 312.2 | 55.8 | | 651.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US SCROTUM AND CONTENTS | 76870 | CPT | | | | both | | | 686 | | 144.6 First Health | First Health | 480.2 | 70 | | | 55.8 | | 651.7 percent of total billed charges | |
| HC US SCROTUM AND CONTENTS | 76870 | CPT | | | | both | | | 686 | | 144.6 Managed Care Inc | Managed Care Inc | 617.4 | 90 | | | 55.8 | | 651.7 percent of total billed charges | |
| HC US SCROTUM AND CONTENTS | 76870 | CPT | | | | both | | | 686 | | 144.6 Horizon | MGD | 243.31 | | | 146.49 | 55.8 | | 651.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US SCROTUM AND CONTENTS | 76870 | CPT | | | | both | | | 686 | | 144.6 Americare | Americare | 514.5 | 75 | | | 55.8 | | 651.7 percent of total billed charges | |
| HC US SCROTUM AND CONTENTS | 76870 | CPT | | | | both | | | 686 | | 144.6 Amerihealth | HMO/PPO | 55.8 | | | | 55.8 | | 651.7 fee schedule | |
| HC US SCROTUM AND CONTENTS | 76870 | CPT | | | | both | | | 686 | | 144.6 WellPoint | WellPoint | 220.75 | 32.18 | | 259.27 | 55.8 | | 651.7 percent of total billed charges | |
| HC US SCROTUM AND CONTENTS | 76870 | CPT | | | | both | | | 686 | | 144.6 Horizon | PPO | 243.31 | | | 160.5 | 55.8 | | 651.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US SCROTUM AND CONTENTS | 76870 | CPT | | | | both | | | 686 | | 144.6 Multiplan | Multiplan | 548.8 | 80 | | | 55.8 | | 651.7 percent of total billed charges | |
| HC US SCROTUM AND CONTENTS | 76870 | CPT | | | | both | | | 686 | | 144.6 Horizon | NJ Health | 101.33 | | | 70.77 | 55.8 | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC US TRANSRECTAL, PORTABLE | 76872 | CPT | | | | outpatient | | | 857.5 | 144.6 | Americare | Americare | 643.13 | 75 | | | 60.14 | | 814.63 percent of total billed charges | |
| HC US TRANSRECTAL, PORTABLE | 76872 | CPT | | | | outpatient | | | 857.5 | 144.6 | UHC | Medicare | 125.74 | | | | 60.14 | | 814.63 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US TRANSRECTAL, PORTABLE | 76872 | CPT | | | | outpatient | | | 857.5 | 144.6 | Aetna | Better Health | 270.54 | 31.55 | | | 60.14 | | 814.63 percent of total billed charges | |
| HC US TRANSRECTAL, PORTABLE | 76872 | CPT | | | | outpatient | | | 857.5 | 144.6 | Qualcare | Qualcare | 643.13 | 75 | | | 60.14 | | 814.63 percent of total billed charges | |
| HC US TRANSRECTAL, PORTABLE | 76872 | CPT | | | | outpatient | | | 857.5 | 144.6 | Horizon | Indemnity | 243.31 | | | 215.81 | 60.14 | | 814.63 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US TRANSRECTAL, PORTABLE | 76872 | CPT | | | | outpatient | | | 857.5 | 144.6 | Horizon | MGD | 243.31 | | | 187.09 | 60.14 | | 814.63 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US TRANSRECTAL, PORTABLE | 76872 | CPT | | | | outpatient | | | 857.5 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 60.14 | | 814.63 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US TRANSRECTAL, PORTABLE | 76872 | CPT | | | | outpatient | | | 857.5 | 144.6 | Horizon | NJ Health | 158.76 | | | | 60.14 | | 814.63 fee schedule | |
| HC US TRANSRECTAL, PORTABLE | 76872 | CPT | | | | outpatient | | | 857.5 | 144.6 | Amerihealth | HMO/PPO | 60.14 | | | | 60.14 | | 814.63 fee schedule | |
| HC US TRANSRECTAL, PORTABLE | 76872 | CPT | | | | outpatient | | | 857.5 | 144.6 | Wellcare | Medicare | 125.74 | | | | 60.14 | | 814.63 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US TRANSRECTAL, PORTABLE | 76872 | CPT | | | | outpatient | | | 857.5 | 144.6 | Aetna | Commercial | 325.85 | 38 | | | 60.14 | | 814.63 percent of total billed charges | |
| HC US TRANSRECTAL, PORTABLE | 76872 | CPT | | | | outpatient | | | 857.5 | 144.6 | Managed Care Inc | Managed Care Inc | 771.75 | 90 | | | 60.14 | | 814.63 percent of total billed charges | |
| HC US TRANSRECTAL, PORTABLE | 76872 | CPT | | | | outpatient | | | 857.5 | 144.6 | Multiplan | Multiplan | 686 | 80 | | | 60.14 | | 814.63 percent of total billed charges | |
| HC US TRANSRECTAL, PORTABLE | 76872 | CPT | | | | outpatient | | | 857.5 | 144.6 | Horizon | PPO | 243.31 | | | | 60.14 | | 814.63 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US TRANSRECTAL, PORTABLE | 76872 | CPT | | | | outpatient | | | 857.5 | 144.6 | Three Rivers | Three Rivers | 814.63 | 95 | | | 60.14 | | 814.63 percent of total billed charges | |
| HC US TRANSRECTAL, PORTABLE | 76872 | CPT | | | | outpatient | | | 857.5 | 144.6 | WellPoint | WellPoint | 275.94 | 32.18 | | 105.72 | 60.14 | | 814.63 percent of total billed charges | |
| HC US TRANSRECTAL, PORTABLE | 76872 | CPT | | | | outpatient | | | 857.5 | 144.6 | UHC | Medicaid | 270.54 | 31.55 | | | 60.14 | | 814.63 percent of total billed charges | |
| HC US TRANSRECTAL, PORTABLE | 76872 | CPT | | | | outpatient | | | 857.5 | 144.6 | Wellcare | Medicaid | 270.54 | 31.55 | | | 60.14 | | 814.63 percent of total billed charges | |
| HC US TRANSRECTAL PROSTATE VOL FOR BRACHYTX PLAN | 76873 | CPT | | | | outpatient | | | 390 | 144.6 | Horizon | Indemnity | 243.31 | | | | 100.44 | | 370.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US TRANSRECTAL PROSTATE VOL FOR BRACHYTX PLAN | 76873 | CPT | | | | outpatient | | | 390 | 144.6 | First Trenton | First Trenton | 351 | 90 | | | 100.44 | | 370.5 percent of total billed charges | |
| HC US TRANSRECTAL PROSTATE VOL FOR BRACHYTX PLAN | 76873 | CPT | | | | outpatient | | | 390 | 144.6 | Aetna | Better Health | 123.05 | 31.55 | | | 100.44 | | 370.5 percent of total billed charges | |
| HC US TRANSRECTAL PROSTATE VOL FOR BRACHYTX PLAN | 76873 | CPT | | | | outpatient | | | 390 | 144.6 | Aetna | Commercial | 148.2 | 38 | | | 100.44 | | 370.5 percent of total billed charges | |
| HC US TRANSRECTAL PROSTATE VOL FOR BRACHYTX PLAN | 76873 | CPT | | | | outpatient | | | 390 | 144.6 | First Health | First Health | 273 | 70 | | | 100.44 | | 370.5 percent of total billed charges | |
| HC US TRANSRECTAL PROSTATE VOL FOR BRACHYTX PLAN | 76873 | CPT | | | | outpatient | | | 390 | 144.6 | Amerihealth | HMO/PPO | 100.44 | | | | 100.44 | | 370.5 fee schedule | |
| HC US TRANSRECTAL PROSTATE VOL FOR BRACHYTX PLAN | 76873 | CPT | | | | outpatient | | | 390 | 144.6 | Aetna | Medicare | 125.74 | | | | 100.44 | | 370.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US TRANSRECTAL PROSTATE VOL FOR BRACHYTX PLAN | 76873 | CPT | | | | outpatient | | | 390 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 100.44 | | 370.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US TRANSRECTAL PROSTATE VOL FOR BRACHYTX PLAN | 76873 | CPT | | | | outpatient | | | 390 | 144.6 | Horizon | PPO | 243.31 | | | | 100.44 | | 370.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US TRANSRECTAL PROSTATE VOL FOR BRACHYTX PLAN | 76873 | CPT | | | | outpatient | | | 390 | 144.6 | Managed Care Inc | Managed Care Inc | 351 | 90 | | | 100.44 | | 370.5 percent of total billed charges | |
| HC US TRANSRECTAL PROSTATE VOL FOR BRACHYTX PLAN | 76873 | CPT | | | | outpatient | | | 390 | 144.6 | Americare | Americare | 292.5 | 75 | | | 100.44 | | 370.5 percent of total billed charges | |
| HC US TRANSRECTAL PROSTATE VOL FOR BRACHYTX PLAN | 76873 | CPT | | | | outpatient | | | 390 | 144.6 | Wellcare | Medicaid | 123.05 | 31.55 | | | 100.44 | | 370.5 percent of total billed charges | |
| HC US TRANSRECTAL PROSTATE VOL FOR BRACHYTX PLAN | 76873 | CPT | | | | outpatient | | | 390 | 144.6 | Multiplan | Multiplan | 312 | 80 | | | 100.44 | | 370.5 percent of total billed charges | |
| HC US TRANSRECTAL PROSTATE VOL FOR BRACHYTX PLAN | 76873 | CPT | | | | outpatient | | | 390 | 144.6 | Wellcare | Medicare | 125.74 | | | | 100.44 | | 370.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US TRANSRECTAL PROSTATE VOL FOR BRACHYTX PLAN | 76873 | CPT | | | | outpatient | | | 390 | 144.6 | Corrections | Corrections | 312 | 80 | | | 100.44 | | 370.5 percent of total billed charges | |
| HC US TRANSRECTAL PROSTATE VOL FOR BRACHYTX PLAN | 76873 | CPT | | | | outpatient | | | 390 | 144.6 | UHC | Medicaid | 123.05 | 31.55 | | | 100.44 | | 370.5 percent of total billed charges | |
| HC US TRANSRECTAL PROSTATE VOL FOR BRACHYTX PLAN | 76873 | CPT | | | | outpatient | | | 390 | 144.6 | Consumer | Consumer | 370.5 | 95 | | | 100.44 | | 370.5 percent of total billed charges | |
| HC US TRANSRECTAL PROSTATE VOL FOR BRACHYTX PLAN | 76873 | CPT | | | | outpatient | | | 390 | 144.6 | Qualcare | Qualcare | 292.5 | 75 | | | 100.44 | | 370.5 percent of total billed charges | |
| HC US TRANSRECTAL PROSTATE VOL FOR BRACHYTX PLAN | 76873 | CPT | | | | outpatient | | | 390 | 144.6 | Horizon | MGD | 243.31 | | | | 100.44 | | 370.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US TRANSRECTAL PROSTATE VOL FOR BRACHYTX PLAN | 76873 | CPT | | | | outpatient | | | 390 | 144.6 | UHC | Medicare | 125.74 | | | | 100.44 | | 370.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US TRANSRECTAL PROSTATE VOL FOR BRACHYTX PLAN | 76873 | CPT | | | | outpatient | | | 390 | 144.6 | Horizon | NJ Health | 199.92 | | | | 100.44 | | 370.5 fee schedule | |
| HC US TRANSRECTAL PROSTATE VOL FOR BRACHYTX PLAN | 76873 | CPT | | | | outpatient | | | 390 | 144.6 | WellPoint | WellPoint | 125.5 | 32.18 | | | 100.44 | | 370.5 percent of total billed charges | |
| HC US TRANSRECTAL PROSTATE VOL FOR BRACHYTX PLAN | 76873 | CPT | | | | outpatient | | | 390 | 144.6 | Three Rivers | Three Rivers | 370.5 | 95 | | | 100.44 | | 370.5 percent of total billed charges | |
| HC US JOINT COMPLETE, PORTABLE | 76881 | CPT | | | | both | | | 646.25 | 144.6 | UHC | Medicaid | 203.89 | 31.55 | | 145.29 | 51.46 | | 613.94 percent of total billed charges | |
| HC US JOINT COMPLETE, PORTABLE | 76881 | CPT | | | | both | | | 646.25 | 144.6 | Aetna | Medicare | 125.74 | | | | 51.46 | | 613.94 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US JOINT COMPLETE, PORTABLE | 76881 | CPT | | | | both | | | 646.25 | 144.6 | Consumer | Consumer | 613.94 | 95 | | | 51.46 | | 613.94 percent of total billed charges | |
| HC US JOINT COMPLETE, PORTABLE | 76881 | CPT | | | | both | | | 646.25 | 144.6 | Amerihealth | HMO/PPO | 51.46 | | | | 51.46 | | 613.94 fee schedule | |
| HC US JOINT COMPLETE, PORTABLE | 76881 | CPT | | | | both | | | 646.25 | 144.6 | Wellcare | Medicare | 125.74 | | | | 51.46 | | 613.94 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US JOINT COMPLETE, PORTABLE | 76881 | CPT | | | | both | | | 646.25 | 144.6 | Aetna | Commercial | 245.58 | 38 | | | 51.46 | | 613.94 percent of total billed charges | |
| HC US JOINT COMPLETE, PORTABLE | 76881 | CPT | | | | both | | | 646.25 | 144.6 | Americare | Americare | 484.69 | 75 | | | 51.46 | | 613.94 percent of total billed charges | |
| HC US JOINT COMPLETE, PORTABLE | 76881 | CPT | | | | both | | | 646.25 | 144.6 | Aetna | Better Health | 203.89 | 31.55 | | | 51.46 | | 613.94 percent of total billed charges | |
| HC US JOINT COMPLETE, PORTABLE | 76881 | CPT | | | | both | | | 646.25 | 144.6 | UHC | Medicare | 125.74 | | | | 51.46 | | 613.94 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US JOINT COMPLETE, PORTABLE | 76881 | CPT | | | | both | | | 646.25 | 144.6 | Corrections | Corrections | 517 | 80 | | | 51.46 | | 613.94 percent of total billed charges | |
| HC US JOINT COMPLETE, PORTABLE | 76881 | CPT | | | | both | | | 646.25 | 144.6 | First Trenton | First Trenton | 581.63 | 90 | | | 51.46 | | 613.94 percent of total billed charges | |
| HC US JOINT COMPLETE, PORTABLE | 76881 | CPT | | | | both | | | 646.25 | 144.6 | First Health | First Health | 452.38 | 70 | | | 51.46 | | 613.94 percent of total billed charges | |
| HC US JOINT COMPLETE, PORTABLE | 76881 | CPT | | | | both | | | 646.25 | 144.6 | Three Rivers | Three Rivers | 613.94 | 95 | | | 51.46 | | 613.94 percent of total billed charges | |
| HC US JOINT COMPLETE, PORTABLE | 76881 | CPT | | | | both | | | 646.25 | 144.6 | Multiplan | Multiplan | 517 | 80 | | | 51.46 | | 613.94 percent of total billed charges | |
| HC US JOINT COMPLETE, PORTABLE | 76881 | CPT | | | | both | | | 646.25 | 144.6 | Horizon | Indemnity | 243.31 | | | | 51.46 | | 613.94 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US JOINT COMPLETE, PORTABLE | 76881 | CPT | | | | both | | | 646.25 | 144.6 | WellPoint | WellPoint | 207.96 | 32.18 | | | 51.46 | | 613.94 percent of total billed charges | |
| HC US JOINT COMPLETE, PORTABLE | 76881 | CPT | | | | both | | | 646.25 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 51.46 | | 613.94 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US JOINT COMPLETE, PORTABLE | 76881 | CPT | | | | both | | | 646.25 | 144.6 | Qualcare | Qualcare | 484.69 | 75 | | | 51.46 | | 613.94 percent of total billed charges | |
| HC US JOINT COMPLETE, PORTABLE | 76881 | CPT | | | | both | | | 646.25 | 144.6 | Horizon | MGD | 243.31 | | | 229.73 | 51.46 | | 613.94 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US JOINT COMPLETE, PORTABLE | 76881 | CPT | | | | both | | | 646.25 | 144.6 | Wellcare | Medicaid | 203.89 | 31.55 | | | 51.46 | | 613.94 percent of total billed charges | |
| HC US JOINT COMPLETE, PORTABLE | 76881 | CPT | | | | both | | | 646.25 | 144.6 | Horizon | NJ Health | 100.04 | | | | 51.46 | | 613.94 fee schedule | |
| HC US JOINT COMPLETE, PORTABLE | 76881 | CPT | | | | both | | | 646.25 | 144.6 | Horizon | PPO | 243.31 | | | 224.95 | 51.46 | | 613.94 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US JOINT COMPLETE, PORTABLE | 76881 | CPT | | | | both | | | 646.25 | 144.6 | Managed Care Inc | Managed Care Inc | 581.63 | 90 | | | 51.46 | | 613.94 percent of total billed charges | |
| HC US JOINT LIMITED, PORTABLE | 76882 | CPT | | | | both | | | 502.5 | 144.6 | Aetna | Better Health | 158.54 | 31.55 | | | 25.6 | | 477.38 percent of total billed charges | |
| HC US JOINT LIMITED, PORTABLE | 76882 | CPT | | | | both | | | 502.5 | 144.6 | First Trenton | First Trenton | 452.25 | 90 | | | 25.6 | | 477.38 percent of total billed charges | |
| HC US JOINT LIMITED, PORTABLE | 76882 | CPT | | | | both | | | 502.5 | 144.6 | Aetna | Medicare | 125.74 | | | | 25.6 | | 477.38 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US JOINT LIMITED, PORTABLE | 76882 | CPT | | | | both | | | 502.5 | 144.6 | Americare | Americare | 376.88 | 75 | | | 25.6 | | 477.38 percent of total billed charges | |
| HC US JOINT LIMITED, PORTABLE | 76882 | CPT | | | | both | | | 502.5 | 144.6 | Aetna | Commercial | 190.95 | 38 | | 194.83 | 25.6 | | 477.38 percent of total billed charges | |
| HC US JOINT LIMITED, PORTABLE | 76882 | CPT | | | | both | | | 502.5 | 144.6 | Horizon | NJ Health | 25.6 | | | 48.67 | 25.6 | | 477.38 fee schedule | |
| HC US JOINT LIMITED, PORTABLE | 76882 | CPT | | | | both | | | 502.5 | 144.6 | Amerihealth | HMO/PPO | 51.46 | | | 51.85 | 25.6 | | 477.38 fee schedule | |
| HC US JOINT LIMITED, PORTABLE | 76882 | CPT | | | | both | | | 502.5 | 144.6 | Consumer | Consumer | 477.38 | 95 | | | 25.6 | | 477.38 percent of total billed charges | |
| HC US JOINT LIMITED, PORTABLE | 76882 | CPT | | | | both | | | 502.5 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 25.6 | | 477.38 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US JOINT LIMITED, PORTABLE | 76882 | CPT | | | | both | | | 502.5 | 144.6 | Managed Care Inc | Managed Care Inc | 452.25 | 90 | | | 25.6 | | 477.38 percent of total billed charges | |
| HC US JOINT LIMITED, PORTABLE | 76882 | CPT | | | | both | | | 502.5 | 144.6 | Horizon | Indemnity | 243.31 | | | 136.3 | 25.6 | | 477.38 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US JOINT LIMITED, PORTABLE | 76882 | CPT | | | | both | | | 502.5 | 144.6 | Multiplan | Multiplan | 402 | 80 | | | 25.6 | | 477.38 percent of total billed charges | |
| HC US JOINT LIMITED, PORTABLE | 76882 | CPT | | | | both | | | 502.5 | 144.6 | First Health | First Health | 351.75 | 70 | | | 25.6 | | 477.38 percent of total billed charges | |
| HC US JOINT LIMITED, PORTABLE | 76882 | CPT | | | | both | | | 502.5 | 144.6 | Qualcare | Qualcare | 376.88 | 75 | | | 25.6 | | 477.38 percent of total billed charges | |
| HC US JOINT LIMITED, PORTABLE | 76882 | CPT | | | | both | | | 502.5 | 144.6 | Horizon | PPO | 243.31 | | | 169.41 | 25.6 | | 477.38 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US JOINT LIMITED, PORTABLE | 76882 | CPT | | | | both | | | 502.5 | 144.6 | Corrections | Corrections | 402 | 80 | | | 25.6 | | 477.38 percent of total billed charges | |
| HC US JOINT LIMITED, PORTABLE | 76882 | CPT | | | | both | | | 502.5 | 144.6 | WellPoint | WellPoint | 161.7 | 32.18 | | 98.75 | 25.6 | | 477.38 percent of total billed charges | |
| HC US JOINT LIMITED, PORTABLE | 76882 | CPT | | | | both | | | 502.5 | 144.6 | UHC | Medicaid | 158.54 | 31.55 | | 100.52 | 25.6 | | 477.38 percent of total billed charges | |
| HC US JOINT LIMITED, PORTABLE | 76882 | CPT | | | | both | | | 502.5 | 144.6 | Wellcare | Medicaid | 158.54 | 31.55 | | | 25.6 | | 477.38 percent of total billed charges | |
| HC US JOINT LIMITED, PORTABLE | 76882 | CPT | | | | both | | | 502.5 | 144.6 | Three Rivers | Three Rivers | 477.38 | 95 | | | 25.6 | | 477.38 percent of total billed charges | |
| HC US JOINT LIMITED, PORTABLE | 76882 | CPT | | | | both | | | 502.5 | 144.6 | UHC | Medicare | 125.74 | | | 43.03 | 25.6 | | 477.38 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US JOINT LIMITED, PORTABLE | 76882 | CPT | | | | both | | | 502.5 | 144.6 | Horizon | MGD | 243.31 | | | 124.34 | 25.6 | | 477.38 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US JOINT LIMITED, PORTABLE | 76882 | CPT | | | | both | | | 502.5 | 144.6 | Wellcare | Medicare | 125.74 | | | | 25.6 | | 477.38 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US INFANT HIPS DYNAMIC W MANIPULATION | 76885 | CPT | | | | outpatient | | | 1029 | 119.52 | Aetna | Commercial | 391.02 | 38 | | | 63.86 | | 977.55 percent of total billed charges | |
| HC US INFANT HIPS DYNAMIC W MANIPULATION | 76885 | CPT | | | | outpatient | | | 1029 | 119.52 | Horizon | Indemnity | 201.1 | | | | 63.86 | | 977.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US INFANT HIPS DYNAMIC W MANIPULATION | 76885 | CPT | | | | outpatient | | | 1029 | 119.52 | Aetna | Better Health | 324.65 | 31.55 | | | 63.86 | | 977.55 percent of total billed charges | |
| HC US INFANT HIPS DYNAMIC W MANIPULATION | 76885 | CPT | | | | outpatient | | | 1029 | 119.52 | UHC | Medicare | 103.93 | | | | 63.86 | | 977.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US INFANT HIPS DYNAMIC W MANIPULATION | 76885 | CPT | | | | outpatient | | | 1029 | 119.52 | Aetna | Medicare | 103.93 | | | | 63.86 | | 977.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US INFANT HIPS DYNAMIC W MANIPULATION | 76885 | CPT | | | | outpatient | | | 1029 | 119.52 | Americare | Americare | 771.75 | 75 | | | 63.86 | | 977.55 percent of total billed charges | |
| HC US INFANT HIPS DYNAMIC W MANIPULATION | 76885 | CPT | | | | outpatient | | | 1029 | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 63.86 | | 977.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US INFANT HIPS DYNAMIC W MANIPULATION | 76885 | CPT | | | | outpatient | | | 1029 | 119.52 | First Trenton | First Trenton | 926.1 | 90 | | | 63.86 | | 977.55 percent of total billed charges | |
| HC US INFANT HIPS DYNAMIC W MANIPULATION | 76885 | CPT | | | | outpatient | | | 1029 | 119.52 | Consumer | Consumer | 977.55 | 95 | | | 63.86 | | 977.55 percent of total billed charges | |
| HC US INFANT HIPS DYNAMIC W MANIPULATION | 76885 | CPT | | | | outpatient | | | 1029 | 119.52 | Multiplan | Multiplan | 823.2 | 80 | | | 63.86 | | 977.55 percent of total billed charges | |
| HC US INFANT HIPS DYNAMIC W MANIPULATION | 76885 | CPT | | | | outpatient | | | 1029 | 119.52 | Amerihealth | HMO/PPO | 63.86 | | | | 63.86 | | 977.55 fee schedule | |
| HC US INFANT HIPS DYNAMIC W MANIPULATION | 76885 | CPT | | | | outpatient | | | 1029 | 119.52 | Managed Care Inc | Managed Care Inc | 926.1 | 90 | | | 63.86 | | 977.55 percent of total billed charges | |
| HC US INFANT HIPS DYNAMIC W MANIPULATION | 76885 | CPT | | | | outpatient | | | 1029 | 119.52 | Corrections | Corrections | 823.2 | 80 | | | 63.86 | | 977.55 percent of total billed charges | |
| HC US INFANT HIPS DYNAMIC W MANIPULATION | 76885 | CPT | | | | outpatient | | | 1029 | 119.52 | Horizon | NJ Health | 72.52 | | | | 63.86 | | 977.55 fee schedule | |
| HC US INFANT HIPS DYNAMIC W MANIPULATION | 76885 | CPT | | | | outpatient | | | 1029 | 119.52 | First Health | First Health | 720.3 | 70 | | | 63.86 | | 977.55 percent of total billed charges | |
| HC US INFANT HIPS DYNAMIC W MANIPULATION | 76885 | CPT | | | | outpatient | | | 1029 | 119.52 | UHC | Medicaid | 324.65 | 31.55 | | | 63.86 | | 977.55 percent of total billed charges | |
| HC US INFANT HIPS DYNAMIC W MANIPULATION | 76885 | CPT | | | | outpatient | | | 1029 | 119.52 | Horizon | MGD | 201.1 | | | | 63.86 | | 977.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US INFANT HIPS DYNAMIC W MANIPULATION | 76885 | CPT | | | | outpatient | | | 1029 | 119.52 | Qualcare | Qualcare | 771.75 | 75 | | | 63.86 | | 977.55 percent of total billed charges | |
| HC US INFANT HIPS DYNAMIC W MANIPULATION | 76885 | CPT | | | | outpatient | | | 1029 | 119.52 | Wellcare | Medicaid | 324.65 | 31.55 | | | 63.86 | | 977.55 percent of total billed charges | |
| HC US INFANT HIPS DYNAMIC W MANIPULATION | 76885 | CPT | | | | outpatient | | | 1029 | 119.52 | Three Rivers | Three Rivers | 977.55 | 95 | | | 63.86 | | 977.55 percent of total billed charges | |
| HC US INFANT HIPS DYNAMIC W MANIPULATION | 76885 | CPT | | | | outpatient | | | 1029 | 119.52 | Horizon | PPO | 201.1 | | | | 63.86 | | 977.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US INFANT HIPS DYNAMIC W MANIPULATION | 76885 | CPT | | | | outpatient | | | 1029 | 119.52 | Wellcare | Medicare | 103.93 | | | | 63.86 | | 977.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US INFANT HIPS DYNAMIC W MANIPULATION | 76885 | CPT | | | | outpatient | | | 1029 | 119.52 | WellPoint | WellPoint | 331.13 | 32.18 | | | 63.86 | | 977.55 percent of total billed charges | |
| HC US INFANT HIPS LIMITED/STATIC WO MANIPULATION | 76886 | CPT | | | | both | | | 960 | 119.52 | Consumer | Consumer | 912 | 95 | | | 57.04 | | 912 percent of total billed charges | |
| HC US INFANT HIPS LIMITED/STATIC WO MANIPULATION | 76886 | CPT | | | | both | | | 960 | 119.52 | Americare | Americare | 720 | 75 | | | 57.04 | | 912 percent of total billed charges | |
| HC US INFANT HIPS LIMITED/STATIC WO MANIPULATION | 76886 | CPT | | | | both | | | 960 | 119.52 | Amerihealth | HMO/PPO | 57.04 | | | | 57.04 | | 912 fee schedule | |
| HC US INFANT HIPS LIMITED/STATIC WO MANIPULATION | 76886 | CPT | | | | both | | | 960 | 119.52 | Aetna | Medicare | 103.93 | | | | 57.04 | | 912 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US INFANT HIPS LIMITED/STATIC WO MANIPULATION | 76886 | CPT | | | | both | | | 960 | 119.52 | Aetna | Better Health | 302.88 | 31.55 | | | 57.04 | | 912 percent of total billed charges | |
| HC US INFANT HIPS LIMITED/STATIC WO MANIPULATION | 76886 | CPT | | | | both | | | 960 | 119.52 | Qualcare | Qualcare | 720 | 75 | | | 57.04 | | 912 percent of total billed charges | |
| HC US INFANT HIPS LIMITED/STATIC WO MANIPULATION | 76886 | CPT | | | | both | | | 960 | 119.52 | Aetna | Commercial | 364.8 | 38 | | | 57.04 | | 912 percent of total billed charges | |
| HC US INFANT HIPS LIMITED/STATIC WO MANIPULATION | 76886 | CPT | | | | both | | | 960 | 119.52 | First Trenton | First Trenton | 864 | 90 | | | 57.04 | | 912 percent of total billed charges | |
| HC US INFANT HIPS LIMITED/STATIC WO MANIPULATION | 76886 | CPT | | | | both | | | 960 | 119.52 | Corrections | Corrections | 768 | 80 | | | 57.04 | | 912 percent of total billed charges | |
| HC US INFANT HIPS LIMITED/STATIC WO MANIPULATION | 76886 | CPT | | | | both | | | 960 | 119.52 | Multiplan | Multiplan | 768 | 80 | | | 57.04 | | 912 percent of total billed charges | |
| HC US INFANT HIPS LIMITED/STATIC WO MANIPULATION | 76886 | CPT | | | | both | | | 960 | 119.52 | First Health | First Health | 672 | 70 | | | 57.04 | | 912 percent of total billed charges | |
| HC US INFANT HIPS LIMITED/STATIC WO MANIPULATION | 76886 | CPT | | | | both | | | 960 | 119.52 | Horizon | MGD | 201.1 | | | | 57.04 | | 912 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US INFANT HIPS LIMITED/STATIC WO MANIPULATION | 76886 | CPT | | | | both | | | 960 | 119.52 | Wellcare | Medicare | 103.93 | | | | 57.04 | | 912 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US INFANT HIPS LIMITED/STATIC WO MANIPULATION | 76886 | CPT | | | | both | | | 960 | 119.52 | Three Rivers | Three Rivers | 912 | 95 | | | 57.04 | | 912 percent of total billed charges | |
| HC US INFANT HIPS LIMITED/STATIC WO MANIPULATION | 76886 | CPT | | | | both | | | 960 | 119.52 | UHC | Medicaid | 302.88 | 31.55 | | | 57.04 | | 912 percent of total billed charges | |
| HC US INFANT HIPS LIMITED/STATIC WO MANIPULATION | 76886 | CPT | | | | both | | | 960 | 119.52 | Horizon | PPO | 201.1 | | | | 57.04 | | 912 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US INFANT HIPS LIMITED/STATIC WO MANIPULATION | 76886 | CPT | | | | both | | | 960 | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 57.04 | | 912 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US INFANT HIPS LIMITED/STATIC WO MANIPULATION | 76886 | CPT | | | | both | | | 960 | 119.52 | Managed Care Inc | Managed Care Inc | 864 | 90 | | | 57.04 | | 912 percent of total billed charges | |
| HC US INFANT HIPS LIMITED/STATIC WO MANIPULATION | 76886 | CPT | | | | both | | | 960 | 119.52 | Horizon | Indemnity | 201.1 | | | | 57.04 | | 912 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US INFANT HIPS LIMITED/STATIC WO MANIPULATION | 76886 | CPT | | | | both | | | 960 | 119.52 | UHC | Medicare | 103.93 | | | | 57.04 | | 912 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US INFANT HIPS LIMITED/STATIC WO MANIPULATION | 76886 | CPT | | | | both | | | 960 | 119.52 | WellPoint | WellPoint | 308.93 | 32.18 | | 95.62 | 57.04 | | 912 percent of total billed charges | |
| HC US INFANT HIPS LIMITED/STATIC WO MANIPULATION | 76886 | CPT | | | | both | | | 960 | 119.52 | Wellcare | Medicaid | 302.88 | 31.55 | | | 57.04 | | 912 percent of total billed charges | |
| HC US INFANT HIPS LIMITED/STATIC WO MANIPULATION | 76886 | CPT | | | | both | | | 960 | 119.52 | Horizon | NJ Health | 78.83 | | | | 57.04 | | 912 fee schedule | |
| HC US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL | 76936 | CPT | | | | outpatient | | | 458.76 | 412.82 | Consumer | Consumer | 435.82 | 95 | | | 144.74 | | 694.61 percent of total billed charges | |
| HC US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL | 76936 | CPT | | | | outpatient | | | 458.76 | 412.82 | First Trenton | First Trenton | 412.88 | 90 | | | 144.74 | | 694.61 percent of total billed charges | |
| HC US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL | 76936 | CPT | | | | outpatient | | | 458.76 | 412.82 | Aetna | Medicare | 358.97 | | | | 144.74 | | 694.61 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL | 76936 | CPT | | | | outpatient | | | 458.76 | 412.82 | Aetna | Better Health | 144.74 | 31.55 | | | 144.74 | | 694.61 percent of total billed charges | |
| HC US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL | 76936 | CPT | | | | outpatient | | | 458.76 | 412.82 | Americare | Americare | 344.07 | 75 | | | 144.74 | | 694.61 percent of total billed charges | |
| HC US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL | 76936 | CPT | | | | outpatient | | | 458.76 | 412.82 | Amerihealth | HMO/PPO | 186 | | | | 144.74 | | 694.61 fee schedule | |
| HC US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL | 76936 | CPT | | | | outpatient | | | 458.76 | 412.82 | Aetna | Commercial | 174.33 | 38 | | | 144.74 | | 694.61 percent of total billed charges | |
| HC US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL | 76936 | CPT | | | | outpatient | | | 458.76 | 412.82 | Multiplan | Multiplan | 367.01 | 80 | | | 144.74 | | 694.61 percent of total billed charges | |
| HC US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL | 76936 | CPT | | | | outpatient | | | 458.76 | 412.82 | Corrections | Corrections | 367.01 | 80 | | | 144.74 | | 694.61 percent of total billed charges | |
| HC US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL | 76936 | CPT | | | | outpatient | | | 458.76 | 412.82 | Horizon | Medicare Blue | 358.97 | | | | 144.74 | | 694.61 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL | 76936 | CPT | | | | outpatient | | | 458.76 | 412.82 | Horizon | MGD | 694.61 | | | | 144.74 | | 694.61 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL | 76936 | CPT | | | | outpatient | | | 458.76 | 412.82 | Managed Care Inc | Managed Care Inc | 412.88 | 90 | | | 144.74 | | 694.61 percent of total billed char

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC US CMPRN RPR ARTL PSEUDOARYSM\|ARVEN FSTL | 76936 | CPT | | | | outpatient | | | 458.76 | 412.82 | Qualcare | | 344.07 | 75 | | | 144.74 | 694.61 | percent of total billed charges | |
| HC US CMPRN RPR ARTL PSEUDOARYSM\|ARVEN FSTL | 76936 | CPT | | | | outpatient | | | 458.76 | 412.82 | Horizon | NJ Health | 341.96 | | | | 144.74 | 694.61 | fee schedule | |
| HC US CMPRN RPR ARTL PSEUDOARYSM\|ARVEN FSTL | 76936 | CPT | | | | outpatient | | | 458.76 | 412.82 | Horizon | PPO | 694.61 | | | | 144.74 | 694.61 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US CMPRN RPR ARTL PSEUDOARYSM\|ARVEN FSTL | 76936 | CPT | | | | outpatient | | | 458.76 | 412.82 | UHC | Medicare | 358.97 | | | | 144.74 | 694.61 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US CMPRN RPR ARTL PSEUDOARYSM\|ARVEN FSTL | 76936 | CPT | | | | outpatient | | | 458.76 | 412.82 | Wellcare | Medicaid | 144.74 | 31.55 | | | 144.74 | 694.61 | percent of total billed charges | |
| HC US CMPRN RPR ARTL PSEUDOARYSM\|ARVEN FSTL | 76936 | CPT | | | | outpatient | | | 458.76 | 412.82 | UHC | Medicaid | 144.74 | 31.55 | | | 144.74 | 694.61 | percent of total billed charges | |
| HC US CMPRN RPR ARTL PSEUDOARYSM\|ARVEN FSTL | 76936 | CPT | | | | outpatient | | | 458.76 | 412.82 | WellPoint | WellPoint | 147.63 | 32.18 | | | 144.74 | 694.61 | percent of total billed charges | |
| HC US CMPRN RPR ARTL PSEUDOARYSM\|ARVEN FSTL | 76936 | CPT | | | | outpatient | | | 458.76 | 412.82 | Wellcare | Medicare | 358.97 | | | | 144.74 | 694.61 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US GUIDANCE VASC ACCESS SITES VSL PATENCY NDL ENTRY | 76937 | CPT | | | | both | | | 593 | | First Trenton | First Trenton | 533.7 | 90 | | | 56.84 | 563.35 | percent of total billed charges | |
| HC US GUIDANCE VASC ACCESS SITES VSL PATENCY NDL ENTRY | 76937 | CPT | | | | both | | | 593 | | Aetna | Better Health | 187.09 | 31.55 | | 167.98 | 56.84 | 563.35 | percent of total billed charges | |
| HC US GUIDANCE VASC ACCESS SITES VSL PATENCY NDL ENTRY | 76937 | CPT | | | | both | | | 593 | | Corrections | Corrections | 474.4 | 80 | | | 56.84 | 563.35 | percent of total billed charges | |
| HC US GUIDANCE VASC ACCESS SITES VSL PATENCY NDL ENTRY | 76937 | CPT | | | | both | | | 593 | | Aetna | Medicare | 182.64 | 30.8 | | 93.98 | 56.84 | 563.35 | percent of total billed charges | |
| HC US GUIDANCE VASC ACCESS SITES VSL PATENCY NDL ENTRY | 76937 | CPT | | | | both | | | 593 | | WellPoint | WellPoint | 190.83 | 32.18 | | 102.64 | 56.84 | 563.35 | percent of total billed charges | |
| HC US GUIDANCE VASC ACCESS SITES VSL PATENCY NDL ENTRY | 76937 | CPT | | | | both | | | 593 | | First Health | First Health | 415.1 | 70 | | | 56.84 | 563.35 | percent of total billed charges | |
| HC US GUIDANCE VASC ACCESS SITES VSL PATENCY NDL ENTRY | 76937 | CPT | | | | both | | | 593 | | Americare | Americare | 444.75 | 75 | | | 56.84 | 563.35 | percent of total billed charges | |
| HC US GUIDANCE VASC ACCESS SITES VSL PATENCY NDL ENTRY | 76937 | CPT | | | | both | | | 593 | | Consumer | Consumer | 563.35 | 95 | | | 56.84 | 563.35 | percent of total billed charges | |
| HC US GUIDANCE VASC ACCESS SITES VSL PATENCY NDL ENTRY | 76937 | CPT | | | | both | | | 593 | | Horizon | PPO | 227 | 38.28 | | | 56.84 | 563.35 | percent of total billed charges | |
| HC US GUIDANCE VASC ACCESS SITES VSL PATENCY NDL ENTRY | 76937 | CPT | | | | both | | | 593 | | Aetna | Commercial | 225.34 | 38 | | 233.83 | 56.84 | 563.35 | percent of total billed charges | |
| HC US GUIDANCE VASC ACCESS SITES VSL PATENCY NDL ENTRY | 76937 | CPT | | | | both | | | 593 | | Horizon | Medicare Blue | 177.9 | 30 | | 72.94 | 56.84 | 563.35 | percent of total billed charges | |
| HC US GUIDANCE VASC ACCESS SITES VSL PATENCY NDL ENTRY | 76937 | CPT | | | | both | | | 593 | | Horizon | MGD | 227 | 38.28 | | 6196.1 | 56.84 | 563.35 | percent of total billed charges | |
| HC US GUIDANCE VASC ACCESS SITES VSL PATENCY NDL ENTRY | 76937 | CPT | | | | both | | | 593 | | Managed Care Inc | Managed Care Inc | 533.7 | 90 | | | 56.84 | 563.35 | percent of total billed charges | |
| HC US GUIDANCE VASC ACCESS SITES VSL PATENCY NDL ENTRY | 76937 | CPT | | | | both | | | 593 | | Horizon | Indemnity | 227 | 38.28 | | 289.45 | 56.84 | 563.35 | percent of total billed charges | |
| HC US GUIDANCE VASC ACCESS SITES VSL PATENCY NDL ENTRY | 76937 | CPT | | | | both | | | 593 | | Amerihealth | HMO/PPO | 385.45 | 65 | | | 56.84 | 563.35 | percent of total billed charges | |
| HC US GUIDANCE VASC ACCESS SITES VSL PATENCY NDL ENTRY | 76937 | CPT | | | | both | | | 593 | | Horizon | NJ Health | 56.84 | | | 159.53 | 56.84 | 563.35 | fee schedule | |
| HC US GUIDANCE VASC ACCESS SITES VSL PATENCY NDL ENTRY | 76937 | CPT | | | | both | | | 593 | | Three Rivers | Three Rivers | 563.35 | 95 | | | 56.84 | 563.35 | percent of total billed charges | |
| HC US GUIDANCE VASC ACCESS SITES VSL PATENCY NDL ENTRY | 76937 | CPT | | | | both | | | 593 | | Wellcare | Medicaid | 187.09 | 31.55 | | | 56.84 | 563.35 | percent of total billed charges | |
| HC US GUIDANCE VASC ACCESS SITES VSL PATENCY NDL ENTRY | 76937 | CPT | | | | both | | | 593 | | Multiplan | Multiplan | 474.4 | 80 | | | 56.84 | 563.35 | percent of total billed charges | |
| HC US GUIDANCE VASC ACCESS SITES VSL PATENCY NDL ENTRY | 76937 | CPT | | | | both | | | 593 | | UHC | Medicaid | 187.09 | 31.55 | | 179.39 | 56.84 | 563.35 | percent of total billed charges | |
| HC US GUIDANCE VASC ACCESS SITES VSL PATENCY NDL ENTRY | 76937 | CPT | | | | both | | | 593 | | Qualcare | Qualcare | 444.75 | 75 | | | 56.84 | 563.35 | percent of total billed charges | |
| HC US GUIDANCE NEEDLE PLACEMENT (BX, ASPX, INJ, LOC); PORTABLE | 76942 | CPT | | | | both | | | 1058.75 | | First Trenton | First Trenton | 952.88 | 90 | | | 72.52 | 1005.81 | percent of total billed charges | |
| HC US GUIDANCE NEEDLE PLACEMENT (BX, ASPX, INJ, LOC); PORTABLE | 76942 | CPT | | | | both | | | 1058.75 | | UHC | Medicaid | 334.04 | 31.55 | | 232.61 | 72.52 | 1005.81 | percent of total billed charges | |
| HC US GUIDANCE NEEDLE PLACEMENT (BX, ASPX, INJ, LOC); PORTABLE | 76942 | CPT | | | | both | | | 1058.75 | | Aetna | Better Health | 334.04 | 31.55 | | 77.95 | 72.52 | 1005.81 | percent of total billed charges | |
| HC US GUIDANCE NEEDLE PLACEMENT (BX, ASPX, INJ, LOC); PORTABLE | 76942 | CPT | | | | both | | | 1058.75 | | Horizon | Medicare Blue | 317.63 | 30 | | 226.32 | 72.52 | 1005.81 | percent of total billed charges | |
| HC US GUIDANCE NEEDLE PLACEMENT (BX, ASPX, INJ, LOC); PORTABLE | 76942 | CPT | | | | both | | | 1058.75 | | Aetna | Commercial | 402.33 | 38 | | 483.97 | 72.52 | 1005.81 | percent of total billed charges | |
| HC US GUIDANCE NEEDLE PLACEMENT (BX, ASPX, INJ, LOC); PORTABLE | 76942 | CPT | | | | both | | | 1058.75 | | Horizon | Indemnity | 405.29 | 38.28 | | 162.77 | 72.52 | 1005.81 | percent of total billed charges | |
| HC US GUIDANCE NEEDLE PLACEMENT (BX, ASPX, INJ, LOC); PORTABLE | 76942 | CPT | | | | both | | | 1058.75 | | First Health | First Health | 741.13 | 70 | | | 72.52 | 1005.81 | percent of total billed charges | |
| HC US GUIDANCE NEEDLE PLACEMENT (BX, ASPX, INJ, LOC); PORTABLE | 76942 | CPT | | | | both | | | 1058.75 | | Horizon | NJ Health | 72.52 | | | 109.37 | 72.52 | 1005.81 | fee schedule | |
| HC US GUIDANCE NEEDLE PLACEMENT (BX, ASPX, INJ, LOC); PORTABLE | 76942 | CPT | | | | both | | | 1058.75 | | Managed Care Inc | Managed Care Inc | 952.88 | 90 | | | 72.52 | 1005.81 | percent of total billed charges | |
| HC US GUIDANCE NEEDLE PLACEMENT (BX, ASPX, INJ, LOC); PORTABLE | 76942 | CPT | | | | both | | | 1058.75 | | Horizon | PPO | 405.29 | 38.28 | | 397.96 | 72.52 | 1005.81 | percent of total billed charges | |
| HC US GUIDANCE NEEDLE PLACEMENT (BX, ASPX, INJ, LOC); PORTABLE | 76942 | CPT | | | | both | | | 1058.75 | | Aetna | Medicare | 326.1 | 30.8 | | 96.46 | 72.52 | 1005.81 | percent of total billed charges | |
| HC US GUIDANCE NEEDLE PLACEMENT (BX, ASPX, INJ, LOC); PORTABLE | 76942 | CPT | | | | both | | | 1058.75 | | Three Rivers | Three Rivers | 1005.81 | 95 | | | 72.52 | 1005.81 | percent of total billed charges | |
| HC US GUIDANCE NEEDLE PLACEMENT (BX, ASPX, INJ, LOC); PORTABLE | 76942 | CPT | | | | both | | | 1058.75 | | Amerihealth | HMO/PPO | 688.19 | 65 | | | 72.52 | 1005.81 | percent of total billed charges | |
| HC US GUIDANCE NEEDLE PLACEMENT (BX, ASPX, INJ, LOC); PORTABLE | 76942 | CPT | | | | both | | | 1058.75 | | Multiplan | Multiplan | 847 | 80 | | | 72.52 | 1005.81 | percent of total billed charges | |
| HC US GUIDANCE NEEDLE PLACEMENT (BX, ASPX, INJ, LOC); PORTABLE | 76942 | CPT | | | | both | | | 1058.75 | | Corrections | Corrections | 847 | 80 | | | 72.52 | 1005.81 | percent of total billed charges | |
| HC US GUIDANCE NEEDLE PLACEMENT (BX, ASPX, INJ, LOC); PORTABLE | 76942 | CPT | | | | both | | | 1058.75 | | Americare | Americare | 794.06 | 75 | | | 72.52 | 1005.81 | percent of total billed charges | |
| HC US GUIDANCE NEEDLE PLACEMENT (BX, ASPX, INJ, LOC); PORTABLE | 76942 | CPT | | | | both | | | 1058.75 | | Horizon | MGD | 405.29 | 38.28 | | 285.54 | 72.52 | 1005.81 | percent of total billed charges | |
| HC US GUIDANCE NEEDLE PLACEMENT (BX, ASPX, INJ, LOC); PORTABLE | 76942 | CPT | | | | both | | | 1058.75 | | Qualcare | Qualcare | 794.06 | 75 | | | 72.52 | 1005.81 | percent of total billed charges | |
| HC US GUIDANCE NEEDLE PLACEMENT (BX, ASPX, INJ, LOC); PORTABLE | 76942 | CPT | | | | both | | | 1058.75 | | Consumer | Consumer | 1005.81 | 95 | | | 72.52 | 1005.81 | percent of total billed charges | |
| HC US GUIDANCE NEEDLE PLACEMENT (BX, ASPX, INJ, LOC); PORTABLE | 76942 | CPT | | | | both | | | 1058.75 | | Wellcare | Medicaid | 334.04 | 31.55 | | 248.64 | 72.52 | 1005.81 | percent of total billed charges | |
| HC US GUIDANCE NEEDLE PLACEMENT (BX, ASPX, INJ, LOC); PORTABLE | 76942 | CPT | | | | both | | | 1058.75 | | WellPoint | WellPoint | 340.71 | 32.18 | | 196.42 | 72.52 | 1005.81 | percent of total billed charges | |
| HC US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I | 76945 | CPT | | | | outpatient | | | 92.84 | | Aetna | Better Health | 29.29 | 31.55 | | | 27.85 | 88.2 | percent of total billed charges | |
| HC US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I | 76945 | CPT | | | | outpatient | | | 92.84 | | Amerihealth | HMO/PPO | 60.35 | 65 | | | 27.85 | 88.2 | percent of total billed charges | |
| HC US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I | 76945 | CPT | | | | outpatient | | | 92.84 | | First Trenton | First Trenton | 83.56 | 90 | | | 27.85 | 88.2 | percent of total billed charges | |
| HC US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I | 76945 | CPT | | | | outpatient | | | 92.84 | | Consumer | Consumer | 88.2 | 95 | | | 27.85 | 88.2 | percent of total billed charges | |
| HC US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I | 76945 | CPT | | | | outpatient | | | 92.84 | | First Health | First Health | 64.99 | 70 | | | 27.85 | 88.2 | percent of total billed charges | |
| HC US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I | 76945 | CPT | | | | outpatient | | | 92.84 | | Americare | Americare | 69.63 | 75 | | | 27.85 | 88.2 | percent of total billed charges | |
| HC US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I | 76945 | CPT | | | | outpatient | | | 92.84 | | Managed Care Inc | Managed Care Inc | 83.56 | 90 | | | 27.85 | 88.2 | percent of total billed charges | |
| HC US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I | 76945 | CPT | | | | outpatient | | | 92.84 | | Aetna | Commercial | 35.28 | 38 | | | 27.85 | 88.2 | percent of total billed charges | |
| HC US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I | 76945 | CPT | | | | outpatient | | | 92.84 | | Wellcare | Medicaid | 29.29 | 31.55 | | | 27.85 | 88.2 | percent of total billed charges | |
| HC US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I | 76945 | CPT | | | | outpatient | | | 92.84 | | Horizon | Indemnity | 35.54 | 38.28 | | | 27.85 | 88.2 | percent of total billed charges | |
| HC US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I | 76945 | CPT | | | | outpatient | | | 92.84 | | Horizon | PPO | 35.54 | 38.28 | | | 27.85 | 88.2 | percent of total billed charges | |
| HC US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I | 76945 | CPT | | | | outpatient | | | 92.84 | | Corrections | Corrections | 74.27 | 80 | | | 27.85 | 88.2 | percent of total billed charges | |
| HC US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I | 76945 | CPT | | | | outpatient | | | 92.84 | | WellPoint | WellPoint | 29.88 | 32.18 | | | 27.85 | 88.2 | percent of total billed charges | |
| HC US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I | 76945 | CPT | | | | outpatient | | | 92.84 | | Horizon | Medicare Blue | 27.85 | 30 | | | 27.85 | 88.2 | percent of total billed charges | |
| HC US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I | 76945 | CPT | | | | outpatient | | | 92.84 | | UHC | Medicaid | 29.29 | 31.55 | | | 27.85 | 88.2 | percent of total billed charges | |
| HC US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I | 76945 | CPT | | | | outpatient | | | 92.84 | | Aetna | Medicare | 28.59 | 30.8 | | | 27.85 | 88.2 | percent of total billed charges | |
| HC US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I | 76945 | CPT | | | | outpatient | | | 92.84 | | Multiplan | Multiplan | 74.27 | 80 | | | 27.85 | 88.2 | percent of total billed charges | |
| HC US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I | 76945 | CPT | | | | outpatient | | | 92.84 | | Horizon | MGD | 35.54 | 38.28 | | | 27.85 | 88.2 | percent of total billed charges | |
| HC US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I | 76945 | CPT | | | | outpatient | | | 92.84 | | Three Rivers | Three Rivers | 88.2 | 95 | | | 27.85 | 88.2 | percent of total billed charges | |
| HC US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I | 76945 | CPT | | | | outpatient | | | 92.84 | | Horizon | NJ Health | 78.4 | | | | 27.85 | 88.2 | fee schedule | |
| HC US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I | 76945 | CPT | | | | outpatient | | | 92.84 | | Qualcare | Qualcare | 69.63 | 75 | | | 27.85 | 88.2 | percent of total billed charges | |
| HC US GUIDANCE AMNIOCENTESIS | 76946 | CPT | | | | outpatient | | | 114.54 | | Aetna | Better Health | 36.14 | 31.55 | | | 34.36 | 108.81 | percent of total billed charges | |
| HC US GUIDANCE AMNIOCENTESIS | 76946 | CPT | | | | outpatient | | | 114.54 | | Corrections | Corrections | 91.63 | 80 | | | 34.36 | 108.81 | percent of total billed charges | |
| HC US GUIDANCE AMNIOCENTESIS | 76946 | CPT | | | | outpatient | | | 114.54 | | Horizon | MGD | 43.85 | 38.28 | | | 34.36 | 108.81 | percent of total billed charges | |
| HC US GUIDANCE AMNIOCENTESIS | 76946 | CPT | | | | outpatient | | | 114.54 | | Wellcare | Medicaid | 36.14 | 31.55 | | | 34.36 | 108.81 | percent of total billed charges | |
| HC US GUIDANCE AMNIOCENTESIS | 76946 | CPT | | | | outpatient | | | 114.54 | | First Health | First Health | 80.18 | 70 | | | 34.36 | 108.81 | percent of total billed charges | |
| HC US GUIDANCE AMNIOCENTESIS | 76946 | CPT | | | | outpatient | | | 114.54 | | Aetna | Medicare | 35.28 | 30.8 | | | 34.36 | 108.81 | percent of total billed charges | |
| HC US GUIDANCE AMNIOCENTESIS | 76946 | CPT | | | | outpatient | | | 114.54 | | Americare | Americare | 85.91 | 75 | | | 34.36 | 108.81 | percent of total billed charges | |
| HC US GUIDANCE AMNIOCENTESIS | 76946 | CPT | | | | outpatient | | | 114.54 | | WellPoint | WellPoint | 36.86 | 32.18 | | | 34.36 | 108.81 | percent of total billed charges | |
| HC US GUIDANCE AMNIOCENTESIS | 76946 | CPT | | | | outpatient | | | 114.54 | | Aetna | Commercial | 43.53 | 38 | | | 34.36 | 108.81 | percent of total billed charges | |
| HC US GUIDANCE AMNIOCENTESIS | 76946 | CPT | | | | outpatient | | | 114.54 | | Consumer | Consumer | 108.81 | 95 | | | 34.36 | 108.81 | percent of total billed charges | |
| HC US GUIDANCE AMNIOCENTESIS | 76946 | CPT | | | | outpatient | | | 114.54 | | UHC | Medicaid | 36.14 | 31.55 | | | 34.36 | 108.81 | percent of total billed charges | |
| HC US GUIDANCE AMNIOCENTESIS | 76946 | CPT | | | | outpatient | | | 114.54 | | First Trenton | First Trenton | 103.09 | 90 | | | 34.36 | 108.81 | percent of total billed charges | |
| HC US GUIDANCE AMNIOCENTESIS | 76946 | CPT | | | | outpatient | | | 114.54 | | Horizon | Medicare Blue | 34.36 | 30 | | | 34.36 | 108.81 | percent of total billed charges | |
| HC US GUIDANCE AMNIOCENTESIS | 76946 | CPT | | | | outpatient | | | 114.54 | | Horizon | NJ Health | 60.76 | | | | 34.36 | 108.81 | fee schedule | |
| HC US GUIDANCE AMNIOCENTESIS | 76946 | CPT | | | | outpatient | | | 114.54 | | Amerihealth | HMO/PPO | 74.45 | 65 | | | 34.36 | 108.81 | percent of total billed charges | |
| HC US GUIDANCE AMNIOCENTESIS | 76946 | CPT | | | | outpatient | | | 114.54 | | Horizon | PPO | 43.85 | 38.28 | | | 34.36 | 108.81 | percent of total billed charges | |
| HC US GUIDANCE AMNIOCENTESIS | 76946 | CPT | | | | outpatient | | | 114.54 | | Horizon | Indemnity | 43.85 | 38.28 | | | 34.36 | 108.81 | percent of total billed charges | |
| HC US GUIDANCE AMNIOCENTESIS | 76946 | CPT | | | | outpatient | | | 114.54 | | Managed Care Inc | Managed Care Inc | 103.09 | 90 | | | 34.36 | 108.81 | percent of total billed charges | |
| HC US GUIDANCE AMNIOCENTESIS | 76946 | CPT | | | | outpatient | | | 114.54 | | Multiplan | Multiplan | 91.63 | 80 | | | 34.36 | 108.81 | percent of total billed charges | |
| HC US GUIDANCE AMNIOCENTESIS | 76946 | CPT | | | | outpatient | | | 114.54 | | Three Rivers | Three Rivers | 108.81 | 95 | | | 34.36 | 108.81 | percent of total billed charges | |
| HC US GUIDANCE AMNIOCENTESIS | 76946 | CPT | | | | outpatient | | | 114.54 | | Qualcare | Qualcare | 85.91 | 75 | | | 34.36 | 108.81 | percent of total billed charges | |
| HC US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION | 76965 | CPT | | | | both | | | 321.19 | | Consumer | Consumer | 305.13 | 95 | | | 96.36 | 337.12 | percent of total billed charges | |
| HC US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION | 76965 | CPT | | | | both | | | 321.19 | | First Trenton | First Trenton | 289.07 | 90 | | | 96.36 | 337.12 | percent of total billed charges | |
| HC US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION | 76965 | CPT | | | | both | | | 321.19 | | Qualcare | Qualcare | 240.89 | 75 | | | 96.36 | 337.12 | percent of total billed charges | |
| HC US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION | 76965 | CPT | | | | both | | | 321.19 | | Amerihealth | HMO/PPO | 207.7 | | | | 96.36 | 337.12 | fee schedule | |
| HC US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION | 76965 | CPT | | | | both | | | 321.19 | | Aetna | Better Health | 101.34 | 31.55 | | | 96.36 | 337.12 | percent of total billed charges | |
| HC US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION | 76965 | CPT | | | | both | | | 321.19 | | Aetna | Medicare | 98.93 | 30.8 | | | 96.36 | 337.12 | percent of total billed charges | |
| HC US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION | 76965 | CPT | | | | both | | | 321.19 | | Aetna | Commercial | 122.05 | 38 | | | 96.36 | 337.12 | percent of total billed charges | |
| HC US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION | 76965 | CPT | | | | both | | | 321.19 | | First Health | First Health | 224.83 | 70 | | | 96.36 | 337.12 | percent of total billed charges | |
| HC US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION | 76965 | CPT | | | | both | | | 321.19 | | Corrections | Corrections | 256.95 | 80 | | | 96.36 | 337.12 | percent of total billed charges | |
| HC US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION | 76965 | CPT | | | | both | | | 321.19 | | Horizon | MGD | 122.95 | 38.28 | | | 96.36 | 337.12 | percent of total billed charges | |
| HC US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION | 76965 | CPT | | | | both | | | 321.19 | | Multiplan | Multiplan | 256.95 | 80 | | | 96.36 | 337.12 | percent of total billed charges | |
| HC US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION | 76965 | CPT | | | | both | | | 321.19 | | Horizon | Medicare Blue | 96.36 | 30 | | | 96.36 | 337.12 | percent of total billed charges | |
| HC US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION | 76965 | CPT | | | | both | | | 321.19 | | Americare | Americare | 240.89 | 75 | | | 96.36 | 337.12 | percent of total billed charges | |
| HC US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION | 76965 | CPT | | | | both | | | 321.19 | | UHC | Medicaid | 101.34 | 31.55 | | | 96.36 | 337.12 | percent of total billed charges | |
| HC US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION | 76965 | CPT | | | | both | | | 321.19 | | Horizon | NJ Health | 337.12 | | | | 96.36 | 337.12 | fee schedule | |
| HC US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION | 76965 | CPT | | | | both | | | 321.19 | | Wellcare | Medicaid | 101.34 | 31.55 | | | 96.36 | 337.12 | percent of total billed charges | |
| HC US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION | 76965 | CPT | | | | both | | | 321.19 | | Horizon | Indemnity | 122.95 | 38.28 | | | 96.36 | 337.12 | percent of total billed charges | |
| HC US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION | 76965 | CPT | | | | both | | | 321.19 | | WellPoint | WellPoint | 103.36 | 32.18 | | | 96.36 | 337.12 | percent of total billed charges | |
| HC US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION | 76965 | CPT | | | | both | | | 321.19 | | Managed Care Inc | Managed Care Inc | 289.07 | 90 | | | 96.36 | 337.12 | percent of total billed charges | |
| HC US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION | 76965 | CPT | | | | both | | | 321.19 | | Horizon | PPO | 122.95 | 38.28 | | | 96.36 | 337.12 | percent of total billed charges | |
| HC US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION | 76965 | CPT | | | | both | | | 321.19 | | Three Rivers | Three Rivers | 305.13 | 95 | | | 96.36 | 337.12 | percent of total billed charges | |
| HC US TARGETED DYNAMIC MICROBUBBLE, 1ST LESION | 76978 | CPT | | | | outpatient | | | 829 | 241.65 | Aetna | Commercial | 315.02 | 38 | | | 210.13 | 787.55 | percent of total billed charges | |
| HC US TARGETED DYNAMIC MICROBUBBLE, 1ST LESION | 76978 | CPT | | | | outpatient | | | 829 | 241.65 | First Health | First Health | 580.3 | 70 | | | 210.13 | 787.55 | percent of total billed charges | |
| HC US TARGETED DYNAMIC MICROBUBBLE, 1ST LESION | 76978 | CPT | | | | outpatient | | | 829 | 241.65 | Corrections | Corrections | 663.2 | 80 | | | 210.13 | 787.55 | percent of total billed charges | |
| HC US TARGETED DYNAMIC MICROBUBBLE, 1ST LESION | 76978 | CPT | | | | outpatient | | | 829 | 241.65 | Horizon | MGD | 406.6 | | | | 210.13 | 787.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US TARGETED DYNAMIC MICROBUBBLE, 1ST LESION | 76978 | CPT | | | | outpatient | | | 829 | 241.65 | Aetna | Medicare | 210.13 | | | | 210.13 | 787.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US TARGETED DYNAMIC MICROBUBBLE, 1ST LESION | 76978 | CPT | | | | outpatient | | | 829 | 241.65 | Aetna | Better Health | 261.55 | 31.55 | | | 210.13 | 787.55 | percent of total billed charges | |
| HC US TARGETED DYNAMIC MICROBUBBLE, 1ST LESION | 76978 | CPT | | | | outpatient | | | 829 | 241.65 | Americare | Americare | 621.75 | 75 | | | 210.13 | 787.55 | percent of total billed charges | |
| HC US TARGETED DYNAMIC MICROBUBBLE, 1ST LESION | 76978 | CPT | | | | outpatient | | | 829 | 241.65 | Horizon | PPO | 406.6 | | | | 210.13 | 787.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US TARGETED DYNAMIC MICROBUBBLE, 1ST LESION | 76978 | CPT | | | | outpatient | | | 829 | 241.65 | Amerihealth | HMO/PPO | 538.85 | 65 | | | 210.13 | 787.55 | percent of total billed charges | |
| HC US TARGETED DYNAMIC MICROBUBBLE, 1ST LESION | 76978 | CPT | | | | outpatient | | | 829 | 241.65 | Wellcare | Medicare | 210.13 | | | | 210.13 | 787.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US TARGETED DYNAMIC MICROBUBBLE, 1ST LESION | 76978 | CPT | | | | outpatient | | | 829 | 241.65 | Horizon | Indemnity | 406.6 | | | | 210.13 | 787.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US TARGETED DYNAMIC MICROBUBBLE, 1ST LESION | 76978 | CPT | | | | outpatient | | | 829 | 241.65 | UHC | Medicaid | 261.55 | 31.55 | | | 210.13 | 787.55 | percent of total billed charges | |
| HC US TARGETED DYNAMIC MICROBUBBLE, 1ST LESION | 76978 | CPT | | | | outpatient | | | 829 | 241.65 | Wellcare | Medicaid | 261.55 | 31.55 | | | 210.13 | 787.55 | percent of total billed charges | |
| HC US TARGETED DYNAMIC MICROBUBBLE, 1ST LESION | 76978 | CPT | | | | outpatient | | | 829 | 241.65 | UHC | Medicare | 210.13 | | | | 210.13 | 787.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US TARGETED DYNAMIC MICROBUBBLE, 1ST LESION | 76978 | CPT | | | | outpatient | | | 829 | 241.65 | Consumer | Consumer | 787.55 | 95 | | | 210.13 | 787.55 | percent of total billed charges | |
| HC US TARGETED DYNAMIC MICROBUBBLE, 1ST LESION | 76978 | CPT | | | | outpatient | | | 829 | 241.65 | WellPoint | WellPoint | 266.77 | 32.18 | | | 210.13 | 787.55 | percent of total billed charges | |
| HC US TARGETED DYNAMIC MICROBUBBLE, 1ST LESION | 76978 | CPT | | | | outpatient | | | 829 | 241.65 | Horizon | Medicare Blue | 210.13 | | | | 210.13 | 787.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US TARGETED DYNAMIC MICROBUBBLE, 1ST LESION | 76978 | CPT | | | | outpatient | | | 829 | 241.65 | First Trenton | First Trenton | 746.1 | 90 | | | 210.13 | 787.55 | percent of total billed charges | |
| HC US TARGETED DYNAMIC MICROBUBBLE, 1ST LESION | 76978 | CPT | | | | outpatient | | | 829 | 241.65 | Multiplan | Multiplan | 663.2 | 80 | | | 210.13 | 787.55 | percent of total billed charges | |
| HC US TARGETED DYNAMIC MICROBUBBLE, 1ST LESION | 76978 | CPT | | | | outpatient | | | 829 | 241.65 | Horizon | NJ Health | 286.18 | | | | 210.13 | 787.55 | fee schedule | |
| HC US TARGETED DYNAMIC MICROBUBBLE, 1ST LESION | 76978 | CPT | | | | outpatient | | | 829 | 241.65 | Qualcare | Qualcare | 621.75 | 75 | | | 210.13 | 787.55 | percent of total billed charges | |
| HC US TARGETED DYNAMIC MICROBUBBLE, 1ST LESION | 76978 | CPT | | | | outpatient | | | 829 | 241.65 | Managed Care Inc | Managed Care Inc | 746.1 | 90 | | | 210.13 | 787.55 | percent of total billed charges | |
| HC US TARGETED DYNAMIC MICROBUBBLE, 1ST LESION | 76978 | CPT | | | | outpatient | | | 829 | 241.65 | Three Rivers | Three Rivers | 787.55 | 95 | | | 210.13 | 787.55 | percent of total billed charges | |
| HC US TARGETED DYNAMIC MICROBUBBLE, EA ADDL LESION | 76979 | CPT | | | | outpatient | | | 278 | | First Health | First Health | 194.6 | 70 | | | 83.4 | 264.1 | percent of total billed charges | |
| HC US TARGETED DYNAMIC MICROBUBBLE, EA ADDL LESION | 76979 | CPT | | | | outpatient | | | 278 | | Horizon | Medicare Blue | 83.4 | 30 | | | 83.4 | 264.1 | percent of total billed charges | |
| HC US TARGETED DYNAMIC MICROBUBBLE, EA ADDL LESION | 76979 | CPT | | | | outpatient | | | 278 | | WellPoint | WellPoint | 89.46 | 32.18 | | | 83.4 | 264.1 | percent of total billed charges | |
| HC US TARGETED DYNAMIC MICROBUBBLE, EA ADDL LESION | 76979 | CPT | | | | outpatient | | | 278 | | Corrections | Corrections | 222.4 | 80 | | | 83.4 | 264.1 | percent of total billed charges | |
| HC US TARGETED DYNAMIC MICROBUBBLE, EA ADDL LESION | 76979 | CPT | | | | outpatient | | | 278 | | Consumer | Consumer | 264.1 | 95 | | | 83.4 | 264.1 | percent of total billed charges | |
| HC US TARGETED DYNAMIC MICROBUBBLE, EA ADDL LESION | 76979 | CPT | | | | outpatient | | | 278 | | Aetna | Medicare | 85.62 | 30.8 | | | 83.4 | 264.1 | percent of total billed charges | |
| HC US TARGETED DYNAMIC MICROBUBB

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC US TARGETED DYNAMIC MICROBUBBLE, EA ADDL LESION | 76979 | CPT | | | | outpatient | | | 278 | | Managed Care Inc | Managed Care Inc | 250.2 | 90 | | | 83.4 | 264.1 | percent of total billed charges | |
| HC US TARGETED DYNAMIC MICROBUBBLE, EA ADDL LESION | 76979 | CPT | | | | outpatient | | | 278 | | Americare | Americare | 208.5 | 75 | | | 83.4 | 264.1 | percent of total billed charges | |
| HC US TARGETED DYNAMIC MICROBUBBLE, EA ADDL LESION | 76979 | CPT | | | | outpatient | | | 278 | | Three Rivers | Three Rivers | 264.1 | 95 | | | 83.4 | 264.1 | percent of total billed charges | |
| HC US TARGETED DYNAMIC MICROBUBBLE, EA ADDL LESION | 76979 | CPT | | | | outpatient | | | 278 | | Amerihealth | HMO/PPO | 180.7 | 65 | | | 83.4 | 264.1 | percent of total billed charges | |
| HC US TARGETED DYNAMIC MICROBUBBLE, EA ADDL LESION | 76979 | CPT | | | | outpatient | | | 278 | | UHC | Medicaid | 87.71 | 31.55 | | | 83.4 | 264.1 | percent of total billed charges | |
| HC US TARGETED DYNAMIC MICROBUBBLE, EA ADDL LESION | 76979 | CPT | | | | outpatient | | | 278 | | Horizon | MGD | 106.42 | 38.28 | | | 83.4 | 264.1 | percent of total billed charges | |
| HC US TARGETED DYNAMIC MICROBUBBLE, EA ADDL LESION | 76979 | CPT | | | | outpatient | | | 278 | | Horizon | Indemnity | 106.42 | 38.28 | | | 83.4 | 264.1 | percent of total billed charges | |
| HC US TARGETED DYNAMIC MICROBUBBLE, EA ADDL LESION | 76979 | CPT | | | | outpatient | | | 278 | | Multiplan | Multiplan | 222.4 | 80 | | | 83.4 | 264.1 | percent of total billed charges | |
| HC US TARGETED DYNAMIC MICROBUBBLE, EA ADDL LESION | 76979 | CPT | | | | outpatient | | | 278 | | Qualcare | Qualcare | 208.5 | 75 | | | 83.4 | 264.1 | percent of total billed charges | |
| HC US ELASTOGRAPHY PARENCHYMA | 76981 | CPT | | | | both | | | 464 | 144.6 | Horizon | Medicare Blue | 125.74 | | | 82.28 | 94.55 | 440.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US ELASTOGRAPHY PARENCHYMA | 76981 | CPT | | | | both | | | 464 | 144.6 | Aetna | Commercial | 176.32 | 38 | | 228.92 | 94.55 | 440.8 | percent of total billed charges | |
| HC US ELASTOGRAPHY PARENCHYMA | 76981 | CPT | | | | both | | | 464 | 144.6 | Horizon | PPO | 243.31 | | | 115.12 | 94.55 | 440.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US ELASTOGRAPHY PARENCHYMA | 76981 | CPT | | | | both | | | 464 | 144.6 | First Health | First Health | 324.8 | 70 | | | 94.55 | 440.8 | percent of total billed charges | |
| HC US ELASTOGRAPHY PARENCHYMA | 76981 | CPT | | | | both | | | 464 | 144.6 | Aetna | Better Health | 146.39 | 31.55 | | 64.4 | 94.55 | 440.8 | percent of total billed charges | |
| HC US ELASTOGRAPHY PARENCHYMA | 76981 | CPT | | | | both | | | 464 | 144.6 | Amerihealth | HMO/PPO | 301.6 | 65 | | 95.3 | 94.55 | 440.8 | percent of total billed charges | |
| HC US ELASTOGRAPHY PARENCHYMA | 76981 | CPT | | | | both | | | 464 | 144.6 | Americare | Americare | 348 | 75 | | | 94.55 | 440.8 | percent of total billed charges | |
| HC US ELASTOGRAPHY PARENCHYMA | 76981 | CPT | | | | both | | | 464 | 144.6 | WellPoint | WellPoint | 149.32 | 32.18 | | 93.5 | 94.55 | 440.8 | percent of total billed charges | |
| HC US ELASTOGRAPHY PARENCHYMA | 76981 | CPT | | | | both | | | 464 | 144.6 | Horizon | MGD | 243.31 | | | 232.23 | 94.55 | 440.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US ELASTOGRAPHY PARENCHYMA | 76981 | CPT | | | | both | | | 464 | 144.6 | Aetna | Medicare | 125.74 | | | 99.97 | 94.55 | 440.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US ELASTOGRAPHY PARENCHYMA | 76981 | CPT | | | | both | | | 464 | 144.6 | Consumer | Consumer | 440.8 | 95 | | | 94.55 | 440.8 | percent of total billed charges | |
| HC US ELASTOGRAPHY PARENCHYMA | 76981 | CPT | | | | both | | | 464 | 144.6 | UHC | Medicaid | 146.39 | 31.55 | | 77.91 | 94.55 | 440.8 | percent of total billed charges | |
| HC US ELASTOGRAPHY PARENCHYMA | 76981 | CPT | | | | both | | | 464 | 144.6 | Wellcare | Medicare | 125.74 | | | | 94.55 | 440.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US ELASTOGRAPHY PARENCHYMA | 76981 | CPT | | | | both | | | 464 | 144.6 | First Trenton | First Trenton | 417.6 | 90 | | | 94.55 | 440.8 | percent of total billed charges | |
| HC US ELASTOGRAPHY PARENCHYMA | 76981 | CPT | | | | both | | | 464 | 144.6 | Horizon | NJ Health | 94.55 | | | 183.29 | 94.55 | 440.8 | fee schedule | |
| HC US ELASTOGRAPHY PARENCHYMA | 76981 | CPT | | | | both | | | 464 | 144.6 | Corrections | Corrections | 371.2 | 80 | | | 94.55 | 440.8 | percent of total billed charges | |
| HC US ELASTOGRAPHY PARENCHYMA | 76981 | CPT | | | | both | | | 464 | 144.6 | Multiplan | Multiplan | 371.2 | 80 | | | 94.55 | 440.8 | percent of total billed charges | |
| HC US ELASTOGRAPHY PARENCHYMA | 76981 | CPT | | | | both | | | 464 | 144.6 | Three Rivers | Three Rivers | 440.8 | 95 | | | 94.55 | 440.8 | percent of total billed charges | |
| HC US ELASTOGRAPHY PARENCHYMA | 76981 | CPT | | | | both | | | 464 | 144.6 | UHC | Medicare | 125.74 | | | 110.03 | 94.55 | 440.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US ELASTOGRAPHY PARENCHYMA | 76981 | CPT | | | | both | | | 464 | 144.6 | Horizon | Indemnity | 243.31 | | | 238.09 | 94.55 | 440.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US ELASTOGRAPHY PARENCHYMA | 76981 | CPT | | | | both | | | 464 | 144.6 | Qualcare | Qualcare | 348 | 75 | | | 94.55 | 440.8 | percent of total billed charges | |
| HC US ELASTOGRAPHY PARENCHYMA | 76981 | CPT | | | | both | | | 464 | 144.6 | Managed Care Inc | Managed Care Inc | 417.6 | 90 | | | 94.55 | 440.8 | percent of total billed charges | |
| HC US ELASTOGRAPHY PARENCHYMA | 76981 | CPT | | | | both | | | 464 | 144.6 | Wellcare | Medicaid | 146.39 | 31.55 | | 64.4 | 94.55 | 440.8 | percent of total billed charges | |
| HC US ELASTOGRAPHY 1ST TARGET LESION | 76982 | CPT | | | | outpatient | | | 464 | 144.6 | Aetna | Commercial | 176.32 | 38 | | | 84.4 | 440.8 | percent of total billed charges | |
| HC US ELASTOGRAPHY 1ST TARGET LESION | 76982 | CPT | | | | outpatient | | | 464 | 144.6 | Horizon | MGD | 243.31 | | | | 84.4 | 440.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US ELASTOGRAPHY 1ST TARGET LESION | 76982 | CPT | | | | outpatient | | | 464 | 144.6 | Aetna | Medicare | 125.74 | | | | 84.4 | 440.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US ELASTOGRAPHY 1ST TARGET LESION | 76982 | CPT | | | | outpatient | | | 464 | 144.6 | Amerihealth | HMO/PPO | 301.6 | 65 | | | 84.4 | 440.8 | percent of total billed charges | |
| HC US ELASTOGRAPHY 1ST TARGET LESION | 76982 | CPT | | | | outpatient | | | 464 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 84.4 | 440.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US ELASTOGRAPHY 1ST TARGET LESION | 76982 | CPT | | | | outpatient | | | 464 | 144.6 | Aetna | Better Health | 146.39 | 31.55 | | | 84.4 | 440.8 | percent of total billed charges | |
| HC US ELASTOGRAPHY 1ST TARGET LESION | 76982 | CPT | | | | outpatient | | | 464 | 144.6 | First Trenton | First Trenton | 417.6 | 90 | | | 84.4 | 440.8 | percent of total billed charges | |
| HC US ELASTOGRAPHY 1ST TARGET LESION | 76982 | CPT | | | | outpatient | | | 464 | 144.6 | Corrections | Corrections | 371.2 | 80 | | | 84.4 | 440.8 | percent of total billed charges | |
| HC US ELASTOGRAPHY 1ST TARGET LESION | 76982 | CPT | | | | outpatient | | | 464 | 144.6 | Americare | Americare | 348 | 75 | | | 84.4 | 440.8 | percent of total billed charges | |
| HC US ELASTOGRAPHY 1ST TARGET LESION | 76982 | CPT | | | | outpatient | | | 464 | 144.6 | Consumer | Consumer | 440.8 | 95 | | | 84.4 | 440.8 | percent of total billed charges | |
| HC US ELASTOGRAPHY 1ST TARGET LESION | 76982 | CPT | | | | outpatient | | | 464 | 144.6 | Managed Care Inc | Managed Care Inc | 417.6 | 90 | | | 84.4 | 440.8 | percent of total billed charges | |
| HC US ELASTOGRAPHY 1ST TARGET LESION | 76982 | CPT | | | | outpatient | | | 464 | 144.6 | Multiplan | Multiplan | 371.2 | 80 | | | 84.4 | 440.8 | percent of total billed charges | |
| HC US ELASTOGRAPHY 1ST TARGET LESION | 76982 | CPT | | | | outpatient | | | 464 | 144.6 | Three Rivers | Three Rivers | 440.8 | 95 | | | 84.4 | 440.8 | percent of total billed charges | |
| HC US ELASTOGRAPHY 1ST TARGET LESION | 76982 | CPT | | | | outpatient | | | 464 | 144.6 | First Health | First Health | 324.8 | 70 | | | 84.4 | 440.8 | percent of total billed charges | |
| HC US ELASTOGRAPHY 1ST TARGET LESION | 76982 | CPT | | | | outpatient | | | 464 | 144.6 | Wellcare | Medicaid | 146.39 | 31.55 | | 131.72 | 84.4 | 440.8 | percent of total billed charges | |
| HC US ELASTOGRAPHY 1ST TARGET LESION | 76982 | CPT | | | | outpatient | | | 464 | 144.6 | Horizon | Indemnity | 243.31 | | | | 84.4 | 440.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US ELASTOGRAPHY 1ST TARGET LESION | 76982 | CPT | | | | outpatient | | | 464 | 144.6 | Wellcare | Medicare | 125.74 | | | | 84.4 | 440.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US ELASTOGRAPHY 1ST TARGET LESION | 76982 | CPT | | | | outpatient | | | 464 | 144.6 | Qualcare | Qualcare | 348 | 75 | | | 84.4 | 440.8 | percent of total billed charges | |
| HC US ELASTOGRAPHY 1ST TARGET LESION | 76982 | CPT | | | | outpatient | | | 464 | 144.6 | Horizon | NJ Health | 84.4 | | | 84.4 | 84.4 | 440.8 | fee schedule | |
| HC US ELASTOGRAPHY 1ST TARGET LESION | 76982 | CPT | | | | outpatient | | | 464 | 144.6 | UHC | Medicare | 125.74 | | | 124 | 84.4 | 440.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US ELASTOGRAPHY 1ST TARGET LESION | 76982 | CPT | | | | outpatient | | | 464 | 144.6 | Horizon | PPO | 243.31 | | | | 84.4 | 440.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC US ELASTOGRAPHY 1ST TARGET LESION | 76982 | CPT | | | | outpatient | | | 464 | 144.6 | UHC | Medicaid | 146.39 | 31.55 | | | 84.4 | 440.8 | percent of total billed charges | |
| HC US ELASTOGRAPHY 1ST TARGET LESION | 76982 | CPT | | | | outpatient | | | 464 | 144.6 | WellPoint | WellPoint | 149.32 | 32.18 | | 80 | 84.4 | 440.8 | percent of total billed charges | |
| HC US ELASTOGRAPHY EA ADDL TARGET LESION | 76983 | CPT | | | | outpatient | | | 157 | | Aetna | Better Health | 49.53 | 31.55 | | | 47.1 | 149.15 | percent of total billed charges | |
| HC US ELASTOGRAPHY EA ADDL TARGET LESION | 76983 | CPT | | | | outpatient | | | 157 | | Corrections | Corrections | 125.6 | 80 | | | 47.1 | 149.15 | percent of total billed charges | |
| HC US ELASTOGRAPHY EA ADDL TARGET LESION | 76983 | CPT | | | | outpatient | | | 157 | | Aetna | Medicare | 48.36 | 30.8 | | | 47.1 | 149.15 | percent of total billed charges | |
| HC US ELASTOGRAPHY EA ADDL TARGET LESION | 76983 | CPT | | | | outpatient | | | 157 | | Consumer | Consumer | 149.15 | 95 | | | 47.1 | 149.15 | percent of total billed charges | |
| HC US ELASTOGRAPHY EA ADDL TARGET LESION | 76983 | CPT | | | | outpatient | | | 157 | | First Health | First Health | 109.9 | 70 | | | 47.1 | 149.15 | percent of total billed charges | |
| HC US ELASTOGRAPHY EA ADDL TARGET LESION | 76983 | CPT | | | | outpatient | | | 157 | | Aetna | Commercial | 59.66 | 38 | | | 47.1 | 149.15 | percent of total billed charges | |
| HC US ELASTOGRAPHY EA ADDL TARGET LESION | 76983 | CPT | | | | outpatient | | | 157 | | WellPoint | WellPoint | 50.52 | 32.18 | | | 47.1 | 149.15 | percent of total billed charges | |
| HC US ELASTOGRAPHY EA ADDL TARGET LESION | 76983 | CPT | | | | outpatient | | | 157 | | Americare | Americare | 117.75 | 75 | | | 47.1 | 149.15 | percent of total billed charges | |
| HC US ELASTOGRAPHY EA ADDL TARGET LESION | 76983 | CPT | | | | outpatient | | | 157 | | First Trenton | First Trenton | 141.3 | 90 | | | 47.1 | 149.15 | percent of total billed charges | |
| HC US ELASTOGRAPHY EA ADDL TARGET LESION | 76983 | CPT | | | | outpatient | | | 157 | | Horizon | Medicare Blue | 47.1 | 30 | | | 47.1 | 149.15 | percent of total billed charges | |
| HC US ELASTOGRAPHY EA ADDL TARGET LESION | 76983 | CPT | | | | outpatient | | | 157 | | UHC | Medicaid | 49.53 | 31.55 | | | 47.1 | 149.15 | percent of total billed charges | |
| HC US ELASTOGRAPHY EA ADDL TARGET LESION | 76983 | CPT | | | | outpatient | | | 157 | | Horizon | MGD | 60.1 | 38.28 | | | 47.1 | 149.15 | percent of total billed charges | |
| HC US ELASTOGRAPHY EA ADDL TARGET LESION | 76983 | CPT | | | | outpatient | | | 157 | | Horizon | Indemnity | 60.1 | 38.28 | | | 47.1 | 149.15 | percent of total billed charges | |
| HC US ELASTOGRAPHY EA ADDL TARGET LESION | 76983 | CPT | | | | outpatient | | | 157 | | Amerihealth | HMO/PPO | 102.05 | 65 | | | 47.1 | 149.15 | percent of total billed charges | |
| HC US ELASTOGRAPHY EA ADDL TARGET LESION | 76983 | CPT | | | | outpatient | | | 157 | | Horizon | NJ Health | 51.43 | | | | 47.1 | 149.15 | fee schedule | |
| HC US ELASTOGRAPHY EA ADDL TARGET LESION | 76983 | CPT | | | | outpatient | | | 157 | | Wellcare | Medicaid | 49.53 | 31.55 | | | 47.1 | 149.15 | percent of total billed charges | |
| HC US ELASTOGRAPHY EA ADDL TARGET LESION | 76983 | CPT | | | | outpatient | | | 157 | | Horizon | PPO | 60.1 | 38.28 | | | 47.1 | 149.15 | percent of total billed charges | |
| HC US ELASTOGRAPHY EA ADDL TARGET LESION | 76983 | CPT | | | | outpatient | | | 157 | | Multiplan | Multiplan | 125.6 | 80 | | | 47.1 | 149.15 | percent of total billed charges | |
| HC US ELASTOGRAPHY EA ADDL TARGET LESION | 76983 | CPT | | | | outpatient | | | 157 | | Managed Care Inc | Managed Care Inc | 141.3 | 90 | | | 47.1 | 149.15 | percent of total billed charges | |
| HC US ELASTOGRAPHY EA ADDL TARGET LESION | 76983 | CPT | | | | outpatient | | | 157 | | Qualcare | Qualcare | 117.75 | 75 | | | 47.1 | 149.15 | percent of total billed charges | |
| HC US ELASTOGRAPHY EA ADDL TARGET LESION | 76983 | CPT | | | | outpatient | | | 157 | | Three Rivers | Three Rivers | 149.15 | 95 | | | 47.1 | 149.15 | percent of total billed charges | |
| HC US GUIDANCE INTRAOPERATIVE | 76998 | CPT | | | | outpatient | | | 571 | | Horizon | Indemnity | 218.58 | 38.28 | | | 99.2 | 542.45 | percent of total billed charges | |
| HC US GUIDANCE INTRAOPERATIVE | 76998 | CPT | | | | outpatient | | | 571 | | Multiplan | Multiplan | 456.8 | 80 | | | 99.2 | 542.45 | percent of total billed charges | |
| HC US GUIDANCE INTRAOPERATIVE | 76998 | CPT | | | | outpatient | | | 571 | | Amerihealth | HMO/PPO | 99.2 | | | | 99.2 | 542.45 | fee schedule | |
| HC US GUIDANCE INTRAOPERATIVE | 76998 | CPT | | | | outpatient | | | 571 | | Aetna | Medicare | 175.87 | 30.8 | | | 99.2 | 542.45 | percent of total billed charges | |
| HC US GUIDANCE INTRAOPERATIVE | 76998 | CPT | | | | outpatient | | | 571 | | First Trenton | First Trenton | 513.9 | 90 | | | 99.2 | 542.45 | percent of total billed charges | |
| HC US GUIDANCE INTRAOPERATIVE | 76998 | CPT | | | | outpatient | | | 571 | | Corrections | Corrections | 456.8 | 80 | | | 99.2 | 542.45 | percent of total billed charges | |
| HC US GUIDANCE INTRAOPERATIVE | 76998 | CPT | | | | outpatient | | | 571 | | Aetna | Commercial | 216.98 | 38 | | | 99.2 | 542.45 | percent of total billed charges | |
| HC US GUIDANCE INTRAOPERATIVE | 76998 | CPT | | | | outpatient | | | 571 | | Aetna | Better Health | 180.15 | 31.55 | | | 99.2 | 542.45 | percent of total billed charges | |
| HC US GUIDANCE INTRAOPERATIVE | 76998 | CPT | | | | outpatient | | | 571 | | Horizon | PPO | 218.58 | 38.28 | | | 99.2 | 542.45 | percent of total billed charges | |
| HC US GUIDANCE INTRAOPERATIVE | 76998 | CPT | | | | outpatient | | | 571 | | Qualcare | Qualcare | 428.25 | 75 | | | 99.2 | 542.45 | percent of total billed charges | |
| HC US GUIDANCE INTRAOPERATIVE | 76998 | CPT | | | | outpatient | | | 571 | | First Health | First Health | 399.7 | 70 | | | 99.2 | 542.45 | percent of total billed charges | |
| HC US GUIDANCE INTRAOPERATIVE | 76998 | CPT | | | | outpatient | | | 571 | | Americare | Americare | 428.25 | 75 | | | 99.2 | 542.45 | percent of total billed charges | |
| HC US GUIDANCE INTRAOPERATIVE | 76998 | CPT | | | | outpatient | | | 571 | | Horizon | NJ Health | 138.89 | | | | 99.2 | 542.45 | fee schedule | |
| HC US GUIDANCE INTRAOPERATIVE | 76998 | CPT | | | | outpatient | | | 571 | | Consumer | Consumer | 542.45 | 95 | | | 99.2 | 542.45 | percent of total billed charges | |
| HC US GUIDANCE INTRAOPERATIVE | 76998 | CPT | | | | outpatient | | | 571 | | Horizon | MGD | 218.58 | 38.28 | | | 99.2 | 542.45 | percent of total billed charges | |
| HC US GUIDANCE INTRAOPERATIVE | 76998 | CPT | | | | outpatient | | | 571 | | Horizon | Medicare Blue | 171.3 | 30 | | | 99.2 | 542.45 | percent of total billed charges | |
| HC US GUIDANCE INTRAOPERATIVE | 76998 | CPT | | | | outpatient | | | 571 | | Three Rivers | Three Rivers | 542.45 | 95 | | | 99.2 | 542.45 | percent of total billed charges | |
| HC US GUIDANCE INTRAOPERATIVE | 76998 | CPT | | | | outpatient | | | 571 | | Wellcare | Medicaid | 180.15 | 31.55 | | | 99.2 | 542.45 | percent of total billed charges | |
| HC US GUIDANCE INTRAOPERATIVE | 76998 | CPT | | | | outpatient | | | 571 | | Managed Care Inc | Managed Care Inc | 513.9 | 90 | | | 99.2 | 542.45 | percent of total billed charges | |
| HC US GUIDANCE INTRAOPERATIVE | 76998 | CPT | | | | outpatient | | | 571 | | UHC | Medicaid | 180.15 | 31.55 | | | 99.2 | 542.45 | percent of total billed charges | |
| HC US GUIDANCE INTRAOPERATIVE | 76998 | CPT | | | | outpatient | | | 571 | | WellPoint | WellPoint | 183.75 | 32.18 | | | 99.2 | 542.45 | percent of total billed charges | |
| HC UNLISTED ULTRASOUND PX (DIAGNOSTIC, INTERVENTIONAL) | 76999 | CPT | | | | both | | | 662 | 119.52 | Aetna | Commercial | 291.56 | 38 | | | 103.93 | 628.9 | percent of total billed charges | |
| HC UNLISTED ULTRASOUND PX (DIAGNOSTIC, INTERVENTIONAL) | 76999 | CPT | | | | both | | | 662 | 119.52 | First Health | First Health | 463.4 | 70 | | | 103.93 | 628.9 | percent of total billed charges | |
| HC UNLISTED ULTRASOUND PX (DIAGNOSTIC, INTERVENTIONAL) | 76999 | CPT | | | | both | | | 662 | 119.52 | Aetna | Medicare | 103.93 | | | | 103.93 | 628.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED ULTRASOUND PX (DIAGNOSTIC, INTERVENTIONAL) | 76999 | CPT | | | | both | | | 662 | 119.52 | Aetna | Better Health | 208.86 | 31.55 | | 73.27 | 103.93 | 628.9 | percent of total billed charges | |
| HC UNLISTED ULTRASOUND PX (DIAGNOSTIC, INTERVENTIONAL) | 76999 | CPT | | | | both | | | 662 | 119.52 | Horizon | Medicare Blue | 103.93 | | | 32.61 | 103.93 | 628.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED ULTRASOUND PX (DIAGNOSTIC, INTERVENTIONAL) | 76999 | CPT | | | | both | | | 662 | 119.52 | Corrections | Corrections | 529.6 | 80 | | | 103.93 | 628.9 | percent of total billed charges | |
| HC UNLISTED ULTRASOUND PX (DIAGNOSTIC, INTERVENTIONAL) | 76999 | CPT | | | | both | | | 662 | 119.52 | Americare | Americare | 496.5 | 75 | | | 103.93 | 628.9 | percent of total billed charges | |
| HC UNLISTED ULTRASOUND PX (DIAGNOSTIC, INTERVENTIONAL) | 76999 | CPT | | | | both | | | 662 | 119.52 | Amerihealth | HMO/PPO | 430.3 | 65 | | | 103.93 | 628.9 | percent of total billed charges | |
| HC UNLISTED ULTRASOUND PX (DIAGNOSTIC, INTERVENTIONAL) | 76999 | CPT | | | | both | | | 662 | 119.52 | UHC | Medicare | 103.93 | | | | 103.93 | 628.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED ULTRASOUND PX (DIAGNOSTIC, INTERVENTIONAL) | 76999 | CPT | | | | both | | | 662 | 119.52 | Three Rivers | Three Rivers | 628.9 | 95 | | | 103.93 | 628.9 | percent of total billed charges | |
| HC UNLISTED ULTRASOUND PX (DIAGNOSTIC, INTERVENTIONAL) | 76999 | CPT | | | | both | | | 662 | 119.52 | Consumer | Consumer | 628.9 | 95 | | | 103.93 | 628.9 | percent of total billed charges | |
| HC UNLISTED ULTRASOUND PX (DIAGNOSTIC, INTERVENTIONAL) | 76999 | CPT | | | | both | | | 662 | 119.52 | Multiplan | Multiplan | 529.6 | 80 | | | 103.93 | 628.9 | percent of total billed charges | |
| HC UNLISTED ULTRASOUND PX (DIAGNOSTIC, INTERVENTIONAL) | 76999 | CPT | | | | both | | | 662 | 119.52 | Wellcare | Medicaid | 208.86 | 31.55 | | | 103.93 | 628.9 | percent of total billed charges | |
| HC UNLISTED ULTRASOUND PX (DIAGNOSTIC, INTERVENTIONAL) | 76999 | CPT | | | | both | | | 662 | 119.52 | First Trenton | First Trenton | 595.8 | 90 | | | 103.93 | 628.9 | percent of total billed charges | |
| HC UNLISTED ULTRASOUND PX (DIAGNOSTIC, INTERVENTIONAL) | 76999 | CPT | | | | both | | | 662 | 119.52 | Horizon | Indemnity | 201.1 | | | 66.4 | 103.93 | 628.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED ULTRASOUND PX (DIAGNOSTIC, INTERVENTIONAL) | 76999 | CPT | | | | both | | | 662 | 119.52 | Wellcare | Medicare | 103.93 | | | | 103.93 | 628.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED ULTRASOUND PX (DIAGNOSTIC, INTERVENTIONAL) | 76999 | CPT | | | | both | | | 662 | 119.52 | Qualcare | Qualcare | 496.5 | 75 | | | 103.93 | 628.9 | percent of total billed charges | |
| HC UNLISTED ULTRASOUND PX (DIAGNOSTIC, INTERVENTIONAL) | 76999 | CPT | | | | both | | | 662 | 119.52 | Horizon | MGD | 201.1 | | | | 103.93 | 628.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED ULTRASOUND PX (DIAGNOSTIC, INTERVENTIONAL) | 76999 | CPT | | | | both | | | 662 | 119.52 | UHC | Medicaid | 208.86 | 31.55 | | 73.81 | 103.93 | 628.9 | percent of total billed charges | |
| HC UNLISTED ULTRASOUND PX (DIAGNOSTIC, INTERVENTIONAL) | 76999 | CPT | | | | both | | | 662 | 119.52 | Horizon | PPO | 201.1 | | | | 103.93 | 628.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED ULTRASOUND PX (DIAGNOSTIC, INTERVENTIONAL) | 76999 | CPT | | | | both | | | 662 | 119.52 | Managed Care Inc | Managed Care Inc | 595.8 | 90 | | | 103.93 | 628.9 | percent of total billed charges | |
| HC UNLISTED ULTRASOUND PX (DIAGNOSTIC, INTERVENTIONAL) | 76999 | CPT | | | | both | | | 662 | 119.52 | WellPoint | WellPoint | 213.03 | 32.18 | | | 103.93 | 628.9 | percent of total billed charges | |
| HC FLUORO GUIDE CENTRAL VENOUS ACCESS DEVICE PLACEMENT | 77001 | CPT | | | | both | | | 483 | | Aetna | Commercial | 183.54 | 38 | | 190.32 | 56.13 | 458.85 | percent of total billed charges | |
| HC FLUORO GUIDE CENTRAL VENOUS ACCESS DEVICE PLACEMENT | 77001 | CPT | | | | both | | | 483 | | Multiplan | Multiplan | 386.4 | 80 | | | 56.13 | 458.85 | percent of total billed charges | |
| HC FLUORO GUIDE CENTRAL VENOUS ACCESS DEVICE PLACEMENT | 77001 | CPT | | | | both | | | 483 | | Americare | Americare | 362.25 | 75 | | | 56.13 | 458.85 | percent of total billed charges | |
| HC FLUORO GUIDE CENTRAL VENOUS ACCESS DEVICE PLACEMENT | 77001 | CPT | | | | both | | | 483 | | Amerihealth | HMO/PPO | 313.95 | 65 | | | 56.13 | 458.85 | percent of total billed charges | |
| HC FLUORO GUIDE CENTRAL VENOUS ACCESS DEVICE PLACEMENT | 77001 | CPT | | | | both | | | 483 | | Aetna | Better Health | 152.39 | 31.55 | | 136.72 | 56.13 | 458.85 | percent of total billed charges | |
| HC FLUORO GUIDE CENTRAL VENOUS ACCESS DEVICE PLACEMENT | 77001 | CPT | | | | both | | | 483 | | Aetna | Medicare | 148.76 | 30.8 | | 109.82 | 56.13 | 458.85 | percent of total billed charges | |
| HC FLUORO GUIDE CENTRAL VENOUS ACCESS DEVICE PLACEMENT | 77001 | CPT | | | | both | | | 483 | | Horizon | Indemnity | 184.89 | 38.28 | | 235.59 | 56.13 | 458.85 | percent of total billed charges | |
| HC FLUORO GUIDE CENTRAL VENOUS ACCESS DEVICE PLACEMENT | 77001 | CPT | | | | both | | | 483 | | Consumer | Consumer | 458.85 | 95 | | | 56.13 | 458.85 | percent of total billed charges | |
| HC FLUORO GUIDE CENTRAL VENOUS ACCESS DEVICE PLACEMENT | 77001 | CPT | | | | both | | | 483 | | Horizon | PPO | 184.89 | 38.28 | | 97.09 | 56.13 | 458.85 | percent of total billed charges | |
| HC FLUORO GUIDE CENTRAL VENOUS ACCESS DEVICE PLACEMENT | 77001 | CPT | | | | both | | | 483 | | First Health | First Health | 338.1 | 70 | | | 56.13 | 458.85 | percent of total billed charges | |
| HC FLUORO GUIDE CENTRAL VENOUS ACCESS DEVICE PLACEMENT | 77001 | CPT | | | | both | | | 483 | | Horizon | Medicare Blue | 144.9 | 30 | | 111.71 | 56.13 | 458.85 | percent of total billed charges | |
| HC FLUORO GUIDE CENTRAL VENOUS ACCESS DEVICE PLACEMENT | 77001 | CPT | | | | both | | | 483 | | Qualcare | Qualcare | 362.25 | 75 | | | 56.13 | 458.85 | percent of total billed charges | |
| HC FLUORO GUIDE CENTRAL VENOUS ACCESS DEVICE PLACEMENT | 77001 | CPT | | | | both | | | 483 | | WellPoint | WellPoint | 155.43 | 32.18 | | 103.62 | 56.13 | 458.85 | percent of total billed charges | |
| HC FLUORO GUIDE CENTRAL VENOUS ACCESS DEVICE PLACEMENT | 77001 | CPT | | | | both | | | 483 | | Horizon | NJ Health | 56.13 | | | 129.91 | 56.13 | 458.85 | fee schedule | |
| HC FLUORO GUIDE CENTRAL VENOUS ACCESS DEVICE PLACEMENT | 77001 | CPT | | | | both | | | 483 | | Three Rivers | Three Rivers | 458.85 | 95 | | | 56.13 | 458.85 | percent of total billed charges | |
| HC FLUORO GUIDE CENTRAL VENOUS ACCESS DEVICE PLACEMENT | 77001 | CPT | | | | both | | | 483 | | Corrections | Corrections | 386.4 | 80 | | | 56.13 | 458.85 | percent of total billed charges | |
| HC FLUORO GUIDE CENTRAL VENOUS ACCESS DEVICE PLACEMENT | 77001 | CPT | | | | both | | | 483 | | Wellcare | Medicaid | 152.39 | 31.55 | | | 56.13 | 458.85 | percent of total billed charges | |
| HC FLUORO GUIDE CENTRAL VENOUS ACCESS DEVICE PLACEMENT | 77001 | CPT | | | | both | | | 483 | | UHC | Medicaid | 152.39 | 31.55 | | 146.04 | 56.13 | 458.85 | percent of total billed charges | |
| HC FLUORO GUIDE CENTRAL VENOUS ACCESS DEVICE PLACEMENT | 77001 | CPT | | | | both | | | 483 | | First Trenton | First Trenton | 434.7 | 90 | | | 56.13 | 458.85 | percent of total billed charges | |
| HC FLUORO GUIDE CENTRAL VENOUS ACCESS DEVICE PLACEMENT | 77001 | CPT | | | | both | | | 483 | | Horizon | MGD | 184.89 | 38.28 | | | 56.13 | 458.85 | percent of total billed charges | |
| HC FLUORO GUIDE CENTRAL VENOUS ACCESS DEVICE PLACEMENT | 77001 | CPT | | | | both | | | 483 | | Managed Care Inc | Managed Care Inc | 434.7 | 90 | | | 56.13 | 458.85 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE PLACEMENT ADD ON (BX, ASPX, INJ, LOC); SURGICAL | 77002 | CPT | | | | both | | | 1122.5 | | Americare | Americare | 841.88 | 75 | | | 56.13 | 1066.38 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE PLACEMENT ADD ON (BX, ASPX, INJ, LOC); SURGICAL | 77002 | CPT | | | | both | | | 1122.5 | | First Trenton | First Trenton | 1010.25 | 90 | | | 56.13 | 1066.38 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE PLACEMENT ADD ON (BX, ASPX, INJ, LOC); SURGICAL | 77002 | CPT | | | | both | | | 1122.5 | | Corrections | Corrections | 898 | 80 | | | 56.13 | 1066.38 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE PLACEMENT ADD ON (BX, ASPX, INJ, LOC); SURGICAL | 77002 | CPT | | | | both | | | 1122.5 | | Aetna | Better Health | 354.15 | 31.55 | | | 56.13 | 1066.38 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE PLACEMENT ADD ON (BX, ASPX, INJ, LOC); SURGICAL | 77002 | CPT | | | | both | | | 1122.5 | | Horizon | Indemnity | 429.69 | 38.28 | | | 56.13 | 1066.38 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE PLACEMENT ADD ON (BX, ASPX, IN

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC FLUORO GUIDE NEEDLE PLACEMENT ADD ON (BX, ASPX, INJ, LOC); SURGICAL | 77002 | CPT | | | | both | | | 1122.5 | | WellPoint | WellPoint | 361.22 | 32.18 | | | 56.13 | 1066.38 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE PLACEMENT ADD ON (BX, ASPX, INJ, LOC); SURGICAL | 77002 | CPT | | | | both | | | 1122.5 | | Horizon | PPO | 429.69 | 38.28 | | | 56.13 | 1066.38 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE PLACEMENT ADD ON (BX, ASPX, INJ, LOC); SURGICAL | 77002 | CPT | | | | both | | | 1122.5 | | Consumer | Consumer | 1066.38 | 95 | | | 56.13 | 1066.38 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE PLACEMENT ADD ON (BX, ASPX, INJ, LOC); SURGICAL | 77002 | CPT | | | | both | | | 1122.5 | | Horizon | MGD | 429.69 | 38.28 | | | 56.13 | 1066.38 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE PLACEMENT ADD ON (BX, ASPX, INJ, LOC); SURGICAL | 77002 | CPT | | | | both | | | 1122.5 | | First Health | First Health | 785.75 | 70 | | | 56.13 | 1066.38 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE PLACEMENT ADD ON (BX, ASPX, INJ, LOC); SURGICAL | 77002 | CPT | | | | both | | | 1122.5 | | Managed Care Inc | Managed Care Inc | 1010.25 | 90 | | | 56.13 | 1066.38 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE PLACEMENT ADD ON (BX, ASPX, INJ, LOC); SURGICAL | 77002 | CPT | | | | both | | | 1122.5 | | Horizon | Medicare Blue | 336.75 | 30 | | | 56.13 | 1066.38 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE PLACEMENT ADD ON (BX, ASPX, INJ, LOC); SURGICAL | 77002 | CPT | | | | both | | | 1122.5 | | UHC | Medicaid | 354.15 | 31.55 | | | 56.13 | 1066.38 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE PLACEMENT ADD ON (BX, ASPX, INJ, LOC); SURGICAL | 77002 | CPT | | | | both | | | 1122.5 | | Multiplan | Multiplan | 898 | 80 | | | 56.13 | 1066.38 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE PLACEMENT ADD ON (BX, ASPX, INJ, LOC); SURGICAL | 77002 | CPT | | | | both | | | 1122.5 | | Horizon | NJ Health | 56.13 | | | | 56.13 | 1066.38 | fee schedule | |
| HC FLUORO GUIDE NEEDLE PLACEMENT ADD ON (BX, ASPX, INJ, LOC); SURGICAL | 77002 | CPT | | | | both | | | 1122.5 | | Qualcare | Qualcare | 841.88 | 75 | | | 56.13 | 1066.38 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE PLACEMENT ADD ON (BX, ASPX, INJ, LOC); SURGICAL | 77002 | CPT | | | | both | | | 1122.5 | | Three Rivers | Three Rivers | 1066.38 | 95 | | | 56.13 | 1066.38 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE PLACEMENT ADD ON (BX, ASPX, INJ, LOC); SURGICAL | 77002 | CPT | | | | both | | | 1122.5 | | Wellcare | Medicaid | 354.15 | 31.55 | | | 56.13 | 1066.38 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE/CATH LOC SPINE ADD ON | 77003 | CPT | | | | both | | | 919 | | Aetna | Commercial | 349.22 | 38 | | | 39.63 | 873.05 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE/CATH LOC SPINE ADD ON | 77003 | CPT | | | | both | | | 919 | | First Health | First Health | 643.3 | 70 | | | 39.63 | 873.05 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE/CATH LOC SPINE ADD ON | 77003 | CPT | | | | both | | | 919 | | Horizon | NJ Health | 39.63 | | | 92.22 | 39.63 | 873.05 | fee schedule | |
| HC FLUORO GUIDE NEEDLE/CATH LOC SPINE ADD ON | 77003 | CPT | | | | both | | | 919 | | Aetna | Better Health | 289.94 | 31.55 | | | 39.63 | 873.05 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE/CATH LOC SPINE ADD ON | 77003 | CPT | | | | both | | | 919 | | Horizon | MGD | 351.79 | 38.28 | | | 39.63 | 873.05 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE/CATH LOC SPINE ADD ON | 77003 | CPT | | | | both | | | 919 | | Americare | Americare | 689.25 | 75 | | | 39.63 | 873.05 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE/CATH LOC SPINE ADD ON | 77003 | CPT | | | | both | | | 919 | | Consumer | Consumer | 873.05 | 95 | | | 39.63 | 873.05 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE/CATH LOC SPINE ADD ON | 77003 | CPT | | | | both | | | 919 | | Aetna | Medicare | 283.05 | 30.8 | | | 39.63 | 873.05 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE/CATH LOC SPINE ADD ON | 77003 | CPT | | | | both | | | 919 | | Horizon | Indemnity | 351.79 | 38.28 | | | 39.63 | 873.05 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE/CATH LOC SPINE ADD ON | 77003 | CPT | | | | both | | | 919 | | Wellcare | Medicaid | 289.94 | 31.55 | | | 39.63 | 873.05 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE/CATH LOC SPINE ADD ON | 77003 | CPT | | | | both | | | 919 | | Corrections | Corrections | 735.2 | 80 | | | 39.63 | 873.05 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE/CATH LOC SPINE ADD ON | 77003 | CPT | | | | both | | | 919 | | First Trenton | First Trenton | 827.1 | 90 | | | 39.63 | 873.05 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE/CATH LOC SPINE ADD ON | 77003 | CPT | | | | both | | | 919 | | Amerihealth | HMO/PPO | 597.35 | 65 | | | 39.63 | 873.05 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE/CATH LOC SPINE ADD ON | 77003 | CPT | | | | both | | | 919 | | Horizon | PPO | 351.79 | 38.28 | | | 39.63 | 873.05 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE/CATH LOC SPINE ADD ON | 77003 | CPT | | | | both | | | 919 | | Horizon | Medicare Blue | 275.7 | 30 | | | 39.63 | 873.05 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE/CATH LOC SPINE ADD ON | 77003 | CPT | | | | both | | | 919 | | Managed Care Inc | Managed Care Inc | 827.1 | 90 | | | 39.63 | 873.05 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE/CATH LOC SPINE ADD ON | 77003 | CPT | | | | both | | | 919 | | Multiplan | Multiplan | 735.2 | 80 | | | 39.63 | 873.05 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE/CATH LOC SPINE ADD ON | 77003 | CPT | | | | both | | | 919 | | Three Rivers | Three Rivers | 873.05 | 95 | | | 39.63 | 873.05 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE/CATH LOC SPINE ADD ON | 77003 | CPT | | | | both | | | 919 | | WellPoint | WellPoint | 295.73 | 32.18 | | | 39.63 | 873.05 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE/CATH LOC SPINE ADD ON | 77003 | CPT | | | | both | | | 919 | | Qualcare | Qualcare | 689.25 | 75 | | | 39.63 | 873.05 | percent of total billed charges | |
| HC FLUORO GUIDE NEEDLE/CATH LOC SPINE ADD ON | 77003 | CPT | | | | both | | | 919 | | UHC | Medicaid | 289.94 | 31.55 | | | 39.63 | 873.05 | percent of total billed charges | |
| HC CT GUIDANCE STEREOTACTIC LOCALIZATION | 77011 | CPT | | | | outpatient | | | 1479 | | Americare | Americare | 1109.25 | 75 | | | 219.28 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE STEREOTACTIC LOCALIZATION | 77011 | CPT | | | | outpatient | | | 1479 | | Aetna | Better Health | 466.62 | 31.55 | | | 219.28 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE STEREOTACTIC LOCALIZATION | 77011 | CPT | | | | outpatient | | | 1479 | | Amerihealth | HMO/PPO | 961.35 | 65 | | | 219.28 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE STEREOTACTIC LOCALIZATION | 77011 | CPT | | | | outpatient | | | 1479 | | Aetna | Medicare | 455.53 | 30.8 | | | 219.28 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE STEREOTACTIC LOCALIZATION | 77011 | CPT | | | | outpatient | | | 1479 | | Aetna | Commercial | 562.02 | 38 | | | 219.28 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE STEREOTACTIC LOCALIZATION | 77011 | CPT | | | | outpatient | | | 1479 | | Wellcare | Medicaid | 466.62 | 31.55 | | | 219.28 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE STEREOTACTIC LOCALIZATION | 77011 | CPT | | | | outpatient | | | 1479 | | Consumer | Consumer | 1405.05 | 95 | | | 219.28 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE STEREOTACTIC LOCALIZATION | 77011 | CPT | | | | outpatient | | | 1479 | | Corrections | Corrections | 1183.2 | 80 | | | 219.28 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE STEREOTACTIC LOCALIZATION | 77011 | CPT | | | | outpatient | | | 1479 | | Horizon | MGD | 566.16 | 38.28 | | | 219.28 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE STEREOTACTIC LOCALIZATION | 77011 | CPT | | | | outpatient | | | 1479 | | First Trenton | First Trenton | 1331.1 | 90 | | | 219.28 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE STEREOTACTIC LOCALIZATION | 77011 | CPT | | | | outpatient | | | 1479 | | Horizon | Indemnity | 566.16 | 38.28 | | | 219.28 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE STEREOTACTIC LOCALIZATION | 77011 | CPT | | | | outpatient | | | 1479 | | UHC | Medicaid | 466.62 | 31.55 | | | 219.28 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE STEREOTACTIC LOCALIZATION | 77011 | CPT | | | | outpatient | | | 1479 | | First Health | First Health | 1035.3 | 70 | | | 219.28 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE STEREOTACTIC LOCALIZATION | 77011 | CPT | | | | outpatient | | | 1479 | | Horizon | NJ Health | 219.28 | | | | 219.28 | 1405.05 | fee schedule | |
| HC CT GUIDANCE STEREOTACTIC LOCALIZATION | 77011 | CPT | | | | outpatient | | | 1479 | | Multiplan | Multiplan | 1183.2 | 80 | | | 219.28 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE STEREOTACTIC LOCALIZATION | 77011 | CPT | | | | outpatient | | | 1479 | | WellPoint | WellPoint | 475.94 | 32.18 | | | 219.28 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE STEREOTACTIC LOCALIZATION | 77011 | CPT | | | | outpatient | | | 1479 | | Horizon | Medicare Blue | 443.7 | 30 | | | 219.28 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE STEREOTACTIC LOCALIZATION | 77011 | CPT | | | | outpatient | | | 1479 | | Horizon | PPO | 566.16 | 38.28 | | | 219.28 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE STEREOTACTIC LOCALIZATION | 77011 | CPT | | | | outpatient | | | 1479 | | Qualcare | Qualcare | 1109.25 | 75 | | | 219.28 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE STEREOTACTIC LOCALIZATION | 77011 | CPT | | | | outpatient | | | 1479 | | Managed Care Inc | Managed Care Inc | 1331.1 | 90 | | | 219.28 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE STEREOTACTIC LOCALIZATION | 77011 | CPT | | | | outpatient | | | 1479 | | Three Rivers | Three Rivers | 1405.05 | 95 | | | 219.28 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE NEEDLE PLACEMENT | 77012 | CPT | | | | both | | | 1479 | | Consumer | Consumer | 1405.05 | 95 | | | 225.65 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE NEEDLE PLACEMENT | 77012 | CPT | | | | both | | | 1479 | | Aetna | Commercial | 562.02 | 38 | | | 225.65 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE NEEDLE PLACEMENT | 77012 | CPT | | | | both | | | 1479 | | Horizon | NJ Health | 225.65 | | | 679.62 | 225.65 | 1405.05 | fee schedule | |
| HC CT GUIDANCE NEEDLE PLACEMENT | 77012 | CPT | | | | both | | | 1479 | | Americare | Americare | 1109.25 | 75 | | | 225.65 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE NEEDLE PLACEMENT | 77012 | CPT | | | | both | | | 1479 | | Aetna | Better Health | 466.62 | 31.55 | | | 225.65 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE NEEDLE PLACEMENT | 77012 | CPT | | | | both | | | 1479 | | Aetna | Medicare | 455.53 | 30.8 | | | 225.65 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE NEEDLE PLACEMENT | 77012 | CPT | | | | both | | | 1479 | | Horizon | MGD | 566.16 | 38.28 | | 544.52 | 225.65 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE NEEDLE PLACEMENT | 77012 | CPT | | | | both | | | 1479 | | Horizon | Medicare Blue | 443.7 | 30 | | | 225.65 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE NEEDLE PLACEMENT | 77012 | CPT | | | | both | | | 1479 | | Corrections | Corrections | 1183.2 | 80 | | | 225.65 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE NEEDLE PLACEMENT | 77012 | CPT | | | | both | | | 1479 | | Amerihealth | HMO/PPO | 961.35 | 65 | | | 225.65 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE NEEDLE PLACEMENT | 77012 | CPT | | | | both | | | 1479 | | UHC | Medicaid | 466.62 | 31.55 | | 363.5 | 225.65 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE NEEDLE PLACEMENT | 77012 | CPT | | | | both | | | 1479 | | Horizon | PPO | 566.16 | 38.28 | | 805.66 | 225.65 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE NEEDLE PLACEMENT | 77012 | CPT | | | | both | | | 1479 | | First Health | First Health | 1036.3 | 70 | | | 225.65 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE NEEDLE PLACEMENT | 77012 | CPT | | | | both | | | 1479 | | Multiplan | Multiplan | 1183.2 | 80 | | | 225.65 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE NEEDLE PLACEMENT | 77012 | CPT | | | | both | | | 1479 | | First Trenton | First Trenton | 1331.1 | 90 | | | 225.65 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE NEEDLE PLACEMENT | 77012 | CPT | | | | both | | | 1479 | | Qualcare | Qualcare | 1109.25 | 75 | | | 225.65 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE NEEDLE PLACEMENT | 77012 | CPT | | | | both | | | 1479 | | Horizon | Indemnity | 566.16 | 38.28 | | 700 | 225.65 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE NEEDLE PLACEMENT | 77012 | CPT | | | | both | | | 1479 | | Managed Care Inc | Managed Care Inc | 1331.1 | 90 | | | 225.65 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE NEEDLE PLACEMENT | 77012 | CPT | | | | both | | | 1479 | | Three Rivers | Three Rivers | 1405.05 | 95 | | | 225.65 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE NEEDLE PLACEMENT | 77012 | CPT | | | | both | | | 1479 | | WellPoint | WellPoint | 475.94 | 32.18 | | 446.53 | 225.65 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE NEEDLE PLACEMENT | 77012 | CPT | | | | both | | | 1479 | | Wellcare | Medicaid | 466.62 | 31.55 | | 231.25 | 225.65 | 1405.05 | percent of total billed charges | |
| HC CT GUIDANCE MONITORING TISSUE ABLATION | 77013 | CPT | | | | both | | | 1751 | | First Health | First Health | 1225.7 | 70 | | | 84.38 | 1663.45 | percent of total billed charges | |
| HC CT GUIDANCE MONITORING TISSUE ABLATION | 77013 | CPT | | | | both | | | 1751 | | Wellcare | Medicaid | 552.44 | 31.55 | | 479.14 | 84.38 | 1663.45 | percent of total billed charges | |
| HC CT GUIDANCE MONITORING TISSUE ABLATION | 77013 | CPT | | | | both | | | 1751 | | Aetna | Better Health | 552.44 | 31.55 | | | 84.38 | 1663.45 | percent of total billed charges | |
| HC CT GUIDANCE MONITORING TISSUE ABLATION | 77013 | CPT | | | | both | | | 1751 | | Horizon | NJ Health | 84.38 | | | 166.9 | 84.38 | 1663.45 | fee schedule | |
| HC CT GUIDANCE MONITORING TISSUE ABLATION | 77013 | CPT | | | | both | | | 1751 | | Aetna | Medicare | 539.31 | 30.8 | | 372.57 | 84.38 | 1663.45 | percent of total billed charges | |
| HC CT GUIDANCE MONITORING TISSUE ABLATION | 77013 | CPT | | | | both | | | 1751 | | Horizon | MGD | 670.28 | 38.28 | | 668.68 | 84.38 | 1663.45 | percent of total billed charges | |
| HC CT GUIDANCE MONITORING TISSUE ABLATION | 77013 | CPT | | | | both | | | 1751 | | Amerihealth | HMO/PPO | 1138.15 | 65 | | | 84.38 | 1663.45 | percent of total billed charges | |
| HC CT GUIDANCE MONITORING TISSUE ABLATION | 77013 | CPT | | | | both | | | 1751 | | Americare | Americare | 1313.25 | 75 | | | 84.38 | 1663.45 | percent of total billed charges | |
| HC CT GUIDANCE MONITORING TISSUE ABLATION | 77013 | CPT | | | | both | | | 1751 | | Horizon | Indemnity | 670.28 | 38.28 | | | 84.38 | 1663.45 | percent of total billed charges | |
| HC CT GUIDANCE MONITORING TISSUE ABLATION | 77013 | CPT | | | | both | | | 1751 | | Horizon | Medicare Blue | 525.3 | 30 | | | 84.38 | 1663.45 | percent of total billed charges | |
| HC CT GUIDANCE MONITORING TISSUE ABLATION | 77013 | CPT | | | | both | | | 1751 | | Aetna | Commercial | 665.38 | 38 | | | 84.38 | 1663.45 | percent of total billed charges | |
| HC CT GUIDANCE MONITORING TISSUE ABLATION | 77013 | CPT | | | | both | | | 1751 | | Consumer | Consumer | 1663.45 | 95 | | | 84.38 | 1663.45 | percent of total billed charges | |
| HC CT GUIDANCE MONITORING TISSUE ABLATION | 77013 | CPT | | | | both | | | 1751 | | Corrections | Corrections | 1400.8 | 80 | | | 84.38 | 1663.45 | percent of total billed charges | |
| HC CT GUIDANCE MONITORING TISSUE ABLATION | 77013 | CPT | | | | both | | | 1751 | | Horizon | PPO | 670.28 | 38.28 | | | 84.38 | 1663.45 | percent of total billed charges | |
| HC CT GUIDANCE MONITORING TISSUE ABLATION | 77013 | CPT | | | | both | | | 1751 | | Multiplan | Multiplan | 1400.8 | 80 | | | 84.38 | 1663.45 | percent of total billed charges | |
| HC CT GUIDANCE MONITORING TISSUE ABLATION | 77013 | CPT | | | | both | | | 1751 | | First Trenton | First Trenton | 1575.9 | 90 | | | 84.38 | 1663.45 | percent of total billed charges | |
| HC CT GUIDANCE MONITORING TISSUE ABLATION | 77013 | CPT | | | | both | | | 1751 | | Qualcare | Qualcare | 1313.25 | 75 | | | 84.38 | 1663.45 | percent of total billed charges | |
| HC CT GUIDANCE MONITORING TISSUE ABLATION | 77013 | CPT | | | | both | | | 1751 | | Three Rivers | Three Rivers | 1663.45 | 95 | | | 84.38 | 1663.45 | percent of total billed charges | |
| HC CT GUIDANCE MONITORING TISSUE ABLATION | 77013 | CPT | | | | both | | | 1751 | | Managed Care Inc | Managed Care Inc | 1575.9 | 90 | | | 84.38 | 1663.45 | percent of total billed charges | |
| HC CT GUIDANCE MONITORING TISSUE ABLATION | 77013 | CPT | | | | both | | | 1751 | | WellPoint | WellPoint | 563.47 | 32.18 | | 275.73 | 84.38 | 1663.45 | percent of total billed charges | |
| HC CT GUIDANCE MONITORING TISSUE ABLATION | 77013 | CPT | | | | both | | | 1751 | | UHC | Medicaid | 552.44 | 31.55 | | | 84.38 | 1663.45 | percent of total billed charges | |
| HC CT GUIDANCE RADIATION THERAPY FIELDS PLACEMENT | 77014 | CPT | | | | both | | | 417.14 | | Americare | Americare | 312.86 | 75 | | | 82.4 | 396.28 | percent of total billed charges | |
| HC CT GUIDANCE RADIATION THERAPY FIELDS PLACEMENT | 77014 | CPT | | | | both | | | 417.14 | | WellPoint | WellPoint | 134.24 | 32.18 | | | 82.4 | 396.28 | percent of total billed charges | |
| HC CT GUIDANCE RADIATION THERAPY FIELDS PLACEMENT | 77014 | CPT | | | | both | | | 417.14 | | Aetna | Commercial | 158.51 | 38 | | | 82.4 | 396.28 | percent of total billed charges | |
| HC CT GUIDANCE RADIATION THERAPY FIELDS PLACEMENT | 77014 | CPT | | | | both | | | 417.14 | | Amerihealth | HMO/PPO | 94.86 | | | | 82.4 | 396.28 | fee schedule | |
| HC CT GUIDANCE RADIATION THERAPY FIELDS PLACEMENT | 77014 | CPT | | | | both | | | 417.14 | | Corrections | Corrections | 333.71 | 80 | | | 82.4 | 396.28 | percent of total billed charges | |
| HC CT GUIDANCE RADIATION THERAPY FIELDS PLACEMENT | 77014 | CPT | | | | both | | | 417.14 | | Aetna | Medicare | 128.48 | 30.8 | | | 82.4 | 396.28 | percent of total billed charges | |
| HC CT GUIDANCE RADIATION THERAPY FIELDS PLACEMENT | 77014 | CPT | | | | both | | | 417.14 | | Consumer | Consumer | 396.28 | 95 | | | 82.4 | 396.28 | percent of total billed charges | |
| HC CT GUIDANCE RADIATION THERAPY FIELDS PLACEMENT | 77014 | CPT | | | | both | | | 417.14 | | Aetna | Better Health | 131.61 | 31.55 | | | 82.4 | 396.28 | percent of total billed charges | |
| HC CT GUIDANCE RADIATION THERAPY FIELDS PLACEMENT | 77014 | CPT | | | | both | | | 417.14 | | First Trenton | First Trenton | 375.43 | 90 | | | 82.4 | 396.28 | percent of total billed charges | |
| HC CT GUIDANCE RADIATION THERAPY FIELDS PLACEMENT | 77014 | CPT | | | | both | | | 417.14 | | UHC | Medicaid | 131.61 | 31.55 | | | 82.4 | 396.28 | percent of total billed charges | |
| HC CT GUIDANCE RADIATION THERAPY FIELDS PLACEMENT | 77014 | CPT | | | | both | | | 417.14 | | Multiplan | Multiplan | 333.71 | 80 | | | 82.4 | 396.28 | percent of total billed charges | |
| HC CT GUIDANCE RADIATION THERAPY FIELDS PLACEMENT | 77014 | CPT | | | | both | | | 417.14 | | First Health | First Health | 292 | 70 | | | 82.4 | 396.28 | percent of total billed charges | |
| HC CT GUIDANCE RADIATION THERAPY FIELDS PLACEMENT | 77014 | CPT | | | | both | | | 417.14 | | Horizon | MGD | 159.68 | 38.28 | | | 82.4 | 396.28 | percent of total billed charges | |
| HC CT GUIDANCE RADIATION THERAPY FIELDS PLACEMENT | 77014 | CPT | | | | both | | | 417.14 | | Horizon | Indemnity | 159.68 | 38.28 | | | 82.4 | 396.28 | percent of total billed charges | |
| HC CT GUIDANCE RADIATION THERAPY FIELDS PLACEMENT | 77014 | CPT | | | | both | | | 417.14 | | Horizon | Medicare Blue | 125.14 | 30 | | | 82.4 | 396.28 | percent of total billed charges | |
| HC CT GUIDANCE RADIATION THERAPY FIELDS PLACEMENT | 77014 | CPT | | | | both | | | 417.14 | | Horizon | NJ Health | 82.4 | | | | 82.4 | 396.28 | fee schedule | |
| HC CT GUIDANCE RADIATION THERAPY FIELDS PLACEMENT | 77014 | CPT | | | | both | | | 417.14 | | Qualcare | Qualcare | 312.86 | 75 | | | 82.4 | 396.28 | percent of total billed charges | |
| HC CT GUIDANCE RADIATION THERAPY FIELDS PLACEMENT | 77014 | CPT | | | | both | | | 417.14 | | Horizon | PPO | 159.68 | 38.28 | | | 82.4 | 396.28 | percent of total billed charges | |
| HC CT GUIDANCE RADIATION THERAPY FIELDS PLACEMENT | 77014 | CPT | | | | both | | | 417.14 | | Wellcare | Medicaid | 131.61 | 31.55 | | | 82.4 | 396.28 | percent of total billed charges | |
| HC CT GUIDANCE RADIATION THERAPY FIELDS PLACEMENT | 77014 | CPT | | | | both | | | 417.14 | | Managed Care Inc | Managed Care Inc | 375.43 | 90 | | | 82.4 | 396.28 | percent of total billed charges | |
| HC CT GUIDANCE RADIATION THERAPY FIELDS PLACEMENT | 77014 | CPT | | | | both | | | 417.14 | | Three Rivers | Three Rivers | 396.28 | 95 | | | 82.4 | 396.28 | percent of total billed charges | |
| HC MRI GUIDANCE NEEDLE PLACEMENT | 77021 | CPT | | | | outpatient | | | 1630 | | Amerihealth | HMO/PPO | 124 | | | | 124 | 1548.5 | fee schedule | |
| HC MRI GUIDANCE NEEDLE PLACEMENT | 77021 | CPT | | | | outpatient | | | 1630 | | Aetna | Medicare | 502.04 | 30.8 | | | 124 | 1548.5 | percent of total billed charges | |
| HC MRI GUIDANCE NEEDLE PLACEMENT | 77021 | CPT | | | | outpatient | | | 1630 | | Horizon | MGD | 623.96 | 38.28 | | | 124 | 1548.5 | percent of total billed charges | |
| HC MRI GUIDANCE NEEDLE PLACEMENT | 77021 | CPT | | | | outpatient | | | 1630 | | Americare | Americare | 1222.5 | 75 | | | 124 | 1548.5 | percent of total billed charges | |
| HC MRI GUIDANCE NEEDLE PLACEMENT | 77021 | CPT | | | | outpatient | | | 1630 | | Aetna | Better Health | 514.27 | 31.55 | | | 124 | 1548.5 | percent of total billed charges | |
| HC MRI GUIDANCE NEEDLE PLACEMENT | 77021 | CPT | | | | outpatient | | | 1630 | | Corrections | Corrections | 1304 | 80 | | | 124 | 1548.5 | percent of total billed charges | |
| HC MRI GUIDANCE NEEDLE PLACEMENT | 77021 | CPT | | | | outpatient | | | 1630 | | UHC | Medicaid | 514.27 | 31.55 | | | 124 | 1548.5 | percent of total billed charges | |
| HC MRI GUIDANCE NEEDLE PLACEMENT | 77021 | CPT | | | | outpatient | | | 1630 | | Wellcare | Medicaid | 514.27 | 31.55 | | | 124 | 1548.5 | percent of total billed charges | |
| HC MRI GUIDANCE NEEDLE PLACEMENT | 77021 | CPT | | | | outpatient | | | 1630 | | First Health | First Health | 1141 | 70 | | | 124 | 1548.5 | percent of total billed charges | |
| HC MRI GUIDANCE NEEDLE PLACEMENT | 77021 | CPT | | | | outpatient | | | 1630 | | Consumer | Consumer | 1548.5 | 95 | | | 124 | 1548.5 | percent of total billed charges | |
| HC MRI GUIDANCE NEEDLE PLACEMENT | 77021 | CPT | | | | outpatient | | | 1630 | | Aetna | Commercial | 619.4 | 38 | | | 124 | 1548.5 | percent of total billed charges | |
| HC MRI GUIDANCE NEEDLE PLACEMENT | 77021 | CPT | | | | outpatient | | | 1630 | | Horizon | PPO | 623.96 | 38.28 | | | 124 | 1548.5 | percent of total billed charges | |
| HC MRI GUIDANCE NEEDLE PLACEMENT | 77021 | CPT | | | | outpatient | | | 1630 | | Horizon | Indemnity | 623.96 | 38.28 | | | 124 | 1548.5 | percent of total billed charges | |
| HC MRI GUIDANCE NEEDLE PLACEMENT | 77021 | CPT | | | | outpatient | | | 1630 | | WellPoint | WellPoint | 524.53 | 32.18 | | | 124 | 1548.5 | percent of total billed charges | |
| HC MRI GUIDANCE NEEDLE PLACEMENT | 77021 | CPT | | | | outpatient | | | 1630 | | Multiplan | Multiplan | 1304 | 80 | | | 124 | 1548.5 | percent of total billed charges | |
| HC MRI GUIDANCE NEEDLE PLACEMENT | 77021 | CPT | | | | outpatient | | | 1630 | | Three Rivers | Three Rivers | 1548.5 | 95 | | | 124 | 1548.5 | percent of total billed charges | |
| HC MRI GUIDANCE NEEDLE PLACEMENT | 77021 | CPT | | | | outpatient | | | 1630 | | Horizon | Medicare Blue | 489 | 30 | | | 124 | 1548.5 | percent of total billed charges | |
| HC MRI GUIDANCE NEEDLE PLACEMENT | 77021 | CPT | | | | outpatient | | | 1630 | | First Trenton | First Trenton | 1467 | 90 | | | 124 | 1548.5 | percent of total billed charges | |
| HC MRI GUIDANCE NEEDLE PLACEMENT | 77021 | CPT | | | | outpatient | | | 1630 | | Qualcare | Qualcare | 1222.5 | 75 | | | 124 | 1548.5 | percent of total billed charges | |
| HC MRI GUIDANCE NEEDLE PLACEMENT | 77021 | CPT | | | | outpatient | | | 1630 | | Horizon | NJ Health | 219.28 | | | | 124 | 1548.5 | fee schedule | |
| HC MRI GUIDANCE NEEDLE PLACEMENT | 77021 | CPT | | | | outpatient | | | 1630 | | Managed Care Inc | Managed Care Inc | 1467 | 90 | | | 124 | 1548.5 | percent of total billed charges | |
| HC MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION | 77022 | CPT | | | | outpatient | | | 1650 | | Aetna | Commercial | 627 | 38 | | | 218.6 | 1567.5 | percent of total billed charges | |
| HC MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION | 77022 | CPT | | | | outpatient | | | 1650 | | Aetna | Medicare | 508.2 | 30.8 | | | 218.6 | 1567.5 | percent of total billed charges | |
| HC MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION | 77022 | CPT | | | | outpatient | | | 1650 | | Consumer | Consumer | 1567.5 | 95 | | | 218.6 | 1567.5 | percent of total billed charges | |
| HC MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION | 77022 | CPT | | | | outpatient | | | 1650 | | Amerihealth | HMO/PPO | 1072.5 | 65 | | | 218.6 | 1567.5 | percent of total billed charges | |
| HC MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION | 77022 | CPT | | | | outpatient | | | 1650 | | Americare | Americare | 1237.5 | 75 | | | 218.6 | 1567.5 | percent of total billed charges | |
| HC MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION | 77022 | CPT | | | | outpatient | | | 1650 | | First Trenton | First Trenton | 1485 | 90 | | | 218.6 | 1567.5 | percent of total billed charges | |
| HC MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION | 77022 | CPT | | | | outpatient | | | 1650 | | Horizon | Indemnity | 631.62 | 38.28 | | | 218.6 | 1567.5 | percent of total billed charges | |
| HC MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION | 77022 | CPT | | | | outpatient | | | 1650 | | Aetna | Better Health | 520.58 | 31.55 | | | 218.6 | 1567.5 | percent of total billed charges | |
| HC MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION | 77022 | CPT | | | | outpatient | | | 1650 | | Horizon | NJ Health | 218.6 | | | | 218.6 | 1567.5 | fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION | 77022 | CPT | | | | outpatient | | | 1650 | | Horizon | MGD | 631.62 | 38.28 | | | 218.6 | | 1567.5 percent of total billed charges | |
| HC MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION | 77022 | CPT | | | | outpatient | | | 1650 | | First Health | First Health | 1155 | 70 | | | 218.6 | | 1567.5 percent of total billed charges | |
| HC MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION | 77022 | CPT | | | | outpatient | | | 1650 | | Horizon | PPO | 631.62 | 38.28 | | | 218.6 | | 1567.5 percent of total billed charges | |
| HC MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION | 77022 | CPT | | | | outpatient | | | 1650 | | Corrections | Corrections | 1320 | 80 | | | 218.6 | | 1567.5 percent of total billed charges | |
| HC MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION | 77022 | CPT | | | | outpatient | | | 1650 | | UHC | Medicaid | 520.58 | 31.55 | | | 218.6 | | 1567.5 percent of total billed charges | |
| HC MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION | 77022 | CPT | | | | outpatient | | | 1650 | | Multiplan | Multiplan | 1320 | 80 | | | 218.6 | | 1567.5 percent of total billed charges | |
| HC MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION | 77022 | CPT | | | | outpatient | | | 1650 | | Managed Care Inc | Managed Care Inc | 1485 | 90 | | | 218.6 | | 1567.5 percent of total billed charges | |
| HC MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION | 77022 | CPT | | | | outpatient | | | 1650 | | Horizon | Medicare Blue | 495 | 30 | | | 218.6 | | 1567.5 percent of total billed charges | |
| HC MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION | 77022 | CPT | | | | outpatient | | | 1650 | | Wellcare | Medicaid | 520.58 | 31.55 | | | 218.6 | | 1567.5 percent of total billed charges | |
| HC MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION | 77022 | CPT | | | | outpatient | | | 1650 | | Qualcare | Qualcare | 1237.5 | 75 | | | 218.6 | | 1567.5 percent of total billed charges | |
| HC MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION | 77022 | CPT | | | | outpatient | | | 1650 | | Three Rivers | Three Rivers | 1567.5 | 95 | | | 218.6 | | 1567.5 percent of total billed charges | |
| HC MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION | 77022 | CPT | | | | outpatient | | | 1650 | | WellPoint | WellPoint | 530.97 | 32.18 | | | 218.6 | | 1567.5 percent of total billed charges | |
| HC MRI BREAST WO CONTRAST UNILAT | 77046 | CPT | | | | outpatient | | | 918 | 322.28 | Americare | Americare | 688.5 | 75 | | | 218.23 | | 872.1 percent of total billed charges | |
| HC MRI BREAST WO CONTRAST UNILAT | 77046 | CPT | | | | outpatient | | | 918 | 322.28 | Aetna | Medicare | 280.24 | | | | 218.23 | | 872.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BREAST WO CONTRAST UNILAT | 77046 | CPT | | | | outpatient | | | 918 | 322.28 | Corrections | Corrections | 734.4 | 80 | | | 218.23 | | 872.1 percent of total billed charges | |
| HC MRI BREAST WO CONTRAST UNILAT | 77046 | CPT | | | | outpatient | | | 918 | 322.28 | Aetna | Better Health | 289.63 | 31.55 | | | 218.23 | | 872.1 percent of total billed charges | |
| HC MRI BREAST WO CONTRAST UNILAT | 77046 | CPT | | | | outpatient | | | 918 | 322.28 | UHC | Medicare | 280.24 | | | | 218.23 | | 872.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BREAST WO CONTRAST UNILAT | 77046 | CPT | | | | outpatient | | | 918 | 322.28 | Horizon | PPO | 542.26 | | | | 218.23 | | 872.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BREAST WO CONTRAST UNILAT | 77046 | CPT | | | | outpatient | | | 918 | 322.28 | First Trenton | First Trenton | 826.2 | 90 | | | 218.23 | | 872.1 percent of total billed charges | |
| HC MRI BREAST WO CONTRAST UNILAT | 77046 | CPT | | | | outpatient | | | 918 | 322.28 | Amerihealth | HMO/PPO | 596.7 | 65 | | | 218.23 | | 872.1 percent of total billed charges | |
| HC MRI BREAST WO CONTRAST UNILAT | 77046 | CPT | | | | outpatient | | | 918 | 322.28 | Horizon | Indemnity | 542.26 | | | | 218.23 | | 872.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BREAST WO CONTRAST UNILAT | 77046 | CPT | | | | outpatient | | | 918 | 322.28 | Horizon | MGD | 542.26 | | | | 218.23 | | 872.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BREAST WO CONTRAST UNILAT | 77046 | CPT | | | | outpatient | | | 918 | 322.28 | Horizon | NJ Health | 218.23 | | | | 218.23 | | 872.1 fee schedule | |
| HC MRI BREAST WO CONTRAST UNILAT | 77046 | CPT | | | | outpatient | | | 918 | 322.28 | Consumer | Consumer | 872.1 | 95 | | | 218.23 | | 872.1 percent of total billed charges | |
| HC MRI BREAST WO CONTRAST UNILAT | 77046 | CPT | | | | outpatient | | | 918 | 322.28 | UHC | Medicaid | 289.63 | 31.55 | | | 218.23 | | 872.1 percent of total billed charges | |
| HC MRI BREAST WO CONTRAST UNILAT | 77046 | CPT | | | | outpatient | | | 918 | 322.28 | WellPoint | WellPoint | 295.41 | 32.18 | | | 218.23 | | 872.1 percent of total billed charges | |
| HC MRI BREAST WO CONTRAST UNILAT | 77046 | CPT | | | | outpatient | | | 918 | 322.28 | Managed Care Inc | Managed Care Inc | 826.2 | 90 | | | 218.23 | | 872.1 percent of total billed charges | |
| HC MRI BREAST WO CONTRAST UNILAT | 77046 | CPT | | | | outpatient | | | 918 | 322.28 | First Health | First Health | 642.6 | 70 | | | 218.23 | | 872.1 percent of total billed charges | |
| HC MRI BREAST WO CONTRAST UNILAT | 77046 | CPT | | | | outpatient | | | 918 | 322.28 | Three Rivers | Three Rivers | 872.1 | 95 | | | 218.23 | | 872.1 percent of total billed charges | |
| HC MRI BREAST WO CONTRAST UNILAT | 77046 | CPT | | | | outpatient | | | 918 | 322.28 | Wellcare | Medicaid | 289.63 | 31.55 | | | 218.23 | | 872.1 percent of total billed charges | |
| HC MRI BREAST WO CONTRAST UNILAT | 77046 | CPT | | | | outpatient | | | 918 | 322.28 | Wellcare | Medicare | 280.24 | | | | 218.23 | | 872.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BREAST WO CONTRAST UNILAT | 77046 | CPT | | | | outpatient | | | 918 | 322.28 | Horizon | Medicare Blue | 280.24 | | | | 218.23 | | 872.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BREAST WO CONTRAST UNILAT | 77046 | CPT | | | | outpatient | | | 918 | 322.28 | Multiplan | Multiplan | 734.4 | 80 | | | 218.23 | | 872.1 percent of total billed charges | |
| HC MRI BREAST WO CONTRAST UNILAT | 77046 | CPT | | | | outpatient | | | 918 | 322.28 | Qualcare | Qualcare | 688.5 | 75 | | | 218.23 | | 872.1 percent of total billed charges | |
| HC MRI BREAST WO CONTRAST BILAT | 77047 | CPT | | | | outpatient | | | 946 | 322.28 | Aetna | Better Health | 298.46 | 31.55 | | | 223.77 | | 898.7 percent of total billed charges | |
| HC MRI BREAST WO CONTRAST BILAT | 77047 | CPT | | | | outpatient | | | 946 | 322.28 | First Trenton | First Trenton | 851.4 | 90 | | | 223.77 | | 898.7 percent of total billed charges | |
| HC MRI BREAST WO CONTRAST BILAT | 77047 | CPT | | | | outpatient | | | 946 | 322.28 | Horizon | PPO | 542.26 | | | | 223.77 | | 898.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BREAST WO CONTRAST BILAT | 77047 | CPT | | | | outpatient | | | 946 | 322.28 | Aetna | Commercial | 359.48 | 38 | | 445.58 | 223.77 | | 898.7 percent of total billed charges | |
| HC MRI BREAST WO CONTRAST BILAT | 77047 | CPT | | | | outpatient | | | 946 | 322.28 | Amerihealth | HMO/PPO | 614.9 | 65 | | | 223.77 | | 898.7 percent of total billed charges | |
| HC MRI BREAST WO CONTRAST BILAT | 77047 | CPT | | | | outpatient | | | 946 | 322.28 | Corrections | Corrections | 756.8 | 80 | | | 223.77 | | 898.7 percent of total billed charges | |
| HC MRI BREAST WO CONTRAST BILAT | 77047 | CPT | | | | outpatient | | | 946 | 322.28 | Aetna | Medicare | 280.24 | | | 78.64 | 223.77 | | 898.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BREAST WO CONTRAST BILAT | 77047 | CPT | | | | outpatient | | | 946 | 322.28 | Horizon | Medicare Blue | 280.24 | | | 274.64 | 223.77 | | 898.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BREAST WO CONTRAST BILAT | 77047 | CPT | | | | outpatient | | | 946 | 322.28 | First Health | First Health | 662.2 | 70 | | | 223.77 | | 898.7 percent of total billed charges | |
| HC MRI BREAST WO CONTRAST BILAT | 77047 | CPT | | | | outpatient | | | 946 | 322.28 | Horizon | MGD | 542.26 | | | 506.82 | 223.77 | | 898.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BREAST WO CONTRAST BILAT | 77047 | CPT | | | | outpatient | | | 946 | 322.28 | Consumer | Consumer | 898.7 | 95 | | | 223.77 | | 898.7 percent of total billed charges | |
| HC MRI BREAST WO CONTRAST BILAT | 77047 | CPT | | | | outpatient | | | 946 | 322.28 | Americare | Americare | 709.5 | 75 | | | 223.77 | | 898.7 percent of total billed charges | |
| HC MRI BREAST WO CONTRAST BILAT | 77047 | CPT | | | | outpatient | | | 946 | 322.28 | Multiplan | Multiplan | 756.8 | 80 | | | 223.77 | | 898.7 percent of total billed charges | |
| HC MRI BREAST WO CONTRAST BILAT | 77047 | CPT | | | | outpatient | | | 946 | 322.28 | Horizon | Indemnity | 542.26 | | | | 223.77 | | 898.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BREAST WO CONTRAST BILAT | 77047 | CPT | | | | outpatient | | | 946 | 322.28 | Wellcare | Medicaid | 298.46 | 31.55 | | | 223.77 | | 898.7 percent of total billed charges | |
| HC MRI BREAST WO CONTRAST BILAT | 77047 | CPT | | | | outpatient | | | 946 | 322.28 | Managed Care Inc | Managed Care Inc | 851.4 | 90 | | | 223.77 | | 898.7 percent of total billed charges | |
| HC MRI BREAST WO CONTRAST BILAT | 77047 | CPT | | | | outpatient | | | 946 | 322.28 | Qualcare | Qualcare | 709.5 | 75 | | | 223.77 | | 898.7 percent of total billed charges | |
| HC MRI BREAST WO CONTRAST BILAT | 77047 | CPT | | | | outpatient | | | 946 | 322.28 | Horizon | NJ Health | 223.77 | | | 223.77 | 223.77 | | 898.7 fee schedule | |
| HC MRI BREAST WO CONTRAST BILAT | 77047 | CPT | | | | outpatient | | | 946 | 322.28 | UHC | Medicare | 280.24 | | | 202.52 | 223.77 | | 898.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BREAST WO CONTRAST BILAT | 77047 | CPT | | | | outpatient | | | 946 | 322.28 | Three Rivers | Three Rivers | 898.7 | 95 | | | 223.77 | | 898.7 percent of total billed charges | |
| HC MRI BREAST WO CONTRAST BILAT | 77047 | CPT | | | | outpatient | | | 946 | 322.28 | WellPoint | WellPoint | 304.42 | 32.18 | | 296.77 | 223.77 | | 898.7 percent of total billed charges | |
| HC MRI BREAST WO CONTRAST BILAT | 77047 | CPT | | | | outpatient | | | 946 | 322.28 | UHC | Medicaid | 298.46 | 31.55 | | 288.8 | 223.77 | | 898.7 percent of total billed charges | |
| HC MRI BREAST WO CONTRAST BILAT | 77047 | CPT | | | | outpatient | | | 946 | 322.28 | Wellcare | Medicare | 280.24 | | | | 223.77 | | 898.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BREAST W/O W CONTRAST W/CAD UNILAT | 77048 | CPT | | | | outpatient | | | 918 | | WellPoint | WellPoint | 295.41 | 32.18 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD UNILAT | 77048 | CPT | | | | outpatient | | | 918 | | Aetna | Medicare | 282.74 | 30.8 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD UNILAT | 77048 | CPT | | | | outpatient | | | 918 | | Americare | Americare | 688.5 | 75 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD UNILAT | 77048 | CPT | | | | outpatient | | | 918 | | Corrections | Corrections | 734.4 | 80 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD UNILAT | 77048 | CPT | | | | outpatient | | | 918 | | First Trenton | First Trenton | 826.2 | 90 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD UNILAT | 77048 | CPT | | | | outpatient | | | 918 | | Aetna | Better Health | 289.63 | 31.55 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD UNILAT | 77048 | CPT | | | | outpatient | | | 918 | | Horizon | MGD | 351.41 | 38.28 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD UNILAT | 77048 | CPT | | | | outpatient | | | 918 | | Amerihealth | HMO/PPO | 596.7 | 65 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD UNILAT | 77048 | CPT | | | | outpatient | | | 918 | | Horizon | PPO | 351.41 | 38.28 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD UNILAT | 77048 | CPT | | | | outpatient | | | 918 | | Consumer | Consumer | 872.1 | 95 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD UNILAT | 77048 | CPT | | | | outpatient | | | 918 | | Managed Care Inc | Managed Care Inc | 826.2 | 90 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD UNILAT | 77048 | CPT | | | | outpatient | | | 918 | | Horizon | NJ Health | 347.19 | | | | 275.4 | | 872.1 fee schedule | |
| HC MRI BREAST W/O W CONTRAST W/CAD UNILAT | 77048 | CPT | | | | outpatient | | | 918 | | Three Rivers | Three Rivers | 872.1 | 95 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD UNILAT | 77048 | CPT | | | | outpatient | | | 918 | | First Health | First Health | 642.6 | 70 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD UNILAT | 77048 | CPT | | | | outpatient | | | 918 | | Horizon | Indemnity | 351.41 | 38.28 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD UNILAT | 77048 | CPT | | | | outpatient | | | 918 | | UHC | Medicaid | 289.63 | 31.55 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD UNILAT | 77048 | CPT | | | | outpatient | | | 918 | | Multiplan | Multiplan | 734.4 | 80 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD UNILAT | 77048 | CPT | | | | outpatient | | | 918 | | Horizon | Medicare Blue | 275.4 | 30 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD UNILAT | 77048 | CPT | | | | outpatient | | | 918 | | Qualcare | Qualcare | 688.5 | 75 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD UNILAT | 77048 | CPT | | | | outpatient | | | 918 | | Wellcare | Medicaid | 289.63 | 31.55 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD BILAT | 77049 | CPT | | | | outpatient | | | 918 | | Corrections | Corrections | 734.4 | 80 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD BILAT | 77049 | CPT | | | | outpatient | | | 918 | | Aetna | Better Health | 289.63 | 31.55 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD BILAT | 77049 | CPT | | | | outpatient | | | 918 | | Aetna | Medicare | 282.74 | 30.8 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD BILAT | 77049 | CPT | | | | outpatient | | | 918 | | Americare | Americare | 688.5 | 75 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD BILAT | 77049 | CPT | | | | outpatient | | | 918 | | First Trenton | First Trenton | 826.2 | 90 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD BILAT | 77049 | CPT | | | | outpatient | | | 918 | | WellPoint | WellPoint | 295.41 | 32.18 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD BILAT | 77049 | CPT | | | | outpatient | | | 918 | | Consumer | Consumer | 872.1 | 95 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD BILAT | 77049 | CPT | | | | outpatient | | | 918 | | Horizon | MGD | 351.41 | 38.28 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD BILAT | 77049 | CPT | | | | outpatient | | | 918 | | Horizon | Medicare Blue | 275.4 | 30 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD BILAT | 77049 | CPT | | | | outpatient | | | 918 | | Amerihealth | HMO/PPO | 596.7 | 65 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD BILAT | 77049 | CPT | | | | outpatient | | | 918 | | Horizon | Indemnity | 351.41 | 38.28 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD BILAT | 77049 | CPT | | | | outpatient | | | 918 | | UHC | Medicaid | 289.63 | 31.55 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD BILAT | 77049 | CPT | | | | outpatient | | | 918 | | Horizon | NJ Health | 354.19 | | | | 275.4 | | 872.1 fee schedule | |
| HC MRI BREAST W/O W CONTRAST W/CAD BILAT | 77049 | CPT | | | | outpatient | | | 918 | | First Health | First Health | 642.6 | 70 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD BILAT | 77049 | CPT | | | | outpatient | | | 918 | | Horizon | PPO | 351.41 | 38.28 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD BILAT | 77049 | CPT | | | | outpatient | | | 918 | | Wellcare | Medicaid | 289.63 | 31.55 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD BILAT | 77049 | CPT | | | | outpatient | | | 918 | | Managed Care Inc | Managed Care Inc | 826.2 | 90 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD BILAT | 77049 | CPT | | | | outpatient | | | 918 | | Multiplan | Multiplan | 734.4 | 80 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD BILAT | 77049 | CPT | | | | outpatient | | | 918 | | Three Rivers | Three Rivers | 872.1 | 95 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC MRI BREAST W/O W CONTRAST W/CAD BILAT | 77049 | CPT | | | | outpatient | | | 918 | | Qualcare | Qualcare | 688.5 | 75 | | | 275.4 | | 872.1 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS UNILAT | 77061 | CPT | | | | outpatient | | | 448 | | WellPoint | WellPoint | 144.17 | 32.18 | | 131.51 | 32.24 | | 425.6 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS UNILAT | 77061 | CPT | | | | outpatient | | | 448 | | Aetna | Better Health | 141.34 | 31.55 | | 98.07 | 32.24 | | 425.6 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS UNILAT | 77061 | CPT | | | | outpatient | | | 448 | | First Health | First Health | 313.6 | 70 | | | 32.24 | | 425.6 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS UNILAT | 77061 | CPT | | | | outpatient | | | 448 | | Aetna | Medicare | 137.98 | 30.8 | | 65.3 | 32.24 | | 425.6 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS UNILAT | 77061 | CPT | | | | outpatient | | | 448 | | Wellcare | Medicaid | 141.34 | 31.55 | | 133.76 | 32.24 | | 425.6 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS UNILAT | 77061 | CPT | | | | outpatient | | | 448 | | Americare | Americare | 336 | 75 | | | 32.24 | | 425.6 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS UNILAT | 77061 | CPT | | | | outpatient | | | 448 | | Aetna | Commercial | 170.24 | 38 | | 77.05 | 32.24 | | 425.6 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS UNILAT | 77061 | CPT | | | | outpatient | | | 448 | | Horizon | PPO | 171.49 | 38.28 | | 114.75 | 32.24 | | 425.6 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS UNILAT | 77061 | CPT | | | | outpatient | | | 448 | | Horizon | Medicare Blue | 134.4 | 30 | | 58.4 | 32.24 | | 425.6 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS UNILAT | 77061 | CPT | | | | outpatient | | | 448 | | Corrections | Corrections | 358.4 | 80 | | | 32.24 | | 425.6 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS UNILAT | 77061 | CPT | | | | outpatient | | | 448 | | Consumer | Consumer | 425.6 | 95 | | | 32.24 | | 425.6 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS UNILAT | 77061 | CPT | | | | outpatient | | | 448 | | Amerihealth | HMO/PPO | 32.24 | | | 84.97 | 32.24 | | 425.6 fee schedule | |
| HC DIGITAL BREAST TOMOSYNTHESIS UNILAT | 77061 | CPT | | | | outpatient | | | 448 | | Multiplan | Multiplan | 358.4 | 80 | | | 32.24 | | 425.6 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS UNILAT | 77061 | CPT | | | | outpatient | | | 448 | | Horizon | MGD | 171.49 | 38.28 | | 116.64 | 32.24 | | 425.6 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS UNILAT | 77061 | CPT | | | | outpatient | | | 448 | | Horizon | Indemnity | 171.49 | 38.28 | | 114.81 | 32.24 | | 425.6 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS UNILAT | 77061 | CPT | | | | outpatient | | | 448 | | First Trenton | First Trenton | 403.2 | 90 | | | 32.24 | | 425.6 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS UNILAT | 77061 | CPT | | | | outpatient | | | 448 | | Qualcare | Qualcare | 336 | 75 | | | 32.24 | | 425.6 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS UNILAT | 77061 | CPT | | | | outpatient | | | 448 | | Managed Care Inc | Managed Care Inc | 403.2 | 90 | | | 32.24 | | 425.6 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS UNILAT | 77061 | CPT | | | | outpatient | | | 448 | | Three Rivers | Three Rivers | 425.6 | 95 | | | 32.24 | | 425.6 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS UNILAT | 77061 | CPT | | | | outpatient | | | 448 | | UHC | Medicaid | 141.34 | 31.55 | | 139.3 | 32.24 | | 425.6 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS BILAT | 77062 | CPT | | | | both | | | 531 | | Aetna | Commercial | 201.78 | 38 | | 161.37 | 42.78 | | 504.45 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS BILAT | 77062 | CPT | | | | both | | | 531 | | Aetna | Medicare | 163.55 | 30.8 | | 69.33 | 42.78 | | 504.45 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS BILAT | 77062 | CPT | | | | both | | | 531 | | First Health | First Health | 371.7 | 70 | | | 42.78 | | 504.45 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS BILAT | 77062 | CPT | | | | both | | | 531 | | Americare | Americare | 398.25 | 75 | | | 42.78 | | 504.45 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS BILAT | 77062 | CPT | | | | both | | | 531 | | Aetna | Better Health | 167.53 | 31.55 | | 92.87 | 42.78 | | 504.45 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS BILAT | 77062 | CPT | | | | both | | | 531 | | Corrections | Corrections | 424.8 | 80 | | | 42.78 | | 504.45 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS BILAT | 77062 | CPT | | | | both | | | 531 | | Multiplan | Multiplan | 424.8 | 80 | | | 42.78 | | 504.45 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS BILAT | 77062 | CPT | | | | both | | | 531 | | Amerihealth | HMO/PPO | 42.78 | | | 65.6 | 42.78 | | 504.45 fee schedule | |
| HC DIGITAL BREAST TOMOSYNTHESIS BILAT | 77062 | CPT | | | | both | | | 531 | | Horizon | Medicare Blue | 159.3 | 30 | | 68.53 | 42.78 | | 504.45 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS BILAT | 77062 | CPT | | | | both | | | 531 | | Horizon | PPO | 203.27 | 38.28 | | 78.83 | 42.78 | | 504.45 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS BILAT | 77062 | CPT | | | | both | | | 531 | | Qualcare | Qualcare | 398.25 | 75 | | | 42.78 | | 504.45 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS BILAT | 77062 | CPT | | | | both | | | 531 | | Consumer | Consumer | 504.45 | 95 | | | 42.78 | | 504.45 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS BILAT | 77062 | CPT | | | | both | | | 531 | | First Trenton | First Trenton | 477.9 | 90 | | | 42.78 | | 504.45 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS BILAT | 77062 | CPT | | | | both | | | 531 | | UHC | Medicaid | 167.53 | 31.55 | | 157.97 | 42.78 | | 504.45 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS BILAT | 77062 | CPT | | | | both | | | 531 | | Horizon | Indemnity | 203.27 | 38.28 | | 66.16 | 42.78 | | 504.45 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS BILAT | 77062 | CPT | | | | both | | | 531 | | Horizon | MGD | 203.27 | 38.28 | | 72.8 | 42.78 | | 504.45 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS BILAT | 77062 | CPT | | | | both | | | 531 | | Managed Care Inc | Managed Care Inc | 477.9 | 90 | | | 42.78 | | 504.45 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS BILAT | 77062 | CPT | | | | both | | | 531 | | Three Rivers | Three Rivers | 504.45 | 95 | | | 42.78 | | 504.45 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS BILAT | 77062 | CPT | | | | both | | | 531 | | Wellcare | Medicaid | 167.53 | 31.55 | | 147.08 | 42.78 | | 504.45 percent of total billed charges | |
| HC DIGITAL BREAST TOMOSYNTHESIS BILAT | 77062 | CPT | | | | both | | | 531 | | WellPoint | WellPoint | 170.88 | 32.18 | | 99.58 | 42.78 | | 504.45 percent of total billed charges | |
| HC SCREENING DIGITAL BREAST TOMOSYNTHESIS BILAT | 77063 | CPT | | | | both | | | 531 | | Americare | Americare | 398.25 | 75 | | | 6.2 | | 504.45 percent of total billed charges | |
| HC SCREENING DIGITAL BREAST TOMOSYNTHESIS BILAT | 77063 | CPT | | | | both | | | 531 | | Consumer | Consumer | 504.45 | 95 | | | 6.2 | | 504.45 percent of total billed charges | |
| HC SCREENING DIGITAL BREAST TOMOSYNTHESIS BILAT | 77063 | CPT | | | | both | | | 531 | | Aetna | Commercial | 201.78 | 38 | | 102.33 | 6.2 | | 504.45 percent of total billed charges | |
| HC SCREENING DIGITAL BREAST TOMOSYNTHESIS BILAT | 77063 | CPT | | | | both | | | 531 | | Horizon | PPO | 203.27 | 38.28 | | 189.92 | 6.2 | | 504.45 percent of total billed charges | |
| HC SCREENING DIGITAL BREAST TOMOSYNTHESIS BILAT | 77063 | CPT | | | | both | | | 531 | | Amerihealth | HMO/PPO | 6.2 | | | 91.43 | 6.2 | | 504.45 fee schedule | |
| HC SCREENING DIGITAL BREAST TOMOSYNTHESIS BILAT | 77063 | CPT | | | | both | | | 531 | | Aetna | Better Health | 167.53 | 31.55 | | 149.46 | 6.2 | | 504.45 percent of total billed charges | |
| HC SCREENING DIGITAL BREAST TOMOSYNTHESIS BILAT | 77063 | CPT | | | | both | | | 531 | | Corrections | Corrections | 424.8 | 80 | | | 6.2 | | 504.45 percent of total billed charges | |
| HC SCREENING DIGITAL BREAST TOMOSYNTHESIS BILAT | 77063 | CPT | | | | both | | | 531 | | First Health | First Health | 371.7 | 70 | | | 6.2 | | 504.45 percent of total billed charges | |
| HC SCREENING DIGITAL BREAST TOMOSYNTHESIS BILAT | 77063 | CPT | | | | both | | | 531 | | Horizon | Medicare Blue | 159.3 | 30 | | 85.66 | 6.2 | | 504.45 percent of total billed charges | |
| HC SCREENING DIGITAL BREAST TOMOSYNTHESIS BILAT | 77063 | CPT | | | | both | | | 531 | | Horizon | NJ Health | 59.45 | | | 79.36 | 6.2 | | 504.45 fee schedule | |
| HC SCREENING DIGITAL BREAST TOMOSYNTHESIS BILAT | 77063 | CPT | | | | both | | | 531 | | Aetna | Medicare | 163.55 | 30.8 | | 80.83 | 6.2 | | 504.45 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC SCREENING DIGITAL BREAST TOMOSYNTHESIS BILAT | 77063 | CPT | | | | both | | | 531 | | Multiplan | Multiplan | 424.8 | 80 | | | 6.2 | 504.45 | percent of total billed charges | |
| HC SCREENING DIGITAL BREAST TOMOSYNTHESIS BILAT | 77063 | CPT | | | | both | | | 531 | | Wellcare | Medicaid | 167.53 | 31.55 | | 141.52 | 6.2 | 504.45 | percent of total billed charges | |
| HC SCREENING DIGITAL BREAST TOMOSYNTHESIS BILAT | 77063 | CPT | | | | both | | | 531 | | Qualcare | Qualcare | 398.25 | 75 | | | 6.2 | 504.45 | percent of total billed charges | |
| HC SCREENING DIGITAL BREAST TOMOSYNTHESIS BILAT | 77063 | CPT | | | | both | | | 531 | | First Trenton | First Trenton | 477.9 | 90 | | | 6.2 | 504.45 | percent of total billed charges | |
| HC SCREENING DIGITAL BREAST TOMOSYNTHESIS BILAT | 77063 | CPT | | | | both | | | 531 | | WellPoint | WellPoint | 170.88 | 32.18 | | 107.27 | 6.2 | 504.45 | percent of total billed charges | |
| HC SCREENING DIGITAL BREAST TOMOSYNTHESIS BILAT | 77063 | CPT | | | | both | | | 531 | | Horizon | Indemnity | 203.27 | 38.28 | | 193.45 | 6.2 | 504.45 | percent of total billed charges | |
| HC SCREENING DIGITAL BREAST TOMOSYNTHESIS BILAT | 77063 | CPT | | | | both | | | 531 | | Horizon | MGD | 203.27 | 38.28 | | 192.9 | 6.2 | 504.45 | percent of total billed charges | |
| HC SCREENING DIGITAL BREAST TOMOSYNTHESIS BILAT | 77063 | CPT | | | | both | | | 531 | | Managed Care Inc | Managed Care Inc | 477.9 | 90 | | | 6.2 | 504.45 | percent of total billed charges | |
| HC SCREENING DIGITAL BREAST TOMOSYNTHESIS BILAT | 77063 | CPT | | | | both | | | 531 | | Three Rivers | Three Rivers | 504.45 | 95 | | | 6.2 | 504.45 | percent of total billed charges | |
| HC SCREENING DIGITAL BREAST TOMOSYNTHESIS BILAT | 77063 | CPT | | | | both | | | 531 | | UHC | Medicaid | 167.53 | 31.55 | | 150.8 | 6.2 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD UNILAT | 77065 | CPT | | | | outpatient | | | 531 | | Americare | Americare | 398.25 | 75 | | | 38.44 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD UNILAT | 77065 | CPT | | | | outpatient | | | 531 | | Amerihealth | HMO/PPO | 38.44 | | | 92.59 | 38.44 | 504.45 | fee schedule | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD UNILAT | 77065 | CPT | | | | outpatient | | | 531 | | First Trenton | First Trenton | 477.9 | 90 | | | 38.44 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD UNILAT | 77065 | CPT | | | | outpatient | | | 531 | | Aetna | Medicare | 163.55 | 30.8 | | 71.16 | 38.44 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD UNILAT | 77065 | CPT | | | | outpatient | | | 531 | | Aetna | Better Health | 167.53 | 31.55 | | 106.87 | 38.44 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD UNILAT | 77065 | CPT | | | | outpatient | | | 531 | | Consumer | Consumer | 504.45 | 95 | | | 38.44 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD UNILAT | 77065 | CPT | | | | outpatient | | | 531 | | Corrections | Corrections | 424.8 | 80 | | | 38.44 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD UNILAT | 77065 | CPT | | | | outpatient | | | 531 | | Aetna | Commercial | 201.78 | 38 | | 83.97 | 38.44 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD UNILAT | 77065 | CPT | | | | outpatient | | | 531 | | WellPoint | WellPoint | 170.88 | 32.18 | | 143.28 | 38.44 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD UNILAT | 77065 | CPT | | | | outpatient | | | 531 | | Horizon | Medicare Blue | 159.3 | 30 | | 63.64 | 38.44 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD UNILAT | 77065 | CPT | | | | outpatient | | | 531 | | Horizon | MGD | 203.27 | 38.28 | | 127.1 | 38.44 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD UNILAT | 77065 | CPT | | | | outpatient | | | 531 | | Horizon | NJ Health | 126.34 | | | 72.09 | 38.44 | 504.45 | fee schedule | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD UNILAT | 77065 | CPT | | | | outpatient | | | 531 | | Horizon | Indemnity | 203.27 | 38.28 | | 125.11 | 38.44 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD UNILAT | 77065 | CPT | | | | outpatient | | | 531 | | First Health | First Health | 371.7 | 70 | | | 38.44 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD UNILAT | 77065 | CPT | | | | outpatient | | | 531 | | Managed Care Inc | Managed Care Inc | 477.9 | 90 | | | 38.44 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD UNILAT | 77065 | CPT | | | | outpatient | | | 531 | | Horizon | PPO | 203.27 | 38.28 | | 125.04 | 38.44 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD UNILAT | 77065 | CPT | | | | outpatient | | | 531 | | Multiplan | Multiplan | 424.8 | 80 | | | 38.44 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD UNILAT | 77065 | CPT | | | | outpatient | | | 531 | | Wellcare | Medicaid | 167.53 | 31.55 | | 145.76 | 38.44 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD UNILAT | 77065 | CPT | | | | outpatient | | | 531 | | Three Rivers | Three Rivers | 504.45 | 95 | | | 38.44 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD UNILAT | 77065 | CPT | | | | outpatient | | | 531 | | Qualcare | Qualcare | 398.25 | 75 | | | 38.44 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD UNILAT | 77065 | CPT | | | | outpatient | | | 531 | | UHC | Medicaid | 167.53 | 31.55 | | 151.79 | 38.44 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD BILAT | 77066 | CPT | | | | both | | | 531 | | Aetna | Medicare | 163.55 | 30.8 | | 69.33 | 48.98 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD BILAT | 77066 | CPT | | | | both | | | 531 | | Horizon | Medicare Blue | 159.3 | 30 | | 68.53 | 48.98 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD BILAT | 77066 | CPT | | | | both | | | 531 | | Multiplan | Multiplan | 424.8 | 80 | | | 48.98 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD BILAT | 77066 | CPT | | | | both | | | 531 | | First Trenton | First Trenton | 477.9 | 90 | | | 48.98 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD BILAT | 77066 | CPT | | | | both | | | 531 | | Aetna | Better Health | 167.53 | 31.55 | | 92.87 | 48.98 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD BILAT | 77066 | CPT | | | | both | | | 531 | | Amerihealth | HMO/PPO | 48.98 | | | 65.6 | 48.98 | 504.45 | fee schedule | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD BILAT | 77066 | CPT | | | | both | | | 531 | | Aetna | Commercial | 201.78 | 38 | | 161.37 | 48.98 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD BILAT | 77066 | CPT | | | | both | | | 531 | | Corrections | Corrections | 424.8 | 80 | | | 48.98 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD BILAT | 77066 | CPT | | | | both | | | 531 | | Americare | Americare | 398.25 | 75 | | | 48.98 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD BILAT | 77066 | CPT | | | | both | | | 531 | | First Health | First Health | 371.7 | 70 | | | 48.98 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD BILAT | 77066 | CPT | | | | both | | | 531 | | Qualcare | Qualcare | 398.25 | 75 | | | 48.98 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD BILAT | 77066 | CPT | | | | both | | | 531 | | Three Rivers | Three Rivers | 504.45 | 95 | | | 48.98 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD BILAT | 77066 | CPT | | | | both | | | 531 | | Consumer | Consumer | 504.45 | 95 | | | 48.98 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD BILAT | 77066 | CPT | | | | both | | | 531 | | Horizon | MGD | 203.27 | 38.28 | | 72.8 | 48.98 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD BILAT | 77066 | CPT | | | | both | | | 531 | | Horizon | NJ Health | 160.27 | | | 43.27 | 48.98 | 504.45 | fee schedule | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD BILAT | 77066 | CPT | | | | both | | | 531 | | Managed Care Inc | Managed Care Inc | 477.9 | 90 | | | 48.98 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD BILAT | 77066 | CPT | | | | both | | | 531 | | Horizon | Indemnity | 203.27 | 38.28 | | 66.16 | 48.98 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD BILAT | 77066 | CPT | | | | both | | | 531 | | Horizon | PPO | 203.27 | 38.28 | | 78.83 | 48.98 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD BILAT | 77066 | CPT | | | | both | | | 531 | | UHC | Medicaid | 167.53 | 31.55 | | 157.97 | 48.98 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD BILAT | 77066 | CPT | | | | both | | | 531 | | Wellcare | Medicaid | 167.53 | 31.55 | | 147.08 | 48.98 | 504.45 | percent of total billed charges | |
| HC DIAGNOSTIC MAMMOGRAPHY W CAD BILAT | 77066 | CPT | | | | both | | | 531 | | WellPoint | WellPoint | 170.88 | 32.18 | | 99.58 | 48.98 | 504.45 | percent of total billed charges | |
| HC SCREENING MAMMOGRAPHY W CAD BILAT | 77067 | CPT | | | | both | | | 531 | | Aetna | Better Health | 167.53 | 31.55 | | 152.99 | 37.2 | 504.45 | percent of total billed charges | |
| HC SCREENING MAMMOGRAPHY W CAD BILAT | 77067 | CPT | | | | both | | | 531 | | First Health | First Health | 371.7 | 70 | | | 37.2 | 504.45 | percent of total billed charges | |
| HC SCREENING MAMMOGRAPHY W CAD BILAT | 77067 | CPT | | | | both | | | 531 | | Aetna | Commercial | 201.78 | 38 | | 104.76 | 37.2 | 504.45 | percent of total billed charges | |
| HC SCREENING MAMMOGRAPHY W CAD BILAT | 77067 | CPT | | | | both | | | 531 | | Horizon | Indemnity | 203.27 | 38.28 | | 198.03 | 37.2 | 504.45 | percent of total billed charges | |
| HC SCREENING MAMMOGRAPHY W CAD BILAT | 77067 | CPT | | | | both | | | 531 | | Horizon | Medicare Blue | 159.3 | 30 | | 87.69 | 37.2 | 504.45 | percent of total billed charges | |
| HC SCREENING MAMMOGRAPHY W CAD BILAT | 77067 | CPT | | | | both | | | 531 | | Horizon | PPO | 203.27 | 38.28 | | 194.41 | 37.2 | 504.45 | percent of total billed charges | |
| HC SCREENING MAMMOGRAPHY W CAD BILAT | 77067 | CPT | | | | both | | | 531 | | Multiplan | Multiplan | 424.8 | 80 | | | 37.2 | 504.45 | percent of total billed charges | |
| HC SCREENING MAMMOGRAPHY W CAD BILAT | 77067 | CPT | | | | both | | | 531 | | First Trenton | First Trenton | 477.9 | 90 | | | 37.2 | 504.45 | percent of total billed charges | |
| HC SCREENING MAMMOGRAPHY W CAD BILAT | 77067 | CPT | | | | both | | | 531 | | Aetna | Medicare | 163.55 | 30.8 | | 82.75 | 37.2 | 504.45 | percent of total billed charges | |
| HC SCREENING MAMMOGRAPHY W CAD BILAT | 77067 | CPT | | | | both | | | 531 | | WellPoint | WellPoint | 170.88 | 32.18 | | 109.82 | 37.2 | 504.45 | percent of total billed charges | |
| HC SCREENING MAMMOGRAPHY W CAD BILAT | 77067 | CPT | | | | both | | | 531 | | Amerihealth | HMO/PPO | 37.2 | | | 93.6 | 37.2 | 504.45 | fee schedule | |
| HC SCREENING MAMMOGRAPHY W CAD BILAT | 77067 | CPT | | | | both | | | 531 | | Horizon | NJ Health | 129.36 | | | 81.23 | 37.2 | 504.45 | fee schedule | |
| HC SCREENING MAMMOGRAPHY W CAD BILAT | 77067 | CPT | | | | both | | | 531 | | Qualcare | Qualcare | 398.25 | 75 | | | 37.2 | 504.45 | percent of total billed charges | |
| HC SCREENING MAMMOGRAPHY W CAD BILAT | 77067 | CPT | | | | both | | | 531 | | UHC | Medicaid | 167.53 | 31.55 | | 154.34 | 37.2 | 504.45 | percent of total billed charges | |
| HC SCREENING MAMMOGRAPHY W CAD BILAT | 77067 | CPT | | | | both | | | 531 | | Consumer | Consumer | 504.45 | 95 | | | 37.2 | 504.45 | percent of total billed charges | |
| HC SCREENING MAMMOGRAPHY W CAD BILAT | 77067 | CPT | | | | both | | | 531 | | Americare | Americare | 398.25 | 75 | | | 37.2 | 504.45 | percent of total billed charges | |
| HC SCREENING MAMMOGRAPHY W CAD BILAT | 77067 | CPT | | | | both | | | 531 | | Corrections | Corrections | 424.8 | 80 | | | 37.2 | 504.45 | percent of total billed charges | |
| HC SCREENING MAMMOGRAPHY W CAD BILAT | 77067 | CPT | | | | both | | | 531 | | Horizon | MGD | 203.27 | 38.28 | | 197.46 | 37.2 | 504.45 | percent of total billed charges | |
| HC SCREENING MAMMOGRAPHY W CAD BILAT | 77067 | CPT | | | | both | | | 531 | | Wellcare | Medicaid | 167.53 | 31.55 | | 144.89 | 37.2 | 504.45 | percent of total billed charges | |
| HC SCREENING MAMMOGRAPHY W CAD BILAT | 77067 | CPT | | | | both | | | 531 | | Managed Care Inc | Managed Care Inc | 477.9 | 90 | | | 37.2 | 504.45 | percent of total billed charges | |
| HC SCREENING MAMMOGRAPHY W CAD BILAT | 77067 | CPT | | | | both | | | 531 | | Three Rivers | Three Rivers | 504.45 | 95 | | | 37.2 | 504.45 | percent of total billed charges | |
| HC STRESS VIEWS JOINT INCL CONTRALATERAL JOINT | 77071 | CPT | | | | outpatient | | | 264 | 119.52 | Horizon | PPO | 201.1 | | | | 12.4 | 250.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STRESS VIEWS JOINT INCL CONTRALATERAL JOINT | 77071 | CPT | | | | outpatient | | | 264 | 119.52 | Amerihealth | HMO/PPO | 12.4 | | | | 12.4 | 250.8 | fee schedule | |
| HC STRESS VIEWS JOINT INCL CONTRALATERAL JOINT | 77071 | CPT | | | | outpatient | | | 264 | 119.52 | Americare | Americare | 198 | 75 | | | 12.4 | 250.8 | percent of total billed charges | |
| HC STRESS VIEWS JOINT INCL CONTRALATERAL JOINT | 77071 | CPT | | | | outpatient | | | 264 | 119.52 | Aetna | Better Health | 83.29 | 31.55 | | | 12.4 | 250.8 | percent of total billed charges | |
| HC STRESS VIEWS JOINT INCL CONTRALATERAL JOINT | 77071 | CPT | | | | outpatient | | | 264 | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 12.4 | 250.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STRESS VIEWS JOINT INCL CONTRALATERAL JOINT | 77071 | CPT | | | | outpatient | | | 264 | 119.52 | Horizon | MGD | 201.1 | | | | 12.4 | 250.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STRESS VIEWS JOINT INCL CONTRALATERAL JOINT | 77071 | CPT | | | | outpatient | | | 264 | 119.52 | Aetna | Commercial | 100.32 | 38 | | | 12.4 | 250.8 | percent of total billed charges | |
| HC STRESS VIEWS JOINT INCL CONTRALATERAL JOINT | 77071 | CPT | | | | outpatient | | | 264 | 119.52 | Aetna | Medicare | 103.93 | | | | 12.4 | 250.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STRESS VIEWS JOINT INCL CONTRALATERAL JOINT | 77071 | CPT | | | | outpatient | | | 264 | 119.52 | Wellcare | Medicare | 103.93 | | | | 12.4 | 250.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STRESS VIEWS JOINT INCL CONTRALATERAL JOINT | 77071 | CPT | | | | outpatient | | | 264 | 119.52 | First Health | First Health | 184.8 | 70 | | | 12.4 | 250.8 | percent of total billed charges | |
| HC STRESS VIEWS JOINT INCL CONTRALATERAL JOINT | 77071 | CPT | | | | outpatient | | | 264 | 119.52 | Consumer | Consumer | 250.8 | 95 | | | 12.4 | 250.8 | percent of total billed charges | |
| HC STRESS VIEWS JOINT INCL CONTRALATERAL JOINT | 77071 | CPT | | | | outpatient | | | 264 | 119.52 | First Trenton | First Trenton | 237.6 | 90 | | | 12.4 | 250.8 | percent of total billed charges | |
| HC STRESS VIEWS JOINT INCL CONTRALATERAL JOINT | 77071 | CPT | | | | outpatient | | | 264 | 119.52 | WellPoint | WellPoint | 84.96 | 32.18 | | | 12.4 | 250.8 | percent of total billed charges | |
| HC STRESS VIEWS JOINT INCL CONTRALATERAL JOINT | 77071 | CPT | | | | outpatient | | | 264 | 119.52 | UHC | Medicaid | 83.29 | 31.55 | | | 12.4 | 250.8 | percent of total billed charges | |
| HC STRESS VIEWS JOINT INCL CONTRALATERAL JOINT | 77071 | CPT | | | | outpatient | | | 264 | 119.52 | Multiplan | Multiplan | 211.2 | 80 | | | 12.4 | 250.8 | percent of total billed charges | |
| HC STRESS VIEWS JOINT INCL CONTRALATERAL JOINT | 77071 | CPT | | | | outpatient | | | 264 | 119.52 | Corrections | Corrections | 211.2 | 80 | | | 12.4 | 250.8 | percent of total billed charges | |
| HC STRESS VIEWS JOINT INCL CONTRALATERAL JOINT | 77071 | CPT | | | | outpatient | | | 264 | 119.52 | Horizon | Indemnity | 201.1 | | | | 12.4 | 250.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STRESS VIEWS JOINT INCL CONTRALATERAL JOINT | 77071 | CPT | | | | outpatient | | | 264 | 119.52 | UHC | Medicare | 103.93 | | | | 12.4 | 250.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STRESS VIEWS JOINT INCL CONTRALATERAL JOINT | 77071 | CPT | | | | outpatient | | | 264 | 119.52 | Qualcare | Qualcare | 198 | 75 | | | 12.4 | 250.8 | percent of total billed charges | |
| HC STRESS VIEWS JOINT INCL CONTRALATERAL JOINT | 77071 | CPT | | | | outpatient | | | 264 | 119.52 | Horizon | NJ Health | 24.17 | | | | 12.4 | 250.8 | fee schedule | |
| HC STRESS VIEWS JOINT INCL CONTRALATERAL JOINT | 77071 | CPT | | | | outpatient | | | 264 | 119.52 | Wellcare | Medicaid | 83.29 | 31.55 | | | 12.4 | 250.8 | percent of total billed charges | |
| HC STRESS VIEWS JOINT INCL CONTRALATERAL JOINT | 77071 | CPT | | | | outpatient | | | 264 | 119.52 | Managed Care Inc | Managed Care Inc | 237.6 | 90 | | | 12.4 | 250.8 | percent of total billed charges | |
| HC STRESS VIEWS JOINT INCL CONTRALATERAL JOINT | 77071 | CPT | | | | outpatient | | | 264 | 119.52 | Three Rivers | Three Rivers | 250.8 | 95 | | | 12.4 | 250.8 | percent of total billed charges | |
| HC BONE AGE STUDIES | 77072 | CPT | | | | both | | | 264 | 144.6 | Corrections | Corrections | 211.2 | 80 | | | 17.98 | 250.8 | percent of total billed charges | |
| HC BONE AGE STUDIES | 77072 | CPT | | | | both | | | 264 | 144.6 | Americare | Americare | 198 | 75 | | | 17.98 | 250.8 | percent of total billed charges | |
| HC BONE AGE STUDIES | 77072 | CPT | | | | both | | | 264 | 144.6 | Amerihealth | HMO/PPO | 17.98 | | | | 17.98 | 250.8 | fee schedule | |
| HC BONE AGE STUDIES | 77072 | CPT | | | | both | | | 264 | 144.6 | Aetna | Commercial | 100.32 | 38 | | 51.19 | 17.98 | 250.8 | percent of total billed charges | |
| HC BONE AGE STUDIES | 77072 | CPT | | | | both | | | 264 | 144.6 | Aetna | Better Health | 83.29 | 31.55 | | | 17.98 | 250.8 | percent of total billed charges | |
| HC BONE AGE STUDIES | 77072 | CPT | | | | both | | | 264 | 144.6 | Aetna | Medicare | 125.74 | | | | 17.98 | 250.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE AGE STUDIES | 77072 | CPT | | | | both | | | 264 | 144.6 | Consumer | Consumer | 250.8 | 95 | | | 17.98 | 250.8 | percent of total billed charges | |
| HC BONE AGE STUDIES | 77072 | CPT | | | | both | | | 264 | 144.6 | Wellcare | Medicaid | 83.29 | 31.55 | | 66.78 | 17.98 | 250.8 | percent of total billed charges | |
| HC BONE AGE STUDIES | 77072 | CPT | | | | both | | | 264 | 144.6 | Multiplan | Multiplan | 211.2 | 80 | | | 17.98 | 250.8 | percent of total billed charges | |
| HC BONE AGE STUDIES | 77072 | CPT | | | | both | | | 264 | 144.6 | Horizon | NJ Health | 31.46 | | | 26.68 | 17.98 | 250.8 | fee schedule | |
| HC BONE AGE STUDIES | 77072 | CPT | | | | both | | | 264 | 144.6 | First Health | First Health | 184.8 | 70 | | | 17.98 | 250.8 | percent of total billed charges | |
| HC BONE AGE STUDIES | 77072 | CPT | | | | both | | | 264 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 17.98 | 250.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE AGE STUDIES | 77072 | CPT | | | | both | | | 264 | 144.6 | Qualcare | Qualcare | 198 | 75 | | | 17.98 | 250.8 | percent of total billed charges | |
| HC BONE AGE STUDIES | 77072 | CPT | | | | both | | | 264 | 144.6 | WellPoint | WellPoint | 84.96 | 32.18 | | 76.71 | 17.98 | 250.8 | percent of total billed charges | |
| HC BONE AGE STUDIES | 77072 | CPT | | | | both | | | 264 | 144.6 | First Trenton | First Trenton | 237.6 | 90 | | | 17.98 | 250.8 | percent of total billed charges | |
| HC BONE AGE STUDIES | 77072 | CPT | | | | both | | | 264 | 144.6 | Horizon | MGD | 243.31 | | | 91.56 | 17.98 | 250.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE AGE STUDIES | 77072 | CPT | | | | both | | | 264 | 144.6 | Horizon | Indemnity | 243.31 | | | 78.9 | 17.98 | 250.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE AGE STUDIES | 77072 | CPT | | | | both | | | 264 | 144.6 | Horizon | PPO | 243.31 | | | 57.43 | 17.98 | 250.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE AGE STUDIES | 77072 | CPT | | | | both | | | 264 | 144.6 | Managed Care Inc | Managed Care Inc | 237.6 | 90 | | | 17.98 | 250.8 | percent of total billed charges | |
| HC BONE AGE STUDIES | 77072 | CPT | | | | both | | | 264 | 144.6 | UHC | Medicare | 125.74 | | | | 17.98 | 250.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE AGE STUDIES | 77072 | CPT | | | | both | | | 264 | 144.6 | UHC | Medicaid | 83.29 | 31.55 | | 77.44 | 17.98 | 250.8 | percent of total billed charges | |
| HC BONE AGE STUDIES | 77072 | CPT | | | | both | | | 264 | 144.6 | Three Rivers | Three Rivers | 250.8 | 95 | | | 17.98 | 250.8 | percent of total billed charges | |
| HC BONE AGE STUDIES | 77072 | CPT | | | | both | | | 264 | 144.6 | Wellcare | Medicare | 125.74 | | | | 17.98 | 250.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM) | 77073 | CPT | | | | both | | | 479.24 | 144.6 | First Trenton | First Trenton | 431.32 | 90 | | | 25.4 | 455.28 | percent of total billed charges | |
| HC BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM) | 77073 | CPT | | | | both | | | 479.24 | 144.6 | Corrections | Corrections | 383.39 | 80 | | 40.74 | 25.4 | 455.28 | percent of total billed charges | |
| HC BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM) | 77073 | CPT | | | | both | | | 479.24 | 144.6 | UHC | Medicare | 125.74 | | | 32.84 | 25.4 | 455.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM) | 77073 | CPT | | | | both | | | 479.24 | 144.6 | UHC | Medicaid | 151.2 | 31.55 | | 68.71 | 25.4 | 455.28 | percent of total billed charges | |
| HC BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM) | 77073 | CPT | | | | both | | | 479.24 | 144.6 | Aetna | Better Health | 151.2 | 31.55 | | 34.06 | 25.4 | 455.28 | percent of total billed charges | |
| HC BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM) | 77073 | CPT | | | | both | | | 479.24 | 144.6 | Americare | Americare | 359.43 | 75 | | | 25.4 | 455.28 | percent of total billed charges | |
| HC BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM) | 77073 | CPT | | | | both | | | 479.24 | 144.6 | Aetna | Medicare | 125.74 | | | 40.02 | 25.4 | 455.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM) | 77073 | CPT | | | | both | | | 479.24 | 144.6 | Aetna | Commercial | 182.11 | 38 | | 52.23 | 25.4 | 455.28 | percent of total billed charges | |
| HC BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM) | 77073 | CPT | | | | both | | | 479.24 | 144.6 | Managed Care Inc | Managed Care Inc | 431.32 | 90 | | | 25.4 | 455.28 | percent of total billed charges | |
| HC BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM) | 77073 | CPT | | | | both | | | 479.24 | 144.6 | Wellcare | Medicaid | 151.2 | 31.55 | | 43.26 | 25.4 | 455.28 | percent of total billed charges | |
| HC BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM) | 77073 | CPT | | | | both | | | 479.24 | 144.6 | First Health | First Health | 335.47 | 70 | | | 25.4 | 455.28 | percent of total billed charges | |
| HC BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM) | 77073 | CPT | | | | both | | | 479.24 | 144.6 | Wellcare | Medicare | 125.74 | | | | 25.4 | 455.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM) | 77073 | CPT | | | | both | | | 479.24 | 144.6 | Horizon | MGD | 243.31 | | | 169.85 | 25.4 | 455.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM) | 77073 | CPT | | | | both | | | 479.24 | 144.6 | Amerihealth | HMO/PPO | 26.66 | | | 47.72 | 25.4 | 455.28 | fee schedule | |
| HC BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM) | 77073 | CPT | | | | both | | | 479.24 | 144.6 | Horizon | Indemnity | 243.31 | | | 79.43 | 25.4 | 455.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM) | 77073 | CPT | | | | both | | | 479.24 | 144.6 | Consumer | Consumer | 455.28 | 95 | | | 25.4 | 455.28 | percent of total billed charges | |
| HC BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM) | 77073 | CPT | | | | both | | | 479.24 | 144.6 | Horizon | PPO | 243.31 | | | 89.26 | 25.4 | 455.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM) | 77073 | CPT | | | | both | | | 479.24 | 144.6 | Multiplan | Multiplan | 383.39 | 80 | | | 25.4 | 455.28 | percent of total billed charges | |
| HC BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM) | 77073 | CPT | | | | both | | | 479.24 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 25.4 | 455.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM) | 77073 | CPT | | | | both | | | 479.24 | 144.6 | Horizon | NJ Health | 25.4 | | | 13.24 | 25.4 | 455.28 | fee schedule | |
| HC BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM) | 77073 | CPT | | | | both | | | 479.24 | 144.6 | WellPoint | WellPoint | 154.22 | 32.18 | | 43.91 | 25.4 | 455.28 | percent of total billed charges | |
| HC BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM) | 77073 | CPT | | | | both | | | 479.24 | 144.6 | Qualcare | Qualcare | 369.43 | 75 | | | 25.4 | 455.28 | percent of total billed charges | |
| HC BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM) | 77073 | CPT | | | | both | | | 479.24 | 144.6 | Three Rivers | Three Rivers | 455.28 | 95 | | | 25.4 | 455.28 | percent of total billed charges | |
| HC BONE SURVEY LIMITED (EG FOR METASTASES) | 77074 | CPT | | | | both | | | 451 | 144.6 | Aetna | Medicare | 125.74 | | | | 36.69 | 428.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE SURVEY LIMITED (EG FOR METASTASES) | 77074 | CPT | | | | both | | | 451 | 144.6 | Wellcare | Medicare | 125.74 | | | | 36.69 | 428.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE SURVEY LIMITED (EG FOR METASTASES) | 77074 | CPT | | | | both | | | 451 | 144.6 | Aetna | Commercial | 171.38 | 38 | | | 36.69 | 428.45 | percent of total billed charges | |
| HC BONE SURVEY LIMITED (EG FOR METASTASES) | 77074 | CPT | | | | both | | | 451 | 144.6 | Corrections | Corrections | 360.8 | 80 | | | 36.69 | 428.45

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC BONE SURVEY LIMITED (EG FOR METASTASES) | 77074 | CPT | | | | both | | | 451 | 144.6 | First Health | First Health | 315.7 | 70 | | | 36.69 | 428.45 | percent of total billed charges | |
| HC BONE SURVEY LIMITED (EG FOR METASTASES) | 77074 | CPT | | | | both | | | 451 | 144.6 | Americare | Americare | 338.25 | 75 | | | 36.69 | 428.45 | percent of total billed charges | |
| HC BONE SURVEY LIMITED (EG FOR METASTASES) | 77074 | CPT | | | | both | | | 451 | 144.6 | First Trenton | First Trenton | 405.9 | 90 | | | 36.69 | 428.45 | percent of total billed charges | |
| HC BONE SURVEY LIMITED (EG FOR METASTASES) | 77074 | CPT | | | | both | | | 451 | 144.6 | Consumer | Consumer | 428.45 | 95 | | | 36.69 | 428.45 | percent of total billed charges | |
| HC BONE SURVEY LIMITED (EG FOR METASTASES) | 77074 | CPT | | | | both | | | 451 | 144.6 | Horizon | Indemnity | 243.31 | | | | 36.69 | 428.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE SURVEY LIMITED (EG FOR METASTASES) | 77074 | CPT | | | | both | | | 451 | 144.6 | Multiplan | Multiplan | 360.8 | 80 | | | 36.69 | 428.45 | percent of total billed charges | |
| HC BONE SURVEY LIMITED (EG FOR METASTASES) | 77074 | CPT | | | | both | | | 451 | 144.6 | Horizon | MGD | 243.31 | | | | 36.69 | 428.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE SURVEY LIMITED (EG FOR METASTASES) | 77074 | CPT | | | | both | | | 451 | 144.6 | Wellcare | Medicaid | 142.29 | 31.55 | | | 36.69 | 428.45 | percent of total billed charges | |
| HC BONE SURVEY LIMITED (EG FOR METASTASES) | 77074 | CPT | | | | both | | | 451 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 36.69 | 428.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE SURVEY LIMITED (EG FOR METASTASES) | 77074 | CPT | | | | both | | | 451 | 144.6 | Qualcare | Qualcare | 338.25 | 75 | | | 36.69 | 428.45 | percent of total billed charges | |
| HC BONE SURVEY LIMITED (EG FOR METASTASES) | 77074 | CPT | | | | both | | | 451 | 144.6 | Horizon | NJ Health | 36.69 | | | | 36.69 | 428.45 | fee schedule | |
| HC BONE SURVEY LIMITED (EG FOR METASTASES) | 77074 | CPT | | | | both | | | 451 | 144.6 | Horizon | PPO | 243.31 | | | | 36.69 | 428.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE SURVEY LIMITED (EG FOR METASTASES) | 77074 | CPT | | | | both | | | 451 | 144.6 | Managed Care Inc | Managed Care Inc | 405.9 | 90 | | | 36.69 | 428.45 | percent of total billed charges | |
| HC BONE SURVEY LIMITED (EG FOR METASTASES) | 77074 | CPT | | | | both | | | 451 | 144.6 | UHC | Medicare | 125.74 | | | | 36.69 | 428.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE SURVEY LIMITED (EG FOR METASTASES) | 77074 | CPT | | | | both | | | 451 | 144.6 | Three Rivers | Three Rivers | 428.45 | 95 | | | 36.69 | 428.45 | percent of total billed charges | |
| HC BONE SURVEY LIMITED (EG FOR METASTASES) | 77074 | CPT | | | | both | | | 451 | 144.6 | UHC | Medicaid | 142.29 | 31.55 | | | 36.69 | 428.45 | percent of total billed charges | |
| HC BONE SURVEY LIMITED (EG FOR METASTASES) | 77074 | CPT | | | | both | | | 451 | 144.6 | WellPoint | WellPoint | 145.13 | 32.18 | | | 36.69 | 428.45 | percent of total billed charges | |
| HC BONE SURVEY COMPLETE (AXIAL AND APPENDICULAR SKELETON) | 77075 | CPT | | | | both | | | 451 | 144.6 | Qualcare | Qualcare | 338.25 | 75 | | | 50.84 | 428.45 | percent of total billed charges | |
| HC BONE SURVEY COMPLETE (AXIAL AND APPENDICULAR SKELETON) | 77075 | CPT | | | | both | | | 451 | 144.6 | Horizon | NJ Health | 54.9 | | | 23.47 | 50.84 | 428.45 | fee schedule | |
| HC BONE SURVEY COMPLETE (AXIAL AND APPENDICULAR SKELETON) | 77075 | CPT | | | | both | | | 451 | 144.6 | Aetna | Commercial | 171.38 | 38 | | | 50.84 | 428.45 | percent of total billed charges | |
| HC BONE SURVEY COMPLETE (AXIAL AND APPENDICULAR SKELETON) | 77075 | CPT | | | | both | | | 451 | 144.6 | Americare | Americare | 338.25 | 75 | | | 50.84 | 428.45 | percent of total billed charges | |
| HC BONE SURVEY COMPLETE (AXIAL AND APPENDICULAR SKELETON) | 77075 | CPT | | | | both | | | 451 | 144.6 | Corrections | Corrections | 360.8 | 80 | | | 50.84 | 428.45 | percent of total billed charges | |
| HC BONE SURVEY COMPLETE (AXIAL AND APPENDICULAR SKELETON) | 77075 | CPT | | | | both | | | 451 | 144.6 | Aetna | Better Health | 142.29 | 31.55 | | | 50.84 | 428.45 | percent of total billed charges | |
| HC BONE SURVEY COMPLETE (AXIAL AND APPENDICULAR SKELETON) | 77075 | CPT | | | | both | | | 451 | 144.6 | Consumer | Consumer | 428.45 | 95 | | | 50.84 | 428.45 | percent of total billed charges | |
| HC BONE SURVEY COMPLETE (AXIAL AND APPENDICULAR SKELETON) | 77075 | CPT | | | | both | | | 451 | 144.6 | Amerihealth | HMO/PPO | 50.84 | | | | 50.84 | 428.45 | fee schedule | |
| HC BONE SURVEY COMPLETE (AXIAL AND APPENDICULAR SKELETON) | 77075 | CPT | | | | both | | | 451 | 144.6 | Wellcare | Medicare | 125.74 | | | | 50.84 | 428.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE SURVEY COMPLETE (AXIAL AND APPENDICULAR SKELETON) | 77075 | CPT | | | | both | | | 451 | 144.6 | UHC | Medicaid | 142.29 | 31.55 | | 137.48 | 50.84 | 428.45 | percent of total billed charges | |
| HC BONE SURVEY COMPLETE (AXIAL AND APPENDICULAR SKELETON) | 77075 | CPT | | | | both | | | 451 | 144.6 | Multiplan | Multiplan | 360.8 | 80 | | | 50.84 | 428.45 | percent of total billed charges | |
| HC BONE SURVEY COMPLETE (AXIAL AND APPENDICULAR SKELETON) | 77075 | CPT | | | | both | | | 451 | 144.6 | Three Rivers | Three Rivers | 428.45 | 95 | | | 50.84 | 428.45 | percent of total billed charges | |
| HC BONE SURVEY COMPLETE (AXIAL AND APPENDICULAR SKELETON) | 77075 | CPT | | | | both | | | 451 | 144.6 | First Trenton | First Trenton | 405.9 | 90 | | | 50.84 | 428.45 | percent of total billed charges | |
| HC BONE SURVEY COMPLETE (AXIAL AND APPENDICULAR SKELETON) | 77075 | CPT | | | | both | | | 451 | 144.6 | Aetna | Medicare | 125.74 | | | | 50.84 | 428.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE SURVEY COMPLETE (AXIAL AND APPENDICULAR SKELETON) | 77075 | CPT | | | | both | | | 451 | 144.6 | First Health | First Health | 315.7 | 70 | | | 50.84 | 428.45 | percent of total billed charges | |
| HC BONE SURVEY COMPLETE (AXIAL AND APPENDICULAR SKELETON) | 77075 | CPT | | | | both | | | 451 | 144.6 | Horizon | MGD | 243.31 | | | 107.19 | 50.84 | 428.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE SURVEY COMPLETE (AXIAL AND APPENDICULAR SKELETON) | 77075 | CPT | | | | both | | | 451 | 144.6 | Horizon | Indemnity | 243.31 | | | | 50.84 | 428.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE SURVEY COMPLETE (AXIAL AND APPENDICULAR SKELETON) | 77075 | CPT | | | | both | | | 451 | 144.6 | WellPoint | WellPoint | 145.13 | 32.18 | | 124 | 50.84 | 428.45 | percent of total billed charges | |
| HC BONE SURVEY COMPLETE (AXIAL AND APPENDICULAR SKELETON) | 77075 | CPT | | | | both | | | 451 | 144.6 | Horizon | PPO | 243.31 | | | 230.24 | 50.84 | 428.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE SURVEY COMPLETE (AXIAL AND APPENDICULAR SKELETON) | 77075 | CPT | | | | both | | | 451 | 144.6 | UHC | Medicare | 125.74 | | | | 50.84 | 428.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE SURVEY COMPLETE (AXIAL AND APPENDICULAR SKELETON) | 77075 | CPT | | | | both | | | 451 | 144.6 | Managed Care Inc | Managed Care Inc | 405.9 | 90 | | | 50.84 | 428.45 | percent of total billed charges | |
| HC BONE SURVEY COMPLETE (AXIAL AND APPENDICULAR SKELETON) | 77075 | CPT | | | | both | | | 451 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 50.84 | 428.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE SURVEY COMPLETE (AXIAL AND APPENDICULAR SKELETON) | 77075 | CPT | | | | both | | | 451 | 144.6 | Wellcare | Medicaid | 142.29 | 31.55 | | | 50.84 | 428.45 | percent of total billed charges | |
| HC BONE SURVEY INFANT | 77076 | CPT | | | | both | | | 319.49 | 144.6 | Aetna | Medicare | 125.74 | | | | 26.66 | 303.52 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE SURVEY INFANT | 77076 | CPT | | | | both | | | 319.49 | 144.6 | First Trenton | First Trenton | 287.54 | 90 | | | 26.66 | 303.52 | percent of total billed charges | |
| HC BONE SURVEY INFANT | 77076 | CPT | | | | both | | | 319.49 | 144.6 | Aetna | Better Health | 100.8 | 31.55 | | | 26.66 | 303.52 | percent of total billed charges | |
| HC BONE SURVEY INFANT | 77076 | CPT | | | | both | | | 319.49 | 144.6 | Amerihealth | HMO/PPO | 26.66 | | | | 26.66 | 303.52 | fee schedule | |
| HC BONE SURVEY INFANT | 77076 | CPT | | | | both | | | 319.49 | 144.6 | Americare | Americare | 239.62 | 75 | | | 26.66 | 303.52 | percent of total billed charges | |
| HC BONE SURVEY INFANT | 77076 | CPT | | | | both | | | 319.49 | 144.6 | UHC | Medicare | 125.74 | | | | 26.66 | 303.52 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE SURVEY INFANT | 77076 | CPT | | | | both | | | 319.49 | 144.6 | Corrections | Corrections | 255.59 | 80 | | | 26.66 | 303.52 | percent of total billed charges | |
| HC BONE SURVEY INFANT | 77076 | CPT | | | | both | | | 319.49 | 144.6 | First Health | First Health | 223.64 | 70 | | | 26.66 | 303.52 | percent of total billed charges | |
| HC BONE SURVEY INFANT | 77076 | CPT | | | | both | | | 319.49 | 144.6 | Horizon | MGD | 243.31 | | | | 26.66 | 303.52 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE SURVEY INFANT | 77076 | CPT | | | | both | | | 319.49 | 144.6 | Managed Care Inc | Managed Care Inc | 287.54 | 90 | | | 26.66 | 303.52 | percent of total billed charges | |
| HC BONE SURVEY INFANT | 77076 | CPT | | | | both | | | 319.49 | 144.6 | Aetna | Commercial | 121.41 | 38 | | | 26.66 | 303.52 | percent of total billed charges | |
| HC BONE SURVEY INFANT | 77076 | CPT | | | | both | | | 319.49 | 144.6 | Wellcare | Medicaid | 100.8 | 31.55 | | | 26.66 | 303.52 | percent of total billed charges | |
| HC BONE SURVEY INFANT | 77076 | CPT | | | | both | | | 319.49 | 144.6 | Consumer | Consumer | 303.52 | 95 | | | 26.66 | 303.52 | percent of total billed charges | |
| HC BONE SURVEY INFANT | 77076 | CPT | | | | both | | | 319.49 | 144.6 | Wellcare | Medicare | 125.74 | | | | 26.66 | 303.52 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE SURVEY INFANT | 77076 | CPT | | | | both | | | 319.49 | 144.6 | Horizon | Indemnity | 243.31 | | | | 26.66 | 303.52 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE SURVEY INFANT | 77076 | CPT | | | | both | | | 319.49 | 144.6 | Multiplan | Multiplan | 255.59 | 80 | | | 26.66 | 303.52 | percent of total billed charges | |
| HC BONE SURVEY INFANT | 77076 | CPT | | | | both | | | 319.49 | 144.6 | UHC | Medicaid | 100.8 | 31.55 | | 83.29 | 26.66 | 303.52 | percent of total billed charges | |
| HC BONE SURVEY INFANT | 77076 | CPT | | | | both | | | 319.49 | 144.6 | Horizon | NJ Health | 34.06 | | | | 26.66 | 303.52 | fee schedule | |
| HC BONE SURVEY INFANT | 77076 | CPT | | | | both | | | 319.49 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 26.66 | 303.52 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE SURVEY INFANT | 77076 | CPT | | | | both | | | 319.49 | 144.6 | Qualcare | Qualcare | 239.62 | 75 | | | 26.66 | 303.52 | percent of total billed charges | |
| HC BONE SURVEY INFANT | 77076 | CPT | | | | both | | | 319.49 | 144.6 | Horizon | PPO | 243.31 | | | | 26.66 | 303.52 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BONE SURVEY INFANT | 77076 | CPT | | | | both | | | 319.49 | 144.6 | Three Rivers | Three Rivers | 303.52 | 95 | | | 26.66 | 303.52 | percent of total billed charges | |
| HC BONE SURVEY INFANT | 77076 | CPT | | | | both | | | 319.49 | 144.6 | WellPoint | WellPoint | 102.81 | 32.18 | | | 26.66 | 303.52 | percent of total billed charges | |
| HC JOINT SURVEY SINGLE VIEW 2> JOINTS | 77077 | CPT | | | | outpatient | | | 264 | 144.6 | Americare | Americare | 198 | 75 | | | 34.03 | 250.8 | percent of total billed charges | |
| HC JOINT SURVEY SINGLE VIEW 2> JOINTS | 77077 | CPT | | | | outpatient | | | 264 | 144.6 | Multiplan | Multiplan | 211.2 | 80 | | | 34.03 | 250.8 | percent of total billed charges | |
| HC JOINT SURVEY SINGLE VIEW 2> JOINTS | 77077 | CPT | | | | outpatient | | | 264 | 144.6 | Aetna | Better Health | 83.29 | 31.55 | | | 34.03 | 250.8 | percent of total billed charges | |
| HC JOINT SURVEY SINGLE VIEW 2> JOINTS | 77077 | CPT | | | | outpatient | | | 264 | 144.6 | First Health | First Health | 184.8 | 70 | | | 34.03 | 250.8 | percent of total billed charges | |
| HC JOINT SURVEY SINGLE VIEW 2> JOINTS | 77077 | CPT | | | | outpatient | | | 264 | 144.6 | First Trenton | First Trenton | 237.6 | 90 | | | 34.03 | 250.8 | percent of total billed charges | |
| HC JOINT SURVEY SINGLE VIEW 2> JOINTS | 77077 | CPT | | | | outpatient | | | 264 | 144.6 | Managed Care Inc | Managed Care Inc | 237.6 | 90 | | | 34.03 | 250.8 | percent of total billed charges | |
| HC JOINT SURVEY SINGLE VIEW 2> JOINTS | 77077 | CPT | | | | outpatient | | | 264 | 144.6 | Aetna | Medicare | 125.74 | | | | 34.03 | 250.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC JOINT SURVEY SINGLE VIEW 2> JOINTS | 77077 | CPT | | | | outpatient | | | 264 | 144.6 | Consumer | Consumer | 250.8 | 95 | | | 34.03 | 250.8 | percent of total billed charges | |
| HC JOINT SURVEY SINGLE VIEW 2> JOINTS | 77077 | CPT | | | | outpatient | | | 264 | 144.6 | Amerihealth | HMO/PPO | 47.74 | | | | 34.03 | 250.8 | fee schedule | |
| HC JOINT SURVEY SINGLE VIEW 2> JOINTS | 77077 | CPT | | | | outpatient | | | 264 | 144.6 | Qualcare | Qualcare | 198 | 75 | | | 34.03 | 250.8 | percent of total billed charges | |
| HC JOINT SURVEY SINGLE VIEW 2> JOINTS | 77077 | CPT | | | | outpatient | | | 264 | 144.6 | Aetna | Commercial | 100.32 | 38 | | | 34.03 | 250.8 | percent of total billed charges | |
| HC JOINT SURVEY SINGLE VIEW 2> JOINTS | 77077 | CPT | | | | outpatient | | | 264 | 144.6 | Wellcare | Medicaid | 83.29 | 31.55 | | | 34.03 | 250.8 | percent of total billed charges | |
| HC JOINT SURVEY SINGLE VIEW 2> JOINTS | 77077 | CPT | | | | outpatient | | | 264 | 144.6 | Three Rivers | Three Rivers | 250.8 | 95 | | | 34.03 | 250.8 | percent of total billed charges | |
| HC JOINT SURVEY SINGLE VIEW 2> JOINTS | 77077 | CPT | | | | outpatient | | | 264 | 144.6 | Wellcare | Medicare | 125.74 | | | | 34.03 | 250.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC JOINT SURVEY SINGLE VIEW 2> JOINTS | 77077 | CPT | | | | outpatient | | | 264 | 144.6 | UHC | Medicare | 125.74 | | | | 34.03 | 250.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC JOINT SURVEY SINGLE VIEW 2> JOINTS | 77077 | CPT | | | | outpatient | | | 264 | 144.6 | Corrections | Corrections | 211.2 | 80 | | | 34.03 | 250.8 | percent of total billed charges | |
| HC JOINT SURVEY SINGLE VIEW 2> JOINTS | 77077 | CPT | | | | outpatient | | | 264 | 144.6 | Horizon | Indemnity | 243.31 | | | | 34.03 | 250.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC JOINT SURVEY SINGLE VIEW 2> JOINTS | 77077 | CPT | | | | outpatient | | | 264 | 144.6 | UHC | Medicaid | 83.29 | 31.55 | | | 34.03 | 250.8 | percent of total billed charges | |
| HC JOINT SURVEY SINGLE VIEW 2> JOINTS | 77077 | CPT | | | | outpatient | | | 264 | 144.6 | Horizon | MGD | 243.31 | | | | 34.03 | 250.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC JOINT SURVEY SINGLE VIEW 2> JOINTS | 77077 | CPT | | | | outpatient | | | 264 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 34.03 | 250.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC JOINT SURVEY SINGLE VIEW 2> JOINTS | 77077 | CPT | | | | outpatient | | | 264 | 144.6 | Horizon | PPO | 243.31 | | | | 34.03 | 250.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC JOINT SURVEY SINGLE VIEW 2> JOINTS | 77077 | CPT | | | | outpatient | | | 264 | 144.6 | Horizon | NJ Health | 34.03 | | | | 34.03 | 250.8 | fee schedule | |
| HC JOINT SURVEY SINGLE VIEW 2> JOINTS | 77077 | CPT | | | | outpatient | | | 264 | 144.6 | WellPoint | WellPoint | 84.96 | 32.18 | | | 34.03 | 250.8 | percent of total billed charges | |
| HC CT BONE MINERAL DENSITY STUDY 1/> SITES AXIAL SKELETON | 77078 | CPT | | | | outpatient | | | 433 | 119.52 | First Trenton | First Trenton | 389.7 | 90 | | | 72.87 | 411.35 | percent of total billed charges | |
| HC CT BONE MINERAL DENSITY STUDY 1/> SITES AXIAL SKELETON | 77078 | CPT | | | | outpatient | | | 433 | 119.52 | Americare | Americare | 324.75 | 75 | | | 72.87 | 411.35 | percent of total billed charges | |
| HC CT BONE MINERAL DENSITY STUDY 1/> SITES AXIAL SKELETON | 77078 | CPT | | | | outpatient | | | 433 | 119.52 | First Health | First Health | 303.1 | 70 | | | 72.87 | 411.35 | percent of total billed charges | |
| HC CT BONE MINERAL DENSITY STUDY 1/> SITES AXIAL SKELETON | 77078 | CPT | | | | outpatient | | | 433 | 119.52 | Aetna | Commercial | 164.54 | 38 | | | 72.87 | 411.35 | percent of total billed charges | |
| HC CT BONE MINERAL DENSITY STUDY 1/> SITES AXIAL SKELETON | 77078 | CPT | | | | outpatient | | | 433 | 119.52 | Horizon | Indemnity | 201.1 | | | | 72.87 | 411.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT BONE MINERAL DENSITY STUDY 1/> SITES AXIAL SKELETON | 77078 | CPT | | | | outpatient | | | 433 | 119.52 | Amerihealth | HMO/PPO | 78.12 | | | | 72.87 | 411.35 | fee schedule | |
| HC CT BONE MINERAL DENSITY STUDY 1/> SITES AXIAL SKELETON | 77078 | CPT | | | | outpatient | | | 433 | 119.52 | Aetna | Better Health | 136.61 | 31.55 | | | 72.87 | 411.35 | percent of total billed charges | |
| HC CT BONE MINERAL DENSITY STUDY 1/> SITES AXIAL SKELETON | 77078 | CPT | | | | outpatient | | | 433 | 119.52 | Aetna | Medicare | 103.93 | | | | 72.87 | 411.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT BONE MINERAL DENSITY STUDY 1/> SITES AXIAL SKELETON | 77078 | CPT | | | | outpatient | | | 433 | 119.52 | Managed Care Inc | Managed Care Inc | 389.7 | 90 | | | 72.87 | 411.35 | percent of total billed charges | |
| HC CT BONE MINERAL DENSITY STUDY 1/> SITES AXIAL SKELETON | 77078 | CPT | | | | outpatient | | | 433 | 119.52 | Horizon | PPO | 201.1 | | | | 72.87 | 411.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT BONE MINERAL DENSITY STUDY 1/> SITES AXIAL SKELETON | 77078 | CPT | | | | outpatient | | | 433 | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 72.87 | 411.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT BONE MINERAL DENSITY STUDY 1/> SITES AXIAL SKELETON | 77078 | CPT | | | | outpatient | | | 433 | 119.52 | Corrections | Corrections | 346.4 | 80 | | | 72.87 | 411.35 | percent of total billed charges | |
| HC CT BONE MINERAL DENSITY STUDY 1/> SITES AXIAL SKELETON | 77078 | CPT | | | | outpatient | | | 433 | 119.52 | UHC | Medicaid | 136.61 | 31.55 | | | 72.87 | 411.35 | percent of total billed charges | |
| HC CT BONE MINERAL DENSITY STUDY 1/> SITES AXIAL SKELETON | 77078 | CPT | | | | outpatient | | | 433 | 119.52 | Horizon | MGD | 201.1 | | | | 72.87 | 411.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT BONE MINERAL DENSITY STUDY 1/> SITES AXIAL SKELETON | 77078 | CPT | | | | outpatient | | | 433 | 119.52 | Consumer | Consumer | 411.35 | 95 | | | 72.87 | 411.35 | percent of total billed charges | |
| HC CT BONE MINERAL DENSITY STUDY 1/> SITES AXIAL SKELETON | 77078 | CPT | | | | outpatient | | | 433 | 119.52 | Wellcare | Medicare | 103.93 | | | | 72.87 | 411.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT BONE MINERAL DENSITY STUDY 1/> SITES AXIAL SKELETON | 77078 | CPT | | | | outpatient | | | 433 | 119.52 | Multiplan | Multiplan | 346.4 | 80 | | | 72.87 | 411.35 | percent of total billed charges | |
| HC CT BONE MINERAL DENSITY STUDY 1/> SITES AXIAL SKELETON | 77078 | CPT | | | | outpatient | | | 433 | 119.52 | UHC | Medicare | 103.93 | | | | 72.87 | 411.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CT BONE MINERAL DENSITY STUDY 1/> SITES AXIAL SKELETON | 77078 | CPT | | | | outpatient | | | 433 | 119.52 | Horizon | NJ Health | 72.87 | | | | 72.87 | 411.35 | fee schedule | |
| HC CT BONE MINERAL DENSITY STUDY 1/> SITES AXIAL SKELETON | 77078 | CPT | | | | outpatient | | | 433 | 119.52 | WellPoint | WellPoint | 139.34 | 32.18 | | | 72.87 | 411.35 | percent of total billed charges | |
| HC CT BONE MINERAL DENSITY STUDY 1/> SITES AXIAL SKELETON | 77078 | CPT | | | | outpatient | | | 433 | 119.52 | Qualcare | Qualcare | 324.75 | 75 | | | 72.87 | 411.35 | percent of total billed charges | |
| HC CT BONE MINERAL DENSITY STUDY 1/> SITES AXIAL SKELETON | 77078 | CPT | | | | outpatient | | | 433 | 119.52 | Three Rivers | Three Rivers | 411.35 | 95 | | | 72.87 | 411.35 | percent of total billed charges | |
| HC CT BONE MINERAL DENSITY STUDY 1/> SITES AXIAL SKELETON | 77078 | CPT | | | | outpatient | | | 433 | 119.52 | Wellcare | Medicaid | 136.61 | 31.55 | | | 72.87 | 411.35 | percent of total billed charges | |
| HC DEXA BONE DENSITY 1/> SITES AXIAL SKELETON | 77080 | CPT | | | | outpatient | | | 2039 | 144.6 | Corrections | Corrections | 1631.2 | 80 | | | 47.74 | 1937.05 | percent of total billed charges | |
| HC DEXA BONE DENSITY 1/> SITES AXIAL SKELETON | 77080 | CPT | | | | outpatient | | | 2039 | 144.6 | UHC | Medicare | 125.74 | | | | 47.74 | 1937.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEXA BONE DENSITY 1/> SITES AXIAL SKELETON | 77080 | CPT | | | | outpatient | | | 2039 | 144.6 | Aetna | Commercial | 774.82 | 38 | | | 47.74 | 1937.05 | percent of total billed charges | |
| HC DEXA BONE DENSITY 1/> SITES AXIAL SKELETON | 77080 | CPT | | | | outpatient | | | 2039 | 144.6 | Aetna | Medicare | 125.74 | | | | 47.74 | 1937.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEXA BONE DENSITY 1/> SITES AXIAL SKELETON | 77080 | CPT | | | | outpatient | | | 2039 | 144.6 | Aetna | Better Health | 643.3 | 31.55 | | | 47.74 | 1937.05 | percent of total billed charges | |
| HC DEXA BONE DENSITY 1/> SITES AXIAL SKELETON | 77080 | CPT | | | | outpatient | | | 2039 | 144.6 | Amerihealth | HMO/PPO | 47.74 | | | | 47.74 | 1937.05 | fee schedule | |
| HC DEXA BONE DENSITY 1/> SITES AXIAL SKELETON | 77080 | CPT | | | | outpatient | | | 2039 | 144.6 | Multiplan | Multiplan | 1631.2 | 80 | | | 47.74 | 1937.05 | percent of total billed charges | |
| HC DEXA BONE DENSITY 1/> SITES AXIAL SKELETON | 77080 | CPT | | | | outpatient | | | 2039 | 144.6 | Americare | Americare | 1529.25 | 75 | | | 47.74 | 1937.05 | percent of total billed charges | |
| HC DEXA BONE DENSITY 1/> SITES AXIAL SKELETON | 77080 | CPT | | | | outpatient | | | 2039 | 144.6 | Horizon | MGD | 243.31 | | | | 47.74 | 1937.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEXA BONE DENSITY 1/> SITES AXIAL SKELETON | 77080 | CPT | | | | outpatient | | | 2039 | 144.6 | Horizon | Indemnity | 243.31 | | | | 47.74 | 1937.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEXA BONE DENSITY 1/> SITES AXIAL SKELETON | 77080 | CPT | | | | outpatient | | | 2039 | 144.6 | Qualcare | Qualcare | 1529.25 | 75 | | | 47.74 | 1937.05 | percent of total billed charges | |
| HC DEXA BONE DENSITY 1/> SITES AXIAL SKELETON | 77080 | CPT | | | | outpatient | | | 2039 | 144.6 | Consumer | Consumer | 1937.05 | 95 | | | 47.74 | 1937.05 | percent of total billed charges | |
| HC DEXA BONE DENSITY 1/> SITES AXIAL SKELETON | 77080 | CPT | | | | outpatient | | | 2039 | 144.6 | First Health | First Health | 1427.3 | 70 | | | 47.74 | 1937.05 | percent of total billed charges | |
| HC DEXA BONE DENSITY 1/> SITES AXIAL SKELETON | 77080 | CPT | | | | outpatient | | | 2039 | 144.6 | Wellcare | Medicaid | 643.3 | 31.55 | | | 47.74 | 1937.05 | percent of total billed charges | |
| HC DEXA BONE DENSITY 1/> SITES AXIAL SKELETON | 77080 | CPT | | | | outpatient | | | 2039 | 144.6 | Horizon | NJ Health | 127.4 | | | | 47.74 | 1937.05 | fee schedule | |
| HC DEXA BONE DENSITY 1/> SITES AXIAL SKELETON | 77080 | CPT | | | | outpatient | | | 2039 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 47.74 | 1937.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEXA BONE DENSITY 1/> SITES AXIAL SKELETON | 77080 | CPT | | | | outpatient | | | 2039 | 144.6 | First Trenton | First Trenton | 1835.1 | 90 | | | 47.74 | 1937.05 | percent of total billed charges | |
| HC DEXA BONE DENSITY 1/> SITES AXIAL SKELETON | 77080 | CPT | | | | outpatient | | | 2039 | 144.6 | Horizon | PPO | 243.31 | | | | 47.74 | 1937.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEXA BONE DENSITY 1/> SITES AXIAL SKELETON | 77080 | CPT | | | | outpatient | | | 2039 | 144.6 | Managed Care Inc | Managed Care Inc | 1835.1 | 90 | | | 47.74 | 1937.05 | percent of total billed charges | |
| HC DEXA BONE DENSITY 1/> SITES AXIAL SKELETON | 77080 | CPT | | | | outpatient | | | 2039 | 144.6 | UHC | Medicaid | 643.3 | 31.55 | | | 47.74 | 1937.05 | percent of total billed charges | |
| HC DEXA BONE DENSITY 1/> SITES AXIAL SKELETON | 77080 | CPT | | | | outpatient | | | 2039 | 144.6 | Three Rivers | Three Rivers | 1937.05 | 95 | | | 47.74 | 1937.05 | percent of total billed charges | |
| HC DEXA BONE DENSITY 1/> SITES AXIAL SKELETON | 77080 | CPT | | | | outpatient | | | 2039 | 144.6 | WellPoint | WellPoint | 656.15 | 32.18 | | | 47.74 | 1937.05 | percent of total billed charges | |
| HC DEXA BONE DENSITY 1/> SITES AXIAL SKELETON | 77080 | CPT | | | | outpatient | | | 2039 | 144.6 | Wellcare | Medicare | 125.74 | | | | 47.74 | 1937.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEXA BONE DENSITY STUDY 1/>SITES APPENDICULAR SKELETON | 77081 | CPT | | | | outpatient | | | 110.56 | 119.52 | Aetna | Better Health | 34.88 | 31.55 | | | 34.88 | 201.1 | percent of total billed charges | |
| HC DEXA BONE DENSITY STUDY 1/>SITES APPENDICULAR SKELETON | 77081 | CPT | | | | outpatient | | | 110.56 | 119.52 | Americare | Americare | 82.92 | 75 | | | 34.88 | 201.1 | percent of total billed charges | |
| HC DEXA BONE DENSITY STUDY 1/>SITES APPENDICULAR SKELETON | 77081 | CPT | | | | outpatient | | | 110.56 | 119.52 | Horizon | Medicare Blue | 103.93 | | | | 34.88 | 201.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEXA BONE DENSITY STUDY 1/>SITES APPENDICULAR SKELETON | 77081 | CPT | | | | outpatient | | | 110.56 | 119.52 | Multiplan | Multiplan | 88.45 | 80 | | | 34.88 | 201.1 | percent of total billed charges | |
| HC DEXA BONE DENSITY STUDY 1/>SITES APPENDICULAR SKELETON | 77081 | CPT | | | | outpatient | | | 110.56 | 119.52 | Horizon | MGD | 201.1 | | | | 34.88 | 201.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEXA BONE DENSITY STUDY 1/>SITES APPENDICULAR SKELETON | 77081 | CPT | | | | outpatient | | | 110.56 | 119.52 | Aetna | Medicare | 103.93 | | | | 34.88 | 201.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEXA BONE DENSITY STUDY 1/>SITES APPENDICULAR SKELETON | 77081 | CPT | | | | outpatient | | | 110.56 | 119.52 | UHC | Medicare | 103.93 | | | | 34.88 | 201.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEXA BONE DENSITY STUDY 1/>SITES APPENDICULAR SKELETON | 77081 | CPT | | | | outpatient | | | 110.56 | 119.52 | Corrections |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC DEXA BONE DENSITY STUDY 1\>SITES APPENDICULAR SKELETON | 77081 | CPT | | | | outpatient | | | 110.56 | | Wellcare | Medicaid | 34.88 | 31.55 | | | 34.88 | 201.1 | percent of total billed charges | |
| HC DEXA BONE DENSITY STUDY 1\>SITES APPENDICULAR SKELETON | 77081 | CPT | | | | outpatient | | | 110.56 | | UHC | Medicaid | 34.88 | 31.55 | | | 34.88 | 201.1 | percent of total billed charges | |
| HC DEXA BONE DENSITY STUDY 1\>SITES APPENDICULAR SKELETON | 77081 | CPT | | | | outpatient | | | 110.56 | | Managed Care Inc | Managed Care Inc | 99.5 | 90 | | | 34.88 | 201.1 | percent of total billed charges | |
| HC DEXA BONE DENSITY STUDY 1\>SITES APPENDICULAR SKELETON | 77081 | CPT | | | | outpatient | | | 110.56 | | WellPoint | WellPoint | 35.58 | 32.18 | | | 34.88 | 201.1 | percent of total billed charges | |
| HC DEXA BONE DENSITY STUDY 1\>SITES APPENDICULAR SKELETON | 77081 | CPT | | | | outpatient | | | 110.56 | | Three Rivers | Three Rivers | 105.03 | 95 | | | 34.88 | 201.1 | percent of total billed charges | |
| HC DEXA BONE DENSITY STUDY 1\>SITES APPENDICULAR SKELETON | 77081 | CPT | | | | outpatient | | | 110.56 | | Wellcare | Medicare | 103.93 | | | | 34.88 | 201.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BONE MARROW BLOOD SUPPLY | 77084 | CPT | | | | outpatient | | | 1650 | | Aetna | Medicare | 280.24 | | | | 244.1 | 1567.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BONE MARROW BLOOD SUPPLY | 77084 | CPT | | | | outpatient | | | 1650 | | Aetna | Better Health | 520.58 | 31.55 | | | 244.1 | 1567.5 | percent of total billed charges | |
| HC MRI BONE MARROW BLOOD SUPPLY | 77084 | CPT | | | | outpatient | | | 1650 | | Americare | Americare | 1237.5 | 75 | | | 244.1 | 1567.5 | percent of total billed charges | |
| HC MRI BONE MARROW BLOOD SUPPLY | 77084 | CPT | | | | outpatient | | | 1650 | | First Trenton | First Trenton | 1485 | 90 | | | 244.1 | 1567.5 | percent of total billed charges | |
| HC MRI BONE MARROW BLOOD SUPPLY | 77084 | CPT | | | | outpatient | | | 1650 | | Aetna | Commercial | 627 | 38 | | | 244.1 | 1567.5 | percent of total billed charges | |
| HC MRI BONE MARROW BLOOD SUPPLY | 77084 | CPT | | | | outpatient | | | 1650 | | Multiplan | Multiplan | 1320 | 80 | | | 244.1 | 1567.5 | percent of total billed charges | |
| HC MRI BONE MARROW BLOOD SUPPLY | 77084 | CPT | | | | outpatient | | | 1650 | | Consumer | Consumer | 1567.5 | 95 | | | 244.1 | 1567.5 | percent of total billed charges | |
| HC MRI BONE MARROW BLOOD SUPPLY | 77084 | CPT | | | | outpatient | | | 1650 | | Amerihealth | HMO/PPO | 320.54 | | | | 244.1 | 1567.5 | fee schedule | |
| HC MRI BONE MARROW BLOOD SUPPLY | 77084 | CPT | | | | outpatient | | | 1650 | | Horizon | MGD | 542.26 | | | | 244.1 | 1567.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BONE MARROW BLOOD SUPPLY | 77084 | CPT | | | | outpatient | | | 1650 | | Horizon | PPO | 542.26 | | | | 244.1 | 1567.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BONE MARROW BLOOD SUPPLY | 77084 | CPT | | | | outpatient | | | 1650 | | Three Rivers | Three Rivers | 1567.5 | 95 | | | 244.1 | 1567.5 | percent of total billed charges | |
| HC MRI BONE MARROW BLOOD SUPPLY | 77084 | CPT | | | | outpatient | | | 1650 | | Horizon | Medicare Blue | 280.24 | | | | 244.1 | 1567.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BONE MARROW BLOOD SUPPLY | 77084 | CPT | | | | outpatient | | | 1650 | | Corrections | Corrections | 1320 | 80 | | | 244.1 | 1567.5 | percent of total billed charges | |
| HC MRI BONE MARROW BLOOD SUPPLY | 77084 | CPT | | | | outpatient | | | 1650 | | Qualcare | Qualcare | 1237.5 | 75 | | | 244.1 | 1567.5 | percent of total billed charges | |
| HC MRI BONE MARROW BLOOD SUPPLY | 77084 | CPT | | | | outpatient | | | 1650 | | Horizon | NJ Health | 244.1 | | | | 244.1 | 1567.5 | fee schedule | |
| HC MRI BONE MARROW BLOOD SUPPLY | 77084 | CPT | | | | outpatient | | | 1650 | | First Health | First Health | 1155 | 70 | | | 244.1 | 1567.5 | percent of total billed charges | |
| HC MRI BONE MARROW BLOOD SUPPLY | 77084 | CPT | | | | outpatient | | | 1650 | | UHC | Medicare | 280.24 | | | | 244.1 | 1567.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BONE MARROW BLOOD SUPPLY | 77084 | CPT | | | | outpatient | | | 1650 | | Managed Care Inc | Managed Care Inc | 1485 | 90 | | | 244.1 | 1567.5 | percent of total billed charges | |
| HC MRI BONE MARROW BLOOD SUPPLY | 77084 | CPT | | | | outpatient | | | 1650 | | UHC | Medicaid | 520.58 | 31.55 | | | 244.1 | 1567.5 | percent of total billed charges | |
| HC MRI BONE MARROW BLOOD SUPPLY | 77084 | CPT | | | | outpatient | | | 1650 | | Horizon | Indemnity | 542.26 | | | | 244.1 | 1567.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BONE MARROW BLOOD SUPPLY | 77084 | CPT | | | | outpatient | | | 1650 | | Wellcare | Medicare | 280.24 | | | | 244.1 | 1567.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MRI BONE MARROW BLOOD SUPPLY | 77084 | CPT | | | | outpatient | | | 1650 | | Wellcare | Medicaid | 520.58 | 31.55 | | | 244.1 | 1567.5 | percent of total billed charges | |
| HC MRI BONE MARROW BLOOD SUPPLY | 77084 | CPT | | | | outpatient | | | 1650 | | WellPoint | WellPoint | 530.97 | 32.18 | | | 244.1 | 1567.5 | percent of total billed charges | |
| HC DEXA BONE DENSITY 1\> SITES AXIAL SKELETON INCL VERTEBRAL FX ASSMT | 77085 | CPT | | | | both | | | 437 | | Aetna | Better Health | 137.87 | 31.55 | | 107.85 | 48.96 | 415.15 | percent of total billed charges | |
| HC DEXA BONE DENSITY 1\> SITES AXIAL SKELETON INCL VERTEBRAL FX ASSMT | 77085 | CPT | | | | both | | | 437 | | Americare | Americare | 327.75 | 75 | | | 48.96 | 415.15 | percent of total billed charges | |
| HC DEXA BONE DENSITY 1\> SITES AXIAL SKELETON INCL VERTEBRAL FX ASSMT | 77085 | CPT | | | | both | | | 437 | | Aetna | Medicare | 125.74 | | | 70.36 | 48.96 | 415.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEXA BONE DENSITY 1\> SITES AXIAL SKELETON INCL VERTEBRAL FX ASSMT | 77085 | CPT | | | | both | | | 437 | | Aetna | Commercial | 166.06 | 38 | | 81.22 | 48.96 | 415.15 | percent of total billed charges | |
| HC DEXA BONE DENSITY 1\> SITES AXIAL SKELETON INCL VERTEBRAL FX ASSMT | 77085 | CPT | | | | both | | | 437 | | Horizon | Indemnity | 243.31 | | | 165.62 | 48.96 | 415.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEXA BONE DENSITY 1\> SITES AXIAL SKELETON INCL VERTEBRAL FX ASSMT | 77085 | CPT | | | | both | | | 437 | | First Trenton | First Trenton | 393.3 | 90 | | | 48.96 | 415.15 | percent of total billed charges | |
| HC DEXA BONE DENSITY 1\> SITES AXIAL SKELETON INCL VERTEBRAL FX ASSMT | 77085 | CPT | | | | both | | | 437 | | Consumer | Consumer | 415.15 | 95 | | | 48.96 | 415.15 | percent of total billed charges | |
| HC DEXA BONE DENSITY 1\> SITES AXIAL SKELETON INCL VERTEBRAL FX ASSMT | 77085 | CPT | | | | both | | | 437 | | Amerihealth | HMO/PPO | 284.05 | 65 | | 49.91 | 48.96 | 415.15 | percent of total billed charges | |
| HC DEXA BONE DENSITY 1\> SITES AXIAL SKELETON INCL VERTEBRAL FX ASSMT | 77085 | CPT | | | | both | | | 437 | | Horizon | PPO | 243.31 | | | 144.2 | 48.96 | 415.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEXA BONE DENSITY 1\> SITES AXIAL SKELETON INCL VERTEBRAL FX ASSMT | 77085 | CPT | | | | both | | | 437 | | Horizon | Medicare Blue | 125.74 | | | 62.9 | 48.96 | 415.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEXA BONE DENSITY 1\> SITES AXIAL SKELETON INCL VERTEBRAL FX ASSMT | 77085 | CPT | | | | both | | | 437 | | First Health | First Health | 305.9 | 70 | | | 48.96 | 415.15 | percent of total billed charges | |
| HC DEXA BONE DENSITY 1\> SITES AXIAL SKELETON INCL VERTEBRAL FX ASSMT | 77085 | CPT | | | | both | | | 437 | | Corrections | Corrections | 349.6 | 80 | | | 48.96 | 415.15 | percent of total billed charges | |
| HC DEXA BONE DENSITY 1\> SITES AXIAL SKELETON INCL VERTEBRAL FX ASSMT | 77085 | CPT | | | | both | | | 437 | | UHC | Medicaid | 137.87 | 31.55 | | 121.41 | 48.96 | 415.15 | percent of total billed charges | |
| HC DEXA BONE DENSITY 1\> SITES AXIAL SKELETON INCL VERTEBRAL FX ASSMT | 77085 | CPT | | | | both | | | 437 | | Managed Care Inc | Managed Care Inc | 393.3 | 90 | | | 48.96 | 415.15 | percent of total billed charges | |
| HC DEXA BONE DENSITY 1\> SITES AXIAL SKELETON INCL VERTEBRAL FX ASSMT | 77085 | CPT | | | | both | | | 437 | | UHC | Medicare | 125.74 | | | 78.78 | 48.96 | 415.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEXA BONE DENSITY 1\> SITES AXIAL SKELETON INCL VERTEBRAL FX ASSMT | 77085 | CPT | | | | both | | | 437 | | Horizon | MGD | 243.31 | | | 152.99 | 48.96 | 415.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEXA BONE DENSITY 1\> SITES AXIAL SKELETON INCL VERTEBRAL FX ASSMT | 77085 | CPT | | | | both | | | 437 | | Wellcare | Medicaid | 137.87 | 31.55 | | 56.64 | 48.96 | 415.15 | percent of total billed charges | |
| HC DEXA BONE DENSITY 1\> SITES AXIAL SKELETON INCL VERTEBRAL FX ASSMT | 77085 | CPT | | | | both | | | 437 | | WellPoint | WellPoint | 140.63 | 32.18 | | 63.15 | 48.96 | 415.15 | percent of total billed charges | |
| HC DEXA BONE DENSITY 1\> SITES AXIAL SKELETON INCL VERTEBRAL FX ASSMT | 77085 | CPT | | | | both | | | 437 | | Wellcare | Medicare | 125.74 | | | 70.63 | 48.96 | 415.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEXA BONE DENSITY 1\> SITES AXIAL SKELETON INCL VERTEBRAL FX ASSMT | 77085 | CPT | | | | both | | | 437 | | Three Rivers | Three Rivers | 415.15 | 95 | | | 48.96 | 415.15 | percent of total billed charges | |
| HC DEXA BONE DENSITY 1\> SITES AXIAL SKELETON INCL VERTEBRAL FX ASSMT | 77085 | CPT | | | | both | | | 437 | | Horizon | NJ Health | 48.96 | | | 49.63 | 48.96 | 415.15 | fee schedule | |
| HC DEXA BONE DENSITY 1\> SITES AXIAL SKELETON INCL VERTEBRAL FX ASSMT | 77085 | CPT | | | | both | | | 437 | | Multiplan | Multiplan | 349.6 | 80 | | | 48.96 | 415.15 | percent of total billed charges | |
| HC DEXA BONE DENSITY 1\> SITES AXIAL SKELETON INCL VERTEBRAL FX ASSMT | 77085 | CPT | | | | both | | | 437 | | Qualcare | Qualcare | 327.75 | 75 | | | 48.96 | 415.15 | percent of total billed charges | |
| HC DEXA FOR VERTEBRAL FRACTURE ASSESSMENT | 77086 | CPT | | | | outpatient | | | 264.07 | | UHC | Medicare | 103.93 | | | 57.22 | 31.05 | 250.87 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEXA FOR VERTEBRAL FRACTURE ASSESSMENT | 77086 | CPT | | | | outpatient | | | 264.07 | | Amerihealth | HMO/PPO | 171.65 | 65 | | | 31.05 | 250.87 | percent of total billed charges | |
| HC DEXA FOR VERTEBRAL FRACTURE ASSESSMENT | 77086 | CPT | | | | outpatient | | | 264.07 | | Aetna | Medicare | 103.93 | | | 39.84 | 31.05 | 250.87 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEXA FOR VERTEBRAL FRACTURE ASSESSMENT | 77086 | CPT | | | | outpatient | | | 264.07 | | Aetna | Better Health | 83.31 | 31.55 | | | 31.05 | 250.87 | percent of total billed charges | |
| HC DEXA FOR VERTEBRAL FRACTURE ASSESSMENT | 77086 | CPT | | | | outpatient | | | 264.07 | | Horizon | Indemnity | 201.1 | | | 149.93 | 31.05 | 250.87 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEXA FOR VERTEBRAL FRACTURE ASSESSMENT | 77086 | CPT | | | | outpatient | | | 264.07 | | First Health | First Health | 184.85 | 70 | | | 31.05 | 250.87 | percent of total billed charges | |
| HC DEXA FOR VERTEBRAL FRACTURE ASSESSMENT | 77086 | CPT | | | | outpatient | | | 264.07 | | Americare | Americare | 198.05 | 75 | | | 31.05 | 250.87 | percent of total billed charges | |
| HC DEXA FOR VERTEBRAL FRACTURE ASSESSMENT | 77086 | CPT | | | | outpatient | | | 264.07 | | Corrections | Corrections | 211.26 | 80 | | | 31.05 | 250.87 | percent of total billed charges | |
| HC DEXA FOR VERTEBRAL FRACTURE ASSESSMENT | 77086 | CPT | | | | outpatient | | | 264.07 | | Wellcare | Medicaid | 83.31 | 31.55 | | | 31.05 | 250.87 | percent of total billed charges | |
| HC DEXA FOR VERTEBRAL FRACTURE ASSESSMENT | 77086 | CPT | | | | outpatient | | | 264.07 | | Multiplan | Multiplan | 211.26 | 80 | | | 31.05 | 250.87 | percent of total billed charges | |
| HC DEXA FOR VERTEBRAL FRACTURE ASSESSMENT | 77086 | CPT | | | | outpatient | | | 264.07 | | Horizon | PPO | 201.1 | | | 193.41 | 31.05 | 250.87 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEXA FOR VERTEBRAL FRACTURE ASSESSMENT | 77086 | CPT | | | | outpatient | | | 264.07 | | Consumer | Consumer | 250.87 | 95 | | | 31.05 | 250.87 | percent of total billed charges | |
| HC DEXA FOR VERTEBRAL FRACTURE ASSESSMENT | 77086 | CPT | | | | outpatient | | | 264.07 | | Horizon | Medicare Blue | 103.93 | | | 58.67 | 31.05 | 250.87 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEXA FOR VERTEBRAL FRACTURE ASSESSMENT | 77086 | CPT | | | | outpatient | | | 264.07 | | Qualcare | Qualcare | 198.05 | 75 | | | 31.05 | 250.87 | percent of total billed charges | |
| HC DEXA FOR VERTEBRAL FRACTURE ASSESSMENT | 77086 | CPT | | | | outpatient | | | 264.07 | | Horizon | NJ Health | 31.05 | | | 23.05 | 31.05 | 250.87 | fee schedule | |
| HC DEXA FOR VERTEBRAL FRACTURE ASSESSMENT | 77086 | CPT | | | | outpatient | | | 264.07 | | UHC | Medicaid | 83.31 | 31.55 | | 93.11 | 31.05 | 250.87 | percent of total billed charges | |
| HC DEXA FOR VERTEBRAL FRACTURE ASSESSMENT | 77086 | CPT | | | | outpatient | | | 264.07 | | First Trenton | First Trenton | 237.66 | 90 | | | 31.05 | 250.87 | percent of total billed charges | |
| HC DEXA FOR VERTEBRAL FRACTURE ASSESSMENT | 77086 | CPT | | | | outpatient | | | 264.07 | | Wellcare | Medicare | 103.93 | | | 9 | 31.05 | 250.87 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEXA FOR VERTEBRAL FRACTURE ASSESSMENT | 77086 | CPT | | | | outpatient | | | 264.07 | | Horizon | MGD | 201.1 | | | 128.83 | 31.05 | 250.87 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEXA FOR VERTEBRAL FRACTURE ASSESSMENT | 77086 | CPT | | | | outpatient | | | 264.07 | | Managed Care Inc | Managed Care Inc | 237.66 | 90 | | | 31.05 | 250.87 | percent of total billed charges | |
| HC DEXA FOR VERTEBRAL FRACTURE ASSESSMENT | 77086 | CPT | | | | outpatient | | | 264.07 | | Three Rivers | Three Rivers | 250.87 | 95 | | | 31.05 | 250.87 | percent of total billed charges | |
| HC DEXA FOR VERTEBRAL FRACTURE ASSESSMENT | 77086 | CPT | | | | outpatient | | | 264.07 | | WellPoint | WellPoint | 84.98 | 32.18 | | 54.11 | 31.05 | 250.87 | percent of total billed charges | |
| HC TRABECULAR BONE SCORE/TBS W DEXA/OTHER IMG, CALCULTN W FX RISK | 77089 | CPT | | | | outpatient | | | 141.36 | | Aetna | Better Health | 44.6 | 31.55 | | | 36.43 | 134.29 | percent of total billed charges | |
| HC TRABECULAR BONE SCORE/TBS W DEXA/OTHER IMG, CALCULTN W FX RISK | 77089 | CPT | | | | outpatient | | | 141.36 | | Corrections | Corrections | 113.09 | 80 | | | 36.43 | 134.29 | percent of total billed charges | |
| HC TRABECULAR BONE SCORE/TBS W DEXA/OTHER IMG, CALCULTN W FX RISK | 77089 | CPT | | | | outpatient | | | 141.36 | | Consumer | Consumer | 134.29 | 95 | | | 36.43 | 134.29 | percent of total billed charges | |
| HC TRABECULAR BONE SCORE/TBS W DEXA/OTHER IMG, CALCULTN W FX RISK | 77089 | CPT | | | | outpatient | | | 141.36 | | Aetna | Medicare | 43.54 | 30.8 | | | 36.43 | 134.29 | percent of total billed charges | |
| HC TRABECULAR BONE SCORE/TBS W DEXA/OTHER IMG, CALCULTN W FX RISK | 77089 | CPT | | | | outpatient | | | 141.36 | | Aetna | Commercial | 53.72 | 38 | | | 36.43 | 134.29 | percent of total billed charges | |
| HC TRABECULAR BONE SCORE/TBS W DEXA/OTHER IMG, CALCULTN W FX RISK | 77089 | CPT | | | | outpatient | | | 141.36 | | First Trenton | First Trenton | 127.22 | 90 | | | 36.43 | 134.29 | percent of total billed charges | |
| HC TRABECULAR BONE SCORE/TBS W DEXA/OTHER IMG, CALCULTN W FX RISK | 77089 | CPT | | | | outpatient | | | 141.36 | | Amerihealth | HMO/PPO | 91.88 | 65 | | | 36.43 | 134.29 | percent of total billed charges | |
| HC TRABECULAR BONE SCORE/TBS W DEXA/OTHER IMG, CALCULTN W FX RISK | 77089 | CPT | | | | outpatient | | | 141.36 | | Americare | Americare | 106.02 | 75 | | | 36.43 | 134.29 | percent of total billed charges | |
| HC TRABECULAR BONE SCORE/TBS W DEXA/OTHER IMG, CALCULTN W FX RISK | 77089 | CPT | | | | outpatient | | | 141.36 | | WellPoint | WellPoint | 45.49 | 32.18 | | | 36.43 | 134.29 | percent of total billed charges | |
| HC TRABECULAR BONE SCORE/TBS W DEXA/OTHER IMG, CALCULTN W FX RISK | 77089 | CPT | | | | outpatient | | | 141.36 | | Horizon | Medicare Blue | 42.41 | 30 | | | 36.43 | 134.29 | percent of total billed charges | |
| HC TRABECULAR BONE SCORE/TBS W DEXA/OTHER IMG, CALCULTN W FX RISK | 77089 | CPT | | | | outpatient | | | 141.36 | | Horizon | NJ Health | 36.43 | | | | 36.43 | 134.29 | fee schedule | |
| HC TRABECULAR BONE SCORE/TBS W DEXA/OTHER IMG, CALCULTN W FX RISK | 77089 | CPT | | | | outpatient | | | 141.36 | | Horizon | MGD | 54.11 | 38.28 | | | 36.43 | 134.29 | percent of total billed charges | |
| HC TRABECULAR BONE SCORE/TBS W DEXA/OTHER IMG, CALCULTN W FX RISK | 77089 | CPT | | | | outpatient | | | 141.36 | | First Health | First Health | 98.95 | 70 | | | 36.43 | 134.29 | percent of total billed charges | |
| HC TRABECULAR BONE SCORE/TBS W DEXA/OTHER IMG, CALCULTN W FX RISK | 77089 | CPT | | | | outpatient | | | 141.36 | | Horizon | Indemnity | 54.11 | 38.28 | | | 36.43 | 134.29 | percent of total billed charges | |
| HC TRABECULAR BONE SCORE/TBS W DEXA/OTHER IMG, CALCULTN W FX RISK | 77089 | CPT | | | | outpatient | | | 141.36 | | UHC | Medicaid | 44.6 | 31.55 | | | 36.43 | 134.29 | percent of total billed charges | |
| HC TRABECULAR BONE SCORE/TBS W DEXA/OTHER IMG, CALCULTN W FX RISK | 77089 | CPT | | | | outpatient | | | 141.36 | | Horizon | PPO | 54.11 | 38.28 | | | 36.43 | 134.29 | percent of total billed charges | |
| HC TRABECULAR BONE SCORE/TBS W DEXA/OTHER IMG, CALCULTN W FX RISK | 77089 | CPT | | | | outpatient | | | 141.36 | | Multiplan | Multiplan | 113.09 | 80 | | | 36.43 | 134.29 | percent of total billed charges | |
| HC TRABECULAR BONE SCORE/TBS W DEXA/OTHER IMG, CALCULTN W FX RISK | 77089 | CPT | | | | outpatient | | | 141.36 | | Managed Care Inc | Managed Care Inc | 127.22 | 90 | | | 36.43 | 134.29 | percent of total billed charges | |
| HC TRABECULAR BONE SCORE/TBS W DEXA/OTHER IMG, CALCULTN W FX RISK | 77089 | CPT | | | | outpatient | | | 141.36 | | Wellcare | Medicaid | 44.6 | 31.55 | | | 36.43 | 134.29 | percent of total billed charges | |
| HC TRABECULAR BONE SCORE/TBS W DEXA/OTHER IMG, CALCULTN W FX RISK | 77089 | CPT | | | | outpatient | | | 141.36 | | Three Rivers | Three Rivers | 134.29 | 95 | | | 36.43 | 134.29 | percent of total billed charges | |
| HC TRABECULAR BONE SCORE/TBS W DEXA/OTHER IMG, CALCULTN W FX RISK | 77089 | CPT | | | | outpatient | | | 141.36 | | Qualcare | Qualcare | 106.02 | 75 | | | 36.43 | 134.29 | percent of total billed charges | |
| HC TBS TRABECULAR BONE SCORE FOR ANALYSIS ELSEWHERE | 77090 | CPT | | | | outpatient | | | 323 | | Horizon | PPO | 201.1 | | | | 2.12 | 306.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TBS TRABECULAR BONE SCORE FOR ANALYSIS ELSEWHERE | 77090 | CPT | | | | outpatient | | | 323 | | Aetna | Better Health | 101.91 | 31.55 | | | 2.12 | 306.85 | percent of total billed charges | |
| HC TBS TRABECULAR BONE SCORE FOR ANALYSIS ELSEWHERE | 77090 | CPT | | | | outpatient | | | 323 | | Americare | Americare | 242.25 | 75 | | | 2.12 | 306.85 | percent of total billed charges | |
| HC TBS TRABECULAR BONE SCORE FOR ANALYSIS ELSEWHERE | 77090 | CPT | | | | outpatient | | | 323 | | Aetna | Medicare | 103.93 | | | | 2.12 | 306.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TBS TRABECULAR BONE SCORE FOR ANALYSIS ELSEWHERE | 77090 | CPT | | | | outpatient | | | 323 | | First Trenton | First Trenton | 290.7 | 90 | | | 2.12 | 306.85 | percent of total billed charges | |
| HC TBS TRABECULAR BONE SCORE FOR ANALYSIS ELSEWHERE | 77090 | CPT | | | | outpatient | | | 323 | | First Health | First Health | 226.1 | 70 | | | 2.12 | 306.85 | percent of total billed charges | |
| HC TBS TRABECULAR BONE SCORE FOR ANALYSIS ELSEWHERE | 77090 | CPT | | | | outpatient | | | 323 | | Consumer | Consumer | 306.85 | 95 | | | 2.12 | 306.85 | percent of total billed charges | |
| HC TBS TRABECULAR BONE SCORE FOR ANALYSIS ELSEWHERE | 77090 | CPT | | | | outpatient | | | 323 | | Aetna | Commercial | 122.74 | 38 | | | 2.12 | 306.85 | percent of total billed charges | |
| HC TBS TRABECULAR BONE SCORE FOR ANALYSIS ELSEWHERE | 77090 | CPT | | | | outpatient | | | 323 | | UHC | Medicaid | 101.91 | 31.55 | | | 2.12 | 306.85 | percent of total billed charges | |
| HC TBS TRABECULAR BONE SCORE FOR ANALYSIS ELSEWHERE | 77090 | CPT | | | | outpatient | | | 323 | | Wellcare | Medicaid | 101.91 | 31.55 | | | 2.12 | 306.85 | percent of total billed charges | |
| HC TBS TRABECULAR BONE SCORE FOR ANALYSIS ELSEWHERE | 77090 | CPT | | | | outpatient | | | 323 | | Amerihealth | HMO/PPO | 209.95 | 65 | | | 2.12 | 306.85 | percent of total billed charges | |
| HC TBS TRABECULAR BONE SCORE FOR ANALYSIS ELSEWHERE | 77090 | CPT | | | | outpatient | | | 323 | | Corrections | Corrections | 258.4 | 80 | | | 2.12 | 306.85 | percent of total billed charges | |
| HC TBS TRABECULAR BONE SCORE FOR ANALYSIS ELSEWHERE | 77090 | CPT | | | | outpatient | | | 323 | | Managed Care Inc | Managed Care Inc | 290.7 | 90 | | | 2.12 | 306.85 | percent of total billed charges | |
| HC TBS TRABECULAR BONE SCORE FOR ANALYSIS ELSEWHERE | 77090 | CPT | | | | outpatient | | | 323 | | Horizon | Indemnity | 201.1 | | | | 2.12 | 306.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TBS TRABECULAR BONE SCORE FOR ANALYSIS ELSEWHERE | 77090 | CPT | | | | outpatient | | | 323 | | Horizon | NJ Health | 2.12 | | | | 2.12 | 306.85 | fee schedule | |
| HC TBS TRABECULAR BONE SCORE FOR ANALYSIS ELSEWHERE | 77090 | CPT | | | | outpatient | | | 323 | | Horizon | MGD | 201.1 | | | | 2.12 | 306.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TBS TRABECULAR BONE SCORE FOR ANALYSIS ELSEWHERE | 77090 | CPT | | | | outpatient | | | 323 | | UHC | Medicare | 103.93 | | | | 2.12 | 306.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TBS TRABECULAR BONE SCORE FOR ANALYSIS ELSEWHERE | 77090 | CPT | | | | outpatient | | | 323 | | Horizon | Medicare Blue | 103.93 | | | | 2.12 | 306.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TBS TRABECULAR BONE SCORE FOR ANALYSIS ELSEWHERE | 77090 | CPT | | | | outpatient | | | 323 | | Multiplan | Multiplan | 258.4 | 80 | | | 2.12 | 306.85 | percent of total billed charges | |
| HC TBS TRABECULAR BONE SCORE FOR ANALYSIS ELSEWHERE | 77090 | CPT | | | | outpatient | | | 323 | | WellPoint | WellPoint | 103.94 | 32.18 | | | 2.12 | 306.85 | percent of total billed charges | |
| HC TBS TRABECULAR BONE SCORE FOR ANALYSIS ELSEWHERE | 77090 | CPT | | | | outpatient | | | 323 | | Wellcare | Medicare | 103.93 | | | | 2.12 | 306.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TBS TRABECULAR BONE SCORE FOR ANALYSIS ELSEWHERE | 77090 | CPT | | | | outpatient | | | 323 | | Three Rivers | Three Rivers | 306.85 | 95 | | | 2.12 | 306.85 | percent of total billed charges | |
| HC TBS TRABECULAR BONE SCORE FOR ANALYSIS ELSEWHERE | 77090 | CPT | | | | outpatient | | | 323 | | Qualcare | Qualcare | 242.25 | 75 | | | 2.12 | 306.85 | percent of total billed charges | |
| HC TBS TRABECULA BONE SCORE TECHNICAL CALCULATION ONLY | 77091 | CPT | | | | outpatient | | | 323 | | Aetna | Medicare | 103.93 | | | | 25.64 | 306.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TBS TRABECULA BONE SCORE TECHNICAL CALCULATION ONLY | 77091 | CPT | | | | outpatient | | | 323 | | Aetna | Commercial | 122.74 | 38 | | | 25.64 | 306.85 | percent of total billed charges | |
| HC TBS TRABECULA BONE SCORE TECHNICAL CALCULATION ONLY | 77091 | CPT | | | | outpatient | | | 323 | | Corrections | Corrections | 258.4 | 80 | | | 25.64 | 306.85 | percent of total billed charges | |
| HC TBS TRABECULA BONE SCORE TECHNICAL CALCULATION ONLY | 77091 | CPT | | | | outpatient | | | 323 | | Aetna | Better Health | 101.91 | 31.55 | | | 25.64 | 306.85 | percent of total billed charges | |
| HC TBS TRABECULA BONE SCORE TECHNICAL CALCULATION ONLY | 77091 | CPT | | | | outpatient | | | 323 | | Americare | Americare | 242.25 | 75 | | | 25.64 | 306.85 | percent of total billed charges | |
| HC TBS TRABECULA BONE SCORE TECHNICAL CALCULATION ONLY | 77091 | CPT | | | | outpatient | | | 323 | | Horizon | Medicare Blue | 103.93 | | | | 25.64 | 306.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TBS TRABECULA BONE SCORE TECHNICAL CALCULATION ONLY | 77091 | CPT | | | | outpatient | | | 323 | | Amerihealth | HMO/PPO | 209.95 | 65 | | | 25.64 | 306.85 | percent of total billed charges | |
| HC TBS TRABECULA BONE SCORE TECHNICAL CALCULATION ONLY | 77091 | CPT | | | | outpatient | | | 323 | | Consumer | Consumer | 306.85 | 95 | | | 25.64 | 306.85 | percent of total billed charges | |
| HC TBS TRABECULA BONE SCORE TECHNICAL CALCULATION ONLY | 77091 | CPT | | | | outpatient | | | 323 | | Wellcare | Medicaid | 101.91 | 31.55 | | | 25.64 | 306.85 | percent of total billed charges | |
| HC TBS TRABECULA BONE SCORE TECHNICAL CALCULATION ONLY | 77091 | CPT | | | | outpatient | | | 323 | | UHC | Medicare | 103.93 | | | | 25.64 | 306.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TBS TRABECULA BONE SCORE TECHNICAL CALCULATION ONLY | 77091 | CPT | | | | outpatient | | | 323 | | Horizon | Indemnity | 201.1 | | | | 25.64 | 306.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TBS TRABECULA BONE SCORE TECHNICAL CALCULATION ONLY | 77091 | CPT | | | | outpatient | | | 323 | | First Health | First Health | 226.1 | 70 | | | 25.64 | 306.85 | percent of total billed charges | |
| HC TBS TRABECULA BONE SCORE TECHNICAL CALCULATION ONLY | 77091 | CPT | | | | outpatient | | | 323 | | First Trenton | First Trenton | 290.7 | 90 | | | 25.64 | 306.85 | percent of total billed charges | |
| HC TBS TRABECULA BONE SCORE TECHNICAL CALCULATION ONLY | 77091 | CPT | | | | outpatient | | | 323 | | Horizon | MGD | 201.1 | | | | 25.64 | 306.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TBS TRABECULA BONE SCORE TECHNICAL CALCULATION ONLY | 77091 | CPT | | | | outpatient | | | 323 | | Multiplan | Multiplan | 258.4 | 80 | | | 25.64 | 306.85 | percent of total billed charges | |
| HC TBS TRABECULA BONE SCORE TECHNICAL CALCULATION ONLY | 77091 | CPT | | | | outpatient | | | 323 | | Wellcare | Medicare | 103.93 | | | | 25.64 | 306.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TBS TRABECULA BONE SCORE TECHNICAL CALCULATION ONLY | 77091 | CPT | | | | outpatient | | | 323 | | Horizon | PPO | 201.1 | | | | 25.64 | 306.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TBS TRABECULA BONE SCORE TECHNICAL CALCULATION ONLY | 77091 | CPT | | | | outpatient | | | 323 | | Horizon | NJ Health |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC RTX THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE | 77261 | CPT | | | | outpatient | | | 235.68 | | Corrections | Corrections | 188.54 | 80 | | | 60.37 | 223.9 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE | 77261 | CPT | | | | outpatient | | | 235.68 | | Horizon | MGD | 90.22 | 38.28 | | | 60.37 | 223.9 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE | 77261 | CPT | | | | outpatient | | | 235.68 | | Horizon | NJ Health | 60.37 | | | | 60.37 | 223.9 | fee schedule | |
| HC RTX THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE | 77261 | CPT | | | | outpatient | | | 235.68 | | Amerihealth | HMO/PPO | 70 | | | | 60.37 | 223.9 | fee schedule | |
| HC RTX THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE | 77261 | CPT | | | | outpatient | | | 235.68 | | Multiplan | Multiplan | 188.54 | 80 | | | 60.37 | 223.9 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE | 77261 | CPT | | | | outpatient | | | 235.68 | | WellPoint | WellPoint | 75.84 | 32.18 | | | 60.37 | 223.9 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE | 77261 | CPT | | | | outpatient | | | 235.68 | | Horizon | PPO | 90.22 | 38.28 | | | 60.37 | 223.9 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE | 77261 | CPT | | | | outpatient | | | 235.68 | | UHC | Medicaid | 74.36 | 31.55 | | | 60.37 | 223.9 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE | 77261 | CPT | | | | outpatient | | | 235.68 | | Horizon | Indemnity | 90.22 | 38.28 | | | 60.37 | 223.9 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE | 77261 | CPT | | | | outpatient | | | 235.68 | | Wellcare | Medicaid | 74.36 | 31.55 | | | 60.37 | 223.9 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE | 77261 | CPT | | | | outpatient | | | 235.68 | | Managed Care Inc | Managed Care Inc | 212.11 | 90 | | | 60.37 | 223.9 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE | 77261 | CPT | | | | outpatient | | | 235.68 | | Qualacare | Qualacare | 176.76 | 75 | | | 60.37 | 223.9 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE | 77261 | CPT | | | | outpatient | | | 235.68 | | Three Rivers | Three Rivers | 229.9 | 95 | | | 60.37 | 223.9 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE | 77261 | CPT | | | | outpatient | | | 235.68 | | Horizon | Medicare Blue | 70.7 | 30 | | | 60.37 | 223.9 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING SIMPLE | 77280 | CPT | | | | both | | | 726 | 178.46 | Corrections | Corrections | 580.8 | 80 | | | 120 | 689.7 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING SIMPLE | 77280 | CPT | | | | both | | | 726 | 178.46 | UHC | Medicaid | 229.05 | 31.55 | | 218.67 | 120 | 689.7 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING SIMPLE | 77280 | CPT | | | | both | | | 726 | 178.46 | Americare | Americare | 544.5 | 75 | | | 120 | 689.7 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING SIMPLE | 77280 | CPT | | | | both | | | 726 | 178.46 | Aetna | Better Health | 229.05 | 31.55 | | | 120 | 689.7 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING SIMPLE | 77280 | CPT | | | | both | | | 726 | 178.46 | Aetna | Medicare | 155.18 | | | 153.17 | 120 | 689.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING SIMPLE | 77280 | CPT | | | | both | | | 726 | 178.46 | Aetna | Commercial | 275.88 | 38 | | 261.57 | 120 | 689.7 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING SIMPLE | 77280 | CPT | | | | both | | | 726 | 178.46 | Amerihealth | HMO/PPO | 120 | | | | 120 | 689.7 | fee schedule | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING SIMPLE | 77280 | CPT | | | | both | | | 726 | 178.46 | Horizon | PPO | 300.27 | | | 352.85 | 120 | 689.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING SIMPLE | 77280 | CPT | | | | both | | | 726 | 178.46 | Horizon | NJ Health | 215.6 | | | 107.65 | 120 | 689.7 | fee schedule | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING SIMPLE | 77280 | CPT | | | | both | | | 726 | 178.46 | Consumer | Consumer | 689.7 | 95 | | | 120 | 689.7 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING SIMPLE | 77280 | CPT | | | | both | | | 726 | 178.46 | First Trenton | First Trenton | 653.4 | 90 | | | 120 | 689.7 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING SIMPLE | 77280 | CPT | | | | both | | | 726 | 178.46 | UHC | Medicare | 155.18 | | | 166.72 | 120 | 689.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING SIMPLE | 77280 | CPT | | | | both | | | 726 | 178.46 | Multiplan | Multiplan | 580.8 | 80 | | | 120 | 689.7 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING SIMPLE | 77280 | CPT | | | | both | | | 726 | 178.46 | WellPoint | WellPoint | 233.63 | 32.18 | | 179.76 | 120 | 689.7 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING SIMPLE | 77280 | CPT | | | | both | | | 726 | 178.46 | First Health | First Health | 508.2 | 70 | | | 120 | 689.7 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING SIMPLE | 77280 | CPT | | | | both | | | 726 | 178.46 | Qualacare | Qualacare | 544.5 | 75 | | | 120 | 689.7 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING SIMPLE | 77280 | CPT | | | | both | | | 726 | 178.46 | Horizon | Medicare Blue | 155.18 | | | 171.93 | 120 | 689.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING SIMPLE | 77280 | CPT | | | | both | | | 726 | 178.46 | Horizon | Indemnity | 300.27 | | | 303.54 | 120 | 689.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING SIMPLE | 77280 | CPT | | | | both | | | 726 | 178.46 | Horizon | MGD | 300.27 | | | 352.3 | 120 | 689.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING SIMPLE | 77280 | CPT | | | | both | | | 726 | 178.46 | Wellcare | Medicaid | 229.05 | 31.55 | | | 120 | 689.7 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING SIMPLE | 77280 | CPT | | | | both | | | 726 | 178.46 | Managed Care Inc | Managed Care Inc | 653.4 | 90 | | | 120 | 689.7 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING SIMPLE | 77280 | CPT | | | | both | | | 726 | 178.46 | Wellcare | Medicare | 155.18 | | | | 120 | 689.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING SIMPLE | 77280 | CPT | | | | both | | | 726 | 178.46 | Three Rivers | Three Rivers | 689.7 | 95 | | | 120 | 689.7 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING INTERMED | 77285 | CPT | | | | outpatient | | | 2098 | 485.97 | UHC | Medicare | 422.58 | | | | 194 | 1993.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING INTERMED | 77285 | CPT | | | | outpatient | | | 2098 | 485.97 | Aetna | Better Health | 661.92 | 31.55 | | 595.94 | 194 | 1993.1 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING INTERMED | 77285 | CPT | | | | outpatient | | | 2098 | 485.97 | Consumer | Consumer | 1993.1 | 95 | | | 194 | 1993.1 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING INTERMED | 77285 | CPT | | | | outpatient | | | 2098 | 485.97 | Horizon | PPO | 817.69 | | | | 194 | 1993.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING INTERMED | 77285 | CPT | | | | outpatient | | | 2098 | 485.97 | First Health | First Health | 1468.6 | 70 | | | 194 | 1993.1 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING INTERMED | 77285 | CPT | | | | outpatient | | | 2098 | 485.97 | Aetna | Commercial | 797.24 | 38 | | | 194 | 1993.1 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING INTERMED | 77285 | CPT | | | | outpatient | | | 2098 | 485.97 | Corrections | Corrections | 1678.4 | 80 | | | 194 | 1993.1 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING INTERMED | 77285 | CPT | | | | outpatient | | | 2098 | 485.97 | Amerihealth | HMO/PPO | 194 | | | | 194 | 1993.1 | fee schedule | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING INTERMED | 77285 | CPT | | | | outpatient | | | 2098 | 485.97 | Wellcare | Medicare | 422.58 | | | | 194 | 1993.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING INTERMED | 77285 | CPT | | | | outpatient | | | 2098 | 485.97 | Aetna | Medicare | 422.58 | | | | 194 | 1993.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING INTERMED | 77285 | CPT | | | | outpatient | | | 2098 | 485.97 | First Trenton | First Trenton | 1888.2 | 90 | | | 194 | 1993.1 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING INTERMED | 77285 | CPT | | | | outpatient | | | 2098 | 485.97 | WellPoint | WellPoint | 675.14 | 32.18 | | | 194 | 1993.1 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING INTERMED | 77285 | CPT | | | | outpatient | | | 2098 | 485.97 | Horizon | Indemnity | 817.69 | | | | 194 | 1993.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING INTERMED | 77285 | CPT | | | | outpatient | | | 2098 | 485.97 | Horizon | Medicare Blue | 422.58 | | | | 194 | 1993.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING INTERMED | 77285 | CPT | | | | outpatient | | | 2098 | 485.97 | Horizon | NJ Health | 262.64 | | | | 194 | 1993.1 | fee schedule | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING INTERMED | 77285 | CPT | | | | outpatient | | | 2098 | 485.97 | Horizon | MGD | 817.69 | | | | 194 | 1993.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING INTERMED | 77285 | CPT | | | | outpatient | | | 2098 | 485.97 | Managed Care Inc | Managed Care Inc | 1888.2 | 90 | | | 194 | 1993.1 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING INTERMED | 77285 | CPT | | | | outpatient | | | 2098 | 485.97 | Americare | Americare | 1573.5 | 75 | | | 194 | 1993.1 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING INTERMED | 77285 | CPT | | | | outpatient | | | 2098 | 485.97 | Three Rivers | Three Rivers | 1993.1 | 95 | | | 194 | 1993.1 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING INTERMED | 77285 | CPT | | | | outpatient | | | 2098 | 485.97 | UHC | Medicaid | 661.92 | 31.55 | | | 194 | 1993.1 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING INTERMED | 77285 | CPT | | | | outpatient | | | 2098 | 485.97 | Multiplan | Multiplan | 1678.4 | 80 | | | 194 | 1993.1 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING INTERMED | 77285 | CPT | | | | outpatient | | | 2098 | 485.97 | Wellcare | Medicaid | 661.92 | 31.55 | | | 194 | 1993.1 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING INTERMED | 77285 | CPT | | | | outpatient | | | 2098 | 485.97 | Qualacare | Qualacare | 1573.5 | 75 | | | 194 | 1993.1 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING COMPLEX | 77290 | CPT | | | | both | | | 2574 | 485.97 | Horizon | Medicare Blue | 422.58 | | | 676.66 | 223 | 2445.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING COMPLEX | 77290 | CPT | | | | both | | | 2574 | 485.97 | Horizon | MGD | 817.69 | | | 1275.21 | 223 | 2445.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING COMPLEX | 77290 | CPT | | | | both | | | 2574 | 485.97 | Aetna | Commercial | 978.12 | 38 | | 928.49 | 223 | 2445.3 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING COMPLEX | 77290 | CPT | | | | both | | | 2574 | 485.97 | Aetna | Better Health | 812.1 | 31.55 | | | 223 | 2445.3 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING COMPLEX | 77290 | CPT | | | | both | | | 2574 | 485.97 | Americare | Americare | 1930.5 | 75 | | | 223 | 2445.3 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING COMPLEX | 77290 | CPT | | | | both | | | 2574 | 485.97 | Aetna | Medicare | 422.58 | | | 543.71 | 223 | 2445.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING COMPLEX | 77290 | CPT | | | | both | | | 2574 | 485.97 | Amerihealth | HMO/PPO | 223 | | | | 223 | 2445.3 | fee schedule | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING COMPLEX | 77290 | CPT | | | | both | | | 2574 | 485.97 | Corrections | Corrections | 2059.2 | 80 | | | 223 | 2445.3 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING COMPLEX | 77290 | CPT | | | | both | | | 2574 | 485.97 | Consumer | Consumer | 2445.3 | 95 | | | 223 | 2445.3 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING COMPLEX | 77290 | CPT | | | | both | | | 2574 | 485.97 | Multiplan | Multiplan | 2059.2 | 80 | | | 223 | 2445.3 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING COMPLEX | 77290 | CPT | | | | both | | | 2574 | 485.97 | Horizon | Indemnity | 817.69 | | | 56.82 | 223 | 2445.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING COMPLEX | 77290 | CPT | | | | both | | | 2574 | 485.97 | First Health | First Health | 1801.8 | 70 | | | 223 | 2445.3 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING COMPLEX | 77290 | CPT | | | | both | | | 2574 | 485.97 | UHC | Medicaid | 812.1 | 31.55 | | 726.95 | 223 | 2445.3 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING COMPLEX | 77290 | CPT | | | | both | | | 2574 | 485.97 | UHC | Medicare | 422.58 | | | 504.88 | 223 | 2445.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING COMPLEX | 77290 | CPT | | | | both | | | 2574 | 485.97 | Horizon | NJ Health | 331.24 | | | 397.24 | 223 | 2445.3 | fee schedule | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING COMPLEX | 77290 | CPT | | | | both | | | 2574 | 485.97 | Qualacare | Qualacare | 1930.5 | 75 | | | 223 | 2445.3 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING COMPLEX | 77290 | CPT | | | | both | | | 2574 | 485.97 | First Trenton | First Trenton | 2316.6 | 90 | | | 223 | 2445.3 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING COMPLEX | 77290 | CPT | | | | both | | | 2574 | 485.97 | Wellcare | Medicaid | 812.1 | 31.55 | | 769.19 | 223 | 2445.3 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING COMPLEX | 77290 | CPT | | | | both | | | 2574 | 485.97 | Horizon | PPO | 817.69 | | | | 223 | 2445.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING COMPLEX | 77290 | CPT | | | | both | | | 2574 | 485.97 | Managed Care Inc | Managed Care Inc | 2316.6 | 90 | | | 223 | 2445.3 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING COMPLEX | 77290 | CPT | | | | both | | | 2574 | 485.97 | Three Rivers | Three Rivers | 2445.3 | 95 | | | 223 | 2445.3 | percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING COMPLEX | 77290 | CPT | | | | both | | | 2574 | 485.97 | Wellcare | Medicare | 422.58 | | | | 223 | 2445.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING COMPLEX | 77290 | CPT | | | | both | | | 2574 | 485.97 | WellPoint | WellPoint | 808.31 | 32.18 | | 758.95 | 223 | 2445.3 | percent of total billed charges | |
| HC RTX 3D RADIOTHERAPY PLAN INCL DOSE-VOLUME HISTOGRAMS | 77295 | CPT | | | | both | | | 5028 | 1822.41 | Multiplan | Multiplan | 4022.4 | 80 | | | 1085 | 4776.6 | percent of total billed charges | |
| HC RTX 3D RADIOTHERAPY PLAN INCL DOSE-VOLUME HISTOGRAMS | 77295 | CPT | | | | both | | | 5028 | 1822.41 | Aetna | Medicare | 1584.7 | | | 1061.97 | 1085 | 4776.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX 3D RADIOTHERAPY PLAN INCL DOSE-VOLUME HISTOGRAMS | 77295 | CPT | | | | both | | | 5028 | 1822.41 | Corrections | Corrections | 4022.4 | 80 | | | 1085 | 4776.6 | percent of total billed charges | |
| HC RTX 3D RADIOTHERAPY PLAN INCL DOSE-VOLUME HISTOGRAMS | 77295 | CPT | | | | both | | | 5028 | 1822.41 | Amerihealth | HMO/PPO | 1085 | | | | 1085 | 4776.6 | fee schedule | |
| HC RTX 3D RADIOTHERAPY PLAN INCL DOSE-VOLUME HISTOGRAMS | 77295 | CPT | | | | both | | | 5028 | 1822.41 | Aetna | Better Health | 1586.33 | 31.55 | | | 1085 | 4776.6 | percent of total billed charges | |
| HC RTX 3D RADIOTHERAPY PLAN INCL DOSE-VOLUME HISTOGRAMS | 77295 | CPT | | | | both | | | 5028 | 1822.41 | Horizon | Medicare Blue | 1584.7 | | | 1251.68 | 1085 | 4776.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX 3D RADIOTHERAPY PLAN INCL DOSE-VOLUME HISTOGRAMS | 77295 | CPT | | | | both | | | 5028 | 1822.41 | Americare | Americare | 3771 | 75 | | | 1085 | 4776.6 | percent of total billed charges | |
| HC RTX 3D RADIOTHERAPY PLAN INCL DOSE-VOLUME HISTOGRAMS | 77295 | CPT | | | | both | | | 5028 | 1822.41 | First Health | First Health | 3519.6 | 70 | | | 1085 | 4776.6 | percent of total billed charges | |
| HC RTX 3D RADIOTHERAPY PLAN INCL DOSE-VOLUME HISTOGRAMS | 77295 | CPT | | | | both | | | 5028 | 1822.41 | Qualacare | Qualacare | 3771 | 75 | | | 1085 | 4776.6 | percent of total billed charges | |
| HC RTX 3D RADIOTHERAPY PLAN INCL DOSE-VOLUME HISTOGRAMS | 77295 | CPT | | | | both | | | 5028 | 1822.41 | WellPoint | WellPoint | 1618.01 | 32.18 | | 1482.39 | 1085 | 4776.6 | percent of total billed charges | |
| HC RTX 3D RADIOTHERAPY PLAN INCL DOSE-VOLUME HISTOGRAMS | 77295 | CPT | | | | both | | | 5028 | 1822.41 | Horizon | NJ Health | 1238.72 | | | 863.23 | 1085 | 4776.6 | fee schedule | |
| HC RTX 3D RADIOTHERAPY PLAN INCL DOSE-VOLUME HISTOGRAMS | 77295 | CPT | | | | both | | | 5028 | 1822.41 | Wellcare | Medicare | 1584.7 | | | | 1085 | 4776.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX 3D RADIOTHERAPY PLAN INCL DOSE-VOLUME HISTOGRAMS | 77295 | CPT | | | | both | | | 5028 | 1822.41 | Aetna | Commercial | 1910.64 | 38 | | 1813.52 | 1085 | 4776.6 | percent of total billed charges | |
| HC RTX 3D RADIOTHERAPY PLAN INCL DOSE-VOLUME HISTOGRAMS | 77295 | CPT | | | | both | | | 5028 | 1822.41 | Horizon | PPO | 3066.39 | | | | 1085 | 4776.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX 3D RADIOTHERAPY PLAN INCL DOSE-VOLUME HISTOGRAMS | 77295 | CPT | | | | both | | | 5028 | 1822.41 | First Trenton | First Trenton | 4525.2 | 90 | | | 1085 | 4776.6 | percent of total billed charges | |
| HC RTX 3D RADIOTHERAPY PLAN INCL DOSE-VOLUME HISTOGRAMS | 77295 | CPT | | | | both | | | 5028 | 1822.41 | Consumer | Consumer | 4776.6 | 95 | | | 1085 | 4776.6 | percent of total billed charges | |
| HC RTX 3D RADIOTHERAPY PLAN INCL DOSE-VOLUME HISTOGRAMS | 77295 | CPT | | | | both | | | 5028 | 1822.41 | Horizon | Indemnity | 3066.39 | | | 584.94 | 1085 | 4776.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX 3D RADIOTHERAPY PLAN INCL DOSE-VOLUME HISTOGRAMS | 77295 | CPT | | | | both | | | 5028 | 1822.41 | Wellcare | Medicaid | 1586.33 | 31.55 | | 1502.37 | 1085 | 4776.6 | percent of total billed charges | |
| HC RTX 3D RADIOTHERAPY PLAN INCL DOSE-VOLUME HISTOGRAMS | 77295 | CPT | | | | both | | | 5028 | 1822.41 | Horizon | MGD | 3066.39 | | | 2498.66 | 1085 | 4776.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX 3D RADIOTHERAPY PLAN INCL DOSE-VOLUME HISTOGRAMS | 77295 | CPT | | | | both | | | 5028 | 1822.41 | Managed Care Inc | Managed Care Inc | 4525.2 | 90 | | | 1085 | 4776.6 | percent of total billed charges | |
| HC RTX 3D RADIOTHERAPY PLAN INCL DOSE-VOLUME HISTOGRAMS | 77295 | CPT | | | | both | | | 5028 | 1822.41 | Three Rivers | Three Rivers | 4776.6 | 95 | | | 1085 | 4776.6 | percent of total billed charges | |
| HC RTX 3D RADIOTHERAPY PLAN INCL DOSE-VOLUME HISTOGRAMS | 77295 | CPT | | | | both | | | 5028 | 1822.41 | UHC | Medicaid | 1586.33 | 31.55 | | 1414.86 | 1085 | 4776.6 | percent of total billed charges | |
| HC RTX 3D RADIOTHERAPY PLAN INCL DOSE-VOLUME HISTOGRAMS | 77295 | CPT | | | | both | | | 5028 | 1822.41 | UHC | Medicare | 1584.7 | | | 971.68 | 1085 | 4776.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX BASIC RADIATION DOSIMETRY CALCULATION | 77300 | CPT | | | | both | | | 659 | 178.46 | Corrections | Corrections | 527.2 | 80 | | 206.86 | 43 | 626.05 | percent of total billed charges | |
| HC RTX BASIC RADIATION DOSIMETRY CALCULATION | 77300 | CPT | | | | both | | | 659 | 178.46 | Aetna | Medicare | 155.18 | | | 120.07 | 43 | 626.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX BASIC RADIATION DOSIMETRY CALCULATION | 77300 | CPT | | | | both | | | 659 | 178.46 | Horizon | Medicare Blue | 155.18 | | | 165.22 | 43 | 626.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX BASIC RADIATION DOSIMETRY CALCULATION | 77300 | CPT | | | | both | | | 659 | 178.46 | Aetna | Commercial | 250.42 | 38 | | 166.73 | 43 | 626.05 | percent of total billed charges | |
| HC RTX BASIC RADIATION DOSIMETRY CALCULATION | 77300 | CPT | | | | both | | | 659 | 178.46 | Horizon | NJ Health | 101.92 | | | 96.95 | 43 | 626.05 | fee schedule | |
| HC RTX BASIC RADIATION DOSIMETRY CALCULATION | 77300 | CPT | | | | both | | | 659 | 178.46 | Horizon | MGD | 300.27 | | | 273.18 | 43 | 626.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX BASIC RADIATION DOSIMETRY CALCULATION | 77300 | CPT | | | | both | | | 659 | 178.46 | Aetna | Better Health | 207.91 | 31.55 | | 167.03 | 43 | 626.05 | percent of total billed charges | |
| HC RTX BASIC RADIATION DOSIMETRY CALCULATION | 77300 | CPT | | | | both | | | 659 | 178.46 | Horizon | PPO | 300.27 | | | 278.88 | 43 | 626.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX BASIC RADIATION DOSIMETRY CALCULATION | 77300 | CPT | | | | both | | | 659 | 178.46 | Wellcare | Medicaid | 207.91 | 31.55 | | 61.34 | 43 | 626.05 | percent of total billed charges | |
| HC RTX BASIC RADIATION DOSIMETRY CALCULATION | 77300 | CPT | | | | both | | | 659 | 178.46 | Consumer | Consumer | 626.05 | 95 | | | 43 | 626.05 | percent of total billed charges | |
| HC RTX BASIC RADIATION DOSIMETRY CALCULATION | 77300 | CPT | | | | both | | | 659 | 178.46 | UHC | Medicaid | 207.91 | 31.55 | | 190.88 | 43 | 626.05 | percent of total billed charges | |
| HC RTX BASIC RADIATION DOSIMETRY CALCULATION | 77300 | CPT | | | | both | | | 659 | 178.46 | Amerihealth | HMO/PPO | 43 | | | | 43 | 626.05 | fee schedule | |
| HC RTX BASIC RADIATION DOSIMETRY CALCULATION | 77300 | CPT | | | | both | | | 659 | 178.46 | WellPoint | WellPoint | 212.07 | 32.18 | | 123.87 | 43 | 626.05 | percent of total billed charges | |
| HC RTX BASIC RADIATION DOSIMETRY CALCULATION | 77300 | CPT | | | | both | | | 659 | 178.46 | First Trenton | First Trenton | 593.1 | 90 | | | 43 | 626.05 | percent of total billed charges | |
| HC RTX BASIC RADIATION DOSIMETRY CALCULATION | 77300 | CPT | | | | both | | | 659 | 178.46 | Americare | Americare | 494.25 | 75 | | | 43 | 626.05 | percent of total billed charges | |
| HC RTX BASIC RADIATION DOSIMETRY CALCULATION | 77300 | CPT | | | | both | | | 659 | 178.46 | Multiplan | Multiplan | 527.2 | 80 | | | 43 | 626.05 | percent of total billed charges | |
| HC RTX BASIC RADIATION DOSIMETRY CALCULATION | 77300 | CPT | | | | both | | | 659 | 178.46 | Horizon | Indemnity | 300.27 | | | 232.01 | 43 | 626.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX BASIC RADIATION DOSIMETRY CALCULATION | 77300 | CPT | | | | both | | | 659 | 178.46 | Managed Care Inc | Managed Care Inc | 593.1 | 90 | | | 43 | 626.05 | percent of total billed charges | |
| HC RTX BASIC RADIATION DOSIMETRY CALCULATION | 77300 | CPT | | | | both | | | 659 | 178.46 | Three Rivers | Three Rivers | 626.05 | 95 | | | 43 | 626.05 | percent of total billed charges | |
| HC RTX BASIC RADIATION DOSIMETRY CALCULATION | 77300 | CPT | | | | both | | | 659 | 178.46 | First Health | First Health | 461.3 | 70 | | | 43 | 626.05 | percent of total billed charges | |
| HC RTX BASIC RADIATION DOSIMETRY CALCULATION | 77300 | CPT | | | | both | | | 659 | 178.46 | Wellcare | Medicare | 155.18 | | | | 43 | 626.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX BASIC RADIATION DOSIMETRY CALCULATION | 77300 | CPT | | | | both | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC RTX IMRT PLAN INCL DOSE-VOLUME HISTOGRAM | 77301 | CPT | | | | both | | | 6938 | 1822.41 | Qualcare | Qualcare | 5203.5 | 75 | | | 1085 | | 6591.1 | 2 percent of total billed charges |
| HC RTX IMRT PLAN INCL DOSE-VOLUME HISTOGRAM | 77301 | CPT | | | | both | | | 6938 | 1822.41 | Horizon | PPO | 3066.39 | | | 2777.3 | 1085 | | 6591.1 | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX IMRT PLAN INCL DOSE-VOLUME HISTOGRAM | 77301 | CPT | | | | both | | | 6938 | 1822.41 | UHC | Medicaid | 2188.94 | 31.55 | | 2038.8 | 1085 | | 6591.1 | percent of total billed charges |
| HC RTX IMRT PLAN INCL DOSE-VOLUME HISTOGRAM | 77301 | CPT | | | | both | | | 6938 | 1822.41 | WellPoint | WellPoint | 2232.65 | 32.18 | | 1221.18 | 1085 | | 6591.1 | percent of total billed charges |
| HC RTX TELETHERAPY ISODOSE PLAN SIMPLE W BASIC DOSIMETRY | 77306 | CPT | | | | outpatient | | | 536 | 485.97 | Consumer | Consumer | 509.2 | 95 | | | 61 | | 817.69 | percent of total billed charges |
| HC RTX TELETHERAPY ISODOSE PLAN SIMPLE W BASIC DOSIMETRY | 77306 | CPT | | | | outpatient | | | 536 | 485.97 | Horizon | PPO | 817.69 | | | | 61 | | 817.69 | other |
| HC RTX TELETHERAPY ISODOSE PLAN SIMPLE W BASIC DOSIMETRY | 77306 | CPT | | | | outpatient | | | 536 | 485.97 | UHC | Medicare | 422.58 | | | | 61 | | 817.69 | other |
| HC RTX TELETHERAPY ISODOSE PLAN SIMPLE W BASIC DOSIMETRY | 77306 | CPT | | | | outpatient | | | 536 | 485.97 | Aetna | Better Health | 169.11 | 31.55 | | | 61 | | 817.69 | percent of total billed charges |
| HC RTX TELETHERAPY ISODOSE PLAN SIMPLE W BASIC DOSIMETRY | 77306 | CPT | | | | outpatient | | | 536 | 485.97 | Aetna | Medicare | 422.58 | | | | 61 | | 817.69 | other |
| HC RTX TELETHERAPY ISODOSE PLAN SIMPLE W BASIC DOSIMETRY | 77306 | CPT | | | | outpatient | | | 536 | 485.97 | Amerihealth | HMO/PPO | 61 | | | | 61 | | 817.69 | fee schedule |
| HC RTX TELETHERAPY ISODOSE PLAN SIMPLE W BASIC DOSIMETRY | 77306 | CPT | | | | outpatient | | | 536 | 485.97 | First Trenton | First Trenton | 482.4 | 90 | | | 61 | | 817.69 | percent of total billed charges |
| HC RTX TELETHERAPY ISODOSE PLAN SIMPLE W BASIC DOSIMETRY | 77306 | CPT | | | | outpatient | | | 536 | 485.97 | Corrections | Corrections | 428.8 | 80 | | | 61 | | 817.69 | percent of total billed charges |
| HC RTX TELETHERAPY ISODOSE PLAN SIMPLE W BASIC DOSIMETRY | 77306 | CPT | | | | outpatient | | | 536 | 485.97 | Horizon | NJ Health | 124.36 | | | | 61 | | 817.69 | fee schedule |
| HC RTX TELETHERAPY ISODOSE PLAN SIMPLE W BASIC DOSIMETRY | 77306 | CPT | | | | outpatient | | | 536 | 485.97 | UHC | Medicaid | 169.11 | 31.55 | | | 61 | | 817.69 | percent of total billed charges |
| HC RTX TELETHERAPY ISODOSE PLAN SIMPLE W BASIC DOSIMETRY | 77306 | CPT | | | | outpatient | | | 536 | 485.97 | Horizon | Indemnity | 817.69 | | | | 61 | | 817.69 | other |
| HC RTX TELETHERAPY ISODOSE PLAN SIMPLE W BASIC DOSIMETRY | 77306 | CPT | | | | outpatient | | | 536 | 485.97 | Aetna | Commercial | 203.68 | 38 | | | 61 | | 817.69 | percent of total billed charges |
| HC RTX TELETHERAPY ISODOSE PLAN SIMPLE W BASIC DOSIMETRY | 77306 | CPT | | | | outpatient | | | 536 | 485.97 | Americare | Americare | 402 | 75 | | | 61 | | 817.69 | percent of total billed charges |
| HC RTX TELETHERAPY ISODOSE PLAN SIMPLE W BASIC DOSIMETRY | 77306 | CPT | | | | outpatient | | | 536 | 485.97 | First Health | First Health | 375.2 | 70 | | | 61 | | 817.69 | percent of total billed charges |
| HC RTX TELETHERAPY ISODOSE PLAN SIMPLE W BASIC DOSIMETRY | 77306 | CPT | | | | outpatient | | | 536 | 485.97 | Managed Care Inc | Managed Care Inc | 482.4 | 90 | | | 61 | | 817.69 | percent of total billed charges |
| HC RTX TELETHERAPY ISODOSE PLAN SIMPLE W BASIC DOSIMETRY | 77306 | CPT | | | | outpatient | | | 536 | 485.97 | Horizon | Medicare Blue | 422.58 | | | | 61 | | 817.69 | other |
| HC RTX TELETHERAPY ISODOSE PLAN SIMPLE W BASIC DOSIMETRY | 77306 | CPT | | | | outpatient | | | 536 | 485.97 | Horizon | MGD | 817.69 | | | | 61 | | 817.69 | other |
| HC RTX TELETHERAPY ISODOSE PLAN SIMPLE W BASIC DOSIMETRY | 77306 | CPT | | | | outpatient | | | 536 | 485.97 | Wellcare | Medicaid | 169.11 | 31.55 | | | 61 | | 817.69 | percent of total billed charges |
| HC RTX TELETHERAPY ISODOSE PLAN SIMPLE W BASIC DOSIMETRY | 77306 | CPT | | | | outpatient | | | 536 | 485.97 | Multiplan | Multiplan | 428.8 | 80 | | | 61 | | 817.69 | percent of total billed charges |
| HC RTX TELETHERAPY ISODOSE PLAN SIMPLE W BASIC DOSIMETRY | 77306 | CPT | | | | outpatient | | | 536 | 485.97 | WellPoint | WellPoint | 172.48 | 32.18 | | | 61 | | 817.69 | percent of total billed charges |
| HC RTX TELETHERAPY ISODOSE PLAN SIMPLE W BASIC DOSIMETRY | 77306 | CPT | | | | outpatient | | | 536 | 485.97 | Qualcare | Qualcare | 402 | 75 | | | 61 | | 817.69 | percent of total billed charges |
| HC RTX TELETHERAPY ISODOSE PLAN SIMPLE W BASIC DOSIMETRY | 77306 | CPT | | | | outpatient | | | 536 | 485.97 | Wellcare | Medicare | 422.58 | | | | 61 | | 817.69 | other |
| HC RTX TELETHERAPY ISODOSE PLAN SIMPLE W BASIC DOSIMETRY | 77306 | CPT | | | | outpatient | | | 536 | 485.97 | Three Rivers | Three Rivers | 509.2 | 95 | | | 61 | | 817.69 | percent of total billed charges |
| HC RTX TELETHERAPY ISODOSE PLAN COMPLEX W BASIC DOSIMETRY | 77307 | CPT | | | | both | | | 1268 | 485.97 | Aetna | Medicare | 422.58 | | | | 83 | | 1204.6 | other |
| HC RTX TELETHERAPY ISODOSE PLAN COMPLEX W BASIC DOSIMETRY | 77307 | CPT | | | | both | | | 1268 | 485.97 | Aetna | Better Health | 400.05 | 31.55 | | | 83 | | 1204.6 | percent of total billed charges |
| HC RTX TELETHERAPY ISODOSE PLAN COMPLEX W BASIC DOSIMETRY | 77307 | CPT | | | | both | | | 1268 | 485.97 | First Health | First Health | 887.6 | 70 | | | 83 | | 1204.6 | percent of total billed charges |
| HC RTX TELETHERAPY ISODOSE PLAN COMPLEX W BASIC DOSIMETRY | 77307 | CPT | | | | both | | | 1268 | 485.97 | Horizon | NJ Health | 243.04 | | | 178.27 | 83 | | 1204.6 | fee schedule |
| HC RTX TELETHERAPY ISODOSE PLAN COMPLEX W BASIC DOSIMETRY | 77307 | CPT | | | | both | | | 1268 | 485.97 | Americare | Americare | 951 | 75 | | | 83 | | 1204.6 | percent of total billed charges |
| HC RTX TELETHERAPY ISODOSE PLAN COMPLEX W BASIC DOSIMETRY | 77307 | CPT | | | | both | | | 1268 | 485.97 | Consumer | Consumer | 1204.6 | 95 | | | 83 | | 1204.6 | percent of total billed charges |
| HC RTX TELETHERAPY ISODOSE PLAN COMPLEX W BASIC DOSIMETRY | 77307 | CPT | | | | both | | | 1268 | 485.97 | Aetna | Commercial | 481.84 | 38 | | | 83 | | 1204.6 | percent of total billed charges |
| HC RTX TELETHERAPY ISODOSE PLAN COMPLEX W BASIC DOSIMETRY | 77307 | CPT | | | | both | | | 1268 | 485.97 | Corrections | Corrections | 1014.4 | 80 | | | 83 | | 1204.6 | percent of total billed charges |
| HC RTX TELETHERAPY ISODOSE PLAN COMPLEX W BASIC DOSIMETRY | 77307 | CPT | | | | both | | | 1268 | 485.97 | First Trenton | First Trenton | 1141.2 | 90 | | | 83 | | 1204.6 | percent of total billed charges |
| HC RTX TELETHERAPY ISODOSE PLAN COMPLEX W BASIC DOSIMETRY | 77307 | CPT | | | | both | | | 1268 | 485.97 | UHC | Medicare | 422.58 | | | 324.63 | 83 | | 1204.6 | other |
| HC RTX TELETHERAPY ISODOSE PLAN COMPLEX W BASIC DOSIMETRY | 77307 | CPT | | | | both | | | 1268 | 485.97 | Horizon | Indemnity | 817.69 | | | 568.58 | 83 | | 1204.6 | other |
| HC RTX TELETHERAPY ISODOSE PLAN COMPLEX W BASIC DOSIMETRY | 77307 | CPT | | | | both | | | 1268 | 485.97 | Multiplan | Multiplan | 1014.4 | 80 | | | 83 | | 1204.6 | percent of total billed charges |
| HC RTX TELETHERAPY ISODOSE PLAN COMPLEX W BASIC DOSIMETRY | 77307 | CPT | | | | both | | | 1268 | 485.97 | Amerihealth | HMO/PPO | 83 | | | | 83 | | 1204.6 | fee schedule |
| HC RTX TELETHERAPY ISODOSE PLAN COMPLEX W BASIC DOSIMETRY | 77307 | CPT | | | | both | | | 1268 | 485.97 | Wellcare | Medicaid | 400.05 | 31.55 | | | 83 | | 1204.6 | percent of total billed charges |
| HC RTX TELETHERAPY ISODOSE PLAN COMPLEX W BASIC DOSIMETRY | 77307 | CPT | | | | both | | | 1268 | 485.97 | Horizon | MGD | 817.69 | | | 623.45 | 83 | | 1204.6 | other |
| HC RTX TELETHERAPY ISODOSE PLAN COMPLEX W BASIC DOSIMETRY | 77307 | CPT | | | | both | | | 1268 | 485.97 | Qualcare | Qualcare | 951 | 75 | | | 83 | | 1204.6 | percent of total billed charges |
| HC RTX TELETHERAPY ISODOSE PLAN COMPLEX W BASIC DOSIMETRY | 77307 | CPT | | | | both | | | 1268 | 485.97 | Managed Care Inc | Managed Care Inc | 1141.2 | 90 | | | 83 | | 1204.6 | percent of total billed charges |
| HC RTX TELETHERAPY ISODOSE PLAN COMPLEX W BASIC DOSIMETRY | 77307 | CPT | | | | both | | | 1268 | 485.97 | Wellcare | Medicare | 422.58 | | | | 83 | | 1204.6 | other |
| HC RTX TELETHERAPY ISODOSE PLAN COMPLEX W BASIC DOSIMETRY | 77307 | CPT | | | | both | | | 1268 | 485.97 | Horizon | Medicare Blue | 422.58 | | | | 83 | | 1204.6 | other |
| HC RTX TELETHERAPY ISODOSE PLAN COMPLEX W BASIC DOSIMETRY | 77307 | CPT | | | | both | | | 1268 | 485.97 | WellPoint | WellPoint | 408.04 | 32.18 | | 259.87 | 83 | | 1204.6 | percent of total billed charges |
| HC RTX TELETHERAPY ISODOSE PLAN COMPLEX W BASIC DOSIMETRY | 77307 | CPT | | | | both | | | 1268 | 485.97 | Three Rivers | Three Rivers | 1204.6 | 95 | | | 83 | | 1204.6 | percent of total billed charges |
| HC RTX TELETHERAPY ISODOSE PLAN COMPLEX W BASIC DOSIMETRY | 77307 | CPT | | | | both | | | 1268 | 485.97 | Horizon | PPO | 817.69 | | | | 83 | | 1204.6 | other |
| HC RTX TELETHERAPY ISODOSE PLAN COMPLEX W BASIC DOSIMETRY | 77307 | CPT | | | | both | | | 1268 | 485.97 | UHC | Medicaid | 400.05 | 31.55 | | 384.45 | 83 | | 1204.6 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC SIMPLE | 77316 | CPT | | | | outpatient | | | 536 | 485.97 | First Health | First Health | 375.2 | 70 | | | 90 | | 817.69 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC SIMPLE | 77316 | CPT | | | | outpatient | | | 536 | 485.97 | UHC | Medicare | 422.58 | | | | 90 | | 817.69 | other |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC SIMPLE | 77316 | CPT | | | | outpatient | | | 536 | 485.97 | Consumer | Consumer | 509.2 | 95 | | | 90 | | 817.69 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC SIMPLE | 77316 | CPT | | | | outpatient | | | 536 | 485.97 | Aetna | Medicare | 422.58 | | | | 90 | | 817.69 | other |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC SIMPLE | 77316 | CPT | | | | outpatient | | | 536 | 485.97 | Multiplan | Multiplan | 428.8 | 80 | | | 90 | | 817.69 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC SIMPLE | 77316 | CPT | | | | outpatient | | | 536 | 485.97 | First Trenton | First Trenton | 482.4 | 90 | | | 90 | | 817.69 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC SIMPLE | 77316 | CPT | | | | outpatient | | | 536 | 485.97 | Aetna | Better Health | 169.11 | 31.55 | | | 90 | | 817.69 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC SIMPLE | 77316 | CPT | | | | outpatient | | | 536 | 485.97 | Americare | Americare | 402 | 75 | | | 90 | | 817.69 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC SIMPLE | 77316 | CPT | | | | outpatient | | | 536 | 485.97 | Horizon | Indemnity | 817.69 | | | | 90 | | 817.69 | other |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC SIMPLE | 77316 | CPT | | | | outpatient | | | 536 | 485.97 | Wellcare | Medicare | 422.58 | | | | 90 | | 817.69 | other |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC SIMPLE | 77316 | CPT | | | | outpatient | | | 536 | 485.97 | Corrections | Corrections | 428.8 | 80 | | | 90 | | 817.69 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC SIMPLE | 77316 | CPT | | | | outpatient | | | 536 | 485.97 | Horizon | MGD | 817.69 | | | | 90 | | 817.69 | other |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC SIMPLE | 77316 | CPT | | | | outpatient | | | 536 | 485.97 | Qualcare | Qualcare | 402 | 75 | | | 90 | | 817.69 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC SIMPLE | 77316 | CPT | | | | outpatient | | | 536 | 485.97 | Managed Care Inc | Managed Care Inc | 482.4 | 90 | | | 90 | | 817.69 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC SIMPLE | 77316 | CPT | | | | outpatient | | | 536 | 485.97 | Aetna | Commercial | 203.68 | 38 | | | 90 | | 817.69 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC SIMPLE | 77316 | CPT | | | | outpatient | | | 536 | 485.97 | Amerihealth | HMO/PPO | 90 | | | | 90 | | 817.69 | fee schedule |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC SIMPLE | 77316 | CPT | | | | outpatient | | | 536 | 485.97 | Three Rivers | Three Rivers | 509.2 | 95 | | | 90 | | 817.69 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC SIMPLE | 77316 | CPT | | | | outpatient | | | 536 | 485.97 | WellPoint | WellPoint | 172.48 | 32.18 | | | 90 | | 817.69 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC SIMPLE | 77316 | CPT | | | | outpatient | | | 536 | 485.97 | Horizon | Medicare Blue | 422.58 | | | | 90 | | 817.69 | other |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC SIMPLE | 77316 | CPT | | | | outpatient | | | 536 | 485.97 | UHC | Medicaid | 169.11 | 31.55 | | | 90 | | 817.69 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC SIMPLE | 77316 | CPT | | | | outpatient | | | 536 | 485.97 | Horizon | PPO | 817.69 | | | | 90 | | 817.69 | other |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC SIMPLE | 77316 | CPT | | | | outpatient | | | 536 | 485.97 | Wellcare | Medicaid | 169.11 | 31.55 | | | 90 | | 817.69 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC SIMPLE | 77316 | CPT | | | | outpatient | | | 536 | 485.97 | Horizon | NJ Health | 160.6 | | | | 90 | | 817.69 | fee schedule |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC INTERMEDIATE | 77317 | CPT | | | | outpatient | | | 1480 | 485.97 | UHC | Medicaid | 466.94 | 31.55 | | | 132 | | 1406 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC INTERMEDIATE | 77317 | CPT | | | | outpatient | | | 1480 | 485.97 | Aetna | Commercial | 582.4 | 38 | | | 132 | | 1406 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC INTERMEDIATE | 77317 | CPT | | | | outpatient | | | 1480 | 485.97 | Aetna | Medicare | 422.58 | | | | 132 | | 1406 | other |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC INTERMEDIATE | 77317 | CPT | | | | outpatient | | | 1480 | 485.97 | First Trenton | First Trenton | 1332 | 90 | | | 132 | | 1406 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC INTERMEDIATE | 77317 | CPT | | | | outpatient | | | 1480 | 485.97 | First Health | First Health | 1036 | 70 | | | 132 | | 1406 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC INTERMEDIATE | 77317 | CPT | | | | outpatient | | | 1480 | 485.97 | Americare | Americare | 1110 | 75 | | | 132 | | 1406 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC INTERMEDIATE | 77317 | CPT | | | | outpatient | | | 1480 | 485.97 | Aetna | Better Health | 466.94 | 31.55 | | | 132 | | 1406 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC INTERMEDIATE | 77317 | CPT | | | | outpatient | | | 1480 | 485.97 | Amerihealth | HMO/PPO | 132 | | | | 132 | | 1406 | fee schedule |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC INTERMEDIATE | 77317 | CPT | | | | outpatient | | | 1480 | 485.97 | UHC | Medicare | 422.58 | | | | 132 | | 1406 | other |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC INTERMEDIATE | 77317 | CPT | | | | outpatient | | | 1480 | 485.97 | Horizon | Indemnity | 817.69 | | | | 132 | | 1406 | other |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC INTERMEDIATE | 77317 | CPT | | | | outpatient | | | 1480 | 485.97 | Corrections | Corrections | 1184 | 80 | | | 132 | | 1406 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC INTERMEDIATE | 77317 | CPT | | | | outpatient | | | 1480 | 485.97 | Horizon | PPO | 817.69 | | | | 132 | | 1406 | other |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC INTERMEDIATE | 77317 | CPT | | | | outpatient | | | 1480 | 485.97 | Multiplan | Multiplan | 1184 | 80 | | | 132 | | 1406 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC INTERMEDIATE | 77317 | CPT | | | | outpatient | | | 1480 | 485.97 | Horizon | Medicare Blue | 422.58 | | | | 132 | | 1406 | other |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC INTERMEDIATE | 77317 | CPT | | | | outpatient | | | 1480 | 485.97 | Consumer | Consumer | 1406 | 95 | | | 132 | | 1406 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC INTERMEDIATE | 77317 | CPT | | | | outpatient | | | 1480 | 485.97 | Wellcare | Medicaid | 466.94 | 31.55 | | | 132 | | 1406 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC INTERMEDIATE | 77317 | CPT | | | | outpatient | | | 1480 | 485.97 | Qualcare | Qualcare | 1110 | 75 | | | 132 | | 1406 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC INTERMEDIATE | 77317 | CPT | | | | outpatient | | | 1480 | 485.97 | Managed Care Inc | Managed Care Inc | 1332 | 90 | | | 132 | | 1406 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC INTERMEDIATE | 77317 | CPT | | | | outpatient | | | 1480 | 485.97 | Horizon | MGD | 817.69 | | | | 132 | | 1406 | other |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC INTERMEDIATE | 77317 | CPT | | | | outpatient | | | 1480 | 485.97 | Wellcare | Medicare | 422.58 | | | | 132 | | 1406 | other |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC INTERMEDIATE | 77317 | CPT | | | | outpatient | | | 1480 | 485.97 | Horizon | NJ Health | 210.13 | | | | 132 | | 1406 | fee schedule |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC INTERMEDIATE | 77317 | CPT | | | | outpatient | | | 1480 | 485.97 | WellPoint | WellPoint | 476.26 | 32.18 | | | 132 | | 1406 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC INTERMEDIATE | 77317 | CPT | | | | outpatient | | | 1480 | 485.97 | Three Rivers | Three Rivers | 1406 | 95 | | | 132 | | 1406 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC COMPLEX | 77318 | CPT | | | | both | | | 1480 | 485.97 | Aetna | Commercial | 582.4 | 38 | | | 161 | | 1406 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC COMPLEX | 77318 | CPT | | | | both | | | 1480 | 485.97 | Horizon | Indemnity | 817.69 | | | | 161 | | 1406 | other |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC COMPLEX | 77318 | CPT | | | | both | | | 1480 | 485.97 | Amerihealth | HMO/PPO | 161 | | | | 161 | | 1406 | fee schedule |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC COMPLEX | 77318 | CPT | | | | both | | | 1480 | 485.97 | Aetna | Medicare | 422.58 | | | | 161 | | 1406 | other |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC COMPLEX | 77318 | CPT | | | | both | | | 1480 | 485.97 | Horizon | Medicare Blue | 422.58 | | | | 161 | | 1406 | other |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC COMPLEX | 77318 | CPT | | | | both | | | 1480 | 485.97 | Multiplan | Multiplan | 1184 | 80 | | | 161 | | 1406 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC COMPLEX | 77318 | CPT | | | | both | | | 1480 | 485.97 | First Trenton | First Trenton | 1332 | 90 | | | 161 | | 1406 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC COMPLEX | 77318 | CPT | | | | both | | | 1480 | 485.97 | Aetna | Better Health | 466.94 | 31.55 | | | 161 | | 1406 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC COMPLEX | 77318 | CPT | | | | both | | | 1480 | 485.97 | First Health | First Health | 1036 | 70 | | | 161 | | 1406 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC COMPLEX | 77318 | CPT | | | | both | | | 1480 | 485.97 | UHC | Medicare | 422.58 | | | | 161 | | 1406 | other |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC COMPLEX | 77318 | CPT | | | | both | | | 1480 | 485.97 | Horizon | PPO | 817.69 | | | | 161 | | 1406 | other |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC COMPLEX | 77318 | CPT | | | | both | | | 1480 | 485.97 | Consumer | Consumer | 1406 | 95 | | | 161 | | 1406 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC COMPLEX | 77318 | CPT | | | | both | | | 1480 | 485.97 | Wellcare | Medicaid | 466.94 | 31.55 | | | 161 | | 1406 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC COMPLEX | 77318 | CPT | | | | both | | | 1480 | 485.97 | Qualcare | Qualcare | 1110 | 75 | | | 161 | | 1406 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC COMPLEX | 77318 | CPT | | | | both | | | 1480 | 485.97 | Managed Care Inc | Managed Care Inc | 1332 | 90 | | | 161 | | 1406 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC COMPLEX | 77318 | CPT | | | | both | | | 1480 | 485.97 | Americare | Americare | 1110 | 75 | | | 161 | | 1406 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC COMPLEX | 77318 | CPT | | | | both | | | 1480 | 485.97 | Wellcare | Medicare | 422.58 | | | | 161 | | 1406 | other |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC COMPLEX | 77318 | CPT | | | | both | | | 1480 | 485.97 | Corrections | Corrections | 1184 | 80 | | | 161 | | 1406 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC COMPLEX | 77318 | CPT | | | | both | | | 1480 | 485.97 | UHC | Medicaid | 466.94 | 31.55 | | | 161 | | 1406 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC COMPLEX | 77318 | CPT | | | | both | | | 1480 | 485.97 | Three Rivers | Three Rivers | 1406 | 95 | | | 161 | | 1406 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC COMPLEX | 77318 | CPT | | | | both | | | 1480 | 485.97 | WellPoint | WellPoint | 476.26 | 32.18 | | | 161 | | 1406 | percent of total billed charges |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC COMPLEX | 77318 | CPT | | | | both | | | 1480 | 485.97 | Horizon | MGD | 817.69 | | | | 161 | | 1406 | other |
| HC RTX BRACHYTHERAPY ISODOSE PLAN W DOSIMETRY CALC COMPLEX | 77318 | CPT | | | | both | | | 1480 | 485.97 | Horizon | NJ Health | 302.94 | | | | 161 | | 1406 | fee schedule |
| HC RTX SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY | 77321 | CPT | | | | outpatient | | | 2029 | 485.97 | Aetna | Better Health | 640.15 | 31.55 | | | 138 | | 1927.55 | percent of total billed charges |
| HC RTX SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY | 77321 | CPT | | | | outpatient | | | 2029 | 485.97 | Amerihealth | HMO/PPO | 138 | | | | 138 | | 1927.55 | fee schedule |
| HC RTX SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY | 77321 | CPT | | | | outpatient | | | 2029 | 485.97 | Aetna | Commercial | 771.02 | 38 | | | 138 | | 1927.55 | percent of total billed charges |
| HC RTX SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY | 77321 | CPT | | | | outpatient | | | 2029 | 485.97 | Horizon | MGD | 817.69 | | | | 138 | | 1927.55 | other |
| HC RTX SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY | 77321 | CPT | | | | outpatient | | | 2029 | 485.97 | First Health | First Health | 1420.3 | 70 | | | 138 | | 1927.55 | percent of total billed charges |
| HC RTX SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY | 77321 | CPT | | | | outpatient | | | 2029 | 485.97 | Americare | Americare | 1521.75 | 75 | | | 138 | | 1927.55 | percent of total billed charges |
| HC RTX SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY | 77321 | CPT | | | | outpatient | | | 2029 | 485.97 | Aetna | Medicare | 422.58 | | | | 138 | | 1927.55 | other |
| HC RTX SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY | 77321 | CPT | | | | outpatient | | | 2029 | 485.97 | Horizon | PPO | 817.69 | | | | 138 | | 1927.55 | other |
| HC RTX SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY | 77321 | CPT | | | | outpatient | | | 2029 | 485.97 | Consumer | Consumer | 1927.55 | 95 | | | 138 | | 1927.55 | percent of total billed charges |
| HC RTX SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY | 77321 | CPT | | | | outpatient | | | 2029 | 485.97 | Horizon | Medicare Blue | 422.58 | | | | 138 | | 1927.55 | other |
| HC RTX SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY | 77321 | CPT | | | | outpatient | | | 2029 | 485.97 | Multiplan | Multiplan | 1623.2 | 80 | | | 138 | | 1927.55 | percent of total billed charges |
| HC RTX SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY | 77321 | CPT | | | | outpatient | | | 2029 | 485.97 | UHC | Medicaid | 640.15 | 31.55 | | | 138 | | 1927.55 | percent of total billed charges |
| HC RTX SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY | 77321 | CPT | | | | outpatient | | | 2029 | 485.97 | First Trenton | First Trenton | 1826.1 | 90 | | | 138 | | 1927.55 | percent of total billed charges |
| HC RTX SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY | 77321 | CPT | | | | outpatient | | | 2029 | 485.97 | Wellcare | Medicaid | 640.15 | 31.55 | | | 138 | | 1927.55 | percent of total billed charges |
| HC RTX SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY | 77321 | CPT | | | | outpatient | | | 2029 | 485.97 | Corrections | Corrections | 1623.2 | 80 | | | 138 | | 1927.55 | percent of total billed charges |
| HC RTX SPECIAL TELETHERAPY PORT

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC RTX SPECIAL DOSIMETRY ONLY PRESCRIBED BY TREATING PHYSICIAN | 77331 | CPT | | | | outpatient | | | 543 | 543 | 178.46 Horizon | Medicare Blue | 155.18 | | | | 14 | 515.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX SPECIAL DOSIMETRY ONLY PRESCRIBED BY TREATING PHYSICIAN | 77331 | CPT | | | | outpatient | | | 543 | | 178.46 Americare | Americare | 407.25 | 75 | | | 14 | 515.85 | percent of total billed charges | |
| HC RTX SPECIAL DOSIMETRY ONLY PRESCRIBED BY TREATING PHYSICIAN | 77331 | CPT | | | | outpatient | | | 543 | | 178.46 First Health | First Health | 380.1 | 70 | | | 14 | 515.85 | percent of total billed charges | |
| HC RTX SPECIAL DOSIMETRY ONLY PRESCRIBED BY TREATING PHYSICIAN | 77331 | CPT | | | | outpatient | | | 543 | | 178.46 Qualcare | Qualcare | 407.25 | 75 | | | 14 | 515.85 | percent of total billed charges | |
| HC RTX SPECIAL DOSIMETRY ONLY PRESCRIBED BY TREATING PHYSICIAN | 77331 | CPT | | | | outpatient | | | 543 | | 178.46 Horizon | Indemnity | 300.27 | | | | 14 | 515.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX SPECIAL DOSIMETRY ONLY PRESCRIBED BY TREATING PHYSICIAN | 77331 | CPT | | | | outpatient | | | 543 | | 178.46 First Trenton | First Trenton | 488.7 | 90 | | | 14 | 515.85 | percent of total billed charges | |
| HC RTX SPECIAL DOSIMETRY ONLY PRESCRIBED BY TREATING PHYSICIAN | 77331 | CPT | | | | outpatient | | | 543 | | 178.46 Wellcare | Medicaid | 171.32 | 31.55 | | | 14 | 515.85 | percent of total billed charges | |
| HC RTX SPECIAL DOSIMETRY ONLY PRESCRIBED BY TREATING PHYSICIAN | 77331 | CPT | | | | outpatient | | | 543 | | 178.46 Horizon | NJ Health | 54.88 | | | | 14 | 515.85 | fee schedule | |
| HC RTX SPECIAL DOSIMETRY ONLY PRESCRIBED BY TREATING PHYSICIAN | 77331 | CPT | | | | outpatient | | | 543 | | 178.46 UHC | Medicaid | 171.32 | 31.55 | | 165.79 | 14 | 515.85 | percent of total billed charges | |
| HC RTX SPECIAL DOSIMETRY ONLY PRESCRIBED BY TREATING PHYSICIAN | 77331 | CPT | | | | outpatient | | | 543 | | 178.46 Amerihealth | HMO/PPO | 14 | | | | 14 | 515.85 | fee schedule | |
| HC RTX SPECIAL DOSIMETRY ONLY PRESCRIBED BY TREATING PHYSICIAN | 77331 | CPT | | | | outpatient | | | 543 | | 178.46 Wellcare | Medicare | 155.18 | | | | 14 | 515.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX SPECIAL DOSIMETRY ONLY PRESCRIBED BY TREATING PHYSICIAN | 77331 | CPT | | | | outpatient | | | 543 | | 178.46 Managed Care Inc | Managed Care Inc | 488.7 | 90 | | | 14 | 515.85 | percent of total billed charges | |
| HC RTX SPECIAL DOSIMETRY ONLY PRESCRIBED BY TREATING PHYSICIAN | 77331 | CPT | | | | outpatient | | | 543 | | 178.46 Horizon | PPO | 300.27 | | | | 14 | 515.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX SPECIAL DOSIMETRY ONLY PRESCRIBED BY TREATING PHYSICIAN | 77331 | CPT | | | | outpatient | | | 543 | | 178.46 Horizon | MGD | 300.27 | | | | 14 | 515.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX SPECIAL DOSIMETRY ONLY PRESCRIBED BY TREATING PHYSICIAN | 77331 | CPT | | | | outpatient | | | 543 | | 178.46 UHC | Medicare | 155.18 | | | | 14 | 515.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX SPECIAL DOSIMETRY ONLY PRESCRIBED BY TREATING PHYSICIAN | 77331 | CPT | | | | outpatient | | | 543 | | 178.46 Three Rivers | Three Rivers | 515.85 | 95 | | | 14 | 515.85 | percent of total billed charges | |
| HC RTX SPECIAL DOSIMETRY ONLY PRESCRIBED BY TREATING PHYSICIAN | 77331 | CPT | | | | outpatient | | | 543 | | 178.46 WellPoint | WellPoint | 174.74 | 32.18 | | | 14 | 515.85 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION SIMPLE | 77332 | CPT | | | | both | | | 637 | | 178.46 Amerihealth | HMO/PPO | 43 | | | | 43 | 605.15 | fee schedule | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION SIMPLE | 77332 | CPT | | | | both | | | 637 | | 178.46 Horizon | PPO | 300.27 | | | | 43 | 605.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION SIMPLE | 77332 | CPT | | | | both | | | 637 | | 178.46 Corrections | Corrections | 599.6 | 80 | | | 43 | 605.15 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION SIMPLE | 77332 | CPT | | | | both | | | 637 | | 178.46 Americare | Americare | 477.75 | 75 | | | 43 | 605.15 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION SIMPLE | 77332 | CPT | | | | both | | | 637 | | 178.46 First Health | First Health | 445.9 | 70 | | | 43 | 605.15 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION SIMPLE | 77332 | CPT | | | | both | | | 637 | | 178.46 First Trenton | First Trenton | 573.3 | 90 | | | 43 | 605.15 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION SIMPLE | 77332 | CPT | | | | both | | | 637 | | 178.46 Aetna | Better Health | 200.97 | 31.55 | | | 43 | 605.15 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION SIMPLE | 77332 | CPT | | | | both | | | 637 | | 178.46 Aetna | Medicare | 155.18 | | | | 43 | 605.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION SIMPLE | 77332 | CPT | | | | both | | | 637 | | 178.46 Horizon | Indemnity | 300.27 | | | | 43 | 605.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION SIMPLE | 77332 | CPT | | | | both | | | 637 | | 178.46 Managed Care Inc | Managed Care Inc | 573.3 | 90 | | | 43 | 605.15 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION SIMPLE | 77332 | CPT | | | | both | | | 637 | | 178.46 Horizon | Medicare Blue | 155.18 | | | | 43 | 605.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION SIMPLE | 77332 | CPT | | | | both | | | 637 | | 178.46 Consumer | Consumer | 605.15 | 95 | | | 43 | 605.15 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION SIMPLE | 77332 | CPT | | | | both | | | 637 | | 178.46 Wellcare | Medicare | 155.18 | | | | 43 | 605.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION SIMPLE | 77332 | CPT | | | | both | | | 637 | | 178.46 Horizon | MGD | 300.27 | | | | 43 | 605.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION SIMPLE | 77332 | CPT | | | | both | | | 637 | | 178.46 Aetna | Commercial | 242.06 | 38 | | | 43 | 605.15 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION SIMPLE | 77332 | CPT | | | | both | | | 637 | | 178.46 Horizon | NJ Health | 103.88 | | | | 43 | 605.15 | fee schedule | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION SIMPLE | 77332 | CPT | | | | both | | | 637 | | 178.46 UHC | Medicaid | 200.97 | 31.55 | | | 43 | 605.15 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION SIMPLE | 77332 | CPT | | | | both | | | 637 | | 178.46 Multiplan | Multiplan | 599.6 | 80 | | | 43 | 605.15 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION SIMPLE | 77332 | CPT | | | | both | | | 637 | | 178.46 WellPoint | WellPoint | 204.99 | 32.18 | | | 43 | 605.15 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION SIMPLE | 77332 | CPT | | | | both | | | 637 | | 178.46 Three Rivers | Three Rivers | 605.15 | 95 | | | 43 | 605.15 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION SIMPLE | 77332 | CPT | | | | both | | | 637 | | 178.46 UHC | Medicare | 155.18 | | | 113.51 | 43 | 605.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION SIMPLE | 77332 | CPT | | | | both | | | 637 | | 178.46 Qualcare | Qualcare | 477.75 | 75 | | | 43 | 605.15 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION SIMPLE | 77332 | CPT | | | | both | | | 637 | | 178.46 Wellcare | Medicaid | 200.97 | 31.55 | | | 43 | 605.15 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION INTERMEDIATE | 77333 | CPT | | | | both | | | 740 | | 178.46 Americare | Americare | 555 | 75 | | | 62 | 703 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION INTERMEDIATE | 77333 | CPT | | | | both | | | 740 | | 178.46 First Health | First Health | 518 | 70 | | | 62 | 703 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION INTERMEDIATE | 77333 | CPT | | | | both | | | 740 | | 178.46 First Trenton | First Trenton | 666 | 90 | | | 62 | 703 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION INTERMEDIATE | 77333 | CPT | | | | both | | | 740 | | 178.46 Aetna | Better Health | 233.47 | 31.55 | | | 62 | 703 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION INTERMEDIATE | 77333 | CPT | | | | both | | | 740 | | 178.46 Aetna | Commercial | 281.2 | 38 | | | 62 | 703 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION INTERMEDIATE | 77333 | CPT | | | | both | | | 740 | | 178.46 Qualcare | Qualcare | 555 | 75 | | | 62 | 703 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION INTERMEDIATE | 77333 | CPT | | | | both | | | 740 | | 178.46 Managed Care Inc | Managed Care Inc | 666 | 90 | | | 62 | 703 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION INTERMEDIATE | 77333 | CPT | | | | both | | | 740 | | 178.46 Aetna | Medicare | 155.18 | | | | 62 | 703 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION INTERMEDIATE | 77333 | CPT | | | | both | | | 740 | | 178.46 Amerihealth | HMO/PPO | 62 | | | | 62 | 703 | fee schedule | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION INTERMEDIATE | 77333 | CPT | | | | both | | | 740 | | 178.46 Horizon | Indemnity | 300.27 | | | | 62 | 703 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION INTERMEDIATE | 77333 | CPT | | | | both | | | 740 | | 178.46 Wellcare | Medicare | 155.18 | | | | 62 | 703 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION INTERMEDIATE | 77333 | CPT | | | | both | | | 740 | | 178.46 Consumer | Consumer | 703 | 95 | | | 62 | 703 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION INTERMEDIATE | 77333 | CPT | | | | both | | | 740 | | 178.46 Horizon | Medicare Blue | 155.18 | | | | 62 | 703 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION INTERMEDIATE | 77333 | CPT | | | | both | | | 740 | | 178.46 UHC | Medicaid | 233.47 | 31.55 | | | 62 | 703 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION INTERMEDIATE | 77333 | CPT | | | | both | | | 740 | | 178.46 WellPoint | WellPoint | 238.13 | 32.18 | | | 62 | 703 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION INTERMEDIATE | 77333 | CPT | | | | both | | | 740 | | 178.46 Corrections | Corrections | 592 | 80 | | | 62 | 703 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION INTERMEDIATE | 77333 | CPT | | | | both | | | 740 | | 178.46 Multiplan | Multiplan | 592 | 80 | | | 62 | 703 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION INTERMEDIATE | 77333 | CPT | | | | both | | | 740 | | 178.46 Horizon | NJ Health | 176.36 | | | | 62 | 703 | fee schedule | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION INTERMEDIATE | 77333 | CPT | | | | both | | | 740 | | 178.46 UHC | Medicare | 155.18 | | | | 62 | 703 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION INTERMEDIATE | 77333 | CPT | | | | both | | | 740 | | 178.46 Horizon | MGD | 300.27 | | | | 62 | 703 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION INTERMEDIATE | 77333 | CPT | | | | both | | | 740 | | 178.46 Three Rivers | Three Rivers | 703 | 95 | | | 62 | 703 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION INTERMEDIATE | 77333 | CPT | | | | both | | | 740 | | 178.46 Horizon | PPO | 300.27 | | | | 62 | 703 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION INTERMEDIATE | 77333 | CPT | | | | both | | | 740 | | 178.46 Wellcare | Medicaid | 233.47 | 31.55 | | | 62 | 703 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION COMPLEX | 77334 | CPT | | | | both | | | 1472 | | 485.97 Consumer | Consumer | 1398.4 | 95 | | | 106 | 1398.4 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION COMPLEX | 77334 | CPT | | | | both | | | 1472 | | 485.97 Corrections | Corrections | 1177.6 | 80 | | 458.99 | 106 | 1398.4 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION COMPLEX | 77334 | CPT | | | | both | | | 1472 | | 485.97 Horizon | Medicare Blue | 422.58 | | | 370.07 | 106 | 1398.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION COMPLEX | 77334 | CPT | | | | both | | | 1472 | | 485.97 Aetna | Better Health | 464.42 | 31.55 | | 418.26 | 106 | 1398.4 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION COMPLEX | 77334 | CPT | | | | both | | | 1472 | | 485.97 Horizon | MGD | 817.69 | | | 644.03 | 106 | 1398.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION COMPLEX | 77334 | CPT | | | | both | | | 1472 | | 485.97 Horizon | Indemnity | 817.69 | | | 518.87 | 106 | 1398.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION COMPLEX | 77334 | CPT | | | | both | | | 1472 | | 485.97 UHC | Medicaid | 464.42 | 31.55 | | 433.18 | 106 | 1398.4 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION COMPLEX | 77334 | CPT | | | | both | | | 1472 | | 485.97 Aetna | Commercial | 559.36 | 38 | | 452.54 | 106 | 1398.4 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION COMPLEX | 77334 | CPT | | | | both | | | 1472 | | 485.97 Three Rivers | Three Rivers | 1398.4 | 95 | | | 106 | 1398.4 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION COMPLEX | 77334 | CPT | | | | both | | | 1472 | | 485.97 First Health | First Health | 1030.4 | 70 | | | 106 | 1398.4 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION COMPLEX | 77334 | CPT | | | | both | | | 1472 | | 485.97 Horizon | NJ Health | 286.16 | | | 207.32 | 106 | 1398.4 | fee schedule | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION COMPLEX | 77334 | CPT | | | | both | | | 1472 | | 485.97 Aetna | Medicare | 422.58 | | | 269.67 | 106 | 1398.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION COMPLEX | 77334 | CPT | | | | both | | | 1472 | | 485.97 UHC | Medicare | 422.58 | | | 300.87 | 106 | 1398.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION COMPLEX | 77334 | CPT | | | | both | | | 1472 | | 485.97 Horizon | PPO | 817.69 | | | 523.34 | 106 | 1398.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION COMPLEX | 77334 | CPT | | | | both | | | 1472 | | 485.97 Multiplan | Multiplan | 1177.6 | 80 | | | 106 | 1398.4 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION COMPLEX | 77334 | CPT | | | | both | | | 1472 | | 485.97 Americare | Americare | 1104 | 75 | | | 106 | 1398.4 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION COMPLEX | 77334 | CPT | | | | both | | | 1472 | | 485.97 Qualcare | Qualcare | 1104 | 75 | | | 106 | 1398.4 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION COMPLEX | 77334 | CPT | | | | both | | | 1472 | | 485.97 First Trenton | First Trenton | 1324.8 | 90 | | | 106 | 1398.4 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION COMPLEX | 77334 | CPT | | | | both | | | 1472 | | 485.97 Wellcare | Medicare | 422.58 | | | | 106 | 1398.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION COMPLEX | 77334 | CPT | | | | both | | | 1472 | | 485.97 Amerihealth | HMO/PPO | 106 | | | | 106 | 1398.4 | fee schedule | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION COMPLEX | 77334 | CPT | | | | both | | | 1472 | | 485.97 Managed Care Inc | Managed Care Inc | 1324.8 | 90 | | | 106 | 1398.4 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION COMPLEX | 77334 | CPT | | | | both | | | 1472 | | 485.97 Wellcare | Medicaid | 464.42 | 31.55 | | 137.18 | 106 | 1398.4 | percent of total billed charges | |
| HC RTX TREATMENT DEVICES, DESIGN CONSTRUCTION COMPLEX | 77334 | CPT | | | | both | | | 1472 | | 485.97 WellPoint | WellPoint | 473.69 | 32.18 | | 367.59 | 106 | 1398.4 | percent of total billed charges | |
| HC RTX CONTINUING MEDICAL PHYSICS CONSULTATION, PER WEEK | 77336 | CPT | | | | both | | | 1462 | | 178.46 Aetna | Better Health | 461.26 | 31.55 | | 428.94 | 21 | 1388.9 | percent of total billed charges | |
| HC RTX CONTINUING MEDICAL PHYSICS CONSULTATION, PER WEEK | 77336 | CPT | | | | both | | | 1462 | | 178.46 Multiplan | Multiplan | 1169.6 | 80 | | | 21 | 1388.9 | percent of total billed charges | |
| HC RTX CONTINUING MEDICAL PHYSICS CONSULTATION, PER WEEK | 77336 | CPT | | | | both | | | 1462 | | 178.46 Horizon | NJ Health | 103.21 | | | 209.83 | 21 | 1388.9 | fee schedule | |
| HC RTX CONTINUING MEDICAL PHYSICS CONSULTATION, PER WEEK | 77336 | CPT | | | | both | | | 1462 | | 178.46 Horizon | Medicare Blue | 155.18 | | | 321.42 | 21 | 1388.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX CONTINUING MEDICAL PHYSICS CONSULTATION, PER WEEK | 77336 | CPT | | | | both | | | 1462 | | 178.46 Consumer | Consumer | 1388.9 | 95 | | | 21 | 1388.9 | percent of total billed charges | |
| HC RTX CONTINUING MEDICAL PHYSICS CONSULTATION, PER WEEK | 77336 | CPT | | | | both | | | 1462 | | 178.46 Americare | Americare | 1096.5 | 75 | | | 21 | 1388.9 | percent of total billed charges | |
| HC RTX CONTINUING MEDICAL PHYSICS CONSULTATION, PER WEEK | 77336 | CPT | | | | both | | | 1462 | | 178.46 Aetna | Medicare | 155.18 | | | | 21 | 1388.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX CONTINUING MEDICAL PHYSICS CONSULTATION, PER WEEK | 77336 | CPT | | | | both | | | 1462 | | 178.46 Aetna | Commercial | 555.56 | 38 | | 476.03 | 21 | 1388.9 | percent of total billed charges | |
| HC RTX CONTINUING MEDICAL PHYSICS CONSULTATION, PER WEEK | 77336 | CPT | | | | both | | | 1462 | | 178.46 Wellcare | Medicaid | 461.26 | 31.55 | | 62.91 | 21 | 1388.9 | percent of total billed charges | |
| HC RTX CONTINUING MEDICAL PHYSICS CONSULTATION, PER WEEK | 77336 | CPT | | | | both | | | 1462 | | 178.46 Qualcare | Qualcare | 1096.5 | 75 | | | 21 | 1388.9 | percent of total billed charges | |
| HC RTX CONTINUING MEDICAL PHYSICS CONSULTATION, PER WEEK | 77336 | CPT | | | | both | | | 1462 | | 178.46 Amerihealth | HMO/PPO | 21 | | | | 21 | 1388.9 | fee schedule | |
| HC RTX CONTINUING MEDICAL PHYSICS CONSULTATION, PER WEEK | 77336 | CPT | | | | both | | | 1462 | | 178.46 Three Rivers | Three Rivers | 1388.9 | 95 | | | 21 | 1388.9 | percent of total billed charges | |
| HC RTX CONTINUING MEDICAL PHYSICS CONSULTATION, PER WEEK | 77336 | CPT | | | | both | | | 1462 | | 178.46 WellPoint | WellPoint | 470.47 | 32.18 | | 340.64 | 21 | 1388.9 | percent of total billed charges | |
| HC RTX CONTINUING MEDICAL PHYSICS CONSULTATION, PER WEEK | 77336 | CPT | | | | both | | | 1462 | | 178.46 Horizon | PPO | 300.27 | | | 690.91 | 21 | 1388.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX CONTINUING MEDICAL PHYSICS CONSULTATION, PER WEEK | 77336 | CPT | | | | both | | | 1462 | | 178.46 First Health | First Health | 1023.4 | 70 | | | 21 | 1388.9 | percent of total billed charges | |
| HC RTX CONTINUING MEDICAL PHYSICS CONSULTATION, PER WEEK | 77336 | CPT | | | | both | | | 1462 | | 178.46 Corrections | Corrections | 1169.6 | 80 | | 457.92 | 21 | 1388.9 | percent of total billed charges | |
| HC RTX CONTINUING MEDICAL PHYSICS CONSULTATION, PER WEEK | 77336 | CPT | | | | both | | | 1462 | | 178.46 Horizon | Indemnity | 300.27 | | | 666.98 | 21 | 1388.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX CONTINUING MEDICAL PHYSICS CONSULTATION, PER WEEK | 77336 | CPT | | | | both | | | 1462 | | 178.46 Wellcare | Medicare | 155.18 | | | | 21 | 1388.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX CONTINUING MEDICAL PHYSICS CONSULTATION, PER WEEK | 77336 | CPT | | | | both | | | 1462 | | 178.46 Horizon | MGD | 300.27 | | | 673.72 | 21 | 1388.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX CONTINUING MEDICAL PHYSICS CONSULTATION, PER WEEK | 77336 | CPT | | | | both | | | 1462 | | 178.46 UHC | Medicaid | 461.26 | 31.55 | | 439.03 | 21 | 1388.9 | percent of total billed charges | |
| HC RTX CONTINUING MEDICAL PHYSICS CONSULTATION, PER WEEK | 77336 | CPT | | | | both | | | 1462 | | 178.46 First Trenton | First Trenton | 1315.8 | 90 | | | 21 | 1388.9 | percent of total billed charges | |
| HC RTX CONTINUING MEDICAL PHYSICS CONSULTATION, PER WEEK | 77336 | CPT | | | | both | | | 1462 | | 178.46 Managed Care Inc | Managed Care Inc | 1315.8 | 90 | | | 21 | 1388.9 | percent of total billed charges | |
| HC RTX CONTINUING MEDICAL PHYSICS CONSULTATION, PER WEEK | 77336 | CPT | | | | both | | | 1462 | | 178.46 UHC | Medicare | 155.18 | | | 342.2 | 21 | 1388.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX MLC FOR IMRT DESIGN CONSTRUCTION PER IMRT PLAN | 77338 | CPT | | | | both | | | 4899 | | 485.97 Horizon | Medicare Blue | 422.58 | | | | 48.05 | 4654.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX MLC FOR IMRT DESIGN CONSTRUCTION PER IMRT PLAN | 77338 | CPT | | | | both | | | 4899 | | 485.97 Aetna | Commercial | 1861.62 | 38 | | 1166.98 | 48.05 | 4654.05 | percent of total billed charges | |
| HC RTX MLC FOR IMRT DESIGN CONSTRUCTION PER IMRT PLAN | 77338 | CPT | | | | both | | | 4899 | | 485.97 Aetna | Better Health | 1545.63 | 31.55 | | 1392.07 | 48.05 | 4654.05 | percent of total billed charges | |
| HC RTX MLC FOR IMRT DESIGN CONSTRUCTION PER IMRT PLAN | 77338 | CPT | | | | both | | | 4899 | | 485.97 UHC | Medicare | 422.58 | | | 1092.67 | 48.05 | 4654.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX MLC FOR IMRT DESIGN CONSTRUCTION PER IMRT PLAN | 77338 | CPT | | | | both | | | 4899 | | 485.97 Horizon | NJ Health | 438.39 | | | 692.05 | 48.05 | 4654.05 | fee schedule | |
| HC RTX MLC FOR IMRT DESIGN CONSTRUCTION PER IMRT PLAN | 77338 | CPT | | | | both | | | 4899 | | 485.97 Corrections | Corrections | 3919.2 | 80 | | 1537.85 | 48.05 | 4654.05 | percent of total billed charges | |
| HC RTX MLC FOR IMRT DESIGN CONSTRUCTION PER IMRT PLAN | 77338 | CPT | | | | both | | | 4899 | | 485.97 First Health | First Health | 3429.3 | 70 | | | 48.05 | 4654.05 | percent of total billed charges | |
| HC RTX MLC FOR IMRT DESIGN CONSTRUCTION PER IMRT PLAN | 77338 | CPT | | | | both | | | 4899 | | 485.97 First Trenton | First Trenton | 4409.1 | 90 | | | 48.05 | 4654.05 | percent of total billed charges | |
| HC RTX MLC FOR IMRT DESIGN CONSTRUCTION PER IMRT PLAN | 77338 | CPT | | | | both | | | 4899 | | 485.97 Wellcare | Medicaid | 1545.63 | 31.55 | | 138.53 | 48.05 | 4654.05 | percent of total billed charges | |
| HC RTX MLC FOR IMRT DESIGN CONSTRUCTION PER IMRT PLAN | 77338 | CPT | | | | both | | | 4899 | | 485.97 Americare | Americare | 3674.25 | 75 | | | 48.05 | 4654.05 | percent of total billed charges | |
| HC RTX MLC FOR IMRT DESIGN CONSTRUCTION PER IMRT PLAN | 77338 | CPT | | | | both | | | 4899 | | 485.97 Aetna | Medicare | 422.58 | | | 804.58 | 48.05 | 4654.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX MLC FOR IMRT DESIGN CONSTRUCTION PER IMRT PLAN | 77338 | CPT | | | | both | | | 4899 | | 485.97 WellPoint | WellPoint | 1576.5 | 32.18 | | 862.35 | 48.05 | 4654.05 | percent of total billed charges | |
| HC RTX MLC FOR IMRT DESIGN CONSTRUCTION PER IMRT PLAN | 77338 | CPT | | | | both | | | 4899 | | 485.97 Wellcare | Medicare | 422.58 | | | | 48.05 | 4654.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX MLC FOR IMRT DESIGN CONSTRUCTION PER IMRT PLAN | 77338 | CPT | | | | both | | | 4899 | | 485.97 Multiplan | Multiplan | 3919.2 | 80 | | | 48.05 | 4654.05 | percent of total billed charges | |
| HC RTX MLC FOR IMRT DESIGN CONSTRUCTION PER IMRT PLAN | 77338 | CPT | | | | both | | | 4899 | | 485.97 Amerihealth | HMO/PPO | 48.05 | | | | 48.05 | 4654.05 | fee schedule | |
| HC RTX MLC FOR IMRT DESIGN CONSTRUCTION PER IMRT PLAN | 77338 | CPT | | | | both | | | 4899 | | 485.97 Horizon | MGD | 817.69 | | | 1773.58 | 48.05 | 4654.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX MLC FOR IMRT DESIGN CONSTRUCTION PER IMRT PLAN | 77338 | CPT | | | | both | | | 4899 | | 485.97 Horizon | Indemnity | 817.69 | | | 1320.21 | 48.05 | 4654.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX MLC FOR IMRT DESIGN CONSTRUCTION PER IMRT PLAN | 77338 | CPT | | | | both | | | 4899 | | 485.97 Consumer | Consumer | 4654.05 | 95 | | | 48.05 | 4654.05 | percent of total billed charges | |
| HC RTX MLC FOR IMRT DESIGN CONSTRUCTION PER IMRT PLAN | 77338 | CPT | | | | both | | | 4899 | | 485.97 Horizon | PPO | 817.69 | | | 2075.64 | 48.05 | 4654.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX MLC FOR IMRT DESIGN CONSTRUCTION PER IMRT PLAN | 77338 | CPT | | | | both | | | 4899 | | 485.97 Managed Care Inc | Managed Care Inc | 4409.1 | 90 | | | 48.05 | 4654.05 | percent of total billed charges | |
| HC RTX MLC FOR IMRT DESIGN CONSTRUCTION PER IMRT PLAN | 77338 | CPT | | | | both | | | 4899 | | 485.97 Qualcare | Qualcare | 3674.25 | 75 | | | 48.05 | 4654.05 | percent of total billed charges | |
| HC RTX MLC FOR IMRT DESIGN CONSTRUCTION PER IMRT PLAN | 77338 | CPT | | | | both | | | 4899 | | 485.97 Three Rivers | Three Rivers | 4654.05 | 95 | | | 48.05 | 4654.05 | percent of total billed charges | |
| HC RTX MLC FOR IMRT

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numTo the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC RTX SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION | 77370 | CPT | | | | both | | | 1705 | 178.46 | Three Rivers | Three Rivers | 1619.75 | 95 | | | 115.25 | | 1619.75 percent of total billed charges | |
| HC RTX SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION | 77370 | CPT | | | | both | | | 1705 | 178.46 | Horizon | MGD | 300.27 | | | | 115.25 | | 1619.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION | 77370 | CPT | | | | both | | | 1705 | 178.46 | Wellcare | Medicare | 155.18 | | | | 115.25 | | 1619.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION | 77370 | CPT | | | | both | | | 1705 | 178.46 | Managed Care Inc | Managed Care Inc | 1534.5 | 90 | | | 115.25 | | 1619.75 percent of total billed charges | |
| HC RTX SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION | 77370 | CPT | | | | both | | | 1705 | 178.46 | UHC | Medicare | 155.18 | | | 303.91 | 115.25 | | 1619.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION | 77370 | CPT | | | | both | | | 1705 | 178.46 | WellPoint | WellPoint | 548.67 | 32.18 | | | 115.25 | | 1619.75 percent of total billed charges | |
| HC RTX SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION | 77370 | CPT | | | | both | | | 1705 | 178.46 | Wellcare | Medicaid | 537.93 | 31.55 | | | 115.25 | | 1619.75 percent of total billed charges | |
| HC RTX STEREOTACTIC BODY RADIATION DELIVERY PER FRACTION 1-5 LESIONS | 77373 | CPT | | | | both | | | 9011 | 2346.83 | Horizon | MGD | 3948.79 | | | | 1200 | | 8560.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX STEREOTACTIC BODY RADIATION DELIVERY PER FRACTION 1-5 LESIONS | 77373 | CPT | | | | both | | | 9011 | 2346.83 | Multiplan | Multiplan | 7208.8 | 80 | | | 1200 | | 8560.45 percent of total billed charges | |
| HC RTX STEREOTACTIC BODY RADIATION DELIVERY PER FRACTION 1-5 LESIONS | 77373 | CPT | | | | both | | | 9011 | 2346.83 | Aetna | Medicare | 2040.72 | | | 1479.91 | 1200 | | 8560.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX STEREOTACTIC BODY RADIATION DELIVERY PER FRACTION 1-5 LESIONS | 77373 | CPT | | | | both | | | 9011 | 2346.83 | First Health | First Health | 6307.7 | 70 | | | 1200 | | 8560.45 percent of total billed charges | |
| HC RTX STEREOTACTIC BODY RADIATION DELIVERY PER FRACTION 1-5 LESIONS | 77373 | CPT | | | | both | | | 9011 | 2346.83 | Horizon | NJ Health | 1431.56 | | | 1416.08 | 1200 | | 8560.45 fee schedule | |
| HC RTX STEREOTACTIC BODY RADIATION DELIVERY PER FRACTION 1-5 LESIONS | 77373 | CPT | | | | both | | | 9011 | 2346.83 | Corrections | Corrections | 7208.8 | 80 | | | 1200 | | 8560.45 percent of total billed charges | |
| HC RTX STEREOTACTIC BODY RADIATION DELIVERY PER FRACTION 1-5 LESIONS | 77373 | CPT | | | | both | | | 9011 | 2346.83 | Aetna | Commercial | 3330.46 | | | | 1200 | | 8560.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX STEREOTACTIC BODY RADIATION DELIVERY PER FRACTION 1-5 LESIONS | 77373 | CPT | | | | both | | | 9011 | 2346.83 | Aetna | Better Health | 2842.97 | 31.55 | | | 1200 | | 8560.45 percent of total billed charges | |
| HC RTX STEREOTACTIC BODY RADIATION DELIVERY PER FRACTION 1-5 LESIONS | 77373 | CPT | | | | both | | | 9011 | 2346.83 | Horizon | PPO | 3948.79 | | | | 1200 | | 8560.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX STEREOTACTIC BODY RADIATION DELIVERY PER FRACTION 1-5 LESIONS | 77373 | CPT | | | | both | | | 9011 | 2346.83 | Qualcare | Qualcare | 6758.25 | 75 | | | 1200 | | 8560.45 percent of total billed charges | |
| HC RTX STEREOTACTIC BODY RADIATION DELIVERY PER FRACTION 1-5 LESIONS | 77373 | CPT | | | | both | | | 9011 | 2346.83 | Americare | Americare | 6758.25 | 75 | | | 1200 | | 8560.45 percent of total billed charges | |
| HC RTX STEREOTACTIC BODY RADIATION DELIVERY PER FRACTION 1-5 LESIONS | 77373 | CPT | | | | both | | | 9011 | 2346.83 | Horizon | Indemnity | 3948.79 | | | | 1200 | | 8560.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX STEREOTACTIC BODY RADIATION DELIVERY PER FRACTION 1-5 LESIONS | 77373 | CPT | | | | both | | | 9011 | 2346.83 | UHC | Medicaid | 2842.97 | 31.55 | | 2776.8 | 1200 | | 8560.45 percent of total billed charges | |
| HC RTX STEREOTACTIC BODY RADIATION DELIVERY PER FRACTION 1-5 LESIONS | 77373 | CPT | | | | both | | | 9011 | 2346.83 | Consumer | Consumer | 8560.45 | 95 | | | 1200 | | 8560.45 percent of total billed charges | |
| HC RTX STEREOTACTIC BODY RADIATION DELIVERY PER FRACTION 1-5 LESIONS | 77373 | CPT | | | | both | | | 9011 | 2346.83 | UHC | Medicare | 2040.72 | | | 1971.06 | 1200 | | 8560.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX STEREOTACTIC BODY RADIATION DELIVERY PER FRACTION 1-5 LESIONS | 77373 | CPT | | | | both | | | 9011 | 2346.83 | First Trenton | First Trenton | 8109.9 | 90 | | | 1200 | | 8560.45 percent of total billed charges | |
| HC RTX STEREOTACTIC BODY RADIATION DELIVERY PER FRACTION 1-5 LESIONS | 77373 | CPT | | | | both | | | 9011 | 2346.83 | Wellcare | Medicare | 2040.72 | | | | 1200 | | 8560.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX STEREOTACTIC BODY RADIATION DELIVERY PER FRACTION 1-5 LESIONS | 77373 | CPT | | | | both | | | 9011 | 2346.83 | Managed Care Inc | Managed Care Inc | 8109.9 | 90 | | | 1200 | | 8560.45 percent of total billed charges | |
| HC RTX STEREOTACTIC BODY RADIATION DELIVERY PER FRACTION 1-5 LESIONS | 77373 | CPT | | | | both | | | 9011 | 2346.83 | Amerihealth | HMO/PPO | 1200 | | | | 1200 | | 8560.45 fee schedule | |
| HC RTX STEREOTACTIC BODY RADIATION DELIVERY PER FRACTION 1-5 LESIONS | 77373 | CPT | | | | both | | | 9011 | 2346.83 | Three Rivers | Three Rivers | 8560.45 | 95 | | | 1200 | | 8560.45 percent of total billed charges | |
| HC RTX STEREOTACTIC BODY RADIATION DELIVERY PER FRACTION 1-5 LESIONS | 77373 | CPT | | | | both | | | 9011 | 2346.83 | WellPoint | WellPoint | 2899.74 | 32.18 | | | 1200 | | 8560.45 percent of total billed charges | |
| HC RTX STEREOTACTIC BODY RADIATION DELIVERY PER FRACTION 1-5 LESIONS | 77373 | CPT | | | | both | | | 9011 | 2346.83 | Wellcare | Medicaid | 2842.97 | 31.55 | | | 1200 | | 8560.45 percent of total billed charges | |
| HC RTX STEREOTACTIC BODY RADIATION DELIVERY PER FRACTION 1-5 LESIONS | 77373 | CPT | | | | both | | | 9011 | 2346.83 | Horizon | Medicare Blue | 2040.72 | | | | 1200 | | 8560.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, SIMPLE | 77385 | CPT | | | | both | | | 2386 | 774.21 | Corrections | Corrections | 1908.8 | 80 | | 747.77 | 351.94 | | 2266.7 percent of total billed charges | |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, SIMPLE | 77385 | CPT | | | | both | | | 2386 | 774.21 | Amerihealth | HMO/PPO | 424 | | | | 351.94 | | 2266.7 fee schedule | |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, SIMPLE | 77385 | CPT | | | | both | | | 2386 | 774.21 | Aetna | Medicare | 673.23 | | | | 351.94 | | 2266.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, SIMPLE | 77385 | CPT | | | | both | | | 2386 | 774.21 | First Trenton | First Trenton | 2147.4 | 90 | | | 351.94 | | 2266.7 percent of total billed charges | |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, SIMPLE | 77385 | CPT | | | | both | | | 2386 | 774.21 | Aetna | Commercial | 1098.71 | | | 546.32 | 351.94 | | 2266.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, SIMPLE | 77385 | CPT | | | | both | | | 2386 | 774.21 | Aetna | Better Health | 752.78 | 31.55 | | 717.96 | 351.94 | | 2266.7 percent of total billed charges | |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, SIMPLE | 77385 | CPT | | | | both | | | 2386 | 774.21 | Horizon | NJ Health | 351.94 | | | 335.75 | 351.94 | | 2266.7 fee schedule | |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, SIMPLE | 77385 | CPT | | | | both | | | 2386 | 774.21 | Horizon | Indemnity | 1302.7 | | | | 351.94 | | 2266.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, SIMPLE | 77385 | CPT | | | | both | | | 2386 | 774.21 | Multiplan | Multiplan | 1908.8 | 80 | | | 351.94 | | 2266.7 percent of total billed charges | |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, SIMPLE | 77385 | CPT | | | | both | | | 2386 | 774.21 | First Health | First Health | 1670.2 | 70 | | | 351.94 | | 2266.7 percent of total billed charges | |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, SIMPLE | 77385 | CPT | | | | both | | | 2386 | 774.21 | Consumer | Consumer | 2266.7 | 95 | | | 351.94 | | 2266.7 percent of total billed charges | |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, SIMPLE | 77385 | CPT | | | | both | | | 2386 | 774.21 | Managed Care Inc | Managed Care Inc | 2147.4 | 90 | | | 351.94 | | 2266.7 percent of total billed charges | |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, SIMPLE | 77385 | CPT | | | | both | | | 2386 | 774.21 | Americare | Americare | 1789.5 | 75 | | | 351.94 | | 2266.7 percent of total billed charges | |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, SIMPLE | 77385 | CPT | | | | both | | | 2386 | 774.21 | Horizon | Medicare Blue | 673.23 | | | | 351.94 | | 2266.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, SIMPLE | 77385 | CPT | | | | both | | | 2386 | 774.21 | UHC | Medicaid | 752.78 | 31.55 | | 752.78 | 351.94 | | 2266.7 percent of total billed charges | |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, SIMPLE | 77385 | CPT | | | | both | | | 2386 | 774.21 | Horizon | PPO | 1302.7 | | | | 351.94 | | 2266.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, SIMPLE | 77385 | CPT | | | | both | | | 2386 | 774.21 | Qualcare | Qualcare | 1789.5 | 75 | | | 351.94 | | 2266.7 percent of total billed charges | |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, SIMPLE | 77385 | CPT | | | | both | | | 2386 | 774.21 | Horizon | MGD | 1302.7 | | | | 351.94 | | 2266.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, SIMPLE | 77385 | CPT | | | | both | | | 2386 | 774.21 | Wellcare | Medicare | 673.23 | | | | 351.94 | | 2266.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, SIMPLE | 77385 | CPT | | | | both | | | 2386 | 774.21 | Three Rivers | Three Rivers | 2266.7 | 95 | | | 351.94 | | 2266.7 percent of total billed charges | |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, SIMPLE | 77385 | CPT | | | | both | | | 2386 | 774.21 | WellPoint | WellPoint | 767.81 | 32.18 | | | 351.94 | | 2266.7 percent of total billed charges | |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, SIMPLE | 77385 | CPT | | | | both | | | 2386 | 774.21 | UHC | Medicare | 673.23 | | | 554.37 | 351.94 | | 2266.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, SIMPLE | 77385 | CPT | | | | both | | | 2386 | 774.21 | Wellcare | Medicaid | 752.78 | 31.55 | | 752.78 | 351.94 | | 2266.7 percent of total billed charges | |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, COMPLEX | 77386 | CPT | | | | both | | | 2386 | 774.21 | Aetna | Better Health | 752.78 | 31.55 | | 684.88 | 352.84 | | 2266.7 percent of total billed charges | |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, COMPLEX | 77386 | CPT | | | | both | | | 2386 | 774.21 | Consumer | Consumer | 2266.7 | 95 | | | 352.84 | | 2266.7 percent of total billed charges | |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, COMPLEX | 77386 | CPT | | | | both | | | 2386 | 774.21 | Amerihealth | HMO/PPO | 424 | | | | 352.84 | | 2266.7 fee schedule | |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, COMPLEX | 77386 | CPT | | | | both | | | 2386 | 774.21 | First Trenton | First Trenton | 2147.4 | 90 | | | 352.84 | | 2266.7 percent of total billed charges | |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, COMPLEX | 77386 | CPT | | | | both | | | 2386 | 774.21 | Aetna | Commercial | 1098.71 | | | 854.52 | 352.84 | | 2266.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, COMPLEX | 77386 | CPT | | | | both | | | 2386 | 774.21 | Horizon | Indemnity | 1302.7 | | | 1176.61 | 352.84 | | 2266.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, COMPLEX | 77386 | CPT | | | | both | | | 2386 | 774.21 | Horizon | NJ Health | 352.84 | | | 330.14 | 352.84 | | 2266.7 fee schedule | |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, COMPLEX | 77386 | CPT | | | | both | | | 2386 | 774.21 | Corrections | Corrections | 1908.8 | 80 | | | 352.84 | | 2266.7 percent of total billed charges | |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, COMPLEX | 77386 | CPT | | | | both | | | 2386 | 774.21 | Americare | Americare | 1789.5 | 75 | | | 352.84 | | 2266.7 percent of total billed charges | |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, COMPLEX | 77386 | CPT | | | | both | | | 2386 | 774.21 | First Health | First Health | 1670.2 | 70 | | | 352.84 | | 2266.7 percent of total billed charges | |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, COMPLEX | 77386 | CPT | | | | both | | | 2386 | 774.21 | Horizon | PPO | 1302.7 | | | 1087.62 | 352.84 | | 2266.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, COMPLEX | 77386 | CPT | | | | both | | | 2386 | 774.21 | Managed Care Inc | Managed Care Inc | 2147.4 | 90 | | | 352.84 | | 2266.7 percent of total billed charges | |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, COMPLEX | 77386 | CPT | | | | both | | | 2386 | 774.21 | Aetna | Medicare | 673.23 | | | | 352.84 | | 2266.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, COMPLEX | 77386 | CPT | | | | both | | | 2386 | 774.21 | Horizon | MGD | 1302.7 | | | 916.82 | 352.84 | | 2266.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, COMPLEX | 77386 | CPT | | | | both | | | 2386 | 774.21 | UHC | Medicaid | 752.78 | 31.55 | | 724.6 | 352.84 | | 2266.7 percent of total billed charges | |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, COMPLEX | 77386 | CPT | | | | both | | | 2386 | 774.21 | Wellcare | Medicare | 673.23 | | | | 352.84 | | 2266.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, COMPLEX | 77386 | CPT | | | | both | | | 2386 | 774.21 | Horizon | Medicare Blue | 673.23 | | | | 352.84 | | 2266.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, COMPLEX | 77386 | CPT | | | | both | | | 2386 | 774.21 | Multiplan | Multiplan | 1908.8 | 80 | | | 352.84 | | 2266.7 percent of total billed charges | |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, COMPLEX | 77386 | CPT | | | | both | | | 2386 | 774.21 | UHC | Medicare | 673.23 | | | 546.27 | 352.84 | | 2266.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, COMPLEX | 77386 | CPT | | | | both | | | 2386 | 774.21 | Three Rivers | Three Rivers | 2266.7 | 95 | | | 352.84 | | 2266.7 percent of total billed charges | |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, COMPLEX | 77386 | CPT | | | | both | | | 2386 | 774.21 | WellPoint | WellPoint | 767.81 | 32.18 | | 514.21 | 352.84 | | 2266.7 percent of total billed charges | |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, COMPLEX | 77386 | CPT | | | | both | | | 2386 | 774.21 | Qualcare | Qualcare | 1789.5 | 75 | | | 352.84 | | 2266.7 percent of total billed charges | |
| HC RTX IMRT DELIVERY INCL GUIDANCE AND TRACKING, COMPLEX | 77386 | CPT | | | | both | | | 2386 | 774.21 | Wellcare | Medicaid | 752.78 | 31.55 | | 297.22 | 352.84 | | 2266.7 percent of total billed charges | |
| HC RTX GUIDANCE FOR LOCALIZATION OF TARGET VOL FOR RAD TX DELIVERY | 77387 | CPT | | | | both | | | 114 | | Corrections | Corrections | 91.2 | 80 | | | 34.2 | | 108.3 percent of total billed charges | |
| HC RTX GUIDANCE FOR LOCALIZATION OF TARGET VOL FOR RAD TX DELIVERY | 77387 | CPT | | | | both | | | 114 | | Horizon | PPO | 43.64 | 38.28 | | 54.08 | 34.2 | | 108.3 percent of total billed charges | |
| HC RTX GUIDANCE FOR LOCALIZATION OF TARGET VOL FOR RAD TX DELIVERY | 77387 | CPT | | | | both | | | 114 | | First Health | First Health | 79.8 | 70 | | | 34.2 | | 108.3 percent of total billed charges | |
| HC RTX GUIDANCE FOR LOCALIZATION OF TARGET VOL FOR RAD TX DELIVERY | 77387 | CPT | | | | both | | | 114 | | First Trenton | First Trenton | 102.6 | 90 | | | 34.2 | | 108.3 percent of total billed charges | |
| HC RTX GUIDANCE FOR LOCALIZATION OF TARGET VOL FOR RAD TX DELIVERY | 77387 | CPT | | | | both | | | 114 | | Aetna | Better Health | 35.97 | 31.55 | | | 34.2 | | 108.3 percent of total billed charges | |
| HC RTX GUIDANCE FOR LOCALIZATION OF TARGET VOL FOR RAD TX DELIVERY | 77387 | CPT | | | | both | | | 114 | | Multiplan | Multiplan | 91.2 | 80 | | | 34.2 | | 108.3 percent of total billed charges | |
| HC RTX GUIDANCE FOR LOCALIZATION OF TARGET VOL FOR RAD TX DELIVERY | 77387 | CPT | | | | both | | | 114 | | Aetna | Medicare | 35.11 | 30.8 | | | 34.2 | | 108.3 percent of total billed charges | |
| HC RTX GUIDANCE FOR LOCALIZATION OF TARGET VOL FOR RAD TX DELIVERY | 77387 | CPT | | | | both | | | 114 | | Americare | Americare | 85.5 | 75 | | | 34.2 | | 108.3 percent of total billed charges | |
| HC RTX GUIDANCE FOR LOCALIZATION OF TARGET VOL FOR RAD TX DELIVERY | 77387 | CPT | | | | both | | | 114 | | Horizon | NJ Health | 54.41 | | | 16.19 | 34.2 | | 108.3 fee schedule | |
| HC RTX GUIDANCE FOR LOCALIZATION OF TARGET VOL FOR RAD TX DELIVERY | 77387 | CPT | | | | both | | | 114 | | Qualcare | Qualcare | 85.5 | 75 | | | 34.2 | | 108.3 percent of total billed charges | |
| HC RTX GUIDANCE FOR LOCALIZATION OF TARGET VOL FOR RAD TX DELIVERY | 77387 | CPT | | | | both | | | 114 | | Horizon | Indemnity | 43.64 | 38.28 | | 35.47 | 34.2 | | 108.3 percent of total billed charges | |
| HC RTX GUIDANCE FOR LOCALIZATION OF TARGET VOL FOR RAD TX DELIVERY | 77387 | CPT | | | | both | | | 114 | | Managed Care Inc | Managed Care Inc | 102.6 | 90 | | | 34.2 | | 108.3 percent of total billed charges | |
| HC RTX GUIDANCE FOR LOCALIZATION OF TARGET VOL FOR RAD TX DELIVERY | 77387 | CPT | | | | both | | | 114 | | Consumer | Consumer | 108.3 | 95 | | | 34.2 | | 108.3 percent of total billed charges | |
| HC RTX GUIDANCE FOR LOCALIZATION OF TARGET VOL FOR RAD TX DELIVERY | 77387 | CPT | | | | both | | | 114 | | Amerihealth | HMO/PPO | 75 | | | 38.17 | 34.2 | | 108.3 fee schedule | |
| HC RTX GUIDANCE FOR LOCALIZATION OF TARGET VOL FOR RAD TX DELIVERY | 77387 | CPT | | | | both | | | 114 | | Wellcare | Medicaid | 35.97 | 31.55 | | 35.97 | 34.2 | | 108.3 percent of total billed charges | |
| HC RTX GUIDANCE FOR LOCALIZATION OF TARGET VOL FOR RAD TX DELIVERY | 77387 | CPT | | | | both | | | 114 | | UHC | Medicaid | 35.97 | 31.55 | | 29.93 | 34.2 | | 108.3 percent of total billed charges | |
| HC RTX GUIDANCE FOR LOCALIZATION OF TARGET VOL FOR RAD TX DELIVERY | 77387 | CPT | | | | both | | | 114 | | Horizon | Medicare Blue | 34.2 | 30 | | 25.82 | 34.2 | | 108.3 percent of total billed charges | |
| HC RTX GUIDANCE FOR LOCALIZATION OF TARGET VOL FOR RAD TX DELIVERY | 77387 | CPT | | | | both | | | 114 | | Horizon | MGD | 43.64 | 38.28 | | 54.1 | 34.2 | | 108.3 percent of total billed charges | |
| HC RTX GUIDANCE FOR LOCALIZATION OF TARGET VOL FOR RAD TX DELIVERY | 77387 | CPT | | | | both | | | 114 | | Three Rivers | Three Rivers | 108.3 | 95 | | | 34.2 | | 108.3 percent of total billed charges | |
| HC RTX GUIDANCE FOR LOCALIZATION OF TARGET VOL FOR RAD TX DELIVERY | 77387 | CPT | | | | both | | | 114 | | WellPoint | WellPoint | 36.69 | 32.18 | | 27.82 | 34.2 | | 108.3 percent of total billed charges | |
| HC UNLISTED RTX PX MED RAD PHYSICS, DOSIMETRY/TX DEVICES, SPECIAL SVCS | 77399 | CPT | | | | both | | | 490 | 178.46 | Horizon | PPO | 300.27 | | | 206.16 | 14 | | 465.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED RTX PX MED RAD PHYSICS, DOSIMETRY/TX DEVICES, SPECIAL SVCS | 77399 | CPT | | | | both | | | 490 | 178.46 | Aetna | Medicare | 155.18 | | | 103.34 | 14 | | 465.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED RTX PX MED RAD PHYSICS, DOSIMETRY/TX DEVICES, SPECIAL SVCS | 77399 | CPT | | | | both | | | 490 | 178.46 | Aetna | Better Health | 154.6 | 31.55 | | 139.02 | 14 | | 465.5 percent of total billed charges | |
| HC UNLISTED RTX PX MED RAD PHYSICS, DOSIMETRY/TX DEVICES, SPECIAL SVCS | 77399 | CPT | | | | both | | | 490 | 178.46 | Americare | Americare | 367.5 | 75 | | | 14 | | 465.5 percent of total billed charges | |
| HC UNLISTED RTX PX MED RAD PHYSICS, DOSIMETRY/TX DEVICES, SPECIAL SVCS | 77399 | CPT | | | | both | | | 490 | 178.46 | Horizon | Medicare Blue | 155.18 | | | | 14 | | 465.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED RTX PX MED RAD PHYSICS, DOSIMETRY/TX DEVICES, SPECIAL SVCS | 77399 | CPT | | | | both | | | 490 | 178.46 | First Trenton | First Trenton | 441 | 90 | | | 14 | | 465.5 percent of total billed charges | |
| HC UNLISTED RTX PX MED RAD PHYSICS, DOSIMETRY/TX DEVICES, SPECIAL SVCS | 77399 | CPT | | | | both | | | 490 | 178.46 | Amerihealth | HMO/PPO | 14 | | | | 14 | | 465.5 fee schedule | |
| HC UNLISTED RTX PX MED RAD PHYSICS, DOSIMETRY/TX DEVICES, SPECIAL SVCS | 77399 | CPT | | | | both | | | 490 | 178.46 | Aetna | Commercial | 253.25 | | | 155.54 | 14 | | 465.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED RTX PX MED RAD PHYSICS, DOSIMETRY/TX DEVICES, SPECIAL SVCS | 77399 | CPT | | | | both | | | 490 | 178.46 | Wellcare | Medicaid | 154.6 | 31.55 | | 13.83 | 14 | | 465.5 percent of total billed charges | |
| HC UNLISTED RTX PX MED RAD PHYSICS, DOSIMETRY/TX DEVICES, SPECIAL SVCS | 77399 | CPT | | | | both | | | 490 | 178.46 | Qualcare | Qualcare | 367.5 | 75 | | | 14 | | 465.5 percent of total billed charges | |
| HC UNLISTED RTX PX MED RAD PHYSICS, DOSIMETRY/TX DEVICES, SPECIAL SVCS | 77399 | CPT | | | | both | | | 490 | 178.46 | First Health | First Health | 343 | 70 | | | 14 | | 465.5 percent of total billed charges | |
| HC UNLISTED RTX PX MED RAD PHYSICS, DOSIMETRY/TX DEVICES, SPECIAL SVCS | 77399 | CPT | | | | both | | | 490 | 178.46 | Consumer | Consumer | 465.5 | 95 | | | 14 | | 465.5 percent of total billed charges | |
| HC UNLISTED RTX PX MED RAD PHYSICS, DOSIMETRY/TX DEVICES, SPECIAL SVCS | 77399 | CPT | | | | both | | | 490 | 178.46 | Horizon | MGD | 300.27 | | | 201.94 | 14 | | 465.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED RTX PX MED RAD PHYSICS, DOSIMETRY/TX DEVICES, SPECIAL SVCS | 77399 | CPT | | | | both | | | 490 | 178.46 | Managed Care Inc | Managed Care Inc | 441 | 90 | | | 14 | | 465.5 percent of total billed charges | |
| HC UNLISTED RTX PX MED RAD PHYSICS, DOSIMETRY/TX DEVICES, SPECIAL SVCS | 77399 | CPT | | | | both | | | 490 | 178.46 | UHC | Medicaid | 154.6 | 31.55 | | 129.79 | 14 | | 465.5 percent of total billed charges | |
| HC UNLISTED RTX PX MED RAD PHYSICS, DOSIMETRY/TX DEVICES, SPECIAL SVCS | 77399 | CPT | | | | both | | | 490 | 178.46 | Horizon | Indemnity | 300.27 | | | 143.2 | 14 | | 465.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED RTX PX MED RAD PHYSICS, DOSIMETRY/TX DEVICES, SPECIAL SVCS | 77399 | CPT | | | | both | | | 490 | 178.46 | UHC | Medicare | 155.18 | | | 98.8 | 14 | | 465.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED RTX PX MED RAD PHYSICS, DOSIMETRY/TX DEVICES, SPECIAL SVCS | 77399 | CPT | | | | both | | | 490 | 178.46 | Corrections | Corrections | 392 | 80 | | 140.2 | 14 | | 465.5 percent of total billed charges | |
| HC UNLISTED RTX PX MED RAD PHYSICS, DOSIMETRY/TX DEVICES, SPECIAL SVCS | 77399 | CPT | | | | both | | | 490 | 178.46 | Three Rivers | Three Rivers | 465.5 | 95 | | | 14 | | 465.5 percent of total billed charges | |
| HC UNLISTED RTX PX MED RAD PHYSICS, DOSIMETRY/TX DEVICES, SPECIAL SVCS | 77399 | CPT | | | | both | | | 490 | 178.46 | Multiplan | Multiplan | 392 | 80 | | | 14 | | 465.5 percent of total billed charges | |
| HC UNLISTED RTX PX MED RAD PHYSICS, DOSIMETRY/TX DEVICES, SPECIAL SVCS | 77399 | CPT | | | | both | | | 490 | 178.46 | Wellcare | Medicare | 155.18 | | | | 14 | | 465.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED RTX PX MED RAD PHYSICS, DOSIMETRY/TX DEVICES, SPECIAL SVCS | 77399 | CPT | | | | both | | | 490 | 178.46 | WellPoint | WellPoint | 157.68 | 32.18 | | 131.12 | 14 | | 465.5 percent of total billed charges | |
| HC RTX RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE | 77402 | CPT | | | | both | | | 483 | 157.71 | Aetna | Medicare | 137.14 | | | | 65.33 | | 458.85 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE | 77402 | CPT | | | | both | | | 483 | 157.71 | First Trenton | First Trenton | 434.7 | 90 | | | 65.33 | | 458.85 percent of total billed charges | |
| HC RTX RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE | 77402 | CPT | | | | both | | | 483 | 157.71 | First Health | First Health | 338.1 | 70 | | | 65.33 | | 458.85 percent of total billed charges | |
| HC RTX RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE | 77402 | CPT | | | | both | | | 483 | 157.71 | Aetna | Commercial | 223.81 | | | | 65.33 | | 458.85 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE | 77402 | CPT | | | | both | | | 483 | 157.71 | Aetna | Better Health | 152.39 | 31.55 | | | 65.33 | | 458.85 percent of total billed charges | |
| HC RTX RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE | 77402 | CPT | | | | both | | | 483 | 157.71 | Horizon | NJ Health | 65.33 | | | | 65.33 | | 458.85 fee schedule | |
| HC RTX RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE | 77402 | CPT | | | | both | | | 483 | 157.71 | Corrections | Corrections | 386.4 | 80 | | | 65.33 | | 458.85 percent of total billed charges | |
| HC RTX RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE | 77402 | CPT | | | | both | | | 483 | 157.71 | Americare | Americare | 362.25 | 75 | | | 65.33 |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC RTX RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX | 77412 | CPT | | | | both | | | 913 | 353.46 | Aetna | Better Health | 288.05 | 31.55 | | | 80.36 | | 867.35 percent of total billed charges | |
| HC RTX RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX | 77412 | CPT | | | | both | | | 913 | 353.46 | Horizon | NJ Health | 80.36 | | | 133.47 | 80.36 | | 867.35 fee schedule | |
| HC RTX RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX | 77412 | CPT | | | | both | | | 913 | 353.46 | Americare | Americare | 684.75 | 75 | | | 80.36 | | 867.35 percent of total billed charges | |
| HC RTX RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX | 77412 | CPT | | | | both | | | 913 | 353.46 | UHC | Medicare | 307.36 | | | 216.12 | 80.36 | | 867.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX | 77412 | CPT | | | | both | | | 913 | 353.46 | Multiplan | Multiplan | 730.4 | 80 | | | 80.36 | | 867.35 percent of total billed charges | |
| HC RTX RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX | 77412 | CPT | | | | both | | | 913 | 353.46 | Horizon | Indemnity | 594.74 | | | 382.01 | 80.36 | | 867.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX | 77412 | CPT | | | | both | | | 913 | 353.46 | Corrections | Corrections | 730.4 | 80 | | | 80.36 | | 867.35 percent of total billed charges | |
| HC RTX RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX | 77412 | CPT | | | | both | | | 913 | 353.46 | Managed Care Inc | Managed Care Inc | 821.7 | 90 | | | 80.36 | | 867.35 percent of total billed charges | |
| HC RTX RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX | 77412 | CPT | | | | both | | | 913 | 353.46 | Horizon | Medicare Blue | 307.36 | | | 207.38 | 80.36 | | 867.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX | 77412 | CPT | | | | both | | | 913 | 353.46 | WellPoint | WellPoint | 293.8 | 32.18 | | 224.07 | 80.36 | | 867.35 percent of total billed charges | |
| HC RTX RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX | 77412 | CPT | | | | both | | | 913 | 353.46 | Amerihealth | HMO/PPO | 135 | | | 307.48 | 80.36 | | 867.35 fee schedule | |
| HC RTX RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX | 77412 | CPT | | | | both | | | 913 | 353.46 | Qualcare | Qualcare | 684.75 | 75 | | | 80.36 | | 867.35 percent of total billed charges | |
| HC RTX RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX | 77412 | CPT | | | | both | | | 913 | 353.46 | UHC | Medicaid | 288.05 | 31.55 | | 262.98 | 80.36 | | 867.35 percent of total billed charges | |
| HC RTX RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX | 77412 | CPT | | | | both | | | 913 | 353.46 | Wellcare | Medicare | 307.36 | | | | 80.36 | | 867.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX | 77412 | CPT | | | | both | | | 913 | 353.46 | Three Rivers | Three Rivers | 867.35 | 95 | | | 80.36 | | 867.35 percent of total billed charges | |
| HC RTX RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX | 77412 | CPT | | | | both | | | 913 | 353.46 | Wellcare | Medicaid | 288.05 | 31.55 | | 288.05 | 80.36 | | 867.35 percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY PORT IMAGES | 77417 | CPT | | | | both | | | 383 | | UHC | Medicaid | 120.84 | 31.55 | | 117.26 | 4 | | 363.85 percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY PORT IMAGES | 77417 | CPT | | | | both | | | 383 | | Horizon | NJ Health | 21.56 | | | 53.53 | 4 | | 363.85 fee schedule | |
| HC RTX THERAPEUTIC RADIOLOGY PORT IMAGES | 77417 | CPT | | | | both | | | 383 | | Amerihealth | HMO/PPO | 4 | | | | 4 | | 363.85 fee schedule | |
| HC RTX THERAPEUTIC RADIOLOGY PORT IMAGES | 77417 | CPT | | | | both | | | 383 | | Aetna | Better Health | 120.84 | 31.55 | | | 4 | | 363.85 percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY PORT IMAGES | 77417 | CPT | | | | both | | | 383 | | Americare | Americare | 287.25 | 75 | | | 4 | | 363.85 percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY PORT IMAGES | 77417 | CPT | | | | both | | | 383 | | Aetna | Medicare | 117.96 | 30.8 | | | 4 | | 363.85 percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY PORT IMAGES | 77417 | CPT | | | | both | | | 383 | | Horizon | Medicare Blue | 114.9 | 30 | | | 4 | | 363.85 percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY PORT IMAGES | 77417 | CPT | | | | both | | | 383 | | Corrections | Corrections | 306.4 | 80 | | | 4 | | 363.85 percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY PORT IMAGES | 77417 | CPT | | | | both | | | 383 | | First Trenton | First Trenton | 344.7 | 90 | | | 4 | | 363.85 percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY PORT IMAGES | 77417 | CPT | | | | both | | | 383 | | Consumer | Consumer | 363.85 | 95 | | | 4 | | 363.85 percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY PORT IMAGES | 77417 | CPT | | | | both | | | 383 | | Horizon | MGD | 146.61 | 38.28 | | 188.13 | 4 | | 363.85 percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY PORT IMAGES | 77417 | CPT | | | | both | | | 383 | | Horizon | Indemnity | 146.61 | 38.28 | | 159.96 | 4 | | 363.85 percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY PORT IMAGES | 77417 | CPT | | | | both | | | 383 | | Horizon | PPO | 146.61 | 38.28 | | | 4 | | 363.85 percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY PORT IMAGES | 77417 | CPT | | | | both | | | 383 | | First Health | First Health | 268.1 | 70 | | | 4 | | 363.85 percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY PORT IMAGES | 77417 | CPT | | | | both | | | 383 | | Wellcare | Medicaid | 120.84 | 31.55 | | | 4 | | 363.85 percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY PORT IMAGES | 77417 | CPT | | | | both | | | 383 | | Multiplan | Multiplan | 306.4 | 80 | | | 4 | | 363.85 percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY PORT IMAGES | 77417 | CPT | | | | both | | | 383 | | Managed Care Inc | Managed Care Inc | 344.7 | 90 | | | 4 | | 363.85 percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY PORT IMAGES | 77417 | CPT | | | | both | | | 383 | | Qualcare | Qualcare | 287.25 | 75 | | | 4 | | 363.85 percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY PORT IMAGES | 77417 | CPT | | | | both | | | 383 | | Three Rivers | Three Rivers | 363.85 | 95 | | | 4 | | 363.85 percent of total billed charges | |
| HC RTX THERAPEUTIC RADIOLOGY PORT IMAGES | 77417 | CPT | | | | both | | | 383 | | WellPoint | WellPoint | 123.25 | 32.18 | | 78.32 | 4 | | 363.85 percent of total billed charges | |
| HC RTX SPECIAL RADIATION TREATMENT PROCEDURE | 77470 | CPT | | | | both | | | 7642 | 774.21 | Aetna | Better Health | 2411.05 | 31.55 | | | 424 | | 7259.9 percent of total billed charges | |
| HC RTX SPECIAL RADIATION TREATMENT PROCEDURE | 77470 | CPT | | | | both | | | 7642 | 774.21 | Aetna | Commercial | 1098.71 | | | | 424 | | 7259.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX SPECIAL RADIATION TREATMENT PROCEDURE | 77470 | CPT | | | | both | | | 7642 | 774.21 | Amerihealth | HMO/PPO | 424 | | | | 424 | | 7259.9 fee schedule | |
| HC RTX SPECIAL RADIATION TREATMENT PROCEDURE | 77470 | CPT | | | | both | | | 7642 | 774.21 | First Trenton | First Trenton | 6877.8 | 90 | | | 424 | | 7259.9 percent of total billed charges | |
| HC RTX SPECIAL RADIATION TREATMENT PROCEDURE | 77470 | CPT | | | | both | | | 7642 | 774.21 | Horizon | Indemnity | 1302.7 | | | 1392.43 | 424 | | 7259.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX SPECIAL RADIATION TREATMENT PROCEDURE | 77470 | CPT | | | | both | | | 7642 | 774.21 | Consumer | Consumer | 7259.9 | 95 | | | 424 | | 7259.9 percent of total billed charges | |
| HC RTX SPECIAL RADIATION TREATMENT PROCEDURE | 77470 | CPT | | | | both | | | 7642 | 774.21 | Three Rivers | Three Rivers | 7259.9 | 95 | | | 424 | | 7259.9 percent of total billed charges | |
| HC RTX SPECIAL RADIATION TREATMENT PROCEDURE | 77470 | CPT | | | | both | | | 7642 | 774.21 | Corrections | Corrections | 6113.6 | 80 | | | 424 | | 7259.9 percent of total billed charges | |
| HC RTX SPECIAL RADIATION TREATMENT PROCEDURE | 77470 | CPT | | | | both | | | 7642 | 774.21 | Horizon | NJ Health | 989.8 | | | 1027.66 | 424 | | 7259.9 fee schedule | |
| HC RTX SPECIAL RADIATION TREATMENT PROCEDURE | 77470 | CPT | | | | both | | | 7642 | 774.21 | Aetna | Medicare | 673.23 | | | | 424 | | 7259.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX SPECIAL RADIATION TREATMENT PROCEDURE | 77470 | CPT | | | | both | | | 7642 | 774.21 | First Health | First Health | 5349.4 | 70 | | | 424 | | 7259.9 percent of total billed charges | |
| HC RTX SPECIAL RADIATION TREATMENT PROCEDURE | 77470 | CPT | | | | both | | | 7642 | 774.21 | Horizon | PPO | 1302.7 | | | | 424 | | 7259.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX SPECIAL RADIATION TREATMENT PROCEDURE | 77470 | CPT | | | | both | | | 7642 | 774.21 | Horizon | Medicare Blue | 673.23 | | | | 424 | | 7259.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX SPECIAL RADIATION TREATMENT PROCEDURE | 77470 | CPT | | | | both | | | 7642 | 774.21 | Americare | Americare | 5731.5 | 75 | | | 424 | | 7259.9 percent of total billed charges | |
| HC RTX SPECIAL RADIATION TREATMENT PROCEDURE | 77470 | CPT | | | | both | | | 7642 | 774.21 | UHC | Medicaid | 2411.05 | 31.55 | | 2154.14 | 424 | | 7259.9 percent of total billed charges | |
| HC RTX SPECIAL RADIATION TREATMENT PROCEDURE | 77470 | CPT | | | | both | | | 7642 | 774.21 | Wellcare | Medicare | 673.23 | | | 616.22 | 424 | | 7259.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX SPECIAL RADIATION TREATMENT PROCEDURE | 77470 | CPT | | | | both | | | 7642 | 774.21 | UHC | Medicare | 673.23 | | | 1324.03 | 424 | | 7259.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX SPECIAL RADIATION TREATMENT PROCEDURE | 77470 | CPT | | | | both | | | 7642 | 774.21 | Horizon | MGD | 1302.7 | | | | 424 | | 7259.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX SPECIAL RADIATION TREATMENT PROCEDURE | 77470 | CPT | | | | both | | | 7642 | 774.21 | WellPoint | WellPoint | 2459.2 | 32.18 | | 2364.35 | 424 | | 7259.9 percent of total billed charges | |
| HC RTX SPECIAL RADIATION TREATMENT PROCEDURE | 77470 | CPT | | | | both | | | 7642 | 774.21 | Managed Care Inc | Managed Care Inc | 6877.8 | 90 | | | 424 | | 7259.9 percent of total billed charges | |
| HC RTX SPECIAL RADIATION TREATMENT PROCEDURE | 77470 | CPT | | | | both | | | 7642 | 774.21 | Wellcare | Medicaid | 2411.05 | 31.55 | | 216.09 | 424 | | 7259.9 percent of total billed charges | |
| HC RTX SPECIAL RADIATION TREATMENT PROCEDURE | 77470 | CPT | | | | both | | | 7642 | 774.21 | Multiplan | Multiplan | 6113.6 | 80 | | | 424 | | 7259.9 percent of total billed charges | |
| HC RTX SPECIAL RADIATION TREATMENT PROCEDURE | 77470 | CPT | | | | both | | | 7642 | 774.21 | Qualcare | Qualcare | 5731.5 | 75 | | | 424 | | 7259.9 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL | 77770 | CPT | | | | outpatient | | | 3144 | 942.99 | Aetna | Medicare | 819.99 | | | | 350.64 | | 2986.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL | 77770 | CPT | | | | outpatient | | | 3144 | 942.99 | Aetna | Commercial | 1338.22 | | | | 350.64 | | 2986.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL | 77770 | CPT | | | | outpatient | | | 3144 | 942.99 | First Health | First Health | 2200.8 | 70 | | | 350.64 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL | 77770 | CPT | | | | outpatient | | | 3144 | 942.99 | First Trenton | First Trenton | 2829.6 | 90 | | | 350.64 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL | 77770 | CPT | | | | outpatient | | | 3144 | 942.99 | Aetna | Better Health | 991.93 | 31.55 | | | 350.64 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL | 77770 | CPT | | | | outpatient | | | 3144 | 942.99 | Amerihealth | HMO/PPO | 773 | | | | 350.64 | | 2986.8 fee schedule | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL | 77770 | CPT | | | | outpatient | | | 3144 | 942.99 | Corrections | Corrections | 2515.2 | 80 | | | 350.64 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL | 77770 | CPT | | | | outpatient | | | 3144 | 942.99 | Americare | Americare | 2358 | 75 | | | 350.64 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL | 77770 | CPT | | | | outpatient | | | 3144 | 942.99 | Horizon | MGD | 1586.68 | | | | 350.64 | | 2986.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL | 77770 | CPT | | | | outpatient | | | 3144 | 942.99 | Horizon | Medicare Blue | 819.99 | | | | 350.64 | | 2986.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL | 77770 | CPT | | | | outpatient | | | 3144 | 942.99 | Horizon | Indemnity | 1586.68 | | | | 350.64 | | 2986.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL | 77770 | CPT | | | | outpatient | | | 3144 | 942.99 | Horizon | NJ Health | 350.64 | | | | 350.64 | | 2986.8 fee schedule | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL | 77770 | CPT | | | | outpatient | | | 3144 | 942.99 | Consumer | Consumer | 2986.8 | 95 | | | 350.64 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL | 77770 | CPT | | | | outpatient | | | 3144 | 942.99 | Three Rivers | Three Rivers | 2986.8 | 95 | | | 350.64 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL | 77770 | CPT | | | | outpatient | | | 3144 | 942.99 | UHC | Medicaid | 991.93 | 31.55 | | | 350.64 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL | 77770 | CPT | | | | outpatient | | | 3144 | 942.99 | Managed Care Inc | Managed Care Inc | 2829.6 | 90 | | | 350.64 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL | 77770 | CPT | | | | outpatient | | | 3144 | 942.99 | Horizon | PPO | 1586.68 | | | | 350.64 | | 2986.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL | 77770 | CPT | | | | outpatient | | | 3144 | 942.99 | Wellcare | Medicare | 819.99 | | | | 350.64 | | 2986.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL | 77770 | CPT | | | | outpatient | | | 3144 | 942.99 | Multiplan | Multiplan | 2515.2 | 80 | | | 350.64 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL | 77770 | CPT | | | | outpatient | | | 3144 | 942.99 | UHC | Medicare | 819.99 | | | 650.67 | 350.64 | | 2986.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL | 77770 | CPT | | | | outpatient | | | 3144 | 942.99 | WellPoint | WellPoint | 1011.74 | 32.18 | | | 350.64 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL | 77770 | CPT | | | | outpatient | | | 3144 | 942.99 | Qualcare | Qualcare | 2358 | 75 | | | 350.64 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL | 77770 | CPT | | | | outpatient | | | 3144 | 942.99 | Wellcare | Medicaid | 991.93 | 31.55 | | | 350.64 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL | 77771 | CPT | | | | both | | | 3144 | 942.99 | Horizon | Indemnity | 1586.68 | | | 19.96 | 651.92 | | 2986.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL | 77771 | CPT | | | | both | | | 3144 | 942.99 | Amerihealth | HMO/PPO | 773 | | | | 651.92 | | 2986.8 fee schedule | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL | 77771 | CPT | | | | both | | | 3144 | 942.99 | Aetna | Better Health | 991.93 | 31.55 | | | 651.92 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL | 77771 | CPT | | | | both | | | 3144 | 942.99 | Multiplan | Multiplan | 2515.2 | 80 | | | 651.92 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL | 77771 | CPT | | | | both | | | 3144 | 942.99 | Consumer | Consumer | 2986.8 | 95 | | | 651.92 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL | 77771 | CPT | | | | both | | | 3144 | 942.99 | Horizon | MGD | 1586.68 | | | | 651.92 | | 2986.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL | 77771 | CPT | | | | both | | | 3144 | 942.99 | Aetna | Commercial | 1338.22 | | | | 651.92 | | 2986.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL | 77771 | CPT | | | | both | | | 3144 | 942.99 | Wellcare | Medicaid | 991.93 | 31.55 | | | 651.92 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL | 77771 | CPT | | | | both | | | 3144 | 942.99 | Corrections | Corrections | 2515.2 | 80 | | | 651.92 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL | 77771 | CPT | | | | both | | | 3144 | 942.99 | First Health | First Health | 2200.8 | 70 | | | 651.92 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL | 77771 | CPT | | | | both | | | 3144 | 942.99 | Aetna | Medicare | 819.99 | | | | 651.92 | | 2986.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL | 77771 | CPT | | | | both | | | 3144 | 942.99 | Qualcare | Qualcare | 2358 | 75 | | | 651.92 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL | 77771 | CPT | | | | both | | | 3144 | 942.99 | First Trenton | First Trenton | 2829.6 | 90 | | | 651.92 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL | 77771 | CPT | | | | both | | | 3144 | 942.99 | Horizon | PPO | 1586.68 | | | | 651.92 | | 2986.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL | 77771 | CPT | | | | both | | | 3144 | 942.99 | Americare | Americare | 2358 | 75 | | | 651.92 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL | 77771 | CPT | | | | both | | | 3144 | 942.99 | Horizon | Medicare Blue | 819.99 | | | | 651.92 | | 2986.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL | 77771 | CPT | | | | both | | | 3144 | 942.99 | Horizon | NJ Health | 651.92 | | | | 651.92 | | 2986.8 fee schedule | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL | 77771 | CPT | | | | both | | | 3144 | 942.99 | UHC | Medicaid | 991.93 | 31.55 | | | 651.92 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL | 77771 | CPT | | | | both | | | 3144 | 942.99 | Three Rivers | Three Rivers | 2986.8 | 95 | | | 651.92 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL | 77771 | CPT | | | | both | | | 3144 | 942.99 | Wellcare | Medicare | 819.99 | | | | 651.92 | | 2986.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL | 77771 | CPT | | | | both | | | 3144 | 942.99 | Managed Care Inc | Managed Care Inc | 2829.6 | 90 | | | 651.92 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL | 77771 | CPT | | | | both | | | 3144 | 942.99 | UHC | Medicare | 819.99 | | | 568.63 | 651.92 | | 2986.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL | 77771 | CPT | | | | both | | | 3144 | 942.99 | WellPoint | WellPoint | 1011.74 | 32.18 | | | 651.92 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS | 77772 | CPT | | | | both | | | 3144 | 942.99 | Aetna | Commercial | 1338.22 | | | | 773 | | 2986.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS | 77772 | CPT | | | | both | | | 3144 | 942.99 | Aetna | Better Health | 991.93 | 31.55 | | | 773 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS | 77772 | CPT | | | | both | | | 3144 | 942.99 | Consumer | Consumer | 2986.8 | 95 | | | 773 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS | 77772 | CPT | | | | both | | | 3144 | 942.99 | Americare | Americare | 2358 | 75 | | | 773 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS | 77772 | CPT | | | | both | | | 3144 | 942.99 | Horizon | MGD | 1586.68 | | | | 773 | | 2986.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS | 77772 | CPT | | | | both | | | 3144 | 942.99 | Multiplan | Multiplan | 2515.2 | 80 | | | 773 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS | 77772 | CPT | | | | both | | | 3144 | 942.99 | UHC | Medicare | 819.99 | | | | 773 | | 2986.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS | 77772 | CPT | | | | both | | | 3144 | 942.99 | Amerihealth | HMO/PPO | 773 | | | | 773 | | 2986.8 fee schedule | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS | 77772 | CPT | | | | both | | | 3144 | 942.99 | Aetna | Medicare | 819.99 | | | | 773 | | 2986.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS | 77772 | CPT | | | | both | | | 3144 | 942.99 | First Trenton | First Trenton | 2829.6 | 90 | | | 773 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS | 77772 | CPT | | | | both | | | 3144 | 942.99 | Qualcare | Qualcare | 2358 | 75 | | | 773 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS | 77772 | CPT | | | | both | | | 3144 | 942.99 | First Health | First Health | 2200.8 | 70 | | | 773 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS | 77772 | CPT | | | | both | | | 3144 | 942.99 | Corrections | Corrections | 2515.2 | 80 | | | 773 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS | 77772 | CPT | | | | both | | | 3144 | 942.99 | Horizon | Medicare Blue | 819.99 | | | | 773 | | 2986.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS | 77772 | CPT | | | | both | | | 3144 | 942.99 | UHC | Medicaid | 991.93 | 31.55 | | | 773 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS | 77772 | CPT | | | | both | | | 3144 | 942.99 | Horizon | Indemnity | 1586.68 | | | | 773 | | 2986.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS | 77772 | CPT | | | | both | | | 3144 | 942.99 | Horizon | PPO | 1586.68 | | | | 773 | | 2986.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS | 77772 | CPT | | | | both | | | 3144 | 942.99 | Horizon | NJ Health | 997.48 | | | | 773 | | 2986.8 fee schedule | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS | 77772 | CPT | | | | both | | | 3144 | 942.99 | Wellcare | Medicare | 819.99 | | | | 773 | | 2986.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS | 77772 | CPT | | | | both | | | 3144 | 942.99 | Wellcare | Medicaid | 991.93 | 31.55 | | | 773 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS | 77772 | CPT | | | | both | | | 3144 | 942.99 | WellPoint | WellPoint | 1011.74 | 32.18 | | | 773 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS | 77772 | CPT | | | | both | | | 3144 | 942.99 | Managed Care Inc | Managed Care Inc | 2829.6 | 90 | | | 773 | | 2986.8 percent of total billed charges | |
| HC RTX HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS | 77772 | CPT | | | | both | | | 3144 | 942.99 | Three Rivers | Three Rivers | 2986.8 | 95 | | | 773 | | 2986.8 percent of total billed charges | |
| HC RTX INTERSTITIAL RAD SOURCE APPLICATION, COMPLEX | 77778 | CPT | | | | inpatient | | | 9685 | 942.99 | First Health | First Health | 6779.5 | 70 | | | 162 | | 9200.75 percent of total billed charges | |
| HC RTX INTERSTITIAL RAD SOURCE APPLICATION, COMPLEX | 77778 | CPT | | | | inpatient | | | 9685 | 942.99 | Amerihealth | HMO/PPO | 162 | | | | 162 | | 9200.75 fee schedule | |
| HC RTX INTERSTITIAL RAD SOURCE APPLICATION, COMPLEX | 77778 | CPT | | | | inpatient | | | 9685 | 942.99 | Americare | Americare | 7263.75 | 75 | | | 162 | | 9200.75 percent of total billed charges | |
| HC RTX INTERSTITIAL RAD SOURCE APPLICATION, COMPLEX | 77778 | CPT | | | | inpatient | | | 9685 | 942.99 | Multiplan | Multiplan | 7748 | 80 | | | 162 | | 9200.75 percent of total billed charges | |
| HC RTX INTERSTITIAL RAD SOURCE APPLICATION, COMPLEX | 77778 | CPT | | | | inpatient | | | 9685 | 942.99 | Aetna | Commercial | 3680.3 | 38 | | | 162 | | 9200.75 percent of total billed charges | |
| HC RTX INTERSTITIAL RAD

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC RTX INTERSTITIAL RAD SOURCE APPLICATION, COMPLEX | 77778 | CPT | | | | inpatient | | | 9685 | | 942.99 | Wellcare | Medicaid | 3055.62 | 31.55 | | | 162 | 9200.75 | percent of total billed charges | |
| HC RTX INTERSTITIAL RAD SOURCE APPLICATION, COMPLEX | 77778 | CPT | | | | inpatient | | | 9685 | | 942.99 | UHC | Medicaid | 3055.62 | 31.55 | | | 162 | 9200.75 | percent of total billed charges | |
| HC RTX INTERSTITIAL RAD SOURCE APPLICATION, COMPLEX | 77778 | CPT | | | | inpatient | | | 9685 | | 942.99 | WellPoint | WellPoint | 3116.63 | 32.18 | | | 162 | 9200.75 | percent of total billed charges | |
| HC NM THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT | 78012 | CPT | | | | outpatient | | | 559 | | 542.46 | UHC | Medicare | 471.7 | | | | 34.92 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT | 78012 | CPT | | | | outpatient | | | 559 | | 542.46 | Aetna | Medicare | 471.7 | | | | 34.92 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT | 78012 | CPT | | | | outpatient | | | 559 | | 542.46 | Aetna | Better Health | 176.36 | 31.55 | | | 34.92 | 912.74 | percent of total billed charges | |
| HC NM THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT | 78012 | CPT | | | | outpatient | | | 559 | | 542.46 | Horizon | MGD | 912.74 | | | | 34.92 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT | 78012 | CPT | | | | outpatient | | | 559 | | 542.46 | Aetna | Commercial | 769.81 | | | | 34.92 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT | 78012 | CPT | | | | outpatient | | | 559 | | 542.46 | Americare | Americare | 419.25 | 75 | | | 34.92 | 912.74 | percent of total billed charges | |
| HC NM THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT | 78012 | CPT | | | | outpatient | | | 559 | | 542.46 | Consumer | Consumer | 531.05 | 95 | | | 34.92 | 912.74 | percent of total billed charges | |
| HC NM THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT | 78012 | CPT | | | | outpatient | | | 559 | | 542.46 | Multiplan | Multiplan | 447.2 | 80 | | | 34.92 | 912.74 | percent of total billed charges | |
| HC NM THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT | 78012 | CPT | | | | outpatient | | | 559 | | 542.46 | Amerihealth | HMO/PPO | 34.92 | | | | 34.92 | 912.74 | fee schedule | |
| HC NM THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT | 78012 | CPT | | | | outpatient | | | 559 | | 542.46 | Horizon | Medicare Blue | 471.7 | | | | 34.92 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT | 78012 | CPT | | | | outpatient | | | 559 | | 542.46 | First Health | First Health | 391.3 | 70 | | | 34.92 | 912.74 | percent of total billed charges | |
| HC NM THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT | 78012 | CPT | | | | outpatient | | | 559 | | 542.46 | Qualcare | Qualcare | 419.25 | 75 | | | 34.92 | 912.74 | percent of total billed charges | |
| HC NM THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT | 78012 | CPT | | | | outpatient | | | 559 | | 542.46 | Horizon | Indemnity | 912.74 | | | | 34.92 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT | 78012 | CPT | | | | outpatient | | | 559 | | 542.46 | Corrections | Corrections | 447.2 | 80 | | | 34.92 | 912.74 | percent of total billed charges | |
| HC NM THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT | 78012 | CPT | | | | outpatient | | | 559 | | 542.46 | Wellcare | Medicaid | 176.36 | 31.55 | | | 34.92 | 912.74 | percent of total billed charges | |
| HC NM THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT | 78012 | CPT | | | | outpatient | | | 559 | | 542.46 | First Trenton | First Trenton | 503.1 | 90 | | | 34.92 | 912.74 | percent of total billed charges | |
| HC NM THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT | 78012 | CPT | | | | outpatient | | | 559 | | 542.46 | Horizon | PPO | 912.74 | | | | 34.92 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT | 78012 | CPT | | | | outpatient | | | 559 | | 542.46 | Horizon | NJ Health | 72.72 | | | | 34.92 | 912.74 | fee schedule | |
| HC NM THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT | 78012 | CPT | | | | outpatient | | | 559 | | 542.46 | UHC | Medicaid | 176.36 | 31.55 | | | 34.92 | 912.74 | percent of total billed charges | |
| HC NM THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT | 78012 | CPT | | | | outpatient | | | 559 | | 542.46 | Managed Care Inc | Managed Care Inc | 503.1 | 90 | | | 34.92 | 912.74 | percent of total billed charges | |
| HC NM THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT | 78012 | CPT | | | | outpatient | | | 559 | | 542.46 | WellPoint | WellPoint | 179.89 | 32.18 | | | 34.92 | 912.74 | percent of total billed charges | |
| HC NM THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT | 78012 | CPT | | | | outpatient | | | 559 | | 542.46 | Three Rivers | Three Rivers | 531.05 | 95 | | | 34.92 | 912.74 | percent of total billed charges | |
| HC NM THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT | 78012 | CPT | | | | outpatient | | | 559 | | 542.46 | Wellcare | Medicare | 471.7 | | | | 34.92 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID IMG W VASCULAR FLOW | 78013 | CPT | | | | both | | | 1478 | | 542.46 | Aetna | Better Health | 466.31 | 31.55 | | | 61.69 | 1404.1 | percent of total billed charges | |
| HC NM THYROID IMG W VASCULAR FLOW | 78013 | CPT | | | | both | | | 1478 | | 542.46 | Americare | Americare | 1108.5 | 75 | | | 61.69 | 1404.1 | percent of total billed charges | |
| HC NM THYROID IMG W VASCULAR FLOW | 78013 | CPT | | | | both | | | 1478 | | 542.46 | Amerihealth | HMO/PPO | 61.69 | | | | 61.69 | 1404.1 | fee schedule | |
| HC NM THYROID IMG W VASCULAR FLOW | 78013 | CPT | | | | both | | | 1478 | | 542.46 | Aetna | Commercial | 769.81 | | | 337.81 | 61.69 | 1404.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID IMG W VASCULAR FLOW | 78013 | CPT | | | | both | | | 1478 | | 542.46 | First Health | First Health | 1034.6 | 70 | | | 61.69 | 1404.1 | percent of total billed charges | |
| HC NM THYROID IMG W VASCULAR FLOW | 78013 | CPT | | | | both | | | 1478 | | 542.46 | Consumer | Consumer | 1404.1 | 95 | | | 61.69 | 1404.1 | percent of total billed charges | |
| HC NM THYROID IMG W VASCULAR FLOW | 78013 | CPT | | | | both | | | 1478 | | 542.46 | Horizon | PPO | 912.74 | | | | 61.69 | 1404.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID IMG W VASCULAR FLOW | 78013 | CPT | | | | both | | | 1478 | | 542.46 | Aetna | Medicare | 471.7 | | | | 61.69 | 1404.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID IMG W VASCULAR FLOW | 78013 | CPT | | | | both | | | 1478 | | 542.46 | UHC | Medicare | 471.7 | | | | 61.69 | 1404.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID IMG W VASCULAR FLOW | 78013 | CPT | | | | both | | | 1478 | | 542.46 | First Trenton | First Trenton | 1330.2 | 90 | | | 61.69 | 1404.1 | percent of total billed charges | |
| HC NM THYROID IMG W VASCULAR FLOW | 78013 | CPT | | | | both | | | 1478 | | 542.46 | Corrections | Corrections | 1182.4 | 80 | | 190.1 | 61.69 | 1404.1 | percent of total billed charges | |
| HC NM THYROID IMG W VASCULAR FLOW | 78013 | CPT | | | | both | | | 1478 | | 542.46 | Horizon | Medicare Blue | 471.7 | | | | 61.69 | 1404.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID IMG W VASCULAR FLOW | 78013 | CPT | | | | both | | | 1478 | | 542.46 | Wellcare | Medicare | 471.7 | | | | 61.69 | 1404.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID IMG W VASCULAR FLOW | 78013 | CPT | | | | both | | | 1478 | | 542.46 | Horizon | NJ Health | 184.2 | | | | 61.69 | 1404.1 | fee schedule | |
| HC NM THYROID IMG W VASCULAR FLOW | 78013 | CPT | | | | both | | | 1478 | | 542.46 | UHC | Medicaid | 466.31 | 31.55 | | 224.31 | 61.69 | 1404.1 | percent of total billed charges | |
| HC NM THYROID IMG W VASCULAR FLOW | 78013 | CPT | | | | both | | | 1478 | | 542.46 | Horizon | Indemnity | 912.74 | | | 735 | 61.69 | 1404.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID IMG W VASCULAR FLOW | 78013 | CPT | | | | both | | | 1478 | | 542.46 | Horizon | MGD | 912.74 | | | | 61.69 | 1404.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID IMG W VASCULAR FLOW | 78013 | CPT | | | | both | | | 1478 | | 542.46 | Managed Care Inc | Managed Care Inc | 1330.2 | 90 | | | 61.69 | 1404.1 | percent of total billed charges | |
| HC NM THYROID IMG W VASCULAR FLOW | 78013 | CPT | | | | both | | | 1478 | | 542.46 | WellPoint | WellPoint | 475.62 | 32.18 | | | 61.69 | 1404.1 | percent of total billed charges | |
| HC NM THYROID IMG W VASCULAR FLOW | 78013 | CPT | | | | both | | | 1478 | | 542.46 | Multiplan | Multiplan | 1182.4 | 80 | | | 61.69 | 1404.1 | percent of total billed charges | |
| HC NM THYROID IMG W VASCULAR FLOW | 78013 | CPT | | | | both | | | 1478 | | 542.46 | Three Rivers | Three Rivers | 1404.1 | 95 | | | 61.69 | 1404.1 | percent of total billed charges | |
| HC NM THYROID IMG W VASCULAR FLOW | 78013 | CPT | | | | both | | | 1478 | | 542.46 | Wellcare | Medicaid | 466.31 | 31.55 | | | 61.69 | 1404.1 | percent of total billed charges | |
| HC NM THYROID IMG W VASCULAR FLOW | 78013 | CPT | | | | both | | | 1478 | | 542.46 | Qualcare | Qualcare | 1108.5 | 75 | | | 61.69 | 1404.1 | percent of total billed charges | |
| HC NM THYROID UPTAKE W BLOOD FLOW SNGLE/MULT QUANT MEASURMT | 78014 | CPT | | | | outpatient | | | 1138 | | 542.46 | Corrections | Corrections | 910.4 | 80 | | | 85.02 | 1081.1 | percent of total billed charges | |
| HC NM THYROID UPTAKE W BLOOD FLOW SNGLE/MULT QUANT MEASURMT | 78014 | CPT | | | | outpatient | | | 1138 | | 542.46 | Aetna | Better Health | 359.04 | 31.55 | | | 85.02 | 1081.1 | percent of total billed charges | |
| HC NM THYROID UPTAKE W BLOOD FLOW SNGLE/MULT QUANT MEASURMT | 78014 | CPT | | | | outpatient | | | 1138 | | 542.46 | Aetna | Commercial | 769.81 | | | | 85.02 | 1081.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID UPTAKE W BLOOD FLOW SNGLE/MULT QUANT MEASURMT | 78014 | CPT | | | | outpatient | | | 1138 | | 542.46 | Horizon | NJ Health | 212.62 | | | 89.43 | 85.02 | 1081.1 | fee schedule | |
| HC NM THYROID UPTAKE W BLOOD FLOW SNGLE/MULT QUANT MEASURMT | 78014 | CPT | | | | outpatient | | | 1138 | | 542.46 | First Health | First Health | 796.6 | 70 | | | 85.02 | 1081.1 | percent of total billed charges | |
| HC NM THYROID UPTAKE W BLOOD FLOW SNGLE/MULT QUANT MEASURMT | 78014 | CPT | | | | outpatient | | | 1138 | | 542.46 | Horizon | Medicare Blue | 471.7 | | | | 85.02 | 1081.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID UPTAKE W BLOOD FLOW SNGLE/MULT QUANT MEASURMT | 78014 | CPT | | | | outpatient | | | 1138 | | 542.46 | Aetna | Medicare | 471.7 | | | | 85.02 | 1081.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID UPTAKE W BLOOD FLOW SNGLE/MULT QUANT MEASURMT | 78014 | CPT | | | | outpatient | | | 1138 | | 542.46 | Americare | Americare | 853.5 | 75 | | | 85.02 | 1081.1 | percent of total billed charges | |
| HC NM THYROID UPTAKE W BLOOD FLOW SNGLE/MULT QUANT MEASURMT | 78014 | CPT | | | | outpatient | | | 1138 | | 542.46 | Horizon | Indemnity | 912.74 | | | | 85.02 | 1081.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID UPTAKE W BLOOD FLOW SNGLE/MULT QUANT MEASURMT | 78014 | CPT | | | | outpatient | | | 1138 | | 542.46 | Amerihealth | HMO/PPO | 85.02 | | | | 85.02 | 1081.1 | fee schedule | |
| HC NM THYROID UPTAKE W BLOOD FLOW SNGLE/MULT QUANT MEASURMT | 78014 | CPT | | | | outpatient | | | 1138 | | 542.46 | Multiplan | Multiplan | 910.4 | 80 | | | 85.02 | 1081.1 | percent of total billed charges | |
| HC NM THYROID UPTAKE W BLOOD FLOW SNGLE/MULT QUANT MEASURMT | 78014 | CPT | | | | outpatient | | | 1138 | | 542.46 | Consumer | Consumer | 1081.1 | 95 | | | 85.02 | 1081.1 | percent of total billed charges | |
| HC NM THYROID UPTAKE W BLOOD FLOW SNGLE/MULT QUANT MEASURMT | 78014 | CPT | | | | outpatient | | | 1138 | | 542.46 | First Trenton | First Trenton | 1024.2 | 90 | | | 85.02 | 1081.1 | percent of total billed charges | |
| HC NM THYROID UPTAKE W BLOOD FLOW SNGLE/MULT QUANT MEASURMT | 78014 | CPT | | | | outpatient | | | 1138 | | 542.46 | Wellcare | Medicare | 471.7 | | | | 85.02 | 1081.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID UPTAKE W BLOOD FLOW SNGLE/MULT QUANT MEASURMT | 78014 | CPT | | | | outpatient | | | 1138 | | 542.46 | UHC | Medicare | 471.7 | | | 258.21 | 85.02 | 1081.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID UPTAKE W BLOOD FLOW SNGLE/MULT QUANT MEASURMT | 78014 | CPT | | | | outpatient | | | 1138 | | 542.46 | UHC | Medicaid | 359.04 | 31.55 | | 353.18 | 85.02 | 1081.1 | percent of total billed charges | |
| HC NM THYROID UPTAKE W BLOOD FLOW SNGLE/MULT QUANT MEASURMT | 78014 | CPT | | | | outpatient | | | 1138 | | 542.46 | Horizon | MGD | 912.74 | | | 479.43 | 85.02 | 1081.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID UPTAKE W BLOOD FLOW SNGLE/MULT QUANT MEASURMT | 78014 | CPT | | | | outpatient | | | 1138 | | 542.46 | Wellcare | Medicaid | 359.04 | 31.55 | | | 85.02 | 1081.1 | percent of total billed charges | |
| HC NM THYROID UPTAKE W BLOOD FLOW SNGLE/MULT QUANT MEASURMT | 78014 | CPT | | | | outpatient | | | 1138 | | 542.46 | Qualcare | Qualcare | 853.5 | 75 | | | 85.02 | 1081.1 | percent of total billed charges | |
| HC NM THYROID UPTAKE W BLOOD FLOW SNGLE/MULT QUANT MEASURMT | 78014 | CPT | | | | outpatient | | | 1138 | | 542.46 | Managed Care Inc | Managed Care Inc | 1024.2 | 90 | | | 85.02 | 1081.1 | percent of total billed charges | |
| HC NM THYROID UPTAKE W BLOOD FLOW SNGLE/MULT QUANT MEASURMT | 78014 | CPT | | | | outpatient | | | 1138 | | 542.46 | Horizon | PPO | 912.74 | | | | 85.02 | 1081.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID UPTAKE W BLOOD FLOW SNGLE/MULT QUANT MEASURMT | 78014 | CPT | | | | outpatient | | | 1138 | | 542.46 | Three Rivers | Three Rivers | 1081.1 | 95 | | | 85.02 | 1081.1 | percent of total billed charges | |
| HC NM THYROID UPTAKE W BLOOD FLOW SNGLE/MULT QUANT MEASURMT | 78014 | CPT | | | | outpatient | | | 1138 | | 542.46 | WellPoint | WellPoint | 366.21 | 32.18 | | | 85.02 | 1081.1 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES IMG ADDL STUDY | 78016 | CPT | | | | outpatient | | | 602.82 | | 542.46 | Americare | Americare | 452.12 | 75 | | | 106.02 | 912.74 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES IMG ADDL STUDY | 78016 | CPT | | | | outpatient | | | 602.82 | | 542.46 | Horizon | PPO | 912.74 | | | | 106.02 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID CARCINOMA METASTASES IMG ADDL STUDY | 78016 | CPT | | | | outpatient | | | 602.82 | | 542.46 | First Trenton | First Trenton | 542.54 | 90 | | | 106.02 | 912.74 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES IMG ADDL STUDY | 78016 | CPT | | | | outpatient | | | 602.82 | | 542.46 | First Health | First Health | 421.97 | 70 | | | 106.02 | 912.74 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES IMG ADDL STUDY | 78016 | CPT | | | | outpatient | | | 602.82 | | 542.46 | Aetna | Commercial | 769.81 | | | | 106.02 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID CARCINOMA METASTASES IMG ADDL STUDY | 78016 | CPT | | | | outpatient | | | 602.82 | | 542.46 | Aetna | Medicare | 471.7 | | | | 106.02 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID CARCINOMA METASTASES IMG ADDL STUDY | 78016 | CPT | | | | outpatient | | | 602.82 | | 542.46 | Horizon | Indemnity | 912.74 | | | | 106.02 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID CARCINOMA METASTASES IMG ADDL STUDY | 78016 | CPT | | | | outpatient | | | 602.82 | | 542.46 | Aetna | Better Health | 190.19 | 31.55 | | | 106.02 | 912.74 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES IMG ADDL STUDY | 78016 | CPT | | | | outpatient | | | 602.82 | | 542.46 | Amerihealth | HMO/PPO | 106.02 | | | | 106.02 | 912.74 | fee schedule | |
| HC NM THYROID CARCINOMA METASTASES IMG ADDL STUDY | 78016 | CPT | | | | outpatient | | | 602.82 | | 542.46 | WellPoint | WellPoint | 193.99 | 32.18 | | | 106.02 | 912.74 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES IMG ADDL STUDY | 78016 | CPT | | | | outpatient | | | 602.82 | | 542.46 | Managed Care Inc | Managed Care Inc | 542.54 | 90 | | | 106.02 | 912.74 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES IMG ADDL STUDY | 78016 | CPT | | | | outpatient | | | 602.82 | | 542.46 | Horizon | Medicare Blue | 471.7 | | | | 106.02 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID CARCINOMA METASTASES IMG ADDL STUDY | 78016 | CPT | | | | outpatient | | | 602.82 | | 542.46 | UHC | Medicaid | 190.19 | 31.55 | | | 106.02 | 912.74 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES IMG ADDL STUDY | 78016 | CPT | | | | outpatient | | | 602.82 | | 542.46 | Corrections | Corrections | 482.26 | 80 | | | 106.02 | 912.74 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES IMG ADDL STUDY | 78016 | CPT | | | | outpatient | | | 602.82 | | 542.46 | Wellcare | Medicare | 471.7 | | | | 106.02 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID CARCINOMA METASTASES IMG ADDL STUDY | 78016 | CPT | | | | outpatient | | | 602.82 | | 542.46 | Consumer | Consumer | 572.68 | 95 | | | 106.02 | 912.74 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES IMG ADDL STUDY | 78016 | CPT | | | | outpatient | | | 602.82 | | 542.46 | UHC | Medicare | 471.7 | | | | 106.02 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID CARCINOMA METASTASES IMG ADDL STUDY | 78016 | CPT | | | | outpatient | | | 602.82 | | 542.46 | Horizon | MGD | 912.74 | | | | 106.02 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID CARCINOMA METASTASES IMG ADDL STUDY | 78016 | CPT | | | | outpatient | | | 602.82 | | 542.46 | Multiplan | Multiplan | 482.26 | 80 | | | 106.02 | 912.74 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES IMG ADDL STUDY | 78016 | CPT | | | | outpatient | | | 602.82 | | 542.46 | Horizon | NJ Health | 120.74 | | | | 106.02 | 912.74 | fee schedule | |
| HC NM THYROID CARCINOMA METASTASES IMG ADDL STUDY | 78016 | CPT | | | | outpatient | | | 602.82 | | 542.46 | Qualcare | Qualcare | 452.12 | 75 | | | 106.02 | 912.74 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES IMG ADDL STUDY | 78016 | CPT | | | | outpatient | | | 602.82 | | 542.46 | Three Rivers | Three Rivers | 572.68 | 95 | | | 106.02 | 912.74 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES IMG ADDL STUDY | 78016 | CPT | | | | outpatient | | | 602.82 | | 542.46 | Wellcare | Medicaid | 190.19 | 31.55 | | | 106.02 | 912.74 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY | 78018 | CPT | | | | outpatient | | | 2362 | | 710.88 | Horizon | Indemnity | 1196.14 | | | 1150.4 | 153.76 | 2243.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY | 78018 | CPT | | | | outpatient | | | 2362 | | 710.88 | Aetna | Commercial | 1008.84 | | | | 153.76 | 2243.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY | 78018 | CPT | | | | outpatient | | | 2362 | | 710.88 | Amerihealth | HMO/PPO | 153.76 | | | | 153.76 | 2243.9 | fee schedule | |
| HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY | 78018 | CPT | | | | outpatient | | | 2362 | | 710.88 | Aetna | Better Health | 745.21 | 31.55 | | | 153.76 | 2243.9 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY | 78018 | CPT | | | | outpatient | | | 2362 | | 710.88 | First Trenton | First Trenton | 2125.8 | 90 | | | 153.76 | 2243.9 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY | 78018 | CPT | | | | outpatient | | | 2362 | | 710.88 | Consumer | Consumer | 2243.9 | 95 | | | 153.76 | 2243.9 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY | 78018 | CPT | | | | outpatient | | | 2362 | | 710.88 | First Health | First Health | 1653.4 | 70 | | | 153.76 | 2243.9 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY | 78018 | CPT | | | | outpatient | | | 2362 | | 710.88 | Horizon | Medicare Blue | 618.16 | | | | 153.76 | 2243.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY | 78018 | CPT | | | | outpatient | | | 2362 | | 710.88 | Horizon | PPO | 1196.14 | | | | 153.76 | 2243.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY | 78018 | CPT | | | | outpatient | | | 2362 | | 710.88 | Aetna | Medicare | 618.16 | | | | 153.76 | 2243.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY | 78018 | CPT | | | | outpatient | | | 2362 | | 710.88 | Horizon | NJ Health | 192.08 | | | 192.08 | 153.76 | 2243.9 | fee schedule | |
| HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY | 78018 | CPT | | | | outpatient | | | 2362 | | 710.88 | Corrections | Corrections | 1889.6 | 80 | | 721.38 | 153.76 | 2243.9 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY | 78018 | CPT | | | | outpatient | | | 2362 | | 710.88 | Managed Care Inc | Managed Care Inc | 2125.8 | 90 | | | 153.76 | 2243.9 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY | 78018 | CPT | | | | outpatient | | | 2362 | | 710.88 | Three Rivers | Three Rivers | 2243.9 | 95 | | | 153.76 | 2243.9 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY | 78018 | CPT | | | | outpatient | | | 2362 | | 710.88 | Horizon | MGD | 1196.14 | | | 1150.4 | 153.76 | 2243.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY | 78018 | CPT | | | | outpatient | | | 2362 | | 710.88 | Americare | Americare | 1771.5 | 75 | | | 153.76 | 2243.9 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY | 78018 | CPT | | | | outpatient | | | 2362 | | 710.88 | UHC | Medicare | 618.16 | | | | 153.76 | 2243.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY | 78018 | CPT | | | | outpatient | | | 2362 | | 710.88 | Multiplan | Multiplan | 1889.6 | 80 | | | 153.76 | 2243.9 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY | 78018 | CPT | | | | outpatient | | | 2362 | | 710.88 | UHC | Medicaid | 745.21 | 31.55 | | | 153.76 | 2243.9 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY | 78018 | CPT | | | | outpatient | | | 2362 | | 710.88 | Qualcare | Qualcare | 1771.5 | 75 | | | 153.76 | 2243.9 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY | 78018 | CPT | | | | outpatient | | | 2362 | | 710.88 | WellPoint | WellPoint | 760.09 | 32.18 | | | 153.76 | 2243.9 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY | 78018 | CPT | | | | outpatient | | | 2362 | | 710.88 | Wellcare | Medicare | 618.16 | | | | 153.76 | 2243.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM THYROID CARCINOMA METASTASES IMG WHOLE BODY | 78018 | CPT | | | | outpatient | | | 2362 | | 710.88 | Wellcare | Medicaid | 745.21 | 31.55 | | | 153.76 | 2243.9 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES UPTAKE | 78020 | CPT | | | | outpatient | | | 271.29 | | | Americare | Americare | 203.47 | 75 | | | 19.22 | 257.73 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES UPTAKE | 78020 | CPT | | | | outpatient | | | 271.29 | | | Multiplan | Multiplan | 217.03 | 80 | | | 19.22 | 257.73 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES UPTAKE | 78020 | CPT | | | | outpatient | | | 271.29 | | | Consumer | Consumer | 257.73 | 95 | | | 19.22 | 257.73 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES UPTAKE | 78020 | CPT | | | | outpatient | | | 271.29 | | | First Trenton | First Trenton | 244.16 | 90 | | | 19.22 | 257.73 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES UPTAKE | 78020 | CPT | | | | outpatient | | | 271.29 | | | Horizon | NJ Health | 47.04 | | | | 19.22 | 257.73 | fee schedule | |
| HC NM THYROID CARCINOMA METASTASES UPTAKE | 78020 | CPT | | | | outpatient | | | 271.29 | | | Aetna | Better Health | 85.59 | 31.55 | | | 19.22 | 257.73 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES UPTAKE | 78020 | CPT | | | | outpatient | | | 271.29 | | | Corrections | Corrections | 217.03 | 80 | | | 19.22 | 257.73 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES UPTAKE | 78020 | CPT | | | | outpatient | | | 271.29 | | | Aetna | Medicare | 83.56 | 30.8 | | | 19.22 | 257.73 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES UPTAKE | 78020 | CPT | | | | outpatient | | | 271.29 | | | Horizon | Indemnity | 103.85 | 38.28 | | | 19.22 | 257.73 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES UPTAKE | 78020 | CPT | | | | outpatient | | | 271.29 | | | Qualcare | Qualcare | 203.47 | 75 | | | 19.22 | 257.73 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES UPTAKE | 78020 | CPT | | | | outpatient | | | 271.29 | | | Horizon | PPO | 103.85 | 38.28 | | | 19.22 | 257.73 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES UPTAKE | 78020 | CPT | | | | outpatient | | | 271.29 | | | Horizon | Medicare Blue | 81.39 | 30 | | | 19.22 | 257.73 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES UPTAKE | 78020 | CPT | | | | outpatient | | | 271.29 | | | Amerihealth | HMO/PPO | 19.22 | | | | 19.22 | 257.73 | fee schedule | |
| HC NM THYROID CARCINOMA METASTASES UPTAKE | 78020 | CPT | | | | outpatient | | | 271.29 | | | WellPoint | WellPoint | 87.3 | 32.18 | | | 19.22 | 257.73 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES UPTAKE | 78020 | CPT | | | | outpatient | | | 271.29 | | | Managed Care Inc | Managed Care Inc | 244.16 | 90 | | | 19.22 | 257.73 | percent of total billed charges | |
| HC NM THYROID CARCINOMA METASTASES UPTAKE | 78020 | CPT | | | | outpatient | | | 271.29 | | | First Health | First Health | 189.9 | 70 | | | 19.22 | 257.73 | perc

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC NM PARATHYROID PLANAR IMAGING | 78070 | CPT | | | | outpatient | | | 602.82 | | 542.46 Horizon | Medicare Blue | 471.7 | | | | 60.76 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PARATHYROID PLANAR IMAGING | 78070 | CPT | | | | outpatient | | | 602.82 | | 542.46 Wellcare | Medicaid | 190.19 | 31.55 | | | 60.76 | 912.74 | percent of total billed charges | |
| HC NM PARATHYROID PLANAR IMAGING | 78070 | CPT | | | | outpatient | | | 602.82 | | 542.46 Corrections | Corrections | 482.26 | 80 | | | 60.76 | 912.74 | percent of total billed charges | |
| HC NM PARATHYROID PLANAR IMAGING | 78070 | CPT | | | | outpatient | | | 602.82 | | 542.46 First Trenton | First Trenton | 542.54 | 90 | | | 60.76 | 912.74 | percent of total billed charges | |
| HC NM PARATHYROID PLANAR IMAGING | 78070 | CPT | | | | outpatient | | | 602.82 | | 542.46 Horizon | MGD | 912.74 | | | | 60.76 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PARATHYROID PLANAR IMAGING | 78070 | CPT | | | | outpatient | | | 602.82 | | 542.46 Managed Care Inc | Managed Care Inc | 542.54 | 90 | | | 60.76 | 912.74 | percent of total billed charges | |
| HC NM PARATHYROID PLANAR IMAGING | 78070 | CPT | | | | outpatient | | | 602.82 | | 542.46 Horizon | NJ Health | 72.52 | | | | 60.76 | 912.74 | fee schedule | |
| HC NM PARATHYROID PLANAR IMAGING | 78070 | CPT | | | | outpatient | | | 602.82 | | 542.46 Three Rivers | Three Rivers | 572.68 | 95 | | | 60.76 | 912.74 | percent of total billed charges | |
| HC NM PARATHYROID PLANAR IMAGING | 78070 | CPT | | | | outpatient | | | 602.82 | | 542.46 Horizon | PPO | 912.74 | | | | 60.76 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PARATHYROID PLANAR IMAGING | 78070 | CPT | | | | outpatient | | | 602.82 | | 542.46 Wellcare | Medicare | 471.7 | | | | 60.76 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PARATHYROID PLANAR IMAGING | 78070 | CPT | | | | outpatient | | | 602.82 | | 542.46 UHC | Medicaid | 190.19 | 31.55 | | | 60.76 | 912.74 | percent of total billed charges | |
| HC NM PARATHYROID PLANAR IMAGING | 78070 | CPT | | | | outpatient | | | 602.82 | | 542.46 WellPoint | WellPoint | 193.99 | 32.18 | | | 60.76 | 912.74 | percent of total billed charges | |
| HC NM PARATHYROID PLANAR IMG W/WO SUBTRACTION W TOMO SPECT | 78071 | CPT | | | | both | | | 1566 | | 542.46 Aetna | Better Health | 494.07 | 31.55 | | | 156.86 | 1487.7 | percent of total billed charges | |
| HC NM PARATHYROID PLANAR IMG W/WO SUBTRACTION W TOMO SPECT | 78071 | CPT | | | | both | | | 1566 | | 542.46 Aetna | Commercial | 769.81 | | | | 156.86 | 1487.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PARATHYROID PLANAR IMG W/WO SUBTRACTION W TOMO SPECT | 78071 | CPT | | | | both | | | 1566 | | 542.46 Consumer | Consumer | 1487.7 | 95 | | | 156.86 | 1487.7 | percent of total billed charges | |
| HC NM PARATHYROID PLANAR IMG W/WO SUBTRACTION W TOMO SPECT | 78071 | CPT | | | | both | | | 1566 | | 542.46 First Trenton | First Trenton | 1409.4 | 90 | | | 156.86 | 1487.7 | percent of total billed charges | |
| HC NM PARATHYROID PLANAR IMG W/WO SUBTRACTION W TOMO SPECT | 78071 | CPT | | | | both | | | 1566 | | 542.46 Aetna | Medicare | 471.7 | | | | 156.86 | 1487.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PARATHYROID PLANAR IMG W/WO SUBTRACTION W TOMO SPECT | 78071 | CPT | | | | both | | | 1566 | | 542.46 UHC | Medicare | 471.7 | | | | 156.86 | 1487.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PARATHYROID PLANAR IMG W/WO SUBTRACTION W TOMO SPECT | 78071 | CPT | | | | both | | | 1566 | | 542.46 Corrections | Corrections | 1252.8 | 80 | | | 156.86 | 1487.7 | percent of total billed charges | |
| HC NM PARATHYROID PLANAR IMG W/WO SUBTRACTION W TOMO SPECT | 78071 | CPT | | | | both | | | 1566 | | 542.46 UHC | Medicaid | 494.07 | 31.55 | | | 156.86 | 1487.7 | percent of total billed charges | |
| HC NM PARATHYROID PLANAR IMG W/WO SUBTRACTION W TOMO SPECT | 78071 | CPT | | | | both | | | 1566 | | 542.46 WellPoint | WellPoint | 503.94 | 32.18 | | | 156.86 | 1487.7 | percent of total billed charges | |
| HC NM PARATHYROID PLANAR IMG W/WO SUBTRACTION W TOMO SPECT | 78071 | CPT | | | | both | | | 1566 | | 542.46 Americare | Americare | 1174.5 | 75 | | | 156.86 | 1487.7 | percent of total billed charges | |
| HC NM PARATHYROID PLANAR IMG W/WO SUBTRACTION W TOMO SPECT | 78071 | CPT | | | | both | | | 1566 | | 542.46 Horizon | MGD | 912.74 | | | 609.27 | 156.86 | 1487.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PARATHYROID PLANAR IMG W/WO SUBTRACTION W TOMO SPECT | 78071 | CPT | | | | both | | | 1566 | | 542.46 Horizon | Indemnity | 912.74 | | | | 156.86 | 1487.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PARATHYROID PLANAR IMG W/WO SUBTRACTION W TOMO SPECT | 78071 | CPT | | | | both | | | 1566 | | 542.46 Amerihealth | HMO/PPO | 156.86 | | | | 156.86 | 1487.7 | fee schedule | |
| HC NM PARATHYROID PLANAR IMG W/WO SUBTRACTION W TOMO SPECT | 78071 | CPT | | | | both | | | 1566 | | 542.46 Horizon | NJ Health | 315.72 | | | 222.56 | 156.86 | 1487.7 | fee schedule | |
| HC NM PARATHYROID PLANAR IMG W/WO SUBTRACTION W TOMO SPECT | 78071 | CPT | | | | both | | | 1566 | | 542.46 Horizon | Medicare Blue | 471.7 | | | | 156.86 | 1487.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PARATHYROID PLANAR IMG W/WO SUBTRACTION W TOMO SPECT | 78071 | CPT | | | | both | | | 1566 | | 542.46 Horizon | PPO | 912.74 | | | | 156.86 | 1487.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PARATHYROID PLANAR IMG W/WO SUBTRACTION W TOMO SPECT | 78071 | CPT | | | | both | | | 1566 | | 542.46 First Health | First Health | 1096.2 | 70 | | | 156.86 | 1487.7 | percent of total billed charges | |
| HC NM PARATHYROID PLANAR IMG W/WO SUBTRACTION W TOMO SPECT | 78071 | CPT | | | | both | | | 1566 | | 542.46 Multiplan | Multiplan | 1252.8 | 80 | | | 156.86 | 1487.7 | percent of total billed charges | |
| HC NM PARATHYROID PLANAR IMG W/WO SUBTRACTION W TOMO SPECT | 78071 | CPT | | | | both | | | 1566 | | 542.46 Wellcare | Medicaid | 494.07 | 31.55 | | | 156.86 | 1487.7 | percent of total billed charges | |
| HC NM PARATHYROID PLANAR IMG W/WO SUBTRACTION W TOMO SPECT | 78071 | CPT | | | | both | | | 1566 | | 542.46 Managed Care Inc | Managed Care Inc | 1409.4 | 90 | | | 156.86 | 1487.7 | percent of total billed charges | |
| HC NM PARATHYROID PLANAR IMG W/WO SUBTRACTION W TOMO SPECT | 78071 | CPT | | | | both | | | 1566 | | 542.46 Qualcare | Qualcare | 1174.5 | 75 | | | 156.86 | 1487.7 | percent of total billed charges | |
| HC NM PARATHYROID PLANAR IMG W/WO SUBTRACTION W TOMO SPECT | 78071 | CPT | | | | both | | | 1566 | | 542.46 Three Rivers | Three Rivers | 1487.7 | 95 | | | 156.86 | 1487.7 | percent of total billed charges | |
| HC NM PARATHYROID PLANAR IMG W/WO SUBTRACTION W TOMO SPECT | 78071 | CPT | | | | both | | | 1566 | | 542.46 Wellcare | Medicare | 471.7 | | | | 156.86 | 1487.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT | 78072 | CPT | | | | outpatient | | | 1566 | | 710.88 Aetna | Better Health | 494.07 | 31.55 | | | 64.48 | 1487.7 | percent of total billed charges | |
| HC NM PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT | 78072 | CPT | | | | outpatient | | | 1566 | | 710.88 Corrections | Corrections | 1252.8 | 80 | | | 64.48 | 1487.7 | percent of total billed charges | |
| HC NM PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT | 78072 | CPT | | | | outpatient | | | 1566 | | 710.88 Amerihealth | HMO/PPO | 156.86 | | | | 64.48 | 1487.7 | fee schedule | |
| HC NM PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT | 78072 | CPT | | | | outpatient | | | 1566 | | 710.88 Americare | Americare | 1174.5 | 75 | | | 64.48 | 1487.7 | percent of total billed charges | |
| HC NM PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT | 78072 | CPT | | | | outpatient | | | 1566 | | 710.88 Horizon | Medicare Blue | 618.16 | | | | 64.48 | 1487.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT | 78072 | CPT | | | | outpatient | | | 1566 | | 710.88 First Trenton | First Trenton | 1409.4 | 90 | | | 64.48 | 1487.7 | percent of total billed charges | |
| HC NM PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT | 78072 | CPT | | | | outpatient | | | 1566 | | 710.88 First Health | First Health | 1096.2 | 70 | | | 64.48 | 1487.7 | percent of total billed charges | |
| HC NM PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT | 78072 | CPT | | | | outpatient | | | 1566 | | 710.88 Aetna | Commercial | 1008.84 | | | | 64.48 | 1487.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT | 78072 | CPT | | | | outpatient | | | 1566 | | 710.88 Horizon | Indemnity | 1196.14 | | | | 64.48 | 1487.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT | 78072 | CPT | | | | outpatient | | | 1566 | | 710.88 Horizon | PPO | 1196.14 | | | | 64.48 | 1487.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT | 78072 | CPT | | | | outpatient | | | 1566 | | 710.88 UHC | Medicare | 618.16 | | | | 64.48 | 1487.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT | 78072 | CPT | | | | outpatient | | | 1566 | | 710.88 Consumer | Consumer | 1487.7 | 95 | | | 64.48 | 1487.7 | percent of total billed charges | |
| HC NM PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT | 78072 | CPT | | | | outpatient | | | 1566 | | 710.88 UHC | Medicaid | 494.07 | 31.55 | | | 64.48 | 1487.7 | percent of total billed charges | |
| HC NM PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT | 78072 | CPT | | | | outpatient | | | 1566 | | 710.88 Horizon | NJ Health | 64.48 | | | | 64.48 | 1487.7 | fee schedule | |
| HC NM PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT | 78072 | CPT | | | | outpatient | | | 1566 | | 710.88 Wellcare | Medicare | 618.16 | | | | 64.48 | 1487.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT | 78072 | CPT | | | | outpatient | | | 1566 | | 710.88 Aetna | Medicare | 618.16 | | | | 64.48 | 1487.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT | 78072 | CPT | | | | outpatient | | | 1566 | | 710.88 Wellcare | Medicaid | 494.07 | 31.55 | | | 64.48 | 1487.7 | percent of total billed charges | |
| HC NM PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT | 78072 | CPT | | | | outpatient | | | 1566 | | 710.88 WellPoint | WellPoint | 503.94 | 32.18 | | | 64.48 | 1487.7 | percent of total billed charges | |
| HC NM PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT | 78072 | CPT | | | | outpatient | | | 1566 | | 710.88 Horizon | MGD | 1196.14 | | | | 64.48 | 1487.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT | 78072 | CPT | | | | outpatient | | | 1566 | | 710.88 Managed Care Inc | Managed Care Inc | 1409.4 | 90 | | | 64.48 | 1487.7 | percent of total billed charges | |
| HC NM PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT | 78072 | CPT | | | | outpatient | | | 1566 | | 710.88 Multiplan | Multiplan | 1252.8 | 80 | | | 64.48 | 1487.7 | percent of total billed charges | |
| HC NM PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT | 78072 | CPT | | | | outpatient | | | 1566 | | 710.88 Three Rivers | Three Rivers | 1487.7 | 95 | | | 64.48 | 1487.7 | percent of total billed charges | |
| HC NM PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT | 78072 | CPT | | | | outpatient | | | 1566 | | 710.88 Qualcare | Qualcare | 1174.5 | 75 | | | 64.48 | 1487.7 | percent of total billed charges | |
| HC NM ADRENAL IMAGING CORTEX &/MEDULLA | 78075 | CPT | | | | outpatient | | | 2075.39 | | 1867.58 Horizon | Medicare Blue | 1623.98 | | | | 107.8 | 3142.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM ADRENAL IMAGING CORTEX &/MEDULLA | 78075 | CPT | | | | outpatient | | | 2075.39 | | 1867.58 Aetna | Better Health | 654.79 | 31.55 | | | 107.8 | 3142.4 | percent of total billed charges | |
| HC NM ADRENAL IMAGING CORTEX &/MEDULLA | 78075 | CPT | | | | outpatient | | | 2075.39 | | 1867.58 Horizon | PPO | 3142.4 | | | | 107.8 | 3142.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM ADRENAL IMAGING CORTEX &/MEDULLA | 78075 | CPT | | | | outpatient | | | 2075.39 | | 1867.58 Americare | Americare | 1556.54 | 75 | | | 107.8 | 3142.4 | percent of total billed charges | |
| HC NM ADRENAL IMAGING CORTEX &/MEDULLA | 78075 | CPT | | | | outpatient | | | 2075.39 | | 1867.58 Aetna | Commercial | 2650.34 | | | | 107.8 | 3142.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM ADRENAL IMAGING CORTEX &/MEDULLA | 78075 | CPT | | | | outpatient | | | 2075.39 | | 1867.58 First Health | First Health | 1452.77 | 70 | | | 107.8 | 3142.4 | percent of total billed charges | |
| HC NM ADRENAL IMAGING CORTEX &/MEDULLA | 78075 | CPT | | | | outpatient | | | 2075.39 | | 1867.58 Amerihealth | HMO/PPO | 153.76 | | | | 107.8 | 3142.4 | fee schedule | |
| HC NM ADRENAL IMAGING CORTEX &/MEDULLA | 78075 | CPT | | | | outpatient | | | 2075.39 | | 1867.58 Corrections | Corrections | 1660.31 | 80 | | | 107.8 | 3142.4 | percent of total billed charges | |
| HC NM ADRENAL IMAGING CORTEX &/MEDULLA | 78075 | CPT | | | | outpatient | | | 2075.39 | | 1867.58 Multiplan | Multiplan | 1660.31 | 80 | | | 107.8 | 3142.4 | percent of total billed charges | |
| HC NM ADRENAL IMAGING CORTEX &/MEDULLA | 78075 | CPT | | | | outpatient | | | 2075.39 | | 1867.58 UHC | Medicare | 1623.98 | | | | 107.8 | 3142.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM ADRENAL IMAGING CORTEX &/MEDULLA | 78075 | CPT | | | | outpatient | | | 2075.39 | | 1867.58 WellPoint | WellPoint | 667.86 | 32.18 | | | 107.8 | 3142.4 | percent of total billed charges | |
| HC NM ADRENAL IMAGING CORTEX &/MEDULLA | 78075 | CPT | | | | outpatient | | | 2075.39 | | 1867.58 Consumer | Consumer | 1971.62 | 95 | | | 107.8 | 3142.4 | percent of total billed charges | |
| HC NM ADRENAL IMAGING CORTEX &/MEDULLA | 78075 | CPT | | | | outpatient | | | 2075.39 | | 1867.58 Aetna | Medicare | 1623.98 | | | | 107.8 | 3142.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM ADRENAL IMAGING CORTEX &/MEDULLA | 78075 | CPT | | | | outpatient | | | 2075.39 | | 1867.58 Wellcare | Medicare | 1623.98 | | | | 107.8 | 3142.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM ADRENAL IMAGING CORTEX &/MEDULLA | 78075 | CPT | | | | outpatient | | | 2075.39 | | 1867.58 Horizon | MGD | 3142.4 | | | | 107.8 | 3142.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM ADRENAL IMAGING CORTEX &/MEDULLA | 78075 | CPT | | | | outpatient | | | 2075.39 | | 1867.58 Horizon | Indemnity | 3142.4 | | | | 107.8 | 3142.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM ADRENAL IMAGING CORTEX &/MEDULLA | 78075 | CPT | | | | outpatient | | | 2075.39 | | 1867.58 Qualcare | Qualcare | 1556.54 | 75 | | | 107.8 | 3142.4 | percent of total billed charges | |
| HC NM ADRENAL IMAGING CORTEX &/MEDULLA | 78075 | CPT | | | | outpatient | | | 2075.39 | | 1867.58 First Trenton | First Trenton | 1867.85 | 90 | | | 107.8 | 3142.4 | percent of total billed charges | |
| HC NM ADRENAL IMAGING CORTEX &/MEDULLA | 78075 | CPT | | | | outpatient | | | 2075.39 | | 1867.58 UHC | Medicaid | 654.79 | 31.55 | | | 107.8 | 3142.4 | percent of total billed charges | |
| HC NM ADRENAL IMAGING CORTEX &/MEDULLA | 78075 | CPT | | | | outpatient | | | 2075.39 | | 1867.58 Horizon | NJ Health | 107.8 | | | | 107.8 | 3142.4 | fee schedule | |
| HC NM ADRENAL IMAGING CORTEX &/MEDULLA | 78075 | CPT | | | | outpatient | | | 2075.39 | | 1867.58 Wellcare | Medicaid | 654.79 | 31.55 | | | 107.8 | 3142.4 | percent of total billed charges | |
| HC NM ADRENAL IMAGING CORTEX &/MEDULLA | 78075 | CPT | | | | outpatient | | | 2075.39 | | 1867.58 Managed Care Inc | Managed Care Inc | 1867.85 | 90 | | | 107.8 | 3142.4 | percent of total billed charges | |
| HC NM ADRENAL IMAGING CORTEX &/MEDULLA | 78075 | CPT | | | | outpatient | | | 2075.39 | | 1867.58 Three Rivers | Three Rivers | 1971.62 | 95 | | | 107.8 | 3142.4 | percent of total billed charges | |
| HC NM BONE MARROW IMG LIMITED AREA | 78102 | CPT | | | | both | | | 909 | | 542.46 Aetna | Better Health | 286.79 | 31.55 | | | 67.58 | 912.74 | percent of total billed charges | |
| HC NM BONE MARROW IMG LIMITED AREA | 78102 | CPT | | | | both | | | 909 | | 542.46 Aetna | Medicare | 471.7 | | | | 67.58 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE MARROW IMG LIMITED AREA | 78102 | CPT | | | | both | | | 909 | | 542.46 First Trenton | First Trenton | 818.1 | 90 | | | 67.58 | 912.74 | percent of total billed charges | |
| HC NM BONE MARROW IMG LIMITED AREA | 78102 | CPT | | | | both | | | 909 | | 542.46 Wellcare | Medicare | 471.7 | | | | 67.58 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE MARROW IMG LIMITED AREA | 78102 | CPT | | | | both | | | 909 | | 542.46 Horizon | Medicare Blue | 471.7 | | | | 67.58 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE MARROW IMG LIMITED AREA | 78102 | CPT | | | | both | | | 909 | | 542.46 Americare | Americare | 681.75 | 75 | | | 67.58 | 912.74 | percent of total billed charges | |
| HC NM BONE MARROW IMG LIMITED AREA | 78102 | CPT | | | | both | | | 909 | | 542.46 Corrections | Corrections | 727.2 | 80 | | | 67.58 | 912.74 | percent of total billed charges | |
| HC NM BONE MARROW IMG LIMITED AREA | 78102 | CPT | | | | both | | | 909 | | 542.46 Aetna | Commercial | 769.81 | | | | 67.58 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE MARROW IMG LIMITED AREA | 78102 | CPT | | | | both | | | 909 | | 542.46 Amerihealth | HMO/PPO | 67.58 | | | | 67.58 | 912.74 | fee schedule | |
| HC NM BONE MARROW IMG LIMITED AREA | 78102 | CPT | | | | both | | | 909 | | 542.46 Consumer | Consumer | 863.55 | 95 | | | 67.58 | 912.74 | percent of total billed charges | |
| HC NM BONE MARROW IMG LIMITED AREA | 78102 | CPT | | | | both | | | 909 | | 542.46 Three Rivers | Three Rivers | 863.55 | 95 | | | 67.58 | 912.74 | percent of total billed charges | |
| HC NM BONE MARROW IMG LIMITED AREA | 78102 | CPT | | | | both | | | 909 | | 542.46 Multiplan | Multiplan | 727.2 | 80 | | | 67.58 | 912.74 | percent of total billed charges | |
| HC NM BONE MARROW IMG LIMITED AREA | 78102 | CPT | | | | both | | | 909 | | 542.46 UHC | Medicare | 471.7 | | | | 67.58 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE MARROW IMG LIMITED AREA | 78102 | CPT | | | | both | | | 909 | | 542.46 Qualcare | Qualcare | 681.75 | 75 | | | 67.58 | 912.74 | percent of total billed charges | |
| HC NM BONE MARROW IMG LIMITED AREA | 78102 | CPT | | | | both | | | 909 | | 542.46 Horizon | Indemnity | 912.74 | | | | 67.58 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE MARROW IMG LIMITED AREA | 78102 | CPT | | | | both | | | 909 | | 542.46 First Health | First Health | 636.3 | 70 | | | 67.58 | 912.74 | percent of total billed charges | |
| HC NM BONE MARROW IMG LIMITED AREA | 78102 | CPT | | | | both | | | 909 | | 542.46 UHC | Medicaid | 286.79 | 31.55 | | | 67.58 | 912.74 | percent of total billed charges | |
| HC NM BONE MARROW IMG LIMITED AREA | 78102 | CPT | | | | both | | | 909 | | 542.46 Horizon | MGD | 912.74 | | | | 67.58 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE MARROW IMG LIMITED AREA | 78102 | CPT | | | | both | | | 909 | | 542.46 Horizon | NJ Health | 129.36 | | | | 67.58 | 912.74 | fee schedule | |
| HC NM BONE MARROW IMG LIMITED AREA | 78102 | CPT | | | | both | | | 909 | | 542.46 Wellcare | Medicaid | 286.79 | 31.55 | | | 67.58 | 912.74 | percent of total billed charges | |
| HC NM BONE MARROW IMG LIMITED AREA | 78102 | CPT | | | | both | | | 909 | | 542.46 Horizon | PPO | 912.74 | | | | 67.58 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE MARROW IMG LIMITED AREA | 78102 | CPT | | | | both | | | 909 | | 542.46 Managed Care Inc | Managed Care Inc | 818.1 | 90 | | | 67.58 | 912.74 | percent of total billed charges | |
| HC NM BONE MARROW IMG LIMITED AREA | 78102 | CPT | | | | both | | | 909 | | 542.46 WellPoint | WellPoint | 292.52 | 32.18 | | | 67.58 | 912.74 | percent of total billed charges | |
| HC NM BONE MARROW IMAGING MULTIPLE AREAS | 78103 | CPT | | | | outpatient | | | 1729 | | 542.46 Aetna | Commercial | 657.02 | 38 | | | 100.44 | 1642.55 | percent of total billed charges | |
| HC NM BONE MARROW IMAGING MULTIPLE AREAS | 78103 | CPT | | | | outpatient | | | 1729 | | 542.46 First Trenton | First Trenton | 1556.1 | 90 | | | 100.44 | 1642.55 | percent of total billed charges | |
| HC NM BONE MARROW IMAGING MULTIPLE AREAS | 78103 | CPT | | | | outpatient | | | 1729 | | 542.46 Aetna | Better Health | 545.5 | 31.55 | | | 100.44 | 1642.55 | percent of total billed charges | |
| HC NM BONE MARROW IMAGING MULTIPLE AREAS | 78103 | CPT | | | | outpatient | | | 1729 | | 542.46 First Health | First Health | 1210.3 | 70 | | | 100.44 | 1642.55 | percent of total billed charges | |
| HC NM BONE MARROW IMAGING MULTIPLE AREAS | 78103 | CPT | | | | outpatient | | | 1729 | | 542.46 Americare | Americare | 1296.75 | 75 | | | 100.44 | 1642.55 | percent of total billed charges | |
| HC NM BONE MARROW IMAGING MULTIPLE AREAS | 78103 | CPT | | | | outpatient | | | 1729 | | 542.46 Wellcare | Medicaid | 545.5 | 31.55 | | | 100.44 | 1642.55 | percent of total billed charges | |
| HC NM BONE MARROW IMAGING MULTIPLE AREAS | 78103 | CPT | | | | outpatient | | | 1729 | | 542.46 Aetna | Medicare | 471.7 | | | | 100.44 | 1642.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE MARROW IMAGING MULTIPLE AREAS | 78103 | CPT | | | | outpatient | | | 1729 | | 542.46 Corrections | Corrections | 1383.2 | 80 | | | 100.44 | 1642.55 | percent of total billed charges | |
| HC NM BONE MARROW IMAGING MULTIPLE AREAS | 78103 | CPT | | | | outpatient | | | 1729 | | 542.46 Amerihealth | HMO/PPO | 100.44 | | | | 100.44 | 1642.55 | fee schedule | |
| HC NM BONE MARROW IMAGING MULTIPLE AREAS | 78103 | CPT | | | | outpatient | | | 1729 | | 542.46 Horizon | NJ Health | 161.7 | | | | 100.44 | 1642.55 | fee schedule | |
| HC NM BONE MARROW IMAGING MULTIPLE AREAS | 78103 | CPT | | | | outpatient | | | 1729 | | 542.46 Consumer | Consumer | 1642.55 | 95 | | | 100.44 | 1642.55 | percent of total billed charges | |
| HC NM BONE MARROW IMAGING MULTIPLE AREAS | 78103 | CPT | | | | outpatient | | | 1729 | | 542.46 Horizon | Indemnity | 912.74 | | | | 100.44 | 1642.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE MARROW IMAGING MULTIPLE AREAS | 78103 | CPT | | | | outpatient | | | 1729 | | 542.46 Horizon | Medicare Blue | 471.7 | | | | 100.44 | 1642.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE MARROW IMAGING MULTIPLE AREAS | 78103 | CPT | | | | outpatient | | | 1729 | | 542.46 Managed Care Inc | Managed Care Inc | 1556.1 | 90 | | | 100.44 | 1642.55 | percent of total billed charges | |
| HC NM BONE MARROW IMAGING MULTIPLE AREAS | 78103 | CPT | | | | outpatient | | | 1729 | | 542.46 Horizon | MGD | 912.74 | | | | 100.44 | 1642.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE MARROW IMAGING MULTIPLE AREAS | 78103 | CPT | | | | outpatient | | | 1729 | | 542.46 Horizon | PPO | 912.74 | | | | 100.44 | 1642.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE MARROW IMAGING MULTIPLE AREAS | 78103 | CPT | | | | outpatient | | | 1729 | | 542.46 UHC | Medicare | 471.7 | | | | 100.44 | 1642.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE MARROW IMAGING MULTIPLE AREAS | 78103 | CPT | | | | outpatient | | | 1729 | | 542.46 Three Rivers | Three Rivers | 1642.55 | 95 | | | 100.44 | 1642.55 | percent of total billed charges | |
| HC NM BONE MARROW IMAGING MULTIPLE AREAS | 78103 | CPT | | | | outpatient | | | 1729 | | 542.46 Multiplan | Multiplan | 1383.2 | 80 | | | 100.44 | 1642.55 | percent of total billed charges | |
| HC NM BONE MARROW IMAGING MULTIPLE AREAS | 78103 | CPT | | | | outpatient | | | 1729 | | 542.46 Wellcare | Medicare | 471.7 | | | | 100.44 | 1642.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE MARROW IMAGING MULTIPLE AREAS | 78103 | CPT | | | | outpatient | | | 1729 | | 542.46 UHC | Medicaid | 545.5 | 31.55 | | | 100.44 | 1642.55 | percent of total billed charges | |
| HC NM BONE MARROW IMAGING MULTIPLE AREAS | 78103 | CPT | | | | outpatient | | | 1729 | | 542.46 Qualcare | Qualcare | 1296.75 | 75 | | | 100.44 | 1642.55 | percent of total billed charges | |
| HC NM BONE MARROW IMAGING MULTIPLE AREAS | 78103 | CPT | | | | outpatient | | | 1729 | | 542.46 WellPoint | WellPoint | 556.39 | 32.18 | | | 100.44 | 1642.55 | percent of total billed charges | |
| HC NM BONE MARROW IMAGING WHOLE BODY | 78104 | CPT | | | | outpatient | | | 3121 | | 542.46 Aetna | Commercial | 1185.98 | 38 | | | 123.38 | 2964.95 | percent of total billed charges | |
| HC NM BONE MARROW IMAGING WHOLE BODY | 78104 | CPT | | | | outpatient | | | 3121 | | 542.46 UHC | Medicare | 471.7 | | | | 123.38 | 2964.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE MARROW IMAGING WHOLE BODY | 78104 | CPT | | | | outpatient | | | 3121 | | 542.46 Americare | Americare | 2340.75 | 75 | | | 123.38 | 2964.95 | percent of total billed charges | |
| HC NM BONE MARROW IMAGING WHOLE BODY | 78104 | CPT | | | | outpatient | | | 3121 | | 542.46 Horizon | Indemnity | 912.74 | | | | 123.38 | 2964.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE MARROW IMAGING WHOLE BODY | 78104 | CPT | | | | outpatient | | | 3121 | | 542.46 Aetna | Medicare | 471.7 | | | | 123.38 | 2964.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE MARROW IMAGING WHOLE BODY | 78104 | CPT | | | | outpatient | | | 3121 | | 542.46 Horizon | MGD | 912.74 | | | | 123.38 | 2964.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE MARROW IMAGING WHOLE BODY | 78104 | CPT | | | | outpatient | | | 3121 | | 542.46 Wellcare | Medicaid | 984.68 | 31.55 | | | 123.38 | 2964.95 | percent of total billed charges | |
| HC NM BONE MARROW IMAGING WHOLE BODY | 78104 | CPT | | | | outpatient | | | 3121 | | 542.46 Aetna | Better Health | 984.68 | 31.55 | | | 123.38 | 2964.95 | percent of total billed charges | |
| HC NM BONE MARROW IMAGING WHOLE BODY | 78104 | CPT | | | | outpatient | | | 3121 | | 542.46 Multiplan | Multiplan | 2496.8 | 80 | | | 123.38 | 2964.95 | percent of total billed charges | |
| HC NM BONE MARROW IMAGING WHOLE BODY | 78104 | CPT | | | | outpatient | | | 3121 | | 542.46 Horizon | PPO | 912.74 | | | | 123.38 | 2964.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE MARROW IMAGING WHOLE BODY | 78104 | CP

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC NM BONE MARROW IMAGING WHOLE BODY | 78104 | CPT | | | | outpatient | | | 3121 | | 542.46 Wellcare | Medicare | 471.7 | | | | 123.38 | 2964.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE MARROW IMAGING WHOLE BODY | 78104 | CPT | | | | outpatient | | | 3121 | | 542.46 Managed Care Inc | Managed Care Inc | 2808.9 | 90 | | | 123.38 | 2964.95 | percent of total billed charges | |
| HC NM RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS | 78121 | CPT | | | | outpatient | | | 789.99 | | 710.88 UHC | Medicaid | 249.24 | 31.55 | | | 79.36 | 1196.14 | percent of total billed charges | |
| HC NM RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS | 78121 | CPT | | | | outpatient | | | 789.99 | | 710.88 Americare | Americare | 592.49 | 75 | | | 79.36 | 1196.14 | percent of total billed charges | |
| HC NM RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS | 78121 | CPT | | | | outpatient | | | 789.99 | | 710.88 First Health | First Health | 552.99 | 70 | | | 79.36 | 1196.14 | percent of total billed charges | |
| HC NM RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS | 78121 | CPT | | | | outpatient | | | 789.99 | | 710.88 Aetna | Medicare | 618.16 | | | | 79.36 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS | 78121 | CPT | | | | outpatient | | | 789.99 | | 710.88 First Trenton | First Trenton | 710.99 | 90 | | | 79.36 | 1196.14 | percent of total billed charges | |
| HC NM RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS | 78121 | CPT | | | | outpatient | | | 789.99 | | 710.88 Amerihealth | HMO/PPO | 79.36 | | | | 79.36 | 1196.14 | fee schedule | |
| HC NM RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS | 78121 | CPT | | | | outpatient | | | 789.99 | | 710.88 Aetna | Better Health | 249.24 | 31.55 | | | 79.36 | 1196.14 | percent of total billed charges | |
| HC NM RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS | 78121 | CPT | | | | outpatient | | | 789.99 | | 710.88 Corrections | Corrections | 631.99 | 80 | | | 79.36 | 1196.14 | percent of total billed charges | |
| HC NM RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS | 78121 | CPT | | | | outpatient | | | 789.99 | | 710.88 UHC | Medicare | 618.16 | | | | 79.36 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS | 78121 | CPT | | | | outpatient | | | 789.99 | | 710.88 Horizon | MGD | 1196.14 | | | | 79.36 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS | 78121 | CPT | | | | outpatient | | | 789.99 | | 710.88 Horizon | Medicare Blue | 618.16 | | | | 79.36 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS | 78121 | CPT | | | | outpatient | | | 789.99 | | 710.88 Wellcare | Medicare | 618.16 | | | | 79.36 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS | 78121 | CPT | | | | outpatient | | | 789.99 | | 710.88 Consumer | Consumer | 750.49 | 95 | | | 79.36 | 1196.14 | percent of total billed charges | |
| HC NM RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS | 78121 | CPT | | | | outpatient | | | 789.99 | | 710.88 WellPoint | WellPoint | 254.22 | 32.18 | | | 79.36 | 1196.14 | percent of total billed charges | |
| HC NM RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS | 78121 | CPT | | | | outpatient | | | 789.99 | | 710.88 Multiplan | Multiplan | 631.99 | 80 | | | 79.36 | 1196.14 | percent of total billed charges | |
| HC NM RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS | 78121 | CPT | | | | outpatient | | | 789.99 | | 710.88 Horizon | Indemnity | 1196.14 | | | | 79.36 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS | 78121 | CPT | | | | outpatient | | | 789.99 | | 710.88 Qualcare | Qualcare | 592.49 | 75 | | | 79.36 | 1196.14 | percent of total billed charges | |
| HC NM RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS | 78121 | CPT | | | | outpatient | | | 789.99 | | 710.88 Horizon | NJ Health | 86.24 | | | | 79.36 | 1196.14 | fee schedule | |
| HC NM RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS | 78121 | CPT | | | | outpatient | | | 789.99 | | 710.88 Three Rivers | Three Rivers | 750.49 | 95 | | | 79.36 | 1196.14 | percent of total billed charges | |
| HC NM RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS | 78121 | CPT | | | | outpatient | | | 789.99 | | 710.88 Horizon | PPO | 1196.14 | | | | 79.36 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS | 78121 | CPT | | | | outpatient | | | 789.99 | | 710.88 Wellcare | Medicaid | 249.24 | 31.55 | | | 79.36 | 1196.14 | percent of total billed charges | |
| HC NM RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS | 78121 | CPT | | | | outpatient | | | 789.99 | | 710.88 Managed Care Inc | Managed Care Inc | 710.99 | 90 | | | 79.36 | 1196.14 | percent of total billed charges | |
| HC NM WHOLE BLOOD VOLUME DETERM PLASMA&RED CELL VOLU | 78122 | CPT | | | | outpatient | | | 1146 | | 710.88 Aetna | Commercial | 435.48 | 38 | | | 124 | 1196.14 | percent of total billed charges | |
| HC NM WHOLE BLOOD VOLUME DETERM PLASMA&RED CELL VOLU | 78122 | CPT | | | | outpatient | | | 1146 | | 710.88 Amerihealth | HMO/PPO | 124 | | | | 124 | 1196.14 | fee schedule | |
| HC NM WHOLE BLOOD VOLUME DETERM PLASMA&RED CELL VOLU | 78122 | CPT | | | | outpatient | | | 1146 | | 710.88 Aetna | Better Health | 361.56 | 31.55 | | | 124 | 1196.14 | percent of total billed charges | |
| HC NM WHOLE BLOOD VOLUME DETERM PLASMA&RED CELL VOLU | 78122 | CPT | | | | outpatient | | | 1146 | | 710.88 Qualcare | Qualcare | 859.5 | 75 | | | 124 | 1196.14 | percent of total billed charges | |
| HC NM WHOLE BLOOD VOLUME DETERM PLASMA&RED CELL VOLU | 78122 | CPT | | | | outpatient | | | 1146 | | 710.88 Horizon | Medicare Blue | 618.16 | | | | 124 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM WHOLE BLOOD VOLUME DETERM PLASMA&RED CELL VOLU | 78122 | CPT | | | | outpatient | | | 1146 | | 710.88 UHC | Medicaid | 361.56 | 31.55 | | | 124 | 1196.14 | percent of total billed charges | |
| HC NM WHOLE BLOOD VOLUME DETERM PLASMA&RED CELL VOLU | 78122 | CPT | | | | outpatient | | | 1146 | | 710.88 Consumer | Consumer | 1088.7 | 95 | | | 124 | 1196.14 | percent of total billed charges | |
| HC NM WHOLE BLOOD VOLUME DETERM PLASMA&RED CELL VOLU | 78122 | CPT | | | | outpatient | | | 1146 | | 710.88 First Trenton | First Trenton | 1031.4 | 90 | | | 124 | 1196.14 | percent of total billed charges | |
| HC NM WHOLE BLOOD VOLUME DETERM PLASMA&RED CELL VOLU | 78122 | CPT | | | | outpatient | | | 1146 | | 710.88 Aetna | Medicare | 618.16 | | | | 124 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM WHOLE BLOOD VOLUME DETERM PLASMA&RED CELL VOLU | 78122 | CPT | | | | outpatient | | | 1146 | | 710.88 First Health | First Health | 802.2 | 70 | | | 124 | 1196.14 | percent of total billed charges | |
| HC NM WHOLE BLOOD VOLUME DETERM PLASMA&RED CELL VOLU | 78122 | CPT | | | | outpatient | | | 1146 | | 710.88 Corrections | Corrections | 916.8 | 80 | | | 124 | 1196.14 | percent of total billed charges | |
| HC NM WHOLE BLOOD VOLUME DETERM PLASMA&RED CELL VOLU | 78122 | CPT | | | | outpatient | | | 1146 | | 710.88 Horizon | Indemnity | 1196.14 | | | | 124 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM WHOLE BLOOD VOLUME DETERM PLASMA&RED CELL VOLU | 78122 | CPT | | | | outpatient | | | 1146 | | 710.88 Americare | Americare | 859.5 | 75 | | | 124 | 1196.14 | percent of total billed charges | |
| HC NM WHOLE BLOOD VOLUME DETERM PLASMA&RED CELL VOLU | 78122 | CPT | | | | outpatient | | | 1146 | | 710.88 Wellcare | Medicaid | 361.56 | 31.55 | | | 124 | 1196.14 | percent of total billed charges | |
| HC NM WHOLE BLOOD VOLUME DETERM PLASMA&RED CELL VOLU | 78122 | CPT | | | | outpatient | | | 1146 | | 710.88 Horizon | NJ Health | 182.73 | | | | 124 | 1196.14 | fee schedule | |
| HC NM WHOLE BLOOD VOLUME DETERM PLASMA&RED CELL VOLU | 78122 | CPT | | | | outpatient | | | 1146 | | 710.88 Horizon | PPO | 1196.14 | | | | 124 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM WHOLE BLOOD VOLUME DETERM PLASMA&RED CELL VOLU | 78122 | CPT | | | | outpatient | | | 1146 | | 710.88 Horizon | MGD | 1196.14 | | | | 124 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM WHOLE BLOOD VOLUME DETERM PLASMA&RED CELL VOLU | 78122 | CPT | | | | outpatient | | | 1146 | | 710.88 Wellcare | Medicare | 618.16 | | | | 124 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM WHOLE BLOOD VOLUME DETERM PLASMA&RED CELL VOLU | 78122 | CPT | | | | outpatient | | | 1146 | | 710.88 Multiplan | Multiplan | 916.8 | 80 | | | 124 | 1196.14 | percent of total billed charges | |
| HC NM WHOLE BLOOD VOLUME DETERM PLASMA&RED CELL VOLU | 78122 | CPT | | | | outpatient | | | 1146 | | 710.88 Managed Care Inc | Managed Care Inc | 1031.4 | 90 | | | 124 | 1196.14 | percent of total billed charges | |
| HC NM WHOLE BLOOD VOLUME DETERM PLASMA&RED CELL VOLU | 78122 | CPT | | | | outpatient | | | 1146 | | 710.88 Three Rivers | Three Rivers | 1088.7 | 95 | | | 124 | 1196.14 | percent of total billed charges | |
| HC NM WHOLE BLOOD VOLUME DETERM PLASMA&RED CELL VOLU | 78122 | CPT | | | | outpatient | | | 1146 | | 710.88 UHC | Medicare | 618.16 | | | | 124 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM WHOLE BLOOD VOLUME DETERM PLASMA&RED CELL VOLU | 78122 | CPT | | | | outpatient | | | 1146 | | 710.88 WellPoint | WellPoint | 368.78 | 32.18 | | | 124 | 1196.14 | percent of total billed charges | |
| HC NM RED CELL SURVIVAL STUDY | 78130 | CPT | | | | outpatient | | | 602.82 | | 542.46 UHC | Medicare | 471.7 | | | | 59.29 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RED CELL SURVIVAL STUDY | 78130 | CPT | | | | outpatient | | | 602.82 | | 542.46 Horizon | Medicare Blue | 471.7 | | | | 59.29 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RED CELL SURVIVAL STUDY | 78130 | CPT | | | | outpatient | | | 602.82 | | 542.46 Horizon | Indemnity | 912.74 | | | | 59.29 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RED CELL SURVIVAL STUDY | 78130 | CPT | | | | outpatient | | | 602.82 | | 542.46 Aetna | Medicare | 471.7 | | | | 59.29 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RED CELL SURVIVAL STUDY | 78130 | CPT | | | | outpatient | | | 602.82 | | 542.46 First Trenton | First Trenton | 542.54 | 90 | | | 59.29 | 912.74 | percent of total billed charges | |
| HC NM RED CELL SURVIVAL STUDY | 78130 | CPT | | | | outpatient | | | 602.82 | | 542.46 Aetna | Better Health | 190.19 | 31.55 | | | 59.29 | 912.74 | percent of total billed charges | |
| HC NM RED CELL SURVIVAL STUDY | 78130 | CPT | | | | outpatient | | | 602.82 | | 542.46 Americare | Americare | 452.12 | 75 | | | 59.29 | 912.74 | percent of total billed charges | |
| HC NM RED CELL SURVIVAL STUDY | 78130 | CPT | | | | outpatient | | | 602.82 | | 542.46 Consumer | Consumer | 572.68 | 95 | | | 59.29 | 912.74 | percent of total billed charges | |
| HC NM RED CELL SURVIVAL STUDY | 78130 | CPT | | | | outpatient | | | 602.82 | | 542.46 UHC | Medicaid | 190.19 | 31.55 | | | 59.29 | 912.74 | percent of total billed charges | |
| HC NM RED CELL SURVIVAL STUDY | 78130 | CPT | | | | outpatient | | | 602.82 | | 542.46 Amerihealth | HMO/PPO | 88.66 | | | | 59.29 | 912.74 | fee schedule | |
| HC NM RED CELL SURVIVAL STUDY | 78130 | CPT | | | | outpatient | | | 602.82 | | 542.46 Multiplan | Multiplan | 482.26 | 80 | | | 59.29 | 912.74 | percent of total billed charges | |
| HC NM RED CELL SURVIVAL STUDY | 78130 | CPT | | | | outpatient | | | 602.82 | | 542.46 Corrections | Corrections | 482.26 | 80 | | | 59.29 | 912.74 | percent of total billed charges | |
| HC NM RED CELL SURVIVAL STUDY | 78130 | CPT | | | | outpatient | | | 602.82 | | 542.46 Three Rivers | Three Rivers | 572.68 | 95 | | | 59.29 | 912.74 | percent of total billed charges | |
| HC NM RED CELL SURVIVAL STUDY | 78130 | CPT | | | | outpatient | | | 602.82 | | 542.46 First Health | First Health | 421.97 | 70 | | | 59.29 | 912.74 | percent of total billed charges | |
| HC NM RED CELL SURVIVAL STUDY | 78130 | CPT | | | | outpatient | | | 602.82 | | 542.46 Qualcare | Qualcare | 452.12 | 75 | | | 59.29 | 912.74 | percent of total billed charges | |
| HC NM RED CELL SURVIVAL STUDY | 78130 | CPT | | | | outpatient | | | 602.82 | | 542.46 Horizon | NJ Health | 59.29 | | | | 59.29 | 912.74 | fee schedule | |
| HC NM RED CELL SURVIVAL STUDY | 78130 | CPT | | | | outpatient | | | 602.82 | | 542.46 Wellcare | Medicare | 471.7 | | | | 59.29 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RED CELL SURVIVAL STUDY | 78130 | CPT | | | | outpatient | | | 602.82 | | 542.46 Horizon | MGD | 912.74 | | | | 59.29 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RED CELL SURVIVAL STUDY | 78130 | CPT | | | | outpatient | | | 602.82 | | 542.46 Horizon | PPO | 912.74 | | | | 59.29 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RED CELL SURVIVAL STUDY | 78130 | CPT | | | | outpatient | | | 602.82 | | 542.46 Wellcare | Medicaid | 190.19 | 31.55 | | | 59.29 | 912.74 | percent of total billed charges | |
| HC NM RED CELL SURVIVAL STUDY | 78130 | CPT | | | | outpatient | | | 602.82 | | 542.46 Managed Care Inc | Managed Care Inc | 542.54 | 90 | | | 59.29 | 912.74 | percent of total billed charges | |
| HC NM RED CELL SURVIVAL STUDY | 78130 | CPT | | | | outpatient | | | 602.82 | | 542.46 WellPoint | WellPoint | 193.99 | 32.18 | | | 59.29 | 912.74 | percent of total billed charges | |
| HC NM SPLEEN IMAGING ONLY W/WO VASCULAR FLOW | 78185 | CPT | | | | outpatient | | | 602.82 | | 542.46 Aetna | Medicare | 471.7 | | | | 74.4 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM SPLEEN IMAGING ONLY W/WO VASCULAR FLOW | 78185 | CPT | | | | outpatient | | | 602.82 | | 542.46 Horizon | MGD | 912.74 | | | | 74.4 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM SPLEEN IMAGING ONLY W/WO VASCULAR FLOW | 78185 | CPT | | | | outpatient | | | 602.82 | | 542.46 Consumer | Consumer | 572.68 | 95 | | | 74.4 | 912.74 | percent of total billed charges | |
| HC NM SPLEEN IMAGING ONLY W/WO VASCULAR FLOW | 78185 | CPT | | | | outpatient | | | 602.82 | | 542.46 First Health | First Health | 421.97 | 70 | | | 74.4 | 912.74 | percent of total billed charges | |
| HC NM SPLEEN IMAGING ONLY W/WO VASCULAR FLOW | 78185 | CPT | | | | outpatient | | | 602.82 | | 542.46 Aetna | Commercial | 229.07 | 38 | | | 74.4 | 912.74 | percent of total billed charges | |
| HC NM SPLEEN IMAGING ONLY W/WO VASCULAR FLOW | 78185 | CPT | | | | outpatient | | | 602.82 | | 542.46 WellPoint | WellPoint | 193.99 | 32.18 | | | 74.4 | 912.74 | percent of total billed charges | |
| HC NM SPLEEN IMAGING ONLY W/WO VASCULAR FLOW | 78185 | CPT | | | | outpatient | | | 602.82 | | 542.46 Corrections | Corrections | 482.26 | 80 | | | 74.4 | 912.74 | percent of total billed charges | |
| HC NM SPLEEN IMAGING ONLY W/WO VASCULAR FLOW | 78185 | CPT | | | | outpatient | | | 602.82 | | 542.46 Aetna | Better Health | 190.19 | 31.55 | | | 74.4 | 912.74 | percent of total billed charges | |
| HC NM SPLEEN IMAGING ONLY W/WO VASCULAR FLOW | 78185 | CPT | | | | outpatient | | | 602.82 | | 542.46 Americare | Americare | 452.12 | 75 | | | 74.4 | 912.74 | percent of total billed charges | |
| HC NM SPLEEN IMAGING ONLY W/WO VASCULAR FLOW | 78185 | CPT | | | | outpatient | | | 602.82 | | 542.46 Horizon | PPO | 912.74 | | | | 74.4 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM SPLEEN IMAGING ONLY W/WO VASCULAR FLOW | 78185 | CPT | | | | outpatient | | | 602.82 | | 542.46 First Trenton | First Trenton | 542.54 | 90 | | | 74.4 | 912.74 | percent of total billed charges | |
| HC NM SPLEEN IMAGING ONLY W/WO VASCULAR FLOW | 78185 | CPT | | | | outpatient | | | 602.82 | | 542.46 Three Rivers | Three Rivers | 572.68 | 95 | | | 74.4 | 912.74 | percent of total billed charges | |
| HC NM SPLEEN IMAGING ONLY W/WO VASCULAR FLOW | 78185 | CPT | | | | outpatient | | | 602.82 | | 542.46 Horizon | Medicare Blue | 471.7 | | | | 74.4 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM SPLEEN IMAGING ONLY W/WO VASCULAR FLOW | 78185 | CPT | | | | outpatient | | | 602.82 | | 542.46 UHC | Medicaid | 190.19 | 31.55 | | | 74.4 | 912.74 | percent of total billed charges | |
| HC NM SPLEEN IMAGING ONLY W/WO VASCULAR FLOW | 78185 | CPT | | | | outpatient | | | 602.82 | | 542.46 Horizon | NJ Health | 107.8 | | | | 74.4 | 912.74 | fee schedule | |
| HC NM SPLEEN IMAGING ONLY W/WO VASCULAR FLOW | 78185 | CPT | | | | outpatient | | | 602.82 | | 542.46 Amerihealth | HMO/PPO | 74.4 | | | | 74.4 | 912.74 | fee schedule | |
| HC NM SPLEEN IMAGING ONLY W/WO VASCULAR FLOW | 78185 | CPT | | | | outpatient | | | 602.82 | | 542.46 Multiplan | Multiplan | 482.26 | 80 | | | 74.4 | 912.74 | percent of total billed charges | |
| HC NM SPLEEN IMAGING ONLY W/WO VASCULAR FLOW | 78185 | CPT | | | | outpatient | | | 602.82 | | 542.46 Wellcare | Medicare | 471.7 | | | | 74.4 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM SPLEEN IMAGING ONLY W/WO VASCULAR FLOW | 78185 | CPT | | | | outpatient | | | 602.82 | | 542.46 Managed Care Inc | Managed Care Inc | 542.54 | 90 | | | 74.4 | 912.74 | percent of total billed charges | |
| HC NM SPLEEN IMAGING ONLY W/WO VASCULAR FLOW | 78185 | CPT | | | | outpatient | | | 602.82 | | 542.46 Horizon | Indemnity | 912.74 | | | | 74.4 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM SPLEEN IMAGING ONLY W/WO VASCULAR FLOW | 78185 | CPT | | | | outpatient | | | 602.82 | | 542.46 Qualcare | Qualcare | 452.12 | 75 | | | 74.4 | 912.74 | percent of total billed charges | |
| HC NM SPLEEN IMAGING ONLY W/WO VASCULAR FLOW | 78185 | CPT | | | | outpatient | | | 602.82 | | 542.46 UHC | Medicare | 471.7 | | | | 74.4 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM SPLEEN IMAGING ONLY W/WO VASCULAR FLOW | 78185 | CPT | | | | outpatient | | | 602.82 | | 542.46 Wellcare | Medicaid | 190.19 | 31.55 | | | 74.4 | 912.74 | percent of total billed charges | |
| HC NM LYMPHATICS AND LYMPH NODES IMG | 78195 | CPT | | | | both | | | 2217 | | 710.88 Consumer | Consumer | 2106.15 | 95 | | | 120.28 | 2106.15 | percent of total billed charges | |
| HC NM LYMPHATICS AND LYMPH NODES IMG | 78195 | CPT | | | | both | | | 2217 | | 710.88 First Trenton | First Trenton | 1995.3 | 90 | | | 120.28 | 2106.15 | percent of total billed charges | |
| HC NM LYMPHATICS AND LYMPH NODES IMG | 78195 | CPT | | | | both | | | 2217 | | 710.88 First Health | First Health | 1501.9 | 70 | | | 120.28 | 2106.15 | percent of total billed charges | |
| HC NM LYMPHATICS AND LYMPH NODES IMG | 78195 | CPT | | | | both | | | 2217 | | 710.88 Aetna | Commercial | 842.46 | 38 | | 461.99 | 120.28 | 2106.15 | percent of total billed charges | |
| HC NM LYMPHATICS AND LYMPH NODES IMG | 78195 | CPT | | | | both | | | 2217 | | 710.88 Corrections | Corrections | 1773.6 | 80 | | | 120.28 | 2106.15 | percent of total billed charges | |
| HC NM LYMPHATICS AND LYMPH NODES IMG | 78195 | CPT | | | | both | | | 2217 | | 710.88 Horizon | PPO | 1196.14 | | | | 120.28 | 2106.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM LYMPHATICS AND LYMPH NODES IMG | 78195 | CPT | | | | both | | | 2217 | | 710.88 Aetna | Better Health | 699.46 | 31.55 | | | 120.28 | 2106.15 | percent of total billed charges | |
| HC NM LYMPHATICS AND LYMPH NODES IMG | 78195 | CPT | | | | both | | | 2217 | | 710.88 Horizon | MGD | 1196.14 | | | 1054.82 | 120.28 | 2106.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM LYMPHATICS AND LYMPH NODES IMG | 78195 | CPT | | | | both | | | 2217 | | 710.88 Managed Care Inc | Managed Care Inc | 1995.3 | 90 | | | 120.28 | 2106.15 | percent of total billed charges | |
| HC NM LYMPHATICS AND LYMPH NODES IMG | 78195 | CPT | | | | both | | | 2217 | | 710.88 Aetna | Medicare | 618.16 | | | | 120.28 | 2106.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM LYMPHATICS AND LYMPH NODES IMG | 78195 | CPT | | | | both | | | 2217 | | 710.88 Horizon | NJ Health | 161.7 | | | 75.2 | 120.28 | 2106.15 | fee schedule | |
| HC NM LYMPHATICS AND LYMPH NODES IMG | 78195 | CPT | | | | both | | | 2217 | | 710.88 Multiplan | Multiplan | 1773.6 | 80 | | | 120.28 | 2106.15 | percent of total billed charges | |
| HC NM LYMPHATICS AND LYMPH NODES IMG | 78195 | CPT | | | | both | | | 2217 | | 710.88 UHC | Medicare | 618.16 | | | 557.71 | 120.28 | 2106.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM LYMPHATICS AND LYMPH NODES IMG | 78195 | CPT | | | | both | | | 2217 | | 710.88 Americare | Americare | 1662.75 | 75 | | | 120.28 | 2106.15 | percent of total billed charges | |
| HC NM LYMPHATICS AND LYMPH NODES IMG | 78195 | CPT | | | | both | | | 2217 | | 710.88 Amerihealth | HMO/PPO | 120.28 | | | 434.3 | 120.28 | 2106.15 | fee schedule | |
| HC NM LYMPHATICS AND LYMPH NODES IMG | 78195 | CPT | | | | both | | | 2217 | | 710.88 WellPoint | WellPoint | 713.43 | 32.18 | | 659.28 | 120.28 | 2106.15 | percent of total billed charges | |
| HC NM LYMPHATICS AND LYMPH NODES IMG | 78195 | CPT | | | | both | | | 2217 | | 710.88 Three Rivers | Three Rivers | 2106.15 | 95 | | | 120.28 | 2106.15 | percent of total billed charges | |
| HC NM LYMPHATICS AND LYMPH NODES IMG | 78195 | CPT | | | | both | | | 2217 | | 710.88 Medicaid | Medicaid | 699.46 | 31.55 | | 481.38 | 120.28 | 2106.15 | percent of total billed charges | |
| HC NM LYMPHATICS AND LYMPH NODES IMG | 78195 | CPT | | | | both | | | 2217 | | 710.88 Horizon | Indemnity | 1196.14 | | | | 120.28 | 2106.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM LYMPHATICS AND LYMPH NODES IMG | 78195 | CPT | | | | both | | | 2217 | | 710.88 Wellcare | Medicaid | 699.46 | 31.55 | | | 120.28 | 2106.15 | percent of total billed charges | |
| HC NM LYMPHATICS AND LYMPH NODES IMG | 78195 | CPT | | | | both | | | 2217 | | 710.88 Horizon | Medicare Blue | 618.16 | | | 555.44 | 120.28 | 2106.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM LYMPHATICS AND LYMPH NODES IMG | 78195 | CPT | | | | both | | | 2217 | | 710.88 Wellcare | Medicare | 618.16 | | | | 120.28 | 2106.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM LYMPHATICS AND LYMPH NODES IMG | 78195 | CPT | | | | both | | | 2217 | | 710.88 Qualcare | Qualcare | 1662.75 | 75 | | | 120.28 | 2106.15 | percent of total billed charges | |
| HC NM LIVER IMAGING STATIC ONLY | 78201 | CPT | | | | outpatient | | | 5044 | | 710.88 First Health | First Health | 3530.8 | 70 | | | 71.92 | 4791.8 | percent of total billed charges | |
| HC NM LIVER IMAGING STATIC ONLY | 78201 | CPT | | | | outpatient | | | 5044 | | 710.88 Aetna | Medicare | 618.16 | | | | 71.92 | 4791.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM LIVER IMAGING STATIC ONLY | 78201 | CPT | | | | outpatient | | | 5044 | | 710.88 Horizon | Medicare Blue | 618.16 | | | | 71.92 | 4791.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM LIVER IMAGING STATIC ONLY | 78201 | CPT | | | | outpatient | | | 5044 | | 710.88 Corrections | Corrections | 4035.2 | 80 | | | 71.92 | 4791.8 | percent of total billed charges | |
| HC NM LIVER IMAGING STATIC ONLY | 78201 | CPT | | | | outpatient | | | 5044 | | 710.88 Horizon | MGD | 1196.14 | | | | 71.92 | 4791.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM LIVER IMAGING STATIC ONLY | 78201 | CPT | | | | outpatient | | | 5044 | | 710.88 Consumer | Consumer | 4791.8 | 95 | | | 71.92 | 4791.8 | percent of total billed charges | |
| HC NM LIVER IMAGING STATIC ONLY | 78201 | CPT | | | | outpatient | | | 5044 | | 710.88 UHC | Medicare | 618.16 | | | | 71.92 | 4791.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM LIVER IMAGING STATIC ONLY | 78201 | CPT | | | | outpatient | | | 5044 | | 710.88 Aetna | Better Health | 1591.38 | 31.55 | | | 71.92 | 4791.8 | percent of total billed charges | |
| HC NM LIVER IMAGING STATIC ONLY | 78201 | CPT | | | | outpatient | | | 5044 | | 710.88 Wellcare | Medicare | 618.16 | | | | 71.92 | 4791.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM LIVER IMAGING STATIC ONLY | 78201 | CPT | | | | outpatient | | | 5044 | | 710.88 Americare | Americare | 3783 | 75 | | | 71.92 | 4791.8 | percent of total billed charges | |
| HC NM LIVER IMAGING STATIC ONLY | 78201 | CPT | | | | outpatient | | | 5044 | | 710.88 UHC | Medicaid | 1591.38 | 31.55 | | | 71.92 | 4791.8 | percent of total billed charges | |
| HC NM LIVER IMAGING STATIC ONLY | 78201 | CPT | | | | outpatient | | | 5044 | | 710.88 Horizon | Indemnity | 1196.14 | | | | 71.92 | 4791.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM LIVER IMAGING STATIC ONLY | 78201 | CPT | | | | outpatient | | | 5044 | | 710.88 First Trenton | First Trenton | 4539.6 | 90 | | | 71.92 | 4791.8 | percent of total billed charges | |
| HC NM LIVER IMAGING STATIC ONLY | 78201 | CPT | | | | outpatient | | | 5044 | | 710.88 Aetna | Commercial | 1916.72 | 38 | | | 71.92 | 4791.8 | percent of total billed charges | |
| HC NM LIVER IMAGING STATIC ONLY | 78201 | CPT | | | | outpatient | | | 5044 | | 710.88 Amerihealth | HMO/PPO | 71.92 | | | | 71.92 | 4791.8 | fee schedule | |
| HC NM LIVER IMAGING STATIC ONLY | 78201 | CPT | | | | outpatient | | | 5044 | | 710.88 Horizon | PPO | 1196.14 | | | | 71.92 | 4791.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM LIVER IMAGING STATIC ONLY | 78201 | CPT | | | | outpatient | | | 5044 | | 710.88 Horizon | NJ Health | 104.17 | | | | 71.92 | 4791.8 | fee schedule | |
| HC NM LIVER IMAGING STATIC ONLY | 78201 | CPT | | | | outpatient | | | 5044 | | 710.88 Multiplan | Multiplan | 4035.2 | 80 | | | 71.92 | 4791.8 | percent of total billed charges | |
| HC NM LIVER IMAGING STATIC ONLY | 78201 | CPT | | | | outpatient | | | 5044 | | 710.88 Wellcare | Medicaid | 1591.38 | 31.55 | | | 71.92 | 4791.8 | percent of total billed charges | |
| HC NM LIVER IMAGING STATIC ONLY | 78201 | CPT | | | | outpatient | | | 5044 | | 710.88 WellPoint | WellPoint | 1623.16 | 32.18 | | | 71.92 | 4791.8 | percent of total billed charges | |
| HC NM LIVER IMAGING STATIC ONLY | 78201 | CPT | | | | outpatient | | | 5044 | | 710.88 Managed Care Inc | Managed Care Inc | 4539.6 | 90 | | | 71.92 | 4791.8 | percent of total billed charges | |
| HC NM LIVER IMAGING STATIC ONLY | 78201 | CPT | | | | outpatient | | | 5044 | | 710.88 Qualcare | Qualcare | 3783 | 75 | | | 71.92 | 4791.8 | percent of total billed charges | |
| HC NM LIVER IMAGING STATIC ONLY | 78201 | CPT | | | | outpatient | | | 5044 | | 710.88 Three Rivers | Three Rivers | 4791.8 | 95 | | | 71.92 | 4791.8 | percent of total billed charges | |
| HC NM LIVER IMAGING W/VASCULAR FLOW | 78202 | CPT | | | | outpatient | | | 5044 | | 710.88

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC NM LIVER IMAGING W/VASCULAR FLOW | 78202 | CPT | | | | outpatient | | | 5044 | 710.88 | Qualcare | Qualcare | 3783 | 75 | | | 129.36 | 4791.8 | percent of total billed charges | |
| HC NM LIVER IMAGING W/VASCULAR FLOW | 78202 | CPT | | | | outpatient | | | 5044 | 710.88 | Aetna | Commercial | 1916.72 | 38 | | | 129.36 | 4791.8 | percent of total billed charges | |
| HC NM LIVER IMAGING W/VASCULAR FLOW | 78202 | CPT | | | | outpatient | | | 5044 | 710.88 | Wellcare | Medicaid | 1591.38 | 31.55 | | | 129.36 | 4791.8 | percent of total billed charges | |
| HC NM LIVER IMAGING W/VASCULAR FLOW | 78202 | CPT | | | | outpatient | | | 5044 | 710.88 | Amerihealth | HMO/PPO | 137.64 | | | | 129.36 | 4791.8 | fee schedule | |
| HC NM LIVER IMAGING W/VASCULAR FLOW | 78202 | CPT | | | | outpatient | | | 5044 | 710.88 | UHC | Medicare | 618.16 | | | | 129.36 | 4791.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM LIVER IMAGING W/VASCULAR FLOW | 78202 | CPT | | | | outpatient | | | 5044 | 710.88 | Horizon | MGD | 1196.14 | | | | 129.36 | 4791.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM LIVER IMAGING W/VASCULAR FLOW | 78202 | CPT | | | | outpatient | | | 5044 | 710.88 | Horizon | Medicare Blue | 618.16 | | | | 129.36 | 4791.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM LIVER IMAGING W/VASCULAR FLOW | 78202 | CPT | | | | outpatient | | | 5044 | 710.88 | Horizon | Indemnity | 1196.14 | | | | 129.36 | 4791.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM LIVER IMAGING W/VASCULAR FLOW | 78202 | CPT | | | | outpatient | | | 5044 | 710.88 | UHC | Medicaid | 1591.38 | 31.55 | | | 129.36 | 4791.8 | percent of total billed charges | |
| HC NM LIVER IMAGING W/VASCULAR FLOW | 78202 | CPT | | | | outpatient | | | 5044 | 710.88 | Horizon | PPO | 1196.14 | | | | 129.36 | 4791.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM LIVER IMAGING W/VASCULAR FLOW | 78202 | CPT | | | | outpatient | | | 5044 | 710.88 | Horizon | NJ Health | 129.36 | | | | 129.36 | 4791.8 | fee schedule | |
| HC NM LIVER IMAGING W/VASCULAR FLOW | 78202 | CPT | | | | outpatient | | | 5044 | 710.88 | WellPoint | WellPoint | 1623.16 | 32.18 | | | 129.36 | 4791.8 | percent of total billed charges | |
| HC NM LIVER IMAGING W/VASCULAR FLOW | 78202 | CPT | | | | outpatient | | | 5044 | 710.88 | Wellcare | Medicare | 618.16 | | | | 129.36 | 4791.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM LIVER SPLEEN IMAG, STATIC ONLY | 78215 | CPT | | | | outpatient | | | 1450 | 542.46 | Corrections | Corrections | 1160 | 80 | | | 78.4 | 1377.5 | percent of total billed charges | |
| HC NM LIVER SPLEEN IMAG, STATIC ONLY | 78215 | CPT | | | | outpatient | | | 1450 | 542.46 | Horizon | Medicare Blue | 471.7 | | | | 78.4 | 1377.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM LIVER SPLEEN IMAG, STATIC ONLY | 78215 | CPT | | | | outpatient | | | 1450 | 542.46 | Aetna | Medicare | 471.7 | | | | 78.4 | 1377.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM LIVER SPLEEN IMAG, STATIC ONLY | 78215 | CPT | | | | outpatient | | | 1450 | 542.46 | First Health | First Health | 1015 | 70 | | | 78.4 | 1377.5 | percent of total billed charges | |
| HC NM LIVER SPLEEN IMAG, STATIC ONLY | 78215 | CPT | | | | outpatient | | | 1450 | 542.46 | Aetna | Better Health | 457.48 | 31.55 | | | 78.4 | 1377.5 | percent of total billed charges | |
| HC NM LIVER SPLEEN IMAG, STATIC ONLY | 78215 | CPT | | | | outpatient | | | 1450 | 542.46 | UHC | Medicare | 471.7 | | | | 78.4 | 1377.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM LIVER SPLEEN IMAG, STATIC ONLY | 78215 | CPT | | | | outpatient | | | 1450 | 542.46 | Americare | Americare | 1087.5 | 75 | | | 78.4 | 1377.5 | percent of total billed charges | |
| HC NM LIVER SPLEEN IMAG, STATIC ONLY | 78215 | CPT | | | | outpatient | | | 1450 | 542.46 | Amerihealth | HMO/PPO | 82.46 | | | | 78.4 | 1377.5 | fee schedule | |
| HC NM LIVER SPLEEN IMAG, STATIC ONLY | 78215 | CPT | | | | outpatient | | | 1450 | 542.46 | Horizon | Indemnity | 912.74 | | | | 78.4 | 1377.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM LIVER SPLEEN IMAG, STATIC ONLY | 78215 | CPT | | | | outpatient | | | 1450 | 542.46 | Wellcare | Medicare | 471.7 | | | | 78.4 | 1377.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM LIVER SPLEEN IMAG, STATIC ONLY | 78215 | CPT | | | | outpatient | | | 1450 | 542.46 | Wellcare | Medicaid | 457.48 | 31.55 | | | 78.4 | 1377.5 | percent of total billed charges | |
| HC NM LIVER SPLEEN IMAG, STATIC ONLY | 78215 | CPT | | | | outpatient | | | 1450 | 542.46 | Horizon | MGD | 912.74 | | | | 78.4 | 1377.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM LIVER SPLEEN IMAG, STATIC ONLY | 78215 | CPT | | | | outpatient | | | 1450 | 542.46 | Aetna | Commercial | 551 | 38 | | | 78.4 | 1377.5 | percent of total billed charges | |
| HC NM LIVER SPLEEN IMAG, STATIC ONLY | 78215 | CPT | | | | outpatient | | | 1450 | 542.46 | UHC | Medicaid | 457.48 | 31.55 | | | 78.4 | 1377.5 | percent of total billed charges | |
| HC NM LIVER SPLEEN IMAG, STATIC ONLY | 78215 | CPT | | | | outpatient | | | 1450 | 542.46 | Consumer | Consumer | 1377.5 | 95 | | | 78.4 | 1377.5 | percent of total billed charges | |
| HC NM LIVER SPLEEN IMAG, STATIC ONLY | 78215 | CPT | | | | outpatient | | | 1450 | 542.46 | Horizon | PPO | 912.74 | | | | 78.4 | 1377.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM LIVER SPLEEN IMAG, STATIC ONLY | 78215 | CPT | | | | outpatient | | | 1450 | 542.46 | First Trenton | First Trenton | 1305 | 90 | | | 78.4 | 1377.5 | percent of total billed charges | |
| HC NM LIVER SPLEEN IMAG, STATIC ONLY | 78215 | CPT | | | | outpatient | | | 1450 | 542.46 | Multiplan | Multiplan | 1160 | 80 | | | 78.4 | 1377.5 | percent of total billed charges | |
| HC NM LIVER SPLEEN IMAG, STATIC ONLY | 78215 | CPT | | | | outpatient | | | 1450 | 542.46 | Horizon | NJ Health | 78.4 | | | | 78.4 | 1377.5 | fee schedule | |
| HC NM LIVER SPLEEN IMAG, STATIC ONLY | 78215 | CPT | | | | outpatient | | | 1450 | 542.46 | WellPoint | WellPoint | 466.61 | 32.18 | | | 78.4 | 1377.5 | percent of total billed charges | |
| HC NM LIVER SPLEEN IMAG, STATIC ONLY | 78215 | CPT | | | | outpatient | | | 1450 | 542.46 | Managed Care Inc | Managed Care Inc | 1305 | 90 | | | 78.4 | 1377.5 | percent of total billed charges | |
| HC NM LIVER SPLEEN IMAG, STATIC ONLY | 78215 | CPT | | | | outpatient | | | 1450 | 542.46 | Qualcare | Qualcare | 1087.5 | 75 | | | 78.4 | 1377.5 | percent of total billed charges | |
| HC NM LIVER SPLEEN IMAG, STATIC ONLY | 78215 | CPT | | | | outpatient | | | 1450 | 542.46 | Three Rivers | Three Rivers | 1377.5 | 95 | | | 78.4 | 1377.5 | percent of total billed charges | |
| HC NM LIVER & SPLEEN IMAGING W/VASCULAR FLOW | 78216 | CPT | | | | outpatient | | | 1547 | 542.46 | Corrections | Corrections | 1237.6 | 80 | | | 97.96 | 1469.65 | percent of total billed charges | |
| HC NM LIVER & SPLEEN IMAGING W/VASCULAR FLOW | 78216 | CPT | | | | outpatient | | | 1547 | 542.46 | Aetna | Medicare | 471.7 | | | | 97.96 | 1469.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM LIVER & SPLEEN IMAGING W/VASCULAR FLOW | 78216 | CPT | | | | outpatient | | | 1547 | 542.46 | Amerihealth | HMO/PPO | 97.96 | | | | 97.96 | 1469.65 | fee schedule | |
| HC NM LIVER & SPLEEN IMAGING W/VASCULAR FLOW | 78216 | CPT | | | | outpatient | | | 1547 | 542.46 | Aetna | Commercial | 587.86 | 38 | | | 97.96 | 1469.65 | percent of total billed charges | |
| HC NM LIVER & SPLEEN IMAGING W/VASCULAR FLOW | 78216 | CPT | | | | outpatient | | | 1547 | 542.46 | Aetna | Better Health | 488.08 | 31.55 | | | 97.96 | 1469.65 | percent of total billed charges | |
| HC NM LIVER & SPLEEN IMAGING W/VASCULAR FLOW | 78216 | CPT | | | | outpatient | | | 1547 | 542.46 | Horizon | Medicare Blue | 471.7 | | | | 97.96 | 1469.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM LIVER & SPLEEN IMAGING W/VASCULAR FLOW | 78216 | CPT | | | | outpatient | | | 1547 | 542.46 | Americare | Americare | 1160.25 | 75 | | | 97.96 | 1469.65 | percent of total billed charges | |
| HC NM LIVER & SPLEEN IMAGING W/VASCULAR FLOW | 78216 | CPT | | | | outpatient | | | 1547 | 542.46 | Consumer | Consumer | 1469.65 | 95 | | | 97.96 | 1469.65 | percent of total billed charges | |
| HC NM LIVER & SPLEEN IMAGING W/VASCULAR FLOW | 78216 | CPT | | | | outpatient | | | 1547 | 542.46 | First Trenton | First Trenton | 1392.3 | 90 | | | 97.96 | 1469.65 | percent of total billed charges | |
| HC NM LIVER & SPLEEN IMAGING W/VASCULAR FLOW | 78216 | CPT | | | | outpatient | | | 1547 | 542.46 | UHC | Medicare | 471.7 | | | | 97.96 | 1469.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM LIVER & SPLEEN IMAGING W/VASCULAR FLOW | 78216 | CPT | | | | outpatient | | | 1547 | 542.46 | Wellcare | Medicaid | 488.08 | 31.55 | | | 97.96 | 1469.65 | percent of total billed charges | |
| HC NM LIVER & SPLEEN IMAGING W/VASCULAR FLOW | 78216 | CPT | | | | outpatient | | | 1547 | 542.46 | Horizon | MGD | 912.74 | | | | 97.96 | 1469.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM LIVER & SPLEEN IMAGING W/VASCULAR FLOW | 78216 | CPT | | | | outpatient | | | 1547 | 542.46 | Qualcare | Qualcare | 1160.25 | 75 | | | 97.96 | 1469.65 | percent of total billed charges | |
| HC NM LIVER & SPLEEN IMAGING W/VASCULAR FLOW | 78216 | CPT | | | | outpatient | | | 1547 | 542.46 | First Health | First Health | 1082.9 | 70 | | | 97.96 | 1469.65 | percent of total billed charges | |
| HC NM LIVER & SPLEEN IMAGING W/VASCULAR FLOW | 78216 | CPT | | | | outpatient | | | 1547 | 542.46 | Three Rivers | Three Rivers | 1469.65 | 95 | | | 97.96 | 1469.65 | percent of total billed charges | |
| HC NM LIVER & SPLEEN IMAGING W/VASCULAR FLOW | 78216 | CPT | | | | outpatient | | | 1547 | 542.46 | Multiplan | Multiplan | 1237.6 | 80 | | | 97.96 | 1469.65 | percent of total billed charges | |
| HC NM LIVER & SPLEEN IMAGING W/VASCULAR FLOW | 78216 | CPT | | | | outpatient | | | 1547 | 542.46 | Horizon | Indemnity | 912.74 | | | | 97.96 | 1469.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM LIVER & SPLEEN IMAGING W/VASCULAR FLOW | 78216 | CPT | | | | outpatient | | | 1547 | 542.46 | UHC | Medicaid | 488.08 | 31.55 | | | 97.96 | 1469.65 | percent of total billed charges | |
| HC NM LIVER & SPLEEN IMAGING W/VASCULAR FLOW | 78216 | CPT | | | | outpatient | | | 1547 | 542.46 | Wellcare | Medicare | 471.7 | | | | 97.96 | 1469.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM LIVER & SPLEEN IMAGING W/VASCULAR FLOW | 78216 | CPT | | | | outpatient | | | 1547 | 542.46 | Horizon | NJ Health | 150.59 | | | | 97.96 | 1469.65 | fee schedule | |
| HC NM LIVER & SPLEEN IMAGING W/VASCULAR FLOW | 78216 | CPT | | | | outpatient | | | 1547 | 542.46 | Horizon | PPO | 912.74 | | | | 97.96 | 1469.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM LIVER & SPLEEN IMAGING W/VASCULAR FLOW | 78216 | CPT | | | | outpatient | | | 1547 | 542.46 | Managed Care Inc | Managed Care Inc | 1392.3 | 90 | | | 97.96 | 1469.65 | percent of total billed charges | |
| HC NM LIVER & SPLEEN IMAGING W/VASCULAR FLOW | 78216 | CPT | | | | outpatient | | | 1547 | 542.46 | WellPoint | WellPoint | 497.82 | 32.18 | | | 97.96 | 1469.65 | percent of total billed charges | |
| HC NM HEPATOBILIARY SYST IMG | 78226 | CPT | | | | both | | | 1512 | 542.46 | Amerihealth | HMO/PPO | 110.36 | | | | 110.36 | 1436.4 | fee schedule | |
| HC NM HEPATOBILIARY SYST IMG | 78226 | CPT | | | | both | | | 1512 | 542.46 | Horizon | PPO | 912.74 | | | | 110.36 | 1436.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM HEPATOBILIARY SYST IMG | 78226 | CPT | | | | both | | | 1512 | 542.46 | Aetna | Better Health | 477.04 | 31.55 | | | 110.36 | 1436.4 | percent of total billed charges | |
| HC NM HEPATOBILIARY SYST IMG | 78226 | CPT | | | | both | | | 1512 | 542.46 | Americare | Americare | 1134 | 75 | | | 110.36 | 1436.4 | percent of total billed charges | |
| HC NM HEPATOBILIARY SYST IMG | 78226 | CPT | | | | both | | | 1512 | 542.46 | First Health | First Health | 1058.4 | 70 | | | 110.36 | 1436.4 | percent of total billed charges | |
| HC NM HEPATOBILIARY SYST IMG | 78226 | CPT | | | | both | | | 1512 | 542.46 | Horizon | Medicare Blue | 471.7 | | | | 110.36 | 1436.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM HEPATOBILIARY SYST IMG | 78226 | CPT | | | | both | | | 1512 | 542.46 | Consumer | Consumer | 1436.4 | 95 | | | 110.36 | 1436.4 | percent of total billed charges | |
| HC NM HEPATOBILIARY SYST IMG | 78226 | CPT | | | | both | | | 1512 | 542.46 | Aetna | Medicare | 471.7 | | | | 110.36 | 1436.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM HEPATOBILIARY SYST IMG | 78226 | CPT | | | | both | | | 1512 | 542.46 | WellPoint | WellPoint | 486.56 | 32.18 | | 246.34 | 110.36 | 1436.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM HEPATOBILIARY SYST IMG | 78226 | CPT | | | | both | | | 1512 | 542.46 | UHC | Medicaid | 477.04 | 31.55 | | 375.41 | 110.36 | 1436.4 | percent of total billed charges | |
| HC NM HEPATOBILIARY SYST IMG | 78226 | CPT | | | | both | | | 1512 | 542.46 | Aetna | Commercial | 574.56 | 38 | | | 110.36 | 1436.4 | percent of total billed charges | |
| HC NM HEPATOBILIARY SYST IMG | 78226 | CPT | | | | both | | | 1512 | 542.46 | Horizon | NJ Health | 287.73 | | | 23.62 | 110.36 | 1436.4 | fee schedule | |
| HC NM HEPATOBILIARY SYST IMG | 78226 | CPT | | | | both | | | 1512 | 542.46 | First Trenton | First Trenton | 1360.8 | 90 | | | 110.36 | 1436.4 | percent of total billed charges | |
| HC NM HEPATOBILIARY SYST IMG | 78226 | CPT | | | | both | | | 1512 | 542.46 | Wellcare | Medicare | 471.7 | | | | 110.36 | 1436.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM HEPATOBILIARY SYST IMG | 78226 | CPT | | | | both | | | 1512 | 542.46 | Corrections | Corrections | 1209.6 | 80 | | | 110.36 | 1436.4 | percent of total billed charges | |
| HC NM HEPATOBILIARY SYST IMG | 78226 | CPT | | | | both | | | 1512 | 542.46 | Wellcare | Medicaid | 477.04 | 31.55 | | | 110.36 | 1436.4 | percent of total billed charges | |
| HC NM HEPATOBILIARY SYST IMG | 78226 | CPT | | | | both | | | 1512 | 542.46 | Horizon | MGD | 912.74 | | | | 110.36 | 1436.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM HEPATOBILIARY SYST IMG | 78226 | CPT | | | | both | | | 1512 | 542.46 | Horizon | Indemnity | 912.74 | | | 594.92 | 110.36 | 1436.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM HEPATOBILIARY SYST IMG | 78226 | CPT | | | | both | | | 1512 | 542.46 | Managed Care Inc | Managed Care Inc | 1360.8 | 90 | | | 110.36 | 1436.4 | percent of total billed charges | |
| HC NM HEPATOBILIARY SYST IMG | 78226 | CPT | | | | both | | | 1512 | 542.46 | Multiplan | Multiplan | 1209.6 | 80 | | | 110.36 | 1436.4 | percent of total billed charges | |
| HC NM HEPATOBILIARY SYST IMG | 78226 | CPT | | | | both | | | 1512 | 542.46 | Three Rivers | Three Rivers | 1436.4 | 95 | | | 110.36 | 1436.4 | percent of total billed charges | |
| HC NM HEPATOBILIARY SYST IMG | 78226 | CPT | | | | both | | | 1512 | 542.46 | Qualcare | Qualcare | 1134 | 75 | | | 110.36 | 1436.4 | percent of total billed charges | |
| HC NM HEPATOBILIARY SYST IMG | 78226 | CPT | | | | both | | | 1512 | 542.46 | UHC | Medicare | 471.7 | | | 242.07 | 110.36 | 1436.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM HEPATOBILIARY SYST IMG W RX INTERVENTN INCL QUANT MEASURMT | 78227 | CPT | | | | both | | | 1512 | 710.88 | First Trenton | First Trenton | 1360.8 | 90 | | | 110.36 | 1436.4 | percent of total billed charges | |
| HC NM HEPATOBILIARY SYST IMG W RX INTERVENTN INCL QUANT MEASURMT | 78227 | CPT | | | | both | | | 1512 | 710.88 | First Health | First Health | 1058.4 | 70 | | | 110.36 | 1436.4 | percent of total billed charges | |
| HC NM HEPATOBILIARY SYST IMG W RX INTERVENTN INCL QUANT MEASURMT | 78227 | CPT | | | | both | | | 1512 | 710.88 | Americare | Americare | 1134 | 75 | | | 110.36 | 1436.4 | percent of total billed charges | |
| HC NM HEPATOBILIARY SYST IMG W RX INTERVENTN INCL QUANT MEASURMT | 78227 | CPT | | | | both | | | 1512 | 710.88 | Corrections | Corrections | 1209.6 | 80 | | | 110.36 | 1436.4 | percent of total billed charges | |
| HC NM HEPATOBILIARY SYST IMG W RX INTERVENTN INCL QUANT MEASURMT | 78227 | CPT | | | | both | | | 1512 | 710.88 | Horizon | Indemnity | 1196.14 | | | | 110.36 | 1436.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM HEPATOBILIARY SYST IMG W RX INTERVENTN INCL QUANT MEASURMT | 78227 | CPT | | | | both | | | 1512 | 710.88 | Consumer | Consumer | 1436.4 | 95 | | | 110.36 | 1436.4 | percent of total billed charges | |
| HC NM HEPATOBILIARY SYST IMG W RX INTERVENTN INCL QUANT MEASURMT | 78227 | CPT | | | | both | | | 1512 | 710.88 | Aetna | Medicare | 618.16 | | | | 110.36 | 1436.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM HEPATOBILIARY SYST IMG W RX INTERVENTN INCL QUANT MEASURMT | 78227 | CPT | | | | both | | | 1512 | 710.88 | Aetna | Better Health | 477.04 | 31.55 | | | 110.36 | 1436.4 | percent of total billed charges | |
| HC NM HEPATOBILIARY SYST IMG W RX INTERVENTN INCL QUANT MEASURMT | 78227 | CPT | | | | both | | | 1512 | 710.88 | Horizon | PPO | 1196.14 | | | | 110.36 | 1436.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM HEPATOBILIARY SYST IMG W RX INTERVENTN INCL QUANT MEASURMT | 78227 | CPT | | | | both | | | 1512 | 710.88 | UHC | Medicare | 618.16 | | | 318.07 | 110.36 | 1436.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM HEPATOBILIARY SYST IMG W RX INTERVENTN INCL QUANT MEASURMT | 78227 | CPT | | | | both | | | 1512 | 710.88 | Amerihealth | HMO/PPO | 110.36 | | | | 110.36 | 1436.4 | fee schedule | |
| HC NM HEPATOBILIARY SYST IMG W RX INTERVENTN INCL QUANT MEASURMT | 78227 | CPT | | | | both | | | 1512 | 710.88 | Aetna | Commercial | 574.56 | 38 | | | 110.36 | 1436.4 | percent of total billed charges | |
| HC NM HEPATOBILIARY SYST IMG W RX INTERVENTN INCL QUANT MEASURMT | 78227 | CPT | | | | both | | | 1512 | 710.88 | WellPoint | WellPoint | 486.56 | 32.18 | | 355.39 | 110.36 | 1436.4 | percent of total billed charges | |
| HC NM HEPATOBILIARY SYST IMG W RX INTERVENTN INCL QUANT MEASURMT | 78227 | CPT | | | | both | | | 1512 | 710.88 | Horizon | NJ Health | 394.23 | | | 356.93 | 110.36 | 1436.4 | fee schedule | |
| HC NM HEPATOBILIARY SYST IMG W RX INTERVENTN INCL QUANT MEASURMT | 78227 | CPT | | | | both | | | 1512 | 710.88 | Horizon | MGD | 1196.14 | | | | 110.36 | 1436.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM HEPATOBILIARY SYST IMG W RX INTERVENTN INCL QUANT MEASURMT | 78227 | CPT | | | | both | | | 1512 | 710.88 | Horizon | Medicare Blue | 618.16 | | | 356.11 | 110.36 | 1436.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM HEPATOBILIARY SYST IMG W RX INTERVENTN INCL QUANT MEASURMT | 78227 | CPT | | | | both | | | 1512 | 710.88 | Wellcare | Medicare | 618.16 | | | | 110.36 | 1436.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM HEPATOBILIARY SYST IMG W RX INTERVENTN INCL QUANT MEASURMT | 78227 | CPT | | | | both | | | 1512 | 710.88 | Multiplan | Multiplan | 1209.6 | 80 | | | 110.36 | 1436.4 | percent of total billed charges | |
| HC NM HEPATOBILIARY SYST IMG W RX INTERVENTN INCL QUANT MEASURMT | 78227 | CPT | | | | both | | | 1512 | 710.88 | Managed Care Inc | Managed Care Inc | 1360.8 | 90 | | | 110.36 | 1436.4 | percent of total billed charges | |
| HC NM HEPATOBILIARY SYST IMG W RX INTERVENTN INCL QUANT MEASURMT | 78227 | CPT | | | | both | | | 1512 | 710.88 | Qualcare | Qualcare | 1134 | 75 | | | 110.36 | 1436.4 | percent of total billed charges | |
| HC NM HEPATOBILIARY SYST IMG W RX INTERVENTN INCL QUANT MEASURMT | 78227 | CPT | | | | both | | | 1512 | 710.88 | Three Rivers | Three Rivers | 1436.4 | 95 | | | 110.36 | 1436.4 | percent of total billed charges | |
| HC NM HEPATOBILIARY SYST IMG W RX INTERVENTN INCL QUANT MEASURMT | 78227 | CPT | | | | both | | | 1512 | 710.88 | UHC | Medicaid | 477.04 | 31.55 | | | 110.36 | 1436.4 | percent of total billed charges | |
| HC NM HEPATOBILIARY SYST IMG W RX INTERVENTN INCL QUANT MEASURMT | 78227 | CPT | | | | both | | | 1512 | 710.88 | Wellcare | Medicaid | 477.04 | 31.55 | | | 110.36 | 1436.4 | percent of total billed charges | |
| HC NM SALIVARY GLAND IMAGING | 78230 | CPT | | | | outpatient | | | 832 | 542.46 | Aetna | Better Health | 262.5 | 31.55 | | | 66.96 | 912.74 | percent of total billed charges | |
| HC NM SALIVARY GLAND IMAGING | 78230 | CPT | | | | outpatient | | | 832 | 542.46 | Horizon | MGD | 912.74 | | | | 66.96 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM SALIVARY GLAND IMAGING | 78230 | CPT | | | | outpatient | | | 832 | 542.46 | First Health | First Health | 582.4 | 70 | | | 66.96 | 912.74 | percent of total billed charges | |
| HC NM SALIVARY GLAND IMAGING | 78230 | CPT | | | | outpatient | | | 832 | 542.46 | Americare | Americare | 624 | 75 | | | 66.96 | 912.74 | percent of total billed charges | |
| HC NM SALIVARY GLAND IMAGING | 78230 | CPT | | | | outpatient | | | 832 | 542.46 | Aetna | Medicare | 471.7 | | | | 66.96 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM SALIVARY GLAND IMAGING | 78230 | CPT | | | | outpatient | | | 832 | 542.46 | Horizon | Medicare Blue | 471.7 | | | | 66.96 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM SALIVARY GLAND IMAGING | 78230 | CPT | | | | outpatient | | | 832 | 542.46 | Consumer | Consumer | 790.4 | 95 | | | 66.96 | 912.74 | percent of total billed charges | |
| HC NM SALIVARY GLAND IMAGING | 78230 | CPT | | | | outpatient | | | 832 | 542.46 | Amerihealth | HMO/PPO | 66.96 | | | | 66.96 | 912.74 | fee schedule | |
| HC NM SALIVARY GLAND IMAGING | 78230 | CPT | | | | outpatient | | | 832 | 542.46 | Aetna | Commercial | 316.16 | 38 | | | 66.96 | 912.74 | percent of total billed charges | |
| HC NM SALIVARY GLAND IMAGING | 78230 | CPT | | | | outpatient | | | 832 | 542.46 | UHC | Medicaid | 262.5 | 31.55 | | | 66.96 | 912.74 | percent of total billed charges | |
| HC NM SALIVARY GLAND IMAGING | 78230 | CPT | | | | outpatient | | | 832 | 542.46 | First Trenton | First Trenton | 748.8 | 90 | | | 66.96 | 912.74 | percent of total billed charges | |
| HC NM SALIVARY GLAND IMAGING | 78230 | CPT | | | | outpatient | | | 832 | 542.46 | UHC | Medicare | 471.7 | | | | 66.96 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM SALIVARY GLAND IMAGING | 78230 | CPT | | | | outpatient | | | 832 | 542.46 | Multiplan | Multiplan | 665.6 | 80 | | | 66.96 | 912.74 | percent of total billed charges | |
| HC NM SALIVARY GLAND IMAGING | 78230 | CPT | | | | outpatient | | | 832 | 542.46 | Wellcare | Medicaid | 262.5 | 31.55 | | | 66.96 | 912.74 | percent of total billed charges | |
| HC NM SALIVARY GLAND IMAGING | 78230 | CPT | | | | outpatient | | | 832 | 542.46 | Corrections | Corrections | 665.6 | 80 | | | 66.96 | 912.74 | percent of total billed charges | |
| HC NM SALIVARY GLAND IMAGING | 78230 | CPT | | | | outpatient | | | 832 | 542.46 | Wellcare | Medicare | 471.7 | | | | 66.96 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM SALIVARY GLAND IMAGING | 78230 | CPT | | | | outpatient | | | 832 | 542.46 | Qualcare | Qualcare | 624 | 75 | | | 66.96 | 912.74 | percent of total billed charges | |
| HC NM SALIVARY GLAND IMAGING | 78230 | CPT | | | | outpatient | | | 832 | 542.46 | Managed Care Inc | Managed Care Inc | 748.8 | 90 | | | 66.96 | 912.74 | percent of total billed charges | |
| HC NM SALIVARY GLAND IMAGING | 78230 | CPT | | | | outpatient | | | 832 | 542.46 | Horizon | Indemnity | 912.74 | | | | 66.96 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM SALIVARY GLAND IMAGING | 78230 | CPT | | | | outpatient | | | 832 | 542.46 | Three Rivers | Three Rivers | 790.4 | 95 | | | 66.96 | 912.74 | percent of total billed charges | |
| HC NM SALIVARY GLAND IMAGING | 78230 | CPT | | | | outpatient | | | 832 | 542.46 | Horizon | NJ Health | 83.01 | | | | 66.96 | 912.74 | fee schedule | |
| HC NM SALIVARY GLAND IMAGING | 78230 | CPT | | | | outpatient | | | 832 | 542.46 | Horizon | PPO | 912.74 | | | | 66.96 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM SALIVARY GLAND IMAGING | 78230 | CPT | | | | outpatient | | | 832 | 542.46 | WellPoint | WellPoint | 267.74 | 32.18 | | | 66.96 | 912.74 | percent of total billed charges | |
| HC NM SALIVARY GLAND IMAGING SERIAL IMAGES | 78231 | CPT | | | | outpatient | | | 1155 | 542.46 | Qualcare | Qualcare | 866.25 | 75 | | | 93 | 1097.25 | percent of total billed charges | |
| HC NM SALIVARY GLAND IMAGING SERIAL IMAGES | 78231 | CPT | | | | outpatient | | | 1155 | 542.46 | Americare | Americare | 866.25 | 75 | | | 93 | 1097.25 | percent of total billed charges | |
| HC NM SALIVARY GLAND IMAGING SERIAL IMAGES | 78231 | CPT | | | | outpatient | | | 1155 | 542.46 | Aetna | Better Health | 364.4 | 31.55 | | | 93 | 1097.25 | percent of total billed charges | |
| HC NM SALIVARY GLAND IMAGING SERIAL IMAGES | 78231 | CPT | | | | outpatient | | | 1155 | 542.46 | UHC | Medicaid | 364.4 | 31.55 | | | 93 | 1097.25 | percent of total billed charges | |
| HC NM SALIVARY GLAND IMAGING SERIAL IMAGES | 78231 | CPT | | | | outpatient | | | 1155 | 542.46 | Consumer | Consumer | 1097.25 | 95 | | | 93 | 1097.25 | percent of total billed charges | |
| HC NM SALIVARY GLAND IMAGING SERIAL IMAGES | 78231 | CPT | | | | outpatient | | | 1155 | 542.46 | Horizon | Indemnity | 912.74 | | | | 93 | 1097.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM SALIVARY GLAND IMAGING SERIAL IMAGES | 78231 | CPT | | | | outpatient | | | 1155 | 542.46 | Aetna | Commercial | 438.9 | 38 | | | 93 | 1097.25 | percent of total billed charges | |
| HC NM SALIVARY GLAND IMAGING SERIAL IMAGES | 78231 | CPT | | | | outpatient | | | 1155 | 542.46 | First Trenton | First Trenton | 1039.5 | 90 | | | 93 | 1097.25 | percent of total billed charges | |
| HC NM SALIVARY GLAND IMAGING SERIAL IMAGES | 78231 | CPT | | | | outpatient | | | 1155 | 542.46 | Corrections | Corrections | 924 | 80 | | | 93 | 1097.25 | percent of total billed charges | |
| HC NM SALIVARY GLAND IMAGING SERIAL IMAGES | 78231 | CPT | | | | outpatient | | | 1155 | 542.46 | Three Rivers | Three Rivers | 1097.25 | 95 | | | 93 | 1097.25 | percent of total billed charges | |
| HC NM SALIVARY GLAND IMAGING SERIAL IMAGES | 78231 | CPT | | | | outpatient | | | 1155 | 542.46 | Aetna | Medicare | 471.7 | | | | 93 | 1097.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM SALIVARY GLAND IMAGING SERIAL IMAGES | 78231 | CPT | | | | outpatient | | | 1155 | 542.46 | UHC | Medicare | 471.7 | | | | 93 | 1097.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM SALIVARY GLAND IMAGING SERIAL IMAGES | 78

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC NM SALIVARY GLAND IMAGING SERIAL IMAGES | 78231 | CPT | | | | outpatient | | | 1155 | | 542.46 First Health | First Health | 808.5 | 70 | | | 93 | 1097.25 | percent of total billed charges | |
| HC NM SALIVARY GLAND IMAGING SERIAL IMAGES | 78231 | CPT | | | | outpatient | | | 1155 | | 542.46 Horizon | MGD | 912.74 | | | | 93 | 1097.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM SALIVARY GLAND IMAGING SERIAL IMAGES | 78231 | CPT | | | | outpatient | | | 1155 | | 542.46 Wellcare | Medicaid | 364.4 | 31.55 | | | 93 | 1097.25 | percent of total billed charges | |
| HC NM SALIVARY GLAND FUNCTION STUDY | 78232 | CPT | | | | outpatient | | | 1155 | | 542.46 Corrections | Corrections | 924 | 80 | | | 96.04 | 1097.25 | percent of total billed charges | |
| HC NM SALIVARY GLAND FUNCTION STUDY | 78232 | CPT | | | | outpatient | | | 1155 | | 542.46 Americare | Americare | 866.25 | 75 | | | 96.04 | 1097.25 | percent of total billed charges | |
| HC NM SALIVARY GLAND FUNCTION STUDY | 78232 | CPT | | | | outpatient | | | 1155 | | 542.46 Consumer | Consumer | 1097.25 | 95 | | | 96.04 | 1097.25 | percent of total billed charges | |
| HC NM SALIVARY GLAND FUNCTION STUDY | 78232 | CPT | | | | outpatient | | | 1155 | | 542.46 Amerihealth | HMO/PPO | 99.82 | | | | 96.04 | 1097.25 | fee schedule | |
| HC NM SALIVARY GLAND FUNCTION STUDY | 78232 | CPT | | | | outpatient | | | 1155 | | 542.46 Aetna | Better Health | 364.4 | 31.55 | | | 96.04 | 1097.25 | percent of total billed charges | |
| HC NM SALIVARY GLAND FUNCTION STUDY | 78232 | CPT | | | | outpatient | | | 1155 | | 542.46 Aetna | Medicare | 471.7 | | | | 96.04 | 1097.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM SALIVARY GLAND FUNCTION STUDY | 78232 | CPT | | | | outpatient | | | 1155 | | 542.46 Aetna | Commercial | 438.9 | 38 | | | 96.04 | 1097.25 | percent of total billed charges | |
| HC NM SALIVARY GLAND FUNCTION STUDY | 78232 | CPT | | | | outpatient | | | 1155 | | 542.46 UHC | Medicare | 471.7 | | | | 96.04 | 1097.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM SALIVARY GLAND FUNCTION STUDY | 78232 | CPT | | | | outpatient | | | 1155 | | 542.46 Horizon | PPO | 912.74 | | | | 96.04 | 1097.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM SALIVARY GLAND FUNCTION STUDY | 78232 | CPT | | | | outpatient | | | 1155 | | 542.46 Horizon | Medicare Blue | 471.7 | | | | 96.04 | 1097.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM SALIVARY GLAND FUNCTION STUDY | 78232 | CPT | | | | outpatient | | | 1155 | | 542.46 First Health | First Health | 808.5 | 70 | | | 96.04 | 1097.25 | percent of total billed charges | |
| HC NM SALIVARY GLAND FUNCTION STUDY | 78232 | CPT | | | | outpatient | | | 1155 | | 542.46 Horizon | Indemnity | 912.74 | | | | 96.04 | 1097.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM SALIVARY GLAND FUNCTION STUDY | 78232 | CPT | | | | outpatient | | | 1155 | | 542.46 First Trenton | First Trenton | 1039.5 | 90 | | | 96.04 | 1097.25 | percent of total billed charges | |
| HC NM SALIVARY GLAND FUNCTION STUDY | 78232 | CPT | | | | outpatient | | | 1155 | | 542.46 Wellcare | Medicaid | 364.4 | 31.55 | | | 96.04 | 1097.25 | percent of total billed charges | |
| HC NM SALIVARY GLAND FUNCTION STUDY | 78232 | CPT | | | | outpatient | | | 1155 | | 542.46 Horizon | MGD | 912.74 | | | | 96.04 | 1097.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM SALIVARY GLAND FUNCTION STUDY | 78232 | CPT | | | | outpatient | | | 1155 | | 542.46 Wellcare | Medicare | 471.7 | | | | 96.04 | 1097.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM SALIVARY GLAND FUNCTION STUDY | 78232 | CPT | | | | outpatient | | | 1155 | | 542.46 Multiplan | Multiplan | 924 | 80 | | | 96.04 | 1097.25 | percent of total billed charges | |
| HC NM SALIVARY GLAND FUNCTION STUDY | 78232 | CPT | | | | outpatient | | | 1155 | | 542.46 Horizon | NJ Health | 96.04 | | | | 96.04 | 1097.25 | fee schedule | |
| HC NM SALIVARY GLAND FUNCTION STUDY | 78232 | CPT | | | | outpatient | | | 1155 | | 542.46 Qualcare | Qualcare | 866.25 | 75 | | | 96.04 | 1097.25 | percent of total billed charges | |
| HC NM SALIVARY GLAND FUNCTION STUDY | 78232 | CPT | | | | outpatient | | | 1155 | | 542.46 WellPoint | WellPoint | 371.68 | 32.18 | | | 96.04 | 1097.25 | percent of total billed charges | |
| HC NM SALIVARY GLAND FUNCTION STUDY | 78232 | CPT | | | | outpatient | | | 1155 | | 542.46 UHC | Medicaid | 364.4 | 31.55 | | | 96.04 | 1097.25 | percent of total billed charges | |
| HC NM SALIVARY GLAND FUNCTION STUDY | 78232 | CPT | | | | outpatient | | | 1155 | | 542.46 Managed Care Inc | Managed Care Inc | 1039.5 | 90 | | | 96.04 | 1097.25 | percent of total billed charges | |
| HC NM SALIVARY GLAND FUNCTION STUDY | 78232 | CPT | | | | outpatient | | | 1155 | | 542.46 Three Rivers | Three Rivers | 1097.25 | 95 | | | 96.04 | 1097.25 | percent of total billed charges | |
| HC NM ESOPHAGEAL MOTILITY | 78258 | CPT | | | | outpatient | | | 1448 | | 542.46 Aetna | Medicare | 471.7 | | | | 82.32 | 1375.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM ESOPHAGEAL MOTILITY | 78258 | CPT | | | | outpatient | | | 1448 | | 542.46 Aetna | Better Health | 456.84 | 31.55 | | | 82.32 | 1375.6 | percent of total billed charges | |
| HC NM ESOPHAGEAL MOTILITY | 78258 | CPT | | | | outpatient | | | 1448 | | 542.46 WellPoint | WellPoint | 465.97 | 32.18 | | | 82.32 | 1375.6 | percent of total billed charges | |
| HC NM ESOPHAGEAL MOTILITY | 78258 | CPT | | | | outpatient | | | 1448 | | 542.46 Consumer | Consumer | 1375.6 | 95 | | | 82.32 | 1375.6 | percent of total billed charges | |
| HC NM ESOPHAGEAL MOTILITY | 78258 | CPT | | | | outpatient | | | 1448 | | 542.46 Americare | Americare | 1086 | 75 | | | 82.32 | 1375.6 | percent of total billed charges | |
| HC NM ESOPHAGEAL MOTILITY | 78258 | CPT | | | | outpatient | | | 1448 | | 542.46 Qualcare | Qualcare | 1086 | 75 | | | 82.32 | 1375.6 | percent of total billed charges | |
| HC NM ESOPHAGEAL MOTILITY | 78258 | CPT | | | | outpatient | | | 1448 | | 542.46 Horizon | Indemnity | 912.74 | | | | 82.32 | 1375.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM ESOPHAGEAL MOTILITY | 78258 | CPT | | | | outpatient | | | 1448 | | 542.46 First Health | First Health | 1013.6 | 70 | | | 82.32 | 1375.6 | percent of total billed charges | |
| HC NM ESOPHAGEAL MOTILITY | 78258 | CPT | | | | outpatient | | | 1448 | | 542.46 Amerihealth | HMO/PPO | 94.86 | | | | 82.32 | 1375.6 | fee schedule | |
| HC NM ESOPHAGEAL MOTILITY | 78258 | CPT | | | | outpatient | | | 1448 | | 542.46 Aetna | Commercial | 550.24 | 38 | | | 82.32 | 1375.6 | percent of total billed charges | |
| HC NM ESOPHAGEAL MOTILITY | 78258 | CPT | | | | outpatient | | | 1448 | | 542.46 UHC | Medicare | 471.7 | | | | 82.32 | 1375.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM ESOPHAGEAL MOTILITY | 78258 | CPT | | | | outpatient | | | 1448 | | 542.46 Corrections | Corrections | 1158.4 | 80 | | | 82.32 | 1375.6 | percent of total billed charges | |
| HC NM ESOPHAGEAL MOTILITY | 78258 | CPT | | | | outpatient | | | 1448 | | 542.46 Horizon | Medicare Blue | 471.7 | | | | 82.32 | 1375.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM ESOPHAGEAL MOTILITY | 78258 | CPT | | | | outpatient | | | 1448 | | 542.46 Multiplan | Multiplan | 1158.4 | 80 | | | 82.32 | 1375.6 | percent of total billed charges | |
| HC NM ESOPHAGEAL MOTILITY | 78258 | CPT | | | | outpatient | | | 1448 | | 542.46 Wellcare | Medicaid | 456.84 | 31.55 | | | 82.32 | 1375.6 | percent of total billed charges | |
| HC NM ESOPHAGEAL MOTILITY | 78258 | CPT | | | | outpatient | | | 1448 | | 542.46 Three Rivers | Three Rivers | 1375.6 | 95 | | | 82.32 | 1375.6 | percent of total billed charges | |
| HC NM ESOPHAGEAL MOTILITY | 78258 | CPT | | | | outpatient | | | 1448 | | 542.46 First Trenton | First Trenton | 1303.2 | 90 | | | 82.32 | 1375.6 | percent of total billed charges | |
| HC NM ESOPHAGEAL MOTILITY | 78258 | CPT | | | | outpatient | | | 1448 | | 542.46 Wellcare | Medicare | 471.7 | | | | 82.32 | 1375.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM ESOPHAGEAL MOTILITY | 78258 | CPT | | | | outpatient | | | 1448 | | 542.46 Horizon | MGD | 912.74 | | | | 82.32 | 1375.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM ESOPHAGEAL MOTILITY | 78258 | CPT | | | | outpatient | | | 1448 | | 542.46 Horizon | NJ Health | 82.32 | | | | 82.32 | 1375.6 | fee schedule | |
| HC NM ESOPHAGEAL MOTILITY | 78258 | CPT | | | | outpatient | | | 1448 | | 542.46 Horizon | PPO | 912.74 | | | | 82.32 | 1375.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM ESOPHAGEAL MOTILITY | 78258 | CPT | | | | outpatient | | | 1448 | | 542.46 Managed Care Inc | Managed Care Inc | 1303.2 | 90 | | | 82.32 | 1375.6 | percent of total billed charges | |
| HC NM ESOPHAGEAL MOTILITY | 78258 | CPT | | | | outpatient | | | 1448 | | 542.46 UHC | Medicaid | 456.84 | 31.55 | | | 82.32 | 1375.6 | percent of total billed charges | |
| HC NM GASTRIC MUCOSA IMAGING | 78261 | CPT | | | | outpatient | | | 602.82 | | 542.46 Horizon | Medicare Blue | 471.7 | | | | 82.32 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM GASTRIC MUCOSA IMAGING | 78261 | CPT | | | | outpatient | | | 602.82 | | 542.46 Aetna | Medicare | 471.7 | | | | 82.32 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM GASTRIC MUCOSA IMAGING | 78261 | CPT | | | | outpatient | | | 602.82 | | 542.46 Amerihealth | HMO/PPO | 115.32 | | | | 82.32 | 912.74 | fee schedule | |
| HC NM GASTRIC MUCOSA IMAGING | 78261 | CPT | | | | outpatient | | | 602.82 | | 542.46 Corrections | Corrections | 482.26 | 80 | | | 82.32 | 912.74 | percent of total billed charges | |
| HC NM GASTRIC MUCOSA IMAGING | 78261 | CPT | | | | outpatient | | | 602.82 | | 542.46 UHC | Medicare | 471.7 | | | | 82.32 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM GASTRIC MUCOSA IMAGING | 78261 | CPT | | | | outpatient | | | 602.82 | | 542.46 Consumer | Consumer | 572.68 | 95 | | | 82.32 | 912.74 | percent of total billed charges | |
| HC NM GASTRIC MUCOSA IMAGING | 78261 | CPT | | | | outpatient | | | 602.82 | | 542.46 Horizon | PPO | 912.74 | | | | 82.32 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM GASTRIC MUCOSA IMAGING | 78261 | CPT | | | | outpatient | | | 602.82 | | 542.46 Aetna | Better Health | 190.19 | 31.55 | | | 82.32 | 912.74 | percent of total billed charges | |
| HC NM GASTRIC MUCOSA IMAGING | 78261 | CPT | | | | outpatient | | | 602.82 | | 542.46 First Health | First Health | 421.97 | 70 | | | 82.32 | 912.74 | percent of total billed charges | |
| HC NM GASTRIC MUCOSA IMAGING | 78261 | CPT | | | | outpatient | | | 602.82 | | 542.46 Americare | Americare | 452.12 | 75 | | | 82.32 | 912.74 | percent of total billed charges | |
| HC NM GASTRIC MUCOSA IMAGING | 78261 | CPT | | | | outpatient | | | 602.82 | | 542.46 UHC | Medicaid | 190.19 | 31.55 | | | 82.32 | 912.74 | percent of total billed charges | |
| HC NM GASTRIC MUCOSA IMAGING | 78261 | CPT | | | | outpatient | | | 602.82 | | 542.46 WellPoint | WellPoint | 193.99 | 32.18 | | | 82.32 | 912.74 | percent of total billed charges | |
| HC NM GASTRIC MUCOSA IMAGING | 78261 | CPT | | | | outpatient | | | 602.82 | | 542.46 Wellcare | Medicaid | 190.19 | 31.55 | | | 82.32 | 912.74 | percent of total billed charges | |
| HC NM GASTRIC MUCOSA IMAGING | 78261 | CPT | | | | outpatient | | | 602.82 | | 542.46 First Trenton | First Trenton | 542.54 | 90 | | | 82.32 | 912.74 | percent of total billed charges | |
| HC NM GASTRIC MUCOSA IMAGING | 78261 | CPT | | | | outpatient | | | 602.82 | | 542.46 Wellcare | Medicare | 471.7 | | | | 82.32 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM GASTRIC MUCOSA IMAGING | 78261 | CPT | | | | outpatient | | | 602.82 | | 542.46 Horizon | Indemnity | 912.74 | | | | 82.32 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM GASTRIC MUCOSA IMAGING | 78261 | CPT | | | | outpatient | | | 602.82 | | 542.46 Horizon | MGD | 912.74 | | | | 82.32 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM GASTRIC MUCOSA IMAGING | 78261 | CPT | | | | outpatient | | | 602.82 | | 542.46 Multiplan | Multiplan | 482.26 | 80 | | | 82.32 | 912.74 | percent of total billed charges | |
| HC NM GASTRIC MUCOSA IMAGING | 78261 | CPT | | | | outpatient | | | 602.82 | | 542.46 Horizon | NJ Health | 82.32 | | | | 82.32 | 912.74 | fee schedule | |
| HC NM GASTRIC MUCOSA IMAGING | 78261 | CPT | | | | outpatient | | | 602.82 | | 542.46 Qualcare | Qualcare | 452.12 | 75 | | | 82.32 | 912.74 | percent of total billed charges | |
| HC NM GASTRIC MUCOSA IMAGING | 78261 | CPT | | | | outpatient | | | 602.82 | | 542.46 Three Rivers | Three Rivers | 572.68 | 95 | | | 82.32 | 912.74 | percent of total billed charges | |
| HC NM GASTRIC MUCOSA IMAGING | 78261 | CPT | | | | outpatient | | | 602.82 | | 542.46 Managed Care Inc | Managed Care Inc | 542.54 | 90 | | | 82.32 | 912.74 | percent of total billed charges | |
| HC NM GASTROESOPHAGEAL REFLUX STUDY (MILK STUDY) | 78262 | CPT | | | | both | | | 1554 | | 542.46 Aetna | Better Health | 490.29 | 31.55 | | | 62.72 | 1476.3 | percent of total billed charges | |
| HC NM GASTROESOPHAGEAL REFLUX STUDY (MILK STUDY) | 78262 | CPT | | | | both | | | 1554 | | 542.46 Aetna | Medicare | 471.7 | | | | 62.72 | 1476.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM GASTROESOPHAGEAL REFLUX STUDY (MILK STUDY) | 78262 | CPT | | | | both | | | 1554 | | 542.46 Aetna | Commercial | 590.52 | 38 | | 602.16 | 62.72 | 1476.3 | percent of total billed charges | |
| HC NM GASTROESOPHAGEAL REFLUX STUDY (MILK STUDY) | 78262 | CPT | | | | both | | | 1554 | | 542.46 First Trenton | First Trenton | 1398.6 | 90 | | | 62.72 | 1476.3 | percent of total billed charges | |
| HC NM GASTROESOPHAGEAL REFLUX STUDY (MILK STUDY) | 78262 | CPT | | | | both | | | 1554 | | 542.46 Horizon | Medicare Blue | 471.7 | | | | 62.72 | 1476.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM GASTROESOPHAGEAL REFLUX STUDY (MILK STUDY) | 78262 | CPT | | | | both | | | 1554 | | 542.46 UHC | Medicare | 471.7 | | | | 62.72 | 1476.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM GASTROESOPHAGEAL REFLUX STUDY (MILK STUDY) | 78262 | CPT | | | | both | | | 1554 | | 542.46 Horizon | PPO | 912.74 | | | | 62.72 | 1476.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM GASTROESOPHAGEAL REFLUX STUDY (MILK STUDY) | 78262 | CPT | | | | both | | | 1554 | | 542.46 Three Rivers | Three Rivers | 1476.3 | 95 | | | 62.72 | 1476.3 | percent of total billed charges | |
| HC NM GASTROESOPHAGEAL REFLUX STUDY (MILK STUDY) | 78262 | CPT | | | | both | | | 1554 | | 542.46 First Health | First Health | 1087.8 | 70 | | | 62.72 | 1476.3 | percent of total billed charges | |
| HC NM GASTROESOPHAGEAL REFLUX STUDY (MILK STUDY) | 78262 | CPT | | | | both | | | 1554 | | 542.46 Americare | Americare | 1165.5 | 75 | | | 62.72 | 1476.3 | percent of total billed charges | |
| HC NM GASTROESOPHAGEAL REFLUX STUDY (MILK STUDY) | 78262 | CPT | | | | both | | | 1554 | | 542.46 Consumer | Consumer | 1476.3 | 95 | | | 62.72 | 1476.3 | percent of total billed charges | |
| HC NM GASTROESOPHAGEAL REFLUX STUDY (MILK STUDY) | 78262 | CPT | | | | both | | | 1554 | | 542.46 Horizon | Indemnity | 912.74 | | | | 62.72 | 1476.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM GASTROESOPHAGEAL REFLUX STUDY (MILK STUDY) | 78262 | CPT | | | | both | | | 1554 | | 542.46 Multiplan | Multiplan | 1243.2 | 80 | | | 62.72 | 1476.3 | percent of total billed charges | |
| HC NM GASTROESOPHAGEAL REFLUX STUDY (MILK STUDY) | 78262 | CPT | | | | both | | | 1554 | | 542.46 Amerihealth | HMO/PPO | 77.5 | | | | 62.72 | 1476.3 | fee schedule | |
| HC NM GASTROESOPHAGEAL REFLUX STUDY (MILK STUDY) | 78262 | CPT | | | | both | | | 1554 | | 542.46 WellPoint | WellPoint | 500.08 | 32.18 | | | 62.72 | 1476.3 | percent of total billed charges | |
| HC NM GASTROESOPHAGEAL REFLUX STUDY (MILK STUDY) | 78262 | CPT | | | | both | | | 1554 | | 542.46 UHC | Medicaid | 490.29 | 31.55 | | | 62.72 | 1476.3 | percent of total billed charges | |
| HC NM GASTROESOPHAGEAL REFLUX STUDY (MILK STUDY) | 78262 | CPT | | | | both | | | 1554 | | 542.46 Wellcare | Medicaid | 490.29 | 31.55 | | | 62.72 | 1476.3 | percent of total billed charges | |
| HC NM GASTROESOPHAGEAL REFLUX STUDY (MILK STUDY) | 78262 | CPT | | | | both | | | 1554 | | 542.46 Horizon | MGD | 912.74 | | | | 62.72 | 1476.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM GASTROESOPHAGEAL REFLUX STUDY (MILK STUDY) | 78262 | CPT | | | | both | | | 1554 | | 542.46 Corrections | Corrections | 1243.2 | 80 | | | 62.72 | 1476.3 | percent of total billed charges | |
| HC NM GASTROESOPHAGEAL REFLUX STUDY (MILK STUDY) | 78262 | CPT | | | | both | | | 1554 | | 542.46 Horizon | NJ Health | 62.72 | | | 47.82 | 62.72 | 1476.3 | fee schedule | |
| HC NM GASTROESOPHAGEAL REFLUX STUDY (MILK STUDY) | 78262 | CPT | | | | both | | | 1554 | | 542.46 Qualcare | Qualcare | 1165.5 | 75 | | | 62.72 | 1476.3 | percent of total billed charges | |
| HC NM GASTROESOPHAGEAL REFLUX STUDY (MILK STUDY) | 78262 | CPT | | | | both | | | 1554 | | 542.46 Managed Care Inc | Managed Care Inc | 1398.6 | 90 | | | 62.72 | 1476.3 | percent of total billed charges | |
| HC NM GASTROESOPHAGEAL REFLUX STUDY (MILK STUDY) | 78262 | CPT | | | | both | | | 1554 | | 542.46 Wellcare | Medicare | 471.7 | | | | 62.72 | 1476.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM GASTRIC EMPTYING IMG STUDY | 78264 | CPT | | | | both | | | 1485 | | 542.46 Horizon | Medicare Blue | 471.7 | | | | 66.64 | 1410.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM GASTRIC EMPTYING IMG STUDY | 78264 | CPT | | | | both | | | 1485 | | 542.46 Aetna | Medicare | 471.7 | | | | 66.64 | 1410.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM GASTRIC EMPTYING IMG STUDY | 78264 | CPT | | | | both | | | 1485 | | 542.46 Amerihealth | HMO/PPO | 131.44 | | | | 66.64 | 1410.75 | fee schedule | |
| HC NM GASTRIC EMPTYING IMG STUDY | 78264 | CPT | | | | both | | | 1485 | | 542.46 Aetna | Better Health | 468.52 | 31.55 | | | 66.64 | 1410.75 | percent of total billed charges | |
| HC NM GASTRIC EMPTYING IMG STUDY | 78264 | CPT | | | | both | | | 1485 | | 542.46 WellPoint | WellPoint | 477.87 | 32.18 | | 437.85 | 66.64 | 1410.75 | percent of total billed charges | |
| HC NM GASTRIC EMPTYING IMG STUDY | 78264 | CPT | | | | both | | | 1485 | | 542.46 Americare | Americare | 1113.75 | 75 | | | 66.64 | 1410.75 | percent of total billed charges | |
| HC NM GASTRIC EMPTYING IMG STUDY | 78264 | CPT | | | | both | | | 1485 | | 542.46 First Health | First Health | 1039.5 | 70 | | | 66.64 | 1410.75 | percent of total billed charges | |
| HC NM GASTRIC EMPTYING IMG STUDY | 78264 | CPT | | | | both | | | 1485 | | 542.46 Corrections | Corrections | 1188 | 80 | | | 66.64 | 1410.75 | percent of total billed charges | |
| HC NM GASTRIC EMPTYING IMG STUDY | 78264 | CPT | | | | both | | | 1485 | | 542.46 Horizon | MGD | 912.74 | | | | 66.64 | 1410.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM GASTRIC EMPTYING IMG STUDY | 78264 | CPT | | | | both | | | 1485 | | 542.46 UHC | Medicare | 471.7 | | | 408.83 | 66.64 | 1410.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM GASTRIC EMPTYING IMG STUDY | 78264 | CPT | | | | both | | | 1485 | | 542.46 Horizon | NJ Health | 66.64 | | | 58.7 | 66.64 | 1410.75 | fee schedule | |
| HC NM GASTRIC EMPTYING IMG STUDY | 78264 | CPT | | | | both | | | 1485 | | 542.46 Aetna | Commercial | 564.3 | 38 | | | 66.64 | 1410.75 | percent of total billed charges | |
| HC NM GASTRIC EMPTYING IMG STUDY | 78264 | CPT | | | | both | | | 1485 | | 542.46 Consumer | Consumer | 1410.75 | 95 | | | 66.64 | 1410.75 | percent of total billed charges | |
| HC NM GASTRIC EMPTYING IMG STUDY | 78264 | CPT | | | | both | | | 1485 | | 542.46 Multiplan | Multiplan | 1188 | 80 | | | 66.64 | 1410.75 | percent of total billed charges | |
| HC NM GASTRIC EMPTYING IMG STUDY | 78264 | CPT | | | | both | | | 1485 | | 542.46 Wellcare | Medicaid | 468.52 | 31.55 | | | 66.64 | 1410.75 | percent of total billed charges | |
| HC NM GASTRIC EMPTYING IMG STUDY | 78264 | CPT | | | | both | | | 1485 | | 542.46 Qualcare | Qualcare | 1113.75 | 75 | | | 66.64 | 1410.75 | percent of total billed charges | |
| HC NM GASTRIC EMPTYING IMG STUDY | 78264 | CPT | | | | both | | | 1485 | | 542.46 First Trenton | First Trenton | 1336.5 | 90 | | | 66.64 | 1410.75 | percent of total billed charges | |
| HC NM GASTRIC EMPTYING IMG STUDY | 78264 | CPT | | | | both | | | 1485 | | 542.46 Wellcare | Medicare | 471.7 | | | | 66.64 | 1410.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM GASTRIC EMPTYING IMG STUDY | 78264 | CPT | | | | both | | | 1485 | | 542.46 Horizon | Indemnity | 912.74 | | | 434.94 | 66.64 | 1410.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM GASTRIC EMPTYING IMG STUDY | 78264 | CPT | | | | both | | | 1485 | | 542.46 Horizon | PPO | 912.74 | | | 741.93 | 66.64 | 1410.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM GASTRIC EMPTYING IMG STUDY | 78264 | CPT | | | | both | | | 1485 | | 542.46 Managed Care Inc | Managed Care Inc | 1336.5 | 90 | | | 66.64 | 1410.75 | percent of total billed charges | |
| HC NM GASTRIC EMPTYING IMG STUDY | 78264 | CPT | | | | both | | | 1485 | | 542.46 Three Rivers | Three Rivers | 1410.75 | 95 | | | 66.64 | 1410.75 | percent of total billed charges | |
| HC NM GASTRIC EMPTYING IMG STUDY | 78264 | CPT | | | | both | | | 1485 | | 542.46 UHC | Medicaid | 468.52 | 31.55 | | 450.82 | 66.64 | 1410.75 | percent of total billed charges | |
| HC NM ACUTE GI BLOOD LOSS IMG | 78278 | CPT | | | | both | | | 1448 | | 542.46 First Trenton | First Trenton | 1303.2 | 90 | | | 96.04 | 1375.6 | percent of total billed charges | |
| HC NM ACUTE GI BLOOD LOSS IMG | 78278 | CPT | | | | both | | | 1448 | | 542.46 Corrections | Corrections | 1158.4 | 80 | | | 96.04 | 1375.6 | percent of total billed charges | |
| HC NM ACUTE GI BLOOD LOSS IMG | 78278 | CPT | | | | both | | | 1448 | | 542.46 Aetna | Medicare | 471.7 | | | | 96.04 | 1375.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM ACUTE GI BLOOD LOSS IMG | 78278 | CPT | | | | both | | | 1448 | | 542.46 First Health | First Health | 1013.6 | 70 | | | 96.04 | 1375.6 | percent of total billed charges | |
| HC NM ACUTE GI BLOOD LOSS IMG | 78278 | CPT | | | | both | | | 1448 | | 542.46 Managed Care Inc | Managed Care Inc | 1303.2 | 90 | | | 96.04 | 1375.6 | percent of total billed charges | |
| HC NM ACUTE GI BLOOD LOSS IMG | 78278 | CPT | | | | both | | | 1448 | | 542.46 Aetna | Better Health | 456.84 | 31.55 | | | 96.04 | 1375.6 | percent of total billed charges | |
| HC NM ACUTE GI BLOOD LOSS IMG | 78278 | CPT | | | | both | | | 1448 | | 542.46 Consumer | Consumer | 1375.6 | 95 | | | 96.04 | 1375.6 | percent of total billed charges | |
| HC NM ACUTE GI BLOOD LOSS IMG | 78278 | CPT | | | | both | | | 1448 | | 542.46 Amerihealth | HMO/PPO | 115.32 | | | | 96.04 | 1375.6 | fee schedule | |
| HC NM ACUTE GI BLOOD LOSS IMG | 78278 | CPT | | | | both | | | 1448 | | 542.46 UHC | Medicare | 471.7 | | | 350.66 | 96.04 | 1375.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM ACUTE GI BLOOD LOSS IMG | 78278 | CPT | | | | both | | | 1448 | | 542.46 Horizon | Medicare Blue | 471.7 | | | | 96.04 | 1375.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM ACUTE GI BLOOD LOSS IMG | 78278 | CPT | | | | both | | | 1448 | | 542.46 Americare | Americare | 1086 | 75 | | | 96.04 | 1375.6 | percent of total billed charges | |
| HC NM ACUTE GI BLOOD LOSS IMG | 78278 | CPT | | | | both | | | 1448 | | 542.46 Wellcare | Medicare | 471.7 | | | | 96.04 | 1375.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM ACUTE GI BLOOD LOSS IMG | 78278 | CPT | | | | both | | | 1448 | | 542.46 Horizon | NJ Health | 96.04 | | | | 96.04 | 1375.6 | fee schedule | |
| HC NM ACUTE GI BLOOD LOSS IMG | 78278 | CPT | | | | both | | | 1448 | | 542.46 Aetna | Commercial | 550.24 | 38 | | | 96.04 | 1375.6 | percent of total billed charges | |
| HC NM ACUTE GI BLOOD LOSS IMG | 78278 | CPT | | | | both | | | 1448 | | 542.46 Horizon | MGD | 912.74 | | | | 96.04 | 1375.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM ACUTE GI BLOOD LOSS IMG | 78278 | CPT | | | | both | | | 1448 | | 542.46 UHC | Medicaid | 456.84 | 31.55 | | | 96.04 | 1375.6 | percent of total billed charges | |
| HC NM ACUTE GI BLOOD LOSS IMG | 78278 | CPT | | | | both | | | 1448 | | 542.46 Three Rivers | Three Rivers | 1375.6 | 95 | | | 96.04 | 1375.6 | percent of total billed charges | |
| HC NM ACUTE GI BLOOD LOSS IMG | 78278 | CPT | | | | both | | | 1448 | | 542.46 Horizon | PPO | 912.74 | | | | 96.04 | 1375.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM ACUTE GI BLOOD LOSS IMG | 78278 | CPT | | | | both | | | 1448 | | 542.46 Multiplan | Multiplan | 1158.4 | 80 | | | 96.04 | 1375.6 | percent of total billed charges | |
| HC NM ACUTE GI BLOOD LOSS IMG | 78278 | CPT | | | | both | | | 1448 | | 542.46 Wellcare | Medicaid | 456.84 | 31.55 | | | 96.04 | 1375.6 | percent of total billed charges | |
| HC NM ACUTE GI BLOOD LOSS IMG | 78278 | CPT | | | | both | | | 1448 | | 542.46 Qualcare | Qualcare | 1086 | 75 | | | 96.04 | 1375.6 | percent of total billed charges | |
| HC NM ACUTE GI BLOOD LOSS IMG | 78278 | CPT | | | | both | | | 1448 | | 542.46 Horizon | Indemnity | 912.74 | | | | 96.04 | 1375.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM ACUTE GI BLOOD LOSS IMG | 78278 | CPT | | | | both | | | 1448 | | 542.46 WellPoint | WellPoint | 465.97 | 32.18 | | | 96.04 | 1375.6 | percent of total billed charges | |
| HC NM GASTROINTESTINAL PROTEIN LOSS | 78282 | CPT | | | | outpatient | | | 602.82 | | 542.46 First Health | First Health | 421.97 | 70 | | | 44.02 | 912.74 | percent of total billed charges | |
| HC NM GASTROINTESTINAL PROTEIN LOSS | 78282 | CPT | | | | outpatient | | | 602.82 | | 542.46 Amerihealth | HMO/PPO | 44.02 | | | | 44.02 | 912.74 | fee schedule | |
| HC NM GASTROINTESTINAL PROTEIN LOSS | 78282 | CPT | | | | outpatient | | | 602.82 | | 542.46 Aetna | Medicare | 471.7 | | | | 44.02 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM GASTROINTESTINAL PROTEIN LOSS | 78282 | CPT | | | | outpatient | | | 602.82 | | 542.46 Americare | Americare | 452.12 | 75 | | | 44.02 | 912.74 | percent of total billed charges | |
| HC NM GASTROINTESTINAL PROTEIN LOSS | 78282 | CPT | | | | outpatient | | | 602.82 | | 542.46 First Trenton | First Trenton | 542.54 | 90 | | | 44.02 | 912.74 | percent of total billed charges | |
| HC NM GASTROINTESTINAL PROTEIN LOSS | 78282

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC NM GASTROINTESTINAL PROTEIN LOSS | 78282 | CPT | | | | outpatient | | | 602.82 | 542.46 | Three Rivers | Three Rivers | 572.68 | 95 | | | 44.02 | 912.74 | percent of total billed charges | |
| HC NM GASTROINTESTINAL PROTEIN LOSS | 78282 | CPT | | | | outpatient | | | 602.82 | 542.46 | Horizon | MGD | 912.74 | | | | 44.02 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM GASTROINTESTINAL PROTEIN LOSS | 78282 | CPT | | | | outpatient | | | 602.82 | 542.46 | Corrections | Corrections | 482.26 | 80 | | | 44.02 | 912.74 | percent of total billed charges | |
| HC NM GASTROINTESTINAL PROTEIN LOSS | 78282 | CPT | | | | outpatient | | | 602.82 | 542.46 | Consumer | Consumer | 572.68 | 95 | | | 44.02 | 912.74 | percent of total billed charges | |
| HC NM GASTROINTESTINAL PROTEIN LOSS | 78282 | CPT | | | | outpatient | | | 602.82 | 542.46 | Horizon | Indemnity | 912.74 | | | | 44.02 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM GASTROINTESTINAL PROTEIN LOSS | 78282 | CPT | | | | outpatient | | | 602.82 | 542.46 | WellPoint | WellPoint | 193.99 | 32.18 | | | 44.02 | 912.74 | percent of total billed charges | |
| HC NM GASTROINTESTINAL PROTEIN LOSS | 78282 | CPT | | | | outpatient | | | 602.82 | 542.46 | Qualcare | Qualcare | 452.12 | 75 | | | 44.02 | 912.74 | percent of total billed charges | |
| HC NM GASTROINTESTINAL PROTEIN LOSS | 78282 | CPT | | | | outpatient | | | 602.82 | 542.46 | UHC | Medicare | 471.7 | | | | 44.02 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM GASTROINTESTINAL PROTEIN LOSS | 78282 | CPT | | | | outpatient | | | 602.82 | 542.46 | UHC | Medicaid | 190.19 | 31.55 | | | 44.02 | 912.74 | percent of total billed charges | |
| HC NM GASTROINTESTINAL PROTEIN LOSS | 78282 | CPT | | | | outpatient | | | 602.82 | 542.46 | Wellcare | Medicaid | 190.19 | 31.55 | | | 44.02 | 912.74 | percent of total billed charges | |
| HC NM GASTROINTESTINAL PROTEIN LOSS | 78282 | CPT | | | | outpatient | | | 602.82 | 542.46 | Wellcare | Medicare | 471.7 | | | | 44.02 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM GASTROINTESTINAL PROTEIN LOSS | 78282 | CPT | | | | outpatient | | | 602.82 | 542.46 | Horizon | NJ Health | 71.15 | | | | 44.02 | 912.74 | fee schedule | |
| HC NM GASTROINTESTINAL PROTEIN LOSS | 78282 | CPT | | | | outpatient | | | 602.82 | 542.46 | Horizon | PPO | 912.74 | | | | 44.02 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM GASTROINTESTINAL PROTEIN LOSS | 78282 | CPT | | | | outpatient | | | 602.82 | 542.46 | Managed Care Inc | Managed Care Inc | 542.54 | 90 | | | 44.02 | 912.74 | percent of total billed charges | |
| HC NM INTESTINE IMAGING | 78290 | CPT | | | | both | | | 927 | 542.46 | First Trenton | First Trenton | 834.3 | 90 | | | 91.14 | 912.74 | percent of total billed charges | |
| HC NM INTESTINE IMAGING | 78290 | CPT | | | | both | | | 927 | 542.46 | Consumer | Consumer | 880.65 | 95 | | | 91.14 | 912.74 | percent of total billed charges | |
| HC NM INTESTINE IMAGING | 78290 | CPT | | | | both | | | 927 | 542.46 | Americare | Americare | 695.25 | 75 | | | 91.14 | 912.74 | percent of total billed charges | |
| HC NM INTESTINE IMAGING | 78290 | CPT | | | | both | | | 927 | 542.46 | Aetna | Better Health | 292.47 | 31.55 | | | 91.14 | 912.74 | percent of total billed charges | |
| HC NM INTESTINE IMAGING | 78290 | CPT | | | | both | | | 927 | 542.46 | Corrections | Corrections | 741.6 | 80 | | | 91.14 | 912.74 | percent of total billed charges | |
| HC NM INTESTINE IMAGING | 78290 | CPT | | | | both | | | 927 | 542.46 | Horizon | MGD | 912.74 | | | | 91.14 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM INTESTINE IMAGING | 78290 | CPT | | | | both | | | 927 | 542.46 | Amerihealth | HMO/PPO | 91.14 | | | | 91.14 | 912.74 | fee schedule | |
| HC NM INTESTINE IMAGING | 78290 | CPT | | | | both | | | 927 | 542.46 | Horizon | Medicare Blue | 471.7 | | | | 91.14 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM INTESTINE IMAGING | 78290 | CPT | | | | both | | | 927 | 542.46 | Horizon | NJ Health | 140.53 | | | | 91.14 | 912.74 | fee schedule | |
| HC NM INTESTINE IMAGING | 78290 | CPT | | | | both | | | 927 | 542.46 | Horizon | Indemnity | 912.74 | | | 765.52 | 91.14 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM INTESTINE IMAGING | 78290 | CPT | | | | both | | | 927 | 542.46 | Three Rivers | Three Rivers | 880.65 | 95 | | | 91.14 | 912.74 | percent of total billed charges | |
| HC NM INTESTINE IMAGING | 78290 | CPT | | | | both | | | 927 | 542.46 | Aetna | Commercial | 352.26 | 38 | | | 91.14 | 912.74 | percent of total billed charges | |
| HC NM INTESTINE IMAGING | 78290 | CPT | | | | both | | | 927 | 542.46 | WellPoint | WellPoint | 298.31 | 32.18 | | | 91.14 | 912.74 | percent of total billed charges | |
| HC NM INTESTINE IMAGING | 78290 | CPT | | | | both | | | 927 | 542.46 | Multiplan | Multiplan | 741.6 | 80 | | | 91.14 | 912.74 | percent of total billed charges | |
| HC NM INTESTINE IMAGING | 78290 | CPT | | | | both | | | 927 | 542.46 | First Health | First Health | 648.9 | 70 | | | 91.14 | 912.74 | percent of total billed charges | |
| HC NM INTESTINE IMAGING | 78290 | CPT | | | | both | | | 927 | 542.46 | Aetna | Medicare | 471.7 | | | | 91.14 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM INTESTINE IMAGING | 78290 | CPT | | | | both | | | 927 | 542.46 | Horizon | PPO | 912.74 | | | | 91.14 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM INTESTINE IMAGING | 78290 | CPT | | | | both | | | 927 | 542.46 | Qualcare | Qualcare | 695.25 | 75 | | | 91.14 | 912.74 | percent of total billed charges | |
| HC NM INTESTINE IMAGING | 78290 | CPT | | | | both | | | 927 | 542.46 | UHC | Medicaid | 292.47 | 31.55 | | | 91.14 | 912.74 | percent of total billed charges | |
| HC NM INTESTINE IMAGING | 78290 | CPT | | | | both | | | 927 | 542.46 | Managed Care Inc | Managed Care Inc | 834.3 | 90 | | | 91.14 | 912.74 | percent of total billed charges | |
| HC NM INTESTINE IMAGING | 78290 | CPT | | | | both | | | 927 | 542.46 | UHC | Medicare | 471.7 | | | | 91.14 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM INTESTINE IMAGING | 78290 | CPT | | | | both | | | 927 | 542.46 | Wellcare | Medicaid | 292.47 | 31.55 | | | 91.14 | 912.74 | percent of total billed charges | |
| HC NM INTESTINE IMAGING | 78290 | CPT | | | | both | | | 927 | 542.46 | Wellcare | Medicare | 471.7 | | | | 91.14 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PERITONEAL-VENOUS SHUNT PATENCY TEST | 78291 | CPT | | | | outpatient | | | 1489 | 542.46 | Consumer | Consumer | 1414.55 | 95 | | | 63.11 | 1414.55 | percent of total billed charges | |
| HC NM PERITONEAL-VENOUS SHUNT PATENCY TEST | 78291 | CPT | | | | outpatient | | | 1489 | 542.46 | Americare | Americare | 1116.75 | 75 | | | 63.11 | 1414.55 | percent of total billed charges | |
| HC NM PERITONEAL-VENOUS SHUNT PATENCY TEST | 78291 | CPT | | | | outpatient | | | 1489 | 542.46 | Aetna | Better Health | 469.78 | 31.55 | | | 63.11 | 1414.55 | percent of total billed charges | |
| HC NM PERITONEAL-VENOUS SHUNT PATENCY TEST | 78291 | CPT | | | | outpatient | | | 1489 | 542.46 | UHC | Medicare | 471.7 | | | | 63.11 | 1414.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PERITONEAL-VENOUS SHUNT PATENCY TEST | 78291 | CPT | | | | outpatient | | | 1489 | 542.46 | First Health | First Health | 1042.3 | 70 | | | 63.11 | 1414.55 | percent of total billed charges | |
| HC NM PERITONEAL-VENOUS SHUNT PATENCY TEST | 78291 | CPT | | | | outpatient | | | 1489 | 542.46 | First Trenton | First Trenton | 1340.1 | 90 | | | 63.11 | 1414.55 | percent of total billed charges | |
| HC NM PERITONEAL-VENOUS SHUNT PATENCY TEST | 78291 | CPT | | | | outpatient | | | 1489 | 542.46 | Aetna | Medicare | 471.7 | | | | 63.11 | 1414.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PERITONEAL-VENOUS SHUNT PATENCY TEST | 78291 | CPT | | | | outpatient | | | 1489 | 542.46 | Multiplan | Multiplan | 1191.2 | 80 | | | 63.11 | 1414.55 | percent of total billed charges | |
| HC NM PERITONEAL-VENOUS SHUNT PATENCY TEST | 78291 | CPT | | | | outpatient | | | 1489 | 542.46 | Corrections | Corrections | 1191.2 | 80 | | | 63.11 | 1414.55 | percent of total billed charges | |
| HC NM PERITONEAL-VENOUS SHUNT PATENCY TEST | 78291 | CPT | | | | outpatient | | | 1489 | 542.46 | Amerihealth | HMO/PPO | 102.92 | | | | 63.11 | 1414.55 | fee schedule | |
| HC NM PERITONEAL-VENOUS SHUNT PATENCY TEST | 78291 | CPT | | | | outpatient | | | 1489 | 542.46 | Aetna | Commercial | 565.82 | 38 | | | 63.11 | 1414.55 | percent of total billed charges | |
| HC NM PERITONEAL-VENOUS SHUNT PATENCY TEST | 78291 | CPT | | | | outpatient | | | 1489 | 542.46 | Wellcare | Medicare | 471.7 | | | | 63.11 | 1414.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PERITONEAL-VENOUS SHUNT PATENCY TEST | 78291 | CPT | | | | outpatient | | | 1489 | 542.46 | Horizon | NJ Health | 63.11 | | | | 63.11 | 1414.55 | fee schedule | |
| HC NM PERITONEAL-VENOUS SHUNT PATENCY TEST | 78291 | CPT | | | | outpatient | | | 1489 | 542.46 | Managed Care Inc | Managed Care Inc | 1340.1 | 90 | | | 63.11 | 1414.55 | percent of total billed charges | |
| HC NM PERITONEAL-VENOUS SHUNT PATENCY TEST | 78291 | CPT | | | | outpatient | | | 1489 | 542.46 | Horizon | MGD | 912.74 | | | | 63.11 | 1414.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PERITONEAL-VENOUS SHUNT PATENCY TEST | 78291 | CPT | | | | outpatient | | | 1489 | 542.46 | Qualcare | Qualcare | 1116.75 | 75 | | | 63.11 | 1414.55 | percent of total billed charges | |
| HC NM PERITONEAL-VENOUS SHUNT PATENCY TEST | 78291 | CPT | | | | outpatient | | | 1489 | 542.46 | Horizon | Medicare Blue | 471.7 | | | | 63.11 | 1414.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PERITONEAL-VENOUS SHUNT PATENCY TEST | 78291 | CPT | | | | outpatient | | | 1489 | 542.46 | Horizon | Indemnity | 912.74 | | | | 63.11 | 1414.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PERITONEAL-VENOUS SHUNT PATENCY TEST | 78291 | CPT | | | | outpatient | | | 1489 | 542.46 | Horizon | PPO | 912.74 | | | | 63.11 | 1414.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PERITONEAL-VENOUS SHUNT PATENCY TEST | 78291 | CPT | | | | outpatient | | | 1489 | 542.46 | UHC | Medicaid | 469.78 | 31.55 | | | 63.11 | 1414.55 | percent of total billed charges | |
| HC NM PERITONEAL-VENOUS SHUNT PATENCY TEST | 78291 | CPT | | | | outpatient | | | 1489 | 542.46 | Three Rivers | Three Rivers | 1414.55 | 95 | | | 63.11 | 1414.55 | percent of total billed charges | |
| HC NM PERITONEAL-VENOUS SHUNT PATENCY TEST | 78291 | CPT | | | | outpatient | | | 1489 | 542.46 | WellPoint | WellPoint | 479.16 | 32.18 | | | 63.11 | 1414.55 | percent of total billed charges | |
| HC NM PERITONEAL-VENOUS SHUNT PATENCY TEST | 78291 | CPT | | | | outpatient | | | 1489 | 542.46 | Wellcare | Medicaid | 469.78 | 31.55 | | | 63.11 | 1414.55 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG LIMITED AREA | 78300 | CPT | | | | both | | | 1460 | 542.46 | Americare | Americare | 1095 | 75 | | | 76.88 | 1387 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG LIMITED AREA | 78300 | CPT | | | | both | | | 1460 | 542.46 | Corrections | Corrections | 1168 | 80 | | | 76.88 | 1387 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG LIMITED AREA | 78300 | CPT | | | | both | | | 1460 | 542.46 | Horizon | Medicare Blue | 471.7 | | | | 76.88 | 1387 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE AND/OR JOINT IMG LIMITED AREA | 78300 | CPT | | | | both | | | 1460 | 542.46 | Aetna | Better Health | 460.63 | 31.55 | | | 76.88 | 1387 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG LIMITED AREA | 78300 | CPT | | | | both | | | 1460 | 542.46 | Aetna | Medicare | 471.7 | | | | 76.88 | 1387 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE AND/OR JOINT IMG LIMITED AREA | 78300 | CPT | | | | both | | | 1460 | 542.46 | Multiplan | Multiplan | 1168 | 80 | | | 76.88 | 1387 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG LIMITED AREA | 78300 | CPT | | | | both | | | 1460 | 542.46 | Aetna | Commercial | 554.8 | 38 | | | 76.88 | 1387 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG LIMITED AREA | 78300 | CPT | | | | both | | | 1460 | 542.46 | Consumer | Consumer | 1387 | 95 | | | 76.88 | 1387 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG LIMITED AREA | 78300 | CPT | | | | both | | | 1460 | 542.46 | Amerihealth | HMO/PPO | 76.88 | | | | 76.88 | 1387 | fee schedule | |
| HC NM BONE AND/OR JOINT IMG LIMITED AREA | 78300 | CPT | | | | both | | | 1460 | 542.46 | First Trenton | First Trenton | 1314 | 90 | | | 76.88 | 1387 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG LIMITED AREA | 78300 | CPT | | | | both | | | 1460 | 542.46 | Horizon | NJ Health | 117.6 | | | 117.6 | 76.88 | 1387 | fee schedule | |
| HC NM BONE AND/OR JOINT IMG LIMITED AREA | 78300 | CPT | | | | both | | | 1460 | 542.46 | First Health | First Health | 1022 | 70 | | | 76.88 | 1387 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG LIMITED AREA | 78300 | CPT | | | | both | | | 1460 | 542.46 | Three Rivers | Three Rivers | 1387 | 95 | | | 76.88 | 1387 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG LIMITED AREA | 78300 | CPT | | | | both | | | 1460 | 542.46 | Qualcare | Qualcare | 1095 | 75 | | | 76.88 | 1387 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG LIMITED AREA | 78300 | CPT | | | | both | | | 1460 | 542.46 | Horizon | Indemnity | 912.74 | | | | 76.88 | 1387 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE AND/OR JOINT IMG LIMITED AREA | 78300 | CPT | | | | both | | | 1460 | 542.46 | UHC | Medicaid | 460.63 | 31.55 | | | 76.88 | 1387 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG LIMITED AREA | 78300 | CPT | | | | both | | | 1460 | 542.46 | Horizon | MGD | 912.74 | | | | 76.88 | 1387 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE AND/OR JOINT IMG LIMITED AREA | 78300 | CPT | | | | both | | | 1460 | 542.46 | Managed Care Inc | Managed Care Inc | 1314 | 90 | | | 76.88 | 1387 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG LIMITED AREA | 78300 | CPT | | | | both | | | 1460 | 542.46 | UHC | Medicare | 471.7 | | | | 76.88 | 1387 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE AND/OR JOINT IMG LIMITED AREA | 78300 | CPT | | | | both | | | 1460 | 542.46 | Wellcare | Medicaid | 460.63 | 31.55 | | | 76.88 | 1387 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG LIMITED AREA | 78300 | CPT | | | | both | | | 1460 | 542.46 | Horizon | PPO | 912.74 | | | | 76.88 | 1387 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE AND/OR JOINT IMG LIMITED AREA | 78300 | CPT | | | | both | | | 1460 | 542.46 | Wellcare | Medicare | 471.7 | | | | 76.88 | 1387 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE AND/OR JOINT IMG LIMITED AREA | 78300 | CPT | | | | both | | | 1460 | 542.46 | WellPoint | WellPoint | 469.83 | 32.18 | | | 76.88 | 1387 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG MULTIPLE AREAS | 78305 | CPT | | | | outpatient | | | 1626 | 542.46 | Horizon | MGD | 912.74 | | | | 110.36 | 1544.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE AND/OR JOINT IMG MULTIPLE AREAS | 78305 | CPT | | | | outpatient | | | 1626 | 542.46 | Aetna | Better Health | 513 | 31.55 | | | 110.36 | 1544.7 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG MULTIPLE AREAS | 78305 | CPT | | | | outpatient | | | 1626 | 542.46 | Horizon | Medicare Blue | 471.7 | | | | 110.36 | 1544.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE AND/OR JOINT IMG MULTIPLE AREAS | 78305 | CPT | | | | outpatient | | | 1626 | 542.46 | Consumer | Consumer | 1544.7 | 95 | | | 110.36 | 1544.7 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG MULTIPLE AREAS | 78305 | CPT | | | | outpatient | | | 1626 | 542.46 | Amerihealth | HMO/PPO | 110.36 | | | | 110.36 | 1544.7 | fee schedule | |
| HC NM BONE AND/OR JOINT IMG MULTIPLE AREAS | 78305 | CPT | | | | outpatient | | | 1626 | 542.46 | Qualcare | Qualcare | 1219.5 | 75 | | | 110.36 | 1544.7 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG MULTIPLE AREAS | 78305 | CPT | | | | outpatient | | | 1626 | 542.46 | UHC | Medicare | 471.7 | | | | 110.36 | 1544.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE AND/OR JOINT IMG MULTIPLE AREAS | 78305 | CPT | | | | outpatient | | | 1626 | 542.46 | Aetna | Medicare | 471.7 | | | | 110.36 | 1544.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE AND/OR JOINT IMG MULTIPLE AREAS | 78305 | CPT | | | | outpatient | | | 1626 | 542.46 | Horizon | PPO | 912.74 | | | | 110.36 | 1544.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE AND/OR JOINT IMG MULTIPLE AREAS | 78305 | CPT | | | | outpatient | | | 1626 | 542.46 | Aetna | Commercial | 617.88 | 38 | | | 110.36 | 1544.7 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG MULTIPLE AREAS | 78305 | CPT | | | | outpatient | | | 1626 | 542.46 | First Health | First Health | 1138.2 | 70 | | | 110.36 | 1544.7 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG MULTIPLE AREAS | 78305 | CPT | | | | outpatient | | | 1626 | 542.46 | Corrections | Corrections | 1300.8 | 80 | | | 110.36 | 1544.7 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG MULTIPLE AREAS | 78305 | CPT | | | | outpatient | | | 1626 | 542.46 | UHC | Medicaid | 513 | 31.55 | | | 110.36 | 1544.7 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG MULTIPLE AREAS | 78305 | CPT | | | | outpatient | | | 1626 | 542.46 | WellPoint | WellPoint | 523.25 | 32.18 | | | 110.36 | 1544.7 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG MULTIPLE AREAS | 78305 | CPT | | | | outpatient | | | 1626 | 542.46 | Wellcare | Medicare | 471.7 | | | | 110.36 | 1544.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE AND/OR JOINT IMG MULTIPLE AREAS | 78305 | CPT | | | | outpatient | | | 1626 | 542.46 | Americare | Americare | 1219.5 | 75 | | | 110.36 | 1544.7 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG MULTIPLE AREAS | 78305 | CPT | | | | outpatient | | | 1626 | 542.46 | Horizon | Indemnity | 912.74 | | | | 110.36 | 1544.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE AND/OR JOINT IMG MULTIPLE AREAS | 78305 | CPT | | | | outpatient | | | 1626 | 542.46 | First Trenton | First Trenton | 1463.4 | 90 | | | 110.36 | 1544.7 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG MULTIPLE AREAS | 78305 | CPT | | | | outpatient | | | 1626 | 542.46 | Multiplan | Multiplan | 1300.8 | 80 | | | 110.36 | 1544.7 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG MULTIPLE AREAS | 78305 | CPT | | | | outpatient | | | 1626 | 542.46 | Three Rivers | Three Rivers | 1544.7 | 95 | | | 110.36 | 1544.7 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG MULTIPLE AREAS | 78305 | CPT | | | | outpatient | | | 1626 | 542.46 | Wellcare | Medicaid | 513 | 31.55 | | | 110.36 | 1544.7 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG MULTIPLE AREAS | 78305 | CPT | | | | outpatient | | | 1626 | 542.46 | Horizon | NJ Health | 147 | | | | 110.36 | 1544.7 | fee schedule | |
| HC NM BONE AND/OR JOINT IMG MULTIPLE AREAS | 78305 | CPT | | | | outpatient | | | 1626 | 542.46 | Managed Care Inc | Managed Care Inc | 1463.4 | 90 | | | 110.36 | 1544.7 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG WHOLE BODY | 78306 | CPT | | | | both | | | 3204 | 542.46 | Americare | Americare | 2403 | 75 | | | 125.24 | 3043.8 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG WHOLE BODY | 78306 | CPT | | | | both | | | 3204 | 542.46 | Amerihealth | HMO/PPO | 125.24 | | | 298.7 | 125.24 | 3043.8 | fee schedule | |
| HC NM BONE AND/OR JOINT IMG WHOLE BODY | 78306 | CPT | | | | both | | | 3204 | 542.46 | Aetna | Commercial | 1217.52 | 38 | | 659.21 | 125.24 | 3043.8 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG WHOLE BODY | 78306 | CPT | | | | both | | | 3204 | 542.46 | Qualcare | Qualcare | 2403 | 75 | | | 125.24 | 3043.8 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG WHOLE BODY | 78306 | CPT | | | | both | | | 3204 | 542.46 | Horizon | PPO | 912.74 | | | 857.55 | 125.24 | 3043.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE AND/OR JOINT IMG WHOLE BODY | 78306 | CPT | | | | both | | | 3204 | 542.46 | Consumer | Consumer | 3043.8 | 95 | | | 125.24 | 3043.8 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG WHOLE BODY | 78306 | CPT | | | | both | | | 3204 | 542.46 | Horizon | Indemnity | 912.74 | | | 803.26 | 125.24 | 3043.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE AND/OR JOINT IMG WHOLE BODY | 78306 | CPT | | | | both | | | 3204 | 542.46 | Aetna | Better Health | 1010.86 | 31.55 | | | 125.24 | 3043.8 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG WHOLE BODY | 78306 | CPT | | | | both | | | 3204 | 542.46 | Aetna | Medicare | 471.7 | | | 449.1 | 125.24 | 3043.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE AND/OR JOINT IMG WHOLE BODY | 78306 | CPT | | | | both | | | 3204 | 542.46 | First Health | First Health | 2242.8 | 70 | | | 125.24 | 3043.8 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG WHOLE BODY | 78306 | CPT | | | | both | | | 3204 | 542.46 | Wellcare | Medicare | 471.7 | | | 391.3 | 125.24 | 3043.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE AND/OR JOINT IMG WHOLE BODY | 78306 | CPT | | | | both | | | 3204 | 542.46 | Multiplan | Multiplan | 2563.2 | 80 | | | 125.24 | 3043.8 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG WHOLE BODY | 78306 | CPT | | | | both | | | 3204 | 542.46 | Corrections | Corrections | 2563.2 | 80 | | 978.41 | 125.24 | 3043.8 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG WHOLE BODY | 78306 | CPT | | | | both | | | 3204 | 542.46 | First Trenton | First Trenton | 2883.6 | 90 | | | 125.24 | 3043.8 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG WHOLE BODY | 78306 | CPT | | | | both | | | 3204 | 542.46 | Horizon | MGD | 912.74 | | | 750.78 | 125.24 | 3043.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE AND/OR JOINT IMG WHOLE BODY | 78306 | CPT | | | | both | | | 3204 | 542.46 | UHC | Medicare | 471.7 | | | 379.58 | 125.24 | 3043.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE AND/OR JOINT IMG WHOLE BODY | 78306 | CPT | | | | both | | | 3204 | 542.46 | Wellcare | Medicaid | 1010.86 | 31.55 | | | 125.24 | 3043.8 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG WHOLE BODY | 78306 | CPT | | | | both | | | 3204 | 542.46 | Horizon | Medicare Blue | 471.7 | | | 500.37 | 125.24 | 3043.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE AND/OR JOINT IMG WHOLE BODY | 78306 | CPT | | | | both | | | 3204 | 542.46 | WellPoint | WellPoint | 1031.05 | 32.18 | | 717.1 | 125.24 | 3043.8 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG WHOLE BODY | 78306 | CPT | | | | both | | | 3204 | 542.46 | Managed Care Inc | Managed Care Inc | 2883.6 | 90 | | | 125.24 | 3043.8 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG WHOLE BODY | 78306 | CPT | | | | both | | | 3204 | 542.46 | Horizon | NJ Health | 147 | | | 90.14 | 125.24 | 3043.8 | fee schedule | |
| HC NM BONE AND/OR JOINT IMG WHOLE BODY | 78306 | CPT | | | | both | | | 3204 | 542.46 | Three Rivers | Three Rivers | 3043.8 | 95 | | | 125.24 | 3043.8 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG WHOLE BODY | 78306 | CPT | | | | both | | | 3204 | 542.46 | UHC | Medicaid | 1010.86 | 31.55 | | 843.82 | 125.24 | 3043.8 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG 3 PHASE STUDY | 78315 | CPT | | | | both | | | 2606 | 542.46 | Aetna | Commercial | 990.28 | 38 | | 750 | 167.4 | 2475.7 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG 3 PHASE STUDY | 78315 | CPT | | | | both | | | 2606 | 542.46 | Americare | Americare | 1954.5 | 75 | | | 167.4 | 2475.7 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG 3 PHASE STUDY | 78315 | CPT | | | | both | | | 2606 | 542.46 | Aetna | Medicare | 471.7 | | | | 167.4 | 2475.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE AND/OR JOINT IMG 3 PHASE STUDY | 78315 | CPT | | | | both | | | 2606 | 542.46 | UHC | Medicaid | 822.19 | 31.55 | | | 167.4 | 2475.7 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG 3 PHASE STUDY | 78315 | CPT | | | | both | | | 2606 | 542.46 | Corrections | Corrections | 2084.8 | 80 | | | 167.4 | 2475.7 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG 3 PHASE STUDY | 78315 | CPT | | | | both | | | 2606 | 542.46 | Horizon | Indemnity | 912.74 | | | | 167.4 | 2475.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE AND/OR JOINT IMG 3 PHASE STUDY | 78315 | CPT | | | | both | | | 2606 | 542.46 | Aetna | Better Health | 822.19 | 31.55 | | | 167.4 | 2475.7 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG 3 PHASE STUDY | 78315 | CPT | | | | both | | | 2606 | 542.46 | First Trenton | First Trenton | 2345.4 | 90 | | | 167.4 | 2475.7 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG 3 PHASE STUDY | 78315 | CPT | | | | both | | | 2606 | 542.46 | Consumer | Consumer | 2475.7 | 95 | | | 167.4 | 2475.7 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG 3 PHASE STUDY | 78315 | CPT | | | | both | | | 2606 | 542.46 | Multiplan | Multiplan | 2084.8 | 80 | | | 167.4 | 2475.7 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG 3 PHASE STUDY | 78315 | CPT | | | | both | | | 2606 | 542.46 | Amerihealth | HMO/PPO | 167.4 | | | | 167.4 | 2475.7 | fee schedule | |
| HC NM BONE AND/OR JOINT IMG 3 PHASE STUDY | 78315 | CPT | | | | both | | | 2606 | 542.46 | UHC | Medicare | 471.7 | | | | 167.4 | 2475.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE AND/OR JOINT IMG 3 PHASE STUDY | 78315 | CPT | | | | both | | | 2606 | 542.46 | Horizon | Medicare Blue | 471.7 | | | | 167.4 | 2475.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE AND/OR JOINT IMG 3 PHASE STUDY | 78315 | CPT | | | | both | | | 2606 | 542.46 | Qualcare | Qualcare | 1954.5 | 75 | | | 167.4 | 2475.7 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG 3 PHASE STUDY | 78315 | CPT | | | | both | | | 2606 | 542.46 | First Health | First Health | 1824.2 | 70 | | | 167.4 | 2475.7 | percent of total

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC NM BONE AND/OR JOINT IMG 3 PHASE STUDY | 78315 | CPT | | | | both | | | 2606 | 542.46 | WellPoint | WellPoint | 838.61 | 32.18 | | | 167.4 | 2475.7 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG 3 PHASE STUDY | 78315 | CPT | | | | both | | | 2606 | 542.46 | Wellcare | Medicaid | 822.19 | 31.55 | | | 167.4 | 2475.7 | percent of total billed charges | |
| HC NM BONE AND/OR JOINT IMG 3 PHASE STUDY | 78315 | CPT | | | | both | | | 2606 | 542.46 | Horizon | PPO | 912.74 | | | | 167.4 | 2475.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BONE AND/OR JOINT IMG 3 PHASE STUDY | 78315 | CPT | | | | both | | | 2606 | 542.46 | Managed Care Inc | Managed Care Inc | 2345.4 | 90 | | | 167.4 | 2475.7 | percent of total billed charges | |
| HC NM CARDIAC SHUNT DETECTION | 78428 | CPT | | | | outpatient | | | 1008 | 542.46 | Americare | Americare | 756 | 75 | | | 79.98 | 957.6 | percent of total billed charges | |
| HC NM CARDIAC SHUNT DETECTION | 78428 | CPT | | | | outpatient | | | 1008 | 542.46 | First Trenton | First Trenton | 907.2 | 90 | | | 79.98 | 957.6 | percent of total billed charges | |
| HC NM CARDIAC SHUNT DETECTION | 78428 | CPT | | | | outpatient | | | 1008 | 542.46 | Aetna | Medicare | 471.7 | | | | 79.98 | 957.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CARDIAC SHUNT DETECTION | 78428 | CPT | | | | outpatient | | | 1008 | 542.46 | Aetna | Better Health | 318.02 | 31.55 | | | 79.98 | 957.6 | percent of total billed charges | |
| HC NM CARDIAC SHUNT DETECTION | 78428 | CPT | | | | outpatient | | | 1008 | 542.46 | Amerihealth | HMO/PPO | 79.98 | | | | 79.98 | 957.6 | fee schedule | |
| HC NM CARDIAC SHUNT DETECTION | 78428 | CPT | | | | outpatient | | | 1008 | 542.46 | UHC | Medicaid | 318.02 | 31.55 | | | 79.98 | 957.6 | percent of total billed charges | |
| HC NM CARDIAC SHUNT DETECTION | 78428 | CPT | | | | outpatient | | | 1008 | 542.46 | Aetna | Commercial | 383.04 | 38 | | | 79.98 | 957.6 | percent of total billed charges | |
| HC NM CARDIAC SHUNT DETECTION | 78428 | CPT | | | | outpatient | | | 1008 | 542.46 | First Health | First Health | 705.6 | 70 | | | 79.98 | 957.6 | percent of total billed charges | |
| HC NM CARDIAC SHUNT DETECTION | 78428 | CPT | | | | outpatient | | | 1008 | 542.46 | Corrections | Corrections | 806.4 | 80 | | | 79.98 | 957.6 | percent of total billed charges | |
| HC NM CARDIAC SHUNT DETECTION | 78428 | CPT | | | | outpatient | | | 1008 | 542.46 | Horizon | PPO | 912.74 | | | | 79.98 | 957.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CARDIAC SHUNT DETECTION | 78428 | CPT | | | | outpatient | | | 1008 | 542.46 | Multiplan | Multiplan | 806.4 | 80 | | | 79.98 | 957.6 | percent of total billed charges | |
| HC NM CARDIAC SHUNT DETECTION | 78428 | CPT | | | | outpatient | | | 1008 | 542.46 | Consumer | Consumer | 957.6 | 95 | | | 79.98 | 957.6 | percent of total billed charges | |
| HC NM CARDIAC SHUNT DETECTION | 78428 | CPT | | | | outpatient | | | 1008 | 542.46 | Horizon | MGD | 912.74 | | | | 79.98 | 957.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CARDIAC SHUNT DETECTION | 78428 | CPT | | | | outpatient | | | 1008 | 542.46 | UHC | Medicare | 471.7 | | | | 79.98 | 957.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CARDIAC SHUNT DETECTION | 78428 | CPT | | | | outpatient | | | 1008 | 542.46 | Qualcare | Qualcare | 756 | 75 | | | 79.98 | 957.6 | percent of total billed charges | |
| HC NM CARDIAC SHUNT DETECTION | 78428 | CPT | | | | outpatient | | | 1008 | 542.46 | Horizon | Indemnity | 912.74 | | | | 79.98 | 957.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CARDIAC SHUNT DETECTION | 78428 | CPT | | | | outpatient | | | 1008 | 542.46 | WellPoint | WellPoint | 324.37 | 32.18 | | | 79.98 | 957.6 | percent of total billed charges | |
| HC NM CARDIAC SHUNT DETECTION | 78428 | CPT | | | | outpatient | | | 1008 | 542.46 | Horizon | NJ Health | 121.52 | | | | 79.98 | 957.6 | fee schedule | |
| HC NM CARDIAC SHUNT DETECTION | 78428 | CPT | | | | outpatient | | | 1008 | 542.46 | Horizon | Medicare Blue | 471.7 | | | | 79.98 | 957.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CARDIAC SHUNT DETECTION | 78428 | CPT | | | | outpatient | | | 1008 | 542.46 | Managed Care Inc | Managed Care Inc | 907.2 | 90 | | | 79.98 | 957.6 | percent of total billed charges | |
| HC NM CARDIAC SHUNT DETECTION | 78428 | CPT | | | | outpatient | | | 1008 | 542.46 | Three Rivers | Three Rivers | 957.6 | 95 | | | 79.98 | 957.6 | percent of total billed charges | |
| HC NM CARDIAC SHUNT DETECTION | 78428 | CPT | | | | outpatient | | | 1008 | 542.46 | Wellcare | Medicaid | 318.02 | 31.55 | | | 79.98 | 957.6 | percent of total billed charges | |
| HC NM CARDIAC SHUNT DETECTION | 78428 | CPT | | | | outpatient | | | 1008 | 542.46 | Wellcare | Medicare | 471.7 | | | | 79.98 | 957.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCARDIAL PERF IMG, SPECT, SINGLE STUDY AT REST OR STRESS | 78451 | CPT | | | | both | | | 4237 | 1807.58 | Horizon | Medicare Blue | 1623.98 | | | | 235.2 | 4025.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCARDIAL PERF IMG, SPECT, SINGLE STUDY AT REST OR STRESS | 78451 | CPT | | | | both | | | 4237 | 1867.58 | Aetna | Better Health | 1336.77 | 31.55 | | 1189.08 | 235.2 | 4025.15 | percent of total billed charges | |
| HC NM MYOCARDIAL PERF IMG, SPECT, SINGLE STUDY AT REST OR STRESS | 78451 | CPT | | | | both | | | 4237 | 1867.58 | Americare | Americare | 3177.75 | 75 | | | 235.2 | 4025.15 | percent of total billed charges | |
| HC NM MYOCARDIAL PERF IMG, SPECT, SINGLE STUDY AT REST OR STRESS | 78451 | CPT | | | | both | | | 4237 | 1867.58 | Horizon | NJ Health | 235.2 | | | 217.93 | 235.2 | 4025.15 | fee schedule | |
| HC NM MYOCARDIAL PERF IMG, SPECT, SINGLE STUDY AT REST OR STRESS | 78451 | CPT | | | | both | | | 4237 | 1867.58 | Horizon | Indemnity | 3142.4 | | | 2208.91 | 235.2 | 4025.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCARDIAL PERF IMG, SPECT, SINGLE STUDY AT REST OR STRESS | 78451 | CPT | | | | both | | | 4237 | 1867.58 | Amerihealth | HMO/PPO | 316.2 | | | | 235.2 | 4025.15 | fee schedule | |
| HC NM MYOCARDIAL PERF IMG, SPECT, SINGLE STUDY AT REST OR STRESS | 78451 | CPT | | | | both | | | 4237 | 1867.58 | Aetna | Medicare | 1623.98 | | | | 235.2 | 4025.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCARDIAL PERF IMG, SPECT, SINGLE STUDY AT REST OR STRESS | 78451 | CPT | | | | both | | | 4237 | 1867.58 | Aetna | Commercial | 1610.06 | 38 | | 2372.07 | 235.2 | 4025.15 | percent of total billed charges | |
| HC NM MYOCARDIAL PERF IMG, SPECT, SINGLE STUDY AT REST OR STRESS | 78451 | CPT | | | | both | | | 4237 | 1867.58 | UHC | Medicare | 1623.98 | | | | 235.2 | 4025.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCARDIAL PERF IMG, SPECT, SINGLE STUDY AT REST OR STRESS | 78451 | CPT | | | | both | | | 4237 | 1867.58 | First Health | First Health | 2965.9 | 70 | | | 235.2 | 4025.15 | percent of total billed charges | |
| HC NM MYOCARDIAL PERF IMG, SPECT, SINGLE STUDY AT REST OR STRESS | 78451 | CPT | | | | both | | | 4237 | 1867.58 | First Trenton | First Trenton | 3813.3 | 90 | | | 235.2 | 4025.15 | percent of total billed charges | |
| HC NM MYOCARDIAL PERF IMG, SPECT, SINGLE STUDY AT REST OR STRESS | 78451 | CPT | | | | both | | | 4237 | 1867.58 | Multiplan | Multiplan | 3389.6 | 80 | | | 235.2 | 4025.15 | percent of total billed charges | |
| HC NM MYOCARDIAL PERF IMG, SPECT, SINGLE STUDY AT REST OR STRESS | 78451 | CPT | | | | both | | | 4237 | 1867.58 | Horizon | MGD | 3142.4 | | | 1452.65 | 235.2 | 4025.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCARDIAL PERF IMG, SPECT, SINGLE STUDY AT REST OR STRESS | 78451 | CPT | | | | both | | | 4237 | 1867.58 | UHC | Medicaid | 1336.77 | 31.55 | | | 235.2 | 4025.15 | percent of total billed charges | |
| HC NM MYOCARDIAL PERF IMG, SPECT, SINGLE STUDY AT REST OR STRESS | 78451 | CPT | | | | both | | | 4237 | 1867.58 | Wellcare | Medicaid | 1336.77 | 31.55 | | | 235.2 | 4025.15 | percent of total billed charges | |
| HC NM MYOCARDIAL PERF IMG, SPECT, SINGLE STUDY AT REST OR STRESS | 78451 | CPT | | | | both | | | 4237 | 1867.58 | Consumer | Consumer | 4025.15 | 95 | | | 235.2 | 4025.15 | percent of total billed charges | |
| HC NM MYOCARDIAL PERF IMG, SPECT, SINGLE STUDY AT REST OR STRESS | 78451 | CPT | | | | both | | | 4237 | 1867.58 | Managed Care Inc | Managed Care Inc | 3813.3 | 90 | | | 235.2 | 4025.15 | percent of total billed charges | |
| HC NM MYOCARDIAL PERF IMG, SPECT, SINGLE STUDY AT REST OR STRESS | 78451 | CPT | | | | both | | | 4237 | 1867.58 | Qualcare | Qualcare | 3177.75 | 75 | | | 235.2 | 4025.15 | percent of total billed charges | |
| HC NM MYOCARDIAL PERF IMG, SPECT, SINGLE STUDY AT REST OR STRESS | 78451 | CPT | | | | both | | | 4237 | 1867.58 | Three Rivers | Three Rivers | 4025.15 | 95 | | | 235.2 | 4025.15 | percent of total billed charges | |
| HC NM MYOCARDIAL PERF IMG, SPECT, SINGLE STUDY AT REST OR STRESS | 78451 | CPT | | | | both | | | 4237 | 1867.58 | Corrections | Corrections | 3389.6 | 80 | | | 235.2 | 4025.15 | percent of total billed charges | |
| HC NM MYOCARDIAL PERF IMG, SPECT, SINGLE STUDY AT REST OR STRESS | 78451 | CPT | | | | both | | | 4237 | 1867.58 | Wellcare | Medicare | 1623.98 | | | | 235.2 | 4025.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCARDIAL PERF IMG, SPECT, SINGLE STUDY AT REST OR STRESS | 78451 | CPT | | | | both | | | 4237 | 1867.58 | Horizon | PPO | 3142.4 | | | | 235.2 | 4025.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCARDIAL PERF IMG, SPECT, SINGLE STUDY AT REST OR STRESS | 78451 | CPT | | | | both | | | 4237 | 1867.58 | WellPoint | WellPoint | 1363.47 | 32.18 | | | 235.2 | 4025.15 | percent of total billed charges | |
| HC NM MYOCARDIAL PERF IMG, SPECT, MULTIPLE STUDIES | 78452 | CPT | | | | both | | | 4237 | 1867.58 | Horizon | MGD | 3142.4 | | | 1008.06 | 316.2 | 4025.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCARDIAL PERF IMG, SPECT, MULTIPLE STUDIES | 78452 | CPT | | | | both | | | 4237 | 1867.58 | First Trenton | First Trenton | 3813.3 | 90 | | | 316.2 | 4025.15 | percent of total billed charges | |
| HC NM MYOCARDIAL PERF IMG, SPECT, MULTIPLE STUDIES | 78452 | CPT | | | | both | | | 4237 | 1867.58 | Americare | Americare | 3177.75 | 75 | | | 316.2 | 4025.15 | percent of total billed charges | |
| HC NM MYOCARDIAL PERF IMG, SPECT, MULTIPLE STUDIES | 78452 | CPT | | | | both | | | 4237 | 1867.58 | Aetna | Better Health | 1336.77 | 31.55 | | | 316.2 | 4025.15 | percent of total billed charges | |
| HC NM MYOCARDIAL PERF IMG, SPECT, MULTIPLE STUDIES | 78452 | CPT | | | | both | | | 4237 | 1867.58 | Horizon | Medicare Blue | 1623.98 | | | 772.18 | 316.2 | 4025.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCARDIAL PERF IMG, SPECT, MULTIPLE STUDIES | 78452 | CPT | | | | both | | | 4237 | 1867.58 | Aetna | Commercial | 1610.06 | 38 | | 794.46 | 316.2 | 4025.15 | percent of total billed charges | |
| HC NM MYOCARDIAL PERF IMG, SPECT, MULTIPLE STUDIES | 78452 | CPT | | | | both | | | 4237 | 1867.58 | Consumer | Consumer | 4025.15 | 95 | | | 316.2 | 4025.15 | percent of total billed charges | |
| HC NM MYOCARDIAL PERF IMG, SPECT, MULTIPLE STUDIES | 78452 | CPT | | | | both | | | 4237 | 1867.58 | Corrections | Corrections | 3389.6 | 80 | | 677.28 | 316.2 | 4025.15 | percent of total billed charges | |
| HC NM MYOCARDIAL PERF IMG, SPECT, MULTIPLE STUDIES | 78452 | CPT | | | | both | | | 4237 | 1867.58 | Wellcare | Medicare | 1623.98 | | | 1264.9 | 316.2 | 4025.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCARDIAL PERF IMG, SPECT, MULTIPLE STUDIES | 78452 | CPT | | | | both | | | 4237 | 1867.58 | Horizon | Indemnity | 3142.4 | | | 1309.2 | 316.2 | 4025.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCARDIAL PERF IMG, SPECT, MULTIPLE STUDIES | 78452 | CPT | | | | both | | | 4237 | 1867.58 | Three Rivers | Three Rivers | 4025.15 | 95 | | | 316.2 | 4025.15 | percent of total billed charges | |
| HC NM MYOCARDIAL PERF IMG, SPECT, MULTIPLE STUDIES | 78452 | CPT | | | | both | | | 4237 | 1867.58 | Aetna | Medicare | 1623.98 | | | 1371 | 316.2 | 4025.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCARDIAL PERF IMG, SPECT, MULTIPLE STUDIES | 78452 | CPT | | | | both | | | 4237 | 1867.58 | UHC | Medicare | 1623.98 | | | 637.81 | 316.2 | 4025.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCARDIAL PERF IMG, SPECT, MULTIPLE STUDIES | 78452 | CPT | | | | both | | | 4237 | 1867.58 | Amerihealth | HMO/PPO | 316.2 | | | | 316.2 | 4025.15 | fee schedule | |
| HC NM MYOCARDIAL PERF IMG, SPECT, MULTIPLE STUDIES | 78452 | CPT | | | | both | | | 4237 | 1867.58 | WellPoint | WellPoint | 1363.47 | 32.18 | | 855.03 | 316.2 | 4025.15 | percent of total billed charges | |
| HC NM MYOCARDIAL PERF IMG, SPECT, MULTIPLE STUDIES | 78452 | CPT | | | | both | | | 4237 | 1867.58 | First Health | First Health | 2965.9 | 70 | | | 316.2 | 4025.15 | percent of total billed charges | |
| HC NM MYOCARDIAL PERF IMG, SPECT, MULTIPLE STUDIES | 78452 | CPT | | | | both | | | 4237 | 1867.58 | Managed Care Inc | Managed Care Inc | 3813.3 | 90 | | | 316.2 | 4025.15 | percent of total billed charges | |
| HC NM MYOCARDIAL PERF IMG, SPECT, MULTIPLE STUDIES | 78452 | CPT | | | | both | | | 4237 | 1867.58 | UHC | Medicaid | 1336.77 | 31.55 | | 1269.52 | 316.2 | 4025.15 | percent of total billed charges | |
| HC NM MYOCARDIAL PERF IMG, SPECT, MULTIPLE STUDIES | 78452 | CPT | | | | both | | | 4237 | 1867.58 | Horizon | NJ Health | 329.28 | | | 185.87 | 316.2 | 4025.15 | fee schedule | |
| HC NM MYOCARDIAL PERF IMG, SPECT, MULTIPLE STUDIES | 78452 | CPT | | | | both | | | 4237 | 1867.58 | Horizon | PPO | 3142.4 | | | 1175.08 | 316.2 | 4025.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCARDIAL PERF IMG, SPECT, MULTIPLE STUDIES | 78452 | CPT | | | | both | | | 4237 | 1867.58 | Wellcare | Medicaid | 1336.77 | 31.55 | | | 316.2 | 4025.15 | percent of total billed charges | |
| HC NM MYOCARDIAL PERF IMG, SPECT, MULTIPLE STUDIES | 78452 | CPT | | | | both | | | 4237 | 1867.58 | Multiplan | Multiplan | 3389.6 | 80 | | | 316.2 | 4025.15 | percent of total billed charges | |
| HC NM MYOCARDIAL PERF IMG, SPECT, MULTIPLE STUDIES | 78452 | CPT | | | | both | | | 4237 | 1867.58 | Qualcare | Qualcare | 3177.75 | 75 | | | 316.2 | 4025.15 | percent of total billed charges | |
| HC NM ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE | 78456 | CPT | | | | outpatient | | | 2075.39 | 1867.58 | Americare | Americare | 1556.54 | 75 | | | 137.76 | 3142.4 | percent of total billed charges | |
| HC NM ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE | 78456 | CPT | | | | outpatient | | | 2075.39 | 1867.58 | Multiplan | Multiplan | 1660.31 | 80 | | | 137.76 | 3142.4 | percent of total billed charges | |
| HC NM ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE | 78456 | CPT | | | | outpatient | | | 2075.39 | 1867.58 | Amerihealth | HMO/PPO | 137.76 | | | | 137.76 | 3142.4 | fee schedule | |
| HC NM ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE | 78456 | CPT | | | | outpatient | | | 2075.39 | 1867.58 | Three Rivers | Three Rivers | 1971.62 | 95 | | | 137.76 | 3142.4 | percent of total billed charges | |
| HC NM ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE | 78456 | CPT | | | | outpatient | | | 2075.39 | 1867.58 | Consumer | Consumer | 1971.62 | 95 | | | 137.76 | 3142.4 | percent of total billed charges | |
| HC NM ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE | 78456 | CPT | | | | outpatient | | | 2075.39 | 1867.58 | Aetna | Medicare | 1623.98 | | | | 137.76 | 3142.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE | 78456 | CPT | | | | outpatient | | | 2075.39 | 1867.58 | Aetna | Better Health | 654.79 | 31.55 | | | 137.76 | 3142.4 | percent of total billed charges | |
| HC NM ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE | 78456 | CPT | | | | outpatient | | | 2075.39 | 1867.58 | Corrections | Corrections | 1660.31 | 80 | | | 137.76 | 3142.4 | percent of total billed charges | |
| HC NM ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE | 78456 | CPT | | | | outpatient | | | 2075.39 | 1867.58 | First Health | First Health | 1452.77 | 70 | | | 137.76 | 3142.4 | percent of total billed charges | |
| HC NM ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE | 78456 | CPT | | | | outpatient | | | 2075.39 | 1867.58 | Wellcare | Medicare | 1623.98 | | | | 137.76 | 3142.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE | 78456 | CPT | | | | outpatient | | | 2075.39 | 1867.58 | Horizon | Medicare Blue | 1623.98 | | | | 137.76 | 3142.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE | 78456 | CPT | | | | outpatient | | | 2075.39 | 1867.58 | UHC | Medicaid | 654.79 | 31.55 | | | 137.76 | 3142.4 | percent of total billed charges | |
| HC NM ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE | 78456 | CPT | | | | outpatient | | | 2075.39 | 1867.58 | Horizon | MGD | 3142.4 | | | | 137.76 | 3142.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE | 78456 | CPT | | | | outpatient | | | 2075.39 | 1867.58 | Qualcare | Qualcare | 1556.54 | 75 | | | 137.76 | 3142.4 | percent of total billed charges | |
| HC NM ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE | 78456 | CPT | | | | outpatient | | | 2075.39 | 1867.58 | WellPoint | WellPoint | 667.86 | 32.18 | | | 137.76 | 3142.4 | percent of total billed charges | |
| HC NM ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE | 78456 | CPT | | | | outpatient | | | 2075.39 | 1867.58 | First Trenton | First Trenton | 1867.85 | 90 | | | 137.76 | 3142.4 | percent of total billed charges | |
| HC NM ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE | 78456 | CPT | | | | outpatient | | | 2075.39 | 1867.58 | UHC | Medicare | 1623.98 | | | | 137.76 | 3142.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE | 78456 | CPT | | | | outpatient | | | 2075.39 | 1867.58 | Horizon | Indemnity | 3142.4 | | | | 137.76 | 3142.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE | 78456 | CPT | | | | outpatient | | | 2075.39 | 1867.58 | Wellcare | Medicaid | 654.79 | 31.55 | | | 137.76 | 3142.4 | percent of total billed charges | |
| HC NM ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE | 78456 | CPT | | | | outpatient | | | 2075.39 | 1867.58 | Horizon | NJ Health | 203.84 | | | | 137.76 | 3142.4 | fee schedule | |
| HC NM ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE | 78456 | CPT | | | | outpatient | | | 2075.39 | 1867.58 | Horizon | PPO | 3142.4 | | | | 137.76 | 3142.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE | 78456 | CPT | | | | outpatient | | | 2075.39 | 1867.58 | Managed Care Inc | Managed Care Inc | 1867.85 | 90 | | | 137.76 | 3142.4 | percent of total billed charges | |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL | 78457 | CPT | | | | outpatient | | | 789.99 | 710.88 | Consumer | Consumer | 750.49 | 95 | | | 89.28 | 1196.14 | percent of total billed charges | |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL | 78457 | CPT | | | | outpatient | | | 789.99 | 710.88 | Aetna | Medicare | 618.16 | | | | 89.28 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL | 78457 | CPT | | | | outpatient | | | 789.99 | 710.88 | Amerihealth | HMO/PPO | 89.28 | | | | 89.28 | 1196.14 | fee schedule | |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL | 78457 | CPT | | | | outpatient | | | 789.99 | 710.88 | Corrections | Corrections | 631.99 | 80 | | | 89.28 | 1196.14 | percent of total billed charges | |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL | 78457 | CPT | | | | outpatient | | | 789.99 | 710.88 | Aetna | Better Health | 249.24 | 31.55 | | | 89.28 | 1196.14 | percent of total billed charges | |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL | 78457 | CPT | | | | outpatient | | | 789.99 | 710.88 | Americare | Americare | 592.49 | 75 | | | 89.28 | 1196.14 | percent of total billed charges | |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL | 78457 | CPT | | | | outpatient | | | 789.99 | 710.88 | UHC | Medicaid | 249.24 | 31.55 | | | 89.28 | 1196.14 | percent of total billed charges | |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL | 78457 | CPT | | | | outpatient | | | 789.99 | 710.88 | First Trenton | First Trenton | 710.99 | 90 | | | 89.28 | 1196.14 | percent of total billed charges | |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL | 78457 | CPT | | | | outpatient | | | 789.99 | 710.88 | Horizon | Medicare Blue | 618.16 | | | | 89.28 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL | 78457 | CPT | | | | outpatient | | | 789.99 | 710.88 | Multiplan | Multiplan | 631.99 | 80 | | | 89.28 | 1196.14 | percent of total billed charges | |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL | 78457 | CPT | | | | outpatient | | | 789.99 | 710.88 | First Health | First Health | 552.99 | 70 | | | 89.28 | 1196.14 | percent of total billed charges | |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL | 78457 | CPT | | | | outpatient | | | 789.99 | 710.88 | Horizon | MGD | 1196.14 | | | | 89.28 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL | 78457 | CPT | | | | outpatient | | | 789.99 | 710.88 | Wellcare | Medicare | 618.16 | | | | 89.28 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL | 78457 | CPT | | | | outpatient | | | 789.99 | 710.88 | Qualcare | Qualcare | 592.49 | 75 | | | 89.28 | 1196.14 | percent of total billed charges | |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL | 78457 | CPT | | | | outpatient | | | 789.99 | 710.88 | UHC | Medicare | 618.16 | | | | 89.28 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL | 78457 | CPT | | | | outpatient | | | 789.99 | 710.88 | Managed Care Inc | Managed Care Inc | 710.99 | 90 | | | 89.28 | 1196.14 | percent of total billed charges | |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL | 78457 | CPT | | | | outpatient | | | 789.99 | 710.88 | Horizon | Indemnity | 1196.14 | | | | 89.28 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL | 78457 | CPT | | | | outpatient | | | 789.99 | 710.88 | Horizon | NJ Health | 215.6 | | | | 89.28 | 1196.14 | fee schedule | |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL | 78457 | CPT | | | | outpatient | | | 789.99 | 710.88 | Wellcare | Medicaid | 249.24 | 31.55 | | | 89.28 | 1196.14 | percent of total billed charges | |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL | 78457 | CPT | | | | outpatient | | | 789.99 | 710.88 | Three Rivers | Three Rivers | 750.49 | 95 | | | 89.28 | 1196.14 | percent of total billed charges | |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL | 78457 | CPT | | | | outpatient | | | 789.99 | 710.88 | Horizon | PPO | 1196.14 | | | | 89.28 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL | 78457 | CPT | | | | outpatient | | | 789.99 | 710.88 | WellPoint | WellPoint | 254.22 | 32.18 | | | 89.28 | 1196.14 | percent of total billed charges | |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL | 78458 | CPT | | | | outpatient | | | 602.82 | 542.46 | Horizon | MGD | 912.74 | | | | 125.86 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL | 78458 | CPT | | | | outpatient | | | 602.82 | 542.46 | Amerihealth | HMO/PPO | 125.86 | | | | 125.86 | 912.74 | fee schedule | |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL | 78458 | CPT | | | | outpatient | | | 602.82 | 542.46 | Consumer | Consumer | 572.68 | 95 | | | 125.86 | 912.74 | percent of total billed charges | |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL | 78458 | CPT | | | | outpatient | | | 602.82 | 542.46 | Aetna | Medicare | 471.7 | | | | 125.86 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL | 78458 | CPT | | | | outpatient | | | 602.82 | 542.46 | Aetna | Better Health | 190.19 | 31.55 | | | 125.86 | 912.74 | percent of total billed charges | |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL | 78458 | CPT | | | | outpatient | | | 602.82 | 542.46 | Horizon | PPO | 912.74 | | | | 125.86 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL | 78458 | CPT | | | | outpatient | | | 602.82 | 542.46 | Americare | Americare | 452.12 | 75 | | | 125.86 | 912.74 | percent of total billed charges | |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL | 78458 | CPT | | | | outpatient | | | 602.82 | 542.46 | Horizon | Medicare Blue | 471.7 | | | | 125.86 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL | 78458 | CPT | | | | outpatient | | | 602.82 | 542.46 | UHC | Medicaid | 190.19 | 31.55 | | | 125.86 | 912.74 | percent of total billed charges | |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL | 78458 | CPT | | | | outpatient | | | 602.82 | 542.46 | First Health | First Health | 421.97 | 70 | | | 125.86 | 912.74 | percent of total billed charges | |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL | 78458 | CPT | | | | outpatient | | | 602.82 | 542.46 | Corrections | Corrections | 482.26 | 80 | | | 125.86 | 912.74 | percent of total billed charges | |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL | 78458 | CPT | | | | outpatient | | | 602.82 | 542.46 | Wellcare | Medicaid | 190.19 | 31.55 | | | 125.86 | 912.74 | percent of total billed charges | |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL | 78458 | CPT | | | | outpatient | | | 602.82 | 542.46 | UHC | Medicare | 471.7 | | | | 125.86 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL | 78458 | CPT | | | | outpatient | | | 602.82 | 542.46 | WellPoint | WellPoint | 193.99 | 32.18 | | | 125.86 | 912.74 

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC PET MYOCARDIAL METABOLIC EVAL SINGLE STUDY | 78459 | CPT | | | | outpatient | | | 15688.5 | 1867.58 | Managed Care Inc | Managed Care Inc | 14119.65 | 90 | | | 238.61 | 14904.08 | percent of total billed charges | |
| HC PET MYOCARDIAL METABOLIC EVAL SINGLE STUDY | 78459 | CPT | | | | outpatient | | | 15688.5 | 1867.58 | Horizon | Medicare Blue | 1623.98 | | | | 238.61 | 14904.08 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PET MYOCARDIAL METABOLIC EVAL SINGLE STUDY | 78459 | CPT | | | | outpatient | | | 15688.5 | 1867.58 | First Health | First Health | 10981.95 | 70 | | | 238.61 | 14904.08 | percent of total billed charges | |
| HC PET MYOCARDIAL METABOLIC EVAL SINGLE STUDY | 78459 | CPT | | | | outpatient | | | 15688.5 | 1867.58 | Wellcare | Medicare | 1623.98 | | | | 238.61 | 14904.08 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PET MYOCARDIAL METABOLIC EVAL SINGLE STUDY | 78459 | CPT | | | | outpatient | | | 15688.5 | 1867.58 | Amerihealth | HMO/PPO | 399.6 | | | | 238.61 | 14904.08 | fee schedule | |
| HC PET MYOCARDIAL METABOLIC EVAL SINGLE STUDY | 78459 | CPT | | | | outpatient | | | 15688.5 | 1867.58 | Horizon | NJ Health | 238.61 | | | | 238.61 | 14904.08 | fee schedule | |
| HC PET MYOCARDIAL METABOLIC EVAL SINGLE STUDY | 78459 | CPT | | | | outpatient | | | 15688.5 | 1867.58 | Aetna | Commercial | 5961.63 | 38 | | | 238.61 | 14904.08 | percent of total billed charges | |
| HC PET MYOCARDIAL METABOLIC EVAL SINGLE STUDY | 78459 | CPT | | | | outpatient | | | 15688.5 | 1867.58 | WellPoint | WellPoint | 5048.56 | 32.18 | | | 238.61 | 14904.08 | percent of total billed charges | |
| HC PET MYOCARDIAL METABOLIC EVAL SINGLE STUDY | 78459 | CPT | | | | outpatient | | | 15688.5 | 1867.58 | Horizon | Indemnity | 3142.4 | | | | 238.61 | 14904.08 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PET MYOCARDIAL METABOLIC EVAL SINGLE STUDY | 78459 | CPT | | | | outpatient | | | 15688.5 | 1867.58 | Three Rivers | Three Rivers | 14904.08 | 95 | | | 238.61 | 14904.08 | percent of total billed charges | |
| HC PET MYOCARDIAL METABOLIC EVAL SINGLE STUDY | 78459 | CPT | | | | outpatient | | | 15688.5 | 1867.58 | Horizon | MGD | 3142.4 | | | | 238.61 | 14904.08 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PET MYOCARDIAL METABOLIC EVAL SINGLE STUDY | 78459 | CPT | | | | outpatient | | | 15688.5 | 1867.58 | Wellcare | Medicaid | 4949.72 | 31.55 | | | 238.61 | 14904.08 | percent of total billed charges | |
| HC PET MYOCARDIAL METABOLIC EVAL SINGLE STUDY | 78459 | CPT | | | | outpatient | | | 15688.5 | 1867.58 | UHC | Medicaid | 4949.72 | 31.55 | | | 238.61 | 14904.08 | percent of total billed charges | |
| HC PET MYOCARDIAL METABOLIC EVAL SINGLE STUDY | 78459 | CPT | | | | outpatient | | | 15688.5 | 1867.58 | Horizon | PPO | 3142.4 | | | | 238.61 | 14904.08 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN | 78466 | CPT | | | | outpatient | | | 602.82 | 542.46 | Qualcare | Qualcare | 452.12 | 75 | | | 82.46 | 912.74 | percent of total billed charges | |
| HC NM MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN | 78466 | CPT | | | | outpatient | | | 602.82 | 542.46 | WellPoint | WellPoint | 193.99 | 32.18 | | | 82.46 | 912.74 | percent of total billed charges | |
| HC NM MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN | 78466 | CPT | | | | outpatient | | | 602.82 | 542.46 | First Trenton | First Trenton | 542.54 | 90 | | | 82.46 | 912.74 | percent of total billed charges | |
| HC NM MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN | 78466 | CPT | | | | outpatient | | | 602.82 | 542.46 | Aetna | Medicare | 471.7 | | | | 82.46 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN | 78466 | CPT | | | | outpatient | | | 602.82 | 542.46 | Americare | Americare | 452.12 | 75 | | | 82.46 | 912.74 | percent of total billed charges | |
| HC NM MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN | 78466 | CPT | | | | outpatient | | | 602.82 | 542.46 | Consumer | Consumer | 572.68 | 95 | | | 82.46 | 912.74 | percent of total billed charges | |
| HC NM MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN | 78466 | CPT | | | | outpatient | | | 602.82 | 542.46 | UHC | Medicaid | 190.19 | 31.55 | | | 82.46 | 912.74 | percent of total billed charges | |
| HC NM MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN | 78466 | CPT | | | | outpatient | | | 602.82 | 542.46 | Aetna | Better Health | 190.19 | 31.55 | | | 82.46 | 912.74 | percent of total billed charges | |
| HC NM MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN | 78466 | CPT | | | | outpatient | | | 602.82 | 542.46 | UHC | Medicare | 471.7 | | | | 82.46 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN | 78466 | CPT | | | | outpatient | | | 602.82 | 542.46 | Corrections | Corrections | 482.26 | 80 | | | 82.46 | 912.74 | percent of total billed charges | |
| HC NM MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN | 78466 | CPT | | | | outpatient | | | 602.82 | 542.46 | Horizon | Indemnity | 912.74 | | | | 82.46 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN | 78466 | CPT | | | | outpatient | | | 602.82 | 542.46 | Amerihealth | HMO/PPO | 82.46 | | | | 82.46 | 912.74 | fee schedule | |
| HC NM MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN | 78466 | CPT | | | | outpatient | | | 602.82 | 542.46 | Multiplan | Multiplan | 482.26 | 80 | | | 82.46 | 912.74 | percent of total billed charges | |
| HC NM MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN | 78466 | CPT | | | | outpatient | | | 602.82 | 542.46 | Horizon | NJ Health | 141.12 | | | | 82.46 | 912.74 | fee schedule | |
| HC NM MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN | 78466 | CPT | | | | outpatient | | | 602.82 | 542.46 | Horizon | PPO | 912.74 | | | | 82.46 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN | 78466 | CPT | | | | outpatient | | | 602.82 | 542.46 | Horizon | Medicare Blue | 471.7 | | | | 82.46 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN | 78466 | CPT | | | | outpatient | | | 602.82 | 542.46 | Three Rivers | Three Rivers | 572.68 | 95 | | | 82.46 | 912.74 | percent of total billed charges | |
| HC NM MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN | 78466 | CPT | | | | outpatient | | | 602.82 | 542.46 | First Health | First Health | 421.97 | 70 | | | 82.46 | 912.74 | percent of total billed charges | |
| HC NM MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN | 78466 | CPT | | | | outpatient | | | 602.82 | 542.46 | Managed Care Inc | Managed Care Inc | 542.54 | 90 | | | 82.46 | 912.74 | percent of total billed charges | |
| HC NM MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN | 78466 | CPT | | | | outpatient | | | 602.82 | 542.46 | Horizon | MGD | 912.74 | | | | 82.46 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN | 78466 | CPT | | | | outpatient | | | 602.82 | 542.46 | Wellcare | Medicare | 471.7 | | | | 82.46 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN | 78466 | CPT | | | | outpatient | | | 602.82 | 542.46 | Wellcare | Medicaid | 190.19 | 31.55 | | | 82.46 | 912.74 | percent of total billed charges | |
| HC NM MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ | 78468 | CPT | | | | outpatient | | | 789.99 | 710.88 | Americare | Americare | 592.49 | 75 | | | 113.46 | 1196.14 | percent of total billed charges | |
| HC NM MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ | 78468 | CPT | | | | outpatient | | | 789.99 | 710.88 | Corrections | Corrections | 631.99 | 80 | | | 113.46 | 1196.14 | percent of total billed charges | |
| HC NM MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ | 78468 | CPT | | | | outpatient | | | 789.99 | 710.88 | Multiplan | Multiplan | 631.99 | 80 | | | 113.46 | 1196.14 | percent of total billed charges | |
| HC NM MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ | 78468 | CPT | | | | outpatient | | | 789.99 | 710.88 | Horizon | Medicare Blue | 618.16 | | | | 113.46 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ | 78468 | CPT | | | | outpatient | | | 789.99 | 710.88 | Consumer | Consumer | 750.49 | 95 | | | 113.46 | 1196.14 | percent of total billed charges | |
| HC NM MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ | 78468 | CPT | | | | outpatient | | | 789.99 | 710.88 | First Trenton | First Trenton | 710.99 | 90 | | | 113.46 | 1196.14 | percent of total billed charges | |
| HC NM MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ | 78468 | CPT | | | | outpatient | | | 789.99 | 710.88 | Aetna | Medicare | 618.16 | | | | 113.46 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ | 78468 | CPT | | | | outpatient | | | 789.99 | 710.88 | Aetna | Better Health | 249.24 | 31.55 | | | 113.46 | 1196.14 | percent of total billed charges | |
| HC NM MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ | 78468 | CPT | | | | outpatient | | | 789.99 | 710.88 | Horizon | MGD | 1196.14 | | | | 113.46 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ | 78468 | CPT | | | | outpatient | | | 789.99 | 710.88 | Horizon | Indemnity | 1196.14 | | | | 113.46 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ | 78468 | CPT | | | | outpatient | | | 789.99 | 710.88 | Qualcare | Qualcare | 592.49 | 75 | | | 113.46 | 1196.14 | percent of total billed charges | |
| HC NM MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ | 78468 | CPT | | | | outpatient | | | 789.99 | 710.88 | UHC | Medicare | 618.16 | | | | 113.46 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ | 78468 | CPT | | | | outpatient | | | 789.99 | 710.88 | UHC | Medicaid | 249.24 | 31.55 | | | 113.46 | 1196.14 | percent of total billed charges | |
| HC NM MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ | 78468 | CPT | | | | outpatient | | | 789.99 | 710.88 | Horizon | NJ Health | 158.76 | | | | 113.46 | 1196.14 | fee schedule | |
| HC NM MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ | 78468 | CPT | | | | outpatient | | | 789.99 | 710.88 | First Health | First Health | 552.99 | 70 | | | 113.46 | 1196.14 | percent of total billed charges | |
| HC NM MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ | 78468 | CPT | | | | outpatient | | | 789.99 | 710.88 | Amerihealth | HMO/PPO | 113.46 | | | | 113.46 | 1196.14 | fee schedule | |
| HC NM MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ | 78468 | CPT | | | | outpatient | | | 789.99 | 710.88 | Horizon | PPO | 1196.14 | | | | 113.46 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ | 78468 | CPT | | | | outpatient | | | 789.99 | 710.88 | Wellcare | Medicare | 618.16 | | | | 113.46 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ | 78468 | CPT | | | | outpatient | | | 789.99 | 710.88 | Managed Care Inc | Managed Care Inc | 710.99 | 90 | | | 113.46 | 1196.14 | percent of total billed charges | |
| HC NM MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ | 78468 | CPT | | | | outpatient | | | 789.99 | 710.88 | Wellcare | Medicaid | 249.24 | 31.55 | | | 113.46 | 1196.14 | percent of total billed charges | |
| HC NM MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ | 78468 | CPT | | | | outpatient | | | 789.99 | 710.88 | WellPoint | WellPoint | 254.22 | 32.18 | | | 113.46 | 1196.14 | percent of total billed charges | |
| HC NM MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ | 78468 | CPT | | | | outpatient | | | 789.99 | 710.88 | Three Rivers | Three Rivers | 750.49 | 95 | | | 113.46 | 1196.14 | percent of total billed charges | |
| HC NM MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ | 78468 | CPT | | | | outpatient | | | 789.99 | 710.88 | Qualcare | Qualcare | 592.49 | 75 | | | 155 | 1196.14 | percent of total billed charges | |
| HC NM MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ | 78469 | CPT | | | | outpatient | | | 789.99 | 710.88 | Aetna | Better Health | 249.24 | 31.55 | | | 155 | 1196.14 | percent of total billed charges | |
| HC NM MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ | 78469 | CPT | | | | outpatient | | | 789.99 | 710.88 | Amerihealth | HMO/PPO | 155 | | | | 155 | 1196.14 | fee schedule | |
| HC NM MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ | 78469 | CPT | | | | outpatient | | | 789.99 | 710.88 | Horizon | MGD | 1196.14 | | | | 155 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ | 78469 | CPT | | | | outpatient | | | 789.99 | 710.88 | Consumer | Consumer | 750.49 | 95 | | | 155 | 1196.14 | percent of total billed charges | |
| HC NM MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ | 78469 | CPT | | | | outpatient | | | 789.99 | 710.88 | Aetna | Medicare | 618.16 | | | | 155 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ | 78469 | CPT | | | | outpatient | | | 789.99 | 710.88 | Americare | Americare | 592.49 | 75 | | | 155 | 1196.14 | percent of total billed charges | |
| HC NM MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ | 78469 | CPT | | | | outpatient | | | 789.99 | 710.88 | UHC | Medicaid | 249.24 | 31.55 | | | 155 | 1196.14 | percent of total billed charges | |
| HC NM MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ | 78469 | CPT | | | | outpatient | | | 789.99 | 710.88 | WellPoint | WellPoint | 254.22 | 32.18 | | | 155 | 1196.14 | percent of total billed charges | |
| HC NM MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ | 78469 | CPT | | | | outpatient | | | 789.99 | 710.88 | Aetna | Commercial | 300.2 | 38 | | | 155 | 1196.14 | percent of total billed charges | |
| HC NM MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ | 78469 | CPT | | | | outpatient | | | 789.99 | 710.88 | Horizon | Indemnity | 1196.14 | | | | 155 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ | 78469 | CPT | | | | outpatient | | | 789.99 | 710.88 | First Health | First Health | 552.99 | 70 | | | 155 | 1196.14 | percent of total billed charges | |
| HC NM MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ | 78469 | CPT | | | | outpatient | | | 789.99 | 710.88 | Corrections | Corrections | 631.99 | 80 | | | 155 | 1196.14 | percent of total billed charges | |
| HC NM MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ | 78469 | CPT | | | | outpatient | | | 789.99 | 710.88 | Multiplan | Multiplan | 631.99 | 80 | | | 155 | 1196.14 | percent of total billed charges | |
| HC NM MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ | 78469 | CPT | | | | outpatient | | | 789.99 | 710.88 | Horizon | Medicare Blue | 618.16 | | | | 155 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ | 78469 | CPT | | | | outpatient | | | 789.99 | 710.88 | First Trenton | First Trenton | 710.99 | 90 | | | 155 | 1196.14 | percent of total billed charges | |
| HC NM MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ | 78469 | CPT | | | | outpatient | | | 789.99 | 710.88 | UHC | Medicare | 618.16 | | | | 155 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ | 78469 | CPT | | | | outpatient | | | 789.99 | 710.88 | Horizon | NJ Health | 228.81 | | | | 155 | 1196.14 | fee schedule | |
| HC NM MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ | 78469 | CPT | | | | outpatient | | | 789.99 | 710.88 | Three Rivers | Three Rivers | 750.49 | 95 | | | 155 | 1196.14 | percent of total billed charges | |
| HC NM MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ | 78469 | CPT | | | | outpatient | | | 789.99 | 710.88 | Horizon | PPO | 1196.14 | | | | 155 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ | 78469 | CPT | | | | outpatient | | | 789.99 | 710.88 | Wellcare | Medicaid | 249.24 | 31.55 | | | 155 | 1196.14 | percent of total billed charges | |
| HC NM MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ | 78469 | CPT | | | | outpatient | | | 789.99 | 710.88 | Managed Care Inc | Managed Care Inc | 710.99 | 90 | | | 155 | 1196.14 | percent of total billed charges | |
| HC NM MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ | 78469 | CPT | | | | outpatient | | | 789.99 | 710.88 | Wellcare | Medicare | 618.16 | | | | 155 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CARDIAC BLOOD POOL IMG GATED PLANAR 1 STUDY REST/STRESS (MUGA) | 78472 | CPT | | | | outpatient | | | 2101 | 542.46 | Aetna | Commercial | 798.38 | 38 | | | 156.86 | 1995.95 | percent of total billed charges | |
| HC NM CARDIAC BLOOD POOL IMG GATED PLANAR 1 STUDY REST/STRESS (MUGA) | 78472 | CPT | | | | outpatient | | | 2101 | 542.46 | Corrections | Corrections | 1680.8 | 80 | | | 156.86 | 1995.95 | percent of total billed charges | |
| HC NM CARDIAC BLOOD POOL IMG GATED PLANAR 1 STUDY REST/STRESS (MUGA) | 78472 | CPT | | | | outpatient | | | 2101 | 542.46 | Aetna | Better Health | 662.87 | 31.55 | | | 156.86 | 1995.95 | percent of total billed charges | |
| HC NM CARDIAC BLOOD POOL IMG GATED PLANAR 1 STUDY REST/STRESS (MUGA) | 78472 | CPT | | | | outpatient | | | 2101 | 542.46 | First Trenton | First Trenton | 1890.9 | 90 | | | 156.86 | 1995.95 | percent of total billed charges | |
| HC NM CARDIAC BLOOD POOL IMG GATED PLANAR 1 STUDY REST/STRESS (MUGA) | 78472 | CPT | | | | outpatient | | | 2101 | 542.46 | Amerihealth | HMO/PPO | 156.86 | | | | 156.86 | 1995.95 | fee schedule | |
| HC NM CARDIAC BLOOD POOL IMG GATED PLANAR 1 STUDY REST/STRESS (MUGA) | 78472 | CPT | | | | outpatient | | | 2101 | 542.46 | Horizon | Indemnity | 912.74 | | | | 156.86 | 1995.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CARDIAC BLOOD POOL IMG GATED PLANAR 1 STUDY REST/STRESS (MUGA) | 78472 | CPT | | | | outpatient | | | 2101 | 542.46 | Horizon | MGD | 912.74 | | | | 156.86 | 1995.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CARDIAC BLOOD POOL IMG GATED PLANAR 1 STUDY REST/STRESS (MUGA) | 78472 | CPT | | | | outpatient | | | 2101 | 542.46 | Aetna | Medicare | 471.7 | | | | 156.86 | 1995.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CARDIAC BLOOD POOL IMG GATED PLANAR 1 STUDY REST/STRESS (MUGA) | 78472 | CPT | | | | outpatient | | | 2101 | 542.46 | Horizon | Medicare Blue | 471.7 | | | | 156.86 | 1995.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CARDIAC BLOOD POOL IMG GATED PLANAR 1 STUDY REST/STRESS (MUGA) | 78472 | CPT | | | | outpatient | | | 2101 | 542.46 | UHC | Medicaid | 662.87 | 31.55 | | | 156.86 | 1995.95 | percent of total billed charges | |
| HC NM CARDIAC BLOOD POOL IMG GATED PLANAR 1 STUDY REST/STRESS (MUGA) | 78472 | CPT | | | | outpatient | | | 2101 | 542.46 | Consumer | Consumer | 1995.95 | 95 | | | 156.86 | 1995.95 | percent of total billed charges | |
| HC NM CARDIAC BLOOD POOL IMG GATED PLANAR 1 STUDY REST/STRESS (MUGA) | 78472 | CPT | | | | outpatient | | | 2101 | 542.46 | Horizon | NJ Health | 196 | | | | 156.86 | 1995.95 | fee schedule | |
| HC NM CARDIAC BLOOD POOL IMG GATED PLANAR 1 STUDY REST/STRESS (MUGA) | 78472 | CPT | | | | outpatient | | | 2101 | 542.46 | UHC | Medicare | 471.7 | | | | 156.86 | 1995.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CARDIAC BLOOD POOL IMG GATED PLANAR 1 STUDY REST/STRESS (MUGA) | 78472 | CPT | | | | outpatient | | | 2101 | 542.46 | Multiplan | Multiplan | 1680.8 | 80 | | | 156.86 | 1995.95 | percent of total billed charges | |
| HC NM CARDIAC BLOOD POOL IMG GATED PLANAR 1 STUDY REST/STRESS (MUGA) | 78472 | CPT | | | | outpatient | | | 2101 | 542.46 | Horizon | PPO | 912.74 | | | | 156.86 | 1995.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CARDIAC BLOOD POOL IMG GATED PLANAR 1 STUDY REST/STRESS (MUGA) | 78472 | CPT | | | | outpatient | | | 2101 | 542.46 | Americare | Americare | 1575.75 | 75 | | | 156.86 | 1995.95 | percent of total billed charges | |
| HC NM CARDIAC BLOOD POOL IMG GATED PLANAR 1 STUDY REST/STRESS (MUGA) | 78472 | CPT | | | | outpatient | | | 2101 | 542.46 | First Health | First Health | 1470.7 | 70 | | | 156.86 | 1995.95 | percent of total billed charges | |
| HC NM CARDIAC BLOOD POOL IMG GATED PLANAR 1 STUDY REST/STRESS (MUGA) | 78472 | CPT | | | | outpatient | | | 2101 | 542.46 | WellPoint | WellPoint | 676.1 | 32.18 | | | 156.86 | 1995.95 | percent of total billed charges | |
| HC NM CARDIAC BLOOD POOL IMG GATED PLANAR 1 STUDY REST/STRESS (MUGA) | 78472 | CPT | | | | outpatient | | | 2101 | 542.46 | Wellcare | Medicare | 471.7 | | | | 156.86 | 1995.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CARDIAC BLOOD POOL IMG GATED PLANAR 1 STUDY REST/STRESS (MUGA) | 78472 | CPT | | | | outpatient | | | 2101 | 542.46 | Managed Care Inc | Managed Care Inc | 1890.9 | 90 | | | 156.86 | 1995.95 | percent of total billed charges | |
| HC NM CARDIAC BLOOD POOL IMG GATED PLANAR 1 STUDY REST/STRESS (MUGA) | 78472 | CPT | | | | outpatient | | | 2101 | 542.46 | Qualcare | Qualcare | 1575.75 | 75 | | | 156.86 | 1995.95 | percent of total billed charges | |
| HC NM CARDIAC BLOOD POOL IMG GATED PLANAR 1 STUDY REST/STRESS (MUGA) | 78472 | CPT | | | | outpatient | | | 2101 | 542.46 | Three Rivers | Three Rivers | 1995.95 | 95 | | | 156.86 | 1995.95 | percent of total billed charges | |
| HC NM CARDIAC BLOOD POOL IMG GATED PLANAR 1 STUDY REST/STRESS (MUGA) | 78472 | CPT | | | | outpatient | | | 2101 | 542.46 | Wellcare | Medicaid | 662.87 | 31.55 | | | 156.86 | 1995.95 | percent of total billed charges | |
| HC NM CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT | 78473 | CPT | | | | outpatient | | | 602.82 | 542.46 | Aetna | Medicare | 471.7 | | | | 190.19 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT | 78473 | CPT | | | | outpatient | | | 602.82 | 542.46 | Multiplan | Multiplan | 482.26 | 80 | | | 190.19 | 912.74 | percent of total billed charges | |
| HC NM CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT | 78473 | CPT | | | | outpatient | | | 602.82 | 542.46 | First Health | First Health | 421.97 | 70 | | | 190.19 | 912.74 | percent of total billed charges | |
| HC NM CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT | 78473 | CPT | | | | outpatient | | | 602.82 | 542.46 | Horizon | Indemnity | 912.74 | | | | 190.19 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT | 78473 | CPT | | | | outpatient | | | 602.82 | 542.46 | Corrections | Corrections | 482.26 | 80 | | | 190.19 | 912.74 | percent of total billed charges | |
| HC NM CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT | 78473 | CPT | | | | outpatient | | | 602.82 | 542.46 | Americare | Americare | 452.12 | 75 | | | 190.19 | 912.74 | percent of total billed charges | |
| HC NM CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT | 78473 | CPT | | | | outpatient | | | 602.82 | 542.46 | Aetna | Better Health | 190.19 | 31.55 | | | 190.19 | 912.74 | percent of total billed charges | |
| HC NM CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT | 78473 | CPT | | | | outpatient | | | 602.82 | 542.46 | First Trenton | First Trenton | 542.54 | 90 | | | 190.19 | 912.74 | percent of total billed charges | |
| HC NM CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT | 78473 | CPT | | | | outpatient | | | 602.82 | 542.46 | Horizon | MGD | 912.74 | | | | 190.19 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT | 78473 | CPT | | | | outpatient | | | 602.82 | 542.46 | Qualcare | Qualcare | 452.12 | 75 | | | 190.19 | 912.74 | percent of total billed charges | |
| HC NM CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT | 78473 | CPT | | | | outpatient | | | 602.82 | 542.46 | Horizon | Medicare Blue | 471.7 | | | | 190.19 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT | 78473 | CPT | | | | outpatient | | | 602.82 | 542.46 | Horizon | PPO | 912.74 | | | | 190.19 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT | 78473 | CPT | | | | outpatient | | | 602.82 | 542.46 | Amerihealth | HMO/PPO | 245.52 | | | | 190.19 | 912.74 | fee schedule | |
| HC NM CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT | 78473 | CPT | | | | outpatient | | | 602.82 | 542.46 | Consumer | Consumer | 572.68 | 95 | | | 190.19 | 912.74 | percent of total billed charges | |
| HC NM CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT | 78473 | CPT | | | | outpatient | | | 602.82 | 542.46 | Wellcare | Medicaid | 190.19 | 31.55 | | | 190.19 | 912.74 | percent of total billed charges | |
| HC NM CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT | 78473 | CPT | | | | outpatient | | | 602.82 | 542.46 | Managed Care Inc | Managed Care Inc | 542.54 | 90 | | | 190.19 | 912.74 | percent of total billed charges | |
| HC NM CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT | 78473 | CPT | | | | outpatient | | | 602.82 | 542.46 | Horizon | NJ Health | 254.8 | | | | 190.19 | 912.74 | fee schedule | |
| HC NM CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT | 78473 | CPT | | | | outpatient | | | 602.82 | 542.46 | UHC | Medicaid | 190.19 | 31.55 | | | 190.19 | 912.74 | percent of total billed charges | |
| HC NM CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT | 78473 | CPT | | | | outpatient | | | 602.82 | 542.46 | Wellcare | Medicare | 471.7 | | | | 190.19 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT | 78473 | CPT | | | | outpatient | | | 602.82 | 542.46 | Three Rivers | Three Rivers | 572.68 | 95 | | | 190.19 | 912.74 | percent of total billed charges | |
| HC NM CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT | 78473 | CPT | | | | outpatient |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC NM CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT | 78481 | CPT | | | | outpatient | | | 2660 | 710.88 | UHC | Medicaid | 839.23 | 31.55 | | | 150.66 | | 2527 | percent of total billed charges | |
| HC NM CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT | 78496 | CPT | | | | outpatient | | | 61.38 | | Aetna | Better Health | 19.37 | 31.55 | | | 18.41 | | 61.38 | percent of total billed charges | |
| HC NM CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT | 78496 | CPT | | | | outpatient | | | 61.38 | | Americare | Americare | 46.04 | 75 | | | 18.41 | | 61.38 | percent of total billed charges | |
| HC NM CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT | 78496 | CPT | | | | outpatient | | | 61.38 | | Aetna | Medicare | 18.91 | 30.8 | | | 18.41 | | 61.38 | percent of total billed charges | |
| HC NM CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT | 78496 | CPT | | | | outpatient | | | 61.38 | | Consumer | Consumer | 58.31 | 95 | | | 18.41 | | 61.38 | percent of total billed charges | |
| HC NM CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT | 78496 | CPT | | | | outpatient | | | 61.38 | | First Health | First Health | 42.97 | 70 | | | 18.41 | | 61.38 | percent of total billed charges | |
| HC NM CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT | 78496 | CPT | | | | outpatient | | | 61.38 | | Horizon | Indemnity | 23.5 | 38.28 | | | 18.41 | | 61.38 | percent of total billed charges | |
| HC NM CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT | 78496 | CPT | | | | outpatient | | | 61.38 | | First Trenton | First Trenton | 55.24 | 90 | | | 18.41 | | 61.38 | percent of total billed charges | |
| HC NM CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT | 78496 | CPT | | | | outpatient | | | 61.38 | | Amerihealth | HMO/PPO | 61.38 | | | | 18.41 | | 61.38 | fee schedule | |
| HC NM CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT | 78496 | CPT | | | | outpatient | | | 61.38 | | Corrections | Corrections | 49.1 | 80 | | | 18.41 | | 61.38 | percent of total billed charges | |
| HC NM CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT | 78496 | CPT | | | | outpatient | | | 61.38 | | Horizon | MGD | 23.5 | 38.28 | | | 18.41 | | 61.38 | percent of total billed charges | |
| HC NM CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT | 78496 | CPT | | | | outpatient | | | 61.38 | | Multiplan | Multiplan | 49.1 | 80 | | | 18.41 | | 61.38 | percent of total billed charges | |
| HC NM CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT | 78496 | CPT | | | | outpatient | | | 61.38 | | Horizon | NJ Health | 54.74 | | | | 18.41 | | 61.38 | fee schedule | |
| HC NM CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT | 78496 | CPT | | | | outpatient | | | 61.38 | | Horizon | Medicare Blue | 18.41 | 30 | | | 18.41 | | 61.38 | percent of total billed charges | |
| HC NM CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT | 78496 | CPT | | | | outpatient | | | 61.38 | | Horizon | PPO | 23.5 | 38.28 | | | 18.41 | | 61.38 | percent of total billed charges | |
| HC NM CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT | 78496 | CPT | | | | outpatient | | | 61.38 | | Qualcare | Qualcare | 46.04 | 75 | | | 18.41 | | 61.38 | percent of total billed charges | |
| HC NM CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT | 78496 | CPT | | | | outpatient | | | 61.38 | | Managed Care Inc | Managed Care Inc | 55.24 | 90 | | | 18.41 | | 61.38 | percent of total billed charges | |
| HC NM CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT | 78496 | CPT | | | | outpatient | | | 61.38 | | WellPoint | WellPoint | 19.75 | 32.18 | | | 18.41 | | 61.38 | percent of total billed charges | |
| HC NM CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT | 78496 | CPT | | | | outpatient | | | 61.38 | | Three Rivers | Three Rivers | 58.31 | 95 | | | 18.41 | | 61.38 | percent of total billed charges | |
| HC NM CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT | 78496 | CPT | | | | outpatient | | | 61.38 | | Wellcare | Medicaid | 19.37 | 31.55 | | | 18.41 | | 61.38 | percent of total billed charges | |
| HC NM CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT | 78496 | CPT | | | | outpatient | | | 61.38 | | UHC | Medicaid | 19.37 | 31.55 | | | 18.41 | | 61.38 | percent of total billed charges | |
| HC NM UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE | 78499 | CPT | | | | outpatient | | | 602.82 | 542.46 | Amerihealth | HMO/PPO | 391.83 | 65 | | | 190.19 | | 912.74 | percent of total billed charges | |
| HC NM UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE | 78499 | CPT | | | | outpatient | | | 602.82 | 542.46 | Consumer | Consumer | 572.68 | 95 | | | 190.19 | | 912.74 | percent of total billed charges | |
| HC NM UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE | 78499 | CPT | | | | outpatient | | | 602.82 | 542.46 | Americare | Americare | 452.12 | 75 | | | 190.19 | | 912.74 | percent of total billed charges | |
| HC NM UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE | 78499 | CPT | | | | outpatient | | | 602.82 | 542.46 | Aetna | Medicare | 471.7 | | | | 190.19 | | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE | 78499 | CPT | | | | outpatient | | | 602.82 | 542.46 | Corrections | Corrections | 482.26 | 80 | | | 190.19 | | 912.74 | percent of total billed charges | |
| HC NM UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE | 78499 | CPT | | | | outpatient | | | 602.82 | 542.46 | Horizon | Medicare Blue | 471.7 | | | | 190.19 | | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE | 78499 | CPT | | | | outpatient | | | 602.82 | 542.46 | First Trenton | First Trenton | 542.54 | 90 | | | 190.19 | | 912.74 | percent of total billed charges | |
| HC NM UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE | 78499 | CPT | | | | outpatient | | | 602.82 | 542.46 | Aetna | Better Health | 190.19 | 31.55 | | | 190.19 | | 912.74 | percent of total billed charges | |
| HC NM UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE | 78499 | CPT | | | | outpatient | | | 602.82 | 542.46 | Multiplan | Multiplan | 482.26 | 80 | | | 190.19 | | 912.74 | percent of total billed charges | |
| HC NM UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE | 78499 | CPT | | | | outpatient | | | 602.82 | 542.46 | Wellcare | Medicaid | 190.19 | 31.55 | | | 190.19 | | 912.74 | percent of total billed charges | |
| HC NM UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE | 78499 | CPT | | | | outpatient | | | 602.82 | 542.46 | Horizon | Indemnity | 912.74 | | | | 190.19 | | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE | 78499 | CPT | | | | outpatient | | | 602.82 | 542.46 | First Health | First Health | 421.97 | 70 | | | 190.19 | | 912.74 | percent of total billed charges | |
| HC NM UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE | 78499 | CPT | | | | outpatient | | | 602.82 | 542.46 | Wellcare | Medicare | 471.7 | | | | 190.19 | | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE | 78499 | CPT | | | | outpatient | | | 602.82 | 542.46 | Horizon | PPO | 912.74 | | | | 190.19 | | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE | 78499 | CPT | | | | outpatient | | | 602.82 | 542.46 | Managed Care Inc | Managed Care Inc | 542.54 | 90 | | | 190.19 | | 912.74 | percent of total billed charges | |
| HC NM UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE | 78499 | CPT | | | | outpatient | | | 602.82 | 542.46 | Horizon | MGD | 912.74 | | | | 190.19 | | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE | 78499 | CPT | | | | outpatient | | | 602.82 | 542.46 | Qualcare | Qualcare | 452.12 | 75 | | | 190.19 | | 912.74 | percent of total billed charges | |
| HC NM UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE | 78499 | CPT | | | | outpatient | | | 602.82 | 542.46 | WellPoint | WellPoint | 193.99 | 32.18 | | | 190.19 | | 912.74 | percent of total billed charges | |
| HC NM UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE | 78499 | CPT | | | | outpatient | | | 602.82 | 542.46 | UHC | Medicaid | 190.19 | 31.55 | | | 190.19 | | 912.74 | percent of total billed charges | |
| HC NM UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE | 78499 | CPT | | | | outpatient | | | 602.82 | 542.46 | UHC | Medicare | 471.7 | | | | 190.19 | | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE | 78499 | CPT | | | | outpatient | | | 602.82 | 542.46 | Three Rivers | Three Rivers | 572.68 | 95 | | | 190.19 | | 912.74 | percent of total billed charges | |
| HC NM PULMONARY VENTILATION IMAGING (AEROSOL/GAS) | 78579 | CPT | | | | inpatient | | | 1045 | 542.46 | Aetna | Commercial | 397.1 | 38 | | | 75.02 | | 992.75 | percent of total billed charges | |
| HC NM PULMONARY VENTILATION IMAGING (AEROSOL/GAS) | 78579 | CPT | | | | inpatient | | | 1045 | 542.46 | Aetna | Medicare | 471.7 | | | | 75.02 | | 992.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PULMONARY VENTILATION IMAGING (AEROSOL/GAS) | 78579 | CPT | | | | inpatient | | | 1045 | 542.46 | First Trenton | First Trenton | 940.5 | 90 | | | 75.02 | | 992.75 | percent of total billed charges | |
| HC NM PULMONARY VENTILATION IMAGING (AEROSOL/GAS) | 78579 | CPT | | | | inpatient | | | 1045 | 542.46 | Multiplan | Multiplan | 836 | 80 | | | 75.02 | | 992.75 | percent of total billed charges | |
| HC NM PULMONARY VENTILATION IMAGING (AEROSOL/GAS) | 78579 | CPT | | | | inpatient | | | 1045 | 542.46 | Horizon | Medicare Blue | 471.7 | | | | 75.02 | | 992.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PULMONARY VENTILATION IMAGING (AEROSOL/GAS) | 78579 | CPT | | | | inpatient | | | 1045 | 542.46 | Aetna | Better Health | 329.7 | 31.55 | | | 75.02 | | 992.75 | percent of total billed charges | |
| HC NM PULMONARY VENTILATION IMAGING (AEROSOL/GAS) | 78579 | CPT | | | | inpatient | | | 1045 | 542.46 | Amerihealth | HMO/PPO | 75.02 | | | | 75.02 | | 992.75 | fee schedule | |
| HC NM PULMONARY VENTILATION IMAGING (AEROSOL/GAS) | 78579 | CPT | | | | inpatient | | | 1045 | 542.46 | Horizon | Indemnity | 912.74 | | | | 75.02 | | 992.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PULMONARY VENTILATION IMAGING (AEROSOL/GAS) | 78579 | CPT | | | | inpatient | | | 1045 | 542.46 | Managed Care Inc | Managed Care Inc | 940.5 | 90 | | | 75.02 | | 992.75 | percent of total billed charges | |
| HC NM PULMONARY VENTILATION IMAGING (AEROSOL/GAS) | 78579 | CPT | | | | inpatient | | | 1045 | 542.46 | Consumer | Consumer | 992.75 | 95 | | | 75.02 | | 992.75 | percent of total billed charges | |
| HC NM PULMONARY VENTILATION IMAGING (AEROSOL/GAS) | 78579 | CPT | | | | inpatient | | | 1045 | 542.46 | First Health | First Health | 731.5 | 70 | | | 75.02 | | 992.75 | percent of total billed charges | |
| HC NM PULMONARY VENTILATION IMAGING (AEROSOL/GAS) | 78579 | CPT | | | | inpatient | | | 1045 | 542.46 | Qualcare | Qualcare | 783.75 | 75 | | | 75.02 | | 992.75 | percent of total billed charges | |
| HC NM PULMONARY VENTILATION IMAGING (AEROSOL/GAS) | 78579 | CPT | | | | inpatient | | | 1045 | 542.46 | UHC | Medicaid | 329.7 | 31.55 | | | 75.02 | | 992.75 | percent of total billed charges | |
| HC NM PULMONARY VENTILATION IMAGING (AEROSOL/GAS) | 78579 | CPT | | | | inpatient | | | 1045 | 542.46 | Americare | Americare | 783.75 | 75 | | | 75.02 | | 992.75 | percent of total billed charges | |
| HC NM PULMONARY VENTILATION IMAGING (AEROSOL/GAS) | 78579 | CPT | | | | inpatient | | | 1045 | 542.46 | Wellcare | Medicaid | 329.7 | 31.55 | | | 75.02 | | 992.75 | percent of total billed charges | |
| HC NM PULMONARY VENTILATION IMAGING (AEROSOL/GAS) | 78579 | CPT | | | | inpatient | | | 1045 | 542.46 | Horizon | PPO | 912.74 | | | | 75.02 | | 992.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PULMONARY VENTILATION IMAGING (AEROSOL/GAS) | 78579 | CPT | | | | inpatient | | | 1045 | 542.46 | WellPoint | WellPoint | 336.28 | 32.18 | | | 75.02 | | 992.75 | percent of total billed charges | |
| HC NM PULMONARY VENTILATION IMAGING (AEROSOL/GAS) | 78579 | CPT | | | | inpatient | | | 1045 | 542.46 | Corrections | Corrections | 836 | 80 | | | 75.02 | | 992.75 | percent of total billed charges | |
| HC NM PULMONARY VENTILATION IMAGING (AEROSOL/GAS) | 78579 | CPT | | | | inpatient | | | 1045 | 542.46 | Wellcare | Medicare | 471.7 | | | | 75.02 | | 992.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PULMONARY VENTILATION IMAGING (AEROSOL/GAS) | 78579 | CPT | | | | inpatient | | | 1045 | 542.46 | UHC | Medicare | 471.7 | | | | 75.02 | | 992.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PULMONARY VENTILATION IMAGING (AEROSOL/GAS) | 78579 | CPT | | | | inpatient | | | 1045 | 542.46 | Horizon | MGD | 912.74 | | | | 75.02 | | 992.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PULMONARY VENTILATION IMAGING (AEROSOL/GAS) | 78579 | CPT | | | | inpatient | | | 1045 | 542.46 | Horizon | NJ Health | 152.66 | | | | 75.02 | | 992.75 | fee schedule | |
| HC NM PULMONARY VENTILATION IMAGING (AEROSOL/GAS) | 78579 | CPT | | | | inpatient | | | 1045 | 542.46 | Three Rivers | Three Rivers | 992.75 | 95 | | | 75.02 | | 992.75 | percent of total billed charges | |
| HC NM PULMONARY PERFUSION IMAGING PARTICULATE | 78580 | CPT | | | | both | | | 1882 | 542.46 | Aetna | Commercial | 715.16 | 38 | | | 102.3 | | 1787.9 | percent of total billed charges | |
| HC NM PULMONARY PERFUSION IMAGING PARTICULATE | 78580 | CPT | | | | both | | | 1882 | 542.46 | Wellcare | Medicare | 471.7 | | | | 102.3 | | 1787.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PULMONARY PERFUSION IMAGING PARTICULATE | 78580 | CPT | | | | both | | | 1882 | 542.46 | Amerihealth | HMO/PPO | 102.3 | | | | 102.3 | | 1787.9 | fee schedule | |
| HC NM PULMONARY PERFUSION IMAGING PARTICULATE | 78580 | CPT | | | | both | | | 1882 | 542.46 | Consumer | Consumer | 1787.9 | 95 | | | 102.3 | | 1787.9 | percent of total billed charges | |
| HC NM PULMONARY PERFUSION IMAGING PARTICULATE | 78580 | CPT | | | | both | | | 1882 | 542.46 | Aetna | Better Health | 593.77 | 31.55 | | | 102.3 | | 1787.9 | percent of total billed charges | |
| HC NM PULMONARY PERFUSION IMAGING PARTICULATE | 78580 | CPT | | | | both | | | 1882 | 542.46 | Horizon | MGD | 912.74 | | | | 102.3 | | 1787.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PULMONARY PERFUSION IMAGING PARTICULATE | 78580 | CPT | | | | both | | | 1882 | 542.46 | Americare | Americare | 1411.5 | 75 | | | 102.3 | | 1787.9 | percent of total billed charges | |
| HC NM PULMONARY PERFUSION IMAGING PARTICULATE | 78580 | CPT | | | | both | | | 1882 | 542.46 | First Health | First Health | 1317.4 | 70 | | | 102.3 | | 1787.9 | percent of total billed charges | |
| HC NM PULMONARY PERFUSION IMAGING PARTICULATE | 78580 | CPT | | | | both | | | 1882 | 542.46 | Multiplan | Multiplan | 1505.6 | 80 | | | 102.3 | | 1787.9 | percent of total billed charges | |
| HC NM PULMONARY PERFUSION IMAGING PARTICULATE | 78580 | CPT | | | | both | | | 1882 | 542.46 | UHC | Medicaid | 593.77 | 31.55 | | | 102.3 | | 1787.9 | percent of total billed charges | |
| HC NM PULMONARY PERFUSION IMAGING PARTICULATE | 78580 | CPT | | | | both | | | 1882 | 542.46 | Horizon | Indemnity | 912.74 | | | | 102.3 | | 1787.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PULMONARY PERFUSION IMAGING PARTICULATE | 78580 | CPT | | | | both | | | 1882 | 542.46 | UHC | Medicare | 471.7 | | | | 102.3 | | 1787.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PULMONARY PERFUSION IMAGING PARTICULATE | 78580 | CPT | | | | both | | | 1882 | 542.46 | Aetna | Medicare | 471.7 | | | | 102.3 | | 1787.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PULMONARY PERFUSION IMAGING PARTICULATE | 78580 | CPT | | | | both | | | 1882 | 542.46 | First Trenton | First Trenton | 1693.8 | 90 | | | 102.3 | | 1787.9 | percent of total billed charges | |
| HC NM PULMONARY PERFUSION IMAGING PARTICULATE | 78580 | CPT | | | | both | | | 1882 | 542.46 | Qualcare | Qualcare | 1411.5 | 75 | | | 102.3 | | 1787.9 | percent of total billed charges | |
| HC NM PULMONARY PERFUSION IMAGING PARTICULATE | 78580 | CPT | | | | both | | | 1882 | 542.46 | Wellcare | Medicaid | 593.77 | 31.55 | | | 102.3 | | 1787.9 | percent of total billed charges | |
| HC NM PULMONARY PERFUSION IMAGING PARTICULATE | 78580 | CPT | | | | both | | | 1882 | 542.46 | Corrections | Corrections | 1505.6 | 80 | | | 102.3 | | 1787.9 | percent of total billed charges | |
| HC NM PULMONARY PERFUSION IMAGING PARTICULATE | 78580 | CPT | | | | both | | | 1882 | 542.46 | Horizon | Medicare Blue | 471.7 | | | | 102.3 | | 1787.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PULMONARY PERFUSION IMAGING PARTICULATE | 78580 | CPT | | | | both | | | 1882 | 542.46 | Horizon | PPO | 912.74 | | | | 102.3 | | 1787.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PULMONARY PERFUSION IMAGING PARTICULATE | 78580 | CPT | | | | both | | | 1882 | 542.46 | Horizon | NJ Health | 164.01 | | | | 102.3 | | 1787.9 | fee schedule | |
| HC NM PULMONARY PERFUSION IMAGING PARTICULATE | 78580 | CPT | | | | both | | | 1882 | 542.46 | WellPoint | WellPoint | 605.63 | 32.18 | | | 102.3 | | 1787.9 | percent of total billed charges | |
| HC NM PULMONARY PERFUSION IMAGING PARTICULATE | 78580 | CPT | | | | both | | | 1882 | 542.46 | Managed Care Inc | Managed Care Inc | 1693.8 | 90 | | | 102.3 | | 1787.9 | percent of total billed charges | |
| HC NM PULMONARY PERFUSION IMAGING PARTICULATE | 78580 | CPT | | | | both | | | 1882 | 542.46 | Three Rivers | Three Rivers | 1787.9 | 95 | | | 102.3 | | 1787.9 | percent of total billed charges | |
| HC NM PULMONARY VENTILATION & PERFUSION IMG | 78582 | CPT | | | | both | | | 1627 | 710.88 | Aetna | Medicare | 618.16 | | | | 119.66 | | 1545.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PULMONARY VENTILATION & PERFUSION IMG | 78582 | CPT | | | | both | | | 1627 | 710.88 | Aetna | Better Health | 513.32 | 31.55 | | | 119.66 | | 1545.65 | percent of total billed charges | |
| HC NM PULMONARY VENTILATION & PERFUSION IMG | 78582 | CPT | | | | both | | | 1627 | 710.88 | Qualcare | Qualcare | 1220.25 | 75 | | | 119.66 | | 1545.65 | percent of total billed charges | |
| HC NM PULMONARY VENTILATION & PERFUSION IMG | 78582 | CPT | | | | both | | | 1627 | 710.88 | UHC | Medicaid | 513.32 | 31.55 | | | 119.66 | | 1545.65 | percent of total billed charges | |
| HC NM PULMONARY VENTILATION & PERFUSION IMG | 78582 | CPT | | | | both | | | 1627 | 710.88 | Consumer | Consumer | 1545.65 | 95 | | | 119.66 | | 1545.65 | percent of total billed charges | |
| HC NM PULMONARY VENTILATION & PERFUSION IMG | 78582 | CPT | | | | both | | | 1627 | 710.88 | Aetna | Commercial | 618.26 | 38 | | | 119.66 | | 1545.65 | percent of total billed charges | |
| HC NM PULMONARY VENTILATION & PERFUSION IMG | 78582 | CPT | | | | both | | | 1627 | 710.88 | First Trenton | First Trenton | 1464.3 | 90 | | | 119.66 | | 1545.65 | percent of total billed charges | |
| HC NM PULMONARY VENTILATION & PERFUSION IMG | 78582 | CPT | | | | both | | | 1627 | 710.88 | Amerihealth | HMO/PPO | 119.66 | | | | 119.66 | | 1545.65 | fee schedule | |
| HC NM PULMONARY VENTILATION & PERFUSION IMG | 78582 | CPT | | | | both | | | 1627 | 710.88 | Americare | Americare | 1220.25 | 75 | | | 119.66 | | 1545.65 | percent of total billed charges | |
| HC NM PULMONARY VENTILATION & PERFUSION IMG | 78582 | CPT | | | | both | | | 1627 | 710.88 | Wellcare | Medicaid | 513.32 | 31.55 | | 437.35 | 119.66 | | 1545.65 | percent of total billed charges | |
| HC NM PULMONARY VENTILATION & PERFUSION IMG | 78582 | CPT | | | | both | | | 1627 | 710.88 | Horizon | Indemnity | 1196.14 | | | | 119.66 | | 1545.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PULMONARY VENTILATION & PERFUSION IMG | 78582 | CPT | | | | both | | | 1627 | 710.88 | First Health | First Health | 1138.9 | 70 | | | 119.66 | | 1545.65 | percent of total billed charges | |
| HC NM PULMONARY VENTILATION & PERFUSION IMG | 78582 | CPT | | | | both | | | 1627 | 710.88 | Corrections | Corrections | 1301.6 | 80 | | | 119.66 | | 1545.65 | percent of total billed charges | |
| HC NM PULMONARY VENTILATION & PERFUSION IMG | 78582 | CPT | | | | both | | | 1627 | 710.88 | Wellcare | Medicare | 618.16 | | | | 119.66 | | 1545.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PULMONARY VENTILATION & PERFUSION IMG | 78582 | CPT | | | | both | | | 1627 | 710.88 | Horizon | PPO | 1196.14 | | | | 119.66 | | 1545.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PULMONARY VENTILATION & PERFUSION IMG | 78582 | CPT | | | | both | | | 1627 | 710.88 | WellPoint | WellPoint | 523.57 | 32.18 | | 458.84 | 119.66 | | 1545.65 | percent of total billed charges | |
| HC NM PULMONARY VENTILATION & PERFUSION IMG | 78582 | CPT | | | | both | | | 1627 | 710.88 | Horizon | MGD | 1196.14 | | | | 119.66 | | 1545.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PULMONARY VENTILATION & PERFUSION IMG | 78582 | CPT | | | | both | | | 1627 | 710.88 | Managed Care Inc | Managed Care Inc | 1464.3 | 90 | | | 119.66 | | 1545.65 | percent of total billed charges | |
| HC NM PULMONARY VENTILATION & PERFUSION IMG | 78582 | CPT | | | | both | | | 1627 | 710.88 | Horizon | Medicare Blue | 618.16 | | | 192.26 | 119.66 | | 1545.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM PULMONARY VENTILATION & PERFUSION IMG | 78582 | CPT | | | | both | | | 1627 | 710.88 | Multiplan | Multiplan | 1301.6 | 80 | | | 119.66 | | 1545.65 | percent of total billed charges | |
| HC NM PULMONARY VENTILATION & PERFUSION IMG | 78582 | CPT | | | | both | | | 1627 | 710.88 | Horizon | NJ Health | 281.08 | | | | 119.66 | | 1545.65 | fee schedule | |
| HC NM PULMONARY VENTILATION & PERFUSION IMG | 78582 | CPT | | | | both | | | 1627 | 710.88 | Three Rivers | Three Rivers | 1545.65 | 95 | | | 119.66 | | 1545.65 | percent of total billed charges | |
| HC NM PULMONARY VENTILATION & PERFUSION IMG | 78582 | CPT | | | | both | | | 1627 | 710.88 | UHC | Medicare | 618.16 | | | 380.2 | 119.66 | | 1545.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING | 78597 | CPT | | | | outpatient | | | 1045 | 542.46 | Corrections | Corrections | 836 | 80 | | | 171.5 | | 992.75 | percent of total billed charges | |
| HC NM QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING | 78597 | CPT | | | | outpatient | | | 1045 | 542.46 | Americare | Americare | 783.75 | 75 | | | 171.5 | | 992.75 | percent of total billed charges | |
| HC NM QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING | 78597 | CPT | | | | outpatient | | | 1045 | 542.46 | UHC | Medicare | 471.7 | | | | 171.5 | | 992.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING | 78597 | CPT | | | | outpatient | | | 1045 | 542.46 | Aetna | Better Health | 329.7 | 31.55 | | | 171.5 | | 992.75 | percent of total billed charges | |
| HC NM QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING | 78597 | CPT | | | | outpatient | | | 1045 | 542.46 | Consumer | Consumer | 992.75 | 95 | | | 171.5 | | 992.75 | percent of total billed charges | |
| HC NM QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING | 78597 | CPT | | | | outpatient | | | 1045 | 542.46 | First Trenton | First Trenton | 940.5 | 90 | | | 171.5 | | 992.75 | percent of total billed charges | |
| HC NM QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING | 78597 | CPT | | | | outpatient | | | 1045 | 542.46 | Multiplan | Multiplan | 836 | 80 | | | 171.5 | | 992.75 | percent of total billed charges | |
| HC NM QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING | 78597 | CPT | | | | outpatient | | | 1045 | 542.46 | Aetna | Medicare | 471.7 | | | | 171.5 | | 992.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING | 78597 | CPT | | | | outpatient | | | 1045 | 542.46 | Horizon | Medicare Blue | 471.7 | | | | 171.5 | | 992.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING | 78597 | CPT | | | | outpatient | | | 1045 | 542.46 | Amerihealth | HMO/PPO | 211.42 | | | | 171.5 | | 992.75 | fee schedule | |
| HC NM QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING | 78597 | CPT | | | | outpatient | | | 1045 | 542.46 | Qualcare | Qualcare | 783.75 | 75 | | | 171.5 | | 992.75 | percent of total billed charges | |
| HC NM QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING | 78597 | CPT | | | | outpatient | | | 1045 | 542.46 | Aetna | Commercial | 397.1 | 38 | | | 171.5 | | 992.75 | percent of total billed charges | |
| HC NM QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING | 78597 | CPT | | | | outpatient | | | 1045 | 542.46 | Horizon | NJ Health | 171.5 | | | | 171.5 | | 992.75 | fee schedule | |
| HC NM QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING | 78597 | CPT | | | | outpatient | | | 1045 | 542.46 | Managed Care Inc | Managed Care Inc | 940.5 | 90 | | | 171.5 | | 992.75 | percent of total billed charges | |
| HC NM QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING | 78597 | CPT | | | | outpatient | | | 1045 | 542.46 | Wellcare | Medicare | 471.7 | | | | 171.5 | | 992.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING | 78597 | CPT | | | | outpatient | | | 1045 | 542.46 | First Health | First Health | 731.5 | 70 | | | 171.5 | | 992.75 | percent of total billed charges | |
| HC NM QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING | 78597 | CPT | | | | outpatient | | | 1045 | 542.46 | WellPoint | WellPoint | 336.28 | 32.18 | | | 171.5 | | 992.75 | percent of total billed charges | |
| HC NM QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING | 78597 | CPT | | | | outpatient | | | 1045 | 542.46 | Horizon | Indemnity | 912.74 | | | | 171.5 | | 992.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING | 78597 | CPT | | | | outpatient | | | 1045 | 542.46 | Three Rivers | Three Rivers | 992.75 | 95 | | | 171.5 | | 992.75 | percent of total billed charges | |
| HC NM QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING | 78597 | CPT | | | | outpatient | | | 1045 | 542.46 | Horizon | PPO | 912.74 | | | | 171.5 | | 992.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING | 78597 | CPT | | | | outpatient | | | 1045 | 542.46 | Wellcare | Medicaid | 329.7 | 31.55 | | | 171.5 | | 992.75 | percent of total billed charges | |
| HC NM QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING | 78597 | CPT | | | | outpatient | | | 1045 | 542.46 | UHC | Medicaid | 329.7 | 31.55 | | | 171.5 | | 992.75 | percent of total billed charges | |
| HC NM QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING | 78597 | CPT | | | | outpatient | | | 1045 | 542.46 | Horizon | MGD | 912.74 | | | | 171.5 | | 992.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM QUANT DIFF PULM PRFUSION & VENTILAJ W/WO IMAGIN | 78598 | CPT | | | | outpatient | | | 1627 | 710.88 | Americare | Americare | 1220.25 | 75 | | | 264.31 | | 1545.65 | percent of total billed charges | |
| HC NM QUANT DIFF PULM PRFUSION & VENTILAJ W

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC NM QUANT DIFF PULM PRFUSION & VENTILAJ W/WO IMAGIN | 78598 | CPT | | | | outpatient | | | 1627 | 710.88 | Horizon | Medicare Blue | 618.16 | | | | 264.31 | 1545.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM QUANT DIFF PULM PRFUSION & VENTILAJ W/WO IMAGIN | 78598 | CPT | | | | outpatient | | | 1627 | 710.88 | Qualcare | Qualcare | 1220.25 | 75 | | | 264.31 | 1545.65 | percent of total billed charges | |
| HC NM QUANT DIFF PULM PRFUSION & VENTILAJ W/WO IMAGIN | 78598 | CPT | | | | outpatient | | | 1627 | 710.88 | UHC | Medicaid | 513.32 | 31.55 | | | 264.31 | 1545.65 | percent of total billed charges | |
| HC NM QUANT DIFF PULM PRFUSION & VENTILAJ W/WO IMAGIN | 78598 | CPT | | | | outpatient | | | 1627 | 710.88 | Horizon | PPO | 1196.14 | | | | 264.31 | 1545.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM QUANT DIFF PULM PRFUSION & VENTILAJ W/WO IMAGIN | 78598 | CPT | | | | outpatient | | | 1627 | 710.88 | Managed Care Inc | Managed Care Inc | 1464.3 | 90 | | | 264.31 | 1545.65 | percent of total billed charges | |
| HC NM QUANT DIFF PULM PRFUSION & VENTILAJ W/WO IMAGIN | 78598 | CPT | | | | outpatient | | | 1627 | 710.88 | Wellcare | Medicare | 618.16 | | | | 264.31 | 1545.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM QUANT DIFF PULM PRFUSION & VENTILAJ W/WO IMAGIN | 78598 | CPT | | | | outpatient | | | 1627 | 710.88 | Wellcare | Medicaid | 513.32 | 31.55 | | | 264.31 | 1545.65 | percent of total billed charges | |
| HC NM QUANT DIFF PULM PRFUSION & VENTILAJ W/WO IMAGIN | 78598 | CPT | | | | outpatient | | | 1627 | 710.88 | WellPoint | WellPoint | 523.57 | 32.18 | | | 264.31 | 1545.65 | percent of total billed charges | |
| HC NM QUANT DIFF PULM PRFUSION & VENTILAJ W/WO IMAGIN | 78598 | CPT | | | | outpatient | | | 1627 | 710.88 | Three Rivers | Three Rivers | 1545.65 | 95 | | | 264.31 | 1545.65 | percent of total billed charges | |
| HC NM BRAIN IMAGING <4 STATIC VIEWS | 78600 | CPT | | | | outpatient | | | 1597 | 542.46 | WellPoint | WellPoint | 513.91 | 32.18 | | | 83.08 | 1517.15 | percent of total billed charges | |
| HC NM BRAIN IMAGING <4 STATIC VIEWS | 78600 | CPT | | | | outpatient | | | 1597 | 542.46 | Aetna | Commercial | 606.86 | 38 | | | 83.08 | 1517.15 | percent of total billed charges | |
| HC NM BRAIN IMAGING <4 STATIC VIEWS | 78600 | CPT | | | | outpatient | | | 1597 | 542.46 | First Health | First Health | 1117.9 | 70 | | | 83.08 | 1517.15 | percent of total billed charges | |
| HC NM BRAIN IMAGING <4 STATIC VIEWS | 78600 | CPT | | | | outpatient | | | 1597 | 542.46 | Aetna | Better Health | 503.85 | 31.55 | | | 83.08 | 1517.15 | percent of total billed charges | |
| HC NM BRAIN IMAGING <4 STATIC VIEWS | 78600 | CPT | | | | outpatient | | | 1597 | 542.46 | First Trenton | First Trenton | 1437.3 | 90 | | | 83.08 | 1517.15 | percent of total billed charges | |
| HC NM BRAIN IMAGING <4 STATIC VIEWS | 78600 | CPT | | | | outpatient | | | 1597 | 542.46 | Americare | Americare | 1197.75 | 75 | | | 83.08 | 1517.15 | percent of total billed charges | |
| HC NM BRAIN IMAGING <4 STATIC VIEWS | 78600 | CPT | | | | outpatient | | | 1597 | 542.46 | Qualcare | Qualcare | 1197.75 | 75 | | | 83.08 | 1517.15 | percent of total billed charges | |
| HC NM BRAIN IMAGING <4 STATIC VIEWS | 78600 | CPT | | | | outpatient | | | 1597 | 542.46 | Consumer | Consumer | 1517.15 | 95 | | | 83.08 | 1517.15 | percent of total billed charges | |
| HC NM BRAIN IMAGING <4 STATIC VIEWS | 78600 | CPT | | | | outpatient | | | 1597 | 542.46 | Managed Care Inc | Managed Care Inc | 1437.3 | 90 | | | 83.08 | 1517.15 | percent of total billed charges | |
| HC NM BRAIN IMAGING <4 STATIC VIEWS | 78600 | CPT | | | | outpatient | | | 1597 | 542.46 | Amerihealth | HMO/PPO | 83.08 | | | | 83.08 | 1517.15 | fee schedule | |
| HC NM BRAIN IMAGING <4 STATIC VIEWS | 78600 | CPT | | | | outpatient | | | 1597 | 542.46 | Horizon | Indemnity | 912.74 | | | | 83.08 | 1517.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BRAIN IMAGING <4 STATIC VIEWS | 78600 | CPT | | | | outpatient | | | 1597 | 542.46 | Aetna | Medicare | 471.7 | | | | 83.08 | 1517.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BRAIN IMAGING <4 STATIC VIEWS | 78600 | CPT | | | | outpatient | | | 1597 | 542.46 | UHC | Medicare | 471.7 | | | | 83.08 | 1517.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BRAIN IMAGING <4 STATIC VIEWS | 78600 | CPT | | | | outpatient | | | 1597 | 542.46 | Corrections | Corrections | 1277.6 | 80 | | | 83.08 | 1517.15 | percent of total billed charges | |
| HC NM BRAIN IMAGING <4 STATIC VIEWS | 78600 | CPT | | | | outpatient | | | 1597 | 542.46 | UHC | Medicaid | 503.85 | 31.55 | | | 83.08 | 1517.15 | percent of total billed charges | |
| HC NM BRAIN IMAGING <4 STATIC VIEWS | 78600 | CPT | | | | outpatient | | | 1597 | 542.46 | Horizon | MGD | 912.74 | | | | 83.08 | 1517.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BRAIN IMAGING <4 STATIC VIEWS | 78600 | CPT | | | | outpatient | | | 1597 | 542.46 | Wellcare | Medicare | 471.7 | | | | 83.08 | 1517.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BRAIN IMAGING <4 STATIC VIEWS | 78600 | CPT | | | | outpatient | | | 1597 | 542.46 | Horizon | Medicare Blue | 471.7 | | | | 83.08 | 1517.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BRAIN IMAGING <4 STATIC VIEWS | 78600 | CPT | | | | outpatient | | | 1597 | 542.46 | Multiplan | Multiplan | 1277.6 | 80 | | | 83.08 | 1517.15 | percent of total billed charges | |
| HC NM BRAIN IMAGING <4 STATIC VIEWS | 78600 | CPT | | | | outpatient | | | 1597 | 542.46 | Horizon | PPO | 912.74 | | | | 83.08 | 1517.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BRAIN IMAGING <4 STATIC VIEWS | 78600 | CPT | | | | outpatient | | | 1597 | 542.46 | Three Rivers | Three Rivers | 1517.15 | 95 | | | 83.08 | 1517.15 | percent of total billed charges | |
| HC NM BRAIN IMAGING <4 STATIC VIEWS | 78600 | CPT | | | | outpatient | | | 1597 | 542.46 | Horizon | NJ Health | 129.36 | | | | 83.08 | 1517.15 | fee schedule | |
| HC NM BRAIN IMAGING <4 STATIC VIEWS | 78600 | CPT | | | | outpatient | | | 1597 | 542.46 | Wellcare | Medicaid | 503.85 | 31.55 | | | 83.08 | 1517.15 | percent of total billed charges | |
| HC NM BRAIN IMG <4 STATIC VIEWS W VASCULAR FLOW | 78601 | CPT | | | | inpatient | | | 3119 | 542.46 | Qualcare | Qualcare | 2339.25 | 75 | | | 98.58 | 2963.05 | percent of total billed charges | |
| HC NM BRAIN IMG <4 STATIC VIEWS W VASCULAR FLOW | 78601 | CPT | | | | inpatient | | | 3119 | 542.46 | Aetna | Better Health | 984.04 | 31.55 | | | 98.58 | 2963.05 | percent of total billed charges | |
| HC NM BRAIN IMG <4 STATIC VIEWS W VASCULAR FLOW | 78601 | CPT | | | | inpatient | | | 3119 | 542.46 | Corrections | Corrections | 2495.2 | 80 | | | 98.58 | 2963.05 | percent of total billed charges | |
| HC NM BRAIN IMG <4 STATIC VIEWS W VASCULAR FLOW | 78601 | CPT | | | | inpatient | | | 3119 | 542.46 | Aetna | Commercial | 1185.22 | 38 | | | 98.58 | 2963.05 | percent of total billed charges | |
| HC NM BRAIN IMG <4 STATIC VIEWS W VASCULAR FLOW | 78601 | CPT | | | | inpatient | | | 3119 | 542.46 | First Health | First Health | 2183.3 | 70 | | | 98.58 | 2963.05 | percent of total billed charges | |
| HC NM BRAIN IMG <4 STATIC VIEWS W VASCULAR FLOW | 78601 | CPT | | | | inpatient | | | 3119 | 542.46 | Horizon | MGD | 912.74 | | | | 98.58 | 2963.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BRAIN IMG <4 STATIC VIEWS W VASCULAR FLOW | 78601 | CPT | | | | inpatient | | | 3119 | 542.46 | Aetna | Medicare | 471.7 | | | | 98.58 | 2963.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BRAIN IMG <4 STATIC VIEWS W VASCULAR FLOW | 78601 | CPT | | | | inpatient | | | 3119 | 542.46 | Amerihealth | HMO/PPO | 98.58 | | | | 98.58 | 2963.05 | fee schedule | |
| HC NM BRAIN IMG <4 STATIC VIEWS W VASCULAR FLOW | 78601 | CPT | | | | inpatient | | | 3119 | 542.46 | UHC | Medicaid | 984.04 | 31.55 | | | 98.58 | 2963.05 | percent of total billed charges | |
| HC NM BRAIN IMG <4 STATIC VIEWS W VASCULAR FLOW | 78601 | CPT | | | | inpatient | | | 3119 | 542.46 | Consumer | Consumer | 2963.05 | 95 | | | 98.58 | 2963.05 | percent of total billed charges | |
| HC NM BRAIN IMG <4 STATIC VIEWS W VASCULAR FLOW | 78601 | CPT | | | | inpatient | | | 3119 | 542.46 | First Trenton | First Trenton | 2807.1 | 90 | | | 98.58 | 2963.05 | percent of total billed charges | |
| HC NM BRAIN IMG <4 STATIC VIEWS W VASCULAR FLOW | 78601 | CPT | | | | inpatient | | | 3119 | 542.46 | UHC | Medicare | 471.7 | | | | 98.58 | 2963.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BRAIN IMG <4 STATIC VIEWS W VASCULAR FLOW | 78601 | CPT | | | | inpatient | | | 3119 | 542.46 | Horizon | Indemnity | 912.74 | | | | 98.58 | 2963.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BRAIN IMG <4 STATIC VIEWS W VASCULAR FLOW | 78601 | CPT | | | | inpatient | | | 3119 | 542.46 | Horizon | PPO | 912.74 | | | | 98.58 | 2963.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BRAIN IMG <4 STATIC VIEWS W VASCULAR FLOW | 78601 | CPT | | | | inpatient | | | 3119 | 542.46 | Americare | Americare | 2339.25 | 75 | | | 98.58 | 2963.05 | percent of total billed charges | |
| HC NM BRAIN IMG <4 STATIC VIEWS W VASCULAR FLOW | 78601 | CPT | | | | inpatient | | | 3119 | 542.46 | Horizon | Medicare Blue | 471.7 | | | | 98.58 | 2963.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BRAIN IMG <4 STATIC VIEWS W VASCULAR FLOW | 78601 | CPT | | | | inpatient | | | 3119 | 542.46 | WellPoint | WellPoint | 1003.69 | 32.18 | | | 98.58 | 2963.05 | percent of total billed charges | |
| HC NM BRAIN IMG <4 STATIC VIEWS W VASCULAR FLOW | 78601 | CPT | | | | inpatient | | | 3119 | 542.46 | Horizon | NJ Health | 166.6 | | | | 98.58 | 2963.05 | fee schedule | |
| HC NM BRAIN IMG <4 STATIC VIEWS W VASCULAR FLOW | 78601 | CPT | | | | inpatient | | | 3119 | 542.46 | Multiplan | Multiplan | 2495.2 | 80 | | | 98.58 | 2963.05 | percent of total billed charges | |
| HC NM BRAIN IMG <4 STATIC VIEWS W VASCULAR FLOW | 78601 | CPT | | | | inpatient | | | 3119 | 542.46 | Three Rivers | Three Rivers | 2963.05 | 95 | | | 98.58 | 2963.05 | percent of total billed charges | |
| HC NM BRAIN IMG <4 STATIC VIEWS W VASCULAR FLOW | 78601 | CPT | | | | inpatient | | | 3119 | 542.46 | Wellcare | Medicaid | 984.04 | 31.55 | | | 98.58 | 2963.05 | percent of total billed charges | |
| HC NM BRAIN IMG <4 STATIC VIEWS W VASCULAR FLOW | 78601 | CPT | | | | inpatient | | | 3119 | 542.46 | Managed Care Inc | Managed Care Inc | 2807.1 | 90 | | | 98.58 | 2963.05 | percent of total billed charges | |
| HC NM BRAIN IMG <4 STATIC VIEWS W VASCULAR FLOW | 78601 | CPT | | | | inpatient | | | 3119 | 542.46 | Wellcare | Medicare | 471.7 | | | | 98.58 | 2963.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BRAIN IMAGING MINIMUM 4 STATIC VIEWS | 78605 | CPT | | | | outpatient | | | 1508 | 710.88 | Amerihealth | HMO/PPO | 110.36 | | | | 110.36 | 1432.6 | fee schedule | |
| HC NM BRAIN IMAGING MINIMUM 4 STATIC VIEWS | 78605 | CPT | | | | outpatient | | | 1508 | 710.88 | Aetna | Better Health | 475.77 | 31.55 | | | 110.36 | 1432.6 | percent of total billed charges | |
| HC NM BRAIN IMAGING MINIMUM 4 STATIC VIEWS | 78605 | CPT | | | | outpatient | | | 1508 | 710.88 | Americare | Americare | 1131 | 75 | | | 110.36 | 1432.6 | percent of total billed charges | |
| HC NM BRAIN IMAGING MINIMUM 4 STATIC VIEWS | 78605 | CPT | | | | outpatient | | | 1508 | 710.88 | Aetna | Commercial | 573.04 | 38 | | | 110.36 | 1432.6 | percent of total billed charges | |
| HC NM BRAIN IMAGING MINIMUM 4 STATIC VIEWS | 78605 | CPT | | | | outpatient | | | 1508 | 710.88 | Aetna | Medicare | 618.16 | | | | 110.36 | 1432.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BRAIN IMAGING MINIMUM 4 STATIC VIEWS | 78605 | CPT | | | | outpatient | | | 1508 | 710.88 | Corrections | Corrections | 1206.4 | 80 | | | 110.36 | 1432.6 | percent of total billed charges | |
| HC NM BRAIN IMAGING MINIMUM 4 STATIC VIEWS | 78605 | CPT | | | | outpatient | | | 1508 | 710.88 | UHC | Medicare | 618.16 | | | | 110.36 | 1432.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BRAIN IMAGING MINIMUM 4 STATIC VIEWS | 78605 | CPT | | | | outpatient | | | 1508 | 710.88 | First Health | First Health | 1055.6 | 70 | | | 110.36 | 1432.6 | percent of total billed charges | |
| HC NM BRAIN IMAGING MINIMUM 4 STATIC VIEWS | 78605 | CPT | | | | outpatient | | | 1508 | 710.88 | Horizon | Medicare Blue | 618.16 | | | | 110.36 | 1432.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BRAIN IMAGING MINIMUM 4 STATIC VIEWS | 78605 | CPT | | | | outpatient | | | 1508 | 710.88 | Consumer | Consumer | 1432.6 | 95 | | | 110.36 | 1432.6 | percent of total billed charges | |
| HC NM BRAIN IMAGING MINIMUM 4 STATIC VIEWS | 78605 | CPT | | | | outpatient | | | 1508 | 710.88 | Horizon | Indemnity | 1196.14 | | | | 110.36 | 1432.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BRAIN IMAGING MINIMUM 4 STATIC VIEWS | 78605 | CPT | | | | outpatient | | | 1508 | 710.88 | Multiplan | Multiplan | 1206.4 | 80 | | | 110.36 | 1432.6 | percent of total billed charges | |
| HC NM BRAIN IMAGING MINIMUM 4 STATIC VIEWS | 78605 | CPT | | | | outpatient | | | 1508 | 710.88 | Horizon | MGD | 1196.14 | | | | 110.36 | 1432.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BRAIN IMAGING MINIMUM 4 STATIC VIEWS | 78605 | CPT | | | | outpatient | | | 1508 | 710.88 | Horizon | PPO | 1196.14 | | | | 110.36 | 1432.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BRAIN IMAGING MINIMUM 4 STATIC VIEWS | 78605 | CPT | | | | outpatient | | | 1508 | 710.88 | Qualcare | Qualcare | 1131 | 75 | | | 110.36 | 1432.6 | percent of total billed charges | |
| HC NM BRAIN IMAGING MINIMUM 4 STATIC VIEWS | 78605 | CPT | | | | outpatient | | | 1508 | 710.88 | First Trenton | First Trenton | 1357.2 | 90 | | | 110.36 | 1432.6 | percent of total billed charges | |
| HC NM BRAIN IMAGING MINIMUM 4 STATIC VIEWS | 78605 | CPT | | | | outpatient | | | 1508 | 710.88 | UHC | Medicaid | 475.77 | 31.55 | | | 110.36 | 1432.6 | percent of total billed charges | |
| HC NM BRAIN IMAGING MINIMUM 4 STATIC VIEWS | 78605 | CPT | | | | outpatient | | | 1508 | 710.88 | Wellcare | Medicare | 618.16 | | | | 110.36 | 1432.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BRAIN IMAGING MINIMUM 4 STATIC VIEWS | 78605 | CPT | | | | outpatient | | | 1508 | 710.88 | Horizon | NJ Health | 146.06 | | | | 110.36 | 1432.6 | fee schedule | |
| HC NM BRAIN IMAGING MINIMUM 4 STATIC VIEWS | 78605 | CPT | | | | outpatient | | | 1508 | 710.88 | WellPoint | WellPoint | 485.27 | 32.18 | | | 110.36 | 1432.6 | percent of total billed charges | |
| HC NM BRAIN IMAGING MINIMUM 4 STATIC VIEWS | 78605 | CPT | | | | outpatient | | | 1508 | 710.88 | Managed Care Inc | Managed Care Inc | 1357.2 | 90 | | | 110.36 | 1432.6 | percent of total billed charges | |
| HC NM BRAIN IMAGING MINIMUM 4 STATIC VIEWS | 78605 | CPT | | | | outpatient | | | 1508 | 710.88 | Three Rivers | Three Rivers | 1432.6 | 95 | | | 110.36 | 1432.6 | percent of total billed charges | |
| HC NM BRAIN IMAGING MINIMUM 4 STATIC VIEWS | 78605 | CPT | | | | outpatient | | | 1508 | 710.88 | Wellcare | Medicaid | 475.77 | 31.55 | | | 110.36 | 1432.6 | percent of total billed charges | |
| HC NM BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW | 78606 | CPT | | | | outpatient | | | 789.99 | 710.88 | Horizon | Indemnity | 1196.14 | | | | 124 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW | 78606 | CPT | | | | outpatient | | | 789.99 | 710.88 | Qualcare | Qualcare | 592.49 | 75 | | | 124 | 1196.14 | percent of total billed charges | |
| HC NM BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW | 78606 | CPT | | | | outpatient | | | 789.99 | 710.88 | Aetna | Better Health | 249.24 | 31.55 | | | 124 | 1196.14 | percent of total billed charges | |
| HC NM BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW | 78606 | CPT | | | | outpatient | | | 789.99 | 710.88 | Three Rivers | Three Rivers | 750.49 | 95 | | | 124 | 1196.14 | percent of total billed charges | |
| HC NM BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW | 78606 | CPT | | | | outpatient | | | 789.99 | 710.88 | Horizon | Medicare Blue | 618.16 | | | | 124 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW | 78606 | CPT | | | | outpatient | | | 789.99 | 710.88 | First Trenton | First Trenton | 710.99 | 90 | | | 124 | 1196.14 | percent of total billed charges | |
| HC NM BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW | 78606 | CPT | | | | outpatient | | | 789.99 | 710.88 | Consumer | Consumer | 750.49 | 95 | | | 124 | 1196.14 | percent of total billed charges | |
| HC NM BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW | 78606 | CPT | | | | outpatient | | | 789.99 | 710.88 | Aetna | Medicare | 618.16 | | | | 124 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW | 78606 | CPT | | | | outpatient | | | 789.99 | 710.88 | Horizon | PPO | 1196.14 | | | | 124 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW | 78606 | CPT | | | | outpatient | | | 789.99 | 710.88 | Managed Care Inc | Managed Care Inc | 710.99 | 90 | | | 124 | 1196.14 | percent of total billed charges | |
| HC NM BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW | 78606 | CPT | | | | outpatient | | | 789.99 | 710.88 | First Health | First Health | 552.99 | 70 | | | 124 | 1196.14 | percent of total billed charges | |
| HC NM BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW | 78606 | CPT | | | | outpatient | | | 789.99 | 710.88 | Americare | Americare | 592.49 | 75 | | | 124 | 1196.14 | percent of total billed charges | |
| HC NM BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW | 78606 | CPT | | | | outpatient | | | 789.99 | 710.88 | UHC | Medicare | 618.16 | | | | 124 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW | 78606 | CPT | | | | outpatient | | | 789.99 | 710.88 | Amerihealth | HMO/PPO | 124 | | | | 124 | 1196.14 | fee schedule | |
| HC NM BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW | 78606 | CPT | | | | outpatient | | | 789.99 | 710.88 | Corrections | Corrections | 631.99 | 80 | | | 124 | 1196.14 | percent of total billed charges | |
| HC NM BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW | 78606 | CPT | | | | outpatient | | | 789.99 | 710.88 | Horizon | MGD | 1196.14 | | | | 124 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW | 78606 | CPT | | | | outpatient | | | 789.99 | 710.88 | WellPoint | WellPoint | 254.22 | 32.18 | | | 124 | 1196.14 | percent of total billed charges | |
| HC NM BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW | 78606 | CPT | | | | outpatient | | | 789.99 | 710.88 | Multiplan | Multiplan | 631.99 | 80 | | | 124 | 1196.14 | percent of total billed charges | |
| HC NM BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW | 78606 | CPT | | | | outpatient | | | 789.99 | 710.88 | Horizon | NJ Health | 183.26 | | | | 124 | 1196.14 | fee schedule | |
| HC NM BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW | 78606 | CPT | | | | outpatient | | | 789.99 | 710.88 | Wellcare | Medicaid | 249.24 | 31.55 | | | 124 | 1196.14 | percent of total billed charges | |
| HC NM BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW | 78606 | CPT | | | | outpatient | | | 789.99 | 710.88 | UHC | Medicaid | 249.24 | 31.55 | | | 124 | 1196.14 | percent of total billed charges | |
| HC NM BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW | 78606 | CPT | | | | outpatient | | | 789.99 | 710.88 | Wellcare | Medicare | 618.16 | | | | 124 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PET BRAIN METABOLIC EVALUATION | 78608 | CPT | | | | outpatient | | | 12888 | 2057.61 | Amerihealth | HMO/PPO | 899 | | | | 899 | 12243.6 | fee schedule | |
| HC PET BRAIN METABOLIC EVALUATION | 78608 | CPT | | | | outpatient | | | 12888 | 2057.61 | Americare | Americare | 9666 | 75 | | | 899 | 12243.6 | percent of total billed charges | |
| HC PET BRAIN METABOLIC EVALUATION | 78608 | CPT | | | | outpatient | | | 12888 | 2057.61 | Aetna | Commercial | 4897.44 | 38 | | | 899 | 12243.6 | percent of total billed charges | |
| HC PET BRAIN METABOLIC EVALUATION | 78608 | CPT | | | | outpatient | | | 12888 | 2057.61 | Aetna | Better Health | 4066.16 | 31.55 | | | 899 | 12243.6 | percent of total billed charges | |
| HC PET BRAIN METABOLIC EVALUATION | 78608 | CPT | | | | outpatient | | | 12888 | 2057.61 | Horizon | PPO | 3462.16 | | | | 899 | 12243.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PET BRAIN METABOLIC EVALUATION | 78608 | CPT | | | | outpatient | | | 12888 | 2057.61 | Corrections | Corrections | 10310.4 | 80 | | | 899 | 12243.6 | percent of total billed charges | |
| HC PET BRAIN METABOLIC EVALUATION | 78608 | CPT | | | | outpatient | | | 12888 | 2057.61 | Aetna | Medicare | 1789.23 | | | | 899 | 12243.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PET BRAIN METABOLIC EVALUATION | 78608 | CPT | | | | outpatient | | | 12888 | 2057.61 | First Health | First Health | 9021.6 | 70 | | | 899 | 12243.6 | percent of total billed charges | |
| HC PET BRAIN METABOLIC EVALUATION | 78608 | CPT | | | | outpatient | | | 12888 | 2057.61 | Horizon | MGD | 3462.16 | | | | 899 | 12243.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PET BRAIN METABOLIC EVALUATION | 78608 | CPT | | | | outpatient | | | 12888 | 2057.61 | Consumer | Consumer | 12243.6 | 95 | | | 899 | 12243.6 | percent of total billed charges | |
| HC PET BRAIN METABOLIC EVALUATION | 78608 | CPT | | | | outpatient | | | 12888 | 2057.61 | Horizon | Medicare Blue | 1789.23 | | | | 899 | 12243.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PET BRAIN METABOLIC EVALUATION | 78608 | CPT | | | | outpatient | | | 12888 | 2057.61 | UHC | Medicare | 1789.23 | | | | 899 | 12243.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PET BRAIN METABOLIC EVALUATION | 78608 | CPT | | | | outpatient | | | 12888 | 2057.61 | WellPoint | WellPoint | 4147.36 | 32.18 | | | 899 | 12243.6 | percent of total billed charges | |
| HC PET BRAIN METABOLIC EVALUATION | 78608 | CPT | | | | outpatient | | | 12888 | 2057.61 | Horizon | Indemnity | 3462.16 | | | | 899 | 12243.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PET BRAIN METABOLIC EVALUATION | 78608 | CPT | | | | outpatient | | | 12888 | 2057.61 | Wellcare | Medicaid | 4066.16 | 31.55 | | | 899 | 12243.6 | percent of total billed charges | |
| HC PET BRAIN METABOLIC EVALUATION | 78608 | CPT | | | | outpatient | | | 12888 | 2057.61 | Wellcare | Medicare | 1789.23 | | | | 899 | 12243.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PET BRAIN METABOLIC EVALUATION | 78608 | CPT | | | | outpatient | | | 12888 | 2057.61 | UHC | Medicaid | 4066.16 | 31.55 | | | 899 | 12243.6 | percent of total billed charges | |
| HC PET BRAIN METABOLIC EVALUATION | 78608 | CPT | | | | outpatient | | | 12888 | 2057.61 | First Trenton | First Trenton | 11599.2 | 90 | | | 899 | 12243.6 | percent of total billed charges | |
| HC PET BRAIN METABOLIC EVALUATION | 78608 | CPT | | | | outpatient | | | 12888 | 2057.61 | Multiplan | Multiplan | 10310.4 | 80 | | | 899 | 12243.6 | percent of total billed charges | |
| HC PET BRAIN METABOLIC EVALUATION | 78608 | CPT | | | | outpatient | | | 12888 | 2057.61 | Horizon | NJ Health | 2116.8 | | | | 899 | 12243.6 | fee schedule | |
| HC PET BRAIN METABOLIC EVALUATION | 78608 | CPT | | | | outpatient | | | 12888 | 2057.61 | Qualcare | Qualcare | 9666 | 75 | | | 899 | 12243.6 | percent of total billed charges | |
| HC PET BRAIN METABOLIC EVALUATION | 78608 | CPT | | | | outpatient | | | 12888 | 2057.61 | Managed Care Inc | Managed Care Inc | 11599.2 | 90 | | | 899 | 12243.6 | percent of total billed charges | |
| HC PET BRAIN METABOLIC EVALUATION | 78608 | CPT | | | | outpatient | | | 12888 | 2057.61 | Three Rivers | Three Rivers | 12243.6 | 95 | | | 899 | 12243.6 | percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY | 78630 | CPT | | | | outpatient | | | 1800 | 710.88 | First Trenton | First Trenton | 1620 | 90 | | | 205.8 | 1710 | percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY | 78630 | CPT | | | | outpatient | | | 1800 | 710.88 | Consumer | Consumer | 1710 | 95 | | | 205.8 | 1710 | percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY | 78630 | CPT | | | | outpatient | | | 1800 | 710.88 | Aetna | Medicare | 618.16 | | | | 205.8 | 1710 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY | 78630 | CPT | | | | outpatient | | | 1800 | 710.88 | Corrections | Corrections | 1440 | 80 | | | 205.8 | 1710 | percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY | 78630 | CPT | | | | outpatient | | | 1800 | 710.88 | Amerihealth | HMO/PPO | 1170 | 65 | | | 205.8 | 1710 | percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY | 78630 | CPT | | | | outpatient | | | 1800 | 710.88 | First Health | First Health | 1260 | 70 | | | 205.8 | 1710 | percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY | 78630 | CPT | | | | outpatient | | | 1800 | 710.88 | Americare | Americare | 1350 | 75 | | | 205.8 | 1710 | percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY | 78630 | CPT | | | | outpatient | | | 1800 | 710.88 | Aetna | Better Health | 567.9 | 31.55 | | | 205.8 | 1710 | percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY | 78630 | CPT | | | | outpatient | | | 1800 | 710.88 | Managed Care Inc | Managed Care Inc | 1620 | 90 | | | 205.8 | 1710 | percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY | 78630 | CPT | | | | outpatient | | | 1800 | 710.88 | Horizon | NJ Health | 205.8 | | | | 205.8 | 1710 | fee schedule | |
| HC NM CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY | 78630 | CPT | | | | outpatient | | | 1800 | 710.88 | Horizon | MGD | 1196.14 | | | | 205.8 | 1710 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY | 78630 | CPT | | | | outpatient | | | 1800 | 710.88 | Hor

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC NM CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY | 78635 | CPT | | | | outpatient | | | 1800 | 710.88 | Americare | Americare | 1350 | 75 | | | 183.26 | | 1710 percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY | 78635 | CPT | | | | outpatient | | | 1800 | 710.88 | Aetna | Better Health | 567.9 | 31.55 | | | 183.26 | | 1710 percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY | 78635 | CPT | | | | outpatient | | | 1800 | 710.88 | First Trenton | First Trenton | 1620 | 90 | | | 183.26 | | 1710 percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY | 78635 | CPT | | | | outpatient | | | 1800 | 710.88 | First Health | First Health | 1260 | 70 | | | 183.26 | | 1710 percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY | 78635 | CPT | | | | outpatient | | | 1800 | 710.88 | Aetna | Medicare | 618.16 | | | | 183.26 | | 1710 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY | 78635 | CPT | | | | outpatient | | | 1800 | 710.88 | Corrections | Corrections | 1440 | 80 | | | 183.26 | | 1710 percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY | 78635 | CPT | | | | outpatient | | | 1800 | 710.88 | Managed Care Inc | Managed Care Inc | 1620 | 90 | | | 183.26 | | 1710 percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY | 78635 | CPT | | | | outpatient | | | 1800 | 710.88 | Wellcare | Medicaid | 567.9 | 31.55 | | | 183.26 | | 1710 percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY | 78635 | CPT | | | | outpatient | | | 1800 | 710.88 | Consumer | Consumer | 1710 | 95 | | | 183.26 | | 1710 percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY | 78635 | CPT | | | | outpatient | | | 1800 | 710.88 | Aetna | Commercial | 684 | 38 | | | 183.26 | | 1710 percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY | 78635 | CPT | | | | outpatient | | | 1800 | 710.88 | Amerihealth | HMO/PPO | 1170 | 65 | | | 183.26 | | 1710 percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY | 78635 | CPT | | | | outpatient | | | 1800 | 710.88 | Wellcare | Medicare | 618.16 | | | | 183.26 | | 1710 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY | 78635 | CPT | | | | outpatient | | | 1800 | 710.88 | Horizon | NJ Health | 183.26 | | | | 183.26 | | 1710 fee schedule | |
| HC NM CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY | 78635 | CPT | | | | outpatient | | | 1800 | 710.88 | Horizon | Indemnity | 1196.14 | | | | 183.26 | | 1710 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY | 78635 | CPT | | | | outpatient | | | 1800 | 710.88 | Horizon | MGD | 1196.14 | | | | 183.26 | | 1710 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY | 78635 | CPT | | | | outpatient | | | 1800 | 710.88 | Horizon | Medicare Blue | 618.16 | | | | 183.26 | | 1710 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY | 78635 | CPT | | | | outpatient | | | 1800 | 710.88 | Three Rivers | Three Rivers | 1710 | 95 | | | 183.26 | | 1710 percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY | 78635 | CPT | | | | outpatient | | | 1800 | 710.88 | Horizon | PPO | 1196.14 | | | | 183.26 | | 1710 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY | 78635 | CPT | | | | outpatient | | | 1800 | 710.88 | Multiplan | Multiplan | 1440 | 80 | | | 183.26 | | 1710 percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY | 78635 | CPT | | | | outpatient | | | 1800 | 710.88 | WellPoint | WellPoint | 579.24 | 32.18 | | | 183.26 | | 1710 percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY | 78635 | CPT | | | | outpatient | | | 1800 | 710.88 | Qualcare | Qualcare | 1350 | 75 | | | 183.26 | | 1710 percent of total billed charges | |
| HC NM CSF FLOW SHUNT EVALUATION | 78645 | CPT | | | | inpatient | | | 1561 | 710.88 | Aetna | Better Health | 492.5 | 31.55 | | | 234.77 | | 1482.95 percent of total billed charges | |
| HC NM CSF FLOW SHUNT EVALUATION | 78645 | CPT | | | | inpatient | | | 1561 | 710.88 | Americare | Americare | 1170.75 | 75 | | | 234.77 | | 1482.95 percent of total billed charges | |
| HC NM CSF FLOW SHUNT EVALUATION | 78645 | CPT | | | | inpatient | | | 1561 | 710.88 | First Health | First Health | 1092.7 | 70 | | | 234.77 | | 1482.95 percent of total billed charges | |
| HC NM CSF FLOW SHUNT EVALUATION | 78645 | CPT | | | | inpatient | | | 1561 | 710.88 | UHC | Medicare | 618.16 | | | | 234.77 | | 1482.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CSF FLOW SHUNT EVALUATION | 78645 | CPT | | | | inpatient | | | 1561 | 710.88 | Consumer | Consumer | 1482.95 | 95 | | | 234.77 | | 1482.95 percent of total billed charges | |
| HC NM CSF FLOW SHUNT EVALUATION | 78645 | CPT | | | | inpatient | | | 1561 | 710.88 | Aetna | Medicare | 618.16 | | | | 234.77 | | 1482.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CSF FLOW SHUNT EVALUATION | 78645 | CPT | | | | inpatient | | | 1561 | 710.88 | Amerihealth | HMO/PPO | 1014.65 | 65 | | | 234.77 | | 1482.95 percent of total billed charges | |
| HC NM CSF FLOW SHUNT EVALUATION | 78645 | CPT | | | | inpatient | | | 1561 | 710.88 | First Trenton | First Trenton | 1404.9 | 90 | | | 234.77 | | 1482.95 percent of total billed charges | |
| HC NM CSF FLOW SHUNT EVALUATION | 78645 | CPT | | | | inpatient | | | 1561 | 710.88 | Aetna | Commercial | 593.18 | 38 | | | 234.77 | | 1482.95 percent of total billed charges | |
| HC NM CSF FLOW SHUNT EVALUATION | 78645 | CPT | | | | inpatient | | | 1561 | 710.88 | Wellcare | Medicare | 618.16 | | | | 234.77 | | 1482.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CSF FLOW SHUNT EVALUATION | 78645 | CPT | | | | inpatient | | | 1561 | 710.88 | Horizon | Indemnity | 1196.14 | | | | 234.77 | | 1482.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CSF FLOW SHUNT EVALUATION | 78645 | CPT | | | | inpatient | | | 1561 | 710.88 | Managed Care Inc | Managed Care Inc | 1404.9 | 90 | | | 234.77 | | 1482.95 percent of total billed charges | |
| HC NM CSF FLOW SHUNT EVALUATION | 78645 | CPT | | | | inpatient | | | 1561 | 710.88 | Corrections | Corrections | 1248.8 | 80 | | | 234.77 | | 1482.95 percent of total billed charges | |
| HC NM CSF FLOW SHUNT EVALUATION | 78645 | CPT | | | | inpatient | | | 1561 | 710.88 | Multiplan | Multiplan | 1248.8 | 80 | | | 234.77 | | 1482.95 percent of total billed charges | |
| HC NM CSF FLOW SHUNT EVALUATION | 78645 | CPT | | | | inpatient | | | 1561 | 710.88 | Horizon | MGD | 1196.14 | | | | 234.77 | | 1482.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CSF FLOW SHUNT EVALUATION | 78645 | CPT | | | | inpatient | | | 1561 | 710.88 | Three Rivers | Three Rivers | 1482.95 | 95 | | | 234.77 | | 1482.95 percent of total billed charges | |
| HC NM CSF FLOW SHUNT EVALUATION | 78645 | CPT | | | | inpatient | | | 1561 | 710.88 | Horizon | Medicare Blue | 618.16 | | | | 234.77 | | 1482.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CSF FLOW SHUNT EVALUATION | 78645 | CPT | | | | inpatient | | | 1561 | 710.88 | Qualcare | Qualcare | 1170.75 | 75 | | | 234.77 | | 1482.95 percent of total billed charges | |
| HC NM CSF FLOW SHUNT EVALUATION | 78645 | CPT | | | | inpatient | | | 1561 | 710.88 | Horizon | PPO | 1196.14 | | | | 234.77 | | 1482.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CSF FLOW SHUNT EVALUATION | 78645 | CPT | | | | inpatient | | | 1561 | 710.88 | Wellcare | Medicaid | 492.5 | 31.55 | | | 234.77 | | 1482.95 percent of total billed charges | |
| HC NM CSF FLOW SHUNT EVALUATION | 78645 | CPT | | | | inpatient | | | 1561 | 710.88 | Horizon | NJ Health | 234.77 | | | | 234.77 | | 1482.95 fee schedule | |
| HC NM CSF FLOW SHUNT EVALUATION | 78645 | CPT | | | | inpatient | | | 1561 | 710.88 | UHC | Medicaid | 492.5 | 31.55 | | | 234.77 | | 1482.95 percent of total billed charges | |
| HC NM CSF FLOW SHUNT EVALUATION | 78645 | CPT | | | | inpatient | | | 1561 | 710.88 | WellPoint | WellPoint | 502.33 | 32.18 | | | 234.77 | | 1482.95 percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO | 78650 | CPT | | | | outpatient | | | 2533 | 1867.58 | Aetna | Commercial | 962.54 | 38 | | | 161.7 | | 3142.4 percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO | 78650 | CPT | | | | outpatient | | | 2533 | 1867.58 | Aetna | Better Health | 799.16 | 31.55 | | | 161.7 | | 3142.4 percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO | 78650 | CPT | | | | outpatient | | | 2533 | 1867.58 | UHC | Medicaid | 799.16 | 31.55 | | | 161.7 | | 3142.4 percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO | 78650 | CPT | | | | outpatient | | | 2533 | 1867.58 | Corrections | Corrections | 2026.4 | 80 | | | 161.7 | | 3142.4 percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO | 78650 | CPT | | | | outpatient | | | 2533 | 1867.58 | Aetna | Medicare | 1623.98 | | | | 161.7 | | 3142.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO | 78650 | CPT | | | | outpatient | | | 2533 | 1867.58 | First Health | First Health | 1773.1 | 70 | | | 161.7 | | 3142.4 percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO | 78650 | CPT | | | | outpatient | | | 2533 | 1867.58 | First Trenton | First Trenton | 2279.7 | 90 | | | 161.7 | | 3142.4 percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO | 78650 | CPT | | | | outpatient | | | 2533 | 1867.58 | Consumer | Consumer | 2406.35 | 95 | | | 161.7 | | 3142.4 percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO | 78650 | CPT | | | | outpatient | | | 2533 | 1867.58 | Americare | Americare | 1899.75 | 75 | | | 161.7 | | 3142.4 percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO | 78650 | CPT | | | | outpatient | | | 2533 | 1867.58 | Amerihealth | HMO/PPO | 1646.45 | 65 | | | 161.7 | | 3142.4 percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO | 78650 | CPT | | | | outpatient | | | 2533 | 1867.58 | Horizon | Indemnity | 3142.4 | | | | 161.7 | | 3142.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO | 78650 | CPT | | | | outpatient | | | 2533 | 1867.58 | Horizon | PPO | 3142.4 | | | | 161.7 | | 3142.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO | 78650 | CPT | | | | outpatient | | | 2533 | 1867.58 | Horizon | MGD | 3142.4 | | | | 161.7 | | 3142.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO | 78650 | CPT | | | | outpatient | | | 2533 | 1867.58 | Multiplan | Multiplan | 2026.4 | 80 | | | 161.7 | | 3142.4 percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO | 78650 | CPT | | | | outpatient | | | 2533 | 1867.58 | Horizon | Medicare Blue | 1623.98 | | | | 161.7 | | 3142.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO | 78650 | CPT | | | | outpatient | | | 2533 | 1867.58 | Horizon | NJ Health | 161.7 | | | | 161.7 | | 3142.4 fee schedule | |
| HC NM CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO | 78650 | CPT | | | | outpatient | | | 2533 | 1867.58 | Managed Care Inc | Managed Care Inc | 2279.7 | 90 | | | 161.7 | | 3142.4 percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO | 78650 | CPT | | | | outpatient | | | 2533 | 1867.58 | Qualcare | Qualcare | 1899.75 | 75 | | | 161.7 | | 3142.4 percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO | 78650 | CPT | | | | outpatient | | | 2533 | 1867.58 | WellPoint | WellPoint | 815.12 | 32.18 | | | 161.7 | | 3142.4 percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO | 78650 | CPT | | | | outpatient | | | 2533 | 1867.58 | Three Rivers | Three Rivers | 2406.35 | 95 | | | 161.7 | | 3142.4 percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO | 78650 | CPT | | | | outpatient | | | 2533 | 1867.58 | UHC | Medicare | 1623.98 | | | | 161.7 | | 3142.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO | 78650 | CPT | | | | outpatient | | | 2533 | 1867.58 | Wellcare | Medicaid | 799.16 | 31.55 | | | 161.7 | | 3142.4 percent of total billed charges | |
| HC NM CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO | 78650 | CPT | | | | outpatient | | | 2533 | 1867.58 | Wellcare | Medicare | 1623.98 | | | | 161.7 | | 3142.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY | 78660 | CPT | | | | outpatient | | | 1240 | 542.46 | Amerihealth | HMO/PPO | 68.82 | | | | 68.82 | | 1178 fee schedule | |
| HC NM RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY | 78660 | CPT | | | | outpatient | | | 1240 | 542.46 | UHC | Medicare | 471.7 | | | | 68.82 | | 1178 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY | 78660 | CPT | | | | outpatient | | | 1240 | 542.46 | Aetna | Medicare | 471.7 | | | | 68.82 | | 1178 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY | 78660 | CPT | | | | outpatient | | | 1240 | 542.46 | Wellcare | Medicaid | 391.22 | 31.55 | | | 68.82 | | 1178 percent of total billed charges | |
| HC NM RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY | 78660 | CPT | | | | outpatient | | | 1240 | 542.46 | First Health | First Health | 868 | 70 | | | 68.82 | | 1178 percent of total billed charges | |
| HC NM RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY | 78660 | CPT | | | | outpatient | | | 1240 | 542.46 | Aetna | Better Health | 391.22 | 31.55 | | | 68.82 | | 1178 percent of total billed charges | |
| HC NM RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY | 78660 | CPT | | | | outpatient | | | 1240 | 542.46 | Multiplan | Multiplan | 992 | 80 | | | 68.82 | | 1178 percent of total billed charges | |
| HC NM RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY | 78660 | CPT | | | | outpatient | | | 1240 | 542.46 | Americare | Americare | 930 | 75 | | | 68.82 | | 1178 percent of total billed charges | |
| HC NM RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY | 78660 | CPT | | | | outpatient | | | 1240 | 542.46 | Horizon | Indemnity | 912.74 | | | | 68.82 | | 1178 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY | 78660 | CPT | | | | outpatient | | | 1240 | 542.46 | Aetna | Commercial | 471.2 | 38 | | | 68.82 | | 1178 percent of total billed charges | |
| HC NM RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY | 78660 | CPT | | | | outpatient | | | 1240 | 542.46 | Corrections | Corrections | 992 | 80 | | | 68.82 | | 1178 percent of total billed charges | |
| HC NM RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY | 78660 | CPT | | | | outpatient | | | 1240 | 542.46 | Consumer | Consumer | 1178 | 95 | | | 68.82 | | 1178 percent of total billed charges | |
| HC NM RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY | 78660 | CPT | | | | outpatient | | | 1240 | 542.46 | Three Rivers | Three Rivers | 1178 | 95 | | | 68.82 | | 1178 percent of total billed charges | |
| HC NM RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY | 78660 | CPT | | | | outpatient | | | 1240 | 542.46 | Horizon | MGD | 912.74 | | | | 68.82 | | 1178 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY | 78660 | CPT | | | | outpatient | | | 1240 | 542.46 | Qualcare | Qualcare | 500 | 75 | | | 68.82 | | 1178 percent of total billed charges | |
| HC NM RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY | 78660 | CPT | | | | outpatient | | | 1240 | 542.46 | Horizon | Medicare Blue | 471.7 | | | | 68.82 | | 1178 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY | 78660 | CPT | | | | outpatient | | | 1240 | 542.46 | Wellcare | Medicare | 471.7 | | | | 68.82 | | 1178 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY | 78660 | CPT | | | | outpatient | | | 1240 | 542.46 | Horizon | PPO | 912.74 | | | | 68.82 | | 1178 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY | 78660 | CPT | | | | outpatient | | | 1240 | 542.46 | First Trenton | First Trenton | 1116 | 90 | | | 68.82 | | 1178 percent of total billed charges | |
| HC NM RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY | 78660 | CPT | | | | outpatient | | | 1240 | 542.46 | WellPoint | WellPoint | 399.03 | 32.18 | | | 68.82 | | 1178 percent of total billed charges | |
| HC NM RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY | 78660 | CPT | | | | outpatient | | | 1240 | 542.46 | UHC | Medicaid | 391.22 | 31.55 | | | 68.82 | | 1178 percent of total billed charges | |
| HC NM RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY | 78660 | CPT | | | | outpatient | | | 1240 | 542.46 | Horizon | NJ Health | 86.24 | | | | 68.82 | | 1178 fee schedule | |
| HC NM RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY | 78660 | CPT | | | | outpatient | | | 1240 | 542.46 | Managed Care Inc | Managed Care Inc | 1116 | 90 | | | 68.82 | | 1178 percent of total billed charges | |
| HC NM KIDNEY IMAGING MORPHOLOGY | 78700 | CPT | | | | outpatient | | | 1662 | 542.46 | UHC | Medicare | 471.7 | | | | 78.4 | | 1578.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM KIDNEY IMAGING MORPHOLOGY | 78700 | CPT | | | | outpatient | | | 1662 | 542.46 | Horizon | Indemnity | 912.74 | | | | 78.4 | | 1578.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM KIDNEY IMAGING MORPHOLOGY | 78700 | CPT | | | | outpatient | | | 1662 | 542.46 | Aetna | Better Health | 524.36 | 31.55 | | | 78.4 | | 1578.9 percent of total billed charges | |
| HC NM KIDNEY IMAGING MORPHOLOGY | 78700 | CPT | | | | outpatient | | | 1662 | 542.46 | Amerihealth | HMO/PPO | 83.08 | | | | 78.4 | | 1578.9 fee schedule | |
| HC NM KIDNEY IMAGING MORPHOLOGY | 78700 | CPT | | | | outpatient | | | 1662 | 542.46 | Aetna | Medicare | 471.7 | | | | 78.4 | | 1578.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM KIDNEY IMAGING MORPHOLOGY | 78700 | CPT | | | | outpatient | | | 1662 | 542.46 | Aetna | Commercial | 631.56 | 38 | | | 78.4 | | 1578.9 percent of total billed charges | |
| HC NM KIDNEY IMAGING MORPHOLOGY | 78700 | CPT | | | | outpatient | | | 1662 | 542.46 | Americare | Americare | 1246.5 | 75 | | | 78.4 | | 1578.9 percent of total billed charges | |
| HC NM KIDNEY IMAGING MORPHOLOGY | 78700 | CPT | | | | outpatient | | | 1662 | 542.46 | Horizon | PPO | 912.74 | | | | 78.4 | | 1578.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM KIDNEY IMAGING MORPHOLOGY | 78700 | CPT | | | | outpatient | | | 1662 | 542.46 | Consumer | Consumer | 1578.9 | 95 | | | 78.4 | | 1578.9 percent of total billed charges | |
| HC NM KIDNEY IMAGING MORPHOLOGY | 78700 | CPT | | | | outpatient | | | 1662 | 542.46 | Multiplan | Multiplan | 1329.6 | 80 | | | 78.4 | | 1578.9 percent of total billed charges | |
| HC NM KIDNEY IMAGING MORPHOLOGY | 78700 | CPT | | | | outpatient | | | 1662 | 542.46 | First Trenton | First Trenton | 1495.8 | 90 | | | 78.4 | | 1578.9 percent of total billed charges | |
| HC NM KIDNEY IMAGING MORPHOLOGY | 78700 | CPT | | | | outpatient | | | 1662 | 542.46 | First Health | First Health | 1163.4 | 70 | | | 78.4 | | 1578.9 percent of total billed charges | |
| HC NM KIDNEY IMAGING MORPHOLOGY | 78700 | CPT | | | | outpatient | | | 1662 | 542.46 | Corrections | Corrections | 1329.6 | 80 | | | 78.4 | | 1578.9 percent of total billed charges | |
| HC NM KIDNEY IMAGING MORPHOLOGY | 78700 | CPT | | | | outpatient | | | 1662 | 542.46 | Qualcare | Qualcare | 1246.5 | 75 | | | 78.4 | | 1578.9 percent of total billed charges | |
| HC NM KIDNEY IMAGING MORPHOLOGY | 78700 | CPT | | | | outpatient | | | 1662 | 542.46 | Horizon | NJ Health | 78.4 | | | | 78.4 | | 1578.9 fee schedule | |
| HC NM KIDNEY IMAGING MORPHOLOGY | 78700 | CPT | | | | outpatient | | | 1662 | 542.46 | UHC | Medicaid | 524.36 | 31.55 | | | 78.4 | | 1578.9 percent of total billed charges | |
| HC NM KIDNEY IMAGING MORPHOLOGY | 78700 | CPT | | | | outpatient | | | 1662 | 542.46 | Horizon | MGD | 912.74 | | | | 78.4 | | 1578.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM KIDNEY IMAGING MORPHOLOGY | 78700 | CPT | | | | outpatient | | | 1662 | 542.46 | Horizon | Medicare Blue | 471.7 | | | | 78.4 | | 1578.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM KIDNEY IMAGING MORPHOLOGY | 78700 | CPT | | | | outpatient | | | 1662 | 542.46 | Managed Care Inc | Managed Care Inc | 1495.8 | 90 | | | 78.4 | | 1578.9 percent of total billed charges | |
| HC NM KIDNEY IMAGING MORPHOLOGY | 78700 | CPT | | | | outpatient | | | 1662 | 542.46 | WellPoint | WellPoint | 534.83 | 32.18 | | | 78.4 | | 1578.9 percent of total billed charges | |
| HC NM KIDNEY IMAGING MORPHOLOGY | 78700 | CPT | | | | outpatient | | | 1662 | 542.46 | Three Rivers | Three Rivers | 1578.9 | 95 | | | 78.4 | | 1578.9 percent of total billed charges | |
| HC NM KIDNEY IMAGING MORPHOLOGY | 78700 | CPT | | | | outpatient | | | 1662 | 542.46 | Wellcare | Medicaid | 524.36 | 31.55 | | | 78.4 | | 1578.9 percent of total billed charges | |
| HC NM KIDNEY IMAGING MORPHOLOGY | 78700 | CPT | | | | outpatient | | | 1662 | 542.46 | Wellcare | Medicare | 471.7 | | | | 78.4 | | 1578.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM KIDNEY IMAGING MORPHOODGY W/VASCULAR FLOW | 78701 | CPT | | | | outpatient | | | 602.82 | 542.46 | Aetna | Better Health | 190.19 | 31.55 | | | 86.18 | | 912.74 percent of total billed charges | |
| HC NM KIDNEY IMAGING MORPHOODGY W/VASCULAR FLOW | 78701 | CPT | | | | outpatient | | | 602.82 | 542.46 | Horizon | Medicare Blue | 471.7 | | | | 86.18 | | 912.74 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM KIDNEY IMAGING MORPHOODGY W/VASCULAR FLOW | 78701 | CPT | | | | outpatient | | | 602.82 | 542.46 | Horizon | MGD | 912.74 | | | | 86.18 | | 912.74 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM KIDNEY IMAGING MORPHOODGY W/VASCULAR FLOW | 78701 | CPT | | | | outpatient | | | 602.82 | 542.46 | Americare | Americare | 452.12 | 75 | | | 86.18 | | 912.74 percent of total billed charges | |
| HC NM KIDNEY IMAGING MORPHOODGY W/VASCULAR FLOW | 78701 | CPT | | | | outpatient | | | 602.82 | 542.46 | Amerihealth | HMO/PPO | 86.18 | | | | 86.18 | | 912.74 fee schedule | |
| HC NM KIDNEY IMAGING MORPHOODGY W/VASCULAR FLOW | 78701 | CPT | | | | outpatient | | | 602.82 | 542.46 | Aetna | Medicare | 471.7 | | | | 86.18 | | 912.74 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM KIDNEY IMAGING MORPHOODGY W/VASCULAR FLOW | 78701 | CPT | | | | outpatient | | | 602.82 | 542.46 | Horizon | PPO | 912.74 | | | | 86.18 | | 912.74 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM KIDNEY IMAGING MORPHOODGY W/VASCULAR FLOW | 78701 | CPT | | | | outpatient | | | 602.82 | 542.46 | Corrections | Corrections | 482.26 | 80 | | | 86.18 | | 912.74 percent of total billed charges | |
| HC NM KIDNEY IMAGING MORPHOODGY W/VASCULAR FLOW | 78701 | CPT | | | | outpatient | | | 602.82 | 542.46 | UHC | Medicare | 471.7 | | | | 86.18 | | 912.74 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM KIDNEY IMAGING MORPHOODGY W/VASCULAR FLOW | 78701 | CPT | | | | outpatient | | | 602.82 | 542.46 | Multiplan | Multiplan | 482.26 | 80 | | | 86.18 | | 912.74 percent of total billed charges | |
| HC NM KIDNEY IMAGING MORPHOODGY W/VASCULAR FLOW | 78701 | CPT | | | | outpatient | | | 602.82 | 542.46 | UHC | Medicaid | 190.19 | 31.55 | | | 86.18 | | 912.74 percent of total billed charges | |
| HC NM KIDNEY IMAGING MORPHOODGY W/VASCULAR FLOW | 78701 | CPT | | | | outpatient | | | 602.82 | 542.46 | First Trenton | First Trenton | 542.54 | 90 | | | 86.18 | | 912.74 percent of total billed charges | |
| HC NM KIDNEY IMAGING MORPHOODGY W/VASCULAR FLOW | 78701 | CPT | | | | outpatient | | | 602.82 | 542.46 | First Health | First Health | 421.97 | 70 | | | 86.18 | | 912.74 percent of total billed charges | |
| HC NM KIDNEY IMAGING MORPHOODGY W/VASCULAR FLOW | 78701 | CPT | | | | outpatient | | | 602.82 | 542.46 | Consumer | Consumer | 572.68 | 95 | | | 86.18 | | 912.74 percent of total billed charges | |
| HC NM KIDNEY IMAGING MORPHOODGY W/VASCULAR FLOW | 78701 | CPT | | | | outpatient | | | 602.82 | 542.46 | WellPoint | WellPoint | 193.99 | 32.18 | | | 86.18 | | 912.74 percent of total billed charges | |
| HC NM KIDNEY IMAGING MORPHOODGY W/VASCULAR FLOW | 78701 | CPT | | | | outpatient | | | 602.82 | 542.46 | Horizon | Indemnity | 912.74 | | | | 86.18 | | 912.74 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM KIDNEY IMAGING MORPHOODGY W/VASCULAR FLOW | 78701 | CPT | | | | outpatient | | | 602.82 | 542.46 | Wellcare | Medicare | 471.7 | | | | 86.18 | | 912.74 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM KIDNEY IMAGING MORPHOODGY W/VASCULAR FLOW | 78701 | CPT | | | | outpatient | | | 602.82 | 542.46 | Qualcare | Qualcare | 452.12 | 75 | | | 86.18 | | 912.74 percent of total billed charges | |
| HC NM KIDNEY IMAGING MORPHOODGY W/VASCULAR FLOW | 78701 | CPT | | | | outpatient | | | 602.82 | 542.46 | Horizon | NJ Health | 127.4 | | | | 86.18 | | 912.74 fee schedule | |
| HC NM KIDNEY IMAGING MORPHOODGY W/VASCULAR FLOW | 78701 | CPT | | | | outpatient | | | 602.82 | 542.46 | Wellcare | Medicaid | 190.19 | 31.55 | | | 86.18 | | 912.74 percent of total billed charges | |
| HC NM KIDNEY IMAGING MORPHOODGY W/VASCULAR FLOW | 78701 | CPT | | | | outpatient | | | 602.82 | 542.46 | Managed Care Inc | Managed Care Inc | 542.54 | 90 | | | 86.18 | | 912.74 percent of total billed charges | |
| HC NM KIDNEY IMAGING MORPHOODGY W/VASCULAR FLOW | 78701 | CPT | | | | outpatient | | | 602.82 | 542.46 | Three Rivers | Three Rivers | 572.68 | 

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC NM RENAL MORPHOLOGY W FLOW/FUNCT IMG WO DRUG | 78707 | CPT | | | | both | | | 2436 | 710.88 | Wellcare | Medicaid | 768.56 | 31.55 | | | 109.74 | 2314.2 | percent of total billed charges | |
| HC NM RENAL MORPHOLOGY W FLOW/FUNCT IMG WO DRUG | 78707 | CPT | | | | both | | | 2436 | 710.88 | Wellcare | Medicare | 618.16 | | | | 109.74 | 2314.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RENAL MORPHOLOGY W FLOW/FUNCT IMG WO DRUG | 78707 | CPT | | | | both | | | 2436 | 710.88 | Horizon | MGD | 1196.14 | | | | 109.74 | 2314.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RENAL MORPHOLOGY W FLOW/FUNCT IMG WO DRUG | 78707 | CPT | | | | both | | | 2436 | 710.88 | First Trenton | First Trenton | 2192.4 | 90 | | | 109.74 | 2314.2 | percent of total billed charges | |
| HC NM RENAL MORPHOLOGY W FLOW/FUNCT IMG WO DRUG | 78707 | CPT | | | | both | | | 2436 | 710.88 | Multiplan | Multiplan | 1948.8 | 80 | | | 109.74 | 2314.2 | percent of total billed charges | |
| HC NM RENAL MORPHOLOGY W FLOW/FUNCT IMG WO DRUG | 78707 | CPT | | | | both | | | 2436 | 710.88 | Horizon | NJ Health | 215.6 | | | | 109.74 | 2314.2 | fee schedule | |
| HC NM RENAL MORPHOLOGY W FLOW/FUNCT IMG WO DRUG | 78707 | CPT | | | | both | | | 2436 | 710.88 | UHC | Medicaid | 768.56 | 31.55 | | | 109.74 | 2314.2 | percent of total billed charges | |
| HC NM RENAL MORPHOLOGY W FLOW/FUNCT IMG WO DRUG | 78707 | CPT | | | | both | | | 2436 | 710.88 | Managed Care Inc | Managed Care Inc | 2192.4 | 90 | | | 109.74 | 2314.2 | percent of total billed charges | |
| HC NM RENAL MORPHOLOGY W FLOW/FUNCT IMG WO DRUG | 78707 | CPT | | | | both | | | 2436 | 710.88 | Qualcare | Qualcare | 1827 | 75 | | | 109.74 | 2314.2 | percent of total billed charges | |
| HC NM RENAL MORPHOLOGY W FLOW/FUNCT IMG WO DRUG | 78707 | CPT | | | | both | | | 2436 | 710.88 | Three Rivers | Three Rivers | 2314.2 | 95 | | | 109.74 | 2314.2 | percent of total billed charges | |
| HC NM RENAL MORPHOLOGY W FLOW/FUNCT IMG W DRUG | 78708 | CPT | | | | both | | | 2436 | 710.88 | Aetna | Commercial | 925.68 | 38 | | | 151.28 | 2314.2 | percent of total billed charges | |
| HC NM RENAL MORPHOLOGY W FLOW/FUNCT IMG W DRUG | 78708 | CPT | | | | both | | | 2436 | 710.88 | Aetna | Medicare | 618.16 | | | | 151.28 | 2314.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RENAL MORPHOLOGY W FLOW/FUNCT IMG W DRUG | 78708 | CPT | | | | both | | | 2436 | 710.88 | Aetna | Better Health | 768.56 | 31.55 | | | 151.28 | 2314.2 | percent of total billed charges | |
| HC NM RENAL MORPHOLOGY W FLOW/FUNCT IMG W DRUG | 78708 | CPT | | | | both | | | 2436 | 710.88 | Qualcare | Qualcare | 1827 | 75 | | | 151.28 | 2314.2 | percent of total billed charges | |
| HC NM RENAL MORPHOLOGY W FLOW/FUNCT IMG W DRUG | 78708 | CPT | | | | both | | | 2436 | 710.88 | Amerihealth | HMO/PPO | 151.28 | | | | 151.28 | 2314.2 | fee schedule | |
| HC NM RENAL MORPHOLOGY W FLOW/FUNCT IMG W DRUG | 78708 | CPT | | | | both | | | 2436 | 710.88 | First Trenton | First Trenton | 2192.4 | 90 | | | 151.28 | 2314.2 | percent of total billed charges | |
| HC NM RENAL MORPHOLOGY W FLOW/FUNCT IMG W DRUG | 78708 | CPT | | | | both | | | 2436 | 710.88 | Horizon | MGD | 1196.14 | | | 760.34 | 151.28 | 2314.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RENAL MORPHOLOGY W FLOW/FUNCT IMG W DRUG | 78708 | CPT | | | | both | | | 2436 | 710.88 | Americare | Americare | 1827 | 75 | | | 151.28 | 2314.2 | percent of total billed charges | |
| HC NM RENAL MORPHOLOGY W FLOW/FUNCT IMG W DRUG | 78708 | CPT | | | | both | | | 2436 | 710.88 | First Health | First Health | 1705.2 | 70 | | | 151.28 | 2314.2 | percent of total billed charges | |
| HC NM RENAL MORPHOLOGY W FLOW/FUNCT IMG W DRUG | 78708 | CPT | | | | both | | | 2436 | 710.88 | Horizon | NJ Health | 235.2 | | | 104.53 | 151.28 | 2314.2 | fee schedule | |
| HC NM RENAL MORPHOLOGY W FLOW/FUNCT IMG W DRUG | 78708 | CPT | | | | both | | | 2436 | 710.88 | Consumer | Consumer | 2314.2 | 95 | | | 151.28 | 2314.2 | percent of total billed charges | |
| HC NM RENAL MORPHOLOGY W FLOW/FUNCT IMG W DRUG | 78708 | CPT | | | | both | | | 2436 | 710.88 | UHC | Medicaid | 768.56 | 31.55 | | 325.85 | 151.28 | 2314.2 | percent of total billed charges | |
| HC NM RENAL MORPHOLOGY W FLOW/FUNCT IMG W DRUG | 78708 | CPT | | | | both | | | 2436 | 710.88 | Horizon | Indemnity | 1196.14 | | | | 151.28 | 2314.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RENAL MORPHOLOGY W FLOW/FUNCT IMG W DRUG | 78708 | CPT | | | | both | | | 2436 | 710.88 | Horizon | PPO | 1196.14 | | | | 151.28 | 2314.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RENAL MORPHOLOGY W FLOW/FUNCT IMG W DRUG | 78708 | CPT | | | | both | | | 2436 | 710.88 | Wellcare | Medicare | 618.16 | | | | 151.28 | 2314.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RENAL MORPHOLOGY W FLOW/FUNCT IMG W DRUG | 78708 | CPT | | | | both | | | 2436 | 710.88 | Multiplan | Multiplan | 1948.8 | 80 | | | 151.28 | 2314.2 | percent of total billed charges | |
| HC NM RENAL MORPHOLOGY W FLOW/FUNCT IMG W DRUG | 78708 | CPT | | | | both | | | 2436 | 710.88 | Horizon | Medicare Blue | 618.16 | | | | 151.28 | 2314.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RENAL MORPHOLOGY W FLOW/FUNCT IMG W DRUG | 78708 | CPT | | | | both | | | 2436 | 710.88 | Managed Care Inc | Managed Care Inc | 2192.4 | 90 | | | 151.28 | 2314.2 | percent of total billed charges | |
| HC NM RENAL MORPHOLOGY W FLOW/FUNCT IMG W DRUG | 78708 | CPT | | | | both | | | 2436 | 710.88 | Corrections | Corrections | 1948.8 | 80 | | | 151.28 | 2314.2 | percent of total billed charges | |
| HC NM RENAL MORPHOLOGY W FLOW/FUNCT IMG W DRUG | 78708 | CPT | | | | both | | | 2436 | 710.88 | UHC | Medicare | 618.16 | | | | 151.28 | 2314.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RENAL MORPHOLOGY W FLOW/FUNCT IMG W DRUG | 78708 | CPT | | | | both | | | 2436 | 710.88 | Wellcare | Medicaid | 768.56 | 31.55 | | | 151.28 | 2314.2 | percent of total billed charges | |
| HC NM RENAL MORPHOLOGY W FLOW/FUNCT IMG W DRUG | 78708 | CPT | | | | both | | | 2436 | 710.88 | Three Rivers | Three Rivers | 2314.2 | 95 | | | 151.28 | 2314.2 | percent of total billed charges | |
| HC NM RENAL MORPHOLOGY W FLOW/FUNCT IMG W DRUG | 78708 | CPT | | | | both | | | 2436 | 710.88 | WellPoint | WellPoint | 783.9 | 32.18 | | 450.53 | 151.28 | 2314.2 | percent of total billed charges | |
| HC NM KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE | 78709 | CPT | | | | outpatient | | | 789.99 | 710.88 | Horizon | Indemnity | 1196.14 | | | | 155.62 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE | 78709 | CPT | | | | outpatient | | | 789.99 | 710.88 | Aetna | Better Health | 249.24 | 31.55 | | | 155.62 | 1196.14 | percent of total billed charges | |
| HC NM KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE | 78709 | CPT | | | | outpatient | | | 789.99 | 710.88 | Americare | Americare | 592.49 | 75 | | | 155.62 | 1196.14 | percent of total billed charges | |
| HC NM KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE | 78709 | CPT | | | | outpatient | | | 789.99 | 710.88 | Aetna | Medicare | 618.16 | | | | 155.62 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE | 78709 | CPT | | | | outpatient | | | 789.99 | 710.88 | First Trenton | First Trenton | 710.99 | 90 | | | 155.62 | 1196.14 | percent of total billed charges | |
| HC NM KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE | 78709 | CPT | | | | outpatient | | | 789.99 | 710.88 | Horizon | Medicare Blue | 618.16 | | | | 155.62 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE | 78709 | CPT | | | | outpatient | | | 789.99 | 710.88 | Multiplan | Multiplan | 631.99 | 80 | | | 155.62 | 1196.14 | percent of total billed charges | |
| HC NM KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE | 78709 | CPT | | | | outpatient | | | 789.99 | 710.88 | Consumer | Consumer | 750.49 | 95 | | | 155.62 | 1196.14 | percent of total billed charges | |
| HC NM KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE | 78709 | CPT | | | | outpatient | | | 789.99 | 710.88 | Managed Care Inc | Managed Care Inc | 710.99 | 90 | | | 155.62 | 1196.14 | percent of total billed charges | |
| HC NM KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE | 78709 | CPT | | | | outpatient | | | 789.99 | 710.88 | Amerihealth | HMO/PPO | 155.62 | | | | 155.62 | 1196.14 | fee schedule | |
| HC NM KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE | 78709 | CPT | | | | outpatient | | | 789.99 | 710.88 | Three Rivers | Three Rivers | 750.49 | 95 | | | 155.62 | 1196.14 | percent of total billed charges | |
| HC NM KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE | 78709 | CPT | | | | outpatient | | | 789.99 | 710.88 | Corrections | Corrections | 631.99 | 80 | | | 155.62 | 1196.14 | percent of total billed charges | |
| HC NM KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE | 78709 | CPT | | | | outpatient | | | 789.99 | 710.88 | UHC | Medicaid | 249.24 | 31.55 | | | 155.62 | 1196.14 | percent of total billed charges | |
| HC NM KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE | 78709 | CPT | | | | outpatient | | | 789.99 | 710.88 | First Health | First Health | 552.99 | 70 | | | 155.62 | 1196.14 | percent of total billed charges | |
| HC NM KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE | 78709 | CPT | | | | outpatient | | | 789.99 | 710.88 | Qualcare | Qualcare | 592.49 | 75 | | | 155.62 | 1196.14 | percent of total billed charges | |
| HC NM KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE | 78709 | CPT | | | | outpatient | | | 789.99 | 710.88 | Horizon | NJ Health | 282.24 | | | | 155.62 | 1196.14 | fee schedule | |
| HC NM KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE | 78709 | CPT | | | | outpatient | | | 789.99 | 710.88 | UHC | Medicare | 618.16 | | | | 155.62 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE | 78709 | CPT | | | | outpatient | | | 789.99 | 710.88 | Horizon | MGD | 1196.14 | | | | 155.62 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE | 78709 | CPT | | | | outpatient | | | 789.99 | 710.88 | Wellcare | Medicare | 618.16 | | | | 155.62 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE | 78709 | CPT | | | | outpatient | | | 789.99 | 710.88 | Horizon | PPO | 1196.14 | | | | 155.62 | 1196.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE | 78709 | CPT | | | | outpatient | | | 789.99 | 710.88 | Wellcare | Medicaid | 249.24 | 31.55 | | | 155.62 | 1196.14 | percent of total billed charges | |
| HC NM KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE | 78709 | CPT | | | | outpatient | | | 789.99 | 710.88 | WellPoint | WellPoint | 254.22 | 32.18 | | | 155.62 | 1196.14 | percent of total billed charges | |
| HC NM KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY | 78725 | CPT | | | | outpatient | | | 602.82 | 542.46 | Consumer | Consumer | 572.68 | 95 | | | 58.8 | 912.74 | percent of total billed charges | |
| HC NM KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY | 78725 | CPT | | | | outpatient | | | 602.82 | 542.46 | Multiplan | Multiplan | 482.26 | 80 | | | 58.8 | 912.74 | percent of total billed charges | |
| HC NM KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY | 78725 | CPT | | | | outpatient | | | 602.82 | 542.46 | Horizon | Medicare Blue | 471.7 | | | | 58.8 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY | 78725 | CPT | | | | outpatient | | | 602.82 | 542.46 | Americare | Americare | 452.12 | 75 | | | 58.8 | 912.74 | percent of total billed charges | |
| HC NM KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY | 78725 | CPT | | | | outpatient | | | 602.82 | 542.46 | Aetna | Better Health | 190.19 | 31.55 | | | 58.8 | 912.74 | percent of total billed charges | |
| HC NM KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY | 78725 | CPT | | | | outpatient | | | 602.82 | 542.46 | Managed Care Inc | Managed Care Inc | 542.54 | 90 | | | 58.8 | 912.74 | percent of total billed charges | |
| HC NM KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY | 78725 | CPT | | | | outpatient | | | 602.82 | 542.46 | Horizon | Indemnity | 912.74 | | | | 58.8 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY | 78725 | CPT | | | | outpatient | | | 602.82 | 542.46 | Aetna | Medicare | 471.7 | | | | 58.8 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY | 78725 | CPT | | | | outpatient | | | 602.82 | 542.46 | Corrections | Corrections | 482.26 | 80 | | | 58.8 | 912.74 | percent of total billed charges | |
| HC NM KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY | 78725 | CPT | | | | outpatient | | | 602.82 | 542.46 | Qualcare | Qualcare | 452.12 | 75 | | | 58.8 | 912.74 | percent of total billed charges | |
| HC NM KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY | 78725 | CPT | | | | outpatient | | | 602.82 | 542.46 | Horizon | PPO | 912.74 | | | | 58.8 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY | 78725 | CPT | | | | outpatient | | | 602.82 | 542.46 | Amerihealth | HMO/PPO | 85.56 | | | | 58.8 | 912.74 | fee schedule | |
| HC NM KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY | 78725 | CPT | | | | outpatient | | | 602.82 | 542.46 | First Health | First Health | 421.97 | 70 | | | 58.8 | 912.74 | percent of total billed charges | |
| HC NM KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY | 78725 | CPT | | | | outpatient | | | 602.82 | 542.46 | UHC | Medicare | 471.7 | | | | 58.8 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY | 78725 | CPT | | | | outpatient | | | 602.82 | 542.46 | Horizon | NJ Health | 58.8 | | | | 58.8 | 912.74 | fee schedule | |
| HC NM KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY | 78725 | CPT | | | | outpatient | | | 602.82 | 542.46 | First Trenton | First Trenton | 542.54 | 90 | | | 58.8 | 912.74 | percent of total billed charges | |
| HC NM KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY | 78725 | CPT | | | | outpatient | | | 602.82 | 542.46 | Three Rivers | Three Rivers | 572.68 | 95 | | | 58.8 | 912.74 | percent of total billed charges | |
| HC NM KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY | 78725 | CPT | | | | outpatient | | | 602.82 | 542.46 | Horizon | MGD | 912.74 | | | | 58.8 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY | 78725 | CPT | | | | outpatient | | | 602.82 | 542.46 | UHC | Medicaid | 190.19 | 31.55 | | | 58.8 | 912.74 | percent of total billed charges | |
| HC NM KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY | 78725 | CPT | | | | outpatient | | | 602.82 | 542.46 | Wellcare | Medicaid | 190.19 | 31.55 | | | 58.8 | 912.74 | percent of total billed charges | |
| HC NM KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY | 78725 | CPT | | | | outpatient | | | 602.82 | 542.46 | WellPoint | WellPoint | 193.99 | 32.18 | | | 58.8 | 912.74 | percent of total billed charges | |
| HC NM KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY | 78725 | CPT | | | | outpatient | | | 602.82 | 542.46 | Wellcare | Medicare | 471.7 | | | | 58.8 | 912.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM URETERAL REFLUX STUDY RADIOPHARM VOIDING CYSTOGRAM | 78740 | CPT | | | | outpatient | | | 1842 | 542.46 | First Health | First Health | 1289.4 | 70 | | | 98 | 1749.9 | percent of total billed charges | |
| HC NM URETERAL REFLUX STUDY RADIOPHARM VOIDING CYSTOGRAM | 78740 | CPT | | | | outpatient | | | 1842 | 542.46 | Multiplan | Multiplan | 1473.6 | 80 | | | 98 | 1749.9 | percent of total billed charges | |
| HC NM URETERAL REFLUX STUDY RADIOPHARM VOIDING CYSTOGRAM | 78740 | CPT | | | | outpatient | | | 1842 | 542.46 | Aetna | Medicare | 471.7 | | | | 98 | 1749.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM URETERAL REFLUX STUDY RADIOPHARM VOIDING CYSTOGRAM | 78740 | CPT | | | | outpatient | | | 1842 | 542.46 | Aetna | Better Health | 581.15 | 31.55 | | | 98 | 1749.9 | percent of total billed charges | |
| HC NM URETERAL REFLUX STUDY RADIOPHARM VOIDING CYSTOGRAM | 78740 | CPT | | | | outpatient | | | 1842 | 542.46 | Horizon | Indemnity | 912.74 | | | | 98 | 1749.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM URETERAL REFLUX STUDY RADIOPHARM VOIDING CYSTOGRAM | 78740 | CPT | | | | outpatient | | | 1842 | 542.46 | Corrections | Corrections | 1473.6 | 80 | | | 98 | 1749.9 | percent of total billed charges | |
| HC NM URETERAL REFLUX STUDY RADIOPHARM VOIDING CYSTOGRAM | 78740 | CPT | | | | outpatient | | | 1842 | 542.46 | Americare | Americare | 1381.5 | 75 | | | 98 | 1749.9 | percent of total billed charges | |
| HC NM URETERAL REFLUX STUDY RADIOPHARM VOIDING CYSTOGRAM | 78740 | CPT | | | | outpatient | | | 1842 | 542.46 | Consumer | Consumer | 1749.9 | 95 | | | 98 | 1749.9 | percent of total billed charges | |
| HC NM URETERAL REFLUX STUDY RADIOPHARM VOIDING CYSTOGRAM | 78740 | CPT | | | | outpatient | | | 1842 | 542.46 | Horizon | Medicare Blue | 471.7 | | | | 98 | 1749.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM URETERAL REFLUX STUDY RADIOPHARM VOIDING CYSTOGRAM | 78740 | CPT | | | | outpatient | | | 1842 | 542.46 | Qualcare | Qualcare | 1381.5 | 75 | | | 98 | 1749.9 | percent of total billed charges | |
| HC NM URETERAL REFLUX STUDY RADIOPHARM VOIDING CYSTOGRAM | 78740 | CPT | | | | outpatient | | | 1842 | 542.46 | First Trenton | First Trenton | 1657.8 | 90 | | | 98 | 1749.9 | percent of total billed charges | |
| HC NM URETERAL REFLUX STUDY RADIOPHARM VOIDING CYSTOGRAM | 78740 | CPT | | | | outpatient | | | 1842 | 542.46 | Wellcare | Medicaid | 581.15 | 31.55 | | | 98 | 1749.9 | percent of total billed charges | |
| HC NM URETERAL REFLUX STUDY RADIOPHARM VOIDING CYSTOGRAM | 78740 | CPT | | | | outpatient | | | 1842 | 542.46 | Horizon | PPO | 912.74 | | | | 98 | 1749.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM URETERAL REFLUX STUDY RADIOPHARM VOIDING CYSTOGRAM | 78740 | CPT | | | | outpatient | | | 1842 | 542.46 | Wellcare | Medicare | 471.7 | | | | 98 | 1749.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM URETERAL REFLUX STUDY RADIOPHARM VOIDING CYSTOGRAM | 78740 | CPT | | | | outpatient | | | 1842 | 542.46 | Amerihealth | HMO/PPO | 109.74 | | | | 98 | 1749.9 | fee schedule | |
| HC NM URETERAL REFLUX STUDY RADIOPHARM VOIDING CYSTOGRAM | 78740 | CPT | | | | outpatient | | | 1842 | 542.46 | UHC | Medicare | 471.7 | | | | 98 | 1749.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM URETERAL REFLUX STUDY RADIOPHARM VOIDING CYSTOGRAM | 78740 | CPT | | | | outpatient | | | 1842 | 542.46 | Horizon | MGD | 912.74 | | | | 98 | 1749.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM URETERAL REFLUX STUDY RADIOPHARM VOIDING CYSTOGRAM | 78740 | CPT | | | | outpatient | | | 1842 | 542.46 | UHC | Medicaid | 581.15 | 31.55 | | | 98 | 1749.9 | percent of total billed charges | |
| HC NM URETERAL REFLUX STUDY RADIOPHARM VOIDING CYSTOGRAM | 78740 | CPT | | | | outpatient | | | 1842 | 542.46 | Horizon | NJ Health | 98 | | | | 98 | 1749.9 | fee schedule | |
| HC NM URETERAL REFLUX STUDY RADIOPHARM VOIDING CYSTOGRAM | 78740 | CPT | | | | outpatient | | | 1842 | 542.46 | WellPoint | WellPoint | 592.76 | 32.18 | | | 98 | 1749.9 | percent of total billed charges | |
| HC NM URETERAL REFLUX STUDY RADIOPHARM VOIDING CYSTOGRAM | 78740 | CPT | | | | outpatient | | | 1842 | 542.46 | Managed Care Inc | Managed Care Inc | 1657.8 | 90 | | | 98 | 1749.9 | percent of total billed charges | |
| HC NM URETERAL REFLUX STUDY RADIOPHARM VOIDING CYSTOGRAM | 78740 | CPT | | | | outpatient | | | 1842 | 542.46 | Three Rivers | Three Rivers | 1749.9 | 95 | | | 98 | 1749.9 | percent of total billed charges | |
| HC NM TESTICULAR IMAGING WITH VASCULAR FLOW | 78761 | CPT | | | | outpatient | | | 1240 | 542.46 | Horizon | PPO | 912.74 | | | | 109.76 | 1178 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM TESTICULAR IMAGING WITH VASCULAR FLOW | 78761 | CPT | | | | outpatient | | | 1240 | 542.46 | Aetna | Better Health | 391.22 | 31.55 | | | 109.76 | 1178 | percent of total billed charges | |
| HC NM TESTICULAR IMAGING WITH VASCULAR FLOW | 78761 | CPT | | | | outpatient | | | 1240 | 542.46 | First Trenton | First Trenton | 1116 | 90 | | | 109.76 | 1178 | percent of total billed charges | |
| HC NM TESTICULAR IMAGING WITH VASCULAR FLOW | 78761 | CPT | | | | outpatient | | | 1240 | 542.46 | Aetna | Medicare | 471.7 | | | | 109.76 | 1178 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM TESTICULAR IMAGING WITH VASCULAR FLOW | 78761 | CPT | | | | outpatient | | | 1240 | 542.46 | Amerihealth | HMO/PPO | 130.2 | | | | 109.76 | 1178 | fee schedule | |
| HC NM TESTICULAR IMAGING WITH VASCULAR FLOW | 78761 | CPT | | | | outpatient | | | 1240 | 542.46 | Corrections | Corrections | 992 | 80 | | | 109.76 | 1178 | percent of total billed charges | |
| HC NM TESTICULAR IMAGING WITH VASCULAR FLOW | 78761 | CPT | | | | outpatient | | | 1240 | 542.46 | First Health | First Health | 868 | 70 | | | 109.76 | 1178 | percent of total billed charges | |
| HC NM TESTICULAR IMAGING WITH VASCULAR FLOW | 78761 | CPT | | | | outpatient | | | 1240 | 542.46 | Americare | Americare | 930 | 75 | | | 109.76 | 1178 | percent of total billed charges | |
| HC NM TESTICULAR IMAGING WITH VASCULAR FLOW | 78761 | CPT | | | | outpatient | | | 1240 | 542.46 | WellPoint | WellPoint | 399.03 | 32.18 | | | 109.76 | 1178 | percent of total billed charges | |
| HC NM TESTICULAR IMAGING WITH VASCULAR FLOW | 78761 | CPT | | | | outpatient | | | 1240 | 542.46 | Aetna | Commercial | 471.2 | 38 | | | 109.76 | 1178 | percent of total billed charges | |
| HC NM TESTICULAR IMAGING WITH VASCULAR FLOW | 78761 | CPT | | | | outpatient | | | 1240 | 542.46 | Horizon | MGD | 912.74 | | | | 109.76 | 1178 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM TESTICULAR IMAGING WITH VASCULAR FLOW | 78761 | CPT | | | | outpatient | | | 1240 | 542.46 | Consumer | Consumer | 1178 | 95 | | | 109.76 | 1178 | percent of total billed charges | |
| HC NM TESTICULAR IMAGING WITH VASCULAR FLOW | 78761 | CPT | | | | outpatient | | | 1240 | 542.46 | Horizon | Indemnity | 912.74 | | | | 109.76 | 1178 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM TESTICULAR IMAGING WITH VASCULAR FLOW | 78761 | CPT | | | | outpatient | | | 1240 | 542.46 | Multiplan | Multiplan | 992 | 80 | | | 109.76 | 1178 | percent of total billed charges | |
| HC NM TESTICULAR IMAGING WITH VASCULAR FLOW | 78761 | CPT | | | | outpatient | | | 1240 | 542.46 | Wellcare | Medicare | 471.7 | | | | 109.76 | 1178 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM TESTICULAR IMAGING WITH VASCULAR FLOW | 78761 | CPT | | | | outpatient | | | 1240 | 542.46 | Qualcare | Qualcare | 930 | 75 | | | 109.76 | 1178 | percent of total billed charges | |
| HC NM TESTICULAR IMAGING WITH VASCULAR FLOW | 78761 | CPT | | | | outpatient | | | 1240 | 542.46 | Horizon | Medicare Blue | 471.7 | | | | 109.76 | 1178 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM TESTICULAR IMAGING WITH VASCULAR FLOW | 78761 | CPT | | | | outpatient | | | 1240 | 542.46 | Horizon | NJ Health | 109.76 | | | | 109.76 | 1178 | fee schedule | |
| HC NM TESTICULAR IMAGING WITH VASCULAR FLOW | 78761 | CPT | | | | outpatient | | | 1240 | 542.46 | UHC | Medicare | 471.7 | | | | 109.76 | 1178 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM TESTICULAR IMAGING WITH VASCULAR FLOW | 78761 | CPT | | | | outpatient | | | 1240 | 542.46 | Managed Care Inc | Managed Care Inc | 1116 | 90 | | | 109.76 | 1178 | percent of total billed charges | |
| HC NM TESTICULAR IMAGING WITH VASCULAR FLOW | 78761 | CPT | | | | outpatient | | | 1240 | 542.46 | Wellcare | Medicaid | 391.22 | 31.55 | | | 109.76 | 1178 | percent of total billed charges | |
| HC NM TESTICULAR IMAGING WITH VASCULAR FLOW | 78761 | CPT | | | | outpatient | | | 1240 | 542.46 | Three Rivers | Three Rivers | 1178 | 95 | | | 109.76 | 1178 | percent of total billed charges | |
| HC NM TESTICULAR IMAGING WITH VASCULAR FLOW | 78761 | CPT | | | | outpatient | | | 1240 | 542.46 | UHC | Medicaid | 391.22 | 31.55 | | | 109.76 | 1178 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, SINGLE AREA, 1 DAY IMG | 78800 | CPT | | | | both | | | 1508 | 542.46 | Aetna | Medicare | 471.7 | | | | 107.26 | 1432.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, SINGLE AREA, 1 DAY IMG | 78800 | CPT | | | | both | | | 1508 | 542.46 | Aetna | Commercial | 573.04 | 38 | | | 107.26 | 1432.6 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, SINGLE AREA, 1 DAY IMG | 78800 | CPT | | | | both | | | 1508 | 542.46 | Corrections | Corrections | 1206.4 | 80 | | | 107.26 | 1432.6 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, SINGLE AREA, 1 DAY IMG | 78800 | CPT | | | | both | | | 1508 | 542.46 | Aetna | Better Health | 475.77 | 31.55 | | | 107.26 | 1432.6 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, SINGLE AREA, 1 DAY IMG | 78800 | CPT | | | | both | | | 1508 | 542.46 | Americare | Americare | 1131 | 75 | | | 107.26 | 1432.6 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, SINGLE AREA, 1 DAY IMG | 78800 | CPT | | | | both | | | 1508 | 542.46 | First Health | First Health | 1055.6 | 70 | | | 107.26 | 1432.6 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, SINGLE AREA, 1 DAY IMG | 78800 | CPT | | | | both | | | 1508 | 542.46 | Multiplan | Multiplan | 1206.4 | 80 | | | 107.26 | 1432.6 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, SINGLE AREA, 1 DAY IMG | 78800 | CPT | | | | both | | | 1508 | 542.46 | Wellcare | Medicare | 471.7 | | | | 107.26 | 1432.6 | other | Payer-specific negoti

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC NM RADIOPHARM LOCALIZATION, PLANAR, 2+AREA1+D IMG OR 1AREA IMG>2+D | 78801 | CPT | | | | outpatient | | | 1867 | 542.46 | Amerihealth | HMO/PPO | 174.22 | | | | 174.22 | 1773.65 | fee schedule | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, 2+AREA1+D IMG OR 1AREA IMG>2+D | 78801 | CPT | | | | outpatient | | | 1867 | 542.46 | Aetna | Commercial | 709.46 | 38 | | | 174.22 | 1773.65 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, 2+AREA1+D IMG OR 1AREA IMG>2+D | 78801 | CPT | | | | outpatient | | | 1867 | 542.46 | First Health | First Health | 1306.9 | 70 | | | 174.22 | 1773.65 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, 2+AREA1+D IMG OR 1AREA IMG>2+D | 78801 | CPT | | | | outpatient | | | 1867 | 542.46 | UHC | Medicare | 471.7 | | | | 174.22 | 1773.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, 2+AREA1+D IMG OR 1AREA IMG>2+D | 78801 | CPT | | | | outpatient | | | 1867 | 542.46 | Americare | Americare | 1400.25 | 75 | | | 174.22 | 1773.65 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, 2+AREA1+D IMG OR 1AREA IMG>2+D | 78801 | CPT | | | | outpatient | | | 1867 | 542.46 | Aetna | Medicare | 471.7 | | | | 174.22 | 1773.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, 2+AREA1+D IMG OR 1AREA IMG>2+D | 78801 | CPT | | | | outpatient | | | 1867 | 542.46 | Horizon | Indemnity | 912.74 | | | | 174.22 | 1773.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, 2+AREA1+D IMG OR 1AREA IMG>2+D | 78801 | CPT | | | | outpatient | | | 1867 | 542.46 | Multiplan | Multiplan | 1493.6 | 80 | | | 174.22 | 1773.65 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, 2+AREA1+D IMG OR 1AREA IMG>2+D | 78801 | CPT | | | | outpatient | | | 1867 | 542.46 | First Trenton | First Trenton | 1680.3 | 90 | | | 174.22 | 1773.65 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, 2+AREA1+D IMG OR 1AREA IMG>2+D | 78801 | CPT | | | | outpatient | | | 1867 | 542.46 | Corrections | Corrections | 1493.6 | 80 | | | 174.22 | 1773.65 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, 2+AREA1+D IMG OR 1AREA IMG>2+D | 78801 | CPT | | | | outpatient | | | 1867 | 542.46 | UHC | Medicaid | 589.04 | 31.55 | | | 174.22 | 1773.65 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, 2+AREA1+D IMG OR 1AREA IMG>2+D | 78801 | CPT | | | | outpatient | | | 1867 | 542.46 | Qualcare | Qualcare | 1400.25 | 75 | | | 174.22 | 1773.65 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, 2+AREA1+D IMG OR 1AREA IMG>2+D | 78801 | CPT | | | | outpatient | | | 1867 | 542.46 | Horizon | Medicare Blue | 471.7 | | | | 174.22 | 1773.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, 2+AREA1+D IMG OR 1AREA IMG>2+D | 78801 | CPT | | | | outpatient | | | 1867 | 542.46 | Horizon | PPO | 912.74 | | | | 174.22 | 1773.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, 2+AREA1+D IMG OR 1AREA IMG>2+D | 78801 | CPT | | | | outpatient | | | 1867 | 542.46 | Wellcare | Medicaid | 589.04 | 31.55 | | | 174.22 | 1773.65 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, 2+AREA1+D IMG OR 1AREA IMG>2+D | 78801 | CPT | | | | outpatient | | | 1867 | 542.46 | Wellcare | Medicare | 471.7 | | | | 174.22 | 1773.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, 2+AREA1+D IMG OR 1AREA IMG>2+D | 78801 | CPT | | | | outpatient | | | 1867 | 542.46 | Horizon | NJ Health | 295.37 | | | | 174.22 | 1773.65 | fee schedule | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, 2+AREA1+D IMG OR 1AREA IMG>2+D | 78801 | CPT | | | | outpatient | | | 1867 | 542.46 | WellPoint | WellPoint | 600.8 | 32.18 | | | 174.22 | 1773.65 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, 2+AREA1+D IMG OR 1AREA IMG>2+D | 78801 | CPT | | | | outpatient | | | 1967 | 542.46 | Managed Care Inc | Managed Care Inc | 1680.3 | 90 | | | 174.22 | 1773.65 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, 2+AREA1+D IMG OR 1AREA IMG>2+D | 78801 | CPT | | | | outpatient | | | 1867 | 542.46 | Three Rivers | Three Rivers | 1773.65 | 95 | | | 174.22 | 1773.65 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY, 1 DAY IMG | 78802 | CPT | | | | both | | | 5184 | 1867.58 | First Trenton | First Trenton | 4665.6 | 90 | | | 117.6 | 4924.8 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY, 1 DAY IMG | 78802 | CPT | | | | both | | | 5184 | 1867.58 | Aetna | Medicare | 1623.98 | | | | 117.6 | 4924.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY, 1 DAY IMG | 78802 | CPT | | | | both | | | 5184 | 1867.58 | Aetna | Better Health | 1635.55 | 31.55 | | | 117.6 | 4924.8 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY, 1 DAY IMG | 78802 | CPT | | | | both | | | 5184 | 1867.58 | Americare | Americare | 3888 | 75 | | | 117.6 | 4924.8 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY, 1 DAY IMG | 78802 | CPT | | | | both | | | 5184 | 1867.58 | Amerihealth | HMO/PPO | 186 | | | | 117.6 | 4924.8 | fee schedule | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY, 1 DAY IMG | 78802 | CPT | | | | both | | | 5184 | 1867.58 | Aetna | Commercial | 1969.92 | 38 | | | 117.6 | 4924.8 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY, 1 DAY IMG | 78802 | CPT | | | | both | | | 5184 | 1867.58 | First Health | First Health | 3628.8 | 70 | | | 117.6 | 4924.8 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY, 1 DAY IMG | 78802 | CPT | | | | both | | | 5184 | 1867.58 | Consumer | Consumer | 4924.8 | 95 | | | 117.6 | 4924.8 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY, 1 DAY IMG | 78802 | CPT | | | | both | | | 5184 | 1867.58 | Horizon | Medicare Blue | 1623.98 | | | | 117.6 | 4924.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY, 1 DAY IMG | 78802 | CPT | | | | both | | | 5184 | 1867.58 | Horizon | MGD | 3142.4 | | | | 117.6 | 4924.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY, 1 DAY IMG | 78802 | CPT | | | | both | | | 5184 | 1867.58 | Corrections | Corrections | 4147.2 | 80 | | | 117.6 | 4924.8 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY, 1 DAY IMG | 78802 | CPT | | | | both | | | 5184 | 1867.58 | UHC | Medicare | 1623.98 | | | | 117.6 | 4924.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY, 1 DAY IMG | 78802 | CPT | | | | both | | | 5184 | 1867.58 | Horizon | Indemnity | 3142.4 | | | | 117.6 | 4924.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY, 1 DAY IMG | 78802 | CPT | | | | both | | | 5184 | 1867.58 | Multiplan | Multiplan | 4147.2 | 80 | | | 117.6 | 4924.8 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY, 1 DAY IMG | 78802 | CPT | | | | both | | | 5184 | 1867.58 | Horizon | NJ Health | 117.6 | | | | 117.6 | 4924.8 | fee schedule | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY, 1 DAY IMG | 78802 | CPT | | | | both | | | 5184 | 1867.58 | WellPoint | WellPoint | 1668.21 | 32.18 | | | 117.6 | 4924.8 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY, 1 DAY IMG | 78802 | CPT | | | | both | | | 5184 | 1867.58 | Horizon | PPO | 3142.4 | | | 2150.95 | 117.6 | 4924.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY, 1 DAY IMG | 78802 | CPT | | | | both | | | 5184 | 1867.58 | Qualcare | Qualcare | 3888 | 75 | | | 117.6 | 4924.8 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY, 1 DAY IMG | 78802 | CPT | | | | both | | | 5184 | 1867.58 | Managed Care Inc | Managed Care Inc | 4665.6 | 90 | | | 117.6 | 4924.8 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY, 1 DAY IMG | 78802 | CPT | | | | both | | | 5184 | 1867.58 | Wellcare | Medicare | 1623.98 | | | | 117.6 | 4924.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY, 1 DAY IMG | 78802 | CPT | | | | both | | | 5184 | 1867.58 | UHC | Medicaid | 1635.55 | 31.55 | | | 117.6 | 4924.8 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY, 1 DAY IMG | 78802 | CPT | | | | both | | | 5184 | 1867.58 | Three Rivers | Three Rivers | 4924.8 | 95 | | | 117.6 | 4924.8 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY, 1 DAY IMG | 78802 | CPT | | | | both | | | 5184 | 1867.58 | Wellcare | Medicaid | 1635.55 | 31.55 | | | 117.6 | 4924.8 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, SPECT, SINGLE AREA 1 DAY IMG | 78803 | CPT | | | | both | | | 3676 | 1867.58 | Aetna | Medicare | 1623.98 | | | 423.67 | 183.52 | 3492.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM LOCALIZATION, SPECT, SINGLE AREA 1 DAY IMG | 78803 | CPT | | | | both | | | 3676 | 1867.58 | Aetna | Commercial | 1396.88 | 38 | | 1818.62 | 183.52 | 3492.2 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, SPECT, SINGLE AREA 1 DAY IMG | 78803 | CPT | | | | both | | | 3676 | 1867.58 | UHC | Medicare | 1623.98 | | | 992.35 | 183.52 | 3492.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM LOCALIZATION, SPECT, SINGLE AREA 1 DAY IMG | 78803 | CPT | | | | both | | | 3676 | 1867.58 | Horizon | NJ Health | 186.59 | | | 406.6 | 183.52 | 3492.2 | fee schedule | |
| HC NM RADIOPHARM LOCALIZATION, SPECT, SINGLE AREA 1 DAY IMG | 78803 | CPT | | | | both | | | 3676 | 1867.58 | First Trenton | First Trenton | 3308.4 | 90 | | | 183.52 | 3492.2 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, SPECT, SINGLE AREA 1 DAY IMG | 78803 | CPT | | | | both | | | 3676 | 1867.58 | Aetna | Better Health | 1159.78 | 31.55 | | | 183.52 | 3492.2 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, SPECT, SINGLE AREA 1 DAY IMG | 78803 | CPT | | | | both | | | 3676 | 1867.58 | Americare | Americare | 2757 | 75 | | | 183.52 | 3492.2 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, SPECT, SINGLE AREA 1 DAY IMG | 78803 | CPT | | | | both | | | 3676 | 1867.58 | Horizon | PPO | 3142.4 | | | 2859.07 | 183.52 | 3492.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM LOCALIZATION, SPECT, SINGLE AREA 1 DAY IMG | 78803 | CPT | | | | both | | | 3676 | 1867.58 | Amerihealth | HMO/PPO | 183.52 | | | 583.59 | 183.52 | 3492.2 | fee schedule | |
| HC NM RADIOPHARM LOCALIZATION, SPECT, SINGLE AREA 1 DAY IMG | 78803 | CPT | | | | both | | | 3676 | 1867.58 | First Health | First Health | 2573.2 | 70 | | | 183.52 | 3492.2 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, SPECT, SINGLE AREA 1 DAY IMG | 78803 | CPT | | | | both | | | 3676 | 1867.58 | Horizon | Indemnity | 3142.4 | | | 1367.02 | 183.52 | 3492.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM LOCALIZATION, SPECT, SINGLE AREA 1 DAY IMG | 78803 | CPT | | | | both | | | 3676 | 1867.58 | WellPoint | WellPoint | 1182.94 | 32.18 | | 523.62 | 183.52 | 3492.2 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, SPECT, SINGLE AREA 1 DAY IMG | 78803 | CPT | | | | both | | | 3676 | 1867.58 | Managed Care Inc | Managed Care Inc | 3308.4 | 90 | | | 183.52 | 3492.2 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, SPECT, SINGLE AREA 1 DAY IMG | 78803 | CPT | | | | both | | | 3676 | 1867.58 | Consumer | Consumer | 3492.2 | 95 | | | 183.52 | 3492.2 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, SPECT, SINGLE AREA 1 DAY IMG | 78803 | CPT | | | | both | | | 3676 | 1867.58 | Horizon | Medicare Blue | 1623.98 | | | 1872.59 | 183.52 | 3492.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM LOCALIZATION, SPECT, SINGLE AREA 1 DAY IMG | 78803 | CPT | | | | both | | | 3676 | 1867.58 | Multiplan | Multiplan | 2940.8 | 80 | | | 183.52 | 3492.2 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, SPECT, SINGLE AREA 1 DAY IMG | 78803 | CPT | | | | both | | | 3676 | 1867.58 | Corrections | Corrections | 2940.8 | 80 | | | 183.52 | 3492.2 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, SPECT, SINGLE AREA 1 DAY IMG | 78803 | CPT | | | | both | | | 3676 | 1867.58 | UHC | Medicaid | 1159.78 | 31.55 | | 1268.73 | 183.52 | 3492.2 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, SPECT, SINGLE AREA 1 DAY IMG | 78803 | CPT | | | | both | | | 3676 | 1867.58 | Horizon | MGD | 3142.4 | | | 1458.76 | 183.52 | 3492.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM LOCALIZATION, SPECT, SINGLE AREA 1 DAY IMG | 78803 | CPT | | | | both | | | 3676 | 1867.58 | Qualcare | Qualcare | 2757 | 75 | | | 183.52 | 3492.2 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, SPECT, SINGLE AREA 1 DAY IMG | 78803 | CPT | | | | both | | | 3676 | 1867.58 | Three Rivers | Three Rivers | 3492.2 | 95 | | | 183.52 | 3492.2 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, SPECT, SINGLE AREA 1 DAY IMG | 78803 | CPT | | | | both | | | 3676 | 1867.58 | Wellcare | Medicaid | 1159.78 | 31.55 | | 140.82 | 183.52 | 3492.2 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, SPECT, SINGLE AREA 1 DAY IMG | 78803 | CPT | | | | both | | | 3676 | 1867.58 | Wellcare | Medicare | 1623.98 | | | | 183.52 | 3492.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY 2+ DAYS IMG | 78804 | CPT | | | | outpatient | | | 4306 | 1867.58 | Aetna | Commercial | 1636.28 | 38 | | | 186 | 4090.7 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY 2+ DAYS IMG | 78804 | CPT | | | | outpatient | | | 4306 | 1867.58 | Aetna | Medicare | 1623.98 | | | | 186 | 4090.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY 2+ DAYS IMG | 78804 | CPT | | | | outpatient | | | 4306 | 1867.58 | Aetna | Better Health | 1358.54 | 31.55 | | | 186 | 4090.7 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY 2+ DAYS IMG | 78804 | CPT | | | | outpatient | | | 4306 | 1867.58 | UHC | Medicare | 1623.98 | | | | 186 | 4090.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY 2+ DAYS IMG | 78804 | CPT | | | | outpatient | | | 4306 | 1867.58 | Multiplan | Multiplan | 3444.8 | 80 | | | 186 | 4090.7 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY 2+ DAYS IMG | 78804 | CPT | | | | outpatient | | | 4306 | 1867.58 | Americare | Americare | 3229.5 | 75 | | | 186 | 4090.7 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY 2+ DAYS IMG | 78804 | CPT | | | | outpatient | | | 4306 | 1867.58 | Consumer | Consumer | 4090.7 | 95 | | | 186 | 4090.7 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY 2+ DAYS IMG | 78804 | CPT | | | | outpatient | | | 4306 | 1867.58 | Horizon | Indemnity | 3142.4 | | | | 186 | 4090.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY 2+ DAYS IMG | 78804 | CPT | | | | outpatient | | | 4306 | 1867.58 | Qualcare | Qualcare | 3229.5 | 75 | | | 186 | 4090.7 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY 2+ DAYS IMG | 78804 | CPT | | | | outpatient | | | 4306 | 1867.58 | Amerihealth | HMO/PPO | 186 | | | | 186 | 4090.7 | fee schedule | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY 2+ DAYS IMG | 78804 | CPT | | | | outpatient | | | 4306 | 1867.58 | First Health | First Health | 3014.2 | 70 | | | 186 | 4090.7 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY 2+ DAYS IMG | 78804 | CPT | | | | outpatient | | | 4306 | 1867.58 | Wellcare | Medicaid | 1358.54 | 31.55 | | | 186 | 4090.7 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY 2+ DAYS IMG | 78804 | CPT | | | | outpatient | | | 4306 | 1867.58 | Corrections | Corrections | 3444.8 | 80 | | | 186 | 4090.7 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY 2+ DAYS IMG | 78804 | CPT | | | | outpatient | | | 4306 | 1867.58 | Horizon | Medicare Blue | 1623.98 | | | | 186 | 4090.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY 2+ DAYS IMG | 78804 | CPT | | | | outpatient | | | 4306 | 1867.58 | Three Rivers | Three Rivers | 4090.7 | 95 | | | 186 | 4090.7 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY 2+ DAYS IMG | 78804 | CPT | | | | outpatient | | | 4306 | 1867.58 | First Trenton | First Trenton | 3875.4 | 90 | | | 186 | 4090.7 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY 2+ DAYS IMG | 78804 | CPT | | | | outpatient | | | 4306 | 1867.58 | Wellcare | Medicare | 1623.98 | | | | 186 | 4090.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY 2+ DAYS IMG | 78804 | CPT | | | | outpatient | | | 4306 | 1867.58 | Horizon | MGD | 3142.4 | | | | 186 | 4090.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY 2+ DAYS IMG | 78804 | CPT | | | | outpatient | | | 4306 | 1867.58 | Horizon | NJ Health | 385.53 | | | | 186 | 4090.7 | fee schedule | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY 2+ DAYS IMG | 78804 | CPT | | | | outpatient | | | 4306 | 1867.58 | Horizon | PPO | 3142.4 | | | | 186 | 4090.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY 2+ DAYS IMG | 78804 | CPT | | | | outpatient | | | 4306 | 1867.58 | Managed Care Inc | Managed Care Inc | 3875.4 | 90 | | | 186 | 4090.7 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY 2+ DAYS IMG | 78804 | CPT | | | | outpatient | | | 4306 | 1867.58 | UHC | Medicaid | 1358.54 | 31.55 | | | 186 | 4090.7 | percent of total billed charges | |
| HC NM RADIOPHARM LOCALIZATION, PLANAR, WHOLE BODY 2+ DAYS IMG | 78804 | CPT | | | | outpatient | | | 4306 | 1867.58 | WellPoint | WellPoint | 1385.67 | 32.18 | | | 186 | 4090.7 | percent of total billed charges | |
| HC PET CT LIMITED AREA | 78814 | CPT | | | | outpatient | | | 5915 | 2057.61 | Americare | Americare | 4436.25 | 75 | | | 1099.88 | 5619.25 | percent of total billed charges | |
| HC PET CT LIMITED AREA | 78814 | CPT | | | | outpatient | | | 5915 | 2057.61 | First Health | First Health | 4140.5 | 70 | | | 1099.88 | 5619.25 | percent of total billed charges | |
| HC PET CT LIMITED AREA | 78814 | CPT | | | | outpatient | | | 5915 | 2057.61 | Aetna | Medicare | 1789.23 | | | | 1099.88 | 5619.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PET CT LIMITED AREA | 78814 | CPT | | | | outpatient | | | 5915 | 2057.61 | Horizon | MGD | 3462.16 | | | | 1099.88 | 5619.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PET CT LIMITED AREA | 78814 | CPT | | | | outpatient | | | 5915 | 2057.61 | Horizon | Indemnity | 3462.16 | | | | 1099.88 | 5619.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PET CT LIMITED AREA | 78814 | CPT | | | | outpatient | | | 5915 | 2057.61 | Aetna | Better Health | 1866.18 | 31.55 | | | 1099.88 | 5619.25 | percent of total billed charges | |
| HC PET CT LIMITED AREA | 78814 | CPT | | | | outpatient | | | 5915 | 2057.61 | Aetna | Commercial | 2247.7 | 38 | | | 1099.88 | 5619.25 | percent of total billed charges | |
| HC PET CT LIMITED AREA | 78814 | CPT | | | | outpatient | | | 5915 | 2057.61 | Wellcare | Medicare | 1789.23 | | | | 1099.88 | 5619.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PET CT LIMITED AREA | 78814 | CPT | | | | outpatient | | | 5915 | 2057.61 | Consumer | Consumer | 5619.25 | 95 | | | 1099.88 | 5619.25 | percent of total billed charges | |
| HC PET CT LIMITED AREA | 78814 | CPT | | | | outpatient | | | 5915 | 2057.61 | Amerihealth | HMO/PPO | 1099.88 | | | | 1099.88 | 5619.25 | fee schedule | |
| HC PET CT LIMITED AREA | 78814 | CPT | | | | outpatient | | | 5915 | 2057.61 | Corrections | Corrections | 4732 | 80 | | | 1099.88 | 5619.25 | percent of total billed charges | |
| HC PET CT LIMITED AREA | 78814 | CPT | | | | outpatient | | | 5915 | 2057.61 | UHC | Medicaid | 1866.18 | 31.55 | | | 1099.88 | 5619.25 | percent of total billed charges | |
| HC PET CT LIMITED AREA | 78814 | CPT | | | | outpatient | | | 5915 | 2057.61 | Wellcare | Medicaid | 1866.18 | 31.55 | | | 1099.88 | 5619.25 | percent of total billed charges | |
| HC PET CT LIMITED AREA | 78814 | CPT | | | | outpatient | | | 5915 | 2057.61 | UHC | Medicare | 1789.23 | | | | 1099.88 | 5619.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PET CT LIMITED AREA | 78814 | CPT | | | | outpatient | | | 5915 | 2057.61 | Multiplan | Multiplan | 4732 | 80 | | | 1099.88 | 5619.25 | percent of total billed charges | |
| HC PET CT LIMITED AREA | 78814 | CPT | | | | outpatient | | | 5915 | 2057.61 | First Trenton | First Trenton | 5323.5 | 90 | | | 1099.88 | 5619.25 | percent of total billed charges | |
| HC PET CT LIMITED AREA | 78814 | CPT | | | | outpatient | | | 5915 | 2057.61 | Horizon | PPO | 3462.16 | | | | 1099.88 | 5619.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PET CT LIMITED AREA | 78814 | CPT | | | | outpatient | | | 5915 | 2057.61 | Horizon | Medicare Blue | 1789.23 | | | | 1099.88 | 5619.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PET CT LIMITED AREA | 78814 | CPT | | | | outpatient | | | 5915 | 2057.61 | Qualcare | Qualcare | 4436.25 | 75 | | | 1099.88 | 5619.25 | percent of total billed charges | |
| HC PET CT LIMITED AREA | 78814 | CPT | | | | outpatient | | | 5915 | 2057.61 | Horizon | NJ Health | 2116.8 | | | | 1099.88 | 5619.25 | fee schedule | |
| HC PET CT LIMITED AREA | 78814 | CPT | | | | outpatient | | | 5915 | 2057.61 | WellPoint | WellPoint | 1903.45 | 32.18 | | | 1099.88 | 5619.25 | percent of total billed charges | |
| HC PET CT LIMITED AREA | 78814 | CPT | | | | outpatient | | | 5915 | 2057.61 | Managed Care Inc | Managed Care Inc | 5323.5 | 90 | | | 1099.88 | 5619.25 | percent of total billed charges | |
| HC PET CT LIMITED AREA | 78814 | CPT | | | | outpatient | | | 5915 | 2057.61 | Three Rivers | Three Rivers | 5619.25 | 95 | | | 1099.88 | 5619.25 | percent of total billed charges | |
| HC PET CT SKULL BASE MID-THIGH | 78815 | CPT | | | | both | | | 7512 | 2057.61 | Americare | Americare | 5634 | 75 | | | 1099.88 | 7136.4 | percent of total billed charges | |
| HC PET CT SKULL BASE MID-THIGH | 78815 | CPT | | | | both | | | 7512 | 2057.61 | Consumer | Consumer | 7136.4 | 95 | | | 1099.88 | 7136.4 | percent of total billed charges | |
| HC PET CT SKULL BASE MID-THIGH | 78815 | CPT | | | | both | | | 7512 | 2057.61 | Aetna | Medicare | 1789.23 | | | | 1099.88 | 7136.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PET CT SKULL BASE MID-THIGH | 78815 | CPT | | | | both | | | 7512 | 2057.61 | Aetna | Better Health | 2370.04 | 31.55 | | 1718.15 | 1099.88 | 7136.4 | percent of total billed charges | |
| HC PET CT SKULL BASE MID-THIGH | 78815 | CPT | | | | both | | | 7512 | 2057.61 | Horizon | Medicare Blue | 1789.23 | | | 1340.8 | 1099.88 | 7136.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PET CT SKULL BASE MID-THIGH | 78815 | CPT | | | | both | | | 7512 | 2057.61 | Horizon | MGD | 3462.16 | | | 1951.08 | 1099.88 | 7136.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PET CT SKULL BASE MID-THIGH | 78815 | CPT | | | | both | | | 7512 | 2057.61 | Horizon | Indemnity | 3462.16 | | | 2594.7 | 1099.88 | 7136.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PET CT SKULL BASE MID-THIGH | 78815 | CPT | | | | both | | | 7512 | 2057.61 | Aetna | Commercial | 2854.56 | 38 | | | 1099.88 | 7136.4 | percent of total billed charges | |
| HC PET CT SKULL BASE MID-THIGH | 78815 | CPT | | | | both | | | 7512 | 2057.61 | Horizon | NJ Health | 2116.8 | | | 1445 | 1099.88 | 7136.4 | fee schedule | |
| HC PET CT SKULL BASE MID-THIGH | 78815 | CPT | | | | both | | | 7512 | 2057.61 | Managed Care Inc | Managed Care Inc | 6760.8 | 90 | | | 1099.88 | 7136.4 | percent of total billed charges | |
| HC PET CT SKULL BASE MID-THIGH | 78815 | CPT | | | | both | | | 7512 | 2057.61 | First Trenton | First Trenton | 6760.8 | 90 | | | 1099.88 | 7136.4 | percent of total billed charges | |
| HC PET CT SKULL BASE MID-THIGH | 78815 | CPT | | | | both | | | 7512 | 2057.61 | Amerihealth | HMO/PPO | 1099.88 | | | | 1099.88 | 7136.4 | fee schedule | |
| HC PET CT SKULL BASE MID-THIGH | 78815 | CPT | | | | both | | | 7512 | 2057.61 | Multiplan | Multiplan | 6009.6 | 80 | | | 1099.88 | 7136.4 | percent of total billed charges | |
| HC PET CT SKULL BASE MID-THIGH | 78815 | CPT | | | | both | | | 7512 | 2057.61 | Wellcare | Medicare | 1789.23 | | | | 1099.88 | 7136.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PET CT SKULL BASE MID-THIGH | 78815 | CPT | | | | both | | | 7512 | 2057.61 | UHC | Medicaid | 2370.04 | 31.55 | | 1676.14 | 1099.88 | 7136.4 | percent of total billed charges | |
| HC PET CT SKULL BASE MID-THIGH | 78815 | CPT | | | | both | | | 7512 | 2057.61 |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC PET CT WHOLE BODY | 78816 | CPT | | | | outpatient | | | 7512 | 2057.61 | Horizon | Medicare Blue | 1789.23 | | | | 1099.88 | 7136.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PET CT WHOLE BODY | 78816 | CPT | | | | outpatient | | | 7512 | 2057.61 | Horizon | MGD | 3462.16 | | | | 1099.88 | 7136.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PET CT WHOLE BODY | 78816 | CPT | | | | outpatient | | | 7512 | 2057.61 | Multiplan | Multiplan | 6009.6 | 80 | | | 1099.88 | 7136.4 | percent of total billed charges | |
| HC PET CT WHOLE BODY | 78816 | CPT | | | | outpatient | | | 7512 | 2057.61 | Horizon | PPO | 3462.16 | | | | 1099.88 | 7136.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PET CT WHOLE BODY | 78816 | CPT | | | | outpatient | | | 7512 | 2057.61 | Wellcare | Medicare | 1789.23 | | | | 1099.88 | 7136.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PET CT WHOLE BODY | 78816 | CPT | | | | outpatient | | | 7512 | 2057.61 | Managed Care Inc | Managed Care Inc | 6760.8 | 90 | | | 1099.88 | 7136.4 | percent of total billed charges | |
| HC PET CT WHOLE BODY | 78816 | CPT | | | | outpatient | | | 7512 | 2057.61 | UHC | Medicare | 1789.23 | | | 1426.71 | 1099.88 | 7136.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PET CT WHOLE BODY | 78816 | CPT | | | | outpatient | | | 7512 | 2057.61 | WellPoint | WellPoint | 2417.36 | 32.18 | | | 1099.88 | 7136.4 | percent of total billed charges | |
| HC PET CT WHOLE BODY | 78816 | CPT | | | | outpatient | | | 7512 | 2057.61 | Horizon | NJ Health | 2116.8 | | | | 1099.88 | 7136.4 | fee schedule | |
| HC PET CT WHOLE BODY | 78816 | CPT | | | | outpatient | | | 7512 | 2057.61 | Qualcare | Qualcare | 5634 | 75 | | | 1099.88 | 7136.4 | percent of total billed charges | |
| BKR CHG HIV GEENIUS II | 78896 | CPT | | | | outpatient | | | 202 | | First Trenton | First Trenton | 181.8 | 90 | | | 60.6 | 191.9 | percent of total billed charges | |
| BKR CHG HIV GEENIUS II | 78896 | CPT | | | | outpatient | | | 202 | | Aetna | Medicare | 62.22 | 30.8 | | | 60.6 | 191.9 | percent of total billed charges | |
| BKR CHG HIV GEENIUS II | 78896 | CPT | | | | outpatient | | | 202 | | Amerihealth | HMO/PPO | 131.3 | 65 | | | 60.6 | 191.9 | percent of total billed charges | |
| BKR CHG HIV GEENIUS II | 78896 | CPT | | | | outpatient | | | 202 | | Aetna | Better Health | 63.73 | 31.55 | | | 60.6 | 191.9 | percent of total billed charges | |
| BKR CHG HIV GEENIUS II | 78896 | CPT | | | | outpatient | | | 202 | | Horizon | Medicare Blue | 60.6 | 30 | | | 60.6 | 191.9 | percent of total billed charges | |
| BKR CHG HIV GEENIUS II | 78896 | CPT | | | | outpatient | | | 202 | | Americare | Americare | 151.5 | 75 | | | 60.6 | 191.9 | percent of total billed charges | |
| BKR CHG HIV GEENIUS II | 78896 | CPT | | | | outpatient | | | 202 | | Consumer | Consumer | 191.9 | 95 | | | 60.6 | 191.9 | percent of total billed charges | |
| BKR CHG HIV GEENIUS II | 78896 | CPT | | | | outpatient | | | 202 | | Corrections | Corrections | 161.6 | 80 | | | 60.6 | 191.9 | percent of total billed charges | |
| BKR CHG HIV GEENIUS II | 78896 | CPT | | | | outpatient | | | 202 | | Horizon | Indemnity | 77.33 | 38.28 | | | 60.6 | 191.9 | percent of total billed charges | |
| BKR CHG HIV GEENIUS II | 78896 | CPT | | | | outpatient | | | 202 | | Horizon | MGD | 77.33 | 38.28 | | | 60.6 | 191.9 | percent of total billed charges | |
| BKR CHG HIV GEENIUS II | 78896 | CPT | | | | outpatient | | | 202 | | First Health | First Health | 141.4 | 70 | | | 60.6 | 191.9 | percent of total billed charges | |
| BKR CHG HIV GEENIUS II | 78896 | CPT | | | | outpatient | | | 202 | | WellPoint | WellPoint | 65 | 32.18 | | | 60.6 | 191.9 | percent of total billed charges | |
| BKR CHG HIV GEENIUS II | 78896 | CPT | | | | outpatient | | | 202 | | Horizon | PPO | 77.33 | 38.28 | | | 60.6 | 191.9 | percent of total billed charges | |
| BKR CHG HIV GEENIUS II | 78896 | CPT | | | | outpatient | | | 202 | | Three Rivers | Three Rivers | 191.9 | 95 | | | 60.6 | 191.9 | percent of total billed charges | |
| BKR CHG HIV GEENIUS II | 78896 | CPT | | | | outpatient | | | 202 | | Managed Care Inc | Managed Care Inc | 181.8 | 90 | | | 60.6 | 191.9 | percent of total billed charges | |
| BKR CHG HIV GEENIUS II | 78896 | CPT | | | | outpatient | | | 202 | | Multiplan | Multiplan | 161.6 | 80 | | | 60.6 | 191.9 | percent of total billed charges | |
| BKR CHG HIV GEENIUS II | 78896 | CPT | | | | outpatient | | | 202 | | UHC | Medicaid | 63.73 | 31.55 | | | 60.6 | 191.9 | percent of total billed charges | |
| BKR CHG HIV GEENIUS II | 78896 | CPT | | | | outpatient | | | 202 | | Qualcare | Qualcare | 151.5 | 75 | | | 60.6 | 191.9 | percent of total billed charges | |
| BKR CHG HIV GEENIUS II | 78896 | CPT | | | | outpatient | | | 202 | | Wellcare | Medicaid | 63.73 | 31.55 | | | 60.6 | 191.9 | percent of total billed charges | |
| HC NM UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE | 78999 | CPT | | | | outpatient | | | 1448 | 542.46 | Aetna | Better Health | 456.84 | 31.55 | | | 456.84 | 1375.6 | percent of total billed charges | |
| HC NM UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE | 78999 | CPT | | | | outpatient | | | 1448 | 542.46 | First Trenton | First Trenton | 1303.2 | 90 | | | 456.84 | 1375.6 | percent of total billed charges | |
| HC NM UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE | 78999 | CPT | | | | outpatient | | | 1448 | 542.46 | Aetna | Commercial | 550.24 | 38 | | | 456.84 | 1375.6 | percent of total billed charges | |
| HC NM UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE | 78999 | CPT | | | | outpatient | | | 1448 | 542.46 | Americare | Americare | 1086 | 75 | | | 456.84 | 1375.6 | percent of total billed charges | |
| HC NM UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE | 78999 | CPT | | | | outpatient | | | 1448 | 542.46 | Amerihealth | HMO/PPO | 941.2 | 65 | | | 456.84 | 1375.6 | percent of total billed charges | |
| HC NM UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE | 78999 | CPT | | | | outpatient | | | 1448 | 542.46 | Horizon | Indemnity | 912.74 | | | | 456.84 | 1375.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE | 78999 | CPT | | | | outpatient | | | 1448 | 542.46 | Aetna | Medicare | 471.7 | | | | 456.84 | 1375.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE | 78999 | CPT | | | | outpatient | | | 1448 | 542.46 | Managed Care Inc | Managed Care Inc | 1303.2 | 90 | | | 456.84 | 1375.6 | percent of total billed charges | |
| HC NM UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE | 78999 | CPT | | | | outpatient | | | 1448 | 542.46 | Consumer | Consumer | 1375.6 | 95 | | | 456.84 | 1375.6 | percent of total billed charges | |
| HC NM UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE | 78999 | CPT | | | | outpatient | | | 1448 | 542.46 | UHC | Medicaid | 456.84 | 31.55 | | | 456.84 | 1375.6 | percent of total billed charges | |
| HC NM UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE | 78999 | CPT | | | | outpatient | | | 1448 | 542.46 | Horizon | PPO | 912.74 | | | | 456.84 | 1375.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE | 78999 | CPT | | | | outpatient | | | 1448 | 542.46 | Wellcare | Medicare | 471.7 | | | | 456.84 | 1375.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE | 78999 | CPT | | | | outpatient | | | 1448 | 542.46 | First Health | First Health | 1013.6 | 70 | | | 456.84 | 1375.6 | percent of total billed charges | |
| HC NM UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE | 78999 | CPT | | | | outpatient | | | 1448 | 542.46 | UHC | Medicare | 471.7 | | | | 456.84 | 1375.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE | 78999 | CPT | | | | outpatient | | | 1448 | 542.46 | Corrections | Corrections | 1158.4 | 80 | | | 456.84 | 1375.6 | percent of total billed charges | |
| HC NM UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE | 78999 | CPT | | | | outpatient | | | 1448 | 542.46 | Three Rivers | Three Rivers | 1375.6 | 95 | | | 456.84 | 1375.6 | percent of total billed charges | |
| HC NM UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE | 78999 | CPT | | | | outpatient | | | 1448 | 542.46 | WellPoint | WellPoint | 465.97 | 32.18 | | | 456.84 | 1375.6 | percent of total billed charges | |
| HC NM UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE | 78999 | CPT | | | | outpatient | | | 1448 | 542.46 | Horizon | Medicare Blue | 471.7 | | | | 456.84 | 1375.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE | 78999 | CPT | | | | outpatient | | | 1448 | 542.46 | Horizon | MGD | 912.74 | | | | 456.84 | 1375.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE | 78999 | CPT | | | | outpatient | | | 1448 | 542.46 | Wellcare | Medicaid | 456.84 | 31.55 | | | 456.84 | 1375.6 | percent of total billed charges | |
| HC NM UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE | 78999 | CPT | | | | outpatient | | | 1448 | 542.46 | Multiplan | Multiplan | 1158.4 | 80 | | | 456.84 | 1375.6 | percent of total billed charges | |
| HC NM UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE | 78999 | CPT | | | | outpatient | | | 1448 | 542.46 | Qualcare | Qualcare | 1086 | 75 | | | 456.84 | 1375.6 | percent of total billed charges | |
| HC NM RADIOPHARM THERAPY BY ORAL ADMIN | 79005 | CPT | | | | outpatient | | | 1486 | 327.21 | Aetna | Better Health | 468.83 | 31.55 | | | 136.4 | 1411.7 | percent of total billed charges | |
| HC NM RADIOPHARM THERAPY BY ORAL ADMIN | 79005 | CPT | | | | outpatient | | | 1486 | 327.21 | UHC | Medicaid | 468.83 | 31.55 | | | 136.4 | 1411.7 | percent of total billed charges | |
| HC NM RADIOPHARM THERAPY BY ORAL ADMIN | 79005 | CPT | | | | outpatient | | | 1486 | 327.21 | Americare | Americare | 1114.5 | 75 | | | 136.4 | 1411.7 | percent of total billed charges | |
| HC NM RADIOPHARM THERAPY BY ORAL ADMIN | 79005 | CPT | | | | outpatient | | | 1486 | 327.21 | Horizon | Medicare Blue | 284.53 | | | | 136.4 | 1411.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM THERAPY BY ORAL ADMIN | 79005 | CPT | | | | outpatient | | | 1486 | 327.21 | Consumer | Consumer | 1411.7 | 95 | | | 136.4 | 1411.7 | percent of total billed charges | |
| HC NM RADIOPHARM THERAPY BY ORAL ADMIN | 79005 | CPT | | | | outpatient | | | 1486 | 327.21 | Amerihealth | HMO/PPO | 136.4 | | | | 136.4 | 1411.7 | fee schedule | |
| HC NM RADIOPHARM THERAPY BY ORAL ADMIN | 79005 | CPT | | | | outpatient | | | 1486 | 327.21 | Aetna | Medicare | 284.53 | | | | 136.4 | 1411.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM THERAPY BY ORAL ADMIN | 79005 | CPT | | | | outpatient | | | 1486 | 327.21 | Horizon | NJ Health | 210.56 | | | 58.76 | 136.4 | 1411.7 | fee schedule | |
| HC NM RADIOPHARM THERAPY BY ORAL ADMIN | 79005 | CPT | | | | outpatient | | | 1486 | 327.21 | Aetna | Commercial | 564.68 | 38 | | | 136.4 | 1411.7 | percent of total billed charges | |
| HC NM RADIOPHARM THERAPY BY ORAL ADMIN | 79005 | CPT | | | | outpatient | | | 1486 | 327.21 | First Health | First Health | 1040.2 | 70 | | | 136.4 | 1411.7 | percent of total billed charges | |
| HC NM RADIOPHARM THERAPY BY ORAL ADMIN | 79005 | CPT | | | | outpatient | | | 1486 | 327.21 | First Trenton | First Trenton | 1337.4 | 90 | | | 136.4 | 1411.7 | percent of total billed charges | |
| HC NM RADIOPHARM THERAPY BY ORAL ADMIN | 79005 | CPT | | | | outpatient | | | 1486 | 327.21 | UHC | Medicare | 284.53 | | | | 136.4 | 1411.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM THERAPY BY ORAL ADMIN | 79005 | CPT | | | | outpatient | | | 1486 | 327.21 | Corrections | Corrections | 1188.8 | 80 | | | 136.4 | 1411.7 | percent of total billed charges | |
| HC NM RADIOPHARM THERAPY BY ORAL ADMIN | 79005 | CPT | | | | outpatient | | | 1486 | 327.21 | Horizon | Indemnity | 550.57 | | | 589.03 | 136.4 | 1411.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM THERAPY BY ORAL ADMIN | 79005 | CPT | | | | outpatient | | | 1486 | 327.21 | Wellcare | Medicaid | 468.83 | 31.55 | | | 136.4 | 1411.7 | percent of total billed charges | |
| HC NM RADIOPHARM THERAPY BY ORAL ADMIN | 79005 | CPT | | | | outpatient | | | 1486 | 327.21 | Multiplan | Multiplan | 1188.8 | 80 | | | 136.4 | 1411.7 | percent of total billed charges | |
| HC NM RADIOPHARM THERAPY BY ORAL ADMIN | 79005 | CPT | | | | outpatient | | | 1486 | 327.21 | Horizon | MGD | 550.57 | | | 598.57 | 136.4 | 1411.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM THERAPY BY ORAL ADMIN | 79005 | CPT | | | | outpatient | | | 1486 | 327.21 | Horizon | PPO | 550.57 | | | | 136.4 | 1411.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM THERAPY BY ORAL ADMIN | 79005 | CPT | | | | outpatient | | | 1486 | 327.21 | Three Rivers | Three Rivers | 1411.7 | 95 | | | 136.4 | 1411.7 | percent of total billed charges | |
| HC NM RADIOPHARM THERAPY BY ORAL ADMIN | 79005 | CPT | | | | outpatient | | | 1486 | 327.21 | Qualcare | Qualcare | 1114.5 | 75 | | | 136.4 | 1411.7 | percent of total billed charges | |
| HC NM RADIOPHARM THERAPY BY ORAL ADMIN | 79005 | CPT | | | | outpatient | | | 1486 | 327.21 | Managed Care Inc | Managed Care Inc | 1337.4 | 90 | | | 136.4 | 1411.7 | percent of total billed charges | |
| HC NM RADIOPHARM THERAPY BY ORAL ADMIN | 79005 | CPT | | | | outpatient | | | 1486 | 327.21 | Wellcare | Medicare | 284.53 | | | | 136.4 | 1411.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM THERAPY BY ORAL ADMIN | 79005 | CPT | | | | outpatient | | | 1486 | 327.21 | WellPoint | WellPoint | 478.19 | 32.18 | | | 136.4 | 1411.7 | percent of total billed charges | |
| HC NM RADIOPHARM THERAPY BY IV ADMIN | 79101 | CPT | | | | outpatient | | | 1812 | 327.21 | Americare | Americare | 1359 | 75 | | | 136.4 | 1721.4 | percent of total billed charges | |
| HC NM RADIOPHARM THERAPY BY IV ADMIN | 79101 | CPT | | | | outpatient | | | 1812 | 327.21 | Horizon | MGD | 550.57 | | | | 136.4 | 1721.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM THERAPY BY IV ADMIN | 79101 | CPT | | | | outpatient | | | 1812 | 327.21 | Aetna | Commercial | 688.56 | 38 | | | 136.4 | 1721.4 | percent of total billed charges | |
| HC NM RADIOPHARM THERAPY BY IV ADMIN | 79101 | CPT | | | | outpatient | | | 1812 | 327.21 | Amerihealth | HMO/PPO | 136.4 | | | | 136.4 | 1721.4 | fee schedule | |
| HC NM RADIOPHARM THERAPY BY IV ADMIN | 79101 | CPT | | | | outpatient | | | 1812 | 327.21 | Wellcare | Medicaid | 571.69 | 31.55 | | | 136.4 | 1721.4 | percent of total billed charges | |
| HC NM RADIOPHARM THERAPY BY IV ADMIN | 79101 | CPT | | | | outpatient | | | 1812 | 327.21 | Aetna | Better Health | 571.69 | 31.55 | | | 136.4 | 1721.4 | percent of total billed charges | |
| HC NM RADIOPHARM THERAPY BY IV ADMIN | 79101 | CPT | | | | outpatient | | | 1812 | 327.21 | Aetna | Medicare | 284.53 | | | | 136.4 | 1721.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM THERAPY BY IV ADMIN | 79101 | CPT | | | | outpatient | | | 1812 | 327.21 | First Health | First Health | 1268.4 | 70 | | | 136.4 | 1721.4 | percent of total billed charges | |
| HC NM RADIOPHARM THERAPY BY IV ADMIN | 79101 | CPT | | | | outpatient | | | 1812 | 327.21 | Consumer | Consumer | 1721.4 | 95 | | | 136.4 | 1721.4 | percent of total billed charges | |
| HC NM RADIOPHARM THERAPY BY IV ADMIN | 79101 | CPT | | | | outpatient | | | 1812 | 327.21 | UHC | Medicare | 284.53 | | | | 136.4 | 1721.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM THERAPY BY IV ADMIN | 79101 | CPT | | | | outpatient | | | 1812 | 327.21 | Multiplan | Multiplan | 1449.6 | 80 | | | 136.4 | 1721.4 | percent of total billed charges | |
| HC NM RADIOPHARM THERAPY BY IV ADMIN | 79101 | CPT | | | | outpatient | | | 1812 | 327.21 | Horizon | Indemnity | 550.57 | | | | 136.4 | 1721.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM THERAPY BY IV ADMIN | 79101 | CPT | | | | outpatient | | | 1812 | 327.21 | Horizon | Medicare Blue | 284.53 | | | | 136.4 | 1721.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM THERAPY BY IV ADMIN | 79101 | CPT | | | | outpatient | | | 1812 | 327.21 | Horizon | PPO | 550.57 | | | | 136.4 | 1721.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM THERAPY BY IV ADMIN | 79101 | CPT | | | | outpatient | | | 1812 | 327.21 | Corrections | Corrections | 1449.6 | 80 | | | 136.4 | 1721.4 | percent of total billed charges | |
| HC NM RADIOPHARM THERAPY BY IV ADMIN | 79101 | CPT | | | | outpatient | | | 1812 | 327.21 | First Trenton | First Trenton | 1630.8 | 90 | | | 136.4 | 1721.4 | percent of total billed charges | |
| HC NM RADIOPHARM THERAPY BY IV ADMIN | 79101 | CPT | | | | outpatient | | | 1812 | 327.21 | Qualcare | Qualcare | 1359 | 75 | | | 136.4 | 1721.4 | percent of total billed charges | |
| HC NM RADIOPHARM THERAPY BY IV ADMIN | 79101 | CPT | | | | outpatient | | | 1812 | 327.21 | UHC | Medicaid | 571.69 | 31.55 | | | 136.4 | 1721.4 | percent of total billed charges | |
| HC NM RADIOPHARM THERAPY BY IV ADMIN | 79101 | CPT | | | | outpatient | | | 1812 | 327.21 | Horizon | NJ Health | 219.62 | | | | 136.4 | 1721.4 | fee schedule | |
| HC NM RADIOPHARM THERAPY BY IV ADMIN | 79101 | CPT | | | | outpatient | | | 1812 | 327.21 | Managed Care Inc | Managed Care Inc | 1630.8 | 90 | | | 136.4 | 1721.4 | percent of total billed charges | |
| HC NM RADIOPHARM THERAPY BY IV ADMIN | 79101 | CPT | | | | outpatient | | | 1812 | 327.21 | WellPoint | WellPoint | 583.1 | 32.18 | | | 136.4 | 1721.4 | percent of total billed charges | |
| HC NM RADIOPHARM THERAPY BY IV ADMIN | 79101 | CPT | | | | outpatient | | | 1812 | 327.21 | Three Rivers | Three Rivers | 1721.4 | 95 | | | 136.4 | 1721.4 | percent of total billed charges | |
| HC NM RADIOPHARM THERAPY BY IV ADMIN | 79101 | CPT | | | | outpatient | | | 1812 | 327.21 | Wellcare | Medicare | 284.53 | | | | 136.4 | 1721.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM THRPY RADIOLABEL MONOCLONAL ANTIBOD IV INFUS | 79403 | CPT | | | | outpatient | | | 3649 | 327.21 | Wellcare | Medicaid | 1151.26 | 31.55 | | | 130.2 | 3466.55 | percent of total billed charges | |
| HC NM RADIOPHARM THRPY RADIOLABEL MONOCLONAL ANTIBOD IV INFUS | 79403 | CPT | | | | outpatient | | | 3649 | 327.21 | Aetna | Commercial | 1386.62 | 38 | | | 130.2 | 3466.55 | percent of total billed charges | |
| HC NM RADIOPHARM THRPY RADIOLABEL MONOCLONAL ANTIBOD IV INFUS | 79403 | CPT | | | | outpatient | | | 3649 | 327.21 | Horizon | MGD | 550.57 | | | | 130.2 | 3466.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM THRPY RADIOLABEL MONOCLONAL ANTIBOD IV INFUS | 79403 | CPT | | | | outpatient | | | 3649 | 327.21 | First Health | First Health | 2554.3 | 70 | | | 130.2 | 3466.55 | percent of total billed charges | |
| HC NM RADIOPHARM THRPY RADIOLABEL MONOCLONAL ANTIBOD IV INFUS | 79403 | CPT | | | | outpatient | | | 3649 | 327.21 | Americare | Americare | 2736.75 | 75 | | | 130.2 | 3466.55 | percent of total billed charges | |
| HC NM RADIOPHARM THRPY RADIOLABEL MONOCLONAL ANTIBOD IV INFUS | 79403 | CPT | | | | outpatient | | | 3649 | 327.21 | Aetna | Medicare | 284.53 | | | | 130.2 | 3466.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM THRPY RADIOLABEL MONOCLONAL ANTIBOD IV INFUS | 79403 | CPT | | | | outpatient | | | 3649 | 327.21 | Horizon | PPO | 550.57 | | | | 130.2 | 3466.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM THRPY RADIOLABEL MONOCLONAL ANTIBOD IV INFUS | 79403 | CPT | | | | outpatient | | | 3649 | 327.21 | Aetna | Better Health | 1151.26 | 31.55 | | | 130.2 | 3466.55 | percent of total billed charges | |
| HC NM RADIOPHARM THRPY RADIOLABEL MONOCLONAL ANTIBOD IV INFUS | 79403 | CPT | | | | outpatient | | | 3649 | 327.21 | Amerihealth | HMO/PPO | 130.2 | | | | 130.2 | 3466.55 | fee schedule | |
| HC NM RADIOPHARM THRPY RADIOLABEL MONOCLONAL ANTIBOD IV INFUS | 79403 | CPT | | | | outpatient | | | 3649 | 327.21 | Multiplan | Multiplan | 2919.2 | 80 | | | 130.2 | 3466.55 | percent of total billed charges | |
| HC NM RADIOPHARM THRPY RADIOLABEL MONOCLONAL ANTIBOD IV INFUS | 79403 | CPT | | | | outpatient | | | 3649 | 327.21 | UHC | Medicaid | 1151.26 | 31.55 | | | 130.2 | 3466.55 | percent of total billed charges | |
| HC NM RADIOPHARM THRPY RADIOLABEL MONOCLONAL ANTIBOD IV INFUS | 79403 | CPT | | | | outpatient | | | 3649 | 327.21 | Horizon | Indemnity | 550.57 | | | | 130.2 | 3466.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM THRPY RADIOLABEL MONOCLONAL ANTIBOD IV INFUS | 79403 | CPT | | | | outpatient | | | 3649 | 327.21 | Horizon | Medicare Blue | 284.53 | | | | 130.2 | 3466.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM THRPY RADIOLABEL MONOCLONAL ANTIBOD IV INFUS | 79403 | CPT | | | | outpatient | | | 3649 | 327.21 | Corrections | Corrections | 2919.2 | 80 | | | 130.2 | 3466.55 | percent of total billed charges | |
| HC NM RADIOPHARM THRPY RADIOLABEL MONOCLONAL ANTIBOD IV INFUS | 79403 | CPT | | | | outpatient | | | 3649 | 327.21 | WellPoint | WellPoint | 1174.25 | 32.18 | | | 130.2 | 3466.55 | percent of total billed charges | |
| HC NM RADIOPHARM THRPY RADIOLABEL MONOCLONAL ANTIBOD IV INFUS | 79403 | CPT | | | | outpatient | | | 3649 | 327.21 | Consumer | Consumer | 3466.55 | 95 | | | 130.2 | 3466.55 | percent of total billed charges | |
| HC NM RADIOPHARM THRPY RADIOLABEL MONOCLONAL ANTIBOD IV INFUS | 79403 | CPT | | | | outpatient | | | 3649 | 327.21 | UHC | Medicare | 284.53 | | | | 130.2 | 3466.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NM RADIOPHARM THRPY RADIOLABEL MONOCLONAL ANTIBOD IV INFUS | 79403 | CPT | | | | outpatient | | | 3649 | 327.21 | Qualcare | Qualcare | 2736.75 | 75 | | | 130.2 | 3466.55 | percent of total billed charges | |
| HC NM RADIOPHARM THRPY RADIOLABEL MONOCLONAL ANTIBOD IV INFUS | 79403 | CPT | | | | outpatient | | | 3649 | 327.21 | First Trenton | First Trenton | 3284.1 | 90 | | | 130.2 | 3466.55 | percent of total billed charges | |
| HC NM RADIOPHARM THRPY RADIOLABEL MONOCLONAL ANTIBOD IV INFUS | 79403 | CPT | | | | outpatient | | | 3649 | 327.21 | Horizon | NJ Health | 485.69 | | | | 130.2 | 3466.55 | fee schedule | |
| HC NM RADIOPHARM THRPY RADIOLABEL MONOCLONAL ANTIBOD IV INFUS | 79403 | CPT | | | | outpatient | | | 3649 | 327.21 | Managed Care Inc | Managed Care Inc | 3284.1 | 90 | | | 130.2 | 3466.55 | percent of total billed charges | |
| HC NM RADIOPHARM THRPY RADIOLABEL MONOCLONAL ANTIBOD IV INFUS | 79403 | CPT | | | | outpatient | | | 3649 | 327.21 | Three Rivers | Three Rivers | 3466.55 | 95 | | | 130.2 | 3466.55 | percent of total billed charges | |
| HC NM RADIOPHARM THRPY RADIOLABEL MONOCLONAL ANTIBOD IV INFUS | 79403 | CPT | | | | outpatient | | | 3649 | 327.21 | Wellcare | Medicare | 284.53 | | | | 130.2 | 3466.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG POCT BMP (CHEM8+) | 80047 | CPT | | | | outpatient | | | 45 | 15.79 | Amerihealth | Medicare | 13.73 | | | | 10.98 | 42.75 | fee schedule | |
| BKR CHG POCT BMP (CHEM8+) | 80047 | CPT | | | | outpatient | | | 45 | 15.79 | Wellcare | Medicare | 13.73 | | | | 10.98 | 42.75 | fee schedule | |
| BKR CHG POCT BMP (CHEM8+) | 80047 | CPT | | | | outpatient | | | 45 | 15.79 | Corrections | Corrections | 36 | 80 | | | 10.98 | 42.75 | percent of total billed charges | |
| BKR CHG POCT BMP (CHEM8+) | 80047 | CPT | | | | outpatient | | | 45 | 15.79 | Americare | Americare | 33.75 | 75 | | | 10.98 | 42.75 | percent of total billed charges | |
| BKR CHG POCT BMP (CHEM8+) | 80047 | CPT | | | | outpatient | | | 45 | 15.79 | First Health | First Health | 31.5 | 70 | | | 10.98 | 42.75 | percent of total billed charges | |
| BKR CHG POCT BMP (CHEM8+) | 80047 | CPT | | | | outpatient | | | 45 | 15.79 | Amerihealth | HMO/PPO | 11.7 | | | | 10.98 | 42.75 | fee schedule | |
| BKR CHG POCT BMP (CHEM8+) | 80047 | CPT | | | | outpatient | | | 45 | 15.79 | Aetna | Better Health | 14.2 | 31.55 | | | 10.98 | 42.75 | percent of total billed charges | |
| BKR CHG POCT BMP (CHEM8+) | 80047 | CPT | | | | outpatient | | | 45 | 15.79 | Aetna | Commercial | 17.1 | 38 | | | 10.98 | 42.75 | percent of total billed charges | |
| BKR CHG POCT BMP (CHEM8+) | 80047 | CPT | | | | outpatient | | | 45 | 15.79 | Horizon | Indemnity | 17.23 | 38.28 | | | 10.98 | 42.75 | percent of total billed charges | |
| BKR CHG POCT BMP (CHEM8+) | 80047 | CPT | | | | outpatient | | | 45 | 15.79 | WellPoint | WellPoint | 14.48 | 32.18 | | | 10.98 | 42.75 | percent of total billed charges | |
| BKR CHG POCT BMP (CHEM8+) | 80047 | CPT | | | | outpatient | | | 45 | 15.79 | Consumer | Consumer | 42.75 | 95 | | | 10.98 | 42.75 | percent of total billed charges | |
| BKR CHG POCT BMP (CHEM8+) | 80047 | CPT | | | | outpatient | | | 45 | 15.79 | Aetna | Medicare | 13.86 | 30.8 | | | 10.98 | 42.75 | percent of total billed charges | |
| BKR CHG POCT BMP (CHEM8+) | 80047 | CPT | | | | outpatient | | | 45 | 15.79 | UHC | Medicaid | 10.98 | | | | 10.98 | 42.75 | fee schedule | |
| BKR CHG POCT BMP (CHEM8+) | 80047 | CPT | | | | outpatient | | | 45 | 15.79 | Horizon | Medicare Blue | 13.5 | 30 | | | 10.98 | 42.75 | percent of total billed charges | |
| BKR CHG POCT BMP (CHEM8+) | 80047 | CPT | | | | outpatient | | | 45 | 15.79 | First Trenton | First Trenton | 40.5 | 90 | | | 10.98 | 42.75 | percent of total billed charges | |
| BKR CHG POCT BMP (CHEM8+) | 80047 | CPT | | | | outpatient | | | 45 | 15.79 | Horizon | MGD | 17.23 | 38.28 | | | 10.98 | 42.75 | percent of total billed charges | |
| BKR CHG POCT BMP (CHEM8+) | 80047 | CPT | | | | outpatient | | | 45 | 15.79 | Horizon | NJ Health | 17.54 | | | | 10.98 | 42.75 | fee schedule | |
| BKR CHG POCT BMP (CHEM8+) | 80047 | CPT | | | | outpatient | | | 45 | 15.79 | Multiplan | Multiplan | 36 | 80 | | | 10.98 | 42.75 | percent of total billed charges | |
| BKR CHG POCT BMP (CHEM8+) | 80047 | CPT | | | | outpatient | | | 45 | 15.79 | Horizon | PPO | 17.23 | 38.28 | | | 10.98 | 42.75 | percent of total billed charges | |
| BKR CHG POCT BMP (CHEM8+) | 80047 | CPT | | | | outpatient | | | 45 | 15.79 | Qualcare | Qualcare | 33.75 | 75 | | | 10.98 | 42.75 | percent of total billed charges | |
| BKR CHG POCT BMP (CHEM8+) | 80047 | CPT | | | | outpatient | | | 45 | 15.79 | Managed Care Inc | Managed Care Inc | 40.5 | 90 | | | 10.98 | 42.75 | percent of total billed charges | |
| BKR CHG POCT BMP (CHEM8+) | 80047 | CPT | | | | outpatient | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG CHEMB(POC-ISTAT) | 80048 | CPT | | | | both | | | 159 | 9.73 | Aetna | Better Health | 50.16 | 31.55 | | 27.02 | 8.1 | | 151.05 percent of total billed charges | |
| BKR CHG CHEMB(POC-ISTAT) | 80048 | CPT | | | | both | | | 159 | 9.73 | Consumer | Consumer | 151.05 | 95 | | | 8.1 | | 151.05 percent of total billed charges | |
| BKR CHG CHEMB(POC-ISTAT) | 80048 | CPT | | | | both | | | 159 | 9.73 | Americare | Americare | 119.25 | 75 | | | 8.1 | | 151.05 percent of total billed charges | |
| BKR CHG CHEMB(POC-ISTAT) | 80048 | CPT | | | | both | | | 159 | 9.73 | Corrections | Corrections | 127.2 | 80 | | 20.54 | 8.1 | | 151.05 percent of total billed charges | |
| BKR CHG CHEMB(POC-ISTAT) | 80048 | CPT | | | | both | | | 159 | 9.73 | Amerihealth | Medicare | 8.46 | | | | 8.1 | | 151.05 fee schedule | |
| BKR CHG CHEMB(POC-ISTAT) | 80048 | CPT | | | | both | | | 159 | 9.73 | Three Rivers | Three Rivers | 151.05 | 95 | | | 8.1 | | 151.05 percent of total billed charges | |
| BKR CHG CHEMB(POC-ISTAT) | 80048 | CPT | | | | both | | | 159 | 9.73 | Amerihealth | HMO/PPO | 11.7 | | | 14.36 | 8.1 | | 151.05 fee schedule | |
| BKR CHG CHEMB(POC-ISTAT) | 80048 | CPT | | | | both | | | 159 | 9.73 | Multiplan | Multiplan | 127.2 | 80 | | | 8.1 | | 151.05 percent of total billed charges | |
| BKR CHG CHEMB(POC-ISTAT) | 80048 | CPT | | | | both | | | 159 | 9.73 | Horizon | Medicare Blue | 47.7 | 30 | | 10.87 | 8.1 | | 151.05 percent of total billed charges | |
| BKR CHG CHEMB(POC-ISTAT) | 80048 | CPT | | | | both | | | 159 | 9.73 | Horizon | NJ Health | 18.23 | | | 8.58 | 8.1 | | 151.05 fee schedule | |
| BKR CHG CHEMB(POC-ISTAT) | 80048 | CPT | | | | both | | | 159 | 9.73 | First Trenton | First Trenton | 143.1 | 90 | | | 8.1 | | 151.05 percent of total billed charges | |
| BKR CHG CHEMB(POC-ISTAT) | 80048 | CPT | | | | both | | | 159 | 9.73 | Qualcare | Qualcare | 119.25 | 75 | | | 8.1 | | 151.05 percent of total billed charges | |
| BKR CHG CHEMB(POC-ISTAT) | 80048 | CPT | | | | both | | | 159 | 9.73 | Horizon | PPO | 60.87 | 38.28 | | 22.68 | 8.1 | | 151.05 percent of total billed charges | |
| BKR CHG CHEMB(POC-ISTAT) | 80048 | CPT | | | | both | | | 159 | 9.73 | Wellcare | Medicare | 8.46 | | | 11.92 | 8.1 | | 151.05 fee schedule | |
| BKR CHG CHEMB(POC-ISTAT) | 80048 | CPT | | | | both | | | 159 | 9.73 | Horizon | MGD | 60.87 | 38.28 | | 23.84 | 8.1 | | 151.05 percent of total billed charges | |
| BKR CHG CHEMB(POC-ISTAT) | 80048 | CPT | | | | both | | | 159 | 9.73 | UHC | Medicaid | 9.3 | | | 29.32 | 8.1 | | 151.05 fee schedule | |
| BKR CHG CHEMB(POC-ISTAT) | 80048 | CPT | | | | both | | | 159 | 9.73 | Managed Care Inc | Managed Care Inc | 143.1 | 90 | | | 8.1 | | 151.05 percent of total billed charges | |
| BKR CHG CHEMB(POC-ISTAT) | 80048 | CPT | | | | both | | | 159 | 9.73 | WellPoint | WellPoint | 51.17 | 32.18 | | 23.51 | 8.1 | | 151.05 percent of total billed charges | |
| BKR CHG CHEMB(POC-ISTAT) | 80048 | CPT | | | | both | | | 159 | 9.73 | UHC | Medicare | 8.46 | | | 14.42 | 8.1 | | 151.05 fee schedule | |
| BKR CHG CHEMB(POC-ISTAT) | 80048 | CPT | | | | both | | | 159 | 9.73 | Wellcare | Medicaid | 9.3 | | | 17.76 | 8.1 | | 151.05 fee schedule | |
| BKR CHG ELECTROLYTE PANEL | 80051 | CPT | | | | outpatient | | | 105 | 8.06 | Horizon | Medicare Blue | 31.5 | 30 | | | 5.9 | | 99.75 percent of total billed charges | |
| BKR CHG ELECTROLYTE PANEL | 80051 | CPT | | | | outpatient | | | 105 | 8.06 | Americare | Americare | 78.75 | 75 | | | 5.9 | | 99.75 percent of total billed charges | |
| BKR CHG ELECTROLYTE PANEL | 80051 | CPT | | | | outpatient | | | 105 | 8.06 | Aetna | Commercial | 39.9 | 38 | | | 5.9 | | 99.75 percent of total billed charges | |
| BKR CHG ELECTROLYTE PANEL | 80051 | CPT | | | | outpatient | | | 105 | 8.06 | Aetna | Better Health | 33.13 | 31.55 | | | 5.9 | | 99.75 percent of total billed charges | |
| BKR CHG ELECTROLYTE PANEL | 80051 | CPT | | | | outpatient | | | 105 | 8.06 | Wellcare | Medicaid | 5.9 | | | | 5.9 | | 99.75 fee schedule | |
| BKR CHG ELECTROLYTE PANEL | 80051 | CPT | | | | outpatient | | | 105 | 8.06 | UHC | Medicare | 7.01 | | | | 5.9 | | 99.75 fee schedule | |
| BKR CHG ELECTROLYTE PANEL | 80051 | CPT | | | | outpatient | | | 105 | 8.06 | Amerihealth | HMO/PPO | 9.7 | | | | 5.9 | | 99.75 fee schedule | |
| BKR CHG ELECTROLYTE PANEL | 80051 | CPT | | | | outpatient | | | 105 | 8.06 | Corrections | Corrections | 84 | 80 | | | 5.9 | | 99.75 percent of total billed charges | |
| BKR CHG ELECTROLYTE PANEL | 80051 | CPT | | | | outpatient | | | 105 | 8.06 | UHC | Medicaid | 5.9 | | | | 5.9 | | 99.75 fee schedule | |
| BKR CHG ELECTROLYTE PANEL | 80051 | CPT | | | | outpatient | | | 105 | 8.06 | Horizon | MGD | 40.19 | 38.28 | | | 5.9 | | 99.75 percent of total billed charges | |
| BKR CHG ELECTROLYTE PANEL | 80051 | CPT | | | | outpatient | | | 105 | 8.06 | Aetna | Medicare | 32.34 | 30.8 | | | 5.9 | | 99.75 percent of total billed charges | |
| BKR CHG ELECTROLYTE PANEL | 80051 | CPT | | | | outpatient | | | 105 | 8.06 | Amerihealth | Medicare | 7.01 | | | | 5.9 | | 99.75 fee schedule | |
| BKR CHG ELECTROLYTE PANEL | 80051 | CPT | | | | outpatient | | | 105 | 8.06 | Wellcare | Medicare | 7.01 | | | | 5.9 | | 99.75 fee schedule | |
| BKR CHG ELECTROLYTE PANEL | 80051 | CPT | | | | outpatient | | | 105 | 8.06 | Horizon | Indemnity | 40.19 | 38.28 | | | 5.9 | | 99.75 percent of total billed charges | |
| BKR CHG ELECTROLYTE PANEL | 80051 | CPT | | | | outpatient | | | 105 | 8.06 | First Health | First Health | 73.5 | 70 | | | 5.9 | | 99.75 percent of total billed charges | |
| BKR CHG ELECTROLYTE PANEL | 80051 | CPT | | | | outpatient | | | 105 | 8.06 | Consumer | Consumer | 99.75 | 95 | | | 5.9 | | 99.75 percent of total billed charges | |
| BKR CHG ELECTROLYTE PANEL | 80051 | CPT | | | | outpatient | | | 105 | 8.06 | Multiplan | Multiplan | 84 | 80 | | | 5.9 | | 99.75 percent of total billed charges | |
| BKR CHG ELECTROLYTE PANEL | 80051 | CPT | | | | outpatient | | | 105 | 8.06 | WellPoint | WellPoint | 33.79 | 32.18 | | | 5.9 | | 99.75 percent of total billed charges | |
| BKR CHG ELECTROLYTE PANEL | 80051 | CPT | | | | outpatient | | | 105 | 8.06 | Qualcare | Qualcare | 78.75 | 75 | | | 5.9 | | 99.75 percent of total billed charges | |
| BKR CHG ELECTROLYTE PANEL | 80051 | CPT | | | | outpatient | | | 105 | 8.06 | First Trenton | First Trenton | 94.5 | 90 | | | 5.9 | | 99.75 percent of total billed charges | |
| BKR CHG ELECTROLYTE PANEL | 80051 | CPT | | | | outpatient | | | 105 | 8.06 | Horizon | NJ Health | 13.72 | | | | 5.9 | | 99.75 fee schedule | |
| BKR CHG ELECTROLYTE PANEL | 80051 | CPT | | | | outpatient | | | 105 | 8.06 | Horizon | PPO | 40.19 | 38.28 | | | 5.9 | | 99.75 percent of total billed charges | |
| BKR CHG ELECTROLYTE PANEL | 80051 | CPT | | | | outpatient | | | 105 | 8.06 | Managed Care Inc | Managed Care Inc | 94.5 | 90 | | | 5.9 | | 99.75 percent of total billed charges | |
| BKR CHG ELECTROLYTE PANEL | 80051 | CPT | | | | outpatient | | | 105 | 8.06 | Three Rivers | Three Rivers | 99.75 | 95 | | | 5.9 | | 99.75 percent of total billed charges | |
| BKR CHG COMPREHENSIVE METABOLIC PANEL | 80053 | CPT | | | | both | | | 201 | 12.14 | Aetna | Medicare | 61.91 | 30.8 | | 15.55 | 10.5 | | 190.95 percent of total billed charges | |
| BKR CHG COMPREHENSIVE METABOLIC PANEL | 80053 | CPT | | | | both | | | 201 | 12.14 | Aetna | Better Health | 63.42 | 31.55 | | 24.02 | 10.5 | | 190.95 percent of total billed charges | |
| BKR CHG COMPREHENSIVE METABOLIC PANEL | 80053 | CPT | | | | both | | | 201 | 12.14 | Horizon | MGD | 76.94 | 38.28 | | 30.61 | 10.5 | | 190.95 percent of total billed charges | |
| BKR CHG COMPREHENSIVE METABOLIC PANEL | 80053 | CPT | | | | both | | | 201 | 12.14 | Aetna | Commercial | 76.38 | 38 | | 17.95 | 10.5 | | 190.95 percent of total billed charges | |
| BKR CHG COMPREHENSIVE METABOLIC PANEL | 80053 | CPT | | | | both | | | 201 | 12.14 | Americare | Americare | 150.75 | 75 | | | 10.5 | | 190.95 percent of total billed charges | |
| BKR CHG COMPREHENSIVE METABOLIC PANEL | 80053 | CPT | | | | both | | | 201 | 12.14 | First Health | First Health | 140.7 | 70 | | | 10.5 | | 190.95 percent of total billed charges | |
| BKR CHG COMPREHENSIVE METABOLIC PANEL | 80053 | CPT | | | | both | | | 201 | 12.14 | Horizon | Medicare Blue | 60.3 | 30 | | 14.14 | 10.5 | | 190.95 percent of total billed charges | |
| BKR CHG COMPREHENSIVE METABOLIC PANEL | 80053 | CPT | | | | both | | | 201 | 12.14 | Horizon | PPO | 76.94 | 38.28 | | 34.06 | 10.5 | | 190.95 percent of total billed charges | |
| BKR CHG COMPREHENSIVE METABOLIC PANEL | 80053 | CPT | | | | both | | | 201 | 12.14 | Amerihealth | HMO/PPO | 14.6 | | | 12.53 | 10.5 | | 190.95 fee schedule | |
| BKR CHG COMPREHENSIVE METABOLIC PANEL | 80053 | CPT | | | | both | | | 201 | 12.14 | Consumer | Consumer | 190.95 | 95 | | | 10.5 | | 190.95 percent of total billed charges | |
| BKR CHG COMPREHENSIVE METABOLIC PANEL | 80053 | CPT | | | | both | | | 201 | 12.14 | Horizon | NJ Health | 28.22 | | | 8.4 | 10.5 | | 190.95 fee schedule | |
| BKR CHG COMPREHENSIVE METABOLIC PANEL | 80053 | CPT | | | | both | | | 201 | 12.14 | Wellcare | Medicaid | 10.5 | | | 17.3 | 10.5 | | 190.95 fee schedule | |
| BKR CHG COMPREHENSIVE METABOLIC PANEL | 80053 | CPT | | | | both | | | 201 | 12.14 | Amerihealth | Medicare | 10.56 | | | | 10.5 | | 190.95 fee schedule | |
| BKR CHG COMPREHENSIVE METABOLIC PANEL | 80053 | CPT | | | | both | | | 201 | 12.14 | Corrections | Corrections | 160.8 | 80 | | 21.63 | 10.5 | | 190.95 percent of total billed charges | |
| BKR CHG COMPREHENSIVE METABOLIC PANEL | 80053 | CPT | | | | both | | | 201 | 12.14 | Multiplan | Multiplan | 160.8 | 80 | | | 10.5 | | 190.95 percent of total billed charges | |
| BKR CHG COMPREHENSIVE METABOLIC PANEL | 80053 | CPT | | | | both | | | 201 | 12.14 | WellPoint | WellPoint | 64.68 | 32.18 | | 29.2 | 10.5 | | 190.95 percent of total billed charges | |
| BKR CHG COMPREHENSIVE METABOLIC PANEL | 80053 | CPT | | | | both | | | 201 | 12.14 | First Trenton | First Trenton | 180.9 | 90 | | | 10.5 | | 190.95 percent of total billed charges | |
| BKR CHG COMPREHENSIVE METABOLIC PANEL | 80053 | CPT | | | | both | | | 201 | 12.14 | Three Rivers | Three Rivers | 190.95 | 95 | | | 10.5 | | 190.95 percent of total billed charges | |
| BKR CHG COMPREHENSIVE METABOLIC PANEL | 80053 | CPT | | | | both | | | 201 | 12.14 | Wellcare | Medicare | 10.56 | | | 13.08 | 10.5 | | 190.95 fee schedule | |
| BKR CHG COMPREHENSIVE METABOLIC PANEL | 80053 | CPT | | | | both | | | 201 | 12.14 | UHC | Medicare | 10.56 | | | 18.64 | 10.5 | | 190.95 fee schedule | |
| BKR CHG COMPREHENSIVE METABOLIC PANEL | 80053 | CPT | | | | both | | | 201 | 12.14 | Qualcare | Qualcare | 150.75 | 75 | | | 10.5 | | 190.95 percent of total billed charges | |
| BKR CHG COMPREHENSIVE METABOLIC PANEL | 80053 | CPT | | | | both | | | 201 | 12.14 | Horizon | Indemnity | 76.94 | 38.28 | | 27.57 | 10.5 | | 190.95 percent of total billed charges | |
| BKR CHG COMPREHENSIVE METABOLIC PANEL | 80053 | CPT | | | | both | | | 201 | 12.14 | Managed Care Inc | Managed Care Inc | 180.9 | 90 | | | 10.5 | | 190.95 percent of total billed charges | |
| BKR CHG COMPREHENSIVE METABOLIC PANEL | 80053 | CPT | | | | both | | | 201 | 12.14 | UHC | Medicaid | 10.5 | | | 33.39 | 10.5 | | 190.95 fee schedule | |
| BKR CHG LIPID PROFILE | 80061 | CPT | | | | both | | | 76 | 15.4 | Aetna | Commercial | 28.88 | 38 | | 21.8 | 13.2 | | 72.2 percent of total billed charges | |
| BKR CHG LIPID PROFILE | 80061 | CPT | | | | both | | | 76 | 15.4 | Qualcare | Qualcare | 57 | 75 | | | 13.2 | | 72.2 percent of total billed charges | |
| BKR CHG LIPID PROFILE | 80061 | CPT | | | | both | | | 76 | 15.4 | Amerihealth | Medicare | 13.39 | | | | 13.2 | | 72.2 fee schedule | |
| BKR CHG LIPID PROFILE | 80061 | CPT | | | | both | | | 76 | 15.4 | Aetna | Better Health | 23.98 | 31.55 | | 24.84 | 13.2 | | 72.2 percent of total billed charges | |
| BKR CHG LIPID PROFILE | 80061 | CPT | | | | both | | | 76 | 15.4 | Amerihealth | HMO/PPO | 19 | | | 9.39 | 13.2 | | 72.2 fee schedule | |
| BKR CHG LIPID PROFILE | 80061 | CPT | | | | both | | | 76 | 15.4 | Americare | Americare | 57 | 75 | | | 13.2 | | 72.2 percent of total billed charges | |
| BKR CHG LIPID PROFILE | 80061 | CPT | | | | both | | | 76 | 15.4 | First Trenton | First Trenton | 68.4 | 90 | | | 13.2 | | 72.2 percent of total billed charges | |
| BKR CHG LIPID PROFILE | 80061 | CPT | | | | both | | | 76 | 15.4 | Horizon | PPO | 29.09 | 38.28 | | 20.58 | 13.2 | | 72.2 percent of total billed charges | |
| BKR CHG LIPID PROFILE | 80061 | CPT | | | | both | | | 76 | 15.4 | Wellcare | Medicaid | 15 | | | 26.99 | 13.2 | | 72.2 fee schedule | |
| BKR CHG LIPID PROFILE | 80061 | CPT | | | | both | | | 76 | 15.4 | Multiplan | Multiplan | 60.8 | 80 | | | 13.2 | | 72.2 percent of total billed charges | |
| BKR CHG LIPID PROFILE | 80061 | CPT | | | | both | | | 76 | 15.4 | Managed Care Inc | Managed Care Inc | 68.4 | 90 | | | 13.2 | | 72.2 percent of total billed charges | |
| BKR CHG LIPID PROFILE | 80061 | CPT | | | | both | | | 76 | 15.4 | Aetna | Medicare | 23.41 | 30.8 | | 14.73 | 13.2 | | 72.2 percent of total billed charges | |
| BKR CHG LIPID PROFILE | 80061 | CPT | | | | both | | | 76 | 15.4 | Corrections | Corrections | 60.8 | 80 | | 21.12 | 13.2 | | 72.2 percent of total billed charges | |
| BKR CHG LIPID PROFILE | 80061 | CPT | | | | both | | | 76 | 15.4 | Three Rivers | Three Rivers | 72.2 | 95 | | | 13.2 | | 72.2 percent of total billed charges | |
| BKR CHG LIPID PROFILE | 80061 | CPT | | | | both | | | 76 | 15.4 | WellPoint | WellPoint | 24.46 | 32.18 | | 18.76 | 13.2 | | 72.2 percent of total billed charges | |
| BKR CHG LIPID PROFILE | 80061 | CPT | | | | both | | | 76 | 15.4 | Consumer | Consumer | 72.2 | 95 | | | 13.2 | | 72.2 percent of total billed charges | |
| BKR CHG LIPID PROFILE | 80061 | CPT | | | | both | | | 76 | 15.4 | Wellcare | Medicare | 13.39 | | | 14.21 | 13.2 | | 72.2 fee schedule | |
| BKR CHG LIPID PROFILE | 80061 | CPT | | | | both | | | 76 | 15.4 | Horizon | Medicare Blue | 22.8 | 30 | | 11.12 | 13.2 | | 72.2 percent of total billed charges | |
| BKR CHG LIPID PROFILE | 80061 | CPT | | | | both | | | 76 | 15.4 | First Health | First Health | 53.2 | 70 | | | 13.2 | | 72.2 percent of total billed charges | |
| BKR CHG LIPID PROFILE | 80061 | CPT | | | | both | | | 76 | 15.4 | Horizon | NJ Health | 29.4 | | | 4.12 | 13.2 | | 72.2 fee schedule | |
| BKR CHG LIPID PROFILE | 80061 | CPT | | | | both | | | 76 | 15.4 | Horizon | Indemnity | 29.09 | 38.28 | | 20.65 | 13.2 | | 72.2 percent of total billed charges | |
| BKR CHG LIPID PROFILE | 80061 | CPT | | | | both | | | 76 | 15.4 | UHC | Medicaid | 15 | | | 20.49 | 13.2 | | 72.2 fee schedule | |
| BKR CHG LIPID PROFILE | 80061 | CPT | | | | both | | | 76 | 15.4 | Horizon | MGD | 29.09 | 38.28 | | 22.28 | 13.2 | | 72.2 percent of total billed charges | |
| BKR CHG LIPID PROFILE | 80061 | CPT | | | | both | | | 76 | 15.4 | UHC | Medicare | 13.39 | | | 13.04 | 13.2 | | 72.2 fee schedule | |
| BKR CHG HEPATITIS PANEL | 80074 | CPT | | | | both | | | 191 | 54.77 | Multiplan | Multiplan | 152.8 | 80 | | | 30 | | 181.45 percent of total billed charges | |
| BKR CHG HEPATITIS PANEL | 80074 | CPT | | | | both | | | 191 | 54.77 | Americare | Americare | 143.25 | 75 | | | 30 | | 181.45 percent of total billed charges | |
| BKR CHG HEPATITIS PANEL | 80074 | CPT | | | | both | | | 191 | 54.77 | Aetna | Better Health | 60.26 | 31.55 | | 30.91 | 30 | | 181.45 percent of total billed charges | |
| BKR CHG HEPATITIS PANEL | 80074 | CPT | | | | both | | | 191 | 54.77 | Aetna | Medicare | 58.83 | 30.8 | | 19.77 | 30 | | 181.45 percent of total billed charges | |
| BKR CHG HEPATITIS PANEL | 80074 | CPT | | | | both | | | 191 | 54.77 | Aetna | Commercial | 72.58 | 38 | | 28.53 | 30 | | 181.45 percent of total billed charges | |
| BKR CHG HEPATITIS PANEL | 80074 | CPT | | | | both | | | 191 | 54.77 | Amerihealth | HMO/PPO | 65.9 | | | 22.47 | 30 | | 181.45 fee schedule | |
| BKR CHG HEPATITIS PANEL | 80074 | CPT | | | | both | | | 191 | 54.77 | Consumer | Consumer | 181.45 | 95 | | | 30 | | 181.45 percent of total billed charges | |
| BKR CHG HEPATITIS PANEL | 80074 | CPT | | | | both | | | 191 | 54.77 | Horizon | Medicare Blue | 57.3 | 30 | | 14.96 | 30 | | 181.45 percent of total billed charges | |
| BKR CHG HEPATITIS PANEL | 80074 | CPT | | | | both | | | 191 | 54.77 | Qualcare | Qualcare | 143.25 | 75 | | | 30 | | 181.45 percent of total billed charges | |
| BKR CHG HEPATITIS PANEL | 80074 | CPT | | | | both | | | 191 | 54.77 | UHC | Medicare | 47.63 | | | 14.43 | 30 | | 181.45 fee schedule | |
| BKR CHG HEPATITIS PANEL | 80074 | CPT | | | | both | | | 191 | 54.77 | First Health | First Health | 133.7 | 70 | | | 30 | | 181.45 percent of total billed charges | |
| BKR CHG HEPATITIS PANEL | 80074 | CPT | | | | both | | | 191 | 54.77 | Amerihealth | Medicare | 47.63 | | | | 30 | | 181.45 fee schedule | |
| BKR CHG HEPATITIS PANEL | 80074 | CPT | | | | both | | | 191 | 54.77 | Corrections | Corrections | 152.8 | 80 | | | 30 | | 181.45 percent of total billed charges | |
| BKR CHG HEPATITIS PANEL | 80074 | CPT | | | | both | | | 191 | 54.77 | Horizon | PPO | 73.11 | 38.28 | | 36.5 | 30 | | 181.45 percent of total billed charges | |
| BKR CHG HEPATITIS PANEL | 80074 | CPT | | | | both | | | 191 | 54.77 | First Trenton | First Trenton | 171.9 | 90 | | | 30 | | 181.45 percent of total billed charges | |
| BKR CHG HEPATITIS PANEL | 80074 | CPT | | | | both | | | 191 | 54.77 | Horizon | NJ Health | 64.68 | | | 8.26 | 30 | | 181.45 fee schedule | |
| BKR CHG HEPATITIS PANEL | 80074 | CPT | | | | both | | | 191 | 54.77 | Wellcare | Medicaid | 30 | | | 30.33 | 30 | | 181.45 fee schedule | |
| BKR CHG HEPATITIS PANEL | 80074 | CPT | | | | both | | | 191 | 54.77 | UHC | Medicaid | 30 | | | 35.74 | 30 | | 181.45 fee schedule | |
| BKR CHG HEPATITIS PANEL | 80074 | CPT | | | | both | | | 191 | 54.77 | Horizon | MGD | 73.11 | 38.28 | | 42.85 | 30 | | 181.45 percent of total billed charges | |
| BKR CHG HEPATITIS PANEL | 80074 | CPT | | | | both | | | 191 | 54.77 | Horizon | Indemnity | 73.11 | 38.28 | | 38.48 | 30 | | 181.45 percent of total billed charges | |
| BKR CHG HEPATITIS PANEL | 80074 | CPT | | | | both | | | 191 | 54.77 | Managed Care Inc | Managed Care Inc | 171.9 | 90 | | | 30 | | 181.45 percent of total billed charges | |
| BKR CHG HEPATITIS PANEL | 80074 | CPT | | | | both | | | 191 | 54.77 | Three Rivers | Three Rivers | 181.45 | 95 | | | 30 | | 181.45 percent of total billed charges | |
| BKR CHG HEPATITIS PANEL | 80074 | CPT | | | | both | | | 191 | 54.77 | Wellcare | Medicare | 47.63 | | | 13.79 | 30 | | 181.45 fee schedule | |
| BKR CHG HEPATITIS PANEL | 80074 | CPT | | | | both | | | 191 | 54.77 | WellPoint | WellPoint | 61.46 | 32.18 | | 33.5 | 30 | | 181.45 percent of total billed charges | |
| BKR CHG POCT HEPATIC FUNCTION PANEL | 80076 | CPT | | | | both | | | 71 | 9.4 | Americare | Americare | 53.25 | 75 | | | 7 | | 67.45 percent of total billed charges | |
| BKR CHG POCT HEPATIC FUNCTION PANEL | 80076 | CPT | | | | both | | | 71 | 9.4 | Aetna | Medicare | 21.87 | 30.8 | | 10.02 | 7 | | 67.45 percent of total billed charges | |
| BKR CHG POCT HEPATIC FUNCTION PANEL | 80076 | CPT | | | | both | | | 71 | 9.4 | UHC | Medicare | 8.17 | | | 9.53 | 7 | | 67.45 fee schedule | |
| BKR CHG POCT HEPATIC FUNCTION PANEL | 80076 | CPT | | | | both | | | 71 | 9.4 | Aetna | Better Health | 22.4 | 31.55 | | 16.38 | 7 | | 67.45 percent of total billed charges | |
| BKR CHG POCT HEPATIC FUNCTION PANEL | 80076 | CPT | | | | both | | | 71 | 9.4 | Consumer | Consumer | 67.45 | 95 | | | 7 | | 67.45 percent of total billed charges | |
| BKR CHG POCT HEPATIC FUNCTION PANEL | 80076 | CPT | | | | both | | | 71 | 9.4 | Multiplan | Multiplan | 56.8 | 80 | | | 7 | | 67.45 percent of total billed charges | |
| BKR CHG POCT HEPATIC FUNCTION PANEL | 80076 | CPT | | | | both | | | 71 | 9.4 | Amerihealth | HMO/PPO | 11.3 | | | 9.21 | 7 | | 67.45 fee schedule | |
| BKR CHG POCT HEPATIC FUNCTION PANEL | 80076 | CPT | | | | both | | | 71 | 9.4 | Aetna | Commercial | 26.98 | 38 | | 13.72 | 7 | | 67.45 percent of total billed charges | |
| BKR CHG POCT HEPATIC FUNCTION PANEL | 80076 | CPT | | | | both | | | 71 | 9.4 | Horizon | Indemnity | 27.18 | 38.28 | | 14.81 | 7 | | 67.45 percent of total billed charges | |
| BKR CHG POCT HEPATIC FUNCTION PANEL | 80076 | CPT | | | | both | | | 71 | 9.4 | WellPoint | WellPoint | 22.85 | 32.18 | | 14.99 | 7 | | 67.45 percent of total billed charges | |
| BKR CHG POCT HEPATIC FUNCTION PANEL | 80076 | CPT | | | | both | | | 71 | 9.4 | Horizon | NJ Health | 13.72 | | | 5.69 | 7 | | 67.45 fee schedule | |
| BKR CHG POCT HEPATIC FUNCTION PANEL | 80076 | CPT | | | | both | | | 71 | 9.4 | First Trenton | First Trenton | 63.9 | 90 | | | 7 | | 67.45 percent of total billed charges | |
| BKR CHG POCT HEPATIC FUNCTION PANEL | 80076 | CPT | | | | both | | | 71 | 9.4 | Horizon | PPO | 27.18 | 38.28 | | 14.99 | 7 | | 67.45 percent of total billed charges | |
| BKR CHG POCT HEPATIC FUNCTION PANEL | 80076 | CPT | | | | both | | | 71 | 9.4 | Qualcare | Qualcare | 53.25 | 75 | | | 7 | | 67.45 percent of total billed charges | |
| BKR CHG POCT HEPATIC FUNCTION PANEL | 80076 | CPT | | | | both | | | 71 | 9.4 | Amerihealth | Medicare | 8.17 | | | | 7 | | 67.45 fee schedule | |
| BKR CHG POCT HEPATIC FUNCTION PANEL | 80076 | CPT | | | | both | | | 71 | 9.4 | UHC | Medicaid | 7 | | | 17.83 | 7 | | 67.45 fee schedule | |
| BKR CHG POCT HEPATIC FUNCTION PANEL | 80076 | CPT | | | | both | | | 71 | 9.4 | Horizon | Medicare Blue | 21.3 | 30 | | 7.32 | 7 | | 67.45 percent of total billed charges | |
| BKR CHG POCT HEPATIC FUNCTION PANEL | 80076 | CPT | | | | both | | | 71 | 9.4 | Wellcare | Medicaid | 7 | | | 17.19 | 7 | | 67.45 fee schedule | |
| BKR CHG POCT HEPATIC FUNCTION PANEL | 80076 | CPT | | | | both | | | 71 | 9.4 | Corrections | Corrections | 56.8 | 80 | | 13.58 | 7 | | 67.45 percent of total billed charges | |
| BKR CHG POCT HEPATIC FUNCTION PANEL | 80076 | CPT | | | | both | | | 71 | 9.4 | Wellcare | Medicare | 8.17 | | | 7.52 | 7 | | 67.45 fee schedule | |
| BKR CHG POCT HEPATIC FUNCTION PANEL | 80076 | CPT | | | | both | | | 71 | 9.4 | Managed Care Inc | Managed Care Inc | 63.9 | 90 | | | 7 | | 67.45 percent of total billed charges | |
| BKR CHG POCT HEPATIC FUNCTION PANEL | 80076 | CPT | | | | both | | | 71 | 9.4 | First Health | First Health | 49.7 | 70 | | | 7 | | 67.45 percent of total billed charges | |
| BKR CHG POCT HEPATIC FUNCTION PANEL | 80076 | CPT | | | | both | | | 71 | 9.4 | Three Rivers | Three Rivers | 67.45 | 95 | | | 7 | | 67.45 percent of total billed charges | |
| BKR CHG POCT HEPATIC FUNCTION PANEL | 80076 | CPT | | | | both | | | 71 | 9.4 | Horizon | MGD | 27.18 | 38.28 | | 15.95 | 7 | | 67.45 percent of total billed charges | |
| BKR CHG DRUG ASSAY ACETAMINOPHEN | 80143 | CPT | | | | outpatient | | | 122 | 21.44 | Horizon | Medicare Blue | 36.6 | 30 | | | 14.91 | | 115.9 percent of total billed charges | |
| BKR CHG DRUG ASSAY ACETAMINOPHEN | 80143 | CPT | | | | outpatient | | | 122 | 21.44 | Aetna | Better Health | 38.49 | 31.55 | | | 14.91 | | 115.9 percent of total billed charges | |
| BKR CHG DRUG ASSAY ACETAMINOPHEN | 80143 | CPT | | | | outpatient | | | 122 | 21.44 | Aetna | Medicare | 37.58 | 30.8 | | | 14.91 | | 115.9 percent of total billed charges | |
| BKR CHG DRUG ASSAY ACETAMINOPHEN | 80143 | CPT | | | | outpatient | | | 122 | 21.44 | Amerihealth | HMO/PPO | 79.3 | 65 | | | 14.91 | | 115.9 percent of total billed charges | |
| BKR CHG DRUG ASSAY ACETAMINOPHEN | 80143 | CPT | | | | outpatient | | | 122 | 21.44 | First Trenton | First Trenton | 109.8 | 90 | | | 14.91 | | 115.9 percent of total billed charges | |
| BKR CHG DRUG ASSAY ACETAMINOPHEN | 80143 | CPT | | | | outpatient | | | 122 | 21.44 | Corrections | Corrections | 97.6 | 80 | | | 14.91 | | 115.9 percent of total billed charges | |
| BKR CHG DRUG ASSAY ACETAMINOPHEN | 80143 | CPT | | | | outpatient | | | 122 | 21.44 | UHC | Medicaid | 14.91 | | | | 14.91 | | 115.9 fee schedule | |
| BKR CHG DRUG ASSAY ACETAMINOPHEN | 80143 | CPT | | | | outpatient | | | 122 | 21.44 | Amerihealth | Medicare | 18.64 | | | | 14.91 | | 115.9 fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG DRUG ASSAY ACETAMINOPHEN | 80143 | CPT | | | | outpatient | | | 122 | 21.44 | Horizon | Indemnity | 46.7 | 38.28 | | | 14.91 | | 115.9 percent of total billed charges | |
| BKR CHG DRUG ASSAY ACETAMINOPHEN | 80143 | CPT | | | | outpatient | | | 122 | 21.44 | Wellcare | Medicaid | 14.91 | | | | 14.91 | | 115.9 fee schedule | |
| BKR CHG DRUG ASSAY ACETAMINOPHEN | 80143 | CPT | | | | outpatient | | | 122 | 21.44 | Americare | Americare | 91.5 | 75 | | | 14.91 | | 115.9 percent of total billed charges | |
| BKR CHG DRUG ASSAY ACETAMINOPHEN | 80143 | CPT | | | | outpatient | | | 122 | 21.44 | First Health | First Health | 85.4 | 70 | | | 14.91 | | 115.9 percent of total billed charges | |
| BKR CHG DRUG ASSAY ACETAMINOPHEN | 80143 | CPT | | | | outpatient | | | 122 | 21.44 | Horizon | PPO | 46.7 | 38.28 | | | 14.91 | | 115.9 percent of total billed charges | |
| BKR CHG DRUG ASSAY ACETAMINOPHEN | 80143 | CPT | | | | outpatient | | | 122 | 21.44 | Consumer | Consumer | 115.9 | 95 | | | 14.91 | | 115.9 percent of total billed charges | |
| BKR CHG DRUG ASSAY ACETAMINOPHEN | 80143 | CPT | | | | outpatient | | | 122 | 21.44 | Wellcare | Medicare | 18.64 | | | | 14.91 | | 115.9 fee schedule | |
| BKR CHG DRUG ASSAY ACETAMINOPHEN | 80143 | CPT | | | | outpatient | | | 122 | 21.44 | Multiplan | Multiplan | 97.6 | 80 | | | 14.91 | | 115.9 percent of total billed charges | |
| BKR CHG DRUG ASSAY ACETAMINOPHEN | 80143 | CPT | | | | outpatient | | | 122 | 21.44 | Managed Care Inc | Managed Care Inc | 109.8 | 90 | | | 14.91 | | 115.9 percent of total billed charges | |
| BKR CHG DRUG ASSAY ACETAMINOPHEN | 80143 | CPT | | | | outpatient | | | 122 | 21.44 | Three Rivers | Three Rivers | 115.9 | 95 | | | 14.91 | | 115.9 percent of total billed charges | |
| BKR CHG DRUG ASSAY ACETAMINOPHEN | 80143 | CPT | | | | outpatient | | | 122 | 21.44 | Horizon | MGD | 46.7 | 38.28 | | | 14.91 | | 115.9 percent of total billed charges | |
| BKR CHG DRUG ASSAY ACETAMINOPHEN | 80143 | CPT | | | | outpatient | | | 122 | 21.44 | Qualcare | Qualcare | 91.5 | 75 | | | 14.91 | | 115.9 percent of total billed charges | |
| BKR CHG DRUG ASSAY ACETAMINOPHEN | 80143 | CPT | | | | outpatient | | | 122 | 21.44 | WellPoint | WellPoint | 39.26 | 32.18 | | | 14.91 | | 115.9 percent of total billed charges | |
| BKR CHG DRUG ASSAY ACETAMINOPHEN | 80143 | CPT | | | | outpatient | | | 122 | 21.44 | UHC | Medicare | 18.64 | | | | 14.91 | | 115.9 fee schedule | |
| BKR CHG AMIKACIN TROUGH | 80150 | CPT | | | | both | | | 274 | 17.34 | Americare | Americare | 205.5 | 75 | | | 15 | | 260.3 percent of total billed charges | |
| BKR CHG AMIKACIN TROUGH | 80150 | CPT | | | | both | | | 274 | 17.34 | Consumer | Consumer | 260.3 | 95 | | | 15 | | 260.3 percent of total billed charges | |
| BKR CHG AMIKACIN TROUGH | 80150 | CPT | | | | both | | | 274 | 17.34 | Amerihealth | HMO/PPO | 23.5 | | | | 15 | | 260.3 fee schedule | |
| BKR CHG AMIKACIN TROUGH | 80150 | CPT | | | | both | | | 274 | 17.34 | Corrections | Corrections | 219.2 | 80 | | | 15 | | 260.3 percent of total billed charges | |
| BKR CHG AMIKACIN TROUGH | 80150 | CPT | | | | both | | | 274 | 17.34 | Aetna | Better Health | 86.45 | 31.55 | | | 15 | | 260.3 percent of total billed charges | |
| BKR CHG AMIKACIN TROUGH | 80150 | CPT | | | | both | | | 274 | 17.34 | Aetna | Commercial | 104.12 | 38 | | | 15 | | 260.3 percent of total billed charges | |
| BKR CHG AMIKACIN TROUGH | 80150 | CPT | | | | both | | | 274 | 17.34 | Horizon | Indemnity | 104.89 | 38.28 | | 30.7 | 15 | | 260.3 percent of total billed charges | |
| BKR CHG AMIKACIN TROUGH | 80150 | CPT | | | | both | | | 274 | 17.34 | First Trenton | First Trenton | 246.6 | 90 | | | 15 | | 260.3 percent of total billed charges | |
| BKR CHG AMIKACIN TROUGH | 80150 | CPT | | | | both | | | 274 | 17.34 | Horizon | Medicare Blue | 82.2 | 30 | | | 15 | | 260.3 percent of total billed charges | |
| BKR CHG AMIKACIN TROUGH | 80150 | CPT | | | | both | | | 274 | 17.34 | First Health | First Health | 191.8 | 70 | | | 15 | | 260.3 percent of total billed charges | |
| BKR CHG AMIKACIN TROUGH | 80150 | CPT | | | | both | | | 274 | 17.34 | Amerihealth | Medicare | 15.08 | | | | 15 | | 260.3 fee schedule | |
| BKR CHG AMIKACIN TROUGH | 80150 | CPT | | | | both | | | 274 | 17.34 | WellPoint | WellPoint | 88.17 | 32.18 | | | 15 | | 260.3 percent of total billed charges | |
| BKR CHG AMIKACIN TROUGH | 80150 | CPT | | | | both | | | 274 | 17.34 | UHC | Medicaid | 15 | | | | 15 | | 260.3 fee schedule | |
| BKR CHG AMIKACIN TROUGH | 80150 | CPT | | | | both | | | 274 | 17.34 | Aetna | Medicare | 84.39 | 30.8 | | | 15 | | 260.3 percent of total billed charges | |
| BKR CHG AMIKACIN TROUGH | 80150 | CPT | | | | both | | | 274 | 17.34 | UHC | Medicare | 15.08 | | | | 15 | | 260.3 fee schedule | |
| BKR CHG AMIKACIN TROUGH | 80150 | CPT | | | | both | | | 274 | 17.34 | Horizon | NJ Health | 29.4 | | | | 15 | | 260.3 fee schedule | |
| BKR CHG AMIKACIN TROUGH | 80150 | CPT | | | | both | | | 274 | 17.34 | Wellcare | Medicare | 15.08 | | | | 15 | | 260.3 fee schedule | |
| BKR CHG AMIKACIN TROUGH | 80150 | CPT | | | | both | | | 274 | 17.34 | Multiplan | Multiplan | 219.2 | 80 | | | 15 | | 260.3 percent of total billed charges | |
| BKR CHG AMIKACIN TROUGH | 80150 | CPT | | | | both | | | 274 | 17.34 | Horizon | MGD | 104.89 | 38.28 | | | 15 | | 260.3 percent of total billed charges | |
| BKR CHG AMIKACIN TROUGH | 80150 | CPT | | | | both | | | 274 | 17.34 | Horizon | PPO | 104.89 | 38.28 | | | 15 | | 260.3 percent of total billed charges | |
| BKR CHG AMIKACIN TROUGH | 80150 | CPT | | | | both | | | 274 | 17.34 | Qualcare | Qualcare | 205.5 | 75 | | | 15 | | 260.3 percent of total billed charges | |
| BKR CHG AMIKACIN TROUGH | 80150 | CPT | | | | both | | | 274 | 17.34 | Managed Care Inc | Managed Care Inc | 246.6 | 90 | | | 15 | | 260.3 percent of total billed charges | |
| BKR CHG AMIKACIN TROUGH | 80150 | CPT | | | | both | | | 274 | 17.34 | Three Rivers | Three Rivers | 260.3 | 95 | | | 15 | | 260.3 percent of total billed charges | |
| BKR CHG AMIKACIN TROUGH | 80150 | CPT | | | | both | | | 274 | 17.34 | Wellcare | Medicaid | 15 | | | | 15 | | 260.3 fee schedule | |
| BKR CHG AMITRIPTYLINE (ELAVEL), SERUM | 80152 | CPT | | | | outpatient | | | 45 | | First Trenton | First Trenton | 40.5 | 90 | | | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG AMITRIPTYLINE (ELAVEL), SERUM | 80152 | CPT | | | | outpatient | | | 45 | | Amerihealth | HMO/PPO | 29.25 | 65 | | | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG AMITRIPTYLINE (ELAVEL), SERUM | 80152 | CPT | | | | outpatient | | | 45 | | WellPoint | WellPoint | 14.48 | 32.18 | | | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG AMITRIPTYLINE (ELAVEL), SERUM | 80152 | CPT | | | | outpatient | | | 45 | | Aetna | Medicare | 13.86 | 30.8 | | | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG AMITRIPTYLINE (ELAVEL), SERUM | 80152 | CPT | | | | outpatient | | | 45 | | Horizon | MGD | 17.23 | 38.28 | | | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG AMITRIPTYLINE (ELAVEL), SERUM | 80152 | CPT | | | | outpatient | | | 45 | | Corrections | Corrections | 36 | 80 | | | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG AMITRIPTYLINE (ELAVEL), SERUM | 80152 | CPT | | | | outpatient | | | 45 | | Horizon | PPO | 17.23 | 38.28 | | | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG AMITRIPTYLINE (ELAVEL), SERUM | 80152 | CPT | | | | outpatient | | | 45 | | Aetna | Better Health | 14.2 | 31.55 | | | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG AMITRIPTYLINE (ELAVEL), SERUM | 80152 | CPT | | | | outpatient | | | 45 | | Three Rivers | Three Rivers | 42.75 | 95 | | | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG AMITRIPTYLINE (ELAVEL), SERUM | 80152 | CPT | | | | outpatient | | | 45 | | Horizon | Indemnity | 17.23 | 38.28 | | | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG AMITRIPTYLINE (ELAVEL), SERUM | 80152 | CPT | | | | outpatient | | | 45 | | Americare | Americare | 33.75 | 75 | | | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG AMITRIPTYLINE (ELAVEL), SERUM | 80152 | CPT | | | | outpatient | | | 45 | | Managed Care Inc | Managed Care Inc | 40.5 | 90 | | | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG AMITRIPTYLINE (ELAVEL), SERUM | 80152 | CPT | | | | outpatient | | | 45 | | First Health | First Health | 31.5 | 70 | | | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG AMITRIPTYLINE (ELAVEL), SERUM | 80152 | CPT | | | | outpatient | | | 45 | | Multiplan | Multiplan | 36 | 80 | | | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG AMITRIPTYLINE (ELAVEL), SERUM | 80152 | CPT | | | | outpatient | | | 45 | | Consumer | Consumer | 42.75 | 95 | | | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG AMITRIPTYLINE (ELAVEL), SERUM | 80152 | CPT | | | | outpatient | | | 45 | | Qualcare | Qualcare | 33.75 | 75 | | | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG AMITRIPTYLINE (ELAVEL), SERUM | 80152 | CPT | | | | outpatient | | | 45 | | Horizon | Medicare Blue | 13.5 | 30 | | | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG AMITRIPTYLINE (ELAVEL), SERUM | 80152 | CPT | | | | outpatient | | | 45 | | UHC | Medicaid | 14.2 | 31.55 | | | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG AMITRIPTYLINE (ELAVEL), SERUM | 80152 | CPT | | | | outpatient | | | 45 | | Wellcare | Medicaid | 14.2 | 31.55 | | | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG CAFFEINE, SERUM | 80155 | CPT | | | | inpatient | | | 86 | 44.36 | Aetna | Better Health | 27.13 | 31.55 | | | 10.5 | | 81.7 percent of total billed charges | |
| BKR CHG CAFFEINE, SERUM | 80155 | CPT | | | | inpatient | | | 86 | 44.36 | Horizon | MGD | 32.92 | 38.28 | | | 10.5 | | 81.7 percent of total billed charges | |
| BKR CHG CAFFEINE, SERUM | 80155 | CPT | | | | inpatient | | | 86 | 44.36 | Horizon | Indemnity | 32.92 | 38.28 | | | 10.5 | | 81.7 percent of total billed charges | |
| BKR CHG CAFFEINE, SERUM | 80155 | CPT | | | | inpatient | | | 86 | 44.36 | Aetna | Medicare | 26.49 | 30.8 | | | 10.5 | | 81.7 percent of total billed charges | |
| BKR CHG CAFFEINE, SERUM | 80155 | CPT | | | | inpatient | | | 86 | 44.36 | Aetna | Commercial | 32.68 | 38 | | | 10.5 | | 81.7 percent of total billed charges | |
| BKR CHG CAFFEINE, SERUM | 80155 | CPT | | | | inpatient | | | 86 | 44.36 | First Trenton | First Trenton | 77.4 | 90 | | | 10.5 | | 81.7 percent of total billed charges | |
| BKR CHG CAFFEINE, SERUM | 80155 | CPT | | | | inpatient | | | 86 | 44.36 | Americare | Americare | 64.5 | 75 | | | 10.5 | | 81.7 percent of total billed charges | |
| BKR CHG CAFFEINE, SERUM | 80155 | CPT | | | | inpatient | | | 86 | 44.36 | Consumer | Consumer | 81.7 | 95 | | | 10.5 | | 81.7 percent of total billed charges | |
| BKR CHG CAFFEINE, SERUM | 80155 | CPT | | | | inpatient | | | 86 | 44.36 | UHC | Medicaid | 30.86 | | | | 10.5 | | 81.7 fee schedule | |
| BKR CHG CAFFEINE, SERUM | 80155 | CPT | | | | inpatient | | | 86 | 44.36 | Multiplan | Multiplan | 68.8 | 80 | | | 10.5 | | 81.7 percent of total billed charges | |
| BKR CHG CAFFEINE, SERUM | 80155 | CPT | | | | inpatient | | | 86 | 44.36 | Horizon | PPO | 32.92 | 38.28 | | | 10.5 | | 81.7 percent of total billed charges | |
| BKR CHG CAFFEINE, SERUM | 80155 | CPT | | | | inpatient | | | 86 | 44.36 | First Health | First Health | 60.2 | 70 | | | 10.5 | | 81.7 percent of total billed charges | |
| BKR CHG CAFFEINE, SERUM | 80155 | CPT | | | | inpatient | | | 86 | 44.36 | UHC | Medicare | 38.57 | | | | 10.5 | | 81.7 fee schedule | |
| BKR CHG CAFFEINE, SERUM | 80155 | CPT | | | | inpatient | | | 86 | 44.36 | Horizon | Medicare Blue | 25.8 | 30 | | | 10.5 | | 81.7 percent of total billed charges | |
| BKR CHG CAFFEINE, SERUM | 80155 | CPT | | | | inpatient | | | 86 | 44.36 | Amerihealth | HMO/PPO | 10.5 | | | | 10.5 | | 81.7 fee schedule | |
| BKR CHG CAFFEINE, SERUM | 80155 | CPT | | | | inpatient | | | 86 | 44.36 | Corrections | Corrections | 68.8 | 80 | | | 10.5 | | 81.7 percent of total billed charges | |
| BKR CHG CAFFEINE, SERUM | 80155 | CPT | | | | inpatient | | | 86 | 44.36 | WellPoint | WellPoint | 27.67 | 32.18 | | | 10.5 | | 81.7 percent of total billed charges | |
| BKR CHG CAFFEINE, SERUM | 80155 | CPT | | | | inpatient | | | 86 | 44.36 | Qualcare | Qualcare | 64.5 | 75 | | | 10.5 | | 81.7 percent of total billed charges | |
| BKR CHG CAFFEINE, SERUM | 80155 | CPT | | | | inpatient | | | 86 | 44.36 | Wellcare | Medicaid | 30.86 | | | | 10.5 | | 81.7 fee schedule | |
| BKR CHG CAFFEINE, SERUM | 80155 | CPT | | | | inpatient | | | 86 | 44.36 | Three Rivers | Three Rivers | 81.7 | 95 | | | 10.5 | | 81.7 percent of total billed charges | |
| BKR CHG CAFFEINE, SERUM | 80155 | CPT | | | | inpatient | | | 86 | 44.36 | Amerihealth | Medicare | 38.57 | | | | 10.5 | | 81.7 fee schedule | |
| BKR CHG CAFFEINE, SERUM | 80155 | CPT | | | | inpatient | | | 86 | 44.36 | Managed Care Inc | Managed Care Inc | 77.4 | 90 | | | 10.5 | | 81.7 percent of total billed charges | |
| BKR CHG CAFFEINE, SERUM | 80155 | CPT | | | | inpatient | | | 86 | 44.36 | Horizon | NJ Health | 15.13 | | | | 10.5 | | 81.7 fee schedule | |
| BKR CHG CAFFEINE, SERUM | 80155 | CPT | | | | inpatient | | | 86 | 44.36 | Wellcare | Medicare | 38.57 | | | | 10.5 | | 81.7 fee schedule | |
| BKR CHG TEGRETOL | 80156 | CPT | | | | both | | | 129 | 16.76 | Americare | Americare | 96.75 | 75 | | | 9.9 | | 122.55 percent of total billed charges | |
| BKR CHG TEGRETOL | 80156 | CPT | | | | both | | | 129 | 16.76 | Horizon | Indemnity | 49.38 | 38.28 | | 13.53 | 9.9 | | 122.55 percent of total billed charges | |
| BKR CHG TEGRETOL | 80156 | CPT | | | | both | | | 129 | 16.76 | Horizon | PPO | 49.38 | 38.28 | | 37.11 | 9.9 | | 122.55 percent of total billed charges | |
| BKR CHG TEGRETOL | 80156 | CPT | | | | both | | | 129 | 16.76 | Aetna | Better Health | 40.7 | 31.55 | | 25.77 | 9.9 | | 122.55 percent of total billed charges | |
| BKR CHG TEGRETOL | 80156 | CPT | | | | both | | | 129 | 16.76 | Aetna | Commercial | 49.02 | 38 | | 19.74 | 9.9 | | 122.55 percent of total billed charges | |
| BKR CHG TEGRETOL | 80156 | CPT | | | | both | | | 129 | 16.76 | Aetna | Medicare | 39.73 | 30.8 | | | 9.9 | | 122.55 percent of total billed charges | |
| BKR CHG TEGRETOL | 80156 | CPT | | | | both | | | 129 | 16.76 | Corrections | Corrections | 103.2 | 80 | | 34.88 | 9.9 | | 122.55 percent of total billed charges | |
| BKR CHG TEGRETOL | 80156 | CPT | | | | both | | | 129 | 16.76 | Amerihealth | Medicare | 14.57 | | | | 9.9 | | 122.55 fee schedule | |
| BKR CHG TEGRETOL | 80156 | CPT | | | | both | | | 129 | 16.76 | Consumer | Consumer | 122.55 | 95 | | | 9.9 | | 122.55 percent of total billed charges | |
| BKR CHG TEGRETOL | 80156 | CPT | | | | both | | | 129 | 16.76 | Wellcare | Medicare | 14.57 | | | | 9.9 | | 122.55 fee schedule | |
| BKR CHG TEGRETOL | 80156 | CPT | | | | both | | | 129 | 16.76 | First Trenton | First Trenton | 116.1 | 90 | | | 9.9 | | 122.55 percent of total billed charges | |
| BKR CHG TEGRETOL | 80156 | CPT | | | | both | | | 129 | 16.76 | Amerihealth | HMO/PPO | 22.7 | | | | 9.9 | | 122.55 fee schedule | |
| BKR CHG TEGRETOL | 80156 | CPT | | | | both | | | 129 | 16.76 | Multiplan | Multiplan | 103.2 | 80 | | | 9.9 | | 122.55 percent of total billed charges | |
| BKR CHG TEGRETOL | 80156 | CPT | | | | both | | | 129 | 16.76 | First Health | First Health | 90.3 | 70 | | | 9.9 | | 122.55 percent of total billed charges | |
| BKR CHG TEGRETOL | 80156 | CPT | | | | both | | | 129 | 16.76 | Horizon | Medicare Blue | 38.7 | 30 | | 10.12 | 9.9 | | 122.55 percent of total billed charges | |
| BKR CHG TEGRETOL | 80156 | CPT | | | | both | | | 129 | 16.76 | Horizon | NJ Health | 39.2 | | | 25.34 | 9.9 | | 122.55 fee schedule | |
| BKR CHG TEGRETOL | 80156 | CPT | | | | both | | | 129 | 16.76 | Three Rivers | Three Rivers | 122.55 | 95 | | | 9.9 | | 122.55 percent of total billed charges | |
| BKR CHG TEGRETOL | 80156 | CPT | | | | both | | | 129 | 16.76 | Horizon | MGD | 49.38 | 38.28 | | 43.17 | 9.9 | | 122.55 percent of total billed charges | |
| BKR CHG TEGRETOL | 80156 | CPT | | | | both | | | 129 | 16.76 | Managed Care Inc | Managed Care Inc | 116.1 | 90 | | | 9.9 | | 122.55 percent of total billed charges | |
| BKR CHG TEGRETOL | 80156 | CPT | | | | both | | | 129 | 16.76 | WellPoint | WellPoint | 41.51 | 32.18 | | 20.84 | 9.9 | | 122.55 percent of total billed charges | |
| BKR CHG TEGRETOL | 80156 | CPT | | | | both | | | 129 | 16.76 | Qualcare | Qualcare | 96.75 | 75 | | | 9.9 | | 122.55 percent of total billed charges | |
| BKR CHG TEGRETOL | 80156 | CPT | | | | both | | | 129 | 16.76 | Wellcare | Medicaid | 15.9 | | | | 9.9 | | 122.55 fee schedule | |
| BKR CHG TEGRETOL | 80156 | CPT | | | | both | | | 129 | 16.76 | UHC | Medicaid | 15.9 | | | 31.43 | 9.9 | | 122.55 fee schedule | |
| BKR CHG TEGRETOL | 80156 | CPT | | | | both | | | 129 | 16.76 | UHC | Medicare | 14.57 | | | 20.86 | 9.9 | | 122.55 fee schedule | |
| BKR CHG CARBAMAZEPINE FREE SERUM | 80157 | CPT | | | | outpatient | | | 153 | 15.24 | Amerihealth | Medicare | 13.25 | | | | 10 | | 145.35 fee schedule | |
| BKR CHG CARBAMAZEPINE FREE SERUM | 80157 | CPT | | | | outpatient | | | 153 | 15.24 | Aetna | Commercial | 58.14 | 38 | | | 10 | | 145.35 percent of total billed charges | |
| BKR CHG CARBAMAZEPINE FREE SERUM | 80157 | CPT | | | | outpatient | | | 153 | 15.24 | WellPoint | WellPoint | 49.24 | 32.18 | | | 10 | | 145.35 percent of total billed charges | |
| BKR CHG CARBAMAZEPINE FREE SERUM | 80157 | CPT | | | | outpatient | | | 153 | 15.24 | Consumer | Consumer | 145.35 | 95 | | | 10 | | 145.35 percent of total billed charges | |
| BKR CHG CARBAMAZEPINE FREE SERUM | 80157 | CPT | | | | outpatient | | | 153 | 15.24 | Amerihealth | HMO/PPO | 15.2 | | | | 10 | | 145.35 fee schedule | |
| BKR CHG CARBAMAZEPINE FREE SERUM | 80157 | CPT | | | | outpatient | | | 153 | 15.24 | Aetna | Medicare | 47.12 | 30.8 | | | 10 | | 145.35 percent of total billed charges | |
| BKR CHG CARBAMAZEPINE FREE SERUM | 80157 | CPT | | | | outpatient | | | 153 | 15.24 | First Health | First Health | 107.1 | 70 | | | 10 | | 145.35 percent of total billed charges | |
| BKR CHG CARBAMAZEPINE FREE SERUM | 80157 | CPT | | | | outpatient | | | 153 | 15.24 | Aetna | Better Health | 48.27 | 31.55 | | | 10 | | 145.35 percent of total billed charges | |
| BKR CHG CARBAMAZEPINE FREE SERUM | 80157 | CPT | | | | outpatient | | | 153 | 15.24 | Horizon | Medicare Blue | 45.9 | 30 | | | 10 | | 145.35 percent of total billed charges | |
| BKR CHG CARBAMAZEPINE FREE SERUM | 80157 | CPT | | | | outpatient | | | 153 | 15.24 | Horizon | MGD | 58.57 | 38.28 | | | 10 | | 145.35 percent of total billed charges | |
| BKR CHG CARBAMAZEPINE FREE SERUM | 80157 | CPT | | | | outpatient | | | 153 | 15.24 | Wellcare | Medicare | 13.25 | | | | 10 | | 145.35 fee schedule | |
| BKR CHG CARBAMAZEPINE FREE SERUM | 80157 | CPT | | | | outpatient | | | 153 | 15.24 | Corrections | Corrections | 122.4 | 80 | | | 10 | | 145.35 percent of total billed charges | |
| BKR CHG CARBAMAZEPINE FREE SERUM | 80157 | CPT | | | | outpatient | | | 153 | 15.24 | Multiplan | Multiplan | 122.4 | 80 | | | 10 | | 145.35 percent of total billed charges | |
| BKR CHG CARBAMAZEPINE FREE SERUM | 80157 | CPT | | | | outpatient | | | 153 | 15.24 | Americare | Americare | 114.75 | 75 | | | 10 | | 145.35 percent of total billed charges | |
| BKR CHG CARBAMAZEPINE FREE SERUM | 80157 | CPT | | | | outpatient | | | 153 | 15.24 | Qualcare | Qualcare | 114.75 | 75 | | | 10 | | 145.35 percent of total billed charges | |
| BKR CHG CARBAMAZEPINE FREE SERUM | 80157 | CPT | | | | outpatient | | | 153 | 15.24 | Horizon | NJ Health | 14.72 | | | | 10 | | 145.35 fee schedule | |
| BKR CHG CARBAMAZEPINE FREE SERUM | 80157 | CPT | | | | outpatient | | | 153 | 15.24 | UHC | Medicare | 13.25 | | | | 10 | | 145.35 fee schedule | |
| BKR CHG CARBAMAZEPINE FREE SERUM | 80157 | CPT | | | | outpatient | | | 153 | 15.24 | First Trenton | First Trenton | 137.7 | 90 | | | 10 | | 145.35 percent of total billed charges | |
| BKR CHG CARBAMAZEPINE FREE SERUM | 80157 | CPT | | | | outpatient | | | 153 | 15.24 | Wellcare | Medicaid | 10 | | | | 10 | | 145.35 fee schedule | |
| BKR CHG CARBAMAZEPINE FREE SERUM | 80157 | CPT | | | | outpatient | | | 153 | 15.24 | Horizon | Indemnity | 58.57 | 38.28 | | | 10 | | 145.35 percent of total billed charges | |
| BKR CHG CARBAMAZEPINE FREE SERUM | 80157 | CPT | | | | outpatient | | | 153 | 15.24 | Horizon | PPO | 58.57 | 38.28 | | | 10 | | 145.35 percent of total billed charges | |
| BKR CHG CARBAMAZEPINE FREE SERUM | 80157 | CPT | | | | outpatient | | | 153 | 15.24 | Managed Care Inc | Managed Care Inc | 137.7 | 90 | | | 10 | | 145.35 percent of total billed charges | |
| BKR CHG CARBAMAZEPINE FREE SERUM | 80157 | CPT | | | | outpatient | | | 153 | 15.24 | Three Rivers | Three Rivers | 145.35 | 95 | | | 10 | | 145.35 percent of total billed charges | |
| BKR CHG CARBAMAZEPINE FREE SERUM | 80157 | CPT | | | | outpatient | | | 153 | 15.24 | UHC | Medicaid | 10 | | | | 10 | | 145.35 fee schedule | |
| BKR CHG CYCLOSPORINE BLOOD | 80158 | CPT | | | | both | | | 107 | 20.76 | Aetna | Better Health | 33.76 | 31.55 | | | 12 | | 101.65 percent of total billed charges | |
| BKR CHG CYCLOSPORINE BLOOD | 80158 | CPT | | | | both | | | 107 | 20.76 | Amerihealth | HMO/PPO | 28.1 | | | | 12 | | 101.65 fee schedule | |
| BKR CHG CYCLOSPORINE BLOOD | 80158 | CPT | | | | both | | | 107 | 20.76 | First Health | First Health | 74.9 | 70 | | | 12 | | 101.65 percent of total billed charges | |
| BKR CHG CYCLOSPORINE BLOOD | 80158 | CPT | | | | both | | | 107 | 20.76 | Aetna | Medicare | 32.96 | 30.8 | | 2.2 | 12 | | 101.65 percent of total billed charges | |
| BKR CHG CYCLOSPORINE BLOOD | 80158 | CPT | | | | both | | | 107 | 20.76 | Corrections | Corrections | 85.6 | 80 | | | 12 | | 101.65 percent of total billed charges | |
| BKR CHG CYCLOSPORINE BLOOD | 80158 | CPT | | | | both | | | 107 | 20.76 | Horizon | NJ Health | 39.2 | | | 2.01 | 12 | | 101.65 fee schedule | |
| BKR CHG CYCLOSPORINE BLOOD | 80158 | CPT | | | | both | | | 107 | 20.76 | Wellcare | Medicare | 18.05 | | | | 12 | | 101.65 fee schedule | |
| BKR CHG CYCLOSPORINE BLOOD | 80158 | CPT | | | | both | | | 107 | 20.76 | Americare | Americare | 80.25 | 75 | | | 12 | | 101.65 percent of total billed charges | |
| BKR CHG CYCLOSPORINE BLOOD | 80158 | CPT | | | | both | | | 107 | 20.76 | Aetna | Commercial | 40.66 | 38 | | | 12 | | 101.65 percent of total billed charges | |
| BKR CHG CYCLOSPORINE BLOOD | 80158 | CPT | | | | both | | | 107 | 20.76 | Consumer | Consumer | 101.65 | 95 | | | 12 | | 101.65 percent of total billed charges | |
| BKR CHG CYCLOSPORINE BLOOD | 80158 | CPT | | | | both | | | 107 | 20.76 | WellPoint | WellPoint | 34.43 | 32.18 | | | 12 | | 101.65 percent of total billed charges | |
| BKR CHG CYCLOSPORINE BLOOD | 80158 | CPT | | | | both | | | 107 | 20.76 | Horizon | Indemnity | 40.96 | 38.28 | | | 12 | | 101.65 percent of total billed charges | |
| BKR CHG CYCLOSPORINE BLOOD | 80158 | CPT | | | | both | | | 107 | 20.76 | Amerihealth | Medicare | 18.05 | | | | 12 | | 101.65 fee schedule | |
| BKR CHG CYCLOSPORINE BLOOD | 80158 | CPT | | | | both | | | 107 | 20.76 | First Trenton | First Trenton | 96.3 | 90 | | | 12 | | 101.65 percent of total billed charges | |
| BKR CHG CYCLOSPORINE BLOOD | 80158 | CPT | | | | both | | | 107 | 20.76 | Horizon | MGD | 40.96 | 38.28 | | 11.41 | 12 | | 101.65 percent of total billed charges | |
| BKR CHG CYCLOSPORINE BLOOD | 80158 | CPT | | | | both | | | 107 | 20.76 | Horizon | Medicare Blue | 32.1 | 30 | | | 12 | | 101.65 percent of total billed charges | |
| BKR CHG CYCLOSPORINE BLOOD | 80158 | CPT | | | | both | | | 107 | 20.76 | Multiplan | Multiplan | 85.6 | 80 | | | 12 | | 101.65 percent of total billed charges | |
| BKR CHG CYCLOSPORINE BLOOD | 80158 | CPT | | | | both | | | 107 | 20.76 | Managed Care Inc | Managed Care Inc | 96.3 | 90 | | | 12 | | 101.65 percent of total billed charges | |
| BKR CHG CYCLOSPORINE BLOOD | 80158 | CPT | | | | both | | | 107 | 20.76 | Qualcare | Qualcare | 80.25 | 75 | | | 12 | | 101.65 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG CYCLOSPORINE BLOOD | 80158 | CPT | | | | both | | | 107 | 20.76 | Horizon | PPO | 40.96 | 38.28 | | | 12 | | 101.65 percent of total billed charges | |
| BKR CHG CYCLOSPORINE BLOOD | 80158 | CPT | | | | both | | | 107 | 20.76 | Wellcare | Medicaid | 20 | | | | 12 | | 101.65 fee schedule | |
| BKR CHG CYCLOSPORINE BLOOD | 80158 | CPT | | | | both | | | 107 | 20.76 | Three Rivers | Three Rivers | 101.65 | 95 | | | 12 | | 101.65 percent of total billed charges | |
| BKR CHG CYCLOSPORINE BLOOD | 80158 | CPT | | | | both | | | 107 | 20.76 | UHC | Medicaid | 20 | | | | 12 | | 101.65 fee schedule | |
| BKR CHG CYCLOSPORINE BLOOD | 80158 | CPT | | | | both | | | 107 | 20.76 | UHC | Medicare | 18.05 | | | 4.14 | 12 | | 101.65 fee schedule | |
| BKR CHG CLOZARIL | 80159 | CPT | | | | both | | | 107 | 23.17 | Wellcare | Medicare | 20.15 | | | | 13.72 | | 101.65 fee schedule | |
| BKR CHG CLOZARIL | 80159 | CPT | | | | both | | | 107 | 23.17 | Aetna | Commercial | 40.66 | 38 | | | 13.72 | | 101.65 percent of total billed charges | |
| BKR CHG CLOZARIL | 80159 | CPT | | | | both | | | 107 | 23.17 | Amerihealth | HMO/PPO | 13.72 | | | | 13.72 | | 101.65 fee schedule | |
| BKR CHG CLOZARIL | 80159 | CPT | | | | both | | | 107 | 23.17 | Corrections | Corrections | 85.6 | 80 | | | 13.72 | | 101.65 percent of total billed charges | |
| BKR CHG CLOZARIL | 80159 | CPT | | | | both | | | 107 | 23.17 | Amerihealth | Medicare | 20.15 | | | | 13.72 | | 101.65 fee schedule | |
| BKR CHG CLOZARIL | 80159 | CPT | | | | both | | | 107 | 23.17 | Americare | Americare | 80.25 | 75 | | | 13.72 | | 101.65 percent of total billed charges | |
| BKR CHG CLOZARIL | 80159 | CPT | | | | both | | | 107 | 23.17 | First Health | First Health | 74.9 | 70 | | | 13.72 | | 101.65 percent of total billed charges | |
| BKR CHG CLOZARIL | 80159 | CPT | | | | both | | | 107 | 23.17 | Aetna | Better Health | 33.76 | 31.55 | | | 13.72 | | 101.65 percent of total billed charges | |
| BKR CHG CLOZARIL | 80159 | CPT | | | | both | | | 107 | 23.17 | WellPoint | WellPoint | 34.43 | 32.18 | | | 13.72 | | 101.65 percent of total billed charges | |
| BKR CHG CLOZARIL | 80159 | CPT | | | | both | | | 107 | 23.17 | Aetna | Medicare | 32.96 | 30.8 | | | 13.72 | | 101.65 percent of total billed charges | |
| BKR CHG CLOZARIL | 80159 | CPT | | | | both | | | 107 | 23.17 | Horizon | MGD | 40.96 | 38.28 | | | 13.72 | | 101.65 percent of total billed charges | |
| BKR CHG CLOZARIL | 80159 | CPT | | | | both | | | 107 | 23.17 | Horizon | Medicare Blue | 32.1 | 30 | | | 13.72 | | 101.65 percent of total billed charges | |
| BKR CHG CLOZARIL | 80159 | CPT | | | | both | | | 107 | 23.17 | Multiplan | Multiplan | 85.6 | 80 | | | 13.72 | | 101.65 percent of total billed charges | |
| BKR CHG CLOZARIL | 80159 | CPT | | | | both | | | 107 | 23.17 | Consumer | Consumer | 101.65 | 95 | | | 13.72 | | 101.65 percent of total billed charges | |
| BKR CHG CLOZARIL | 80159 | CPT | | | | both | | | 107 | 23.17 | Qualcare | Qualcare | 80.25 | 75 | | | 13.72 | | 101.65 percent of total billed charges | |
| BKR CHG CLOZARIL | 80159 | CPT | | | | both | | | 107 | 23.17 | UHC | Medicaid | 16.12 | | | | 13.72 | | 101.65 fee schedule | |
| BKR CHG CLOZARIL | 80159 | CPT | | | | both | | | 107 | 23.17 | UHC | Medicare | 20.15 | | | | 13.72 | | 101.65 fee schedule | |
| BKR CHG CLOZARIL | 80159 | CPT | | | | both | | | 107 | 23.17 | First Trenton | First Trenton | 96.3 | 90 | | | 13.72 | | 101.65 percent of total billed charges | |
| BKR CHG CLOZARIL | 80159 | CPT | | | | both | | | 107 | 23.17 | Wellcare | Medicaid | 16.12 | | | | 13.72 | | 101.65 fee schedule | |
| BKR CHG CLOZARIL | 80159 | CPT | | | | both | | | 107 | 23.17 | Horizon | Indemnity | 40.96 | 38.28 | | | 13.72 | | 101.65 percent of total billed charges | |
| BKR CHG CLOZARIL | 80159 | CPT | | | | both | | | 107 | 23.17 | Horizon | NJ Health | 19.78 | | | | 13.72 | | 101.65 fee schedule | |
| BKR CHG CLOZARIL | 80159 | CPT | | | | both | | | 107 | 23.17 | Horizon | PPO | 40.96 | 38.28 | | | 13.72 | | 101.65 percent of total billed charges | |
| BKR CHG CLOZARIL | 80159 | CPT | | | | both | | | 107 | 23.17 | Managed Care Inc | Managed Care Inc | 96.3 | 90 | | | 13.72 | | 101.65 percent of total billed charges | |
| BKR CHG CLOZARIL | 80159 | CPT | | | | both | | | 107 | 23.17 | Three Rivers | Three Rivers | 101.65 | 95 | | | 13.72 | | 101.65 percent of total billed charges | |
| BKR CHG CARBAMAZEPINE 10 11 EPOXIDE | 80161 | CPT | | | | outpatient | | | 62 | 21.44 | Wellcare | Medicare | 18.64 | | | | 14.91 | | 58.9 fee schedule | |
| BKR CHG CARBAMAZEPINE 10 11 EPOXIDE | 80161 | CPT | | | | outpatient | | | 62 | 21.44 | Aetna | Medicare | 19.1 | 30.8 | | | 14.91 | | 58.9 percent of total billed charges | |
| BKR CHG CARBAMAZEPINE 10 11 EPOXIDE | 80161 | CPT | | | | outpatient | | | 62 | 21.44 | Horizon | MGD | 23.73 | 38.28 | | | 14.91 | | 58.9 percent of total billed charges | |
| BKR CHG CARBAMAZEPINE 10 11 EPOXIDE | 80161 | CPT | | | | outpatient | | | 62 | 21.44 | Aetna | Better Health | 19.56 | 31.55 | | | 14.91 | | 58.9 percent of total billed charges | |
| BKR CHG CARBAMAZEPINE 10 11 EPOXIDE | 80161 | CPT | | | | outpatient | | | 62 | 21.44 | UHC | Medicare | 18.64 | | | | 14.91 | | 58.9 fee schedule | |
| BKR CHG CARBAMAZEPINE 10 11 EPOXIDE | 80161 | CPT | | | | outpatient | | | 62 | 21.44 | Amerihealth | Medicare | 18.64 | | | | 14.91 | | 58.9 fee schedule | |
| BKR CHG CARBAMAZEPINE 10 11 EPOXIDE | 80161 | CPT | | | | outpatient | | | 62 | 21.44 | Americare | Americare | 46.5 | 75 | | | 14.91 | | 58.9 percent of total billed charges | |
| BKR CHG CARBAMAZEPINE 10 11 EPOXIDE | 80161 | CPT | | | | outpatient | | | 62 | 21.44 | First Health | First Health | 43.4 | 70 | | | 14.91 | | 58.9 percent of total billed charges | |
| BKR CHG CARBAMAZEPINE 10 11 EPOXIDE | 80161 | CPT | | | | outpatient | | | 62 | 21.44 | Wellcare | Medicaid | 14.91 | | | | 14.91 | | 58.9 fee schedule | |
| BKR CHG CARBAMAZEPINE 10 11 EPOXIDE | 80161 | CPT | | | | outpatient | | | 62 | 21.44 | Consumer | Consumer | 58.9 | 95 | | | 14.91 | | 58.9 percent of total billed charges | |
| BKR CHG CARBAMAZEPINE 10 11 EPOXIDE | 80161 | CPT | | | | outpatient | | | 62 | 21.44 | Aetna | Commercial | 23.56 | 38 | | | 14.91 | | 58.9 percent of total billed charges | |
| BKR CHG CARBAMAZEPINE 10 11 EPOXIDE | 80161 | CPT | | | | outpatient | | | 62 | 21.44 | Corrections | Corrections | 49.6 | 80 | | | 14.91 | | 58.9 percent of total billed charges | |
| BKR CHG CARBAMAZEPINE 10 11 EPOXIDE | 80161 | CPT | | | | outpatient | | | 62 | 21.44 | Horizon | Medicare Blue | 18.6 | 30 | | | 14.91 | | 58.9 percent of total billed charges | |
| BKR CHG CARBAMAZEPINE 10 11 EPOXIDE | 80161 | CPT | | | | outpatient | | | 62 | 21.44 | First Trenton | First Trenton | 55.8 | 90 | | | 14.91 | | 58.9 percent of total billed charges | |
| BKR CHG CARBAMAZEPINE 10 11 EPOXIDE | 80161 | CPT | | | | outpatient | | | 62 | 21.44 | Amerihealth | HMO/PPO | 40.3 | 65 | | | 14.91 | | 58.9 percent of total billed charges | |
| BKR CHG CARBAMAZEPINE 10 11 EPOXIDE | 80161 | CPT | | | | outpatient | | | 62 | 21.44 | WellPoint | WellPoint | 19.95 | 32.18 | | | 14.91 | | 58.9 percent of total billed charges | |
| BKR CHG CARBAMAZEPINE 10 11 EPOXIDE | 80161 | CPT | | | | outpatient | | | 62 | 21.44 | UHC | Medicaid | 14.91 | | | | 14.91 | | 58.9 fee schedule | |
| BKR CHG CARBAMAZEPINE 10 11 EPOXIDE | 80161 | CPT | | | | outpatient | | | 62 | 21.44 | Horizon | PPO | 23.73 | 38.28 | | | 14.91 | | 58.9 percent of total billed charges | |
| BKR CHG CARBAMAZEPINE 10 11 EPOXIDE | 80161 | CPT | | | | outpatient | | | 62 | 21.44 | Horizon | Indemnity | 23.73 | 38.28 | | | 14.91 | | 58.9 percent of total billed charges | |
| BKR CHG CARBAMAZEPINE 10 11 EPOXIDE | 80161 | CPT | | | | outpatient | | | 62 | 21.44 | Managed Care Inc | Managed Care Inc | 55.8 | 90 | | | 14.91 | | 58.9 percent of total billed charges | |
| BKR CHG CARBAMAZEPINE 10 11 EPOXIDE | 80161 | CPT | | | | outpatient | | | 62 | 21.44 | Multiplan | Multiplan | 49.6 | 80 | | | 14.91 | | 58.9 percent of total billed charges | |
| BKR CHG CARBAMAZEPINE 10 11 EPOXIDE | 80161 | CPT | | | | outpatient | | | 62 | 21.44 | Three Rivers | Three Rivers | 58.9 | 95 | | | 14.91 | | 58.9 percent of total billed charges | |
| BKR CHG CARBAMAZEPINE 10 11 EPOXIDE | 80161 | CPT | | | | outpatient | | | 62 | 21.44 | Qualcare | Qualcare | 46.5 | 75 | | | 14.91 | | 58.9 percent of total billed charges | |
| BKR CHG DIGOXIN | 80162 | CPT | | | | both | | | 121 | 15.27 | Consumer | Consumer | 114.95 | 95 | | | 13.28 | | 114.95 percent of total billed charges | |
| BKR CHG DIGOXIN | 80162 | CPT | | | | both | | | 121 | 15.27 | Multiplan | Multiplan | 96.8 | 80 | | | 13.28 | | 114.95 percent of total billed charges | |
| BKR CHG DIGOXIN | 80162 | CPT | | | | both | | | 121 | 15.27 | Aetna | Medicare | 37.27 | 30.8 | | | 13.28 | | 114.95 percent of total billed charges | |
| BKR CHG DIGOXIN | 80162 | CPT | | | | both | | | 121 | 15.27 | Horizon | Indemnity | 46.32 | 38.28 | | | 13.28 | | 114.95 percent of total billed charges | |
| BKR CHG DIGOXIN | 80162 | CPT | | | | both | | | 121 | 15.27 | Aetna | Better Health | 38.18 | 31.55 | | | 13.28 | | 114.95 percent of total billed charges | |
| BKR CHG DIGOXIN | 80162 | CPT | | | | both | | | 121 | 15.27 | Amerihealth | Medicare | 13.28 | | | | 13.28 | | 114.95 fee schedule | |
| BKR CHG DIGOXIN | 80162 | CPT | | | | both | | | 121 | 15.27 | Horizon | MGD | 46.32 | 38.28 | | | 13.28 | | 114.95 percent of total billed charges | |
| BKR CHG DIGOXIN | 80162 | CPT | | | | both | | | 121 | 15.27 | First Trenton | First Trenton | 108.9 | 90 | | | 13.28 | | 114.95 percent of total billed charges | |
| BKR CHG DIGOXIN | 80162 | CPT | | | | both | | | 121 | 15.27 | Corrections | Corrections | 96.8 | 80 | | | 13.28 | | 114.95 percent of total billed charges | |
| BKR CHG DIGOXIN | 80162 | CPT | | | | both | | | 121 | 15.27 | Qualcare | Qualcare | 90.75 | 75 | | | 13.28 | | 114.95 percent of total billed charges | |
| BKR CHG DIGOXIN | 80162 | CPT | | | | both | | | 121 | 15.27 | Americare | Americare | 90.75 | 75 | | | 13.28 | | 114.95 percent of total billed charges | |
| BKR CHG DIGOXIN | 80162 | CPT | | | | both | | | 121 | 15.27 | Horizon | PPO | 46.32 | 38.28 | | | 13.28 | | 114.95 percent of total billed charges | |
| BKR CHG DIGOXIN | 80162 | CPT | | | | both | | | 121 | 15.27 | Aetna | Commercial | 45.98 | 38 | | | 13.28 | | 114.95 percent of total billed charges | |
| BKR CHG DIGOXIN | 80162 | CPT | | | | both | | | 121 | 15.27 | First Health | First Health | 84.7 | 70 | | | 13.28 | | 114.95 percent of total billed charges | |
| BKR CHG DIGOXIN | 80162 | CPT | | | | both | | | 121 | 15.27 | Amerihealth | HMO/PPO | 20.7 | | | | 13.28 | | 114.95 fee schedule | |
| BKR CHG DIGOXIN | 80162 | CPT | | | | both | | | 121 | 15.27 | Horizon | Medicare Blue | 36.3 | 30 | | | 13.28 | | 114.95 percent of total billed charges | |
| BKR CHG DIGOXIN | 80162 | CPT | | | | both | | | 121 | 15.27 | Horizon | NJ Health | 29.4 | | | 14.49 | 13.28 | | 114.95 fee schedule | |
| BKR CHG DIGOXIN | 80162 | CPT | | | | both | | | 121 | 15.27 | UHC | Medicare | 13.28 | | | | 13.28 | | 114.95 fee schedule | |
| BKR CHG DIGOXIN | 80162 | CPT | | | | both | | | 121 | 15.27 | UHC | Medicaid | 15 | | | | 13.28 | | 114.95 fee schedule | |
| BKR CHG DIGOXIN | 80162 | CPT | | | | both | | | 121 | 15.27 | Managed Care Inc | Managed Care Inc | 108.9 | 90 | | | 13.28 | | 114.95 percent of total billed charges | |
| BKR CHG DIGOXIN | 80162 | CPT | | | | both | | | 121 | 15.27 | Wellcare | Medicaid | 15 | | | | 13.28 | | 114.95 fee schedule | |
| BKR CHG DIGOXIN | 80162 | CPT | | | | both | | | 121 | 15.27 | Three Rivers | Three Rivers | 114.95 | 95 | | | 13.28 | | 114.95 percent of total billed charges | |
| BKR CHG DIGOXIN | 80162 | CPT | | | | both | | | 121 | 15.27 | WellPoint | WellPoint | 38.94 | 32.18 | | | 13.28 | | 114.95 percent of total billed charges | |
| BKR CHG DIGOXIN | 80162 | CPT | | | | both | | | 121 | 15.27 | Wellcare | Medicare | 13.28 | | | | 13.28 | | 114.95 fee schedule | |
| BKR CHG VALPROIC ACID (DEPAKOTE)(R) SERUM | 80164 | CPT | | | | both | | | 94 | 15.57 | Aetna | Better Health | 29.66 | 31.55 | | 26.44 | 10 | | 89.3 percent of total billed charges | |
| BKR CHG VALPROIC ACID (DEPAKOTE)(R) SERUM | 80164 | CPT | | | | both | | | 94 | 15.57 | Aetna | Commercial | 35.72 | 38 | | 9.76 | 10 | | 89.3 percent of total billed charges | |
| BKR CHG VALPROIC ACID (DEPAKOTE)(R) SERUM | 80164 | CPT | | | | both | | | 94 | 15.57 | Amerihealth | HMO/PPO | 19 | | | 11.44 | 10 | | 89.3 fee schedule | |
| BKR CHG VALPROIC ACID (DEPAKOTE)(R) SERUM | 80164 | CPT | | | | both | | | 94 | 15.57 | Horizon | Indemnity | 35.98 | 38.28 | | 22.58 | 10 | | 89.3 percent of total billed charges | |
| BKR CHG VALPROIC ACID (DEPAKOTE)(R) SERUM | 80164 | CPT | | | | both | | | 94 | 15.57 | Aetna | Medicare | 28.95 | 30.8 | | 6.54 | 10 | | 89.3 percent of total billed charges | |
| BKR CHG VALPROIC ACID (DEPAKOTE)(R) SERUM | 80164 | CPT | | | | both | | | 94 | 15.57 | Amerihealth | Medicare | 13.54 | | | | 10 | | 89.3 fee schedule | |
| BKR CHG VALPROIC ACID (DEPAKOTE)(R) SERUM | 80164 | CPT | | | | both | | | 94 | 15.57 | Horizon | Medicare Blue | 28.2 | 30 | | 11.56 | 10 | | 89.3 percent of total billed charges | |
| BKR CHG VALPROIC ACID (DEPAKOTE)(R) SERUM | 80164 | CPT | | | | both | | | 94 | 15.57 | Consumer | Consumer | 89.3 | 95 | | | 10 | | 89.3 percent of total billed charges | |
| BKR CHG VALPROIC ACID (DEPAKOTE)(R) SERUM | 80164 | CPT | | | | both | | | 94 | 15.57 | Americare | Americare | 70.5 | 75 | | | 10 | | 89.3 percent of total billed charges | |
| BKR CHG VALPROIC ACID (DEPAKOTE)(R) SERUM | 80164 | CPT | | | | both | | | 94 | 15.57 | First Health | First Health | 65.8 | 70 | | | 10 | | 89.3 percent of total billed charges | |
| BKR CHG VALPROIC ACID (DEPAKOTE)(R) SERUM | 80164 | CPT | | | | both | | | 94 | 15.57 | Corrections | Corrections | 75.2 | 80 | | 23.23 | 10 | | 89.3 percent of total billed charges | |
| BKR CHG VALPROIC ACID (DEPAKOTE)(R) SERUM | 80164 | CPT | | | | both | | | 94 | 15.57 | Horizon | MGD | 35.98 | 38.28 | | 35.03 | 10 | | 89.3 percent of total billed charges | |
| BKR CHG VALPROIC ACID (DEPAKOTE)(R) SERUM | 80164 | CPT | | | | both | | | 94 | 15.57 | Wellcare | Medicare | 13.54 | | | | 10 | | 89.3 fee schedule | |
| BKR CHG VALPROIC ACID (DEPAKOTE)(R) SERUM | 80164 | CPT | | | | both | | | 94 | 15.57 | Wellcare | Medicaid | 10 | | | 25.39 | 10 | | 89.3 fee schedule | |
| BKR CHG VALPROIC ACID (DEPAKOTE)(R) SERUM | 80164 | CPT | | | | both | | | 94 | 15.57 | Horizon | NJ Health | 19.6 | | | 9.08 | 10 | | 89.3 fee schedule | |
| BKR CHG VALPROIC ACID (DEPAKOTE)(R) SERUM | 80164 | CPT | | | | both | | | 94 | 15.57 | First Trenton | First Trenton | 84.6 | 90 | | | 10 | | 89.3 percent of total billed charges | |
| BKR CHG VALPROIC ACID (DEPAKOTE)(R) SERUM | 80164 | CPT | | | | both | | | 94 | 15.57 | Horizon | PPO | 35.98 | 38.28 | | 30.86 | 10 | | 89.3 percent of total billed charges | |
| BKR CHG VALPROIC ACID (DEPAKOTE)(R) SERUM | 80164 | CPT | | | | both | | | 94 | 15.57 | Managed Care Inc | Managed Care Inc | 84.6 | 90 | | | 10 | | 89.3 percent of total billed charges | |
| BKR CHG VALPROIC ACID (DEPAKOTE)(R) SERUM | 80164 | CPT | | | | both | | | 94 | 15.57 | Multiplan | Multiplan | 75.2 | 80 | | | 10 | | 89.3 percent of total billed charges | |
| BKR CHG VALPROIC ACID (DEPAKOTE)(R) SERUM | 80164 | CPT | | | | both | | | 94 | 15.57 | Three Rivers | Three Rivers | 89.3 | 95 | | | 10 | | 89.3 percent of total billed charges | |
| BKR CHG VALPROIC ACID (DEPAKOTE)(R) SERUM | 80164 | CPT | | | | both | | | 94 | 15.57 | Qualcare | Qualcare | 70.5 | 75 | | | 10 | | 89.3 percent of total billed charges | |
| BKR CHG VALPROIC ACID (DEPAKOTE)(R) SERUM | 80164 | CPT | | | | both | | | 94 | 15.57 | UHC | Medicaid | 10 | | | 22.17 | 10 | | 89.3 fee schedule | |
| BKR CHG VALPROIC ACID (DEPAKOTE)(R) SERUM | 80164 | CPT | | | | both | | | 94 | 15.57 | UHC | Medicare | 13.54 | | | 9.13 | 10 | | 89.3 fee schedule | |
| BKR CHG VALPROIC ACID (DEPAKOTE)(R) SERUM | 80164 | CPT | | | | both | | | 94 | 15.57 | WellPoint | WellPoint | 30.25 | 32.18 | | 20.4 | 10 | | 89.3 percent of total billed charges | |
| BKR CHG FREE VALPROIC ACID (DEPAKOTE) | 80165 | CPT | | | | inpatient | | | 44 | 15.57 | Consumer | Consumer | 41.8 | 95 | | | 10.03 | | 41.8 percent of total billed charges | |
| BKR CHG FREE VALPROIC ACID (DEPAKOTE) | 80165 | CPT | | | | inpatient | | | 44 | 15.57 | Americare | Americare | 33 | 75 | | | 10.03 | | 41.8 percent of total billed charges | |
| BKR CHG FREE VALPROIC ACID (DEPAKOTE) | 80165 | CPT | | | | inpatient | | | 44 | 15.57 | First Health | First Health | 30.8 | 70 | | | 10.03 | | 41.8 percent of total billed charges | |
| BKR CHG FREE VALPROIC ACID (DEPAKOTE) | 80165 | CPT | | | | inpatient | | | 44 | 15.57 | UHC | Medicare | 13.54 | | | | 10.03 | | 41.8 fee schedule | |
| BKR CHG FREE VALPROIC ACID (DEPAKOTE) | 80165 | CPT | | | | inpatient | | | 44 | 15.57 | Aetna | Better Health | 13.88 | 31.55 | | | 10.03 | | 41.8 percent of total billed charges | |
| BKR CHG FREE VALPROIC ACID (DEPAKOTE) | 80165 | CPT | | | | inpatient | | | 44 | 15.57 | Aetna | Commercial | 16.72 | 38 | | | 10.03 | | 41.8 percent of total billed charges | |
| BKR CHG FREE VALPROIC ACID (DEPAKOTE) | 80165 | CPT | | | | inpatient | | | 44 | 15.57 | Amerihealth | HMO/PPO | 10.03 | | | | 10.03 | | 41.8 fee schedule | |
| BKR CHG FREE VALPROIC ACID (DEPAKOTE) | 80165 | CPT | | | | inpatient | | | 44 | 15.57 | Amerihealth | Medicare | 13.54 | | | | 10.03 | | 41.8 fee schedule | |
| BKR CHG FREE VALPROIC ACID (DEPAKOTE) | 80165 | CPT | | | | inpatient | | | 44 | 15.57 | Corrections | Corrections | 35.2 | 80 | | | 10.03 | | 41.8 percent of total billed charges | |
| BKR CHG FREE VALPROIC ACID (DEPAKOTE) | 80165 | CPT | | | | inpatient | | | 44 | 15.57 | Aetna | Medicare | 13.55 | 30.8 | | | 10.03 | | 41.8 percent of total billed charges | |
| BKR CHG FREE VALPROIC ACID (DEPAKOTE) | 80165 | CPT | | | | inpatient | | | 44 | 15.57 | Horizon | MGD | 16.84 | 38.28 | | | 10.03 | | 41.8 percent of total billed charges | |
| BKR CHG FREE VALPROIC ACID (DEPAKOTE) | 80165 | CPT | | | | inpatient | | | 44 | 15.57 | Wellcare | Medicare | 13.54 | | | | 10.03 | | 41.8 fee schedule | |
| BKR CHG FREE VALPROIC ACID (DEPAKOTE) | 80165 | CPT | | | | inpatient | | | 44 | 15.57 | Horizon | Indemnity | 16.84 | 38.28 | | | 10.03 | | 41.8 percent of total billed charges | |
| BKR CHG FREE VALPROIC ACID (DEPAKOTE) | 80165 | CPT | | | | inpatient | | | 44 | 15.57 | Horizon | Medicare Blue | 13.2 | 30 | | | 10.03 | | 41.8 percent of total billed charges | |
| BKR CHG FREE VALPROIC ACID (DEPAKOTE) | 80165 | CPT | | | | inpatient | | | 44 | 15.57 | Horizon | PPO | 16.84 | 38.28 | | | 10.03 | | 41.8 percent of total billed charges | |
| BKR CHG FREE VALPROIC ACID (DEPAKOTE) | 80165 | CPT | | | | inpatient | | | 44 | 15.57 | WellPoint | WellPoint | 14.16 | 32.18 | | | 10.03 | | 41.8 percent of total billed charges | |
| BKR CHG FREE VALPROIC ACID (DEPAKOTE) | 80165 | CPT | | | | inpatient | | | 44 | 15.57 | First Trenton | First Trenton | 39.6 | 90 | | | 10.03 | | 41.8 percent of total billed charges | |
| BKR CHG FREE VALPROIC ACID (DEPAKOTE) | 80165 | CPT | | | | inpatient | | | 44 | 15.57 | Multiplan | Multiplan | 35.2 | 80 | | | 10.03 | | 41.8 percent of total billed charges | |
| BKR CHG FREE VALPROIC ACID (DEPAKOTE) | 80165 | CPT | | | | inpatient | | | 44 | 15.57 | Three Rivers | Three Rivers | 41.8 | 95 | | | 10.03 | | 41.8 percent of total billed charges | |
| BKR CHG FREE VALPROIC ACID (DEPAKOTE) | 80165 | CPT | | | | inpatient | | | 44 | 15.57 | Qualcare | Qualcare | 33 | 75 | | | 10.03 | | 41.8 percent of total billed charges | |
| BKR CHG FREE VALPROIC ACID (DEPAKOTE) | 80165 | CPT | | | | inpatient | | | 44 | 15.57 | Horizon | NJ Health | 10.43 | | | | 10.03 | | 41.8 fee schedule | |
| BKR CHG FREE VALPROIC ACID (DEPAKOTE) | 80165 | CPT | | | | inpatient | | | 44 | 15.57 | UHC | Medicaid | 10.83 | | | | 10.03 | | 41.8 fee schedule | |
| BKR CHG FREE VALPROIC ACID (DEPAKOTE) | 80165 | CPT | | | | inpatient | | | 44 | 15.57 | Managed Care Inc | Managed Care Inc | 39.6 | 90 | | | 10.03 | | 41.8 percent of total billed charges | |
| BKR CHG FREE VALPROIC ACID (DEPAKOTE) | 80165 | CPT | | | | inpatient | | | 44 | 15.57 | Wellcare | Medicaid | 10.83 | | | | 10.03 | | 41.8 fee schedule | |
| BKR CHG FELBAMATE (FELBATOL(R)), SERUM | 80167 | CPT | | | | both | | | 457 | 21.44 | First Health | First Health | 319.9 | 70 | | | 14.91 | | 434.15 percent of total billed charges | |
| BKR CHG FELBAMATE (FELBATOL(R)), SERUM | 80167 | CPT | | | | both | | | 457 | 21.44 | Horizon | Indemnity | 174.94 | 38.28 | | | 14.91 | | 434.15 percent of total billed charges | |
| BKR CHG FELBAMATE (FELBATOL(R)), SERUM | 80167 | CPT | | | | both | | | 457 | 21.44 | Amerihealth | HMO/PPO | 297.05 | 65 | | | 14.91 | | 434.15 percent of total billed charges | |
| BKR CHG FELBAMATE (FELBATOL(R)), SERUM | 80167 | CPT | | | | both | | | 457 | 21.44 | Americare | Americare | 342.75 | 75 | | | 14.91 | | 434.15 percent of total billed charges | |
| BKR CHG FELBAMATE (FELBATOL(R)), SERUM | 80167 | CPT | | | | both | | | 457 | 21.44 | Aetna | Better Health | 144.18 | 31.55 | | | 14.91 | | 434.15 percent of total billed charges | |
| BKR CHG FELBAMATE (FELBATOL(R)), SERUM | 80167 | CPT | | | | both | | | 457 | 21.44 | Amerihealth | Medicare | 18.64 | | | | 14.91 | | 434.15 fee schedule | |
| BKR CHG FELBAMATE (FELBATOL(R)), SERUM | 80167 | CPT | | | | both | | | 457 | 21.44 | Aetna | Commercial | 173.66 | 38 | | | 14.91 | | 434.15 percent of total billed charges | |
| BKR CHG FELBAMATE (FELBATOL(R)), SERUM | 80167 | CPT | | | | both | | | 457 | 21.44 | Horizon | MGD | 174.94 | 38.28 | | | 14.91 | | 434.15 percent of total billed charges | |
| BKR CHG FELBAMATE (FELBATOL(R)), SERUM | 80167 | CPT | | | | both | | | 457 | 21.44 | Qualcare | Qualcare | 342.75 | 75 | | | 14.91 | | 434.15 percent of total billed charges | |
| BKR CHG FELBAMATE (FELBATOL(R)), SERUM | 80167 | CPT | | | | both | | | 457 | 21.44 | Consumer | Consumer | 434.15 | 95 | | | 14.91 | | 434.15 percent of total billed charges | |
| BKR CHG FELBAMATE (FELBATOL(R)), SERUM | 80167 | CPT | | | | both | | | 457 | 21.44 | Aetna | Medicare | 140.76 | 30.8 | | | 14.91 | | 434.15 percent of total billed charges | |
| BKR CHG FELBAMATE (FELBATOL(R)), SERUM | 80167 | CPT | | | | both | | | 457 | 21.44 | Horizon | PPO | 174.94 | 38.28 | | | 14.91 | | 434.15 percent of total billed charges | |
| BKR CHG FELBAMATE (FELBATOL(R)), SERUM | 80167 | CPT | | | | both | | | 457 | 21.44 | UHC | Medicaid | 14.91 | | | | 14.91 | | 434.15 fee schedule | |
| BKR CHG FELBAMATE (FELBATOL(R)), SERUM | 80167 | CPT | | | | both | | | 457 | 21.44 | Corrections | Corrections | 365.6 | 80 | | | 14.91 | | 434.15 percent of total billed charges | |
| BKR CHG FELBAMATE (FELBATOL(R)), SERUM | 80167 | CPT | | | | both | | | 457 | 21.44 | Horizon | Medicare Blue | 137.1 | 30 | | | 14.91 | | 434.15 percent of total billed charges | |
| BKR CHG FELBAMATE (FELBATOL(R)), SERUM | 80167 | CPT | | | | both | | | 457 | 21.44 | Three Rivers | Three Rivers | 434.15 | 95 | | | 14.91 | | 434.15 percent of total billed charges | |
| BKR CHG FELBAMATE (FELBATOL(R)), SERUM | 80167 | CPT | | | | both | | | 457 | 21.44 | Wellcare | Medicare | 18.64 | | | | 14.91 | | 434.15 fee schedule | |
| BKR CHG FELBAMATE (FELBATOL(R)), SERUM | 80167 | CPT | | | | both | | | 457 | 21.44 | First Trenton | First Trenton | 411.3 | 90 | | | 14.91 | | 434.15 percent of total billed charges | |
| BKR CHG FELBAMATE (FELBATOL(R)), SERUM | 80167 | CPT | | | | both | | | 457 | 21.44 | Multiplan | Multiplan | 365.6 | 80 | | | 14.91 | | 434.15 percent of total billed charges | |
| BKR CHG FELBAMATE (FELBATOL(R)), SERUM | 80167 | CPT | | | | both | | | 457 | 21.44 | Managed Care Inc | Managed Care Inc | 411.3 | 90 | | | 14.91 | | 434.15 percent of total billed charges | |
| BKR CHG FELBAMATE (FELBATOL(R)), SERUM | 80167 | CPT | | | | both | | | 457 | 21.44 | WellPoint | WellPoint | 147.06 | 32.18 | | | 14.91 | | 434.15 percent of total billed charges | |
| BKR CHG FELBAMATE (FELBATOL(R)), SERUM | 80167 | CPT | | | | both | | | 457 | 21.44 | UHC | Medicare | 18.64 | | | 5.27 | 14.91 | | 434.15 fee schedule | |
| BKR CHG FELBAMATE (FELBATOL(R)), SERUM | 80167 | CPT | | | | both | | | 457 | 21.44 | Wellcare | Medicaid | 14.91 | | | | 14.91 | | 434.15 fee schedule | |
| BKR CHG ZARONTIN LEVEL | 80168 | CPT | | | | both | | | 490 | 18.79 | Aetna | Medicare | 150.92 | 30.8 | | | 16.34 | | 465.5 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG ZARONTIN LEVEL | 80168 | CPT | | | | both | | | 490 | 18.79 | Aetna | Commercial | 186.2 | 38 | | | 16.34 | | 465.5 percent of total billed charges | |
| BKR CHG ZARONTIN LEVEL | 80168 | CPT | | | | both | | | 490 | 18.79 | Corrections | Corrections | 392 | 80 | | | 16.34 | | 465.5 percent of total billed charges | |
| BKR CHG ZARONTIN LEVEL | 80168 | CPT | | | | both | | | 490 | 18.79 | First Trenton | First Trenton | 441 | 90 | | | 16.34 | | 465.5 percent of total billed charges | |
| BKR CHG ZARONTIN LEVEL | 80168 | CPT | | | | both | | | 490 | 18.79 | Aetna | Better Health | 154.6 | 31.55 | | | 16.34 | | 465.5 percent of total billed charges | |
| BKR CHG ZARONTIN LEVEL | 80168 | CPT | | | | both | | | 490 | 18.79 | Amerihealth | HMO/PPO | 25.5 | | | | 16.34 | | 465.5 fee schedule | |
| BKR CHG ZARONTIN LEVEL | 80168 | CPT | | | | both | | | 490 | 18.79 | Amerihealth | Medicare | 16.34 | | | | 16.34 | | 465.5 fee schedule | |
| BKR CHG ZARONTIN LEVEL | 80168 | CPT | | | | both | | | 490 | 18.79 | Americare | Americare | 367.5 | 75 | | | 16.34 | | 465.5 percent of total billed charges | |
| BKR CHG ZARONTIN LEVEL | 80168 | CPT | | | | both | | | 490 | 18.79 | Consumer | Consumer | 465.5 | 95 | | | 16.34 | | 465.5 percent of total billed charges | |
| BKR CHG ZARONTIN LEVEL | 80168 | CPT | | | | both | | | 490 | 18.79 | Horizon | MGD | 187.57 | 38.28 | | | 16.34 | | 465.5 percent of total billed charges | |
| BKR CHG ZARONTIN LEVEL | 80168 | CPT | | | | both | | | 490 | 18.79 | WellPoint | WellPoint | 157.68 | 32.18 | | | 16.34 | | 465.5 percent of total billed charges | |
| BKR CHG ZARONTIN LEVEL | 80168 | CPT | | | | both | | | 490 | 18.79 | Horizon | NJ Health | 48.02 | | | | 16.34 | | 465.5 fee schedule | |
| BKR CHG ZARONTIN LEVEL | 80168 | CPT | | | | both | | | 490 | 18.79 | Wellcare | Medicaid | 18 | | | 8.98 | 16.34 | | 465.5 fee schedule | |
| BKR CHG ZARONTIN LEVEL | 80168 | CPT | | | | both | | | 490 | 18.79 | Horizon | Indemnity | 187.57 | 38.28 | | | 16.34 | | 465.5 percent of total billed charges | |
| BKR CHG ZARONTIN LEVEL | 80168 | CPT | | | | both | | | 490 | 18.79 | First Health | First Health | 343 | 70 | | | 16.34 | | 465.5 percent of total billed charges | |
| BKR CHG ZARONTIN LEVEL | 80168 | CPT | | | | both | | | 490 | 18.79 | Horizon | PPO | 187.57 | 38.28 | | | 16.34 | | 465.5 percent of total billed charges | |
| BKR CHG ZARONTIN LEVEL | 80168 | CPT | | | | both | | | 490 | 18.79 | Wellcare | Medicare | 16.34 | | | | 16.34 | | 465.5 fee schedule | |
| BKR CHG ZARONTIN LEVEL | 80168 | CPT | | | | both | | | 490 | 18.79 | Horizon | Medicare Blue | 147 | 30 | | | 16.34 | | 465.5 percent of total billed charges | |
| BKR CHG ZARONTIN LEVEL | 80168 | CPT | | | | both | | | 490 | 18.79 | Multiplan | Multiplan | 392 | 80 | | | 16.34 | | 465.5 percent of total billed charges | |
| BKR CHG ZARONTIN LEVEL | 80168 | CPT | | | | both | | | 490 | 18.79 | Managed Care Inc | Managed Care Inc | 441 | 90 | | | 16.34 | | 465.5 percent of total billed charges | |
| BKR CHG ZARONTIN LEVEL | 80168 | CPT | | | | both | | | 490 | 18.79 | Qualcare | Qualcare | 367.5 | 75 | | | 16.34 | | 465.5 percent of total billed charges | |
| BKR CHG ZARONTIN LEVEL | 80168 | CPT | | | | both | | | 490 | 18.79 | UHC | Medicaid | 18 | | | | 16.34 | | 465.5 fee schedule | |
| BKR CHG ZARONTIN LEVEL | 80168 | CPT | | | | both | | | 490 | 18.79 | UHC | Medicare | 16.34 | | | | 16.34 | | 465.5 fee schedule | |
| BKR CHG ZARONTIN LEVEL | 80168 | CPT | | | | both | | | 490 | 18.79 | Three Rivers | Three Rivers | 465.5 | 95 | | | 16.34 | | 465.5 percent of total billed charges | |
| BKR CHG EVEROLIMUS | 80169 | CPT | | | | both | | | 107 | 15.79 | First Trenton | First Trenton | 96.3 | 90 | | | 10.19 | | 101.65 percent of total billed charges | |
| BKR CHG EVEROLIMUS | 80169 | CPT | | | | both | | | 107 | 15.79 | Aetna | Medicare | 32.96 | 30.8 | | 10.78 | 10.19 | | 101.65 percent of total billed charges | |
| BKR CHG EVEROLIMUS | 80169 | CPT | | | | both | | | 107 | 15.79 | UHC | Medicaid | 10.98 | | | 17.04 | 10.19 | | 101.65 fee schedule | |
| BKR CHG EVEROLIMUS | 80169 | CPT | | | | both | | | 107 | 15.79 | Consumer | Consumer | 101.65 | 95 | | | 10.19 | | 101.65 percent of total billed charges | |
| BKR CHG EVEROLIMUS | 80169 | CPT | | | | both | | | 107 | 15.79 | Horizon | Medicare Blue | 32.1 | 30 | | | 10.19 | | 101.65 percent of total billed charges | |
| BKR CHG EVEROLIMUS | 80169 | CPT | | | | both | | | 107 | 15.79 | Horizon | NJ Health | 14.68 | | | 3.67 | 10.19 | | 101.65 fee schedule | |
| BKR CHG EVEROLIMUS | 80169 | CPT | | | | both | | | 107 | 15.79 | Americare | Americare | 80.25 | 75 | | | 10.19 | | 101.65 percent of total billed charges | |
| BKR CHG EVEROLIMUS | 80169 | CPT | | | | both | | | 107 | 15.79 | Aetna | Better Health | 33.76 | 31.55 | | | 10.19 | | 101.65 percent of total billed charges | |
| BKR CHG EVEROLIMUS | 80169 | CPT | | | | both | | | 107 | 15.79 | Wellcare | Medicare | 13.73 | | | | 10.19 | | 101.65 fee schedule | |
| BKR CHG EVEROLIMUS | 80169 | CPT | | | | both | | | 107 | 15.79 | Amerihealth | Medicare | 13.73 | | | | 10.19 | | 101.65 fee schedule | |
| BKR CHG EVEROLIMUS | 80169 | CPT | | | | both | | | 107 | 15.79 | Horizon | PPO | 40.96 | 38.28 | | 28.71 | 10.19 | | 101.65 percent of total billed charges | |
| BKR CHG EVEROLIMUS | 80169 | CPT | | | | both | | | 107 | 15.79 | Corrections | Corrections | 85.6 | 80 | | | 10.19 | | 101.65 percent of total billed charges | |
| BKR CHG EVEROLIMUS | 80169 | CPT | | | | both | | | 107 | 15.79 | Qualcare | Qualcare | 80.25 | 75 | | | 10.19 | | 101.65 percent of total billed charges | |
| BKR CHG EVEROLIMUS | 80169 | CPT | | | | both | | | 107 | 15.79 | Aetna | Commercial | 40.66 | 38 | | 1.23 | 10.19 | | 101.65 percent of total billed charges | |
| BKR CHG EVEROLIMUS | 80169 | CPT | | | | both | | | 107 | 15.79 | First Health | First Health | 74.9 | 70 | | | 10.19 | | 101.65 percent of total billed charges | |
| BKR CHG EVEROLIMUS | 80169 | CPT | | | | both | | | 107 | 15.79 | Managed Care Inc | Managed Care Inc | 96.3 | 90 | | | 10.19 | | 101.65 percent of total billed charges | |
| BKR CHG EVEROLIMUS | 80169 | CPT | | | | both | | | 107 | 15.79 | Horizon | MGD | 40.96 | 38.28 | | 27.61 | 10.19 | | 101.65 percent of total billed charges | |
| BKR CHG EVEROLIMUS | 80169 | CPT | | | | both | | | 107 | 15.79 | Amerihealth | HMO/PPO | 10.19 | | | 13.23 | 10.19 | | 101.65 fee schedule | |
| BKR CHG EVEROLIMUS | 80169 | CPT | | | | both | | | 107 | 15.79 | Multiplan | Multiplan | 85.6 | 80 | | | 10.19 | | 101.65 percent of total billed charges | |
| BKR CHG EVEROLIMUS | 80169 | CPT | | | | both | | | 107 | 15.79 | Wellcare | Medicaid | 10.98 | | | | 10.19 | | 101.65 fee schedule | |
| BKR CHG EVEROLIMUS | 80169 | CPT | | | | both | | | 107 | 15.79 | Three Rivers | Three Rivers | 101.65 | 95 | | | 10.19 | | 101.65 percent of total billed charges | |
| BKR CHG EVEROLIMUS | 80169 | CPT | | | | both | | | 107 | 15.79 | Horizon | Indemnity | 40.96 | 38.28 | | | 10.19 | | 101.65 percent of total billed charges | |
| BKR CHG EVEROLIMUS | 80169 | CPT | | | | both | | | 107 | 15.79 | UHC | Medicare | 13.73 | | | 15.28 | 10.19 | | 101.65 fee schedule | |
| BKR CHG EVEROLIMUS | 80169 | CPT | | | | both | | | 107 | 15.79 | WellPoint | WellPoint | 34.43 | 32.18 | | 24.11 | 10.19 | | 101.65 percent of total billed charges | |
| BKR CHG GENTAMICIN TROUGH | 80170 | CPT | | | | inpatient | | | 299 | 18.84 | UHC | Medicare | 16.38 | | | | 12.6 | | 284.05 fee schedule | |
| BKR CHG GENTAMICIN TROUGH | 80170 | CPT | | | | inpatient | | | 299 | 18.84 | Aetna | Commercial | 113.62 | 38 | | | 12.6 | | 284.05 percent of total billed charges | |
| BKR CHG GENTAMICIN TROUGH | 80170 | CPT | | | | inpatient | | | 299 | 18.84 | Wellcare | Medicaid | 12.6 | | | | 12.6 | | 284.05 fee schedule | |
| BKR CHG GENTAMICIN TROUGH | 80170 | CPT | | | | inpatient | | | 299 | 18.84 | Aetna | Better Health | 94.33 | 31.55 | | | 12.6 | | 284.05 percent of total billed charges | |
| BKR CHG GENTAMICIN TROUGH | 80170 | CPT | | | | inpatient | | | 299 | 18.84 | Americare | Americare | 224.25 | 75 | | | 12.6 | | 284.05 percent of total billed charges | |
| BKR CHG GENTAMICIN TROUGH | 80170 | CPT | | | | inpatient | | | 299 | 18.84 | Amerihealth | HMO/PPO | 26.6 | | | | 12.6 | | 284.05 fee schedule | |
| BKR CHG GENTAMICIN TROUGH | 80170 | CPT | | | | inpatient | | | 299 | 18.84 | UHC | Medicaid | 12.6 | | | | 12.6 | | 284.05 fee schedule | |
| BKR CHG GENTAMICIN TROUGH | 80170 | CPT | | | | inpatient | | | 299 | 18.84 | Corrections | Corrections | 239.2 | 80 | | | 12.6 | | 284.05 percent of total billed charges | |
| BKR CHG GENTAMICIN TROUGH | 80170 | CPT | | | | inpatient | | | 299 | 18.84 | Horizon | PPO | 114.46 | 38.28 | | | 12.6 | | 284.05 percent of total billed charges | |
| BKR CHG GENTAMICIN TROUGH | 80170 | CPT | | | | inpatient | | | 299 | 18.84 | Aetna | Medicare | 92.09 | 30.8 | | | 12.6 | | 284.05 percent of total billed charges | |
| BKR CHG GENTAMICIN TROUGH | 80170 | CPT | | | | inpatient | | | 299 | 18.84 | Wellcare | Medicare | 16.38 | | | | 12.6 | | 284.05 fee schedule | |
| BKR CHG GENTAMICIN TROUGH | 80170 | CPT | | | | inpatient | | | 299 | 18.84 | Consumer | Consumer | 284.05 | 95 | | | 12.6 | | 284.05 percent of total billed charges | |
| BKR CHG GENTAMICIN TROUGH | 80170 | CPT | | | | inpatient | | | 299 | 18.84 | Three Rivers | Three Rivers | 284.05 | 95 | | | 12.6 | | 284.05 percent of total billed charges | |
| BKR CHG GENTAMICIN TROUGH | 80170 | CPT | | | | inpatient | | | 299 | 18.84 | Amerihealth | Medicare | 16.38 | | | | 12.6 | | 284.05 fee schedule | |
| BKR CHG GENTAMICIN TROUGH | 80170 | CPT | | | | inpatient | | | 299 | 18.84 | Horizon | Indemnity | 114.46 | 38.28 | | | 12.6 | | 284.05 percent of total billed charges | |
| BKR CHG GENTAMICIN TROUGH | 80170 | CPT | | | | inpatient | | | 299 | 18.84 | Horizon | MGD | 114.46 | 38.28 | | | 12.6 | | 284.05 percent of total billed charges | |
| BKR CHG GENTAMICIN TROUGH | 80170 | CPT | | | | inpatient | | | 299 | 18.84 | First Trenton | First Trenton | 269.1 | 90 | | | 12.6 | | 284.05 percent of total billed charges | |
| BKR CHG GENTAMICIN TROUGH | 80170 | CPT | | | | inpatient | | | 299 | 18.84 | First Health | First Health | 209.3 | 70 | | | 12.6 | | 284.05 percent of total billed charges | |
| BKR CHG GENTAMICIN TROUGH | 80170 | CPT | | | | inpatient | | | 299 | 18.84 | WellPoint | WellPoint | 96.22 | 32.18 | | | 12.6 | | 284.05 percent of total billed charges | |
| BKR CHG GENTAMICIN TROUGH | 80170 | CPT | | | | inpatient | | | 299 | 18.84 | Multiplan | Multiplan | 239.2 | 80 | | | 12.6 | | 284.05 percent of total billed charges | |
| BKR CHG GENTAMICIN TROUGH | 80170 | CPT | | | | inpatient | | | 299 | 18.84 | Horizon | Medicare Blue | 89.7 | 30 | | | 12.6 | | 284.05 percent of total billed charges | |
| BKR CHG GENTAMICIN TROUGH | 80170 | CPT | | | | inpatient | | | 299 | 18.84 | Qualcare | Qualcare | 224.25 | 75 | | | 12.6 | | 284.05 percent of total billed charges | |
| BKR CHG GENTAMICIN TROUGH | 80170 | CPT | | | | inpatient | | | 299 | 18.84 | Horizon | NJ Health | 24.7 | | | | 12.6 | | 284.05 fee schedule | |
| BKR CHG GENTAMICIN TROUGH | 80170 | CPT | | | | inpatient | | | 299 | 18.84 | Managed Care Inc | Managed Care Inc | 269.1 | 90 | | | 12.6 | | 284.05 percent of total billed charges | |
| BKR CHG GABAPENTIN (NEURONTIN) | 80171 | CPT | | | | both | | | 65 | 24.92 | Amerihealth | Medicare | 21.67 | | | | 9.84 | | 61.75 fee schedule | |
| BKR CHG GABAPENTIN (NEURONTIN) | 80171 | CPT | | | | both | | | 65 | 24.92 | First Trenton | First Trenton | 58.5 | 90 | | | 9.84 | | 61.75 percent of total billed charges | |
| BKR CHG GABAPENTIN (NEURONTIN) | 80171 | CPT | | | | both | | | 65 | 24.92 | Aetna | Better Health | 20.51 | 31.55 | | | 9.84 | | 61.75 percent of total billed charges | |
| BKR CHG GABAPENTIN (NEURONTIN) | 80171 | CPT | | | | both | | | 65 | 24.92 | Aetna | Commercial | 24.7 | 38 | | | 9.84 | | 61.75 percent of total billed charges | |
| BKR CHG GABAPENTIN (NEURONTIN) | 80171 | CPT | | | | both | | | 65 | 24.92 | First Health | First Health | 45.5 | 70 | | | 9.84 | | 61.75 percent of total billed charges | |
| BKR CHG GABAPENTIN (NEURONTIN) | 80171 | CPT | | | | both | | | 65 | 24.92 | Amerihealth | HMO/PPO | 9.84 | | | | 9.84 | | 61.75 fee schedule | |
| BKR CHG GABAPENTIN (NEURONTIN) | 80171 | CPT | | | | both | | | 65 | 24.92 | Corrections | Corrections | 52 | 80 | | | 9.84 | | 61.75 percent of total billed charges | |
| BKR CHG GABAPENTIN (NEURONTIN) | 80171 | CPT | | | | both | | | 65 | 24.92 | Aetna | Medicare | 20.02 | 30.8 | | | 9.84 | | 61.75 percent of total billed charges | |
| BKR CHG GABAPENTIN (NEURONTIN) | 80171 | CPT | | | | both | | | 65 | 24.92 | Horizon | Indemnity | 24.88 | 38.28 | | | 9.84 | | 61.75 percent of total billed charges | |
| BKR CHG GABAPENTIN (NEURONTIN) | 80171 | CPT | | | | both | | | 65 | 24.92 | Wellcare | Medicare | 21.67 | | | | 9.84 | | 61.75 fee schedule | |
| BKR CHG GABAPENTIN (NEURONTIN) | 80171 | CPT | | | | both | | | 65 | 24.92 | Americare | Americare | 48.75 | 75 | | | 9.84 | | 61.75 percent of total billed charges | |
| BKR CHG GABAPENTIN (NEURONTIN) | 80171 | CPT | | | | both | | | 65 | 24.92 | Horizon | MGD | 24.88 | 38.28 | | | 9.84 | | 61.75 percent of total billed charges | |
| BKR CHG GABAPENTIN (NEURONTIN) | 80171 | CPT | | | | both | | | 65 | 24.92 | Multiplan | Multiplan | 52 | 80 | | | 9.84 | | 61.75 percent of total billed charges | |
| BKR CHG GABAPENTIN (NEURONTIN) | 80171 | CPT | | | | both | | | 65 | 24.92 | Horizon | Medicare Blue | 19.5 | 30 | | | 9.84 | | 61.75 percent of total billed charges | |
| BKR CHG GABAPENTIN (NEURONTIN) | 80171 | CPT | | | | both | | | 65 | 24.92 | UHC | Medicaid | 17.34 | | | | 9.84 | | 61.75 fee schedule | |
| BKR CHG GABAPENTIN (NEURONTIN) | 80171 | CPT | | | | both | | | 65 | 24.92 | UHC | Medicare | 21.67 | | | | 9.84 | | 61.75 fee schedule | |
| BKR CHG GABAPENTIN (NEURONTIN) | 80171 | CPT | | | | both | | | 65 | 24.92 | Qualcare | Qualcare | 48.75 | 75 | | | 9.84 | | 61.75 percent of total billed charges | |
| BKR CHG GABAPENTIN (NEURONTIN) | 80171 | CPT | | | | both | | | 65 | 24.92 | WellPoint | WellPoint | 20.92 | 32.18 | | | 9.84 | | 61.75 percent of total billed charges | |
| BKR CHG GABAPENTIN (NEURONTIN) | 80171 | CPT | | | | both | | | 65 | 24.92 | Consumer | Consumer | 61.75 | 95 | | | 9.84 | | 61.75 percent of total billed charges | |
| BKR CHG GABAPENTIN (NEURONTIN) | 80171 | CPT | | | | both | | | 65 | 24.92 | Wellcare | Medicaid | 17.34 | | | | 9.84 | | 61.75 fee schedule | |
| BKR CHG GABAPENTIN (NEURONTIN) | 80171 | CPT | | | | both | | | 65 | 24.92 | Horizon | NJ Health | 14.18 | | | | 9.84 | | 61.75 fee schedule | |
| BKR CHG GABAPENTIN (NEURONTIN) | 80171 | CPT | | | | both | | | 65 | 24.92 | Horizon | PPO | 24.88 | 38.28 | | | 9.84 | | 61.75 percent of total billed charges | |
| BKR CHG GABAPENTIN (NEURONTIN) | 80171 | CPT | | | | both | | | 65 | 24.92 | Managed Care Inc | Managed Care Inc | 58.5 | 90 | | | 9.84 | | 61.75 percent of total billed charges | |
| BKR CHG GABAPENTIN (NEURONTIN) | 80171 | CPT | | | | both | | | 65 | 24.92 | Three Rivers | Three Rivers | 61.75 | 95 | | | 9.84 | | 61.75 percent of total billed charges | |
| BKR CHG HALOPERIDOL SERUM | 80173 | CPT | | | | inpatient | | | 89 | 18.15 | Wellcare | Medicaid | 16.1 | | | | 15.78 | | 84.55 fee schedule | |
| BKR CHG HALOPERIDOL SERUM | 80173 | CPT | | | | inpatient | | | 89 | 18.15 | Aetna | Medicare | 27.41 | 30.8 | | | 15.78 | | 84.55 percent of total billed charges | |
| BKR CHG HALOPERIDOL SERUM | 80173 | CPT | | | | inpatient | | | 89 | 18.15 | Amerihealth | HMO/PPO | 22.7 | | | | 15.78 | | 84.55 fee schedule | |
| BKR CHG HALOPERIDOL SERUM | 80173 | CPT | | | | inpatient | | | 89 | 18.15 | Corrections | Corrections | 71.2 | 80 | | | 15.78 | | 84.55 percent of total billed charges | |
| BKR CHG HALOPERIDOL SERUM | 80173 | CPT | | | | inpatient | | | 89 | 18.15 | Amerihealth | Medicare | 15.78 | | | | 15.78 | | 84.55 fee schedule | |
| BKR CHG HALOPERIDOL SERUM | 80173 | CPT | | | | inpatient | | | 89 | 18.15 | Consumer | Consumer | 84.55 | 95 | | | 15.78 | | 84.55 percent of total billed charges | |
| BKR CHG HALOPERIDOL SERUM | 80173 | CPT | | | | inpatient | | | 89 | 18.15 | Aetna | Better Health | 28.08 | 31.55 | | | 15.78 | | 84.55 percent of total billed charges | |
| BKR CHG HALOPERIDOL SERUM | 80173 | CPT | | | | inpatient | | | 89 | 18.15 | Americare | Americare | 66.75 | 75 | | | 15.78 | | 84.55 percent of total billed charges | |
| BKR CHG HALOPERIDOL SERUM | 80173 | CPT | | | | inpatient | | | 89 | 18.15 | First Trenton | First Trenton | 80.1 | 90 | | | 15.78 | | 84.55 percent of total billed charges | |
| BKR CHG HALOPERIDOL SERUM | 80173 | CPT | | | | inpatient | | | 89 | 18.15 | Horizon | MGD | 34.07 | 38.28 | | | 15.78 | | 84.55 percent of total billed charges | |
| BKR CHG HALOPERIDOL SERUM | 80173 | CPT | | | | inpatient | | | 89 | 18.15 | First Health | First Health | 62.3 | 70 | | | 15.78 | | 84.55 percent of total billed charges | |
| BKR CHG HALOPERIDOL SERUM | 80173 | CPT | | | | inpatient | | | 89 | 18.15 | Horizon | Indemnity | 34.07 | 38.28 | | | 15.78 | | 84.55 percent of total billed charges | |
| BKR CHG HALOPERIDOL SERUM | 80173 | CPT | | | | inpatient | | | 89 | 18.15 | Horizon | PPO | 34.07 | 38.28 | | | 15.78 | | 84.55 percent of total billed charges | |
| BKR CHG HALOPERIDOL SERUM | 80173 | CPT | | | | inpatient | | | 89 | 18.15 | Horizon | NJ Health | 16.17 | | | | 15.78 | | 84.55 fee schedule | |
| BKR CHG HALOPERIDOL SERUM | 80173 | CPT | | | | inpatient | | | 89 | 18.15 | Aetna | Commercial | 33.82 | 38 | | | 15.78 | | 84.55 percent of total billed charges | |
| BKR CHG HALOPERIDOL SERUM | 80173 | CPT | | | | inpatient | | | 89 | 18.15 | Multiplan | Multiplan | 71.2 | 80 | | | 15.78 | | 84.55 percent of total billed charges | |
| BKR CHG HALOPERIDOL SERUM | 80173 | CPT | | | | inpatient | | | 89 | 18.15 | Managed Care Inc | Managed Care Inc | 80.1 | 90 | | | 15.78 | | 84.55 percent of total billed charges | |
| BKR CHG HALOPERIDOL SERUM | 80173 | CPT | | | | inpatient | | | 89 | 18.15 | Horizon | Medicare Blue | 26.7 | 30 | | | 15.78 | | 84.55 percent of total billed charges | |
| BKR CHG HALOPERIDOL SERUM | 80173 | CPT | | | | inpatient | | | 89 | 18.15 | UHC | Medicaid | 16.1 | | | | 15.78 | | 84.55 fee schedule | |
| BKR CHG HALOPERIDOL SERUM | 80173 | CPT | | | | inpatient | | | 89 | 18.15 | Qualcare | Qualcare | 66.75 | 75 | | | 15.78 | | 84.55 percent of total billed charges | |
| BKR CHG HALOPERIDOL SERUM | 80173 | CPT | | | | inpatient | | | 89 | 18.15 | Three Rivers | Three Rivers | 84.55 | 95 | | | 15.78 | | 84.55 percent of total billed charges | |
| BKR CHG HALOPERIDOL SERUM | 80173 | CPT | | | | inpatient | | | 89 | 18.15 | Wellcare | Medicare | 15.78 | | | | 15.78 | | 84.55 fee schedule | |
| BKR CHG HALOPERIDOL SERUM | 80173 | CPT | | | | inpatient | | | 89 | 18.15 | UHC | Medicare | 15.78 | | | | 15.78 | | 84.55 fee schedule | |
| BKR CHG HALOPERIDOL SERUM | 80173 | CPT | | | | inpatient | | | 89 | 18.15 | WellPoint | WellPoint | 28.64 | 32.18 | | | 15.78 | | 84.55 percent of total billed charges | |
| BKR CHG LAMOTRIGINE | 80175 | CPT | | | | both | | | 66 | 15.24 | Americare | Americare | 49.5 | 75 | | | 9.84 | | 62.7 percent of total billed charges | |
| BKR CHG LAMOTRIGINE | 80175 | CPT | | | | both | | | 66 | 15.24 | Aetna | Better Health | 20.82 | 31.55 | | | 9.84 | | 62.7 percent of total billed charges | |
| BKR CHG LAMOTRIGINE | 80175 | CPT | | | | both | | | 66 | 15.24 | Horizon | PPO | 25.26 | 38.28 | | 18.99 | 9.84 | | 62.7 percent of total billed charges | |
| BKR CHG LAMOTRIGINE | 80175 | CPT | | | | both | | | 66 | 15.24 | Horizon | MGD | 25.26 | 38.28 | | 6.59 | 9.84 | | 62.7 percent of total billed charges | |
| BKR CHG LAMOTRIGINE | 80175 | CPT | | | | both | | | 66 | 15.24 | Aetna | Commercial | 25.08 | 38 | | | 9.84 | | 62.7 percent of total billed charges | |
| BKR CHG LAMOTRIGINE | 80175 | CPT | | | | both | | | 66 | 15.24 | First Health | First Health | 46.2 | 70 | | | 9.84 | | 62.7 percent of total billed charges | |
| BKR CHG LAMOTRIGINE | 80175 | CPT | | | | both | | | 66 | 15.24 | Amerihealth | Medicare | 13.25 | | | | 9.84 | | 62.7 fee schedule | |
| BKR CHG LAMOTRIGINE | 80175 | CPT | | | | both | | | 66 | 15.24 | Aetna | Medicare | 20.33 | 30.8 | | 8.48 | 9.84 | | 62.7 percent of total billed charges | |
| BKR CHG LAMOTRIGINE | 80175 | CPT | | | | both | | | 66 | 15.24 | Amerihealth | HMO/PPO | 9.84 | | | | 9.84 | | 62.7 fee schedule | |
| BKR CHG LAMOTRIGINE | 80175 | CPT | | | | both | | | 66 | 15.24 | Qualcare | Qualcare | 49.5 | 75 | | | 9.84 | | 62.7 percent of total billed charges | |
| BKR CHG LAMOTRIGINE | 80175 | CPT | | | | both | | | 66 | 15.24 | Three Rivers | Three Rivers | 62.7 | 95 | | | 9.84 | | 62.7 percent of total billed charges | |
| BKR CHG LAMOTRIGINE | 80175 | CPT | | | | both | | | 66 | 15.24 | Consumer | Consumer | 62.7 | 95 | | | 9.84 | | 62.7 percent of total billed charges | |
| BKR CHG LAMOTRIGINE | 80175 | CPT | | | | both | | | 66 | 15.24 | Corrections | Corrections | 52.8 | 80 | | 12.8 | 9.84 | | 62.7 percent of total billed charges | |
| BKR CHG LAMOTRIGINE | 80175 | CPT | | | | both | | | 66 | 15.24 | Multiplan | Multiplan | 52.8 | 80 | | | 9.84 | | 62.7 percent of total billed charges | |
| BKR CHG LAMOTRIGINE | 80175 | CPT | | | | both | | | 66 | 15.24 | First Trenton | First Trenton | 59.4 | 90 | | | 9.84 | | 62.7 percent of total billed charges | |
| BKR CHG LAMOTRIGINE | 80175 | CPT | | | | both | | | 66 | 15.24 | WellPoint | WellPoint | 21.24 | 32.18 | | 17.97 | 9.84 | | 62.7 percent of total billed charges | |
| BKR CHG LAMOTRIGINE | 80175 | CPT | | | | both | | | 66 | 15.24 | Horizon | NJ Health | 14.18 | | | 4.16 | 9.84 | | 62.7 fee schedule | |
| BKR CHG LAMOTRIGINE | 80175 | CPT | | | | both | | | 66 | 15.24 | UHC | Medicaid | 10.6 | | | 18.1 | 9.84 | | 62.7 fee schedule | |
| BKR CHG LAMOTRIGINE | 80175 | CPT | | | | both | | | 66 | 15.24 | Horizon | Indemnity | 25.26 | 38.28 | | | 9.84 | | 62.7 percent of total billed charges | |
| BKR CHG LAMOTRIGINE | 80175 | CPT | | | | both | | | 66 | 15.24 | Horizon | Medicare Blue | 19.8 | 30 | | 10.1 | 9.84 | | 62.7 percent of total billed charges | |
| BKR CHG LAMOTRIGINE | 80175 | CPT | | | | both | | | 66 | 15.24 | Wellcare | Medicaid | 10.6 | | | 14.9 | 9.84 | | 62.7 fee schedule | |
| BKR CHG LAMOTRIGINE | 80175 | CPT | | | | both | | | 66 | 15.24 | Managed Care Inc | Managed Care Inc | 59.4 | 90 | | | 9.84 | | 62.7 percent of total billed charges | |
| BKR CHG LAMOTRIGINE | 80175 | CPT | | | | both | | | 66 | 15.24 | Wellcare | Medicare | 13.25 | | | | 9.84 | | 62.7 fee schedule | |
| BKR CHG LAMOTRIGINE | 80175 | CPT | | | | both | | | 66 | 15.24 | UHC | Medicare | 13.25 | | | 9.68 | 9.84 | | 62.7 fee schedule | |
| BKR CHG LIDOCAINE | 80176 | CPT | | | | inpatient | | | 78 | 16.89 | Consumer | Consumer | 74.1 | 95 | | | 14.69 | | 74.1 percent of total billed charges | |
| BKR CHG LIDOCAINE | 80176 | CPT | | | | inpatient | | | 78 | 16.89 | UHC | Medicaid | 18 | | | | 14.69 | | 74.1 fee schedule | |
| BKR CHG LIDOCAINE | 80176 | CPT | | | | inpatient | | | 78 | 16.89 | Corrections | Corrections | 62.4 | 80 | | | 14.69 | | 74.1 percent of total billed charges | |
| BKR CHG LIDOCAINE | 80176 | CPT | | | | inpatient | | | 78 | 16.89 | Amerihealth | HMO/PPO | 19.8 | | | | 14.69 | | 74.1 fee schedule | |
| BKR CHG LIDOCAINE | 80176 | CPT | | | | inpatient | | | 78 | 16.89 | Americare | Americare | 58.5 | 75 | | | 14.69 | | 74.1 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG LIDOCAINE | 80176 | CPT | | | | inpatient | | | 78 | 16.89 | Aetna | Commercial | 38 | | | | 14.69 | 74.1 | percent of total billed charges | |
| BKR CHG LIDOCAINE | 80176 | CPT | | | | inpatient | | | 78 | 16.89 | Quelcare | Quelcare | 58.5 | | | | 14.69 | 74.1 | percent of total billed charges | |
| BKR CHG LIDOCAINE | 80176 | CPT | | | | inpatient | | | 78 | 16.89 | Aetna | Better Health | 24.61 | 31.55 | | | 14.69 | 74.1 | percent of total billed charges | |
| BKR CHG LIDOCAINE | 80176 | CPT | | | | inpatient | | | 78 | 16.89 | Horizon | Indemnity | 29.86 | 38.28 | | | 14.69 | 74.1 | percent of total billed charges | |
| BKR CHG LIDOCAINE | 80176 | CPT | | | | inpatient | | | 78 | 16.89 | Aetna | Medicare | 24.02 | 30.8 | | | 14.69 | 74.1 | percent of total billed charges | |
| BKR CHG LIDOCAINE | 80176 | CPT | | | | inpatient | | | 78 | 16.89 | First Trenton | First Trenton | 70.2 | 90 | | | 14.69 | 74.1 | percent of total billed charges | |
| BKR CHG LIDOCAINE | 80176 | CPT | | | | inpatient | | | 78 | 16.89 | Amerihealth | Medicare | 14.69 | | | | 14.69 | 74.1 | fee schedule | |
| BKR CHG LIDOCAINE | 80176 | CPT | | | | inpatient | | | 78 | 16.89 | Multiplan | Multiplan | 62.4 | 80 | | | 14.69 | 74.1 | percent of total billed charges | |
| BKR CHG LIDOCAINE | 80176 | CPT | | | | inpatient | | | 78 | 16.89 | Horizon | MGD | 29.86 | 38.28 | | | 14.69 | 74.1 | percent of total billed charges | |
| BKR CHG LIDOCAINE | 80176 | CPT | | | | inpatient | | | 78 | 16.89 | WellPoint | WellPoint | 25.1 | 32.18 | | | 14.69 | 74.1 | percent of total billed charges | |
| BKR CHG LIDOCAINE | 80176 | CPT | | | | inpatient | | | 78 | 16.89 | Horizon | PPO | 29.86 | 38.28 | | | 14.69 | 74.1 | percent of total billed charges | |
| BKR CHG LIDOCAINE | 80176 | CPT | | | | inpatient | | | 78 | 16.89 | Horizon | Medicare Blue | 23.4 | 30 | | | 14.69 | 74.1 | percent of total billed charges | |
| BKR CHG LIDOCAINE | 80176 | CPT | | | | inpatient | | | 78 | 16.89 | First Health | First Health | 54.6 | 70 | | | 14.69 | 74.1 | percent of total billed charges | |
| BKR CHG LIDOCAINE | 80176 | CPT | | | | inpatient | | | 78 | 16.89 | Horizon | NJ Health | 35.28 | | | | 14.69 | 74.1 | fee schedule | |
| BKR CHG LIDOCAINE | 80176 | CPT | | | | inpatient | | | 78 | 16.89 | Three Rivers | Three Rivers | 74.1 | 95 | | | 14.69 | 74.1 | percent of total billed charges | |
| BKR CHG LIDOCAINE | 80176 | CPT | | | | inpatient | | | 78 | 16.89 | Wellcare | Medicaid | 18 | | | | 14.69 | 74.1 | fee schedule | |
| BKR CHG LIDOCAINE | 80176 | CPT | | | | inpatient | | | 78 | 16.89 | UHC | Medicare | 14.69 | | | | 14.69 | 74.1 | fee schedule | |
| BKR CHG LIDOCAINE | 80176 | CPT | | | | inpatient | | | 78 | 16.89 | Managed Care Inc | Managed Care Inc | 70.2 | 90 | | | 14.69 | 74.1 | percent of total billed charges | |
| BKR CHG LIDOCAINE | 80176 | CPT | | | | inpatient | | | 78 | 16.89 | Wellcare | Medicare | 14.69 | | | | 14.69 | 74.1 | fee schedule | |
| BKR CHG KEPPRALEVETIRACETAMS, SERUM | 80177 | CPT | | | | both | | | 43 | 15.24 | Americare | Americare | 32.25 | 75 | | | 9.84 | 40.85 | percent of total billed charges | |
| BKR CHG KEPPRALEVETIRACETAMS, SERUM | 80177 | CPT | | | | both | | | 43 | 15.24 | Horizon | NJ Health | 14.18 | | | 3.84 | 9.84 | 40.85 | fee schedule | |
| BKR CHG KEPPRALEVETIRACETAMS, SERUM | 80177 | CPT | | | | both | | | 43 | 15.24 | Corrections | Corrections | 34.4 | 80 | | | 9.84 | 40.85 | percent of total billed charges | |
| BKR CHG KEPPRALEVETIRACETAMS, SERUM | 80177 | CPT | | | | both | | | 43 | 15.24 | Aetna | Better Health | 13.57 | 31.55 | | 11.57 | 9.84 | 40.85 | percent of total billed charges | |
| BKR CHG KEPPRALEVETIRACETAMS, SERUM | 80177 | CPT | | | | both | | | 43 | 15.24 | Horizon | PPO | 16.46 | 38.28 | | 13.56 | 9.84 | 40.85 | percent of total billed charges | |
| BKR CHG KEPPRALEVETIRACETAMS, SERUM | 80177 | CPT | | | | both | | | 43 | 15.24 | Amerihealth | HMO/PPO | 9.84 | | | 7.83 | 9.84 | 40.85 | fee schedule | |
| BKR CHG KEPPRALEVETIRACETAMS, SERUM | 80177 | CPT | | | | both | | | 43 | 15.24 | Aetna | Commercial | 16.34 | 38 | | 4.4 | 9.84 | 40.85 | percent of total billed charges | |
| BKR CHG KEPPRALEVETIRACETAMS, SERUM | 80177 | CPT | | | | both | | | 43 | 15.24 | First Health | First Health | 30.1 | 70 | | | 9.84 | 40.85 | percent of total billed charges | |
| BKR CHG KEPPRALEVETIRACETAMS, SERUM | 80177 | CPT | | | | both | | | 43 | 15.24 | Consumer | Consumer | 40.85 | 95 | | | 9.84 | 40.85 | percent of total billed charges | |
| BKR CHG KEPPRALEVETIRACETAMS, SERUM | 80177 | CPT | | | | both | | | 43 | 15.24 | First Trenton | First Trenton | 38.7 | 90 | | | 9.84 | 40.85 | percent of total billed charges | |
| BKR CHG KEPPRALEVETIRACETAMS, SERUM | 80177 | CPT | | | | both | | | 43 | 15.24 | Aetna | Medicare | 13.24 | 30.8 | | 7.83 | 9.84 | 40.85 | percent of total billed charges | |
| BKR CHG KEPPRALEVETIRACETAMS, SERUM | 80177 | CPT | | | | both | | | 43 | 15.24 | Amerihealth | Medicare | 13.25 | | | | 9.84 | 40.85 | fee schedule | |
| BKR CHG KEPPRALEVETIRACETAMS, SERUM | 80177 | CPT | | | | both | | | 43 | 15.24 | Multiplan | Multiplan | 34.4 | 80 | | | 9.84 | 40.85 | percent of total billed charges | |
| BKR CHG KEPPRALEVETIRACETAMS, SERUM | 80177 | CPT | | | | both | | | 43 | 15.24 | Managed Care Inc | Managed Care Inc | 38.7 | 90 | | | 9.84 | 40.85 | percent of total billed charges | |
| BKR CHG KEPPRALEVETIRACETAMS, SERUM | 80177 | CPT | | | | both | | | 43 | 15.24 | Three Rivers | Three Rivers | 40.85 | 95 | | | 9.84 | 40.85 | percent of total billed charges | |
| BKR CHG KEPPRALEVETIRACETAMS, SERUM | 80177 | CPT | | | | both | | | 43 | 15.24 | Horizon | Indemnity | 16.46 | 38.28 | | 10.56 | 9.84 | 40.85 | percent of total billed charges | |
| BKR CHG KEPPRALEVETIRACETAMS, SERUM | 80177 | CPT | | | | both | | | 43 | 15.24 | Quelcare | Quelcare | 32.25 | 75 | | | 9.84 | 40.85 | percent of total billed charges | |
| BKR CHG KEPPRALEVETIRACETAMS, SERUM | 80177 | CPT | | | | both | | | 43 | 15.24 | Horizon | MGD | 16.46 | 38.28 | | 9.65 | 9.84 | 40.85 | percent of total billed charges | |
| BKR CHG KEPPRALEVETIRACETAMS, SERUM | 80177 | CPT | | | | both | | | 43 | 15.24 | Wellcare | Medicare | 13.25 | | | 6.32 | 9.84 | 40.85 | fee schedule | |
| BKR CHG KEPPRALEVETIRACETAMS, SERUM | 80177 | CPT | | | | both | | | 43 | 15.24 | Horizon | Medicare Blue | 12.9 | 30 | | 5.91 | 9.84 | 40.85 | percent of total billed charges | |
| BKR CHG KEPPRALEVETIRACETAMS, SERUM | 80177 | CPT | | | | both | | | 43 | 15.24 | UHC | Medicaid | 10.6 | | | 10.92 | 9.84 | 40.85 | fee schedule | |
| BKR CHG KEPPRALEVETIRACETAMS, SERUM | 80177 | CPT | | | | both | | | 43 | 15.24 | WellPoint | WellPoint | 13.84 | 32.18 | | 7.7 | 9.84 | 40.85 | percent of total billed charges | |
| BKR CHG KEPPRALEVETIRACETAMS, SERUM | 80177 | CPT | | | | both | | | 43 | 15.24 | UHC | Medicare | 13.25 | | | 4.67 | 9.84 | 40.85 | fee schedule | |
| BKR CHG KEPPRALEVETIRACETAMS, SERUM | 80177 | CPT | | | | both | | | 43 | 15.24 | Wellcare | Medicaid | 10.6 | | | 11.23 | 9.84 | 40.85 | fee schedule | |
| BKR CHG LITHIUM | 80178 | CPT | | | | both | | | 63 | 7.6 | Consumer | Consumer | 59.85 | 95 | | | 6.61 | 59.85 | percent of total billed charges | |
| BKR CHG LITHIUM | 80178 | CPT | | | | both | | | 63 | 7.6 | Amerihealth | HMO/PPO | 10.1 | | | 8.59 | 6.61 | 59.85 | fee schedule | |
| BKR CHG LITHIUM | 80178 | CPT | | | | both | | | 63 | 7.6 | Aetna | Better Health | 19.88 | 31.55 | | 17.21 | 6.61 | 59.85 | percent of total billed charges | |
| BKR CHG LITHIUM | 80178 | CPT | | | | both | | | 63 | 7.6 | Aetna | Commercial | 23.94 | 38 | | | 6.61 | 59.85 | percent of total billed charges | |
| BKR CHG LITHIUM | 80178 | CPT | | | | both | | | 63 | 7.6 | First Health | First Health | 44.1 | 70 | | | 6.61 | 59.85 | percent of total billed charges | |
| BKR CHG LITHIUM | 80178 | CPT | | | | both | | | 63 | 7.6 | Americare | Americare | 47.25 | 75 | | | 6.61 | 59.85 | percent of total billed charges | |
| BKR CHG LITHIUM | 80178 | CPT | | | | both | | | 63 | 7.6 | Aetna | Medicare | 19.4 | 30.8 | | | 6.61 | 59.85 | percent of total billed charges | |
| BKR CHG LITHIUM | 80178 | CPT | | | | both | | | 63 | 7.6 | Corrections | Corrections | 50.4 | 80 | | | 6.61 | 59.85 | percent of total billed charges | |
| BKR CHG LITHIUM | 80178 | CPT | | | | both | | | 63 | 7.6 | Horizon | Medicare Blue | 18.9 | 30 | | | 6.61 | 59.85 | percent of total billed charges | |
| BKR CHG LITHIUM | 80178 | CPT | | | | both | | | 63 | 7.6 | Horizon | Indemnity | 24.12 | 38.28 | | | 6.61 | 59.85 | percent of total billed charges | |
| BKR CHG LITHIUM | 80178 | CPT | | | | both | | | 63 | 7.6 | First Trenton | First Trenton | 56.7 | 90 | | | 6.61 | 59.85 | percent of total billed charges | |
| BKR CHG LITHIUM | 80178 | CPT | | | | both | | | 63 | 7.6 | WellPoint | WellPoint | 20.27 | 32.18 | | | 6.61 | 59.85 | percent of total billed charges | |
| BKR CHG LITHIUM | 80178 | CPT | | | | both | | | 63 | 7.6 | Multiplan | Multiplan | 50.4 | 80 | | | 6.61 | 59.85 | percent of total billed charges | |
| BKR CHG LITHIUM | 80178 | CPT | | | | both | | | 63 | 7.6 | Horizon | NJ Health | 17.64 | | | 6.44 | 6.61 | 59.85 | fee schedule | |
| BKR CHG LITHIUM | 80178 | CPT | | | | both | | | 63 | 7.6 | Amerihealth | Medicare | 6.61 | | | | 6.61 | 59.85 | fee schedule | |
| BKR CHG LITHIUM | 80178 | CPT | | | | both | | | 63 | 7.6 | Wellcare | Medicaid | 9 | | | 17.37 | 6.61 | 59.85 | fee schedule | |
| BKR CHG LITHIUM | 80178 | CPT | | | | both | | | 63 | 7.6 | Quelcare | Quelcare | 47.25 | 75 | | | 6.61 | 59.85 | percent of total billed charges | |
| BKR CHG LITHIUM | 80178 | CPT | | | | both | | | 63 | 7.6 | UHC | Medicaid | 9 | | | 19 | 6.61 | 59.85 | fee schedule | |
| BKR CHG LITHIUM | 80178 | CPT | | | | both | | | 63 | 7.6 | Horizon | PPO | 24.12 | 38.28 | | | 6.61 | 59.85 | percent of total billed charges | |
| BKR CHG LITHIUM | 80178 | CPT | | | | both | | | 63 | 7.6 | UHC | Medicare | 6.61 | | | 7.34 | 6.61 | 59.85 | fee schedule | |
| BKR CHG LITHIUM | 80178 | CPT | | | | both | | | 63 | 7.6 | Horizon | MGD | 24.12 | 38.28 | | | 6.61 | 59.85 | percent of total billed charges | |
| BKR CHG LITHIUM | 80178 | CPT | | | | both | | | 63 | 7.6 | Managed Care Inc | Managed Care Inc | 56.7 | 90 | | | 6.61 | 59.85 | percent of total billed charges | |
| BKR CHG LITHIUM | 80178 | CPT | | | | both | | | 63 | 7.6 | Three Rivers | Three Rivers | 59.85 | 95 | | | 6.61 | 59.85 | percent of total billed charges | |
| BKR CHG LITHIUM | 80178 | CPT | | | | both | | | 63 | 7.6 | Wellcare | Medicare | 6.61 | | | | 6.61 | 59.85 | fee schedule | |
| BKR CHG MYCOPHENOLIC ACID & METABO (MP | 80180 | CPT | | | | outpatient | | | 332 | 20.76 | UHC | Medicare | 18.05 | | | | 13.4 | 315.4 | fee schedule | |
| BKR CHG MYCOPHENOLIC ACID & METABO (MP | 80180 | CPT | | | | outpatient | | | 332 | 20.76 | Amerihealth | Medicare | 18.05 | | | | 13.4 | 315.4 | fee schedule | |
| BKR CHG MYCOPHENOLIC ACID & METABO (MP | 80180 | CPT | | | | outpatient | | | 332 | 20.76 | Americare | Americare | 249 | 75 | | | 13.4 | 315.4 | percent of total billed charges | |
| BKR CHG MYCOPHENOLIC ACID & METABO (MP | 80180 | CPT | | | | outpatient | | | 332 | 20.76 | Horizon | Medicare Blue | 99.6 | 30 | | | 13.4 | 315.4 | percent of total billed charges | |
| BKR CHG MYCOPHENOLIC ACID & METABO (MP | 80180 | CPT | | | | outpatient | | | 332 | 20.76 | Aetna | Better Health | 104.75 | 31.55 | | | 13.4 | 315.4 | percent of total billed charges | |
| BKR CHG MYCOPHENOLIC ACID & METABO (MP | 80180 | CPT | | | | outpatient | | | 332 | 20.76 | Aetna | Medicare | 102.26 | 30.8 | | | 13.4 | 315.4 | percent of total billed charges | |
| BKR CHG MYCOPHENOLIC ACID & METABO (MP | 80180 | CPT | | | | outpatient | | | 332 | 20.76 | Aetna | Commercial | 126.16 | 38 | | | 13.4 | 315.4 | percent of total billed charges | |
| BKR CHG MYCOPHENOLIC ACID & METABO (MP | 80180 | CPT | | | | outpatient | | | 332 | 20.76 | Horizon | Indemnity | 127.09 | 38.28 | | | 13.4 | 315.4 | percent of total billed charges | |
| BKR CHG MYCOPHENOLIC ACID & METABO (MP | 80180 | CPT | | | | outpatient | | | 332 | 20.76 | Wellcare | Medicare | 18.05 | | | | 13.4 | 315.4 | fee schedule | |
| BKR CHG MYCOPHENOLIC ACID & METABO (MP | 80180 | CPT | | | | outpatient | | | 332 | 20.76 | Corrections | Corrections | 265.6 | 80 | | | 13.4 | 315.4 | percent of total billed charges | |
| BKR CHG MYCOPHENOLIC ACID & METABO (MP | 80180 | CPT | | | | outpatient | | | 332 | 20.76 | Consumer | Consumer | 315.4 | 95 | | | 13.4 | 315.4 | percent of total billed charges | |
| BKR CHG MYCOPHENOLIC ACID & METABO (MP | 80180 | CPT | | | | outpatient | | | 332 | 20.76 | Multiplan | Multiplan | 265.6 | 80 | | | 13.4 | 315.4 | percent of total billed charges | |
| BKR CHG MYCOPHENOLIC ACID & METABO (MP | 80180 | CPT | | | | outpatient | | | 332 | 20.76 | Amerihealth | HMO/PPO | 13.4 | | | | 13.4 | 315.4 | fee schedule | |
| BKR CHG MYCOPHENOLIC ACID & METABO (MP | 80180 | CPT | | | | outpatient | | | 332 | 20.76 | First Health | First Health | 232.4 | 70 | | | 13.4 | 315.4 | percent of total billed charges | |
| BKR CHG MYCOPHENOLIC ACID & METABO (MP | 80180 | CPT | | | | outpatient | | | 332 | 20.76 | Horizon | MGD | 127.09 | 38.28 | | | 13.4 | 315.4 | percent of total billed charges | |
| BKR CHG MYCOPHENOLIC ACID & METABO (MP | 80180 | CPT | | | | outpatient | | | 332 | 20.76 | Quelcare | Quelcare | 249 | 75 | | | 13.4 | 315.4 | percent of total billed charges | |
| BKR CHG MYCOPHENOLIC ACID & METABO (MP | 80180 | CPT | | | | outpatient | | | 332 | 20.76 | First Trenton | First Trenton | 298.8 | 90 | | | 13.4 | 315.4 | percent of total billed charges | |
| BKR CHG MYCOPHENOLIC ACID & METABO (MP | 80180 | CPT | | | | outpatient | | | 332 | 20.76 | UHC | Medicaid | 14.44 | | | | 13.4 | 315.4 | fee schedule | |
| BKR CHG MYCOPHENOLIC ACID & METABO (MP | 80180 | CPT | | | | outpatient | | | 332 | 20.76 | Horizon | PPO | 127.09 | 38.28 | | | 13.4 | 315.4 | percent of total billed charges | |
| BKR CHG MYCOPHENOLIC ACID & METABO (MP | 80180 | CPT | | | | outpatient | | | 332 | 20.76 | Horizon | NJ Health | 19.31 | | | | 13.4 | 315.4 | fee schedule | |
| BKR CHG MYCOPHENOLIC ACID & METABO (MP | 80180 | CPT | | | | outpatient | | | 332 | 20.76 | Three Rivers | Three Rivers | 315.4 | 95 | | | 13.4 | 315.4 | percent of total billed charges | |
| BKR CHG MYCOPHENOLIC ACID & METABO (MP | 80180 | CPT | | | | outpatient | | | 332 | 20.76 | Managed Care Inc | Managed Care Inc | 298.8 | 90 | | | 13.4 | 315.4 | percent of total billed charges | |
| BKR CHG MYCOPHENOLIC ACID & METABO (MP | 80180 | CPT | | | | outpatient | | | 332 | 20.76 | Wellcare | Medicaid | 14.44 | | | | 13.4 | 315.4 | fee schedule | |
| BKR CHG MYCOPHENOLIC ACID & METABO (MP | 80180 | CPT | | | | outpatient | | | 332 | 20.76 | WellPoint | WellPoint | 106.84 | 32.18 | | | 13.4 | 315.4 | percent of total billed charges | |
| BKR CHG OXCARBAZEPINE | 80183 | CPT | | | | both | | | 31 | 15.24 | Aetna | Medicare | 9.55 | 30.8 | | | 9.3 | 29.45 | percent of total billed charges | |
| BKR CHG OXCARBAZEPINE | 80183 | CPT | | | | both | | | 31 | 15.24 | Aetna | Commercial | 11.78 | 38 | | 2.52 | 9.3 | 29.45 | percent of total billed charges | |
| BKR CHG OXCARBAZEPINE | 80183 | CPT | | | | both | | | 31 | 15.24 | Amerihealth | Medicare | 13.25 | | | | 9.3 | 29.45 | fee schedule | |
| BKR CHG OXCARBAZEPINE | 80183 | CPT | | | | both | | | 31 | 15.24 | Aetna | Better Health | 9.78 | 31.55 | | | 9.3 | 29.45 | percent of total billed charges | |
| BKR CHG OXCARBAZEPINE | 80183 | CPT | | | | both | | | 31 | 15.24 | First Health | First Health | 21.7 | 70 | | | 9.3 | 29.45 | percent of total billed charges | |
| BKR CHG OXCARBAZEPINE | 80183 | CPT | | | | both | | | 31 | 15.24 | Americare | Americare | 23.25 | 75 | | | 9.3 | 29.45 | percent of total billed charges | |
| BKR CHG OXCARBAZEPINE | 80183 | CPT | | | | both | | | 31 | 15.24 | Wellcare | Medicaid | 10.6 | | | 7.16 | 9.3 | 29.45 | fee schedule | |
| BKR CHG OXCARBAZEPINE | 80183 | CPT | | | | both | | | 31 | 15.24 | Corrections | Corrections | 24.8 | 80 | | 6 | 9.3 | 29.45 | percent of total billed charges | |
| BKR CHG OXCARBAZEPINE | 80183 | CPT | | | | both | | | 31 | 15.24 | Amerihealth | HMO/PPO | 9.84 | | | | 9.3 | 29.45 | fee schedule | |
| BKR CHG OXCARBAZEPINE | 80183 | CPT | | | | both | | | 31 | 15.24 | Multiplan | Multiplan | 24.8 | 80 | | | 9.3 | 29.45 | percent of total billed charges | |
| BKR CHG OXCARBAZEPINE | 80183 | CPT | | | | both | | | 31 | 15.24 | First Trenton | First Trenton | 27.9 | 90 | | | 9.3 | 29.45 | percent of total billed charges | |
| BKR CHG OXCARBAZEPINE | 80183 | CPT | | | | both | | | 31 | 15.24 | Horizon | PPO | 11.87 | 38.28 | | 6.45 | 9.3 | 29.45 | percent of total billed charges | |
| BKR CHG OXCARBAZEPINE | 80183 | CPT | | | | both | | | 31 | 15.24 | Horizon | NJ Health | 14.18 | | | 1.88 | 9.3 | 29.45 | fee schedule | |
| BKR CHG OXCARBAZEPINE | 80183 | CPT | | | | both | | | 31 | 15.24 | Consumer | Consumer | 29.45 | 95 | | | 9.3 | 29.45 | percent of total billed charges | |
| BKR CHG OXCARBAZEPINE | 80183 | CPT | | | | both | | | 31 | 15.24 | Horizon | Indemnity | 11.87 | 38.28 | | | 9.3 | 29.45 | percent of total billed charges | |
| BKR CHG OXCARBAZEPINE | 80183 | CPT | | | | both | | | 31 | 15.24 | Quelcare | Quelcare | 23.25 | 75 | | | 9.3 | 29.45 | percent of total billed charges | |
| BKR CHG OXCARBAZEPINE | 80183 | CPT | | | | both | | | 31 | 15.24 | Horizon | MGD | 11.87 | 38.28 | | | 9.3 | 29.45 | percent of total billed charges | |
| BKR CHG OXCARBAZEPINE | 80183 | CPT | | | | both | | | 31 | 15.24 | Horizon | Medicare Blue | 9.3 | 30 | | 4.71 | 9.3 | 29.45 | percent of total billed charges | |
| BKR CHG OXCARBAZEPINE | 80183 | CPT | | | | both | | | 31 | 15.24 | Managed Care Inc | Managed Care Inc | 27.9 | 90 | | | 9.3 | 29.45 | percent of total billed charges | |
| BKR CHG OXCARBAZEPINE | 80183 | CPT | | | | both | | | 31 | 15.24 | UHC | Medicaid | 10.6 | | | 6.76 | 9.3 | 29.45 | fee schedule | |
| BKR CHG OXCARBAZEPINE | 80183 | CPT | | | | both | | | 31 | 15.24 | UHC | Medicare | 13.25 | | | 4.94 | 9.3 | 29.45 | fee schedule | |
| BKR CHG OXCARBAZEPINE | 80183 | CPT | | | | both | | | 31 | 15.24 | Three Rivers | Three Rivers | 29.45 | 95 | | | 9.3 | 29.45 | percent of total billed charges | |
| BKR CHG OXCARBAZEPINE | 80183 | CPT | | | | both | | | 31 | 15.24 | WellPoint | WellPoint | 9.98 | 32.18 | | 7.07 | 9.3 | 29.45 | percent of total billed charges | |
| BKR CHG OXCARBAZEPINE | 80183 | CPT | | | | both | | | 31 | 15.24 | Wellcare | Medicare | 13.25 | | | | 9.3 | 29.45 | fee schedule | |
| BKR CHG PHENOBARBITAL | 80184 | CPT | | | | both | | | 193 | 17.6 | Amerihealth | Medicare | 15.3 | | | | 10.8 | 183.35 | fee schedule | |
| BKR CHG PHENOBARBITAL | 80184 | CPT | | | | both | | | 193 | 17.6 | Aetna | Commercial | 73.34 | 38 | | | 10.8 | 183.35 | percent of total billed charges | |
| BKR CHG PHENOBARBITAL | 80184 | CPT | | | | both | | | 193 | 17.6 | Amerihealth | HMO/PPO | 17.5 | | | | 10.8 | 183.35 | fee schedule | |
| BKR CHG PHENOBARBITAL | 80184 | CPT | | | | both | | | 193 | 17.6 | Consumer | Consumer | 183.35 | 95 | | | 10.8 | 183.35 | percent of total billed charges | |
| BKR CHG PHENOBARBITAL | 80184 | CPT | | | | both | | | 193 | 17.6 | Horizon | Indemnity | 73.88 | 38.28 | | | 10.8 | 183.35 | percent of total billed charges | |
| BKR CHG PHENOBARBITAL | 80184 | CPT | | | | both | | | 193 | 17.6 | Wellcare | Medicare | 15.3 | | | | 10.8 | 183.35 | fee schedule | |
| BKR CHG PHENOBARBITAL | 80184 | CPT | | | | both | | | 193 | 17.6 | Aetna | Medicare | 59.44 | 30.8 | | | 10.8 | 183.35 | percent of total billed charges | |
| BKR CHG PHENOBARBITAL | 80184 | CPT | | | | both | | | 193 | 17.6 | Aetna | Better Health | 60.89 | 31.55 | | | 10.8 | 183.35 | percent of total billed charges | |
| BKR CHG PHENOBARBITAL | 80184 | CPT | | | | both | | | 193 | 17.6 | First Trenton | First Trenton | 173.7 | 90 | | | 10.8 | 183.35 | percent of total billed charges | |
| BKR CHG PHENOBARBITAL | 80184 | CPT | | | | both | | | 193 | 17.6 | Horizon | NJ Health | 25.09 | | | 13.68 | 10.8 | 183.35 | fee schedule | |
| BKR CHG PHENOBARBITAL | 80184 | CPT | | | | both | | | 193 | 17.6 | Corrections | Corrections | 154.4 | 80 | | 25.63 | 10.8 | 183.35 | percent of total billed charges | |
| BKR CHG PHENOBARBITAL | 80184 | CPT | | | | both | | | 193 | 17.6 | Americare | Americare | 144.75 | 75 | | | 10.8 | 183.35 | percent of total billed charges | |
| BKR CHG PHENOBARBITAL | 80184 | CPT | | | | both | | | 193 | 17.6 | Quelcare | Quelcare | 144.75 | 75 | | | 10.8 | 183.35 | percent of total billed charges | |
| BKR CHG PHENOBARBITAL | 80184 | CPT | | | | both | | | 193 | 17.6 | UHC | Medicare | 15.3 | | | 15.49 | 10.8 | 183.35 | fee schedule | |
| BKR CHG PHENOBARBITAL | 80184 | CPT | | | | both | | | 193 | 17.6 | Horizon | MGD | 73.88 | 38.28 | | | 10.8 | 183.35 | percent of total billed charges | |
| BKR CHG PHENOBARBITAL | 80184 | CPT | | | | both | | | 193 | 17.6 | Multiplan | Multiplan | 154.4 | 80 | | | 10.8 | 183.35 | percent of total billed charges | |
| BKR CHG PHENOBARBITAL | 80184 | CPT | | | | both | | | 193 | 17.6 | Managed Care Inc | Managed Care Inc | 173.7 | 90 | | | 10.8 | 183.35 | percent of total billed charges | |
| BKR CHG PHENOBARBITAL | 80184 | CPT | | | | both | | | 193 | 17.6 | UHC | Medicaid | 12.8 | | | 17.75 | 10.8 | 183.35 | fee schedule | |
| BKR CHG PHENOBARBITAL | 80184 | CPT | | | | both | | | 193 | 17.6 | First Health | First Health | 135.1 | 70 | | | 10.8 | 183.35 | percent of total billed charges | |
| BKR CHG PHENOBARBITAL | 80184 | CPT | | | | both | | | 193 | 17.6 | Wellcare | Medicaid | 12.8 | | | 26.71 | 10.8 | 183.35 | fee schedule | |
| BKR CHG PHENOBARBITAL | 80184 | CPT | | | | both | | | 193 | 17.6 | Horizon | PPO | 73.88 | 38.28 | | | 10.8 | 183.35 | percent of total billed charges | |
| BKR CHG PHENOBARBITAL | 80184 | CPT | | | | both | | | 193 | 17.6 | Horizon | Medicare Blue | 57.9 | 30 | | | 10.8 | 183.35 | percent of total billed charges | |
| BKR CHG PHENOBARBITAL | 80184 | CPT | | | | both | | | 193 | 17.6 | Three Rivers | Three Rivers | 183.35 | 95 | | | 10.8 | 183.35 | percent of total billed charges | |
| BKR CHG PHENOBARBITAL | 80184 | CPT | | | | both | | | 193 | 17.6 | WellPoint | WellPoint | 62.11 | 32.18 | | 24 | 10.8 | 183.35 | percent of total billed charges | |
| BKR CHG FOSPHENYTOIN SERUM/PLASMA | 80185 | CPT | | | | both | | | 175 | 15.24 | Aetna | Better Health | 55.21 | 31.55 | | | 13.25 | 166.25 | percent of total billed charges | |
| BKR CHG FOSPHENYTOIN SERUM/PLASMA | 80185 | CPT | | | | both | | | 175 | 15.24 | Horizon | Indemnity | 66.99 | 38.28 | | 30.96 | 13.25 | 166.25 | percent of total billed charges | |
| BKR CHG FOSPHENYTOIN SERUM/PLASMA | 80185 | CPT | | | | both | | | 175 | 15.24 | Aetna | Medicare | 53.9 | 30.8 | | | 13.25 | 166.25 | percent of total billed charges | |
| BKR CHG FOSPHENYTOIN SERUM/PLASMA | 80185 | CPT | | | | both | | | 175 | 15.24 | Americare | Americare | 131.25 | 75 | | | 13.25 | 166.25 | percent of total billed charges | |
| BKR CHG FOSPHENYTOIN SERUM/PLASMA | 80185 | CPT | | | | both | | | 175 | 15.24 | Aetna | Commercial | 66.5 | 38 | | | 13.25 | 166.25 | percent of total billed charges | |
| BKR CHG FOSPHENYTOIN SERUM/PLASMA | 80185 | CPT | | | | both | | | 175 | 15.24 | Wellcare | Medicaid | 14.65 | | | 18.74 | 13.25 | 166.25 | fee schedule | |
| BKR CHG FOSPHENYTOIN SERUM/PLASMA | 80185 | CPT | | | | both | | | 175 | 15.24 | Corrections | Corrections | 140 | 80 | | 37 | 13.25 | 166.25 | percent of total billed charges | |
| BKR CHG FOSPHENYTOIN SERUM/PLASMA | 80185 | CPT | | | | both | | | 175 | 15.24 | Consumer | Consumer | 166.25 | 95 | | | 13.25 | 166.25 | percent of total billed charges | |
| BKR CHG FOSPHENYTOIN SERUM/PLASMA | 80185 | CPT | | | | both | | | 175 | 15.24 | Horizon | NJ Health | 37.24 | | | 9.81 | 13.25 | 166.25 | fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG FOSPHENYTOIN SERUM/PLASMA | 80185 | CPT | | | | both | | | 175 | 15.24 | First Trenton | First Trenton | 157.5 | 90 | | | 13.25 | 166.25 | percent of total billed charges | |
| BKR CHG FOSPHENYTOIN SERUM/PLASMA | 80185 | CPT | | | | both | | | 175 | 15.24 | Amerihealth | HMO/PPO | 20.3 | | | 11.86 | 13.25 | 166.25 | fee schedule | |
| BKR CHG FOSPHENYTOIN SERUM/PLASMA | 80185 | CPT | | | | both | | | 175 | 15.24 | Horizon | PPO | 66.99 | 38.28 | | | 13.25 | 166.25 | percent of total billed charges | |
| BKR CHG FOSPHENYTOIN SERUM/PLASMA | 80185 | CPT | | | | both | | | 175 | 15.24 | Multiplan | Multiplan | 140 | 80 | | | 13.25 | 166.25 | percent of total billed charges | |
| BKR CHG FOSPHENYTOIN SERUM/PLASMA | 80185 | CPT | | | | both | | | 175 | 15.24 | Managed Care Inc | Managed Care Inc | 157.5 | 90 | | | 13.25 | 166.25 | percent of total billed charges | |
| BKR CHG FOSPHENYTOIN SERUM/PLASMA | 80185 | CPT | | | | both | | | 175 | 15.24 | First Health | First Health | 122.5 | 70 | | | 13.25 | 166.25 | percent of total billed charges | |
| BKR CHG FOSPHENYTOIN SERUM/PLASMA | 80185 | CPT | | | | both | | | 175 | 15.24 | Three Rivers | Three Rivers | 166.25 | 95 | | | 13.25 | 166.25 | percent of total billed charges | |
| BKR CHG FOSPHENYTOIN SERUM/PLASMA | 80185 | CPT | | | | both | | | 175 | 15.24 | Qualcare | Qualcare | 131.25 | 75 | | | 13.25 | 166.25 | percent of total billed charges | |
| BKR CHG FOSPHENYTOIN SERUM/PLASMA | 80185 | CPT | | | | both | | | 175 | 15.24 | Amerihealth | Medicare | 13.25 | | | | 13.25 | 166.25 | fee schedule | |
| BKR CHG FOSPHENYTOIN SERUM/PLASMA | 80185 | CPT | | | | both | | | 175 | 15.24 | UHC | Medicaid | 14.65 | | | 34.51 | 13.25 | 166.25 | fee schedule | |
| BKR CHG FOSPHENYTOIN SERUM/PLASMA | 80185 | CPT | | | | both | | | 175 | 15.24 | Horizon | Medicare Blue | 52.5 | 30 | | 12.53 | 13.25 | 166.25 | percent of total billed charges | |
| BKR CHG FOSPHENYTOIN SERUM/PLASMA | 80185 | CPT | | | | both | | | 175 | 15.24 | Wellcare | Medicare | 13.25 | | | | 13.25 | 166.25 | fee schedule | |
| BKR CHG FOSPHENYTOIN SERUM/PLASMA | 80185 | CPT | | | | both | | | 175 | 15.24 | Horizon | MGD | 66.99 | 38.28 | | | 13.25 | 166.25 | percent of total billed charges | |
| BKR CHG FOSPHENYTOIN SERUM/PLASMA | 80185 | CPT | | | | both | | | 175 | 15.24 | WellPoint | WellPoint | 56.32 | 32.18 | | 17.97 | 13.25 | 166.25 | percent of total billed charges | |
| BKR CHG FOSPHENYTOIN SERUM/PLASMA | 80185 | CPT | | | | both | | | 175 | 15.24 | UHC | Medicare | 13.25 | | | 17.91 | 13.25 | 166.25 | fee schedule | |
| BKR CHG PHENYTOIN FREE SERUM OR PLASMA | 80186 | CPT | | | | outpatient | | | 78 | 15.82 | Amerihealth | Medicare | 13.76 | | | | 13.76 | 74.1 | fee schedule | |
| BKR CHG PHENYTOIN FREE SERUM OR PLASMA | 80186 | CPT | | | | outpatient | | | 78 | 15.82 | Aetna | Commercial | 29.64 | 38 | | | 13.76 | 74.1 | percent of total billed charges | |
| BKR CHG PHENYTOIN FREE SERUM OR PLASMA | 80186 | CPT | | | | outpatient | | | 78 | 15.82 | Aetna | Better Health | 24.61 | 31.55 | | | 13.76 | 74.1 | percent of total billed charges | |
| BKR CHG PHENYTOIN FREE SERUM OR PLASMA | 80186 | CPT | | | | outpatient | | | 78 | 15.82 | Americare | Americare | 58.5 | 75 | | | 13.76 | 74.1 | percent of total billed charges | |
| BKR CHG PHENYTOIN FREE SERUM OR PLASMA | 80186 | CPT | | | | outpatient | | | 78 | 15.82 | First Trenton | First Trenton | 70.2 | 90 | | | 13.76 | 74.1 | percent of total billed charges | |
| BKR CHG PHENYTOIN FREE SERUM OR PLASMA | 80186 | CPT | | | | outpatient | | | 78 | 15.82 | Corrections | Corrections | 62.4 | 80 | | | 13.76 | 74.1 | percent of total billed charges | |
| BKR CHG PHENYTOIN FREE SERUM OR PLASMA | 80186 | CPT | | | | outpatient | | | 78 | 15.82 | First Health | First Health | 54.6 | 70 | | | 13.76 | 74.1 | percent of total billed charges | |
| BKR CHG PHENYTOIN FREE SERUM OR PLASMA | 80186 | CPT | | | | outpatient | | | 78 | 15.82 | Horizon | Indemnity | 29.86 | 38.28 | | | 13.76 | 74.1 | percent of total billed charges | |
| BKR CHG PHENYTOIN FREE SERUM OR PLASMA | 80186 | CPT | | | | outpatient | | | 78 | 15.82 | Horizon | PPO | 29.86 | 38.28 | | | 13.76 | 74.1 | percent of total billed charges | |
| BKR CHG PHENYTOIN FREE SERUM OR PLASMA | 80186 | CPT | | | | outpatient | | | 78 | 15.82 | Aetna | Medicare | 24.02 | 30.8 | | | 13.76 | 74.1 | percent of total billed charges | |
| BKR CHG PHENYTOIN FREE SERUM OR PLASMA | 80186 | CPT | | | | outpatient | | | 78 | 15.82 | Amerihealth | HMO/PPO | 20.3 | | | | 13.76 | 74.1 | fee schedule | |
| BKR CHG PHENYTOIN FREE SERUM OR PLASMA | 80186 | CPT | | | | outpatient | | | 78 | 15.82 | Consumer | Consumer | 74.1 | 95 | | | 13.76 | 74.1 | percent of total billed charges | |
| BKR CHG PHENYTOIN FREE SERUM OR PLASMA | 80186 | CPT | | | | outpatient | | | 78 | 15.82 | Managed Care Inc | Managed Care Inc | 70.2 | 90 | | | 13.76 | 74.1 | percent of total billed charges | |
| BKR CHG PHENYTOIN FREE SERUM OR PLASMA | 80186 | CPT | | | | outpatient | | | 78 | 15.82 | UHC | Medicaid | 15.02 | | | | 13.76 | 74.1 | fee schedule | |
| BKR CHG PHENYTOIN FREE SERUM OR PLASMA | 80186 | CPT | | | | outpatient | | | 78 | 15.82 | UHC | Medicare | 13.76 | | | | 13.76 | 74.1 | fee schedule | |
| BKR CHG PHENYTOIN FREE SERUM OR PLASMA | 80186 | CPT | | | | outpatient | | | 78 | 15.82 | Multiplan | Multiplan | 62.4 | 80 | | | 13.76 | 74.1 | percent of total billed charges | |
| BKR CHG PHENYTOIN FREE SERUM OR PLASMA | 80186 | CPT | | | | outpatient | | | 78 | 15.82 | Wellcare | Medicaid | 15.02 | | | | 13.76 | 74.1 | fee schedule | |
| BKR CHG PHENYTOIN FREE SERUM OR PLASMA | 80186 | CPT | | | | outpatient | | | 78 | 15.82 | Horizon | MGD | 29.86 | 38.28 | | | 13.76 | 74.1 | percent of total billed charges | |
| BKR CHG PHENYTOIN FREE SERUM OR PLASMA | 80186 | CPT | | | | outpatient | | | 78 | 15.82 | Horizon | Medicare Blue | 23.4 | 30 | | | 13.76 | 74.1 | percent of total billed charges | |
| BKR CHG PHENYTOIN FREE SERUM OR PLASMA | 80186 | CPT | | | | outpatient | | | 78 | 15.82 | Wellcare | Medicare | 13.76 | | | | 13.76 | 74.1 | fee schedule | |
| BKR CHG PHENYTOIN FREE SERUM OR PLASMA | 80186 | CPT | | | | outpatient | | | 78 | 15.82 | Qualcare | Qualcare | 58.5 | 75 | | | 13.76 | 74.1 | percent of total billed charges | |
| BKR CHG PHENYTOIN FREE SERUM OR PLASMA | 80186 | CPT | | | | outpatient | | | 78 | 15.82 | WellPoint | WellPoint | 25.1 | 32.18 | | | 13.76 | 74.1 | percent of total billed charges | |
| BKR CHG PHENYTOIN FREE SERUM OR PLASMA | 80186 | CPT | | | | outpatient | | | 78 | 15.82 | Horizon | NJ Health | 37.24 | | | | 13.76 | 74.1 | fee schedule | |
| BKR CHG PHENYTOIN FREE SERUM OR PLASMA | 80186 | CPT | | | | outpatient | | | 78 | 15.82 | Three Rivers | Three Rivers | 74.1 | 95 | | | 13.76 | 74.1 | percent of total billed charges | |
| BKR CHG POSACONAZOLE SE/PL (700265) | 80187 | CPT | | | | outpatient | | | 857 | 31.18 | Americare | Americare | 642.75 | 75 | | | 21.25 | 814.15 | percent of total billed charges | |
| BKR CHG POSACONAZOLE SE/PL (700265) | 80187 | CPT | | | | outpatient | | | 857 | 31.18 | Amerihealth | Medicare | 27.11 | | | | 21.25 | 814.15 | fee schedule | |
| BKR CHG POSACONAZOLE SE/PL (700265) | 80187 | CPT | | | | outpatient | | | 857 | 31.18 | Corrections | Corrections | 685.6 | 80 | | | 21.25 | 814.15 | percent of total billed charges | |
| BKR CHG POSACONAZOLE SE/PL (700265) | 80187 | CPT | | | | outpatient | | | 857 | 31.18 | Aetna | Medicare | 263.96 | 30.8 | | | 21.25 | 814.15 | percent of total billed charges | |
| BKR CHG POSACONAZOLE SE/PL (700265) | 80187 | CPT | | | | outpatient | | | 857 | 31.18 | Consumer | Consumer | 814.15 | 95 | | | 21.25 | 814.15 | percent of total billed charges | |
| BKR CHG POSACONAZOLE SE/PL (700265) | 80187 | CPT | | | | outpatient | | | 857 | 31.18 | Amerihealth | HMO/PPO | 557.05 | 65 | | | 21.25 | 814.15 | percent of total billed charges | |
| BKR CHG POSACONAZOLE SE/PL (700265) | 80187 | CPT | | | | outpatient | | | 857 | 31.18 | Aetna | Better Health | 270.38 | 31.55 | | | 21.25 | 814.15 | percent of total billed charges | |
| BKR CHG POSACONAZOLE SE/PL (700265) | 80187 | CPT | | | | outpatient | | | 857 | 31.18 | First Health | First Health | 599.9 | 70 | | | 21.25 | 814.15 | percent of total billed charges | |
| BKR CHG POSACONAZOLE SE/PL (700265) | 80187 | CPT | | | | outpatient | | | 857 | 31.18 | Multiplan | Multiplan | 685.6 | 80 | | | 21.25 | 814.15 | percent of total billed charges | |
| BKR CHG POSACONAZOLE SE/PL (700265) | 80187 | CPT | | | | outpatient | | | 857 | 31.18 | First Trenton | First Trenton | 771.3 | 90 | | | 21.25 | 814.15 | percent of total billed charges | |
| BKR CHG POSACONAZOLE SE/PL (700265) | 80187 | CPT | | | | outpatient | | | 857 | 31.18 | Aetna | Commercial | 325.66 | 38 | | | 21.25 | 814.15 | percent of total billed charges | |
| BKR CHG POSACONAZOLE SE/PL (700265) | 80187 | CPT | | | | outpatient | | | 857 | 31.18 | Horizon | MGD | 328.06 | 38.28 | | | 21.25 | 814.15 | percent of total billed charges | |
| BKR CHG POSACONAZOLE SE/PL (700265) | 80187 | CPT | | | | outpatient | | | 857 | 31.18 | Horizon | NJ Health | 21.25 | | | | 21.25 | 814.15 | fee schedule | |
| BKR CHG POSACONAZOLE SE/PL (700265) | 80187 | CPT | | | | outpatient | | | 857 | 31.18 | Horizon | Indemnity | 328.06 | 38.28 | | | 21.25 | 814.15 | percent of total billed charges | |
| BKR CHG POSACONAZOLE SE/PL (700265) | 80187 | CPT | | | | outpatient | | | 857 | 31.18 | Horizon | Medicare Blue | 257.1 | 30 | | | 21.25 | 814.15 | percent of total billed charges | |
| BKR CHG POSACONAZOLE SE/PL (700265) | 80187 | CPT | | | | outpatient | | | 857 | 31.18 | UHC | Medicare | 27.11 | | | | 21.25 | 814.15 | fee schedule | |
| BKR CHG POSACONAZOLE SE/PL (700265) | 80187 | CPT | | | | outpatient | | | 857 | 31.18 | Qualcare | Qualcare | 642.75 | 75 | | | 21.25 | 814.15 | percent of total billed charges | |
| BKR CHG POSACONAZOLE SE/PL (700265) | 80187 | CPT | | | | outpatient | | | 857 | 31.18 | Managed Care Inc | Managed Care Inc | 771.3 | 90 | | | 21.25 | 814.15 | percent of total billed charges | |
| BKR CHG POSACONAZOLE SE/PL (700265) | 80187 | CPT | | | | outpatient | | | 857 | 31.18 | Wellcare | Medicaid | 21.69 | | | | 21.25 | 814.15 | fee schedule | |
| BKR CHG POSACONAZOLE SE/PL (700265) | 80187 | CPT | | | | outpatient | | | 857 | 31.18 | Horizon | PPO | 328.06 | 38.28 | | | 21.25 | 814.15 | percent of total billed charges | |
| BKR CHG POSACONAZOLE SE/PL (700265) | 80187 | CPT | | | | outpatient | | | 857 | 31.18 | Three Rivers | Three Rivers | 814.15 | 95 | | | 21.25 | 814.15 | percent of total billed charges | |
| BKR CHG POSACONAZOLE SE/PL (700265) | 80187 | CPT | | | | outpatient | | | 857 | 31.18 | WellPoint | WellPoint | 275.78 | 32.18 | | | 21.25 | 814.15 | percent of total billed charges | |
| BKR CHG POSACONAZOLE SE/PL (700265) | 80187 | CPT | | | | outpatient | | | 857 | 31.18 | UHC | Medicaid | 21.69 | | | | 21.25 | 814.15 | fee schedule | |
| BKR CHG POSACONAZOLE SE/PL (700265) | 80187 | CPT | | | | outpatient | | | 857 | 31.18 | Wellcare | Medicare | 27.11 | | | | 21.25 | 814.15 | fee schedule | |
| BKR CHG PRIMIDONE | 80188 | CPT | | | | both | | | 40 | 19.08 | Aetna | Better Health | 12.62 | 31.55 | | | 12 | 39.2 | percent of total billed charges | |
| BKR CHG PRIMIDONE | 80188 | CPT | | | | both | | | 40 | 19.08 | Amerihealth | HMO/PPO | 26.3 | | | | 12 | 39.2 | fee schedule | |
| BKR CHG PRIMIDONE | 80188 | CPT | | | | both | | | 40 | 19.08 | Corrections | Corrections | 32 | 80 | | | 12 | 39.2 | percent of total billed charges | |
| BKR CHG PRIMIDONE | 80188 | CPT | | | | both | | | 40 | 19.08 | First Trenton | First Trenton | 36 | 90 | | | 12 | 39.2 | percent of total billed charges | |
| BKR CHG PRIMIDONE | 80188 | CPT | | | | both | | | 40 | 19.08 | First Health | First Health | 28 | 70 | | | 12 | 39.2 | percent of total billed charges | |
| BKR CHG PRIMIDONE | 80188 | CPT | | | | both | | | 40 | 19.08 | Americare | Americare | 30 | 75 | | | 12 | 39.2 | percent of total billed charges | |
| BKR CHG PRIMIDONE | 80188 | CPT | | | | both | | | 40 | 19.08 | Aetna | Commercial | 15.2 | 38 | | | 12 | 39.2 | percent of total billed charges | |
| BKR CHG PRIMIDONE | 80188 | CPT | | | | both | | | 40 | 19.08 | Aetna | Medicare | 12.32 | 30.8 | | | 12 | 39.2 | percent of total billed charges | |
| BKR CHG PRIMIDONE | 80188 | CPT | | | | both | | | 40 | 19.08 | Consumer | Consumer | 38 | 95 | | | 12 | 39.2 | percent of total billed charges | |
| BKR CHG PRIMIDONE | 80188 | CPT | | | | both | | | 40 | 19.08 | Horizon | Indemnity | 15.31 | 38.28 | | | 12 | 39.2 | percent of total billed charges | |
| BKR CHG PRIMIDONE | 80188 | CPT | | | | both | | | 40 | 19.08 | WellPoint | WellPoint | 12.87 | 32.18 | | | 12 | 39.2 | percent of total billed charges | |
| BKR CHG PRIMIDONE | 80188 | CPT | | | | both | | | 40 | 19.08 | Horizon | PPO | 15.31 | 38.28 | | | 12 | 39.2 | percent of total billed charges | |
| BKR CHG PRIMIDONE | 80188 | CPT | | | | both | | | 40 | 19.08 | Multiplan | Multiplan | 32 | 80 | | | 12 | 39.2 | percent of total billed charges | |
| BKR CHG PRIMIDONE | 80188 | CPT | | | | both | | | 40 | 19.08 | Amerihealth | Medicare | 16.59 | | | | 12 | 39.2 | fee schedule | |
| BKR CHG PRIMIDONE | 80188 | CPT | | | | both | | | 40 | 19.08 | Horizon | Medicare Blue | 12 | 30 | | | 12 | 39.2 | percent of total billed charges | |
| BKR CHG PRIMIDONE | 80188 | CPT | | | | both | | | 40 | 19.08 | Horizon | MGD | 15.31 | 38.28 | | | 12 | 39.2 | percent of total billed charges | |
| BKR CHG PRIMIDONE | 80188 | CPT | | | | both | | | 40 | 19.08 | Qualcare | Qualcare | 30 | 75 | | | 12 | 39.2 | percent of total billed charges | |
| BKR CHG PRIMIDONE | 80188 | CPT | | | | both | | | 40 | 19.08 | UHC | Medicaid | 20 | | | 8.36 | 12 | 39.2 | fee schedule | |
| BKR CHG PRIMIDONE | 80188 | CPT | | | | both | | | 40 | 19.08 | Horizon | NJ Health | 39.2 | | | | 12 | 39.2 | fee schedule | |
| BKR CHG PRIMIDONE | 80188 | CPT | | | | both | | | 40 | 19.08 | Managed Care Inc | Managed Care Inc | 36 | 90 | | | 12 | 39.2 | percent of total billed charges | |
| BKR CHG PRIMIDONE | 80188 | CPT | | | | both | | | 40 | 19.08 | UHC | Medicare | 16.59 | | | | 12 | 39.2 | fee schedule | |
| BKR CHG PRIMIDONE | 80188 | CPT | | | | both | | | 40 | 19.08 | Wellcare | Medicaid | 20 | | | | 12 | 39.2 | fee schedule | |
| BKR CHG PRIMIDONE | 80188 | CPT | | | | both | | | 40 | 19.08 | Three Rivers | Three Rivers | 38 | 95 | | | 12 | 39.2 | percent of total billed charges | |
| BKR CHG PRIMIDONE | 80188 | CPT | | | | both | | | 40 | 19.08 | Wellcare | Medicare | 16.59 | | | | 12 | 39.2 | fee schedule | |
| BKR CHG ITRACONAZOLE AND MTB, S/P | 80189 | CPT | | | | outpatient | | | 1724 | 31.18 | Amerihealth | Medicare | 27.11 | | | | 21.69 | 1637.8 | fee schedule | |
| BKR CHG ITRACONAZOLE AND MTB, S/P | 80189 | CPT | | | | outpatient | | | 1724 | 31.18 | UHC | Medicaid | 21.69 | | | | 21.69 | 1637.8 | fee schedule | |
| BKR CHG ITRACONAZOLE AND MTB, S/P | 80189 | CPT | | | | outpatient | | | 1724 | 31.18 | Aetna | Better Health | 543.92 | 31.55 | | | 21.69 | 1637.8 | percent of total billed charges | |
| BKR CHG ITRACONAZOLE AND MTB, S/P | 80189 | CPT | | | | outpatient | | | 1724 | 31.18 | Consumer | Consumer | 1637.8 | 95 | | | 21.69 | 1637.8 | percent of total billed charges | |
| BKR CHG ITRACONAZOLE AND MTB, S/P | 80189 | CPT | | | | outpatient | | | 1724 | 31.18 | Horizon | PPO | 659.95 | 38.28 | | | 21.69 | 1637.8 | percent of total billed charges | |
| BKR CHG ITRACONAZOLE AND MTB, S/P | 80189 | CPT | | | | outpatient | | | 1724 | 31.18 | Aetna | Medicare | 530.99 | 30.8 | | | 21.69 | 1637.8 | percent of total billed charges | |
| BKR CHG ITRACONAZOLE AND MTB, S/P | 80189 | CPT | | | | outpatient | | | 1724 | 31.18 | Amerihealth | HMO/PPO | 1120.6 | 65 | | | 21.69 | 1637.8 | percent of total billed charges | |
| BKR CHG ITRACONAZOLE AND MTB, S/P | 80189 | CPT | | | | outpatient | | | 1724 | 31.18 | Americare | Americare | 1293 | 75 | | | 21.69 | 1637.8 | percent of total billed charges | |
| BKR CHG ITRACONAZOLE AND MTB, S/P | 80189 | CPT | | | | outpatient | | | 1724 | 31.18 | First Health | First Health | 1206.8 | 70 | | | 21.69 | 1637.8 | percent of total billed charges | |
| BKR CHG ITRACONAZOLE AND MTB, S/P | 80189 | CPT | | | | outpatient | | | 1724 | 31.18 | Wellcare | Medicare | 27.11 | | | | 21.69 | 1637.8 | fee schedule | |
| BKR CHG ITRACONAZOLE AND MTB, S/P | 80189 | CPT | | | | outpatient | | | 1724 | 31.18 | First Trenton | First Trenton | 1551.6 | 90 | | | 21.69 | 1637.8 | percent of total billed charges | |
| BKR CHG ITRACONAZOLE AND MTB, S/P | 80189 | CPT | | | | outpatient | | | 1724 | 31.18 | Corrections | Corrections | 1379.2 | 80 | | | 21.69 | 1637.8 | percent of total billed charges | |
| BKR CHG ITRACONAZOLE AND MTB, S/P | 80189 | CPT | | | | outpatient | | | 1724 | 31.18 | WellPoint | WellPoint | 554.78 | 32.18 | | | 21.69 | 1637.8 | percent of total billed charges | |
| BKR CHG ITRACONAZOLE AND MTB, S/P | 80189 | CPT | | | | outpatient | | | 1724 | 31.18 | Horizon | MGD | 659.95 | 38.28 | | | 21.69 | 1637.8 | percent of total billed charges | |
| BKR CHG ITRACONAZOLE AND MTB, S/P | 80189 | CPT | | | | outpatient | | | 1724 | 31.18 | Qualcare | Qualcare | 1293 | 75 | | | 21.69 | 1637.8 | percent of total billed charges | |
| BKR CHG ITRACONAZOLE AND MTB, S/P | 80189 | CPT | | | | outpatient | | | 1724 | 31.18 | Multiplan | Multiplan | 1379.2 | 80 | | | 21.69 | 1637.8 | percent of total billed charges | |
| BKR CHG ITRACONAZOLE AND MTB, S/P | 80189 | CPT | | | | outpatient | | | 1724 | 31.18 | Horizon | Medicare Blue | 517.2 | 30 | | | 21.69 | 1637.8 | percent of total billed charges | |
| BKR CHG ITRACONAZOLE AND MTB, S/P | 80189 | CPT | | | | outpatient | | | 1724 | 31.18 | Horizon | Indemnity | 659.95 | 38.28 | | | 21.69 | 1637.8 | percent of total billed charges | |
| BKR CHG ITRACONAZOLE AND MTB, S/P | 80189 | CPT | | | | outpatient | | | 1724 | 31.18 | UHC | Medicare | 27.11 | | | | 21.69 | 1637.8 | fee schedule | |
| BKR CHG ITRACONAZOLE AND MTB, S/P | 80189 | CPT | | | | outpatient | | | 1724 | 31.18 | Three Rivers | Three Rivers | 1637.8 | 95 | | | 21.69 | 1637.8 | percent of total billed charges | |
| BKR CHG ITRACONAZOLE AND MTB, S/P | 80189 | CPT | | | | outpatient | | | 1724 | 31.18 | Managed Care Inc | Managed Care Inc | 1551.6 | 90 | | | 21.69 | 1637.8 | percent of total billed charges | |
| BKR CHG ITRACONAZOLE AND MTB, S/P | 80189 | CPT | | | | outpatient | | | 1724 | 31.18 | Wellcare | Medicaid | 21.69 | | | | 21.69 | 1637.8 | fee schedule | |
| BKR CHG PROCAINAMIDE (NAPA) | 80190 | CPT | | | | outpatient | | | 300 | 69 | First Trenton | First Trenton | 270 | 90 | | | 15 | 285 | percent of total billed charges | |
| BKR CHG PROCAINAMIDE (NAPA) | 80190 | CPT | | | | outpatient | | | 300 | 69 | Horizon | Indemnity | 114.84 | 38.28 | | | 15 | 285 | percent of total billed charges | |
| BKR CHG PROCAINAMIDE (NAPA) | 80190 | CPT | | | | outpatient | | | 300 | 69 | Aetna | Better Health | 94.65 | 31.55 | | | 15 | 285 | percent of total billed charges | |
| BKR CHG PROCAINAMIDE (NAPA) | 80190 | CPT | | | | outpatient | | | 300 | 69 | Consumer | Consumer | 285 | 95 | | | 15 | 285 | percent of total billed charges | |
| BKR CHG PROCAINAMIDE (NAPA) | 80190 | CPT | | | | outpatient | | | 300 | 69 | Aetna | Medicare | 92.4 | 30.8 | | | 15 | 285 | percent of total billed charges | |
| BKR CHG PROCAINAMIDE (NAPA) | 80190 | CPT | | | | outpatient | | | 300 | 69 | Americare | Americare | 225 | 75 | | | 15 | 285 | percent of total billed charges | |
| BKR CHG PROCAINAMIDE (NAPA) | 80190 | CPT | | | | outpatient | | | 300 | 69 | Multiplan | Multiplan | 240 | 80 | | | 15 | 285 | percent of total billed charges | |
| BKR CHG PROCAINAMIDE (NAPA) | 80190 | CPT | | | | outpatient | | | 300 | 69 | Aetna | Commercial | 114 | 38 | | | 15 | 285 | percent of total billed charges | |
| BKR CHG PROCAINAMIDE (NAPA) | 80190 | CPT | | | | outpatient | | | 300 | 69 | Horizon | MGD | 114.84 | 38.28 | | | 15 | 285 | percent of total billed charges | |
| BKR CHG PROCAINAMIDE (NAPA) | 80190 | CPT | | | | outpatient | | | 300 | 69 | Amerihealth | HMO/PPO | 26 | | | | 15 | 285 | fee schedule | |
| BKR CHG PROCAINAMIDE (NAPA) | 80190 | CPT | | | | outpatient | | | 300 | 69 | First Health | First Health | 210 | 70 | | | 15 | 285 | percent of total billed charges | |
| BKR CHG PROCAINAMIDE (NAPA) | 80190 | CPT | | | | outpatient | | | 300 | 69 | Corrections | Corrections | 240 | 80 | | | 15 | 285 | percent of total billed charges | |
| BKR CHG PROCAINAMIDE (NAPA) | 80190 | CPT | | | | outpatient | | | 300 | 69 | Amerihealth | Medicare | 60 | | | | 15 | 285 | fee schedule | |
| BKR CHG PROCAINAMIDE (NAPA) | 80190 | CPT | | | | outpatient | | | 300 | 69 | UHC | Medicaid | 15 | | | | 15 | 285 | fee schedule | |
| BKR CHG PROCAINAMIDE (NAPA) | 80190 | CPT | | | | outpatient | | | 300 | 69 | Qualcare | Qualcare | 225 | 75 | | | 15 | 285 | percent of total billed charges | |
| BKR CHG PROCAINAMIDE (NAPA) | 80190 | CPT | | | | outpatient | | | 300 | 69 | WellPoint | WellPoint | 96.54 | 32.18 | | | 15 | 285 | percent of total billed charges | |
| BKR CHG PROCAINAMIDE (NAPA) | 80190 | CPT | | | | outpatient | | | 300 | 69 | Horizon | PPO | 114.84 | 38.28 | | | 15 | 285 | percent of total billed charges | |
| BKR CHG PROCAINAMIDE (NAPA) | 80190 | CPT | | | | outpatient | | | 300 | 69 | Wellcare | Medicare | 60 | | | | 15 | 285 | fee schedule | |
| BKR CHG PROCAINAMIDE (NAPA) | 80190 | CPT | | | | outpatient | | | 300 | 69 | Horizon | Medicare Blue | 90 | 30 | | | 15 | 285 | percent of total billed charges | |
| BKR CHG PROCAINAMIDE (NAPA) | 80190 | CPT | | | | outpatient | | | 300 | 69 | Horizon | NJ Health | 29.4 | | | | 15 | 285 | fee schedule | |
| BKR CHG PROCAINAMIDE (NAPA) | 80190 | CPT | | | | outpatient | | | 300 | 69 | Managed Care Inc | Managed Care Inc | 270 | 90 | | | 15 | 285 | percent of total billed charges | |
| BKR CHG PROCAINAMIDE (NAPA) | 80190 | CPT | | | | outpatient | | | 300 | 69 | Wellcare | Medicaid | 15 | | | | 15 | 285 | fee schedule | |
| BKR CHG PROCAINAMIDE (NAPA) | 80190 | CPT | | | | outpatient | | | 300 | 69 | UHC | Medicare | 60 | | | | 15 | 285 | fee schedule | |
| BKR CHG PROCAINAMIDE (NAPA) | 80190 | CPT | | | | outpatient | | | 300 | 69 | Three Rivers | Three Rivers | 285 | 95 | | | 15 | 285 | percent of total billed charges | |
| BKR CHG QUINIDINE | 80194 | CPT | | | | outpatient | | | 89 | 16.79 | Aetna | Better Health | 28.08 | 31.55 | | | 14.6 | 84.55 | percent of total billed charges | |
| BKR CHG QUINIDINE | 80194 | CPT | | | | outpatient | | | 89 | 16.79 | Americare | Americare | 66.75 | 75 | | | 14.6 | 84.55 | percent of total billed charges | |
| BKR CHG QUINIDINE | 80194 | CPT | | | | outpatient | | | 89 | 16.79 | Aetna | Commercial | 33.82 | 38 | | | 14.6 | 84.55 | percent of total billed charges | |
| BKR CHG QUINIDINE | 80194 | CPT | | | | outpatient | | | 89 | 16.79 | First Trenton | First Trenton | 80.1 | 90 | | | 14.6 | 84.55 | percent of total billed charges | |
| BKR CHG QUINIDINE | 80194 | CPT | | | | outpatient | | | 89 | 16.79 | Consumer | Consumer | 84.55 | 95 | | | 14.6 | 84.55 | percent of total billed charges | |
| BKR CHG QUINIDINE | 80194 | CPT | | | | outpatient | | | 89 | 16.79 | Multiplan | Multiplan | 71.2 | 80 | | | 14.6 | 84.55 | percent of total billed charges | |
| BKR CHG QUINIDINE | 80194 | CPT | | | | outpatient | | | 89 | 16.79 | Amerihealth | HMO/PPO | 22.5 | | | | 14.6 | 84.55 | fee schedule | |
| BKR CHG QUINIDINE | 80194 | CPT | | | | outpatient | | | 89 | 16.79 | Horizon | Indemnity | 34.07 | 38.28 | | | 14.6 | 84.55 | percent of total billed charges | |
| BKR CHG QUINIDINE | 80194 | CPT | | | | outpatient | | | 89 | 16.79 | Horizon | Medicare Blue | 26.7 | 30 | | | 14.6 | 84.55 | percent of total billed charges | |
| BKR CHG QUINIDINE | 80194 | CPT | | | | outpatient | | | 89 | 16.79 | Three Rivers | Three Rivers | 84.55 | 95 | | | 14.6 | 84.55 | percent of total billed charges | |
| BKR CHG QUINIDINE | 80194 | CPT | | | | outpatient | | | 89 | 16.79 | Aetna | Medicare | 27.41 | 30.8 | | | 14.6 | 84.55 | percent of total billed charges | |
| BKR CHG QUINIDINE | 80194 | CPT | | | | outpatient | | | 89 | 16.79 | Managed Care Inc | Managed Care Inc | 80.1 | 90 | | | 14.6 | 84.55 | percent of total billed charges | |
| BKR CHG QUINIDINE | 80194 | CPT | | | | outpatient | | | 89 | 16.79 | Corrections | Corrections | 71.2 | 80 | | | 14.6 | 84.55 | percent of total billed charges | |
| BKR CHG QUINIDINE | 80194 | CPT | | | | outpatient | | | 89 | 16.79 | Qualcare | Qualcare | 66.75 | 75 | | | 14.6 | 84.55 | percent of total billed charges | |
| BKR CHG QUINIDINE | 80194 | CPT | | | | outpatient | | | 89 | 16.79 | Amerihealth | Medicare | 14.6 | | | | 14.6 | 84.55 | fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG QUINIDINE | 80194 | CPT | | | | outpatient | | | 89 | 16.79 | Horizon | PPO | 34.07 | 38.28 | | | 14.6 | | 84.55 percent of total billed charges | |
| BKR CHG QUINIDINE | 80194 | CPT | | | | outpatient | | | 89 | 16.79 | Horizon | NJ Health | 29.4 | | | | 14.6 | | 84.55 fee schedule | |
| BKR CHG QUINIDINE | 80194 | CPT | | | | outpatient | | | 89 | 16.79 | UHC | Medicaid | 15 | | | | 14.6 | | 84.55 fee schedule | |
| BKR CHG QUINIDINE | 80194 | CPT | | | | outpatient | | | 89 | 16.79 | Horizon | MGD | 34.07 | 38.28 | | | 14.6 | | 84.55 percent of total billed charges | |
| BKR CHG QUINIDINE | 80194 | CPT | | | | outpatient | | | 89 | 16.79 | Wellcare | Medicaid | 15 | | | | 14.6 | | 84.55 fee schedule | |
| BKR CHG QUINIDINE | 80194 | CPT | | | | outpatient | | | 89 | 16.79 | WellPoint | WellPoint | 28.64 | 32.18 | | | 14.6 | | 84.55 percent of total billed charges | |
| BKR CHG QUINIDINE | 80194 | CPT | | | | outpatient | | | 89 | 16.79 | Wellcare | Medicare | 14.6 | | | | 14.6 | | 84.55 fee schedule | |
| BKR CHG QUINIDINE | 80194 | CPT | | | | outpatient | | | 89 | 16.79 | First Health | First Health | 62.3 | 70 | | | 14.6 | | 84.55 percent of total billed charges | |
| BKR CHG QUINIDINE | 80194 | CPT | | | | outpatient | | | 89 | 16.79 | UHC | Medicare | 14.6 | | | | 14.6 | | 84.55 fee schedule | |
| BKR CHG SIROLIMUS(RAPAMUNE)BLD-716712 | 80195 | CPT | | | | both | | | 253 | 15.79 | Consumer | Consumer | 240.35 | 95 | | | 10.98 | | 240.35 percent of total billed charges | |
| BKR CHG SIROLIMUS(RAPAMUNE)BLD-716712 | 80195 | CPT | | | | both | | | 253 | 15.79 | Amerihealth | Medicare | 13.73 | | | | 10.98 | | 240.35 fee schedule | |
| BKR CHG SIROLIMUS(RAPAMUNE)BLD-716712 | 80195 | CPT | | | | both | | | 253 | 15.79 | Corrections | Corrections | 202.4 | 80 | | | 10.98 | | 240.35 percent of total billed charges | |
| BKR CHG SIROLIMUS(RAPAMUNE)BLD-716712 | 80195 | CPT | | | | both | | | 253 | 15.79 | Aetna | Medicare | 77.92 | 30.8 | | | 10.98 | | 240.35 percent of total billed charges | |
| BKR CHG SIROLIMUS(RAPAMUNE)BLD-716712 | 80195 | CPT | | | | both | | | 253 | 15.79 | Americare | Americare | 189.75 | 75 | | | 10.98 | | 240.35 percent of total billed charges | |
| BKR CHG SIROLIMUS(RAPAMUNE)BLD-716712 | 80195 | CPT | | | | both | | | 253 | 15.79 | First Trenton | First Trenton | 227.7 | 90 | | | 10.98 | | 240.35 percent of total billed charges | |
| BKR CHG SIROLIMUS(RAPAMUNE)BLD-716712 | 80195 | CPT | | | | both | | | 253 | 15.79 | Aetna | Better Health | 79.82 | 31.55 | | | 10.98 | | 240.35 percent of total billed charges | |
| BKR CHG SIROLIMUS(RAPAMUNE)BLD-716712 | 80195 | CPT | | | | both | | | 253 | 15.79 | Amerihealth | HMO/PPO | 19 | | | | 10.98 | | 240.35 fee schedule | |
| BKR CHG SIROLIMUS(RAPAMUNE)BLD-716712 | 80195 | CPT | | | | both | | | 253 | 15.79 | Managed Care Inc | Managed Care Inc | 227.7 | 90 | | | 10.98 | | 240.35 percent of total billed charges | |
| BKR CHG SIROLIMUS(RAPAMUNE)BLD-716712 | 80195 | CPT | | | | both | | | 253 | 15.79 | Horizon | NJ Health | 17.58 | | | 3.21 | 10.98 | | 240.35 fee schedule | |
| BKR CHG SIROLIMUS(RAPAMUNE)BLD-716712 | 80195 | CPT | | | | both | | | 253 | 15.79 | WellPoint | WellPoint | 81.42 | 32.18 | | | 10.98 | | 240.35 percent of total billed charges | |
| BKR CHG SIROLIMUS(RAPAMUNE)BLD-716712 | 80195 | CPT | | | | both | | | 253 | 15.79 | First Health | First Health | 177.1 | 70 | | | 10.98 | | 240.35 percent of total billed charges | |
| BKR CHG SIROLIMUS(RAPAMUNE)BLD-716712 | 80195 | CPT | | | | both | | | 253 | 15.79 | Horizon | Indemnity | 96.85 | 38.28 | | | 10.98 | | 240.35 percent of total billed charges | |
| BKR CHG SIROLIMUS(RAPAMUNE)BLD-716712 | 80195 | CPT | | | | both | | | 253 | 15.79 | Wellcare | Medicare | 13.73 | | | | 10.98 | | 240.35 fee schedule | |
| BKR CHG SIROLIMUS(RAPAMUNE)BLD-716712 | 80195 | CPT | | | | both | | | 253 | 15.79 | Aetna | Commercial | 96.14 | 38 | | | 10.98 | | 240.35 percent of total billed charges | |
| BKR CHG SIROLIMUS(RAPAMUNE)BLD-716712 | 80195 | CPT | | | | both | | | 253 | 15.79 | Wellcare | Medicaid | 10.98 | | | | 10.98 | | 240.35 fee schedule | |
| BKR CHG SIROLIMUS(RAPAMUNE)BLD-716712 | 80195 | CPT | | | | both | | | 253 | 15.79 | Horizon | Medicare Blue | 75.9 | 30 | | | 10.98 | | 240.35 percent of total billed charges | |
| BKR CHG SIROLIMUS(RAPAMUNE)BLD-716712 | 80195 | CPT | | | | both | | | 253 | 15.79 | Horizon | MGD | 96.85 | 38.28 | | 21.15 | 10.98 | | 240.35 percent of total billed charges | |
| BKR CHG SIROLIMUS(RAPAMUNE)BLD-716712 | 80195 | CPT | | | | both | | | 253 | 15.79 | UHC | Medicare | 13.73 | | | | 10.98 | | 240.35 fee schedule | |
| BKR CHG SIROLIMUS(RAPAMUNE)BLD-716712 | 80195 | CPT | | | | both | | | 253 | 15.79 | Horizon | PPO | 96.85 | 38.28 | | | 10.98 | | 240.35 percent of total billed charges | |
| BKR CHG SIROLIMUS(RAPAMUNE)BLD-716712 | 80195 | CPT | | | | both | | | 253 | 15.79 | Multiplan | Multiplan | 202.4 | 80 | | | 10.98 | | 240.35 percent of total billed charges | |
| BKR CHG SIROLIMUS(RAPAMUNE)BLD-716712 | 80195 | CPT | | | | both | | | 253 | 15.79 | Qualcare | Qualcare | 189.75 | 75 | | | 10.98 | | 240.35 percent of total billed charges | |
| BKR CHG SIROLIMUS(RAPAMUNE)BLD-716712 | 80195 | CPT | | | | both | | | 253 | 15.79 | Three Rivers | Three Rivers | 240.35 | 95 | | | 10.98 | | 240.35 percent of total billed charges | |
| BKR CHG SIROLIMUS(RAPAMUNE)BLD-716712 | 80195 | CPT | | | | both | | | 253 | 15.79 | UHC | Medicaid | 10.98 | | | | 10.98 | | 240.35 fee schedule | |
| BKR CHG TACROLIMUS(FK506) | 80197 | CPT | | | | both | | | 123 | 15.79 | Amerihealth | HMO/PPO | 19 | | | 9.83 | 13.73 | | 116.85 fee schedule | |
| BKR CHG TACROLIMUS(FK506) | 80197 | CPT | | | | both | | | 123 | 15.79 | Consumer | Consumer | 116.85 | 95 | | | 13.73 | | 116.85 percent of total billed charges | |
| BKR CHG TACROLIMUS(FK506) | 80197 | CPT | | | | both | | | 123 | 15.79 | Aetna | Medicare | 37.88 | 30.8 | | 9.33 | 13.73 | | 116.85 percent of total billed charges | |
| BKR CHG TACROLIMUS(FK506) | 80197 | CPT | | | | both | | | 123 | 15.79 | Aetna | Commercial | 46.74 | 38 | | 20.61 | 13.73 | | 116.85 percent of total billed charges | |
| BKR CHG TACROLIMUS(FK506) | 80197 | CPT | | | | both | | | 123 | 15.79 | Aetna | Better Health | 38.81 | 31.55 | | 11.84 | 13.73 | | 116.85 percent of total billed charges | |
| BKR CHG TACROLIMUS(FK506) | 80197 | CPT | | | | both | | | 123 | 15.79 | Amerihealth | Medicare | 13.73 | | | | 13.73 | | 116.85 fee schedule | |
| BKR CHG TACROLIMUS(FK506) | 80197 | CPT | | | | both | | | 123 | 15.79 | Horizon | MGD | 47.08 | 38.28 | | 24.98 | 13.73 | | 116.85 percent of total billed charges | |
| BKR CHG TACROLIMUS(FK506) | 80197 | CPT | | | | both | | | 123 | 15.79 | Horizon | Medicare Blue | 36.9 | 30 | | 14.26 | 13.73 | | 116.85 percent of total billed charges | |
| BKR CHG TACROLIMUS(FK506) | 80197 | CPT | | | | both | | | 123 | 15.79 | Americare | Americare | 92.25 | 75 | | | 13.73 | | 116.85 percent of total billed charges | |
| BKR CHG TACROLIMUS(FK506) | 80197 | CPT | | | | both | | | 123 | 15.79 | First Trenton | First Trenton | 110.7 | 90 | | | 13.73 | | 116.85 percent of total billed charges | |
| BKR CHG TACROLIMUS(FK506) | 80197 | CPT | | | | both | | | 123 | 15.79 | Corrections | Corrections | 98.4 | 80 | | | 13.73 | | 116.85 percent of total billed charges | |
| BKR CHG TACROLIMUS(FK506) | 80197 | CPT | | | | both | | | 123 | 15.79 | Wellcare | Medicare | 13.73 | | | 15.39 | 13.73 | | 116.85 fee schedule | |
| BKR CHG TACROLIMUS(FK506) | 80197 | CPT | | | | both | | | 123 | 15.79 | UHC | Medicaid | 15 | | | 15.35 | 13.73 | | 116.85 fee schedule | |
| BKR CHG TACROLIMUS(FK506) | 80197 | CPT | | | | both | | | 123 | 15.79 | First Health | First Health | 86.1 | 70 | | | 13.73 | | 116.85 percent of total billed charges | |
| BKR CHG TACROLIMUS(FK506) | 80197 | CPT | | | | both | | | 123 | 15.79 | Multiplan | Multiplan | 98.4 | 80 | | | 13.73 | | 116.85 percent of total billed charges | |
| BKR CHG TACROLIMUS(FK506) | 80197 | CPT | | | | both | | | 123 | 15.79 | Wellcare | Medicaid | 15 | | | 20.75 | 13.73 | | 116.85 fee schedule | |
| BKR CHG TACROLIMUS(FK506) | 80197 | CPT | | | | both | | | 123 | 15.79 | Qualcare | Qualcare | 92.25 | 75 | | | 13.73 | | 116.85 percent of total billed charges | |
| BKR CHG TACROLIMUS(FK506) | 80197 | CPT | | | | both | | | 123 | 15.79 | Horizon | Indemnity | 47.08 | 38.28 | | 25.28 | 13.73 | | 116.85 percent of total billed charges | |
| BKR CHG TACROLIMUS(FK506) | 80197 | CPT | | | | both | | | 123 | 15.79 | UHC | Medicare | 13.73 | | | 12.59 | 13.73 | | 116.85 fee schedule | |
| BKR CHG TACROLIMUS(FK506) | 80197 | CPT | | | | both | | | 123 | 15.79 | WellPoint | WellPoint | 39.58 | 32.18 | | 30.53 | 13.73 | | 116.85 percent of total billed charges | |
| BKR CHG TACROLIMUS(FK506) | 80197 | CPT | | | | both | | | 123 | 15.79 | Horizon | NJ Health | 32.34 | | | 5.2 | 13.73 | | 116.85 fee schedule | |
| BKR CHG TACROLIMUS(FK506) | 80197 | CPT | | | | both | | | 123 | 15.79 | Horizon | PPO | 47.08 | 38.28 | | 26.04 | 13.73 | | 116.85 percent of total billed charges | |
| BKR CHG TACROLIMUS(FK506) | 80197 | CPT | | | | both | | | 123 | 15.79 | Managed Care Inc | Managed Care Inc | 110.7 | 90 | | | 13.73 | | 116.85 percent of total billed charges | |
| BKR CHG TACROLIMUS(FK506) | 80197 | CPT | | | | both | | | 123 | 15.79 | Three Rivers | Three Rivers | 116.85 | 95 | | | 13.73 | | 116.85 percent of total billed charges | |
| BKR CHG THEOPHYLLINE | 80198 | CPT | | | | both | | | 129 | 16.26 | Americare | Americare | 96.75 | 75 | | | 14.14 | | 122.55 percent of total billed charges | |
| BKR CHG THEOPHYLLINE | 80198 | CPT | | | | both | | | 129 | 16.26 | Horizon | MGD | 49.38 | 38.28 | | | 14.14 | | 122.55 percent of total billed charges | |
| BKR CHG THEOPHYLLINE | 80198 | CPT | | | | both | | | 129 | 16.26 | Aetna | Better Health | 40.7 | 31.55 | | | 14.14 | | 122.55 percent of total billed charges | |
| BKR CHG THEOPHYLLINE | 80198 | CPT | | | | both | | | 129 | 16.26 | Aetna | Medicare | 39.73 | 30.8 | | | 14.14 | | 122.55 percent of total billed charges | |
| BKR CHG THEOPHYLLINE | 80198 | CPT | | | | both | | | 129 | 16.26 | First Trenton | First Trenton | 116.1 | 90 | | | 14.14 | | 122.55 percent of total billed charges | |
| BKR CHG THEOPHYLLINE | 80198 | CPT | | | | both | | | 129 | 16.26 | Corrections | Corrections | 103.2 | 80 | | | 14.14 | | 122.55 percent of total billed charges | |
| BKR CHG THEOPHYLLINE | 80198 | CPT | | | | both | | | 129 | 16.26 | UHC | Medicare | 14.14 | | | | 14.14 | | 122.55 fee schedule | |
| BKR CHG THEOPHYLLINE | 80198 | CPT | | | | both | | | 129 | 16.26 | Consumer | Consumer | 122.55 | 95 | | | 14.14 | | 122.55 percent of total billed charges | |
| BKR CHG THEOPHYLLINE | 80198 | CPT | | | | both | | | 129 | 16.26 | Amerihealth | HMO/PPO | 21.8 | | | | 14.14 | | 122.55 fee schedule | |
| BKR CHG THEOPHYLLINE | 80198 | CPT | | | | both | | | 129 | 16.26 | Multiplan | Multiplan | 103.2 | 80 | | | 14.14 | | 122.55 percent of total billed charges | |
| BKR CHG THEOPHYLLINE | 80198 | CPT | | | | both | | | 129 | 16.26 | Aetna | Commercial | 49.02 | 38 | | | 14.14 | | 122.55 percent of total billed charges | |
| BKR CHG THEOPHYLLINE | 80198 | CPT | | | | both | | | 129 | 16.26 | First Health | First Health | 90.3 | 70 | | | 14.14 | | 122.55 percent of total billed charges | |
| BKR CHG THEOPHYLLINE | 80198 | CPT | | | | both | | | 129 | 16.26 | Horizon | Indemnity | 49.38 | 38.28 | | | 14.14 | | 122.55 percent of total billed charges | |
| BKR CHG THEOPHYLLINE | 80198 | CPT | | | | both | | | 129 | 16.26 | Horizon | Medicare Blue | 38.7 | 30 | | | 14.14 | | 122.55 percent of total billed charges | |
| BKR CHG THEOPHYLLINE | 80198 | CPT | | | | both | | | 129 | 16.26 | UHC | Medicaid | 15 | | | | 14.14 | | 122.55 fee schedule | |
| BKR CHG THEOPHYLLINE | 80198 | CPT | | | | both | | | 129 | 16.26 | Wellcare | Medicare | 14.14 | | | | 14.14 | | 122.55 fee schedule | |
| BKR CHG THEOPHYLLINE | 80198 | CPT | | | | both | | | 129 | 16.26 | Amerihealth | Medicare | 14.14 | | | | 14.14 | | 122.55 fee schedule | |
| BKR CHG THEOPHYLLINE | 80198 | CPT | | | | both | | | 129 | 16.26 | Qualcare | Qualcare | 96.75 | 75 | | | 14.14 | | 122.55 percent of total billed charges | |
| BKR CHG THEOPHYLLINE | 80198 | CPT | | | | both | | | 129 | 16.26 | WellPoint | WellPoint | 41.51 | 32.18 | | | 14.14 | | 122.55 percent of total billed charges | |
| BKR CHG THEOPHYLLINE | 80198 | CPT | | | | both | | | 129 | 16.26 | Horizon | NJ Health | 29.4 | | | | 14.14 | | 122.55 fee schedule | |
| BKR CHG THEOPHYLLINE | 80198 | CPT | | | | both | | | 129 | 16.26 | Horizon | PPO | 49.38 | 38.28 | | | 14.14 | | 122.55 percent of total billed charges | |
| BKR CHG THEOPHYLLINE | 80198 | CPT | | | | both | | | 129 | 16.26 | Managed Care Inc | Managed Care Inc | 116.1 | 90 | | | 14.14 | | 122.55 percent of total billed charges | |
| BKR CHG THEOPHYLLINE | 80198 | CPT | | | | both | | | 129 | 16.26 | Three Rivers | Three Rivers | 122.55 | 95 | | | 14.14 | | 122.55 percent of total billed charges | |
| BKR CHG THEOPHYLLINE | 80198 | CPT | | | | both | | | 129 | 16.26 | Wellcare | Medicaid | 15 | | | | 14.14 | | 122.55 fee schedule | |
| BKR CHG TOBRAMYCIN TROUGH | 80200 | CPT | | | | inpatient | | | 285 | 18.55 | First Trenton | First Trenton | 256.5 | 90 | | | 12.6 | | 270.75 percent of total billed charges | |
| BKR CHG TOBRAMYCIN TROUGH | 80200 | CPT | | | | inpatient | | | 285 | 18.55 | First Health | First Health | 199.5 | 70 | | | 12.6 | | 270.75 percent of total billed charges | |
| BKR CHG TOBRAMYCIN TROUGH | 80200 | CPT | | | | inpatient | | | 285 | 18.55 | Multiplan | Multiplan | 228 | 80 | | | 12.6 | | 270.75 percent of total billed charges | |
| BKR CHG TOBRAMYCIN TROUGH | 80200 | CPT | | | | inpatient | | | 285 | 18.55 | Aetna | Better Health | 89.92 | 31.55 | | | 12.6 | | 270.75 percent of total billed charges | |
| BKR CHG TOBRAMYCIN TROUGH | 80200 | CPT | | | | inpatient | | | 285 | 18.55 | Horizon | Indemnity | 109.1 | 38.28 | | | 12.6 | | 270.75 percent of total billed charges | |
| BKR CHG TOBRAMYCIN TROUGH | 80200 | CPT | | | | inpatient | | | 285 | 18.55 | Aetna | Medicare | 87.78 | 30.8 | | | 12.6 | | 270.75 percent of total billed charges | |
| BKR CHG TOBRAMYCIN TROUGH | 80200 | CPT | | | | inpatient | | | 285 | 18.55 | Americare | Americare | 213.75 | 75 | | | 12.6 | | 270.75 percent of total billed charges | |
| BKR CHG TOBRAMYCIN TROUGH | 80200 | CPT | | | | inpatient | | | 285 | 18.55 | Corrections | Corrections | 228 | 80 | | | 12.6 | | 270.75 percent of total billed charges | |
| BKR CHG TOBRAMYCIN TROUGH | 80200 | CPT | | | | inpatient | | | 285 | 18.55 | Horizon | PPO | 109.1 | 38.28 | | | 12.6 | | 270.75 percent of total billed charges | |
| BKR CHG TOBRAMYCIN TROUGH | 80200 | CPT | | | | inpatient | | | 285 | 18.55 | UHC | Medicare | 16.13 | | | | 12.6 | | 270.75 fee schedule | |
| BKR CHG TOBRAMYCIN TROUGH | 80200 | CPT | | | | inpatient | | | 285 | 18.55 | Qualcare | Qualcare | 213.75 | 75 | | | 12.6 | | 270.75 percent of total billed charges | |
| BKR CHG TOBRAMYCIN TROUGH | 80200 | CPT | | | | inpatient | | | 285 | 18.55 | Aetna | Commercial | 108.3 | 38 | | | 12.6 | | 270.75 percent of total billed charges | |
| BKR CHG TOBRAMYCIN TROUGH | 80200 | CPT | | | | inpatient | | | 285 | 18.55 | Managed Care Inc | Managed Care Inc | 256.5 | 90 | | | 12.6 | | 270.75 percent of total billed charges | |
| BKR CHG TOBRAMYCIN TROUGH | 80200 | CPT | | | | inpatient | | | 285 | 18.55 | Amerihealth | HMO/PPO | 24.8 | | | | 12.6 | | 270.75 fee schedule | |
| BKR CHG TOBRAMYCIN TROUGH | 80200 | CPT | | | | inpatient | | | 285 | 18.55 | Consumer | Consumer | 270.75 | 95 | | | 12.6 | | 270.75 percent of total billed charges | |
| BKR CHG TOBRAMYCIN TROUGH | 80200 | CPT | | | | inpatient | | | 285 | 18.55 | WellPoint | WellPoint | 91.71 | 32.18 | | | 12.6 | | 270.75 percent of total billed charges | |
| BKR CHG TOBRAMYCIN TROUGH | 80200 | CPT | | | | inpatient | | | 285 | 18.55 | Wellcare | Medicaid | 12.6 | | | | 12.6 | | 270.75 fee schedule | |
| BKR CHG TOBRAMYCIN TROUGH | 80200 | CPT | | | | inpatient | | | 285 | 18.55 | Wellcare | Medicare | 16.13 | | | | 12.6 | | 270.75 fee schedule | |
| BKR CHG TOBRAMYCIN TROUGH | 80200 | CPT | | | | inpatient | | | 285 | 18.55 | UHC | Medicaid | 12.6 | | | | 12.6 | | 270.75 fee schedule | |
| BKR CHG TOBRAMYCIN TROUGH | 80200 | CPT | | | | inpatient | | | 285 | 18.55 | Horizon | Medicare Blue | 85.5 | 30 | | | 12.6 | | 270.75 percent of total billed charges | |
| BKR CHG TOBRAMYCIN TROUGH | 80200 | CPT | | | | inpatient | | | 285 | 18.55 | Horizon | NJ Health | 24.7 | | | | 12.6 | | 270.75 fee schedule | |
| BKR CHG TOBRAMYCIN TROUGH | 80200 | CPT | | | | inpatient | | | 285 | 18.55 | Amerihealth | Medicare | 16.13 | | | | 12.6 | | 270.75 fee schedule | |
| BKR CHG TOBRAMYCIN TROUGH | 80200 | CPT | | | | inpatient | | | 285 | 18.55 | Three Rivers | Three Rivers | 270.75 | 95 | | | 12.6 | | 270.75 percent of total billed charges | |
| BKR CHG TOBRAMYCIN TROUGH | 80200 | CPT | | | | inpatient | | | 285 | 18.55 | Horizon | MGD | 109.1 | 38.28 | | | 12.6 | | 270.75 percent of total billed charges | |
| BKR CHG TOPIRAMATE | 80201 | CPT | | | | both | | | 65 | 13.71 | Aetna | Medicare | 20.02 | 30.8 | | | 11.92 | | 61.75 percent of total billed charges | |
| BKR CHG TOPIRAMATE | 80201 | CPT | | | | both | | | 65 | 13.71 | Amerihealth | Medicare | 11.92 | | | | 11.92 | | 61.75 fee schedule | |
| BKR CHG TOPIRAMATE | 80201 | CPT | | | | both | | | 65 | 13.71 | Amerihealth | HMO/PPO | 16.5 | | | | 11.92 | | 61.75 fee schedule | |
| BKR CHG TOPIRAMATE | 80201 | CPT | | | | both | | | 65 | 13.71 | Americare | Americare | 48.75 | 75 | | | 11.92 | | 61.75 percent of total billed charges | |
| BKR CHG TOPIRAMATE | 80201 | CPT | | | | both | | | 65 | 13.71 | Corrections | Corrections | 52 | 80 | | | 11.92 | | 61.75 percent of total billed charges | |
| BKR CHG TOPIRAMATE | 80201 | CPT | | | | both | | | 65 | 13.71 | Horizon | MGD | 24.88 | 38.28 | | 18.43 | 11.92 | | 61.75 percent of total billed charges | |
| BKR CHG TOPIRAMATE | 80201 | CPT | | | | both | | | 65 | 13.71 | Horizon | NJ Health | 13.25 | | | 7.22 | 11.92 | | 61.75 fee schedule | |
| BKR CHG TOPIRAMATE | 80201 | CPT | | | | both | | | 65 | 13.71 | Aetna | Better Health | 20.51 | 31.55 | | 16.48 | 11.92 | | 61.75 percent of total billed charges | |
| BKR CHG TOPIRAMATE | 80201 | CPT | | | | both | | | 65 | 13.71 | Consumer | Consumer | 61.75 | 95 | | | 11.92 | | 61.75 percent of total billed charges | |
| BKR CHG TOPIRAMATE | 80201 | CPT | | | | both | | | 65 | 13.71 | First Trenton | First Trenton | 58.5 | 90 | | | 11.92 | | 61.75 percent of total billed charges | |
| BKR CHG TOPIRAMATE | 80201 | CPT | | | | both | | | 65 | 13.71 | First Health | First Health | 45.5 | 70 | | | 11.92 | | 61.75 percent of total billed charges | |
| BKR CHG TOPIRAMATE | 80201 | CPT | | | | both | | | 65 | 13.71 | Horizon | PPO | 24.88 | 38.28 | | 24.12 | 11.92 | | 61.75 percent of total billed charges | |
| BKR CHG TOPIRAMATE | 80201 | CPT | | | | both | | | 65 | 13.71 | Managed Care Inc | Managed Care Inc | 58.5 | 90 | | | 11.92 | | 61.75 percent of total billed charges | |
| BKR CHG TOPIRAMATE | 80201 | CPT | | | | both | | | 65 | 13.71 | UHC | Medicare | 11.92 | | | 8.41 | 11.92 | | 61.75 fee schedule | |
| BKR CHG TOPIRAMATE | 80201 | CPT | | | | both | | | 65 | 13.71 | Horizon | Medicare Blue | 19.5 | 30 | | 9.9 | 11.92 | | 61.75 percent of total billed charges | |
| BKR CHG TOPIRAMATE | 80201 | CPT | | | | both | | | 65 | 13.71 | Aetna | Commercial | 24.7 | 38 | | 1.84 | 11.92 | | 61.75 percent of total billed charges | |
| BKR CHG TOPIRAMATE | 80201 | CPT | | | | both | | | 65 | 13.71 | WellPoint | WellPoint | 20.92 | 32.18 | | 5.69 | 11.92 | | 61.75 percent of total billed charges | |
| BKR CHG TOPIRAMATE | 80201 | CPT | | | | both | | | 65 | 13.71 | Wellcare | Medicaid | 12 | | | | 11.92 | | 61.75 fee schedule | |
| BKR CHG TOPIRAMATE | 80201 | CPT | | | | both | | | 65 | 13.71 | Multiplan | Multiplan | 52 | 80 | | | 11.92 | | 61.75 percent of total billed charges | |
| BKR CHG TOPIRAMATE | 80201 | CPT | | | | both | | | 65 | 13.71 | Horizon | Indemnity | 24.88 | 38.28 | | | 11.92 | | 61.75 percent of total billed charges | |
| BKR CHG TOPIRAMATE | 80201 | CPT | | | | both | | | 65 | 13.71 | Qualcare | Qualcare | 48.75 | 75 | | | 11.92 | | 61.75 percent of total billed charges | |
| BKR CHG TOPIRAMATE | 80201 | CPT | | | | both | | | 65 | 13.71 | Three Rivers | Three Rivers | 61.75 | 95 | | | 11.92 | | 61.75 percent of total billed charges | |
| BKR CHG TOPIRAMATE | 80201 | CPT | | | | both | | | 65 | 13.71 | UHC | Medicaid | 12 | | | 14.86 | 11.92 | | 61.75 fee schedule | |
| BKR CHG TOPIRAMATE | 80201 | CPT | | | | both | | | 65 | 13.71 | Wellcare | Medicare | 11.92 | | | | 11.92 | | 61.75 fee schedule | |
| BKR CHG VANCOMYCIN TROUGH | 80202 | CPT | | | | both | | | 189 | 15.57 | Consumer | Consumer | 179.55 | 95 | | | 12 | | 179.55 percent of total billed charges | |
| BKR CHG VANCOMYCIN TROUGH | 80202 | CPT | | | | both | | | 189 | 15.57 | Amerihealth | HMO/PPO | 19 | | | | 12 | | 179.55 fee schedule | |
| BKR CHG VANCOMYCIN TROUGH | 80202 | CPT | | | | both | | | 189 | 15.57 | Aetna | Commercial | 71.82 | 38 | | | 12 | | 179.55 percent of total billed charges | |
| BKR CHG VANCOMYCIN TROUGH | 80202 | CPT | | | | both | | | 189 | 15.57 | Americare | Americare | 141.75 | 75 | | | 12 | | 179.55 percent of total billed charges | |
| BKR CHG VANCOMYCIN TROUGH | 80202 | CPT | | | | both | | | 189 | 15.57 | First Health | First Health | 132.3 | 70 | | | 12 | | 179.55 percent of total billed charges | |
| BKR CHG VANCOMYCIN TROUGH | 80202 | CPT | | | | both | | | 189 | 15.57 | Horizon | Indemnity | 72.35 | 38.28 | | | 12 | | 179.55 percent of total billed charges | |
| BKR CHG VANCOMYCIN TROUGH | 80202 | CPT | | | | both | | | 189 | 15.57 | Aetna | Better Health | 59.63 | 31.55 | | | 12 | | 179.55 percent of total billed charges | |
| BKR CHG VANCOMYCIN TROUGH | 80202 | CPT | | | | both | | | 189 | 15.57 | Amerihealth | Medicare | 13.54 | | | | 12 | | 179.55 fee schedule | |
| BKR CHG VANCOMYCIN TROUGH | 80202 | CPT | | | | both | | | 189 | 15.57 | UHC | Medicare | 13.54 | | | 13.91 | 12 | | 179.55 fee schedule | |
| BKR CHG VANCOMYCIN TROUGH | 80202 | CPT | | | | both | | | 189 | 15.57 | WellPoint | WellPoint | 60.82 | 32.18 | | 6.31 | 12 | | 179.55 percent of total billed charges | |
| BKR CHG VANCOMYCIN TROUGH | 80202 | CPT | | | | both | | | 189 | 15.57 | Aetna | Medicare | 58.21 | 30.8 | | | 12 | | 179.55 percent of total billed charges | |
| BKR CHG VANCOMYCIN TROUGH | 80202 | CPT | | | | both | | | 189 | 15.57 | Horizon | MGD | 72.35 | 38.28 | | | 12 | | 179.55 percent of total billed charges | |
| BKR CHG VANCOMYCIN TROUGH | 80202 | CPT | | | | both | | | 189 | 15.57 | Wellcare | Medicaid | 12 | | | | 12 | | 179.55 fee schedule | |
| BKR CHG VANCOMYCIN TROUGH | 80202 | CPT | | | | both | | | 189 | 15.57 | First Trenton | First Trenton | 170.1 | 90 | | | 12 | | 179.55 percent of total billed charges | |
| BKR CHG VANCOMYCIN TROUGH | 80202 | CPT | | | | both | | | 189 | 15.57 | Corrections | Corrections | 151.2 | 80 | | 9.65 | 12 | | 179.55 percent of total billed charges | |
| BKR CHG VANCOMYCIN TROUGH | 80202 | CPT | | | | both | | | 189 | 15.57 | Horizon | PPO | 72.35 | 38.28 | | | 12 | | 179.55 percent of total billed charges | |
| BKR CHG VANCOMYCIN TROUGH | 80202 | CPT | | | | both | | | 189 | 15.57 | Multiplan | Multiplan | 151.2 | 80 | | | 12 | | 179.55 percent of total billed charges | |
| BKR CHG VANCOMYCIN TROUGH | 80202 | CPT | | | | both | | | 189 | 15.57 | Managed Care Inc | Managed Care Inc | 170.1 | 90 | | | 12 | | 179.55 percent of total billed charges | |
| BKR CHG VANCOMYCIN TROUGH | 80202 | CPT | | | | both | | | 189 | 15.57 | Horizon | Medicare Blue | 56.7 | 30 | | | 12 | | 179.55 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG VANCOMYCIN TROUGH | 80202 | CPT | | | | both | | | 189 | 15.57 | Three Rivers | Three Rivers | 179.55 | 95 | | | 12 | | 179.55 percent of total billed charges | |
| BKR CHG VANCOMYCIN TROUGH | 80202 | CPT | | | | both | | | 189 | 15.57 | Horizon | NJ Health | 23.52 | | | 2.33 | 12 | | 179.55 fee schedule | |
| BKR CHG VANCOMYCIN TROUGH | 80202 | CPT | | | | both | | | 189 | 15.57 | UHC | Medicaid | 12 | | | 16.06 | 12 | | 179.55 fee schedule | |
| BKR CHG VANCOMYCIN TROUGH | 80202 | CPT | | | | both | | | 189 | 15.57 | Qualcare | Qualcare | 141.75 | 75 | | | 12 | | 179.55 percent of total billed charges | |
| BKR CHG VANCOMYCIN TROUGH | 80202 | CPT | | | | both | | | 189 | 15.57 | Wellcare | Medicare | 13.54 | | | | 12 | | 179.55 fee schedule | |
| BKR CHG ZONISAMIDE, SERUM OR PLASMA | 80203 | CPT | | | | both | | | 189 | 15.24 | UHC | Medicaid | 10.6 | | | | 9.84 | | 179.55 fee schedule | |
| BKR CHG ZONISAMIDE, SERUM OR PLASMA | 80203 | CPT | | | | both | | | 189 | 15.24 | Aetna | Medicare | 58.21 | 30.8 | | | 9.84 | | 179.55 percent of total billed charges | |
| BKR CHG ZONISAMIDE, SERUM OR PLASMA | 80203 | CPT | | | | both | | | 189 | 15.24 | Americare | Americare | 141.75 | 75 | | | 9.84 | | 179.55 percent of total billed charges | |
| BKR CHG ZONISAMIDE, SERUM OR PLASMA | 80203 | CPT | | | | both | | | 189 | 15.24 | Horizon | NJ Health | 14.18 | | | 11.9 | 9.84 | | 179.55 fee schedule | |
| BKR CHG ZONISAMIDE, SERUM OR PLASMA | 80203 | CPT | | | | both | | | 189 | 15.24 | Aetna | Commercial | 71.82 | 38 | | | 9.84 | | 179.55 percent of total billed charges | |
| BKR CHG ZONISAMIDE, SERUM OR PLASMA | 80203 | CPT | | | | both | | | 189 | 15.24 | Amerihealth | HMO/PPO | 9.84 | | | | 9.84 | | 179.55 fee schedule | |
| BKR CHG ZONISAMIDE, SERUM OR PLASMA | 80203 | CPT | | | | both | | | 189 | 15.24 | Consumer | Consumer | 179.55 | 95 | | | 9.84 | | 179.55 percent of total billed charges | |
| BKR CHG ZONISAMIDE, SERUM OR PLASMA | 80203 | CPT | | | | both | | | 189 | 15.24 | Aetna | Better Health | 59.63 | 31.55 | | | 9.84 | | 179.55 percent of total billed charges | |
| BKR CHG ZONISAMIDE, SERUM OR PLASMA | 80203 | CPT | | | | both | | | 189 | 15.24 | Wellcare | Medicare | 13.25 | | | | 9.84 | | 179.55 fee schedule | |
| BKR CHG ZONISAMIDE, SERUM OR PLASMA | 80203 | CPT | | | | both | | | 189 | 15.24 | Amerihealth | Medicare | 13.25 | | | | 9.84 | | 179.55 fee schedule | |
| BKR CHG ZONISAMIDE, SERUM OR PLASMA | 80203 | CPT | | | | both | | | 189 | 15.24 | First Trenton | First Trenton | 170.1 | 90 | | | 9.84 | | 179.55 percent of total billed charges | |
| BKR CHG ZONISAMIDE, SERUM OR PLASMA | 80203 | CPT | | | | both | | | 189 | 15.24 | Horizon | Indemnity | 72.35 | 38.28 | | | 9.84 | | 179.55 percent of total billed charges | |
| BKR CHG ZONISAMIDE, SERUM OR PLASMA | 80203 | CPT | | | | both | | | 189 | 15.24 | Multiplan | Multiplan | 151.2 | 80 | | | 9.84 | | 179.55 percent of total billed charges | |
| BKR CHG ZONISAMIDE, SERUM OR PLASMA | 80203 | CPT | | | | both | | | 189 | 15.24 | First Health | First Health | 132.3 | 70 | | | 9.84 | | 179.55 percent of total billed charges | |
| BKR CHG ZONISAMIDE, SERUM OR PLASMA | 80203 | CPT | | | | both | | | 189 | 15.24 | Corrections | Corrections | 151.2 | 80 | | | 9.84 | | 179.55 percent of total billed charges | |
| BKR CHG ZONISAMIDE, SERUM OR PLASMA | 80203 | CPT | | | | both | | | 189 | 15.24 | Horizon | Medicare Blue | 56.7 | 30 | | | 9.84 | | 179.55 percent of total billed charges | |
| BKR CHG ZONISAMIDE, SERUM OR PLASMA | 80203 | CPT | | | | both | | | 189 | 15.24 | Qualcare | Qualcare | 141.75 | 75 | | | 9.84 | | 179.55 percent of total billed charges | |
| BKR CHG ZONISAMIDE, SERUM OR PLASMA | 80203 | CPT | | | | both | | | 189 | 15.24 | Horizon | MGD | 72.35 | 38.28 | | | 9.84 | | 179.55 percent of total billed charges | |
| BKR CHG ZONISAMIDE, SERUM OR PLASMA | 80203 | CPT | | | | both | | | 189 | 15.24 | Horizon | PPO | 72.35 | 38.28 | | 39.32 | 9.84 | | 179.55 percent of total billed charges | |
| BKR CHG ZONISAMIDE, SERUM OR PLASMA | 80203 | CPT | | | | both | | | 189 | 15.24 | WellPoint | WellPoint | 60.82 | 32.18 | | 9.89 | 9.84 | | 179.55 percent of total billed charges | |
| BKR CHG ZONISAMIDE, SERUM OR PLASMA | 80203 | CPT | | | | both | | | 189 | 15.24 | UHC | Medicare | 13.25 | | | 19.09 | 9.84 | | 179.55 fee schedule | |
| BKR CHG ZONISAMIDE, SERUM OR PLASMA | 80203 | CPT | | | | both | | | 189 | 15.24 | Managed Care Inc | Managed Care Inc | 170.1 | 90 | | | 9.84 | | 179.55 percent of total billed charges | |
| BKR CHG ZONISAMIDE, SERUM OR PLASMA | 80203 | CPT | | | | both | | | 189 | 15.24 | Wellcare | Medicaid | 10.6 | | | | 9.84 | | 179.55 fee schedule | |
| BKR CHG ZONISAMIDE, SERUM OR PLASMA | 80203 | CPT | | | | both | | | 189 | 15.24 | Three Rivers | Three Rivers | 179.55 | 95 | | | 9.84 | | 179.55 percent of total billed charges | |
| BKR CHG RUFINAMIDE SERUM/PLASM (284191 | 80210 | CPT | | | | both | | | 141 | 31.18 | Amerihealth | HMO/PPO | 91.65 | 65 | | | 21.69 | | 133.95 percent of total billed charges | |
| BKR CHG RUFINAMIDE SERUM/PLASM (284191 | 80210 | CPT | | | | both | | | 141 | 31.18 | Americare | Americare | 105.75 | 75 | | | 21.69 | | 133.95 percent of total billed charges | |
| BKR CHG RUFINAMIDE SERUM/PLASM (284191 | 80210 | CPT | | | | both | | | 141 | 31.18 | Amerihealth | Medicare | 27.11 | | | | 21.69 | | 133.95 fee schedule | |
| BKR CHG RUFINAMIDE SERUM/PLASM (284191 | 80210 | CPT | | | | both | | | 141 | 31.18 | Aetna | Medicare | 43.43 | 30.8 | | | 21.69 | | 133.95 percent of total billed charges | |
| BKR CHG RUFINAMIDE SERUM/PLASM (284191 | 80210 | CPT | | | | both | | | 141 | 31.18 | Corrections | Corrections | 112.8 | 80 | | | 21.69 | | 133.95 percent of total billed charges | |
| BKR CHG RUFINAMIDE SERUM/PLASM (284191 | 80210 | CPT | | | | both | | | 141 | 31.18 | Consumer | Consumer | 133.95 | 95 | | | 21.69 | | 133.95 percent of total billed charges | |
| BKR CHG RUFINAMIDE SERUM/PLASM (284191 | 80210 | CPT | | | | both | | | 141 | 31.18 | Wellcare | Medicaid | 21.69 | | | | 21.69 | | 133.95 fee schedule | |
| BKR CHG RUFINAMIDE SERUM/PLASM (284191 | 80210 | CPT | | | | both | | | 141 | 31.18 | Aetna | Better Health | 44.49 | 31.55 | | | 21.69 | | 133.95 percent of total billed charges | |
| BKR CHG RUFINAMIDE SERUM/PLASM (284191 | 80210 | CPT | | | | both | | | 141 | 31.18 | Multiplan | Multiplan | 112.8 | 80 | | | 21.69 | | 133.95 percent of total billed charges | |
| BKR CHG RUFINAMIDE SERUM/PLASM (284191 | 80210 | CPT | | | | both | | | 141 | 31.18 | Horizon | MGD | 53.97 | 38.28 | | | 21.69 | | 133.95 percent of total billed charges | |
| BKR CHG RUFINAMIDE SERUM/PLASM (284191 | 80210 | CPT | | | | both | | | 141 | 31.18 | First Trenton | First Trenton | 126.9 | 90 | | | 21.69 | | 133.95 percent of total billed charges | |
| BKR CHG RUFINAMIDE SERUM/PLASM (284191 | 80210 | CPT | | | | both | | | 141 | 31.18 | First Health | First Health | 98.7 | 70 | | | 21.69 | | 133.95 percent of total billed charges | |
| BKR CHG RUFINAMIDE SERUM/PLASM (284191 | 80210 | CPT | | | | both | | | 141 | 31.18 | Horizon | Indemnity | 53.97 | 38.28 | | | 21.69 | | 133.95 percent of total billed charges | |
| BKR CHG RUFINAMIDE SERUM/PLASM (284191 | 80210 | CPT | | | | both | | | 141 | 31.18 | Aetna | Commercial | 53.58 | 38 | | | 21.69 | | 133.95 percent of total billed charges | |
| BKR CHG RUFINAMIDE SERUM/PLASM (284191 | 80210 | CPT | | | | both | | | 141 | 31.18 | Horizon | PPO | 53.97 | 38.28 | | | 21.69 | | 133.95 percent of total billed charges | |
| BKR CHG RUFINAMIDE SERUM/PLASM (284191 | 80210 | CPT | | | | both | | | 141 | 31.18 | UHC | Medicare | 27.11 | | | | 21.69 | | 133.95 fee schedule | |
| BKR CHG RUFINAMIDE SERUM/PLASM (284191 | 80210 | CPT | | | | both | | | 141 | 31.18 | Qualcare | Qualcare | 105.75 | 75 | | | 21.69 | | 133.95 percent of total billed charges | |
| BKR CHG RUFINAMIDE SERUM/PLASM (284191 | 80210 | CPT | | | | both | | | 141 | 31.18 | Wellcare | Medicare | 27.11 | | | | 21.69 | | 133.95 fee schedule | |
| BKR CHG RUFINAMIDE SERUM/PLASM (284191 | 80210 | CPT | | | | both | | | 141 | 31.18 | Managed Care Inc | Managed Care Inc | 126.9 | 90 | | | 21.69 | | 133.95 percent of total billed charges | |
| BKR CHG RUFINAMIDE SERUM/PLASM (284191 | 80210 | CPT | | | | both | | | 141 | 31.18 | WellPoint | WellPoint | 45.37 | 32.18 | | | 21.69 | | 133.95 percent of total billed charges | |
| BKR CHG RUFINAMIDE SERUM/PLASM (284191 | 80210 | CPT | | | | both | | | 141 | 31.18 | Horizon | Medicare Blue | 42.3 | 30 | | | 21.69 | | 133.95 percent of total billed charges | |
| BKR CHG RUFINAMIDE SERUM/PLASM (284191 | 80210 | CPT | | | | both | | | 141 | 31.18 | Three Rivers | Three Rivers | 133.95 | 95 | | | 21.69 | | 133.95 percent of total billed charges | |
| BKR CHG RUFINAMIDE SERUM/PLASM (284191 | 80210 | CPT | | | | both | | | 141 | 31.18 | UHC | Medicaid | 21.69 | | | | 21.69 | | 133.95 fee schedule | |
| BKR CHG INFLIXIMAB DRUG + ANTIBODY | 80230 | CPT | | | | outpatient | | | 1442 | 44.36 | Americare | Americare | 1081.5 | 75 | | | 30.24 | | 1369.9 percent of total billed charges | |
| BKR CHG INFLIXIMAB DRUG + ANTIBODY | 80230 | CPT | | | | outpatient | | | 1442 | 44.36 | Corrections | Corrections | 1153.6 | 80 | | | 30.24 | | 1369.9 percent of total billed charges | |
| BKR CHG INFLIXIMAB DRUG + ANTIBODY | 80230 | CPT | | | | outpatient | | | 1442 | 44.36 | First Health | First Health | 1009.4 | 70 | | | 30.24 | | 1369.9 percent of total billed charges | |
| BKR CHG INFLIXIMAB DRUG + ANTIBODY | 80230 | CPT | | | | outpatient | | | 1442 | 44.36 | Aetna | Medicare | 444.14 | 30.8 | | | 30.24 | | 1369.9 percent of total billed charges | |
| BKR CHG INFLIXIMAB DRUG + ANTIBODY | 80230 | CPT | | | | outpatient | | | 1442 | 44.36 | Aetna | Better Health | 454.95 | 31.55 | | | 30.24 | | 1369.9 percent of total billed charges | |
| BKR CHG INFLIXIMAB DRUG + ANTIBODY | 80230 | CPT | | | | outpatient | | | 1442 | 44.36 | Amerihealth | Medicare | 38.57 | | | | 30.24 | | 1369.9 fee schedule | |
| BKR CHG INFLIXIMAB DRUG + ANTIBODY | 80230 | CPT | | | | outpatient | | | 1442 | 44.36 | Horizon | MGD | 552 | 38.28 | | | 30.24 | | 1369.9 percent of total billed charges | |
| BKR CHG INFLIXIMAB DRUG + ANTIBODY | 80230 | CPT | | | | outpatient | | | 1442 | 44.36 | Consumer | Consumer | 1369.9 | 95 | | | 30.24 | | 1369.9 percent of total billed charges | |
| BKR CHG INFLIXIMAB DRUG + ANTIBODY | 80230 | CPT | | | | outpatient | | | 1442 | 44.36 | Horizon | Medicare Blue | 432.6 | 30 | | | 30.24 | | 1369.9 percent of total billed charges | |
| BKR CHG INFLIXIMAB DRUG + ANTIBODY | 80230 | CPT | | | | outpatient | | | 1442 | 44.36 | WellPoint | WellPoint | 464.04 | 32.18 | | | 30.24 | | 1369.9 percent of total billed charges | |
| BKR CHG INFLIXIMAB DRUG + ANTIBODY | 80230 | CPT | | | | outpatient | | | 1442 | 44.36 | UHC | Medicare | 38.57 | | | | 30.24 | | 1369.9 fee schedule | |
| BKR CHG INFLIXIMAB DRUG + ANTIBODY | 80230 | CPT | | | | outpatient | | | 1442 | 44.36 | Amerihealth | HMO/PPO | 937.3 | 65 | | | 30.24 | | 1369.9 percent of total billed charges | |
| BKR CHG INFLIXIMAB DRUG + ANTIBODY | 80230 | CPT | | | | outpatient | | | 1442 | 44.36 | UHC | Medicaid | 30.86 | | | | 30.24 | | 1369.9 fee schedule | |
| BKR CHG INFLIXIMAB DRUG + ANTIBODY | 80230 | CPT | | | | outpatient | | | 1442 | 44.36 | First Trenton | First Trenton | 1297.8 | 90 | | | 30.24 | | 1369.9 percent of total billed charges | |
| BKR CHG INFLIXIMAB DRUG + ANTIBODY | 80230 | CPT | | | | outpatient | | | 1442 | 44.36 | Wellcare | Medicare | 38.57 | | | | 30.24 | | 1369.9 fee schedule | |
| BKR CHG INFLIXIMAB DRUG + ANTIBODY | 80230 | CPT | | | | outpatient | | | 1442 | 44.36 | Multiplan | Multiplan | 1153.6 | 80 | | | 30.24 | | 1369.9 percent of total billed charges | |
| BKR CHG INFLIXIMAB DRUG + ANTIBODY | 80230 | CPT | | | | outpatient | | | 1442 | 44.36 | Horizon | Indemnity | 552 | 38.28 | | | 30.24 | | 1369.9 percent of total billed charges | |
| BKR CHG INFLIXIMAB DRUG + ANTIBODY | 80230 | CPT | | | | outpatient | | | 1442 | 44.36 | Qualcare | Qualcare | 1081.5 | 75 | | | 30.24 | | 1369.9 percent of total billed charges | |
| BKR CHG INFLIXIMAB DRUG + ANTIBODY | 80230 | CPT | | | | outpatient | | | 1442 | 44.36 | Horizon | NJ Health | 30.24 | | | | 30.24 | | 1369.9 fee schedule | |
| BKR CHG INFLIXIMAB DRUG + ANTIBODY | 80230 | CPT | | | | outpatient | | | 1442 | 44.36 | Horizon | PPO | 552 | 38.28 | | | 30.24 | | 1369.9 percent of total billed charges | |
| BKR CHG INFLIXIMAB DRUG + ANTIBODY | 80230 | CPT | | | | outpatient | | | 1442 | 44.36 | Managed Care Inc | Managed Care Inc | 1297.8 | 90 | | | 30.24 | | 1369.9 percent of total billed charges | |
| BKR CHG INFLIXIMAB DRUG + ANTIBODY | 80230 | CPT | | | | outpatient | | | 1442 | 44.36 | Three Rivers | Three Rivers | 1369.9 | 95 | | | 30.24 | | 1369.9 percent of total billed charges | |
| BKR CHG INFLIXIMAB DRUG + ANTIBODY | 80230 | CPT | | | | outpatient | | | 1442 | 44.36 | Wellcare | Medicaid | 30.86 | | | | 30.24 | | 1369.9 fee schedule | |
| BKR CHG VEDOLIZUMAB | 80280 | CPT | | | | outpatient | | | 462 | 44.36 | Americare | Americare | 346.5 | 75 | | | 30.24 | | 438.9 percent of total billed charges | |
| BKR CHG VEDOLIZUMAB | 80280 | CPT | | | | outpatient | | | 462 | 44.36 | Aetna | Better Health | 145.76 | 31.55 | | | 30.24 | | 438.9 percent of total billed charges | |
| BKR CHG VEDOLIZUMAB | 80280 | CPT | | | | outpatient | | | 462 | 44.36 | Aetna | Commercial | 175.56 | 38 | | | 30.24 | | 438.9 percent of total billed charges | |
| BKR CHG VEDOLIZUMAB | 80280 | CPT | | | | outpatient | | | 462 | 44.36 | Wellcare | Medicaid | 30.86 | | | | 30.24 | | 438.9 fee schedule | |
| BKR CHG VEDOLIZUMAB | 80280 | CPT | | | | outpatient | | | 462 | 44.36 | Horizon | Medicare Blue | 138.6 | 30 | | | 30.24 | | 438.9 percent of total billed charges | |
| BKR CHG VEDOLIZUMAB | 80280 | CPT | | | | outpatient | | | 462 | 44.36 | First Health | First Health | 323.4 | 70 | | | 30.24 | | 438.9 percent of total billed charges | |
| BKR CHG VEDOLIZUMAB | 80280 | CPT | | | | outpatient | | | 462 | 44.36 | Consumer | Consumer | 438.9 | 95 | | | 30.24 | | 438.9 percent of total billed charges | |
| BKR CHG VEDOLIZUMAB | 80280 | CPT | | | | outpatient | | | 462 | 44.36 | Amerihealth | Medicare | 38.57 | | | | 30.24 | | 438.9 fee schedule | |
| BKR CHG VEDOLIZUMAB | 80280 | CPT | | | | outpatient | | | 462 | 44.36 | Horizon | PPO | 176.85 | 38.28 | | | 30.24 | | 438.9 percent of total billed charges | |
| BKR CHG VEDOLIZUMAB | 80280 | CPT | | | | outpatient | | | 462 | 44.36 | Horizon | Indemnity | 176.85 | 38.28 | | | 30.24 | | 438.9 percent of total billed charges | |
| BKR CHG VEDOLIZUMAB | 80280 | CPT | | | | outpatient | | | 462 | 44.36 | Aetna | Medicare | 142.3 | 30.8 | | | 30.24 | | 438.9 percent of total billed charges | |
| BKR CHG VEDOLIZUMAB | 80280 | CPT | | | | outpatient | | | 462 | 44.36 | UHC | Medicaid | 30.86 | | | | 30.24 | | 438.9 fee schedule | |
| BKR CHG VEDOLIZUMAB | 80280 | CPT | | | | outpatient | | | 462 | 44.36 | Three Rivers | Three Rivers | 438.9 | 95 | | | 30.24 | | 438.9 percent of total billed charges | |
| BKR CHG VEDOLIZUMAB | 80280 | CPT | | | | outpatient | | | 462 | 44.36 | Corrections | Corrections | 369.6 | 80 | | | 30.24 | | 438.9 percent of total billed charges | |
| BKR CHG VEDOLIZUMAB | 80280 | CPT | | | | outpatient | | | 462 | 44.36 | Wellcare | Medicare | 38.57 | | | | 30.24 | | 438.9 fee schedule | |
| BKR CHG VEDOLIZUMAB | 80280 | CPT | | | | outpatient | | | 462 | 44.36 | Amerihealth | HMO/PPO | 300.3 | 65 | | | 30.24 | | 438.9 percent of total billed charges | |
| BKR CHG VEDOLIZUMAB | 80280 | CPT | | | | outpatient | | | 462 | 44.36 | First Trenton | First Trenton | 415.8 | 90 | | | 30.24 | | 438.9 percent of total billed charges | |
| BKR CHG VEDOLIZUMAB | 80280 | CPT | | | | outpatient | | | 462 | 44.36 | Multiplan | Multiplan | 369.6 | 80 | | | 30.24 | | 438.9 percent of total billed charges | |
| BKR CHG VEDOLIZUMAB | 80280 | CPT | | | | outpatient | | | 462 | 44.36 | Horizon | MGD | 176.85 | 38.28 | | | 30.24 | | 438.9 percent of total billed charges | |
| BKR CHG VEDOLIZUMAB | 80280 | CPT | | | | outpatient | | | 462 | 44.36 | Qualcare | Qualcare | 346.5 | 75 | | | 30.24 | | 438.9 percent of total billed charges | |
| BKR CHG VEDOLIZUMAB | 80280 | CPT | | | | outpatient | | | 462 | 44.36 | Horizon | NJ Health | 30.24 | | | | 30.24 | | 438.9 fee schedule | |
| BKR CHG VEDOLIZUMAB | 80280 | CPT | | | | outpatient | | | 462 | 44.36 | UHC | Medicare | 38.57 | | | | 30.24 | | 438.9 fee schedule | |
| BKR CHG VEDOLIZUMAB | 80280 | CPT | | | | outpatient | | | 462 | 44.36 | Managed Care Inc | Managed Care Inc | 415.8 | 90 | | | 30.24 | | 438.9 percent of total billed charges | |
| BKR CHG VEDOLIZUMAB | 80280 | CPT | | | | outpatient | | | 462 | 44.36 | WellPoint | WellPoint | 148.67 | 32.18 | | | 30.24 | | 438.9 percent of total billed charges | |
| BKR CHG VORICONAZOLE SERUM/PLASMA | 80299 | CPT | | | | both | | | 1738 | 21.44 | Horizon | Indemnity | 665.31 | 38.28 | | 19.87 | 10.8 | | 1651.1 percent of total billed charges | |
| BKR CHG VORICONAZOLE SERUM/PLASMA | 80299 | CPT | | | | both | | | 1738 | 21.44 | First Health | First Health | 1216.6 | 70 | | | 10.8 | | 1651.1 percent of total billed charges | |
| BKR CHG VORICONAZOLE SERUM/PLASMA | 80299 | CPT | | | | both | | | 1738 | 21.44 | Consumer | Consumer | 1651.1 | 95 | | | 10.8 | | 1651.1 percent of total billed charges | |
| BKR CHG VORICONAZOLE SERUM/PLASMA | 80299 | CPT | | | | both | | | 1738 | 21.44 | Aetna | Medicare | 535.3 | 30.8 | | 14.18 | 10.8 | | 1651.1 percent of total billed charges | |
| BKR CHG VORICONAZOLE SERUM/PLASMA | 80299 | CPT | | | | both | | | 1738 | 21.44 | Aetna | Better Health | 548.34 | 31.55 | | 20.07 | 10.8 | | 1651.1 percent of total billed charges | |
| BKR CHG VORICONAZOLE SERUM/PLASMA | 80299 | CPT | | | | both | | | 1738 | 21.44 | Wellcare | Medicare | 18.64 | | | | 10.8 | | 1651.1 fee schedule | |
| BKR CHG VORICONAZOLE SERUM/PLASMA | 80299 | CPT | | | | both | | | 1738 | 21.44 | Aetna | Commercial | 660.44 | 38 | | 17.25 | 10.8 | | 1651.1 percent of total billed charges | |
| BKR CHG VORICONAZOLE SERUM/PLASMA | 80299 | CPT | | | | both | | | 1738 | 21.44 | Wellcare | Medicaid | 10.8 | | | 8.08 | 10.8 | | 1651.1 fee schedule | |
| BKR CHG VORICONAZOLE SERUM/PLASMA | 80299 | CPT | | | | both | | | 1738 | 21.44 | Horizon | Medicare Blue | 521.4 | 30 | | 6.72 | 10.8 | | 1651.1 percent of total billed charges | |
| BKR CHG VORICONAZOLE SERUM/PLASMA | 80299 | CPT | | | | both | | | 1738 | 21.44 | Amerihealth | Medicare | 18.64 | | | | 10.8 | | 1651.1 fee schedule | |
| BKR CHG VORICONAZOLE SERUM/PLASMA | 80299 | CPT | | | | both | | | 1738 | 21.44 | Horizon | NJ Health | 11.78 | | | 7.89 | 10.8 | | 1651.1 fee schedule | |
| BKR CHG VORICONAZOLE SERUM/PLASMA | 80299 | CPT | | | | both | | | 1738 | 21.44 | First Trenton | First Trenton | 1564.2 | 90 | | | 10.8 | | 1651.1 percent of total billed charges | |
| BKR CHG VORICONAZOLE SERUM/PLASMA | 80299 | CPT | | | | both | | | 1738 | 21.44 | UHC | Medicaid | 10.8 | | | 19.19 | 10.8 | | 1651.1 fee schedule | |
| BKR CHG VORICONAZOLE SERUM/PLASMA | 80299 | CPT | | | | both | | | 1738 | 21.44 | Managed Care Inc | Managed Care Inc | 1564.2 | 90 | | | 10.8 | | 1651.1 percent of total billed charges | |
| BKR CHG VORICONAZOLE SERUM/PLASMA | 80299 | CPT | | | | both | | | 1738 | 21.44 | Americare | Americare | 1303.5 | 75 | | | 10.8 | | 1651.1 percent of total billed charges | |
| BKR CHG VORICONAZOLE SERUM/PLASMA | 80299 | CPT | | | | both | | | 1738 | 21.44 | WellPoint | WellPoint | 559.29 | 32.18 | | 16.26 | 10.8 | | 1651.1 percent of total billed charges | |
| BKR CHG VORICONAZOLE SERUM/PLASMA | 80299 | CPT | | | | both | | | 1738 | 21.44 | Amerihealth | HMO/PPO | 19.5 | | | 45.23 | 10.8 | | 1651.1 fee schedule | |
| BKR CHG VORICONAZOLE SERUM/PLASMA | 80299 | CPT | | | | both | | | 1738 | 21.44 | Corrections | Corrections | 1390.4 | 80 | | 18.6 | 10.8 | | 1651.1 percent of total billed charges | |
| BKR CHG VORICONAZOLE SERUM/PLASMA | 80299 | CPT | | | | both | | | 1738 | 21.44 | Horizon | MGD | 665.31 | 38.28 | | 88.9 | 10.8 | | 1651.1 percent of total billed charges | |
| BKR CHG VORICONAZOLE SERUM/PLASMA | 80299 | CPT | | | | both | | | 1738 | 21.44 | Horizon | PPO | 665.31 | 38.28 | | 13.3 | 10.8 | | 1651.1 percent of total billed charges | |
| BKR CHG VORICONAZOLE SERUM/PLASMA | 80299 | CPT | | | | both | | | 1738 | 21.44 | Multiplan | Multiplan | 1390.4 | 80 | | | 10.8 | | 1651.1 percent of total billed charges | |
| BKR CHG VORICONAZOLE SERUM/PLASMA | 80299 | CPT | | | | both | | | 1738 | 21.44 | Qualcare | Qualcare | 1303.5 | 75 | | | 10.8 | | 1651.1 percent of total billed charges | |
| BKR CHG VORICONAZOLE SERUM/PLASMA | 80299 | CPT | | | | both | | | 1738 | 21.44 | Three Rivers | Three Rivers | 1651.1 | 95 | | | 10.8 | | 1651.1 percent of total billed charges | |
| BKR CHG VORICONAZOLE SERUM/PLASMA | 80299 | CPT | | | | both | | | 1738 | 21.44 | UHC | Medicare | 18.64 | | | 36.32 | 10.8 | | 1651.1 fee schedule | |
| BKR CHG PENTAZOCINE LEVEL | 80301 | CPT | | | | outpatient | | | 89 | | First Health | First Health | 62.3 | 70 | | | 26.7 | | 84.55 percent of total billed charges | |
| BKR CHG PENTAZOCINE LEVEL | 80301 | CPT | | | | outpatient | | | 89 | | Corrections | Corrections | 71.2 | 80 | | | 26.7 | | 84.55 percent of total billed charges | |
| BKR CHG PENTAZOCINE LEVEL | 80301 | CPT | | | | outpatient | | | 89 | | First Trenton | First Trenton | 80.1 | 90 | | | 26.7 | | 84.55 percent of total billed charges | |
| BKR CHG PENTAZOCINE LEVEL | 80301 | CPT | | | | outpatient | | | 89 | | Americare | Americare | 66.75 | 75 | | | 26.7 | | 84.55 percent of total billed charges | |
| BKR CHG PENTAZOCINE LEVEL | 80301 | CPT | | | | outpatient | | | 89 | | Aetna | Better Health | 28.08 | 31.55 | | | 26.7 | | 84.55 percent of total billed charges | |
| BKR CHG PENTAZOCINE LEVEL | 80301 | CPT | | | | outpatient | | | 89 | | Aetna | Medicare | 27.41 | 30.8 | | | 26.7 | | 84.55 percent of total billed charges | |
| BKR CHG PENTAZOCINE LEVEL | 80301 | CPT | | | | outpatient | | | 89 | | UHC | Medicaid | 28.08 | 31.55 | | | 26.7 | | 84.55 percent of total billed charges | |
| BKR CHG PENTAZOCINE LEVEL | 80301 | CPT | | | | outpatient | | | 89 | | Consumer | Consumer | 84.55 | 95 | | | 26.7 | | 84.55 percent of total billed charges | |
| BKR CHG PENTAZOCINE LEVEL | 80301 | CPT | | | | outpatient | | | 89 | | Wellcare | Medicaid | 28.08 | 31.55 | | | 26.7 | | 84.55 percent of total billed charges | |
| BKR CHG PENTAZOCINE LEVEL | 80301 | CPT | | | | outpatient | | | 89 | | WellPoint | WellPoint | 28.64 | 32.18 | | | 26.7 | | 84.55 percent of total billed charges | |
| BKR CHG PENTAZOCINE LEVEL | 80301 | CPT | | | | outpatient | | | 89 | | Horizon | Indemnity | 34.07 | 38.28 | | | 26.7 | | 84.55 percent of total billed charges | |
| BKR CHG PENTAZOCINE LEVEL | 80301 | CPT | | | | outpatient | | | 89 | | Amerihealth | HMO/PPO | 57.85 | 65 | | | 26.7 | | 84.55 percent of total billed charges | |
| BKR CHG PENTAZOCINE LEVEL | 80301 | CPT | | | | outpatient | | | 89 | | Horizon | MGD | 34.07 | 38.28 | | | 26.7 | | 84.55 percent of total billed charges | |
| BKR CHG PENTAZOCINE LEVEL | 80301 | CPT | | | | outpatient | | | 89 | | Horizon | Medicare Blue | 26.7 | 30 | | | 26.7 | | 84.55 percent of total billed charges | |
| BKR CHG PENTAZOCINE LEVEL | 80301 | CPT | | | | outpatient | | | 89 | | Multiplan | Multiplan | 71.2 | 80 | | | 26.7 | | 84.55 percent of total billed charges | |
| BKR CHG PENTAZOCINE LEVEL | 80301 | CPT | | | | outpatient | | | 89 | | Horizon | PPO | 34.07 | 38.28 | | | 26.7 | | 84.55 percent of total billed charges | |
| BKR CHG PENTAZOCINE LEVEL | 80301 | CPT | | | | outpatient | | | 89 | | Qualcare | Qualcare | 66.75 | 75 | | | 26.7 | | 84.55 percent of total billed charges | |
| BKR CHG PENTAZOCINE LEVEL | 80301 | CPT | | | | outpatient | | | 89 | | Managed Care Inc | Managed Care Inc | 80.1 | 90 | | | 26.7 | | 84.55 percent of total billed charges | |
| BKR CHG PENTAZOCINE LEVEL | 80301 | CPT | | | | outpatient | | | 89 | | Three Rivers | Three Rivers | 84.55 | 95 | | | 26.7 | | 84.55 percent of total billed charges | |
| BKR CHG URINE DRUG SCREEN | 80307 | CPT | | | | both | | | 1274 | 71.46 | Horizon | MGD | 487.69 | 38.28 | | 21.61 | 9.3 | | 1210.3 percent of total billed charges | |
| BKR CHG URINE DRUG SCREEN | 80307 | CPT | | | | both | | | 1274 | 71.46 | Aetna | Better Health | 401.95 | 31.55 | | 23.61 | 9.3 | | 1210.3 percent of total billed charges | |
| BKR CHG URINE DRUG SCREEN | 80307 | CPT | | | | both | | | 1274 | 71.46 | First Health | First Health | 891.8 | 70 | | | 9.3 | | 1210.3 percent of total billed charges | |
| BKR CHG URINE DRUG SCREEN | 80307 | CPT | | | | both | | | 1274 | 71.46 | Aetna | Commercial | 484.12 | 38 | | 14.36 | 9.3 | | 1210.3 percent of total billed charges | |
| BKR CHG URINE DRUG SCREEN | 80307 | CPT | | | | both | | | 1274 | 71.46 | Corrections | Corrections | 1019.2 | 80 | | 20.55 | 9.3 | | 1210.3 percent of total billed charges | |
| BKR CHG URINE DRUG SCREEN | 80307 | CPT | | | | both | | | 1274 | 71.46 | Americare | Americare | 955.5 | 75 | | | 9.3 | | 1210.3 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG URINE DRUG SCREEN | 80307 | CPT | | | | both | | | 1274 | 71.46 | Aetna | Medicare | 392.39 | 30.8 | | 15.22 | 9.3 | | 1210.3 percent of total billed charges | |
| BKR CHG URINE DRUG SCREEN | 80307 | CPT | | | | both | | | 1274 | 71.46 | WellPoint | WellPoint | 409.97 | 32.18 | | 27.72 | 9.3 | | 1210.3 percent of total billed charges | |
| BKR CHG URINE DRUG SCREEN | 80307 | CPT | | | | both | | | 1274 | 71.46 | Multiplan | Multiplan | 1019.2 | 80 | | | 9.3 | | 1210.3 percent of total billed charges | |
| BKR CHG URINE DRUG SCREEN | 80307 | CPT | | | | both | | | 1274 | 71.46 | Consumer | Consumer | 1210.3 | 95 | | | 9.3 | | 1210.3 percent of total billed charges | |
| BKR CHG URINE DRUG SCREEN | 80307 | CPT | | | | both | | | 1274 | 71.46 | Horizon | PPO | 487.69 | 38.28 | | 18.86 | 9.3 | | 1210.3 percent of total billed charges | |
| BKR CHG URINE DRUG SCREEN | 80307 | CPT | | | | both | | | 1274 | 71.46 | Amerihealth | HMO/PPO | 33.85 | | | 10.51 | 9.3 | | 1210.3 fee schedule | |
| BKR CHG URINE DRUG SCREEN | 80307 | CPT | | | | both | | | 1274 | 71.46 | Horizon | Medicare Blue | 382.2 | 30 | | 17.27 | 9.3 | | 1210.3 percent of total billed charges | |
| BKR CHG URINE DRUG SCREEN | 80307 | CPT | | | | both | | | 1274 | 71.46 | Amerihealth | Medicare | 62.14 | | | | 9.3 | | 1210.3 fee schedule | |
| BKR CHG URINE DRUG SCREEN | 80307 | CPT | | | | both | | | 1274 | 71.46 | First Trenton | First Trenton | 1146.6 | 90 | | | 9.3 | | 1210.3 percent of total billed charges | |
| BKR CHG URINE DRUG SCREEN | 80307 | CPT | | | | both | | | 1274 | 71.46 | Wellcare | Medicare | 62.14 | | | 12.52 | 9.3 | | 1210.3 fee schedule | |
| BKR CHG URINE DRUG SCREEN | 80307 | CPT | | | | both | | | 1274 | 71.46 | Qualcare | Qualcare | 955.5 | 75 | | | 9.3 | | 1210.3 percent of total billed charges | |
| BKR CHG URINE DRUG SCREEN | 80307 | CPT | | | | both | | | 1274 | 71.46 | Three Rivers | Three Rivers | 1210.3 | 95 | | | 9.3 | | 1210.3 percent of total billed charges | |
| BKR CHG URINE DRUG SCREEN | 80307 | CPT | | | | both | | | 1274 | 71.46 | Horizon | Indemnity | 487.69 | 38.28 | | 22.05 | 9.3 | | 1210.3 percent of total billed charges | |
| BKR CHG URINE DRUG SCREEN | 80307 | CPT | | | | both | | | 1274 | 71.46 | Horizon | NJ Health | 124.26 | | | 6.85 | 9.3 | | 1210.3 fee schedule | |
| BKR CHG URINE DRUG SCREEN | 80307 | CPT | | | | both | | | 1274 | 71.46 | Managed Care Inc | Managed Care Inc | 1146.6 | 90 | | | 9.3 | | 1210.3 percent of total billed charges | |
| BKR CHG URINE DRUG SCREEN | 80307 | CPT | | | | both | | | 1274 | 71.46 | UHC | Medicaid | 49.71 | | | 28.62 | 9.3 | | 1210.3 fee schedule | |
| BKR CHG URINE DRUG SCREEN | 80307 | CPT | | | | both | | | 1274 | 71.46 | UHC | Medicare | 62.14 | | | 14.86 | 9.3 | | 1210.3 fee schedule | |
| BKR CHG URINE DRUG SCREEN | 80307 | CPT | | | | both | | | 1274 | 71.46 | Wellcare | Medicaid | 49.71 | | | 21.41 | 9.3 | | 1210.3 fee schedule | |
| BKR CHG METHANOL SERUM ADL STAT(6802) | 80320 | CPT | | | | outpatient | | | 404 | | Multiplan | Multiplan | 323.2 | 80 | | | 9.3 | | 383.8 percent of total billed charges | |
| BKR CHG METHANOL SERUM ADL STAT(6802) | 80320 | CPT | | | | outpatient | | | 404 | | Consumer | Consumer | 383.8 | 95 | | | 9.3 | | 383.8 percent of total billed charges | |
| BKR CHG METHANOL SERUM ADL STAT(6802) | 80320 | CPT | | | | outpatient | | | 404 | | Aetna | Medicare | 124.43 | 30.8 | | | 9.3 | | 383.8 percent of total billed charges | |
| BKR CHG METHANOL SERUM ADL STAT(6802) | 80320 | CPT | | | | outpatient | | | 404 | | First Health | First Health | 282.8 | 70 | | | 9.3 | | 383.8 percent of total billed charges | |
| BKR CHG METHANOL SERUM ADL STAT(6802) | 80320 | CPT | | | | outpatient | | | 404 | | Americare | Americare | 303 | 75 | | | 9.3 | | 383.8 percent of total billed charges | |
| BKR CHG METHANOL SERUM ADL STAT(6802) | 80320 | CPT | | | | outpatient | | | 404 | | Amerihealth | HMO/PPO | 262.6 | 65 | | | 9.3 | | 383.8 percent of total billed charges | |
| BKR CHG METHANOL SERUM ADL STAT(6802) | 80320 | CPT | | | | outpatient | | | 404 | | WellPoint | WellPoint | 130.01 | 32.18 | | | 9.3 | | 383.8 percent of total billed charges | |
| BKR CHG METHANOL SERUM ADL STAT(6802) | 80320 | CPT | | | | outpatient | | | 404 | | Aetna | Better Health | 127.46 | 31.55 | | | 9.3 | | 383.8 percent of total billed charges | |
| BKR CHG METHANOL SERUM ADL STAT(6802) | 80320 | CPT | | | | outpatient | | | 404 | | UHC | Medicaid | 16.66 | | | | 9.3 | | 383.8 fee schedule | |
| BKR CHG METHANOL SERUM ADL STAT(6802) | 80320 | CPT | | | | outpatient | | | 404 | | Corrections | Corrections | 323.2 | 80 | | | 9.3 | | 383.8 percent of total billed charges | |
| BKR CHG METHANOL SERUM ADL STAT(6802) | 80320 | CPT | | | | outpatient | | | 404 | | Horizon | Indemnity | 154.65 | 38.28 | | | 9.3 | | 383.8 percent of total billed charges | |
| BKR CHG METHANOL SERUM ADL STAT(6802) | 80320 | CPT | | | | outpatient | | | 404 | | Horizon | MGD | 154.65 | 38.28 | | | 9.3 | | 383.8 percent of total billed charges | |
| BKR CHG METHANOL SERUM ADL STAT(6802) | 80320 | CPT | | | | outpatient | | | 404 | | Horizon | PPO | 154.65 | 38.28 | | | 9.3 | | 383.8 percent of total billed charges | |
| BKR CHG METHANOL SERUM ADL STAT(6802) | 80320 | CPT | | | | outpatient | | | 404 | | First Trenton | First Trenton | 363.6 | 90 | | | 9.3 | | 383.8 percent of total billed charges | |
| BKR CHG METHANOL SERUM ADL STAT(6802) | 80320 | CPT | | | | outpatient | | | 404 | | Three Rivers | Three Rivers | 383.8 | 95 | | | 9.3 | | 383.8 percent of total billed charges | |
| BKR CHG METHANOL SERUM ADL STAT(6802) | 80320 | CPT | | | | outpatient | | | 404 | | Qualcare | Qualcare | 303 | 75 | | | 9.3 | | 383.8 percent of total billed charges | |
| BKR CHG METHANOL SERUM ADL STAT(6802) | 80320 | CPT | | | | outpatient | | | 404 | | Horizon | Medicare Blue | 121.2 | 30 | | | 9.3 | | 383.8 percent of total billed charges | |
| BKR CHG METHANOL SERUM ADL STAT(6802) | 80320 | CPT | | | | outpatient | | | 404 | | Managed Care Inc | Managed Care Inc | 363.6 | 90 | | | 9.3 | | 383.8 percent of total billed charges | |
| BKR CHG METHANOL SERUM ADL STAT(6802) | 80320 | CPT | | | | outpatient | | | 404 | | Wellcare | Medicaid | 16.66 | | | | 9.3 | | 383.8 fee schedule | |
| BKR CHG NICOTINE/METABOLITE QUAN URINE (070045) | 80323 | CPT | | | | outpatient | | | 376 | | Aetna | Better Health | 118.63 | 31.55 | | | | 17.62 | 357.2 percent of total billed charges | |
| BKR CHG NICOTINE/METABOLITE QUAN URINE (070045) | 80323 | CPT | | | | outpatient | | | 376 | | Horizon | MGD | 143.93 | 38.28 | | | | 17.62 | 357.2 percent of total billed charges | |
| BKR CHG NICOTINE/METABOLITE QUAN URINE (070045) | 80323 | CPT | | | | outpatient | | | 376 | | Amerihealth | HMO/PPO | 244.4 | 65 | | | | 17.62 | 357.2 percent of total billed charges | |
| BKR CHG NICOTINE/METABOLITE QUAN URINE (070045) | 80323 | CPT | | | | outpatient | | | 376 | | Americare | Americare | 282 | 75 | | | | 17.62 | 357.2 percent of total billed charges | |
| BKR CHG NICOTINE/METABOLITE QUAN URINE (070045) | 80323 | CPT | | | | outpatient | | | 376 | | Aetna | Medicare | 115.81 | 30.8 | | | | 17.62 | 357.2 percent of total billed charges | |
| BKR CHG NICOTINE/METABOLITE QUAN URINE (070045) | 80323 | CPT | | | | outpatient | | | 376 | | First Trenton | First Trenton | 338.4 | 90 | | | | 17.62 | 357.2 percent of total billed charges | |
| BKR CHG NICOTINE/METABOLITE QUAN URINE (070045) | 80323 | CPT | | | | outpatient | | | 376 | | Corrections | Corrections | 300.8 | 80 | | | | 17.62 | 357.2 percent of total billed charges | |
| BKR CHG NICOTINE/METABOLITE QUAN URINE (070045) | 80323 | CPT | | | | outpatient | | | 376 | | Horizon | Indemnity | 143.93 | 38.28 | | | | 17.62 | 357.2 percent of total billed charges | |
| BKR CHG NICOTINE/METABOLITE QUAN URINE (070045) | 80323 | CPT | | | | outpatient | | | 376 | | Consumer | Consumer | 357.2 | 95 | | | | 17.62 | 357.2 percent of total billed charges | |
| BKR CHG NICOTINE/METABOLITE QUAN URINE (070045) | 80323 | CPT | | | | outpatient | | | 376 | | Horizon | PPO | 143.93 | 38.28 | | | | 17.62 | 357.2 percent of total billed charges | |
| BKR CHG NICOTINE/METABOLITE QUAN URINE (070045) | 80323 | CPT | | | | outpatient | | | 376 | | Multiplan | Multiplan | 300.8 | 80 | | | | 17.62 | 357.2 percent of total billed charges | |
| BKR CHG NICOTINE/METABOLITE QUAN URINE (070045) | 80323 | CPT | | | | outpatient | | | 376 | | Horizon | Medicare Blue | 112.8 | 30 | | | | 17.62 | 357.2 percent of total billed charges | |
| BKR CHG NICOTINE/METABOLITE QUAN URINE (070045) | 80323 | CPT | | | | outpatient | | | 376 | | Wellcare | Medicaid | 17.62 | | | | | 17.62 | 357.2 fee schedule | |
| BKR CHG NICOTINE/METABOLITE QUAN URINE (070045) | 80323 | CPT | | | | outpatient | | | 376 | | Managed Care Inc | Managed Care Inc | 338.4 | 90 | | | | 17.62 | 357.2 percent of total billed charges | |
| BKR CHG NICOTINE/METABOLITE QUAN URINE (070045) | 80323 | CPT | | | | outpatient | | | 376 | | WellPoint | WellPoint | 121 | 32.18 | | | | 17.62 | 357.2 percent of total billed charges | |
| BKR CHG NICOTINE/METABOLITE QUAN URINE (070045) | 80323 | CPT | | | | outpatient | | | 376 | | UHC | Medicaid | 17.62 | | | | | 17.62 | 357.2 fee schedule | |
| BKR CHG NICOTINE/METABOLITE QUAN URINE (070045) | 80323 | CPT | | | | outpatient | | | 376 | | First Health | First Health | 263.2 | 70 | | | | 17.62 | 357.2 percent of total billed charges | |
| BKR CHG NICOTINE/METABOLITE QUAN URINE (070045) | 80323 | CPT | | | | outpatient | | | 376 | | Three Rivers | Three Rivers | 357.2 | 95 | | | | 17.62 | 357.2 percent of total billed charges | |
| BKR CHG NICOTINE/METABOLITE QUAN URINE (070045) | 80323 | CPT | | | | outpatient | | | 376 | | Qualcare | Qualcare | 282 | 75 | | | | 17.62 | 357.2 percent of total billed charges | |
| BKR CHG AMPHETAMINES S/P | 80324 | CPT | | | | outpatient | | | 485 | | Americare | Americare | 363.75 | 75 | | | 14.1 | | 460.75 percent of total billed charges | |
| BKR CHG AMPHETAMINES S/P | 80324 | CPT | | | | outpatient | | | 485 | | First Trenton | First Trenton | 436.5 | 90 | | | 14.1 | | 460.75 percent of total billed charges | |
| BKR CHG AMPHETAMINES S/P | 80324 | CPT | | | | outpatient | | | 485 | | Aetna | Better Health | 153.02 | 31.55 | | | 14.1 | | 460.75 percent of total billed charges | |
| BKR CHG AMPHETAMINES S/P | 80324 | CPT | | | | outpatient | | | 485 | | Consumer | Consumer | 460.75 | 95 | | | 14.1 | | 460.75 percent of total billed charges | |
| BKR CHG AMPHETAMINES S/P | 80324 | CPT | | | | outpatient | | | 485 | | Wellcare | Medicaid | 17.62 | | | | 14.1 | | 460.75 fee schedule | |
| BKR CHG AMPHETAMINES S/P | 80324 | CPT | | | | outpatient | | | 485 | | Aetna | Medicare | 149.38 | 30.8 | | | 14.1 | | 460.75 percent of total billed charges | |
| BKR CHG AMPHETAMINES S/P | 80324 | CPT | | | | outpatient | | | 485 | | Horizon | Indemnity | 185.66 | 38.28 | | | 14.1 | | 460.75 percent of total billed charges | |
| BKR CHG AMPHETAMINES S/P | 80324 | CPT | | | | outpatient | | | 485 | | First Health | First Health | 339.5 | 70 | | | 14.1 | | 460.75 percent of total billed charges | |
| BKR CHG AMPHETAMINES S/P | 80324 | CPT | | | | outpatient | | | 485 | | UHC | Medicaid | 17.62 | | | | 14.1 | | 460.75 fee schedule | |
| BKR CHG AMPHETAMINES S/P | 80324 | CPT | | | | outpatient | | | 485 | | Horizon | Medicare Blue | 145.5 | 30 | | | 14.1 | | 460.75 percent of total billed charges | |
| BKR CHG AMPHETAMINES S/P | 80324 | CPT | | | | outpatient | | | 485 | | Corrections | Corrections | 388 | 80 | | | 14.1 | | 460.75 percent of total billed charges | |
| BKR CHG AMPHETAMINES S/P | 80324 | CPT | | | | outpatient | | | 485 | | Amerihealth | HMO/PPO | 315.25 | 65 | | | 14.1 | | 460.75 percent of total billed charges | |
| BKR CHG AMPHETAMINES S/P | 80324 | CPT | | | | outpatient | | | 485 | | Horizon | PPO | 185.66 | 38.28 | | | 14.1 | | 460.75 percent of total billed charges | |
| BKR CHG AMPHETAMINES S/P | 80324 | CPT | | | | outpatient | | | 485 | | Horizon | MGD | 185.66 | 38.28 | | | 14.1 | | 460.75 percent of total billed charges | |
| BKR CHG AMPHETAMINES S/P | 80324 | CPT | | | | outpatient | | | 485 | | Managed Care Inc | Managed Care Inc | 436.5 | 90 | | | 14.1 | | 460.75 percent of total billed charges | |
| BKR CHG AMPHETAMINES S/P | 80324 | CPT | | | | outpatient | | | 485 | | Qualcare | Qualcare | 363.75 | 75 | | | 14.1 | | 460.75 percent of total billed charges | |
| BKR CHG AMPHETAMINES S/P | 80324 | CPT | | | | outpatient | | | 485 | | Multiplan | Multiplan | 388 | 80 | | | 14.1 | | 460.75 percent of total billed charges | |
| BKR CHG AMPHETAMINES S/P | 80324 | CPT | | | | outpatient | | | 485 | | WellPoint | WellPoint | 156.07 | 32.18 | | | 14.1 | | 460.75 percent of total billed charges | |
| BKR CHG AMPHETAMINES S/P | 80324 | CPT | | | | outpatient | | | 485 | | Three Rivers | Three Rivers | 460.75 | 95 | | | 14.1 | | 460.75 percent of total billed charges | |
| BKR CHG AMPHETAMINES,S.OR.MORE | 80326 | CPT | | | | outpatient | | | 48 | | Aetna | Better Health | 15.14 | 31.55 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG AMPHETAMINES,S.OR.MORE | 80326 | CPT | | | | outpatient | | | 48 | | Aetna | Medicare | 14.78 | 30.8 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG AMPHETAMINES,S.OR.MORE | 80326 | CPT | | | | outpatient | | | 48 | | Consumer | Consumer | 45.6 | 95 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG AMPHETAMINES,S.OR.MORE | 80326 | CPT | | | | outpatient | | | 48 | | UHC | Medicaid | 16.66 | | | | 9.6 | | 45.6 fee schedule | |
| BKR CHG AMPHETAMINES,S.OR.MORE | 80326 | CPT | | | | outpatient | | | 48 | | Amerihealth | HMO/PPO | 31.2 | 65 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG AMPHETAMINES,S.OR.MORE | 80326 | CPT | | | | outpatient | | | 48 | | First Trenton | First Trenton | 43.2 | 90 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG AMPHETAMINES,S.OR.MORE | 80326 | CPT | | | | outpatient | | | 48 | | Americare | Americare | 36 | 75 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG AMPHETAMINES,S.OR.MORE | 80326 | CPT | | | | outpatient | | | 48 | | First Health | First Health | 33.6 | 70 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG AMPHETAMINES,S.OR.MORE | 80326 | CPT | | | | outpatient | | | 48 | | Corrections | Corrections | 38.4 | 80 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG AMPHETAMINES,S.OR.MORE | 80326 | CPT | | | | outpatient | | | 48 | | Horizon | PPO | 18.37 | 38.28 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG AMPHETAMINES,S.OR.MORE | 80326 | CPT | | | | outpatient | | | 48 | | Horizon | Indemnity | 18.37 | 38.28 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG AMPHETAMINES,S.OR.MORE | 80326 | CPT | | | | outpatient | | | 48 | | Horizon | MGD | 18.37 | 38.28 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG AMPHETAMINES,S.OR.MORE | 80326 | CPT | | | | outpatient | | | 48 | | Multiplan | Multiplan | 38.4 | 80 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG AMPHETAMINES,S.OR.MORE | 80326 | CPT | | | | outpatient | | | 48 | | Managed Care Inc | Managed Care Inc | 43.2 | 90 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG AMPHETAMINES,S.OR.MORE | 80326 | CPT | | | | outpatient | | | 48 | | Wellcare | Medicaid | 16.66 | | | | 9.6 | | 45.6 fee schedule | |
| BKR CHG AMPHETAMINES,S.OR.MORE | 80326 | CPT | | | | outpatient | | | 48 | | Three Rivers | Three Rivers | 45.6 | 95 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG AMPHETAMINES,S.OR.MORE | 80326 | CPT | | | | outpatient | | | 48 | | Horizon | Medicare Blue | 14.4 | 30 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG AMPHETAMINES,S.OR.MORE | 80326 | CPT | | | | outpatient | | | 48 | | Qualcare | Qualcare | 36 | 75 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG AMPHETAMINES,S.OR.MORE | 80326 | CPT | | | | outpatient | | | 48 | | WellPoint | WellPoint | 15.45 | 32.18 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG ANABOLIC STEROIDS; 1 OR 2 | 80327 | CPT | | | | outpatient | | | 48 | | Americare | Americare | 36 | 75 | | | 14.4 | | 45.6 percent of total billed charges | |
| BKR CHG ANABOLIC STEROIDS; 1 OR 2 | 80327 | CPT | | | | outpatient | | | 48 | | UHC | Medicaid | 16.66 | | | | 14.4 | | 45.6 fee schedule | |
| BKR CHG ANABOLIC STEROIDS; 1 OR 2 | 80327 | CPT | | | | outpatient | | | 48 | | First Trenton | First Trenton | 43.2 | 90 | | | 14.4 | | 45.6 percent of total billed charges | |
| BKR CHG ANABOLIC STEROIDS; 1 OR 2 | 80327 | CPT | | | | outpatient | | | 48 | | Amerihealth | HMO/PPO | 31.2 | 65 | | | 14.4 | | 45.6 percent of total billed charges | |
| BKR CHG ANABOLIC STEROIDS; 1 OR 2 | 80327 | CPT | | | | outpatient | | | 48 | | Aetna | Medicare | 14.78 | 30.8 | | | 14.4 | | 45.6 percent of total billed charges | |
| BKR CHG ANABOLIC STEROIDS; 1 OR 2 | 80327 | CPT | | | | outpatient | | | 48 | | Aetna | Better Health | 15.14 | 31.55 | | | 14.4 | | 45.6 percent of total billed charges | |
| BKR CHG ANABOLIC STEROIDS; 1 OR 2 | 80327 | CPT | | | | outpatient | | | 48 | | Horizon | Indemnity | 18.37 | 38.28 | | | 14.4 | | 45.6 percent of total billed charges | |
| BKR CHG ANABOLIC STEROIDS; 1 OR 2 | 80327 | CPT | | | | outpatient | | | 48 | | First Health | First Health | 33.6 | 70 | | | 14.4 | | 45.6 percent of total billed charges | |
| BKR CHG ANABOLIC STEROIDS; 1 OR 2 | 80327 | CPT | | | | outpatient | | | 48 | | Horizon | MGD | 18.37 | 38.28 | | | 14.4 | | 45.6 percent of total billed charges | |
| BKR CHG ANABOLIC STEROIDS; 1 OR 2 | 80327 | CPT | | | | outpatient | | | 48 | | Consumer | Consumer | 45.6 | 95 | | | 14.4 | | 45.6 percent of total billed charges | |
| BKR CHG ANABOLIC STEROIDS; 1 OR 2 | 80327 | CPT | | | | outpatient | | | 48 | | Managed Care Inc | Managed Care Inc | 43.2 | 90 | | | 14.4 | | 45.6 percent of total billed charges | |
| BKR CHG ANABOLIC STEROIDS; 1 OR 2 | 80327 | CPT | | | | outpatient | | | 48 | | Corrections | Corrections | 38.4 | 80 | | | 14.4 | | 45.6 percent of total billed charges | |
| BKR CHG ANABOLIC STEROIDS; 1 OR 2 | 80327 | CPT | | | | outpatient | | | 48 | | Horizon | Medicare Blue | 14.4 | 30 | | | 14.4 | | 45.6 percent of total billed charges | |
| BKR CHG ANABOLIC STEROIDS; 1 OR 2 | 80327 | CPT | | | | outpatient | | | 48 | | Wellcare | Medicaid | 16.66 | | | | 14.4 | | 45.6 fee schedule | |
| BKR CHG ANABOLIC STEROIDS; 1 OR 2 | 80327 | CPT | | | | outpatient | | | 48 | | Horizon | PPO | 18.37 | 38.28 | | | 14.4 | | 45.6 percent of total billed charges | |
| BKR CHG ANABOLIC STEROIDS; 1 OR 2 | 80327 | CPT | | | | outpatient | | | 48 | | Multiplan | Multiplan | 38.4 | 80 | | | 14.4 | | 45.6 percent of total billed charges | |
| BKR CHG ANABOLIC STEROIDS; 1 OR 2 | 80327 | CPT | | | | outpatient | | | 48 | | Three Rivers | Three Rivers | 45.6 | 95 | | | 14.4 | | 45.6 percent of total billed charges | |
| BKR CHG ANABOLIC STEROIDS; 1 OR 2 | 80327 | CPT | | | | outpatient | | | 48 | | WellPoint | WellPoint | 15.45 | 32.18 | | | 14.4 | | 45.6 percent of total billed charges | |
| BKR CHG ANABOLIC STEROIDS; 1 OR 2 | 80327 | CPT | | | | outpatient | | | 48 | | Qualcare | Qualcare | 36 | 75 | | | 14.4 | | 45.6 percent of total billed charges | |
| BKR CHG ANALGESICS NON-OPIOD;6 OR MORE | 80331 | CPT | | | | outpatient | | | 32 | | Aetna | Better Health | 10.1 | 31.55 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANALGESICS NON-OPIOD;6 OR MORE | 80331 | CPT | | | | outpatient | | | 32 | | Consumer | Consumer | 30.4 | 95 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANALGESICS NON-OPIOD;6 OR MORE | 80331 | CPT | | | | outpatient | | | 32 | | Aetna | Medicare | 9.86 | 30.8 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANALGESICS NON-OPIOD;6 OR MORE | 80331 | CPT | | | | outpatient | | | 32 | | Americare | Americare | 24 | 75 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANALGESICS NON-OPIOD;6 OR MORE | 80331 | CPT | | | | outpatient | | | 32 | | First Health | First Health | 22.4 | 70 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANALGESICS NON-OPIOD;6 OR MORE | 80331 | CPT | | | | outpatient | | | 32 | | Corrections | Corrections | 25.6 | 80 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANALGESICS NON-OPIOD;6 OR MORE | 80331 | CPT | | | | outpatient | | | 32 | | First Trenton | First Trenton | 28.8 | 90 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANALGESICS NON-OPIOD;6 OR MORE | 80331 | CPT | | | | outpatient | | | 32 | | Horizon | Indemnity | 12.25 | 38.28 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANALGESICS NON-OPIOD;6 OR MORE | 80331 | CPT | | | | outpatient | | | 32 | | Amerihealth | HMO/PPO | 20.8 | 65 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANALGESICS NON-OPIOD;6 OR MORE | 80331 | CPT | | | | outpatient | | | 32 | | Three Rivers | Three Rivers | 30.4 | 95 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANALGESICS NON-OPIOD;6 OR MORE | 80331 | CPT | | | | outpatient | | | 32 | | Horizon | MGD | 12.25 | 38.28 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANALGESICS NON-OPIOD;6 OR MORE | 80331 | CPT | | | | outpatient | | | 32 | | UHC | Medicaid | 16.66 | | | | 9.6 | | 30.4 fee schedule | |
| BKR CHG ANALGESICS NON-OPIOD;6 OR MORE | 80331 | CPT | | | | outpatient | | | 32 | | Multiplan | Multiplan | 25.6 | 80 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANALGESICS NON-OPIOD;6 OR MORE | 80331 | CPT | | | | outpatient | | | 32 | | Wellcare | Medicaid | 16.66 | | | | 9.6 | | 30.4 fee schedule | |
| BKR CHG ANALGESICS NON-OPIOD;6 OR MORE | 80331 | CPT | | | | outpatient | | | 32 | | Horizon | PPO | 12.25 | 38.28 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANALGESICS NON-OPIOD;6 OR MORE | 80331 | CPT | | | | outpatient | | | 32 | | Horizon | Medicare Blue | 9.6 | 30 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANALGESICS NON-OPIOD;6 OR MORE | 80331 | CPT | | | | outpatient | | | 32 | | Managed Care Inc | Managed Care Inc | 28.8 | 90 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANALGESICS NON-OPIOD;6 OR MORE | 80331 | CPT | | | | outpatient | | | 32 | | Qualcare | Qualcare | 24 | 75 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANALGESICS NON-OPIOD;6 OR MORE | 80331 | CPT | | | | outpatient | | | 32 | | WellPoint | WellPoint | 10.3 | 32.18 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIDEPRESSANT SERTONERGIC.CL.6 | 80334 | CPT | | | | outpatient | | | 32 | | UHC | Medicaid | 16.66 | | | | 9.6 | | 30.4 fee schedule | |
| BKR CHG ANTIDEPRESSANT SERTONERGIC.CL.6 | 80334 | CPT | | | | outpatient | | | 32 | | Aetna | Medicare | 9.86 | 30.8 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIDEPRESSANT SERTONERGIC.CL.6 | 80334 | CPT | | | | outpatient | | | 32 | | Corrections | Corrections | 25.6 | 80 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIDEPRESSANT SERTONERGIC.CL.6 | 80334 | CPT | | | | outpatient | | | 32 | | Amerihealth | HMO/PPO | 20.8 | 65 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIDEPRESSANT SERTONERGIC.CL.6 | 80334 | CPT | | | | outpatient | | | 32 | | Americare | Americare | 24 | 75 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIDEPRESSANT SERTONERGIC.CL.6 | 80334 | CPT | | | | outpatient | | | 32 | | First Trenton | First Trenton | 28.8 | 90 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIDEPRESSANT SERTONERGIC.CL.6 | 80334 | CPT | | | | outpatient | | | 32 | | Horizon | Indemnity | 12.25 | 38.28 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIDEPRESSANT SERTONERGIC.CL.6 | 80334 | CPT | | | | outpatient | | | 32 | | Aetna | Better Health | 10.1 | 31.55 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIDEPRESSANT SERTONERGIC.CL.6 | 80334 | CPT | | | | outpatient | | | 32 | | Consumer | Consumer | 30.4 | 95 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIDEPRESSANT SERTONERGIC.CL.6 | 80334 | CPT | | | | outpatient | | | 32 | | Horizon | MGD | 12.25 | 38.28 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIDEPRESSANT SERTONERGIC.CL.6 | 80334 | CPT | | | | outpatient | | | 32 | | Wellcare | Medicaid | 16.66 | | | | 9.6 | | 30.4 fee schedule | |
| BKR CHG ANTIDEPRESSANT SERTONERGIC.CL.6 | 80334 | CPT | | | | outpatient | | | 32 | | First Health | First Health | 22.4 | 70 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIDEPRESSANT SERTONERGIC.CL.6 | 80334 | CPT | | | | outpatient | | | 32 | | Three Rivers | Three Rivers | 30.4 | 95 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIDEPRESSANT SERTONERGIC.CL.6 | 80334 | CPT | | | | outpatient | | | 32 | | Horizon | PPO | 12.25 | 38.28 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIDEPRESSANT SERTONERGIC.CL.6 | 80334 | CPT | | | | outpatient | | | 32 | | Horizon | Medicare Blue | 9.6 | 30 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIDEPRESSANT SERTONERGIC.CL.6 | 80334 | CPT | | | | outpatient | | | 32 | | Managed Care Inc | Managed Care Inc | 28.8 | 90 | | | 9.6 | | 30.4 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG ANTIDEPRESSANT SERTONERGIC,CL,6 | 80334 | CPT | | | | outpatient | | | 32 | | Multiplan | Multiplan | 25.6 | 80 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIDEPRESSANT SERTONERGIC,CL,6 | 80334 | CPT | | | | outpatient | | | 32 | | WellPoint | WellPoint | 10.3 | 32.18 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIDEPRESSANT SERTONERGIC,CL,6 | 80334 | CPT | | | | outpatient | | | 32 | | Qualcare | Qualcare | 24 | 75 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG NORTRIPTYLINE AVENTYL | 80335 | CPT | | | | outpatient | | | 365 | | Horizon | Indemnity | 139.72 | 38.28 | | | 9.3 | | 346.75 percent of total billed charges | |
| BKR CHG NORTRIPTYLINE AVENTYL | 80335 | CPT | | | | outpatient | | | 365 | | Horizon | MGD | 139.72 | 38.28 | | | 9.3 | | 346.75 percent of total billed charges | |
| BKR CHG NORTRIPTYLINE AVENTYL | 80335 | CPT | | | | outpatient | | | 365 | | Consumer | Consumer | 346.75 | 95 | | | 9.3 | | 346.75 percent of total billed charges | |
| BKR CHG NORTRIPTYLINE AVENTYL | 80335 | CPT | | | | outpatient | | | 365 | | Aetna | Better Health | 115.16 | 31.55 | | | 9.3 | | 346.75 percent of total billed charges | |
| BKR CHG NORTRIPTYLINE AVENTYL | 80335 | CPT | | | | outpatient | | | 365 | | Wellcare | Medicaid | 16.66 | | | | 9.3 | | 346.75 fee schedule | |
| BKR CHG NORTRIPTYLINE AVENTYL | 80335 | CPT | | | | outpatient | | | 365 | | Americare | Americare | 273.75 | 75 | | | 9.3 | | 346.75 percent of total billed charges | |
| BKR CHG NORTRIPTYLINE AVENTYL | 80335 | CPT | | | | outpatient | | | 365 | | First Health | First Health | 255.5 | 70 | | | 9.3 | | 346.75 percent of total billed charges | |
| BKR CHG NORTRIPTYLINE AVENTYL | 80335 | CPT | | | | outpatient | | | 365 | | Aetna | Medicare | 112.42 | 30.8 | | | 9.3 | | 346.75 percent of total billed charges | |
| BKR CHG NORTRIPTYLINE AVENTYL | 80335 | CPT | | | | outpatient | | | 365 | | First Trenton | First Trenton | 328.5 | 90 | | | 9.3 | | 346.75 percent of total billed charges | |
| BKR CHG NORTRIPTYLINE AVENTYL | 80335 | CPT | | | | outpatient | | | 365 | | Corrections | Corrections | 292 | 80 | | | 9.3 | | 346.75 percent of total billed charges | |
| BKR CHG NORTRIPTYLINE AVENTYL | 80335 | CPT | | | | outpatient | | | 365 | | Horizon | PPO | 139.72 | 38.28 | | | 9.3 | | 346.75 percent of total billed charges | |
| BKR CHG NORTRIPTYLINE AVENTYL | 80335 | CPT | | | | outpatient | | | 365 | | Amerihealth | HMO/PPO | 237.25 | 65 | | | 9.3 | | 346.75 percent of total billed charges | |
| BKR CHG NORTRIPTYLINE AVENTYL | 80335 | CPT | | | | outpatient | | | 365 | | Managed Care Inc | Managed Care Inc | 328.5 | 90 | | | 9.3 | | 346.75 percent of total billed charges | |
| BKR CHG NORTRIPTYLINE AVENTYL | 80335 | CPT | | | | outpatient | | | 365 | | Horizon | Medicare Blue | 109.5 | 30 | | | 9.3 | | 346.75 percent of total billed charges | |
| BKR CHG NORTRIPTYLINE AVENTYL | 80335 | CPT | | | | outpatient | | | 365 | | Three Rivers | Three Rivers | 346.75 | 95 | | | 9.3 | | 346.75 percent of total billed charges | |
| BKR CHG NORTRIPTYLINE AVENTYL | 80335 | CPT | | | | outpatient | | | 365 | | Multiplan | Multiplan | 292 | 80 | | | 9.3 | | 346.75 percent of total billed charges | |
| BKR CHG NORTRIPTYLINE AVENTYL | 80335 | CPT | | | | outpatient | | | 365 | | UHC | Medicaid | 16.66 | | | | 9.3 | | 346.75 fee schedule | |
| BKR CHG NORTRIPTYLINE AVENTYL | 80335 | CPT | | | | outpatient | | | 365 | | Qualcare | Qualcare | 273.75 | 75 | | | 9.3 | | 346.75 percent of total billed charges | |
| BKR CHG NORTRIPTYLINE AVENTYL | 80335 | CPT | | | | outpatient | | | 365 | | WellPoint | WellPoint | 117.46 | 32.18 | | | 9.3 | | 346.75 percent of total billed charges | |
| BKR CHG TRICYCLIC ANTIDEPRESS SERUM/PL | 80337 | CPT | | | | outpatient | | | 48 | | Americare | Americare | 36 | 75 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG TRICYCLIC ANTIDEPRESS SERUM/PL | 80337 | CPT | | | | outpatient | | | 48 | | UHC | Medicaid | 16.66 | | | | 9.6 | | 45.6 fee schedule | |
| BKR CHG TRICYCLIC ANTIDEPRESS SERUM/PL | 80337 | CPT | | | | outpatient | | | 48 | | Aetna | Medicare | 14.78 | 30.8 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG TRICYCLIC ANTIDEPRESS SERUM/PL | 80337 | CPT | | | | outpatient | | | 48 | | Aetna | Better Health | 15.14 | 31.55 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG TRICYCLIC ANTIDEPRESS SERUM/PL | 80337 | CPT | | | | outpatient | | | 48 | | Horizon | Indemnity | 18.37 | 38.28 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG TRICYCLIC ANTIDEPRESS SERUM/PL | 80337 | CPT | | | | outpatient | | | 48 | | WellPoint | WellPoint | 15.45 | 32.18 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG TRICYCLIC ANTIDEPRESS SERUM/PL | 80337 | CPT | | | | outpatient | | | 48 | | First Trenton | First Trenton | 43.2 | 90 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG TRICYCLIC ANTIDEPRESS SERUM/PL | 80337 | CPT | | | | outpatient | | | 48 | | First Health | First Health | 33.6 | 70 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG TRICYCLIC ANTIDEPRESS SERUM/PL | 80337 | CPT | | | | outpatient | | | 48 | | Horizon | PPO | 18.37 | 38.28 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG TRICYCLIC ANTIDEPRESS SERUM/PL | 80337 | CPT | | | | outpatient | | | 48 | | Consumer | Consumer | 45.6 | 95 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG TRICYCLIC ANTIDEPRESS SERUM/PL | 80337 | CPT | | | | outpatient | | | 48 | | Amerihealth | HMO/PPO | 31.2 | 65 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG TRICYCLIC ANTIDEPRESS SERUM/PL | 80337 | CPT | | | | outpatient | | | 48 | | Multiplan | Multiplan | 38.4 | 80 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG TRICYCLIC ANTIDEPRESS SERUM/PL | 80337 | CPT | | | | outpatient | | | 48 | | Three Rivers | Three Rivers | 45.6 | 95 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG TRICYCLIC ANTIDEPRESS SERUM/PL | 80337 | CPT | | | | outpatient | | | 48 | | Corrections | Corrections | 38.4 | 80 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG TRICYCLIC ANTIDEPRESS SERUM/PL | 80337 | CPT | | | | outpatient | | | 48 | | Horizon | Medicare Blue | 14.4 | 30 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG TRICYCLIC ANTIDEPRESS SERUM/PL | 80337 | CPT | | | | outpatient | | | 48 | | Wellcare | Medicaid | 16.66 | | | | 9.6 | | 45.6 fee schedule | |
| BKR CHG TRICYCLIC ANTIDEPRESS SERUM/PL | 80337 | CPT | | | | outpatient | | | 48 | | Horizon | MGD | 18.37 | 38.28 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG TRICYCLIC ANTIDEPRESS SERUM/PL | 80337 | CPT | | | | outpatient | | | 48 | | Managed Care Inc | Managed Care Inc | 43.2 | 90 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG TRICYCLIC ANTIDEPRESS SERUM/PL | 80337 | CPT | | | | outpatient | | | 48 | | Qualcare | Qualcare | 36 | 75 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG TRAZODONE SERUM | 80338 | CPT | | | | outpatient | | | 48 | | Amerihealth | HMO/PPO | 31.2 | 65 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG TRAZODONE SERUM | 80338 | CPT | | | | outpatient | | | 48 | | Consumer | Consumer | 45.6 | 95 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG TRAZODONE SERUM | 80338 | CPT | | | | outpatient | | | 48 | | First Trenton | First Trenton | 43.2 | 90 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG TRAZODONE SERUM | 80338 | CPT | | | | outpatient | | | 48 | | Aetna | Better Health | 15.14 | 31.55 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG TRAZODONE SERUM | 80338 | CPT | | | | outpatient | | | 48 | | Americare | Americare | 36 | 75 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG TRAZODONE SERUM | 80338 | CPT | | | | outpatient | | | 48 | | Aetna | Medicare | 14.78 | 30.8 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG TRAZODONE SERUM | 80338 | CPT | | | | outpatient | | | 48 | | WellPoint | WellPoint | 15.45 | 32.18 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG TRAZODONE SERUM | 80338 | CPT | | | | outpatient | | | 48 | | First Health | First Health | 33.6 | 70 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG TRAZODONE SERUM | 80338 | CPT | | | | outpatient | | | 48 | | Horizon | Indemnity | 18.37 | 38.28 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG TRAZODONE SERUM | 80338 | CPT | | | | outpatient | | | 48 | | Corrections | Corrections | 38.4 | 80 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG TRAZODONE SERUM | 80338 | CPT | | | | outpatient | | | 48 | | Horizon | PPO | 18.37 | 38.28 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG TRAZODONE SERUM | 80338 | CPT | | | | outpatient | | | 48 | | UHC | Medicaid | 16.66 | | | | 9.6 | | 45.6 fee schedule | |
| BKR CHG TRAZODONE SERUM | 80338 | CPT | | | | outpatient | | | 48 | | Horizon | Medicare Blue | 14.4 | 30 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG TRAZODONE SERUM | 80338 | CPT | | | | outpatient | | | 48 | | Horizon | MGD | 18.37 | 38.28 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG TRAZODONE SERUM | 80338 | CPT | | | | outpatient | | | 48 | | Managed Care Inc | Managed Care Inc | 43.2 | 90 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG TRAZODONE SERUM | 80338 | CPT | | | | outpatient | | | 48 | | Multiplan | Multiplan | 38.4 | 80 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG TRAZODONE SERUM | 80338 | CPT | | | | outpatient | | | 48 | | Three Rivers | Three Rivers | 45.6 | 95 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG TRAZODONE SERUM | 80338 | CPT | | | | outpatient | | | 48 | | Qualcare | Qualcare | 36 | 75 | | | 9.6 | | 45.6 percent of total billed charges | |
| BKR CHG TRAZODONE SERUM | 80338 | CPT | | | | outpatient | | | 48 | | Wellcare | Medicaid | 16.66 | | | | 9.6 | | 45.6 fee schedule | |
| BKR CHG PERAMPANEL SERUM/PLASMA | 80339 | CPT | | | | outpatient | | | 542 | | Aetna | Better Health | 171 | 31.55 | | | 16.66 | | 514.9 percent of total billed charges | |
| BKR CHG PERAMPANEL SERUM/PLASMA | 80339 | CPT | | | | outpatient | | | 542 | | Amerihealth | HMO/PPO | 352.3 | 65 | | | 16.66 | | 514.9 percent of total billed charges | |
| BKR CHG PERAMPANEL SERUM/PLASMA | 80339 | CPT | | | | outpatient | | | 542 | | Horizon | Indemnity | 207.48 | 38.28 | | | 16.66 | | 514.9 percent of total billed charges | |
| BKR CHG PERAMPANEL SERUM/PLASMA | 80339 | CPT | | | | outpatient | | | 542 | | Consumer | Consumer | 514.9 | 95 | | | 16.66 | | 514.9 percent of total billed charges | |
| BKR CHG PERAMPANEL SERUM/PLASMA | 80339 | CPT | | | | outpatient | | | 542 | | UHC | Medicaid | 16.66 | | | | 16.66 | | 514.9 fee schedule | |
| BKR CHG PERAMPANEL SERUM/PLASMA | 80339 | CPT | | | | outpatient | | | 542 | | First Trenton | First Trenton | 487.8 | 90 | | | 16.66 | | 514.9 percent of total billed charges | |
| BKR CHG PERAMPANEL SERUM/PLASMA | 80339 | CPT | | | | outpatient | | | 542 | | Americare | Americare | 406.5 | 75 | | | 16.66 | | 514.9 percent of total billed charges | |
| BKR CHG PERAMPANEL SERUM/PLASMA | 80339 | CPT | | | | outpatient | | | 542 | | Aetna | Medicare | 166.94 | 30.8 | | | 16.66 | | 514.9 percent of total billed charges | |
| BKR CHG PERAMPANEL SERUM/PLASMA | 80339 | CPT | | | | outpatient | | | 542 | | Horizon | PPO | 207.48 | 38.28 | | | 16.66 | | 514.9 percent of total billed charges | |
| BKR CHG PERAMPANEL SERUM/PLASMA | 80339 | CPT | | | | outpatient | | | 542 | | Horizon | MGD | 207.48 | 38.28 | | | 16.66 | | 514.9 percent of total billed charges | |
| BKR CHG PERAMPANEL SERUM/PLASMA | 80339 | CPT | | | | outpatient | | | 542 | | Wellcare | Medicaid | 16.66 | | | | 16.66 | | 514.9 fee schedule | |
| BKR CHG PERAMPANEL SERUM/PLASMA | 80339 | CPT | | | | outpatient | | | 542 | | Corrections | Corrections | 433.6 | 80 | | | 16.66 | | 514.9 percent of total billed charges | |
| BKR CHG PERAMPANEL SERUM/PLASMA | 80339 | CPT | | | | outpatient | | | 542 | | Horizon | Medicare Blue | 162.6 | 30 | | | 16.66 | | 514.9 percent of total billed charges | |
| BKR CHG PERAMPANEL SERUM/PLASMA | 80339 | CPT | | | | outpatient | | | 542 | | First Health | First Health | 379.4 | 70 | | | 16.66 | | 514.9 percent of total billed charges | |
| BKR CHG PERAMPANEL SERUM/PLASMA | 80339 | CPT | | | | outpatient | | | 542 | | Multiplan | Multiplan | 433.6 | 80 | | | 16.66 | | 514.9 percent of total billed charges | |
| BKR CHG PERAMPANEL SERUM/PLASMA | 80339 | CPT | | | | outpatient | | | 542 | | WellPoint | WellPoint | 174.42 | 32.18 | | | 16.66 | | 514.9 percent of total billed charges | |
| BKR CHG PERAMPANEL SERUM/PLASMA | 80339 | CPT | | | | outpatient | | | 542 | | Managed Care Inc | Managed Care Inc | 487.8 | 90 | | | 16.66 | | 514.9 percent of total billed charges | |
| BKR CHG PERAMPANEL SERUM/PLASMA | 80339 | CPT | | | | outpatient | | | 542 | | Three Rivers | Three Rivers | 514.9 | 95 | | | 16.66 | | 514.9 percent of total billed charges | |
| BKR CHG PERAMPANEL SERUM/PLASMA | 80339 | CPT | | | | outpatient | | | 542 | | Qualcare | Qualcare | 406.5 | 75 | | | 16.66 | | 514.9 percent of total billed charges | |
| BKR CHG ANTIEPILEPTICS,NES,7 OR MORE | 80341 | CPT | | | | outpatient | | | 32 | | Amerihealth | HMO/PPO | 20.8 | 65 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIEPILEPTICS,NES,7 OR MORE | 80341 | CPT | | | | outpatient | | | 32 | | Aetna | Better Health | 10.1 | 31.55 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIEPILEPTICS,NES,7 OR MORE | 80341 | CPT | | | | outpatient | | | 32 | | Americare | Americare | 24 | 75 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIEPILEPTICS,NES,7 OR MORE | 80341 | CPT | | | | outpatient | | | 32 | | First Trenton | First Trenton | 28.8 | 90 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIEPILEPTICS,NES,7 OR MORE | 80341 | CPT | | | | outpatient | | | 32 | | Consumer | Consumer | 30.4 | 95 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIEPILEPTICS,NES,7 OR MORE | 80341 | CPT | | | | outpatient | | | 32 | | Multiplan | Multiplan | 25.6 | 80 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIEPILEPTICS,NES,7 OR MORE | 80341 | CPT | | | | outpatient | | | 32 | | UHC | Medicaid | 16.66 | | | | 9.6 | | 30.4 fee schedule | |
| BKR CHG ANTIEPILEPTICS,NES,7 OR MORE | 80341 | CPT | | | | outpatient | | | 32 | | Aetna | Medicare | 9.86 | 30.8 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIEPILEPTICS,NES,7 OR MORE | 80341 | CPT | | | | outpatient | | | 32 | | Corrections | Corrections | 25.6 | 80 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIEPILEPTICS,NES,7 OR MORE | 80341 | CPT | | | | outpatient | | | 32 | | First Health | First Health | 22.4 | 70 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIEPILEPTICS,NES,7 OR MORE | 80341 | CPT | | | | outpatient | | | 32 | | Wellcare | Medicaid | 16.66 | | | | 9.6 | | 30.4 fee schedule | |
| BKR CHG ANTIEPILEPTICS,NES,7 OR MORE | 80341 | CPT | | | | outpatient | | | 32 | | WellPoint | WellPoint | 10.3 | 32.18 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIEPILEPTICS,NES,7 OR MORE | 80341 | CPT | | | | outpatient | | | 32 | | Qualcare | Qualcare | 24 | 75 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIEPILEPTICS,NES,7 OR MORE | 80341 | CPT | | | | outpatient | | | 32 | | Horizon | MGD | 12.25 | 38.28 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIEPILEPTICS,NES,7 OR MORE | 80341 | CPT | | | | outpatient | | | 32 | | Horizon | Indemnity | 12.25 | 38.28 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIEPILEPTICS,NES,7 OR MORE | 80341 | CPT | | | | outpatient | | | 32 | | Horizon | Medicare Blue | 9.6 | 30 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIEPILEPTICS,NES,7 OR MORE | 80341 | CPT | | | | outpatient | | | 32 | | Horizon | PPO | 12.25 | 38.28 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIEPILEPTICS,NES,7 OR MORE | 80341 | CPT | | | | outpatient | | | 32 | | Managed Care Inc | Managed Care Inc | 28.8 | 90 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIEPILEPTICS,NES,7 OR MORE | 80341 | CPT | | | | outpatient | | | 32 | | Three Rivers | Three Rivers | 30.4 | 95 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIPSYCHOTICS NOS,7 OR MORE | 80344 | CPT | | | | outpatient | | | 32 | | First Health | First Health | 22.4 | 70 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIPSYCHOTICS NOS,7 OR MORE | 80344 | CPT | | | | outpatient | | | 32 | | Corrections | Corrections | 25.6 | 80 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIPSYCHOTICS NOS,7 OR MORE | 80344 | CPT | | | | outpatient | | | 32 | | Aetna | Medicare | 9.86 | 30.8 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIPSYCHOTICS NOS,7 OR MORE | 80344 | CPT | | | | outpatient | | | 32 | | Americare | Americare | 24 | 75 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIPSYCHOTICS NOS,7 OR MORE | 80344 | CPT | | | | outpatient | | | 32 | | Aetna | Better Health | 10.1 | 31.55 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIPSYCHOTICS NOS,7 OR MORE | 80344 | CPT | | | | outpatient | | | 32 | | Amerihealth | HMO/PPO | 20.8 | 65 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIPSYCHOTICS NOS,7 OR MORE | 80344 | CPT | | | | outpatient | | | 32 | | First Trenton | First Trenton | 28.8 | 90 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIPSYCHOTICS NOS,7 OR MORE | 80344 | CPT | | | | outpatient | | | 32 | | UHC | Medicaid | 16.48 | | | | 9.6 | | 30.4 fee schedule | |
| BKR CHG ANTIPSYCHOTICS NOS,7 OR MORE | 80344 | CPT | | | | outpatient | | | 32 | | Multiplan | Multiplan | 25.6 | 80 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIPSYCHOTICS NOS,7 OR MORE | 80344 | CPT | | | | outpatient | | | 32 | | Wellcare | Medicaid | 16.48 | | | | 9.6 | | 30.4 fee schedule | |
| BKR CHG ANTIPSYCHOTICS NOS,7 OR MORE | 80344 | CPT | | | | outpatient | | | 32 | | Horizon | MGD | 12.25 | 38.28 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIPSYCHOTICS NOS,7 OR MORE | 80344 | CPT | | | | outpatient | | | 32 | | Consumer | Consumer | 30.4 | 95 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIPSYCHOTICS NOS,7 OR MORE | 80344 | CPT | | | | outpatient | | | 32 | | WellPoint | WellPoint | 10.3 | 32.18 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIPSYCHOTICS NOS,7 OR MORE | 80344 | CPT | | | | outpatient | | | 32 | | Qualcare | Qualcare | 24 | 75 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIPSYCHOTICS NOS,7 OR MORE | 80344 | CPT | | | | outpatient | | | 32 | | Horizon | Indemnity | 12.25 | 38.28 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIPSYCHOTICS NOS,7 OR MORE | 80344 | CPT | | | | outpatient | | | 32 | | Horizon | Medicare Blue | 9.6 | 30 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIPSYCHOTICS NOS,7 OR MORE | 80344 | CPT | | | | outpatient | | | 32 | | Horizon | PPO | 12.25 | 38.28 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIPSYCHOTICS NOS,7 OR MORE | 80344 | CPT | | | | outpatient | | | 32 | | Managed Care Inc | Managed Care Inc | 28.8 | 90 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG ANTIPSYCHOTICS NOS,7 OR MORE | 80344 | CPT | | | | outpatient | | | 32 | | Three Rivers | Three Rivers | 30.4 | 95 | | | 9.6 | | 30.4 percent of total billed charges | |
| BKR CHG PENTOBARBITAL | 80345 | CPT | | | | outpatient | | | 118 | | Horizon | PPO | 45.17 | 38.28 | | | 11.4 | | 112.1 percent of total billed charges | |
| BKR CHG PENTOBARBITAL | 80345 | CPT | | | | outpatient | | | 118 | | Aetna | Better Health | 37.23 | 31.55 | | | 11.4 | | 112.1 percent of total billed charges | |
| BKR CHG PENTOBARBITAL | 80345 | CPT | | | | outpatient | | | 118 | | Americare | Americare | 88.5 | 75 | | | 11.4 | | 112.1 percent of total billed charges | |
| BKR CHG PENTOBARBITAL | 80345 | CPT | | | | outpatient | | | 118 | | Aetna | Medicare | 36.34 | 30.8 | | | 11.4 | | 112.1 percent of total billed charges | |
| BKR CHG PENTOBARBITAL | 80345 | CPT | | | | outpatient | | | 118 | | First Trenton | First Trenton | 106.2 | 90 | | | 11.4 | | 112.1 percent of total billed charges | |
| BKR CHG PENTOBARBITAL | 80345 | CPT | | | | outpatient | | | 118 | | First Health | First Health | 82.6 | 70 | | | 11.4 | | 112.1 percent of total billed charges | |
| BKR CHG PENTOBARBITAL | 80345 | CPT | | | | outpatient | | | 118 | | Amerihealth | HMO/PPO | 76.7 | 65 | | | 11.4 | | 112.1 percent of total billed charges | |
| BKR CHG PENTOBARBITAL | 80345 | CPT | | | | outpatient | | | 118 | | Consumer | Consumer | 112.1 | 95 | | | 11.4 | | 112.1 percent of total billed charges | |
| BKR CHG PENTOBARBITAL | 80345 | CPT | | | | outpatient | | | 118 | | Wellcare | Medicaid | 22.05 | | | | 11.4 | | 112.1 fee schedule | |
| BKR CHG PENTOBARBITAL | 80345 | CPT | | | | outpatient | | | 118 | | UHC | Medicaid | 22.05 | | | | 11.4 | | 112.1 fee schedule | |
| BKR CHG PENTOBARBITAL | 80345 | CPT | | | | outpatient | | | 118 | | Horizon | Medicare Blue | 35.4 | 30 | | | 11.4 | | 112.1 percent of total billed charges | |
| BKR CHG PENTOBARBITAL | 80345 | CPT | | | | outpatient | | | 118 | | Corrections | Corrections | 94.4 | 80 | | | 11.4 | | 112.1 percent of total billed charges | |
| BKR CHG PENTOBARBITAL | 80345 | CPT | | | | outpatient | | | 118 | | Managed Care Inc | Managed Care Inc | 106.2 | 90 | | | 11.4 | | 112.1 percent of total billed charges | |
| BKR CHG PENTOBARBITAL | 80345 | CPT | | | | outpatient | | | 118 | | Horizon | MGD | 45.17 | 38.28 | | | 11.4 | | 112.1 percent of total billed charges | |
| BKR CHG PENTOBARBITAL | 80345 | CPT | | | | outpatient | | | 118 | | Horizon | Indemnity | 45.17 | 38.28 | | | 11.4 | | 112.1 percent of total billed charges | |
| BKR CHG PENTOBARBITAL | 80345 | CPT | | | | outpatient | | | 118 | | WellPoint | WellPoint | 37.97 | 32.18 | | | 11.4 | | 112.1 percent of total billed charges | |
| BKR CHG PENTOBARBITAL | 80345 | CPT | | | | outpatient | | | 118 | | Multiplan | Multiplan | 94.4 | 80 | | | 11.4 | | 112.1 percent of total billed charges | |
| BKR CHG PENTOBARBITAL | 80345 | CPT | | | | outpatient | | | 118 | | Qualcare | Qualcare | 88.5 | 75 | | | 11.4 | | 112.1 percent of total billed charges | |
| BKR CHG PENTOBARBITAL | 80345 | CPT | | | | outpatient | | | 118 | | Three Rivers | Three Rivers | 112.1 | 95 | | | 11.4 | | 112.1 percent of total billed charges | |
| BKR CHG MIDAZOLAM (VERSED) | 80346 | CPT | | | | outpatient | | | 311 | | Aetna | Medicare | 95.79 | 30.8 | | | 9 | | 295.45 percent of total billed charges | |
| BKR CHG MIDAZOLAM (VERSED) | 80346 | CPT | | | | outpatient | | | 311 | | Consumer | Consumer | 295.45 | 95 | | | 9 | | 295.45 percent of total billed charges | |
| BKR CHG MIDAZOLAM (VERSED) | 80346 | CPT | | | | outpatient | | | 311 | | First Trenton | First Trenton | 279.9 | 90 | | | 9 | | 295.45 percent of total billed charges | |
| BKR CHG MIDAZOLAM (VERSED) | 80346 | CPT | | | | outpatient | | | 311 | | Aetna | Better Health | 98.12 | 31.55 | | | 9 | | 295.45 percent of total billed charges | |
| BKR CHG MIDAZOLAM (VERSED) | 80346 | CPT | | | | outpatient | | | 311 | | First Health | First Health | 217.7 | 70 | | | 9 | | 295.45 percent of total billed charges | |
| BKR CHG MIDAZOLAM (VERSED) | 80346 | CPT | | | | outpatient | | | 311 | | Corrections | Corrections | 248.8 | 80 | | | 9 | | 295.45 percent of total billed charges | |
| BKR CHG MIDAZOLAM (VERSED) | 80346 | CPT | | | | outpatient | | | 311 | | Amerihealth | HMO/PPO | 202.15 | 65 | | | 9 | | 295.45 percent of total billed charges | |
| BKR CHG MIDAZOLAM (VERSED) | 80346 | CPT | | | | outpatient | | | 311 | | Americare | Americare | 233.25 | 75 | | | 9 | | 295.45 percent of total billed charges | |
| BKR CHG MIDAZOLAM (VERSED) | 80346 | CPT | | | | outpatient | | | 311 | | Horizon | MGD | 119.05 | 38.28 | | | 9 | | 295.45 percent of total billed charges | |
| BKR CHG MIDAZOLAM (VERSED) | 80346 | CPT | | | | outpatient | | | 311 | | Wellcare | Medicaid | 20.96 | | | | 9 | | 295.45 fee schedule | |
| BKR CHG MIDAZOLAM (VERSED) | 80346 | CPT | | | | outpatient | | | 311 | | Managed Care Inc | Managed Care Inc | 279.9 | 90 | | | 9 | | 295.45 percent of total billed charges | |
| BKR CHG MIDAZOLAM (VERSED) | 80346 | CPT | | | | outpatient | | | 311 | | Multiplan | Multiplan | 248.8 | 80 | | | 9 | | 295.45 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG MIDAZOLAM (VERSED) | 80346 | CPT | | | | outpatient | | | 311 | | Horizon | Medicare Blue | 93.3 | 30 | | | 9 | 295.45 | percent of total billed charges | |
| BKR CHG MIDAZOLAM (VERSED) | 80346 | CPT | | | | outpatient | | | 311 | | UHC | Medicaid | 20.96 | | | | 9 | 295.45 | fee schedule | |
| BKR CHG MIDAZOLAM (VERSED) | 80346 | CPT | | | | outpatient | | | 311 | | Horizon | Indemnity | 119.05 | 38.28 | | | 9 | 295.45 | percent of total billed charges | |
| BKR CHG MIDAZOLAM (VERSED) | 80346 | CPT | | | | outpatient | | | 311 | | Horizon | PPO | 119.05 | 38.28 | | | 9 | 295.45 | percent of total billed charges | |
| BKR CHG MIDAZOLAM (VERSED) | 80346 | CPT | | | | outpatient | | | 311 | | WellPoint | WellPoint | 100.08 | 32.18 | | | 9 | 295.45 | percent of total billed charges | |
| BKR CHG MIDAZOLAM (VERSED) | 80346 | CPT | | | | outpatient | | | 311 | | Three Rivers | Three Rivers | 295.45 | 95 | | | 9 | 295.45 | percent of total billed charges | |
| BKR CHG MIDAZOLAM (VERSED) | 80346 | CPT | | | | outpatient | | | 311 | | Qualcare | Qualcare | 233.25 | 75 | | | 9 | 295.45 | percent of total billed charges | |
| BKR CHG BENZODIAZEPINES.13.OR.MORE | 80347 | CPT | | | | outpatient | | | 144 | | Amerihealth | HMO/PPO | 93.6 | 65 | | | 9.6 | 136.8 | percent of total billed charges | |
| BKR CHG BENZODIAZEPINES.13.OR.MORE | 80347 | CPT | | | | outpatient | | | 144 | | Horizon | Medicare Blue | 43.2 | 30 | | | 9.6 | 136.8 | percent of total billed charges | |
| BKR CHG BENZODIAZEPINES.13.OR.MORE | 80347 | CPT | | | | outpatient | | | 144 | | Corrections | Corrections | 115.2 | 80 | | | 9.6 | 136.8 | percent of total billed charges | |
| BKR CHG BENZODIAZEPINES.13.OR.MORE | 80347 | CPT | | | | outpatient | | | 144 | | Aetna | Medicare | 44.35 | 30.8 | | | 9.6 | 136.8 | percent of total billed charges | |
| BKR CHG BENZODIAZEPINES.13.OR.MORE | 80347 | CPT | | | | outpatient | | | 144 | | First Health | First Health | 100.8 | 70 | | | 9.6 | 136.8 | percent of total billed charges | |
| BKR CHG BENZODIAZEPINES.13.OR.MORE | 80347 | CPT | | | | outpatient | | | 144 | | First Trenton | First Trenton | 129.6 | 90 | | | 9.6 | 136.8 | percent of total billed charges | |
| BKR CHG BENZODIAZEPINES.13.OR.MORE | 80347 | CPT | | | | outpatient | | | 144 | | Aetna | Better Health | 45.43 | 31.55 | | | 9.6 | 136.8 | percent of total billed charges | |
| BKR CHG BENZODIAZEPINES.13.OR.MORE | 80347 | CPT | | | | outpatient | | | 144 | | Horizon | MGD | 55.12 | 38.28 | | | 9.6 | 136.8 | percent of total billed charges | |
| BKR CHG BENZODIAZEPINES.13.OR.MORE | 80347 | CPT | | | | outpatient | | | 144 | | Horizon | Indemnity | 55.12 | 38.28 | | | 9.6 | 136.8 | percent of total billed charges | |
| BKR CHG BENZODIAZEPINES.13.OR.MORE | 80347 | CPT | | | | outpatient | | | 144 | | Horizon | PPO | 55.12 | 38.28 | | | 9.6 | 136.8 | percent of total billed charges | |
| BKR CHG BENZODIAZEPINES.13.OR.MORE | 80347 | CPT | | | | outpatient | | | 144 | | UHC | Medicaid | 20.96 | | | | 9.6 | 136.8 | fee schedule | |
| BKR CHG BENZODIAZEPINES.13.OR.MORE | 80347 | CPT | | | | outpatient | | | 144 | | Managed Care Inc | Managed Care Inc | 129.6 | 90 | | | 9.6 | 136.8 | percent of total billed charges | |
| BKR CHG BENZODIAZEPINES.13.OR.MORE | 80347 | CPT | | | | outpatient | | | 144 | | Multiplan | Multiplan | 115.2 | 80 | | | 9.6 | 136.8 | percent of total billed charges | |
| BKR CHG BENZODIAZEPINES.13.OR.MORE | 80347 | CPT | | | | outpatient | | | 144 | | WellPoint | WellPoint | 46.34 | 32.18 | | | 9.6 | 136.8 | percent of total billed charges | |
| BKR CHG BENZODIAZEPINES.13.OR.MORE | 80347 | CPT | | | | outpatient | | | 144 | | Americare | Americare | 108 | 75 | | | 9.6 | 136.8 | percent of total billed charges | |
| BKR CHG BENZODIAZEPINES.13.OR.MORE | 80347 | CPT | | | | outpatient | | | 144 | | Qualcare | Qualcare | 108 | 75 | | | 9.6 | 136.8 | percent of total billed charges | |
| BKR CHG BENZODIAZEPINES.13.OR.MORE | 80347 | CPT | | | | outpatient | | | 144 | | Wellcare | Medicaid | 20.96 | | | | 9.6 | 136.8 | fee schedule | |
| BKR CHG BENZODIAZEPINES.13.OR.MORE | 80347 | CPT | | | | outpatient | | | 144 | | Consumer | Consumer | 136.8 | 95 | | | 9.6 | 136.8 | percent of total billed charges | |
| BKR CHG BENZODIAZEPINES.13.OR.MORE | 80347 | CPT | | | | outpatient | | | 144 | | Three Rivers | Three Rivers | 136.8 | 95 | | | 9.6 | 136.8 | percent of total billed charges | |
| BKR CHG BUPRENORPHINE UR CONFIRM(76440 | 80348 | CPT | | | | outpatient | | | 379 | | Aetna | Commercial | 144.02 | 38 | | | 9.6 | 360.05 | percent of total billed charges | |
| BKR CHG BUPRENORPHINE UR CONFIRM(76440 | 80348 | CPT | | | | outpatient | | | 379 | | First Health | First Health | 265.3 | 70 | | | 9.6 | 360.05 | percent of total billed charges | |
| BKR CHG BUPRENORPHINE UR CONFIRM(76440 | 80348 | CPT | | | | outpatient | | | 379 | | WellPoint | WellPoint | 121.96 | 32.18 | | | 9.6 | 360.05 | percent of total billed charges | |
| BKR CHG BUPRENORPHINE UR CONFIRM(76440 | 80348 | CPT | | | | outpatient | | | 379 | | Aetna | Medicare | 116.73 | 30.8 | | | 9.6 | 360.05 | percent of total billed charges | |
| BKR CHG BUPRENORPHINE UR CONFIRM(76440 | 80348 | CPT | | | | outpatient | | | 379 | | Americare | Americare | 284.25 | 75 | | | 9.6 | 360.05 | percent of total billed charges | |
| BKR CHG BUPRENORPHINE UR CONFIRM(76440 | 80348 | CPT | | | | outpatient | | | 379 | | Aetna | Better Health | 119.57 | 31.55 | | | 9.6 | 360.05 | percent of total billed charges | |
| BKR CHG BUPRENORPHINE UR CONFIRM(76440 | 80348 | CPT | | | | outpatient | | | 379 | | Consumer | Consumer | 360.05 | 95 | | | 9.6 | 360.05 | percent of total billed charges | |
| BKR CHG BUPRENORPHINE UR CONFIRM(76440 | 80348 | CPT | | | | outpatient | | | 379 | | First Trenton | First Trenton | 341.1 | 90 | | | 9.6 | 360.05 | percent of total billed charges | |
| BKR CHG BUPRENORPHINE UR CONFIRM(76440 | 80348 | CPT | | | | outpatient | | | 379 | | Horizon | Indemnity | 145.08 | 38.28 | | | 9.6 | 360.05 | percent of total billed charges | |
| BKR CHG BUPRENORPHINE UR CONFIRM(76440 | 80348 | CPT | | | | outpatient | | | 379 | | Horizon | Medicare Blue | 113.7 | 30 | | | 9.6 | 360.05 | percent of total billed charges | |
| BKR CHG BUPRENORPHINE UR CONFIRM(76440 | 80348 | CPT | | | | outpatient | | | 379 | | Corrections | Corrections | 303.2 | 80 | | | 9.6 | 360.05 | percent of total billed charges | |
| BKR CHG BUPRENORPHINE UR CONFIRM(76440 | 80348 | CPT | | | | outpatient | | | 379 | | Horizon | MGD | 145.08 | 38.28 | | | 9.6 | 360.05 | percent of total billed charges | |
| BKR CHG BUPRENORPHINE UR CONFIRM(76440 | 80348 | CPT | | | | outpatient | | | 379 | | UHC | Medicaid | 17.38 | | | | 9.6 | 360.05 | fee schedule | |
| BKR CHG BUPRENORPHINE UR CONFIRM(76440 | 80348 | CPT | | | | outpatient | | | 379 | | Amerihealth | HMO/PPO | 246.35 | 65 | | | 9.6 | 360.05 | percent of total billed charges | |
| BKR CHG BUPRENORPHINE UR CONFIRM(76440 | 80348 | CPT | | | | outpatient | | | 379 | | Wellcare | Medicaid | 17.38 | | | | 9.6 | 360.05 | fee schedule | |
| BKR CHG BUPRENORPHINE UR CONFIRM(76440 | 80348 | CPT | | | | outpatient | | | 379 | | Managed Care Inc | Managed Care Inc | 341.1 | 90 | | | 9.6 | 360.05 | percent of total billed charges | |
| BKR CHG BUPRENORPHINE UR CONFIRM(76440 | 80348 | CPT | | | | outpatient | | | 379 | | Multiplan | Multiplan | 303.2 | 80 | | | 9.6 | 360.05 | percent of total billed charges | |
| BKR CHG BUPRENORPHINE UR CONFIRM(76440 | 80348 | CPT | | | | outpatient | | | 379 | | Horizon | PPO | 145.08 | 38.28 | | | 9.6 | 360.05 | percent of total billed charges | |
| BKR CHG BUPRENORPHINE UR CONFIRM(76440 | 80348 | CPT | | | | outpatient | | | 379 | | Qualcare | Qualcare | 284.25 | 75 | | | 9.6 | 360.05 | percent of total billed charges | |
| BKR CHG BUPRENORPHINE UR CONFIRM(76440 | 80348 | CPT | | | | outpatient | | | 379 | | Three Rivers | Three Rivers | 360.05 | 95 | | | 9.6 | 360.05 | percent of total billed charges | |
| BKR CHG THS MS BLD 700817 | 80349 | CPT | | | | outpatient | | | 49 | | Aetna | Medicare | 15.09 | 30.8 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG THS MS BLD 700817 | 80349 | CPT | | | | outpatient | | | 49 | | Americare | Americare | 36.75 | 75 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG THS MS BLD 700817 | 80349 | CPT | | | | outpatient | | | 49 | | First Health | First Health | 34.3 | 70 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG THS MS BLD 700817 | 80349 | CPT | | | | outpatient | | | 49 | | Horizon | PPO | 18.76 | 38.28 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG THS MS BLD 700817 | 80349 | CPT | | | | outpatient | | | 49 | | Consumer | Consumer | 46.55 | 95 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG THS MS BLD 700817 | 80349 | CPT | | | | outpatient | | | 49 | | Amerihealth | HMO/PPO | 31.85 | 65 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG THS MS BLD 700817 | 80349 | CPT | | | | outpatient | | | 49 | | Aetna | Better Health | 15.46 | 31.55 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG THS MS BLD 700817 | 80349 | CPT | | | | outpatient | | | 49 | | First Trenton | First Trenton | 44.1 | 90 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG THS MS BLD 700817 | 80349 | CPT | | | | outpatient | | | 49 | | Horizon | MGD | 18.76 | 38.28 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG THS MS BLD 700817 | 80349 | CPT | | | | outpatient | | | 49 | | Multiplan | Multiplan | 39.2 | 80 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG THS MS BLD 700817 | 80349 | CPT | | | | outpatient | | | 49 | | UHC | Medicaid | 22.05 | | | | 14.7 | 46.55 | fee schedule | |
| BKR CHG THS MS BLD 700817 | 80349 | CPT | | | | outpatient | | | 49 | | Three Rivers | Three Rivers | 46.55 | 95 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG THS MS BLD 700817 | 80349 | CPT | | | | outpatient | | | 49 | | WellPoint | WellPoint | 15.77 | 32.18 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG THS MS BLD 700817 | 80349 | CPT | | | | outpatient | | | 49 | | Corrections | Corrections | 39.2 | 80 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG THS MS BLD 700817 | 80349 | CPT | | | | outpatient | | | 49 | | Managed Care Inc | Managed Care Inc | 44.1 | 90 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG THS MS BLD 700817 | 80349 | CPT | | | | outpatient | | | 49 | | Qualcare | Qualcare | 36.75 | 75 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG THS MS BLD 700817 | 80349 | CPT | | | | outpatient | | | 49 | | Wellcare | Medicaid | 22.05 | | | | 14.7 | 46.55 | fee schedule | |
| BKR CHG THS MS BLD 700817 | 80349 | CPT | | | | outpatient | | | 49 | | Horizon | Indemnity | 18.76 | 38.28 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG THS MS BLD 700817 | 80349 | CPT | | | | outpatient | | | 49 | | Horizon | Medicare Blue | 14.7 | 30 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG SYNTHETIC CANNABINOIDS WB | 80352 | CPT | | | | outpatient | | | 304 | | Horizon | MGD | 116.37 | 38.28 | | | 17.18 | 288.8 | percent of total billed charges | |
| BKR CHG SYNTHETIC CANNABINOIDS WB | 80352 | CPT | | | | outpatient | | | 304 | | Aetna | Medicare | 93.63 | 30.8 | | | 17.18 | 288.8 | percent of total billed charges | |
| BKR CHG SYNTHETIC CANNABINOIDS WB | 80352 | CPT | | | | outpatient | | | 304 | | Americare | Americare | 228 | 75 | | | 17.18 | 288.8 | percent of total billed charges | |
| BKR CHG SYNTHETIC CANNABINOIDS WB | 80352 | CPT | | | | outpatient | | | 304 | | Wellcare | Medicaid | 17.18 | | | | 17.18 | 288.8 | fee schedule | |
| BKR CHG SYNTHETIC CANNABINOIDS WB | 80352 | CPT | | | | outpatient | | | 304 | | Corrections | Corrections | 243.2 | 80 | | | 17.18 | 288.8 | percent of total billed charges | |
| BKR CHG SYNTHETIC CANNABINOIDS WB | 80352 | CPT | | | | outpatient | | | 304 | | Consumer | Consumer | 288.8 | 95 | | | 17.18 | 288.8 | percent of total billed charges | |
| BKR CHG SYNTHETIC CANNABINOIDS WB | 80352 | CPT | | | | outpatient | | | 304 | | First Trenton | First Trenton | 273.6 | 90 | | | 17.18 | 288.8 | percent of total billed charges | |
| BKR CHG SYNTHETIC CANNABINOIDS WB | 80352 | CPT | | | | outpatient | | | 304 | | Aetna | Better Health | 95.91 | 31.55 | | | 17.18 | 288.8 | percent of total billed charges | |
| BKR CHG SYNTHETIC CANNABINOIDS WB | 80352 | CPT | | | | outpatient | | | 304 | | Horizon | Medicare Blue | 91.2 | 30 | | | 17.18 | 288.8 | percent of total billed charges | |
| BKR CHG SYNTHETIC CANNABINOIDS WB | 80352 | CPT | | | | outpatient | | | 304 | | Amerihealth | HMO/PPO | 197.6 | 65 | | | 17.18 | 288.8 | percent of total billed charges | |
| BKR CHG SYNTHETIC CANNABINOIDS WB | 80352 | CPT | | | | outpatient | | | 304 | | Horizon | Indemnity | 116.37 | 38.28 | | | 17.18 | 288.8 | percent of total billed charges | |
| BKR CHG SYNTHETIC CANNABINOIDS WB | 80352 | CPT | | | | outpatient | | | 304 | | WellPoint | WellPoint | 97.83 | 32.18 | | | 17.18 | 288.8 | percent of total billed charges | |
| BKR CHG SYNTHETIC CANNABINOIDS WB | 80352 | CPT | | | | outpatient | | | 304 | | UHC | Medicaid | 17.18 | | | | 17.18 | 288.8 | fee schedule | |
| BKR CHG SYNTHETIC CANNABINOIDS WB | 80352 | CPT | | | | outpatient | | | 304 | | First Health | First Health | 212.8 | 70 | | | 17.18 | 288.8 | percent of total billed charges | |
| BKR CHG SYNTHETIC CANNABINOIDS WB | 80352 | CPT | | | | outpatient | | | 304 | | Horizon | PPO | 116.37 | 38.28 | | | 17.18 | 288.8 | percent of total billed charges | |
| BKR CHG SYNTHETIC CANNABINOIDS WB | 80352 | CPT | | | | outpatient | | | 304 | | Multiplan | Multiplan | 243.2 | 80 | | | 17.18 | 288.8 | percent of total billed charges | |
| BKR CHG SYNTHETIC CANNABINOIDS WB | 80352 | CPT | | | | outpatient | | | 304 | | Managed Care Inc | Managed Care Inc | 273.6 | 90 | | | 17.18 | 288.8 | percent of total billed charges | |
| BKR CHG SYNTHETIC CANNABINOIDS WB | 80352 | CPT | | | | outpatient | | | 304 | | Qualcare | Qualcare | 228 | 75 | | | 17.18 | 288.8 | percent of total billed charges | |
| BKR CHG SYNTHETIC CANNABINOIDS WB | 80352 | CPT | | | | outpatient | | | 304 | | Three Rivers | Three Rivers | 288.8 | 95 | | | 17.18 | 288.8 | percent of total billed charges | |
| BKR CHG COCAINE MS BLD 700912 | 80353 | CPT | | | | inpatient | | | 302 | | Horizon | Medicare Blue | 90.6 | 30 | | | 9.6 | 286.9 | percent of total billed charges | |
| BKR CHG COCAINE MS BLD 700912 | 80353 | CPT | | | | inpatient | | | 302 | | WellPoint | WellPoint | 97.18 | 32.18 | | | 9.6 | 286.9 | percent of total billed charges | |
| BKR CHG COCAINE MS BLD 700912 | 80353 | CPT | | | | inpatient | | | 302 | | Aetna | Medicare | 93.02 | 30.8 | | | 9.6 | 286.9 | percent of total billed charges | |
| BKR CHG COCAINE MS BLD 700912 | 80353 | CPT | | | | inpatient | | | 302 | | Corrections | Corrections | 241.6 | 80 | | | 9.6 | 286.9 | percent of total billed charges | |
| BKR CHG COCAINE MS BLD 700912 | 80353 | CPT | | | | inpatient | | | 302 | | First Trenton | First Trenton | 271.8 | 90 | | | 9.6 | 286.9 | percent of total billed charges | |
| BKR CHG COCAINE MS BLD 700912 | 80353 | CPT | | | | inpatient | | | 302 | | Amerihealth | HMO/PPO | 196.3 | 65 | | | 9.6 | 286.9 | percent of total billed charges | |
| BKR CHG COCAINE MS BLD 700912 | 80353 | CPT | | | | inpatient | | | 302 | | Horizon | MGD | 115.61 | 38.28 | | | 9.6 | 286.9 | percent of total billed charges | |
| BKR CHG COCAINE MS BLD 700912 | 80353 | CPT | | | | inpatient | | | 302 | | Aetna | Better Health | 95.28 | 31.55 | | | 9.6 | 286.9 | percent of total billed charges | |
| BKR CHG COCAINE MS BLD 700912 | 80353 | CPT | | | | inpatient | | | 302 | | Horizon | PPO | 115.61 | 38.28 | | | 9.6 | 286.9 | percent of total billed charges | |
| BKR CHG COCAINE MS BLD 700912 | 80353 | CPT | | | | inpatient | | | 302 | | First Health | First Health | 211.4 | 70 | | | 9.6 | 286.9 | percent of total billed charges | |
| BKR CHG COCAINE MS BLD 700912 | 80353 | CPT | | | | inpatient | | | 302 | | Managed Care Inc | Managed Care Inc | 271.8 | 90 | | | 9.6 | 286.9 | percent of total billed charges | |
| BKR CHG COCAINE MS BLD 700912 | 80353 | CPT | | | | inpatient | | | 302 | | UHC | Medicaid | 22.05 | | | | 9.6 | 286.9 | fee schedule | |
| BKR CHG COCAINE MS BLD 700912 | 80353 | CPT | | | | inpatient | | | 302 | | Horizon | Indemnity | 115.61 | 38.28 | | | 9.6 | 286.9 | percent of total billed charges | |
| BKR CHG COCAINE MS BLD 700912 | 80353 | CPT | | | | inpatient | | | 302 | | Americare | Americare | 226.5 | 75 | | | 9.6 | 286.9 | percent of total billed charges | |
| BKR CHG COCAINE MS BLD 700912 | 80353 | CPT | | | | inpatient | | | 302 | | Multiplan | Multiplan | 241.6 | 80 | | | 9.6 | 286.9 | percent of total billed charges | |
| BKR CHG COCAINE MS BLD 700912 | 80353 | CPT | | | | inpatient | | | 302 | | Wellcare | Medicaid | 22.05 | | | | 9.6 | 286.9 | fee schedule | |
| BKR CHG COCAINE MS BLD 700912 | 80353 | CPT | | | | inpatient | | | 302 | | Qualcare | Qualcare | 226.5 | 75 | | | 9.6 | 286.9 | percent of total billed charges | |
| BKR CHG COCAINE MS BLD 700912 | 80353 | CPT | | | | inpatient | | | 302 | | Consumer | Consumer | 286.9 | 95 | | | 9.6 | 286.9 | percent of total billed charges | |
| BKR CHG COCAINE MS BLD 700912 | 80353 | CPT | | | | inpatient | | | 302 | | Three Rivers | Three Rivers | 286.9 | 95 | | | 9.6 | 286.9 | percent of total billed charges | |
| BKR CHG FENTANYL METABOLITE | 80354 | CPT | | | | outpatient | | | 365 | | Corrections | Corrections | 292 | 80 | | | 16.48 | 346.75 | percent of total billed charges | |
| BKR CHG FENTANYL METABOLITE | 80354 | CPT | | | | outpatient | | | 365 | | Aetna | Better Health | 115.16 | 31.55 | | | 16.48 | 346.75 | percent of total billed charges | |
| BKR CHG FENTANYL METABOLITE | 80354 | CPT | | | | outpatient | | | 365 | | First Health | First Health | 255.5 | 70 | | | 16.48 | 346.75 | percent of total billed charges | |
| BKR CHG FENTANYL METABOLITE | 80354 | CPT | | | | outpatient | | | 365 | | Americare | Americare | 273.75 | 75 | | | 16.48 | 346.75 | percent of total billed charges | |
| BKR CHG FENTANYL METABOLITE | 80354 | CPT | | | | outpatient | | | 365 | | First Trenton | First Trenton | 328.5 | 90 | | | 16.48 | 346.75 | percent of total billed charges | |
| BKR CHG FENTANYL METABOLITE | 80354 | CPT | | | | outpatient | | | 365 | | Horizon | Medicare Blue | 109.5 | 30 | | | 16.48 | 346.75 | percent of total billed charges | |
| BKR CHG FENTANYL METABOLITE | 80354 | CPT | | | | outpatient | | | 365 | | Horizon | MGD | 139.72 | 38.28 | | | 16.48 | 346.75 | percent of total billed charges | |
| BKR CHG FENTANYL METABOLITE | 80354 | CPT | | | | outpatient | | | 365 | | Aetna | Medicare | 112.42 | 30.8 | | | 16.48 | 346.75 | percent of total billed charges | |
| BKR CHG FENTANYL METABOLITE | 80354 | CPT | | | | outpatient | | | 365 | | WellPoint | WellPoint | 117.46 | 32.18 | | | 16.48 | 346.75 | percent of total billed charges | |
| BKR CHG FENTANYL METABOLITE | 80354 | CPT | | | | outpatient | | | 365 | | UHC | Medicaid | 16.48 | | | | 16.48 | 346.75 | fee schedule | |
| BKR CHG FENTANYL METABOLITE | 80354 | CPT | | | | outpatient | | | 365 | | Horizon | Indemnity | 139.72 | 38.28 | | | 16.48 | 346.75 | percent of total billed charges | |
| BKR CHG FENTANYL METABOLITE | 80354 | CPT | | | | outpatient | | | 365 | | Consumer | Consumer | 346.75 | 95 | | | 16.48 | 346.75 | percent of total billed charges | |
| BKR CHG FENTANYL METABOLITE | 80354 | CPT | | | | outpatient | | | 365 | | Horizon | PPO | 139.72 | 38.28 | | | 16.48 | 346.75 | percent of total billed charges | |
| BKR CHG FENTANYL METABOLITE | 80354 | CPT | | | | outpatient | | | 365 | | Amerihealth | HMO/PPO | 237.25 | 65 | | | 16.48 | 346.75 | percent of total billed charges | |
| BKR CHG FENTANYL METABOLITE | 80354 | CPT | | | | outpatient | | | 365 | | Managed Care Inc | Managed Care Inc | 328.5 | 90 | | | 16.48 | 346.75 | percent of total billed charges | |
| BKR CHG FENTANYL METABOLITE | 80354 | CPT | | | | outpatient | | | 365 | | Multiplan | Multiplan | 292 | 80 | | | 16.48 | 346.75 | percent of total billed charges | |
| BKR CHG FENTANYL METABOLITE | 80354 | CPT | | | | outpatient | | | 365 | | Three Rivers | Three Rivers | 346.75 | 95 | | | 16.48 | 346.75 | percent of total billed charges | |
| BKR CHG FENTANYL METABOLITE | 80354 | CPT | | | | outpatient | | | 365 | | Qualcare | Qualcare | 273.75 | 75 | | | 16.48 | 346.75 | percent of total billed charges | |
| BKR CHG FENTANYL METABOLITE | 80354 | CPT | | | | outpatient | | | 365 | | Wellcare | Medicaid | 16.48 | | | | 16.48 | 346.75 | fee schedule | |
| BKR CHG GABAPENTIN NON-BLOOD | 80355 | CPT | | | | outpatient | | | 48 | | First Trenton | First Trenton | 43.2 | 90 | | | 9.6 | 45.6 | percent of total billed charges | |
| BKR CHG GABAPENTIN NON-BLOOD | 80355 | CPT | | | | outpatient | | | 48 | | First Health | First Health | 33.6 | 70 | | | 9.6 | 45.6 | percent of total billed charges | |
| BKR CHG GABAPENTIN NON-BLOOD | 80355 | CPT | | | | outpatient | | | 48 | | Horizon | Medicare Blue | 14.4 | 30 | | | 9.6 | 45.6 | percent of total billed charges | |
| BKR CHG GABAPENTIN NON-BLOOD | 80355 | CPT | | | | outpatient | | | 48 | | Aetna | Medicare | 14.78 | 30.8 | | | 9.6 | 45.6 | percent of total billed charges | |
| BKR CHG GABAPENTIN NON-BLOOD | 80355 | CPT | | | | outpatient | | | 48 | | Americare | Americare | 36 | 75 | | | 9.6 | 45.6 | percent of total billed charges | |
| BKR CHG GABAPENTIN NON-BLOOD | 80355 | CPT | | | | outpatient | | | 48 | | Aetna | Better Health | 15.14 | 31.55 | | | 9.6 | 45.6 | percent of total billed charges | |
| BKR CHG GABAPENTIN NON-BLOOD | 80355 | CPT | | | | outpatient | | | 48 | | Wellcare | Medicaid | 16.48 | | | | 9.6 | 45.6 | fee schedule | |
| BKR CHG GABAPENTIN NON-BLOOD | 80355 | CPT | | | | outpatient | | | 48 | | Consumer | Consumer | 45.6 | 95 | | | 9.6 | 45.6 | percent of total billed charges | |
| BKR CHG GABAPENTIN NON-BLOOD | 80355 | CPT | | | | outpatient | | | 48 | | UHC | Medicaid | 16.48 | | | | 9.6 | 45.6 | fee schedule | |
| BKR CHG GABAPENTIN NON-BLOOD | 80355 | CPT | | | | outpatient | | | 48 | | Horizon | MGD | 18.37 | 38.28 | | | 9.6 | 45.6 | percent of total billed charges | |
| BKR CHG GABAPENTIN NON-BLOOD | 80355 | CPT | | | | outpatient | | | 48 | | Aetna | Commercial | 18.24 | 38 | | | 9.6 | 45.6 | percent of total billed charges | |
| BKR CHG GABAPENTIN NON-BLOOD | 80355 | CPT | | | | outpatient | | | 48 | | Corrections | Corrections | 38.4 | 80 | | | 9.6 | 45.6 | percent of total billed charges | |
| BKR CHG GABAPENTIN NON-BLOOD | 80355 | CPT | | | | outpatient | | | 48 | | Amerihealth | HMO/PPO | 31.2 | 65 | | | 9.6 | 45.6 | percent of total billed charges | |
| BKR CHG GABAPENTIN NON-BLOOD | 80355 | CPT | | | | outpatient | | | 48 | | Horizon | PPO | 18.37 | 38.28 | | | 9.6 | 45.6 | percent of total billed charges | |
| BKR CHG GABAPENTIN NON-BLOOD | 80355 | CPT | | | | outpatient | | | 48 | | Horizon | Indemnity | 18.37 | 38.28 | | | 9.6 | 45.6 | percent of total billed charges | |
| BKR CHG GABAPENTIN NON-BLOOD | 80355 | CPT | | | | outpatient | | | 48 | | WellPoint | WellPoint | 15.45 | 32.18 | | | 9.6 | 45.6 | percent of total billed charges | |
| BKR CHG GABAPENTIN NON-BLOOD | 80355 | CPT | | | | outpatient | | | 48 | | Multiplan | Multiplan | 38.4 | 80 | | | 9.6 | 45.6 | percent of total billed charges | |
| BKR CHG GABAPENTIN NON-BLOOD | 80355 | CPT | | | | outpatient | | | 48 | | Managed Care Inc | Managed Care Inc | 43.2 | 90 | | | 9.6 | 45.6 | percent of total billed charges | |
| BKR CHG GABAPENTIN NON-BLOOD | 80355 | CPT | | | | outpatient | | | 48 | | Qualcare | Qualcare | 36 | 75 | | | 9.6 | 45.6 | percent of total billed charges | |
| BKR CHG GABAPENTIN NON-BLOOD | 80355 | CPT | | | | outpatient | | | 48 | | Three Rivers | Three Rivers | 45.6 | 95 | | | 9.6 | 45.6 | percent of total billed charges | |
| BKR CHG HEROIN.METABOLITE | 80356 | CPT | | | | outpatient | | | 295 | | Corrections | Corrections | 226 | 80 | | | 9.6 | 280.25 | percent of total billed charges | |
| BKR CHG HEROIN.METABOLITE | 80356 | CPT | | | | outpatient | | | 295 | | Horizon | MGD | 112.93 | 38.28 | | | 9.6 | 280.25 | percent of total billed charges | |
| BKR CHG HEROIN.METABOLITE | 80356 | CPT | | | | outpatient | | | 295 | | First Trenton | First Trenton | 265.5 | 90 | | | 9.6 | 280.25 | percent of total billed charges | |
| BKR CHG HEROIN.METABOLITE | 80356 | CPT | | | | outpatient | | | 295 | | Aetna | Better Health | 93.07 | 31.55 | | | 9.6 | 280.25 | percent of total billed charges | |
| BKR CHG HEROIN.METABOLITE | 80356 | CPT | | | | outpatient | | | 295 | | Amerihealth | HMO/PPO | 191.75 | 65 | | | 9.6 | 280.25 | percent of total billed charges | |
| BKR CHG HEROIN.METABOLITE | 80356 | CPT | | | | outpatient | | | 295 | | First Health | First Health | 206.5 | 70 | | | 9.6 | 280.25 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG HEROIN.METABOLITE | 80356 | CPT | | | | outpatient | | | 295 | | Horizon | PPO | 112.93 | 38.28 | | | 9.6 | | 280.25 percent of total billed charges | |
| BKR CHG HEROIN.METABOLITE | 80356 | CPT | | | | outpatient | | | 295 | | Aetna | Medicare | 90.86 | 30.8 | | | 9.6 | | 280.25 percent of total billed charges | |
| BKR CHG HEROIN.METABOLITE | 80356 | CPT | | | | outpatient | | | 295 | | Horizon | Indemnity | 112.93 | 38.28 | | | 9.6 | | 280.25 percent of total billed charges | |
| BKR CHG HEROIN.METABOLITE | 80356 | CPT | | | | outpatient | | | 295 | | WellPoint | WellPoint | 94.93 | 32.18 | | | 9.6 | | 280.25 percent of total billed charges | |
| BKR CHG HEROIN.METABOLITE | 80356 | CPT | | | | outpatient | | | 295 | | Managed Care Inc | Managed Care Inc | 265.5 | 90 | | | 9.6 | | 280.25 percent of total billed charges | |
| BKR CHG HEROIN.METABOLITE | 80356 | CPT | | | | outpatient | | | 295 | | Consumer | Consumer | 280.25 | 95 | | | 9.6 | | 280.25 percent of total billed charges | |
| BKR CHG HEROIN.METABOLITE | 80356 | CPT | | | | outpatient | | | 295 | | Multiplan | Multiplan | 236 | 80 | | | 9.6 | | 280.25 percent of total billed charges | |
| BKR CHG HEROIN.METABOLITE | 80356 | CPT | | | | outpatient | | | 295 | | Americare | Americare | 221.25 | 75 | | | 9.6 | | 280.25 percent of total billed charges | |
| BKR CHG HEROIN.METABOLITE | 80356 | CPT | | | | outpatient | | | 295 | | Three Rivers | Three Rivers | 280.25 | 95 | | | 9.6 | | 280.25 percent of total billed charges | |
| BKR CHG HEROIN.METABOLITE | 80356 | CPT | | | | outpatient | | | 295 | | Horizon | Medicare Blue | 88.5 | 30 | | | 9.6 | | 280.25 percent of total billed charges | |
| BKR CHG HEROIN.METABOLITE | 80356 | CPT | | | | outpatient | | | 295 | | Qualcare | Qualcare | 221.25 | 75 | | | 9.6 | | 280.25 percent of total billed charges | |
| BKR CHG HEROIN.METABOLITE | 80356 | CPT | | | | outpatient | | | 295 | | UHC | Medicaid | 16.48 | | | | 9.6 | | 280.25 fee schedule | |
| BKR CHG HEROIN.METABOLITE | 80356 | CPT | | | | outpatient | | | 295 | | Wellcare | Medicaid | 16.48 | | | | 9.6 | | 280.25 fee schedule | |
| BKR CHG KETAMINE/NORKETAMINE | 80357 | CPT | | | | outpatient | | | 222 | | Amerihealth | HMO/PPO | 144.3 | 65 | | | 9.6 | | 210.9 percent of total billed charges | |
| BKR CHG KETAMINE/NORKETAMINE | 80357 | CPT | | | | outpatient | | | 222 | | Aetna | Better Health | 70.04 | 31.55 | | | 9.6 | | 210.9 percent of total billed charges | |
| BKR CHG KETAMINE/NORKETAMINE | 80357 | CPT | | | | outpatient | | | 222 | | First Trenton | First Trenton | 199.8 | 90 | | | 9.6 | | 210.9 percent of total billed charges | |
| BKR CHG KETAMINE/NORKETAMINE | 80357 | CPT | | | | outpatient | | | 222 | | Aetna | Medicare | 68.38 | 30.8 | | | 9.6 | | 210.9 percent of total billed charges | |
| BKR CHG KETAMINE/NORKETAMINE | 80357 | CPT | | | | outpatient | | | 222 | | Americare | Americare | 166.5 | 75 | | | 9.6 | | 210.9 percent of total billed charges | |
| BKR CHG KETAMINE/NORKETAMINE | 80357 | CPT | | | | outpatient | | | 222 | | First Health | First Health | 155.4 | 70 | | | 9.6 | | 210.9 percent of total billed charges | |
| BKR CHG KETAMINE/NORKETAMINE | 80357 | CPT | | | | outpatient | | | 222 | | WellPoint | WellPoint | 71.44 | 32.18 | | | 9.6 | | 210.9 percent of total billed charges | |
| BKR CHG KETAMINE/NORKETAMINE | 80357 | CPT | | | | outpatient | | | 222 | | Corrections | Corrections | 177.6 | 80 | | | 9.6 | | 210.9 percent of total billed charges | |
| BKR CHG KETAMINE/NORKETAMINE | 80357 | CPT | | | | outpatient | | | 222 | | Horizon | Indemnity | 84.98 | 38.28 | | | 9.6 | | 210.9 percent of total billed charges | |
| BKR CHG KETAMINE/NORKETAMINE | 80357 | CPT | | | | outpatient | | | 222 | | Horizon | MGD | 84.98 | 38.28 | | | 9.6 | | 210.9 percent of total billed charges | |
| BKR CHG KETAMINE/NORKETAMINE | 80357 | CPT | | | | outpatient | | | 222 | | Horizon | PPO | 84.98 | 38.28 | | | 9.6 | | 210.9 percent of total billed charges | |
| BKR CHG KETAMINE/NORKETAMINE | 80357 | CPT | | | | outpatient | | | 222 | | UHC | Medicaid | 16.48 | | | | 9.6 | | 210.9 fee schedule | |
| BKR CHG KETAMINE/NORKETAMINE | 80357 | CPT | | | | outpatient | | | 222 | | Consumer | Consumer | 210.9 | 95 | | | 9.6 | | 210.9 percent of total billed charges | |
| BKR CHG KETAMINE/NORKETAMINE | 80357 | CPT | | | | outpatient | | | 222 | | Managed Care Inc | Managed Care Inc | 199.8 | 90 | | | 9.6 | | 210.9 percent of total billed charges | |
| BKR CHG KETAMINE/NORKETAMINE | 80357 | CPT | | | | outpatient | | | 222 | | Multiplan | Multiplan | 177.6 | 80 | | | 9.6 | | 210.9 percent of total billed charges | |
| BKR CHG KETAMINE/NORKETAMINE | 80357 | CPT | | | | outpatient | | | 222 | | Wellcare | Medicaid | 16.48 | | | | 9.6 | | 210.9 fee schedule | |
| BKR CHG KETAMINE/NORKETAMINE | 80357 | CPT | | | | outpatient | | | 222 | | Horizon | Medicare Blue | 66.6 | 30 | | | 9.6 | | 210.9 percent of total billed charges | |
| BKR CHG KETAMINE/NORKETAMINE | 80357 | CPT | | | | outpatient | | | 222 | | Qualcare | Qualcare | 166.5 | 75 | | | 9.6 | | 210.9 percent of total billed charges | |
| BKR CHG KETAMINE/NORKETAMINE | 80357 | CPT | | | | outpatient | | | 222 | | Three Rivers | Three Rivers | 210.9 | 95 | | | 9.6 | | 210.9 percent of total billed charges | |
| BKR CHG METHADONE URINE | 80358 | CPT | | | | outpatient | | | 4229 | | Corrections | Corrections | 3383.2 | 80 | | | 9.6 | | 4017.55 percent of total billed charges | |
| BKR CHG METHADONE URINE | 80358 | CPT | | | | outpatient | | | 4229 | | Aetna | Better Health | 1334.25 | 31.55 | | | 9.6 | | 4017.55 percent of total billed charges | |
| BKR CHG METHADONE URINE | 80358 | CPT | | | | outpatient | | | 4229 | | Horizon | Indemnity | 1618.86 | 38.28 | | | 9.6 | | 4017.55 percent of total billed charges | |
| BKR CHG METHADONE URINE | 80358 | CPT | | | | outpatient | | | 4229 | | Aetna | Medicare | 1302.53 | 30.8 | | | 9.6 | | 4017.55 percent of total billed charges | |
| BKR CHG METHADONE URINE | 80358 | CPT | | | | outpatient | | | 4229 | | Americare | Americare | 3171.75 | 75 | | | 9.6 | | 4017.55 percent of total billed charges | |
| BKR CHG METHADONE URINE | 80358 | CPT | | | | outpatient | | | 4229 | | Amerihealth | HMO/PPO | 2746.85 | 65 | | | 9.6 | | 4017.55 percent of total billed charges | |
| BKR CHG METHADONE URINE | 80358 | CPT | | | | outpatient | | | 4229 | | Horizon | MGD | 1618.86 | 38.28 | | | 9.6 | | 4017.55 percent of total billed charges | |
| BKR CHG METHADONE URINE | 80358 | CPT | | | | outpatient | | | 4229 | | WellPoint | WellPoint | 1360.89 | 32.18 | | | 9.6 | | 4017.55 percent of total billed charges | |
| BKR CHG METHADONE URINE | 80358 | CPT | | | | outpatient | | | 4229 | | First Trenton | First Trenton | 3806.1 | 90 | | | 9.6 | | 4017.55 percent of total billed charges | |
| BKR CHG METHADONE URINE | 80358 | CPT | | | | outpatient | | | 4229 | | Consumer | Consumer | 4017.55 | 95 | | | 9.6 | | 4017.55 percent of total billed charges | |
| BKR CHG METHADONE URINE | 80358 | CPT | | | | outpatient | | | 4229 | | Horizon | PPO | 1618.86 | 38.28 | | | 9.6 | | 4017.55 percent of total billed charges | |
| BKR CHG METHADONE URINE | 80358 | CPT | | | | outpatient | | | 4229 | | Wellcare | Medicaid | 16.48 | | | | 9.6 | | 4017.55 fee schedule | |
| BKR CHG METHADONE URINE | 80358 | CPT | | | | outpatient | | | 4229 | | Managed Care Inc | Managed Care Inc | 3806.1 | 90 | | | 9.6 | | 4017.55 percent of total billed charges | |
| BKR CHG METHADONE URINE | 80358 | CPT | | | | outpatient | | | 4229 | | First Health | First Health | 2960.3 | 70 | | | 9.6 | | 4017.55 percent of total billed charges | |
| BKR CHG METHADONE URINE | 80358 | CPT | | | | outpatient | | | 4229 | | Three Rivers | Three Rivers | 4017.55 | 95 | | | 9.6 | | 4017.55 percent of total billed charges | |
| BKR CHG METHADONE URINE | 80358 | CPT | | | | outpatient | | | 4229 | | Horizon | Medicare Blue | 1268.7 | 30 | | | 9.6 | | 4017.55 percent of total billed charges | |
| BKR CHG METHADONE URINE | 80358 | CPT | | | | outpatient | | | 4229 | | Multiplan | Multiplan | 3383.2 | 80 | | | 9.6 | | 4017.55 percent of total billed charges | |
| BKR CHG METHADONE URINE | 80358 | CPT | | | | outpatient | | | 4229 | | UHC | Medicaid | 16.48 | | | | 9.6 | | 4017.55 fee schedule | |
| BKR CHG METHADONE URINE | 80358 | CPT | | | | outpatient | | | 4229 | | Qualcare | Qualcare | 3171.75 | 75 | | | 9.6 | | 4017.55 percent of total billed charges | |
| BKR CHG METHYLENEDIOXYAMPHETAMINES | 80359 | CPT | | | | outpatient | | | 277 | | First Health | First Health | 193.9 | 70 | | | 9.6 | | 263.15 percent of total billed charges | |
| BKR CHG METHYLENEDIOXYAMPHETAMINES | 80359 | CPT | | | | outpatient | | | 277 | | Americare | Americare | 207.75 | 75 | | | 9.6 | | 263.15 percent of total billed charges | |
| BKR CHG METHYLENEDIOXYAMPHETAMINES | 80359 | CPT | | | | outpatient | | | 277 | | Aetna | Medicare | 85.32 | 30.8 | | | 9.6 | | 263.15 percent of total billed charges | |
| BKR CHG METHYLENEDIOXYAMPHETAMINES | 80359 | CPT | | | | outpatient | | | 277 | | Amerihealth | HMO/PPO | 180.05 | 65 | | | 9.6 | | 263.15 percent of total billed charges | |
| BKR CHG METHYLENEDIOXYAMPHETAMINES | 80359 | CPT | | | | outpatient | | | 277 | | Horizon | MGD | 106.04 | 38.28 | | | 9.6 | | 263.15 percent of total billed charges | |
| BKR CHG METHYLENEDIOXYAMPHETAMINES | 80359 | CPT | | | | outpatient | | | 277 | | Consumer | Consumer | 263.15 | 95 | | | 9.6 | | 263.15 percent of total billed charges | |
| BKR CHG METHYLENEDIOXYAMPHETAMINES | 80359 | CPT | | | | outpatient | | | 277 | | Aetna | Better Health | 87.39 | 31.55 | | | 9.6 | | 263.15 percent of total billed charges | |
| BKR CHG METHYLENEDIOXYAMPHETAMINES | 80359 | CPT | | | | outpatient | | | 277 | | Horizon | Indemnity | 106.04 | 38.28 | | | 9.6 | | 263.15 percent of total billed charges | |
| BKR CHG METHYLENEDIOXYAMPHETAMINES | 80359 | CPT | | | | outpatient | | | 277 | | Corrections | Corrections | 221.6 | 80 | | | 9.6 | | 263.15 percent of total billed charges | |
| BKR CHG METHYLENEDIOXYAMPHETAMINES | 80359 | CPT | | | | outpatient | | | 277 | | First Trenton | First Trenton | 249.3 | 90 | | | 9.6 | | 263.15 percent of total billed charges | |
| BKR CHG METHYLENEDIOXYAMPHETAMINES | 80359 | CPT | | | | outpatient | | | 277 | | Horizon | Medicare Blue | 83.1 | 30 | | | 9.6 | | 263.15 percent of total billed charges | |
| BKR CHG METHYLENEDIOXYAMPHETAMINES | 80359 | CPT | | | | outpatient | | | 277 | | Horizon | PPO | 106.04 | 38.28 | | | 9.6 | | 263.15 percent of total billed charges | |
| BKR CHG METHYLENEDIOXYAMPHETAMINES | 80359 | CPT | | | | outpatient | | | 277 | | WellPoint | WellPoint | 89.14 | 32.18 | | | 9.6 | | 263.15 percent of total billed charges | |
| BKR CHG METHYLENEDIOXYAMPHETAMINES | 80359 | CPT | | | | outpatient | | | 277 | | Managed Care Inc | Managed Care Inc | 249.3 | 90 | | | 9.6 | | 263.15 percent of total billed charges | |
| BKR CHG METHYLENEDIOXYAMPHETAMINES | 80359 | CPT | | | | outpatient | | | 277 | | Multiplan | Multiplan | 221.6 | 80 | | | 9.6 | | 263.15 percent of total billed charges | |
| BKR CHG METHYLENEDIOXYAMPHETAMINES | 80359 | CPT | | | | outpatient | | | 277 | | UHC | Medicaid | 22.05 | | | | 9.6 | | 263.15 fee schedule | |
| BKR CHG METHYLENEDIOXYAMPHETAMINES | 80359 | CPT | | | | outpatient | | | 277 | | Qualcare | Qualcare | 207.75 | 75 | | | 9.6 | | 263.15 percent of total billed charges | |
| BKR CHG METHYLENEDIOXYAMPHETAMINES | 80359 | CPT | | | | outpatient | | | 277 | | Three Rivers | Three Rivers | 263.15 | 95 | | | 9.6 | | 263.15 percent of total billed charges | |
| BKR CHG METHYLENEDIOXYAMPHETAMINES | 80359 | CPT | | | | outpatient | | | 277 | | Wellcare | Medicaid | 22.05 | | | | 9.6 | | 263.15 fee schedule | |
| BKR CHG METHYLPHENIDATE | 80360 | CPT | | | | outpatient | | | 84 | | First Trenton | First Trenton | 75.6 | 90 | | | 9.6 | | 79.8 percent of total billed charges | |
| BKR CHG METHYLPHENIDATE | 80360 | CPT | | | | outpatient | | | 84 | | Aetna | Better Health | 26.5 | 31.55 | | | 9.6 | | 79.8 percent of total billed charges | |
| BKR CHG METHYLPHENIDATE | 80360 | CPT | | | | outpatient | | | 84 | | First Health | First Health | 58.8 | 70 | | | 9.6 | | 79.8 percent of total billed charges | |
| BKR CHG METHYLPHENIDATE | 80360 | CPT | | | | outpatient | | | 84 | | Americare | Americare | 63 | 75 | | | 9.6 | | 79.8 percent of total billed charges | |
| BKR CHG METHYLPHENIDATE | 80360 | CPT | | | | outpatient | | | 84 | | Amerihealth | HMO/PPO | 54.6 | 65 | | | 9.6 | | 79.8 percent of total billed charges | |
| BKR CHG METHYLPHENIDATE | 80360 | CPT | | | | outpatient | | | 84 | | Consumer | Consumer | 79.8 | 95 | | | 9.6 | | 79.8 percent of total billed charges | |
| BKR CHG METHYLPHENIDATE | 80360 | CPT | | | | outpatient | | | 84 | | Aetna | Medicare | 25.87 | 30.8 | | | 9.6 | | 79.8 percent of total billed charges | |
| BKR CHG METHYLPHENIDATE | 80360 | CPT | | | | outpatient | | | 84 | | Multiplan | Multiplan | 67.2 | 80 | | | 9.6 | | 79.8 percent of total billed charges | |
| BKR CHG METHYLPHENIDATE | 80360 | CPT | | | | outpatient | | | 84 | | Managed Care Inc | Managed Care Inc | 75.6 | 90 | | | 9.6 | | 79.8 percent of total billed charges | |
| BKR CHG METHYLPHENIDATE | 80360 | CPT | | | | outpatient | | | 84 | | Corrections | Corrections | 67.2 | 80 | | | 9.6 | | 79.8 percent of total billed charges | |
| BKR CHG METHYLPHENIDATE | 80360 | CPT | | | | outpatient | | | 84 | | Horizon | Medicare Blue | 25.2 | 30 | | | 9.6 | | 79.8 percent of total billed charges | |
| BKR CHG METHYLPHENIDATE | 80360 | CPT | | | | outpatient | | | 84 | | Three Rivers | Three Rivers | 79.8 | 95 | | | 9.6 | | 79.8 percent of total billed charges | |
| BKR CHG METHYLPHENIDATE | 80360 | CPT | | | | outpatient | | | 84 | | Horizon | Indemnity | 32.16 | 38.28 | | | 9.6 | | 79.8 percent of total billed charges | |
| BKR CHG METHYLPHENIDATE | 80360 | CPT | | | | outpatient | | | 84 | | Wellcare | Medicaid | 22.05 | | | | 9.6 | | 79.8 fee schedule | |
| BKR CHG METHYLPHENIDATE | 80360 | CPT | | | | outpatient | | | 84 | | Horizon | MGD | 32.16 | 38.28 | | | 9.6 | | 79.8 percent of total billed charges | |
| BKR CHG METHYLPHENIDATE | 80360 | CPT | | | | outpatient | | | 84 | | UHC | Medicaid | 22.05 | | | | 9.6 | | 79.8 fee schedule | |
| BKR CHG METHYLPHENIDATE | 80360 | CPT | | | | outpatient | | | 84 | | Qualcare | Qualcare | 63 | 75 | | | 9.6 | | 79.8 percent of total billed charges | |
| BKR CHG METHYLPHENIDATE | 80360 | CPT | | | | outpatient | | | 84 | | Horizon | PPO | 32.16 | 38.28 | | | 9.6 | | 79.8 percent of total billed charges | |
| BKR CHG METHYLPHENIDATE | 80360 | CPT | | | | outpatient | | | 84 | | WellPoint | WellPoint | 27.03 | 32.18 | | | 9.6 | | 79.8 percent of total billed charges | |
| BKR CHG OPIATES 1.OR.MORE | 80361 | CPT | | | | outpatient | | | 620 | | Aetna | Commercial | 235.6 | 38 | | | 9.6 | | 589 percent of total billed charges | |
| BKR CHG OPIATES 1.OR.MORE | 80361 | CPT | | | | outpatient | | | 620 | | Aetna | Medicare | 190.96 | 30.8 | | | 9.6 | | 589 percent of total billed charges | |
| BKR CHG OPIATES 1.OR.MORE | 80361 | CPT | | | | outpatient | | | 620 | | Horizon | MGD | 237.34 | 38.28 | | | 9.6 | | 589 percent of total billed charges | |
| BKR CHG OPIATES 1.OR.MORE | 80361 | CPT | | | | outpatient | | | 620 | | Horizon | Indemnity | 237.34 | 38.28 | | | 9.6 | | 589 percent of total billed charges | |
| BKR CHG OPIATES 1.OR.MORE | 80361 | CPT | | | | outpatient | | | 620 | | First Trenton | First Trenton | 558 | 90 | | | 9.6 | | 589 percent of total billed charges | |
| BKR CHG OPIATES 1.OR.MORE | 80361 | CPT | | | | outpatient | | | 620 | | Aetna | Better Health | 195.61 | 31.55 | | | 9.6 | | 589 percent of total billed charges | |
| BKR CHG OPIATES 1.OR.MORE | 80361 | CPT | | | | outpatient | | | 620 | | Horizon | PPO | 237.34 | 38.28 | | | 9.6 | | 589 percent of total billed charges | |
| BKR CHG OPIATES 1.OR.MORE | 80361 | CPT | | | | outpatient | | | 620 | | Americare | Americare | 465 | 75 | | | 9.6 | | 589 percent of total billed charges | |
| BKR CHG OPIATES 1.OR.MORE | 80361 | CPT | | | | outpatient | | | 620 | | Managed Care Inc | Managed Care Inc | 558 | 90 | | | 9.6 | | 589 percent of total billed charges | |
| BKR CHG OPIATES 1.OR.MORE | 80361 | CPT | | | | outpatient | | | 620 | | Amerihealth | HMO/PPO | 403 | 65 | | | 9.6 | | 589 percent of total billed charges | |
| BKR CHG OPIATES 1.OR.MORE | 80361 | CPT | | | | outpatient | | | 620 | | Three Rivers | Three Rivers | 589 | 95 | | | 9.6 | | 589 percent of total billed charges | |
| BKR CHG OPIATES 1.OR.MORE | 80361 | CPT | | | | outpatient | | | 620 | | Wellcare | Medicaid | 22.05 | | | | 9.6 | | 589 fee schedule | |
| BKR CHG OPIATES 1.OR.MORE | 80361 | CPT | | | | outpatient | | | 620 | | Corrections | Corrections | 496 | 80 | | | 9.6 | | 589 percent of total billed charges | |
| BKR CHG OPIATES 1.OR.MORE | 80361 | CPT | | | | outpatient | | | 620 | | Consumer | Consumer | 589 | 95 | | | 9.6 | | 589 percent of total billed charges | |
| BKR CHG OPIATES 1.OR.MORE | 80361 | CPT | | | | outpatient | | | 620 | | First Health | First Health | 434 | 70 | | | 9.6 | | 589 percent of total billed charges | |
| BKR CHG OPIATES 1.OR.MORE | 80361 | CPT | | | | outpatient | | | 620 | | Horizon | Medicare Blue | 186 | 30 | | | 9.6 | | 589 percent of total billed charges | |
| BKR CHG OPIATES 1.OR.MORE | 80361 | CPT | | | | outpatient | | | 620 | | Multiplan | Multiplan | 496 | 80 | | | 9.6 | | 589 percent of total billed charges | |
| BKR CHG OPIATES 1.OR.MORE | 80361 | CPT | | | | outpatient | | | 620 | | UHC | Medicaid | 22.05 | | | | 9.6 | | 589 fee schedule | |
| BKR CHG OPIATES 1.OR.MORE | 80361 | CPT | | | | outpatient | | | 620 | | Qualcare | Qualcare | 465 | 75 | | | 9.6 | | 589 percent of total billed charges | |
| BKR CHG OPIATES 1.OR.MORE | 80361 | CPT | | | | outpatient | | | 620 | | WellPoint | WellPoint | 199.52 | 32.18 | | | 9.6 | | 589 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATES ANALOGS;1.OR.2 | 80362 | CPT | | | | outpatient | | | 365 | | Horizon | MGD | 139.72 | 38.28 | | | 22.05 | | 346.75 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATES ANALOGS;1.OR.2 | 80362 | CPT | | | | outpatient | | | 365 | | Consumer | Consumer | 346.75 | 95 | | | 22.05 | | 346.75 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATES ANALOGS;1.OR.2 | 80362 | CPT | | | | outpatient | | | 365 | | Aetna | Better Health | 115.16 | 31.55 | | | 22.05 | | 346.75 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATES ANALOGS;1.OR.2 | 80362 | CPT | | | | outpatient | | | 365 | | Corrections | Corrections | 292 | 80 | | | 22.05 | | 346.75 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATES ANALOGS;1.OR.2 | 80362 | CPT | | | | outpatient | | | 365 | | Americare | Americare | 273.75 | 75 | | | 22.05 | | 346.75 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATES ANALOGS;1.OR.2 | 80362 | CPT | | | | outpatient | | | 365 | | Aetna | Commercial | 138.7 | 38 | | | 22.05 | | 346.75 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATES ANALOGS;1.OR.2 | 80362 | CPT | | | | outpatient | | | 365 | | Aetna | Medicare | 112.42 | 30.8 | | | 22.05 | | 346.75 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATES ANALOGS;1.OR.2 | 80362 | CPT | | | | outpatient | | | 365 | | First Health | First Health | 255.5 | 70 | | | 22.05 | | 346.75 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATES ANALOGS;1.OR.2 | 80362 | CPT | | | | outpatient | | | 365 | | WellPoint | WellPoint | 117.46 | 32.18 | | | 22.05 | | 346.75 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATES ANALOGS;1.OR.2 | 80362 | CPT | | | | outpatient | | | 365 | | Amerihealth | HMO/PPO | 237.25 | 65 | | | 22.05 | | 346.75 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATES ANALOGS;1.OR.2 | 80362 | CPT | | | | outpatient | | | 365 | | First Trenton | First Trenton | 328.5 | 90 | | | 22.05 | | 346.75 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATES ANALOGS;1.OR.2 | 80362 | CPT | | | | outpatient | | | 365 | | Horizon | Medicare Blue | 109.5 | 30 | | | 22.05 | | 346.75 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATES ANALOGS;1.OR.2 | 80362 | CPT | | | | outpatient | | | 365 | | Horizon | PPO | 139.72 | 38.28 | | | 22.05 | | 346.75 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATES ANALOGS;1.OR.2 | 80362 | CPT | | | | outpatient | | | 365 | | Horizon | Indemnity | 139.72 | 38.28 | | | 22.05 | | 346.75 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATES ANALOGS;1.OR.2 | 80362 | CPT | | | | outpatient | | | 365 | | Managed Care Inc | Managed Care Inc | 328.5 | 90 | | | 22.05 | | 346.75 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATES ANALOGS;1.OR.2 | 80362 | CPT | | | | outpatient | | | 365 | | UHC | Medicaid | 22.05 | | | | 22.05 | | 346.75 fee schedule | |
| BKR CHG OPIOIDS.& OPIATES ANALOGS;1.OR.2 | 80362 | CPT | | | | outpatient | | | 365 | | Three Rivers | Three Rivers | 346.75 | 95 | | | 22.05 | | 346.75 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATES ANALOGS;1.OR.2 | 80362 | CPT | | | | outpatient | | | 365 | | Multiplan | Multiplan | 292 | 80 | | | 22.05 | | 346.75 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATES ANALOGS;1.OR.2 | 80362 | CPT | | | | outpatient | | | 365 | | Wellcare | Medicaid | 22.05 | | | | 22.05 | | 346.75 fee schedule | |
| BKR CHG OPIOIDS.& OPIATES ANALOGS;1.OR.2 | 80362 | CPT | | | | outpatient | | | 365 | | Qualcare | Qualcare | 273.75 | 75 | | | 22.05 | | 346.75 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATE.ANAL.S.OR.MORE | 80364 | CPT | | | | outpatient | | | 732 | | Aetna | Better Health | 230.95 | 31.55 | | | 9.6 | | 695.4 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATE.ANAL.S.OR.MORE | 80364 | CPT | | | | outpatient | | | 732 | | Amerihealth | HMO/PPO | 475.8 | 65 | | | 9.6 | | 695.4 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATE.ANAL.S.OR.MORE | 80364 | CPT | | | | outpatient | | | 732 | | Horizon | MGD | 280.21 | 38.28 | | | 9.6 | | 695.4 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATE.ANAL.S.OR.MORE | 80364 | CPT | | | | outpatient | | | 732 | | Americare | Americare | 549 | 75 | | | 9.6 | | 695.4 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATE.ANAL.S.OR.MORE | 80364 | CPT | | | | outpatient | | | 732 | | Consumer | Consumer | 695.4 | 95 | | | 9.6 | | 695.4 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATE.ANAL.S.OR.MORE | 80364 | CPT | | | | outpatient | | | 732 | | First Health | First Health | 512.4 | 70 | | | 9.6 | | 695.4 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATE.ANAL.S.OR.MORE | 80364 | CPT | | | | outpatient | | | 732 | | Aetna | Medicare | 225.46 | 30.8 | | | 9.6 | | 695.4 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATE.ANAL.S.OR.MORE | 80364 | CPT | | | | outpatient | | | 732 | | Corrections | Corrections | 585.6 | 80 | | | 9.6 | | 695.4 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATE.ANAL.S.OR.MORE | 80364 | CPT | | | | outpatient | | | 732 | | Wellcare | Medicaid | 22.05 | | | | 9.6 | | 695.4 fee schedule | |
| BKR CHG OPIOIDS.& OPIATE.ANAL.S.OR.MORE | 80364 | CPT | | | | outpatient | | | 732 | | Qualcare | Qualcare | 549 | 75 | | | 9.6 | | 695.4 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATE.ANAL.S.OR.MORE | 80364 | CPT | | | | outpatient | | | 732 | | WellPoint | WellPoint | 235.56 | 32.18 | | | 9.6 | | 695.4 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATE.ANAL.S.OR.MORE | 80364 | CPT | | | | outpatient | | | 732 | | Horizon | Indemnity | 280.21 | 38.28 | | | 9.6 | | 695.4 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATE.ANAL.S.OR.MORE | 80364 | CPT | | | | outpatient | | | 732 | | Multiplan | Multiplan | 585.6 | 80 | | | 9.6 | | 695.4 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATE.ANAL.S.OR.MORE | 80364 | CPT | | | | outpatient | | | 732 | | First Trenton | First Trenton | 658.8 | 90 | | | 9.6 | | 695.4 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATE.ANAL.S.OR.MORE | 80364 | CPT | | | | outpatient | | | 732 | | Horizon | PPO | 280.21 | 38.28 | | | 9.6 | | 695.4 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATE.ANAL.S.OR.MORE | 80364 | CPT | | | | outpatient | | | 732 | | Horizon | Medicare Blue | 219.6 | 30 | | | 9.6 | | 695.4 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATE.ANAL.S.OR.MORE | 80364 | CPT | | | | outpatient | | | 732 | | Three Rivers | Three Rivers | 695.4 | 95 | | | 9.6 | | 695.4 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATE.ANAL.S.OR.MORE | 80364 | CPT | | | | outpatient | | | 732 | | Managed Care Inc | Managed Care Inc | 658.8 | 90 | | | 9.6 | | 695.4 percent of total billed charges | |
| BKR CHG OPIOIDS.& OPIATE.ANAL.S.OR.MORE | 80364 | CPT | | | | outpatient | | | 732 | | UHC | Medicaid | 22.05 | | | | 9.6 | | 695.4 fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG OXYCODONES MS BLD 700819 | 80365 | CPT | | | | outpatient | | | 268 | | Consumer | Consumer | 254.6 | 95 | | | 9.6 | 254.6 | percent of total billed charges | |
| BKR CHG OXYCODONES MS BLD 700819 | 80365 | CPT | | | | outpatient | | | 268 | | Wellcare | Medicaid | 22.05 | | | | 9.6 | 254.6 | fee schedule | |
| BKR CHG OXYCODONES MS BLD 700819 | 80365 | CPT | | | | outpatient | | | 268 | | Americare | Americare | 201 | 75 | | | 9.6 | 254.6 | percent of total billed charges | |
| BKR CHG OXYCODONES MS BLD 700819 | 80365 | CPT | | | | outpatient | | | 268 | | Aetna | Better Health | 84.55 | 31.55 | | | 9.6 | 254.6 | percent of total billed charges | |
| BKR CHG OXYCODONES MS BLD 700819 | 80365 | CPT | | | | outpatient | | | 268 | | Aetna | Commercial | 101.84 | 38 | | | 9.6 | 254.6 | percent of total billed charges | |
| BKR CHG OXYCODONES MS BLD 700819 | 80365 | CPT | | | | outpatient | | | 268 | | First Health | First Health | 187.6 | 70 | | | 9.6 | 254.6 | percent of total billed charges | |
| BKR CHG OXYCODONES MS BLD 700819 | 80365 | CPT | | | | outpatient | | | 268 | | Horizon | MGD | 102.59 | 38.28 | | | 9.6 | 254.6 | percent of total billed charges | |
| BKR CHG OXYCODONES MS BLD 700819 | 80365 | CPT | | | | outpatient | | | 268 | | Horizon | Indemnity | 102.59 | 38.28 | | | 9.6 | 254.6 | percent of total billed charges | |
| BKR CHG OXYCODONES MS BLD 700819 | 80365 | CPT | | | | outpatient | | | 268 | | Corrections | Corrections | 214.4 | 80 | | | 9.6 | 254.6 | percent of total billed charges | |
| BKR CHG OXYCODONES MS BLD 700819 | 80365 | CPT | | | | outpatient | | | 268 | | First Trenton | First Trenton | 241.2 | 90 | | | 9.6 | 254.6 | percent of total billed charges | |
| BKR CHG OXYCODONES MS BLD 700819 | 80365 | CPT | | | | outpatient | | | 268 | | Aetna | Medicare | 82.54 | 30.8 | | | 9.6 | 254.6 | percent of total billed charges | |
| BKR CHG OXYCODONES MS BLD 700819 | 80365 | CPT | | | | outpatient | | | 268 | | Horizon | PPO | 102.59 | 38.28 | | | 9.6 | 254.6 | percent of total billed charges | |
| BKR CHG OXYCODONES MS BLD 700819 | 80365 | CPT | | | | outpatient | | | 268 | | Horizon | Medicare Blue | 80.4 | 30 | | | 9.6 | 254.6 | percent of total billed charges | |
| BKR CHG OXYCODONES MS BLD 700819 | 80365 | CPT | | | | outpatient | | | 268 | | Managed Care Inc | Managed Care Inc | 241.2 | 90 | | | 9.6 | 254.6 | percent of total billed charges | |
| BKR CHG OXYCODONES MS BLD 700819 | 80365 | CPT | | | | outpatient | | | 268 | | Amerihealth | HMO/PPO | 174.2 | 65 | | | 9.6 | 254.6 | percent of total billed charges | |
| BKR CHG OXYCODONES MS BLD 700819 | 80365 | CPT | | | | outpatient | | | 268 | | Three Rivers | Three Rivers | 254.6 | 95 | | | 9.6 | 254.6 | percent of total billed charges | |
| BKR CHG OXYCODONES MS BLD 700819 | 80365 | CPT | | | | outpatient | | | 268 | | UHC | Medicaid | 22.05 | | | | 9.6 | 254.6 | fee schedule | |
| BKR CHG OXYCODONES MS BLD 700819 | 80365 | CPT | | | | outpatient | | | 268 | | Multiplan | Multiplan | 214.4 | 80 | | | 9.6 | 254.6 | percent of total billed charges | |
| BKR CHG OXYCODONES MS BLD 700819 | 80365 | CPT | | | | outpatient | | | 268 | | WellPoint | WellPoint | 86.24 | 32.18 | | | 9.6 | 254.6 | percent of total billed charges | |
| BKR CHG OXYCODONES MS BLD 700819 | 80365 | CPT | | | | outpatient | | | 268 | | Qualcare | Qualcare | 201 | 75 | | | 9.6 | 254.6 | percent of total billed charges | |
| BKR CHG PREGABALIN | 80366 | CPT | | | | outpatient | | | 32 | | Aetna | Medicare | 9.86 | 30.8 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PREGABALIN | 80366 | CPT | | | | outpatient | | | 32 | | First Health | First Health | 22.4 | 70 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PREGABALIN | 80366 | CPT | | | | outpatient | | | 32 | | Amerihealth | HMO/PPO | 20.8 | 65 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PREGABALIN | 80366 | CPT | | | | outpatient | | | 32 | | First Trenton | First Trenton | 28.8 | 90 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PREGABALIN | 80366 | CPT | | | | outpatient | | | 32 | | Corrections | Corrections | 25.6 | 80 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PREGABALIN | 80366 | CPT | | | | outpatient | | | 32 | | Aetna | Better Health | 10.1 | 31.55 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PREGABALIN | 80366 | CPT | | | | outpatient | | | 32 | | Americare | Americare | 24 | 75 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PREGABALIN | 80366 | CPT | | | | outpatient | | | 32 | | Horizon | PPO | 12.25 | 38.28 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PREGABALIN | 80366 | CPT | | | | outpatient | | | 32 | | Horizon | MGD | 12.25 | 38.28 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PREGABALIN | 80366 | CPT | | | | outpatient | | | 32 | | Managed Care Inc | Managed Care Inc | 28.8 | 90 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PREGABALIN | 80366 | CPT | | | | outpatient | | | 32 | | Horizon | Indemnity | 12.25 | 38.28 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PREGABALIN | 80366 | CPT | | | | outpatient | | | 32 | | Wellcare | Medicaid | 16.48 | | | | 9.6 | 30.4 | fee schedule | |
| BKR CHG PREGABALIN | 80366 | CPT | | | | outpatient | | | 32 | | UHC | Medicaid | 16.48 | | | | 9.6 | 30.4 | fee schedule | |
| BKR CHG PREGABALIN | 80366 | CPT | | | | outpatient | | | 32 | | Consumer | Consumer | 30.4 | 95 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PREGABALIN | 80366 | CPT | | | | outpatient | | | 32 | | WellPoint | WellPoint | 10.3 | 32.18 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PREGABALIN | 80366 | CPT | | | | outpatient | | | 32 | | Multiplan | Multiplan | 25.6 | 80 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PREGABALIN | 80366 | CPT | | | | outpatient | | | 32 | | Horizon | Medicare Blue | 9.6 | 30 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PREGABALIN | 80366 | CPT | | | | outpatient | | | 32 | | Qualcare | Qualcare | 24 | 75 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PREGABALIN | 80366 | CPT | | | | outpatient | | | 32 | | Three Rivers | Three Rivers | 30.4 | 95 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PROPOXYPHENE | 80367 | CPT | | | | outpatient | | | 32 | | Corrections | Corrections | 25.6 | 80 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PROPOXYPHENE | 80367 | CPT | | | | outpatient | | | 32 | | Aetna | Better Health | 10.1 | 31.55 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PROPOXYPHENE | 80367 | CPT | | | | outpatient | | | 32 | | Americare | Americare | 24 | 75 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PROPOXYPHENE | 80367 | CPT | | | | outpatient | | | 32 | | First Trenton | First Trenton | 28.8 | 90 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PROPOXYPHENE | 80367 | CPT | | | | outpatient | | | 32 | | UHC | Medicaid | 20.46 | | | | 9.6 | 30.4 | fee schedule | |
| BKR CHG PROPOXYPHENE | 80367 | CPT | | | | outpatient | | | 32 | | Amerihealth | HMO/PPO | 20.8 | 65 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PROPOXYPHENE | 80367 | CPT | | | | outpatient | | | 32 | | Horizon | Indemnity | 12.25 | 38.28 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PROPOXYPHENE | 80367 | CPT | | | | outpatient | | | 32 | | Aetna | Medicare | 9.86 | 30.8 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PROPOXYPHENE | 80367 | CPT | | | | outpatient | | | 32 | | Wellcare | Medicaid | 20.46 | | | | 9.6 | 30.4 | fee schedule | |
| BKR CHG PROPOXYPHENE | 80367 | CPT | | | | outpatient | | | 32 | | Consumer | Consumer | 30.4 | 95 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PROPOXYPHENE | 80367 | CPT | | | | outpatient | | | 32 | | Horizon | PPO | 12.25 | 38.28 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PROPOXYPHENE | 80367 | CPT | | | | outpatient | | | 32 | | First Health | First Health | 22.4 | 70 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PROPOXYPHENE | 80367 | CPT | | | | outpatient | | | 32 | | Horizon | MGD | 12.25 | 38.28 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PROPOXYPHENE | 80367 | CPT | | | | outpatient | | | 32 | | Horizon | Medicare Blue | 9.6 | 30 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PROPOXYPHENE | 80367 | CPT | | | | outpatient | | | 32 | | Managed Care Inc | Managed Care Inc | 28.8 | 90 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PROPOXYPHENE | 80367 | CPT | | | | outpatient | | | 32 | | Multiplan | Multiplan | 25.6 | 80 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PROPOXYPHENE | 80367 | CPT | | | | outpatient | | | 32 | | WellPoint | WellPoint | 10.3 | 32.18 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PROPOXYPHENE | 80367 | CPT | | | | outpatient | | | 32 | | Three Rivers | Three Rivers | 30.4 | 95 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PROPOXYPHENE | 80367 | CPT | | | | outpatient | | | 32 | | Qualcare | Qualcare | 24 | 75 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG SEDATIVE.HYPNOTICS | 80368 | CPT | | | | outpatient | | | 144 | | Aetna | Better Health | 45.43 | 31.55 | | | 9.6 | 136.8 | percent of total billed charges | |
| BKR CHG SEDATIVE.HYPNOTICS | 80368 | CPT | | | | outpatient | | | 144 | | Amerihealth | HMO/PPO | 93.6 | 65 | | | 9.6 | 136.8 | percent of total billed charges | |
| BKR CHG SEDATIVE.HYPNOTICS | 80368 | CPT | | | | outpatient | | | 144 | | Aetna | Medicare | 44.35 | 30.8 | | | 9.6 | 136.8 | percent of total billed charges | |
| BKR CHG SEDATIVE.HYPNOTICS | 80368 | CPT | | | | outpatient | | | 144 | | Horizon | Indemnity | 55.12 | 38.28 | | | 9.6 | 136.8 | percent of total billed charges | |
| BKR CHG SEDATIVE.HYPNOTICS | 80368 | CPT | | | | outpatient | | | 144 | | Horizon | Medicare Blue | 43.2 | 30 | | | 9.6 | 136.8 | percent of total billed charges | |
| BKR CHG SEDATIVE.HYPNOTICS | 80368 | CPT | | | | outpatient | | | 144 | | Americare | Americare | 108 | 75 | | | 9.6 | 136.8 | percent of total billed charges | |
| BKR CHG SEDATIVE.HYPNOTICS | 80368 | CPT | | | | outpatient | | | 144 | | First Health | First Health | 100.8 | 70 | | | 9.6 | 136.8 | percent of total billed charges | |
| BKR CHG SEDATIVE.HYPNOTICS | 80368 | CPT | | | | outpatient | | | 144 | | First Trenton | First Trenton | 129.6 | 90 | | | 9.6 | 136.8 | percent of total billed charges | |
| BKR CHG SEDATIVE.HYPNOTICS | 80368 | CPT | | | | outpatient | | | 144 | | Consumer | Consumer | 136.8 | 95 | | | 9.6 | 136.8 | percent of total billed charges | |
| BKR CHG SEDATIVE.HYPNOTICS | 80368 | CPT | | | | outpatient | | | 144 | | Qualcare | Qualcare | 108 | 75 | | | 9.6 | 136.8 | percent of total billed charges | |
| BKR CHG SEDATIVE.HYPNOTICS | 80368 | CPT | | | | outpatient | | | 144 | | Horizon | MGD | 55.12 | 38.28 | | | 9.6 | 136.8 | percent of total billed charges | |
| BKR CHG SEDATIVE.HYPNOTICS | 80368 | CPT | | | | outpatient | | | 144 | | Horizon | PPO | 55.12 | 38.28 | | | 9.6 | 136.8 | percent of total billed charges | |
| BKR CHG SEDATIVE.HYPNOTICS | 80368 | CPT | | | | outpatient | | | 144 | | Corrections | Corrections | 115.2 | 80 | | | 9.6 | 136.8 | percent of total billed charges | |
| BKR CHG SEDATIVE.HYPNOTICS | 80368 | CPT | | | | outpatient | | | 144 | | Multiplan | Multiplan | 115.2 | 80 | | | 9.6 | 136.8 | percent of total billed charges | |
| BKR CHG SEDATIVE.HYPNOTICS | 80368 | CPT | | | | outpatient | | | 144 | | WellPoint | WellPoint | 46.34 | 32.18 | | | 9.6 | 136.8 | percent of total billed charges | |
| BKR CHG SEDATIVE.HYPNOTICS | 80368 | CPT | | | | outpatient | | | 144 | | Managed Care Inc | Managed Care Inc | 129.6 | 90 | | | 9.6 | 136.8 | percent of total billed charges | |
| BKR CHG SEDATIVE.HYPNOTICS | 80368 | CPT | | | | outpatient | | | 144 | | Three Rivers | Three Rivers | 136.8 | 95 | | | 9.6 | 136.8 | percent of total billed charges | |
| BKR CHG SEDATIVE.HYPNOTICS | 80368 | CPT | | | | outpatient | | | 144 | | Wellcare | Medicaid | 22.05 | | | | 9.6 | 136.8 | fee schedule | |
| BKR CHG SEDATIVE.HYPNOTICS | 80368 | CPT | | | | outpatient | | | 144 | | UHC | Medicaid | 22.05 | | | | 9.6 | 136.8 | fee schedule | |
| BKR CHG BACLOFEN LEVEL | 80369 | CPT | | | | outpatient | | | 751 | | Aetna | Medicare | 231.31 | 30.8 | | | 20.96 | 713.45 | percent of total billed charges | |
| BKR CHG BACLOFEN LEVEL | 80369 | CPT | | | | outpatient | | | 751 | | Amerihealth | HMO/PPO | 488.15 | 65 | | | 20.96 | 713.45 | percent of total billed charges | |
| BKR CHG BACLOFEN LEVEL | 80369 | CPT | | | | outpatient | | | 751 | | Aetna | Commercial | 285.38 | 38 | | | 20.96 | 713.45 | percent of total billed charges | |
| BKR CHG BACLOFEN LEVEL | 80369 | CPT | | | | outpatient | | | 751 | | First Health | First Health | 525.7 | 70 | | | 20.96 | 713.45 | percent of total billed charges | |
| BKR CHG BACLOFEN LEVEL | 80369 | CPT | | | | outpatient | | | 751 | | WellPoint | WellPoint | 241.67 | 32.18 | | | 20.96 | 713.45 | percent of total billed charges | |
| BKR CHG BACLOFEN LEVEL | 80369 | CPT | | | | outpatient | | | 751 | | Consumer | Consumer | 713.45 | 95 | | | 20.96 | 713.45 | percent of total billed charges | |
| BKR CHG BACLOFEN LEVEL | 80369 | CPT | | | | outpatient | | | 751 | | Americare | Americare | 563.25 | 75 | | | 20.96 | 713.45 | percent of total billed charges | |
| BKR CHG BACLOFEN LEVEL | 80369 | CPT | | | | outpatient | | | 751 | | Aetna | Better Health | 236.94 | 31.55 | | | 20.96 | 713.45 | percent of total billed charges | |
| BKR CHG BACLOFEN LEVEL | 80369 | CPT | | | | outpatient | | | 751 | | Multiplan | Multiplan | 600.8 | 80 | | | 20.96 | 713.45 | percent of total billed charges | |
| BKR CHG BACLOFEN LEVEL | 80369 | CPT | | | | outpatient | | | 751 | | Corrections | Corrections | 600.8 | 80 | | | 20.96 | 713.45 | percent of total billed charges | |
| BKR CHG BACLOFEN LEVEL | 80369 | CPT | | | | outpatient | | | 751 | | Horizon | Medicare Blue | 225.3 | 30 | | | 20.96 | 713.45 | percent of total billed charges | |
| BKR CHG BACLOFEN LEVEL | 80369 | CPT | | | | outpatient | | | 751 | | Horizon | Indemnity | 287.48 | 38.28 | | | 20.96 | 713.45 | percent of total billed charges | |
| BKR CHG BACLOFEN LEVEL | 80369 | CPT | | | | outpatient | | | 751 | | Qualcare | Qualcare | 563.25 | 75 | | | 20.96 | 713.45 | percent of total billed charges | |
| BKR CHG BACLOFEN LEVEL | 80369 | CPT | | | | outpatient | | | 751 | | First Trenton | First Trenton | 675.9 | 90 | | | 20.96 | 713.45 | percent of total billed charges | |
| BKR CHG BACLOFEN LEVEL | 80369 | CPT | | | | outpatient | | | 751 | | UHC | Medicaid | 20.96 | | | | 20.96 | 713.45 | fee schedule | |
| BKR CHG BACLOFEN LEVEL | 80369 | CPT | | | | outpatient | | | 751 | | Horizon | MGD | 287.48 | 38.28 | | | 20.96 | 713.45 | percent of total billed charges | |
| BKR CHG BACLOFEN LEVEL | 80369 | CPT | | | | outpatient | | | 751 | | Horizon | PPO | 287.48 | 38.28 | | | 20.96 | 713.45 | percent of total billed charges | |
| BKR CHG BACLOFEN LEVEL | 80369 | CPT | | | | outpatient | | | 751 | | Managed Care Inc | Managed Care Inc | 675.9 | 90 | | | 20.96 | 713.45 | percent of total billed charges | |
| BKR CHG BACLOFEN LEVEL | 80369 | CPT | | | | outpatient | | | 751 | | Three Rivers | Three Rivers | 713.45 | 95 | | | 20.96 | 713.45 | percent of total billed charges | |
| BKR CHG BACLOFEN LEVEL | 80369 | CPT | | | | outpatient | | | 751 | | Wellcare | Medicaid | 20.96 | | | | 20.96 | 713.45 | fee schedule | |
| BKR CHG SKELETAL MUSCLE RELAX.3.OR.MORE | 80370 | CPT | | | | outpatient | | | 32 | | Horizon | MGD | 12.25 | 38.28 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG SKELETAL MUSCLE RELAX.3.OR.MORE | 80370 | CPT | | | | outpatient | | | 32 | | Horizon | Indemnity | 12.25 | 38.28 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG SKELETAL MUSCLE RELAX.3.OR.MORE | 80370 | CPT | | | | outpatient | | | 32 | | Amerihealth | HMO/PPO | 20.8 | 65 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG SKELETAL MUSCLE RELAX.3.OR.MORE | 80370 | CPT | | | | outpatient | | | 32 | | Consumer | Consumer | 30.4 | 95 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG SKELETAL MUSCLE RELAX.3.OR.MORE | 80370 | CPT | | | | outpatient | | | 32 | | Aetna | Medicare | 9.86 | 30.8 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG SKELETAL MUSCLE RELAX.3.OR.MORE | 80370 | CPT | | | | outpatient | | | 32 | | Americare | Americare | 24 | 75 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG SKELETAL MUSCLE RELAX.3.OR.MORE | 80370 | CPT | | | | outpatient | | | 32 | | Aetna | Better Health | 10.1 | 31.55 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG SKELETAL MUSCLE RELAX.3.OR.MORE | 80370 | CPT | | | | outpatient | | | 32 | | Corrections | Corrections | 25.6 | 80 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG SKELETAL MUSCLE RELAX.3.OR.MORE | 80370 | CPT | | | | outpatient | | | 32 | | Horizon | PPO | 12.25 | 38.28 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG SKELETAL MUSCLE RELAX.3.OR.MORE | 80370 | CPT | | | | outpatient | | | 32 | | UHC | Medicaid | 20.96 | | | | 9.6 | 30.4 | fee schedule | |
| BKR CHG SKELETAL MUSCLE RELAX.3.OR.MORE | 80370 | CPT | | | | outpatient | | | 32 | | Multiplan | Multiplan | 25.6 | 80 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG SKELETAL MUSCLE RELAX.3.OR.MORE | 80370 | CPT | | | | outpatient | | | 32 | | Wellcare | Medicaid | 20.96 | | | | 9.6 | 30.4 | fee schedule | |
| BKR CHG SKELETAL MUSCLE RELAX.3.OR.MORE | 80370 | CPT | | | | outpatient | | | 32 | | First Trenton | First Trenton | 28.8 | 90 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG SKELETAL MUSCLE RELAX.3.OR.MORE | 80370 | CPT | | | | outpatient | | | 32 | | First Health | First Health | 22.4 | 70 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG SKELETAL MUSCLE RELAX.3.OR.MORE | 80370 | CPT | | | | outpatient | | | 32 | | WellPoint | WellPoint | 10.3 | 32.18 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG SKELETAL MUSCLE RELAX.3.OR.MORE | 80370 | CPT | | | | outpatient | | | 32 | | Qualcare | Qualcare | 24 | 75 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG SKELETAL MUSCLE RELAX.3.OR.MORE | 80370 | CPT | | | | outpatient | | | 32 | | Managed Care Inc | Managed Care Inc | 28.8 | 90 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG SKELETAL MUSCLE RELAX.3.OR.MORE | 80370 | CPT | | | | outpatient | | | 32 | | Horizon | Medicare Blue | 9.6 | 30 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG SKELETAL MUSCLE RELAX.3.OR.MORE | 80370 | CPT | | | | outpatient | | | 32 | | Three Rivers | Three Rivers | 30.4 | 95 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG STIMULANTS SYNTHTIC | 80371 | CPT | | | | outpatient | | | 869 | | Amerihealth | HMO/PPO | 564.85 | 65 | | | 9.6 | 825.55 | percent of total billed charges | |
| BKR CHG STIMULANTS SYNTHTIC | 80371 | CPT | | | | outpatient | | | 869 | | Consumer | Consumer | 825.55 | 95 | | | 9.6 | 825.55 | percent of total billed charges | |
| BKR CHG STIMULANTS SYNTHTIC | 80371 | CPT | | | | outpatient | | | 869 | | First Health | First Health | 608.3 | 70 | | | 9.6 | 825.55 | percent of total billed charges | |
| BKR CHG STIMULANTS SYNTHTIC | 80371 | CPT | | | | outpatient | | | 869 | | Aetna | Better Health | 274.17 | 31.55 | | | 9.6 | 825.55 | percent of total billed charges | |
| BKR CHG STIMULANTS SYNTHTIC | 80371 | CPT | | | | outpatient | | | 869 | | First Trenton | First Trenton | 782.1 | 90 | | | 9.6 | 825.55 | percent of total billed charges | |
| BKR CHG STIMULANTS SYNTHTIC | 80371 | CPT | | | | outpatient | | | 869 | | Americare | Americare | 651.75 | 75 | | | 9.6 | 825.55 | percent of total billed charges | |
| BKR CHG STIMULANTS SYNTHTIC | 80371 | CPT | | | | outpatient | | | 869 | | Aetna | Medicare | 267.65 | 30.8 | | | 9.6 | 825.55 | percent of total billed charges | |
| BKR CHG STIMULANTS SYNTHTIC | 80371 | CPT | | | | outpatient | | | 869 | | WellPoint | WellPoint | 279.64 | 32.18 | | | 9.6 | 825.55 | percent of total billed charges | |
| BKR CHG STIMULANTS SYNTHTIC | 80371 | CPT | | | | outpatient | | | 869 | | Horizon | Indemnity | 332.65 | 38.28 | | | 9.6 | 825.55 | percent of total billed charges | |
| BKR CHG STIMULANTS SYNTHTIC | 80371 | CPT | | | | outpatient | | | 869 | | Corrections | Corrections | 695.2 | 80 | | | 9.6 | 825.55 | percent of total billed charges | |
| BKR CHG STIMULANTS SYNTHTIC | 80371 | CPT | | | | outpatient | | | 869 | | Horizon | Medicare Blue | 260.7 | 30 | | | 9.6 | 825.55 | percent of total billed charges | |
| BKR CHG STIMULANTS SYNTHTIC | 80371 | CPT | | | | outpatient | | | 869 | | Multiplan | Multiplan | 695.2 | 80 | | | 9.6 | 825.55 | percent of total billed charges | |
| BKR CHG STIMULANTS SYNTHTIC | 80371 | CPT | | | | outpatient | | | 869 | | Managed Care Inc | Managed Care Inc | 782.1 | 90 | | | 9.6 | 825.55 | percent of total billed charges | |
| BKR CHG STIMULANTS SYNTHTIC | 80371 | CPT | | | | outpatient | | | 869 | | Wellcare | Medicaid | 22.05 | | | | 9.6 | 825.55 | fee schedule | |
| BKR CHG STIMULANTS SYNTHTIC | 80371 | CPT | | | | outpatient | | | 869 | | Horizon | MGD | 332.65 | 38.28 | | | 9.6 | 825.55 | percent of total billed charges | |
| BKR CHG STIMULANTS SYNTHTIC | 80371 | CPT | | | | outpatient | | | 869 | | Three Rivers | Three Rivers | 825.55 | 95 | | | 9.6 | 825.55 | percent of total billed charges | |
| BKR CHG STIMULANTS SYNTHTIC | 80371 | CPT | | | | outpatient | | | 869 | | Qualcare | Qualcare | 651.75 | 75 | | | 9.6 | 825.55 | percent of total billed charges | |
| BKR CHG STIMULANTS SYNTHTIC | 80371 | CPT | | | | outpatient | | | 869 | | UHC | Medicaid | 22.05 | | | | 9.6 | 825.55 | fee schedule | |
| BKR CHG STIMULANTS SYNTHTIC | 80371 | CPT | | | | outpatient | | | 869 | | Horizon | PPO | 332.65 | 38.28 | | | 9.6 | 825.55 | percent of total billed charges | |
| BKR CHG TAPENTADOL SERUM/PLASMA | 80372 | CPT | | | | outpatient | | | 287 | | Americare | Americare | 215.25 | 75 | | | 9.6 | 272.65 | percent of total billed charges | |
| BKR CHG TAPENTADOL SERUM/PLASMA | 80372 | CPT | | | | outpatient | | | 287 | | Corrections | Corrections | 229.6 | 80 | | | 9.6 | 272.65 | percent of total billed charges | |
| BKR CHG TAPENTADOL SERUM/PLASMA | 80372 | CPT | | | | outpatient | | | 287 | | Horizon | Medicare Blue | 86.1 | 30 | | | 9.6 | 272.65 | percent of total billed charges | |
| BKR CHG TAPENTADOL SERUM/PLASMA | 80372 | CPT | | | | outpatient | | | 287 | | First Health | First Health | 200.9 | 70 | | | 9.6 | 272.65 | percent of total billed charges | |
| BKR CHG TAPENTADOL SERUM/PLASMA | 80372 | CPT | | | | outpatient | | | 287 | | First Trenton | First Trenton | 258.3 | 90 | | | 9.6 | 272.65 | percent of total billed charges | |
| BKR CHG TAPENTADOL SERUM/PLASMA | 80372 | CPT | | | | outpatient | | | 287 | | Aetna | Medicare | 88.4 | 30.8 | | | 9.6 | 272.65 | percent of total billed charges | |
| BKR CHG TAPENTADOL SERUM/PLASMA | 80372 | CPT | | | | outpatient | | | 287 | | Amerihealth | HMO/PPO | 186.55 | 65 | | | 9.6 | 272.65 | percent of total billed charges | |
| BKR CHG TAPENTADOL SERUM/PLASMA | 80372 | CPT | | | | outpatient | | | 287 | | Aetna | Better Health | 90.55 | 31.55 | | | 9.6 | 272.65 | percent of total billed charges | |
| BKR CHG TAPENTADOL SERUM/PLASMA | 80372 | CPT | | | | outpatient | | | 287 | | Horizon | Indemnity | 109.86 | 38.28 | | | 9.6 | 272.65 | percent of total billed charges | |
| BKR CHG TAPENTADOL SERUM/PLASMA | 80372 | CPT | | | | outpatient | | | 287 | | Consumer | Consumer | 272.65 | 95 | | | 9.6 | 272.65 | percent of total billed charges | |
| BKR CHG TAPENTADOL SERUM/PLASMA | 80372 | CPT | | | | outpatient | | | 287 | | Multiplan | Multiplan | 229.6 | 80 | | | 9.6 | 272.65 | percent of total billed charges | |
| BKR CHG TAPENTADOL SERUM/PLASMA | 80372 | CPT | | | | outpatient | | | 287 | | UHC | Medicaid | 16.48 | | | | 9.6 | 272.65 | fee schedule | |
| BKR CHG TAPENTADOL SERUM/PLASMA | 80372 | CPT | | | | outpatient | | | 287 | | Horizon | PPO | 109.86 | 38.28 | | | 9.6 | 272.65 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG TAPENTADOL SERUM/PLASMA | 80372 | CPT | | | | outpatient | | | 287 | | Horizon | MGD | 109.86 | 38.28 | | | 9.6 | 272.65 | percent of total billed charges | |
| BKR CHG TAPENTADOL SERUM/PLASMA | 80372 | CPT | | | | outpatient | | | 287 | | Qualcare | Qualcare | 215.25 | 75 | | | 9.6 | 272.65 | percent of total billed charges | |
| BKR CHG TAPENTADOL SERUM/PLASMA | 80372 | CPT | | | | outpatient | | | 287 | | WellPoint | WellPoint | 92.36 | 32.18 | | | 9.6 | 272.65 | percent of total billed charges | |
| BKR CHG TAPENTADOL SERUM/PLASMA | 80372 | CPT | | | | outpatient | | | 287 | | Managed Care Inc | Managed Care Inc | 258.3 | 90 | | | 9.6 | 272.65 | percent of total billed charges | |
| BKR CHG TAPENTADOL SERUM/PLASMA | 80372 | CPT | | | | outpatient | | | 287 | | Three Rivers | Three Rivers | 272.65 | 95 | | | 9.6 | 272.65 | percent of total billed charges | |
| BKR CHG TAPENTADOL SERUM/PLASMA | 80372 | CPT | | | | outpatient | | | 287 | | Wellcare | Medicaid | 16.48 | | | | 9.6 | 272.65 | fee schedule | |
| BKR CHG TRAMADOL+METABOLITES UR | 80373 | CPT | | | | outpatient | | | 259 | | First Health | First Health | 181.3 | 70 | | | 9.6 | 246.05 | percent of total billed charges | |
| BKR CHG TRAMADOL+METABOLITES UR | 80373 | CPT | | | | outpatient | | | 259 | | Consumer | Consumer | 246.05 | 95 | | | 9.6 | 246.05 | percent of total billed charges | |
| BKR CHG TRAMADOL+METABOLITES UR | 80373 | CPT | | | | outpatient | | | 259 | | Amerihealth | HMO/PPO | 168.35 | 65 | | | 9.6 | 246.05 | percent of total billed charges | |
| BKR CHG TRAMADOL+METABOLITES UR | 80373 | CPT | | | | outpatient | | | 259 | | Horizon | MGD | 99.15 | 38.28 | | | 9.6 | 246.05 | percent of total billed charges | |
| BKR CHG TRAMADOL+METABOLITES UR | 80373 | CPT | | | | outpatient | | | 259 | | Aetna | Medicare | 79.77 | 30.8 | | | 9.6 | 246.05 | percent of total billed charges | |
| BKR CHG TRAMADOL+METABOLITES UR | 80373 | CPT | | | | outpatient | | | 259 | | Americare | Americare | 194.25 | 75 | | | 9.6 | 246.05 | percent of total billed charges | |
| BKR CHG TRAMADOL+METABOLITES UR | 80373 | CPT | | | | outpatient | | | 259 | | Aetna | Better Health | 81.71 | 31.55 | | | 9.6 | 246.05 | percent of total billed charges | |
| BKR CHG TRAMADOL+METABOLITES UR | 80373 | CPT | | | | outpatient | | | 259 | | Corrections | Corrections | 207.2 | 80 | | | 9.6 | 246.05 | percent of total billed charges | |
| BKR CHG TRAMADOL+METABOLITES UR | 80373 | CPT | | | | outpatient | | | 259 | | Qualcare | Qualcare | 194.25 | 75 | | | 9.6 | 246.05 | percent of total billed charges | |
| BKR CHG TRAMADOL+METABOLITES UR | 80373 | CPT | | | | outpatient | | | 259 | | Horizon | Indemnity | 99.15 | 38.28 | | | 9.6 | 246.05 | percent of total billed charges | |
| BKR CHG TRAMADOL+METABOLITES UR | 80373 | CPT | | | | outpatient | | | 259 | | Multiplan | Multiplan | 207.2 | 80 | | | 9.6 | 246.05 | percent of total billed charges | |
| BKR CHG TRAMADOL+METABOLITES UR | 80373 | CPT | | | | outpatient | | | 259 | | First Trenton | First Trenton | 233.1 | 90 | | | 9.6 | 246.05 | percent of total billed charges | |
| BKR CHG TRAMADOL+METABOLITES UR | 80373 | CPT | | | | outpatient | | | 259 | | WellPoint | WellPoint | 83.35 | 32.18 | | | 9.6 | 246.05 | percent of total billed charges | |
| BKR CHG TRAMADOL+METABOLITES UR | 80373 | CPT | | | | outpatient | | | 259 | | Horizon | PPO | 99.15 | 38.28 | | | 9.6 | 246.05 | percent of total billed charges | |
| BKR CHG TRAMADOL+METABOLITES UR | 80373 | CPT | | | | outpatient | | | 259 | | Horizon | Medicare Blue | 77.7 | 30 | | | 9.6 | 246.05 | percent of total billed charges | |
| BKR CHG TRAMADOL+METABOLITES UR | 80373 | CPT | | | | outpatient | | | 259 | | Three Rivers | Three Rivers | 246.05 | 95 | | | 9.6 | 246.05 | percent of total billed charges | |
| BKR CHG TRAMADOL+METABOLITES UR | 80373 | CPT | | | | outpatient | | | 259 | | Managed Care Inc | Managed Care Inc | 233.1 | 90 | | | 9.6 | 246.05 | percent of total billed charges | |
| BKR CHG TRAMADOL+METABOLITES UR | 80373 | CPT | | | | outpatient | | | 259 | | UHC | Medicaid | 16.66 | | | | 9.6 | 246.05 | fee schedule | |
| BKR CHG TRAMADOL+METABOLITES UR | 80373 | CPT | | | | outpatient | | | 259 | | Wellcare | Medicaid | 16.66 | | | | 9.6 | 246.05 | fee schedule | |
| BKR CHG WARFARIN (COUMADIN) SERUM | 80375 | CPT | | | | both | | | 1214 | | Aetna | Better Health | 383.02 | 31.55 | | | 16.48 | 1153.3 | percent of total billed charges | |
| BKR CHG WARFARIN (COUMADIN) SERUM | 80375 | CPT | | | | both | | | 1214 | | Horizon | Medicare Blue | 364.2 | 30 | | | 16.48 | 1153.3 | percent of total billed charges | |
| BKR CHG WARFARIN (COUMADIN) SERUM | 80375 | CPT | | | | both | | | 1214 | | Amerihealth | HMO/PPO | 789.1 | 65 | | | 16.48 | 1153.3 | percent of total billed charges | |
| BKR CHG WARFARIN (COUMADIN) SERUM | 80375 | CPT | | | | both | | | 1214 | | Americare | Americare | 910.5 | 75 | | | 16.48 | 1153.3 | percent of total billed charges | |
| BKR CHG WARFARIN (COUMADIN) SERUM | 80375 | CPT | | | | both | | | 1214 | | Aetna | Commercial | 461.32 | 38 | | 11.17 | 16.48 | 1153.3 | percent of total billed charges | |
| BKR CHG WARFARIN (COUMADIN) SERUM | 80375 | CPT | | | | both | | | 1214 | | Horizon | MGD | 464.72 | 38.28 | | | 16.48 | 1153.3 | percent of total billed charges | |
| BKR CHG WARFARIN (COUMADIN) SERUM | 80375 | CPT | | | | both | | | 1214 | | Corrections | Corrections | 971.2 | 80 | | | 16.48 | 1153.3 | percent of total billed charges | |
| BKR CHG WARFARIN (COUMADIN) SERUM | 80375 | CPT | | | | both | | | 1214 | | Horizon | PPO | 464.72 | 38.28 | | | 16.48 | 1153.3 | percent of total billed charges | |
| BKR CHG WARFARIN (COUMADIN) SERUM | 80375 | CPT | | | | both | | | 1214 | | Wellcare | Medicaid | 16.48 | | | 19.5 | 16.48 | 1153.3 | fee schedule | |
| BKR CHG WARFARIN (COUMADIN) SERUM | 80375 | CPT | | | | both | | | 1214 | | Three Rivers | Three Rivers | 1153.3 | 95 | | | 16.48 | 1153.3 | percent of total billed charges | |
| BKR CHG WARFARIN (COUMADIN) SERUM | 80375 | CPT | | | | both | | | 1214 | | Horizon | Indemnity | 464.72 | 38.28 | | | 16.48 | 1153.3 | percent of total billed charges | |
| BKR CHG WARFARIN (COUMADIN) SERUM | 80375 | CPT | | | | both | | | 1214 | | Aetna | Medicare | 373.91 | 30.8 | | | 16.48 | 1153.3 | percent of total billed charges | |
| BKR CHG WARFARIN (COUMADIN) SERUM | 80375 | CPT | | | | both | | | 1214 | | First Trenton | First Trenton | 1092.6 | 90 | | | 16.48 | 1153.3 | percent of total billed charges | |
| BKR CHG WARFARIN (COUMADIN) SERUM | 80375 | CPT | | | | both | | | 1214 | | WellPoint | WellPoint | 390.67 | 32.18 | | 24.32 | 16.48 | 1153.3 | percent of total billed charges | |
| BKR CHG WARFARIN (COUMADIN) SERUM | 80375 | CPT | | | | both | | | 1214 | | Multiplan | Multiplan | 971.2 | 80 | | | 16.48 | 1153.3 | percent of total billed charges | |
| BKR CHG WARFARIN (COUMADIN) SERUM | 80375 | CPT | | | | both | | | 1214 | | Consumer | Consumer | 1153.3 | 95 | | | 16.48 | 1153.3 | percent of total billed charges | |
| BKR CHG WARFARIN (COUMADIN) SERUM | 80375 | CPT | | | | both | | | 1214 | | Managed Care Inc | Managed Care Inc | 1092.6 | 90 | | | 16.48 | 1153.3 | percent of total billed charges | |
| BKR CHG WARFARIN (COUMADIN) SERUM | 80375 | CPT | | | | both | | | 1214 | | First Health | First Health | 849.8 | 70 | | | 16.48 | 1153.3 | percent of total billed charges | |
| BKR CHG WARFARIN (COUMADIN) SERUM | 80375 | CPT | | | | both | | | 1214 | | Qualcare | Qualcare | 910.5 | 75 | | | 16.48 | 1153.3 | percent of total billed charges | |
| BKR CHG WARFARIN (COUMADIN) SERUM | 80375 | CPT | | | | both | | | 1214 | | UHC | Medicaid | 16.48 | | | 24.41 | 16.48 | 1153.3 | fee schedule | |
| BKR CHG SULFONYLUREA SERUM/PLASMA | 80377 | CPT | | | | outpatient | | | 280 | | Corrections | Corrections | 224 | 80 | | | 9.6 | 266 | percent of total billed charges | |
| BKR CHG SULFONYLUREA SERUM/PLASMA | 80377 | CPT | | | | outpatient | | | 280 | | Americare | Americare | 210 | 75 | | | 9.6 | 266 | percent of total billed charges | |
| BKR CHG SULFONYLUREA SERUM/PLASMA | 80377 | CPT | | | | outpatient | | | 280 | | Aetna | Commercial | 106.4 | 38 | | | 9.6 | 266 | percent of total billed charges | |
| BKR CHG SULFONYLUREA SERUM/PLASMA | 80377 | CPT | | | | outpatient | | | 280 | | Amerihealth | HMO/PPO | 182 | 65 | | | 9.6 | 266 | percent of total billed charges | |
| BKR CHG SULFONYLUREA SERUM/PLASMA | 80377 | CPT | | | | outpatient | | | 280 | | Horizon | Indemnity | 107.18 | 38.28 | | | 9.6 | 266 | percent of total billed charges | |
| BKR CHG SULFONYLUREA SERUM/PLASMA | 80377 | CPT | | | | outpatient | | | 280 | | Aetna | Better Health | 88.34 | 31.55 | | | 9.6 | 266 | percent of total billed charges | |
| BKR CHG SULFONYLUREA SERUM/PLASMA | 80377 | CPT | | | | outpatient | | | 280 | | First Health | First Health | 196 | 70 | | | 9.6 | 266 | percent of total billed charges | |
| BKR CHG SULFONYLUREA SERUM/PLASMA | 80377 | CPT | | | | outpatient | | | 280 | | Multiplan | Multiplan | 224 | 80 | | | 9.6 | 266 | percent of total billed charges | |
| BKR CHG SULFONYLUREA SERUM/PLASMA | 80377 | CPT | | | | outpatient | | | 280 | | First Trenton | First Trenton | 252 | 90 | | | 9.6 | 266 | percent of total billed charges | |
| BKR CHG SULFONYLUREA SERUM/PLASMA | 80377 | CPT | | | | outpatient | | | 280 | | Consumer | Consumer | 266 | 95 | | | 9.6 | 266 | percent of total billed charges | |
| BKR CHG SULFONYLUREA SERUM/PLASMA | 80377 | CPT | | | | outpatient | | | 280 | | Horizon | MGD | 107.18 | 38.28 | | | 9.6 | 266 | percent of total billed charges | |
| BKR CHG SULFONYLUREA SERUM/PLASMA | 80377 | CPT | | | | outpatient | | | 280 | | Qualcare | Qualcare | 210 | 75 | | | 9.6 | 266 | percent of total billed charges | |
| BKR CHG SULFONYLUREA SERUM/PLASMA | 80377 | CPT | | | | outpatient | | | 280 | | Horizon | PPO | 107.18 | 38.28 | | | 9.6 | 266 | percent of total billed charges | |
| BKR CHG SULFONYLUREA SERUM/PLASMA | 80377 | CPT | | | | outpatient | | | 280 | | Aetna | Medicare | 86.24 | 30.8 | | | 9.6 | 266 | percent of total billed charges | |
| BKR CHG SULFONYLUREA SERUM/PLASMA | 80377 | CPT | | | | outpatient | | | 280 | | Managed Care Inc | Managed Care Inc | 252 | 90 | | | 9.6 | 266 | percent of total billed charges | |
| BKR CHG SULFONYLUREA SERUM/PLASMA | 80377 | CPT | | | | outpatient | | | 280 | | UHC | Medicaid | 20.96 | | | | 9.6 | 266 | fee schedule | |
| BKR CHG SULFONYLUREA SERUM/PLASMA | 80377 | CPT | | | | outpatient | | | 280 | | Three Rivers | Three Rivers | 266 | 95 | | | 9.6 | 266 | percent of total billed charges | |
| BKR CHG SULFONYLUREA SERUM/PLASMA | 80377 | CPT | | | | outpatient | | | 280 | | Horizon | Medicare Blue | 84 | 30 | | | 9.6 | 266 | percent of total billed charges | |
| BKR CHG SULFONYLUREA SERUM/PLASMA | 80377 | CPT | | | | outpatient | | | 280 | | WellPoint | WellPoint | 90.1 | 32.18 | | | 9.6 | 266 | percent of total billed charges | |
| BKR CHG SULFONYLUREA SERUM/PLASMA | 80377 | CPT | | | | outpatient | | | 280 | | Wellcare | Medicaid | 20.96 | | | | 9.6 | 266 | fee schedule | |
| BKR CHG CLINICPATH CONSULTWO REVIEW MR | 80503 | CPT | | | | outpatient | | | 167 | 71.27 | Horizon | MGD | 119.91 | | | | 18.23 | 158.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CLINICPATH CONSULTWO REVIEW MR | 80503 | CPT | | | | outpatient | | | 167 | 71.27 | Consumer | Consumer | 158.65 | 95 | | | 18.23 | 158.65 | percent of total billed charges | |
| BKR CHG CLINICPATH CONSULTWO REVIEW MR | 80503 | CPT | | | | outpatient | | | 167 | 71.27 | Aetna | Better Health | 52.69 | 31.55 | | | 18.23 | 158.65 | percent of total billed charges | |
| BKR CHG CLINICPATH CONSULTWO REVIEW MR | 80503 | CPT | | | | outpatient | | | 167 | 71.27 | Aetna | Commercial | 63.46 | 38 | | | 18.23 | 158.65 | percent of total billed charges | |
| BKR CHG CLINICPATH CONSULTWO REVIEW MR | 80503 | CPT | | | | outpatient | | | 167 | 71.27 | UHC | Medicare | 61.97 | | | | 18.23 | 158.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CLINICPATH CONSULTWO REVIEW MR | 80503 | CPT | | | | outpatient | | | 167 | 71.27 | Amerihealth | HMO/PPO | 108.55 | 65 | | | 18.23 | 158.65 | percent of total billed charges | |
| BKR CHG CLINICPATH CONSULTWO REVIEW MR | 80503 | CPT | | | | outpatient | | | 167 | 71.27 | Horizon | Indemnity | 119.91 | | | | 18.23 | 158.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CLINICPATH CONSULTWO REVIEW MR | 80503 | CPT | | | | outpatient | | | 167 | 71.27 | Aetna | Medicare | 61.97 | | | | 18.23 | 158.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CLINICPATH CONSULTWO REVIEW MR | 80503 | CPT | | | | outpatient | | | 167 | 71.27 | Horizon | PPO | 119.91 | | | | 18.23 | 158.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CLINICPATH CONSULTWO REVIEW MR | 80503 | CPT | | | | outpatient | | | 167 | 71.27 | Corrections | Corrections | 133.6 | 80 | | | 18.23 | 158.65 | percent of total billed charges | |
| BKR CHG CLINICPATH CONSULTWO REVIEW MR | 80503 | CPT | | | | outpatient | | | 167 | 71.27 | First Health | First Health | 116.9 | 70 | | | 18.23 | 158.65 | percent of total billed charges | |
| BKR CHG CLINICPATH CONSULTWO REVIEW MR | 80503 | CPT | | | | outpatient | | | 167 | 71.27 | Americare | Americare | 125.25 | 75 | | | 18.23 | 158.65 | percent of total billed charges | |
| BKR CHG CLINICPATH CONSULTWO REVIEW MR | 80503 | CPT | | | | outpatient | | | 167 | 71.27 | WellPoint | WellPoint | 53.74 | 32.18 | | | 18.23 | 158.65 | percent of total billed charges | |
| BKR CHG CLINICPATH CONSULTWO REVIEW MR | 80503 | CPT | | | | outpatient | | | 167 | 71.27 | Multiplan | Multiplan | 133.6 | 80 | | | 18.23 | 158.65 | percent of total billed charges | |
| BKR CHG CLINICPATH CONSULTWO REVIEW MR | 80503 | CPT | | | | outpatient | | | 167 | 71.27 | Three Rivers | Three Rivers | 158.65 | 95 | | | 18.23 | 158.65 | percent of total billed charges | |
| BKR CHG CLINICPATH CONSULTWO REVIEW MR | 80503 | CPT | | | | outpatient | | | 167 | 71.27 | Horizon | Medicare Blue | 61.97 | | | | 18.23 | 158.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CLINICPATH CONSULTWO REVIEW MR | 80503 | CPT | | | | outpatient | | | 167 | 71.27 | Wellcare | Medicare | 61.97 | | | | 18.23 | 158.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CLINICPATH CONSULTWO REVIEW MR | 80503 | CPT | | | | outpatient | | | 167 | 71.27 | First Trenton | First Trenton | 150.3 | 90 | | | 18.23 | 158.65 | percent of total billed charges | |
| BKR CHG CLINICPATH CONSULTWO REVIEW MR | 80503 | CPT | | | | outpatient | | | 167 | 71.27 | UHC | Medicaid | 18.23 | | | | 18.23 | 158.65 | fee schedule | |
| BKR CHG CLINICPATH CONSULTWO REVIEW MR | 80503 | CPT | | | | outpatient | | | 167 | 71.27 | Qualcare | Qualcare | 125.25 | 75 | | | 18.23 | 158.65 | percent of total billed charges | |
| BKR CHG CLINICPATH CONSULTWO REVIEW MR | 80503 | CPT | | | | outpatient | | | 167 | 71.27 | Managed Care Inc | Managed Care Inc | 150.3 | 90 | | | 18.23 | 158.65 | percent of total billed charges | |
| BKR CHG CLINICPATH CONSULTWO REVIEW MR | 80503 | CPT | | | | outpatient | | | 167 | 71.27 | Wellcare | Medicaid | 18.23 | | | | 18.23 | 158.65 | fee schedule | |
| BKR CHG URINE, SPECIFIC GRAVITY | 81000 | CPT | | | | both | | | 61 | 4.62 | Aetna | Better Health | 19.25 | 31.55 | | 5.47 | 1.2 | 57.95 | percent of total billed charges | |
| BKR CHG URINE, SPECIFIC GRAVITY | 81000 | CPT | | | | both | | | 61 | 4.62 | Horizon | Medicare Blue | 18.3 | 30 | | 8.52 | 1.2 | 57.95 | percent of total billed charges | |
| BKR CHG URINE, SPECIFIC GRAVITY | 81000 | CPT | | | | both | | | 61 | 4.62 | Corrections | Corrections | 48.8 | 80 | | 9.75 | 1.2 | 57.95 | percent of total billed charges | |
| BKR CHG URINE, SPECIFIC GRAVITY | 81000 | CPT | | | | both | | | 61 | 4.62 | First Health | First Health | 42.7 | 70 | | | 1.2 | 57.95 | percent of total billed charges | |
| BKR CHG URINE, SPECIFIC GRAVITY | 81000 | CPT | | | | both | | | 61 | 4.62 | Aetna | Commercial | 23.18 | 38 | | 4.25 | 1.2 | 57.95 | percent of total billed charges | |
| BKR CHG URINE, SPECIFIC GRAVITY | 81000 | CPT | | | | both | | | 61 | 4.62 | Amerihealth | Medicare | 4.02 | | | | 1.2 | 57.95 | fee schedule | |
| BKR CHG URINE, SPECIFIC GRAVITY | 81000 | CPT | | | | both | | | 61 | 4.62 | Horizon | Indemnity | 23.35 | 38.28 | | 7.81 | 1.2 | 57.95 | percent of total billed charges | |
| BKR CHG URINE, SPECIFIC GRAVITY | 81000 | CPT | | | | both | | | 61 | 4.62 | Aetna | Medicare | 18.79 | 30.8 | | | 1.2 | 57.95 | percent of total billed charges | |
| BKR CHG URINE, SPECIFIC GRAVITY | 81000 | CPT | | | | both | | | 61 | 4.62 | Americare | Americare | 45.75 | 75 | | | 1.2 | 57.95 | percent of total billed charges | |
| BKR CHG URINE, SPECIFIC GRAVITY | 81000 | CPT | | | | both | | | 61 | 4.62 | Wellcare | Medicaid | 1.2 | | | 7.7 | 1.2 | 57.95 | fee schedule | |
| BKR CHG URINE, SPECIFIC GRAVITY | 81000 | CPT | | | | both | | | 61 | 4.62 | Multiplan | Multiplan | 48.8 | 80 | | | 1.2 | 57.95 | percent of total billed charges | |
| BKR CHG URINE, SPECIFIC GRAVITY | 81000 | CPT | | | | both | | | 61 | 4.62 | Horizon | PPO | 23.35 | 38.28 | | 7.76 | 1.2 | 57.95 | percent of total billed charges | |
| BKR CHG URINE, SPECIFIC GRAVITY | 81000 | CPT | | | | both | | | 61 | 4.62 | Consumer | Consumer | 57.95 | 95 | | | 1.2 | 57.95 | percent of total billed charges | |
| BKR CHG URINE, SPECIFIC GRAVITY | 81000 | CPT | | | | both | | | 61 | 4.62 | UHC | Medicare | 4.02 | | | 5.26 | 1.2 | 57.95 | fee schedule | |
| BKR CHG URINE, SPECIFIC GRAVITY | 81000 | CPT | | | | both | | | 61 | 4.62 | Horizon | NJ Health | 2.35 | | | 3.34 | 1.2 | 57.95 | fee schedule | |
| BKR CHG URINE, SPECIFIC GRAVITY | 81000 | CPT | | | | both | | | 61 | 4.62 | Amerihealth | HMO/PPO | 5 | | | 3.39 | 1.2 | 57.95 | fee schedule | |
| BKR CHG URINE, SPECIFIC GRAVITY | 81000 | CPT | | | | both | | | 61 | 4.62 | Horizon | MGD | 23.35 | 38.28 | | 8.93 | 1.2 | 57.95 | percent of total billed charges | |
| BKR CHG URINE, SPECIFIC GRAVITY | 81000 | CPT | | | | both | | | 61 | 4.62 | Wellcare | Medicare | 4.02 | | | | 1.2 | 57.95 | fee schedule | |
| BKR CHG URINE, SPECIFIC GRAVITY | 81000 | CPT | | | | both | | | 61 | 4.62 | WellPoint | WellPoint | 19.63 | 32.18 | | 8.42 | 1.2 | 57.95 | percent of total billed charges | |
| BKR CHG URINE, SPECIFIC GRAVITY | 81000 | CPT | | | | both | | | 61 | 4.62 | First Trenton | First Trenton | 54.9 | 90 | | | 1.2 | 57.95 | percent of total billed charges | |
| BKR CHG URINE, SPECIFIC GRAVITY | 81000 | CPT | | | | both | | | 61 | 4.62 | Qualcare | Qualcare | 45.75 | 75 | | | 1.2 | 57.95 | percent of total billed charges | |
| BKR CHG URINE, SPECIFIC GRAVITY | 81000 | CPT | | | | both | | | 61 | 4.62 | Three Rivers | Three Rivers | 57.95 | 95 | | | 1.2 | 57.95 | percent of total billed charges | |
| BKR CHG URINE, SPECIFIC GRAVITY | 81000 | CPT | | | | both | | | 61 | 4.62 | Managed Care Inc | Managed Care Inc | 54.9 | 90 | | | 1.2 | 57.95 | percent of total billed charges | |
| BKR CHG URINE, SPECIFIC GRAVITY | 81000 | CPT | | | | both | | | 61 | 4.62 | UHC | Medicaid | 1.2 | | | 5.69 | 1.2 | 57.95 | fee schedule | |
| BKR CHG URINALYSIS WITH MICROSCOPIC | 81001 | CPT | | | | both | | | 38 | 3.65 | Americare | Americare | 28.5 | 75 | | | 1.2 | 36.1 | percent of total billed charges | |
| BKR CHG URINALYSIS WITH MICROSCOPIC | 81001 | CPT | | | | both | | | 38 | 3.65 | Amerihealth | Medicare | 3.17 | | | | 1.2 | 36.1 | fee schedule | |
| BKR CHG URINALYSIS WITH MICROSCOPIC | 81001 | CPT | | | | both | | | 38 | 3.65 | Aetna | Medicare | 11.7 | 30.8 | | 5.79 | 1.2 | 36.1 | percent of total billed charges | |
| BKR CHG URINALYSIS WITH MICROSCOPIC | 81001 | CPT | | | | both | | | 38 | 3.65 | Horizon | Medicare Blue | 11.4 | 30 | | 4.18 | 1.2 | 36.1 | percent of total billed charges | |
| BKR CHG URINALYSIS WITH MICROSCOPIC | 81001 | CPT | | | | both | | | 38 | 3.65 | Aetna | Better Health | 11.99 | 31.55 | | 8.94 | 1.2 | 36.1 | percent of total billed charges | |
| BKR CHG URINALYSIS WITH MICROSCOPIC | 81001 | CPT | | | | both | | | 38 | 3.65 | First Health | First Health | 26.6 | 70 | | | 1.2 | 36.1 | percent of total billed charges | |
| BKR CHG URINALYSIS WITH MICROSCOPIC | 81001 | CPT | | | | both | | | 38 | 3.65 | Amerihealth | HMO/PPO | 4.4 | | | 4.8 | 1.2 | 36.1 | fee schedule | |
| BKR CHG URINALYSIS WITH MICROSCOPIC | 81001 | CPT | | | | both | | | 38 | 3.65 | Consumer | Consumer | 36.1 | 95 | | | 1.2 | 36.1 | percent of total billed charges | |
| BKR CHG URINALYSIS WITH MICROSCOPIC | 81001 | CPT | | | | both | | | 38 | 3.65 | Horizon | PPO | 14.55 | 38.28 | | 7.93 | 1.2 | 36.1 | percent of total billed charges | |
| BKR CHG URINALYSIS WITH MICROSCOPIC | 81001 | CPT | | | | both | | | 38 | 3.65 | Horizon | NJ Health | 4.27 | | | 3.5 | 1.2 | 36.1 | fee schedule | |
| BKR CHG URINALYSIS WITH MICROSCOPIC | 81001 | CPT | | | | both | | | 38 | 3.65 | Horizon | Indemnity | 14.55 | 38.28 | | 7.93 | 1.2 | 36.1 | percent of total billed charges | |
| BKR CHG URINALYSIS WITH MICROSCOPIC | 81001 | CPT | | | | both | | | 38 | 3.65 | Three Rivers | Three Rivers | 36.1 | 95 | | | 1.2 | 36.1 | percent of total billed charges | |
| BKR CHG URINALYSIS WITH MICROSCOPIC | 81001 | CPT | | | | both | | | 38 | 3.65 | Wellcare | Medicare | 3.17 | | | 4.21 | 1.2 | 36.1 | fee schedule | |
| BKR CHG URINALYSIS WITH MICROSCOPIC | 81001 | CPT | | | | both | | | 38 | 3.65 | Multiplan | Multiplan | 30.4 | 80 | | | 1.2 | 36.1 | percent of total billed charges | |
| BKR CHG URINALYSIS WITH MICROSCOPIC | 81001 | CPT | | | | both | | | 38 | 3.65 | Corrections | Corrections | 30.4 | 80 | | 7.81 | 1.2 | 36.1 | percent of total billed charges | |
| BKR CHG URINALYSIS WITH MICROSCOPIC | 81001 | CPT | | | | both | | | 38 | 3.65 | Qualcare | Qualcare | 28.5 | 75 | | | 1.2 | 36.1 | percent of total billed charges | |
| BKR CHG URINALYSIS WITH MICROSCOPIC | 81001 | CPT | | | | both | | | 38 | 3.65 | UHC | Medicaid | 1.2 | | | 9.17 | 1.2 | 36.1 | fee schedule | |
| BKR CHG URINALYSIS WITH MICROSCOPIC | 81001 | CPT | | | | both | | | 38 | 3.65 | WellPoint | WellPoint | 12.23 | 32.18 | | 8.28 | 1.2 | 36.1 | percent of total billed charges | |
| BKR CHG URINALYSIS WITH MICROSCOPIC | 81001 | CPT | | | | both | | | 38 | 3.65 | Horizon | MGD | 14.55 | 38.28 | | 8.13 | 1.2 | 36.1 | percent of total billed charges | |
| BKR CHG URINALYSIS WITH MICROSCOPIC | 81001 | CPT | | | | both | | | 38 | 3.65 | First Trenton | First Trenton | 34.2 | 90 | | | 1.2 | 36.1 | percent of total billed charges | |
| BKR CHG URINALYSIS WITH MICROSCOPIC | 81001 | CPT | | | | both | | | 38 | 3.65 | UHC | Medicare | 3.17 | | | 5 | 1.2 | 36.1 | fee schedule | |
| BKR CHG URINALYSIS WITH MICROSCOPIC | 81001 | CPT | | | | both | | | 38 | 3.65 | Managed Care Inc | Managed Care Inc | 34.2 | 90 | | | 1.2 | 36.1 | percent of total billed charges | |
| BKR CHG URINALYSIS WITH MICROSCOPIC | 81001 | CPT | | | | both | | | 38 | 3.65 | Wellcare | Medicaid | 1.2 | | | 8.77 | 1.2 | 36.1 | fee schedule | |
| BKR CHG URINE, KETONES | 81002 | CPT | | | | both | | | 23 | 4 | First Trenton | First Trenton | 20.7 | 90 | | | 1 | 21.85 | percent of total billed charges | |
| BKR CHG URINE, KETONES | 81002 | CPT | | | | both | | | 23 | 4 | Qualcare | Qualcare | 17.25 | 75 | | | 1 | 21.85 | percent of total billed charges | |
| BKR CHG URINE, KETONES | 81002 | CPT | | | | both | | | 23 | 4 | Americare | Americare | 17.25 | 75 | | | 1 | 21.85 | percent of total billed charges | |
| BKR CHG URINE, KETONES | 81002 | CPT | | | | both | | | 23 | 4 | Aetna | Better Health | 7.26 | 31.55 | | | 1 | 21.85 | percent of total billed charges | |
| BKR CHG URINE, KETONES | 81002 | CPT | | | | both | | | 23 | 4 | Horizon | Indemnity | 8.8 | 38.28 | | | 1 | 21.85 | percent of total billed charges | |
| BKR CHG URINE, KETONES | 81002 | CPT | | | | both | | | 23 | 4 | Amerihealth | Medicare | 3.48 | | | | 1 | 21.85 | fee schedule | |
| BKR CHG URINE, KETONES | 81002 | CPT | | | | both | | | 23 | 4 | Aetna | Medicare | 7.08 | 30.8 | | | 1 | 21.85 | percent of total billed charges | |
| BKR CHG URINE, KETONES | 81002 | CPT | | | | both | | | 23 | 4 | UHC | Medicaid | 1 | | | | 1 | 21.85 | fee schedule | |
| BKR CHG URINE, KETONES | 81002 | CPT | | | | both | | | 23 | 4 | Horizon | Medicare Blue | 6.9 | 30 | | | 1 | 21.85 | percent of total billed charges | |
| BKR CHG URINE, KETONES | 81002 | CPT | | | | both | | | 23 | 4 | First Health | First Health | 16.1 | 70 | | | 1 | 21.85 | percent of total billed charges | |
| BKR CHG URINE, KETONES | 81002 | CPT | | | | both | | | 23 | 4 | Amerihealth | HMO/PPO | 5 | | | | 1 | 21.85 | fee schedule | |
| BKR CHG URINE, KETONES | 81002 | CPT | | | | both | | | 23 | 4 | Consumer | Consumer | 21.85 | 95 | | | 1 | 21.85 | percent of total billed charges | |
| BKR CHG URINE, KETONES | 81002 | CPT | | | | both | | | 23 | 4 | Horizon | PPO | 8.8 | 38.28 | | | 1 | 21.85 | percent of total billed charges | |
| BKR CHG URINE, KETONES | 81002 | CPT | | | | both | | | 23 | 4 | Multiplan | Multiplan | 18.4 | 80 | | | 1 | 21.85 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG URINE, KETONES | 81002 | CPT | | | | both | | | 23 | 4 | Horizon | MGD | 8.8 | 38.28 | | | 1 | 1 | 21.85 percent of total billed charges | |
| BKR CHG URINE, KETONES | 81002 | CPT | | | | both | | | 23 | 4 | Corrections | Corrections | 18.4 | 80 | | | 1 | 1 | 21.85 percent of total billed charges | |
| BKR CHG URINE, KETONES | 81002 | CPT | | | | both | | | 23 | 4 | Horizon | NJ Health | 1.96 | | | 2.75 | 1 | 1 | 21.85 fee schedule | |
| BKR CHG URINE, KETONES | 81002 | CPT | | | | both | | | 23 | 4 | Three Rivers | Three Rivers | 21.85 | 95 | | | 1 | 1 | 21.85 percent of total billed charges | |
| BKR CHG URINE, KETONES | 81002 | CPT | | | | both | | | 23 | 4 | Managed Care Inc | Managed Care Inc | 20.7 | 90 | | | 1 | 1 | 21.85 percent of total billed charges | |
| BKR CHG URINE, KETONES | 81002 | CPT | | | | both | | | 23 | 4 | Wellcare | Medicaid | 1 | | | | 1 | 1 | 21.85 fee schedule | |
| BKR CHG URINE, KETONES | 81002 | CPT | | | | both | | | 23 | 4 | UHC | Medicare | 3.48 | | | | 1 | 1 | 21.85 fee schedule | |
| BKR CHG URINE, KETONES | 81002 | CPT | | | | both | | | 23 | 4 | Wellcare | Medicare | 3.48 | | | | 1 | 1 | 21.85 fee schedule | |
| BKR CHG URINE, KETONES | 81002 | CPT | | | | both | | | 23 | 4 | WellPoint | WellPoint | 7.4 | 32.18 | | | 1 | 1 | 21.85 percent of total billed charges | |
| BKR CHG HB FREE QUALITATIVE URINE | 81003 | CPT | | | | outpatient | | | 17 | 2.59 | Wellcare | Medicaid | 1.5 | | | | 1.5 | 1.5 | 16.15 fee schedule | |
| BKR CHG HB FREE QUALITATIVE URINE | 81003 | CPT | | | | outpatient | | | 17 | 2.59 | Aetna | Medicare | 5.24 | 30.8 | | | 1.5 | 1.5 | 16.15 percent of total billed charges | |
| BKR CHG HB FREE QUALITATIVE URINE | 81003 | CPT | | | | outpatient | | | 17 | 2.59 | Aetna | Better Health | 5.36 | 31.55 | | | 1.5 | 1.5 | 16.15 percent of total billed charges | |
| BKR CHG HB FREE QUALITATIVE URINE | 81003 | CPT | | | | outpatient | | | 17 | 2.59 | Wellcare | Medicare | 2.25 | | | | 1.5 | 1.5 | 16.15 fee schedule | |
| BKR CHG HB FREE QUALITATIVE URINE | 81003 | CPT | | | | outpatient | | | 17 | 2.59 | Americare | Americare | 12.75 | 75 | | | 1.5 | 1.5 | 16.15 percent of total billed charges | |
| BKR CHG HB FREE QUALITATIVE URINE | 81003 | CPT | | | | outpatient | | | 17 | 2.59 | Corrections | Corrections | 13.6 | 80 | | | 1.5 | 1.5 | 16.15 percent of total billed charges | |
| BKR CHG HB FREE QUALITATIVE URINE | 81003 | CPT | | | | outpatient | | | 17 | 2.59 | First Health | First Health | 11.9 | 70 | | | 1.5 | 1.5 | 16.15 percent of total billed charges | |
| BKR CHG HB FREE QUALITATIVE URINE | 81003 | CPT | | | | outpatient | | | 17 | 2.59 | Horizon | Medicare Blue | 5.1 | 30 | | | 1.5 | 1.5 | 16.15 percent of total billed charges | |
| BKR CHG HB FREE QUALITATIVE URINE | 81003 | CPT | | | | outpatient | | | 17 | 2.59 | Amerihealth | HMO/PPO | 3.4 | | | | 1.5 | 1.5 | 16.15 fee schedule | |
| BKR CHG HB FREE QUALITATIVE URINE | 81003 | CPT | | | | outpatient | | | 17 | 2.59 | Consumer | Consumer | 16.15 | 95 | | | 1.5 | 1.5 | 16.15 percent of total billed charges | |
| BKR CHG HB FREE QUALITATIVE URINE | 81003 | CPT | | | | outpatient | | | 17 | 2.59 | Horizon | Indemnity | 6.51 | 38.28 | | | 1.5 | 1.5 | 16.15 percent of total billed charges | |
| BKR CHG HB FREE QUALITATIVE URINE | 81003 | CPT | | | | outpatient | | | 17 | 2.59 | UHC | Medicare | 2.25 | | | | 1.5 | 1.5 | 16.15 fee schedule | |
| BKR CHG HB FREE QUALITATIVE URINE | 81003 | CPT | | | | outpatient | | | 17 | 2.59 | Amerihealth | Medicare | 2.25 | | | | 1.5 | 1.5 | 16.15 fee schedule | |
| BKR CHG HB FREE QUALITATIVE URINE | 81003 | CPT | | | | outpatient | | | 17 | 2.59 | WellPoint | WellPoint | 5.47 | 32.18 | | | 1.5 | 1.5 | 16.15 percent of total billed charges | |
| BKR CHG HB FREE QUALITATIVE URINE | 81003 | CPT | | | | outpatient | | | 17 | 2.59 | UHC | Medicaid | 1.5 | | | | 1.5 | 1.5 | 16.15 fee schedule | |
| BKR CHG HB FREE QUALITATIVE URINE | 81003 | CPT | | | | outpatient | | | 17 | 2.59 | First Trenton | First Trenton | 15.3 | 90 | | | 1.5 | 1.5 | 16.15 percent of total billed charges | |
| BKR CHG HB FREE QUALITATIVE URINE | 81003 | CPT | | | | outpatient | | | 17 | 2.59 | Multiplan | Multiplan | 13.6 | 80 | | | 1.5 | 1.5 | 16.15 percent of total billed charges | |
| BKR CHG HB FREE QUALITATIVE URINE | 81003 | CPT | | | | outpatient | | | 17 | 2.59 | Horizon | MGD | 6.51 | 38.28 | | | 1.5 | 1.5 | 16.15 percent of total billed charges | |
| BKR CHG HB FREE QUALITATIVE URINE | 81003 | CPT | | | | outpatient | | | 17 | 2.59 | Qualcare | Qualcare | 12.75 | 75 | | | 1.5 | 1.5 | 16.15 percent of total billed charges | |
| BKR CHG HB FREE QUALITATIVE URINE | 81003 | CPT | | | | outpatient | | | 17 | 2.59 | Horizon | NJ Health | 2.94 | | | | 1.5 | 1.5 | 16.15 fee schedule | |
| BKR CHG HB FREE QUALITATIVE URINE | 81003 | CPT | | | | outpatient | | | 17 | 2.59 | Horizon | PPO | 6.51 | 38.28 | | | 1.5 | 1.5 | 16.15 percent of total billed charges | |
| BKR CHG HB FREE QUALITATIVE URINE | 81003 | CPT | | | | outpatient | | | 17 | 2.59 | Managed Care Inc | Managed Care Inc | 15.3 | 90 | | | 1.5 | 1.5 | 16.15 percent of total billed charges | |
| BKR CHG HB FREE QUALITATIVE URINE | 81003 | CPT | | | | outpatient | | | 17 | 2.59 | Three Rivers | Three Rivers | 16.15 | 95 | | | 1.5 | 1.5 | 16.15 percent of total billed charges | |
| BKR CHG BILE QUAL URINE (003228) | 81005 | CPT | | | | outpatient | | | 9 | 2.5 | Horizon | MGD | 3.45 | 38.28 | | | 1 | 1 | 8.55 percent of total billed charges | |
| BKR CHG BILE QUAL URINE (003228) | 81005 | CPT | | | | outpatient | | | 9 | 2.5 | Consumer | Consumer | 8.55 | 95 | | | 1 | 1 | 8.55 percent of total billed charges | |
| BKR CHG BILE QUAL URINE (003228) | 81005 | CPT | | | | outpatient | | | 9 | 2.5 | First Trenton | First Trenton | 8.1 | 90 | | | 1 | 1 | 8.55 percent of total billed charges | |
| BKR CHG BILE QUAL URINE (003228) | 81005 | CPT | | | | outpatient | | | 9 | 2.5 | Multiplan | Multiplan | 7.2 | 80 | | | 1 | 1 | 8.55 percent of total billed charges | |
| BKR CHG BILE QUAL URINE (003228) | 81005 | CPT | | | | outpatient | | | 9 | 2.5 | Aetna | Medicare | 2.77 | 30.8 | | | 1 | 1 | 8.55 percent of total billed charges | |
| BKR CHG BILE QUAL URINE (003228) | 81005 | CPT | | | | outpatient | | | 9 | 2.5 | Aetna | Better Health | 2.84 | 31.55 | | | 1 | 1 | 8.55 percent of total billed charges | |
| BKR CHG BILE QUAL URINE (003228) | 81005 | CPT | | | | outpatient | | | 9 | 2.5 | Horizon | Medicare Blue | 2.7 | 30 | | | 1 | 1 | 8.55 percent of total billed charges | |
| BKR CHG BILE QUAL URINE (003228) | 81005 | CPT | | | | outpatient | | | 9 | 2.5 | Amerihealth | Medicare | 2.17 | | | | 1 | 1 | 8.55 fee schedule | |
| BKR CHG BILE QUAL URINE (003228) | 81005 | CPT | | | | outpatient | | | 9 | 2.5 | Americare | Americare | 6.75 | 75 | | | 1 | 1 | 8.55 percent of total billed charges | |
| BKR CHG BILE QUAL URINE (003228) | 81005 | CPT | | | | outpatient | | | 9 | 2.5 | Corrections | Corrections | 7.2 | 80 | | | 1 | 1 | 8.55 percent of total billed charges | |
| BKR CHG BILE QUAL URINE (003228) | 81005 | CPT | | | | outpatient | | | 9 | 2.5 | Horizon | Indemnity | 3.45 | 38.28 | | | 1 | 1 | 8.55 percent of total billed charges | |
| BKR CHG BILE QUAL URINE (003228) | 81005 | CPT | | | | outpatient | | | 9 | 2.5 | Qualcare | Qualcare | 6.75 | 75 | | | 1 | 1 | 8.55 percent of total billed charges | |
| BKR CHG BILE QUAL URINE (003228) | 81005 | CPT | | | | outpatient | | | 9 | 2.5 | Amerihealth | HMO/PPO | 4 | | | | 1 | 1 | 8.55 fee schedule | |
| BKR CHG BILE QUAL URINE (003228) | 81005 | CPT | | | | outpatient | | | 9 | 2.5 | Aetna | Commercial | 3.42 | 38 | | | 1 | 1 | 8.55 percent of total billed charges | |
| BKR CHG BILE QUAL URINE (003228) | 81005 | CPT | | | | outpatient | | | 9 | 2.5 | Wellcare | Medicare | 2.17 | | | | 1 | 1 | 8.55 fee schedule | |
| BKR CHG BILE QUAL URINE (003228) | 81005 | CPT | | | | outpatient | | | 9 | 2.5 | First Health | First Health | 6.3 | 70 | | | 1 | 1 | 8.55 percent of total billed charges | |
| BKR CHG BILE QUAL URINE (003228) | 81005 | CPT | | | | outpatient | | | 9 | 2.5 | Horizon | PPO | 3.45 | 38.28 | | | 1 | 1 | 8.55 percent of total billed charges | |
| BKR CHG BILE QUAL URINE (003228) | 81005 | CPT | | | | outpatient | | | 9 | 2.5 | Horizon | NJ Health | 1.96 | | | | 1 | 1 | 8.55 fee schedule | |
| BKR CHG BILE QUAL URINE (003228) | 81005 | CPT | | | | outpatient | | | 9 | 2.5 | Managed Care Inc | Managed Care Inc | 8.1 | 90 | | | 1 | 1 | 8.55 percent of total billed charges | |
| BKR CHG BILE QUAL URINE (003228) | 81005 | CPT | | | | outpatient | | | 9 | 2.5 | UHC | Medicare | 2.17 | | | | 1 | 1 | 8.55 fee schedule | |
| BKR CHG BILE QUAL URINE (003228) | 81005 | CPT | | | | outpatient | | | 9 | 2.5 | UHC | Medicaid | 1 | | | | 1 | 1 | 8.55 fee schedule | |
| BKR CHG BILE QUAL URINE (003228) | 81005 | CPT | | | | outpatient | | | 9 | 2.5 | Three Rivers | Three Rivers | 8.55 | 95 | | | 1 | 1 | 8.55 percent of total billed charges | |
| BKR CHG BILE QUAL URINE (003228) | 81005 | CPT | | | | outpatient | | | 9 | 2.5 | Wellcare | Medicaid | 1 | | | | 1 | 1 | 8.55 fee schedule | |
| BKR CHG BILE QUAL URINE (003228) | 81005 | CPT | | | | outpatient | | | 9 | 2.5 | WellPoint | WellPoint | 2.9 | 32.18 | | | 1 | 1 | 8.55 percent of total billed charges | |
| BKR CHG URINE PREGNANCY TEST VISUAL COLOR COMPARISON METHODS | 81025 | CPT | | | | outpatient | | | | 9.9 | UHC | Medicare | 8.61 | | | | 3 | 3 | 9.4 fee schedule | |
| BKR CHG URINE PREGNANCY TEST VISUAL COLOR COMPARISON METHODS | 81025 | CPT | | | | outpatient | | | | 9.9 | UHC | Medicaid | 3 | | | | 3 | 3 | 9.4 fee schedule | |
| BKR CHG URINE PREGNANCY TEST VISUAL COLOR COMPARISON METHODS | 81025 | CPT | | | | outpatient | | | | 9.9 | Wellcare | Medicaid | 3 | | | | 3 | 3 | 9.4 fee schedule | |
| BKR CHG URINE PREGNANCY TEST VISUAL COLOR COMPARISON METHODS | 81025 | CPT | | | | outpatient | | | | 9.9 | Wellcare | Medicare | 8.61 | | | | 3 | 3 | 9.4 fee schedule | |
| BKR CHG URINE PREGNANCY TEST VISUAL COLOR COMPARISON METHODS | 81025 | CPT | | | | outpatient | | | | 9.9 | Amerihealth | Medicare | 8.61 | | | | 3 | 3 | 9.4 fee schedule | |
| BKR CHG URINE PREGNANCY TEST VISUAL COLOR COMPARISON METHODS | 81025 | CPT | | | | outpatient | | | | 9.9 | Amerihealth | HMO/PPO | 9.4 | | | | 3 | 3 | 9.4 fee schedule | |
| BKR CHG URINE PREGNANCY TEST VISUAL COLOR COMPARISON METHODS | 81025 | CPT | | | | outpatient | | | | 9.9 | Horizon | NJ Health | 5.88 | | | | 3 | 3 | 9.4 fee schedule | |
| BKR CHG URINE,VOLUME,MEASUREMENT,TIMED | 81050 | CPT | | | | both | | | 27 | 4.19 | Aetna | Better Health | 8.52 | 31.55 | | | 3.4 | 3.4 | 25.65 percent of total billed charges | |
| BKR CHG URINE,VOLUME,MEASUREMENT,TIMED | 81050 | CPT | | | | both | | | 27 | 4.19 | Americare | Americare | 20.25 | 75 | | | 3.4 | 3.4 | 25.65 percent of total billed charges | |
| BKR CHG URINE,VOLUME,MEASUREMENT,TIMED | 81050 | CPT | | | | both | | | 27 | 4.19 | Aetna | Medicare | 8.32 | 30.8 | | | 3.4 | 3.4 | 25.65 percent of total billed charges | |
| BKR CHG URINE,VOLUME,MEASUREMENT,TIMED | 81050 | CPT | | | | both | | | 27 | 4.19 | Wellcare | Medicaid | 3.4 | | | 6.41 | 3.4 | 3.4 | 25.65 fee schedule | |
| BKR CHG URINE,VOLUME,MEASUREMENT,TIMED | 81050 | CPT | | | | both | | | 27 | 4.19 | Amerihealth | HMO/PPO | 4.5 | | | | 3.4 | 3.4 | 25.65 fee schedule | |
| BKR CHG URINE,VOLUME,MEASUREMENT,TIMED | 81050 | CPT | | | | both | | | 27 | 4.19 | Consumer | Consumer | 25.65 | 95 | | | 3.4 | 3.4 | 25.65 percent of total billed charges | |
| BKR CHG URINE,VOLUME,MEASUREMENT,TIMED | 81050 | CPT | | | | both | | | 27 | 4.19 | Corrections | Corrections | 21.6 | 80 | | | 3.4 | 3.4 | 25.65 percent of total billed charges | |
| BKR CHG URINE,VOLUME,MEASUREMENT,TIMED | 81050 | CPT | | | | both | | | 27 | 4.19 | First Trenton | First Trenton | 24.3 | 90 | | | 3.4 | 3.4 | 25.65 percent of total billed charges | |
| BKR CHG URINE,VOLUME,MEASUREMENT,TIMED | 81050 | CPT | | | | both | | | 27 | 4.19 | Horizon | MGD | 10.34 | 38.28 | | 9.95 | 3.4 | 3.4 | 25.65 percent of total billed charges | |
| BKR CHG URINE,VOLUME,MEASUREMENT,TIMED | 81050 | CPT | | | | both | | | 27 | 4.19 | Horizon | PPO | 10.34 | 38.28 | | 10.34 | 3.4 | 3.4 | 25.65 percent of total billed charges | |
| BKR CHG URINE,VOLUME,MEASUREMENT,TIMED | 81050 | CPT | | | | both | | | 27 | 4.19 | Horizon | Indemnity | 10.34 | 38.28 | | 9.21 | 3.4 | 3.4 | 25.65 percent of total billed charges | |
| BKR CHG URINE,VOLUME,MEASUREMENT,TIMED | 81050 | CPT | | | | both | | | 27 | 4.19 | Managed Care Inc | Managed Care Inc | 24.3 | 90 | | | 3.4 | 3.4 | 25.65 percent of total billed charges | |
| BKR CHG URINE,VOLUME,MEASUREMENT,TIMED | 81050 | CPT | | | | both | | | 27 | 4.19 | Amerihealth | Medicare | 3.64 | | | | 3.4 | 3.4 | 25.65 fee schedule | |
| BKR CHG URINE,VOLUME,MEASUREMENT,TIMED | 81050 | CPT | | | | both | | | 27 | 4.19 | Horizon | NJ Health | 8 | | | 2.49 | 3.4 | 3.4 | 25.65 fee schedule | |
| BKR CHG URINE,VOLUME,MEASUREMENT,TIMED | 81050 | CPT | | | | both | | | 27 | 4.19 | Wellcare | Medicare | 3.64 | | | | 3.4 | 3.4 | 25.65 fee schedule | |
| BKR CHG URINE,VOLUME,MEASUREMENT,TIMED | 81050 | CPT | | | | both | | | 27 | 4.19 | Three Rivers | Three Rivers | 25.65 | 95 | | | 3.4 | 3.4 | 25.65 percent of total billed charges | |
| BKR CHG URINE,VOLUME,MEASUREMENT,TIMED | 81050 | CPT | | | | both | | | 27 | 4.19 | First Health | First Health | 18.9 | 70 | | | 3.4 | 3.4 | 25.65 percent of total billed charges | |
| BKR CHG URINE,VOLUME,MEASUREMENT,TIMED | 81050 | CPT | | | | both | | | 27 | 4.19 | Multiplan | Multiplan | 21.6 | 80 | | | 3.4 | 3.4 | 25.65 percent of total billed charges | |
| BKR CHG URINE,VOLUME,MEASUREMENT,TIMED | 81050 | CPT | | | | both | | | 27 | 4.19 | Horizon | Medicare Blue | 8.1 | 30 | | 2.79 | 3.4 | 3.4 | 25.65 percent of total billed charges | |
| BKR CHG URINE,VOLUME,MEASUREMENT,TIMED | 81050 | CPT | | | | both | | | 27 | 4.19 | UHC | Medicaid | 3.4 | | | 3.92 | 3.4 | 3.4 | 25.65 fee schedule | |
| BKR CHG URINE,VOLUME,MEASUREMENT,TIMED | 81050 | CPT | | | | both | | | 27 | 4.19 | WellPoint | WellPoint | 8.69 | 32.18 | | 4.78 | 3.4 | 3.4 | 25.65 percent of total billed charges | |
| BKR CHG URINE,VOLUME,MEASUREMENT,TIMED | 81050 | CPT | | | | both | | | 27 | 4.19 | Qualcare | Qualcare | 20.25 | 75 | | | 3.4 | 3.4 | 25.65 percent of total billed charges | |
| BKR CHG URINE,VOLUME,MEASUREMENT,TIMED | 81050 | CPT | | | | both | | | 27 | 4.19 | UHC | Medicare | 3.64 | | | 2.87 | 3.4 | 3.4 | 25.65 fee schedule | |
| BKR CHG HPA-1A(PLA1 PLT AG)GENOTYPING | 81105 | CPT | | | | both | | | 630 | 140.55 | Consumer | Consumer | 598.5 | 95 | | | 97.78 | 97.78 | 598.5 percent of total billed charges | |
| BKR CHG HPA-1A(PLA1 PLT AG)GENOTYPING | 81105 | CPT | | | | both | | | 630 | 140.55 | Aetna | Better Health | 198.77 | 31.55 | | | 97.78 | 97.78 | 598.5 percent of total billed charges | |
| BKR CHG HPA-1A(PLA1 PLT AG)GENOTYPING | 81105 | CPT | | | | both | | | 630 | 140.55 | Horizon | Indemnity | 241.16 | 38.28 | | | 97.78 | 97.78 | 598.5 percent of total billed charges | |
| BKR CHG HPA-1A(PLA1 PLT AG)GENOTYPING | 81105 | CPT | | | | both | | | 630 | 140.55 | Amerihealth | Medicare | 122.22 | | | | 97.78 | 97.78 | 598.5 fee schedule | |
| BKR CHG HPA-1A(PLA1 PLT AG)GENOTYPING | 81105 | CPT | | | | both | | | 630 | 140.55 | Corrections | Corrections | 504 | 80 | | | 97.78 | 97.78 | 598.5 percent of total billed charges | |
| BKR CHG HPA-1A(PLA1 PLT AG)GENOTYPING | 81105 | CPT | | | | both | | | 630 | 140.55 | Amerihealth | HMO/PPO | 409.5 | 65 | | | 97.78 | 97.78 | 598.5 percent of total billed charges | |
| BKR CHG HPA-1A(PLA1 PLT AG)GENOTYPING | 81105 | CPT | | | | both | | | 630 | 140.55 | Americare | Americare | 472.5 | 75 | | | 97.78 | 97.78 | 598.5 percent of total billed charges | |
| BKR CHG HPA-1A(PLA1 PLT AG)GENOTYPING | 81105 | CPT | | | | both | | | 630 | 140.55 | Aetna | Medicare | 194.04 | 30.8 | | | 97.78 | 97.78 | 598.5 percent of total billed charges | |
| BKR CHG HPA-1A(PLA1 PLT AG)GENOTYPING | 81105 | CPT | | | | both | | | 630 | 140.55 | Horizon | NJ Health | 118.31 | | | | 97.78 | 97.78 | 598.5 fee schedule | |
| BKR CHG HPA-1A(PLA1 PLT AG)GENOTYPING | 81105 | CPT | | | | both | | | 630 | 140.55 | First Health | First Health | 441 | 70 | | | 97.78 | 97.78 | 598.5 percent of total billed charges | |
| BKR CHG HPA-1A(PLA1 PLT AG)GENOTYPING | 81105 | CPT | | | | both | | | 630 | 140.55 | UHC | Medicaid | 97.78 | | | | 97.78 | 97.78 | 598.5 fee schedule | |
| BKR CHG HPA-1A(PLA1 PLT AG)GENOTYPING | 81105 | CPT | | | | both | | | 630 | 140.55 | First Trenton | First Trenton | 567 | 90 | | | 97.78 | 97.78 | 598.5 percent of total billed charges | |
| BKR CHG HPA-1A(PLA1 PLT AG)GENOTYPING | 81105 | CPT | | | | both | | | 630 | 140.55 | Wellcare | Medicaid | 97.78 | | | | 97.78 | 97.78 | 598.5 fee schedule | |
| BKR CHG HPA-1A(PLA1 PLT AG)GENOTYPING | 81105 | CPT | | | | both | | | 630 | 140.55 | Qualcare | Qualcare | 472.5 | 75 | | | 97.78 | 97.78 | 598.5 percent of total billed charges | |
| BKR CHG HPA-1A(PLA1 PLT AG)GENOTYPING | 81105 | CPT | | | | both | | | 630 | 140.55 | Wellcare | Medicare | 122.22 | | | | 97.78 | 97.78 | 598.5 fee schedule | |
| BKR CHG HPA-1A(PLA1 PLT AG)GENOTYPING | 81105 | CPT | | | | both | | | 630 | 140.55 | Horizon | MGD | 241.16 | 38.28 | | | 97.78 | 97.78 | 598.5 percent of total billed charges | |
| BKR CHG HPA-1A(PLA1 PLT AG)GENOTYPING | 81105 | CPT | | | | both | | | 630 | 140.55 | Horizon | Medicare Blue | 189 | 30 | | | 97.78 | 97.78 | 598.5 percent of total billed charges | |
| BKR CHG HPA-1A(PLA1 PLT AG)GENOTYPING | 81105 | CPT | | | | both | | | 630 | 140.55 | Managed Care Inc | Managed Care Inc | 567 | 90 | | | 97.78 | 97.78 | 598.5 percent of total billed charges | |
| BKR CHG HPA-1A(PLA1 PLT AG)GENOTYPING | 81105 | CPT | | | | both | | | 630 | 140.55 | UHC | Medicare | 122.22 | | | | 97.78 | 97.78 | 598.5 fee schedule | |
| BKR CHG HPA-1A(PLA1 PLT AG)GENOTYPING | 81105 | CPT | | | | both | | | 630 | 140.55 | Horizon | PPO | 241.16 | 38.28 | | | 97.78 | 97.78 | 598.5 percent of total billed charges | |
| BKR CHG HPA-1A(PLA1 PLT AG)GENOTYPING | 81105 | CPT | | | | both | | | 630 | 140.55 | Multiplan | Multiplan | 504 | 80 | | | 97.78 | 97.78 | 598.5 percent of total billed charges | |
| BKR CHG HPA-1A(PLA1 PLT AG)GENOTYPING | 81105 | CPT | | | | both | | | 630 | 140.55 | WellPoint | WellPoint | 202.73 | 32.18 | | | 97.78 | 97.78 | 598.5 percent of total billed charges | |
| BKR CHG HPA-1A(PLA1 PLT AG)GENOTYPING | 81105 | CPT | | | | both | | | 630 | 140.55 | Three Rivers | Three Rivers | 598.5 | 95 | | | 97.78 | 97.78 | 598.5 percent of total billed charges | |
| BKR CHG IDH1 | 81120 | CPT | | | | outpatient | | | 433 | 222.24 | Amerihealth | Medicare | 193.25 | | | | 129.9 | 129.9 | 411.35 fee schedule | |
| BKR CHG IDH1 | 81120 | CPT | | | | outpatient | | | 433 | 222.24 | WellPoint | WellPoint | 139.34 | 32.18 | | | 129.9 | 129.9 | 411.35 percent of total billed charges | |
| BKR CHG IDH1 | 81120 | CPT | | | | outpatient | | | 433 | 222.24 | Amerihealth | HMO/PPO | 281.45 | 65 | | | 129.9 | 129.9 | 411.35 percent of total billed charges | |
| BKR CHG IDH1 | 81120 | CPT | | | | outpatient | | | 433 | 222.24 | Horizon | Indemnity | 165.75 | 38.28 | | | 129.9 | 129.9 | 411.35 percent of total billed charges | |
| BKR CHG IDH1 | 81120 | CPT | | | | outpatient | | | 433 | 222.24 | Americare | Americare | 324.75 | 75 | | | 129.9 | 129.9 | 411.35 percent of total billed charges | |
| BKR CHG IDH1 | 81120 | CPT | | | | outpatient | | | 433 | 222.24 | Aetna | Medicare | 133.36 | 30.8 | | | 129.9 | 129.9 | 411.35 percent of total billed charges | |
| BKR CHG IDH1 | 81120 | CPT | | | | outpatient | | | 433 | 222.24 | Aetna | Better Health | 136.61 | 31.55 | | | 129.9 | 129.9 | 411.35 percent of total billed charges | |
| BKR CHG IDH1 | 81120 | CPT | | | | outpatient | | | 433 | 222.24 | Consumer | Consumer | 411.35 | 95 | | | 129.9 | 129.9 | 411.35 percent of total billed charges | |
| BKR CHG IDH1 | 81120 | CPT | | | | outpatient | | | 433 | 222.24 | Corrections | Corrections | 346.4 | 80 | | | 129.9 | 129.9 | 411.35 percent of total billed charges | |
| BKR CHG IDH1 | 81120 | CPT | | | | outpatient | | | 433 | 222.24 | Wellcare | Medicaid | 154.6 | | | | 129.9 | 129.9 | 411.35 fee schedule | |
| BKR CHG IDH1 | 81120 | CPT | | | | outpatient | | | 433 | 222.24 | Multiplan | Multiplan | 346.4 | 80 | | | 129.9 | 129.9 | 411.35 percent of total billed charges | |
| BKR CHG IDH1 | 81120 | CPT | | | | outpatient | | | 433 | 222.24 | First Trenton | First Trenton | 389.7 | 90 | | | 129.9 | 129.9 | 411.35 percent of total billed charges | |
| BKR CHG IDH1 | 81120 | CPT | | | | outpatient | | | 433 | 222.24 | First Health | First Health | 303.1 | 70 | | | 129.9 | 129.9 | 411.35 percent of total billed charges | |
| BKR CHG IDH1 | 81120 | CPT | | | | outpatient | | | 433 | 222.24 | Horizon | NJ Health | 151.51 | | | | 129.9 | 129.9 | 411.35 fee schedule | |
| BKR CHG IDH1 | 81120 | CPT | | | | outpatient | | | 433 | 222.24 | Qualcare | Qualcare | 324.75 | 75 | | | 129.9 | 129.9 | 411.35 percent of total billed charges | |
| BKR CHG IDH1 | 81120 | CPT | | | | outpatient | | | 433 | 222.24 | Horizon | MGD | 165.75 | 38.28 | | | 129.9 | 129.9 | 411.35 percent of total billed charges | |
| BKR CHG IDH1 | 81120 | CPT | | | | outpatient | | | 433 | 222.24 | Horizon | Medicare Blue | 129.9 | 30 | | | 129.9 | 129.9 | 411.35 percent of total billed charges | |
| BKR CHG IDH1 | 81120 | CPT | | | | outpatient | | | 433 | 222.24 | Horizon | PPO | 165.75 | 38.28 | | | 129.9 | 129.9 | 411.35 percent of total billed charges | |
| BKR CHG IDH1 | 81120 | CPT | | | | outpatient | | | 433 | 222.24 | UHC | Medicaid | 154.6 | | | | 129.9 | 129.9 | 411.35 fee schedule | |
| BKR CHG IDH1 | 81120 | CPT | | | | outpatient | | | 433 | 222.24 | Managed Care Inc | Managed Care Inc | 389.7 | 90 | | | 129.9 | 129.9 | 411.35 percent of total billed charges | |
| BKR CHG IDH1 | 81120 | CPT | | | | outpatient | | | 433 | 222.24 | UHC | Medicare | 193.25 | | | | 129.9 | 129.9 | 411.35 fee schedule | |
| BKR CHG IDH1 | 81120 | CPT | | | | outpatient | | | 433 | 222.24 | Three Rivers | Three Rivers | 411.35 | 95 | | | 129.9 | 129.9 | 411.35 percent of total billed charges | |
| BKR CHG IDH1 | 81120 | CPT | | | | outpatient | | | 433 | 222.24 | Wellcare | Medicare | 193.25 | | | | 129.9 | 129.9 | 411.35 fee schedule | |
| BKR CHG IDH2 | 81121 | CPT | | | | outpatient | | | 662 | 340.16 | Aetna | Commercial | 251.56 | 38 | | | 198.6 | 198.6 | 628.9 percent of total billed charges | |
| BKR CHG IDH2 | 81121 | CPT | | | | outpatient | | | 662 | 340.16 | Aetna | Better Health | 208.86 | 31.55 | | | 198.6 | 198.6 | 628.9 percent of total billed charges | |
| BKR CHG IDH2 | 81121 | CPT | | | | outpatient | | | 662 | 340.16 | Americare | Americare | 496.5 | 75 | | | 198.6 | 198.6 | 628.9 percent of total billed charges | |
| BKR CHG IDH2 | 81121 | CPT | | | | outpatient | | | 662 | 340.16 | Amerihealth | Medicare | 295.79 | | | | 198.6 | 198.6 | 628.9 fee schedule | |
| BKR CHG IDH2 | 81121 | CPT | | | | outpatient | | | 662 | 340.16 | Consumer | Consumer | 628.9 | 95 | | | 198.6 | 198.6 | 628.9 percent of total billed charges | |
| BKR CHG IDH2 | 81121 | CPT | | | | outpatient | | | 662 | 340.16 | UHC | Medicare | 295.79 | | | | 198.6 | 198.6 | 628.9 fee schedule | |
| BKR CHG IDH2 | 81121 | CPT | | | | outpatient | | | 662 | 340.16 | Amerihealth | HMO/PPO | 430.3 | 65 | | | 198.6 | 198.6 | 628.9 percent of total billed charges | |
| BKR CHG IDH2 | 81121 | CPT | | | | outpatient | | | 662 | 340.16 | First Trenton | First Trenton | 595.8 | 90 | | | 198.6 | 198.6 | 628.9 percent of total billed charges | |
| BKR CHG IDH2 | 81121 | CPT | | | | outpatient | | | 662 | 340.16 | Aetna | Medicare | 203.9 | 30.8 | | | 198.6 | 198.6 | 628.9 percent of total billed charges | |
| BKR CHG IDH2 | 81121 | CPT | | | | outpatient | | | 662 | 340.16 | First Health | First Health | 463.4 | 70 | | | 198.6 | 198.6 | 628.9 percent of total billed charges | |
| BKR CHG IDH2 | 81121 | CPT | | | | outpatient | | | 662 | 340.16 | Horizon | Medicare Blue | 198.6 | 30 | | | 198.6 | 198.6 | 628.9 percent of total billed charges | |
| BKR CHG IDH2 | 81121 | CPT | | | | outpatient | | | 662 | 340.16 | Horizon | PPO | 253.41 | 38.28 | | | 198.6 | 198.6 | 628.9 percent of total billed charges | |
| BKR CHG IDH2 | 81121 | CPT | | | | outpatient | | | 662 | 340.16 | Corrections | Corrections | 529.6 | 80 | | | 198.6 | 198.6 | 628.9 percent of total billed charges | |
| BKR CHG IDH2 | 81121 | CPT | | | | outpatient | | | 662 | 340.16 | Managed Care Inc | Managed Care Inc | 595.8 | 90 | | | 198.6 | 198.6 | 628.9 percent of total billed charges | |
| BKR CHG IDH2 | 81121 | CPT | | | | outpatient | | | 662 | 340.16 | Horizon | Indemnity | 253.41 | 38.28 | | | 198.6 | 198.6 | 628.9 percent of total billed charges | |
| BKR CHG IDH2 | 81121 | CPT | | | | outpatient | | | 662 | 340.16 | Wellcare | Medicaid | 236.63 | | | | 198.6 | 198.6 | 628.9 fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG IDH2 | 81121 | CPT | | | | outpatient | | | 662 | 340.16 | Horizon | MGD | 253.41 | 38.28 | | | 198.6 | 628.9 | percent of total billed charges | |
| BKR CHG IDH2 | 81121 | CPT | | | | outpatient | | | 662 | 340.16 | Horizon | NJ Health | 231.91 | | | | 198.6 | 628.9 | fee schedule | |
| BKR CHG IDH2 | 81121 | CPT | | | | outpatient | | | 662 | 340.16 | UHC | Medicaid | 236.63 | | | | 198.6 | 628.9 | fee schedule | |
| BKR CHG IDH2 | 81121 | CPT | | | | outpatient | | | 662 | 340.16 | Multiplan | Multiplan | 529.6 | 80 | | | 198.6 | 628.9 | percent of total billed charges | |
| BKR CHG IDH2 | 81121 | CPT | | | | outpatient | | | 662 | 340.16 | WellPoint | WellPoint | 213.03 | 32.18 | | | 198.6 | 628.9 | percent of total billed charges | |
| BKR CHG IDH2 | 81121 | CPT | | | | outpatient | | | 662 | 340.16 | Three Rivers | Three Rivers | 628.9 | 95 | | | 198.6 | 628.9 | percent of total billed charges | |
| BKR CHG IDH2 | 81121 | CPT | | | | outpatient | | | 662 | 340.16 | Qualcare | Qualcare | 496.5 | 75 | | | 198.6 | 628.9 | percent of total billed charges | |
| BKR CHG IDH2 | 81121 | CPT | | | | outpatient | | | 662 | 340.16 | Wellcare | Medicare | 295.79 | | | | 198.6 | 628.9 | fee schedule | |
| BKR CHG DUCHENNE MUSCULAR DYSTROPHY (DELETION/DUPLICATION | 81161 | CPT | | | | outpatient | | | 643 | 320.85 | Horizon | Medicare Blue | 192.9 | 30 | | | 59.86 | 610.85 | percent of total billed charges | |
| BKR CHG DUCHENNE MUSCULAR DYSTROPHY (DELETION/DUPLICATION | 81161 | CPT | | | | outpatient | | | 643 | 320.85 | Americare | Americare | 482.25 | 75 | | | 59.86 | 610.85 | percent of total billed charges | |
| BKR CHG DUCHENNE MUSCULAR DYSTROPHY (DELETION/DUPLICATION | 81161 | CPT | | | | outpatient | | | 643 | 320.85 | First Health | First Health | 450.1 | 70 | | | 59.86 | 610.85 | percent of total billed charges | |
| BKR CHG DUCHENNE MUSCULAR DYSTROPHY (DELETION/DUPLICATION | 81161 | CPT | | | | outpatient | | | 643 | 320.85 | Aetna | Better Health | 202.87 | 31.55 | | | 59.86 | 610.85 | percent of total billed charges | |
| BKR CHG DUCHENNE MUSCULAR DYSTROPHY (DELETION/DUPLICATION | 81161 | CPT | | | | outpatient | | | 643 | 320.85 | First Trenton | First Trenton | 578.7 | 90 | | | 59.86 | 610.85 | percent of total billed charges | |
| BKR CHG DUCHENNE MUSCULAR DYSTROPHY (DELETION/DUPLICATION | 81161 | CPT | | | | outpatient | | | 643 | 320.85 | Aetna | Medicare | 198.04 | 30.8 | | | 59.86 | 610.85 | percent of total billed charges | |
| BKR CHG DUCHENNE MUSCULAR DYSTROPHY (DELETION/DUPLICATION | 81161 | CPT | | | | outpatient | | | 643 | 320.85 | Consumer | Consumer | 610.85 | 95 | | | 59.86 | 610.85 | percent of total billed charges | |
| BKR CHG DUCHENNE MUSCULAR DYSTROPHY (DELETION/DUPLICATION | 81161 | CPT | | | | outpatient | | | 643 | 320.85 | Amerihealth | Medicare | 279 | | | | 59.86 | 610.85 | fee schedule | |
| BKR CHG DUCHENNE MUSCULAR DYSTROPHY (DELETION/DUPLICATION | 81161 | CPT | | | | outpatient | | | 643 | 320.85 | UHC | Medicare | 279 | | | | 59.86 | 610.85 | fee schedule | |
| BKR CHG DUCHENNE MUSCULAR DYSTROPHY (DELETION/DUPLICATION | 81161 | CPT | | | | outpatient | | | 643 | 320.85 | Amerihealth | HMO/PPO | 59.86 | | | | 59.86 | 610.85 | fee schedule | |
| BKR CHG DUCHENNE MUSCULAR DYSTROPHY (DELETION/DUPLICATION | 81161 | CPT | | | | outpatient | | | 643 | 320.85 | Horizon | Indemnity | 246.14 | 38.28 | | | 59.86 | 610.85 | percent of total billed charges | |
| BKR CHG DUCHENNE MUSCULAR DYSTROPHY (DELETION/DUPLICATION | 81161 | CPT | | | | outpatient | | | 643 | 320.85 | Corrections | Corrections | 514.4 | 80 | | | 59.86 | 610.85 | percent of total billed charges | |
| BKR CHG DUCHENNE MUSCULAR DYSTROPHY (DELETION/DUPLICATION | 81161 | CPT | | | | outpatient | | | 643 | 320.85 | WellPoint | WellPoint | 206.92 | 32.18 | | | 59.86 | 610.85 | percent of total billed charges | |
| BKR CHG DUCHENNE MUSCULAR DYSTROPHY (DELETION/DUPLICATION | 81161 | CPT | | | | outpatient | | | 643 | 320.85 | Horizon | MGD | 246.14 | 38.28 | | | 59.86 | 610.85 | percent of total billed charges | |
| BKR CHG DUCHENNE MUSCULAR DYSTROPHY (DELETION/DUPLICATION | 81161 | CPT | | | | outpatient | | | 643 | 320.85 | Horizon | NJ Health | 437.47 | | | | 59.86 | 610.85 | fee schedule | |
| BKR CHG DUCHENNE MUSCULAR DYSTROPHY (DELETION/DUPLICATION | 81161 | CPT | | | | outpatient | | | 643 | 320.85 | UHC | Medicaid | 223.2 | | | 223.2 | 59.86 | 610.85 | fee schedule | |
| BKR CHG DUCHENNE MUSCULAR DYSTROPHY (DELETION/DUPLICATION | 81161 | CPT | | | | outpatient | | | 643 | 320.85 | Multiplan | Multiplan | 514.4 | 80 | | | 59.86 | 610.85 | percent of total billed charges | |
| BKR CHG DUCHENNE MUSCULAR DYSTROPHY (DELETION/DUPLICATION | 81161 | CPT | | | | outpatient | | | 643 | 320.85 | Wellcare | Medicare | 279 | | | | 59.86 | 610.85 | fee schedule | |
| BKR CHG DUCHENNE MUSCULAR DYSTROPHY (DELETION/DUPLICATION | 81161 | CPT | | | | outpatient | | | 643 | 320.85 | Horizon | PPO | 246.14 | 38.28 | | | 59.86 | 610.85 | percent of total billed charges | |
| BKR CHG DUCHENNE MUSCULAR DYSTROPHY (DELETION/DUPLICATION | 81161 | CPT | | | | outpatient | | | 643 | 320.85 | Wellcare | Medicaid | 223.2 | | | | 59.86 | 610.85 | fee schedule | |
| BKR CHG DUCHENNE MUSCULAR DYSTROPHY (DELETION/DUPLICATION | 81161 | CPT | | | | outpatient | | | 643 | 320.85 | Qualcare | Qualcare | 482.25 | 75 | | | 59.86 | 610.85 | percent of total billed charges | |
| BKR CHG DUCHENNE MUSCULAR DYSTROPHY (DELETION/DUPLICATION | 81161 | CPT | | | | outpatient | | | 643 | 320.85 | Managed Care Inc | Managed Care Inc | 578.7 | 90 | | | 59.86 | 610.85 | percent of total billed charges | |
| BKR CHG DUCHENNE MUSCULAR DYSTROPHY (DELETION/DUPLICATION | 81161 | CPT | | | | outpatient | | | 643 | 320.85 | Three Rivers | Three Rivers | 610.85 | 95 | | | 59.86 | 610.85 | percent of total billed charges | |
| BKR CHG BRCASSURE COMPREHENSIVE PANEL | 81162 | CPT | | | | outpatient | | | 9187 | 2098.61 | Aetna | Medicare | 2829.6 | 30.8 | | | 945.3 | 8727.65 | percent of total billed charges | |
| BKR CHG BRCASSURE COMPREHENSIVE PANEL | 81162 | CPT | | | | outpatient | | | 9187 | 2098.61 | Americare | Americare | 6890.25 | 75 | | | 945.3 | 8727.65 | percent of total billed charges | |
| BKR CHG BRCASSURE COMPREHENSIVE PANEL | 81162 | CPT | | | | outpatient | | | 9187 | 2098.61 | Amerihealth | Medicare | 1824.88 | | | | 945.3 | 8727.65 | fee schedule | |
| BKR CHG BRCASSURE COMPREHENSIVE PANEL | 81162 | CPT | | | | outpatient | | | 9187 | 2098.61 | Horizon | MGD | 3516.78 | 38.28 | | | 945.3 | 8727.65 | percent of total billed charges | |
| BKR CHG BRCASSURE COMPREHENSIVE PANEL | 81162 | CPT | | | | outpatient | | | 9187 | 2098.61 | Aetna | Better Health | 2898.5 | 31.55 | | | 945.3 | 8727.65 | percent of total billed charges | |
| BKR CHG BRCASSURE COMPREHENSIVE PANEL | 81162 | CPT | | | | outpatient | | | 9187 | 2098.61 | Amerihealth | HMO/PPO | 1061.74 | | | | 945.3 | 8727.65 | fee schedule | |
| BKR CHG BRCASSURE COMPREHENSIVE PANEL | 81162 | CPT | | | | outpatient | | | 9187 | 2098.61 | Horizon | Indemnity | 3516.78 | 38.28 | | | 945.3 | 8727.65 | percent of total billed charges | |
| BKR CHG BRCASSURE COMPREHENSIVE PANEL | 81162 | CPT | | | | outpatient | | | 9187 | 2098.61 | First Trenton | First Trenton | 8268.3 | 90 | | | 945.3 | 8727.65 | percent of total billed charges | |
| BKR CHG BRCASSURE COMPREHENSIVE PANEL | 81162 | CPT | | | | outpatient | | | 9187 | 2098.61 | Consumer | Consumer | 8727.65 | 95 | | | 945.3 | 8727.65 | percent of total billed charges | |
| BKR CHG BRCASSURE COMPREHENSIVE PANEL | 81162 | CPT | | | | outpatient | | | 9187 | 2098.61 | First Health | First Health | 6430.9 | 70 | | | 945.3 | 8727.65 | percent of total billed charges | |
| BKR CHG BRCASSURE COMPREHENSIVE PANEL | 81162 | CPT | | | | outpatient | | | 9187 | 2098.61 | Corrections | Corrections | 7349.6 | 80 | | | 945.3 | 8727.65 | percent of total billed charges | |
| BKR CHG BRCASSURE COMPREHENSIVE PANEL | 81162 | CPT | | | | outpatient | | | 9187 | 2098.61 | Horizon | NJ Health | 3897.83 | | | | 945.3 | 8727.65 | fee schedule | |
| BKR CHG BRCASSURE COMPREHENSIVE PANEL | 81162 | CPT | | | | outpatient | | | 9187 | 2098.61 | Wellcare | Medicare | 1824.88 | | | | 945.3 | 8727.65 | fee schedule | |
| BKR CHG BRCASSURE COMPREHENSIVE PANEL | 81162 | CPT | | | | outpatient | | | 9187 | 2098.61 | Horizon | Medicare Blue | 2756.1 | 30 | | | 945.3 | 8727.65 | percent of total billed charges | |
| BKR CHG BRCASSURE COMPREHENSIVE PANEL | 81162 | CPT | | | | outpatient | | | 9187 | 2098.61 | Multiplan | Multiplan | 7349.6 | 80 | | | 945.3 | 8727.65 | percent of total billed charges | |
| BKR CHG BRCASSURE COMPREHENSIVE PANEL | 81162 | CPT | | | | outpatient | | | 9187 | 2098.61 | Horizon | PPO | 3516.78 | 38.28 | | | 945.3 | 8727.65 | percent of total billed charges | |
| BKR CHG BRCASSURE COMPREHENSIVE PANEL | 81162 | CPT | | | | outpatient | | | 9187 | 2098.61 | Wellcare | Medicaid | 1459.9 | | | | 945.3 | 8727.65 | fee schedule | |
| BKR CHG BRCASSURE COMPREHENSIVE PANEL | 81162 | CPT | | | | outpatient | | | 9187 | 2098.61 | UHC | Medicaid | 1459.9 | | | | 945.3 | 8727.65 | fee schedule | |
| BKR CHG BRCASSURE COMPREHENSIVE PANEL | 81162 | CPT | | | | outpatient | | | 9187 | 2098.61 | WellPoint | WellPoint | 2956.38 | 32.18 | | | 945.3 | 8727.65 | percent of total billed charges | |
| BKR CHG BRCASSURE COMPREHENSIVE PANEL | 81162 | CPT | | | | outpatient | | | 9187 | 2098.61 | Managed Care Inc | Managed Care Inc | 8268.3 | 90 | | | 945.3 | 8727.65 | percent of total billed charges | |
| BKR CHG BRCASSURE COMPREHENSIVE PANEL | 81162 | CPT | | | | outpatient | | | 9187 | 2098.61 | Qualcare | Qualcare | 6890.25 | 75 | | | 945.3 | 8727.65 | percent of total billed charges | |
| BKR CHG BRCASSURE COMPREHENSIVE PANEL | 81162 | CPT | | | | outpatient | | | 9187 | 2098.61 | Three Rivers | Three Rivers | 8727.65 | 95 | | | 945.3 | 8727.65 | percent of total billed charges | |
| BKR CHG BRCASSURE COMPREHENSIVE PANEL | 81162 | CPT | | | | outpatient | | | 9187 | 2098.61 | UHC | Medicare | 1824.88 | | | | 945.3 | 8727.65 | fee schedule | |
| BKR CHG BRCASSURE DEL/DUP | 81164 | CPT | | | | outpatient | | | 1116 | 671.86 | Aetna | Commercial | 424.08 | 38 | | | 334.8 | 1060.2 | percent of total billed charges | |
| BKR CHG BRCASSURE DEL/DUP | 81164 | CPT | | | | outpatient | | | 1116 | 671.86 | Aetna | Better Health | 352.1 | 31.55 | | | 334.8 | 1060.2 | percent of total billed charges | |
| BKR CHG BRCASSURE DEL/DUP | 81164 | CPT | | | | outpatient | | | 1116 | 671.86 | Horizon | Medicare Blue | 334.8 | 30 | | | 334.8 | 1060.2 | percent of total billed charges | |
| BKR CHG BRCASSURE DEL/DUP | 81164 | CPT | | | | outpatient | | | 1116 | 671.86 | Amerihealth | Medicare | 584.23 | | | | 334.8 | 1060.2 | fee schedule | |
| BKR CHG BRCASSURE DEL/DUP | 81164 | CPT | | | | outpatient | | | 1116 | 671.86 | UHC | Medicaid | 467.38 | | | | 334.8 | 1060.2 | fee schedule | |
| BKR CHG BRCASSURE DEL/DUP | 81164 | CPT | | | | outpatient | | | 1116 | 671.86 | Consumer | Consumer | 1060.2 | 95 | | | 334.8 | 1060.2 | percent of total billed charges | |
| BKR CHG BRCASSURE DEL/DUP | 81164 | CPT | | | | outpatient | | | 1116 | 671.86 | Americare | Americare | 837 | 75 | | | 334.8 | 1060.2 | percent of total billed charges | |
| BKR CHG BRCASSURE DEL/DUP | 81164 | CPT | | | | outpatient | | | 1116 | 671.86 | Amerihealth | HMO/PPO | 725.4 | 65 | | | 334.8 | 1060.2 | percent of total billed charges | |
| BKR CHG BRCASSURE DEL/DUP | 81164 | CPT | | | | outpatient | | | 1116 | 671.86 | Wellcare | Medicare | 584.23 | | | | 334.8 | 1060.2 | fee schedule | |
| BKR CHG BRCASSURE DEL/DUP | 81164 | CPT | | | | outpatient | | | 1116 | 671.86 | Aetna | Medicare | 343.73 | 30.8 | | | 334.8 | 1060.2 | percent of total billed charges | |
| BKR CHG BRCASSURE DEL/DUP | 81164 | CPT | | | | outpatient | | | 1116 | 671.86 | Horizon | MGD | 427.2 | 38.28 | | | 334.8 | 1060.2 | percent of total billed charges | |
| BKR CHG BRCASSURE DEL/DUP | 81164 | CPT | | | | outpatient | | | 1116 | 671.86 | Corrections | Corrections | 892.8 | 80 | | | 334.8 | 1060.2 | percent of total billed charges | |
| BKR CHG BRCASSURE DEL/DUP | 81164 | CPT | | | | outpatient | | | 1116 | 671.86 | Horizon | PPO | 427.2 | 38.28 | | | 334.8 | 1060.2 | percent of total billed charges | |
| BKR CHG BRCASSURE DEL/DUP | 81164 | CPT | | | | outpatient | | | 1116 | 671.86 | First Health | First Health | 781.2 | 70 | | | 334.8 | 1060.2 | percent of total billed charges | |
| BKR CHG BRCASSURE DEL/DUP | 81164 | CPT | | | | outpatient | | | 1116 | 671.86 | Three Rivers | Three Rivers | 1060.2 | 95 | | | 334.8 | 1060.2 | percent of total billed charges | |
| BKR CHG BRCASSURE DEL/DUP | 81164 | CPT | | | | outpatient | | | 1116 | 671.86 | Horizon | Indemnity | 427.2 | 38.28 | | | 334.8 | 1060.2 | percent of total billed charges | |
| BKR CHG BRCASSURE DEL/DUP | 81164 | CPT | | | | outpatient | | | 1116 | 671.86 | Multiplan | Multiplan | 892.8 | 80 | | | 334.8 | 1060.2 | percent of total billed charges | |
| BKR CHG BRCASSURE DEL/DUP | 81164 | CPT | | | | outpatient | | | 1116 | 671.86 | First Trenton | First Trenton | 1004.4 | 90 | | | 334.8 | 1060.2 | percent of total billed charges | |
| BKR CHG BRCASSURE DEL/DUP | 81164 | CPT | | | | outpatient | | | 1116 | 671.86 | Wellcare | Medicaid | 467.38 | | | | 334.8 | 1060.2 | fee schedule | |
| BKR CHG BRCASSURE DEL/DUP | 81164 | CPT | | | | outpatient | | | 1116 | 671.86 | Qualcare | Qualcare | 837 | 75 | | | 334.8 | 1060.2 | percent of total billed charges | |
| BKR CHG BRCASSURE DEL/DUP | 81164 | CPT | | | | outpatient | | | 1116 | 671.86 | Horizon | NJ Health | 458.03 | | | | 334.8 | 1060.2 | fee schedule | |
| BKR CHG BRCASSURE DEL/DUP | 81164 | CPT | | | | outpatient | | | 1116 | 671.86 | UHC | Medicare | 584.23 | | | | 334.8 | 1060.2 | fee schedule | |
| BKR CHG BRCASSURE DEL/DUP | 81164 | CPT | | | | outpatient | | | 1116 | 671.86 | Managed Care Inc | Managed Care Inc | 1004.4 | 90 | | | 334.8 | 1060.2 | percent of total billed charges | |
| BKR CHG BRCASSURE DEL/DUP | 81164 | CPT | | | | outpatient | | | 1116 | 671.86 | WellPoint | WellPoint | 359.13 | 32.18 | | | 334.8 | 1060.2 | percent of total billed charges | |
| BKR CHG ATN1 | 81177 | CPT | | | | outpatient | | | 437 | 157.55 | First Health | First Health | 305.9 | 70 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATN1 | 81177 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | MGD | 167.28 | 38.28 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATN1 | 81177 | CPT | | | | outpatient | | | 437 | 157.55 | Amerihealth | HMO/PPO | 284.05 | 65 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATN1 | 81177 | CPT | | | | outpatient | | | 437 | 157.55 | Aetna | Medicare | 134.6 | 30.8 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATN1 | 81177 | CPT | | | | outpatient | | | 437 | 157.55 | Consumer | Consumer | 415.15 | 95 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATN1 | 81177 | CPT | | | | outpatient | | | 437 | 157.55 | Amerihealth | Medicare | 137 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG ATN1 | 81177 | CPT | | | | outpatient | | | 437 | 157.55 | Aetna | Better Health | 137.87 | 31.55 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATN1 | 81177 | CPT | | | | outpatient | | | 437 | 157.55 | Americare | Americare | 327.75 | 75 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATN1 | 81177 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | Indemnity | 167.28 | 38.28 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATN1 | 81177 | CPT | | | | outpatient | | | 437 | 157.55 | UHC | Medicare | 137 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG ATN1 | 81177 | CPT | | | | outpatient | | | 437 | 157.55 | Qualcare | Qualcare | 327.75 | 75 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATN1 | 81177 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | Medicare Blue | 131.1 | 30 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATN1 | 81177 | CPT | | | | outpatient | | | 437 | 157.55 | Corrections | Corrections | 349.6 | 80 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATN1 | 81177 | CPT | | | | outpatient | | | 437 | 157.55 | UHC | Medicaid | 109.6 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG ATN1 | 81177 | CPT | | | | outpatient | | | 437 | 157.55 | Multiplan | Multiplan | 349.6 | 80 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATN1 | 81177 | CPT | | | | outpatient | | | 437 | 157.55 | Wellcare | Medicaid | 109.6 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG ATN1 | 81177 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | PPO | 167.28 | 38.28 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATN1 | 81177 | CPT | | | | outpatient | | | 437 | 157.55 | Wellcare | Medicare | 137 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG ATN1 | 81177 | CPT | | | | outpatient | | | 437 | 157.55 | First Trenton | First Trenton | 393.3 | 90 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATN1 | 81177 | CPT | | | | outpatient | | | 437 | 157.55 | Three Rivers | Three Rivers | 415.15 | 95 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATN1 | 81177 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | NJ Health | 107.41 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG ATN1 | 81177 | CPT | | | | outpatient | | | 437 | 157.55 | Managed Care Inc | Managed Care Inc | 393.3 | 90 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATN1 | 81177 | CPT | | | | outpatient | | | 437 | 157.55 | WellPoint | WellPoint | 140.63 | 32.18 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG SCA1(ATXN1)REPEAT EXPANSION | 81178 | CPT | | | | outpatient | | | 1081 | 157.55 | Horizon | Medicare Blue | 324.3 | 30 | | | 107.41 | 1026.95 | percent of total billed charges | |
| BKR CHG SCA1(ATXN1)REPEAT EXPANSION | 81178 | CPT | | | | outpatient | | | 1081 | 157.55 | Consumer | Consumer | 1026.95 | 95 | | | 107.41 | 1026.95 | percent of total billed charges | |
| BKR CHG SCA1(ATXN1)REPEAT EXPANSION | 81178 | CPT | | | | outpatient | | | 1081 | 157.55 | Aetna | Medicare | 332.95 | 30.8 | | | 107.41 | 1026.95 | percent of total billed charges | |
| BKR CHG SCA1(ATXN1)REPEAT EXPANSION | 81178 | CPT | | | | outpatient | | | 1081 | 157.55 | Amerihealth | Medicare | 137 | | | | 107.41 | 1026.95 | fee schedule | |
| BKR CHG SCA1(ATXN1)REPEAT EXPANSION | 81178 | CPT | | | | outpatient | | | 1081 | 157.55 | WellPoint | WellPoint | 347.87 | 32.18 | | | 107.41 | 1026.95 | percent of total billed charges | |
| BKR CHG SCA1(ATXN1)REPEAT EXPANSION | 81178 | CPT | | | | outpatient | | | 1081 | 157.55 | Aetna | Better Health | 341.06 | 31.55 | | | 107.41 | 1026.95 | percent of total billed charges | |
| BKR CHG SCA1(ATXN1)REPEAT EXPANSION | 81178 | CPT | | | | outpatient | | | 1081 | 157.55 | Horizon | MGD | 413.81 | 38.28 | | | 107.41 | 1026.95 | percent of total billed charges | |
| BKR CHG SCA1(ATXN1)REPEAT EXPANSION | 81178 | CPT | | | | outpatient | | | 1081 | 157.55 | First Health | First Health | 766.7 | 70 | | | 107.41 | 1026.95 | percent of total billed charges | |
| BKR CHG SCA1(ATXN1)REPEAT EXPANSION | 81178 | CPT | | | | outpatient | | | 1081 | 157.55 | UHC | Medicare | 137 | | | | 107.41 | 1026.95 | fee schedule | |
| BKR CHG SCA1(ATXN1)REPEAT EXPANSION | 81178 | CPT | | | | outpatient | | | 1081 | 157.55 | Corrections | Corrections | 864.8 | 80 | | | 107.41 | 1026.95 | percent of total billed charges | |
| BKR CHG SCA1(ATXN1)REPEAT EXPANSION | 81178 | CPT | | | | outpatient | | | 1081 | 157.55 | Americare | Americare | 810.75 | 75 | | | 107.41 | 1026.95 | percent of total billed charges | |
| BKR CHG SCA1(ATXN1)REPEAT EXPANSION | 81178 | CPT | | | | outpatient | | | 1081 | 157.55 | Horizon | PPO | 413.81 | 38.28 | | | 107.41 | 1026.95 | percent of total billed charges | |
| BKR CHG SCA1(ATXN1)REPEAT EXPANSION | 81178 | CPT | | | | outpatient | | | 1081 | 157.55 | Wellcare | Medicare | 137 | | | | 107.41 | 1026.95 | fee schedule | |
| BKR CHG SCA1(ATXN1)REPEAT EXPANSION | 81178 | CPT | | | | outpatient | | | 1081 | 157.55 | Amerihealth | HMO/PPO | 702.65 | 65 | | | 107.41 | 1026.95 | percent of total billed charges | |
| BKR CHG SCA1(ATXN1)REPEAT EXPANSION | 81178 | CPT | | | | outpatient | | | 1081 | 157.55 | Three Rivers | Three Rivers | 1026.95 | 95 | | | 107.41 | 1026.95 | percent of total billed charges | |
| BKR CHG SCA1(ATXN1)REPEAT EXPANSION | 81178 | CPT | | | | outpatient | | | 1081 | 157.55 | First Trenton | First Trenton | 972.9 | 90 | | | 107.41 | 1026.95 | percent of total billed charges | |
| BKR CHG SCA1(ATXN1)REPEAT EXPANSION | 81178 | CPT | | | | outpatient | | | 1081 | 157.55 | Horizon | Indemnity | 413.81 | 38.28 | | | 107.41 | 1026.95 | percent of total billed charges | |
| BKR CHG SCA1(ATXN1)REPEAT EXPANSION | 81178 | CPT | | | | outpatient | | | 1081 | 157.55 | Horizon | NJ Health | 107.41 | | | | 107.41 | 1026.95 | fee schedule | |
| BKR CHG SCA1(ATXN1)REPEAT EXPANSION | 81178 | CPT | | | | outpatient | | | 1081 | 157.55 | Multiplan | Multiplan | 864.8 | 80 | | | 107.41 | 1026.95 | percent of total billed charges | |
| BKR CHG SCA1(ATXN1)REPEAT EXPANSION | 81178 | CPT | | | | outpatient | | | 1081 | 157.55 | Managed Care Inc | Managed Care Inc | 972.9 | 90 | | | 107.41 | 1026.95 | percent of total billed charges | |
| BKR CHG SCA1(ATXN1)REPEAT EXPANSION | 81178 | CPT | | | | outpatient | | | 1081 | 157.55 | Qualcare | Qualcare | 810.75 | 75 | | | 107.41 | 1026.95 | percent of total billed charges | |
| BKR CHG SCA1(ATXN1)REPEAT EXPANSION | 81178 | CPT | | | | outpatient | | | 1081 | 157.55 | Wellcare | Medicaid | 109.6 | | | | 107.41 | 1026.95 | fee schedule | |
| BKR CHG SCA1(ATXN1)REPEAT EXPANSION | 81178 | CPT | | | | outpatient | | | 1081 | 157.55 | UHC | Medicaid | 109.6 | | | | 107.41 | 1026.95 | fee schedule | |
| BKR CHG ATXN2 | 81179 | CPT | | | | outpatient | | | 437 | 157.55 | Amerihealth | Medicare | 137 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG ATXN2 | 81179 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | MGD | 167.28 | 38.28 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN2 | 81179 | CPT | | | | outpatient | | | 437 | 157.55 | First Health | First Health | 305.9 | 70 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN2 | 81179 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | Medicare Blue | 131.1 | 30 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN2 | 81179 | CPT | | | | outpatient | | | 437 | 157.55 | Aetna | Better Health | 137.87 | 31.55 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN2 | 81179 | CPT | | | | outpatient | | | 437 | 157.55 | Wellcare | Medicaid | 109.6 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG ATXN2 | 81179 | CPT | | | | outpatient | | | 437 | 157.55 | Aetna | Medicare | 134.6 | 30.8 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN2 | 81179 | CPT | | | | outpatient | | | 437 | 157.55 | Americare | Americare | 327.75 | 75 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN2 | 81179 | CPT | | | | outpatient | | | 437 | 157.55 | Corrections | Corrections | 349.6 | 80 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN2 | 81179 | CPT | | | | outpatient | | | 437 | 157.55 | UHC | Medicaid | 109.6 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG ATXN2 | 81179 | CPT | | | | outpatient | | | 437 | 157.55 | Wellcare | Medicare | 137 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG ATXN2 | 81179 | CPT | | | | outpatient | | | 437 | 157.55 | Consumer | Consumer | 415.15 | 95 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN2 | 81179 | CPT | | | | outpatient | | | 437 | 157.55 | Aetna | Commercial | 166.06 | 38 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN2 | 81179 | CPT | | | | outpatient | | | 437 | 157.55 | First Trenton | First Trenton | 393.3 | 90 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN2 | 81179 | CPT | | | | outpatient | | | 437 | 157.55 | WellPoint | WellPoint | 140.63 | 32.18 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN2 | 81179 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | NJ Health | 107.41 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG ATXN2 | 81179 | CPT | | | | outpatient | | | 437 | 157.55 | Amerihealth | HMO/PPO | 284.05 | 65 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN2 | 81179 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | PPO | 167.28 | 38.28 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN2 | 81179 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | Indemnity | 167.28 | 38.28 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN2 | 81179 | CPT | | | | outpatient | | | 437 | 157.55 | Managed Care Inc | Managed Care Inc | 393.3 | 90 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN2 | 81179 | CPT | | | | outpatient | | | 437 | 157.55 | Multiplan | Multiplan | 349.6 | 80 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN2 | 81179 | CPT | | | | outpatient | | | 437 | 157.55 | Three Rivers | Three Rivers | 415.15 | 95 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN2 | 81179 | CPT | | | | outpatient | | | 437 | 157.55 | Qualcare | Qualcare | 327.75 | 75 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN2 | 81179 | CPT | | | | outpatient | | | 437 | 157.55 | UHC | Medicare | 137 | | | | 107.41 | 415.15 | fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG ATXN3 | 81180 | CPT | | | | outpatient | | | 437 | 157.55 | First Trenton | First Trenton | 393.3 | 90 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN3 | 81180 | CPT | | | | outpatient | | | 437 | 157.55 | Amerihealth | HMO/PPO | 284.05 | 65 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN3 | 81180 | CPT | | | | outpatient | | | 437 | 157.55 | Aetna | Better Health | 137.87 | 31.55 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN3 | 81180 | CPT | | | | outpatient | | | 437 | 157.55 | Aetna | Commercial | 166.06 | 38 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN3 | 81180 | CPT | | | | outpatient | | | 437 | 157.55 | WellPoint | WellPoint | 140.63 | 32.18 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN3 | 81180 | CPT | | | | outpatient | | | 437 | 157.55 | Americare | Americare | 327.75 | 75 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN3 | 81180 | CPT | | | | outpatient | | | 437 | 157.55 | Amerihealth | Medicare | 137 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG ATXN3 | 81180 | CPT | | | | outpatient | | | 437 | 157.55 | Corrections | Corrections | 349.6 | 80 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN3 | 81180 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | PPO | 167.28 | 38.28 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN3 | 81180 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | Indemnity | 167.28 | 38.28 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN3 | 81180 | CPT | | | | outpatient | | | 437 | 157.55 | First Health | First Health | 305.9 | 70 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN3 | 81180 | CPT | | | | outpatient | | | 437 | 157.55 | Aetna | Medicare | 134.6 | 30.8 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN3 | 81180 | CPT | | | | outpatient | | | 437 | 157.55 | Managed Care Inc | Managed Care Inc | 393.3 | 90 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN3 | 81180 | CPT | | | | outpatient | | | 437 | 157.55 | Consumer | Consumer | 415.15 | 95 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN3 | 81180 | CPT | | | | outpatient | | | 437 | 157.55 | UHC | Medicare | 137 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG ATXN3 | 81180 | CPT | | | | outpatient | | | 437 | 157.55 | UHC | Medicaid | 109.6 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG ATXN3 | 81180 | CPT | | | | outpatient | | | 437 | 157.55 | Three Rivers | Three Rivers | 415.15 | 95 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN3 | 81180 | CPT | | | | outpatient | | | 437 | 157.55 | Multiplan | Multiplan | 349.6 | 80 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN3 | 81180 | CPT | | | | outpatient | | | 437 | 157.55 | Wellcare | Medicaid | 109.6 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG ATXN3 | 81180 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | MGD | 167.28 | 38.28 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN3 | 81180 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | Medicare Blue | 131.1 | 30 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN3 | 81180 | CPT | | | | outpatient | | | 437 | 157.55 | Wellcare | Medicare | 137 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG ATXN3 | 81180 | CPT | | | | outpatient | | | 437 | 157.55 | Qualcare | Qualcare | 327.75 | 75 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN3 | 81180 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | NJ Health | 107.41 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG ATXN7 | 81181 | CPT | | | | outpatient | | | 437 | 157.55 | Corrections | Corrections | 349.6 | 80 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN7 | 81181 | CPT | | | | outpatient | | | 437 | 157.55 | First Health | First Health | 305.9 | 70 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN7 | 81181 | CPT | | | | outpatient | | | 437 | 157.55 | Americare | Americare | 327.75 | 75 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN7 | 81181 | CPT | | | | outpatient | | | 437 | 157.55 | Aetna | Medicare | 134.6 | 30.8 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN7 | 81181 | CPT | | | | outpatient | | | 437 | 157.55 | Consumer | Consumer | 415.15 | 95 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN7 | 81181 | CPT | | | | outpatient | | | 437 | 157.55 | Aetna | Better Health | 137.87 | 31.55 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN7 | 81181 | CPT | | | | outpatient | | | 437 | 157.55 | Aetna | Commercial | 166.06 | 38 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN7 | 81181 | CPT | | | | outpatient | | | 437 | 157.55 | Amerihealth | Medicare | 137 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG ATXN7 | 81181 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | NJ Health | 107.41 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG ATXN7 | 81181 | CPT | | | | outpatient | | | 437 | 157.55 | Multiplan | Multiplan | 349.6 | 80 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN7 | 81181 | CPT | | | | outpatient | | | 437 | 157.55 | UHC | Medicaid | 109.6 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG ATXN7 | 81181 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | MGD | 167.28 | 38.28 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN7 | 81181 | CPT | | | | outpatient | | | 437 | 157.55 | Wellcare | Medicaid | 109.6 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG ATXN7 | 81181 | CPT | | | | outpatient | | | 437 | 157.55 | Amerihealth | HMO/PPO | 284.05 | 65 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN7 | 81181 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | Indemnity | 167.28 | 38.28 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN7 | 81181 | CPT | | | | outpatient | | | 437 | 157.55 | First Trenton | First Trenton | 393.3 | 90 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN7 | 81181 | CPT | | | | outpatient | | | 437 | 157.55 | Wellcare | Medicare | 137 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG ATXN7 | 81181 | CPT | | | | outpatient | | | 437 | 157.55 | Qualcare | Qualcare | 327.75 | 75 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN7 | 81181 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | PPO | 167.28 | 38.28 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN7 | 81181 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | Medicare Blue | 131.1 | 30 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN7 | 81181 | CPT | | | | outpatient | | | 437 | 157.55 | Managed Care Inc | Managed Care Inc | 393.3 | 90 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN7 | 81181 | CPT | | | | outpatient | | | 437 | 157.55 | UHC | Medicare | 137 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG ATXN7 | 81181 | CPT | | | | outpatient | | | 437 | 157.55 | Three Rivers | Three Rivers | 415.15 | 95 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN7 | 81181 | CPT | | | | outpatient | | | 437 | 157.55 | WellPoint | WellPoint | 140.63 | 32.18 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN8OS/ATXN8 | 81182 | CPT | | | | outpatient | | | 437 | 157.55 | Amerihealth | HMO/PPO | 284.05 | 65 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN8OS/ATXN8 | 81182 | CPT | | | | outpatient | | | 437 | 157.55 | UHC | Medicare | 137 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG ATXN8OS/ATXN8 | 81182 | CPT | | | | outpatient | | | 437 | 157.55 | Aetna | Medicare | 134.6 | 30.8 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN8OS/ATXN8 | 81182 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | Indemnity | 167.28 | 38.28 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN8OS/ATXN8 | 81182 | CPT | | | | outpatient | | | 437 | 157.55 | First Trenton | First Trenton | 393.3 | 90 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN8OS/ATXN8 | 81182 | CPT | | | | outpatient | | | 437 | 157.55 | Aetna | Better Health | 137.87 | 31.55 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN8OS/ATXN8 | 81182 | CPT | | | | outpatient | | | 437 | 157.55 | Consumer | Consumer | 415.15 | 95 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN8OS/ATXN8 | 81182 | CPT | | | | outpatient | | | 437 | 157.55 | Americare | Americare | 327.75 | 75 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN8OS/ATXN8 | 81182 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | MGD | 167.28 | 38.28 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN8OS/ATXN8 | 81182 | CPT | | | | outpatient | | | 437 | 157.55 | UHC | Medicaid | 109.6 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG ATXN8OS/ATXN8 | 81182 | CPT | | | | outpatient | | | 437 | 157.55 | First Health | First Health | 305.9 | 70 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN8OS/ATXN8 | 81182 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | PPO | 167.28 | 38.28 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN8OS/ATXN8 | 81182 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | Medicare Blue | 131.1 | 30 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN8OS/ATXN8 | 81182 | CPT | | | | outpatient | | | 437 | 157.55 | WellPoint | WellPoint | 140.63 | 32.18 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN8OS/ATXN8 | 81182 | CPT | | | | outpatient | | | 437 | 157.55 | Corrections | Corrections | 349.6 | 80 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN8OS/ATXN8 | 81182 | CPT | | | | outpatient | | | 437 | 157.55 | Amerihealth | Medicare | 137 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG ATXN8OS/ATXN8 | 81182 | CPT | | | | outpatient | | | 437 | 157.55 | Multiplan | Multiplan | 349.6 | 80 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN8OS/ATXN8 | 81182 | CPT | | | | outpatient | | | 437 | 157.55 | Three Rivers | Three Rivers | 415.15 | 95 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN8OS/ATXN8 | 81182 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | NJ Health | 107.41 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG ATXN8OS/ATXN8 | 81182 | CPT | | | | outpatient | | | 437 | 157.55 | Wellcare | Medicaid | 109.6 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG ATXN8OS/ATXN8 | 81182 | CPT | | | | outpatient | | | 437 | 157.55 | Managed Care Inc | Managed Care Inc | 393.3 | 90 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN8OS/ATXN8 | 81182 | CPT | | | | outpatient | | | 437 | 157.55 | Qualcare | Qualcare | 327.75 | 75 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN8OS/ATXN8 | 81182 | CPT | | | | outpatient | | | 437 | 157.55 | Wellcare | Medicare | 137 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG ATXN10 | 81183 | CPT | | | | outpatient | | | 437 | 157.55 | Americare | Americare | 327.75 | 75 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN10 | 81183 | CPT | | | | outpatient | | | 437 | 157.55 | First Trenton | First Trenton | 393.3 | 90 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN10 | 81183 | CPT | | | | outpatient | | | 437 | 157.55 | Consumer | Consumer | 415.15 | 95 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN10 | 81183 | CPT | | | | outpatient | | | 437 | 157.55 | Aetna | Better Health | 137.87 | 31.55 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN10 | 81183 | CPT | | | | outpatient | | | 437 | 157.55 | Amerihealth | HMO/PPO | 284.05 | 65 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN10 | 81183 | CPT | | | | outpatient | | | 437 | 157.55 | Amerihealth | Medicare | 137 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG ATXN10 | 81183 | CPT | | | | outpatient | | | 437 | 157.55 | Aetna | Commercial | 166.06 | 38 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN10 | 81183 | CPT | | | | outpatient | | | 437 | 157.55 | UHC | Medicare | 137 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG ATXN10 | 81183 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | Medicare Blue | 131.1 | 30 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN10 | 81183 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | PPO | 167.28 | 38.28 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN10 | 81183 | CPT | | | | outpatient | | | 437 | 157.55 | Corrections | Corrections | 349.6 | 80 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN10 | 81183 | CPT | | | | outpatient | | | 437 | 157.55 | First Health | First Health | 305.9 | 70 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN10 | 81183 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | Indemnity | 167.28 | 38.28 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN10 | 81183 | CPT | | | | outpatient | | | 437 | 157.55 | WellPoint | WellPoint | 140.63 | 32.18 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN10 | 81183 | CPT | | | | outpatient | | | 437 | 157.55 | Aetna | Medicare | 134.6 | 30.8 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN10 | 81183 | CPT | | | | outpatient | | | 437 | 157.55 | Managed Care Inc | Managed Care Inc | 393.3 | 90 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN10 | 81183 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | NJ Health | 107.41 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG ATXN10 | 81183 | CPT | | | | outpatient | | | 437 | 157.55 | Three Rivers | Three Rivers | 415.15 | 95 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN10 | 81183 | CPT | | | | outpatient | | | 437 | 157.55 | UHC | Medicaid | 109.6 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG ATXN10 | 81183 | CPT | | | | outpatient | | | 437 | 157.55 | Wellcare | Medicaid | 109.6 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG ATXN10 | 81183 | CPT | | | | outpatient | | | 437 | 157.55 | Multiplan | Multiplan | 349.6 | 80 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN10 | 81183 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | MGD | 167.28 | 38.28 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN10 | 81183 | CPT | | | | outpatient | | | 437 | 157.55 | Qualcare | Qualcare | 327.75 | 75 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG ATXN10 | 81183 | CPT | | | | outpatient | | | 437 | 157.55 | Wellcare | Medicare | 137 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG CACNA1A | 81184 | CPT | | | | outpatient | | | 437 | 157.55 | Americare | Americare | 327.75 | 75 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG CACNA1A | 81184 | CPT | | | | outpatient | | | 437 | 157.55 | Amerihealth | Medicare | 137 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG CACNA1A | 81184 | CPT | | | | outpatient | | | 437 | 157.55 | UHC | Medicaid | 109.6 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG CACNA1A | 81184 | CPT | | | | outpatient | | | 437 | 157.55 | Amerihealth | HMO/PPO | 284.05 | 65 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG CACNA1A | 81184 | CPT | | | | outpatient | | | 437 | 157.55 | Corrections | Corrections | 349.6 | 80 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG CACNA1A | 81184 | CPT | | | | outpatient | | | 437 | 157.55 | Aetna | Medicare | 134.6 | 30.8 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG CACNA1A | 81184 | CPT | | | | outpatient | | | 437 | 157.55 | Aetna | Commercial | 166.06 | 38 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG CACNA1A | 81184 | CPT | | | | outpatient | | | 437 | 157.55 | Aetna | Better Health | 137.87 | 31.55 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG CACNA1A | 81184 | CPT | | | | outpatient | | | 437 | 157.55 | Consumer | Consumer | 415.15 | 95 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG CACNA1A | 81184 | CPT | | | | outpatient | | | 437 | 157.55 | First Trenton | First Trenton | 393.3 | 90 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG CACNA1A | 81184 | CPT | | | | outpatient | | | 437 | 157.55 | Wellcare | Medicare | 137 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG CACNA1A | 81184 | CPT | | | | outpatient | | | 437 | 157.55 | First Health | First Health | 305.9 | 70 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG CACNA1A | 81184 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | Indemnity | 167.28 | 38.28 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG CACNA1A | 81184 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | MGD | 167.28 | 38.28 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG CACNA1A | 81184 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | NJ Health | 107.41 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG CACNA1A | 81184 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | Medicare Blue | 131.1 | 30 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG CACNA1A | 81184 | CPT | | | | outpatient | | | 437 | 157.55 | Wellcare | Medicaid | 109.6 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG CACNA1A | 81184 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | PPO | 167.28 | 38.28 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG CACNA1A | 81184 | CPT | | | | outpatient | | | 437 | 157.55 | Multiplan | Multiplan | 349.6 | 80 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG CACNA1A | 81184 | CPT | | | | outpatient | | | 437 | 157.55 | Managed Care Inc | Managed Care Inc | 393.3 | 90 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG CACNA1A | 81184 | CPT | | | | outpatient | | | 437 | 157.55 | WellPoint | WellPoint | 140.63 | 32.18 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG CACNA1A | 81184 | CPT | | | | outpatient | | | 437 | 157.55 | Three Rivers | Three Rivers | 415.15 | 95 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG CACNA1A | 81184 | CPT | | | | outpatient | | | 437 | 157.55 | Qualcare | Qualcare | 327.75 | 75 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG CACNA1A | 81184 | CPT | | | | outpatient | | | 437 | 157.55 | UHC | Medicare | 137 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG NTRK.TRANSLOCATIUON.ALAYSIS | 81194 | CPT | | | | outpatient | | | 1135 | 596.02 | First Trenton | First Trenton | 1021.5 | 90 | | | 340.5 | 1078.25 | percent of total billed charges | |
| BKR CHG NTRK.TRANSLOCATIUON.ALAYSIS | 81194 | CPT | | | | outpatient | | | 1135 | 596.02 | First Health | First Health | 794.5 | 70 | | | 340.5 | 1078.25 | percent of total billed charges | |
| BKR CHG NTRK.TRANSLOCATIUON.ALAYSIS | 81194 | CPT | | | | outpatient | | | 1135 | 596.02 | Amerihealth | HMO/PPO | 737.75 | 65 | | | 340.5 | 1078.25 | percent of total billed charges | |
| BKR CHG NTRK.TRANSLOCATIUON.ALAYSIS | 81194 | CPT | | | | outpatient | | | 1135 | 596.02 | Corrections | Corrections | 908 | 80 | | | 340.5 | 1078.25 | percent of total billed charges | |
| BKR CHG NTRK.TRANSLOCATIUON.ALAYSIS | 81194 | CPT | | | | outpatient | | | 1135 | 596.02 | Americare | Americare | 851.25 | 75 | | | 340.5 | 1078.25 | percent of total billed charges | |
| BKR CHG NTRK.TRANSLOCATIUON.ALAYSIS | 81194 | CPT | | | | outpatient | | | 1135 | 596.02 | Aetna | Commercial | 431.3 | 38 | | | 340.5 | 1078.25 | percent of total billed charges | |
| BKR CHG NTRK.TRANSLOCATIUON.ALAYSIS | 81194 | CPT | | | | outpatient | | | 1135 | 596.02 | Horizon | Indemnity | 434.48 | 38.28 | | | 340.5 | 1078.25 | percent of total billed charges | |
| BKR CHG NTRK.TRANSLOCATIUON.ALAYSIS | 81194 | CPT | | | | outpatient | | | 1135 | 596.02 | Aetna | Better Health | 358.09 | 31.55 | | | 340.5 | 1078.25 | percent of total billed charges | |
| BKR CHG NTRK.TRANSLOCATIUON.ALAYSIS | 81194 | CPT | | | | outpatient | | | 1135 | 596.02 | Horizon | PPO | 434.48 | 38.28 | | | 340.5 | 1078.25 | percent of total billed charges | |
| BKR CHG NTRK.TRANSLOCATIUON.ALAYSIS | 81194 | CPT | | | | outpatient | | | 1135 | 596.02 | UHC | Medicare | 518.28 | | | | 340.5 | 1078.25 | fee schedule | |
| BKR CHG NTRK.TRANSLOCATIUON.ALAYSIS | 81194 | CPT | | | | outpatient | | | 1135 | 596.02 | Multiplan | Multiplan | 908 | 80 | | | 340.5 | 1078.25 | percent of total billed charges | |
| BKR CHG NTRK.TRANSLOCATIUON.ALAYSIS | 81194 | CPT | | | | outpatient | | | 1135 | 596.02 | WellPoint | WellPoint | 365.24 | 32.18 | | | 340.5 | 1078.25 | percent of total billed charges | |
| BKR CHG NTRK.TRANSLOCATIUON.ALAYSIS | 81194 | CPT | | | | outpatient | | | 1135 | 596.02 | Managed Care Inc | Managed Care Inc | 1021.5 | 90 | | | 340.5 | 1078.25 | percent of total billed charges | |
| BKR CHG NTRK.TRANSLOCATIUON.ALAYSIS | 81194 | CPT | | | | outpatient | | | 1135 | 596.02 | Aetna | Medicare | 349.58 | 30.8 | | | 340.5 | 1078.25 | percent of total billed charges | |
| BKR CHG NTRK.TRANSLOCATIUON.ALAYSIS | 81194 | CPT | | | | outpatient | | | 1135 | 596.02 | Qualcare | Qualcare | 851.25 | 75 | | | 340.5 | 1078.25 | percent of total billed charges | |
| BKR CHG NTRK.TRANSLOCATIUON.ALAYSIS | 81194 | CPT | | | | outpatient | | | 1135 | 596.02 | Consumer | Consumer | 1078.25 | 95 | | | 340.5 | 1078.25 | percent of total billed charges | |
| BKR CHG NTRK.TRANSLOCATIUON.ALAYSIS | 81194 | CPT | | | | outpatient | | | 1135 | 596.02 | UHC | Medicaid | 414.62 | | | | 340.5 | 1078.25 | fee schedule | |
| BKR CHG NTRK.TRANSLOCATIUON.ALAYSIS | 81194 | CPT | | | | outpatient | | | 1135 | 596.02 | Amerihealth | Medicare | 518.28 | | | | 340.5 | 1078.25 | fee schedule | |
| BKR CHG NTRK.TRANSLOCATIUON.ALAYSIS | 81194 | CPT | | | | outpatient | | | 1135 | 596.02 | Wellcare | Medicaid | 414.62 | | | | 340.5 | 1078.25 | fee schedule | |
| BKR CHG NTRK.TRANSLOCATIUON.ALAYSIS | 81194 | CPT | | | | outpatient | | | 1135 | 596.02 | Horizon | Medicare Blue | 340.5 | 30 | | | 340.5 | 1078.25 | percent of total billed charges | |
| BKR CHG NTRK.TRANSLOCATIUON.ALAYSIS | 81194 | CPT | | | | outpatient | | | 1135 | 596.02 | Wellcare | Medicare | 518.28 | | | | 340.5 | 1078.25 | fee schedule | |
| BKR CHG NTRK.TRANSLOCATIUON.ALAYSIS | 81194 | CPT | | | | outpatient | | | 1135 | 596.02 | Horizon | MGD | 434.48 | 38.28 | | | 340.5 | 1078.25 | percent of total billed charges | |
| BKR CHG NTRK.TRANSLOCATIUON.ALAYSIS | 81194 | CPT | | | | outpatient | | | 1135 | 596.02 | Three Rivers | Three Rivers | 1078.25 | 95 | | | 340.5 | 1078.25 | percent of total billed charges | |
| BKR CHG FAP SEQUENCING | 81201 | CPT | | | | outpatient | | | 123 | 897 | Horizon | Indemnity | 47.08 | 38.28 | | | 36.9 | 780 | percent of total billed charges | |
| BKR CHG FAP SEQUENCING | 81201 | CPT | | | | outpatient | | | 123 | 897 | Horizon | MGD | 47.08 | 38.28 | | | 36.9 | 780 | percent of total billed charges | |
| BKR CHG FAP SEQUENCING | 81201 | CPT | | | | outpatient | | | 123 | 897 | Aetna | Medicare | 37.88 | 30.8 | | | 36.9 | 780 | percent of total billed charges | |
| BKR CHG FAP SEQUENCING | 81201 | CPT | | | | outpatient | | | 123 | 897 | Aetna | Commercial | 46.74 | 38 | | | 36.9 | 780 | percent of total billed charges | |
| BKR CHG FAP SEQUENCING | 81201 | CPT | | | | outpatient | | | 123 | 897 | Consumer | Consumer | 116.85 | 95 | | | 36.9 | 780 | percent of total billed charges | |
| BKR CHG FAP SEQUENCING | 81201 | CPT | | | | outpatient | | | 123 | 897 | Americare | Americare | 92.25 | 75 | | | 36.9 | 780 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG FAP SEQUENCING | 81201 | CPT | | | | outpatient | | | 123 | 897 | Aetna | Better Health | 38.81 | 31.55 | | | 36.9 | 780 | percent of total billed charges | |
| BKR CHG FAP SEQUENCING | 81201 | CPT | | | | outpatient | | | 123 | 897 | Amerihealth | Medicare | 780 | | | | 36.9 | 780 | fee schedule | |
| BKR CHG FAP SEQUENCING | 81201 | CPT | | | | outpatient | | | 123 | 897 | Wellcare | Medicaid | 624 | | | | 36.9 | 780 | fee schedule | |
| BKR CHG FAP SEQUENCING | 81201 | CPT | | | | outpatient | | | 123 | 897 | First Trenton | First Trenton | 110.7 | 90 | | | 36.9 | 780 | percent of total billed charges | |
| BKR CHG FAP SEQUENCING | 81201 | CPT | | | | outpatient | | | 123 | 897 | Amerihealth | HMO/PPO | 79.95 | 65 | | | 36.9 | 780 | percent of total billed charges | |
| BKR CHG FAP SEQUENCING | 81201 | CPT | | | | outpatient | | | 123 | 897 | Horizon | PPO | 47.08 | 38.28 | | | 36.9 | 780 | percent of total billed charges | |
| BKR CHG FAP SEQUENCING | 81201 | CPT | | | | outpatient | | | 123 | 897 | First Health | First Health | 86.1 | 70 | | | 36.9 | 780 | percent of total billed charges | |
| BKR CHG FAP SEQUENCING | 81201 | CPT | | | | outpatient | | | 123 | 897 | Managed Care Inc | Managed Care Inc | 110.7 | 90 | | | 36.9 | 780 | percent of total billed charges | |
| BKR CHG FAP SEQUENCING | 81201 | CPT | | | | outpatient | | | 123 | 897 | Corrections | Corrections | 98.4 | 80 | | | 36.9 | 780 | percent of total billed charges | |
| BKR CHG FAP SEQUENCING | 81201 | CPT | | | | outpatient | | | 123 | 897 | Three Rivers | Three Rivers | 116.85 | 95 | | | 36.9 | 780 | percent of total billed charges | |
| BKR CHG FAP SEQUENCING | 81201 | CPT | | | | outpatient | | | 123 | 897 | Multiplan | Multiplan | 98.4 | 80 | | | 36.9 | 780 | percent of total billed charges | |
| BKR CHG FAP SEQUENCING | 81201 | CPT | | | | outpatient | | | 123 | 897 | Horizon | Medicare Blue | 36.9 | 30 | | | 36.9 | 780 | percent of total billed charges | |
| BKR CHG FAP SEQUENCING | 81201 | CPT | | | | outpatient | | | 123 | 897 | Qualcare | Qualcare | 92.25 | 75 | | | 36.9 | 780 | percent of total billed charges | |
| BKR CHG FAP SEQUENCING | 81201 | CPT | | | | outpatient | | | 123 | 897 | UHC | Medicaid | 624 | | | | 36.9 | 780 | fee schedule | |
| BKR CHG FAP SEQUENCING | 81201 | CPT | | | | outpatient | | | 123 | 897 | UHC | Medicare | 780 | | | | 36.9 | 780 | fee schedule | |
| BKR CHG FAP SEQUENCING | 81201 | CPT | | | | outpatient | | | 123 | 897 | Wellcare | Medicare | 780 | | | | 36.9 | 780 | fee schedule | |
| BKR CHG FAP SEQUENCING | 81201 | CPT | | | | outpatient | | | 123 | 897 | WellPoint | WellPoint | 39.58 | 32.18 | | | 36.9 | 780 | percent of total billed charges | |
| BKR CHG BCR-ABL1QUALTIQUANT MAJOR | 81206 | CPT | | | | both | | | 411 | 188.55 | Americare | Americare | 308.25 | 75 | | | 50.4 | 390.45 | percent of total billed charges | |
| BKR CHG BCR-ABL1QUALTIQUANT MAJOR | 81206 | CPT | | | | both | | | 411 | 188.55 | Aetna | Commercial | 156.18 | 38 | | | 50.4 | 390.45 | percent of total billed charges | |
| BKR CHG BCR-ABL1QUALTIQUANT MAJOR | 81206 | CPT | | | | both | | | 411 | 188.55 | Horizon | Indemnity | 157.33 | 38.28 | | | 50.4 | 390.45 | percent of total billed charges | |
| BKR CHG BCR-ABL1QUALTIQUANT MAJOR | 81206 | CPT | | | | both | | | 411 | 188.55 | Consumer | Consumer | 390.45 | 95 | | | 50.4 | 390.45 | percent of total billed charges | |
| BKR CHG BCR-ABL1QUALTIQUANT MAJOR | 81206 | CPT | | | | both | | | 411 | 188.55 | First Trenton | First Trenton | 369.9 | 90 | | | 50.4 | 390.45 | percent of total billed charges | |
| BKR CHG BCR-ABL1QUALTIQUANT MAJOR | 81206 | CPT | | | | both | | | 411 | 188.55 | Amerihealth | Medicare | 163.96 | | | | 50.4 | 390.45 | fee schedule | |
| BKR CHG BCR-ABL1QUALTIQUANT MAJOR | 81206 | CPT | | | | both | | | 411 | 188.55 | Aetna | Better Health | 129.67 | 31.55 | | 88.55 | 50.4 | 390.45 | percent of total billed charges | |
| BKR CHG BCR-ABL1QUALTIQUANT MAJOR | 81206 | CPT | | | | both | | | 411 | 188.55 | Aetna | Medicare | 126.59 | 30.8 | | | 50.4 | 390.45 | percent of total billed charges | |
| BKR CHG BCR-ABL1QUALTIQUANT MAJOR | 81206 | CPT | | | | both | | | 411 | 188.55 | Amerihealth | HMO/PPO | 121.68 | | | | 50.4 | 390.45 | fee schedule | |
| BKR CHG BCR-ABL1QUALTIQUANT MAJOR | 81206 | CPT | | | | both | | | 411 | 188.55 | First Health | First Health | 287.7 | 70 | | | 50.4 | 390.45 | percent of total billed charges | |
| BKR CHG BCR-ABL1QUALTIQUANT MAJOR | 81206 | CPT | | | | both | | | 411 | 188.55 | Horizon | Medicare Blue | 123.3 | 30 | | 34.65 | 50.4 | 390.45 | percent of total billed charges | |
| BKR CHG BCR-ABL1QUALTIQUANT MAJOR | 81206 | CPT | | | | both | | | 411 | 188.55 | WellPoint | WellPoint | 132.26 | 32.18 | | | 50.4 | 390.45 | percent of total billed charges | |
| BKR CHG BCR-ABL1QUALTIQUANT MAJOR | 81206 | CPT | | | | both | | | 411 | 188.55 | Horizon | MGD | 157.33 | 38.28 | | 106.64 | 50.4 | 390.45 | percent of total billed charges | |
| BKR CHG BCR-ABL1QUALTIQUANT MAJOR | 81206 | CPT | | | | both | | | 411 | 188.55 | Multiplan | Multiplan | 328.8 | 80 | | | 50.4 | 390.45 | percent of total billed charges | |
| BKR CHG BCR-ABL1QUALTIQUANT MAJOR | 81206 | CPT | | | | both | | | 411 | 188.55 | Corrections | Corrections | 328.8 | 80 | | 110.42 | 50.4 | 390.45 | percent of total billed charges | |
| BKR CHG BCR-ABL1QUALTIQUANT MAJOR | 81206 | CPT | | | | both | | | 411 | 188.55 | Qualcare | Qualcare | 308.25 | 75 | | | 50.4 | 390.45 | percent of total billed charges | |
| BKR CHG BCR-ABL1QUALTIQUANT MAJOR | 81206 | CPT | | | | both | | | 411 | 188.55 | Horizon | PPO | 157.33 | 38.28 | | | 50.4 | 390.45 | percent of total billed charges | |
| BKR CHG BCR-ABL1QUALTIQUANT MAJOR | 81206 | CPT | | | | both | | | 411 | 188.55 | UHC | Medicaid | 131.17 | | | 61.7 | 50.4 | 390.45 | fee schedule | |
| BKR CHG BCR-ABL1QUALTIQUANT MAJOR | 81206 | CPT | | | | both | | | 411 | 188.55 | Horizon | NJ Health | 84.97 | | | 9.19 | 50.4 | 390.45 | fee schedule | |
| BKR CHG BCR-ABL1QUALTIQUANT MAJOR | 81206 | CPT | | | | both | | | 411 | 188.55 | UHC | Medicare | 163.96 | | | 122.24 | 50.4 | 390.45 | fee schedule | |
| BKR CHG BCR-ABL1QUALTIQUANT MAJOR | 81206 | CPT | | | | both | | | 411 | 188.55 | Managed Care Inc | Managed Care Inc | 369.9 | 90 | | | 50.4 | 390.45 | percent of total billed charges | |
| BKR CHG BCR-ABL1QUALTIQUANT MAJOR | 81206 | CPT | | | | both | | | 411 | 188.55 | Wellcare | Medicare | 163.96 | | | 23.65 | 50.4 | 390.45 | fee schedule | |
| BKR CHG BCR-ABL1QUALTIQUANT MAJOR | 81206 | CPT | | | | both | | | 411 | 188.55 | Three Rivers | Three Rivers | 390.45 | 95 | | | 50.4 | 390.45 | percent of total billed charges | |
| BKR CHG BCR-ABL1QUALTIQUANT MAJOR | 81206 | CPT | | | | both | | | 411 | 188.55 | Wellcare | Medicaid | 131.17 | | | | 50.4 | 390.45 | fee schedule | |
| BKR CHG BCR\ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE | 81207 | CPT | | | | both | | | 411 | 166.57 | Aetna | Better Health | 129.67 | 31.55 | | 88.55 | 70.8 | 390.45 | percent of total billed charges | |
| BKR CHG BCR\ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE | 81207 | CPT | | | | both | | | 411 | 166.57 | Amerihealth | HMO/PPO | 107.49 | | | | 70.8 | 390.45 | fee schedule | |
| BKR CHG BCR\ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE | 81207 | CPT | | | | both | | | 411 | 166.57 | Consumer | Consumer | 390.45 | 95 | | | 70.8 | 390.45 | percent of total billed charges | |
| BKR CHG BCR\ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE | 81207 | CPT | | | | both | | | 411 | 166.57 | Amerihealth | Medicare | 144.84 | | | | 70.8 | 390.45 | fee schedule | |
| BKR CHG BCR\ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE | 81207 | CPT | | | | both | | | 411 | 166.57 | Aetna | Commercial | 156.18 | 38 | | | 70.8 | 390.45 | percent of total billed charges | |
| BKR CHG BCR\ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE | 81207 | CPT | | | | both | | | 411 | 166.57 | First Trenton | First Trenton | 369.9 | 90 | | | 70.8 | 390.45 | percent of total billed charges | |
| BKR CHG BCR\ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE | 81207 | CPT | | | | both | | | 411 | 166.57 | Americare | Americare | 308.25 | 75 | | | 70.8 | 390.45 | percent of total billed charges | |
| BKR CHG BCR\ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE | 81207 | CPT | | | | both | | | 411 | 166.57 | Horizon | Indemnity | 157.33 | 38.28 | | | 70.8 | 390.45 | percent of total billed charges | |
| BKR CHG BCR\ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE | 81207 | CPT | | | | both | | | 411 | 166.57 | Aetna | Medicare | 126.59 | 30.8 | | | 70.8 | 390.45 | percent of total billed charges | |
| BKR CHG BCR\ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE | 81207 | CPT | | | | both | | | 411 | 166.57 | First Health | First Health | 287.7 | 70 | | | 70.8 | 390.45 | percent of total billed charges | |
| BKR CHG BCR\ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE | 81207 | CPT | | | | both | | | 411 | 166.57 | Horizon | MGD | 157.33 | 38.28 | | 106.64 | 70.8 | 390.45 | percent of total billed charges | |
| BKR CHG BCR\ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE | 81207 | CPT | | | | both | | | 411 | 166.57 | WellPoint | WellPoint | 132.26 | 32.18 | | | 70.8 | 390.45 | percent of total billed charges | |
| BKR CHG BCR\ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE | 81207 | CPT | | | | both | | | 411 | 166.57 | Corrections | Corrections | 328.8 | 80 | | 110.42 | 70.8 | 390.45 | percent of total billed charges | |
| BKR CHG BCR\ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE | 81207 | CPT | | | | both | | | 411 | 166.57 | Horizon | PPO | 157.33 | 38.28 | | | 70.8 | 390.45 | percent of total billed charges | |
| BKR CHG BCR\ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE | 81207 | CPT | | | | both | | | 411 | 166.57 | Wellcare | Medicaid | 115.87 | | | | 70.8 | 390.45 | fee schedule | |
| BKR CHG BCR\ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE | 81207 | CPT | | | | both | | | 411 | 166.57 | Multiplan | Multiplan | 328.8 | 80 | | | 70.8 | 390.45 | percent of total billed charges | |
| BKR CHG BCR\ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE | 81207 | CPT | | | | both | | | 411 | 166.57 | Horizon | Medicare Blue | 123.3 | 30 | | 34.65 | 70.8 | 390.45 | percent of total billed charges | |
| BKR CHG BCR\ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE | 81207 | CPT | | | | both | | | 411 | 166.57 | Horizon | NJ Health | 70.8 | | | 9.19 | 70.8 | 390.45 | fee schedule | |
| BKR CHG BCR\ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE | 81207 | CPT | | | | both | | | 411 | 166.57 | Three Rivers | Three Rivers | 390.45 | 95 | | | 70.8 | 390.45 | percent of total billed charges | |
| BKR CHG BCR\ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE | 81207 | CPT | | | | both | | | 411 | 166.57 | Qualcare | Qualcare | 308.25 | 75 | | | 70.8 | 390.45 | percent of total billed charges | |
| BKR CHG BCR\ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE | 81207 | CPT | | | | both | | | 411 | 166.57 | UHC | Medicare | 144.84 | | | 122.24 | 70.8 | 390.45 | fee schedule | |
| BKR CHG BCR\ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE | 81207 | CPT | | | | both | | | 411 | 166.57 | Managed Care Inc | Managed Care Inc | 369.9 | 90 | | | 70.8 | 390.45 | percent of total billed charges | |
| BKR CHG BCR\ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE | 81207 | CPT | | | | both | | | 411 | 166.57 | UHC | Medicaid | 115.87 | | | 61.7 | 70.8 | 390.45 | fee schedule | |
| BKR CHG BCR\ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE | 81207 | CPT | | | | both | | | 411 | 166.57 | Wellcare | Medicare | 144.84 | | | 23.65 | 70.8 | 390.45 | fee schedule | |
| BKR CHG BRAF MUTATION BY SNAPS | 81210 | CPT | | | | both | | | 559 | 201.71 | Americare | Americare | 419.25 | 75 | | | 97.51 | 531.05 | percent of total billed charges | |
| BKR CHG BRAF MUTATION BY SNAPS | 81210 | CPT | | | | both | | | 559 | 201.71 | Aetna | Better Health | 176.36 | 31.55 | | | 97.51 | 531.05 | percent of total billed charges | |
| BKR CHG BRAF MUTATION BY SNAPS | 81210 | CPT | | | | both | | | 559 | 201.71 | Consumer | Consumer | 531.05 | 95 | | | 97.51 | 531.05 | percent of total billed charges | |
| BKR CHG BRAF MUTATION BY SNAPS | 81210 | CPT | | | | both | | | 559 | 201.71 | WellPoint | WellPoint | 179.89 | 32.18 | | | 97.51 | 531.05 | percent of total billed charges | |
| BKR CHG BRAF MUTATION BY SNAPS | 81210 | CPT | | | | both | | | 559 | 201.71 | UHC | Medicare | 175.4 | | | 63.18 | 97.51 | 531.05 | fee schedule | |
| BKR CHG BRAF MUTATION BY SNAPS | 81210 | CPT | | | | both | | | 559 | 201.71 | Amerihealth | HMO/PPO | 97.51 | | | | 97.51 | 531.05 | fee schedule | |
| BKR CHG BRAF MUTATION BY SNAPS | 81210 | CPT | | | | both | | | 559 | 201.71 | Aetna | Commercial | 212.42 | 38 | | | 97.51 | 531.05 | percent of total billed charges | |
| BKR CHG BRAF MUTATION BY SNAPS | 81210 | CPT | | | | both | | | 559 | 201.71 | Aetna | Medicare | 172.17 | 30.8 | | | 97.51 | 531.05 | percent of total billed charges | |
| BKR CHG BRAF MUTATION BY SNAPS | 81210 | CPT | | | | both | | | 559 | 201.71 | Wellcare | Medicare | 175.4 | | | | 97.51 | 531.05 | fee schedule | |
| BKR CHG BRAF MUTATION BY SNAPS | 81210 | CPT | | | | both | | | 559 | 201.71 | First Health | First Health | 391.3 | 70 | | | 97.51 | 531.05 | percent of total billed charges | |
| BKR CHG BRAF MUTATION BY SNAPS | 81210 | CPT | | | | both | | | 559 | 201.71 | Corrections | Corrections | 447.2 | 80 | | | 97.51 | 531.05 | percent of total billed charges | |
| BKR CHG BRAF MUTATION BY SNAPS | 81210 | CPT | | | | both | | | 559 | 201.71 | UHC | Medicaid | 140.32 | | | 48.74 | 97.51 | 531.05 | fee schedule | |
| BKR CHG BRAF MUTATION BY SNAPS | 81210 | CPT | | | | both | | | 559 | 201.71 | Horizon | MGD | 213.99 | 38.28 | | 93.4 | 97.51 | 531.05 | percent of total billed charges | |
| BKR CHG BRAF MUTATION BY SNAPS | 81210 | CPT | | | | both | | | 559 | 201.71 | Amerihealth | Medicare | 175.4 | | | | 97.51 | 531.05 | fee schedule | |
| BKR CHG BRAF MUTATION BY SNAPS | 81210 | CPT | | | | both | | | 559 | 201.71 | Horizon | Medicare Blue | 167.7 | 30 | | | 97.51 | 531.05 | percent of total billed charges | |
| BKR CHG BRAF MUTATION BY SNAPS | 81210 | CPT | | | | both | | | 559 | 201.71 | First Trenton | First Trenton | 503.1 | 90 | | | 97.51 | 531.05 | percent of total billed charges | |
| BKR CHG BRAF MUTATION BY SNAPS | 81210 | CPT | | | | both | | | 559 | 201.71 | Multiplan | Multiplan | 447.2 | 80 | | | 97.51 | 531.05 | percent of total billed charges | |
| BKR CHG BRAF MUTATION BY SNAPS | 81210 | CPT | | | | both | | | 559 | 201.71 | Horizon | Indemnity | 213.99 | 38.28 | | | 97.51 | 531.05 | percent of total billed charges | |
| BKR CHG BRAF MUTATION BY SNAPS | 81210 | CPT | | | | both | | | 559 | 201.71 | Wellcare | Medicaid | 140.32 | | | | 97.51 | 531.05 | fee schedule | |
| BKR CHG BRAF MUTATION BY SNAPS | 81210 | CPT | | | | both | | | 559 | 201.71 | Horizon | PPO | 213.99 | 38.28 | | | 97.51 | 531.05 | percent of total billed charges | |
| BKR CHG BRAF MUTATION BY SNAPS | 81210 | CPT | | | | both | | | 559 | 201.71 | Qualcare | Qualcare | 419.25 | 75 | | | 97.51 | 531.05 | percent of total billed charges | |
| BKR CHG BRAF MUTATION BY SNAPS | 81210 | CPT | | | | both | | | 559 | 201.71 | Managed Care Inc | Managed Care Inc | 503.1 | 90 | | | 97.51 | 531.05 | percent of total billed charges | |
| BKR CHG BRAF MUTATION BY SNAPS | 81210 | CPT | | | | both | | | 559 | 201.71 | Three Rivers | Three Rivers | 531.05 | 95 | | | 97.51 | 531.05 | percent of total billed charges | |
| BKR CHG CARL GENE.ANALYSIS.VAR.EXON9 | 81219 | CPT | | | | both | | | 1140 | 139.87 | Amerihealth | Medicare | 121.63 | | | | 70.76 | 1083 | fee schedule | |
| BKR CHG CARL GENE.ANALYSIS.VAR.EXON9 | 81219 | CPT | | | | both | | | 1140 | 139.87 | Aetna | Medicare | 351.12 | 30.8 | | | 70.76 | 1083 | percent of total billed charges | |
| BKR CHG CARL GENE.ANALYSIS.VAR.EXON9 | 81219 | CPT | | | | both | | | 1140 | 139.87 | Americare | Americare | 855 | 75 | | | 70.76 | 1083 | percent of total billed charges | |
| BKR CHG CARL GENE.ANALYSIS.VAR.EXON9 | 81219 | CPT | | | | both | | | 1140 | 139.87 | First Health | First Health | 798 | 70 | | | 70.76 | 1083 | percent of total billed charges | |
| BKR CHG CARL GENE.ANALYSIS.VAR.EXON9 | 81219 | CPT | | | | both | | | 1140 | 139.87 | Amerihealth | HMO/PPO | 70.76 | | | | 70.76 | 1083 | fee schedule | |
| BKR CHG CARL GENE.ANALYSIS.VAR.EXON9 | 81219 | CPT | | | | both | | | 1140 | 139.87 | Aetna | Commercial | 433.2 | 38 | | | 70.76 | 1083 | percent of total billed charges | |
| BKR CHG CARL GENE.ANALYSIS.VAR.EXON9 | 81219 | CPT | | | | both | | | 1140 | 139.87 | Corrections | Corrections | 912 | 80 | | | 70.76 | 1083 | percent of total billed charges | |
| BKR CHG CARL GENE.ANALYSIS.VAR.EXON9 | 81219 | CPT | | | | both | | | 1140 | 139.87 | Aetna | Better Health | 359.67 | 31.55 | | | 70.76 | 1083 | percent of total billed charges | |
| BKR CHG CARL GENE.ANALYSIS.VAR.EXON9 | 81219 | CPT | | | | both | | | 1140 | 139.87 | Horizon | Indemnity | 436.39 | 38.28 | | | 70.76 | 1083 | percent of total billed charges | |
| BKR CHG CARL GENE.ANALYSIS.VAR.EXON9 | 81219 | CPT | | | | both | | | 1140 | 139.87 | Wellcare | Medicaid | 97.3 | | | | 70.76 | 1083 | fee schedule | |
| BKR CHG CARL GENE.ANALYSIS.VAR.EXON9 | 81219 | CPT | | | | both | | | 1140 | 139.87 | First Trenton | First Trenton | 1026 | 90 | | | 70.76 | 1083 | percent of total billed charges | |
| BKR CHG CARL GENE.ANALYSIS.VAR.EXON9 | 81219 | CPT | | | | both | | | 1140 | 139.87 | Multiplan | Multiplan | 912 | 80 | | | 70.76 | 1083 | percent of total billed charges | |
| BKR CHG CARL GENE.ANALYSIS.VAR.EXON9 | 81219 | CPT | | | | both | | | 1140 | 139.87 | Horizon | MGD | 436.39 | 38.28 | | | 70.76 | 1083 | percent of total billed charges | |
| BKR CHG CARL GENE.ANALYSIS.VAR.EXON9 | 81219 | CPT | | | | both | | | 1140 | 139.87 | WellPoint | WellPoint | 366.85 | 32.18 | | | 70.76 | 1083 | percent of total billed charges | |
| BKR CHG CARL GENE.ANALYSIS.VAR.EXON9 | 81219 | CPT | | | | both | | | 1140 | 139.87 | Horizon | NJ Health | 259.78 | | | | 70.76 | 1083 | fee schedule | |
| BKR CHG CARL GENE.ANALYSIS.VAR.EXON9 | 81219 | CPT | | | | both | | | 1140 | 139.87 | Consumer | Consumer | 1083 | 95 | | | 70.76 | 1083 | percent of total billed charges | |
| BKR CHG CARL GENE.ANALYSIS.VAR.EXON9 | 81219 | CPT | | | | both | | | 1140 | 139.87 | Horizon | PPO | 436.39 | 38.28 | | | 70.76 | 1083 | percent of total billed charges | |
| BKR CHG CARL GENE.ANALYSIS.VAR.EXON9 | 81219 | CPT | | | | both | | | 1140 | 139.87 | Qualcare | Qualcare | 855 | 75 | | | 70.76 | 1083 | percent of total billed charges | |
| BKR CHG CARL GENE.ANALYSIS.VAR.EXON9 | 81219 | CPT | | | | both | | | 1140 | 139.87 | Managed Care Inc | Managed Care Inc | 1026 | 90 | | | 70.76 | 1083 | percent of total billed charges | |
| BKR CHG CARL GENE.ANALYSIS.VAR.EXON9 | 81219 | CPT | | | | both | | | 1140 | 139.87 | Horizon | Medicare Blue | 342 | 30 | | | 70.76 | 1083 | percent of total billed charges | |
| BKR CHG CARL GENE.ANALYSIS.VAR.EXON9 | 81219 | CPT | | | | both | | | 1140 | 139.87 | Three Rivers | Three Rivers | 1083 | 95 | | | 70.76 | 1083 | percent of total billed charges | |
| BKR CHG CARL GENE.ANALYSIS.VAR.EXON9 | 81219 | CPT | | | | both | | | 1140 | 139.87 | UHC | Medicare | 121.63 | | | | 70.76 | 1083 | fee schedule | |
| BKR CHG CARL GENE.ANALYSIS.VAR.EXON9 | 81219 | CPT | | | | both | | | 1140 | 139.87 | UHC | Medicaid | 97.3 | | | | 70.76 | 1083 | fee schedule | |
| BKR CHG CARL GENE.ANALYSIS.VAR.EXON9 | 81219 | CPT | | | | both | | | 1140 | 139.87 | Wellcare | Medicare | 121.63 | | | | 70.76 | 1083 | fee schedule | |
| BKR CHG CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO | 81220 | CPT | | | | both | | | 2008 | 640.09 | Amerihealth | Medicare | 556.6 | | | | 252.3 | 1907.6 | fee schedule | |
| BKR CHG CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO | 81220 | CPT | | | | both | | | 2008 | 640.09 | First Health | First Health | 1405.6 | 70 | | | 252.3 | 1907.6 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO | 81220 | CPT | | | | both | | | 2008 | 640.09 | Aetna | Commercial | 763.04 | 38 | | 139.39 | 252.3 | 1907.6 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO | 81220 | CPT | | | | both | | | 2008 | 640.09 | UHC | Medicaid | 445.28 | | | 141.05 | 252.3 | 1907.6 | fee schedule | |
| BKR CHG CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO | 81220 | CPT | | | | both | | | 2008 | 640.09 | First Trenton | First Trenton | 1807.2 | 90 | | | 252.3 | 1907.6 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO | 81220 | CPT | | | | both | | | 2008 | 640.09 | Aetna | Better Health | 633.52 | 31.55 | | | 252.3 | 1907.6 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO | 81220 | CPT | | | | both | | | 2008 | 640.09 | Amerihealth | HMO/PPO | 1305.2 | 65 | | | 252.3 | 1907.6 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO | 81220 | CPT | | | | both | | | 2008 | 640.09 | Horizon | MGD | 768.66 | 38.28 | | 189.42 | 252.3 | 1907.6 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO | 81220 | CPT | | | | both | | | 2008 | 640.09 | Corrections | Corrections | 1606.4 | 80 | | | 252.3 | 1907.6 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO | 81220 | CPT | | | | both | | | 2008 | 640.09 | Wellcare | Medicare | 556.6 | | | | 252.3 | 1907.6 | fee schedule | |
| BKR CHG CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO | 81220 | CPT | | | | both | | | 2008 | 640.09 | Aetna | Medicare | 618.46 | 30.8 | | 13.71 | 252.3 | 1907.6 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO | 81220 | CPT | | | | both | | | 2008 | 640.09 | Managed Care Inc | Managed Care Inc | 1807.2 | 90 | | | 252.3 | 1907.6 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO | 81220 | CPT | | | | both | | | 2008 | 640.09 | Multiplan | Multiplan | 1606.4 | 80 | | | 252.3 | 1907.6 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO | 81220 | CPT | | | | both | | | 2008 | 640.09 | Horizon | Indemnity | 768.66 | 38.28 | | 166.23 | 252.3 | 1907.6 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO | 81220 | CPT | | | | both | | | 2008 | 640.09 | Americare | Americare | 1506 | 75 | | | 252.3 | 1907.6 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO | 81220 | CPT | | | | both | | | 2008 | 640.09 | Three Rivers | Three Rivers | 1907.6 | 95 | | | 252.3 | 1907.6 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO | 81220 | CPT | | | | both | | | 2008 | 640.09 | Qualcare | Qualcare | 1506 | 75 | | | 252.3 | 1907.6 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO | 81220 | CPT | | | | both | | | 2008 | 640.09 | Horizon | PPO | 768.66 | 38.28 | | 183 | 252.3 | 1907.6 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO | 81220 | CPT | | | | both | | | 2008 | 640.09 | Consumer | Consumer | 1907.6 | 95 | | | 252.3 | 1907.6 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO | 81220 | CPT | | | | both | | | 2008 | 640.09 | UHC | Medicare | 556.6 | | | 63.57 | 252.3 | 1907.6 | fee schedule | |
| BKR CHG CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO | 81220 | CPT | | | | both | | | 2008 | 640.09 | Horizon | Medicare Blue | 602.4 | 30 | | | 252.3 | 1907.6 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO | 81220 | CPT | | | | both | | | 2008 | 640.09 | Wellcare | Medicaid | 445.28 | | | 221.65 | 252.3 | 1907.6 | fee schedule | |
| BKR CHG CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO | 81220 | CPT | | | | both | | | 2008 | 640.09 | WellPoint | WellPoint | 646.17 | 32.18 | | 191.19 | 252.3 | 1907.6 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS GENE DNA SEQ(CF2000) | 81223 | CPT | | | | both | | | 1637 | 573.85 | First Trenton | First Trenton | 1473.3 | 90 | | | 206.7 | 1555.15 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS GENE DNA SEQ(CF2000) | 81223 | CPT | | | | both | | | 1637 | 573.85 | Consumer | Consumer | 1555.15 | 95 | | | 206.7 | 1555.15 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS GENE DNA SEQ(CF2000) | 81223 | CPT | | | | both | | | 1637 | 573.85 | Aetna | Better Health | 516.47 | 31.55 | | | 206.7 | 1555.15 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS GENE DNA SEQ(CF2000) | 81223 | CPT | | | | both | | | 1637 | 573.85 | Corrections | Corrections | 1309.6 | 80 | | | 206.7 | 1555.15 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS GENE DNA SEQ(CF2000) | 81223 | CPT | | | | both | | | 1637 | 573.85 | Americare | Americare | 1227.75 | 75 | | | 206.7 | 1555.15 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS GENE DNA SEQ(CF2000) | 81223 | CPT | | | | both | | | 1637 | 573.85 | Aetna | Medicare | 504.2 | 30.8 | | | 206.7 | 1555.15 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS GENE DNA SEQ(CF2000) | 81223 | CPT | | | | both | | | 1637 | 573.85 | UHC | Medicare | 499 | | | | 206.7 | 1555.15 | fee schedule | |
| BKR CHG CYSTIC FIBROSIS GENE DNA SEQ(CF2000) | 81223 | CPT | | | | both | | | 1637 | 573.85 | Amerihealth | HMO/PPO | 1064.05 | 65 | | | 206.7 | 1555.15 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS GENE DNA SEQ(CF2000) | 81223 | CPT | | | | both | | | 1637 | 573.85 | Horizon | Indemnity | 626.64 | 38.28 | | | 206.7 | 1555.15 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS GENE DNA SEQ(CF2000) | 81223 | CPT | | | | both | | | 1637 | 573.85 | Wellcare | Medicare | 499 | | | | 206.7 | 1555.15 | fee schedule | |
| BKR CHG CYSTIC FIBROSIS GENE DNA SEQ(CF2000) | 81223 | CPT | | | | both | | | 1637 | 573.85 | Aetna | Commercial | 622.06 | 38 | | | 206.7 | 1555.15 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS GENE DNA SEQ(CF2000) | 81223 | CPT | | | | both | | | 1637 | 573.85 | Horizon | Medicare Blue | 491.1 | 30 | | | 206.7 | 1555.15 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS GENE DNA SEQ(CF2000) | 81223 | CPT | | | | both | | | 1637 | 573.85 | Amerihealth | Medicare | 499 | | | | 206.7 | 1555.15 | fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG CYSTIC FIBROSIS GENE DNA SEQ(CF2000) | 81223 | CPT | | | | both | | | 1637 | 573.85 | First Health | First Health | 1145.9 | 70 | | | 206.7 | 1555.15 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS GENE DNA SEQ(CF2000) | 81223 | CPT | | | | both | | | 1637 | 573.85 | UHC | Medicaid | 399.2 | | | | 206.7 | 1555.15 | fee schedule | |
| BKR CHG CYSTIC FIBROSIS GENE DNA SEQ(CF2000) | 81223 | CPT | | | | both | | | 1637 | 573.85 | Multiplan | Multiplan | 1309.6 | 80 | | | 206.7 | 1555.15 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS GENE DNA SEQ(CF2000) | 81223 | CPT | | | | both | | | 1637 | 573.85 | Horizon | MGD | 626.64 | 38.28 | | 110.46 | 206.7 | 1555.15 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS GENE DNA SEQ(CF2000) | 81223 | CPT | | | | both | | | 1637 | 573.85 | WellPoint | WellPoint | 526.79 | 32.18 | | 45.42 | 206.7 | 1555.15 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS GENE DNA SEQ(CF2000) | 81223 | CPT | | | | both | | | 1637 | 573.85 | Horizon | PPO | 626.64 | 38.28 | | | 206.7 | 1555.15 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS GENE DNA SEQ(CF2000) | 81223 | CPT | | | | both | | | 1637 | 573.85 | Qualcare | Qualcare | 1227.75 | 75 | | | 206.7 | 1555.15 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS GENE DNA SEQ(CF2000) | 81223 | CPT | | | | both | | | 1637 | 573.85 | Managed Care Inc | Managed Care Inc | 1473.3 | 90 | | | 206.7 | 1555.15 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS GENE DNA SEQ(CF2000) | 81223 | CPT | | | | both | | | 1637 | 573.85 | Three Rivers | Three Rivers | 1555.15 | 95 | | | 206.7 | 1555.15 | percent of total billed charges | |
| BKR CHG CYSTIC FIBROSIS GENE DNA SEQ(CF2000) | 81223 | CPT | | | | both | | | 1637 | 573.85 | Wellcare | Medicaid | 399.2 | | | | 206.7 | 1555.15 | fee schedule | |
| BKR CHG CYTOCHROME P450 2C19 (MSO) | 81225 | CPT | | | | outpatient | | | 591 | 335.06 | Amerihealth | HMO/PPO | 158.73 | | | | 131.4 | 561.45 | fee schedule | |
| BKR CHG CYTOCHROME P450 2C19 (MSO) | 81225 | CPT | | | | outpatient | | | 591 | 335.06 | Amerihealth | Medicare | 291.36 | | | | 131.4 | 561.45 | fee schedule | |
| BKR CHG CYTOCHROME P450 2C19 (MSO) | 81225 | CPT | | | | outpatient | | | 591 | 335.06 | Aetna | Commercial | 224.58 | 38 | | | 131.4 | 561.45 | percent of total billed charges | |
| BKR CHG CYTOCHROME P450 2C19 (MSO) | 81225 | CPT | | | | outpatient | | | 591 | 335.06 | Aetna | Medicare | 182.03 | 30.8 | | | 131.4 | 561.45 | percent of total billed charges | |
| BKR CHG CYTOCHROME P450 2C19 (MSO) | 81225 | CPT | | | | outpatient | | | 591 | 335.06 | First Health | First Health | 413.7 | 70 | | | 131.4 | 561.45 | percent of total billed charges | |
| BKR CHG CYTOCHROME P450 2C19 (MSO) | 81225 | CPT | | | | outpatient | | | 591 | 335.06 | UHC | Medicare | 291.36 | | | | 131.4 | 561.45 | fee schedule | |
| BKR CHG CYTOCHROME P450 2C19 (MSO) | 81225 | CPT | | | | outpatient | | | 591 | 335.06 | Corrections | Corrections | 472.8 | 80 | | | 131.4 | 561.45 | percent of total billed charges | |
| BKR CHG CYTOCHROME P450 2C19 (MSO) | 81225 | CPT | | | | outpatient | | | 591 | 335.06 | Aetna | Better Health | 186.46 | 31.55 | | | 131.4 | 561.45 | percent of total billed charges | |
| BKR CHG CYTOCHROME P450 2C19 (MSO) | 81225 | CPT | | | | outpatient | | | 591 | 335.06 | First Trenton | First Trenton | 531.9 | 90 | | | 131.4 | 561.45 | percent of total billed charges | |
| BKR CHG CYTOCHROME P450 2C19 (MSO) | 81225 | CPT | | | | outpatient | | | 591 | 335.06 | WellPoint | WellPoint | 190.18 | 32.18 | | | 131.4 | 561.45 | percent of total billed charges | |
| BKR CHG CYTOCHROME P450 2C19 (MSO) | 81225 | CPT | | | | outpatient | | | 591 | 335.06 | Horizon | Indemnity | 226.23 | 38.28 | | | 131.4 | 561.45 | percent of total billed charges | |
| BKR CHG CYTOCHROME P450 2C19 (MSO) | 81225 | CPT | | | | outpatient | | | 591 | 335.06 | Americare | Americare | 443.25 | 75 | | | 131.4 | 561.45 | percent of total billed charges | |
| BKR CHG CYTOCHROME P450 2C19 (MSO) | 81225 | CPT | | | | outpatient | | | 591 | 335.06 | Horizon | MGD | 226.23 | 38.28 | | | 131.4 | 561.45 | percent of total billed charges | |
| BKR CHG CYTOCHROME P450 2C19 (MSO) | 81225 | CPT | | | | outpatient | | | 591 | 335.06 | Wellcare | Medicare | 291.36 | | | | 131.4 | 561.45 | fee schedule | |
| BKR CHG CYTOCHROME P450 2C19 (MSO) | 81225 | CPT | | | | outpatient | | | 591 | 335.06 | Managed Care Inc | Managed Care Inc | 531.9 | 90 | | | 131.4 | 561.45 | percent of total billed charges | |
| BKR CHG CYTOCHROME P450 2C19 (MSO) | 81225 | CPT | | | | outpatient | | | 591 | 335.06 | Horizon | Medicare Blue | 177.3 | 30 | | | 131.4 | 561.45 | percent of total billed charges | |
| BKR CHG CYTOCHROME P450 2C19 (MSO) | 81225 | CPT | | | | outpatient | | | 591 | 335.06 | Horizon | PPO | 226.23 | 38.28 | | | 131.4 | 561.45 | percent of total billed charges | |
| BKR CHG CYTOCHROME P450 2C19 (MSO) | 81225 | CPT | | | | outpatient | | | 591 | 335.06 | Consumer | Consumer | 561.45 | 95 | | | 131.4 | 561.45 | percent of total billed charges | |
| BKR CHG CYTOCHROME P450 2C19 (MSO) | 81225 | CPT | | | | outpatient | | | 591 | 335.06 | Multiplan | Multiplan | 472.8 | 80 | | | 131.4 | 561.45 | percent of total billed charges | |
| BKR CHG CYTOCHROME P450 2C19 (MSO) | 81225 | CPT | | | | outpatient | | | 591 | 335.06 | Three Rivers | Three Rivers | 561.45 | 95 | | | 131.4 | 561.45 | percent of total billed charges | |
| BKR CHG CYTOCHROME P450 2C19 (MSO) | 81225 | CPT | | | | outpatient | | | 591 | 335.06 | Qualcare | Qualcare | 443.25 | 75 | | | 131.4 | 561.45 | percent of total billed charges | |
| BKR CHG CYTOCHROME P450 2C19 (MSO) | 81225 | CPT | | | | outpatient | | | 591 | 335.06 | Wellcare | Medicaid | 233.09 | | | | 131.4 | 561.45 | fee schedule | |
| BKR CHG CYTOCHROME P450 2C19 (MSO) | 81225 | CPT | | | | outpatient | | | 591 | 335.06 | UHC | Medicaid | 233.09 | | | | 131.4 | 561.45 | fee schedule | |
| BKR CHG CYTOCHROME P450 2D6 GENOTYPING | 81226 | CPT | | | | inpatient | | | 438 | 518.55 | Aetna | Medicare | 134.9 | 30.8 | | | 109.2 | 450.91 | percent of total billed charges | |
| BKR CHG CYTOCHROME P450 2D6 GENOTYPING | 81226 | CPT | | | | inpatient | | | 438 | 518.55 | Americare | Americare | 328.5 | 75 | | | 109.2 | 450.91 | percent of total billed charges | |
| BKR CHG CYTOCHROME P450 2D6 GENOTYPING | 81226 | CPT | | | | inpatient | | | 438 | 518.55 | Aetna | Better Health | 138.19 | 31.55 | | | 109.2 | 450.91 | percent of total billed charges | |
| BKR CHG CYTOCHROME P450 2D6 GENOTYPING | 81226 | CPT | | | | inpatient | | | 438 | 518.55 | Aetna | Commercial | 166.44 | 38 | | | 109.2 | 450.91 | percent of total billed charges | |
| BKR CHG CYTOCHROME P450 2D6 GENOTYPING | 81226 | CPT | | | | inpatient | | | 438 | 518.55 | WellPoint | WellPoint | 140.95 | 32.18 | | | 109.2 | 450.91 | percent of total billed charges | |
| BKR CHG CYTOCHROME P450 2D6 GENOTYPING | 81226 | CPT | | | | inpatient | | | 438 | 518.55 | Consumer | Consumer | 416.1 | 95 | | | 109.2 | 450.91 | percent of total billed charges | |
| BKR CHG CYTOCHROME P450 2D6 GENOTYPING | 81226 | CPT | | | | inpatient | | | 438 | 518.55 | Amerihealth | HMO/PPO | 247.01 | | | | 109.2 | 450.91 | fee schedule | |
| BKR CHG CYTOCHROME P450 2D6 GENOTYPING | 81226 | CPT | | | | inpatient | | | 438 | 518.55 | Corrections | Corrections | 350.4 | 80 | | | 109.2 | 450.91 | percent of total billed charges | |
| BKR CHG CYTOCHROME P450 2D6 GENOTYPING | 81226 | CPT | | | | inpatient | | | 438 | 518.55 | UHC | Medicare | 450.91 | | | | 109.2 | 450.91 | fee schedule | |
| BKR CHG CYTOCHROME P450 2D6 GENOTYPING | 81226 | CPT | | | | inpatient | | | 438 | 518.55 | UHC | Medicaid | 360.73 | | | | 109.2 | 450.91 | fee schedule | |
| BKR CHG CYTOCHROME P450 2D6 GENOTYPING | 81226 | CPT | | | | inpatient | | | 438 | 518.55 | First Health | First Health | 306.6 | 70 | | | 109.2 | 450.91 | percent of total billed charges | |
| BKR CHG CYTOCHROME P450 2D6 GENOTYPING | 81226 | CPT | | | | inpatient | | | 438 | 518.55 | Horizon | MGD | 167.67 | 38.28 | | | 109.2 | 450.91 | percent of total billed charges | |
| BKR CHG CYTOCHROME P450 2D6 GENOTYPING | 81226 | CPT | | | | inpatient | | | 438 | 518.55 | Amerihealth | Medicare | 450.91 | | | | 109.2 | 450.91 | fee schedule | |
| BKR CHG CYTOCHROME P450 2D6 GENOTYPING | 81226 | CPT | | | | inpatient | | | 438 | 518.55 | Wellcare | Medicare | 450.91 | | | | 109.2 | 450.91 | fee schedule | |
| BKR CHG CYTOCHROME P450 2D6 GENOTYPING | 81226 | CPT | | | | inpatient | | | 438 | 518.55 | Horizon | Indemnity | 167.67 | 38.28 | | | 109.2 | 450.91 | percent of total billed charges | |
| BKR CHG CYTOCHROME P450 2D6 GENOTYPING | 81226 | CPT | | | | inpatient | | | 438 | 518.55 | First Trenton | First Trenton | 394.2 | 90 | | | 109.2 | 450.91 | percent of total billed charges | |
| BKR CHG CYTOCHROME P450 2D6 GENOTYPING | 81226 | CPT | | | | inpatient | | | 438 | 518.55 | Horizon | PPO | 167.67 | 38.28 | | | 109.2 | 450.91 | percent of total billed charges | |
| BKR CHG CYTOCHROME P450 2D6 GENOTYPING | 81226 | CPT | | | | inpatient | | | 438 | 518.55 | Multiplan | Multiplan | 350.4 | 80 | | | 109.2 | 450.91 | percent of total billed charges | |
| BKR CHG CYTOCHROME P450 2D6 GENOTYPING | 81226 | CPT | | | | inpatient | | | 438 | 518.55 | Three Rivers | Three Rivers | 416.1 | 95 | | | 109.2 | 450.91 | percent of total billed charges | |
| BKR CHG CYTOCHROME P450 2D6 GENOTYPING | 81226 | CPT | | | | inpatient | | | 438 | 518.55 | Horizon | Medicare Blue | 131.4 | 30 | | | 109.2 | 450.91 | percent of total billed charges | |
| BKR CHG CYTOCHROME P450 2D6 GENOTYPING | 81226 | CPT | | | | inpatient | | | 438 | 518.55 | Wellcare | Medicaid | 360.73 | | | | 109.2 | 450.91 | fee schedule | |
| BKR CHG CYTOCHROME P450 2D6 GENOTYPING | 81226 | CPT | | | | inpatient | | | 438 | 518.55 | Qualcare | Qualcare | 328.5 | 75 | | | 109.2 | 450.91 | percent of total billed charges | |
| BKR CHG CYTOCHROME P450 2D6 GENOTYPING | 81226 | CPT | | | | inpatient | | | 438 | 518.55 | Managed Care Inc | Managed Care Inc | 394.2 | 90 | | | 109.2 | 450.91 | percent of total billed charges | |
| BKR CHG CYTOCHRM P450 2C9 GENO (511893) | 81227 | CPT | | | | outpatient | | | 558 | 201.03 | Aetna | Medicare | 171.86 | 30.8 | | | 95.76 | 530.1 | percent of total billed charges | |
| BKR CHG CYTOCHRM P450 2C9 GENO (511893) | 81227 | CPT | | | | outpatient | | | 558 | 201.03 | Aetna | Commercial | 212.04 | 38 | | | 95.76 | 530.1 | percent of total billed charges | |
| BKR CHG CYTOCHRM P450 2C9 GENO (511893) | 81227 | CPT | | | | outpatient | | | 558 | 201.03 | Qualcare | Qualcare | 418.5 | 75 | | | 95.76 | 530.1 | percent of total billed charges | |
| BKR CHG CYTOCHRM P450 2C9 GENO (511893) | 81227 | CPT | | | | outpatient | | | 558 | 201.03 | Consumer | Consumer | 530.1 | 95 | | | 95.76 | 530.1 | percent of total billed charges | |
| BKR CHG CYTOCHRM P450 2C9 GENO (511893) | 81227 | CPT | | | | outpatient | | | 558 | 201.03 | Amerihealth | Medicare | 174.81 | | | | 95.76 | 530.1 | fee schedule | |
| BKR CHG CYTOCHRM P450 2C9 GENO (511893) | 81227 | CPT | | | | outpatient | | | 558 | 201.03 | Americare | Americare | 418.5 | 75 | | | 95.76 | 530.1 | percent of total billed charges | |
| BKR CHG CYTOCHRM P450 2C9 GENO (511893) | 81227 | CPT | | | | outpatient | | | 558 | 201.03 | Aetna | Better Health | 176.05 | 31.55 | | | 95.76 | 530.1 | percent of total billed charges | |
| BKR CHG CYTOCHRM P450 2C9 GENO (511893) | 81227 | CPT | | | | outpatient | | | 558 | 201.03 | Corrections | Corrections | 446.4 | 80 | | | 95.76 | 530.1 | percent of total billed charges | |
| BKR CHG CYTOCHRM P450 2C9 GENO (511893) | 81227 | CPT | | | | outpatient | | | 558 | 201.03 | Horizon | MGD | 213.6 | 38.28 | | | 95.76 | 530.1 | percent of total billed charges | |
| BKR CHG CYTOCHRM P450 2C9 GENO (511893) | 81227 | CPT | | | | outpatient | | | 558 | 201.03 | Horizon | Indemnity | 213.6 | 38.28 | | | 95.76 | 530.1 | percent of total billed charges | |
| BKR CHG CYTOCHRM P450 2C9 GENO (511893) | 81227 | CPT | | | | outpatient | | | 558 | 201.03 | UHC | Medicare | 174.81 | | | | 95.76 | 530.1 | fee schedule | |
| BKR CHG CYTOCHRM P450 2C9 GENO (511893) | 81227 | CPT | | | | outpatient | | | 558 | 201.03 | Wellcare | Medicaid | 139.85 | | | | 95.76 | 530.1 | fee schedule | |
| BKR CHG CYTOCHRM P450 2C9 GENO (511893) | 81227 | CPT | | | | outpatient | | | 558 | 201.03 | First Trenton | First Trenton | 502.2 | 90 | | | 95.76 | 530.1 | percent of total billed charges | |
| BKR CHG CYTOCHRM P450 2C9 GENO (511893) | 81227 | CPT | | | | outpatient | | | 558 | 201.03 | Amerihealth | HMO/PPO | 95.76 | | | | 95.76 | 530.1 | fee schedule | |
| BKR CHG CYTOCHRM P450 2C9 GENO (511893) | 81227 | CPT | | | | outpatient | | | 558 | 201.03 | First Health | First Health | 390.6 | 70 | | | 95.76 | 530.1 | percent of total billed charges | |
| BKR CHG CYTOCHRM P450 2C9 GENO (511893) | 81227 | CPT | | | | outpatient | | | 558 | 201.03 | UHC | Medicaid | 139.85 | | | | 95.76 | 530.1 | fee schedule | |
| BKR CHG CYTOCHRM P450 2C9 GENO (511893) | 81227 | CPT | | | | outpatient | | | 558 | 201.03 | Horizon | PPO | 213.6 | 38.28 | | | 95.76 | 530.1 | percent of total billed charges | |
| BKR CHG CYTOCHRM P450 2C9 GENO (511893) | 81227 | CPT | | | | outpatient | | | 558 | 201.03 | Wellcare | Medicare | 174.81 | | | | 95.76 | 530.1 | fee schedule | |
| BKR CHG CYTOCHRM P450 2C9 GENO (511893) | 81227 | CPT | | | | outpatient | | | 558 | 201.03 | Horizon | Medicare Blue | 167.4 | 30 | | | 95.76 | 530.1 | percent of total billed charges | |
| BKR CHG CYTOCHRM P450 2C9 GENO (511893) | 81227 | CPT | | | | outpatient | | | 558 | 201.03 | Managed Care Inc | Managed Care Inc | 502.2 | 90 | | | 95.76 | 530.1 | percent of total billed charges | |
| BKR CHG CYTOCHRM P450 2C9 GENO (511893) | 81227 | CPT | | | | outpatient | | | 558 | 201.03 | Multiplan | Multiplan | 446.4 | 80 | | | 95.76 | 530.1 | percent of total billed charges | |
| BKR CHG CYTOCHRM P450 2C9 GENO (511893) | 81227 | CPT | | | | outpatient | | | 558 | 201.03 | WellPoint | WellPoint | 179.56 | 32.18 | | | 95.76 | 530.1 | percent of total billed charges | |
| BKR CHG CYTOCHRM P450 2C9 GENO (511893) | 81227 | CPT | | | | outpatient | | | 558 | 201.03 | Three Rivers | Three Rivers | 530.1 | 95 | | | 95.76 | 530.1 | percent of total billed charges | |
| BKR CHG REVEAL.SNP MICROARRAY PEDS(476 | 81229 | CPT | | | | both | | | 4584 | 1334 | Amerihealth | HMO/PPO | 2979.6 | 65 | | | 482.7 | 4354.8 | percent of total billed charges | |
| BKR CHG REVEAL.SNP MICROARRAY PEDS(476 | 81229 | CPT | | | | both | | | 4584 | 1334 | Aetna | Commercial | 1741.92 | 38 | | | 482.7 | 4354.8 | percent of total billed charges | |
| BKR CHG REVEAL.SNP MICROARRAY PEDS(476 | 81229 | CPT | | | | both | | | 4584 | 1334 | Multiplan | Multiplan | 3667.2 | 80 | | | 482.7 | 4354.8 | percent of total billed charges | |
| BKR CHG REVEAL.SNP MICROARRAY PEDS(476 | 81229 | CPT | | | | both | | | 4584 | 1334 | Amerihealth | Medicare | 1160 | | | | 482.7 | 4354.8 | fee schedule | |
| BKR CHG REVEAL.SNP MICROARRAY PEDS(476 | 81229 | CPT | | | | both | | | 4584 | 1334 | Corrections | Corrections | 3667.2 | 80 | | | 482.7 | 4354.8 | percent of total billed charges | |
| BKR CHG REVEAL.SNP MICROARRAY PEDS(476 | 81229 | CPT | | | | both | | | 4584 | 1334 | Aetna | Better Health | 1446.25 | 31.55 | | | 482.7 | 4354.8 | percent of total billed charges | |
| BKR CHG REVEAL.SNP MICROARRAY PEDS(476 | 81229 | CPT | | | | both | | | 4584 | 1334 | Americare | Americare | 3438 | 75 | | | 482.7 | 4354.8 | percent of total billed charges | |
| BKR CHG REVEAL.SNP MICROARRAY PEDS(476 | 81229 | CPT | | | | both | | | 4584 | 1334 | First Health | First Health | 3208.8 | 70 | | | 482.7 | 4354.8 | percent of total billed charges | |
| BKR CHG REVEAL.SNP MICROARRAY PEDS(476 | 81229 | CPT | | | | both | | | 4584 | 1334 | Horizon | MGD | 1754.76 | 38.28 | | 512.87 | 482.7 | 4354.8 | percent of total billed charges | |
| BKR CHG REVEAL.SNP MICROARRAY PEDS(476 | 81229 | CPT | | | | both | | | 4584 | 1334 | Aetna | Medicare | 1411.87 | 30.8 | | | 482.7 | 4354.8 | percent of total billed charges | |
| BKR CHG REVEAL.SNP MICROARRAY PEDS(476 | 81229 | CPT | | | | both | | | 4584 | 1334 | UHC | Medicaid | 928 | | | 85.7 | 482.7 | 4354.8 | fee schedule | |
| BKR CHG REVEAL.SNP MICROARRAY PEDS(476 | 81229 | CPT | | | | both | | | 4584 | 1334 | UHC | Medicare | 1160 | | | 922.35 | 482.7 | 4354.8 | fee schedule | |
| BKR CHG REVEAL.SNP MICROARRAY PEDS(476 | 81229 | CPT | | | | both | | | 4584 | 1334 | First Trenton | First Trenton | 4125.6 | 90 | | | 482.7 | 4354.8 | percent of total billed charges | |
| BKR CHG REVEAL.SNP MICROARRAY PEDS(476 | 81229 | CPT | | | | both | | | 4584 | 1334 | Horizon | Indemnity | 1754.76 | 38.28 | | | 482.7 | 4354.8 | percent of total billed charges | |
| BKR CHG REVEAL.SNP MICROARRAY PEDS(476 | 81229 | CPT | | | | both | | | 4584 | 1334 | Consumer | Consumer | 4354.8 | 95 | | | 482.7 | 4354.8 | percent of total billed charges | |
| BKR CHG REVEAL.SNP MICROARRAY PEDS(476 | 81229 | CPT | | | | both | | | 4584 | 1334 | Three Rivers | Three Rivers | 4354.8 | 95 | | | 482.7 | 4354.8 | percent of total billed charges | |
| BKR CHG REVEAL.SNP MICROARRAY PEDS(476 | 81229 | CPT | | | | both | | | 4584 | 1334 | Qualcare | Qualcare | 3438 | 75 | | | 482.7 | 4354.8 | percent of total billed charges | |
| BKR CHG REVEAL.SNP MICROARRAY PEDS(476 | 81229 | CPT | | | | both | | | 4584 | 1334 | Wellcare | Medicaid | 928 | | | | 482.7 | 4354.8 | fee schedule | |
| BKR CHG REVEAL.SNP MICROARRAY PEDS(476 | 81229 | CPT | | | | both | | | 4584 | 1334 | Wellcare | Medicare | 1160 | | | | 482.7 | 4354.8 | fee schedule | |
| BKR CHG REVEAL.SNP MICROARRAY PEDS(476 | 81229 | CPT | | | | both | | | 4584 | 1334 | Horizon | Medicare Blue | 1375.2 | 30 | | | 482.7 | 4354.8 | percent of total billed charges | |
| BKR CHG REVEAL.SNP MICROARRAY PEDS(476 | 81229 | CPT | | | | both | | | 4584 | 1334 | WellPoint | WellPoint | 1475.13 | 32.18 | | 111.28 | 482.7 | 4354.8 | percent of total billed charges | |
| BKR CHG REVEAL.SNP MICROARRAY PEDS(476 | 81229 | CPT | | | | both | | | 4584 | 1334 | Horizon | PPO | 1754.76 | 38.28 | | 394.91 | 482.7 | 4354.8 | percent of total billed charges | |
| BKR CHG REVEAL.SNP MICROARRAY PEDS(476 | 81229 | CPT | | | | both | | | 4584 | 1334 | Managed Care Inc | Managed Care Inc | 4125.6 | 90 | | | 482.7 | 4354.8 | percent of total billed charges | |
| BKR CHG MYOTONIC DYSTROPHY, DMI(DMPK REPEAT) | 81234 | CPT | | | | outpatient | | | 471 | 157.55 | Aetna | Commercial | 178.98 | 38 | | | 107.41 | 447.45 | percent of total billed charges | |
| BKR CHG MYOTONIC DYSTROPHY, DMI(DMPK REPEAT) | 81234 | CPT | | | | outpatient | | | 471 | 157.55 | Amerihealth | HMO/PPO | 306.15 | 65 | | | 107.41 | 447.45 | percent of total billed charges | |
| BKR CHG MYOTONIC DYSTROPHY, DMI(DMPK REPEAT) | 81234 | CPT | | | | outpatient | | | 471 | 157.55 | Horizon | Indemnity | 180.3 | 38.28 | | | 107.41 | 447.45 | percent of total billed charges | |
| BKR CHG MYOTONIC DYSTROPHY, DMI(DMPK REPEAT) | 81234 | CPT | | | | outpatient | | | 471 | 157.55 | Aetna | Medicare | 145.07 | 30.8 | | | 107.41 | 447.45 | percent of total billed charges | |
| BKR CHG MYOTONIC DYSTROPHY, DMI(DMPK REPEAT) | 81234 | CPT | | | | outpatient | | | 471 | 157.55 | Corrections | Corrections | 376.8 | 80 | | | 107.41 | 447.45 | percent of total billed charges | |
| BKR CHG MYOTONIC DYSTROPHY, DMI(DMPK REPEAT) | 81234 | CPT | | | | outpatient | | | 471 | 157.55 | Aetna | Better Health | 148.6 | 31.55 | | | 107.41 | 447.45 | percent of total billed charges | |
| BKR CHG MYOTONIC DYSTROPHY, DMI(DMPK REPEAT) | 81234 | CPT | | | | outpatient | | | 471 | 157.55 | Americare | Americare | 353.25 | 75 | | | 107.41 | 447.45 | percent of total billed charges | |
| BKR CHG MYOTONIC DYSTROPHY, DMI(DMPK REPEAT) | 81234 | CPT | | | | outpatient | | | 471 | 157.55 | First Trenton | First Trenton | 423.9 | 90 | | | 107.41 | 447.45 | percent of total billed charges | |
| BKR CHG MYOTONIC DYSTROPHY, DMI(DMPK REPEAT) | 81234 | CPT | | | | outpatient | | | 471 | 157.55 | WellPoint | WellPoint | 151.57 | 32.18 | | | 107.41 | 447.45 | percent of total billed charges | |
| BKR CHG MYOTONIC DYSTROPHY, DMI(DMPK REPEAT) | 81234 | CPT | | | | outpatient | | | 471 | 157.55 | First Health | First Health | 329.7 | 70 | | | 107.41 | 447.45 | percent of total billed charges | |
| BKR CHG MYOTONIC DYSTROPHY, DMI(DMPK REPEAT) | 81234 | CPT | | | | outpatient | | | 471 | 157.55 | UHC | Medicaid | 109.6 | | | | 107.41 | 447.45 | fee schedule | |
| BKR CHG MYOTONIC DYSTROPHY, DMI(DMPK REPEAT) | 81234 | CPT | | | | outpatient | | | 471 | 157.55 | Amerihealth | Medicare | 137 | | | | 107.41 | 447.45 | fee schedule | |
| BKR CHG MYOTONIC DYSTROPHY, DMI(DMPK REPEAT) | 81234 | CPT | | | | outpatient | | | 471 | 157.55 | Wellcare | Medicaid | 109.6 | | | | 107.41 | 447.45 | fee schedule | |
| BKR CHG MYOTONIC DYSTROPHY, DMI(DMPK REPEAT) | 81234 | CPT | | | | outpatient | | | 471 | 157.55 | Consumer | Consumer | 447.45 | 95 | | | 107.41 | 447.45 | percent of total billed charges | |
| BKR CHG MYOTONIC DYSTROPHY, DMI(DMPK REPEAT) | 81234 | CPT | | | | outpatient | | | 471 | 157.55 | Horizon | PPO | 180.3 | 38.28 | | | 107.41 | 447.45 | percent of total billed charges | |
| BKR CHG MYOTONIC DYSTROPHY, DMI(DMPK REPEAT) | 81234 | CPT | | | | outpatient | | | 471 | 157.55 | Multiplan | Multiplan | 376.8 | 80 | | | 107.41 | 447.45 | percent of total billed charges | |
| BKR CHG MYOTONIC DYSTROPHY, DMI(DMPK REPEAT) | 81234 | CPT | | | | outpatient | | | 471 | 157.55 | Horizon | MGD | 180.3 | 38.28 | | | 107.41 | 447.45 | percent of total billed charges | |
| BKR CHG MYOTONIC DYSTROPHY, DMI(DMPK REPEAT) | 81234 | CPT | | | | outpatient | | | 471 | 157.55 | Horizon | Medicare Blue | 141.3 | 30 | | | 107.41 | 447.45 | percent of total billed charges | |
| BKR CHG MYOTONIC DYSTROPHY, DMI(DMPK REPEAT) | 81234 | CPT | | | | outpatient | | | 471 | 157.55 | Managed Care Inc | Managed Care Inc | 423.9 | 90 | | | 107.41 | 447.45 | percent of total billed charges | |
| BKR CHG MYOTONIC DYSTROPHY, DMI(DMPK REPEAT) | 81234 | CPT | | | | outpatient | | | 471 | 157.55 | Qualcare | Qualcare | 353.25 | 75 | | | 107.41 | 447.45 | percent of total billed charges | |
| BKR CHG MYOTONIC DYSTROPHY, DMI(DMPK REPEAT) | 81234 | CPT | | | | outpatient | | | 471 | 157.55 | Wellcare | Medicare | 137 | | | | 107.41 | 447.45 | fee schedule | |
| BKR CHG MYOTONIC DYSTROPHY, DMI(DMPK REPEAT) | 81234 | CPT | | | | outpatient | | | 471 | 157.55 | Horizon | NJ Health | 107.41 | | | | 107.41 | 447.45 | fee schedule | |
| BKR CHG MYOTONIC DYSTROPHY, DMI(DMPK REPEAT) | 81234 | CPT | | | | outpatient | | | 471 | 157.55 | UHC | Medicare | 137 | | | | 107.41 | 447.45 | fee schedule | |
| BKR CHG MYOTONIC DYSTROPHY, DMI(DMPK REPEAT) | 81234 | CPT | | | | outpatient | | | 471 | 157.55 | Three Rivers | Three Rivers | 447.45 | 95 | | | 107.41 | 447.45 | percent of total billed charges | |
| BKR CHG EGFR MUTATION ANALYSIS | 81235 | CPT | | | | both | | | 782 | 373.27 | Aetna | Better Health | 246.72 | 31.55 | | | 179.52 | 742.9 | percent of total billed charges | |
| BKR CHG EGFR MUTATION ANALYSIS | 81235 | CPT | | | | both | | | 782 | 373.27 | Americare | Americare | 586.5 | 75 | | | 179.52 | 742.9 | percent of total billed charges | |
| BKR CHG EGFR MUTATION ANALYSIS | 81235 | CPT | | | | both | | | 782 | 373.27 | First Health | First Health | 547.4 | 70 | | | 179.52 | 742.9 | percent of total billed charges | |
| BKR CHG EGFR MUTATION ANALYSIS | 81235 | CPT | | | | both | | | 782 | 373.27 | Horizon | Indemnity | 299.35 | 38.28 | | | 179.52 | 742.9 | percent of total billed charges | |
| BKR CHG EGFR MUTATION ANALYSIS | 81235 | CPT | | | | both | | | 782 | 373.27 | Corrections | Corrections | 625.6 | 80 | | | 179.52 | 742.9 | percent of total billed charges | |
| BKR CHG EGFR MUTATION ANALYSIS | 81235 | CPT | | | | both | | | 782 | 373.27 | Consumer | Consumer | 742.9 | 95 | | | 179.52 | 742.9 | percent of total billed charges | |
| BKR CHG EGFR MUTATION ANALYSIS | 81235 | CPT | | | | both | | | 782 | 373.27 | Aetna | Medicare | 240.86 | 30.8 | | | 179.52 | 742.9 | percent of total billed charges | |
| BKR CHG EGFR MUTATION ANALYSIS | 81235 | CPT | | | | both | | | 782 | 373.27 | Amerihealth | Medicare | 324.58 | | | | 179.52 | 742.9 | fee schedule | |
| BKR CHG EGFR MUTATION ANALYSIS | 81235 | CPT | | | | both | | | 782 | 373.27 | Aetna | Commercial | 297.16 | 38 | | | 179.52 | 742.9 | percent of total billed charges | |
| BKR CHG EGFR MUTATION ANALYSIS | 81235 | CPT | | | | both | | | 782 | 373.27 | Multiplan | Multiplan | 625.6 | 80 | | | 179.52 | 742.9 | percent of total billed charges | |
| BKR CHG EGFR MUTATION ANALYSIS | 81235 | CPT | | | | both | | | 782 | 373.27 | Wellcare | Medicare | 324.58 | | | | 179.52 | 742.9 | fee schedule | |
| BKR CHG EGFR MUTATION ANALYSIS | 81235 | CPT | | | | both | | | 782 | 373.27 | First Trenton | First Trenton | 703.8 | 90 | | | 179.52 | 742.9 | percent of total billed charges | |
| BKR CHG EGFR MUTATION ANALYSIS | 81235 | CPT | | | | both | | | 782 | 373.27 | WellPoint | WellPoint | 261.65 | 32.18 | | | 179.52 | 742.9 | percent of total billed charges | |
| BKR CHG EGFR MUTATION ANALYSIS | 81235 | CPT | | | | both | | | 782 | 373.27 | Horizon | NJ Health | 258.73 | | | | 179.52 | 742.9 | fee schedule | |
| BKR CHG EGFR MUTATION ANALYSIS | 81235 | CPT | | | | both | | | 782 | 373.27 | Amerihealth | HMO/PPO | 179.52 | | | | 179.52 | 742.9 | fee schedule | |
| BKR CHG EGFR MUTATION ANALYSIS | 81235 | CPT | | | | both | | | 782 | 373.27 | Managed Care Inc | Managed Care Inc | 703.8 | 90 | | | 179.52 | 742.9 | percent of total billed charges | |
| BKR CHG EGFR MUTATION ANALYSIS | 81235 | CPT | | | | both | | | 782 | 373.27 | Horizon | Medicare Blue | 234.6 | 30 | | | 179.52 | 742.9 | percent of total billed charges | |
| BKR CHG EGFR MUTATION ANALYSIS | 81235 | CPT | | | | both | | | 782 | 373.27 | Qualcare | Qualcare | 586.5 | 75 | | | 179.52 | 742.9 | percent of total billed charges | |
| BKR CHG EGFR MUTATION ANALYSIS | 81235 | CPT | | | | both | | | 782 | 373.27 | Horizon | MGD | 299.35 | 38.28 | | | 179.52 | 742.9 | percent of total billed charges | |
| BKR CHG EGFR MUTATION ANALYSIS | 81235 | CPT | | | | both | | | 782 | 373.27 | Horizon | PPO | 299.35 | 38.28 | | | 179.52 | 742.9 | percent of total billed charges | |
| BKR CHG EGFR MUTATION ANALYSIS | 81235 | CPT | | | | both | | | 782 | 373.27 | UHC | Medicaid | 259.66 | | | | 179.52 | 742.9 | fee schedule | |
| BKR CHG EGFR MUTATION ANALYSIS | 81235 | CPT | | | | both | | | 782 | 373.27 | Three Rivers | Three Rivers | 742.9 | 95 | | | 179.52 | 742.9 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG EGFR MUTATION ANALYSIS | 81235 | CPT | | | | both | | | 782 | 373.27 | UHC | Medicare | 324.58 | | | 66.48 | 179.52 | | 742.9 fee schedule | |
| BKR CHG EGFR MUTATION ANALYSIS | 81235 | CPT | | | | both | | | 782 | 373.27 | Wellcare | Medicaid | 259.66 | | | | 179.52 | | 742.9 fee schedule | |
| BKR CHG PROTHROMBIN.G20210A.MUTATION\|P | 81240 | CPT | | | | both | | | 3460 | 75.54 | First Health | First Health | 2422 | 70 | | | 26.4 | | 3287 percent of total billed charges | |
| BKR CHG PROTHROMBIN.G20210A.MUTATION\|P | 81240 | CPT | | | | both | | | 3460 | 75.54 | Americare | Americare | 2595 | 75 | | | 26.4 | | 3287 percent of total billed charges | |
| BKR CHG PROTHROMBIN.G20210A.MUTATION\|P | 81240 | CPT | | | | both | | | 3460 | 75.54 | Aetna | Better Health | 1091.63 | 31.55 | | | 26.4 | | 3287 percent of total billed charges | |
| BKR CHG PROTHROMBIN.G20210A.MUTATION\|P | 81240 | CPT | | | | both | | | 3460 | 75.54 | Amerihealth | Medicare | 65.69 | | | | 26.4 | | 3287 fee schedule | |
| BKR CHG PROTHROMBIN.G20210A.MUTATION\|P | 81240 | CPT | | | | both | | | 3460 | 75.54 | Corrections | Corrections | 2768 | 80 | | | 26.4 | | 3287 percent of total billed charges | |
| BKR CHG PROTHROMBIN.G20210A.MUTATION\|P | 81240 | CPT | | | | both | | | 3460 | 75.54 | Aetna | Commercial | 1314.8 | 38 | | | 26.4 | | 3287 percent of total billed charges | |
| BKR CHG PROTHROMBIN.G20210A.MUTATION\|P | 81240 | CPT | | | | both | | | 3460 | 75.54 | Consumer | Consumer | 3287 | 95 | | | 26.4 | | 3287 percent of total billed charges | |
| BKR CHG PROTHROMBIN.G20210A.MUTATION\|P | 81240 | CPT | | | | both | | | 3460 | 75.54 | WellPoint | WellPoint | 1113.43 | 32.18 | | 5.98 | 26.4 | | 3287 percent of total billed charges | |
| BKR CHG PROTHROMBIN.G20210A.MUTATION\|P | 81240 | CPT | | | | both | | | 3460 | 75.54 | Horizon | Indemnity | 1324.49 | 38.28 | | | 26.4 | | 3287 percent of total billed charges | |
| BKR CHG PROTHROMBIN.G20210A.MUTATION\|P | 81240 | CPT | | | | both | | | 3460 | 75.54 | Amerihealth | HMO/PPO | 36.52 | | | 48.51 | 26.4 | | 3287 fee schedule | |
| BKR CHG PROTHROMBIN.G20210A.MUTATION\|P | 81240 | CPT | | | | both | | | 3460 | 75.54 | First Trenton | First Trenton | 3114 | 90 | | | 26.4 | | 3287 percent of total billed charges | |
| BKR CHG PROTHROMBIN.G20210A.MUTATION\|P | 81240 | CPT | | | | both | | | 3460 | 75.54 | Horizon | MGD | 1324.49 | 38.28 | | 57.44 | 26.4 | | 3287 percent of total billed charges | |
| BKR CHG PROTHROMBIN.G20210A.MUTATION\|P | 81240 | CPT | | | | both | | | 3460 | 75.54 | Horizon | Medicare Blue | 1038 | 30 | | | 26.4 | | 3287 percent of total billed charges | |
| BKR CHG PROTHROMBIN.G20210A.MUTATION\|P | 81240 | CPT | | | | both | | | 3460 | 75.54 | Aetna | Medicare | 1065.68 | 30.8 | | | 26.4 | | 3287 percent of total billed charges | |
| BKR CHG PROTHROMBIN.G20210A.MUTATION\|P | 81240 | CPT | | | | both | | | 3460 | 75.54 | Managed Care Inc | Managed Care Inc | 3114 | 90 | | | 26.4 | | 3287 percent of total billed charges | |
| BKR CHG PROTHROMBIN.G20210A.MUTATION\|P | 81240 | CPT | | | | both | | | 3460 | 75.54 | Horizon | PPO | 1324.49 | 38.28 | | 86.99 | 26.4 | | 3287 percent of total billed charges | |
| BKR CHG PROTHROMBIN.G20210A.MUTATION\|P | 81240 | CPT | | | | both | | | 3460 | 75.54 | Horizon | NJ Health | 32.46 | | | 17.04 | 26.4 | | 3287 fee schedule | |
| BKR CHG PROTHROMBIN.G20210A.MUTATION\|P | 81240 | CPT | | | | both | | | 3460 | 75.54 | Multiplan | Multiplan | 2768 | 80 | | | 26.4 | | 3287 percent of total billed charges | |
| BKR CHG PROTHROMBIN.G20210A.MUTATION\|P | 81240 | CPT | | | | both | | | 3460 | 75.54 | Three Rivers | Three Rivers | 3287 | 95 | | | 26.4 | | 3287 percent of total billed charges | |
| BKR CHG PROTHROMBIN.G20210A.MUTATION\|P | 81240 | CPT | | | | both | | | 3460 | 75.54 | Qualcare | Qualcare | 2595 | 75 | | | 26.4 | | 3287 percent of total billed charges | |
| BKR CHG PROTHROMBIN.G20210A.MUTATION\|P | 81240 | CPT | | | | both | | | 3460 | 75.54 | Wellcare | Medicare | 65.69 | | | 16.54 | 26.4 | | 3287 fee schedule | |
| BKR CHG PROTHROMBIN.G20210A.MUTATION\|P | 81240 | CPT | | | | both | | | 3460 | 75.54 | UHC | Medicaid | 52.55 | | | 54.94 | 26.4 | | 3287 fee schedule | |
| BKR CHG PROTHROMBIN.G20210A.MUTATION\|P | 81240 | CPT | | | | both | | | 3460 | 75.54 | UHC | Medicare | 65.69 | | | 36.54 | 26.4 | | 3287 fee schedule | |
| BKR CHG PROTHROMBIN.G20210A.MUTATION\|P | 81240 | CPT | | | | both | | | 3460 | 75.54 | Wellcare | Medicaid | 52.55 | | | | 26.4 | | 3287 fee schedule | |
| BKR CHG FACTOR.V.LEIDEN.RFLX.TO.R2 | 81241 | CPT | | | | both | | | 614 | 84.38 | Aetna | Better Health | 193.72 | 31.55 | | | 40.5 | | 583.3 percent of total billed charges | |
| BKR CHG FACTOR.V.LEIDEN.RFLX.TO.R2 | 81241 | CPT | | | | both | | | 614 | 84.38 | Aetna | Commercial | 233.32 | 38 | | | 40.5 | | 583.3 percent of total billed charges | |
| BKR CHG FACTOR.V.LEIDEN.RFLX.TO.R2 | 81241 | CPT | | | | both | | | 614 | 84.38 | Amerihealth | Medicare | 73.37 | | | | 40.5 | | 583.3 fee schedule | |
| BKR CHG FACTOR.V.LEIDEN.RFLX.TO.R2 | 81241 | CPT | | | | both | | | 614 | 84.38 | Horizon | Medicare Blue | 184.2 | 30 | | | 40.5 | | 583.3 percent of total billed charges | |
| BKR CHG FACTOR.V.LEIDEN.RFLX.TO.R2 | 81241 | CPT | | | | both | | | 614 | 84.38 | Consumer | Consumer | 583.3 | 95 | | | 40.5 | | 583.3 percent of total billed charges | |
| BKR CHG FACTOR.V.LEIDEN.RFLX.TO.R2 | 81241 | CPT | | | | both | | | 614 | 84.38 | Americare | Americare | 460.5 | 75 | | | 40.5 | | 583.3 percent of total billed charges | |
| BKR CHG FACTOR.V.LEIDEN.RFLX.TO.R2 | 81241 | CPT | | | | both | | | 614 | 84.38 | Amerihealth | HMO/PPO | 45.35 | | | 32.09 | 40.5 | | 583.3 fee schedule | |
| BKR CHG FACTOR.V.LEIDEN.RFLX.TO.R2 | 81241 | CPT | | | | both | | | 614 | 84.38 | Aetna | Medicare | 189.11 | 30.8 | | | 40.5 | | 583.3 percent of total billed charges | |
| BKR CHG FACTOR.V.LEIDEN.RFLX.TO.R2 | 81241 | CPT | | | | both | | | 614 | 84.38 | Horizon | Indemnity | 235.04 | 38.28 | | | 40.5 | | 583.3 percent of total billed charges | |
| BKR CHG FACTOR.V.LEIDEN.RFLX.TO.R2 | 81241 | CPT | | | | both | | | 614 | 84.38 | Horizon | NJ Health | 53.82 | | | 11.71 | 40.5 | | 583.3 fee schedule | |
| BKR CHG FACTOR.V.LEIDEN.RFLX.TO.R2 | 81241 | CPT | | | | both | | | 614 | 84.38 | First Health | First Health | 429.8 | 70 | | | 40.5 | | 583.3 percent of total billed charges | |
| BKR CHG FACTOR.V.LEIDEN.RFLX.TO.R2 | 81241 | CPT | | | | both | | | 614 | 84.38 | Multiplan | Multiplan | 491.2 | 80 | | | 40.5 | | 583.3 percent of total billed charges | |
| BKR CHG FACTOR.V.LEIDEN.RFLX.TO.R2 | 81241 | CPT | | | | both | | | 614 | 84.38 | Corrections | Corrections | 491.2 | 80 | | | 40.5 | | 583.3 percent of total billed charges | |
| BKR CHG FACTOR.V.LEIDEN.RFLX.TO.R2 | 81241 | CPT | | | | both | | | 614 | 84.38 | UHC | Medicaid | 58.7 | | | 31.6 | 40.5 | | 583.3 fee schedule | |
| BKR CHG FACTOR.V.LEIDEN.RFLX.TO.R2 | 81241 | CPT | | | | both | | | 614 | 84.38 | Horizon | PPO | 235.04 | 38.28 | | | 40.5 | | 583.3 percent of total billed charges | |
| BKR CHG FACTOR.V.LEIDEN.RFLX.TO.R2 | 81241 | CPT | | | | both | | | 614 | 84.38 | Wellcare | Medicare | 73.37 | | | 8.76 | 40.5 | | 583.3 fee schedule | |
| BKR CHG FACTOR.V.LEIDEN.RFLX.TO.R2 | 81241 | CPT | | | | both | | | 614 | 84.38 | Qualcare | Qualcare | 460.5 | 75 | | | 40.5 | | 583.3 percent of total billed charges | |
| BKR CHG FACTOR.V.LEIDEN.RFLX.TO.R2 | 81241 | CPT | | | | both | | | 614 | 84.38 | Three Rivers | Three Rivers | 583.3 | 95 | | | 40.5 | | 583.3 percent of total billed charges | |
| BKR CHG FACTOR.V.LEIDEN.RFLX.TO.R2 | 81241 | CPT | | | | both | | | 614 | 84.38 | First Trenton | First Trenton | 552.6 | 90 | | | 40.5 | | 583.3 percent of total billed charges | |
| BKR CHG FACTOR.V.LEIDEN.RFLX.TO.R2 | 81241 | CPT | | | | both | | | 614 | 84.38 | WellPoint | WellPoint | 197.59 | 32.18 | | 3.16 | 40.5 | | 583.3 percent of total billed charges | |
| BKR CHG FACTOR.V.LEIDEN.RFLX.TO.R2 | 81241 | CPT | | | | both | | | 614 | 84.38 | Horizon | MGD | 235.04 | 38.28 | | 100.2 | 40.5 | | 583.3 percent of total billed charges | |
| BKR CHG FACTOR.V.LEIDEN.RFLX.TO.R2 | 81241 | CPT | | | | both | | | 614 | 84.38 | Managed Care Inc | Managed Care Inc | 552.6 | 90 | | | 40.5 | | 583.3 percent of total billed charges | |
| BKR CHG FACTOR.V.LEIDEN.RFLX.TO.R2 | 81241 | CPT | | | | both | | | 614 | 84.38 | UHC | Medicare | 73.37 | | | 21.14 | 40.5 | | 583.3 fee schedule | |
| BKR CHG FACTOR.V.LEIDEN.RFLX.TO.R2 | 81241 | CPT | | | | both | | | 614 | 84.38 | Wellcare | Medicaid | 58.7 | | | | 40.5 | | 583.3 fee schedule | |
| BKR CHG FRAGILE X SYNDROME CARRIER (5 | 81243 | CPT | | | | both | | | 778 | 65.6 | Consumer | Consumer | 739.1 | 95 | | | 22.8 | | 739.1 percent of total billed charges | |
| BKR CHG FRAGILE X SYNDROME CARRIER (5 | 81243 | CPT | | | | both | | | 778 | 65.6 | Aetna | Commercial | 295.64 | 38 | | | 22.8 | | 739.1 percent of total billed charges | |
| BKR CHG FRAGILE X SYNDROME CARRIER (5 | 81243 | CPT | | | | both | | | 778 | 65.6 | Aetna | Medicare | 239.62 | 30.8 | | | 22.8 | | 739.1 percent of total billed charges | |
| BKR CHG FRAGILE X SYNDROME CARRIER (5 | 81243 | CPT | | | | both | | | 778 | 65.6 | First Health | First Health | 544.6 | 70 | | | 22.8 | | 739.1 percent of total billed charges | |
| BKR CHG FRAGILE X SYNDROME CARRIER (5 | 81243 | CPT | | | | both | | | 778 | 65.6 | Amerihealth | HMO/PPO | 505.7 | 65 | | | 22.8 | | 739.1 percent of total billed charges | |
| BKR CHG FRAGILE X SYNDROME CARRIER (5 | 81243 | CPT | | | | both | | | 778 | 65.6 | Americare | Americare | 583.5 | 75 | | | 22.8 | | 739.1 percent of total billed charges | |
| BKR CHG FRAGILE X SYNDROME CARRIER (5 | 81243 | CPT | | | | both | | | 778 | 65.6 | Amerihealth | Medicare | 57.04 | | | | 22.8 | | 739.1 fee schedule | |
| BKR CHG FRAGILE X SYNDROME CARRIER (5 | 81243 | CPT | | | | both | | | 778 | 65.6 | Aetna | Better Health | 245.46 | 31.55 | | | 22.8 | | 739.1 percent of total billed charges | |
| BKR CHG FRAGILE X SYNDROME CARRIER (5 | 81243 | CPT | | | | both | | | 778 | 65.6 | Horizon | Medicare Blue | 233.4 | 30 | | | 22.8 | | 739.1 percent of total billed charges | |
| BKR CHG FRAGILE X SYNDROME CARRIER (5 | 81243 | CPT | | | | both | | | 778 | 65.6 | UHC | Medicare | 57.04 | | | | 22.8 | | 739.1 fee schedule | |
| BKR CHG FRAGILE X SYNDROME CARRIER (5 | 81243 | CPT | | | | both | | | 778 | 65.6 | First Trenton | First Trenton | 700.2 | 90 | | | 22.8 | | 739.1 percent of total billed charges | |
| BKR CHG FRAGILE X SYNDROME CARRIER (5 | 81243 | CPT | | | | both | | | 778 | 65.6 | Horizon | MGD | 297.82 | 38.28 | | 32.28 | 22.8 | | 739.1 percent of total billed charges | |
| BKR CHG FRAGILE X SYNDROME CARRIER (5 | 81243 | CPT | | | | both | | | 778 | 65.6 | Horizon | Indemnity | 297.82 | 38.28 | | | 22.8 | | 739.1 percent of total billed charges | |
| BKR CHG FRAGILE X SYNDROME CARRIER (5 | 81243 | CPT | | | | both | | | 778 | 65.6 | Wellcare | Medicare | 57.04 | | | | 22.8 | | 739.1 fee schedule | |
| BKR CHG FRAGILE X SYNDROME CARRIER (5 | 81243 | CPT | | | | both | | | 778 | 65.6 | Corrections | Corrections | 622.4 | 80 | | | 22.8 | | 739.1 percent of total billed charges | |
| BKR CHG FRAGILE X SYNDROME CARRIER (5 | 81243 | CPT | | | | both | | | 778 | 65.6 | Multiplan | Multiplan | 622.4 | 80 | | | 22.8 | | 739.1 percent of total billed charges | |
| BKR CHG FRAGILE X SYNDROME CARRIER (5 | 81243 | CPT | | | | both | | | 778 | 65.6 | Horizon | PPO | 297.82 | 38.28 | | | 22.8 | | 739.1 percent of total billed charges | |
| BKR CHG FRAGILE X SYNDROME CARRIER (5 | 81243 | CPT | | | | both | | | 778 | 65.6 | Qualcare | Qualcare | 583.5 | 75 | | | 22.8 | | 739.1 percent of total billed charges | |
| BKR CHG FRAGILE X SYNDROME CARRIER (5 | 81243 | CPT | | | | both | | | 778 | 65.6 | WellPoint | WellPoint | 250.36 | 32.18 | | | 22.8 | | 739.1 percent of total billed charges | |
| BKR CHG FRAGILE X SYNDROME CARRIER (5 | 81243 | CPT | | | | both | | | 778 | 65.6 | UHC | Medicaid | 45.63 | | | 11.47 | 22.8 | | 739.1 fee schedule | |
| BKR CHG FRAGILE X SYNDROME CARRIER (5 | 81243 | CPT | | | | both | | | 778 | 65.6 | Managed Care Inc | Managed Care Inc | 700.2 | 90 | | | 22.8 | | 739.1 percent of total billed charges | |
| BKR CHG FRAGILE X SYNDROME CARRIER (5 | 81243 | CPT | | | | both | | | 778 | 65.6 | Three Rivers | Three Rivers | 739.1 | 95 | | | 22.8 | | 739.1 percent of total billed charges | |
| BKR CHG FRAGILE X SYNDROME CARRIER (5 | 81243 | CPT | | | | both | | | 778 | 65.6 | Wellcare | Medicaid | 45.63 | | | | 22.8 | | 739.1 fee schedule | |
| BKR CHG FRAGILE X FMR1 MOLECULAR ANALYSIS | 81244 | CPT | | | | both | | | 646 | 51.62 | Horizon | Indemnity | 247.29 | 38.28 | | | 35.1 | | 613.7 percent of total billed charges | |
| BKR CHG FRAGILE X FMR1 MOLECULAR ANALYSIS | 81244 | CPT | | | | both | | | 646 | 51.62 | UHC | Medicare | 44.89 | | | 77.93 | 35.1 | | 613.7 fee schedule | |
| BKR CHG FRAGILE X FMR1 MOLECULAR ANALYSIS | 81244 | CPT | | | | both | | | 646 | 51.62 | Amerihealth | Medicare | 44.89 | | | | 35.1 | | 613.7 fee schedule | |
| BKR CHG FRAGILE X FMR1 MOLECULAR ANALYSIS | 81244 | CPT | | | | both | | | 646 | 51.62 | Aetna | Better Health | 203.81 | 31.55 | | | 35.1 | | 613.7 percent of total billed charges | |
| BKR CHG FRAGILE X FMR1 MOLECULAR ANALYSIS | 81244 | CPT | | | | both | | | 646 | 51.62 | First Trenton | First Trenton | 581.4 | 90 | | | 35.1 | | 613.7 percent of total billed charges | |
| BKR CHG FRAGILE X FMR1 MOLECULAR ANALYSIS | 81244 | CPT | | | | both | | | 646 | 51.62 | Americare | Americare | 484.5 | 75 | | | 35.1 | | 613.7 percent of total billed charges | |
| BKR CHG FRAGILE X FMR1 MOLECULAR ANALYSIS | 81244 | CPT | | | | both | | | 646 | 51.62 | Aetna | Commercial | 245.48 | 38 | | | 35.1 | | 613.7 percent of total billed charges | |
| BKR CHG FRAGILE X FMR1 MOLECULAR ANALYSIS | 81244 | CPT | | | | both | | | 646 | 51.62 | Corrections | Corrections | 516.8 | 80 | | | 35.1 | | 613.7 percent of total billed charges | |
| BKR CHG FRAGILE X FMR1 MOLECULAR ANALYSIS | 81244 | CPT | | | | both | | | 646 | 51.62 | Horizon | MGD | 247.29 | 38.28 | | 39.21 | 35.1 | | 613.7 percent of total billed charges | |
| BKR CHG FRAGILE X FMR1 MOLECULAR ANALYSIS | 81244 | CPT | | | | both | | | 646 | 51.62 | WellPoint | WellPoint | 207.88 | 32.18 | | 66.68 | 35.1 | | 613.7 percent of total billed charges | |
| BKR CHG FRAGILE X FMR1 MOLECULAR ANALYSIS | 81244 | CPT | | | | both | | | 646 | 51.62 | First Health | First Health | 452.2 | 70 | | | 35.1 | | 613.7 percent of total billed charges | |
| BKR CHG FRAGILE X FMR1 MOLECULAR ANALYSIS | 81244 | CPT | | | | both | | | 646 | 51.62 | Consumer | Consumer | 613.7 | 95 | | | 35.1 | | 613.7 percent of total billed charges | |
| BKR CHG FRAGILE X FMR1 MOLECULAR ANALYSIS | 81244 | CPT | | | | both | | | 646 | 51.62 | Managed Care Inc | Managed Care Inc | 581.4 | 90 | | | 35.1 | | 613.7 percent of total billed charges | |
| BKR CHG FRAGILE X FMR1 MOLECULAR ANALYSIS | 81244 | CPT | | | | both | | | 646 | 51.62 | Amerihealth | HMO/PPO | 419.9 | 65 | | | 35.1 | | 613.7 percent of total billed charges | |
| BKR CHG FRAGILE X FMR1 MOLECULAR ANALYSIS | 81244 | CPT | | | | both | | | 646 | 51.62 | Aetna | Medicare | 198.97 | 30.8 | | | 35.1 | | 613.7 percent of total billed charges | |
| BKR CHG FRAGILE X FMR1 MOLECULAR ANALYSIS | 81244 | CPT | | | | both | | | 646 | 51.62 | Horizon | PPO | 247.29 | 38.28 | | 267.03 | 35.1 | | 613.7 percent of total billed charges | |
| BKR CHG FRAGILE X FMR1 MOLECULAR ANALYSIS | 81244 | CPT | | | | both | | | 646 | 51.62 | Wellcare | Medicaid | 35.91 | | | | 35.1 | | 613.7 fee schedule | |
| BKR CHG FRAGILE X FMR1 MOLECULAR ANALYSIS | 81244 | CPT | | | | both | | | 646 | 51.62 | Multiplan | Multiplan | 516.8 | 80 | | | 35.1 | | 613.7 percent of total billed charges | |
| BKR CHG FRAGILE X FMR1 MOLECULAR ANALYSIS | 81244 | CPT | | | | both | | | 646 | 51.62 | UHC | Medicaid | 35.91 | | | 30.12 | 35.1 | | 613.7 fee schedule | |
| BKR CHG FRAGILE X FMR1 MOLECULAR ANALYSIS | 81244 | CPT | | | | both | | | 646 | 51.62 | Horizon | Medicare Blue | 193.8 | 30 | | | 35.1 | | 613.7 percent of total billed charges | |
| BKR CHG FRAGILE X FMR1 MOLECULAR ANALYSIS | 81244 | CPT | | | | both | | | 646 | 51.62 | Wellcare | Medicare | 44.89 | | | | 35.1 | | 613.7 fee schedule | |
| BKR CHG FRAGILE X FMR1 MOLECULAR ANALYSIS | 81244 | CPT | | | | both | | | 646 | 51.62 | Qualcare | Qualcare | 484.5 | 75 | | | 35.1 | | 613.7 percent of total billed charges | |
| BKR CHG FRAGILE X FMR1 MOLECULAR ANALYSIS | 81244 | CPT | | | | both | | | 646 | 51.62 | Three Rivers | Three Rivers | 613.7 | 95 | | | 35.1 | | 613.7 percent of total billed charges | |
| BKR CHG SLCO4A1 ANTIBODY | 81256 | CPT | | | | both | | | 705 | 75.16 | First Trenton | First Trenton | 634.5 | 90 | | | 48.51 | | 669.75 percent of total billed charges | |
| BKR CHG SLCO4A1 ANTIBODY | 81256 | CPT | | | | both | | | 705 | 75.16 | Corrections | Corrections | 664 | 80 | | | 48.51 | | 669.75 percent of total billed charges | |
| BKR CHG SLCO4A1 ANTIBODY | 81256 | CPT | | | | both | | | 705 | 75.16 | Americare | Americare | 528.75 | 75 | | | 48.51 | | 669.75 percent of total billed charges | |
| BKR CHG SLCO4A1 ANTIBODY | 81256 | CPT | | | | both | | | 705 | 75.16 | First Health | First Health | 493.5 | 70 | | | 48.51 | | 669.75 percent of total billed charges | |
| BKR CHG SLCO4A1 ANTIBODY | 81256 | CPT | | | | both | | | 705 | 75.16 | Aetna | Medicare | 217.14 | 30.8 | | | 48.51 | | 669.75 percent of total billed charges | |
| BKR CHG SLCO4A1 ANTIBODY | 81256 | CPT | | | | both | | | 705 | 75.16 | Wellcare | Medicaid | 52.29 | | | | 48.51 | | 669.75 fee schedule | |
| BKR CHG SLCO4A1 ANTIBODY | 81256 | CPT | | | | both | | | 705 | 75.16 | Amerihealth | HMO/PPO | 48.51 | | | | 48.51 | | 669.75 fee schedule | |
| BKR CHG SLCO4A1 ANTIBODY | 81256 | CPT | | | | both | | | 705 | 75.16 | Aetna | Better Health | 222.43 | 31.55 | | | 48.51 | | 669.75 percent of total billed charges | |
| BKR CHG SLCO4A1 ANTIBODY | 81256 | CPT | | | | both | | | 705 | 75.16 | Managed Care Inc | Managed Care Inc | 634.5 | 90 | | | 48.51 | | 669.75 percent of total billed charges | |
| BKR CHG SLCO4A1 ANTIBODY | 81256 | CPT | | | | both | | | 705 | 75.16 | Multiplan | Multiplan | 664 | 80 | | | 48.51 | | 669.75 percent of total billed charges | |
| BKR CHG SLCO4A1 ANTIBODY | 81256 | CPT | | | | both | | | 705 | 75.16 | Horizon | Indemnity | 269.87 | 38.28 | | 27.77 | 48.51 | | 669.75 percent of total billed charges | |
| BKR CHG SLCO4A1 ANTIBODY | 81256 | CPT | | | | both | | | 705 | 75.16 | Consumer | Consumer | 669.75 | 95 | | | 48.51 | | 669.75 percent of total billed charges | |
| BKR CHG SLCO4A1 ANTIBODY | 81256 | CPT | | | | both | | | 705 | 75.16 | Amerihealth | Medicare | 65.36 | | | | 48.51 | | 669.75 fee schedule | |
| BKR CHG SLCO4A1 ANTIBODY | 81256 | CPT | | | | both | | | 705 | 75.16 | Qualcare | Qualcare | 528.75 | 75 | | | 48.51 | | 669.75 percent of total billed charges | |
| BKR CHG SLCO4A1 ANTIBODY | 81256 | CPT | | | | both | | | 705 | 75.16 | UHC | Medicaid | 52.29 | | | 34.15 | 48.51 | | 669.75 fee schedule | |
| BKR CHG SLCO4A1 ANTIBODY | 81256 | CPT | | | | both | | | 705 | 75.16 | Horizon | Medicare Blue | 211.5 | 30 | | | 48.51 | | 669.75 percent of total billed charges | |
| BKR CHG SLCO4A1 ANTIBODY | 81256 | CPT | | | | both | | | 705 | 75.16 | Horizon | MGD | 269.87 | 38.28 | | | 48.51 | | 669.75 percent of total billed charges | |
| BKR CHG SLCO4A1 ANTIBODY | 81256 | CPT | | | | both | | | 705 | 75.16 | Horizon | PPO | 269.87 | 38.28 | | | 48.51 | | 669.75 percent of total billed charges | |
| BKR CHG SLCO4A1 ANTIBODY | 81256 | CPT | | | | both | | | 705 | 75.16 | Wellcare | Medicare | 65.36 | | | | 48.51 | | 669.75 fee schedule | |
| BKR CHG SLCO4A1 ANTIBODY | 81256 | CPT | | | | both | | | 705 | 75.16 | Three Rivers | Three Rivers | 669.75 | 95 | | | 48.51 | | 669.75 percent of total billed charges | |
| BKR CHG SLCO4A1 ANTIBODY | 81256 | CPT | | | | both | | | 705 | 75.16 | WellPoint | WellPoint | 226.87 | 32.18 | | | 48.51 | | 669.75 percent of total billed charges | |
| BKR CHG SLCO4A1 ANTIBODY | 81256 | CPT | | | | both | | | 705 | 75.16 | UHC | Medicare | 65.36 | | | 13.86 | 48.51 | | 669.75 fee schedule | |
| BKR CHG HBA1/HBA2GENE ANALY | 81257 | CPT | | | | both | | | 1921 | 117.6 | Aetna | Medicare | 591.67 | 30.8 | | | 81.81 | | 1824.95 percent of total billed charges | |
| BKR CHG HBA1/HBA2GENE ANALY | 81257 | CPT | | | | both | | | 1921 | 117.6 | Aetna | Better Health | 606.08 | 31.55 | | | 81.81 | | 1824.95 percent of total billed charges | |
| BKR CHG HBA1/HBA2GENE ANALY | 81257 | CPT | | | | both | | | 1921 | 117.6 | Americare | Americare | 1440.75 | 75 | | | 81.81 | | 1824.95 percent of total billed charges | |
| BKR CHG HBA1/HBA2GENE ANALY | 81257 | CPT | | | | both | | | 1921 | 117.6 | First Trenton | First Trenton | 1728.9 | 90 | | | 81.81 | | 1824.95 percent of total billed charges | |
| BKR CHG HBA1/HBA2GENE ANALY | 81257 | CPT | | | | both | | | 1921 | 117.6 | Horizon | MGD | 735.36 | 38.28 | | 258.62 | 81.81 | | 1824.95 percent of total billed charges | |
| BKR CHG HBA1/HBA2GENE ANALY | 81257 | CPT | | | | both | | | 1921 | 117.6 | First Health | First Health | 1344.7 | 70 | | | 81.81 | | 1824.95 percent of total billed charges | |
| BKR CHG HBA1/HBA2GENE ANALY | 81257 | CPT | | | | both | | | 1921 | 117.6 | Amerihealth | HMO/PPO | 1248.65 | 65 | | | 81.81 | | 1824.95 percent of total billed charges | |
| BKR CHG HBA1/HBA2GENE ANALY | 81257 | CPT | | | | both | | | 1921 | 117.6 | Amerihealth | Medicare | 102.26 | | | | 81.81 | | 1824.95 fee schedule | |
| BKR CHG HBA1/HBA2GENE ANALY | 81257 | CPT | | | | both | | | 1921 | 117.6 | WellPoint | WellPoint | 618.18 | 32.18 | | 168.91 | 81.81 | | 1824.95 percent of total billed charges | |
| BKR CHG HBA1/HBA2GENE ANALY | 81257 | CPT | | | | both | | | 1921 | 117.6 | UHC | Medicaid | 81.81 | | | 94.53 | 81.81 | | 1824.95 fee schedule | |
| BKR CHG HBA1/HBA2GENE ANALY | 81257 | CPT | | | | both | | | 1921 | 117.6 | Consumer | Consumer | 1824.95 | 95 | | | 81.81 | | 1824.95 percent of total billed charges | |
| BKR CHG HBA1/HBA2GENE ANALY | 81257 | CPT | | | | both | | | 1921 | 117.6 | Horizon | PPO | 735.36 | 38.28 | | | 81.81 | | 1824.95 percent of total billed charges | |
| BKR CHG HBA1/HBA2GENE ANALY | 81257 | CPT | | | | both | | | 1921 | 117.6 | Horizon | Indemnity | 735.36 | 38.28 | | | 81.81 | | 1824.95 percent of total billed charges | |
| BKR CHG HBA1/HBA2GENE ANALY | 81257 | CPT | | | | both | | | 1921 | 117.6 | UHC | Medicare | 102.26 | | | | 81.81 | | 1824.95 fee schedule | |
| BKR CHG HBA1/HBA2GENE ANALY | 81257 | CPT | | | | both | | | 1921 | 117.6 | Horizon | Medicare Blue | 576.3 | 30 | | | 81.81 | | 1824.95 percent of total billed charges | |
| BKR CHG HBA1/HBA2GENE ANALY | 81257 | CPT | | | | both | | | 1921 | 117.6 | Corrections | Corrections | 1536.8 | 80 | | | 81.81 | | 1824.95 percent of total billed charges | |
| BKR CHG HBA1/HBA2GENE ANALY | 81257 | CPT | | | | both | | | 1921 | 117.6 | Multiplan | Multiplan | 1536.8 | 80 | | | 81.81 | | 1824.95 percent of total billed charges | |
| BKR CHG HBA1/HBA2GENE ANALY | 81257 | CPT | | | | both | | | 1921 | 117.6 | Wellcare | Medicare | 102.26 | | | | 81.81 | | 1824.95 fee schedule | |
| BKR CHG HBA1/HBA2GENE ANALY | 81257 | CPT | | | | both | | | 1921 | 117.6 | Qualcare | Qualcare | 1440.75 | 75 | | | 81.81 | | 1824.95 percent of total billed charges | |
| BKR CHG HBA1/HBA2GENE ANALY | 81257 | CPT | | | | both | | | 1921 | 117.6 | Managed Care Inc | Managed Care Inc | 1728.9 | 90 | | | 81.81 | | 1824.95 percent of total billed charges | |
| BKR CHG HBA1/HBA2GENE ANALY | 81257 | CPT | | | | both | | | 1921 | 117.6 | Three Rivers | Three Rivers | 1824.95 | 95 | | | 81.81 | | 1824.95 percent of total billed charges | |
| BKR CHG HBA1/HBA2GENE ANALY | 81257 | CPT | | | | both | | | 1921 | 117.6 | Wellcare | Medicaid | 81.81 | | | | 81.81 | | 1824.95 fee schedule | |
| BKR CHG B-CELL IGH GENE ARRANGEMENTS | 81261 | CPT | | | | both | | | 631 | 227.69 | Amerihealth | Medicare | 197.99 | | | | 116.13 | | 599.45 fee schedule | |
| BKR CHG B-CELL IGH GENE ARRANGEMENTS | 81261 | CPT | | | | both | | | 631 | 227.69 | Consumer | Consumer | 599.45 | 95 | | | 116.13 | | 599.45 percent of total billed charges | |
| BKR CHG B-CELL IGH GENE ARRANGEMENTS | 81261 | CPT | | | | both | | | 631 | 227.69 | Americare | Americare | 473.25 | 75 | | | 116.13 | | 599.45 percent of total billed charges | |
| BKR CHG B-CELL IGH GENE ARRANGEMENTS | 81261 | CPT | | | | both | | | 631 | 227.69 | Aetna | Medicare | 194.35 | 30.8 | | | 116.13 | | 599.45 percent of total billed charges | |
| BKR CHG B-CELL IGH GENE ARRANGEMENTS | 81261 | CPT | | | | both | | | 631 | 227.69 | First Trenton | First Trenton | 567.9 | 90 | | | 116.13 | | 599.45 percent of total billed charges | |
| BKR CHG B-CELL IGH GENE ARRANGEMENTS | 81261 | CPT | | | | both | | | 631 | 227.69 | Aetna | Better Health | 199.08 | 31.55 | | | 116.13 | | 599.45 percent of total billed charges | |
| BKR CHG B-CELL IGH GENE ARRANGEMENTS | 81261 | CPT | | | | both | | | 631 | 227.69 | Amerihealth | HMO/PPO | 146.93 | | | | 116.13 | | 599.45 fee schedule | |
| BKR CHG B-CELL IGH GENE ARRANGEMENTS | 81261 | CPT | | | | both | | | 631 | 227.69 | Corrections | Corrections | 504.8 | 80 | | | 116.13 | | 599.45 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG B-CELL IGH GENE ARRANGEMENTS | 81261 | CPT | | | | both | | | 631 | 227.69 | Horizon | NJ Health | 116.13 | | | | 116.13 | | 599.45 fee schedule | |
| BKR CHG B-CELL IGH GENE ARRANGEMENTS | 81261 | CPT | | | | both | | | 631 | 227.69 | First Health | First Health | 441.7 | 70 | | | 116.13 | | 599.45 percent of total billed charges | |
| BKR CHG B-CELL IGH GENE ARRANGEMENTS | 81261 | CPT | | | | both | | | 631 | 227.69 | Horizon | MGD | 241.55 | 38.28 | | | 116.13 | | 599.45 percent of total billed charges | |
| BKR CHG B-CELL IGH GENE ARRANGEMENTS | 81261 | CPT | | | | both | | | 631 | 227.69 | Multiplan | Multiplan | 504.8 | 80 | | | 116.13 | | 599.45 percent of total billed charges | |
| BKR CHG B-CELL IGH GENE ARRANGEMENTS | 81261 | CPT | | | | both | | | 631 | 227.69 | Horizon | PPO | 241.55 | 38.28 | | | 116.13 | | 599.45 percent of total billed charges | |
| BKR CHG B-CELL IGH GENE ARRANGEMENTS | 81261 | CPT | | | | both | | | 631 | 227.69 | Horizon | Indemnity | 241.55 | 38.28 | | | 116.13 | | 599.45 percent of total billed charges | |
| BKR CHG B-CELL IGH GENE ARRANGEMENTS | 81261 | CPT | | | | both | | | 631 | 227.69 | Managed Care Inc | Managed Care Inc | 567.9 | 90 | | | 116.13 | | 599.45 percent of total billed charges | |
| BKR CHG B-CELL IGH GENE ARRANGEMENTS | 81261 | CPT | | | | both | | | 631 | 227.69 | Horizon | Medicare Blue | 189.3 | 30 | | | 116.13 | | 599.45 percent of total billed charges | |
| BKR CHG B-CELL IGH GENE ARRANGEMENTS | 81261 | CPT | | | | both | | | 631 | 227.69 | Three Rivers | Three Rivers | 599.45 | 95 | | | 116.13 | | 599.45 percent of total billed charges | |
| BKR CHG B-CELL IGH GENE ARRANGEMENTS | 81261 | CPT | | | | both | | | 631 | 227.69 | Wellcare | Medicaid | 158.39 | | | | 116.13 | | 599.45 fee schedule | |
| BKR CHG B-CELL IGH GENE ARRANGEMENTS | 81261 | CPT | | | | both | | | 631 | 227.69 | Qualcare | Qualcare | 473.25 | 75 | | | 116.13 | | 599.45 percent of total billed charges | |
| BKR CHG B-CELL IGH GENE ARRANGEMENTS | 81261 | CPT | | | | both | | | 631 | 227.69 | UHC | Medicaid | 158.39 | | | | 116.13 | | 599.45 fee schedule | |
| BKR CHG B-CELL IGH GENE ARRANGEMENTS | 81261 | CPT | | | | both | | | 631 | 227.69 | UHC | Medicare | 197.99 | | | | 116.13 | | 599.45 fee schedule | |
| BKR CHG B-CELL IGH GENE ARRANGEMENTS | 81261 | CPT | | | | both | | | 631 | 227.69 | Wellcare | Medicare | 197.99 | | | | 116.13 | | 599.45 fee schedule | |
| BKR CHG B-CELL IGH GENE ARRANGEMENTS | 81261 | CPT | | | | both | | | 631 | 227.69 | WellPoint | WellPoint | 203.06 | 32.18 | | | 116.13 | | 599.45 percent of total billed charges | |
| BKR CHG IGVH.SOMATIC.HYPERMUTATION(113753) | 81263 | CPT | | | | outpatient | | | 1288 | 338.7 | Aetna | Medicare | 396.7 | 30.8 | | | 203.78 | | 1223.6 percent of total billed charges | |
| BKR CHG IGVH.SOMATIC.HYPERMUTATION(113753) | 81263 | CPT | | | | outpatient | | | 1288 | 338.7 | Corrections | Corrections | 1030.4 | 80 | | | 203.78 | | 1223.6 percent of total billed charges | |
| BKR CHG IGVH.SOMATIC.HYPERMUTATION(113753) | 81263 | CPT | | | | outpatient | | | 1288 | 338.7 | Aetna | Better Health | 406.36 | 31.55 | | | 203.78 | | 1223.6 percent of total billed charges | |
| BKR CHG IGVH.SOMATIC.HYPERMUTATION(113753) | 81263 | CPT | | | | outpatient | | | 1288 | 338.7 | First Health | First Health | 901.6 | 70 | | | 203.78 | | 1223.6 percent of total billed charges | |
| BKR CHG IGVH.SOMATIC.HYPERMUTATION(113753) | 81263 | CPT | | | | outpatient | | | 1288 | 338.7 | Americare | Americare | 966 | 75 | | | 203.78 | | 1223.6 percent of total billed charges | |
| BKR CHG IGVH.SOMATIC.HYPERMUTATION(113753) | 81263 | CPT | | | | outpatient | | | 1288 | 338.7 | First Trenton | First Trenton | 1159.2 | 90 | | | 203.78 | | 1223.6 percent of total billed charges | |
| BKR CHG IGVH.SOMATIC.HYPERMUTATION(113753) | 81263 | CPT | | | | outpatient | | | 1288 | 338.7 | Amerihealth | Medicare | 294.52 | | | | 203.78 | | 1223.6 fee schedule | |
| BKR CHG IGVH.SOMATIC.HYPERMUTATION(113753) | 81263 | CPT | | | | outpatient | | | 1288 | 338.7 | Consumer | Consumer | 1223.6 | 95 | | | 203.78 | | 1223.6 percent of total billed charges | |
| BKR CHG IGVH.SOMATIC.HYPERMUTATION(113753) | 81263 | CPT | | | | outpatient | | | 1288 | 338.7 | Horizon | MGD | 493.05 | 38.28 | | | 203.78 | | 1223.6 percent of total billed charges | |
| BKR CHG IGVH.SOMATIC.HYPERMUTATION(113753) | 81263 | CPT | | | | outpatient | | | 1288 | 338.7 | Horizon | Indemnity | 493.05 | 38.28 | | | 203.78 | | 1223.6 percent of total billed charges | |
| BKR CHG IGVH.SOMATIC.HYPERMUTATION(113753) | 81263 | CPT | | | | outpatient | | | 1288 | 338.7 | Wellcare | Medicare | 294.52 | | | | 203.78 | | 1223.6 fee schedule | |
| BKR CHG IGVH.SOMATIC.HYPERMUTATION(113753) | 81263 | CPT | | | | outpatient | | | 1288 | 338.7 | Multiplan | Multiplan | 1030.4 | 80 | | | 203.78 | | 1223.6 percent of total billed charges | |
| BKR CHG IGVH.SOMATIC.HYPERMUTATION(113753) | 81263 | CPT | | | | outpatient | | | 1288 | 338.7 | Amerihealth | HMO/PPO | 218.57 | | | | 203.78 | | 1223.6 fee schedule | |
| BKR CHG IGVH.SOMATIC.HYPERMUTATION(113753) | 81263 | CPT | | | | outpatient | | | 1288 | 338.7 | Horizon | NJ Health | 203.78 | | | | 203.78 | | 1223.6 fee schedule | |
| BKR CHG IGVH.SOMATIC.HYPERMUTATION(113753) | 81263 | CPT | | | | outpatient | | | 1288 | 338.7 | WellPoint | WellPoint | 414.48 | 32.18 | | | 203.78 | | 1223.6 percent of total billed charges | |
| BKR CHG IGVH.SOMATIC.HYPERMUTATION(113753) | 81263 | CPT | | | | outpatient | | | 1288 | 338.7 | Qualcare | Qualcare | 966 | 75 | | | 203.78 | | 1223.6 percent of total billed charges | |
| BKR CHG IGVH.SOMATIC.HYPERMUTATION(113753) | 81263 | CPT | | | | outpatient | | | 1288 | 338.7 | Horizon | PPO | 493.05 | 38.28 | | | 203.78 | | 1223.6 percent of total billed charges | |
| BKR CHG IGVH.SOMATIC.HYPERMUTATION(113753) | 81263 | CPT | | | | outpatient | | | 1288 | 338.7 | Horizon | Medicare Blue | 386.4 | 30 | | | 203.78 | | 1223.6 percent of total billed charges | |
| BKR CHG IGVH.SOMATIC.HYPERMUTATION(113753) | 81263 | CPT | | | | outpatient | | | 1288 | 338.7 | UHC | Medicaid | 235.62 | | | | 203.78 | | 1223.6 fee schedule | |
| BKR CHG IGVH.SOMATIC.HYPERMUTATION(113753) | 81263 | CPT | | | | outpatient | | | 1288 | 338.7 | UHC | Medicare | 294.52 | | | | 203.78 | | 1223.6 fee schedule | |
| BKR CHG IGVH.SOMATIC.HYPERMUTATION(113753) | 81263 | CPT | | | | outpatient | | | 1288 | 338.7 | Three Rivers | Three Rivers | 1223.6 | 95 | | | 203.78 | | 1223.6 percent of total billed charges | |
| BKR CHG IGVH.SOMATIC.HYPERMUTATION(113753) | 81263 | CPT | | | | outpatient | | | 1288 | 338.7 | Managed Care Inc | Managed Care Inc | 1159.2 | 90 | | | 203.78 | | 1223.6 percent of total billed charges | |
| BKR CHG IGVH.SOMATIC.HYPERMUTATION(113753) | 81263 | CPT | | | | outpatient | | | 1288 | 338.7 | Wellcare | Medicaid | 235.62 | | | | 203.78 | | 1223.6 fee schedule | |
| BKR CHG JAK2 V617F, REFLEX TO CALR/MPL | 81270 | CPT | | | | both | | | 1004 | 105.41 | First Trenton | First Trenton | 903.6 | 90 | | | 68.03 | | 953.8 percent of total billed charges | |
| BKR CHG JAK2 V617F, REFLEX TO CALR/MPL | 81270 | CPT | | | | both | | | 1004 | 105.41 | Multiplan | Multiplan | 803.2 | 80 | | | 68.03 | | 953.8 percent of total billed charges | |
| BKR CHG JAK2 V617F, REFLEX TO CALR/MPL | 81270 | CPT | | | | both | | | 1004 | 105.41 | First Health | First Health | 702.8 | 70 | | | 68.03 | | 953.8 percent of total billed charges | |
| BKR CHG JAK2 V617F, REFLEX TO CALR/MPL | 81270 | CPT | | | | both | | | 1004 | 105.41 | Aetna | Better Health | 316.76 | 31.55 | | | 68.03 | | 953.8 percent of total billed charges | |
| BKR CHG JAK2 V617F, REFLEX TO CALR/MPL | 81270 | CPT | | | | both | | | 1004 | 105.41 | Amerihealth | HMO/PPO | 68.03 | | | | 68.03 | | 953.8 fee schedule | |
| BKR CHG JAK2 V617F, REFLEX TO CALR/MPL | 81270 | CPT | | | | both | | | 1004 | 105.41 | Qualcare | Qualcare | 753 | 75 | | | 68.03 | | 953.8 percent of total billed charges | |
| BKR CHG JAK2 V617F, REFLEX TO CALR/MPL | 81270 | CPT | | | | both | | | 1004 | 105.41 | Amerihealth | Medicare | 91.66 | | | | 68.03 | | 953.8 fee schedule | |
| BKR CHG JAK2 V617F, REFLEX TO CALR/MPL | 81270 | CPT | | | | both | | | 1004 | 105.41 | Aetna | Medicare | 309.23 | 30.8 | | | 68.03 | | 953.8 percent of total billed charges | |
| BKR CHG JAK2 V617F, REFLEX TO CALR/MPL | 81270 | CPT | | | | both | | | 1004 | 105.41 | Managed Care Inc | Managed Care Inc | 903.6 | 90 | | | 68.03 | | 953.8 percent of total billed charges | |
| BKR CHG JAK2 V617F, REFLEX TO CALR/MPL | 81270 | CPT | | | | both | | | 1004 | 105.41 | UHC | Medicaid | 73.33 | | | 75.97 | 68.03 | | 953.8 fee schedule | |
| BKR CHG JAK2 V617F, REFLEX TO CALR/MPL | 81270 | CPT | | | | both | | | 1004 | 105.41 | Horizon | Indemnity | 384.33 | 38.28 | | 115.31 | 68.03 | | 953.8 percent of total billed charges | |
| BKR CHG JAK2 V617F, REFLEX TO CALR/MPL | 81270 | CPT | | | | both | | | 1004 | 105.41 | Consumer | Consumer | 953.8 | 95 | | | 68.03 | | 953.8 percent of total billed charges | |
| BKR CHG JAK2 V617F, REFLEX TO CALR/MPL | 81270 | CPT | | | | both | | | 1004 | 105.41 | Three Rivers | Three Rivers | 953.8 | 95 | | | 68.03 | | 953.8 percent of total billed charges | |
| BKR CHG JAK2 V617F, REFLEX TO CALR/MPL | 81270 | CPT | | | | both | | | 1004 | 105.41 | Americare | Americare | 753 | 75 | | | 68.03 | | 953.8 percent of total billed charges | |
| BKR CHG JAK2 V617F, REFLEX TO CALR/MPL | 81270 | CPT | | | | both | | | 1004 | 105.41 | Corrections | Corrections | 803.2 | 80 | | 60.76 | 68.03 | | 953.8 percent of total billed charges | |
| BKR CHG JAK2 V617F, REFLEX TO CALR/MPL | 81270 | CPT | | | | both | | | 1004 | 105.41 | Horizon | Medicare Blue | 301.2 | 30 | | | 68.03 | | 953.8 percent of total billed charges | |
| BKR CHG JAK2 V617F, REFLEX TO CALR/MPL | 81270 | CPT | | | | both | | | 1004 | 105.41 | Wellcare | Medicaid | 73.33 | | | | 68.03 | | 953.8 fee schedule | |
| BKR CHG JAK2 V617F, REFLEX TO CALR/MPL | 81270 | CPT | | | | both | | | 1004 | 105.41 | Wellcare | Medicare | 91.66 | | | 25.01 | 68.03 | | 953.8 fee schedule | |
| BKR CHG JAK2 V617F, REFLEX TO CALR/MPL | 81270 | CPT | | | | both | | | 1004 | 105.41 | Horizon | MGD | 384.33 | 38.28 | | | 68.03 | | 953.8 percent of total billed charges | |
| BKR CHG JAK2 V617F, REFLEX TO CALR/MPL | 81270 | CPT | | | | both | | | 1004 | 105.41 | Horizon | PPO | 384.33 | 38.28 | | 96.09 | 68.03 | | 953.8 percent of total billed charges | |
| BKR CHG JAK2 V617F, REFLEX TO CALR/MPL | 81270 | CPT | | | | both | | | 1004 | 105.41 | UHC | Medicare | 91.66 | | | 53.74 | 68.03 | | 953.8 fee schedule | |
| BKR CHG JAK2 V617F, REFLEX TO CALR/MPL | 81270 | CPT | | | | both | | | 1004 | 105.41 | WellPoint | WellPoint | 323.09 | 32.18 | | | 68.03 | | 953.8 percent of total billed charges | |
| BKR CHG KIT ACUTE.MYELOID.LEUK.GENE.ANAL | 81272 | CPT | | | | outpatient | | | 2040 | 378.94 | Aetna | Medicare | 628.32 | 30.8 | | | 140.74 | | 1938 percent of total billed charges | |
| BKR CHG KIT ACUTE.MYELOID.LEUK.GENE.ANAL | 81272 | CPT | | | | outpatient | | | 2040 | 378.94 | Aetna | Better Health | 643.62 | 31.55 | | | 140.74 | | 1938 percent of total billed charges | |
| BKR CHG KIT ACUTE.MYELOID.LEUK.GENE.ANAL | 81272 | CPT | | | | outpatient | | | 2040 | 378.94 | First Trenton | First Trenton | 1836 | 90 | | | 140.74 | | 1938 percent of total billed charges | |
| BKR CHG KIT ACUTE.MYELOID.LEUK.GENE.ANAL | 81272 | CPT | | | | outpatient | | | 2040 | 378.94 | Horizon | Indemnity | 780.91 | 38.28 | | | 140.74 | | 1938 percent of total billed charges | |
| BKR CHG KIT ACUTE.MYELOID.LEUK.GENE.ANAL | 81272 | CPT | | | | outpatient | | | 2040 | 378.94 | UHC | Medicare | 329.51 | | | | 140.74 | | 1938 fee schedule | |
| BKR CHG KIT ACUTE.MYELOID.LEUK.GENE.ANAL | 81272 | CPT | | | | outpatient | | | 2040 | 378.94 | Consumer | Consumer | 1938 | 95 | | | 140.74 | | 1938 percent of total billed charges | |
| BKR CHG KIT ACUTE.MYELOID.LEUK.GENE.ANAL | 81272 | CPT | | | | outpatient | | | 2040 | 378.94 | Americare | Americare | 1530 | 75 | | | 140.74 | | 1938 percent of total billed charges | |
| BKR CHG KIT ACUTE.MYELOID.LEUK.GENE.ANAL | 81272 | CPT | | | | outpatient | | | 2040 | 378.94 | Corrections | Corrections | 1632 | 80 | | | 140.74 | | 1938 percent of total billed charges | |
| BKR CHG KIT ACUTE.MYELOID.LEUK.GENE.ANAL | 81272 | CPT | | | | outpatient | | | 2040 | 378.94 | Amerihealth | Medicare | 329.51 | | | | 140.74 | | 1938 fee schedule | |
| BKR CHG KIT ACUTE.MYELOID.LEUK.GENE.ANAL | 81272 | CPT | | | | outpatient | | | 2040 | 378.94 | First Health | First Health | 1428 | 70 | | | 140.74 | | 1938 percent of total billed charges | |
| BKR CHG KIT ACUTE.MYELOID.LEUK.GENE.ANAL | 81272 | CPT | | | | outpatient | | | 2040 | 378.94 | Horizon | NJ Health | 516.68 | | | | 140.74 | | 1938 fee schedule | |
| BKR CHG KIT ACUTE.MYELOID.LEUK.GENE.ANAL | 81272 | CPT | | | | outpatient | | | 2040 | 378.94 | Multiplan | Multiplan | 1932 | 80 | | | 140.74 | | 1938 percent of total billed charges | |
| BKR CHG KIT ACUTE.MYELOID.LEUK.GENE.ANAL | 81272 | CPT | | | | outpatient | | | 2040 | 378.94 | Horizon | MGD | 780.91 | 38.28 | | | 140.74 | | 1938 percent of total billed charges | |
| BKR CHG KIT ACUTE.MYELOID.LEUK.GENE.ANAL | 81272 | CPT | | | | outpatient | | | 2040 | 378.94 | Horizon | Medicare Blue | 612 | 30 | | | 140.74 | | 1938 percent of total billed charges | |
| BKR CHG KIT ACUTE.MYELOID.LEUK.GENE.ANAL | 81272 | CPT | | | | outpatient | | | 2040 | 378.94 | Amerihealth | HMO/PPO | 140.74 | | | | 140.74 | | 1938 fee schedule | |
| BKR CHG KIT ACUTE.MYELOID.LEUK.GENE.ANAL | 81272 | CPT | | | | outpatient | | | 2040 | 378.94 | Qualcare | Qualcare | 1530 | 75 | | | 140.74 | | 1938 percent of total billed charges | |
| BKR CHG KIT ACUTE.MYELOID.LEUK.GENE.ANAL | 81272 | CPT | | | | outpatient | | | 2040 | 378.94 | WellPoint | WellPoint | 656.47 | 32.18 | | | 140.74 | | 1938 percent of total billed charges | |
| BKR CHG KIT ACUTE.MYELOID.LEUK.GENE.ANAL | 81272 | CPT | | | | outpatient | | | 2040 | 378.94 | UHC | Medicaid | 263.61 | | | | 140.74 | | 1938 fee schedule | |
| BKR CHG KIT ACUTE.MYELOID.LEUK.GENE.ANAL | 81272 | CPT | | | | outpatient | | | 2040 | 378.94 | Horizon | PPO | 780.91 | 38.28 | | | 140.74 | | 1938 percent of total billed charges | |
| BKR CHG KIT ACUTE.MYELOID.LEUK.GENE.ANAL | 81272 | CPT | | | | outpatient | | | 2040 | 378.94 | Wellcare | Medicare | 329.51 | | | | 140.74 | | 1938 fee schedule | |
| BKR CHG KIT ACUTE.MYELOID.LEUK.GENE.ANAL | 81272 | CPT | | | | outpatient | | | 2040 | 378.94 | Managed Care Inc | Managed Care Inc | 1836 | 90 | | | 140.74 | | 1938 percent of total billed charges | |
| BKR CHG KIT ACUTE.MYELOID.LEUK.GENE.ANAL | 81272 | CPT | | | | outpatient | | | 2040 | 378.94 | Three Rivers | Three Rivers | 1938 | 95 | | | 140.74 | | 1938 percent of total billed charges | |
| BKR CHG KIT ACUTE.MYELOID.LEUK.GENE.ANAL | 81272 | CPT | | | | outpatient | | | 2040 | 378.94 | Wellcare | Medicaid | 263.61 | | | | 140.74 | | 1938 fee schedule | |
| BKR CHG KRAS GENE ANALYSIS VARIANTS IN EXON 2 | 81275 | CPT | | | | both | | | 616 | 222.24 | Horizon | MGD | 235.8 | 38.28 | | | 107.43 | | 585.2 percent of total billed charges | |
| BKR CHG KRAS GENE ANALYSIS VARIANTS IN EXON 2 | 81275 | CPT | | | | both | | | 616 | 222.24 | Aetna | Better Health | 194.35 | 31.55 | | | 107.43 | | 585.2 percent of total billed charges | |
| BKR CHG KRAS GENE ANALYSIS VARIANTS IN EXON 2 | 81275 | CPT | | | | both | | | 616 | 222.24 | Aetna | Medicare | 189.73 | 30.8 | | | 107.43 | | 585.2 percent of total billed charges | |
| BKR CHG KRAS GENE ANALYSIS VARIANTS IN EXON 2 | 81275 | CPT | | | | both | | | 616 | 222.24 | Horizon | Indemnity | 235.8 | 38.28 | | | 107.43 | | 585.2 percent of total billed charges | |
| BKR CHG KRAS GENE ANALYSIS VARIANTS IN EXON 2 | 81275 | CPT | | | | both | | | 616 | 222.24 | First Trenton | First Trenton | 554.4 | 90 | | | 107.43 | | 585.2 percent of total billed charges | |
| BKR CHG KRAS GENE ANALYSIS VARIANTS IN EXON 2 | 81275 | CPT | | | | both | | | 616 | 222.24 | UHC | Medicaid | 154.6 | | | | 107.43 | | 585.2 fee schedule | |
| BKR CHG KRAS GENE ANALYSIS VARIANTS IN EXON 2 | 81275 | CPT | | | | both | | | 616 | 222.24 | Consumer | Consumer | 585.2 | 95 | | | 107.43 | | 585.2 percent of total billed charges | |
| BKR CHG KRAS GENE ANALYSIS VARIANTS IN EXON 2 | 81275 | CPT | | | | both | | | 616 | 222.24 | Americare | Americare | 462 | 75 | | | 107.43 | | 585.2 percent of total billed charges | |
| BKR CHG KRAS GENE ANALYSIS VARIANTS IN EXON 2 | 81275 | CPT | | | | both | | | 616 | 222.24 | Multiplan | Multiplan | 492.8 | 80 | | | 107.43 | | 585.2 percent of total billed charges | |
| BKR CHG KRAS GENE ANALYSIS VARIANTS IN EXON 2 | 81275 | CPT | | | | both | | | 616 | 222.24 | Horizon | PPO | 235.8 | 38.28 | | | 107.43 | | 585.2 percent of total billed charges | |
| BKR CHG KRAS GENE ANALYSIS VARIANTS IN EXON 2 | 81275 | CPT | | | | both | | | 616 | 222.24 | First Health | First Health | 431.2 | 70 | | | 107.43 | | 585.2 percent of total billed charges | |
| BKR CHG KRAS GENE ANALYSIS VARIANTS IN EXON 2 | 81275 | CPT | | | | both | | | 616 | 222.24 | Amerihealth | HMO/PPO | 107.43 | | | | 107.43 | | 585.2 fee schedule | |
| BKR CHG KRAS GENE ANALYSIS VARIANTS IN EXON 2 | 81275 | CPT | | | | both | | | 616 | 222.24 | Horizon | Medicare Blue | 184.8 | 30 | | | 107.43 | | 585.2 percent of total billed charges | |
| BKR CHG KRAS GENE ANALYSIS VARIANTS IN EXON 2 | 81275 | CPT | | | | both | | | 616 | 222.24 | Wellcare | Medicaid | 154.6 | | | | 107.43 | | 585.2 fee schedule | |
| BKR CHG KRAS GENE ANALYSIS VARIANTS IN EXON 2 | 81275 | CPT | | | | both | | | 616 | 222.24 | Corrections | Corrections | 492.8 | 80 | | | 107.43 | | 585.2 percent of total billed charges | |
| BKR CHG KRAS GENE ANALYSIS VARIANTS IN EXON 2 | 81275 | CPT | | | | both | | | 616 | 222.24 | Amerihealth | Medicare | 193.25 | | | | 107.43 | | 585.2 fee schedule | |
| BKR CHG KRAS GENE ANALYSIS VARIANTS IN EXON 2 | 81275 | CPT | | | | both | | | 616 | 222.24 | Qualcare | Qualcare | 462 | 75 | | | 107.43 | | 585.2 percent of total billed charges | |
| BKR CHG KRAS GENE ANALYSIS VARIANTS IN EXON 2 | 81275 | CPT | | | | both | | | 616 | 222.24 | Three Rivers | Three Rivers | 585.2 | 95 | | | 107.43 | | 585.2 percent of total billed charges | |
| BKR CHG KRAS GENE ANALYSIS VARIANTS IN EXON 2 | 81275 | CPT | | | | both | | | 616 | 222.24 | Managed Care Inc | Managed Care Inc | 554.4 | 90 | | | 107.43 | | 585.2 percent of total billed charges | |
| BKR CHG KRAS GENE ANALYSIS VARIANTS IN EXON 2 | 81275 | CPT | | | | both | | | 616 | 222.24 | WellPoint | WellPoint | 198.23 | 32.18 | | | 107.43 | | 585.2 percent of total billed charges | |
| BKR CHG KRAS GENE ANALYSIS VARIANTS IN EXON 2 | 81275 | CPT | | | | both | | | 616 | 222.24 | UHC | Medicare | 193.25 | | | 36.79 | 107.43 | | 585.2 fee schedule | |
| BKR CHG KRAS GENE ANALYSIS VARIANTS IN EXON 2 | 81275 | CPT | | | | both | | | 616 | 222.24 | Wellcare | Medicare | 193.25 | | | | 107.43 | | 585.2 fee schedule | |
| BKR CHG KRAS GENE ANALYSIS ADDITIONAL VARIANTS | 81276 | CPT | | | | outpatient | | | 616 | 222.24 | Aetna | Better Health | 194.35 | 31.55 | | | 84.22 | | 585.2 percent of total billed charges | |
| BKR CHG KRAS GENE ANALYSIS ADDITIONAL VARIANTS | 81276 | CPT | | | | outpatient | | | 616 | 222.24 | Horizon | Indemnity | 235.8 | 38.28 | | | 84.22 | | 585.2 percent of total billed charges | |
| BKR CHG KRAS GENE ANALYSIS ADDITIONAL VARIANTS | 81276 | CPT | | | | outpatient | | | 616 | 222.24 | Aetna | Commercial | 234.08 | 38 | | | 84.22 | | 585.2 percent of total billed charges | |
| BKR CHG KRAS GENE ANALYSIS ADDITIONAL VARIANTS | 81276 | CPT | | | | outpatient | | | 616 | 222.24 | Amerihealth | HMO/PPO | 84.22 | | | | 84.22 | | 585.2 fee schedule | |
| BKR CHG KRAS GENE ANALYSIS ADDITIONAL VARIANTS | 81276 | CPT | | | | outpatient | | | 616 | 222.24 | Consumer | Consumer | 585.2 | 95 | | | 84.22 | | 585.2 percent of total billed charges | |
| BKR CHG KRAS GENE ANALYSIS ADDITIONAL VARIANTS | 81276 | CPT | | | | outpatient | | | 616 | 222.24 | Amerihealth | Medicare | 193.25 | | | | 84.22 | | 585.2 fee schedule | |
| BKR CHG KRAS GENE ANALYSIS ADDITIONAL VARIANTS | 81276 | CPT | | | | outpatient | | | 616 | 222.24 | Aetna | Medicare | 189.73 | 30.8 | | | 84.22 | | 585.2 percent of total billed charges | |
| BKR CHG KRAS GENE ANALYSIS ADDITIONAL VARIANTS | 81276 | CPT | | | | outpatient | | | 616 | 222.24 | First Trenton | First Trenton | 554.4 | 90 | | | 84.22 | | 585.2 percent of total billed charges | |
| BKR CHG KRAS GENE ANALYSIS ADDITIONAL VARIANTS | 81276 | CPT | | | | outpatient | | | 616 | 222.24 | Americare | Americare | 462 | 75 | | | 84.22 | | 585.2 percent of total billed charges | |
| BKR CHG KRAS GENE ANALYSIS ADDITIONAL VARIANTS | 81276 | CPT | | | | outpatient | | | 616 | 222.24 | Multiplan | Multiplan | 492.8 | 80 | | | 84.22 | | 585.2 percent of total billed charges | |
| BKR CHG KRAS GENE ANALYSIS ADDITIONAL VARIANTS | 81276 | CPT | | | | outpatient | | | 616 | 222.24 | Corrections | Corrections | 492.8 | 80 | | | 84.22 | | 585.2 percent of total billed charges | |
| BKR CHG KRAS GENE ANALYSIS ADDITIONAL VARIANTS | 81276 | CPT | | | | outpatient | | | 616 | 222.24 | First Health | First Health | 431.2 | 70 | | | 84.22 | | 585.2 percent of total billed charges | |
| BKR CHG KRAS GENE ANALYSIS ADDITIONAL VARIANTS | 81276 | CPT | | | | outpatient | | | 616 | 222.24 | Three Rivers | Three Rivers | 585.2 | 95 | | | 84.22 | | 585.2 percent of total billed charges | |
| BKR CHG KRAS GENE ANALYSIS ADDITIONAL VARIANTS | 81276 | CPT | | | | outpatient | | | 616 | 222.24 | Managed Care Inc | Managed Care Inc | 554.4 | 90 | | | 84.22 | | 585.2 percent of total billed charges | |
| BKR CHG KRAS GENE ANALYSIS ADDITIONAL VARIANTS | 81276 | CPT | | | | outpatient | | | 616 | 222.24 | Horizon | NJ Health | 309.19 | | | | 84.22 | | 585.2 fee schedule | |
| BKR CHG KRAS GENE ANALYSIS ADDITIONAL VARIANTS | 81276 | CPT | | | | outpatient | | | 616 | 222.24 | Horizon | MGD | 235.8 | 38.28 | | | 84.22 | | 585.2 percent of total billed charges | |
| BKR CHG KRAS GENE ANALYSIS ADDITIONAL VARIANTS | 81276 | CPT | | | | outpatient | | | 616 | 222.24 | UHC | Medicaid | 154.6 | | | | 84.22 | | 585.2 fee schedule | |
| BKR CHG KRAS GENE ANALYSIS ADDITIONAL VARIANTS | 81276 | CPT | | | | outpatient | | | 616 | 222.24 | Qualcare | Qualcare | 462 | 75 | | | 84.22 | | 585.2 percent of total billed charges | |
| BKR CHG KRAS GENE ANALYSIS ADDITIONAL VARIANTS | 81276 | CPT | | | | outpatient | | | 616 | 222.24 | Wellcare | Medicaid | 154.6 | | | | 84.22 | | 585.2 fee schedule | |
| BKR CHG KRAS GENE ANALYSIS ADDITIONAL VARIANTS | 81276 | CPT | | | | outpatient | | | 616 | 222.24 | Horizon | Medicare Blue | 184.8 | 30 | | | 84.22 | | 585.2 percent of total billed charges | |
| BKR CHG KRAS GENE ANALYSIS ADDITIONAL VARIANTS | 81276 | CPT | | | | outpatient | | | 616 | 222.24 | WellPoint | WellPoint | 198.23 | 32.18 | | | 84.22 | | 585.2 percent of total billed charges | |
| BKR CHG KRAS GENE ANALYSIS ADDITIONAL VARIANTS | 81276 | CPT | | | | outpatient | | | 616 | 222.24 | Horizon | PPO | 235.8 | 38.28 | | | 84.22 | | 585.2 percent of total billed charges | |
| BKR CHG KRAS GENE ANALYSIS ADDITIONAL VARIANTS | 81276 | CPT | | | | outpatient | | | 616 | 222.24 | UHC | Medicare | 193.25 | | | | 84.22 | | 585.2 fee schedule | |
| BKR CHG KRAS GENE ANALYSIS ADDITIONAL VARIANTS | 81276 | CPT | | | | outpatient | | | 616 | 222.24 | Wellcare | Medicare | 193.25 | | | | 84.22 | | 585.2 fee schedule | |
| BKR CHG REVEAL SNP.MICROARRAY(510146) | 81277 | CPT | | | | inpatient | | | 3726 | 1334 | Amerihealth | Medicare | 1160 | | | | 131.4 | | 3539.7 fee schedule | |
| BKR CHG REVEAL SNP.MICROARRAY(510146) | 81277 | CPT | | | | inpatient | | | 3726 | 1334 | Americare | Americare | 2794.5 | 75 | | | 131.4 | | 3539.7 percent of total billed charges | |
| BKR CHG REVEAL SNP.MICROARRAY(510146) | 81277 | CPT | | | | inpatient | | | 3726 | 1334 | Aetna | Medicare | 1147.61 | 30.8 | | | 131.4 | | 3539.7 percent of total billed charges | |
| BKR CHG REVEAL SNP.MICROARRAY(510146) | 81277 | CPT | | | | inpatient | | | 3726 | 1334 | Corrections | Corrections | 2980.8 | 80 | | | 131.4 | | 3539.7 percent of total billed charges | |
| BKR CHG REVEAL SNP.MICROARRAY(510146) | 81277 | CPT | | | | inpatient | | | 3726 | 1334 | First Trenton | First Trenton | 3353.4 | 90 | | | 131.4 | | 3539.7 percent of total billed charges | |
| BKR CHG REVEAL SNP.MICROARRAY(510146) | 81277 | CPT | | | | inpatient | | | 3726 | 1334 | Consumer | Consumer | 3539.7 | 95 | | | 131.4 | | 3539.7 percent of total billed charges | |
| BKR CHG REVEAL SNP.MICROARRAY(510146) | 81277 | CPT | | | | inpatient | | | 3726 | 1334 | Aetna | Better Health | 1175.55 | 31.55 | | | 131.4 | | 3539.7 percent of total billed charges | |
| BKR CHG REVEAL SNP.MICROARRAY(510146) | 81277 | CPT | | | | inpatient | | | 3726 | 1334 | Amerihealth | HMO/PPO | 2421.9 | 65 | | | 131.4 | | 3539.7 percent of total billed charges | |
| BKR CHG REVEAL SNP.MICROARRAY(510146) | 81277 | CPT | | | | inpatient | | | 3726 | 1334 | Horizon | Indemnity | 1426.31 | 38.28 | | | 131.4 | | 3539.7 percent of total billed charges | |
| BKR CHG REVEAL SNP.MICROARRAY(510146) | 81277 | CPT | | | | inpatient | | | 3726 | 1334 | Horizon | MGD | 1426.31 | 38.28 | | | 131.4 | | 3539.7 percent of total billed charges | |
| BKR CHG REVEAL SNP.MICROARRAY(510146) | 81277 | CPT | | | | inpatient | | | 3726 | 1334 | First Health | First Health | 2608.2 | 70 | | | 131.4 | | 3539.7 percent of total billed charges | |
| BKR CHG REVEAL SNP.MICROARRAY(510146) | 81277 | CPT | | | | inpatient | | | 3726 | 1334 | Horizon | Medicare Blue | 1117.8 | 30 | | | 131.4 | | 3539.7 percent of total billed charges | |
| BKR CHG REVEAL SNP.MICROARRAY(510146) | 81277 | CPT | | | | inpatient | | | 3726 | 1334 | Horizon | NJ Health | 909.44 | | | | 131.4 | | 3539.7 fee schedule | |
| BKR CHG REVEAL SNP.MICROARRAY(510146) | 81277 | CPT | | | | inpatient | | | 3726 | 1334 | Multiplan | Multiplan | 2980.8 | 80 | | | 131.4 | | 3539.7 percent of total billed charges | |
| BKR CHG REVEAL SNP.MICROARRAY(510146) | 81277 | CPT | | | | inpatient | | | 3726 | 1334 | Wellcare | Medicare | 1160 | | | | 131.4 | | 3539.7 fee schedule | |
| BKR CHG REVEAL SNP.MICROARRAY(510146) | 81277 | CPT | | | | inpatient | | | 3726 | 1334 | UHC | Medicaid | 928 | | | | 131.4 | | 3539.7 fee schedule | |
| BKR CHG REVEAL SNP.MICROARRAY(510146) | 81277 | CPT | | | | inpatient | | | 3726 | 1334 | Horizon | PPO | 1426.31 | 38.28 | | | 131.4 | | 3539.7 percent of total billed charges | |
| BKR CHG REVEAL

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG REVEAL SNP MICROARRAY(510146) | 81277 | CPT | | | | inpatient | | | 3726 | 1334 | Managed Care Inc | Managed Care Inc | 3353.4 | 90 | | | 131.4 | | 3539.7 percent of total billed charges | |
| BKR CHG REVEAL SNP MICROARRAY(510146) | 81277 | CPT | | | | inpatient | | | 3726 | 1334 | WellPoint | WellPoint | 1199.03 | 32.18 | | | 131.4 | | 3539.7 percent of total billed charges | |
| BKR CHG REVEAL SNP MICROARRAY(510146) | 81277 | CPT | | | | inpatient | | | 3726 | 1334 | Three Rivers | Three Rivers | 3539.7 | 95 | | | 131.4 | | 3539.7 percent of total billed charges | |
| BKR CHG REVEAL SNP MICROARRAY(510146) | 81277 | CPT | | | | inpatient | | | 3726 | 1334 | Wellcare | Medicaid | 928 | | | | 131.4 | | 3539.7 fee schedule | |
| BKR CHG JAK2.EXON.12 13 14&15.MUTATION | 81279 | CPT | | | | both | | | 1036 | 212.98 | Wellcare | Medicaid | 148.16 | | | | 148.16 | | 984.2 fee schedule | |
| BKR CHG JAK2.EXON.12 13 14&15.MUTATION | 81279 | CPT | | | | both | | | 1036 | 212.98 | Horizon | Medicare Blue | 310.8 | 30 | | | 148.16 | | 984.2 percent of total billed charges | |
| BKR CHG JAK2.EXON.12 13 14&15.MUTATION | 81279 | CPT | | | | both | | | 1036 | 212.98 | UHC | Medicare | 185.2 | | | | 148.16 | | 984.2 fee schedule | |
| BKR CHG JAK2.EXON.12 13 14&15.MUTATION | 81279 | CPT | | | | both | | | 1036 | 212.98 | First Health | First Health | 725.2 | 70 | | | 148.16 | | 984.2 percent of total billed charges | |
| BKR CHG JAK2.EXON.12 13 14&15.MUTATION | 81279 | CPT | | | | both | | | 1036 | 212.98 | Americare | Americare | 777 | 75 | | | 148.16 | | 984.2 percent of total billed charges | |
| BKR CHG JAK2.EXON.12 13 14&15.MUTATION | 81279 | CPT | | | | both | | | 1036 | 212.98 | Amerihealth | HMO/PPO | 673.4 | 65 | | | 148.16 | | 984.2 percent of total billed charges | |
| BKR CHG JAK2.EXON.12 13 14&15.MUTATION | 81279 | CPT | | | | both | | | 1036 | 212.98 | Aetna | Medicare | 319.09 | 30.8 | | | 148.16 | | 984.2 percent of total billed charges | |
| BKR CHG JAK2.EXON.12 13 14&15.MUTATION | 81279 | CPT | | | | both | | | 1036 | 212.98 | Aetna | Better Health | 326.86 | 31.55 | | | 148.16 | | 984.2 percent of total billed charges | |
| BKR CHG JAK2.EXON.12 13 14&15.MUTATION | 81279 | CPT | | | | both | | | 1036 | 212.98 | Wellcare | Medicare | 185.2 | | | | 148.16 | | 984.2 fee schedule | |
| BKR CHG JAK2.EXON.12 13 14&15.MUTATION | 81279 | CPT | | | | both | | | 1036 | 212.98 | Multiplan | Multiplan | 828.8 | 80 | | | 148.16 | | 984.2 percent of total billed charges | |
| BKR CHG JAK2.EXON.12 13 14&15.MUTATION | 81279 | CPT | | | | both | | | 1036 | 212.98 | Horizon | MGD | 396.58 | 38.28 | | | 148.16 | | 984.2 percent of total billed charges | |
| BKR CHG JAK2.EXON.12 13 14&15.MUTATION | 81279 | CPT | | | | both | | | 1036 | 212.98 | Horizon | PPO | 396.58 | 38.28 | | | 148.16 | | 984.2 percent of total billed charges | |
| BKR CHG JAK2.EXON.12 13 14&15.MUTATION | 81279 | CPT | | | | both | | | 1036 | 212.98 | WellPoint | WellPoint | 333.38 | 32.18 | | | 148.16 | | 984.2 percent of total billed charges | |
| BKR CHG JAK2.EXON.12 13 14&15.MUTATION | 81279 | CPT | | | | both | | | 1036 | 212.98 | Horizon | Indemnity | 396.58 | 38.28 | | | 148.16 | | 984.2 percent of total billed charges | |
| BKR CHG JAK2.EXON.12 13 14&15.MUTATION | 81279 | CPT | | | | both | | | 1036 | 212.98 | Amerihealth | Medicare | 185.2 | | | | 148.16 | | 984.2 fee schedule | |
| BKR CHG JAK2.EXON.12 13 14&15.MUTATION | 81279 | CPT | | | | both | | | 1036 | 212.98 | Qualcare | Qualcare | 777 | 75 | | | 148.16 | | 984.2 percent of total billed charges | |
| BKR CHG JAK2.EXON.12 13 14&15.MUTATION | 81279 | CPT | | | | both | | | 1036 | 212.98 | Three Rivers | Three Rivers | 984.2 | 95 | | | 148.16 | | 984.2 percent of total billed charges | |
| BKR CHG JAK2.EXON.12 13 14&15.MUTATION | 81279 | CPT | | | | both | | | 1036 | 212.98 | UHC | Medicaid | 148.16 | | | | 148.16 | | 984.2 fee schedule | |
| BKR CHG JAK2.EXON.12 13 14&15.MUTATION | 81279 | CPT | | | | both | | | 1036 | 212.98 | Consumer | Consumer | 984.2 | 95 | | | 148.16 | | 984.2 percent of total billed charges | |
| BKR CHG JAK2.EXON.12 13 14&15.MUTATION | 81279 | CPT | | | | both | | | 1036 | 212.98 | Corrections | Corrections | 828.8 | 80 | | | 148.16 | | 984.2 percent of total billed charges | |
| BKR CHG JAK2.EXON.12 13 14&15.MUTATION | 81279 | CPT | | | | both | | | 1036 | 212.98 | First Trenton | First Trenton | 932.4 | 90 | | | 148.16 | | 984.2 percent of total billed charges | |
| BKR CHG JAK2.EXON.12 13 14&15.MUTATION | 81279 | CPT | | | | both | | | 1036 | 212.98 | Managed Care Inc | Managed Care Inc | 932.4 | 90 | | | 148.16 | | 984.2 percent of total billed charges | |
| BKR CHG MGMT PROMOTER METHYTION DET | 81287 | CPT | | | | both | | | 335 | 143.34 | Americare | Americare | 251.25 | 75 | | | 35.49 | | 318.25 percent of total billed charges | |
| BKR CHG MGMT PROMOTER METHYTION DET | 81287 | CPT | | | | both | | | 335 | 143.34 | Horizon | MGD | 128.24 | 38.28 | | | 35.49 | | 318.25 percent of total billed charges | |
| BKR CHG MGMT PROMOTER METHYTION DET | 81287 | CPT | | | | both | | | 335 | 143.34 | Corrections | Corrections | 268 | 80 | | | 35.49 | | 318.25 percent of total billed charges | |
| BKR CHG MGMT PROMOTER METHYTION DET | 81287 | CPT | | | | both | | | 335 | 143.34 | Consumer | Consumer | 318.25 | 95 | | | 35.49 | | 318.25 percent of total billed charges | |
| BKR CHG MGMT PROMOTER METHYTION DET | 81287 | CPT | | | | both | | | 335 | 143.34 | Aetna | Medicare | 103.18 | 30.8 | | | 35.49 | | 318.25 percent of total billed charges | |
| BKR CHG MGMT PROMOTER METHYTION DET | 81287 | CPT | | | | both | | | 335 | 143.34 | Amerihealth | HMO/PPO | 35.49 | | | | 35.49 | | 318.25 fee schedule | |
| BKR CHG MGMT PROMOTER METHYTION DET | 81287 | CPT | | | | both | | | 335 | 143.34 | Aetna | Better Health | 105.69 | 31.55 | | | 35.49 | | 318.25 percent of total billed charges | |
| BKR CHG MGMT PROMOTER METHYTION DET | 81287 | CPT | | | | both | | | 335 | 143.34 | First Health | First Health | 234.5 | 70 | | | 35.49 | | 318.25 percent of total billed charges | |
| BKR CHG MGMT PROMOTER METHYTION DET | 81287 | CPT | | | | both | | | 335 | 143.34 | Horizon | Medicare Blue | 100.5 | 30 | | | 35.49 | | 318.25 percent of total billed charges | |
| BKR CHG MGMT PROMOTER METHYTION DET | 81287 | CPT | | | | both | | | 335 | 143.34 | WellPoint | WellPoint | 107.8 | 32.18 | | | 35.49 | | 318.25 percent of total billed charges | |
| BKR CHG MGMT PROMOTER METHYTION DET | 81287 | CPT | | | | both | | | 335 | 143.34 | Aetna | Commercial | 127.3 | 38 | | | 35.49 | | 318.25 percent of total billed charges | |
| BKR CHG MGMT PROMOTER METHYTION DET | 81287 | CPT | | | | both | | | 335 | 143.34 | First Trenton | First Trenton | 301.5 | 90 | | | 35.49 | | 318.25 percent of total billed charges | |
| BKR CHG MGMT PROMOTER METHYTION DET | 81287 | CPT | | | | both | | | 335 | 143.34 | Wellcare | Medicaid | 99.71 | | | | 35.49 | | 318.25 fee schedule | |
| BKR CHG MGMT PROMOTER METHYTION DET | 81287 | CPT | | | | both | | | 335 | 143.34 | Amerihealth | Medicare | 124.64 | | | | 35.49 | | 318.25 fee schedule | |
| BKR CHG MGMT PROMOTER METHYTION DET | 81287 | CPT | | | | both | | | 335 | 143.34 | Multiplan | Multiplan | 268 | 80 | | | 35.49 | | 318.25 percent of total billed charges | |
| BKR CHG MGMT PROMOTER METHYTION DET | 81287 | CPT | | | | both | | | 335 | 143.34 | Horizon | Indemnity | 128.24 | 38.28 | | | 35.49 | | 318.25 percent of total billed charges | |
| BKR CHG MGMT PROMOTER METHYTION DET | 81287 | CPT | | | | both | | | 335 | 143.34 | UHC | Medicaid | 99.71 | | | | 35.49 | | 318.25 fee schedule | |
| BKR CHG MGMT PROMOTER METHYTION DET | 81287 | CPT | | | | both | | | 335 | 143.34 | Managed Care Inc | Managed Care Inc | 301.5 | 90 | | | 35.49 | | 318.25 percent of total billed charges | |
| BKR CHG MGMT PROMOTER METHYTION DET | 81287 | CPT | | | | both | | | 335 | 143.34 | Qualcare | Qualcare | 251.25 | 75 | | | 35.49 | | 318.25 percent of total billed charges | |
| BKR CHG MGMT PROMOTER METHYTION DET | 81287 | CPT | | | | both | | | 335 | 143.34 | Horizon | PPO | 128.24 | 38.28 | | | 35.49 | | 318.25 percent of total billed charges | |
| BKR CHG MGMT PROMOTER METHYTION DET | 81287 | CPT | | | | both | | | 335 | 143.34 | UHC | Medicare | 124.64 | | | 64.86 | 35.49 | | 318.25 fee schedule | |
| BKR CHG MGMT PROMOTER METHYTION DET | 81287 | CPT | | | | both | | | 335 | 143.34 | Three Rivers | Three Rivers | 318.25 | 95 | | | 35.49 | | 318.25 percent of total billed charges | |
| BKR CHG MGMT PROMOTER METHYTION DET | 81287 | CPT | | | | both | | | 335 | 143.34 | Wellcare | Medicare | 124.64 | | | | 35.49 | | 318.25 fee schedule | |
| BKR CHG MTHFR | 81291 | CPT | | | | both | | | 716 | 75.14 | Americare | Americare | 537 | 75 | | | 32.57 | | 680.2 percent of total billed charges | |
| BKR CHG MTHFR | 81291 | CPT | | | | both | | | 716 | 75.14 | Aetna | Medicare | 220.53 | 30.8 | | | 32.57 | | 680.2 percent of total billed charges | |
| BKR CHG MTHFR | 81291 | CPT | | | | both | | | 716 | 75.14 | Corrections | Corrections | 572.8 | 80 | | | 32.57 | | 680.2 percent of total billed charges | |
| BKR CHG MTHFR | 81291 | CPT | | | | both | | | 716 | 75.14 | First Trenton | First Trenton | 644.4 | 90 | | | 32.57 | | 680.2 percent of total billed charges | |
| BKR CHG MTHFR | 81291 | CPT | | | | both | | | 716 | 75.14 | Multiplan | Multiplan | 572.8 | 80 | | | 32.57 | | 680.2 percent of total billed charges | |
| BKR CHG MTHFR | 81291 | CPT | | | | both | | | 716 | 75.14 | Amerihealth | HMO/PPO | 32.57 | | | | 32.57 | | 680.2 fee schedule | |
| BKR CHG MTHFR | 81291 | CPT | | | | both | | | 716 | 75.14 | Aetna | Better Health | 225.9 | 31.55 | | | 32.57 | | 680.2 percent of total billed charges | |
| BKR CHG MTHFR | 81291 | CPT | | | | both | | | 716 | 75.14 | Horizon | Indemnity | 274.08 | 38.28 | | | 32.57 | | 680.2 percent of total billed charges | |
| BKR CHG MTHFR | 81291 | CPT | | | | both | | | 716 | 75.14 | Qualcare | Qualcare | 537 | 75 | | | 32.57 | | 680.2 percent of total billed charges | |
| BKR CHG MTHFR | 81291 | CPT | | | | both | | | 716 | 75.14 | Horizon | MGD | 274.08 | 38.28 | | | 32.57 | | 680.2 percent of total billed charges | |
| BKR CHG MTHFR | 81291 | CPT | | | | both | | | 716 | 75.14 | Consumer | Consumer | 680.2 | 95 | | | 32.57 | | 680.2 percent of total billed charges | |
| BKR CHG MTHFR | 81291 | CPT | | | | both | | | 716 | 75.14 | Horizon | PPO | 274.08 | 38.28 | | | 32.57 | | 680.2 percent of total billed charges | |
| BKR CHG MTHFR | 81291 | CPT | | | | both | | | 716 | 75.14 | Horizon | Medicare Blue | 214.8 | 30 | | | 32.57 | | 680.2 percent of total billed charges | |
| BKR CHG MTHFR | 81291 | CPT | | | | both | | | 716 | 75.14 | Amerihealth | Medicare | 65.34 | | | | 32.57 | | 680.2 fee schedule | |
| BKR CHG MTHFR | 81291 | CPT | | | | both | | | 716 | 75.14 | Three Rivers | Three Rivers | 680.2 | 95 | | | 32.57 | | 680.2 percent of total billed charges | |
| BKR CHG MTHFR | 81291 | CPT | | | | both | | | 716 | 75.14 | Wellcare | Medicaid | 52.27 | | | | 32.57 | | 680.2 fee schedule | |
| BKR CHG MTHFR | 81291 | CPT | | | | both | | | 716 | 75.14 | WellPoint | WellPoint | 230.41 | 32.18 | | | 32.57 | | 680.2 percent of total billed charges | |
| BKR CHG MTHFR | 81291 | CPT | | | | both | | | 716 | 75.14 | Managed Care Inc | Managed Care Inc | 644.4 | 90 | | | 32.57 | | 680.2 percent of total billed charges | |
| BKR CHG MTHFR | 81291 | CPT | | | | both | | | 716 | 75.14 | First Health | First Health | 501.2 | 70 | | | 32.57 | | 680.2 percent of total billed charges | |
| BKR CHG MTHFR | 81291 | CPT | | | | both | | | 716 | 75.14 | UHC | Medicaid | 52.27 | | | | 32.57 | | 680.2 fee schedule | |
| BKR CHG MTHFR | 81291 | CPT | | | | both | | | 716 | 75.14 | UHC | Medicare | 65.34 | | | | 32.57 | | 680.2 fee schedule | |
| BKR CHG MTHFR | 81291 | CPT | | | | both | | | 716 | 75.14 | Wellcare | Medicare | 65.34 | | | | 32.57 | | 680.2 fee schedule | |
| BKR CHG MLH1 GENE FULL SEQ | 81292 | CPT | | | | outpatient | | | 5176 | 776.71 | Corrections | Corrections | 4140.8 | 80 | | | 351.54 | | 4917.2 percent of total billed charges | |
| BKR CHG MLH1 GENE FULL SEQ | 81292 | CPT | | | | outpatient | | | 5176 | 776.71 | Aetna | Medicare | 1594.21 | 30.8 | | | 351.54 | | 4917.2 percent of total billed charges | |
| BKR CHG MLH1 GENE FULL SEQ | 81292 | CPT | | | | outpatient | | | 5176 | 776.71 | Consumer | Consumer | 4917.2 | 95 | | | 351.54 | | 4917.2 percent of total billed charges | |
| BKR CHG MLH1 GENE FULL SEQ | 81292 | CPT | | | | outpatient | | | 5176 | 776.71 | Americare | Americare | 3882 | 75 | | | 351.54 | | 4917.2 percent of total billed charges | |
| BKR CHG MLH1 GENE FULL SEQ | 81292 | CPT | | | | outpatient | | | 5176 | 776.71 | Horizon | Indemnity | 1981.37 | 38.28 | | | 351.54 | | 4917.2 percent of total billed charges | |
| BKR CHG MLH1 GENE FULL SEQ | 81292 | CPT | | | | outpatient | | | 5176 | 776.71 | UHC | Medicare | 675.4 | | | | 351.54 | | 4917.2 fee schedule | |
| BKR CHG MLH1 GENE FULL SEQ | 81292 | CPT | | | | outpatient | | | 5176 | 776.71 | Aetna | Better Health | 1633.03 | 31.55 | | | 351.54 | | 4917.2 percent of total billed charges | |
| BKR CHG MLH1 GENE FULL SEQ | 81292 | CPT | | | | outpatient | | | 5176 | 776.71 | Horizon | MGD | 1981.37 | 38.28 | | | 351.54 | | 4917.2 percent of total billed charges | |
| BKR CHG MLH1 GENE FULL SEQ | 81292 | CPT | | | | outpatient | | | 5176 | 776.71 | First Trenton | First Trenton | 4658.4 | 90 | | | 351.54 | | 4917.2 percent of total billed charges | |
| BKR CHG MLH1 GENE FULL SEQ | 81292 | CPT | | | | outpatient | | | 5176 | 776.71 | Amerihealth | Medicare | 675.4 | | | | 351.54 | | 4917.2 fee schedule | |
| BKR CHG MLH1 GENE FULL SEQ | 81292 | CPT | | | | outpatient | | | 5176 | 776.71 | First Health | First Health | 3623.2 | 70 | | | 351.54 | | 4917.2 percent of total billed charges | |
| BKR CHG MLH1 GENE FULL SEQ | 81292 | CPT | | | | outpatient | | | 5176 | 776.71 | Amerihealth | HMO/PPO | 351.54 | | | | 351.54 | | 4917.2 fee schedule | |
| BKR CHG MLH1 GENE FULL SEQ | 81292 | CPT | | | | outpatient | | | 5176 | 776.71 | Multiplan | Multiplan | 4140.8 | 80 | | | 351.54 | | 4917.2 percent of total billed charges | |
| BKR CHG MLH1 GENE FULL SEQ | 81292 | CPT | | | | outpatient | | | 5176 | 776.71 | Wellcare | Medicare | 675.4 | | | | 351.54 | | 4917.2 fee schedule | |
| BKR CHG MLH1 GENE FULL SEQ | 81292 | CPT | | | | outpatient | | | 5176 | 776.71 | Horizon | Medicare Blue | 1552.8 | 30 | | | 351.54 | | 4917.2 percent of total billed charges | |
| BKR CHG MLH1 GENE FULL SEQ | 81292 | CPT | | | | outpatient | | | 5176 | 776.71 | Horizon | PPO | 1981.37 | 38.28 | | | 351.54 | | 4917.2 percent of total billed charges | |
| BKR CHG MLH1 GENE FULL SEQ | 81292 | CPT | | | | outpatient | | | 5176 | 776.71 | Managed Care Inc | Managed Care Inc | 4658.4 | 90 | | | 351.54 | | 4917.2 percent of total billed charges | |
| BKR CHG MLH1 GENE FULL SEQ | 81292 | CPT | | | | outpatient | | | 5176 | 776.71 | WellPoint | WellPoint | 1665.64 | 32.18 | | | 351.54 | | 4917.2 percent of total billed charges | |
| BKR CHG MLH1 GENE FULL SEQ | 81292 | CPT | | | | outpatient | | | 5176 | 776.71 | Qualcare | Qualcare | 3882 | 75 | | | 351.54 | | 4917.2 percent of total billed charges | |
| BKR CHG MLH1 GENE FULL SEQ | 81292 | CPT | | | | outpatient | | | 5176 | 776.71 | UHC | Medicaid | 540.32 | | | | 351.54 | | 4917.2 fee schedule | |
| BKR CHG MLH1 GENE FULL SEQ | 81292 | CPT | | | | outpatient | | | 5176 | 776.71 | Three Rivers | Three Rivers | 4917.2 | 95 | | | 351.54 | | 4917.2 percent of total billed charges | |
| BKR CHG MLH1 GENE FULL SEQ | 81292 | CPT | | | | outpatient | | | 5176 | 776.71 | Wellcare | Medicaid | 540.32 | | | | 351.54 | | 4917.2 fee schedule | |
| BKR CHG MLH1 GENE DUP/DELETE VARIANT | 81294 | CPT | | | | outpatient | | | 665 | 232.76 | Corrections | Corrections | 532 | 80 | | | 103.73 | | 631.75 percent of total billed charges | |
| BKR CHG MLH1 GENE DUP/DELETE VARIANT | 81294 | CPT | | | | outpatient | | | 665 | 232.76 | Amerihealth | HMO/PPO | 103.73 | | | | 103.73 | | 631.75 fee schedule | |
| BKR CHG MLH1 GENE DUP/DELETE VARIANT | 81294 | CPT | | | | outpatient | | | 665 | 232.76 | Americare | Americare | 498.75 | 75 | | | 103.73 | | 631.75 percent of total billed charges | |
| BKR CHG MLH1 GENE DUP/DELETE VARIANT | 81294 | CPT | | | | outpatient | | | 665 | 232.76 | Horizon | Indemnity | 254.56 | 38.28 | | | 103.73 | | 631.75 percent of total billed charges | |
| BKR CHG MLH1 GENE DUP/DELETE VARIANT | 81294 | CPT | | | | outpatient | | | 665 | 232.76 | Aetna | Better Health | 209.81 | 31.55 | | | 103.73 | | 631.75 percent of total billed charges | |
| BKR CHG MLH1 GENE DUP/DELETE VARIANT | 81294 | CPT | | | | outpatient | | | 665 | 232.76 | Aetna | Medicare | 204.82 | 30.8 | | | 103.73 | | 631.75 percent of total billed charges | |
| BKR CHG MLH1 GENE DUP/DELETE VARIANT | 81294 | CPT | | | | outpatient | | | 665 | 232.76 | Multiplan | Multiplan | 532 | 80 | | | 103.73 | | 631.75 percent of total billed charges | |
| BKR CHG MLH1 GENE DUP/DELETE VARIANT | 81294 | CPT | | | | outpatient | | | 665 | 232.76 | First Trenton | First Trenton | 598.5 | 90 | | | 103.73 | | 631.75 percent of total billed charges | |
| BKR CHG MLH1 GENE DUP/DELETE VARIANT | 81294 | CPT | | | | outpatient | | | 665 | 232.76 | Consumer | Consumer | 631.75 | 95 | | | 103.73 | | 631.75 percent of total billed charges | |
| BKR CHG MLH1 GENE DUP/DELETE VARIANT | 81294 | CPT | | | | outpatient | | | 665 | 232.76 | Amerihealth | Medicare | 202.4 | | | | 103.73 | | 631.75 fee schedule | |
| BKR CHG MLH1 GENE DUP/DELETE VARIANT | 81294 | CPT | | | | outpatient | | | 665 | 232.76 | Qualcare | Qualcare | 498.75 | 75 | | | 103.73 | | 631.75 percent of total billed charges | |
| BKR CHG MLH1 GENE DUP/DELETE VARIANT | 81294 | CPT | | | | outpatient | | | 665 | 232.76 | Horizon | PPO | 254.56 | 38.28 | | | 103.73 | | 631.75 percent of total billed charges | |
| BKR CHG MLH1 GENE DUP/DELETE VARIANT | 81294 | CPT | | | | outpatient | | | 665 | 232.76 | Horizon | Medicare Blue | 199.5 | 30 | | | 103.73 | | 631.75 percent of total billed charges | |
| BKR CHG MLH1 GENE DUP/DELETE VARIANT | 81294 | CPT | | | | outpatient | | | 665 | 232.76 | Horizon | MGD | 254.56 | 38.28 | | | 103.73 | | 631.75 percent of total billed charges | |
| BKR CHG MLH1 GENE DUP/DELETE VARIANT | 81294 | CPT | | | | outpatient | | | 665 | 232.76 | Wellcare | Medicare | 202.4 | | | | 103.73 | | 631.75 fee schedule | |
| BKR CHG MLH1 GENE DUP/DELETE VARIANT | 81294 | CPT | | | | outpatient | | | 665 | 232.76 | Managed Care Inc | Managed Care Inc | 598.5 | 90 | | | 103.73 | | 631.75 percent of total billed charges | |
| BKR CHG MLH1 GENE DUP/DELETE VARIANT | 81294 | CPT | | | | outpatient | | | 665 | 232.76 | First Health | First Health | 465.5 | 70 | | | 103.73 | | 631.75 percent of total billed charges | |
| BKR CHG MLH1 GENE DUP/DELETE VARIANT | 81294 | CPT | | | | outpatient | | | 665 | 232.76 | Three Rivers | Three Rivers | 631.75 | 95 | | | 103.73 | | 631.75 percent of total billed charges | |
| BKR CHG MLH1 GENE DUP/DELETE VARIANT | 81294 | CPT | | | | outpatient | | | 665 | 232.76 | WellPoint | WellPoint | 214 | 32.18 | | | 103.73 | | 631.75 percent of total billed charges | |
| BKR CHG MLH1 GENE DUP/DELETE VARIANT | 81294 | CPT | | | | outpatient | | | 665 | 232.76 | UHC | Medicaid | 161.92 | | | | 103.73 | | 631.75 fee schedule | |
| BKR CHG MLH1 GENE DUP/DELETE VARIANT | 81294 | CPT | | | | outpatient | | | 665 | 232.76 | UHC | Medicare | 202.4 | | | | 103.73 | | 631.75 fee schedule | |
| BKR CHG MLH1 GENE DUP/DELETE VARIANT | 81294 | CPT | | | | outpatient | | | 665 | 232.76 | Wellcare | Medicaid | 161.92 | | | | 103.73 | | 631.75 fee schedule | |
| BKR CHG MSH2 GENE ANAL.FULL SEQ(MSO) | 81295 | CPT | | | | outpatient | | | 2476 | 438.96 | Consumer | Consumer | 2352.2 | 95 | | | 82.53 | | 2352.2 percent of total billed charges | |
| BKR CHG MSH2 GENE ANAL.FULL SEQ(MSO) | 81295 | CPT | | | | outpatient | | | 2476 | 438.96 | Aetna | Better Health | 781.18 | 31.55 | | | 82.53 | | 2352.2 percent of total billed charges | |
| BKR CHG MSH2 GENE ANAL.FULL SEQ(MSO) | 81295 | CPT | | | | outpatient | | | 2476 | 438.96 | Corrections | Corrections | 1980.8 | 80 | | | 82.53 | | 2352.2 percent of total billed charges | |
| BKR CHG MSH2 GENE ANAL.FULL SEQ(MSO) | 81295 | CPT | | | | outpatient | | | 2476 | 438.96 | Wellcare | Medicaid | 305.36 | | | | 82.53 | | 2352.2 fee schedule | |
| BKR CHG MSH2 GENE ANAL.FULL SEQ(MSO) | 81295 | CPT | | | | outpatient | | | 2476 | 438.96 | Americare | Americare | 1857 | 75 | | | 82.53 | | 2352.2 percent of total billed charges | |
| BKR CHG MSH2 GENE ANAL.FULL SEQ(MSO) | 81295 | CPT | | | | outpatient | | | 2476 | 438.96 | Amerihealth | Medicare | 381.7 | | | | 82.53 | | 2352.2 fee schedule | |
| BKR CHG MSH2 GENE ANAL.FULL SEQ(MSO) | 81295 | CPT | | | | outpatient | | | 2476 | 438.96 | Aetna | Medicare | 762.61 | 30.8 | | | 82.53 | | 2352.2 percent of total billed charges | |
| BKR CHG MSH2 GENE ANAL.FULL SEQ(MSO) | 81295 | CPT | | | | outpatient | | | 2476 | 438.96 | Amerihealth | HMO/PPO | 82.53 | | | | 82.53 | | 2352.2 fee schedule | |
| BKR CHG MSH2 GENE ANAL.FULL SEQ(MSO) | 81295 | CPT | | | | outpatient | | | 2476 | 438.96 | First Trenton | First Trenton | 2228.4 | 90 | | | 82.53 | | 2352.2 percent of total billed charges | |
| BKR CHG MSH2 GENE ANAL.FULL SEQ(MSO) | 81295 | CPT | | | | outpatient | | | 2476 | 438.96 | First Health | First Health | 1733.2 | 70 | | | 82.53 | | 2352.2 percent of total billed charges | |
| BKR CHG MSH2 GENE ANAL.FULL SEQ(MSO) | 81295 | CPT | | | | outpatient | | | 2476 | 438.96 | UHC | Medicaid | 305.36 | | | | 82.53 | | 2352.2 fee schedule | |
| BKR CHG MSH2 GENE ANAL.FULL SEQ(MSO) | 81295 | CPT | | | | outpatient | | | 2476 | 438.96 | Horizon | Indemnity | 947.81 | 38.28 | | | 82.53 | | 2352.2 percent of total billed charges | |
| BKR CHG MSH2 GENE ANAL.FULL SEQ(MSO) | 81295 | CPT | | | | outpatient | | | 2476 | 438.96 | Horizon | Medicare Blue | 742.8 | 30 | | | 82.53 | | 2352.2 percent of total billed charges | |
| BKR CHG MSH2 GENE ANAL.FULL SEQ(MSO) | 81295 | CPT | | | | outpatient | | | 2476 | 438.96 | Horizon | MGD | 947.81 | 38.28 | | | 82.53 | | 2352.2 percent of total billed charges | |
| BKR CHG MSH2 GENE ANAL.FULL SEQ(MSO) | 81295 | CPT | | | | outpatient | | | 2476 | 438.96 | Horizon | PPO | 947.81 | 38.28 | | | 82.53 | | 2352.2 percent of total billed charges | |
| BKR CHG MSH2 GENE ANAL.FULL SEQ(MSO) | 81295 | CPT | | | | outpatient | | | 2476 | 438.96 | Wellcare | Medicare | 381.7 | | | | 82.53 | | 2352.2 fee schedule | |
| BKR CHG MSH2 GENE ANAL.FULL SEQ(MSO) | 81295 | CPT | | | | outpatient | | | 2476 | 438.96 | Managed Care Inc | Managed Care Inc | 2228.4 | 90 | | | 82.53 | | 2352.2 percent of total billed charges | |
| BKR CHG MSH2 GENE ANAL.FULL SEQ(MSO) | 81295 | CPT | | | | outpatient | | | 2476 | 438.96 | Multiplan | Multiplan | 1980.8 | 80 | | | 82.53 | | 2352.2 percent of total billed charges | |
| BKR CHG MSH2 GENE ANAL.FULL SEQ(MSO) | 81295 | CPT | | | | outpatient | | | 2476 | 438.96 | Three Rivers | Three Rivers | 2352.2 | 95 | | | 82.53 | | 2352.2 percent of total billed charges | |
| BKR CHG MSH2 GENE ANAL.FULL SEQ(MSO) | 81295 | CPT | | | | outpatient | | | 2476 | 438.96 | WellPoint | WellPoint | 796.78 | 32.18 | | | 82.53 | | 2352.2 percent of total billed charges | |
| BKR CHG MSH2 GENE ANAL.FULL SEQ(MSO) | 81295 | CPT | | | | outpatient | | | 2476 | 438.96 | Qualcare | Qualcare | 1857 | 75 | | | 82.53 | | 2352.2 percent of total billed charges | |
| BKR CHG MSH2 GENE ANAL.FULL SEQ(MSO) | 81295 | CPT | | | | outpatient | | | 2476 | 438.96 | UHC | Medicare | 381.7 | | | | 82.53 | | 2352.2 fee schedule | |
| BKR CHG MLH2 GENE DUP/DELETE VARIANT | 81297 | CPT | | | | outpatient | | | 701 | 245.3 | Americare | Americare | 525.75 | 75 | | | 82.53 | | 665.95 percent of total billed charges | |
| BKR CHG MLH2 GENE DUP/DELETE VARIANT | 81297 | CPT | | | | outpatient | | | 701 | 245.3 | Consumer | Consumer | 665.95 | 95 | | | 82.53 | | 665.95 percent of total billed charges | |
| BKR CHG MLH2 GENE DUP/DELETE VARIANT | 81297 | CPT | | | | outpatient | | | 701 | 245.3 | WellPoint | WellPoint | 225.58 | 32.18 | | | 82.53 | | 665.95 percent of total billed charges | |
| BKR CHG MLH2 GENE DUP/DELETE VARIANT | 81297 | CPT | | | | outpatient | | | 701 | 245.3 | Amerihealth | HMO/PPO | 82.53 | | | | 82.53 | | 665.95 fee schedule | |
| BKR CHG MLH2 GENE DUP/DELETE VARIANT | 81297 | CPT | | | | outpatient | | | 701 | 245.3 | UHC | Medicaid | 170.64 | | | | 82.53 | | 665.95 fee schedule | |
| BKR CHG MLH2 GENE DUP/DELETE VARIANT | 81297 | CPT | | | | outpatient | | | 701 | 245.3 | Horizon | MGD | 268.34 | 38.28 | | | 82.53 | | 665.95 percent of total billed charges | |
| BKR CHG MLH2 GENE DUP/DELETE VARIANT | 81297 | CPT | | | | outpatient | | | 701 | 245.3 | Aetna | Medicare | 215.91 | 30.8 | | | 82.53 | | 665.95 percent of total billed charges | |
| BKR CHG MLH2 GENE DUP/DELETE VARIANT | 81297 | CPT | | | | outpatient | | | 701 | 245.3 | Aetna | Better Health | 221.17 | 31.55 | | | 82.53 | | 665.95 percent of total billed charges | |
| BKR CHG MLH2 GENE DUP/DELETE VARIANT | 81297 | CPT | | | | outpatient | | | 701 | 245.3 | Wellcare | Medicare | 213.3 | | | | 82.53 | | 665.95 fee schedule | |
| BKR CHG MLH2 GENE DUP/DELETE VARIANT | 81297 | CPT | | | | outpatient | | | 701 | 245.3 | Corrections | Corrections | 560.8 | 80 | | | 82.53 | | 665.95 percent of total billed charges | |
| BKR CHG MLH2 GENE DUP/DELETE VARIANT | 81297 | CPT | | | | outpatient | | | 701 | 245.3 | UHC | Medicare | 213.3 | | | | 82.53 | | 665.95 fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG MLH2 GENE DUP/DELETE VARIANT | 81297 | CPT | | | | outpatient | | | 701 | | 245.3 Amerihealth | Medicare | 213.3 | | | | 82.53 | 665.95 | fee schedule | |
| BKR CHG MLH2 GENE DUP/DELETE VARIANT | 81297 | CPT | | | | outpatient | | | 701 | | 245.3 Multiplan | Multiplan | 560.8 | 80 | | | 82.53 | 665.95 | percent of total billed charges | |
| BKR CHG MLH2 GENE DUP/DELETE VARIANT | 81297 | CPT | | | | outpatient | | | 701 | | 245.3 First Health | First Health | 490.7 | 70 | | | 82.53 | 665.95 | percent of total billed charges | |
| BKR CHG MLH2 GENE DUP/DELETE VARIANT | 81297 | CPT | | | | outpatient | | | 701 | | 245.3 Horizon | Medicare Blue | 210.3 | 30 | | | 82.53 | 665.95 | percent of total billed charges | |
| BKR CHG MLH2 GENE DUP/DELETE VARIANT | 81297 | CPT | | | | outpatient | | | 701 | | 245.3 First Trenton | First Trenton | 630.9 | 90 | | | 82.53 | 665.95 | percent of total billed charges | |
| BKR CHG MLH2 GENE DUP/DELETE VARIANT | 81297 | CPT | | | | outpatient | | | 701 | | 245.3 Qualcare | Qualcare | 525.75 | 75 | | | 82.53 | 665.95 | percent of total billed charges | |
| BKR CHG MLH2 GENE DUP/DELETE VARIANT | 81297 | CPT | | | | outpatient | | | 701 | | 245.3 Horizon | Indemnity | 268.34 | 38.28 | | | 82.53 | 665.95 | percent of total billed charges | |
| BKR CHG MLH2 GENE DUP/DELETE VARIANT | 81297 | CPT | | | | outpatient | | | 701 | | 245.3 Wellcare | Medicaid | 170.64 | | | | 82.53 | 665.95 | fee schedule | |
| BKR CHG MLH2 GENE DUP/DELETE VARIANT | 81297 | CPT | | | | outpatient | | | 701 | | 245.3 Horizon | PPO | 268.34 | 38.28 | | | 82.53 | 665.95 | percent of total billed charges | |
| BKR CHG MLH2 GENE DUP/DELETE VARIANT | 81297 | CPT | | | | outpatient | | | 701 | | 245.3 Managed Care Inc | Managed Care Inc | 630.9 | 90 | | | 82.53 | 665.95 | percent of total billed charges | |
| BKR CHG MLH2 GENE DUP/DELETE VARIANT | 81297 | CPT | | | | outpatient | | | 701 | | 245.3 Three Rivers | Three Rivers | 665.95 | 95 | | | 82.53 | 665.95 | percent of total billed charges | |
| BKR CHG MSH6 GENE ANAL/FULL SEQ(MSO) | 81298 | CPT | | | | outpatient | | | 3052 | | 738.13 Amerihealth | Medicare | 641.85 | | | | 156.57 | 2899.4 | fee schedule | |
| BKR CHG MSH6 GENE ANAL/FULL SEQ(MSO) | 81298 | CPT | | | | outpatient | | | 3052 | | 738.13 WellPoint | WellPoint | 982.13 | 32.18 | | | 156.57 | 2899.4 | percent of total billed charges | |
| BKR CHG MSH6 GENE ANAL/FULL SEQ(MSO) | 81298 | CPT | | | | outpatient | | | 3052 | | 738.13 First Trenton | First Trenton | 2746.8 | 90 | | | 156.57 | 2899.4 | percent of total billed charges | |
| BKR CHG MSH6 GENE ANAL/FULL SEQ(MSO) | 81298 | CPT | | | | outpatient | | | 3052 | | 738.13 First Health | First Health | 2136.4 | 70 | | | 156.57 | 2899.4 | percent of total billed charges | |
| BKR CHG MSH6 GENE ANAL/FULL SEQ(MSO) | 81298 | CPT | | | | outpatient | | | 3052 | | 738.13 Americare | Americare | 2289 | 75 | | | 156.57 | 2899.4 | percent of total billed charges | |
| BKR CHG MSH6 GENE ANAL/FULL SEQ(MSO) | 81298 | CPT | | | | outpatient | | | 3052 | | 738.13 Aetna | Medicare | 940.02 | 30.8 | | | 156.57 | 2899.4 | percent of total billed charges | |
| BKR CHG MSH6 GENE ANAL/FULL SEQ(MSO) | 81298 | CPT | | | | outpatient | | | 3052 | | 738.13 Corrections | Corrections | 2441.6 | 80 | | | 156.57 | 2899.4 | percent of total billed charges | |
| BKR CHG MSH6 GENE ANAL/FULL SEQ(MSO) | 81298 | CPT | | | | outpatient | | | 3052 | | 738.13 Aetna | Better Health | 962.91 | 31.55 | | | 156.57 | 2899.4 | percent of total billed charges | |
| BKR CHG MSH6 GENE ANAL/FULL SEQ(MSO) | 81298 | CPT | | | | outpatient | | | 3052 | | 738.13 Horizon | Indemnity | 1168.31 | 38.28 | | | 156.57 | 2899.4 | percent of total billed charges | |
| BKR CHG MSH6 GENE ANAL/FULL SEQ(MSO) | 81298 | CPT | | | | outpatient | | | 3052 | | 738.13 Wellcare | Medicaid | 513.48 | | | | 156.57 | 2899.4 | fee schedule | |
| BKR CHG MSH6 GENE ANAL/FULL SEQ(MSO) | 81298 | CPT | | | | outpatient | | | 3052 | | 738.13 Horizon | PPO | 1168.31 | 38.28 | | | 156.57 | 2899.4 | percent of total billed charges | |
| BKR CHG MSH6 GENE ANAL/FULL SEQ(MSO) | 81298 | CPT | | | | outpatient | | | 3052 | | 738.13 Multiplan | Multiplan | 2441.6 | 80 | | | 156.57 | 2899.4 | percent of total billed charges | |
| BKR CHG MSH6 GENE ANAL/FULL SEQ(MSO) | 81298 | CPT | | | | outpatient | | | 3052 | | 738.13 Amerihealth | HMO/PPO | 156.57 | | | | 156.57 | 2899.4 | fee schedule | |
| BKR CHG MSH6 GENE ANAL/FULL SEQ(MSO) | 81298 | CPT | | | | outpatient | | | 3052 | | 738.13 Consumer | Consumer | 2899.4 | 95 | | | 156.57 | 2899.4 | percent of total billed charges | |
| BKR CHG MSH6 GENE ANAL/FULL SEQ(MSO) | 81298 | CPT | | | | outpatient | | | 3052 | | 738.13 Horizon | MGD | 1168.31 | 38.28 | | | 156.57 | 2899.4 | percent of total billed charges | |
| BKR CHG MSH6 GENE ANAL/FULL SEQ(MSO) | 81298 | CPT | | | | outpatient | | | 3052 | | 738.13 Qualcare | Qualcare | 2289 | 75 | | | 156.57 | 2899.4 | percent of total billed charges | |
| BKR CHG MSH6 GENE ANAL/FULL SEQ(MSO) | 81298 | CPT | | | | outpatient | | | 3052 | | 738.13 Managed Care Inc | Managed Care Inc | 2746.8 | 90 | | | 156.57 | 2899.4 | percent of total billed charges | |
| BKR CHG MSH6 GENE ANAL/FULL SEQ(MSO) | 81298 | CPT | | | | outpatient | | | 3052 | | 738.13 Horizon | Medicare Blue | 915.6 | 30 | | | 156.57 | 2899.4 | percent of total billed charges | |
| BKR CHG MSH6 GENE ANAL/FULL SEQ(MSO) | 81298 | CPT | | | | outpatient | | | 3052 | | 738.13 Three Rivers | Three Rivers | 2899.4 | 95 | | | 156.57 | 2899.4 | percent of total billed charges | |
| BKR CHG MSH6 GENE ANAL/FULL SEQ(MSO) | 81298 | CPT | | | | outpatient | | | 3052 | | 738.13 UHC | Medicare | 641.85 | | | | 156.57 | 2899.4 | fee schedule | |
| BKR CHG MSH6 GENE ANAL/FULL SEQ(MSO) | 81298 | CPT | | | | outpatient | | | 3052 | | 738.13 UHC | Medicaid | 513.48 | | | | 156.57 | 2899.4 | fee schedule | |
| BKR CHG MSH6 GENE ANAL/FULL SEQ(MSO) | 81298 | CPT | | | | outpatient | | | 3052 | | 738.13 Wellcare | Medicare | 641.85 | | | | 156.57 | 2899.4 | fee schedule | |
| BKR CHG MLH6 GENE DUP/DELETE VARIANT | 81300 | CPT | | | | outpatient | | | 782 | | 273.7 First Trenton | First Trenton | 703.8 | 90 | | | 87.95 | 742.9 | percent of total billed charges | |
| BKR CHG MLH6 GENE DUP/DELETE VARIANT | 81300 | CPT | | | | outpatient | | | 782 | | 273.7 Americare | Americare | 586.5 | 75 | | | 87.95 | 742.9 | percent of total billed charges | |
| BKR CHG MLH6 GENE DUP/DELETE VARIANT | 81300 | CPT | | | | outpatient | | | 782 | | 273.7 Aetna | Better Health | 246.72 | 31.55 | | | 87.95 | 742.9 | percent of total billed charges | |
| BKR CHG MLH6 GENE DUP/DELETE VARIANT | 81300 | CPT | | | | outpatient | | | 782 | | 273.7 Consumer | Consumer | 742.9 | 95 | | | 87.95 | 742.9 | percent of total billed charges | |
| BKR CHG MLH6 GENE DUP/DELETE VARIANT | 81300 | CPT | | | | outpatient | | | 782 | | 273.7 Amerihealth | Medicare | 238 | | | | 87.95 | 742.9 | fee schedule | |
| BKR CHG MLH6 GENE DUP/DELETE VARIANT | 81300 | CPT | | | | outpatient | | | 782 | | 273.7 Horizon | Indemnity | 299.35 | 38.28 | | | 87.95 | 742.9 | percent of total billed charges | |
| BKR CHG MLH6 GENE DUP/DELETE VARIANT | 81300 | CPT | | | | outpatient | | | 782 | | 273.7 UHC | Medicare | 238 | | | | 87.95 | 742.9 | fee schedule | |
| BKR CHG MLH6 GENE DUP/DELETE VARIANT | 81300 | CPT | | | | outpatient | | | 782 | | 273.7 Aetna | Medicare | 240.86 | 30.8 | | | 87.95 | 742.9 | percent of total billed charges | |
| BKR CHG MLH6 GENE DUP/DELETE VARIANT | 81300 | CPT | | | | outpatient | | | 782 | | 273.7 Horizon | PPO | 299.35 | 38.28 | | | 87.95 | 742.9 | percent of total billed charges | |
| BKR CHG MLH6 GENE DUP/DELETE VARIANT | 81300 | CPT | | | | outpatient | | | 782 | | 273.7 Horizon | Medicare Blue | 234.6 | 30 | | | 87.95 | 742.9 | percent of total billed charges | |
| BKR CHG MLH6 GENE DUP/DELETE VARIANT | 81300 | CPT | | | | outpatient | | | 782 | | 273.7 Amerihealth | HMO/PPO | 87.95 | | | | 87.95 | 742.9 | fee schedule | |
| BKR CHG MLH6 GENE DUP/DELETE VARIANT | 81300 | CPT | | | | outpatient | | | 782 | | 273.7 UHC | Medicaid | 190.4 | | | | 87.95 | 742.9 | fee schedule | |
| BKR CHG MLH6 GENE DUP/DELETE VARIANT | 81300 | CPT | | | | outpatient | | | 782 | | 273.7 Corrections | Corrections | 625.6 | 80 | | | 87.95 | 742.9 | percent of total billed charges | |
| BKR CHG MLH6 GENE DUP/DELETE VARIANT | 81300 | CPT | | | | outpatient | | | 782 | | 273.7 Multiplan | Multiplan | 625.6 | 80 | | | 87.95 | 742.9 | percent of total billed charges | |
| BKR CHG MLH6 GENE DUP/DELETE VARIANT | 81300 | CPT | | | | outpatient | | | 782 | | 273.7 First Health | First Health | 547.4 | 70 | | | 87.95 | 742.9 | percent of total billed charges | |
| BKR CHG MLH6 GENE DUP/DELETE VARIANT | 81300 | CPT | | | | outpatient | | | 782 | | 273.7 Horizon | MGD | 299.35 | 38.28 | | | 87.95 | 742.9 | percent of total billed charges | |
| BKR CHG MLH6 GENE DUP/DELETE VARIANT | 81300 | CPT | | | | outpatient | | | 782 | | 273.7 Managed Care Inc | Managed Care Inc | 703.8 | 90 | | | 87.95 | 742.9 | percent of total billed charges | |
| BKR CHG MLH6 GENE DUP/DELETE VARIANT | 81300 | CPT | | | | outpatient | | | 782 | | 273.7 Qualcare | Qualcare | 586.5 | 75 | | | 87.95 | 742.9 | percent of total billed charges | |
| BKR CHG MLH6 GENE DUP/DELETE VARIANT | 81300 | CPT | | | | outpatient | | | 782 | | 273.7 Wellcare | Medicare | 238 | | | | 87.95 | 742.9 | fee schedule | |
| BKR CHG MLH6 GENE DUP/DELETE VARIANT | 81300 | CPT | | | | outpatient | | | 782 | | 273.7 WellPoint | WellPoint | 251.65 | 32.18 | | | 87.95 | 742.9 | percent of total billed charges | |
| BKR CHG MLH6 GENE DUP/DELETE VARIANT | 81300 | CPT | | | | outpatient | | | 782 | | 273.7 Three Rivers | Three Rivers | 742.9 | 95 | | | 87.95 | 742.9 | percent of total billed charges | |
| BKR CHG MLH6 GENE DUP/DELETE VARIANT | 81300 | CPT | | | | outpatient | | | 782 | | 273.7 Wellcare | Medicaid | 190.4 | | | | 87.95 | 742.9 | fee schedule | |
| BKR CHG MSI CRC | 81301 | CPT | | | | both | | | 678 | | 400.84 Aetna | Commercial | 257.64 | 38 | | | 203.4 | 644.1 | percent of total billed charges | |
| BKR CHG MSI CRC | 81301 | CPT | | | | both | | | 678 | | 400.84 Consumer | Consumer | 644.1 | 95 | | | 203.4 | 644.1 | percent of total billed charges | |
| BKR CHG MSI CRC | 81301 | CPT | | | | both | | | 678 | | 400.84 Amerihealth | Medicare | 348.56 | | | | 203.4 | 644.1 | fee schedule | |
| BKR CHG MSI CRC | 81301 | CPT | | | | both | | | 678 | | 400.84 Aetna | Better Health | 213.91 | 31.55 | | | 203.4 | 644.1 | percent of total billed charges | |
| BKR CHG MSI CRC | 81301 | CPT | | | | both | | | 678 | | 400.84 Americare | Americare | 508.5 | 75 | | | 203.4 | 644.1 | percent of total billed charges | |
| BKR CHG MSI CRC | 81301 | CPT | | | | both | | | 678 | | 400.84 Corrections | Corrections | 542.4 | 80 | | | 203.4 | 644.1 | percent of total billed charges | |
| BKR CHG MSI CRC | 81301 | CPT | | | | both | | | 678 | | 400.84 Aetna | Medicare | 208.82 | 30.8 | | | 203.4 | 644.1 | percent of total billed charges | |
| BKR CHG MSI CRC | 81301 | CPT | | | | both | | | 678 | | 400.84 Multiplan | Multiplan | 542.4 | 80 | | | 203.4 | 644.1 | percent of total billed charges | |
| BKR CHG MSI CRC | 81301 | CPT | | | | both | | | 678 | | 400.84 Horizon | Indemnity | 259.54 | 38.28 | | | 203.4 | 644.1 | percent of total billed charges | |
| BKR CHG MSI CRC | 81301 | CPT | | | | both | | | 678 | | 400.84 Wellcare | Medicaid | 278.85 | | | | 203.4 | 644.1 | fee schedule | |
| BKR CHG MSI CRC | 81301 | CPT | | | | both | | | 678 | | 400.84 First Trenton | First Trenton | 610.2 | 90 | | | 203.4 | 644.1 | percent of total billed charges | |
| BKR CHG MSI CRC | 81301 | CPT | | | | both | | | 678 | | 400.84 First Health | First Health | 474.6 | 70 | | | 203.4 | 644.1 | percent of total billed charges | |
| BKR CHG MSI CRC | 81301 | CPT | | | | both | | | 678 | | 400.84 Amerihealth | HMO/PPO | 214.89 | | | | 203.4 | 644.1 | fee schedule | |
| BKR CHG MSI CRC | 81301 | CPT | | | | both | | | 678 | | 400.84 Qualcare | Qualcare | 508.5 | 75 | | | 203.4 | 644.1 | percent of total billed charges | |
| BKR CHG MSI CRC | 81301 | CPT | | | | both | | | 678 | | 400.84 Horizon | MGD | 259.54 | 38.28 | | | 203.4 | 644.1 | percent of total billed charges | |
| BKR CHG MSI CRC | 81301 | CPT | | | | both | | | 678 | | 400.84 Horizon | Medicare Blue | 203.4 | 30 | | | 203.4 | 644.1 | percent of total billed charges | |
| BKR CHG MSI CRC | 81301 | CPT | | | | both | | | 678 | | 400.84 Wellcare | Medicare | 348.56 | | | | 203.4 | 644.1 | fee schedule | |
| BKR CHG MSI CRC | 81301 | CPT | | | | both | | | 678 | | 400.84 UHC | Medicare | 348.56 | | | | 203.4 | 644.1 | fee schedule | |
| BKR CHG MSI CRC | 81301 | CPT | | | | both | | | 678 | | 400.84 Managed Care Inc | Managed Care Inc | 610.2 | 90 | | | 203.4 | 644.1 | percent of total billed charges | |
| BKR CHG MSI CRC | 81301 | CPT | | | | both | | | 678 | | 400.84 Three Rivers | Three Rivers | 644.1 | 95 | | | 203.4 | 644.1 | percent of total billed charges | |
| BKR CHG MSI CRC | 81301 | CPT | | | | both | | | 678 | | 400.84 Horizon | PPO | 259.54 | 38.28 | | | 203.4 | 644.1 | percent of total billed charges | |
| BKR CHG MSI CRC | 81301 | CPT | | | | both | | | 678 | | 400.84 UHC | Medicaid | 278.85 | | | 257.92 | 203.4 | 644.1 | fee schedule | |
| BKR CHG MSI CRC | 81301 | CPT | | | | both | | | 678 | | 400.84 WellPoint | WellPoint | 218.18 | 32.18 | | | 203.4 | 644.1 | percent of total billed charges | |
| BKR CHG MECP2 SEQUENCING FULL GENE | 81302 | CPT | | | | outpatient | | | 4490 | | 607.05 First Trenton | First Trenton | 4041 | 90 | | | 422.3 | 4265.5 | percent of total billed charges | |
| BKR CHG MECP2 SEQUENCING FULL GENE | 81302 | CPT | | | | outpatient | | | 4490 | | 607.05 Aetna | Medicare | 1382.92 | 30.8 | | | 422.3 | 4265.5 | percent of total billed charges | |
| BKR CHG MECP2 SEQUENCING FULL GENE | 81302 | CPT | | | | outpatient | | | 4490 | | 607.05 Consumer | Consumer | 4265.5 | 95 | | | 422.3 | 4265.5 | percent of total billed charges | |
| BKR CHG MECP2 SEQUENCING FULL GENE | 81302 | CPT | | | | outpatient | | | 4490 | | 607.05 Amerihealth | Medicare | 527.87 | | | | 422.3 | 4265.5 | fee schedule | |
| BKR CHG MECP2 SEQUENCING FULL GENE | 81302 | CPT | | | | outpatient | | | 4490 | | 607.05 Horizon | Indemnity | 1718.77 | 38.28 | | | 422.3 | 4265.5 | percent of total billed charges | |
| BKR CHG MECP2 SEQUENCING FULL GENE | 81302 | CPT | | | | outpatient | | | 4490 | | 607.05 Americare | Americare | 3367.5 | 75 | | | 422.3 | 4265.5 | percent of total billed charges | |
| BKR CHG MECP2 SEQUENCING FULL GENE | 81302 | CPT | | | | outpatient | | | 4490 | | 607.05 Amerihealth | HMO/PPO | 2918.5 | 65 | | | 422.3 | 4265.5 | percent of total billed charges | |
| BKR CHG MECP2 SEQUENCING FULL GENE | 81302 | CPT | | | | outpatient | | | 4490 | | 607.05 Aetna | Better Health | 1416.6 | 31.55 | | | 422.3 | 4265.5 | percent of total billed charges | |
| BKR CHG MECP2 SEQUENCING FULL GENE | 81302 | CPT | | | | outpatient | | | 4490 | | 607.05 Horizon | PPO | 1718.77 | 38.28 | | | 422.3 | 4265.5 | percent of total billed charges | |
| BKR CHG MECP2 SEQUENCING FULL GENE | 81302 | CPT | | | | outpatient | | | 4490 | | 607.05 Horizon | MGD | 1718.77 | 38.28 | | | 422.3 | 4265.5 | percent of total billed charges | |
| BKR CHG MECP2 SEQUENCING FULL GENE | 81302 | CPT | | | | outpatient | | | 4490 | | 607.05 Three Rivers | Three Rivers | 4265.5 | 95 | | | 422.3 | 4265.5 | percent of total billed charges | |
| BKR CHG MECP2 SEQUENCING FULL GENE | 81302 | CPT | | | | outpatient | | | 4490 | | 607.05 Corrections | Corrections | 3592 | 80 | | | 422.3 | 4265.5 | percent of total billed charges | |
| BKR CHG MECP2 SEQUENCING FULL GENE | 81302 | CPT | | | | outpatient | | | 4490 | | 607.05 Horizon | Medicare Blue | 1347 | 30 | | | 422.3 | 4265.5 | percent of total billed charges | |
| BKR CHG MECP2 SEQUENCING FULL GENE | 81302 | CPT | | | | outpatient | | | 4490 | | 607.05 UHC | Medicaid | 422.3 | | | | 422.3 | 4265.5 | fee schedule | |
| BKR CHG MECP2 SEQUENCING FULL GENE | 81302 | CPT | | | | outpatient | | | 4490 | | 607.05 First Health | First Health | 3143 | 70 | | | 422.3 | 4265.5 | percent of total billed charges | |
| BKR CHG MECP2 SEQUENCING FULL GENE | 81302 | CPT | | | | outpatient | | | 4490 | | 607.05 Aetna | Commercial | 1706.2 | 38 | | | 422.3 | 4265.5 | percent of total billed charges | |
| BKR CHG MECP2 SEQUENCING FULL GENE | 81302 | CPT | | | | outpatient | | | 4490 | | 607.05 Managed Care Inc | Managed Care Inc | 4041 | 90 | | | 422.3 | 4265.5 | percent of total billed charges | |
| BKR CHG MECP2 SEQUENCING FULL GENE | 81302 | CPT | | | | outpatient | | | 4490 | | 607.05 Wellcare | Medicaid | 422.3 | | | | 422.3 | 4265.5 | fee schedule | |
| BKR CHG MECP2 SEQUENCING FULL GENE | 81302 | CPT | | | | outpatient | | | 4490 | | 607.05 Multiplan | Multiplan | 3592 | 80 | | | 422.3 | 4265.5 | percent of total billed charges | |
| BKR CHG MECP2 SEQUENCING FULL GENE | 81302 | CPT | | | | outpatient | | | 4490 | | 607.05 Wellcare | Medicare | 527.87 | | | | 422.3 | 4265.5 | fee schedule | |
| BKR CHG MECP2 SEQUENCING FULL GENE | 81302 | CPT | | | | outpatient | | | 4490 | | 607.05 WellPoint | WellPoint | 1444.88 | 32.18 | | | 422.3 | 4265.5 | percent of total billed charges | |
| BKR CHG MECP2 SEQUENCING FULL GENE | 81302 | CPT | | | | outpatient | | | 4490 | | 607.05 Qualcare | Qualcare | 3367.5 | 75 | | | 422.3 | 4265.5 | percent of total billed charges | |
| BKR CHG MECP2 SEQUENCING FULL GENE | 81302 | CPT | | | | outpatient | | | 4490 | | 607.05 UHC | Medicare | 527.87 | | | | 422.3 | 4265.5 | fee schedule | |
| BKR CHG MDY88 MUTATION DETECTION(MSO) | 81305 | CPT | | | | outpatient | | | 766 | | 201.71 Amerihealth | HMO/PPO | 497.9 | 65 | | | 137.51 | 727.7 | percent of total billed charges | |
| BKR CHG MDY88 MUTATION DETECTION(MSO) | 81305 | CPT | | | | outpatient | | | 766 | | 201.71 Aetna | Medicare | 235.93 | 30.8 | | | 137.51 | 727.7 | percent of total billed charges | |
| BKR CHG MDY88 MUTATION DETECTION(MSO) | 81305 | CPT | | | | outpatient | | | 766 | | 201.71 Corrections | Corrections | 612.8 | 80 | | | 137.51 | 727.7 | percent of total billed charges | |
| BKR CHG MDY88 MUTATION DETECTION(MSO) | 81305 | CPT | | | | outpatient | | | 766 | | 201.71 Aetna | Better Health | 241.67 | 31.55 | | | 137.51 | 727.7 | percent of total billed charges | |
| BKR CHG MDY88 MUTATION DETECTION(MSO) | 81305 | CPT | | | | outpatient | | | 766 | | 201.71 Americare | Americare | 574.5 | 75 | | | 137.51 | 727.7 | percent of total billed charges | |
| BKR CHG MDY88 MUTATION DETECTION(MSO) | 81305 | CPT | | | | outpatient | | | 766 | | 201.71 First Health | First Health | 536.2 | 70 | | | 137.51 | 727.7 | percent of total billed charges | |
| BKR CHG MDY88 MUTATION DETECTION(MSO) | 81305 | CPT | | | | outpatient | | | 766 | | 201.71 Amerihealth | Medicare | 175.4 | | | | 137.51 | 727.7 | fee schedule | |
| BKR CHG MDY88 MUTATION DETECTION(MSO) | 81305 | CPT | | | | outpatient | | | 766 | | 201.71 Horizon | Medicare Blue | 229.8 | 30 | | | 137.51 | 727.7 | percent of total billed charges | |
| BKR CHG MDY88 MUTATION DETECTION(MSO) | 81305 | CPT | | | | outpatient | | | 766 | | 201.71 Multiplan | Multiplan | 612.8 | 80 | | | 137.51 | 727.7 | percent of total billed charges | |
| BKR CHG MDY88 MUTATION DETECTION(MSO) | 81305 | CPT | | | | outpatient | | | 766 | | 201.71 Horizon | MGD | 293.22 | 38.28 | | | 137.51 | 727.7 | percent of total billed charges | |
| BKR CHG MDY88 MUTATION DETECTION(MSO) | 81305 | CPT | | | | outpatient | | | 766 | | 201.71 WellPoint | WellPoint | 246.5 | 32.18 | | | 137.51 | 727.7 | percent of total billed charges | |
| BKR CHG MDY88 MUTATION DETECTION(MSO) | 81305 | CPT | | | | outpatient | | | 766 | | 201.71 UHC | Medicaid | 140.32 | | | | 137.51 | 727.7 | fee schedule | |
| BKR CHG MDY88 MUTATION DETECTION(MSO) | 81305 | CPT | | | | outpatient | | | 766 | | 201.71 Consumer | Consumer | 727.7 | 95 | | | 137.51 | 727.7 | percent of total billed charges | |
| BKR CHG MDY88 MUTATION DETECTION(MSO) | 81305 | CPT | | | | outpatient | | | 766 | | 201.71 UHC | Medicare | 175.4 | | | | 137.51 | 727.7 | fee schedule | |
| BKR CHG MDY88 MUTATION DETECTION(MSO) | 81305 | CPT | | | | outpatient | | | 766 | | 201.71 First Trenton | First Trenton | 689.4 | 90 | | | 137.51 | 727.7 | percent of total billed charges | |
| BKR CHG MDY88 MUTATION DETECTION(MSO) | 81305 | CPT | | | | outpatient | | | 766 | | 201.71 Wellcare | Medicare | 175.4 | | | | 137.51 | 727.7 | fee schedule | |
| BKR CHG MDY88 MUTATION DETECTION(MSO) | 81305 | CPT | | | | outpatient | | | 766 | | 201.71 Qualcare | Qualcare | 574.5 | 75 | | | 137.51 | 727.7 | percent of total billed charges | |
| BKR CHG MDY88 MUTATION DETECTION(MSO) | 81305 | CPT | | | | outpatient | | | 766 | | 201.71 Horizon | Indemnity | 293.22 | 38.28 | | | 137.51 | 727.7 | percent of total billed charges | |
| BKR CHG MDY88 MUTATION DETECTION(MSO) | 81305 | CPT | | | | outpatient | | | 766 | | 201.71 Horizon | NJ Health | 137.51 | | | | 137.51 | 727.7 | fee schedule | |
| BKR CHG MDY88 MUTATION DETECTION(MSO) | 81305 | CPT | | | | outpatient | | | 766 | | 201.71 Horizon | PPO | 293.22 | 38.28 | | | 137.51 | 727.7 | percent of total billed charges | |
| BKR CHG MDY88 MUTATION DETECTION(MSO) | 81305 | CPT | | | | outpatient | | | 766 | | 201.71 Managed Care Inc | Managed Care Inc | 689.4 | 90 | | | 137.51 | 727.7 | percent of total billed charges | |
| BKR CHG MDY88 MUTATION DETECTION(MSO) | 81305 | CPT | | | | outpatient | | | 766 | | 201.71 Three Rivers | Three Rivers | 727.7 | 95 | | | 137.51 | 727.7 | percent of total billed charges | |
| BKR CHG MDY88 MUTATION DETECTION(MSO) | 81305 | CPT | | | | outpatient | | | 766 | | 201.71 Wellcare | Medicaid | 140.32 | | | | 137.51 | 727.7 | fee schedule | |
| BKR CHG PALB2 GENE ANALYSIS | 81307 | CPT | | | | outpatient | | | 633 | | 777.98 Consumer | Consumer | 601.35 | 95 | | | 189.9 | 676.5 | percent of total billed charges | |
| BKR CHG PALB2 GENE ANALYSIS | 81307 | CPT | | | | outpatient | | | 633 | | 777.98 Aetna | Medicare | 194.96 | 30.8 | | | 189.9 | 676.5 | percent of total billed charges | |
| BKR CHG PALB2 GENE ANALYSIS | 81307 | CPT | | | | outpatient | | | 633 | | 777.98 Amerihealth | HMO/PPO | 411.45 | 65 | | | 189.9 | 676.5 | percent of total billed charges | |
| BKR CHG PALB2 GENE ANALYSIS | 81307 | CPT | | | | outpatient | | | 633 | | 777.98 Amerihealth | Medicare | 676.5 | | | | 189.9 | 676.5 | fee schedule | |
| BKR CHG PALB2 GENE ANALYSIS | 81307 | CPT | | | | outpatient | | | 633 | | 777.98 Americare | Americare | 474.75 | 75 | | | 189.9 | 676.5 | percent of total billed charges | |
| BKR CHG PALB2 GENE ANALYSIS | 81307 | CPT | | | | outpatient | | | 633 | | 777.98 First Health | First Health | 443.1 | 70 | | | 189.9 | 676.5 | percent of total billed charges | |
| BKR CHG PALB2 GENE ANALYSIS | 81307 | CPT | | | | outpatient | | | 633 | | 777.98 Aetna | Better Health | 199.71 | 31.55 | | | 189.9 | 676.5 | percent of total billed charges | |
| BKR CHG PALB2 GENE ANALYSIS | 81307 | CPT | | | | outpatient | | | 633 | | 777.98 Horizon | MGD | 242.31 | 38.28 | | | 189.9 | 676.5 | percent of total billed charges | |
| BKR CHG PALB2 GENE ANALYSIS | 81307 | CPT | | | | outpatient | | | 633 | | 777.98 Corrections | Corrections | 506.4 | 80 | | | 189.9 | 676.5 | percent of total billed charges | |
| BKR CHG PALB2 GENE ANALYSIS | 81307 | CPT | | | | outpatient | | | 633 | | 777.98 Horizon | Medicare Blue | 189.9 | 30 | | | 189.9 | 676.5 | percent of total billed charges | |
| BKR CHG PALB2 GENE ANALYSIS | 81307 | CPT | | | | outpatient | | | 633 | | 777.98 Qualcare | Qualcare | 474.75 | 75 | | | 189.9 | 676.5 | percent of total billed charges | |
| BKR CHG PALB2 GENE ANALYSIS | 81307 | CPT | | | | outpatient | | | 633 | | 777.98 WellPoint | WellPoint | 203.7 | 32.18 | | | 189.9 | 676.5 | percent of total billed charges | |
| BKR CHG PALB2 GENE ANALYSIS | 81307 | CPT | | | | outpatient | | | 633 | | 777.98 Horizon | Indemnity | 242.31 | 38.28 | | | 189.9 | 676.5 | percent of total billed charges | |
| BKR CHG PALB2 GENE ANALYSIS | 81307 | CPT | | | | outpatient | | | 633 | | 777.98 Wellcare | Medicare | 676.5 | | | | 189.9 | 676.5 | fee schedule | |
| BKR CHG PALB2 GENE ANALYSIS | 81307 | CPT | | | | outpatient | | | 633 | | 777.98 Multiplan | Multiplan | 506.4 | 80 | | | 189.9 | 676.5 | percent of total billed charges | |
| BKR CHG PALB2 GENE ANALYSIS | 81307 | CPT | | | | outpatient | | | 633 | | 777.98 First Trenton | First Trenton | 569.7 | 90 | | | 189.9 | 676.5 | percent of total billed charges | |
| BKR CHG PALB2 GENE ANALYSIS | 81307 | CPT | | | | outpatient | | | 633 | | 777.98 UHC | Medicare | 676.5 | | | | 189.9 | 676.5 | fee schedule | |
| BKR CHG PALB2 GENE ANALYSIS | 81307 | CPT | | | | outpatient | | | 633 | | 777.98 Horizon | PPO | 242.31 | 38.28 | | | 189.9 | 676.5 | percent of total billed charges | |
| BKR CHG PALB2 GENE ANALYSIS | 81307 | CPT | | | | outpatient | | | 633 | | 777.98 Horizon | NJ Health | 221.77 | | | | 189.9 | 676.5 | fee schedule | |
| BKR CHG PALB2 GENE ANALYSIS | 81307 | CPT | | | | outpatient | | | 633 | | 777.98 Three Rivers | Three Rivers | 601.35 | 95 | | | 189.9 | 676.5 | percent of total billed charges | |
| BKR CHG PALB2 GENE ANALYSIS | 81307 | CPT | | | | outpatient | | | 633 | | 777.98 Managed Care Inc | Managed Care Inc | 569.7 | 90 | | | 189.9 | 676.5 | percent of total billed charges | |
| BKR CHG PALB2 GENE ANALYSIS | 81307 | CPT | | | | outpatient | | | 633 | | 777.98 UHC | Medicaid | 541.2 | | | | 189.9 | 676.5 | fee schedule | |
| BKR CHG PALB2 GENE ANALYSIS | 81307 | CPT | | | | outpatient | | | 633 | | 777.98 Wellcare | Medicaid | 541.2 | | | | 189.9 | 676.5 | fee schedule | |
| BKR CHG NPM1 MUTATION ANALYSIS (MSO) | 81310 | CPT | | | | outpatient | | | 818 | | 283.5 Multiplan | Multiplan | 654.4 | 80 | | | 46.14 | 777.1 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG NPM1 MUTATION ANALYSIS (MSO) | 81310 | CPT | | | | outpatient | | | 818 | 283.5 | Horizon | Indemnity | 313.13 | 38.28 | | | 46.14 | 777.1 | percent of total billed charges | |
| BKR CHG NPM1 MUTATION ANALYSIS (MSO) | 81310 | CPT | | | | outpatient | | | 818 | 283.5 | First Trenton | First Trenton | 736.2 | 90 | | | 46.14 | 777.1 | percent of total billed charges | |
| BKR CHG NPM1 MUTATION ANALYSIS (MSO) | 81310 | CPT | | | | outpatient | | | 818 | 283.5 | WellPoint | WellPoint | 263.23 | 32.18 | | | 46.14 | 777.1 | percent of total billed charges | |
| BKR CHG NPM1 MUTATION ANALYSIS (MSO) | 81310 | CPT | | | | outpatient | | | 818 | 283.5 | Aetna | Better Health | 258.08 | 31.55 | | | 46.14 | 777.1 | percent of total billed charges | |
| BKR CHG NPM1 MUTATION ANALYSIS (MSO) | 81310 | CPT | | | | outpatient | | | 818 | 283.5 | Americare | Americare | 613.5 | 75 | | | 46.14 | 777.1 | percent of total billed charges | |
| BKR CHG NPM1 MUTATION ANALYSIS (MSO) | 81310 | CPT | | | | outpatient | | | 818 | 283.5 | Aetna | Medicare | 251.94 | 30.8 | | | 46.14 | 777.1 | percent of total billed charges | |
| BKR CHG NPM1 MUTATION ANALYSIS (MSO) | 81310 | CPT | | | | outpatient | | | 818 | 283.5 | Consumer | Consumer | 777.1 | 95 | | | 46.14 | 777.1 | percent of total billed charges | |
| BKR CHG NPM1 MUTATION ANALYSIS (MSO) | 81310 | CPT | | | | outpatient | | | 818 | 283.5 | Qualcare | Qualcare | 613.5 | 75 | | | 46.14 | 777.1 | percent of total billed charges | |
| BKR CHG NPM1 MUTATION ANALYSIS (MSO) | 81310 | CPT | | | | outpatient | | | 818 | 283.5 | Amerihealth | HMO/PPO | 105.4 | | | | 46.14 | 777.1 | fee schedule | |
| BKR CHG NPM1 MUTATION ANALYSIS (MSO) | 81310 | CPT | | | | outpatient | | | 818 | 283.5 | Horizon | MGD | 313.13 | 38.28 | | | 46.14 | 777.1 | percent of total billed charges | |
| BKR CHG NPM1 MUTATION ANALYSIS (MSO) | 81310 | CPT | | | | outpatient | | | 818 | 283.5 | Wellcare | Medicaid | 197.22 | | | | 46.14 | 777.1 | fee schedule | |
| BKR CHG NPM1 MUTATION ANALYSIS (MSO) | 81310 | CPT | | | | outpatient | | | 818 | 283.5 | First Health | First Health | 572.6 | 70 | | | 46.14 | 777.1 | percent of total billed charges | |
| BKR CHG NPM1 MUTATION ANALYSIS (MSO) | 81310 | CPT | | | | outpatient | | | 818 | 283.5 | Amerihealth | Medicare | 246.52 | | | | 46.14 | 777.1 | fee schedule | |
| BKR CHG NPM1 MUTATION ANALYSIS (MSO) | 81310 | CPT | | | | outpatient | | | 818 | 283.5 | UHC | Medicaid | 197.22 | | | | 46.14 | 777.1 | fee schedule | |
| BKR CHG NPM1 MUTATION ANALYSIS (MSO) | 81310 | CPT | | | | outpatient | | | 818 | 283.5 | Horizon | PPO | 313.13 | 38.28 | | | 46.14 | 777.1 | percent of total billed charges | |
| BKR CHG NPM1 MUTATION ANALYSIS (MSO) | 81310 | CPT | | | | outpatient | | | 818 | 283.5 | Horizon | Medicare Blue | 245.4 | 30 | | | 46.14 | 777.1 | percent of total billed charges | |
| BKR CHG NPM1 MUTATION ANALYSIS (MSO) | 81310 | CPT | | | | outpatient | | | 818 | 283.5 | Corrections | Corrections | 654.4 | 80 | | | 46.14 | 777.1 | percent of total billed charges | |
| BKR CHG NPM1 MUTATION ANALYSIS (MSO) | 81310 | CPT | | | | outpatient | | | 818 | 283.5 | UHC | Medicare | 246.52 | | | | 46.14 | 777.1 | fee schedule | |
| BKR CHG NPM1 MUTATION ANALYSIS (MSO) | 81310 | CPT | | | | outpatient | | | 818 | 283.5 | Managed Care Inc | Managed Care Inc | 736.2 | 90 | | | 46.14 | 777.1 | percent of total billed charges | |
| BKR CHG NPM1 MUTATION ANALYSIS (MSO) | 81310 | CPT | | | | outpatient | | | 818 | 283.5 | Wellcare | Medicare | 246.52 | | | | 46.14 | 777.1 | fee schedule | |
| BKR CHG NPM1 MUTATION ANALYSIS (MSO) | 81310 | CPT | | | | outpatient | | | 818 | 283.5 | Horizon | NJ Health | 46.14 | | | | 46.14 | 777.1 | fee schedule | |
| BKR CHG NPM1 MUTATION ANALYSIS (MSO) | 81310 | CPT | | | | outpatient | | | 818 | 283.5 | Three Rivers | Three Rivers | 777.1 | 95 | | | 46.14 | 777.1 | percent of total billed charges | |
| BKR CHG NRAS.GENE.VARIANTS.IN.EXON2&3 | 81311 | CPT | | | | outpatient | | | 1066 | 340.16 | Horizon | MGD | 408.06 | 38.28 | | | 126.34 | 1012.7 | percent of total billed charges | |
| BKR CHG NRAS.GENE.VARIANTS.IN.EXON2&3 | 81311 | CPT | | | | outpatient | | | 1066 | 340.16 | Qualcare | Qualcare | 799.5 | 75 | | | 126.34 | 1012.7 | percent of total billed charges | |
| BKR CHG NRAS.GENE.VARIANTS.IN.EXON2&3 | 81311 | CPT | | | | outpatient | | | 1066 | 340.16 | Americare | Americare | 799.5 | 75 | | | 126.34 | 1012.7 | percent of total billed charges | |
| BKR CHG NRAS.GENE.VARIANTS.IN.EXON2&3 | 81311 | CPT | | | | outpatient | | | 1066 | 340.16 | Amerihealth | HMO/PPO | 126.34 | | | | 126.34 | 1012.7 | fee schedule | |
| BKR CHG NRAS.GENE.VARIANTS.IN.EXON2&3 | 81311 | CPT | | | | outpatient | | | 1066 | 340.16 | Consumer | Consumer | 1012.7 | 95 | | | 126.34 | 1012.7 | percent of total billed charges | |
| BKR CHG NRAS.GENE.VARIANTS.IN.EXON2&3 | 81311 | CPT | | | | outpatient | | | 1066 | 340.16 | Aetna | Better Health | 336.32 | 31.55 | | | 126.34 | 1012.7 | percent of total billed charges | |
| BKR CHG NRAS.GENE.VARIANTS.IN.EXON2&3 | 81311 | CPT | | | | outpatient | | | 1066 | 340.16 | Horizon | Indemnity | 408.06 | 38.28 | | | 126.34 | 1012.7 | percent of total billed charges | |
| BKR CHG NRAS.GENE.VARIANTS.IN.EXON2&3 | 81311 | CPT | | | | outpatient | | | 1066 | 340.16 | Aetna | Medicare | 328.33 | 30.8 | | | 126.34 | 1012.7 | percent of total billed charges | |
| BKR CHG NRAS.GENE.VARIANTS.IN.EXON2&3 | 81311 | CPT | | | | outpatient | | | 1066 | 340.16 | Corrections | Corrections | 852.8 | 80 | | | 126.34 | 1012.7 | percent of total billed charges | |
| BKR CHG NRAS.GENE.VARIANTS.IN.EXON2&3 | 81311 | CPT | | | | outpatient | | | 1066 | 340.16 | UHC | Medicare | 295.79 | | | | 126.34 | 1012.7 | fee schedule | |
| BKR CHG NRAS.GENE.VARIANTS.IN.EXON2&3 | 81311 | CPT | | | | outpatient | | | 1066 | 340.16 | Horizon | PPO | 408.06 | 38.28 | | | 126.34 | 1012.7 | percent of total billed charges | |
| BKR CHG NRAS.GENE.VARIANTS.IN.EXON2&3 | 81311 | CPT | | | | outpatient | | | 1066 | 340.16 | First Health | First Health | 746.2 | 70 | | | 126.34 | 1012.7 | percent of total billed charges | |
| BKR CHG NRAS.GENE.VARIANTS.IN.EXON2&3 | 81311 | CPT | | | | outpatient | | | 1066 | 340.16 | First Trenton | First Trenton | 959.4 | 90 | | | 126.34 | 1012.7 | percent of total billed charges | |
| BKR CHG NRAS.GENE.VARIANTS.IN.EXON2&3 | 81311 | CPT | | | | outpatient | | | 1066 | 340.16 | Amerihealth | Medicare | 295.79 | | | | 126.34 | 1012.7 | fee schedule | |
| BKR CHG NRAS.GENE.VARIANTS.IN.EXON2&3 | 81311 | CPT | | | | outpatient | | | 1066 | 340.16 | Three Rivers | Three Rivers | 1012.7 | 95 | | | 126.34 | 1012.7 | percent of total billed charges | |
| BKR CHG NRAS.GENE.VARIANTS.IN.EXON2&3 | 81311 | CPT | | | | outpatient | | | 1066 | 340.16 | Wellcare | Medicare | 295.79 | | | | 126.34 | 1012.7 | fee schedule | |
| BKR CHG NRAS.GENE.VARIANTS.IN.EXON2&3 | 81311 | CPT | | | | outpatient | | | 1066 | 340.16 | Horizon | Medicare Blue | 319.8 | 30 | | | 126.34 | 1012.7 | percent of total billed charges | |
| BKR CHG NRAS.GENE.VARIANTS.IN.EXON2&3 | 81311 | CPT | | | | outpatient | | | 1066 | 340.16 | WellPoint | WellPoint | 343.04 | 32.18 | | | 126.34 | 1012.7 | percent of total billed charges | |
| BKR CHG NRAS.GENE.VARIANTS.IN.EXON2&3 | 81311 | CPT | | | | outpatient | | | 1066 | 340.16 | UHC | Medicaid | 236.63 | | | | 126.34 | 1012.7 | fee schedule | |
| BKR CHG NRAS.GENE.VARIANTS.IN.EXON2&3 | 81311 | CPT | | | | outpatient | | | 1066 | 340.16 | Multiplan | Multiplan | 852.8 | 80 | | | 126.34 | 1012.7 | percent of total billed charges | |
| BKR CHG NRAS.GENE.VARIANTS.IN.EXON2&3 | 81311 | CPT | | | | outpatient | | | 1066 | 340.16 | Horizon | NJ Health | 463.79 | | | | 126.34 | 1012.7 | fee schedule | |
| BKR CHG NRAS.GENE.VARIANTS.IN.EXON2&3 | 81311 | CPT | | | | outpatient | | | 1066 | 340.16 | Managed Care Inc | Managed Care Inc | 959.4 | 90 | | | 126.34 | 1012.7 | percent of total billed charges | |
| BKR CHG NRAS.GENE.VARIANTS.IN.EXON2&3 | 81311 | CPT | | | | outpatient | | | 1066 | 340.16 | Wellcare | Medicaid | 236.63 | | | | 126.34 | 1012.7 | fee schedule | |
| BKR CHG PDGFRA ANALYSIS GENE 12-18 EXONS | 81314 | CPT | | | | outpatient | | | 968 | 378.94 | Corrections | Corrections | 774.4 | 80 | | | 140.74 | 919.6 | percent of total billed charges | |
| BKR CHG PDGFRA ANALYSIS GENE 12-18 EXONS | 81314 | CPT | | | | outpatient | | | 968 | 378.94 | Amerihealth | HMO/PPO | 140.74 | | | | 140.74 | 919.6 | fee schedule | |
| BKR CHG PDGFRA ANALYSIS GENE 12-18 EXONS | 81314 | CPT | | | | outpatient | | | 968 | 378.94 | Aetna | Medicare | 298.14 | 30.8 | | | 140.74 | 919.6 | percent of total billed charges | |
| BKR CHG PDGFRA ANALYSIS GENE 12-18 EXONS | 81314 | CPT | | | | outpatient | | | 968 | 378.94 | Consumer | Consumer | 919.6 | 95 | | | 140.74 | 919.6 | percent of total billed charges | |
| BKR CHG PDGFRA ANALYSIS GENE 12-18 EXONS | 81314 | CPT | | | | outpatient | | | 968 | 378.94 | Americare | Americare | 726 | 75 | | | 140.74 | 919.6 | percent of total billed charges | |
| BKR CHG PDGFRA ANALYSIS GENE 12-18 EXONS | 81314 | CPT | | | | outpatient | | | 968 | 378.94 | Horizon | MGD | 370.55 | 38.28 | | | 140.74 | 919.6 | percent of total billed charges | |
| BKR CHG PDGFRA ANALYSIS GENE 12-18 EXONS | 81314 | CPT | | | | outpatient | | | 968 | 378.94 | Amerihealth | Medicare | 329.51 | | | | 140.74 | 919.6 | fee schedule | |
| BKR CHG PDGFRA ANALYSIS GENE 12-18 EXONS | 81314 | CPT | | | | outpatient | | | 968 | 378.94 | Aetna | Better Health | 305.4 | 31.55 | | | 140.74 | 919.6 | percent of total billed charges | |
| BKR CHG PDGFRA ANALYSIS GENE 12-18 EXONS | 81314 | CPT | | | | outpatient | | | 968 | 378.94 | Horizon | Medicare Blue | 290.4 | 30 | | | 140.74 | 919.6 | percent of total billed charges | |
| BKR CHG PDGFRA ANALYSIS GENE 12-18 EXONS | 81314 | CPT | | | | outpatient | | | 968 | 378.94 | Wellcare | Medicaid | 263.61 | | | | 140.74 | 919.6 | fee schedule | |
| BKR CHG PDGFRA ANALYSIS GENE 12-18 EXONS | 81314 | CPT | | | | outpatient | | | 968 | 378.94 | Multiplan | Multiplan | 774.4 | 80 | | | 140.74 | 919.6 | percent of total billed charges | |
| BKR CHG PDGFRA ANALYSIS GENE 12-18 EXONS | 81314 | CPT | | | | outpatient | | | 968 | 378.94 | Aetna | Commercial | 367.84 | 38 | | | 140.74 | 919.6 | percent of total billed charges | |
| BKR CHG PDGFRA ANALYSIS GENE 12-18 EXONS | 81314 | CPT | | | | outpatient | | | 968 | 378.94 | First Trenton | First Trenton | 871.2 | 90 | | | 140.74 | 919.6 | percent of total billed charges | |
| BKR CHG PDGFRA ANALYSIS GENE 12-18 EXONS | 81314 | CPT | | | | outpatient | | | 968 | 378.94 | Wellcare | Medicare | 329.51 | | | | 140.74 | 919.6 | fee schedule | |
| BKR CHG PDGFRA ANALYSIS GENE 12-18 EXONS | 81314 | CPT | | | | outpatient | | | 968 | 378.94 | First Health | First Health | 677.6 | 70 | | | 140.74 | 919.6 | percent of total billed charges | |
| BKR CHG PDGFRA ANALYSIS GENE 12-18 EXONS | 81314 | CPT | | | | outpatient | | | 968 | 378.94 | WellPoint | WellPoint | 311.5 | 32.18 | | | 140.74 | 919.6 | percent of total billed charges | |
| BKR CHG PDGFRA ANALYSIS GENE 12-18 EXONS | 81314 | CPT | | | | outpatient | | | 968 | 378.94 | UHC | Medicaid | 263.61 | | | | 140.74 | 919.6 | fee schedule | |
| BKR CHG PDGFRA ANALYSIS GENE 12-18 EXONS | 81314 | CPT | | | | outpatient | | | 968 | 378.94 | Qualcare | Qualcare | 726 | 75 | | | 140.74 | 919.6 | percent of total billed charges | |
| BKR CHG PDGFRA ANALYSIS GENE 12-18 EXONS | 81314 | CPT | | | | outpatient | | | 968 | 378.94 | Horizon | Indemnity | 370.55 | 38.28 | | | 140.74 | 919.6 | percent of total billed charges | |
| BKR CHG PDGFRA ANALYSIS GENE 12-18 EXONS | 81314 | CPT | | | | outpatient | | | 968 | 378.94 | UHC | Medicare | 329.51 | | | | 140.74 | 919.6 | fee schedule | |
| BKR CHG PDGFRA ANALYSIS GENE 12-18 EXONS | 81314 | CPT | | | | outpatient | | | 968 | 378.94 | Horizon | NJ Health | 516.68 | | | | 140.74 | 919.6 | fee schedule | |
| BKR CHG PDGFRA ANALYSIS GENE 12-18 EXONS | 81314 | CPT | | | | outpatient | | | 968 | 378.94 | Horizon | PPO | 370.55 | 38.28 | | | 140.74 | 919.6 | percent of total billed charges | |
| BKR CHG PDGFRA ANALYSIS GENE 12-18 EXONS | 81314 | CPT | | | | outpatient | | | 968 | 378.94 | Managed Care Inc | Managed Care Inc | 871.2 | 90 | | | 140.74 | 919.6 | percent of total billed charges | |
| BKR CHG PDGFRA ANALYSIS GENE 12-18 EXONS | 81314 | CPT | | | | outpatient | | | 968 | 378.94 | Three Rivers | Three Rivers | 919.6 | 95 | | | 140.74 | 919.6 | percent of total billed charges | |
| BKR CHG APL QUANTITATIVE (MSO) | 81315 | CPT | | | | outpatient | | | 639 | 238.41 | Amerihealth | HMO/PPO | 153.85 | | | | 92.16 | 607.05 | fee schedule | |
| BKR CHG APL QUANTITATIVE (MSO) | 81315 | CPT | | | | outpatient | | | 639 | 238.41 | Amerihealth | Medicare | 207.31 | | | | 92.16 | 607.05 | fee schedule | |
| BKR CHG APL QUANTITATIVE (MSO) | 81315 | CPT | | | | outpatient | | | 639 | 238.41 | Wellcare | Medicaid | 165.85 | | | | 92.16 | 607.05 | fee schedule | |
| BKR CHG APL QUANTITATIVE (MSO) | 81315 | CPT | | | | outpatient | | | 639 | 238.41 | Corrections | Corrections | 511.2 | 80 | | | 92.16 | 607.05 | percent of total billed charges | |
| BKR CHG APL QUANTITATIVE (MSO) | 81315 | CPT | | | | outpatient | | | 639 | 238.41 | First Health | First Health | 447.3 | 70 | | | 92.16 | 607.05 | percent of total billed charges | |
| BKR CHG APL QUANTITATIVE (MSO) | 81315 | CPT | | | | outpatient | | | 639 | 238.41 | Aetna | Medicare | 196.81 | 30.8 | | | 92.16 | 607.05 | percent of total billed charges | |
| BKR CHG APL QUANTITATIVE (MSO) | 81315 | CPT | | | | outpatient | | | 639 | 238.41 | Aetna | Better Health | 201.6 | 31.55 | | | 92.16 | 607.05 | percent of total billed charges | |
| BKR CHG APL QUANTITATIVE (MSO) | 81315 | CPT | | | | outpatient | | | 639 | 238.41 | Americare | Americare | 479.25 | 75 | | | 92.16 | 607.05 | percent of total billed charges | |
| BKR CHG APL QUANTITATIVE (MSO) | 81315 | CPT | | | | outpatient | | | 639 | 238.41 | Horizon | MGD | 244.61 | 38.28 | | | 92.16 | 607.05 | percent of total billed charges | |
| BKR CHG APL QUANTITATIVE (MSO) | 81315 | CPT | | | | outpatient | | | 639 | 238.41 | Consumer | Consumer | 607.05 | 95 | | | 92.16 | 607.05 | percent of total billed charges | |
| BKR CHG APL QUANTITATIVE (MSO) | 81315 | CPT | | | | outpatient | | | 639 | 238.41 | WellPoint | WellPoint | 205.63 | 32.18 | | | 92.16 | 607.05 | percent of total billed charges | |
| BKR CHG APL QUANTITATIVE (MSO) | 81315 | CPT | | | | outpatient | | | 639 | 238.41 | Horizon | Medicare Blue | 191.7 | 30 | | | 92.16 | 607.05 | percent of total billed charges | |
| BKR CHG APL QUANTITATIVE (MSO) | 81315 | CPT | | | | outpatient | | | 639 | 238.41 | Multiplan | Multiplan | 511.2 | 80 | | | 92.16 | 607.05 | percent of total billed charges | |
| BKR CHG APL QUANTITATIVE (MSO) | 81315 | CPT | | | | outpatient | | | 639 | 238.41 | First Trenton | First Trenton | 575.1 | 90 | | | 92.16 | 607.05 | percent of total billed charges | |
| BKR CHG APL QUANTITATIVE (MSO) | 81315 | CPT | | | | outpatient | | | 639 | 238.41 | Qualcare | Qualcare | 479.25 | 75 | | | 92.16 | 607.05 | percent of total billed charges | |
| BKR CHG APL QUANTITATIVE (MSO) | 81315 | CPT | | | | outpatient | | | 639 | 238.41 | Horizon | Indemnity | 244.61 | 38.28 | | | 92.16 | 607.05 | percent of total billed charges | |
| BKR CHG APL QUANTITATIVE (MSO) | 81315 | CPT | | | | outpatient | | | 639 | 238.41 | UHC | Medicare | 207.31 | | | | 92.16 | 607.05 | fee schedule | |
| BKR CHG APL QUANTITATIVE (MSO) | 81315 | CPT | | | | outpatient | | | 639 | 238.41 | Horizon | NJ Health | 92.16 | | | | 92.16 | 607.05 | fee schedule | |
| BKR CHG APL QUANTITATIVE (MSO) | 81315 | CPT | | | | outpatient | | | 639 | 238.41 | Wellcare | Medicare | 207.31 | | | 147.81 | 92.16 | 607.05 | fee schedule | |
| BKR CHG APL QUANTITATIVE (MSO) | 81315 | CPT | | | | outpatient | | | 639 | 238.41 | Horizon | PPO | 244.61 | 38.28 | | | 92.16 | 607.05 | percent of total billed charges | |
| BKR CHG APL QUANTITATIVE (MSO) | 81315 | CPT | | | | outpatient | | | 639 | 238.41 | Managed Care Inc | Managed Care Inc | 575.1 | 90 | | | 92.16 | 607.05 | percent of total billed charges | |
| BKR CHG APL QUANTITATIVE (MSO) | 81315 | CPT | | | | outpatient | | | 639 | 238.41 | Three Rivers | Three Rivers | 607.05 | 95 | | | 92.16 | 607.05 | percent of total billed charges | |
| BKR CHG APL QUANTITATIVE (MSO) | 81315 | CPT | | | | outpatient | | | 639 | 238.41 | UHC | Medicaid | 165.85 | | | 78.1 | 92.16 | 607.05 | fee schedule | |
| BKR CHG PMS2 GENE ANAL; FULL SEQ(MSO) | 81317 | CPT | | | | outpatient | | | 5712 | 777.98 | Horizon | MGD | 2186.55 | 38.28 | | | 425.01 | 5426.4 | percent of total billed charges | |
| BKR CHG PMS2 GENE ANAL; FULL SEQ(MSO) | 81317 | CPT | | | | outpatient | | | 5712 | 777.98 | Aetna | Better Health | 1802.14 | 31.55 | | | 425.01 | 5426.4 | percent of total billed charges | |
| BKR CHG PMS2 GENE ANAL; FULL SEQ(MSO) | 81317 | CPT | | | | outpatient | | | 5712 | 777.98 | First Health | First Health | 3998.4 | 70 | | | 425.01 | 5426.4 | percent of total billed charges | |
| BKR CHG PMS2 GENE ANAL; FULL SEQ(MSO) | 81317 | CPT | | | | outpatient | | | 5712 | 777.98 | Americare | Americare | 4284 | 75 | | | 425.01 | 5426.4 | percent of total billed charges | |
| BKR CHG PMS2 GENE ANAL; FULL SEQ(MSO) | 81317 | CPT | | | | outpatient | | | 5712 | 777.98 | Wellcare | Medicaid | 541.2 | | | | 425.01 | 5426.4 | fee schedule | |
| BKR CHG PMS2 GENE ANAL; FULL SEQ(MSO) | 81317 | CPT | | | | outpatient | | | 5712 | 777.98 | Amerihealth | Medicare | 676.5 | | | | 425.01 | 5426.4 | fee schedule | |
| BKR CHG PMS2 GENE ANAL; FULL SEQ(MSO) | 81317 | CPT | | | | outpatient | | | 5712 | 777.98 | Aetna | Medicare | 1759.3 | 30.8 | | | 425.01 | 5426.4 | percent of total billed charges | |
| BKR CHG PMS2 GENE ANAL; FULL SEQ(MSO) | 81317 | CPT | | | | outpatient | | | 5712 | 777.98 | Horizon | Medicare Blue | 1713.6 | 30 | | | 425.01 | 5426.4 | percent of total billed charges | |
| BKR CHG PMS2 GENE ANAL; FULL SEQ(MSO) | 81317 | CPT | | | | outpatient | | | 5712 | 777.98 | Wellcare | Medicare | 676.5 | | | | 425.01 | 5426.4 | fee schedule | |
| BKR CHG PMS2 GENE ANAL; FULL SEQ(MSO) | 81317 | CPT | | | | outpatient | | | 5712 | 777.98 | Horizon | Indemnity | 2186.55 | 38.28 | | | 425.01 | 5426.4 | percent of total billed charges | |
| BKR CHG PMS2 GENE ANAL; FULL SEQ(MSO) | 81317 | CPT | | | | outpatient | | | 5712 | 777.98 | Amerihealth | HMO/PPO | 425.01 | | | | 425.01 | 5426.4 | fee schedule | |
| BKR CHG PMS2 GENE ANAL; FULL SEQ(MSO) | 81317 | CPT | | | | outpatient | | | 5712 | 777.98 | Consumer | Consumer | 5426.4 | 95 | | | 425.01 | 5426.4 | percent of total billed charges | |
| BKR CHG PMS2 GENE ANAL; FULL SEQ(MSO) | 81317 | CPT | | | | outpatient | | | 5712 | 777.98 | Corrections | Corrections | 4569.6 | 80 | | | 425.01 | 5426.4 | percent of total billed charges | |
| BKR CHG PMS2 GENE ANAL; FULL SEQ(MSO) | 81317 | CPT | | | | outpatient | | | 5712 | 777.98 | UHC | Medicaid | 541.2 | | | | 425.01 | 5426.4 | fee schedule | |
| BKR CHG PMS2 GENE ANAL; FULL SEQ(MSO) | 81317 | CPT | | | | outpatient | | | 5712 | 777.98 | Multiplan | Multiplan | 4569.6 | 80 | | | 425.01 | 5426.4 | percent of total billed charges | |
| BKR CHG PMS2 GENE ANAL; FULL SEQ(MSO) | 81317 | CPT | | | | outpatient | | | 5712 | 777.98 | First Trenton | First Trenton | 5140.8 | 90 | | | 425.01 | 5426.4 | percent of total billed charges | |
| BKR CHG PMS2 GENE ANAL; FULL SEQ(MSO) | 81317 | CPT | | | | outpatient | | | 5712 | 777.98 | WellPoint | WellPoint | 1838.12 | 32.18 | | | 425.01 | 5426.4 | percent of total billed charges | |
| BKR CHG PMS2 GENE ANAL; FULL SEQ(MSO) | 81317 | CPT | | | | outpatient | | | 5712 | 777.98 | Horizon | PPO | 2186.55 | 38.28 | | | 425.01 | 5426.4 | percent of total billed charges | |
| BKR CHG PMS2 GENE ANAL; FULL SEQ(MSO) | 81317 | CPT | | | | outpatient | | | 5712 | 777.98 | Qualcare | Qualcare | 4284 | 75 | | | 425.01 | 5426.4 | percent of total billed charges | |
| BKR CHG PMS2 GENE ANAL; FULL SEQ(MSO) | 81317 | CPT | | | | outpatient | | | 5712 | 777.98 | Managed Care Inc | Managed Care Inc | 5140.8 | 90 | | | 425.01 | 5426.4 | percent of total billed charges | |
| BKR CHG PMS2 GENE ANAL; FULL SEQ(MSO) | 81317 | CPT | | | | outpatient | | | 5712 | 777.98 | UHC | Medicare | 676.5 | | | | 425.01 | 5426.4 | fee schedule | |
| BKR CHG PMS2 GENE ANAL; FULL SEQ(MSO) | 81317 | CPT | | | | outpatient | | | 5712 | 777.98 | Three Rivers | Three Rivers | 5426.4 | 95 | | | 425.01 | 5426.4 | percent of total billed charges | |
| BKR CHG PMS GENE DUP/DELETE VARIANT | 81319 | CPT | | | | outpatient | | | 668 | 234.03 | Aetna | Better Health | 210.75 | 31.55 | | | 120.58 | 634.6 | percent of total billed charges | |
| BKR CHG PMS GENE DUP/DELETE VARIANT | 81319 | CPT | | | | outpatient | | | 668 | 234.03 | Horizon | MGD | 255.71 | 38.28 | | | 120.58 | 634.6 | percent of total billed charges | |
| BKR CHG PMS GENE DUP/DELETE VARIANT | 81319 | CPT | | | | outpatient | | | 668 | 234.03 | First Trenton | First Trenton | 601.2 | 90 | | | 120.58 | 634.6 | percent of total billed charges | |
| BKR CHG PMS GENE DUP/DELETE VARIANT | 81319 | CPT | | | | outpatient | | | 668 | 234.03 | Consumer | Consumer | 634.6 | 95 | | | 120.58 | 634.6 | percent of total billed charges | |
| BKR CHG PMS GENE DUP/DELETE VARIANT | 81319 | CPT | | | | outpatient | | | 668 | 234.03 | Multiplan | Multiplan | 534.4 | 80 | | | 120.58 | 634.6 | percent of total billed charges | |
| BKR CHG PMS GENE DUP/DELETE VARIANT | 81319 | CPT | | | | outpatient | | | 668 | 234.03 | Aetna | Commercial | 253.84 | 38 | | | 120.58 | 634.6 | percent of total billed charges | |
| BKR CHG PMS GENE DUP/DELETE VARIANT | 81319 | CPT | | | | outpatient | | | 668 | 234.03 | Aetna | Medicare | 205.74 | 30.8 | | | 120.58 | 634.6 | percent of total billed charges | |
| BKR CHG PMS GENE DUP/DELETE VARIANT | 81319 | CPT | | | | outpatient | | | 668 | 234.03 | Americare | Americare | 501 | 75 | | | 120.58 | 634.6 | percent of total billed charges | |
| BKR CHG PMS GENE DUP/DELETE VARIANT | 81319 | CPT | | | | outpatient | | | 668 | 234.03 | Horizon | Medicare Blue | 200.4 | 30 | | | 120.58 | 634.6 | percent of total billed charges | |
| BKR CHG PMS GENE DUP/DELETE VARIANT | 81319 | CPT | | | | outpatient | | | 668 | 234.03 | UHC | Medicaid | 162.8 | | | | 120.58 | 634.6 | fee schedule | |
| BKR CHG PMS GENE DUP/DELETE VARIANT | 81319 | CPT | | | | outpatient | | | 668 | 234.03 | Horizon | PPO | 255.71 | 38.28 | | | 120.58 | 634.6 | percent of total billed charges | |
| BKR CHG PMS GENE DUP/DELETE VARIANT | 81319 | CPT | | | | outpatient | | | 668 | 234.03 | Corrections | Corrections | 534.4 | 80 | | | 120.58 | 634.6 | percent of total billed charges | |
| BKR CHG PMS GENE DUP/DELETE VARIANT | 81319 | CPT | | | | outpatient | | | 668 | 234.03 | Qualcare | Qualcare | 501 | 75 | | | 120.58 | 634.6 | percent of total billed charges | |
| BKR CHG PMS GENE DUP/DELETE VARIANT | 81319 | CPT | | | | outpatient | | | 668 | 234.03 | Wellcare | Medicare | 203.5 | | | | 120.58 | 634.6 | fee schedule | |
| BKR CHG PMS GENE DUP/DELETE VARIANT | 81319 | CPT | | | | outpatient | | | 668 | 234.03 | Amerihealth | HMO/PPO | 120.58 | | | | 120.58 | 634.6 | fee schedule | |
| BKR CHG PMS GENE DUP/DELETE VARIANT | 81319 | CPT | | | | outpatient | | | 668 | 234.03 | Three Rivers | Three Rivers | 634.6 | 95 | | | 120.58 | 634.6 | percent of total billed charges | |
| BKR CHG PMS GENE DUP/DELETE VARIANT | 81319 | CPT | | | | outpatient | | | 668 | 234.03 | Managed Care Inc | Managed Care Inc | 601.2 | 90 | | | 120.58 | 634.6 | percent of total billed charges | |
| BKR CHG PMS GENE DUP/DELETE VARIANT | 81319 | CPT | | | | outpatient | | | 668 | 234.03 | Horizon | Indemnity | 255.71 | 38.28 | | | 120.58 | 634.6 | percent of total billed charges | |
| BKR CHG PMS GENE DUP/DELETE VARIANT | 81319 | CPT | | | | outpatient | | | 668 | 234.03 | WellPoint | WellPoint | 214.96 | 32.18 | | | 120.58 | 634.6 | percent of total billed charges | |
| BKR CHG PMS GENE DUP/DELETE VARIANT | 81319 | CPT | | | | outpatient | | | 668 | 234.03 | Wellcare | Medicaid | 162.8 | | | | 120.58 | 634.6 | fee schedule | |
| BKR CHG PMS GENE DUP/DELETE VARIANT | 81319 | CPT | | | | outpatient | | | 668 | 234.03 | UHC | Medicare | 203.5 | | | | 120.58 | 634.6 | fee schedule | |
| BKR CHG PMS GENE DUP/DELETE VARIANT | 81319 | CPT | | | | outpatient | | | 668 | 234.03 | Amerihealth | Medicare | 203.5 | | | | 120.58 | 634.6 | fee schedule | |
| BKR CHG PMS GENE DUP/DELETE VARIANT | 81319 | CPT | | | | outpatient | | | 668 | 234.03 | First Health | First Health | 467.6 | 70 | | | 120.58 | 634.6 | percent of total billed charges | |
| BKR CHG PTEN SYMDROME.GENE.ANALYSIS | 81321 | CPT | | | | outpatient | | | 1338 | 690 | Aetna | Better Health | 422.14 | 31.55 | | | 326.77 | 1271.1 | percent of total billed charges | |
| BKR CHG PTEN SYMDROME.GENE.ANALYSIS | 81321 | CPT | | | | outpatient | | | 1338 | 690 | Horizon | Indemnity | 512.19 | 38.28 | | | 326.77 | 1271.1 | percent of total billed charges | |
| BKR CHG PTEN SYMDROME.GENE.ANALYSIS | 81321 | CPT | | | | outpatient | | | 1338 | 690 | Corrections | Corrections | 1070.4 | 80 | | | 326.77 | 1271.1 | percent of total billed charges | |
| BKR CHG PTEN SYMDROME.GENE.ANALYSIS | 81321 | CPT | | | | outpatient | | | 1338 | 690 | Aetna | Medicare | 412.1 | 30.8 | | | 326.77 | 1271.1 | percent of total billed charges | |
| BKR CHG PTEN SYMDROME.GENE.ANALYSIS | 81321 | CPT | | | | outpatient | | | 1338 | 690 | First Health | First Health | 936.6 | 70 | | | 326.77 | 1271.1 | percent of total billed charges | |
| BKR CHG PTEN SYMDROME.GENE.ANALYSIS | 81321 | CPT | | | | outpatient | | | 1338 | 690 | Americare | Americare | 1003.5 | 75 | | | 326.77 | 1271.1 | percent of total billed charges | |
| BKR CHG PTEN SYMDROME.GENE.ANALYSIS | 81321 | CPT | | | | outpatient | | | 1338 | 690 | UHC | Medicaid | 480 | | | | 326.77 | 1271.1 | fee schedule | |
| BKR CHG PTEN SYMDROME.GENE.ANALYSIS | 81321 | CPT | | | | outpatient | | | 1338 | 690 | First Trenton | First Trenton | 1204.2 | 90 | | | 326.77 | 1271.1 | percent of total billed charges | |
| BKR CHG PTEN SYMDROME.GENE.ANALYSIS | 81321 | CPT | | | | outpatient | | | 1338 | 690 | Consumer | Consumer | 1271.1 | 95 | | | 326.77 | 1271.1 | percent of total billed charges | |
| BKR CHG PTEN SYMDROME.GENE.ANALYSIS | 81321 | CPT | | | | outpatient | | | 1338 | 690 | Amerihealth | HMO/PPO | 326.77 | | | | 326.77 | 1271.1 | fee schedule | |
| BKR CHG PTEN SYMDROME.GENE.ANALYSIS | 81321 | CPT | | | | outpatient | | | 1338 | 690 | Wellcare | Medicaid | 480 | | | | 326.77 | 1271.1 | fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG PTEN SYMDROME GENE ANALYSIS | 81321 | CPT | | | | outpatient | | | 1338 | | 690 Amerihealth | Medicare | 600 | | | | 326.77 | | 1271.1 fee schedule | |
| BKR CHG PTEN SYMDROME GENE ANALYSIS | 81321 | CPT | | | | outpatient | | | 1338 | | 690 Multiplan | Multiplan | 1070.4 | 80 | | | 326.77 | | 1271.1 percent of total billed charges | |
| BKR CHG PTEN SYMDROME GENE ANALYSIS | 81321 | CPT | | | | outpatient | | | 1338 | | 690 Managed Care Inc | Managed Care Inc | 1204.2 | 90 | | | 326.77 | | 1271.1 percent of total billed charges | |
| BKR CHG PTEN SYMDROME GENE ANALYSIS | 81321 | CPT | | | | outpatient | | | 1338 | | 690 Horizon | Medicare Blue | 401.4 | 30 | | | 326.77 | | 1271.1 percent of total billed charges | |
| BKR CHG PTEN SYMDROME GENE ANALYSIS | 81321 | CPT | | | | outpatient | | | 1338 | | 690 Horizon | MGD | 512.19 | 38.28 | | | 326.77 | | 1271.1 percent of total billed charges | |
| BKR CHG PTEN SYMDROME GENE ANALYSIS | 81321 | CPT | | | | outpatient | | | 1338 | | 690 Qualcare | Qualcare | 1003.5 | 75 | | | 326.77 | | 1271.1 percent of total billed charges | |
| BKR CHG PTEN SYMDROME GENE ANALYSIS | 81321 | CPT | | | | outpatient | | | 1338 | | 690 Wellcare | Medicare | 600 | | | | 326.77 | | 1271.1 fee schedule | |
| BKR CHG PTEN SYMDROME GENE ANALYSIS | 81321 | CPT | | | | outpatient | | | 1338 | | 690 Horizon | NJ Health | 470.95 | | | | 326.77 | | 1271.1 fee schedule | |
| BKR CHG PTEN SYMDROME GENE ANALYSIS | 81321 | CPT | | | | outpatient | | | 1338 | | 690 UHC | Medicare | 600 | | | | 326.77 | | 1271.1 fee schedule | |
| BKR CHG PTEN SYMDROME GENE ANALYSIS | 81321 | CPT | | | | outpatient | | | 1338 | | 690 Horizon | PPO | 512.19 | 38.28 | | | 326.77 | | 1271.1 percent of total billed charges | |
| BKR CHG PTEN SYMDROME GENE ANALYSIS | 81321 | CPT | | | | outpatient | | | 1338 | | 690 WellPoint | WellPoint | 430.57 | 32.18 | | | 326.77 | | 1271.1 percent of total billed charges | |
| BKR CHG PTEN SYMDROME GENE ANALYSIS | 81321 | CPT | | | | outpatient | | | 1338 | | 690 Three Rivers | Three Rivers | 1271.1 | 95 | | | 326.77 | | 1271.1 percent of total billed charges | |
| BKR CHG PTEN DUPLICATION GENE ANALYSIS | 81323 | CPT | | | | outpatient | | | 670 | | 345 Aetna | Better Health | 211.39 | 31.55 | | | 47.65 | | 636.5 percent of total billed charges | |
| BKR CHG PTEN DUPLICATION GENE ANALYSIS | 81323 | CPT | | | | outpatient | | | 670 | | 345 Horizon | Indemnity | 256.48 | 38.28 | | | 47.65 | | 636.5 percent of total billed charges | |
| BKR CHG PTEN DUPLICATION GENE ANALYSIS | 81323 | CPT | | | | outpatient | | | 670 | | 345 First Trenton | First Trenton | 603 | 90 | | | 47.65 | | 636.5 percent of total billed charges | |
| BKR CHG PTEN DUPLICATION GENE ANALYSIS | 81323 | CPT | | | | outpatient | | | 670 | | 345 UHC | Medicaid | 240 | | | | 47.65 | | 636.5 fee schedule | |
| BKR CHG PTEN DUPLICATION GENE ANALYSIS | 81323 | CPT | | | | outpatient | | | 670 | | 345 First Health | First Health | 469 | 70 | | | 47.65 | | 636.5 percent of total billed charges | |
| BKR CHG PTEN DUPLICATION GENE ANALYSIS | 81323 | CPT | | | | outpatient | | | 670 | | 345 Americare | Americare | 502.5 | 75 | | | 47.65 | | 636.5 percent of total billed charges | |
| BKR CHG PTEN DUPLICATION GENE ANALYSIS | 81323 | CPT | | | | outpatient | | | 670 | | 345 Aetna | Medicare | 206.36 | 30.8 | | | 47.65 | | 636.5 percent of total billed charges | |
| BKR CHG PTEN DUPLICATION GENE ANALYSIS | 81323 | CPT | | | | outpatient | | | 670 | | 345 Wellcare | Medicaid | 240 | | | | 47.65 | | 636.5 fee schedule | |
| BKR CHG PTEN DUPLICATION GENE ANALYSIS | 81323 | CPT | | | | outpatient | | | 670 | | 345 Corrections | Corrections | 536 | 80 | | | 47.65 | | 636.5 percent of total billed charges | |
| BKR CHG PTEN DUPLICATION GENE ANALYSIS | 81323 | CPT | | | | outpatient | | | 670 | | 345 Consumer | Consumer | 636.5 | 95 | | | 47.65 | | 636.5 percent of total billed charges | |
| BKR CHG PTEN DUPLICATION GENE ANALYSIS | 81323 | CPT | | | | outpatient | | | 670 | | 345 Horizon | PPO | 256.48 | 38.28 | | | 47.65 | | 636.5 percent of total billed charges | |
| BKR CHG PTEN DUPLICATION GENE ANALYSIS | 81323 | CPT | | | | outpatient | | | 670 | | 345 Horizon | NJ Health | 68.68 | | | | 47.65 | | 636.5 fee schedule | |
| BKR CHG PTEN DUPLICATION GENE ANALYSIS | 81323 | CPT | | | | outpatient | | | 670 | | 345 Multiplan | Multiplan | 536 | 80 | | | 47.65 | | 636.5 percent of total billed charges | |
| BKR CHG PTEN DUPLICATION GENE ANALYSIS | 81323 | CPT | | | | outpatient | | | 670 | | 345 Amerihealth | HMO/PPO | 47.65 | | | | 47.65 | | 636.5 fee schedule | |
| BKR CHG PTEN DUPLICATION GENE ANALYSIS | 81323 | CPT | | | | outpatient | | | 670 | | 345 Horizon | Medicare Blue | 201 | 30 | | | 47.65 | | 636.5 percent of total billed charges | |
| BKR CHG PTEN DUPLICATION GENE ANALYSIS | 81323 | CPT | | | | outpatient | | | 670 | | 345 Managed Care Inc | Managed Care Inc | 603 | 90 | | | 47.65 | | 636.5 percent of total billed charges | |
| BKR CHG PTEN DUPLICATION GENE ANALYSIS | 81323 | CPT | | | | outpatient | | | 670 | | 345 Qualcare | Qualcare | 502.5 | 75 | | | 47.65 | | 636.5 percent of total billed charges | |
| BKR CHG PTEN DUPLICATION GENE ANALYSIS | 81323 | CPT | | | | outpatient | | | 670 | | 345 Amerihealth | Medicare | 300 | | | | 47.65 | | 636.5 fee schedule | |
| BKR CHG PTEN DUPLICATION GENE ANALYSIS | 81323 | CPT | | | | outpatient | | | 670 | | 345 Wellcare | Medicare | 300 | | | | 47.65 | | 636.5 fee schedule | |
| BKR CHG PTEN DUPLICATION GENE ANALYSIS | 81323 | CPT | | | | outpatient | | | 670 | | 345 Three Rivers | Three Rivers | 636.5 | 95 | | | 47.65 | | 636.5 percent of total billed charges | |
| BKR CHG PTEN DUPLICATION GENE ANALYSIS | 81323 | CPT | | | | outpatient | | | 670 | | 345 UHC | Medicare | 300 | | | | 47.65 | | 636.5 fee schedule | |
| BKR CHG PTEN DUPLICATION GENE ANALYSIS | 81323 | CPT | | | | outpatient | | | 670 | | 345 Horizon | MGD | 256.48 | 38.28 | | | 47.65 | | 636.5 percent of total billed charges | |
| BKR CHG PTEN DUPLICATION GENE ANALYSIS | 81323 | CPT | | | | outpatient | | | 670 | | 345 WellPoint | WellPoint | 215.61 | 32.18 | | | 47.65 | | 636.5 percent of total billed charges | |
| BKR CHG PMP22 FULL SEQUENCE ANALYSIS | 81325 | CPT | | | | outpatient | | | 1486 | | 885.02 Americare | Americare | 1114.5 | 75 | | | 445.8 | | 1411.7 percent of total billed charges | |
| BKR CHG PMP22 FULL SEQUENCE ANALYSIS | 81325 | CPT | | | | outpatient | | | 1486 | | 885.02 First Health | First Health | 1040.2 | 70 | | | 445.8 | | 1411.7 percent of total billed charges | |
| BKR CHG PMP22 FULL SEQUENCE ANALYSIS | 81325 | CPT | | | | outpatient | | | 1486 | | 885.02 Wellcare | Medicare | 769.58 | | | | 445.8 | | 1411.7 fee schedule | |
| BKR CHG PMP22 FULL SEQUENCE ANALYSIS | 81325 | CPT | | | | outpatient | | | 1486 | | 885.02 Corrections | Corrections | 1188.8 | 80 | | | 445.8 | | 1411.7 percent of total billed charges | |
| BKR CHG PMP22 FULL SEQUENCE ANALYSIS | 81325 | CPT | | | | outpatient | | | 1486 | | 885.02 Amerihealth | Medicare | 769.58 | | | | 445.8 | | 1411.7 fee schedule | |
| BKR CHG PMP22 FULL SEQUENCE ANALYSIS | 81325 | CPT | | | | outpatient | | | 1486 | | 885.02 Aetna | Better Health | 468.83 | 31.55 | | | 445.8 | | 1411.7 percent of total billed charges | |
| BKR CHG PMP22 FULL SEQUENCE ANALYSIS | 81325 | CPT | | | | outpatient | | | 1486 | | 885.02 Horizon | Medicare Blue | 445.8 | 30 | | | 445.8 | | 1411.7 percent of total billed charges | |
| BKR CHG PMP22 FULL SEQUENCE ANALYSIS | 81325 | CPT | | | | outpatient | | | 1486 | | 885.02 Aetna | Medicare | 457.69 | 30.8 | | | 445.8 | | 1411.7 percent of total billed charges | |
| BKR CHG PMP22 FULL SEQUENCE ANALYSIS | 81325 | CPT | | | | outpatient | | | 1486 | | 885.02 Wellcare | Medicaid | 615.66 | | | | 445.8 | | 1411.7 fee schedule | |
| BKR CHG PMP22 FULL SEQUENCE ANALYSIS | 81325 | CPT | | | | outpatient | | | 1486 | | 885.02 UHC | Medicaid | 615.66 | | | | 445.8 | | 1411.7 fee schedule | |
| BKR CHG PMP22 FULL SEQUENCE ANALYSIS | 81325 | CPT | | | | outpatient | | | 1486 | | 885.02 UHC | Medicare | 769.58 | | | | 445.8 | | 1411.7 fee schedule | |
| BKR CHG PMP22 FULL SEQUENCE ANALYSIS | 81325 | CPT | | | | outpatient | | | 1486 | | 885.02 WellPoint | WellPoint | 478.19 | 32.18 | | | 445.8 | | 1411.7 percent of total billed charges | |
| BKR CHG PMP22 FULL SEQUENCE ANALYSIS | 81325 | CPT | | | | outpatient | | | 1486 | | 885.02 Amerihealth | HMO/PPO | 965.9 | 65 | | | 445.8 | | 1411.7 percent of total billed charges | |
| BKR CHG PMP22 FULL SEQUENCE ANALYSIS | 81325 | CPT | | | | outpatient | | | 1486 | | 885.02 Consumer | Consumer | 1411.7 | 95 | | | 445.8 | | 1411.7 percent of total billed charges | |
| BKR CHG PMP22 FULL SEQUENCE ANALYSIS | 81325 | CPT | | | | outpatient | | | 1486 | | 885.02 Horizon | Indemnity | 568.84 | 38.28 | | | 445.8 | | 1411.7 percent of total billed charges | |
| BKR CHG PMP22 FULL SEQUENCE ANALYSIS | 81325 | CPT | | | | outpatient | | | 1486 | | 885.02 First Trenton | First Trenton | 1337.4 | 90 | | | 445.8 | | 1411.7 percent of total billed charges | |
| BKR CHG PMP22 FULL SEQUENCE ANALYSIS | 81325 | CPT | | | | outpatient | | | 1486 | | 885.02 Multiplan | Multiplan | 1188.8 | 80 | | | 445.8 | | 1411.7 percent of total billed charges | |
| BKR CHG PMP22 FULL SEQUENCE ANALYSIS | 81325 | CPT | | | | outpatient | | | 1486 | | 885.02 Horizon | MGD | 568.84 | 38.28 | | | 445.8 | | 1411.7 percent of total billed charges | |
| BKR CHG PMP22 FULL SEQUENCE ANALYSIS | 81325 | CPT | | | | outpatient | | | 1486 | | 885.02 Qualcare | Qualcare | 1114.5 | 75 | | | 445.8 | | 1411.7 percent of total billed charges | |
| BKR CHG PMP22 FULL SEQUENCE ANALYSIS | 81325 | CPT | | | | outpatient | | | 1486 | | 885.02 Horizon | PPO | 568.84 | 38.28 | | | 445.8 | | 1411.7 percent of total billed charges | |
| BKR CHG PMP22 FULL SEQUENCE ANALYSIS | 81325 | CPT | | | | outpatient | | | 1486 | | 885.02 Managed Care Inc | Managed Care Inc | 1337.4 | 90 | | | 445.8 | | 1411.7 percent of total billed charges | |
| BKR CHG PMP22 FULL SEQUENCE ANALYSIS | 81325 | CPT | | | | outpatient | | | 1486 | | 885.02 Three Rivers | Three Rivers | 1411.7 | 95 | | | 445.8 | | 1411.7 percent of total billed charges | |
| BKR CHG SPINAL MUSCULAR ATROPHY(SMN1) | 81329 | CPT | | | | outpatient | | | 1878 | | 157.55 Horizon | MGD | 718.9 | 38.28 | | | 107.41 | | 1784.1 percent of total billed charges | |
| BKR CHG SPINAL MUSCULAR ATROPHY(SMN1) | 81329 | CPT | | | | outpatient | | | 1878 | | 157.55 Consumer | Consumer | 1784.1 | 95 | | | 107.41 | | 1784.1 percent of total billed charges | |
| BKR CHG SPINAL MUSCULAR ATROPHY(SMN1) | 81329 | CPT | | | | outpatient | | | 1878 | | 157.55 Americare | Americare | 1408.5 | 75 | | | 107.41 | | 1784.1 percent of total billed charges | |
| BKR CHG SPINAL MUSCULAR ATROPHY(SMN1) | 81329 | CPT | | | | outpatient | | | 1878 | | 157.55 Corrections | Corrections | 1502.4 | 80 | | | 107.41 | | 1784.1 percent of total billed charges | |
| BKR CHG SPINAL MUSCULAR ATROPHY(SMN1) | 81329 | CPT | | | | outpatient | | | 1878 | | 157.55 Amerihealth | Medicare | 137 | | | | 107.41 | | 1784.1 fee schedule | |
| BKR CHG SPINAL MUSCULAR ATROPHY(SMN1) | 81329 | CPT | | | | outpatient | | | 1878 | | 157.55 Aetna | Better Health | 592.51 | 31.55 | | | 107.41 | | 1784.1 percent of total billed charges | |
| BKR CHG SPINAL MUSCULAR ATROPHY(SMN1) | 81329 | CPT | | | | outpatient | | | 1878 | | 157.55 Wellcare | Medicare | 137 | | | | 107.41 | | 1784.1 fee schedule | |
| BKR CHG SPINAL MUSCULAR ATROPHY(SMN1) | 81329 | CPT | | | | outpatient | | | 1878 | | 157.55 Aetna | Medicare | 578.42 | 30.8 | | | 107.41 | | 1784.1 percent of total billed charges | |
| BKR CHG SPINAL MUSCULAR ATROPHY(SMN1) | 81329 | CPT | | | | outpatient | | | 1878 | | 157.55 UHC | Medicare | 137 | | | | 107.41 | | 1784.1 fee schedule | |
| BKR CHG SPINAL MUSCULAR ATROPHY(SMN1) | 81329 | CPT | | | | outpatient | | | 1878 | | 157.55 First Health | First Health | 1314.6 | 70 | | | 107.41 | | 1784.1 percent of total billed charges | |
| BKR CHG SPINAL MUSCULAR ATROPHY(SMN1) | 81329 | CPT | | | | outpatient | | | 1878 | | 157.55 WellPoint | WellPoint | 604.34 | 32.18 | | | 107.41 | | 1784.1 percent of total billed charges | |
| BKR CHG SPINAL MUSCULAR ATROPHY(SMN1) | 81329 | CPT | | | | outpatient | | | 1878 | | 157.55 Amerihealth | HMO/PPO | 1220.7 | 65 | | | 107.41 | | 1784.1 percent of total billed charges | |
| BKR CHG SPINAL MUSCULAR ATROPHY(SMN1) | 81329 | CPT | | | | outpatient | | | 1878 | | 157.55 First Trenton | First Trenton | 1690.2 | 90 | | | 107.41 | | 1784.1 percent of total billed charges | |
| BKR CHG SPINAL MUSCULAR ATROPHY(SMN1) | 81329 | CPT | | | | outpatient | | | 1878 | | 157.55 Horizon | Indemnity | 718.9 | 38.28 | | | 107.41 | | 1784.1 percent of total billed charges | |
| BKR CHG SPINAL MUSCULAR ATROPHY(SMN1) | 81329 | CPT | | | | outpatient | | | 1878 | | 157.55 Horizon | NJ Health | 107.41 | | | | 107.41 | | 1784.1 fee schedule | |
| BKR CHG SPINAL MUSCULAR ATROPHY(SMN1) | 81329 | CPT | | | | outpatient | | | 1878 | | 157.55 Multiplan | Multiplan | 1502.4 | 80 | | | 107.41 | | 1784.1 percent of total billed charges | |
| BKR CHG SPINAL MUSCULAR ATROPHY(SMN1) | 81329 | CPT | | | | outpatient | | | 1878 | | 157.55 Horizon | PPO | 718.9 | 38.28 | | | 107.41 | | 1784.1 percent of total billed charges | |
| BKR CHG SPINAL MUSCULAR ATROPHY(SMN1) | 81329 | CPT | | | | outpatient | | | 1878 | | 157.55 Horizon | Medicare Blue | 563.4 | 30 | | | 107.41 | | 1784.1 percent of total billed charges | |
| BKR CHG SPINAL MUSCULAR ATROPHY(SMN1) | 81329 | CPT | | | | outpatient | | | 1878 | | 157.55 Managed Care Inc | Managed Care Inc | 1690.2 | 90 | | | 107.41 | | 1784.1 percent of total billed charges | |
| BKR CHG SPINAL MUSCULAR ATROPHY(SMN1) | 81329 | CPT | | | | outpatient | | | 1878 | | 157.55 Qualcare | Qualcare | 1408.5 | 75 | | | 107.41 | | 1784.1 percent of total billed charges | |
| BKR CHG SPINAL MUSCULAR ATROPHY(SMN1) | 81329 | CPT | | | | outpatient | | | 1878 | | 157.55 Three Rivers | Three Rivers | 1784.1 | 95 | | | 107.41 | | 1784.1 percent of total billed charges | |
| BKR CHG SPINAL MUSCULAR ATROPHY(SMN1) | 81329 | CPT | | | | outpatient | | | 1878 | | 157.55 UHC | Medicaid | 109.6 | | | | 107.41 | | 1784.1 fee schedule | |
| BKR CHG SPINAL MUSCULAR ATROPHY(SMN1) | 81329 | CPT | | | | outpatient | | | 1878 | | 157.55 Wellcare | Medicaid | 109.6 | | | | 107.41 | | 1784.1 fee schedule | |
| BKR CHG PRADER WILLI SYNDROME SYNDROME METHYLATION STUDIES | 81331 | CPT | | | | both | | | 691 | | 58.73 Aetna | Better Health | 218.01 | 31.55 | | | 40.86 | | 656.45 percent of total billed charges | |
| BKR CHG PRADER WILLI SYNDROME SYNDROME METHYLATION STUDIES | 81331 | CPT | | | | both | | | 691 | | 58.73 Horizon | Medicare Blue | 207.3 | 30 | | | 40.86 | | 656.45 percent of total billed charges | |
| BKR CHG PRADER WILLI SYNDROME SYNDROME METHYLATION STUDIES | 81331 | CPT | | | | both | | | 691 | | 58.73 Amerihealth | Medicare | 51.07 | | | | 40.86 | | 656.45 fee schedule | |
| BKR CHG PRADER WILLI SYNDROME SYNDROME METHYLATION STUDIES | 81331 | CPT | | | | both | | | 691 | | 58.73 Aetna | Medicare | 212.83 | 30.8 | | | 40.86 | | 656.45 percent of total billed charges | |
| BKR CHG PRADER WILLI SYNDROME SYNDROME METHYLATION STUDIES | 81331 | CPT | | | | both | | | 691 | | 58.73 Horizon | Indemnity | 264.51 | 38.28 | | | 40.86 | | 656.45 percent of total billed charges | |
| BKR CHG PRADER WILLI SYNDROME SYNDROME METHYLATION STUDIES | 81331 | CPT | | | | both | | | 691 | | 58.73 Aetna | Commercial | 262.58 | 38 | | | 40.86 | | 656.45 percent of total billed charges | |
| BKR CHG PRADER WILLI SYNDROME SYNDROME METHYLATION STUDIES | 81331 | CPT | | | | both | | | 691 | | 58.73 Americare | Americare | 518.25 | 75 | | | 40.86 | | 656.45 percent of total billed charges | |
| BKR CHG PRADER WILLI SYNDROME SYNDROME METHYLATION STUDIES | 81331 | CPT | | | | both | | | 691 | | 58.73 WellPoint | WellPoint | 222.36 | 32.18 | | | 40.86 | | 656.45 percent of total billed charges | |
| BKR CHG PRADER WILLI SYNDROME SYNDROME METHYLATION STUDIES | 81331 | CPT | | | | both | | | 691 | | 58.73 Consumer | Consumer | 656.45 | 95 | | | 40.86 | | 656.45 percent of total billed charges | |
| BKR CHG PRADER WILLI SYNDROME SYNDROME METHYLATION STUDIES | 81331 | CPT | | | | both | | | 691 | | 58.73 Amerihealth | HMO/PPO | 449.15 | 65 | | | 40.86 | | 656.45 percent of total billed charges | |
| BKR CHG PRADER WILLI SYNDROME SYNDROME METHYLATION STUDIES | 81331 | CPT | | | | both | | | 691 | | 58.73 First Trenton | First Trenton | 621.9 | 90 | | | 40.86 | | 656.45 percent of total billed charges | |
| BKR CHG PRADER WILLI SYNDROME SYNDROME METHYLATION STUDIES | 81331 | CPT | | | | both | | | 691 | | 58.73 First Health | First Health | 483.7 | 70 | | | 40.86 | | 656.45 percent of total billed charges | |
| BKR CHG PRADER WILLI SYNDROME SYNDROME METHYLATION STUDIES | 81331 | CPT | | | | both | | | 691 | | 58.73 Corrections | Corrections | 552.8 | 80 | | | 40.86 | | 656.45 percent of total billed charges | |
| BKR CHG PRADER WILLI SYNDROME SYNDROME METHYLATION STUDIES | 81331 | CPT | | | | both | | | 691 | | 58.73 Multiplan | Multiplan | 552.8 | 80 | | | 40.86 | | 656.45 percent of total billed charges | |
| BKR CHG PRADER WILLI SYNDROME SYNDROME METHYLATION STUDIES | 81331 | CPT | | | | both | | | 691 | | 58.73 Horizon | MGD | 264.51 | 38.28 | | | 40.86 | | 656.45 percent of total billed charges | |
| BKR CHG PRADER WILLI SYNDROME SYNDROME METHYLATION STUDIES | 81331 | CPT | | | | both | | | 691 | | 58.73 Qualcare | Qualcare | 518.25 | 75 | | | 40.86 | | 656.45 percent of total billed charges | |
| BKR CHG PRADER WILLI SYNDROME SYNDROME METHYLATION STUDIES | 81331 | CPT | | | | both | | | 691 | | 58.73 Wellcare | Medicaid | 40.86 | | | | 40.86 | | 656.45 fee schedule | |
| BKR CHG PRADER WILLI SYNDROME SYNDROME METHYLATION STUDIES | 81331 | CPT | | | | both | | | 691 | | 58.73 UHC | Medicaid | 40.86 | | | | 40.86 | | 656.45 fee schedule | |
| BKR CHG PRADER WILLI SYNDROME SYNDROME METHYLATION STUDIES | 81331 | CPT | | | | both | | | 691 | | 58.73 Horizon | PPO | 264.51 | 38.28 | | | 40.86 | | 656.45 percent of total billed charges | |
| BKR CHG PRADER WILLI SYNDROME SYNDROME METHYLATION STUDIES | 81331 | CPT | | | | both | | | 691 | | 58.73 UHC | Medicare | 51.07 | | | | 40.86 | | 656.45 fee schedule | |
| BKR CHG PRADER WILLI SYNDROME SYNDROME METHYLATION STUDIES | 81331 | CPT | | | | both | | | 691 | | 58.73 Managed Care Inc | Managed Care Inc | 621.9 | 90 | | | 40.86 | | 656.45 percent of total billed charges | |
| BKR CHG PRADER WILLI SYNDROME SYNDROME METHYLATION STUDIES | 81331 | CPT | | | | both | | | 691 | | 58.73 Wellcare | Medicare | 51.07 | | | | 40.86 | | 656.45 fee schedule | |
| BKR CHG PRADER WILLI SYNDROME SYNDROME METHYLATION STUDIES | 81331 | CPT | | | | both | | | 691 | | 58.73 Three Rivers | Three Rivers | 656.45 | 95 | | | 40.86 | | 656.45 percent of total billed charges | |
| BKR CHG SERPINA1 | 81332 | CPT | | | | outpatient | | | 628 | | 50.2 UHC | Medicaid | 34.92 | | | | 32.39 | | 596.6 fee schedule | |
| BKR CHG SERPINA1 | 81332 | CPT | | | | outpatient | | | 628 | | 50.2 Corrections | Corrections | 502.4 | 80 | | | 32.39 | | 596.6 percent of total billed charges | |
| BKR CHG SERPINA1 | 81332 | CPT | | | | outpatient | | | 628 | | 50.2 Wellcare | Medicaid | 34.92 | | | | 32.39 | | 596.6 fee schedule | |
| BKR CHG SERPINA1 | 81332 | CPT | | | | outpatient | | | 628 | | 50.2 First Health | First Health | 439.6 | 70 | | | 32.39 | | 596.6 percent of total billed charges | |
| BKR CHG SERPINA1 | 81332 | CPT | | | | outpatient | | | 628 | | 50.2 Americare | Americare | 471 | 75 | | | 32.39 | | 596.6 percent of total billed charges | |
| BKR CHG SERPINA1 | 81332 | CPT | | | | outpatient | | | 628 | | 50.2 Aetna | Better Health | 198.13 | 31.55 | | | 32.39 | | 596.6 percent of total billed charges | |
| BKR CHG SERPINA1 | 81332 | CPT | | | | outpatient | | | 628 | | 50.2 Consumer | Consumer | 596.6 | 95 | | | 32.39 | | 596.6 percent of total billed charges | |
| BKR CHG SERPINA1 | 81332 | CPT | | | | outpatient | | | 628 | | 50.2 Aetna | Medicare | 193.42 | 30.8 | | | 32.39 | | 596.6 percent of total billed charges | |
| BKR CHG SERPINA1 | 81332 | CPT | | | | outpatient | | | 628 | | 50.2 First Trenton | First Trenton | 565.2 | 90 | | | 32.39 | | 596.6 percent of total billed charges | |
| BKR CHG SERPINA1 | 81332 | CPT | | | | outpatient | | | 628 | | 50.2 WellPoint | WellPoint | 202.09 | 32.18 | | | 32.39 | | 596.6 percent of total billed charges | |
| BKR CHG SERPINA1 | 81332 | CPT | | | | outpatient | | | 628 | | 50.2 Horizon | PPO | 240.4 | 38.28 | | | 32.39 | | 596.6 percent of total billed charges | |
| BKR CHG SERPINA1 | 81332 | CPT | | | | outpatient | | | 628 | | 50.2 Wellcare | Medicare | 43.65 | | | | 32.39 | | 596.6 fee schedule | |
| BKR CHG SERPINA1 | 81332 | CPT | | | | outpatient | | | 628 | | 50.2 Managed Care Inc | Managed Care Inc | 565.2 | 90 | | | 32.39 | | 596.6 percent of total billed charges | |
| BKR CHG SERPINA1 | 81332 | CPT | | | | outpatient | | | 628 | | 50.2 Aetna | Commercial | 238.64 | 38 | | | 32.39 | | 596.6 percent of total billed charges | |
| BKR CHG SERPINA1 | 81332 | CPT | | | | outpatient | | | 628 | | 50.2 Three Rivers | Three Rivers | 596.6 | 95 | | | 32.39 | | 596.6 percent of total billed charges | |
| BKR CHG SERPINA1 | 81332 | CPT | | | | outpatient | | | 628 | | 50.2 Amerihealth | HMO/PPO | 32.39 | | | | 32.39 | | 596.6 fee schedule | |
| BKR CHG SERPINA1 | 81332 | CPT | | | | outpatient | | | 628 | | 50.2 Horizon | Indemnity | 240.4 | 38.28 | | | 32.39 | | 596.6 percent of total billed charges | |
| BKR CHG SERPINA1 | 81332 | CPT | | | | outpatient | | | 628 | | 50.2 Amerihealth | Medicare | 43.65 | | | | 32.39 | | 596.6 fee schedule | |
| BKR CHG SERPINA1 | 81332 | CPT | | | | outpatient | | | 628 | | 50.2 Horizon | Medicare Blue | 188.4 | 30 | | | 32.39 | | 596.6 percent of total billed charges | |
| BKR CHG SERPINA1 | 81332 | CPT | | | | outpatient | | | 628 | | 50.2 Horizon | MGD | 240.4 | 38.28 | | | 32.39 | | 596.6 percent of total billed charges | |
| BKR CHG SERPINA1 | 81332 | CPT | | | | outpatient | | | 628 | | 50.2 Multiplan | Multiplan | 502.4 | 80 | | | 32.39 | | 596.6 percent of total billed charges | |
| BKR CHG SERPINA1 | 81332 | CPT | | | | outpatient | | | 628 | | 50.2 Qualcare | Qualcare | 471 | 75 | | | 32.39 | | 596.6 percent of total billed charges | |
| BKR CHG SERPINA1 | 81332 | CPT | | | | outpatient | | | 628 | | 50.2 UHC | Medicare | 43.65 | | | | 32.39 | | 596.6 fee schedule | |
| BKR CHG TPMT GENETIC TEST - GENOTYPE | 81335 | CPT | | | | both | | | 864 | | 201.03 Consumer | Consumer | 820.8 | 95 | | | 137.04 | | 820.8 percent of total billed charges | |
| BKR CHG TPMT GENETIC TEST - GENOTYPE | 81335 | CPT | | | | both | | | 864 | | 201.03 First Trenton | First Trenton | 777.6 | 90 | | | 137.04 | | 820.8 percent of total billed charges | |
| BKR CHG TPMT GENETIC TEST - GENOTYPE | 81335 | CPT | | | | both | | | 864 | | 201.03 Amerihealth | Medicare | 174.81 | | | | 137.04 | | 820.8 fee schedule | |
| BKR CHG TPMT GENETIC TEST - GENOTYPE | 81335 | CPT | | | | both | | | 864 | | 201.03 Americare | Americare | 648 | 75 | | | 137.04 | | 820.8 percent of total billed charges | |
| BKR CHG TPMT GENETIC TEST - GENOTYPE | 81335 | CPT | | | | both | | | 864 | | 201.03 First Health | First Health | 604.8 | 70 | | | 137.04 | | 820.8 percent of total billed charges | |
| BKR CHG TPMT GENETIC TEST - GENOTYPE | 81335 | CPT | | | | both | | | 864 | | 201.03 Amerihealth | HMO/PPO | 561.6 | 65 | | | 137.04 | | 820.8 percent of total billed charges | |
| BKR CHG TPMT GENETIC TEST - GENOTYPE | 81335 | CPT | | | | both | | | 864 | | 201.03 Aetna | Better Health | 272.59 | 31.55 | | | 137.04 | | 820.8 percent of total billed charges | |
| BKR CHG TPMT GENETIC TEST - GENOTYPE | 81335 | CPT | | | | both | | | 864 | | 201.03 Aetna | Medicare | 266.11 | 30.8 | | | 137.04 | | 820.8 percent of total billed charges | |
| BKR CHG TPMT GENETIC TEST - GENOTYPE | 81335 | CPT | | | | both | | | 864 | | 201.03 Horizon | NJ Health | 137.04 | | | | 137.04 | | 820.8 fee schedule | |
| BKR CHG TPMT GENETIC TEST - GENOTYPE | 81335 | CPT | | | | both | | | 864 | | 201.03 Horizon | PPO | 330.74 | 38.28 | | | 137.04 | | 820.8 percent of total billed charges | |
| BKR CHG TPMT GENETIC TEST - GENOTYPE | 81335 | CPT | | | | both | | | 864 | | 201.03 Corrections | Corrections | 691.2 | 80 | | | 137.04 | | 820.8 percent of total billed charges | |
| BKR CHG TPMT GENETIC TEST - GENOTYPE | 81335 | CPT | | | | both | | | 864 | | 201.03 UHC | Medicaid | 139.85 | | | | 137.04 | | 820.8 fee schedule | |
| BKR CHG TPMT GENETIC TEST - GENOTYPE | 81335 | CPT | | | | both | | | 864 | | 201.03 Multiplan | Multiplan | 691.2 | 80 | | | 137.04 | | 820.8 percent of total billed charges | |
| BKR CHG TPMT GENETIC TEST - GENOTYPE | 81335 | CPT | | | | both | | | 864 | | 201.03 Horizon | Indemnity | 330.74 | 38.28 | | | 137.04 | | 820.8 percent of total billed charges | |
| BKR CHG TPMT GENETIC TEST - GENOTYPE | 81335 | CPT | | | | both | | | 864 | | 201.03 Aetna | Commercial | 328.32 | 38 | | | 137.04 | | 820.8 percent of total billed charges | |
| BKR CHG TPMT GENETIC TEST - GENOTYPE | 81335 | CPT | | | | both | | | 864 | | 201.03 Horizon | MGD | 330.74 | 38.28 | | | 137.04 | | 820.8 percent of total billed charges | |
| BKR CHG TPMT GENETIC TEST - GENOTYPE | 81335 | CPT | | | | both | | | 864 | | 201.03 Three Rivers | Three Rivers | 820.8 | 95 | | | 137.04 | | 820.8 percent of total billed charges | |
| BKR CHG TPMT GENETIC TEST - GENOTYPE | 81335 | CPT | | | | both | | | 864 | | 201.03 Managed Care Inc | Managed Care Inc | 777.6 | 90 | | | 137.04 | | 820.8 percent of total billed charges | |
| BKR CHG TPMT GENETIC TEST - GENOTYPE | 81335 | CPT | | | | both | | | 864 | | 201.03 Qualcare | Qualcare | 648 | 75 | | | 137.04 | | 820.8 percent of total billed charges | |
| BKR CHG TPMT GENETIC TEST - GENOTYPE | 81335 | CPT | | | | both | | | 864 | | 201.03 Wellcare | Medicare | 174.81 | | | | 137.04 | | 820.8 fee schedule | |
| BKR CHG TPMT GENETIC TEST - GENOTYPE | 81335 | CPT | | | | both | | | 864 | | 201.03 UHC | Medicare | 174.81 | | | | 137.04 | | 820.8 fee schedule | |
| BKR CHG TPMT GENETIC TEST - GENOTYPE | 81335 | CPT | | | | both | | | 864 | | 201.03 Horizon | Medicare Blue | 259.2 | 30 | | | 137.04 | | 820.8 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG TPMT GENETIC TEST - GENOTYPE | 81335 | CPT | | | | both | | | 864 | 201.03 | Wellcare | Medicaid | 139.85 | | | | 137.04 | 820.8 | fee schedule | |
| BKR CHG TPMT GENETIC TEST - GENOTYPE | 81335 | CPT | | | | both | | | 864 | 201.03 | WellPoint | WellPoint | 278.04 | 32.18 | | | 137.04 | 820.8 | percent of total billed charges | |
| BKR CHG MPL GENE ANALYSIS | 81338 | CPT | | | | both | | | 1130 | 172.88 | Americare | Americare | 847.5 | 75 | | | 120.26 | 1073.5 | percent of total billed charges | |
| BKR CHG MPL GENE ANALYSIS | 81338 | CPT | | | | both | | | 1130 | 172.88 | Amerihealth | HMO/PPO | 734.5 | 65 | | | 120.26 | 1073.5 | percent of total billed charges | |
| BKR CHG MPL GENE ANALYSIS | 81338 | CPT | | | | both | | | 1130 | 172.88 | Aetna | Commercial | 429.4 | 38 | | | 120.26 | 1073.5 | percent of total billed charges | |
| BKR CHG MPL GENE ANALYSIS | 81338 | CPT | | | | both | | | 1130 | 172.88 | Aetna | Medicare | 348.04 | 30.8 | | | 120.26 | 1073.5 | percent of total billed charges | |
| BKR CHG MPL GENE ANALYSIS | 81338 | CPT | | | | both | | | 1130 | 172.88 | First Trenton | First Trenton | 1017 | 90 | | | 120.26 | 1073.5 | percent of total billed charges | |
| BKR CHG MPL GENE ANALYSIS | 81338 | CPT | | | | both | | | 1130 | 172.88 | Amerihealth | Medicare | 150.33 | | | | 120.26 | 1073.5 | fee schedule | |
| BKR CHG MPL GENE ANALYSIS | 81338 | CPT | | | | both | | | 1130 | 172.88 | Horizon | MGD | 432.56 | 38.28 | | | 120.26 | 1073.5 | percent of total billed charges | |
| BKR CHG MPL GENE ANALYSIS | 81338 | CPT | | | | both | | | 1130 | 172.88 | Aetna | Better Health | 356.52 | 31.55 | | | 120.26 | 1073.5 | percent of total billed charges | |
| BKR CHG MPL GENE ANALYSIS | 81338 | CPT | | | | both | | | 1130 | 172.88 | Horizon | Indemnity | 432.56 | 38.28 | | | 120.26 | 1073.5 | percent of total billed charges | |
| BKR CHG MPL GENE ANALYSIS | 81338 | CPT | | | | both | | | 1130 | 172.88 | Corrections | Corrections | 904 | 80 | | | 120.26 | 1073.5 | percent of total billed charges | |
| BKR CHG MPL GENE ANALYSIS | 81338 | CPT | | | | both | | | 1130 | 172.88 | Managed Care Inc | Managed Care Inc | 1017 | 90 | | | 120.26 | 1073.5 | percent of total billed charges | |
| BKR CHG MPL GENE ANALYSIS | 81338 | CPT | | | | both | | | 1130 | 172.88 | Consumer | Consumer | 1073.5 | 95 | | | 120.26 | 1073.5 | percent of total billed charges | |
| BKR CHG MPL GENE ANALYSIS | 81338 | CPT | | | | both | | | 1130 | 172.88 | Horizon | Medicare Blue | 339 | 30 | | | 120.26 | 1073.5 | percent of total billed charges | |
| BKR CHG MPL GENE ANALYSIS | 81338 | CPT | | | | both | | | 1130 | 172.88 | First Health | First Health | 791 | 70 | | | 120.26 | 1073.5 | percent of total billed charges | |
| BKR CHG MPL GENE ANALYSIS | 81338 | CPT | | | | both | | | 1130 | 172.88 | Horizon | PPO | 432.56 | 38.28 | | | 120.26 | 1073.5 | percent of total billed charges | |
| BKR CHG MPL GENE ANALYSIS | 81338 | CPT | | | | both | | | 1130 | 172.88 | Wellcare | Medicaid | 120.26 | | | | 120.26 | 1073.5 | fee schedule | |
| BKR CHG MPL GENE ANALYSIS | 81338 | CPT | | | | both | | | 1130 | 172.88 | Three Rivers | Three Rivers | 1073.5 | 95 | | | 120.26 | 1073.5 | percent of total billed charges | |
| BKR CHG MPL GENE ANALYSIS | 81338 | CPT | | | | both | | | 1130 | 172.88 | WellPoint | WellPoint | 363.63 | 32.18 | | | 120.26 | 1073.5 | percent of total billed charges | |
| BKR CHG MPL GENE ANALYSIS | 81338 | CPT | | | | both | | | 1130 | 172.88 | UHC | Medicaid | 120.26 | | | | 120.26 | 1073.5 | fee schedule | |
| BKR CHG MPL GENE ANALYSIS | 81338 | CPT | | | | both | | | 1130 | 172.88 | Wellcare | Medicare | 150.33 | | | | 120.26 | 1073.5 | fee schedule | |
| BKR CHG MPL GENE ANALYSIS | 81338 | CPT | | | | both | | | 1130 | 172.88 | Multiplan | Multiplan | 904 | 80 | | | 120.26 | 1073.5 | percent of total billed charges | |
| BKR CHG MPL GENE ANALYSIS | 81338 | CPT | | | | both | | | 1130 | 172.88 | Qualcare | Qualcare | 847.5 | 75 | | | 120.26 | 1073.5 | percent of total billed charges | |
| BKR CHG MPL GENE ANALYSIS | 81338 | CPT | | | | both | | | 1130 | 172.88 | UHC | Medicare | 150.33 | | | | 120.26 | 1073.5 | fee schedule | |
| BKR CHG T CELL ANTIGEN BETA | 81340 | CPT | | | | outpatient | | | 1115 | 240.26 | Aetna | Medicare | 343.42 | 30.8 | | | 116.13 | 1059.25 | percent of total billed charges | |
| BKR CHG T CELL ANTIGEN BETA | 81340 | CPT | | | | outpatient | | | 1115 | 240.26 | Aetna | Commercial | 423.7 | 38 | | | 116.13 | 1059.25 | percent of total billed charges | |
| BKR CHG T CELL ANTIGEN BETA | 81340 | CPT | | | | outpatient | | | 1115 | 240.26 | Amerihealth | HMO/PPO | 155.05 | | | | 116.13 | 1059.25 | fee schedule | |
| BKR CHG T CELL ANTIGEN BETA | 81340 | CPT | | | | outpatient | | | 1115 | 240.26 | First Health | First Health | 780.5 | 70 | | | 116.13 | 1059.25 | percent of total billed charges | |
| BKR CHG T CELL ANTIGEN BETA | 81340 | CPT | | | | outpatient | | | 1115 | 240.26 | Aetna | Better Health | 351.78 | 31.55 | | | 116.13 | 1059.25 | percent of total billed charges | |
| BKR CHG T CELL ANTIGEN BETA | 81340 | CPT | | | | outpatient | | | 1115 | 240.26 | Corrections | Corrections | 892 | 80 | | | 116.13 | 1059.25 | percent of total billed charges | |
| BKR CHG T CELL ANTIGEN BETA | 81340 | CPT | | | | outpatient | | | 1115 | 240.26 | Horizon | MGD | 426.82 | 38.28 | | | 116.13 | 1059.25 | percent of total billed charges | |
| BKR CHG T CELL ANTIGEN BETA | 81340 | CPT | | | | outpatient | | | 1115 | 240.26 | First Trenton | First Trenton | 1003.5 | 90 | | | 116.13 | 1059.25 | percent of total billed charges | |
| BKR CHG T CELL ANTIGEN BETA | 81340 | CPT | | | | outpatient | | | 1115 | 240.26 | Americare | Americare | 836.25 | 75 | | | 116.13 | 1059.25 | percent of total billed charges | |
| BKR CHG T CELL ANTIGEN BETA | 81340 | CPT | | | | outpatient | | | 1115 | 240.26 | Multiplan | Multiplan | 892 | 80 | | | 116.13 | 1059.25 | percent of total billed charges | |
| BKR CHG T CELL ANTIGEN BETA | 81340 | CPT | | | | outpatient | | | 1115 | 240.26 | Amerihealth | Medicare | 208.92 | | | | 116.13 | 1059.25 | fee schedule | |
| BKR CHG T CELL ANTIGEN BETA | 81340 | CPT | | | | outpatient | | | 1115 | 240.26 | Horizon | Indemnity | 426.82 | 38.28 | | | 116.13 | 1059.25 | percent of total billed charges | |
| BKR CHG T CELL ANTIGEN BETA | 81340 | CPT | | | | outpatient | | | 1115 | 240.26 | Consumer | Consumer | 1059.25 | 95 | | | 116.13 | 1059.25 | percent of total billed charges | |
| BKR CHG T CELL ANTIGEN BETA | 81340 | CPT | | | | outpatient | | | 1115 | 240.26 | Qualcare | Qualcare | 836.25 | 75 | | | 116.13 | 1059.25 | percent of total billed charges | |
| BKR CHG T CELL ANTIGEN BETA | 81340 | CPT | | | | outpatient | | | 1115 | 240.26 | WellPoint | WellPoint | 358.81 | 32.18 | | | 116.13 | 1059.25 | percent of total billed charges | |
| BKR CHG T CELL ANTIGEN BETA | 81340 | CPT | | | | outpatient | | | 1115 | 240.26 | Horizon | NJ Health | 116.13 | | | | 116.13 | 1059.25 | fee schedule | |
| BKR CHG T CELL ANTIGEN BETA | 81340 | CPT | | | | outpatient | | | 1115 | 240.26 | Horizon | Medicare Blue | 334.5 | 30 | | | 116.13 | 1059.25 | percent of total billed charges | |
| BKR CHG T CELL ANTIGEN BETA | 81340 | CPT | | | | outpatient | | | 1115 | 240.26 | Wellcare | Medicaid | 167.14 | | | | 116.13 | 1059.25 | fee schedule | |
| BKR CHG T CELL ANTIGEN BETA | 81340 | CPT | | | | outpatient | | | 1115 | 240.26 | UHC | Medicare | 208.92 | | | | 116.13 | 1059.25 | fee schedule | |
| BKR CHG T CELL ANTIGEN BETA | 81340 | CPT | | | | outpatient | | | 1115 | 240.26 | Horizon | PPO | 426.82 | 38.28 | | | 116.13 | 1059.25 | percent of total billed charges | |
| BKR CHG T CELL ANTIGEN BETA | 81340 | CPT | | | | outpatient | | | 1115 | 240.26 | UHC | Medicaid | 167.14 | | | | 116.13 | 1059.25 | fee schedule | |
| BKR CHG T CELL ANTIGEN BETA | 81340 | CPT | | | | outpatient | | | 1115 | 240.26 | Managed Care Inc | Managed Care Inc | 1003.5 | 90 | | | 116.13 | 1059.25 | percent of total billed charges | |
| BKR CHG T CELL ANTIGEN BETA | 81340 | CPT | | | | outpatient | | | 1115 | 240.26 | Wellcare | Medicare | 208.92 | | | | 116.13 | 1059.25 | fee schedule | |
| BKR CHG T CELL ANTIGEN BETA | 81340 | CPT | | | | outpatient | | | 1115 | 240.26 | Three Rivers | Three Rivers | 1059.25 | 95 | | | 116.13 | 1059.25 | percent of total billed charges | |
| BKR CHG T CELL CLONALITY | 81342 | CPT | | | | both | | | 763 | 231.73 | Americare | Americare | 572.25 | 75 | | | 116.13 | 724.85 | percent of total billed charges | |
| BKR CHG T CELL CLONALITY | 81342 | CPT | | | | both | | | 763 | 231.73 | Horizon | Indemnity | 292.08 | 38.28 | | | 116.13 | 724.85 | percent of total billed charges | |
| BKR CHG T CELL CLONALITY | 81342 | CPT | | | | both | | | 763 | 231.73 | Aetna | Better Health | 240.73 | 31.55 | | | 116.13 | 724.85 | percent of total billed charges | |
| BKR CHG T CELL CLONALITY | 81342 | CPT | | | | both | | | 763 | 231.73 | Aetna | Commercial | 289.94 | 38 | | | 116.13 | 724.85 | percent of total billed charges | |
| BKR CHG T CELL CLONALITY | 81342 | CPT | | | | both | | | 763 | 231.73 | Amerihealth | HMO/PPO | 149.54 | | | | 116.13 | 724.85 | fee schedule | |
| BKR CHG T CELL CLONALITY | 81342 | CPT | | | | both | | | 763 | 231.73 | Consumer | Consumer | 724.85 | 95 | | | 116.13 | 724.85 | percent of total billed charges | |
| BKR CHG T CELL CLONALITY | 81342 | CPT | | | | both | | | 763 | 231.73 | Aetna | Medicare | 235 | 30.8 | | | 116.13 | 724.85 | percent of total billed charges | |
| BKR CHG T CELL CLONALITY | 81342 | CPT | | | | both | | | 763 | 231.73 | Wellcare | Medicaid | 161.2 | | | | 116.13 | 724.85 | fee schedule | |
| BKR CHG T CELL CLONALITY | 81342 | CPT | | | | both | | | 763 | 231.73 | First Trenton | First Trenton | 686.7 | 90 | | | 116.13 | 724.85 | percent of total billed charges | |
| BKR CHG T CELL CLONALITY | 81342 | CPT | | | | both | | | 763 | 231.73 | Corrections | Corrections | 610.4 | 80 | | | 116.13 | 724.85 | percent of total billed charges | |
| BKR CHG T CELL CLONALITY | 81342 | CPT | | | | both | | | 763 | 231.73 | Amerihealth | Medicare | 201.5 | | | | 116.13 | 724.85 | fee schedule | |
| BKR CHG T CELL CLONALITY | 81342 | CPT | | | | both | | | 763 | 231.73 | First Health | First Health | 534.1 | 70 | | | 116.13 | 724.85 | percent of total billed charges | |
| BKR CHG T CELL CLONALITY | 81342 | CPT | | | | both | | | 763 | 231.73 | Horizon | NJ Health | 116.13 | | | | 116.13 | 724.85 | fee schedule | |
| BKR CHG T CELL CLONALITY | 81342 | CPT | | | | both | | | 763 | 231.73 | Horizon | Medicare Blue | 228.9 | 30 | | | 116.13 | 724.85 | percent of total billed charges | |
| BKR CHG T CELL CLONALITY | 81342 | CPT | | | | both | | | 763 | 231.73 | Horizon | MGD | 292.08 | 38.28 | | | 116.13 | 724.85 | percent of total billed charges | |
| BKR CHG T CELL CLONALITY | 81342 | CPT | | | | both | | | 763 | 231.73 | Multiplan | Multiplan | 610.4 | 80 | | | 116.13 | 724.85 | percent of total billed charges | |
| BKR CHG T CELL CLONALITY | 81342 | CPT | | | | both | | | 763 | 231.73 | Horizon | PPO | 292.08 | 38.28 | | | 116.13 | 724.85 | percent of total billed charges | |
| BKR CHG T CELL CLONALITY | 81342 | CPT | | | | both | | | 763 | 231.73 | UHC | Medicaid | 161.2 | | | | 116.13 | 724.85 | fee schedule | |
| BKR CHG T CELL CLONALITY | 81342 | CPT | | | | both | | | 763 | 231.73 | Managed Care Inc | Managed Care Inc | 686.7 | 90 | | | 116.13 | 724.85 | percent of total billed charges | |
| BKR CHG T CELL CLONALITY | 81342 | CPT | | | | both | | | 763 | 231.73 | Qualcare | Qualcare | 572.25 | 75 | | | 116.13 | 724.85 | percent of total billed charges | |
| BKR CHG T CELL CLONALITY | 81342 | CPT | | | | both | | | 763 | 231.73 | Three Rivers | Three Rivers | 724.85 | 95 | | | 116.13 | 724.85 | percent of total billed charges | |
| BKR CHG T CELL CLONALITY | 81342 | CPT | | | | both | | | 763 | 231.73 | Wellcare | Medicare | 201.5 | | | | 116.13 | 724.85 | fee schedule | |
| BKR CHG T CELL CLONALITY | 81342 | CPT | | | | both | | | 763 | 231.73 | UHC | Medicare | 201.5 | | | | 116.13 | 724.85 | fee schedule | |
| BKR CHG T CELL CLONALITY | 81342 | CPT | | | | both | | | 763 | 231.73 | WellPoint | WellPoint | 245.53 | 32.18 | | | 116.13 | 724.85 | percent of total billed charges | |
| BKR CHG PPP2R2B | 81343 | CPT | | | | outpatient | | | 437 | 157.55 | Consumer | Consumer | 415.15 | 95 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG PPP2R2B | 81343 | CPT | | | | outpatient | | | 437 | 157.55 | Americare | Americare | 327.75 | 75 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG PPP2R2B | 81343 | CPT | | | | outpatient | | | 437 | 157.55 | Amerihealth | Medicare | 137 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG PPP2R2B | 81343 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | Indemnity | 167.28 | 38.28 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG PPP2R2B | 81343 | CPT | | | | outpatient | | | 437 | 157.55 | Aetna | Better Health | 137.67 | 31.55 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG PPP2R2B | 81343 | CPT | | | | outpatient | | | 437 | 157.55 | Amerihealth | HMO/PPO | 284.05 | 65 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG PPP2R2B | 81343 | CPT | | | | outpatient | | | 437 | 157.55 | Aetna | Commercial | 166.06 | 38 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG PPP2R2B | 81343 | CPT | | | | outpatient | | | 437 | 157.55 | First Trenton | First Trenton | 393.3 | 90 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG PPP2R2B | 81343 | CPT | | | | outpatient | | | 437 | 157.55 | Corrections | Corrections | 349.6 | 80 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG PPP2R2B | 81343 | CPT | | | | outpatient | | | 437 | 157.55 | Multiplan | Multiplan | 349.6 | 80 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG PPP2R2B | 81343 | CPT | | | | outpatient | | | 437 | 157.55 | First Health | First Health | 305.9 | 70 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG PPP2R2B | 81343 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | PPO | 167.28 | 38.28 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG PPP2R2B | 81343 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | Medicare Blue | 131.1 | 30 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG PPP2R2B | 81343 | CPT | | | | outpatient | | | 437 | 157.55 | Qualcare | Qualcare | 327.75 | 75 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG PPP2R2B | 81343 | CPT | | | | outpatient | | | 437 | 157.55 | Aetna | Medicare | 134.6 | 30.8 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG PPP2R2B | 81343 | CPT | | | | outpatient | | | 437 | 157.55 | Managed Care Inc | Managed Care Inc | 393.3 | 90 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG PPP2R2B | 81343 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | NJ Health | 107.41 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG PPP2R2B | 81343 | CPT | | | | outpatient | | | 437 | 157.55 | Three Rivers | Three Rivers | 415.15 | 95 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG PPP2R2B | 81343 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | MGD | 167.28 | 38.28 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG PPP2R2B | 81343 | CPT | | | | outpatient | | | 437 | 157.55 | UHC | Medicaid | 109.6 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG PPP2R2B | 81343 | CPT | | | | outpatient | | | 437 | 157.55 | UHC | Medicare | 137 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG PPP2R2B | 81343 | CPT | | | | outpatient | | | 437 | 157.55 | Wellcare | Medicaid | 109.6 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG PPP2R2B | 81343 | CPT | | | | outpatient | | | 437 | 157.55 | Wellcare | Medicare | 137 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG PPP2R2B | 81343 | CPT | | | | outpatient | | | 437 | 157.55 | WellPoint | WellPoint | 140.63 | 32.18 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG TBP | 81344 | CPT | | | | outpatient | | | 437 | 157.55 | Amerihealth | HMO/PPO | 284.05 | 65 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG TBP | 81344 | CPT | | | | outpatient | | | 437 | 157.55 | First Trenton | First Trenton | 393.3 | 90 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG TBP | 81344 | CPT | | | | outpatient | | | 437 | 157.55 | Consumer | Consumer | 415.15 | 95 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG TBP | 81344 | CPT | | | | outpatient | | | 437 | 157.55 | Aetna | Commercial | 166.06 | 38 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG TBP | 81344 | CPT | | | | outpatient | | | 437 | 157.55 | Amerihealth | Medicare | 137 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG TBP | 81344 | CPT | | | | outpatient | | | 437 | 157.55 | First Health | First Health | 305.9 | 70 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG TBP | 81344 | CPT | | | | outpatient | | | 437 | 157.55 | Aetna | Better Health | 137.67 | 31.55 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG TBP | 81344 | CPT | | | | outpatient | | | 437 | 157.55 | Aetna | Medicare | 134.6 | 30.8 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG TBP | 81344 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | Indemnity | 167.28 | 38.28 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG TBP | 81344 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | PPO | 167.28 | 38.28 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG TBP | 81344 | CPT | | | | outpatient | | | 437 | 157.55 | Corrections | Corrections | 349.6 | 80 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG TBP | 81344 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | MGD | 167.28 | 38.28 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG TBP | 81344 | CPT | | | | outpatient | | | 437 | 157.55 | WellPoint | WellPoint | 140.63 | 32.18 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG TBP | 81344 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | Medicare Blue | 131.1 | 30 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG TBP | 81344 | CPT | | | | outpatient | | | 437 | 157.55 | Americare | Americare | 327.75 | 75 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG TBP | 81344 | CPT | | | | outpatient | | | 437 | 157.55 | Managed Care Inc | Managed Care Inc | 393.3 | 90 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG TBP | 81344 | CPT | | | | outpatient | | | 437 | 157.55 | Multiplan | Multiplan | 349.6 | 80 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG TBP | 81344 | CPT | | | | outpatient | | | 437 | 157.55 | Wellcare | Medicare | 137 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG TBP | 81344 | CPT | | | | outpatient | | | 437 | 157.55 | Horizon | NJ Health | 107.41 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG TBP | 81344 | CPT | | | | outpatient | | | 437 | 157.55 | Three Rivers | Three Rivers | 415.15 | 95 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG TBP | 81344 | CPT | | | | outpatient | | | 437 | 157.55 | Qualcare | Qualcare | 327.75 | 75 | | | 107.41 | 415.15 | percent of total billed charges | |
| BKR CHG TBP | 81344 | CPT | | | | outpatient | | | 437 | 157.55 | UHC | Medicaid | 109.6 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG TBP | 81344 | CPT | | | | outpatient | | | 437 | 157.55 | UHC | Medicare | 137 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG TBP | 81344 | CPT | | | | outpatient | | | 437 | 157.55 | Wellcare | Medicaid | 109.6 | | | | 107.41 | 415.15 | fee schedule | |
| BKR CHG TERT.PROMOTER.MUTATION | 81345 | CPT | | | | outpatient | | | 609 | 212.98 | Aetna | Commercial | 231.42 | 38 | | | 134.4 | 578.55 | percent of total billed charges | |
| BKR CHG TERT.PROMOTER.MUTATION | 81345 | CPT | | | | outpatient | | | 609 | 212.98 | First Health | First Health | 426.3 | 70 | | | 134.4 | 578.55 | percent of total billed charges | |
| BKR CHG TERT.PROMOTER.MUTATION | 81345 | CPT | | | | outpatient | | | 609 | 212.98 | Amerihealth | Medicare | 185.2 | | | | 134.4 | 578.55 | fee schedule | |
| BKR CHG TERT.PROMOTER.MUTATION | 81345 | CPT | | | | outpatient | | | 609 | 212.98 | Amerihealth | HMO/PPO | 395.85 | 65 | | | 134.4 | 578.55 | percent of total billed charges | |
| BKR CHG TERT.PROMOTER.MUTATION | 81345 | CPT | | | | outpatient | | | 609 | 212.98 | Americare | Americare | 456.75 | 75 | | | 134.4 | 578.55 | percent of total billed charges | |
| BKR CHG TERT.PROMOTER.MUTATION | 81345 | CPT | | | | outpatient | | | 609 | 212.98 | Aetna | Better Health | 192.14 | 31.55 | | | 134.4 | 578.55 | percent of total billed charges | |
| BKR CHG TERT.PROMOTER.MUTATION | 81345 | CPT | | | | outpatient | | | 609 | 212.98 | Aetna | Medicare | 187.57 | 30.8 | | | 134.4 | 578.55 | percent of total billed charges | |
| BKR CHG TERT.PROMOTER.MUTATION | 81345 | CPT | | | | outpatient | | | 609 | 212.98 | Consumer | Consumer | 578.55 | 95 | | | 134.4 | 578.55 | percent of total billed charges | |
| BKR CHG TERT.PROMOTER.MUTATION | 81345 | CPT | | | | outpatient | | | 609 | 212.98 | Multiplan | Multiplan | 487.2 | 80 | | | 134.4 | 578.55 | percent of total billed charges | |
| BKR CHG TERT.PROMOTER.MUTATION | 81345 | CPT | | | | outpatient | | | 609 | 212.98 | Horizon | Indemnity | 233.13 | 38.28 | | | 134.4 | 578.55 | percent of total billed charges | |
| BKR CHG TERT.PROMOTER.MUTATION | 81345 | CPT | | | | outpatient | | | 609 | 212.98 | WellPoint | WellPoint | 195.98 | 32.18 | | | 134.4 | 578.55 | percent of total billed charges | |
| BKR CHG TERT.PROMOTER.MUTATION | 81345 | CPT | | | | outpatient | | | 609 | 212.98 | Corrections | Corrections | 487.2 | 80 | | | 134.4 | 578.55 | percent of total billed charges | |
| BKR CHG TERT.PROMOTER.MUTATION | 81345 | CPT | | | | outpatient | | | 609 | 212.98 | UHC | Medicaid | 148.16 | | | | 134.4 | 578.55 | fee schedule | |
| BKR CHG TERT.PROMOTER.MUTATION | 81345 | CPT | | | | outpatient | | | 609 | 212.98 | Horizon | Medicare Blue | 182.7 | 30 | | | 134.4 | 578.55 | percent of total billed charges | |
| BKR CHG TERT.PROMOTER.MUTATION | 81345 | CPT | | | | outpatient | | | 609 | 212.98 | Horizon | MGD | 233.13 | 38.28 | | | 134.4 | 578.55 | percent of total billed charges | |
| BKR CHG TERT.PROMOTER.MUTATION | 81345 | CPT | | | | outpatient | | | 609 | 212.98 | First Trenton | First Trenton | 548.1 | 90 | | | 134.4 | 578.55 | percent of total billed charges | |
| BKR CHG TERT.PROMOTER.MUTATION | 81345 | CPT | | | | outpatient | | | 609 | 212.98 | Qualcare | Qualcare | 456.75 | 75 | | | 134.4 | 578.55 | percent of total billed charges | |
| BKR CHG TERT.PROMOTER.MUTATION | 81345 | CPT | | | | outpatient | | | 609 | 212.98 | Horizon | PPO | 233.13 | 38.28 | | | 134.4 | 578.55 | percent of total billed charges | |
| BKR CHG TERT.PROMOTER.MUTATION | 81345 | CPT | | | | outpatient | | | 609 | 212.98 | Wellcare | Medicare | 185.2 | | | | 134.4 | 578.55 | fee schedule | |
| BKR CHG TERT.PROMOTER.MUTATION | 81345 | CPT | | | | outpatient | | | 609 | 212.98 | Horizon | NJ Health | 145.2 | | | | 134.4 | 578.55 | fee schedule | |
| BKR CHG TERT.PROMOTER.MUTATION | 81345 | CPT | | | | outpatient | | | 609 | 212.98 | UHC | Medicare | 185.2 | | | | 134.4 | 578.55 | fee schedule | |
| BKR CHG TERT.PROMOTER.MUTATION | 81345 | CPT | | | | outpatient | | | 609 | 212.98 | Three Rivers | Three Rivers | 578.55 | 95 | | | 134.4 | 578.55 | percent of total billed charges | |
| BKR CHG TERT.PROMOTER.MUTATION | 81345 | CPT | | | | outpatient | | | 609 | 212.98 | Managed Care Inc | Managed Care Inc | 548.1 | 90 | | | 134.4 | 578.55 | percent of total billed charges | |
| BKR CHG TERT.PROMOTER.MUTATION | 81345 | CPT | | | | outpatient | | | 609 | 212.98 | Wellcare | Medicaid | 148.16 | | | | 134.4 | 578.55 | fee schedule | |
| BKR CHG UGT1A1 IRINOTECAN TOXICITY | 81350 | CPT | | | | inpatient | | | 198 | 269.1 | Horizon | Medicare Blue | 59.4 | 30 | | | 59.4 | 234 | percent of total billed charges | |
| BKR CHG UGT1A1 IRINOTECAN TOXICITY | 81350 | CPT | | | | inpatient | | | 198 | 269.1 | Amerihealth | HMO/PPO | 128.7 | 65 | | | 59.4 | 234 | percent of total billed charges | |
| BKR CHG UGT1A1 IRINOTECAN TOXICITY | 81350 | CPT | | | | inpatient | | | 198 | 269.1 | Aetna | Commercial | 75.24 | 38 | | | 59.4 | 234 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG UGT1A1 IRINOTECAN TOXICITY | 81350 | CPT | | | | inpatient | | | 198 | 269.1 | Aetna | Better Health | 62.47 | 31.55 | | | 59.4 | | 234 percent of total billed charges | |
| BKR CHG UGT1A1 IRINOTECAN TOXICITY | 81350 | CPT | | | | inpatient | | | 198 | 269.1 | First Trenton | First Trenton | 178.2 | 90 | | | 59.4 | | 234 percent of total billed charges | |
| BKR CHG UGT1A1 IRINOTECAN TOXICITY | 81350 | CPT | | | | inpatient | | | 198 | 269.1 | Amerihealth | Medicare | 234 | | | | 59.4 | | 234 fee schedule | |
| BKR CHG UGT1A1 IRINOTECAN TOXICITY | 81350 | CPT | | | | inpatient | | | 198 | 269.1 | Aetna | Medicare | 60.98 | 30.8 | | | 59.4 | | 234 percent of total billed charges | |
| BKR CHG UGT1A1 IRINOTECAN TOXICITY | 81350 | CPT | | | | inpatient | | | 198 | 269.1 | Corrections | Corrections | 158.4 | 80 | | | 59.4 | | 234 percent of total billed charges | |
| BKR CHG UGT1A1 IRINOTECAN TOXICITY | 81350 | CPT | | | | inpatient | | | 198 | 269.1 | Horizon | PPO | 75.79 | 38.28 | | | 59.4 | | 234 percent of total billed charges | |
| BKR CHG UGT1A1 IRINOTECAN TOXICITY | 81350 | CPT | | | | inpatient | | | 198 | 269.1 | First Health | First Health | 138.6 | 70 | | | 59.4 | | 234 percent of total billed charges | |
| BKR CHG UGT1A1 IRINOTECAN TOXICITY | 81350 | CPT | | | | inpatient | | | 198 | 269.1 | Horizon | MGD | 75.79 | 38.28 | | | 59.4 | | 234 percent of total billed charges | |
| BKR CHG UGT1A1 IRINOTECAN TOXICITY | 81350 | CPT | | | | inpatient | | | 198 | 269.1 | Americare | Americare | 148.5 | 75 | | | 59.4 | | 234 percent of total billed charges | |
| BKR CHG UGT1A1 IRINOTECAN TOXICITY | 81350 | CPT | | | | inpatient | | | 198 | 269.1 | Managed Care Inc | Managed Care Inc | 178.2 | 90 | | | 59.4 | | 234 percent of total billed charges | |
| BKR CHG UGT1A1 IRINOTECAN TOXICITY | 81350 | CPT | | | | inpatient | | | 198 | 269.1 | Horizon | Indemnity | 75.79 | 38.28 | | | 59.4 | | 234 percent of total billed charges | |
| BKR CHG UGT1A1 IRINOTECAN TOXICITY | 81350 | CPT | | | | inpatient | | | 198 | 269.1 | Wellcare | Medicare | 234 | | | | 59.4 | | 234 fee schedule | |
| BKR CHG UGT1A1 IRINOTECAN TOXICITY | 81350 | CPT | | | | inpatient | | | 198 | 269.1 | UHC | Medicaid | 187.2 | | | | 59.4 | | 234 fee schedule | |
| BKR CHG UGT1A1 IRINOTECAN TOXICITY | 81350 | CPT | | | | inpatient | | | 198 | 269.1 | WellPoint | WellPoint | 63.72 | 32.18 | | | 59.4 | | 234 percent of total billed charges | |
| BKR CHG UGT1A1 IRINOTECAN TOXICITY | 81350 | CPT | | | | inpatient | | | 198 | 269.1 | Multiplan | Multiplan | 158.4 | 80 | | | 59.4 | | 234 percent of total billed charges | |
| BKR CHG UGT1A1 IRINOTECAN TOXICITY | 81350 | CPT | | | | inpatient | | | 198 | 269.1 | Consumer | Consumer | 188.1 | 95 | | | 59.4 | | 234 percent of total billed charges | |
| BKR CHG UGT1A1 IRINOTECAN TOXICITY | 81350 | CPT | | | | inpatient | | | 198 | 269.1 | Qualcare | Qualcare | 148.5 | 75 | | | 59.4 | | 234 percent of total billed charges | |
| BKR CHG UGT1A1 IRINOTECAN TOXICITY | 81350 | CPT | | | | inpatient | | | 198 | 269.1 | Wellcare | Medicaid | 187.2 | | | | 59.4 | | 234 fee schedule | |
| BKR CHG UGT1A1 IRINOTECAN TOXICITY | 81350 | CPT | | | | inpatient | | | 198 | 269.1 | UHC | Medicare | 234 | | | | 59.4 | | 234 fee schedule | |
| BKR CHG UGT1A1 IRINOTECAN TOXICITY | 81350 | CPT | | | | inpatient | | | 198 | 269.1 | Three Rivers | Three Rivers | 188.1 | 95 | | | 59.4 | | 234 percent of total billed charges | |
| BKR CHG PS3 MUTATION ANALYSIS SEQUENCE (489590) | 81352 | CPT | | | | outpatient | | | 1050 | 378.94 | Aetna | Better Health | 331.28 | 31.55 | | | 263.61 | | 997.5 percent of total billed charges | |
| BKR CHG PS3 MUTATION ANALYSIS SEQUENCE (489590) | 81352 | CPT | | | | outpatient | | | 1050 | 378.94 | Americare | Americare | 787.5 | 75 | | | 263.61 | | 997.5 percent of total billed charges | |
| BKR CHG PS3 MUTATION ANALYSIS SEQUENCE (489590) | 81352 | CPT | | | | outpatient | | | 1050 | 378.94 | WellPoint | WellPoint | 337.89 | 32.18 | | | 263.61 | | 997.5 percent of total billed charges | |
| BKR CHG PS3 MUTATION ANALYSIS SEQUENCE (489590) | 81352 | CPT | | | | outpatient | | | 1050 | 378.94 | First Trenton | First Trenton | 945 | 90 | | | 263.61 | | 997.5 percent of total billed charges | |
| BKR CHG PS3 MUTATION ANALYSIS SEQUENCE (489590) | 81352 | CPT | | | | outpatient | | | 1050 | 378.94 | First Health | First Health | 735 | 70 | | | 263.61 | | 997.5 percent of total billed charges | |
| BKR CHG PS3 MUTATION ANALYSIS SEQUENCE (489590) | 81352 | CPT | | | | outpatient | | | 1050 | 378.94 | Aetna | Commercial | 399 | 38 | | | 263.61 | | 997.5 percent of total billed charges | |
| BKR CHG PS3 MUTATION ANALYSIS SEQUENCE (489590) | 81352 | CPT | | | | outpatient | | | 1050 | 378.94 | Aetna | Medicare | 323.4 | 30.8 | | | 263.61 | | 997.5 percent of total billed charges | |
| BKR CHG PS3 MUTATION ANALYSIS SEQUENCE (489590) | 81352 | CPT | | | | outpatient | | | 1050 | 378.94 | Amerihealth | HMO/PPO | 682.5 | 65 | | | 263.61 | | 997.5 percent of total billed charges | |
| BKR CHG PS3 MUTATION ANALYSIS SEQUENCE (489590) | 81352 | CPT | | | | outpatient | | | 1050 | 378.94 | Amerihealth | Medicare | 329.51 | | | | 263.61 | | 997.5 fee schedule | |
| BKR CHG PS3 MUTATION ANALYSIS SEQUENCE (489590) | 81352 | CPT | | | | outpatient | | | 1050 | 378.94 | Consumer | Consumer | 997.5 | 95 | | | 263.61 | | 997.5 percent of total billed charges | |
| BKR CHG PS3 MUTATION ANALYSIS SEQUENCE (489590) | 81352 | CPT | | | | outpatient | | | 1050 | 378.94 | Horizon | Indemnity | 401.94 | 38.28 | | | 263.61 | | 997.5 percent of total billed charges | |
| BKR CHG PS3 MUTATION ANALYSIS SEQUENCE (489590) | 81352 | CPT | | | | outpatient | | | 1050 | 378.94 | Managed Care Inc | Managed Care Inc | 945 | 90 | | | 263.61 | | 997.5 percent of total billed charges | |
| BKR CHG PS3 MUTATION ANALYSIS SEQUENCE (489590) | 81352 | CPT | | | | outpatient | | | 1050 | 378.94 | Horizon | PPO | 401.94 | 38.28 | | | 263.61 | | 997.5 percent of total billed charges | |
| BKR CHG PS3 MUTATION ANALYSIS SEQUENCE (489590) | 81352 | CPT | | | | outpatient | | | 1050 | 378.94 | Multiplan | Multiplan | 840 | 80 | | | 263.61 | | 997.5 percent of total billed charges | |
| BKR CHG PS3 MUTATION ANALYSIS SEQUENCE (489590) | 81352 | CPT | | | | outpatient | | | 1050 | 378.94 | Three Rivers | Three Rivers | 997.5 | 95 | | | 263.61 | | 997.5 percent of total billed charges | |
| BKR CHG PS3 MUTATION ANALYSIS SEQUENCE (489590) | 81352 | CPT | | | | outpatient | | | 1050 | 378.94 | Corrections | Corrections | 840 | 80 | | | 263.61 | | 997.5 percent of total billed charges | |
| BKR CHG PS3 MUTATION ANALYSIS SEQUENCE (489590) | 81352 | CPT | | | | outpatient | | | 1050 | 378.94 | Horizon | Medicare Blue | 315 | 30 | | | 263.61 | | 997.5 percent of total billed charges | |
| BKR CHG PS3 MUTATION ANALYSIS SEQUENCE (489590) | 81352 | CPT | | | | outpatient | | | 1050 | 378.94 | Wellcare | Medicaid | 263.61 | | | | 263.61 | | 997.5 fee schedule | |
| BKR CHG PS3 MUTATION ANALYSIS SEQUENCE (489590) | 81352 | CPT | | | | outpatient | | | 1050 | 378.94 | Qualcare | Qualcare | 787.5 | 75 | | | 263.61 | | 997.5 percent of total billed charges | |
| BKR CHG PS3 MUTATION ANALYSIS SEQUENCE (489590) | 81352 | CPT | | | | outpatient | | | 1050 | 378.94 | Horizon | MGD | 401.94 | 38.28 | | | 263.61 | | 997.5 percent of total billed charges | |
| BKR CHG PS3 MUTATION ANALYSIS SEQUENCE (489590) | 81352 | CPT | | | | outpatient | | | 1050 | 378.94 | UHC | Medicaid | 263.61 | | | | 263.61 | | 997.5 fee schedule | |
| BKR CHG PS3 MUTATION ANALYSIS SEQUENCE (489590) | 81352 | CPT | | | | outpatient | | | 1050 | 378.94 | UHC | Medicare | 329.51 | | | | 263.61 | | 997.5 fee schedule | |
| BKR CHG PS3 MUTATION ANALYSIS SEQUENCE (489590) | 81352 | CPT | | | | outpatient | | | 1050 | 378.94 | Wellcare | Medicare | 329.51 | | | | 263.61 | | 997.5 fee schedule | |
| BKR CHG WORC1 GENE ANALYSIS | 81355 | CPT | | | | outpatient | | | 462 | 101.43 | Amerihealth | Medicare | 88.2 | | | | 70.56 | | 438.9 fee schedule | |
| BKR CHG WORC1 GENE ANALYSIS | 81355 | CPT | | | | outpatient | | | 462 | 101.43 | Consumer | Consumer | 438.9 | 95 | | | 70.56 | | 438.9 percent of total billed charges | |
| BKR CHG WORC1 GENE ANALYSIS | 81355 | CPT | | | | outpatient | | | 462 | 101.43 | Horizon | Indemnity | 176.85 | 38.28 | | | 70.56 | | 438.9 percent of total billed charges | |
| BKR CHG WORC1 GENE ANALYSIS | 81355 | CPT | | | | outpatient | | | 462 | 101.43 | Aetna | Better Health | 145.76 | 31.55 | | | 70.56 | | 438.9 percent of total billed charges | |
| BKR CHG WORC1 GENE ANALYSIS | 81355 | CPT | | | | outpatient | | | 462 | 101.43 | Aetna | Medicare | 142.3 | 30.8 | | | 70.56 | | 438.9 percent of total billed charges | |
| BKR CHG WORC1 GENE ANALYSIS | 81355 | CPT | | | | outpatient | | | 462 | 101.43 | Corrections | Corrections | 369.6 | 80 | | | 70.56 | | 438.9 percent of total billed charges | |
| BKR CHG WORC1 GENE ANALYSIS | 81355 | CPT | | | | outpatient | | | 462 | 101.43 | Americare | Americare | 346.5 | 75 | | | 70.56 | | 438.9 percent of total billed charges | |
| BKR CHG WORC1 GENE ANALYSIS | 81355 | CPT | | | | outpatient | | | 462 | 101.43 | First Health | First Health | 323.4 | 70 | | | 70.56 | | 438.9 percent of total billed charges | |
| BKR CHG WORC1 GENE ANALYSIS | 81355 | CPT | | | | outpatient | | | 462 | 101.43 | First Trenton | First Trenton | 415.8 | 90 | | | 70.56 | | 438.9 percent of total billed charges | |
| BKR CHG WORC1 GENE ANALYSIS | 81355 | CPT | | | | outpatient | | | 462 | 101.43 | Wellcare | Medicaid | 70.56 | | | | 70.56 | | 438.9 fee schedule | |
| BKR CHG WORC1 GENE ANALYSIS | 81355 | CPT | | | | outpatient | | | 462 | 101.43 | UHC | Medicaid | 70.56 | | | | 70.56 | | 438.9 fee schedule | |
| BKR CHG WORC1 GENE ANALYSIS | 81355 | CPT | | | | outpatient | | | 462 | 101.43 | Amerihealth | HMO/PPO | 300.3 | 65 | | | 70.56 | | 438.9 percent of total billed charges | |
| BKR CHG WORC1 GENE ANALYSIS | 81355 | CPT | | | | outpatient | | | 462 | 101.43 | Horizon | MGD | 176.85 | 38.28 | | | 70.56 | | 438.9 percent of total billed charges | |
| BKR CHG WORC1 GENE ANALYSIS | 81355 | CPT | | | | outpatient | | | 462 | 101.43 | Multiplan | Multiplan | 369.6 | 80 | | | 70.56 | | 438.9 percent of total billed charges | |
| BKR CHG WORC1 GENE ANALYSIS | 81355 | CPT | | | | outpatient | | | 462 | 101.43 | Wellcare | Medicare | 88.2 | | | | 70.56 | | 438.9 fee schedule | |
| BKR CHG WORC1 GENE ANALYSIS | 81355 | CPT | | | | outpatient | | | 462 | 101.43 | Horizon | Medicare Blue | 138.6 | 30 | | | 70.56 | | 438.9 percent of total billed charges | |
| BKR CHG WORC1 GENE ANALYSIS | 81355 | CPT | | | | outpatient | | | 462 | 101.43 | Managed Care Inc | Managed Care Inc | 415.8 | 90 | | | 70.56 | | 438.9 percent of total billed charges | |
| BKR CHG WORC1 GENE ANALYSIS | 81355 | CPT | | | | outpatient | | | 462 | 101.43 | Qualcare | Qualcare | 346.5 | 75 | | | 70.56 | | 438.9 percent of total billed charges | |
| BKR CHG WORC1 GENE ANALYSIS | 81355 | CPT | | | | outpatient | | | 462 | 101.43 | Horizon | PPO | 176.85 | 38.28 | | | 70.56 | | 438.9 percent of total billed charges | |
| BKR CHG WORC1 GENE ANALYSIS | 81355 | CPT | | | | outpatient | | | 462 | 101.43 | WellPoint | WellPoint | 148.67 | 32.18 | | | 70.56 | | 438.9 percent of total billed charges | |
| BKR CHG WORC1 GENE ANALYSIS | 81355 | CPT | | | | outpatient | | | 462 | 101.43 | Three Rivers | Three Rivers | 438.9 | 95 | | | 70.56 | | 438.9 percent of total billed charges | |
| BKR CHG WORC1 GENE ANALYSIS | 81355 | CPT | | | | outpatient | | | 462 | 101.43 | UHC | Medicare | 88.2 | | | | 70.56 | | 438.9 fee schedule | |
| BKR CHG SICKLE CELL DISEASE GENE | 81361 | CPT | | | | outpatient | | | 485 | 201.03 | Horizon | Medicare Blue | 145.5 | 30 | | | 137.04 | | 460.75 percent of total billed charges | |
| BKR CHG SICKLE CELL DISEASE GENE | 81361 | CPT | | | | outpatient | | | 485 | 201.03 | Aetna | Commercial | 184.3 | 38 | | | 137.04 | | 460.75 percent of total billed charges | |
| BKR CHG SICKLE CELL DISEASE GENE | 81361 | CPT | | | | outpatient | | | 485 | 201.03 | UHC | Medicare | 174.81 | | | | 137.04 | | 460.75 fee schedule | |
| BKR CHG SICKLE CELL DISEASE GENE | 81361 | CPT | | | | outpatient | | | 485 | 201.03 | Corrections | Corrections | 388 | 80 | | | 137.04 | | 460.75 percent of total billed charges | |
| BKR CHG SICKLE CELL DISEASE GENE | 81361 | CPT | | | | outpatient | | | 485 | 201.03 | Americare | Americare | 363.75 | 75 | | | 137.04 | | 460.75 percent of total billed charges | |
| BKR CHG SICKLE CELL DISEASE GENE | 81361 | CPT | | | | outpatient | | | 485 | 201.03 | First Health | First Health | 339.5 | 70 | | | 137.04 | | 460.75 percent of total billed charges | |
| BKR CHG SICKLE CELL DISEASE GENE | 81361 | CPT | | | | outpatient | | | 485 | 201.03 | Amerihealth | Medicare | 174.81 | | | | 137.04 | | 460.75 fee schedule | |
| BKR CHG SICKLE CELL DISEASE GENE | 81361 | CPT | | | | outpatient | | | 485 | 201.03 | Aetna | Better Health | 153.02 | 31.55 | | | 137.04 | | 460.75 percent of total billed charges | |
| BKR CHG SICKLE CELL DISEASE GENE | 81361 | CPT | | | | outpatient | | | 485 | 201.03 | UHC | Medicaid | 139.85 | | | | 137.04 | | 460.75 fee schedule | |
| BKR CHG SICKLE CELL DISEASE GENE | 81361 | CPT | | | | outpatient | | | 485 | 201.03 | Aetna | Medicare | 149.38 | 30.8 | | | 137.04 | | 460.75 percent of total billed charges | |
| BKR CHG SICKLE CELL DISEASE GENE | 81361 | CPT | | | | outpatient | | | 485 | 201.03 | Horizon | MGD | 185.66 | 38.28 | | | 137.04 | | 460.75 percent of total billed charges | |
| BKR CHG SICKLE CELL DISEASE GENE | 81361 | CPT | | | | outpatient | | | 485 | 201.03 | WellPoint | WellPoint | 156.07 | 32.18 | | | 137.04 | | 460.75 percent of total billed charges | |
| BKR CHG SICKLE CELL DISEASE GENE | 81361 | CPT | | | | outpatient | | | 485 | 201.03 | Wellcare | Medicaid | 139.85 | | | | 137.04 | | 460.75 fee schedule | |
| BKR CHG SICKLE CELL DISEASE GENE | 81361 | CPT | | | | outpatient | | | 485 | 201.03 | Amerihealth | HMO/PPO | 315.25 | 65 | | | 137.04 | | 460.75 percent of total billed charges | |
| BKR CHG SICKLE CELL DISEASE GENE | 81361 | CPT | | | | outpatient | | | 485 | 201.03 | Wellcare | Medicare | 174.81 | | | | 137.04 | | 460.75 fee schedule | |
| BKR CHG SICKLE CELL DISEASE GENE | 81361 | CPT | | | | outpatient | | | 485 | 201.03 | Consumer | Consumer | 460.75 | 95 | | | 137.04 | | 460.75 percent of total billed charges | |
| BKR CHG SICKLE CELL DISEASE GENE | 81361 | CPT | | | | outpatient | | | 485 | 201.03 | Multiplan | Multiplan | 388 | 80 | | | 137.04 | | 460.75 percent of total billed charges | |
| BKR CHG SICKLE CELL DISEASE GENE | 81361 | CPT | | | | outpatient | | | 485 | 201.03 | First Trenton | First Trenton | 436.5 | 90 | | | 137.04 | | 460.75 percent of total billed charges | |
| BKR CHG SICKLE CELL DISEASE GENE | 81361 | CPT | | | | outpatient | | | 485 | 201.03 | Qualcare | Qualcare | 363.75 | 75 | | | 137.04 | | 460.75 percent of total billed charges | |
| BKR CHG SICKLE CELL DISEASE GENE | 81361 | CPT | | | | outpatient | | | 485 | 201.03 | Horizon | Indemnity | 185.66 | 38.28 | | | 137.04 | | 460.75 percent of total billed charges | |
| BKR CHG SICKLE CELL DISEASE GENE | 81361 | CPT | | | | outpatient | | | 485 | 201.03 | Horizon | NJ Health | 137.04 | | | | 137.04 | | 460.75 fee schedule | |
| BKR CHG SICKLE CELL DISEASE GENE | 81361 | CPT | | | | outpatient | | | 485 | 201.03 | Horizon | PPO | 185.66 | 38.28 | | | 137.04 | | 460.75 percent of total billed charges | |
| BKR CHG SICKLE CELL DISEASE GENE | 81361 | CPT | | | | outpatient | | | 485 | 201.03 | Managed Care Inc | Managed Care Inc | 436.5 | 90 | | | 137.04 | | 460.75 percent of total billed charges | |
| BKR CHG SICKLE CELL DISEASE GENE | 81361 | CPT | | | | outpatient | | | 485 | 201.03 | Three Rivers | Three Rivers | 460.75 | 95 | | | 137.04 | | 460.75 percent of total billed charges | |
| BKR CHG HBB FULL GENE SEQUENCE | 81364 | CPT | | | | outpatient | | | 5073 | 373.27 | Corrections | Corrections | 4058.4 | 80 | | | 254.47 | | 4819.35 percent of total billed charges | |
| BKR CHG HBB FULL GENE SEQUENCE | 81364 | CPT | | | | outpatient | | | 5073 | 373.27 | Aetna | Medicare | 1562.48 | 30.8 | | | 254.47 | | 4819.35 percent of total billed charges | |
| BKR CHG HBB FULL GENE SEQUENCE | 81364 | CPT | | | | outpatient | | | 5073 | 373.27 | First Health | First Health | 3551.1 | 70 | | | 254.47 | | 4819.35 percent of total billed charges | |
| BKR CHG HBB FULL GENE SEQUENCE | 81364 | CPT | | | | outpatient | | | 5073 | 373.27 | Amerihealth | HMO/PPO | 3297.45 | 65 | | | 254.47 | | 4819.35 percent of total billed charges | |
| BKR CHG HBB FULL GENE SEQUENCE | 81364 | CPT | | | | outpatient | | | 5073 | 373.27 | Consumer | Consumer | 4819.35 | 95 | | | 254.47 | | 4819.35 percent of total billed charges | |
| BKR CHG HBB FULL GENE SEQUENCE | 81364 | CPT | | | | outpatient | | | 5073 | 373.27 | WellPoint | WellPoint | 1632.49 | 32.18 | | | 254.47 | | 4819.35 percent of total billed charges | |
| BKR CHG HBB FULL GENE SEQUENCE | 81364 | CPT | | | | outpatient | | | 5073 | 373.27 | Aetna | Better Health | 1600.53 | 31.55 | | | 254.47 | | 4819.35 percent of total billed charges | |
| BKR CHG HBB FULL GENE SEQUENCE | 81364 | CPT | | | | outpatient | | | 5073 | 373.27 | Americare | Americare | 3804.75 | 75 | | | 254.47 | | 4819.35 percent of total billed charges | |
| BKR CHG HBB FULL GENE SEQUENCE | 81364 | CPT | | | | outpatient | | | 5073 | 373.27 | Horizon | MGD | 1941.94 | 38.28 | | | 254.47 | | 4819.35 percent of total billed charges | |
| BKR CHG HBB FULL GENE SEQUENCE | 81364 | CPT | | | | outpatient | | | 5073 | 373.27 | Multiplan | Multiplan | 4058.4 | 80 | | | 254.47 | | 4819.35 percent of total billed charges | |
| BKR CHG HBB FULL GENE SEQUENCE | 81364 | CPT | | | | outpatient | | | 5073 | 373.27 | Amerihealth | Medicare | 324.58 | | | | 254.47 | | 4819.35 fee schedule | |
| BKR CHG HBB FULL GENE SEQUENCE | 81364 | CPT | | | | outpatient | | | 5073 | 373.27 | Horizon | Medicare Blue | 1521.9 | 30 | | | 254.47 | | 4819.35 percent of total billed charges | |
| BKR CHG HBB FULL GENE SEQUENCE | 81364 | CPT | | | | outpatient | | | 5073 | 373.27 | First Trenton | First Trenton | 4565.7 | 90 | | | 254.47 | | 4819.35 percent of total billed charges | |
| BKR CHG HBB FULL GENE SEQUENCE | 81364 | CPT | | | | outpatient | | | 5073 | 373.27 | Qualcare | Qualcare | 3804.75 | 75 | | | 254.47 | | 4819.35 percent of total billed charges | |
| BKR CHG HBB FULL GENE SEQUENCE | 81364 | CPT | | | | outpatient | | | 5073 | 373.27 | Horizon | Indemnity | 1941.94 | 38.28 | | | 254.47 | | 4819.35 percent of total billed charges | |
| BKR CHG HBB FULL GENE SEQUENCE | 81364 | CPT | | | | outpatient | | | 5073 | 373.27 | UHC | Medicaid | 259.66 | | | | 254.47 | | 4819.35 fee schedule | |
| BKR CHG HBB FULL GENE SEQUENCE | 81364 | CPT | | | | outpatient | | | 5073 | 373.27 | Wellcare | Medicaid | 259.66 | | | | 254.47 | | 4819.35 fee schedule | |
| BKR CHG HBB FULL GENE SEQUENCE | 81364 | CPT | | | | outpatient | | | 5073 | 373.27 | UHC | Medicare | 324.58 | | | | 254.47 | | 4819.35 fee schedule | |
| BKR CHG HBB FULL GENE SEQUENCE | 81364 | CPT | | | | outpatient | | | 5073 | 373.27 | Horizon | NJ Health | 254.47 | | | | 254.47 | | 4819.35 fee schedule | |
| BKR CHG HBB FULL GENE SEQUENCE | 81364 | CPT | | | | outpatient | | | 5073 | 373.27 | Wellcare | Medicare | 324.58 | | | | 254.47 | | 4819.35 fee schedule | |
| BKR CHG HBB FULL GENE SEQUENCE | 81364 | CPT | | | | outpatient | | | 5073 | 373.27 | Horizon | PPO | 1941.94 | 38.28 | | | 254.47 | | 4819.35 percent of total billed charges | |
| BKR CHG HBB FULL GENE SEQUENCE | 81364 | CPT | | | | outpatient | | | 5073 | 373.27 | Managed Care Inc | Managed Care Inc | 4565.7 | 90 | | | 254.47 | | 4819.35 percent of total billed charges | |
| BKR CHG HBB FULL GENE SEQUENCE | 81364 | CPT | | | | outpatient | | | 5073 | 373.27 | Three Rivers | Three Rivers | 4819.35 | 95 | | | 254.47 | | 4819.35 percent of total billed charges | |
| BKR CHG HLA ABC DR1345 DQ INTERM RES | 81370 | CPT | | | | outpatient | | | 1281 | 462.44 | Aetna | Better Health | 404.16 | 31.55 | | | 298.43 | | 1216.95 percent of total billed charges | |
| BKR CHG HLA ABC DR1345 DQ INTERM RES | 81370 | CPT | | | | outpatient | | | 1281 | 462.44 | Horizon | Medicare Blue | 384.3 | 30 | | | 298.43 | | 1216.95 percent of total billed charges | |
| BKR CHG HLA ABC DR1345 DQ INTERM RES | 81370 | CPT | | | | outpatient | | | 1281 | 462.44 | Consumer | Consumer | 1216.95 | 95 | | | 298.43 | | 1216.95 percent of total billed charges | |
| BKR CHG HLA ABC DR1345 DQ INTERM RES | 81370 | CPT | | | | outpatient | | | 1281 | 462.44 | Amerihealth | Medicare | 402.12 | | | | 298.43 | | 1216.95 fee schedule | |
| BKR CHG HLA ABC DR1345 DQ INTERM RES | 81370 | CPT | | | | outpatient | | | 1281 | 462.44 | Corrections | Corrections | 1024.8 | 80 | | | 298.43 | | 1216.95 percent of total billed charges | |
| BKR CHG HLA ABC DR1345 DQ INTERM RES | 81370 | CPT | | | | outpatient | | | 1281 | 462.44 | Aetna | Medicare | 394.55 | 30.8 | | | 298.43 | | 1216.95 percent of total billed charges | |
| BKR CHG HLA ABC DR1345 DQ INTERM RES | 81370 | CPT | | | | outpatient | | | 1281 | 462.44 | First Health | First Health | 896.7 | 70 | | | 298.43 | | 1216.95 percent of total billed charges | |
| BKR CHG HLA ABC DR1345 DQ INTERM RES | 81370 | CPT | | | | outpatient | | | 1281 | 462.44 | UHC | Medicare | 402.12 | | | | 298.43 | | 1216.95 fee schedule | |
| BKR CHG HLA ABC DR1345 DQ INTERM RES | 81370 | CPT | | | | outpatient | | | 1281 | 462.44 | Aetna | Commercial | 486.78 | 38 | | | 298.43 | | 1216.95 percent of total billed charges | |
| BKR CHG HLA ABC DR1345 DQ INTERM RES | 81370 | CPT | | | | outpatient | | | 1281 | 462.44 | UHC | Medicaid | 321.7 | | | | 298.43 | | 1216.95 fee schedule | |
| BKR CHG HLA ABC DR1345 DQ INTERM RES | 81370 | CPT | | | | outpatient | | | 1281 | 462.44 | First Trenton | First Trenton | 1152.9 | 90 | | | 298.43 | | 1216.95 percent of total billed charges | |
| BKR CHG HLA ABC DR1345 DQ INTERM RES | 81370 | CPT | | | | outpatient | | | 1281 | 462.44 | Horizon | MGD | 490.37 | 38.28 | | | 298.43 | | 1216.95 percent of total billed charges | |
| BKR CHG HLA ABC DR1345 DQ INTERM RES | 81370 | CPT | | | | outpatient | | | 1281 | 462.44 | Wellcare | Medicaid | 321.7 | | | | 298.43 | | 1216.95 fee schedule | |
| BKR CHG HLA ABC DR1345 DQ INTERM RES | 81370 | CPT | | | | outpatient | | | 1281 | 462.44 | Americare | Americare | 960.75 | 75 | | | 298.43 | | 1216.95 percent of total billed charges | |
| BKR CHG HLA ABC DR1345 DQ INTERM RES | 81370 | CPT | | | | outpatient | | | 1281 | 462.44 | Horizon | NJ Health | 433.36 | | | | 298.43 | | 1216.95 fee schedule | |
| BKR CHG HLA ABC DR1345 DQ INTERM RES | 81370 | CPT | | | | outpatient | | | 1281 | 462.44 | WellPoint | WellPoint | 412.23 | 32.18 | | | 298.43 | | 1216.95 percent of total billed charges | |
| BKR CHG HLA ABC DR1345 DQ INTERM RES | 81370 | CPT | | | | outpatient | | | 1281 | 462.44 | Horizon | Indemnity | 490.37 | 38.28 | | | 298.43 | | 1216.95 percent of total billed charges | |
| BKR CHG HLA ABC DR1345 DQ INTERM RES | 81370 | CPT | | | | outpatient | | | 1281 | 462.44 | Wellcare | Medicare | 402.12 | | | | 298.43 | | 1216.95 fee schedule | |
| BKR CHG HLA ABC DR1345 DQ INTERM RES | 81370 | CPT | | | | outpatient | | | 1281 | 462.44 | Horizon | PPO | 490.37 | 38.28 | | | 298.43 | | 1216.95 percent of total billed charges | |
| BKR CHG HLA ABC DR1345 DQ INTERM RES | 81370 | CPT | | | | outpatient | | | 1281 | 462.44 | Amerihealth | HMO/PPO | 298.43 | | | | 298.43 | | 1216.95 fee schedule | |
| BKR CHG HLA ABC DR1345 DQ INTERM RES | 81370 | CPT | | | | outpatient | | | 1281 | 462.44 | Multiplan | Multiplan | 1024.8 | 80 | | | 298.43 | | 1216.95 percent of total billed charges | |
| BKR CHG HLA ABC DR1345 DQ INTERM RES | 81370 | CPT | | | | outpatient | | | 1281 | 462.44 | Managed Care Inc | Managed Care Inc | 1152.9 | 90 | | | 298.43 | | 1216.95 percent of total billed charges | |
| BKR CHG HLA ABC DR1345 DQ INTERM RES | 81370 | CPT | | | | outpatient | | | 1281 | 462.44 | Qualcare | Qualcare | 960.75 | 75 | | | 298.43 | | 1216.95 percent of total billed charges | |
| BKR CHG HLA ABC DR1345 DQ INTERM RES | 81370 | CPT | | | | outpatient | | | 1281 | 462.44 | Three Rivers | Three Rivers | 1216.95 | 95 | | | 298.43 | | 1216.95 percent of total billed charges | |
| BKR CHG HLAA,B,C (IR) | 81372 | CPT | | | | outpatient | | | 1240 | 464.13 | Consumer | Consumer | 1178 | 95 | | | 90.3 | | 1178 percent of total billed charges | |
| BKR CHG HLAA,B,C (IR) | 81372 | CPT | | | | outpatient | | | 1240 | 464.13 | Amerihealth | Medicare | 403.59 | | | | 90.3 | | 1178 fee schedule | |
| BKR CHG HLAA,B,C (IR) | 81372 | CPT | | | | outpatient | | | 1240 | 464.13 | Americare | Americare | 930 | 75 | | | 90.3 | | 1178 percent of total billed charges | |
| BKR CHG HLAA,B,C (IR) | 81372 | CPT | | | | outpatient | | | 1240 | 464.13 | First Health | First Health | 868 | 70 | | | 90.3 | | 1178 percent of total billed charges | |
| BKR CHG HLAA,B,C (IR) | 81372 | CPT | | | | outpatient | | | 1240 | 464.13 | Corrections | Corrections | 992 | 80 | | | 90.3 | | 1178 percent of total billed charges | |
| BKR CHG HLAA,B,C (IR) | 81372 | CPT | | | | outpatient | | | 1240 | 464.13 | Aetna | Medicare | 381.92 | 30.8 | | | 90.3 | | 1178 percent of total billed charges | |
| BKR CHG HLAA,B,C (IR) | 81372 | CPT | | | | outpatient | | | 1240 | 464.13 | Horizon | Indemnity | 474.67 | 38.28 | | | 90.3 | | 1178 percent of total billed charges | |
| BKR CHG HLAA,B,C (IR) | 81372 | CPT | | | | outpatient | | | 1240 | 464.13 | Aetna | Better Health | 391.22 | 31.55 | | | 90.3 | | 1178 percent of total billed charges | |
| BKR CHG HLAA,B,C (IR) | 81372 | CPT | | | | outpatient | | | 1240 | 464.13 | Horizon | NJ Health | 238.06 | | | | 90.3 | | 1178 fee schedule | |
| BKR CHG HLAA,B,C (IR) | 81372 | CPT | | | | outpatient | | | 1240 | 464.13 | First Trenton | First Trenton | 1116 | 90 | | | 90.3 | | 1178 percent of total billed charges | |
| BKR CHG HLAA,B,C (IR) | 81372 | CPT | | | | outpatient | | | 1240 | 464.13 | UHC | Medicaid | 322.87 | | | | 90.3 | | 1178 fee schedule | |
| BKR CHG HLAA,B,C (IR) | 81372 | CPT | | | | outpatient | | | 1240 | 464.13 | Multiplan | Multiplan | 992 | 80 | | | 90.3 | | 1178 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measure | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG HLAA,B,C (IR) | 81372 | CPT | | | | outpatient | | | 1240 | | 464.13 | Three Rivers | Three Rivers | 1178 | | | | 90.3 | 1178 | percent of total billed charges | |
| BKR CHG HLAA,B,C (IR) | 81372 | CPT | | | | outpatient | | | 1240 | | 464.13 | Amerihealth | HMO/PPO | 163.93 | | | | 90.3 | 1178 | fee schedule | |
| BKR CHG HLAA,B,C (IR) | 81372 | CPT | | | | outpatient | | | 1240 | | 464.13 | Wellcare | Medicare | 403.59 | | | | 90.3 | 1178 | fee schedule | |
| BKR CHG HLAA,B,C (IR) | 81372 | CPT | | | | outpatient | | | 1240 | | 464.13 | Horizon | Medicare Blue | 372 | | | 30 | 90.3 | 1178 | percent of total billed charges | |
| BKR CHG HLAA,B,C (IR) | 81372 | CPT | | | | outpatient | | | 1240 | | 464.13 | Wellcare | Medicaid | 322.87 | | | | 90.3 | 1178 | fee schedule | |
| BKR CHG HLAA,B,C (IR) | 81372 | CPT | | | | outpatient | | | 1240 | | 464.13 | Horizon | PPO | 474.67 | 38.28 | | | 90.3 | 1178 | percent of total billed charges | |
| BKR CHG HLAA,B,C (IR) | 81372 | CPT | | | | outpatient | | | 1240 | | 464.13 | Qualcare | Qualcare | 930 | 75 | | | 90.3 | 1178 | percent of total billed charges | |
| BKR CHG HLAA,B,C (IR) | 81372 | CPT | | | | outpatient | | | 1240 | | 464.13 | Horizon | MGD | 474.67 | 38.28 | | | 90.3 | 1178 | percent of total billed charges | |
| BKR CHG HLAA,B,C (IR) | 81372 | CPT | | | | outpatient | | | 1240 | | 464.13 | WellPoint | WellPoint | 399.03 | 32.18 | | | 90.3 | 1178 | percent of total billed charges | |
| BKR CHG HLAA,B,C (IR) | 81372 | CPT | | | | outpatient | | | 1240 | | 464.13 | Managed Care Inc | Managed Care Inc | 1116 | 90 | | | 90.3 | 1178 | percent of total billed charges | |
| BKR CHG HLAA,B,C (IR) | 81372 | CPT | | | | outpatient | | | 1240 | | 464.13 | UHC | Medicare | 403.59 | | | | 90.3 | 1178 | fee schedule | |
| BKR CHG HLA-C | 81373 | CPT | | | | both | | | 1036 | | 146.54 | Aetna | Commercial | 393.68 | 38 | | | 10.2 | 984.2 | percent of total billed charges | |
| BKR CHG HLA-C | 81373 | CPT | | | | both | | | 1036 | | 146.54 | Americare | Americare | 777 | 75 | | | 10.2 | 984.2 | percent of total billed charges | |
| BKR CHG HLA-C | 81373 | CPT | | | | both | | | 1036 | | 146.54 | First Trenton | First Trenton | 932.4 | 90 | | | 10.2 | 984.2 | percent of total billed charges | |
| BKR CHG HLA-C | 81373 | CPT | | | | both | | | 1036 | | 146.54 | Aetna | Better Health | 326.86 | 31.55 | | | 10.2 | 984.2 | percent of total billed charges | |
| BKR CHG HLA-C | 81373 | CPT | | | | both | | | 1036 | | 146.54 | Horizon | MGD | 396.58 | 38.28 | | | 10.2 | 984.2 | percent of total billed charges | |
| BKR CHG HLA-C | 81373 | CPT | | | | both | | | 1036 | | 146.54 | Consumer | Consumer | 984.2 | 95 | | | 10.2 | 984.2 | percent of total billed charges | |
| BKR CHG HLA-C | 81373 | CPT | | | | both | | | 1036 | | 146.54 | Aetna | Medicare | 319.09 | 30.8 | | | 10.2 | 984.2 | percent of total billed charges | |
| BKR CHG HLA-C | 81373 | CPT | | | | both | | | 1036 | | 146.54 | Multiplan | Multiplan | 828.8 | 80 | | | 10.2 | 984.2 | percent of total billed charges | |
| BKR CHG HLA-C | 81373 | CPT | | | | both | | | 1036 | | 146.54 | UHC | Medicaid | 101.94 | | | | 10.2 | 984.2 | fee schedule | |
| BKR CHG HLA-C | 81373 | CPT | | | | both | | | 1036 | | 146.54 | Three Rivers | Three Rivers | 984.2 | 95 | | | 10.2 | 984.2 | percent of total billed charges | |
| BKR CHG HLA-C | 81373 | CPT | | | | both | | | 1036 | | 146.54 | Horizon | PPO | 396.58 | 38.28 | | | 10.2 | 984.2 | percent of total billed charges | |
| BKR CHG HLA-C | 81373 | CPT | | | | both | | | 1036 | | 146.54 | Horizon | Medicare Blue | 310.8 | 30 | | | 10.2 | 984.2 | percent of total billed charges | |
| BKR CHG HLA-C | 81373 | CPT | | | | both | | | 1036 | | 146.54 | UHC | Medicare | 127.43 | | | | 10.2 | 984.2 | fee schedule | |
| BKR CHG HLA-C | 81373 | CPT | | | | both | | | 1036 | | 146.54 | Corrections | Corrections | 828.8 | 80 | | | 10.2 | 984.2 | percent of total billed charges | |
| BKR CHG HLA-C | 81373 | CPT | | | | both | | | 1036 | | 146.54 | Amerihealth | HMO/PPO | 82.65 | | | | 10.2 | 984.2 | fee schedule | |
| BKR CHG HLA-C | 81373 | CPT | | | | both | | | 1036 | | 146.54 | Qualcare | Qualcare | 777 | 75 | | | 10.2 | 984.2 | percent of total billed charges | |
| BKR CHG HLA-C | 81373 | CPT | | | | both | | | 1036 | | 146.54 | Wellcare | Medicare | 127.43 | | | | 10.2 | 984.2 | fee schedule | |
| BKR CHG HLA-C | 81373 | CPT | | | | both | | | 1036 | | 146.54 | Horizon | Indemnity | 396.58 | 38.28 | | | 10.2 | 984.2 | percent of total billed charges | |
| BKR CHG HLA-C | 81373 | CPT | | | | both | | | 1036 | | 146.54 | Managed Care Inc | Managed Care Inc | 932.4 | 90 | | | 10.2 | 984.2 | percent of total billed charges | |
| BKR CHG HLA-C | 81373 | CPT | | | | both | | | 1036 | | 146.54 | Horizon | NJ Health | 120.01 | | | | 10.2 | 984.2 | fee schedule | |
| BKR CHG HLA-C | 81373 | CPT | | | | both | | | 1036 | | 146.54 | Amerihealth | Medicare | 127.43 | | | | 10.2 | 984.2 | fee schedule | |
| BKR CHG HLA-C | 81373 | CPT | | | | both | | | 1036 | | 146.54 | Wellcare | Medicaid | 101.94 | | | | 10.2 | 984.2 | fee schedule | |
| BKR CHG HLA-C | 81373 | CPT | | | | both | | | 1036 | | 146.54 | WellPoint | WellPoint | 333.38 | 32.18 | | | 10.2 | 984.2 | percent of total billed charges | |
| BKR CHG HLA-C | 81373 | CPT | | | | both | | | 1036 | | 146.54 | First Health | First Health | 725.2 | 70 | | | 10.2 | 984.2 | percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN | 81374 | CPT | | | | both | | | 411 | | 85.48 | First Health | First Health | 287.7 | 70 | | | 50.1 | 390.45 | percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN | 81374 | CPT | | | | both | | | 411 | | 85.48 | Horizon | Indemnity | 157.33 | 38.28 | | | 50.1 | 390.45 | percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN | 81374 | CPT | | | | both | | | 411 | | 85.48 | Corrections | Corrections | 328.8 | 80 | | 41.46 | 50.1 | 390.45 | percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN | 81374 | CPT | | | | both | | | 411 | | 85.48 | Aetna | Better Health | 129.67 | 31.55 | | 41.63 | 50.1 | 390.45 | percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN | 81374 | CPT | | | | both | | | 411 | | 85.48 | Consumer | Consumer | 390.45 | 95 | | | 50.1 | 390.45 | percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN | 81374 | CPT | | | | both | | | 411 | | 85.48 | Americare | Americare | 308.25 | 75 | | | 50.1 | 390.45 | percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN | 81374 | CPT | | | | both | | | 411 | | 85.48 | Aetna | Medicare | 126.99 | 30.8 | | | 50.1 | 390.45 | percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN | 81374 | CPT | | | | both | | | 411 | | 85.48 | Aetna | Commercial | 156.18 | 38 | | | 50.1 | 390.45 | percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN | 81374 | CPT | | | | both | | | 411 | | 85.48 | Multiplan | Multiplan | 328.8 | 80 | | | 50.1 | 390.45 | percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN | 81374 | CPT | | | | both | | | 411 | | 85.48 | Horizon | NJ Health | 88.85 | | | 6.82 | 50.1 | 390.45 | fee schedule | |
| BKR CHG HLA-B27 ANTIGEN | 81374 | CPT | | | | both | | | 411 | | 85.48 | First Trenton | First Trenton | 369.9 | 90 | | | 50.1 | 390.45 | percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN | 81374 | CPT | | | | both | | | 411 | | 85.48 | Amerihealth | HMO/PPO | 53.99 | | | | 50.1 | 390.45 | fee schedule | |
| BKR CHG HLA-B27 ANTIGEN | 81374 | CPT | | | | both | | | 411 | | 85.48 | Three Rivers | Three Rivers | 390.45 | 95 | | | 50.1 | 390.45 | percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN | 81374 | CPT | | | | both | | | 411 | | 85.48 | Horizon | PPO | 157.33 | 38.28 | | | 50.1 | 390.45 | percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN | 81374 | CPT | | | | both | | | 411 | | 85.48 | Horizon | MGD | 157.33 | 38.28 | | | 50.1 | 390.45 | percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN | 81374 | CPT | | | | both | | | 411 | | 85.48 | Amerihealth | Medicare | 74.33 | | | | 50.1 | 390.45 | fee schedule | |
| BKR CHG HLA-B27 ANTIGEN | 81374 | CPT | | | | both | | | 411 | | 85.48 | WellPoint | WellPoint | 132.26 | 32.18 | | 29.53 | 50.1 | 390.45 | percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN | 81374 | CPT | | | | both | | | 411 | | 85.48 | UHC | Medicare | 74.33 | | | 49.97 | 50.1 | 390.45 | fee schedule | |
| BKR CHG HLA-B27 ANTIGEN | 81374 | CPT | | | | both | | | 411 | | 85.48 | Horizon | Medicare Blue | 123.3 | 30 | | | 50.1 | 390.45 | percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN | 81374 | CPT | | | | both | | | 411 | | 85.48 | Wellcare | Medicaid | 59.46 | | | | 50.1 | 390.45 | fee schedule | |
| BKR CHG HLA-B27 ANTIGEN | 81374 | CPT | | | | both | | | 411 | | 85.48 | Qualcare | Qualcare | 308.25 | 75 | | | 50.1 | 390.45 | percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN | 81374 | CPT | | | | both | | | 411 | | 85.48 | Managed Care Inc | Managed Care Inc | 369.9 | 90 | | | 50.1 | 390.45 | percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN | 81374 | CPT | | | | both | | | 411 | | 85.48 | UHC | Medicaid | 59.46 | | | 44.65 | 50.1 | 390.45 | fee schedule | |
| BKR CHG HLA-B27 ANTIGEN | 81374 | CPT | | | | both | | | 411 | | 85.48 | Wellcare | Medicare | 74.33 | | | | 50.1 | 390.45 | fee schedule | |
| BKR CHG HLA DR1/3/4/5 DQ INTERMEDIATE RES | 81375 | CPT | | | | outpatient | | | 1164 | | 253.85 | Corrections | Corrections | 931.2 | 80 | | | 163.82 | 1105.8 | percent of total billed charges | |
| BKR CHG HLA DR1/3/4/5 DQ INTERMEDIATE RES | 81375 | CPT | | | | outpatient | | | 1164 | | 253.85 | Aetna | Better Health | 367.24 | 31.55 | | | 163.82 | 1105.8 | percent of total billed charges | |
| BKR CHG HLA DR1/3/4/5 DQ INTERMEDIATE RES | 81375 | CPT | | | | outpatient | | | 1164 | | 253.85 | Americare | Americare | 873 | 75 | | | 163.82 | 1105.8 | percent of total billed charges | |
| BKR CHG HLA DR1/3/4/5 DQ INTERMEDIATE RES | 81375 | CPT | | | | outpatient | | | 1164 | | 253.85 | Aetna | Commercial | 442.32 | 38 | | | 163.82 | 1105.8 | percent of total billed charges | |
| BKR CHG HLA DR1/3/4/5 DQ INTERMEDIATE RES | 81375 | CPT | | | | outpatient | | | 1164 | | 253.85 | Aetna | Medicare | 358.51 | 30.8 | | | 163.82 | 1105.8 | percent of total billed charges | |
| BKR CHG HLA DR1/3/4/5 DQ INTERMEDIATE RES | 81375 | CPT | | | | outpatient | | | 1164 | | 253.85 | First Health | First Health | 814.8 | 70 | | | 163.82 | 1105.8 | percent of total billed charges | |
| BKR CHG HLA DR1/3/4/5 DQ INTERMEDIATE RES | 81375 | CPT | | | | outpatient | | | 1164 | | 253.85 | Horizon | Indemnity | 445.58 | 38.28 | | | 163.82 | 1105.8 | percent of total billed charges | |
| BKR CHG HLA DR1/3/4/5 DQ INTERMEDIATE RES | 81375 | CPT | | | | outpatient | | | 1164 | | 253.85 | UHC | Medicaid | 176.59 | | | | 163.82 | 1105.8 | fee schedule | |
| BKR CHG HLA DR1/3/4/5 DQ INTERMEDIATE RES | 81375 | CPT | | | | outpatient | | | 1164 | | 253.85 | First Trenton | First Trenton | 1047.6 | 90 | | | 163.82 | 1105.8 | percent of total billed charges | |
| BKR CHG HLA DR1/3/4/5 DQ INTERMEDIATE RES | 81375 | CPT | | | | outpatient | | | 1164 | | 253.85 | Consumer | Consumer | 1105.8 | 95 | | | 163.82 | 1105.8 | percent of total billed charges | |
| BKR CHG HLA DR1/3/4/5 DQ INTERMEDIATE RES | 81375 | CPT | | | | outpatient | | | 1164 | | 253.85 | Amerihealth | HMO/PPO | 163.82 | | | | 163.82 | 1105.8 | fee schedule | |
| BKR CHG HLA DR1/3/4/5 DQ INTERMEDIATE RES | 81375 | CPT | | | | outpatient | | | 1164 | | 253.85 | UHC | Medicare | 220.74 | | | | 163.82 | 1105.8 | fee schedule | |
| BKR CHG HLA DR1/3/4/5 DQ INTERMEDIATE RES | 81375 | CPT | | | | outpatient | | | 1164 | | 253.85 | Horizon | MGD | 445.58 | 38.28 | | | 163.82 | 1105.8 | percent of total billed charges | |
| BKR CHG HLA DR1/3/4/5 DQ INTERMEDIATE RES | 81375 | CPT | | | | outpatient | | | 1164 | | 253.85 | Multiplan | Multiplan | 931.2 | 80 | | | 163.82 | 1105.8 | percent of total billed charges | |
| BKR CHG HLA DR1/3/4/5 DQ INTERMEDIATE RES | 81375 | CPT | | | | outpatient | | | 1164 | | 253.85 | Horizon | PPO | 445.58 | 38.28 | | | 163.82 | 1105.8 | percent of total billed charges | |
| BKR CHG HLA DR1/3/4/5 DQ INTERMEDIATE RES | 81375 | CPT | | | | outpatient | | | 1164 | | 253.85 | WellPoint | WellPoint | 374.58 | 32.18 | | | 163.82 | 1105.8 | percent of total billed charges | |
| BKR CHG HLA DR1/3/4/5 DQ INTERMEDIATE RES | 81375 | CPT | | | | outpatient | | | 1164 | | 253.85 | Horizon | Medicare Blue | 349.2 | 30 | | | 163.82 | 1105.8 | percent of total billed charges | |
| BKR CHG HLA DR1/3/4/5 DQ INTERMEDIATE RES | 81375 | CPT | | | | outpatient | | | 1164 | | 253.85 | Wellcare | Medicare | 220.74 | | | | 163.82 | 1105.8 | fee schedule | |
| BKR CHG HLA DR1/3/4/5 DQ INTERMEDIATE RES | 81375 | CPT | | | | outpatient | | | 1164 | | 253.85 | Amerihealth | Medicare | 220.74 | | | | 163.82 | 1105.8 | fee schedule | |
| BKR CHG HLA DR1/3/4/5 DQ INTERMEDIATE RES | 81375 | CPT | | | | outpatient | | | 1164 | | 253.85 | Qualcare | Qualcare | 873 | 75 | | | 163.82 | 1105.8 | percent of total billed charges | |
| BKR CHG HLA DR1/3/4/5 DQ INTERMEDIATE RES | 81375 | CPT | | | | outpatient | | | 1164 | | 253.85 | Three Rivers | Three Rivers | 1105.8 | 95 | | | 163.82 | 1105.8 | percent of total billed charges | |
| BKR CHG HLA DR1/3/4/5 DQ INTERMEDIATE RES | 81375 | CPT | | | | outpatient | | | 1164 | | 253.85 | Horizon | NJ Health | 237.89 | | | | 163.82 | 1105.8 | fee schedule | |
| BKR CHG HLA DR1/3/4/5 DQ INTERMEDIATE RES | 81375 | CPT | | | | outpatient | | | 1164 | | 253.85 | Wellcare | Medicaid | 176.59 | | | | 163.82 | 1105.8 | fee schedule | |
| BKR CHG HLA DR1/3/4/5 DQ INTERMEDIATE RES | 81375 | CPT | | | | outpatient | | | 1164 | | 253.85 | Managed Care Inc | Managed Care Inc | 1047.6 | 90 | | | 163.82 | 1105.8 | percent of total billed charges | |
| BKR CHG HLA-DQB1 | 81376 | CPT | | | | both | | | 806 | | 140.55 | First Health | First Health | 564.2 | 70 | | | 90.7 | 765.7 | percent of total billed charges | |
| BKR CHG HLA-DQB1 | 81376 | CPT | | | | both | | | 806 | | 140.55 | Aetna | Better Health | 254.29 | 31.55 | | | 90.7 | 765.7 | percent of total billed charges | |
| BKR CHG HLA-DQB1 | 81376 | CPT | | | | both | | | 806 | | 140.55 | Amerihealth | Medicare | 122.22 | | | | 90.7 | 765.7 | fee schedule | |
| BKR CHG HLA-DQB1 | 81376 | CPT | | | | both | | | 806 | | 140.55 | Multiplan | Multiplan | 644.8 | 80 | | | 90.7 | 765.7 | percent of total billed charges | |
| BKR CHG HLA-DQB1 | 81376 | CPT | | | | both | | | 806 | | 140.55 | Aetna | Medicare | 248.25 | 30.8 | | | 90.7 | 765.7 | percent of total billed charges | |
| BKR CHG HLA-DQB1 | 81376 | CPT | | | | both | | | 806 | | 140.55 | Corrections | Corrections | 644.8 | 80 | | | 90.7 | 765.7 | percent of total billed charges | |
| BKR CHG HLA-DQB1 | 81376 | CPT | | | | both | | | 806 | | 140.55 | First Trenton | First Trenton | 725.4 | 90 | | | 90.7 | 765.7 | percent of total billed charges | |
| BKR CHG HLA-DQB1 | 81376 | CPT | | | | both | | | 806 | | 140.55 | Americare | Americare | 604.5 | 75 | | | 90.7 | 765.7 | percent of total billed charges | |
| BKR CHG HLA-DQB1 | 81376 | CPT | | | | both | | | 806 | | 140.55 | UHC | Medicare | 122.22 | | | | 90.7 | 765.7 | fee schedule | |
| BKR CHG HLA-DQB1 | 81376 | CPT | | | | both | | | 806 | | 140.55 | Aetna | Commercial | 306.28 | 38 | | | 90.7 | 765.7 | percent of total billed charges | |
| BKR CHG HLA-DQB1 | 81376 | CPT | | | | both | | | 806 | | 140.55 | Horizon | Indemnity | 308.54 | 38.28 | | | 90.7 | 765.7 | percent of total billed charges | |
| BKR CHG HLA-DQB1 | 81376 | CPT | | | | both | | | 806 | | 140.55 | Qualcare | Qualcare | 604.5 | 75 | | | 90.7 | 765.7 | percent of total billed charges | |
| BKR CHG HLA-DQB1 | 81376 | CPT | | | | both | | | 806 | | 140.55 | Amerihealth | HMO/PPO | 90.7 | | | | 90.7 | 765.7 | fee schedule | |
| BKR CHG HLA-DQB1 | 81376 | CPT | | | | both | | | 806 | | 140.55 | WellPoint | WellPoint | 259.37 | 32.18 | | | 90.7 | 765.7 | percent of total billed charges | |
| BKR CHG HLA-DQB1 | 81376 | CPT | | | | both | | | 806 | | 140.55 | Horizon | PPO | 308.54 | 38.28 | | | 90.7 | 765.7 | percent of total billed charges | |
| BKR CHG HLA-DQB1 | 81376 | CPT | | | | both | | | 806 | | 140.55 | Consumer | Consumer | 765.7 | 95 | | | 90.7 | 765.7 | percent of total billed charges | |
| BKR CHG HLA-DQB1 | 81376 | CPT | | | | both | | | 806 | | 140.55 | Wellcare | Medicare | 122.22 | | | | 90.7 | 765.7 | fee schedule | |
| BKR CHG HLA-DQB1 | 81376 | CPT | | | | both | | | 806 | | 140.55 | Horizon | Medicare Blue | 241.8 | 30 | | | 90.7 | 765.7 | percent of total billed charges | |
| BKR CHG HLA-DQB1 | 81376 | CPT | | | | both | | | 806 | | 140.55 | Managed Care Inc | Managed Care Inc | 725.4 | 90 | | | 90.7 | 765.7 | percent of total billed charges | |
| BKR CHG HLA-DQB1 | 81376 | CPT | | | | both | | | 806 | | 140.55 | UHC | Medicaid | 97.78 | | | | 90.7 | 765.7 | fee schedule | |
| BKR CHG HLA-DQB1 | 81376 | CPT | | | | both | | | 806 | | 140.55 | Horizon | MGD | 308.54 | 38.28 | | | 90.7 | 765.7 | percent of total billed charges | |
| BKR CHG HLA-DQB1 | 81376 | CPT | | | | both | | | 806 | | 140.55 | Horizon | NJ Health | 131.71 | | | | 90.7 | 765.7 | fee schedule | |
| BKR CHG HLA-DQB1 | 81376 | CPT | | | | both | | | 806 | | 140.55 | Wellcare | Medicaid | 97.78 | | | | 90.7 | 765.7 | fee schedule | |
| BKR CHG HLA-DQB1 | 81376 | CPT | | | | both | | | 806 | | 140.55 | Three Rivers | Three Rivers | 765.7 | 95 | | | 90.7 | 765.7 | percent of total billed charges | |
| BKR CHG HLA TYPING, DRB1 ; CLASS II HIGH RESOLU | 81378 | CPT | | | | outpatient | | | 1979 | | 397.41 | Aetna | Medicare | 609.53 | 30.8 | | 256.45 | 1880.05 | percent of total billed charges | |
| BKR CHG HLA TYPING, DRB1 ; CLASS II HIGH RESOLU | 81378 | CPT | | | | outpatient | | | 1979 | | 397.41 | Aetna | Better Health | 624.37 | 31.55 | | 256.45 | 1880.05 | percent of total billed charges | |
| BKR CHG HLA TYPING, DRB1 ; CLASS II HIGH RESOLU | 81378 | CPT | | | | outpatient | | | 1979 | | 397.41 | Americare | Americare | 1484.25 | 75 | | 256.45 | 1880.05 | percent of total billed charges | |
| BKR CHG HLA TYPING, DRB1 ; CLASS II HIGH RESOLU | 81378 | CPT | | | | outpatient | | | 1979 | | 397.41 | Aetna | Commercial | 752.02 | 38 | | 256.45 | 1880.05 | percent of total billed charges | |
| BKR CHG HLA TYPING, DRB1 ; CLASS II HIGH RESOLU | 81378 | CPT | | | | outpatient | | | 1979 | | 397.41 | First Trenton | First Trenton | 1781.1 | 90 | | 256.45 | 1880.05 | percent of total billed charges | |
| BKR CHG HLA TYPING, DRB1 ; CLASS II HIGH RESOLU | 81378 | CPT | | | | outpatient | | | 1979 | | 397.41 | First Health | First Health | 1385.3 | 70 | | 256.45 | 1880.05 | percent of total billed charges | |
| BKR CHG HLA TYPING, DRB1 ; CLASS II HIGH RESOLU | 81378 | CPT | | | | outpatient | | | 1979 | | 397.41 | Horizon | Indemnity | 757.56 | 38.28 | | 256.45 | 1880.05 | percent of total billed charges | |
| BKR CHG HLA TYPING, DRB1 ; CLASS II HIGH RESOLU | 81378 | CPT | | | | outpatient | | | 1979 | | 397.41 | UHC | Medicaid | 276.46 | | | 256.45 | 1880.05 | fee schedule | |
| BKR CHG HLA TYPING, DRB1 ; CLASS II HIGH RESOLU | 81378 | CPT | | | | outpatient | | | 1979 | | 397.41 | Corrections | Corrections | 1583.2 | 80 | | 256.45 | 1880.05 | percent of total billed charges | |
| BKR CHG HLA TYPING, DRB1 ; CLASS II HIGH RESOLU | 81378 | CPT | | | | outpatient | | | 1979 | | 397.41 | Consumer | Consumer | 1880.05 | 95 | | 256.45 | 1880.05 | percent of total billed charges | |
| BKR CHG HLA TYPING, DRB1 ; CLASS II HIGH RESOLU | 81378 | CPT | | | | outpatient | | | 1979 | | 397.41 | Amerihealth | HMO/PPO | 256.45 | | | 256.45 | 1880.05 | fee schedule | |
| BKR CHG HLA TYPING, DRB1 ; CLASS II HIGH RESOLU | 81378 | CPT | | | | outpatient | | | 1979 | | 397.41 | WellPoint | WellPoint | 636.84 | 32.18 | | 256.45 | 1880.05 | percent of total billed charges | |
| BKR CHG HLA TYPING, DRB1 ; CLASS II HIGH RESOLU | 81378 | CPT | | | | outpatient | | | 1979 | | 397.41 | Horizon | NJ Health | 372.4 | | | 256.45 | 1880.05 | fee schedule | |
| BKR CHG HLA TYPING, DRB1 ; CLASS II HIGH RESOLU | 81378 | CPT | | | | outpatient | | | 1979 | | 397.41 | Multiplan | Multiplan | 1583.2 | 80 | | 256.45 | 1880.05 | percent of total billed charges | |
| BKR CHG HLA TYPING, DRB1 ; CLASS II HIGH RESOLU | 81378 | CPT | | | | outpatient | | | 1979 | | 397.41 | Wellcare | Medicaid | 276.46 | | | 256.45 | 1880.05 | fee schedule | |
| BKR CHG HLA TYPING, DRB1 ; CLASS II HIGH RESOLU | 81378 | CPT | | | | outpatient | | | 1979 | | 397.41 | Horizon | Medicare Blue | 593.7 | 30 | | 256.45 | 1880.05 | percent of total billed charges | |
| BKR CHG HLA TYPING, DRB1 ; CLASS II HIGH RESOLU | 81378 | CPT | | | | outpatient | | | 1979 | | 397.41 | Horizon | MGD | 757.56 | 38.28 | | 256.45 | 1880.05 | percent of total billed charges | |
| BKR CHG HLA TYPING, DRB1 ; CLASS II HIGH RESOLU | 81378 | CPT | | | | outpatient | | | 1979 | | 397.41 | Qualcare | Qualcare | 1484.25 | 75 | | 256.45 | 1880.05 | percent of total billed charges | |
| BKR CHG HLA TYPING, DRB1 ; CLASS II HIGH RESOLU | 81378 | CPT | | | | outpatient | | | 1979 | | 397.41 | Amerihealth | Medicare | 345.57 | | | 256.45 | 1880.05 | fee schedule | |
| BKR CHG HLA TYPING, DRB1 ; CLASS II HIGH RESOLU | 81378 | CPT | | | | outpatient | | | 1979 | | 397.41 | Wellcare | Medicare | 345.57 | | | 256.45 | 1880.05 | fee schedule | |
| BKR CHG HLA TYPING, DRB1 ; CLASS II HIGH RESOLU | 81378 | CPT | | | | outpatient | | | 1979 | | 397.41 | Horizon | PPO | 757.56 | 38.28 | | 256.45 | 1880.05 | percent of total billed charges | |
| BKR CHG HLA TYPING, DRB1 ; CLASS II HIGH RESOLU | 81378 | CPT | | | | outpatient | | | 1979 | | 397.41 | UHC | Medicare | 345.57 | | | 256.45 | 1880.05 | fee schedule | |
| BKR CHG HLA TYPING, DRB1 ; CLASS II HIGH RESOLU | 81378 | CPT | | | | outpatient | | | 1979 | | 397.41 | Managed Care Inc | Managed Care Inc | 1781.1 | 90 | | 256.45 | 1880.05 | percent of total billed charges | |
| BKR CHG HLA TYPING, DRB1 ; CLASS II HIGH RESOLU | 81378 | CPT | | | | outpatient | | | 1979 | | 397.41 | Three Rivers | Three Rivers | 1880.05 | 95 | | 256.45 | 1880.05 | percent of total billed charges | |
| BKR CHG HLA TYPING; A B OR C MULTIPLE ANTIGENS | 81379 | CPT | | | | outpatient | | | 5919 | | 385.69 | UHC | Medicare | 335.38 | | | 248.89 | 5623.05 | fee schedule | |
| BKR CHG HLA TYPING; A B OR C MULTIPLE ANTIGENS | 81379 | CPT | | | | outpatient | | | 5919 | | 385.69 | Aetna | Commercial | 2249.22 | 38 | | 248.89 | 5623.05 | percent of total billed charges | |
| BKR CHG HLA TYPING; A B OR C MULTIPLE ANTIGENS | 81379 | CPT | | | | outpatient | | | 5919 | | 385.69 | Amerihealth | Medicare | 335.38 | | | 248.89 | 5623.05 | fee schedule | |
| BKR CHG HLA TYPING; A B OR C MULTIPLE ANTIGENS | 81379 | CPT | | | | outpatient | | | 5919 | | 385.69 | Americare | Americare | 4439.25 | 75 | | 248.89 | 5623.05 | percent of total billed charges | |
| BKR CHG HLA TYPING; A B OR C MULTIPLE ANTIGENS | 81379 | CPT | | | | outpatient | | | 5919 | | 385.69 | Aetna | Better Health | 1867.44 | 31.55 | | 248.89 | 5623.05 | percent of total billed charges | |
| BKR CHG HLA TYPING; A B OR C MULTIPLE ANTIGENS | 81379 | CPT | | | | outpatient | | | 5919 | | 385.69 | Consumer | Consumer | 5623.05 | 95 | | 248.89 | 5623.05 | percent of total billed charges | |
| BKR CHG HLA TYPING; A B OR C MULTIPLE ANTIGENS | 81379 | CPT | | | | outpatient | | | 5919 | | 385.69 | First Trenton | First Trenton | 5327.1 | 90 | | 248.89 | 5623.05 | percent of total billed charges | |
| BKR CHG HLA TYPING; A B OR C MULTIPLE ANTIGENS | 81379 | CPT | | | | outpatient | | | 5919 | | 385.69 | Horizon | Indemnity | 2265.79 | 38.28 | | 248.89 | 5623.05 | percent of total billed charges | |
| BKR CHG HLA TYPING; A B OR C MULTIPLE ANTIGENS | 81379 | CPT | | | | outpatient | | | 5919 | | 385.69 | Wellcare | Medicare | 335.38 | | | 248.89 | 5623.05 | fee schedule | |
| BKR CHG HLA TYPING; A B OR C MULTIPLE ANTIGENS | 81379 | CPT | | | | outpatient | | | 5919 | | 385.69 | Aetna | Medicare | 1823.05 | 30.8 | | 248.89 | 5623.05 | percent of total billed charges | |
| BKR CHG HLA TYPING; A B OR C MULTIPLE ANTIGENS | 81379 | CPT | | | | outpatient | | | 5919 | | 385.69 | Corrections | Corrections | 4735.2 | 80 | | 248.89 | 5623.05 | percent of total billed charges | |
| BKR CHG HLA TYPING; A B OR C MULTIPLE ANTIGENS | 81379 | CPT | | | | outpatient | | | 5919 | | 385.69 | Horizon | Medicare Blue | 1775.7 | 30 | | 248.89 | 5623.05 | percent of total billed charges | |
| BKR CHG HLA TYPING; A B OR C MULTIPLE ANTIGENS | 81379 | CPT | | | | outpatient | | | 5919 | | 385.69 | Amerihealth | HMO/PPO | 248.89 | | | | 248.89 | 5623.05 | fee schedule | |
| BKR CHG HLA TYPING; A B OR C MULTIPLE ANTIGENS | 81379 | CPT | | | | outpatient | | | 5919 | | 385.69 | Horizon | MGD | 2265.79 | 38.28 | | | 248.89 | 5623.05 | percent of total billed charges | |
| BKR CHG HLA TYPING; A B OR C MULTIPLE ANTIGENS | 81379 | CPT | | | | outpatient | | | 5919 | | 385.69 | Horizon | PPO | 2265.79 | 38.28 | | | 248.89 | 5623.05 | percent of total billed charges | |
| BKR CHG HLA TYPING; A B OR C MULTIPLE ANTIGENS | 81379 | CPT | | | | outpatient | | | 5919 | | 385.69 | Multiplan | Multiplan | 4735.2 | 80 | | | 248.89 | 5623.05 | percent of total billed charges | |
| BKR CHG HLA TYPING; A B OR C MULTIPLE ANTIGENS | 81379 | CPT | | | | outpatient | | | 5919 | | 385.69 | First Health | First Health | 4143.3 | 70 | | | 248.89 | 5623.05 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG HLA TYPING; A B OR C MULTIPLE ANTIGENS | 81379 | CPT | | | | outpatient | | | 5919 | 385.69 | Qualcare | | 4439.25 | 75 | | | 248.89 | 5923.05 | percent of total billed charges | |
| BKR CHG HLA TYPING; A B OR C MULTIPLE ANTIGENS | 81379 | CPT | | | | outpatient | | | 5919 | 385.69 | Horizon | NJ Health | 361.42 | | | | 248.89 | 5923.05 | fee schedule | |
| BKR CHG HLA TYPING; A B OR C MULTIPLE ANTIGENS | 81379 | CPT | | | | outpatient | | | 5919 | 385.69 | UHC | Medicaid | 268.3 | | | | 248.89 | 5923.05 | fee schedule | |
| BKR CHG HLA TYPING; A B OR C MULTIPLE ANTIGENS | 81379 | CPT | | | | outpatient | | | 5919 | 385.69 | Managed Care Inc | Managed Care Inc | 5327.1 | 90 | | | 248.89 | 5923.05 | percent of total billed charges | |
| BKR CHG HLA TYPING; A B OR C MULTIPLE ANTIGENS | 81379 | CPT | | | | outpatient | | | 5919 | 385.69 | WellPoint | WellPoint | 1904.73 | 32.18 | | | 248.89 | 5923.05 | percent of total billed charges | |
| BKR CHG HLA TYPING; A B OR C MULTIPLE ANTIGENS | 81379 | CPT | | | | outpatient | | | 5919 | 385.69 | Three Rivers | Three Rivers | 5623.05 | 95 | | | 248.89 | 5923.05 | percent of total billed charges | |
| BKR CHG HLA TYPING; A B OR C MULTIPLE ANTIGENS | 81379 | CPT | | | | outpatient | | | 5919 | 385.69 | Wellcare | Medicaid | 268.3 | | | | 248.89 | 5923.05 | fee schedule | |
| BKR CHG HLA-A29 UVEITIS | 81381 | CPT | | | | both | | | 806 | 195.39 | Horizon | Indemnity | 308.54 | 38.28 | | | 59.4 | 765.7 | percent of total billed charges | |
| BKR CHG HLA-A29 UVEITIS | 81381 | CPT | | | | both | | | 806 | 195.39 | Amerihealth | HMO/PPO | 70.19 | | | | 59.4 | 765.7 | fee schedule | |
| BKR CHG HLA-A29 UVEITIS | 81381 | CPT | | | | both | | | 806 | 195.39 | Horizon | Medicare Blue | 241.8 | 30 | | 6.17 | 59.4 | 765.7 | percent of total billed charges | |
| BKR CHG HLA-A29 UVEITIS | 81381 | CPT | | | | both | | | 806 | 195.39 | Consumer | Consumer | 765.7 | 95 | | | 59.4 | 765.7 | percent of total billed charges | |
| BKR CHG HLA-A29 UVEITIS | 81381 | CPT | | | | both | | | 806 | 195.39 | Aetna | Commercial | 306.28 | 38 | | 20.98 | 59.4 | 765.7 | percent of total billed charges | |
| BKR CHG HLA-A29 UVEITIS | 81381 | CPT | | | | both | | | 806 | 195.39 | Aetna | Medicare | 248.25 | 30.8 | | | 59.4 | 765.7 | percent of total billed charges | |
| BKR CHG HLA-A29 UVEITIS | 81381 | CPT | | | | both | | | 806 | 195.39 | Aetna | Better Health | 254.29 | 31.55 | | 27.34 | 59.4 | 765.7 | percent of total billed charges | |
| BKR CHG HLA-A29 UVEITIS | 81381 | CPT | | | | both | | | 806 | 195.39 | Corrections | Corrections | 644.8 | 80 | | | 59.4 | 765.7 | percent of total billed charges | |
| BKR CHG HLA-A29 UVEITIS | 81381 | CPT | | | | both | | | 806 | 195.39 | Horizon | PPO | 308.54 | 38.28 | | | 59.4 | 765.7 | percent of total billed charges | |
| BKR CHG HLA-A29 UVEITIS | 81381 | CPT | | | | both | | | 806 | 195.39 | Amerihealth | Medicare | 169.9 | | | | 59.4 | 765.7 | fee schedule | |
| BKR CHG HLA-A29 UVEITIS | 81381 | CPT | | | | both | | | 806 | 195.39 | UHC | Medicaid | 135.92 | | | 40.45 | 59.4 | 765.7 | fee schedule | |
| BKR CHG HLA-A29 UVEITIS | 81381 | CPT | | | | both | | | 806 | 195.39 | Horizon | NJ Health | 101.92 | | | 0.86 | 59.4 | 765.7 | fee schedule | |
| BKR CHG HLA-A29 UVEITIS | 81381 | CPT | | | | both | | | 806 | 195.39 | First Trenton | First Trenton | 725.4 | 90 | | | 59.4 | 765.7 | percent of total billed charges | |
| BKR CHG HLA-A29 UVEITIS | 81381 | CPT | | | | both | | | 806 | 195.39 | Horizon | MGD | 308.54 | 38.28 | | | 59.4 | 765.7 | percent of total billed charges | |
| BKR CHG HLA-A29 UVEITIS | 81381 | CPT | | | | both | | | 806 | 195.39 | Americare | Americare | 604.5 | 75 | | | 59.4 | 765.7 | percent of total billed charges | |
| BKR CHG HLA-A29 UVEITIS | 81381 | CPT | | | | both | | | 806 | 195.39 | WellPoint | WellPoint | 259.37 | 32.18 | | | 59.4 | 765.7 | percent of total billed charges | |
| BKR CHG HLA-A29 UVEITIS | 81381 | CPT | | | | both | | | 806 | 195.39 | Wellcare | Medicaid | 135.92 | | | | 59.4 | 765.7 | fee schedule | |
| BKR CHG HLA-A29 UVEITIS | 81381 | CPT | | | | both | | | 806 | 195.39 | First Health | First Health | 564.2 | 70 | | | 59.4 | 765.7 | percent of total billed charges | |
| BKR CHG HLA-A29 UVEITIS | 81381 | CPT | | | | both | | | 806 | 195.39 | UHC | Medicare | 169.9 | | | 8.01 | 59.4 | 765.7 | fee schedule | |
| BKR CHG HLA-A29 UVEITIS | 81381 | CPT | | | | both | | | 806 | 195.39 | Managed Care Inc | Managed Care Inc | 725.4 | 90 | | | 59.4 | 765.7 | percent of total billed charges | |
| BKR CHG HLA-A29 UVEITIS | 81381 | CPT | | | | both | | | 806 | 195.39 | Multiplan | Multiplan | 644.8 | 80 | | | 59.4 | 765.7 | percent of total billed charges | |
| BKR CHG HLA-A29 UVEITIS | 81381 | CPT | | | | both | | | 806 | 195.39 | Wellcare | Medicare | 169.9 | | | | 59.4 | 765.7 | fee schedule | |
| BKR CHG HLA-A29 UVEITIS | 81381 | CPT | | | | both | | | 806 | 195.39 | Qualcare | Qualcare | 604.5 | 75 | | | 59.4 | 765.7 | percent of total billed charges | |
| BKR CHG HLA-A29 UVEITIS | 81381 | CPT | | | | both | | | 806 | 195.39 | Three Rivers | Three Rivers | 765.7 | 95 | | | 59.4 | 765.7 | percent of total billed charges | |
| BKR CHG HLA-C II TYPE HI RESOLUTION | 81382 | CPT | | | | outpatient | | | 347 | 142.23 | Amerihealth | Medicare | 123.68 | | | | 91.79 | 329.65 | fee schedule | |
| BKR CHG HLA-C II TYPE HI RESOLUTION | 81382 | CPT | | | | outpatient | | | 347 | 142.23 | Aetna | Commercial | 131.86 | 38 | | | 91.79 | 329.65 | percent of total billed charges | |
| BKR CHG HLA-C II TYPE HI RESOLUTION | 81382 | CPT | | | | outpatient | | | 347 | 142.23 | Amerihealth | HMO/PPO | 91.79 | | | | 91.79 | 329.65 | fee schedule | |
| BKR CHG HLA-C II TYPE HI RESOLUTION | 81382 | CPT | | | | outpatient | | | 347 | 142.23 | Aetna | Better Health | 109.48 | 31.55 | | | 91.79 | 329.65 | percent of total billed charges | |
| BKR CHG HLA-C II TYPE HI RESOLUTION | 81382 | CPT | | | | outpatient | | | 347 | 142.23 | Horizon | Indemnity | 132.83 | 38.28 | | | 91.79 | 329.65 | percent of total billed charges | |
| BKR CHG HLA-C II TYPE HI RESOLUTION | 81382 | CPT | | | | outpatient | | | 347 | 142.23 | UHC | Medicaid | 98.94 | | | | 91.79 | 329.65 | fee schedule | |
| BKR CHG HLA-C II TYPE HI RESOLUTION | 81382 | CPT | | | | outpatient | | | 347 | 142.23 | Americare | Americare | 260.25 | 75 | | | 91.79 | 329.65 | percent of total billed charges | |
| BKR CHG HLA-C II TYPE HI RESOLUTION | 81382 | CPT | | | | outpatient | | | 347 | 142.23 | Aetna | Medicare | 106.88 | 30.8 | | | 91.79 | 329.65 | percent of total billed charges | |
| BKR CHG HLA-C II TYPE HI RESOLUTION | 81382 | CPT | | | | outpatient | | | 347 | 142.23 | Corrections | Corrections | 277.6 | 80 | | | 91.79 | 329.65 | percent of total billed charges | |
| BKR CHG HLA-C II TYPE HI RESOLUTION | 81382 | CPT | | | | outpatient | | | 347 | 142.23 | Wellcare | Medicare | 123.68 | | | | 91.79 | 329.65 | fee schedule | |
| BKR CHG HLA-C II TYPE HI RESOLUTION | 81382 | CPT | | | | outpatient | | | 347 | 142.23 | Horizon | Medicare Blue | 104.1 | 30 | | | 91.79 | 329.65 | percent of total billed charges | |
| BKR CHG HLA-C II TYPE HI RESOLUTION | 81382 | CPT | | | | outpatient | | | 347 | 142.23 | Consumer | Consumer | 329.65 | 95 | | | 91.79 | 329.65 | percent of total billed charges | |
| BKR CHG HLA-C II TYPE HI RESOLUTION | 81382 | CPT | | | | outpatient | | | 347 | 142.23 | Multiplan | Multiplan | 277.6 | 80 | | | 91.79 | 329.65 | percent of total billed charges | |
| BKR CHG HLA-C II TYPE HI RESOLUTION | 81382 | CPT | | | | outpatient | | | 347 | 142.23 | First Health | First Health | 242.9 | 70 | | | 91.79 | 329.65 | percent of total billed charges | |
| BKR CHG HLA-C II TYPE HI RESOLUTION | 81382 | CPT | | | | outpatient | | | 347 | 142.23 | First Trenton | First Trenton | 312.3 | 90 | | | 91.79 | 329.65 | percent of total billed charges | |
| BKR CHG HLA-C II TYPE HI RESOLUTION | 81382 | CPT | | | | outpatient | | | 347 | 142.23 | Wellcare | Medicaid | 98.94 | | | | 91.79 | 329.65 | fee schedule | |
| BKR CHG HLA-C II TYPE HI RESOLUTION | 81382 | CPT | | | | outpatient | | | 347 | 142.23 | Horizon | NJ Health | 133.28 | | | | 91.79 | 329.65 | fee schedule | |
| BKR CHG HLA-C II TYPE HI RESOLUTION | 81382 | CPT | | | | outpatient | | | 347 | 142.23 | Horizon | MGD | 132.83 | 38.28 | | | 91.79 | 329.65 | percent of total billed charges | |
| BKR CHG HLA-C II TYPE HI RESOLUTION | 81382 | CPT | | | | outpatient | | | 347 | 142.23 | Qualcare | Qualcare | 260.25 | 75 | | | 91.79 | 329.65 | percent of total billed charges | |
| BKR CHG HLA-C II TYPE HI RESOLUTION | 81382 | CPT | | | | outpatient | | | 347 | 142.23 | Horizon | PPO | 132.83 | 38.28 | | | 91.79 | 329.65 | percent of total billed charges | |
| BKR CHG HLA-C II TYPE HI RESOLUTION | 81382 | CPT | | | | outpatient | | | 347 | 142.23 | WellPoint | WellPoint | 111.66 | 32.18 | | | 91.79 | 329.65 | percent of total billed charges | |
| BKR CHG HLA-C II TYPE HI RESOLUTION | 81382 | CPT | | | | outpatient | | | 347 | 142.23 | Managed Care Inc | Managed Care Inc | 312.3 | 90 | | | 91.79 | 329.65 | percent of total billed charges | |
| BKR CHG HLA-C II TYPE HI RESOLUTION | 81382 | CPT | | | | outpatient | | | 347 | 142.23 | UHC | Medicare | 123.68 | | | | 91.79 | 329.65 | fee schedule | |
| BKR CHG HLA-C II TYPE HI RESOLUTION | 81382 | CPT | | | | outpatient | | | 347 | 142.23 | Three Rivers | Three Rivers | 329.65 | 95 | | | 91.79 | 329.65 | percent of total billed charges | |
| BKR CHG USHER SYNDROME TYPE 1F&3 (2013750) | 81400 | CPT | | | | both | | | 882 | 73.55 | Consumer | Consumer | 837.9 | 95 | | | 51.17 | 837.9 | percent of total billed charges | |
| BKR CHG USHER SYNDROME TYPE 1F&3 (2013750) | 81400 | CPT | | | | both | | | 882 | 73.55 | First Trenton | First Trenton | 793.8 | 90 | | | 51.17 | 837.9 | percent of total billed charges | |
| BKR CHG USHER SYNDROME TYPE 1F&3 (2013750) | 81400 | CPT | | | | both | | | 882 | 73.55 | Horizon | MGD | 337.63 | 38.28 | | | 51.17 | 837.9 | percent of total billed charges | |
| BKR CHG USHER SYNDROME TYPE 1F&3 (2013750) | 81400 | CPT | | | | both | | | 882 | 73.55 | Amerihealth | HMO/PPO | 573.3 | 65 | | | 51.17 | 837.9 | percent of total billed charges | |
| BKR CHG USHER SYNDROME TYPE 1F&3 (2013750) | 81400 | CPT | | | | both | | | 882 | 73.55 | Aetna | Better Health | 278.27 | 31.55 | | | 51.17 | 837.9 | percent of total billed charges | |
| BKR CHG USHER SYNDROME TYPE 1F&3 (2013750) | 81400 | CPT | | | | both | | | 882 | 73.55 | Managed Care Inc | Managed Care Inc | 793.8 | 90 | | | 51.17 | 837.9 | percent of total billed charges | |
| BKR CHG USHER SYNDROME TYPE 1F&3 (2013750) | 81400 | CPT | | | | both | | | 882 | 73.55 | Aetna | Medicare | 271.66 | 30.8 | | | 51.17 | 837.9 | percent of total billed charges | |
| BKR CHG USHER SYNDROME TYPE 1F&3 (2013750) | 81400 | CPT | | | | both | | | 882 | 73.55 | Americare | Americare | 661.5 | 75 | | | 51.17 | 837.9 | percent of total billed charges | |
| BKR CHG USHER SYNDROME TYPE 1F&3 (2013750) | 81400 | CPT | | | | both | | | 882 | 73.55 | Corrections | Corrections | 705.6 | 80 | | | 51.17 | 837.9 | percent of total billed charges | |
| BKR CHG USHER SYNDROME TYPE 1F&3 (2013750) | 81400 | CPT | | | | both | | | 882 | 73.55 | Horizon | Indemnity | 337.63 | 38.28 | | | 51.17 | 837.9 | percent of total billed charges | |
| BKR CHG USHER SYNDROME TYPE 1F&3 (2013750) | 81400 | CPT | | | | both | | | 882 | 73.55 | UHC | Medicare | 63.96 | | | | 51.17 | 837.9 | fee schedule | |
| BKR CHG USHER SYNDROME TYPE 1F&3 (2013750) | 81400 | CPT | | | | both | | | 882 | 73.55 | Multiplan | Multiplan | 705.6 | 80 | | | 51.17 | 837.9 | percent of total billed charges | |
| BKR CHG USHER SYNDROME TYPE 1F&3 (2013750) | 81400 | CPT | | | | both | | | 882 | 73.55 | Aetna | Commercial | 335.16 | 38 | | | 51.17 | 837.9 | percent of total billed charges | |
| BKR CHG USHER SYNDROME TYPE 1F&3 (2013750) | 81400 | CPT | | | | both | | | 882 | 73.55 | UHC | Medicaid | 51.17 | | | | 51.17 | 837.9 | fee schedule | |
| BKR CHG USHER SYNDROME TYPE 1F&3 (2013750) | 81400 | CPT | | | | both | | | 882 | 73.55 | Amerihealth | Medicare | 63.96 | | | | 51.17 | 837.9 | fee schedule | |
| BKR CHG USHER SYNDROME TYPE 1F&3 (2013750) | 81400 | CPT | | | | both | | | 882 | 73.55 | Three Rivers | Three Rivers | 837.9 | 95 | | | 51.17 | 837.9 | percent of total billed charges | |
| BKR CHG USHER SYNDROME TYPE 1F&3 (2013750) | 81400 | CPT | | | | both | | | 882 | 73.55 | WellPoint | WellPoint | 283.83 | 32.18 | | | 51.17 | 837.9 | percent of total billed charges | |
| BKR CHG USHER SYNDROME TYPE 1F&3 (2013750) | 81400 | CPT | | | | both | | | 882 | 73.55 | Horizon | PPO | 337.63 | 38.28 | | | 51.17 | 837.9 | percent of total billed charges | |
| BKR CHG USHER SYNDROME TYPE 1F&3 (2013750) | 81400 | CPT | | | | both | | | 882 | 73.55 | First Health | First Health | 617.4 | 70 | | | 51.17 | 837.9 | percent of total billed charges | |
| BKR CHG USHER SYNDROME TYPE 1F&3 (2013750) | 81400 | CPT | | | | both | | | 882 | 73.55 | Qualcare | Qualcare | 661.5 | 75 | | | 51.17 | 837.9 | percent of total billed charges | |
| BKR CHG USHER SYNDROME TYPE 1F&3 (2013750) | 81400 | CPT | | | | both | | | 882 | 73.55 | Horizon | Medicare Blue | 264.6 | 30 | | | 51.17 | 837.9 | percent of total billed charges | |
| BKR CHG USHER SYNDROME TYPE 1F&3 (2013750) | 81400 | CPT | | | | both | | | 882 | 73.55 | Wellcare | Medicare | 63.96 | | | | 51.17 | 837.9 | fee schedule | |
| BKR CHG USHER SYNDROME TYPE 1F&3 (2013750) | 81400 | CPT | | | | both | | | 882 | 73.55 | Wellcare | Medicaid | 51.17 | | | | 51.17 | 837.9 | fee schedule | |
| BKR CHG S. MUSCULAR ATROPHY CARRIER | 81401 | CPT | | | | both | | | 4737 | 157.55 | Corrections | Corrections | 3789.6 | 80 | | | 109.6 | 4500.15 | percent of total billed charges | |
| BKR CHG S. MUSCULAR ATROPHY CARRIER | 81401 | CPT | | | | both | | | 4737 | 157.55 | Wellcare | Medicaid | 109.6 | | | 109.7 | 109.6 | 4500.15 | fee schedule | |
| BKR CHG S. MUSCULAR ATROPHY CARRIER | 81401 | CPT | | | | both | | | 4737 | 157.55 | Amerihealth | HMO/PPO | 3079.05 | 65 | | | 109.6 | 4500.15 | percent of total billed charges | |
| BKR CHG S. MUSCULAR ATROPHY CARRIER | 81401 | CPT | | | | both | | | 4737 | 157.55 | Aetna | Medicare | 1459 | 30.8 | | 7.36 | 109.6 | 4500.15 | percent of total billed charges | |
| BKR CHG S. MUSCULAR ATROPHY CARRIER | 81401 | CPT | | | | both | | | 4737 | 157.55 | Americare | Americare | 3552.75 | 75 | | | 109.6 | 4500.15 | percent of total billed charges | |
| BKR CHG S. MUSCULAR ATROPHY CARRIER | 81401 | CPT | | | | both | | | 4737 | 157.55 | Aetna | Commercial | 1800.06 | 38 | | 74.82 | 109.6 | 4500.15 | percent of total billed charges | |
| BKR CHG S. MUSCULAR ATROPHY CARRIER | 81401 | CPT | | | | both | | | 4737 | 157.55 | Aetna | Better Health | 1494.52 | 31.55 | | | 109.6 | 4500.15 | percent of total billed charges | |
| BKR CHG S. MUSCULAR ATROPHY CARRIER | 81401 | CPT | | | | both | | | 4737 | 157.55 | Wellcare | Medicare | 137 | | | | 109.6 | 4500.15 | fee schedule | |
| BKR CHG S. MUSCULAR ATROPHY CARRIER | 81401 | CPT | | | | both | | | 4737 | 157.55 | Horizon | MGD | 1813.32 | 38.28 | | 98.79 | 109.6 | 4500.15 | percent of total billed charges | |
| BKR CHG S. MUSCULAR ATROPHY CARRIER | 81401 | CPT | | | | both | | | 4737 | 157.55 | WellPoint | WellPoint | 1524.37 | 32.18 | | 109.91 | 109.6 | 4500.15 | percent of total billed charges | |
| BKR CHG S. MUSCULAR ATROPHY CARRIER | 81401 | CPT | | | | both | | | 4737 | 157.55 | First Health | First Health | 3315.9 | 70 | | | 109.6 | 4500.15 | percent of total billed charges | |
| BKR CHG S. MUSCULAR ATROPHY CARRIER | 81401 | CPT | | | | both | | | 4737 | 157.55 | Horizon | Indemnity | 1813.32 | 38.28 | | 88.7 | 109.6 | 4500.15 | percent of total billed charges | |
| BKR CHG S. MUSCULAR ATROPHY CARRIER | 81401 | CPT | | | | both | | | 4737 | 157.55 | Consumer | Consumer | 4500.15 | 95 | | | 109.6 | 4500.15 | percent of total billed charges | |
| BKR CHG S. MUSCULAR ATROPHY CARRIER | 81401 | CPT | | | | both | | | 4737 | 157.55 | Amerihealth | Medicare | 137 | | | | 109.6 | 4500.15 | fee schedule | |
| BKR CHG S. MUSCULAR ATROPHY CARRIER | 81401 | CPT | | | | both | | | 4737 | 157.55 | Horizon | Medicare Blue | 1421.1 | 30 | | | 109.6 | 4500.15 | percent of total billed charges | |
| BKR CHG S. MUSCULAR ATROPHY CARRIER | 81401 | CPT | | | | both | | | 4737 | 157.55 | First Trenton | First Trenton | 4263.3 | 90 | | | 109.6 | 4500.15 | percent of total billed charges | |
| BKR CHG S. MUSCULAR ATROPHY CARRIER | 81401 | CPT | | | | both | | | 4737 | 157.55 | Three Rivers | Three Rivers | 4500.15 | 95 | | | 109.6 | 4500.15 | percent of total billed charges | |
| BKR CHG S. MUSCULAR ATROPHY CARRIER | 81401 | CPT | | | | both | | | 4737 | 157.55 | Horizon | PPO | 1813.32 | 38.28 | | 94.89 | 109.6 | 4500.15 | percent of total billed charges | |
| BKR CHG S. MUSCULAR ATROPHY CARRIER | 81401 | CPT | | | | both | | | 4737 | 157.55 | Multiplan | Multiplan | 3789.6 | 80 | | | 109.6 | 4500.15 | percent of total billed charges | |
| BKR CHG S. MUSCULAR ATROPHY CARRIER | 81401 | CPT | | | | both | | | 4737 | 157.55 | Managed Care Inc | Managed Care Inc | 4263.3 | 90 | | | 109.6 | 4500.15 | percent of total billed charges | |
| BKR CHG S. MUSCULAR ATROPHY CARRIER | 81401 | CPT | | | | both | | | 4737 | 157.55 | UHC | Medicaid | 109.6 | | | 65.73 | 109.6 | 4500.15 | fee schedule | |
| BKR CHG S. MUSCULAR ATROPHY CARRIER | 81401 | CPT | | | | both | | | 4737 | 157.55 | UHC | Medicare | 137 | | | 34.17 | 109.6 | 4500.15 | fee schedule | |
| BKR CHG S. MUSCULAR ATROPHY CARRIER | 81401 | CPT | | | | both | | | 4737 | 157.55 | Qualcare | Qualcare | 3552.75 | 75 | | | 109.6 | 4500.15 | percent of total billed charges | |
| BKR CHG UNIPARENTAL DISOMY CHROM | 81402 | CPT | | | | both | | | 1180 | 172.88 | Horizon | Indemnity | 451.7 | 38.28 | | | 120.26 | 1121 | percent of total billed charges | |
| BKR CHG UNIPARENTAL DISOMY CHROM | 81402 | CPT | | | | both | | | 1180 | 172.88 | Amerihealth | HMO/PPO | 767 | 65 | | | 120.26 | 1121 | percent of total billed charges | |
| BKR CHG UNIPARENTAL DISOMY CHROM | 81402 | CPT | | | | both | | | 1180 | 172.88 | Amerihealth | Medicare | 150.33 | | | | 120.26 | 1121 | fee schedule | |
| BKR CHG UNIPARENTAL DISOMY CHROM | 81402 | CPT | | | | both | | | 1180 | 172.88 | Aetna | Better Health | 372.29 | 31.55 | | | 120.26 | 1121 | percent of total billed charges | |
| BKR CHG UNIPARENTAL DISOMY CHROM | 81402 | CPT | | | | both | | | 1180 | 172.88 | Corrections | Corrections | 944 | 80 | | | 120.26 | 1121 | percent of total billed charges | |
| BKR CHG UNIPARENTAL DISOMY CHROM | 81402 | CPT | | | | both | | | 1180 | 172.88 | Americare | Americare | 885 | 75 | | | 120.26 | 1121 | percent of total billed charges | |
| BKR CHG UNIPARENTAL DISOMY CHROM | 81402 | CPT | | | | both | | | 1180 | 172.88 | Aetna | Medicare | 363.44 | 30.8 | | | 120.26 | 1121 | percent of total billed charges | |
| BKR CHG UNIPARENTAL DISOMY CHROM | 81402 | CPT | | | | both | | | 1180 | 172.88 | Consumer | Consumer | 1121 | 95 | | | 120.26 | 1121 | percent of total billed charges | |
| BKR CHG UNIPARENTAL DISOMY CHROM | 81402 | CPT | | | | both | | | 1180 | 172.88 | Horizon | PPO | 451.7 | 38.28 | | | 120.26 | 1121 | percent of total billed charges | |
| BKR CHG UNIPARENTAL DISOMY CHROM | 81402 | CPT | | | | both | | | 1180 | 172.88 | Qualcare | Qualcare | 885 | 75 | | | 120.26 | 1121 | percent of total billed charges | |
| BKR CHG UNIPARENTAL DISOMY CHROM | 81402 | CPT | | | | both | | | 1180 | 172.88 | First Health | First Health | 826 | 70 | | | 120.26 | 1121 | percent of total billed charges | |
| BKR CHG UNIPARENTAL DISOMY CHROM | 81402 | CPT | | | | both | | | 1180 | 172.88 | Horizon | Medicare Blue | 354 | 30 | | | 120.26 | 1121 | percent of total billed charges | |
| BKR CHG UNIPARENTAL DISOMY CHROM | 81402 | CPT | | | | both | | | 1180 | 172.88 | First Trenton | First Trenton | 1062 | 90 | | | 120.26 | 1121 | percent of total billed charges | |
| BKR CHG UNIPARENTAL DISOMY CHROM | 81402 | CPT | | | | both | | | 1180 | 172.88 | Multiplan | Multiplan | 944 | 80 | | | 120.26 | 1121 | percent of total billed charges | |
| BKR CHG UNIPARENTAL DISOMY CHROM | 81402 | CPT | | | | both | | | 1180 | 172.88 | Horizon | MGD | 451.7 | 38.28 | | | 120.26 | 1121 | percent of total billed charges | |
| BKR CHG UNIPARENTAL DISOMY CHROM | 81402 | CPT | | | | both | | | 1180 | 172.88 | UHC | Medicaid | 120.26 | | | | 120.26 | 1121 | fee schedule | |
| BKR CHG UNIPARENTAL DISOMY CHROM | 81402 | CPT | | | | both | | | 1180 | 172.88 | Three Rivers | Three Rivers | 1121 | 95 | | | 120.26 | 1121 | percent of total billed charges | |
| BKR CHG UNIPARENTAL DISOMY CHROM | 81402 | CPT | | | | both | | | 1180 | 172.88 | Wellcare | Medicare | 150.33 | | | | 120.26 | 1121 | fee schedule | |
| BKR CHG UNIPARENTAL DISOMY CHROM | 81402 | CPT | | | | both | | | 1180 | 172.88 | UHC | Medicare | 150.33 | | | | 120.26 | 1121 | fee schedule | |
| BKR CHG UNIPARENTAL DISOMY CHROM | 81402 | CPT | | | | both | | | 1180 | 172.88 | Managed Care Inc | Managed Care Inc | 1062 | 90 | | | 120.26 | 1121 | percent of total billed charges | |
| BKR CHG UNIPARENTAL DISOMY CHROM | 81402 | CPT | | | | both | | | 1180 | 172.88 | Wellcare | Medicaid | 120.26 | | | | 120.26 | 1121 | fee schedule | |
| BKR CHG UNIPARENTAL DISOMY CHROM | 81402 | CPT | | | | both | | | 1180 | 172.88 | WellPoint | WellPoint | 379.72 | 32.18 | | | 120.26 | 1121 | percent of total billed charges | |
| BKR CHG RHD GENOTYPING (3872) | 81403 | CPT | | | | both | | | 2244 | 212.98 | Americare | Americare | 1683 | 75 | | | 114.3 | 2131.8 | percent of total billed charges | |
| BKR CHG RHD GENOTYPING (3872) | 81403 | CPT | | | | both | | | 2244 | 212.98 | Wellcare | Medicare | 185.2 | | | | 114.3 | 2131.8 | fee schedule | |
| BKR CHG RHD GENOTYPING (3872) | 81403 | CPT | | | | both | | | 2244 | 212.98 | Consumer | Consumer | 2131.8 | 95 | | | 114.3 | 2131.8 | percent of total billed charges | |
| BKR CHG RHD GENOTYPING (3872) | 81403 | CPT | | | | both | | | 2244 | 212.98 | Amerihealth | Medicare | 185.2 | | | | 114.3 | 2131.8 | fee schedule | |
| BKR CHG RHD GENOTYPING (3872) | 81403 | CPT | | | | both | | | 2244 | 212.98 | Amerihealth | HMO/PPO | 1458.6 | 65 | | | 114.3 | 2131.8 | percent of total billed charges | |
| BKR CHG RHD GENOTYPING (3872) | 81403 | CPT | | | | both | | | 2244 | 212.98 | Aetna | Better Health | 707.98 | 31.55 | | | 114.3 | 2131.8 | percent of total billed charges | |
| BKR CHG RHD GENOTYPING (3872) | 81403 | CPT | | | | both | | | 2244 | 212.98 | Aetna | Commercial | 852.72 | 38 | | | 114.3 | 2131.8 | percent of total billed charges | |
| BKR CHG RHD GENOTYPING (3872) | 81403 | CPT | | | | both | | | 2244 | 212.98 | First Trenton | First Trenton | 2019.6 | 90 | | | 114.3 | 2131.8 | percent of total billed charges | |
| BKR CHG RHD GENOTYPING (3872) | 81403 | CPT | | | | both | | | 2244 | 212.98 | Horizon | Medicare Blue | 673.2 | 30 | | | 114.3 | 2131.8 | percent of total billed charges | |
| BKR CHG RHD GENOTYPING (3872) | 81403 | CPT | | | | both | | | 2244 | 212.98 | First Health | First Health | 1570.8 | 70 | | | 114.3 | 2131.8 | percent of total billed charges | |
| BKR CHG RHD GENOTYPING (3872) | 81403 | CPT | | | | both | | | 2244 | 212.98 | Aetna | Medicare | 691.15 | 30.8 | | | 114.3 | 2131.8 | percent of total billed charges | |
| BKR CHG RHD GENOTYPING (3872) | 81403 | CPT | | | | both | | | 2244 | 212.98 | Corrections | Corrections | 1795.2 | 80 | | | 114.3 | 2131.8 | percent of total billed charges | |
| BKR CHG RHD GENOTYPING (3872) | 81403 | CPT | | | | both | | | 2244 | 212.98 | Horizon | Indemnity | 859 | 38.28 | | | 114.3 | 2131.8 | percent of total billed charges | |
| BKR CHG RHD GENOTYPING (3872) | 81403 | CPT | | | | both | | | 2244 | 212.98 | Horizon | PPO | 859 | 38.28 | | | 114.3 | 2131.8 | percent of total billed charges | |
| BKR CHG RHD GENOTYPING (3872) | 81403 | CPT | | | | both | | | 2244 | 212.98 | Horizon | MGD | 859 | 38.28 | | 361.75 | 114.3 | 2131.8 | percent of total billed charges | |
| BKR CHG RHD GENOTYPING (3872) | 81403 | CPT | | | | both | | | 2244 | 212.98 | Managed Care Inc | Managed Care Inc | 2019.6 | 90 | | | 114.3 | 2131.8 | percent of total billed charges | |
| BKR CHG RHD GENOTYPING (3872) | 81403 | CPT | | | | both | | | 2244 | 212.98 | UHC | Medicaid | 148.16 | | | 91.58 | 114.3 | 2131.8 | fee schedule | |
| BKR CHG RHD GENOTYPING (3872) | 81403 | CPT | | | | both | | | 2244 | 212.98 | Three Rivers | Three Rivers | 2131.8 | 95 | | | 114.3 | 2131.8 | percent of total billed charges | |
| BKR CHG RHD GENOTYPING (3872) | 81403 | CPT | | | | both | | | 2244 | 212.98 | Multiplan | Multiplan | 1795.2 | 80 | | | 114.3 | 2131.8 | percent of total billed charges | |
| BKR CHG RHD GENOTYPING (3872) | 81403 | CPT | | | | both | | | 2244 | 212.98 | WellPoint | WellPoint | 722.12 | 32.18 | | | 114.3 | 2131.8 | percent of total billed charges | |
| BKR CHG RHD GENOTYPING (3872) | 81403 | CPT | | | | both | | | 2244 | 212.98 | UHC | Medicare | 185.2 | | | 183.01 | 114.3 | 2131.8 | fee schedule | |
| BKR CHG RHD GENOTYPING (3872) | 81403 | CPT | | | | both | | | 2244 | 212.98 | Wellcare | Medicaid | 148.16 | | | | 114.3 | 2131.8 | fee schedule | |
| BKR CHG RHD GENOTYPING (3872) | 81403 | CPT | | | | both | | | 2244 | 212.98 | Qualcare | Qualcare | 1683 | 75 | | | 114.3 | 2131.8 | percent of total billed charges | |
| BKR CHG TRANSTHYRETIN-ASSOCIATE FAM | 81404 | CPT | | | | both | | | 2168 | 316.05 | Horizon | PPO | 829.91 | 38.28 | | | 87.9 | 2059.6 | percent of total billed charges | |
| BKR CHG TRANSTHYRETIN-ASSOCIATE FAM | 81404 | CPT | | | | both | | | 2168 | 316.05 | Aetna | Commercial | 823.84 | 38 | | | 87.9 | 2059.6 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG TRANSTHYRETIN-ASSOCIATE FAM | 81404 | CPT | | | | both | | | 2168 | 316.05 | Amerihealth | Medicare | 274.83 | | | | 87.9 | | 2059.6 fee schedule | |
| BKR CHG TRANSTHYRETIN-ASSOCIATE FAM | 81404 | CPT | | | | both | | | 2168 | 316.05 | Aetna | Better Health | 684 | 31.55 | | | 87.9 | | 2059.6 percent of total billed charges | |
| BKR CHG TRANSTHYRETIN-ASSOCIATE FAM | 81404 | CPT | | | | both | | | 2168 | 316.05 | First Health | First Health | 1517.6 | 70 | | | 87.9 | | 2059.6 percent of total billed charges | |
| BKR CHG TRANSTHYRETIN-ASSOCIATE FAM | 81404 | CPT | | | | both | | | 2168 | 316.05 | Aetna | Medicare | 667.74 | 30.8 | | | 87.9 | | 2059.6 percent of total billed charges | |
| BKR CHG TRANSTHYRETIN-ASSOCIATE FAM | 81404 | CPT | | | | both | | | 2168 | 316.05 | Amerihealth | HMO/PPO | 1409.2 | 65 | | | 87.9 | | 2059.6 percent of total billed charges | |
| BKR CHG TRANSTHYRETIN-ASSOCIATE FAM | 81404 | CPT | | | | both | | | 2168 | 316.05 | Consumer | Consumer | 2059.6 | 95 | | | 87.9 | | 2059.6 percent of total billed charges | |
| BKR CHG TRANSTHYRETIN-ASSOCIATE FAM | 81404 | CPT | | | | both | | | 2168 | 316.05 | Three Rivers | Three Rivers | 2059.6 | 95 | | | 87.9 | | 2059.6 percent of total billed charges | |
| BKR CHG TRANSTHYRETIN-ASSOCIATE FAM | 81404 | CPT | | | | both | | | 2168 | 316.05 | Wellcare | Medicare | 274.83 | | | | 87.9 | | 2059.6 fee schedule | |
| BKR CHG TRANSTHYRETIN-ASSOCIATE FAM | 81404 | CPT | | | | both | | | 2168 | 316.05 | Corrections | Corrections | 1734.4 | 80 | | | 87.9 | | 2059.6 percent of total billed charges | |
| BKR CHG TRANSTHYRETIN-ASSOCIATE FAM | 81404 | CPT | | | | both | | | 2168 | 316.05 | Americare | Americare | 1626 | 75 | | | 87.9 | | 2059.6 percent of total billed charges | |
| BKR CHG TRANSTHYRETIN-ASSOCIATE FAM | 81404 | CPT | | | | both | | | 2168 | 316.05 | Horizon | Medicare Blue | 650.4 | 30 | | | 87.9 | | 2059.6 percent of total billed charges | |
| BKR CHG TRANSTHYRETIN-ASSOCIATE FAM | 81404 | CPT | | | | both | | | 2168 | 316.05 | WellPoint | WellPoint | 697.66 | 32.18 | | 3.79 | 87.9 | | 2059.6 percent of total billed charges | |
| BKR CHG TRANSTHYRETIN-ASSOCIATE FAM | 81404 | CPT | | | | both | | | 2168 | 316.05 | Horizon | Indemnity | 829.91 | 38.28 | | | 87.9 | | 2059.6 percent of total billed charges | |
| BKR CHG TRANSTHYRETIN-ASSOCIATE FAM | 81404 | CPT | | | | both | | | 2168 | 316.05 | Wellcare | Medicaid | 219.86 | | | | 87.9 | | 2059.6 fee schedule | |
| BKR CHG TRANSTHYRETIN-ASSOCIATE FAM | 81404 | CPT | | | | both | | | 2168 | 316.05 | First Trenton | First Trenton | 1951.2 | 90 | | | 87.9 | | 2059.6 percent of total billed charges | |
| BKR CHG TRANSTHYRETIN-ASSOCIATE FAM | 81404 | CPT | | | | both | | | 2168 | 316.05 | Horizon | MGD | 829.91 | 38.28 | | 200.91 | 87.9 | | 2059.6 percent of total billed charges | |
| BKR CHG TRANSTHYRETIN-ASSOCIATE FAM | 81404 | CPT | | | | both | | | 2168 | 316.05 | Multiplan | Multiplan | 1734.4 | 80 | | | 87.9 | | 2059.6 percent of total billed charges | |
| BKR CHG TRANSTHYRETIN-ASSOCIATE FAM | 81404 | CPT | | | | both | | | 2168 | 316.05 | Managed Care Inc | Managed Care Inc | 1951.2 | 90 | | | 87.9 | | 2059.6 percent of total billed charges | |
| BKR CHG TRANSTHYRETIN-ASSOCIATE FAM | 81404 | CPT | | | | both | | | 2168 | 316.05 | Qualcare | Qualcare | 1626 | 75 | | | 87.9 | | 2059.6 percent of total billed charges | |
| BKR CHG TRANSTHYRETIN-ASSOCIATE FAM | 81404 | CPT | | | | both | | | 2168 | 316.05 | UHC | Medicaid | 219.86 | | | 35.39 | 87.9 | | 2059.6 fee schedule | |
| BKR CHG TRANSTHYRETIN-ASSOCIATE FAM | 81404 | CPT | | | | both | | | 2168 | 316.05 | UHC | Medicare | 274.83 | | | | 87.9 | | 2059.6 fee schedule | |
| BKR CHG SCAD SCREENING | 81405 | CPT | | | | both | | | 8039 | 346.55 | Americare | Americare | 6029.25 | 75 | | | 188.1 | | 7637.05 percent of total billed charges | |
| BKR CHG SCAD SCREENING | 81405 | CPT | | | | both | | | 8039 | 346.55 | Amerihealth | HMO/PPO | 5225.35 | 65 | | | 188.1 | | 7637.05 percent of total billed charges | |
| BKR CHG SCAD SCREENING | 81405 | CPT | | | | both | | | 8039 | 346.55 | First Health | First Health | 5627.3 | 70 | | | 188.1 | | 7637.05 percent of total billed charges | |
| BKR CHG SCAD SCREENING | 81405 | CPT | | | | both | | | 8039 | 346.55 | Aetna | Better Health | 2536.3 | 31.55 | | | 188.1 | | 7637.05 percent of total billed charges | |
| BKR CHG SCAD SCREENING | 81405 | CPT | | | | both | | | 8039 | 346.55 | First Trenton | First Trenton | 7235.1 | 90 | | | 188.1 | | 7637.05 percent of total billed charges | |
| BKR CHG SCAD SCREENING | 81405 | CPT | | | | both | | | 8039 | 346.55 | Horizon | Indemnity | 3077.33 | 38.28 | | | 188.1 | | 7637.05 percent of total billed charges | |
| BKR CHG SCAD SCREENING | 81405 | CPT | | | | both | | | 8039 | 346.55 | Aetna | Commercial | 3054.82 | 38 | | | 188.1 | | 7637.05 percent of total billed charges | |
| BKR CHG SCAD SCREENING | 81405 | CPT | | | | both | | | 8039 | 346.55 | Corrections | Corrections | 6431.2 | 80 | | | 188.1 | | 7637.05 percent of total billed charges | |
| BKR CHG SCAD SCREENING | 81405 | CPT | | | | both | | | 8039 | 346.55 | Horizon | PPO | 3077.33 | 38.28 | | | 188.1 | | 7637.05 percent of total billed charges | |
| BKR CHG SCAD SCREENING | 81405 | CPT | | | | both | | | 8039 | 346.55 | Multiplan | Multiplan | 6431.2 | 80 | | | 188.1 | | 7637.05 percent of total billed charges | |
| BKR CHG SCAD SCREENING | 81405 | CPT | | | | both | | | 8039 | 346.55 | UHC | Medicare | 301.35 | | | | 188.1 | | 7637.05 fee schedule | |
| BKR CHG SCAD SCREENING | 81405 | CPT | | | | both | | | 8039 | 346.55 | Consumer | Consumer | 7637.05 | 95 | | | 188.1 | | 7637.05 percent of total billed charges | |
| BKR CHG SCAD SCREENING | 81405 | CPT | | | | both | | | 8039 | 346.55 | Managed Care Inc | Managed Care Inc | 7235.1 | 90 | | | 188.1 | | 7637.05 percent of total billed charges | |
| BKR CHG SCAD SCREENING | 81405 | CPT | | | | both | | | 8039 | 346.55 | Qualcare | Qualcare | 6029.25 | 75 | | | 188.1 | | 7637.05 percent of total billed charges | |
| BKR CHG SCAD SCREENING | 81405 | CPT | | | | both | | | 8039 | 346.55 | Aetna | Medicare | 2476.01 | 30.8 | | | 188.1 | | 7637.05 percent of total billed charges | |
| BKR CHG SCAD SCREENING | 81405 | CPT | | | | both | | | 8039 | 346.55 | WellPoint | WellPoint | 2586.95 | 32.18 | | | 188.1 | | 7637.05 percent of total billed charges | |
| BKR CHG SCAD SCREENING | 81405 | CPT | | | | both | | | 8039 | 346.55 | UHC | Medicaid | 241.08 | | | | 188.1 | | 7637.05 fee schedule | |
| BKR CHG SCAD SCREENING | 81405 | CPT | | | | both | | | 8039 | 346.55 | Horizon | Medicare Blue | 2411.7 | 30 | | | 188.1 | | 7637.05 percent of total billed charges | |
| BKR CHG SCAD SCREENING | 81405 | CPT | | | | both | | | 8039 | 346.55 | Amerihealth | Medicare | 301.35 | | | | 188.1 | | 7637.05 fee schedule | |
| BKR CHG SCAD SCREENING | 81405 | CPT | | | | both | | | 8039 | 346.55 | Three Rivers | Three Rivers | 7637.05 | 95 | | | 188.1 | | 7637.05 percent of total billed charges | |
| BKR CHG SCAD SCREENING | 81405 | CPT | | | | both | | | 8039 | 346.55 | Wellcare | Medicaid | 241.08 | | | | 188.1 | | 7637.05 fee schedule | |
| BKR CHG SCAD SCREENING | 81405 | CPT | | | | both | | | 8039 | 346.55 | Horizon | MGD | 3077.33 | 38.28 | | | 188.1 | | 7637.05 percent of total billed charges | |
| BKR CHG SCAD SCREENING | 81405 | CPT | | | | both | | | 8039 | 346.55 | Wellcare | Medicare | 301.35 | | | | 188.1 | | 7637.05 fee schedule | |
| BKR CHG WILSON DISEASE(ATP7B) SEQ | 81406 | CPT | | | | both | | | 13590 | 325.31 | UHC | Medicare | 282.88 | | | | 188.1 | | 12910.5 fee schedule | |
| BKR CHG WILSON DISEASE(ATP7B) SEQ | 81406 | CPT | | | | both | | | 13590 | 325.31 | Americare | Americare | 10192.5 | 75 | | | 188.1 | | 12910.5 percent of total billed charges | |
| BKR CHG WILSON DISEASE(ATP7B) SEQ | 81406 | CPT | | | | both | | | 13590 | 325.31 | Aetna | Better Health | 4287.65 | 31.55 | | | 188.1 | | 12910.5 percent of total billed charges | |
| BKR CHG WILSON DISEASE(ATP7B) SEQ | 81406 | CPT | | | | both | | | 13590 | 325.31 | First Trenton | First Trenton | 12231 | 90 | | | 188.1 | | 12910.5 percent of total billed charges | |
| BKR CHG WILSON DISEASE(ATP7B) SEQ | 81406 | CPT | | | | both | | | 13590 | 325.31 | Aetna | Medicare | 4185.72 | 30.8 | | | 188.1 | | 12910.5 percent of total billed charges | |
| BKR CHG WILSON DISEASE(ATP7B) SEQ | 81406 | CPT | | | | both | | | 13590 | 325.31 | Amerihealth | HMO/PPO | 8833.5 | 65 | | | 188.1 | | 12910.5 percent of total billed charges | |
| BKR CHG WILSON DISEASE(ATP7B) SEQ | 81406 | CPT | | | | both | | | 13590 | 325.31 | Consumer | Consumer | 12910.5 | 95 | | | 188.1 | | 12910.5 percent of total billed charges | |
| BKR CHG WILSON DISEASE(ATP7B) SEQ | 81406 | CPT | | | | both | | | 13590 | 325.31 | Horizon | Indemnity | 5202.25 | 38.28 | | | 188.1 | | 12910.5 percent of total billed charges | |
| BKR CHG WILSON DISEASE(ATP7B) SEQ | 81406 | CPT | | | | both | | | 13590 | 325.31 | Amerihealth | Medicare | 282.88 | | | | 188.1 | | 12910.5 fee schedule | |
| BKR CHG WILSON DISEASE(ATP7B) SEQ | 81406 | CPT | | | | both | | | 13590 | 325.31 | Multiplan | Multiplan | 10872 | 80 | | | 188.1 | | 12910.5 percent of total billed charges | |
| BKR CHG WILSON DISEASE(ATP7B) SEQ | 81406 | CPT | | | | both | | | 13590 | 325.31 | Aetna | Commercial | 5164.2 | 38 | | | 188.1 | | 12910.5 percent of total billed charges | |
| BKR CHG WILSON DISEASE(ATP7B) SEQ | 81406 | CPT | | | | both | | | 13590 | 325.31 | Horizon | PPO | 5202.25 | 38.28 | | | 188.1 | | 12910.5 percent of total billed charges | |
| BKR CHG WILSON DISEASE(ATP7B) SEQ | 81406 | CPT | | | | both | | | 13590 | 325.31 | First Health | First Health | 9513 | 70 | | | 188.1 | | 12910.5 percent of total billed charges | |
| BKR CHG WILSON DISEASE(ATP7B) SEQ | 81406 | CPT | | | | both | | | 13590 | 325.31 | Qualcare | Qualcare | 10192.5 | 75 | | | 188.1 | | 12910.5 percent of total billed charges | |
| BKR CHG WILSON DISEASE(ATP7B) SEQ | 81406 | CPT | | | | both | | | 13590 | 325.31 | Corrections | Corrections | 10872 | 80 | | | 188.1 | | 12910.5 percent of total billed charges | |
| BKR CHG WILSON DISEASE(ATP7B) SEQ | 81406 | CPT | | | | both | | | 13590 | 325.31 | Managed Care Inc | Managed Care Inc | 12231 | 90 | | | 188.1 | | 12910.5 percent of total billed charges | |
| BKR CHG WILSON DISEASE(ATP7B) SEQ | 81406 | CPT | | | | both | | | 13590 | 325.31 | Horizon | Medicare Blue | 4077 | 30 | | | 188.1 | | 12910.5 percent of total billed charges | |
| BKR CHG WILSON DISEASE(ATP7B) SEQ | 81406 | CPT | | | | both | | | 13590 | 325.31 | Three Rivers | Three Rivers | 12910.5 | 95 | | | 188.1 | | 12910.5 percent of total billed charges | |
| BKR CHG WILSON DISEASE(ATP7B) SEQ | 81406 | CPT | | | | both | | | 13590 | 325.31 | Horizon | MGD | 5202.25 | 38.28 | | 200.91 | 188.1 | | 12910.5 percent of total billed charges | |
| BKR CHG WILSON DISEASE(ATP7B) SEQ | 81406 | CPT | | | | both | | | 13590 | 325.31 | UHC | Medicaid | 226.3 | | | 35.39 | 188.1 | | 12910.5 fee schedule | |
| BKR CHG WILSON DISEASE(ATP7B) SEQ | 81406 | CPT | | | | both | | | 13590 | 325.31 | Wellcare | Medicare | 282.88 | | | | 188.1 | | 12910.5 fee schedule | |
| BKR CHG WILSON DISEASE(ATP7B) SEQ | 81406 | CPT | | | | both | | | 13590 | 325.31 | Wellcare | Medicaid | 226.3 | | | | 188.1 | | 12910.5 fee schedule | |
| BKR CHG WILSON DISEASE(ATP7B) SEQ | 81406 | CPT | | | | both | | | 13590 | 325.31 | WellPoint | WellPoint | 4373.26 | 32.18 | | 3.79 | 188.1 | | 12910.5 percent of total billed charges | |
| BKR CHG CHD7 SEQUENCING | 81407 | CPT | | | | outpatient | | | 3034 | 973.21 | Amerihealth | HMO/PPO | 1972.1 | 65 | | | 677.02 | | 2882.3 percent of total billed charges | |
| BKR CHG MOLECULAR PATHOLOGY PROCEDURE LEVEL 8 | 81407 | CPT | | | | outpatient | | | 3034 | 973.21 | Medicare | Medicare | 846.27 | | | | 677.02 | | 2882.3 fee schedule | |
| BKR CHG CHD7 SEQUENCING | 81407 | CPT | | | | outpatient | | | 3034 | 973.21 | Horizon | Indemnity | 1161.42 | 38.28 | | | 677.02 | | 2882.3 percent of total billed charges | |
| BKR CHG CHD7 SEQUENCING | 81407 | CPT | | | | outpatient | | | 3034 | 973.21 | Horizon | Medicare Blue | 910.2 | 30 | | | 677.02 | | 2882.3 percent of total billed charges | |
| BKR CHG CHD7 SEQUENCING | 81407 | CPT | | | | outpatient | | | 3034 | 973.21 | Americare | Americare | 2275.5 | 75 | | | 677.02 | | 2882.3 percent of total billed charges | |
| BKR CHG CHD7 SEQUENCING | 81407 | CPT | | | | outpatient | | | 3034 | 973.21 | Aetna | Commercial | 1152.92 | 38 | | | 677.02 | | 2882.3 percent of total billed charges | |
| BKR CHG CHD7 SEQUENCING | 81407 | CPT | | | | outpatient | | | 3034 | 973.21 | First Trenton | First Trenton | 2730.6 | 90 | | | 677.02 | | 2882.3 percent of total billed charges | |
| BKR CHG CHD7 SEQUENCING | 81407 | CPT | | | | outpatient | | | 3034 | 973.21 | Aetna | Better Health | 957.23 | 31.55 | | | 677.02 | | 2882.3 percent of total billed charges | |
| BKR CHG CHD7 SEQUENCING | 81407 | CPT | | | | outpatient | | | 3034 | 973.21 | Qualcare | Qualcare | 2275.5 | 75 | | | 677.02 | | 2882.3 percent of total billed charges | |
| BKR CHG CHD7 SEQUENCING | 81407 | CPT | | | | outpatient | | | 3034 | 973.21 | First Health | First Health | 2123.8 | 70 | | | 677.02 | | 2882.3 percent of total billed charges | |
| BKR CHG CHD7 SEQUENCING | 81407 | CPT | | | | outpatient | | | 3034 | 973.21 | Horizon | PPO | 1161.42 | 38.28 | | | 677.02 | | 2882.3 percent of total billed charges | |
| BKR CHG CHD7 SEQUENCING | 81407 | CPT | | | | outpatient | | | 3034 | 973.21 | WellPoint | WellPoint | 976.34 | 32.18 | | | 677.02 | | 2882.3 percent of total billed charges | |
| BKR CHG CHD7 SEQUENCING | 81407 | CPT | | | | outpatient | | | 3034 | 973.21 | Multiplan | Multiplan | 2427.2 | 80 | | | 677.02 | | 2882.3 percent of total billed charges | |
| BKR CHG CHD7 SEQUENCING | 81407 | CPT | | | | outpatient | | | 3034 | 973.21 | Aetna | Medicare | 934.47 | 30.8 | | | 677.02 | | 2882.3 percent of total billed charges | |
| BKR CHG CHD7 SEQUENCING | 81407 | CPT | | | | outpatient | | | 3034 | 973.21 | Managed Care Inc | Managed Care Inc | 2730.6 | 90 | | | 677.02 | | 2882.3 percent of total billed charges | |
| BKR CHG CHD7 SEQUENCING | 81407 | CPT | | | | outpatient | | | 3034 | 973.21 | Consumer | Consumer | 2882.3 | 95 | | | 677.02 | | 2882.3 percent of total billed charges | |
| BKR CHG CHD7 SEQUENCING | 81407 | CPT | | | | outpatient | | | 3034 | 973.21 | Three Rivers | Three Rivers | 2882.3 | 95 | | | 677.02 | | 2882.3 percent of total billed charges | |
| BKR CHG CHD7 SEQUENCING | 81407 | CPT | | | | outpatient | | | 3034 | 973.21 | Horizon | MGD | 1161.42 | 38.28 | | | 677.02 | | 2882.3 percent of total billed charges | |
| BKR CHG MOLECULAR PATHOLOGY PROCEDURE LEVEL 8 | 81407 | CPT | | | | outpatient | | | 3034 | 973.21 | Wellcare | Medicaid | 677.02 | | | | 677.02 | | 2882.3 fee schedule | |
| BKR CHG CHD7 SEQUENCING | 81407 | CPT | | | | outpatient | | | 3034 | 973.21 | Corrections | Corrections | 2427.2 | 80 | | | 677.02 | | 2882.3 percent of total billed charges | |
| BKR CHG MOLECULAR PATHOLOGY PROCEDURE LEVEL 8 | 81407 | CPT | | | | outpatient | | | 3034 | 973.21 | UHC | Medicaid | 677.02 | | | | 677.02 | | 2882.3 fee schedule | |
| BKR CHG MOLECULAR PATHOLOGY PROCEDURE LEVEL 8 | 81407 | CPT | | | | outpatient | | | 3034 | 973.21 | UHC | Medicare | 846.27 | | | | 677.02 | | 2882.3 fee schedule | |
| BKR CHG MOLECULAR PATHOLOGY PROCEDURE LEVEL 8 | 81407 | CPT | | | | outpatient | | | 3034 | 973.21 | Wellcare | Medicare | 846.27 | | | | 677.02 | | 2882.3 fee schedule | |
| BKR CHG MOLECULAR PATHOLOGY LEVEL 9 | 81408 | CPT | | | | outpatient | | | 6557 | 2300 | Aetna | Commercial | 2491.66 | 38 | | | 1003.5 | | 6229.15 percent of total billed charges | |
| BKR CHG MOLECULAR PATHOLOGY LEVEL 9 | 81408 | CPT | | | | outpatient | | | 6557 | 2300 | Aetna | Better Health | 2068.73 | 31.55 | | | 1003.5 | | 6229.15 percent of total billed charges | |
| BKR CHG MOLECULAR PATHOLOGY LEVEL 9 | 81408 | CPT | | | | outpatient | | | 6557 | 2300 | First Trenton | First Trenton | 5901.3 | 90 | | | 1003.5 | | 6229.15 percent of total billed charges | |
| BKR CHG MOLECULAR PATHOLOGY LEVEL 9 | 81408 | CPT | | | | outpatient | | | 6557 | 2300 | Amerihealth | Medicare | 2000 | | | | 1003.5 | | 6229.15 fee schedule | |
| BKR CHG MOLECULAR PATHOLOGY LEVEL 9 | 81408 | CPT | | | | outpatient | | | 6557 | 2300 | Aetna | Medicare | 2019.56 | 30.8 | | | 1003.5 | | 6229.15 percent of total billed charges | |
| BKR CHG MOLECULAR PATHOLOGY LEVEL 9 | 81408 | CPT | | | | outpatient | | | 6557 | 2300 | Consumer | Consumer | 6229.15 | 95 | | | 1003.5 | | 6229.15 percent of total billed charges | |
| BKR CHG MOLECULAR PATHOLOGY LEVEL 9 | 81408 | CPT | | | | outpatient | | | 6557 | 2300 | First Health | First Health | 4589.9 | 70 | | | 1003.5 | | 6229.15 percent of total billed charges | |
| BKR CHG MOLECULAR PATHOLOGY LEVEL 9 | 81408 | CPT | | | | outpatient | | | 6557 | 2300 | Amerihealth | HMO/PPO | 4262.05 | 65 | | | 1003.5 | | 6229.15 percent of total billed charges | |
| BKR CHG MOLECULAR PATHOLOGY LEVEL 9 | 81408 | CPT | | | | outpatient | | | 6557 | 2300 | Horizon | MGD | 2510.02 | 38.28 | | | 1003.5 | | 6229.15 percent of total billed charges | |
| BKR CHG MOLECULAR PATHOLOGY LEVEL 9 | 81408 | CPT | | | | outpatient | | | 6557 | 2300 | Americare | Americare | 4917.75 | 75 | | | 1003.5 | | 6229.15 percent of total billed charges | |
| BKR CHG MOLECULAR PATHOLOGY LEVEL 9 | 81408 | CPT | | | | outpatient | | | 6557 | 2300 | Horizon | Medicare Blue | 1967.1 | 30 | | | 1003.5 | | 6229.15 percent of total billed charges | |
| BKR CHG MOLECULAR PATHOLOGY LEVEL 9 | 81408 | CPT | | | | outpatient | | | 6557 | 2300 | Managed Care Inc | Managed Care Inc | 5901.3 | 90 | | | 1003.5 | | 6229.15 percent of total billed charges | |
| BKR CHG MOLECULAR PATHOLOGY LEVEL 9 | 81408 | CPT | | | | outpatient | | | 6557 | 2300 | Horizon | PPO | 2510.02 | 38.28 | | | 1003.5 | | 6229.15 percent of total billed charges | |
| BKR CHG MOLECULAR PATHOLOGY LEVEL 9 | 81408 | CPT | | | | outpatient | | | 6557 | 2300 | Corrections | Corrections | 5245.6 | 80 | | | 1003.5 | | 6229.15 percent of total billed charges | |
| BKR CHG MOLECULAR PATHOLOGY LEVEL 9 | 81408 | CPT | | | | outpatient | | | 6557 | 2300 | Wellcare | Medicare | 2000 | | | | 1003.5 | | 6229.15 fee schedule | |
| BKR CHG MOLECULAR PATHOLOGY LEVEL 9 | 81408 | CPT | | | | outpatient | | | 6557 | 2300 | Horizon | Indemnity | 2510.02 | 38.28 | | | 1003.5 | | 6229.15 percent of total billed charges | |
| BKR CHG MOLECULAR PATHOLOGY LEVEL 9 | 81408 | CPT | | | | outpatient | | | 6557 | 2300 | WellPoint | WellPoint | 2110.04 | 32.18 | | | 1003.5 | | 6229.15 percent of total billed charges | |
| BKR CHG MOLECULAR PATHOLOGY LEVEL 9 | 81408 | CPT | | | | outpatient | | | 6557 | 2300 | Three Rivers | Three Rivers | 6229.15 | 95 | | | 1003.5 | | 6229.15 percent of total billed charges | |
| BKR CHG MOLECULAR PATHOLOGY LEVEL 9 | 81408 | CPT | | | | outpatient | | | 6557 | 2300 | Multiplan | Multiplan | 5245.6 | 80 | | | 1003.5 | | 6229.15 percent of total billed charges | |
| BKR CHG MOLECULAR PATHOLOGY LEVEL 9 | 81408 | CPT | | | | outpatient | | | 6557 | 2300 | Wellcare | Medicaid | 1600 | | | | 1003.5 | | 6229.15 fee schedule | |
| BKR CHG MOLECULAR PATHOLOGY LEVEL 9 | 81408 | CPT | | | | outpatient | | | 6557 | 2300 | Qualcare | Qualcare | 4917.75 | 75 | | | 1003.5 | | 6229.15 percent of total billed charges | |
| BKR CHG MOLECULAR PATHOLOGY LEVEL 9 | 81408 | CPT | | | | outpatient | | | 6557 | 2300 | UHC | Medicaid | 1600 | | | | 1003.5 | | 6229.15 fee schedule | |
| BKR CHG MOLECULAR PATHOLOGY LEVEL 9 | 81408 | CPT | | | | outpatient | | | 6557 | 2300 | UHC | Medicare | 2000 | | | | 1003.5 | | 6229.15 fee schedule | |
| BKR CHG GENESEQ FAMILIAL AORTOPATHY PROF 451432 | 81410 | CPT | | | | outpatient | | | 1654 | 579.6 | Aetna | Commercial | 628.52 | 38 | | | 403.2 | | 1571.3 percent of total billed charges | |
| BKR CHG GENESEQ FAMILIAL AORTOPATHY PROF 451432 | 81410 | CPT | | | | outpatient | | | 1654 | 579.6 | Consumer | Consumer | 1571.3 | 95 | | | 403.2 | | 1571.3 percent of total billed charges | |
| BKR CHG GENESEQ FAMILIAL AORTOPATHY PROF 451432 | 81410 | CPT | | | | outpatient | | | 1654 | 579.6 | Amerihealth | Medicare | 504 | | | | 403.2 | | 1571.3 fee schedule | |
| BKR CHG GENESEQ FAMILIAL AORTOPATHY PROF 451432 | 81410 | CPT | | | | outpatient | | | 1654 | 579.6 | Aetna | Better Health | 521.84 | 31.55 | | | 403.2 | | 1571.3 percent of total billed charges | |
| BKR CHG GENESEQ FAMILIAL AORTOPATHY PROF 451432 | 81410 | CPT | | | | outpatient | | | 1654 | 579.6 | Horizon | Indemnity | 633.15 | 38.28 | | | 403.2 | | 1571.3 percent of total billed charges | |
| BKR CHG GENESEQ FAMILIAL AORTOPATHY PROF 451432 | 81410 | CPT | | | | outpatient | | | 1654 | 579.6 | WellPoint | WellPoint | 532.26 | 32.18 | | | 403.2 | | 1571.3 percent of total billed charges | |
| BKR CHG GENESEQ FAMILIAL AORTOPATHY PROF 451432 | 81410 | CPT | | | | outpatient | | | 1654 | 579.6 | Americare | Americare | 1240.5 | 75 | | | 403.2 | | 1571.3 percent of total billed charges | |
| BKR CHG GENESEQ FAMILIAL AORTOPATHY PROF 451432 | 81410 | CPT | | | | outpatient | | | 1654 | 579.6 | Amerihealth | HMO/PPO | 1075.1 | 65 | | | 403.2 | | 1571.3 percent of total billed charges | |
| BKR CHG GENESEQ FAMILIAL AORTOPATHY PROF 451432 | 81410 | CPT | | | | outpatient | | | 1654 | 579.6 | Corrections | Corrections | 1323.2 | 80 | | | 403.2 | | 1571.3 percent of total billed charges | |
| BKR CHG GENESEQ FAMILIAL AORTOPATHY PROF 451432 | 81410 | CPT | | | | outpatient | | | 1654 | 579.6 | Wellcare | Medicaid | 403.2 | | | | 403.2 | | 1571.3 fee schedule | |
| BKR CHG GENESEQ FAMILIAL AORTOPATHY PROF 451432 | 81410 | CPT | | | | outpatient | | | 1654 | 579.6 | Horizon | MGD | 633.15 | 38.28 | | | 403.2 | | 1571.3 percent of total billed charges | |
| BKR CHG GENESEQ FAMILIAL AORTOPATHY PROF 451432 | 81410 | CPT | | | | outpatient | | | 1654 | 579.6 | Aetna | Medicare | 509.43 | 30.8 | | | 403.2 | | 1571.3 percent of total billed charges | |
| BKR CHG GENESEQ FAMILIAL AORTOPATHY PROF 451432 | 81410 | CPT | | | | outpatient | | | 1654 | 579.6 | First Trenton | First Trenton | 1488.6 | 90 | | | 403.2 | | 1571.3 percent of total billed charges | |
| BKR CHG GENESEQ FAMILIAL AORTOPATHY PROF 451432 | 81410 | CPT | | | | outpatient | | | 1654 | 579.6 | Multiplan | Multiplan | 1323.2 | 80 | | | 403.2 | | 1571.3 percent of total billed charges | |
| BKR CHG GENESEQ FAMILIAL AORTOPATHY PROF 451432 | 81410 | CPT | | | | outpatient | | | 1654 | 579.6 | Horizon | PPO | 633.15 | 38.28 | | | 403.2 | | 1571.3 percent of total billed charges | |
| BKR CHG GENESEQ FAMILIAL AORTOPATHY PROF 451432 | 81410 | CPT | | | | outpatient | | | 1654 | 579.6 | First Health | First Health | 1157.8 | 70 | | | 403.2 | | 1571.3 percent of total billed charges | |
| BKR CHG GENESEQ FAMILIAL AORTOPATHY PROF 451432 | 81410 | CPT | | | | outpatient | | | 1654 | 579.6 | Managed Care Inc | Managed Care Inc | 1488.6 | 90 | | | 403.2 | | 1571.3 percent of total billed charges | |
| BKR CHG GENESEQ FAMILIAL AORTOPATHY PROF 451432 | 81410 | CPT | | | | outpatient | | | 1654 | 579.6 | Qualcare | Qualcare | 1240.5 | 75 | | | 403.2 | | 1571.3 percent of total billed charges | |
| BKR CHG GENESEQ FAMILIAL AORTOPATHY PROF 451432 | 81410 | CPT | | | | outpatient | | | 1654 | 579.6 | Three Rivers | Three Rivers | 1571.3 | 95 | | | 403.2 | | 1571.3 percent of total billed charges | |
| BKR CHG GENESEQ FAMILIAL AORTOPATHY PROF 451432 | 81410 | CPT | | | | outpatient | | | 1654 | 579.6 | Horizon | Medicare Blue | 496.2 | 30 | | | 403.2 | | 1571.3 percent of total billed charges | |
| BKR CHG GENESEQ FAMILIAL AORTOPATHY PROF 451432 | 81410 | CPT | | | | outpatient | | | 1654 | 579.6 | UHC | Medicaid | 403.2 | | | | 403.2 | | 1571.3 fee schedule | |
| BKR CHG GENESEQ FAMILIAL AORTOPATHY PROF 451432 | 81410 | CPT | | | | outpatient | | | 1654 | 579.6 | UHC | Medicare | 504 | | | | 403.2 | | 1571.3 fee schedule | |
| BKR CHG GENESEQ FAMILIAL AORTOPATHY PROF 451432 | 81410 | CPT | | | | outpatient | | | 1654 | 579.6 | Wellcare | Medicare | 504 | | | | 403.2 | | 1571.3 fee schedule | |
| BKR CHG CARDIAC ION CHANNELOPATHIES | 81413 | CPT | | | | outpatient | | | 8315 | 672.64 | Aetna | Better Health | 2623.38 | 31.55 | | | 436.45 | | 7899.25 percent of total billed charges | |
| BKR CHG CARDIAC ION CHANNELOPATHIES | 81413 | CPT | | | | outpatient | | | 8315 | 672.64 | Aetna | Commercial | 3159.7 | 38 | | | 436.45 | | 7899.25 percent of total billed charges | |
| BKR CHG CARDIAC ION CHANNELOPATHIES | 81413 | CPT | | | | outpatient | | | 8315 | 672.64 | Horizon | Indemnity | 3182.98 | 38.28 | | | 436.45 | | 7899.25 percent of total billed charges | |
| BKR CHG CARDIAC ION CHANNELOPATHIES | 81413 | CPT | | | | outpatient | | | 8315 | 672.64 | Americare | Americare | 6236.25 | 75 | | | 436.45 | | 7899.25 percent of total billed charges | |
| BKR CHG CARDIAC ION CHANNELOPATHIES | 81413 | CPT | | | | outpatient | | | 8315 | 672.64 | Corrections | Corrections | 6652 | 80 | | | 436.45 | | 7899.25 percent of total billed charges | |
| BKR CHG CARDIAC ION CHANNELOPATHIES | 81413 | CPT | | | | outpatient | | | 8315 | 672.64 | First Health | First Health | 5820.5 | 70 | | | 436.45 | | 7899.25 percent of total billed charges | |
| BKR CHG CARDIAC ION CHANNELOPATHIES | 81413 | CPT | | | | outpatient | | | 8315 | 672.64 | Multiplan | Multiplan | 6652 | 80 | | | 436.45 | | 7899.25 percent of total billed charges | |
| BKR CHG CARDIAC ION CHANNELOPATHIES | 81413 | CPT | | | | outpatient | | | 8315 | 672.64 | First Trenton | First Trenton | 7483.5 | 90 | | | 436.45 | | 7899.25 percent of total billed charges | |
| BKR CHG CARDIAC ION CHANNELOPATHIES | 81413 | CPT | | | | outpatient | | | 8315 | 672.64 | Consumer | Consumer | 7899.25 | 95 | | | 436.45 | | 7899.25 percent of total billed charges | |
| BKR CHG CARDIAC ION CHANNELOPATHIES | 81413 | CPT | | | | outpatient | | | 8315 | 672.64 | Aetna | Medicare | 2561.02 | 30.8 | | | 436.45 | | 7899.25 percent of total billed charges | |
| BKR CHG CARDIAC ION CHANNELOPATHIES | 81413 | CPT | | | | outpatient | | | 8315 | 672.64 | Qualcare | Qualcare | 6236.25 | 75 | | | 436.45 | | 7899.25 percent of total billed charges | |
| BKR CHG CARDIAC ION CHANNELOPATHIES | 81413 | CPT | | | | outpatient | | | 8315 | 672.64 | Amerihealth | HMO/PPO | 436.45 | | | | 436.45 | | 7899.25 fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG CARDIAC ION CHANNELOPATHIES | 81413 | CPT | | | | outpatient | | | 8315 | | 672.64 Horizon | Medicare Blue | 2494.5 | 30 | | | 436.45 | | 7899.25 percent of total billed charges | |
| BKR CHG CARDIAC ION CHANNELOPATHIES | 81413 | CPT | | | | outpatient | | | 8315 | | 672.64 UHC | Medicare | 584.9 | | | | 436.45 | | 7899.25 fee schedule | |
| BKR CHG CARDIAC ION CHANNELOPATHIES | 81413 | CPT | | | | outpatient | | | 8315 | | 672.64 Horizon | NJ Health | 629.02 | | | | 436.45 | | 7899.25 fee schedule | |
| BKR CHG CARDIAC ION CHANNELOPATHIES | 81413 | CPT | | | | outpatient | | | 8315 | | 672.64 Horizon | PPO | 3182.98 | 38.28 | | | 436.45 | | 7899.25 percent of total billed charges | |
| BKR CHG CARDIAC ION CHANNELOPATHIES | 81413 | CPT | | | | outpatient | | | 8315 | | 672.64 Three Rivers | Three Rivers | 7899.25 | 95 | | | 436.45 | | 7899.25 percent of total billed charges | |
| BKR CHG CARDIAC ION CHANNELOPATHIES | 81413 | CPT | | | | outpatient | | | 8315 | | 672.64 Amerihealth | Medicare | 584.9 | | | | 436.45 | | 7899.25 fee schedule | |
| BKR CHG CARDIAC ION CHANNELOPATHIES | 81413 | CPT | | | | outpatient | | | 8315 | | 672.64 Managed Care Inc | Managed Care Inc | 7483.5 | 90 | | | 436.45 | | 7899.25 percent of total billed charges | |
| BKR CHG CARDIAC ION CHANNELOPATHIES | 81413 | CPT | | | | outpatient | | | 8315 | | 672.64 Horizon | MGD | 3182.98 | 38.28 | | | 436.45 | | 7899.25 percent of total billed charges | |
| BKR CHG CARDIAC ION CHANNELOPATHIES | 81413 | CPT | | | | outpatient | | | 8315 | | 672.64 UHC | Medicaid | 467.92 | | | | 436.45 | | 7899.25 fee schedule | |
| BKR CHG CARDIAC ION CHANNELOPATHIES | 81413 | CPT | | | | outpatient | | | 8315 | | 672.64 WellPoint | WellPoint | 2675.77 | 32.18 | | | 436.45 | | 7899.25 percent of total billed charges | |
| BKR CHG CARDIAC ION CHANNELOPATHIES | 81413 | CPT | | | | outpatient | | | 8315 | | 672.64 Wellcare | Medicaid | 467.92 | | | | 436.45 | | 7899.25 fee schedule | |
| BKR CHG CARDIAC ION CHANNELOPATHIES | 81413 | CPT | | | | outpatient | | | 8315 | | 672.64 Wellcare | Medicare | 584.9 | | | | 436.45 | | 7899.25 fee schedule | |
| BKR CHG DUPLICATION/DELETION | 81414 | CPT | | | | outpatient | | | 8315 | | 672.64 Consumer | Consumer | 7899.25 | 95 | | | 436.45 | | 7899.25 percent of total billed charges | |
| BKR CHG DUPLICATION/DELETION | 81414 | CPT | | | | outpatient | | | 8315 | | 672.64 Horizon | Medicare Blue | 2494.5 | 30 | | | 436.45 | | 7899.25 percent of total billed charges | |
| BKR CHG DUPLICATION/DELETION | 81414 | CPT | | | | outpatient | | | 8315 | | 672.64 Aetna | Medicare | 2561.02 | 30.8 | | | 436.45 | | 7899.25 percent of total billed charges | |
| BKR CHG DUPLICATION/DELETION | 81414 | CPT | | | | outpatient | | | 8315 | | 672.64 Multiplan | Multiplan | 6652 | 80 | | | 436.45 | | 7899.25 percent of total billed charges | |
| BKR CHG DUPLICATION/DELETION | 81414 | CPT | | | | outpatient | | | 8315 | | 672.64 Aetna | Better Health | 2623.38 | 31.55 | | | 436.45 | | 7899.25 percent of total billed charges | |
| BKR CHG DUPLICATION/DELETION | 81414 | CPT | | | | outpatient | | | 8315 | | 672.64 First Trenton | First Trenton | 7483.5 | 90 | | | 436.45 | | 7899.25 percent of total billed charges | |
| BKR CHG DUPLICATION/DELETION | 81414 | CPT | | | | outpatient | | | 8315 | | 672.64 Horizon | MGD | 3182.98 | 38.28 | | | 436.45 | | 7899.25 percent of total billed charges | |
| BKR CHG DUPLICATION/DELETION | 81414 | CPT | | | | outpatient | | | 8315 | | 672.64 Amerihealth | Medicare | 584.9 | | | | 436.45 | | 7899.25 fee schedule | |
| BKR CHG DUPLICATION/DELETION | 81414 | CPT | | | | outpatient | | | 8315 | | 672.64 Corrections | Corrections | 6652 | 80 | | | 436.45 | | 7899.25 percent of total billed charges | |
| BKR CHG DUPLICATION/DELETION | 81414 | CPT | | | | outpatient | | | 8315 | | 672.64 Managed Care Inc | Managed Care Inc | 7483.5 | 90 | | | 436.45 | | 7899.25 percent of total billed charges | |
| BKR CHG DUPLICATION/DELETION | 81414 | CPT | | | | outpatient | | | 8315 | | 672.64 Americare | Americare | 6236.25 | 75 | | | 436.45 | | 7899.25 percent of total billed charges | |
| BKR CHG DUPLICATION/DELETION | 81414 | CPT | | | | outpatient | | | 8315 | | 672.64 Qualcare | Qualcare | 6236.25 | 75 | | | 436.45 | | 7899.25 percent of total billed charges | |
| BKR CHG DUPLICATION/DELETION | 81414 | CPT | | | | outpatient | | | 8315 | | 672.64 Aetna | Commercial | 3159.7 | 38 | | | 436.45 | | 7899.25 percent of total billed charges | |
| BKR CHG DUPLICATION/DELETION | 81414 | CPT | | | | outpatient | | | 8315 | | 672.64 Horizon | Indemnity | 3182.98 | 38.28 | | | 436.45 | | 7899.25 percent of total billed charges | |
| BKR CHG DUPLICATION/DELETION | 81414 | CPT | | | | outpatient | | | 8315 | | 672.64 Amerihealth | HMO/PPO | 436.45 | | | | 436.45 | | 7899.25 fee schedule | |
| BKR CHG DUPLICATION/DELETION | 81414 | CPT | | | | outpatient | | | 8315 | | 672.64 First Health | First Health | 5820.5 | 70 | | | 436.45 | | 7899.25 percent of total billed charges | |
| BKR CHG DUPLICATION/DELETION | 81414 | CPT | | | | outpatient | | | 8315 | | 672.64 Horizon | NJ Health | 629.02 | | | | 436.45 | | 7899.25 fee schedule | |
| BKR CHG DUPLICATION/DELETION | 81414 | CPT | | | | outpatient | | | 8315 | | 672.64 Wellcare | Medicare | 584.9 | | | | 436.45 | | 7899.25 fee schedule | |
| BKR CHG DUPLICATION/DELETION | 81414 | CPT | | | | outpatient | | | 8315 | | 672.64 UHC | Medicaid | 467.92 | | | | 436.45 | | 7899.25 fee schedule | |
| BKR CHG DUPLICATION/DELETION | 81414 | CPT | | | | outpatient | | | 8315 | | 672.64 UHC | Medicare | 584.9 | | | | 436.45 | | 7899.25 fee schedule | |
| BKR CHG DUPLICATION/DELETION | 81414 | CPT | | | | outpatient | | | 8315 | | 672.64 Wellcare | Medicaid | 467.92 | | | | 436.45 | | 7899.25 fee schedule | |
| BKR CHG DUPLICATION/DELETION | 81414 | CPT | | | | outpatient | | | 8315 | | 672.64 Horizon | PPO | 3182.98 | 38.28 | | | 436.45 | | 7899.25 percent of total billed charges | |
| BKR CHG DUPLICATION/DELETION | 81414 | CPT | | | | outpatient | | | 8315 | | 672.64 WellPoint | WellPoint | 2675.77 | 32.18 | | | 436.45 | | 7899.25 percent of total billed charges | |
| BKR CHG DUPLICATION/DELETION | 81414 | CPT | | | | outpatient | | | 8315 | | 672.64 Three Rivers | Three Rivers | 7899.25 | 95 | | | 436.45 | | 7899.25 percent of total billed charges | |
| BKR CHG MEDICAL EXOME (PHENOTYPE DRIVEN) | 81415 | CPT | | | | both | | | 3102 | | 5497 Aetna | Better Health | 978.68 | 31.55 | | | 930.6 | | 4780 percent of total billed charges | |
| BKR CHG MEDICAL EXOME (PHENOTYPE DRIVEN) | 81415 | CPT | | | | both | | | 3102 | | 5497 Corrections | Corrections | 2481.6 | 80 | | | 930.6 | | 4780 percent of total billed charges | |
| BKR CHG MEDICAL EXOME (PHENOTYPE DRIVEN) | 81415 | CPT | | | | both | | | 3102 | | 5497 Aetna | Medicare | 955.42 | 30.8 | | | 930.6 | | 4780 percent of total billed charges | |
| BKR CHG MEDICAL EXOME (PHENOTYPE DRIVEN) | 81415 | CPT | | | | both | | | 3102 | | 5497 Americare | Americare | 2326.5 | 75 | | | 930.6 | | 4780 percent of total billed charges | |
| BKR CHG MEDICAL EXOME (PHENOTYPE DRIVEN) | 81415 | CPT | | | | both | | | 3102 | | 5497 Amerihealth | HMO/PPO | 2016.3 | 65 | | | 930.6 | | 4780 percent of total billed charges | |
| BKR CHG MEDICAL EXOME (PHENOTYPE DRIVEN) | 81415 | CPT | | | | both | | | 3102 | | 5497 Aetna | Commercial | 1178.76 | 38 | | | 930.6 | | 4780 percent of total billed charges | |
| BKR CHG MEDICAL EXOME (PHENOTYPE DRIVEN) | 81415 | CPT | | | | both | | | 3102 | | 5497 First Trenton | First Trenton | 2791.8 | 90 | | | 930.6 | | 4780 percent of total billed charges | |
| BKR CHG MEDICAL EXOME (PHENOTYPE DRIVEN) | 81415 | CPT | | | | both | | | 3102 | | 5497 Amerihealth | Medicare | 4780 | | | | 930.6 | | 4780 fee schedule | |
| BKR CHG MEDICAL EXOME (PHENOTYPE DRIVEN) | 81415 | CPT | | | | both | | | 3102 | | 5497 Consumer | Consumer | 2946.9 | 95 | | | 930.6 | | 4780 percent of total billed charges | |
| BKR CHG MEDICAL EXOME (PHENOTYPE DRIVEN) | 81415 | CPT | | | | both | | | 3102 | | 5497 UHC | Medicaid | 3824 | | | 82 | 930.6 | | 4780 fee schedule | |
| BKR CHG MEDICAL EXOME (PHENOTYPE DRIVEN) | 81415 | CPT | | | | both | | | 3102 | | 5497 Horizon | MGD | 1187.45 | 38.28 | | | 930.6 | | 4780 percent of total billed charges | |
| BKR CHG MEDICAL EXOME (PHENOTYPE DRIVEN) | 81415 | CPT | | | | both | | | 3102 | | 5497 Horizon | Indemnity | 1187.45 | 38.28 | | | 930.6 | | 4780 percent of total billed charges | |
| BKR CHG MEDICAL EXOME (PHENOTYPE DRIVEN) | 81415 | CPT | | | | both | | | 3102 | | 5497 First Health | First Health | 2171.4 | 70 | | | 930.6 | | 4780 percent of total billed charges | |
| BKR CHG MEDICAL EXOME (PHENOTYPE DRIVEN) | 81415 | CPT | | | | both | | | 3102 | | 5497 Wellcare | Medicaid | 3824 | | | | 930.6 | | 4780 fee schedule | |
| BKR CHG MEDICAL EXOME (PHENOTYPE DRIVEN) | 81415 | CPT | | | | both | | | 3102 | | 5497 Horizon | PPO | 1187.45 | 38.28 | | | 930.6 | | 4780 percent of total billed charges | |
| BKR CHG MEDICAL EXOME (PHENOTYPE DRIVEN) | 81415 | CPT | | | | both | | | 3102 | | 5497 WellPoint | WellPoint | 998.22 | 32.18 | | 99.33 | 930.6 | | 4780 percent of total billed charges | |
| BKR CHG MEDICAL EXOME (PHENOTYPE DRIVEN) | 81415 | CPT | | | | both | | | 3102 | | 5497 Horizon | Medicare Blue | 930.6 | 30 | | | 930.6 | | 4780 percent of total billed charges | |
| BKR CHG MEDICAL EXOME (PHENOTYPE DRIVEN) | 81415 | CPT | | | | both | | | 3102 | | 5497 Managed Care Inc | Managed Care Inc | 2791.8 | 90 | | | 930.6 | | 4780 percent of total billed charges | |
| BKR CHG MEDICAL EXOME (PHENOTYPE DRIVEN) | 81415 | CPT | | | | both | | | 3102 | | 5497 Multiplan | Multiplan | 2481.6 | 80 | | | 930.6 | | 4780 percent of total billed charges | |
| BKR CHG MEDICAL EXOME (PHENOTYPE DRIVEN) | 81415 | CPT | | | | both | | | 3102 | | 5497 Three Rivers | Three Rivers | 2946.9 | 95 | | | 930.6 | | 4780 percent of total billed charges | |
| BKR CHG MEDICAL EXOME (PHENOTYPE DRIVEN) | 81415 | CPT | | | | both | | | 3102 | | 5497 Horizon | NJ Health | 943.6 | | | | 930.6 | | 4780 fee schedule | |
| BKR CHG MEDICAL EXOME (PHENOTYPE DRIVEN) | 81415 | CPT | | | | both | | | 3102 | | 5497 Wellcare | Medicare | 4780 | | | | 930.6 | | 4780 fee schedule | |
| BKR CHG MEDICAL EXOME (PHENOTYPE DRIVEN) | 81415 | CPT | | | | both | | | 3102 | | 5497 Qualcare | Qualcare | 2326.5 | 75 | | | 930.6 | | 4780 percent of total billed charges | |
| BKR CHG MEDICAL EXOME (PHENOTYPE DRIVEN) | 81415 | CPT | | | | both | | | 3102 | | 5497 UHC | Medicare | 4780 | | | | 930.6 | | 4780 fee schedule | |
| BKR CHG REANALYSIS OF DATA: MEDICAL EXOME(PHYENOTYPE DR) | 81417 | CPT | | | | outpatient | | | 958 | | 368 Americare | Americare | 718.5 | 75 | | | 256 | | 910.1 percent of total billed charges | |
| BKR CHG REANALYSIS OF DATA: MEDICAL EXOME(PHYENOTYPE DR) | 81417 | CPT | | | | outpatient | | | 958 | | 368 First Health | First Health | 670.6 | 70 | | | 256 | | 910.1 percent of total billed charges | |
| BKR CHG REANALYSIS OF DATA: MEDICAL EXOME(PHYENOTYPE DR) | 81417 | CPT | | | | outpatient | | | 958 | | 368 Corrections | Corrections | 766.4 | 80 | | | 256 | | 910.1 percent of total billed charges | |
| BKR CHG REANALYSIS OF DATA: MEDICAL EXOME(PHYENOTYPE DR) | 81417 | CPT | | | | outpatient | | | 958 | | 368 Amerihealth | Medicare | 320 | | | | 256 | | 910.1 fee schedule | |
| BKR CHG REANALYSIS OF DATA: MEDICAL EXOME(PHYENOTYPE DR) | 81417 | CPT | | | | outpatient | | | 958 | | 368 Amerihealth | HMO/PPO | 622.7 | 65 | | | 256 | | 910.1 percent of total billed charges | |
| BKR CHG REANALYSIS OF DATA: MEDICAL EXOME(PHYENOTYPE DR) | 81417 | CPT | | | | outpatient | | | 958 | | 368 Aetna | Better Health | 302.25 | 31.55 | | | 256 | | 910.1 percent of total billed charges | |
| BKR CHG REANALYSIS OF DATA: MEDICAL EXOME(PHYENOTYPE DR) | 81417 | CPT | | | | outpatient | | | 958 | | 368 Aetna | Medicare | 295.06 | 30.8 | | | 256 | | 910.1 percent of total billed charges | |
| BKR CHG REANALYSIS OF DATA: MEDICAL EXOME(PHYENOTYPE DR) | 81417 | CPT | | | | outpatient | | | 958 | | 368 Wellcare | Medicaid | 256 | | | | 256 | | 910.1 fee schedule | |
| BKR CHG REANALYSIS OF DATA: MEDICAL EXOME(PHYENOTYPE DR) | 81417 | CPT | | | | outpatient | | | 958 | | 368 Horizon | PPO | 366.72 | 38.28 | | | 256 | | 910.1 percent of total billed charges | |
| BKR CHG REANALYSIS OF DATA: MEDICAL EXOME(PHYENOTYPE DR) | 81417 | CPT | | | | outpatient | | | 958 | | 368 UHC | Medicaid | 256 | | | | 256 | | 910.1 fee schedule | |
| BKR CHG REANALYSIS OF DATA: MEDICAL EXOME(PHYENOTYPE DR) | 81417 | CPT | | | | outpatient | | | 958 | | 368 WellPoint | WellPoint | 308.28 | 32.18 | | | 256 | | 910.1 percent of total billed charges | |
| BKR CHG REANALYSIS OF DATA: MEDICAL EXOME(PHYENOTYPE DR) | 81417 | CPT | | | | outpatient | | | 958 | | 368 First Trenton | First Trenton | 862.2 | 90 | | | 256 | | 910.1 percent of total billed charges | |
| BKR CHG REANALYSIS OF DATA: MEDICAL EXOME(PHYENOTYPE DR) | 81417 | CPT | | | | outpatient | | | 958 | | 368 Horizon | Indemnity | 366.72 | 38.28 | | | 256 | | 910.1 percent of total billed charges | |
| BKR CHG REANALYSIS OF DATA: MEDICAL EXOME(PHYENOTYPE DR) | 81417 | CPT | | | | outpatient | | | 958 | | 368 Aetna | Commercial | 364.04 | 38 | | | 256 | | 910.1 percent of total billed charges | |
| BKR CHG REANALYSIS OF DATA: MEDICAL EXOME(PHYENOTYPE DR) | 81417 | CPT | | | | outpatient | | | 958 | | 368 Consumer | Consumer | 910.1 | 95 | | | 256 | | 910.1 percent of total billed charges | |
| BKR CHG REANALYSIS OF DATA: MEDICAL EXOME(PHYENOTYPE DR) | 81417 | CPT | | | | outpatient | | | 958 | | 368 Managed Care Inc | Managed Care Inc | 862.2 | 90 | | | 256 | | 910.1 percent of total billed charges | |
| BKR CHG REANALYSIS OF DATA: MEDICAL EXOME(PHYENOTYPE DR) | 81417 | CPT | | | | outpatient | | | 958 | | 368 Multiplan | Multiplan | 766.4 | 80 | | | 256 | | 910.1 percent of total billed charges | |
| BKR CHG REANALYSIS OF DATA: MEDICAL EXOME(PHYENOTYPE DR) | 81417 | CPT | | | | outpatient | | | 958 | | 368 Horizon | MGD | 366.72 | 38.28 | | | 256 | | 910.1 percent of total billed charges | |
| BKR CHG REANALYSIS OF DATA: MEDICAL EXOME(PHYENOTYPE DR) | 81417 | CPT | | | | outpatient | | | 958 | | 368 Horizon | Medicare Blue | 287.4 | 30 | | | 256 | | 910.1 percent of total billed charges | |
| BKR CHG REANALYSIS OF DATA: MEDICAL EXOME(PHYENOTYPE DR) | 81417 | CPT | | | | outpatient | | | 958 | | 368 Horizon | NJ Health | 439.04 | | | | 256 | | 910.1 fee schedule | |
| BKR CHG REANALYSIS OF DATA: MEDICAL EXOME(PHYENOTYPE DR) | 81417 | CPT | | | | outpatient | | | 958 | | 368 Qualcare | Qualcare | 718.5 | 75 | | | 256 | | 910.1 percent of total billed charges | |
| BKR CHG REANALYSIS OF DATA: MEDICAL EXOME(PHYENOTYPE DR) | 81417 | CPT | | | | outpatient | | | 958 | | 368 UHC | Medicare | 320 | | | | 256 | | 910.1 fee schedule | |
| BKR CHG REANALYSIS OF DATA: MEDICAL EXOME(PHYENOTYPE DR) | 81417 | CPT | | | | outpatient | | | 958 | | 368 Three Rivers | Three Rivers | 910.1 | 95 | | | 256 | | 910.1 percent of total billed charges | |
| BKR CHG REANALYSIS OF DATA: MEDICAL EXOME(PHYENOTYPE DR) | 81417 | CPT | | | | outpatient | | | 958 | | 368 Wellcare | Medicare | 320 | | | | 256 | | 910.1 fee schedule | |
| BKR CHG CLINICAL EPILEPSY NGS PANEL (6 | 81419 | CPT | | | | both | | | 7795 | | 2815.84 Aetna | Medicare | 2400.86 | 30.8 | | | 1958.85 | | 7405.25 percent of total billed charges | |
| BKR CHG CLINICAL EPILEPSY NGS PANEL (6 | 81419 | CPT | | | | both | | | 7795 | | 2815.84 Americare | Americare | 5846.25 | 75 | | | 1958.85 | | 7405.25 percent of total billed charges | |
| BKR CHG CLINICAL EPILEPSY NGS PANEL (6 | 81419 | CPT | | | | both | | | 7795 | | 2815.84 Consumer | Consumer | 7405.25 | 95 | | | 1958.85 | | 7405.25 percent of total billed charges | |
| BKR CHG CLINICAL EPILEPSY NGS PANEL (6 | 81419 | CPT | | | | both | | | 7795 | | 2815.84 Amerihealth | Medicare | 2448.56 | | | | 1958.85 | | 7405.25 fee schedule | |
| BKR CHG CLINICAL EPILEPSY NGS PANEL (6 | 81419 | CPT | | | | both | | | 7795 | | 2815.84 Amerihealth | HMO/PPO | 5066.75 | 65 | | | 1958.85 | | 7405.25 percent of total billed charges | |
| BKR CHG CLINICAL EPILEPSY NGS PANEL (6 | 81419 | CPT | | | | both | | | 7795 | | 2815.84 Horizon | Medicare Blue | 2338.5 | 30 | | | 1958.85 | | 7405.25 percent of total billed charges | |
| BKR CHG CLINICAL EPILEPSY NGS PANEL (6 | 81419 | CPT | | | | both | | | 7795 | | 2815.84 Aetna | Better Health | 2459.32 | 31.55 | | | 1958.85 | | 7405.25 percent of total billed charges | |
| BKR CHG CLINICAL EPILEPSY NGS PANEL (6 | 81419 | CPT | | | | both | | | 7795 | | 2815.84 UHC | Medicare | 2448.56 | | | | 1958.85 | | 7405.25 fee schedule | |
| BKR CHG CLINICAL EPILEPSY NGS PANEL (6 | 81419 | CPT | | | | both | | | 7795 | | 2815.84 Multiplan | Multiplan | 6236 | 80 | | | 1958.85 | | 7405.25 percent of total billed charges | |
| BKR CHG CLINICAL EPILEPSY NGS PANEL (6 | 81419 | CPT | | | | both | | | 7795 | | 2815.84 UHC | Medicaid | 1958.85 | | | | 1958.85 | | 7405.25 fee schedule | |
| BKR CHG CLINICAL EPILEPSY NGS PANEL (6 | 81419 | CPT | | | | both | | | 7795 | | 2815.84 Corrections | Corrections | 6236 | 80 | | | 1958.85 | | 7405.25 percent of total billed charges | |
| BKR CHG CLINICAL EPILEPSY NGS PANEL (6 | 81419 | CPT | | | | both | | | 7795 | | 2815.84 Horizon | MGD | 2983.93 | 38.28 | | | 1958.85 | | 7405.25 percent of total billed charges | |
| BKR CHG CLINICAL EPILEPSY NGS PANEL (6 | 81419 | CPT | | | | both | | | 7795 | | 2815.84 Qualcare | Qualcare | 5846.25 | 75 | | | 1958.85 | | 7405.25 percent of total billed charges | |
| BKR CHG CLINICAL EPILEPSY NGS PANEL (6 | 81419 | CPT | | | | both | | | 7795 | | 2815.84 Wellcare | Medicaid | 1958.85 | | | | 1958.85 | | 7405.25 fee schedule | |
| BKR CHG CLINICAL EPILEPSY NGS PANEL (6 | 81419 | CPT | | | | both | | | 7795 | | 2815.84 First Health | First Health | 5456.5 | 70 | | | 1958.85 | | 7405.25 percent of total billed charges | |
| BKR CHG CLINICAL EPILEPSY NGS PANEL (6 | 81419 | CPT | | | | both | | | 7795 | | 2815.84 Wellcare | Medicare | 2448.56 | | | | 1958.85 | | 7405.25 fee schedule | |
| BKR CHG CLINICAL EPILEPSY NGS PANEL (6 | 81419 | CPT | | | | both | | | 7795 | | 2815.84 WellPoint | WellPoint | 2508.43 | 32.18 | | | 1958.85 | | 7405.25 percent of total billed charges | |
| BKR CHG CLINICAL EPILEPSY NGS PANEL (6 | 81419 | CPT | | | | both | | | 7795 | | 2815.84 First Trenton | First Trenton | 7015.5 | 90 | | | 1958.85 | | 7405.25 percent of total billed charges | |
| BKR CHG CLINICAL EPILEPSY NGS PANEL (6 | 81419 | CPT | | | | both | | | 7795 | | 2815.84 Horizon | Indemnity | 2983.93 | 38.28 | | | 1958.85 | | 7405.25 percent of total billed charges | |
| BKR CHG CLINICAL EPILEPSY NGS PANEL (6 | 81419 | CPT | | | | both | | | 7795 | | 2815.84 Horizon | PPO | 2983.93 | 38.28 | | | 1958.85 | | 7405.25 percent of total billed charges | |
| BKR CHG CLINICAL EPILEPSY NGS PANEL (6 | 81419 | CPT | | | | both | | | 7795 | | 2815.84 Managed Care Inc | Managed Care Inc | 7015.5 | 90 | | | 1958.85 | | 7405.25 percent of total billed charges | |
| BKR CHG CLINICAL EPILEPSY NGS PANEL (6 | 81419 | CPT | | | | both | | | 7795 | | 2815.84 Three Rivers | Three Rivers | 7405.25 | 95 | | | 1958.85 | | 7405.25 percent of total billed charges | |
| BKR CHG NIPT CELL FREE FETAL DNA ANEUPLOIDY(ANALYSIS OF 13,18,21,X& Y | 81420 | CPT | | | | both | | | 1401 | | 872.91 Aetna | Better Health | 442.02 | 31.55 | | | 276.3 | | 1330.95 percent of total billed charges | |
| BKR CHG NIPT CELL FREE FETAL DNA ANEUPLOIDY(ANALYSIS OF 13,18,21,X& Y | 81420 | CPT | | | | both | | | 1401 | | 872.91 Wellcare | Medicare | 759.05 | | | | 276.3 | | 1330.95 fee schedule | |
| BKR CHG NIPT CELL FREE FETAL DNA ANEUPLOIDY(ANALYSIS OF 13,18,21,X& Y | 81420 | CPT | | | | both | | | 1401 | | 872.91 Amerihealth | Medicare | 759.05 | | | | 276.3 | | 1330.95 fee schedule | |
| BKR CHG NIPT CELL FREE FETAL DNA ANEUPLOIDY(ANALYSIS OF 13,18,21,X& Y | 81420 | CPT | | | | both | | | 1401 | | 872.91 Horizon | Indemnity | 536.3 | 38.28 | | 211.19 | 276.3 | | 1330.95 percent of total billed charges | |
| BKR CHG NIPT CELL FREE FETAL DNA ANEUPLOIDY(ANALYSIS OF 13,18,21,X& Y | 81420 | CPT | | | | both | | | 1401 | | 872.91 Consumer | Consumer | 1330.95 | 95 | | | 276.3 | | 1330.95 percent of total billed charges | |
| BKR CHG NIPT CELL FREE FETAL DNA ANEUPLOIDY(ANALYSIS OF 13,18,21,X& Y | 81420 | CPT | | | | both | | | 1401 | | 872.91 First Health | First Health | 980.7 | 70 | | | 276.3 | | 1330.95 percent of total billed charges | |
| BKR CHG NIPT CELL FREE FETAL DNA ANEUPLOIDY(ANALYSIS OF 13,18,21,X& Y | 81420 | CPT | | | | both | | | 1401 | | 872.91 Multiplan | Multiplan | 1120.8 | 80 | | | 276.3 | | 1330.95 percent of total billed charges | |
| BKR CHG NIPT CELL FREE FETAL DNA ANEUPLOIDY(ANALYSIS OF 13,18,21,X& Y | 81420 | CPT | | | | both | | | 1401 | | 872.91 Amerihealth | HMO/PPO | 436.45 | | | 309.28 | 276.3 | | 1330.95 fee schedule | |
| BKR CHG NIPT CELL FREE FETAL DNA ANEUPLOIDY(ANALYSIS OF 13,18,21,X& Y | 81420 | CPT | | | | both | | | 1401 | | 872.91 Aetna | Commercial | 532.38 | 38 | | 268.77 | 276.3 | | 1330.95 percent of total billed charges | |
| BKR CHG NIPT CELL FREE FETAL DNA ANEUPLOIDY(ANALYSIS OF 13,18,21,X& Y | 81420 | CPT | | | | both | | | 1401 | | 872.91 UHC | Medicaid | 607.24 | | | 120.64 | 276.3 | | 1330.95 fee schedule | |
| BKR CHG NIPT CELL FREE FETAL DNA ANEUPLOIDY(ANALYSIS OF 13,18,21,X& Y | 81420 | CPT | | | | both | | | 1401 | | 872.91 Qualcare | Qualcare | 1050.75 | 75 | | | 276.3 | | 1330.95 percent of total billed charges | |
| BKR CHG NIPT CELL FREE FETAL DNA ANEUPLOIDY(ANALYSIS OF 13,18,21,X& Y | 81420 | CPT | | | | both | | | 1401 | | 872.91 Horizon | MGD | 536.3 | 38.28 | | 208.85 | 276.3 | | 1330.95 percent of total billed charges | |
| BKR CHG NIPT CELL FREE FETAL DNA ANEUPLOIDY(ANALYSIS OF 13,18,21,X& Y | 81420 | CPT | | | | both | | | 1401 | | 872.91 Corrections | Corrections | 1120.8 | 80 | | | 276.3 | | 1330.95 percent of total billed charges | |
| BKR CHG NIPT CELL FREE FETAL DNA ANEUPLOIDY(ANALYSIS OF 13,18,21,X& Y | 81420 | CPT | | | | both | | | 1401 | | 872.91 Wellcare | Medicaid | 607.24 | | | 238.04 | 276.3 | | 1330.95 fee schedule | |
| BKR CHG NIPT CELL FREE FETAL DNA ANEUPLOIDY(ANALYSIS OF 13,18,21,X& Y | 81420 | CPT | | | | both | | | 1401 | | 872.91 UHC | Medicare | 759.05 | | | | 276.3 | | 1330.95 fee schedule | |
| BKR CHG NIPT CELL FREE FETAL DNA ANEUPLOIDY(ANALYSIS OF 13,18,21,X& Y | 81420 | CPT | | | | both | | | 1401 | | 872.91 Horizon | PPO | 536.3 | 38.28 | | 214.35 | 276.3 | | 1330.95 percent of total billed charges | |
| BKR CHG NIPT CELL FREE FETAL DNA ANEUPLOIDY(ANALYSIS OF 13,18,21,X& Y | 81420 | CPT | | | | both | | | 1401 | | 872.91 Aetna | Medicare | 431.51 | 30.8 | | 15.02 | 276.3 | | 1330.95 percent of total billed charges | |
| BKR CHG NIPT CELL FREE FETAL DNA ANEUPLOIDY(ANALYSIS OF 13,18,21,X& Y | 81420 | CPT | | | | both | | | 1401 | | 872.91 Horizon | Medicare Blue | 420.3 | 30 | | | 276.3 | | 1330.95 percent of total billed charges | |
| BKR CHG NIPT CELL FREE FETAL DNA ANEUPLOIDY(ANALYSIS OF 13,18,21,X& Y | 81420 | CPT | | | | both | | | 1401 | | 872.91 Americare | Americare | 1050.75 | 75 | | | 276.3 | | 1330.95 percent of total billed charges | |
| BKR CHG NIPT CELL FREE FETAL DNA ANEUPLOIDY(ANALYSIS OF 13,18,21,X& Y | 81420 | CPT | | | | both | | | 1401 | | 872.91 WellPoint | WellPoint | 450.84 | 32.18 | | 234.86 | 276.3 | | 1330.95 percent of total billed charges | |
| BKR CHG NIPT CELL FREE FETAL DNA ANEUPLOIDY(ANALYSIS OF 13,18,21,X& Y | 81420 | CPT | | | | both | | | 1401 | | 872.91 First Trenton | First Trenton | 1260.9 | 90 | | | 276.3 | | 1330.95 percent of total billed charges | |
| BKR CHG NIPT CELL FREE FETAL DNA ANEUPLOIDY(ANALYSIS OF 13,18,21,X& Y | 81420 | CPT | | | | both | | | 1401 | | 872.91 Managed Care Inc | Managed Care Inc | 1260.9 | 90 | | | 276.3 | | 1330.95 percent of total billed charges | |
| BKR CHG NIPT CELL FREE FETAL DNA ANEUPLOIDY(ANALYSIS OF 13,18,21,X& Y | 81420 | CPT | | | | both | | | 1401 | | 872.91 Three Rivers | Three Rivers | 1330.95 | 95 | | | 276.3 | | 1330.95 percent of total billed charges | |
| BKR CHG PRENATAL NOONAN SYNDROME | 81422 | CPT | | | | inpatient | | | 4652 | | 872.91 UHC | Medicare | 759.05 | | | | 607.24 | | 4419.4 fee schedule | |
| BKR CHG PRENATAL NOONAN SYNDROME | 81422 | CPT | | | | inpatient | | | 4652 | | 872.91 First Health | First Health | 3256.4 | 70 | | | 607.24 | | 4419.4 percent of total billed charges | |
| BKR CHG PRENATAL NOONAN SYNDROME | 81422 | CPT | | | | inpatient | | | 4652 | | 872.91 Aetna | Better Health | 1467.71 | 31.55 | | | 607.24 | | 4419.4 percent of total billed charges | |
| BKR CHG PRENATAL NOONAN SYNDROME | 81422 | CPT | | | | inpatient | | | 4652 | | 872.91 Amerihealth | HMO/PPO | 3023.8 | 65 | | | 607.24 | | 4419.4 percent of total billed charges | |
| BKR CHG PRENATAL NOONAN SYNDROME | 81422 | CPT | | | | inpatient | | | 4652 | | 872.91 Aetna | Commercial | 1767.76 | 38 | | | 607.24 | | 4419.4 percent of total billed charges | |
| BKR CHG PRENATAL NOONAN SYNDROME | 81422 | CPT | | | | inpatient | | | 4652 | | 872.91 First Trenton | First Trenton | 4186.8 | 90 | | | 607.24 | | 4419.4 percent of total billed charges | |
| BKR CHG PRENATAL NOONAN SYNDROME | 81422 | CPT | | | | inpatient | | | 4652 | | 872.91 Aetna | Medicare | 1432.82 | 30.8 | | | 607.24 | | 4419.4 percent of total billed charges | |
| BKR CHG PRENATAL NOONAN SYNDROME | 81422 | CPT | | | | inpatient | | | 4652 | | 872.91 Corrections | Corrections | 3721.6 | 80 | | | 607.24 | | 4419.4 percent of total billed charges | |
| BKR CHG PRENATAL NOONAN SYNDROME | 81422 | CPT | | | | inpatient | | | 4652 | | 872.91 Wellcare | Medicare | 759.05 | | | | 607.24 | | 4419.4 fee schedule | |
| BKR CHG PRENATAL NOONAN SYNDROME | 81422 | CPT | | | | inpatient | | | 4652 | | 872.91 Horizon | MGD | 1780.79 | 38.28 | | | 607.24 | | 4419.4 percent of total billed charges | |
| BKR CHG PRENATAL NOONAN SYNDROME | 81422 | CPT | | | | inpatient | | | 4652 | | 872.91 Horizon | Medicare Blue | 1395.6 | 30 | | | 607.24 | | 4419.4 percent of total billed charges | |
| BKR CHG PRENATAL NOONAN SYNDROME | 81422 | CPT | | | | inpatient | | | 4652 | | 872.91 Horizon | Indemnity | 1780.79 | 38.28 | | | 607.24 | | 4419.4 percent of total billed charges | |
| BKR CHG PRENATAL NOONAN SYNDROME | 81422 | CPT | | | | inpatient | | | 4652 | | 872.91 Amerihealth | Medicare | 759.05 | | | | 607.24 | | 4419.4 fee schedule | |
| BKR CHG PRENATAL NOONAN SYNDROME | 81422 | CPT | | | | inpatient | | | 4652 | | 872.91 Horizon | PPO | 1780.79 | 38.28 | | | 

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
| BKR CHG PRENATAL NOONAN SYNDROME | 81422 | CPT | | | | inpatient | | | 4652 | 872.91 | Multiplan | Multiplan | 3721.6 | 80 | | | 607.24 | 4419.4 | percent of total billed charges | |
| BKR CHG PRENATAL NOONAN SYNDROME | 81422 | CPT | | | | inpatient | | | 4652 | 872.91 | Three Rivers | Three Rivers | 4419.4 | 95 | | | 607.24 | 4419.4 | percent of total billed charges | |
| BKR CHG PRENATAL NOONAN SYNDROME | 81422 | CPT | | | | inpatient | | | 4652 | 872.91 | Qualcare | Qualcare | 3489 | 75 | | | 607.24 | 4419.4 | percent of total billed charges | |
| BKR CHG PRENATAL NOONAN SYNDROME | 81422 | CPT | | | | inpatient | | | 4652 | 872.91 | Wellcare | Medicaid | 607.24 | | | | 607.24 | 4419.4 | fee schedule | |
| BKR CHG PRENATAL NOONAN SYNDROME | 81422 | CPT | | | | inpatient | | | 4652 | 872.91 | UHC | Medicaid | 607.24 | | | | 607.24 | 4419.4 | fee schedule | |
| BKR CHG HEARING LOSS GEN SEQ ANAL | 81430 | CPT | | | | outpatient | | | 5173 | 1868.75 | Aetna | Better Health | 1632.08 | 31.55 | | | 1300 | 4914.35 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL | 81430 | CPT | | | | outpatient | | | 5173 | 1868.75 | Amerihealth | HMO/PPO | 3362.45 | 65 | | | 1300 | 4914.35 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL | 81430 | CPT | | | | outpatient | | | 5173 | 1868.75 | UHC | Medicaid | 1300 | | | | 1300 | 4914.35 | fee schedule | |
| BKR CHG HEARING LOSS GEN SEQ ANAL | 81430 | CPT | | | | outpatient | | | 5173 | 1868.75 | First Trenton | First Trenton | 4655.7 | 90 | | | 1300 | 4914.35 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL | 81430 | CPT | | | | outpatient | | | 5173 | 1868.75 | Corrections | Corrections | 4138.4 | 80 | | | 1300 | 4914.35 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL | 81430 | CPT | | | | outpatient | | | 5173 | 1868.75 | Amerihealth | Medicare | 1625 | | | | 1300 | 4914.35 | fee schedule | |
| BKR CHG HEARING LOSS GEN SEQ ANAL | 81430 | CPT | | | | outpatient | | | 5173 | 1868.75 | Aetna | Medicare | 1593.28 | 30.8 | | | 1300 | 4914.35 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL | 81430 | CPT | | | | outpatient | | | 5173 | 1868.75 | Horizon | Medicare Blue | 1501.9 | 30 | | | 1300 | 4914.35 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL | 81430 | CPT | | | | outpatient | | | 5173 | 1868.75 | Aetna | Commercial | 1965.74 | 38 | | | 1300 | 4914.35 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL | 81430 | CPT | | | | outpatient | | | 5173 | 1868.75 | First Health | First Health | 3621.1 | 70 | | | 1300 | 4914.35 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL | 81430 | CPT | | | | outpatient | | | 5173 | 1868.75 | Wellcare | Medicare | 1625 | | | | 1300 | 4914.35 | fee schedule | |
| BKR CHG HEARING LOSS GEN SEQ ANAL | 81430 | CPT | | | | outpatient | | | 5173 | 1868.75 | Horizon | Indemnity | 1980.22 | 38.28 | | | 1300 | 4914.35 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL | 81430 | CPT | | | | outpatient | | | 5173 | 1868.75 | Wellcare | Medicaid | 1300 | | | | 1300 | 4914.35 | fee schedule | |
| BKR CHG HEARING LOSS GEN SEQ ANAL | 81430 | CPT | | | | outpatient | | | 5173 | 1868.75 | Consumer | Consumer | 4914.35 | 95 | | | 1300 | 4914.35 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL | 81430 | CPT | | | | outpatient | | | 5173 | 1868.75 | Americare | Americare | 3879.75 | 75 | | | 1300 | 4914.35 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL | 81430 | CPT | | | | outpatient | | | 5173 | 1868.75 | Horizon | PPO | 1980.22 | 38.28 | | | 1300 | 4914.35 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL | 81430 | CPT | | | | outpatient | | | 5173 | 1868.75 | Horizon | MGD | 1980.22 | 38.28 | | | 1300 | 4914.35 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL | 81430 | CPT | | | | outpatient | | | 5173 | 1868.75 | Multiplan | Multiplan | 4138.4 | 80 | | | 1300 | 4914.35 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL | 81430 | CPT | | | | outpatient | | | 5173 | 1868.75 | Managed Care Inc | Managed Care Inc | 4655.7 | 90 | | | 1300 | 4914.35 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL | 81430 | CPT | | | | outpatient | | | 5173 | 1868.75 | Three Rivers | Three Rivers | 4914.35 | 95 | | | 1300 | 4914.35 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL | 81430 | CPT | | | | outpatient | | | 5173 | 1868.75 | WellPoint | WellPoint | 1664.67 | 32.18 | | | 1300 | 4914.35 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL | 81430 | CPT | | | | outpatient | | | 5173 | 1868.75 | Qualcare | Qualcare | 3879.75 | 75 | | | 1300 | 4914.35 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL | 81430 | CPT | | | | outpatient | | | 5173 | 1868.75 | UHC | Medicare | 1625 | | | | 1300 | 4914.35 | fee schedule | |
| BKR CHG HEARING LOSS GEN SEQ ANAL DUP | 81431 | CPT | | | | outpatient | | | 2163 | 781.51 | WellPoint | WellPoint | 696.05 | 32.18 | | | 543.66 | 2054.85 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL DUP | 81431 | CPT | | | | outpatient | | | 2163 | 781.51 | Consumer | Consumer | 2054.85 | 95 | | | 543.66 | 2054.85 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL DUP | 81431 | CPT | | | | outpatient | | | 2163 | 781.51 | Horizon | MGD | 828 | 38.28 | | | 543.66 | 2054.85 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL DUP | 81431 | CPT | | | | outpatient | | | 2163 | 781.51 | Amerihealth | Medicare | 679.57 | | | | 543.66 | 2054.85 | fee schedule | |
| BKR CHG HEARING LOSS GEN SEQ ANAL DUP | 81431 | CPT | | | | outpatient | | | 2163 | 781.51 | First Health | First Health | 1514.1 | 70 | | | 543.66 | 2054.85 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL DUP | 81431 | CPT | | | | outpatient | | | 2163 | 781.51 | Aetna | Better Health | 682.43 | 31.55 | | | 543.66 | 2054.85 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL DUP | 81431 | CPT | | | | outpatient | | | 2163 | 781.51 | Wellcare | Medicare | 679.57 | | | | 543.66 | 2054.85 | fee schedule | |
| BKR CHG HEARING LOSS GEN SEQ ANAL DUP | 81431 | CPT | | | | outpatient | | | 2163 | 781.51 | Aetna | Commercial | 821.94 | 38 | | | 543.66 | 2054.85 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL DUP | 81431 | CPT | | | | outpatient | | | 2163 | 781.51 | Corrections | Corrections | 1730.4 | 80 | | | 543.66 | 2054.85 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL DUP | 81431 | CPT | | | | outpatient | | | 2163 | 781.51 | Aetna | Medicare | 666.2 | 30.8 | | | 543.66 | 2054.85 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL DUP | 81431 | CPT | | | | outpatient | | | 2163 | 781.51 | Americare | Americare | 1622.25 | 75 | | | 543.66 | 2054.85 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL DUP | 81431 | CPT | | | | outpatient | | | 2163 | 781.51 | Amerihealth | HMO/PPO | 1405.95 | 65 | | | 543.66 | 2054.85 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL DUP | 81431 | CPT | | | | outpatient | | | 2163 | 781.51 | Horizon | Medicare Blue | 648.9 | 30 | | | 543.66 | 2054.85 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL DUP | 81431 | CPT | | | | outpatient | | | 2163 | 781.51 | Multiplan | Multiplan | 1730.4 | 80 | | | 543.66 | 2054.85 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL DUP | 81431 | CPT | | | | outpatient | | | 2163 | 781.51 | First Trenton | First Trenton | 1946.7 | 90 | | | 543.66 | 2054.85 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL DUP | 81431 | CPT | | | | outpatient | | | 2163 | 781.51 | Qualcare | Qualcare | 1622.25 | 75 | | | 543.66 | 2054.85 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL DUP | 81431 | CPT | | | | outpatient | | | 2163 | 781.51 | Managed Care Inc | Managed Care Inc | 1946.7 | 90 | | | 543.66 | 2054.85 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL DUP | 81431 | CPT | | | | outpatient | | | 2163 | 781.51 | UHC | Medicare | 679.57 | | | | 543.66 | 2054.85 | fee schedule | |
| BKR CHG HEARING LOSS GEN SEQ ANAL DUP | 81431 | CPT | | | | outpatient | | | 2163 | 781.51 | Horizon | Indemnity | 828 | 38.28 | | | 543.66 | 2054.85 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL DUP | 81431 | CPT | | | | outpatient | | | 2163 | 781.51 | Wellcare | Medicaid | 543.66 | | | | 543.66 | 2054.85 | fee schedule | |
| BKR CHG HEARING LOSS GEN SEQ ANAL DUP | 81431 | CPT | | | | outpatient | | | 2163 | 781.51 | Horizon | PPO | 828 | 38.28 | | | 543.66 | 2054.85 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL DUP | 81431 | CPT | | | | outpatient | | | 2163 | 781.51 | Three Rivers | Three Rivers | 2054.85 | 95 | | | 543.66 | 2054.85 | percent of total billed charges | |
| BKR CHG HEARING LOSS GEN SEQ ANAL DUP | 81431 | CPT | | | | outpatient | | | 2163 | 781.51 | UHC | Medicaid | 543.66 | | | | 543.66 | 2054.85 | fee schedule | |
| BKR CHG HEREDITARY RETINAL DISORDER (INCLUDE ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH11 | 81434 | CPT | | | | outpatient | | | 1375 | 687.6 | Multiplan | Multiplan | 1100 | 80 | | | 327.53 | 1306.25 | percent of total billed charges | |
| BKR CHG HEREDITARY RETINAL DISORDER (INCLUDE ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH11 | 81434 | CPT | | | | outpatient | | | 1375 | 687.6 | Aetna | Better Health | 433.81 | 31.55 | | | 327.53 | 1306.25 | percent of total billed charges | |
| BKR CHG HEREDITARY RETINAL DISORDER (INCLUDE ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH11 | 81434 | CPT | | | | outpatient | | | 1375 | 687.6 | Amerihealth | HMO/PPO | 327.53 | | | | 327.53 | 1306.25 | fee schedule | |
| BKR CHG HEREDITARY RETINAL DISORDER (INCLUDE ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH11 | 81434 | CPT | | | | outpatient | | | 1375 | 687.6 | Americare | Americare | 1031.25 | 75 | | | 327.53 | 1306.25 | percent of total billed charges | |
| BKR CHG HEREDITARY RETINAL DISORDER (INCLUDE ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH11 | 81434 | CPT | | | | outpatient | | | 1375 | 687.6 | Aetna | Commercial | 522.5 | 38 | | | 327.53 | 1306.25 | percent of total billed charges | |
| BKR CHG HEREDITARY RETINAL DISORDER (INCLUDE ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH11 | 81434 | CPT | | | | outpatient | | | 1375 | 687.6 | Horizon | Indemnity | 526.35 | 38.28 | | | 327.53 | 1306.25 | percent of total billed charges | |
| BKR CHG HEREDITARY RETINAL DISORDER (INCLUDE ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH11 | 81434 | CPT | | | | outpatient | | | 1375 | 687.6 | WellPoint | WellPoint | 442.48 | 32.18 | | | 327.53 | 1306.25 | percent of total billed charges | |
| BKR CHG HEREDITARY RETINAL DISORDER (INCLUDE ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH11 | 81434 | CPT | | | | outpatient | | | 1375 | 687.6 | Amerihealth | Medicare | 597.91 | | | | 327.53 | 1306.25 | fee schedule | |
| BKR CHG HEREDITARY RETINAL DISORDER (INCLUDE ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH11 | 81434 | CPT | | | | outpatient | | | 1375 | 687.6 | Qualcare | Qualcare | 1031.25 | 75 | | | 327.53 | 1306.25 | percent of total billed charges | |
| BKR CHG HEREDITARY RETINAL DISORDER (INCLUDE ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH11 | 81434 | CPT | | | | outpatient | | | 1375 | 687.6 | Horizon | PPO | 526.35 | 38.28 | | | 327.53 | 1306.25 | percent of total billed charges | |
| BKR CHG HEREDITARY RETINAL DISORDER (INCLUDE ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH11 | 81434 | CPT | | | | outpatient | | | 1375 | 687.6 | First Health | First Health | 962.5 | 70 | | | 327.53 | 1306.25 | percent of total billed charges | |
| BKR CHG HEREDITARY RETINAL DISORDER (INCLUDE ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH11 | 81434 | CPT | | | | outpatient | | | 1375 | 687.6 | Consumer | Consumer | 1306.25 | 95 | | | 327.53 | 1306.25 | percent of total billed charges | |
| BKR CHG HEREDITARY RETINAL DISORDER (INCLUDE ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH11 | 81434 | CPT | | | | outpatient | | | 1375 | 687.6 | Aetna | Medicare | 423.5 | 30.8 | | | 327.53 | 1306.25 | percent of total billed charges | |
| BKR CHG HEREDITARY RETINAL DISORDER (INCLUDE ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH11 | 81434 | CPT | | | | outpatient | | | 1375 | 687.6 | Three Rivers | Three Rivers | 1306.25 | 95 | | | 327.53 | 1306.25 | percent of total billed charges | |
| BKR CHG HEREDITARY RETINAL DISORDER (INCLUDE ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH11 | 81434 | CPT | | | | outpatient | | | 1375 | 687.6 | UHC | Medicaid | 478.33 | | | | 327.53 | 1306.25 | fee schedule | |
| BKR CHG HEREDITARY RETINAL DISORDER (INCLUDE ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH11 | 81434 | CPT | | | | outpatient | | | 1375 | 687.6 | Corrections | Corrections | 1100 | 80 | | | 327.53 | 1306.25 | percent of total billed charges | |
| BKR CHG HEREDITARY RETINAL DISORDER (INCLUDE ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH11 | 81434 | CPT | | | | outpatient | | | 1375 | 687.6 | Horizon | Medicare Blue | 412.5 | 30 | | | 327.53 | 1306.25 | percent of total billed charges | |
| BKR CHG HEREDITARY RETINAL DISORDER (INCLUDE ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH11 | 81434 | CPT | | | | outpatient | | | 1375 | 687.6 | First Trenton | First Trenton | 1237.5 | 90 | | | 327.53 | 1306.25 | percent of total billed charges | |
| BKR CHG HEREDITARY RETINAL DISORDER (INCLUDE ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH11 | 81434 | CPT | | | | outpatient | | | 1375 | 687.6 | UHC | Medicare | 597.91 | | | | 327.53 | 1306.25 | fee schedule | |
| BKR CHG HEREDITARY RETINAL DISORDER (INCLUDE ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH11 | 81434 | CPT | | | | outpatient | | | 1375 | 687.6 | Managed Care Inc | Managed Care Inc | 1237.5 | 90 | | | 327.53 | 1306.25 | percent of total billed charges | |
| BKR CHG HEREDITARY RETINAL DISORDER (INCLUDE ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH11 | 81434 | CPT | | | | outpatient | | | 1375 | 687.6 | Horizon | MGD | 526.35 | 38.28 | | | 327.53 | 1306.25 | percent of total billed charges | |
| BKR CHG HEREDITARY RETINAL DISORDER (INCLUDE ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH11 | 81434 | CPT | | | | outpatient | | | 1375 | 687.6 | Wellcare | Medicaid | 478.33 | | | | 327.53 | 1306.25 | fee schedule | |
| BKR CHG HEREDITARY RETINAL DISORDER (INCLUDE ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH11 | 81434 | CPT | | | | outpatient | | | 1375 | 687.6 | Wellcare | Medicare | 597.91 | | | | 327.53 | 1306.25 | fee schedule | |
| BKR CHG INHERITED CARDIOMYOPATHY (INCLUDING DSG2, MYBPC3, MYH7, PKP2, TTN) | 81439 | CPT | | | | outpatient | | | 1494 | 672.64 | Qualcare | Qualcare | 1120.5 | 75 | | | 436.45 | 1419.3 | percent of total billed charges | |
| BKR CHG INHERITED CARDIOMYOPATHY (INCLUDING DSG2, MYBPC3, MYH7, PKP2, TTN) | 81439 | CPT | | | | outpatient | | | 1494 | 672.64 | Consumer | Consumer | 1419.3 | 95 | | | 436.45 | 1419.3 | percent of total billed charges | |
| BKR CHG INHERITED CARDIOMYOPATHY (INCLUDING DSG2, MYBPC3, MYH7, PKP2, TTN) | 81439 | CPT | | | | outpatient | | | 1494 | 672.64 | First Trenton | First Trenton | 1344.6 | 90 | | | 436.45 | 1419.3 | percent of total billed charges | |
| BKR CHG INHERITED CARDIOMYOPATHY (INCLUDING DSG2, MYBPC3, MYH7, PKP2, TTN) | 81439 | CPT | | | | outpatient | | | 1494 | 672.64 | Aetna | Commercial | 567.72 | 38 | | | 436.45 | 1419.3 | percent of total billed charges | |
| BKR CHG INHERITED CARDIOMYOPATHY (INCLUDING DSG2, MYBPC3, MYH7, PKP2, TTN) | 81439 | CPT | | | | outpatient | | | 1494 | 672.64 | Amerihealth | Medicare | 584.9 | | | | 436.45 | 1419.3 | fee schedule | |
| BKR CHG INHERITED CARDIOMYOPATHY (INCLUDING DSG2, MYBPC3, MYH7, PKP2, TTN) | 81439 | CPT | | | | outpatient | | | 1494 | 672.64 | Aetna | Better Health | 471.36 | 31.55 | | | 436.45 | 1419.3 | percent of total billed charges | |
| BKR CHG INHERITED CARDIOMYOPATHY (INCLUDING DSG2, MYBPC3, MYH7, PKP2, TTN) | 81439 | CPT | | | | outpatient | | | 1494 | 672.64 | WellPoint | WellPoint | 480.77 | 32.18 | | | 436.45 | 1419.3 | percent of total billed charges | |
| BKR CHG INHERITED CARDIOMYOPATHY (INCLUDING DSG2, MYBPC3, MYH7, PKP2, TTN) | 81439 | CPT | | | | outpatient | | | 1494 | 672.64 | Americare | Americare | 1120.5 | 75 | | | 436.45 | 1419.3 | percent of total billed charges | |
| BKR CHG INHERITED CARDIOMYOPATHY (INCLUDING DSG2, MYBPC3, MYH7, PKP2, TTN) | 81439 | CPT | | | | outpatient | | | 1494 | 672.64 | First Health | First Health | 1045.8 | 70 | | | 436.45 | 1419.3 | percent of total billed charges | |
| BKR CHG INHERITED CARDIOMYOPATHY (INCLUDING DSG2, MYBPC3, MYH7, PKP2, TTN) | 81439 | CPT | | | | outpatient | | | 1494 | 672.64 | Corrections | Corrections | 1195.2 | 80 | | | 436.45 | 1419.3 | percent of total billed charges | |
| BKR CHG INHERITED CARDIOMYOPATHY (INCLUDING DSG2, MYBPC3, MYH7, PKP2, TTN) | 81439 | CPT | | | | outpatient | | | 1494 | 672.64 | Horizon | Medicare Blue | 448.2 | 30 | | | 436.45 | 1419.3 | percent of total billed charges | |
| BKR CHG INHERITED CARDIOMYOPATHY (INCLUDING DSG2, MYBPC3, MYH7, PKP2, TTN) | 81439 | CPT | | | | outpatient | | | 1494 | 672.64 | Aetna | Medicare | 460.15 | 30.8 | | | 436.45 | 1419.3 | percent of total billed charges | |
| BKR CHG INHERITED CARDIOMYOPATHY (INCLUDING DSG2, MYBPC3, MYH7, PKP2, TTN) | 81439 | CPT | | | | outpatient | | | 1494 | 672.64 | Horizon | PPO | 571.9 | 38.28 | | | 436.45 | 1419.3 | percent of total billed charges | |
| BKR CHG INHERITED CARDIOMYOPATHY (INCLUDING DSG2, MYBPC3, MYH7, PKP2, TTN) | 81439 | CPT | | | | outpatient | | | 1494 | 672.64 | Horizon | Indemnity | 571.9 | 38.28 | | | 436.45 | 1419.3 | percent of total billed charges | |
| BKR CHG INHERITED CARDIOMYOPATHY (INCLUDING DSG2, MYBPC3, MYH7, PKP2, TTN) | 81439 | CPT | | | | outpatient | | | 1494 | 672.64 | UHC | Medicare | 584.9 | | | | 436.45 | 1419.3 | fee schedule | |
| BKR CHG INHERITED CARDIOMYOPATHY (INCLUDING DSG2, MYBPC3, MYH7, PKP2, TTN) | 81439 | CPT | | | | outpatient | | | 1494 | 672.64 | Amerihealth | HMO/PPO | 436.45 | | | | 436.45 | 1419.3 | fee schedule | |
| BKR CHG INHERITED CARDIOMYOPATHY (INCLUDING DSG2, MYBPC3, MYH7, PKP2, TTN) | 81439 | CPT | | | | outpatient | | | 1494 | 672.64 | Multiplan | Multiplan | 1195.2 | 80 | | | 436.45 | 1419.3 | percent of total billed charges | |
| BKR CHG INHERITED CARDIOMYOPATHY (INCLUDING DSG2, MYBPC3, MYH7, PKP2, TTN) | 81439 | CPT | | | | outpatient | | | 1494 | 672.64 | Horizon | NJ Health | 629.02 | | | | 436.45 | 1419.3 | fee schedule | |
| BKR CHG INHERITED CARDIOMYOPATHY (INCLUDING DSG2, MYBPC3, MYH7, PKP2, TTN) | 81439 | CPT | | | | outpatient | | | 1494 | 672.64 | Wellcare | Medicare | 584.9 | | | | 436.45 | 1419.3 | fee schedule | |
| BKR CHG INHERITED CARDIOMYOPATHY (INCLUDING DSG2, MYBPC3, MYH7, PKP2, TTN) | 81439 | CPT | | | | outpatient | | | 1494 | 672.64 | Horizon | MGD | 571.9 | 38.28 | | | 436.45 | 1419.3 | percent of total billed charges | |
| BKR CHG INHERITED CARDIOMYOPATHY (INCLUDING DSG2, MYBPC3, MYH7, PKP2, TTN) | 81439 | CPT | | | | outpatient | | | 1494 | 672.64 | Three Rivers | Three Rivers | 1419.3 | 95 | | | 436.45 | 1419.3 | percent of total billed charges | |
| BKR CHG INHERITED CARDIOMYOPATHY (INCLUDING DSG2, MYBPC3, MYH7, PKP2, TTN) | 81439 | CPT | | | | outpatient | | | 1494 | 672.64 | UHC | Medicaid | 467.92 | | | | 436.45 | 1419.3 | fee schedule | |
| BKR CHG INHERITED CARDIOMYOPATHY (INCLUDING DSG2, MYBPC3, MYH7, PKP2, TTN) | 81439 | CPT | | | | outpatient | | | 1494 | 672.64 | Managed Care Inc | Managed Care Inc | 1344.6 | 90 | | | 436.45 | 1419.3 | percent of total billed charges | |
| BKR CHG INHERITED CARDIOMYOPATHY (INCLUDING DSG2, MYBPC3, MYH7, PKP2, TTN) | 81439 | CPT | | | | outpatient | | | 1494 | 672.64 | Wellcare | Medicaid | 467.92 | | | | 436.45 | 1419.3 | fee schedule | |
| BKR CHG COMP SHORT STATURE PANEL (6305 | 81442 | CPT | | | | outpatient | | | 6823 | 2465.14 | Qualcare | Qualcare | 5117.25 | 75 | | | 327.53 | 6481.85 | percent of total billed charges | |
| BKR CHG COMP SHORT STATURE PANEL (6305 | 81442 | CPT | | | | outpatient | | | 6823 | 2465.14 | Aetna | Medicare | 2101.48 | 30.8 | | | 327.53 | 6481.85 | percent of total billed charges | |
| BKR CHG COMP SHORT STATURE PANEL (6305 | 81442 | CPT | | | | outpatient | | | 6823 | 2465.14 | First Health | First Health | 4776.1 | 70 | | | 327.53 | 6481.85 | percent of total billed charges | |
| BKR CHG COMP SHORT STATURE PANEL (6305 | 81442 | CPT | | | | outpatient | | | 6823 | 2465.14 | Amerihealth | HMO/PPO | 327.53 | | | | 327.53 | 6481.85 | fee schedule | |
| BKR CHG COMP SHORT STATURE PANEL (6305 | 81442 | CPT | | | | outpatient | | | 6823 | 2465.14 | Aetna | Better Health | 2152.66 | 31.55 | | | 327.53 | 6481.85 | percent of total billed charges | |
| BKR CHG COMP SHORT STATURE PANEL (6305 | 81442 | CPT | | | | outpatient | | | 6823 | 2465.14 | Americare | Americare | 5117.25 | 75 | | | 327.53 | 6481.85 | percent of total billed charges | |
| BKR CHG COMP SHORT STATURE PANEL (6305 | 81442 | CPT | | | | outpatient | | | 6823 | 2465.14 | Consumer | Consumer | 6481.85 | 95 | | | 327.53 | 6481.85 | percent of total billed charges | |
| BKR CHG COMP SHORT STATURE PANEL (6305 | 81442 | CPT | | | | outpatient | | | 6823 | 2465.14 | Horizon | MGD | 2611.84 | 38.28 | | | 327.53 | 6481.85 | percent of total billed charges | |
| BKR CHG COMP SHORT STATURE PANEL (6305 | 81442 | CPT | | | | outpatient | | | 6823 | 2465.14 | Aetna | Commercial | 2592.74 | 38 | | | 327.53 | 6481.85 | percent of total billed charges | |
| BKR CHG COMP SHORT STATURE PANEL (6305 | 81442 | CPT | | | | outpatient | | | 6823 | 2465.14 | Horizon | Medicare Blue | 2046.9 | 30 | | | 327.53 | 6481.85 | percent of total billed charges | |
| BKR CHG COMP SHORT STATURE PANEL (6305 | 81442 | CPT | | | | outpatient | | | 6823 | 2465.14 | Horizon | Indemnity | 2611.84 | 38.28 | | | 327.53 | 6481.85 | percent of total billed charges | |
| BKR CHG COMP SHORT STATURE PANEL (6305 | 81442 | CPT | | | | outpatient | | | 6823 | 2465.14 | Amerihealth | Medicare | 2143.6 | | | | 327.53 | 6481.85 | fee schedule | |
| BKR CHG COMP SHORT STATURE PANEL (6305 | 81442 | CPT | | | | outpatient | | | 6823 | 2465.14 | Multiplan | Multiplan | 5458.4 | 80 | | | 327.53 | 6481.85 | percent of total billed charges | |
| BKR CHG COMP SHORT STATURE PANEL (6305 | 81442 | CPT | | | | outpatient | | | 6823 | 2465.14 | UHC | Medicaid | 1714.88 | | | | 327.53 | 6481.85 | fee schedule | |
| BKR CHG COMP SHORT STATURE PANEL (6305 | 81442 | CPT | | | | outpatient | | | 6823 | 2465.14 | Corrections | Corrections | 5458.4 | 80 | | | 327.53 | 6481.85 | percent of total billed charges | |
| BKR CHG COMP SHORT STATURE PANEL (6305 | 81442 | CPT | | | | outpatient | | | 6823 | 2465.14 | UHC | Medicare | 2143.6 | | | | 327.53 | 6481.85 | fee schedule | |
| BKR CHG COMP SHORT STATURE PANEL (6305 | 81442 | CPT | | | | outpatient | | | 6823 | 2465.14 | Horizon | PPO | 2611.84 | 38.28 | | | 327.53 | 6481.85 | percent of total billed charges | |
| BKR CHG COMP SHORT STATURE PANEL (6305 | 81442 | CPT | | | | outpatient | | | 6823 | 2465.14 | Wellcare | Medicaid | 1714.88 | | | | 327.53 | 6481.85 | fee schedule | |
| BKR CHG COMP SHORT STATURE PANEL (6305 | 81442 | CPT | | | | outpatient | | | 6823 | 2465.14 | First Trenton | First Trenton | 6140.7 | 90 | | | 327.53 | 6481.85 | percent of total billed charges | |
| BKR CHG COMP SHORT STATURE PANEL (6305 | 81442 | CPT | | | | outpatient | | | 6823 | 2465.14 | Wellcare | Medicare | 2143.6 | | | | 327.53 | 6481.85 | fee schedule | |
| BKR CHG COMP SHORT STATURE PANEL (6305 | 81442 | CPT | | | | outpatient | | | 6823 | 2465.14 | Three Rivers | Three Rivers | 6481.85 | 95 | | | 327.53 | 6481.85 | percent of total billed charges | |
| BKR CHG COMP SHORT STATURE PANEL (6305 | 81442 | CPT | | | | outpatient | | | 6823 | 2465.14 | Managed Care Inc | Managed Care Inc | 6140.7 | 90 | | | 327.53 | 6481.85 | percent of total billed charges | |
| BKR CHG COMP SHORT STATURE PANEL (6305 | 81442 | CPT | | | | outpatient | | | 6823 | 2465.14 | WellPoint | WellPoint | 2195.64 | 32.18 | | | 327.53 | 6481.85 | percent of total billed charges | |
| BKR CHG MYOPATHY EXPANDED PNL-NMS GENETIC | 81443 | CPT | | | | outpatient | | | 7795 | 2815.84 | Amerihealth | Medicare | 2448.56 | | | | 1919.66 | 7405.25 | fee schedule | |
| BKR CHG MYOPATHY EXPANDED PNL-NMS GENETIC | 81443 | CPT | | | | outpatient | | | 7795 | 2815.84 | Amerihealth | HMO/PPO | 5066.75 | 65 | | | 1919.66 | 7405.25 | percent of total billed charges | |
| BKR CHG MYOPATHY EXPANDED PNL-NMS GENETIC | 81443 | CPT | | | | outpatient | | | 7795 | 2815.84 | Corrections | Corrections | 6236 | 80 | | | 1919.66 | 7405.25 | percent of total billed charges | |
| BKR CHG MYOPATHY EXPANDED PNL-NMS GENETIC | 81443 | CPT | | | | outpatient | | | 7795 | 2815.84 | Horizon | Indemnity | 2983.93 | 38.28 | | | 1919.66 | 7405.25 | percent of total billed charges | |
| BKR CHG MYOPATHY EXPANDED PNL-NMS GENETIC | 81443 | CPT | | | | outpatient | | | 7795 | 2815.84 | Aetna | Commercial | 2962.1 | 38 | | | 1919.66 | 7405.25 | percent of total billed charges | |
| BKR CHG MYOPATHY EXPANDED PNL-NMS GENETIC | 81443 | CPT | | | | outpatient | | | 7795 | 2815.84 | Americare | Americare | 5846.25 | 75 | | | 1919.66 | 7405.25 | percent of total billed charges | |
| BKR CHG MYOPATHY EXPANDED PNL-NMS GENETIC | 81443 | CPT | | | | outpatient | | | 7795 | 2815.84 | Aetna | Better Health | 2459.32 | 31.55 | | | 1919.66 | 7405.25 | percent of total billed charges | |
| BKR CHG MYOPATHY EXPANDED PNL-NMS GENETIC | 81443 | CPT | | | | outpatient | | | 7795 | 2815.84 | First Trenton | First Trenton | 7015.5 | 90 | | | 1919.66 | 7405.25 | percent of total billed charges | |
| BKR CHG MYOPATHY EXPANDED PNL-

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG ONCOLOGY 50 GENE MUT SEQ | 81445 | CPT | | | | both | | | 1650 | 687.6 | Aetna | Medicare | 508.2 | 30.8 | | | 327.53 | | 1567.5 percent of total billed charges | |
| BKR CHG ONCOLOGY 50 GENE MUT SEQ | 81445 | CPT | | | | both | | | 1650 | 687.6 | Americare | Americare | 1237.5 | 75 | | | 327.53 | | 1567.5 percent of total billed charges | |
| BKR CHG ONCOLOGY 50 GENE MUT SEQ | 81445 | CPT | | | | both | | | 1650 | 687.6 | First Health | First Health | 1155 | 70 | | | 327.53 | | 1567.5 percent of total billed charges | |
| BKR CHG ONCOLOGY 50 GENE MUT SEQ | 81445 | CPT | | | | both | | | 1650 | 687.6 | Aetna | Commercial | 627 | 38 | | | 327.53 | | 1567.5 percent of total billed charges | |
| BKR CHG ONCOLOGY 50 GENE MUT SEQ | 81445 | CPT | | | | both | | | 1650 | 687.6 | First Trenton | First Trenton | 1485 | 90 | | | 327.53 | | 1567.5 percent of total billed charges | |
| BKR CHG ONCOLOGY 50 GENE MUT SEQ | 81445 | CPT | | | | both | | | 1650 | 687.6 | Horizon | Indemnity | 631.62 | 38.28 | | | 327.53 | | 1567.5 percent of total billed charges | |
| BKR CHG ONCOLOGY 50 GENE MUT SEQ | 81445 | CPT | | | | both | | | 1650 | 687.6 | Horizon | Medicare Blue | 495 | 30 | | | 327.53 | | 1567.5 percent of total billed charges | |
| BKR CHG ONCOLOGY 50 GENE MUT SEQ | 81445 | CPT | | | | both | | | 1650 | 687.6 | Wellcare | Medicare | 597.91 | | | | 327.53 | | 1567.5 fee schedule | |
| BKR CHG ONCOLOGY 50 GENE MUT SEQ | 81445 | CPT | | | | both | | | 1650 | 687.6 | Amerihealth | HMO/PPO | 327.53 | | | | 327.53 | | 1567.5 fee schedule | |
| BKR CHG ONCOLOGY 50 GENE MUT SEQ | 81445 | CPT | | | | both | | | 1650 | 687.6 | Consumer | Consumer | 1567.5 | 95 | | | 327.53 | | 1567.5 percent of total billed charges | |
| BKR CHG ONCOLOGY 50 GENE MUT SEQ | 81445 | CPT | | | | both | | | 1650 | 687.6 | Multiplan | Multiplan | 1320 | 80 | | | 327.53 | | 1567.5 percent of total billed charges | |
| BKR CHG ONCOLOGY 50 GENE MUT SEQ | 81445 | CPT | | | | both | | | 1650 | 687.6 | Wellcare | Medicaid | 478.33 | | | | 327.53 | | 1567.5 fee schedule | |
| BKR CHG ONCOLOGY 50 GENE MUT SEQ | 81445 | CPT | | | | both | | | 1650 | 687.6 | Horizon | PPO | 631.62 | 38.28 | | | 327.53 | | 1567.5 percent of total billed charges | |
| BKR CHG ONCOLOGY 50 GENE MUT SEQ | 81445 | CPT | | | | both | | | 1650 | 687.6 | Horizon | NJ Health | 468.76 | | | | 327.53 | | 1567.5 fee schedule | |
| BKR CHG ONCOLOGY 50 GENE MUT SEQ | 81445 | CPT | | | | both | | | 1650 | 687.6 | Qualcare | Qualcare | 1237.5 | 75 | | | 327.53 | | 1567.5 percent of total billed charges | |
| BKR CHG ONCOLOGY 50 GENE MUT SEQ | 81445 | CPT | | | | both | | | 1650 | 687.6 | Three Rivers | Three Rivers | 1567.5 | 95 | | | 327.53 | | 1567.5 percent of total billed charges | |
| BKR CHG ONCOLOGY 50 GENE MUT SEQ | 81445 | CPT | | | | both | | | 1650 | 687.6 | Amerihealth | Medicare | 597.91 | | | | 327.53 | | 1567.5 fee schedule | |
| BKR CHG ONCOLOGY 50 GENE MUT SEQ | 81445 | CPT | | | | both | | | 1650 | 687.6 | UHC | Medicare | 597.91 | | | | 327.53 | | 1567.5 fee schedule | |
| BKR CHG ONCOLOGY 50 GENE MUT SEQ | 81445 | CPT | | | | both | | | 1650 | 687.6 | Managed Care Inc | Managed Care Inc | 1485 | 90 | | | 327.53 | | 1567.5 percent of total billed charges | |
| BKR CHG ONCOLOGY 50 GENE MUT SEQ | 81445 | CPT | | | | both | | | 1650 | 687.6 | Horizon | MGD | 631.62 | 38.28 | | | 327.53 | | 1567.5 percent of total billed charges | |
| BKR CHG ONCOLOGY 50 GENE MUT SEQ | 81445 | CPT | | | | both | | | 1650 | 687.6 | WellPoint | WellPoint | 530.97 | 32.18 | | | 327.53 | | 1567.5 percent of total billed charges | |
| BKR CHG INTELLIGEN® MYELOID | 81450 | CPT | | | | both | | | 5272 | 873.46 | Horizon | PPO | 2018.12 | 38.28 | | | 355.19 | | 5008.4 percent of total billed charges | |
| BKR CHG INTELLIGEN® MYELOID | 81450 | CPT | | | | both | | | 5272 | 873.46 | Consumer | Consumer | 5008.4 | 95 | | | 355.19 | | 5008.4 percent of total billed charges | |
| BKR CHG INTELLIGEN® MYELOID | 81450 | CPT | | | | both | | | 5272 | 873.46 | Americare | Americare | 3954 | 75 | | | 355.19 | | 5008.4 percent of total billed charges | |
| BKR CHG INTELLIGEN® MYELOID | 81450 | CPT | | | | both | | | 5272 | 873.46 | Aetna | Commercial | 2003.36 | 38 | | | 355.19 | | 5008.4 percent of total billed charges | |
| BKR CHG INTELLIGEN® MYELOID | 81450 | CPT | | | | both | | | 5272 | 873.46 | Amerihealth | Medicare | 759.53 | | | | 355.19 | | 5008.4 fee schedule | |
| BKR CHG INTELLIGEN® MYELOID | 81450 | CPT | | | | both | | | 5272 | 873.46 | Horizon | MGD | 2018.12 | 38.28 | | | 355.19 | | 5008.4 percent of total billed charges | |
| BKR CHG INTELLIGEN® MYELOID | 81450 | CPT | | | | both | | | 5272 | 873.46 | Horizon | Indemnity | 2018.12 | 38.28 | | | 355.19 | | 5008.4 percent of total billed charges | |
| BKR CHG INTELLIGEN® MYELOID | 81450 | CPT | | | | both | | | 5272 | 873.46 | Aetna | Better Health | 1663.32 | 31.55 | | | 355.19 | | 5008.4 percent of total billed charges | |
| BKR CHG INTELLIGEN® MYELOID | 81450 | CPT | | | | both | | | 5272 | 873.46 | Three Rivers | Three Rivers | 5008.4 | 95 | | | 355.19 | | 5008.4 percent of total billed charges | |
| BKR CHG INTELLIGEN® MYELOID | 81450 | CPT | | | | both | | | 5272 | 873.46 | Aetna | Medicare | 1623.78 | 30.8 | | 56.45 | 355.19 | | 5008.4 percent of total billed charges | |
| BKR CHG INTELLIGEN® MYELOID | 81450 | CPT | | | | both | | | 5272 | 873.46 | Horizon | Medicare Blue | 1581.6 | 30 | | | 355.19 | | 5008.4 percent of total billed charges | |
| BKR CHG INTELLIGEN® MYELOID | 81450 | CPT | | | | both | | | 5272 | 873.46 | Amerihealth | HMO/PPO | 355.19 | | | | 355.19 | | 5008.4 fee schedule | |
| BKR CHG INTELLIGEN® MYELOID | 81450 | CPT | | | | both | | | 5272 | 873.46 | Corrections | Corrections | 4217.6 | 80 | | | 355.19 | | 5008.4 percent of total billed charges | |
| BKR CHG INTELLIGEN® MYELOID | 81450 | CPT | | | | both | | | 5272 | 873.46 | UHC | Medicaid | 607.62 | | | 568.64 | 355.19 | | 5008.4 fee schedule | |
| BKR CHG INTELLIGEN® MYELOID | 81450 | CPT | | | | both | | | 5272 | 873.46 | Multiplan | Multiplan | 4217.6 | 80 | | | 355.19 | | 5008.4 percent of total billed charges | |
| BKR CHG INTELLIGEN® MYELOID | 81450 | CPT | | | | both | | | 5272 | 873.46 | First Health | First Health | 3690.4 | 70 | | | 355.19 | | 5008.4 percent of total billed charges | |
| BKR CHG INTELLIGEN® MYELOID | 81450 | CPT | | | | both | | | 5272 | 873.46 | Wellcare | Medicaid | 607.62 | | | | 355.19 | | 5008.4 fee schedule | |
| BKR CHG INTELLIGEN® MYELOID | 81450 | CPT | | | | both | | | 5272 | 873.46 | UHC | Medicare | 759.53 | | | | 355.19 | | 5008.4 fee schedule | |
| BKR CHG INTELLIGEN® MYELOID | 81450 | CPT | | | | both | | | 5272 | 873.46 | Qualcare | Qualcare | 3954 | 75 | | | 355.19 | | 5008.4 percent of total billed charges | |
| BKR CHG INTELLIGEN® MYELOID | 81450 | CPT | | | | both | | | 5272 | 873.46 | Wellcare | Medicare | 759.53 | | | | 355.19 | | 5008.4 fee schedule | |
| BKR CHG INTELLIGEN® MYELOID | 81450 | CPT | | | | both | | | 5272 | 873.46 | First Trenton | First Trenton | 4744.8 | 90 | | | 355.19 | | 5008.4 percent of total billed charges | |
| BKR CHG INTELLIGEN® MYELOID | 81450 | CPT | | | | both | | | 5272 | 873.46 | Horizon | NJ Health | 508.35 | | | | 355.19 | | 5008.4 fee schedule | |
| BKR CHG INTELLIGEN® MYELOID | 81450 | CPT | | | | both | | | 5272 | 873.46 | Managed Care Inc | Managed Care Inc | 4744.8 | 90 | | | 355.19 | | 5008.4 percent of total billed charges | |
| BKR CHG INTELLIGEN® MYELOID | 81450 | CPT | | | | both | | | 5272 | 873.46 | WellPoint | WellPoint | 1696.53 | 32.18 | | | 355.19 | | 5008.4 percent of total billed charges | |
| BKR CHG TARGETED.GENO.SEQ.ANAL.51<GENES | 81455 | CPT | | | | outpatient | | | 6382 | 3357.54 | Aetna | Better Health | 2013.52 | 31.55 | | | 895.8 | | 6062.9 percent of total billed charges | |
| BKR CHG TARGETED.GENO.SEQ.ANAL.51<GENES | 81455 | CPT | | | | outpatient | | | 6382 | 3357.54 | Aetna | Commercial | 2425.16 | 38 | | | 895.8 | | 6062.9 percent of total billed charges | |
| BKR CHG TARGETED.GENO.SEQ.ANAL.51<GENES | 81455 | CPT | | | | outpatient | | | 6382 | 3357.54 | Aetna | Medicare | 1965.66 | 30.8 | | | 895.8 | | 6062.9 percent of total billed charges | |
| BKR CHG TARGETED.GENO.SEQ.ANAL.51<GENES | 81455 | CPT | | | | outpatient | | | 6382 | 3357.54 | Americare | Americare | 4786.5 | 75 | | | 895.8 | | 6062.9 percent of total billed charges | |
| BKR CHG TARGETED.GENO.SEQ.ANAL.51<GENES | 81455 | CPT | | | | outpatient | | | 6382 | 3357.54 | Amerihealth | HMO/PPO | 4148.3 | 65 | | | 895.8 | | 6062.9 percent of total billed charges | |
| BKR CHG TARGETED.GENO.SEQ.ANAL.51<GENES | 81455 | CPT | | | | outpatient | | | 6382 | 3357.54 | UHC | Medicaid | 2335.68 | | | | 895.8 | | 6062.9 fee schedule | |
| BKR CHG TARGETED.GENO.SEQ.ANAL.51<GENES | 81455 | CPT | | | | outpatient | | | 6382 | 3357.54 | First Trenton | First Trenton | 5743.8 | 90 | | | 895.8 | | 6062.9 percent of total billed charges | |
| BKR CHG TARGETED.GENO.SEQ.ANAL.51<GENES | 81455 | CPT | | | | outpatient | | | 6382 | 3357.54 | Horizon | Indemnity | 2443.03 | 38.28 | | | 895.8 | | 6062.9 percent of total billed charges | |
| BKR CHG TARGETED.GENO.SEQ.ANAL.51<GENES | 81455 | CPT | | | | outpatient | | | 6382 | 3357.54 | Consumer | Consumer | 6062.9 | 95 | | | 895.8 | | 6062.9 percent of total billed charges | |
| BKR CHG TARGETED.GENO.SEQ.ANAL.51<GENES | 81455 | CPT | | | | outpatient | | | 6382 | 3357.54 | WellPoint | WellPoint | 2053.73 | 32.18 | | | 895.8 | | 6062.9 percent of total billed charges | |
| BKR CHG TARGETED.GENO.SEQ.ANAL.51<GENES | 81455 | CPT | | | | outpatient | | | 6382 | 3357.54 | Corrections | Corrections | 5105.6 | 80 | | | 895.8 | | 6062.9 percent of total billed charges | |
| BKR CHG TARGETED.GENO.SEQ.ANAL.51<GENES | 81455 | CPT | | | | outpatient | | | 6382 | 3357.54 | Amerihealth | Medicare | 2919.6 | | | | 895.8 | | 6062.9 fee schedule | |
| BKR CHG TARGETED.GENO.SEQ.ANAL.51<GENES | 81455 | CPT | | | | outpatient | | | 6382 | 3357.54 | First Health | First Health | 4467.4 | 70 | | | 895.8 | | 6062.9 percent of total billed charges | |
| BKR CHG TARGETED.GENO.SEQ.ANAL.51<GENES | 81455 | CPT | | | | outpatient | | | 6382 | 3357.54 | Wellcare | Medicaid | 2335.68 | | | | 895.8 | | 6062.9 fee schedule | |
| BKR CHG TARGETED.GENO.SEQ.ANAL.51<GENES | 81455 | CPT | | | | outpatient | | | 6382 | 3357.54 | Horizon | PPO | 2443.03 | 38.28 | | | 895.8 | | 6062.9 percent of total billed charges | |
| BKR CHG TARGETED.GENO.SEQ.ANAL.51<GENES | 81455 | CPT | | | | outpatient | | | 6382 | 3357.54 | Horizon | Medicare Blue | 1914.6 | 30 | | | 895.8 | | 6062.9 percent of total billed charges | |
| BKR CHG TARGETED.GENO.SEQ.ANAL.51<GENES | 81455 | CPT | | | | outpatient | | | 6382 | 3357.54 | Horizon | MGD | 2443.03 | 38.28 | | | 895.8 | | 6062.9 percent of total billed charges | |
| BKR CHG TARGETED.GENO.SEQ.ANAL.51<GENES | 81455 | CPT | | | | outpatient | | | 6382 | 3357.54 | Multiplan | Multiplan | 5105.6 | 80 | | | 895.8 | | 6062.9 percent of total billed charges | |
| BKR CHG TARGETED.GENO.SEQ.ANAL.51<GENES | 81455 | CPT | | | | outpatient | | | 6382 | 3357.54 | Managed Care Inc | Managed Care Inc | 5743.8 | 90 | | | 895.8 | | 6062.9 percent of total billed charges | |
| BKR CHG TARGETED.GENO.SEQ.ANAL.51<GENES | 81455 | CPT | | | | outpatient | | | 6382 | 3357.54 | Wellcare | Medicare | 2919.6 | | | | 895.8 | | 6062.9 fee schedule | |
| BKR CHG TARGETED.GENO.SEQ.ANAL.51<GENES | 81455 | CPT | | | | outpatient | | | 6382 | 3357.54 | Three Rivers | Three Rivers | 6062.9 | 95 | | | 895.8 | | 6062.9 percent of total billed charges | |
| BKR CHG TARGETED.GENO.SEQ.ANAL.51<GENES | 81455 | CPT | | | | outpatient | | | 6382 | 3357.54 | Qualcare | Qualcare | 4786.5 | 75 | | | 895.8 | | 6062.9 percent of total billed charges | |
| BKR CHG TARGETED.GENO.SEQ.ANAL.51<GENES | 81455 | CPT | | | | outpatient | | | 6382 | 3357.54 | UHC | Medicare | 2919.6 | | | | 895.8 | | 6062.9 fee schedule | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME | 81460 | CPT | | | | both | | | 4097 | 1480.05 | Aetna | Better Health | 1292.6 | 31.55 | | | 482.7 | | 3892.15 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME | 81460 | CPT | | | | both | | | 4097 | 1480.05 | Aetna | Medicare | 1261.88 | 30.8 | | | 482.7 | | 3892.15 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME | 81460 | CPT | | | | both | | | 4097 | 1480.05 | Amerihealth | HMO/PPO | 2663.05 | 65 | | | 482.7 | | 3892.15 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME | 81460 | CPT | | | | both | | | 4097 | 1480.05 | Americare | Americare | 3072.75 | 75 | | | 482.7 | | 3892.15 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME | 81460 | CPT | | | | both | | | 4097 | 1480.05 | Aetna | Commercial | 1556.86 | 38 | | 159.93 | 482.7 | | 3892.15 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME | 81460 | CPT | | | | both | | | 4097 | 1480.05 | First Health | First Health | 2867.9 | 70 | | | 482.7 | | 3892.15 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME | 81460 | CPT | | | | both | | | 4097 | 1480.05 | Horizon | Indemnity | 1568.33 | 38.28 | | | 482.7 | | 3892.15 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME | 81460 | CPT | | | | both | | | 4097 | 1480.05 | First Trenton | First Trenton | 3687.3 | 90 | | | 482.7 | | 3892.15 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME | 81460 | CPT | | | | both | | | 4097 | 1480.05 | Horizon | Medicare Blue | 1229.1 | 30 | | | 482.7 | | 3892.15 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME | 81460 | CPT | | | | both | | | 4097 | 1480.05 | Amerihealth | Medicare | 1267 | | | | 482.7 | | 3892.15 fee schedule | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME | 81460 | CPT | | | | both | | | 4097 | 1480.05 | Multiplan | Multiplan | 3277.6 | 80 | | | 482.7 | | 3892.15 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME | 81460 | CPT | | | | both | | | 4097 | 1480.05 | Horizon | PPO | 1568.33 | 38.28 | | | 482.7 | | 3892.15 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME | 81460 | CPT | | | | both | | | 4097 | 1480.05 | Consumer | Consumer | 3892.15 | 95 | | | 482.7 | | 3892.15 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME | 81460 | CPT | | | | both | | | 4097 | 1480.05 | UHC | Medicare | 1267 | | | | 482.7 | | 3892.15 fee schedule | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME | 81460 | CPT | | | | both | | | 4097 | 1480.05 | Qualcare | Qualcare | 3072.75 | 75 | | | 482.7 | | 3892.15 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME | 81460 | CPT | | | | both | | | 4097 | 1480.05 | Managed Care Inc | Managed Care Inc | 3687.3 | 90 | | | 482.7 | | 3892.15 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME | 81460 | CPT | | | | both | | | 4097 | 1480.05 | Three Rivers | Three Rivers | 3892.15 | 95 | | | 482.7 | | 3892.15 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME | 81460 | CPT | | | | both | | | 4097 | 1480.05 | Horizon | MGD | 1568.33 | 38.28 | | | 482.7 | | 3892.15 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME | 81460 | CPT | | | | both | | | 4097 | 1480.05 | Corrections | Corrections | 3277.6 | 80 | | | 482.7 | | 3892.15 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME | 81460 | CPT | | | | both | | | 4097 | 1480.05 | UHC | Medicaid | 1029.6 | | | | 482.7 | | 3892.15 fee schedule | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME | 81460 | CPT | | | | both | | | 4097 | 1480.05 | WellPoint | WellPoint | 1318.41 | 32.18 | | | 482.7 | | 3892.15 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME | 81460 | CPT | | | | both | | | 4097 | 1480.05 | Wellcare | Medicaid | 1029.6 | | | | 482.7 | | 3892.15 fee schedule | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME | 81460 | CPT | | | | both | | | 4097 | 1480.05 | Wellcare | Medicare | 1267 | | | | 482.7 | | 3892.15 fee schedule | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME DEL | 81465 | CPT | | | | outpatient | | | 2980 | 1076.4 | Aetna | Medicare | 917.84 | 30.8 | | | 748.8 | | 2831 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME DEL | 81465 | CPT | | | | outpatient | | | 2980 | 1076.4 | Amerihealth | Medicare | 936 | | | | 748.8 | | 2831 fee schedule | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME DEL | 81465 | CPT | | | | outpatient | | | 2980 | 1076.4 | Americare | Americare | 2235 | 75 | | | 748.8 | | 2831 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME DEL | 81465 | CPT | | | | outpatient | | | 2980 | 1076.4 | First Health | First Health | 2086 | 70 | | | 748.8 | | 2831 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME DEL | 81465 | CPT | | | | outpatient | | | 2980 | 1076.4 | Amerihealth | HMO/PPO | 1937 | 65 | | | 748.8 | | 2831 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME DEL | 81465 | CPT | | | | outpatient | | | 2980 | 1076.4 | Horizon | MGD | 1140.74 | 38.28 | | | 748.8 | | 2831 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME DEL | 81465 | CPT | | | | outpatient | | | 2980 | 1076.4 | Aetna | Better Health | 940.19 | 31.55 | | | 748.8 | | 2831 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME DEL | 81465 | CPT | | | | outpatient | | | 2980 | 1076.4 | Corrections | Corrections | 2384 | 80 | | | 748.8 | | 2831 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME DEL | 81465 | CPT | | | | outpatient | | | 2980 | 1076.4 | Multiplan | Multiplan | 2384 | 80 | | | 748.8 | | 2831 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME DEL | 81465 | CPT | | | | outpatient | | | 2980 | 1076.4 | UHC | Medicare | 936 | | | | 748.8 | | 2831 fee schedule | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME DEL | 81465 | CPT | | | | outpatient | | | 2980 | 1076.4 | Consumer | Consumer | 2831 | 95 | | | 748.8 | | 2831 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME DEL | 81465 | CPT | | | | outpatient | | | 2980 | 1076.4 | First Trenton | First Trenton | 2682 | 90 | | | 748.8 | | 2831 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME DEL | 81465 | CPT | | | | outpatient | | | 2980 | 1076.4 | Qualcare | Qualcare | 2235 | 75 | | | 748.8 | | 2831 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME DEL | 81465 | CPT | | | | outpatient | | | 2980 | 1076.4 | Managed Care Inc | Managed Care Inc | 2682 | 90 | | | 748.8 | | 2831 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME DEL | 81465 | CPT | | | | outpatient | | | 2980 | 1076.4 | Aetna | Commercial | 1132.4 | 38 | | | 748.8 | | 2831 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME DEL | 81465 | CPT | | | | outpatient | | | 2980 | 1076.4 | Horizon | Indemnity | 1140.74 | 38.28 | | | 748.8 | | 2831 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME DEL | 81465 | CPT | | | | outpatient | | | 2980 | 1076.4 | UHC | Medicaid | 748.8 | | | | 748.8 | | 2831 fee schedule | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME DEL | 81465 | CPT | | | | outpatient | | | 2980 | 1076.4 | WellPoint | WellPoint | 968.96 | 32.18 | | | 748.8 | | 2831 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME DEL | 81465 | CPT | | | | outpatient | | | 2980 | 1076.4 | Horizon | Medicare Blue | 894 | 30 | | | 748.8 | | 2831 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME DEL | 81465 | CPT | | | | outpatient | | | 2980 | 1076.4 | Horizon | PPO | 1140.74 | 38.28 | | | 748.8 | | 2831 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME DEL | 81465 | CPT | | | | outpatient | | | 2980 | 1076.4 | Wellcare | Medicare | 936 | | | | 748.8 | | 2831 fee schedule | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME DEL | 81465 | CPT | | | | outpatient | | | 2980 | 1076.4 | Three Rivers | Three Rivers | 2831 | 95 | | | 748.8 | | 2831 percent of total billed charges | |
| BKR CHG WHOLE MITOCHONDRIAL GENOME DEL | 81465 | CPT | | | | outpatient | | | 2980 | 1076.4 | Wellcare | Medicaid | 748.8 | | | | 748.8 | | 2831 fee schedule | |
| BKR CHG UNLISTED.MOLECULAR PATHOLOGY | 81479 | CPT | | | | both | | | 7061 | | Amerihealth | HMO/PPO | 4589.65 | 65 | | | 49.5 | | 6707.95 percent of total billed charges | |
| BKR CHG UNLISTED.MOLECULAR PATHOLOGY | 81479 | CPT | | | | both | | | 7061 | | Aetna | Better Health | 2227.75 | 31.55 | | | 49.5 | | 6707.95 percent of total billed charges | |
| BKR CHG UNLISTED.MOLECULAR PATHOLOGY | 81479 | CPT | | | | both | | | 7061 | | Horizon | PPO | 2702.95 | 38.28 | | | 49.5 | | 6707.95 percent of total billed charges | |
| BKR CHG UNLISTED.MOLECULAR PATHOLOGY | 81479 | CPT | | | | both | | | 7061 | | Aetna | Medicare | 2174.79 | 30.8 | | | 49.5 | | 6707.95 percent of total billed charges | |
| BKR CHG UNLISTED.MOLECULAR PATHOLOGY | 81479 | CPT | | | | both | | | 7061 | | Americare | Americare | 5295.75 | 75 | | | 49.5 | | 6707.95 percent of total billed charges | |
| BKR CHG UNLISTED.MOLECULAR PATHOLOGY | 81479 | CPT | | | | both | | | 7061 | | First Health | First Health | 4942.7 | 70 | | | 49.5 | | 6707.95 percent of total billed charges | |
| BKR CHG UNLISTED.MOLECULAR PATHOLOGY | 81479 | CPT | | | | both | | | 7061 | | First Trenton | First Trenton | 6354.9 | 90 | | | 49.5 | | 6707.95 percent of total billed charges | |
| BKR CHG UNLISTED.MOLECULAR PATHOLOGY | 81479 | CPT | | | | both | | | 7061 | | Corrections | Corrections | 5648.8 | 80 | | | 49.5 | | 6707.95 percent of total billed charges | |
| BKR CHG UNLISTED.MOLECULAR PATHOLOGY | 81479 | CPT | | | | both | | | 7061 | | Horizon | Indemnity | 2702.95 | 38.28 | | | 49.5 | | 6707.95 percent of total billed charges | |
| BKR CHG UNLISTED.MOLECULAR PATHOLOGY | 81479 | CPT | | | | both | | | 7061 | | Aetna | Commercial | 2683.18 | 38 | | | 49.5 | | 6707.95 percent of total billed charges | |
| BKR CHG UNLISTED.MOLECULAR PATHOLOGY | 81479 | CPT | | | | both | | | 7061 | | UHC | Medicaid | 2227.75 | 31.55 | | | 49.5 | | 6707.95 percent of total billed charges | |
| BKR CHG UNLISTED.MOLECULAR PATHOLOGY | 81479 | CPT | | | | both | | | 7061 | | Consumer | Consumer | 6707.95 | 95 | | | 49.5 | | 6707.95 percent of total billed charges | |
| BKR CHG UNLISTED.MOLECULAR PATHOLOGY | 81479 | CPT | | | | both | | | 7061 | | Multiplan | Multiplan | 5648.8 | 80 | | | 49.5 | | 6707.95 percent of total billed charges | |
| BKR CHG UNLISTED.MOLECULAR PATHOLOGY | 81479 | CPT | | | | both | | | 7061 | | Wellcare | Medicaid | 2227.75 | 31.55 | | | 49.5 | | 6707.95 percent of total billed charges | |
| BKR CHG UNLISTED.MOLECULAR PATHOLOGY | 81479 | CPT | | | | both | | | 7061 | | Managed Care Inc | Managed Care Inc | 6354.9 | 90 | | | 49.5 | | 6707.95 percent of total billed charges | |
| BKR CHG UNLISTED.MOLECULAR PATHOLOGY | 81479 | CPT | | | | both | | | 7061 | | WellPoint | WellPoint | 2272.23 | 32.18 | | | 49.5 | | 6707.95 percent of total billed charges | |
| BKR CHG UNLISTED.MOLECULAR PATHOLOGY | 81479 | CPT | | | | both | | | 7061 | | Horizon | Medicare Blue | 2118.3 | 30 | | | 49.5 | | 6707.95 percent of total billed charges | |
| BKR CHG UNLISTED.MOLECULAR PATHOLOGY | 81479 | CPT | | | | both | | | 7061 | | Horizon | MGD | 2702.95 | 38.28 | | | 49.5 | | 6707.95 percent of total billed charges | |
| BKR CHG UNLISTED.MOLECULAR PATHOLOGY | 81479 | CPT | | | | both | | | 7061 | | Qualcare | Qualcare | 5295.75 | 75 | | | 49.5 | | 6707.95 percent of total billed charges | |
| BKR CHG UNLISTED.MOLECULAR PATHOLOGY | 81479 | CPT | | | | both | | | 7061 | | Three Rivers | Three Rivers | 6707.95 | 95 | | | 49.5 | | 6707.95 percent of total billed charges | |
| BKR CHG VECTRA® (504965) | 81490 | CPT | | | | outpatient | | | 2676 | 966.75 | Consumer | Consumer | 2542.2 | 95 | | | 321.28 | | 2542.2 percent of total billed charges | |
| BKR CHG VECTRA® (504965) | 81490 | CPT | | | | outpatient | | | 2676 | 966.75 | Aetna | Commercial | 1016.88 | 38 | | | 321.28 | | 2542.2 percent of total billed charges | |
| BKR CHG VECTRA® (504965) | 81490 | CPT | | | | outpatient | | | 2676 | 966.75 | Amerihealth | Medicare | 840.65 | | | | 321.28 | | 2542.2 fee schedule | |
| BKR CHG VECTRA® (504965) | 81490 | CPT | | | | outpatient | | | 2676 | 966.75 | First Trenton | First Trenton | 2408.4 | 90 | | | 321.28 | | 2542.2 percent of total billed charges | |
| BKR CHG VECTRA® (504965) | 81490 | CPT | | | | outpatient | | | 2676 | 966.75 | Aetna | Better Health | 844.28 | 31.55 | | | 321.28 | | 2542.2 percent of total billed charges | |
| BKR CHG VECTRA® (504965) | 81490 | CPT | | | | outpatient | | | 2676 | 966.75 | Aetna | Medicare | 824.21 | 30.8 | | | 321.28 | | 2542.2 percent of total billed charges | |
| BKR CHG VECTRA® (504965) | 81490 | CPT | | | | outpatient | | | 2676 | 966.75 | Horizon | Indemnity | 1024.37 | 38.28 | | | 321.28 | | 2542.2 percent of total billed charges | |
| BKR CHG VECTRA® (504965) | 81490 | CPT | | | | outpatient | | | 2676 | 966.75 | Amerihealth | HMO/PPO | 321.28 | | | | 321.28 | | 2542.2 fee schedule | |
| BKR CHG VECTRA® (504965) | 81490 | CPT | | | | outpatient | | | 2676 | 966.75 | Corrections | Corrections | 2140.8 | 80 | | | 321.28 | | 2542.2 percent of total billed charges | |
| BKR CHG VECTRA® (504965) | 81490 | CPT | | | | outpatient | | | 2676 | 966.75 | Horizon | MGD | 1024.37 | 38.28 | | | 321.28 | | 2542.2 percent of total billed charges | |
| BKR CHG VECTRA® (504965) | 81490 | CPT | | | | outpatient | | | 2676 | 966.75 | Multiplan | Multiplan | 2140.8 | 80 | | | 321.28 | | 2542.2 percent of total billed charges | |
| BKR CHG VECTRA® (504965) | 81490 | CPT | | | | outpatient | | | 2676 | 966.75 | Horizon | PPO | 1024.37 | 38.28 | | | 321.28 | | 2542.2 percent of total billed charges | |
| BKR CHG VECTRA® (504965) | 81490 | CPT | | | | outpatient | | | 2676 | 966.75 | Americare | Americare | 2007 | 75 | | | 321.28 | | 2542.2 percent of total billed charges | |
| BKR CHG VECTRA® (504965) | 81490 | CPT | | | | outpatient | | | 2676 | 966.75 | First Health | First Health | 1873.2 | 70 | | | 321.28 | | 2542.2 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG VECTRA® (504965) | 81490 | CPT | | | | outpatient | | | 2676 | 966.75 | Qualcare | Qualcare | 2007 | 75 | | | 321.28 | 2542.2 | percent of total billed charges | |
| BKR CHG VECTRA® (504965) | 81490 | CPT | | | | outpatient | | | 2676 | 966.75 | Managed Care Inc | Managed Care Inc | 2408.4 | 90 | | | 321.28 | 2542.2 | percent of total billed charges | |
| BKR CHG VECTRA® (504965) | 81490 | CPT | | | | outpatient | | | 2676 | 966.75 | UHC | Medicaid | 672.52 | | | | 321.28 | 2542.2 | fee schedule | |
| BKR CHG VECTRA® (504965) | 81490 | CPT | | | | outpatient | | | 2676 | 966.75 | Horizon | Medicare Blue | 802.8 | 30 | | | 321.28 | 2542.2 | percent of total billed charges | |
| BKR CHG VECTRA® (504965) | 81490 | CPT | | | | outpatient | | | 2676 | 966.75 | UHC | Medicare | 840.65 | | | | 321.28 | 2542.2 | fee schedule | |
| BKR CHG VECTRA® (504965) | 81490 | CPT | | | | outpatient | | | 2676 | 966.75 | WellPoint | WellPoint | 861.14 | 32.18 | | | 321.28 | 2542.2 | percent of total billed charges | |
| BKR CHG VECTRA® (504965) | 81490 | CPT | | | | outpatient | | | 2676 | 966.75 | Three Rivers | Three Rivers | 2542.2 | 95 | | | 321.28 | 2542.2 | percent of total billed charges | |
| BKR CHG VECTRA® (504965) | 81490 | CPT | | | | outpatient | | | 2676 | 966.75 | Wellcare | Medicare | 840.65 | | | | 321.28 | 2542.2 | fee schedule | |
| BKR CHG VECTRA® (504965) | 81490 | CPT | | | | outpatient | | | 2676 | 966.75 | Wellcare | Medicaid | 672.52 | | | | 321.28 | 2542.2 | fee schedule | |
| BKR CHG OVARIAN MALIGNANCY RISK-ROMA | 81500 | CPT | | | | outpatient | | | 589 | 299.58 | Americare | Americare | 441.75 | 75 | | | 176.7 | 559.55 | percent of total billed charges | |
| BKR CHG OVARIAN MALIGNANCY RISK-ROMA | 81500 | CPT | | | | outpatient | | | 589 | 299.58 | Consumer | Consumer | 559.55 | 95 | | | 176.7 | 559.55 | percent of total billed charges | |
| BKR CHG OVARIAN MALIGNANCY RISK-ROMA | 81500 | CPT | | | | outpatient | | | 589 | 299.58 | Horizon | Medicare Blue | 176.7 | 30 | | | 176.7 | 559.55 | percent of total billed charges | |
| BKR CHG OVARIAN MALIGNANCY RISK-ROMA | 81500 | CPT | | | | outpatient | | | 589 | 299.58 | Aetna | Better Health | 185.83 | 31.55 | | | 176.7 | 559.55 | percent of total billed charges | |
| BKR CHG OVARIAN MALIGNANCY RISK-ROMA | 81500 | CPT | | | | outpatient | | | 589 | 299.58 | First Trenton | First Trenton | 530.1 | 90 | | | 176.7 | 559.55 | percent of total billed charges | |
| BKR CHG OVARIAN MALIGNANCY RISK-ROMA | 81500 | CPT | | | | outpatient | | | 589 | 299.58 | Aetna | Medicare | 181.41 | 30.8 | | | 176.7 | 559.55 | percent of total billed charges | |
| BKR CHG OVARIAN MALIGNANCY RISK-ROMA | 81500 | CPT | | | | outpatient | | | 589 | 299.58 | Amerihealth | HMO/PPO | 382.85 | 65 | | | 176.7 | 559.55 | percent of total billed charges | |
| BKR CHG OVARIAN MALIGNANCY RISK-ROMA | 81500 | CPT | | | | outpatient | | | 589 | 299.58 | UHC | Medicaid | 208.4 | | | | 176.7 | 559.55 | fee schedule | |
| BKR CHG OVARIAN MALIGNANCY RISK-ROMA | 81500 | CPT | | | | outpatient | | | 589 | 299.58 | Amerihealth | Medicare | 260.5 | | | | 176.7 | 559.55 | fee schedule | |
| BKR CHG OVARIAN MALIGNANCY RISK-ROMA | 81500 | CPT | | | | outpatient | | | 589 | 299.58 | Corrections | Corrections | 471.2 | 80 | | | 176.7 | 559.55 | percent of total billed charges | |
| BKR CHG OVARIAN MALIGNANCY RISK-ROMA | 81500 | CPT | | | | outpatient | | | 589 | 299.58 | Managed Care Inc | Managed Care Inc | 530.1 | 90 | | | 176.7 | 559.55 | percent of total billed charges | |
| BKR CHG OVARIAN MALIGNANCY RISK-ROMA | 81500 | CPT | | | | outpatient | | | 589 | 299.58 | First Health | First Health | 412.3 | 70 | | | 176.7 | 559.55 | percent of total billed charges | |
| BKR CHG OVARIAN MALIGNANCY RISK-ROMA | 81500 | CPT | | | | outpatient | | | 589 | 299.58 | Horizon | Indemnity | 225.47 | 38.28 | | | 176.7 | 559.55 | percent of total billed charges | |
| BKR CHG OVARIAN MALIGNANCY RISK-ROMA | 81500 | CPT | | | | outpatient | | | 589 | 299.58 | WellPoint | WellPoint | 189.54 | 32.18 | | | 176.7 | 559.55 | percent of total billed charges | |
| BKR CHG OVARIAN MALIGNANCY RISK-ROMA | 81500 | CPT | | | | outpatient | | | 589 | 299.58 | Horizon | MGD | 225.47 | 38.28 | | | 176.7 | 559.55 | percent of total billed charges | |
| BKR CHG OVARIAN MALIGNANCY RISK-ROMA | 81500 | CPT | | | | outpatient | | | 589 | 299.58 | Three Rivers | Three Rivers | 559.55 | 95 | | | 176.7 | 559.55 | percent of total billed charges | |
| BKR CHG OVARIAN MALIGNANCY RISK-ROMA | 81500 | CPT | | | | outpatient | | | 589 | 299.58 | Horizon | PPO | 225.47 | 38.28 | | | 176.7 | 559.55 | percent of total billed charges | |
| BKR CHG OVARIAN MALIGNANCY RISK-ROMA | 81500 | CPT | | | | outpatient | | | 589 | 299.58 | UHC | Medicare | 260.5 | | | | 176.7 | 559.55 | fee schedule | |
| BKR CHG OVARIAN MALIGNANCY RISK-ROMA | 81500 | CPT | | | | outpatient | | | 589 | 299.58 | Wellcare | Medicaid | 208.4 | | | | 176.7 | 559.55 | fee schedule | |
| BKR CHG OVARIAN MALIGNANCY RISK-ROMA | 81500 | CPT | | | | outpatient | | | 589 | 299.58 | Multiplan | Multiplan | 471.2 | 80 | | | 176.7 | 559.55 | percent of total billed charges | |
| BKR CHG OVARIAN MALIGNANCY RISK-ROMA | 81500 | CPT | | | | outpatient | | | 589 | 299.58 | Wellcare | Medicare | 260.5 | | | | 176.7 | 559.55 | fee schedule | |
| BKR CHG OVARIAN MALIGNANCY RISK-ROMA | 81500 | CPT | | | | outpatient | | | 589 | 299.58 | Qualcare | Qualcare | 441.75 | 75 | | | 176.7 | 559.55 | percent of total billed charges | |
| BKR CHG QUAD SCREEN | 81511 | CPT | | | | outpatient | | | 910 | 176.53 | Horizon | Medicare Blue | 273 | 30 | | | 122.8 | 864.5 | percent of total billed charges | |
| BKR CHG QUAD SCREEN | 81511 | CPT | | | | outpatient | | | 910 | 176.53 | UHC | Medicaid | 122.8 | | | | 122.8 | 864.5 | fee schedule | |
| BKR CHG QUAD SCREEN | 81511 | CPT | | | | outpatient | | | 910 | 176.53 | Amerihealth | Medicare | 153.5 | | | | 122.8 | 864.5 | fee schedule | |
| BKR CHG QUAD SCREEN | 81511 | CPT | | | | outpatient | | | 910 | 176.53 | Aetna | Medicare | 280.28 | 30.8 | | | 122.8 | 864.5 | percent of total billed charges | |
| BKR CHG QUAD SCREEN | 81511 | CPT | | | | outpatient | | | 910 | 176.53 | Americare | Americare | 682.5 | 75 | | | 122.8 | 864.5 | percent of total billed charges | |
| BKR CHG QUAD SCREEN | 81511 | CPT | | | | outpatient | | | 910 | 176.53 | Wellcare | Medicare | 153.5 | | | | 122.8 | 864.5 | fee schedule | |
| BKR CHG QUAD SCREEN | 81511 | CPT | | | | outpatient | | | 910 | 176.53 | Amerihealth | HMO/PPO | 591.5 | 65 | | | 122.8 | 864.5 | percent of total billed charges | |
| BKR CHG QUAD SCREEN | 81511 | CPT | | | | outpatient | | | 910 | 176.53 | Aetna | Better Health | 287.11 | 31.55 | | | 122.8 | 864.5 | percent of total billed charges | |
| BKR CHG QUAD SCREEN | 81511 | CPT | | | | outpatient | | | 910 | 176.53 | First Trenton | First Trenton | 819 | 90 | | | 122.8 | 864.5 | percent of total billed charges | |
| BKR CHG QUAD SCREEN | 81511 | CPT | | | | outpatient | | | 910 | 176.53 | Consumer | Consumer | 864.5 | 95 | | | 122.8 | 864.5 | percent of total billed charges | |
| BKR CHG QUAD SCREEN | 81511 | CPT | | | | outpatient | | | 910 | 176.53 | Corrections | Corrections | 728 | 80 | | | 122.8 | 864.5 | percent of total billed charges | |
| BKR CHG QUAD SCREEN | 81511 | CPT | | | | outpatient | | | 910 | 176.53 | First Health | First Health | 637 | 70 | | | 122.8 | 864.5 | percent of total billed charges | |
| BKR CHG QUAD SCREEN | 81511 | CPT | | | | outpatient | | | 910 | 176.53 | Horizon | MGD | 348.35 | 38.28 | | | 122.8 | 864.5 | percent of total billed charges | |
| BKR CHG QUAD SCREEN | 81511 | CPT | | | | outpatient | | | 910 | 176.53 | Wellcare | Medicaid | 122.8 | | | | 122.8 | 864.5 | fee schedule | |
| BKR CHG QUAD SCREEN | 81511 | CPT | | | | outpatient | | | 910 | 176.53 | Horizon | Indemnity | 348.35 | 38.28 | | | 122.8 | 864.5 | percent of total billed charges | |
| BKR CHG QUAD SCREEN | 81511 | CPT | | | | outpatient | | | 910 | 176.53 | Horizon | PPO | 348.35 | 38.28 | | | 122.8 | 864.5 | percent of total billed charges | |
| BKR CHG QUAD SCREEN | 81511 | CPT | | | | outpatient | | | 910 | 176.53 | Managed Care Inc | Managed Care Inc | 819 | 90 | | | 122.8 | 864.5 | percent of total billed charges | |
| BKR CHG QUAD SCREEN | 81511 | CPT | | | | outpatient | | | 910 | 176.53 | Three Rivers | Three Rivers | 864.5 | 95 | | | 122.8 | 864.5 | percent of total billed charges | |
| BKR CHG QUAD SCREEN | 81511 | CPT | | | | outpatient | | | 910 | 176.53 | Multiplan | Multiplan | 728 | 80 | | | 122.8 | 864.5 | percent of total billed charges | |
| BKR CHG QUAD SCREEN | 81511 | CPT | | | | outpatient | | | 910 | 176.53 | WellPoint | WellPoint | 292.84 | 32.18 | | | 122.8 | 864.5 | percent of total billed charges | |
| BKR CHG QUAD SCREEN | 81511 | CPT | | | | outpatient | | | 910 | 176.53 | Qualcare | Qualcare | 682.5 | 75 | | | 122.8 | 864.5 | percent of total billed charges | |
| BKR CHG QUAD SCREEN | 81511 | CPT | | | | outpatient | | | 910 | 176.53 | UHC | Medicare | 153.5 | | | | 122.8 | 864.5 | fee schedule | |
| BKR CHG PROSTATE-SPECIFIC-KALLIKREIN.4KSCORE(20 | 81539 | CPT | | | | outpatient | | | 1761 | 874 | Amerihealth | Medicare | 760 | | | | 327.53 | 1672.95 | fee schedule | |
| BKR CHG PROSTATE-SPECIFIC-KALLIKREIN.4KSCORE(20 | 81539 | CPT | | | | outpatient | | | 1761 | 874 | Aetna | Better Health | 555.6 | 31.55 | | | 327.53 | 1672.95 | percent of total billed charges | |
| BKR CHG PROSTATE-SPECIFIC-KALLIKREIN.4KSCORE(20 | 81539 | CPT | | | | outpatient | | | 1761 | 874 | Horizon | Medicare Blue | 528.3 | 30 | | | 327.53 | 1672.95 | percent of total billed charges | |
| BKR CHG PROSTATE-SPECIFIC-KALLIKREIN.4KSCORE(20 | 81539 | CPT | | | | outpatient | | | 1761 | 874 | Aetna | Medicare | 542.39 | 30.8 | | | 327.53 | 1672.95 | percent of total billed charges | |
| BKR CHG PROSTATE-SPECIFIC-KALLIKREIN.4KSCORE(20 | 81539 | CPT | | | | outpatient | | | 1761 | 874 | First Health | First Health | 1232.7 | 70 | | | 327.53 | 1672.95 | percent of total billed charges | |
| BKR CHG PROSTATE-SPECIFIC-KALLIKREIN.4KSCORE(20 | 81539 | CPT | | | | outpatient | | | 1761 | 874 | Horizon | Indemnity | 674.11 | 38.28 | | | 327.53 | 1672.95 | percent of total billed charges | |
| BKR CHG PROSTATE-SPECIFIC-KALLIKREIN.4KSCORE(20 | 81539 | CPT | | | | outpatient | | | 1761 | 874 | Wellcare | Medicare | 760 | | | | 327.53 | 1672.95 | fee schedule | |
| BKR CHG PROSTATE-SPECIFIC-KALLIKREIN.4KSCORE(20 | 81539 | CPT | | | | outpatient | | | 1761 | 874 | Americare | Americare | 1320.75 | 75 | | | 327.53 | 1672.95 | percent of total billed charges | |
| BKR CHG PROSTATE-SPECIFIC-KALLIKREIN.4KSCORE(20 | 81539 | CPT | | | | outpatient | | | 1761 | 874 | Horizon | PPO | 674.11 | 38.28 | | | 327.53 | 1672.95 | percent of total billed charges | |
| BKR CHG PROSTATE-SPECIFIC-KALLIKREIN.4KSCORE(20 | 81539 | CPT | | | | outpatient | | | 1761 | 874 | Consumer | Consumer | 1672.95 | 95 | | | 327.53 | 1672.95 | percent of total billed charges | |
| BKR CHG PROSTATE-SPECIFIC-KALLIKREIN.4KSCORE(20 | 81539 | CPT | | | | outpatient | | | 1761 | 874 | WellPoint | WellPoint | 566.69 | 32.18 | | | 327.53 | 1672.95 | percent of total billed charges | |
| BKR CHG PROSTATE-SPECIFIC-KALLIKREIN.4KSCORE(20 | 81539 | CPT | | | | outpatient | | | 1761 | 874 | Horizon | MGD | 674.11 | 38.28 | | | 327.53 | 1672.95 | percent of total billed charges | |
| BKR CHG PROSTATE-SPECIFIC-KALLIKREIN.4KSCORE(20 | 81539 | CPT | | | | outpatient | | | 1761 | 874 | Three Rivers | Three Rivers | 1672.95 | 95 | | | 327.53 | 1672.95 | percent of total billed charges | |
| BKR CHG PROSTATE-SPECIFIC-KALLIKREIN.4KSCORE(20 | 81539 | CPT | | | | outpatient | | | 1761 | 874 | Qualcare | Qualcare | 1320.75 | 75 | | | 327.53 | 1672.95 | percent of total billed charges | |
| BKR CHG PROSTATE-SPECIFIC-KALLIKREIN.4KSCORE(20 | 81539 | CPT | | | | outpatient | | | 1761 | 874 | Amerihealth | HMO/PPO | 327.53 | | | | 327.53 | 1672.95 | fee schedule | |
| BKR CHG PROSTATE-SPECIFIC-KALLIKREIN.4KSCORE(20 | 81539 | CPT | | | | outpatient | | | 1761 | 874 | Corrections | Corrections | 1408.8 | 80 | | | 327.53 | 1672.95 | percent of total billed charges | |
| BKR CHG PROSTATE-SPECIFIC-KALLIKREIN.4KSCORE(20 | 81539 | CPT | | | | outpatient | | | 1761 | 874 | Multiplan | Multiplan | 1408.8 | 80 | | | 327.53 | 1672.95 | percent of total billed charges | |
| BKR CHG PROSTATE-SPECIFIC-KALLIKREIN.4KSCORE(20 | 81539 | CPT | | | | outpatient | | | 1761 | 874 | UHC | Medicaid | 608 | | | | 327.53 | 1672.95 | fee schedule | |
| BKR CHG PROSTATE-SPECIFIC-KALLIKREIN.4KSCORE(20 | 81539 | CPT | | | | outpatient | | | 1761 | 874 | UHC | Medicare | 760 | | | | 327.53 | 1672.95 | fee schedule | |
| BKR CHG PROSTATE-SPECIFIC-KALLIKREIN.4KSCORE(20 | 81539 | CPT | | | | outpatient | | | 1761 | 874 | First Trenton | First Trenton | 1584.9 | 90 | | | 327.53 | 1672.95 | percent of total billed charges | |
| BKR CHG PROSTATE-SPECIFIC-KALLIKREIN.4KSCORE(20 | 81539 | CPT | | | | outpatient | | | 1761 | 874 | Horizon | NJ Health | 472.05 | | | | 327.53 | 1672.95 | fee schedule | |
| BKR CHG PROSTATE-SPECIFIC-KALLIKREIN.4KSCORE(20 | 81539 | CPT | | | | outpatient | | | 1761 | 874 | Managed Care Inc | Managed Care Inc | 1584.9 | 90 | | | 327.53 | 1672.95 | percent of total billed charges | |
| BKR CHG PROSTATE-SPECIFIC-KALLIKREIN.4KSCORE(20 | 81539 | CPT | | | | outpatient | | | 1761 | 874 | Wellcare | Medicaid | 608 | | | | 327.53 | 1672.95 | fee schedule | |
| BKR CHG LIVER FIBROSIS | 81596 | CPT | | | | outpatient | | | 724 | 83.02 | Aetna | Better Health | 228.42 | 31.55 | | | 56.6 | 687.8 | percent of total billed charges | |
| BKR CHG LIVER FIBROSIS | 81596 | CPT | | | | outpatient | | | 724 | 83.02 | Amerihealth | Medicare | 72.19 | | | | 56.6 | 687.8 | fee schedule | |
| BKR CHG LIVER FIBROSIS | 81596 | CPT | | | | outpatient | | | 724 | 83.02 | First Health | First Health | 506.8 | 70 | | | 56.6 | 687.8 | percent of total billed charges | |
| BKR CHG LIVER FIBROSIS | 81596 | CPT | | | | outpatient | | | 724 | 83.02 | Wellcare | Medicare | 72.19 | | | | 56.6 | 687.8 | fee schedule | |
| BKR CHG LIVER FIBROSIS | 81596 | CPT | | | | outpatient | | | 724 | 83.02 | Corrections | Corrections | 579.2 | 80 | | | 56.6 | 687.8 | percent of total billed charges | |
| BKR CHG LIVER FIBROSIS | 81596 | CPT | | | | outpatient | | | 724 | 83.02 | Aetna | Medicare | 222.99 | 30.8 | | | 56.6 | 687.8 | percent of total billed charges | |
| BKR CHG LIVER FIBROSIS | 81596 | CPT | | | | outpatient | | | 724 | 83.02 | Horizon | MGD | 277.15 | 38.28 | | | 56.6 | 687.8 | percent of total billed charges | |
| BKR CHG LIVER FIBROSIS | 81596 | CPT | | | | outpatient | | | 724 | 83.02 | WellPoint | WellPoint | 232.98 | 32.18 | | | 56.6 | 687.8 | percent of total billed charges | |
| BKR CHG LIVER FIBROSIS | 81596 | CPT | | | | outpatient | | | 724 | 83.02 | Americare | Americare | 543 | 75 | | | 56.6 | 687.8 | percent of total billed charges | |
| BKR CHG LIVER FIBROSIS | 81596 | CPT | | | | outpatient | | | 724 | 83.02 | Horizon | NJ Health | 56.6 | | | 5.79 | 56.6 | 687.8 | fee schedule | |
| BKR CHG LIVER FIBROSIS | 81596 | CPT | | | | outpatient | | | 724 | 83.02 | Horizon | Medicare Blue | 217.2 | 30 | | | 56.6 | 687.8 | percent of total billed charges | |
| BKR CHG LIVER FIBROSIS | 81596 | CPT | | | | outpatient | | | 724 | 83.02 | Amerihealth | HMO/PPO | 470.6 | 65 | | | 56.6 | 687.8 | percent of total billed charges | |
| BKR CHG LIVER FIBROSIS | 81596 | CPT | | | | outpatient | | | 724 | 83.02 | Consumer | Consumer | 687.8 | 95 | | | 56.6 | 687.8 | percent of total billed charges | |
| BKR CHG LIVER FIBROSIS | 81596 | CPT | | | | outpatient | | | 724 | 83.02 | Multiplan | Multiplan | 579.2 | 80 | | | 56.6 | 687.8 | percent of total billed charges | |
| BKR CHG LIVER FIBROSIS | 81596 | CPT | | | | outpatient | | | 724 | 83.02 | UHC | Medicaid | 57.75 | | | | 56.6 | 687.8 | fee schedule | |
| BKR CHG LIVER FIBROSIS | 81596 | CPT | | | | outpatient | | | 724 | 83.02 | Qualcare | Qualcare | 543 | 75 | | | 56.6 | 687.8 | percent of total billed charges | |
| BKR CHG LIVER FIBROSIS | 81596 | CPT | | | | outpatient | | | 724 | 83.02 | First Trenton | First Trenton | 651.6 | 90 | | | 56.6 | 687.8 | percent of total billed charges | |
| BKR CHG LIVER FIBROSIS | 81596 | CPT | | | | outpatient | | | 724 | 83.02 | UHC | Medicare | 72.19 | | | | 56.6 | 687.8 | fee schedule | |
| BKR CHG LIVER FIBROSIS | 81596 | CPT | | | | outpatient | | | 724 | 83.02 | Wellcare | Medicaid | 57.75 | | | | 56.6 | 687.8 | fee schedule | |
| BKR CHG LIVER FIBROSIS | 81596 | CPT | | | | outpatient | | | 724 | 83.02 | Horizon | Indemnity | 277.15 | 38.28 | | | 56.6 | 687.8 | percent of total billed charges | |
| BKR CHG LIVER FIBROSIS | 81596 | CPT | | | | outpatient | | | 724 | 83.02 | Horizon | PPO | 277.15 | 38.28 | | | 56.6 | 687.8 | percent of total billed charges | |
| BKR CHG LIVER FIBROSIS | 81596 | CPT | | | | outpatient | | | 724 | 83.02 | Managed Care Inc | Managed Care Inc | 651.6 | 90 | | | 56.6 | 687.8 | percent of total billed charges | |
| BKR CHG LIVER FIBROSIS | 81596 | CPT | | | | outpatient | | | 724 | 83.02 | Three Rivers | Three Rivers | 687.8 | 95 | | | 56.6 | 687.8 | percent of total billed charges | |
| BKR CHG ACETONE SERUM | 82009 | CPT | | | | both | | | 47 | 5.2 | Amerihealth | HMO/PPO | 7.3 | | | 5.09 | 4.52 | 44.65 | fee schedule | |
| BKR CHG ACETONE SERUM | 82009 | CPT | | | | both | | | 47 | 5.2 | Aetna | Medicare | 14.48 | 30.8 | | 8.37 | 4.52 | 44.65 | percent of total billed charges | |
| BKR CHG ACETONE SERUM | 82009 | CPT | | | | both | | | 47 | 5.2 | Corrections | Corrections | 37.6 | 80 | | 8.3 | 4.52 | 44.65 | percent of total billed charges | |
| BKR CHG ACETONE SERUM | 82009 | CPT | | | | both | | | 47 | 5.2 | Horizon | Medicare Blue | 14.1 | 30 | | 5.52 | 4.52 | 44.65 | percent of total billed charges | |
| BKR CHG ACETONE SERUM | 82009 | CPT | | | | both | | | 47 | 5.2 | Amerihealth | Medicare | 4.52 | | | | 4.52 | 44.65 | fee schedule | |
| BKR CHG ACETONE SERUM | 82009 | CPT | | | | both | | | 47 | 5.2 | Aetna | Better Health | 14.83 | 31.55 | | 12.04 | 4.52 | 44.65 | percent of total billed charges | |
| BKR CHG ACETONE SERUM | 82009 | CPT | | | | both | | | 47 | 5.2 | Americare | Americare | 35.25 | 75 | | | 4.52 | 44.65 | percent of total billed charges | |
| BKR CHG ACETONE SERUM | 82009 | CPT | | | | both | | | 47 | 5.2 | UHC | Medicare | 4.52 | | | 5.9 | 4.52 | 44.65 | fee schedule | |
| BKR CHG ACETONE SERUM | 82009 | CPT | | | | both | | | 47 | 5.2 | Multiplan | Multiplan | 37.6 | 80 | | | 4.52 | 44.65 | percent of total billed charges | |
| BKR CHG ACETONE SERUM | 82009 | CPT | | | | both | | | 47 | 5.2 | First Health | First Health | 32.9 | 70 | | | 4.52 | 44.65 | percent of total billed charges | |
| BKR CHG ACETONE SERUM | 82009 | CPT | | | | both | | | 47 | 5.2 | Horizon | Indemnity | 17.99 | 38.28 | | 6.03 | 4.52 | 44.65 | percent of total billed charges | |
| BKR CHG ACETONE SERUM | 82009 | CPT | | | | both | | | 47 | 5.2 | Consumer | Consumer | 44.65 | 95 | | | 4.52 | 44.65 | percent of total billed charges | |
| BKR CHG ACETONE SERUM | 82009 | CPT | | | | both | | | 47 | 5.2 | Qualcare | Qualcare | 35.25 | 75 | | | 4.52 | 44.65 | percent of total billed charges | |
| BKR CHG ACETONE SERUM | 82009 | CPT | | | | both | | | 47 | 5.2 | First Trenton | First Trenton | 42.3 | 90 | | | 4.52 | 44.65 | percent of total billed charges | |
| BKR CHG ACETONE SERUM | 82009 | CPT | | | | both | | | 47 | 5.2 | Horizon | PPO | 17.99 | 38.28 | | 8.45 | 4.52 | 44.65 | percent of total billed charges | |
| BKR CHG ACETONE SERUM | 82009 | CPT | | | | both | | | 47 | 5.2 | Managed Care Inc | Managed Care Inc | 42.3 | 90 | | | 4.52 | 44.65 | percent of total billed charges | |
| BKR CHG ACETONE SERUM | 82009 | CPT | | | | both | | | 47 | 5.2 | Horizon | MGD | 17.99 | 38.28 | | 9.69 | 4.52 | 44.65 | percent of total billed charges | |
| BKR CHG ACETONE SERUM | 82009 | CPT | | | | both | | | 47 | 5.2 | Three Rivers | Three Rivers | 44.65 | 95 | | | 4.52 | 44.65 | percent of total billed charges | |
| BKR CHG ACETONE SERUM | 82009 | CPT | | | | both | | | 47 | 5.2 | WellPoint | WellPoint | 15.12 | 32.18 | | 11.16 | 4.52 | 44.65 | percent of total billed charges | |
| BKR CHG ACETONE SERUM | 82009 | CPT | | | | both | | | 47 | 5.2 | Wellcare | Medicaid | 5 | | | 12.45 | 4.52 | 44.65 | fee schedule | |
| BKR CHG ACETONE SERUM | 82009 | CPT | | | | both | | | 47 | 5.2 | Horizon | NJ Health | 9.8 | | | 3.25 | 4.52 | 44.65 | fee schedule | |
| BKR CHG ACETONE SERUM | 82009 | CPT | | | | both | | | 47 | 5.2 | UHC | Medicaid | 5 | | | 11.24 | 4.52 | 44.65 | fee schedule | |
| BKR CHG ACETONE SERUM | 82009 | CPT | | | | both | | | 47 | 5.2 | Wellcare | Medicare | 4.52 | | | 7.48 | 4.52 | 44.65 | fee schedule | |
| BKR CHG BETA-HYDROXYBUTYRIC ACID | 82010 | CPT | | | | both | | | 85 | 9.4 | Aetna | Medicare | 26.18 | 30.8 | | | 8.1 | 80.75 | percent of total billed charges | |
| BKR CHG BETA-HYDROXYBUTYRIC ACID | 82010 | CPT | | | | both | | | 85 | 9.4 | Americare | Americare | 63.75 | 75 | | | 8.1 | 80.75 | percent of total billed charges | |
| BKR CHG BETA-HYDROXYBUTYRIC ACID | 82010 | CPT | | | | both | | | 85 | 9.4 | Aetna | Better Health | 26.82 | 31.55 | | | 8.1 | 80.75 | percent of total billed charges | |
| BKR CHG BETA-HYDROXYBUTYRIC ACID | 82010 | CPT | | | | both | | | 85 | 9.4 | UHC | Medicaid | 9.9 | | | | 8.1 | 80.75 | fee schedule | |
| BKR CHG BETA-HYDROXYBUTYRIC ACID | 82010 | CPT | | | | both | | | 85 | 9.4 | First Trenton | First Trenton | 76.5 | 90 | | | 8.1 | 80.75 | percent of total billed charges | |
| BKR CHG BETA-HYDROXYBUTYRIC ACID | 82010 | CPT | | | | both | | | 85 | 9.4 | Consumer | Consumer | 80.75 | 95 | | | 8.1 | 80.75 | percent of total billed charges | |
| BKR CHG BETA-HYDROXYBUTYRIC ACID | 82010 | CPT | | | | both | | | 85 | 9.4 | Multiplan | Multiplan | 68 | 80 | | | 8.1 | 80.75 | percent of total billed charges | |
| BKR CHG BETA-HYDROXYBUTYRIC ACID | 82010 | CPT | | | | both | | | 85 | 9.4 | UHC | Medicare | 8.17 | | | | 8.1 | 80.75 | fee schedule | |
| BKR CHG BETA-HYDROXYBUTYRIC ACID | 82010 | CPT | | | | both | | | 85 | 9.4 | Amerihealth | HMO/PPO | 9.5 | | | | 8.1 | 80.75 | fee schedule | |
| BKR CHG BETA-HYDROXYBUTYRIC ACID | 82010 | CPT | | | | both | | | 85 | 9.4 | Horizon | NJ Health | 19.6 | | | | 8.1 | 80.75 | fee schedule | |
| BKR CHG BETA-HYDROXYBUTYRIC ACID | 82010 | CPT | | | | both | | | 85 | 9.4 | Horizon | Indemnity | 32.54 | 38.28 | | | 8.1 | 80.75 | percent of total billed charges | |
| BKR CHG BETA-HYDROXYBUTYRIC ACID | 82010 | CPT | | | | both | | | 85 | 9.4 | Wellcare | Medicare | 8.17 | | | | 8.1 | 80.75 | fee schedule | |
| BKR CHG BETA-HYDROXYBUTYRIC ACID | 82010 | CPT | | | | both | | | 85 | 9.4 | WellPoint | WellPoint | 27.35 | 32.18 | | | 8.1 | 80.75 | percent of total billed charges | |
| BKR CHG BETA-HYDROXYBUTYRIC ACID | 82010 | CPT | | | | both | | | 85 | 9.4 | Corrections | Corrections | 68 | 80 | | | 8.1 | 80.75 | percent of total billed charges | |
| BKR CHG BETA-HYDROXYBUTYRIC ACID | 82010 | CPT | | | | both | | | 85 | 9.4 | Qualcare | Qualcare | 63.75 | 75 | | | 8.1 | 80.75 | percent of total billed charges | |
| BKR CHG BETA-HYDROXYBUTYRIC ACID | 82010 | CPT | | | | both | | | 85 | 9.4 | Horizon | PPO | 32.54 | 38.28 | | | 8.1 | 80.75 | percent of total billed charges | |
| BKR CHG BETA-HYDROXYBUTYRIC ACID | 82010 | CPT | | | | both | | | 85 | 9.4 | Amerihealth | Medicare | 8.17 | | | | 8.1 | 80.75 | fee schedule | |
| BKR CHG BETA-HYDROXYBUTYRIC ACID | 82010 | CPT | | | | both | | | 85 | 9.4 | Wellcare | Medicaid | 9.9 | | | | 8.1 | 80.75 | fee schedule | |
| BKR CHG BETA-HYDROXYBUTYRIC ACID | 82010 | CPT | | | | both | | | 85 | 9.4 | Horizon | Medicare Blue | 25.5 | 30 | | | 8.1 | 80.75 | percent of total billed charges | |
| BKR CHG BETA-HYDROXYBUTYRIC ACID | 82010 | CPT | | | | both | | | 85 | 9.4 | Managed Care Inc | Managed Care Inc | 76.5 | 90 | | | 8.1 | 80.75 | percent of total billed charges | |
| BKR CHG BETA-HYDROXYBUTYRIC ACID | 82010 | CPT | | | | both | | | 85 | 9.4 | First Health | First Health | 59.5 | 70 | | | 8.1 | 80.75 | percent of total billed charges | |
| BKR CHG BETA-HYDROXYBUTYRIC ACID | 82010 | CPT | | | | both | | | 85 | 9.4 | Three Rivers | Three Rivers | 80.75 | 95 | | | 8.1 | 80.75 | percent of total billed charges | |
| BKR CHG BETA-HYDROXYBUTYRIC ACID | 82010 | CPT | | | | both | | | 85 | 9.4 | Horizon | MGD | 32.54 | 38.28 | | | 8.1 | 80.75 | percent of total billed charges | |
| BKR CHG ACHE-REFLEX TO HBF AMNIOTIC | 82013 | CPT | | | | both | | | 409 | 14.13 | Horizon | Indemnity | 156.57 | 38.28 | | | 12 | 388.55 | percent of total billed charges | |
| BKR CHG ACHE-REFLEX TO HBF AMNIOTIC | 82013 | CPT | | | | both | | | 409 | 14.13 | Aetna | Better Health | 129.04 | 31.55 | | | 12 | 388.55 | percent of total billed charges | |
| BKR CHG ACHE-REFLEX TO HBF AMNIOTIC | 82013 | CPT | | | | both | | | 409 | 14.13 | Aetna | Medicare | 125.97 | 30.8 | | | 12 | 388.55 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
| BKR CHG ACHE-REFLEX TO HBF AMNIOTIC | 82013 | CPT | | | | both | | | 409 | 14.13 | Aetna | Commercial | 155.42 | 38 | | | 12 | 388.55 | percent of total billed charges | |
| BKR CHG ACHE-REFLEX TO HBF AMNIOTIC | 82013 | CPT | | | | both | | | 409 | 14.13 | Americare | Americare | 306.75 | 75 | | | 12 | 388.55 | percent of total billed charges | |
| BKR CHG ACHE-REFLEX TO HBF AMNIOTIC | 82013 | CPT | | | | both | | | 409 | 14.13 | First Health | First Health | 286.3 | 70 | | | 12 | 388.55 | percent of total billed charges | |
| BKR CHG ACHE-REFLEX TO HBF AMNIOTIC | 82013 | CPT | | | | both | | | 409 | 14.13 | First Trenton | First Trenton | 368.1 | 90 | | | 12 | 388.55 | percent of total billed charges | |
| BKR CHG ACHE-REFLEX TO HBF AMNIOTIC | 82013 | CPT | | | | both | | | 409 | 14.13 | WellPoint | WellPoint | 131.62 | 32.18 | | | 12 | 388.55 | percent of total billed charges | |
| BKR CHG ACHE-REFLEX TO HBF AMNIOTIC | 82013 | CPT | | | | both | | | 409 | 14.13 | Three Rivers | Three Rivers | 388.55 | 95 | | | 12 | 388.55 | percent of total billed charges | |
| BKR CHG ACHE-REFLEX TO HBF AMNIOTIC | 82013 | CPT | | | | both | | | 409 | 14.13 | Consumer | Consumer | 388.55 | 95 | | | 12 | 388.55 | percent of total billed charges | |
| BKR CHG ACHE-REFLEX TO HBF AMNIOTIC | 82013 | CPT | | | | both | | | 409 | 14.13 | Corrections | Corrections | 327.2 | 80 | | | 12 | 388.55 | percent of total billed charges | |
| BKR CHG ACHE-REFLEX TO HBF AMNIOTIC | 82013 | CPT | | | | both | | | 409 | 14.13 | Multiplan | Multiplan | 327.2 | 80 | | | 12 | 388.55 | percent of total billed charges | |
| BKR CHG ACHE-REFLEX TO HBF AMNIOTIC | 82013 | CPT | | | | both | | | 409 | 14.13 | Amerihealth | HMO/PPO | 13.7 | | | | 12 | 388.55 | fee schedule | |
| BKR CHG ACHE-REFLEX TO HBF AMNIOTIC | 82013 | CPT | | | | both | | | 409 | 14.13 | Horizon | Medicare Blue | 122.7 | 30 | | | 12 | 388.55 | percent of total billed charges | |
| BKR CHG ACHE-REFLEX TO HBF AMNIOTIC | 82013 | CPT | | | | both | | | 409 | 14.13 | Horizon | NJ Health | 27.44 | | | | 12 | 388.55 | fee schedule | |
| BKR CHG ACHE-REFLEX TO HBF AMNIOTIC | 82013 | CPT | | | | both | | | 409 | 14.13 | Qualcare | Qualcare | 306.75 | 75 | | | 12 | 388.55 | percent of total billed charges | |
| BKR CHG ACHE-REFLEX TO HBF AMNIOTIC | 82013 | CPT | | | | both | | | 409 | 14.13 | Wellcare | Medicaid | 14 | | | | 12 | 388.55 | fee schedule | |
| BKR CHG ACHE-REFLEX TO HBF AMNIOTIC | 82013 | CPT | | | | both | | | 409 | 14.13 | UHC | Medicaid | 14 | | | | 12 | 388.55 | fee schedule | |
| BKR CHG ACHE-REFLEX TO HBF AMNIOTIC | 82013 | CPT | | | | both | | | 409 | 14.13 | Horizon | MCD | 156.57 | 38.28 | | | 12 | 388.55 | percent of total billed charges | |
| BKR CHG ACHE-REFLEX TO HBF AMNIOTIC | 82013 | CPT | | | | both | | | 409 | 14.13 | UHC | Medicare | 12.29 | | | | 12 | 388.55 | fee schedule | |
| BKR CHG ACHE-REFLEX TO HBF AMNIOTIC | 82013 | CPT | | | | both | | | 409 | 14.13 | Amerihealth | Medicare | 12.29 | | | | 12 | 388.55 | fee schedule | |
| BKR CHG ACHE-REFLEX TO HBF AMNIOTIC | 82013 | CPT | | | | both | | | 409 | 14.13 | Wellcare | Medicare | 12.29 | | | | 12 | 388.55 | fee schedule | |
| BKR CHG ACHE-REFLEX TO HBF AMNIOTIC | 82013 | CPT | | | | both | | | 409 | 14.13 | Managed Care Inc | Managed Care Inc | 368.1 | 90 | | | 12 | 388.55 | percent of total billed charges | |
| BKR CHG ACHE-REFLEX TO HBF AMNIOTIC | 82013 | CPT | | | | both | | | 409 | 14.13 | Horizon | PPO | 156.57 | 38.28 | | 26.43 | 12 | 388.55 | percent of total billed charges | |
| BKR CHG ACYLCARNITINE PROFIL,PLASMA | 82017 | CPT | | | | both | | | 499 | 19.4 | Corrections | Corrections | 399.2 | 80 | | | 16.87 | 474.05 | percent of total billed charges | |
| BKR CHG ACYLCARNITINE PROFIL,PLASMA | 82017 | CPT | | | | both | | | 499 | 19.4 | Aetna | Better Health | 157.43 | 31.55 | | | 16.87 | 474.05 | percent of total billed charges | |
| BKR CHG ACYLCARNITINE PROFIL,PLASMA | 82017 | CPT | | | | both | | | 499 | 19.4 | Amerihealth | HMO/PPO | 23.3 | | | | 16.87 | 474.05 | fee schedule | |
| BKR CHG ACYLCARNITINE PROFIL,PLASMA | 82017 | CPT | | | | both | | | 499 | 19.4 | Aetna | Medicare | 153.69 | 30.8 | | | 16.87 | 474.05 | percent of total billed charges | |
| BKR CHG ACYLCARNITINE PROFIL,PLASMA | 82017 | CPT | | | | both | | | 499 | 19.4 | Horizon | MGD | 191.02 | 38.28 | | | 16.87 | 474.05 | percent of total billed charges | |
| BKR CHG ACYLCARNITINE PROFIL,PLASMA | 82017 | CPT | | | | both | | | 499 | 19.4 | Multiplan | Multiplan | 399.2 | 80 | | | 16.87 | 474.05 | percent of total billed charges | |
| BKR CHG ACYLCARNITINE PROFIL,PLASMA | 82017 | CPT | | | | both | | | 499 | 19.4 | First Health | First Health | 349.3 | 70 | | | 16.87 | 474.05 | percent of total billed charges | |
| BKR CHG ACYLCARNITINE PROFIL,PLASMA | 82017 | CPT | | | | both | | | 499 | 19.4 | UHC | Medicare | 16.87 | | | | 16.87 | 474.05 | fee schedule | |
| BKR CHG ACYLCARNITINE PROFIL,PLASMA | 82017 | CPT | | | | both | | | 499 | 19.4 | First Trenton | First Trenton | 449.1 | 90 | | | 16.87 | 474.05 | percent of total billed charges | |
| BKR CHG ACYLCARNITINE PROFIL,PLASMA | 82017 | CPT | | | | both | | | 499 | 19.4 | Americare | Americare | 374.25 | 75 | | | 16.87 | 474.05 | percent of total billed charges | |
| BKR CHG ACYLCARNITINE PROFIL,PLASMA | 82017 | CPT | | | | both | | | 499 | 19.4 | Amerihealth | Medicare | 16.87 | | | | 16.87 | 474.05 | fee schedule | |
| BKR CHG ACYLCARNITINE PROFIL,PLASMA | 82017 | CPT | | | | both | | | 499 | 19.4 | Consumer | Consumer | 474.05 | 95 | | | 16.87 | 474.05 | percent of total billed charges | |
| BKR CHG ACYLCARNITINE PROFIL,PLASMA | 82017 | CPT | | | | both | | | 499 | 19.4 | Qualcare | Qualcare | 374.25 | 75 | | | 16.87 | 474.05 | percent of total billed charges | |
| BKR CHG ACYLCARNITINE PROFIL,PLASMA | 82017 | CPT | | | | both | | | 499 | 19.4 | Wellcare | Medicare | 16.87 | | | | 16.87 | 474.05 | fee schedule | |
| BKR CHG ACYLCARNITINE PROFIL,PLASMA | 82017 | CPT | | | | both | | | 499 | 19.4 | Horizon | Indemnity | 191.02 | 38.28 | | | 16.87 | 474.05 | percent of total billed charges | |
| BKR CHG ACYLCARNITINE PROFIL,PLASMA | 82017 | CPT | | | | both | | | 499 | 19.4 | WellPoint | WellPoint | 160.58 | 32.18 | | 23.9 | 16.87 | 474.05 | percent of total billed charges | |
| BKR CHG ACYLCARNITINE PROFIL,PLASMA | 82017 | CPT | | | | both | | | 499 | 19.4 | Horizon | Medicare Blue | 149.7 | 30 | | | 16.87 | 474.05 | percent of total billed charges | |
| BKR CHG ACYLCARNITINE PROFIL,PLASMA | 82017 | CPT | | | | both | | | 499 | 19.4 | Horizon | NJ Health | 18.74 | | | 9.59 | 16.87 | 474.05 | fee schedule | |
| BKR CHG ACYLCARNITINE PROFIL,PLASMA | 82017 | CPT | | | | both | | | 499 | 19.4 | Managed Care Inc | Managed Care Inc | 449.1 | 90 | | | 16.87 | 474.05 | percent of total billed charges | |
| BKR CHG ACYLCARNITINE PROFIL,PLASMA | 82017 | CPT | | | | both | | | 499 | 19.4 | Horizon | PPO | 191.02 | 38.28 | | | 16.87 | 474.05 | percent of total billed charges | |
| BKR CHG ACYLCARNITINE PROFIL,PLASMA | 82017 | CPT | | | | both | | | 499 | 19.4 | Wellcare | Medicaid | 18.6 | | | 64.95 | 16.87 | 474.05 | fee schedule | |
| BKR CHG ACYLCARNITINE PROFIL,PLASMA | 82017 | CPT | | | | both | | | 499 | 19.4 | Three Rivers | Three Rivers | 474.05 | 95 | | | 16.87 | 474.05 | percent of total billed charges | |
| BKR CHG ACYLCARNITINE PROFIL,PLASMA | 82017 | CPT | | | | both | | | 499 | 19.4 | UHC | Medicaid | 18.6 | | | 32.95 | 16.87 | 474.05 | fee schedule | |
| BKR CHG ADRENOCRTICOTROPIC HORMONE | 82024 | CPT | | | | both | | | 88 | 44.41 | Horizon | NJ Health | 58.8 | | | 2.16 | 26.4 | 83.6 | fee schedule | |
| BKR CHG ADRENOCRTICOTROPIC HORMONE | 82024 | CPT | | | | both | | | 88 | 44.41 | Aetna | Better Health | 27.76 | 31.55 | | | 26.4 | 83.6 | percent of total billed charges | |
| BKR CHG ADRENOCRTICOTROPIC HORMONE | 82024 | CPT | | | | both | | | 88 | 44.41 | First Trenton | First Trenton | 79.2 | 90 | | | 26.4 | 83.6 | percent of total billed charges | |
| BKR CHG ADRENOCRTICOTROPIC HORMONE | 82024 | CPT | | | | both | | | 88 | 44.41 | Aetna | Medicare | 27.1 | 30.8 | | | 26.4 | 83.6 | percent of total billed charges | |
| BKR CHG ADRENOCRTICOTROPIC HORMONE | 82024 | CPT | | | | both | | | 88 | 44.41 | Americare | Americare | 66 | 75 | | | 26.4 | 83.6 | percent of total billed charges | |
| BKR CHG ADRENOCRTICOTROPIC HORMONE | 82024 | CPT | | | | both | | | 88 | 44.41 | First Health | First Health | 61.6 | 70 | | | 26.4 | 83.6 | percent of total billed charges | |
| BKR CHG ADRENOCRTICOTROPIC HORMONE | 82024 | CPT | | | | both | | | 88 | 44.41 | Amerihealth | Medicare | 38.62 | | | | 26.4 | 83.6 | fee schedule | |
| BKR CHG ADRENOCRTICOTROPIC HORMONE | 82024 | CPT | | | | both | | | 88 | 44.41 | Horizon | Medicare Blue | 26.4 | 30 | | 9.48 | 26.4 | 83.6 | percent of total billed charges | |
| BKR CHG ADRENOCRTICOTROPIC HORMONE | 82024 | CPT | | | | both | | | 88 | 44.41 | Multiplan | Multiplan | 70.4 | 80 | | | 26.4 | 83.6 | percent of total billed charges | |
| BKR CHG ADRENOCRTICOTROPIC HORMONE | 82024 | CPT | | | | both | | | 88 | 44.41 | Amerihealth | HMO/PPO | 60.2 | | | | 26.4 | 83.6 | fee schedule | |
| BKR CHG ADRENOCRTICOTROPIC HORMONE | 82024 | CPT | | | | both | | | 88 | 44.41 | Managed Care Inc | Managed Care Inc | 79.2 | 90 | | | 26.4 | 83.6 | percent of total billed charges | |
| BKR CHG ADRENOCRTICOTROPIC HORMONE | 82024 | CPT | | | | both | | | 88 | 44.41 | Horizon | PPO | 33.69 | 38.28 | | 15.48 | 26.4 | 83.6 | percent of total billed charges | |
| BKR CHG ADRENOCRTICOTROPIC HORMONE | 82024 | CPT | | | | both | | | 88 | 44.41 | Consumer | Consumer | 83.6 | 95 | | | 26.4 | 83.6 | percent of total billed charges | |
| BKR CHG ADRENOCRTICOTROPIC HORMONE | 82024 | CPT | | | | both | | | 88 | 44.41 | Horizon | Indemnity | 33.69 | 38.28 | | 1.36 | 26.4 | 83.6 | percent of total billed charges | |
| BKR CHG ADRENOCRTICOTROPIC HORMONE | 82024 | CPT | | | | both | | | 88 | 44.41 | Corrections | Corrections | 70.4 | 80 | | | 26.4 | 83.6 | percent of total billed charges | |
| BKR CHG ADRENOCRTICOTROPIC HORMONE | 82024 | CPT | | | | both | | | 88 | 44.41 | UHC | Medicare | 38.62 | | | 13.14 | 26.4 | 83.6 | fee schedule | |
| BKR CHG ADRENOCRTICOTROPIC HORMONE | 82024 | CPT | | | | both | | | 88 | 44.41 | Qualcare | Qualcare | 66 | 75 | | | 26.4 | 83.6 | percent of total billed charges | |
| BKR CHG ADRENOCRTICOTROPIC HORMONE | 82024 | CPT | | | | both | | | 88 | 44.41 | Wellcare | Medicare | 38.62 | | | | 26.4 | 83.6 | fee schedule | |
| BKR CHG ADRENOCRTICOTROPIC HORMONE | 82024 | CPT | | | | both | | | 88 | 44.41 | Three Rivers | Three Rivers | 83.6 | 95 | | | 26.4 | 83.6 | percent of total billed charges | |
| BKR CHG ADRENOCRTICOTROPIC HORMONE | 82024 | CPT | | | | both | | | 88 | 44.41 | UHC | Medicaid | 30 | | | 16.29 | 26.4 | 83.6 | fee schedule | |
| BKR CHG ADRENOCRTICOTROPIC HORMONE | 82024 | CPT | | | | both | | | 88 | 44.41 | Horizon | MCD | 33.69 | 38.28 | | 13.51 | 26.4 | 83.6 | percent of total billed charges | |
| BKR CHG ADRENOCRTICOTROPIC HORMONE | 82024 | CPT | | | | both | | | 88 | 44.41 | WellPoint | WellPoint | 28.32 | 32.18 | | 19.63 | 26.4 | 83.6 | percent of total billed charges | |
| BKR CHG ADRENOCRTICOTROPIC HORMONE | 82024 | CPT | | | | both | | | 88 | 44.41 | Wellcare | Medicaid | 30 | | | | 26.4 | 83.6 | fee schedule | |
| BKR CHG CYCLIC AMP | 82030 | CPT | | | | inpatient | | | 86 | 29.67 | Americare | Americare | 64.5 | 75 | | | 25.8 | 81.7 | percent of total billed charges | |
| BKR CHG CYCLIC AMP | 82030 | CPT | | | | inpatient | | | 86 | 29.67 | Horizon | Indemnity | 32.92 | 38.28 | | | 25.8 | 81.7 | percent of total billed charges | |
| BKR CHG CYCLIC AMP | 82030 | CPT | | | | inpatient | | | 86 | 29.67 | Aetna | Better Health | 27.13 | 31.55 | | | 25.8 | 81.7 | percent of total billed charges | |
| BKR CHG CYCLIC AMP | 82030 | CPT | | | | inpatient | | | 86 | 29.67 | WellPoint | WellPoint | 27.67 | 32.18 | | | 25.8 | 81.7 | percent of total billed charges | |
| BKR CHG CYCLIC AMP | 82030 | CPT | | | | inpatient | | | 86 | 29.67 | Aetna | Medicare | 26.49 | 30.8 | | | 25.8 | 81.7 | percent of total billed charges | |
| BKR CHG CYCLIC AMP | 82030 | CPT | | | | inpatient | | | 86 | 29.67 | First Trenton | First Trenton | 77.4 | 90 | | | 25.8 | 81.7 | percent of total billed charges | |
| BKR CHG CYCLIC AMP | 82030 | CPT | | | | inpatient | | | 86 | 29.67 | Corrections | Corrections | 68.8 | 80 | | | 25.8 | 81.7 | percent of total billed charges | |
| BKR CHG CYCLIC AMP | 82030 | CPT | | | | inpatient | | | 86 | 29.67 | Amerihealth | Medicare | 25.8 | | | | 25.8 | 81.7 | fee schedule | |
| BKR CHG CYCLIC AMP | 82030 | CPT | | | | inpatient | | | 86 | 29.67 | Amerihealth | HMO/PPO | 40.2 | | | | 25.8 | 81.7 | fee schedule | |
| BKR CHG CYCLIC AMP | 82030 | CPT | | | | inpatient | | | 86 | 29.67 | Horizon | Medicare Blue | 25.8 | 30 | | | 25.8 | 81.7 | percent of total billed charges | |
| BKR CHG CYCLIC AMP | 82030 | CPT | | | | inpatient | | | 86 | 29.67 | Consumer | Consumer | 81.7 | 95 | | | 25.8 | 81.7 | percent of total billed charges | |
| BKR CHG CYCLIC AMP | 82030 | CPT | | | | inpatient | | | 86 | 29.67 | First Health | First Health | 60.2 | 70 | | | 25.8 | 81.7 | percent of total billed charges | |
| BKR CHG CYCLIC AMP | 82030 | CPT | | | | inpatient | | | 86 | 29.67 | Horizon | MGD | 32.92 | 38.28 | | | 25.8 | 81.7 | percent of total billed charges | |
| BKR CHG CYCLIC AMP | 82030 | CPT | | | | inpatient | | | 86 | 29.67 | Managed Care Inc | Managed Care Inc | 77.4 | 90 | | | 25.8 | 81.7 | percent of total billed charges | |
| BKR CHG CYCLIC AMP | 82030 | CPT | | | | inpatient | | | 86 | 29.67 | UHC | Medicaid | 34 | | | | 25.8 | 81.7 | fee schedule | |
| BKR CHG CYCLIC AMP | 82030 | CPT | | | | inpatient | | | 86 | 29.67 | Multiplan | Multiplan | 68.8 | 80 | | | 25.8 | 81.7 | percent of total billed charges | |
| BKR CHG CYCLIC AMP | 82030 | CPT | | | | inpatient | | | 86 | 29.67 | Horizon | NJ Health | 73.3 | | | | 25.8 | 81.7 | fee schedule | |
| BKR CHG CYCLIC AMP | 82030 | CPT | | | | inpatient | | | 86 | 29.67 | Horizon | PPO | 32.92 | 38.28 | | | 25.8 | 81.7 | percent of total billed charges | |
| BKR CHG CYCLIC AMP | 82030 | CPT | | | | inpatient | | | 86 | 29.67 | Wellcare | Medicaid | 34 | | | | 25.8 | 81.7 | fee schedule | |
| BKR CHG CYCLIC AMP | 82030 | CPT | | | | inpatient | | | 86 | 29.67 | Qualcare | Qualcare | 64.5 | 75 | | | 25.8 | 81.7 | percent of total billed charges | |
| BKR CHG CYCLIC AMP | 82030 | CPT | | | | inpatient | | | 86 | 29.67 | Wellcare | Medicare | 25.8 | | | | 25.8 | 81.7 | fee schedule | |
| BKR CHG CYCLIC AMP | 82030 | CPT | | | | inpatient | | | 86 | 29.67 | Three Rivers | Three Rivers | 81.7 | 95 | | | 25.8 | 81.7 | percent of total billed charges | |
| BKR CHG CYCLIC AMP | 82030 | CPT | | | | inpatient | | | 86 | 29.67 | UHC | Medicare | 25.8 | | | | 25.8 | 81.7 | fee schedule | |
| BKR CHG ALBUMIN;SER/PLSM/WB | 82040 | CPT | | | | both | | | 168 | 5.69 | Amerihealth | Medicare | 4.95 | | | | 1.7 | 159.6 | fee schedule | |
| BKR CHG ALBUMIN;SER/PLSM/WB | 82040 | CPT | | | | both | | | 168 | 5.69 | Consumer | Consumer | 159.6 | 95 | | | 1.7 | 159.6 | percent of total billed charges | |
| BKR CHG ALBUMIN;SER/PLSM/WB | 82040 | CPT | | | | both | | | 168 | 5.69 | Aetna | Better Health | 53 | 31.55 | | 3.22 | 1.7 | 159.6 | percent of total billed charges | |
| BKR CHG ALBUMIN;SER/PLSM/WB | 82040 | CPT | | | | both | | | 168 | 5.69 | Aetna | Medicare | 51.74 | 30.8 | | | 1.7 | 159.6 | percent of total billed charges | |
| BKR CHG ALBUMIN;SER/PLSM/WB | 82040 | CPT | | | | both | | | 168 | 5.69 | Qualcare | Qualcare | 126 | 75 | | | 1.7 | 159.6 | percent of total billed charges | |
| BKR CHG ALBUMIN;SER/PLSM/WB | 82040 | CPT | | | | both | | | 168 | 5.69 | Corrections | Corrections | 134.4 | 80 | | | 1.7 | 159.6 | percent of total billed charges | |
| BKR CHG ALBUMIN;SER/PLSM/WB | 82040 | CPT | | | | both | | | 168 | 5.69 | Horizon | MGD | 64.31 | 38.28 | | 2.84 | 1.7 | 159.6 | percent of total billed charges | |
| BKR CHG ALBUMIN;SER/PLSM/WB | 82040 | CPT | | | | both | | | 168 | 5.69 | Americare | Americare | 126 | 75 | | | 1.7 | 159.6 | percent of total billed charges | |
| BKR CHG ALBUMIN;SER/PLSM/WB | 82040 | CPT | | | | both | | | 168 | 5.69 | First Health | First Health | 117.6 | 70 | | | 1.7 | 159.6 | percent of total billed charges | |
| BKR CHG ALBUMIN;SER/PLSM/WB | 82040 | CPT | | | | both | | | 168 | 5.69 | Wellcare | Medicaid | 1.8 | | | | 1.7 | 159.6 | fee schedule | |
| BKR CHG ALBUMIN;SER/PLSM/WB | 82040 | CPT | | | | both | | | 168 | 5.69 | First Trenton | First Trenton | 151.2 | 90 | | | 1.7 | 159.6 | percent of total billed charges | |
| BKR CHG ALBUMIN;SER/PLSM/WB | 82040 | CPT | | | | both | | | 168 | 5.69 | Horizon | PPO | 64.31 | 38.28 | | 2.57 | 1.7 | 159.6 | percent of total billed charges | |
| BKR CHG ALBUMIN;SER/PLSM/WB | 82040 | CPT | | | | both | | | 168 | 5.69 | Multiplan | Multiplan | 134.4 | 80 | | | 1.7 | 159.6 | percent of total billed charges | |
| BKR CHG ALBUMIN;SER/PLSM/WB | 82040 | CPT | | | | both | | | 168 | 5.69 | Amerihealth | HMO/PPO | 1.7 | | | | 1.7 | 159.6 | fee schedule | |
| BKR CHG ALBUMIN;SER/PLSM/WB | 82040 | CPT | | | | both | | | 168 | 5.69 | Horizon | NJ Health | 3.53 | | | 0.57 | 1.7 | 159.6 | fee schedule | |
| BKR CHG ALBUMIN;SER/PLSM/WB | 82040 | CPT | | | | both | | | 168 | 5.69 | UHC | Medicare | 4.95 | | | 6.18 | 1.7 | 159.6 | fee schedule | |
| BKR CHG ALBUMIN;SER/PLSM/WB | 82040 | CPT | | | | both | | | 168 | 5.69 | UHC | Medicaid | 1.8 | | | 3.05 | 1.7 | 159.6 | fee schedule | |
| BKR CHG ALBUMIN;SER/PLSM/WB | 82040 | CPT | | | | both | | | 168 | 5.69 | Horizon | Indemnity | 64.31 | 38.28 | | 3.34 | 1.7 | 159.6 | percent of total billed charges | |
| BKR CHG ALBUMIN;SER/PLSM/WB | 82040 | CPT | | | | both | | | 168 | 5.69 | WellPoint | WellPoint | 54.06 | 32.18 | | 4.98 | 1.7 | 159.6 | percent of total billed charges | |
| BKR CHG ALBUMIN;SER/PLSM/WB | 82040 | CPT | | | | both | | | 168 | 5.69 | Three Rivers | Three Rivers | 159.6 | 95 | | | 1.7 | 159.6 | percent of total billed charges | |
| BKR CHG ALBUMIN;SER/PLSM/WB | 82040 | CPT | | | | both | | | 168 | 5.69 | Horizon | Medicare Blue | 50.4 | 30 | | | 1.7 | 159.6 | percent of total billed charges | |
| BKR CHG ALBUMIN;SER/PLSM/WB | 82040 | CPT | | | | both | | | 168 | 5.69 | Managed Care Inc | Managed Care Inc | 151.2 | 90 | | | 1.7 | 159.6 | percent of total billed charges | |
| BKR CHG ALBUMIN;SER/PLSM/WB | 82040 | CPT | | | | both | | | 168 | 5.69 | Wellcare | Medicare | 4.95 | | | | 1.7 | 159.6 | fee schedule | |
| BKR CHG ISCHEMIA OTHER SOURCE QUANT EA. | 82042 | CPT | | | | both | | | 376 | 8.95 | Aetna | Better Health | 118.63 | 31.55 | | | 2.4 | 357.2 | percent of total billed charges | |
| BKR CHG OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN | 82042 | CPT | | | | both | | | 376 | 8.95 | Wellcare | Medicaid | 2.43 | | | | 2.4 | 357.2 | fee schedule | |
| BKR CHG ISCHEMIA OTHER SOURCE QUANT EA. | 82042 | CPT | | | | both | | | 376 | 8.95 | First Health | First Health | 263.2 | 70 | | | 2.4 | 357.2 | percent of total billed charges | |
| BKR CHG ISCHEMIA OTHER SOURCE QUANT EA. | 82042 | CPT | | | | both | | | 376 | 8.95 | Aetna | Medicare | 115.81 | 30.8 | | | 2.4 | 357.2 | percent of total billed charges | |
| BKR CHG ISCHEMIA OTHER SOURCE QUANT EA. | 82042 | CPT | | | | both | | | 376 | 8.95 | Horizon | PPO | 143.93 | 38.28 | | 13.02 | 2.4 | 357.2 | percent of total billed charges | |
| BKR CHG ISCHEMIA OTHER SOURCE QUANT EA. | 82042 | CPT | | | | both | | | 376 | 8.95 | Americare | Americare | 282 | 75 | | | 2.4 | 357.2 | percent of total billed charges | |
| BKR CHG ISCHEMIA OTHER SOURCE QUANT EA. | 82042 | CPT | | | | both | | | 376 | 8.95 | Consumer | Consumer | 357.2 | 95 | | | 2.4 | 357.2 | percent of total billed charges | |
| BKR CHG ISCHEMIA OTHER SOURCE QUANT EA. | 82042 | CPT | | | | both | | | 376 | 8.95 | First Trenton | First Trenton | 338.4 | 90 | | | 2.4 | 357.2 | percent of total billed charges | |
| BKR CHG OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN | 82042 | CPT | | | | both | | | 376 | 8.95 | UHC | Medicare | 7.78 | | | 7.08 | 2.4 | 357.2 | fee schedule | |
| BKR CHG OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN | 82042 | CPT | | | | both | | | 376 | 8.95 | Amerihealth | HMO/PPO | 2.4 | | | | 2.4 | 357.2 | fee schedule | |
| BKR CHG ISCHEMIA OTHER SOURCE QUANT EA. | 82042 | CPT | | | | both | | | 376 | 8.95 | Horizon | Indemnity | 143.93 | 38.28 | | 6.19 | 2.4 | 357.2 | percent of total billed charges | |
| BKR CHG ISCHEMIA OTHER SOURCE QUANT EA. | 82042 | CPT | | | | both | | | 376 | 8.95 | Horizon | MGD | 143.93 | 38.28 | | 9.72 | 2.4 | 357.2 | percent of total billed charges | |
| BKR CHG ISCHEMIA OTHER SOURCE QUANT EA. | 82042 | CPT | | | | both | | | 376 | 8.95 | Corrections | Corrections | 300.8 | 80 | | | 2.4 | 357.2 | percent of total billed charges | |
| BKR CHG OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN | 82042 | CPT | | | | both | | | 376 | 8.95 | Amerihealth | Medicare | 7.78 | | | | 2.4 | 357.2 | fee schedule | |
| BKR CHG ISCHEMIA OTHER SOURCE QUANT EA. | 82042 | CPT | | | | both | | | 376 | 8.95 | Multiplan | Multiplan | 300.8 | 80 | | | 2.4 | 357.2 | percent of total billed charges | |
| BKR CHG ISCHEMIA OTHER SOURCE QUANT EA. | 82042 | CPT | | | | both | | | 376 | 8.95 | Horizon | Medicare Blue | 112.8 | 30 | | | 2.4 | 357.2 | percent of total billed charges | |
| BKR CHG ISCHEMIA OTHER SOURCE QUANT EA. | 82042 | CPT | | | | both | | | 376 | 8.95 | WellPoint | WellPoint | 121 | 32.18 | | | 2.4 | 357.2 | percent of total billed charges | |
| BKR CHG OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN | 82042 | CPT | | | | both | | | 376 | 8.95 | Horizon | NJ Health | 8.43 | | | 13.33 | 2.4 | 357.2 | fee schedule | |
| BKR CHG ISCHEMIA OTHER SOURCE QUANT EA. | 82042 | CPT | | | | both | | | 376 | 8.95 | Three Rivers | Three Rivers | 357.2 | 95 | | | 2.4 | 357.2 | percent of total billed charges | |
| BKR CHG ISCHEMIA OTHER SOURCE QUANT EA. | 82042 | CPT | | | | both | | | 376 | 8.95 | Qualcare | Qualcare | 282 | 75 | | | 2.4 | 357.2 | percent of total billed charges | |
| BKR CHG ISCHEMIA OTHER SOURCE QUANT EA. | 82042 | CPT | | | | both | | | 376 | 8.95 | Managed Care Inc | Managed Care Inc | 338.4 | 90 | | | 2.4 | 357.2 | percent of total billed charges | |
| BKR CHG OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN | 82042 | CPT | | | | both | | | 376 | 8.95 | UHC | Medicaid | 2.43 | | | 6.95 | 2.4 | 357.2 | fee schedule | |
| BKR CHG OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN | 82042 | CPT | | | | both | | | 376 | 8.95 | Wellcare | Medicare | 7.78 | | | | 2.4 | 357.2 | fee schedule | |
| BKR CHG URINE MICROALBUMIN | 82043 | CPT | | | | both | | | 88 | 6.65 | Americare | Americare | 66 | 75 | | | 4.3 | 83.6 | percent of total billed charges | |
| BKR CHG URINE MICROALBUMIN | 82043 | CPT | | | | both | | | 88 | 6.65 | Horizon | NJ Health | 8.43 | | | 5.5 | 4.3 | 83.6 | fee schedule | |
| BKR CHG URINE MICROALBUMIN | 82043 | CPT | | | | both | | | 88 | 6.65 | Aetna | Medicare | 27.1 | 30.8 | | 7.72 | 4.3 | 83.6 | percent of total billed charges | |
| BKR CHG URINE MICROALBUMIN | 82043 | CPT | | | | both | | | 88 | 6.65 | Horizon | Medicare Blue | 26.4 | 30 | | 6.83 | 4.3 | 83.6 | percent of total billed charges | |
| BKR CHG URINE MICROALBUMIN | 82043 | CPT | | | | both | | | 88 | 6.65 | WellPoint | WellPoint | 28.32 | 32.18 | | 19.3 | 4.3 | 83.6 | percent of total billed charges | |
| BKR CHG URINE MICROALBUMIN | 82043 | CPT | | | | both | | | 88 | 6.65 | Aetna | Better Health | 27.76 | 31.55 | | 12.03 | 4.3 | 83.6 | percent of total billed charges | |
| BKR CHG URINE MICROALBUMIN | 82043 | CPT | | | | both | | | 88 | 6.65 | Corrections | Corrections | 70.4 | 80 | | | 4.3 | 83.6 | percent of total billed charges | |
| BKR CHG URINE MICROALBUMIN | 82043 | CPT | | | | both | | | 88 | 6.65 | Consumer | Consumer | 83.6 | 95 | | | 4.3 | 83.6 | percent of total billed charges | |
| BKR CHG URINE MICROALBUMIN | 82043 | CPT | | | | both | | | 88 | 6.65 | Amerihealth | HMO/PPO | 9 | | | 11.11 | 4.3 | 83.6 | fee schedule | |
| BKR CHG URINE MICROALBUMIN | 82043 | CPT | | | | both | | | 88 | 6.65 | UHC | Medicare | 5.78 | | | 8.8 | 4.3 | 83.6 | fee schedule | |
| BKR CHG URINE MICROALBUMIN | 82043 | CPT | | | | both | | | 88 | 6.65 | Horizon | Indemnity | 33.69 | 38.28 | | 24.96 | 4.3 | 83.6 | percent of total billed charges | |
| BKR CHG URINE MICROALBUMIN | 82043 | CPT | | | | both | | | 88 | 6.65 | Horizon | MGD | 33.69 | 38.28 | | 20.71 | 4.3 | 83.6 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG URINE MICROALBUMIN | 82043 | CPT | | | | both | | | 88 | 6.65 | Amerihealth | Medicare | 5.78 | | | | 4.3 | | 83.6 | fee schedule |
| BKR CHG URINE MICROALBUMIN | 82043 | CPT | | | | both | | | 88 | 6.65 | Horizon | PPO | 33.69 | 38.28 | | 19.26 | 4.3 | | 83.6 | percent of total billed charges |
| BKR CHG URINE MICROALBUMIN | 82043 | CPT | | | | both | | | 88 | 6.65 | Multiplan | Multiplan | 70.4 | 80 | | | 4.3 | | 83.6 | percent of total billed charges |
| BKR CHG URINE MICROALBUMIN | 82043 | CPT | | | | both | | | 88 | 6.65 | First Health | First Health | 61.6 | 70 | | | 4.3 | | 83.6 | percent of total billed charges |
| BKR CHG URINE MICROALBUMIN | 82043 | CPT | | | | both | | | 88 | 6.65 | First Trenton | First Trenton | 79.2 | 90 | | | 4.3 | | 83.6 | percent of total billed charges |
| BKR CHG URINE MICROALBUMIN | 82043 | CPT | | | | both | | | 88 | 6.65 | Wellcare | Medicare | 5.78 | | | 6.32 | 4.3 | | 83.6 | fee schedule |
| BKR CHG URINE MICROALBUMIN | 82043 | CPT | | | | both | | | 88 | 6.65 | Qualcare | Qualcare | 66 | 75 | | | 4.3 | | 83.6 | percent of total billed charges |
| BKR CHG URINE MICROALBUMIN | 82043 | CPT | | | | both | | | 88 | 6.65 | Wellcare | Medicaid | 4.3 | | | 12.46 | 4.3 | | 83.6 | fee schedule |
| BKR CHG URINE MICROALBUMIN | 82043 | CPT | | | | both | | | 88 | 6.65 | Managed Care Inc | Managed Care Inc | 79.2 | 90 | | | 4.3 | | 83.6 | percent of total billed charges |
| BKR CHG URINE MICROALBUMIN | 82043 | CPT | | | | both | | | 88 | 6.65 | Three Rivers | Three Rivers | 83.6 | 95 | | | 4.3 | | 83.6 | percent of total billed charges |
| BKR CHG URINE MICROALBUMIN | 82043 | CPT | | | | both | | | 88 | 6.65 | UHC | Medicaid | 4.3 | | | 13.02 | 4.3 | | 83.6 | fee schedule |
| BKR CHG ALDOLASE | 82085 | CPT | | | | both | | | 23 | 11.17 | Aetna | Medicare | 7.08 | 30.8 | | | 6.9 | | 26.95 | percent of total billed charges |
| BKR CHG ALDOLASE | 82085 | CPT | | | | both | | | 23 | 11.17 | Horizon | Medicare Blue | 6.9 | 30 | | 1.37 | 6.9 | | 26.95 | percent of total billed charges |
| BKR CHG ALDOLASE | 82085 | CPT | | | | both | | | 23 | 11.17 | Amerihealth | HMO/PPO | 15.8 | | | | 6.9 | | 26.95 | fee schedule |
| BKR CHG ALDOLASE | 82085 | CPT | | | | both | | | 23 | 11.17 | Corrections | Corrections | 18.4 | 80 | | | 6.9 | | 26.95 | percent of total billed charges |
| BKR CHG ALDOLASE | 82085 | CPT | | | | both | | | 23 | 11.17 | Horizon | MGD | 8.8 | 38.28 | | 5.8 | 6.9 | | 26.95 | percent of total billed charges |
| BKR CHG ALDOLASE | 82085 | CPT | | | | both | | | 23 | 11.17 | Amerihealth | Medicare | 9.71 | | | | 6.9 | | 26.95 | fee schedule |
| BKR CHG ALDOLASE | 82085 | CPT | | | | both | | | 23 | 11.17 | Aetna | Better Health | 7.26 | 31.55 | | | 6.9 | | 26.95 | percent of total billed charges |
| BKR CHG ALDOLASE | 82085 | CPT | | | | both | | | 23 | 11.17 | Americare | Americare | 17.25 | 75 | | | 6.9 | | 26.95 | percent of total billed charges |
| BKR CHG ALDOLASE | 82085 | CPT | | | | both | | | 23 | 11.17 | Consumer | Consumer | 21.85 | 95 | | | 6.9 | | 26.95 | percent of total billed charges |
| BKR CHG ALDOLASE | 82085 | CPT | | | | both | | | 23 | 11.17 | Horizon | PPO | 8.8 | 38.28 | | | 6.9 | | 26.95 | percent of total billed charges |
| BKR CHG ALDOLASE | 82085 | CPT | | | | both | | | 23 | 11.17 | First Health | First Health | 16.1 | 70 | | | 6.9 | | 26.95 | percent of total billed charges |
| BKR CHG ALDOLASE | 82085 | CPT | | | | both | | | 23 | 11.17 | UHC | Medicare | 9.71 | | | 3.55 | 6.9 | | 26.95 | fee schedule |
| BKR CHG ALDOLASE | 82085 | CPT | | | | both | | | 23 | 11.17 | Wellcare | Medicare | 9.71 | | | | 6.9 | | 26.95 | fee schedule |
| BKR CHG ALDOLASE | 82085 | CPT | | | | both | | | 23 | 11.17 | First Trenton | First Trenton | 20.7 | 90 | | | 6.9 | | 26.95 | percent of total billed charges |
| BKR CHG ALDOLASE | 82085 | CPT | | | | both | | | 23 | 11.17 | Horizon | NJ Health | 26.95 | | | 0.37 | 6.9 | | 26.95 | fee schedule |
| BKR CHG ALDOLASE | 82085 | CPT | | | | both | | | 23 | 11.17 | Horizon | Indemnity | 8.8 | 38.28 | | 5.71 | 6.9 | | 26.95 | percent of total billed charges |
| BKR CHG ALDOLASE | 82085 | CPT | | | | both | | | 23 | 11.17 | WellPoint | WellPoint | 7.4 | 32.18 | | | 6.9 | | 26.95 | percent of total billed charges |
| BKR CHG ALDOLASE | 82085 | CPT | | | | both | | | 23 | 11.17 | Three Rivers | Three Rivers | 21.85 | 95 | | | 6.9 | | 26.95 | percent of total billed charges |
| BKR CHG ALDOLASE | 82085 | CPT | | | | both | | | 23 | 11.17 | UHC | Medicaid | 11 | | | | 6.9 | | 26.95 | fee schedule |
| BKR CHG ALDOLASE | 82085 | CPT | | | | both | | | 23 | 11.17 | Multiplan | Multiplan | 18.4 | 80 | | | 6.9 | | 26.95 | percent of total billed charges |
| BKR CHG ALDOLASE | 82085 | CPT | | | | both | | | 23 | 11.17 | Managed Care Inc | Managed Care Inc | 20.7 | 90 | | | 6.9 | | 26.95 | percent of total billed charges |
| BKR CHG ALDOLASE | 82085 | CPT | | | | both | | | 23 | 11.17 | Qualcare | Qualcare | 17.25 | 75 | | | 6.9 | | 26.95 | percent of total billed charges |
| BKR CHG ALDOLASE | 82085 | CPT | | | | both | | | 23 | 11.17 | Wellcare | Medicaid | 11 | | | | 6.9 | | 26.95 | fee schedule |
| BKR CHG ALDOSTERONE URINE | 82088 | CPT | | | | both | | | 234 | 46.86 | Aetna | Medicare | 72.07 | 30.8 | | | 27.3 | | 222.3 | percent of total billed charges |
| BKR CHG ALDOSTERONE URINE | 82088 | CPT | | | | both | | | 234 | 46.86 | Amerihealth | Medicare | 40.75 | | | | 27.3 | | 222.3 | fee schedule |
| BKR CHG ALDOSTERONE URINE | 82088 | CPT | | | | both | | | 234 | 46.86 | Multiplan | Multiplan | 187.2 | 80 | | | 27.3 | | 222.3 | percent of total billed charges |
| BKR CHG ALDOSTERONE URINE | 82088 | CPT | | | | both | | | 234 | 46.86 | Amerihealth | HMO/PPO | 64.6 | | | 6.26 | 27.3 | | 222.3 | fee schedule |
| BKR CHG ALDOSTERONE URINE | 82088 | CPT | | | | both | | | 234 | 46.86 | Corrections | Corrections | 187.2 | 80 | | | 27.3 | | 222.3 | percent of total billed charges |
| BKR CHG ALDOSTERONE URINE | 82088 | CPT | | | | both | | | 234 | 46.86 | Aetna | Better Health | 73.83 | 31.55 | | | 27.3 | | 222.3 | percent of total billed charges |
| BKR CHG ALDOSTERONE URINE | 82088 | CPT | | | | both | | | 234 | 46.86 | Americare | Americare | 175.5 | 75 | | | 27.3 | | 222.3 | percent of total billed charges |
| BKR CHG ALDOSTERONE URINE | 82088 | CPT | | | | both | | | 234 | 46.86 | First Trenton | First Trenton | 210.6 | 90 | | | 27.3 | | 222.3 | percent of total billed charges |
| BKR CHG ALDOSTERONE URINE | 82088 | CPT | | | | both | | | 234 | 46.86 | UHC | Medicare | 40.75 | | | 12.96 | 27.3 | | 222.3 | fee schedule |
| BKR CHG ALDOSTERONE URINE | 82088 | CPT | | | | both | | | 234 | 46.86 | First Health | First Health | 163.8 | 70 | | | 27.3 | | 222.3 | percent of total billed charges |
| BKR CHG ALDOSTERONE URINE | 82088 | CPT | | | | both | | | 234 | 46.86 | Qualcare | Qualcare | 175.5 | 75 | | | 27.3 | | 222.3 | percent of total billed charges |
| BKR CHG ALDOSTERONE URINE | 82088 | CPT | | | | both | | | 234 | 46.86 | Horizon | Medicare Blue | 70.2 | 30 | | 13.4 | 27.3 | | 222.3 | percent of total billed charges |
| BKR CHG ALDOSTERONE URINE | 82088 | CPT | | | | both | | | 234 | 46.86 | Horizon | MGD | 89.58 | 38.28 | | 24.38 | 27.3 | | 222.3 | percent of total billed charges |
| BKR CHG ALDOSTERONE URINE | 82088 | CPT | | | | both | | | 234 | 46.86 | Wellcare | Medicaid | 40 | | | 23.66 | 27.3 | | 222.3 | fee schedule |
| BKR CHG ALDOSTERONE URINE | 82088 | CPT | | | | both | | | 234 | 46.86 | Consumer | Consumer | 222.3 | 95 | | | 27.3 | | 222.3 | percent of total billed charges |
| BKR CHG ALDOSTERONE URINE | 82088 | CPT | | | | both | | | 234 | 46.86 | Managed Care Inc | Managed Care Inc | 210.6 | 90 | | | 27.3 | | 222.3 | percent of total billed charges |
| BKR CHG ALDOSTERONE URINE | 82088 | CPT | | | | both | | | 234 | 46.86 | UHC | Medicaid | 40 | | | 15.18 | 27.3 | | 222.3 | fee schedule |
| BKR CHG ALDOSTERONE URINE | 82088 | CPT | | | | both | | | 234 | 46.86 | Horizon | Indemnity | 89.58 | 38.28 | | 17.18 | 27.3 | | 222.3 | percent of total billed charges |
| BKR CHG ALDOSTERONE URINE | 82088 | CPT | | | | both | | | 234 | 46.86 | Three Rivers | Three Rivers | 222.3 | 95 | | | 27.3 | | 222.3 | percent of total billed charges |
| BKR CHG ALDOSTERONE URINE | 82088 | CPT | | | | both | | | 234 | 46.86 | Horizon | NJ Health | 78.4 | | | 15.52 | 27.3 | | 222.3 | fee schedule |
| BKR CHG ALDOSTERONE URINE | 82088 | CPT | | | | both | | | 234 | 46.86 | WellPoint | WellPoint | 75.3 | 32.18 | | 16.5 | 27.3 | | 222.3 | percent of total billed charges |
| BKR CHG ALDOSTERONE URINE | 82088 | CPT | | | | both | | | 234 | 46.86 | Wellcare | Medicare | 40.75 | | | 0.41 | 27.3 | | 222.3 | fee schedule |
| BKR CHG ALDOSTERONE URINE | 82088 | CPT | | | | both | | | 234 | 46.86 | Horizon | PPO | 89.58 | 38.28 | | 25.48 | 27.3 | | 222.3 | percent of total billed charges |
| BKR CHG ALPHA-1-ANTITRYPSIN; TOTAL | 82103 | CPT | | | | both | | | 325 | 15.46 | Americare | Americare | 243.75 | 75 | | | 7.8 | | 308.75 | percent of total billed charges |
| BKR CHG ALPHA-1-ANTITRYPSIN; TOTAL | 82103 | CPT | | | | both | | | 325 | 15.46 | First Health | First Health | 227.5 | 70 | | | 7.8 | | 308.75 | percent of total billed charges |
| BKR CHG ALPHA-1-ANTITRYPSIN; TOTAL | 82103 | CPT | | | | both | | | 325 | 15.46 | Aetna | Better Health | 102.54 | 31.55 | | 2.96 | 7.8 | | 308.75 | percent of total billed charges |
| BKR CHG ALPHA-1-ANTITRYPSIN; TOTAL | 82103 | CPT | | | | both | | | 325 | 15.46 | Multiplan | Multiplan | 260 | 80 | | | 7.8 | | 308.75 | percent of total billed charges |
| BKR CHG ALPHA-1-ANTITRYPSIN; TOTAL | 82103 | CPT | | | | both | | | 325 | 15.46 | Aetna | Medicare | 100.1 | 30.8 | | 1.5 | 7.8 | | 308.75 | percent of total billed charges |
| BKR CHG ALPHA-1-ANTITRYPSIN; TOTAL | 82103 | CPT | | | | both | | | 325 | 15.46 | Amerihealth | Medicare | 13.44 | | | | 7.8 | | 308.75 | fee schedule |
| BKR CHG ALPHA-1-ANTITRYPSIN; TOTAL | 82103 | CPT | | | | both | | | 325 | 15.46 | Amerihealth | HMO/PPO | 20.2 | | | 1.4 | 7.8 | | 308.75 | fee schedule |
| BKR CHG ALPHA-1-ANTITRYPSIN; TOTAL | 82103 | CPT | | | | both | | | 325 | 15.46 | Consumer | Consumer | 308.75 | 95 | | | 7.8 | | 308.75 | percent of total billed charges |
| BKR CHG ALPHA-1-ANTITRYPSIN; TOTAL | 82103 | CPT | | | | both | | | 325 | 15.46 | First Trenton | First Trenton | 292.5 | 90 | | | 7.8 | | 308.75 | percent of total billed charges |
| BKR CHG ALPHA-1-ANTITRYPSIN; TOTAL | 82103 | CPT | | | | both | | | 325 | 15.46 | Horizon | Medicare Blue | 97.5 | 30 | | 1.04 | 7.8 | | 308.75 | percent of total billed charges |
| BKR CHG ALPHA-1-ANTITRYPSIN; TOTAL | 82103 | CPT | | | | both | | | 325 | 15.46 | Horizon | PPO | 124.41 | 38.28 | | 1.76 | 7.8 | | 308.75 | percent of total billed charges |
| BKR CHG ALPHA-1-ANTITRYPSIN; TOTAL | 82103 | CPT | | | | both | | | 325 | 15.46 | Qualcare | Qualcare | 243.75 | 75 | | | 7.8 | | 308.75 | percent of total billed charges |
| BKR CHG ALPHA-1-ANTITRYPSIN; TOTAL | 82103 | CPT | | | | both | | | 325 | 15.46 | Horizon | Indemnity | 124.41 | 38.28 | | 2.71 | 7.8 | | 308.75 | percent of total billed charges |
| BKR CHG ALPHA-1-ANTITRYPSIN; TOTAL | 82103 | CPT | | | | both | | | 325 | 15.46 | UHC | Medicaid | 7.8 | | | 4.37 | 7.8 | | 308.75 | fee schedule |
| BKR CHG ALPHA-1-ANTITRYPSIN; TOTAL | 82103 | CPT | | | | both | | | 325 | 15.46 | Horizon | NJ Health | 15.29 | | | 1.95 | 7.8 | | 308.75 | fee schedule |
| BKR CHG ALPHA-1-ANTITRYPSIN; TOTAL | 82103 | CPT | | | | both | | | 325 | 15.46 | Corrections | Corrections | 260 | 80 | | | 7.8 | | 308.75 | percent of total billed charges |
| BKR CHG ALPHA-1-ANTITRYPSIN; TOTAL | 82103 | CPT | | | | both | | | 325 | 15.46 | Managed Care Inc | Managed Care Inc | 292.5 | 90 | | | 7.8 | | 308.75 | percent of total billed charges |
| BKR CHG ALPHA-1-ANTITRYPSIN; TOTAL | 82103 | CPT | | | | both | | | 325 | 15.46 | Horizon | MGD | 124.41 | 38.28 | | 1.92 | 7.8 | | 308.75 | percent of total billed charges |
| BKR CHG ALPHA-1-ANTITRYPSIN; TOTAL | 82103 | CPT | | | | both | | | 325 | 15.46 | Three Rivers | Three Rivers | 308.75 | 95 | | | 7.8 | | 308.75 | percent of total billed charges |
| BKR CHG ALPHA-1-ANTITRYPSIN; TOTAL | 82103 | CPT | | | | both | | | 325 | 15.46 | UHC | Medicare | 13.44 | | | 1.14 | 7.8 | | 308.75 | fee schedule |
| BKR CHG ALPHA-1-ANTITRYPSIN; TOTAL | 82103 | CPT | | | | both | | | 325 | 15.46 | Wellcare | Medicare | 13.44 | | | | 7.8 | | 308.75 | fee schedule |
| BKR CHG ALPHA-1-ANTITRYPSIN; TOTAL | 82103 | CPT | | | | both | | | 325 | 15.46 | WellPoint | WellPoint | 104.59 | 32.18 | | 8.94 | 7.8 | | 308.75 | percent of total billed charges |
| BKR CHG ALPHA-1-ANTITRYPSIN; TOTAL | 82103 | CPT | | | | both | | | 325 | 15.46 | Wellcare | Medicaid | 7.8 | | | 5.83 | 7.8 | | 308.75 | fee schedule |
| BKR CHG PHENOTYPE | 82104 | CPT | | | | both | | | 78 | 16.63 | Corrections | Corrections | 62.4 | 80 | | | 7.8 | | 74.1 | percent of total billed charges |
| BKR CHG PHENOTYPE | 82104 | CPT | | | | both | | | 78 | 16.63 | Amerihealth | Medicare | 14.46 | | | | 7.8 | | 74.1 | fee schedule |
| BKR CHG PHENOTYPE | 82104 | CPT | | | | both | | | 78 | 16.63 | First Health | First Health | 54.6 | 70 | | | 7.8 | | 74.1 | percent of total billed charges |
| BKR CHG PHENOTYPE | 82104 | CPT | | | | both | | | 78 | 16.63 | Horizon | MGD | 29.86 | 38.28 | | | 7.8 | | 74.1 | percent of total billed charges |
| BKR CHG PHENOTYPE | 82104 | CPT | | | | both | | | 78 | 16.63 | Aetna | Medicare | 24.02 | 30.8 | | | 7.8 | | 74.1 | percent of total billed charges |
| BKR CHG PHENOTYPE | 82104 | CPT | | | | both | | | 78 | 16.63 | Americare | Americare | 58.5 | 75 | | | 7.8 | | 74.1 | percent of total billed charges |
| BKR CHG PHENOTYPE | 82104 | CPT | | | | both | | | 78 | 16.63 | Aetna | Better Health | 24.61 | 31.55 | | | 7.8 | | 74.1 | percent of total billed charges |
| BKR CHG PHENOTYPE | 82104 | CPT | | | | both | | | 78 | 16.63 | Wellcare | Medicaid | 7.8 | | | | 7.8 | | 74.1 | fee schedule |
| BKR CHG PHENOTYPE | 82104 | CPT | | | | both | | | 78 | 16.63 | WellPoint | WellPoint | 25.1 | 32.18 | | | 7.8 | | 74.1 | percent of total billed charges |
| BKR CHG PHENOTYPE | 82104 | CPT | | | | both | | | 78 | 16.63 | UHC | Medicare | 14.46 | | | | 7.8 | | 74.1 | fee schedule |
| BKR CHG PHENOTYPE | 82104 | CPT | | | | both | | | 78 | 16.63 | Horizon | Indemnity | 29.86 | 38.28 | | | 7.8 | | 74.1 | percent of total billed charges |
| BKR CHG PHENOTYPE | 82104 | CPT | | | | both | | | 78 | 16.63 | Amerihealth | HMO/PPO | 21.7 | | | | 7.8 | | 74.1 | fee schedule |
| BKR CHG PHENOTYPE | 82104 | CPT | | | | both | | | 78 | 16.63 | Consumer | Consumer | 74.1 | 95 | | | 7.8 | | 74.1 | percent of total billed charges |
| BKR CHG PHENOTYPE | 82104 | CPT | | | | both | | | 78 | 16.63 | Wellcare | Medicare | 14.46 | | | | 7.8 | | 74.1 | fee schedule |
| BKR CHG PHENOTYPE | 82104 | CPT | | | | both | | | 78 | 16.63 | Multiplan | Multiplan | 62.4 | 80 | | | 7.8 | | 74.1 | percent of total billed charges |
| BKR CHG PHENOTYPE | 82104 | CPT | | | | both | | | 78 | 16.63 | First Trenton | First Trenton | 70.2 | 90 | | | 7.8 | | 74.1 | percent of total billed charges |
| BKR CHG PHENOTYPE | 82104 | CPT | | | | both | | | 78 | 16.63 | Horizon | Medicare Blue | 23.4 | 30 | | | 7.8 | | 74.1 | percent of total billed charges |
| BKR CHG PHENOTYPE | 82104 | CPT | | | | both | | | 78 | 16.63 | Horizon | NJ Health | 15.29 | | | | 7.8 | | 74.1 | fee schedule |
| BKR CHG PHENOTYPE | 82104 | CPT | | | | both | | | 78 | 16.63 | Qualcare | Qualcare | 58.5 | 75 | | | 7.8 | | 74.1 | percent of total billed charges |
| BKR CHG PHENOTYPE | 82104 | CPT | | | | both | | | 78 | 16.63 | Horizon | PPO | 29.86 | 38.28 | | | 7.8 | | 74.1 | percent of total billed charges |
| BKR CHG PHENOTYPE | 82104 | CPT | | | | both | | | 78 | 16.63 | UHC | Medicaid | 7.8 | | | | 7.8 | | 74.1 | fee schedule |
| BKR CHG PHENOTYPE | 82104 | CPT | | | | both | | | 78 | 16.63 | Managed Care Inc | Managed Care Inc | 70.2 | 90 | | | 7.8 | | 74.1 | percent of total billed charges |
| BKR CHG PHENOTYPE | 82104 | CPT | | | | both | | | 78 | 16.63 | Three Rivers | Three Rivers | 74.1 | 95 | | | 7.8 | | 74.1 | percent of total billed charges |
| BKR CHG MS-AFP | 82105 | CPT | | | | both | | | 252 | 19.29 | Aetna | Medicare | 77.62 | 30.8 | | 33.75 | 10.2 | | 239.4 | percent of total billed charges |
| BKR CHG QUAD SCREEN | 82105 | CPT | | | | both | | | 252 | 19.29 | Amerihealth | Medicare | 16.77 | | | | 10.2 | | 239.4 | fee schedule |
| BKR CHG MS-AFP | 82105 | CPT | | | | both | | | 252 | 19.29 | Consumer | Consumer | 239.4 | 95 | | | 10.2 | | 239.4 | percent of total billed charges |
| BKR CHG QUAD SCREEN | 82105 | CPT | | | | both | | | 252 | 19.29 | Horizon | NJ Health | 19.99 | | | 7.16 | 10.2 | | 239.4 | fee schedule |
| BKR CHG MS-AFP | 82105 | CPT | | | | both | | | 252 | 19.29 | Americare | Americare | 189 | 75 | | | 10.2 | | 239.4 | percent of total billed charges |
| BKR CHG MS-AFP | 82105 | CPT | | | | both | | | 252 | 19.29 | First Trenton | First Trenton | 226.8 | 90 | | | 10.2 | | 239.4 | percent of total billed charges |
| BKR CHG MS-AFP | 82105 | CPT | | | | both | | | 252 | 19.29 | Aetna | Better Health | 79.51 | 31.55 | | 14.42 | 10.2 | | 239.4 | percent of total billed charges |
| BKR CHG QUAD SCREEN | 82105 | CPT | | | | both | | | 252 | 19.29 | UHC | Medicaid | 10.2 | | | 13.14 | 10.2 | | 239.4 | fee schedule |
| BKR CHG QUAD SCREEN | 82105 | CPT | | | | both | | | 252 | 19.29 | UHC | Medicare | 16.77 | | | 29.72 | 10.2 | | 239.4 | fee schedule |
| BKR CHG MS-AFP | 82105 | CPT | | | | both | | | 252 | 19.29 | Horizon | Indemnity | 96.47 | 38.28 | | 22.09 | 10.2 | | 239.4 | percent of total billed charges |
| BKR CHG MS-AFP | 82105 | CPT | | | | both | | | 252 | 19.29 | Corrections | Corrections | 201.6 | 80 | | 31.59 | 10.2 | | 239.4 | percent of total billed charges |
| BKR CHG MS-AFP | 82105 | CPT | | | | both | | | 252 | 19.29 | WellPoint | WellPoint | 81.09 | 32.18 | | 27.49 | 10.2 | | 239.4 | percent of total billed charges |
| BKR CHG QUAD SCREEN | 82105 | CPT | | | | both | | | 252 | 19.29 | Amerihealth | HMO/PPO | 25.4 | | | 8.91 | 10.2 | | 239.4 | fee schedule |
| BKR CHG MS-AFP | 82105 | CPT | | | | both | | | 252 | 19.29 | Horizon | MGD | 96.47 | 38.28 | | 19.93 | 10.2 | | 239.4 | percent of total billed charges |
| BKR CHG MS-AFP | 82105 | CPT | | | | both | | | 252 | 19.29 | First Health | First Health | 176.4 | 70 | | | 10.2 | | 239.4 | percent of total billed charges |
| BKR CHG MS-AFP | 82105 | CPT | | | | both | | | 252 | 19.29 | Managed Care Inc | Managed Care Inc | 226.8 | 90 | | | 10.2 | | 239.4 | percent of total billed charges |
| BKR CHG MS-AFP | 82105 | CPT | | | | both | | | 252 | 19.29 | Horizon | Medicare Blue | 75.6 | 30 | | 9.93 | 10.2 | | 239.4 | percent of total billed charges |
| BKR CHG MS-AFP | 82105 | CPT | | | | both | | | 252 | 19.29 | Three Rivers | Three Rivers | 239.4 | 95 | | | 10.2 | | 239.4 | percent of total billed charges |
| BKR CHG QUAD SCREEN | 82105 | CPT | | | | both | | | 252 | 19.29 | Wellcare | Medicaid | 10.2 | | | 27.46 | 10.2 | | 239.4 | fee schedule |
| BKR CHG QUAD SCREEN | 82105 | CPT | | | | both | | | 252 | 19.29 | Wellcare | Medicare | 16.77 | | | 7.62 | 10.2 | | 239.4 | fee schedule |
| BKR CHG MS-AFP | 82105 | CPT | | | | both | | | 252 | 19.29 | Horizon | PPO | 96.47 | 38.28 | | 17.45 | 10.2 | | 239.4 | percent of total billed charges |
| BKR CHG MS-AFP | 82105 | CPT | | | | both | | | 252 | 19.29 | Multiplan | Multiplan | 201.6 | 80 | | | 10.2 | | 239.4 | percent of total billed charges |
| BKR CHG MS-AFP | 82105 | CPT | | | | both | | | 252 | 19.29 | Qualcare | Qualcare | 189 | 75 | | | 10.2 | | 239.4 | percent of total billed charges |
| BKR CHG S.A.F.P. | 82106 | CPT | | | | both | | | 211 | 19.55 | Aetna | Medicare | 64.99 | 30.8 | | | 7.5 | | 200.45 | percent of total billed charges |
| BKR CHG S.A.F.P. | 82106 | CPT | | | | both | | | 211 | 19.55 | UHC | Medicaid | 10.2 | | | | 7.5 | | 200.45 | fee schedule |
| BKR CHG S.A.F.P. | 82106 | CPT | | | | both | | | 211 | 19.55 | Aetna | Better Health | 66.57 | 31.55 | | | 7.5 | | 200.45 | percent of total billed charges |
| BKR CHG S.A.F.P. | 82106 | CPT | | | | both | | | 211 | 19.55 | Americare | Americare | 158.25 | 75 | | | 7.5 | | 200.45 | percent of total billed charges |
| BKR CHG S.A.F.P. | 82106 | CPT | | | | both | | | 211 | 19.55 | First Trenton | First Trenton | 189.9 | 90 | | | 7.5 | | 200.45 | percent of total billed charges |
| BKR CHG S.A.F.P. | 82106 | CPT | | | | both | | | 211 | 19.55 | Horizon | MGD | 80.77 | 38.28 | | | 7.5 | | 200.45 | percent of total billed charges |
| BKR CHG S.A.F.P. | 82106 | CPT | | | | both | | | 211 | 19.55 | Multiplan | Multiplan | 168.8 | 80 | | | 7.5 | | 200.45 | percent of total billed charges |
| BKR CHG S.A.F.P. | 82106 | CPT | | | | both | | | 211 | 19.55 | Consumer | Consumer | 200.45 | 95 | | | 7.5 | | 200.45 | percent of total billed charges |
| BKR CHG S.A.F.P. | 82106 | CPT | | | | both | | | 211 | 19.55 | Amerihealth | HMO/PPO | 25.4 | | | | 7.5 | | 200.45 | fee schedule |
| BKR CHG S.A.F.P. | 82106 | CPT | | | | both | | | 211 | 19.55 | Horizon | Indemnity | 80.77 | 38.28 | | | 7.5 | | 200.45 | percent of total billed charges |
| BKR CHG S.A.F.P. | 82106 | CPT | | | | both | | | 211 | 19.55 | Corrections | Corrections | 168.8 | 80 | | | 7.5 | | 200.45 | percent of total billed charges |
| BKR CHG S.A.F.P. | 82106 | CPT | | | | both | | | 211 | 19.55 | Wellcare | Medicaid | 10.2 | | | | 7.5 | | 200.45 | fee schedule |
| BKR CHG S.A.F.P. | 82106 | CPT | | | | both | | | 211 | 19.55 | Three Rivers | Three Rivers | 200.45 | 95 | | | 7.5 | | 200.45 | percent of total billed charges |
| BKR CHG S.A.F.P. | 82106 | CPT | | | | both | | | 211 | 19.55 | Qualcare | Qualcare | 158.25 | 75 | | | 7.5 | | 200.45 | percent of total billed charges |
| BKR CHG S.A.F.P. | 82106 | CPT | | | | both | | | 211 | 19.55 | Amerihealth | Medicare | 17 | | | | 7.5 | | 200.45 | fee schedule |
| BKR CHG S.A.F.P. | 82106 | CPT | | | | both | | | 211 | 19.55 | Horizon | Medicare Blue | 63.3 | 30 | | | 7.5 | | 200.45 | percent of total billed charges |
| BKR CHG S.A.F.P. | 82106 | CPT | | | | both | | | 211 | 19.55 | Wellcare | Medicare | 17 | | | | 7.5 | | 200.45 | fee schedule |
| BKR CHG S.A.F.P. | 82106 | CPT | | | | both | | | 211 | 19.55 | UHC | Medicare | 17 | | | | 7.5 | | 200.45 | fee schedule |
| BKR CHG S.A.F.P. | 82106 | CPT | | | | both | | | 211 | 19.55 | First Health | First Health | 147.7 | 70 | | | 7.5 | | 200.45 | percent of total billed charges |
| BKR CHG S.A.F.P. | 82106 | CPT | | | | both | | | 211 | 19.55 | Horizon | NJ Health | 19.99 | | | | 7.5 | | 200.45 | fee schedule |
| BKR CHG S.A.F.P. | 82106 | CPT | | | | both | | | 211 | 19.55 | Horizon | PPO | 80.77 | 38.28 | | 4.73 | 7.5 | | 200.45 | percent of total billed charges |
| BKR CHG S.A.F.P. | 82106 | CPT | | | | both | | | 211 | 19.55 | Managed Care Inc | Managed Care Inc | 189.9 | 90 | | | 7.5 | | 200.45 | percent of total billed charges |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG S.A.F.P. | 82106 | CPT | | | | both | | | 211 | 19.55 | WellPoint | WellPoint | 32.18 | 67.9 | | | 7.5 | 200.45 | percent of total billed charges | |
| BKR CHG AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE | 82107 | CPT | | | | outpatient | | | 738 | 74.07 | Americare | Americare | 553.5 | 75 | | | 29.4 | 701.1 | percent of total billed charges | |
| BKR CHG AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE | 82107 | CPT | | | | outpatient | | | 738 | 74.07 | Aetna | Medicare | 227.3 | 30.8 | | | 29.4 | 701.1 | percent of total billed charges | |
| BKR CHG AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE | 82107 | CPT | | | | outpatient | | | 738 | 74.07 | Aetna | Better Health | 232.84 | 31.55 | | | 29.4 | 701.1 | percent of total billed charges | |
| BKR CHG AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE | 82107 | CPT | | | | outpatient | | | 738 | 74.07 | Amerihealth | Medicare | 64.41 | | | | 29.4 | 701.1 | fee schedule | |
| BKR CHG AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE | 82107 | CPT | | | | outpatient | | | 738 | 74.07 | Wellcare | Medicaid | 51.53 | | | | 29.4 | 701.1 | fee schedule | |
| BKR CHG AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE | 82107 | CPT | | | | outpatient | | | 738 | 74.07 | UHC | Medicare | 64.41 | | | | 29.4 | 701.1 | fee schedule | |
| BKR CHG AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE | 82107 | CPT | | | | outpatient | | | 738 | 74.07 | Aetna | Commercial | 280.44 | 38 | | | 29.4 | 701.1 | percent of total billed charges | |
| BKR CHG AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE | 82107 | CPT | | | | outpatient | | | 738 | 74.07 | First Health | First Health | 516.6 | 70 | | | 29.4 | 701.1 | percent of total billed charges | |
| BKR CHG AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE | 82107 | CPT | | | | outpatient | | | 738 | 74.07 | Amerihealth | HMO/PPO | 29.4 | | | | 29.4 | 701.1 | fee schedule | |
| BKR CHG AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE | 82107 | CPT | | | | outpatient | | | 738 | 74.07 | Wellcare | Medicare | 64.41 | | | | 29.4 | 701.1 | fee schedule | |
| BKR CHG AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE | 82107 | CPT | | | | outpatient | | | 738 | 74.07 | Horizon | Indemnity | 282.51 | 38.28 | | | 29.4 | 701.1 | percent of total billed charges | |
| BKR CHG AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE | 82107 | CPT | | | | outpatient | | | 738 | 74.07 | Consumer | Consumer | 701.1 | 95 | | | 29.4 | 701.1 | percent of total billed charges | |
| BKR CHG AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE | 82107 | CPT | | | | outpatient | | | 738 | 74.07 | Horizon | MGD | 282.51 | 38.28 | | | 29.4 | 701.1 | percent of total billed charges | |
| BKR CHG AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE | 82107 | CPT | | | | outpatient | | | 738 | 74.07 | Horizon | PPO | 282.51 | 38.28 | | | 29.4 | 701.1 | percent of total billed charges | |
| BKR CHG AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE | 82107 | CPT | | | | outpatient | | | 738 | 74.07 | Horizon | Medicare Blue | 221.4 | 30 | | | 29.4 | 701.1 | percent of total billed charges | |
| BKR CHG AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE | 82107 | CPT | | | | outpatient | | | 738 | 74.07 | Corrections | Corrections | 590.4 | 80 | | | 29.4 | 701.1 | percent of total billed charges | |
| BKR CHG AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE | 82107 | CPT | | | | outpatient | | | 738 | 74.07 | Qualcare | Qualcare | 553.5 | 75 | | | 29.4 | 701.1 | percent of total billed charges | |
| BKR CHG AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE | 82107 | CPT | | | | outpatient | | | 738 | 74.07 | Three Rivers | Three Rivers | 701.1 | 95 | | | 29.4 | 701.1 | percent of total billed charges | |
| BKR CHG AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE | 82107 | CPT | | | | outpatient | | | 738 | 74.07 | Multiplan | Multiplan | 590.4 | 80 | | | 29.4 | 701.1 | percent of total billed charges | |
| BKR CHG AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE | 82107 | CPT | | | | outpatient | | | 738 | 74.07 | First Trenton | First Trenton | 664.2 | 90 | | | 29.4 | 701.1 | percent of total billed charges | |
| BKR CHG AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE | 82107 | CPT | | | | outpatient | | | 738 | 74.07 | UHC | Medicaid | 51.53 | | | | 29.4 | 701.1 | fee schedule | |
| BKR CHG AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE | 82107 | CPT | | | | outpatient | | | 738 | 74.07 | Horizon | NJ Health | 176.38 | | | | 29.4 | 701.1 | fee schedule | |
| BKR CHG AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE | 82107 | CPT | | | | outpatient | | | 738 | 74.07 | Managed Care Inc | Managed Care Inc | 664.2 | 90 | | | 29.4 | 701.1 | percent of total billed charges | |
| BKR CHG AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE | 82107 | CPT | | | | outpatient | | | 738 | 74.07 | WellPoint | WellPoint | 237.49 | 32.18 | | | 29.4 | 701.1 | percent of total billed charges | |
| BKR CHG ALUMINUM | 82108 | CPT | | | | outpatient | | | 29 | 29.3 | Aetna | Commercial | 11.02 | 38 | | | 8.7 | 78.4 | percent of total billed charges | |
| BKR CHG ALUMINUM | 82108 | CPT | | | | outpatient | | | 29 | 29.3 | Amerihealth | HMO/PPO | 40.7 | | | | 8.7 | 78.4 | fee schedule | |
| BKR CHG ALUMINUM | 82108 | CPT | | | | outpatient | | | 29 | 29.3 | Aetna | Better Health | 9.15 | 31.55 | | | 8.7 | 78.4 | percent of total billed charges | |
| BKR CHG ALUMINUM | 82108 | CPT | | | | outpatient | | | 29 | 29.3 | Horizon | Indemnity | 11.1 | 38.28 | | | 8.7 | 78.4 | percent of total billed charges | |
| BKR CHG ALUMINUM | 82108 | CPT | | | | outpatient | | | 29 | 29.3 | Aetna | Medicare | 8.93 | 30.8 | | | 8.7 | 78.4 | percent of total billed charges | |
| BKR CHG ALUMINUM | 82108 | CPT | | | | outpatient | | | 29 | 29.3 | First Trenton | First Trenton | 26.1 | 90 | | | 8.7 | 78.4 | percent of total billed charges | |
| BKR CHG ALUMINUM | 82108 | CPT | | | | outpatient | | | 29 | 29.3 | Consumer | Consumer | 27.55 | 95 | | | 8.7 | 78.4 | percent of total billed charges | |
| BKR CHG ALUMINUM | 82108 | CPT | | | | outpatient | | | 29 | 29.3 | Amerihealth | Medicare | 25.48 | | | | 8.7 | 78.4 | fee schedule | |
| BKR CHG ALUMINUM | 82108 | CPT | | | | outpatient | | | 29 | 29.3 | Americare | Americare | 21.75 | 75 | | | 8.7 | 78.4 | percent of total billed charges | |
| BKR CHG ALUMINUM | 82108 | CPT | | | | outpatient | | | 29 | 29.3 | First Health | First Health | 20.3 | 70 | | | 8.7 | 78.4 | percent of total billed charges | |
| BKR CHG ALUMINUM | 82108 | CPT | | | | outpatient | | | 29 | 29.3 | Corrections | Corrections | 23.2 | 80 | | | 8.7 | 78.4 | percent of total billed charges | |
| BKR CHG ALUMINUM | 82108 | CPT | | | | outpatient | | | 29 | 29.3 | Multiplan | Multiplan | 23.2 | 80 | | | 8.7 | 78.4 | percent of total billed charges | |
| BKR CHG ALUMINUM | 82108 | CPT | | | | outpatient | | | 29 | 29.3 | Three Rivers | Three Rivers | 27.55 | 95 | | | 8.7 | 78.4 | percent of total billed charges | |
| BKR CHG ALUMINUM | 82108 | CPT | | | | outpatient | | | 29 | 29.3 | Horizon | MGD | 11.1 | 38.28 | | | 8.7 | 78.4 | percent of total billed charges | |
| BKR CHG ALUMINUM | 82108 | CPT | | | | outpatient | | | 29 | 29.3 | Horizon | NJ Health | 78.4 | | | | 8.7 | 78.4 | fee schedule | |
| BKR CHG ALUMINUM | 82108 | CPT | | | | outpatient | | | 29 | 29.3 | Qualcare | Qualcare | 21.75 | 75 | | | 8.7 | 78.4 | percent of total billed charges | |
| BKR CHG ALUMINUM | 82108 | CPT | | | | outpatient | | | 29 | 29.3 | UHC | Medicaid | 28.17 | | | | 8.7 | 78.4 | fee schedule | |
| BKR CHG ALUMINUM | 82108 | CPT | | | | outpatient | | | 29 | 29.3 | Horizon | Medicare Blue | 8.7 | 30 | | | 8.7 | 78.4 | percent of total billed charges | |
| BKR CHG ALUMINUM | 82108 | CPT | | | | outpatient | | | 29 | 29.3 | Wellcare | Medicaid | 28.17 | | | | 8.7 | 78.4 | fee schedule | |
| BKR CHG ALUMINUM | 82108 | CPT | | | | outpatient | | | 29 | 29.3 | UHC | Medicare | 25.48 | | | | 8.7 | 78.4 | fee schedule | |
| BKR CHG ALUMINUM | 82108 | CPT | | | | outpatient | | | 29 | 29.3 | Horizon | PPO | 11.1 | 38.28 | | | 8.7 | 78.4 | percent of total billed charges | |
| BKR CHG ALUMINUM | 82108 | CPT | | | | outpatient | | | 29 | 29.3 | Wellcare | Medicare | 25.48 | | | | 8.7 | 78.4 | fee schedule | |
| BKR CHG ALUMINUM | 82108 | CPT | | | | outpatient | | | 29 | 29.3 | Managed Care Inc | Managed Care Inc | 26.1 | 90 | | | 8.7 | 78.4 | percent of total billed charges | |
| BKR CHG ALUMINUM | 82108 | CPT | | | | outpatient | | | 29 | 29.3 | WellPoint | WellPoint | 9.33 | 32.18 | | | 8.7 | 78.4 | percent of total billed charges | |
| BKR CHG AMINO ACIDS; SINGLE QUALIT EA | 82127 | CPT | | | | outpatient | | | 519 | 16.31 | Corrections | Corrections | 415.2 | 80 | | | 12.9 | 493.05 | percent of total billed charges | |
| BKR CHG AMINO ACIDS; SINGLE QUALIT EA | 82127 | CPT | | | | outpatient | | | 519 | 16.31 | Amerihealth | Medicare | 14.18 | | | | 12.9 | 493.05 | fee schedule | |
| BKR CHG AMINO ACIDS; SINGLE QUALIT EA | 82127 | CPT | | | | outpatient | | | 519 | 16.31 | Americare | Americare | 389.25 | 75 | | | 12.9 | 493.05 | percent of total billed charges | |
| BKR CHG AMINO ACIDS; SINGLE QUALIT EA | 82127 | CPT | | | | outpatient | | | 519 | 16.31 | Aetna | Better Health | 163.74 | 31.55 | | | 12.9 | 493.05 | percent of total billed charges | |
| BKR CHG AMINO ACIDS; SINGLE QUALIT EA | 82127 | CPT | | | | outpatient | | | 519 | 16.31 | Aetna | Commercial | 197.22 | 38 | | | 12.9 | 493.05 | percent of total billed charges | |
| BKR CHG AMINO ACIDS; SINGLE QUALIT EA | 82127 | CPT | | | | outpatient | | | 519 | 16.31 | Wellcare | Medicaid | 12.9 | | | | 12.9 | 493.05 | fee schedule | |
| BKR CHG AMINO ACIDS; SINGLE QUALIT EA | 82127 | CPT | | | | outpatient | | | 519 | 16.31 | Consumer | Consumer | 493.05 | 95 | | | 12.9 | 493.05 | percent of total billed charges | |
| BKR CHG AMINO ACIDS; SINGLE QUALIT EA | 82127 | CPT | | | | outpatient | | | 519 | 16.31 | First Health | First Health | 363.3 | 70 | | | 12.9 | 493.05 | percent of total billed charges | |
| BKR CHG AMINO ACIDS; SINGLE QUALIT EA | 82127 | CPT | | | | outpatient | | | 519 | 16.31 | UHC | Medicaid | 12.9 | | | | 12.9 | 493.05 | fee schedule | |
| BKR CHG AMINO ACIDS; SINGLE QUALIT EA | 82127 | CPT | | | | outpatient | | | 519 | 16.31 | Amerihealth | HMO/PPO | 19.2 | | | | 12.9 | 493.05 | fee schedule | |
| BKR CHG AMINO ACIDS; SINGLE QUALIT EA | 82127 | CPT | | | | outpatient | | | 519 | 16.31 | First Trenton | First Trenton | 467.1 | 90 | | | 12.9 | 493.05 | percent of total billed charges | |
| BKR CHG AMINO ACIDS; SINGLE QUALIT EA | 82127 | CPT | | | | outpatient | | | 519 | 16.31 | Horizon | Indemnity | 198.67 | 38.28 | | | 12.9 | 493.05 | percent of total billed charges | |
| BKR CHG AMINO ACIDS; SINGLE QUALIT EA | 82127 | CPT | | | | outpatient | | | 519 | 16.31 | Aetna | Medicare | 159.85 | 30.8 | | | 12.9 | 493.05 | percent of total billed charges | |
| BKR CHG AMINO ACIDS; SINGLE QUALIT EA | 82127 | CPT | | | | outpatient | | | 519 | 16.31 | Horizon | Medicare Blue | 155.7 | 30 | | | 12.9 | 493.05 | percent of total billed charges | |
| BKR CHG AMINO ACIDS; SINGLE QUALIT EA | 82127 | CPT | | | | outpatient | | | 519 | 16.31 | Wellcare | Medicare | 14.18 | | | | 12.9 | 493.05 | fee schedule | |
| BKR CHG AMINO ACIDS; SINGLE QUALIT EA | 82127 | CPT | | | | outpatient | | | 519 | 16.31 | Horizon | NJ Health | 15.39 | | | | 12.9 | 493.05 | fee schedule | |
| BKR CHG AMINO ACIDS; SINGLE QUALIT EA | 82127 | CPT | | | | outpatient | | | 519 | 16.31 | Horizon | MGD | 198.67 | 38.28 | | | 12.9 | 493.05 | percent of total billed charges | |
| BKR CHG AMINO ACIDS; SINGLE QUALIT EA | 82127 | CPT | | | | outpatient | | | 519 | 16.31 | Horizon | PPO | 198.67 | 38.28 | | | 12.9 | 493.05 | percent of total billed charges | |
| BKR CHG AMINO ACIDS; SINGLE QUALIT EA | 82127 | CPT | | | | outpatient | | | 519 | 16.31 | WellPoint | WellPoint | 167.01 | 32.18 | | | 12.9 | 493.05 | percent of total billed charges | |
| BKR CHG AMINO ACIDS; SINGLE QUALIT EA | 82127 | CPT | | | | outpatient | | | 519 | 16.31 | Managed Care Inc | Managed Care Inc | 467.1 | 90 | | | 12.9 | 493.05 | percent of total billed charges | |
| BKR CHG AMINO ACIDS; SINGLE QUALIT EA | 82127 | CPT | | | | outpatient | | | 519 | 16.31 | Multiplan | Multiplan | 415.2 | 80 | | | 12.9 | 493.05 | percent of total billed charges | |
| BKR CHG AMINO ACIDS; SINGLE QUALIT EA | 82127 | CPT | | | | outpatient | | | 519 | 16.31 | Three Rivers | Three Rivers | 493.05 | 95 | | | 12.9 | 493.05 | percent of total billed charges | |
| BKR CHG AMINO ACIDS; SINGLE QUALIT EA | 82127 | CPT | | | | outpatient | | | 519 | 16.31 | Qualcare | Qualcare | 389.25 | 75 | | | 12.9 | 493.05 | percent of total billed charges | |
| BKR CHG AMINO ACIDS; SINGLE QUALIT EA | 82127 | CPT | | | | outpatient | | | 519 | 16.31 | UHC | Medicare | 14.18 | | | | 12.9 | 493.05 | fee schedule | |
| BKR CHG MULTIPLE ACIDS EACH SPECIMEN | 82128 | CPT | | | | outpatient | | | 313 | 15.95 | Amerihealth | Medicare | 13.87 | | | | 12.9 | 297.35 | fee schedule | |
| BKR CHG MULTIPLE ACIDS EACH SPECIMEN | 82128 | CPT | | | | outpatient | | | 313 | 15.95 | Aetna | Medicare | 96.4 | 30.8 | | | 12.9 | 297.35 | percent of total billed charges | |
| BKR CHG MULTIPLE ACIDS EACH SPECIMEN | 82128 | CPT | | | | outpatient | | | 313 | 15.95 | Consumer | Consumer | 297.35 | 95 | | | 12.9 | 297.35 | percent of total billed charges | |
| BKR CHG MULTIPLE ACIDS EACH SPECIMEN | 82128 | CPT | | | | outpatient | | | 313 | 15.95 | Multiplan | Multiplan | 250.4 | 80 | | | 12.9 | 297.35 | percent of total billed charges | |
| BKR CHG MULTIPLE ACIDS EACH SPECIMEN | 82128 | CPT | | | | outpatient | | | 313 | 15.95 | Aetna | Better Health | 98.75 | 31.55 | | | 12.9 | 297.35 | percent of total billed charges | |
| BKR CHG MULTIPLE ACIDS EACH SPECIMEN | 82128 | CPT | | | | outpatient | | | 313 | 15.95 | Amerihealth | HMO/PPO | 20.9 | | | | 12.9 | 297.35 | fee schedule | |
| BKR CHG MULTIPLE ACIDS EACH SPECIMEN | 82128 | CPT | | | | outpatient | | | 313 | 15.95 | Corrections | Corrections | 250.4 | 80 | | | 12.9 | 297.35 | percent of total billed charges | |
| BKR CHG MULTIPLE ACIDS EACH SPECIMEN | 82128 | CPT | | | | outpatient | | | 313 | 15.95 | Qualcare | Qualcare | 234.75 | 75 | | | 12.9 | 297.35 | percent of total billed charges | |
| BKR CHG MULTIPLE ACIDS EACH SPECIMEN | 82128 | CPT | | | | outpatient | | | 313 | 15.95 | Americare | Americare | 234.75 | 75 | | | 12.9 | 297.35 | percent of total billed charges | |
| BKR CHG MULTIPLE ACIDS EACH SPECIMEN | 82128 | CPT | | | | outpatient | | | 313 | 15.95 | Horizon | MGD | 119.82 | 38.28 | | | 12.9 | 297.35 | percent of total billed charges | |
| BKR CHG MULTIPLE ACIDS EACH SPECIMEN | 82128 | CPT | | | | outpatient | | | 313 | 15.95 | First Trenton | First Trenton | 281.7 | 90 | | | 12.9 | 297.35 | percent of total billed charges | |
| BKR CHG MULTIPLE ACIDS EACH SPECIMEN | 82128 | CPT | | | | outpatient | | | 313 | 15.95 | UHC | Medicare | 13.87 | | | | 12.9 | 297.35 | fee schedule | |
| BKR CHG MULTIPLE ACIDS EACH SPECIMEN | 82128 | CPT | | | | outpatient | | | 313 | 15.95 | Horizon | Indemnity | 119.82 | 38.28 | | | 12.9 | 297.35 | percent of total billed charges | |
| BKR CHG MULTIPLE ACIDS EACH SPECIMEN | 82128 | CPT | | | | outpatient | | | 313 | 15.95 | First Health | First Health | 219.1 | 70 | | | 12.9 | 297.35 | percent of total billed charges | |
| BKR CHG MULTIPLE ACIDS EACH SPECIMEN | 82128 | CPT | | | | outpatient | | | 313 | 15.95 | Horizon | NJ Health | 29.01 | | | | 12.9 | 297.35 | fee schedule | |
| BKR CHG MULTIPLE ACIDS EACH SPECIMEN | 82128 | CPT | | | | outpatient | | | 313 | 15.95 | WellPoint | WellPoint | 100.72 | 32.18 | | | 12.9 | 297.35 | percent of total billed charges | |
| BKR CHG MULTIPLE ACIDS EACH SPECIMEN | 82128 | CPT | | | | outpatient | | | 313 | 15.95 | Horizon | PPO | 119.82 | 38.28 | | | 12.9 | 297.35 | percent of total billed charges | |
| BKR CHG MULTIPLE ACIDS EACH SPECIMEN | 82128 | CPT | | | | outpatient | | | 313 | 15.95 | Horizon | Medicare Blue | 93.9 | 30 | | | 12.9 | 297.35 | percent of total billed charges | |
| BKR CHG MULTIPLE ACIDS EACH SPECIMEN | 82128 | CPT | | | | outpatient | | | 313 | 15.95 | Managed Care Inc | Managed Care Inc | 281.7 | 90 | | | 12.9 | 297.35 | percent of total billed charges | |
| BKR CHG MULTIPLE ACIDS EACH SPECIMEN | 82128 | CPT | | | | outpatient | | | 313 | 15.95 | Wellcare | Medicare | 13.87 | | | | 12.9 | 297.35 | fee schedule | |
| BKR CHG MULTIPLE ACIDS EACH SPECIMEN | 82128 | CPT | | | | outpatient | | | 313 | 15.95 | Three Rivers | Three Rivers | 297.35 | 95 | | | 12.9 | 297.35 | percent of total billed charges | |
| BKR CHG MULTIPLE ACIDS EACH SPECIMEN | 82128 | CPT | | | | outpatient | | | 313 | 15.95 | Wellcare | Medicaid | 12.9 | | | | 12.9 | 297.35 | fee schedule | |
| BKR CHG MULTIPLE ACIDS EACH SPECIMEN | 82128 | CPT | | | | outpatient | | | 313 | 15.95 | UHC | Medicaid | 12.9 | | | | 12.9 | 297.35 | fee schedule | |
| BKR CHG WHITE CELL ISOLATION WBC CYSTINE | 82131 | CPT | | | | both | | | 1325 | 26.43 | First Trenton | First Trenton | 1192.5 | 90 | | | 18.64 | 1258.75 | percent of total billed charges | |
| BKR CHG WHITE CELL ISOLATION WBC CYSTINE | 82131 | CPT | | | | both | | | 1325 | 26.43 | Corrections | Corrections | 1060 | 80 | | | 18.64 | 1258.75 | percent of total billed charges | |
| BKR CHG WHITE CELL ISOLATION WBC CYSTINE | 82131 | CPT | | | | both | | | 1325 | 26.43 | Horizon | Indemnity | 507.21 | 38.28 | | | 18.64 | 1258.75 | percent of total billed charges | |
| BKR CHG WHITE CELL ISOLATION WBC CYSTINE | 82131 | CPT | | | | both | | | 1325 | 26.43 | First Health | First Health | 927.5 | 70 | | | 18.64 | 1258.75 | percent of total billed charges | |
| BKR CHG WHITE CELL ISOLATION WBC CYSTINE | 82131 | CPT | | | | both | | | 1325 | 26.43 | Americare | Americare | 993.75 | 75 | | | 18.64 | 1258.75 | percent of total billed charges | |
| BKR CHG WHITE CELL ISOLATION WBC CYSTINE | 82131 | CPT | | | | both | | | 1325 | 26.43 | Aetna | Better Health | 418.04 | 31.55 | | | 18.64 | 1258.75 | percent of total billed charges | |
| BKR CHG WHITE CELL ISOLATION WBC CYSTINE | 82131 | CPT | | | | both | | | 1325 | 26.43 | Multiplan | Multiplan | 1060 | 80 | | | 18.64 | 1258.75 | percent of total billed charges | |
| BKR CHG WHITE CELL ISOLATION WBC CYSTINE | 82131 | CPT | | | | both | | | 1325 | 26.43 | Aetna | Medicare | 408.1 | 30.8 | | | 18.64 | 1258.75 | percent of total billed charges | |
| BKR CHG WHITE CELL ISOLATION WBC CYSTINE | 82131 | CPT | | | | both | | | 1325 | 26.43 | Horizon | PPO | 507.21 | 38.28 | | | 18.64 | 1258.75 | percent of total billed charges | |
| BKR CHG WHITE CELL ISOLATION WBC CYSTINE | 82131 | CPT | | | | both | | | 1325 | 26.43 | WellPoint | WellPoint | 426.99 | 32.18 | | | 18.64 | 1258.75 | percent of total billed charges | |
| BKR CHG WHITE CELL ISOLATION WBC CYSTINE | 82131 | CPT | | | | both | | | 1325 | 26.43 | Qualcare | Qualcare | 993.75 | 75 | | | 18.64 | 1258.75 | percent of total billed charges | |
| BKR CHG WHITE CELL ISOLATION WBC CYSTINE | 82131 | CPT | | | | both | | | 1325 | 26.43 | UHC | Medicare | 22.98 | | | | 18.64 | 1258.75 | fee schedule | |
| BKR CHG WHITE CELL ISOLATION WBC CYSTINE | 82131 | CPT | | | | both | | | 1325 | 26.43 | Amerihealth | HMO/PPO | 30 | | | | 18.64 | 1258.75 | fee schedule | |
| BKR CHG WHITE CELL ISOLATION WBC CYSTINE | 82131 | CPT | | | | both | | | 1325 | 26.43 | Consumer | Consumer | 1258.75 | 95 | | | 18.64 | 1258.75 | percent of total billed charges | |
| BKR CHG WHITE CELL ISOLATION WBC CYSTINE | 82131 | CPT | | | | both | | | 1325 | 26.43 | Managed Care Inc | Managed Care Inc | 1192.5 | 90 | | | 18.64 | 1258.75 | percent of total billed charges | |
| BKR CHG WHITE CELL ISOLATION WBC CYSTINE | 82131 | CPT | | | | both | | | 1325 | 26.43 | Amerihealth | Medicare | 22.98 | | | | 18.64 | 1258.75 | fee schedule | |
| BKR CHG WHITE CELL ISOLATION WBC CYSTINE | 82131 | CPT | | | | both | | | 1325 | 26.43 | UHC | Medicaid | 18.64 | | | | 18.64 | 1258.75 | fee schedule | |
| BKR CHG WHITE CELL ISOLATION WBC CYSTINE | 82131 | CPT | | | | both | | | 1325 | 26.43 | Horizon | Medicare Blue | 397.5 | 30 | | | 18.64 | 1258.75 | percent of total billed charges | |
| BKR CHG WHITE CELL ISOLATION WBC CYSTINE | 82131 | CPT | | | | both | | | 1325 | 26.43 | Wellcare | Medicaid | 18.64 | | | | 18.64 | 1258.75 | fee schedule | |
| BKR CHG WHITE CELL ISOLATION WBC CYSTINE | 82131 | CPT | | | | both | | | 1325 | 26.43 | Horizon | MGD | 507.21 | 38.28 | | | 18.64 | 1258.75 | percent of total billed charges | |
| BKR CHG WHITE CELL ISOLATION WBC CYSTINE | 82131 | CPT | | | | both | | | 1325 | 26.43 | Wellcare | Medicare | 22.98 | | | | 18.64 | 1258.75 | fee schedule | |
| BKR CHG WHITE CELL ISOLATION WBC CYSTINE | 82131 | CPT | | | | both | | | 1325 | 26.43 | Horizon | NJ Health | 51.74 | | | | 18.64 | 1258.75 | fee schedule | |
| BKR CHG WHITE CELL ISOLATION WBC CYSTINE | 82131 | CPT | | | | both | | | 1325 | 26.43 | Three Rivers | Three Rivers | 1258.75 | 95 | | | 18.64 | 1258.75 | percent of total billed charges | |
| BKR CHG ALA DELTA RANDOM URINE | 82135 | CPT | | | | outpatient | | | 113 | 18.92 | Aetna | Better Health | 35.65 | 31.55 | | | 16.45 | 107.35 | percent of total billed charges | |
| BKR CHG ALA DELTA RANDOM URINE | 82135 | CPT | | | | outpatient | | | 113 | 18.92 | Americare | Americare | 84.75 | 75 | | | 16.45 | 107.35 | percent of total billed charges | |
| BKR CHG ALA DELTA RANDOM URINE | 82135 | CPT | | | | outpatient | | | 113 | 18.92 | Horizon | Indemnity | 43.26 | 38.28 | | | 16.45 | 107.35 | percent of total billed charges | |
| BKR CHG ALA DELTA RANDOM URINE | 82135 | CPT | | | | outpatient | | | 113 | 18.92 | Corrections | Corrections | 90.4 | 80 | | | 16.45 | 107.35 | percent of total billed charges | |
| BKR CHG ALA DELTA RANDOM URINE | 82135 | CPT | | | | outpatient | | | 113 | 18.92 | Amerihealth | HMO/PPO | 25.7 | | | | 16.45 | 107.35 | fee schedule | |
| BKR CHG ALA DELTA RANDOM URINE | 82135 | CPT | | | | outpatient | | | 113 | 18.92 | Consumer | Consumer | 107.35 | 95 | | | 16.45 | 107.35 | percent of total billed charges | |
| BKR CHG ALA DELTA RANDOM URINE | 82135 | CPT | | | | outpatient | | | 113 | 18.92 | Amerihealth | Medicare | 16.45 | | | | 16.45 | 107.35 | fee schedule | |
| BKR CHG ALA DELTA RANDOM URINE | 82135 | CPT | | | | outpatient | | | 113 | 18.92 | Aetna | Medicare | 34.8 | 30.8 | | | 16.45 | 107.35 | percent of total billed charges | |
| BKR CHG ALA DELTA RANDOM URINE | 82135 | CPT | | | | outpatient | | | 113 | 18.92 | First Health | First Health | 79.1 | 70 | | | 16.45 | 107.35 | percent of total billed charges | |
| BKR CHG ALA DELTA RANDOM URINE | 82135 | CPT | | | | outpatient | | | 113 | 18.92 | Horizon | PPO | 43.26 | 38.28 | | | 16.45 | 107.35 | percent of total billed charges | |
| BKR CHG ALA DELTA RANDOM URINE | 82135 | CPT | | | | outpatient | | | 113 | 18.92 | UHC | Medicaid | 20 | | | | 16.45 | 107.35 | fee schedule | |
| BKR CHG ALA DELTA RANDOM URINE | 82135 | CPT | | | | outpatient | | | 113 | 18.92 | First Trenton | First Trenton | 101.7 | 90 | | | 16.45 | 107.35 | percent of total billed charges | |
| BKR CHG ALA DELTA RANDOM URINE | 82135 | CPT | | | | outpatient | | | 113 | 18.92 | Horizon | MGD | 43.26 | 38.28 | | | 16.45 | 107.35 | percent of total billed charges | |
| BKR CHG ALA DELTA RANDOM URINE | 82135 | CPT | | | | outpatient | | | 113 | 18.92 | Three Rivers | Three Rivers | 107.35 | 95 | | | 16.45 | 107.35 | percent of total billed charges | |
| BKR CHG ALA DELTA RANDOM URINE | 82135 | CPT | | | | outpatient | | | 113 | 18.92 | Wellcare | Medicare | 16.45 | | | | 16.45 | 107.35 | fee schedule | |
| BKR CHG ALA DELTA RANDOM URINE | 82135 | CPT | | | | outpatient | | | 113 | 18.92 | Horizon | Medicare Blue | 33.9 | 30 | | | 16.45 | 107.35 | percent of total billed charges | |
| BKR CHG ALA DELTA RANDOM URINE | 82135 | CPT | | | | outpatient | | | 113 | 18.92 | Multiplan | Multiplan | 90.4 | 80 | | | 16.45 | 107.35 | percent of total billed charges | |
| BKR CHG ALA DELTA RANDOM URINE | 82135 | CPT | | | | outpatient | | | 113 | 18.92 | Horizon | NJ Health | 39.2 | | | | 16.45 | 107.35 | fee schedule | |
| BKR CHG ALA DELTA RANDOM URINE | 82135 | CPT | | | | outpatient | | | 113 | 18.92 | WellPoint | WellPoint | 36.36 | 32.18 | | | 16.45 | 107.35 | percent of total billed charges | |
| BKR CHG ALA DELTA RANDOM URINE | 82135 | CPT | | | | outpatient | | | 113 | 18.92 | Managed Care Inc | Managed Care Inc | 101.7 | 90 | | | 16.45 | 107.35 | percent of total billed charges | |
| BKR CHG ALA DELTA RANDOM URINE | 82135 | CPT | | | | outpatient | | | 113 | 18.92 | Qualcare | Qualcare | 84.75 | 75 | | | 16.45 | 107.35 | percent of total billed charges | |
| BKR CHG ALA DELTA RANDOM URINE | 82135 | CPT | | | | outpatient | | | 113 | 18.92 | Wellcare | Medicaid | 20 | | | | 16.45 | 107.35 | fee schedule | |
| BKR CHG ALA DELTA RANDOM URINE | 82135 | CPT | | | | outpatient | | | 113 | 18.92 | UHC | Medicare | 16.45 | | | | 16.45 | 107.35 | fee schedule | |
| BKR CHG AMINOACID GLYCINE, QN, CSF/PLSM | 82136 | CPT | | | | both | | | 834 | 22.55 | Aetna | Commercial | 316.92 | 38 | | | 18.64 | 792.3 | percent of total billed charges | |
| BKR CHG AMINOACID GLYCINE, QN, CSF/PLSM | 82136 | CPT | | | | both | | | 834 | 22.55 | Consumer | Consumer | 792.3 | 95 | | | 18.64 | 792.3 | percent of total billed charges | |
| BKR CHG AMINOACID GLYCINE, QN, CSF/PLSM | 82136 | CPT | | | | both | | | 834 | 22.55 | Americare | Americare | 625.5 | 75 | | | 18.64 | 792.3 | percent of total billed charges | |
| BKR CHG AMINOACID GLYCINE, QN, CSF/PLSM | 82136 | CPT | | | | both | | | 834 | 22.55 | Aetna | Better Health | 263.13 | 31.55 | | | 18.64 | 792.3 | percent of total billed charges | |
| BKR CHG AMINOACID GLYCINE, QN, CSF/PLSM | 82136 | CPT | | | | both | | | 834 | 22.55 | Corrections | Corrections | 667.2 | 80 | | | 18.64 | 792.3 | percent of total billed charges | |
| BKR CHG AMINOACID GLYCINE, QN, CSF/PLSM | 82136 | CPT | | | | both | | | 834 | 22.55 | First Health | First Health | 583.8 | 70 | | | 18.64 | 792.3 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG AMINOACID GLYCINE, QN, CSF/PLSM | 82136 | CPT | | | | both | | | 834 | 22.55 | Amerihealth | HMO/PPO | 23.3 | | | | 18.64 | 792.3 | fee schedule | |
| BKR CHG AMINOACID GLYCINE, QN, CSF/PLSM | 82136 | CPT | | | | both | | | 834 | 22.55 | Horizon | Indemnity | 319.26 | 38.28 | | | 18.64 | 792.3 | percent of total billed charges | |
| BKR CHG AMINOACID GLYCINE, QN, CSF/PLSM | 82136 | CPT | | | | both | | | 834 | 22.55 | Aetna | Medicare | 256.87 | 30.8 | | | 18.64 | 792.3 | percent of total billed charges | |
| BKR CHG AMINOACID GLYCINE, QN, CSF/PLSM | 82136 | CPT | | | | both | | | 834 | 22.55 | Wellcare | Medicaid | 18.64 | | | | 18.64 | 792.3 | fee schedule | |
| BKR CHG AMINOACID GLYCINE, QN, CSF/PLSM | 82136 | CPT | | | | both | | | 834 | 22.55 | First Trenton | First Trenton | 750.6 | 90 | | | 18.64 | 792.3 | percent of total billed charges | |
| BKR CHG AMINOACID GLYCINE, QN, CSF/PLSM | 82136 | CPT | | | | both | | | 834 | 22.55 | Horizon | Medicare Blue | 250.2 | 30 | | | 18.64 | 792.3 | percent of total billed charges | |
| BKR CHG AMINOACID GLYCINE, QN, CSF/PLSM | 82136 | CPT | | | | both | | | 834 | 22.55 | Amerihealth | Medicare | 19.61 | | | | 18.64 | 792.3 | fee schedule | |
| BKR CHG AMINOACID GLYCINE, QN, CSF/PLSM | 82136 | CPT | | | | both | | | 834 | 22.55 | Multiplan | Multiplan | 667.2 | 80 | | | 18.64 | 792.3 | percent of total billed charges | |
| BKR CHG AMINOACID GLYCINE, QN, CSF/PLSM | 82136 | CPT | | | | both | | | 834 | 22.55 | Horizon | NJ Health | 18.74 | | | | 18.64 | 792.3 | fee schedule | |
| BKR CHG AMINOACID GLYCINE, QN, CSF/PLSM | 82136 | CPT | | | | both | | | 834 | 22.55 | UHC | Medicaid | 18.64 | | | | 18.64 | 792.3 | fee schedule | |
| BKR CHG AMINOACID GLYCINE, QN, CSF/PLSM | 82136 | CPT | | | | both | | | 834 | 22.55 | Horizon | MGD | 319.26 | 38.28 | | | 18.64 | 792.3 | percent of total billed charges | |
| BKR CHG AMINOACID GLYCINE, QN, CSF/PLSM | 82136 | CPT | | | | both | | | 834 | 22.55 | Quelcare | Quelcare | 625.5 | 75 | | | 18.64 | 792.3 | percent of total billed charges | |
| BKR CHG AMINOACID GLYCINE, QN, CSF/PLSM | 82136 | CPT | | | | both | | | 834 | 22.55 | Horizon | PPO | 319.26 | 38.28 | | | 18.64 | 792.3 | percent of total billed charges | |
| BKR CHG AMINOACID GLYCINE, QN, CSF/PLSM | 82136 | CPT | | | | both | | | 834 | 22.55 | Wellcare | Medicare | 19.61 | | | | 18.64 | 792.3 | fee schedule | |
| BKR CHG AMINOACID GLYCINE, QN, CSF/PLSM | 82136 | CPT | | | | both | | | 834 | 22.55 | Managed Care Inc | Managed Care Inc | 750.6 | 90 | | | 18.64 | 792.3 | percent of total billed charges | |
| BKR CHG AMINOACID GLYCINE, QN, CSF/PLSM | 82136 | CPT | | | | both | | | 834 | 22.55 | UHC | Medicare | 19.61 | | | | 18.64 | 792.3 | fee schedule | |
| BKR CHG AMINOACID GLYCINE, QN, CSF/PLSM | 82136 | CPT | | | | both | | | 834 | 22.55 | Three Rivers | Three Rivers | 792.3 | 95 | | | 18.64 | 792.3 | percent of total billed charges | |
| BKR CHG AMINOACID GLYCINE, QN, CSF/PLSM | 82136 | CPT | | | | both | | | 834 | 22.55 | WellPoint | WellPoint | 268.38 | 32.18 | | | 18.64 | 792.3 | percent of total billed charges | |
| BKR CHG AUTOIMMUNE MYELOPATHY EVAL | 82139 | CPT | | | | both | | | 1942 | 19.4 | Horizon | Indemnity | 743.4 | 38.28 | | 34.8 | 16.87 | 1844.9 | percent of total billed charges | |
| BKR CHG AUTOIMMUNE MYELOPATHY EVAL | 82139 | CPT | | | | both | | | 1942 | 19.4 | Americare | Americare | 1456.5 | 75 | | | 16.87 | 1844.9 | percent of total billed charges | |
| BKR CHG AUTOIMMUNE MYELOPATHY EVAL | 82139 | CPT | | | | both | | | 1942 | 19.4 | Aetna | Medicare | 598.14 | 30.8 | | 36.56 | 16.87 | 1844.9 | percent of total billed charges | |
| BKR CHG AUTOIMMUNE MYELOPATHY EVAL | 82139 | CPT | | | | both | | | 1942 | 19.4 | Multiplan | Multiplan | 1553.6 | 80 | | | 16.87 | 1844.9 | percent of total billed charges | |
| BKR CHG AUTOIMMUNE MYELOPATHY EVAL | 82139 | CPT | | | | both | | | 1942 | 19.4 | Horizon | MGD | 743.4 | 38.28 | | 47.13 | 16.87 | 1844.9 | percent of total billed charges | |
| BKR CHG AUTOIMMUNE MYELOPATHY EVAL | 82139 | CPT | | | | both | | | 1942 | 19.4 | Amerihealth | Medicare | 16.87 | | | | 16.87 | 1844.9 | fee schedule | |
| BKR CHG AUTOIMMUNE MYELOPATHY EVAL | 82139 | CPT | | | | both | | | 1942 | 19.4 | Aetna | Better Health | 612.7 | 31.55 | | | 16.87 | 1844.9 | percent of total billed charges | |
| BKR CHG AUTOIMMUNE MYELOPATHY EVAL | 82139 | CPT | | | | both | | | 1942 | 19.4 | Corrections | Corrections | 1553.6 | 80 | | | 16.87 | 1844.9 | percent of total billed charges | |
| BKR CHG AUTOIMMUNE MYELOPATHY EVAL | 82139 | CPT | | | | both | | | 1942 | 19.4 | Wellcare | Medicaid | 18.64 | | | 43.95 | 16.87 | 1844.9 | fee schedule | |
| BKR CHG AUTOIMMUNE MYELOPATHY EVAL | 82139 | CPT | | | | both | | | 1942 | 19.4 | Amerihealth | HMO/PPO | 23.3 | | | | 16.87 | 1844.9 | fee schedule | |
| BKR CHG AUTOIMMUNE MYELOPATHY EVAL | 82139 | CPT | | | | both | | | 1942 | 19.4 | First Health | First Health | 1359.4 | 70 | | | 16.87 | 1844.9 | percent of total billed charges | |
| BKR CHG AUTOIMMUNE MYELOPATHY EVAL | 82139 | CPT | | | | both | | | 1942 | 19.4 | Quelcare | Quelcare | 1456.5 | 75 | | | 16.87 | 1844.9 | percent of total billed charges | |
| BKR CHG AUTOIMMUNE MYELOPATHY EVAL | 82139 | CPT | | | | both | | | 1942 | 19.4 | Horizon | NJ Health | 18.74 | | | 11.65 | 16.87 | 1844.9 | fee schedule | |
| BKR CHG AUTOIMMUNE MYELOPATHY EVAL | 82139 | CPT | | | | both | | | 1942 | 19.4 | Consumer | Consumer | 1844.9 | 95 | | | 16.87 | 1844.9 | percent of total billed charges | |
| BKR CHG AUTOIMMUNE MYELOPATHY EVAL | 82139 | CPT | | | | both | | | 1942 | 19.4 | WellPoint | WellPoint | 624.94 | 32.18 | | 15.42 | 16.87 | 1844.9 | percent of total billed charges | |
| BKR CHG AUTOIMMUNE MYELOPATHY EVAL | 82139 | CPT | | | | both | | | 1942 | 19.4 | Horizon | Medicare Blue | 582.6 | 30 | | | 16.87 | 1844.9 | percent of total billed charges | |
| BKR CHG AUTOIMMUNE MYELOPATHY EVAL | 82139 | CPT | | | | both | | | 1942 | 19.4 | First Trenton | First Trenton | 1747.8 | 90 | | | 16.87 | 1844.9 | percent of total billed charges | |
| BKR CHG AUTOIMMUNE MYELOPATHY EVAL | 82139 | CPT | | | | both | | | 1942 | 19.4 | UHC | Medicare | 16.87 | | | | 16.87 | 1844.9 | fee schedule | |
| BKR CHG AUTOIMMUNE MYELOPATHY EVAL | 82139 | CPT | | | | both | | | 1942 | 19.4 | Managed Care Inc | Managed Care Inc | 1747.8 | 90 | | | 16.87 | 1844.9 | percent of total billed charges | |
| BKR CHG AUTOIMMUNE MYELOPATHY EVAL | 82139 | CPT | | | | both | | | 1942 | 19.4 | Horizon | PPO | 743.4 | 38.28 | | 57.84 | 16.87 | 1844.9 | percent of total billed charges | |
| BKR CHG AUTOIMMUNE MYELOPATHY EVAL | 82139 | CPT | | | | both | | | 1942 | 19.4 | Three Rivers | Three Rivers | 1844.9 | 95 | | | 16.87 | 1844.9 | percent of total billed charges | |
| BKR CHG AUTOIMMUNE MYELOPATHY EVAL | 82139 | CPT | | | | both | | | 1942 | 19.4 | UHC | Medicaid | 18.64 | | | 29.26 | 16.87 | 1844.9 | fee schedule | |
| BKR CHG AUTOIMMUNE MYELOPATHY EVAL | 82139 | CPT | | | | both | | | 1942 | 19.4 | Wellcare | Medicare | 16.87 | | | | 16.87 | 1844.9 | fee schedule | |
| BKR CHG AMMONIUM 24-HR URINE | 82140 | CPT | | | | both | | | 347 | 16.76 | Horizon | NJ Health | 11.76 | | | 3.05 | 6 | 329.65 | fee schedule | |
| BKR CHG AMMONIUM 24-HR URINE | 82140 | CPT | | | | both | | | 347 | 16.76 | Amerihealth | Medicare | 14.57 | | | | 6 | 329.65 | fee schedule | |
| BKR CHG AMMONIUM 24-HR URINE | 82140 | CPT | | | | both | | | 347 | 16.76 | Aetna | Medicare | 106.88 | 30.8 | | 3.62 | 6 | 329.65 | percent of total billed charges | |
| BKR CHG AMMONIUM 24-HR URINE | 82140 | CPT | | | | both | | | 347 | 16.76 | Amerihealth | HMO/PPO | 22.7 | | | 2.97 | 6 | 329.65 | fee schedule | |
| BKR CHG AMMONIUM 24-HR URINE | 82140 | CPT | | | | both | | | 347 | 16.76 | UHC | Medicare | 14.57 | | | 9.55 | 6 | 329.65 | fee schedule | |
| BKR CHG AMMONIUM 24-HR URINE | 82140 | CPT | | | | both | | | 347 | 16.76 | Aetna | Better Health | 109.48 | 31.55 | | 11.94 | 6 | 329.65 | percent of total billed charges | |
| BKR CHG AMMONIUM 24-HR URINE | 82140 | CPT | | | | both | | | 347 | 16.76 | Horizon | Medicare Blue | 104.1 | 30 | | 5.83 | 6 | 329.65 | percent of total billed charges | |
| BKR CHG AMMONIUM 24-HR URINE | 82140 | CPT | | | | both | | | 347 | 16.76 | Wellcare | Medicaid | 6 | | | 16.51 | 6 | 329.65 | fee schedule | |
| BKR CHG AMMONIUM 24-HR URINE | 82140 | CPT | | | | both | | | 347 | 16.76 | Consumer | Consumer | 329.65 | 95 | | | 6 | 329.65 | percent of total billed charges | |
| BKR CHG AMMONIUM 24-HR URINE | 82140 | CPT | | | | both | | | 347 | 16.76 | Horizon | Indemnity | 132.83 | 38.28 | | 5.96 | 6 | 329.65 | percent of total billed charges | |
| BKR CHG AMMONIUM 24-HR URINE | 82140 | CPT | | | | both | | | 347 | 16.76 | First Health | First Health | 242.9 | 70 | | | 6 | 329.65 | percent of total billed charges | |
| BKR CHG AMMONIUM 24-HR URINE | 82140 | CPT | | | | both | | | 347 | 16.76 | Multiplan | Multiplan | 277.6 | 80 | | | 6 | 329.65 | percent of total billed charges | |
| BKR CHG AMMONIUM 24-HR URINE | 82140 | CPT | | | | both | | | 347 | 16.76 | Americare | Americare | 260.25 | 75 | | | 6 | 329.65 | percent of total billed charges | |
| BKR CHG AMMONIUM 24-HR URINE | 82140 | CPT | | | | both | | | 347 | 16.76 | Quelcare | Quelcare | 260.25 | 75 | | | 6 | 329.65 | percent of total billed charges | |
| BKR CHG AMMONIUM 24-HR URINE | 82140 | CPT | | | | both | | | 347 | 16.76 | Horizon | MGD | 132.83 | 38.28 | | 4.06 | 6 | 329.65 | percent of total billed charges | |
| BKR CHG AMMONIUM 24-HR URINE | 82140 | CPT | | | | both | | | 347 | 16.76 | UHC | Medicaid | 6 | | | 15.38 | 6 | 329.65 | fee schedule | |
| BKR CHG AMMONIUM 24-HR URINE | 82140 | CPT | | | | both | | | 347 | 16.76 | Corrections | Corrections | 277.6 | 80 | | 18.61 | 6 | 329.65 | percent of total billed charges | |
| BKR CHG AMMONIUM 24-HR URINE | 82140 | CPT | | | | both | | | 347 | 16.76 | WellPoint | WellPoint | 111.66 | 32.18 | | 11.41 | 6 | 329.65 | percent of total billed charges | |
| BKR CHG AMMONIUM 24-HR URINE | 82140 | CPT | | | | both | | | 347 | 16.76 | First Trenton | First Trenton | 312.3 | 90 | | | 6 | 329.65 | percent of total billed charges | |
| BKR CHG AMMONIUM 24-HR URINE | 82140 | CPT | | | | both | | | 347 | 16.76 | Horizon | PPO | 132.83 | 38.28 | | 4.93 | 6 | 329.65 | percent of total billed charges | |
| BKR CHG AMMONIUM 24-HR URINE | 82140 | CPT | | | | both | | | 347 | 16.76 | Managed Care Inc | Managed Care Inc | 312.3 | 90 | | | 6 | 329.65 | percent of total billed charges | |
| BKR CHG AMMONIUM 24-HR URINE | 82140 | CPT | | | | both | | | 347 | 16.76 | Three Rivers | Three Rivers | 329.65 | 95 | | | 6 | 329.65 | percent of total billed charges | |
| BKR CHG AMMONIUM 24-HR URINE | 82140 | CPT | | | | both | | | 347 | 16.76 | Wellcare | Medicare | 14.57 | | | | 6 | 329.65 | fee schedule | |
| BKR CHG URINE AMYLASE RANDOM | 82150 | CPT | | | | both | | | 66 | 7.45 | Horizon | MGD | 25.26 | 38.28 | | 13.47 | 4.5 | 62.7 | percent of total billed charges | |
| BKR CHG URINE AMYLASE RANDOM | 82150 | CPT | | | | both | | | 66 | 7.45 | First Trenton | First Trenton | 59.4 | 90 | | | 4.5 | 62.7 | percent of total billed charges | |
| BKR CHG URINE AMYLASE RANDOM | 82150 | CPT | | | | both | | | 66 | 7.45 | Amerihealth | HMO/PPO | 10.1 | | | | 4.5 | 62.7 | fee schedule | |
| BKR CHG URINE AMYLASE RANDOM | 82150 | CPT | | | | both | | | 66 | 7.45 | Americare | Americare | 49.5 | 75 | | | 4.5 | 62.7 | percent of total billed charges | |
| BKR CHG URINE AMYLASE RANDOM | 82150 | CPT | | | | both | | | 66 | 7.45 | Aetna | Medicare | 20.33 | 30.8 | | | 4.5 | 62.7 | percent of total billed charges | |
| BKR CHG URINE AMYLASE RANDOM | 82150 | CPT | | | | both | | | 66 | 7.45 | Horizon | Indemnity | 25.26 | 38.28 | | 10.8 | 4.5 | 62.7 | percent of total billed charges | |
| BKR CHG URINE AMYLASE RANDOM | 82150 | CPT | | | | both | | | 66 | 7.45 | Aetna | Better Health | 20.82 | 31.55 | | 15.38 | 4.5 | 62.7 | percent of total billed charges | |
| BKR CHG URINE AMYLASE RANDOM | 82150 | CPT | | | | both | | | 66 | 7.45 | Consumer | Consumer | 62.7 | 95 | | | 4.5 | 62.7 | percent of total billed charges | |
| BKR CHG URINE AMYLASE RANDOM | 82150 | CPT | | | | both | | | 66 | 7.45 | Horizon | NJ Health | 8.82 | | | 4.47 | 4.5 | 62.7 | fee schedule | |
| BKR CHG URINE AMYLASE RANDOM | 82150 | CPT | | | | both | | | 66 | 7.45 | Managed Care Inc | Managed Care Inc | 59.4 | 90 | | | 4.5 | 62.7 | percent of total billed charges | |
| BKR CHG URINE AMYLASE RANDOM | 82150 | CPT | | | | both | | | 66 | 7.45 | Amerihealth | Medicare | 6.48 | | | | 4.5 | 62.7 | fee schedule | |
| BKR CHG URINE AMYLASE RANDOM | 82150 | CPT | | | | both | | | 66 | 7.45 | Multiplan | Multiplan | 52.8 | 80 | | | 4.5 | 62.7 | percent of total billed charges | |
| BKR CHG URINE AMYLASE RANDOM | 82150 | CPT | | | | both | | | 66 | 7.45 | WellPoint | WellPoint | 21.24 | 32.18 | | 14.77 | 4.5 | 62.7 | percent of total billed charges | |
| BKR CHG URINE AMYLASE RANDOM | 82150 | CPT | | | | both | | | 66 | 7.45 | Horizon | PPO | 25.26 | 38.28 | | 13.44 | 4.5 | 62.7 | percent of total billed charges | |
| BKR CHG URINE AMYLASE RANDOM | 82150 | CPT | | | | both | | | 66 | 7.45 | Horizon | Medicare Blue | 19.8 | 30 | | 6.98 | 4.5 | 62.7 | percent of total billed charges | |
| BKR CHG URINE AMYLASE RANDOM | 82150 | CPT | | | | both | | | 66 | 7.45 | Corrections | Corrections | 52.8 | 80 | | | 4.5 | 62.7 | percent of total billed charges | |
| BKR CHG URINE AMYLASE RANDOM | 82150 | CPT | | | | both | | | 66 | 7.45 | First Health | First Health | 46.2 | 70 | | | 4.5 | 62.7 | percent of total billed charges | |
| BKR CHG URINE AMYLASE RANDOM | 82150 | CPT | | | | both | | | 66 | 7.45 | Wellcare | Medicare | 6.48 | | | 3.37 | 4.5 | 62.7 | fee schedule | |
| BKR CHG URINE AMYLASE RANDOM | 82150 | CPT | | | | both | | | 66 | 7.45 | Three Rivers | Three Rivers | 62.7 | 95 | | | 4.5 | 62.7 | percent of total billed charges | |
| BKR CHG URINE AMYLASE RANDOM | 82150 | CPT | | | | both | | | 66 | 7.45 | Wellcare | Medicaid | 4.5 | | | 7.91 | 4.5 | 62.7 | fee schedule | |
| BKR CHG URINE AMYLASE RANDOM | 82150 | CPT | | | | both | | | 66 | 7.45 | UHC | Medicaid | 4.5 | | | 13.75 | 4.5 | 62.7 | fee schedule | |
| BKR CHG URINE AMYLASE RANDOM | 82150 | CPT | | | | both | | | 66 | 7.45 | Quelcare | Qualcare | 49.5 | 75 | | | 4.5 | 62.7 | percent of total billed charges | |
| BKR CHG URINE AMYLASE RANDOM | 82150 | CPT | | | | both | | | 66 | 7.45 | UHC | Medicare | 6.48 | | | 8.39 | 4.5 | 62.7 | fee schedule | |
| BKR CHG ANGIOTENSIN II | 82163 | CPT | | | | outpatient | | | 209 | 23.6 | First Trenton | First Trenton | 188.1 | 90 | | | 20.52 | 198.55 | percent of total billed charges | |
| BKR CHG ANGIOTENSIN II | 82163 | CPT | | | | outpatient | | | 209 | 23.6 | Amerihealth | HMO/PPO | 22.8 | | | | 20.52 | 198.55 | fee schedule | |
| BKR CHG ANGIOTENSIN II | 82163 | CPT | | | | outpatient | | | 209 | 23.6 | Americare | Americare | 156.75 | 75 | | | 20.52 | 198.55 | percent of total billed charges | |
| BKR CHG ANGIOTENSIN II | 82163 | CPT | | | | outpatient | | | 209 | 23.6 | WellPoint | WellPoint | 67.26 | 32.18 | | | 20.52 | 198.55 | percent of total billed charges | |
| BKR CHG ANGIOTENSIN II | 82163 | CPT | | | | outpatient | | | 209 | 23.6 | Horizon | Indemnity | 80.01 | 38.28 | | | 20.52 | 198.55 | percent of total billed charges | |
| BKR CHG ANGIOTENSIN II | 82163 | CPT | | | | outpatient | | | 209 | 23.6 | Aetna | Commercial | 79.42 | 38 | | | 20.52 | 198.55 | percent of total billed charges | |
| BKR CHG ANGIOTENSIN II | 82163 | CPT | | | | outpatient | | | 209 | 23.6 | Quelcare | Qualcare | 156.75 | 75 | | | 20.52 | 198.55 | percent of total billed charges | |
| BKR CHG ANGIOTENSIN II | 82163 | CPT | | | | outpatient | | | 209 | 23.6 | Aetna | Better Health | 65.94 | 31.55 | | | 20.52 | 198.55 | percent of total billed charges | |
| BKR CHG ANGIOTENSIN II | 82163 | CPT | | | | outpatient | | | 209 | 23.6 | Managed Care Inc | Managed Care Inc | 188.1 | 90 | | | 20.52 | 198.55 | percent of total billed charges | |
| BKR CHG ANGIOTENSIN II | 82163 | CPT | | | | outpatient | | | 209 | 23.6 | Amerihealth | Medicare | 20.52 | | | | 20.52 | 198.55 | fee schedule | |
| BKR CHG ANGIOTENSIN II | 82163 | CPT | | | | outpatient | | | 209 | 23.6 | Multiplan | Multiplan | 167.2 | 80 | | | 20.52 | 198.55 | percent of total billed charges | |
| BKR CHG ANGIOTENSIN II | 82163 | CPT | | | | outpatient | | | 209 | 23.6 | Consumer | Consumer | 198.55 | 95 | | | 20.52 | 198.55 | percent of total billed charges | |
| BKR CHG ANGIOTENSIN II | 82163 | CPT | | | | outpatient | | | 209 | 23.6 | Horizon | PPO | 80.01 | 38.28 | | | 20.52 | 198.55 | percent of total billed charges | |
| BKR CHG ANGIOTENSIN II | 82163 | CPT | | | | outpatient | | | 209 | 23.6 | Aetna | Medicare | 64.37 | 30.8 | | | 20.52 | 198.55 | percent of total billed charges | |
| BKR CHG ANGIOTENSIN II | 82163 | CPT | | | | outpatient | | | 209 | 23.6 | Three Rivers | Three Rivers | 198.55 | 95 | | | 20.52 | 198.55 | percent of total billed charges | |
| BKR CHG ANGIOTENSIN II | 82163 | CPT | | | | outpatient | | | 209 | 23.6 | Corrections | Corrections | 167.2 | 80 | | | 20.52 | 198.55 | percent of total billed charges | |
| BKR CHG ANGIOTENSIN II | 82163 | CPT | | | | outpatient | | | 209 | 23.6 | UHC | Medicaid | 21 | | | | 20.52 | 198.55 | fee schedule | |
| BKR CHG ANGIOTENSIN II | 82163 | CPT | | | | outpatient | | | 209 | 23.6 | First Health | First Health | 146.3 | 70 | | | 20.52 | 198.55 | percent of total billed charges | |
| BKR CHG ANGIOTENSIN II | 82163 | CPT | | | | outpatient | | | 209 | 23.6 | Wellcare | Medicaid | 21 | | | | 20.52 | 198.55 | fee schedule | |
| BKR CHG ANGIOTENSIN II | 82163 | CPT | | | | outpatient | | | 209 | 23.6 | Horizon | Medicare Blue | 62.7 | 30 | | | 20.52 | 198.55 | percent of total billed charges | |
| BKR CHG ANGIOTENSIN II | 82163 | CPT | | | | outpatient | | | 209 | 23.6 | Wellcare | Medicare | 20.52 | | | | 20.52 | 198.55 | fee schedule | |
| BKR CHG ANGIOTENSIN II | 82163 | CPT | | | | outpatient | | | 209 | 23.6 | Horizon | MGD | 80.01 | 38.28 | | | 20.52 | 198.55 | percent of total billed charges | |
| BKR CHG ANGIOTENSIN II | 82163 | CPT | | | | outpatient | | | 209 | 23.6 | Horizon | NJ Health | 45.28 | | | | 20.52 | 198.55 | fee schedule | |
| BKR CHG ANGIOTENSIN II | 82163 | CPT | | | | outpatient | | | 209 | 23.6 | UHC | Medicare | 20.52 | | | | 20.52 | 198.55 | fee schedule | |
| BKR CHG CSF ANGIOTENSIN CONVERTING ENZ | 82164 | CPT | | | | both | | | 89 | 16.79 | Consumer | Consumer | 84.55 | 95 | | | 9.9 | 84.55 | percent of total billed charges | |
| BKR CHG CSF ANGIOTENSIN CONVERTING ENZ | 82164 | CPT | | | | both | | | 89 | 16.79 | Aetna | Commercial | 33.82 | 38 | | | 9.9 | 84.55 | percent of total billed charges | |
| BKR CHG CSF ANGIOTENSIN CONVERTING ENZ | 82164 | CPT | | | | both | | | 89 | 16.79 | Amerihealth | HMO/PPO | 22.8 | | | | 9.9 | 84.55 | fee schedule | |
| BKR CHG CSF ANGIOTENSIN CONVERTING ENZ | 82164 | CPT | | | | both | | | 89 | 16.79 | Americare | Americare | 66.75 | 75 | | | 9.9 | 84.55 | percent of total billed charges | |
| BKR CHG CSF ANGIOTENSIN CONVERTING ENZ | 82164 | CPT | | | | both | | | 89 | 16.79 | Aetna | Medicare | 27.41 | 30.8 | | | 9.9 | 84.55 | percent of total billed charges | |
| BKR CHG CSF ANGIOTENSIN CONVERTING ENZ | 82164 | CPT | | | | both | | | 89 | 16.79 | Amerihealth | Medicare | 14.6 | | | | 9.9 | 84.55 | fee schedule | |
| BKR CHG CSF ANGIOTENSIN CONVERTING ENZ | 82164 | CPT | | | | both | | | 89 | 16.79 | Horizon | NJ Health | 39.2 | | | 5.06 | 9.9 | 84.55 | fee schedule | |
| BKR CHG CSF ANGIOTENSIN CONVERTING ENZ | 82164 | CPT | | | | both | | | 89 | 16.79 | Aetna | Better Health | 28.08 | 31.55 | | 8.45 | 9.9 | 84.55 | percent of total billed charges | |
| BKR CHG CSF ANGIOTENSIN CONVERTING ENZ | 82164 | CPT | | | | both | | | 89 | 16.79 | First Health | First Health | 62.3 | 70 | | | 9.9 | 84.55 | percent of total billed charges | |
| BKR CHG CSF ANGIOTENSIN CONVERTING ENZ | 82164 | CPT | | | | both | | | 89 | 16.79 | Horizon | MGD | 34.07 | 38.28 | | 9.01 | 9.9 | 84.55 | percent of total billed charges | |
| BKR CHG CSF ANGIOTENSIN CONVERTING ENZ | 82164 | CPT | | | | both | | | 89 | 16.79 | Wellcare | Medicare | 14.6 | | | 1.86 | 9.9 | 84.55 | fee schedule | |
| BKR CHG CSF ANGIOTENSIN CONVERTING ENZ | 82164 | CPT | | | | both | | | 89 | 16.79 | Corrections | Corrections | 71.2 | 80 | | 5.08 | 9.9 | 84.55 | percent of total billed charges | |
| BKR CHG CSF ANGIOTENSIN CONVERTING ENZ | 82164 | CPT | | | | both | | | 89 | 16.79 | Horizon | Indemnity | 34.07 | 38.28 | | 7.5 | 9.9 | 84.55 | percent of total billed charges | |
| BKR CHG CSF ANGIOTENSIN CONVERTING ENZ | 82164 | CPT | | | | both | | | 89 | 16.79 | Multiplan | Multiplan | 71.2 | 80 | | | 9.9 | 84.55 | percent of total billed charges | |
| BKR CHG CSF ANGIOTENSIN CONVERTING ENZ | 82164 | CPT | | | | both | | | 89 | 16.79 | UHC | Medicare | 14.6 | | | 2.76 | 9.9 | 84.55 | fee schedule | |
| BKR CHG CSF ANGIOTENSIN CONVERTING ENZ | 82164 | CPT | | | | both | | | 89 | 16.79 | First Trenton | First Trenton | 80.1 | 90 | | | 9.9 | 84.55 | percent of total billed charges | |
| BKR CHG CSF ANGIOTENSIN CONVERTING ENZ | 82164 | CPT | | | | both | | | 89 | 16.79 | Wellcare | Medicaid | 15.9 | | | | 9.9 | 84.55 | fee schedule | |
| BKR CHG CSF ANGIOTENSIN CONVERTING ENZ | 82164 | CPT | | | | both | | | 89 | 16.79 | Quelcare | Quelcare | 66.75 | 75 | | | 9.9 | 84.55 | percent of total billed charges | |
| BKR CHG CSF ANGIOTENSIN CONVERTING ENZ | 82164 | CPT | | | | both | | | 89 | 16.79 | Horizon | Medicare Blue | 26.7 | 30 | | | 9.9 | 84.55 | percent of total billed charges | |
| BKR CHG CSF ANGIOTENSIN CONVERTING ENZ | 82164 | CPT | | | | both | | | 89 | 16.79 | WellPoint | WellPoint | 28.64 | 32.18 | | 8.61 | 9.9 | 84.55 | percent of total billed charges | |
| BKR CHG CSF ANGIOTENSIN CONVERTING ENZ | 82164 | CPT | | | | both | | | 89 | 16.79 | Managed Care Inc | Managed Care Inc | 80.1 | 90 | | | 9.9 | 84.55 | percent of total billed charges | |
| BKR CHG CSF ANGIOTENSIN CONVERTING ENZ | 82164 | CPT | | | | both | | | 89 | 16.79 | Horizon | PPO | 34.07 | 38.28 | | 3.8 | 9.9 | 84.55 | percent of total billed charges | |
| BKR CHG CSF ANGIOTENSIN CONVERTING ENZ | 82164 | CPT | | | | both | | | 89 | 16.79 | Three Rivers | Three Rivers | 84.55 | 95 | | | 9.9 | 84.55 | percent of total billed charges | |
| BKR CHG CSF ANGIOTENSIN CONVERTING ENZ | 82164 | CPT | | | | both | | | 89 | 16.79 | UHC | Medicaid | 15.9 | | | 7.93 | 9.9 | 84.55 | fee schedule | |
| BKR CHG APOLIPROTEIN, EACH | 82172 | CPT | | | | both | | | 307 | 24.25 | Americare | Americare | 230.25 | 75 | | | 11.57 | 291.65 | percent of total billed charges | |
| BKR CHG APOLIPROTEIN, EACH | 82172 | CPT | | | | both | | | 307 | 24.25 | Consumer | Consumer | 291.65 | 95 | | | 11.57 | 291.65 | percent of total billed charges | |
| BKR CHG APOLIPROTEIN, EACH | 82172 | CPT | | | | both | | | 307 | 24.25 | Corrections | Corrections | 245.6 | 80 | | | 11.57 | 291.65 | percent of total billed charges | |
| BKR CHG APOLIPROTEIN, EACH | 82172 | CPT | | | | both | | | 307 | 24.25 | Aetna | Medicare | 94.56 | 30.8 | | | 11.57 | 291.65 | percent of total billed charges | |
| BKR CHG APOLIPROTEIN, EACH | 82172 | CPT | | | | both | | | 307 | 24.25 | Horizon | Medicare Blue | 92.1 | 30 | | 7.57 | 11.57 | 291.65 | percent of total billed charges | |
| BKR CHG APOLIPROTEIN, EACH | 82172 | CPT | | | | both | | | 307 | 24.25 | Aetna | Commercial | 116.66 | 38 | | 4.07 | 11.57 | 291.65 | percent of total billed charges | |
| BKR CHG APOLIPROTEIN, EACH | 82172 | CPT | | | | both | | | 307 | 24.25 | Horizon | MGD | 117.52 | 38.28 | | 18.38 | 11.57 | 291.65 | percent of total billed charges | |
| BKR CHG APOLIPROTEIN, EACH | 82172 | CPT | | | | both | | | 307 | 24.25 | Aetna | Better Health | 96.86 | 31.55 | | 14.63 | 11.57 | 291.65 | percent of total billed charges | |
| BKR CHG APOLIPROTEIN, EACH | 82172 | CPT | | | | both | | | 307 | 24.25 | UHC | Medicare | 21.09 | | | 4.26 | 11.57 | 291.65 | fee schedule | |
| BKR CHG APOLIPROTEIN, EACH | 82172 | CPT | | | | both | | | 307 | 24.25 | First Trenton | First Trenton | 276.3 | 90 | | | 11.57 | 291.65 | percent of total billed charges | |
| BKR CHG APOLIPROTEIN, EACH | 82172 | CPT | | | | both | | | 307 | 24.25 | Wellcare | Medicare | 21.09 | | | 2.69 | 11.57 | 291.65 | fee schedule | |
| BKR CHG APOLIPROTEIN, EACH | 82172 | CPT | | | | both | | | 307 | 24.25 | Wellcare | Medicaid | 20 | | | 15.49 | 11.57 | 291.65 | fee schedule | |
| BKR CHG APOLIPROTEIN, EACH | 82172 | CPT | | | | both | | | 307 | 24.25 | WellPoint | WellPoint | 98.79 | 32.18 | | 22.71 | 11.57 | 291.65 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG APOLIPROTEIN,EACH | 82172 | CPT | | | | both | | | 307 | 24.25 | Amerihealth | HMO/PPO | 11.57 | | | | 11.57 | 11.57 | 291.65 fee schedule | |
| BKR CHG APOLIPROTEIN,EACH | 82172 | CPT | | | | both | | | 307 | 24.25 | Multiplan | Multiplan | 245.6 | 80 | | | 11.57 | 11.57 | 291.65 percent of total billed charges | |
| BKR CHG APOLIPROTEIN,EACH | 82172 | CPT | | | | both | | | 307 | 24.25 | Horizon | Indemnity | 117.52 | 38.28 | | 7.04 | 11.57 | 11.57 | 291.65 percent of total billed charges | |
| BKR CHG APOLIPROTEIN,EACH | 82172 | CPT | | | | both | | | 307 | 24.25 | Qualcare | Qualcare | 230.25 | 75 | | | 11.57 | 11.57 | 291.65 percent of total billed charges | |
| BKR CHG APOLIPROTEIN,EACH | 82172 | CPT | | | | both | | | 307 | 24.25 | Amerihealth | Medicare | 21.09 | | | | 11.57 | 11.57 | 291.65 fee schedule | |
| BKR CHG APOLIPROTEIN,EACH | 82172 | CPT | | | | both | | | 307 | 24.25 | Horizon | PPO | 117.52 | 38.28 | | 11.13 | 11.57 | 11.57 | 291.65 percent of total billed charges | |
| BKR CHG APOLIPROTEIN,EACH | 82172 | CPT | | | | both | | | 307 | 24.25 | First Health | First Health | 214.9 | 70 | | | 11.57 | 11.57 | 291.65 percent of total billed charges | |
| BKR CHG APOLIPROTEIN,EACH | 82172 | CPT | | | | both | | | 307 | 24.25 | Managed Care Inc | Managed Care Inc | 276.3 | 90 | | | 11.57 | 11.57 | 291.65 percent of total billed charges | |
| BKR CHG APOLIPROTEIN,EACH | 82172 | CPT | | | | both | | | 307 | 24.25 | Horizon | NJ Health | 59.2 | | | 1.34 | 11.57 | 11.57 | 291.65 fee schedule | |
| BKR CHG APOLIPROTEIN,EACH | 82172 | CPT | | | | both | | | 307 | 24.25 | Three Rivers | Three Rivers | 291.65 | 95 | | | 11.57 | 11.57 | 291.65 percent of total billed charges | |
| BKR CHG APOLIPROTEIN,EACH | 82172 | CPT | | | | both | | | 307 | 24.25 | UHC | Medicaid | 20 | | | 8.68 | 11.57 | 11.57 | 291.65 fee schedule | |
| BKR CHG HEAVY METALS PROF URINE | 82175 | CPT | | | | both | | | 334 | 21.82 | Americare | Americare | 250.5 | 75 | | | 7.2 | 7.2 | 317.3 percent of total billed charges | |
| BKR CHG HEAVY METALS PROF URINE | 82175 | CPT | | | | both | | | 334 | 21.82 | Aetna | Better Health | 105.38 | 31.55 | | | 7.2 | 7.2 | 317.3 percent of total billed charges | |
| BKR CHG HEAVY METALS PROF URINE | 82175 | CPT | | | | both | | | 334 | 21.82 | Corrections | Corrections | 267.2 | 80 | | | 7.2 | 7.2 | 317.3 percent of total billed charges | |
| BKR CHG HEAVY METALS PROF URINE | 82175 | CPT | | | | both | | | 334 | 21.82 | First Trenton | First Trenton | 300.6 | 90 | | | 7.2 | 7.2 | 317.3 percent of total billed charges | |
| BKR CHG HEAVY METALS PROF URINE | 82175 | CPT | | | | both | | | 334 | 21.82 | First Health | First Health | 233.8 | 70 | | | 7.2 | 7.2 | 317.3 percent of total billed charges | |
| BKR CHG HEAVY METALS PROF URINE | 82175 | CPT | | | | both | | | 334 | 21.82 | Aetna | Medicare | 102.87 | 30.8 | | | 7.2 | 7.2 | 317.3 percent of total billed charges | |
| BKR CHG HEAVY METALS PROF URINE | 82175 | CPT | | | | both | | | 334 | 21.82 | Horizon | MGD | 127.86 | 38.28 | | | 7.2 | 7.2 | 317.3 percent of total billed charges | |
| BKR CHG HEAVY METALS PROF URINE | 82175 | CPT | | | | both | | | 334 | 21.82 | Amerihealth | HMO/PPO | 30.2 | | | | 7.2 | 7.2 | 317.3 fee schedule | |
| BKR CHG HEAVY METALS PROF URINE | 82175 | CPT | | | | both | | | 334 | 21.82 | Consumer | Consumer | 317.3 | 95 | | | 7.2 | 7.2 | 317.3 percent of total billed charges | |
| BKR CHG HEAVY METALS PROF URINE | 82175 | CPT | | | | both | | | 334 | 21.82 | Horizon | PPO | 127.86 | 38.28 | | 6.35 | 7.2 | 7.2 | 317.3 percent of total billed charges | |
| BKR CHG HEAVY METALS PROF URINE | 82175 | CPT | | | | both | | | 334 | 21.82 | Horizon | Medicare Blue | 100.2 | 30 | | | 7.2 | 7.2 | 317.3 percent of total billed charges | |
| BKR CHG HEAVY METALS PROF URINE | 82175 | CPT | | | | both | | | 334 | 21.82 | Horizon | Indemnity | 127.86 | 38.28 | | | 7.2 | 7.2 | 317.3 percent of total billed charges | |
| BKR CHG HEAVY METALS PROF URINE | 82175 | CPT | | | | both | | | 334 | 21.82 | UHC | Medicaid | 7.2 | | | | 7.2 | 7.2 | 317.3 fee schedule | |
| BKR CHG HEAVY METALS PROF URINE | 82175 | CPT | | | | both | | | 334 | 21.82 | UHC | Medicare | 18.97 | | | | 7.2 | 7.2 | 317.3 fee schedule | |
| BKR CHG HEAVY METALS PROF URINE | 82175 | CPT | | | | both | | | 334 | 21.82 | Multiplan | Multiplan | 267.2 | 80 | | | 7.2 | 7.2 | 317.3 percent of total billed charges | |
| BKR CHG HEAVY METALS PROF URINE | 82175 | CPT | | | | both | | | 334 | 21.82 | Amerihealth | Medicare | 18.97 | | | | 7.2 | 7.2 | 317.3 fee schedule | |
| BKR CHG HEAVY METALS PROF URINE | 82175 | CPT | | | | both | | | 334 | 21.82 | Wellcare | Medicare | 18.97 | | | | 7.2 | 7.2 | 317.3 fee schedule | |
| BKR CHG HEAVY METALS PROF URINE | 82175 | CPT | | | | both | | | 334 | 21.82 | WellPoint | WellPoint | 107.48 | 32.18 | | | 7.2 | 7.2 | 317.3 percent of total billed charges | |
| BKR CHG HEAVY METALS PROF URINE | 82175 | CPT | | | | both | | | 334 | 21.82 | Horizon | NJ Health | 14.11 | | | | 7.2 | 7.2 | 317.3 fee schedule | |
| BKR CHG HEAVY METALS PROF URINE | 82175 | CPT | | | | both | | | 334 | 21.82 | Managed Care Inc | Managed Care Inc | 300.6 | 90 | | | 7.2 | 7.2 | 317.3 percent of total billed charges | |
| BKR CHG HEAVY METALS PROF URINE | 82175 | CPT | | | | both | | | 334 | 21.82 | Qualcare | Qualcare | 250.5 | 75 | | | 7.2 | 7.2 | 317.3 percent of total billed charges | |
| BKR CHG HEAVY METALS PROF URINE | 82175 | CPT | | | | both | | | 334 | 21.82 | Three Rivers | Three Rivers | 317.3 | 95 | | | 7.2 | 7.2 | 317.3 percent of total billed charges | |
| BKR CHG HEAVY METALS PROF URINE | 82175 | CPT | | | | both | | | 334 | 21.82 | Wellcare | Medicaid | 7.2 | | | | 7.2 | 7.2 | 317.3 fee schedule | |
| BKR CHG VITAMIN C (ASCORBIC ACID) LAB | 82180 | CPT | | | | both | | | 189 | 11.37 | Aetna | Better Health | 59.63 | 31.55 | | 6.69 | 3.6 | 3.6 | 179.55 percent of total billed charges | |
| BKR CHG VITAMIN C (ASCORBIC ACID) LAB | 82180 | CPT | | | | both | | | 189 | 11.37 | Consumer | Consumer | 179.55 | 95 | | | 3.6 | 3.6 | 179.55 percent of total billed charges | |
| BKR CHG VITAMIN C (ASCORBIC ACID) LAB | 82180 | CPT | | | | both | | | 189 | 11.37 | First Trenton | First Trenton | 170.1 | 90 | | | 3.6 | 3.6 | 179.55 percent of total billed charges | |
| BKR CHG VITAMIN C (ASCORBIC ACID) LAB | 82180 | CPT | | | | both | | | 189 | 11.37 | Aetna | Medicare | 58.21 | 30.8 | | 3.37 | 3.6 | 3.6 | 179.55 percent of total billed charges | |
| BKR CHG VITAMIN C (ASCORBIC ACID) LAB | 82180 | CPT | | | | both | | | 189 | 11.37 | Horizon | Indemnity | 72.35 | 38.28 | | 1.34 | 3.6 | 3.6 | 179.55 percent of total billed charges | |
| BKR CHG VITAMIN C (ASCORBIC ACID) LAB | 82180 | CPT | | | | both | | | 189 | 11.37 | Corrections | Corrections | 151.2 | 80 | | | 3.6 | 3.6 | 179.55 percent of total billed charges | |
| BKR CHG VITAMIN C (ASCORBIC ACID) LAB | 82180 | CPT | | | | both | | | 189 | 11.37 | Horizon | Medicare Blue | 56.7 | 30 | | | 3.6 | 3.6 | 179.55 percent of total billed charges | |
| BKR CHG VITAMIN C (ASCORBIC ACID) LAB | 82180 | CPT | | | | both | | | 189 | 11.37 | Americare | Americare | 141.75 | 75 | | | 3.6 | 3.6 | 179.55 percent of total billed charges | |
| BKR CHG VITAMIN C PLASMA | 82180 | CPT | | | | both | | | 189 | 11.37 | Amerihealth | Medicare | 9.89 | | | | 3.6 | 3.6 | 179.55 fee schedule | |
| BKR CHG VITAMIN C PLASMA | 82180 | CPT | | | | both | | | 189 | 11.37 | Wellcare | Medicaid | 3.6 | | | | 3.6 | 3.6 | 179.55 fee schedule | |
| BKR CHG VITAMIN C PLASMA | 82180 | CPT | | | | both | | | 189 | 11.37 | Horizon | NJ Health | 7.06 | | | 1.08 | 3.6 | 3.6 | 179.55 fee schedule | |
| BKR CHG VITAMIN C PLASMA | 82180 | CPT | | | | both | | | 189 | 11.37 | Amerihealth | HMO/PPO | 15.1 | | | | 3.6 | 3.6 | 179.55 fee schedule | |
| BKR CHG VITAMIN C (ASCORBIC ACID) LAB | 82180 | CPT | | | | both | | | 189 | 11.37 | Horizon | PPO | 72.35 | 38.28 | | 4.69 | 3.6 | 3.6 | 179.55 percent of total billed charges | |
| BKR CHG VITAMIN C PLASMA | 82180 | CPT | | | | both | | | 189 | 11.37 | UHC | Medicaid | 3.6 | | | | 3.6 | 3.6 | 179.55 fee schedule | |
| BKR CHG VITAMIN C (ASCORBIC ACID) LAB | 82180 | CPT | | | | both | | | 189 | 11.37 | Managed Care Inc | Managed Care Inc | 170.1 | 90 | | | 3.6 | 3.6 | 179.55 percent of total billed charges | |
| BKR CHG VITAMIN C (ASCORBIC ACID) LAB | 82180 | CPT | | | | both | | | 189 | 11.37 | Horizon | MGD | 72.35 | 38.28 | | 5.64 | 3.6 | 3.6 | 179.55 percent of total billed charges | |
| BKR CHG VITAMIN C (ASCORBIC ACID) LAB | 82180 | CPT | | | | both | | | 189 | 11.37 | First Health | First Health | 132.3 | 70 | | | 3.6 | 3.6 | 179.55 percent of total billed charges | |
| BKR CHG VITAMIN C PLASMA | 82180 | CPT | | | | both | | | 189 | 11.37 | Wellcare | Medicare | 9.89 | | | | 3.6 | 3.6 | 179.55 fee schedule | |
| BKR CHG VITAMIN C (ASCORBIC ACID) LAB | 82180 | CPT | | | | both | | | 189 | 11.37 | Multiplan | Multiplan | 151.2 | 80 | | | 3.6 | 3.6 | 179.55 percent of total billed charges | |
| BKR CHG VITAMIN C (ASCORBIC ACID) LAB | 82180 | CPT | | | | both | | | 189 | 11.37 | WellPoint | WellPoint | 60.82 | 32.18 | | 1.02 | 3.6 | 3.6 | 179.55 percent of total billed charges | |
| BKR CHG VITAMIN C (ASCORBIC ACID) LAB | 82180 | CPT | | | | both | | | 189 | 11.37 | Qualcare | Qualcare | 141.75 | 75 | | | 3.6 | 3.6 | 179.55 percent of total billed charges | |
| BKR CHG VITAMIN C (ASCORBIC ACID) LAB | 82180 | CPT | | | | both | | | 189 | 11.37 | Three Rivers | Three Rivers | 179.55 | 95 | | | 3.6 | 3.6 | 179.55 percent of total billed charges | |
| BKR CHG VITAMIN C PLASMA | 82180 | CPT | | | | both | | | 189 | 11.37 | UHC | Medicare | 9.89 | | | | 3.6 | 3.6 | 179.55 fee schedule | |
| BKR CHG BETA-2 MICROGLOBULIN SERUM | 82232 | CPT | | | | both | | | 111 | 18.61 | Aetna | Better Health | 35.02 | 31.55 | | | 12 | 12 | 105.45 percent of total billed charges | |
| BKR CHG BETA-2 MICROGLOBULIN SERUM | 82232 | CPT | | | | both | | | 111 | 18.61 | First Health | First Health | 77.7 | 70 | | | 12 | 12 | 105.45 percent of total billed charges | |
| BKR CHG BETA-2 MICROGLOBULIN SERUM | 82232 | CPT | | | | both | | | 111 | 18.61 | Horizon | MGD | 42.49 | 38.28 | | 4.38 | 12 | 12 | 105.45 percent of total billed charges | |
| BKR CHG BETA-2 MICROGLOBULIN SERUM | 82232 | CPT | | | | both | | | 111 | 18.61 | Aetna | Medicare | 34.19 | 30.8 | | | 12 | 12 | 105.45 percent of total billed charges | |
| BKR CHG BETA-2 MICROGLOBULIN SERUM | 82232 | CPT | | | | both | | | 111 | 18.61 | Amerihealth | HMO/PPO | 25.2 | | | 3.63 | 12 | 12 | 105.45 fee schedule | |
| BKR CHG BETA-2 MICROGLOBULIN SERUM | 82232 | CPT | | | | both | | | 111 | 18.61 | Horizon | NJ Health | 48.02 | | | 0.22 | 12 | 12 | 105.45 fee schedule | |
| BKR CHG BETA-2 MICROGLOBULIN SERUM | 82232 | CPT | | | | both | | | 111 | 18.61 | Americare | Americare | 83.25 | 75 | | | 12 | 12 | 105.45 percent of total billed charges | |
| BKR CHG BETA-2 MICROGLOBULIN SERUM | 82232 | CPT | | | | both | | | 111 | 18.61 | Amerihealth | Medicare | 16.18 | | | | 12 | 12 | 105.45 fee schedule | |
| BKR CHG BETA-2 MICROGLOBULIN SERUM | 82232 | CPT | | | | both | | | 111 | 18.61 | Consumer | Consumer | 105.45 | 95 | | | 12 | 12 | 105.45 percent of total billed charges | |
| BKR CHG BETA-2 MICROGLOBULIN SERUM | 82232 | CPT | | | | both | | | 111 | 18.61 | UHC | Medicare | 16.18 | | | 3.62 | 12 | 12 | 105.45 fee schedule | |
| BKR CHG BETA-2 MICROGLOBULIN SERUM | 82232 | CPT | | | | both | | | 111 | 18.61 | First Trenton | First Trenton | 99.9 | 90 | | | 12 | 12 | 105.45 percent of total billed charges | |
| BKR CHG BETA-2 MICROGLOBULIN SERUM | 82232 | CPT | | | | both | | | 111 | 18.61 | Multiplan | Multiplan | 88.8 | 80 | | | 12 | 12 | 105.45 percent of total billed charges | |
| BKR CHG BETA-2 MICROGLOBULIN SERUM | 82232 | CPT | | | | both | | | 111 | 18.61 | Corrections | Corrections | 88.8 | 80 | | | 12 | 12 | 105.45 percent of total billed charges | |
| BKR CHG BETA-2 MICROGLOBULIN SERUM | 82232 | CPT | | | | both | | | 111 | 18.61 | Wellcare | Medicare | 16.18 | | | | 12 | 12 | 105.45 fee schedule | |
| BKR CHG BETA-2 MICROGLOBULIN SERUM | 82232 | CPT | | | | both | | | 111 | 18.61 | Horizon | PPO | 42.49 | 38.28 | | | 12 | 12 | 105.45 percent of total billed charges | |
| BKR CHG BETA-2 MICROGLOBULIN SERUM | 82232 | CPT | | | | both | | | 111 | 18.61 | Horizon | Indemnity | 42.49 | 38.28 | | 16.51 | 12 | 12 | 105.45 percent of total billed charges | |
| BKR CHG BETA-2 MICROGLOBULIN SERUM | 82232 | CPT | | | | both | | | 111 | 18.61 | Horizon | Medicare Blue | 33.3 | 30 | | | 12 | 12 | 105.45 percent of total billed charges | |
| BKR CHG BETA-2 MICROGLOBULIN SERUM | 82232 | CPT | | | | both | | | 111 | 18.61 | Qualcare | Qualcare | 83.25 | 75 | | | 12 | 12 | 105.45 percent of total billed charges | |
| BKR CHG BETA-2 MICROGLOBULIN SERUM | 82232 | CPT | | | | both | | | 111 | 18.61 | Managed Care Inc | Managed Care Inc | 99.9 | 90 | | | 12 | 12 | 105.45 percent of total billed charges | |
| BKR CHG BETA-2 MICROGLOBULIN SERUM | 82232 | CPT | | | | both | | | 111 | 18.61 | WellPoint | WellPoint | 35.72 | 32.18 | | 9.02 | 12 | 12 | 105.45 percent of total billed charges | |
| BKR CHG BETA-2 MICROGLOBULIN SERUM | 82232 | CPT | | | | both | | | 111 | 18.61 | Three Rivers | Three Rivers | 105.45 | 95 | | | 12 | 12 | 105.45 percent of total billed charges | |
| BKR CHG BETA-2 MICROGLOBULIN SERUM | 82232 | CPT | | | | both | | | 111 | 18.61 | Wellcare | Medicaid | 17.8 | | | 8.06 | 12 | 12 | 105.45 fee schedule | |
| BKR CHG BETA-2 MICROGLOBULIN SERUM | 82232 | CPT | | | | both | | | 111 | 18.61 | UHC | Medicaid | 17.8 | | | 4.85 | 12 | 12 | 105.45 fee schedule | |
| BKR CHG BILE ACIDS CHOLYLGLYCINE | 82240 | CPT | | | | outpatient | | | 41 | 30.57 | Consumer | Consumer | 38.95 | 95 | | | 5.69 | 5.69 | 38.95 percent of total billed charges | |
| BKR CHG BILE ACIDS CHOLYLGLYCINE | 82240 | CPT | | | | outpatient | | | 41 | 30.57 | Americare | Americare | 30.75 | 75 | | | 5.69 | 5.69 | 38.95 percent of total billed charges | |
| BKR CHG BILE ACIDS CHOLYLGLYCINE | 82240 | CPT | | | | outpatient | | | 41 | 30.57 | Aetna | Better Health | 12.94 | 31.55 | | | 5.69 | 5.69 | 38.95 percent of total billed charges | |
| BKR CHG BILE ACIDS CHOLYLGLYCINE | 82240 | CPT | | | | outpatient | | | 41 | 30.57 | Aetna | Medicare | 12.63 | 30.8 | | | 5.69 | 5.69 | 38.95 percent of total billed charges | |
| BKR CHG BILE ACIDS CHOLYLGLYCINE | 82240 | CPT | | | | outpatient | | | 41 | 30.57 | Horizon | MGD | 15.69 | 38.28 | | | 5.69 | 5.69 | 38.95 percent of total billed charges | |
| BKR CHG BILE ACIDS CHOLYLGLYCINE | 82240 | CPT | | | | outpatient | | | 41 | 30.57 | Multiplan | Multiplan | 32.8 | 80 | | | 5.69 | 5.69 | 38.95 percent of total billed charges | |
| BKR CHG BILE ACIDS CHOLYLGLYCINE | 82240 | CPT | | | | outpatient | | | 41 | 30.57 | First Health | First Health | 28.7 | 70 | | | 5.69 | 5.69 | 38.95 percent of total billed charges | |
| BKR CHG BILE ACIDS CHOLYLGLYCINE | 82240 | CPT | | | | outpatient | | | 41 | 30.57 | WellPoint | WellPoint | 13.19 | 32.18 | | | 5.69 | 5.69 | 38.95 percent of total billed charges | |
| BKR CHG BILE ACIDS CHOLYLGLYCINE | 82240 | CPT | | | | outpatient | | | 41 | 30.57 | Corrections | Corrections | 32.8 | 80 | | | 5.69 | 5.69 | 38.95 percent of total billed charges | |
| BKR CHG BILE ACIDS CHOLYLGLYCINE | 82240 | CPT | | | | outpatient | | | 41 | 30.57 | Amerihealth | HMO/PPO | 22.8 | | | | 5.69 | 5.69 | 38.95 fee schedule | |
| BKR CHG BILE ACIDS CHOLYLGLYCINE | 82240 | CPT | | | | outpatient | | | 41 | 30.57 | Amerihealth | Medicare | 26.58 | | | | 5.69 | 5.69 | 38.95 fee schedule | |
| BKR CHG BILE ACIDS CHOLYLGLYCINE | 82240 | CPT | | | | outpatient | | | 41 | 30.57 | UHC | Medicare | 26.58 | | | | 5.69 | 5.69 | 38.95 fee schedule | |
| BKR CHG BILE ACIDS CHOLYLGLYCINE | 82240 | CPT | | | | outpatient | | | 41 | 30.57 | Qualcare | Qualcare | 30.75 | 75 | | | 5.69 | 5.69 | 38.95 percent of total billed charges | |
| BKR CHG BILE ACIDS CHOLYLGLYCINE | 82240 | CPT | | | | outpatient | | | 41 | 30.57 | Horizon | Medicare Blue | 12.3 | 30 | | | 5.69 | 5.69 | 38.95 percent of total billed charges | |
| BKR CHG BILE ACIDS CHOLYLGLYCINE | 82240 | CPT | | | | outpatient | | | 41 | 30.57 | Horizon | Indemnity | 15.69 | 38.28 | | | 5.69 | 5.69 | 38.95 percent of total billed charges | |
| BKR CHG BILE ACIDS CHOLYLGLYCINE | 82240 | CPT | | | | outpatient | | | 41 | 30.57 | UHC | Medicaid | 5.69 | | | | 5.69 | 5.69 | 38.95 fee schedule | |
| BKR CHG BILE ACIDS CHOLYLGLYCINE | 82240 | CPT | | | | outpatient | | | 41 | 30.57 | First Trenton | First Trenton | 36.9 | 90 | | | 5.69 | 5.69 | 38.95 percent of total billed charges | |
| BKR CHG BILE ACIDS CHOLYLGLYCINE | 82240 | CPT | | | | outpatient | | | 41 | 30.57 | Wellcare | Medicare | 26.58 | | | | 5.69 | 5.69 | 38.95 fee schedule | |
| BKR CHG BILE ACIDS CHOLYLGLYCINE | 82240 | CPT | | | | outpatient | | | 41 | 30.57 | Horizon | PPO | 15.69 | 38.28 | | | 5.69 | 5.69 | 38.95 percent of total billed charges | |
| BKR CHG BILE ACIDS CHOLYLGLYCINE | 82240 | CPT | | | | outpatient | | | 41 | 30.57 | Horizon | NJ Health | 11.15 | | | | 5.69 | 5.69 | 38.95 fee schedule | |
| BKR CHG BILE ACIDS CHOLYLGLYCINE | 82240 | CPT | | | | outpatient | | | 41 | 30.57 | Three Rivers | Three Rivers | 38.95 | 95 | | | 5.69 | 5.69 | 38.95 percent of total billed charges | |
| BKR CHG BILE ACIDS CHOLYLGLYCINE | 82240 | CPT | | | | outpatient | | | 41 | 30.57 | Managed Care Inc | Managed Care Inc | 36.9 | 90 | | | 5.69 | 5.69 | 38.95 percent of total billed charges | |
| BKR CHG BILE ACIDS CHOLYLGLYCINE | 82240 | CPT | | | | outpatient | | | 41 | 30.57 | Wellcare | Medicaid | 5.69 | | | | 5.69 | 5.69 | 38.95 fee schedule | |
| BKR CHG BILIRUBIN,TOTAL | 82247 | CPT | | | | both | | | 307 | 5.77 | Horizon | MGD | 117.52 | 38.28 | | 18.38 | 3 | 3 | 291.65 percent of total billed charges | |
| BKR CHG BILIRUBIN,TOTAL | 82247 | CPT | | | | both | | | 307 | 5.77 | First Health | First Health | 214.9 | 70 | | | 3 | 3 | 291.65 percent of total billed charges | |
| BKR CHG BILIRUBIN,TOTAL | 82247 | CPT | | | | both | | | 307 | 5.77 | Americare | Americare | 230.25 | 75 | | | 3 | 3 | 291.65 percent of total billed charges | |
| BKR CHG BILIRUBIN,TOTAL | 82247 | CPT | | | | both | | | 307 | 5.77 | Aetna | Medicare | 94.56 | 30.8 | | | 3 | 3 | 291.65 percent of total billed charges | |
| BKR CHG BILIRUBIN,TOTAL | 82247 | CPT | | | | both | | | 307 | 5.77 | UHC | Medicare | 5.02 | | | 8.98 | 3 | 3 | 291.65 fee schedule | |
| BKR CHG BILIRUBIN,TOTAL | 82247 | CPT | | | | both | | | 307 | 5.77 | Consumer | Consumer | 291.65 | 95 | | | 3 | 3 | 291.65 percent of total billed charges | |
| BKR CHG BILIRUBIN,TOTAL | 82247 | CPT | | | | both | | | 307 | 5.77 | Aetna | Better Health | 96.86 | 31.55 | | 7.68 | 3 | 3 | 291.65 percent of total billed charges | |
| BKR CHG BILIRUBIN,TOTAL | 82247 | CPT | | | | both | | | 307 | 5.77 | First Trenton | First Trenton | 276.3 | 90 | | | 3 | 3 | 291.65 percent of total billed charges | |
| BKR CHG BILIRUBIN,TOTAL | 82247 | CPT | | | | both | | | 307 | 5.77 | Amerihealth | HMO/PPO | 6.9 | | | | 3 | 3 | 291.65 fee schedule | |
| BKR CHG BILIRUBIN,TOTAL | 82247 | CPT | | | | both | | | 307 | 5.77 | Horizon | Indemnity | 117.52 | 38.28 | | 7.04 | 3 | 3 | 291.65 percent of total billed charges | |
| BKR CHG BILIRUBIN,TOTAL | 82247 | CPT | | | | both | | | 307 | 5.77 | Three Rivers | Three Rivers | 291.65 | 95 | | | 3 | 3 | 291.65 percent of total billed charges | |
| BKR CHG BILIRUBIN,TOTAL | 82247 | CPT | | | | both | | | 307 | 5.77 | Horizon | Medicare Blue | 92.1 | 30 | | 4.43 | 3 | 3 | 291.65 percent of total billed charges | |
| BKR CHG BILIRUBIN,TOTAL | 82247 | CPT | | | | both | | | 307 | 5.77 | Amerihealth | Medicare | 5.02 | | | | 3 | 3 | 291.65 fee schedule | |
| BKR CHG BILIRUBIN,TOTAL | 82247 | CPT | | | | both | | | 307 | 5.77 | Corrections | Corrections | 245.6 | 80 | | | 3 | 3 | 291.65 percent of total billed charges | |
| BKR CHG BILIRUBIN,TOTAL | 82247 | CPT | | | | both | | | 307 | 5.77 | Horizon | NJ Health | 11.76 | | | 3.47 | 3 | 3 | 291.65 fee schedule | |
| BKR CHG BILIRUBIN,TOTAL | 82247 | CPT | | | | both | | | 307 | 5.77 | Managed Care Inc | Managed Care Inc | 276.3 | 90 | | | 3 | 3 | 291.65 percent of total billed charges | |
| BKR CHG BILIRUBIN,TOTAL | 82247 | CPT | | | | both | | | 307 | 5.77 | UHC | Medicaid | 3 | | | 12.39 | 3 | 3 | 291.65 fee schedule | |
| BKR CHG BILIRUBIN,TOTAL | 82247 | CPT | | | | both | | | 307 | 5.77 | Horizon | PPO | 117.52 | 38.28 | | 8.04 | 3 | 3 | 291.65 percent of total billed charges | |
| BKR CHG BILIRUBIN,TOTAL | 82247 | CPT | | | | both | | | 307 | 5.77 | Qualcare | Qualcare | 230.25 | 75 | | | 3 | 3 | 291.65 percent of total billed charges | |
| BKR CHG BILIRUBIN,TOTAL | 82247 | CPT | | | | both | | | 307 | 5.77 | WellPoint | WellPoint | 98.79 | 32.18 | | 12.86 | 3 | 3 | 291.65 percent of total billed charges | |
| BKR CHG BILIRUBIN,TOTAL | 82247 | CPT | | | | both | | | 307 | 5.77 | Wellcare | Medicare | 5.02 | | | 1.42 | 3 | 3 | 291.65 fee schedule | |
| BKR CHG BILIRUBIN,TOTAL | 82247 | CPT | | | | both | | | 307 | 5.77 | Multiplan | Multiplan | 245.6 | 80 | | | 3 | 3 | 291.65 percent of total billed charges | |
| BKR CHG BILIRUBIN,TOTAL | 82247 | CPT | | | | both | | | 307 | 5.77 | Wellcare | Medicaid | 3 | | | 11.06 | 3 | 3 | 291.65 fee schedule | |
| BKR CHG BILIRUBIN DIRECT | 82248 | CPT | | | | both | | | 75 | 5.77 | Wellcare | Medicaid | 4.5 | | | 12.75 | 4.5 | 4.5 | 71.25 fee schedule | |
| BKR CHG BILIRUBIN DIRECT | 82248 | CPT | | | | both | | | 75 | 5.77 | Corrections | Corrections | 60 | 80 | | 16.43 | 4.5 | 4.5 | 71.25 percent of total billed charges | |
| BKR CHG BILIRUBIN DIRECT | 82248 | CPT | | | | both | | | 75 | 5.77 | Horizon | Indemnity | 28.71 | 38.28 | | 10.49 | 4.5 | 4.5 | 71.25 percent of total billed charges | |
| BKR CHG BILIRUBIN DIRECT | 82248 | CPT | | | | both | | | 75 | 5.77 | Horizon | MGD | 28.71 | 38.28 | | 12.53 | 4.5 | 4.5 | 71.25 percent of total billed charges | |
| BKR CHG BILIRUBIN DIRECT | 82248 | CPT | | | | both | | | 75 | 5.77 | Amerihealth | Medicare | 5.02 | | | | 4.5 | 4.5 | 71.25 fee schedule | |
| BKR CHG BILIRUBIN DIRECT | 82248 | CPT | | | | both | | | 75 | 5.77 | Aetna | Better Health | 23.66 | 31.55 | | 5.02 | 4.5 | 4.5 | 71.25 percent of total billed charges | |
| BKR CHG BILIRUBIN DIRECT | 82248 | CPT | | | | both | | | 75 | 5.77 | Americare | Americare | 56.25 | 75 | | | 4.5 | 4.5 | 71.25 percent of total billed charges | |
| BKR CHG BILIRUBIN DIRECT | 82248 | CPT | | | | both | | | 75 | 5.77 | Aetna | Medicare | 23.1 | 30.8 | | 3.48 | 4.5 | 4.5 | 71.25 percent of total billed charges | |
| BKR CHG BILIRUBIN DIRECT | 82248 | CPT | | | | both | | | 75 | 5.77 | Horizon | PPO | 28.71 | 38.28 | | 10.4 | 4.5 | 4.5 | 71.25 percent of total billed charges | |
| BKR CHG BILIRUBIN DIRECT | 82248 | CPT | | | | both | | | 75 | 5.77 | First Trenton | First Trenton | 67.5 | 90 | | | 4.5 | 4.5 | 71.25 percent of total billed charges | |
| BKR CHG BILIRUBIN DIRECT | 82248 | CPT | | | | both | | | 75 | 5.77 | Multiplan | Multiplan | 60 | 80 | | | 4.5 | 4.5 | 71.25 percent of total billed charges | |
| BKR CHG BILIRUBIN DIRECT | 82248 | CPT | | | | both | | | 75 | 5.77 | WellPoint | WellPoint | 24.14 | 32.18 | | 16.12 | 4.5 | 4.5 | 71.25 percent of total billed charges | |
| BKR CHG BILIRUBIN DIRECT | 82248 | CPT | | | | both | | | 75 | 5.77 | Consumer | Consumer | 71.25 | 95 | | | 4.5 | 4.5 | 71.25 percent of total billed charges | |
| BKR CHG BILIRUBIN DIRECT | 82248 | CPT | | | | both | | | 75 | 5.77 | Horizon | Medicare Blue | 22.5 | 30 | | 7.09 | 4.5 | 4.5 | 71.25 percent of total billed charges | |
| BKR CHG BILIRUBIN DIRECT | 82248 | CPT | | | | both | | | 75 | 5.77 | Qualcare | Qualcare | 56.25 | 75 | | | 4.5 | 4.5 | 71.25 percent of total billed charges | |
| BKR CHG BILIRUBIN DIRECT | 82248 | CPT | | | | both | | | 75 | 5.77 | Amerihealth | HMO/PPO | 6.9 | | | 5.08 | 4.5 | 4.5 | 71.25 fee schedule | |
| BKR CHG BILIRUBIN DIRECT | 82248 | CPT | | | | both | | | 75 | 5.77 | Managed Care Inc | Managed Care Inc | 67.5 | 90 | | | 4.5 | 4.5 | 71.25 percent of total billed charges | |
| BKR CHG BILIRUBIN DIRECT | 82248 | CPT | | | | both | | | 75 | 5.77 | First Health | First Health | 52.5 | 70 | | | 4.5 | 4.5 | 71.25 percent of total billed charges | |
| BKR CHG BILIRUBIN DIRECT | 82248 | CPT | | | | both | | | 75 | 5.77 | UHC | Medicaid | 4.5 | | | 9.21 | 4.5 | 4.5 | 71.25 fee schedule | |
| BKR CHG BILIRUBIN DIRECT | 82248 | CPT | | | | both | | | 75 | 5.77 | Horizon | NJ Health | 17.64 | | | 4.23 | 4.5 | 4.5 | 71.25 fee schedule | |
| BKR CHG BILIRUBIN DIRECT | 82248 | CPT | | | | both | | | 75 | 5.77 | Three Rivers | Three Rivers | 71.25 | 95 | | | 4.5 | 4.5 | 71.25 percent of total billed charges | |
| BKR CHG BILIRUBIN DIRECT | 82248 | CPT | | | | both | | | 75 | 5.77 | UHC | Medicare | 5.02 | | | 6.1 | 4.5 | 4.5 | 71.25 fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG BILIRUBIN DIRECT | 82248 | CPT | | | | both | | | 75 | | 5.77 | Wellcare | Medicare | 5.02 | | | 3.07 | 4.5 | | 71.25 fee schedule | |
| BKR CHG ENZYME BIOTINIDASE DEF SERUM | 82261 | CPT | | | | outpatient | | | 276 | | 19.4 | Consumer | Consumer | 262.2 | 95 | | | 16.87 | | 262.2 percent of total billed charges | |
| BKR CHG ENZYME BIOTINIDASE DEF SERUM | 82261 | CPT | | | | outpatient | | | 276 | | 19.4 | Americare | Americare | 207 | 75 | | | 16.87 | | 262.2 percent of total billed charges | |
| BKR CHG ENZYME BIOTINIDASE DEF SERUM | 82261 | CPT | | | | outpatient | | | 276 | | 19.4 | Multiplan | Multiplan | 220.8 | 80 | | | 16.87 | | 262.2 percent of total billed charges | |
| BKR CHG ENZYME BIOTINIDASE DEF SERUM | 82261 | CPT | | | | outpatient | | | 276 | | 19.4 | Amerihealth | Medicare | 16.87 | | | | 16.87 | | 262.2 fee schedule | |
| BKR CHG ENZYME BIOTINIDASE DEF SERUM | 82261 | CPT | | | | outpatient | | | 276 | | 19.4 | Corrections | Corrections | 220.8 | 80 | | | 16.87 | | 262.2 percent of total billed charges | |
| BKR CHG ENZYME BIOTINIDASE DEF SERUM | 82261 | CPT | | | | outpatient | | | 276 | | 19.4 | Horizon | Indemnity | 105.65 | 38.28 | | | 16.87 | | 262.2 percent of total billed charges | |
| BKR CHG ENZYME BIOTINIDASE DEF SERUM | 82261 | CPT | | | | outpatient | | | 276 | | 19.4 | Aetna | Better Health | 87.08 | 31.55 | | | 16.87 | | 262.2 percent of total billed charges | |
| BKR CHG ENZYME BIOTINIDASE DEF SERUM | 82261 | CPT | | | | outpatient | | | 276 | | 19.4 | Aetna | Medicare | 85.01 | 30.8 | | | 16.87 | | 262.2 percent of total billed charges | |
| BKR CHG ENZYME BIOTINIDASE DEF SERUM | 82261 | CPT | | | | outpatient | | | 276 | | 19.4 | Horizon | NJ Health | 18.74 | | | | 16.87 | | 262.2 fee schedule | |
| BKR CHG ENZYME BIOTINIDASE DEF SERUM | 82261 | CPT | | | | outpatient | | | 276 | | 19.4 | Amerihealth | HMO/PPO | 23.3 | | | | 16.87 | | 262.2 fee schedule | |
| BKR CHG ENZYME BIOTINIDASE DEF SERUM | 82261 | CPT | | | | outpatient | | | 276 | | 19.4 | Qualcare | Qualcare | 207 | 75 | | | 16.87 | | 262.2 percent of total billed charges | |
| BKR CHG ENZYME BIOTINIDASE DEF SERUM | 82261 | CPT | | | | outpatient | | | 276 | | 19.4 | First Trenton | First Trenton | 248.4 | 90 | | | 16.87 | | 262.2 percent of total billed charges | |
| BKR CHG ENZYME BIOTINIDASE DEF SERUM | 82261 | CPT | | | | outpatient | | | 276 | | 19.4 | Wellcare | Medicaid | 18.64 | | | | 16.87 | | 262.2 fee schedule | |
| BKR CHG ENZYME BIOTINIDASE DEF SERUM | 82261 | CPT | | | | outpatient | | | 276 | | 19.4 | UHC | Medicaid | 18.64 | | | | 16.87 | | 262.2 fee schedule | |
| BKR CHG ENZYME BIOTINIDASE DEF SERUM | 82261 | CPT | | | | outpatient | | | 276 | | 19.4 | First Health | First Health | 193.2 | 70 | | | 16.87 | | 262.2 percent of total billed charges | |
| BKR CHG ENZYME BIOTINIDASE DEF SERUM | 82261 | CPT | | | | outpatient | | | 276 | | 19.4 | Horizon | MGD | 105.65 | 38.28 | | | 16.87 | | 262.2 percent of total billed charges | |
| BKR CHG ENZYME BIOTINIDASE DEF SERUM | 82261 | CPT | | | | outpatient | | | 276 | | 19.4 | UHC | Medicare | 16.87 | | | | 16.87 | | 262.2 fee schedule | |
| BKR CHG ENZYME BIOTINIDASE DEF SERUM | 82261 | CPT | | | | outpatient | | | 276 | | 19.4 | Wellcare | Medicare | 16.87 | | | | 16.87 | | 262.2 fee schedule | |
| BKR CHG ENZYME BIOTINIDASE DEF SERUM | 82261 | CPT | | | | outpatient | | | 276 | | 19.4 | Horizon | Medicare Blue | 82.8 | 30 | | | 16.87 | | 262.2 percent of total billed charges | |
| BKR CHG ENZYME BIOTINIDASE DEF SERUM | 82261 | CPT | | | | outpatient | | | 276 | | 19.4 | Managed Care Inc | Managed Care Inc | 248.4 | 90 | | | 16.87 | | 262.2 percent of total billed charges | |
| BKR CHG ENZYME BIOTINIDASE DEF SERUM | 82261 | CPT | | | | outpatient | | | 276 | | 19.4 | Three Rivers | Three Rivers | 262.2 | 95 | | | 16.87 | | 262.2 percent of total billed charges | |
| BKR CHG ENZYME BIOTINIDASE DEF SERUM | 82261 | CPT | | | | outpatient | | | 276 | | 19.4 | Horizon | PPO | 105.65 | 38.28 | | | 16.87 | | 262.2 percent of total billed charges | |
| BKR CHG ENZYME BIOTINIDASE DEF SERUM | 82261 | CPT | | | | outpatient | | | 276 | | 19.4 | WellPoint | WellPoint | 88.82 | 32.18 | | | 16.87 | | 262.2 percent of total billed charges | |
| BKR CHG OCCULT BLOOD GASTRIC FLUID | 82271 | CPT | | | | outpatient | | | 54 | | 6.12 | Americare | Americare | 40.5 | 75 | | | 2.5 | | 51.3 percent of total billed charges | |
| BKR CHG OCCULT BLOOD GASTRIC FLUID | 82271 | CPT | | | | outpatient | | | 54 | | 6.12 | Aetna | Medicare | 16.63 | 30.8 | | | 2.5 | | 51.3 percent of total billed charges | |
| BKR CHG OCCULT BLOOD GASTRIC FLUID | 82271 | CPT | | | | outpatient | | | 54 | | 6.12 | Wellcare | Medicaid | 4.26 | | | | 2.5 | | 51.3 fee schedule | |
| BKR CHG OCCULT BLOOD GASTRIC FLUID | 82271 | CPT | | | | outpatient | | | 54 | | 6.12 | Amerihealth | HMO/PPO | 2.5 | | | | 2.5 | | 51.3 fee schedule | |
| BKR CHG OCCULT BLOOD GASTRIC FLUID | 82271 | CPT | | | | outpatient | | | 54 | | 6.12 | Horizon | Medicare Blue | 16.2 | 30 | | | 2.5 | | 51.3 percent of total billed charges | |
| BKR CHG OCCULT BLOOD GASTRIC FLUID | 82271 | CPT | | | | outpatient | | | 54 | | 6.12 | Corrections | Corrections | 43.2 | 80 | | | 2.5 | | 51.3 percent of total billed charges | |
| BKR CHG OCCULT BLOOD GASTRIC FLUID | 82271 | CPT | | | | outpatient | | | 54 | | 6.12 | Amerihealth | Medicare | 5.32 | | | | 2.5 | | 51.3 fee schedule | |
| BKR CHG OCCULT BLOOD GASTRIC FLUID | 82271 | CPT | | | | outpatient | | | 54 | | 6.12 | Aetna | Better Health | 17.04 | 31.55 | | | 2.5 | | 51.3 percent of total billed charges | |
| BKR CHG OCCULT BLOOD GASTRIC FLUID | 82271 | CPT | | | | outpatient | | | 54 | | 6.12 | Horizon | PPO | 20.67 | 38.28 | | | 2.5 | | 51.3 percent of total billed charges | |
| BKR CHG OCCULT BLOOD GASTRIC FLUID | 82271 | CPT | | | | outpatient | | | 54 | | 6.12 | Consumer | Consumer | 51.3 | 95 | | | 2.5 | | 51.3 percent of total billed charges | |
| BKR CHG OCCULT BLOOD GASTRIC FLUID | 82271 | CPT | | | | outpatient | | | 54 | | 6.12 | First Trenton | First Trenton | 48.6 | 90 | | | 2.5 | | 51.3 percent of total billed charges | |
| BKR CHG OCCULT BLOOD GASTRIC FLUID | 82271 | CPT | | | | outpatient | | | 54 | | 6.12 | First Health | First Health | 37.8 | 70 | | | 2.5 | | 51.3 percent of total billed charges | |
| BKR CHG OCCULT BLOOD GASTRIC FLUID | 82271 | CPT | | | | outpatient | | | 54 | | 6.12 | Qualcare | Qualcare | 40.5 | 75 | | | 2.5 | | 51.3 percent of total billed charges | |
| BKR CHG OCCULT BLOOD GASTRIC FLUID | 82271 | CPT | | | | outpatient | | | 54 | | 6.12 | WellPoint | WellPoint | 17.38 | 32.18 | | | 2.5 | | 51.3 percent of total billed charges | |
| BKR CHG OCCULT BLOOD GASTRIC FLUID | 82271 | CPT | | | | outpatient | | | 54 | | 6.12 | UHC | Medicare | 5.32 | | | 5.88 | 2.5 | | 51.3 fee schedule | |
| BKR CHG OCCULT BLOOD GASTRIC FLUID | 82271 | CPT | | | | outpatient | | | 54 | | 6.12 | Multiplan | Multiplan | 43.2 | 80 | | | 2.5 | | 51.3 percent of total billed charges | |
| BKR CHG OCCULT BLOOD GASTRIC FLUID | 82271 | CPT | | | | outpatient | | | 54 | | 6.12 | Three Rivers | Three Rivers | 51.3 | 95 | | | 2.5 | | 51.3 percent of total billed charges | |
| BKR CHG OCCULT BLOOD GASTRIC FLUID | 82271 | CPT | | | | outpatient | | | 54 | | 6.12 | Horizon | MGD | 20.67 | 38.28 | | | 2.5 | | 51.3 percent of total billed charges | |
| BKR CHG OCCULT BLOOD GASTRIC FLUID | 82271 | CPT | | | | outpatient | | | 54 | | 6.12 | Wellcare | Medicare | 5.32 | | | | 2.5 | | 51.3 fee schedule | |
| BKR CHG OCCULT BLOOD GASTRIC FLUID | 82271 | CPT | | | | outpatient | | | 54 | | 6.12 | Horizon | Indemnity | 20.67 | 38.28 | | | 2.5 | | 51.3 percent of total billed charges | |
| BKR CHG OCCULT BLOOD GASTRIC FLUID | 82271 | CPT | | | | outpatient | | | 54 | | 6.12 | Horizon | NJ Health | 4.31 | | | | 2.5 | | 51.3 fee schedule | |
| BKR CHG OCCULT BLOOD GASTRIC FLUID | 82271 | CPT | | | | outpatient | | | 54 | | 6.12 | UHC | Medicaid | 4.26 | | | | 2.5 | | 51.3 fee schedule | |
| BKR CHG OCCULT BLOOD GASTRIC FLUID | 82271 | CPT | | | | outpatient | | | 54 | | 6.12 | Managed Care Inc | Managed Care Inc | 48.6 | 90 | | | 2.5 | | 51.3 percent of total billed charges | |
| BKR CHG STOOL OCCULT BLOOD (SBL 1-3) | 82274 | CPT | | | | both | | | 166 | | 18.31 | Multiplan | Multiplan | 132.8 | 80 | | | 3.7 | | 157.7 percent of total billed charges | |
| BKR CHG STOOL OCCULT BLOOD (SBL 1-3) | 82274 | CPT | | | | both | | | 166 | | 18.31 | Americare | Americare | 124.5 | 75 | | | 3.7 | | 157.7 percent of total billed charges | |
| BKR CHG STOOL OCCULT BLOOD (SBL 1-3) | 82274 | CPT | | | | both | | | 166 | | 18.31 | Aetna | Medicare | 51.13 | 30.8 | | | 3.7 | | 157.7 percent of total billed charges | |
| BKR CHG STOOL OCCULT BUNDLE | 82274 | CPT | | | | both | | | 166 | | 18.31 | UHC | Medicaid | 3.7 | | | 5.55 | 3.7 | | 157.7 fee schedule | |
| BKR CHG STOOL OCCULT BLOOD (SBL 1-3) | 82274 | CPT | | | | both | | | 166 | | 18.31 | Horizon | MGD | 63.54 | 38.28 | | 36.86 | 3.7 | | 157.7 percent of total billed charges | |
| BKR CHG STOOL OCCULT BUNDLE | 82274 | CPT | | | | both | | | 166 | | 18.31 | Amerihealth | Medicare | 15.92 | | | | 3.7 | | 157.7 fee schedule | |
| BKR CHG STOOL OCCULT BUNDLE | 82274 | CPT | | | | both | | | 166 | | 18.31 | UHC | Medicare | 15.92 | | | 5.47 | 3.7 | | 157.7 fee schedule | |
| BKR CHG STOOL OCCULT BLOOD (SBL 1-3) | 82274 | CPT | | | | both | | | 166 | | 18.31 | Aetna | Better Health | 52.37 | 31.55 | | | 3.7 | | 157.7 percent of total billed charges | |
| BKR CHG STOOL OCCULT BLOOD (SBL 1-3) | 82274 | CPT | | | | both | | | 166 | | 18.31 | Qualcare | Qualcare | 124.5 | 75 | | | 3.7 | | 157.7 percent of total billed charges | |
| BKR CHG STOOL OCCULT BLOOD (SBL 1-3) | 82274 | CPT | | | | both | | | 166 | | 18.31 | First Trenton | First Trenton | 149.4 | 90 | | | 3.7 | | 157.7 percent of total billed charges | |
| BKR CHG STOOL OCCULT BUNDLE | 82274 | CPT | | | | both | | | 166 | | 18.31 | Amerihealth | HMO/PPO | 22.8 | | | | 3.7 | | 157.7 fee schedule | |
| BKR CHG STOOL OCCULT BLOOD (SBL 1-3) | 82274 | CPT | | | | both | | | 166 | | 18.31 | Horizon | Indemnity | 63.54 | 38.28 | | | 3.7 | | 157.7 percent of total billed charges | |
| BKR CHG STOOL OCCULT BUNDLE | 82274 | CPT | | | | both | | | 166 | | 18.31 | Wellcare | Medicare | 15.92 | | | | 3.7 | | 157.7 fee schedule | |
| BKR CHG STOOL OCCULT BLOOD (SBL 1-3) | 82274 | CPT | | | | both | | | 166 | | 18.31 | Consumer | Consumer | 157.7 | 95 | | | 3.7 | | 157.7 percent of total billed charges | |
| BKR CHG STOOL OCCULT BLOOD (SBL 1-3) | 82274 | CPT | | | | both | | | 166 | | 18.31 | First Health | First Health | 116.2 | 70 | | | 3.7 | | 157.7 percent of total billed charges | |
| BKR CHG STOOL OCCULT BUNDLE | 82274 | CPT | | | | both | | | 166 | | 18.31 | Horizon | NJ Health | 22.23 | | | 1.63 | 3.7 | | 157.7 fee schedule | |
| BKR CHG STOOL OCCULT BLOOD (SBL 1-3) | 82274 | CPT | | | | both | | | 166 | | 18.31 | WellPoint | WellPoint | 53.42 | 32.18 | | 9.48 | 3.7 | | 157.7 percent of total billed charges | |
| BKR CHG STOOL OCCULT BLOOD (SBL 1-3) | 82274 | CPT | | | | both | | | 166 | | 18.31 | Corrections | Corrections | 132.8 | 80 | | | 3.7 | | 157.7 percent of total billed charges | |
| BKR CHG STOOL OCCULT BLOOD (SBL 1-3) | 82274 | CPT | | | | both | | | 166 | | 18.31 | Horizon | PPO | 63.54 | 38.28 | | | 3.7 | | 157.7 percent of total billed charges | |
| BKR CHG STOOL OCCULT BLOOD (SBL 1-3) | 82274 | CPT | | | | both | | | 166 | | 18.31 | Horizon | Medicare Blue | 49.8 | 30 | | 15.6 | 3.7 | | 157.7 percent of total billed charges | |
| BKR CHG STOOL OCCULT BLOOD (SBL 1-3) | 82274 | CPT | | | | both | | | 166 | | 18.31 | Managed Care Inc | Managed Care Inc | 149.4 | 90 | | | 3.7 | | 157.7 percent of total billed charges | |
| BKR CHG STOOL OCCULT BUNDLE | 82274 | CPT | | | | both | | | 166 | | 18.31 | Wellcare | Medicaid | 3.7 | | | | 3.7 | | 157.7 fee schedule | |
| BKR CHG STOOL OCCULT BLOOD (SBL 1-3) | 82274 | CPT | | | | both | | | 166 | | 18.31 | Three Rivers | Three Rivers | 157.7 | 95 | | | 3.7 | | 157.7 percent of total billed charges | |
| BKR CHG CADMIUM BLOOD | 82300 | CPT | | | | both | | | 147 | | 27.19 | Amerihealth | HMO/PPO | 26.7 | | | | 7.8 | | 139.65 fee schedule | |
| BKR CHG CADMIUM BLOOD | 82300 | CPT | | | | both | | | 147 | | 27.19 | Aetna | Medicare | 45.28 | 30.8 | | | 7.8 | | 139.65 percent of total billed charges | |
| BKR CHG CADMIUM BLOOD | 82300 | CPT | | | | both | | | 147 | | 27.19 | Horizon | MGD | 56.27 | 38.28 | | | 7.8 | | 139.65 percent of total billed charges | |
| BKR CHG CADMIUM BLOOD | 82300 | CPT | | | | both | | | 147 | | 27.19 | Aetna | Better Health | 46.38 | 31.55 | | | 7.8 | | 139.65 percent of total billed charges | |
| BKR CHG CADMIUM BLOOD | 82300 | CPT | | | | both | | | 147 | | 27.19 | WellPoint | WellPoint | 47.3 | 32.18 | | | 7.8 | | 139.65 percent of total billed charges | |
| BKR CHG CADMIUM BLOOD | 82300 | CPT | | | | both | | | 147 | | 27.19 | Amerihealth | Medicare | 23.64 | | | | 7.8 | | 139.65 fee schedule | |
| BKR CHG CADMIUM BLOOD | 82300 | CPT | | | | both | | | 147 | | 27.19 | First Health | First Health | 102.9 | 70 | | | 7.8 | | 139.65 percent of total billed charges | |
| BKR CHG CADMIUM BLOOD | 82300 | CPT | | | | both | | | 147 | | 27.19 | Consumer | Consumer | 139.65 | 95 | | | 7.8 | | 139.65 percent of total billed charges | |
| BKR CHG CADMIUM BLOOD | 82300 | CPT | | | | both | | | 147 | | 27.19 | Wellcare | Medicare | 23.64 | | | | 7.8 | | 139.65 fee schedule | |
| BKR CHG CADMIUM BLOOD | 82300 | CPT | | | | both | | | 147 | | 27.19 | Horizon | PPO | 56.27 | 38.28 | | 0.46 | 7.8 | | 139.65 percent of total billed charges | |
| BKR CHG CADMIUM BLOOD | 82300 | CPT | | | | both | | | 147 | | 27.19 | Americare | Americare | 110.25 | 75 | | | 7.8 | | 139.65 percent of total billed charges | |
| BKR CHG CADMIUM BLOOD | 82300 | CPT | | | | both | | | 147 | | 27.19 | Multiplan | Multiplan | 117.6 | 80 | | | 7.8 | | 139.65 percent of total billed charges | |
| BKR CHG CADMIUM BLOOD | 82300 | CPT | | | | both | | | 147 | | 27.19 | Corrections | Corrections | 117.6 | 80 | | | 7.8 | | 139.65 percent of total billed charges | |
| BKR CHG CADMIUM BLOOD | 82300 | CPT | | | | both | | | 147 | | 27.19 | Qualcare | Qualcare | 110.25 | 75 | | | 7.8 | | 139.65 percent of total billed charges | |
| BKR CHG CADMIUM BLOOD | 82300 | CPT | | | | both | | | 147 | | 27.19 | First Trenton | First Trenton | 132.3 | 90 | | | 7.8 | | 139.65 percent of total billed charges | |
| BKR CHG CADMIUM BLOOD | 82300 | CPT | | | | both | | | 147 | | 27.19 | UHC | Medicare | 23.64 | | | | 7.8 | | 139.65 fee schedule | |
| BKR CHG CADMIUM BLOOD | 82300 | CPT | | | | both | | | 147 | | 27.19 | Horizon | Medicare Blue | 44.1 | 30 | | | 7.8 | | 139.65 percent of total billed charges | |
| BKR CHG CADMIUM BLOOD | 82300 | CPT | | | | both | | | 147 | | 27.19 | Horizon | Indemnity | 56.27 | 38.28 | | | 7.8 | | 139.65 percent of total billed charges | |
| BKR CHG CADMIUM BLOOD | 82300 | CPT | | | | both | | | 147 | | 27.19 | Horizon | NJ Health | 58.8 | | | | 7.8 | | 139.65 fee schedule | |
| BKR CHG CADMIUM BLOOD | 82300 | CPT | | | | both | | | 147 | | 27.19 | Managed Care Inc | Managed Care Inc | 132.3 | 90 | | | 7.8 | | 139.65 percent of total billed charges | |
| BKR CHG CADMIUM BLOOD | 82300 | CPT | | | | both | | | 147 | | 27.19 | UHC | Medicaid | 28 | | | | 7.8 | | 139.65 fee schedule | |
| BKR CHG CADMIUM BLOOD | 82300 | CPT | | | | both | | | 147 | | 27.19 | Three Rivers | Three Rivers | 139.65 | 95 | | | 7.8 | | 139.65 percent of total billed charges | |
| BKR CHG CADMIUM BLOOD | 82300 | CPT | | | | both | | | 147 | | 27.19 | Wellcare | Medicaid | 28 | | | | 7.8 | | 139.65 fee schedule | |
| BKR CHG VITAMIN,D 25-HYDROXY(081950) | 82306 | CPT | | | | both | | | 561 | | 34.04 | Horizon | MGD | 214.75 | 38.28 | | 45.52 | 19.5 | | 532.95 percent of total billed charges | |
| BKR CHG VITAMIN,D 25-HYDROXY(081950) | 82306 | CPT | | | | both | | | 561 | | 34.04 | Horizon | NJ Health | 58.8 | | | 7.56 | 19.5 | | 532.95 fee schedule | |
| BKR CHG VITAMIN,D 25-HYDROXY(081950) | 82306 | CPT | | | | both | | | 561 | | 34.04 | Aetna | Medicare | 172.79 | 30.8 | | 26.65 | 19.5 | | 532.95 percent of total billed charges | |
| BKR CHG VITAMIN,D 25-HYDROXY(081950) | 82306 | CPT | | | | both | | | 561 | | 34.04 | First Trenton | First Trenton | 504.9 | 90 | | | 19.5 | | 532.95 percent of total billed charges | |
| BKR CHG VITAMIN,D 25-HYDROXY(081950) | 82306 | CPT | | | | both | | | 561 | | 34.04 | Multiplan | Multiplan | 448.8 | 80 | | | 19.5 | | 532.95 percent of total billed charges | |
| BKR CHG VITAMIN,D 25-HYDROXY(081950) | 82306 | CPT | | | | both | | | 561 | | 34.04 | Amerihealth | HMO/PPO | 44.9 | | | 15.24 | 19.5 | | 532.95 fee schedule | |
| BKR CHG VITAMIN,D 25-HYDROXY(081950) | 82306 | CPT | | | | both | | | 561 | | 34.04 | Aetna | Better Health | 177 | 31.55 | | 24.45 | 19.5 | | 532.95 percent of total billed charges | |
| BKR CHG VITAMIN,D 25-HYDROXY(081950) | 82306 | CPT | | | | both | | | 561 | | 34.04 | Amerihealth | Medicare | 29.6 | | | | 19.5 | | 532.95 fee schedule | |
| BKR CHG VITAMIN,D 25-HYDROXY(081950) | 82306 | CPT | | | | both | | | 561 | | 34.04 | Qualcare | Qualcare | 420.75 | 75 | | | 19.5 | | 532.95 percent of total billed charges | |
| BKR CHG VITAMIN,D 25-HYDROXY(081950) | 82306 | CPT | | | | both | | | 561 | | 34.04 | Horizon | Medicare Blue | 168.3 | 30 | | 13.61 | 19.5 | | 532.95 percent of total billed charges | |
| BKR CHG VITAMIN,D 25-HYDROXY(081950) | 82306 | CPT | | | | both | | | 561 | | 34.04 | Americare | Americare | 420.75 | 75 | | | 19.5 | | 532.95 percent of total billed charges | |
| BKR CHG VITAMIN,D 25-HYDROXY(081950) | 82306 | CPT | | | | both | | | 561 | | 34.04 | Corrections | Corrections | 448.8 | 80 | | 45.51 | 19.5 | | 532.95 percent of total billed charges | |
| BKR CHG VITAMIN,D 25-HYDROXY(081950) | 82306 | CPT | | | | both | | | 561 | | 34.04 | UHC | Medicare | 29.6 | | | 14.69 | 19.5 | | 532.95 fee schedule | |
| BKR CHG VITAMIN,D 25-HYDROXY(081950) | 82306 | CPT | | | | both | | | 561 | | 34.04 | Managed Care Inc | Managed Care Inc | 504.9 | 90 | | | 19.5 | | 532.95 percent of total billed charges | |
| BKR CHG VITAMIN,D 25-HYDROXY(081950) | 82306 | CPT | | | | both | | | 561 | | 34.04 | Consumer | Consumer | 532.95 | 95 | | | 19.5 | | 532.95 percent of total billed charges | |
| BKR CHG VITAMIN,D 25-HYDROXY(081950) | 82306 | CPT | | | | both | | | 561 | | 34.04 | First Health | First Health | 392.7 | 70 | | | 19.5 | | 532.95 percent of total billed charges | |
| BKR CHG VITAMIN,D 25-HYDROXY(081950) | 82306 | CPT | | | | both | | | 561 | | 34.04 | Wellcare | Medicare | 29.6 | | | 5.75 | 19.5 | | 532.95 fee schedule | |
| BKR CHG VITAMIN,D 25-HYDROXY(081950) | 82306 | CPT | | | | both | | | 561 | | 34.04 | Three Rivers | Three Rivers | 532.95 | 95 | | | 19.5 | | 532.95 percent of total billed charges | |
| BKR CHG VITAMIN,D 25-HYDROXY(081950) | 82306 | CPT | | | | both | | | 561 | | 34.04 | Horizon | Indemnity | 214.75 | 38.28 | | 26.09 | 19.5 | | 532.95 percent of total billed charges | |
| BKR CHG VITAMIN,D 25-HYDROXY(081950) | 82306 | CPT | | | | both | | | 561 | | 34.04 | Wellcare | Medicaid | 30 | | | 35.21 | 19.5 | | 532.95 fee schedule | |
| BKR CHG VITAMIN,D 25-HYDROXY(081950) | 82306 | CPT | | | | both | | | 561 | | 34.04 | Horizon | PPO | 214.75 | 38.28 | | 27.89 | 19.5 | | 532.95 percent of total billed charges | |
| BKR CHG VITAMIN,D 25-HYDROXY(081950) | 82306 | CPT | | | | both | | | 561 | | 34.04 | UHC | Medicaid | 30 | | | 36.39 | 19.5 | | 532.95 fee schedule | |
| BKR CHG VITAMIN,D 25-HYDROXY(081950) | 82306 | CPT | | | | both | | | 561 | | 34.04 | WellPoint | WellPoint | 180.53 | 32.18 | | 35.67 | 19.5 | | 532.95 percent of total billed charges | |
| BKR CHG CALCITONIN, SERUM | 82308 | CPT | | | | both | | | 61 | | 30.81 | Horizon | MGD | 23.35 | 38.28 | | | 18.3 | | 66.64 percent of total billed charges | |
| BKR CHG CALCITONIN, SERUM | 82308 | CPT | | | | both | | | 61 | | 30.81 | Aetna | Medicare | 18.79 | 30.8 | | | 18.3 | | 66.64 percent of total billed charges | |
| BKR CHG CALCITONIN, SERUM | 82308 | CPT | | | | both | | | 61 | | 30.81 | Multiplan | Multiplan | 48.8 | 80 | | | 18.3 | | 66.64 percent of total billed charges | |
| BKR CHG CALCITONIN, SERUM | 82308 | CPT | | | | both | | | 61 | | 30.81 | Aetna | Better Health | 19.25 | 31.55 | | | 18.3 | | 66.64 percent of total billed charges | |
| BKR CHG CALCITONIN, SERUM | 82308 | CPT | | | | both | | | 61 | | 30.81 | UHC | Medicaid | 34 | | | 9.51 | 18.3 | | 66.64 fee schedule | |
| BKR CHG CALCITONIN, SERUM | 82308 | CPT | | | | both | | | 61 | | 30.81 | Corrections | Corrections | 48.8 | 80 | | | 18.3 | | 66.64 percent of total billed charges | |
| BKR CHG CALCITONIN, SERUM | 82308 | CPT | | | | both | | | 61 | | 30.81 | Consumer | Consumer | 57.95 | 95 | | | 18.3 | | 66.64 percent of total billed charges | |
| BKR CHG CALCITONIN, SERUM | 82308 | CPT | | | | both | | | 61 | | 30.81 | Amerihealth | HMO/PPO | 41.7 | | | | 18.3 | | 66.64 fee schedule | |
| BKR CHG CALCITONIN, SERUM | 82308 | CPT | | | | both | | | 61 | | 30.81 | Qualcare | Qualcare | 45.75 | 75 | | | 18.3 | | 66.64 percent of total billed charges | |
| BKR CHG CALCITONIN, SERUM | 82308 | CPT | | | | both | | | 61 | | 30.81 | First Trenton | First Trenton | 54.9 | 90 | | | 18.3 | | 66.64 percent of total billed charges | |
| BKR CHG CALCITONIN, SERUM | 82308 | CPT | | | | both | | | 61 | | 30.81 | Horizon | Indemnity | 23.35 | 38.28 | | | 18.3 | | 66.64 percent of total billed charges | |
| BKR CHG CALCITONIN, SERUM | 82308 | CPT | | | | both | | | 61 | | 30.81 | Americare | Americare | 45.75 | 75 | | | 18.3 | | 66.64 percent of total billed charges | |
| BKR CHG CALCITONIN, SERUM | 82308 | CPT | | | | both | | | 61 | | 30.81 | Horizon | Medicare Blue | 18.3 | 30 | | | 18.3 | | 66.64 percent of total billed charges | |
| BKR CHG CALCITONIN, SERUM | 82308 | CPT | | | | both | | | 61 | | 30.81 | WellPoint | WellPoint | 19.63 | 32.18 | | | 18.3 | | 66.64 percent of total billed charges | |
| BKR CHG CALCITONIN, SERUM | 82308 | CPT | | | | both | | | 61 | | 30.81 | Horizon | NJ Health | 66.64 | | | 5.23 | 18.3 | | 66.64 fee schedule | |
| BKR CHG CALCITONIN, SERUM | 82308 | CPT | | | | both | | | 61 | | 30.81 | Amerihealth | Medicare | 26.79 | | | | 18.3 | | 66.64 fee schedule | |
| BKR CHG CALCITONIN, SERUM | 82308 | CPT | | | | both | | | 61 | | 30.81 | Wellcare | Medicaid | 34 | | | | 18.3 | | 66.64 fee schedule | |
| BKR CHG CALCITONIN, SERUM | 82308 | CPT | | | | both | | | 61 | | 30.81 | Horizon | PPO | 23.35 | 38.28 | | | 18.3 | | 66.64 percent of total billed charges | |
| BKR CHG CALCITONIN, SERUM | 82308 | CPT | | | | both | | | 61 | | 30.81 | Wellcare | Medicare | 26.79 | | | | 18.3 | | 66.64 fee schedule | |
| BKR CHG CALCITONIN, SERUM | 82308 | CPT | | | | both | | | 61 | | 30.81 | Managed Care Inc | Managed Care Inc | 54.9 | 90 | | | 18.3 | | 66.64 percent of total billed charges | |
| BKR CHG CALCITONIN, SERUM | 82308 | CPT | | | | both | | | 61 | | 30.81 | First Health | First Health | 42.7 | 70 | | | 18.3 | | 66.64 percent of total billed charges | |
| BKR CHG CALCITONIN, SERUM | 82308 | CPT | | | | both | | | 61 | | 30.81 | Three Rivers | Three Rivers | 57.95 | 95 | | | 18.3 | | 66.64 percent of total billed charges | |
| BKR CHG CALCITONIN, SERUM | 82308 | CPT | | | | both | | | 61 | | 30.81 | UHC | Medicare | 26.79 | | | | 18.3 | | 66.64 fee schedule | |
| BKR CHG POC-BG CALCIUM | 82310 | CPT | | | | both | | | 90 | | 5.93 | First Health | First Health | 63 | 70 | | | 1.7 | | 85.5 percent of total billed charges | |
| BKR CHG POC-BG CALCIUM | 82310 | CPT | | | | both | | | 90 | | 5.93 | Aetna | Medicare | 27.72 | 30.8 | | | 1.7 | | 85.5 percent of total billed charges | |
| BKR CHG POC-BG CALCIUM | 82310 | CPT | | | | both | | | 90 | | 5.93 | First Trenton | First Trenton | 81 | 90 | | | 1.7 | | 85.5 percent of total billed charges | |
| BKR CHG POC-BG CALCIUM | 82310 | CPT | | | | both | | | 90 | | 5.93 | Aetna | Better Health | 28.4 | 31.55 | | | 1.7 | | 85.5 percent of total billed charges | |
| BKR CHG POC-BG CALCIUM | 82310 | CPT | | | | both | | | 90 | | 5.93 | Amerihealth | Medicare | 5.16 | | | | 1.7 | | 85.5 fee schedule | |
| BKR CHG POC-BG CALCIUM | 82310 | CPT | | | | both | | | 90 | | 5.93 | WellPoint | WellPoint | 28.96 | 32.18 | | 7.24 | 1.7 | | 85.5 percent of total billed charges | |
| BKR CHG POC-BG CALCIUM | 82310 | CPT | | | | both | | | 90 | | 5.93 | Amerihealth | HMO/PPO | 1.7 | | | | 1.7 | | 85.5 fee schedule | |
| BKR CHG POC-BG CALCIUM | 82310 | CPT | | | | both | | | 90 | | 5.93 | Wellcare | Medicaid | 3 | | | | 1.7 | | 85.5 fee schedule | |
| BKR CHG POC-BG CALCIUM | 82310 | CPT | | | | both | | | 90 | | 5.93 | Horizon | Indemnity | 34.45 | 38.28 | | | 1.7 | | 85.5 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG POC-BG CALCIUM | 82310 | CPT | | | | both | | | 90 | 5.93 | Horizon | Medicare Blue | 27 | 30 | | 8.71 | 1.7 | | 85.5 percent of total billed charges | |
| BKR CHG POC-BG CALCIUM | 82310 | CPT | | | | both | | | 90 | 5.93 | Horizon | PPO | 34.45 | 38.28 | | | 1.7 | | 85.5 percent of total billed charges | |
| BKR CHG POC-BG CALCIUM | 82310 | CPT | | | | both | | | 90 | 5.93 | Americare | Americare | 67.5 | 75 | | | 1.7 | | 85.5 percent of total billed charges | |
| BKR CHG POC-BG CALCIUM | 82310 | CPT | | | | both | | | 90 | 5.93 | Multiplan | Multiplan | 72 | 80 | | | 1.7 | | 85.5 percent of total billed charges | |
| BKR CHG POC-BG CALCIUM | 82310 | CPT | | | | both | | | 90 | 5.93 | Consumer | Consumer | 85.5 | 95 | | | 1.7 | | 85.5 percent of total billed charges | |
| BKR CHG POC-BG CALCIUM | 82310 | CPT | | | | both | | | 90 | 5.93 | Horizon | MGD | 34.45 | 38.28 | | 13.86 | 1.7 | | 85.5 percent of total billed charges | |
| BKR CHG POC-BG CALCIUM | 82310 | CPT | | | | both | | | 90 | 5.93 | Corrections | Corrections | 72 | 80 | | 16.14 | 1.7 | | 85.5 percent of total billed charges | |
| BKR CHG POC-BG CALCIUM | 82310 | CPT | | | | both | | | 90 | 5.93 | Qualcare | Qualcare | 67.5 | 75 | | | 1.7 | | 85.5 percent of total billed charges | |
| BKR CHG POC-BG CALCIUM | 82310 | CPT | | | | both | | | 90 | 5.93 | Horizon | NJ Health | 5.88 | | | 4.21 | 1.7 | | 85.5 fee schedule | |
| BKR CHG POC-BG CALCIUM | 82310 | CPT | | | | both | | | 90 | 5.93 | Managed Care Inc | Managed Care Inc | 81 | 90 | | | 1.7 | | 85.5 percent of total billed charges | |
| BKR CHG POC-BG CALCIUM | 82310 | CPT | | | | both | | | 90 | 5.93 | Three Rivers | Three Rivers | 85.5 | 95 | | | 1.7 | | 85.5 percent of total billed charges | |
| BKR CHG POC-BG CALCIUM | 82310 | CPT | | | | both | | | 90 | 5.93 | UHC | Medicaid | 3 | | | 14.85 | 1.7 | | 85.5 fee schedule | |
| BKR CHG POC-BG CALCIUM | 82310 | CPT | | | | both | | | 90 | 5.93 | Wellcare | Medicare | 5.16 | | | | 1.7 | | 85.5 fee schedule | |
| BKR CHG POC-BG CALCIUM | 82310 | CPT | | | | both | | | 90 | 5.93 | UHC | Medicare | 5.16 | | | | 1.7 | | 85.5 fee schedule | |
| BKR CHG CALCIUM, IONIZED, SERUM | 82330 | CPT | | | | both | | | 252 | 15.73 | First Health | First Health | 176.4 | 70 | | | 9.3 | | 239.4 percent of total billed charges | |
| BKR CHG CALCIUM, IONIZED, SERUM | 82330 | CPT | | | | both | | | 252 | 15.73 | Consumer | Consumer | 239.4 | 95 | | | 9.3 | | 239.4 percent of total billed charges | |
| BKR CHG CALCIUM, IONIZED, SERUM | 82330 | CPT | | | | both | | | 252 | 15.73 | Horizon | NJ Health | 28.81 | | | 2.22 | 9.3 | | 239.4 fee schedule | |
| BKR CHG CALCIUM, IONIZED, SERUM | 82330 | CPT | | | | both | | | 252 | 15.73 | Aetna | Medicare | 77.62 | 30.8 | | | 9.3 | | 239.4 percent of total billed charges | |
| BKR CHG CALCIUM, IONIZED, SERUM | 82330 | CPT | | | | both | | | 252 | 15.73 | Horizon | MGD | 96.47 | 38.28 | | 21.87 | 9.3 | | 239.4 percent of total billed charges | |
| BKR CHG CALCIUM, IONIZED, SERUM | 82330 | CPT | | | | both | | | 252 | 15.73 | Horizon | Indemnity | 96.47 | 38.28 | | | 9.3 | | 239.4 percent of total billed charges | |
| BKR CHG CALCIUM, IONIZED, SERUM | 82330 | CPT | | | | both | | | 252 | 15.73 | Aetna | Better Health | 79.51 | 31.55 | | 18.99 | 9.3 | | 239.4 percent of total billed charges | |
| BKR CHG CALCIUM, IONIZED, SERUM | 82330 | CPT | | | | both | | | 252 | 15.73 | Americare | Americare | 189 | 75 | | | 9.3 | | 239.4 percent of total billed charges | |
| BKR CHG CALCIUM, IONIZED, SERUM | 82330 | CPT | | | | both | | | 252 | 15.73 | Horizon | PPO | 96.47 | 38.28 | | | 9.3 | | 239.4 percent of total billed charges | |
| BKR CHG CALCIUM, IONIZED, SERUM | 82330 | CPT | | | | both | | | 252 | 15.73 | First Trenton | First Trenton | 226.8 | 90 | | | 9.3 | | 239.4 percent of total billed charges | |
| BKR CHG CALCIUM, IONIZED, SERUM | 82330 | CPT | | | | both | | | 252 | 15.73 | UHC | Medicaid | 14.7 | | | 21.13 | 9.3 | | 239.4 fee schedule | |
| BKR CHG CALCIUM, IONIZED, SERUM | 82330 | CPT | | | | both | | | 252 | 15.73 | Horizon | Medicare Blue | 75.6 | 30 | | | 9.3 | | 239.4 percent of total billed charges | |
| BKR CHG CALCIUM, IONIZED, SERUM | 82330 | CPT | | | | both | | | 252 | 15.73 | Three Rivers | Three Rivers | 239.4 | 95 | | | 9.3 | | 239.4 percent of total billed charges | |
| BKR CHG CALCIUM, IONIZED, SERUM | 82330 | CPT | | | | both | | | 252 | 15.73 | Qualcare | Qualcare | 189 | 75 | | | 9.3 | | 239.4 percent of total billed charges | |
| BKR CHG CALCIUM, IONIZED, SERUM | 82330 | CPT | | | | both | | | 252 | 15.73 | Amerihealth | Medicare | 13.68 | | | | 9.3 | | 239.4 fee schedule | |
| BKR CHG CALCIUM, IONIZED, SERUM | 82330 | CPT | | | | both | | | 252 | 15.73 | Amerihealth | HMO/PPO | 21.3 | | | | 9.3 | | 239.4 fee schedule | |
| BKR CHG CALCIUM, IONIZED, SERUM | 82330 | CPT | | | | both | | | 252 | 15.73 | UHC | Medicare | 13.68 | | | 9.29 | 9.3 | | 239.4 fee schedule | |
| BKR CHG CALCIUM, IONIZED, SERUM | 82330 | CPT | | | | both | | | 252 | 15.73 | Managed Care Inc | Managed Care Inc | 226.8 | 90 | | | 9.3 | | 239.4 percent of total billed charges | |
| BKR CHG CALCIUM, IONIZED, SERUM | 82330 | CPT | | | | both | | | 252 | 15.73 | Corrections | Corrections | 201.6 | 80 | | 24.99 | 9.3 | | 239.4 percent of total billed charges | |
| BKR CHG CALCIUM, IONIZED, SERUM | 82330 | CPT | | | | both | | | 252 | 15.73 | Multiplan | Multiplan | 201.6 | 80 | | | 9.3 | | 239.4 percent of total billed charges | |
| BKR CHG CALCIUM, IONIZED, SERUM | 82330 | CPT | | | | both | | | 252 | 15.73 | Wellcare | Medicare | 13.68 | | | | 9.3 | | 239.4 fee schedule | |
| BKR CHG CALCIUM, IONIZED, SERUM | 82330 | CPT | | | | both | | | 252 | 15.73 | Wellcare | Medicaid | 14.7 | | | | 9.3 | | 239.4 fee schedule | |
| BKR CHG CALCIUM, IONIZED, SERUM | 82330 | CPT | | | | both | | | 252 | 15.73 | WellPoint | WellPoint | 81.09 | 32.18 | | 6.65 | 9.3 | | 239.4 percent of total billed charges | |
| BKR CHG CALCIUM URINE 24HRS | 82340 | CPT | | | | both | | | 59 | 6.93 | Horizon | Medicare Blue | 17.7 | 30 | | 6.09 | 3.6 | | 56.05 percent of total billed charges | |
| BKR CHG CALCIUM URINE 24HRS | 82340 | CPT | | | | both | | | 59 | 6.93 | Corrections | Corrections | 47.2 | 80 | | | 3.6 | | 56.05 percent of total billed charges | |
| BKR CHG CALCIUM URINE 24HRS | 82340 | CPT | | | | both | | | 59 | 6.93 | Aetna | Better Health | 18.61 | 31.55 | | | 3.6 | | 56.05 percent of total billed charges | |
| BKR CHG CALCIUM URINE 24HRS | 82340 | CPT | | | | both | | | 59 | 6.93 | Americare | Americare | 44.25 | 75 | | | 3.6 | | 56.05 percent of total billed charges | |
| BKR CHG CALCIUM URINE 24HRS | 82340 | CPT | | | | both | | | 59 | 6.93 | Horizon | NJ Health | 7.08 | | | 2.08 | 3.6 | | 56.05 fee schedule | |
| BKR CHG CALCIUM URINE 24HRS | 82340 | CPT | | | | both | | | 59 | 6.93 | Aetna | Medicare | 18.17 | 30.8 | | | 3.6 | | 56.05 percent of total billed charges | |
| BKR CHG CALCIUM URINE 24HRS | 82340 | CPT | | | | both | | | 59 | 6.93 | Amerihealth | HMO/PPO | 9.4 | | | | 3.6 | | 56.05 fee schedule | |
| BKR CHG CALCIUM URINE 24HRS | 82340 | CPT | | | | both | | | 59 | 6.93 | Consumer | Consumer | 56.05 | 95 | | | 3.6 | | 56.05 percent of total billed charges | |
| BKR CHG CALCIUM URINE 24HRS | 82340 | CPT | | | | both | | | 59 | 6.93 | Amerihealth | Medicare | 6.03 | | | | 3.6 | | 56.05 fee schedule | |
| BKR CHG CALCIUM URINE 24HRS | 82340 | CPT | | | | both | | | 59 | 6.93 | UHC | Medicare | 6.03 | | | 5.46 | 3.6 | | 56.05 fee schedule | |
| BKR CHG CALCIUM URINE 24HRS | 82340 | CPT | | | | both | | | 59 | 6.93 | First Health | First Health | 41.3 | 70 | | | 3.6 | | 56.05 percent of total billed charges | |
| BKR CHG CALCIUM URINE 24HRS | 82340 | CPT | | | | both | | | 59 | 6.93 | Horizon | MGD | 22.59 | 38.28 | | 21.82 | 3.6 | | 56.05 percent of total billed charges | |
| BKR CHG CALCIUM URINE 24HRS | 82340 | CPT | | | | both | | | 59 | 6.93 | Horizon | Indemnity | 22.59 | 38.28 | | 20.15 | 3.6 | | 56.05 percent of total billed charges | |
| BKR CHG CALCIUM URINE 24HRS | 82340 | CPT | | | | both | | | 59 | 6.93 | First Trenton | First Trenton | 53.1 | 90 | | | 3.6 | | 56.05 percent of total billed charges | |
| BKR CHG CALCIUM URINE 24HRS | 82340 | CPT | | | | both | | | 59 | 6.93 | Wellcare | Medicare | 6.03 | | | | 3.6 | | 56.05 fee schedule | |
| BKR CHG CALCIUM URINE 24HRS | 82340 | CPT | | | | both | | | 59 | 6.93 | UHC | Medicaid | 3.6 | | | 7.37 | 3.6 | | 56.05 fee schedule | |
| BKR CHG CALCIUM URINE 24HRS | 82340 | CPT | | | | both | | | 59 | 6.93 | Multiplan | Multiplan | 47.2 | 80 | | | 3.6 | | 56.05 percent of total billed charges | |
| BKR CHG CALCIUM URINE 24HRS | 82340 | CPT | | | | both | | | 59 | 6.93 | Horizon | PPO | 22.59 | 38.28 | | | 3.6 | | 56.05 percent of total billed charges | |
| BKR CHG CALCIUM URINE 24HRS | 82340 | CPT | | | | both | | | 59 | 6.93 | WellPoint | WellPoint | 18.99 | 32.18 | | | 3.6 | | 56.05 percent of total billed charges | |
| BKR CHG CALCIUM URINE 24HRS | 82340 | CPT | | | | both | | | 59 | 6.93 | Managed Care Inc | Managed Care Inc | 53.1 | 90 | | | 3.6 | | 56.05 percent of total billed charges | |
| BKR CHG CALCIUM URINE 24HRS | 82340 | CPT | | | | both | | | 59 | 6.93 | Qualcare | Qualcare | 44.25 | 75 | | | 3.6 | | 56.05 percent of total billed charges | |
| BKR CHG CALCIUM URINE 24HRS | 82340 | CPT | | | | both | | | 59 | 6.93 | Three Rivers | Three Rivers | 56.05 | 95 | | | 3.6 | | 56.05 percent of total billed charges | |
| BKR CHG CALCIUM URINE 24HRS | 82340 | CPT | | | | both | | | 59 | 6.93 | Wellcare | Medicaid | 3.6 | | | | 3.6 | | 56.05 fee schedule | |
| BKR CHG CALCIUI URINARY WITH PHOTOGRAPH | 82360 | CPT | | | | outpatient | | | 64 | 14.8 | Horizon | Indemnity | 24.5 | 38.28 | | | 9.6 | | 60.8 percent of total billed charges | |
| BKR CHG CALCIUI URINARY WITH PHOTOGRAPH | 82360 | CPT | | | | outpatient | | | 64 | 14.8 | Horizon | Medicare Blue | 19.2 | 30 | | | 9.6 | | 60.8 percent of total billed charges | |
| BKR CHG CALCIUI URINARY WITH PHOTOGRAPH | 82360 | CPT | | | | outpatient | | | 64 | 14.8 | Qualcare | Qualcare | 48 | 75 | | | 9.6 | | 60.8 percent of total billed charges | |
| BKR CHG CALCIUI URINARY WITH PHOTOGRAPH | 82360 | CPT | | | | outpatient | | | 64 | 14.8 | Amerihealth | HMO/PPO | 19 | | | | 9.6 | | 60.8 fee schedule | |
| BKR CHG CALCIUI URINARY WITH PHOTOGRAPH | 82360 | CPT | | | | outpatient | | | 64 | 14.8 | First Trenton | First Trenton | 57.6 | 90 | | | 9.6 | | 60.8 percent of total billed charges | |
| BKR CHG CALCIUI URINARY WITH PHOTOGRAPH | 82360 | CPT | | | | outpatient | | | 64 | 14.8 | Aetna | Better Health | 20.19 | 31.55 | | | 9.6 | | 60.8 percent of total billed charges | |
| BKR CHG CALCIUI URINARY WITH PHOTOGRAPH | 82360 | CPT | | | | outpatient | | | 64 | 14.8 | Americare | Americare | 48 | 75 | | | 9.6 | | 60.8 percent of total billed charges | |
| BKR CHG CALCIUI URINARY WITH PHOTOGRAPH | 82360 | CPT | | | | outpatient | | | 64 | 14.8 | Aetna | Medicare | 19.71 | 30.8 | | | 9.6 | | 60.8 percent of total billed charges | |
| BKR CHG CALCIUI URINARY WITH PHOTOGRAPH | 82360 | CPT | | | | outpatient | | | 64 | 14.8 | Horizon | PPO | 24.5 | 38.28 | | | 9.6 | | 60.8 percent of total billed charges | |
| BKR CHG CALCIUI URINARY WITH PHOTOGRAPH | 82360 | CPT | | | | outpatient | | | 64 | 14.8 | Consumer | Consumer | 60.8 | 95 | | | 9.6 | | 60.8 percent of total billed charges | |
| BKR CHG CALCIUI URINARY WITH PHOTOGRAPH | 82360 | CPT | | | | outpatient | | | 64 | 14.8 | Multiplan | Multiplan | 51.2 | 80 | | | 9.6 | | 60.8 percent of total billed charges | |
| BKR CHG CALCIUI URINARY WITH PHOTOGRAPH | 82360 | CPT | | | | outpatient | | | 64 | 14.8 | Amerihealth | Medicare | 12.87 | | | | 9.6 | | 60.8 fee schedule | |
| BKR CHG CALCIUI URINARY WITH PHOTOGRAPH | 82360 | CPT | | | | outpatient | | | 64 | 14.8 | Managed Care Inc | Managed Care Inc | 57.6 | 90 | | | 9.6 | | 60.8 percent of total billed charges | |
| BKR CHG CALCIUI URINARY WITH PHOTOGRAPH | 82360 | CPT | | | | outpatient | | | 64 | 14.8 | Corrections | Corrections | 51.2 | 80 | | | 9.6 | | 60.8 percent of total billed charges | |
| BKR CHG CALCIUI URINARY WITH PHOTOGRAPH | 82360 | CPT | | | | outpatient | | | 64 | 14.8 | Three Rivers | Three Rivers | 60.8 | 95 | | | 9.6 | | 60.8 percent of total billed charges | |
| BKR CHG CALCIUI URINARY WITH PHOTOGRAPH | 82360 | CPT | | | | outpatient | | | 64 | 14.8 | Horizon | MGD | 24.5 | 38.28 | | | 9.6 | | 60.8 percent of total billed charges | |
| BKR CHG CALCIUI URINARY WITH PHOTOGRAPH | 82360 | CPT | | | | outpatient | | | 64 | 14.8 | Wellcare | Medicaid | 12 | | | | 9.6 | | 60.8 fee schedule | |
| BKR CHG CALCIUI URINARY WITH PHOTOGRAPH | 82360 | CPT | | | | outpatient | | | 64 | 14.8 | Horizon | NJ Health | 25.87 | | | | 9.6 | | 60.8 fee schedule | |
| BKR CHG CALCIUI URINARY WITH PHOTOGRAPH | 82360 | CPT | | | | outpatient | | | 64 | 14.8 | UHC | Medicaid | 12 | | | | 9.6 | | 60.8 fee schedule | |
| BKR CHG CALCIUI URINARY WITH PHOTOGRAPH | 82360 | CPT | | | | outpatient | | | 64 | 14.8 | First Health | First Health | 44.8 | 70 | | | 9.6 | | 60.8 percent of total billed charges | |
| BKR CHG CALCIUI URINARY WITH PHOTOGRAPH | 82360 | CPT | | | | outpatient | | | 64 | 14.8 | Wellcare | Medicare | 12.87 | | | | 9.6 | | 60.8 fee schedule | |
| BKR CHG CALCIUI URINARY WITH PHOTOGRAPH | 82360 | CPT | | | | outpatient | | | 64 | 14.8 | UHC | Medicare | 12.87 | | | | 9.6 | | 60.8 fee schedule | |
| BKR CHG CALCIUI URINARY WITH PHOTOGRAPH | 82360 | CPT | | | | outpatient | | | 64 | 14.8 | WellPoint | WellPoint | 20.6 | 32.18 | | | 9.6 | | 60.8 percent of total billed charges | |
| BKR CHG CDG S | 82373 | CPT | | | | both | | | 1050 | 20.77 | Horizon | MGD | 401.94 | 38.28 | | | 7.95 | | 997.5 percent of total billed charges | |
| BKR CHG CDG S | 82373 | CPT | | | | both | | | 1050 | 20.77 | Aetna | Medicare | 323.4 | 30.8 | | | 7.95 | | 997.5 percent of total billed charges | |
| BKR CHG CDG S | 82373 | CPT | | | | both | | | 1050 | 20.77 | First Health | First Health | 735 | 70 | | | 7.95 | | 997.5 percent of total billed charges | |
| BKR CHG CDG S | 82373 | CPT | | | | both | | | 1050 | 20.77 | Multiplan | Multiplan | 840 | 80 | | | 7.95 | | 997.5 percent of total billed charges | |
| BKR CHG CDG S | 82373 | CPT | | | | both | | | 1050 | 20.77 | Amerihealth | HMO/PPO | 10 | | | | 7.95 | | 997.5 fee schedule | |
| BKR CHG CDG S | 82373 | CPT | | | | both | | | 1050 | 20.77 | Aetna | Better Health | 331.28 | 31.55 | | | 7.95 | | 997.5 percent of total billed charges | |
| BKR CHG CDG S | 82373 | CPT | | | | both | | | 1050 | 20.77 | Corrections | Corrections | 840 | 80 | | | 7.95 | | 997.5 percent of total billed charges | |
| BKR CHG CDG S | 82373 | CPT | | | | both | | | 1050 | 20.77 | Qualcare | Qualcare | 787.5 | 75 | | | 7.95 | | 997.5 percent of total billed charges | |
| BKR CHG CDG S | 82373 | CPT | | | | both | | | 1050 | 20.77 | UHC | Medicare | 18.06 | | | | 7.95 | | 997.5 fee schedule | |
| BKR CHG CDG S | 82373 | CPT | | | | both | | | 1050 | 20.77 | Horizon | Medicare Blue | 315 | 30 | | | 7.95 | | 997.5 percent of total billed charges | |
| BKR CHG CDG S | 82373 | CPT | | | | both | | | 1050 | 20.77 | Horizon | Indemnity | 401.94 | 38.28 | | | 7.95 | | 997.5 percent of total billed charges | |
| BKR CHG CDG S | 82373 | CPT | | | | both | | | 1050 | 20.77 | WellPoint | WellPoint | 337.89 | 32.18 | | 56.25 | 7.95 | | 997.5 percent of total billed charges | |
| BKR CHG CDG S | 82373 | CPT | | | | both | | | 1050 | 20.77 | Amerihealth | Medicare | 18.06 | | | | 7.95 | | 997.5 fee schedule | |
| BKR CHG CDG S | 82373 | CPT | | | | both | | | 1050 | 20.77 | Americare | Americare | 787.5 | 75 | | | 7.95 | | 997.5 percent of total billed charges | |
| BKR CHG CDG S | 82373 | CPT | | | | both | | | 1050 | 20.77 | First Trenton | First Trenton | 945 | 90 | | | 7.95 | | 997.5 percent of total billed charges | |
| BKR CHG CDG S | 82373 | CPT | | | | both | | | 1050 | 20.77 | Consumer | Consumer | 997.5 | 95 | | | 7.95 | | 997.5 percent of total billed charges | |
| BKR CHG CDG S | 82373 | CPT | | | | both | | | 1050 | 20.77 | Horizon | PPO | 401.94 | 38.28 | | | 7.95 | | 997.5 percent of total billed charges | |
| BKR CHG CDG S | 82373 | CPT | | | | both | | | 1050 | 20.77 | UHC | Medicaid | 7.95 | | | | 7.95 | | 997.5 fee schedule | |
| BKR CHG CDG S | 82373 | CPT | | | | both | | | 1050 | 20.77 | Horizon | NJ Health | 20.05 | | | | 7.95 | | 997.5 fee schedule | |
| BKR CHG CDG S | 82373 | CPT | | | | both | | | 1050 | 20.77 | Wellcare | Medicare | 18.06 | | | | 7.95 | | 997.5 fee schedule | |
| BKR CHG CDG S | 82373 | CPT | | | | both | | | 1050 | 20.77 | Three Rivers | Three Rivers | 997.5 | 95 | | | 7.95 | | 997.5 percent of total billed charges | |
| BKR CHG CDG S | 82373 | CPT | | | | both | | | 1050 | 20.77 | Managed Care Inc | Managed Care Inc | 945 | 90 | | | 7.95 | | 997.5 percent of total billed charges | |
| BKR CHG CDG S | 82373 | CPT | | | | both | | | 1050 | 20.77 | Wellcare | Medicaid | 7.95 | | | | 7.95 | | 997.5 fee schedule | |
| BKR CHG CO2 VENOUS | 82374 | CPT | | | | both | | | 142 | 5.61 | Aetna | Medicare | 43.74 | 30.8 | | | 1.7 | | 134.9 percent of total billed charges | |
| BKR CHG CO2 VENOUS | 82374 | CPT | | | | both | | | 142 | 5.61 | Multiplan | Multiplan | 113.6 | 80 | | | 1.7 | | 134.9 percent of total billed charges | |
| BKR CHG CO2 VENOUS | 82374 | CPT | | | | both | | | 142 | 5.61 | Amerihealth | HMO/PPO | 1.7 | | | | 1.7 | | 134.9 fee schedule | |
| BKR CHG CO2 VENOUS | 82374 | CPT | | | | both | | | 142 | 5.61 | Consumer | Consumer | 134.9 | 95 | | | 1.7 | | 134.9 percent of total billed charges | |
| BKR CHG CO2 VENOUS | 82374 | CPT | | | | both | | | 142 | 5.61 | Aetna | Better Health | 44.8 | 31.55 | | | 1.7 | | 134.9 percent of total billed charges | |
| BKR CHG CO2 VENOUS | 82374 | CPT | | | | both | | | 142 | 5.61 | Corrections | Corrections | 113.6 | 80 | | | 1.7 | | 134.9 percent of total billed charges | |
| BKR CHG CO2 VENOUS | 82374 | CPT | | | | both | | | 142 | 5.61 | Amerihealth | Medicare | 4.88 | | | | 1.7 | | 134.9 fee schedule | |
| BKR CHG CO2 VENOUS | 82374 | CPT | | | | both | | | 142 | 5.61 | Americare | Americare | 106.5 | 75 | | | 1.7 | | 134.9 percent of total billed charges | |
| BKR CHG CO2 VENOUS | 82374 | CPT | | | | both | | | 142 | 5.61 | UHC | Medicare | 4.88 | | | | 1.7 | | 134.9 fee schedule | |
| BKR CHG CO2 VENOUS | 82374 | CPT | | | | both | | | 142 | 5.61 | Qualcare | Qualcare | 106.5 | 75 | | | 1.7 | | 134.9 percent of total billed charges | |
| BKR CHG CO2 VENOUS | 82374 | CPT | | | | both | | | 142 | 5.61 | First Health | First Health | 99.4 | 70 | | | 1.7 | | 134.9 percent of total billed charges | |
| BKR CHG CO2 VENOUS | 82374 | CPT | | | | both | | | 142 | 5.61 | Horizon | MGD | 54.36 | 38.28 | | | 1.7 | | 134.9 percent of total billed charges | |
| BKR CHG CO2 VENOUS | 82374 | CPT | | | | both | | | 142 | 5.61 | Wellcare | Medicare | 4.88 | | | | 1.7 | | 134.9 fee schedule | |
| BKR CHG CO2 VENOUS | 82374 | CPT | | | | both | | | 142 | 5.61 | Horizon | Medicare Blue | 42.6 | 30 | | | 1.7 | | 134.9 percent of total billed charges | |
| BKR CHG CO2 VENOUS | 82374 | CPT | | | | both | | | 142 | 5.61 | First Trenton | First Trenton | 127.8 | 90 | | | 1.7 | | 134.9 percent of total billed charges | |
| BKR CHG CO2 VENOUS | 82374 | CPT | | | | both | | | 142 | 5.61 | UHC | Medicaid | 3.3 | | | | 1.7 | | 134.9 fee schedule | |
| BKR CHG CO2 VENOUS | 82374 | CPT | | | | both | | | 142 | 5.61 | WellPoint | WellPoint | 45.7 | 32.18 | | | 1.7 | | 134.9 percent of total billed charges | |
| BKR CHG CO2 VENOUS | 82374 | CPT | | | | both | | | 142 | 5.61 | Horizon | Indemnity | 54.36 | 38.28 | | | 1.7 | | 134.9 percent of total billed charges | |
| BKR CHG CO2 VENOUS | 82374 | CPT | | | | both | | | 142 | 5.61 | Horizon | NJ Health | 6.47 | | | | 1.7 | | 134.9 fee schedule | |
| BKR CHG CO2 VENOUS | 82374 | CPT | | | | both | | | 142 | 5.61 | Horizon | PPO | 54.36 | 38.28 | | | 1.7 | | 134.9 percent of total billed charges | |
| BKR CHG CO2 VENOUS | 82374 | CPT | | | | both | | | 142 | 5.61 | Managed Care Inc | Managed Care Inc | 127.8 | 90 | | | 1.7 | | 134.9 percent of total billed charges | |
| BKR CHG CO2 VENOUS | 82374 | CPT | | | | both | | | 142 | 5.61 | Three Rivers | Three Rivers | 134.9 | 95 | | | 1.7 | | 134.9 percent of total billed charges | |
| BKR CHG CO2 VENOUS | 82374 | CPT | | | | both | | | 142 | 5.61 | Wellcare | Medicaid | 3.3 | | | | 1.7 | | 134.9 fee schedule | |
| BKR CHG CARBOXYHEMOGLOBIN | 82375 | CPT | | | | both | | | 78 | 14.17 | Amerihealth | Medicare | 12.32 | | | | 6 | | 74.1 fee schedule | |
| BKR CHG CARBOXYHEMOGLOBIN | 82375 | CPT | | | | both | | | 78 | 14.17 | Horizon | Indemnity | 29.86 | 38.28 | | 25.31 | 6 | | 74.1 percent of total billed charges | |
| BKR CHG CARBOXYHEMOGLOBIN | 82375 | CPT | | | | both | | | 78 | 14.17 | Aetna | Medicare | 24.02 | 30.8 | | 15.64 | 6 | | 74.1 percent of total billed charges | |
| BKR CHG CARBOXYHEMOGLOBIN | 82375 | CPT | | | | both | | | 78 | 14.17 | Consumer | Consumer | 74.1 | 95 | | | 6 | | 74.1 percent of total billed charges | |
| BKR CHG CARBOXYHEMOGLOBIN | 82375 | CPT | | | | both | | | 78 | 14.17 | Amerihealth | HMO/PPO | 6.9 | | | 10.63 | 6 | | 74.1 fee schedule | |
| BKR CHG CARBOXYHEMOGLOBIN | 82375 | CPT | | | | both | | | 78 | 14.17 | Horizon | PPO | 29.86 | 38.28 | | 25.92 | 6 | | 74.1 percent of total billed charges | |
| BKR CHG CARBOXYHEMOGLOBIN | 82375 | CPT | | | | both | | | 78 | 14.17 | Horizon | NJ Health | 11.76 | | | 6.85 | 6 | | 74.1 fee schedule | |
| BKR CHG CARBOXYHEMOGLOBIN | 82375 | CPT | | | | both | | | 78 | 14.17 | Aetna | Better Health | 24.61 | 31.55 | | 28.34 | 6 | | 74.1 percent of total billed charges | |
| BKR CHG CARBOXYHEMOGLOBIN | 82375 | CPT | | | | both | | | 78 | 14.17 | Corrections | Corrections | 62.4 | 80 | | 22.62 | 6 | | 74.1 percent of total billed charges | |
| BKR CHG CARBOXYHEMOGLOBIN | 82375 | CPT | | | | both | | | 78 | 14.17 | Multiplan | Multiplan | 62.4 | 80 | | | 6 | | 74.1 percent of total billed charges | |
| BKR CHG CARBOXYHEMOGLOBIN | 82375 | CPT | | | | both | | | 78 | 14.17 | Wellcare | Medicare | 12.32 | | | 10.46 | 6 | | 74.1 fee schedule | |
| BKR CHG CARBOXYHEMOGLOBIN | 82375 | CPT | | | | both | | | 78 | 14.17 | Americare | Americare | 58.5 | 75 | | | 6 | | 74.1 percent of total billed charges | |
| BKR CHG CARBOXYHEMOGLOBIN | 82375 | CPT | | | | both | | | 78 | 14.17 | First Health | First Health | 54.6 | 70 | | | 6 | | 74.1 percent of total billed charges | |
| BKR CHG CARBOXYHEMOGLOBIN | 82375 | CPT | | | | both | | | 78 | 14.17 | Qualcare | Qualcare | 58.5 | 75 | | | 6 | | 74.1 percent of total billed charges | |
| BKR CHG CARBOXYHEMOGLOBIN | 82375 | CPT | | | | both | | | 78 | 14.17 | First Trenton | First Trenton | 70.2 | 90 | | | 6 | | 74.1 percent of total billed charges | |
| BKR CHG CARBOXYHEMOGLOBIN | 82375 | CPT | | | | both | | | 78 | 14.17 | Horizon | MGD | 29.86 | 38.28 | | 26.24 | 6 | | 74.1 percent of total billed charges | |
| BKR CHG CARBOXYHEMOGLOBIN | 82375 | CPT | | | | both | | | 78 | 14.17 | UHC | Medicaid | 6 | | | 27.36 | 6 | | 74.1 fee schedule | |
| BKR CHG CARBOXYHEMOGLOBIN | 82375 | CPT | | | | both | | | 78 | 14.17 | UHC | Medicare | 12.32 | | | 14.37 | 6 | | 74.1 fee schedule | |
| BKR CHG CARBOXYHEMOGLOBIN | 82375 | CPT | | | | both | | | 78 | 14.17 | Horizon | Medicare Blue | 23.4 | 30 | | 13.02 | 6 | | 74.1 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG CARBOXYHEMOGLOBIN | 82375 | CPT | | | | both | | | 78 | 14.17 | Managed Care Inc | Managed Care Inc | 70.2 | 90 | | | 6 | | 74.1 percent of total billed charges | |
| BKR CHG CARBOXYHEMOGLOBIN | 82375 | CPT | | | | both | | | 78 | 14.17 | Three Rivers | Three Rivers | 74.1 | 95 | | | 6 | | 74.1 percent of total billed charges | |
| BKR CHG CARBOXYHEMOGLOBIN | 82375 | CPT | | | | both | | | 78 | 14.17 | Wellcare | Medicaid | 6 | | | 27.48 | 6 | | 74.1 fee schedule | |
| BKR CHG CARBOXYHEMOGLOBIN | 82375 | CPT | | | | both | | | 78 | 14.17 | WellPoint | WellPoint | 25.1 | 32.18 | | 22.86 | 6 | | 74.1 percent of total billed charges | |
| BKR CHG CEA, FLUID | 82378 | CPT | | | | both | | | 169 | 21.8 | Horizon | Medicare Blue | 50.7 | 30 | | 9.07 | 14.1 | | 160.55 percent of total billed charges | |
| BKR CHG CEA, FLUID | 82378 | CPT | | | | both | | | 169 | 21.8 | Aetna | Medicare | 52.05 | 30.8 | | 7.34 | 14.1 | | 160.55 percent of total billed charges | |
| BKR CHG CEA, FLUID | 82378 | CPT | | | | both | | | 169 | 21.8 | Corrections | Corrections | 135.2 | 80 | | 51.16 | 14.1 | | 160.55 percent of total billed charges | |
| BKR CHG CEA, FLUID | 82378 | CPT | | | | both | | | 169 | 21.8 | Aetna | Better Health | 53.32 | 31.55 | | 16.51 | 14.1 | | 160.55 percent of total billed charges | |
| BKR CHG CEA, FLUID | 82378 | CPT | | | | both | | | 169 | 21.8 | Aetna | Commercial | 64.22 | 38 | | 20.95 | 14.1 | | 160.55 percent of total billed charges | |
| BKR CHG CEA, FLUID | 82378 | CPT | | | | both | | | 169 | 21.8 | WellPoint | WellPoint | 54.38 | 32.18 | | 38.22 | 14.1 | | 160.55 percent of total billed charges | |
| BKR CHG CEA, FLUID | 82378 | CPT | | | | both | | | 169 | 21.8 | Consumer | Consumer | 160.55 | 95 | | | 14.1 | | 160.55 percent of total billed charges | |
| BKR CHG CEA, FLUID | 82378 | CPT | | | | both | | | 169 | 21.8 | First Trenton | First Trenton | 152.1 | 90 | | | 14.1 | | 160.55 percent of total billed charges | |
| BKR CHG CEA, FLUID | 82378 | CPT | | | | both | | | 169 | 21.8 | Wellcare | Medicare | 18.96 | | | 6.97 | 14.1 | | 160.55 fee schedule | |
| BKR CHG CEA, FLUID | 82378 | CPT | | | | both | | | 169 | 21.8 | Americare | Americare | 126.75 | 75 | | | 14.1 | | 160.55 percent of total billed charges | |
| BKR CHG CEA, FLUID | 82378 | CPT | | | | both | | | 169 | 21.8 | First Health | First Health | 118.3 | 70 | | | 14.1 | | 160.55 percent of total billed charges | |
| BKR CHG CEA, FLUID | 82378 | CPT | | | | both | | | 169 | 21.8 | Horizon | Indemnity | 64.69 | 38.28 | | 22.53 | 14.1 | | 160.55 percent of total billed charges | |
| BKR CHG CEA, FLUID | 82378 | CPT | | | | both | | | 169 | 21.8 | Horizon | NJ Health | 43.9 | | | 6.51 | 14.1 | | 160.55 fee schedule | |
| BKR CHG CEA, FLUID | 82378 | CPT | | | | both | | | 169 | 21.8 | Amerihealth | HMO/PPO | 29.4 | | | 10.25 | 14.1 | | 160.55 fee schedule | |
| BKR CHG CEA, FLUID | 82378 | CPT | | | | both | | | 169 | 21.8 | UHC | Medicare | 18.96 | | | 13.24 | 14.1 | | 160.55 fee schedule | |
| BKR CHG CEA, FLUID | 82378 | CPT | | | | both | | | 169 | 21.8 | Horizon | MGD | 64.69 | 38.28 | | 21.43 | 14.1 | | 160.55 percent of total billed charges | |
| BKR CHG CEA, FLUID | 82378 | CPT | | | | both | | | 169 | 21.8 | Multiplan | Multiplan | 135.2 | 80 | | | 14.1 | | 160.55 percent of total billed charges | |
| BKR CHG CEA, FLUID | 82378 | CPT | | | | both | | | 169 | 21.8 | Amerihealth | Medicare | 18.96 | | | | 14.1 | | 160.55 fee schedule | |
| BKR CHG CEA, FLUID | 82378 | CPT | | | | both | | | 169 | 21.8 | Qualcare | Qualcare | 126.75 | 75 | | | 14.1 | | 160.55 percent of total billed charges | |
| BKR CHG CEA, FLUID | 82378 | CPT | | | | both | | | 169 | 21.8 | Managed Care Inc | Managed Care Inc | 152.1 | 90 | | | 14.1 | | 160.55 percent of total billed charges | |
| BKR CHG CEA, FLUID | 82378 | CPT | | | | both | | | 169 | 21.8 | Horizon | PPO | 64.69 | 38.28 | | 45.53 | 14.1 | | 160.55 percent of total billed charges | |
| BKR CHG CEA, FLUID | 82378 | CPT | | | | both | | | 169 | 21.8 | Three Rivers | Three Rivers | 160.55 | 95 | | | 14.1 | | 160.55 percent of total billed charges | |
| BKR CHG CEA, FLUID | 82378 | CPT | | | | both | | | 169 | 21.8 | UHC | Medicaid | 22.4 | | | 44.91 | 14.1 | | 160.55 fee schedule | |
| BKR CHG CEA, FLUID | 82378 | CPT | | | | both | | | 169 | 21.8 | Wellcare | Medicaid | 22.4 | | | 31.42 | 14.1 | | 160.55 fee schedule | |
| BKR CHG CARNITINE, TOTAL AND FREE | 82379 | CPT | | | | both | | | 495 | 19.4 | Amerihealth | HMO/PPO | 23.3 | | | | 16.8 | | 470.25 fee schedule | |
| BKR CHG CARNITINE, TOTAL AND FREE | 82379 | CPT | | | | both | | | 495 | 19.4 | Aetna | Commercial | 188.1 | 38 | | 4.16 | 16.8 | | 470.25 percent of total billed charges | |
| BKR CHG CARNITINE, TOTAL AND FREE | 82379 | CPT | | | | both | | | 495 | 19.4 | Americare | Americare | 371.25 | 75 | | | 16.8 | | 470.25 percent of total billed charges | |
| BKR CHG CARNITINE, TOTAL AND FREE | 82379 | CPT | | | | both | | | 495 | 19.4 | Aetna | Medicare | 152.46 | 30.8 | | | 16.8 | | 470.25 percent of total billed charges | |
| BKR CHG CARNITINE, TOTAL AND FREE | 82379 | CPT | | | | both | | | 495 | 19.4 | Amerihealth | Medicare | 16.87 | | | | 16.8 | | 470.25 fee schedule | |
| BKR CHG CARNITINE, TOTAL AND FREE | 82379 | CPT | | | | both | | | 495 | 19.4 | Consumer | Consumer | 470.25 | 95 | | | 16.8 | | 470.25 percent of total billed charges | |
| BKR CHG CARNITINE, TOTAL AND FREE | 82379 | CPT | | | | both | | | 495 | 19.4 | First Trenton | First Trenton | 445.5 | 90 | | | 16.8 | | 470.25 percent of total billed charges | |
| BKR CHG CARNITINE, TOTAL AND FREE | 82379 | CPT | | | | both | | | 495 | 19.4 | Aetna | Better Health | 156.17 | 31.55 | | | 16.8 | | 470.25 percent of total billed charges | |
| BKR CHG CARNITINE, TOTAL AND FREE | 82379 | CPT | | | | both | | | 495 | 19.4 | Horizon | PPO | 189.49 | 38.28 | | | 16.8 | | 470.25 percent of total billed charges | |
| BKR CHG CARNITINE, TOTAL AND FREE | 82379 | CPT | | | | both | | | 495 | 19.4 | First Health | First Health | 346.5 | 70 | | | 16.8 | | 470.25 percent of total billed charges | |
| BKR CHG CARNITINE, TOTAL AND FREE | 82379 | CPT | | | | both | | | 495 | 19.4 | Three Rivers | Three Rivers | 470.25 | 95 | | | 16.8 | | 470.25 percent of total billed charges | |
| BKR CHG CARNITINE, TOTAL AND FREE | 82379 | CPT | | | | both | | | 495 | 19.4 | Multiplan | Multiplan | 396 | 80 | | | 16.8 | | 470.25 percent of total billed charges | |
| BKR CHG CARNITINE, TOTAL AND FREE | 82379 | CPT | | | | both | | | 495 | 19.4 | Wellcare | Medicare | 16.87 | | | | 16.8 | | 470.25 fee schedule | |
| BKR CHG CARNITINE, TOTAL AND FREE | 82379 | CPT | | | | both | | | 495 | 19.4 | Horizon | Indemnity | 189.49 | 38.28 | | | 16.8 | | 470.25 percent of total billed charges | |
| BKR CHG CARNITINE, TOTAL AND FREE | 82379 | CPT | | | | both | | | 495 | 19.4 | Corrections | Corrections | 396 | 80 | | | 16.8 | | 470.25 percent of total billed charges | |
| BKR CHG CARNITINE, TOTAL AND FREE | 82379 | CPT | | | | both | | | 495 | 19.4 | Wellcare | Medicaid | 18.64 | | | | 16.8 | | 470.25 fee schedule | |
| BKR CHG CARNITINE, TOTAL AND FREE | 82379 | CPT | | | | both | | | 495 | 19.4 | Qualcare | Qualcare | 371.25 | 75 | | | 16.8 | | 470.25 percent of total billed charges | |
| BKR CHG CARNITINE, TOTAL AND FREE | 82379 | CPT | | | | both | | | 495 | 19.4 | Horizon | Medicare Blue | 148.5 | 30 | | | 16.8 | | 470.25 percent of total billed charges | |
| BKR CHG CARNITINE, TOTAL AND FREE | 82379 | CPT | | | | both | | | 495 | 19.4 | UHC | Medicare | 16.87 | | | | 16.8 | | 470.25 fee schedule | |
| BKR CHG CARNITINE, TOTAL AND FREE | 82379 | CPT | | | | both | | | 495 | 19.4 | Horizon | MGD | 189.49 | 38.28 | | 7.76 | 16.8 | | 470.25 percent of total billed charges | |
| BKR CHG CARNITINE, TOTAL AND FREE | 82379 | CPT | | | | both | | | 495 | 19.4 | Horizon | NJ Health | 18.74 | | | 6.7 | 16.8 | | 470.25 fee schedule | |
| BKR CHG CARNITINE, TOTAL AND FREE | 82379 | CPT | | | | both | | | 495 | 19.4 | Managed Care Inc | Managed Care Inc | 445.5 | 90 | | | 16.8 | | 470.25 percent of total billed charges | |
| BKR CHG CARNITINE, TOTAL AND FREE | 82379 | CPT | | | | both | | | 495 | 19.4 | UHC | Medicaid | 18.64 | | | 6.89 | 16.8 | | 470.25 fee schedule | |
| BKR CHG CARNITINE, TOTAL AND FREE | 82379 | CPT | | | | both | | | 495 | 19.4 | WellPoint | WellPoint | 159.29 | 32.18 | | | 16.8 | | 470.25 percent of total billed charges | |
| BKR CHG SERUM-CAROTENE LAB | 82380 | CPT | | | | outpatient | | | 141 | 10.6 | Amerihealth | Medicare | 9.22 | | | | 6 | | 133.95 fee schedule | |
| BKR CHG SERUM-CAROTENE LAB | 82380 | CPT | | | | outpatient | | | 141 | 10.6 | Aetna | Better Health | 44.49 | 31.55 | | | 6 | | 133.95 percent of total billed charges | |
| BKR CHG SERUM-CAROTENE LAB | 82380 | CPT | | | | outpatient | | | 141 | 10.6 | Corrections | Corrections | 112.8 | 80 | | | 6 | | 133.95 percent of total billed charges | |
| BKR CHG SERUM-CAROTENE LAB | 82380 | CPT | | | | outpatient | | | 141 | 10.6 | Aetna | Medicare | 43.43 | 30.8 | | | 6 | | 133.95 percent of total billed charges | |
| BKR CHG SERUM-CAROTENE LAB | 82380 | CPT | | | | outpatient | | | 141 | 10.6 | Wellcare | Medicaid | 6 | | | | 6 | | 133.95 fee schedule | |
| BKR CHG SERUM-CAROTENE LAB | 82380 | CPT | | | | outpatient | | | 141 | 10.6 | Amerihealth | HMO/PPO | 15.2 | | | | 6 | | 133.95 fee schedule | |
| BKR CHG SERUM-CAROTENE LAB | 82380 | CPT | | | | outpatient | | | 141 | 10.6 | Americare | Americare | 105.75 | 75 | | | 6 | | 133.95 percent of total billed charges | |
| BKR CHG SERUM-CAROTENE LAB | 82380 | CPT | | | | outpatient | | | 141 | 10.6 | Consumer | Consumer | 133.95 | 95 | | | 6 | | 133.95 percent of total billed charges | |
| BKR CHG SERUM-CAROTENE LAB | 82380 | CPT | | | | outpatient | | | 141 | 10.6 | First Trenton | First Trenton | 126.9 | 90 | | | 6 | | 133.95 percent of total billed charges | |
| BKR CHG SERUM-CAROTENE LAB | 82380 | CPT | | | | outpatient | | | 141 | 10.6 | Wellcare | Medicare | 9.22 | | | | 6 | | 133.95 fee schedule | |
| BKR CHG SERUM-CAROTENE LAB | 82380 | CPT | | | | outpatient | | | 141 | 10.6 | Horizon | Indemnity | 53.97 | 38.28 | | | 6 | | 133.95 percent of total billed charges | |
| BKR CHG SERUM-CAROTENE LAB | 82380 | CPT | | | | outpatient | | | 141 | 10.6 | Horizon | MGD | 53.97 | 38.28 | | | 6 | | 133.95 percent of total billed charges | |
| BKR CHG SERUM-CAROTENE LAB | 82380 | CPT | | | | outpatient | | | 141 | 10.6 | Horizon | NJ Health | 11.76 | | | | 6 | | 133.95 fee schedule | |
| BKR CHG SERUM-CAROTENE LAB | 82380 | CPT | | | | outpatient | | | 141 | 10.6 | First Health | First Health | 98.7 | 70 | | | 6 | | 133.95 percent of total billed charges | |
| BKR CHG SERUM-CAROTENE LAB | 82380 | CPT | | | | outpatient | | | 141 | 10.6 | Multiplan | Multiplan | 112.8 | 80 | | | 6 | | 133.95 percent of total billed charges | |
| BKR CHG SERUM-CAROTENE LAB | 82380 | CPT | | | | outpatient | | | 141 | 10.6 | WellPoint | WellPoint | 45.37 | 32.18 | | | 6 | | 133.95 percent of total billed charges | |
| BKR CHG SERUM-CAROTENE LAB | 82380 | CPT | | | | outpatient | | | 141 | 10.6 | Horizon | PPO | 53.97 | 38.28 | | | 6 | | 133.95 percent of total billed charges | |
| BKR CHG SERUM-CAROTENE LAB | 82380 | CPT | | | | outpatient | | | 141 | 10.6 | UHC | Medicaid | 6 | | | | 6 | | 133.95 fee schedule | |
| BKR CHG SERUM-CAROTENE LAB | 82380 | CPT | | | | outpatient | | | 141 | 10.6 | Horizon | Medicare Blue | 42.3 | 30 | | | 6 | | 133.95 percent of total billed charges | |
| BKR CHG SERUM-CAROTENE LAB | 82380 | CPT | | | | outpatient | | | 141 | 10.6 | UHC | Medicare | 9.22 | | | | 6 | | 133.95 fee schedule | |
| BKR CHG SERUM-CAROTENE LAB | 82380 | CPT | | | | outpatient | | | 141 | 10.6 | Managed Care Inc | Managed Care Inc | 126.9 | 90 | | | 6 | | 133.95 percent of total billed charges | |
| BKR CHG SERUM-CAROTENE LAB | 82380 | CPT | | | | outpatient | | | 141 | 10.6 | Qualcare | Qualcare | 105.75 | 75 | | | 6 | | 133.95 percent of total billed charges | |
| BKR CHG SERUM-CAROTENE LAB | 82380 | CPT | | | | outpatient | | | 141 | 10.6 | Three Rivers | Three Rivers | 133.95 | 95 | | | 6 | | 133.95 percent of total billed charges | |
| BKR CHG CATECHOLAMINES, TOTAL | 82384 | CPT | | | | both | | | 204 | 29.04 | Aetna | Better Health | 64.36 | 31.55 | | | 17.4 | | 193.8 percent of total billed charges | |
| BKR CHG CATECHOLAMINES, TOTAL | 82384 | CPT | | | | both | | | 204 | 29.04 | Aetna | Medicare | 62.83 | 30.8 | | | 17.4 | | 193.8 percent of total billed charges | |
| BKR CHG CATECHOLAMINES, TOTAL | 82384 | CPT | | | | both | | | 204 | 29.04 | Consumer | Consumer | 193.8 | 95 | | | 17.4 | | 193.8 percent of total billed charges | |
| BKR CHG CATECHOLAMINES, TOTAL | 82384 | CPT | | | | both | | | 204 | 29.04 | Multiplan | Multiplan | 163.2 | 80 | | | 17.4 | | 193.8 percent of total billed charges | |
| BKR CHG CATECHOLAMINES, TOTAL | 82384 | CPT | | | | both | | | 204 | 29.04 | Amerihealth | Medicare | 25.25 | | | | 17.4 | | 193.8 fee schedule | |
| BKR CHG CATECHOLAMINES, TOTAL | 82384 | CPT | | | | both | | | 204 | 29.04 | UHC | Medicare | 25.25 | | | | 17.4 | | 193.8 fee schedule | |
| BKR CHG CATECHOLAMINES, TOTAL | 82384 | CPT | | | | both | | | 204 | 29.04 | Horizon | MGD | 78.09 | 38.28 | | | 17.4 | | 193.8 percent of total billed charges | |
| BKR CHG CATECHOLAMINES, TOTAL | 82384 | CPT | | | | both | | | 204 | 29.04 | Americare | Americare | 153 | 75 | | | 17.4 | | 193.8 percent of total billed charges | |
| BKR CHG CATECHOLAMINES, TOTAL | 82384 | CPT | | | | both | | | 204 | 29.04 | First Health | First Health | 142.8 | 70 | | | 17.4 | | 193.8 percent of total billed charges | |
| BKR CHG CATECHOLAMINES, TOTAL | 82384 | CPT | | | | both | | | 204 | 29.04 | WellPoint | WellPoint | 65.65 | 32.18 | | | 17.4 | | 193.8 percent of total billed charges | |
| BKR CHG CATECHOLAMINES, TOTAL | 82384 | CPT | | | | both | | | 204 | 29.04 | Corrections | Corrections | 163.2 | 80 | | | 17.4 | | 193.8 percent of total billed charges | |
| BKR CHG CATECHOLAMINES, TOTAL | 82384 | CPT | | | | both | | | 204 | 29.04 | Amerihealth | HMO/PPO | 38.8 | | | | 17.4 | | 193.8 fee schedule | |
| BKR CHG CATECHOLAMINES, TOTAL | 82384 | CPT | | | | both | | | 204 | 29.04 | Horizon | Indemnity | 78.09 | 38.28 | | | 17.4 | | 193.8 percent of total billed charges | |
| BKR CHG CATECHOLAMINES, TOTAL | 82384 | CPT | | | | both | | | 204 | 29.04 | UHC | Medicaid | 18 | | | | 17.4 | | 193.8 fee schedule | |
| BKR CHG CATECHOLAMINES, TOTAL | 82384 | CPT | | | | both | | | 204 | 29.04 | Qualcare | Qualcare | 153 | 75 | | | 17.4 | | 193.8 percent of total billed charges | |
| BKR CHG CATECHOLAMINES, TOTAL | 82384 | CPT | | | | both | | | 204 | 29.04 | Wellcare | Medicare | 25.25 | | | | 17.4 | | 193.8 fee schedule | |
| BKR CHG CATECHOLAMINES, TOTAL | 82384 | CPT | | | | both | | | 204 | 29.04 | Horizon | PPO | 78.09 | 38.28 | | | 17.4 | | 193.8 percent of total billed charges | |
| BKR CHG CATECHOLAMINES, TOTAL | 82384 | CPT | | | | both | | | 204 | 29.04 | First Trenton | First Trenton | 183.6 | 90 | | | 17.4 | | 193.8 percent of total billed charges | |
| BKR CHG CATECHOLAMINES, TOTAL | 82384 | CPT | | | | both | | | 204 | 29.04 | Three Rivers | Three Rivers | 193.8 | 95 | | | 17.4 | | 193.8 percent of total billed charges | |
| BKR CHG CATECHOLAMINES, TOTAL | 82384 | CPT | | | | both | | | 204 | 29.04 | Horizon | Medicare Blue | 61.2 | 30 | | | 17.4 | | 193.8 percent of total billed charges | |
| BKR CHG CATECHOLAMINES, TOTAL | 82384 | CPT | | | | both | | | 204 | 29.04 | Horizon | NJ Health | 35.28 | | | | 17.4 | | 193.8 fee schedule | |
| BKR CHG CATECHOLAMINES, TOTAL | 82384 | CPT | | | | both | | | 204 | 29.04 | Managed Care Inc | Managed Care Inc | 183.6 | 90 | | | 17.4 | | 193.8 percent of total billed charges | |
| BKR CHG CATECHOLAMINES, TOTAL | 82384 | CPT | | | | both | | | 204 | 29.04 | Wellcare | Medicaid | 18 | | | | 17.4 | | 193.8 fee schedule | |
| BKR CHG CERULOPLASMIN | 82390 | CPT | | | | both | | | 25 | 12.35 | Americare | Americare | 18.75 | 75 | | | 6 | | 23.75 percent of total billed charges | |
| BKR CHG CERULOPLASMIN | 82390 | CPT | | | | both | | | 25 | 12.35 | WellPoint | WellPoint | 8.05 | 32.18 | | 5.92 | 6 | | 23.75 percent of total billed charges | |
| BKR CHG CERULOPLASMIN | 82390 | CPT | | | | both | | | 25 | 12.35 | Corrections | Corrections | 20 | 80 | | | 6 | | 23.75 percent of total billed charges | |
| BKR CHG CERULOPLASMIN | 82390 | CPT | | | | both | | | 25 | 12.35 | Horizon | MGD | 9.57 | 38.28 | | 1.49 | 6 | | 23.75 percent of total billed charges | |
| BKR CHG CERULOPLASMIN | 82390 | CPT | | | | both | | | 25 | 12.35 | Aetna | Better Health | 7.89 | 31.55 | | 2.29 | 6 | | 23.75 percent of total billed charges | |
| BKR CHG CERULOPLASMIN | 82390 | CPT | | | | both | | | 25 | 12.35 | Horizon | NJ Health | 11.76 | | | 1.53 | 6 | | 23.75 fee schedule | |
| BKR CHG CERULOPLASMIN | 82390 | CPT | | | | both | | | 25 | 12.35 | Aetna | Medicare | 7.7 | 30.8 | | 1.16 | 6 | | 23.75 percent of total billed charges | |
| BKR CHG CERULOPLASMIN | 82390 | CPT | | | | both | | | 25 | 12.35 | Consumer | Consumer | 23.75 | 95 | | | 6 | | 23.75 percent of total billed charges | |
| BKR CHG CERULOPLASMIN | 82390 | CPT | | | | both | | | 25 | 12.35 | First Trenton | First Trenton | 22.5 | 90 | | | 6 | | 23.75 percent of total billed charges | |
| BKR CHG CERULOPLASMIN | 82390 | CPT | | | | both | | | 25 | 12.35 | First Health | First Health | 17.5 | 70 | | | 6 | | 23.75 percent of total billed charges | |
| BKR CHG CERULOPLASMIN | 82390 | CPT | | | | both | | | 25 | 12.35 | Horizon | PPO | 9.57 | 38.28 | | 1.36 | 6 | | 23.75 percent of total billed charges | |
| BKR CHG CERULOPLASMIN | 82390 | CPT | | | | both | | | 25 | 12.35 | Horizon | Indemnity | 9.57 | 38.28 | | 0.92 | 6 | | 23.75 percent of total billed charges | |
| BKR CHG CERULOPLASMIN | 82390 | CPT | | | | both | | | 25 | 12.35 | Amerihealth | HMO/PPO | 16.7 | | | 1.32 | 6 | | 23.75 fee schedule | |
| BKR CHG CERULOPLASMIN | 82390 | CPT | | | | both | | | 25 | 12.35 | UHC | Medicare | 10.74 | | | 0.69 | 6 | | 23.75 fee schedule | |
| BKR CHG CERULOPLASMIN | 82390 | CPT | | | | both | | | 25 | 12.35 | Multiplan | Multiplan | 20 | 80 | | | 6 | | 23.75 percent of total billed charges | |
| BKR CHG CERULOPLASMIN | 82390 | CPT | | | | both | | | 25 | 12.35 | Horizon | Medicare Blue | 7.5 | 30 | | 0.81 | 6 | | 23.75 percent of total billed charges | |
| BKR CHG CERULOPLASMIN | 82390 | CPT | | | | both | | | 25 | 12.35 | Wellcare | Medicaid | 6 | | | 4.55 | 6 | | 23.75 fee schedule | |
| BKR CHG CERULOPLASMIN | 82390 | CPT | | | | both | | | 25 | 12.35 | Amerihealth | Medicare | 10.74 | | | | 6 | | 23.75 fee schedule | |
| BKR CHG CERULOPLASMIN | 82390 | CPT | | | | both | | | 25 | 12.35 | Qualcare | Qualcare | 18.75 | 75 | | | 6 | | 23.75 percent of total billed charges | |
| BKR CHG CERULOPLASMIN | 82390 | CPT | | | | both | | | 25 | 12.35 | Managed Care Inc | Managed Care Inc | 22.5 | 90 | | | 6 | | 23.75 percent of total billed charges | |
| BKR CHG CERULOPLASMIN | 82390 | CPT | | | | both | | | 25 | 12.35 | Wellcare | Medicare | 10.74 | | | | 6 | | 23.75 fee schedule | |
| BKR CHG CERULOPLASMIN | 82390 | CPT | | | | both | | | 25 | 12.35 | Three Rivers | Three Rivers | 23.75 | 95 | | | 6 | | 23.75 percent of total billed charges | |
| BKR CHG CERULOPLASMIN | 82390 | CPT | | | | both | | | 25 | 12.35 | UHC | Medicaid | 6 | | | 4.96 | 6 | | 23.75 fee schedule | |
| BKR CHG PTH-RP (PTH-RELATED PEPTIDE) | 82397 | CPT | | | | both | | | 577 | 16.24 | Consumer | Consumer | 548.15 | 95 | | | 13.8 | | 548.15 percent of total billed charges | |
| BKR CHG PTH-RP (PTH-RELATED PEPTIDE) | 82397 | CPT | | | | both | | | 577 | 16.24 | Corrections | Corrections | 461.6 | 80 | | 13.45 | 13.8 | | 548.15 percent of total billed charges | |
| BKR CHG PTH-RP (PTH-RELATED PEPTIDE) | 82397 | CPT | | | | both | | | 577 | 16.24 | Aetna | Better Health | 182.04 | 31.55 | | | 13.8 | | 548.15 percent of total billed charges | |
| BKR CHG PTH-RP (PTH-RELATED PEPTIDE) | 82397 | CPT | | | | both | | | 577 | 16.24 | Amerihealth | Medicare | 14.12 | | | | 13.8 | | 548.15 fee schedule | |
| BKR CHG PTH-RP (PTH-RELATED PEPTIDE) | 82397 | CPT | | | | both | | | 577 | 16.24 | Aetna | Medicare | 177.72 | 30.8 | | | 13.8 | | 548.15 percent of total billed charges | |
| BKR CHG PTH-RP (PTH-RELATED PEPTIDE) | 82397 | CPT | | | | both | | | 577 | 16.24 | Amerihealth | HMO/PPO | 21 | | | 3.23 | 13.8 | | 548.15 fee schedule | |
| BKR CHG PTH-RP (PTH-RELATED PEPTIDE) | 82397 | CPT | | | | both | | | 577 | 16.24 | Wellcare | Medicaid | 15.42 | | | 16.98 | 13.8 | | 548.15 fee schedule | |
| BKR CHG PTH-RP (PTH-RELATED PEPTIDE) | 82397 | CPT | | | | both | | | 577 | 16.24 | Americare | Americare | 432.75 | 75 | | | 13.8 | | 548.15 percent of total billed charges | |
| BKR CHG PTH-RP (PTH-RELATED PEPTIDE) | 82397 | CPT | | | | both | | | 577 | 16.24 | Horizon | Medicare Blue | 173.1 | 30 | | | 13.8 | | 548.15 percent of total billed charges | |
| BKR CHG PTH-RP (PTH-RELATED PEPTIDE) | 82397 | CPT | | | | both | | | 577 | 16.24 | Horizon | Indemnity | 220.88 | 38.28 | | 16.53 | 13.8 | | 548.15 percent of total billed charges | |
| BKR CHG PTH-RP (PTH-RELATED PEPTIDE) | 82397 | CPT | | | | both | | | 577 | 16.24 | First Health | First Health | 403.9 | 70 | | | 13.8 | | 548.15 percent of total billed charges | |
| BKR CHG PTH-RP (PTH-RELATED PEPTIDE) | 82397 | CPT | | | | both | | | 577 | 16.24 | Horizon | MGD | 220.88 | 38.28 | | 18.17 | 13.8 | | 548.15 percent of total billed charges | |
| BKR CHG PTH-RP (PTH-RELATED PEPTIDE) | 82397 | CPT | | | | both | | | 577 | 16.24 | Multiplan | Multiplan | 461.6 | 80 | | | 13.8 | | 548.15 percent of total billed charges | |
| BKR CHG PTH-RP (PTH-RELATED PEPTIDE) | 82397 | CPT | | | | both | | | 577 | 16.24 | Horizon | PPO | 220.88 | 38.28 | | 17.5 | 13.8 | | 548.15 percent of total billed charges | |
| BKR CHG PTH-RP (PTH-RELATED PEPTIDE) | 82397 | CPT | | | | both | | | 577 | 16.24 | Qualcare | Qualcare | 432.75 | 75 | | | 13.8 | | 548.15 percent of total billed charges | |
| BKR CHG PTH-RP (PTH-RELATED PEPTIDE) | 82397 | CPT | | | | both | | | 577 | 16.24 | First Trenton | First Trenton | 519.3 | 90 | | | 13.8 | | 548.15 percent of total billed charges | |
| BKR CHG PTH-RP (PTH-RELATED PEPTIDE) | 82397 | CPT | | | | both | | | 577 | 16.24 | Horizon | NJ Health | 15.68 | | | 2.61 | 13.8 | | 548.15 fee schedule | |
| BKR CHG PTH-RP (PTH-RELATED PEPTIDE) | 82397 | CPT | | | | both | | | 577 | 16.24 | Managed Care Inc | Managed Care Inc | 519.3 | 90 | | | 13.8 | | 548.15 percent of total billed charges | |
| BKR CHG PTH-RP (PTH-RELATED PEPTIDE) | 82397 | CPT | | | | both | | | 577 | 16.24 | UHC | Medicaid | 15.42 | | | 13.66 | 13.8 | | 548.15 fee schedule | |
| BKR CHG PTH-RP (PTH-RELATED PEPTIDE) | 82397 | CPT | | | | both | | | 577 | 16.24 | Three Rivers | Three Rivers | 548.15 | 95 | | | 13.8 | | 548.15 percent of total billed charges | |
| BKR CHG PTH-RP (PTH-RELATED PEPTIDE) | 82397 | CPT | | | | both | | | 577 | 16.24 | UHC | Medicare | 14.12 | | | 7.2 | 13.8 | | 548.15 fee schedule | |
| BKR CHG PTH-RP (PTH-RELATED PEPTIDE) | 82397 | CPT | | | | both | | | 577 | 16.24 | Wellcare | Medicare | 14.12 | | | | 13.8 | | 548.15 fee schedule | |
| BKR CHG PTH-RP (PTH-RELATED PEPTIDE) | 82397 | CPT | | | | both | | | 577 | 16.24 | WellPoint | WellPoint | 185.68 | 32.18 | | 13.37 | 13.8 | | 548.15 percent of total billed charges | |
| BKR CHG VBG WITH ELECTROLYTES-CHLORIDE | 82435 | CPT | | | | both | | | 70 | 5.29 | Horizon | NJ Health | 5.88 | | | 1.79 | 1.7 | | 66.5 fee schedule | |
| BKR CHG VBG WITH ELECTROLYTES-CHLORIDE | 82435 | CPT | | | | both | | | 70 | 5.29 | First Trenton | First Trenton | 63 | 90 | | | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG VBG WITH ELECTROLYTES-CHLORIDE | 82435 | CPT | | | | both | | | 70 | 5.29 | Americare | Americare | 52.5 | 75 | | | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG VBG WITH ELECTROLYTES-CHLORIDE | 82435 | CPT | | | | both | | | 70 | 5.29 | Aetna | Medicare | 21.56 | 30.8 | | 4.09 | 1.7 | | 66.5 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG VBG WITH ELECTROLYTES-CHLORIDE | 82435 | CPT | | | | both | | | 70 | 5.29 | First Health | First Health | 49 | | | | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG VBG WITH ELECTROLYTES-CHLORIDE | 82435 | CPT | | | | both | | | 70 | 5.29 | Aetna | Better Health | 22.09 | 31.55 | | 6.93 | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG VBG WITH ELECTROLYTES-CHLORIDE | 82435 | CPT | | | | both | | | 70 | 5.29 | Horizon | Indemnity | 26.8 | 38.28 | | 6.62 | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG VBG WITH ELECTROLYTES-CHLORIDE | 82435 | CPT | | | | both | | | 70 | 5.29 | UHC | Medicaid | 3 | | | 5.54 | 1.7 | | 66.5 fee schedule | |
| BKR CHG VBG WITH ELECTROLYTES-CHLORIDE | 82435 | CPT | | | | both | | | 70 | 5.29 | Horizon | PPO | 26.8 | 38.28 | | 6.77 | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG VBG WITH ELECTROLYTES-CHLORIDE | 82435 | CPT | | | | both | | | 70 | 5.29 | Managed Care Inc | Managed Care Inc | 63 | 90 | | | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG VBG WITH ELECTROLYTES-CHLORIDE | 82435 | CPT | | | | both | | | 70 | 5.29 | Consumer | Consumer | 66.5 | 95 | | | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG VBG WITH ELECTROLYTES-CHLORIDE | 82435 | CPT | | | | both | | | 70 | 5.29 | Corrections | Corrections | 56 | 80 | | 5.96 | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG VBG WITH ELECTROLYTES-CHLORIDE | 82435 | CPT | | | | both | | | 70 | 5.29 | Horizon | Medicare Blue | 21 | 30 | | 3.48 | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG VBG WITH ELECTROLYTES-CHLORIDE | 82435 | CPT | | | | both | | | 70 | 5.29 | Amerihealth | HMO/PPO | 1.7 | | | 2.57 | 1.7 | | 66.5 fee schedule | |
| BKR CHG VBG WITH ELECTROLYTES-CHLORIDE | 82435 | CPT | | | | both | | | 70 | 5.29 | Multiplan | Multiplan | 56 | 80 | | | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG VBG WITH ELECTROLYTES-CHLORIDE | 82435 | CPT | | | | both | | | 70 | 5.29 | Three Rivers | Three Rivers | 66.5 | 95 | | | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG VBG WITH ELECTROLYTES-CHLORIDE | 82435 | CPT | | | | both | | | 70 | 5.29 | Horizon | MGD | 26.8 | 38.28 | | 7.17 | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG VBG WITH ELECTROLYTES-CHLORIDE | 82435 | CPT | | | | both | | | 70 | 5.29 | Amerihealth | Medicare | 4.6 | | | | 1.7 | | 66.5 fee schedule | |
| BKR CHG VBG WITH ELECTROLYTES-CHLORIDE | 82435 | CPT | | | | both | | | 70 | 5.29 | Qualcare | Qualcare | 52.5 | 75 | | | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG VBG WITH ELECTROLYTES-CHLORIDE | 82435 | CPT | | | | both | | | 70 | 5.29 | Wellcare | Medicaid | 3 | | | 7.14 | 1.7 | | 66.5 fee schedule | |
| BKR CHG VBG WITH ELECTROLYTES-CHLORIDE | 82435 | CPT | | | | both | | | 70 | 5.29 | WellPoint | WellPoint | 22.53 | 32.18 | | 5.98 | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG VBG WITH ELECTROLYTES-CHLORIDE | 82435 | CPT | | | | both | | | 70 | 5.29 | Wellcare | Medicare | 4.6 | | | 2.74 | 1.7 | | 66.5 fee schedule | |
| BKR CHG VBG WITH ELECTROLYTES-CHLORIDE | 82435 | CPT | | | | both | | | 70 | 5.29 | UHC | Medicare | 4.6 | | | 3.77 | 1.7 | | 66.5 fee schedule | |
| BKR CHG CHLORIDE URINE RANDOM | 82436 | CPT | | | | both | | | 55 | 6.61 | Americare | Americare | 41.25 | 75 | | | 3 | | 52.25 percent of total billed charges | |
| BKR CHG CHLORIDE URINE RANDOM | 82436 | CPT | | | | both | | | 55 | 6.61 | Aetna | Commercial | 20.9 | 38 | | | 3 | | 52.25 percent of total billed charges | |
| BKR CHG CHLORIDE URINE RANDOM | 82436 | CPT | | | | both | | | 55 | 6.61 | Amerihealth | Medicare | 5.75 | | | | 3 | | 52.25 fee schedule | |
| BKR CHG CHLORIDE URINE RANDOM | 82436 | CPT | | | | both | | | 55 | 6.61 | Aetna | Better Health | 17.35 | 31.55 | | | 3 | | 52.25 percent of total billed charges | |
| BKR CHG CHLORIDE URINE RANDOM | 82436 | CPT | | | | both | | | 55 | 6.61 | First Trenton | First Trenton | 49.5 | 90 | | | 3 | | 52.25 percent of total billed charges | |
| BKR CHG CHLORIDE URINE RANDOM | 82436 | CPT | | | | both | | | 55 | 6.61 | Amerihealth | HMO/PPO | 7.8 | | | | 3 | | 52.25 fee schedule | |
| BKR CHG CHLORIDE URINE RANDOM | 82436 | CPT | | | | both | | | 55 | 6.61 | Corrections | Corrections | 44 | 80 | | | 3 | | 52.25 percent of total billed charges | |
| BKR CHG CHLORIDE URINE RANDOM | 82436 | CPT | | | | both | | | 55 | 6.61 | Horizon | Medicare Blue | 16.5 | 30 | | 6.27 | 3 | | 52.25 percent of total billed charges | |
| BKR CHG CHLORIDE URINE RANDOM | 82436 | CPT | | | | both | | | 55 | 6.61 | Horizon | NJ Health | 5.88 | | | 2.72 | 3 | | 52.25 fee schedule | |
| BKR CHG CHLORIDE URINE RANDOM | 82436 | CPT | | | | both | | | 55 | 6.61 | Horizon | MGD | 21.05 | 38.28 | | | 3 | | 52.25 percent of total billed charges | |
| BKR CHG CHLORIDE URINE RANDOM | 82436 | CPT | | | | both | | | 55 | 6.61 | First Health | First Health | 38.5 | 70 | | | 3 | | 52.25 percent of total billed charges | |
| BKR CHG CHLORIDE URINE RANDOM | 82436 | CPT | | | | both | | | 55 | 6.61 | Aetna | Medicare | 16.94 | 30.8 | | 8.08 | 3 | | 52.25 percent of total billed charges | |
| BKR CHG CHLORIDE URINE RANDOM | 82436 | CPT | | | | both | | | 55 | 6.61 | Managed Care Inc | Managed Care Inc | 49.5 | 90 | | | 3 | | 52.25 percent of total billed charges | |
| BKR CHG CHLORIDE URINE RANDOM | 82436 | CPT | | | | both | | | 55 | 6.61 | Horizon | PPO | 21.05 | 38.28 | | 16.06 | 3 | | 52.25 percent of total billed charges | |
| BKR CHG CHLORIDE URINE RANDOM | 82436 | CPT | | | | both | | | 55 | 6.61 | UHC | Medicare | 5.75 | | | 0.8 | 3 | | 52.25 fee schedule | |
| BKR CHG CHLORIDE URINE RANDOM | 82436 | CPT | | | | both | | | 55 | 6.61 | Consumer | Consumer | 52.25 | 95 | | | 3 | | 52.25 percent of total billed charges | |
| BKR CHG CHLORIDE URINE RANDOM | 82436 | CPT | | | | both | | | 55 | 6.61 | Three Rivers | Three Rivers | 52.25 | 95 | | | 3 | | 52.25 percent of total billed charges | |
| BKR CHG CHLORIDE URINE RANDOM | 82436 | CPT | | | | both | | | 55 | 6.61 | UHC | Medicaid | 3 | | | 16.54 | 3 | | 52.25 fee schedule | |
| BKR CHG CHLORIDE URINE RANDOM | 82436 | CPT | | | | both | | | 55 | 6.61 | Horizon | Indemnity | 21.05 | 38.28 | | 8.84 | 3 | | 52.25 percent of total billed charges | |
| BKR CHG CHLORIDE URINE RANDOM | 82436 | CPT | | | | both | | | 55 | 6.61 | Wellcare | Medicare | 5.75 | | | | 3 | | 52.25 fee schedule | |
| BKR CHG CHLORIDE URINE RANDOM | 82436 | CPT | | | | both | | | 55 | 6.61 | Wellcare | Medicaid | 3 | | | 15.23 | 3 | | 52.25 fee schedule | |
| BKR CHG CHLORIDE URINE RANDOM | 82436 | CPT | | | | both | | | 55 | 6.61 | WellPoint | WellPoint | 17.7 | 32.18 | | | 3 | | 52.25 percent of total billed charges | |
| BKR CHG CHLORIDE URINE RANDOM | 82436 | CPT | | | | both | | | 55 | 6.61 | Multiplan | Multiplan | 44 | 80 | | | 3 | | 52.25 percent of total billed charges | |
| BKR CHG CHLORIDE URINE RANDOM | 82436 | CPT | | | | both | | | 55 | 6.61 | Qualcare | Qualcare | 41.25 | 75 | | | 3 | | 52.25 percent of total billed charges | |
| BKR CHG SWEAT CHLORIDE | 82438 | CPT | | | | both | | | 177 | 5.75 | Aetna | Better Health | 55.84 | 31.55 | | | 3 | | 168.15 percent of total billed charges | |
| BKR CHG SWEAT CHLORIDE | 82438 | CPT | | | | both | | | 177 | 5.75 | Aetna | Medicare | 54.52 | 30.8 | | | 3 | | 168.15 percent of total billed charges | |
| BKR CHG SWEAT CHLORIDE | 82438 | CPT | | | | both | | | 177 | 5.75 | Americare | Americare | 132.75 | 75 | | | 3 | | 168.15 percent of total billed charges | |
| BKR CHG SWEAT CHLORIDE | 82438 | CPT | | | | both | | | 177 | 5.75 | UHC | Medicaid | 3 | | | | 3 | | 168.15 fee schedule | |
| BKR CHG SWEAT CHLORIDE | 82438 | CPT | | | | both | | | 177 | 5.75 | Horizon | Indemnity | 67.76 | 38.28 | | | 3 | | 168.15 percent of total billed charges | |
| BKR CHG SWEAT CHLORIDE | 82438 | CPT | | | | both | | | 177 | 5.75 | First Trenton | First Trenton | 159.3 | 90 | | | 3 | | 168.15 percent of total billed charges | |
| BKR CHG SWEAT CHLORIDE | 82438 | CPT | | | | both | | | 177 | 5.75 | Consumer | Consumer | 168.15 | 95 | | | 3 | | 168.15 percent of total billed charges | |
| BKR CHG SWEAT CHLORIDE | 82438 | CPT | | | | both | | | 177 | 5.75 | Aetna | Commercial | 67.26 | 38 | | | 3 | | 168.15 percent of total billed charges | |
| BKR CHG SWEAT CHLORIDE | 82438 | CPT | | | | both | | | 177 | 5.75 | Horizon | Medicare Blue | 53.1 | 30 | | | 3 | | 168.15 percent of total billed charges | |
| BKR CHG SWEAT CHLORIDE | 82438 | CPT | | | | both | | | 177 | 5.75 | Amerihealth | HMO/PPO | 7.7 | | | | 3 | | 168.15 fee schedule | |
| BKR CHG SWEAT CHLORIDE | 82438 | CPT | | | | both | | | 177 | 5.75 | Horizon | PPO | 67.76 | 38.28 | | | 3 | | 168.15 percent of total billed charges | |
| BKR CHG SWEAT CHLORIDE | 82438 | CPT | | | | both | | | 177 | 5.75 | Multiplan | Multiplan | 141.6 | 80 | | | 3 | | 168.15 percent of total billed charges | |
| BKR CHG SWEAT CHLORIDE | 82438 | CPT | | | | both | | | 177 | 5.75 | Corrections | Corrections | 141.6 | 80 | | | 3 | | 168.15 percent of total billed charges | |
| BKR CHG SWEAT CHLORIDE | 82438 | CPT | | | | both | | | 177 | 5.75 | WellPoint | WellPoint | 56.96 | 32.18 | | | 3 | | 168.15 percent of total billed charges | |
| BKR CHG SWEAT CHLORIDE | 82438 | CPT | | | | both | | | 177 | 5.75 | Managed Care Inc | Managed Care Inc | 159.3 | 90 | | | 3 | | 168.15 percent of total billed charges | |
| BKR CHG SWEAT CHLORIDE | 82438 | CPT | | | | both | | | 177 | 5.75 | Qualcare | Qualcare | 132.75 | 75 | | | 3 | | 168.15 percent of total billed charges | |
| BKR CHG SWEAT CHLORIDE | 82438 | CPT | | | | both | | | 177 | 5.75 | Horizon | NJ Health | 6.47 | | | | 3 | | 168.15 fee schedule | |
| BKR CHG SWEAT CHLORIDE | 82438 | CPT | | | | both | | | 177 | 5.75 | Amerihealth | Medicare | 5 | | | | 3 | | 168.15 fee schedule | |
| BKR CHG SWEAT CHLORIDE | 82438 | CPT | | | | both | | | 177 | 5.75 | Three Rivers | Three Rivers | 168.15 | 95 | | | 3 | | 168.15 percent of total billed charges | |
| BKR CHG SWEAT CHLORIDE | 82438 | CPT | | | | both | | | 177 | 5.75 | UHC | Medicare | 5 | | | | 3 | | 168.15 fee schedule | |
| BKR CHG SWEAT CHLORIDE | 82438 | CPT | | | | both | | | 177 | 5.75 | Wellcare | Medicaid | 3 | | | | 3 | | 168.15 fee schedule | |
| BKR CHG SWEAT CHLORIDE | 82438 | CPT | | | | both | | | 177 | 5.75 | First Health | First Health | 123.9 | 70 | | | 3 | | 168.15 percent of total billed charges | |
| BKR CHG SWEAT CHLORIDE | 82438 | CPT | | | | both | | | 177 | 5.75 | Wellcare | Medicare | 5 | | | | 3 | | 168.15 fee schedule | |
| BKR CHG SWEAT CHLORIDE | 82438 | CPT | | | | both | | | 177 | 5.75 | Horizon | MGD | 67.76 | 38.28 | | | 3 | | 168.15 percent of total billed charges | |
| BKR CHG METHYLENE CHLORIDE LEVEL | 82441 | CPT | | | | outpatient | | | 417 | 6.91 | Aetna | Commercial | 158.46 | 38 | | | 6.01 | | 396.15 percent of total billed charges | |
| BKR CHG METHYLENE CHLORIDE LEVEL | 82441 | CPT | | | | outpatient | | | 417 | 6.91 | Horizon | MGD | 159.63 | 38.28 | | | 6.01 | | 396.15 percent of total billed charges | |
| BKR CHG METHYLENE CHLORIDE LEVEL | 82441 | CPT | | | | outpatient | | | 417 | 6.91 | Aetna | Better Health | 131.56 | 31.55 | | | 6.01 | | 396.15 percent of total billed charges | |
| BKR CHG METHYLENE CHLORIDE LEVEL | 82441 | CPT | | | | outpatient | | | 417 | 6.91 | Americare | Americare | 312.75 | 75 | | | 6.01 | | 396.15 percent of total billed charges | |
| BKR CHG METHYLENE CHLORIDE LEVEL | 82441 | CPT | | | | outpatient | | | 417 | 6.91 | Corrections | Corrections | 333.6 | 80 | | | 6.01 | | 396.15 percent of total billed charges | |
| BKR CHG METHYLENE CHLORIDE LEVEL | 82441 | CPT | | | | outpatient | | | 417 | 6.91 | Amerihealth | HMO/PPO | 9.4 | | | | 6.01 | | 396.15 fee schedule | |
| BKR CHG METHYLENE CHLORIDE LEVEL | 82441 | CPT | | | | outpatient | | | 417 | 6.91 | Consumer | Consumer | 396.15 | 95 | | | 6.01 | | 396.15 percent of total billed charges | |
| BKR CHG METHYLENE CHLORIDE LEVEL | 82441 | CPT | | | | outpatient | | | 417 | 6.91 | Horizon | PPO | 159.63 | 38.28 | | | 6.01 | | 396.15 percent of total billed charges | |
| BKR CHG METHYLENE CHLORIDE LEVEL | 82441 | CPT | | | | outpatient | | | 417 | 6.91 | Aetna | Medicare | 128.44 | 30.8 | | | 6.01 | | 396.15 percent of total billed charges | |
| BKR CHG METHYLENE CHLORIDE LEVEL | 82441 | CPT | | | | outpatient | | | 417 | 6.91 | Amerihealth | Medicare | 6.01 | | | | 6.01 | | 396.15 fee schedule | |
| BKR CHG METHYLENE CHLORIDE LEVEL | 82441 | CPT | | | | outpatient | | | 417 | 6.91 | First Health | First Health | 291.9 | 70 | | | 6.01 | | 396.15 percent of total billed charges | |
| BKR CHG METHYLENE CHLORIDE LEVEL | 82441 | CPT | | | | outpatient | | | 417 | 6.91 | Three Rivers | Three Rivers | 396.15 | 95 | | | 6.01 | | 396.15 percent of total billed charges | |
| BKR CHG METHYLENE CHLORIDE LEVEL | 82441 | CPT | | | | outpatient | | | 417 | 6.91 | First Trenton | First Trenton | 375.3 | 90 | | | 6.01 | | 396.15 percent of total billed charges | |
| BKR CHG METHYLENE CHLORIDE LEVEL | 82441 | CPT | | | | outpatient | | | 417 | 6.91 | Wellcare | Medicare | 6.01 | | | | 6.01 | | 396.15 fee schedule | |
| BKR CHG METHYLENE CHLORIDE LEVEL | 82441 | CPT | | | | outpatient | | | 417 | 6.91 | Horizon | Indemnity | 159.63 | 38.28 | | | 6.01 | | 396.15 percent of total billed charges | |
| BKR CHG METHYLENE CHLORIDE LEVEL | 82441 | CPT | | | | outpatient | | | 417 | 6.91 | Multiplan | Multiplan | 333.6 | 80 | | | 6.01 | | 396.15 percent of total billed charges | |
| BKR CHG METHYLENE CHLORIDE LEVEL | 82441 | CPT | | | | outpatient | | | 417 | 6.91 | UHC | Medicaid | 8 | | | | 6.01 | | 396.15 fee schedule | |
| BKR CHG METHYLENE CHLORIDE LEVEL | 82441 | CPT | | | | outpatient | | | 417 | 6.91 | Horizon | Medicare Blue | 125.1 | 30 | | | 6.01 | | 396.15 percent of total billed charges | |
| BKR CHG METHYLENE CHLORIDE LEVEL | 82441 | CPT | | | | outpatient | | | 417 | 6.91 | Wellcare | Medicaid | 8 | | | | 6.01 | | 396.15 fee schedule | |
| BKR CHG METHYLENE CHLORIDE LEVEL | 82441 | CPT | | | | outpatient | | | 417 | 6.91 | Qualcare | Qualcare | 312.75 | 75 | | | 6.01 | | 396.15 percent of total billed charges | |
| BKR CHG METHYLENE CHLORIDE LEVEL | 82441 | CPT | | | | outpatient | | | 417 | 6.91 | Horizon | NJ Health | 19.44 | | | | 6.01 | | 396.15 fee schedule | |
| BKR CHG METHYLENE CHLORIDE LEVEL | 82441 | CPT | | | | outpatient | | | 417 | 6.91 | UHC | Medicare | 6.01 | | | | 6.01 | | 396.15 fee schedule | |
| BKR CHG METHYLENE CHLORIDE LEVEL | 82441 | CPT | | | | outpatient | | | 417 | 6.91 | Managed Care Inc | Managed Care Inc | 375.3 | 90 | | | 6.01 | | 396.15 percent of total billed charges | |
| BKR CHG METHYLENE CHLORIDE LEVEL | 82441 | CPT | | | | outpatient | | | 417 | 6.91 | WellPoint | WellPoint | 134.19 | 32.18 | | | 6.01 | | 396.15 percent of total billed charges | |
| BKR CHG CHOLESTEROL,SERUM OR WHOL | 82465 | CPT | | | | both | | | 88 | 5 | Multiplan | Multiplan | 70.4 | 80 | | | 1.7 | | 83.6 percent of total billed charges | |
| BKR CHG CHOLESTEROL,SERUM OR WHOL | 82465 | CPT | | | | both | | | 88 | 5 | Americare | Americare | 66 | 75 | | | 1.7 | | 83.6 percent of total billed charges | |
| BKR CHG CHOLESTEROL,SERUM OR WHOL | 82465 | CPT | | | | both | | | 88 | 5 | Aetna | Medicare | 27.1 | 30.8 | | | 1.7 | | 83.6 percent of total billed charges | |
| BKR CHG CHOLESTEROL,SERUM OR WHOL | 82465 | CPT | | | | both | | | 88 | 5 | Aetna | Commercial | 33.44 | 38 | | 7.77 | 1.7 | | 83.6 percent of total billed charges | |
| BKR CHG CHOLESTEROL,SERUM OR WHOL | 82465 | CPT | | | | both | | | 88 | 5 | Qualcare | Qualcare | 66 | 75 | | | 1.7 | | 83.6 percent of total billed charges | |
| BKR CHG CHOLESTEROL,SERUM OR WHOL | 82465 | CPT | | | | both | | | 88 | 5 | Amerihealth | Medicare | 4.35 | | | | 1.7 | | 83.6 fee schedule | |
| BKR CHG CHOLESTEROL,SERUM OR WHOL | 82465 | CPT | | | | both | | | 88 | 5 | UHC | Medicaid | 3 | | | 6.81 | 1.7 | | 83.6 fee schedule | |
| BKR CHG CHOLESTEROL,SERUM OR WHOL | 82465 | CPT | | | | both | | | 88 | 5 | Aetna | Better Health | 27.76 | 31.55 | | | 1.7 | | 83.6 percent of total billed charges | |
| BKR CHG CHOLESTEROL,SERUM OR WHOL | 82465 | CPT | | | | both | | | 88 | 5 | Wellcare | Medicare | 4.35 | | | | 1.7 | | 83.6 fee schedule | |
| BKR CHG CHOLESTEROL,SERUM OR WHOL | 82465 | CPT | | | | both | | | 88 | 5 | First Trenton | First Trenton | 79.2 | 90 | | | 1.7 | | 83.6 percent of total billed charges | |
| BKR CHG CHOLESTEROL,SERUM OR WHOL | 82465 | CPT | | | | both | | | 88 | 5 | Amerihealth | HMO/PPO | 1.7 | | | | 1.7 | | 83.6 fee schedule | |
| BKR CHG CHOLESTEROL,SERUM OR WHOL | 82465 | CPT | | | | both | | | 88 | 5 | Horizon | Medicare Blue | 26.4 | 30 | | 5.27 | 1.7 | | 83.6 percent of total billed charges | |
| BKR CHG CHOLESTEROL,SERUM OR WHOL | 82465 | CPT | | | | both | | | 88 | 5 | UHC | Medicare | 4.35 | | | 10.3 | 1.7 | | 83.6 fee schedule | |
| BKR CHG CHOLESTEROL,SERUM OR WHOL | 82465 | CPT | | | | both | | | 88 | 5 | Consumer | Consumer | 83.6 | 95 | | | 1.7 | | 83.6 percent of total billed charges | |
| BKR CHG CHOLESTEROL,SERUM OR WHOL | 82465 | CPT | | | | both | | | 88 | 5 | First Health | First Health | 61.6 | 70 | | | 1.7 | | 83.6 percent of total billed charges | |
| BKR CHG CHOLESTEROL,SERUM OR WHOL | 82465 | CPT | | | | both | | | 88 | 5 | WellPoint | WellPoint | 28.32 | 32.18 | | 12.34 | 1.7 | | 83.6 percent of total billed charges | |
| BKR CHG CHOLESTEROL,SERUM OR WHOL | 82465 | CPT | | | | both | | | 88 | 5 | Horizon | Indemnity | 33.69 | 38.28 | | 25.4 | 1.7 | | 83.6 percent of total billed charges | |
| BKR CHG CHOLESTEROL,SERUM OR WHOL | 82465 | CPT | | | | both | | | 88 | 5 | Horizon | MGD | 33.69 | 38.28 | | 20.25 | 1.7 | | 83.6 percent of total billed charges | |
| BKR CHG CHOLESTEROL,SERUM OR WHOL | 82465 | CPT | | | | both | | | 88 | 5 | Horizon | NJ Health | 5.88 | | | 12.98 | 1.7 | | 83.6 fee schedule | |
| BKR CHG CHOLESTEROL,SERUM OR WHOL | 82465 | CPT | | | | both | | | 88 | 5 | Corrections | Corrections | 70.4 | 80 | | | 1.7 | | 83.6 percent of total billed charges | |
| BKR CHG CHOLESTEROL,SERUM OR WHOL | 82465 | CPT | | | | both | | | 88 | 5 | Horizon | PPO | 33.69 | 38.28 | | 24.12 | 1.7 | | 83.6 percent of total billed charges | |
| BKR CHG CHOLESTEROL,SERUM OR WHOL | 82465 | CPT | | | | both | | | 88 | 5 | Managed Care Inc | Managed Care Inc | 79.2 | 90 | | | 1.7 | | 83.6 percent of total billed charges | |
| BKR CHG CHOLESTEROL,SERUM OR WHOL | 82465 | CPT | | | | both | | | 88 | 5 | Three Rivers | Three Rivers | 83.6 | 95 | | | 1.7 | | 83.6 percent of total billed charges | |
| BKR CHG CHOLESTEROL,SERUM OR WHOL | 82465 | CPT | | | | both | | | 88 | 5 | Wellcare | Medicaid | 3 | | | 11.36 | 1.7 | | 83.6 fee schedule | |
| BKR CHG CHOLINESTERASE, SERUM | 82480 | CPT | | | | inpatient | | | 51 | 9.05 | Aetna | Commercial | 19.38 | 38 | | | 4.5 | | 48.45 percent of total billed charges | |
| BKR CHG CHOLINESTERASE, SERUM | 82480 | CPT | | | | inpatient | | | 51 | 9.05 | WellPoint | WellPoint | 16.41 | 32.18 | | | 4.5 | | 48.45 percent of total billed charges | |
| BKR CHG CHOLINESTERASE, SERUM | 82480 | CPT | | | | inpatient | | | 51 | 9.05 | Amerihealth | HMO/PPO | 12.2 | | | | 4.5 | | 48.45 fee schedule | |
| BKR CHG CHOLINESTERASE, SERUM | 82480 | CPT | | | | inpatient | | | 51 | 9.05 | Aetna | Better Health | 16.09 | 31.55 | | | 4.5 | | 48.45 percent of total billed charges | |
| BKR CHG CHOLINESTERASE, SERUM | 82480 | CPT | | | | inpatient | | | 51 | 9.05 | Aetna | Medicare | 15.71 | 30.8 | | | 4.5 | | 48.45 percent of total billed charges | |
| BKR CHG CHOLINESTERASE, SERUM | 82480 | CPT | | | | inpatient | | | 51 | 9.05 | Amerihealth | Medicare | 7.87 | | | | 4.5 | | 48.45 fee schedule | |
| BKR CHG CHOLINESTERASE, SERUM | 82480 | CPT | | | | inpatient | | | 51 | 9.05 | First Trenton | First Trenton | 45.9 | 90 | | | 4.5 | | 48.45 percent of total billed charges | |
| BKR CHG CHOLINESTERASE, SERUM | 82480 | CPT | | | | inpatient | | | 51 | 9.05 | Corrections | Corrections | 40.8 | 80 | | | 4.5 | | 48.45 percent of total billed charges | |
| BKR CHG CHOLINESTERASE, SERUM | 82480 | CPT | | | | inpatient | | | 51 | 9.05 | Horizon | MGD | 19.62 | 38.28 | | | 4.5 | | 48.45 percent of total billed charges | |
| BKR CHG CHOLINESTERASE, SERUM | 82480 | CPT | | | | inpatient | | | 51 | 9.05 | First Health | First Health | 35.7 | 70 | | | 4.5 | | 48.45 percent of total billed charges | |
| BKR CHG CHOLINESTERASE, SERUM | 82480 | CPT | | | | inpatient | | | 51 | 9.05 | Horizon | Medicare Blue | 15.3 | 30 | | | 4.5 | | 48.45 percent of total billed charges | |
| BKR CHG CHOLINESTERASE, SERUM | 82480 | CPT | | | | inpatient | | | 51 | 9.05 | Americare | Americare | 38.25 | 75 | | | 4.5 | | 48.45 percent of total billed charges | |
| BKR CHG CHOLINESTERASE, SERUM | 82480 | CPT | | | | inpatient | | | 51 | 9.05 | Horizon | PPO | 19.62 | 38.28 | | | 4.5 | | 48.45 percent of total billed charges | |
| BKR CHG CHOLINESTERASE, SERUM | 82480 | CPT | | | | inpatient | | | 51 | 9.05 | Horizon | Indemnity | 19.52 | 38.28 | | | 4.5 | | 48.45 percent of total billed charges | |
| BKR CHG CHOLINESTERASE, SERUM | 82480 | CPT | | | | inpatient | | | 51 | 9.05 | Managed Care Inc | Managed Care Inc | 45.9 | 90 | | | 4.5 | | 48.45 percent of total billed charges | |
| BKR CHG CHOLINESTERASE, SERUM | 82480 | CPT | | | | inpatient | | | 51 | 9.05 | UHC | Medicaid | 4.5 | | | | 4.5 | | 48.45 fee schedule | |
| BKR CHG CHOLINESTERASE, SERUM | 82480 | CPT | | | | inpatient | | | 51 | 9.05 | Wellcare | Medicare | 7.87 | | | | 4.5 | | 48.45 fee schedule | |
| BKR CHG CHOLINESTERASE, SERUM | 82480 | CPT | | | | inpatient | | | 51 | 9.05 | Multiplan | Multiplan | 40.8 | 80 | | | 4.5 | | 48.45 percent of total billed charges | |
| BKR CHG CHOLINESTERASE, SERUM | 82480 | CPT | | | | inpatient | | | 51 | 9.05 | Consumer | Consumer | 48.45 | 95 | | | 4.5 | | 48.45 percent of total billed charges | |
| BKR CHG CHOLINESTERASE, SERUM | 82480 | CPT | | | | inpatient | | | 51 | 9.05 | Qualcare | Qualcare | 38.25 | 75 | | | 4.5 | | 48.45 percent of total billed charges | |
| BKR CHG CHOLINESTERASE, SERUM | 82480 | CPT | | | | inpatient | | | 51 | 9.05 | Wellcare | Medicaid | 4.5 | | | | 4.5 | | 48.45 fee schedule | |
| BKR CHG CHOLINESTERASE, SERUM | 82480 | CPT | | | | inpatient | | | 51 | 9.05 | UHC | Medicare | 7.87 | | | | 4.5 | | 48.45 fee schedule | |
| BKR CHG CHOLINESTERASE, SERUM | 82480 | CPT | | | | inpatient | | | 51 | 9.05 | Horizon | NJ Health | 9.7 | | | | 4.5 | | 48.45 fee schedule | |
| BKR CHG CHOLINESTERASE, SERUM | 82480 | CPT | | | | inpatient | | | 51 | 9.05 | Three Rivers | Three Rivers | 48.45 | 95 | | | 4.5 | | 48.45 percent of total billed charges | |
| BKR CHG CHROMIUM URINE | 82495 | CPT | | | | outpatient | | | 451 | 23.32 | Americare | Americare | 338.25 | 75 | | | 9.2 | | 428.45 percent of total billed charges | |
| BKR CHG CHROMIUM URINE | 82495 | CPT | | | | outpatient | | | 451 | 23.32 | Consumer | Consumer | 428.45 | 95 | | | 9.2 | | 428.45 percent of total billed charges | |
| BKR CHG CHROMIUM URINE | 82495 | CPT | | | | outpatient | | | 451 | 23.32 | Aetna | Medicare | 138.91 | 30.8 | | | 9.2 | | 428.45 percent of total billed charges | |
| BKR CHG CHROMIUM URINE | 82495 | CPT | | | | outpatient | | | 451 | 23.32 | Aetna | Better Health | 142.29 | 31.55 | | | 9.2 | | 428.45 percent of total billed charges | |
| BKR CHG CHROMIUM URINE | 82495 | CPT | | | | outpatient | | | 451 | 23.32 | Horizon | Indemnity | 172.64 | 38.28 | | | 9.2 | | 428.45 percent of total billed charges | |
| BKR CHG CHROMIUM URINE | 82495 | CPT | | | | outpatient | | | 451 | 23.32 | First Health | First Health | 315.7 | 70 | | | 9.2 | | 428.45 percent of total billed charges | |
| BKR CHG CHROMIUM URINE | 82495 | CPT | | | | outpatient | | | 451 | 23.32 | First Trenton | First Trenton | 405.9 | 90 | | | 9.2 | | 428.45 percent of total billed charges | |
| BKR CHG CHROMIUM URINE | 82495 | CPT | | | | outpatient | | | 451 | 23.32 | UHC | Medicare | 20.28 | | | | 9.2 | | 428.45 fee schedule | |
| BKR CHG CHROMIUM URINE | 82495 | CPT | | | | outpatient | | | 451 | 23.32 | Amerihealth | HMO/PPO | 9.2 | | | | 9.2 | | 428.45 fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG CHROMIUM URINE | 82495 | CPT | | | | outpatient | | | 451 | 23.32 | Corrections | Corrections | 360.8 | 80 | | | 9.2 | 428.45 | percent of total billed charges | |
| BKR CHG CHROMIUM URINE | 82495 | CPT | | | | outpatient | | | 451 | 23.32 | Horizon | MGD | 172.64 | 38.28 | | | 9.2 | 428.45 | percent of total billed charges | |
| BKR CHG CHROMIUM URINE | 82495 | CPT | | | | outpatient | | | 451 | 23.32 | UHC | Medicaid | 9.66 | | | | 9.2 | 428.45 | fee schedule | |
| BKR CHG CHROMIUM URINE | 82495 | CPT | | | | outpatient | | | 451 | 23.32 | Horizon | PPO | 172.64 | 38.28 | | | 9.2 | 428.45 | percent of total billed charges | |
| BKR CHG CHROMIUM URINE | 82495 | CPT | | | | outpatient | | | 451 | 23.32 | Multiplan | Multiplan | 360.8 | 80 | | | 9.2 | 428.45 | percent of total billed charges | |
| BKR CHG CHROMIUM URINE | 82495 | CPT | | | | outpatient | | | 451 | 23.32 | Horizon | Medicare Blue | 135.3 | 30 | | | 9.2 | 428.45 | percent of total billed charges | |
| BKR CHG CHROMIUM URINE | 82495 | CPT | | | | outpatient | | | 451 | 23.32 | WellPoint | WellPoint | 145.13 | 32.18 | | | 9.2 | 428.45 | percent of total billed charges | |
| BKR CHG CHROMIUM URINE | 82495 | CPT | | | | outpatient | | | 451 | 23.32 | Amerihealth | Medicare | 20.28 | | | | 9.2 | 428.45 | fee schedule | |
| BKR CHG CHROMIUM URINE | 82495 | CPT | | | | outpatient | | | 451 | 23.32 | Horizon | NJ Health | 59.78 | | | | 9.2 | 428.45 | fee schedule | |
| BKR CHG CHROMIUM URINE | 82495 | CPT | | | | outpatient | | | 451 | 23.32 | Qualcare | Qualcare | 338.25 | 75 | | | 9.2 | 428.45 | percent of total billed charges | |
| BKR CHG CHROMIUM URINE | 82495 | CPT | | | | outpatient | | | 451 | 23.32 | Three Rivers | Three Rivers | 428.45 | 95 | | | 9.2 | 428.45 | percent of total billed charges | |
| BKR CHG CHROMIUM URINE | 82495 | CPT | | | | outpatient | | | 451 | 23.32 | Wellcare | Medicaid | 9.66 | | | | 9.2 | 428.45 | fee schedule | |
| BKR CHG CHROMIUM URINE | 82495 | CPT | | | | outpatient | | | 451 | 23.32 | Managed Care Inc | Managed Care Inc | 405.9 | 90 | | | 9.2 | 428.45 | percent of total billed charges | |
| BKR CHG CHROMIUM URINE | 82495 | CPT | | | | outpatient | | | 451 | 23.32 | Wellcare | Medicare | 20.28 | | | | 9.2 | 428.45 | fee schedule | |
| BKR CHG CITRIC ACID (CITRATE), URINE | 82507 | CPT | | | | outpatient | | | 63 | 31.97 | First Health | First Health | 44.1 | 70 | | | 18.9 | 78.4 | percent of total billed charges | |
| BKR CHG CITRIC ACID (CITRATE), URINE | 82507 | CPT | | | | outpatient | | | 63 | 31.97 | Americare | Americare | 47.25 | 75 | | | 18.9 | 78.4 | percent of total billed charges | |
| BKR CHG CITRIC ACID (CITRATE), URINE | 82507 | CPT | | | | outpatient | | | 63 | 31.97 | Amerihealth | Medicare | 27.8 | | | | 18.9 | 78.4 | fee schedule | |
| BKR CHG CITRIC ACID (CITRATE), URINE | 82507 | CPT | | | | outpatient | | | 63 | 31.97 | Amerihealth | HMO/PPO | 41.1 | | | | 18.9 | 78.4 | fee schedule | |
| BKR CHG CITRIC ACID (CITRATE), URINE | 82507 | CPT | | | | outpatient | | | 63 | 31.97 | Aetna | Better Health | 19.88 | 31.55 | | | 18.9 | 78.4 | percent of total billed charges | |
| BKR CHG CITRIC ACID (CITRATE), URINE | 82507 | CPT | | | | outpatient | | | 63 | 31.97 | Horizon | MGD | 24.12 | 38.28 | | | 18.9 | 78.4 | percent of total billed charges | |
| BKR CHG CITRIC ACID (CITRATE), URINE | 82507 | CPT | | | | outpatient | | | 63 | 31.97 | Aetna | Medicare | 19.4 | 30.8 | | | 18.9 | 78.4 | percent of total billed charges | |
| BKR CHG CITRIC ACID (CITRATE), URINE | 82507 | CPT | | | | outpatient | | | 63 | 31.97 | UHC | Medicare | 27.8 | | | | 18.9 | 78.4 | fee schedule | |
| BKR CHG CITRIC ACID (CITRATE), URINE | 82507 | CPT | | | | outpatient | | | 63 | 31.97 | Horizon | Medicare Blue | 18.9 | 30 | | | 18.9 | 78.4 | percent of total billed charges | |
| BKR CHG CITRIC ACID (CITRATE), URINE | 82507 | CPT | | | | outpatient | | | 63 | 31.97 | Wellcare | Medicaid | 37 | | | | 18.9 | 78.4 | fee schedule | |
| BKR CHG CITRIC ACID (CITRATE), URINE | 82507 | CPT | | | | outpatient | | | 63 | 31.97 | Corrections | Corrections | 50.4 | 80 | | | 18.9 | 78.4 | percent of total billed charges | |
| BKR CHG CITRIC ACID (CITRATE), URINE | 82507 | CPT | | | | outpatient | | | 63 | 31.97 | Wellcare | Medicare | 27.8 | | | | 18.9 | 78.4 | fee schedule | |
| BKR CHG CITRIC ACID (CITRATE), URINE | 82507 | CPT | | | | outpatient | | | 63 | 31.97 | Horizon | Indemnity | 24.12 | 38.28 | | | 18.9 | 78.4 | percent of total billed charges | |
| BKR CHG CITRIC ACID (CITRATE), URINE | 82507 | CPT | | | | outpatient | | | 63 | 31.97 | Consumer | Consumer | 59.85 | 95 | | | 18.9 | 78.4 | percent of total billed charges | |
| BKR CHG CITRIC ACID (CITRATE), URINE | 82507 | CPT | | | | outpatient | | | 63 | 31.97 | UHC | Medicaid | 37 | | | | 18.9 | 78.4 | fee schedule | |
| BKR CHG CITRIC ACID (CITRATE), URINE | 82507 | CPT | | | | outpatient | | | 63 | 31.97 | WellPoint | WellPoint | 20.27 | 32.18 | | | 18.9 | 78.4 | percent of total billed charges | |
| BKR CHG CITRIC ACID (CITRATE), URINE | 82507 | CPT | | | | outpatient | | | 63 | 31.97 | Multiplan | Multiplan | 50.4 | 80 | | | 18.9 | 78.4 | percent of total billed charges | |
| BKR CHG CITRIC ACID (CITRATE), URINE | 82507 | CPT | | | | outpatient | | | 63 | 31.97 | First Trenton | First Trenton | 56.7 | 90 | | | 18.9 | 78.4 | percent of total billed charges | |
| BKR CHG CITRIC ACID (CITRATE), URINE | 82507 | CPT | | | | outpatient | | | 63 | 31.97 | Qualcare | Qualcare | 47.25 | 75 | | | 18.9 | 78.4 | percent of total billed charges | |
| BKR CHG CITRIC ACID (CITRATE), URINE | 82507 | CPT | | | | outpatient | | | 63 | 31.97 | Horizon | NJ Health | 78.4 | | | | 18.9 | 78.4 | fee schedule | |
| BKR CHG CITRIC ACID (CITRATE), URINE | 82507 | CPT | | | | outpatient | | | 63 | 31.97 | Horizon | PPO | 24.12 | 38.28 | | | 18.9 | 78.4 | percent of total billed charges | |
| BKR CHG CITRIC ACID (CITRATE), URINE | 82507 | CPT | | | | outpatient | | | 63 | 31.97 | Managed Care Inc | Managed Care Inc | 56.7 | 90 | | | 18.9 | 78.4 | percent of total billed charges | |
| BKR CHG CITRIC ACID (CITRATE), URINE | 82507 | CPT | | | | outpatient | | | 63 | 31.97 | Three Rivers | Three Rivers | 59.85 | 95 | | | 18.9 | 78.4 | percent of total billed charges | |
| BKR CHG PROPEPTIDE TYPE I COLLAGEN | 82523 | CPT | | | | both | | | 366 | 21.48 | Corrections | Corrections | 292.8 | 80 | | | 11.86 | 347.7 | percent of total billed charges | |
| BKR CHG PROPEPTIDE TYPE I COLLAGEN | 82523 | CPT | | | | both | | | 366 | 21.48 | UHC | Medicaid | 11.86 | | | 28.3 | 11.86 | 347.7 | fee schedule | |
| BKR CHG PROPEPTIDE TYPE I COLLAGEN | 82523 | CPT | | | | both | | | 366 | 21.48 | Amerihealth | HMO/PPO | 15 | | | | 11.86 | 347.7 | fee schedule | |
| BKR CHG PROPEPTIDE TYPE I COLLAGEN | 82523 | CPT | | | | both | | | 366 | 21.48 | Horizon | NJ Health | 12.05 | | | 11.08 | 11.86 | 347.7 | fee schedule | |
| BKR CHG PROPEPTIDE TYPE I COLLAGEN | 82523 | CPT | | | | both | | | 366 | 21.48 | Aetna | Better Health | 115.47 | 31.55 | | | 11.86 | 347.7 | percent of total billed charges | |
| BKR CHG PROPEPTIDE TYPE I COLLAGEN | 82523 | CPT | | | | both | | | 366 | 21.48 | Aetna | Medicare | 112.73 | 30.8 | | 42.1 | 11.86 | 347.7 | percent of total billed charges | |
| BKR CHG PROPEPTIDE TYPE I COLLAGEN | 82523 | CPT | | | | both | | | 366 | 21.48 | Horizon | Medicare Blue | 109.8 | 30 | | 24.28 | 11.86 | 347.7 | percent of total billed charges | |
| BKR CHG PROPEPTIDE TYPE I COLLAGEN | 82523 | CPT | | | | both | | | 366 | 21.48 | Horizon | Indemnity | 140.1 | 38.28 | | 59.84 | 11.86 | 347.7 | percent of total billed charges | |
| BKR CHG PROPEPTIDE TYPE I COLLAGEN | 82523 | CPT | | | | both | | | 366 | 21.48 | Consumer | Consumer | 347.7 | 95 | | | 11.86 | 347.7 | percent of total billed charges | |
| BKR CHG PROPEPTIDE TYPE I COLLAGEN | 82523 | CPT | | | | both | | | 366 | 21.48 | UHC | Medicare | 18.68 | | | 23.77 | 11.86 | 347.7 | fee schedule | |
| BKR CHG PROPEPTIDE TYPE I COLLAGEN | 82523 | CPT | | | | both | | | 366 | 21.48 | Amerihealth | Medicare | 18.68 | | | | 11.86 | 347.7 | fee schedule | |
| BKR CHG PROPEPTIDE TYPE I COLLAGEN | 82523 | CPT | | | | both | | | 366 | 21.48 | Wellcare | Medicaid | 11.86 | | | | 11.86 | 347.7 | fee schedule | |
| BKR CHG PROPEPTIDE TYPE I COLLAGEN | 82523 | CPT | | | | both | | | 366 | 21.48 | First Trenton | First Trenton | 329.4 | 90 | | | 11.86 | 347.7 | percent of total billed charges | |
| BKR CHG PROPEPTIDE TYPE I COLLAGEN | 82523 | CPT | | | | both | | | 366 | 21.48 | Americare | Americare | 274.5 | 75 | | | 11.86 | 347.7 | percent of total billed charges | |
| BKR CHG PROPEPTIDE TYPE I COLLAGEN | 82523 | CPT | | | | both | | | 366 | 21.48 | Multiplan | Multiplan | 292.8 | 80 | | | 11.86 | 347.7 | percent of total billed charges | |
| BKR CHG PROPEPTIDE TYPE I COLLAGEN | 82523 | CPT | | | | both | | | 366 | 21.48 | Horizon | MGD | 140.1 | 38.28 | | 40.02 | 11.86 | 347.7 | percent of total billed charges | |
| BKR CHG PROPEPTIDE TYPE I COLLAGEN | 82523 | CPT | | | | both | | | 366 | 21.48 | Managed Care Inc | Managed Care Inc | 329.4 | 90 | | | 11.86 | 347.7 | percent of total billed charges | |
| BKR CHG PROPEPTIDE TYPE I COLLAGEN | 82523 | CPT | | | | both | | | 366 | 21.48 | Horizon | PPO | 140.1 | 38.28 | | | 11.86 | 347.7 | percent of total billed charges | |
| BKR CHG PROPEPTIDE TYPE I COLLAGEN | 82523 | CPT | | | | both | | | 366 | 21.48 | First Health | First Health | 256.2 | 70 | | | 11.86 | 347.7 | percent of total billed charges | |
| BKR CHG PROPEPTIDE TYPE I COLLAGEN | 82523 | CPT | | | | both | | | 366 | 21.48 | Wellcare | Medicare | 18.68 | | | | 11.86 | 347.7 | fee schedule | |
| BKR CHG PROPEPTIDE TYPE I COLLAGEN | 82523 | CPT | | | | both | | | 366 | 21.48 | Qualcare | Qualcare | 274.5 | 75 | | | 11.86 | 347.7 | percent of total billed charges | |
| BKR CHG PROPEPTIDE TYPE I COLLAGEN | 82523 | CPT | | | | both | | | 366 | 21.48 | Three Rivers | Three Rivers | 347.7 | 95 | | | 11.86 | 347.7 | percent of total billed charges | |
| BKR CHG PROPEPTIDE TYPE I COLLAGEN | 82523 | CPT | | | | both | | | 366 | 21.48 | WellPoint | WellPoint | 117.76 | 32.18 | | 20.42 | 11.86 | 347.7 | percent of total billed charges | |
| BKR CHG COPPER, SERUM/PLASMA | 82525 | CPT | | | | both | | | 34 | 14.27 | Corrections | Corrections | 27.2 | 80 | | | 9 | 32.3 | percent of total billed charges | |
| BKR CHG COPPER, SERUM/PLASMA | 82525 | CPT | | | | both | | | 34 | 14.27 | Aetna | Better Health | 10.73 | 31.55 | | 8.17 | 9 | 32.3 | percent of total billed charges | |
| BKR CHG COPPER, SERUM/PLASMA | 82525 | CPT | | | | both | | | 34 | 14.27 | Aetna | Medicare | 10.47 | 30.8 | | 4.12 | 9 | 32.3 | percent of total billed charges | |
| BKR CHG COPPER, SERUM/PLASMA | 82525 | CPT | | | | both | | | 34 | 14.27 | Consumer | Consumer | 32.3 | 95 | | | 9 | 32.3 | percent of total billed charges | |
| BKR CHG COPPER, SERUM/PLASMA | 82525 | CPT | | | | both | | | 34 | 14.27 | Amerihealth | Medicare | 12.41 | | | | 9 | 32.3 | fee schedule | |
| BKR CHG COPPER, SERUM/PLASMA | 82525 | CPT | | | | both | | | 34 | 14.27 | Horizon | Medicare Blue | 10.2 | 30 | | 2.77 | 9 | 32.3 | percent of total billed charges | |
| BKR CHG COPPER, SERUM/PLASMA | 82525 | CPT | | | | both | | | 34 | 14.27 | First Trenton | First Trenton | 30.6 | 90 | | | 9 | 32.3 | percent of total billed charges | |
| BKR CHG COPPER, SERUM/PLASMA | 82525 | CPT | | | | both | | | 34 | 14.27 | Horizon | PPO | 13.02 | 38.28 | | 6.87 | 9 | 32.3 | percent of total billed charges | |
| BKR CHG COPPER, SERUM/PLASMA | 82525 | CPT | | | | both | | | 34 | 14.27 | UHC | Medicaid | 9 | | | 6.39 | 9 | 32.3 | fee schedule | |
| BKR CHG COPPER, SERUM/PLASMA | 82525 | CPT | | | | both | | | 34 | 14.27 | Americare | Americare | 25.5 | 75 | | | 9 | 32.3 | percent of total billed charges | |
| BKR CHG COPPER, SERUM/PLASMA | 82525 | CPT | | | | both | | | 34 | 14.27 | Amerihealth | HMO/PPO | 19.2 | | | | 9 | 32.3 | fee schedule | |
| BKR CHG COPPER, SERUM/PLASMA | 82525 | CPT | | | | both | | | 34 | 14.27 | Wellcare | Medicare | 12.41 | | | | 9 | 32.3 | fee schedule | |
| BKR CHG COPPER, SERUM/PLASMA | 82525 | CPT | | | | both | | | 34 | 14.27 | First Health | First Health | 23.8 | 70 | | | 9 | 32.3 | percent of total billed charges | |
| BKR CHG COPPER, SERUM/PLASMA | 82525 | CPT | | | | both | | | 34 | 14.27 | UHC | Medicare | 12.41 | | | 2 | 9 | 32.3 | fee schedule | |
| BKR CHG COPPER, SERUM/PLASMA | 82525 | CPT | | | | both | | | 34 | 14.27 | Managed Care Inc | Managed Care Inc | 30.6 | 90 | | | 9 | 32.3 | percent of total billed charges | |
| BKR CHG COPPER, SERUM/PLASMA | 82525 | CPT | | | | both | | | 34 | 14.27 | Wellcare | Medicaid | 9 | | | | 9 | 32.3 | fee schedule | |
| BKR CHG COPPER, SERUM/PLASMA | 82525 | CPT | | | | both | | | 34 | 14.27 | WellPoint | WellPoint | 10.94 | 32.18 | | 1.25 | 9 | 32.3 | percent of total billed charges | |
| BKR CHG COPPER, SERUM/PLASMA | 82525 | CPT | | | | both | | | 34 | 14.27 | Horizon | NJ Health | 17.64 | | | 1.23 | 9 | 32.3 | fee schedule | |
| BKR CHG COPPER, SERUM/PLASMA | 82525 | CPT | | | | both | | | 34 | 14.27 | Horizon | Indemnity | 13.02 | 38.28 | | 2.92 | 9 | 32.3 | percent of total billed charges | |
| BKR CHG COPPER, SERUM/PLASMA | 82525 | CPT | | | | both | | | 34 | 14.27 | Three Rivers | Three Rivers | 32.3 | 95 | | | 9 | 32.3 | percent of total billed charges | |
| BKR CHG COPPER, SERUM/PLASMA | 82525 | CPT | | | | both | | | 34 | 14.27 | Horizon | MGD | 13.02 | 38.28 | | 6.94 | 9 | 32.3 | percent of total billed charges | |
| BKR CHG COPPER, SERUM/PLASMA | 82525 | CPT | | | | both | | | 34 | 14.27 | Multiplan | Multiplan | 27.2 | 80 | | | 9 | 32.3 | percent of total billed charges | |
| BKR CHG COPPER, SERUM/PLASMA | 82525 | CPT | | | | both | | | 34 | 14.27 | Qualcare | Qualcare | 25.5 | 75 | | | 9 | 32.3 | percent of total billed charges | |
| BKR CHG CORTICOSTERONE SERUM | 82528 | CPT | | | | outpatient | | | 305 | 25.9 | Multiplan | Multiplan | 244 | 80 | | | 19.7 | 289.75 | percent of total billed charges | |
| BKR CHG CORTICOSTERONE SERUM | 82528 | CPT | | | | outpatient | | | 305 | 25.9 | Horizon | Indemnity | 116.75 | 38.28 | | | 19.7 | 289.75 | percent of total billed charges | |
| BKR CHG CORTICOSTERONE SERUM | 82528 | CPT | | | | outpatient | | | 305 | 25.9 | Consumer | Consumer | 289.75 | 95 | | | 19.7 | 289.75 | percent of total billed charges | |
| BKR CHG CORTICOSTERONE SERUM | 82528 | CPT | | | | outpatient | | | 305 | 25.9 | Aetna | Commercial | 115.9 | 38 | | | 19.7 | 289.75 | percent of total billed charges | |
| BKR CHG CORTICOSTERONE SERUM | 82528 | CPT | | | | outpatient | | | 305 | 25.9 | Amerihealth | Medicare | 22.52 | | | | 19.7 | 289.75 | fee schedule | |
| BKR CHG CORTICOSTERONE SERUM | 82528 | CPT | | | | outpatient | | | 305 | 25.9 | First Trenton | First Trenton | 274.5 | 90 | | | 19.7 | 289.75 | percent of total billed charges | |
| BKR CHG CORTICOSTERONE SERUM | 82528 | CPT | | | | outpatient | | | 305 | 25.9 | Aetna | Better Health | 96.23 | 31.55 | | | 19.7 | 289.75 | percent of total billed charges | |
| BKR CHG CORTICOSTERONE SERUM | 82528 | CPT | | | | outpatient | | | 305 | 25.9 | Aetna | Medicare | 93.94 | 30.8 | | | 19.7 | 289.75 | percent of total billed charges | |
| BKR CHG CORTICOSTERONE SERUM | 82528 | CPT | | | | outpatient | | | 305 | 25.9 | Qualcare | Qualcare | 228.75 | 75 | | | 19.7 | 289.75 | percent of total billed charges | |
| BKR CHG CORTICOSTERONE SERUM | 82528 | CPT | | | | outpatient | | | 305 | 25.9 | Horizon | PPO | 116.75 | 38.28 | | | 19.7 | 289.75 | percent of total billed charges | |
| BKR CHG CORTICOSTERONE SERUM | 82528 | CPT | | | | outpatient | | | 305 | 25.9 | Corrections | Corrections | 244 | 80 | | | 19.7 | 289.75 | percent of total billed charges | |
| BKR CHG CORTICOSTERONE SERUM | 82528 | CPT | | | | outpatient | | | 305 | 25.9 | Horizon | MGD | 116.75 | 38.28 | | | 19.7 | 289.75 | percent of total billed charges | |
| BKR CHG CORTICOSTERONE SERUM | 82528 | CPT | | | | outpatient | | | 305 | 25.9 | First Health | First Health | 213.5 | 70 | | | 19.7 | 289.75 | percent of total billed charges | |
| BKR CHG CORTICOSTERONE SERUM | 82528 | CPT | | | | outpatient | | | 305 | 25.9 | Horizon | Medicare Blue | 91.5 | 30 | | | 19.7 | 289.75 | percent of total billed charges | |
| BKR CHG CORTICOSTERONE SERUM | 82528 | CPT | | | | outpatient | | | 305 | 25.9 | UHC | Medicaid | 19.7 | | | | 19.7 | 289.75 | fee schedule | |
| BKR CHG CORTICOSTERONE SERUM | 82528 | CPT | | | | outpatient | | | 305 | 25.9 | Americare | Americare | 228.75 | 75 | | | 19.7 | 289.75 | percent of total billed charges | |
| BKR CHG CORTICOSTERONE SERUM | 82528 | CPT | | | | outpatient | | | 305 | 25.9 | UHC | Medicare | 22.52 | | | | 19.7 | 289.75 | fee schedule | |
| BKR CHG CORTICOSTERONE SERUM | 82528 | CPT | | | | outpatient | | | 305 | 25.9 | Managed Care Inc | Managed Care Inc | 274.5 | 90 | | | 19.7 | 289.75 | percent of total billed charges | |
| BKR CHG CORTICOSTERONE SERUM | 82528 | CPT | | | | outpatient | | | 305 | 25.9 | Horizon | NJ Health | 38.61 | | | | 19.7 | 289.75 | fee schedule | |
| BKR CHG CORTICOSTERONE SERUM | 82528 | CPT | | | | outpatient | | | 305 | 25.9 | Amerihealth | HMO/PPO | 35 | | | | 19.7 | 289.75 | fee schedule | |
| BKR CHG CORTICOSTERONE SERUM | 82528 | CPT | | | | outpatient | | | 305 | 25.9 | Three Rivers | Three Rivers | 289.75 | 95 | | | 19.7 | 289.75 | percent of total billed charges | |
| BKR CHG CORTICOSTERONE SERUM | 82528 | CPT | | | | outpatient | | | 305 | 25.9 | Wellcare | Medicare | 22.52 | | | | 19.7 | 289.75 | fee schedule | |
| BKR CHG CORTICOSTERONE SERUM | 82528 | CPT | | | | outpatient | | | 305 | 25.9 | WellPoint | WellPoint | 98.15 | 32.18 | | | 19.7 | 289.75 | percent of total billed charges | |
| BKR CHG CORTICOSTERONE SERUM | 82528 | CPT | | | | outpatient | | | 305 | 25.9 | Wellcare | Medicaid | 19.7 | | | | 19.7 | 289.75 | fee schedule | |
| BKR CHG CORTISONE URINE | 82530 | CPT | | | | both | | | 354 | 19.22 | Aetna | Medicare | 109.03 | 30.8 | | | 12.3 | 336.3 | percent of total billed charges | |
| BKR CHG CORTISONE URINE | 82530 | CPT | | | | both | | | 354 | 19.22 | Amerihealth | Medicare | 16.71 | | | | 12.3 | 336.3 | fee schedule | |
| BKR CHG CORTISONE URINE | 82530 | CPT | | | | both | | | 354 | 19.22 | Aetna | Better Health | 111.69 | 31.55 | | | 12.3 | 336.3 | percent of total billed charges | |
| BKR CHG CORTISONE URINE | 82530 | CPT | | | | both | | | 354 | 19.22 | Horizon | Indemnity | 135.51 | 38.28 | | | 12.3 | 336.3 | percent of total billed charges | |
| BKR CHG CORTISONE URINE | 82530 | CPT | | | | both | | | 354 | 19.22 | Consumer | Consumer | 336.3 | 95 | | | 12.3 | 336.3 | percent of total billed charges | |
| BKR CHG CORTISONE URINE | 82530 | CPT | | | | both | | | 354 | 19.22 | Horizon | PPO | 135.51 | 38.28 | | | 12.3 | 336.3 | percent of total billed charges | |
| BKR CHG CORTISONE URINE | 82530 | CPT | | | | both | | | 354 | 19.22 | Wellcare | Medicare | 16.71 | | | | 12.3 | 336.3 | fee schedule | |
| BKR CHG CORTISONE URINE | 82530 | CPT | | | | both | | | 354 | 19.22 | Americare | Americare | 265.5 | 75 | | | 12.3 | 336.3 | percent of total billed charges | |
| BKR CHG CORTISONE URINE | 82530 | CPT | | | | both | | | 354 | 19.22 | Horizon | MGD | 135.51 | 38.28 | | | 12.3 | 336.3 | percent of total billed charges | |
| BKR CHG CORTISONE URINE | 82530 | CPT | | | | both | | | 354 | 19.22 | Corrections | Corrections | 283.2 | 80 | | | 12.3 | 336.3 | percent of total billed charges | |
| BKR CHG CORTISONE URINE | 82530 | CPT | | | | both | | | 354 | 19.22 | Amerihealth | HMO/PPO | 27.5 | | | | 12.3 | 336.3 | fee schedule | |
| BKR CHG CORTISONE URINE | 82530 | CPT | | | | both | | | 354 | 19.22 | Multiplan | Multiplan | 283.2 | 80 | | | 12.3 | 336.3 | percent of total billed charges | |
| BKR CHG CORTISONE URINE | 82530 | CPT | | | | both | | | 354 | 19.22 | First Health | First Health | 247.8 | 70 | | | 12.3 | 336.3 | percent of total billed charges | |
| BKR CHG CORTISONE URINE | 82530 | CPT | | | | both | | | 354 | 19.22 | Three Rivers | Three Rivers | 336.3 | 95 | | | 12.3 | 336.3 | percent of total billed charges | |
| BKR CHG CORTISONE URINE | 82530 | CPT | | | | both | | | 354 | 19.22 | Horizon | NJ Health | 33.32 | | | 2.64 | 12.3 | 336.3 | fee schedule | |
| BKR CHG CORTISONE URINE | 82530 | CPT | | | | both | | | 354 | 19.22 | Horizon | Medicare Blue | 106.2 | 30 | | | 12.3 | 336.3 | percent of total billed charges | |
| BKR CHG CORTISONE URINE | 82530 | CPT | | | | both | | | 354 | 19.22 | UHC | Medicaid | 17 | | | | 12.3 | 336.3 | fee schedule | |
| BKR CHG CORTISONE URINE | 82530 | CPT | | | | both | | | 354 | 19.22 | First Trenton | First Trenton | 318.6 | 90 | | | 12.3 | 336.3 | percent of total billed charges | |
| BKR CHG CORTISONE URINE | 82530 | CPT | | | | both | | | 354 | 19.22 | Qualcare | Qualcare | 265.5 | 75 | | | 12.3 | 336.3 | percent of total billed charges | |
| BKR CHG CORTISONE URINE | 82530 | CPT | | | | both | | | 354 | 19.22 | Wellcare | Medicaid | 17 | | | | 12.3 | 336.3 | fee schedule | |
| BKR CHG CORTISONE URINE | 82530 | CPT | | | | both | | | 354 | 19.22 | UHC | Medicare | 16.71 | | | 8.44 | 12.3 | 336.3 | fee schedule | |
| BKR CHG CORTISONE URINE | 82530 | CPT | | | | both | | | 354 | 19.22 | Managed Care Inc | Managed Care Inc | 318.6 | 90 | | | 12.3 | 336.3 | percent of total billed charges | |
| BKR CHG CORTISONE URINE | 82530 | CPT | | | | both | | | 354 | 19.22 | WellPoint | WellPoint | 113.92 | 32.18 | | | 12.3 | 336.3 | percent of total billed charges | |
| BKR CHG SALIVARY CORTISOL X3 TIMED(50212) | 82533 | CPT | | | | both | | | 420 | 18.75 | Horizon | Medicare Blue | 126 | 30 | | 19.25 | 11.4 | 399 | percent of total billed charges | |
| BKR CHG SALIVARY CORTISOL X3 TIMED(50212) | 82533 | CPT | | | | both | | | 420 | 18.75 | Aetna | Medicare | 129.36 | 30.8 | | | 11.4 | 399 | percent of total billed charges | |
| BKR CHG SALIVARY CORTISOL X3 TIMED(50212) | 82533 | CPT | | | | both | | | 420 | 18.75 | Americare | Americare | 315 | 75 | | | 11.4 | 399 | percent of total billed charges | |
| BKR CHG SALIVARY CORTISOL X3 TIMED(50212) | 82533 | CPT | | | | both | | | 420 | 18.75 | Aetna | Commercial | 159.6 | 38 | | 28.03 | 11.4 | 399 | percent of total billed charges | |
| BKR CHG SALIVARY CORTISOL X3 TIMED(50212) | 82533 | CPT | | | | both | | | 420 | 18.75 | Wellcare | Medicaid | 17 | | | 29.29 | 11.4 | 399 | fee schedule | |
| BKR CHG SALIVARY CORTISOL X3 TIMED(50212) | 82533 | CPT | | | | both | | | 420 | 18.75 | Aetna | Better Health | 132.51 | 31.55 | | 19.45 | 11.4 | 399 | percent of total billed charges | |
| BKR CHG SALIVARY CORTISOL X3 TIMED(50212) | 82533 | CPT | | | | both | | | 420 | 18.75 | Consumer | Consumer | 399 | 95 | | | 11.4 | 399 | percent of total billed charges | |
| BKR CHG SALIVARY CORTISOL X3 TIMED(50212) | 82533 | CPT | | | | both | | | 420 | 18.75 | Multiplan | Multiplan | 336 | 80 | | | 11.4 | 399 | percent of total billed charges | |
| BKR CHG SALIVARY CORTISOL X3 TIMED(50212) | 82533 | CPT | | | | both | | | 420 | 18.75 | Horizon | MGD | 160.78 | 38.28 | | 24.08 | 11.4 | 399 | percent of total billed charges | |
| BKR CHG SALIVARY CORTISOL X3 TIMED(50212) | 82533 | CPT | | | | both | | | 420 | 18.75 | Amerihealth | HMO/PPO | 25.1 | | | | 11.4 | 399 | fee schedule | |
| BKR CHG SALIVARY CORTISOL X3 TIMED(50212) | 82533 | CPT | | | | both | | | 420 | 18.75 | Horizon | NJ Health | 33.32 | | | 8.66 | 11.4 | 399 | fee schedule | |
| BKR CHG SALIVARY CORTISOL X3 TIMED(50212) | 82533 | CPT | | | | both | | | 420 | 18.75 | Qualcare | Qualcare | 315 | 75 | | | 11.4 | 399 | percent of total billed charges | |
| BKR CHG SALIVARY CORTISOL X3 TIMED(50212) | 82533 | CPT | | | | both | | | 420 | 18.75 | UHC | Medicaid | 17 | | | 38.16 | 11.4 | 399 | fee schedule | |
| BKR CHG SALIVARY CORTISOL X3 TIMED(50212) | 82533 | CPT | | | | both | | | 420 | 18.75 | First Trenton | First Trenton | 378 | 90 | | | 11.4 | 399 | percent of total billed charges | |
| BKR CHG SALIVARY CORTISOL X3 TIMED(50212) | 82533 | CPT | | | | both | | | 420 | 18.75 | UHC | Medicare | 16.3 | | | 22.97 | 11.4 | 399 | fee schedule | |
| BKR CHG SALIVARY CORTISOL X3 TIMED(50212) | 82533 | CPT | | | | both | | | 420 | 18.75 | Amerihealth | Medicare | 16.3 | | | | 11.4 | 399 | fee schedule | |
| BKR CHG SALIVARY CORTISOL X3 TIMED(50212) | 82533 | CPT | | | | both | | | 420 | 18.75 | WellPoint | WellPoint | 135.16 | 32.18 | | 26.44 | 11.4 | 399 | percent of total billed charges | |
| BKR CHG SALIVARY CORTISOL X3 TIMED(50212) | 82533 | CPT | | | | both | | | 420 | 18.75 | Horizon | PPO | 160.78 | 38.28 | | 20.59 | 11.4 | 399 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG SALIVARY CORTISOL X3 TIMED(502122) | 82533 | CPT | | | | both | | | 420 | 18.75 | Corrections | Corrections | 336 | 80 | | 27.47 | 11.4 | | 399 percent of total billed charges | |
| BKR CHG SALIVARY CORTISOL X3 TIMED(502122) | 82533 | CPT | | | | both | | | 420 | 18.75 | Managed Care Inc | Managed Care Inc | 378 | 90 | | | 11.4 | | 399 percent of total billed charges | |
| BKR CHG SALIVARY CORTISOL X3 TIMED(502122) | 82533 | CPT | | | | both | | | 420 | 18.75 | First Health | First Health | 294 | 70 | | | 11.4 | | 399 percent of total billed charges | |
| BKR CHG SALIVARY CORTISOL X3 TIMED(502122) | 82533 | CPT | | | | both | | | 420 | 18.75 | Three Rivers | Three Rivers | 399 | 95 | | | 11.4 | | 399 percent of total billed charges | |
| BKR CHG SALIVARY CORTISOL X3 TIMED(502122) | 82533 | CPT | | | | both | | | 420 | 18.75 | Horizon | Indemnity | 160.78 | 38.28 | | 6.16 | 11.4 | | 399 percent of total billed charges | |
| BKR CHG SALIVARY CORTISOL X3 TIMED(502122) | 82533 | CPT | | | | both | | | 420 | 18.75 | Wellcare | Medicare | 16.3 | | | 13.32 | 11.4 | | 399 fee schedule | |
| BKR CHG URINETOXICOLOGY | 82542 | CPT | | | | both | | | 1917 | 27.7 | Americare | Americare | 1437.75 | 75 | | | 20.05 | | 1821.15 percent of total billed charges | |
| BKR CHG URINETOXICOLOGY | 82542 | CPT | | | | both | | | 1917 | 27.7 | Amerihealth | Medicare | 24.09 | | | | 20.05 | | 1821.15 fee schedule | |
| BKR CHG URINETOXICOLOGY | 82542 | CPT | | | | both | | | 1917 | 27.7 | Multiplan | Multiplan | 1533.6 | 80 | | | 20.05 | | 1821.15 percent of total billed charges | |
| BKR CHG URINETOXICOLOGY | 82542 | CPT | | | | both | | | 1917 | 27.7 | Wellcare | Medicare | 24.09 | | | | 20.05 | | 1821.15 fee schedule | |
| BKR CHG URINETOXICOLOGY | 82542 | CPT | | | | both | | | 1917 | 27.7 | Horizon | MGD | 733.83 | 38.28 | | | 20.05 | | 1821.15 percent of total billed charges | |
| BKR CHG URINETOXICOLOGY | 82542 | CPT | | | | both | | | 1917 | 27.7 | Aetna | Better Health | 604.81 | 31.55 | | | 20.05 | | 1821.15 percent of total billed charges | |
| BKR CHG URINETOXICOLOGY | 82542 | CPT | | | | both | | | 1917 | 27.7 | Corrections | Corrections | 1533.6 | 80 | | | 20.05 | | 1821.15 percent of total billed charges | |
| BKR CHG URINETOXICOLOGY | 82542 | CPT | | | | both | | | 1917 | 27.7 | Aetna | Medicare | 590.44 | 30.8 | | | 20.05 | | 1821.15 percent of total billed charges | |
| BKR CHG URINETOXICOLOGY | 82542 | CPT | | | | both | | | 1917 | 27.7 | Amerihealth | HMO/PPO | 25 | | | | 20.05 | | 1821.15 fee schedule | |
| BKR CHG URINETOXICOLOGY | 82542 | CPT | | | | both | | | 1917 | 27.7 | First Health | First Health | 1341.9 | 70 | | | 20.05 | | 1821.15 percent of total billed charges | |
| BKR CHG URINETOXICOLOGY | 82542 | CPT | | | | both | | | 1917 | 27.7 | Qualcare | Qualcare | 1437.75 | 75 | | | 20.05 | | 1821.15 percent of total billed charges | |
| BKR CHG URINETOXICOLOGY | 82542 | CPT | | | | both | | | 1917 | 27.7 | WellPoint | WellPoint | 616.89 | 32.18 | | | 20.05 | | 1821.15 percent of total billed charges | |
| BKR CHG URINETOXICOLOGY | 82542 | CPT | | | | both | | | 1917 | 27.7 | Horizon | Medicare Blue | 575.1 | 30 | | | 20.05 | | 1821.15 percent of total billed charges | |
| BKR CHG URINETOXICOLOGY | 82542 | CPT | | | | both | | | 1917 | 27.7 | Consumer | Consumer | 1821.15 | 95 | | | 20.05 | | 1821.15 percent of total billed charges | |
| BKR CHG URINETOXICOLOGY | 82542 | CPT | | | | both | | | 1917 | 27.7 | UHC | Medicaid | 21.5 | | | | 20.05 | | 1821.15 fee schedule | |
| BKR CHG URINETOXICOLOGY | 82542 | CPT | | | | both | | | 1917 | 27.7 | UHC | Medicare | 24.09 | | | | 20.05 | | 1821.15 fee schedule | |
| BKR CHG URINETOXICOLOGY | 82542 | CPT | | | | both | | | 1917 | 27.7 | Wellcare | Medicaid | 21.5 | | | | 20.05 | | 1821.15 fee schedule | |
| BKR CHG URINETOXICOLOGY | 82542 | CPT | | | | both | | | 1917 | 27.7 | First Trenton | First Trenton | 1725.3 | 90 | | | 20.05 | | 1821.15 percent of total billed charges | |
| BKR CHG URINETOXICOLOGY | 82542 | CPT | | | | both | | | 1917 | 27.7 | Horizon | Indemnity | 733.83 | 38.28 | | | 20.05 | | 1821.15 percent of total billed charges | |
| BKR CHG URINETOXICOLOGY | 82542 | CPT | | | | both | | | 1917 | 27.7 | Horizon | NJ Health | 20.05 | | | | 20.05 | | 1821.15 fee schedule | |
| BKR CHG URINETOXICOLOGY | 82542 | CPT | | | | both | | | 1917 | 27.7 | Horizon | PPO | 733.83 | 38.28 | | | 20.05 | | 1821.15 percent of total billed charges | |
| BKR CHG URINETOXICOLOGY | 82542 | CPT | | | | both | | | 1917 | 27.7 | Managed Care Inc | Managed Care Inc | 1725.3 | 90 | | | 20.05 | | 1821.15 percent of total billed charges | |
| BKR CHG URINETOXICOLOGY | 82542 | CPT | | | | both | | | 1917 | 27.7 | Three Rivers | Three Rivers | 1821.15 | 95 | | | 20.05 | | 1821.15 percent of total billed charges | |
| BKR CHG CREATINE KINASE | 82550 | CPT | | | | both | | | 49 | 7.49 | Aetna | Medicare | 15.09 | 30.8 | | 9.09 | 1.7 | | 46.55 percent of total billed charges | |
| BKR CHG CREATINE KINASE | 82550 | CPT | | | | both | | | 49 | 7.49 | Horizon | Medicare Blue | 14.7 | 30 | | 4.96 | 1.7 | | 46.55 percent of total billed charges | |
| BKR CHG CREATINE KINASE | 82550 | CPT | | | | both | | | 49 | 7.49 | Multiplan | Multiplan | 39.2 | 80 | | | 1.7 | | 46.55 percent of total billed charges | |
| BKR CHG CREATINE KINASE | 82550 | CPT | | | | both | | | 49 | 7.49 | Americare | Americare | 36.75 | 75 | | | 1.7 | | 46.55 percent of total billed charges | |
| BKR CHG CREATINE KINASE | 82550 | CPT | | | | both | | | 49 | 7.49 | Horizon | PPO | 18.76 | 38.28 | | 11.95 | 1.7 | | 46.55 percent of total billed charges | |
| BKR CHG CREATINE KINASE | 82550 | CPT | | | | both | | | 49 | 7.49 | Corrections | Corrections | 39.2 | 80 | | 8.06 | 1.7 | | 46.55 percent of total billed charges | |
| BKR CHG CREATINE KINASE | 82550 | CPT | | | | both | | | 49 | 7.49 | UHC | Medicare | 6.51 | | | 5.86 | 1.7 | | 46.55 fee schedule | |
| BKR CHG CREATINE KINASE | 82550 | CPT | | | | both | | | 49 | 7.49 | Aetna | Better Health | 15.46 | 31.55 | | 11.68 | 1.7 | | 46.55 percent of total billed charges | |
| BKR CHG CREATINE KINASE | 82550 | CPT | | | | both | | | 49 | 7.49 | Consumer | Consumer | 46.55 | 95 | | | 1.7 | | 46.55 percent of total billed charges | |
| BKR CHG CREATINE KINASE | 82550 | CPT | | | | both | | | 49 | 7.49 | First Health | First Health | 34.3 | 70 | | | 1.7 | | 46.55 percent of total billed charges | |
| BKR CHG CREATINE KINASE | 82550 | CPT | | | | both | | | 49 | 7.49 | Qualcare | Qualcare | 36.75 | 75 | | | 1.7 | | 46.55 percent of total billed charges | |
| BKR CHG CREATINE KINASE | 82550 | CPT | | | | both | | | 49 | 7.49 | Amerihealth | HMO/PPO | 1.7 | | | | 1.7 | | 46.55 fee schedule | |
| BKR CHG CREATINE KINASE | 82550 | CPT | | | | both | | | 49 | 7.49 | Wellcare | Medicare | 6.51 | | | 7.89 | 1.7 | | 46.55 fee schedule | |
| BKR CHG CREATINE KINASE | 82550 | CPT | | | | both | | | 49 | 7.49 | Amerihealth | Medicare | 6.51 | | | | 1.7 | | 46.55 fee schedule | |
| BKR CHG CREATINE KINASE | 82550 | CPT | | | | both | | | 49 | 7.49 | Horizon | NJ Health | 9.41 | | | 2.52 | 1.7 | | 46.55 fee schedule | |
| BKR CHG CREATINE KINASE | 82550 | CPT | | | | both | | | 49 | 7.49 | Horizon | Indemnity | 18.76 | 38.28 | | 8.61 | 1.7 | | 46.55 percent of total billed charges | |
| BKR CHG CREATINE KINASE | 82550 | CPT | | | | both | | | 49 | 7.49 | UHC | Medicaid | 4.8 | | | 12.65 | 1.7 | | 46.55 fee schedule | |
| BKR CHG CREATINE KINASE | 82550 | CPT | | | | both | | | 49 | 7.49 | First Trenton | First Trenton | 44.1 | 90 | | | 1.7 | | 46.55 percent of total billed charges | |
| BKR CHG CREATINE KINASE | 82550 | CPT | | | | both | | | 49 | 7.49 | WellPoint | WellPoint | 15.77 | 32.18 | | 9.82 | 1.7 | | 46.55 percent of total billed charges | |
| BKR CHG CREATINE KINASE | 82550 | CPT | | | | both | | | 49 | 7.49 | Horizon | MGD | 18.76 | 38.28 | | 11.52 | 1.7 | | 46.55 percent of total billed charges | |
| BKR CHG CREATINE KINASE | 82550 | CPT | | | | both | | | 49 | 7.49 | Managed Care Inc | Managed Care Inc | 44.1 | 90 | | | 1.7 | | 46.55 percent of total billed charges | |
| BKR CHG CREATINE KINASE | 82550 | CPT | | | | both | | | 49 | 7.49 | Three Rivers | Three Rivers | 46.55 | 95 | | | 1.7 | | 46.55 percent of total billed charges | |
| BKR CHG CREATINE KINASE | 82550 | CPT | | | | both | | | 49 | 7.49 | Wellcare | Medicaid | 4.8 | | | 12.66 | 1.7 | | 46.55 fee schedule | |
| BKR CHG MB FRACTION | 82553 | CPT | | | | both | | | 67 | 13.28 | Aetna | Better Health | 21.14 | 31.55 | | 18.66 | 7.5 | | 63.65 percent of total billed charges | |
| BKR CHG MB FRACTION | 82553 | CPT | | | | both | | | 67 | 13.28 | Consumer | Consumer | 63.65 | 95 | | | 7.5 | | 63.65 percent of total billed charges | |
| BKR CHG MB FRACTION | 82553 | CPT | | | | both | | | 67 | 13.28 | First Health | First Health | 46.9 | 70 | | | 7.5 | | 63.65 percent of total billed charges | |
| BKR CHG MB FRACTION | 82553 | CPT | | | | both | | | 67 | 13.28 | Corrections | Corrections | 53.6 | 80 | | 17.44 | 7.5 | | 63.65 percent of total billed charges | |
| BKR CHG MB FRACTION | 82553 | CPT | | | | both | | | 67 | 13.28 | Aetna | Medicare | 20.64 | 30.8 | | | 7.5 | | 63.65 percent of total billed charges | |
| BKR CHG MB FRACTION | 82553 | CPT | | | | both | | | 67 | 13.28 | WellPoint | WellPoint | 21.56 | 32.18 | | 8.3 | 7.5 | | 63.65 percent of total billed charges | |
| BKR CHG MB FRACTION | 82553 | CPT | | | | both | | | 67 | 13.28 | Multiplan | Multiplan | 53.6 | 80 | | | 7.5 | | 63.65 percent of total billed charges | |
| BKR CHG MB FRACTION | 82553 | CPT | | | | both | | | 67 | 13.28 | Americare | Americare | 50.25 | 75 | | | 7.5 | | 63.65 percent of total billed charges | |
| BKR CHG MB FRACTION | 82553 | CPT | | | | both | | | 67 | 13.28 | Amerihealth | Medicare | 11.55 | | | | 7.5 | | 63.65 fee schedule | |
| BKR CHG MB FRACTION | 82553 | CPT | | | | both | | | 67 | 13.28 | UHC | Medicaid | 7.5 | | | 17.74 | 7.5 | | 63.65 fee schedule | |
| BKR CHG MB FRACTION | 82553 | CPT | | | | both | | | 67 | 13.28 | Horizon | NJ Health | 14.7 | | | 3.48 | 7.5 | | 63.65 fee schedule | |
| BKR CHG MB FRACTION | 82553 | CPT | | | | both | | | 67 | 13.28 | Horizon | Indemnity | 25.65 | 38.28 | | | 7.5 | | 63.65 percent of total billed charges | |
| BKR CHG MB FRACTION | 82553 | CPT | | | | both | | | 67 | 13.28 | First Trenton | First Trenton | 60.3 | 90 | | | 7.5 | | 63.65 percent of total billed charges | |
| BKR CHG MB FRACTION | 82553 | CPT | | | | both | | | 67 | 13.28 | Amerihealth | HMO/PPO | 10.1 | | | | 7.5 | | 63.65 fee schedule | |
| BKR CHG MB FRACTION | 82553 | CPT | | | | both | | | 67 | 13.28 | Qualcare | Qualcare | 50.25 | 75 | | | 7.5 | | 63.65 percent of total billed charges | |
| BKR CHG MB FRACTION | 82553 | CPT | | | | both | | | 67 | 13.28 | Horizon | Medicare Blue | 20.1 | 30 | | 7.37 | 7.5 | | 63.65 percent of total billed charges | |
| BKR CHG MB FRACTION | 82553 | CPT | | | | both | | | 67 | 13.28 | Horizon | PPO | 25.65 | 38.28 | | 13.97 | 7.5 | | 63.65 percent of total billed charges | |
| BKR CHG MB FRACTION | 82553 | CPT | | | | both | | | 67 | 13.28 | Wellcare | Medicare | 11.55 | | | | 7.5 | | 63.65 fee schedule | |
| BKR CHG MB FRACTION | 82553 | CPT | | | | both | | | 67 | 13.28 | Three Rivers | Three Rivers | 63.65 | 95 | | | 7.5 | | 63.65 percent of total billed charges | |
| BKR CHG MB FRACTION | 82553 | CPT | | | | both | | | 67 | 13.28 | Horizon | MGD | 25.65 | 38.28 | | 17.95 | 7.5 | | 63.65 percent of total billed charges | |
| BKR CHG MB FRACTION | 82553 | CPT | | | | both | | | 67 | 13.28 | Managed Care Inc | Managed Care Inc | 60.3 | 90 | | | 7.5 | | 63.65 percent of total billed charges | |
| BKR CHG MB FRACTION | 82553 | CPT | | | | both | | | 67 | 13.28 | UHC | Medicare | 11.55 | | | 7.88 | 7.5 | | 63.65 fee schedule | |
| BKR CHG MB FRACTION | 82553 | CPT | | | | both | | | 67 | 13.28 | Wellcare | Medicaid | 7.5 | | | 18.04 | 7.5 | | 63.65 fee schedule | |
| BKR CHG POCT CREATININE | 82565 | CPT | | | | both | | | 70 | 5.89 | Consumer | Consumer | 66.5 | 95 | | | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG POCT CREATININE | 82565 | CPT | | | | both | | | 70 | 5.89 | Horizon | MGD | 26.8 | 38.28 | | 7.38 | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG POCT CREATININE | 82565 | CPT | | | | both | | | 70 | 5.89 | Multiplan | Multiplan | 56 | 80 | | | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG POCT CREATININE | 82565 | CPT | | | | both | | | 70 | 5.89 | Amerihealth | Medicare | 5.12 | | | | 1.7 | | 66.5 fee schedule | |
| BKR CHG POCT CREATININE | 82565 | CPT | | | | both | | | 70 | 5.89 | Americare | Americare | 52.5 | 75 | | | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG POCT CREATININE | 82565 | CPT | | | | both | | | 70 | 5.89 | UHC | Medicaid | 3 | | | 11.54 | 1.7 | | 66.5 fee schedule | |
| BKR CHG POCT CREATININE | 82565 | CPT | | | | both | | | 70 | 5.89 | Aetna | Better Health | 22.09 | 31.55 | | | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG POCT CREATININE | 82565 | CPT | | | | both | | | 70 | 5.89 | First Trenton | First Trenton | 63 | 90 | | | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG POCT CREATININE | 82565 | CPT | | | | both | | | 70 | 5.89 | Corrections | Corrections | 56 | 80 | | 16.4 | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG POCT CREATININE | 82565 | CPT | | | | both | | | 70 | 5.89 | UHC | Medicare | 5.12 | | | 10.58 | 1.7 | | 66.5 fee schedule | |
| BKR CHG POCT CREATININE | 82565 | CPT | | | | both | | | 70 | 5.89 | Qualcare | Qualcare | 52.5 | 75 | | | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG POCT CREATININE | 82565 | CPT | | | | both | | | 70 | 5.89 | First Health | First Health | 49 | 70 | | | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG POCT CREATININE | 82565 | CPT | | | | both | | | 70 | 5.89 | Amerihealth | HMO/PPO | 1.7 | | | 6.14 | 1.7 | | 66.5 fee schedule | |
| BKR CHG POCT CREATININE | 82565 | CPT | | | | both | | | 70 | 5.89 | Horizon | Indemnity | 26.8 | 38.28 | | 15.28 | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG POCT CREATININE | 82565 | CPT | | | | both | | | 70 | 5.89 | Aetna | Medicare | 21.56 | 30.8 | | 0.87 | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG POCT CREATININE | 82565 | CPT | | | | both | | | 70 | 5.89 | Horizon | PPO | 26.8 | 38.28 | | 19.91 | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG POCT CREATININE | 82565 | CPT | | | | both | | | 70 | 5.89 | Three Rivers | Three Rivers | 66.5 | 95 | | | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG POCT CREATININE | 82565 | CPT | | | | both | | | 70 | 5.89 | Horizon | NJ Health | 5.88 | | | 6.69 | 1.7 | | 66.5 fee schedule | |
| BKR CHG POCT CREATININE | 82565 | CPT | | | | both | | | 70 | 5.89 | Horizon | Medicare Blue | 21 | 30 | | 3.35 | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG POCT CREATININE | 82565 | CPT | | | | both | | | 70 | 5.89 | Managed Care Inc | Managed Care Inc | 63 | 90 | | | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG POCT CREATININE | 82565 | CPT | | | | both | | | 70 | 5.89 | Wellcare | Medicare | 5.12 | | | 5.06 | 1.7 | | 66.5 fee schedule | |
| BKR CHG POCT CREATININE | 82565 | CPT | | | | both | | | 70 | 5.89 | Wellcare | Medicaid | 3 | | | 12.28 | 1.7 | | 66.5 fee schedule | |
| BKR CHG POCT CREATININE | 82565 | CPT | | | | both | | | 70 | 5.89 | WellPoint | WellPoint | 22.53 | 32.18 | | 10.89 | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG URINE CREATININE RANDOM | 82570 | CPT | | | | both | | | 665 | 5.96 | Horizon | Indemnity | 254.56 | 38.28 | | 15.65 | 3 | | 631.75 percent of total billed charges | |
| BKR CHG URINE CREATININE RANDOM | 82570 | CPT | | | | both | | | 665 | 5.96 | Aetna | Medicare | 204.82 | 30.8 | | 6.82 | 3 | | 631.75 percent of total billed charges | |
| BKR CHG URINE CREATININE RANDOM | 82570 | CPT | | | | both | | | 665 | 5.96 | Aetna | Better Health | 209.81 | 31.55 | | 8.4 | 3 | | 631.75 percent of total billed charges | |
| BKR CHG URINE CREATININE RANDOM | 82570 | CPT | | | | both | | | 665 | 5.96 | Amerihealth | Medicare | 5.18 | | | | 3 | | 631.75 fee schedule | |
| BKR CHG URINE CREATININE RANDOM | 82570 | CPT | | | | both | | | 665 | 5.96 | Amerihealth | HMO/PPO | 8.1 | | | 7.04 | 3 | | 631.75 fee schedule | |
| BKR CHG URINE CREATININE RANDOM | 82570 | CPT | | | | both | | | 665 | 5.96 | Corrections | Corrections | 532 | 80 | | 11.42 | 3 | | 631.75 percent of total billed charges | |
| BKR CHG URINE CREATININE RANDOM | 82570 | CPT | | | | both | | | 665 | 5.96 | Wellcare | Medicaid | 3 | | | 7.75 | 3 | | 631.75 fee schedule | |
| BKR CHG URINE CREATININE RANDOM | 82570 | CPT | | | | both | | | 665 | 5.96 | Americare | Americare | 498.75 | 75 | | | 3 | | 631.75 percent of total billed charges | |
| BKR CHG URINE CREATININE RANDOM | 82570 | CPT | | | | both | | | 665 | 5.96 | Horizon | MGD | 254.56 | 38.28 | | 12.87 | 3 | | 631.75 percent of total billed charges | |
| BKR CHG URINE CREATININE RANDOM | 82570 | CPT | | | | both | | | 665 | 5.96 | Multiplan | Multiplan | 532 | 80 | | | 3 | | 631.75 percent of total billed charges | |
| BKR CHG URINE CREATININE RANDOM | 82570 | CPT | | | | both | | | 665 | 5.96 | Consumer | Consumer | 631.75 | 95 | | | 3 | | 631.75 percent of total billed charges | |
| BKR CHG URINE CREATININE RANDOM | 82570 | CPT | | | | both | | | 665 | 5.96 | Horizon | NJ Health | 5.88 | | | 3.08 | 3 | | 631.75 fee schedule | |
| BKR CHG URINE CREATININE RANDOM | 82570 | CPT | | | | both | | | 665 | 5.96 | First Health | First Health | 465.5 | 70 | | | 3 | | 631.75 percent of total billed charges | |
| BKR CHG URINE CREATININE RANDOM | 82570 | CPT | | | | both | | | 665 | 5.96 | Horizon | PPO | 254.56 | 38.28 | | 11.25 | 3 | | 631.75 percent of total billed charges | |
| BKR CHG URINE CREATININE RANDOM | 82570 | CPT | | | | both | | | 665 | 5.96 | Horizon | Medicare Blue | 199.5 | 30 | | 4.41 | 3 | | 631.75 percent of total billed charges | |
| BKR CHG URINE CREATININE RANDOM | 82570 | CPT | | | | both | | | 665 | 5.96 | First Trenton | First Trenton | 598.5 | 90 | | | 3 | | 631.75 percent of total billed charges | |
| BKR CHG URINE CREATININE RANDOM | 82570 | CPT | | | | both | | | 665 | 5.96 | UHC | Medicare | 5.18 | | | 6.47 | 3 | | 631.75 fee schedule | |
| BKR CHG URINE CREATININE RANDOM | 82570 | CPT | | | | both | | | 665 | 5.96 | Qualcare | Qualcare | 498.75 | 75 | | | 3 | | 631.75 percent of total billed charges | |
| BKR CHG URINE CREATININE RANDOM | 82570 | CPT | | | | both | | | 665 | 5.96 | Wellcare | Medicare | 5.18 | | | 4.95 | 3 | | 631.75 fee schedule | |
| BKR CHG URINE CREATININE RANDOM | 82570 | CPT | | | | both | | | 665 | 5.96 | UHC | Medicaid | 3 | | | 8.77 | 3 | | 631.75 fee schedule | |
| BKR CHG URINE CREATININE RANDOM | 82570 | CPT | | | | both | | | 665 | 5.96 | WellPoint | WellPoint | 214 | 32.18 | | 12.06 | 3 | | 631.75 percent of total billed charges | |
| BKR CHG URINE CREATININE RANDOM | 82570 | CPT | | | | both | | | 665 | 5.96 | Managed Care Inc | Managed Care Inc | 598.5 | 90 | | | 3 | | 631.75 percent of total billed charges | |
| BKR CHG URINE CREATININE RANDOM | 82570 | CPT | | | | both | | | 665 | 5.96 | Three Rivers | Three Rivers | 631.75 | 95 | | | 3 | | 631.75 percent of total billed charges | |
| BKR CHG CREATININE CLEARANCE | 82575 | CPT | | | | both | | | 68 | 10.88 | Aetna | Medicare | 20.94 | 30.8 | | | 4.5 | | 64.6 percent of total billed charges | |
| BKR CHG CREATININE CLEARANCE | 82575 | CPT | | | | both | | | 68 | 10.88 | Horizon | MGD | 26.03 | 38.28 | | | 4.5 | | 64.6 percent of total billed charges | |
| BKR CHG CREATININE CLEARANCE | 82575 | CPT | | | | both | | | 68 | 10.88 | Horizon | NJ Health | 8.82 | | | 8.2 | 4.5 | | 64.6 fee schedule | |
| BKR CHG CREATININE CLEARANCE | 82575 | CPT | | | | both | | | 68 | 10.88 | Amerihealth | HMO/PPO | 14.7 | | | | 4.5 | | 64.6 fee schedule | |
| BKR CHG CREATININE CLEARANCE | 82575 | CPT | | | | both | | | 68 | 10.88 | Corrections | Corrections | 54.4 | 80 | | | 4.5 | | 64.6 percent of total billed charges | |
| BKR CHG CREATININE CLEARANCE | 82575 | CPT | | | | both | | | 68 | 10.88 | Americare | Americare | 51 | 75 | | | 4.5 | | 64.6 percent of total billed charges | |
| BKR CHG CREATININE CLEARANCE | 82575 | CPT | | | | both | | | 68 | 10.88 | Aetna | Better Health | 21.45 | 31.55 | | | 4.5 | | 64.6 percent of total billed charges | |
| BKR CHG CREATININE CLEARANCE | 82575 | CPT | | | | both | | | 68 | 10.88 | Amerihealth | Medicare | 9.46 | | | | 4.5 | | 64.6 fee schedule | |
| BKR CHG CREATININE CLEARANCE | 82575 | CPT | | | | both | | | 68 | 10.88 | Multiplan | Multiplan | 54.4 | 80 | | | 4.5 | | 64.6 percent of total billed charges | |
| BKR CHG CREATININE CLEARANCE | 82575 | CPT | | | | both | | | 68 | 10.88 | Horizon | PPO | 26.03 | 38.28 | | | 4.5 | | 64.6 percent of total billed charges | |
| BKR CHG CREATININE CLEARANCE | 82575 | CPT | | | | both | | | 68 | 10.88 | Consumer | Consumer | 64.6 | 95 | | | 4.5 | | 64.6 percent of total billed charges | |
| BKR CHG CREATININE CLEARANCE | 82575 | CPT | | | | both | | | 68 | 10.88 | Three Rivers | Three Rivers | 64.6 | 95 | | | 4.5 | | 64.6 percent of total billed charges | |
| BKR CHG CREATININE CLEARANCE | 82575 | CPT | | | | both | | | 68 | 10.88 | First Trenton | First Trenton | 61.2 | 90 | | | 4.5 | | 64.6 percent of total billed charges | |
| BKR CHG CREATININE CLEARANCE | 82575 | CPT | | | | both | | | 68 | 10.88 | Wellcare | Medicare | 9.46 | | | | 4.5 | | 64.6 fee schedule | |
| BKR CHG CREATININE CLEARANCE | 82575 | CPT | | | | both | | | 68 | 10.88 | First Health | First Health | 47.6 | 70 | | | 4.5 | | 64.6 percent of total billed charges | |
| BKR CHG CREATININE CLEARANCE | 82575 | CPT | | | | both | | | 68 | 10.88 | Qualcare | Qualcare | 51 | 75 | | | 4.5 | | 64.6 percent of total billed charges | |
| BKR CHG CREATININE CLEARANCE | 82575 | CPT | | | | both | | | 68 | 10.88 | Horizon | Indemnity | 26.03 | 38.28 | | | 4.5 | | 64.6 percent of total billed charges | |
| BKR CHG CREATININE CLEARANCE | 82575 | CPT | | | | both | | | 68 | 10.88 | Horizon | Medicare Blue | 20.4 | 30 | | | 4.5 | | 64.6 percent of total billed charges | |
| BKR CHG CREATININE CLEARANCE | 82575 | CPT | | | | both | | | 68 | 10.88 | UHC | Medicaid | 4.5 | | | 9.65 | 4.5 | | 64.6 fee schedule | |
| BKR CHG CREATININE CLEARANCE | 82575 | CPT | | | | both | | | 68 | 10.88 | UHC | Medicare | 9.46 | | | | 4.5 | | 64.6 fee schedule | |
| BKR CHG CREATININE CLEARANCE | 82575 | CPT | | | | both | | | 68 | 10.88 | Wellcare | Medicaid | 4.5 | | | | 4.5 | | 64.6 fee schedule | |
| BKR CHG CREATININE CLEARANCE | 82575 | CPT | | | | both | | | 68 | 10.88 | Managed Care Inc | Managed Care Inc | 61.2 | 90 | | | 4.5 | | 64.6 percent of total billed charges | |
| BKR CHG CREATININE CLEARANCE | 82575 | CPT | | | | both | | | 68 | 10.88 | WellPoint | WellPoint | 21.88 | 32.18 | | 7.52 | 4.5 | | 64.6 percent of total billed charges | |
| BKR CHG CRYOFIBRINOGEN QUALITATIVE | 82585 | CPT | | | | outpatient | | | 54 | 16.26 | Aetna | Better Health | 17.04 | 31.55 | | | 6.3 | | 51.3 percent of total billed charges | |
| BKR CHG CRYOFIBRINOGEN QUALITATIVE | 82585 | CPT | | | | outpatient | | | 54 | 16.26 | Horizon | MGD | 20.67 | 38.28 | | | 6.3 | | 51.3 percent of total billed charges | |
| BKR CHG CRYOFIBRINOGEN QUALITATIVE | 82585 | CPT | | | | outpatient | | | 54 | 16.26 | Americare | Americare | 40.5 | 75 | | | 6.3 | | 51.3 percent of total billed charges | |
| BKR CHG CRYOFIBRINOGEN QUALITATIVE | 82585 | CPT | | | | outpatient | | | 54 | 16.26 | Aetna | Medicare | 16.63 | 30.8 | | | 6.3 | | 51.3 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG CRYOFIBRINOGEN QUALITATIVE | 82585 | CPT | | | | outpatient | | | 54 | | 16.26 Amerihealth | Medicare | 14.14 | | | | 6.3 | | 51.3 fee schedule | |
| BKR CHG CRYOFIBRINOGEN QUALITATIVE | 82585 | CPT | | | | outpatient | | | 54 | | 16.26 UHC | Medicaid | 6.3 | | | | 6.3 | | 51.3 fee schedule | |
| BKR CHG CRYOFIBRINOGEN QUALITATIVE | 82585 | CPT | | | | outpatient | | | 54 | | 16.26 Horizon | Medicare Blue | 16.2 | 30 | | | 6.3 | | 51.3 percent of total billed charges | |
| BKR CHG CRYOFIBRINOGEN QUALITATIVE | 82585 | CPT | | | | outpatient | | | 54 | | 16.26 Amerihealth | HMO/PPO | 12.2 | | | | 6.3 | | 51.3 fee schedule | |
| BKR CHG CRYOFIBRINOGEN QUALITATIVE | 82585 | CPT | | | | outpatient | | | 54 | | 16.26 Horizon | Indemnity | 20.67 | 38.28 | | | 6.3 | | 51.3 percent of total billed charges | |
| BKR CHG CRYOFIBRINOGEN QUALITATIVE | 82585 | CPT | | | | outpatient | | | 54 | | 16.26 Wellcare | Medicaid | 6.3 | | | | 6.3 | | 51.3 fee schedule | |
| BKR CHG CRYOFIBRINOGEN QUALITATIVE | 82585 | CPT | | | | outpatient | | | 54 | | 16.26 First Trenton | First Trenton | 48.6 | 90 | | | 6.3 | | 51.3 percent of total billed charges | |
| BKR CHG CRYOFIBRINOGEN QUALITATIVE | 82585 | CPT | | | | outpatient | | | 54 | | 16.26 First Health | First Health | 37.8 | 70 | | | 6.3 | | 51.3 percent of total billed charges | |
| BKR CHG CRYOFIBRINOGEN QUALITATIVE | 82585 | CPT | | | | outpatient | | | 54 | | 16.26 Consumer | Consumer | 51.3 | 95 | | | 6.3 | | 51.3 percent of total billed charges | |
| BKR CHG CRYOFIBRINOGEN QUALITATIVE | 82585 | CPT | | | | outpatient | | | 54 | | 16.26 Wellcare | Medicare | 14.14 | | | | 6.3 | | 51.3 fee schedule | |
| BKR CHG CRYOFIBRINOGEN QUALITATIVE | 82585 | CPT | | | | outpatient | | | 54 | | 16.26 Horizon | PPO | 20.67 | 38.28 | | | 6.3 | | 51.3 percent of total billed charges | |
| BKR CHG CRYOFIBRINOGEN QUALITATIVE | 82585 | CPT | | | | outpatient | | | 54 | | 16.26 Multiplan | Multiplan | 43.2 | 80 | | | 6.3 | | 51.3 percent of total billed charges | |
| BKR CHG CRYOFIBRINOGEN QUALITATIVE | 82585 | CPT | | | | outpatient | | | 54 | | 16.26 Managed Care Inc | Managed Care Inc | 48.6 | 90 | | | 6.3 | | 51.3 percent of total billed charges | |
| BKR CHG CRYOFIBRINOGEN QUALITATIVE | 82585 | CPT | | | | outpatient | | | 54 | | 16.26 Corrections | Corrections | 43.2 | 80 | | | 6.3 | | 51.3 percent of total billed charges | |
| BKR CHG CRYOFIBRINOGEN QUALITATIVE | 82585 | CPT | | | | outpatient | | | 54 | | 16.26 Three Rivers | Three Rivers | 51.3 | 95 | | | 6.3 | | 51.3 percent of total billed charges | |
| BKR CHG CRYOFIBRINOGEN QUALITATIVE | 82585 | CPT | | | | outpatient | | | 54 | | 16.26 Qualcare | Qualcare | 40.5 | 75 | | | 6.3 | | 51.3 percent of total billed charges | |
| BKR CHG CRYOFIBRINOGEN QUALITATIVE | 82585 | CPT | | | | outpatient | | | 54 | | 16.26 Horizon | NJ Health | 13.58 | | | | 6.3 | | 51.3 fee schedule | |
| BKR CHG CRYOFIBRINOGEN QUALITATIVE | 82585 | CPT | | | | outpatient | | | 54 | | 16.26 UHC | Medicare | 14.14 | | | | 6.3 | | 51.3 fee schedule | |
| BKR CHG CRYOFIBRINOGEN QUALITATIVE | 82585 | CPT | | | | outpatient | | | 54 | | 16.26 WellPoint | WellPoint | 17.38 | 32.18 | | | 6.3 | | 51.3 percent of total billed charges | |
| BKR CHG IMMUNOFIX RFLX(CRYOPRECIP) | 82595 | CPT | | | | both | | | 197 | | 7.44 Amerihealth | Medicare | 6.47 | | | | 1.5 | | 187.15 fee schedule | |
| BKR CHG IMMUNOFIX RFLX(CRYOPRECIP) | 82595 | CPT | | | | both | | | 197 | | 7.44 Corrections | Corrections | 157.6 | 80 | | | 1.5 | | 187.15 percent of total billed charges | |
| BKR CHG IMMUNOFIX RFLX(CRYOPRECIP) | 82595 | CPT | | | | both | | | 197 | | 7.44 First Health | First Health | 137.9 | 70 | | | 1.5 | | 187.15 percent of total billed charges | |
| BKR CHG IMMUNOFIX RFLX(CRYOPRECIP) | 82595 | CPT | | | | both | | | 197 | | 7.44 Horizon | NJ Health | 2.94 | | | 0.29 | 1.5 | | 187.15 fee schedule | |
| BKR CHG IMMUNOFIX RFLX(CRYOPRECIP) | 82595 | CPT | | | | both | | | 197 | | 7.44 Aetna | Medicare | 60.68 | 30.8 | | | 1.5 | | 187.15 percent of total billed charges | |
| BKR CHG IMMUNOFIX RFLX(CRYOPRECIP) | 82595 | CPT | | | | both | | | 197 | | 7.44 Consumer | Consumer | 187.15 | 95 | | | 1.5 | | 187.15 percent of total billed charges | |
| BKR CHG IMMUNOFIX RFLX(CRYOPRECIP) | 82595 | CPT | | | | both | | | 197 | | 7.44 Aetna | Better Health | 62.15 | 31.55 | | | 1.5 | | 187.15 percent of total billed charges | |
| BKR CHG IMMUNOFIX RFLX(CRYOPRECIP) | 82595 | CPT | | | | both | | | 197 | | 7.44 Americare | Americare | 147.75 | 75 | | | 1.5 | | 187.15 percent of total billed charges | |
| BKR CHG IMMUNOFIX RFLX(CRYOPRECIP) | 82595 | CPT | | | | both | | | 197 | | 7.44 WellPoint | WellPoint | 63.39 | 32.18 | | | 1.5 | | 187.15 percent of total billed charges | |
| BKR CHG IMMUNOFIX RFLX(CRYOPRECIP) | 82595 | CPT | | | | both | | | 197 | | 7.44 First Trenton | First Trenton | 177.3 | 90 | | | 1.5 | | 187.15 percent of total billed charges | |
| BKR CHG IMMUNOFIX RFLX(CRYOPRECIP) | 82595 | CPT | | | | both | | | 197 | | 7.44 Horizon | Indemnity | 75.41 | 38.28 | | | 1.5 | | 187.15 percent of total billed charges | |
| BKR CHG IMMUNOFIX RFLX(CRYOPRECIP) | 82595 | CPT | | | | both | | | 197 | | 7.44 Multiplan | Multiplan | 157.6 | 80 | | | 1.5 | | 187.15 percent of total billed charges | |
| BKR CHG IMMUNOFIX RFLX(CRYOPRECIP) | 82595 | CPT | | | | both | | | 197 | | 7.44 Horizon | MGD | 75.41 | 38.28 | | | 1.5 | | 187.15 percent of total billed charges | |
| BKR CHG IMMUNOFIX RFLX(CRYOPRECIP) | 82595 | CPT | | | | both | | | 197 | | 7.44 Managed Care Inc | Managed Care Inc | 177.3 | 90 | | | 1.5 | | 187.15 percent of total billed charges | |
| BKR CHG IMMUNOFIX RFLX(CRYOPRECIP) | 82595 | CPT | | | | both | | | 197 | | 7.44 Horizon | Medicare Blue | 59.1 | 30 | | | 1.5 | | 187.15 percent of total billed charges | |
| BKR CHG IMMUNOFIX RFLX(CRYOPRECIP) | 82595 | CPT | | | | both | | | 197 | | 7.44 Amerihealth | HMO/PPO | 10.1 | | | | 1.5 | | 187.15 fee schedule | |
| BKR CHG IMMUNOFIX RFLX(CRYOPRECIP) | 82595 | CPT | | | | both | | | 197 | | 7.44 Horizon | PPO | 75.41 | 38.28 | | | 1.5 | | 187.15 percent of total billed charges | |
| BKR CHG IMMUNOFIX RFLX(CRYOPRECIP) | 82595 | CPT | | | | both | | | 197 | | 7.44 Wellcare | Medicaid | 1.5 | | | | 1.5 | | 187.15 fee schedule | |
| BKR CHG IMMUNOFIX RFLX(CRYOPRECIP) | 82595 | CPT | | | | both | | | 197 | | 7.44 Three Rivers | Three Rivers | 187.15 | 95 | | | 1.5 | | 187.15 percent of total billed charges | |
| BKR CHG IMMUNOFIX RFLX(CRYOPRECIP) | 82595 | CPT | | | | both | | | 197 | | 7.44 Qualcare | Qualcare | 147.75 | 75 | | | 1.5 | | 187.15 percent of total billed charges | |
| BKR CHG IMMUNOFIX RFLX(CRYOPRECIP) | 82595 | CPT | | | | both | | | 197 | | 7.44 UHC | Medicaid | 1.5 | | | | 1.5 | | 187.15 fee schedule | |
| BKR CHG IMMUNOFIX RFLX(CRYOPRECIP) | 82595 | CPT | | | | both | | | 197 | | 7.44 UHC | Medicare | 6.47 | | | | 1.5 | | 187.15 fee schedule | |
| BKR CHG IMMUNOFIX RFLX(CRYOPRECIP) | 82595 | CPT | | | | both | | | 197 | | 7.44 Wellcare | Medicare | 6.47 | | | | 1.5 | | 187.15 fee schedule | |
| BKR CHG CYANIDE SCREEN BLOOD | 82600 | CPT | | | | outpatient | | | 259 | | 22.31 Multiplan | Multiplan | 207.2 | 80 | | | 19.4 | | 246.05 percent of total billed charges | |
| BKR CHG CYANIDE SCREEN BLOOD | 82600 | CPT | | | | outpatient | | | 259 | | 22.31 Horizon | MGD | 99.15 | 38.28 | | | 19.4 | | 246.05 percent of total billed charges | |
| BKR CHG CYANIDE SCREEN BLOOD | 82600 | CPT | | | | outpatient | | | 259 | | 22.31 Aetna | Better Health | 81.71 | 31.55 | | | 19.4 | | 246.05 percent of total billed charges | |
| BKR CHG CYANIDE SCREEN BLOOD | 82600 | CPT | | | | outpatient | | | 259 | | 22.31 Managed Care Inc | Managed Care Inc | 233.1 | 90 | | | 19.4 | | 246.05 percent of total billed charges | |
| BKR CHG CYANIDE SCREEN BLOOD | 82600 | CPT | | | | outpatient | | | 259 | | 22.31 Americare | Americare | 194.25 | 75 | | | 19.4 | | 246.05 percent of total billed charges | |
| BKR CHG CYANIDE SCREEN BLOOD | 82600 | CPT | | | | outpatient | | | 259 | | 22.31 Aetna | Medicare | 79.77 | 30.8 | | | 19.4 | | 246.05 percent of total billed charges | |
| BKR CHG CYANIDE SCREEN BLOOD | 82600 | CPT | | | | outpatient | | | 259 | | 22.31 Consumer | Consumer | 246.05 | 95 | | | 19.4 | | 246.05 percent of total billed charges | |
| BKR CHG CYANIDE SCREEN BLOOD | 82600 | CPT | | | | outpatient | | | 259 | | 22.31 First Trenton | First Trenton | 233.1 | 90 | | | 19.4 | | 246.05 percent of total billed charges | |
| BKR CHG CYANIDE SCREEN BLOOD | 82600 | CPT | | | | outpatient | | | 259 | | 22.31 Qualcare | Qualcare | 194.25 | 75 | | | 19.4 | | 246.05 percent of total billed charges | |
| BKR CHG CYANIDE SCREEN BLOOD | 82600 | CPT | | | | outpatient | | | 259 | | 22.31 Amerihealth | HMO/PPO | 29.3 | | | | 19.4 | | 246.05 fee schedule | |
| BKR CHG CYANIDE SCREEN BLOOD | 82600 | CPT | | | | outpatient | | | 259 | | 22.31 Horizon | Medicare Blue | 77.7 | 30 | | | 19.4 | | 246.05 percent of total billed charges | |
| BKR CHG CYANIDE SCREEN BLOOD | 82600 | CPT | | | | outpatient | | | 259 | | 22.31 UHC | Medicaid | 25 | | | | 19.4 | | 246.05 fee schedule | |
| BKR CHG CYANIDE SCREEN BLOOD | 82600 | CPT | | | | outpatient | | | 259 | | 22.31 Three Rivers | Three Rivers | 246.05 | 95 | | | 19.4 | | 246.05 percent of total billed charges | |
| BKR CHG CYANIDE SCREEN BLOOD | 82600 | CPT | | | | outpatient | | | 259 | | 22.31 Amerihealth | Medicare | 19.4 | | | | 19.4 | | 246.05 fee schedule | |
| BKR CHG CYANIDE SCREEN BLOOD | 82600 | CPT | | | | outpatient | | | 259 | | 22.31 Corrections | Corrections | 207.2 | 80 | | | 19.4 | | 246.05 percent of total billed charges | |
| BKR CHG CYANIDE SCREEN BLOOD | 82600 | CPT | | | | outpatient | | | 259 | | 22.31 Horizon | Indemnity | 99.15 | 38.28 | | | 19.4 | | 246.05 percent of total billed charges | |
| BKR CHG CYANIDE SCREEN BLOOD | 82600 | CPT | | | | outpatient | | | 259 | | 22.31 UHC | Medicare | 19.4 | | | | 19.4 | | 246.05 fee schedule | |
| BKR CHG CYANIDE SCREEN BLOOD | 82600 | CPT | | | | outpatient | | | 259 | | 22.31 First Health | First Health | 181.3 | 70 | | | 19.4 | | 246.05 percent of total billed charges | |
| BKR CHG CYANIDE SCREEN BLOOD | 82600 | CPT | | | | outpatient | | | 259 | | 22.31 Horizon | NJ Health | 60.37 | | | | 19.4 | | 246.05 fee schedule | |
| BKR CHG CYANIDE SCREEN BLOOD | 82600 | CPT | | | | outpatient | | | 259 | | 22.31 Wellcare | Medicare | 19.4 | | | | 19.4 | | 246.05 fee schedule | |
| BKR CHG CYANIDE SCREEN BLOOD | 82600 | CPT | | | | outpatient | | | 259 | | 22.31 WellPoint | WellPoint | 83.35 | 32.18 | | | 19.4 | | 246.05 percent of total billed charges | |
| BKR CHG CYANIDE SCREEN BLOOD | 82600 | CPT | | | | outpatient | | | 259 | | 22.31 Horizon | PPO | 99.15 | 38.28 | | | 19.4 | | 246.05 percent of total billed charges | |
| BKR CHG CYANIDE SCREEN BLOOD | 82600 | CPT | | | | outpatient | | | 259 | | 22.31 Wellcare | Medicaid | 25 | | | | 19.4 | | 246.05 fee schedule | |
| BKR CHG VITAMIN B12 CYANOCOBALAMI RIA | 82607 | CPT | | | | both | | | 274 | | 17.34 Aetna | Medicare | 84.39 | 30.8 | | 17.62 | 6.9 | | 260.3 percent of total billed charges | |
| BKR CHG VITAMIN B12 CYANOCOBALAMI RIA | 82607 | CPT | | | | both | | | 274 | | 17.34 Horizon | Indemnity | 104.89 | 38.28 | | 19.78 | 6.9 | | 260.3 percent of total billed charges | |
| BKR CHG VITAMIN B12 CYANOCOBALAMI RIA | 82607 | CPT | | | | both | | | 274 | | 17.34 Qualcare | Qualcare | 205.5 | 75 | | | 6.9 | | 260.3 percent of total billed charges | |
| BKR CHG VITAMIN B12 CYANOCOBALAMI RIA | 82607 | CPT | | | | both | | | 274 | | 17.34 Horizon | MGD | 104.89 | 38.28 | | 23.9 | 6.9 | | 260.3 percent of total billed charges | |
| BKR CHG VITAMIN B12 CYANOCOBALAMI RIA | 82607 | CPT | | | | both | | | 274 | | 17.34 Amerihealth | Medicare | 15.08 | | | | 6.9 | | 260.3 fee schedule | |
| BKR CHG VITAMIN B12 CYANOCOBALAMI RIA | 82607 | CPT | | | | both | | | 274 | | 17.34 Consumer | Consumer | 260.3 | 95 | | | 6.9 | | 260.3 percent of total billed charges | |
| BKR CHG VITAMIN B12 CYANOCOBALAMI RIA | 82607 | CPT | | | | both | | | 274 | | 17.34 Amerihealth | HMO/PPO | 23.5 | | | 8.36 | 6.9 | | 260.3 fee schedule | |
| BKR CHG VITAMIN B12 CYANOCOBALAMI RIA | 82607 | CPT | | | | both | | | 274 | | 17.34 Aetna | Better Health | 86.45 | 31.55 | | 26.6 | 6.9 | | 260.3 percent of total billed charges | |
| BKR CHG VITAMIN B12 CYANOCOBALAMI RIA | 82607 | CPT | | | | both | | | 274 | | 17.34 Corrections | Corrections | 219.2 | 80 | | 8.6 | 6.9 | | 260.3 percent of total billed charges | |
| BKR CHG VITAMIN B12 CYANOCOBALAMI RIA | 82607 | CPT | | | | both | | | 274 | | 17.34 Wellcare | Medicaid | 15 | | | 3.9 | 6.9 | | 260.3 fee schedule | |
| BKR CHG VITAMIN B12 CYANOCOBALAMI RIA | 82607 | CPT | | | | both | | | 274 | | 17.34 Wellcare | Medicare | 15.08 | | | 5.19 | 6.9 | | 260.3 fee schedule | |
| BKR CHG VITAMIN B12 CYANOCOBALAMI RIA | 82607 | CPT | | | | both | | | 274 | | 17.34 UHC | Medicare | 15.08 | | | 12.35 | 6.9 | | 260.3 fee schedule | |
| BKR CHG VITAMIN B12 CYANOCOBALAMI RIA | 82607 | CPT | | | | both | | | 274 | | 17.34 First Trenton | First Trenton | 246.6 | 90 | | | 6.9 | | 260.3 percent of total billed charges | |
| BKR CHG VITAMIN B12 CYANOCOBALAMI RIA | 82607 | CPT | | | | both | | | 274 | | 17.34 Horizon | Medicare Blue | 82.2 | 30 | | 8.63 | 6.9 | | 260.3 percent of total billed charges | |
| BKR CHG VITAMIN B12 CYANOCOBALAMI RIA | 82607 | CPT | | | | both | | | 274 | | 17.34 First Health | First Health | 191.8 | 70 | | | 6.9 | | 260.3 percent of total billed charges | |
| BKR CHG VITAMIN B12 CYANOCOBALAMI RIA | 82607 | CPT | | | | both | | | 274 | | 17.34 Americare | Americare | 205.5 | 75 | | | 6.9 | | 260.3 percent of total billed charges | |
| BKR CHG VITAMIN B12 CYANOCOBALAMI RIA | 82607 | CPT | | | | both | | | 274 | | 17.34 Horizon | PPO | 104.89 | 38.28 | | 18.67 | 6.9 | | 260.3 percent of total billed charges | |
| BKR CHG VITAMIN B12 CYANOCOBALAMI RIA | 82607 | CPT | | | | both | | | 274 | | 17.34 UHC | Medicaid | 15 | | | 19.81 | 6.9 | | 260.3 fee schedule | |
| BKR CHG VITAMIN B12 CYANOCOBALAMI RIA | 82607 | CPT | | | | both | | | 274 | | 17.34 Multiplan | Multiplan | 219.2 | 80 | | | 6.9 | | 260.3 percent of total billed charges | |
| BKR CHG VITAMIN B12 CYANOCOBALAMI RIA | 82607 | CPT | | | | both | | | 274 | | 17.34 Horizon | NJ Health | 29.4 | | | 4.46 | 6.9 | | 260.3 fee schedule | |
| BKR CHG VITAMIN B12 CYANOCOBALAMI RIA | 82607 | CPT | | | | both | | | 274 | | 17.34 Managed Care Inc | Managed Care Inc | 246.6 | 90 | | | 6.9 | | 260.3 percent of total billed charges | |
| BKR CHG VITAMIN B12 CYANOCOBALAMI RIA | 82607 | CPT | | | | both | | | 274 | | 17.34 Three Rivers | Three Rivers | 260.3 | 95 | | | 6.9 | | 260.3 percent of total billed charges | |
| BKR CHG VITAMIN B12 CYANOCOBALAMI RIA | 82607 | CPT | | | | both | | | 274 | | 17.34 WellPoint | WellPoint | 88.17 | 32.18 | | 22.86 | 6.9 | | 260.3 percent of total billed charges | |
| BKR CHG VIT B-12 UNSAT BINDING CAPACITY | 82608 | CPT | | | | outpatient | | | 49 | | 16.47 Aetna | Medicare | 15.09 | 30.8 | | | 14.32 | | 46.55 percent of total billed charges | |
| BKR CHG VIT B-12 UNSAT BINDING CAPACITY | 82608 | CPT | | | | outpatient | | | 49 | | 16.47 First Health | First Health | 34.3 | 70 | | | 14.32 | | 46.55 percent of total billed charges | |
| BKR CHG VIT B-12 UNSAT BINDING CAPACITY | 82608 | CPT | | | | outpatient | | | 49 | | 16.47 Americare | Americare | 36.75 | 75 | | | 14.32 | | 46.55 percent of total billed charges | |
| BKR CHG VIT B-12 UNSAT BINDING CAPACITY | 82608 | CPT | | | | outpatient | | | 49 | | 16.47 Aetna | Better Health | 15.46 | 31.55 | | | 14.32 | | 46.55 percent of total billed charges | |
| BKR CHG VIT B-12 UNSAT BINDING CAPACITY | 82608 | CPT | | | | outpatient | | | 49 | | 16.47 Corrections | Corrections | 39.2 | 80 | | | 14.32 | | 46.55 percent of total billed charges | |
| BKR CHG VIT B-12 UNSAT BINDING CAPACITY | 82608 | CPT | | | | outpatient | | | 49 | | 16.47 Consumer | Consumer | 46.55 | 95 | | | 14.32 | | 46.55 percent of total billed charges | |
| BKR CHG VIT B-12 UNSAT BINDING CAPACITY | 82608 | CPT | | | | outpatient | | | 49 | | 16.47 Horizon | Indemnity | 18.76 | 38.28 | | | 14.32 | | 46.55 percent of total billed charges | |
| BKR CHG VIT B-12 UNSAT BINDING CAPACITY | 82608 | CPT | | | | outpatient | | | 49 | | 16.47 UHC | Medicare | 14.32 | | | | 14.32 | | 46.55 fee schedule | |
| BKR CHG VIT B-12 UNSAT BINDING CAPACITY | 82608 | CPT | | | | outpatient | | | 49 | | 16.47 Horizon | MGD | 18.76 | 38.28 | | | 14.32 | | 46.55 percent of total billed charges | |
| BKR CHG VIT B-12 UNSAT BINDING CAPACITY | 82608 | CPT | | | | outpatient | | | 49 | | 16.47 Multiplan | Multiplan | 39.2 | 80 | | | 14.32 | | 46.55 percent of total billed charges | |
| BKR CHG VIT B-12 UNSAT BINDING CAPACITY | 82608 | CPT | | | | outpatient | | | 49 | | 16.47 Amerihealth | HMO/PPO | 23.1 | | | | 14.32 | | 46.55 fee schedule | |
| BKR CHG VIT B-12 UNSAT BINDING CAPACITY | 82608 | CPT | | | | outpatient | | | 49 | | 16.47 UHC | Medicaid | 15 | | | | 14.32 | | 46.55 fee schedule | |
| BKR CHG VIT B-12 UNSAT BINDING CAPACITY | 82608 | CPT | | | | outpatient | | | 49 | | 16.47 First Trenton | First Trenton | 44.1 | 90 | | | 14.32 | | 46.55 percent of total billed charges | |
| BKR CHG VIT B-12 UNSAT BINDING CAPACITY | 82608 | CPT | | | | outpatient | | | 49 | | 16.47 Wellcare | Medicare | 14.32 | | | | 14.32 | | 46.55 fee schedule | |
| BKR CHG VIT B-12 UNSAT BINDING CAPACITY | 82608 | CPT | | | | outpatient | | | 49 | | 16.47 Horizon | PPO | 18.76 | 38.28 | | | 14.32 | | 46.55 percent of total billed charges | |
| BKR CHG VIT B-12 UNSAT BINDING CAPACITY | 82608 | CPT | | | | outpatient | | | 49 | | 16.47 WellPoint | WellPoint | 15.77 | 32.18 | | | 14.32 | | 46.55 percent of total billed charges | |
| BKR CHG VIT B-12 UNSAT BINDING CAPACITY | 82608 | CPT | | | | outpatient | | | 49 | | 16.47 Qualcare | Qualcare | 36.75 | 75 | | | 14.32 | | 46.55 percent of total billed charges | |
| BKR CHG VIT B-12 UNSAT BINDING CAPACITY | 82608 | CPT | | | | outpatient | | | 49 | | 16.47 Amerihealth | Medicare | 14.32 | | | | 14.32 | | 46.55 fee schedule | |
| BKR CHG VIT B-12 UNSAT BINDING CAPACITY | 82608 | CPT | | | | outpatient | | | 49 | | 16.47 Horizon | Medicare Blue | 14.7 | 30 | | | 14.32 | | 46.55 percent of total billed charges | |
| BKR CHG VIT B-12 UNSAT BINDING CAPACITY | 82608 | CPT | | | | outpatient | | | 49 | | 16.47 Three Rivers | Three Rivers | 46.55 | 95 | | | 14.32 | | 46.55 percent of total billed charges | |
| BKR CHG VIT B-12 UNSAT BINDING CAPACITY | 82608 | CPT | | | | outpatient | | | 49 | | 16.47 Horizon | NJ Health | 29.4 | | | | 14.32 | | 46.55 fee schedule | |
| BKR CHG VIT B-12 UNSAT BINDING CAPACITY | 82608 | CPT | | | | outpatient | | | 49 | | 16.47 Wellcare | Medicaid | 15 | | | | 14.32 | | 46.55 fee schedule | |
| BKR CHG VIT B-12 UNSAT BINDING CAPACITY | 82608 | CPT | | | | outpatient | | | 49 | | 16.47 Managed Care Inc | Managed Care Inc | 44.1 | 90 | | | 14.32 | | 46.55 percent of total billed charges | |
| BKR CHG CYSTATIN C | 82610 | CPT | | | | both | | | 272 | | 21.3 Amerihealth | Medicare | 18.52 | | | | 14.82 | | 258.4 fee schedule | |
| BKR CHG CYSTATIN C | 82610 | CPT | | | | both | | | 272 | | 21.3 Aetna | Medicare | 83.78 | 30.8 | | 16.87 | 14.82 | | 258.4 percent of total billed charges | |
| BKR CHG CYSTATIN C | 82610 | CPT | | | | both | | | 272 | | 21.3 First Trenton | First Trenton | 244.8 | 90 | | | 14.82 | | 258.4 percent of total billed charges | |
| BKR CHG CYSTATIN C | 82610 | CPT | | | | both | | | 272 | | 21.3 Aetna | Better Health | 85.82 | 31.55 | | | 14.82 | | 258.4 percent of total billed charges | |
| BKR CHG CYSTATIN C | 82610 | CPT | | | | both | | | 272 | | 21.3 First Health | First Health | 190.4 | 70 | | | 14.82 | | 258.4 percent of total billed charges | |
| BKR CHG CYSTATIN C | 82610 | CPT | | | | both | | | 272 | | 21.3 Americare | Americare | 204 | 75 | | | 14.82 | | 258.4 percent of total billed charges | |
| BKR CHG CYSTATIN C | 82610 | CPT | | | | both | | | 272 | | 21.3 Corrections | Corrections | 217.6 | 80 | | | 14.82 | | 258.4 percent of total billed charges | |
| BKR CHG CYSTATIN C | 82610 | CPT | | | | both | | | 272 | | 21.3 Wellcare | Medicare | 18.52 | | | | 14.82 | | 258.4 fee schedule | |
| BKR CHG CYSTATIN C | 82610 | CPT | | | | both | | | 272 | | 21.3 Consumer | Consumer | 258.4 | 95 | | | 14.82 | | 258.4 percent of total billed charges | |
| BKR CHG CYSTATIN C | 82610 | CPT | | | | both | | | 272 | | 21.3 Amerihealth | HMO/PPO | 20.2 | | | | 14.82 | | 258.4 fee schedule | |
| BKR CHG CYSTATIN C | 82610 | CPT | | | | both | | | 272 | | 21.3 Horizon | Indemnity | 104.12 | 38.28 | | | 14.82 | | 258.4 percent of total billed charges | |
| BKR CHG CYSTATIN C | 82610 | CPT | | | | both | | | 272 | | 21.3 Horizon | PPO | 104.12 | 38.28 | | 52.55 | 14.82 | | 258.4 percent of total billed charges | |
| BKR CHG CYSTATIN C | 82610 | CPT | | | | both | | | 272 | | 21.3 Horizon | MGD | 104.12 | 38.28 | | 96.49 | 14.82 | | 258.4 percent of total billed charges | |
| BKR CHG CYSTATIN C | 82610 | CPT | | | | both | | | 272 | | 21.3 Horizon | Medicare Blue | 81.6 | 30 | | | 14.82 | | 258.4 percent of total billed charges | |
| BKR CHG CYSTATIN C | 82610 | CPT | | | | both | | | 272 | | 21.3 UHC | Medicare | 18.52 | | | 21.78 | 14.82 | | 258.4 fee schedule | |
| BKR CHG CYSTATIN C | 82610 | CPT | | | | both | | | 272 | | 21.3 Managed Care Inc | Managed Care Inc | 244.8 | 90 | | | 14.82 | | 258.4 percent of total billed charges | |
| BKR CHG CYSTATIN C | 82610 | CPT | | | | both | | | 272 | | 21.3 Multiplan | Multiplan | 217.6 | 80 | | | 14.82 | | 258.4 percent of total billed charges | |
| BKR CHG CYSTATIN C | 82610 | CPT | | | | both | | | 272 | | 21.3 Horizon | NJ Health | 17.54 | | | 14.43 | 14.82 | | 258.4 fee schedule | |
| BKR CHG CYSTATIN C | 82610 | CPT | | | | both | | | 272 | | 21.3 Wellcare | Medicaid | 14.82 | | | 16.85 | 14.82 | | 258.4 fee schedule | |
| BKR CHG CYSTATIN C | 82610 | CPT | | | | both | | | 272 | | 21.3 Three Rivers | Three Rivers | 258.4 | 95 | | | 14.82 | | 258.4 percent of total billed charges | |
| BKR CHG CYSTATIN C | 82610 | CPT | | | | both | | | 272 | | 21.3 Qualcare | Qualcare | 204 | 75 | | | 14.82 | | 258.4 percent of total billed charges | |
| BKR CHG CYSTATIN C | 82610 | CPT | | | | both | | | 272 | | 21.3 WellPoint | WellPoint | 87.53 | 32.18 | | 29.99 | 14.82 | | 258.4 percent of total billed charges | |
| BKR CHG CYSTATIN C | 82610 | CPT | | | | both | | | 272 | | 21.3 UHC | Medicaid | 14.82 | | | 32.98 | 14.82 | | 258.4 fee schedule | |
| BKR CHG DEHYDROEPIANDROSTERONE | 82626 | CPT | | | | both | | | 28 | | 29.06 UHC | Medicaid | 29.6 | | | | 8.4 | | 72.52 fee schedule | |
| BKR CHG DEHYDROEPIANDROSTERONE | 82626 | CPT | | | | both | | | 28 | | 29.06 Aetna | Medicare | 8.62 | 30.8 | | | 8.4 | | 72.52 percent of total billed charges | |
| BKR CHG DEHYDROEPIANDROSTERONE | 82626 | CPT | | | | both | | | 28 | | 29.06 First Trenton | First Trenton | 25.2 | 90 | | | 8.4 | | 72.52 percent of total billed charges | |
| BKR CHG DEHYDROEPIANDROSTERONE | 82626 | CPT | | | | both | | | 28 | | 29.06 Horizon | Medicare Blue | 8.4 | 30 | | | 8.4 | | 72.52 percent of total billed charges | |
| BKR CHG DEHYDROEPIANDROSTERONE | 82626 | CPT | | | | both | | | 28 | | 29.06 Aetna | Better Health | 8.83 | 31.55 | | | 8.4 | | 72.52 percent of total billed charges | |
| BKR CHG DEHYDROEPIANDROSTERONE | 82626 | CPT | | | | both | | | 28 | | 29.06 Consumer | Consumer | 26.6 | 95 | | | 8.4 | | 72.52 percent of total billed charges | |
| BKR CHG DEHYDROEPIANDROSTERONE | 82626 | CPT | | | | both | | | 28 | | 29.06 Americare | Americare | 21 | 75 | | | 8.4 | | 72.52 percent of total billed charges | |
| BKR CHG DEHYDROEPIANDROSTERONE | 82626 | CPT | | | | both | | | 28 | | 29.06 Multiplan | Multiplan | 22.4 | 80 | | | 8.4 | | 72.52 percent of total billed charges | |
| BKR CHG DEHYDROEPIANDROSTERONE | 82626 | CPT | | | | both | | | 28 | | 29.06 Horizon | Indemnity | 10.72 | 38.28 | | | 8.4 | | 72.52 percent of total billed charges | |
| BKR CHG DEHYDROEPIANDROSTERONE | 82626 | CPT | | | | both | | | 28 | | 29.06 First Health | First Health | 19.6 | 70 | | | 8.4 | | 72.52 percent of total billed charges | |
| BKR CHG DEHYDROEPIANDROSTERONE | 82626 | CPT | | | | both | | | 28 | | 29.06 Amerihealth | HMO/PPO | 39.4 | | | | 8.4 | | 72.52 fee schedule | |
| BKR CHG DEHYDROEPIANDROSTERONE | 82626 | CPT | | | | both | | | 28 | | 29.06 UHC | Medicare | 25.27 | | | | 8.4 | | 72.52 fee schedule | |
| BKR CHG DEHYDROEPIANDROSTERONE | 82626 | CPT | | | | both | | | 28 | | 29.06 Wellcare | Medicaid | 29.6 | | | | 8.4 | | 72.52 fee schedule | |
| BKR CHG DEHYDROEPIANDROSTERONE | 82626 | CPT | | | | both | | | 28 | | 29.06 Corrections | Corrections | 22.4 | 80 | | | 8.4 | | 72.52 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG DEHYDROEPIANDROSTERONE | 82626 | CPT | | | | both | | | 28 | 29.06 | Amerihealth | Medicare | 25.27 | | | | 8.4 | 72.52 | fee schedule | |
| BKR CHG DEHYDROEPIANDROSTERONE | 82626 | CPT | | | | both | | | 28 | 29.06 | Qualcare | Qualcare | 21 | 75 | | | 8.4 | 72.52 | percent of total billed charges | |
| BKR CHG DEHYDROEPIANDROSTERONE | 82626 | CPT | | | | both | | | 28 | 29.06 | Horizon | MGD | 10.72 | 38.28 | | | 8.4 | 72.52 | percent of total billed charges | |
| BKR CHG DEHYDROEPIANDROSTERONE | 82626 | CPT | | | | both | | | 28 | 29.06 | Wellcare | Medicare | 25.27 | | | | 8.4 | 72.52 | fee schedule | |
| BKR CHG DEHYDROEPIANDROSTERONE | 82626 | CPT | | | | both | | | 28 | 29.06 | WellPoint | WellPoint | 9.01 | 32.18 | | | 8.4 | 72.52 | percent of total billed charges | |
| BKR CHG DEHYDROEPIANDROSTERONE | 82626 | CPT | | | | both | | | 28 | 29.06 | Horizon | NJ Health | 72.52 | | | | 8.4 | 72.52 | fee schedule | |
| BKR CHG DEHYDROEPIANDROSTERONE | 82626 | CPT | | | | both | | | 28 | 29.06 | Horizon | PPO | 10.72 | 38.28 | | | 8.4 | 72.52 | percent of total billed charges | |
| BKR CHG DEHYDROEPIANDROSTERONE | 82626 | CPT | | | | both | | | 28 | 29.06 | Managed Care Inc | Managed Care Inc | 25.2 | 90 | | | 8.4 | 72.52 | percent of total billed charges | |
| BKR CHG DEHYDROEPIANDROSTERONE | 82626 | CPT | | | | both | | | 28 | 29.06 | Three Rivers | Three Rivers | 26.6 | 95 | | | 8.4 | 72.52 | percent of total billed charges | |
| BKR CHG DHEA SULFATE | 82627 | CPT | | | | both | | | 52 | 25.56 | Horizon | MGD | 19.91 | 38.28 | | 17.47 | 15.6 | 72.52 | percent of total billed charges | |
| BKR CHG DHEA SULFATE | 82627 | CPT | | | | both | | | 52 | 25.56 | Aetna | Medicare | 16.02 | 30.8 | | | 15.6 | 72.52 | percent of total billed charges | |
| BKR CHG DHEA SULFATE | 82627 | CPT | | | | both | | | 52 | 25.56 | Americare | Americare | 39 | 75 | | | 15.6 | 72.52 | percent of total billed charges | |
| BKR CHG DHEA SULFATE | 82627 | CPT | | | | both | | | 52 | 25.56 | Aetna | Better Health | 16.41 | 31.55 | | | 15.6 | 72.52 | percent of total billed charges | |
| BKR CHG DHEA SULFATE | 82627 | CPT | | | | both | | | 52 | 25.56 | Horizon | Indemnity | 19.91 | 38.28 | | 10.21 | 15.6 | 72.52 | percent of total billed charges | |
| BKR CHG DHEA SULFATE | 82627 | CPT | | | | both | | | 52 | 25.56 | Corrections | Corrections | 41.6 | 80 | | 10 | 15.6 | 72.52 | percent of total billed charges | |
| BKR CHG DHEA SULFATE | 82627 | CPT | | | | both | | | 52 | 25.56 | First Trenton | First Trenton | 46.8 | 90 | | | 15.6 | 72.52 | percent of total billed charges | |
| BKR CHG DHEA SULFATE | 82627 | CPT | | | | both | | | 52 | 25.56 | Consumer | Consumer | 49.4 | 95 | | | 15.6 | 72.52 | percent of total billed charges | |
| BKR CHG DHEA SULFATE | 82627 | CPT | | | | both | | | 52 | 25.56 | Horizon | NJ Health | 72.52 | | | 1.62 | 15.6 | 72.52 | fee schedule | |
| BKR CHG DHEA SULFATE | 82627 | CPT | | | | both | | | 52 | 25.56 | Amerihealth | Medicare | 22.23 | | | | 15.6 | 72.52 | fee schedule | |
| BKR CHG DHEA SULFATE | 82627 | CPT | | | | both | | | 52 | 25.56 | Amerihealth | HMO/PPO | 31.6 | | | | 15.6 | 72.52 | fee schedule | |
| BKR CHG DHEA SULFATE | 82627 | CPT | | | | both | | | 52 | 25.56 | First Health | First Health | 36.4 | 70 | | | 15.6 | 72.52 | percent of total billed charges | |
| BKR CHG DHEA SULFATE | 82627 | CPT | | | | both | | | 52 | 25.56 | Multiplan | Multiplan | 41.6 | 80 | | | 15.6 | 72.52 | percent of total billed charges | |
| BKR CHG DHEA SULFATE | 82627 | CPT | | | | both | | | 52 | 25.56 | Wellcare | Medicare | 22.23 | | | | 15.6 | 72.52 | fee schedule | |
| BKR CHG DHEA SULFATE | 82627 | CPT | | | | both | | | 52 | 25.56 | Managed Care Inc | Managed Care Inc | 46.8 | 90 | | | 15.6 | 72.52 | percent of total billed charges | |
| BKR CHG DHEA SULFATE | 82627 | CPT | | | | both | | | 52 | 25.56 | Horizon | Medicare Blue | 15.6 | 30 | | | 15.6 | 72.52 | percent of total billed charges | |
| BKR CHG DHEA SULFATE | 82627 | CPT | | | | both | | | 52 | 25.56 | UHC | Medicare | 22.23 | | | 6.65 | 15.6 | 72.52 | fee schedule | |
| BKR CHG DHEA SULFATE | 82627 | CPT | | | | both | | | 52 | 25.56 | Horizon | PPO | 19.91 | 38.28 | | 2.99 | 15.6 | 72.52 | percent of total billed charges | |
| BKR CHG DHEA SULFATE | 82627 | CPT | | | | both | | | 52 | 25.56 | UHC | Medicaid | 29 | | | 10.25 | 15.6 | 72.52 | fee schedule | |
| BKR CHG DHEA SULFATE | 82627 | CPT | | | | both | | | 52 | 25.56 | Wellcare | Medicaid | 29 | | | 9.39 | 15.6 | 72.52 | fee schedule | |
| BKR CHG DHEA SULFATE | 82627 | CPT | | | | both | | | 52 | 25.56 | Qualcare | Qualcare | 39 | 75 | | | 15.6 | 72.52 | percent of total billed charges | |
| BKR CHG DHEA SULFATE | 82627 | CPT | | | | both | | | 52 | 25.56 | Three Rivers | Three Rivers | 49.4 | 95 | | | 15.6 | 72.52 | percent of total billed charges | |
| BKR CHG DHEA SULFATE | 82627 | CPT | | | | both | | | 52 | 25.56 | WellPoint | WellPoint | 16.73 | 32.18 | | 12.01 | 15.6 | 72.52 | percent of total billed charges | |
| BKR CHG DEOXYCORTICOSTERONE | 82633 | CPT | | | | both | | | 213 | 35.63 | Amerihealth | Medicare | 30.98 | | | | 30.98 | 202.35 | fee schedule | |
| BKR CHG DEOXYCORTICOSTERONE | 82633 | CPT | | | | both | | | 213 | 35.63 | Aetna | Medicare | 65.6 | 30.8 | | | 30.98 | 202.35 | percent of total billed charges | |
| BKR CHG DEOXYCORTICOSTERONE | 82633 | CPT | | | | both | | | 213 | 35.63 | First Health | First Health | 149.1 | 70 | | | 30.98 | 202.35 | percent of total billed charges | |
| BKR CHG DEOXYCORTICOSTERONE | 82633 | CPT | | | | both | | | 213 | 35.63 | First Trenton | First Trenton | 191.7 | 90 | | | 30.98 | 202.35 | percent of total billed charges | |
| BKR CHG DEOXYCORTICOSTERONE | 82633 | CPT | | | | both | | | 213 | 35.63 | Aetna | Better Health | 67.2 | 31.55 | | | 30.98 | 202.35 | percent of total billed charges | |
| BKR CHG DEOXYCORTICOSTERONE | 82633 | CPT | | | | both | | | 213 | 35.63 | Americare | Americare | 159.75 | 75 | | | 30.98 | 202.35 | percent of total billed charges | |
| BKR CHG DEOXYCORTICOSTERONE | 82633 | CPT | | | | both | | | 213 | 35.63 | Amerihealth | HMO/PPO | 45.6 | | | | 30.98 | 202.35 | fee schedule | |
| BKR CHG DEOXYCORTICOSTERONE | 82633 | CPT | | | | both | | | 213 | 35.63 | Corrections | Corrections | 170.4 | 80 | | | 30.98 | 202.35 | percent of total billed charges | |
| BKR CHG DEOXYCORTICOSTERONE | 82633 | CPT | | | | both | | | 213 | 35.63 | Wellcare | Medicare | 30.98 | | | | 30.98 | 202.35 | fee schedule | |
| BKR CHG DEOXYCORTICOSTERONE | 82633 | CPT | | | | both | | | 213 | 35.63 | Multiplan | Multiplan | 170.4 | 80 | | | 30.98 | 202.35 | percent of total billed charges | |
| BKR CHG DEOXYCORTICOSTERONE | 82633 | CPT | | | | both | | | 213 | 35.63 | Horizon | MGD | 81.54 | 38.28 | | | 30.98 | 202.35 | percent of total billed charges | |
| BKR CHG DEOXYCORTICOSTERONE | 82633 | CPT | | | | both | | | 213 | 35.63 | Horizon | NJ Health | 75.5 | | | | 30.98 | 202.35 | fee schedule | |
| BKR CHG DEOXYCORTICOSTERONE | 82633 | CPT | | | | both | | | 213 | 35.63 | WellPoint | WellPoint | 68.54 | 32.18 | | | 30.98 | 202.35 | percent of total billed charges | |
| BKR CHG DEOXYCORTICOSTERONE | 82633 | CPT | | | | both | | | 213 | 35.63 | Consumer | Consumer | 202.35 | 95 | | | 30.98 | 202.35 | percent of total billed charges | |
| BKR CHG DEOXYCORTICOSTERONE | 82633 | CPT | | | | both | | | 213 | 35.63 | Horizon | PPO | 81.54 | 38.28 | | | 30.98 | 202.35 | percent of total billed charges | |
| BKR CHG DEOXYCORTICOSTERONE | 82633 | CPT | | | | both | | | 213 | 35.63 | Horizon | Indemnity | 81.54 | 38.28 | | | 30.98 | 202.35 | percent of total billed charges | |
| BKR CHG DEOXYCORTICOSTERONE | 82633 | CPT | | | | both | | | 213 | 35.63 | Three Rivers | Three Rivers | 202.35 | 95 | | | 30.98 | 202.35 | percent of total billed charges | |
| BKR CHG DEOXYCORTICOSTERONE | 82633 | CPT | | | | both | | | 213 | 35.63 | Qualcare | Qualcare | 159.75 | 75 | | | 30.98 | 202.35 | percent of total billed charges | |
| BKR CHG DEOXYCORTICOSTERONE | 82633 | CPT | | | | both | | | 213 | 35.63 | Wellcare | Medicaid | 38.52 | | | | 30.98 | 202.35 | fee schedule | |
| BKR CHG DEOXYCORTICOSTERONE | 82633 | CPT | | | | both | | | 213 | 35.63 | Managed Care Inc | Managed Care Inc | 191.7 | 90 | | | 30.98 | 202.35 | percent of total billed charges | |
| BKR CHG DEOXYCORTICOSTERONE | 82633 | CPT | | | | both | | | 213 | 35.63 | UHC | Medicare | 30.98 | | | | 30.98 | 202.35 | fee schedule | |
| BKR CHG DEOXYCORTICOSTERONE | 82633 | CPT | | | | both | | | 213 | 35.63 | Horizon | Medicare Blue | 63.9 | 30 | | | 30.98 | 202.35 | percent of total billed charges | |
| BKR CHG DEOXYCORTICOSTERONE | 82633 | CPT | | | | both | | | 213 | 35.63 | UHC | Medicaid | 38.52 | | | | 30.98 | 202.35 | fee schedule | |
| BKR CHG 11 DEOXYCORTISOL | 82634 | CPT | | | | both | | | 111 | 33.67 | Amerihealth | HMO/PPO | 24.4 | | | | 24.4 | 105.45 | fee schedule | |
| BKR CHG 11 DEOXYCORTISOL | 82634 | CPT | | | | both | | | 111 | 33.67 | Aetna | Medicare | 34.19 | 30.8 | | | 24.4 | 105.45 | percent of total billed charges | |
| BKR CHG 11 DEOXYCORTISOL | 82634 | CPT | | | | both | | | 111 | 33.67 | Amerihealth | Medicare | 29.28 | | | | 24.4 | 105.45 | fee schedule | |
| BKR CHG 11 DEOXYCORTISOL | 82634 | CPT | | | | both | | | 111 | 33.67 | Aetna | Better Health | 35.02 | 31.55 | | | 24.4 | 105.45 | percent of total billed charges | |
| BKR CHG 11 DEOXYCORTISOL | 82634 | CPT | | | | both | | | 111 | 33.67 | Wellcare | Medicare | 29.28 | | | | 24.4 | 105.45 | fee schedule | |
| BKR CHG 11 DEOXYCORTISOL | 82634 | CPT | | | | both | | | 111 | 33.67 | Horizon | MGD | 42.49 | 38.28 | | | 24.4 | 105.45 | percent of total billed charges | |
| BKR CHG 11 DEOXYCORTISOL | 82634 | CPT | | | | both | | | 111 | 33.67 | First Health | First Health | 77.7 | 70 | | | 24.4 | 105.45 | percent of total billed charges | |
| BKR CHG 11 DEOXYCORTISOL | 82634 | CPT | | | | both | | | 111 | 33.67 | Corrections | Corrections | 88.8 | 80 | | | 24.4 | 105.45 | percent of total billed charges | |
| BKR CHG 11 DEOXYCORTISOL | 82634 | CPT | | | | both | | | 111 | 33.67 | Horizon | Medicare Blue | 33.3 | 30 | | | 24.4 | 105.45 | percent of total billed charges | |
| BKR CHG 11 DEOXYCORTISOL | 82634 | CPT | | | | both | | | 111 | 33.67 | Multiplan | Multiplan | 88.8 | 80 | | | 24.4 | 105.45 | percent of total billed charges | |
| BKR CHG 11 DEOXYCORTISOL | 82634 | CPT | | | | both | | | 111 | 33.67 | WellPoint | WellPoint | 35.72 | 32.18 | | | 24.4 | 105.45 | percent of total billed charges | |
| BKR CHG 11 DEOXYCORTISOL | 82634 | CPT | | | | both | | | 111 | 33.67 | Americare | Americare | 83.25 | 75 | | | 24.4 | 105.45 | percent of total billed charges | |
| BKR CHG 11 DEOXYCORTISOL | 82634 | CPT | | | | both | | | 111 | 33.67 | Qualcare | Qualcare | 83.25 | 75 | | | 24.4 | 105.45 | percent of total billed charges | |
| BKR CHG 11 DEOXYCORTISOL | 82634 | CPT | | | | both | | | 111 | 33.67 | UHC | Medicaid | 25.72 | | | | 24.4 | 105.45 | fee schedule | |
| BKR CHG 11 DEOXYCORTISOL | 82634 | CPT | | | | both | | | 111 | 33.67 | UHC | Medicare | 29.28 | | | | 24.4 | 105.45 | fee schedule | |
| BKR CHG 11 DEOXYCORTISOL | 82634 | CPT | | | | both | | | 111 | 33.67 | Consumer | Consumer | 105.45 | 95 | | | 24.4 | 105.45 | percent of total billed charges | |
| BKR CHG 11 DEOXYCORTISOL | 82634 | CPT | | | | both | | | 111 | 33.67 | Wellcare | Medicaid | 25.72 | | | | 24.4 | 105.45 | fee schedule | |
| BKR CHG 11 DEOXYCORTISOL | 82634 | CPT | | | | both | | | 111 | 33.67 | First Trenton | First Trenton | 99.9 | 90 | | | 24.4 | 105.45 | percent of total billed charges | |
| BKR CHG 11 DEOXYCORTISOL | 82634 | CPT | | | | both | | | 111 | 33.67 | Horizon | Indemnity | 42.49 | 38.28 | | | 24.4 | 105.45 | percent of total billed charges | |
| BKR CHG 11 DEOXYCORTISOL | 82634 | CPT | | | | both | | | 111 | 33.67 | Horizon | NJ Health | 84.08 | | | | 24.4 | 105.45 | fee schedule | |
| BKR CHG 11 DEOXYCORTISOL | 82634 | CPT | | | | both | | | 111 | 33.67 | Horizon | PPO | 42.49 | 38.28 | | | 24.4 | 105.45 | percent of total billed charges | |
| BKR CHG 11 DEOXYCORTISOL | 82634 | CPT | | | | both | | | 111 | 33.67 | Managed Care Inc | Managed Care Inc | 99.9 | 90 | | | 24.4 | 105.45 | percent of total billed charges | |
| BKR CHG 11 DEOXYCORTISOL | 82634 | CPT | | | | both | | | 111 | 33.67 | Three Rivers | Three Rivers | 105.45 | 95 | | | 24.4 | 105.45 | percent of total billed charges | |
| BKR CHG DIBUCAINE NUMBER(081513) | 82638 | CPT | | | | outpatient | | | 31 | 14.09 | Amerihealth | Medicare | 12.25 | | | | 9.3 | 38.81 | fee schedule | |
| BKR CHG DIBUCAINE NUMBER(081513) | 82638 | CPT | | | | outpatient | | | 31 | 14.09 | Consumer | Consumer | 29.45 | 95 | | | 9.3 | 38.81 | percent of total billed charges | |
| BKR CHG DIBUCAINE NUMBER(081513) | 82638 | CPT | | | | outpatient | | | 31 | 14.09 | Aetna | Better Health | 9.78 | 31.55 | | | 9.3 | 38.81 | percent of total billed charges | |
| BKR CHG DIBUCAINE NUMBER(081513) | 82638 | CPT | | | | outpatient | | | 31 | 14.09 | Horizon | Indemnity | 11.87 | 38.28 | | | 9.3 | 38.81 | percent of total billed charges | |
| BKR CHG DIBUCAINE NUMBER(081513) | 82638 | CPT | | | | outpatient | | | 31 | 14.09 | First Trenton | First Trenton | 27.9 | 90 | | | 9.3 | 38.81 | percent of total billed charges | |
| BKR CHG DIBUCAINE NUMBER(081513) | 82638 | CPT | | | | outpatient | | | 31 | 14.09 | Aetna | Medicare | 9.55 | 30.8 | | | 9.3 | 38.81 | percent of total billed charges | |
| BKR CHG DIBUCAINE NUMBER(081513) | 82638 | CPT | | | | outpatient | | | 31 | 14.09 | UHC | Medicare | 12.25 | | | | 9.3 | 38.81 | fee schedule | |
| BKR CHG DIBUCAINE NUMBER(081513) | 82638 | CPT | | | | outpatient | | | 31 | 14.09 | Americare | Americare | 23.25 | 75 | | | 9.3 | 38.81 | percent of total billed charges | |
| BKR CHG DIBUCAINE NUMBER(081513) | 82638 | CPT | | | | outpatient | | | 31 | 14.09 | WellPoint | WellPoint | 9.98 | 32.18 | | | 9.3 | 38.81 | percent of total billed charges | |
| BKR CHG DIBUCAINE NUMBER(081513) | 82638 | CPT | | | | outpatient | | | 31 | 14.09 | Corrections | Corrections | 24.8 | 80 | | | 9.3 | 38.81 | percent of total billed charges | |
| BKR CHG DIBUCAINE NUMBER(081513) | 82638 | CPT | | | | outpatient | | | 31 | 14.09 | Amerihealth | HMO/PPO | 15.3 | | | | 9.3 | 38.81 | fee schedule | |
| BKR CHG DIBUCAINE NUMBER(081513) | 82638 | CPT | | | | outpatient | | | 31 | 14.09 | Multiplan | Multiplan | 24.8 | 80 | | | 9.3 | 38.81 | percent of total billed charges | |
| BKR CHG DIBUCAINE NUMBER(081513) | 82638 | CPT | | | | outpatient | | | 31 | 14.09 | Horizon | PPO | 11.87 | 38.28 | | | 9.3 | 38.81 | percent of total billed charges | |
| BKR CHG DIBUCAINE NUMBER(081513) | 82638 | CPT | | | | outpatient | | | 31 | 14.09 | Horizon | MGD | 11.87 | 38.28 | | | 9.3 | 38.81 | percent of total billed charges | |
| BKR CHG DIBUCAINE NUMBER(081513) | 82638 | CPT | | | | outpatient | | | 31 | 14.09 | First Health | First Health | 21.7 | 70 | | | 9.3 | 38.81 | percent of total billed charges | |
| BKR CHG DIBUCAINE NUMBER(081513) | 82638 | CPT | | | | outpatient | | | 31 | 14.09 | Horizon | Medicare Blue | 9.3 | 30 | | | 9.3 | 38.81 | percent of total billed charges | |
| BKR CHG DIBUCAINE NUMBER(081513) | 82638 | CPT | | | | outpatient | | | 31 | 14.09 | Managed Care Inc | Managed Care Inc | 27.9 | 90 | | | 9.3 | 38.81 | percent of total billed charges | |
| BKR CHG DIBUCAINE NUMBER(081513) | 82638 | CPT | | | | outpatient | | | 31 | 14.09 | Horizon | NJ Health | 38.81 | | | | 9.3 | 38.81 | fee schedule | |
| BKR CHG DIBUCAINE NUMBER(081513) | 82638 | CPT | | | | outpatient | | | 31 | 14.09 | UHC | Medicaid | 15.2 | | | | 9.3 | 38.81 | fee schedule | |
| BKR CHG DIBUCAINE NUMBER(081513) | 82638 | CPT | | | | outpatient | | | 31 | 14.09 | Qualcare | Qualcare | 23.25 | 75 | | | 9.3 | 38.81 | percent of total billed charges | |
| BKR CHG DIBUCAINE NUMBER(081513) | 82638 | CPT | | | | outpatient | | | 31 | 14.09 | Wellcare | Medicaid | 15.2 | | | | 9.3 | 38.81 | fee schedule | |
| BKR CHG DIBUCAINE NUMBER(081513) | 82638 | CPT | | | | outpatient | | | 31 | 14.09 | Three Rivers | Three Rivers | 29.45 | 95 | | | 9.3 | 38.81 | percent of total billed charges | |
| BKR CHG DIBUCAINE NUMBER(081513) | 82638 | CPT | | | | outpatient | | | 31 | 14.09 | Wellcare | Medicare | 12.25 | | | | 9.3 | 38.81 | fee schedule | |
| BKR CHG DIHYDROTESTOSTERONE (DHT) | 82642 | CPT | | | | outpatient | | | 159 | 33.67 | Aetna | Medicare | 48.97 | 30.8 | | | 23.42 | 151.05 | percent of total billed charges | |
| BKR CHG DIHYDROTESTOSTERONE (DHT) | 82642 | CPT | | | | outpatient | | | 159 | 33.67 | Americare | Americare | 119.25 | 75 | | | 23.42 | 151.05 | percent of total billed charges | |
| BKR CHG DIHYDROTESTOSTERONE (DHT) | 82642 | CPT | | | | outpatient | | | 159 | 33.67 | Amerihealth | HMO/PPO | 103.35 | 65 | | | 23.42 | 151.05 | percent of total billed charges | |
| BKR CHG DIHYDROTESTOSTERONE (DHT) | 82642 | CPT | | | | outpatient | | | 159 | 33.67 | Consumer | Consumer | 151.05 | 95 | | | 23.42 | 151.05 | percent of total billed charges | |
| BKR CHG DIHYDROTESTOSTERONE (DHT) | 82642 | CPT | | | | outpatient | | | 159 | 33.67 | Amerihealth | Medicare | 29.28 | | | | 23.42 | 151.05 | fee schedule | |
| BKR CHG DIHYDROTESTOSTERONE (DHT) | 82642 | CPT | | | | outpatient | | | 159 | 33.67 | Horizon | Indemnity | 60.87 | 38.28 | | | 23.42 | 151.05 | percent of total billed charges | |
| BKR CHG DIHYDROTESTOSTERONE (DHT) | 82642 | CPT | | | | outpatient | | | 159 | 33.67 | Aetna | Better Health | 50.16 | 31.55 | | | 23.42 | 151.05 | percent of total billed charges | |
| BKR CHG DIHYDROTESTOSTERONE (DHT) | 82642 | CPT | | | | outpatient | | | 159 | 33.67 | Corrections | Corrections | 127.2 | 80 | | | 23.42 | 151.05 | percent of total billed charges | |
| BKR CHG DIHYDROTESTOSTERONE (DHT) | 82642 | CPT | | | | outpatient | | | 159 | 33.67 | Horizon | MGD | 60.87 | 38.28 | | | 23.42 | 151.05 | percent of total billed charges | |
| BKR CHG DIHYDROTESTOSTERONE (DHT) | 82642 | CPT | | | | outpatient | | | 159 | 33.67 | UHC | Medicaid | 23.42 | | | | 23.42 | 151.05 | fee schedule | |
| BKR CHG DIHYDROTESTOSTERONE (DHT) | 82642 | CPT | | | | outpatient | | | 159 | 33.67 | First Health | First Health | 111.3 | 70 | | | 23.42 | 151.05 | percent of total billed charges | |
| BKR CHG DIHYDROTESTOSTERONE (DHT) | 82642 | CPT | | | | outpatient | | | 159 | 33.67 | Horizon | NJ Health | 25.5 | | | | 23.42 | 151.05 | fee schedule | |
| BKR CHG DIHYDROTESTOSTERONE (DHT) | 82642 | CPT | | | | outpatient | | | 159 | 33.67 | First Trenton | First Trenton | 143.1 | 90 | | | 23.42 | 151.05 | percent of total billed charges | |
| BKR CHG DIHYDROTESTOSTERONE (DHT) | 82642 | CPT | | | | outpatient | | | 159 | 33.67 | Wellcare | Medicare | 29.28 | | | | 23.42 | 151.05 | fee schedule | |
| BKR CHG DIHYDROTESTOSTERONE (DHT) | 82642 | CPT | | | | outpatient | | | 159 | 33.67 | Horizon | Medicare Blue | 47.7 | 30 | | | 23.42 | 151.05 | percent of total billed charges | |
| BKR CHG DIHYDROTESTOSTERONE (DHT) | 82642 | CPT | | | | outpatient | | | 159 | 33.67 | Three Rivers | Three Rivers | 151.05 | 95 | | | 23.42 | 151.05 | percent of total billed charges | |
| BKR CHG DIHYDROTESTOSTERONE (DHT) | 82642 | CPT | | | | outpatient | | | 159 | 33.67 | Horizon | PPO | 60.87 | 38.28 | | | 23.42 | 151.05 | percent of total billed charges | |
| BKR CHG DIHYDROTESTOSTERONE (DHT) | 82642 | CPT | | | | outpatient | | | 159 | 33.67 | Wellcare | Medicaid | 23.42 | | | | 23.42 | 151.05 | fee schedule | |
| BKR CHG DIHYDROTESTOSTERONE (DHT) | 82642 | CPT | | | | outpatient | | | 159 | 33.67 | Multiplan | Multiplan | 127.2 | 80 | | | 23.42 | 151.05 | percent of total billed charges | |
| BKR CHG DIHYDROTESTOSTERONE (DHT) | 82642 | CPT | | | | outpatient | | | 159 | 33.67 | Managed Care Inc | Managed Care Inc | 143.1 | 90 | | | 23.42 | 151.05 | percent of total billed charges | |
| BKR CHG DIHYDROTESTOSTERONE (DHT) | 82642 | CPT | | | | outpatient | | | 159 | 33.67 | WellPoint | WellPoint | 51.17 | 32.18 | | 29.46 | 23.42 | 151.05 | percent of total billed charges | |
| BKR CHG DIHYDROTESTOSTERONE (DHT) | 82642 | CPT | | | | outpatient | | | 159 | 33.67 | Qualcare | Qualcare | 119.25 | 75 | | | 23.42 | 151.05 | percent of total billed charges | |
| BKR CHG DIHYDROTESTOSTERONE (DHT) | 82642 | CPT | | | | outpatient | | | 159 | 33.67 | UHC | Medicare | 29.28 | | | | 23.42 | 151.05 | fee schedule | |
| BKR CHG VITAMIN D, 1 25 DIHYDROXY | 82652 | CPT | | | | both | | | 483 | 44.28 | Amerihealth | HMO/PPO | 59.3 | | | 6.87 | 26.4 | 458.85 | fee schedule | |
| BKR CHG VITAMIN D, 1 25 DIHYDROXY | 82652 | CPT | | | | both | | | 483 | 44.28 | Horizon | MGD | 184.89 | 38.28 | | 20.64 | 26.4 | 458.85 | percent of total billed charges | |
| BKR CHG VITAMIN D, 1 25 DIHYDROXY | 82652 | CPT | | | | both | | | 483 | 44.28 | First Health | First Health | 338.1 | 70 | | | 26.4 | 458.85 | percent of total billed charges | |
| BKR CHG VITAMIN D, 1 25 DIHYDROXY | 82652 | CPT | | | | both | | | 483 | 44.28 | Consumer | Consumer | 458.85 | 95 | | | 26.4 | 458.85 | percent of total billed charges | |
| BKR CHG VITAMIN D, 1 25 DIHYDROXY | 82652 | CPT | | | | both | | | 483 | 44.28 | Aetna | Better Health | 152.39 | 31.55 | | 12.39 | 26.4 | 458.85 | percent of total billed charges | |
| BKR CHG VITAMIN D, 1 25 DIHYDROXY | 82652 | CPT | | | | both | | | 483 | 44.28 | Americare | Americare | 362.25 | 75 | | | 26.4 | 458.85 | percent of total billed charges | |
| BKR CHG VITAMIN D, 1 25 DIHYDROXY | 82652 | CPT | | | | both | | | 483 | 44.28 | Aetna | Medicare | 148.76 | 30.8 | | 5.13 | 26.4 | 458.85 | percent of total billed charges | |
| BKR CHG VITAMIN D, 1 25 DIHYDROXY | 82652 | CPT | | | | both | | | 483 | 44.28 | Multiplan | Multiplan | 386.4 | 80 | | | 26.4 | 458.85 | percent of total billed charges | |
| BKR CHG VITAMIN D, 1 25 DIHYDROXY | 82652 | CPT | | | | both | | | 483 | 44.28 | WellPoint | WellPoint | 155.43 | 32.18 | | 19.36 | 26.4 | 458.85 | percent of total billed charges | |
| BKR CHG VITAMIN D, 1 25 DIHYDROXY | 82652 | CPT | | | | both | | | 483 | 44.28 | Wellcare | Medicare | 38.5 | | | 3.1 | 26.4 | 458.85 | fee schedule | |
| BKR CHG VITAMIN D, 1 25 DIHYDROXY | 82652 | CPT | | | | both | | | 483 | 44.28 | UHC | Medicaid | 47.87 | | | 18.3 | 26.4 | 458.85 | fee schedule | |
| BKR CHG VITAMIN D, 1 25 DIHYDROXY | 82652 | CPT | | | | both | | | 483 | 44.28 | Corrections | Corrections | 386.4 | 80 | | | 26.4 | 458.85 | percent of total billed charges | |
| BKR CHG VITAMIN D, 1 25 DIHYDROXY | 82652 | CPT | | | | both | | | 483 | 44.28 | Amerihealth | Medicare | 38.5 | | | | 26.4 | 458.85 | fee schedule | |
| BKR CHG VITAMIN D, 1 25 DIHYDROXY | 82652 | CPT | | | | both | | | 483 | 44.28 | First Trenton | First Trenton | 434.7 | 90 | | | 26.4 | 458.85 | percent of total billed charges | |
| BKR CHG VITAMIN D, 1 25 DIHYDROXY | 82652 | CPT | | | | both | | | 483 | 44.28 | Wellcare | Medicaid | 47.87 | | | 18.08 | 26.4 | 458.85 | fee schedule | |
| BKR CHG VITAMIN D, 1 25 DIHYDROXY | 82652 | CPT | | | | both | | | 483 | 44.28 | Qualcare | Qualcare | 362.25 | 75 | | | 26.4 | 458.85 | percent of total billed charges | |
| BKR CHG VITAMIN D, 1 25 DIHYDROXY | 82652 | CPT | | | | both | | | 483 | 44.28 | Horizon | NJ Health | 107.8 | | | 6.16 | 26.4 | 458.85 | fee schedule | |
| BKR CHG VITAMIN D, 1 25 DIHYDROXY | 82652 | CPT | | | | both | | | 483 | 44.28 | Horizon | Indemnity | 184.89 | 38.28 | | 28.13 | 26.4 | 458.85 | percent of total billed charges | |
| BKR CHG VITAMIN D, 1 25 DIHYDROXY | 82652 | CPT | | | | both | | | 483 | 44.28 | UHC | Medicare | 38.5 | | | 7.5 | 26.4 | 458.85 | fee schedule | |
| BKR CHG VITAMIN D, 1 25 DIHYDROXY | 82652 | CPT | | | | both | | | 483 | 44.28 | Horizon | Medicare Blue | 144.9 | 30 | | 7.07 | 26.4 | 458.85 | percent of total billed charges | |
| BKR CHG VITAMIN D, 1 25 DIHYDROXY | 82652 | CPT | | | | both | | | 483 | 44.28 | Horizon | PPO | 184.89 | 38.28 | | 19.24 | 26.4 | 458.85 | percent of total billed charges | |
| BKR CHG VITAMIN D, 1 25 DIHYDROXY | 82652 | CPT | | | | both | | | 483 | 44.28 | Managed Care Inc | Managed Care Inc | 434.7 | 90 | | | 26.4 | 458.85 | percent of total billed charges | |
| BKR CHG VITAMIN D, 1 25 DIHYDROXY | 82652 | CPT | | | | both | | | 483 | 44.28 | Three Rivers | Three Rivers | 458.85 | 95 | | | 26.4 | 458.85 | percent of total billed charges | |
| BKR CHG PBG DEAMINASE WB (PBGD) | 82657 | CPT | | | | both | | | 1366 | 25.5 | Consumer | Consumer | 1297.7 | 95 | | | 16.8 | 1297.7 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG PBG DEAMINASE WB (PBGD) | 82657 | CPT | | | | both | | | 1366 | 25.5 | Amerihealth | Medicare | 22.17 | | | | 16.8 | | 1297.7 fee schedule | |
| BKR CHG PBG DEAMINASE WB (PBGD) | 82657 | CPT | | | | both | | | 1366 | 25.5 | Aetna | Better Health | 430.97 | 31.55 | | | 16.8 | | 1297.7 percent of total billed charges | |
| BKR CHG PBG DEAMINASE WB (PBGD) | 82657 | CPT | | | | both | | | 1366 | 25.5 | Americare | Americare | 1024.5 | 75 | | | 16.8 | | 1297.7 percent of total billed charges | |
| BKR CHG PBG DEAMINASE WB (PBGD) | 82657 | CPT | | | | both | | | 1366 | 25.5 | Aetna | Commercial | 519.08 | 38 | | | 16.8 | | 1297.7 percent of total billed charges | |
| BKR CHG PBG DEAMINASE WB (PBGD) | 82657 | CPT | | | | both | | | 1366 | 25.5 | Corrections | Corrections | 1092.8 | 80 | | | 16.8 | | 1297.7 percent of total billed charges | |
| BKR CHG PBG DEAMINASE WB (PBGD) | 82657 | CPT | | | | both | | | 1366 | 25.5 | Horizon | Medicare Blue | 409.8 | 30 | | | 16.8 | | 1297.7 percent of total billed charges | |
| BKR CHG PBG DEAMINASE WB (PBGD) | 82657 | CPT | | | | both | | | 1366 | 25.5 | Amerihealth | HMO/PPO | 25 | | | | 16.8 | | 1297.7 fee schedule | |
| BKR CHG PBG DEAMINASE WB (PBGD) | 82657 | CPT | | | | both | | | 1366 | 25.5 | First Health | First Health | 956.2 | 70 | | | 16.8 | | 1297.7 percent of total billed charges | |
| BKR CHG PBG DEAMINASE WB (PBGD) | 82657 | CPT | | | | both | | | 1366 | 25.5 | First Trenton | First Trenton | 1229.4 | 90 | | | 16.8 | | 1297.7 percent of total billed charges | |
| BKR CHG PBG DEAMINASE WB (PBGD) | 82657 | CPT | | | | both | | | 1366 | 25.5 | UHC | Medicaid | 21.5 | | | | 16.8 | | 1297.7 fee schedule | |
| BKR CHG PBG DEAMINASE WB (PBGD) | 82657 | CPT | | | | both | | | 1366 | 25.5 | Horizon | MGD | 522.9 | 38.28 | | | 16.8 | | 1297.7 percent of total billed charges | |
| BKR CHG PBG DEAMINASE WB (PBGD) | 82657 | CPT | | | | both | | | 1366 | 25.5 | Aetna | Medicare | 420.73 | 30.8 | | | 16.8 | | 1297.7 percent of total billed charges | |
| BKR CHG PBG DEAMINASE WB (PBGD) | 82657 | CPT | | | | both | | | 1366 | 25.5 | Horizon | Indemnity | 522.9 | 38.28 | | | 16.8 | | 1297.7 percent of total billed charges | |
| BKR CHG PBG DEAMINASE WB (PBGD) | 82657 | CPT | | | | both | | | 1366 | 25.5 | Wellcare | Medicare | 22.17 | | | | 16.8 | | 1297.7 fee schedule | |
| BKR CHG PBG DEAMINASE WB (PBGD) | 82657 | CPT | | | | both | | | 1366 | 25.5 | UHC | Medicare | 22.17 | | | | 16.8 | | 1297.7 fee schedule | |
| BKR CHG PBG DEAMINASE WB (PBGD) | 82657 | CPT | | | | both | | | 1366 | 25.5 | Wellcare | Medicaid | 21.5 | | | | 16.8 | | 1297.7 fee schedule | |
| BKR CHG PBG DEAMINASE WB (PBGD) | 82657 | CPT | | | | both | | | 1366 | 25.5 | Horizon | NJ Health | 51.69 | | | 29.63 | 16.8 | | 1297.7 fee schedule | |
| BKR CHG PBG DEAMINASE WB (PBGD) | 82657 | CPT | | | | both | | | 1366 | 25.5 | Multiplan | Multiplan | 1092.8 | 80 | | | 16.8 | | 1297.7 percent of total billed charges | |
| BKR CHG PBG DEAMINASE WB (PBGD) | 82657 | CPT | | | | both | | | 1366 | 25.5 | WellPoint | WellPoint | 439.58 | 32.18 | | 88.69 | 16.8 | | 1297.7 percent of total billed charges | |
| BKR CHG PBG DEAMINASE WB (PBGD) | 82657 | CPT | | | | both | | | 1366 | 25.5 | Qualcare | Qualcare | 1024.5 | 75 | | | 16.8 | | 1297.7 percent of total billed charges | |
| BKR CHG PBG DEAMINASE WB (PBGD) | 82657 | CPT | | | | both | | | 1366 | 25.5 | Horizon | PPO | 522.9 | 38.28 | | | 16.8 | | 1297.7 percent of total billed charges | |
| BKR CHG PBG DEAMINASE WB (PBGD) | 82657 | CPT | | | | both | | | 1366 | 25.5 | Managed Care Inc | Managed Care Inc | 1229.4 | 90 | | | 16.8 | | 1297.7 percent of total billed charges | |
| BKR CHG PBG DEAMINASE WB (PBGD) | 82657 | CPT | | | | both | | | 1366 | 25.5 | Three Rivers | Three Rivers | 1297.7 | 95 | | | 16.8 | | 1297.7 percent of total billed charges | |
| BKR CHG ENZYME ACTI RADACT SUBS EA SPEC | 82658 | CPT | | | | outpatient | | | 751 | 50.63 | Horizon | MGD | 287.48 | 38.28 | | | 20.05 | | 713.45 percent of total billed charges | |
| BKR CHG ENZYME ACTI RADACT SUBS EA SPEC | 82658 | CPT | | | | outpatient | | | 751 | 50.63 | Americare | Americare | 563.25 | 75 | | | 20.05 | | 713.45 percent of total billed charges | |
| BKR CHG ENZYME ACTI RADACT SUBS EA SPEC | 82658 | CPT | | | | outpatient | | | 751 | 50.63 | Aetna | Medicare | 231.31 | 30.8 | | | 20.05 | | 713.45 percent of total billed charges | |
| BKR CHG ENZYME ACTI RADACT SUBS EA SPEC | 82658 | CPT | | | | outpatient | | | 751 | 50.63 | Aetna | Better Health | 236.94 | 31.55 | | | 20.05 | | 713.45 percent of total billed charges | |
| BKR CHG ENZYME ACTI RADACT SUBS EA SPEC | 82658 | CPT | | | | outpatient | | | 751 | 50.63 | Wellcare | Medicare | 44.03 | | | | 20.05 | | 713.45 fee schedule | |
| BKR CHG ENZYME ACTI RADACT SUBS EA SPEC | 82658 | CPT | | | | outpatient | | | 751 | 50.63 | Amerihealth | HMO/PPO | 25 | | | | 20.05 | | 713.45 fee schedule | |
| BKR CHG ENZYME ACTI RADACT SUBS EA SPEC | 82658 | CPT | | | | outpatient | | | 751 | 50.63 | First Health | First Health | 525.7 | 70 | | | 20.05 | | 713.45 percent of total billed charges | |
| BKR CHG ENZYME ACTI RADACT SUBS EA SPEC | 82658 | CPT | | | | outpatient | | | 751 | 50.63 | Amerihealth | Medicare | 44.03 | | | | 20.05 | | 713.45 fee schedule | |
| BKR CHG ENZYME ACTI RADACT SUBS EA SPEC | 82658 | CPT | | | | outpatient | | | 751 | 50.63 | Wellcare | Medicaid | 21.5 | | | | 20.05 | | 713.45 fee schedule | |
| BKR CHG ENZYME ACTI RADACT SUBS EA SPEC | 82658 | CPT | | | | outpatient | | | 751 | 50.63 | First Trenton | First Trenton | 675.9 | 90 | | | 20.05 | | 713.45 percent of total billed charges | |
| BKR CHG ENZYME ACTI RADACT SUBS EA SPEC | 82658 | CPT | | | | outpatient | | | 751 | 50.63 | Aetna | Commercial | 285.38 | 38 | | | 20.05 | | 713.45 percent of total billed charges | |
| BKR CHG ENZYME ACTI RADACT SUBS EA SPEC | 82658 | CPT | | | | outpatient | | | 751 | 50.63 | Horizon | Medicare Blue | 225.3 | 30 | | | 20.05 | | 713.45 percent of total billed charges | |
| BKR CHG ENZYME ACTI RADACT SUBS EA SPEC | 82658 | CPT | | | | outpatient | | | 751 | 50.63 | Consumer | Consumer | 713.45 | 95 | | | 20.05 | | 713.45 percent of total billed charges | |
| BKR CHG ENZYME ACTI RADACT SUBS EA SPEC | 82658 | CPT | | | | outpatient | | | 751 | 50.63 | Horizon | PPO | 287.48 | 38.28 | | | 20.05 | | 713.45 percent of total billed charges | |
| BKR CHG ENZYME ACTI RADACT SUBS EA SPEC | 82658 | CPT | | | | outpatient | | | 751 | 50.63 | Horizon | Indemnity | 287.48 | 38.28 | | | 20.05 | | 713.45 percent of total billed charges | |
| BKR CHG ENZYME ACTI RADACT SUBS EA SPEC | 82658 | CPT | | | | outpatient | | | 751 | 50.63 | UHC | Medicaid | 21.5 | | | | 20.05 | | 713.45 fee schedule | |
| BKR CHG ENZYME ACTI RADACT SUBS EA SPEC | 82658 | CPT | | | | outpatient | | | 751 | 50.63 | Corrections | Corrections | 600.8 | 80 | | | 20.05 | | 713.45 percent of total billed charges | |
| BKR CHG ENZYME ACTI RADACT SUBS EA SPEC | 82658 | CPT | | | | outpatient | | | 751 | 50.63 | Managed Care Inc | Managed Care Inc | 675.9 | 90 | | | 20.05 | | 713.45 percent of total billed charges | |
| BKR CHG ENZYME ACTI RADACT SUBS EA SPEC | 82658 | CPT | | | | outpatient | | | 751 | 50.63 | Multiplan | Multiplan | 600.8 | 80 | | | 20.05 | | 713.45 percent of total billed charges | |
| BKR CHG ENZYME ACTI RADACT SUBS EA SPEC | 82658 | CPT | | | | outpatient | | | 751 | 50.63 | Three Rivers | Three Rivers | 713.45 | 95 | | | 20.05 | | 713.45 percent of total billed charges | |
| BKR CHG ENZYME ACTI RADACT SUBS EA SPEC | 82658 | CPT | | | | outpatient | | | 751 | 50.63 | Horizon | NJ Health | 20.05 | | | | 20.05 | | 713.45 fee schedule | |
| BKR CHG ENZYME ACTI RADACT SUBS EA SPEC | 82658 | CPT | | | | outpatient | | | 751 | 50.63 | Qualcare | Qualcare | 563.25 | 75 | | | 20.05 | | 713.45 percent of total billed charges | |
| BKR CHG ENZYME ACTI RADACT SUBS EA SPEC | 82658 | CPT | | | | outpatient | | | 751 | 50.63 | WellPoint | WellPoint | 241.67 | 32.18 | | | 20.05 | | 713.45 percent of total billed charges | |
| BKR CHG ENZYME ACTI RADACT SUBS EA SPEC | 82658 | CPT | | | | outpatient | | | 751 | 50.63 | UHC | Medicare | 44.03 | | | | 20.05 | | 713.45 fee schedule | |
| BKR CHG ELECTROPHORETIC TECH | 82664 | CPT | | | | both | | | 483 | 70.73 | Aetna | Better Health | 152.39 | 31.55 | | | 13.6 | | 458.85 percent of total billed charges | |
| BKR CHG ELECTROPHORETIC TECH | 82664 | CPT | | | | both | | | 483 | 70.73 | Amerihealth | HMO/PPO | 51.3 | | | | 13.6 | | 458.85 fee schedule | |
| BKR CHG ELECTROPHORETIC TECH | 82664 | CPT | | | | both | | | 483 | 70.73 | Amerihealth | Medicare | 61.5 | | | | 13.6 | | 458.85 fee schedule | |
| BKR CHG ELECTROPHORETIC TECH | 82664 | CPT | | | | both | | | 483 | 70.73 | Aetna | Commercial | 183.54 | 38 | | | 13.6 | | 458.85 percent of total billed charges | |
| BKR CHG ELECTROPHORETIC TECH | 82664 | CPT | | | | both | | | 483 | 70.73 | Aetna | Medicare | 148.76 | 30.8 | | | 13.6 | | 458.85 percent of total billed charges | |
| BKR CHG ELECTROPHORETIC TECH | 82664 | CPT | | | | both | | | 483 | 70.73 | Americare | Americare | 362.25 | 75 | | | 13.6 | | 458.85 percent of total billed charges | |
| BKR CHG ELECTROPHORETIC TECH | 82664 | CPT | | | | both | | | 483 | 70.73 | Corrections | Corrections | 386.4 | 80 | | | 13.6 | | 458.85 percent of total billed charges | |
| BKR CHG ELECTROPHORETIC TECH | 82664 | CPT | | | | both | | | 483 | 70.73 | Horizon | MGD | 184.89 | 38.28 | | | 13.6 | | 458.85 percent of total billed charges | |
| BKR CHG ELECTROPHORETIC TECH | 82664 | CPT | | | | both | | | 483 | 70.73 | Consumer | Consumer | 458.85 | 95 | | | 13.6 | | 458.85 percent of total billed charges | |
| BKR CHG ELECTROPHORETIC TECH | 82664 | CPT | | | | both | | | 483 | 70.73 | Horizon | Medicare Blue | 144.9 | 30 | | | 13.6 | | 458.85 percent of total billed charges | |
| BKR CHG ELECTROPHORETIC TECH | 82664 | CPT | | | | both | | | 483 | 70.73 | First Health | First Health | 338.1 | 70 | | | 13.6 | | 458.85 percent of total billed charges | |
| BKR CHG ELECTROPHORETIC TECH | 82664 | CPT | | | | both | | | 483 | 70.73 | First Trenton | First Trenton | 434.7 | 90 | | | 13.6 | | 458.85 percent of total billed charges | |
| BKR CHG ELECTROPHORETIC TECH | 82664 | CPT | | | | both | | | 483 | 70.73 | Wellcare | Medicaid | 13.6 | | | | 13.6 | | 458.85 fee schedule | |
| BKR CHG ELECTROPHORETIC TECH | 82664 | CPT | | | | both | | | 483 | 70.73 | UHC | Medicaid | 13.6 | | | | 13.6 | | 458.85 fee schedule | |
| BKR CHG ELECTROPHORETIC TECH | 82664 | CPT | | | | both | | | 483 | 70.73 | WellPoint | WellPoint | 155.43 | 32.18 | | | 13.6 | | 458.85 percent of total billed charges | |
| BKR CHG ELECTROPHORETIC TECH | 82664 | CPT | | | | both | | | 483 | 70.73 | Horizon | NJ Health | 29.4 | | | | 13.6 | | 458.85 fee schedule | |
| BKR CHG ELECTROPHORETIC TECH | 82664 | CPT | | | | both | | | 483 | 70.73 | Wellcare | Medicare | 61.5 | | | | 13.6 | | 458.85 fee schedule | |
| BKR CHG ELECTROPHORETIC TECH | 82664 | CPT | | | | both | | | 483 | 70.73 | Horizon | PPO | 184.89 | 38.28 | | | 13.6 | | 458.85 percent of total billed charges | |
| BKR CHG ELECTROPHORETIC TECH | 82664 | CPT | | | | both | | | 483 | 70.73 | Horizon | Indemnity | 184.89 | 38.28 | | | 13.6 | | 458.85 percent of total billed charges | |
| BKR CHG ELECTROPHORETIC TECH | 82664 | CPT | | | | both | | | 483 | 70.73 | Managed Care Inc | Managed Care Inc | 434.7 | 90 | | | 13.6 | | 458.85 percent of total billed charges | |
| BKR CHG ELECTROPHORETIC TECH | 82664 | CPT | | | | both | | | 483 | 70.73 | Multiplan | Multiplan | 386.4 | 80 | | | 13.6 | | 458.85 percent of total billed charges | |
| BKR CHG ELECTROPHORETIC TECH | 82664 | CPT | | | | both | | | 483 | 70.73 | Three Rivers | Three Rivers | 458.85 | 95 | | | 13.6 | | 458.85 percent of total billed charges | |
| BKR CHG ELECTROPHORETIC TECH | 82664 | CPT | | | | both | | | 483 | 70.73 | Qualcare | Qualcare | 362.25 | 75 | | | 13.6 | | 458.85 percent of total billed charges | |
| BKR CHG ELECTROPHORETIC TECH | 82664 | CPT | | | | both | | | 483 | 70.73 | UHC | Medicare | 61.5 | | | | 13.6 | | 458.85 fee schedule | |
| BKR CHG ERYTHROPOIETIN | 82668 | CPT | | | | both | | | 45 | 21.61 | Corrections | Corrections | 36 | 80 | | 6.19 | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG ERYTHROPOIETIN | 82668 | CPT | | | | both | | | 45 | 21.61 | Consumer | Consumer | 42.75 | 95 | | | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG ERYTHROPOIETIN | 82668 | CPT | | | | both | | | 45 | 21.61 | Aetna | Medicare | 13.86 | 30.8 | | | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG ERYTHROPOIETIN | 82668 | CPT | | | | both | | | 45 | 21.61 | Aetna | Better Health | 14.2 | 31.55 | | | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG ERYTHROPOIETIN | 82668 | CPT | | | | both | | | 45 | 21.61 | Americare | Americare | 33.75 | 75 | | | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG ERYTHROPOIETIN | 82668 | CPT | | | | both | | | 45 | 21.61 | Aetna | Commercial | 17.1 | 38 | | | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG ERYTHROPOIETIN | 82668 | CPT | | | | both | | | 45 | 21.61 | Amerihealth | Medicare | 18.79 | | | | 13.5 | | 42.75 fee schedule | |
| BKR CHG ERYTHROPOIETIN | 82668 | CPT | | | | both | | | 45 | 21.61 | Horizon | NJ Health | 34.3 | | | 1.5 | 13.5 | | 42.75 fee schedule | |
| BKR CHG ERYTHROPOIETIN | 82668 | CPT | | | | both | | | 45 | 21.61 | Amerihealth | HMO/PPO | 22.8 | | | | 13.5 | | 42.75 fee schedule | |
| BKR CHG ERYTHROPOIETIN | 82668 | CPT | | | | both | | | 45 | 21.61 | Horizon | Indemnity | 17.23 | 38.28 | | 11.37 | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG ERYTHROPOIETIN | 82668 | CPT | | | | both | | | 45 | 21.61 | First Trenton | First Trenton | 40.5 | 90 | | | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG ERYTHROPOIETIN | 82668 | CPT | | | | both | | | 45 | 21.61 | First Health | First Health | 31.5 | 70 | | | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG ERYTHROPOIETIN | 82668 | CPT | | | | both | | | 45 | 21.61 | Wellcare | Medicare | 18.79 | | | | 13.5 | | 42.75 fee schedule | |
| BKR CHG ERYTHROPOIETIN | 82668 | CPT | | | | both | | | 45 | 21.61 | Horizon | MGD | 17.23 | 38.28 | | 20.19 | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG ERYTHROPOIETIN | 82668 | CPT | | | | both | | | 45 | 21.61 | Horizon | Medicare Blue | 13.5 | 30 | | 3.73 | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG ERYTHROPOIETIN | 82668 | CPT | | | | both | | | 45 | 21.61 | Multiplan | Multiplan | 36 | 80 | | | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG ERYTHROPOIETIN | 82668 | CPT | | | | both | | | 45 | 21.61 | Managed Care Inc | Managed Care Inc | 40.5 | 90 | | | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG ERYTHROPOIETIN | 82668 | CPT | | | | both | | | 45 | 21.61 | Wellcare | Medicaid | 17.5 | | | | 13.5 | | 42.75 fee schedule | |
| BKR CHG ERYTHROPOIETIN | 82668 | CPT | | | | both | | | 45 | 21.61 | Horizon | PPO | 17.23 | 38.28 | | 9.79 | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG ERYTHROPOIETIN | 82668 | CPT | | | | both | | | 45 | 21.61 | Qualcare | Qualcare | 33.75 | 75 | | | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG ERYTHROPOIETIN | 82668 | CPT | | | | both | | | 45 | 21.61 | Three Rivers | Three Rivers | 42.75 | 95 | | | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG ERYTHROPOIETIN | 82668 | CPT | | | | both | | | 45 | 21.61 | UHC | Medicare | 18.79 | | | 5.59 | 13.5 | | 42.75 fee schedule | |
| BKR CHG ERYTHROPOIETIN | 82668 | CPT | | | | both | | | 45 | 21.61 | UHC | Medicaid | 17.5 | | | 7.65 | 13.5 | | 42.75 fee schedule | |
| BKR CHG ERYTHROPOIETIN | 82668 | CPT | | | | both | | | 45 | 21.61 | WellPoint | WellPoint | 14.48 | 32.18 | | 4.9 | 13.5 | | 42.75 percent of total billed charges | |
| BKR CHG ESTRADIOL, LCMS, ENDO SCI | 82670 | CPT | | | | both | | | 451 | 32.13 | Amerihealth | Medicare | 27.94 | | | | 18.9 | | 428.45 fee schedule | |
| BKR CHG ESTRADIOL, LCMS, ENDO SCI | 82670 | CPT | | | | both | | | 451 | 32.13 | Horizon | Medicare Blue | 135.3 | 30 | | | 18.9 | | 428.45 percent of total billed charges | |
| BKR CHG ESTRADIOL, LCMS, ENDO SCI | 82670 | CPT | | | | both | | | 451 | 32.13 | Horizon | PPO | 172.64 | 38.28 | | 12.11 | 18.9 | | 428.45 percent of total billed charges | |
| BKR CHG ESTRADIOL, LCMS, ENDO SCI | 82670 | CPT | | | | both | | | 451 | 32.13 | Americare | Americare | 338.25 | 75 | | | 18.9 | | 428.45 percent of total billed charges | |
| BKR CHG ESTRADIOL, LCMS, ENDO SCI | 82670 | CPT | | | | both | | | 451 | 32.13 | Amerihealth | HMO/PPO | 43.2 | | | 5.25 | 18.9 | | 428.45 fee schedule | |
| BKR CHG ESTRADIOL, LCMS, ENDO SCI | 82670 | CPT | | | | both | | | 451 | 32.13 | Aetna | Better Health | 142.29 | 31.55 | | 14.62 | 18.9 | | 428.45 percent of total billed charges | |
| BKR CHG ESTRADIOL, LCMS, ENDO SCI | 82670 | CPT | | | | both | | | 451 | 32.13 | Aetna | Commercial | 171.38 | 38 | | 7.8 | 18.9 | | 428.45 percent of total billed charges | |
| BKR CHG ESTRADIOL, LCMS, ENDO SCI | 82670 | CPT | | | | both | | | 451 | 32.13 | Aetna | Medicare | 138.91 | 30.8 | | | 18.9 | | 428.45 percent of total billed charges | |
| BKR CHG ESTRADIOL, LCMS, ENDO SCI | 82670 | CPT | | | | both | | | 451 | 32.13 | First Health | First Health | 315.7 | 70 | | | 18.9 | | 428.45 percent of total billed charges | |
| BKR CHG ESTRADIOL, LCMS, ENDO SCI | 82670 | CPT | | | | both | | | 451 | 32.13 | Horizon | NJ Health | 49 | | | 1.16 | 18.9 | | 428.45 fee schedule | |
| BKR CHG ESTRADIOL, LCMS, ENDO SCI | 82670 | CPT | | | | both | | | 451 | 32.13 | UHC | Medicaid | 25 | | | 11.61 | 18.9 | | 428.45 fee schedule | |
| BKR CHG ESTRADIOL, LCMS, ENDO SCI | 82670 | CPT | | | | both | | | 451 | 32.13 | Horizon | Indemnity | 172.64 | 38.28 | | 12.92 | 18.9 | | 428.45 percent of total billed charges | |
| BKR CHG ESTRADIOL, LCMS, ENDO SCI | 82670 | CPT | | | | both | | | 451 | 32.13 | UHC | Medicare | 27.94 | | | 7.58 | 18.9 | | 428.45 fee schedule | |
| BKR CHG ESTRADIOL, LCMS, ENDO SCI | 82670 | CPT | | | | both | | | 451 | 32.13 | First Trenton | First Trenton | 405.9 | 90 | | | 18.9 | | 428.45 percent of total billed charges | |
| BKR CHG ESTRADIOL, LCMS, ENDO SCI | 82670 | CPT | | | | both | | | 451 | 32.13 | Consumer | Consumer | 428.45 | 95 | | | 18.9 | | 428.45 percent of total billed charges | |
| BKR CHG ESTRADIOL, LCMS, ENDO SCI | 82670 | CPT | | | | both | | | 451 | 32.13 | Corrections | Corrections | 360.8 | 80 | | 14.62 | 18.9 | | 428.45 percent of total billed charges | |
| BKR CHG ESTRADIOL, LCMS, ENDO SCI | 82670 | CPT | | | | both | | | 451 | 32.13 | Horizon | MGD | 172.64 | 38.28 | | 16.18 | 18.9 | | 428.45 percent of total billed charges | |
| BKR CHG ESTRADIOL, LCMS, ENDO SCI | 82670 | CPT | | | | both | | | 451 | 32.13 | Three Rivers | Three Rivers | 428.45 | 95 | | | 18.9 | | 428.45 percent of total billed charges | |
| BKR CHG ESTRADIOL, LCMS, ENDO SCI | 82670 | CPT | | | | both | | | 451 | 32.13 | Wellcare | Medicaid | 25 | | | 10.91 | 18.9 | | 428.45 fee schedule | |
| BKR CHG ESTRADIOL, LCMS, ENDO SCI | 82670 | CPT | | | | both | | | 451 | 32.13 | Managed Care Inc | Managed Care Inc | 405.9 | 90 | | | 18.9 | | 428.45 percent of total billed charges | |
| BKR CHG ESTRADIOL, LCMS, ENDO SCI | 82670 | CPT | | | | both | | | 451 | 32.13 | Multiplan | Multiplan | 360.8 | 80 | | | 18.9 | | 428.45 percent of total billed charges | |
| BKR CHG ESTRADIOL, LCMS, ENDO SCI | 82670 | CPT | | | | both | | | 451 | 32.13 | Wellcare | Medicare | 27.94 | | | | 18.9 | | 428.45 fee schedule | |
| BKR CHG ESTRADIOL, LCMS, ENDO SCI | 82670 | CPT | | | | both | | | 451 | 32.13 | Qualcare | Qualcare | 338.25 | 75 | | | 18.9 | | 428.45 percent of total billed charges | |
| BKR CHG ESTRADIOL, LCMS, ENDO SCI | 82670 | CPT | | | | both | | | 451 | 32.13 | WellPoint | WellPoint | 145.13 | 32.18 | | 19.17 | 18.9 | | 428.45 percent of total billed charges | |
| BKR CHG ESTROGEN TOTAL SERUM | 82672 | CPT | | | | both | | | 52 | 24.96 | Consumer | Consumer | 49.4 | 95 | | | 15.6 | | 49.4 percent of total billed charges | |
| BKR CHG ESTROGEN TOTAL SERUM | 82672 | CPT | | | | both | | | 52 | 24.96 | Americare | Americare | 39 | 75 | | | 15.6 | | 49.4 percent of total billed charges | |
| BKR CHG ESTROGEN TOTAL SERUM | 82672 | CPT | | | | both | | | 52 | 24.96 | Amerihealth | Medicare | 21.7 | | | | 15.6 | | 49.4 fee schedule | |
| BKR CHG ESTROGEN TOTAL SERUM | 82672 | CPT | | | | both | | | 52 | 24.96 | First Trenton | First Trenton | 46.8 | 90 | | | 15.6 | | 49.4 percent of total billed charges | |
| BKR CHG ESTROGEN TOTAL SERUM | 82672 | CPT | | | | both | | | 52 | 24.96 | First Health | First Health | 36.4 | 70 | | | 15.6 | | 49.4 percent of total billed charges | |
| BKR CHG ESTROGEN TOTAL SERUM | 82672 | CPT | | | | both | | | 52 | 24.96 | Aetna | Medicare | 16.02 | 30.8 | | | 15.6 | | 49.4 percent of total billed charges | |
| BKR CHG ESTROGEN TOTAL SERUM | 82672 | CPT | | | | both | | | 52 | 24.96 | Aetna | Better Health | 16.41 | 31.55 | | | 15.6 | | 49.4 percent of total billed charges | |
| BKR CHG ESTROGEN TOTAL SERUM | 82672 | CPT | | | | both | | | 52 | 24.96 | Corrections | Corrections | 41.6 | 80 | | | 15.6 | | 49.4 percent of total billed charges | |
| BKR CHG ESTROGEN TOTAL SERUM | 82672 | CPT | | | | both | | | 52 | 24.96 | Multiplan | Multiplan | 41.6 | 80 | | | 15.6 | | 49.4 percent of total billed charges | |
| BKR CHG ESTROGEN TOTAL SERUM | 82672 | CPT | | | | both | | | 52 | 24.96 | Amerihealth | HMO/PPO | 30.5 | | | | 15.6 | | 49.4 fee schedule | |
| BKR CHG ESTROGEN TOTAL SERUM | 82672 | CPT | | | | both | | | 52 | 24.96 | Horizon | NJ Health | 49 | | | 0.8 | 15.6 | | 49.4 fee schedule | |
| BKR CHG ESTROGEN TOTAL SERUM | 82672 | CPT | | | | both | | | 52 | 24.96 | Managed Care Inc | Managed Care Inc | 46.8 | 90 | | | 15.6 | | 49.4 percent of total billed charges | |
| BKR CHG ESTROGEN TOTAL SERUM | 82672 | CPT | | | | both | | | 52 | 24.96 | Qualcare | Qualcare | 39 | 75 | | | 15.6 | | 49.4 percent of total billed charges | |
| BKR CHG ESTROGEN TOTAL SERUM | 82672 | CPT | | | | both | | | 52 | 24.96 | Wellcare | Medicaid | 25 | | | | 15.6 | | 49.4 fee schedule | |
| BKR CHG ESTROGEN TOTAL SERUM | 82672 | CPT | | | | both | | | 52 | 24.96 | Aetna | Commercial | 19.76 | 38 | | | 15.6 | | 49.4 percent of total billed charges | |
| BKR CHG ESTROGEN TOTAL SERUM | 82672 | CPT | | | | both | | | 52 | 24.96 | Horizon | Indemnity | 19.91 | 38.28 | | | 15.6 | | 49.4 percent of total billed charges | |
| BKR CHG ESTROGEN TOTAL SERUM | 82672 | CPT | | | | both | | | 52 | 24.96 | UHC | Medicare | 21.7 | | | | 15.6 | | 49.4 fee schedule | |
| BKR CHG ESTROGEN TOTAL SERUM | 82672 | CPT | | | | both | | | 52 | 24.96 | Horizon | MGD | 19.91 | 38.28 | | 17.61 | 15.6 | | 49.4 percent of total billed charges | |
| BKR CHG ESTROGEN TOTAL SERUM | 82672 | CPT | | | | both | | | 52 | 24.96 | UHC | Medicaid | 25 | | | 12.4 | 15.6 | | 49.4 fee schedule | |
| BKR CHG ESTROGEN TOTAL SERUM | 82672 | CPT | | | | both | | | 52 | 24.96 | Three Rivers | Three Rivers | 49.4 | 95 | | | 15.6 | | 49.4 percent of total billed charges | |
| BKR CHG ESTROGEN TOTAL SERUM | 82672 | CPT | | | | both | | | 52 | 24.96 | Wellcare | Medicare | 21.7 | | | | 15.6 | | 49.4 fee schedule | |
| BKR CHG ESTROGEN TOTAL SERUM | 82672 | CPT | | | | both | | | 52 | 24.96 | Horizon | PPO | 19.91 | 38.28 | | 8.67 | 15.6 | | 49.4 percent of total billed charges | |
| BKR CHG ESTROGEN TOTAL SERUM | 82672 | CPT | | | | both | | | 52 | 24.96 | WellPoint | WellPoint | 16.73 | 32.18 | | | 15.6 | | 49.4 percent of total billed charges | |
| BKR CHG ESTROGEN TOTAL SERUM | 82672 | CPT | | | | both | | | 52 | 24.96 | Horizon | Medicare Blue | 15.6 | 30 | | | 15.6 | | 49.4 percent of total billed charges | |
| BKR CHG ESTRIOL LAB | 82677 | CPT | | | | outpatient | | | 175 | 27.81 | Amerihealth | HMO/PPO | 36.8 | | | | 24.18 | | 166.25 fee schedule | |
| BKR CHG ESTRIOL LAB | 82677 | CPT | | | | outpatient | | | 175 | 27.81 | Amerihealth | Medicare | 24.18 | | | | 24.18 | | 166.25 fee schedule | |
| BKR CHG ESTRIOL LAB | 82677 | CPT | | | | outpatient | | | 175 | 27.81 | Americare | Americare | 131.25 | 75 | | | 24.18 | | 166.25 percent of total billed charges | |
| BKR CHG ESTRIOL LAB | 82677 | CPT | | | | outpatient | | | 175 | 27.81 | Aetna | Better Health | 55.21 | 31.55 | | | 24.18 | | 166.25 percent of total billed charges | |
| BKR CHG ESTRIOL LAB | 82677 | CPT | | | | outpatient | | | 175 | 27.81 | Horizon | MGD | 66.99 | 38.28 | | | 24.18 | | 166.25 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG ESTRIOL LAB | 82677 | CPT | | | | outpatient | | | 175 | 27.81 | Qualcare | Qualcare | 131.25 | 75 | | | 24.18 | 166.25 | percent of total billed charges | |
| BKR CHG ESTRIOL LAB | 82677 | CPT | | | | outpatient | | | 175 | 27.81 | Corrections | Corrections | 140 | 80 | | | 24.18 | 166.25 | percent of total billed charges | |
| BKR CHG ESTRIOL LAB | 82677 | CPT | | | | outpatient | | | 175 | 27.81 | Aetna | Medicare | 53.9 | 30.8 | | | 24.18 | 166.25 | percent of total billed charges | |
| BKR CHG ESTRIOL LAB | 82677 | CPT | | | | outpatient | | | 175 | 27.81 | Horizon | Indemnity | 66.99 | 38.28 | | | 24.18 | 166.25 | percent of total billed charges | |
| BKR CHG ESTRIOL LAB | 82677 | CPT | | | | outpatient | | | 175 | 27.81 | Multiplan | Multiplan | 140 | 80 | | | 24.18 | 166.25 | percent of total billed charges | |
| BKR CHG ESTRIOL LAB | 82677 | CPT | | | | outpatient | | | 175 | 27.81 | First Trenton | First Trenton | 157.5 | 90 | | | 24.18 | 166.25 | percent of total billed charges | |
| BKR CHG ESTRIOL LAB | 82677 | CPT | | | | outpatient | | | 175 | 27.81 | Consumer | Consumer | 166.25 | 95 | | | 24.18 | 166.25 | percent of total billed charges | |
| BKR CHG ESTRIOL LAB | 82677 | CPT | | | | outpatient | | | 175 | 27.81 | Horizon | Medicare Blue | 52.5 | 30 | | | 24.18 | 166.25 | percent of total billed charges | |
| BKR CHG ESTRIOL LAB | 82677 | CPT | | | | outpatient | | | 175 | 27.81 | WellPoint | WellPoint | 56.32 | 32.18 | | | 24.18 | 166.25 | percent of total billed charges | |
| BKR CHG ESTRIOL LAB | 82677 | CPT | | | | outpatient | | | 175 | 27.81 | Horizon | NJ Health | 54.88 | | | | 24.18 | 166.25 | fee schedule | |
| BKR CHG ESTRIOL LAB | 82677 | CPT | | | | outpatient | | | 175 | 27.81 | First Health | First Health | 122.5 | 70 | | | 24.18 | 166.25 | percent of total billed charges | |
| BKR CHG ESTRIOL LAB | 82677 | CPT | | | | outpatient | | | 175 | 27.81 | Horizon | PPO | 66.99 | 38.28 | | | 24.18 | 166.25 | percent of total billed charges | |
| BKR CHG ESTRIOL LAB | 82677 | CPT | | | | outpatient | | | 175 | 27.81 | UHC | Medicare | 24.18 | | | | 24.18 | 166.25 | fee schedule | |
| BKR CHG ESTRIOL LAB | 82677 | CPT | | | | outpatient | | | 175 | 27.81 | Managed Care Inc | Managed Care Inc | 157.5 | 90 | | | 24.18 | 166.25 | percent of total billed charges | |
| BKR CHG ESTRIOL LAB | 82677 | CPT | | | | outpatient | | | 175 | 27.81 | Wellcare | Medicaid | 28 | | | | 24.18 | 166.25 | fee schedule | |
| BKR CHG ESTRIOL LAB | 82677 | CPT | | | | outpatient | | | 175 | 27.81 | Three Rivers | Three Rivers | 166.25 | 95 | | | 24.18 | 166.25 | percent of total billed charges | |
| BKR CHG ESTRIOL LAB | 82677 | CPT | | | | outpatient | | | 175 | 27.81 | Wellcare | Medicare | 24.18 | | | | 24.18 | 166.25 | fee schedule | |
| BKR CHG ESTRIOL LAB | 82677 | CPT | | | | outpatient | | | 175 | 27.81 | UHC | Medicaid | 28 | | | | 24.18 | 166.25 | fee schedule | |
| BKR CHG ESTRONE SERUM | 82679 | CPT | | | | outpatient | | | 192 | 28.69 | Amerihealth | Medicare | 24.95 | | | | 16.8 | 182.4 | fee schedule | |
| BKR CHG ESTRONE SERUM | 82679 | CPT | | | | outpatient | | | 192 | 28.69 | Aetna | Medicare | 59.14 | 30.8 | | | 16.8 | 182.4 | percent of total billed charges | |
| BKR CHG ESTRONE SERUM | 82679 | CPT | | | | outpatient | | | 192 | 28.69 | Consumer | Consumer | 182.4 | 95 | | | 16.8 | 182.4 | percent of total billed charges | |
| BKR CHG ESTRONE SERUM | 82679 | CPT | | | | outpatient | | | 192 | 28.69 | Amerihealth | HMO/PPO | 36.3 | | | | 16.8 | 182.4 | fee schedule | |
| BKR CHG ESTRONE SERUM | 82679 | CPT | | | | outpatient | | | 192 | 28.69 | Horizon | Indemnity | 73.5 | 38.28 | | | 16.8 | 182.4 | percent of total billed charges | |
| BKR CHG ESTRONE SERUM | 82679 | CPT | | | | outpatient | | | 192 | 28.69 | Horizon | MGD | 73.5 | 38.28 | | | 16.8 | 182.4 | percent of total billed charges | |
| BKR CHG ESTRONE SERUM | 82679 | CPT | | | | outpatient | | | 192 | 28.69 | Aetna | Better Health | 60.58 | 31.55 | | | 16.8 | 182.4 | percent of total billed charges | |
| BKR CHG ESTRONE SERUM | 82679 | CPT | | | | outpatient | | | 192 | 28.69 | First Health | First Health | 134.4 | 70 | | | 16.8 | 182.4 | percent of total billed charges | |
| BKR CHG ESTRONE SERUM | 82679 | CPT | | | | outpatient | | | 192 | 28.69 | First Trenton | First Trenton | 172.8 | 90 | | | 16.8 | 182.4 | percent of total billed charges | |
| BKR CHG ESTRONE SERUM | 82679 | CPT | | | | outpatient | | | 192 | 28.69 | Horizon | PPO | 73.5 | 38.28 | | | 16.8 | 182.4 | percent of total billed charges | |
| BKR CHG ESTRONE SERUM | 82679 | CPT | | | | outpatient | | | 192 | 28.69 | Corrections | Corrections | 153.6 | 80 | | | 16.8 | 182.4 | percent of total billed charges | |
| BKR CHG ESTRONE SERUM | 82679 | CPT | | | | outpatient | | | 192 | 28.69 | Horizon | Medicare Blue | 57.6 | 30 | | | 16.8 | 182.4 | percent of total billed charges | |
| BKR CHG ESTRONE SERUM | 82679 | CPT | | | | outpatient | | | 192 | 28.69 | Qualcare | Qualcare | 144 | 75 | | | 16.8 | 182.4 | percent of total billed charges | |
| BKR CHG ESTRONE SERUM | 82679 | CPT | | | | outpatient | | | 192 | 28.69 | Three Rivers | Three Rivers | 182.4 | 95 | | | 16.8 | 182.4 | percent of total billed charges | |
| BKR CHG ESTRONE SERUM | 82679 | CPT | | | | outpatient | | | 192 | 28.69 | Americare | Americare | 144 | 75 | | | 16.8 | 182.4 | percent of total billed charges | |
| BKR CHG ESTRONE SERUM | 82679 | CPT | | | | outpatient | | | 192 | 28.69 | Wellcare | Medicare | 24.95 | | | | 16.8 | 182.4 | fee schedule | |
| BKR CHG ESTRONE SERUM | 82679 | CPT | | | | outpatient | | | 192 | 28.69 | Managed Care Inc | Managed Care Inc | 172.8 | 90 | | | 16.8 | 182.4 | percent of total billed charges | |
| BKR CHG ESTRONE SERUM | 82679 | CPT | | | | outpatient | | | 192 | 28.69 | Horizon | NJ Health | 49 | | | | 16.8 | 182.4 | fee schedule | |
| BKR CHG ESTRONE SERUM | 82679 | CPT | | | | outpatient | | | 192 | 28.69 | UHC | Medicare | 24.95 | | | | 16.8 | 182.4 | fee schedule | |
| BKR CHG ESTRONE SERUM | 82679 | CPT | | | | outpatient | | | 192 | 28.69 | Multiplan | Multiplan | 153.6 | 80 | | | 16.8 | 182.4 | percent of total billed charges | |
| BKR CHG ESTRONE SERUM | 82679 | CPT | | | | outpatient | | | 192 | 28.69 | WellPoint | WellPoint | 61.79 | 32.18 | | | 16.8 | 182.4 | percent of total billed charges | |
| BKR CHG ESTRONE SERUM | 82679 | CPT | | | | outpatient | | | 192 | 28.69 | Wellcare | Medicaid | 25 | | | | 16.8 | 182.4 | fee schedule | |
| BKR CHG ESTRONE SERUM | 82679 | CPT | | | | outpatient | | | 192 | 28.69 | UHC | Medicaid | 25 | | | | 16.8 | 182.4 | fee schedule | |
| BKR CHG ETHYLENE GLYCOL, SERUM | 82693 | CPT | | | | both | | | 248 | 17.14 | WellPoint | WellPoint | 79.81 | 32.18 | | | 11.4 | 235.6 | percent of total billed charges | |
| BKR CHG ETHYLENE GLYCOL, SERUM | 82693 | CPT | | | | both | | | 248 | 17.14 | Aetna | Better Health | 78.24 | 31.55 | | | 11.4 | 235.6 | percent of total billed charges | |
| BKR CHG ETHYLENE GLYCOL, SERUM | 82693 | CPT | | | | both | | | 248 | 17.14 | Aetna | Medicare | 76.38 | 30.8 | | | 11.4 | 235.6 | percent of total billed charges | |
| BKR CHG ETHYLENE GLYCOL, SERUM | 82693 | CPT | | | | both | | | 248 | 17.14 | Americare | Americare | 186 | 75 | | | 11.4 | 235.6 | percent of total billed charges | |
| BKR CHG ETHYLENE GLYCOL, SERUM | 82693 | CPT | | | | both | | | 248 | 17.14 | First Trenton | First Trenton | 223.2 | 90 | | | 11.4 | 235.6 | percent of total billed charges | |
| BKR CHG ETHYLENE GLYCOL, SERUM | 82693 | CPT | | | | both | | | 248 | 17.14 | Corrections | Corrections | 198.4 | 80 | | | 11.4 | 235.6 | percent of total billed charges | |
| BKR CHG ETHYLENE GLYCOL, SERUM | 82693 | CPT | | | | both | | | 248 | 17.14 | First Health | First Health | 173.6 | 70 | | | 11.4 | 235.6 | percent of total billed charges | |
| BKR CHG ETHYLENE GLYCOL, SERUM | 82693 | CPT | | | | both | | | 248 | 17.14 | Multiplan | Multiplan | 198.4 | 80 | | | 11.4 | 235.6 | percent of total billed charges | |
| BKR CHG ETHYLENE GLYCOL, SERUM | 82693 | CPT | | | | both | | | 248 | 17.14 | Horizon | Indemnity | 94.93 | 38.28 | | | 11.4 | 235.6 | percent of total billed charges | |
| BKR CHG ETHYLENE GLYCOL, SERUM | 82693 | CPT | | | | both | | | 248 | 17.14 | Horizon | Medicare Blue | 74.4 | 30 | | | 11.4 | 235.6 | percent of total billed charges | |
| BKR CHG ETHYLENE GLYCOL, SERUM | 82693 | CPT | | | | both | | | 248 | 17.14 | Amerihealth | HMO/PPO | 16.1 | | | | 11.4 | 235.6 | fee schedule | |
| BKR CHG ETHYLENE GLYCOL, SERUM | 82693 | CPT | | | | both | | | 248 | 17.14 | Consumer | Consumer | 235.6 | 95 | | | 11.4 | 235.6 | percent of total billed charges | |
| BKR CHG ETHYLENE GLYCOL, SERUM | 82693 | CPT | | | | both | | | 248 | 17.14 | Horizon | PPO | 94.93 | 38.28 | | | 11.4 | 235.6 | percent of total billed charges | |
| BKR CHG ETHYLENE GLYCOL, SERUM | 82693 | CPT | | | | both | | | 248 | 17.14 | Qualcare | Qualcare | 186 | 75 | | | 11.4 | 235.6 | percent of total billed charges | |
| BKR CHG ETHYLENE GLYCOL, SERUM | 82693 | CPT | | | | both | | | 248 | 17.14 | UHC | Medicare | 14.9 | | | | 11.4 | 235.6 | fee schedule | |
| BKR CHG ETHYLENE GLYCOL, SERUM | 82693 | CPT | | | | both | | | 248 | 17.14 | Horizon | NJ Health | 24.5 | | | | 11.4 | 235.6 | fee schedule | |
| BKR CHG ETHYLENE GLYCOL, SERUM | 82693 | CPT | | | | both | | | 248 | 17.14 | Managed Care Inc | Managed Care Inc | 223.2 | 90 | | | 11.4 | 235.6 | percent of total billed charges | |
| BKR CHG ETHYLENE GLYCOL, SERUM | 82693 | CPT | | | | both | | | 248 | 17.14 | UHC | Medicaid | 12.5 | | | | 11.4 | 235.6 | fee schedule | |
| BKR CHG ETHYLENE GLYCOL, SERUM | 82693 | CPT | | | | both | | | 248 | 17.14 | Amerihealth | Medicare | 14.9 | | | | 11.4 | 235.6 | fee schedule | |
| BKR CHG ETHYLENE GLYCOL, SERUM | 82693 | CPT | | | | both | | | 248 | 17.14 | Three Rivers | Three Rivers | 235.6 | 95 | | | 11.4 | 235.6 | percent of total billed charges | |
| BKR CHG ETHYLENE GLYCOL, SERUM | 82693 | CPT | | | | both | | | 248 | 17.14 | Wellcare | Medicaid | 12.5 | | | | 11.4 | 235.6 | fee schedule | |
| BKR CHG ETHYLENE GLYCOL, SERUM | 82693 | CPT | | | | both | | | 248 | 17.14 | Wellcare | Medicare | 14.9 | | | | 11.4 | 235.6 | fee schedule | |
| BKR CHG ETHYLENE GLYCOL, SERUM | 82693 | CPT | | | | both | | | 248 | 17.14 | Horizon | MGD | 94.93 | 38.28 | | | 11.4 | 235.6 | percent of total billed charges | |
| BKR CHG FECAL FAT, QUALITATIVE | 82705 | CPT | | | | both | | | 38 | 5.87 | Amerihealth | HMO/PPO | 8 | | | | 0.51 | 36.1 | fee schedule | |
| BKR CHG FECAL FAT, QUALITATIVE | 82705 | CPT | | | | both | | | 38 | 5.87 | Aetna | Medicare | 11.7 | 30.8 | | | 0.51 | 36.1 | percent of total billed charges | |
| BKR CHG FECAL FAT, QUALITATIVE | 82705 | CPT | | | | both | | | 38 | 5.87 | Consumer | Consumer | 36.1 | 95 | | | 0.51 | 36.1 | percent of total billed charges | |
| BKR CHG FECAL FAT, QUALITATIVE | 82705 | CPT | | | | both | | | 38 | 5.87 | Amerihealth | Medicare | 5.1 | | | | 0.51 | 36.1 | fee schedule | |
| BKR CHG FECAL FAT, QUALITATIVE | 82705 | CPT | | | | both | | | 38 | 5.87 | First Health | First Health | 26.6 | 70 | | | 0.51 | 36.1 | percent of total billed charges | |
| BKR CHG FECAL FAT, QUALITATIVE | 82705 | CPT | | | | both | | | 38 | 5.87 | Horizon | Medicare Blue | 11.4 | 30 | | | 0.51 | 36.1 | percent of total billed charges | |
| BKR CHG FECAL FAT, QUALITATIVE | 82705 | CPT | | | | both | | | 38 | 5.87 | Aetna | Better Health | 11.99 | 31.55 | | | 0.51 | 36.1 | percent of total billed charges | |
| BKR CHG FECAL FAT, QUALITATIVE | 82705 | CPT | | | | both | | | 38 | 5.87 | UHC | Medicare | 5.1 | | | | 0.51 | 36.1 | fee schedule | |
| BKR CHG FECAL FAT, QUALITATIVE | 82705 | CPT | | | | both | | | 38 | 5.87 | First Trenton | First Trenton | 34.2 | 90 | | | 0.51 | 36.1 | percent of total billed charges | |
| BKR CHG FECAL FAT, QUALITATIVE | 82705 | CPT | | | | both | | | 38 | 5.87 | Americare | Americare | 28.5 | 75 | | | 0.51 | 36.1 | percent of total billed charges | |
| BKR CHG FECAL FAT, QUALITATIVE | 82705 | CPT | | | | both | | | 38 | 5.87 | Corrections | Corrections | 30.4 | 80 | | | 0.51 | 36.1 | percent of total billed charges | |
| BKR CHG FECAL FAT, QUALITATIVE | 82705 | CPT | | | | both | | | 38 | 5.87 | WellPoint | WellPoint | 12.23 | 32.18 | | | 0.51 | 36.1 | percent of total billed charges | |
| BKR CHG FECAL FAT, QUALITATIVE | 82705 | CPT | | | | both | | | 38 | 5.87 | Horizon | MGD | 14.55 | 38.28 | | | 0.51 | 36.1 | percent of total billed charges | |
| BKR CHG FECAL FAT, QUALITATIVE | 82705 | CPT | | | | both | | | 38 | 5.87 | Wellcare | Medicare | 5.1 | | | | 0.51 | 36.1 | fee schedule | |
| BKR CHG FECAL FAT, QUALITATIVE | 82705 | CPT | | | | both | | | 38 | 5.87 | Horizon | Indemnity | 14.55 | 38.28 | | | 0.51 | 36.1 | percent of total billed charges | |
| BKR CHG FECAL FAT, QUALITATIVE | 82705 | CPT | | | | both | | | 38 | 5.87 | Horizon | PPO | 14.55 | 38.28 | | | 0.51 | 36.1 | percent of total billed charges | |
| BKR CHG FECAL FAT, QUALITATIVE | 82705 | CPT | | | | both | | | 38 | 5.87 | Horizon | NJ Health | 1.18 | | | | 0.51 | 36.1 | fee schedule | |
| BKR CHG FECAL FAT, QUALITATIVE | 82705 | CPT | | | | both | | | 38 | 5.87 | Managed Care Inc | Managed Care Inc | 34.2 | 90 | | | 0.51 | 36.1 | percent of total billed charges | |
| BKR CHG FECAL FAT, QUALITATIVE | 82705 | CPT | | | | both | | | 38 | 5.87 | Multiplan | Multiplan | 30.4 | 80 | | | 0.51 | 36.1 | percent of total billed charges | |
| BKR CHG FECAL FAT, QUALITATIVE | 82705 | CPT | | | | both | | | 38 | 5.87 | Three Rivers | Three Rivers | 36.1 | 95 | | | 0.51 | 36.1 | percent of total billed charges | |
| BKR CHG FECAL FAT, QUALITATIVE | 82705 | CPT | | | | both | | | 38 | 5.87 | Wellcare | Medicaid | 0.51 | | | | 0.51 | 36.1 | fee schedule | |
| BKR CHG FECAL FAT, QUALITATIVE | 82705 | CPT | | | | both | | | 38 | 5.87 | UHC | Medicaid | 0.51 | | | 3.61 | 0.51 | 36.1 | fee schedule | |
| BKR CHG FECAL FAT, QUALITATIVE | 82705 | CPT | | | | both | | | 38 | 5.87 | Qualcare | Qualcare | 28.5 | 75 | | | 0.51 | 36.1 | percent of total billed charges | |
| BKR CHG FECAL FAT, QUANTITATIVE | 82710 | CPT | | | | both | | | 41 | 19.32 | Aetna | Commercial | 15.58 | 38 | | | 7.8 | 38.95 | percent of total billed charges | |
| BKR CHG FECAL FAT, QUANTITATIVE | 82710 | CPT | | | | both | | | 41 | 19.32 | Amerihealth | Medicare | 16.8 | | | | 7.8 | 38.95 | fee schedule | |
| BKR CHG FECAL FAT, QUANTITATIVE | 82710 | CPT | | | | both | | | 41 | 19.32 | Amerihealth | HMO/PPO | 26.2 | | | | 7.8 | 38.95 | fee schedule | |
| BKR CHG FECAL FAT, QUANTITATIVE | 82710 | CPT | | | | both | | | 41 | 19.32 | Aetna | Better Health | 12.94 | 31.55 | | | 7.8 | 38.95 | percent of total billed charges | |
| BKR CHG FECAL FAT, QUANTITATIVE | 82710 | CPT | | | | both | | | 41 | 19.32 | Aetna | Medicare | 12.63 | 30.8 | | | 7.8 | 38.95 | percent of total billed charges | |
| BKR CHG FECAL FAT, QUANTITATIVE | 82710 | CPT | | | | both | | | 41 | 19.32 | Horizon | Indemnity | 15.69 | 38.28 | | | 7.8 | 38.95 | percent of total billed charges | |
| BKR CHG FECAL FAT, QUANTITATIVE | 82710 | CPT | | | | both | | | 41 | 19.32 | Horizon | MGD | 15.69 | 38.28 | | | 7.8 | 38.95 | percent of total billed charges | |
| BKR CHG FECAL FAT, QUANTITATIVE | 82710 | CPT | | | | both | | | 41 | 19.32 | Consumer | Consumer | 38.95 | 95 | | | 7.8 | 38.95 | percent of total billed charges | |
| BKR CHG FECAL FAT, QUANTITATIVE | 82710 | CPT | | | | both | | | 41 | 19.32 | First Health | First Health | 28.7 | 70 | | | 7.8 | 38.95 | percent of total billed charges | |
| BKR CHG FECAL FAT, QUANTITATIVE | 82710 | CPT | | | | both | | | 41 | 19.32 | First Trenton | First Trenton | 36.9 | 90 | | | 7.8 | 38.95 | percent of total billed charges | |
| BKR CHG FECAL FAT, QUANTITATIVE | 82710 | CPT | | | | both | | | 41 | 19.32 | Horizon | PPO | 15.69 | 38.28 | | | 7.8 | 38.95 | percent of total billed charges | |
| BKR CHG FECAL FAT, QUANTITATIVE | 82710 | CPT | | | | both | | | 41 | 19.32 | Americare | Americare | 30.75 | 75 | | | 7.8 | 38.95 | percent of total billed charges | |
| BKR CHG FECAL FAT, QUANTITATIVE | 82710 | CPT | | | | both | | | 41 | 19.32 | Horizon | Medicare Blue | 12.3 | 30 | | | 7.8 | 38.95 | percent of total billed charges | |
| BKR CHG FECAL FAT, QUANTITATIVE | 82710 | CPT | | | | both | | | 41 | 19.32 | Multiplan | Multiplan | 32.8 | 80 | | | 7.8 | 38.95 | percent of total billed charges | |
| BKR CHG FECAL FAT, QUANTITATIVE | 82710 | CPT | | | | both | | | 41 | 19.32 | Wellcare | Medicare | 16.8 | | | | 7.8 | 38.95 | fee schedule | |
| BKR CHG FECAL FAT, QUANTITATIVE | 82710 | CPT | | | | both | | | 41 | 19.32 | Corrections | Corrections | 32.8 | 80 | | | 7.8 | 38.95 | percent of total billed charges | |
| BKR CHG FECAL FAT, QUANTITATIVE | 82710 | CPT | | | | both | | | 41 | 19.32 | Managed Care Inc | Managed Care Inc | 36.9 | 90 | | | 7.8 | 38.95 | percent of total billed charges | |
| BKR CHG FECAL FAT, QUANTITATIVE | 82710 | CPT | | | | both | | | 41 | 19.32 | Three Rivers | Three Rivers | 38.95 | 95 | | | 7.8 | 38.95 | percent of total billed charges | |
| BKR CHG FECAL FAT, QUANTITATIVE | 82710 | CPT | | | | both | | | 41 | 19.32 | Qualcare | Qualcare | 30.75 | 75 | | | 7.8 | 38.95 | percent of total billed charges | |
| BKR CHG FECAL FAT, QUANTITATIVE | 82710 | CPT | | | | both | | | 41 | 19.32 | Horizon | NJ Health | 15.29 | | | | 7.8 | 38.95 | fee schedule | |
| BKR CHG FECAL FAT, QUANTITATIVE | 82710 | CPT | | | | both | | | 41 | 19.32 | WellPoint | WellPoint | 13.19 | 32.18 | | | 7.8 | 38.95 | percent of total billed charges | |
| BKR CHG FECAL FAT, QUANTITATIVE | 82710 | CPT | | | | both | | | 41 | 19.32 | UHC | Medicaid | 7.8 | | | | 7.8 | 38.95 | fee schedule | |
| BKR CHG FECAL FAT, QUANTITATIVE | 82710 | CPT | | | | both | | | 41 | 19.32 | UHC | Medicare | 16.8 | | | | 7.8 | 38.95 | fee schedule | |
| BKR CHG FECAL FAT, QUANTITATIVE | 82710 | CPT | | | | both | | | 41 | 19.32 | Wellcare | Medicaid | 7.8 | | | | 7.8 | 38.95 | fee schedule | |
| BKR CHG FREE FATTY ACID | 82725 | CPT | | | | both | | | 83 | 21.59 | Amerihealth | Medicare | 18.77 | | | | 15.3 | 78.85 | fee schedule | |
| BKR CHG FREE FATTY ACID | 82725 | CPT | | | | both | | | 83 | 21.59 | UHC | Medicaid | 15.5 | | | | 15.3 | 78.85 | fee schedule | |
| BKR CHG FREE FATTY ACID | 82725 | CPT | | | | both | | | 83 | 21.59 | Horizon | Medicare Blue | 24.9 | 30 | | | 15.3 | 78.85 | percent of total billed charges | |
| BKR CHG FREE FATTY ACID | 82725 | CPT | | | | both | | | 83 | 21.59 | Corrections | Corrections | 66.4 | 80 | | | 15.3 | 78.85 | percent of total billed charges | |
| BKR CHG FREE FATTY ACID | 82725 | CPT | | | | both | | | 83 | 21.59 | First Health | First Health | 58.1 | 70 | | | 15.3 | 78.85 | percent of total billed charges | |
| BKR CHG FREE FATTY ACID | 82725 | CPT | | | | both | | | 83 | 21.59 | Aetna | Medicare | 25.56 | 30.8 | | | 15.3 | 78.85 | percent of total billed charges | |
| BKR CHG FREE FATTY ACID | 82725 | CPT | | | | both | | | 83 | 21.59 | First Trenton | First Trenton | 74.7 | 90 | | | 15.3 | 78.85 | percent of total billed charges | |
| BKR CHG FREE FATTY ACID | 82725 | CPT | | | | both | | | 83 | 21.59 | Aetna | Better Health | 26.19 | 31.55 | | | 15.3 | 78.85 | percent of total billed charges | |
| BKR CHG FREE FATTY ACID | 82725 | CPT | | | | both | | | 83 | 21.59 | Consumer | Consumer | 78.85 | 95 | | | 15.3 | 78.85 | percent of total billed charges | |
| BKR CHG FREE FATTY ACID | 82725 | CPT | | | | both | | | 83 | 21.59 | Wellcare | Medicare | 18.77 | | | | 15.3 | 78.85 | fee schedule | |
| BKR CHG FREE FATTY ACID | 82725 | CPT | | | | both | | | 83 | 21.59 | Wellcare | Medicaid | 15.5 | | | 12 | 15.3 | 78.85 | fee schedule | |
| BKR CHG FREE FATTY ACID | 82725 | CPT | | | | both | | | 83 | 21.59 | Aetna | Commercial | 31.54 | 38 | | | 15.3 | 78.85 | percent of total billed charges | |
| BKR CHG FREE FATTY ACID | 82725 | CPT | | | | both | | | 83 | 21.59 | Multiplan | Multiplan | 66.4 | 80 | | | 15.3 | 78.85 | percent of total billed charges | |
| BKR CHG FREE FATTY ACID | 82725 | CPT | | | | both | | | 83 | 21.59 | Americare | Americare | 62.25 | 75 | | | 15.3 | 78.85 | percent of total billed charges | |
| BKR CHG FREE FATTY ACID | 82725 | CPT | | | | both | | | 83 | 21.59 | Horizon | Indemnity | 31.77 | 38.28 | | | 15.3 | 78.85 | percent of total billed charges | |
| BKR CHG FREE FATTY ACID | 82725 | CPT | | | | both | | | 83 | 21.59 | WellPoint | WellPoint | 26.71 | 32.18 | | | 15.3 | 78.85 | percent of total billed charges | |
| BKR CHG FREE FATTY ACID | 82725 | CPT | | | | both | | | 83 | 21.59 | Horizon | NJ Health | 33.42 | | | | 15.3 | 78.85 | fee schedule | |
| BKR CHG FREE FATTY ACID | 82725 | CPT | | | | both | | | 83 | 21.59 | Amerihealth | HMO/PPO | 15.3 | | | | 15.3 | 78.85 | fee schedule | |
| BKR CHG FREE FATTY ACID | 82725 | CPT | | | | both | | | 83 | 21.59 | Horizon | PPO | 31.77 | 38.28 | | | 15.3 | 78.85 | percent of total billed charges | |
| BKR CHG FREE FATTY ACID | 82725 | CPT | | | | both | | | 83 | 21.59 | Horizon | MGD | 31.77 | 38.28 | | | 15.3 | 78.85 | percent of total billed charges | |
| BKR CHG FREE FATTY ACID | 82725 | CPT | | | | both | | | 83 | 21.59 | Qualcare | Qualcare | 62.25 | 75 | | | 15.3 | 78.85 | percent of total billed charges | |
| BKR CHG FREE FATTY ACID | 82725 | CPT | | | | both | | | 83 | 21.59 | Managed Care Inc | Managed Care Inc | 74.7 | 90 | | | 15.3 | 78.85 | percent of total billed charges | |
| BKR CHG FREE FATTY ACID | 82725 | CPT | | | | both | | | 83 | 21.59 | UHC | Medicare | 18.77 | | | | 15.3 | 78.85 | fee schedule | |
| BKR CHG FREE FATTY ACID | 82725 | CPT | | | | both | | | 83 | 21.59 | Three Rivers | Three Rivers | 78.85 | 95 | | | 15.3 | 78.85 | percent of total billed charges | |
| BKR CHG VERY LONG CHAIN FATTY ACID | 82726 | CPT | | | | inpatient | | | 692 | 22.71 | Amerihealth | HMO/PPO | 25 | | | | 19.75 | 657.4 | fee schedule | |
| BKR CHG VERY LONG CHAIN FATTY ACID | 82726 | CPT | | | | inpatient | | | 692 | 22.71 | Horizon | MGD | 264.9 | 38.28 | | | 19.75 | 657.4 | percent of total billed charges | |
| BKR CHG VERY LONG CHAIN FATTY ACID | 82726 | CPT | | | | inpatient | | | 692 | 22.71 | Amerihealth | Medicare | 19.75 | | | | 19.75 | 657.4 | fee schedule | |
| BKR CHG VERY LONG CHAIN FATTY ACID | 82726 | CPT | | | | inpatient | | | 692 | 22.71 | Aetna | Medicare | 213.14 | 30.8 | | | 19.75 | 657.4 | percent of total billed charges | |
| BKR CHG VERY LONG CHAIN FATTY ACID | 82726 | CPT | | | | inpatient | | | 692 | 22.71 | Americare | Americare | 519 | 75 | | | 19.75 | 657.4 | percent of total billed charges | |
| BKR CHG VERY LONG CHAIN FATTY ACID | 82726 | CPT | | | | inpatient | | | 692 | 22.71 | Consumer | Consumer | 657.4 | 95 | | | 19.75 | 657.4 | percent of total billed charges | |
| BKR CHG VERY LONG CHAIN FATTY ACID | 82726 | CPT | | | | inpatient | | | 692 | 22.71 | Aetna | Better Health | 218.33 | 31.55 | | | 19.75 | 657.4 | percent of total billed charges | |
| BKR CHG VERY LONG CHAIN FATTY ACID | 82726 | CPT | | | | inpatient | | | 692 | 22.71 | Wellcare | Medicaid | 21.5 | | | | 19.75 | 657.4 | fee schedule | |
| BKR CHG VERY LONG CHAIN FATTY ACID | 82726 | CPT | | | | inpatient | | | 692 | 22.71 | Horizon | Medicare Blue | 207.6 | 30 | | | 19.75 | 657.4 | percent of total billed charges | |
| BKR CHG VERY LONG CHAIN FATTY ACID | 82726 | CPT | | | | inpatient | | | 692 | 22.71 | First Health | First Health | 484.4 | 70 | | | 19.75 | 657.4 | percent of total billed charges | |
| BKR CHG VERY LONG CHAIN FATTY ACID | 82726 | CPT | | | | inpatient | | | 692 | 22.71 | Corrections | Corrections | 553.6 | 80 | | | 19.75 | 657.4 | percent of total billed charges | |
| BKR CHG VERY LONG CHAIN FATTY ACID | 82726 | CPT | | | | inpatient | | | 692 | 22.71 | Wellcare | Medicare | 19.75 | | | | 19.75 | 657.4 | fee schedule | |
| BKR CHG VERY LONG CHAIN FATTY ACID | 82726 | CPT | | | | inpatient | | | 692 | 22.71 | First Trenton | First Trenton | 622.8 | 90 | | | 19.75 | 657.4 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG VERY LONG CHAIN FATTY ACID | 82726 | CPT | | | | inpatient | | | 692 | 22.71 | Aetna | Commercial | 262.96 | 38 | | | 19.75 | | 657.4 percent of total billed charges | |
| BKR CHG VERY LONG CHAIN FATTY ACID | 82726 | CPT | | | | inpatient | | | 692 | 22.71 | UHC | Medicaid | 21.5 | | | | 19.75 | | 657.4 fee schedule | |
| BKR CHG VERY LONG CHAIN FATTY ACID | 82726 | CPT | | | | inpatient | | | 692 | 22.71 | WellPoint | WellPoint | 222.69 | 32.18 | | | 19.75 | | 657.4 percent of total billed charges | |
| BKR CHG VERY LONG CHAIN FATTY ACID | 82726 | CPT | | | | inpatient | | | 692 | 22.71 | Horizon | NJ Health | 20.05 | | | | 19.75 | | 657.4 fee schedule | |
| BKR CHG VERY LONG CHAIN FATTY ACID | 82726 | CPT | | | | inpatient | | | 692 | 22.71 | Horizon | Indemnity | 264.9 | 38.28 | | | 19.75 | | 657.4 percent of total billed charges | |
| BKR CHG VERY LONG CHAIN FATTY ACID | 82726 | CPT | | | | inpatient | | | 692 | 22.71 | Horizon | PPO | 264.9 | 38.28 | | | 19.75 | | 657.4 percent of total billed charges | |
| BKR CHG VERY LONG CHAIN FATTY ACID | 82726 | CPT | | | | inpatient | | | 692 | 22.71 | Multiplan | Multiplan | 553.6 | 80 | | | 19.75 | | 657.4 percent of total billed charges | |
| BKR CHG VERY LONG CHAIN FATTY ACID | 82726 | CPT | | | | inpatient | | | 692 | 22.71 | Managed Care Inc | Managed Care Inc | 622.8 | 90 | | | 19.75 | | 657.4 percent of total billed charges | |
| BKR CHG VERY LONG CHAIN FATTY ACID | 82726 | CPT | | | | inpatient | | | 692 | 22.71 | Qualcare | Qualcare | 519 | 75 | | | 19.75 | | 657.4 percent of total billed charges | |
| BKR CHG VERY LONG CHAIN FATTY ACID | 82726 | CPT | | | | inpatient | | | 692 | 22.71 | Three Rivers | Three Rivers | 657.4 | 95 | | | 19.75 | | 657.4 percent of total billed charges | |
| BKR CHG VERY LONG CHAIN FATTY ACID | 82726 | CPT | | | | inpatient | | | 692 | 22.71 | UHC | Medicare | 19.75 | | | | 19.75 | | 657.4 fee schedule | |
| BKR CHG FERRITIN SERUM | 82728 | CPT | | | | both | | | 570 | 15.67 | Aetna | Medicare | 175.56 | 30.8 | | 12.91 | 13.5 | | 541.5 percent of total billed charges | |
| BKR CHG FERRITIN SERUM | 82728 | CPT | | | | both | | | 570 | 15.67 | Amerihealth | Medicare | 13.63 | | | | 13.5 | | 541.5 fee schedule | |
| BKR CHG FERRITIN SERUM | 82728 | CPT | | | | both | | | 570 | 15.67 | Aetna | Commercial | 216.6 | 38 | | 19.48 | 13.5 | | 541.5 percent of total billed charges | |
| BKR CHG FERRITIN SERUM | 82728 | CPT | | | | both | | | 570 | 15.67 | Consumer | Consumer | 541.5 | 95 | | | 13.5 | | 541.5 percent of total billed charges | |
| BKR CHG FERRITIN SERUM | 82728 | CPT | | | | both | | | 570 | 15.67 | Americare | Americare | 427.5 | 75 | | | 13.5 | | 541.5 percent of total billed charges | |
| BKR CHG FERRITIN SERUM | 82728 | CPT | | | | both | | | 570 | 15.67 | Aetna | Better Health | 179.84 | 31.55 | | 23.68 | 13.5 | | 541.5 percent of total billed charges | |
| BKR CHG FERRITIN SERUM | 82728 | CPT | | | | both | | | 570 | 15.67 | Horizon | Medicare Blue | 171 | 30 | | 10.63 | 13.5 | | 541.5 percent of total billed charges | |
| BKR CHG FERRITIN SERUM | 82728 | CPT | | | | both | | | 570 | 15.67 | Amerihealth | HMO/PPO | 21.3 | | | 10.86 | 13.5 | | 541.5 fee schedule | |
| BKR CHG FERRITIN SERUM | 82728 | CPT | | | | both | | | 570 | 15.67 | Horizon | NJ Health | 31.36 | | | 5.11 | 13.5 | | 541.5 fee schedule | |
| BKR CHG FERRITIN SERUM | 82728 | CPT | | | | both | | | 570 | 15.67 | Horizon | Indemnity | 218.2 | 38.28 | | 25.2 | 13.5 | | 541.5 percent of total billed charges | |
| BKR CHG FERRITIN SERUM | 82728 | CPT | | | | both | | | 570 | 15.67 | Horizon | PPO | 218.2 | 38.28 | | 27.27 | 13.5 | | 541.5 percent of total billed charges | |
| BKR CHG FERRITIN SERUM | 82728 | CPT | | | | both | | | 570 | 15.67 | First Trenton | First Trenton | 513 | 90 | | | 13.5 | | 541.5 percent of total billed charges | |
| BKR CHG FERRITIN SERUM | 82728 | CPT | | | | both | | | 570 | 15.67 | UHC | Medicare | 13.63 | | | 15.6 | 13.5 | | 541.5 fee schedule | |
| BKR CHG FERRITIN SERUM | 82728 | CPT | | | | both | | | 570 | 15.67 | Corrections | Corrections | 456 | 80 | | 23.37 | 13.5 | | 541.5 percent of total billed charges | |
| BKR CHG FERRITIN SERUM | 82728 | CPT | | | | both | | | 570 | 15.67 | Horizon | MGD | 218.2 | 38.28 | | 29.47 | 13.5 | | 541.5 percent of total billed charges | |
| BKR CHG FERRITIN SERUM | 82728 | CPT | | | | both | | | 570 | 15.67 | Managed Care Inc | Managed Care Inc | 513 | 90 | | | 13.5 | | 541.5 percent of total billed charges | |
| BKR CHG FERRITIN SERUM | 82728 | CPT | | | | both | | | 570 | 15.67 | UHC | Medicaid | 16 | | | 21.56 | 13.5 | | 541.5 fee schedule | |
| BKR CHG FERRITIN SERUM | 82728 | CPT | | | | both | | | 570 | 15.67 | First Health | First Health | 399 | 70 | | | 13.5 | | 541.5 percent of total billed charges | |
| BKR CHG FERRITIN SERUM | 82728 | CPT | | | | both | | | 570 | 15.67 | Multiplan | Multiplan | 456 | 80 | | | 13.5 | | 541.5 percent of total billed charges | |
| BKR CHG FERRITIN SERUM | 82728 | CPT | | | | both | | | 570 | 15.67 | Three Rivers | Three Rivers | 541.5 | 95 | | | 13.5 | | 541.5 percent of total billed charges | |
| BKR CHG FERRITIN SERUM | 82728 | CPT | | | | both | | | 570 | 15.67 | Qualcare | Qualcare | 427.5 | 75 | | | 13.5 | | 541.5 percent of total billed charges | |
| BKR CHG FERRITIN SERUM | 82728 | CPT | | | | both | | | 570 | 15.67 | WellPoint | WellPoint | 183.43 | 32.18 | | 24.97 | 13.5 | | 541.5 percent of total billed charges | |
| BKR CHG FERRITIN SERUM | 82728 | CPT | | | | both | | | 570 | 15.67 | Wellcare | Medicare | 13.63 | | | 5.91 | 13.5 | | 541.5 fee schedule | |
| BKR CHG FERRITIN SERUM | 82728 | CPT | | | | both | | | 570 | 15.67 | Wellcare | Medicaid | 16 | | | 12.6 | 13.5 | | 541.5 fee schedule | |
| BKR CHG FETAL FIBRONECTIN | 82731 | CPT | | | | both | | | 963 | 74.07 | Americare | Americare | 722.25 | 75 | | | 64.41 | | 914.85 percent of total billed charges | |
| BKR CHG FETAL FIBRONECTIN | 82731 | CPT | | | | both | | | 963 | 74.07 | Consumer | Consumer | 914.85 | 95 | | | 64.41 | | 914.85 percent of total billed charges | |
| BKR CHG FETAL FIBRONECTIN | 82731 | CPT | | | | both | | | 963 | 74.07 | UHC | Medicare | 64.41 | | | | 64.41 | | 914.85 fee schedule | |
| BKR CHG FETAL FIBRONECTIN | 82731 | CPT | | | | both | | | 963 | 74.07 | Aetna | Medicare | 296.6 | 30.8 | | | 64.41 | | 914.85 percent of total billed charges | |
| BKR CHG FETAL FIBRONECTIN | 82731 | CPT | | | | both | | | 963 | 74.07 | UHC | Medicaid | 71.2 | | | 145.09 | 64.41 | | 914.85 fee schedule | |
| BKR CHG FETAL FIBRONECTIN | 82731 | CPT | | | | both | | | 963 | 74.07 | Aetna | Better Health | 303.83 | 31.55 | | | 64.41 | | 914.85 percent of total billed charges | |
| BKR CHG FETAL FIBRONECTIN | 82731 | CPT | | | | both | | | 963 | 74.07 | Amerihealth | HMO/PPO | 89 | | | | 64.41 | | 914.85 fee schedule | |
| BKR CHG FETAL FIBRONECTIN | 82731 | CPT | | | | both | | | 963 | 74.07 | Amerihealth | Medicare | 64.41 | | | | 64.41 | | 914.85 fee schedule | |
| BKR CHG FETAL FIBRONECTIN | 82731 | CPT | | | | both | | | 963 | 74.07 | Wellcare | Medicare | 64.41 | | | | 64.41 | | 914.85 fee schedule | |
| BKR CHG FETAL FIBRONECTIN | 82731 | CPT | | | | both | | | 963 | 74.07 | First Health | First Health | 674.1 | 70 | | | 64.41 | | 914.85 percent of total billed charges | |
| BKR CHG FETAL FIBRONECTIN | 82731 | CPT | | | | both | | | 963 | 74.07 | First Trenton | First Trenton | 866.7 | 90 | | | 64.41 | | 914.85 percent of total billed charges | |
| BKR CHG FETAL FIBRONECTIN | 82731 | CPT | | | | both | | | 963 | 74.07 | Horizon | Indemnity | 368.64 | 38.28 | | | 64.41 | | 914.85 percent of total billed charges | |
| BKR CHG FETAL FIBRONECTIN | 82731 | CPT | | | | both | | | 963 | 74.07 | Corrections | Corrections | 770.4 | 80 | | | 64.41 | | 914.85 percent of total billed charges | |
| BKR CHG FETAL FIBRONECTIN | 82731 | CPT | | | | both | | | 963 | 74.07 | Horizon | Medicare Blue | 288.9 | 30 | | | 64.41 | | 914.85 percent of total billed charges | |
| BKR CHG FETAL FIBRONECTIN | 82731 | CPT | | | | both | | | 963 | 74.07 | Horizon | NJ Health | 139.55 | | | 79.82 | 64.41 | | 914.85 fee schedule | |
| BKR CHG FETAL FIBRONECTIN | 82731 | CPT | | | | both | | | 963 | 74.07 | Multiplan | Multiplan | 770.4 | 80 | | | 64.41 | | 914.85 percent of total billed charges | |
| BKR CHG FETAL FIBRONECTIN | 82731 | CPT | | | | both | | | 963 | 74.07 | Horizon | MGD | 368.64 | 38.28 | | 197.31 | 64.41 | | 914.85 percent of total billed charges | |
| BKR CHG FETAL FIBRONECTIN | 82731 | CPT | | | | both | | | 963 | 74.07 | WellPoint | WellPoint | 309.89 | 32.18 | | 113.55 | 64.41 | | 914.85 percent of total billed charges | |
| BKR CHG FETAL FIBRONECTIN | 82731 | CPT | | | | both | | | 963 | 74.07 | Horizon | PPO | 368.64 | 38.28 | | | 64.41 | | 914.85 percent of total billed charges | |
| BKR CHG FETAL FIBRONECTIN | 82731 | CPT | | | | both | | | 963 | 74.07 | Qualcare | Qualcare | 722.25 | 75 | | | 64.41 | | 914.85 percent of total billed charges | |
| BKR CHG FETAL FIBRONECTIN | 82731 | CPT | | | | both | | | 963 | 74.07 | Managed Care Inc | Managed Care Inc | 866.7 | 90 | | | 64.41 | | 914.85 percent of total billed charges | |
| BKR CHG FETAL FIBRONECTIN | 82731 | CPT | | | | both | | | 963 | 74.07 | Three Rivers | Three Rivers | 914.85 | 95 | | | 64.41 | | 914.85 percent of total billed charges | |
| BKR CHG FETAL FIBRONECTIN | 82731 | CPT | | | | both | | | 963 | 74.07 | Wellcare | Medicaid | 71.2 | | | | 64.41 | | 914.85 fee schedule | |
| BKR CHG FOLIC ACID;SERUM | 82746 | CPT | | | | both | | | 265 | 16.91 | First Health | First Health | 185.5 | 70 | | | 10.5 | | 251.75 percent of total billed charges | |
| BKR CHG FOLIC ACID;SERUM | 82746 | CPT | | | | both | | | 265 | 16.91 | Corrections | Corrections | 212 | 80 | | 8.87 | 10.5 | | 251.75 percent of total billed charges | |
| BKR CHG FOLIC ACID;SERUM | 82746 | CPT | | | | both | | | 265 | 16.91 | UHC | Medicaid | 10.5 | | | 19.62 | 10.5 | | 251.75 fee schedule | |
| BKR CHG FOLIC ACID;SERUM | 82746 | CPT | | | | both | | | 265 | 16.91 | Wellcare | Medicare | 14.7 | | | 5.95 | 10.5 | | 251.75 fee schedule | |
| BKR CHG FOLIC ACID;SERUM | 82746 | CPT | | | | both | | | 265 | 16.91 | Horizon | PPO | 101.44 | 38.28 | | 18.91 | 10.5 | | 251.75 percent of total billed charges | |
| BKR CHG FOLIC ACID;SERUM | 82746 | CPT | | | | both | | | 265 | 16.91 | Aetna | Better Health | 83.61 | 31.55 | | 29.17 | 10.5 | | 251.75 percent of total billed charges | |
| BKR CHG FOLIC ACID;SERUM | 82746 | CPT | | | | both | | | 265 | 16.91 | Aetna | Medicare | 81.62 | 30.8 | | 17.62 | 10.5 | | 251.75 percent of total billed charges | |
| BKR CHG FOLIC ACID;SERUM | 82746 | CPT | | | | both | | | 265 | 16.91 | Americare | Americare | 198.75 | 75 | | | 10.5 | | 251.75 percent of total billed charges | |
| BKR CHG FOLIC ACID;SERUM | 82746 | CPT | | | | both | | | 265 | 16.91 | First Trenton | First Trenton | 238.5 | 90 | | | 10.5 | | 251.75 percent of total billed charges | |
| BKR CHG FOLIC ACID;SERUM | 82746 | CPT | | | | both | | | 265 | 16.91 | Amerihealth | HMO/PPO | 22.6 | | | 9.17 | 10.5 | | 251.75 fee schedule | |
| BKR CHG FOLIC ACID;SERUM | 82746 | CPT | | | | both | | | 265 | 16.91 | Amerihealth | Medicare | 14.7 | | | | 10.5 | | 251.75 fee schedule | |
| BKR CHG FOLIC ACID;SERUM | 82746 | CPT | | | | both | | | 265 | 16.91 | Consumer | Consumer | 251.75 | 95 | | | 10.5 | | 251.75 percent of total billed charges | |
| BKR CHG FOLIC ACID;SERUM | 82746 | CPT | | | | both | | | 265 | 16.91 | WellPoint | WellPoint | 85.28 | 32.18 | | 24.54 | 10.5 | | 251.75 percent of total billed charges | |
| BKR CHG FOLIC ACID;SERUM | 82746 | CPT | | | | both | | | 265 | 16.91 | Multiplan | Multiplan | 212 | 80 | | | 10.5 | | 251.75 percent of total billed charges | |
| BKR CHG FOLIC ACID;SERUM | 82746 | CPT | | | | both | | | 265 | 16.91 | Wellcare | Medicaid | 10.5 | | | 2.09 | 10.5 | | 251.75 fee schedule | |
| BKR CHG FOLIC ACID;SERUM | 82746 | CPT | | | | both | | | 265 | 16.91 | Horizon | MGD | 101.44 | 38.28 | | 24.38 | 10.5 | | 251.75 percent of total billed charges | |
| BKR CHG FOLIC ACID;SERUM | 82746 | CPT | | | | both | | | 265 | 16.91 | Horizon | Indemnity | 101.44 | 38.28 | | 21.22 | 10.5 | | 251.75 percent of total billed charges | |
| BKR CHG FOLIC ACID;SERUM | 82746 | CPT | | | | both | | | 265 | 16.91 | Qualcare | Qualcare | 198.75 | 75 | | | 10.5 | | 251.75 percent of total billed charges | |
| BKR CHG FOLIC ACID;SERUM | 82746 | CPT | | | | both | | | 265 | 16.91 | Horizon | Medicare Blue | 79.5 | 30 | | 8.72 | 10.5 | | 251.75 percent of total billed charges | |
| BKR CHG FOLIC ACID;SERUM | 82746 | CPT | | | | both | | | 265 | 16.91 | Horizon | NJ Health | 20.58 | | | 4.06 | 10.5 | | 251.75 fee schedule | |
| BKR CHG FOLIC ACID;SERUM | 82746 | CPT | | | | both | | | 265 | 16.91 | Managed Care Inc | Managed Care Inc | 238.5 | 90 | | | 10.5 | | 251.75 percent of total billed charges | |
| BKR CHG FOLIC ACID;SERUM | 82746 | CPT | | | | both | | | 265 | 16.91 | UHC | Medicare | 14.7 | | | 11.45 | 10.5 | | 251.75 fee schedule | |
| BKR CHG FOLIC ACID;SERUM | 82746 | CPT | | | | both | | | 265 | 16.91 | Three Rivers | Three Rivers | 251.75 | 95 | | | 10.5 | | 251.75 percent of total billed charges | |
| BKR CHG FOLIC ACID RBC | 82747 | CPT | | | | both | | | 314 | 20.3 | Horizon | Indemnity | 120.2 | 38.28 | | 21.26 | 17.65 | | 298.3 percent of total billed charges | |
| BKR CHG FOLIC ACID RBC | 82747 | CPT | | | | both | | | 314 | 20.3 | Aetna | Better Health | 99.07 | 31.55 | | 16.64 | 17.65 | | 298.3 percent of total billed charges | |
| BKR CHG FOLIC ACID RBC | 82747 | CPT | | | | both | | | 314 | 20.3 | Aetna | Commercial | 119.32 | 38 | | 14.78 | 17.65 | | 298.3 percent of total billed charges | |
| BKR CHG FOLIC ACID RBC | 82747 | CPT | | | | both | | | 314 | 20.3 | Amerihealth | HMO/PPO | 22.6 | | | | 17.65 | | 298.3 fee schedule | |
| BKR CHG FOLIC ACID RBC | 82747 | CPT | | | | both | | | 314 | 20.3 | Aetna | Medicare | 96.71 | 30.8 | | | 17.65 | | 298.3 percent of total billed charges | |
| BKR CHG FOLIC ACID RBC | 82747 | CPT | | | | both | | | 314 | 20.3 | Horizon | Medicare Blue | 94.2 | 30 | | 9.1 | 17.65 | | 298.3 percent of total billed charges | |
| BKR CHG FOLIC ACID RBC | 82747 | CPT | | | | both | | | 314 | 20.3 | Corrections | Corrections | 251.2 | 80 | | 18.3 | 17.65 | | 298.3 percent of total billed charges | |
| BKR CHG FOLIC ACID RBC | 82747 | CPT | | | | both | | | 314 | 20.3 | Amerihealth | Medicare | 17.65 | | | | 17.65 | | 298.3 fee schedule | |
| BKR CHG FOLIC ACID RBC | 82747 | CPT | | | | both | | | 314 | 20.3 | Horizon | MGD | 120.2 | 38.28 | | 25.33 | 17.65 | | 298.3 percent of total billed charges | |
| BKR CHG FOLIC ACID RBC | 82747 | CPT | | | | both | | | 314 | 20.3 | First Trenton | First Trenton | 282.6 | 90 | | | 17.65 | | 298.3 percent of total billed charges | |
| BKR CHG FOLIC ACID RBC | 82747 | CPT | | | | both | | | 314 | 20.3 | Americare | Americare | 235.5 | 75 | | | 17.65 | | 298.3 percent of total billed charges | |
| BKR CHG FOLIC ACID RBC | 82747 | CPT | | | | both | | | 314 | 20.3 | First Health | First Health | 219.8 | 70 | | | 17.65 | | 298.3 percent of total billed charges | |
| BKR CHG FOLIC ACID RBC | 82747 | CPT | | | | both | | | 314 | 20.3 | Wellcare | Medicaid | 18 | | | 14.84 | 17.65 | | 298.3 fee schedule | |
| BKR CHG FOLIC ACID RBC | 82747 | CPT | | | | both | | | 314 | 20.3 | Horizon | PPO | 120.2 | 38.28 | | 22.19 | 17.65 | | 298.3 percent of total billed charges | |
| BKR CHG FOLIC ACID RBC | 82747 | CPT | | | | both | | | 314 | 20.3 | Multiplan | Multiplan | 251.2 | 80 | | | 17.65 | | 298.3 percent of total billed charges | |
| BKR CHG FOLIC ACID RBC | 82747 | CPT | | | | both | | | 314 | 20.3 | Horizon | NJ Health | 35.28 | | | 6.16 | 17.65 | | 298.3 fee schedule | |
| BKR CHG FOLIC ACID RBC | 82747 | CPT | | | | both | | | 314 | 20.3 | UHC | Medicare | 17.65 | | | 20.64 | 17.65 | | 298.3 fee schedule | |
| BKR CHG FOLIC ACID RBC | 82747 | CPT | | | | both | | | 314 | 20.3 | Managed Care Inc | Managed Care Inc | 282.6 | 90 | | | 17.65 | | 298.3 percent of total billed charges | |
| BKR CHG FOLIC ACID RBC | 82747 | CPT | | | | both | | | 314 | 20.3 | Consumer | Consumer | 298.3 | 95 | | | 17.65 | | 298.3 percent of total billed charges | |
| BKR CHG FOLIC ACID RBC | 82747 | CPT | | | | both | | | 314 | 20.3 | UHC | Medicaid | 18 | | | 19.85 | 17.65 | | 298.3 fee schedule | |
| BKR CHG FOLIC ACID RBC | 82747 | CPT | | | | both | | | 314 | 20.3 | WellPoint | WellPoint | 101.05 | 32.18 | | 20.3 | 17.65 | | 298.3 percent of total billed charges | |
| BKR CHG FOLIC ACID RBC | 82747 | CPT | | | | both | | | 314 | 20.3 | Three Rivers | Three Rivers | 298.3 | 95 | | | 17.65 | | 298.3 percent of total billed charges | |
| BKR CHG FOLIC ACID RBC | 82747 | CPT | | | | both | | | 314 | 20.3 | Qualcare | Qualcare | 235.5 | 75 | | | 17.65 | | 298.3 percent of total billed charges | |
| BKR CHG FOLIC ACID RBC | 82747 | CPT | | | | both | | | 314 | 20.3 | Wellcare | Medicare | 17.65 | | | 0.15 | 17.65 | | 298.3 fee schedule | |
| BKR CHG GALACTOKINASE ASSAY - RBC | 82759 | CPT | | | | outpatient | | | 1155 | 24.7 | Amerihealth | Medicare | 21.48 | | | | 11.5 | | 1097.25 fee schedule | |
| BKR CHG GALACTOKINASE ASSAY - RBC | 82759 | CPT | | | | outpatient | | | 1155 | 24.7 | Aetna | Better Health | 364.4 | 31.55 | | | 11.5 | | 1097.25 percent of total billed charges | |
| BKR CHG GALACTOKINASE ASSAY - RBC | 82759 | CPT | | | | outpatient | | | 1155 | 24.7 | WellPoint | WellPoint | 371.68 | 32.18 | | | 11.5 | | 1097.25 percent of total billed charges | |
| BKR CHG GALACTOKINASE ASSAY - RBC | 82759 | CPT | | | | outpatient | | | 1155 | 24.7 | Aetna | Medicare | 355.74 | 30.8 | | | 11.5 | | 1097.25 percent of total billed charges | |
| BKR CHG GALACTOKINASE ASSAY - RBC | 82759 | CPT | | | | outpatient | | | 1155 | 24.7 | First Health | First Health | 808.5 | 70 | | | 11.5 | | 1097.25 percent of total billed charges | |
| BKR CHG GALACTOKINASE ASSAY - RBC | 82759 | CPT | | | | outpatient | | | 1155 | 24.7 | Consumer | Consumer | 1097.25 | 95 | | | 11.5 | | 1097.25 percent of total billed charges | |
| BKR CHG GALACTOKINASE ASSAY - RBC | 82759 | CPT | | | | outpatient | | | 1155 | 24.7 | Horizon | Medicare Blue | 346.5 | 30 | | | 11.5 | | 1097.25 percent of total billed charges | |
| BKR CHG GALACTOKINASE ASSAY - RBC | 82759 | CPT | | | | outpatient | | | 1155 | 24.7 | Americare | Americare | 866.25 | 75 | | | 11.5 | | 1097.25 percent of total billed charges | |
| BKR CHG GALACTOKINASE ASSAY - RBC | 82759 | CPT | | | | outpatient | | | 1155 | 24.7 | First Trenton | First Trenton | 1039.5 | 90 | | | 11.5 | | 1097.25 percent of total billed charges | |
| BKR CHG GALACTOKINASE ASSAY - RBC | 82759 | CPT | | | | outpatient | | | 1155 | 24.7 | Horizon | Indemnity | 442.13 | 38.28 | | | 11.5 | | 1097.25 percent of total billed charges | |
| BKR CHG GALACTOKINASE ASSAY - RBC | 82759 | CPT | | | | outpatient | | | 1155 | 24.7 | UHC | Medicare | 21.48 | | | | 11.5 | | 1097.25 fee schedule | |
| BKR CHG GALACTOKINASE ASSAY - RBC | 82759 | CPT | | | | outpatient | | | 1155 | 24.7 | Amerihealth | HMO/PPO | 33.5 | | | | 11.5 | | 1097.25 fee schedule | |
| BKR CHG GALACTOKINASE ASSAY - RBC | 82759 | CPT | | | | outpatient | | | 1155 | 24.7 | Horizon | PPO | 442.13 | 38.28 | | | 11.5 | | 1097.25 percent of total billed charges | |
| BKR CHG GALACTOKINASE ASSAY - RBC | 82759 | CPT | | | | outpatient | | | 1155 | 24.7 | Corrections | Corrections | 924 | 80 | | | 11.5 | | 1097.25 percent of total billed charges | |
| BKR CHG GALACTOKINASE ASSAY - RBC | 82759 | CPT | | | | outpatient | | | 1155 | 24.7 | Wellcare | Medicare | 21.48 | | | | 11.5 | | 1097.25 fee schedule | |
| BKR CHG GALACTOKINASE ASSAY - RBC | 82759 | CPT | | | | outpatient | | | 1155 | 24.7 | Horizon | MGD | 442.13 | 38.28 | | | 11.5 | | 1097.25 percent of total billed charges | |
| BKR CHG GALACTOKINASE ASSAY - RBC | 82759 | CPT | | | | outpatient | | | 1155 | 24.7 | Managed Care Inc | Managed Care Inc | 1039.5 | 90 | | | 11.5 | | 1097.25 percent of total billed charges | |
| BKR CHG GALACTOKINASE ASSAY - RBC | 82759 | CPT | | | | outpatient | | | 1155 | 24.7 | Multiplan | Multiplan | 924 | 80 | | | 11.5 | | 1097.25 percent of total billed charges | |
| BKR CHG GALACTOKINASE ASSAY - RBC | 82759 | CPT | | | | outpatient | | | 1155 | 24.7 | Three Rivers | Three Rivers | 1097.25 | 95 | | | 11.5 | | 1097.25 percent of total billed charges | |
| BKR CHG GALACTOKINASE ASSAY - RBC | 82759 | CPT | | | | outpatient | | | 1155 | 24.7 | Horizon | NJ Health | 24.79 | | | | 11.5 | | 1097.25 fee schedule | |
| BKR CHG GALACTOKINASE ASSAY - RBC | 82759 | CPT | | | | outpatient | | | 1155 | 24.7 | Qualcare | Qualcare | 866.25 | 75 | | | 11.5 | | 1097.25 percent of total billed charges | |
| BKR CHG GALACTOKINASE ASSAY - RBC | 82759 | CPT | | | | outpatient | | | 1155 | 24.7 | Wellcare | Medicaid | 11.5 | | | | 11.5 | | 1097.25 fee schedule | |
| BKR CHG GALACTOKINASE ASSAY - RBC | 82759 | CPT | | | | outpatient | | | 1155 | 24.7 | UHC | Medicaid | 11.5 | | | | 11.5 | | 1097.25 fee schedule | |
| BKR CHG GALACTOSE URINE | 82760 | CPT | | | | both | | | 614 | 12.88 | Aetna | Medicare | 189.11 | 30.8 | | | 11.2 | | 583.3 percent of total billed charges | |
| BKR CHG GALACTOSE URINE | 82760 | CPT | | | | both | | | 614 | 12.88 | Aetna | Better Health | 193.72 | 31.55 | | | 11.2 | | 583.3 percent of total billed charges | |
| BKR CHG GALACTOSE URINE | 82760 | CPT | | | | both | | | 614 | 12.88 | Wellcare | Medicaid | 15 | | | | 11.2 | | 583.3 fee schedule | |
| BKR CHG GALACTOSE URINE | 82760 | CPT | | | | both | | | 614 | 12.88 | UHC | Medicare | 11.2 | | | | 11.2 | | 583.3 fee schedule | |
| BKR CHG GALACTOSE URINE | 82760 | CPT | | | | both | | | 614 | 12.88 | Amerihealth | HMO/PPO | 18.3 | | | | 11.2 | | 583.3 fee schedule | |
| BKR CHG GALACTOSE URINE | 82760 | CPT | | | | both | | | 614 | 12.88 | Corrections | Corrections | 491.2 | 80 | | | 11.2 | | 583.3 percent of total billed charges | |
| BKR CHG GALACTOSE URINE | 82760 | CPT | | | | both | | | 614 | 12.88 | First Trenton | First Trenton | 552.6 | 90 | | | 11.2 | | 583.3 percent of total billed charges | |
| BKR CHG GALACTOSE URINE | 82760 | CPT | | | | both | | | 614 | 12.88 | Americare | Americare | 460.5 | 75 | | | 11.2 | | 583.3 percent of total billed charges | |
| BKR CHG GALACTOSE URINE | 82760 | CPT | | | | both | | | 614 | 12.88 | Horizon | MGD | 235.04 | 38.28 | | | 11.2 | | 583.3 percent of total billed charges | |
| BKR CHG GALACTOSE URINE | 82760 | CPT | | | | both | | | 614 | 12.88 | Consumer | Consumer | 583.3 | 95 | | | 11.2 | | 583.3 percent of total billed charges | |
| BKR CHG GALACTOSE URINE | 82760 | CPT | | | | both | | | 614 | 12.88 | UHC | Medicaid | 15 | | | | 11.2 | | 583.3 fee schedule | |
| BKR CHG GALACTOSE URINE | 82760 | CPT | | | | both | | | 614 | 12.88 | Multiplan | Multiplan | 491.2 | 80 | | | 11.2 | | 583.3 percent of total billed charges | |
| BKR CHG GALACTOSE URINE | 82760 | CPT | | | | both | | | 614 | 12.88 | Amerihealth | Medicare | 11.2 | | | | 11.2 | | 583.3 fee schedule | |
| BKR CHG GALACTOSE URINE | 82760 | CPT | | | | both | | | 614 | 12.88 | Horizon | Indemnity | 235.04 | 38.28 | | | 11.2 | | 583.3 percent of total billed charges | |
| BKR CHG GALACTOSE URINE | 82760 | CPT | | | | both | | | 614 | 12.88 | Wellcare | Medicare | 11.2 | | | | 11.2 | | 583.3 fee schedule | |
| BKR CHG GALACTOSE URINE | 82760 | CPT | | | | both | | | 614 | 12.88 | Qualcare | Qualcare | 460.5 | 75 | | | 11.2 | | 583.3 percent of total billed charges | |
| BKR CHG GALACTOSE URINE | 82760 | CPT | | | | both | | | 614 | 12.88 | First Health | First Health | 429.8 | 70 | | | 11.2 | | 583.3 percent of total billed charges | |
| BKR CHG GALACTOSE URINE | 82760 | CPT | | | | both | | | 614 | 12.88 | Horizon | Medicare Blue | 184.2 | 30 | | | 11.2 | | 583.3 percent of total billed charges | |
| BKR CHG GALACTOSE URINE | 82760 | CPT | | | | both | | | 614 | 12.88 | WellPoint | WellPoint | 197.59 | 32.18 | | | 11.2 | | 583.3 percent of total billed charges | |
| BKR CHG GALACTOSE URINE | 82760 | CPT | | | | both | | | 614 | 12.88 | Horizon | NJ Health | 32.34 | | | | 11.2 | | 583.3 fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG GALACTOSE URINE | 82760 | CPT | | | | both | | | 614 | 12.88 | Horizon | PPO | 238.04 | 38.28 | | | 11.2 | | 583.3 percent of total billed charges | |
| BKR CHG GALACTOSE URINE | 82760 | CPT | | | | both | | | 614 | 12.88 | Managed Care Inc | Managed Care Inc | 552.6 | 90 | | | 11.2 | | 583.3 percent of total billed charges | |
| BKR CHG GALACTOSE URINE | 82760 | CPT | | | | both | | | 614 | 12.88 | Three Rivers | Three Rivers | 583.3 | 95 | | | 11.2 | | 583.3 percent of total billed charges | |
| BKR CHG GALACTOSE-1 PHOSPHATE | 82775 | CPT | | | | outpatient | | | 340 | 24.23 | First Health | First Health | 238 | 70 | | | 3.6 | | 323 percent of total billed charges | |
| BKR CHG GALACTOSE-1 PHOSPHATE | 82775 | CPT | | | | outpatient | | | 340 | 24.23 | Amerihealth | Medicare | 21.07 | | | | 3.6 | | 323 fee schedule | |
| BKR CHG GALACTOSE-1 PHOSPHATE | 82775 | CPT | | | | outpatient | | | 340 | 24.23 | Consumer | Consumer | 323 | 95 | | | 3.6 | | 323 percent of total billed charges | |
| BKR CHG GALACTOSE-1 PHOSPHATE | 82775 | CPT | | | | outpatient | | | 340 | 24.23 | Aetna | Commercial | 129.2 | 38 | | | 3.6 | | 323 percent of total billed charges | |
| BKR CHG GALACTOSE-1 PHOSPHATE | 82775 | CPT | | | | outpatient | | | 340 | 24.23 | Aetna | Better Health | 107.27 | 31.55 | | | 3.6 | | 323 percent of total billed charges | |
| BKR CHG GALACTOSE-1 PHOSPHATE | 82775 | CPT | | | | outpatient | | | 340 | 24.23 | Aetna | Medicare | 104.72 | 30.8 | | | 3.6 | | 323 percent of total billed charges | |
| BKR CHG GALACTOSE-1 PHOSPHATE | 82775 | CPT | | | | outpatient | | | 340 | 24.23 | Corrections | Corrections | 272 | 80 | | | 3.6 | | 323 percent of total billed charges | |
| BKR CHG GALACTOSE-1 PHOSPHATE | 82775 | CPT | | | | outpatient | | | 340 | 24.23 | Americare | Americare | 255 | 75 | | | 3.6 | | 323 percent of total billed charges | |
| BKR CHG GALACTOSE-1 PHOSPHATE | 82775 | CPT | | | | outpatient | | | 340 | 24.23 | Horizon | Medicare Blue | 102 | 30 | | | 3.6 | | 323 percent of total billed charges | |
| BKR CHG GALACTOSE-1 PHOSPHATE | 82775 | CPT | | | | outpatient | | | 340 | 24.23 | First Trenton | First Trenton | 306 | 90 | | | 3.6 | | 323 percent of total billed charges | |
| BKR CHG GALACTOSE-1 PHOSPHATE | 82775 | CPT | | | | outpatient | | | 340 | 24.23 | Horizon | NJ Health | 28.15 | | | | 3.6 | | 323 fee schedule | |
| BKR CHG GALACTOSE-1 PHOSPHATE | 82775 | CPT | | | | outpatient | | | 340 | 24.23 | Horizon | Indemnity | 130.15 | 38.28 | | | 3.6 | | 323 percent of total billed charges | |
| BKR CHG GALACTOSE-1 PHOSPHATE | 82775 | CPT | | | | outpatient | | | 340 | 24.23 | Qualcare | Qualcare | 255 | 75 | | | 3.6 | | 323 percent of total billed charges | |
| BKR CHG GALACTOSE-1 PHOSPHATE | 82775 | CPT | | | | outpatient | | | 340 | 24.23 | Horizon | MGD | 130.15 | 38.28 | | | 3.6 | | 323 percent of total billed charges | |
| BKR CHG GALACTOSE-1 PHOSPHATE | 82775 | CPT | | | | outpatient | | | 340 | 24.23 | Wellcare | Medicaid | 3.74 | | | | 3.6 | | 323 fee schedule | |
| BKR CHG GALACTOSE-1 PHOSPHATE | 82775 | CPT | | | | outpatient | | | 340 | 24.23 | Amerihealth | HMO/PPO | 3.6 | | | | 3.6 | | 323 fee schedule | |
| BKR CHG GALACTOSE-1 PHOSPHATE | 82775 | CPT | | | | outpatient | | | 340 | 24.23 | Multiplan | Multiplan | 272 | 80 | | | 3.6 | | 323 percent of total billed charges | |
| BKR CHG GALACTOSE-1 PHOSPHATE | 82775 | CPT | | | | outpatient | | | 340 | 24.23 | Managed Care Inc | Managed Care Inc | 306 | 90 | | | 3.6 | | 323 percent of total billed charges | |
| BKR CHG GALACTOSE-1 PHOSPHATE | 82775 | CPT | | | | outpatient | | | 340 | 24.23 | UHC | Medicare | 21.07 | | | | 3.6 | | 323 fee schedule | |
| BKR CHG GALACTOSE-1 PHOSPHATE | 82775 | CPT | | | | outpatient | | | 340 | 24.23 | UHC | Medicaid | 3.74 | | | | 3.6 | | 323 fee schedule | |
| BKR CHG GALACTOSE-1 PHOSPHATE | 82775 | CPT | | | | outpatient | | | 340 | 24.23 | Three Rivers | Three Rivers | 323 | 95 | | | 3.6 | | 323 percent of total billed charges | |
| BKR CHG GALACTOSE-1 PHOSPHATE | 82775 | CPT | | | | outpatient | | | 340 | 24.23 | Horizon | PPO | 130.15 | 38.28 | | | 3.6 | | 323 percent of total billed charges | |
| BKR CHG GALACTOSE-1 PHOSPHATE | 82775 | CPT | | | | outpatient | | | 340 | 24.23 | Wellcare | Medicare | 21.07 | | | | 3.6 | | 323 fee schedule | |
| BKR CHG GALACTOSE-1 PHOSPHATE | 82775 | CPT | | | | outpatient | | | 340 | 24.23 | WellPoint | WellPoint | 109.41 | 32.18 | | | 3.6 | | 323 percent of total billed charges | |
| BKR CHG TOTAL IGA | 82784 | CPT | | | | both | | | 517 | 10.7 | Amerihealth | HMO/PPO | 14.5 | | | 8.21 | 5.7 | | 491.15 fee schedule | |
| BKR CHG TOTAL IGA | 82784 | CPT | | | | both | | | 517 | 10.7 | Aetna | Medicare | 159.24 | 30.8 | | 9.45 | 5.7 | | 491.15 percent of total billed charges | |
| BKR CHG TOTAL IGA | 82784 | CPT | | | | both | | | 517 | 10.7 | First Health | First Health | 361.9 | 70 | | | 5.7 | | 491.15 percent of total billed charges | |
| BKR CHG TOTAL IGA | 82784 | CPT | | | | both | | | 517 | 10.7 | Aetna | Better Health | 163.11 | 31.55 | | 15.97 | 5.7 | | 491.15 percent of total billed charges | |
| BKR CHG TOTAL IGA | 82784 | CPT | | | | both | | | 517 | 10.7 | Horizon | NJ Health | 22.15 | | | 3.67 | 5.7 | | 491.15 fee schedule | |
| BKR CHG TOTAL IGA | 82784 | CPT | | | | both | | | 517 | 10.7 | WellPoint | WellPoint | 166.37 | 32.18 | | 17.98 | 5.7 | | 491.15 percent of total billed charges | |
| BKR CHG TOTAL IGA | 82784 | CPT | | | | both | | | 517 | 10.7 | Americare | Americare | 387.75 | 75 | | | 5.7 | | 491.15 percent of total billed charges | |
| BKR CHG TOTAL IGA | 82784 | CPT | | | | both | | | 517 | 10.7 | First Trenton | First Trenton | 465.3 | 90 | | | 5.7 | | 491.15 percent of total billed charges | |
| BKR CHG TOTAL IGA | 82784 | CPT | | | | both | | | 517 | 10.7 | UHC | Medicare | 9.3 | | | 12.26 | 5.7 | | 491.15 fee schedule | |
| BKR CHG TOTAL IGA | 82784 | CPT | | | | both | | | 517 | 10.7 | Amerihealth | Medicare | 9.3 | | | | 5.7 | | 491.15 fee schedule | |
| BKR CHG TOTAL IGA | 82784 | CPT | | | | both | | | 517 | 10.7 | Horizon | Medicare Blue | 155.1 | 30 | | 4.77 | 5.7 | | 491.15 percent of total billed charges | |
| BKR CHG TOTAL IGA | 82784 | CPT | | | | both | | | 517 | 10.7 | Corrections | Corrections | 413.6 | 80 | | | 5.7 | | 491.15 percent of total billed charges | |
| BKR CHG TOTAL IGA | 82784 | CPT | | | | both | | | 517 | 10.7 | Consumer | Consumer | 491.15 | 95 | | | 5.7 | | 491.15 percent of total billed charges | |
| BKR CHG TOTAL IGA | 82784 | CPT | | | | both | | | 517 | 10.7 | Managed Care Inc | Managed Care Inc | 465.3 | 90 | | | 5.7 | | 491.15 percent of total billed charges | |
| BKR CHG TOTAL IGA | 82784 | CPT | | | | both | | | 517 | 10.7 | Multiplan | Multiplan | 413.6 | 80 | | | 5.7 | | 491.15 percent of total billed charges | |
| BKR CHG TOTAL IGA | 82784 | CPT | | | | both | | | 517 | 10.7 | Three Rivers | Three Rivers | 491.15 | 95 | | | 5.7 | | 491.15 percent of total billed charges | |
| BKR CHG TOTAL IGA | 82784 | CPT | | | | both | | | 517 | 10.7 | Horizon | Indemnity | 197.91 | 38.28 | | 20.39 | 5.7 | | 491.15 percent of total billed charges | |
| BKR CHG TOTAL IGA | 82784 | CPT | | | | both | | | 517 | 10.7 | UHC | Medicaid | 11.3 | | | 13.12 | 5.7 | | 491.15 fee schedule | |
| BKR CHG TOTAL IGA | 82784 | CPT | | | | both | | | 517 | 10.7 | Qualcare | Qualcare | 387.75 | 75 | | | 5.7 | | 491.15 percent of total billed charges | |
| BKR CHG TOTAL IGA | 82784 | CPT | | | | both | | | 517 | 10.7 | Horizon | MGD | 197.91 | 38.28 | | 25.86 | 5.7 | | 491.15 percent of total billed charges | |
| BKR CHG TOTAL IGA | 82784 | CPT | | | | both | | | 517 | 10.7 | Wellcare | Medicare | 9.3 | | | 38.89 | 5.7 | | 491.15 fee schedule | |
| BKR CHG TOTAL IGA | 82784 | CPT | | | | both | | | 517 | 10.7 | Horizon | PPO | 197.91 | 38.28 | | 11.55 | 5.7 | | 491.15 percent of total billed charges | |
| BKR CHG TOTAL IGA | 82784 | CPT | | | | both | | | 517 | 10.7 | Wellcare | Medicaid | 11.3 | | | 46.18 | 5.7 | | 491.15 fee schedule | |
| BKR CHG IMMUNOGLOBULIN IGE TOTAL | 82785 | CPT | | | | both | | | 780 | 18.93 | Consumer | Consumer | 741 | 95 | | | 15.9 | | 741 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN IGE TOTAL | 82785 | CPT | | | | both | | | 780 | 18.93 | Aetna | Medicare | 240.24 | 30.8 | | | 15.9 | | 741 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN IGE TOTAL | 82785 | CPT | | | | both | | | 780 | 18.93 | Horizon | NJ Health | 31.36 | | | 24.04 | 15.9 | | 741 fee schedule | |
| BKR CHG IMMUNOGLOBULIN IGE TOTAL | 82785 | CPT | | | | both | | | 780 | 18.93 | First Trenton | First Trenton | 702 | 90 | | | 15.9 | | 741 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN IGE TOTAL | 82785 | CPT | | | | both | | | 780 | 18.93 | Aetna | Better Health | 246.09 | 31.55 | | | 15.9 | | 741 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN IGE TOTAL | 82785 | CPT | | | | both | | | 780 | 18.93 | First Health | First Health | 546 | 70 | | | 15.9 | | 741 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN IGE TOTAL | 82785 | CPT | | | | both | | | 780 | 18.93 | Americare | Americare | 585 | 75 | | | 15.9 | | 741 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN IGE TOTAL | 82785 | CPT | | | | both | | | 780 | 18.93 | Managed Care Inc | Managed Care Inc | 702 | 90 | | | 15.9 | | 741 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN IGE TOTAL | 82785 | CPT | | | | both | | | 780 | 18.93 | Corrections | Corrections | 624 | 80 | | | 15.9 | | 741 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN IGE TOTAL | 82785 | CPT | | | | both | | | 780 | 18.93 | Amerihealth | HMO/PPO | 25.4 | | | | 15.9 | | 741 fee schedule | |
| BKR CHG IMMUNOGLOBULIN IGE TOTAL | 82785 | CPT | | | | both | | | 780 | 18.93 | Multiplan | Multiplan | 624 | 80 | | | 15.9 | | 741 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN IGE TOTAL | 82785 | CPT | | | | both | | | 780 | 18.93 | WellPoint | WellPoint | 251 | 32.18 | | 54.22 | 15.9 | | 741 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN IGE TOTAL | 82785 | CPT | | | | both | | | 780 | 18.93 | Horizon | Medicare Blue | 234 | 30 | | | 15.9 | | 741 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN IGE TOTAL | 82785 | CPT | | | | both | | | 780 | 18.93 | Horizon | Indemnity | 298.58 | 38.28 | | 6.68 | 15.9 | | 741 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN IGE TOTAL | 82785 | CPT | | | | both | | | 780 | 18.93 | Three Rivers | Three Rivers | 741 | 95 | | | 15.9 | | 741 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN IGE TOTAL | 82785 | CPT | | | | both | | | 780 | 18.93 | Amerihealth | Medicare | 16.46 | | | | 15.9 | | 741 fee schedule | |
| BKR CHG IMMUNOGLOBULIN IGE TOTAL | 82785 | CPT | | | | both | | | 780 | 18.93 | Horizon | PPO | 298.58 | 38.28 | | 91.73 | 15.9 | | 741 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN IGE TOTAL | 82785 | CPT | | | | both | | | 780 | 18.93 | Wellcare | Medicare | 16.46 | | | | 15.9 | | 741 fee schedule | |
| BKR CHG IMMUNOGLOBULIN IGE TOTAL | 82785 | CPT | | | | both | | | 780 | 18.93 | Qualcare | Qualcare | 585 | 75 | | | 15.9 | | 741 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN IGE TOTAL | 82785 | CPT | | | | both | | | 780 | 18.93 | Horizon | MGD | 298.58 | 38.28 | | 96.76 | 15.9 | | 741 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN IGE TOTAL | 82785 | CPT | | | | both | | | 780 | 18.93 | Wellcare | Medicaid | 16 | | | 25.18 | 15.9 | | 741 fee schedule | |
| BKR CHG IMMUNOGLOBULIN IGE TOTAL | 82785 | CPT | | | | both | | | 780 | 18.93 | UHC | Medicare | 16.46 | | | 25.72 | 15.9 | | 741 fee schedule | |
| BKR CHG IMMUNOGLOBULIN IGE TOTAL | 82785 | CPT | | | | both | | | 780 | 18.93 | UHC | Medicaid | 16 | | | 59.38 | 15.9 | | 741 fee schedule | |
| BKR CHG IMMUNOGLOBULIN IGG SUBCLASS 4 | 82787 | CPT | | | | both | | | 30 | 9.22 | Amerihealth | Medicare | 8.02 | | | | 7.8 | | 133.28 fee schedule | |
| BKR CHG IMMUNOGLOBULIN IGG SUBCLASS 4 | 82787 | CPT | | | | both | | | 30 | 9.22 | UHC | Medicare | 8.02 | | | 1.9 | 7.8 | | 133.28 fee schedule | |
| BKR CHG IMMUNOGLOBULIN IGG SUBCLASS 4 | 82787 | CPT | | | | both | | | 30 | 9.22 | Horizon | MGD | 11.48 | 38.28 | | 5.61 | 7.8 | | 133.28 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN IGG SUBCLASS 4 | 82787 | CPT | | | | both | | | 30 | 9.22 | Consumer | Consumer | 28.5 | 95 | | | 7.8 | | 133.28 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN IGG SUBCLASS 4 | 82787 | CPT | | | | both | | | 30 | 9.22 | Horizon | PPO | 11.48 | 38.28 | | 5.13 | 7.8 | | 133.28 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN IGG SUBCLASS 4 | 82787 | CPT | | | | both | | | 30 | 9.22 | Aetna | Medicare | 9.24 | 30.8 | | | 7.8 | | 133.28 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN IGG SUBCLASS 4 | 82787 | CPT | | | | both | | | 30 | 9.22 | Horizon | Medicare Blue | 9 | 30 | | | 7.8 | | 133.28 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN IGG SUBCLASS 4 | 82787 | CPT | | | | both | | | 30 | 9.22 | Aetna | Better Health | 9.47 | 31.55 | | | 7.8 | | 133.28 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN IGG SUBCLASS 4 | 82787 | CPT | | | | both | | | 30 | 9.22 | First Health | First Health | 21 | 70 | | | 7.8 | | 133.28 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN IGG SUBCLASS 4 | 82787 | CPT | | | | both | | | 30 | 9.22 | Americare | Americare | 22.5 | 75 | | | 7.8 | | 133.28 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN IGG SUBCLASS 4 | 82787 | CPT | | | | both | | | 30 | 9.22 | WellPoint | WellPoint | 9.65 | 32.18 | | | 7.8 | | 133.28 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN IGG SUBCLASS 4 | 82787 | CPT | | | | both | | | 30 | 9.22 | Corrections | Corrections | 24 | 80 | | | 7.8 | | 133.28 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN IGG SUBCLASS 4 | 82787 | CPT | | | | both | | | 30 | 9.22 | First Trenton | First Trenton | 27 | 90 | | | 7.8 | | 133.28 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN IGG SUBCLASS 4 | 82787 | CPT | | | | both | | | 30 | 9.22 | Amerihealth | HMO/PPO | 11.4 | | | | 7.8 | | 133.28 fee schedule | |
| BKR CHG IMMUNOGLOBULIN IGG SUBCLASS 4 | 82787 | CPT | | | | both | | | 30 | 9.22 | Wellcare | Medicare | 8.02 | | | | 7.8 | | 133.28 fee schedule | |
| BKR CHG IMMUNOGLOBULIN IGG SUBCLASS 4 | 82787 | CPT | | | | both | | | 30 | 9.22 | Horizon | Indemnity | 11.48 | 38.28 | | | 7.8 | | 133.28 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN IGG SUBCLASS 4 | 82787 | CPT | | | | both | | | 30 | 9.22 | Managed Care Inc | Managed Care Inc | 27 | 90 | | | 7.8 | | 133.28 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN IGG SUBCLASS 4 | 82787 | CPT | | | | both | | | 30 | 9.22 | Horizon | NJ Health | 133.28 | | | | 7.8 | | 133.28 fee schedule | |
| BKR CHG IMMUNOGLOBULIN IGG SUBCLASS 4 | 82787 | CPT | | | | both | | | 30 | 9.22 | Three Rivers | Three Rivers | 28.5 | 95 | | | 7.8 | | 133.28 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN IGG SUBCLASS 4 | 82787 | CPT | | | | both | | | 30 | 9.22 | Multiplan | Multiplan | 24 | 80 | | | 7.8 | | 133.28 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN IGG SUBCLASS 4 | 82787 | CPT | | | | both | | | 30 | 9.22 | UHC | Medicaid | 8.82 | | | 6.34 | 7.8 | | 133.28 fee schedule | |
| BKR CHG IMMUNOGLOBULIN IGG SUBCLASS 4 | 82787 | CPT | | | | both | | | 30 | 9.22 | Wellcare | Medicaid | 8.82 | | | | 7.8 | | 133.28 fee schedule | |
| BKR CHG IMMUNOGLOBULIN IGG SUBCLASS 4 | 82787 | CPT | | | | both | | | 30 | 9.22 | Qualcare | Qualcare | 22.5 | 75 | | | 7.8 | | 133.28 percent of total billed charges | |
| BKR CHG VENOUS BLOOD GAS | 82803 | CPT | | | | both | | | 347 | 29.98 | Aetna | Medicare | 106.88 | 30.8 | | | 16.5 | | 329.65 percent of total billed charges | |
| BKR CHG VENOUS CO-OXIMETER PANEL | 82803 | CPT | | | | both | | | 347 | 29.98 | Amerihealth | Medicare | 26.07 | | | | 16.5 | | 329.65 fee schedule | |
| BKR CHG VENOUS CO-OXIMETER PANEL | 82803 | CPT | | | | both | | | 347 | 29.98 | Wellcare | Medicaid | 16.5 | | | | 16.5 | | 329.65 fee schedule | |
| BKR CHG VENOUS BLOOD GAS | 82803 | CPT | | | | both | | | 347 | 29.98 | Horizon | Medicare Blue | 104.1 | 30 | | | 16.5 | | 329.65 percent of total billed charges | |
| BKR CHG VENOUS CO-OXIMETER PANEL | 82803 | CPT | | | | both | | | 347 | 29.98 | Amerihealth | HMO/PPO | 30.2 | | | | 16.5 | | 329.65 fee schedule | |
| BKR CHG VENOUS BLOOD GAS | 82803 | CPT | | | | both | | | 347 | 29.98 | Aetna | Better Health | 109.48 | 31.55 | | | 16.5 | | 329.65 percent of total billed charges | |
| BKR CHG VENOUS CO-OXIMETER PANEL | 82803 | CPT | | | | both | | | 347 | 29.98 | UHC | Medicaid | 16.5 | | | | 16.5 | | 329.65 fee schedule | |
| BKR CHG VENOUS BLOOD GAS | 82803 | CPT | | | | both | | | 347 | 29.98 | Americare | Americare | 260.25 | 75 | | | 16.5 | | 329.65 percent of total billed charges | |
| BKR CHG VENOUS BLOOD GAS | 82803 | CPT | | | | both | | | 347 | 29.98 | First Health | First Health | 242.9 | 70 | | | 16.5 | | 329.65 percent of total billed charges | |
| BKR CHG VENOUS BLOOD GAS | 82803 | CPT | | | | both | | | 347 | 29.98 | Consumer | Consumer | 329.65 | 95 | | | 16.5 | | 329.65 percent of total billed charges | |
| BKR CHG VENOUS CO-OXIMETER PANEL | 82803 | CPT | | | | both | | | 347 | 29.98 | Wellcare | Medicare | 26.07 | | | | 16.5 | | 329.65 fee schedule | |
| BKR CHG VENOUS BLOOD GAS | 82803 | CPT | | | | both | | | 347 | 29.98 | Horizon | MGD | 132.83 | 38.28 | | | 16.5 | | 329.65 percent of total billed charges | |
| BKR CHG VENOUS BLOOD GAS | 82803 | CPT | | | | both | | | 347 | 29.98 | Horizon | Indemnity | 132.83 | 38.28 | | | 16.5 | | 329.65 percent of total billed charges | |
| BKR CHG VENOUS BLOOD GAS | 82803 | CPT | | | | both | | | 347 | 29.98 | Horizon | PPO | 132.83 | 38.28 | | | 16.5 | | 329.65 percent of total billed charges | |
| BKR CHG VENOUS BLOOD GAS | 82803 | CPT | | | | both | | | 347 | 29.98 | Corrections | Corrections | 277.6 | 80 | | | 16.5 | | 329.65 percent of total billed charges | |
| BKR CHG VENOUS BLOOD GAS | 82803 | CPT | | | | both | | | 347 | 29.98 | Three Rivers | Three Rivers | 329.65 | 95 | | | 16.5 | | 329.65 percent of total billed charges | |
| BKR CHG VENOUS BLOOD GAS | 82803 | CPT | | | | both | | | 347 | 29.98 | Multiplan | Multiplan | 277.6 | 80 | | | 16.5 | | 329.65 percent of total billed charges | |
| BKR CHG VENOUS BLOOD GAS | 82803 | CPT | | | | both | | | 347 | 29.98 | First Trenton | First Trenton | 312.3 | 90 | | | 16.5 | | 329.65 percent of total billed charges | |
| BKR CHG VENOUS BLOOD GAS | 82803 | CPT | | | | both | | | 347 | 29.98 | Qualcare | Qualcare | 260.25 | 75 | | | 16.5 | | 329.65 percent of total billed charges | |
| BKR CHG VENOUS CO-OXIMETER PANEL | 82803 | CPT | | | | both | | | 347 | 29.98 | Horizon | NJ Health | 32.34 | | | | 16.5 | | 329.65 fee schedule | |
| BKR CHG VENOUS CO-OXIMETER PANEL | 82803 | CPT | | | | both | | | 347 | 29.98 | UHC | Medicare | 26.07 | | | | 16.5 | | 329.65 fee schedule | |
| BKR CHG VENOUS BLOOD GAS | 82803 | CPT | | | | both | | | 347 | 29.98 | Managed Care Inc | Managed Care Inc | 312.3 | 90 | | | 16.5 | | 329.65 percent of total billed charges | |
| BKR CHG VENOUS BLOOD GAS | 82803 | CPT | | | | both | | | 347 | 29.98 | WellPoint | WellPoint | 111.66 | 32.18 | | | 16.5 | | 329.65 percent of total billed charges | |
| BKR CHG VENOUS BLOOD GAS | 82805 | CPT | | | | both | | | 495 | 90.59 | Aetna | Medicare | 152.46 | 30.8 | | | 8 | | 470.25 percent of total billed charges | |
| BKR CHG VENOUS BLOOD GAS | 82805 | CPT | | | | both | | | 495 | 90.59 | Horizon | Medicare Blue | 148.5 | 30 | | 18.25 | 8 | | 470.25 percent of total billed charges | |
| BKR CHG VENOUS BLOOD GAS | 82805 | CPT | | | | both | | | 495 | 90.59 | Americare | Americare | 371.25 | 75 | | | 8 | | 470.25 percent of total billed charges | |
| BKR CHG VENOUS BLOOD GAS | 82805 | CPT | | | | both | | | 495 | 90.59 | Horizon | NJ Health | 54.25 | | | 7.26 | 8 | | 470.25 fee schedule | |
| BKR CHG VENOUS BLOOD GAS | 82805 | CPT | | | | both | | | 495 | 90.59 | First Trenton | First Trenton | 445.5 | 90 | | | 8 | | 470.25 percent of total billed charges | |
| BKR CHG VENOUS BLOOD GAS | 82805 | CPT | | | | both | | | 495 | 90.59 | Consumer | Consumer | 470.25 | 95 | | | 8 | | 470.25 percent of total billed charges | |
| BKR CHG VENOUS BLOOD GAS | 82805 | CPT | | | | both | | | 495 | 90.59 | Horizon | Indemnity | 189.49 | 38.28 | | | 8 | | 470.25 percent of total billed charges | |
| BKR CHG VENOUS BLOOD GAS | 82805 | CPT | | | | both | | | 495 | 90.59 | Aetna | Better Health | 156.17 | 31.55 | | 7.19 | 8 | | 470.25 percent of total billed charges | |
| BKR CHG VENOUS BLOOD GAS | 82805 | CPT | | | | both | | | 495 | 90.59 | Amerihealth | Medicare | 78.77 | | | | 8 | | 470.25 fee schedule | |
| BKR CHG VENOUS BLOOD GAS | 82805 | CPT | | | | both | | | 495 | 90.59 | Horizon | MGD | 189.49 | 38.28 | | 33.08 | 8 | | 470.25 percent of total billed charges | |
| BKR CHG VENOUS BLOOD GAS | 82805 | CPT | | | | both | | | 495 | 90.59 | Horizon | PPO | 189.49 | 38.28 | | 24.79 | 8 | | 470.25 percent of total billed charges | |
| BKR CHG VENOUS BLOOD GAS | 82805 | CPT | | | | both | | | 495 | 90.59 | Multiplan | Multiplan | 396 | 80 | | | 8 | | 470.25 percent of total billed charges | |
| BKR CHG VENOUS BLOOD GAS | 82805 | CPT | | | | both | | | 495 | 90.59 | Managed Care Inc | Managed Care Inc | 445.5 | 90 | | | 8 | | 470.25 percent of total billed charges | |
| BKR CHG VENOUS BLOOD GAS | 82805 | CPT | | | | both | | | 495 | 90.59 | Amerihealth | HMO/PPO | 41 | | | 10.26 | 8 | | 470.25 fee schedule | |
| BKR CHG VENOUS BLOOD GAS | 82805 | CPT | | | | both | | | 495 | 90.59 | UHC | Medicare | 78.77 | | | 18.68 | 8 | | 470.25 fee schedule | |
| BKR CHG VENOUS BLOOD GAS | 82805 | CPT | | | | both | | | 495 | 90.59 | Qualcare | Qualcare | 371.25 | 75 | | | 8 | | 470.25 percent of total billed charges | |
| BKR CHG VENOUS BLOOD GAS | 82805 | CPT | | | | both | | | 495 | 90.59 | Corrections | Corrections | 396 | 80 | | 32.51 | 8 | | 470.25 percent of total billed charges | |
| BKR CHG VENOUS BLOOD GAS | 82805 | CPT | | | | both | | | 495 | 90.59 | First Health | First Health | 346.5 | 70 | | | 8 | | 470.25 percent of total billed charges | |
| BKR CHG VENOUS BLOOD GAS | 82805 | CPT | | | | both | | | 495 | 90.59 | WellPoint | WellPoint | 159.29 | 32.18 | | 22.12 | 8 | | 470.25 percent of total billed charges | |
| BKR CHG VENOUS BLOOD GAS | 82805 | CPT | | | | both | | | 495 | 90.59 | UHC | Medicaid | 8 | | | 8.12 | 8 | | 470.25 fee schedule | |
| BKR CHG VENOUS BLOOD GAS | 82805 | CPT | | | | both | | | 495 | 90.59 | Three Rivers | Three Rivers | 470.25 | 95 | | | 8 | | 470.25 percent of total billed charges | |
| BKR CHG VENOUS BLOOD GAS | 82805 | CPT | | | | both | | | 495 | 90.59 | Wellcare | Medicaid | 8 | | | 29.96 | 8 | | 470.25 fee schedule | |
| BKR CHG VENOUS BLOOD GAS | 82805 | CPT | | | | both | | | 495 | 90.59 | Wellcare | Medicare | 78.77 | | | | 8 | | 470.25 fee schedule | |
| BKR CHG FRACTIONAL O2 SATURATION | 82810 | CPT | | | | both | | | 107 | 11.24 | Consumer | Consumer | 101.65 | 95 | | | 9.77 | | 101.65 percent of total billed charges | |
| BKR CHG FRACTIONAL O2 SATURATION | 82810 | CPT | | | | both | | | 107 | 11.24 | Aetna | Medicare | 32.96 | 30.8 | | 17.51 | 9.77 | | 101.65 percent of total billed charges | |
| BKR CHG FRACTIONAL O2 SATURATION | 82810 | CPT | | | | both | | | 107 | 11.24 | Horizon | Indemnity | 40.96 | 38.28 | | 28.27 | 9.77 | | 101.65 percent of total billed charges | |
| BKR CHG FRACTIONAL O2 SATURATION | 82810 | CPT | | | | both | | | 107 | 11.24 | First Health | First Health | 74.9 | 70 | | | 9.77 | | 101.65 percent of total billed charges | |
| BKR CHG FRACTIONAL O2 SATURATION | 82810 | CPT | | | | both | | | 107 | 11.24 | Aetna | Better Health | 33.76 | 31.55 | | | 9.77 | | 101.65 percent of total billed charges | |
| BKR CHG FRACTIONAL O2 SATURATION | 82810 | CPT | | | | both | | | 107 | 11.24 | Multiplan | Multiplan | 85.6 | 80 | | | 9.77 | | 101.65 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG FRACTIONAL O2 SATURATION | 82810 | CPT | | | | both | | | 107 | 11.24 | Horizon | MGD | 40.96 | 38.28 | | | 9.77 | 101.65 | percent of total billed charges | |
| BKR CHG GASES BLOOD O2 SATURATION ONLY DIRECT MEAS | 82810 | CPT | | | | both | | | 107 | 11.24 | Amerihealth | HMO/PPO | 12.1 | | | 8.84 | 9.77 | 101.65 | fee schedule | |
| BKR CHG FRACTIONAL O2 SATURATION | 82810 | CPT | | | | both | | | 107 | 11.24 | Corrections | Corrections | 85.6 | 80 | | | 9.77 | 101.65 | percent of total billed charges | |
| BKR CHG GASES BLOOD O2 SATURATION ONLY DIRECT MEAS | 82810 | CPT | | | | both | | | 107 | 11.24 | Amerihealth | Medicare | 9.77 | | | | 9.77 | 101.65 | fee schedule | |
| BKR CHG FRACTIONAL O2 SATURATION | 82810 | CPT | | | | both | | | 107 | 11.24 | Americare | Americare | 80.25 | 75 | | | 9.77 | 101.65 | percent of total billed charges | |
| BKR CHG FRACTIONAL O2 SATURATION | 82810 | CPT | | | | both | | | 107 | 11.24 | Horizon | Medicare Blue | 32.1 | 30 | | | 9.77 | 101.65 | percent of total billed charges | |
| BKR CHG GASES BLOOD O2 SATURATION ONLY DIRECT MEAS | 82810 | CPT | | | | both | | | 107 | 11.24 | Horizon | NJ Health | 28.73 | | | | 9.77 | 101.65 | fee schedule | |
| BKR CHG FRACTIONAL O2 SATURATION | 82810 | CPT | | | | both | | | 107 | 11.24 | Qualcare | Qualcare | 80.25 | 75 | | | 9.77 | 101.65 | percent of total billed charges | |
| BKR CHG FRACTIONAL O2 SATURATION | 82810 | CPT | | | | both | | | 107 | 11.24 | Three Rivers | Three Rivers | 101.65 | 95 | | | 9.77 | 101.65 | percent of total billed charges | |
| BKR CHG FRACTIONAL O2 SATURATION | 82810 | CPT | | | | both | | | 107 | 11.24 | First Trenton | First Trenton | 96.3 | 90 | | | 9.77 | 101.65 | percent of total billed charges | |
| BKR CHG GASES BLOOD O2 SATURATION ONLY DIRECT MEAS | 82810 | CPT | | | | both | | | 107 | 11.24 | Wellcare | Medicaid | 10 | | | | 9.77 | 101.65 | fee schedule | |
| BKR CHG GASES BLOOD O2 SATURATION ONLY DIRECT MEAS | 82810 | CPT | | | | both | | | 107 | 11.24 | UHC | Medicaid | 10 | | | 30.5 | 9.77 | 101.65 | fee schedule | |
| BKR CHG GASES BLOOD O2 SATURATION ONLY DIRECT MEAS | 82810 | CPT | | | | both | | | 107 | 11.24 | UHC | Medicare | 9.77 | | | 4.04 | 9.77 | 101.65 | fee schedule | |
| BKR CHG FRACTIONAL O2 SATURATION | 82810 | CPT | | | | both | | | 107 | 11.24 | WellPoint | WellPoint | 34.43 | 32.18 | | | 9.77 | 101.65 | percent of total billed charges | |
| BKR CHG FRACTIONAL O2 SATURATION | 82810 | CPT | | | | both | | | 107 | 11.24 | Horizon | PPO | 40.96 | 38.28 | | | 9.77 | 101.65 | percent of total billed charges | |
| BKR CHG GASES BLOOD O2 SATURATION ONLY DIRECT MEAS | 82810 | CPT | | | | both | | | 107 | 11.24 | Wellcare | Medicare | 9.77 | | | | 9.77 | 101.65 | fee schedule | |
| BKR CHG FRACTIONAL O2 SATURATION | 82810 | CPT | | | | both | | | 107 | 11.24 | Managed Care Inc | Managed Care Inc | 96.3 | 90 | | | 9.77 | 101.65 | percent of total billed charges | |
| BKR CHG HEMOGLOBIN O2 AFFINITY (P50) | 82820 | CPT | | | | outpatient | | | 46 | 15.34 | First Health | First Health | 32.2 | 70 | | | 10.98 | 43.7 | percent of total billed charges | |
| BKR CHG HEMOGLOBIN O2 AFFINITY (P50) | 82820 | CPT | | | | outpatient | | | 46 | 15.34 | Americare | Americare | 34.5 | 75 | | | 10.98 | 43.7 | percent of total billed charges | |
| BKR CHG HEMOGLOBIN O2 AFFINITY (P50) | 82820 | CPT | | | | outpatient | | | 46 | 15.34 | Aetna | Better Health | 14.51 | 31.55 | | | 10.98 | 43.7 | percent of total billed charges | |
| BKR CHG HEMOGLOBIN O2 AFFINITY (P50) | 82820 | CPT | | | | outpatient | | | 46 | 15.34 | Amerihealth | Medicare | 13.34 | | | | 10.98 | 43.7 | fee schedule | |
| BKR CHG HEMOGLOBIN O2 AFFINITY (P50) | 82820 | CPT | | | | outpatient | | | 46 | 15.34 | Amerihealth | HMO/PPO | 15 | | | | 10.98 | 43.7 | fee schedule | |
| BKR CHG HEMOGLOBIN O2 AFFINITY (P50) | 82820 | CPT | | | | outpatient | | | 46 | 15.34 | Aetna | Commercial | 17.48 | 38 | | | 10.98 | 43.7 | percent of total billed charges | |
| BKR CHG HEMOGLOBIN O2 AFFINITY (P50) | 82820 | CPT | | | | outpatient | | | 46 | 15.34 | Corrections | Corrections | 36.8 | 80 | | | 10.98 | 43.7 | percent of total billed charges | |
| BKR CHG HEMOGLOBIN O2 AFFINITY (P50) | 82820 | CPT | | | | outpatient | | | 46 | 15.34 | Wellcare | Medicare | 13.34 | | | | 10.98 | 43.7 | fee schedule | |
| BKR CHG HEMOGLOBIN O2 AFFINITY (P50) | 82820 | CPT | | | | outpatient | | | 46 | 15.34 | Horizon | MGD | 17.61 | 38.28 | | | 10.98 | 43.7 | percent of total billed charges | |
| BKR CHG HEMOGLOBIN O2 AFFINITY (P50) | 82820 | CPT | | | | outpatient | | | 46 | 15.34 | Aetna | Medicare | 14.17 | 30.8 | | | 10.98 | 43.7 | percent of total billed charges | |
| BKR CHG HEMOGLOBIN O2 AFFINITY (P50) | 82820 | CPT | | | | outpatient | | | 46 | 15.34 | Consumer | Consumer | 43.7 | 95 | | | 10.98 | 43.7 | percent of total billed charges | |
| BKR CHG HEMOGLOBIN O2 AFFINITY (P50) | 82820 | CPT | | | | outpatient | | | 46 | 15.34 | WellPoint | WellPoint | 14.8 | 32.18 | | | 10.98 | 43.7 | percent of total billed charges | |
| BKR CHG HEMOGLOBIN O2 AFFINITY (P50) | 82820 | CPT | | | | outpatient | | | 46 | 15.34 | Horizon | PPO | 17.61 | 38.28 | | | 10.98 | 43.7 | percent of total billed charges | |
| BKR CHG HEMOGLOBIN O2 AFFINITY (P50) | 82820 | CPT | | | | outpatient | | | 46 | 15.34 | Multiplan | Multiplan | 36.8 | 80 | | | 10.98 | 43.7 | percent of total billed charges | |
| BKR CHG HEMOGLOBIN O2 AFFINITY (P50) | 82820 | CPT | | | | outpatient | | | 46 | 15.34 | Horizon | Indemnity | 17.61 | 38.28 | | | 10.98 | 43.7 | percent of total billed charges | |
| BKR CHG HEMOGLOBIN O2 AFFINITY (P50) | 82820 | CPT | | | | outpatient | | | 46 | 15.34 | Qualcare | Qualcare | 34.5 | 75 | | | 10.98 | 43.7 | percent of total billed charges | |
| BKR CHG HEMOGLOBIN O2 AFFINITY (P50) | 82820 | CPT | | | | outpatient | | | 46 | 15.34 | Three Rivers | Three Rivers | 43.7 | 95 | | | 10.98 | 43.7 | percent of total billed charges | |
| BKR CHG HEMOGLOBIN O2 AFFINITY (P50) | 82820 | CPT | | | | outpatient | | | 46 | 15.34 | UHC | Medicare | 13.34 | | | | 10.98 | 43.7 | fee schedule | |
| BKR CHG HEMOGLOBIN O2 AFFINITY (P50) | 82820 | CPT | | | | outpatient | | | 46 | 15.34 | First Trenton | First Trenton | 41.4 | 90 | | | 10.98 | 43.7 | percent of total billed charges | |
| BKR CHG HEMOGLOBIN O2 AFFINITY (P50) | 82820 | CPT | | | | outpatient | | | 46 | 15.34 | Horizon | Medicare Blue | 13.8 | 30 | | | 10.98 | 43.7 | percent of total billed charges | |
| BKR CHG HEMOGLOBIN O2 AFFINITY (P50) | 82820 | CPT | | | | outpatient | | | 46 | 15.34 | Horizon | NJ Health | 11.09 | | | | 10.98 | 43.7 | fee schedule | |
| BKR CHG HEMOGLOBIN O2 AFFINITY (P50) | 82820 | CPT | | | | outpatient | | | 46 | 15.34 | UHC | Medicaid | 10.98 | | | | 10.98 | 43.7 | fee schedule | |
| BKR CHG HEMOGLOBIN O2 AFFINITY (P50) | 82820 | CPT | | | | outpatient | | | 46 | 15.34 | Managed Care Inc | Managed Care Inc | 41.4 | 90 | | | 10.98 | 43.7 | percent of total billed charges | |
| BKR CHG HEMOGLOBIN O2 AFFINITY (P50) | 82820 | CPT | | | | outpatient | | | 46 | 15.34 | Wellcare | Medicaid | 10.98 | | | | 10.98 | 43.7 | fee schedule | |
| BKR CHG GASTRIN, SERUM | 82941 | CPT | | | | both | | | 42 | 20.27 | WellPoint | WellPoint | 13.62 | 32.18 | | | 12.6 | 39.9 | percent of total billed charges | |
| BKR CHG GASTRIN, SERUM | 82941 | CPT | | | | both | | | 42 | 20.27 | Aetna | Better Health | 13.25 | 31.55 | | | 12.6 | 39.9 | percent of total billed charges | |
| BKR CHG GASTRIN, SERUM | 82941 | CPT | | | | both | | | 42 | 20.27 | Horizon | Indemnity | 16.08 | 38.28 | | | 12.6 | 39.9 | percent of total billed charges | |
| BKR CHG GASTRIN, SERUM | 82941 | CPT | | | | both | | | 42 | 20.27 | Americare | Americare | 31.5 | 75 | | | 12.6 | 39.9 | percent of total billed charges | |
| BKR CHG GASTRIN, SERUM | 82941 | CPT | | | | both | | | 42 | 20.27 | Aetna | Medicare | 12.94 | 30.8 | | | 12.6 | 39.9 | percent of total billed charges | |
| BKR CHG GASTRIN, SERUM | 82941 | CPT | | | | both | | | 42 | 20.27 | Multiplan | Multiplan | 33.6 | 80 | | | 12.6 | 39.9 | percent of total billed charges | |
| BKR CHG GASTRIN, SERUM | 82941 | CPT | | | | both | | | 42 | 20.27 | Amerihealth | HMO/PPO | 26.7 | | | | 12.6 | 39.9 | fee schedule | |
| BKR CHG GASTRIN, SERUM | 82941 | CPT | | | | both | | | 42 | 20.27 | Amerihealth | Medicare | 17.63 | | | | 12.6 | 39.9 | fee schedule | |
| BKR CHG GASTRIN, SERUM | 82941 | CPT | | | | both | | | 42 | 20.27 | Consumer | Consumer | 39.9 | 95 | | | 12.6 | 39.9 | percent of total billed charges | |
| BKR CHG GASTRIN, SERUM | 82941 | CPT | | | | both | | | 42 | 20.27 | Horizon | Medicare Blue | 12.6 | 30 | | | 12.6 | 39.9 | percent of total billed charges | |
| BKR CHG GASTRIN, SERUM | 82941 | CPT | | | | both | | | 42 | 20.27 | First Health | First Health | 29.4 | 70 | | | 12.6 | 39.9 | percent of total billed charges | |
| BKR CHG GASTRIN, SERUM | 82941 | CPT | | | | both | | | 42 | 20.27 | First Trenton | First Trenton | 37.8 | 90 | | | 12.6 | 39.9 | percent of total billed charges | |
| BKR CHG GASTRIN, SERUM | 82941 | CPT | | | | both | | | 42 | 20.27 | Wellcare | Medicaid | 16 | | | 10.97 | 12.6 | 39.9 | fee schedule | |
| BKR CHG GASTRIN, SERUM | 82941 | CPT | | | | both | | | 42 | 20.27 | Qualcare | Qualcare | 31.5 | 75 | | | 12.6 | 39.9 | percent of total billed charges | |
| BKR CHG GASTRIN, SERUM | 82941 | CPT | | | | both | | | 42 | 20.27 | Corrections | Corrections | 33.6 | 80 | | | 12.6 | 39.9 | percent of total billed charges | |
| BKR CHG GASTRIN, SERUM | 82941 | CPT | | | | both | | | 42 | 20.27 | UHC | Medicaid | 16 | | | | 12.6 | 39.9 | fee schedule | |
| BKR CHG GASTRIN, SERUM | 82941 | CPT | | | | both | | | 42 | 20.27 | Horizon | PPO | 16.08 | 38.28 | | | 12.6 | 39.9 | percent of total billed charges | |
| BKR CHG GASTRIN, SERUM | 82941 | CPT | | | | both | | | 42 | 20.27 | UHC | Medicare | 17.63 | | | | 12.6 | 39.9 | fee schedule | |
| BKR CHG GASTRIN, SERUM | 82941 | CPT | | | | both | | | 42 | 20.27 | Horizon | MGD | 16.08 | 38.28 | | | 12.6 | 39.9 | percent of total billed charges | |
| BKR CHG GASTRIN, SERUM | 82941 | CPT | | | | both | | | 42 | 20.27 | Wellcare | Medicare | 17.63 | | | | 12.6 | 39.9 | fee schedule | |
| BKR CHG GASTRIN, SERUM | 82941 | CPT | | | | both | | | 42 | 20.27 | Managed Care Inc | Managed Care Inc | 37.8 | 90 | | | 12.6 | 39.9 | percent of total billed charges | |
| BKR CHG GASTRIN, SERUM | 82941 | CPT | | | | both | | | 42 | 20.27 | Horizon | NJ Health | 31.36 | | | | 12.6 | 39.9 | fee schedule | |
| BKR CHG GASTRIN, SERUM | 82941 | CPT | | | | both | | | 42 | 20.27 | Three Rivers | Three Rivers | 39.9 | 95 | | | 12.6 | 39.9 | percent of total billed charges | |
| BKR CHG GLUCAGON PLASMA | 82943 | CPT | | | | both | | | 251 | 16.43 | First Health | First Health | 175.7 | 70 | | | 14.29 | 238.45 | percent of total billed charges | |
| BKR CHG GLUCAGON PLASMA | 82943 | CPT | | | | both | | | 251 | 16.43 | Aetna | Commercial | 95.38 | 38 | | | 14.29 | 238.45 | percent of total billed charges | |
| BKR CHG GLUCAGON PLASMA | 82943 | CPT | | | | both | | | 251 | 16.43 | Aetna | Better Health | 79.19 | 31.55 | | | 14.29 | 238.45 | percent of total billed charges | |
| BKR CHG GLUCAGON PLASMA | 82943 | CPT | | | | both | | | 251 | 16.43 | Amerihealth | Medicare | 14.29 | | | | 14.29 | 238.45 | fee schedule | |
| BKR CHG GLUCAGON PLASMA | 82943 | CPT | | | | both | | | 251 | 16.43 | Amerihealth | HMO/PPO | 21.7 | | | | 14.29 | 238.45 | fee schedule | |
| BKR CHG GLUCAGON PLASMA | 82943 | CPT | | | | both | | | 251 | 16.43 | Americare | Americare | 188.25 | 75 | | | 14.29 | 238.45 | percent of total billed charges | |
| BKR CHG GLUCAGON PLASMA | 82943 | CPT | | | | both | | | 251 | 16.43 | Corrections | Corrections | 200.8 | 80 | | | 14.29 | 238.45 | percent of total billed charges | |
| BKR CHG GLUCAGON PLASMA | 82943 | CPT | | | | both | | | 251 | 16.43 | Wellcare | Medicare | 14.29 | | | | 14.29 | 238.45 | fee schedule | |
| BKR CHG GLUCAGON PLASMA | 82943 | CPT | | | | both | | | 251 | 16.43 | Horizon | MGD | 96.08 | 38.28 | | | 14.29 | 238.45 | percent of total billed charges | |
| BKR CHG GLUCAGON PLASMA | 82943 | CPT | | | | both | | | 251 | 16.43 | Aetna | Medicare | 77.31 | 30.8 | | | 14.29 | 238.45 | percent of total billed charges | |
| BKR CHG GLUCAGON PLASMA | 82943 | CPT | | | | both | | | 251 | 16.43 | First Trenton | First Trenton | 225.9 | 90 | | | 14.29 | 238.45 | percent of total billed charges | |
| BKR CHG GLUCAGON PLASMA | 82943 | CPT | | | | both | | | 251 | 16.43 | WellPoint | WellPoint | 80.77 | 32.18 | | | 14.29 | 238.45 | percent of total billed charges | |
| BKR CHG GLUCAGON PLASMA | 82943 | CPT | | | | both | | | 251 | 16.43 | Horizon | PPO | 96.08 | 38.28 | | | 14.29 | 238.45 | percent of total billed charges | |
| BKR CHG GLUCAGON PLASMA | 82943 | CPT | | | | both | | | 251 | 16.43 | Consumer | Consumer | 238.45 | 95 | | | 14.29 | 238.45 | percent of total billed charges | |
| BKR CHG GLUCAGON PLASMA | 82943 | CPT | | | | both | | | 251 | 16.43 | Horizon | Indemnity | 96.08 | 38.28 | | | 14.29 | 238.45 | percent of total billed charges | |
| BKR CHG GLUCAGON PLASMA | 82943 | CPT | | | | both | | | 251 | 16.43 | Multiplan | Multiplan | 200.8 | 80 | | | 14.29 | 238.45 | percent of total billed charges | |
| BKR CHG GLUCAGON PLASMA | 82943 | CPT | | | | both | | | 251 | 16.43 | Three Rivers | Three Rivers | 238.45 | 95 | | | 14.29 | 238.45 | percent of total billed charges | |
| BKR CHG GLUCAGON PLASMA | 82943 | CPT | | | | both | | | 251 | 16.43 | Qualcare | Qualcare | 188.25 | 75 | | | 14.29 | 238.45 | percent of total billed charges | |
| BKR CHG GLUCAGON PLASMA | 82943 | CPT | | | | both | | | 251 | 16.43 | Horizon | NJ Health | 45.39 | | | | 14.29 | 238.45 | fee schedule | |
| BKR CHG GLUCAGON PLASMA | 82943 | CPT | | | | both | | | 251 | 16.43 | UHC | Medicare | 14.29 | | | | 14.29 | 238.45 | fee schedule | |
| BKR CHG GLUCAGON PLASMA | 82943 | CPT | | | | both | | | 251 | 16.43 | Wellcare | Medicaid | 19 | | | | 14.29 | 238.45 | fee schedule | |
| BKR CHG GLUCAGON PLASMA | 82943 | CPT | | | | both | | | 251 | 16.43 | Horizon | Medicare Blue | 75.3 | 30 | | | 14.29 | 238.45 | percent of total billed charges | |
| BKR CHG GLUCAGON PLASMA | 82943 | CPT | | | | both | | | 251 | 16.43 | Managed Care Inc | Managed Care Inc | 225.9 | 90 | | | 14.29 | 238.45 | percent of total billed charges | |
| BKR CHG GLUCAGON PLASMA | 82943 | CPT | | | | both | | | 251 | 16.43 | UHC | Medicaid | 19 | | | | 14.29 | 238.45 | fee schedule | |
| BKR CHG GLUCOSE, BODY FLUID | 82945 | CPT | | | | both | | | 125 | 4.52 | Consumer | Consumer | 118.75 | 95 | | | 3.93 | 118.75 | percent of total billed charges | |
| BKR CHG GLUCOSE, BODY FLUID | 82945 | CPT | | | | both | | | 125 | 4.52 | Aetna | Medicare | 38.5 | 30.8 | | | 3.93 | 118.75 | percent of total billed charges | |
| BKR CHG GLUCOSE, BODY FLUID | 82945 | CPT | | | | both | | | 125 | 4.52 | Aetna | Commercial | 47.5 | 38 | | 2.39 | 3.93 | 118.75 | percent of total billed charges | |
| BKR CHG GLUCOSE, BODY FLUID | 82945 | CPT | | | | both | | | 125 | 4.52 | Americare | Americare | 93.75 | 75 | | | 3.93 | 118.75 | percent of total billed charges | |
| BKR CHG GLUCOSE, BODY FLUID | 82945 | CPT | | | | both | | | 125 | 4.52 | Horizon | Indemnity | 47.65 | 38.28 | | 2.96 | 3.93 | 118.75 | percent of total billed charges | |
| BKR CHG GLUCOSE, BODY FLUID | 82945 | CPT | | | | both | | | 125 | 4.52 | Aetna | Better Health | 39.44 | 31.55 | | 6.78 | 3.93 | 118.75 | percent of total billed charges | |
| BKR CHG GLUCOSE, BODY FLUID | 82945 | CPT | | | | both | | | 125 | 4.52 | UHC | Medicare | 3.93 | | | 3.45 | 3.93 | 118.75 | fee schedule | |
| BKR CHG GLUCOSE, BODY FLUID | 82945 | CPT | | | | both | | | 125 | 4.52 | Corrections | Corrections | 100 | 80 | | | 3.93 | 118.75 | percent of total billed charges | |
| BKR CHG GLUCOSE, BODY FLUID | 82945 | CPT | | | | both | | | 125 | 4.52 | Wellcare | Medicaid | 4.34 | | | | 3.93 | 118.75 | fee schedule | |
| BKR CHG GLUCOSE, BODY FLUID | 82945 | CPT | | | | both | | | 125 | 4.52 | Horizon | MGD | 47.85 | 38.28 | | 8.8 | 3.93 | 118.75 | percent of total billed charges | |
| BKR CHG GLUCOSE, BODY FLUID | 82945 | CPT | | | | both | | | 125 | 4.52 | Amerihealth | HMO/PPO | 5.4 | | | | 3.93 | 118.75 | fee schedule | |
| BKR CHG GLUCOSE, BODY FLUID | 82945 | CPT | | | | both | | | 125 | 4.52 | First Trenton | First Trenton | 112.5 | 90 | | | 3.93 | 118.75 | percent of total billed charges | |
| BKR CHG GLUCOSE, BODY FLUID | 82945 | CPT | | | | both | | | 125 | 4.52 | Wellcare | Medicare | 3.93 | | | | 3.93 | 118.75 | fee schedule | |
| BKR CHG GLUCOSE, BODY FLUID | 82945 | CPT | | | | both | | | 125 | 4.52 | Amerihealth | Medicare | 3.93 | | | | 3.93 | 118.75 | fee schedule | |
| BKR CHG GLUCOSE, BODY FLUID | 82945 | CPT | | | | both | | | 125 | 4.52 | WellPoint | WellPoint | 40.23 | 32.18 | | 4.56 | 3.93 | 118.75 | percent of total billed charges | |
| BKR CHG GLUCOSE, BODY FLUID | 82945 | CPT | | | | both | | | 125 | 4.52 | Horizon | Medicare Blue | 37.5 | 30 | | | 3.93 | 118.75 | percent of total billed charges | |
| BKR CHG GLUCOSE, BODY FLUID | 82945 | CPT | | | | both | | | 125 | 4.52 | Horizon | NJ Health | 4.33 | | | 3.46 | 3.93 | 118.75 | fee schedule | |
| BKR CHG GLUCOSE, BODY FLUID | 82945 | CPT | | | | both | | | 125 | 4.52 | Horizon | PPO | 47.85 | 38.28 | | | 3.93 | 118.75 | percent of total billed charges | |
| BKR CHG GLUCOSE, BODY FLUID | 82945 | CPT | | | | both | | | 125 | 4.52 | First Health | First Health | 87.5 | 70 | | | 3.93 | 118.75 | percent of total billed charges | |
| BKR CHG GLUCOSE, BODY FLUID | 82945 | CPT | | | | both | | | 125 | 4.52 | Managed Care Inc | Managed Care Inc | 112.5 | 90 | | | 3.93 | 118.75 | percent of total billed charges | |
| BKR CHG GLUCOSE, BODY FLUID | 82945 | CPT | | | | both | | | 125 | 4.52 | Multiplan | Multiplan | 100 | 80 | | | 3.93 | 118.75 | percent of total billed charges | |
| BKR CHG GLUCOSE, BODY FLUID | 82945 | CPT | | | | both | | | 125 | 4.52 | Three Rivers | Three Rivers | 118.75 | 95 | | | 3.93 | 118.75 | percent of total billed charges | |
| BKR CHG GLUCOSE, BODY FLUID | 82945 | CPT | | | | both | | | 125 | 4.52 | Qualcare | Qualcare | 93.75 | 75 | | | 3.93 | 118.75 | percent of total billed charges | |
| BKR CHG GLUCOSE, BODY FLUID | 82945 | CPT | | | | both | | | 125 | 4.52 | UHC | Medicaid | 4.34 | | | 5.64 | 3.93 | 118.75 | fee schedule | |
| BKR CHG URINE,GLUCOSE,RANDOM | 82947 | CPT | | | | both | | | 83 | 4.52 | Amerihealth | Medicare | 3.93 | | | | 1.7 | 78.85 | fee schedule | |
| BKR CHG URINE,GLUCOSE,RANDOM | 82947 | CPT | | | | both | | | 83 | 4.52 | Horizon | Indemnity | 31.77 | 38.28 | | 5.09 | 1.7 | 78.85 | percent of total billed charges | |
| BKR CHG URINE,GLUCOSE,RANDOM | 82947 | CPT | | | | both | | | 83 | 4.52 | Aetna | Medicare | 25.56 | 30.8 | | 6.9 | 1.7 | 78.85 | percent of total billed charges | |
| BKR CHG URINE,GLUCOSE,RANDOM | 82947 | CPT | | | | both | | | 83 | 4.52 | Corrections | Corrections | 66.4 | 80 | | | 1.7 | 78.85 | percent of total billed charges | |
| BKR CHG URINE,GLUCOSE,RANDOM | 82947 | CPT | | | | both | | | 83 | 4.52 | First Health | First Health | 58.1 | 70 | | | 1.7 | 78.85 | percent of total billed charges | |
| BKR CHG URINE,GLUCOSE,RANDOM | 82947 | CPT | | | | both | | | 83 | 4.52 | Americare | Americare | 62.25 | 75 | | | 1.7 | 78.85 | percent of total billed charges | |
| BKR CHG URINE,GLUCOSE,RANDOM | 82947 | CPT | | | | both | | | 83 | 4.52 | Aetna | Better Health | 26.19 | 31.55 | | 6.85 | 1.7 | 78.85 | percent of total billed charges | |
| BKR CHG URINE,GLUCOSE,RANDOM | 82947 | CPT | | | | both | | | 83 | 4.52 | Wellcare | Medicare | 3.93 | | | | 1.7 | 78.85 | fee schedule | |
| BKR CHG URINE,GLUCOSE,RANDOM | 82947 | CPT | | | | both | | | 83 | 4.52 | First Trenton | First Trenton | 74.7 | 90 | | | 1.7 | 78.85 | percent of total billed charges | |
| BKR CHG URINE,GLUCOSE,RANDOM | 82947 | CPT | | | | both | | | 83 | 4.52 | Horizon | PPO | 31.77 | 38.28 | | 6.95 | 1.7 | 78.85 | percent of total billed charges | |
| BKR CHG URINE,GLUCOSE,RANDOM | 82947 | CPT | | | | both | | | 83 | 4.52 | Amerihealth | HMO/PPO | 1.7 | | | 2.31 | 1.7 | 78.85 | fee schedule | |
| BKR CHG URINE,GLUCOSE,RANDOM | 82947 | CPT | | | | both | | | 83 | 4.52 | Consumer | Consumer | 78.85 | 95 | | | 1.7 | 78.85 | percent of total billed charges | |
| BKR CHG URINE,GLUCOSE,RANDOM | 82947 | CPT | | | | both | | | 83 | 4.52 | Managed Care Inc | Managed Care Inc | 74.7 | 90 | | | 1.7 | 78.85 | percent of total billed charges | |
| BKR CHG URINE,GLUCOSE,RANDOM | 82947 | CPT | | | | both | | | 83 | 4.52 | Multiplan | Multiplan | 66.4 | 80 | | | 1.7 | 78.85 | percent of total billed charges | |
| BKR CHG URINE,GLUCOSE,RANDOM | 82947 | CPT | | | | both | | | 83 | 4.52 | Horizon | MGD | 31.77 | 38.28 | | 7.57 | 1.7 | 78.85 | percent of total billed charges | |
| BKR CHG URINE,GLUCOSE,RANDOM | 82947 | CPT | | | | both | | | 83 | 4.52 | Horizon | Medicare Blue | 24.9 | 30 | | 3.42 | 1.7 | 78.85 | percent of total billed charges | |
| BKR CHG URINE,GLUCOSE,RANDOM | 82947 | CPT | | | | both | | | 83 | 4.52 | UHC | Medicare | 3.93 | | | 4.31 | 1.7 | 78.85 | fee schedule | |
| BKR CHG URINE,GLUCOSE,RANDOM | 82947 | CPT | | | | both | | | 83 | 4.52 | Qualcare | Qualcare | 62.25 | 75 | | | 1.7 | 78.85 | percent of total billed charges | |
| BKR CHG URINE,GLUCOSE,RANDOM | 82947 | CPT | | | | both | | | 83 | 4.52 | WellPoint | WellPoint | 26.71 | 32.18 | | 7.51 | 1.7 | 78.85 | percent of total billed charges | |
| BKR CHG URINE,GLUCOSE,RANDOM | 82947 | CPT | | | | both | | | 83 | 4.52 | Horizon | NJ Health | 8.51 | | | 1.6 | 1.7 | 78.85 | fee schedule | |
| BKR CHG URINE,GLUCOSE,RANDOM | 82947 | CPT | | | | both | | | 83 | 4.52 | Wellcare | Medicaid | 4.34 | | | 7.68 | 1.7 | 78.85 | fee schedule | |
| BKR CHG URINE,GLUCOSE,RANDOM | 82947 | CPT | | | | both | | | 83 | 4.52 | Three Rivers | Three Rivers | 78.85 | 95 | | | 1.7 | 78.85 | percent of total billed charges | |
| BKR CHG URINE,GLUCOSE,RANDOM | 82947 | CPT | | | | both | | | 83 | 4.52 | UHC | Medicaid | 4.34 | | | 7.16 | 1.7 | 78.85 | fee schedule | |
| BKR CHG GLUCOSE CHALLENGE TEST | 82950 | CPT | | | | both | | | 146 | 5.46 | Horizon | NJ Health | 5.88 | | | 1.9 | 3 | 138.7 | fee schedule | |
| BKR CHG GLUCOSE CHALLENGE TEST | 82950 | CPT | | | | both | | | 146 | 5.46 | Consumer | Consumer | 138.7 | 95 | | | 3 | 138.7 | percent of total billed charges | |
| BKR CHG GLUCOSE CHALLENGE TEST | 82950 | CPT | | | | both | | | 146 | 5.46 | First Trenton | First Trenton | 131.4 | 90 | | | 3 | 138.7 | percent of total billed charges | |
| BKR CHG GLUCOSE CHALLENGE TEST | 82950 | CPT | | | | both | | | 146 | 5.46 | Aetna | Better Health | 46.06 | 31.55 | | 8.5 | 3 | 138.7 | percent of total billed charges | |
| BKR CHG GLUCOSE CHALLENGE TEST | 82950 | CPT | | | | both | | | 146 | 5.46 | Multiplan | Multiplan | 116.8 | 80 | | | 3 | 138.7 | percent of total billed charges | |
| BKR CHG GLUCOSE CHALLENGE TEST | 82950 | CPT | | | | both | | | 146 | 5.46 | Corrections | Corrections | 116.8 | 80 | | | 3 | 138.7 | percent of total billed charges | |
| BKR CHG GLUCOSE CHALLENGE TEST | 82950 | CPT | | | | both | | | 146 | 5.46 | Aetna | Medicare | 44.97 | 30.8 | | 0.72 | 3 | 138.7 | percent of total billed charges | |
| BKR CHG GLUCOSE CHALLENGE TEST | 82950 | CPT | | | | both | | | 146 | 5.46 | Amerihealth | Medicare | 4.75 | | | | 3 | 138.7 | fee schedule | |
| BKR CHG GLUCOSE CHALLENGE TEST | 82950 | CPT | | | | both | | | 146 | 5.46 | Qualcare | Qualcare | 109.5 | 75 | | | 3 | 138.7 | percent of total billed charges | |
| BKR CHG GLUCOSE CHALLENGE TEST | 82950 | CPT | | | | both | | | 146 | 5.46 | Horizon | Medicare Blue | 43.8 | 30 | | | 3 | 138.7 | percent of total billed charges | |
| BKR CHG GLUCOSE CHALLENGE TEST | 82950 | CPT | | | | both | | | 146 | 5.46 | Horizon | Indemnity | 55.89 | 38.28 | | 10.47 | 3 | 138.7 | percent of total billed charges | |
| BKR CHG GLUCOSE CHALLENGE TEST | 82950 | CPT | | | | both | | | 146 | 5.46 | First Health | First Health | 102.2 | 70 | | | 3 | 138.7 | percent of total billed charges | |
| BKR CHG GLUCOSE CHALLENGE TEST | 82950 | CPT | | | | both | | | 146 | 5.46 | UHC | Medicare | 4.75 | | | 3.4 | 3 | 138.7 | fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG GLUCOSE CHALLENGE TEST | 82950 | CPT | | | | both | | | 146 | 5.46 | Wellcare | Medicaid | 3 | | | 11.86 | 3 | 138.7 | fee schedule | |
| BKR CHG GLUCOSE CHALLENGE TEST | 82950 | CPT | | | | both | | | 146 | 5.46 | Americare | Americare | 109.5 | 75 | | | 3 | 138.7 | percent of total billed charges | |
| BKR CHG GLUCOSE CHALLENGE TEST | 82950 | CPT | | | | both | | | 146 | 5.46 | Horizon | PPO | 55.89 | 38.28 | | 11.91 | 3 | 138.7 | percent of total billed charges | |
| BKR CHG GLUCOSE CHALLENGE TEST | 82950 | CPT | | | | both | | | 146 | 5.46 | Managed Care Inc | Managed Care Inc | 131.4 | 90 | | | 3 | 138.7 | percent of total billed charges | |
| BKR CHG GLUCOSE CHALLENGE TEST | 82950 | CPT | | | | both | | | 146 | 5.46 | Horizon | MGD | 55.89 | 38.28 | | 10.31 | 3 | 138.7 | percent of total billed charges | |
| BKR CHG GLUCOSE CHALLENGE TEST | 82950 | CPT | | | | both | | | 146 | 5.46 | Amerihealth | HMO/PPO | 7 | | | 25.56 | 3 | 138.7 | fee schedule | |
| BKR CHG GLUCOSE CHALLENGE TEST | 82950 | CPT | | | | both | | | 146 | 5.46 | Three Rivers | Three Rivers | 138.7 | 95 | | | 3 | 138.7 | percent of total billed charges | |
| BKR CHG GLUCOSE CHALLENGE TEST | 82950 | CPT | | | | both | | | 146 | 5.46 | UHC | Medicaid | 3 | | | 8.56 | 3 | 138.7 | fee schedule | |
| BKR CHG GLUCOSE CHALLENGE TEST | 82950 | CPT | | | | both | | | 146 | 5.46 | Wellcare | Medicare | 4.75 | | | | 3 | 138.7 | fee schedule | |
| BKR CHG GLUCOSE CHALLENGE TEST | 82950 | CPT | | | | both | | | 146 | 5.46 | WellPoint | WellPoint | 46.98 | 32.18 | | 10.89 | 3 | 138.7 | percent of total billed charges | |
| BKR CHG GLUCOSE 2 HOURS | 82951 | CPT | | | | both | | | 110 | 14.8 | First Trenton | First Trenton | 99 | 90 | | | 5 | 104.5 | percent of total billed charges | |
| BKR CHG GLUCOSE 2 HOURS | 82951 | CPT | | | | both | | | 110 | 14.8 | Aetna | Commercial | 41.8 | 38 | | 1.31 | 5 | 104.5 | percent of total billed charges | |
| BKR CHG GLUCOSE 2 HOURS | 82951 | CPT | | | | both | | | 110 | 14.8 | Aetna | Medicare | 33.88 | 30.8 | | | 5 | 104.5 | percent of total billed charges | |
| BKR CHG GLUCOSE 2 HOURS | 82951 | CPT | | | | both | | | 110 | 14.8 | Horizon | PPO | 42.11 | 38.28 | | 20.71 | 5 | 104.5 | percent of total billed charges | |
| BKR CHG GLUCOSE 2 HOURS | 82951 | CPT | | | | both | | | 110 | 14.8 | Corrections | Corrections | 88 | 80 | | | 5 | 104.5 | percent of total billed charges | |
| BKR CHG GLUCOSE 2 HOURS | 82951 | CPT | | | | both | | | 110 | 14.8 | Consumer | Consumer | 104.5 | 95 | | | 5 | 104.5 | percent of total billed charges | |
| BKR CHG GLUCOSE 2 HOURS | 82951 | CPT | | | | both | | | 110 | 14.8 | Amerihealth | HMO/PPO | 20 | | | 7.18 | 5 | 104.5 | fee schedule | |
| BKR CHG GLUCOSE 2 HOURS | 82951 | CPT | | | | both | | | 110 | 14.8 | Aetna | Better Health | 34.71 | 31.55 | | 6.79 | 5 | 104.5 | percent of total billed charges | |
| BKR CHG GLUCOSE 2 HOURS | 82951 | CPT | | | | both | | | 110 | 14.8 | Horizon | Indemnity | 42.11 | 38.28 | | | 5 | 104.5 | percent of total billed charges | |
| BKR CHG GLUCOSE 2 HOURS | 82951 | CPT | | | | both | | | 110 | 14.8 | Wellcare | Medicare | 12.87 | | | | 5 | 104.5 | fee schedule | |
| BKR CHG GLUCOSE 2 HOURS | 82951 | CPT | | | | both | | | 110 | 14.8 | Americare | Americare | 82.5 | 75 | | | 5 | 104.5 | percent of total billed charges | |
| BKR CHG GLUCOSE 2 HOURS | 82951 | CPT | | | | both | | | 110 | 14.8 | Multiplan | Multiplan | 88 | 80 | | | 5 | 104.5 | percent of total billed charges | |
| BKR CHG GLUCOSE 2 HOURS | 82951 | CPT | | | | both | | | 110 | 14.8 | Horizon | Medicare Blue | 33 | 30 | | | 5 | 104.5 | percent of total billed charges | |
| BKR CHG GLUCOSE 2 HOURS | 82951 | CPT | | | | both | | | 110 | 14.8 | Amerihealth | Medicare | 12.87 | | | | 5 | 104.5 | fee schedule | |
| BKR CHG GLUCOSE 2 HOURS | 82951 | CPT | | | | both | | | 110 | 14.8 | Horizon | NJ Health | 9.8 | | | 12.39 | 5 | 104.5 | fee schedule | |
| BKR CHG GLUCOSE 2 HOURS | 82951 | CPT | | | | both | | | 110 | 14.8 | Qualcare | Qualcare | 82.5 | 75 | | | 5 | 104.5 | percent of total billed charges | |
| BKR CHG GLUCOSE 2 HOURS | 82951 | CPT | | | | both | | | 110 | 14.8 | Horizon | MGD | 42.11 | 38.28 | | 21.56 | 5 | 104.5 | percent of total billed charges | |
| BKR CHG GLUCOSE 2 HOURS | 82951 | CPT | | | | both | | | 110 | 14.8 | First Health | First Health | 77 | 70 | | | 5 | 104.5 | percent of total billed charges | |
| BKR CHG GLUCOSE 2 HOURS | 82951 | CPT | | | | both | | | 110 | 14.8 | WellPoint | WellPoint | 35.4 | 32.18 | | 15.22 | 5 | 104.5 | percent of total billed charges | |
| BKR CHG GLUCOSE 2 HOURS | 82951 | CPT | | | | both | | | 110 | 14.8 | UHC | Medicare | 12.87 | | | | 5 | 104.5 | fee schedule | |
| BKR CHG GLUCOSE 2 HOURS | 82951 | CPT | | | | both | | | 110 | 14.8 | Managed Care Inc | Managed Care Inc | 99 | 90 | | | 5 | 104.5 | percent of total billed charges | |
| BKR CHG GLUCOSE 2 HOURS | 82951 | CPT | | | | both | | | 110 | 14.8 | UHC | Medicaid | 5 | | | 13.33 | 5 | 104.5 | fee schedule | |
| BKR CHG GLUCOSE 2 HOURS | 82951 | CPT | | | | both | | | 110 | 14.8 | Three Rivers | Three Rivers | 104.5 | 95 | | | 5 | 104.5 | percent of total billed charges | |
| BKR CHG GLUCOSE 2 HOURS | 82951 | CPT | | | | both | | | 110 | 14.8 | Wellcare | Medicaid | 5 | | | 12.5 | 5 | 104.5 | fee schedule | |
| BKR CHG GLUCOSE 3 HOURS | 82952 | CPT | | | | both | | | 29 | 4.51 | First Health | First Health | 20.3 | 70 | | | 1 | 27.55 | percent of total billed charges | |
| BKR CHG GLUCOSE 3 HOURS | 82952 | CPT | | | | both | | | 29 | 4.51 | Horizon | NJ Health | 1.96 | | | 1.49 | 1 | 27.55 | fee schedule | |
| BKR CHG GLUCOSE 3 HOURS | 82952 | CPT | | | | both | | | 29 | 4.51 | Americare | Americare | 21.75 | 75 | | | 1 | 27.55 | percent of total billed charges | |
| BKR CHG GLUCOSE 3 HOURS | 82952 | CPT | | | | both | | | 29 | 4.51 | Horizon | Indemnity | 11.1 | 38.28 | | | 1 | 27.55 | percent of total billed charges | |
| BKR CHG GLUCOSE 3 HOURS | 82952 | CPT | | | | both | | | 29 | 4.51 | Aetna | Commercial | 11.02 | 38 | | | 1 | 27.55 | percent of total billed charges | |
| BKR CHG GLUCOSE 3 HOURS | 82952 | CPT | | | | both | | | 29 | 4.51 | Aetna | Better Health | 9.15 | 31.55 | | | 1 | 27.55 | percent of total billed charges | |
| BKR CHG GLUCOSE 3 HOURS | 82952 | CPT | | | | both | | | 29 | 4.51 | First Trenton | First Trenton | 26.1 | 90 | | | 1 | 27.55 | percent of total billed charges | |
| BKR CHG GLUCOSE 3 HOURS | 82952 | CPT | | | | both | | | 29 | 4.51 | Amerihealth | HMO/PPO | 3 | | | 2.31 | 1 | 27.55 | fee schedule | |
| BKR CHG GLUCOSE 3 HOURS | 82952 | CPT | | | | both | | | 29 | 4.51 | UHC | Medicare | 3.92 | | | | 1 | 27.55 | fee schedule | |
| BKR CHG GLUCOSE 3 HOURS | 82952 | CPT | | | | both | | | 29 | 4.51 | WellPoint | WellPoint | 9.33 | 32.18 | | 5.3 | 1 | 27.55 | percent of total billed charges | |
| BKR CHG GLUCOSE 3 HOURS | 82952 | CPT | | | | both | | | 29 | 4.51 | Horizon | PPO | 11.1 | 38.28 | | 8.65 | 1 | 27.55 | percent of total billed charges | |
| BKR CHG GLUCOSE 3 HOURS | 82952 | CPT | | | | both | | | 29 | 4.51 | Multiplan | Multiplan | 23.2 | 80 | | | 1 | 27.55 | percent of total billed charges | |
| BKR CHG GLUCOSE 3 HOURS | 82952 | CPT | | | | both | | | 29 | 4.51 | Aetna | Medicare | 8.93 | 30.8 | | | 1 | 27.55 | percent of total billed charges | |
| BKR CHG GLUCOSE 3 HOURS | 82952 | CPT | | | | both | | | 29 | 4.51 | Consumer | Consumer | 27.55 | 95 | | | 1 | 27.55 | percent of total billed charges | |
| BKR CHG GLUCOSE 3 HOURS | 82952 | CPT | | | | both | | | 29 | 4.51 | Managed Care Inc | Managed Care Inc | 26.1 | 90 | | | 1 | 27.55 | percent of total billed charges | |
| BKR CHG GLUCOSE 3 HOURS | 82952 | CPT | | | | both | | | 29 | 4.51 | Corrections | Corrections | 23.2 | 80 | | | 1 | 27.55 | percent of total billed charges | |
| BKR CHG GLUCOSE 3 HOURS | 82952 | CPT | | | | both | | | 29 | 4.51 | Wellcare | Medicaid | 1 | | | 5.22 | 1 | 27.55 | fee schedule | |
| BKR CHG GLUCOSE 3 HOURS | 82952 | CPT | | | | both | | | 29 | 4.51 | Horizon | Medicare Blue | 8.7 | 30 | | | 1 | 27.55 | percent of total billed charges | |
| BKR CHG GLUCOSE 3 HOURS | 82952 | CPT | | | | both | | | 29 | 4.51 | Three Rivers | Three Rivers | 27.55 | 95 | | | 1 | 27.55 | percent of total billed charges | |
| BKR CHG GLUCOSE 3 HOURS | 82952 | CPT | | | | both | | | 29 | 4.51 | Qualcare | Qualcare | 21.75 | 75 | | | 1 | 27.55 | percent of total billed charges | |
| BKR CHG GLUCOSE 3 HOURS | 82952 | CPT | | | | both | | | 29 | 4.51 | Amerihealth | Medicare | 3.92 | | | | 1 | 27.55 | fee schedule | |
| BKR CHG GLUCOSE 3 HOURS | 82952 | CPT | | | | both | | | 29 | 4.51 | Wellcare | Medicare | 3.92 | | | | 1 | 27.55 | fee schedule | |
| BKR CHG GLUCOSE 3 HOURS | 82952 | CPT | | | | both | | | 29 | 4.51 | UHC | Medicaid | 1 | | | 3.76 | 1 | 27.55 | fee schedule | |
| BKR CHG GLUCOSE 3 HOURS | 82952 | CPT | | | | both | | | 29 | 4.51 | Horizon | MGD | 11.1 | 38.28 | | 9.01 | 1 | 27.55 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD GLUCOSE | 82955 | CPT | | | | both | | | 179 | 11.16 | Corrections | Corrections | 143.2 | 80 | | | 6 | 170.05 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD GLUCOSE | 82955 | CPT | | | | both | | | 179 | 11.16 | Americare | Americare | 134.25 | 75 | | | 6 | 170.05 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD GLUCOSE | 82955 | CPT | | | | both | | | 179 | 11.16 | Consumer | Consumer | 170.05 | 95 | | | 6 | 170.05 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD GLUCOSE | 82955 | CPT | | | | both | | | 179 | 11.16 | UHC | Medicare | 9.7 | | | | 6 | 170.05 | fee schedule | |
| BKR CHG WHOLE BLOOD GLUCOSE | 82955 | CPT | | | | both | | | 179 | 11.16 | Horizon | Indemnity | 68.52 | 38.28 | | | 6 | 170.05 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD GLUCOSE | 82955 | CPT | | | | both | | | 179 | 11.16 | First Trenton | First Trenton | 161.1 | 90 | | | 6 | 170.05 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD GLUCOSE | 82955 | CPT | | | | both | | | 179 | 11.16 | Aetna | Better Health | 56.47 | 31.55 | | | 6 | 170.05 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD GLUCOSE | 82955 | CPT | | | | both | | | 179 | 11.16 | Aetna | Commercial | 68.02 | 38 | | | 6 | 170.05 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD GLUCOSE | 82955 | CPT | | | | both | | | 179 | 11.16 | Horizon | NJ Health | 11.76 | | | | 6 | 170.05 | fee schedule | |
| BKR CHG WHOLE BLOOD GLUCOSE | 82955 | CPT | | | | both | | | 179 | 11.16 | Amerihealth | HMO/PPO | 14.8 | | | | 6 | 170.05 | fee schedule | |
| BKR CHG WHOLE BLOOD GLUCOSE | 82955 | CPT | | | | both | | | 179 | 11.16 | First Health | First Health | 125.3 | 70 | | | 6 | 170.05 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD GLUCOSE | 82955 | CPT | | | | both | | | 179 | 11.16 | Wellcare | Medicare | 9.7 | | | | 6 | 170.05 | fee schedule | |
| BKR CHG WHOLE BLOOD GLUCOSE | 82955 | CPT | | | | both | | | 179 | 11.16 | Multiplan | Multiplan | 143.2 | 80 | | | 6 | 170.05 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD GLUCOSE | 82955 | CPT | | | | both | | | 179 | 11.16 | Horizon | MGD | 68.52 | 38.28 | | | 6 | 170.05 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD GLUCOSE | 82955 | CPT | | | | both | | | 179 | 11.16 | Horizon | Medicare Blue | 53.7 | 30 | | | 6 | 170.05 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD GLUCOSE | 82955 | CPT | | | | both | | | 179 | 11.16 | Aetna | Medicare | 55.13 | 30.8 | | | 6 | 170.05 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD GLUCOSE | 82955 | CPT | | | | both | | | 179 | 11.16 | Qualcare | Qualcare | 134.25 | 75 | | | 6 | 170.05 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD GLUCOSE | 82955 | CPT | | | | both | | | 179 | 11.16 | UHC | Medicaid | 6 | | | | 6 | 170.05 | fee schedule | |
| BKR CHG WHOLE BLOOD GLUCOSE | 82955 | CPT | | | | both | | | 179 | 11.16 | Amerihealth | Medicare | 9.7 | | | | 6 | 170.05 | fee schedule | |
| BKR CHG WHOLE BLOOD GLUCOSE | 82955 | CPT | | | | both | | | 179 | 11.16 | Horizon | PPO | 68.52 | 38.28 | | | 6 | 170.05 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD GLUCOSE | 82955 | CPT | | | | both | | | 179 | 11.16 | WellPoint | WellPoint | 57.6 | 32.18 | | | 6 | 170.05 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD GLUCOSE | 82955 | CPT | | | | both | | | 179 | 11.16 | Managed Care Inc | Managed Care Inc | 161.1 | 90 | | | 6 | 170.05 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD GLUCOSE | 82955 | CPT | | | | both | | | 179 | 11.16 | Three Rivers | Three Rivers | 170.05 | 95 | | | 6 | 170.05 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD GLUCOSE | 82955 | CPT | | | | both | | | 179 | 11.16 | Wellcare | Medicaid | 6 | | | | 6 | 170.05 | fee schedule | |
| BKR CHG G6PD SCREEN | 82960 | CPT | | | | both | | | 36 | 6.96 | Wellcare | Medicare | 6.05 | | | | 6.05 | 34.2 | fee schedule | |
| BKR CHG G6PD SCREEN | 82960 | CPT | | | | both | | | 36 | 6.96 | Amerihealth | HMO/PPO | 9.4 | | | | 6.05 | 34.2 | fee schedule | |
| BKR CHG G6PD SCREEN | 82960 | CPT | | | | both | | | 36 | 6.96 | Consumer | Consumer | 34.2 | 95 | | | 6.05 | 34.2 | percent of total billed charges | |
| BKR CHG G6PD SCREEN | 82960 | CPT | | | | both | | | 36 | 6.96 | Qualcare | Qualcare | 27 | 75 | | | 6.05 | 34.2 | percent of total billed charges | |
| BKR CHG G6PD SCREEN | 82960 | CPT | | | | both | | | 36 | 6.96 | Aetna | Medicare | 11.09 | 30.8 | | | 6.05 | 34.2 | percent of total billed charges | |
| BKR CHG G6PD SCREEN | 82960 | CPT | | | | both | | | 36 | 6.96 | Aetna | Better Health | 11.36 | 31.55 | | | 6.05 | 34.2 | percent of total billed charges | |
| BKR CHG G6PD SCREEN | 82960 | CPT | | | | both | | | 36 | 6.96 | Americare | Americare | 27 | 75 | | | 6.05 | 34.2 | percent of total billed charges | |
| BKR CHG G6PD SCREEN | 82960 | CPT | | | | both | | | 36 | 6.96 | First Trenton | First Trenton | 32.4 | 90 | | | 6.05 | 34.2 | percent of total billed charges | |
| BKR CHG G6PD SCREEN | 82960 | CPT | | | | both | | | 36 | 6.96 | WellPoint | WellPoint | 11.58 | 32.18 | | 9.68 | 6.05 | 34.2 | percent of total billed charges | |
| BKR CHG G6PD SCREEN | 82960 | CPT | | | | both | | | 36 | 6.96 | Amerihealth | Medicare | 6.05 | | | | 6.05 | 34.2 | fee schedule | |
| BKR CHG G6PD SCREEN | 82960 | CPT | | | | both | | | 36 | 6.96 | Corrections | Corrections | 28.8 | 80 | | | 6.05 | 34.2 | percent of total billed charges | |
| BKR CHG G6PD SCREEN | 82960 | CPT | | | | both | | | 36 | 6.96 | Managed Care Inc | Managed Care Inc | 32.4 | 90 | | | 6.05 | 34.2 | percent of total billed charges | |
| BKR CHG G6PD SCREEN | 82960 | CPT | | | | both | | | 36 | 6.96 | Horizon | MGD | 13.78 | 38.28 | | | 6.05 | 34.2 | percent of total billed charges | |
| BKR CHG G6PD SCREEN | 82960 | CPT | | | | both | | | 36 | 6.96 | Horizon | PPO | 13.78 | 38.28 | | | 6.05 | 34.2 | percent of total billed charges | |
| BKR CHG G6PD SCREEN | 82960 | CPT | | | | both | | | 36 | 6.96 | Multiplan | Multiplan | 28.8 | 80 | | | 6.05 | 34.2 | percent of total billed charges | |
| BKR CHG G6PD SCREEN | 82960 | CPT | | | | both | | | 36 | 6.96 | UHC | Medicaid | 7 | | | 8.62 | 6.05 | 34.2 | fee schedule | |
| BKR CHG G6PD SCREEN | 82960 | CPT | | | | both | | | 36 | 6.96 | Horizon | Indemnity | 13.78 | 38.28 | | | 6.05 | 34.2 | percent of total billed charges | |
| BKR CHG G6PD SCREEN | 82960 | CPT | | | | both | | | 36 | 6.96 | First Health | First Health | 25.2 | 70 | | | 6.05 | 34.2 | percent of total billed charges | |
| BKR CHG G6PD SCREEN | 82960 | CPT | | | | both | | | 36 | 6.96 | Three Rivers | Three Rivers | 34.2 | 95 | | | 6.05 | 34.2 | percent of total billed charges | |
| BKR CHG G6PD SCREEN | 82960 | CPT | | | | both | | | 36 | 6.96 | UHC | Medicare | 6.05 | | | 3.33 | 6.05 | 34.2 | fee schedule | |
| BKR CHG G6PD SCREEN | 82960 | CPT | | | | both | | | 36 | 6.96 | Horizon | Medicare Blue | 10.8 | 30 | | 4.8 | 6.05 | 34.2 | percent of total billed charges | |
| BKR CHG G6PD SCREEN | 82960 | CPT | | | | both | | | 36 | 6.96 | Horizon | NJ Health | 19.6 | | | | 6.05 | 34.2 | fee schedule | |
| BKR CHG G6PD SCREEN | 82960 | CPT | | | | both | | | 36 | 6.96 | Wellcare | Medicaid | 7 | | | | 6.05 | 34.2 | fee schedule | |
| BKR CHG POC-BG GLUCOSE | 82962 | CPT | | | | outpatient | | | 10 | 3.77 | Amerihealth | HMO/PPO | 3 | | | | 2.6 | 9.5 | fee schedule | |
| BKR CHG POC-BG GLUCOSE | 82962 | CPT | | | | outpatient | | | 10 | 3.77 | Aetna | Medicare | 3.08 | 30.8 | | | 2.6 | 9.5 | percent of total billed charges | |
| BKR CHG POC-BG GLUCOSE | 82962 | CPT | | | | outpatient | | | 10 | 3.77 | Corrections | Corrections | 8 | 80 | | | 2.6 | 9.5 | percent of total billed charges | |
| BKR CHG POC-BG GLUCOSE | 82962 | CPT | | | | outpatient | | | 10 | 3.77 | UHC | Medicare | 3.28 | | | | 2.6 | 9.5 | fee schedule | |
| BKR CHG POC-BG GLUCOSE | 82962 | CPT | | | | outpatient | | | 10 | 3.77 | Horizon | MGD | 3.83 | 38.28 | | | 2.6 | 9.5 | percent of total billed charges | |
| BKR CHG POC-BG GLUCOSE | 82962 | CPT | | | | outpatient | | | 10 | 3.77 | Aetna | Better Health | 3.16 | 31.55 | | | 2.6 | 9.5 | percent of total billed charges | |
| BKR CHG POC-BG GLUCOSE | 82962 | CPT | | | | outpatient | | | 10 | 3.77 | Horizon | Indemnity | 3.83 | 38.28 | | | 2.6 | 9.5 | percent of total billed charges | |
| BKR CHG POC-BG GLUCOSE | 82962 | CPT | | | | outpatient | | | 10 | 3.77 | Aetna | Commercial | 3.8 | 38 | | | 2.6 | 9.5 | percent of total billed charges | |
| BKR CHG POC-BG GLUCOSE | 82962 | CPT | | | | outpatient | | | 10 | 3.77 | Horizon | PPO | 3.83 | 38.28 | | | 2.6 | 9.5 | percent of total billed charges | |
| BKR CHG POC-BG GLUCOSE | 82962 | CPT | | | | outpatient | | | 10 | 3.77 | Americare | Americare | 7.5 | 75 | | | 2.6 | 9.5 | percent of total billed charges | |
| BKR CHG POC-BG GLUCOSE | 82962 | CPT | | | | outpatient | | | 10 | 3.77 | First Trenton | First Trenton | 9 | 90 | | | 2.6 | 9.5 | percent of total billed charges | |
| BKR CHG POC-BG GLUCOSE | 82962 | CPT | | | | outpatient | | | 10 | 3.77 | Wellcare | Medicare | 3.28 | | | | 2.6 | 9.5 | fee schedule | |
| BKR CHG POC-BG GLUCOSE | 82962 | CPT | | | | outpatient | | | 10 | 3.77 | Three Rivers | Three Rivers | 9.5 | 95 | | | 2.6 | 9.5 | percent of total billed charges | |
| BKR CHG POC-BG GLUCOSE | 82962 | CPT | | | | outpatient | | | 10 | 3.77 | First Health | First Health | 7 | 70 | | | 2.6 | 9.5 | percent of total billed charges | |
| BKR CHG POC-BG GLUCOSE | 82962 | CPT | | | | outpatient | | | 10 | 3.77 | Multiplan | Multiplan | 8 | 80 | | | 2.6 | 9.5 | percent of total billed charges | |
| BKR CHG POC-BG GLUCOSE | 82962 | CPT | | | | outpatient | | | 10 | 3.77 | Amerihealth | Medicare | 3.28 | | | | 2.6 | 9.5 | fee schedule | |
| BKR CHG POC-BG GLUCOSE | 82962 | CPT | | | | outpatient | | | 10 | 3.77 | Wellcare | Medicaid | 2.6 | | | | 2.6 | 9.5 | fee schedule | |
| BKR CHG POC-BG GLUCOSE | 82962 | CPT | | | | outpatient | | | 10 | 3.77 | Consumer | Consumer | 9.5 | 95 | | | 2.6 | 9.5 | percent of total billed charges | |
| BKR CHG POC-BG GLUCOSE | 82962 | CPT | | | | outpatient | | | 10 | 3.77 | Horizon | NJ Health | 5.63 | | | | 2.6 | 9.5 | fee schedule | |
| BKR CHG POC-BG GLUCOSE | 82962 | CPT | | | | outpatient | | | 10 | 3.77 | WellPoint | WellPoint | 3.22 | 32.18 | | | 2.6 | 9.5 | percent of total billed charges | |
| BKR CHG POC-BG GLUCOSE | 82962 | CPT | | | | outpatient | | | 10 | 3.77 | Qualcare | Qualcare | 7.5 | 75 | | | 2.6 | 9.5 | percent of total billed charges | |
| BKR CHG POC-BG GLUCOSE | 82962 | CPT | | | | outpatient | | | 10 | 3.77 | Horizon | Medicare Blue | 3 | 30 | | | 2.6 | 9.5 | percent of total billed charges | |
| BKR CHG POC-BG GLUCOSE | 82962 | CPT | | | | outpatient | | | 10 | 3.77 | Managed Care Inc | Managed Care Inc | 9 | 90 | | | 2.6 | 9.5 | percent of total billed charges | |
| BKR CHG POC-BG GLUCOSE | 82962 | CPT | | | | outpatient | | | 10 | 3.77 | UHC | Medicaid | 2.6 | | | | 2.6 | 9.5 | fee schedule | |
| BKR CHG TAY SACHS (M/P PREGANCY) LAB | 82963 | CPT | | | | outpatient | | | 609 | 24.7 | Americare | Americare | 456.75 | 75 | | | 21.48 | 578.55 | percent of total billed charges | |
| BKR CHG TAY SACHS (M/P PREGANCY) LAB | 82963 | CPT | | | | outpatient | | | 609 | 24.7 | Multiplan | Multiplan | 487.2 | 80 | | | 21.48 | 578.55 | percent of total billed charges | |
| BKR CHG TAY SACHS (M/P PREGANCY) LAB | 82963 | CPT | | | | outpatient | | | 609 | 24.7 | UHC | Medicaid | 26.5 | | | | 21.48 | 578.55 | fee schedule | |
| BKR CHG TAY SACHS (M/P PREGANCY) LAB | 82963 | CPT | | | | outpatient | | | 609 | 24.7 | Horizon | PPO | 233.13 | 38.28 | | | 21.48 | 578.55 | percent of total billed charges | |
| BKR CHG TAY SACHS (M/P PREGANCY) LAB | 82963 | CPT | | | | outpatient | | | 609 | 24.7 | Consumer | Consumer | 578.55 | 95 | | | 21.48 | 578.55 | percent of total billed charges | |
| BKR CHG TAY SACHS (M/P PREGANCY) LAB | 82963 | CPT | | | | outpatient | | | 609 | 24.7 | Aetna | Better Health | 192.14 | 31.55 | | | 21.48 | 578.55 | percent of total billed charges | |
| BKR CHG TAY SACHS (M/P PREGANCY) LAB | 82963 | CPT | | | | outpatient | | | 609 | 24.7 | Horizon | MGD | 233.13 | 38.28 | | | 21.48 | 578.55 | percent of total billed charges | |
| BKR CHG TAY SACHS (M/P PREGANCY) LAB | 82963 | CPT | | | | outpatient | | | 609 | 24.7 | Aetna | Medicare | 187.57 | 30.8 | | | 21.48 | 578.55 | percent of total billed charges | |
| BKR CHG TAY SACHS (M/P PREGANCY) LAB | 82963 | CPT | | | | outpatient | | | 609 | 24.7 | Three Rivers | Three Rivers | 578.55 | 95 | | | 21.48 | 578.55 | percent of total billed charges | |
| BKR CHG TAY SACHS (M/P PREGANCY) LAB | 82963 | CPT | | | | outpatient | | | 609 | 24.7 | Qualcare | Qualcare | 456.75 | 75 | | | 21.48 | 578.55 | percent of total billed charges | |
| BKR CHG TAY SACHS (M/P PREGANCY) LAB | 82963 | CPT | | | | outpatient | | | 609 | 24.7 | Wellcare | Medicare | 21.48 | | | | 21.48 | 578.55 | fee schedule | |
| BKR CHG TAY SACHS (M/P PREGANCY) LAB | 82963 | CPT | | | | outpatient | | | 609 | 24.7 | WellPoint | WellPoint | 195.98 | 32.18 | | | 21.48 | 578.55 | percent of total billed charges | |
| BKR CHG TAY SACHS (M/P PREGANCY) LAB | 82963 | CPT | | | | outpatient | | | 609 | 24.7 | Corrections | Corrections | 487.2 | 80 | | | 21.48 | 578.55 | percent of total billed charges | |
| BKR CHG TAY SACHS (M/P PREGANCY) LAB | 82963 | CPT | | | | outpatient | | | 609 | 24.7 | First Trenton | First Trenton | 548.1 | 90 | | | 21.48 | 578.55 | percent of total billed charges | |
| BKR CHG TAY SACHS (M/P PREGANCY) LAB | 82963 | CPT | | | | outpatient | | | 609 | 24.7 | Horizon | Indemnity | 233.13 | 38.28 | | | 21.48 | 578.55 | percent of total billed charges | |
| BKR CHG TAY SACHS (M/P PREGANCY) LAB | 82963 | CPT | | | | outpatient | | | 609 | 24.7 | Amerihealth | HMO/PPO | 33.5 | | | | 21.48 | 578.55 | fee schedule | |
| BKR CHG TAY SACHS (M/P PREGANCY) LAB | 82963 | CPT | | | | outpatient | | | 609 | 24.7 | Horizon | NJ Health | 57.13 | | | | 21.48 | 578.55 | fee schedule | |
| BKR CHG TAY SACHS (M/P PREGANCY) LAB | 82963 | CPT | | | | outpatient | | | 609 | 24.7 | UHC | Medicare | 21.48 | | | | 21.48 | 578.55 | fee schedule | |
| BKR CHG TAY SACHS (M/P PREGANCY) LAB | 82963 | CPT | | | | outpatient | | | 609 | 24.7 | Wellcare | Medicaid | 26.5 | | | | 21.48 | 578.55 | fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG TAY SACHS (M/P PREGANCY) LAB | 82963 | CPT | | | | outpatient | | | 609 | | 24.7 Amerihealth | Medicare | 21.48 | | | | 21.48 | 21.48 | 578.55 fee schedule | |
| BKR CHG TAY SACHS (M/P PREGANCY) LAB | 82963 | CPT | | | | outpatient | | | 609 | | 24.7 Horizon | Medicare Blue | 182.7 | 30 | | | 21.48 | 21.48 | 578.55 percent of total billed charges | |
| BKR CHG TAY SACHS (M/P PREGANCY) LAB | 82963 | CPT | | | | outpatient | | | 609 | | 24.7 First Health | First Health | 426.3 | 70 | | | 21.48 | 21.48 | 578.55 percent of total billed charges | |
| BKR CHG TAY SACHS (M/P PREGANCY) LAB | 82963 | CPT | | | | outpatient | | | 609 | | 24.7 Managed Care Inc | Managed Care Inc | 548.1 | 90 | | | 21.48 | 21.48 | 578.55 percent of total billed charges | |
| BKR CHG GLUTAMYLTRANSFERASE GAMMA (GTT) | 82977 | CPT | | | | both | | | 307 | | 8.28 Americare | Americare | 230.25 | 75 | | | 1.7 | 1.7 | 291.65 percent of total billed charges | |
| BKR CHG GLUTAMYLTRANSFERASE GAMMA (GTT) | 82977 | CPT | | | | both | | | 307 | | 8.28 Aetna | Medicare | 94.56 | 30.8 | | 5.3 | 1.7 | 1.7 | 291.65 percent of total billed charges | |
| BKR CHG GLUTAMYLTRANSFERASE GAMMA (GTT) | 82977 | CPT | | | | both | | | 307 | | 8.28 Aetna | Better Health | 96.86 | 31.55 | | 6.34 | 1.7 | 1.7 | 291.65 percent of total billed charges | |
| BKR CHG GLUTAMYLTRANSFERASE GAMMA (GTT) | 82977 | CPT | | | | both | | | 307 | | 8.28 First Trenton | First Trenton | 276.3 | 90 | | | 1.7 | 1.7 | 291.65 percent of total billed charges | |
| BKR CHG GLUTAMYLTRANSFERASE GAMMA (GTT) | 82977 | CPT | | | | both | | | 307 | | 8.28 UHC | Medicare | 7.2 | | | 7.21 | 1.7 | 1.7 | 291.65 fee schedule | |
| BKR CHG GLUTAMYLTRANSFERASE GAMMA (GTT) | 82977 | CPT | | | | both | | | 307 | | 8.28 Consumer | Consumer | 291.65 | 95 | | | 1.7 | 1.7 | 291.65 percent of total billed charges | |
| BKR CHG GLUTAMYLTRANSFERASE GAMMA (GTT) | 82977 | CPT | | | | both | | | 307 | | 8.28 Amerihealth | HMO/PPO | 1.7 | | | 5.47 | 1.7 | 1.7 | 291.65 fee schedule | |
| BKR CHG GLUTAMYLTRANSFERASE GAMMA (GTT) | 82977 | CPT | | | | both | | | 307 | | 8.28 Amerihealth | Medicare | 7.2 | | | | 1.7 | 1.7 | 291.65 fee schedule | |
| BKR CHG GLUTAMYLTRANSFERASE GAMMA (GTT) | 82977 | CPT | | | | both | | | 307 | | 8.28 WellPoint | WellPoint | 98.79 | 32.18 | | 15.55 | 1.7 | 1.7 | 291.65 percent of total billed charges | |
| BKR CHG GLUTAMYLTRANSFERASE GAMMA (GTT) | 82977 | CPT | | | | both | | | 307 | | 8.28 Multiplan | Multiplan | 245.6 | 80 | | | 1.7 | 1.7 | 291.65 percent of total billed charges | |
| BKR CHG GLUTAMYLTRANSFERASE GAMMA (GTT) | 82977 | CPT | | | | both | | | 307 | | 8.28 Horizon | Indemnity | 117.52 | 38.28 | | 14 | 1.7 | 1.7 | 291.65 percent of total billed charges | |
| BKR CHG GLUTAMYLTRANSFERASE GAMMA (GTT) | 82977 | CPT | | | | both | | | 307 | | 8.28 Managed Care Inc | Managed Care Inc | 276.3 | 90 | | | 1.7 | 1.7 | 291.65 percent of total billed charges | |
| BKR CHG GLUTAMYLTRANSFERASE GAMMA (GTT) | 82977 | CPT | | | | both | | | 307 | | 8.28 Horizon | Medicare Blue | 92.1 | 30 | | 7.12 | 1.7 | 1.7 | 291.65 percent of total billed charges | |
| BKR CHG GLUTAMYLTRANSFERASE GAMMA (GTT) | 82977 | CPT | | | | both | | | 307 | | 8.28 Corrections | Corrections | 245.6 | 80 | | | 1.7 | 1.7 | 291.65 percent of total billed charges | |
| BKR CHG GLUTAMYLTRANSFERASE GAMMA (GTT) | 82977 | CPT | | | | both | | | 307 | | 8.28 Horizon | PPO | 117.52 | 38.28 | | 11.04 | 1.7 | 1.7 | 291.65 percent of total billed charges | |
| BKR CHG GLUTAMYLTRANSFERASE GAMMA (GTT) | 82977 | CPT | | | | both | | | 307 | | 8.28 First Health | First Health | 214.9 | 70 | | | 1.7 | 1.7 | 291.65 percent of total billed charges | |
| BKR CHG GLUTAMYLTRANSFERASE GAMMA (GTT) | 82977 | CPT | | | | both | | | 307 | | 8.28 Horizon | NJ Health | 9.41 | | | 2.57 | 1.7 | 1.7 | 291.65 fee schedule | |
| BKR CHG GLUTAMYLTRANSFERASE GAMMA (GTT) | 82977 | CPT | | | | both | | | 307 | | 8.28 Qualcare | Qualcare | 230.25 | 75 | | | 1.7 | 1.7 | 291.65 percent of total billed charges | |
| BKR CHG GLUTAMYLTRANSFERASE GAMMA (GTT) | 82977 | CPT | | | | both | | | 307 | | 8.28 UHC | Medicaid | 4.8 | | | 11.07 | 1.7 | 1.7 | 291.65 fee schedule | |
| BKR CHG GLUTAMYLTRANSFERASE GAMMA (GTT) | 82977 | CPT | | | | both | | | 307 | | 8.28 Three Rivers | Three Rivers | 291.65 | 95 | | | 1.7 | 1.7 | 291.65 percent of total billed charges | |
| BKR CHG GLUTAMYLTRANSFERASE GAMMA (GTT) | 82977 | CPT | | | | both | | | 307 | | 8.28 Wellcare | Medicaid | 4.8 | | | 10.21 | 1.7 | 1.7 | 291.65 fee schedule | |
| BKR CHG GLUTAMYLTRANSFERASE GAMMA (GTT) | 82977 | CPT | | | | both | | | 307 | | 8.28 Horizon | MGD | 117.52 | 38.28 | | 16.42 | 1.7 | 1.7 | 291.65 percent of total billed charges | |
| BKR CHG GLUTAMYLTRANSFERASE GAMMA (GTT) | 82977 | CPT | | | | both | | | 307 | | 8.28 Wellcare | Medicare | 7.2 | | | 5.86 | 1.7 | 1.7 | 291.65 fee schedule | |
| BKR CHG FRUCTOSAMINE | 82985 | CPT | | | | both | | | 42 | | 19.27 Multiplan | Multiplan | 33.6 | 80 | | | 6.6 | 6.6 | 39.9 percent of total billed charges | |
| BKR CHG FRUCTOSAMINE | 82985 | CPT | | | | both | | | 42 | | 19.27 Amerihealth | HMO/PPO | 19 | | | | 6.6 | 6.6 | 39.9 fee schedule | |
| BKR CHG FRUCTOSAMINE | 82985 | CPT | | | | both | | | 42 | | 19.27 Amerihealth | Medicare | 16.76 | | | | 6.6 | 6.6 | 39.9 fee schedule | |
| BKR CHG FRUCTOSAMINE | 82985 | CPT | | | | both | | | 42 | | 19.27 Aetna | Medicare | 12.94 | 30.8 | | | 6.6 | 6.6 | 39.9 percent of total billed charges | |
| BKR CHG FRUCTOSAMINE | 82985 | CPT | | | | both | | | 42 | | 19.27 Aetna | Better Health | 13.25 | 31.55 | | | 6.6 | 6.6 | 39.9 percent of total billed charges | |
| BKR CHG FRUCTOSAMINE | 82985 | CPT | | | | both | | | 42 | | 19.27 Horizon | Indemnity | 16.08 | 38.28 | | | 6.6 | 6.6 | 39.9 percent of total billed charges | |
| BKR CHG FRUCTOSAMINE | 82985 | CPT | | | | both | | | 42 | | 19.27 Americare | Americare | 31.5 | 75 | | | 6.6 | 6.6 | 39.9 percent of total billed charges | |
| BKR CHG FRUCTOSAMINE | 82985 | CPT | | | | both | | | 42 | | 19.27 Aetna | Commercial | 15.96 | 38 | | | 6.6 | 6.6 | 39.9 percent of total billed charges | |
| BKR CHG FRUCTOSAMINE | 82985 | CPT | | | | both | | | 42 | | 19.27 Qualcare | Qualcare | 31.5 | 75 | | | 6.6 | 6.6 | 39.9 percent of total billed charges | |
| BKR CHG FRUCTOSAMINE | 82985 | CPT | | | | both | | | 42 | | 19.27 WellPoint | WellPoint | 13.52 | 32.18 | | 5.58 | 6.6 | 6.6 | 39.9 percent of total billed charges | |
| BKR CHG FRUCTOSAMINE | 82985 | CPT | | | | both | | | 42 | | 19.27 Corrections | Corrections | 33.6 | 80 | | | 6.6 | 6.6 | 39.9 percent of total billed charges | |
| BKR CHG FRUCTOSAMINE | 82985 | CPT | | | | both | | | 42 | | 19.27 Consumer | Consumer | 39.9 | 95 | | | 6.6 | 6.6 | 39.9 percent of total billed charges | |
| BKR CHG FRUCTOSAMINE | 82985 | CPT | | | | both | | | 42 | | 19.27 First Health | First Health | 29.4 | 70 | | | 6.6 | 6.6 | 39.9 percent of total billed charges | |
| BKR CHG FRUCTOSAMINE | 82985 | CPT | | | | both | | | 42 | | 19.27 Horizon | MGD | 16.08 | 38.28 | | 10.51 | 6.6 | 6.6 | 39.9 percent of total billed charges | |
| BKR CHG FRUCTOSAMINE | 82985 | CPT | | | | both | | | 42 | | 19.27 First Trenton | First Trenton | 37.8 | 90 | | | 6.6 | 6.6 | 39.9 percent of total billed charges | |
| BKR CHG FRUCTOSAMINE | 82985 | CPT | | | | both | | | 42 | | 19.27 Horizon | NJ Health | 12.94 | | | 2.45 | 6.6 | 6.6 | 39.9 fee schedule | |
| BKR CHG FRUCTOSAMINE | 82985 | CPT | | | | both | | | 42 | | 19.27 UHC | Medicaid | 6.6 | | | | 6.6 | 6.6 | 39.9 fee schedule | |
| BKR CHG FRUCTOSAMINE | 82985 | CPT | | | | both | | | 42 | | 19.27 UHC | Medicare | 16.76 | | | 5.86 | 6.6 | 6.6 | 39.9 fee schedule | |
| BKR CHG FRUCTOSAMINE | 82985 | CPT | | | | both | | | 42 | | 19.27 Horizon | Medicare Blue | 12.6 | 30 | | | 6.6 | 6.6 | 39.9 percent of total billed charges | |
| BKR CHG FRUCTOSAMINE | 82985 | CPT | | | | both | | | 42 | | 19.27 Horizon | PPO | 16.08 | 38.28 | | | 6.6 | 6.6 | 39.9 percent of total billed charges | |
| BKR CHG FRUCTOSAMINE | 82985 | CPT | | | | both | | | 42 | | 19.27 Wellcare | Medicare | 16.76 | | | | 6.6 | 6.6 | 39.9 fee schedule | |
| BKR CHG FRUCTOSAMINE | 82985 | CPT | | | | both | | | 42 | | 19.27 Managed Care Inc | Managed Care Inc | 37.8 | 90 | | | 6.6 | 6.6 | 39.9 percent of total billed charges | |
| BKR CHG FRUCTOSAMINE | 82985 | CPT | | | | both | | | 42 | | 19.27 Wellcare | Medicaid | 6.6 | | | 6.84 | 6.6 | 6.6 | 39.9 fee schedule | |
| BKR CHG FRUCTOSAMINE | 82985 | CPT | | | | both | | | 42 | | 19.27 Three Rivers | Three Rivers | 39.9 | 95 | | | 6.6 | 6.6 | 39.9 percent of total billed charges | |
| BKR CHG FSH, PEDIATRIC | 83001 | CPT | | | | both | | | 192 | | 21.37 Americare | Americare | 144 | 75 | | | 7.2 | 7.2 | 182.4 percent of total billed charges | |
| BKR CHG FSH, PEDIATRIC | 83001 | CPT | | | | both | | | 192 | | 21.37 Aetna | Medicare | 59.14 | 30.8 | | 11.11 | 7.2 | 7.2 | 182.4 percent of total billed charges | |
| BKR CHG FSH, PEDIATRIC | 83001 | CPT | | | | both | | | 192 | | 21.37 Horizon | Medicare Blue | 57.6 | 30 | | 8.13 | 7.2 | 7.2 | 182.4 percent of total billed charges | |
| BKR CHG FSH, PEDIATRIC | 83001 | CPT | | | | both | | | 192 | | 21.37 Aetna | Better Health | 60.58 | 31.55 | | | 7.2 | 7.2 | 182.4 percent of total billed charges | |
| BKR CHG FSH, PEDIATRIC | 83001 | CPT | | | | both | | | 192 | | 21.37 Corrections | Corrections | 153.6 | 80 | | 32.2 | 7.2 | 7.2 | 182.4 percent of total billed charges | |
| BKR CHG FSH, PEDIATRIC | 83001 | CPT | | | | both | | | 192 | | 21.37 Consumer | Consumer | 182.4 | 95 | | | 7.2 | 7.2 | 182.4 percent of total billed charges | |
| BKR CHG FSH, PEDIATRIC | 83001 | CPT | | | | both | | | 192 | | 21.37 Horizon | PPO | 73.5 | 38.28 | | 31.1 | 7.2 | 7.2 | 182.4 percent of total billed charges | |
| BKR CHG FSH, PEDIATRIC | 83001 | CPT | | | | both | | | 192 | | 21.37 First Health | First Health | 134.4 | 70 | | | 7.2 | 7.2 | 182.4 percent of total billed charges | |
| BKR CHG FSH, PEDIATRIC | 83001 | CPT | | | | both | | | 192 | | 21.37 Amerihealth | HMO/PPO | 29 | | | | 7.2 | 7.2 | 182.4 fee schedule | |
| BKR CHG FSH, PEDIATRIC | 83001 | CPT | | | | both | | | 192 | | 21.37 Horizon | Indemnity | 73.5 | 38.28 | | 50 | 7.2 | 7.2 | 182.4 percent of total billed charges | |
| BKR CHG FSH, PEDIATRIC | 83001 | CPT | | | | both | | | 192 | | 21.37 Multiplan | Multiplan | 153.6 | 80 | | | 7.2 | 7.2 | 182.4 percent of total billed charges | |
| BKR CHG FSH, PEDIATRIC | 83001 | CPT | | | | both | | | 192 | | 21.37 Horizon | MGD | 73.5 | 38.28 | | 34.22 | 7.2 | 7.2 | 182.4 percent of total billed charges | |
| BKR CHG FSH, PEDIATRIC | 83001 | CPT | | | | both | | | 192 | | 21.37 First Trenton | First Trenton | 172.8 | 90 | | | 7.2 | 7.2 | 182.4 percent of total billed charges | |
| BKR CHG FSH, PEDIATRIC | 83001 | CPT | | | | both | | | 192 | | 21.37 Wellcare | Medicaid | 17 | | | 28.57 | 7.2 | 7.2 | 182.4 fee schedule | |
| BKR CHG FSH, PEDIATRIC | 83001 | CPT | | | | both | | | 192 | | 21.37 Wellcare | Medicare | 18.58 | | | | 7.2 | 7.2 | 182.4 fee schedule | |
| BKR CHG FSH, PEDIATRIC | 83001 | CPT | | | | both | | | 192 | | 21.37 Amerihealth | Medicare | 18.58 | | | | 7.2 | 7.2 | 182.4 fee schedule | |
| BKR CHG FSH, PEDIATRIC | 83001 | CPT | | | | both | | | 192 | | 21.37 Qualcare | Qualcare | 144 | 75 | | | 7.2 | 7.2 | 182.4 percent of total billed charges | |
| BKR CHG FSH, PEDIATRIC | 83001 | CPT | | | | both | | | 192 | | 21.37 Managed Care Inc | Managed Care Inc | 172.8 | 90 | | | 7.2 | 7.2 | 182.4 percent of total billed charges | |
| BKR CHG FSH, PEDIATRIC | 83001 | CPT | | | | both | | | 192 | | 21.37 Horizon | NJ Health | 33.32 | | | 4.49 | 7.2 | 7.2 | 182.4 fee schedule | |
| BKR CHG FSH, PEDIATRIC | 83001 | CPT | | | | both | | | 192 | | 21.37 Three Rivers | Three Rivers | 182.4 | 95 | | | 7.2 | 7.2 | 182.4 percent of total billed charges | |
| BKR CHG FSH, PEDIATRIC | 83001 | CPT | | | | both | | | 192 | | 21.37 UHC | Medicaid | 17 | | | 30.51 | 7.2 | 7.2 | 182.4 fee schedule | |
| BKR CHG FSH, PEDIATRIC | 83001 | CPT | | | | both | | | 192 | | 21.37 UHC | Medicare | 18.58 | | | 21.79 | 7.2 | 7.2 | 182.4 fee schedule | |
| BKR CHG FSH, PEDIATRIC | 83001 | CPT | | | | both | | | 192 | | 21.37 WellPoint | WellPoint | 61.79 | 32.18 | | 43.81 | 7.2 | 7.2 | 182.4 percent of total billed charges | |
| BKR CHG LUTEINIZING HORMONE, PEDIATRIC | 83002 | CPT | | | | both | | | 166 | | 21.3 Amerihealth | Medicare | 18.52 | | | | 7.2 | 7.2 | 157.7 fee schedule | |
| BKR CHG LUTEINIZING HORMONE, PEDIATRIC | 83002 | CPT | | | | both | | | 166 | | 21.3 Aetna | Commercial | 63.08 | 38 | | 37.19 | 7.2 | 7.2 | 157.7 percent of total billed charges | |
| BKR CHG LUTEINIZING HORMONE, PEDIATRIC | 83002 | CPT | | | | both | | | 166 | | 21.3 First Health | First Health | 116.2 | 70 | | | 7.2 | 7.2 | 157.7 percent of total billed charges | |
| BKR CHG LUTEINIZING HORMONE, PEDIATRIC | 83002 | CPT | | | | both | | | 166 | | 21.3 Horizon | Indemnity | 63.54 | 38.28 | | | 7.2 | 7.2 | 157.7 percent of total billed charges | |
| BKR CHG LUTEINIZING HORMONE, PEDIATRIC | 83002 | CPT | | | | both | | | 166 | | 21.3 Aetna | Better Health | 52.37 | 31.55 | | 18.46 | 7.2 | 7.2 | 157.7 percent of total billed charges | |
| BKR CHG LUTEINIZING HORMONE, PEDIATRIC | 83002 | CPT | | | | both | | | 166 | | 21.3 WellPoint | WellPoint | 53.42 | 32.18 | | 31.51 | 7.2 | 7.2 | 157.7 percent of total billed charges | |
| BKR CHG LUTEINIZING HORMONE, PEDIATRIC | 83002 | CPT | | | | both | | | 166 | | 21.3 Aetna | Medicare | 51.13 | 30.8 | | 11.11 | 7.2 | 7.2 | 157.7 percent of total billed charges | |
| BKR CHG LUTEINIZING HORMONE, PEDIATRIC | 83002 | CPT | | | | both | | | 166 | | 21.3 Americare | Americare | 124.5 | 75 | | | 7.2 | 7.2 | 157.7 percent of total billed charges | |
| BKR CHG LUTEINIZING HORMONE, PEDIATRIC | 83002 | CPT | | | | both | | | 166 | | 21.3 Corrections | Corrections | 132.8 | 80 | | 32.2 | 7.2 | 7.2 | 157.7 percent of total billed charges | |
| BKR CHG LUTEINIZING HORMONE, PEDIATRIC | 83002 | CPT | | | | both | | | 166 | | 21.3 Horizon | MGD | 63.54 | 38.28 | | 34.28 | 7.2 | 7.2 | 157.7 percent of total billed charges | |
| BKR CHG LUTEINIZING HORMONE, PEDIATRIC | 83002 | CPT | | | | both | | | 166 | | 21.3 Multiplan | Multiplan | 132.8 | 80 | | | 7.2 | 7.2 | 157.7 percent of total billed charges | |
| BKR CHG LUTEINIZING HORMONE, PEDIATRIC | 83002 | CPT | | | | both | | | 166 | | 21.3 Horizon | PPO | 63.54 | 38.28 | | 28.91 | 7.2 | 7.2 | 157.7 percent of total billed charges | |
| BKR CHG LUTEINIZING HORMONE, PEDIATRIC | 83002 | CPT | | | | both | | | 166 | | 21.3 First Trenton | First Trenton | 149.4 | 90 | | | 7.2 | 7.2 | 157.7 percent of total billed charges | |
| BKR CHG LUTEINIZING HORMONE, PEDIATRIC | 83002 | CPT | | | | both | | | 166 | | 21.3 UHC | Medicare | 18.52 | | | 23.16 | 7.2 | 7.2 | 157.7 fee schedule | |
| BKR CHG LUTEINIZING HORMONE, PEDIATRIC | 83002 | CPT | | | | both | | | 166 | | 21.3 Consumer | Consumer | 157.7 | 95 | | | 7.2 | 7.2 | 157.7 percent of total billed charges | |
| BKR CHG LUTEINIZING HORMONE, PEDIATRIC | 83002 | CPT | | | | both | | | 166 | | 21.3 Amerihealth | HMO/PPO | 29.5 | | | | 7.2 | 7.2 | 157.7 fee schedule | |
| BKR CHG LUTEINIZING HORMONE, PEDIATRIC | 83002 | CPT | | | | both | | | 166 | | 21.3 Horizon | Medicare Blue | 49.8 | 30 | | 9.15 | 7.2 | 7.2 | 157.7 percent of total billed charges | |
| BKR CHG LUTEINIZING HORMONE, PEDIATRIC | 83002 | CPT | | | | both | | | 166 | | 21.3 Wellcare | Medicaid | 17 | | | 28.5 | 7.2 | 7.2 | 157.7 fee schedule | |
| BKR CHG LUTEINIZING HORMONE, PEDIATRIC | 83002 | CPT | | | | both | | | 166 | | 21.3 Qualcare | Qualcare | 124.5 | 75 | | | 7.2 | 7.2 | 157.7 percent of total billed charges | |
| BKR CHG LUTEINIZING HORMONE, PEDIATRIC | 83002 | CPT | | | | both | | | 166 | | 21.3 Horizon | NJ Health | 33.32 | | | 4.06 | 7.2 | 7.2 | 157.7 fee schedule | |
| BKR CHG LUTEINIZING HORMONE, PEDIATRIC | 83002 | CPT | | | | both | | | 166 | | 21.3 Wellcare | Medicare | 18.52 | | | | 7.2 | 7.2 | 157.7 fee schedule | |
| BKR CHG LUTEINIZING HORMONE, PEDIATRIC | 83002 | CPT | | | | both | | | 166 | | 21.3 Managed Care Inc | Managed Care Inc | 149.4 | 90 | | | 7.2 | 7.2 | 157.7 percent of total billed charges | |
| BKR CHG LUTEINIZING HORMONE, PEDIATRIC | 83002 | CPT | | | | both | | | 166 | | 21.3 UHC | Medicaid | 17 | | | 30.76 | 7.2 | 7.2 | 157.7 fee schedule | |
| BKR CHG LUTEINIZING HORMONE, PEDIATRIC | 83002 | CPT | | | | both | | | 166 | | 21.3 Three Rivers | Three Rivers | 157.7 | 95 | | | 7.2 | 7.2 | 157.7 percent of total billed charges | |
| BKR CHG GROWTH HORMONE | 83003 | CPT | | | | both | | | 41 | | 19.17 Aetna | Medicare | 12.63 | 30.8 | | 4.87 | 12.3 | 12.3 | 38.95 percent of total billed charges | |
| BKR CHG GROWTH HORMONE | 83003 | CPT | | | | both | | | 41 | | 19.17 Amerihealth | HMO/PPO | 25.8 | | | | 12.3 | 12.3 | 38.95 fee schedule | |
| BKR CHG GROWTH HORMONE | 83003 | CPT | | | | both | | | 41 | | 19.17 Horizon | Indemnity | 15.69 | 38.28 | | 1.94 | 12.3 | 12.3 | 38.95 percent of total billed charges | |
| BKR CHG GROWTH HORMONE | 83003 | CPT | | | | both | | | 41 | | 19.17 Aetna | Better Health | 12.94 | 31.55 | | 9.66 | 12.3 | 12.3 | 38.95 percent of total billed charges | |
| BKR CHG GROWTH HORMONE | 83003 | CPT | | | | both | | | 41 | | 19.17 Corrections | Corrections | 32.8 | 80 | | | 12.3 | 12.3 | 38.95 percent of total billed charges | |
| BKR CHG GROWTH HORMONE | 83003 | CPT | | | | both | | | 41 | | 19.17 Horizon | MGD | 15.69 | 38.28 | | 6.6 | 12.3 | 12.3 | 38.95 percent of total billed charges | |
| BKR CHG GROWTH HORMONE | 83003 | CPT | | | | both | | | 41 | | 19.17 Amerihealth | Medicare | 16.67 | | | | 12.3 | 12.3 | 38.95 fee schedule | |
| BKR CHG GROWTH HORMONE | 83003 | CPT | | | | both | | | 41 | | 19.17 WellPoint | WellPoint | 13.19 | 32.18 | | 2.17 | 12.3 | 12.3 | 38.95 percent of total billed charges | |
| BKR CHG GROWTH HORMONE | 83003 | CPT | | | | both | | | 41 | | 19.17 Americare | Americare | 30.75 | 75 | | | 12.3 | 12.3 | 38.95 percent of total billed charges | |
| BKR CHG GROWTH HORMONE | 83003 | CPT | | | | both | | | 41 | | 19.17 Consumer | Consumer | 38.95 | 95 | | | 12.3 | 12.3 | 38.95 percent of total billed charges | |
| BKR CHG GROWTH HORMONE | 83003 | CPT | | | | both | | | 41 | | 19.17 Horizon | Medicare Blue | 12.3 | 30 | | 4.77 | 12.3 | 12.3 | 38.95 percent of total billed charges | |
| BKR CHG GROWTH HORMONE | 83003 | CPT | | | | both | | | 41 | | 19.17 First Health | First Health | 28.7 | 70 | | | 12.3 | 12.3 | 38.95 percent of total billed charges | |
| BKR CHG GROWTH HORMONE | 83003 | CPT | | | | both | | | 41 | | 19.17 First Trenton | First Trenton | 36.9 | 90 | | | 12.3 | 12.3 | 38.95 percent of total billed charges | |
| BKR CHG GROWTH HORMONE | 83003 | CPT | | | | both | | | 41 | | 19.17 Horizon | NJ Health | 31.36 | | | 1.17 | 12.3 | 12.3 | 38.95 fee schedule | |
| BKR CHG GROWTH HORMONE | 83003 | CPT | | | | both | | | 41 | | 19.17 Horizon | PPO | 15.69 | 38.28 | | 7.7 | 12.3 | 12.3 | 38.95 percent of total billed charges | |
| BKR CHG GROWTH HORMONE | 83003 | CPT | | | | both | | | 41 | | 19.17 Wellcare | Medicaid | 16 | | | | 12.3 | 12.3 | 38.95 fee schedule | |
| BKR CHG GROWTH HORMONE | 83003 | CPT | | | | both | | | 41 | | 19.17 Three Rivers | Three Rivers | 38.95 | 95 | | | 12.3 | 12.3 | 38.95 percent of total billed charges | |
| BKR CHG GROWTH HORMONE | 83003 | CPT | | | | both | | | 41 | | 19.17 Wellcare | Medicare | 16.67 | | | | 12.3 | 12.3 | 38.95 fee schedule | |
| BKR CHG GROWTH HORMONE | 83003 | CPT | | | | both | | | 41 | | 19.17 Multiplan | Multiplan | 32.8 | 80 | | | 12.3 | 12.3 | 38.95 percent of total billed charges | |
| BKR CHG GROWTH HORMONE | 83003 | CPT | | | | both | | | 41 | | 19.17 Managed Care Inc | Managed Care Inc | 36.9 | 90 | | | 12.3 | 12.3 | 38.95 percent of total billed charges | |
| BKR CHG GROWTH HORMONE | 83003 | CPT | | | | both | | | 41 | | 19.17 Qualcare | Qualcare | 30.75 | 75 | | | 12.3 | 12.3 | 38.95 percent of total billed charges | |
| BKR CHG GROWTH HORMONE | 83003 | CPT | | | | both | | | 41 | | 19.17 UHC | Medicare | 16.67 | | | 6.5 | 12.3 | 12.3 | 38.95 fee schedule | |
| BKR CHG GROWTH HORMONE | 83003 | CPT | | | | both | | | 41 | | 19.17 UHC | Medicaid | 16 | | | 6.09 | 12.3 | 12.3 | 38.95 fee schedule | |
| BKR CHG HAPTOGLOBIN, QUANTITATIVE | 83010 | CPT | | | | both | | | 307 | | 14.47 Aetna | Better Health | 96.86 | 31.55 | | 10.81 | 8.7 | 8.7 | 291.65 percent of total billed charges | |
| BKR CHG HAPTOGLOBIN, QUANTITATIVE | 83010 | CPT | | | | both | | | 307 | | 14.47 First Trenton | First Trenton | 276.3 | 90 | | | 8.7 | 8.7 | 291.65 percent of total billed charges | |
| BKR CHG HAPTOGLOBIN, QUANTITATIVE | 83010 | CPT | | | | both | | | 307 | | 14.47 Horizon | Medicare Blue | 92.1 | 30 | | 4.72 | 8.7 | 8.7 | 291.65 percent of total billed charges | |
| BKR CHG HAPTOGLOBIN, QUANTITATIVE | 83010 | CPT | | | | both | | | 307 | | 14.47 Aetna | Medicare | 94.56 | 30.8 | | | 8.7 | 8.7 | 291.65 percent of total billed charges | |
| BKR CHG HAPTOGLOBIN, QUANTITATIVE | 83010 | CPT | | | | both | | | 307 | | 14.47 Amerihealth | Medicare | 12.58 | | | | 8.7 | 8.7 | 291.65 fee schedule | |
| BKR CHG HAPTOGLOBIN, QUANTITATIVE | 83010 | CPT | | | | both | | | 307 | | 14.47 Managed Care Inc | Managed Care Inc | 276.3 | 90 | | | 8.7 | 8.7 | 291.65 percent of total billed charges | |
| BKR CHG HAPTOGLOBIN, QUANTITATIVE | 83010 | CPT | | | | both | | | 307 | | 14.47 Consumer | Consumer | 291.65 | 95 | | | 8.7 | 8.7 | 291.65 percent of total billed charges | |
| BKR CHG HAPTOGLOBIN, QUANTITATIVE | 83010 | CPT | | | | both | | | 307 | | 14.47 Wellcare | Medicaid | 12 | | | 12.61 | 8.7 | 8.7 | 291.65 fee schedule | |
| BKR CHG HAPTOGLOBIN, QUANTITATIVE | 83010 | CPT | | | | both | | | 307 | | 14.47 Corrections | Corrections | 245.6 | 80 | | 5.56 | 8.7 | 8.7 | 291.65 percent of total billed charges | |
| BKR CHG HAPTOGLOBIN, QUANTITATIVE | 83010 | CPT | | | | both | | | 307 | | 14.47 Three Rivers | Three Rivers | 291.65 | 95 | | | 8.7 | 8.7 | 291.65 percent of total billed charges | |
| BKR CHG HAPTOGLOBIN, QUANTITATIVE | 83010 | CPT | | | | both | | | 307 | | 14.47 UHC | Medicaid | 12 | | | 5.39 | 8.7 | 8.7 | 291.65 fee schedule | |
| BKR CHG HAPTOGLOBIN, QUANTITATIVE | 83010 | CPT | | | | both | | | 307 | | 14.47 Americare | Americare | 230.25 | 75 | | | 8.7 | 8.7 | 291.65 percent of total billed charges | |
| BKR CHG HAPTOGLOBIN, QUANTITATIVE | 83010 | CPT | | | | both | | | 307 | | 14.47 First Health | First Health | 214.9 | 70 | | | 8.7 | 8.7 | 291.65 percent of total billed charges | |
| BKR CHG HAPTOGLOBIN, QUANTITATIVE | 83010 | CPT | | | | both | | | 307 | | 14.47 Amerihealth | HMO/PPO | 19.3 | | | | 8.7 | 8.7 | 291.65 fee schedule | |
| BKR CHG HAPTOGLOBIN, QUANTITATIVE | 83010 | CPT | | | | both | | | 307 | | 14.47 UHC | Medicare | 12.58 | | | 3.66 | 8.7 | 8.7 | 291.65 fee schedule | |
| BKR CHG HAPTOGLOBIN, QUANTITATIVE | 83010 | CPT | | | | both | | | 307 | | 14.47 Horizon | MGD | 117.52 | 38.28 | | 18.38 | 8.7 | 8.7 | 291.65 percent of total billed charges | |
| BKR CHG HAPTOGLOBIN, QUANTITATIVE | 83010 | CPT | | | | both | | | 307 | | 14.47 Horizon | Indemnity | 117.52 | 38.28 | | 6.67 | 8.7 | 8.7 | 291.65 percent of total billed charges | |
| BKR CHG HAPTOGLOBIN, QUANTITATIVE | 83010 | CPT | | | | both | | | 307 | | 14.47 Horizon | PPO | 117.52 | 38.28 | | 8.19 | 8.7 | 8.7 | 291.65 percent of total billed charges | |
| BKR CHG HAPTOGLOBIN, QUANTITATIVE | 83010 | CPT | | | | both | | | 307 | | 14.47 Horizon | NJ Health | 23.52 | | | 1.76 | 8.7 | 8.7 | 291.65 fee schedule | |
| BKR CHG HAPTOGLOBIN, QUANTITATIVE | 83010 | CPT | | | | both | | | 307 | | 14.47 Wellcare | Medicare | 12.58 | | | 0.93 | 8.7 | 8.7 | 291.65 fee schedule | |
| BKR CHG HAPTOGLOBIN, QUANTITATIVE | 83010 | CPT | | | | both | | | 307 | | 14.47 Multiplan | Multiplan | 245.6 | 80 | | | 8.7 | 8.7 | 291.65 percent of total billed charges | |
| BKR CHG HAPTOGLOBIN, QUANTITATIVE | 83010 | CPT | | | | both | | | 307 | | 14.47 Qualcare | Qualcare | 230.25 | 75 | | | 8.7 | 8.7 | 291.65 percent of total billed charges | |
| BKR CHG HAPTOGLOBIN, QUANTITATIVE | 83010 | CPT | | | | both | | | 307 | | 14.47 WellPoint | WellPoint | 98.79 | 32.18 | | 17.81 | 8.7 | 8.7 | 291.65 percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI (H. PYLORI) UREA BREATH TEST | 83013 | CPT | | | | both | | | 634 | | 77.46 Consumer | Consumer | 602.3 | 95 | | | 48 | 48 | 602.3 percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI (H. PYLORI) UREA BREATH TEST | 83013 | CPT | | | | both | | | 634 | | 77.46 Amerihealth | HMO/PPO | 60 | | | | 48 | 48 | 602.3 fee schedule | |
| BKR CHG HELICOBACTER PYLORI (H. PYLORI) UREA BREATH TEST | 83013 | CPT | | | | both | | | 634 | | 77.46 Americare | Americare | 475.5 | 75 | | | 48 | 48 | 602.3 percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI (H. PYLORI) UREA BREATH TEST | 83013 | CPT | | | | both | | | 634 | | 77.46 Corrections | Corrections | 507.2 | 80 | | | 48 | 48 | 602.3 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG HELICOBACTER PYLORI (H. PYLORI) UREA BREATH TEST | 83013 | CPT | | | | both | | | 634 | 77.46 | Aetna | Medicare | 195.27 | 30.8 | | | 48 | | 602.3 percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI (H. PYLORI) UREA BREATH TEST | 83013 | CPT | | | | both | | | 634 | 77.46 | UHC | Medicare | 67.36 | | | | 48 | | 602.3 fee schedule | |
| BKR CHG HELICOBACTER PYLORI (H. PYLORI) UREA BREATH TEST | 83013 | CPT | | | | both | | | 634 | 77.46 | Aetna | Better Health | 200.03 | 31.55 | | | 48 | | 602.3 percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI (H. PYLORI) UREA BREATH TEST | 83013 | CPT | | | | both | | | 634 | 77.46 | First Trenton | First Trenton | 570.6 | 90 | | | 48 | | 602.3 percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI (H. PYLORI) UREA BREATH TEST | 83013 | CPT | | | | both | | | 634 | 77.46 | First Health | First Health | 443.8 | 70 | | | 48 | | 602.3 percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI (H. PYLORI) UREA BREATH TEST | 83013 | CPT | | | | both | | | 634 | 77.46 | Amerihealth | Medicare | 67.36 | | | | 48 | | 602.3 fee schedule | |
| BKR CHG HELICOBACTER PYLORI (H. PYLORI) UREA BREATH TEST | 83013 | CPT | | | | both | | | 634 | 77.46 | Horizon | Medicare Blue | 190.2 | 30 | | | 48 | | 602.3 percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI (H. PYLORI) UREA BREATH TEST | 83013 | CPT | | | | both | | | 634 | 77.46 | WellPoint | WellPoint | 204.02 | 32.18 | | | 48 | | 602.3 percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI (H. PYLORI) UREA BREATH TEST | 83013 | CPT | | | | both | | | 634 | 77.46 | Multiplan | Multiplan | 507.2 | 80 | | | 48 | | 602.3 percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI (H. PYLORI) UREA BREATH TEST | 83013 | CPT | | | | both | | | 634 | 77.46 | Horizon | MGD | 242.7 | 38.28 | | | 48 | | 602.3 percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI (H. PYLORI) UREA BREATH TEST | 83013 | CPT | | | | both | | | 634 | 77.46 | UHC | Medicaid | 48 | | | | 48 | | 602.3 fee schedule | |
| BKR CHG HELICOBACTER PYLORI (H. PYLORI) UREA BREATH TEST | 83013 | CPT | | | | both | | | 634 | 77.46 | Horizon | Indemnity | 242.7 | 38.28 | | | 48 | | 602.3 percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI (H. PYLORI) UREA BREATH TEST | 83013 | CPT | | | | both | | | 634 | 77.46 | Qualcare | Qualcare | 475.5 | 75 | | | 48 | | 602.3 percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI (H. PYLORI) UREA BREATH TEST | 83013 | CPT | | | | both | | | 634 | 77.46 | Horizon | NJ Health | 48.22 | | | | 48 | | 602.3 fee schedule | |
| BKR CHG HELICOBACTER PYLORI (H. PYLORI) UREA BREATH TEST | 83013 | CPT | | | | both | | | 634 | 77.46 | Wellcare | Medicare | 67.36 | | | | 48 | | 602.3 fee schedule | |
| BKR CHG HELICOBACTER PYLORI (H. PYLORI) UREA BREATH TEST | 83013 | CPT | | | | both | | | 634 | 77.46 | Horizon | PPO | 242.7 | 38.28 | | | 48 | | 602.3 percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI (H. PYLORI) UREA BREATH TEST | 83013 | CPT | | | | both | | | 634 | 77.46 | Managed Care Inc | Managed Care Inc | 570.6 | 90 | | | 48 | | 602.3 percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI (H. PYLORI) UREA BREATH TEST | 83013 | CPT | | | | both | | | 634 | 77.46 | Three Rivers | Three Rivers | 602.3 | 95 | | | 48 | | 602.3 percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI (H. PYLORI) UREA BREATH TEST | 83013 | CPT | | | | both | | | 634 | 77.46 | Wellcare | Medicaid | 48 | | | | 48 | | 602.3 fee schedule | |
| BKR CHG TITANIUM WB | 83018 | CPT | | | | both | | | 531 | 25.25 | Horizon | Indemnity | 203.27 | 38.28 | | | 21.96 | | 504.45 percent of total billed charges | |
| BKR CHG TITANIUM WB | 83018 | CPT | | | | both | | | 531 | 25.25 | Aetna | Better Health | 167.53 | 31.55 | | | 21.96 | | 504.45 percent of total billed charges | |
| BKR CHG TITANIUM WB | 83018 | CPT | | | | both | | | 531 | 25.25 | Aetna | Medicare | 163.55 | 30.8 | | | 21.96 | | 504.45 percent of total billed charges | |
| BKR CHG TITANIUM WB | 83018 | CPT | | | | both | | | 531 | 25.25 | First Trenton | First Trenton | 477.9 | 90 | | | 21.96 | | 504.45 percent of total billed charges | |
| BKR CHG TITANIUM WB | 83018 | CPT | | | | both | | | 531 | 25.25 | Americare | Americare | 398.25 | 75 | | | 21.96 | | 504.45 percent of total billed charges | |
| BKR CHG TITANIUM WB | 83018 | CPT | | | | both | | | 531 | 25.25 | Amerihealth | Medicare | 21.96 | | | | 21.96 | | 504.45 fee schedule | |
| BKR CHG TITANIUM WB | 83018 | CPT | | | | both | | | 531 | 25.25 | UHC | Medicaid | 25 | | | | 21.96 | | 504.45 fee schedule | |
| BKR CHG TITANIUM WB | 83018 | CPT | | | | both | | | 531 | 25.25 | Corrections | Corrections | 424.8 | 80 | | | 21.96 | | 504.45 percent of total billed charges | |
| BKR CHG TITANIUM WB | 83018 | CPT | | | | both | | | 531 | 25.25 | Multiplan | Multiplan | 424.8 | 80 | | | 21.96 | | 504.45 percent of total billed charges | |
| BKR CHG TITANIUM WB | 83018 | CPT | | | | both | | | 531 | 25.25 | Amerihealth | HMO/PPO | 35.3 | | | | 21.96 | | 504.45 fee schedule | |
| BKR CHG TITANIUM WB | 83018 | CPT | | | | both | | | 531 | 25.25 | Horizon | MGD | 203.27 | 38.28 | | | 21.96 | | 504.45 percent of total billed charges | |
| BKR CHG TITANIUM WB | 83018 | CPT | | | | both | | | 531 | 25.25 | Horizon | NJ Health | 49 | | | | 21.96 | | 504.45 fee schedule | |
| BKR CHG TITANIUM WB | 83018 | CPT | | | | both | | | 531 | 25.25 | Consumer | Consumer | 504.45 | 95 | | | 21.96 | | 504.45 percent of total billed charges | |
| BKR CHG TITANIUM WB | 83018 | CPT | | | | both | | | 531 | 25.25 | First Health | First Health | 371.7 | 70 | | | 21.96 | | 504.45 percent of total billed charges | |
| BKR CHG TITANIUM WB | 83018 | CPT | | | | both | | | 531 | 25.25 | Qualcare | Qualcare | 398.25 | 75 | | | 21.96 | | 504.45 percent of total billed charges | |
| BKR CHG TITANIUM WB | 83018 | CPT | | | | both | | | 531 | 25.25 | WellPoint | WellPoint | 170.88 | 32.18 | | | 21.96 | | 504.45 percent of total billed charges | |
| BKR CHG TITANIUM WB | 83018 | CPT | | | | both | | | 531 | 25.25 | Horizon | Medicare Blue | 159.3 | 30 | | | 21.96 | | 504.45 percent of total billed charges | |
| BKR CHG TITANIUM WB | 83018 | CPT | | | | both | | | 531 | 25.25 | Wellcare | Medicare | 21.96 | | | | 21.96 | | 504.45 fee schedule | |
| BKR CHG TITANIUM WB | 83018 | CPT | | | | both | | | 531 | 25.25 | Horizon | PPO | 203.27 | 38.28 | | | 21.96 | | 504.45 percent of total billed charges | |
| BKR CHG TITANIUM WB | 83018 | CPT | | | | both | | | 531 | 25.25 | UHC | Medicare | 21.96 | | | | 21.96 | | 504.45 fee schedule | |
| BKR CHG TITANIUM WB | 83018 | CPT | | | | both | | | 531 | 25.25 | Managed Care Inc | Managed Care Inc | 477.9 | 90 | | | 21.96 | | 504.45 percent of total billed charges | |
| BKR CHG TITANIUM WB | 83018 | CPT | | | | both | | | 531 | 25.25 | Three Rivers | Three Rivers | 504.45 | 95 | | | 21.96 | | 504.45 percent of total billed charges | |
| BKR CHG TITANIUM WB | 83018 | CPT | | | | both | | | 531 | 25.25 | Wellcare | Medicaid | 25 | | | | 21.96 | | 504.45 fee schedule | |
| BKR CHG HGB.FRACTIONATION.CASCADE | 83020 | CPT | | | | both | | | 237 | 14.8 | Aetna | Commercial | 90.06 | 38 | | 11.87 | 6 | | 225.15 percent of total billed charges | |
| BKR CHG HGB.FRACTIONATION.CASCADE | 83020 | CPT | | | | both | | | 237 | 14.8 | Aetna | Better Health | 74.77 | 31.55 | | 22.23 | 6 | | 225.15 percent of total billed charges | |
| BKR CHG HGB.FRACTIONATION.CASCADE | 83020 | CPT | | | | both | | | 237 | 14.8 | Horizon | NJ Health | 11.76 | | | 2.12 | 6 | | 225.15 fee schedule | |
| BKR CHG HGB.FRACTIONATION.CASCADE | 83020 | CPT | | | | both | | | 237 | 14.8 | Aetna | Medicare | 73 | 30.8 | | 1.31 | 6 | | 225.15 percent of total billed charges | |
| BKR CHG HGB.FRACTIONATION.CASCADE | 83020 | CPT | | | | both | | | 237 | 14.8 | First Trenton | First Trenton | 213.3 | 90 | | | 6 | | 225.15 percent of total billed charges | |
| BKR CHG HGB.FRACTIONATION.CASCADE | 83020 | CPT | | | | both | | | 237 | 14.8 | Horizon | Indemnity | 90.72 | 38.28 | | 15.21 | 6 | | 225.15 percent of total billed charges | |
| BKR CHG HGB.FRACTIONATION.CASCADE | 83020 | CPT | | | | both | | | 237 | 14.8 | First Health | First Health | 165.9 | 70 | | | 6 | | 225.15 percent of total billed charges | |
| BKR CHG HGB.FRACTIONATION.CASCADE | 83020 | CPT | | | | both | | | 237 | 14.8 | Horizon | Medicare Blue | 71.1 | 30 | | 2.21 | 6 | | 225.15 percent of total billed charges | |
| BKR CHG HGB.FRACTIONATION.CASCADE | 83020 | CPT | | | | both | | | 237 | 14.8 | Americare | Americare | 177.75 | 75 | | | 6 | | 225.15 percent of total billed charges | |
| BKR CHG HGB.FRACTIONATION.CASCADE | 83020 | CPT | | | | both | | | 237 | 14.8 | Multiplan | Multiplan | 189.6 | 80 | | | 6 | | 225.15 percent of total billed charges | |
| BKR CHG HGB.FRACTIONATION.CASCADE | 83020 | CPT | | | | both | | | 237 | 14.8 | UHC | Medicare | 12.87 | | | 7.44 | 6 | | 225.15 fee schedule | |
| BKR CHG HGB.FRACTIONATION.CASCADE | 83020 | CPT | | | | both | | | 237 | 14.8 | Consumer | Consumer | 225.15 | 95 | | | 6 | | 225.15 percent of total billed charges | |
| BKR CHG HGB.FRACTIONATION.CASCADE | 83020 | CPT | | | | both | | | 237 | 14.8 | Horizon | MGD | 90.72 | 38.28 | | 16.81 | 6 | | 225.15 percent of total billed charges | |
| BKR CHG HGB.FRACTIONATION.CASCADE | 83020 | CPT | | | | both | | | 237 | 14.8 | Qualcare | Qualcare | 177.75 | 75 | | | 6 | | 225.15 percent of total billed charges | |
| BKR CHG HGB.FRACTIONATION.CASCADE | 83020 | CPT | | | | both | | | 237 | 14.8 | Wellcare | Medicaid | 6 | | | 21.03 | 6 | | 225.15 fee schedule | |
| BKR CHG HGB.FRACTIONATION.CASCADE | 83020 | CPT | | | | both | | | 237 | 14.8 | Three Rivers | Three Rivers | 225.15 | 95 | | | 6 | | 225.15 percent of total billed charges | |
| BKR CHG HGB.FRACTIONATION.CASCADE | 83020 | CPT | | | | both | | | 237 | 14.8 | Amerihealth | HMO/PPO | 16.7 | | | | 6 | | 225.15 fee schedule | |
| BKR CHG HGB.FRACTIONATION.CASCADE | 83020 | CPT | | | | both | | | 237 | 14.8 | Wellcare | Medicare | 12.87 | | | | 6 | | 225.15 fee schedule | |
| BKR CHG HGB.FRACTIONATION.CASCADE | 83020 | CPT | | | | both | | | 237 | 14.8 | Managed Care Inc | Managed Care Inc | 213.3 | 90 | | | 6 | | 225.15 percent of total billed charges | |
| BKR CHG HGB.FRACTIONATION.CASCADE | 83020 | CPT | | | | both | | | 237 | 14.8 | Corrections | Corrections | 189.6 | 80 | | | 6 | | 225.15 percent of total billed charges | |
| BKR CHG HGB.FRACTIONATION.CASCADE | 83020 | CPT | | | | both | | | 237 | 14.8 | Amerihealth | Medicare | 12.87 | | | | 6 | | 225.15 fee schedule | |
| BKR CHG HGB.FRACTIONATION.CASCADE | 83020 | CPT | | | | both | | | 237 | 14.8 | UHC | Medicaid | 6 | | | 12.01 | 6 | | 225.15 fee schedule | |
| BKR CHG HGB.FRACTIONATION.CASCADE | 83020 | CPT | | | | both | | | 237 | 14.8 | Horizon | PPO | 90.72 | 38.28 | | 16.54 | 6 | | 225.15 percent of total billed charges | |
| BKR CHG HGB.FRACTIONATION.CASCADE | 83020 | CPT | | | | both | | | 237 | 14.8 | WellPoint | WellPoint | 76.27 | 32.18 | | 19.13 | 6 | | 225.15 percent of total billed charges | |
| BKR CHG HPLC HB VARIANT | 83021 | CPT | | | | both | | | 595 | 20.77 | Aetna | Better Health | 187.72 | 31.55 | | | 8.7 | | 565.25 percent of total billed charges | |
| BKR CHG HPLC HB VARIANT | 83021 | CPT | | | | both | | | 595 | 20.77 | Corrections | Corrections | 478 | 80 | | | 8.7 | | 565.25 percent of total billed charges | |
| BKR CHG HPLC HB VARIANT | 83021 | CPT | | | | both | | | 595 | 20.77 | Amerihealth | HMO/PPO | 25 | | | | 8.7 | | 565.25 fee schedule | |
| BKR CHG HPLC HB VARIANT | 83021 | CPT | | | | both | | | 595 | 20.77 | Aetna | Commercial | 226.1 | 38 | | 0.54 | 8.7 | | 565.25 percent of total billed charges | |
| BKR CHG HPLC HB VARIANT | 83021 | CPT | | | | both | | | 595 | 20.77 | Wellcare | Medicaid | 21.5 | | | | 8.7 | | 565.25 fee schedule | |
| BKR CHG HPLC HB VARIANT | 83021 | CPT | | | | both | | | 595 | 20.77 | Americare | Americare | 446.25 | 75 | | | 8.7 | | 565.25 percent of total billed charges | |
| BKR CHG HPLC HB VARIANT | 83021 | CPT | | | | both | | | 595 | 20.77 | UHC | Medicare | 18.06 | | | 3.89 | 8.7 | | 565.25 fee schedule | |
| BKR CHG HPLC HB VARIANT | 83021 | CPT | | | | both | | | 595 | 20.77 | Amerihealth | Medicare | 18.06 | | | | 8.7 | | 565.25 fee schedule | |
| BKR CHG HPLC HB VARIANT | 83021 | CPT | | | | both | | | 595 | 20.77 | Wellcare | Medicare | 18.06 | | | | 8.7 | | 565.25 fee schedule | |
| BKR CHG HPLC HB VARIANT | 83021 | CPT | | | | both | | | 595 | 20.77 | Horizon | Medicare Blue | 178.5 | 30 | | | 8.7 | | 565.25 percent of total billed charges | |
| BKR CHG HPLC HB VARIANT | 83021 | CPT | | | | both | | | 595 | 20.77 | Aetna | Medicare | 183.26 | 30.8 | | | 8.7 | | 565.25 percent of total billed charges | |
| BKR CHG HPLC HB VARIANT | 83021 | CPT | | | | both | | | 595 | 20.77 | First Trenton | First Trenton | 535.5 | 90 | | | 8.7 | | 565.25 percent of total billed charges | |
| BKR CHG HPLC HB VARIANT | 83021 | CPT | | | | both | | | 595 | 20.77 | Consumer | Consumer | 565.25 | 95 | | | 8.7 | | 565.25 percent of total billed charges | |
| BKR CHG HPLC HB VARIANT | 83021 | CPT | | | | both | | | 595 | 20.77 | UHC | Medicaid | 21.5 | | | 8.12 | 8.7 | | 565.25 fee schedule | |
| BKR CHG HPLC HB VARIANT | 83021 | CPT | | | | both | | | 595 | 20.77 | First Health | First Health | 416.5 | 70 | | | 8.7 | | 565.25 percent of total billed charges | |
| BKR CHG HPLC HB VARIANT | 83021 | CPT | | | | both | | | 595 | 20.77 | Horizon | Indemnity | 227.77 | 38.28 | | | 8.7 | | 565.25 percent of total billed charges | |
| BKR CHG HPLC HB VARIANT | 83021 | CPT | | | | both | | | 595 | 20.77 | Horizon | NJ Health | 20.05 | | | 0.53 | 8.7 | | 565.25 fee schedule | |
| BKR CHG HPLC HB VARIANT | 83021 | CPT | | | | both | | | 595 | 20.77 | Horizon | MGD | 227.77 | 38.28 | | 5.32 | 8.7 | | 565.25 percent of total billed charges | |
| BKR CHG HPLC HB VARIANT | 83021 | CPT | | | | both | | | 595 | 20.77 | Multiplan | Multiplan | 476 | 80 | | | 8.7 | | 565.25 percent of total billed charges | |
| BKR CHG HPLC HB VARIANT | 83021 | CPT | | | | both | | | 595 | 20.77 | Horizon | PPO | 227.77 | 38.28 | | | 8.7 | | 565.25 percent of total billed charges | |
| BKR CHG HPLC HB VARIANT | 83021 | CPT | | | | both | | | 595 | 20.77 | Qualcare | Qualcare | 446.25 | 75 | | | 8.7 | | 565.25 percent of total billed charges | |
| BKR CHG HPLC HB VARIANT | 83021 | CPT | | | | both | | | 595 | 20.77 | Managed Care Inc | Managed Care Inc | 535.5 | 90 | | | 8.7 | | 565.25 percent of total billed charges | |
| BKR CHG HPLC HB VARIANT | 83021 | CPT | | | | both | | | 595 | 20.77 | Three Rivers | Three Rivers | 565.25 | 95 | | | 8.7 | | 565.25 percent of total billed charges | |
| BKR CHG HPLC HB VARIANT | 83021 | CPT | | | | both | | | 595 | 20.77 | WellPoint | WellPoint | 191.47 | 32.18 | | 3.27 | 8.7 | | 565.25 percent of total billed charges | |
| BKR CHG HGB F(ETAL) | 83030 | CPT | | | | outpatient | | | 314 | 12.35 | Wellcare | Medicaid | 10 | | | | 10 | | 298.3 fee schedule | |
| BKR CHG HGB F(ETAL) | 83030 | CPT | | | | outpatient | | | 314 | 12.35 | Horizon | Indemnity | 120.2 | 38.28 | | | 10 | | 298.3 percent of total billed charges | |
| BKR CHG HGB F(ETAL) | 83030 | CPT | | | | outpatient | | | 314 | 12.35 | Horizon | Medicare Blue | 94.2 | 30 | | | 10 | | 298.3 percent of total billed charges | |
| BKR CHG HGB F(ETAL) | 83030 | CPT | | | | outpatient | | | 314 | 12.35 | Amerihealth | HMO/PPO | 12.9 | | | | 10 | | 298.3 fee schedule | |
| BKR CHG HGB F(ETAL) | 83030 | CPT | | | | outpatient | | | 314 | 12.35 | UHC | Medicaid | 10 | | | | 10 | | 298.3 fee schedule | |
| BKR CHG HGB F(ETAL) | 83030 | CPT | | | | outpatient | | | 314 | 12.35 | Aetna | Better Health | 99.07 | 31.55 | | | 10 | | 298.3 percent of total billed charges | |
| BKR CHG HGB F(ETAL) | 83030 | CPT | | | | outpatient | | | 314 | 12.35 | Americare | Americare | 235.5 | 75 | | | 10 | | 298.3 percent of total billed charges | |
| BKR CHG HGB F(ETAL) | 83030 | CPT | | | | outpatient | | | 314 | 12.35 | Aetna | Medicare | 96.71 | 30.8 | | | 10 | | 298.3 percent of total billed charges | |
| BKR CHG HGB F(ETAL) | 83030 | CPT | | | | outpatient | | | 314 | 12.35 | Wellcare | Medicare | 10.74 | | | | 10 | | 298.3 fee schedule | |
| BKR CHG HGB F(ETAL) | 83030 | CPT | | | | outpatient | | | 314 | 12.35 | Qualcare | Qualcare | 235.5 | 75 | | | 10 | | 298.3 percent of total billed charges | |
| BKR CHG HGB F(ETAL) | 83030 | CPT | | | | outpatient | | | 314 | 12.35 | UHC | Medicare | 10.74 | | | | 10 | | 298.3 fee schedule | |
| BKR CHG HGB F(ETAL) | 83030 | CPT | | | | outpatient | | | 314 | 12.35 | First Health | First Health | 219.8 | 70 | | | 10 | | 298.3 percent of total billed charges | |
| BKR CHG HGB F(ETAL) | 83030 | CPT | | | | outpatient | | | 314 | 12.35 | Horizon | MGD | 120.2 | 38.28 | | | 10 | | 298.3 percent of total billed charges | |
| BKR CHG HGB F(ETAL) | 83030 | CPT | | | | outpatient | | | 314 | 12.35 | Amerihealth | Medicare | 10.74 | | | | 10 | | 298.3 fee schedule | |
| BKR CHG HGB F(ETAL) | 83030 | CPT | | | | outpatient | | | 314 | 12.35 | Horizon | PPO | 120.2 | 38.28 | | | 10 | | 298.3 percent of total billed charges | |
| BKR CHG HGB F(ETAL) | 83030 | CPT | | | | outpatient | | | 314 | 12.35 | Multiplan | Multiplan | 251.2 | 80 | | | 10 | | 298.3 percent of total billed charges | |
| BKR CHG HGB F(ETAL) | 83030 | CPT | | | | outpatient | | | 314 | 12.35 | Three Rivers | Three Rivers | 298.3 | 95 | | | 10 | | 298.3 percent of total billed charges | |
| BKR CHG HGB F(ETAL) | 83030 | CPT | | | | outpatient | | | 314 | 12.35 | WellPoint | WellPoint | 101.05 | 32.18 | | | 10 | | 298.3 percent of total billed charges | |
| BKR CHG HGB F(ETAL) | 83030 | CPT | | | | outpatient | | | 314 | 12.35 | Consumer | Consumer | 298.3 | 95 | | | 10 | | 298.3 percent of total billed charges | |
| BKR CHG HGB F(ETAL) | 83030 | CPT | | | | outpatient | | | 314 | 12.35 | Corrections | Corrections | 251.2 | 80 | | | 10 | | 298.3 percent of total billed charges | |
| BKR CHG HGB F(ETAL) | 83030 | CPT | | | | outpatient | | | 314 | 12.35 | First Trenton | First Trenton | 282.6 | 90 | | | 10 | | 298.3 percent of total billed charges | |
| BKR CHG HGB F(ETAL) | 83030 | CPT | | | | outpatient | | | 314 | 12.35 | Horizon | NJ Health | 23.52 | | | | 10 | | 298.3 fee schedule | |
| BKR CHG HGB F(ETAL) | 83030 | CPT | | | | outpatient | | | 314 | 12.35 | Managed Care Inc | Managed Care Inc | 282.6 | 90 | | | 10 | | 298.3 percent of total billed charges | |
| BKR CHG REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5 | 83033 | CPT | | | | outpatient | | | 180 | 9.2 | Amerihealth | HMO/PPO | 7.6 | | | | 7 | | 171 fee schedule | |
| BKR CHG REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5 | 83033 | CPT | | | | outpatient | | | 180 | 9.2 | Horizon | Indemnity | 68.9 | 38.28 | | | 7 | | 171 percent of total billed charges | |
| BKR CHG REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5 | 83033 | CPT | | | | outpatient | | | 180 | 9.2 | Amerihealth | Medicare | 8 | | | | 7 | | 171 fee schedule | |
| BKR CHG REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5 | 83033 | CPT | | | | outpatient | | | 180 | 9.2 | Aetna | Medicare | 55.44 | 30.8 | | | 7 | | 171 percent of total billed charges | |
| BKR CHG REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5 | 83033 | CPT | | | | outpatient | | | 180 | 9.2 | First Trenton | First Trenton | 162 | 90 | | | 7 | | 171 percent of total billed charges | |
| BKR CHG REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5 | 83033 | CPT | | | | outpatient | | | 180 | 9.2 | Corrections | Corrections | 144 | 80 | | | 7 | | 171 percent of total billed charges | |
| BKR CHG REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5 | 83033 | CPT | | | | outpatient | | | 180 | 9.2 | First Health | First Health | 126 | 70 | | | 7 | | 171 percent of total billed charges | |
| BKR CHG REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5 | 83033 | CPT | | | | outpatient | | | 180 | 9.2 | Aetna | Better Health | 56.79 | 31.55 | | | 7 | | 171 percent of total billed charges | |
| BKR CHG REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5 | 83033 | CPT | | | | outpatient | | | 180 | 9.2 | Horizon | NJ Health | 15.09 | | | | 7 | | 171 fee schedule | |
| BKR CHG REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5 | 83033 | CPT | | | | outpatient | | | 180 | 9.2 | Multiplan | Multiplan | 144 | 80 | | | 7 | | 171 percent of total billed charges | |
| BKR CHG REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5 | 83033 | CPT | | | | outpatient | | | 180 | 9.2 | Horizon | MGD | 68.9 | 38.28 | | | 7 | | 171 percent of total billed charges | |
| BKR CHG REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5 | 83033 | CPT | | | | outpatient | | | 180 | 9.2 | Americare | Americare | 135 | 75 | | | 7 | | 171 percent of total billed charges | |
| BKR CHG REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5 | 83033 | CPT | | | | outpatient | | | 180 | 9.2 | Horizon | PPO | 68.9 | 38.28 | | | 7 | | 171 percent of total billed charges | |
| BKR CHG REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5 | 83033 | CPT | | | | outpatient | | | 180 | 9.2 | Qualcare | Qualcare | 135 | 75 | | | 7 | | 171 percent of total billed charges | |
| BKR CHG REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5 | 83033 | CPT | | | | outpatient | | | 180 | 9.2 | UHC | Medicare | 8 | | | | 7 | | 171 fee schedule | |
| BKR CHG REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5 | 83033 | CPT | | | | outpatient | | | 180 | 9.2 | Consumer | Consumer | 171 | 95 | | | 7 | | 171 percent of total billed charges | |
| BKR CHG REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5 | 83033 | CPT | | | | outpatient | | | 180 | 9.2 | Managed Care Inc | Managed Care Inc | 162 | 90 | | | 7 | | 171 percent of total billed charges | |
| BKR CHG REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5 | 83033 | CPT | | | | outpatient | | | 180 | 9.2 | Horizon | Medicare Blue | 54 | 30 | | | 7 | | 171 percent of total billed charges | |
| BKR CHG REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5 | 83033 | CPT | | | | outpatient | | | 180 | 9.2 | WellPoint | WellPoint | 57.92 | 32.18 | | | 7 | | 171 percent of total billed charges | |
| BKR CHG REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5 | 83033 | CPT | | | | outpatient | | | 180 | 9.2 | UHC | Medicaid | 7 | | | | 7 | | 171 fee schedule | |
| BKR CHG REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5 | 83033 | CPT | | | | outpatient | | | 180 | 9.2 | Three Rivers | Three Rivers | 171 | 95 | | | 7 | | 171 percent of total billed charges | |
| BKR CHG REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5 | 83033 | CPT | | | | outpatient | | | 180 | 9.2 | Wellcare | Medicare | 8 | | | | 7 | | 171 fee schedule | |
| BKR CHG REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5 | 83033 | CPT | | | | outpatient | | | 180 | 9.2 | Wellcare | Medicaid | 7 | | | | 7 | | 171 fee schedule | |
| BKR CHG POCT HEMOGLOBIN A1C | 83036 | CPT | | | | both | | | 113 | 11.17 | Amerihealth | HMO/PPO | 14.8 | | | 5.35 | 6.6 | | 107.35 fee schedule | |
| BKR CHG POCT HEMOGLOBIN A1C | 83036 | CPT | | | | both | | | 113 | 11.17 | Corrections | Corrections | 90.4 | 80 | | 11.77 | 6.6 | | 107.35 percent of total billed charges | |
| BKR CHG POCT HEMOGLOBIN A1C | 83036 | CPT | | | | both | | | 113 | 11.17 | Aetna | Better Health | 35.65 | 31.55 | | 13.91 | 6.6 | | 107.35 percent of total billed charges | |
| BKR CHG POCT HEMOGLOBIN A1C | 83036 | CPT | | | | both | | | 113 | 11.17 | Aetna | Medicare | 34.8 | 30.8 | | 8.09 | 6.6 | | 107.35 percent of total billed charges | |
| BKR CHG POCT HEMOGLOBIN A1C | 83036 | CPT | | | | both | | | 113 | 11.17 | Wellcare | Medicare | 9.71 | | | 7.03 | 6.6 | | 107.35 fee schedule | |
| BKR CHG POCT HEMOGLOBIN A1C | 83036 | CPT | | | | both | | | 113 | 11.17 | First Health | First Health | 79.1 | 70 | | | 6.6 | | 107.35 percent of total billed charges | |
| BKR CHG POCT HEMOGLOBIN A1C | 83036 | CPT | | | | both | | | 113 | 11.17 | First Trenton | First Trenton | 101.7 | 90 | | | 6.6 | | 107.35 percent of total billed charges | |
| BKR CHG POCT HEMOGLOBIN A1C | 83036 | CPT | | | | both | | | 113 | 11.17 | Horizon | Indemnity | 43.26 | 38.28 | | 12.44 | 6.6 | | 107.35 percent of total billed charges | |
| BKR CHG POCT HEMOGLOBIN A1C | 83036 | CPT | | | | both | | | 113 | 11.17 | Multiplan | Multiplan | 90.4 | 80 | | | 6.6 | | 107.35 percent of total billed charges | |
| BKR CHG POCT HEMOGLOBIN A1C | 83036 | CPT | | | | both | | | 113 | 11.17 | Consumer | Consumer | 107.35 | 95 | | | 6.6 | | 107.35 percent of total billed charges | |
| BKR CHG POCT HEMOGLOBIN A1C | 83036 | CPT | | | | both | | | 113 | 11.17 | Americare | Americare | 84.75 | 75 | | | 6.6 | | 107.35 percent of total billed charges | |
| BKR CHG POCT HEMOGLOBIN A1C | 83036 | CPT | | | | both | | | 113 | 11.17 | Horizon | MGD | 43.26 | 38.28 | | 13.85 | 6.6 | | 107.35 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG POCT HEMOGLOBIN A1C | 83036 | CPT | | | | both | | | 113 | 11.17 | Qualcare | Qualcare | 84.75 | 75 | | | 6.6 | 107.35 | percent of total billed charges | |
| BKR CHG POCT HEMOGLOBIN A1C | 83036 | CPT | | | | both | | | 113 | 11.17 | Horizon | NJ Health | 12.94 | | | 2.93 | 6.6 | 107.35 | fee schedule | |
| BKR CHG POCT HEMOGLOBIN A1C | 83036 | CPT | | | | both | | | 113 | 11.17 | Horizon | PPO | 43.26 | 38.28 | | 12.56 | 6.6 | 107.35 | percent of total billed charges | |
| BKR CHG POCT HEMOGLOBIN A1C | 83036 | CPT | | | | both | | | 113 | 11.17 | Three Rivers | Three Rivers | 107.35 | 95 | | | 6.6 | 107.35 | percent of total billed charges | |
| BKR CHG POCT HEMOGLOBIN A1C | 83036 | CPT | | | | both | | | 113 | 11.17 | UHC | Medicaid | 6.6 | | | 13.48 | 6.6 | 107.35 | fee schedule | |
| BKR CHG POCT HEMOGLOBIN A1C | 83036 | CPT | | | | both | | | 113 | 11.17 | UHC | Medicare | 9.71 | | | 7.83 | 6.6 | 107.35 | fee schedule | |
| BKR CHG POCT HEMOGLOBIN A1C | 83036 | CPT | | | | both | | | 113 | 11.17 | Amerihealth | Medicare | 9.71 | | | | 6.6 | 107.35 | fee schedule | |
| BKR CHG POCT HEMOGLOBIN A1C | 83036 | CPT | | | | both | | | 113 | 11.17 | WellPoint | WellPoint | 36.36 | 32.18 | | 12.38 | 6.6 | 107.35 | percent of total billed charges | |
| BKR CHG POCT HEMOGLOBIN A1C | 83036 | CPT | | | | both | | | 113 | 11.17 | Managed Care Inc | Managed Care Inc | 101.7 | 90 | | | 6.6 | 107.35 | percent of total billed charges | |
| BKR CHG POCT HEMOGLOBIN A1C | 83036 | CPT | | | | both | | | 113 | 11.17 | Horizon | Medicare Blue | 33.9 | 30 | | 7.75 | 6.6 | 107.35 | percent of total billed charges | |
| BKR CHG POCT HEMOGLOBIN A1C | 83036 | CPT | | | | both | | | 113 | 11.17 | Wellcare | Medicaid | 6.6 | | | 14.69 | 6.6 | 107.35 | fee schedule | |
| BKR CHG METHEMOGLOBIN BLOOD | 83050 | CPT | | | | outpatient | | | 44 | 9.43 | Horizon | Medicare Blue | 13.2 | 30 | | | 3 | 41.8 | percent of total billed charges | |
| BKR CHG METHEMOGLOBIN BLOOD | 83050 | CPT | | | | outpatient | | | 44 | 9.43 | Aetna | Better Health | 13.88 | 31.55 | | | 3 | 41.8 | percent of total billed charges | |
| BKR CHG METHEMOGLOBIN BLOOD | 83050 | CPT | | | | outpatient | | | 44 | 9.43 | First Trenton | First Trenton | 39.6 | 90 | | | 3 | 41.8 | percent of total billed charges | |
| BKR CHG METHEMOGLOBIN BLOOD | 83050 | CPT | | | | outpatient | | | 44 | 9.43 | Aetna | Medicare | 13.55 | 30.8 | | | 3 | 41.8 | percent of total billed charges | |
| BKR CHG METHEMOGLOBIN BLOOD | 83050 | CPT | | | | outpatient | | | 44 | 9.43 | Horizon | MCD | 16.84 | 38.28 | | | 3 | 41.8 | percent of total billed charges | |
| BKR CHG METHEMOGLOBIN BLOOD | 83050 | CPT | | | | outpatient | | | 44 | 9.43 | UHC | Medicare | 8.2 | | | | 3 | 41.8 | fee schedule | |
| BKR CHG METHEMOGLOBIN BLOOD | 83050 | CPT | | | | outpatient | | | 44 | 9.43 | Americare | Americare | 33 | 75 | | | 3 | 41.8 | percent of total billed charges | |
| BKR CHG METHEMOGLOBIN BLOOD | 83050 | CPT | | | | outpatient | | | 44 | 9.43 | Consumer | Consumer | 41.8 | 95 | | | 3 | 41.8 | percent of total billed charges | |
| BKR CHG METHEMOGLOBIN BLOOD | 83050 | CPT | | | | outpatient | | | 44 | 9.43 | Wellcare | Medicare | 8.2 | | | | 3 | 41.8 | fee schedule | |
| BKR CHG METHEMOGLOBIN BLOOD | 83050 | CPT | | | | outpatient | | | 44 | 9.43 | UHC | Medicaid | 3 | | | | 3 | 41.8 | fee schedule | |
| BKR CHG METHEMOGLOBIN BLOOD | 83050 | CPT | | | | outpatient | | | 44 | 9.43 | Horizon | Indemnity | 16.84 | 38.28 | | | 3 | 41.8 | percent of total billed charges | |
| BKR CHG METHEMOGLOBIN BLOOD | 83050 | CPT | | | | outpatient | | | 44 | 9.43 | First Health | First Health | 30.8 | 70 | | | 3 | 41.8 | percent of total billed charges | |
| BKR CHG METHEMOGLOBIN BLOOD | 83050 | CPT | | | | outpatient | | | 44 | 9.43 | Multiplan | Multiplan | 35.2 | 80 | | | 3 | 41.8 | percent of total billed charges | |
| BKR CHG METHEMOGLOBIN BLOOD | 83050 | CPT | | | | outpatient | | | 44 | 9.43 | Corrections | Corrections | 35.2 | 80 | | | 3 | 41.8 | percent of total billed charges | |
| BKR CHG METHEMOGLOBIN BLOOD | 83050 | CPT | | | | outpatient | | | 44 | 9.43 | Amerihealth | HMO/PPO | 6.2 | | | | 3 | 41.8 | fee schedule | |
| BKR CHG METHEMOGLOBIN BLOOD | 83050 | CPT | | | | outpatient | | | 44 | 9.43 | Three Rivers | Three Rivers | 41.8 | 95 | | | 3 | 41.8 | percent of total billed charges | |
| BKR CHG METHEMOGLOBIN BLOOD | 83050 | CPT | | | | outpatient | | | 44 | 9.43 | Qualcare | Qualcare | 33 | 75 | | | 3 | 41.8 | percent of total billed charges | |
| BKR CHG METHEMOGLOBIN BLOOD | 83050 | CPT | | | | outpatient | | | 44 | 9.43 | Horizon | NJ Health | 5.88 | | | | 3 | 41.8 | fee schedule | |
| BKR CHG METHEMOGLOBIN BLOOD | 83050 | CPT | | | | outpatient | | | 44 | 9.43 | Horizon | PPO | 16.84 | 38.28 | | | 3 | 41.8 | percent of total billed charges | |
| BKR CHG METHEMOGLOBIN BLOOD | 83050 | CPT | | | | outpatient | | | 44 | 9.43 | WellPoint | WellPoint | 14.16 | 32.18 | | | 3 | 41.8 | percent of total billed charges | |
| BKR CHG METHEMOGLOBIN BLOOD | 83050 | CPT | | | | outpatient | | | 44 | 9.43 | Amerihealth | Medicare | 8.2 | | | | 3 | 41.8 | fee schedule | |
| BKR CHG METHEMOGLOBIN BLOOD | 83050 | CPT | | | | outpatient | | | 44 | 9.43 | Managed Care Inc | Managed Care Inc | 39.6 | 90 | | | 3 | 41.8 | percent of total billed charges | |
| BKR CHG METHEMOGLOBIN BLOOD | 83050 | CPT | | | | outpatient | | | 44 | 9.43 | Wellcare | Medicaid | 3 | | | | 3 | 41.8 | fee schedule | |
| BKR CHG PLASMA FREE HEMOGLOBIN | 83051 | CPT | | | | outpatient | | | 83 | 8.41 | Horizon | Indemnity | 31.77 | 38.28 | | | 1.2 | 78.85 | percent of total billed charges | |
| BKR CHG PLASMA FREE HEMOGLOBIN | 83051 | CPT | | | | outpatient | | | 83 | 8.41 | Aetna | Medicare | 25.56 | 30.8 | | | 1.2 | 78.85 | percent of total billed charges | |
| BKR CHG PLASMA FREE HEMOGLOBIN | 83051 | CPT | | | | outpatient | | | 83 | 8.41 | UHC | Medicaid | 1.2 | | | | 1.2 | 78.85 | fee schedule | |
| BKR CHG PLASMA FREE HEMOGLOBIN | 83051 | CPT | | | | outpatient | | | 83 | 8.41 | Aetna | Better Health | 26.19 | 31.55 | | | 1.2 | 78.85 | percent of total billed charges | |
| BKR CHG PLASMA FREE HEMOGLOBIN | 83051 | CPT | | | | outpatient | | | 83 | 8.41 | Americare | Americare | 62.25 | 75 | | | 1.2 | 78.85 | percent of total billed charges | |
| BKR CHG PLASMA FREE HEMOGLOBIN | 83051 | CPT | | | | outpatient | | | 83 | 8.41 | Amerihealth | Medicare | 7.31 | | | | 1.2 | 78.85 | fee schedule | |
| BKR CHG PLASMA FREE HEMOGLOBIN | 83051 | CPT | | | | outpatient | | | 83 | 8.41 | Wellcare | Medicaid | 1.2 | | | | 1.2 | 78.85 | fee schedule | |
| BKR CHG PLASMA FREE HEMOGLOBIN | 83051 | CPT | | | | outpatient | | | 83 | 8.41 | First Health | First Health | 58.1 | 70 | | | 1.2 | 78.85 | percent of total billed charges | |
| BKR CHG PLASMA FREE HEMOGLOBIN | 83051 | CPT | | | | outpatient | | | 83 | 8.41 | Consumer | Consumer | 78.85 | 95 | | | 1.2 | 78.85 | percent of total billed charges | |
| BKR CHG PLASMA FREE HEMOGLOBIN | 83051 | CPT | | | | outpatient | | | 83 | 8.41 | Amerihealth | HMO/PPO | 6.1 | | | | 1.2 | 78.85 | fee schedule | |
| BKR CHG PLASMA FREE HEMOGLOBIN | 83051 | CPT | | | | outpatient | | | 83 | 8.41 | Corrections | Corrections | 66.4 | 80 | | | 1.2 | 78.85 | percent of total billed charges | |
| BKR CHG PLASMA FREE HEMOGLOBIN | 83051 | CPT | | | | outpatient | | | 83 | 8.41 | First Trenton | First Trenton | 74.7 | 90 | | | 1.2 | 78.85 | percent of total billed charges | |
| BKR CHG PLASMA FREE HEMOGLOBIN | 83051 | CPT | | | | outpatient | | | 83 | 8.41 | Multiplan | Multiplan | 66.4 | 80 | | | 1.2 | 78.85 | percent of total billed charges | |
| BKR CHG PLASMA FREE HEMOGLOBIN | 83051 | CPT | | | | outpatient | | | 83 | 8.41 | Horizon | MGD | 31.77 | 38.28 | | | 1.2 | 78.85 | percent of total billed charges | |
| BKR CHG PLASMA FREE HEMOGLOBIN | 83051 | CPT | | | | outpatient | | | 83 | 8.41 | Horizon | Medicare Blue | 24.9 | 30 | | | 1.2 | 78.85 | percent of total billed charges | |
| BKR CHG PLASMA FREE HEMOGLOBIN | 83051 | CPT | | | | outpatient | | | 83 | 8.41 | Horizon | NJ Health | 2.35 | | | | 1.2 | 78.85 | fee schedule | |
| BKR CHG PLASMA FREE HEMOGLOBIN | 83051 | CPT | | | | outpatient | | | 83 | 8.41 | Qualcare | Qualcare | 62.25 | 75 | | | 1.2 | 78.85 | percent of total billed charges | |
| BKR CHG PLASMA FREE HEMOGLOBIN | 83051 | CPT | | | | outpatient | | | 83 | 8.41 | Horizon | PPO | 31.77 | 38.28 | | | 1.2 | 78.85 | percent of total billed charges | |
| BKR CHG PLASMA FREE HEMOGLOBIN | 83051 | CPT | | | | outpatient | | | 83 | 8.41 | Wellcare | Medicare | 7.31 | | | | 1.2 | 78.85 | fee schedule | |
| BKR CHG PLASMA FREE HEMOGLOBIN | 83051 | CPT | | | | outpatient | | | 83 | 8.41 | Managed Care Inc | Managed Care Inc | 74.7 | 90 | | | 1.2 | 78.85 | percent of total billed charges | |
| BKR CHG PLASMA FREE HEMOGLOBIN | 83051 | CPT | | | | outpatient | | | 83 | 8.41 | UHC | Medicare | 7.31 | | | | 1.2 | 78.85 | fee schedule | |
| BKR CHG PLASMA FREE HEMOGLOBIN | 83051 | CPT | | | | outpatient | | | 83 | 8.41 | Three Rivers | Three Rivers | 78.85 | 95 | | | 1.2 | 78.85 | percent of total billed charges | |
| BKR CHG PLASMA FREE HEMOGLOBIN | 83051 | CPT | | | | outpatient | | | 83 | 8.41 | WellPoint | WellPoint | 26.71 | 32.18 | | | 1.2 | 78.85 | percent of total billed charges | |
| BKR CHG HEMOGLOBIN UNSTABLE SCRN | 83068 | CPT | | | | outpatient | | | 121 | 10.89 | Amerihealth | Medicare | 9.47 | | | | 3 | 114.95 | fee schedule | |
| BKR CHG HEMOGLOBIN UNSTABLE SCRN | 83068 | CPT | | | | outpatient | | | 121 | 10.89 | Consumer | Consumer | 114.95 | 95 | | | 3 | 114.95 | percent of total billed charges | |
| BKR CHG HEMOGLOBIN UNSTABLE SCRN | 83068 | CPT | | | | outpatient | | | 121 | 10.89 | Amerihealth | HMO/PPO | 3.1 | | | | 3 | 114.95 | fee schedule | |
| BKR CHG HEMOGLOBIN UNSTABLE SCRN | 83068 | CPT | | | | outpatient | | | 121 | 10.89 | Qualcare | Qualcare | 90.75 | 75 | | | 3 | 114.95 | percent of total billed charges | |
| BKR CHG HEMOGLOBIN UNSTABLE SCRN | 83068 | CPT | | | | outpatient | | | 121 | 10.89 | Aetna | Medicare | 37.27 | 30.8 | | | 3 | 114.95 | percent of total billed charges | |
| BKR CHG HEMOGLOBIN UNSTABLE SCRN | 83068 | CPT | | | | outpatient | | | 121 | 10.89 | Aetna | Better Health | 38.18 | 31.55 | | | 3 | 114.95 | percent of total billed charges | |
| BKR CHG HEMOGLOBIN UNSTABLE SCRN | 83068 | CPT | | | | outpatient | | | 121 | 10.89 | First Health | First Health | 84.7 | 70 | | | 3 | 114.95 | percent of total billed charges | |
| BKR CHG HEMOGLOBIN UNSTABLE SCRN | 83068 | CPT | | | | outpatient | | | 121 | 10.89 | Multiplan | Multiplan | 96.8 | 80 | | | 3 | 114.95 | percent of total billed charges | |
| BKR CHG HEMOGLOBIN UNSTABLE SCRN | 83068 | CPT | | | | outpatient | | | 121 | 10.89 | Horizon | MGD | 46.32 | 38.28 | | | 3 | 114.95 | percent of total billed charges | |
| BKR CHG HEMOGLOBIN UNSTABLE SCRN | 83068 | CPT | | | | outpatient | | | 121 | 10.89 | Corrections | Corrections | 96.8 | 80 | | | 3 | 114.95 | percent of total billed charges | |
| BKR CHG HEMOGLOBIN UNSTABLE SCRN | 83068 | CPT | | | | outpatient | | | 121 | 10.89 | Horizon | Medicare Blue | 36.3 | 30 | | | 3 | 114.95 | percent of total billed charges | |
| BKR CHG HEMOGLOBIN UNSTABLE SCRN | 83068 | CPT | | | | outpatient | | | 121 | 10.89 | UHC | Medicare | 9.47 | | | | 3 | 114.95 | fee schedule | |
| BKR CHG HEMOGLOBIN UNSTABLE SCRN | 83068 | CPT | | | | outpatient | | | 121 | 10.89 | WellPoint | WellPoint | 38.94 | 32.18 | | | 3 | 114.95 | percent of total billed charges | |
| BKR CHG HEMOGLOBIN UNSTABLE SCRN | 83068 | CPT | | | | outpatient | | | 121 | 10.89 | Americare | Americare | 90.75 | 75 | | | 3 | 114.95 | percent of total billed charges | |
| BKR CHG HEMOGLOBIN UNSTABLE SCRN | 83068 | CPT | | | | outpatient | | | 121 | 10.89 | Wellcare | Medicare | 9.47 | | | | 3 | 114.95 | fee schedule | |
| BKR CHG HEMOGLOBIN UNSTABLE SCRN | 83068 | CPT | | | | outpatient | | | 121 | 10.89 | First Trenton | First Trenton | 108.9 | 90 | | | 3 | 114.95 | percent of total billed charges | |
| BKR CHG HEMOGLOBIN UNSTABLE SCRN | 83068 | CPT | | | | outpatient | | | 121 | 10.89 | Horizon | Indemnity | 46.32 | 38.28 | | | 3 | 114.95 | percent of total billed charges | |
| BKR CHG HEMOGLOBIN UNSTABLE SCRN | 83068 | CPT | | | | outpatient | | | 121 | 10.89 | Horizon | NJ Health | 6.49 | | | | 3 | 114.95 | fee schedule | |
| BKR CHG HEMOGLOBIN UNSTABLE SCRN | 83068 | CPT | | | | outpatient | | | 121 | 10.89 | Horizon | PPO | 46.32 | 38.28 | | | 3 | 114.95 | percent of total billed charges | |
| BKR CHG HEMOGLOBIN UNSTABLE SCRN | 83068 | CPT | | | | outpatient | | | 121 | 10.89 | Managed Care Inc | Managed Care Inc | 108.9 | 90 | | | 3 | 114.95 | percent of total billed charges | |
| BKR CHG HEMOGLOBIN UNSTABLE SCRN | 83068 | CPT | | | | outpatient | | | 121 | 10.89 | Three Rivers | Three Rivers | 114.95 | 95 | | | 3 | 114.95 | percent of total billed charges | |
| BKR CHG HEMOGLOBIN UNSTABLE SCRN | 83068 | CPT | | | | outpatient | | | 121 | 10.89 | Wellcare | Medicaid | 3 | | | | 3 | 114.95 | fee schedule | |
| BKR CHG HEMOGLOBIN UNSTABLE SCRN | 83068 | CPT | | | | outpatient | | | 121 | 10.89 | UHC | Medicaid | 3 | | | | 3 | 114.95 | fee schedule | |
| BKR CHG HEMOSIDERIN STAIN URINE | 83070 | CPT | | | | both | | | 88 | 5.46 | Aetna | Medicare | 27.1 | 30.8 | | | 4.75 | 83.6 | percent of total billed charges | |
| BKR CHG HEMOSIDERIN STAIN URINE | 83070 | CPT | | | | both | | | 88 | 5.46 | Amerihealth | Medicare | 4.75 | | | | 4.75 | 83.6 | fee schedule | |
| BKR CHG HEMOSIDERIN STAIN URINE | 83070 | CPT | | | | both | | | 88 | 5.46 | Consumer | Consumer | 83.6 | 95 | | | 4.75 | 83.6 | percent of total billed charges | |
| BKR CHG HEMOSIDERIN STAIN URINE | 83070 | CPT | | | | both | | | 88 | 5.46 | WellPoint | WellPoint | 28.32 | 32.18 | | | 4.75 | 83.6 | percent of total billed charges | |
| BKR CHG HEMOSIDERIN STAIN URINE | 83070 | CPT | | | | both | | | 88 | 5.46 | Horizon | MGD | 33.69 | 38.28 | | | 4.75 | 83.6 | percent of total billed charges | |
| BKR CHG HEMOSIDERIN STAIN URINE | 83070 | CPT | | | | both | | | 88 | 5.46 | Amerihealth | HMO/PPO | 7.4 | | | | 4.75 | 83.6 | fee schedule | |
| BKR CHG HEMOSIDERIN STAIN URINE | 83070 | CPT | | | | both | | | 88 | 5.46 | Aetna | Better Health | 27.76 | 31.55 | | | 4.75 | 83.6 | percent of total billed charges | |
| BKR CHG HEMOSIDERIN STAIN URINE | 83070 | CPT | | | | both | | | 88 | 5.46 | First Health | First Health | 61.6 | 70 | | | 4.75 | 83.6 | percent of total billed charges | |
| BKR CHG HEMOSIDERIN STAIN URINE | 83070 | CPT | | | | both | | | 88 | 5.46 | Multiplan | Multiplan | 70.4 | 80 | | | 4.75 | 83.6 | percent of total billed charges | |
| BKR CHG HEMOSIDERIN STAIN URINE | 83070 | CPT | | | | both | | | 88 | 5.46 | Horizon | Medicare Blue | 26.4 | 30 | | | 4.75 | 83.6 | percent of total billed charges | |
| BKR CHG HEMOSIDERIN STAIN URINE | 83070 | CPT | | | | both | | | 88 | 5.46 | Corrections | Corrections | 70.4 | 80 | | | 4.75 | 83.6 | percent of total billed charges | |
| BKR CHG HEMOSIDERIN STAIN URINE | 83070 | CPT | | | | both | | | 88 | 5.46 | Wellcare | Medicare | 4.75 | | | | 4.75 | 83.6 | fee schedule | |
| BKR CHG HEMOSIDERIN STAIN URINE | 83070 | CPT | | | | both | | | 88 | 5.46 | Qualcare | Qualcare | 66 | 75 | | | 4.75 | 83.6 | percent of total billed charges | |
| BKR CHG HEMOSIDERIN STAIN URINE | 83070 | CPT | | | | both | | | 88 | 5.46 | Americare | Americare | 66 | 75 | | | 4.75 | 83.6 | percent of total billed charges | |
| BKR CHG HEMOSIDERIN STAIN URINE | 83070 | CPT | | | | both | | | 88 | 5.46 | UHC | Medicare | 4.75 | | | | 4.75 | 83.6 | fee schedule | |
| BKR CHG HEMOSIDERIN STAIN URINE | 83070 | CPT | | | | both | | | 88 | 5.46 | UHC | Medicaid | 6 | | | | 4.75 | 83.6 | fee schedule | |
| BKR CHG HEMOSIDERIN STAIN URINE | 83070 | CPT | | | | both | | | 88 | 5.46 | First Trenton | First Trenton | 79.2 | 90 | | | 4.75 | 83.6 | percent of total billed charges | |
| BKR CHG HEMOSIDERIN STAIN URINE | 83070 | CPT | | | | both | | | 88 | 5.46 | Wellcare | Medicaid | 6 | | | | 4.75 | 83.6 | fee schedule | |
| BKR CHG HEMOSIDERIN STAIN URINE | 83070 | CPT | | | | both | | | 88 | 5.46 | Horizon | Indemnity | 33.69 | 38.28 | | | 4.75 | 83.6 | percent of total billed charges | |
| BKR CHG HEMOSIDERIN STAIN URINE | 83070 | CPT | | | | both | | | 88 | 5.46 | Horizon | NJ Health | 11.76 | | | | 4.75 | 83.6 | fee schedule | |
| BKR CHG HEMOSIDERIN STAIN URINE | 83070 | CPT | | | | both | | | 88 | 5.46 | Horizon | PPO | 33.69 | 38.28 | | | 4.75 | 83.6 | percent of total billed charges | |
| BKR CHG HEMOSIDERIN STAIN URINE | 83070 | CPT | | | | both | | | 88 | 5.46 | Managed Care Inc | Managed Care Inc | 79.2 | 90 | | | 4.75 | 83.6 | percent of total billed charges | |
| BKR CHG HEMOSIDERIN STAIN URINE | 83070 | CPT | | | | both | | | 88 | 5.46 | Three Rivers | Three Rivers | 83.6 | 95 | | | 4.75 | 83.6 | percent of total billed charges | |
| BKR CHG TAY-SACHS BIOCHEMICAL SERUM | 83080 | CPT | | | | outpatient | | | 265 | 19.4 | First Health | First Health | 185.5 | 70 | | | 16.87 | 251.75 | percent of total billed charges | |
| BKR CHG TAY-SACHS BIOCHEMICAL SERUM | 83080 | CPT | | | | outpatient | | | 265 | 19.4 | Amerihealth | HMO/PPO | 23.3 | | | | 16.87 | 251.75 | fee schedule | |
| BKR CHG TAY-SACHS BIOCHEMICAL SERUM | 83080 | CPT | | | | outpatient | | | 265 | 19.4 | Aetna | Medicare | 81.62 | 30.8 | | | 16.87 | 251.75 | percent of total billed charges | |
| BKR CHG TAY-SACHS BIOCHEMICAL SERUM | 83080 | CPT | | | | outpatient | | | 265 | 19.4 | First Trenton | First Trenton | 238.5 | 90 | | | 16.87 | 251.75 | percent of total billed charges | |
| BKR CHG TAY-SACHS BIOCHEMICAL SERUM | 83080 | CPT | | | | outpatient | | | 265 | 19.4 | Aetna | Better Health | 83.61 | 31.55 | | | 16.87 | 251.75 | percent of total billed charges | |
| BKR CHG TAY-SACHS BIOCHEMICAL SERUM | 83080 | CPT | | | | outpatient | | | 265 | 19.4 | Horizon | Indemnity | 101.44 | 38.28 | | | 16.87 | 251.75 | percent of total billed charges | |
| BKR CHG TAY-SACHS BIOCHEMICAL SERUM | 83080 | CPT | | | | outpatient | | | 265 | 19.4 | WellPoint | WellPoint | 85.28 | 32.18 | | | 16.87 | 251.75 | percent of total billed charges | |
| BKR CHG TAY-SACHS BIOCHEMICAL SERUM | 83080 | CPT | | | | outpatient | | | 265 | 19.4 | Corrections | Corrections | 212 | 80 | | | 16.87 | 251.75 | percent of total billed charges | |
| BKR CHG TAY-SACHS BIOCHEMICAL SERUM | 83080 | CPT | | | | outpatient | | | 265 | 19.4 | Multiplan | Multiplan | 212 | 80 | | | 16.87 | 251.75 | percent of total billed charges | |
| BKR CHG TAY-SACHS BIOCHEMICAL SERUM | 83080 | CPT | | | | outpatient | | | 265 | 19.4 | Amerihealth | Medicare | 16.87 | | | | 16.87 | 251.75 | fee schedule | |
| BKR CHG TAY-SACHS BIOCHEMICAL SERUM | 83080 | CPT | | | | outpatient | | | 265 | 19.4 | Americare | Americare | 198.75 | 75 | | | 16.87 | 251.75 | percent of total billed charges | |
| BKR CHG TAY-SACHS BIOCHEMICAL SERUM | 83080 | CPT | | | | outpatient | | | 265 | 19.4 | Horizon | NJ Health | 18.74 | | | | 16.87 | 251.75 | fee schedule | |
| BKR CHG TAY-SACHS BIOCHEMICAL SERUM | 83080 | CPT | | | | outpatient | | | 265 | 19.4 | Qualcare | Qualcare | 198.75 | 75 | | | 16.87 | 251.75 | percent of total billed charges | |
| BKR CHG TAY-SACHS BIOCHEMICAL SERUM | 83080 | CPT | | | | outpatient | | | 265 | 19.4 | Wellcare | Medicaid | 19.2 | | | | 16.87 | 251.75 | fee schedule | |
| BKR CHG TAY-SACHS BIOCHEMICAL SERUM | 83080 | CPT | | | | outpatient | | | 265 | 19.4 | Consumer | Consumer | 251.75 | 95 | | | 16.87 | 251.75 | percent of total billed charges | |
| BKR CHG TAY-SACHS BIOCHEMICAL SERUM | 83080 | CPT | | | | outpatient | | | 265 | 19.4 | Horizon | MGD | 101.44 | 38.28 | | | 16.87 | 251.75 | percent of total billed charges | |
| BKR CHG TAY-SACHS BIOCHEMICAL SERUM | 83080 | CPT | | | | outpatient | | | 265 | 19.4 | UHC | Medicare | 16.87 | | | | 16.87 | 251.75 | fee schedule | |
| BKR CHG TAY-SACHS BIOCHEMICAL SERUM | 83080 | CPT | | | | outpatient | | | 265 | 19.4 | Horizon | PPO | 101.44 | 38.28 | | | 16.87 | 251.75 | percent of total billed charges | |
| BKR CHG TAY-SACHS BIOCHEMICAL SERUM | 83080 | CPT | | | | outpatient | | | 265 | 19.4 | Horizon | Medicare Blue | 79.5 | 30 | | | 16.87 | 251.75 | percent of total billed charges | |
| BKR CHG TAY-SACHS BIOCHEMICAL SERUM | 83080 | CPT | | | | outpatient | | | 265 | 19.4 | Managed Care Inc | Managed Care Inc | 238.5 | 90 | | | 16.87 | 251.75 | percent of total billed charges | |
| BKR CHG TAY-SACHS BIOCHEMICAL SERUM | 83080 | CPT | | | | outpatient | | | 265 | 19.4 | UHC | Medicaid | 19.2 | | | | 16.87 | 251.75 | fee schedule | |
| BKR CHG TAY-SACHS BIOCHEMICAL SERUM | 83080 | CPT | | | | outpatient | | | 265 | 19.4 | Three Rivers | Three Rivers | 251.75 | 95 | | | 16.87 | 251.75 | percent of total billed charges | |
| BKR CHG TAY-SACHS BIOCHEMICAL SERUM | 83080 | CPT | | | | outpatient | | | 265 | 19.4 | Wellcare | Medicare | 16.87 | | | | 16.87 | 251.75 | fee schedule | |
| BKR CHG HISTAMINE PLASMA | 83088 | CPT | | | | outpatient | | | 67 | 33.96 | Aetna | Better Health | 21.14 | 31.55 | | | 20.1 | 78.4 | percent of total billed charges | |
| BKR CHG HISTAMINE PLASMA | 83088 | CPT | | | | outpatient | | | 67 | 33.96 | Aetna | Medicare | 20.64 | 30.8 | | | 20.1 | 78.4 | percent of total billed charges | |
| BKR CHG HISTAMINE PLASMA | 83088 | CPT | | | | outpatient | | | 67 | 33.96 | Americare | Americare | 50.25 | 75 | | | 20.1 | 78.4 | percent of total billed charges | |
| BKR CHG HISTAMINE PLASMA | 83088 | CPT | | | | outpatient | | | 67 | 33.96 | UHC | Medicaid | 40 | | | | 20.1 | 78.4 | fee schedule | |
| BKR CHG HISTAMINE PLASMA | 83088 | CPT | | | | outpatient | | | 67 | 33.96 | Consumer | Consumer | 63.65 | 95 | | | 20.1 | 78.4 | percent of total billed charges | |
| BKR CHG HISTAMINE PLASMA | 83088 | CPT | | | | outpatient | | | 67 | 33.96 | Horizon | MGD | 25.65 | 38.28 | | | 20.1 | 78.4 | percent of total billed charges | |
| BKR CHG HISTAMINE PLASMA | 83088 | CPT | | | | outpatient | | | 67 | 33.96 | Horizon | PPO | 25.65 | 38.28 | | | 20.1 | 78.4 | percent of total billed charges | |
| BKR CHG HISTAMINE PLASMA | 83088 | CPT | | | | outpatient | | | 67 | 33.96 | Wellcare | Medicaid | 40 | | | | 20.1 | 78.4 | fee schedule | |
| BKR CHG HISTAMINE PLASMA | 83088 | CPT | | | | outpatient | | | 67 | 33.96 | Horizon | Indemnity | 25.65 | 38.28 | | | 20.1 | 78.4 | percent of total billed charges | |
| BKR CHG HISTAMINE PLASMA | 83088 | CPT | | | | outpatient | | | 67 | 33.96 | Amerihealth | HMO/PPO | 43.5 | | | | 20.1 | 78.4 | fee schedule | |
| BKR CHG HISTAMINE PLASMA | 83088 | CPT | | | | outpatient | | | 67 | 33.96 | Three Rivers | Three Rivers | 63.65 | 95 | | | 20.1 | 78.4 | percent of total billed charges | |
| BKR CHG HISTAMINE PLASMA | 83088 | CPT | | | | outpatient | | | 67 | 33.96 | Wellcare | Medicare | 29.53 | | | | 20.1 | 78.4 | fee schedule | |
| BKR CHG HISTAMINE PLASMA | 83088 | CPT | | | | outpatient | | | 67 | 33.96 | Corrections | Corrections | 53.6 | 80 | | | 20.1 | 78.4 | percent of total billed charges | |
| BKR CHG HISTAMINE PLASMA | 83088 | CPT | | | | outpatient | | | 67 | 33.96 | Amerihealth | Medicare | 29.53 | | | | 20.1 | 78.4 | fee schedule | |
| BKR CHG HISTAMINE PLASMA | 83088 | CPT | | | | outpatient | | | 67 | 33.96 | Horizon | Medicare Blue | 20.1 | 30 | | | 20.1 | 78.4 | percent of total billed charges | |
| BKR CHG HISTAMINE PLASMA | 83088 | CPT | | | | outpatient | | | 67 | 33.96 | First Health | First Health | 46.9 | 70 | | | 20.1 | 78.4 | percent of total billed charges | |
| BKR CHG HISTAMINE PLASMA | 83088 | CPT | | | | outpatient | | | 67 | 33.96 | First Trenton | First Trenton | 60.3 | 90 | | | 20.1 | 78.4 | percent of total billed charges | |
| BKR CHG HISTAMINE PLASMA | 83088 | CPT | | | | outpatient | | | 67 | 33.96 | Multiplan | Multiplan | 53.6 | 80 | | | 20.1 | 78.4 | percent of total billed charges | |
| BKR CHG HISTAMINE PLASMA | 83088 | CPT | | | | outpatient | | | 67 | 33.96 | Horizon | NJ Health | 78.4 | | | | 20.1 | 78.4 | fee schedule | |
| BKR CHG HISTAMINE PLASMA | 83088 | CPT | | | | outpatient | | | 67 | 33.96 | Qualcare | Qualcare | 50.25 | 75 | | | 20.1 | 78.4 | percent of total billed charges | |
| BKR CHG HISTAMINE PLASMA | 83088 | CPT | | | | outpatient | | | 67 | 33.96 | Managed Care Inc | Managed Care Inc | 60.3 | 90 | | | 20.1 | 78.4 | percent of total billed charges | |
| BKR CHG HISTAMINE PLASMA | 83088 | CPT | | | | outpatient | | | 67 | 33.96 | UHC | Medicare | 29.53 | | | 6 | 20.1 | 78.4 | fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG HISTAMINE PLASMA | 83088 | CPT | | | | outpatient | | | 67 | 33.96 | WellPoint | WellPoint | 21.56 | 32.18 | | | 20.1 | 78.4 | percent of total billed charges | |
| BKR CHG HOMOCYSTEINE | 83090 | CPT | | | | both | | | 117 | 20.61 | First Trenton | First Trenton | 105.3 | 90 | | | 17.92 | 111.15 | percent of total billed charges | |
| BKR CHG HOMOCYSTEINE | 83090 | CPT | | | | both | | | 117 | 20.61 | First Health | First Health | 81.9 | 70 | | | 17.92 | 111.15 | percent of total billed charges | |
| BKR CHG HOMOCYSTEINE | 83090 | CPT | | | | both | | | 117 | 20.61 | Horizon | MGD | 44.79 | 38.28 | | 18.48 | 17.92 | 111.15 | percent of total billed charges | |
| BKR CHG HOMOCYSTEINE | 83090 | CPT | | | | both | | | 117 | 20.61 | Aetna | Medicare | 36.04 | 30.8 | | | 17.92 | 111.15 | percent of total billed charges | |
| BKR CHG HOMOCYSTEINE | 83090 | CPT | | | | both | | | 117 | 20.61 | Americare | Americare | 87.75 | 75 | | | 17.92 | 111.15 | percent of total billed charges | |
| BKR CHG HOMOCYSTEINE | 83090 | CPT | | | | both | | | 117 | 20.61 | Aetna | Better Health | 36.91 | 31.55 | | | 17.92 | 111.15 | percent of total billed charges | |
| BKR CHG HOMOCYSTEINE | 83090 | CPT | | | | both | | | 117 | 20.61 | Corrections | Corrections | 93.6 | 80 | | | 17.92 | 111.15 | percent of total billed charges | |
| BKR CHG HOMOCYSTEINE | 83090 | CPT | | | | both | | | 117 | 20.61 | Consumer | Consumer | 111.15 | 95 | | | 17.92 | 111.15 | percent of total billed charges | |
| BKR CHG HOMOCYSTEINE | 83090 | CPT | | | | both | | | 117 | 20.61 | Horizon | Indemnity | 44.79 | 38.28 | | | 17.92 | 111.15 | percent of total billed charges | |
| BKR CHG HOMOCYSTEINE | 83090 | CPT | | | | both | | | 117 | 20.61 | Horizon | NJ Health | 18.74 | | | 17.49 | 17.92 | 111.15 | fee schedule | |
| BKR CHG HOMOCYSTEINE | 83090 | CPT | | | | both | | | 117 | 20.61 | Horizon | PPO | 44.79 | 38.28 | | 30.23 | 17.92 | 111.15 | percent of total billed charges | |
| BKR CHG HOMOCYSTEINE | 83090 | CPT | | | | both | | | 117 | 20.61 | UHC | Medicare | 17.92 | | | 5.52 | 17.92 | 111.15 | fee schedule | |
| BKR CHG HOMOCYSTEINE | 83090 | CPT | | | | both | | | 117 | 20.61 | Amerihealth | HMO/PPO | 30 | | | | 17.92 | 111.15 | fee schedule | |
| BKR CHG HOMOCYSTEINE | 83090 | CPT | | | | both | | | 117 | 20.61 | UHC | Medicaid | 18.65 | | | 27.85 | 17.92 | 111.15 | fee schedule | |
| BKR CHG HOMOCYSTEINE | 83090 | CPT | | | | both | | | 117 | 20.61 | Horizon | Medicare Blue | 35.1 | 30 | | | 17.92 | 111.15 | percent of total billed charges | |
| BKR CHG HOMOCYSTEINE | 83090 | CPT | | | | both | | | 117 | 20.61 | WellPoint | WellPoint | 37.65 | 32.18 | | 13.8 | 17.92 | 111.15 | percent of total billed charges | |
| BKR CHG HOMOCYSTEINE | 83090 | CPT | | | | both | | | 117 | 20.61 | Managed Care Inc | Managed Care Inc | 105.3 | 90 | | | 17.92 | 111.15 | percent of total billed charges | |
| BKR CHG HOMOCYSTEINE | 83090 | CPT | | | | both | | | 117 | 20.61 | Wellcare | Medicare | 17.92 | | | | 17.92 | 111.15 | fee schedule | |
| BKR CHG HOMOCYSTEINE | 83090 | CPT | | | | both | | | 117 | 20.61 | Multiplan | Multiplan | 93.6 | 80 | | | 17.92 | 111.15 | percent of total billed charges | |
| BKR CHG HOMOCYSTEINE | 83090 | CPT | | | | both | | | 117 | 20.61 | Amerihealth | Medicare | 17.92 | | | | 17.92 | 111.15 | fee schedule | |
| BKR CHG HOMOCYSTEINE | 83090 | CPT | | | | both | | | 117 | 20.61 | Qualcare | Qualcare | 87.75 | 75 | | | 17.92 | 111.15 | percent of total billed charges | |
| BKR CHG HOMOCYSTEINE | 83090 | CPT | | | | both | | | 117 | 20.61 | Three Rivers | Three Rivers | 111.15 | 95 | | | 17.92 | 111.15 | percent of total billed charges | |
| BKR CHG HOMOCYSTEINE | 83090 | CPT | | | | both | | | 117 | 20.61 | Wellcare | Medicaid | 18.65 | | | 23.27 | 17.92 | 111.15 | fee schedule | |
| BKR CHG HVA | 83150 | CPT | | | | outpatient | | | 222 | 25.77 | Amerihealth | Medicare | 22.41 | | | | 12 | 210.9 | fee schedule | |
| BKR CHG HVA | 83150 | CPT | | | | outpatient | | | 222 | 25.77 | Aetna | Better Health | 70.04 | 31.55 | | | 12 | 210.9 | percent of total billed charges | |
| BKR CHG HVA | 83150 | CPT | | | | outpatient | | | 222 | 25.77 | Americare | Americare | 166.5 | 75 | | | 12 | 210.9 | percent of total billed charges | |
| BKR CHG HVA | 83150 | CPT | | | | outpatient | | | 222 | 25.77 | Corrections | Corrections | 177.6 | 80 | | | 12 | 210.9 | percent of total billed charges | |
| BKR CHG HVA | 83150 | CPT | | | | outpatient | | | 222 | 25.77 | Amerihealth | HMO/PPO | 15.3 | | | | 12 | 210.9 | fee schedule | |
| BKR CHG HVA | 83150 | CPT | | | | outpatient | | | 222 | 25.77 | First Health | First Health | 155.4 | 70 | | | 12 | 210.9 | percent of total billed charges | |
| BKR CHG HVA | 83150 | CPT | | | | outpatient | | | 222 | 25.77 | Horizon | Indemnity | 84.98 | 38.28 | | | 12 | 210.9 | percent of total billed charges | |
| BKR CHG HVA | 83150 | CPT | | | | outpatient | | | 222 | 25.77 | Aetna | Medicare | 68.38 | 30.8 | | | 12 | 210.9 | percent of total billed charges | |
| BKR CHG HVA | 83150 | CPT | | | | outpatient | | | 222 | 25.77 | First Trenton | First Trenton | 199.8 | 90 | | | 12 | 210.9 | percent of total billed charges | |
| BKR CHG HVA | 83150 | CPT | | | | outpatient | | | 222 | 25.77 | WellPoint | WellPoint | 71.44 | 32.18 | | | 12 | 210.9 | percent of total billed charges | |
| BKR CHG HVA | 83150 | CPT | | | | outpatient | | | 222 | 25.77 | Multiplan | Multiplan | 177.6 | 80 | | | 12 | 210.9 | percent of total billed charges | |
| BKR CHG HVA | 83150 | CPT | | | | outpatient | | | 222 | 25.77 | Consumer | Consumer | 210.9 | 95 | | | 12 | 210.9 | percent of total billed charges | |
| BKR CHG HVA | 83150 | CPT | | | | outpatient | | | 222 | 25.77 | Wellcare | Medicaid | 12 | | | | 12 | 210.9 | fee schedule | |
| BKR CHG HVA | 83150 | CPT | | | | outpatient | | | 222 | 25.77 | UHC | Medicaid | 12 | | | | 12 | 210.9 | fee schedule | |
| BKR CHG HVA | 83150 | CPT | | | | outpatient | | | 222 | 25.77 | Horizon | Medicare Blue | 66.6 | 30 | | | 12 | 210.9 | percent of total billed charges | |
| BKR CHG HVA | 83150 | CPT | | | | outpatient | | | 222 | 25.77 | Horizon | MGD | 84.98 | 38.28 | | | 12 | 210.9 | percent of total billed charges | |
| BKR CHG HVA | 83150 | CPT | | | | outpatient | | | 222 | 25.77 | Horizon | PPO | 84.98 | 38.28 | | | 12 | 210.9 | percent of total billed charges | |
| BKR CHG HVA | 83150 | CPT | | | | outpatient | | | 222 | 25.77 | UHC | Medicare | 22.41 | | | | 12 | 210.9 | fee schedule | |
| BKR CHG HVA | 83150 | CPT | | | | outpatient | | | 222 | 25.77 | Qualcare | Qualcare | 166.5 | 75 | | | 12 | 210.9 | percent of total billed charges | |
| BKR CHG HVA | 83150 | CPT | | | | outpatient | | | 222 | 25.77 | Horizon | NJ Health | 23.52 | | | | 12 | 210.9 | fee schedule | |
| BKR CHG HVA | 83150 | CPT | | | | outpatient | | | 222 | 25.77 | Managed Care Inc | Managed Care Inc | 199.8 | 90 | | | 12 | 210.9 | percent of total billed charges | |
| BKR CHG HVA | 83150 | CPT | | | | outpatient | | | 222 | 25.77 | Three Rivers | Three Rivers | 210.9 | 95 | | | 12 | 210.9 | percent of total billed charges | |
| BKR CHG HVA | 83150 | CPT | | | | outpatient | | | 222 | 25.77 | Wellcare | Medicare | 22.41 | | | | 12 | 210.9 | fee schedule | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 32 | | First Trenton | First Trenton | 28.8 | 90 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 32 | | Amerihealth | HMO/PPO | 20.8 | 65 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 32 | | Americare | Americare | 24 | 75 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 32 | | Consumer | Consumer | 30.4 | 95 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 32 | | Aetna | Medicare | 9.86 | 30.8 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 32 | | Aetna | Better Health | 10.1 | 31.55 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 32 | | Horizon | Indemnity | 12.25 | 38.28 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 32 | | WellPoint | WellPoint | 10.3 | 32.18 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 32 | | Horizon | MGD | 12.25 | 38.28 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 32 | | Multiplan | Multiplan | 25.6 | 80 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 32 | | Managed Care Inc | Managed Care Inc | 28.8 | 90 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 32 | | Corrections | Corrections | 25.6 | 80 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 32 | | Horizon | PPO | 12.25 | 38.28 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 32 | | First Health | First Health | 22.4 | 70 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 32 | | UHC | Medicaid | 10.1 | 31.55 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 32 | | Qualcare | Qualcare | 24 | 75 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 32 | | Horizon | Medicare Blue | 9.6 | 30 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 32 | | Three Rivers | Three Rivers | 30.4 | 95 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 32 | | Wellcare | Medicaid | 10.1 | 31.55 | | | 9.6 | 30.4 | percent of total billed charges | |
| BKR CHG 17 HYDROXYCORTICOSTEROIDS | 83491 | CPT | | | | outpatient | | | 213 | 20.59 | Multiplan | Multiplan | 170.4 | 80 | | | 12.6 | 202.35 | percent of total billed charges | |
| BKR CHG 17 HYDROXYCORTICOSTEROIDS | 83491 | CPT | | | | outpatient | | | 213 | 20.59 | Horizon | Indemnity | 81.54 | 38.28 | | | 12.6 | 202.35 | percent of total billed charges | |
| BKR CHG 17 HYDROXYCORTICOSTEROIDS | 83491 | CPT | | | | outpatient | | | 213 | 20.59 | Consumer | Consumer | 202.35 | 95 | | | 12.6 | 202.35 | percent of total billed charges | |
| BKR CHG 17 HYDROXYCORTICOSTEROIDS | 83491 | CPT | | | | outpatient | | | 213 | 20.59 | Aetna | Medicare | 65.6 | 30.8 | | | 12.6 | 202.35 | percent of total billed charges | |
| BKR CHG 17 HYDROXYCORTICOSTEROIDS | 83491 | CPT | | | | outpatient | | | 213 | 20.59 | Amerihealth | Medicare | 17.9 | | | | 12.6 | 202.35 | fee schedule | |
| BKR CHG 17 HYDROXYCORTICOSTEROIDS | 83491 | CPT | | | | outpatient | | | 213 | 20.59 | First Trenton | First Trenton | 191.7 | 90 | | | 12.6 | 202.35 | percent of total billed charges | |
| BKR CHG 17 HYDROXYCORTICOSTEROIDS | 83491 | CPT | | | | outpatient | | | 213 | 20.59 | Aetna | Better Health | 67.2 | 31.55 | | | 12.6 | 202.35 | percent of total billed charges | |
| BKR CHG 17 HYDROXYCORTICOSTEROIDS | 83491 | CPT | | | | outpatient | | | 213 | 20.59 | Horizon | MGD | 81.54 | 38.28 | | | 12.6 | 202.35 | percent of total billed charges | |
| BKR CHG 17 HYDROXYCORTICOSTEROIDS | 83491 | CPT | | | | outpatient | | | 213 | 20.59 | Qualcare | Qualcare | 159.75 | 75 | | | 12.6 | 202.35 | percent of total billed charges | |
| BKR CHG 17 HYDROXYCORTICOSTEROIDS | 83491 | CPT | | | | outpatient | | | 213 | 20.59 | Horizon | PPO | 81.54 | 38.28 | | | 12.6 | 202.35 | percent of total billed charges | |
| BKR CHG 17 HYDROXYCORTICOSTEROIDS | 83491 | CPT | | | | outpatient | | | 213 | 20.59 | Corrections | Corrections | 170.4 | 80 | | | 12.6 | 202.35 | percent of total billed charges | |
| BKR CHG 17 HYDROXYCORTICOSTEROIDS | 83491 | CPT | | | | outpatient | | | 213 | 20.59 | Americare | Americare | 159.75 | 75 | | | 12.6 | 202.35 | percent of total billed charges | |
| BKR CHG 17 HYDROXYCORTICOSTEROIDS | 83491 | CPT | | | | outpatient | | | 213 | 20.59 | First Health | First Health | 149.1 | 70 | | | 12.6 | 202.35 | percent of total billed charges | |
| BKR CHG 17 HYDROXYCORTICOSTEROIDS | 83491 | CPT | | | | outpatient | | | 213 | 20.59 | Horizon | Medicare Blue | 63.9 | 30 | | | 12.6 | 202.35 | percent of total billed charges | |
| BKR CHG 17 HYDROXYCORTICOSTEROIDS | 83491 | CPT | | | | outpatient | | | 213 | 20.59 | UHC | Medicaid | 12.6 | | | | 12.6 | 202.35 | fee schedule | |
| BKR CHG 17 HYDROXYCORTICOSTEROIDS | 83491 | CPT | | | | outpatient | | | 213 | 20.59 | Amerihealth | HMO/PPO | 28.1 | | | | 12.6 | 202.35 | fee schedule | |
| BKR CHG 17 HYDROXYCORTICOSTEROIDS | 83491 | CPT | | | | outpatient | | | 213 | 20.59 | Three Rivers | Three Rivers | 202.35 | 95 | | | 12.6 | 202.35 | percent of total billed charges | |
| BKR CHG 17 HYDROXYCORTICOSTEROIDS | 83491 | CPT | | | | outpatient | | | 213 | 20.59 | WellPoint | WellPoint | 68.54 | 32.18 | | | 12.6 | 202.35 | percent of total billed charges | |
| BKR CHG 17 HYDROXYCORTICOSTEROIDS | 83491 | CPT | | | | outpatient | | | 213 | 20.59 | Horizon | NJ Health | 24.7 | | | | 12.6 | 202.35 | fee schedule | |
| BKR CHG 17 HYDROXYCORTICOSTEROIDS | 83491 | CPT | | | | outpatient | | | 213 | 20.59 | Managed Care Inc | Managed Care Inc | 191.7 | 90 | | | 12.6 | 202.35 | percent of total billed charges | |
| BKR CHG 17 HYDROXYCORTICOSTEROIDS | 83491 | CPT | | | | outpatient | | | 213 | 20.59 | Wellcare | Medicaid | 12.6 | | | | 12.6 | 202.35 | fee schedule | |
| BKR CHG 17 HYDROXYCORTICOSTEROIDS | 83491 | CPT | | | | outpatient | | | 213 | 20.59 | UHC | Medicare | 17.9 | | | | 12.6 | 202.35 | fee schedule | |
| BKR CHG 17 HYDROXYCORTICOSTEROIDS | 83491 | CPT | | | | outpatient | | | 213 | 20.59 | Wellcare | Medicare | 17.9 | | | | 12.6 | 202.35 | fee schedule | |
| BKR CHG HYDROXYINDOLACETIC ACID 5-(HIAA) | 83497 | CPT | | | | both | | | 179 | 14.84 | Americare | Americare | 134.25 | 75 | | | 6 | 170.05 | percent of total billed charges | |
| BKR CHG HYDROXYINDOLACETIC ACID 5-(HIAA) | 83497 | CPT | | | | both | | | 179 | 14.84 | Aetna | Better Health | 56.47 | 31.55 | | | 6 | 170.05 | percent of total billed charges | |
| BKR CHG HYDROXYINDOLACETIC ACID 5-(HIAA) | 83497 | CPT | | | | both | | | 179 | 14.84 | Aetna | Commercial | 68.02 | 38 | | | 6 | 170.05 | percent of total billed charges | |
| BKR CHG HYDROXYINDOLACETIC ACID 5-(HIAA) | 83497 | CPT | | | | both | | | 179 | 14.84 | Consumer | Consumer | 170.05 | 95 | | | 6 | 170.05 | percent of total billed charges | |
| BKR CHG HYDROXYINDOLACETIC ACID 5-(HIAA) | 83497 | CPT | | | | both | | | 179 | 14.84 | UHC | Medicaid | 6 | | | | 6 | 170.05 | fee schedule | |
| BKR CHG HYDROXYINDOLACETIC ACID 5-(HIAA) | 83497 | CPT | | | | both | | | 179 | 14.84 | First Health | First Health | 125.3 | 70 | | | 6 | 170.05 | percent of total billed charges | |
| BKR CHG HYDROXYINDOLACETIC ACID 5-(HIAA) | 83497 | CPT | | | | both | | | 179 | 14.84 | Aetna | Medicare | 55.13 | 30.8 | | | 6 | 170.05 | percent of total billed charges | |
| BKR CHG HYDROXYINDOLACETIC ACID 5-(HIAA) | 83497 | CPT | | | | both | | | 179 | 14.84 | Corrections | Corrections | 143.2 | 80 | | | 6 | 170.05 | percent of total billed charges | |
| BKR CHG HYDROXYINDOLACETIC ACID 5-(HIAA) | 83497 | CPT | | | | both | | | 179 | 14.84 | Amerihealth | HMO/PPO | 16.7 | | | | 6 | 170.05 | fee schedule | |
| BKR CHG HYDROXYINDOLACETIC ACID 5-(HIAA) | 83497 | CPT | | | | both | | | 179 | 14.84 | First Trenton | First Trenton | 161.1 | 90 | | | 6 | 170.05 | percent of total billed charges | |
| BKR CHG HYDROXYINDOLACETIC ACID 5-(HIAA) | 83497 | CPT | | | | both | | | 179 | 14.84 | Amerihealth | Medicare | 12.9 | | | | 6 | 170.05 | fee schedule | |
| BKR CHG HYDROXYINDOLACETIC ACID 5-(HIAA) | 83497 | CPT | | | | both | | | 179 | 14.84 | Horizon | PPO | 68.52 | 38.28 | | 8.17 | 6 | 170.05 | percent of total billed charges | |
| BKR CHG HYDROXYINDOLACETIC ACID 5-(HIAA) | 83497 | CPT | | | | both | | | 179 | 14.84 | Wellcare | Medicaid | 6 | | | | 6 | 170.05 | fee schedule | |
| BKR CHG HYDROXYINDOLACETIC ACID 5-(HIAA) | 83497 | CPT | | | | both | | | 179 | 14.84 | Horizon | Indemnity | 68.52 | 38.28 | | | 6 | 170.05 | percent of total billed charges | |
| BKR CHG HYDROXYINDOLACETIC ACID 5-(HIAA) | 83497 | CPT | | | | both | | | 179 | 14.84 | Horizon | MGD | 68.52 | 38.28 | | | 6 | 170.05 | percent of total billed charges | |
| BKR CHG HYDROXYINDOLACETIC ACID 5-(HIAA) | 83497 | CPT | | | | both | | | 179 | 14.84 | UHC | Medicare | 12.9 | | | 12.65 | 6 | 170.05 | fee schedule | |
| BKR CHG HYDROXYINDOLACETIC ACID 5-(HIAA) | 83497 | CPT | | | | both | | | 179 | 14.84 | Wellcare | Medicare | 12.9 | | | | 6 | 170.05 | fee schedule | |
| BKR CHG HYDROXYINDOLACETIC ACID 5-(HIAA) | 83497 | CPT | | | | both | | | 179 | 14.84 | Horizon | Medicare Blue | 53.7 | 30 | | | 6 | 170.05 | percent of total billed charges | |
| BKR CHG HYDROXYINDOLACETIC ACID 5-(HIAA) | 83497 | CPT | | | | both | | | 179 | 14.84 | Multiplan | Multiplan | 143.2 | 80 | | | 6 | 170.05 | percent of total billed charges | |
| BKR CHG HYDROXYINDOLACETIC ACID 5-(HIAA) | 83497 | CPT | | | | both | | | 179 | 14.84 | WellPoint | WellPoint | 57.6 | 32.18 | | | 6 | 170.05 | percent of total billed charges | |
| BKR CHG HYDROXYINDOLACETIC ACID 5-(HIAA) | 83497 | CPT | | | | both | | | 179 | 14.84 | Qualcare | Qualcare | 134.25 | 75 | | | 6 | 170.05 | percent of total billed charges | |
| BKR CHG HYDROXYINDOLACETIC ACID 5-(HIAA) | 83497 | CPT | | | | both | | | 179 | 14.84 | Horizon | NJ Health | 11.76 | | | | 6 | 170.05 | fee schedule | |
| BKR CHG HYDROXYINDOLACETIC ACID 5-(HIAA) | 83497 | CPT | | | | both | | | 179 | 14.84 | Managed Care Inc | Managed Care Inc | 161.1 | 90 | | | 6 | 170.05 | percent of total billed charges | |
| BKR CHG HYDROXYINDOLACETIC ACID 5-(HIAA) | 83497 | CPT | | | | both | | | 179 | 14.84 | Three Rivers | Three Rivers | 170.05 | 95 | | | 6 | 170.05 | percent of total billed charges | |
| BKR CHG HYDROXYPROGESTERONE(17 OHP) | 83498 | CPT | | | | both | | | 147 | 31.25 | Aetna | Medicare | 45.28 | 30.8 | | | 12.9 | 139.65 | percent of total billed charges | |
| BKR CHG HYDROXYPROGESTERONE(17 OHP) | 83498 | CPT | | | | both | | | 147 | 31.25 | Consumer | Consumer | 139.65 | 95 | | | 12.9 | 139.65 | percent of total billed charges | |
| BKR CHG HYDROXYPROGESTERONE(17 OHP) | 83498 | CPT | | | | both | | | 147 | 31.25 | Aetna | Commercial | 55.86 | 38 | | 16.02 | 12.9 | 139.65 | percent of total billed charges | |
| BKR CHG HYDROXYPROGESTERONE(17 OHP) | 83498 | CPT | | | | both | | | 147 | 31.25 | First Trenton | First Trenton | 132.3 | 90 | | | 12.9 | 139.65 | percent of total billed charges | |
| BKR CHG HYDROXYPROGESTERONE(17 OHP) | 83498 | CPT | | | | both | | | 147 | 31.25 | Horizon | NJ Health | 59.78 | | | 1 | 12.9 | 139.65 | fee schedule | |
| BKR CHG HYDROXYPROGESTERONE(17 OHP) | 83498 | CPT | | | | both | | | 147 | 31.25 | Americare | Americare | 110.25 | 75 | | | 12.9 | 139.65 | percent of total billed charges | |
| BKR CHG HYDROXYPROGESTERONE(17 OHP) | 83498 | CPT | | | | both | | | 147 | 31.25 | Aetna | Better Health | 46.38 | 31.55 | | | 12.9 | 139.65 | percent of total billed charges | |
| BKR CHG HYDROXYPROGESTERONE(17 OHP) | 83498 | CPT | | | | both | | | 147 | 31.25 | Qualcare | Qualcare | 110.25 | 75 | | | 12.9 | 139.65 | percent of total billed charges | |
| BKR CHG HYDROXYPROGESTERONE(17 OHP) | 83498 | CPT | | | | both | | | 147 | 31.25 | Wellcare | Medicaid | 30.5 | | | 7.95 | 12.9 | 139.65 | fee schedule | |
| BKR CHG HYDROXYPROGESTERONE(17 OHP) | 83498 | CPT | | | | both | | | 147 | 31.25 | Horizon | Medicare Blue | 44.1 | 30 | | | 12.9 | 139.65 | percent of total billed charges | |
| BKR CHG HYDROXYPROGESTERONE(17 OHP) | 83498 | CPT | | | | both | | | 147 | 31.25 | Amerihealth | HMO/PPO | 42.3 | | | | 12.9 | 139.65 | fee schedule | |
| BKR CHG HYDROXYPROGESTERONE(17 OHP) | 83498 | CPT | | | | both | | | 147 | 31.25 | Horizon | PPO | 56.27 | 38.28 | | 1.3 | 12.9 | 139.65 | percent of total billed charges | |
| BKR CHG HYDROXYPROGESTERONE(17 OHP) | 83498 | CPT | | | | both | | | 147 | 31.25 | Wellcare | Medicare | 27.17 | | | | 12.9 | 139.65 | fee schedule | |
| BKR CHG HYDROXYPROGESTERONE(17 OHP) | 83498 | CPT | | | | both | | | 147 | 31.25 | Horizon | Indemnity | 56.27 | 38.28 | | 8.38 | 12.9 | 139.65 | percent of total billed charges | |
| BKR CHG HYDROXYPROGESTERONE(17 OHP) | 83498 | CPT | | | | both | | | 147 | 31.25 | Horizon | MGD | 56.27 | 38.28 | | 15.07 | 12.9 | 139.65 | percent of total billed charges | |
| BKR CHG HYDROXYPROGESTERONE(17 OHP) | 83498 | CPT | | | | both | | | 147 | 31.25 | Managed Care Inc | Managed Care Inc | 132.3 | 90 | | | 12.9 | 139.65 | percent of total billed charges | |
| BKR CHG HYDROXYPROGESTERONE(17 OHP) | 83498 | CPT | | | | both | | | 147 | 31.25 | Amerihealth | Medicare | 27.17 | | | | 12.9 | 139.65 | fee schedule | |
| BKR CHG HYDROXYPROGESTERONE(17 OHP) | 83498 | CPT | | | | both | | | 147 | 31.25 | Multiplan | Multiplan | 117.6 | 80 | | | 12.9 | 139.65 | percent of total billed charges | |
| BKR CHG HYDROXYPROGESTERONE(17 OHP) | 83498 | CPT | | | | both | | | 147 | 31.25 | UHC | Medicaid | 30.5 | | | 9.43 | 12.9 | 139.65 | fee schedule | |
| BKR CHG HYDROXYPROGESTERONE(17 OHP) | 83498 | CPT | | | | both | | | 147 | 31.25 | Three Rivers | Three Rivers | 139.65 | 95 | | | 12.9 | 139.65 | percent of total billed charges | |
| BKR CHG HYDROXYPROGESTERONE(17 OHP) | 83498 | CPT | | | | both | | | 147 | 31.25 | Corrections | Corrections | 117.6 | 80 | | 8.2 | 12.9 | 139.65 | percent of total billed charges | |
| BKR CHG HYDROXYPROGESTERONE(17 OHP) | 83498 | CPT | | | | both | | | 147 | 31.25 | WellPoint | WellPoint | 47.3 | 32.18 | | 4.6 | 12.9 | 139.65 | percent of total billed charges | |
| BKR CHG HYDROXYPROGESTERONE(17 OHP) | 83498 | CPT | | | | both | | | 147 | 31.25 | First Health | First Health | 102.9 | 70 | | | 12.9 | 139.65 | percent of total billed charges | |
| BKR CHG HYDROXYPROGESTERONE(17 OHP) | 83498 | CPT | | | | both | | | 147 | 31.25 | UHC | Medicare | 27.17 | | | 5.1 | 12.9 | 139.65 | fee schedule | |
| BKR CHG VGCC ANTIBODY | 83516 | CPT | | | | both | | | 2069 | 13.26 | Horizon | MGD | 792.01 | 38.28 | | 9.2 | 8.1 | 1965.55 | percent of total billed charges | |
| BKR CHG VGCC ANTIBODY | 83516 | CPT | | | | both | | | 2069 | 13.26 | Horizon | NJ Health | 17.64 | | | 7.97 | 8.1 | 1965.55 | fee schedule | |
| BKR CHG VGCC ANTIBODY | 83516 | CPT | | | | both | | | 2069 | 13.26 | Aetna | Medicare | 637.25 | 30.8 | | 2.31 | 8.1 | 1965.55 | percent of total billed charges | |
| BKR CHG VGCC ANTIBODY | 83516 | CPT | | | | both | | | 2069 | 13.26 | Aetna | Commercial | 786.22 | 38 | | 8.16 | 8.1 | 1965.55 | percent of total billed charges | |
| BKR CHG VGCC ANTIBODY | 83516 | CPT | | | | both | | | 2069 | 13.26 | Americare | Americare | 1551.75 | 75 | | | 8.1 | 1965.55 | percent of total billed charges | |
| BKR CHG VGCC ANTIBODY | 83516 | CPT | | | | both | | | 2069 | 13.26 | Aetna | Better Health | 652.77 | 31.55 | | 4.62 | 8.1 | 1965.55 | percent of total billed charges | |
| BKR CHG VGCC ANTIBODY | 83516 | CPT | | | | both | | | 2069 | 13.26 | Amerihealth | HMO/PPO | 15 | | | 3.19 | 8.1 | 1965.55 | fee schedule | |
| BKR CHG VGCC ANTIBODY | 83516 | CPT | | | | both | | | 2069 | 13.26 | UHC | Medicaid | 9 | | | 9.68 | 8.1 | 1965.55 | fee schedule | |
| BKR CHG VGCC ANTIBODY | 83516 | CPT | | | | both | | | 2069 | 13.26 | Multiplan | Multiplan | 1655.2 | 80 | | | 8.1 | 1965.55 | percent of total billed charges | |
| BKR CHG VGCC ANTIBODY | 83516 | CPT | | | | both | | | 2069 | 13.26 | WellPoint | WellPoint | 665.8 | 32.18 | | 11.23 | 8.1 | 1965.55 | percent of total billed charges | |
| BKR CHG VGCC ANTIBODY | 83516 | CPT | | | | both | | | 2069 | 13.26 | First Trenton | First Trenton | 1862.1 | 90 | | | 8.1 | 1965.55 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG VGCC ANTIBODY | 83516 | CPT | | | | both | | | 2069 | 13.26 | Amerihealth | Medicare | 11.53 | | | | 8.1 | | 1965.55 fee schedule | |
| BKR CHG VGCC ANTIBODY | 83516 | CPT | | | | both | | | 2069 | 13.26 | Consumer | Consumer | 1965.55 | 95 | | | 8.1 | | 1965.55 percent of total billed charges | |
| BKR CHG VGCC ANTIBODY | 83516 | CPT | | | | both | | | 2069 | 13.26 | First Health | First Health | 1448.3 | 70 | | | 8.1 | | 1965.55 percent of total billed charges | |
| BKR CHG VGCC ANTIBODY | 83516 | CPT | | | | both | | | 2069 | 13.26 | Corrections | Corrections | 1655.2 | 80 | | | 8.1 | | 1965.55 percent of total billed charges | |
| BKR CHG VGCC ANTIBODY | 83516 | CPT | | | | both | | | 2069 | 13.26 | Wellcare | Medicare | 11.53 | | | | 8.1 | | 1965.55 fee schedule | |
| BKR CHG VGCC ANTIBODY | 83516 | CPT | | | | both | | | 2069 | 13.26 | Horizon | PPO | 792.01 | 38.28 | | 3.62 | 8.1 | | 1965.55 percent of total billed charges | |
| BKR CHG VGCC ANTIBODY | 83516 | CPT | | | | both | | | 2069 | 13.26 | Three Rivers | Three Rivers | 1965.55 | 95 | | | 8.1 | | 1965.55 percent of total billed charges | |
| BKR CHG VGCC ANTIBODY | 83516 | CPT | | | | both | | | 2069 | 13.26 | Managed Care Inc | Managed Care Inc | 1862.1 | 90 | | | 8.1 | | 1965.55 percent of total billed charges | |
| BKR CHG VGCC ANTIBODY | 83516 | CPT | | | | both | | | 2069 | 13.26 | Horizon | Medicare Blue | 620.7 | 30 | | 1.62 | 8.1 | | 1965.55 percent of total billed charges | |
| BKR CHG VGCC ANTIBODY | 83516 | CPT | | | | both | | | 2069 | 13.26 | Horizon | Indemnity | 792.01 | 38.28 | | 1.87 | 8.1 | | 1965.55 percent of total billed charges | |
| BKR CHG VGCC ANTIBODY | 83516 | CPT | | | | both | | | 2069 | 13.26 | UHC | Medicare | 11.53 | | | 3.25 | 8.1 | | 1965.55 fee schedule | |
| BKR CHG VGCC ANTIBODY | 83516 | CPT | | | | both | | | 2069 | 13.26 | Qualcare | Qualcare | 1551.75 | 75 | | | 8.1 | | 1965.55 percent of total billed charges | |
| BKR CHG VGCC ANTIBODY | 83516 | CPT | | | | both | | | 2069 | 13.26 | Wellcare | Medicaid | 9 | | | 32.71 | 8.1 | | 1965.55 fee schedule | |
| BKR CHG VGKC ANTIBODY | 83519 | CPT | | | | both | | | 3477 | 21.16 | Aetna | Medicare | 1070.92 | 30.8 | | 18.03 | 15 | | 3303.15 percent of total billed charges | |
| BKR CHG VGKC ANTIBODY | 83519 | CPT | | | | both | | | 3477 | 21.16 | Amerihealth | Medicare | 18.4 | | | | 15 | | 3303.15 fee schedule | |
| BKR CHG VGKC ANTIBODY | 83519 | CPT | | | | both | | | 3477 | 21.16 | Americare | Americare | 2607.75 | 75 | | | 15 | | 3303.15 percent of total billed charges | |
| BKR CHG VGKC ANTIBODY | 83519 | CPT | | | | both | | | 3477 | 21.16 | Aetna | Commercial | 1321.26 | 38 | | 84.57 | 15 | | 3303.15 percent of total billed charges | |
| BKR CHG VGKC ANTIBODY | 83519 | CPT | | | | both | | | 3477 | 21.16 | Aetna | Better Health | 1096.99 | 31.55 | | | 15 | | 3303.15 percent of total billed charges | |
| BKR CHG VGKC ANTIBODY | 83519 | CPT | | | | both | | | 3477 | 21.16 | UHC | Medicaid | 15 | | | 7.36 | 15 | | 3303.15 fee schedule | |
| BKR CHG VGKC ANTIBODY | 83519 | CPT | | | | both | | | 3477 | 21.16 | Multiplan | Multiplan | 2781.6 | 80 | | | 15 | | 3303.15 percent of total billed charges | |
| BKR CHG VGKC ANTIBODY | 83519 | CPT | | | | both | | | 3477 | 21.16 | Amerihealth | HMO/PPO | 19.5 | | | | 15 | | 3303.15 fee schedule | |
| BKR CHG VGKC ANTIBODY | 83519 | CPT | | | | both | | | 3477 | 21.16 | Corrections | Corrections | 2781.6 | 80 | | | 15 | | 3303.15 percent of total billed charges | |
| BKR CHG VGKC ANTIBODY | 83519 | CPT | | | | both | | | 3477 | 21.16 | First Trenton | First Trenton | 3129.3 | 90 | | | 15 | | 3303.15 percent of total billed charges | |
| BKR CHG VGKC ANTIBODY | 83519 | CPT | | | | both | | | 3477 | 21.16 | Consumer | Consumer | 3303.15 | 95 | | | 15 | | 3303.15 percent of total billed charges | |
| BKR CHG VGKC ANTIBODY | 83519 | CPT | | | | both | | | 3477 | 21.16 | First Health | First Health | 2433.9 | 70 | | | 15 | | 3303.15 percent of total billed charges | |
| BKR CHG VGKC ANTIBODY | 83519 | CPT | | | | both | | | 3477 | 21.16 | Horizon | Medicare Blue | 1043.1 | 30 | | | 15 | | 3303.15 percent of total billed charges | |
| BKR CHG VGKC ANTIBODY | 83519 | CPT | | | | both | | | 3477 | 21.16 | UHC | Medicare | 18.4 | | | 204 | 15 | | 3303.15 fee schedule | |
| BKR CHG VGKC ANTIBODY | 83519 | CPT | | | | both | | | 3477 | 21.16 | Qualcare | Qualcare | 2607.75 | 75 | | | 15 | | 3303.15 percent of total billed charges | |
| BKR CHG VGKC ANTIBODY | 83519 | CPT | | | | both | | | 3477 | 21.16 | Horizon | MGD | 1331 | 38.28 | | | 15 | | 3303.15 percent of total billed charges | |
| BKR CHG VGKC ANTIBODY | 83519 | CPT | | | | both | | | 3477 | 21.16 | Horizon | NJ Health | 15.01 | | | 26.74 | 15 | | 3303.15 fee schedule | |
| BKR CHG VGKC ANTIBODY | 83519 | CPT | | | | both | | | 3477 | 21.16 | Horizon | PPO | 1331 | 38.28 | | | 15 | | 3303.15 percent of total billed charges | |
| BKR CHG VGKC ANTIBODY | 83519 | CPT | | | | both | | | 3477 | 21.16 | Three Rivers | Three Rivers | 3303.15 | 95 | | | 15 | | 3303.15 percent of total billed charges | |
| BKR CHG VGKC ANTIBODY | 83519 | CPT | | | | both | | | 3477 | 21.16 | Horizon | Indemnity | 1331 | 38.28 | | 183.47 | 15 | | 3303.15 percent of total billed charges | |
| BKR CHG VGKC ANTIBODY | 83519 | CPT | | | | both | | | 3477 | 21.16 | WellPoint | WellPoint | 1118.9 | 32.18 | | 53.23 | 15 | | 3303.15 percent of total billed charges | |
| BKR CHG VGKC ANTIBODY | 83519 | CPT | | | | both | | | 3477 | 21.16 | Managed Care Inc | Managed Care Inc | 3129.3 | 90 | | | 15 | | 3303.15 percent of total billed charges | |
| BKR CHG VGKC ANTIBODY | 83519 | CPT | | | | both | | | 3477 | 21.16 | Wellcare | Medicaid | 15 | | | 144.84 | 15 | | 3303.15 fee schedule | |
| BKR CHG VGKC ANTIBODY | 83519 | CPT | | | | both | | | 3477 | 21.16 | Wellcare | Medicare | 18.4 | | | | 15 | | 3303.15 fee schedule | |
| BKR CHG VEGF LEVELS | 83520 | CPT | | | | both | | | 4997 | 19.86 | Horizon | MGD | 1912.85 | 38.28 | | 34.18 | 12.6 | | 4747.15 percent of total billed charges | |
| BKR CHG VEGF LEVELS | 83520 | CPT | | | | both | | | 4997 | 19.86 | Americare | Americare | 3747.75 | 75 | | | 12.6 | | 4747.15 percent of total billed charges | |
| BKR CHG VEGF LEVELS | 83520 | CPT | | | | both | | | 4997 | 19.86 | Horizon | Indemnity | 1912.85 | 38.28 | | | 12.6 | | 4747.15 percent of total billed charges | |
| BKR CHG VEGF LEVELS | 83520 | CPT | | | | both | | | 4997 | 19.86 | Corrections | Corrections | 3997.6 | 80 | | | 12.6 | | 4747.15 percent of total billed charges | |
| BKR CHG VEGF LEVELS | 83520 | CPT | | | | both | | | 4997 | 19.86 | Amerihealth | Medicare | 17.27 | | | | 12.6 | | 4747.15 fee schedule | |
| BKR CHG VEGF LEVELS | 83520 | CPT | | | | both | | | 4997 | 19.86 | Aetna | Medicare | 1539.08 | 30.8 | | | 12.6 | | 4747.15 percent of total billed charges | |
| BKR CHG VEGF LEVELS | 83520 | CPT | | | | both | | | 4997 | 19.86 | First Trenton | First Trenton | 4497.3 | 90 | | | 12.6 | | 4747.15 percent of total billed charges | |
| BKR CHG VEGF LEVELS | 83520 | CPT | | | | both | | | 4997 | 19.86 | Aetna | Better Health | 1576.55 | 31.55 | | | 12.6 | | 4747.15 percent of total billed charges | |
| BKR CHG VEGF LEVELS | 83520 | CPT | | | | both | | | 4997 | 19.86 | First Health | First Health | 3497.9 | 70 | | | 12.6 | | 4747.15 percent of total billed charges | |
| BKR CHG VEGF LEVELS | 83520 | CPT | | | | both | | | 4997 | 19.86 | WellPoint | WellPoint | 1608.03 | 32.18 | | 5.94 | 12.6 | | 4747.15 percent of total billed charges | |
| BKR CHG VEGF LEVELS | 83520 | CPT | | | | both | | | 4997 | 19.86 | Horizon | Medicare Blue | 1499.1 | 30 | | | 12.6 | | 4747.15 percent of total billed charges | |
| BKR CHG VEGF LEVELS | 83520 | CPT | | | | both | | | 4997 | 19.86 | UHC | Medicare | 17.27 | | | 9.71 | 12.6 | | 4747.15 fee schedule | |
| BKR CHG VEGF LEVELS | 83520 | CPT | | | | both | | | 4997 | 19.86 | Horizon | NJ Health | 14.39 | | | 4.03 | 12.6 | | 4747.15 fee schedule | |
| BKR CHG VEGF LEVELS | 83520 | CPT | | | | both | | | 4997 | 19.86 | Amerihealth | HMO/PPO | 19.2 | | | 14.73 | 12.6 | | 4747.15 fee schedule | |
| BKR CHG VEGF LEVELS | 83520 | CPT | | | | both | | | 4997 | 19.86 | Managed Care Inc | Managed Care Inc | 4497.3 | 90 | | | 12.6 | | 4747.15 percent of total billed charges | |
| BKR CHG VEGF LEVELS | 83520 | CPT | | | | both | | | 4997 | 19.86 | Consumer | Consumer | 4747.15 | 95 | | | 12.6 | | 4747.15 percent of total billed charges | |
| BKR CHG VEGF LEVELS | 83520 | CPT | | | | both | | | 4997 | 19.86 | Multiplan | Multiplan | 3997.6 | 80 | | | 12.6 | | 4747.15 percent of total billed charges | |
| BKR CHG VEGF LEVELS | 83520 | CPT | | | | both | | | 4997 | 19.86 | Horizon | PPO | 1912.85 | 38.28 | | 17.66 | 12.6 | | 4747.15 percent of total billed charges | |
| BKR CHG VEGF LEVELS | 83520 | CPT | | | | both | | | 4997 | 19.86 | Wellcare | Medicare | 17.27 | | | | 12.6 | | 4747.15 fee schedule | |
| BKR CHG VEGF LEVELS | 83520 | CPT | | | | both | | | 4997 | 19.86 | Three Rivers | Three Rivers | 4747.15 | 95 | | | 12.6 | | 4747.15 percent of total billed charges | |
| BKR CHG VEGF LEVELS | 83520 | CPT | | | | both | | | 4997 | 19.86 | Qualcare | Qualcare | 3747.75 | 75 | | | 12.6 | | 4747.15 percent of total billed charges | |
| BKR CHG VEGF LEVELS | 83520 | CPT | | | | both | | | 4997 | 19.86 | Wellcare | Medicaid | 14.31 | | | 173.69 | 12.6 | | 4747.15 fee schedule | |
| BKR CHG VEGF LEVELS | 83520 | CPT | | | | both | | | 4997 | 19.86 | UHC | Medicaid | 14.31 | | | 2.75 | 12.6 | | 4747.15 fee schedule | |
| BKR CHG IMMUNOGLOBULIN LIGHT CHAINS | 83521 | CPT | | | | both | | | 56 | 19.86 | Amerihealth | HMO/PPO | 36.4 | 65 | | 4.31 | 13.54 | | 53.2 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN LIGHT CHAINS | 83521 | CPT | | | | both | | | 56 | 19.86 | Corrections | Corrections | 44.8 | 80 | | | 13.54 | | 53.2 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN LIGHT CHAINS | 83521 | CPT | | | | both | | | 56 | 19.86 | First Health | First Health | 39.2 | 70 | | | 13.54 | | 53.2 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN LIGHT CHAINS | 83521 | CPT | | | | both | | | 56 | 19.86 | Aetna | Better Health | 17.67 | 31.55 | | | 13.54 | | 53.2 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN LIGHT CHAINS | 83521 | CPT | | | | both | | | 56 | 19.86 | Americare | Americare | 42 | 75 | | | 13.54 | | 53.2 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN LIGHT CHAINS | 83521 | CPT | | | | both | | | 56 | 19.86 | Multiplan | Multiplan | 44.8 | 80 | | | 13.54 | | 53.2 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN LIGHT CHAINS | 83521 | CPT | | | | both | | | 56 | 19.86 | Aetna | Medicare | 17.25 | 30.8 | | | 13.54 | | 53.2 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN LIGHT CHAINS | 83521 | CPT | | | | both | | | 56 | 19.86 | UHC | Medicare | 17.27 | | | 6.52 | 13.54 | | 53.2 fee schedule | |
| BKR CHG IMMUNOGLOBULIN LIGHT CHAINS | 83521 | CPT | | | | both | | | 56 | 19.86 | First Trenton | First Trenton | 50.4 | 90 | | | 13.54 | | 53.2 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN LIGHT CHAINS | 83521 | CPT | | | | both | | | 56 | 19.86 | Qualcare | Qualcare | 42 | 75 | | | 13.54 | | 53.2 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN LIGHT CHAINS | 83521 | CPT | | | | both | | | 56 | 19.86 | Horizon | MGD | 21.44 | 38.28 | | 17.86 | 13.54 | | 53.2 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN LIGHT CHAINS | 83521 | CPT | | | | both | | | 56 | 19.86 | Consumer | Consumer | 53.2 | 95 | | | 13.54 | | 53.2 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN LIGHT CHAINS | 83521 | CPT | | | | both | | | 56 | 19.86 | Horizon | NJ Health | 13.54 | | | | 13.54 | | 53.2 fee schedule | |
| BKR CHG IMMUNOGLOBULIN LIGHT CHAINS | 83521 | CPT | | | | both | | | 56 | 19.86 | Horizon | Indemnity | 21.44 | 38.28 | | 16.55 | 13.54 | | 53.2 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN LIGHT CHAINS | 83521 | CPT | | | | both | | | 56 | 19.86 | Amerihealth | Medicare | 17.27 | | | | 13.54 | | 53.2 fee schedule | |
| BKR CHG IMMUNOGLOBULIN LIGHT CHAINS | 83521 | CPT | | | | both | | | 56 | 19.86 | Horizon | Medicare Blue | 16.8 | 30 | | | 13.54 | | 53.2 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN LIGHT CHAINS | 83521 | CPT | | | | both | | | 56 | 19.86 | Horizon | PPO | 21.44 | 38.28 | | | 13.54 | | 53.2 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN LIGHT CHAINS | 83521 | CPT | | | | both | | | 56 | 19.86 | Wellcare | Medicaid | 13.82 | | | 8.7 | 13.54 | | 53.2 fee schedule | |
| BKR CHG IMMUNOGLOBULIN LIGHT CHAINS | 83521 | CPT | | | | both | | | 56 | 19.86 | WellPoint | WellPoint | 18.02 | 32.18 | | | 13.54 | | 53.2 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN LIGHT CHAINS | 83521 | CPT | | | | both | | | 56 | 19.86 | Wellcare | Medicare | 17.27 | | | | 13.54 | | 53.2 fee schedule | |
| BKR CHG IMMUNOGLOBULIN LIGHT CHAINS | 83521 | CPT | | | | both | | | 56 | 19.86 | Managed Care Inc | Managed Care Inc | 50.4 | 90 | | | 13.54 | | 53.2 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN LIGHT CHAINS | 83521 | CPT | | | | both | | | 56 | 19.86 | Three Rivers | Three Rivers | 53.2 | 95 | | | 13.54 | | 53.2 percent of total billed charges | |
| BKR CHG IMMUNOGLOBULIN LIGHT CHAINS | 83521 | CPT | | | | both | | | 56 | 19.86 | UHC | Medicaid | 13.82 | | | | 13.54 | | 53.2 fee schedule | |
| BKR CHG INSULN. IV.FLUID(70240) | 83525 | CPT | | | | both | | | 194 | 13.14 | Amerihealth | HMO/PPO | 17.4 | | | | 7.8 | | 184.3 fee schedule | |
| BKR CHG INSULN. IV.FLUID(70240) | 83525 | CPT | | | | both | | | 194 | 13.14 | Horizon | Indemnity | 74.26 | 38.28 | | | 7.8 | | 184.3 percent of total billed charges | |
| BKR CHG INSULN. IV.FLUID(70240) | 83525 | CPT | | | | both | | | 194 | 13.14 | Wellcare | Medicaid | 12 | | | | 7.8 | | 184.3 fee schedule | |
| BKR CHG INSULN. IV.FLUID(70240) | 83525 | CPT | | | | both | | | 194 | 13.14 | Horizon | MGD | 74.26 | 38.28 | | 8.71 | 7.8 | | 184.3 percent of total billed charges | |
| BKR CHG INSULN. IV.FLUID(70240) | 83525 | CPT | | | | both | | | 194 | 13.14 | Aetna | Better Health | 61.21 | 31.55 | | | 7.8 | | 184.3 percent of total billed charges | |
| BKR CHG INSULN. IV.FLUID(70240) | 83525 | CPT | | | | both | | | 194 | 13.14 | Americare | Americare | 145.5 | 75 | | | 7.8 | | 184.3 percent of total billed charges | |
| BKR CHG INSULN. IV.FLUID(70240) | 83525 | CPT | | | | both | | | 194 | 13.14 | Amerihealth | Medicare | 11.43 | | | | 7.8 | | 184.3 fee schedule | |
| BKR CHG INSULN. IV.FLUID(70240) | 83525 | CPT | | | | both | | | 194 | 13.14 | Aetna | Medicare | 59.75 | 30.8 | | | 7.8 | | 184.3 percent of total billed charges | |
| BKR CHG INSULN. IV.FLUID(70240) | 83525 | CPT | | | | both | | | 194 | 13.14 | First Health | First Health | 135.8 | 70 | | | 7.8 | | 184.3 percent of total billed charges | |
| BKR CHG INSULN. IV.FLUID(70240) | 83525 | CPT | | | | both | | | 194 | 13.14 | Qualcare | Qualcare | 145.5 | 75 | | | 7.8 | | 184.3 percent of total billed charges | |
| BKR CHG INSULN. IV.FLUID(70240) | 83525 | CPT | | | | both | | | 194 | 13.14 | First Trenton | First Trenton | 174.6 | 90 | | | 7.8 | | 184.3 percent of total billed charges | |
| BKR CHG INSULN. IV.FLUID(70240) | 83525 | CPT | | | | both | | | 194 | 13.14 | UHC | Medicare | 11.43 | | | 0.58 | 7.8 | | 184.3 fee schedule | |
| BKR CHG INSULN. IV.FLUID(70240) | 83525 | CPT | | | | both | | | 194 | 13.14 | Aetna | Commercial | 73.72 | 38 | | | 7.8 | | 184.3 percent of total billed charges | |
| BKR CHG INSULN. IV.FLUID(70240) | 83525 | CPT | | | | both | | | 194 | 13.14 | Horizon | Medicare Blue | 58.2 | 30 | | | 7.8 | | 184.3 percent of total billed charges | |
| BKR CHG INSULN. IV.FLUID(70240) | 83525 | CPT | | | | both | | | 194 | 13.14 | Managed Care Inc | Managed Care Inc | 174.6 | 90 | | | 7.8 | | 184.3 percent of total billed charges | |
| BKR CHG INSULN. IV.FLUID(70240) | 83525 | CPT | | | | both | | | 194 | 13.14 | Consumer | Consumer | 184.3 | 95 | | | 7.8 | | 184.3 percent of total billed charges | |
| BKR CHG INSULN. IV.FLUID(70240) | 83525 | CPT | | | | both | | | 194 | 13.14 | Horizon | PPO | 74.26 | 38.28 | | 9.95 | 7.8 | | 184.3 percent of total billed charges | |
| BKR CHG INSULN. IV.FLUID(70240) | 83525 | CPT | | | | both | | | 194 | 13.14 | Multiplan | Multiplan | 155.2 | 80 | | | 7.8 | | 184.3 percent of total billed charges | |
| BKR CHG INSULN. IV.FLUID(70240) | 83525 | CPT | | | | both | | | 194 | 13.14 | WellPoint | WellPoint | 62.43 | 32.18 | | | 7.8 | | 184.3 percent of total billed charges | |
| BKR CHG INSULN. IV.FLUID(70240) | 83525 | CPT | | | | both | | | 194 | 13.14 | Corrections | Corrections | 155.2 | 80 | | | 7.8 | | 184.3 percent of total billed charges | |
| BKR CHG INSULN. IV.FLUID(70240) | 83525 | CPT | | | | both | | | 194 | 13.14 | Three Rivers | Three Rivers | 184.3 | 95 | | | 7.8 | | 184.3 percent of total billed charges | |
| BKR CHG INSULN. IV.FLUID(70240) | 83525 | CPT | | | | both | | | 194 | 13.14 | Horizon | NJ Health | 23.52 | | | 0.76 | 7.8 | | 184.3 fee schedule | |
| BKR CHG INSULN. IV.FLUID(70240) | 83525 | CPT | | | | both | | | 194 | 13.14 | UHC | Medicaid | 12 | | | 4.24 | 7.8 | | 184.3 fee schedule | |
| BKR CHG INSULN. IV.FLUID(70240) | 83525 | CPT | | | | both | | | 194 | 13.14 | Wellcare | Medicare | 11.43 | | | | 7.8 | | 184.3 fee schedule | |
| BKR CHG INSULIN FREE | 83527 | CPT | | | | outpatient | | | 43 | 14.89 | Qualcare | Qualcare | 32.25 | 75 | | | 12.9 | | 40.85 percent of total billed charges | |
| BKR CHG INSULIN FREE | 83527 | CPT | | | | outpatient | | | 43 | 14.89 | Amerihealth | HMO/PPO | 40 | | | | 12.9 | | 40.85 fee schedule | |
| BKR CHG INSULIN FREE | 83527 | CPT | | | | outpatient | | | 43 | 14.89 | WellPoint | WellPoint | 13.84 | 32.18 | | | 12.9 | | 40.85 percent of total billed charges | |
| BKR CHG INSULIN FREE | 83527 | CPT | | | | outpatient | | | 43 | 14.89 | Americare | Americare | 32.25 | 75 | | | 12.9 | | 40.85 percent of total billed charges | |
| BKR CHG INSULIN FREE | 83527 | CPT | | | | outpatient | | | 43 | 14.89 | Aetna | Better Health | 13.57 | 31.55 | | | 12.9 | | 40.85 percent of total billed charges | |
| BKR CHG INSULIN FREE | 83527 | CPT | | | | outpatient | | | 43 | 14.89 | Horizon | Indemnity | 16.46 | 38.28 | | | 12.9 | | 40.85 percent of total billed charges | |
| BKR CHG INSULIN FREE | 83527 | CPT | | | | outpatient | | | 43 | 14.89 | Consumer | Consumer | 40.85 | 95 | | | 12.9 | | 40.85 percent of total billed charges | |
| BKR CHG INSULIN FREE | 83527 | CPT | | | | outpatient | | | 43 | 14.89 | Amerihealth | Medicare | 12.95 | | | | 12.9 | | 40.85 fee schedule | |
| BKR CHG INSULIN FREE | 83527 | CPT | | | | outpatient | | | 43 | 14.89 | UHC | Medicaid | 16.11 | | | | 12.9 | | 40.85 fee schedule | |
| BKR CHG INSULIN FREE | 83527 | CPT | | | | outpatient | | | 43 | 14.89 | Horizon | MGD | 16.46 | 38.28 | | | 12.9 | | 40.85 percent of total billed charges | |
| BKR CHG INSULIN FREE | 83527 | CPT | | | | outpatient | | | 43 | 14.89 | First Health | First Health | 30.1 | 70 | | | 12.9 | | 40.85 percent of total billed charges | |
| BKR CHG INSULIN FREE | 83527 | CPT | | | | outpatient | | | 43 | 14.89 | Corrections | Corrections | 34.4 | 80 | | | 12.9 | | 40.85 percent of total billed charges | |
| BKR CHG INSULIN FREE | 83527 | CPT | | | | outpatient | | | 43 | 14.89 | Aetna | Commercial | 16.34 | 38 | | | 12.9 | | 40.85 percent of total billed charges | |
| BKR CHG INSULIN FREE | 83527 | CPT | | | | outpatient | | | 43 | 14.89 | Horizon | PPO | 16.46 | 38.28 | | | 12.9 | | 40.85 percent of total billed charges | |
| BKR CHG INSULIN FREE | 83527 | CPT | | | | outpatient | | | 43 | 14.89 | Wellcare | Medicaid | 16.11 | | | | 12.9 | | 40.85 fee schedule | |
| BKR CHG INSULIN FREE | 83527 | CPT | | | | outpatient | | | 43 | 14.89 | First Trenton | First Trenton | 38.7 | 90 | | | 12.9 | | 40.85 percent of total billed charges | |
| BKR CHG INSULIN FREE | 83527 | CPT | | | | outpatient | | | 43 | 14.89 | UHC | Medicare | 12.95 | | | | 12.9 | | 40.85 fee schedule | |
| BKR CHG INSULIN FREE | 83527 | CPT | | | | outpatient | | | 43 | 14.89 | Three Rivers | Three Rivers | 40.85 | 95 | | | 12.9 | | 40.85 percent of total billed charges | |
| BKR CHG INSULIN FREE | 83527 | CPT | | | | outpatient | | | 43 | 14.89 | Aetna | Medicare | 13.24 | 30.8 | | | 12.9 | | 40.85 percent of total billed charges | |
| BKR CHG INSULIN FREE | 83527 | CPT | | | | outpatient | | | 43 | 14.89 | Horizon | NJ Health | 14.39 | | | | 12.9 | | 40.85 fee schedule | |
| BKR CHG INSULIN FREE | 83527 | CPT | | | | outpatient | | | 43 | 14.89 | Wellcare | Medicare | 12.95 | | | | 12.9 | | 40.85 fee schedule | |
| BKR CHG INSULIN FREE | 83527 | CPT | | | | outpatient | | | 43 | 14.89 | Managed Care Inc | Managed Care Inc | 38.7 | 90 | | | 12.9 | | 40.85 percent of total billed charges | |
| BKR CHG INSULIN FREE | 83527 | CPT | | | | outpatient | | | 43 | 14.89 | Horizon | Medicare Blue | 12.9 | 30 | | | 12.9 | | 40.85 percent of total billed charges | |
| BKR CHG INSULIN FREE | 83527 | CPT | | | | outpatient | | | 43 | 14.89 | Multiplan | Multiplan | 34.4 | 80 | | | 12.9 | | 40.85 percent of total billed charges | |
| BKR CHG INTERLEUKIN-6, SERUM | 83529 | CPT | | | | both | | | 187 | 19.86 | Aetna | Better Health | 59 | 31.55 | | | 13.54 | | 177.65 percent of total billed charges | |
| BKR CHG INTERLEUKIN-6, SERUM | 83529 | CPT | | | | both | | | 187 | 19.86 | UHC | Medicare | 17.27 | | | 11.89 | 13.54 | | 177.65 fee schedule | |
| BKR CHG INTERLEUKIN-6, SERUM | 83529 | CPT | | | | both | | | 187 | 19.86 | Americare | Americare | 140.25 | 75 | | | 13.54 | | 177.65 percent of total billed charges | |
| BKR CHG INTERLEUKIN-6, SERUM | 83529 | CPT | | | | both | | | 187 | 19.86 | Aetna | Commercial | 71.06 | 38 | | | 13.54 | | 177.65 percent of total billed charges | |
| BKR CHG INTERLEUKIN-6, SERUM | 83529 | CPT | | | | both | | | 187 | 19.86 | Amerihealth | Medicare | 17.27 | | | | 13.54 | | 177.65 fee schedule | |
| BKR CHG INTERLEUKIN-6, SERUM | 83529 | CPT | | | | both | | | 187 | 19.86 | Aetna | Medicare | 57.6 | 30.8 | | | 13.54 | | 177.65 percent of total billed charges | |
| BKR CHG INTERLEUKIN-6, SERUM | 83529 | CPT | | | | both | | | 187 | 19.86 | First Trenton | First Trenton | 168.3 | 90 | | | 13.54 | | 177.65 percent of total billed charges | |
| BKR CHG INTERLEUKIN-6, SERUM | 83529 | CPT | | | | both | | | 187 | 19.86 | Horizon | Medicare Blue | 56.1 | 30 | | | 13.54 | | 177.65 percent of total billed charges | |
| BKR CHG INTERLEUKIN-6, SERUM | 83529 | CPT | | | | both | | | 187 | 19.86 | Consumer | Consumer | 177.65 | 95 | | | 13.54 | | 177.65 percent of total billed charges | |
| BKR CHG INTERLEUKIN-6, SERUM | 83529 | CPT | | | | both | | | 187 | 19.86 | First Health | First Health | 130.9 | 70 | | | 13.54 | | 177.65 percent of total billed charges | |
| BKR CHG INTERLEUKIN-6, SERUM | 83529 | CPT | | | | both | | | 187 | 19.86 | Horizon | PPO | 71.58 | 38.28 | | | 13.54 | | 177.65 percent of total billed charges | |
| BKR CHG INTERLEUKIN-6, SERUM | 83529 | CPT | | | | both | | | 187 | 19.86 | Amerihealth | HMO/PPO | 121.55 | 65 | | 14.45 | 13.54 | | 177.65 percent of total billed charges | |
| BKR CHG INTERLEUKIN-6, SERUM | 83529 | CPT | | | | both | | | 187 | 19.86 | Corrections | Corrections | 149.6 | 80 | | | 13.54 | | 177.65 percent of total billed charges | |
| BKR CHG INTERLEUKIN-6, SERUM | 83529 | CPT | | | | both | | | 187 | 19.86 | Horizon | MGD | 71.58 | 38.28 | | 47.72 | 13.54 | | 177.65 percent of total billed charges | |
| BKR CHG INTERLEUKIN-6, SERUM | 83529 | CPT | | | | both | | | 187 | 19.86 | Managed Care Inc | Managed Care Inc | 168.3 | 90 | | | 13.54 | | 177.65 percent of total billed charges | |
| BKR CHG INTERLEUKIN-6, SERUM | 83529 | CPT | | | | both | | | 187 | 19.86 | Horizon | Indemnity | 71.58 | 38.28 | | 40.71 | 13.54 | | 177.65 percent of total billed charges | |
| BKR CHG INTERLEUKIN-6, SERUM | 83529 | CPT | | | | both | | | 187 | 19.86 | Horizon | NJ Health | 13.54 | | | 3.03 | 13.54 | | 177.65 fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG INTERLEUKIN-6, SERUM | 83529 | CPT | | | | both | | | 187 | 19.86 | WellPoint | WellPoint | 62.18 | | | | 12.7 | 13.54 | 177.65 | percent of total billed charges | |
| BKR CHG INTERLEUKIN-6, SERUM | 83529 | CPT | | | | both | | | 187 | 19.86 | Three Rivers | Three Rivers | 177.65 | | | 95 | | 13.54 | 177.65 | percent of total billed charges | |
| BKR CHG INTERLEUKIN-6, SERUM | 83529 | CPT | | | | both | | | 187 | 19.86 | Multiplan | Multiplan | 149.6 | | | 80 | | 13.54 | 177.65 | percent of total billed charges | |
| BKR CHG INTERLEUKIN-6, SERUM | 83529 | CPT | | | | both | | | 187 | 19.86 | Wellcare | Medicaid | 13.82 | | | | | 13.54 | 177.65 | fee schedule | |
| BKR CHG INTERLEUKIN-6, SERUM | 83529 | CPT | | | | both | | | 187 | 19.86 | Qualcare | Qualcare | 140.25 | | | 75 | | 13.54 | 177.65 | percent of total billed charges | |
| BKR CHG INTERLEUKIN-6, SERUM | 83529 | CPT | | | | both | | | 187 | 19.86 | UHC | Medicaid | 13.82 | | | | | 13.54 | 177.65 | fee schedule | |
| BKR CHG INTERLEUKIN-6, SERUM | 83529 | CPT | | | | both | | | 187 | 19.86 | Wellcare | Medicare | 17.27 | | | | | 13.54 | 177.65 | fee schedule | |
| BKR CHG LIVER TISSUE | 83540 | CPT | | | | both | | | 728 | 7.44 | Consumer | Consumer | 691.6 | | | 95 | | 4.5 | 691.6 | percent of total billed charges | |
| BKR CHG LIVER TISSUE | 83540 | CPT | | | | both | | | 728 | 7.44 | Horizon | Indemnity | 278.68 | | | 38.28 | 7.26 | 4.5 | 691.6 | percent of total billed charges | |
| BKR CHG LIVER TISSUE | 83540 | CPT | | | | both | | | 728 | 7.44 | Amerihealth | Medicare | 6.47 | | | | | 4.5 | 691.6 | fee schedule | |
| BKR CHG LIVER TISSUE | 83540 | CPT | | | | both | | | 728 | 7.44 | Aetna | Better Health | 229.68 | | | 31.55 | 7.65 | 4.5 | 691.6 | percent of total billed charges | |
| BKR CHG LIVER TISSUE | 83540 | CPT | | | | both | | | 728 | 7.44 | Horizon | PPO | 278.68 | | | 38.28 | 5.94 | 4.5 | 691.6 | percent of total billed charges | |
| BKR CHG LIVER TISSUE | 83540 | CPT | | | | both | | | 728 | 7.44 | Americare | Americare | 546 | | | 75 | | 4.5 | 691.6 | percent of total billed charges | |
| BKR CHG LIVER TISSUE | 83540 | CPT | | | | both | | | 728 | 7.44 | Amerihealth | HMO/PPO | 10.1 | | | | 3.06 | 4.5 | 691.6 | fee schedule | |
| BKR CHG LIVER TISSUE | 83540 | CPT | | | | both | | | 728 | 7.44 | First Trenton | First Trenton | 655.2 | | | 90 | | 4.5 | 691.6 | percent of total billed charges | |
| BKR CHG LIVER TISSUE | 83540 | CPT | | | | both | | | 728 | 7.44 | Corrections | Corrections | 582.4 | | | 80 | 7.94 | 4.5 | 691.6 | percent of total billed charges | |
| BKR CHG LIVER TISSUE | 83540 | CPT | | | | both | | | 728 | 7.44 | Horizon | Medicare Blue | 218.4 | | | 30 | 3.2 | 4.5 | 691.6 | percent of total billed charges | |
| BKR CHG LIVER TISSUE | 83540 | CPT | | | | both | | | 728 | 7.44 | First Health | First Health | 509.6 | | | 70 | | 4.5 | 691.6 | percent of total billed charges | |
| BKR CHG LIVER TISSUE | 83540 | CPT | | | | both | | | 728 | 7.44 | Aetna | Medicare | 224.22 | | | 30.8 | 4.12 | 4.5 | 691.6 | percent of total billed charges | |
| BKR CHG LIVER TISSUE | 83540 | CPT | | | | both | | | 728 | 7.44 | Wellcare | Medicare | 6.47 | | | | 1.82 | 4.5 | 691.6 | fee schedule | |
| BKR CHG LIVER TISSUE | 83540 | CPT | | | | both | | | 728 | 7.44 | Horizon | MGD | 278.68 | | | 38.28 | 8.83 | 4.5 | 691.6 | percent of total billed charges | |
| BKR CHG LIVER TISSUE | 83540 | CPT | | | | both | | | 728 | 7.44 | Multiplan | Multiplan | 582.4 | | | 80 | | 4.5 | 691.6 | percent of total billed charges | |
| BKR CHG LIVER TISSUE | 83540 | CPT | | | | both | | | 728 | 7.44 | Horizon | NJ Health | 8.82 | | | | 1.96 | 4.5 | 691.6 | fee schedule | |
| BKR CHG LIVER TISSUE | 83540 | CPT | | | | both | | | 728 | 7.44 | Managed Care Inc | Managed Care Inc | 655.2 | | | 90 | | 4.5 | 691.6 | percent of total billed charges | |
| BKR CHG LIVER TISSUE | 83540 | CPT | | | | both | | | 728 | 7.44 | UHC | Medicare | 6.47 | | | | 5 | 4.5 | 691.6 | fee schedule | |
| BKR CHG LIVER TISSUE | 83540 | CPT | | | | both | | | 728 | 7.44 | Qualcare | Qualcare | 546 | | | 75 | | 4.5 | 691.6 | percent of total billed charges | |
| BKR CHG LIVER TISSUE | 83540 | CPT | | | | both | | | 728 | 7.44 | WellPoint | WellPoint | 234.27 | | | 32.18 | 7.85 | 4.5 | 691.6 | percent of total billed charges | |
| BKR CHG LIVER TISSUE | 83540 | CPT | | | | both | | | 728 | 7.44 | Three Rivers | Three Rivers | 691.6 | | | 95 | | 4.5 | 691.6 | percent of total billed charges | |
| BKR CHG LIVER TISSUE | 83540 | CPT | | | | both | | | 728 | 7.44 | UHC | Medicaid | 4.5 | | | | 8.65 | 4.5 | 691.6 | fee schedule | |
| BKR CHG LIVER TISSUE | 83540 | CPT | | | | both | | | 726 | 7.44 | Wellcare | Medicaid | 4.5 | | | | 2.46 | 4.5 | 691.6 | fee schedule | |
| BKR CHG IRON BINDING CAPACITY (UIBC) | 83550 | CPT | | | | both | | | 162 | 10.05 | Aetna | Medicare | 49.9 | | | 30.8 | 2.88 | 7.2 | 153.9 | percent of total billed charges | |
| BKR CHG IRON BINDING CAPACITY (UIBC) | 83550 | CPT | | | | both | | | 162 | 10.05 | Amerihealth | Medicare | 8.74 | | | | | 7.2 | 153.9 | fee schedule | |
| BKR CHG IRON BINDING CAPACITY (UIBC) | 83550 | CPT | | | | both | | | 162 | 10.05 | Multiplan | Multiplan | 129.6 | | | 80 | | 7.2 | 153.9 | percent of total billed charges | |
| BKR CHG IRON BINDING CAPACITY (UIBC) | 83550 | CPT | | | | both | | | 162 | 10.05 | UHC | Medicaid | 7.2 | | | | 6.02 | 7.2 | 153.9 | fee schedule | |
| BKR CHG IRON BINDING CAPACITY (UIBC) | 83550 | CPT | | | | both | | | 162 | 10.05 | Amerihealth | HMO/PPO | 13.6 | | | | 2.04 | 7.2 | 153.9 | fee schedule | |
| BKR CHG IRON BINDING CAPACITY (UIBC) | 83550 | CPT | | | | both | | | 162 | 10.05 | Corrections | Corrections | 129.6 | | | 80 | 5.56 | 7.2 | 153.9 | percent of total billed charges | |
| BKR CHG IRON BINDING CAPACITY (UIBC) | 83550 | CPT | | | | both | | | 162 | 10.05 | Aetna | Better Health | 51.11 | | | 31.55 | 5.34 | 7.2 | 153.9 | percent of total billed charges | |
| BKR CHG IRON BINDING CAPACITY (UIBC) | 83550 | CPT | | | | both | | | 162 | 10.05 | Consumer | Consumer | 153.9 | | | 95 | | 7.2 | 153.9 | percent of total billed charges | |
| BKR CHG IRON BINDING CAPACITY (UIBC) | 83550 | CPT | | | | both | | | 162 | 10.05 | Horizon | Indemnity | 62.01 | | | 38.28 | 5.3 | 7.2 | 153.9 | percent of total billed charges | |
| BKR CHG IRON BINDING CAPACITY (UIBC) | 83550 | CPT | | | | both | | | 162 | 10.05 | First Health | First Health | 113.4 | | | 70 | | 7.2 | 153.9 | percent of total billed charges | |
| BKR CHG IRON BINDING CAPACITY (UIBC) | 83550 | CPT | | | | both | | | 162 | 10.05 | Qualcare | Qualcare | 121.5 | | | 75 | | 7.2 | 153.9 | percent of total billed charges | |
| BKR CHG IRON BINDING CAPACITY (UIBC) | 83550 | CPT | | | | both | | | 162 | 10.05 | WellPoint | WellPoint | 52.13 | | | 32.18 | 5.58 | 7.2 | 153.9 | percent of total billed charges | |
| BKR CHG IRON BINDING CAPACITY (UIBC) | 83550 | CPT | | | | both | | | 162 | 10.05 | Americare | Americare | 121.5 | | | 75 | | 7.2 | 153.9 | percent of total billed charges | |
| BKR CHG IRON BINDING CAPACITY (UIBC) | 83550 | CPT | | | | both | | | 162 | 10.05 | Horizon | NJ Health | 14.11 | | | | 1.35 | 7.2 | 153.9 | fee schedule | |
| BKR CHG IRON BINDING CAPACITY (UIBC) | 83550 | CPT | | | | both | | | 162 | 10.05 | Wellcare | Medicare | 8.74 | | | | 1.27 | 7.2 | 153.9 | fee schedule | |
| BKR CHG IRON BINDING CAPACITY (UIBC) | 83550 | CPT | | | | both | | | 162 | 10.05 | First Trenton | First Trenton | 145.8 | | | 90 | | 7.2 | 153.9 | percent of total billed charges | |
| BKR CHG IRON BINDING CAPACITY (UIBC) | 83550 | CPT | | | | both | | | 162 | 10.05 | Horizon | Medicare Blue | 48.6 | | | 30 | 2.23 | 7.2 | 153.9 | percent of total billed charges | |
| BKR CHG IRON BINDING CAPACITY (UIBC) | 83550 | CPT | | | | both | | | 162 | 10.05 | Horizon | PPO | 62.01 | | | 38.28 | 4.05 | 7.2 | 153.9 | percent of total billed charges | |
| BKR CHG IRON BINDING CAPACITY (UIBC) | 83550 | CPT | | | | both | | | 162 | 10.05 | Horizon | MGD | 62.01 | | | 38.28 | 6.14 | 7.2 | 153.9 | percent of total billed charges | |
| BKR CHG IRON BINDING CAPACITY (UIBC) | 83550 | CPT | | | | both | | | 162 | 10.05 | Three Rivers | Three Rivers | 153.9 | | | 95 | | 7.2 | 153.9 | percent of total billed charges | |
| BKR CHG IRON BINDING CAPACITY (UIBC) | 83550 | CPT | | | | both | | | 162 | 10.05 | Managed Care Inc | Managed Care Inc | 145.8 | | | 90 | | 7.2 | 153.9 | percent of total billed charges | |
| BKR CHG IRON BINDING CAPACITY (UIBC) | 83550 | CPT | | | | both | | | 162 | 10.05 | Wellcare | Medicaid | 7.2 | | | | 1.69 | 7.2 | 153.9 | fee schedule | |
| BKR CHG IRON BINDING CAPACITY (UIBC) | 83550 | CPT | | | | both | | | 162 | 10.05 | UHC | Medicare | 8.74 | | | | 3.49 | 7.2 | 153.9 | fee schedule | |
| BKR CHG 17-KETOGENIC STEROIDS | 83582 | CPT | | | | outpatient | | | 198 | 17.79 | Americare | Americare | 148.5 | | | 75 | | 6 | 188.1 | percent of total billed charges | |
| BKR CHG 17-KETOGENIC STEROIDS | 83582 | CPT | | | | outpatient | | | 198 | 17.79 | Aetna | Medicare | 60.98 | | | 30.8 | | 6 | 188.1 | percent of total billed charges | |
| BKR CHG 17-KETOGENIC STEROIDS | 83582 | CPT | | | | outpatient | | | 198 | 17.79 | Amerihealth | Medicare | 15.47 | | | | | 6 | 188.1 | fee schedule | |
| BKR CHG 17-KETOGENIC STEROIDS | 83582 | CPT | | | | outpatient | | | 198 | 17.79 | First Health | First Health | 138.6 | | | 70 | | 6 | 188.1 | percent of total billed charges | |
| BKR CHG 17-KETOGENIC STEROIDS | 83582 | CPT | | | | outpatient | | | 198 | 17.79 | Horizon | Indemnity | 75.79 | | | 38.28 | | 6 | 188.1 | percent of total billed charges | |
| BKR CHG 17-KETOGENIC STEROIDS | 83582 | CPT | | | | outpatient | | | 198 | 17.79 | UHC | Medicaid | 6 | | | | | 6 | 188.1 | fee schedule | |
| BKR CHG 17-KETOGENIC STEROIDS | 83582 | CPT | | | | outpatient | | | 198 | 17.79 | First Trenton | First Trenton | 178.2 | | | 90 | | 6 | 188.1 | percent of total billed charges | |
| BKR CHG 17-KETOGENIC STEROIDS | 83582 | CPT | | | | outpatient | | | 198 | 17.79 | Aetna | Better Health | 62.47 | | | 31.55 | | 6 | 188.1 | percent of total billed charges | |
| BKR CHG 17-KETOGENIC STEROIDS | 83582 | CPT | | | | outpatient | | | 198 | 17.79 | Consumer | Consumer | 188.1 | | | 95 | | 6 | 188.1 | percent of total billed charges | |
| BKR CHG 17-KETOGENIC STEROIDS | 83582 | CPT | | | | outpatient | | | 198 | 17.79 | Horizon | MGD | 75.79 | | | 38.28 | | 6 | 188.1 | percent of total billed charges | |
| BKR CHG 17-KETOGENIC STEROIDS | 83582 | CPT | | | | outpatient | | | 198 | 17.79 | Corrections | Corrections | 158.4 | | | 80 | | 6 | 188.1 | percent of total billed charges | |
| BKR CHG 17-KETOGENIC STEROIDS | 83582 | CPT | | | | outpatient | | | 198 | 17.79 | UHC | Medicare | 15.47 | | | | | 6 | 188.1 | fee schedule | |
| BKR CHG 17-KETOGENIC STEROIDS | 83582 | CPT | | | | outpatient | | | 198 | 17.79 | Multiplan | Multiplan | 158.4 | | | 80 | | 6 | 188.1 | percent of total billed charges | |
| BKR CHG 17-KETOGENIC STEROIDS | 83582 | CPT | | | | outpatient | | | 198 | 17.79 | Amerihealth | HMO/PPO | 22.1 | | | | | 6 | 188.1 | fee schedule | |
| BKR CHG 17-KETOGENIC STEROIDS | 83582 | CPT | | | | outpatient | | | 198 | 17.79 | Horizon | NJ Health | 12.94 | | | | | 6 | 188.1 | fee schedule | |
| BKR CHG 17-KETOGENIC STEROIDS | 83582 | CPT | | | | outpatient | | | 198 | 17.79 | Wellcare | Medicare | 15.47 | | | | | 6 | 188.1 | fee schedule | |
| BKR CHG 17-KETOGENIC STEROIDS | 83582 | CPT | | | | outpatient | | | 198 | 17.79 | Horizon | Medicare Blue | 59.4 | | | 30 | | 6 | 188.1 | percent of total billed charges | |
| BKR CHG 17-KETOGENIC STEROIDS | 83582 | CPT | | | | outpatient | | | 198 | 17.79 | WellPoint | WellPoint | 63.72 | | | 32.18 | | 6 | 188.1 | percent of total billed charges | |
| BKR CHG 17-KETOGENIC STEROIDS | 83582 | CPT | | | | outpatient | | | 198 | 17.79 | Qualcare | Qualcare | 148.5 | | | 75 | | 6 | 188.1 | percent of total billed charges | |
| BKR CHG 17-KETOGENIC STEROIDS | 83582 | CPT | | | | outpatient | | | 198 | 17.79 | Horizon | PPO | 75.79 | | | 38.28 | | 6 | 188.1 | percent of total billed charges | |
| BKR CHG 17-KETOGENIC STEROIDS | 83582 | CPT | | | | outpatient | | | 198 | 17.79 | Managed Care Inc | Managed Care Inc | 178.2 | | | 90 | | 6 | 188.1 | percent of total billed charges | |
| BKR CHG 17-KETOGENIC STEROIDS | 83582 | CPT | | | | outpatient | | | 198 | 17.79 | Three Rivers | Three Rivers | 188.1 | | | 95 | | 6 | 188.1 | percent of total billed charges | |
| BKR CHG 17-KETOGENIC STEROIDS | 83582 | CPT | | | | outpatient | | | 198 | 17.79 | Wellcare | Medicaid | 6 | | | | | 6 | 188.1 | fee schedule | |
| BKR CHG 17 KETOSTEROIDS | 83586 | CPT | | | | outpatient | | | 410 | 14.72 | Aetna | Better Health | 129.36 | | | 31.55 | | 7.5 | 389.5 | percent of total billed charges | |
| BKR CHG 17 KETOSTEROIDS | 83586 | CPT | | | | outpatient | | | 410 | 14.72 | Americare | Americare | 307.5 | | | 75 | | 7.5 | 389.5 | percent of total billed charges | |
| BKR CHG 17 KETOSTEROIDS | 83586 | CPT | | | | outpatient | | | 410 | 14.72 | Aetna | Medicare | 126.28 | | | 30.8 | | 7.5 | 389.5 | percent of total billed charges | |
| BKR CHG 17 KETOSTEROIDS | 83586 | CPT | | | | outpatient | | | 410 | 14.72 | Amerihealth | Medicare | 12.8 | | | | | 7.5 | 389.5 | fee schedule | |
| BKR CHG 17 KETOSTEROIDS | 83586 | CPT | | | | outpatient | | | 410 | 14.72 | Horizon | Medicare Blue | 123 | | | 30 | | 7.5 | 389.5 | percent of total billed charges | |
| BKR CHG 17 KETOSTEROIDS | 83586 | CPT | | | | outpatient | | | 410 | 14.72 | Consumer | Consumer | 389.5 | | | 95 | | 7.5 | 389.5 | percent of total billed charges | |
| BKR CHG 17 KETOSTEROIDS | 83586 | CPT | | | | outpatient | | | 410 | 14.72 | Amerihealth | HMO/PPO | 20.2 | | | | | 7.5 | 389.5 | fee schedule | |
| BKR CHG 17 KETOSTEROIDS | 83586 | CPT | | | | outpatient | | | 410 | 14.72 | Corrections | Corrections | 328 | | | 80 | | 7.5 | 389.5 | percent of total billed charges | |
| BKR CHG 17 KETOSTEROIDS | 83586 | CPT | | | | outpatient | | | 410 | 14.72 | Wellcare | Medicare | 12.8 | | | | | 7.5 | 389.5 | fee schedule | |
| BKR CHG 17 KETOSTEROIDS | 83586 | CPT | | | | outpatient | | | 410 | 14.72 | Multiplan | Multiplan | 328 | | | 80 | | 7.5 | 389.5 | percent of total billed charges | |
| BKR CHG 17 KETOSTEROIDS | 83586 | CPT | | | | outpatient | | | 410 | 14.72 | Horizon | MGD | 156.95 | | | 38.28 | | 7.5 | 389.5 | percent of total billed charges | |
| BKR CHG 17 KETOSTEROIDS | 83586 | CPT | | | | outpatient | | | 410 | 14.72 | First Trenton | First Trenton | 369 | | | 90 | | 7.5 | 389.5 | percent of total billed charges | |
| BKR CHG 17 KETOSTEROIDS | 83586 | CPT | | | | outpatient | | | 410 | 14.72 | First Health | First Health | 287 | | | 70 | | 7.5 | 389.5 | percent of total billed charges | |
| BKR CHG 17 KETOSTEROIDS | 83586 | CPT | | | | outpatient | | | 410 | 14.72 | Horizon | NJ Health | 14.7 | | | | | 7.5 | 389.5 | fee schedule | |
| BKR CHG 17 KETOSTEROIDS | 83586 | CPT | | | | outpatient | | | 410 | 14.72 | Horizon | PPO | 156.95 | | | 38.28 | | 7.5 | 389.5 | percent of total billed charges | |
| BKR CHG 17 KETOSTEROIDS | 83586 | CPT | | | | outpatient | | | 410 | 14.72 | Horizon | Indemnity | 156.95 | | | 38.28 | | 7.5 | 389.5 | percent of total billed charges | |
| BKR CHG 17 KETOSTEROIDS | 83586 | CPT | | | | outpatient | | | 410 | 14.72 | UHC | Medicare | 12.8 | | | | | 7.5 | 389.5 | fee schedule | |
| BKR CHG 17 KETOSTEROIDS | 83586 | CPT | | | | outpatient | | | 410 | 14.72 | Qualcare | Qualcare | 307.5 | | | 75 | | 7.5 | 389.5 | percent of total billed charges | |
| BKR CHG 17 KETOSTEROIDS | 83586 | CPT | | | | outpatient | | | 410 | 14.72 | Three Rivers | Three Rivers | 389.5 | | | 95 | | 7.5 | 389.5 | percent of total billed charges | |
| BKR CHG 17 KETOSTEROIDS | 83586 | CPT | | | | outpatient | | | 410 | 14.72 | Managed Care Inc | Managed Care Inc | 369 | | | 90 | | 7.5 | 389.5 | percent of total billed charges | |
| BKR CHG 17 KETOSTEROIDS | 83586 | CPT | | | | outpatient | | | 410 | 14.72 | Wellcare | Medicaid | 7.5 | | | | | 7.5 | 389.5 | fee schedule | |
| BKR CHG 17 KETOSTEROIDS | 83586 | CPT | | | | outpatient | | | 410 | 14.72 | WellPoint | WellPoint | 131.94 | | | 32.18 | | 7.5 | 389.5 | percent of total billed charges | |
| BKR CHG 17 KETOSTEROIDS | 83586 | CPT | | | | outpatient | | | 410 | 14.72 | UHC | Medicaid | 7.5 | | | | | 7.5 | 389.5 | fee schedule | |
| BKR CHG POC-BG LACTATE | 83605 | CPT | | | | both | | | 938 | 13.31 | Aetna | Better Health | 295.94 | | | 31.55 | 12.55 | 6 | 891.1 | percent of total billed charges | |
| BKR CHG POC-BG LACTATE | 83605 | CPT | | | | both | | | 938 | 13.31 | Amerihealth | Medicare | 11.57 | | | | | 6 | 891.1 | fee schedule | |
| BKR CHG POC-BG LACTATE | 83605 | CPT | | | | both | | | 938 | 13.31 | First Health | First Health | 656.6 | | | 70 | | 6 | 891.1 | percent of total billed charges | |
| BKR CHG POC-BG LACTATE | 83605 | CPT | | | | both | | | 938 | 13.31 | Horizon | Indemnity | 359.07 | | | 38.28 | 9.57 | 6 | 891.1 | percent of total billed charges | |
| BKR CHG POC-BG LACTATE | 83605 | CPT | | | | both | | | 938 | 13.31 | Consumer | Consumer | 891.1 | | | 95 | | 6 | 891.1 | percent of total billed charges | |
| BKR CHG POC-BG LACTATE | 83605 | CPT | | | | both | | | 938 | 13.31 | Horizon | MGD | 359.07 | | | 38.28 | 10.22 | 6 | 891.1 | percent of total billed charges | |
| BKR CHG POC-BG LACTATE | 83605 | CPT | | | | both | | | 938 | 13.31 | Horizon | PPO | 359.07 | | | 38.28 | 9.34 | 6 | 891.1 | percent of total billed charges | |
| BKR CHG POC-BG LACTATE | 83605 | CPT | | | | both | | | 938 | 13.31 | Aetna | Medicare | 288.9 | | | 30.8 | 7.59 | 6 | 891.1 | percent of total billed charges | |
| BKR CHG POC-BG LACTATE | 83605 | CPT | | | | both | | | 938 | 13.31 | Amerihealth | HMO/PPO | 16.5 | | | | 10.04 | 6 | 891.1 | fee schedule | |
| BKR CHG POC-BG LACTATE | 83605 | CPT | | | | both | | | 938 | 13.31 | First Trenton | First Trenton | 844.2 | | | 90 | | 6 | 891.1 | percent of total billed charges | |
| BKR CHG POC-BG LACTATE | 83605 | CPT | | | | both | | | 938 | 13.31 | Horizon | Medicare Blue | 281.4 | | | 30 | 5.21 | 6 | 891.1 | percent of total billed charges | |
| BKR CHG POC-BG LACTATE | 83605 | CPT | | | | both | | | 938 | 13.31 | UHC | Medicaid | 13.5 | | | | 12.55 | 6 | 891.1 | fee schedule | |
| BKR CHG POC-BG LACTATE | 83605 | CPT | | | | both | | | 938 | 13.31 | Wellcare | Medicaid | 13.5 | | | | 14.1 | 6 | 891.1 | fee schedule | |
| BKR CHG POC-BG LACTATE | 83605 | CPT | | | | both | | | 938 | 13.31 | Horizon | NJ Health | 29.4 | | | | 3.02 | 6 | 891.1 | fee schedule | |
| BKR CHG POC-BG LACTATE | 83605 | CPT | | | | both | | | 938 | 13.31 | Corrections | Corrections | 750.4 | | | 80 | 9.77 | 6 | 891.1 | percent of total billed charges | |
| BKR CHG POC-BG LACTATE | 83605 | CPT | | | | both | | | 938 | 13.31 | Americare | Americare | 703.5 | | | 75 | | 6 | 891.1 | percent of total billed charges | |
| BKR CHG POC-BG LACTATE | 83605 | CPT | | | | both | | | 938 | 13.31 | Managed Care Inc | Managed Care Inc | 844.2 | | | 90 | | 6 | 891.1 | percent of total billed charges | |
| BKR CHG POC-BG LACTATE | 83605 | CPT | | | | both | | | 938 | 13.31 | Multiplan | Multiplan | 750.4 | | | 80 | | 6 | 891.1 | percent of total billed charges | |
| BKR CHG POC-BG LACTATE | 83605 | CPT | | | | both | | | 938 | 13.31 | Three Rivers | Three Rivers | 891.1 | | | 95 | | 6 | 891.1 | percent of total billed charges | |
| BKR CHG POC-BG LACTATE | 83605 | CPT | | | | both | | | 938 | 13.31 | Qualcare | Qualcare | 703.5 | | | 75 | | 6 | 891.1 | percent of total billed charges | |
| BKR CHG POC-BG LACTATE | 83605 | CPT | | | | both | | | 938 | 13.31 | WellPoint | WellPoint | 301.85 | | | 32.18 | 11.44 | 6 | 891.1 | percent of total billed charges | |
| BKR CHG POC-BG LACTATE | 83605 | CPT | | | | both | | | 938 | 13.31 | UHC | Medicare | 11.57 | | | | 6.92 | 6 | 891.1 | fee schedule | |
| BKR CHG POC-BG LACTATE | 83605 | CPT | | | | both | | | 938 | 13.31 | Wellcare | Medicare | 11.57 | | | | 8.36 | 6 | 891.1 | fee schedule | |
| BKR CHG LDH | 83615 | CPT | | | | both | | | 81 | 6.95 | Aetna | Medicare | 24.95 | | | 30.8 | 0.83 | 1.7 | 76.95 | percent of total billed charges | |
| BKR CHG LDH | 83615 | CPT | | | | both | | | 81 | 6.95 | Americare | Americare | 60.75 | | | 75 | | 1.7 | 76.95 | percent of total billed charges | |
| BKR CHG LDH | 83615 | CPT | | | | both | | | 81 | 6.95 | Aetna | Better Health | 25.56 | | | 31.55 | 11.61 | 1.7 | 76.95 | percent of total billed charges | |
| BKR CHG LDH | 83615 | CPT | | | | both | | | 81 | 6.95 | Amerihealth | Medicare | 6.04 | | | | | 1.7 | 76.95 | fee schedule | |
| BKR CHG LDH | 83615 | CPT | | | | both | | | 81 | 6.95 | Horizon | MGD | 31.01 | | | 38.28 | 10.82 | 1.7 | 76.95 | percent of total billed charges | |
| BKR CHG LDH | 83615 | CPT | | | | both | | | 81 | 6.95 | Horizon | PPO | 31.01 | | | 38.28 | 5.41 | 1.7 | 76.95 | percent of total billed charges | |
| BKR CHG LDH | 83615 | CPT | | | | both | | | 81 | 6.95 | Horizon | Medicare Blue | 24.3 | | | 30 | 4.56 | 1.7 | 76.95 | percent of total billed charges | |
| BKR CHG LDH | 83615 | CPT | | | | both | | | 81 | 6.95 | Amerihealth | HMO/PPO | 1.7 | | | | 6.63 | 1.7 | 76.95 | fee schedule | |
| BKR CHG LDH | 83615 | CPT | | | | both | | | 81 | 6.95 | First Health | First Health | 56.7 | | | 70 | | 1.7 | 76.95 | percent of total billed charges | |
| BKR CHG LDH | 83615 | CPT | | | | both | | | 81 | 6.95 | Three Rivers | Three Rivers | 76.95 | | | 95 | | 1.7 | 76.95 | percent of total billed charges | |
| BKR CHG LDH | 83615 | CPT | | | | both | | | 81 | 6.95 | Corrections | Corrections | 64.8 | | | 80 | 8.38 | 1.7 | 76.95 | percent of total billed charges | |
| BKR CHG LDH | 83615 | CPT | | | | both | | | 81 | 6.95 | Consumer | Consumer | 76.95 | | | 95 | | 1.7 | 76.95 | percent of total billed charges | |
| BKR CHG LDH | 83615 | CPT | | | | both | | | 81 | 6.95 | Wellcare | Medicare | 6.04 | | | | 2.28 | 1.7 | 76.95 | fee schedule | |
| BKR CHG LDH | 83615 | CPT | | | | both | | | 81 | 6.95 | UHC | Medicare | 6.04 | | | | 7.87 | 1.7 | 76.95 | fee schedule | |
| BKR CHG LDH | 83615 | CPT | | | | both | | | 81 | 6.95 | Horizon | Indemnity | 31.01 | | | 38.28 | 10.26 | 1.7 | 76.95 | percent of total billed charges | |
| BKR CHG LDH | 83615 | CPT | | | | both | | | 81 | 6.95 | Multiplan | Multiplan | 64.8 | | | 80 | | 1.7 | 76.95 | percent of total billed charges | |
| BKR CHG LDH | 83615 | CPT | | | | both | | | 81 | 6.95 | Horizon | NJ Health | 8.23 | | | | 3.3 | 1.7 | 76.95 | fee schedule | |
| BKR CHG LDH | 83615 | CPT | | | | both | | | 81 | 6.95 | First Trenton | First Trenton | 72.9 | | | 90 | | 1.7 | 76.95 | percent of total billed charges | |
| BKR CHG LDH | 83615 | CPT | | | | both | | | 81 | 6.95 | Qualcare | Qualcare | 60.75 | | | 75 | | 1.7 | 76.95 | percent of total billed charges | |
| BKR CHG LDH | 83615 | CPT | | | | both | | | 81 | 6.95 | Managed Care Inc | Managed Care Inc | 72.9 | | | 90 | | 1.7 | 76.95 | percent of total billed charges | |
| BKR CHG LDH | 83615 | CPT | | | | both | | | 81 | 6.95 | Wellcare | Medicaid | 4.2 | | | | 10.22 | 1.7 | 76.95 | fee schedule | |
| BKR CHG LDH | 83615 | CPT | | | | both | | | 81 | 6.95 | UHC | Medicaid | 4.2 | | | | 13.97 | 1.7 | 76.95 | fee schedule | |
| BKR CHG LDH | 83615 | CPT | | | | both | | | 81 | 6.95 | WellPoint | WellPoint | 26.07 | | | 32.18 | 15.87 | 1.7 | 76.95 | percent of total billed charges | |
| BKR CHG LACTATE/PLASMA/ENZYMATIC | 83625 | CPT | | | | inpatient | | | 191 | 14.71 | Americare | Americare | 143.25 | | | 75 | | 9 | 181.45 | percent of total billed charges | |
| BKR CHG LACTATE/PLASMA/ENZYMATIC | 83625 | CPT | | | | inpatient | | | 191 | 14.71 | Aetna | Better Health | 60.26 | | | 31.55 | | 9 | 181.45 | percent of total billed charges | |
| BKR CHG LACTATE/PLASMA/ENZYMATIC | 83625 | CPT | | | | inpatient | | | 191 | 14.71 | Horizon | MGD | 73.11 | | | 38.28 | | 9 | 181.45 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG LACTATE/PLASMA/ENZYMATIC | 83625 | CPT | | | | inpatient | | | 191 | 14.71 | Corrections | Corrections | 152.8 | 80 | | | 9 | 191 | 181.45 percent of total billed charges | |
| BKR CHG LACTATE/PLASMA/ENZYMATIC | 83625 | CPT | | | | inpatient | | | 191 | 14.71 | Amerihealth | HMO/PPO | 19.9 | | | | 9 | 191 | 181.45 fee schedule | |
| BKR CHG LACTATE/PLASMA/ENZYMATIC | 83625 | CPT | | | | inpatient | | | 191 | 14.71 | First Health | First Health | 133.7 | 70 | | | 9 | 191 | 181.45 percent of total billed charges | |
| BKR CHG LACTATE/PLASMA/ENZYMATIC | 83625 | CPT | | | | inpatient | | | 191 | 14.71 | Wellcare | Medicaid | 9 | | | | 9 | 191 | 181.45 fee schedule | |
| BKR CHG LACTATE/PLASMA/ENZYMATIC | 83625 | CPT | | | | inpatient | | | 191 | 14.71 | Aetna | Medicare | 58.83 | 30.8 | | | 9 | 191 | 181.45 percent of total billed charges | |
| BKR CHG LACTATE/PLASMA/ENZYMATIC | 83625 | CPT | | | | inpatient | | | 191 | 14.71 | Horizon | PPO | 73.11 | 38.28 | | | 9 | 191 | 181.45 percent of total billed charges | |
| BKR CHG LACTATE/PLASMA/ENZYMATIC | 83625 | CPT | | | | inpatient | | | 191 | 14.71 | Multiplan | Multiplan | 152.8 | 80 | | | 9 | 191 | 181.45 percent of total billed charges | |
| BKR CHG LACTATE/PLASMA/ENZYMATIC | 83625 | CPT | | | | inpatient | | | 191 | 14.71 | Amerihealth | Medicare | 12.79 | | | | 9 | 191 | 181.45 fee schedule | |
| BKR CHG LACTATE/PLASMA/ENZYMATIC | 83625 | CPT | | | | inpatient | | | 191 | 14.71 | WellPoint | WellPoint | 61.46 | 32.18 | | | 9 | 191 | 181.45 percent of total billed charges | |
| BKR CHG LACTATE/PLASMA/ENZYMATIC | 83625 | CPT | | | | inpatient | | | 191 | 14.71 | Three Rivers | Three Rivers | 181.45 | 95 | | | 9 | 191 | 181.45 percent of total billed charges | |
| BKR CHG LACTATE/PLASMA/ENZYMATIC | 83625 | CPT | | | | inpatient | | | 191 | 14.71 | Horizon | Indemnity | 73.11 | 38.28 | | | 9 | 191 | 181.45 percent of total billed charges | |
| BKR CHG LACTATE/PLASMA/ENZYMATIC | 83625 | CPT | | | | inpatient | | | 191 | 14.71 | UHC | Medicare | 12.79 | | | | 9 | 191 | 181.45 fee schedule | |
| BKR CHG LACTATE/PLASMA/ENZYMATIC | 83625 | CPT | | | | inpatient | | | 191 | 14.71 | Consumer | Consumer | 181.45 | 95 | | | 9 | 191 | 181.45 percent of total billed charges | |
| BKR CHG LACTATE/PLASMA/ENZYMATIC | 83625 | CPT | | | | inpatient | | | 191 | 14.71 | Wellcare | Medicare | 12.79 | | | | 9 | 191 | 181.45 fee schedule | |
| BKR CHG LACTATE/PLASMA/ENZYMATIC | 83625 | CPT | | | | inpatient | | | 191 | 14.71 | Qualcare | Qualcare | 143.25 | 75 | | | 9 | 191 | 181.45 percent of total billed charges | |
| BKR CHG LACTATE/PLASMA/ENZYMATIC | 83625 | CPT | | | | inpatient | | | 191 | 14.71 | First Trenton | First Trenton | 171.9 | 90 | | | 9 | 191 | 181.45 percent of total billed charges | |
| BKR CHG LACTATE/PLASMA/ENZYMATIC | 83625 | CPT | | | | inpatient | | | 191 | 14.71 | Horizon | Medicare Blue | 57.3 | 30 | | | 9 | 191 | 181.45 percent of total billed charges | |
| BKR CHG LACTATE/PLASMA/ENZYMATIC | 83625 | CPT | | | | inpatient | | | 191 | 14.71 | Horizon | NJ Health | 17.64 | | | | 9 | 191 | 181.45 fee schedule | |
| BKR CHG LACTATE/PLASMA/ENZYMATIC | 83625 | CPT | | | | inpatient | | | 191 | 14.71 | UHC | Medicaid | 9 | | | | 9 | 191 | 181.45 fee schedule | |
| BKR CHG LACTATE/PLASMA/ENZYMATIC | 83625 | CPT | | | | inpatient | | | 191 | 14.71 | Managed Care Inc | Managed Care Inc | 171.9 | 90 | | | 9 | 191 | 181.45 percent of total billed charges | |
| BKR CHG LACTOFERRIN FECAL QUANT | 83631 | CPT | | | | both | | | 298 | 22.57 | Amerihealth | Medicare | 19.63 | | | | 15.7 | 298 | 283.1 fee schedule | |
| BKR CHG LACTOFERRIN FECAL QUANT | 83631 | CPT | | | | both | | | 298 | 22.57 | Aetna | Better Health | 94.02 | 31.55 | | | 15.7 | 298 | 283.1 percent of total billed charges | |
| BKR CHG LACTOFERRIN FECAL QUANT | 83631 | CPT | | | | both | | | 298 | 22.57 | Horizon | Medicare Blue | 89.4 | 30 | | | 15.7 | 298 | 283.1 percent of total billed charges | |
| BKR CHG LACTOFERRIN FECAL QUANT | 83631 | CPT | | | | both | | | 298 | 22.57 | Corrections | Corrections | 238.4 | 80 | | | 15.7 | 298 | 283.1 percent of total billed charges | |
| BKR CHG LACTOFERRIN FECAL QUANT | 83631 | CPT | | | | both | | | 298 | 22.57 | Wellcare | Medicaid | 15.7 | | | | 15.7 | 298 | 283.1 fee schedule | |
| BKR CHG LACTOFERRIN FECAL QUANT | 83631 | CPT | | | | both | | | 298 | 22.57 | Amerihealth | HMO/PPO | 29.6 | | | | 15.7 | 298 | 283.1 fee schedule | |
| BKR CHG LACTOFERRIN FECAL QUANT | 83631 | CPT | | | | both | | | 298 | 22.57 | Americare | Americare | 223.5 | 75 | | | 15.7 | 298 | 283.1 percent of total billed charges | |
| BKR CHG LACTOFERRIN FECAL QUANT | 83631 | CPT | | | | both | | | 298 | 22.57 | Aetna | Medicare | 91.78 | 30.8 | | | 15.7 | 298 | 283.1 percent of total billed charges | |
| BKR CHG LACTOFERRIN FECAL QUANT | 83631 | CPT | | | | both | | | 298 | 22.57 | First Trenton | First Trenton | 268.2 | 90 | | | 15.7 | 298 | 283.1 percent of total billed charges | |
| BKR CHG LACTOFERRIN FECAL QUANT | 83631 | CPT | | | | both | | | 298 | 22.57 | First Health | First Health | 208.6 | 70 | | | 15.7 | 298 | 283.1 percent of total billed charges | |
| BKR CHG LACTOFERRIN FECAL QUANT | 83631 | CPT | | | | both | | | 298 | 22.57 | UHC | Medicare | 19.63 | | | | 15.7 | 298 | 283.1 fee schedule | |
| BKR CHG LACTOFERRIN FECAL QUANT | 83631 | CPT | | | | both | | | 298 | 22.57 | WellPoint | WellPoint | 95.9 | 32.18 | | | 15.7 | 298 | 283.1 percent of total billed charges | |
| BKR CHG LACTOFERRIN FECAL QUANT | 83631 | CPT | | | | both | | | 298 | 22.57 | Horizon | PPO | 114.07 | 38.28 | | | 15.7 | 298 | 283.1 percent of total billed charges | |
| BKR CHG LACTOFERRIN FECAL QUANT | 83631 | CPT | | | | both | | | 298 | 22.57 | Horizon | Indemnity | 114.07 | 38.28 | | | 15.7 | 298 | 283.1 percent of total billed charges | |
| BKR CHG LACTOFERRIN FECAL QUANT | 83631 | CPT | | | | both | | | 298 | 22.57 | Multiplan | Multiplan | 238.4 | 80 | | | 15.7 | 298 | 283.1 percent of total billed charges | |
| BKR CHG LACTOFERRIN FECAL QUANT | 83631 | CPT | | | | both | | | 298 | 22.57 | Consumer | Consumer | 283.1 | 95 | | | 15.7 | 298 | 283.1 percent of total billed charges | |
| BKR CHG LACTOFERRIN FECAL QUANT | 83631 | CPT | | | | both | | | 298 | 22.57 | Qualcare | Qualcare | 223.5 | 75 | | | 15.7 | 298 | 283.1 percent of total billed charges | |
| BKR CHG LACTOFERRIN FECAL QUANT | 83631 | CPT | | | | both | | | 298 | 22.57 | UHC | Medicaid | 15.7 | | | | 15.7 | 298 | 283.1 fee schedule | |
| BKR CHG LACTOFERRIN FECAL QUANT | 83631 | CPT | | | | both | | | 298 | 22.57 | Three Rivers | Three Rivers | 283.1 | 95 | | | 15.7 | 298 | 283.1 percent of total billed charges | |
| BKR CHG LACTOFERRIN FECAL QUANT | 83631 | CPT | | | | both | | | 298 | 22.57 | Horizon | MGD | 114.07 | 38.28 | | | 15.7 | 298 | 283.1 percent of total billed charges | |
| BKR CHG LACTOFERRIN FECAL QUANT | 83631 | CPT | | | | both | | | 298 | 22.57 | Wellcare | Medicare | 19.63 | | | | 15.7 | 298 | 283.1 fee schedule | |
| BKR CHG LACTOFERRIN FECAL QUANT | 83631 | CPT | | | | both | | | 298 | 22.57 | Horizon | NJ Health | 25.21 | | | | 15.7 | 298 | 283.1 fee schedule | |
| BKR CHG LACTOFERRIN FECAL QUANT | 83631 | CPT | | | | both | | | 298 | 22.57 | Managed Care Inc | Managed Care Inc | 268.2 | 90 | | | 15.7 | 298 | 283.1 percent of total billed charges | |
| BKR CHG LEAD URINE | 83655 | CPT | | | | both | | | 776 | 13.93 | Horizon | Indemnity | 297.05 | 38.28 | | 8.99 | 7.8 | 776 | 737.2 percent of total billed charges | |
| BKR CHG LEAD URINE | 83655 | CPT | | | | both | | | 776 | 13.93 | Corrections | Corrections | 620.8 | 80 | | | 7.8 | 776 | 737.2 percent of total billed charges | |
| BKR CHG LEAD URINE | 83655 | CPT | | | | both | | | 776 | 13.93 | Aetna | Medicare | 239.01 | 30.8 | | 4.94 | 7.8 | 776 | 737.2 percent of total billed charges | |
| BKR CHG LEAD URINE | 83655 | CPT | | | | both | | | 776 | 13.93 | Aetna | Better Health | 244.83 | 31.55 | | 6.74 | 7.8 | 776 | 737.2 percent of total billed charges | |
| BKR CHG LEAD URINE | 83655 | CPT | | | | both | | | 776 | 13.93 | Americare | Americare | 582 | 75 | | | 7.8 | 776 | 737.2 percent of total billed charges | |
| BKR CHG LEAD URINE | 83655 | CPT | | | | both | | | 776 | 13.93 | Qualcare | Qualcare | 582 | 75 | | | 7.8 | 776 | 737.2 percent of total billed charges | |
| BKR CHG LEAD URINE | 83655 | CPT | | | | both | | | 776 | 13.93 | UHC | Medicare | 12.11 | | | | 7.8 | 776 | 737.2 fee schedule | |
| BKR CHG LEAD URINE | 83655 | CPT | | | | both | | | 776 | 13.93 | Amerihealth | HMO/PPO | 18.9 | | | | 7.8 | 776 | 737.2 fee schedule | |
| BKR CHG LEAD URINE | 83655 | CPT | | | | both | | | 776 | 13.93 | Multiplan | Multiplan | 620.8 | 80 | | | 7.8 | 776 | 737.2 percent of total billed charges | |
| BKR CHG LEAD URINE | 83655 | CPT | | | | both | | | 776 | 13.93 | First Trenton | First Trenton | 698.4 | 90 | | | 7.8 | 776 | 737.2 percent of total billed charges | |
| BKR CHG LEAD URINE | 83655 | CPT | | | | both | | | 776 | 13.93 | Consumer | Consumer | 737.2 | 95 | | | 7.8 | 776 | 737.2 percent of total billed charges | |
| BKR CHG LEAD URINE | 83655 | CPT | | | | both | | | 776 | 13.93 | First Health | First Health | 543.2 | 70 | | | 7.8 | 776 | 737.2 percent of total billed charges | |
| BKR CHG LEAD URINE | 83655 | CPT | | | | both | | | 776 | 13.93 | UHC | Medicaid | 9 | | | 6.52 | 7.8 | 776 | 737.2 fee schedule | |
| BKR CHG LEAD URINE | 83655 | CPT | | | | both | | | 776 | 13.93 | Wellcare | Medicaid | 9 | | | 5.51 | 7.8 | 776 | 737.2 fee schedule | |
| BKR CHG LEAD URINE | 83655 | CPT | | | | both | | | 776 | 13.93 | Wellcare | Medicare | 12.11 | | | | 7.8 | 776 | 737.2 fee schedule | |
| BKR CHG LEAD URINE | 83655 | CPT | | | | both | | | 776 | 13.93 | Amerihealth | Medicare | 12.11 | | | | 7.8 | 776 | 737.2 fee schedule | |
| BKR CHG LEAD URINE | 83655 | CPT | | | | both | | | 776 | 13.93 | WellPoint | WellPoint | 249.72 | 32.18 | | 6.05 | 7.8 | 776 | 737.2 percent of total billed charges | |
| BKR CHG LEAD URINE | 83655 | CPT | | | | both | | | 776 | 13.93 | Horizon | Medicare Blue | 232.8 | 30 | | | 7.8 | 776 | 737.2 percent of total billed charges | |
| BKR CHG LEAD URINE | 83655 | CPT | | | | both | | | 776 | 13.93 | Three Rivers | Three Rivers | 737.2 | 95 | | | 7.8 | 776 | 737.2 percent of total billed charges | |
| BKR CHG LEAD URINE | 83655 | CPT | | | | both | | | 776 | 13.93 | Horizon | MGD | 297.05 | 38.28 | | 8.74 | 7.8 | 776 | 737.2 percent of total billed charges | |
| BKR CHG LEAD URINE | 83655 | CPT | | | | both | | | 776 | 13.93 | Horizon | PPO | 297.05 | 38.28 | | 7.08 | 7.8 | 776 | 737.2 percent of total billed charges | |
| BKR CHG LEAD URINE | 83655 | CPT | | | | both | | | 776 | 13.93 | Horizon | NJ Health | 17.64 | | | 1.82 | 7.8 | 776 | 737.2 fee schedule | |
| BKR CHG LEAD URINE | 83655 | CPT | | | | both | | | 776 | 13.93 | Managed Care Inc | Managed Care Inc | 698.4 | 90 | | | 7.8 | 776 | 737.2 percent of total billed charges | |
| BKR CHG L/S RATIO | 83661 | CPT | | | | outpatient | | | 391 | 25.29 | Horizon | Indemnity | 149.67 | 38.28 | | | 10.5 | 391 | 371.45 percent of total billed charges | |
| BKR CHG L/S RATIO | 83661 | CPT | | | | outpatient | | | 391 | 25.29 | Americare | Americare | 293.25 | 75 | | | 10.5 | 391 | 371.45 percent of total billed charges | |
| BKR CHG L/S RATIO | 83661 | CPT | | | | outpatient | | | 391 | 25.29 | Consumer | Consumer | 371.45 | 95 | | | 10.5 | 391 | 371.45 percent of total billed charges | |
| BKR CHG L/S RATIO | 83661 | CPT | | | | outpatient | | | 391 | 25.29 | Amerihealth | Medicare | 21.99 | | | | 10.5 | 391 | 371.45 fee schedule | |
| BKR CHG L/S RATIO | 83661 | CPT | | | | outpatient | | | 391 | 25.29 | First Trenton | First Trenton | 351.9 | 90 | | | 10.5 | 391 | 371.45 percent of total billed charges | |
| BKR CHG L/S RATIO | 83661 | CPT | | | | outpatient | | | 391 | 25.29 | Aetna | Medicare | 120.43 | 30.8 | | | 10.5 | 391 | 371.45 percent of total billed charges | |
| BKR CHG L/S RATIO | 83661 | CPT | | | | outpatient | | | 391 | 25.29 | First Health | First Health | 273.7 | 70 | | | 10.5 | 391 | 371.45 percent of total billed charges | |
| BKR CHG L/S RATIO | 83661 | CPT | | | | outpatient | | | 391 | 25.29 | Aetna | Better Health | 123.36 | 31.55 | | | 10.5 | 391 | 371.45 percent of total billed charges | |
| BKR CHG L/S RATIO | 83661 | CPT | | | | outpatient | | | 391 | 25.29 | Horizon | Medicare Blue | 117.3 | 30 | | | 10.5 | 391 | 371.45 percent of total billed charges | |
| BKR CHG L/S RATIO | 83661 | CPT | | | | outpatient | | | 391 | 25.29 | Amerihealth | HMO/PPO | 33.5 | | | | 10.5 | 391 | 371.45 fee schedule | |
| BKR CHG L/S RATIO | 83661 | CPT | | | | outpatient | | | 391 | 25.29 | Horizon | NJ Health | 20.58 | | | | 10.5 | 391 | 371.45 fee schedule | |
| BKR CHG L/S RATIO | 83661 | CPT | | | | outpatient | | | 391 | 25.29 | Corrections | Corrections | 312.8 | 80 | | | 10.5 | 391 | 371.45 percent of total billed charges | |
| BKR CHG L/S RATIO | 83661 | CPT | | | | outpatient | | | 391 | 25.29 | Managed Care Inc | Managed Care Inc | 351.9 | 90 | | | 10.5 | 391 | 371.45 percent of total billed charges | |
| BKR CHG L/S RATIO | 83661 | CPT | | | | outpatient | | | 391 | 25.29 | Horizon | MGD | 149.67 | 38.28 | | | 10.5 | 391 | 371.45 percent of total billed charges | |
| BKR CHG L/S RATIO | 83661 | CPT | | | | outpatient | | | 391 | 25.29 | Multiplan | Multiplan | 312.8 | 80 | | | 10.5 | 391 | 371.45 percent of total billed charges | |
| BKR CHG L/S RATIO | 83661 | CPT | | | | outpatient | | | 391 | 25.29 | WellPoint | WellPoint | 125.82 | 32.18 | | | 10.5 | 391 | 371.45 percent of total billed charges | |
| BKR CHG L/S RATIO | 83661 | CPT | | | | outpatient | | | 391 | 25.29 | Qualcare | Qualcare | 293.25 | 75 | | | 10.5 | 391 | 371.45 percent of total billed charges | |
| BKR CHG L/S RATIO | 83661 | CPT | | | | outpatient | | | 391 | 25.29 | UHC | Medicaid | 10.5 | | | | 10.5 | 391 | 371.45 fee schedule | |
| BKR CHG L/S RATIO | 83661 | CPT | | | | outpatient | | | 391 | 25.29 | Three Rivers | Three Rivers | 371.45 | 95 | | | 10.5 | 391 | 371.45 percent of total billed charges | |
| BKR CHG L/S RATIO | 83661 | CPT | | | | outpatient | | | 391 | 25.29 | Horizon | PPO | 149.67 | 38.28 | | | 10.5 | 391 | 371.45 percent of total billed charges | |
| BKR CHG L/S RATIO | 83661 | CPT | | | | outpatient | | | 391 | 25.29 | UHC | Medicare | 21.99 | | | | 10.5 | 391 | 371.45 fee schedule | |
| BKR CHG L/S RATIO | 83661 | CPT | | | | outpatient | | | 391 | 25.29 | Wellcare | Medicare | 21.99 | | | | 10.5 | 391 | 371.45 fee schedule | |
| BKR CHG L/S RATIO | 83661 | CPT | | | | outpatient | | | 391 | 25.29 | Wellcare | Medicaid | 10.5 | | | | 10.5 | 391 | 371.45 fee schedule | |
| BKR CHG LEUCINE AMINOPEPTIDASE | 83670 | CPT | | | | outpatient | | | 215 | 11.28 | Americare | Americare | 161.25 | 75 | | | 2.1 | 215 | 204.25 percent of total billed charges | |
| BKR CHG LEUCINE AMINOPEPTIDASE | 83670 | CPT | | | | outpatient | | | 215 | 11.28 | Aetna | Medicare | 66.22 | 30.8 | | | 2.1 | 215 | 204.25 percent of total billed charges | |
| BKR CHG LEUCINE AMINOPEPTIDASE | 83670 | CPT | | | | outpatient | | | 215 | 11.28 | UHC | Medicaid | 2.1 | | | | 2.1 | 215 | 204.25 fee schedule | |
| BKR CHG LEUCINE AMINOPEPTIDASE | 83670 | CPT | | | | outpatient | | | 215 | 11.28 | Amerihealth | Medicare | 9.81 | | | | 2.1 | 215 | 204.25 fee schedule | |
| BKR CHG LEUCINE AMINOPEPTIDASE | 83670 | CPT | | | | outpatient | | | 215 | 11.28 | Amerihealth | HMO/PPO | 14.6 | | | | 2.1 | 215 | 204.25 fee schedule | |
| BKR CHG LEUCINE AMINOPEPTIDASE | 83670 | CPT | | | | outpatient | | | 215 | 11.28 | First Health | First Health | 150.5 | 70 | | | 2.1 | 215 | 204.25 percent of total billed charges | |
| BKR CHG LEUCINE AMINOPEPTIDASE | 83670 | CPT | | | | outpatient | | | 215 | 11.28 | Wellcare | Medicaid | 2.1 | | | | 2.1 | 215 | 204.25 fee schedule | |
| BKR CHG LEUCINE AMINOPEPTIDASE | 83670 | CPT | | | | outpatient | | | 215 | 11.28 | Aetna | Better Health | 67.83 | 31.55 | | | 2.1 | 215 | 204.25 percent of total billed charges | |
| BKR CHG LEUCINE AMINOPEPTIDASE | 83670 | CPT | | | | outpatient | | | 215 | 11.28 | Horizon | MGD | 82.3 | 38.28 | | | 2.1 | 215 | 204.25 percent of total billed charges | |
| BKR CHG LEUCINE AMINOPEPTIDASE | 83670 | CPT | | | | outpatient | | | 215 | 11.28 | Consumer | Consumer | 204.25 | 95 | | | 2.1 | 215 | 204.25 percent of total billed charges | |
| BKR CHG LEUCINE AMINOPEPTIDASE | 83670 | CPT | | | | outpatient | | | 215 | 11.28 | Wellcare | Medicare | 9.81 | | | | 2.1 | 215 | 204.25 fee schedule | |
| BKR CHG LEUCINE AMINOPEPTIDASE | 83670 | CPT | | | | outpatient | | | 215 | 11.28 | Horizon | Indemnity | 82.3 | 38.28 | | | 2.1 | 215 | 204.25 percent of total billed charges | |
| BKR CHG LEUCINE AMINOPEPTIDASE | 83670 | CPT | | | | outpatient | | | 215 | 11.28 | Horizon | Medicare Blue | 64.5 | 30 | | | 2.1 | 215 | 204.25 percent of total billed charges | |
| BKR CHG LEUCINE AMINOPEPTIDASE | 83670 | CPT | | | | outpatient | | | 215 | 11.28 | Corrections | Corrections | 172 | 80 | | | 2.1 | 215 | 204.25 percent of total billed charges | |
| BKR CHG LEUCINE AMINOPEPTIDASE | 83670 | CPT | | | | outpatient | | | 215 | 11.28 | Horizon | PPO | 82.3 | 38.28 | | | 2.1 | 215 | 204.25 percent of total billed charges | |
| BKR CHG LEUCINE AMINOPEPTIDASE | 83670 | CPT | | | | outpatient | | | 215 | 11.28 | Multiplan | Multiplan | 172 | 80 | | | 2.1 | 215 | 204.25 percent of total billed charges | |
| BKR CHG LEUCINE AMINOPEPTIDASE | 83670 | CPT | | | | outpatient | | | 215 | 11.28 | Three Rivers | Three Rivers | 204.25 | 95 | | | 2.1 | 215 | 204.25 percent of total billed charges | |
| BKR CHG LEUCINE AMINOPEPTIDASE | 83670 | CPT | | | | outpatient | | | 215 | 11.28 | First Trenton | First Trenton | 193.5 | 90 | | | 2.1 | 215 | 204.25 percent of total billed charges | |
| BKR CHG LEUCINE AMINOPEPTIDASE | 83670 | CPT | | | | outpatient | | | 215 | 11.28 | Qualcare | Qualcare | 161.25 | 75 | | | 2.1 | 215 | 204.25 percent of total billed charges | |
| BKR CHG LEUCINE AMINOPEPTIDASE | 83670 | CPT | | | | outpatient | | | 215 | 11.28 | Horizon | NJ Health | 4.53 | | | | 2.1 | 215 | 204.25 fee schedule | |
| BKR CHG LEUCINE AMINOPEPTIDASE | 83670 | CPT | | | | outpatient | | | 215 | 11.28 | UHC | Medicare | 9.81 | | | | 2.1 | 215 | 204.25 fee schedule | |
| BKR CHG LEUCINE AMINOPEPTIDASE | 83670 | CPT | | | | outpatient | | | 215 | 11.28 | Managed Care Inc | Managed Care Inc | 193.5 | 90 | | | 2.1 | 215 | 204.25 percent of total billed charges | |
| BKR CHG LEUCINE AMINOPEPTIDASE | 83670 | CPT | | | | outpatient | | | 215 | 11.28 | WellPoint | WellPoint | 69.19 | 32.18 | | | 2.1 | 215 | 204.25 percent of total billed charges | |
| BKR CHG LIPASE, FLUID | 83690 | CPT | | | | both | | | 83 | 7.92 | Americare | Americare | 62.25 | 75 | | | 4.5 | 83 | 78.85 percent of total billed charges | |
| BKR CHG LIPASE, FLUID | 83690 | CPT | | | | both | | | 83 | 7.92 | UHC | Medicare | 6.89 | | | 7.99 | 4.5 | 83 | 78.85 fee schedule | |
| BKR CHG LIPASE, FLUID | 83690 | CPT | | | | both | | | 83 | 7.92 | Amerihealth | Medicare | 6.89 | | | | 4.5 | 83 | 78.85 fee schedule | |
| BKR CHG LIPASE, FLUID | 83690 | CPT | | | | both | | | 83 | 7.92 | Corrections | Corrections | 66.4 | 80 | | 12.34 | 4.5 | 83 | 78.85 percent of total billed charges | |
| BKR CHG LIPASE, FLUID | 83690 | CPT | | | | both | | | 83 | 7.92 | Horizon | Indemnity | 31.77 | 38.28 | | 12.66 | 4.5 | 83 | 78.85 percent of total billed charges | |
| BKR CHG LIPASE, FLUID | 83690 | CPT | | | | both | | | 83 | 7.92 | Consumer | Consumer | 78.85 | 95 | | | 4.5 | 83 | 78.85 percent of total billed charges | |
| BKR CHG LIPASE, FLUID | 83690 | CPT | | | | both | | | 83 | 7.92 | Aetna | Better Health | 26.19 | 31.55 | | 15.45 | 4.5 | 83 | 78.85 percent of total billed charges | |
| BKR CHG LIPASE, FLUID | 83690 | CPT | | | | both | | | 83 | 7.92 | Aetna | Medicare | 25.56 | 30.8 | | 8.72 | 4.5 | 83 | 78.85 percent of total billed charges | |
| BKR CHG LIPASE, FLUID | 83690 | CPT | | | | both | | | 83 | 7.92 | UHC | Medicaid | 4.5 | | | 14.68 | 4.5 | 83 | 78.85 fee schedule | |
| BKR CHG LIPASE, FLUID | 83690 | CPT | | | | both | | | 83 | 7.92 | Horizon | Medicare Blue | 24.9 | 30 | | 5.62 | 4.5 | 83 | 78.85 percent of total billed charges | |
| BKR CHG LIPASE, FLUID | 83690 | CPT | | | | both | | | 83 | 7.92 | First Trenton | First Trenton | 74.7 | 90 | | | 4.5 | 83 | 78.85 percent of total billed charges | |
| BKR CHG LIPASE, FLUID | 83690 | CPT | | | | both | | | 83 | 7.92 | Amerihealth | HMO/PPO | 10.8 | | | 8.57 | 4.5 | 83 | 78.85 fee schedule | |
| BKR CHG LIPASE, FLUID | 83690 | CPT | | | | both | | | 83 | 7.92 | WellPoint | WellPoint | 26.71 | 32.18 | | 12.93 | 4.5 | 83 | 78.85 percent of total billed charges | |
| BKR CHG LIPASE, FLUID | 83690 | CPT | | | | both | | | 83 | 7.92 | Horizon | MGD | 31.77 | 38.28 | | 13.95 | 4.5 | 83 | 78.85 percent of total billed charges | |
| BKR CHG LIPASE, FLUID | 83690 | CPT | | | | both | | | 83 | 7.92 | Aetna | Commercial | 31.54 | 38 | | 11.27 | 4.5 | 83 | 78.85 percent of total billed charges | |
| BKR CHG LIPASE, FLUID | 83690 | CPT | | | | both | | | 83 | 7.92 | First Health | First Health | 58.1 | 70 | | | 4.5 | 83 | 78.85 percent of total billed charges | |
| BKR CHG LIPASE, FLUID | 83690 | CPT | | | | both | | | 83 | 7.92 | Managed Care Inc | Managed Care Inc | 74.7 | 90 | | | 4.5 | 83 | 78.85 percent of total billed charges | |
| BKR CHG LIPASE, FLUID | 83690 | CPT | | | | both | | | 83 | 7.92 | Horizon | NJ Health | 8.82 | | | 4.57 | 4.5 | 83 | 78.85 fee schedule | |
| BKR CHG LIPASE, FLUID | 83690 | CPT | | | | both | | | 83 | 7.92 | Horizon | PPO | 31.77 | 38.28 | | 12.64 | 4.5 | 83 | 78.85 percent of total billed charges | |
| BKR CHG LIPASE, FLUID | 83690 | CPT | | | | both | | | 83 | 7.92 | Multiplan | Multiplan | 66.4 | 80 | | | 4.5 | 83 | 78.85 percent of total billed charges | |
| BKR CHG LIPASE, FLUID | 83690 | CPT | | | | both | | | 83 | 7.92 | Wellcare | Medicare | 6.89 | | | 6.46 | 4.5 | 83 | 78.85 fee schedule | |
| BKR CHG LIPASE, FLUID | 83690 | CPT | | | | both | | | 83 | 7.92 | Qualcare | Qualcare | 62.25 | 75 | | | 4.5 | 83 | 78.85 percent of total billed charges | |
| BKR CHG LIPASE, FLUID | 83690 | CPT | | | | both | | | 83 | 7.92 | Three Rivers | Three Rivers | 78.85 | 95 | | | 4.5 | 83 | 78.85 percent of total billed charges | |
| BKR CHG LIPASE, FLUID | 83690 | CPT | | | | both | | | 83 | 7.92 | Wellcare | Medicaid | 4.5 | | | 14.18 | 4.5 | 83 | 78.85 fee schedule | |
| BKR CHG LIPOPROTEIN (A) - | 83695 | CPT | | | | both | | | 100 | 16.47 | UHC | Medicaid | 11.46 | | | 14.9 | 9.66 | | 95 fee schedule | |
| BKR CHG LIPOPROTEIN (A) - | 83695 | CPT | | | | both | | | 100 | 16.47 | Corrections | Corrections | 80 | 80 | | | 9.66 | | 95 percent of total billed charges | |
| BKR CHG LIPOPROTEIN (A) - | 83695 | CPT | | | | both | | | 100 | 16.47 | Amerihealth | Medicare | 14.32 | | | | 9.66 | | 95 fee schedule | |
| BKR CHG LIPOPROTEIN (A) - | 83695 | CPT | | | | both | | | 100 | 16.47 | Aetna | Better Health | 31.55 | 31.55 | | | 9.66 | | 95 percent of total billed charges | |
| BKR CHG LIPOPROTEIN (A) - | 83695 | CPT | | | | both | | | 100 | 16.47 | Americare | Americare | 75 | 75 | | | 9.66 | | 95 percent of total billed charges | |
| BKR CHG LIPOPROTEIN (A) - | 83695 | CPT | | | | both | | | 100 | 16.47 | Consumer | Consumer | 95 | 95 | | | 9.66 | | 95 percent of total billed charges | |
| BKR CHG LIPOPROTEIN (A) - | 83695 | CPT | | | | both | | | 100 | 16.47 | Aetna | Medicare | 30.8 | 30.8 | | | 9.66 | | 95 percent of total billed charges | |
| BKR CHG LIPOPROTEIN (A) - | 83695 | CPT | | | | both | | | 100 | 16.47 | First Health | First Health | 70 | 70 | | | 9.66 | | 95 percent of total billed charges | |
| BKR CHG LIPOPROTEIN (A) - | 83695 | CPT | | | | both | | | 100 | 16.47 | Amerihealth | HMO/PPO | 9.66 | | | | 9.66 | | 95 fee schedule | |
| BKR CHG LIPOPROTEIN (A) - | 83695 | CPT | | | | both | | | 100 | 16.47 | Horizon | MGD | 38.28 | 38.28 | | 17.88 | 9.66 | | 95 percent of total billed charges | |
| BKR CHG LIPOPROTEIN (A) - | 83695 | CPT | | | | both | | | 100 | 16.47 | First Trenton | First Trenton | 90 | 90 | | | 9.66 | | 95 percent of total billed charges | |
| BKR CHG LIPOPROTEIN (A) - | 83695 | CPT | | | | both | | | 100 | 16.47 | Horizon | Medicare Blue | 30 | 30 | | | 9.66 | | 95 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG LIPOPROTEIN (A) - | 83695 | CPT | | | | both | | | 100 | 16.47 | Wellcare | Medicare | 14.32 | | | | 9.66 | | 95 fee schedule | |
| BKR CHG LIPOPROTEIN (A) - | 83695 | CPT | | | | both | | | 100 | 16.47 | Wellcare | Medicaid | 11.46 | | | | 9.66 | | 95 fee schedule | |
| BKR CHG LIPOPROTEIN (A) - | 83695 | CPT | | | | both | | | 100 | 16.47 | Horizon | Indemnity | 38.28 | 38.28 | | 23.92 | 9.66 | | 95 percent of total billed charges | |
| BKR CHG LIPOPROTEIN (A) - | 83695 | CPT | | | | both | | | 100 | 16.47 | Horizon | NJ Health | 16.58 | | | 2.07 | 9.66 | | 95 fee schedule | |
| BKR CHG LIPOPROTEIN (A) - | 83695 | CPT | | | | both | | | 100 | 16.47 | Managed Care Inc | Managed Care Inc | 90 | 90 | | | 9.66 | | 95 percent of total billed charges | |
| BKR CHG LIPOPROTEIN (A) - | 83695 | CPT | | | | both | | | 100 | 16.47 | WellPoint | WellPoint | 32.18 | 32.18 | | | 9.66 | | 95 percent of total billed charges | |
| BKR CHG LIPOPROTEIN (A) - | 83695 | CPT | | | | both | | | 100 | 16.47 | Horizon | PPO | 38.28 | 38.28 | | | 9.66 | | 95 percent of total billed charges | |
| BKR CHG LIPOPROTEIN (A) - | 83695 | CPT | | | | both | | | 100 | 16.47 | Multiplan | Multiplan | 80 | 80 | | | 9.66 | | 95 percent of total billed charges | |
| BKR CHG LIPOPROTEIN (A) - | 83695 | CPT | | | | both | | | 100 | 16.47 | Qualcare | Qualcare | 75 | 75 | | | 9.66 | | 95 percent of total billed charges | |
| BKR CHG LIPOPROTEIN (A) - | 83695 | CPT | | | | both | | | 100 | 16.47 | Three Rivers | Three Rivers | 95 | 95 | | | 9.66 | | 95 percent of total billed charges | |
| BKR CHG LIPOPROTEIN (A) - | 83695 | CPT | | | | both | | | 100 | 16.47 | UHC | Medicare | 14.32 | | | | 9.66 | | 95 fee schedule | |
| BKR CHG LP-PLA2 ACTIVITY | 83698 | CPT | | | | both | | | 672 | 53.26 | Aetna | Better Health | 212.02 | 31.55 | | | 37.05 | | 638.4 percent of total billed charges | |
| BKR CHG LP-PLA2 ACTIVITY | 83698 | CPT | | | | both | | | 672 | 53.26 | First Trenton | First Trenton | 604.8 | 90 | | | 37.05 | | 638.4 percent of total billed charges | |
| BKR CHG LP-PLA2 ACTIVITY | 83698 | CPT | | | | both | | | 672 | 53.26 | Corrections | Corrections | 537.6 | 80 | | | 37.05 | | 638.4 percent of total billed charges | |
| BKR CHG LP-PLA2 ACTIVITY | 83698 | CPT | | | | both | | | 672 | 53.26 | Horizon | MGD | 257.24 | 38.28 | | 28.24 | 37.05 | | 638.4 percent of total billed charges | |
| BKR CHG LP-PLA2 ACTIVITY | 83698 | CPT | | | | both | | | 672 | 53.26 | First Health | First Health | 470.4 | 70 | | | 37.05 | | 638.4 percent of total billed charges | |
| BKR CHG LP-PLA2 ACTIVITY | 83698 | CPT | | | | both | | | 672 | 53.26 | Aetna | Medicare | 206.98 | 30.8 | | | 37.05 | | 638.4 percent of total billed charges | |
| BKR CHG LP-PLA2 ACTIVITY | 83698 | CPT | | | | both | | | 672 | 53.26 | Americare | Americare | 504 | 75 | | | 37.05 | | 638.4 percent of total billed charges | |
| BKR CHG LP-PLA2 ACTIVITY | 83698 | CPT | | | | both | | | 672 | 53.26 | Horizon | NJ Health | 92.96 | | | 2.55 | 37.05 | | 638.4 fee schedule | |
| BKR CHG LP-PLA2 ACTIVITY | 83698 | CPT | | | | both | | | 672 | 53.26 | Horizon | Medicare Blue | 201.6 | 30 | | | 37.05 | | 638.4 percent of total billed charges | |
| BKR CHG LP-PLA2 ACTIVITY | 83698 | CPT | | | | both | | | 672 | 53.26 | Horizon | PPO | 257.24 | 38.28 | | | 37.05 | | 638.4 percent of total billed charges | |
| BKR CHG LP-PLA2 ACTIVITY | 83698 | CPT | | | | both | | | 672 | 53.26 | Horizon | Indemnity | 257.24 | 38.28 | | | 37.05 | | 638.4 percent of total billed charges | |
| BKR CHG LP-PLA2 ACTIVITY | 83698 | CPT | | | | both | | | 672 | 53.26 | Wellcare | Medicare | 46.31 | | | | 37.05 | | 638.4 fee schedule | |
| BKR CHG LP-PLA2 ACTIVITY | 83698 | CPT | | | | both | | | 672 | 53.26 | Multiplan | Multiplan | 537.6 | 80 | | | 37.05 | | 638.4 percent of total billed charges | |
| BKR CHG LP-PLA2 ACTIVITY | 83698 | CPT | | | | both | | | 672 | 53.26 | Amerihealth | HMO/PPO | 47.43 | | | | 37.05 | | 638.4 fee schedule | |
| BKR CHG LP-PLA2 ACTIVITY | 83698 | CPT | | | | both | | | 672 | 53.26 | Consumer | Consumer | 638.4 | 95 | | | 37.05 | | 638.4 percent of total billed charges | |
| BKR CHG LP-PLA2 ACTIVITY | 83698 | CPT | | | | both | | | 672 | 53.26 | Managed Care Inc | Managed Care Inc | 604.8 | 90 | | | 37.05 | | 638.4 percent of total billed charges | |
| BKR CHG LP-PLA2 ACTIVITY | 83698 | CPT | | | | both | | | 672 | 53.26 | Qualcare | Qualcare | 504 | 75 | | | 37.05 | | 638.4 percent of total billed charges | |
| BKR CHG LP-PLA2 ACTIVITY | 83698 | CPT | | | | both | | | 672 | 53.26 | Amerihealth | Medicare | 46.31 | | | | 37.05 | | 638.4 fee schedule | |
| BKR CHG LP-PLA2 ACTIVITY | 83698 | CPT | | | | both | | | 672 | 53.26 | Wellcare | Medicaid | 37.05 | | | | 37.05 | | 638.4 fee schedule | |
| BKR CHG LP-PLA2 ACTIVITY | 83698 | CPT | | | | both | | | 672 | 53.26 | UHC | Medicaid | 37.05 | | | 11.59 | 37.05 | | 638.4 fee schedule | |
| BKR CHG LP-PLA2 ACTIVITY | 83698 | CPT | | | | both | | | 672 | 53.26 | UHC | Medicare | 46.31 | | | | 37.05 | | 638.4 fee schedule | |
| BKR CHG LP-PLA2 ACTIVITY | 83698 | CPT | | | | both | | | 672 | 53.26 | Three Rivers | Three Rivers | 638.4 | 95 | | | 37.05 | | 638.4 percent of total billed charges | |
| BKR CHG LP-PLA2 ACTIVITY | 83698 | CPT | | | | both | | | 672 | 53.26 | WellPoint | WellPoint | 216.25 | 32.18 | | 24.84 | 37.05 | | 638.4 percent of total billed charges | |
| BKR CHG LIPOPROTEIN BLOOD | 83700 | CPT | | | | both | | | 37 | 12.95 | First Health | First Health | 25.9 | 70 | | | 8.4 | | 35.15 percent of total billed charges | |
| BKR CHG LIPOPROTEIN BLOOD | 83700 | CPT | | | | both | | | 37 | 12.95 | Americare | Americare | 27.75 | 75 | | | 8.4 | | 35.15 percent of total billed charges | |
| BKR CHG LIPOPROTEIN BLOOD | 83700 | CPT | | | | both | | | 37 | 12.95 | Aetna | Medicare | 11.4 | 30.8 | | | 8.4 | | 35.15 percent of total billed charges | |
| BKR CHG LIPOPROTEIN BLOOD | 83700 | CPT | | | | both | | | 37 | 12.95 | Aetna | Commercial | 14.06 | 38 | | | 8.4 | | 35.15 percent of total billed charges | |
| BKR CHG LIPOPROTEIN BLOOD | 83700 | CPT | | | | both | | | 37 | 12.95 | Consumer | Consumer | 35.15 | 95 | | | 8.4 | | 35.15 percent of total billed charges | |
| BKR CHG LIPOPROTEIN BLOOD | 83700 | CPT | | | | both | | | 37 | 12.95 | Horizon | Indemnity | 14.16 | 38.28 | | | 8.4 | | 35.15 percent of total billed charges | |
| BKR CHG LIPOPROTEIN BLOOD | 83700 | CPT | | | | both | | | 37 | 12.95 | First Trenton | First Trenton | 33.3 | 90 | | | 8.4 | | 35.15 percent of total billed charges | |
| BKR CHG LIPOPROTEIN BLOOD | 83700 | CPT | | | | both | | | 37 | 12.95 | Aetna | Better Health | 11.67 | 31.55 | | | 8.4 | | 35.15 percent of total billed charges | |
| BKR CHG LIPOPROTEIN BLOOD | 83700 | CPT | | | | both | | | 37 | 12.95 | Multiplan | Multiplan | 29.6 | 80 | | | 8.4 | | 35.15 percent of total billed charges | |
| BKR CHG LIPOPROTEIN BLOOD | 83700 | CPT | | | | both | | | 37 | 12.95 | Amerihealth | HMO/PPO | 8.4 | | | | 8.4 | | 35.15 fee schedule | |
| BKR CHG LIPOPROTEIN BLOOD | 83700 | CPT | | | | both | | | 37 | 12.95 | Horizon | MGD | 14.16 | 38.28 | | | 8.4 | | 35.15 percent of total billed charges | |
| BKR CHG LIPOPROTEIN BLOOD | 83700 | CPT | | | | both | | | 37 | 12.95 | UHC | Medicare | 11.26 | | | | 8.4 | | 35.15 fee schedule | |
| BKR CHG LIPOPROTEIN BLOOD | 83700 | CPT | | | | both | | | 37 | 12.95 | Corrections | Corrections | 29.6 | 80 | | | 8.4 | | 35.15 percent of total billed charges | |
| BKR CHG LIPOPROTEIN BLOOD | 83700 | CPT | | | | both | | | 37 | 12.95 | Horizon | PPO | 14.16 | 38.28 | | | 8.4 | | 35.15 percent of total billed charges | |
| BKR CHG LIPOPROTEIN BLOOD | 83700 | CPT | | | | both | | | 37 | 12.95 | Horizon | Medicare Blue | 11.1 | 30 | | | 8.4 | | 35.15 percent of total billed charges | |
| BKR CHG LIPOPROTEIN BLOOD | 83700 | CPT | | | | both | | | 37 | 12.95 | UHC | Medicaid | 9.01 | | | | 8.4 | | 35.15 fee schedule | |
| BKR CHG LIPOPROTEIN BLOOD | 83700 | CPT | | | | both | | | 37 | 12.95 | Three Rivers | Three Rivers | 35.15 | 95 | | | 8.4 | | 35.15 percent of total billed charges | |
| BKR CHG LIPOPROTEIN BLOOD | 83700 | CPT | | | | both | | | 37 | 12.95 | Amerihealth | Medicare | 11.26 | | | | 8.4 | | 35.15 fee schedule | |
| BKR CHG LIPOPROTEIN BLOOD | 83700 | CPT | | | | both | | | 37 | 12.95 | Qualcare | Qualcare | 27.75 | 75 | | | 8.4 | | 35.15 percent of total billed charges | |
| BKR CHG LIPOPROTEIN BLOOD | 83700 | CPT | | | | both | | | 37 | 12.95 | WellPoint | WellPoint | 11.91 | 32.18 | | | 8.4 | | 35.15 percent of total billed charges | |
| BKR CHG LIPOPROTEIN BLOOD | 83700 | CPT | | | | both | | | 37 | 12.95 | Horizon | NJ Health | 14.27 | | | | 8.4 | | 35.15 fee schedule | |
| BKR CHG LIPOPROTEIN BLOOD | 83700 | CPT | | | | both | | | 37 | 12.95 | Wellcare | Medicaid | 9.01 | | | | 8.4 | | 35.15 fee schedule | |
| BKR CHG LIPOPROTEIN BLOOD | 83700 | CPT | | | | both | | | 37 | 12.95 | Managed Care Inc | Managed Care Inc | 33.3 | 90 | | | 8.4 | | 35.15 percent of total billed charges | |
| BKR CHG LIPOPROTEIN BLOOD | 83700 | CPT | | | | both | | | 37 | 12.95 | Wellcare | Medicare | 11.26 | | | | 8.4 | | 35.15 fee schedule | |
| BKR CHG LIPOPROTEIN QUANT PARTICLE & SUBCL | 83704 | CPT | | | | outpatient | | | 53 | 39.32 | Aetna | Commercial | 20.14 | 38 | | | 15.9 | | 50.35 percent of total billed charges | |
| BKR CHG LIPOROTEIN QUANT PARTICLE & SUBCL | 83704 | CPT | | | | outpatient | | | 53 | 39.32 | Aetna | Medicare | 16.32 | 30.8 | | | 15.9 | | 50.35 percent of total billed charges | |
| BKR CHG LIPOROTEIN QUANT PARTICLE & SUBCL | 83704 | CPT | | | | outpatient | | | 53 | 39.32 | First Trenton | First Trenton | 47.7 | 90 | | | 15.9 | | 50.35 percent of total billed charges | |
| BKR CHG LIPOROTEIN QUANT PARTICLE & SUBCL | 83704 | CPT | | | | outpatient | | | 53 | 39.32 | Corrections | Corrections | 42.4 | 80 | | | 15.9 | | 50.35 percent of total billed charges | |
| BKR CHG LIPOROTEIN QUANT PARTICLE & SUBCL | 83704 | CPT | | | | outpatient | | | 53 | 39.32 | UHC | Medicare | 34.19 | | | | 15.9 | | 50.35 fee schedule | |
| BKR CHG LIPOROTEIN QUANT PARTICLE & SUBCL | 83704 | CPT | | | | outpatient | | | 53 | 39.32 | Aetna | Better Health | 16.72 | 31.55 | | | 15.9 | | 50.35 percent of total billed charges | |
| BKR CHG LIPOROTEIN QUANT PARTICLE & SUBCL | 83704 | CPT | | | | outpatient | | | 53 | 39.32 | Amerihealth | HMO/PPO | 23.54 | | | | 15.9 | | 50.35 fee schedule | |
| BKR CHG LIPOROTEIN QUANT PARTICLE & SUBCL | 83704 | CPT | | | | outpatient | | | 53 | 39.32 | Horizon | Indemnity | 20.29 | 38.28 | | | 15.9 | | 50.35 percent of total billed charges | |
| BKR CHG LIPOROTEIN QUANT PARTICLE & SUBCL | 83704 | CPT | | | | outpatient | | | 53 | 39.32 | Amerihealth | Medicare | 34.19 | | | | 15.9 | | 50.35 fee schedule | |
| BKR CHG LIPOROTEIN QUANT PARTICLE & SUBCL | 83704 | CPT | | | | outpatient | | | 53 | 39.32 | Americare | Americare | 39.75 | 75 | | | 15.9 | | 50.35 percent of total billed charges | |
| BKR CHG LIPOROTEIN QUANT PARTICLE & SUBCL | 83704 | CPT | | | | outpatient | | | 53 | 39.32 | Horizon | MGD | 20.29 | 38.28 | | | 15.9 | | 50.35 percent of total billed charges | |
| BKR CHG LIPOROTEIN QUANT PARTICLE & SUBCL | 83704 | CPT | | | | outpatient | | | 53 | 39.32 | Horizon | NJ Health | 40.47 | | | | 15.9 | | 50.35 fee schedule | |
| BKR CHG LIPOROTEIN QUANT PARTICLE & SUBCL | 83704 | CPT | | | | outpatient | | | 53 | 39.32 | Wellcare | Medicare | 34.19 | | | | 15.9 | | 50.35 fee schedule | |
| BKR CHG LIPOROTEIN QUANT PARTICLE & SUBCL | 83704 | CPT | | | | outpatient | | | 53 | 39.32 | First Health | First Health | 37.1 | 70 | | | 15.9 | | 50.35 percent of total billed charges | |
| BKR CHG LIPOROTEIN QUANT PARTICLE & SUBCL | 83704 | CPT | | | | outpatient | | | 53 | 39.32 | Horizon | PPO | 20.29 | 38.28 | | | 15.9 | | 50.35 percent of total billed charges | |
| BKR CHG LIPOROTEIN QUANT PARTICLE & SUBCL | 83704 | CPT | | | | outpatient | | | 53 | 39.32 | Multiplan | Multiplan | 42.4 | 80 | | | 15.9 | | 50.35 percent of total billed charges | |
| BKR CHG LIPOROTEIN QUANT PARTICLE & SUBCL | 83704 | CPT | | | | outpatient | | | 53 | 39.32 | WellPoint | WellPoint | 17.06 | 32.18 | | | 15.9 | | 50.35 percent of total billed charges | |
| BKR CHG LIPOROTEIN QUANT PARTICLE & SUBCL | 83704 | CPT | | | | outpatient | | | 53 | 39.32 | Consumer | Consumer | 50.35 | 95 | | | 15.9 | | 50.35 percent of total billed charges | |
| BKR CHG LIPOROTEIN QUANT PARTICLE & SUBCL | 83704 | CPT | | | | outpatient | | | 53 | 39.32 | Three Rivers | Three Rivers | 50.35 | 95 | | | 15.9 | | 50.35 percent of total billed charges | |
| BKR CHG LIPOROTEIN QUANT PARTICLE & SUBCL | 83704 | CPT | | | | outpatient | | | 53 | 39.32 | Managed Care Inc | Managed Care Inc | 47.7 | 90 | | | 15.9 | | 50.35 percent of total billed charges | |
| BKR CHG LIPOROTEIN QUANT PARTICLE & SUBCL | 83704 | CPT | | | | outpatient | | | 53 | 39.32 | Wellcare | Medicaid | 27.35 | | | | 15.9 | | 50.35 fee schedule | |
| BKR CHG LIPOROTEIN QUANT PARTICLE & SUBCL | 83704 | CPT | | | | outpatient | | | 53 | 39.32 | Horizon | Medicare Blue | 15.9 | 30 | | | 15.9 | | 50.35 percent of total billed charges | |
| BKR CHG LIPOROTEIN QUANT PARTICLE & SUBCL | 83704 | CPT | | | | outpatient | | | 53 | 39.32 | Qualcare | Qualcare | 39.75 | 75 | | | 15.9 | | 50.35 percent of total billed charges | |
| BKR CHG LIPOROTEIN QUANT PARTICLE & SUBCL | 83704 | CPT | | | | outpatient | | | 53 | 39.32 | UHC | Medicaid | 27.35 | | | | 15.9 | | 50.35 fee schedule | |
| BKR CHG LIPOPROTEIN DIRECT MEASUREMENT | 83718 | CPT | | | | both | | | 71 | 9.42 | UHC | Medicare | 8.19 | | | | 7.2 | | 67.45 fee schedule | |
| BKR CHG LIPOPROTEIN DIRECT MEASUREMENT | 83718 | CPT | | | | both | | | 71 | 9.42 | Americare | Americare | 53.25 | 75 | | | 7.2 | | 67.45 percent of total billed charges | |
| BKR CHG LIPOPROTEIN DIRECT MEASUREMENT | 83718 | CPT | | | | both | | | 71 | 9.42 | Amerihealth | Medicare | 8.19 | | | | 7.2 | | 67.45 fee schedule | |
| BKR CHG LIPOPROTEIN DIRECT MEASUREMENT | 83718 | CPT | | | | both | | | 71 | 9.42 | Aetna | Better Health | 22.4 | 31.55 | | | 7.2 | | 67.45 percent of total billed charges | |
| BKR CHG LIPOPROTEIN DIRECT MEASUREMENT | 83718 | CPT | | | | both | | | 71 | 9.42 | Amerihealth | HMO/PPO | 12.8 | | | | 7.2 | | 67.45 fee schedule | |
| BKR CHG LIPOPROTEIN DIRECT MEASUREMENT | 83718 | CPT | | | | both | | | 71 | 9.42 | Horizon | Indemnity | 27.18 | 38.28 | | 18.4 | 7.2 | | 67.45 percent of total billed charges | |
| BKR CHG LIPOPROTEIN DIRECT MEASUREMENT | 83718 | CPT | | | | both | | | 71 | 9.42 | Aetna | Medicare | 21.87 | 30.8 | | | 7.2 | | 67.45 percent of total billed charges | |
| BKR CHG LIPOPROTEIN DIRECT MEASUREMENT | 83718 | CPT | | | | both | | | 71 | 9.42 | Horizon | MGD | 27.18 | 38.28 | | 25.8 | 7.2 | | 67.45 percent of total billed charges | |
| BKR CHG LIPOPROTEIN DIRECT MEASUREMENT | 83718 | CPT | | | | both | | | 71 | 9.42 | Wellcare | Medicare | 8.19 | | | | 7.2 | | 67.45 fee schedule | |
| BKR CHG LIPOPROTEIN DIRECT MEASUREMENT | 83718 | CPT | | | | both | | | 71 | 9.42 | Horizon | Medicare Blue | 21.3 | 30 | | 8.47 | 7.2 | | 67.45 percent of total billed charges | |
| BKR CHG LIPOPROTEIN DIRECT MEASUREMENT | 83718 | CPT | | | | both | | | 71 | 9.42 | Consumer | Consumer | 67.45 | 95 | | | 7.2 | | 67.45 percent of total billed charges | |
| BKR CHG LIPOPROTEIN DIRECT MEASUREMENT | 83718 | CPT | | | | both | | | 71 | 9.42 | Multiplan | Multiplan | 56.8 | 80 | | | 7.2 | | 67.45 percent of total billed charges | |
| BKR CHG LIPOPROTEIN DIRECT MEASUREMENT | 83718 | CPT | | | | both | | | 71 | 9.42 | First Health | First Health | 49.7 | 70 | | | 7.2 | | 67.45 percent of total billed charges | |
| BKR CHG LIPOPROTEIN DIRECT MEASUREMENT | 83718 | CPT | | | | both | | | 71 | 9.42 | Wellcare | Medicaid | 8 | | | | 7.2 | | 67.45 fee schedule | |
| BKR CHG LIPOPROTEIN DIRECT MEASUREMENT | 83718 | CPT | | | | both | | | 71 | 9.42 | Corrections | Corrections | 56.8 | 80 | | | 7.2 | | 67.45 percent of total billed charges | |
| BKR CHG LIPOPROTEIN DIRECT MEASUREMENT | 83718 | CPT | | | | both | | | 71 | 9.42 | Qualcare | Qualcare | 53.25 | 75 | | | 7.2 | | 67.45 percent of total billed charges | |
| BKR CHG LIPOPROTEIN DIRECT MEASUREMENT | 83718 | CPT | | | | both | | | 71 | 9.42 | First Trenton | First Trenton | 63.9 | 90 | | | 7.2 | | 67.45 percent of total billed charges | |
| BKR CHG LIPOPROTEIN DIRECT MEASUREMENT | 83718 | CPT | | | | both | | | 71 | 9.42 | WellPoint | WellPoint | 22.85 | 32.18 | | 10.07 | 7.2 | | 67.45 percent of total billed charges | |
| BKR CHG LIPOPROTEIN DIRECT MEASUREMENT | 83718 | CPT | | | | both | | | 71 | 9.42 | Horizon | NJ Health | 15.68 | | | | 7.2 | | 67.45 fee schedule | |
| BKR CHG LIPOPROTEIN DIRECT MEASUREMENT | 83718 | CPT | | | | both | | | 71 | 9.42 | UHC | Medicaid | 8 | | | | 7.2 | | 67.45 fee schedule | |
| BKR CHG LIPOPROTEIN DIRECT MEASUREMENT | 83718 | CPT | | | | both | | | 71 | 9.42 | Horizon | PPO | 27.18 | 38.28 | | | 7.2 | | 67.45 percent of total billed charges | |
| BKR CHG LIPOPROTEIN DIRECT MEASUREMENT | 83718 | CPT | | | | both | | | 71 | 9.42 | Managed Care Inc | Managed Care Inc | 63.9 | 90 | | | 7.2 | | 67.45 percent of total billed charges | |
| BKR CHG LIPOPROTEIN DIRECT MEASUREMENT | 83718 | CPT | | | | both | | | 71 | 9.42 | Three Rivers | Three Rivers | 67.45 | 95 | | | 7.2 | | 67.45 percent of total billed charges | |
| BKR CHG LDL CHOLESTEROL DIRECT | 83721 | CPT | | | | both | | | 70 | 12.08 | Amerihealth | HMO/PPO | 12.8 | | | 9.41 | 8.38 | | 66.5 fee schedule | |
| BKR CHG LDL CHOLESTEROL DIRECT | 83721 | CPT | | | | both | | | 70 | 12.08 | Aetna | Medicare | 21.56 | 30.8 | | | 8.38 | | 66.5 percent of total billed charges | |
| BKR CHG LDL CHOLESTEROL DIRECT | 83721 | CPT | | | | both | | | 70 | 12.08 | Amerihealth | Medicare | 10.5 | | | | 8.38 | | 66.5 fee schedule | |
| BKR CHG LDL CHOLESTEROL DIRECT | 83721 | CPT | | | | both | | | 70 | 12.08 | First Health | First Health | 49 | 70 | | | 8.38 | | 66.5 percent of total billed charges | |
| BKR CHG LDL CHOLESTEROL DIRECT | 83721 | CPT | | | | both | | | 70 | 12.08 | Multiplan | Multiplan | 56 | 80 | | | 8.38 | | 66.5 percent of total billed charges | |
| BKR CHG LDL CHOLESTEROL DIRECT | 83721 | CPT | | | | both | | | 70 | 12.08 | UHC | Medicaid | 8.38 | | | 10.07 | 8.38 | | 66.5 fee schedule | |
| BKR CHG LDL CHOLESTEROL DIRECT | 83721 | CPT | | | | both | | | 70 | 12.08 | Americare | Americare | 52.5 | 75 | | | 8.38 | | 66.5 percent of total billed charges | |
| BKR CHG LDL CHOLESTEROL DIRECT | 83721 | CPT | | | | both | | | 70 | 12.08 | Aetna | Better Health | 22.09 | 31.55 | | | 8.38 | | 66.5 percent of total billed charges | |
| BKR CHG LDL CHOLESTEROL DIRECT | 83721 | CPT | | | | both | | | 70 | 12.08 | Horizon | NJ Health | 19.6 | | | 1.65 | 8.38 | | 66.5 fee schedule | |
| BKR CHG LDL CHOLESTEROL DIRECT | 83721 | CPT | | | | both | | | 70 | 12.08 | Horizon | MGD | 26.8 | 38.28 | | 17.24 | 8.38 | | 66.5 percent of total billed charges | |
| BKR CHG LDL CHOLESTEROL DIRECT | 83721 | CPT | | | | both | | | 70 | 12.08 | Consumer | Consumer | 66.5 | 95 | | | 8.38 | | 66.5 percent of total billed charges | |
| BKR CHG LDL CHOLESTEROL DIRECT | 83721 | CPT | | | | both | | | 70 | 12.08 | Horizon | Indemnity | 26.8 | 38.28 | | | 8.38 | | 66.5 percent of total billed charges | |
| BKR CHG LDL CHOLESTEROL DIRECT | 83721 | CPT | | | | both | | | 70 | 12.08 | Qualcare | Qualcare | 52.5 | 75 | | | 8.38 | | 66.5 percent of total billed charges | |
| BKR CHG LDL CHOLESTEROL DIRECT | 83721 | CPT | | | | both | | | 70 | 12.08 | First Trenton | First Trenton | 63 | 90 | | | 8.38 | | 66.5 percent of total billed charges | |
| BKR CHG LDL CHOLESTEROL DIRECT | 83721 | CPT | | | | both | | | 70 | 12.08 | WellPoint | WellPoint | 22.53 | 32.18 | | 5.17 | 8.38 | | 66.5 percent of total billed charges | |
| BKR CHG LDL CHOLESTEROL DIRECT | 83721 | CPT | | | | both | | | 70 | 12.08 | Corrections | Corrections | 56 | 80 | | | 8.38 | | 66.5 percent of total billed charges | |
| BKR CHG LDL CHOLESTEROL DIRECT | 83721 | CPT | | | | both | | | 70 | 12.08 | Wellcare | Medicaid | 8.38 | | | 11.47 | 8.38 | | 66.5 fee schedule | |
| BKR CHG LDL CHOLESTEROL DIRECT | 83721 | CPT | | | | both | | | 70 | 12.08 | Managed Care Inc | Managed Care Inc | 63 | 90 | | | 8.38 | | 66.5 percent of total billed charges | |
| BKR CHG LDL CHOLESTEROL DIRECT | 83721 | CPT | | | | both | | | 70 | 12.08 | Horizon | Medicare Blue | 21 | 30 | | 6.13 | 8.38 | | 66.5 percent of total billed charges | |
| BKR CHG LDL CHOLESTEROL DIRECT | 83721 | CPT | | | | both | | | 70 | 12.08 | Three Rivers | Three Rivers | 66.5 | 95 | | | 8.38 | | 66.5 percent of total billed charges | |
| BKR CHG LDL CHOLESTEROL DIRECT | 83721 | CPT | | | | both | | | 70 | 12.08 | Horizon | PPO | 26.8 | 38.28 | | 1.84 | 8.38 | | 66.5 percent of total billed charges | |
| BKR CHG LDL CHOLESTEROL DIRECT | 83721 | CPT | | | | both | | | 70 | 12.08 | UHC | Medicare | 10.5 | | | 8.68 | 8.38 | | 66.5 fee schedule | |
| BKR CHG LDL CHOLESTEROL DIRECT | 83721 | CPT | | | | both | | | 70 | 12.08 | Wellcare | Medicare | 10.5 | | | 10.2 | 8.38 | | 66.5 fee schedule | |
| BKR CHG GONADOTROPIN RELEASE HORM | 83727 | CPT | | | | outpatient | | | 990 | 19.77 | Aetna | Better Health | 312.35 | 31.55 | | | 17 | | 940.5 percent of total billed charges | |
| BKR CHG GONADOTROPIN RELEASE HORM | 83727 | CPT | | | | outpatient | | | 990 | 19.77 | Aetna | Medicare | 304.92 | 30.8 | | | 17 | | 940.5 percent of total billed charges | |
| BKR CHG GONADOTROPIN RELEASE HORM | 83727 | CPT | | | | outpatient | | | 990 | 19.77 | WellPoint | WellPoint | 318.58 | 32.18 | | | 17 | | 940.5 percent of total billed charges | |
| BKR CHG GONADOTROPIN RELEASE HORM | 83727 | CPT | | | | outpatient | | | 990 | 19.77 | Americare | Americare | 742.5 | 75 | | | 17 | | 940.5 percent of total billed charges | |
| BKR CHG GONADOTROPIN RELEASE HORM | 83727 | CPT | | | | outpatient | | | 990 | 19.77 | Amerihealth | Medicare | 17.19 | | | | 17 | | 940.5 fee schedule | |
| BKR CHG GONADOTROPIN RELEASE HORM | 83727 | CPT | | | | outpatient | | | 990 | 19.77 | Corrections | Corrections | 792 | 80 | | | 17 | | 940.5 percent of total billed charges | |
| BKR CHG GONADOTROPIN RELEASE HORM | 83727 | CPT | | | | outpatient | | | 990 | 19.77 | First Trenton | First Trenton | 891 | 90 | | | 17 | | 940.5 percent of total billed charges | |
| BKR CHG GONADOTROPIN RELEASE HORM | 83727 | CPT | | | | outpatient | | | 990 | 19.77 | Consumer | Consumer | 940.5 | 95 | | | 17 | | 940.5 percent of total billed charges | |
| BKR CHG GONADOTROPIN RELEASE HORM | 83727 | CPT | | | | outpatient | | | 990 | 19.77 | Amerihealth | HMO/PPO | 26.8 | | | | 17 | | 940.5 fee schedule | |
| BKR CHG GONADOTROPIN RELEASE HORM | 83727 | CPT | | | | outpatient | | | 990 | 19.77 | Horizon | MGD | 378.97 | 38.28 | | | 17 | | 940.5 percent of total billed charges | |
| BKR CHG GONADOTROPIN RELEASE HORM | 83727 | CPT | | | | outpatient | | | 990 | 19.77 | Horizon | PPO | 378.97 | 38.28 | | | 17 | | 940.5 percent of total billed charges | |
| BKR CHG GONADOTROPIN RELEASE HORM | 83727 | CPT | | | | outpatient | | | 990 | 19.77 | Multiplan | Multiplan | 792 | 80 | | | 17 | | 940.5 percent of total billed charges | |
| BKR CHG GONADOTROPIN RELEASE HORM | 83727 | CPT | | | | outpatient | | | 990 | 19.77 | First Health | First Health | 693 | 70 | | | 17 | | 940.5 percent of total billed charges | |
| BKR CHG GONADOTROPIN RELEASE HORM | 83727 | CPT | | | | outpatient | | | 990 | 19.77 | UHC | Medicaid | 17 | | | | 17 | | 940.5 fee schedule | |
| BKR CHG GONADOTROPIN RELEASE HORM | 83727 | CPT | | | | outpatient | | | 990 | 19.77 | Managed Care Inc | Managed Care Inc | 891 | 90 | | | 17 | | 940.5 percent of total billed charges | |
| BKR CHG GONADOTROPIN RELEASE HORM | 83727 | CPT | | | | outpatient | | | 990 | 19.77 | Horizon | Indemnity | 378.97 | 38.28 | | | 17 | | 940.5 percent of total billed charges | |
| BKR CHG GONADOTROPIN RELEASE HORM | 83727 | CPT | | | | outpatient | | | 990 | 19.77 | UHC | Medicare | 17.19 | | | | 17 | | 940.5 fee schedule | |
| BKR CHG GONADOTROPIN RELEASE HORM | 83727 | CPT | | | | outpatient | | | 990 | 19.77 | Wellcare | Medicare | 17.19 | | | | 17 | | 940.5 fee schedule | |
| BKR CHG GONADOTROPIN RELEASE HORM | 83727 | CPT | | | | outpatient | | | 990 | 19.77 | Qualcare | Qualcare | 742.5 | 75 | | | 17 | | 940.5 percent of total billed charges | |
| BKR CHG GONADOTROPIN RELEASE HORM | 83727 | CPT | | | | outpatient | | | 990 | 19.77 | Horizon | Medicare Blue | 297 | 30 | | | 17 | | 940.5 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG GONADOTROPIN RELEASE HORM | 83727 | CPT | | | | outpatient | | | 990 | 19.77 | Horizon | NJ Health | 33.32 | | | | 17 | 940.5 | fee schedule | |
| BKR CHG GONADOTROPIN RELEASE HORM | 83727 | CPT | | | | outpatient | | | 990 | 19.77 | Three Rivers | Three Rivers | 940.5 | 95 | | | 17 | 940.5 | percnt of total billed charges | |
| BKR CHG GONADOTROPIN RELEASE HORM | 83727 | CPT | | | | outpatient | | | 990 | 19.77 | Wellcare | Medicaid | 17 | | | | 17 | 940.5 | fee schedule | |
| BKR CHG URINE MAGNESIUM 24 HR | 83735 | CPT | | | | both | | | 128 | 7.71 | Aetna | Better Health | 40.38 | 31.55 | | 12 | 4.5 | 121.6 | percent of total billed charges | |
| BKR CHG URINE MAGNESIUM 24 HR | 83735 | CPT | | | | both | | | 128 | 7.71 | Horizon | MGD | 49 | 38.28 | | 11 | 4.5 | 121.6 | percent of total billed charges | |
| BKR CHG URINE MAGNESIUM 24 HR | 83735 | CPT | | | | both | | | 128 | 7.71 | Amerihealth | HMO/PPO | 10.5 | | | 4.7 | 4.5 | 121.6 | fee schedule | |
| BKR CHG URINE MAGNESIUM 24 HR | 83735 | CPT | | | | both | | | 128 | 7.71 | Multiplan | Multiplan | 102.4 | 80 | | | 4.5 | 121.6 | percent of total billed charges | |
| BKR CHG URINE MAGNESIUM 24 HR | 83735 | CPT | | | | both | | | 128 | 7.71 | Aetna | Medicare | 39.42 | 30.8 | | 6.43 | 4.5 | 121.6 | percent of total billed charges | |
| BKR CHG URINE MAGNESIUM 24 HR | 83735 | CPT | | | | both | | | 128 | 7.71 | Americare | Americare | 96 | 75 | | | 4.5 | 121.6 | percent of total billed charges | |
| BKR CHG URINE MAGNESIUM 24 HR | 83735 | CPT | | | | both | | | 128 | 7.71 | Corrections | Corrections | 102.4 | 80 | | 9.21 | 4.5 | 121.6 | percent of total billed charges | |
| BKR CHG URINE MAGNESIUM 24 HR | 83735 | CPT | | | | both | | | 128 | 7.71 | UHC | Medicaid | 4.5 | | | 12.3 | 4.5 | 121.6 | fee schedule | |
| BKR CHG URINE MAGNESIUM 24 HR | 83735 | CPT | | | | both | | | 128 | 7.71 | Amerihealth | Medicare | 6.7 | | | | 4.5 | 121.6 | fee schedule | |
| BKR CHG URINE MAGNESIUM 24 HR | 83735 | CPT | | | | both | | | 128 | 7.71 | Horizon | PPO | 49 | 38.28 | | 11.86 | 4.5 | 121.6 | percent of total billed charges | |
| BKR CHG URINE MAGNESIUM 24 HR | 83735 | CPT | | | | both | | | 128 | 7.71 | First Health | First Health | 89.6 | 70 | | | 4.5 | 121.6 | percent of total billed charges | |
| BKR CHG URINE MAGNESIUM 24 HR | 83735 | CPT | | | | both | | | 128 | 7.71 | Qualcare | Qualcare | 96 | 75 | | | 4.5 | 121.6 | percent of total billed charges | |
| BKR CHG URINE MAGNESIUM 24 HR | 83735 | CPT | | | | both | | | 128 | 7.71 | Consumer | Consumer | 121.6 | 95 | | | 4.5 | 121.6 | percent of total billed charges | |
| BKR CHG URINE MAGNESIUM 24 HR | 83735 | CPT | | | | both | | | 128 | 7.71 | Wellcare | Medicaid | 4.5 | | | 11.6 | 4.5 | 121.6 | fee schedule | |
| BKR CHG URINE MAGNESIUM 24 HR | 83735 | CPT | | | | both | | | 128 | 7.71 | First Trenton | First Trenton | 115.2 | 90 | | | 4.5 | 121.6 | percent of total billed charges | |
| BKR CHG URINE MAGNESIUM 24 HR | 83735 | CPT | | | | both | | | 128 | 7.71 | Wellcare | Medicare | 6.7 | | | 6.39 | 4.5 | 121.6 | fee schedule | |
| BKR CHG URINE MAGNESIUM 24 HR | 83735 | CPT | | | | both | | | 128 | 7.71 | Horizon | Medicare Blue | 38.4 | 30 | | 5.87 | 4.5 | 121.6 | percent of total billed charges | |
| BKR CHG URINE MAGNESIUM 24 HR | 83735 | CPT | | | | both | | | 128 | 7.71 | UHC | Medicare | 6.7 | | | 6.48 | 4.5 | 121.6 | fee schedule | |
| BKR CHG URINE MAGNESIUM 24 HR | 83735 | CPT | | | | both | | | 128 | 7.71 | Horizon | Indemnity | 49 | 38.28 | | 10.95 | 4.5 | 121.6 | percent of total billed charges | |
| BKR CHG URINE MAGNESIUM 24 HR | 83735 | CPT | | | | both | | | 128 | 7.71 | WellPoint | WellPoint | 41.19 | 32.18 | | 10 | 4.5 | 121.6 | percent of total billed charges | |
| BKR CHG URINE MAGNESIUM 24 HR | 83735 | CPT | | | | both | | | 128 | 7.71 | Horizon | NJ Health | 8.82 | | | 3.55 | 4.5 | 121.6 | fee schedule | |
| BKR CHG URINE MAGNESIUM 24 HR | 83735 | CPT | | | | both | | | 128 | 7.71 | Managed Care Inc | Managed Care Inc | 115.2 | 90 | | | 4.5 | 121.6 | percent of total billed charges | |
| BKR CHG URINE MAGNESIUM 24 HR | 83735 | CPT | | | | both | | | 128 | 7.71 | Three Rivers | Three Rivers | 121.6 | 95 | | | 4.5 | 121.6 | percent of total billed charges | |
| BKR CHG MANGANESE, BLOOD | 83785 | CPT | | | | both | | | 421 | 30.65 | Consumer | Consumer | 399.95 | 95 | | | 12.3 | 399.95 | percent of total billed charges | |
| BKR CHG MANGANESE, BLOOD | 83785 | CPT | | | | both | | | 421 | 30.65 | First Trenton | First Trenton | 378.9 | 90 | | | 12.3 | 399.95 | percent of total billed charges | |
| BKR CHG MANGANESE, BLOOD | 83785 | CPT | | | | both | | | 421 | 30.65 | Amerihealth | Medicare | 26.65 | | | | 12.3 | 399.95 | fee schedule | |
| BKR CHG MANGANESE, BLOOD | 83785 | CPT | | | | both | | | 421 | 30.65 | UHC | Medicaid | 12.99 | | | | 12.3 | 399.95 | fee schedule | |
| BKR CHG MANGANESE, BLOOD | 83785 | CPT | | | | both | | | 421 | 30.65 | First Health | First Health | 294.7 | 70 | | | 12.3 | 399.95 | percent of total billed charges | |
| BKR CHG MANGANESE, BLOOD | 83785 | CPT | | | | both | | | 421 | 30.65 | Corrections | Corrections | 336.8 | 80 | | | 12.3 | 399.95 | percent of total billed charges | |
| BKR CHG MANGANESE, BLOOD | 83785 | CPT | | | | both | | | 421 | 30.65 | Aetna | Better Health | 132.83 | 31.55 | | | 12.3 | 399.95 | percent of total billed charges | |
| BKR CHG MANGANESE, BLOOD | 83785 | CPT | | | | both | | | 421 | 30.65 | Aetna | Medicare | 129.67 | 30.8 | | | 12.3 | 399.95 | percent of total billed charges | |
| BKR CHG MANGANESE, BLOOD | 83785 | CPT | | | | both | | | 421 | 30.65 | Multiplan | Multiplan | 336.8 | 80 | | | 12.3 | 399.95 | percent of total billed charges | |
| BKR CHG MANGANESE, BLOOD | 83785 | CPT | | | | both | | | 421 | 30.65 | Horizon | Indemnity | 161.16 | 38.28 | | | 12.3 | 399.95 | percent of total billed charges | |
| BKR CHG MANGANESE, BLOOD | 83785 | CPT | | | | both | | | 421 | 30.65 | Wellcare | Medicaid | 12.99 | | | | 12.3 | 399.95 | fee schedule | |
| BKR CHG MANGANESE, BLOOD | 83785 | CPT | | | | both | | | 421 | 30.65 | Americare | Americare | 315.75 | 75 | | | 12.3 | 399.95 | percent of total billed charges | |
| BKR CHG MANGANESE, BLOOD | 83785 | CPT | | | | both | | | 421 | 30.65 | Qualcare | Qualcare | 315.75 | 75 | | | 12.3 | 399.95 | percent of total billed charges | |
| BKR CHG MANGANESE, BLOOD | 83785 | CPT | | | | both | | | 421 | 30.65 | Horizon | Medicare Blue | 126.3 | 30 | | | 12.3 | 399.95 | percent of total billed charges | |
| BKR CHG MANGANESE, BLOOD | 83785 | CPT | | | | both | | | 421 | 30.65 | Wellcare | Medicare | 26.65 | | | | 12.3 | 399.95 | fee schedule | |
| BKR CHG MANGANESE, BLOOD | 83785 | CPT | | | | both | | | 421 | 30.65 | Amerihealth | HMO/PPO | 12.3 | | | | 12.3 | 399.95 | fee schedule | |
| BKR CHG MANGANESE, BLOOD | 83785 | CPT | | | | both | | | 421 | 30.65 | UHC | Medicare | 26.65 | | | | 12.3 | 399.95 | fee schedule | |
| BKR CHG MANGANESE, BLOOD | 83785 | CPT | | | | both | | | 421 | 30.65 | Horizon | NJ Health | 68.6 | | | | 12.3 | 399.95 | fee schedule | |
| BKR CHG MANGANESE, BLOOD | 83785 | CPT | | | | both | | | 421 | 30.65 | WellPoint | WellPoint | 135.48 | 32.18 | | | 12.3 | 399.95 | percent of total billed charges | |
| BKR CHG MANGANESE, BLOOD | 83785 | CPT | | | | both | | | 421 | 30.65 | Horizon | MGD | 161.16 | 38.28 | | | 12.3 | 399.95 | percent of total billed charges | |
| BKR CHG MANGANESE, BLOOD | 83785 | CPT | | | | both | | | 421 | 30.65 | Horizon | PPO | 161.16 | 38.28 | | | 12.3 | 399.95 | percent of total billed charges | |
| BKR CHG MANGANESE, BLOOD | 83785 | CPT | | | | both | | | 421 | 30.65 | Managed Care Inc | Managed Care Inc | 378.9 | 90 | | | 12.3 | 399.95 | percent of total billed charges | |
| BKR CHG MANGANESE, BLOOD | 83785 | CPT | | | | both | | | 421 | 30.65 | Three Rivers | Three Rivers | 399.95 | 95 | | | 12.3 | 399.95 | percent of total billed charges | |
| BKR CHG N-METHYLHISTAMINE URINE | 83789 | CPT | | | | outpatient | | | 899 | 27.73 | Amerihealth | Medicare | 24.11 | | | | 4.4 | 854.05 | fee schedule | |
| BKR CHG N-METHYLHISTAMINE URINE | 83789 | CPT | | | | outpatient | | | 899 | 27.73 | Horizon | MGD | 344.14 | 38.28 | | | 4.4 | 854.05 | percent of total billed charges | |
| BKR CHG N-METHYLHISTAMINE URINE | 83789 | CPT | | | | outpatient | | | 899 | 27.73 | Aetna | Better Health | 283.63 | 31.55 | | | 4.4 | 854.05 | percent of total billed charges | |
| BKR CHG N-METHYLHISTAMINE URINE | 83789 | CPT | | | | outpatient | | | 899 | 27.73 | Corrections | Corrections | 719.2 | 80 | | | 4.4 | 854.05 | percent of total billed charges | |
| BKR CHG N-METHYLHISTAMINE URINE | 83789 | CPT | | | | outpatient | | | 899 | 27.73 | Qualcare | Qualcare | 674.25 | 75 | | | 4.4 | 854.05 | percent of total billed charges | |
| BKR CHG N-METHYLHISTAMINE URINE | 83789 | CPT | | | | outpatient | | | 899 | 27.73 | Amerihealth | HMO/PPO | 25 | | | | 4.4 | 854.05 | fee schedule | |
| BKR CHG N-METHYLHISTAMINE URINE | 83789 | CPT | | | | outpatient | | | 899 | 27.73 | Aetna | Medicare | 276.89 | 30.8 | | | 4.4 | 854.05 | percent of total billed charges | |
| BKR CHG N-METHYLHISTAMINE URINE | 83789 | CPT | | | | outpatient | | | 899 | 27.73 | Americare | Americare | 674.25 | 75 | | | 4.4 | 854.05 | percent of total billed charges | |
| BKR CHG N-METHYLHISTAMINE URINE | 83789 | CPT | | | | outpatient | | | 899 | 27.73 | First Health | First Health | 629.3 | 70 | | | 4.4 | 854.05 | percent of total billed charges | |
| BKR CHG N-METHYLHISTAMINE URINE | 83789 | CPT | | | | outpatient | | | 899 | 27.73 | First Trenton | First Trenton | 809.1 | 90 | | | 4.4 | 854.05 | percent of total billed charges | |
| BKR CHG N-METHYLHISTAMINE URINE | 83789 | CPT | | | | outpatient | | | 899 | 27.73 | Consumer | Consumer | 854.05 | 95 | | | 4.4 | 854.05 | percent of total billed charges | |
| BKR CHG N-METHYLHISTAMINE URINE | 83789 | CPT | | | | outpatient | | | 899 | 27.73 | Horizon | Indemnity | 344.14 | 38.28 | | | 4.4 | 854.05 | percent of total billed charges | |
| BKR CHG N-METHYLHISTAMINE URINE | 83789 | CPT | | | | outpatient | | | 899 | 27.73 | WellPoint | WellPoint | 289.3 | 32.18 | | | 4.4 | 854.05 | percent of total billed charges | |
| BKR CHG N-METHYLHISTAMINE URINE | 83789 | CPT | | | | outpatient | | | 899 | 27.73 | Horizon | NJ Health | 20.05 | | | | 4.4 | 854.05 | fee schedule | |
| BKR CHG N-METHYLHISTAMINE URINE | 83789 | CPT | | | | outpatient | | | 899 | 27.73 | Wellcare | Medicaid | 4.4 | | | | 4.4 | 854.05 | fee schedule | |
| BKR CHG N-METHYLHISTAMINE URINE | 83789 | CPT | | | | outpatient | | | 899 | 27.73 | Horizon | Medicare Blue | 269.7 | 30 | | | 4.4 | 854.05 | percent of total billed charges | |
| BKR CHG N-METHYLHISTAMINE URINE | 83789 | CPT | | | | outpatient | | | 899 | 27.73 | Multiplan | Multiplan | 719.2 | 80 | | | 4.4 | 854.05 | percent of total billed charges | |
| BKR CHG N-METHYLHISTAMINE URINE | 83789 | CPT | | | | outpatient | | | 899 | 27.73 | Managed Care Inc | Managed Care Inc | 809.1 | 90 | | | 4.4 | 854.05 | percent of total billed charges | |
| BKR CHG N-METHYLHISTAMINE URINE | 83789 | CPT | | | | outpatient | | | 899 | 27.73 | Wellcare | Medicare | 24.11 | | | | 4.4 | 854.05 | fee schedule | |
| BKR CHG N-METHYLHISTAMINE URINE | 83789 | CPT | | | | outpatient | | | 899 | 27.73 | Horizon | PPO | 344.14 | 38.28 | | | 4.4 | 854.05 | percent of total billed charges | |
| BKR CHG N-METHYLHISTAMINE URINE | 83789 | CPT | | | | outpatient | | | 899 | 27.73 | UHC | Medicare | 24.11 | | | | 4.4 | 854.05 | fee schedule | |
| BKR CHG N-METHYLHISTAMINE URINE | 83789 | CPT | | | | outpatient | | | 899 | 27.73 | Three Rivers | Three Rivers | 854.05 | 95 | | | 4.4 | 854.05 | percent of total billed charges | |
| BKR CHG N-METHYLHISTAMINE URINE | 83789 | CPT | | | | outpatient | | | 899 | 27.73 | UHC | Medicaid | 4.4 | | | | 4.4 | 854.05 | fee schedule | |
| BKR CHG MERCURY, WHOLE BLOOD | 83825 | CPT | | | | both | | | 285 | 18.7 | Americare | Americare | 213.75 | 75 | | | 7.8 | 270.75 | percent of total billed charges | |
| BKR CHG MERCURY, WHOLE BLOOD | 83825 | CPT | | | | both | | | 285 | 18.7 | Aetna | Commercial | 108.3 | 38 | | | 7.8 | 270.75 | percent of total billed charges | |
| BKR CHG MERCURY, WHOLE BLOOD | 83825 | CPT | | | | both | | | 285 | 18.7 | Horizon | PPO | 109.1 | 38.28 | | 15.24 | 7.8 | 270.75 | percent of total billed charges | |
| BKR CHG MERCURY, WHOLE BLOOD | 83825 | CPT | | | | both | | | 285 | 18.7 | Amerihealth | HMO/PPO | 25.2 | | | | 7.8 | 270.75 | fee schedule | |
| BKR CHG MERCURY, WHOLE BLOOD | 83825 | CPT | | | | both | | | 285 | 18.7 | Consumer | Consumer | 270.75 | 95 | | | 7.8 | 270.75 | percent of total billed charges | |
| BKR CHG MERCURY, WHOLE BLOOD | 83825 | CPT | | | | both | | | 285 | 18.7 | UHC | Medicare | 16.26 | | | | 7.8 | 270.75 | fee schedule | |
| BKR CHG MERCURY, WHOLE BLOOD | 83825 | CPT | | | | both | | | 285 | 18.7 | First Trenton | First Trenton | 256.5 | 90 | | | 7.8 | 270.75 | percent of total billed charges | |
| BKR CHG MERCURY, WHOLE BLOOD | 83825 | CPT | | | | both | | | 285 | 18.7 | Aetna | Better Health | 89.92 | 31.55 | | | 7.8 | 270.75 | percent of total billed charges | |
| BKR CHG MERCURY, WHOLE BLOOD | 83825 | CPT | | | | both | | | 285 | 18.7 | Multiplan | Multiplan | 228 | 80 | | | 7.8 | 270.75 | percent of total billed charges | |
| BKR CHG MERCURY, WHOLE BLOOD | 83825 | CPT | | | | both | | | 285 | 18.7 | Aetna | Medicare | 87.78 | 30.8 | | | 7.8 | 270.75 | percent of total billed charges | |
| BKR CHG MERCURY, WHOLE BLOOD | 83825 | CPT | | | | both | | | 285 | 18.7 | Qualcare | Qualcare | 213.75 | 75 | | | 7.8 | 270.75 | percent of total billed charges | |
| BKR CHG MERCURY, WHOLE BLOOD | 83825 | CPT | | | | both | | | 285 | 18.7 | Amerihealth | Medicare | 16.26 | | | | 7.8 | 270.75 | fee schedule | |
| BKR CHG MERCURY, WHOLE BLOOD | 83825 | CPT | | | | both | | | 285 | 18.7 | Corrections | Corrections | 228 | 80 | | | 7.8 | 270.75 | percent of total billed charges | |
| BKR CHG MERCURY, WHOLE BLOOD | 83825 | CPT | | | | both | | | 285 | 18.7 | Wellcare | Medicare | 16.26 | | | | 7.8 | 270.75 | fee schedule | |
| BKR CHG MERCURY, WHOLE BLOOD | 83825 | CPT | | | | both | | | 285 | 18.7 | Horizon | Medicare Blue | 85.5 | 30 | | | 7.8 | 270.75 | percent of total billed charges | |
| BKR CHG MERCURY, WHOLE BLOOD | 83825 | CPT | | | | both | | | 285 | 18.7 | WellPoint | WellPoint | 91.71 | 32.18 | | 15.9 | 7.8 | 270.75 | percent of total billed charges | |
| BKR CHG MERCURY, WHOLE BLOOD | 83825 | CPT | | | | both | | | 285 | 18.7 | Three Rivers | Three Rivers | 270.75 | 95 | | | 7.8 | 270.75 | percent of total billed charges | |
| BKR CHG MERCURY, WHOLE BLOOD | 83825 | CPT | | | | both | | | 285 | 18.7 | Horizon | MGD | 109.1 | 38.28 | | | 7.8 | 270.75 | percent of total billed charges | |
| BKR CHG MERCURY, WHOLE BLOOD | 83825 | CPT | | | | both | | | 285 | 18.7 | Managed Care Inc | Managed Care Inc | 256.5 | 90 | | | 7.8 | 270.75 | percent of total billed charges | |
| BKR CHG MERCURY, WHOLE BLOOD | 83825 | CPT | | | | both | | | 285 | 18.7 | First Health | First Health | 199.5 | 70 | | | 7.8 | 270.75 | percent of total billed charges | |
| BKR CHG MERCURY, WHOLE BLOOD | 83825 | CPT | | | | both | | | 285 | 18.7 | Horizon | Indemnity | 109.1 | 38.28 | | | 7.8 | 270.75 | percent of total billed charges | |
| BKR CHG MERCURY, WHOLE BLOOD | 83825 | CPT | | | | both | | | 285 | 18.7 | UHC | Medicaid | 8.4 | | | 17.21 | 7.8 | 270.75 | fee schedule | |
| BKR CHG MERCURY, WHOLE BLOOD | 83825 | CPT | | | | both | | | 285 | 18.7 | Wellcare | Medicaid | 8.4 | | | 18.78 | 7.8 | 270.75 | fee schedule | |
| BKR CHG MERCURY, WHOLE BLOOD | 83825 | CPT | | | | both | | | 285 | 18.7 | Horizon | NJ Health | 16.46 | | | 1.02 | 7.8 | 270.75 | fee schedule | |
| BKR CHG METANEPHRINES,FRAC.PLASMA,FREE | 83835 | CPT | | | | both | | | 81 | 19.48 | Amerihealth | Medicare | 16.94 | | | | 10.2 | 76.95 | fee schedule | |
| BKR CHG METANEPHRINES,FRAC.PLASMA,FREE | 83835 | CPT | | | | both | | | 81 | 19.48 | Corrections | Corrections | 64.8 | 80 | | | 10.2 | 76.95 | percent of total billed charges | |
| BKR CHG METANEPHRINES,FRAC.PLASMA,FREE | 83835 | CPT | | | | both | | | 81 | 19.48 | Amerihealth | HMO/PPO | 26.1 | | | 6.1 | 10.2 | 76.95 | fee schedule | |
| BKR CHG METANEPHRINES,FRAC.PLASMA,FREE | 83835 | CPT | | | | both | | | 81 | 19.48 | Americare | Americare | 60.75 | 75 | | | 10.2 | 76.95 | percent of total billed charges | |
| BKR CHG METANEPHRINES,FRAC.PLASMA,FREE | 83835 | CPT | | | | both | | | 81 | 19.48 | Aetna | Medicare | 24.95 | 30.8 | | | 10.2 | 76.95 | percent of total billed charges | |
| BKR CHG METANEPHRINES,FRAC.PLASMA,FREE | 83835 | CPT | | | | both | | | 81 | 19.48 | Aetna | Better Health | 25.56 | 31.55 | | | 10.2 | 76.95 | percent of total billed charges | |
| BKR CHG METANEPHRINES,FRAC.PLASMA,FREE | 83835 | CPT | | | | both | | | 81 | 19.48 | Aetna | Commercial | 30.78 | 38 | | 6.94 | 10.2 | 76.95 | percent of total billed charges | |
| BKR CHG METANEPHRINES,FRAC.PLASMA,FREE | 83835 | CPT | | | | both | | | 81 | 19.48 | Horizon | Indemnity | 31.01 | 38.28 | | 17.28 | 10.2 | 76.95 | percent of total billed charges | |
| BKR CHG METANEPHRINES,FRAC.PLASMA,FREE | 83835 | CPT | | | | both | | | 81 | 19.48 | First Health | First Health | 56.7 | 70 | | | 10.2 | 76.95 | percent of total billed charges | |
| BKR CHG METANEPHRINES,FRAC.PLASMA,FREE | 83835 | CPT | | | | both | | | 81 | 19.48 | Horizon | NJ Health | 19.99 | | | 1.61 | 10.2 | 76.95 | fee schedule | |
| BKR CHG METANEPHRINES,FRAC.PLASMA,FREE | 83835 | CPT | | | | both | | | 81 | 19.48 | Horizon | PPO | 31.01 | 38.28 | | 2.7 | 10.2 | 76.95 | percent of total billed charges | |
| BKR CHG METANEPHRINES,FRAC.PLASMA,FREE | 83835 | CPT | | | | both | | | 81 | 19.48 | Consumer | Consumer | 76.95 | 95 | | | 10.2 | 76.95 | percent of total billed charges | |
| BKR CHG METANEPHRINES,FRAC.PLASMA,FREE | 83835 | CPT | | | | both | | | 81 | 19.48 | Horizon | MGD | 31.01 | 38.28 | | 23.07 | 10.2 | 76.95 | percent of total billed charges | |
| BKR CHG METANEPHRINES,FRAC.PLASMA,FREE | 83835 | CPT | | | | both | | | 81 | 19.48 | UHC | Medicaid | 10.2 | | | 4.68 | 10.2 | 76.95 | fee schedule | |
| BKR CHG METANEPHRINES,FRAC.PLASMA,FREE | 83835 | CPT | | | | both | | | 81 | 19.48 | Wellcare | Medicare | 16.94 | | | | 10.2 | 76.95 | fee schedule | |
| BKR CHG METANEPHRINES,FRAC.PLASMA,FREE | 83835 | CPT | | | | both | | | 81 | 19.48 | First Trenton | First Trenton | 72.9 | 90 | | | 10.2 | 76.95 | percent of total billed charges | |
| BKR CHG METANEPHRINES,FRAC.PLASMA,FREE | 83835 | CPT | | | | both | | | 81 | 19.48 | UHC | Medicare | 16.94 | | | 11.04 | 10.2 | 76.95 | fee schedule | |
| BKR CHG METANEPHRINES,FRAC.PLASMA,FREE | 83835 | CPT | | | | both | | | 81 | 19.48 | Horizon | Medicare Blue | 24.3 | 30 | | | 10.2 | 76.95 | percent of total billed charges | |
| BKR CHG METANEPHRINES,FRAC.PLASMA,FREE | 83835 | CPT | | | | both | | | 81 | 19.48 | Multiplan | Multiplan | 64.8 | 80 | | | 10.2 | 76.95 | percent of total billed charges | |
| BKR CHG METANEPHRINES,FRAC.PLASMA,FREE | 83835 | CPT | | | | both | | | 81 | 19.48 | Managed Care Inc | Managed Care Inc | 72.9 | 90 | | | 10.2 | 76.95 | percent of total billed charges | |
| BKR CHG METANEPHRINES,FRAC.PLASMA,FREE | 83835 | CPT | | | | both | | | 81 | 19.48 | Wellcare | Medicaid | 10.2 | | | 7.71 | 10.2 | 76.95 | fee schedule | |
| BKR CHG METANEPHRINES,FRAC.PLASMA,FREE | 83835 | CPT | | | | both | | | 81 | 19.48 | Three Rivers | Three Rivers | 76.95 | 95 | | | 10.2 | 76.95 | percent of total billed charges | |
| BKR CHG METANEPHRINES,FRAC.PLASMA,FREE | 83835 | CPT | | | | both | | | 81 | 19.48 | Qualcare | Qualcare | 60.75 | 75 | | | 10.2 | 76.95 | percent of total billed charges | |
| BKR CHG METANEPHRINES,FRAC.PLASMA,FREE | 83835 | CPT | | | | both | | | 81 | 19.48 | WellPoint | WellPoint | 26.07 | 32.18 | | 12.51 | 10.2 | 76.95 | percent of total billed charges | |
| BKR CHG MUCOPOLYSACCHARIDES-TLC | 83864 | CPT | | | | outpatient | | | 505 | 32.78 | Amerihealth | HMO/PPO | 31.7 | | | | 13 | 479.75 | fee schedule | |
| BKR CHG MUCOPOLYSACCHARIDES-TLC | 83864 | CPT | | | | outpatient | | | 505 | 32.78 | Amerihealth | Medicare | 28.5 | | | | 13 | 479.75 | fee schedule | |
| BKR CHG MUCOPOLYSACCHARIDES-TLC | 83864 | CPT | | | | outpatient | | | 505 | 32.78 | Horizon | Indemnity | 193.31 | 38.28 | | | 13 | 479.75 | percent of total billed charges | |
| BKR CHG MUCOPOLYSACCHARIDES-TLC | 83864 | CPT | | | | outpatient | | | 505 | 32.78 | Aetna | Medicare | 155.54 | 30.8 | | | 13 | 479.75 | percent of total billed charges | |
| BKR CHG MUCOPOLYSACCHARIDES-TLC | 83864 | CPT | | | | outpatient | | | 505 | 32.78 | First Trenton | First Trenton | 454.5 | 90 | | | 13 | 479.75 | percent of total billed charges | |
| BKR CHG MUCOPOLYSACCHARIDES-TLC | 83864 | CPT | | | | outpatient | | | 505 | 32.78 | UHC | Medicare | 28.5 | | | | 13 | 479.75 | fee schedule | |
| BKR CHG MUCOPOLYSACCHARIDES-TLC | 83864 | CPT | | | | outpatient | | | 505 | 32.78 | Corrections | Corrections | 404 | 80 | | | 13 | 479.75 | percent of total billed charges | |
| BKR CHG MUCOPOLYSACCHARIDES-TLC | 83864 | CPT | | | | outpatient | | | 505 | 32.78 | Aetna | Better Health | 159.33 | 31.55 | | | 13 | 479.75 | percent of total billed charges | |
| BKR CHG MUCOPOLYSACCHARIDES-TLC | 83864 | CPT | | | | outpatient | | | 505 | 32.78 | Horizon | MGD | 193.31 | 38.28 | | | 13 | 479.75 | percent of total billed charges | |
| BKR CHG MUCOPOLYSACCHARIDES-TLC | 83864 | CPT | | | | outpatient | | | 505 | 32.78 | WellPoint | WellPoint | 162.51 | 32.18 | | | 13 | 479.75 | percent of total billed charges | |
| BKR CHG MUCOPOLYSACCHARIDES-TLC | 83864 | CPT | | | | outpatient | | | 505 | 32.78 | Multiplan | Multiplan | 404 | 80 | | | 13 | 479.75 | percent of total billed charges | |
| BKR CHG MUCOPOLYSACCHARIDES-TLC | 83864 | CPT | | | | outpatient | | | 505 | 32.78 | Americare | Americare | 378.75 | 75 | | | 13 | 479.75 | percent of total billed charges | |
| BKR CHG MUCOPOLYSACCHARIDES-TLC | 83864 | CPT | | | | outpatient | | | 505 | 32.78 | Horizon | PPO | 193.31 | 38.28 | | | 13 | 479.75 | percent of total billed charges | |
| BKR CHG MUCOPOLYSACCHARIDES-TLC | 83864 | CPT | | | | outpatient | | | 505 | 32.78 | Wellcare | Medicare | 28.5 | | | | 13 | 479.75 | fee schedule | |
| BKR CHG MUCOPOLYSACCHARIDES-TLC | 83864 | CPT | | | | outpatient | | | 505 | 32.78 | Horizon | NJ Health | 25.48 | | | | 13 | 479.75 | fee schedule | |
| BKR CHG MUCOPOLYSACCHARIDES-TLC | 83864 | CPT | | | | outpatient | | | 505 | 32.78 | First Health | First Health | 353.5 | 70 | | | 13 | 479.75 | percent of total billed charges | |
| BKR CHG MUCOPOLYSACCHARIDES-TLC | 83864 | CPT | | | | outpatient | | | 505 | 32.78 | Managed Care Inc | Managed Care Inc | 454.5 | 90 | | | 13 | 479.75 | percent of total billed charges | |
| BKR CHG MUCOPOLYSACCHARIDES-TLC | 83864 | CPT | | | | outpatient | | | 505 | 32.78 | Consumer | Consumer | 479.75 | 95 | | | 13 | 479.75 | percent of total billed charges | |
| BKR CHG MUCOPOLYSACCHARIDES-TLC | 83864 | CPT | | | | outpatient | | | 505 | 32.78 | Qualcare | Qualcare | 378.75 | 75 | | | 13 | 479.75 | percent of total billed charges | |
| BKR CHG MUCOPOLYSACCHARIDES-TLC | 83864 | CPT | | | | outpatient | | | 505 | 32.78 | Horizon | Medicare Blue | 151.5 | 30 | | | 13 | 479.75 | percent of total billed charges | |
| BKR CHG MUCOPOLYSACCHARIDES-TLC | 83864 | CPT | | | | outpatient | | | 505 | 32.78 | Three Rivers | Three Rivers | 479.75 | 95 | | | 13 | 479.75 | percent of total billed charges | |
| BKR CHG MUCOPOLYSACCHARIDES-TLC | 83864 | CPT | | | | outpatient | | | 505 | 32.78 | UHC | Medicaid | 13 | | | | 13 | 479.75 | fee schedule | |
| BKR CHG MUCOPOLYSACCHARIDES-TLC | 83864 | CPT | | | | outpatient | | | 505 | 32.78 | Wellcare | Medicaid | 13 | | | | 13 | 479.75 | fee schedule | |
| BKR CHG MUCIN SYNOVIAL FLUID (ROPES TEST) | 83872 | CPT | | | | outpatient | | | 47 | 6.74 | Corrections | Corrections | 37.6 | 80 | | | 3.2 | 44.65 | percent of total billed charges | |
| BKR CHG MUCIN SYNOVIAL FLUID (ROPES TEST) | 83872 | CPT | | | | outpatient | | | 47 | 6.74 | Amerihealth | Medicare | 5.86 | | | | 3.2 | 44.65 | fee schedule | |
| BKR CHG MUCIN SYNOVIAL FLUID (ROPES TEST) | 83872 | CPT | | | | outpatient | | | 47 | 6.74 | Aetna | Better Health | 14.83 | 31.55 | | | 3.2 | 44.65 | percent of total billed charges | |
| BKR CHG MUCIN SYNOVIAL FLUID (ROPES TEST) | 83872 | CPT | | | | outpatient | | | 47 | 6.74 | Americare | Americare | 35.25 | 75 | | | 3.2 | 44.65 | percent of total billed charges | |
| BKR CHG MUCIN SYNOVIAL FLUID (ROPES TEST) | 83872 | CPT | | | | outpatient | | | 47 | 6.74 | Consumer | Consumer | 44.65 | 95 | | | 3.2 | 44.65 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG MUCIN SYNOVIAL FLUID (ROPES TEST) | 83872 | CPT | | | | outpatient | | | 47 | 6.74 | Aetna | Medicare | 14.48 | 30.8 | | | 3.2 | 44.65 | percent of total billed charges | |
| BKR CHG MUCIN SYNOVIAL FLUID (ROPES TEST) | 83872 | CPT | | | | outpatient | | | 47 | 6.74 | First Health | First Health | 32.9 | 70 | | | 3.2 | 44.65 | percent of total billed charges | |
| BKR CHG MUCIN SYNOVIAL FLUID (ROPES TEST) | 83872 | CPT | | | | outpatient | | | 47 | 6.74 | Horizon | Indemnity | 17.99 | 38.28 | | | 3.2 | 44.65 | percent of total billed charges | |
| BKR CHG MUCIN SYNOVIAL FLUID (ROPES TEST) | 83872 | CPT | | | | outpatient | | | 47 | 6.74 | Horizon | NJ Health | 6.27 | | | | 3.2 | 44.65 | fee schedule | |
| BKR CHG MUCIN SYNOVIAL FLUID (ROPES TEST) | 83872 | CPT | | | | outpatient | | | 47 | 6.74 | First Trenton | First Trenton | 42.3 | 90 | | | 3.2 | 44.65 | percent of total billed charges | |
| BKR CHG MUCIN SYNOVIAL FLUID (ROPES TEST) | 83872 | CPT | | | | outpatient | | | 47 | 6.74 | Horizon | Medicare Blue | 14.1 | 30 | | | 3.2 | 44.65 | percent of total billed charges | |
| BKR CHG MUCIN SYNOVIAL FLUID (ROPES TEST) | 83872 | CPT | | | | outpatient | | | 47 | 6.74 | Amerihealth | HMO/PPO | 9 | | | | 3.2 | 44.65 | fee schedule | |
| BKR CHG MUCIN SYNOVIAL FLUID (ROPES TEST) | 83872 | CPT | | | | outpatient | | | 47 | 6.74 | Three Rivers | Three Rivers | 44.65 | 95 | | | 3.2 | 44.65 | percent of total billed charges | |
| BKR CHG MUCIN SYNOVIAL FLUID (ROPES TEST) | 83872 | CPT | | | | outpatient | | | 47 | 6.74 | Horizon | MGD | 17.99 | 38.28 | | | 3.2 | 44.65 | percent of total billed charges | |
| BKR CHG MUCIN SYNOVIAL FLUID (ROPES TEST) | 83872 | CPT | | | | outpatient | | | 47 | 6.74 | Multiplan | Multiplan | 37.6 | 80 | | | 3.2 | 44.65 | percent of total billed charges | |
| BKR CHG MUCIN SYNOVIAL FLUID (ROPES TEST) | 83872 | CPT | | | | outpatient | | | 47 | 6.74 | UHC | Medicaid | 3.2 | | | | 3.2 | 44.65 | fee schedule | |
| BKR CHG MUCIN SYNOVIAL FLUID (ROPES TEST) | 83872 | CPT | | | | outpatient | | | 47 | 6.74 | Wellcare | Medicaid | 3.2 | | | | 3.2 | 44.65 | fee schedule | |
| BKR CHG MUCIN SYNOVIAL FLUID (ROPES TEST) | 83872 | CPT | | | | outpatient | | | 47 | 6.74 | Horizon | PPO | 17.99 | 38.28 | | | 3.2 | 44.65 | percent of total billed charges | |
| BKR CHG MUCIN SYNOVIAL FLUID (ROPES TEST) | 83872 | CPT | | | | outpatient | | | 47 | 6.74 | Qualcare | Qualcare | 35.25 | 75 | | | 3.2 | 44.65 | percent of total billed charges | |
| BKR CHG MUCIN SYNOVIAL FLUID (ROPES TEST) | 83872 | CPT | | | | outpatient | | | 47 | 6.74 | Wellcare | Medicare | 5.86 | | | | 3.2 | 44.65 | fee schedule | |
| BKR CHG MUCIN SYNOVIAL FLUID (ROPES TEST) | 83872 | CPT | | | | outpatient | | | 47 | 6.74 | UHC | Medicare | 5.86 | | | | 3.2 | 44.65 | fee schedule | |
| BKR CHG MUCIN SYNOVIAL FLUID (ROPES TEST) | 83872 | CPT | | | | outpatient | | | 47 | 6.74 | Managed Care Inc | Managed Care Inc | 42.3 | 90 | | | 3.2 | 44.65 | percent of total billed charges | |
| BKR CHG MUCIN SYNOVIAL FLUID (ROPES TEST) | 83872 | CPT | | | | outpatient | | | 47 | 6.74 | WellPoint | WellPoint | 15.12 | 32.18 | | | 3.2 | 44.65 | percent of total billed charges | |
| BKR CHG MYELIN BASIC PROTEIN CSF | 83873 | CPT | | | | inpatient | | | 425 | 19.78 | UHC | Medicaid | 20 | | | | 17.2 | 403.75 | fee schedule | |
| BKR CHG MYELIN BASIC PROTEIN CSF | 83873 | CPT | | | | inpatient | | | 425 | 19.78 | Americare | Americare | 318.75 | 75 | | | 17.2 | 403.75 | percent of total billed charges | |
| BKR CHG MYELIN BASIC PROTEIN CSF | 83873 | CPT | | | | inpatient | | | 425 | 19.78 | Aetna | Medicare | 130.9 | 30.8 | | | 17.2 | 403.75 | percent of total billed charges | |
| BKR CHG MYELIN BASIC PROTEIN CSF | 83873 | CPT | | | | inpatient | | | 425 | 19.78 | Horizon | Medicare Blue | 127.5 | 30 | | | 17.2 | 403.75 | percent of total billed charges | |
| BKR CHG MYELIN BASIC PROTEIN CSF | 83873 | CPT | | | | inpatient | | | 425 | 19.78 | Aetna | Better Health | 134.09 | 31.55 | | | 17.2 | 403.75 | percent of total billed charges | |
| BKR CHG MYELIN BASIC PROTEIN CSF | 83873 | CPT | | | | inpatient | | | 425 | 19.78 | First Trenton | First Trenton | 382.5 | 90 | | | 17.2 | 403.75 | percent of total billed charges | |
| BKR CHG MYELIN BASIC PROTEIN CSF | 83873 | CPT | | | | inpatient | | | 425 | 19.78 | Consumer | Consumer | 403.75 | 95 | | | 17.2 | 403.75 | percent of total billed charges | |
| BKR CHG MYELIN BASIC PROTEIN CSF | 83873 | CPT | | | | inpatient | | | 425 | 19.78 | Multiplan | Multiplan | 340 | 80 | | | 17.2 | 403.75 | percent of total billed charges | |
| BKR CHG MYELIN BASIC PROTEIN CSF | 83873 | CPT | | | | inpatient | | | 425 | 19.78 | Aetna | Commercial | 161.5 | 38 | | | 17.2 | 403.75 | percent of total billed charges | |
| BKR CHG MYELIN BASIC PROTEIN CSF | 83873 | CPT | | | | inpatient | | | 425 | 19.78 | Amerihealth | HMO/PPO | 22.8 | | | | 17.2 | 403.75 | fee schedule | |
| BKR CHG MYELIN BASIC PROTEIN CSF | 83873 | CPT | | | | inpatient | | | 425 | 19.78 | First Health | First Health | 297.5 | 70 | | | 17.2 | 403.75 | percent of total billed charges | |
| BKR CHG MYELIN BASIC PROTEIN CSF | 83873 | CPT | | | | inpatient | | | 425 | 19.78 | UHC | Medicare | 17.2 | | | | 17.2 | 403.75 | fee schedule | |
| BKR CHG MYELIN BASIC PROTEIN CSF | 83873 | CPT | | | | inpatient | | | 425 | 19.78 | Corrections | Corrections | 340 | 80 | | | 17.2 | 403.75 | percent of total billed charges | |
| BKR CHG MYELIN BASIC PROTEIN CSF | 83873 | CPT | | | | inpatient | | | 425 | 19.78 | Horizon | Indemnity | 162.69 | 38.28 | | | 17.2 | 403.75 | percent of total billed charges | |
| BKR CHG MYELIN BASIC PROTEIN CSF | 83873 | CPT | | | | inpatient | | | 425 | 19.78 | Horizon | MGD | 162.69 | 38.28 | | | 17.2 | 403.75 | percent of total billed charges | |
| BKR CHG MYELIN BASIC PROTEIN CSF | 83873 | CPT | | | | inpatient | | | 425 | 19.78 | Qualcare | Qualcare | 318.75 | 75 | | | 17.2 | 403.75 | percent of total billed charges | |
| BKR CHG MYELIN BASIC PROTEIN CSF | 83873 | CPT | | | | inpatient | | | 425 | 19.78 | Horizon | NJ Health | 56.06 | | | | 17.2 | 403.75 | fee schedule | |
| BKR CHG MYELIN BASIC PROTEIN CSF | 83873 | CPT | | | | inpatient | | | 425 | 19.78 | Amerihealth | Medicare | 17.2 | | | | 17.2 | 403.75 | fee schedule | |
| BKR CHG MYELIN BASIC PROTEIN CSF | 83873 | CPT | | | | inpatient | | | 425 | 19.78 | Three Rivers | Three Rivers | 403.75 | 95 | | | 17.2 | 403.75 | percent of total billed charges | |
| BKR CHG MYELIN BASIC PROTEIN CSF | 83873 | CPT | | | | inpatient | | | 425 | 19.78 | Wellcare | Medicare | 17.2 | | | | 17.2 | 403.75 | fee schedule | |
| BKR CHG MYELIN BASIC PROTEIN CSF | 83873 | CPT | | | | inpatient | | | 425 | 19.78 | WellPoint | WellPoint | 136.77 | 32.18 | | | 17.2 | 403.75 | percent of total billed charges | |
| BKR CHG MYELIN BASIC PROTEIN CSF | 83873 | CPT | | | | inpatient | | | 425 | 19.78 | Horizon | PPO | 162.69 | 38.28 | | | 17.2 | 403.75 | percent of total billed charges | |
| BKR CHG MYELIN BASIC PROTEIN CSF | 83873 | CPT | | | | inpatient | | | 425 | 19.78 | Managed Care Inc | Managed Care Inc | 382.5 | 90 | | | 17.2 | 403.75 | percent of total billed charges | |
| BKR CHG MYELIN BASIC PROTEIN CSF | 83873 | CPT | | | | inpatient | | | 425 | 19.78 | Wellcare | Medicaid | 20 | | | | 17.2 | 403.75 | fee schedule | |
| BKR CHG URINE, MYOGLOBIN, QUANTITATIVE | 83874 | CPT | | | | both | | | 236 | 14.86 | Aetna | Better Health | 74.46 | 31.55 | | | 9 | 224.2 | percent of total billed charges | |
| BKR CHG URINE, MYOGLOBIN, QUANTITATIVE | 83874 | CPT | | | | both | | | 236 | 14.86 | Amerihealth | HMO/PPO | 20.1 | | | | 9 | 224.2 | fee schedule | |
| BKR CHG URINE, MYOGLOBIN, QUANTITATIVE | 83874 | CPT | | | | both | | | 236 | 14.86 | Aetna | Commercial | 89.68 | 38 | | | 9 | 224.2 | percent of total billed charges | |
| BKR CHG URINE, MYOGLOBIN, QUANTITATIVE | 83874 | CPT | | | | both | | | 236 | 14.86 | First Health | First Health | 165.2 | 70 | | | 9 | 224.2 | percent of total billed charges | |
| BKR CHG URINE, MYOGLOBIN, QUANTITATIVE | 83874 | CPT | | | | both | | | 236 | 14.86 | Consumer | Consumer | 224.2 | 95 | | | 9 | 224.2 | percent of total billed charges | |
| BKR CHG URINE, MYOGLOBIN, QUANTITATIVE | 83874 | CPT | | | | both | | | 236 | 14.86 | First Trenton | First Trenton | 212.4 | 90 | | | 9 | 224.2 | percent of total billed charges | |
| BKR CHG URINE, MYOGLOBIN, QUANTITATIVE | 83874 | CPT | | | | both | | | 236 | 14.86 | Aetna | Medicare | 72.69 | 30.8 | | | 9 | 224.2 | percent of total billed charges | |
| BKR CHG URINE, MYOGLOBIN, QUANTITATIVE | 83874 | CPT | | | | both | | | 236 | 14.86 | Amerihealth | Medicare | 12.92 | | | | 9 | 224.2 | fee schedule | |
| BKR CHG URINE, MYOGLOBIN, QUANTITATIVE | 83874 | CPT | | | | both | | | 236 | 14.86 | Americare | Americare | 177 | 75 | | | 9 | 224.2 | percent of total billed charges | |
| BKR CHG URINE, MYOGLOBIN, QUANTITATIVE | 83874 | CPT | | | | both | | | 236 | 14.86 | Horizon | Medicare Blue | 70.8 | 30 | | | 9 | 224.2 | percent of total billed charges | |
| BKR CHG URINE, MYOGLOBIN, QUANTITATIVE | 83874 | CPT | | | | both | | | 236 | 14.86 | Horizon | MGD | 90.34 | 38.28 | | | 9 | 224.2 | percent of total billed charges | |
| BKR CHG URINE, MYOGLOBIN, QUANTITATIVE | 83874 | CPT | | | | both | | | 236 | 14.86 | Horizon | Indemnity | 90.34 | 38.28 | | | 9 | 224.2 | percent of total billed charges | |
| BKR CHG URINE, MYOGLOBIN, QUANTITATIVE | 83874 | CPT | | | | both | | | 236 | 14.86 | Corrections | Corrections | 188.8 | 80 | | | 9 | 224.2 | percent of total billed charges | |
| BKR CHG URINE, MYOGLOBIN, QUANTITATIVE | 83874 | CPT | | | | both | | | 236 | 14.86 | Horizon | PPO | 90.34 | 38.28 | | | 9 | 224.2 | percent of total billed charges | |
| BKR CHG URINE, MYOGLOBIN, QUANTITATIVE | 83874 | CPT | | | | both | | | 236 | 14.86 | Horizon | NJ Health | 25.87 | | | | 9 | 224.2 | fee schedule | |
| BKR CHG URINE, MYOGLOBIN, QUANTITATIVE | 83874 | CPT | | | | both | | | 236 | 14.86 | WellPoint | WellPoint | 75.94 | 32.18 | | | 9 | 224.2 | percent of total billed charges | |
| BKR CHG URINE, MYOGLOBIN, QUANTITATIVE | 83874 | CPT | | | | both | | | 236 | 14.86 | UHC | Medicaid | 12 | | | | 9 | 224.2 | fee schedule | |
| BKR CHG URINE, MYOGLOBIN, QUANTITATIVE | 83874 | CPT | | | | both | | | 236 | 14.86 | Managed Care Inc | Managed Care Inc | 212.4 | 90 | | | 9 | 224.2 | percent of total billed charges | |
| BKR CHG URINE, MYOGLOBIN, QUANTITATIVE | 83874 | CPT | | | | both | | | 236 | 14.86 | Three Rivers | Three Rivers | 224.2 | 95 | | | 9 | 224.2 | percent of total billed charges | |
| BKR CHG URINE, MYOGLOBIN, QUANTITATIVE | 83874 | CPT | | | | both | | | 236 | 14.86 | Multiplan | Multiplan | 188.8 | 80 | | | 9 | 224.2 | percent of total billed charges | |
| BKR CHG URINE, MYOGLOBIN, QUANTITATIVE | 83874 | CPT | | | | both | | | 236 | 14.86 | Wellcare | Medicaid | 12 | | | | 9 | 224.2 | fee schedule | |
| BKR CHG URINE, MYOGLOBIN, QUANTITATIVE | 83874 | CPT | | | | both | | | 236 | 14.86 | Wellcare | Medicare | 12.92 | | | | 9 | 224.2 | fee schedule | |
| BKR CHG URINE, MYOGLOBIN, QUANTITATIVE | 83874 | CPT | | | | both | | | 236 | 14.86 | Qualcare | Qualcare | 177 | 75 | | | 9 | 224.2 | percent of total billed charges | |
| BKR CHG URINE, MYOGLOBIN, QUANTITATIVE | 83874 | CPT | | | | both | | | 236 | 14.86 | UHC | Medicare | 12.92 | | | | 9 | 224.2 | fee schedule | |
| BKR CHG MYELOPEROXIDASE (MPO) | 83876 | CPT | | | | inpatient | | | 121 | 58.49 | Americare | Americare | 90.75 | 75 | | | 20.1 | 114.95 | percent of total billed charges | |
| BKR CHG MYELOPEROXIDASE (MPO) | 83876 | CPT | | | | inpatient | | | 121 | 58.49 | Aetna | Medicare | 37.27 | 30.8 | | | 20.1 | 114.95 | percent of total billed charges | |
| BKR CHG MYELOPEROXIDASE (MPO) | 83876 | CPT | | | | inpatient | | | 121 | 58.49 | Aetna | Commercial | 45.98 | 38 | | | 20.1 | 114.95 | percent of total billed charges | |
| BKR CHG MYELOPEROXIDASE (MPO) | 83876 | CPT | | | | inpatient | | | 121 | 58.49 | Aetna | Better Health | 38.18 | 31.55 | | | 20.1 | 114.95 | percent of total billed charges | |
| BKR CHG MYELOPEROXIDASE (MPO) | 83876 | CPT | | | | inpatient | | | 121 | 58.49 | Amerihealth | HMO/PPO | 20.1 | | | | 20.1 | 114.95 | fee schedule | |
| BKR CHG MYELOPEROXIDASE (MPO) | 83876 | CPT | | | | inpatient | | | 121 | 58.49 | Horizon | MGD | 46.32 | 38.28 | | | 20.1 | 114.95 | percent of total billed charges | |
| BKR CHG MYELOPEROXIDASE (MPO) | 83876 | CPT | | | | inpatient | | | 121 | 58.49 | Consumer | Consumer | 114.95 | 95 | | | 20.1 | 114.95 | percent of total billed charges | |
| BKR CHG MYELOPEROXIDASE (MPO) | 83876 | CPT | | | | inpatient | | | 121 | 58.49 | First Health | First Health | 84.7 | 70 | | | 20.1 | 114.95 | percent of total billed charges | |
| BKR CHG MYELOPEROXIDASE (MPO) | 83876 | CPT | | | | inpatient | | | 121 | 58.49 | UHC | Medicaid | 40.69 | | | | 20.1 | 114.95 | fee schedule | |
| BKR CHG MYELOPEROXIDASE (MPO) | 83876 | CPT | | | | inpatient | | | 121 | 58.49 | Amerihealth | Medicare | 50.86 | | | | 20.1 | 114.95 | fee schedule | |
| BKR CHG MYELOPEROXIDASE (MPO) | 83876 | CPT | | | | inpatient | | | 121 | 58.49 | Multiplan | Multiplan | 96.8 | 80 | | | 20.1 | 114.95 | percent of total billed charges | |
| BKR CHG MYELOPEROXIDASE (MPO) | 83876 | CPT | | | | inpatient | | | 121 | 58.49 | First Trenton | First Trenton | 108.9 | 90 | | | 20.1 | 114.95 | percent of total billed charges | |
| BKR CHG MYELOPEROXIDASE (MPO) | 83876 | CPT | | | | inpatient | | | 121 | 58.49 | Wellcare | Medicare | 50.86 | | | | 20.1 | 114.95 | fee schedule | |
| BKR CHG MYELOPEROXIDASE (MPO) | 83876 | CPT | | | | inpatient | | | 121 | 58.49 | WellPoint | WellPoint | 38.94 | 32.18 | | | 20.1 | 114.95 | percent of total billed charges | |
| BKR CHG MYELOPEROXIDASE (MPO) | 83876 | CPT | | | | inpatient | | | 121 | 58.49 | Corrections | Corrections | 96.8 | 80 | | | 20.1 | 114.95 | percent of total billed charges | |
| BKR CHG MYELOPEROXIDASE (MPO) | 83876 | CPT | | | | inpatient | | | 121 | 58.49 | Horizon | Indemnity | 46.32 | 38.28 | | | 20.1 | 114.95 | percent of total billed charges | |
| BKR CHG MYELOPEROXIDASE (MPO) | 83876 | CPT | | | | inpatient | | | 121 | 58.49 | Qualcare | Qualcare | 90.75 | 75 | | | 20.1 | 114.95 | percent of total billed charges | |
| BKR CHG MYELOPEROXIDASE (MPO) | 83876 | CPT | | | | inpatient | | | 121 | 58.49 | UHC | Medicare | 50.86 | | | | 20.1 | 114.95 | fee schedule | |
| BKR CHG MYELOPEROXIDASE (MPO) | 83876 | CPT | | | | inpatient | | | 121 | 58.49 | Horizon | NJ Health | 37.69 | | | | 20.1 | 114.95 | fee schedule | |
| BKR CHG MYELOPEROXIDASE (MPO) | 83876 | CPT | | | | inpatient | | | 121 | 58.49 | Horizon | Medicare Blue | 36.3 | 30 | | | 20.1 | 114.95 | percent of total billed charges | |
| BKR CHG MYELOPEROXIDASE (MPO) | 83876 | CPT | | | | inpatient | | | 121 | 58.49 | Wellcare | Medicaid | 40.69 | | | | 20.1 | 114.95 | fee schedule | |
| BKR CHG MYELOPEROXIDASE (MPO) | 83876 | CPT | | | | inpatient | | | 121 | 58.49 | Horizon | PPO | 46.32 | 38.28 | | | 20.1 | 114.95 | percent of total billed charges | |
| BKR CHG MYELOPEROXIDASE (MPO) | 83876 | CPT | | | | inpatient | | | 121 | 58.49 | Managed Care Inc | Managed Care Inc | 108.9 | 90 | | | 20.1 | 114.95 | percent of total billed charges | |
| BKR CHG MYELOPEROXIDASE (MPO) | 83876 | CPT | | | | inpatient | | | 121 | 58.49 | Three Rivers | Three Rivers | 114.95 | 95 | | | 20.1 | 114.95 | percent of total billed charges | |
| BKR CHG NT-PRO BNP | 83880 | CPT | | | | both | | | 316 | 45.15 | Aetna | Better Health | 99.7 | 31.55 | | 41.87 | 37.18 | 300.2 | percent of total billed charges | |
| BKR CHG NT-PRO BNP | 83880 | CPT | | | | both | | | 316 | 45.15 | Corrections | Corrections | 252.8 | 80 | | 28.28 | 37.18 | 300.2 | percent of total billed charges | |
| BKR CHG NT-PRO BNP | 83880 | CPT | | | | both | | | 316 | 45.15 | Horizon | Medicare Blue | 94.8 | 30 | | 16.31 | 37.18 | 300.2 | percent of total billed charges | |
| BKR CHG NT-PRO BNP | 83880 | CPT | | | | both | | | 316 | 45.15 | Aetna | Medicare | 97.33 | 30.8 | | 22.8 | 37.18 | 300.2 | percent of total billed charges | |
| BKR CHG NT-PRO BNP | 83880 | CPT | | | | both | | | 316 | 45.15 | First Health | First Health | 221.2 | 70 | | | 37.18 | 300.2 | percent of total billed charges | |
| BKR CHG NT-PRO BNP | 83880 | CPT | | | | both | | | 316 | 45.15 | Multiplan | Multiplan | 252.8 | 80 | | | 37.18 | 300.2 | percent of total billed charges | |
| BKR CHG NT-PRO BNP | 83880 | CPT | | | | both | | | 316 | 45.15 | Horizon | PPO | 120.96 | 38.28 | | 36.64 | 37.18 | 300.2 | percent of total billed charges | |
| BKR CHG NT-PRO BNP | 83880 | CPT | | | | both | | | 316 | 45.15 | Americare | Americare | 237 | 75 | | | 37.18 | 300.2 | percent of total billed charges | |
| BKR CHG NT-PRO BNP | 83880 | CPT | | | | both | | | 316 | 45.15 | Amerihealth | Medicare | 39.26 | | | | 37.18 | 300.2 | fee schedule | |
| BKR CHG NT-PRO BNP | 83880 | CPT | | | | both | | | 316 | 45.15 | Horizon | MGD | 120.96 | 38.28 | | 37.92 | 37.18 | 300.2 | percent of total billed charges | |
| BKR CHG NT-PRO BNP | 83880 | CPT | | | | both | | | 316 | 45.15 | First Trenton | First Trenton | 284.4 | 90 | | | 37.18 | 300.2 | percent of total billed charges | |
| BKR CHG NT-PRO BNP | 83880 | CPT | | | | both | | | 316 | 45.15 | UHC | Medicare | 39.26 | | | 22.28 | 37.18 | 300.2 | fee schedule | |
| BKR CHG NT-PRO BNP | 83880 | CPT | | | | both | | | 316 | 45.15 | Horizon | Indemnity | 120.96 | 38.28 | | 36.17 | 37.18 | 300.2 | percent of total billed charges | |
| BKR CHG NT-PRO BNP | 83880 | CPT | | | | both | | | 316 | 45.15 | Qualcare | Qualcare | 237 | 75 | | | 37.18 | 300.2 | percent of total billed charges | |
| BKR CHG NT-PRO BNP | 83880 | CPT | | | | both | | | 316 | 45.15 | Three Rivers | Three Rivers | 300.2 | 95 | | | 37.18 | 300.2 | percent of total billed charges | |
| BKR CHG NT-PRO BNP | 83880 | CPT | | | | both | | | 316 | 45.15 | Amerihealth | HMO/PPO | 47.43 | | | 12.52 | 37.18 | 300.2 | fee schedule | |
| BKR CHG NT-PRO BNP | 83880 | CPT | | | | both | | | 316 | 45.15 | Horizon | NJ Health | 37.18 | | | 9.67 | 37.18 | 300.2 | fee schedule | |
| BKR CHG NT-PRO BNP | 83880 | CPT | | | | both | | | 316 | 45.15 | Managed Care Inc | Managed Care Inc | 284.4 | 90 | | | 37.18 | 300.2 | percent of total billed charges | |
| BKR CHG NT-PRO BNP | 83880 | CPT | | | | both | | | 316 | 45.15 | Wellcare | Medicare | 39.26 | | | 23.06 | 37.18 | 300.2 | fee schedule | |
| BKR CHG NT-PRO BNP | 83880 | CPT | | | | both | | | 316 | 45.15 | WellPoint | WellPoint | 101.69 | 32.18 | | 29.11 | 37.18 | 300.2 | percent of total billed charges | |
| BKR CHG NT-PRO BNP | 83880 | CPT | | | | both | | | 316 | 45.15 | Wellcare | Medicaid | 37.94 | | | 40.25 | 37.18 | 300.2 | fee schedule | |
| BKR CHG NT-PRO BNP | 83880 | CPT | | | | both | | | 316 | 45.15 | Consumer | Consumer | 300.2 | 95 | | | 37.18 | 300.2 | percent of total billed charges | |
| BKR CHG NT-PRO BNP | 83880 | CPT | | | | both | | | 316 | 45.15 | UHC | Medicaid | 37.94 | | | 41.94 | 37.18 | 300.2 | fee schedule | |
| BKR CHG RETINOL BINDING PROTEIN(RBP) | 83883 | CPT | | | | both | | | 307 | 15.64 | Amerihealth | Medicare | 13.6 | | | | 9.6 | 291.65 | fee schedule | |
| BKR CHG RETINOL BINDING PROTEIN(RBP) | 83883 | CPT | | | | both | | | 307 | 15.64 | Horizon | NJ Health | 173.62 | | | 1.64 | 9.6 | 291.65 | fee schedule | |
| BKR CHG RETINOL BINDING PROTEIN(RBP) | 83883 | CPT | | | | both | | | 307 | 15.64 | Aetna | Better Health | 96.86 | 31.55 | | 11.93 | 9.6 | 291.65 | percent of total billed charges | |
| BKR CHG RETINOL BINDING PROTEIN(RBP) | 83883 | CPT | | | | both | | | 307 | 15.64 | Consumer | Consumer | 291.65 | 95 | | | 9.6 | 291.65 | percent of total billed charges | |
| BKR CHG RETINOL BINDING PROTEIN(RBP) | 83883 | CPT | | | | both | | | 307 | 15.64 | Wellcare | Medicaid | 15 | | | 13.47 | 9.6 | 291.65 | fee schedule | |
| BKR CHG RETINOL BINDING PROTEIN(RBP) | 83883 | CPT | | | | both | | | 307 | 15.64 | Amerihealth | HMO/PPO | 20.2 | | | 6.66 | 9.6 | 291.65 | fee schedule | |
| BKR CHG RETINOL BINDING PROTEIN(RBP) | 83883 | CPT | | | | both | | | 307 | 15.64 | Horizon | Medicare Blue | 92.1 | 30 | | 5.96 | 9.6 | 291.65 | percent of total billed charges | |
| BKR CHG RETINOL BINDING PROTEIN(RBP) | 83883 | CPT | | | | both | | | 307 | 15.64 | Aetna | Medicare | 94.56 | 30.8 | | 19.26 | 9.6 | 291.65 | percent of total billed charges | |
| BKR CHG RETINOL BINDING PROTEIN(RBP) | 83883 | CPT | | | | both | | | 307 | 15.64 | Corrections | Corrections | 245.6 | 80 | | | 9.6 | 291.65 | percent of total billed charges | |
| BKR CHG RETINOL BINDING PROTEIN(RBP) | 83883 | CPT | | | | both | | | 307 | 15.64 | First Trenton | First Trenton | 276.3 | 90 | | | 9.6 | 291.65 | percent of total billed charges | |
| BKR CHG RETINOL BINDING PROTEIN(RBP) | 83883 | CPT | | | | both | | | 307 | 15.64 | Americare | Americare | 230.25 | 75 | | | 9.6 | 291.65 | percent of total billed charges | |
| BKR CHG RETINOL BINDING PROTEIN(RBP) | 83883 | CPT | | | | both | | | 307 | 15.64 | Horizon | Indemnity | 117.52 | 38.28 | | 22.53 | 9.6 | 291.65 | percent of total billed charges | |
| BKR CHG RETINOL BINDING PROTEIN(RBP) | 83883 | CPT | | | | both | | | 307 | 15.64 | Horizon | MGD | 117.52 | 38.28 | | 19.84 | 9.6 | 291.65 | percent of total billed charges | |
| BKR CHG RETINOL BINDING PROTEIN(RBP) | 83883 | CPT | | | | both | | | 307 | 15.64 | Managed Care Inc | Managed Care Inc | 276.3 | 90 | | | 9.6 | 291.65 | percent of total billed charges | |
| BKR CHG RETINOL BINDING PROTEIN(RBP) | 83883 | CPT | | | | both | | | 307 | 15.64 | Horizon | PPO | 117.52 | 38.28 | | 8.49 | 9.6 | 291.65 | percent of total billed charges | |
| BKR CHG RETINOL BINDING PROTEIN(RBP) | 83883 | CPT | | | | both | | | 307 | 15.64 | First Health | First Health | 214.9 | 70 | | | 9.6 | 291.65 | percent of total billed charges | |
| BKR CHG RETINOL BINDING PROTEIN(RBP) | 83883 | CPT | | | | both | | | 307 | 15.64 | WellPoint | WellPoint | 98.79 | 32.18 | | 15.94 | 9.6 | 291.65 | percent of total billed charges | |
| BKR CHG RETINOL BINDING PROTEIN(RBP) | 83883 | CPT | | | | both | | | 307 | 15.64 | Three Rivers | Three Rivers | 291.65 | 95 | | | 9.6 | 291.65 | percent of total billed charges | |
| BKR CHG RETINOL BINDING PROTEIN(RBP) | 83883 | CPT | | | | both | | | 307 | 15.64 | UHC | Medicaid | 15 | | | 7.26 | 9.6 | 291.65 | fee schedule | |
| BKR CHG RETINOL BINDING PROTEIN(RBP) | 83883 | CPT | | | | both | | | 307 | 15.64 | Multiplan | Multiplan | 245.6 | 80 | | | 9.6 | 291.65 | percent of total billed charges | |
| BKR CHG RETINOL BINDING PROTEIN(RBP) | 83883 | CPT | | | | both | | | 307 | 15.64 | UHC | Medicare | 13.6 | | | 10.44 | 9.6 | 291.65 | fee schedule | |
| BKR CHG RETINOL BINDING PROTEIN(RBP) | 83883 | CPT | | | | both | | | 307 | 15.64 | Qualcare | Qualcare | 230.25 | 75 | | | 9.6 | 291.65 | percent of total billed charges | |
| BKR CHG RETINOL BINDING PROTEIN(RBP) | 83883 | CPT | | | | both | | | 307 | 15.64 | Wellcare | Medicare | 13.6 | | | 20.5 | 9.6 | 291.65 | fee schedule | |
| BKR CHG 5' NUCLEOTIDASE | 83915 | CPT | | | | both | | | 26 | 12.82 | UHC | Medicare | 11.15 | | | | 6 | 24.7 | fee schedule | |
| BKR CHG 5' NUCLEOTIDASE | 83915 | CPT | | | | both | | | 26 | 12.82 | Horizon | Indemnity | 9.95 | 38.28 | | | 6 | 24.7 | percent of total billed charges | |
| BKR CHG 5' NUCLEOTIDASE | 83915 | CPT | | | | both | | | 26 | 12.82 | Consumer | Consumer | 24.7 | 95 | | | 6 | 24.7 | percent of total billed charges | |
| BKR CHG 5' NUCLEOTIDASE | 83915 | CPT | | | | both | | | 26 | 12.82 | Amerihealth | Medicare | 11.15 | | | | 6 | 24.7 | fee schedule | |
| BKR CHG 5' NUCLEOTIDASE | 83915 | CPT | | | | both | | | 26 | 12.82 | Aetna | Better Health | 8.2 | 31.55 | | | 6 | 24.7 | percent of total billed charges | |
| BKR CHG 5' NUCLEOTIDASE | 83915 | CPT | | | | both | | | 26 | 12.82 | Americare | Americare | 19.5 | 75 | | | 6 | 24.7 | percent of total billed charges | |
| BKR CHG 5' NUCLEOTIDASE | 83915 | CPT | | | | both | | | 26 | 12.82 | Aetna | Medicare | 8.01 | 30.8 | | | 6 | 24.7 | percent of total billed charges | |
| BKR CHG 5' NUCLEOTIDASE | 83915 | CPT | | | | both | | | 26 | 12.82 | Horizon | PPO | 9.95 | 38.28 | | | 6 | 24.7 | percent of total billed charges | |
| BKR CHG 5' NUCLEOTIDASE | 83915 | CPT | | | | both | | | 26 | 12.82 | Wellcare | Medicare | 11.15 | | | | 6 | 24.7 | fee schedule | |
| BKR CHG 5' NUCLEOTIDASE | 83915 | CPT | | | | both | | | 26 | 12.82 | Multiplan | Multiplan | 20.8 | 80 | | | 6 | 24.7 | percent of total billed charges | |
| BKR CHG 5' NUCLEOTIDASE | 83915 | CPT | | | | both | | | 26 | 12.82 | Horizon | MGD | 9.95 | 38.28 | | | 6 | 24.7 | percent of total billed charges | |
| BKR CHG 5' NUCLEOTIDASE | 83915 | CPT | | | | both | | | 26 | 12.82 | Corrections | Corrections | 20.8 | 80 | | | 6 | 24.7 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG S' NUCLEOTIDASE | 83915 | CPT | | | | both | | | 26 | 12.82 | Amerihealth | HMO/PPO | 17.4 | | | | 6 | 24.7 | fee schedule | |
| BKR CHG S' NUCLEOTIDASE | 83915 | CPT | | | | both | | | 26 | 12.82 | Horizon | Medicare Blue | 7.8 | 30 | | | 6 | 24.7 | percent of total billed charges | |
| BKR CHG S' NUCLEOTIDASE | 83915 | CPT | | | | both | | | 26 | 12.82 | First Health | First Health | 18.2 | 70 | | | 6 | 24.7 | percent of total billed charges | |
| BKR CHG S' NUCLEOTIDASE | 83915 | CPT | | | | both | | | 26 | 12.82 | Three Rivers | Three Rivers | 24.7 | 95 | | | 6 | 24.7 | percent of total billed charges | |
| BKR CHG S' NUCLEOTIDASE | 83915 | CPT | | | | both | | | 26 | 12.82 | UHC | Medicaid | 6 | | | | 6 | 24.7 | fee schedule | |
| BKR CHG S' NUCLEOTIDASE | 83915 | CPT | | | | both | | | 26 | 12.82 | Qualcare | Qualcare | 19.5 | 75 | | | 6 | 24.7 | percent of total billed charges | |
| BKR CHG S' NUCLEOTIDASE | 83915 | CPT | | | | both | | | 26 | 12.82 | First Trenton | First Trenton | 23.4 | 90 | | | 6 | 24.7 | percent of total billed charges | |
| BKR CHG S' NUCLEOTIDASE | 83915 | CPT | | | | both | | | 26 | 12.82 | Wellcare | Medicaid | 6 | | | | 6 | 24.7 | fee schedule | |
| BKR CHG S' NUCLEOTIDASE | 83915 | CPT | | | | both | | | 26 | 12.82 | Horizon | NJ Health | 11.76 | | | | 6 | 24.7 | fee schedule | |
| BKR CHG S' NUCLEOTIDASE | 83915 | CPT | | | | both | | | 26 | 12.82 | Managed Care Inc | Managed Care Inc | 23.4 | 90 | | | 6 | 24.7 | percent of total billed charges | |
| BKR CHG S' NUCLEOTIDASE | 83915 | CPT | | | | both | | | 26 | 12.82 | WellPoint | WellPoint | 8.37 | 32.18 | | | 6 | 24.7 | percent of total billed charges | |
| BKR CHG OLIGOCLONAL IMMUNE | 83916 | CPT | | | | inpatient | | | 352 | 31.5 | Qualcare | Qualcare | 264 | 75 | | | 14.1 | 334.4 | percent of total billed charges | |
| BKR CHG OLIGOCLONAL IMMUNE | 83916 | CPT | | | | inpatient | | | 352 | 31.5 | Aetna | Better Health | 111.06 | 31.55 | | | 14.1 | 334.4 | percent of total billed charges | |
| BKR CHG OLIGOCLONAL IMMUNE | 83916 | CPT | | | | inpatient | | | 352 | 31.5 | Corrections | Corrections | 281.6 | 80 | | | 14.1 | 334.4 | percent of total billed charges | |
| BKR CHG OLIGOCLONAL IMMUNE | 83916 | CPT | | | | inpatient | | | 352 | 31.5 | Amerihealth | HMO/PPO | 30.7 | | | | 14.1 | 334.4 | fee schedule | |
| BKR CHG OLIGOCLONAL IMMUNE | 83916 | CPT | | | | inpatient | | | 352 | 31.5 | Amerihealth | Medicare | 27.39 | | | | 14.1 | 334.4 | fee schedule | |
| BKR CHG OLIGOCLONAL IMMUNE | 83916 | CPT | | | | inpatient | | | 352 | 31.5 | Aetna | Medicare | 108.42 | 30.8 | | | 14.1 | 334.4 | percent of total billed charges | |
| BKR CHG OLIGOCLONAL IMMUNE | 83916 | CPT | | | | inpatient | | | 352 | 31.5 | Americare | Americare | 264 | 75 | | | 14.1 | 334.4 | percent of total billed charges | |
| BKR CHG OLIGOCLONAL IMMUNE | 83916 | CPT | | | | inpatient | | | 352 | 31.5 | Horizon | MGD | 134.75 | 38.28 | | | 14.1 | 334.4 | percent of total billed charges | |
| BKR CHG OLIGOCLONAL IMMUNE | 83916 | CPT | | | | inpatient | | | 352 | 31.5 | WellPoint | WellPoint | 113.27 | 32.18 | | | 14.1 | 334.4 | percent of total billed charges | |
| BKR CHG OLIGOCLONAL IMMUNE | 83916 | CPT | | | | inpatient | | | 352 | 31.5 | Consumer | Consumer | 334.4 | 95 | | | 14.1 | 334.4 | percent of total billed charges | |
| BKR CHG OLIGOCLONAL IMMUNE | 83916 | CPT | | | | inpatient | | | 352 | 31.5 | First Trenton | First Trenton | 316.8 | 90 | | | 14.1 | 334.4 | percent of total billed charges | |
| BKR CHG OLIGOCLONAL IMMUNE | 83916 | CPT | | | | inpatient | | | 352 | 31.5 | First Health | First Health | 246.4 | 70 | | | 14.1 | 334.4 | percent of total billed charges | |
| BKR CHG OLIGOCLONAL IMMUNE | 83916 | CPT | | | | inpatient | | | 352 | 31.5 | Multiplan | Multiplan | 281.6 | 80 | | | 14.1 | 334.4 | percent of total billed charges | |
| BKR CHG OLIGOCLONAL IMMUNE | 83916 | CPT | | | | inpatient | | | 352 | 31.5 | Wellcare | Medicaid | 20 | | | | 14.1 | 334.4 | fee schedule | |
| BKR CHG OLIGOCLONAL IMMUNE | 83916 | CPT | | | | inpatient | | | 352 | 31.5 | Horizon | Indemnity | 134.75 | 38.28 | | | 14.1 | 334.4 | percent of total billed charges | |
| BKR CHG OLIGOCLONAL IMMUNE | 83916 | CPT | | | | inpatient | | | 352 | 31.5 | Wellcare | Medicare | 27.39 | | | | 14.1 | 334.4 | fee schedule | |
| BKR CHG OLIGOCLONAL IMMUNE | 83916 | CPT | | | | inpatient | | | 352 | 31.5 | UHC | Medicare | 27.39 | | | | 14.1 | 334.4 | fee schedule | |
| BKR CHG OLIGOCLONAL IMMUNE | 83916 | CPT | | | | inpatient | | | 352 | 31.5 | Horizon | Medicare Blue | 105.6 | 30 | | | 14.1 | 334.4 | percent of total billed charges | |
| BKR CHG OLIGOCLONAL IMMUNE | 83916 | CPT | | | | inpatient | | | 352 | 31.5 | Horizon | PPO | 134.75 | 38.28 | | | 14.1 | 334.4 | percent of total billed charges | |
| BKR CHG OLIGOCLONAL IMMUNE | 83916 | CPT | | | | inpatient | | | 352 | 31.5 | Horizon | NJ Health | 43.22 | | | | 14.1 | 334.4 | fee schedule | |
| BKR CHG OLIGOCLONAL IMMUNE | 83916 | CPT | | | | inpatient | | | 352 | 31.5 | Three Rivers | Three Rivers | 334.4 | 95 | | | 14.1 | 334.4 | percent of total billed charges | |
| BKR CHG OLIGOCLONAL IMMUNE | 83916 | CPT | | | | inpatient | | | 352 | 31.5 | Managed Care Inc | Managed Care Inc | 316.8 | 90 | | | 14.1 | 334.4 | percent of total billed charges | |
| BKR CHG OLIGOCLONAL IMMUNE | 83916 | CPT | | | | inpatient | | | 352 | 31.5 | UHC | Medicaid | 20 | | | | 14.1 | 334.4 | fee schedule | |
| BKR CHG ORGANIC ACIDS QUANT EA SPEC. | 83918 | CPT | | | | outpatient | | | 766 | 27.14 | Amerihealth | Medicare | 23.6 | | | | 19 | 727.7 | fee schedule | |
| BKR CHG ORGANIC ACIDS QUANT EA SPEC. | 83918 | CPT | | | | outpatient | | | 766 | 27.14 | Corrections | Corrections | 612.8 | 80 | | | 19 | 727.7 | percent of total billed charges | |
| BKR CHG ORGANIC ACIDS QUANT EA SPEC. | 83918 | CPT | | | | outpatient | | | 766 | 27.14 | Aetna | Medicare | 235.93 | 30.8 | | | 19 | 727.7 | percent of total billed charges | |
| BKR CHG ORGANIC ACIDS QUANT EA SPEC. | 83918 | CPT | | | | outpatient | | | 766 | 27.14 | Americare | Americare | 574.5 | 75 | | | 19 | 727.7 | percent of total billed charges | |
| BKR CHG ORGANIC ACIDS QUANT EA SPEC. | 83918 | CPT | | | | outpatient | | | 766 | 27.14 | Wellcare | Medicaid | 19 | | | | 19 | 727.7 | fee schedule | |
| BKR CHG ORGANIC ACIDS QUANT EA SPEC. | 83918 | CPT | | | | outpatient | | | 766 | 27.14 | Aetna | Better Health | 241.67 | 31.55 | | | 19 | 727.7 | percent of total billed charges | |
| BKR CHG ORGANIC ACIDS QUANT EA SPEC. | 83918 | CPT | | | | outpatient | | | 766 | 27.14 | First Health | First Health | 536.2 | 70 | | | 19 | 727.7 | percent of total billed charges | |
| BKR CHG ORGANIC ACIDS QUANT EA SPEC. | 83918 | CPT | | | | outpatient | | | 766 | 27.14 | UHC | Medicaid | 19 | | | | 19 | 727.7 | fee schedule | |
| BKR CHG ORGANIC ACIDS QUANT EA SPEC. | 83918 | CPT | | | | outpatient | | | 766 | 27.14 | Amerihealth | HMO/PPO | 25.7 | | | | 19 | 727.7 | fee schedule | |
| BKR CHG ORGANIC ACIDS QUANT EA SPEC. | 83918 | CPT | | | | outpatient | | | 766 | 27.14 | WellPoint | WellPoint | 246.5 | 32.18 | | | 19 | 727.7 | percent of total billed charges | |
| BKR CHG ORGANIC ACIDS QUANT EA SPEC. | 83918 | CPT | | | | outpatient | | | 766 | 27.14 | Wellcare | Medicare | 23.6 | | | | 19 | 727.7 | fee schedule | |
| BKR CHG ORGANIC ACIDS QUANT EA SPEC. | 83918 | CPT | | | | outpatient | | | 766 | 27.14 | Consumer | Consumer | 727.7 | 95 | | | 19 | 727.7 | percent of total billed charges | |
| BKR CHG ORGANIC ACIDS QUANT EA SPEC. | 83918 | CPT | | | | outpatient | | | 766 | 27.14 | Horizon | MGD | 293.22 | 38.28 | | | 19 | 727.7 | percent of total billed charges | |
| BKR CHG ORGANIC ACIDS QUANT EA SPEC. | 83918 | CPT | | | | outpatient | | | 766 | 27.14 | Horizon | Indemnity | 293.22 | 38.28 | | | 19 | 727.7 | percent of total billed charges | |
| BKR CHG ORGANIC ACIDS QUANT EA SPEC. | 83918 | CPT | | | | outpatient | | | 766 | 27.14 | First Trenton | First Trenton | 689.4 | 90 | | | 19 | 727.7 | percent of total billed charges | |
| BKR CHG ORGANIC ACIDS QUANT EA SPEC. | 83918 | CPT | | | | outpatient | | | 766 | 27.14 | Horizon | Medicare Blue | 229.8 | 30 | | | 19 | 727.7 | percent of total billed charges | |
| BKR CHG ORGANIC ACIDS QUANT EA SPEC. | 83918 | CPT | | | | outpatient | | | 766 | 27.14 | Horizon | NJ Health | 37.24 | | | | 19 | 727.7 | fee schedule | |
| BKR CHG ORGANIC ACIDS QUANT EA SPEC. | 83918 | CPT | | | | outpatient | | | 766 | 27.14 | Multiplan | Multiplan | 612.8 | 80 | | | 19 | 727.7 | percent of total billed charges | |
| BKR CHG ORGANIC ACIDS QUANT EA SPEC. | 83918 | CPT | | | | outpatient | | | 766 | 27.14 | Horizon | PPO | 293.22 | 38.28 | | | 19 | 727.7 | percent of total billed charges | |
| BKR CHG ORGANIC ACIDS QUANT EA SPEC. | 83918 | CPT | | | | outpatient | | | 766 | 27.14 | Qualcare | Qualcare | 574.5 | 75 | | | 19 | 727.7 | percent of total billed charges | |
| BKR CHG ORGANIC ACIDS QUANT EA SPEC. | 83918 | CPT | | | | outpatient | | | 766 | 27.14 | Managed Care Inc | Managed Care Inc | 689.4 | 90 | | | 19 | 727.7 | percent of total billed charges | |
| BKR CHG ORGANIC ACIDS QUANT EA SPEC. | 83918 | CPT | | | | outpatient | | | 766 | 27.14 | UHC | Medicare | 23.6 | | | | 19 | 727.7 | fee schedule | |
| BKR CHG ORGANIC ACIDS QUANT EA SPEC. | 83918 | CPT | | | | outpatient | | | 766 | 27.14 | Three Rivers | Three Rivers | 727.7 | 95 | | | 19 | 727.7 | percent of total billed charges | |
| BKR CHG ORGANIC ACIDS QUAL EA SPECIMEN | 83919 | CPT | | | | both | | | 642 | 18.92 | Aetna | Commercial | 243.96 | 38 | | | 16.45 | 609.9 | percent of total billed charges | |
| BKR CHG ORGANIC ACIDS QUAL EA SPECIMEN | 83919 | CPT | | | | both | | | 642 | 18.92 | Amerihealth | Medicare | 16.45 | | | | 16.45 | 609.9 | fee schedule | |
| BKR CHG ORGANIC ACIDS QUAL EA SPECIMEN | 83919 | CPT | | | | both | | | 642 | 18.92 | Aetna | Better Health | 202.55 | 31.55 | | | 16.45 | 609.9 | percent of total billed charges | |
| BKR CHG ORGANIC ACIDS QUAL EA SPECIMEN | 83919 | CPT | | | | both | | | 642 | 18.92 | Amerihealth | HMO/PPO | 22.8 | | | | 16.45 | 609.9 | fee schedule | |
| BKR CHG ORGANIC ACIDS QUAL EA SPECIMEN | 83919 | CPT | | | | both | | | 642 | 18.92 | Aetna | Medicare | 197.74 | 30.8 | | | 16.45 | 609.9 | percent of total billed charges | |
| BKR CHG ORGANIC ACIDS QUAL EA SPECIMEN | 83919 | CPT | | | | both | | | 642 | 18.92 | First Health | First Health | 449.4 | 70 | | | 16.45 | 609.9 | percent of total billed charges | |
| BKR CHG ORGANIC ACIDS QUAL EA SPECIMEN | 83919 | CPT | | | | both | | | 642 | 18.92 | Corrections | Corrections | 513.6 | 80 | | | 16.45 | 609.9 | percent of total billed charges | |
| BKR CHG ORGANIC ACIDS QUAL EA SPECIMEN | 83919 | CPT | | | | both | | | 642 | 18.92 | First Trenton | First Trenton | 577.8 | 90 | | | 16.45 | 609.9 | percent of total billed charges | |
| BKR CHG ORGANIC ACIDS QUAL EA SPECIMEN | 83919 | CPT | | | | both | | | 642 | 18.92 | Horizon | MGD | 245.76 | 38.28 | | | 16.45 | 609.9 | percent of total billed charges | |
| BKR CHG ORGANIC ACIDS QUAL EA SPECIMEN | 83919 | CPT | | | | both | | | 642 | 18.92 | WellPoint | WellPoint | 206.6 | 32.18 | | 10.93 | 16.45 | 609.9 | percent of total billed charges | |
| BKR CHG ORGANIC ACIDS QUAL EA SPECIMEN | 83919 | CPT | | | | both | | | 642 | 18.92 | Americare | Americare | 481.5 | 75 | | | 16.45 | 609.9 | percent of total billed charges | |
| BKR CHG ORGANIC ACIDS QUAL EA SPECIMEN | 83919 | CPT | | | | both | | | 642 | 18.92 | Horizon | Medicare Blue | 192.6 | 30 | | | 16.45 | 609.9 | percent of total billed charges | |
| BKR CHG ORGANIC ACIDS QUAL EA SPECIMEN | 83919 | CPT | | | | both | | | 642 | 18.92 | Multiplan | Multiplan | 513.6 | 80 | | | 16.45 | 609.9 | percent of total billed charges | |
| BKR CHG ORGANIC ACIDS QUAL EA SPECIMEN | 83919 | CPT | | | | both | | | 642 | 18.92 | Wellcare | Medicare | 16.45 | | | | 16.45 | 609.9 | fee schedule | |
| BKR CHG ORGANIC ACIDS QUAL EA SPECIMEN | 83919 | CPT | | | | both | | | 642 | 18.92 | Horizon | NJ Health | 18.27 | | | 4.26 | 16.45 | 609.9 | fee schedule | |
| BKR CHG ORGANIC ACIDS QUAL EA SPECIMEN | 83919 | CPT | | | | both | | | 642 | 18.92 | UHC | Medicaid | 19 | | | 7.84 | 16.45 | 609.9 | fee schedule | |
| BKR CHG ORGANIC ACIDS QUAL EA SPECIMEN | 83919 | CPT | | | | both | | | 642 | 18.92 | Qualcare | Qualcare | 481.5 | 75 | | | 16.45 | 609.9 | percent of total billed charges | |
| BKR CHG ORGANIC ACIDS QUAL EA SPECIMEN | 83919 | CPT | | | | both | | | 642 | 18.92 | Consumer | Consumer | 609.9 | 95 | | | 16.45 | 609.9 | percent of total billed charges | |
| BKR CHG ORGANIC ACIDS QUAL EA SPECIMEN | 83919 | CPT | | | | both | | | 642 | 18.92 | UHC | Medicare | 16.45 | | | | 16.45 | 609.9 | fee schedule | |
| BKR CHG ORGANIC ACIDS QUAL EA SPECIMEN | 83919 | CPT | | | | both | | | 642 | 18.92 | Wellcare | Medicaid | 19 | | | | 16.45 | 609.9 | fee schedule | |
| BKR CHG ORGANIC ACIDS QUAL EA SPECIMEN | 83919 | CPT | | | | both | | | 642 | 18.92 | Horizon | Indemnity | 245.76 | 38.28 | | | 16.45 | 609.9 | percent of total billed charges | |
| BKR CHG ORGANIC ACIDS QUAL EA SPECIMEN | 83919 | CPT | | | | both | | | 642 | 18.92 | Horizon | PPO | 245.76 | 38.28 | | | 16.45 | 609.9 | percent of total billed charges | |
| BKR CHG ORGANIC ACIDS QUAL EA SPECIMEN | 83919 | CPT | | | | both | | | 642 | 18.92 | Managed Care Inc | Managed Care Inc | 577.8 | 90 | | | 16.45 | 609.9 | percent of total billed charges | |
| BKR CHG ORGANIC ACIDS QUAL EA SPECIMEN | 83919 | CPT | | | | both | | | 642 | 18.92 | Three Rivers | Three Rivers | 609.9 | 95 | | | 16.45 | 609.9 | percent of total billed charges | |
| BKR CHG ORGANIC ACID SINGLE QUANTITATIVE | 83921 | CPT | | | | both | | | 206 | 24.39 | Horizon | MGD | 78.86 | 38.28 | | 12.45 | 9 | 195.7 | percent of total billed charges | |
| BKR CHG ORGANIC ACID SINGLE QUANTITATIVE | 83921 | CPT | | | | both | | | 206 | 24.39 | Consumer | Consumer | 195.7 | 95 | | | 9 | 195.7 | percent of total billed charges | |
| BKR CHG ORGANIC ACID SINGLE QUANTITATIVE | 83921 | CPT | | | | both | | | 206 | 24.39 | Aetna | Better Health | 64.99 | 31.55 | | | 9 | 195.7 | percent of total billed charges | |
| BKR CHG ORGANIC ACID SINGLE QUANTITATIVE | 83921 | CPT | | | | both | | | 206 | 24.39 | Amerihealth | Medicare | 21.21 | | | | 9 | 195.7 | fee schedule | |
| BKR CHG ORGANIC ACID SINGLE QUANTITATIVE | 83921 | CPT | | | | both | | | 206 | 24.39 | UHC | Medicare | 21.21 | | | 5.24 | 9 | 195.7 | fee schedule | |
| BKR CHG ORGANIC ACID SINGLE QUANTITATIVE | 83921 | CPT | | | | both | | | 206 | 24.39 | Corrections | Corrections | 164.8 | 80 | | | 9 | 195.7 | percent of total billed charges | |
| BKR CHG ORGANIC ACID SINGLE QUANTITATIVE | 83921 | CPT | | | | both | | | 206 | 24.39 | First Health | First Health | 144.2 | 70 | | | 9 | 195.7 | percent of total billed charges | |
| BKR CHG ORGANIC ACID SINGLE QUANTITATIVE | 83921 | CPT | | | | both | | | 206 | 24.39 | Americare | Americare | 154.5 | 75 | | | 9 | 195.7 | percent of total billed charges | |
| BKR CHG ORGANIC ACID SINGLE QUANTITATIVE | 83921 | CPT | | | | both | | | 206 | 24.39 | Aetna | Medicare | 63.45 | 30.8 | | 2.14 | 9 | 195.7 | percent of total billed charges | |
| BKR CHG ORGANIC ACID SINGLE QUANTITATIVE | 83921 | CPT | | | | both | | | 206 | 24.39 | First Trenton | First Trenton | 185.4 | 90 | | | 9 | 195.7 | percent of total billed charges | |
| BKR CHG ORGANIC ACID SINGLE QUANTITATIVE | 83921 | CPT | | | | both | | | 206 | 24.39 | Horizon | Medicare Blue | 61.8 | 30 | | | 9 | 195.7 | percent of total billed charges | |
| BKR CHG ORGANIC ACID SINGLE QUANTITATIVE | 83921 | CPT | | | | both | | | 206 | 24.39 | Amerihealth | HMO/PPO | 25.7 | | | | 9 | 195.7 | fee schedule | |
| BKR CHG ORGANIC ACID SINGLE QUANTITATIVE | 83921 | CPT | | | | both | | | 206 | 24.39 | Horizon | Indemnity | 78.86 | 38.28 | | | 9 | 195.7 | percent of total billed charges | |
| BKR CHG ORGANIC ACID SINGLE QUANTITATIVE | 83921 | CPT | | | | both | | | 206 | 24.39 | Horizon | PPO | 78.86 | 38.28 | | | 9 | 195.7 | percent of total billed charges | |
| BKR CHG ORGANIC ACID SINGLE QUANTITATIVE | 83921 | CPT | | | | both | | | 206 | 24.39 | Horizon | NJ Health | 18.27 | | | 8.39 | 9 | 195.7 | fee schedule | |
| BKR CHG ORGANIC ACID SINGLE QUANTITATIVE | 83921 | CPT | | | | both | | | 206 | 24.39 | Wellcare | Medicare | 21.21 | | | | 9 | 195.7 | fee schedule | |
| BKR CHG ORGANIC ACID SINGLE QUANTITATIVE | 83921 | CPT | | | | both | | | 206 | 24.39 | Multiplan | Multiplan | 164.8 | 80 | | | 9 | 195.7 | percent of total billed charges | |
| BKR CHG ORGANIC ACID SINGLE QUANTITATIVE | 83921 | CPT | | | | both | | | 206 | 24.39 | Managed Care Inc | Managed Care Inc | 185.4 | 90 | | | 9 | 195.7 | percent of total billed charges | |
| BKR CHG ORGANIC ACID SINGLE QUANTITATIVE | 83921 | CPT | | | | both | | | 206 | 24.39 | Wellcare | Medicaid | 19 | | | 9.88 | 9 | 195.7 | fee schedule | |
| BKR CHG ORGANIC ACID SINGLE QUANTITATIVE | 83921 | CPT | | | | both | | | 206 | 24.39 | Three Rivers | Three Rivers | 195.7 | 95 | | | 9 | 195.7 | percent of total billed charges | |
| BKR CHG ORGANIC ACID SINGLE QUANTITATIVE | 83921 | CPT | | | | both | | | 206 | 24.39 | Qualcare | Qualcare | 154.5 | 75 | | | 9 | 195.7 | percent of total billed charges | |
| BKR CHG ORGANIC ACID SINGLE QUANTITATIVE | 83921 | CPT | | | | both | | | 206 | 24.39 | WellPoint | WellPoint | 66.29 | 32.18 | | 11.36 | 9 | 195.7 | percent of total billed charges | |
| BKR CHG ORGANIC ACID SINGLE QUANTITATIVE | 83921 | CPT | | | | both | | | 206 | 24.39 | UHC | Medicaid | 19 | | | 12.52 | 9 | 195.7 | fee schedule | |
| BKR CHG URINE OXYCODONE | 83925 | CPT | | | | outpatient | | | 131 | | WellPoint | WellPoint | 42.16 | 32.18 | | | 39.3 | 124.45 | percent of total billed charges | |
| BKR CHG URINE OXYCODONE | 83925 | CPT | | | | outpatient | | | 131 | | UHC | Medicaid | 41.33 | 31.55 | | | 39.3 | 124.45 | percent of total billed charges | |
| BKR CHG URINE OXYCODONE | 83925 | CPT | | | | outpatient | | | 131 | | Aetna | Medicare | 40.35 | 30.8 | | | 39.3 | 124.45 | percent of total billed charges | |
| BKR CHG URINE OXYCODONE | 83925 | CPT | | | | outpatient | | | 131 | | Aetna | Better Health | 41.33 | 31.55 | | | 39.3 | 124.45 | percent of total billed charges | |
| BKR CHG URINE OXYCODONE | 83925 | CPT | | | | outpatient | | | 131 | | Americare | Americare | 98.25 | 75 | | | 39.3 | 124.45 | percent of total billed charges | |
| BKR CHG URINE OXYCODONE | 83925 | CPT | | | | outpatient | | | 131 | | First Health | First Health | 91.7 | 70 | | | 39.3 | 124.45 | percent of total billed charges | |
| BKR CHG URINE OXYCODONE | 83925 | CPT | | | | outpatient | | | 131 | | Horizon | Medicare Blue | 39.3 | 30 | | | 39.3 | 124.45 | percent of total billed charges | |
| BKR CHG URINE OXYCODONE | 83925 | CPT | | | | outpatient | | | 131 | | Amerihealth | HMO/PPO | 85.15 | 65 | | | 39.3 | 124.45 | percent of total billed charges | |
| BKR CHG URINE OXYCODONE | 83925 | CPT | | | | outpatient | | | 131 | | Multiplan | Multiplan | 104.8 | 80 | | | 39.3 | 124.45 | percent of total billed charges | |
| BKR CHG URINE OXYCODONE | 83925 | CPT | | | | outpatient | | | 131 | | Horizon | MGD | 50.15 | 38.28 | | | 39.3 | 124.45 | percent of total billed charges | |
| BKR CHG URINE OXYCODONE | 83925 | CPT | | | | outpatient | | | 131 | | Wellcare | Medicaid | 41.33 | 31.55 | | | 39.3 | 124.45 | percent of total billed charges | |
| BKR CHG URINE OXYCODONE | 83925 | CPT | | | | outpatient | | | 131 | | Consumer | Consumer | 124.45 | 95 | | | 39.3 | 124.45 | percent of total billed charges | |
| BKR CHG URINE OXYCODONE | 83925 | CPT | | | | outpatient | | | 131 | | Horizon | PPO | 50.15 | 38.28 | | | 39.3 | 124.45 | percent of total billed charges | |
| BKR CHG URINE OXYCODONE | 83925 | CPT | | | | outpatient | | | 131 | | Horizon | Indemnity | 50.15 | 38.28 | | | 39.3 | 124.45 | percent of total billed charges | |
| BKR CHG URINE OXYCODONE | 83925 | CPT | | | | outpatient | | | 131 | | Three Rivers | Three Rivers | 124.45 | 95 | | | 39.3 | 124.45 | percent of total billed charges | |
| BKR CHG URINE OXYCODONE | 83925 | CPT | | | | outpatient | | | 131 | | Corrections | Corrections | 104.8 | 80 | | | 39.3 | 124.45 | percent of total billed charges | |
| BKR CHG URINE OXYCODONE | 83925 | CPT | | | | outpatient | | | 131 | | Qualcare | Qualcare | 98.25 | 75 | | | 39.3 | 124.45 | percent of total billed charges | |
| BKR CHG URINE OXYCODONE | 83925 | CPT | | | | outpatient | | | 131 | | First Trenton | First Trenton | 117.9 | 90 | | | 39.3 | 124.45 | percent of total billed charges | |
| BKR CHG URINE OXYCODONE | 83925 | CPT | | | | outpatient | | | 131 | | Managed Care Inc | Managed Care Inc | 117.9 | 90 | | | 39.3 | 124.45 | percent of total billed charges | |
| BKR CHG OSMOLALITY; BLOOD | 83930 | CPT | | | | both | | | 63 | 7.6 | Aetna | Medicare | 19.4 | 30.8 | | 9.57 | 5.1 | 59.85 | percent of total billed charges | |
| BKR CHG OSMOLALITY; BLOOD | 83930 | CPT | | | | both | | | 63 | 7.6 | Aetna | Commercial | 23.94 | 38 | | 15.18 | 5.1 | 59.85 | percent of total billed charges | |
| BKR CHG OSMOLALITY; BLOOD | 83930 | CPT | | | | both | | | 63 | 7.6 | Amerihealth | Medicare | 6.61 | | | | 5.1 | 59.85 | fee schedule | |
| BKR CHG OSMOLALITY; BLOOD | 83930 | CPT | | | | both | | | 63 | 7.6 | Aetna | Better Health | 19.88 | 31.55 | | 16.18 | 5.1 | 59.85 | percent of total billed charges | |
| BKR CHG OSMOLALITY; BLOOD | 83930 | CPT | | | | both | | | 63 | 7.6 | First Trenton | First Trenton | 56.7 | 90 | | | 5.1 | 59.85 | percent of total billed charges | |
| BKR CHG OSMOLALITY; BLOOD | 83930 | CPT | | | | both | | | 63 | 7.6 | Americare | Americare | 47.25 | 75 | | | 5.1 | 59.85 | percent of total billed charges | |
| BKR CHG OSMOLALITY; BLOOD | 83930 | CPT | | | | both | | | 63 | 7.6 | UHC | Medicare | 6.61 | | | 8.09 | 5.1 | 59.85 | fee schedule | |
| BKR CHG OSMOLALITY; BLOOD | 83930 | CPT | | | | both | | | 63 | 7.6 | Consumer | Consumer | 59.85 | 95 | | | 5.1 | 59.85 | percent of total billed charges | |
| BKR CHG OSMOLALITY; BLOOD | 83930 | CPT | | | | both | | | 63 | 7.6 | Amerihealth | HMO/PPO | 10.3 | | | | 5.1 | 59.85 | fee schedule | |
| BKR CHG OSMOLALITY; BLOOD | 83930 | CPT | | | | both | | | 63 | 7.6 | Corrections | Corrections | 50.4 | 80 | | | 5.1 | 59.85 | percent of total billed charges | |
| BKR CHG OSMOLALITY; BLOOD | 83930 | CPT | | | | both | | | 63 | 7.6 | First Health | First Health | 44.1 | 70 | | | 5.1 | 59.85 | percent of total billed charges | |
| BKR CHG OSMOLALITY; BLOOD | 83930 | CPT | | | | both | | | 63 | 7.6 | Horizon | MGD | 24.12 | 38.28 | | 17.38 | 5.1 | 59.85 | percent of total billed charges | |
| BKR CHG OSMOLALITY; BLOOD | 83930 | CPT | | | | both | | | 63 | 7.6 | Horizon | PPO | 24.12 | 38.28 | | | 5.1 | 59.85 | percent of total billed charges | |
| BKR CHG OSMOLALITY; BLOOD | 83930 | CPT | | | | both | | | 63 | 7.6 | UHC | Medicaid | 9 | | | 16.79 | 5.1 | 59.85 | fee schedule | |
| BKR CHG OSMOLALITY; BLOOD | 83930 | CPT | | | | both | | | 63 | 7.6 | Multiplan | Multiplan | 50.4 | 80 | | | 5.1 | 59.85 | percent of total billed charges | |
| BKR CHG OSMOLALITY; BLOOD | 83930 | CPT | | | | both | | | 63 | 7.6 | Horizon | NJ Health | 19.4 | | | 4.09 | 5.1 | 59.85 | fee schedule | |
| BKR CHG OSMOLALITY; BLOOD | 83930 | CPT | | | | both | | | 63 | 7.6 | Horizon | Indemnity | 24.12 | 38.28 | | | 5.1 | 59.85 | percent of total billed charges | |
| BKR CHG OSMOLALITY; BLOOD | 83930 | CPT | | | | both | | | 63 | 7.6 | Wellcare | Medicaid | 9 | | | | 5.1 | 59.85 | fee schedule | |
| BKR CHG OSMOLALITY; BLOOD | 83930 | CPT | | | | both | | | 63 | 7.6 | Qualcare | Qualcare | 47.25 | 75 | | | 5.1 | 59.85 | percent of total billed charges | |
| BKR CHG OSMOLALITY; BLOOD | 83930 | CPT | | | | both | | | 63 | 7.6 | Three Rivers | Three Rivers | 59.85 | 95 | | | 5.1 | 59.85 | percent of total billed charges | |
| BKR CHG OSMOLALITY; BLOOD | 83930 | CPT | | | | both | | | 63 | 7.6 | Managed Care Inc | Managed Care Inc | 56.7 | 90 | | | 5.1 | 59.85 | percent of total billed charges | |
| BKR CHG OSMOLALITY; BLOOD | 83930 | CPT | | | | both | | | 63 | 7.6 | Wellcare | Medicare | 6.61 | | | 6.54 | 5.1 | 59.85 | fee schedule | |
| BKR CHG OSMOLALITY; BLOOD | 83930 | CPT | | | | both | | | 63 | 7.6 | Horizon | Medicare Blue | 18.9 | 30 | | 5.85 | 5.1 | 59.85 | percent of total billed charges | |
| BKR CHG OSMOLALITY; BLOOD | 83930 | CPT | | | | both | | | 63 | 7.6 | WellPoint | WellPoint | 20.27 | 32.18 | | 12.97 | 5.1 | 59.85 | percent of total billed charges | |
| BKR CHG URINE OSMOLALITY | 83935 | CPT | | | | both | | | 65 | 7.84 | Amerihealth | HMO/PPO | 10.6 | | | | 6.82 | 61.75 | fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG URINE OSMOLALITY | 83935 | CPT | | | | both | | | 65 | 7.84 | First Health | First Health | 45.5 | 70 | | | 6.82 | 6.82 | 61.75 percent of total billed charges | |
| BKR CHG URINE OSMOLALITY | 83935 | CPT | | | | both | | | 65 | 7.84 | Corrections | Corrections | 52 | 80 | | | 6.82 | 6.82 | 61.75 percent of total billed charges | |
| BKR CHG URINE OSMOLALITY | 83935 | CPT | | | | both | | | 65 | 7.84 | Amerihealth | Medicare | 6.82 | | | | 6.82 | 6.82 | 61.75 fee schedule | |
| BKR CHG URINE OSMOLALITY | 83935 | CPT | | | | both | | | 65 | 7.84 | Horizon | NJ Health | 19.4 | | | 3.76 | 6.82 | 6.82 | 61.75 fee schedule | |
| BKR CHG URINE OSMOLALITY | 83935 | CPT | | | | both | | | 65 | 7.84 | Aetna | Medicare | 20.02 | 30.8 | | 9.89 | 6.82 | 6.82 | 61.75 percent of total billed charges | |
| BKR CHG URINE OSMOLALITY | 83935 | CPT | | | | both | | | 65 | 7.84 | Horizon | Indemnity | 24.88 | 38.28 | | | 6.82 | 6.82 | 61.75 percent of total billed charges | |
| BKR CHG URINE OSMOLALITY | 83935 | CPT | | | | both | | | 65 | 7.84 | Aetna | Better Health | 20.51 | 31.55 | | | 6.82 | 6.82 | 61.75 percent of total billed charges | |
| BKR CHG URINE OSMOLALITY | 83935 | CPT | | | | both | | | 65 | 7.84 | Horizon | PPO | 24.88 | 38.28 | | 12.79 | 6.82 | 6.82 | 61.75 percent of total billed charges | |
| BKR CHG URINE OSMOLALITY | 83935 | CPT | | | | both | | | 65 | 7.84 | Multiplan | Multiplan | 52 | 80 | | | 6.82 | 6.82 | 61.75 percent of total billed charges | |
| BKR CHG URINE OSMOLALITY | 83935 | CPT | | | | both | | | 65 | 7.84 | First Trenton | First Trenton | 58.5 | 90 | | | 6.82 | 6.82 | 61.75 percent of total billed charges | |
| BKR CHG URINE OSMOLALITY | 83935 | CPT | | | | both | | | 65 | 7.84 | WellPoint | WellPoint | 20.92 | 32.18 | | 11.42 | 6.82 | 6.82 | 61.75 percent of total billed charges | |
| BKR CHG URINE OSMOLALITY | 83935 | CPT | | | | both | | | 65 | 7.84 | Three Rivers | Three Rivers | 61.75 | 95 | | | 6.82 | 6.82 | 61.75 percent of total billed charges | |
| BKR CHG URINE OSMOLALITY | 83935 | CPT | | | | both | | | 65 | 7.84 | Americare | Americare | 48.75 | 75 | | | 6.82 | 6.82 | 61.75 percent of total billed charges | |
| BKR CHG URINE OSMOLALITY | 83935 | CPT | | | | both | | | 65 | 7.84 | Qualcare | Qualcare | 48.75 | 75 | | | 6.82 | 6.82 | 61.75 percent of total billed charges | |
| BKR CHG URINE OSMOLALITY | 83935 | CPT | | | | both | | | 65 | 7.84 | Consumer | Consumer | 61.75 | 95 | | | 6.82 | 6.82 | 61.75 percent of total billed charges | |
| BKR CHG URINE OSMOLALITY | 83935 | CPT | | | | both | | | 65 | 7.84 | Wellcare | Medicare | 6.82 | | | 6.75 | 6.82 | 6.82 | 61.75 fee schedule | |
| BKR CHG URINE OSMOLALITY | 83935 | CPT | | | | both | | | 65 | 7.84 | Horizon | Medicare Blue | 19.5 | 30 | | 4.86 | 6.82 | 6.82 | 61.75 percent of total billed charges | |
| BKR CHG URINE OSMOLALITY | 83935 | CPT | | | | both | | | 65 | 7.84 | Managed Care Inc | Managed Care Inc | 58.5 | 90 | | | 6.82 | 6.82 | 61.75 percent of total billed charges | |
| BKR CHG URINE OSMOLALITY | 83935 | CPT | | | | both | | | 65 | 7.84 | Horizon | MGD | 24.88 | 38.28 | | 18.35 | 6.82 | 6.82 | 61.75 percent of total billed charges | |
| BKR CHG URINE OSMOLALITY | 83935 | CPT | | | | both | | | 65 | 7.84 | UHC | Medicaid | 9 | | | 13.74 | 6.82 | 6.82 | 61.75 fee schedule | |
| BKR CHG URINE OSMOLALITY | 83935 | CPT | | | | both | | | 65 | 7.84 | UHC | Medicare | 6.82 | | | 8.39 | 6.82 | 6.82 | 61.75 fee schedule | |
| BKR CHG URINE OSMOLALITY | 83935 | CPT | | | | both | | | 65 | 7.84 | Wellcare | Medicaid | 9 | | | 6.89 | 6.82 | 6.82 | 61.75 fee schedule | |
| BKR CHG OSTEOCALCIN, SERUM | 83937 | CPT | | | | both | | | 71 | 34.33 | Consumer | Consumer | 67.45 | 95 | | | 21.3 | 21.3 | 85 percent of total billed charges | |
| BKR CHG OSTEOCALCIN, SERUM | 83937 | CPT | | | | both | | | 71 | 34.33 | Horizon | Medicare Blue | 21.3 | 30 | | 10.31 | 21.3 | 21.3 | 85 percent of total billed charges | |
| BKR CHG OSTEOCALCIN, SERUM | 83937 | CPT | | | | both | | | 71 | 34.33 | Aetna | Commercial | 26.98 | 38 | | | 21.3 | 21.3 | 85 percent of total billed charges | |
| BKR CHG OSTEOCALCIN, SERUM | 83937 | CPT | | | | both | | | 71 | 34.33 | Amerihealth | Medicare | 29.85 | | | | 21.3 | 21.3 | 85 fee schedule | |
| BKR CHG OSTEOCALCIN, SERUM | 83937 | CPT | | | | both | | | 71 | 34.33 | Americare | Americare | 53.25 | 75 | | | 21.3 | 21.3 | 85 percent of total billed charges | |
| BKR CHG OSTEOCALCIN, SERUM | 83937 | CPT | | | | both | | | 71 | 34.33 | UHC | Medicare | 29.85 | | | 7.72 | 21.3 | 21.3 | 85 fee schedule | |
| BKR CHG OSTEOCALCIN, SERUM | 83937 | CPT | | | | both | | | 71 | 34.33 | Corrections | Corrections | 56.8 | 80 | | | 21.3 | 21.3 | 85 percent of total billed charges | |
| BKR CHG OSTEOCALCIN, SERUM | 83937 | CPT | | | | both | | | 71 | 34.33 | Aetna | Better Health | 22.4 | 31.55 | | | 21.3 | 21.3 | 85 percent of total billed charges | |
| BKR CHG OSTEOCALCIN, SERUM | 83937 | CPT | | | | both | | | 71 | 34.33 | First Trenton | First Trenton | 63.9 | 90 | | | 21.3 | 21.3 | 85 percent of total billed charges | |
| BKR CHG OSTEOCALCIN, SERUM | 83937 | CPT | | | | both | | | 71 | 34.33 | First Health | First Health | 49.7 | 70 | | | 21.3 | 21.3 | 85 percent of total billed charges | |
| BKR CHG OSTEOCALCIN, SERUM | 83937 | CPT | | | | both | | | 71 | 34.33 | Aetna | Medicare | 21.87 | 30.8 | | | 21.3 | 21.3 | 85 percent of total billed charges | |
| BKR CHG OSTEOCALCIN, SERUM | 83937 | CPT | | | | both | | | 71 | 34.33 | Amerihealth | HMO/PPO | 85 | | | | 21.3 | 21.3 | 85 fee schedule | |
| BKR CHG OSTEOCALCIN, SERUM | 83937 | CPT | | | | both | | | 71 | 34.33 | Horizon | Indemnity | 27.18 | 38.28 | | 25.84 | 21.3 | 21.3 | 85 percent of total billed charges | |
| BKR CHG OSTEOCALCIN, SERUM | 83937 | CPT | | | | both | | | 71 | 34.33 | WellPoint | WellPoint | 22.85 | 32.18 | | 8.21 | 21.3 | 21.3 | 85 percent of total billed charges | |
| BKR CHG OSTEOCALCIN, SERUM | 83937 | CPT | | | | both | | | 71 | 34.33 | Wellcare | Medicare | 29.85 | | | | 21.3 | 21.3 | 85 fee schedule | |
| BKR CHG OSTEOCALCIN, SERUM | 83937 | CPT | | | | both | | | 71 | 34.33 | UHC | Medicaid | 40 | | | 11.3 | 21.3 | 21.3 | 85 fee schedule | |
| BKR CHG OSTEOCALCIN, SERUM | 83937 | CPT | | | | both | | | 71 | 34.33 | Horizon | NJ Health | 33.14 | | | 1.64 | 21.3 | 21.3 | 85 fee schedule | |
| BKR CHG OSTEOCALCIN, SERUM | 83937 | CPT | | | | both | | | 71 | 34.33 | Horizon | MGD | 27.18 | 38.28 | | | 21.3 | 21.3 | 85 percent of total billed charges | |
| BKR CHG OSTEOCALCIN, SERUM | 83937 | CPT | | | | both | | | 71 | 34.33 | Horizon | PPO | 27.18 | 38.28 | | | 21.3 | 21.3 | 85 percent of total billed charges | |
| BKR CHG OSTEOCALCIN, SERUM | 83937 | CPT | | | | both | | | 71 | 34.33 | Multiplan | Multiplan | 56.8 | 80 | | | 21.3 | 21.3 | 85 percent of total billed charges | |
| BKR CHG OSTEOCALCIN, SERUM | 83937 | CPT | | | | both | | | 71 | 34.33 | Managed Care Inc | Managed Care Inc | 63.9 | 90 | | | 21.3 | 21.3 | 85 percent of total billed charges | |
| BKR CHG OSTEOCALCIN, SERUM | 83937 | CPT | | | | both | | | 71 | 34.33 | Qualcare | Qualcare | 53.25 | 75 | | | 21.3 | 21.3 | 85 percent of total billed charges | |
| BKR CHG OSTEOCALCIN, SERUM | 83937 | CPT | | | | both | | | 71 | 34.33 | Three Rivers | Three Rivers | 67.45 | 95 | | | 21.3 | 21.3 | 85 percent of total billed charges | |
| BKR CHG OSTEOCALCIN, SERUM | 83937 | CPT | | | | both | | | 71 | 34.33 | Wellcare | Medicaid | 40 | | | | 21.3 | 21.3 | 85 fee schedule | |
| BKR CHG OXALATE QUANT 24-HR URINE | 83945 | CPT | | | | both | | | 81 | 16.62 | Aetna | Medicare | 24.95 | 30.8 | | | 9.9 | 9.9 | 76.95 percent of total billed charges | |
| BKR CHG OXALATE QUANT 24-HR URINE | 83945 | CPT | | | | both | | | 81 | 16.62 | Wellcare | Medicaid | 17 | | | | 9.9 | 9.9 | 76.95 fee schedule | |
| BKR CHG OXALATE QUANT 24-HR URINE | 83945 | CPT | | | | both | | | 81 | 16.62 | Americare | Americare | 60.75 | 75 | | | 9.9 | 9.9 | 76.95 percent of total billed charges | |
| BKR CHG OXALATE QUANT 24-HR URINE | 83945 | CPT | | | | both | | | 81 | 16.62 | First Health | First Health | 56.7 | 70 | | | 9.9 | 9.9 | 76.95 percent of total billed charges | |
| BKR CHG OXALATE QUANT 24-HR URINE | 83945 | CPT | | | | both | | | 81 | 16.62 | Corrections | Corrections | 64.8 | 80 | | | 9.9 | 9.9 | 76.95 percent of total billed charges | |
| BKR CHG OXALATE QUANT 24-HR URINE | 83945 | CPT | | | | both | | | 81 | 16.62 | Amerihealth | Medicare | 14.45 | | | | 9.9 | 9.9 | 76.95 fee schedule | |
| BKR CHG OXALATE QUANT 24-HR URINE | 83945 | CPT | | | | both | | | 81 | 16.62 | Consumer | Consumer | 76.95 | 95 | | | 9.9 | 9.9 | 76.95 percent of total billed charges | |
| BKR CHG OXALATE QUANT 24-HR URINE | 83945 | CPT | | | | both | | | 81 | 16.62 | Aetna | Better Health | 25.56 | 31.55 | | | 9.9 | 9.9 | 76.95 percent of total billed charges | |
| BKR CHG OXALATE QUANT 24-HR URINE | 83945 | CPT | | | | both | | | 81 | 16.62 | Horizon | MGD | 31.01 | 38.28 | | | 9.9 | 9.9 | 76.95 percent of total billed charges | |
| BKR CHG OXALATE QUANT 24-HR URINE | 83945 | CPT | | | | both | | | 81 | 16.62 | Amerihealth | HMO/PPO | 20.1 | | | | 9.9 | 9.9 | 76.95 fee schedule | |
| BKR CHG OXALATE QUANT 24-HR URINE | 83945 | CPT | | | | both | | | 81 | 16.62 | First Trenton | First Trenton | 72.9 | 90 | | | 9.9 | 9.9 | 76.95 percent of total billed charges | |
| BKR CHG OXALATE QUANT 24-HR URINE | 83945 | CPT | | | | both | | | 81 | 16.62 | Horizon | Indemnity | 31.01 | 38.28 | | | 9.9 | 9.9 | 76.95 percent of total billed charges | |
| BKR CHG OXALATE QUANT 24-HR URINE | 83945 | CPT | | | | both | | | 81 | 16.62 | UHC | Medicaid | 17 | | | 3.86 | 9.9 | 9.9 | 76.95 fee schedule | |
| BKR CHG OXALATE QUANT 24-HR URINE | 83945 | CPT | | | | both | | | 81 | 16.62 | Horizon | Medicare Blue | 24.3 | 30 | | | 9.9 | 9.9 | 76.95 percent of total billed charges | |
| BKR CHG OXALATE QUANT 24-HR URINE | 83945 | CPT | | | | both | | | 81 | 16.62 | Multiplan | Multiplan | 64.8 | 80 | | | 9.9 | 9.9 | 76.95 percent of total billed charges | |
| BKR CHG OXALATE QUANT 24-HR URINE | 83945 | CPT | | | | both | | | 81 | 16.62 | Horizon | NJ Health | 33.32 | | | | 9.9 | 9.9 | 76.95 fee schedule | |
| BKR CHG OXALATE QUANT 24-HR URINE | 83945 | CPT | | | | both | | | 81 | 16.62 | Wellcare | Medicare | 14.45 | | | | 9.9 | 9.9 | 76.95 fee schedule | |
| BKR CHG OXALATE QUANT 24-HR URINE | 83945 | CPT | | | | both | | | 81 | 16.62 | Horizon | PPO | 31.01 | 38.28 | | | 9.9 | 9.9 | 76.95 percent of total billed charges | |
| BKR CHG OXALATE QUANT 24-HR URINE | 83945 | CPT | | | | both | | | 81 | 16.62 | Qualcare | Qualcare | 60.75 | 75 | | | 9.9 | 9.9 | 76.95 percent of total billed charges | |
| BKR CHG OXALATE QUANT 24-HR URINE | 83945 | CPT | | | | both | | | 81 | 16.62 | Managed Care Inc | Managed Care Inc | 72.9 | 90 | | | 9.9 | 9.9 | 76.95 percent of total billed charges | |
| BKR CHG OXALATE QUANT 24-HR URINE | 83945 | CPT | | | | both | | | 81 | 16.62 | WellPoint | WellPoint | 26.07 | 32.18 | | | 9.9 | 9.9 | 76.95 percent of total billed charges | |
| BKR CHG OXALATE QUANT 24-HR URINE | 83945 | CPT | | | | both | | | 81 | 16.62 | Three Rivers | Three Rivers | 76.95 | 95 | | | 9.9 | 9.9 | 76.95 percent of total billed charges | |
| BKR CHG OXALATE QUANT 24-HR URINE | 83945 | CPT | | | | both | | | 81 | 16.62 | UHC | Medicare | 14.45 | | | | 9.9 | 9.9 | 76.95 fee schedule | |
| BKR CHG DES-Y-CARBOXY PROTHROMBIN (DCP) | 83951 | CPT | | | | both | | | 398 | 74.07 | Aetna | Medicare | 122.58 | 30.8 | | | 29.4 | 29.4 | 378.1 percent of total billed charges | |
| BKR CHG DES-Y-CARBOXY PROTHROMBIN (DCP) | 83951 | CPT | | | | both | | | 398 | 74.07 | First Health | First Health | 278.6 | 70 | | | 29.4 | 29.4 | 378.1 percent of total billed charges | |
| BKR CHG DES-Y-CARBOXY PROTHROMBIN (DCP) | 83951 | CPT | | | | both | | | 398 | 74.07 | Horizon | Indemnity | 152.35 | 38.28 | | | 29.4 | 29.4 | 378.1 percent of total billed charges | |
| BKR CHG DES-Y-CARBOXY PROTHROMBIN (DCP) | 83951 | CPT | | | | both | | | 398 | 74.07 | First Trenton | First Trenton | 358.2 | 90 | | | 29.4 | 29.4 | 378.1 percent of total billed charges | |
| BKR CHG DES-Y-CARBOXY PROTHROMBIN (DCP) | 83951 | CPT | | | | both | | | 398 | 74.07 | Aetna | Better Health | 125.57 | 31.55 | | | 29.4 | 29.4 | 378.1 percent of total billed charges | |
| BKR CHG DES-Y-CARBOXY PROTHROMBIN (DCP) | 83951 | CPT | | | | both | | | 398 | 74.07 | Amerihealth | Medicare | 64.41 | | | | 29.4 | 29.4 | 378.1 fee schedule | |
| BKR CHG DES-Y-CARBOXY PROTHROMBIN (DCP) | 83951 | CPT | | | | both | | | 398 | 74.07 | Corrections | Corrections | 318.4 | 80 | | | 29.4 | 29.4 | 378.1 percent of total billed charges | |
| BKR CHG DES-Y-CARBOXY PROTHROMBIN (DCP) | 83951 | CPT | | | | both | | | 398 | 74.07 | Amerihealth | HMO/PPO | 29.4 | | | 30.03 | 29.4 | 29.4 | 378.1 fee schedule | |
| BKR CHG DES-Y-CARBOXY PROTHROMBIN (DCP) | 83951 | CPT | | | | both | | | 398 | 74.07 | Americare | Americare | 298.5 | 75 | | | 29.4 | 29.4 | 378.1 percent of total billed charges | |
| BKR CHG DES-Y-CARBOXY PROTHROMBIN (DCP) | 83951 | CPT | | | | both | | | 398 | 74.07 | Horizon | PPO | 152.35 | 38.28 | | 16.24 | 29.4 | 29.4 | 378.1 percent of total billed charges | |
| BKR CHG DES-Y-CARBOXY PROTHROMBIN (DCP) | 83951 | CPT | | | | both | | | 398 | 74.07 | Multiplan | Multiplan | 318.4 | 80 | | | 29.4 | 29.4 | 378.1 percent of total billed charges | |
| BKR CHG DES-Y-CARBOXY PROTHROMBIN (DCP) | 83951 | CPT | | | | both | | | 398 | 74.07 | Managed Care Inc | Managed Care Inc | 358.2 | 90 | | | 29.4 | 29.4 | 378.1 percent of total billed charges | |
| BKR CHG DES-Y-CARBOXY PROTHROMBIN (DCP) | 83951 | CPT | | | | both | | | 398 | 74.07 | Consumer | Consumer | 378.1 | 95 | | | 29.4 | 29.4 | 378.1 percent of total billed charges | |
| BKR CHG DES-Y-CARBOXY PROTHROMBIN (DCP) | 83951 | CPT | | | | both | | | 398 | 74.07 | Horizon | MGD | 152.35 | 38.28 | | | 29.4 | 29.4 | 378.1 percent of total billed charges | |
| BKR CHG DES-Y-CARBOXY PROTHROMBIN (DCP) | 83951 | CPT | | | | both | | | 398 | 74.07 | Horizon | Medicare Blue | 119.4 | 30 | | 6.48 | 29.4 | 29.4 | 378.1 percent of total billed charges | |
| BKR CHG DES-Y-CARBOXY PROTHROMBIN (DCP) | 83951 | CPT | | | | both | | | 398 | 74.07 | Three Rivers | Three Rivers | 378.1 | 95 | | | 29.4 | 29.4 | 378.1 percent of total billed charges | |
| BKR CHG DES-Y-CARBOXY PROTHROMBIN (DCP) | 83951 | CPT | | | | both | | | 398 | 74.07 | Wellcare | Medicare | 64.41 | | | | 29.4 | 29.4 | 378.1 fee schedule | |
| BKR CHG DES-Y-CARBOXY PROTHROMBIN (DCP) | 83951 | CPT | | | | both | | | 398 | 74.07 | UHC | Medicare | 64.41 | | | 53.74 | 29.4 | 29.4 | 378.1 fee schedule | |
| BKR CHG DES-Y-CARBOXY PROTHROMBIN (DCP) | 83951 | CPT | | | | both | | | 398 | 74.07 | Qualcare | Qualcare | 298.5 | 75 | | | 29.4 | 29.4 | 378.1 percent of total billed charges | |
| BKR CHG DES-Y-CARBOXY PROTHROMBIN (DCP) | 83951 | CPT | | | | both | | | 398 | 74.07 | Wellcare | Medicaid | 51.53 | | | | 29.4 | 29.4 | 378.1 fee schedule | |
| BKR CHG DES-Y-CARBOXY PROTHROMBIN (DCP) | 83951 | CPT | | | | both | | | 398 | 74.07 | Horizon | NJ Health | 71.52 | | | 11.42 | 29.4 | 29.4 | 378.1 fee schedule | |
| BKR CHG DES-Y-CARBOXY PROTHROMBIN (DCP) | 83951 | CPT | | | | both | | | 398 | 74.07 | WellPoint | WellPoint | 128.08 | 32.18 | | | 29.4 | 29.4 | 378.1 percent of total billed charges | |
| BKR CHG DES-Y-CARBOXY PROTHROMBIN (DCP) | 83951 | CPT | | | | both | | | 398 | 74.07 | UHC | Medicaid | 51.53 | | | 37.11 | 29.4 | 29.4 | 378.1 fee schedule | |
| BKR CHG PTH INTACT | 83970 | CPT | | | | both | | | 588 | 47.47 | Americare | Americare | 441 | 75 | | | 16.2 | 16.2 | 558.6 percent of total billed charges | |
| BKR CHG PTH INTACT | 83970 | CPT | | | | both | | | 588 | 47.47 | Amerihealth | Medicare | 41.28 | | | | 16.2 | 16.2 | 558.6 fee schedule | |
| BKR CHG PTH INTACT | 83970 | CPT | | | | both | | | 588 | 47.47 | Corrections | Corrections | 470.4 | 80 | | 109.9 | 16.2 | 16.2 | 558.6 percent of total billed charges | |
| BKR CHG PTH INTACT | 83970 | CPT | | | | both | | | 588 | 47.47 | Aetna | Medicare | 181.1 | 30.8 | | 20.22 | 16.2 | 16.2 | 558.6 percent of total billed charges | |
| BKR CHG PTH INTACT | 83970 | CPT | | | | both | | | 588 | 47.47 | Amerihealth | HMO/PPO | 64.3 | | | 51.34 | 16.2 | 16.2 | 558.6 fee schedule | |
| BKR CHG PTH INTACT | 83970 | CPT | | | | both | | | 588 | 47.47 | Aetna | Better Health | 185.61 | 31.55 | | 72.23 | 16.2 | 16.2 | 558.6 percent of total billed charges | |
| BKR CHG PTH INTACT | 83970 | CPT | | | | both | | | 588 | 47.47 | Horizon | Medicare Blue | 176.4 | 30 | | 45.67 | 16.2 | 16.2 | 558.6 percent of total billed charges | |
| BKR CHG PTH INTACT | 83970 | CPT | | | | both | | | 588 | 47.47 | UHC | Medicaid | 54 | | | 82.49 | 16.2 | 16.2 | 558.6 fee schedule | |
| BKR CHG PTH INTACT | 83970 | CPT | | | | both | | | 588 | 47.47 | Horizon | PPO | 225.09 | 38.28 | | 93.17 | 16.2 | 16.2 | 558.6 percent of total billed charges | |
| BKR CHG PTH INTACT | 83970 | CPT | | | | both | | | 588 | 47.47 | Consumer | Consumer | 598.6 | 95 | | | 16.2 | 16.2 | 558.6 percent of total billed charges | |
| BKR CHG PTH INTACT | 83970 | CPT | | | | both | | | 588 | 47.47 | Horizon | Indemnity | 225.09 | 38.28 | | 87.65 | 16.2 | 16.2 | 558.6 percent of total billed charges | |
| BKR CHG PTH INTACT | 83970 | CPT | | | | both | | | 588 | 47.47 | First Health | First Health | 411.6 | 70 | | | 16.2 | 16.2 | 558.6 percent of total billed charges | |
| BKR CHG PTH INTACT | 83970 | CPT | | | | both | | | 588 | 47.47 | Wellcare | Medicare | 41.28 | | | 0.65 | 16.2 | 16.2 | 558.6 fee schedule | |
| BKR CHG PTH INTACT | 83970 | CPT | | | | both | | | 588 | 47.47 | First Trenton | First Trenton | 529.2 | 90 | | | 16.2 | 16.2 | 558.6 percent of total billed charges | |
| BKR CHG PTH INTACT | 83970 | CPT | | | | both | | | 588 | 47.47 | Horizon | MGD | 225.09 | 38.28 | | 84.46 | 16.2 | 16.2 | 558.6 percent of total billed charges | |
| BKR CHG PTH INTACT | 83970 | CPT | | | | both | | | 588 | 47.47 | Managed Care Inc | Managed Care Inc | 529.2 | 90 | | | 16.2 | 16.2 | 558.6 percent of total billed charges | |
| BKR CHG PTH INTACT | 83970 | CPT | | | | both | | | 588 | 47.47 | Horizon | NJ Health | 105.84 | | | 21.62 | 16.2 | 16.2 | 558.6 fee schedule | |
| BKR CHG PTH INTACT | 83970 | CPT | | | | both | | | 588 | 47.47 | Three Rivers | Three Rivers | 558.6 | 95 | | | 16.2 | 16.2 | 558.6 percent of total billed charges | |
| BKR CHG PTH INTACT | 83970 | CPT | | | | both | | | 588 | 47.47 | Multiplan | Multiplan | 470.4 | 80 | | | 16.2 | 16.2 | 558.6 percent of total billed charges | |
| BKR CHG PTH INTACT | 83970 | CPT | | | | both | | | 588 | 47.47 | Wellcare | Medicaid | 54 | | | 85.92 | 16.2 | 16.2 | 558.6 fee schedule | |
| BKR CHG PTH INTACT | 83970 | CPT | | | | both | | | 588 | 47.47 | Qualcare | Qualcare | 441 | 75 | | | 16.2 | 16.2 | 558.6 percent of total billed charges | |
| BKR CHG PTH INTACT | 83970 | CPT | | | | both | | | 588 | 47.47 | WellPoint | WellPoint | 189.22 | 32.18 | | 37.81 | 16.2 | 16.2 | 558.6 percent of total billed charges | |
| BKR CHG PTH INTACT | 83970 | CPT | | | | both | | | 588 | 47.47 | UHC | Medicare | 41.28 | | | 31.62 | 16.2 | 16.2 | 558.6 fee schedule | |
| BKR CHG PH STOOL | 83986 | CPT | | | | both | | | 106 | 4.12 | Aetna | Better Health | 33.44 | 31.55 | | | 3.58 | 3.58 | 100.7 percent of total billed charges | |
| BKR CHG PH STOOL | 83986 | CPT | | | | both | | | 106 | 4.12 | Horizon | Indemnity | 40.58 | 38.28 | | 6.28 | 3.58 | 3.58 | 100.7 percent of total billed charges | |
| BKR CHG PH STOOL | 83986 | CPT | | | | both | | | 106 | 4.12 | Consumer | Consumer | 100.7 | 95 | | | 3.58 | 3.58 | 100.7 percent of total billed charges | |
| BKR CHG PH STOOL | 83986 | CPT | | | | both | | | 106 | 4.12 | Amerihealth | HMO/PPO | 3.7 | | | | 3.58 | 3.58 | 100.7 fee schedule | |
| BKR CHG PH STOOL | 83986 | CPT | | | | both | | | 106 | 4.12 | Qualcare | Qualcare | 79.5 | 75 | | | 3.58 | 3.58 | 100.7 percent of total billed charges | |
| BKR CHG PH STOOL | 83986 | CPT | | | | both | | | 106 | 4.12 | Wellcare | Medicare | 3.58 | | | | 3.58 | 3.58 | 100.7 fee schedule | |
| BKR CHG PH STOOL | 83986 | CPT | | | | both | | | 106 | 4.12 | Aetna | Medicare | 32.65 | 30.8 | | | 3.58 | 3.58 | 100.7 percent of total billed charges | |
| BKR CHG PH STOOL | 83986 | CPT | | | | both | | | 106 | 4.12 | Americare | Americare | 79.5 | 75 | | | 3.58 | 3.58 | 100.7 percent of total billed charges | |
| BKR CHG PH STOOL | 83986 | CPT | | | | both | | | 106 | 4.12 | Amerihealth | Medicare | 3.58 | | | | 3.58 | 3.58 | 100.7 fee schedule | |
| BKR CHG PH STOOL | 83986 | CPT | | | | both | | | 106 | 4.12 | Horizon | Medicare Blue | 31.8 | 30 | | | 3.58 | 3.58 | 100.7 percent of total billed charges | |
| BKR CHG PH STOOL | 83986 | CPT | | | | both | | | 106 | 4.12 | First Health | First Health | 74.2 | 70 | | | 3.58 | 3.58 | 100.7 percent of total billed charges | |
| BKR CHG PH STOOL | 83986 | CPT | | | | both | | | 106 | 4.12 | Horizon | MGD | 40.58 | 38.28 | | | 3.58 | 3.58 | 100.7 percent of total billed charges | |
| BKR CHG PH STOOL | 83986 | CPT | | | | both | | | 106 | 4.12 | Corrections | Corrections | 84.8 | 80 | | | 3.58 | 3.58 | 100.7 percent of total billed charges | |
| BKR CHG PH STOOL | 83986 | CPT | | | | both | | | 106 | 4.12 | Horizon | NJ Health | 8.43 | | | 15.24 | 3.58 | 3.58 | 100.7 fee schedule | |
| BKR CHG PH STOOL | 83986 | CPT | | | | both | | | 106 | 4.12 | Multiplan | Multiplan | 84.8 | 80 | | | 3.58 | 3.58 | 100.7 percent of total billed charges | |
| BKR CHG PH STOOL | 83986 | CPT | | | | both | | | 106 | 4.12 | Horizon | PPO | 40.58 | 38.28 | | | 3.58 | 3.58 | 100.7 percent of total billed charges | |
| BKR CHG PH STOOL | 83986 | CPT | | | | both | | | 106 | 4.12 | First Trenton | First Trenton | 95.4 | 90 | | | 3.58 | 3.58 | 100.7 percent of total billed charges | |
| BKR CHG PH STOOL | 83986 | CPT | | | | both | | | 106 | 4.12 | Three Rivers | Three Rivers | 100.7 | 95 | | | 3.58 | 3.58 | 100.7 percent of total billed charges | |
| BKR CHG PH STOOL | 83986 | CPT | | | | both | | | 106 | 4.12 | Wellcare | Medicaid | 4.3 | | | | 3.58 | 3.58 | 100.7 fee schedule | |
| BKR CHG PH STOOL | 83986 | CPT | | | | both | | | 106 | 4.12 | UHC | Medicare | 3.58 | | | 11.45 | 3.58 | 3.58 | 100.7 fee schedule | |
| BKR CHG PH STOOL | 83986 | CPT | | | | both | | | 106 | 4.12 | Managed Care Inc | Managed Care Inc | 95.4 | 90 | | | 3.58 | 3.58 | 100.7 percent of total billed charges | |
| BKR CHG PH STOOL | 83986 | CPT | | | | both | | | 106 | 4.12 | UHC | Medicaid | 4.3 | | | 9.78 | 3.58 | 3.58 | 100.7 fee schedule | |
| BKR CHG PH STOOL | 83986 | CPT | | | | both | | | 106 | 4.12 | WellPoint | WellPoint | 34.11 | 32.18 | | | 3.58 | 3.58 | 100.7 percent of total billed charges | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 48 | | Aetna | Better Health | 15.14 | 31.55 | | | 14.4 | 14.4 | 45.6 percent of total billed charges | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 48 | | Aetna | Medicare | 14.78 | 30.8 | | | 14.4 | 14.4 | 45.6 percent of total billed charges | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 48 | | Americare | Americare | 36 | 75 | | | 14.4 | 14.4 | 45.6 percent of total billed charges | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 48 | | First Trenton | First Trenton | 43.2 | 90 | | | 14.4 | 14.4 | 45.6 percent of total billed charges | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 48 | | Corrections | Corrections | 38.4 | 80 | | | 14.4 | 14.4 | 45.6 percent of total billed charges | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 48 | | Amerihealth | HMO/PPO | 22.9 | | | | 14.4 | 14.4 | 45.6 fee schedule | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 48 | | Multiplan | Multiplan | 38.4 | 80 | | | 14.4 | 14.4 | 45.6 percent of total billed charges | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 48 | | Horizon | Indemnity | 18.37 | 38.28 | | | 14.4 | 14.4 | 45.6 percent of total billed charges | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 48 | | Consumer | Consumer | 45.6 | 95 | | | 14.4 | 14.4 | 45.6 percent of total billed charges | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 48 | | Horizon | MGD | 18.37 | 38.28 | | | 14.4 | 14.4 | 45.6 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 48 | | Qualcare | Qualcare | 36 | 75 | | | 14.4 | 45.6 | percent of total billed charges | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 48 | | Managed Care Inc | Managed Care Inc | 43.2 | 90 | | | 14.4 | 45.6 | percent of total billed charges | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 48 | | WellPoint | WellPoint | 15.45 | 32.18 | | | 14.4 | 45.6 | percent of total billed charges | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 48 | | First Health | First Health | 33.6 | 70 | | | 14.4 | 45.6 | percent of total billed charges | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 48 | | Three Rivers | Three Rivers | 45.6 | 95 | | | 14.4 | 45.6 | percent of total billed charges | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 48 | | Horizon | PPO | 18.37 | 38.28 | | | 14.4 | 45.6 | percent of total billed charges | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 48 | | Horizon | Medicare Blue | 14.4 | 30 | | | 14.4 | 45.6 | percent of total billed charges | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 48 | | UHC | Medicaid | 18 | | | | 14.4 | 45.6 | fee schedule | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 48 | | Horizon | NJ Health | 35.28 | | | | 14.4 | 45.6 | fee schedule | |
| BKR CHG PHENCYCLIDINE | 83992 | CPT | | | | outpatient | | | 48 | | Wellcare | Medicaid | 18 | | | | 14.4 | 45.6 | fee schedule | |
| BKR CHG CALPROTECTIN | 83993 | CPT | | | | both | | | 462 | 22.57 | Aetna | Better Health | 145.76 | 31.55 | | | 15.7 | 438.9 | percent of total billed charges | |
| BKR CHG CALPROTECTIN | 83993 | CPT | | | | both | | | 462 | 22.57 | Horizon | MGD | 176.85 | 38.28 | | 146.43 | 15.7 | 438.9 | percent of total billed charges | |
| BKR CHG CALPROTECTIN | 83993 | CPT | | | | both | | | 462 | 22.57 | First Health | First Health | 323.4 | 70 | | | 15.7 | 438.9 | percent of total billed charges | |
| BKR CHG CALPROTECTIN | 83993 | CPT | | | | both | | | 462 | 22.57 | Amerihealth | Medicare | 19.63 | | | | 15.7 | 438.9 | fee schedule | |
| BKR CHG CALPROTECTIN | 83993 | CPT | | | | both | | | 462 | 22.57 | Corrections | Corrections | 369.6 | 80 | | | 15.7 | 438.9 | percent of total billed charges | |
| BKR CHG CALPROTECTIN | 83993 | CPT | | | | both | | | 462 | 22.57 | UHC | Medicaid | 15.7 | | | 55.81 | 15.7 | 438.9 | fee schedule | |
| BKR CHG CALPROTECTIN | 83993 | CPT | | | | both | | | 462 | 22.57 | Americare | Americare | 346.5 | 75 | | | 15.7 | 438.9 | percent of total billed charges | |
| BKR CHG CALPROTECTIN | 83993 | CPT | | | | both | | | 462 | 22.57 | Aetna | Medicare | 142.3 | 30.8 | | | 15.7 | 438.9 | percent of total billed charges | |
| BKR CHG CALPROTECTIN | 83993 | CPT | | | | both | | | 462 | 22.57 | Horizon | Medicare Blue | 138.6 | 30 | | | 15.7 | 438.9 | percent of total billed charges | |
| BKR CHG CALPROTECTIN | 83993 | CPT | | | | both | | | 462 | 22.57 | Wellcare | Medicare | 19.63 | | | | 15.7 | 438.9 | fee schedule | |
| BKR CHG CALPROTECTIN | 83993 | CPT | | | | both | | | 462 | 22.57 | First Trenton | First Trenton | 415.8 | 90 | | | 15.7 | 438.9 | percent of total billed charges | |
| BKR CHG CALPROTECTIN | 83993 | CPT | | | | both | | | 462 | 22.57 | Consumer | Consumer | 438.9 | 95 | | | 15.7 | 438.9 | percent of total billed charges | |
| BKR CHG CALPROTECTIN | 83993 | CPT | | | | both | | | 462 | 22.57 | Wellcare | Medicaid | 15.7 | | | 15.7 | 15.7 | 438.9 | fee schedule | |
| BKR CHG CALPROTECTIN | 83993 | CPT | | | | both | | | 462 | 22.57 | WellPoint | WellPoint | 148.67 | 32.18 | | 72.5 | 15.7 | 438.9 | percent of total billed charges | |
| BKR CHG CALPROTECTIN | 83993 | CPT | | | | both | | | 462 | 22.57 | Horizon | Indemnity | 176.85 | 38.28 | | | 15.7 | 438.9 | percent of total billed charges | |
| BKR CHG CALPROTECTIN | 83993 | CPT | | | | both | | | 462 | 22.57 | Amerihealth | HMO/PPO | 300.3 | 65 | | | 15.7 | 438.9 | percent of total billed charges | |
| BKR CHG CALPROTECTIN | 83993 | CPT | | | | both | | | 462 | 22.57 | Horizon | PPO | 176.85 | 38.28 | | | 15.7 | 438.9 | percent of total billed charges | |
| BKR CHG CALPROTECTIN | 83993 | CPT | | | | both | | | 462 | 22.57 | Horizon | NJ Health | 21.5 | | | 21.2 | 15.7 | 438.9 | fee schedule | |
| BKR CHG CALPROTECTIN | 83993 | CPT | | | | both | | | 462 | 22.57 | Managed Care Inc | Managed Care Inc | 415.8 | 90 | | | 15.7 | 438.9 | percent of total billed charges | |
| BKR CHG CALPROTECTIN | 83993 | CPT | | | | both | | | 462 | 22.57 | Multiplan | Multiplan | 369.6 | 80 | | | 15.7 | 438.9 | percent of total billed charges | |
| BKR CHG CALPROTECTIN | 83993 | CPT | | | | both | | | 462 | 22.57 | Three Rivers | Three Rivers | 438.9 | 95 | | | 15.7 | 438.9 | percent of total billed charges | |
| BKR CHG CALPROTECTIN | 83993 | CPT | | | | both | | | 462 | 22.57 | Qualcare | Qualcare | 346.5 | 75 | | | 15.7 | 438.9 | percent of total billed charges | |
| BKR CHG CALPROTECTIN | 83993 | CPT | | | | both | | | 462 | 22.57 | UHC | Medicare | 19.63 | | | | 15.7 | 438.9 | fee schedule | |
| BKR CHG PHENYLALANINE IN PLASMA | 84030 | CPT | | | | outpatient | | | 409 | 6.33 | Horizon | MGD | 156.57 | 38.28 | | | 5.5 | 388.55 | percent of total billed charges | |
| BKR CHG PHENYLALANINE IN PLASMA | 84030 | CPT | | | | outpatient | | | 409 | 6.33 | Americare | Americare | 306.75 | 75 | | | 5.5 | 388.55 | percent of total billed charges | |
| BKR CHG PHENYLALANINE IN PLASMA | 84030 | CPT | | | | outpatient | | | 409 | 6.33 | Aetna | Medicare | 125.97 | 30.8 | | | 5.5 | 388.55 | percent of total billed charges | |
| BKR CHG PHENYLALANINE IN PLASMA | 84030 | CPT | | | | outpatient | | | 409 | 6.33 | Aetna | Better Health | 129.04 | 31.55 | | | 5.5 | 388.55 | percent of total billed charges | |
| BKR CHG PHENYLALANINE IN PLASMA | 84030 | CPT | | | | outpatient | | | 409 | 6.33 | Wellcare | Medicaid | 6 | | | | 5.5 | 388.55 | fee schedule | |
| BKR CHG PHENYLALANINE IN PLASMA | 84030 | CPT | | | | outpatient | | | 409 | 6.33 | Consumer | Consumer | 388.55 | 95 | | | 5.5 | 388.55 | percent of total billed charges | |
| BKR CHG PHENYLALANINE IN PLASMA | 84030 | CPT | | | | outpatient | | | 409 | 6.33 | First Health | First Health | 286.3 | 70 | | | 5.5 | 388.55 | percent of total billed charges | |
| BKR CHG PHENYLALANINE IN PLASMA | 84030 | CPT | | | | outpatient | | | 409 | 6.33 | Corrections | Corrections | 327.2 | 80 | | | 5.5 | 388.55 | percent of total billed charges | |
| BKR CHG PHENYLALANINE IN PLASMA | 84030 | CPT | | | | outpatient | | | 409 | 6.33 | Amerihealth | HMO/PPO | 8.4 | | | | 5.5 | 388.55 | fee schedule | |
| BKR CHG PHENYLALANINE IN PLASMA | 84030 | CPT | | | | outpatient | | | 409 | 6.33 | Horizon | Medicare Blue | 122.7 | 30 | | | 5.5 | 388.55 | percent of total billed charges | |
| BKR CHG PHENYLALANINE IN PLASMA | 84030 | CPT | | | | outpatient | | | 409 | 6.33 | Wellcare | Medicare | 5.5 | | | | 5.5 | 388.55 | fee schedule | |
| BKR CHG PHENYLALANINE IN PLASMA | 84030 | CPT | | | | outpatient | | | 409 | 6.33 | Amerihealth | Medicare | 5.5 | | | | 5.5 | 388.55 | fee schedule | |
| BKR CHG PHENYLALANINE IN PLASMA | 84030 | CPT | | | | outpatient | | | 409 | 6.33 | First Trenton | First Trenton | 368.1 | 90 | | | 5.5 | 388.55 | percent of total billed charges | |
| BKR CHG PHENYLALANINE IN PLASMA | 84030 | CPT | | | | outpatient | | | 409 | 6.33 | WellPoint | WellPoint | 131.62 | 32.18 | | | 5.5 | 388.55 | percent of total billed charges | |
| BKR CHG PHENYLALANINE IN PLASMA | 84030 | CPT | | | | outpatient | | | 409 | 6.33 | UHC | Medicaid | 6 | | | | 5.5 | 388.55 | fee schedule | |
| BKR CHG PHENYLALANINE IN PLASMA | 84030 | CPT | | | | outpatient | | | 409 | 6.33 | Horizon | Indemnity | 156.57 | 38.28 | | | 5.5 | 388.55 | percent of total billed charges | |
| BKR CHG PHENYLALANINE IN PLASMA | 84030 | CPT | | | | outpatient | | | 409 | 6.33 | Horizon | NJ Health | 11.76 | | | | 5.5 | 388.55 | fee schedule | |
| BKR CHG PHENYLALANINE IN PLASMA | 84030 | CPT | | | | outpatient | | | 409 | 6.33 | Multiplan | Multiplan | 327.2 | 80 | | | 5.5 | 388.55 | percent of total billed charges | |
| BKR CHG PHENYLALANINE IN PLASMA | 84030 | CPT | | | | outpatient | | | 409 | 6.33 | Horizon | PPO | 156.57 | 38.28 | | | 5.5 | 388.55 | percent of total billed charges | |
| BKR CHG PHENYLALANINE IN PLASMA | 84030 | CPT | | | | outpatient | | | 409 | 6.33 | Qualcare | Qualcare | 306.75 | 75 | | | 5.5 | 388.55 | percent of total billed charges | |
| BKR CHG PHENYLALANINE IN PLASMA | 84030 | CPT | | | | outpatient | | | 409 | 6.33 | Managed Care Inc | Managed Care Inc | 368.1 | 90 | | | 5.5 | 388.55 | percent of total billed charges | |
| BKR CHG PHENYLALANINE IN PLASMA | 84030 | CPT | | | | outpatient | | | 409 | 6.33 | UHC | Medicare | 5.5 | | | | 5.5 | 388.55 | fee schedule | |
| BKR CHG PHENYLALANINE IN PLASMA | 84030 | CPT | | | | outpatient | | | 409 | 6.33 | Three Rivers | Three Rivers | 388.55 | 95 | | | 5.5 | 388.55 | percent of total billed charges | |
| BKR CHG TYROSINE PLASMA | 84035 | CPT | | | | outpatient | | | 409 | 4.58 | Multiplan | Multiplan | 327.2 | 80 | | | 3.98 | 388.55 | percent of total billed charges | |
| BKR CHG TYROSINE PLASMA | 84035 | CPT | | | | outpatient | | | 409 | 4.58 | Amerihealth | HMO/PPO | 6.4 | | | | 3.98 | 388.55 | fee schedule | |
| BKR CHG TYROSINE PLASMA | 84035 | CPT | | | | outpatient | | | 409 | 4.58 | Americare | Americare | 306.75 | 75 | | | 3.98 | 388.55 | percent of total billed charges | |
| BKR CHG TYROSINE PLASMA | 84035 | CPT | | | | outpatient | | | 409 | 4.58 | WellPoint | WellPoint | 131.62 | 32.18 | | | 3.98 | 388.55 | percent of total billed charges | |
| BKR CHG TYROSINE PLASMA | 84035 | CPT | | | | outpatient | | | 409 | 4.58 | Horizon | Medicare Blue | 122.7 | 30 | | | 3.98 | 388.55 | percent of total billed charges | |
| BKR CHG TYROSINE PLASMA | 84035 | CPT | | | | outpatient | | | 409 | 4.58 | Aetna | Better Health | 129.04 | 31.55 | | | 3.98 | 388.55 | percent of total billed charges | |
| BKR CHG TYROSINE PLASMA | 84035 | CPT | | | | outpatient | | | 409 | 4.58 | Corrections | Corrections | 327.2 | 80 | | | 3.98 | 388.55 | percent of total billed charges | |
| BKR CHG TYROSINE PLASMA | 84035 | CPT | | | | outpatient | | | 409 | 4.58 | Aetna | Medicare | 125.97 | 30.8 | | | 3.98 | 388.55 | percent of total billed charges | |
| BKR CHG TYROSINE PLASMA | 84035 | CPT | | | | outpatient | | | 409 | 4.58 | Qualcare | Qualcare | 306.75 | 75 | | | 3.98 | 388.55 | percent of total billed charges | |
| BKR CHG TYROSINE PLASMA | 84035 | CPT | | | | outpatient | | | 409 | 4.58 | First Health | First Health | 286.3 | 70 | | | 3.98 | 388.55 | percent of total billed charges | |
| BKR CHG TYROSINE PLASMA | 84035 | CPT | | | | outpatient | | | 409 | 4.58 | Consumer | Consumer | 388.55 | 95 | | | 3.98 | 388.55 | percent of total billed charges | |
| BKR CHG TYROSINE PLASMA | 84035 | CPT | | | | outpatient | | | 409 | 4.58 | Amerihealth | Medicare | 3.98 | | | | 3.98 | 388.55 | fee schedule | |
| BKR CHG TYROSINE PLASMA | 84035 | CPT | | | | outpatient | | | 409 | 4.58 | UHC | Medicaid | 4.9 | | | | 3.98 | 388.55 | fee schedule | |
| BKR CHG TYROSINE PLASMA | 84035 | CPT | | | | outpatient | | | 409 | 4.58 | Horizon | Indemnity | 156.57 | 38.28 | | | 3.98 | 388.55 | percent of total billed charges | |
| BKR CHG TYROSINE PLASMA | 84035 | CPT | | | | outpatient | | | 409 | 4.58 | Horizon | MGD | 156.57 | 38.28 | | | 3.98 | 388.55 | percent of total billed charges | |
| BKR CHG TYROSINE PLASMA | 84035 | CPT | | | | outpatient | | | 409 | 4.58 | UHC | Medicare | 3.98 | | | | 3.98 | 388.55 | fee schedule | |
| BKR CHG TYROSINE PLASMA | 84035 | CPT | | | | outpatient | | | 409 | 4.58 | First Trenton | First Trenton | 368.1 | 90 | | | 3.98 | 388.55 | percent of total billed charges | |
| BKR CHG TYROSINE PLASMA | 84035 | CPT | | | | outpatient | | | 409 | 4.58 | Wellcare | Medicare | 3.98 | | | | 3.98 | 388.55 | fee schedule | |
| BKR CHG TYROSINE PLASMA | 84035 | CPT | | | | outpatient | | | 409 | 4.58 | Wellcare | Medicaid | 4.9 | | | | 3.98 | 388.55 | fee schedule | |
| BKR CHG TYROSINE PLASMA | 84035 | CPT | | | | outpatient | | | 409 | 4.58 | Horizon | NJ Health | 10.58 | | | | 3.98 | 388.55 | fee schedule | |
| BKR CHG TYROSINE PLASMA | 84035 | CPT | | | | outpatient | | | 409 | 4.58 | Horizon | PPO | 156.57 | 38.28 | | | 3.98 | 388.55 | percent of total billed charges | |
| BKR CHG TYROSINE PLASMA | 84035 | CPT | | | | outpatient | | | 409 | 4.58 | Managed Care Inc | Managed Care Inc | 368.1 | 90 | | | 3.98 | 388.55 | percent of total billed charges | |
| BKR CHG TYROSINE PLASMA | 84035 | CPT | | | | outpatient | | | 409 | 4.58 | Three Rivers | Three Rivers | 388.55 | 95 | | | 3.98 | 388.55 | percent of total billed charges | |
| BKR CHG ACID PHOSPHATASE TOTAL SERUM | 84060 | CPT | | | | outpatient | | | 223 | 8.79 | First Trenton | First Trenton | 200.7 | 90 | | | 3.6 | 211.85 | percent of total billed charges | |
| BKR CHG ACID PHOSPHATASE TOTAL SERUM | 84060 | CPT | | | | outpatient | | | 223 | 8.79 | Aetna | Better Health | 70.36 | 31.55 | | | 3.6 | 211.85 | percent of total billed charges | |
| BKR CHG ACID PHOSPHATASE TOTAL SERUM | 84060 | CPT | | | | outpatient | | | 223 | 8.79 | Horizon | MGD | 85.36 | 38.28 | | | 3.6 | 211.85 | percent of total billed charges | |
| BKR CHG ACID PHOSPHATASE TOTAL SERUM | 84060 | CPT | | | | outpatient | | | 223 | 8.79 | Consumer | Consumer | 211.85 | 95 | | | 3.6 | 211.85 | percent of total billed charges | |
| BKR CHG ACID PHOSPHATASE TOTAL SERUM | 84060 | CPT | | | | outpatient | | | 223 | 8.79 | Aetna | Medicare | 68.68 | 30.8 | | | 3.6 | 211.85 | percent of total billed charges | |
| BKR CHG ACID PHOSPHATASE TOTAL SERUM | 84060 | CPT | | | | outpatient | | | 223 | 8.79 | Multiplan | Multiplan | 178.4 | 80 | | | 3.6 | 211.85 | percent of total billed charges | |
| BKR CHG ACID PHOSPHATASE TOTAL SERUM | 84060 | CPT | | | | outpatient | | | 223 | 8.79 | UHC | Medicaid | 3.6 | | | | 3.6 | 211.85 | fee schedule | |
| BKR CHG ACID PHOSPHATASE TOTAL SERUM | 84060 | CPT | | | | outpatient | | | 223 | 8.79 | Americare | Americare | 167.25 | 75 | | | 3.6 | 211.85 | percent of total billed charges | |
| BKR CHG ACID PHOSPHATASE TOTAL SERUM | 84060 | CPT | | | | outpatient | | | 223 | 8.79 | WellPoint | WellPoint | 71.76 | 32.18 | | | 3.6 | 211.85 | percent of total billed charges | |
| BKR CHG ACID PHOSPHATASE TOTAL SERUM | 84060 | CPT | | | | outpatient | | | 223 | 8.79 | Horizon | Indemnity | 85.36 | 38.28 | | | 3.6 | 211.85 | percent of total billed charges | |
| BKR CHG ACID PHOSPHATASE TOTAL SERUM | 84060 | CPT | | | | outpatient | | | 223 | 8.79 | UHC | Medicare | 7.64 | | | | 3.6 | 211.85 | fee schedule | |
| BKR CHG ACID PHOSPHATASE TOTAL SERUM | 84060 | CPT | | | | outpatient | | | 223 | 8.79 | Corrections | Corrections | 178.4 | 80 | | | 3.6 | 211.85 | percent of total billed charges | |
| BKR CHG ACID PHOSPHATASE TOTAL SERUM | 84060 | CPT | | | | outpatient | | | 223 | 8.79 | Amerihealth | HMO/PPO | 11.4 | | | | 3.6 | 211.85 | fee schedule | |
| BKR CHG ACID PHOSPHATASE TOTAL SERUM | 84060 | CPT | | | | outpatient | | | 223 | 8.79 | Qualcare | Qualcare | 167.25 | 75 | | | 3.6 | 211.85 | percent of total billed charges | |
| BKR CHG ACID PHOSPHATASE TOTAL SERUM | 84060 | CPT | | | | outpatient | | | 223 | 8.79 | Wellcare | Medicare | 7.64 | | | | 3.6 | 211.85 | fee schedule | |
| BKR CHG ACID PHOSPHATASE TOTAL SERUM | 84060 | CPT | | | | outpatient | | | 223 | 8.79 | Horizon | PPO | 85.36 | 38.28 | | | 3.6 | 211.85 | percent of total billed charges | |
| BKR CHG ACID PHOSPHATASE TOTAL SERUM | 84060 | CPT | | | | outpatient | | | 223 | 8.79 | Amerihealth | Medicare | 7.64 | | | | 3.6 | 211.85 | fee schedule | |
| BKR CHG ACID PHOSPHATASE TOTAL SERUM | 84060 | CPT | | | | outpatient | | | 223 | 8.79 | Horizon | Medicare Blue | 66.9 | 30 | | | 3.6 | 211.85 | percent of total billed charges | |
| BKR CHG ACID PHOSPHATASE TOTAL SERUM | 84060 | CPT | | | | outpatient | | | 223 | 8.79 | First Health | First Health | 156.1 | 70 | | | 3.6 | 211.85 | percent of total billed charges | |
| BKR CHG ACID PHOSPHATASE TOTAL SERUM | 84060 | CPT | | | | outpatient | | | 223 | 8.79 | Horizon | NJ Health | 7.06 | | | | 3.6 | 211.85 | fee schedule | |
| BKR CHG ACID PHOSPHATASE TOTAL SERUM | 84060 | CPT | | | | outpatient | | | 223 | 8.79 | Managed Care Inc | Managed Care Inc | 200.7 | 90 | | | 3.6 | 211.85 | percent of total billed charges | |
| BKR CHG ACID PHOSPHATASE TOTAL SERUM | 84060 | CPT | | | | outpatient | | | 223 | 8.79 | Wellcare | Medicaid | 3.6 | | | | 3.6 | 211.85 | fee schedule | |
| BKR CHG ACID PHOSPHATASE TOTAL SERUM | 84060 | CPT | | | | outpatient | | | 223 | 8.79 | Three Rivers | Three Rivers | 211.85 | 95 | | | 3.6 | 211.85 | percent of total billed charges | |
| BKR CHG PROSTATIC ACID PHOSPHATASE | 84066 | CPT | | | | outpatient | | | 23 | 11.11 | Aetna | Medicare | 7.08 | 30.8 | | | 6.9 | 27.44 | percent of total billed charges | |
| BKR CHG PROSTATIC ACID PHOSPHATASE | 84066 | CPT | | | | outpatient | | | 23 | 11.11 | Amerihealth | Medicare | 9.66 | | | | 6.9 | 27.44 | fee schedule | |
| BKR CHG PROSTATIC ACID PHOSPHATASE | 84066 | CPT | | | | outpatient | | | 23 | 11.11 | Americare | Americare | 17.25 | 75 | | | 6.9 | 27.44 | percent of total billed charges | |
| BKR CHG PROSTATIC ACID PHOSPHATASE | 84066 | CPT | | | | outpatient | | | 23 | 11.11 | Aetna | Better Health | 7.26 | 31.55 | | | 6.9 | 27.44 | percent of total billed charges | |
| BKR CHG PROSTATIC ACID PHOSPHATASE | 84066 | CPT | | | | outpatient | | | 23 | 11.11 | Corrections | Corrections | 18.4 | 80 | | | 6.9 | 27.44 | percent of total billed charges | |
| BKR CHG PROSTATIC ACID PHOSPHATASE | 84066 | CPT | | | | outpatient | | | 23 | 11.11 | First Trenton | First Trenton | 20.7 | 90 | | | 6.9 | 27.44 | percent of total billed charges | |
| BKR CHG PROSTATIC ACID PHOSPHATASE | 84066 | CPT | | | | outpatient | | | 23 | 11.11 | Horizon | Indemnity | 8.8 | 38.28 | | | 6.9 | 27.44 | percent of total billed charges | |
| BKR CHG PROSTATIC ACID PHOSPHATASE | 84066 | CPT | | | | outpatient | | | 23 | 11.11 | First Health | First Health | 16.1 | 70 | | | 6.9 | 27.44 | percent of total billed charges | |
| BKR CHG PROSTATIC ACID PHOSPHATASE | 84066 | CPT | | | | outpatient | | | 23 | 11.11 | Horizon | MGD | 8.8 | 38.28 | | | 6.9 | 27.44 | percent of total billed charges | |
| BKR CHG PROSTATIC ACID PHOSPHATASE | 84066 | CPT | | | | outpatient | | | 23 | 11.11 | Horizon | PPO | 8.8 | 38.28 | | | 6.9 | 27.44 | percent of total billed charges | |
| BKR CHG PROSTATIC ACID PHOSPHATASE | 84066 | CPT | | | | outpatient | | | 23 | 11.11 | Consumer | Consumer | 21.85 | 95 | | | 6.9 | 27.44 | percent of total billed charges | |
| BKR CHG PROSTATIC ACID PHOSPHATASE | 84066 | CPT | | | | outpatient | | | 23 | 11.11 | Amerihealth | HMO/PPO | 15.3 | | | | 6.9 | 27.44 | fee schedule | |
| BKR CHG PROSTATIC ACID PHOSPHATASE | 84066 | CPT | | | | outpatient | | | 23 | 11.11 | UHC | Medicaid | 12.6 | | | | 6.9 | 27.44 | fee schedule | |
| BKR CHG PROSTATIC ACID PHOSPHATASE | 84066 | CPT | | | | outpatient | | | 23 | 11.11 | Managed Care Inc | Managed Care Inc | 20.7 | 90 | | | 6.9 | 27.44 | percent of total billed charges | |
| BKR CHG PROSTATIC ACID PHOSPHATASE | 84066 | CPT | | | | outpatient | | | 23 | 11.11 | Multiplan | Multiplan | 18.4 | 80 | | | 6.9 | 27.44 | percent of total billed charges | |
| BKR CHG PROSTATIC ACID PHOSPHATASE | 84066 | CPT | | | | outpatient | | | 23 | 11.11 | UHC | Medicare | 9.66 | | | | 6.9 | 27.44 | fee schedule | |
| BKR CHG PROSTATIC ACID PHOSPHATASE | 84066 | CPT | | | | outpatient | | | 23 | 11.11 | Wellcare | Medicare | 9.66 | | | | 6.9 | 27.44 | fee schedule | |
| BKR CHG PROSTATIC ACID PHOSPHATASE | 84066 | CPT | | | | outpatient | | | 23 | 11.11 | Wellcare | Medicaid | 12.6 | | | | 6.9 | 27.44 | fee schedule | |
| BKR CHG PROSTATIC ACID PHOSPHATASE | 84066 | CPT | | | | outpatient | | | 23 | 11.11 | Horizon | Medicare Blue | 6.9 | 30 | | | 6.9 | 27.44 | percent of total billed charges | |
| BKR CHG PROSTATIC ACID PHOSPHATASE | 84066 | CPT | | | | outpatient | | | 23 | 11.11 | WellPoint | WellPoint | 7.4 | 32.18 | | | 6.9 | 27.44 | percent of total billed charges | |
| BKR CHG PROSTATIC ACID PHOSPHATASE | 84066 | CPT | | | | outpatient | | | 23 | 11.11 | Qualcare | Qualcare | 17.25 | 75 | | | 6.9 | 27.44 | percent of total billed charges | |
| BKR CHG PROSTATIC ACID PHOSPHATASE | 84066 | CPT | | | | outpatient | | | 23 | 11.11 | Horizon | NJ Health | 27.44 | | | | 6.9 | 27.44 | fee schedule | |
| BKR CHG PROSTATIC ACID PHOSPHATASE | 84066 | CPT | | | | outpatient | | | 23 | 11.11 | Three Rivers | Three Rivers | 21.85 | 95 | | | 6.9 | 27.44 | percent of total billed charges | |
| BKR CHG PHOSPHATASE ALKALINE | 84075 | CPT | | | | both | | | 107 | 5.96 | Horizon | Medicare Blue | 32.1 | 30 | | | 1.7 | 101.65 | percent of total billed charges | |
| BKR CHG PHOSPHATASE ALKALINE | 84075 | CPT | | | | both | | | 107 | 5.96 | Amerihealth | Medicare | 5.18 | | | | 1.7 | 101.65 | fee schedule | |
| BKR CHG PHOSPHATASE ALKALINE | 84075 | CPT | | | | both | | | 107 | 5.96 | Aetna | Medicare | 32.96 | 30.8 | | | 1.7 | 101.65 | percent of total billed charges | |
| BKR CHG PHOSPHATASE ALKALINE | 84075 | CPT | | | | both | | | 107 | 5.96 | Corrections | Corrections | 85.6 | 80 | | | 1.7 | 101.65 | percent of total billed charges | |
| BKR CHG PHOSPHATASE ALKALINE | 84075 | CPT | | | | both | | | 107 | 5.96 | First Trenton | First Trenton | 96.3 | 90 | | | 1.7 | 101.65 | percent of total billed charges | |
| BKR CHG PHOSPHATASE ALKALINE | 84075 | CPT | | | | both | | | 107 | 5.96 | First Health | First Health | 74.9 | 70 | | | 1.7 | 101.65 | percent of total billed charges | |
| BKR CHG PHOSPHATASE ALKALINE | 84075 | CPT | | | | both | | | 107 | 5.96 | Amerihealth | HMO/PPO | 1.7 | | | 3.92 | 1.7 | 101.65 | fee schedule | |
| BKR CHG PHOSPHATASE ALKALINE | 84075 | CPT | | | | both | | | 107 | 5.96 | Aetna | Better Health | 33.76 | 31.55 | | | 1.7 | 101.65 | percent of total billed charges | |
| BKR CHG PHOSPHATASE ALKALINE | 84075 | CPT | | | | both | | | 107 | 5.96 | Horizon | NJ Health | 7.06 | | | 2.45 | 1.7 | 101.65 | fee schedule | |
| BKR CHG PHOSPHATASE ALKALINE | 84075 | CPT | | | | both | | | 107 | 5.96 | UHC | Medicaid | 3.6 | | | 13.55 | 1.7 | 101.65 | fee schedule | |
| BKR CHG PHOSPHATASE ALKALINE | 84075 | CPT | | | | both | | | 107 | 5.96 | Horizon | MGD | 40.96 | 38.28 | | | 1.7 | 101.65 | percent of total billed charges | |
| BKR CHG PHOSPHATASE ALKALINE | 84075 | CPT | | | | both | | | 107 | 5.96 | UHC | Medicare | 5.18 | | | 6.8 | 1.7 | 101.65 | fee schedule | |
| BKR CHG PHOSPHATASE ALKALINE | 84075 | CPT | | | | both | | | 107 | 5.96 | Horizon | PPO | 40.96 | 38.28 | | | 1.7 | 101.65 | percent of total billed charges | |
| BKR CHG PHOSPHATASE ALKALINE | 84075 | CPT | | | | both | | | 107 | 5.96 | Horizon | Indemnity | 40.96 | 38.28 | | | 1.7 | 101.65 | percent of total billed charges | |
| BKR CHG PHOSPHATASE ALKALINE | 84075 | CPT | | | | both | | | 107 | 5.96 | WellPoint | WellPoint | 34.43 | 32.18 | | 10.3 | 1.7 | 101.65 | percent of total billed charges | |
| BKR CHG PHOSPHATASE ALKALINE | 84075 | CPT | | | | both | | | 107 | 5.96 | Americare | Americare | 80.25 | 75 | | | 1.7 | 101.65 | percent of total billed charges | |
| BKR CHG PHOSPHATASE ALKALINE | 84075 | CPT | | | | both | | | 107 | 5.96 | Managed Care Inc | Managed Care Inc | 96.3 | 90 | | | 1.7 | 101.65 | percent of total billed charges | |
| BKR CHG PHOSPHATASE ALKALINE | 84075 | CPT | | | | both | | | 107 | 5.96 | Multiplan | Multiplan | 85.6 | 80 | | | 1.7 | 101.65 | percent of total billed charges | |
| BKR CHG PHOSPHATASE ALKALINE | 84075 | CPT | | | | both | | | 107 | 5.96 | Wellcare | Medicare | 5.18 | | | | 1.7 | 101.65 | fee schedule | |
| BKR CHG PHOSPHATASE ALKALINE | 84075 | CPT | | | | both | | | 107 | 5.96 | Wellcare | Medicaid | 3.6 | | | | 1.7 | 101.65 | fee schedule | |
| BKR CHG PHOSPHATASE ALKALINE | 84075 | CPT | | | | both | | | 107 | 5.96 | Qualcare | Qualcare | 80.25 | 75 | | | 1.7 | 101.65 | percent of total billed charges | |
| BKR CHG PHOSPHATASE ALKALINE | 84075 | CPT | | | | both | | | 107 | 5.96 | Consumer | Consumer | 101.65 | 95 | | | 1.7 | 101.65 | percent of total billed charges | |
| BKR CHG PHOSPHATASE ALKALINE | 84075 | CPT | | | | both | | | 107 | 5.96 | Three Rivers | Three Rivers | 101.65 | 95 | | | 1.7 | 101.65 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG ALKALINE PHOSPHATASE FRAC | 84078 | CPT | | | | outpatient | | | 136 | 9.5 | Horizon | Indemnity | 52.06 | 38.28 | | | 3.6 | | 129.2 percent of total billed charges | |
| BKR CHG ALKALINE PHOSPHATASE FRAC | 84078 | CPT | | | | outpatient | | | 136 | 9.5 | Aetna | Medicare | 41.89 | 30.8 | | | 3.6 | | 129.2 percent of total billed charges | |
| BKR CHG ALKALINE PHOSPHATASE FRAC | 84078 | CPT | | | | outpatient | | | 136 | 9.5 | Amerihealth | HMO/PPO | 11.4 | | | | 3.6 | | 129.2 fee schedule | |
| BKR CHG ALKALINE PHOSPHATASE FRAC | 84078 | CPT | | | | outpatient | | | 136 | 9.5 | Consumer | Consumer | 129.2 | 95 | | | 3.6 | | 129.2 percent of total billed charges | |
| BKR CHG ALKALINE PHOSPHATASE FRAC | 84078 | CPT | | | | outpatient | | | 136 | 9.5 | Amerihealth | Medicare | 8.26 | | | | 3.6 | | 129.2 fee schedule | |
| BKR CHG ALKALINE PHOSPHATASE FRAC | 84078 | CPT | | | | outpatient | | | 136 | 9.5 | UHC | Medicare | 8.26 | | | | 3.6 | | 129.2 fee schedule | |
| BKR CHG ALKALINE PHOSPHATASE FRAC | 84078 | CPT | | | | outpatient | | | 136 | 9.5 | First Trenton | First Trenton | 122.4 | 90 | | | 3.6 | | 129.2 percent of total billed charges | |
| BKR CHG ALKALINE PHOSPHATASE FRAC | 84078 | CPT | | | | outpatient | | | 136 | 9.5 | Aetna | Better Health | 42.91 | 31.55 | | | 3.6 | | 129.2 percent of total billed charges | |
| BKR CHG ALKALINE PHOSPHATASE FRAC | 84078 | CPT | | | | outpatient | | | 136 | 9.5 | Multiplan | Multiplan | 108.8 | 80 | | | 3.6 | | 129.2 percent of total billed charges | |
| BKR CHG ALKALINE PHOSPHATASE FRAC | 84078 | CPT | | | | outpatient | | | 136 | 9.5 | Corrections | Corrections | 108.8 | 80 | | | 3.6 | | 129.2 percent of total billed charges | |
| BKR CHG ALKALINE PHOSPHATASE FRAC | 84078 | CPT | | | | outpatient | | | 136 | 9.5 | First Health | First Health | 95.2 | 70 | | | 3.6 | | 129.2 percent of total billed charges | |
| BKR CHG ALKALINE PHOSPHATASE FRAC | 84078 | CPT | | | | outpatient | | | 136 | 9.5 | Americare | Americare | 102 | 75 | | | 3.6 | | 129.2 percent of total billed charges | |
| BKR CHG ALKALINE PHOSPHATASE FRAC | 84078 | CPT | | | | outpatient | | | 136 | 9.5 | Qualcare | Qualcare | 102 | 75 | | | 3.6 | | 129.2 percent of total billed charges | |
| BKR CHG ALKALINE PHOSPHATASE FRAC | 84078 | CPT | | | | outpatient | | | 136 | 9.5 | Horizon | NJ Health | 7.06 | | | | 3.6 | | 129.2 fee schedule | |
| BKR CHG ALKALINE PHOSPHATASE FRAC | 84078 | CPT | | | | outpatient | | | 136 | 9.5 | Horizon | MGD | 52.06 | 38.28 | | | 3.6 | | 129.2 percent of total billed charges | |
| BKR CHG ALKALINE PHOSPHATASE FRAC | 84078 | CPT | | | | outpatient | | | 136 | 9.5 | Three Rivers | Three Rivers | 129.2 | 95 | | | 3.6 | | 129.2 percent of total billed charges | |
| BKR CHG ALKALINE PHOSPHATASE FRAC | 84078 | CPT | | | | outpatient | | | 136 | 9.5 | Horizon | Medicare Blue | 40.8 | 30 | | | 3.6 | | 129.2 percent of total billed charges | |
| BKR CHG ALKALINE PHOSPHATASE FRAC | 84078 | CPT | | | | outpatient | | | 136 | 9.5 | Wellcare | Medicaid | 3.6 | | | | 3.6 | | 129.2 fee schedule | |
| BKR CHG ALKALINE PHOSPHATASE FRAC | 84078 | CPT | | | | outpatient | | | 136 | 9.5 | Horizon | PPO | 52.06 | 38.28 | | | 3.6 | | 129.2 percent of total billed charges | |
| BKR CHG ALKALINE PHOSPHATASE FRAC | 84078 | CPT | | | | outpatient | | | 136 | 9.5 | UHC | Medicaid | 3.6 | | | | 3.6 | | 129.2 fee schedule | |
| BKR CHG ALKALINE PHOSPHATASE FRAC | 84078 | CPT | | | | outpatient | | | 136 | 9.5 | Wellcare | Medicare | 8.26 | | | | 3.6 | | 129.2 fee schedule | |
| BKR CHG ALKALINE PHOSPHATASE FRAC | 84078 | CPT | | | | outpatient | | | 136 | 9.5 | Managed Care Inc | Managed Care Inc | 122.4 | 90 | | | 3.6 | | 129.2 percent of total billed charges | |
| BKR CHG ALKALINE PHOSPHATASE FRAC | 84078 | CPT | | | | outpatient | | | 136 | 9.5 | WellPoint | WellPoint | 43.76 | 32.18 | | | 3.6 | | 129.2 percent of total billed charges | |
| BKR CHG PHOSPHATASE ISOENZYMES | 84080 | CPT | | | | both | | | 107 | 17 | Amerihealth | Medicare | 14.78 | | | | 3.6 | | 101.65 fee schedule | |
| BKR CHG PHOSPHATASE ISOENZYMES | 84080 | CPT | | | | both | | | 107 | 17 | Aetna | Medicare | 32.96 | 30.8 | | | 3.6 | | 101.65 percent of total billed charges | |
| BKR CHG PHOSPHATASE ISOENZYMES | 84080 | CPT | | | | both | | | 107 | 17 | Corrections | Corrections | 85.6 | 80 | | | 3.6 | | 101.65 percent of total billed charges | |
| BKR CHG PHOSPHATASE ISOENZYMES | 84080 | CPT | | | | both | | | 107 | 17 | Amerihealth | HMO/PPO | 23.5 | | | | 3.6 | | 101.65 fee schedule | |
| BKR CHG PHOSPHATASE ISOENZYMES | 84080 | CPT | | | | both | | | 107 | 17 | First Health | First Health | 74.9 | 70 | | | 3.6 | | 101.65 percent of total billed charges | |
| BKR CHG PHOSPHATASE ISOENZYMES | 84080 | CPT | | | | both | | | 107 | 17 | Americare | Americare | 80.25 | 75 | | | 3.6 | | 101.65 percent of total billed charges | |
| BKR CHG PHOSPHATASE ISOENZYMES | 84080 | CPT | | | | both | | | 107 | 17 | Aetna | Better Health | 33.76 | 31.55 | | | 3.6 | | 101.65 percent of total billed charges | |
| BKR CHG PHOSPHATASE ISOENZYMES | 84080 | CPT | | | | both | | | 107 | 17 | First Trenton | First Trenton | 96.3 | 90 | | | 3.6 | | 101.65 percent of total billed charges | |
| BKR CHG PHOSPHATASE ISOENZYMES | 84080 | CPT | | | | both | | | 107 | 17 | Horizon | Indemnity | 40.96 | 38.28 | | | 3.6 | | 101.65 percent of total billed charges | |
| BKR CHG PHOSPHATASE ISOENZYMES | 84080 | CPT | | | | both | | | 107 | 17 | Horizon | MGD | 40.96 | 38.28 | | | 3.6 | | 101.65 percent of total billed charges | |
| BKR CHG PHOSPHATASE ISOENZYMES | 84080 | CPT | | | | both | | | 107 | 17 | UHC | Medicaid | 3.6 | | | | 3.6 | | 101.65 fee schedule | |
| BKR CHG PHOSPHATASE ISOENZYMES | 84080 | CPT | | | | both | | | 107 | 17 | Horizon | Medicare Blue | 32.1 | 30 | | | 3.6 | | 101.65 percent of total billed charges | |
| BKR CHG PHOSPHATASE ISOENZYMES | 84080 | CPT | | | | both | | | 107 | 17 | Multiplan | Multiplan | 85.6 | 80 | | | 3.6 | | 101.65 percent of total billed charges | |
| BKR CHG PHOSPHATASE ISOENZYMES | 84080 | CPT | | | | both | | | 107 | 17 | Horizon | PPO | 40.96 | 38.28 | | | 3.6 | | 101.65 percent of total billed charges | |
| BKR CHG PHOSPHATASE ISOENZYMES | 84080 | CPT | | | | both | | | 107 | 17 | Consumer | Consumer | 101.65 | 95 | | | 3.6 | | 101.65 percent of total billed charges | |
| BKR CHG PHOSPHATASE ISOENZYMES | 84080 | CPT | | | | both | | | 107 | 17 | Managed Care Inc | Managed Care Inc | 96.3 | 90 | | | 3.6 | | 101.65 percent of total billed charges | |
| BKR CHG PHOSPHATASE ISOENZYMES | 84080 | CPT | | | | both | | | 107 | 17 | Qualcare | Qualcare | 80.25 | 75 | | | 3.6 | | 101.65 percent of total billed charges | |
| BKR CHG PHOSPHATASE ISOENZYMES | 84080 | CPT | | | | both | | | 107 | 17 | Wellcare | Medicare | 14.78 | | | | 3.6 | | 101.65 fee schedule | |
| BKR CHG PHOSPHATASE ISOENZYMES | 84080 | CPT | | | | both | | | 107 | 17 | Wellcare | Medicaid | 3.6 | | | | 3.6 | | 101.65 fee schedule | |
| BKR CHG PHOSPHATASE ISOENZYMES | 84080 | CPT | | | | both | | | 107 | 17 | WellPoint | WellPoint | 34.43 | 32.18 | | | 3.6 | | 101.65 percent of total billed charges | |
| BKR CHG PHOSPHATASE ISOENZYMES | 84080 | CPT | | | | both | | | 107 | 17 | UHC | Medicare | 14.78 | | | | 3.6 | | 101.65 fee schedule | |
| BKR CHG PHOSPHATASE ISOENZYMES | 84080 | CPT | | | | both | | | 107 | 17 | Horizon | NJ Health | 7.06 | | | | 3.6 | | 101.65 fee schedule | |
| BKR CHG PHOSPHATASE ISOENZYMES | 84080 | CPT | | | | both | | | 107 | 17 | Three Rivers | Three Rivers | 101.65 | 95 | | | 3.6 | | 101.65 percent of total billed charges | |
| BKR CHG PHOSPHOHEXOSE ISOMERASE | 84087 | CPT | | | | outpatient | | | 121 | 12.34 | Horizon | Medicare Blue | 36.3 | 30 | | | 10.73 | | 114.95 percent of total billed charges | |
| BKR CHG PHOSPHOHEXOSE ISOMERASE | 84087 | CPT | | | | outpatient | | | 121 | 12.34 | Aetna | Better Health | 38.18 | 31.55 | | | 10.73 | | 114.95 percent of total billed charges | |
| BKR CHG PHOSPHOHEXOSE ISOMERASE | 84087 | CPT | | | | outpatient | | | 121 | 12.34 | Aetna | Medicare | 37.27 | 30.8 | | | 10.73 | | 114.95 percent of total billed charges | |
| BKR CHG PHOSPHOHEXOSE ISOMERASE | 84087 | CPT | | | | outpatient | | | 121 | 12.34 | Americare | Americare | 90.75 | 75 | | | 10.73 | | 114.95 percent of total billed charges | |
| BKR CHG PHOSPHOHEXOSE ISOMERASE | 84087 | CPT | | | | outpatient | | | 121 | 12.34 | Wellcare | Medicaid | 13.5 | | | | 10.73 | | 114.95 fee schedule | |
| BKR CHG PHOSPHOHEXOSE ISOMERASE | 84087 | CPT | | | | outpatient | | | 121 | 12.34 | Corrections | Corrections | 96.8 | 80 | | | 10.73 | | 114.95 percent of total billed charges | |
| BKR CHG PHOSPHOHEXOSE ISOMERASE | 84087 | CPT | | | | outpatient | | | 121 | 12.34 | First Health | First Health | 84.7 | 70 | | | 10.73 | | 114.95 percent of total billed charges | |
| BKR CHG PHOSPHOHEXOSE ISOMERASE | 84087 | CPT | | | | outpatient | | | 121 | 12.34 | UHC | Medicare | 10.73 | | | | 10.73 | | 114.95 fee schedule | |
| BKR CHG PHOSPHOHEXOSE ISOMERASE | 84087 | CPT | | | | outpatient | | | 121 | 12.34 | UHC | Medicaid | 13.5 | | | | 10.73 | | 114.95 fee schedule | |
| BKR CHG PHOSPHOHEXOSE ISOMERASE | 84087 | CPT | | | | outpatient | | | 121 | 12.34 | Amerihealth | Medicare | 10.73 | | | | 10.73 | | 114.95 fee schedule | |
| BKR CHG PHOSPHOHEXOSE ISOMERASE | 84087 | CPT | | | | outpatient | | | 121 | 12.34 | Multiplan | Multiplan | 96.8 | 80 | | | 10.73 | | 114.95 percent of total billed charges | |
| BKR CHG PHOSPHOHEXOSE ISOMERASE | 84087 | CPT | | | | outpatient | | | 121 | 12.34 | Amerihealth | HMO/PPO | 15.6 | | | | 10.73 | | 114.95 fee schedule | |
| BKR CHG PHOSPHOHEXOSE ISOMERASE | 84087 | CPT | | | | outpatient | | | 121 | 12.34 | Wellcare | Medicare | 10.73 | | | | 10.73 | | 114.95 fee schedule | |
| BKR CHG PHOSPHOHEXOSE ISOMERASE | 84087 | CPT | | | | outpatient | | | 121 | 12.34 | Horizon | Indemnity | 46.32 | 38.28 | | | 10.73 | | 114.95 percent of total billed charges | |
| BKR CHG PHOSPHOHEXOSE ISOMERASE | 84087 | CPT | | | | outpatient | | | 121 | 12.34 | Qualcare | Qualcare | 90.75 | 75 | | | 10.73 | | 114.95 percent of total billed charges | |
| BKR CHG PHOSPHOHEXOSE ISOMERASE | 84087 | CPT | | | | outpatient | | | 121 | 12.34 | Horizon | MGD | 46.32 | 38.28 | | | 10.73 | | 114.95 percent of total billed charges | |
| BKR CHG PHOSPHOHEXOSE ISOMERASE | 84087 | CPT | | | | outpatient | | | 121 | 12.34 | Consumer | Consumer | 114.95 | 95 | | | 10.73 | | 114.95 percent of total billed charges | |
| BKR CHG PHOSPHOHEXOSE ISOMERASE | 84087 | CPT | | | | outpatient | | | 121 | 12.34 | WellPoint | WellPoint | 38.94 | 32.18 | | | 10.73 | | 114.95 percent of total billed charges | |
| BKR CHG PHOSPHOHEXOSE ISOMERASE | 84087 | CPT | | | | outpatient | | | 121 | 12.34 | First Trenton | First Trenton | 108.9 | 90 | | | 10.73 | | 114.95 percent of total billed charges | |
| BKR CHG PHOSPHOHEXOSE ISOMERASE | 84087 | CPT | | | | outpatient | | | 121 | 12.34 | Horizon | NJ Health | 32.34 | | | | 10.73 | | 114.95 fee schedule | |
| BKR CHG PHOSPHOHEXOSE ISOMERASE | 84087 | CPT | | | | outpatient | | | 121 | 12.34 | Horizon | PPO | 46.32 | 38.28 | | | 10.73 | | 114.95 percent of total billed charges | |
| BKR CHG PHOSPHOHEXOSE ISOMERASE | 84087 | CPT | | | | outpatient | | | 121 | 12.34 | Managed Care Inc | Managed Care Inc | 108.9 | 90 | | | 10.73 | | 114.95 percent of total billed charges | |
| BKR CHG PHOSPHOHEXOSE ISOMERASE | 84087 | CPT | | | | outpatient | | | 121 | 12.34 | Three Rivers | Three Rivers | 114.95 | 95 | | | 10.73 | | 114.95 percent of total billed charges | |
| BKR CHG PHOSPHORUS SERUM | 84100 | CPT | | | | both | | | 85 | 5.45 | Horizon | NJ Health | 5.88 | | | 3.54 | 1.7 | | 80.75 fee schedule | |
| BKR CHG PHOSPHORUS SERUM | 84100 | CPT | | | | both | | | 85 | 5.45 | Aetna | Better Health | 26.82 | 31.55 | | 11.96 | 1.7 | | 80.75 percent of total billed charges | |
| BKR CHG PHOSPHORUS SERUM | 84100 | CPT | | | | both | | | 85 | 5.45 | Amerihealth | HMO/PPO | 1.7 | | | 4.7 | 1.7 | | 80.75 fee schedule | |
| BKR CHG PHOSPHORUS SERUM | 84100 | CPT | | | | both | | | 85 | 5.45 | Horizon | PPO | 32.54 | 38.28 | | 10.15 | 1.7 | | 80.75 percent of total billed charges | |
| BKR CHG PHOSPHORUS SERUM | 84100 | CPT | | | | both | | | 85 | 5.45 | Corrections | Corrections | 68 | 80 | | 9.2 | 1.7 | | 80.75 percent of total billed charges | |
| BKR CHG PHOSPHORUS SERUM | 84100 | CPT | | | | both | | | 85 | 5.45 | Consumer | Consumer | 80.75 | 95 | | | 1.7 | | 80.75 percent of total billed charges | |
| BKR CHG PHOSPHORUS SERUM | 84100 | CPT | | | | both | | | 85 | 5.45 | Americare | Americare | 63.75 | 75 | | | 1.7 | | 80.75 percent of total billed charges | |
| BKR CHG PHOSPHORUS SERUM | 84100 | CPT | | | | both | | | 85 | 5.45 | Aetna | Medicare | 26.18 | 30.8 | | 6.63 | 1.7 | | 80.75 percent of total billed charges | |
| BKR CHG PHOSPHORUS SERUM | 84100 | CPT | | | | both | | | 85 | 5.45 | Multiplan | Multiplan | 68 | 80 | | | 1.7 | | 80.75 percent of total billed charges | |
| BKR CHG PHOSPHORUS SERUM | 84100 | CPT | | | | both | | | 85 | 5.45 | Horizon | MGD | 32.54 | 38.28 | | 10.81 | 1.7 | | 80.75 percent of total billed charges | |
| BKR CHG PHOSPHORUS SERUM | 84100 | CPT | | | | both | | | 85 | 5.45 | Horizon | Medicare Blue | 25.5 | 30 | | 5.38 | 1.7 | | 80.75 percent of total billed charges | |
| BKR CHG PHOSPHORUS SERUM | 84100 | CPT | | | | both | | | 85 | 5.45 | UHC | Medicaid | 3 | | | 12.02 | 1.7 | | 80.75 fee schedule | |
| BKR CHG PHOSPHORUS SERUM | 84100 | CPT | | | | both | | | 85 | 5.45 | Qualcare | Qualcare | 63.75 | 75 | | | 1.7 | | 80.75 percent of total billed charges | |
| BKR CHG PHOSPHORUS SERUM | 84100 | CPT | | | | both | | | 85 | 5.45 | First Health | First Health | 59.5 | 70 | | | 1.7 | | 80.75 percent of total billed charges | |
| BKR CHG PHOSPHORUS SERUM | 84100 | CPT | | | | both | | | 85 | 5.45 | Amerihealth | Medicare | 4.74 | | | | 1.7 | | 80.75 fee schedule | |
| BKR CHG PHOSPHORUS SERUM | 84100 | CPT | | | | both | | | 85 | 5.45 | Horizon | Indemnity | 32.54 | 38.28 | | 10.05 | 1.7 | | 80.75 percent of total billed charges | |
| BKR CHG PHOSPHORUS SERUM | 84100 | CPT | | | | both | | | 85 | 5.45 | WellPoint | WellPoint | 27.35 | 32.18 | | 9.77 | 1.7 | | 80.75 percent of total billed charges | |
| BKR CHG PHOSPHORUS SERUM | 84100 | CPT | | | | both | | | 85 | 5.45 | UHC | Medicare | 4.74 | | | 6.59 | 1.7 | | 80.75 fee schedule | |
| BKR CHG PHOSPHORUS SERUM | 84100 | CPT | | | | both | | | 85 | 5.45 | First Trenton | First Trenton | 76.5 | 90 | | | 1.7 | | 80.75 percent of total billed charges | |
| BKR CHG PHOSPHORUS SERUM | 84100 | CPT | | | | both | | | 85 | 5.45 | Wellcare | Medicare | 4.74 | | | 5.84 | 1.7 | | 80.75 fee schedule | |
| BKR CHG PHOSPHORUS SERUM | 84100 | CPT | | | | both | | | 85 | 5.45 | Managed Care Inc | Managed Care Inc | 76.5 | 90 | | | 1.7 | | 80.75 percent of total billed charges | |
| BKR CHG PHOSPHORUS SERUM | 84100 | CPT | | | | both | | | 85 | 5.45 | Three Rivers | Three Rivers | 80.75 | 95 | | | 1.7 | | 80.75 percent of total billed charges | |
| BKR CHG PHOSPHORUS SERUM | 84100 | CPT | | | | both | | | 85 | 5.45 | Wellcare | Medicaid | 3 | | | 11.59 | 1.7 | | 80.75 fee schedule | |
| BKR CHG PHOSPHORUS URINE 24 HRS | 84105 | CPT | | | | both | | | 202 | 6.65 | Aetna | Medicare | 62.22 | 30.8 | | | 3 | | 191.9 percent of total billed charges | |
| BKR CHG PHOSPHORUS URINE 24 HRS | 84105 | CPT | | | | both | | | 202 | 6.65 | Corrections | Corrections | 161.6 | 80 | | | 3 | | 191.9 percent of total billed charges | |
| BKR CHG PHOSPHORUS URINE 24 HRS | 84105 | CPT | | | | both | | | 202 | 6.65 | Aetna | Better Health | 63.73 | 31.55 | | | 3 | | 191.9 percent of total billed charges | |
| BKR CHG PHOSPHORUS URINE 24 HRS | 84105 | CPT | | | | both | | | 202 | 6.65 | Americare | Americare | 151.5 | 75 | | | 3 | | 191.9 percent of total billed charges | |
| BKR CHG PHOSPHORUS URINE 24 HRS | 84105 | CPT | | | | both | | | 202 | 6.65 | Consumer | Consumer | 191.9 | 95 | | | 3 | | 191.9 percent of total billed charges | |
| BKR CHG PHOSPHORUS URINE 24 HRS | 84105 | CPT | | | | both | | | 202 | 6.65 | Amerihealth | Medicare | 5.78 | | | | 3 | | 191.9 fee schedule | |
| BKR CHG PHOSPHORUS URINE 24 HRS | 84105 | CPT | | | | both | | | 202 | 6.65 | Horizon | Medicare Blue | 60.6 | 30 | | | 3 | | 191.9 percent of total billed charges | |
| BKR CHG PHOSPHORUS URINE 24 HRS | 84105 | CPT | | | | both | | | 202 | 6.65 | Amerihealth | HMO/PPO | 7.8 | | | | 3 | | 191.9 fee schedule | |
| BKR CHG PHOSPHORUS URINE 24 HRS | 84105 | CPT | | | | both | | | 202 | 6.65 | Multiplan | Multiplan | 161.6 | 80 | | | 3 | | 191.9 percent of total billed charges | |
| BKR CHG PHOSPHORUS URINE 24 HRS | 84105 | CPT | | | | both | | | 202 | 6.65 | Horizon | Indemnity | 77.33 | 38.28 | | | 3 | | 191.9 percent of total billed charges | |
| BKR CHG PHOSPHORUS URINE 24 HRS | 84105 | CPT | | | | both | | | 202 | 6.65 | UHC | Medicaid | 3 | | | | 3 | | 191.9 fee schedule | |
| BKR CHG PHOSPHORUS URINE 24 HRS | 84105 | CPT | | | | both | | | 202 | 6.65 | Horizon | MGD | 77.33 | 38.28 | | | 3 | | 191.9 percent of total billed charges | |
| BKR CHG PHOSPHORUS URINE 24 HRS | 84105 | CPT | | | | both | | | 202 | 6.65 | First Health | First Health | 141.4 | 70 | | | 3 | | 191.9 percent of total billed charges | |
| BKR CHG PHOSPHORUS URINE 24 HRS | 84105 | CPT | | | | both | | | 202 | 6.65 | First Trenton | First Trenton | 181.8 | 90 | | | 3 | | 191.9 percent of total billed charges | |
| BKR CHG PHOSPHORUS URINE 24 HRS | 84105 | CPT | | | | both | | | 202 | 6.65 | Wellcare | Medicare | 5.78 | | | | 3 | | 191.9 fee schedule | |
| BKR CHG PHOSPHORUS URINE 24 HRS | 84105 | CPT | | | | both | | | 202 | 6.65 | UHC | Medicare | 5.78 | | | | 3 | | 191.9 fee schedule | |
| BKR CHG PHOSPHORUS URINE 24 HRS | 84105 | CPT | | | | both | | | 202 | 6.65 | Qualcare | Qualcare | 151.5 | 75 | | | 3 | | 191.9 percent of total billed charges | |
| BKR CHG PHOSPHORUS URINE 24 HRS | 84105 | CPT | | | | both | | | 202 | 6.65 | WellPoint | WellPoint | 65 | 32.18 | | | 3 | | 191.9 percent of total billed charges | |
| BKR CHG PHOSPHORUS URINE 24 HRS | 84105 | CPT | | | | both | | | 202 | 6.65 | Wellcare | Medicaid | 3 | | | | 3 | | 191.9 fee schedule | |
| BKR CHG PHOSPHORUS URINE 24 HRS | 84105 | CPT | | | | both | | | 202 | 6.65 | Horizon | PPO | 77.33 | 38.28 | | | 3 | | 191.9 percent of total billed charges | |
| BKR CHG PHOSPHORUS URINE 24 HRS | 84105 | CPT | | | | both | | | 202 | 6.65 | Horizon | NJ Health | 5.88 | | | | 3 | | 191.9 fee schedule | |
| BKR CHG PHOSPHORUS URINE 24 HRS | 84105 | CPT | | | | both | | | 202 | 6.65 | Three Rivers | Three Rivers | 191.9 | 95 | | | 3 | | 191.9 percent of total billed charges | |
| BKR CHG PHOSPHORUS URINE 24 HRS | 84105 | CPT | | | | both | | | 202 | 6.65 | Managed Care Inc | Managed Care Inc | 181.8 | 90 | | | 3 | | 191.9 percent of total billed charges | |
| BKR CHG PORPHOBILINOGEN QUANTITATIVE | 84110 | CPT | | | | both | | | 54 | 9.71 | Horizon | Indemnity | 20.67 | 38.28 | | | 6.3 | | 51.3 percent of total billed charges | |
| BKR CHG PORPHOBILINOGEN QUANTITATIVE | 84110 | CPT | | | | both | | | 54 | 9.71 | Aetna | Medicare | 16.63 | 30.8 | | | 6.3 | | 51.3 percent of total billed charges | |
| BKR CHG PORPHOBILINOGEN QUANTITATIVE | 84110 | CPT | | | | both | | | 54 | 9.71 | Horizon | Medicare Blue | 16.2 | 30 | | 2.36 | 6.3 | | 51.3 percent of total billed charges | |
| BKR CHG PORPHOBILINOGEN QUANTITATIVE | 84110 | CPT | | | | both | | | 54 | 9.71 | First Health | First Health | 37.8 | 70 | | | 6.3 | | 51.3 percent of total billed charges | |
| BKR CHG PORPHOBILINOGEN QUANTITATIVE | 84110 | CPT | | | | both | | | 54 | 9.71 | Americare | Americare | 40.5 | 75 | | | 6.3 | | 51.3 percent of total billed charges | |
| BKR CHG PORPHOBILINOGEN QUANTITATIVE | 84110 | CPT | | | | both | | | 54 | 9.71 | First Trenton | First Trenton | 48.6 | 90 | | | 6.3 | | 51.3 percent of total billed charges | |
| BKR CHG PORPHOBILINOGEN QUANTITATIVE | 84110 | CPT | | | | both | | | 54 | 9.71 | Aetna | Better Health | 17.04 | 31.55 | | | 6.3 | | 51.3 percent of total billed charges | |
| BKR CHG PORPHOBILINOGEN QUANTITATIVE | 84110 | CPT | | | | both | | | 54 | 9.71 | Consumer | Consumer | 51.3 | 95 | | | 6.3 | | 51.3 percent of total billed charges | |
| BKR CHG PORPHOBILINOGEN QUANTITATIVE | 84110 | CPT | | | | both | | | 54 | 9.71 | Horizon | PPO | 20.67 | 38.28 | | | 6.3 | | 51.3 percent of total billed charges | |
| BKR CHG PORPHOBILINOGEN QUANTITATIVE | 84110 | CPT | | | | both | | | 54 | 9.71 | Horizon | MGD | 20.67 | 38.28 | | | 6.3 | | 51.3 percent of total billed charges | |
| BKR CHG PORPHOBILINOGEN QUANTITATIVE | 84110 | CPT | | | | both | | | 54 | 9.71 | UHC | Medicare | 8.44 | | | | 6.3 | | 51.3 fee schedule | |
| BKR CHG PORPHOBILINOGEN QUANTITATIVE | 84110 | CPT | | | | both | | | 54 | 9.71 | Three Rivers | Three Rivers | 51.3 | 95 | | | 6.3 | | 51.3 percent of total billed charges | |
| BKR CHG PORPHOBILINOGEN QUANTITATIVE | 84110 | CPT | | | | both | | | 54 | 9.71 | Amerihealth | HMO/PPO | 13.2 | | | | 6.3 | | 51.3 fee schedule | |
| BKR CHG PORPHOBILINOGEN QUANTITATIVE | 84110 | CPT | | | | both | | | 54 | 9.71 | Managed Care Inc | Managed Care Inc | 48.6 | 90 | | | 6.3 | | 51.3 percent of total billed charges | |
| BKR CHG PORPHOBILINOGEN QUANTITATIVE | 84110 | CPT | | | | both | | | 54 | 9.71 | UHC | Medicaid | 7.5 | | | | 6.3 | | 51.3 fee schedule | |
| BKR CHG PORPHOBILINOGEN QUANTITATIVE | 84110 | CPT | | | | both | | | 54 | 9.71 | Corrections | Corrections | 43.2 | 80 | | | 6.3 | | 51.3 percent of total billed charges | |
| BKR CHG PORPHOBILINOGEN QUANTITATIVE | 84110 | CPT | | | | both | | | 54 | 9.71 | Wellcare | Medicaid | 7.5 | | | | 6.3 | | 51.3 fee schedule | |
| BKR CHG PORPHOBILINOGEN QUANTITATIVE | 84110 | CPT | | | | both | | | 54 | 9.71 | Multiplan | Multiplan | 43.2 | 80 | | | 6.3 | | 51.3 percent of total billed charges | |
| BKR CHG PORPHOBILINOGEN QUANTITATIVE | 84110 | CPT | | | | both | | | 54 | 9.71 | Amerihealth | Medicare | 8.44 | | | | 6.3 | | 51.3 fee schedule | |
| BKR CHG PORPHOBILINOGEN QUANTITATIVE | 84110 | CPT | | | | both | | | 54 | 9.71 | Horizon | NJ Health | 16.17 | | | | 6.3 | | 51.3 fee schedule | |
| BKR CHG PORPHOBILINOGEN QUANTITATIVE | 84110 | CPT | | | | both | | | 54 | 9.71 | Wellcare | Medicare | 8.44 | | | | 6.3 | | 51.3 fee schedule | |
| BKR CHG PORPHOBILINOGEN QUANTITATIVE | 84110 | CPT | | | | both | | | 54 | 9.71 | WellPoint | WellPoint | 17.38 | 32.18 | | | 6.3 | | 51.3 percent of total billed charges | |
| BKR CHG PORPHOBILINOGEN QUANTITATIVE | 84110 | CPT | | | | both | | | 54 | 9.71 | Qualcare | Qualcare | 40.5 | 75 | | | 6.3 | | 51.3 percent of total billed charges | |
| BKR CHG URINE PROTOPORPHYRIN IX | 84120 | CPT | | | | both | | | 89 | 16.92 | Aetna | Better Health | 28.08 | 31.55 | | | 7.5 | | 84.55 percent of total billed charges | |
| BKR CHG URINE PROTOPORPHYRIN IX | 84120 | CPT | | | | both | | | 89 | 16.92 | Aetna | Medicare | 27.41 | 30.8 | | | 7.5 | | 84.55 percent of total billed charges | |
| BKR CHG URINE PROTOPORPHYRIN IX | 84120 | CPT | | | | both | | | 89 | 16.92 | Horizon | MGD | 34.07 | 38.28 | | | 7.5 | | 84.55 percent of total billed charges | |
| BKR CHG URINE PROTOPORPHYRIN IX | 84120 | CPT | | | | both | | | 89 | 16.92 | Horizon | Medicare Blue | 26.7 | 30 | | 2.88 | 7.5 | | 84.55 percent of total billed charges | |
| BKR CHG URINE PROTOPORPHYRIN IX | 84120 | CPT | | | | both | | | 89 | 16.92 | Amerihealth | HMO/PPO | 16.5 | | | | 7.5 | | 84.55 fee schedule | |
| BKR CHG URINE PROTOPORPHYRIN IX | 84120 | CPT | | | | both | | | 89 | 16.92 | Corrections | Corrections | 71.2 | 80 | | | 7.5 | | 84.55 percent of total billed charges | |
| BKR CHG URINE PROTOPORPHYRIN IX | 84120 | CPT | | | | both | | | 89 | 16.92 | Horizon | PPO | 34.07 | 38.28 | | 0.61 | 7.5 | | 84.55 percent of total billed charges | |
| BKR CHG URINE PROTOPORPHYRIN IX | 84120 | CPT | | | | both | | | 89 | 16.92 | Consumer | Consumer | 84.55 | 95 | | | 7.5 | | 84.55 percent of total billed charges | |
| BKR CHG URINE PROTOPORPHYRIN IX | 84120 | CPT | | | | both | | | 89 | 16.92 | Americare | Americare | 66.75 | 75 | | | 7.5 | | 84.55 percent of total billed charges | |
| BKR CHG URINE PROTOPORPHYRIN IX | 84120 | CPT | | | | both | | | 89 | 16.92 | First Trenton | First Trenton | 80.1 | 90 | | | 7.5 | | 84.55 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG URINE PROTOPORPHYRIN IX | 84120 | CPT | | | | both | | | 89 | 16.92 | Amerihealth | Medicare | 14.71 | | | | 7.5 | 84.55 | fee schedule | |
| BKR CHG URINE PROTOPORPHYRIN IX | 84120 | CPT | | | | both | | | 89 | 16.92 | Multiplan | Multiplan | 71.2 | 80 | | | 7.5 | 84.55 | percent of total billed charges | |
| BKR CHG URINE PROTOPORPHYRIN IX | 84120 | CPT | | | | both | | | 89 | 16.92 | Three Rivers | Three Rivers | 84.55 | 95 | | | 7.5 | 84.55 | percent of total billed charges | |
| BKR CHG URINE PROTOPORPHYRIN IX | 84120 | CPT | | | | both | | | 89 | 16.92 | WellPoint | WellPoint | 28.64 | 32.18 | | | 7.5 | 84.55 | percent of total billed charges | |
| BKR CHG URINE PROTOPORPHYRIN IX | 84120 | CPT | | | | both | | | 89 | 16.92 | UHC | Medicare | 14.71 | | | | 7.5 | 84.55 | fee schedule | |
| BKR CHG URINE PROTOPORPHYRIN IX | 84120 | CPT | | | | both | | | 89 | 16.92 | First Health | First Health | 62.3 | 70 | | | 7.5 | 84.55 | percent of total billed charges | |
| BKR CHG URINE PROTOPORPHYRIN IX | 84120 | CPT | | | | both | | | 89 | 16.92 | Wellcare | Medicare | 14.71 | | | | 7.5 | 84.55 | fee schedule | |
| BKR CHG URINE PROTOPORPHYRIN IX | 84120 | CPT | | | | both | | | 89 | 16.92 | Horizon | NJ Health | 14.7 | | | | 7.5 | 84.55 | fee schedule | |
| BKR CHG URINE PROTOPORPHYRIN IX | 84120 | CPT | | | | both | | | 89 | 16.92 | Qualcare | Qualcare | 66.75 | 75 | | | 7.5 | 84.55 | percent of total billed charges | |
| BKR CHG URINE PROTOPORPHYRIN IX | 84120 | CPT | | | | both | | | 89 | 16.92 | Managed Care Inc | Managed Care Inc | 80.1 | 90 | | | 7.5 | 84.55 | percent of total billed charges | |
| BKR CHG URINE PROTOPORPHYRIN IX | 84120 | CPT | | | | both | | | 89 | 16.92 | Horizon | Indemnity | 34.07 | 38.28 | | | 7.5 | 84.55 | percent of total billed charges | |
| BKR CHG URINE PROTOPORPHYRIN IX | 84120 | CPT | | | | both | | | 89 | 16.92 | UHC | Medicaid | 7.5 | | | | 7.5 | 84.55 | fee schedule | |
| BKR CHG URINE PROTOPORPHYRIN IX | 84120 | CPT | | | | both | | | 89 | 16.92 | Wellcare | Medicaid | 7.5 | | | | 7.5 | 84.55 | fee schedule | |
| BKR CHG WHOLE BLOOD POTASSIUM | 84132 | CPT | | | | both | | | 70 | 5.47 | Aetna | Medicare | 21.56 | 30.8 | | 4.35 | 1.7 | 66.5 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD POTASSIUM | 84132 | CPT | | | | both | | | 70 | 5.47 | Aetna | Better Health | 22.09 | 31.55 | | 6.93 | 1.7 | 66.5 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD POTASSIUM | 84132 | CPT | | | | both | | | 70 | 5.47 | Amerihealth | HMO/PPO | 1.7 | | | 2.57 | 1.7 | 66.5 | fee schedule | |
| BKR CHG WHOLE BLOOD POTASSIUM | 84132 | CPT | | | | both | | | 70 | 5.47 | Corrections | Corrections | 56 | 80 | | 5.84 | 1.7 | 66.5 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD POTASSIUM | 84132 | CPT | | | | both | | | 70 | 5.47 | First Trenton | First Trenton | 63 | 90 | | | 1.7 | 66.5 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD POTASSIUM | 84132 | CPT | | | | both | | | 70 | 5.47 | First Health | First Health | 49 | 70 | | | 1.7 | 66.5 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD POTASSIUM | 84132 | CPT | | | | both | | | 70 | 5.47 | Wellcare | Medicaid | 3.9 | | | 7.39 | 1.7 | 66.5 | fee schedule | |
| BKR CHG WHOLE BLOOD POTASSIUM | 84132 | CPT | | | | both | | | 70 | 5.47 | Horizon | Medicare Blue | 21 | 30 | | 3.82 | 1.7 | 66.5 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD POTASSIUM | 84132 | CPT | | | | both | | | 70 | 5.47 | Americare | Americare | 52.5 | 75 | | | 1.7 | 66.5 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD POTASSIUM | 84132 | CPT | | | | both | | | 70 | 5.47 | Consumer | Consumer | 66.5 | 95 | | | 1.7 | 66.5 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD POTASSIUM | 84132 | CPT | | | | both | | | 70 | 5.47 | WellPoint | WellPoint | 22.53 | 32.18 | | 6.05 | 1.7 | 66.5 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD POTASSIUM | 84132 | CPT | | | | both | | | 70 | 5.47 | Managed Care Inc | Managed Care Inc | 63 | 90 | | | 1.7 | 66.5 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD POTASSIUM | 84132 | CPT | | | | both | | | 70 | 5.47 | Horizon | PPO | 26.8 | 38.28 | | 6.77 | 1.7 | 66.5 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD POTASSIUM | 84132 | CPT | | | | both | | | 70 | 5.47 | Horizon | NJ Health | 7.64 | | | 1.81 | 1.7 | 66.5 | fee schedule | |
| BKR CHG WHOLE BLOOD POTASSIUM | 84132 | CPT | | | | both | | | 70 | 5.47 | Amerihealth | Medicare | 4.76 | | | | 1.7 | 66.5 | fee schedule | |
| BKR CHG WHOLE BLOOD POTASSIUM | 84132 | CPT | | | | both | | | 70 | 5.47 | Horizon | MGD | 26.8 | 38.28 | | 7.23 | 1.7 | 66.5 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD POTASSIUM | 84132 | CPT | | | | both | | | 70 | 5.47 | UHC | Medicare | 4.76 | | | 3.8 | 1.7 | 66.5 | fee schedule | |
| BKR CHG WHOLE BLOOD POTASSIUM | 84132 | CPT | | | | both | | | 70 | 5.47 | Horizon | Indemnity | 26.8 | 38.28 | | 6.8 | 1.7 | 66.5 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD POTASSIUM | 84132 | CPT | | | | both | | | 70 | 5.47 | UHC | Medicaid | 3.9 | | | 5.66 | 1.7 | 66.5 | fee schedule | |
| BKR CHG WHOLE BLOOD POTASSIUM | 84132 | CPT | | | | both | | | 70 | 5.47 | Multiplan | Multiplan | 56 | 80 | | | 1.7 | 66.5 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD POTASSIUM | 84132 | CPT | | | | both | | | 70 | 5.47 | Wellcare | Medicare | 4.76 | | | 3.9 | 1.7 | 66.5 | fee schedule | |
| BKR CHG WHOLE BLOOD POTASSIUM | 84132 | CPT | | | | both | | | 70 | 5.47 | Three Rivers | Three Rivers | 66.5 | 95 | | | 1.7 | 66.5 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD POTASSIUM | 84132 | CPT | | | | both | | | 70 | 5.47 | Qualcare | Qualcare | 52.5 | 75 | | | 1.7 | 66.5 | percent of total billed charges | |
| BKR CHG POTASSIUM URINE 24 HOUR | 84133 | CPT | | | | both | | | 88 | 5.44 | Aetna | Better Health | 27.76 | 31.55 | | | 3.9 | 83.6 | percent of total billed charges | |
| BKR CHG POTASSIUM URINE 24 HOUR | 84133 | CPT | | | | both | | | 88 | 5.44 | Corrections | Corrections | 70.4 | 80 | | | 3.9 | 83.6 | percent of total billed charges | |
| BKR CHG POTASSIUM URINE 24 HOUR | 84133 | CPT | | | | both | | | 88 | 5.44 | Horizon | MGD | 33.69 | 38.28 | | | 3.9 | 83.6 | percent of total billed charges | |
| BKR CHG POTASSIUM URINE 24 HOUR | 84133 | CPT | | | | both | | | 88 | 5.44 | First Trenton | First Trenton | 79.2 | 90 | | | 3.9 | 83.6 | percent of total billed charges | |
| BKR CHG POTASSIUM URINE 24 HOUR | 84133 | CPT | | | | both | | | 88 | 5.44 | Aetna | Medicare | 27.1 | 30.8 | | | 3.9 | 83.6 | percent of total billed charges | |
| BKR CHG POTASSIUM URINE 24 HOUR | 84133 | CPT | | | | both | | | 88 | 5.44 | Amerihealth | Medicare | 4.73 | | | | 3.9 | 83.6 | fee schedule | |
| BKR CHG POTASSIUM URINE 24 HOUR | 84133 | CPT | | | | both | | | 88 | 5.44 | Consumer | Consumer | 83.6 | 95 | | | 3.9 | 83.6 | percent of total billed charges | |
| BKR CHG POTASSIUM URINE 24 HOUR | 84133 | CPT | | | | both | | | 88 | 5.44 | Americare | Americare | 66 | 75 | | | 3.9 | 83.6 | percent of total billed charges | |
| BKR CHG POTASSIUM URINE 24 HOUR | 84133 | CPT | | | | both | | | 88 | 5.44 | Horizon | Indemnity | 33.69 | 38.28 | | 6.95 | 3.9 | 83.6 | percent of total billed charges | |
| BKR CHG POTASSIUM URINE 24 HOUR | 84133 | CPT | | | | both | | | 88 | 5.44 | Horizon | Medicare Blue | 26.4 | 30 | | 5.41 | 3.9 | 83.6 | percent of total billed charges | |
| BKR CHG POTASSIUM URINE 24 HOUR | 84133 | CPT | | | | both | | | 88 | 5.44 | Horizon | NJ Health | 7.64 | | | 3.04 | 3.9 | 83.6 | fee schedule | |
| BKR CHG POTASSIUM URINE 24 HOUR | 84133 | CPT | | | | both | | | 88 | 5.44 | Managed Care Inc | Managed Care Inc | 79.2 | 90 | | | 3.9 | 83.6 | percent of total billed charges | |
| BKR CHG POTASSIUM URINE 24 HOUR | 84133 | CPT | | | | both | | | 88 | 5.44 | Horizon | PPO | 33.69 | 38.28 | | 12.58 | 3.9 | 83.6 | percent of total billed charges | |
| BKR CHG POTASSIUM URINE 24 HOUR | 84133 | CPT | | | | both | | | 88 | 5.44 | First Health | First Health | 61.6 | 70 | | | 3.9 | 83.6 | percent of total billed charges | |
| BKR CHG POTASSIUM URINE 24 HOUR | 84133 | CPT | | | | both | | | 88 | 5.44 | Wellcare | Medicare | 4.73 | | | | 3.9 | 83.6 | fee schedule | |
| BKR CHG POTASSIUM URINE 24 HOUR | 84133 | CPT | | | | both | | | 88 | 5.44 | Amerihealth | HMO/PPO | 6.7 | | | | 3.9 | 83.6 | fee schedule | |
| BKR CHG POTASSIUM URINE 24 HOUR | 84133 | CPT | | | | both | | | 88 | 5.44 | UHC | Medicaid | 3.9 | | | 12.12 | 3.9 | 83.6 | fee schedule | |
| BKR CHG POTASSIUM URINE 24 HOUR | 84133 | CPT | | | | both | | | 88 | 5.44 | WellPoint | WellPoint | 28.32 | 32.18 | | | 3.9 | 83.6 | percent of total billed charges | |
| BKR CHG POTASSIUM URINE 24 HOUR | 84133 | CPT | | | | both | | | 88 | 5.44 | UHC | Medicare | 4.73 | | | 1.31 | 3.9 | 83.6 | fee schedule | |
| BKR CHG POTASSIUM URINE 24 HOUR | 84133 | CPT | | | | both | | | 88 | 5.44 | Three Rivers | Three Rivers | 83.6 | 95 | | | 3.9 | 83.6 | percent of total billed charges | |
| BKR CHG POTASSIUM URINE 24 HOUR | 84133 | CPT | | | | both | | | 88 | 5.44 | Multiplan | Multiplan | 70.4 | 80 | | | 3.9 | 83.6 | percent of total billed charges | |
| BKR CHG POTASSIUM URINE 24 HOUR | 84133 | CPT | | | | both | | | 88 | 5.44 | Wellcare | Medicaid | 3.9 | | | 11.6 | 3.9 | 83.6 | fee schedule | |
| BKR CHG POTASSIUM URINE 24 HOUR | 84133 | CPT | | | | both | | | 88 | 5.44 | Qualcare | Qualcare | 66 | 75 | | | 3.9 | 83.6 | percent of total billed charges | |
| BKR CHG PREALBUMIN | 84134 | CPT | | | | both | | | 33 | 16.78 | Consumer | Consumer | 31.35 | 95 | | | 9.9 | 39.2 | percent of total billed charges | |
| BKR CHG PREALBUMIN | 84134 | CPT | | | | both | | | 33 | 16.78 | Horizon | Indemnity | 12.63 | 38.28 | | 2.74 | 9.9 | 39.2 | percent of total billed charges | |
| BKR CHG PREALBUMIN | 84134 | CPT | | | | both | | | 33 | 16.78 | Multiplan | Multiplan | 26.4 | 80 | | | 9.9 | 39.2 | percent of total billed charges | |
| BKR CHG PREALBUMIN | 84134 | CPT | | | | both | | | 33 | 16.78 | First Trenton | First Trenton | 29.7 | 90 | | | 9.9 | 39.2 | percent of total billed charges | |
| BKR CHG PREALBUMIN | 84134 | CPT | | | | both | | | 33 | 16.78 | Americare | Americare | 24.75 | 75 | | | 9.9 | 39.2 | percent of total billed charges | |
| BKR CHG PREALBUMIN | 84134 | CPT | | | | both | | | 33 | 16.78 | UHC | Medicare | 14.59 | | | 8.1 | 9.9 | 39.2 | fee schedule | |
| BKR CHG PREALBUMIN | 84134 | CPT | | | | both | | | 33 | 16.78 | Aetna | Better Health | 10.41 | 31.55 | | 7.93 | 9.9 | 39.2 | percent of total billed charges | |
| BKR CHG PREALBUMIN | 84134 | CPT | | | | both | | | 33 | 16.78 | Aetna | Medicare | 10.16 | 30.8 | | 3.77 | 9.9 | 39.2 | percent of total billed charges | |
| BKR CHG PREALBUMIN | 84134 | CPT | | | | both | | | 33 | 16.78 | Horizon | Medicare Blue | 9.9 | 30 | | 4.29 | 9.9 | 39.2 | percent of total billed charges | |
| BKR CHG PREALBUMIN | 84134 | CPT | | | | both | | | 33 | 16.78 | Wellcare | Medicare | 14.59 | | | | 9.9 | 39.2 | fee schedule | |
| BKR CHG PREALBUMIN | 84134 | CPT | | | | both | | | 33 | 16.78 | Qualcare | Qualcare | 24.75 | 75 | | | 9.9 | 39.2 | percent of total billed charges | |
| BKR CHG PREALBUMIN | 84134 | CPT | | | | both | | | 33 | 16.78 | Horizon | PPO | 12.63 | 38.28 | | 6.32 | 9.9 | 39.2 | percent of total billed charges | |
| BKR CHG PREALBUMIN | 84134 | CPT | | | | both | | | 33 | 16.78 | Horizon | MGD | 12.63 | 38.28 | | 6.47 | 9.9 | 39.2 | percent of total billed charges | |
| BKR CHG PREALBUMIN | 84134 | CPT | | | | both | | | 33 | 16.78 | Amerihealth | HMO/PPO | 25 | | | | 9.9 | 39.2 | fee schedule | |
| BKR CHG PREALBUMIN | 84134 | CPT | | | | both | | | 33 | 16.78 | Corrections | Corrections | 26.4 | 80 | | | 9.9 | 39.2 | percent of total billed charges | |
| BKR CHG PREALBUMIN | 84134 | CPT | | | | both | | | 33 | 16.78 | Managed Care Inc | Managed Care Inc | 29.7 | 90 | | | 9.9 | 39.2 | percent of total billed charges | |
| BKR CHG PREALBUMIN | 84134 | CPT | | | | both | | | 33 | 16.78 | WellPoint | WellPoint | 10.62 | 32.18 | | 1.21 | 9.9 | 39.2 | percent of total billed charges | |
| BKR CHG PREALBUMIN | 84134 | CPT | | | | both | | | 33 | 16.78 | Amerihealth | Medicare | 14.59 | | | | 9.9 | 39.2 | fee schedule | |
| BKR CHG PREALBUMIN | 84134 | CPT | | | | both | | | 33 | 16.78 | Three Rivers | Three Rivers | 31.35 | 95 | | | 9.9 | 39.2 | percent of total billed charges | |
| BKR CHG PREALBUMIN | 84134 | CPT | | | | both | | | 33 | 16.78 | First Health | First Health | 23.1 | 70 | | | 9.9 | 39.2 | percent of total billed charges | |
| BKR CHG PREALBUMIN | 84134 | CPT | | | | both | | | 33 | 16.78 | Wellcare | Medicaid | 15.91 | | | | 9.9 | 39.2 | fee schedule | |
| BKR CHG PREALBUMIN | 84134 | CPT | | | | both | | | 33 | 16.78 | Horizon | NJ Health | 39.2 | | | 1.31 | 9.9 | 39.2 | fee schedule | |
| BKR CHG PREALBUMIN | 84134 | CPT | | | | both | | | 33 | 16.78 | UHC | Medicaid | 15.91 | | | 4.81 | 9.9 | 39.2 | fee schedule | |
| BKR CHG PREGNENOLONE MS | 84140 | CPT | | | | outpatient | | | 127 | 23.77 | UHC | Medicare | 20.67 | | | | 20.67 | 120.65 | fee schedule | |
| BKR CHG PREGNENOLONE MS | 84140 | CPT | | | | outpatient | | | 127 | 23.77 | Aetna | Medicare | 39.12 | 30.8 | | | 20.67 | 120.65 | percent of total billed charges | |
| BKR CHG PREGNENOLONE MS | 84140 | CPT | | | | outpatient | | | 127 | 23.77 | Horizon | MGD | 48.62 | 38.28 | | | 20.67 | 120.65 | percent of total billed charges | |
| BKR CHG PREGNENOLONE MS | 84140 | CPT | | | | outpatient | | | 127 | 23.77 | Aetna | Better Health | 40.07 | 31.55 | | | 20.67 | 120.65 | percent of total billed charges | |
| BKR CHG PREGNENOLONE MS | 84140 | CPT | | | | outpatient | | | 127 | 23.77 | Americare | Americare | 95.25 | 75 | | | 20.67 | 120.65 | percent of total billed charges | |
| BKR CHG PREGNENOLONE MS | 84140 | CPT | | | | outpatient | | | 127 | 23.77 | Amerihealth | Medicare | 20.67 | | | | 20.67 | 120.65 | fee schedule | |
| BKR CHG PREGNENOLONE MS | 84140 | CPT | | | | outpatient | | | 127 | 23.77 | Wellcare | Medicaid | 27.5 | | | | 20.67 | 120.65 | fee schedule | |
| BKR CHG PREGNENOLONE MS | 84140 | CPT | | | | outpatient | | | 127 | 23.77 | Consumer | Consumer | 120.65 | 95 | | | 20.67 | 120.65 | percent of total billed charges | |
| BKR CHG PREGNENOLONE MS | 84140 | CPT | | | | outpatient | | | 127 | 23.77 | Amerihealth | HMO/PPO | 70 | | | | 20.67 | 120.65 | fee schedule | |
| BKR CHG PREGNENOLONE MS | 84140 | CPT | | | | outpatient | | | 127 | 23.77 | Multiplan | Multiplan | 101.6 | 80 | | | 20.67 | 120.65 | percent of total billed charges | |
| BKR CHG PREGNENOLONE MS | 84140 | CPT | | | | outpatient | | | 127 | 23.77 | UHC | Medicaid | 27.5 | | | | 20.67 | 120.65 | fee schedule | |
| BKR CHG PREGNENOLONE MS | 84140 | CPT | | | | outpatient | | | 127 | 23.77 | First Health | First Health | 88.9 | 70 | | | 20.67 | 120.65 | percent of total billed charges | |
| BKR CHG PREGNENOLONE MS | 84140 | CPT | | | | outpatient | | | 127 | 23.77 | Wellcare | Medicare | 20.67 | | | | 20.67 | 120.65 | fee schedule | |
| BKR CHG PREGNENOLONE MS | 84140 | CPT | | | | outpatient | | | 127 | 23.77 | Qualcare | Qualcare | 95.25 | 75 | | | 20.67 | 120.65 | percent of total billed charges | |
| BKR CHG PREGNENOLONE MS | 84140 | CPT | | | | outpatient | | | 127 | 23.77 | Corrections | Corrections | 101.6 | 80 | | | 20.67 | 120.65 | percent of total billed charges | |
| BKR CHG PREGNENOLONE MS | 84140 | CPT | | | | outpatient | | | 127 | 23.77 | Horizon | Indemnity | 48.62 | 38.28 | | | 20.67 | 120.65 | percent of total billed charges | |
| BKR CHG PREGNENOLONE MS | 84140 | CPT | | | | outpatient | | | 127 | 23.77 | First Trenton | First Trenton | 114.3 | 90 | | | 20.67 | 120.65 | percent of total billed charges | |
| BKR CHG PREGNENOLONE MS | 84140 | CPT | | | | outpatient | | | 127 | 23.77 | Horizon | Medicare Blue | 38.1 | 30 | | | 20.67 | 120.65 | percent of total billed charges | |
| BKR CHG PREGNENOLONE MS | 84140 | CPT | | | | outpatient | | | 127 | 23.77 | Horizon | NJ Health | 22.97 | | | | 20.67 | 120.65 | fee schedule | |
| BKR CHG PREGNENOLONE MS | 84140 | CPT | | | | outpatient | | | 127 | 23.77 | Horizon | PPO | 48.62 | 38.28 | | | 20.67 | 120.65 | percent of total billed charges | |
| BKR CHG PREGNENOLONE MS | 84140 | CPT | | | | outpatient | | | 127 | 23.77 | Managed Care Inc | Managed Care Inc | 114.3 | 90 | | | 20.67 | 120.65 | percent of total billed charges | |
| BKR CHG PREGNENOLONE MS | 84140 | CPT | | | | outpatient | | | 127 | 23.77 | Three Rivers | Three Rivers | 120.65 | 95 | | | 20.67 | 120.65 | percent of total billed charges | |
| BKR CHG PREGNENOLONE MS | 84140 | CPT | | | | outpatient | | | 127 | 23.77 | WellPoint | WellPoint | 40.87 | 32.18 | | | 20.67 | 120.65 | percent of total billed charges | |
| BKR CHG 17-HYDROXYPREGNENOLONE MS | 84143 | CPT | | | | both | | | 121 | 26.23 | Aetna | Better Health | 38.18 | 31.55 | | | 22.81 | 114.95 | percent of total billed charges | |
| BKR CHG 17-HYDROXYPREGNENOLONE MS | 84143 | CPT | | | | both | | | 121 | 26.23 | Amerihealth | HMO/PPO | 80 | | | | 22.81 | 114.95 | fee schedule | |
| BKR CHG 17-HYDROXYPREGNENOLONE MS | 84143 | CPT | | | | both | | | 121 | 26.23 | Aetna | Medicare | 37.27 | 30.8 | | | 22.81 | 114.95 | percent of total billed charges | |
| BKR CHG 17-HYDROXYPREGNENOLONE MS | 84143 | CPT | | | | both | | | 121 | 26.23 | Horizon | MGD | 46.32 | 38.28 | | | 22.81 | 114.95 | percent of total billed charges | |
| BKR CHG 17-HYDROXYPREGNENOLONE MS | 84143 | CPT | | | | both | | | 121 | 26.23 | Consumer | Consumer | 114.95 | 95 | | | 22.81 | 114.95 | percent of total billed charges | |
| BKR CHG 17-HYDROXYPREGNENOLONE MS | 84143 | CPT | | | | both | | | 121 | 26.23 | Americare | Americare | 90.75 | 75 | | | 22.81 | 114.95 | percent of total billed charges | |
| BKR CHG 17-HYDROXYPREGNENOLONE MS | 84143 | CPT | | | | both | | | 121 | 26.23 | Corrections | Corrections | 96.8 | 80 | | | 22.81 | 114.95 | percent of total billed charges | |
| BKR CHG 17-HYDROXYPREGNENOLONE MS | 84143 | CPT | | | | both | | | 121 | 26.23 | Amerihealth | Medicare | 22.81 | | | | 22.81 | 114.95 | fee schedule | |
| BKR CHG 17-HYDROXYPREGNENOLONE MS | 84143 | CPT | | | | both | | | 121 | 26.23 | Multiplan | Multiplan | 96.8 | 80 | | | 22.81 | 114.95 | percent of total billed charges | |
| BKR CHG 17-HYDROXYPREGNENOLONE MS | 84143 | CPT | | | | both | | | 121 | 26.23 | Horizon | PPO | 46.32 | 38.28 | | | 22.81 | 114.95 | percent of total billed charges | |
| BKR CHG 17-HYDROXYPREGNENOLONE MS | 84143 | CPT | | | | both | | | 121 | 26.23 | First Trenton | First Trenton | 108.9 | 90 | | | 22.81 | 114.95 | percent of total billed charges | |
| BKR CHG 17-HYDROXYPREGNENOLONE MS | 84143 | CPT | | | | both | | | 121 | 26.23 | UHC | Medicare | 22.81 | | | | 22.81 | 114.95 | fee schedule | |
| BKR CHG 17-HYDROXYPREGNENOLONE MS | 84143 | CPT | | | | both | | | 121 | 26.23 | First Health | First Health | 84.7 | 70 | | | 22.81 | 114.95 | percent of total billed charges | |
| BKR CHG 17-HYDROXYPREGNENOLONE MS | 84143 | CPT | | | | both | | | 121 | 26.23 | Three Rivers | Three Rivers | 114.95 | 95 | | | 22.81 | 114.95 | percent of total billed charges | |
| BKR CHG 17-HYDROXYPREGNENOLONE MS | 84143 | CPT | | | | both | | | 121 | 26.23 | Qualcare | Qualcare | 90.75 | 75 | | | 22.81 | 114.95 | percent of total billed charges | |
| BKR CHG 17-HYDROXYPREGNENOLONE MS | 84143 | CPT | | | | both | | | 121 | 26.23 | Wellcare | Medicare | 22.81 | | | | 22.81 | 114.95 | fee schedule | |
| BKR CHG 17-HYDROXYPREGNENOLONE MS | 84143 | CPT | | | | both | | | 121 | 26.23 | Horizon | Indemnity | 46.32 | 38.28 | | | 22.81 | 114.95 | percent of total billed charges | |
| BKR CHG 17-HYDROXYPREGNENOLONE MS | 84143 | CPT | | | | both | | | 121 | 26.23 | Horizon | NJ Health | 25.34 | | | | 22.81 | 114.95 | fee schedule | |
| BKR CHG 17-HYDROXYPREGNENOLONE MS | 84143 | CPT | | | | both | | | 121 | 26.23 | Horizon | Medicare Blue | 36.3 | 30 | | | 22.81 | 114.95 | percent of total billed charges | |
| BKR CHG 17-HYDROXYPREGNENOLONE MS | 84143 | CPT | | | | both | | | 121 | 26.23 | WellPoint | WellPoint | 38.94 | 32.18 | | | 22.81 | 114.95 | percent of total billed charges | |
| BKR CHG 17-HYDROXYPREGNENOLONE MS | 84143 | CPT | | | | both | | | 121 | 26.23 | UHC | Medicaid | 30 | | | | 22.81 | 114.95 | fee schedule | |
| BKR CHG 17-HYDROXYPREGNENOLONE MS | 84143 | CPT | | | | both | | | 121 | 26.23 | Managed Care Inc | Managed Care Inc | 108.9 | 90 | | | 22.81 | 114.95 | percent of total billed charges | |
| BKR CHG 17-HYDROXYPREGNENOLONE MS | 84143 | CPT | | | | both | | | 121 | 26.23 | Wellcare | Medicaid | 30 | | | | 22.81 | 114.95 | fee schedule | |
| BKR CHG PROGESTERONE | 84144 | CPT | | | | both | | | 49 | 23.99 | Horizon | MGD | 18.76 | 38.28 | | 15.59 | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG PROGESTERONE | 84144 | CPT | | | | both | | | 49 | 23.99 | First Health | First Health | 34.3 | 70 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG PROGESTERONE | 84144 | CPT | | | | both | | | 49 | 23.99 | Aetna | Better Health | 15.46 | 31.55 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG PROGESTERONE | 84144 | CPT | | | | both | | | 49 | 23.99 | Corrections | Corrections | 39.2 | 80 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG PROGESTERONE | 84144 | CPT | | | | both | | | 49 | 23.99 | Americare | Americare | 36.75 | 75 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG PROGESTERONE | 84144 | CPT | | | | both | | | 49 | 23.99 | Amerihealth | HMO/PPO | 32.5 | | | | 14.7 | 46.55 | fee schedule | |
| BKR CHG PROGESTERONE | 84144 | CPT | | | | both | | | 49 | 23.99 | Aetna | Medicare | 15.09 | 30.8 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG PROGESTERONE | 84144 | CPT | | | | both | | | 49 | 23.99 | Multiplan | Multiplan | 39.2 | 80 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG PROGESTERONE | 84144 | CPT | | | | both | | | 49 | 23.99 | Horizon | PPO | 18.76 | 38.28 | | 9.45 | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG PROGESTERONE | 84144 | CPT | | | | both | | | 49 | 23.99 | First Trenton | First Trenton | 44.1 | 90 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG PROGESTERONE | 84144 | CPT | | | | both | | | 49 | 23.99 | Wellcare | Medicare | 20.86 | | | | 14.7 | 46.55 | fee schedule | |
| BKR CHG PROGESTERONE | 84144 | CPT | | | | both | | | 49 | 23.99 | Horizon | Medicare Blue | 14.7 | 30 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG PROGESTERONE | 84144 | CPT | | | | both | | | 49 | 23.99 | Consumer | Consumer | 46.55 | 95 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG PROGESTERONE | 84144 | CPT | | | | both | | | 49 | 23.99 | Amerihealth | Medicare | 20.86 | | | | 14.7 | 46.55 | fee schedule | |
| BKR CHG PROGESTERONE | 84144 | CPT | | | | both | | | 49 | 23.99 | WellPoint | WellPoint | 15.77 | 32.18 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG PROGESTERONE | 84144 | CPT | | | | both | | | 49 | 23.99 | Qualcare | Qualcare | 36.75 | 75 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG PROGESTERONE | 84144 | CPT | | | | both | | | 49 | 23.99 | Horizon | NJ Health | 39.2 | | | 1.54 | 14.7 | 46.55 | fee schedule | |
| BKR CHG PROGESTERONE | 84144 | CPT | | | | both | | | 49 | 23.99 | Horizon | Indemnity | 18.76 | 38.28 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG PROGESTERONE | 84144 | CPT | | | | both | | | 49 | 23.99 | UHC | Medicare | 20.86 | | | 5.84 | 14.7 | 46.55 | fee schedule | |
| BKR CHG PROGESTERONE | 84144 | CPT | | | | both | | | 49 | 23.99 | UHC | Medicaid | 20 | | | 9.96 | 14.7 | 46.55 | fee schedule | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG PROGESTERONE | 84144 | CPT | | | | both | | | 49 | 23.99 | Managed Care Inc | Managed Care Inc | 44.1 | 90 | | | 14.7 | 14.7 | 46.55 percent of total billed charges | |
| BKR CHG PROGESTERONE | 84144 | CPT | | | | both | | | 49 | 23.99 | Wellcare | Medicaid | 20 | | | 9.12 | 14.7 | 14.7 | 46.55 fee schedule | |
| BKR CHG PROGESTERONE | 84144 | CPT | | | | both | | | 49 | 23.99 | Three Rivers | Three Rivers | 46.55 | 95 | | | 14.7 | 14.7 | 46.55 percent of total billed charges | |
| BKR CHG PROCALCITONIN LEVEL | 84145 | CPT | | | | both | | | 1074 | 31.3 | Corrections | Corrections | 859.2 | 80 | | 115.75 | 16.88 | 16.88 | 1020.3 percent of total billed charges | |
| BKR CHG PROCALCITONIN LEVEL | 84145 | CPT | | | | both | | | 1074 | 31.3 | Consumer | Consumer | 1020.3 | 95 | | | 16.88 | 16.88 | 1020.3 percent of total billed charges | |
| BKR CHG PROCALCITONIN LEVEL | 84145 | CPT | | | | both | | | 1074 | 31.3 | First Trenton | First Trenton | 966.6 | 90 | | | 16.88 | 16.88 | 1020.3 percent of total billed charges | |
| BKR CHG PROCALCITONIN LEVEL | 84145 | CPT | | | | both | | | 1074 | 31.3 | Aetna | Better Health | 338.85 | 31.55 | | 147.07 | 16.88 | 16.88 | 1020.3 percent of total billed charges | |
| BKR CHG PROCALCITONIN LEVEL | 84145 | CPT | | | | both | | | 1074 | 31.3 | Amerihealth | Medicare | 27.22 | | | | 16.88 | 16.88 | 1020.3 fee schedule | |
| BKR CHG PROCALCITONIN LEVEL | 84145 | CPT | | | | both | | | 1074 | 31.3 | Americare | Americare | 805.5 | 75 | | | 16.88 | 16.88 | 1020.3 percent of total billed charges | |
| BKR CHG PROCALCITONIN LEVEL | 84145 | CPT | | | | both | | | 1074 | 31.3 | Aetna | Medicare | 330.79 | 30.8 | | 76.73 | 16.88 | 16.88 | 1020.3 percent of total billed charges | |
| BKR CHG PROCALCITONIN LEVEL | 84145 | CPT | | | | both | | | 1074 | 31.3 | UHC | Medicare | 27.22 | | | 70.6 | 16.88 | 16.88 | 1020.3 fee schedule | |
| BKR CHG PROCALCITONIN LEVEL | 84145 | CPT | | | | both | | | 1074 | 31.3 | Three Rivers | Three Rivers | 1020.3 | 95 | | | 16.88 | 16.88 | 1020.3 percent of total billed charges | |
| BKR CHG PROCALCITONIN LEVEL | 84145 | CPT | | | | both | | | 1074 | 31.3 | Horizon | PPO | 411.13 | 38.28 | | 89.93 | 16.88 | 16.88 | 1020.3 percent of total billed charges | |
| BKR CHG PROCALCITONIN LEVEL | 84145 | CPT | | | | both | | | 1074 | 31.3 | Horizon | NJ Health | 29.73 | | | 25.19 | 16.88 | 16.88 | 1020.3 fee schedule | |
| BKR CHG PROCALCITONIN LEVEL | 84145 | CPT | | | | both | | | 1074 | 31.3 | Amerihealth | HMO/PPO | 16.88 | | | 13.91 | 16.88 | 16.88 | 1020.3 fee schedule | |
| BKR CHG PROCALCITONIN LEVEL | 84145 | CPT | | | | both | | | 1074 | 31.3 | First Health | First Health | 751.8 | 70 | | | 16.88 | 16.88 | 1020.3 percent of total billed charges | |
| BKR CHG PROCALCITONIN LEVEL | 84145 | CPT | | | | both | | | 1074 | 31.3 | Horizon | Indemnity | 411.13 | 38.28 | | 142.81 | 16.88 | 16.88 | 1020.3 percent of total billed charges | |
| BKR CHG PROCALCITONIN LEVEL | 84145 | CPT | | | | both | | | 1074 | 31.3 | Qualcare | Qualcare | 805.5 | 75 | | | 16.88 | 16.88 | 1020.3 percent of total billed charges | |
| BKR CHG PROCALCITONIN LEVEL | 84145 | CPT | | | | both | | | 1074 | 31.3 | Horizon | Medicare Blue | 322.2 | 30 | | 81.06 | 16.88 | 16.88 | 1020.3 percent of total billed charges | |
| BKR CHG PROCALCITONIN LEVEL | 84145 | CPT | | | | both | | | 1074 | 31.3 | Horizon | MGD | 411.13 | 38.28 | | 101.16 | 16.88 | 16.88 | 1020.3 percent of total billed charges | |
| BKR CHG PROCALCITONIN LEVEL | 84145 | CPT | | | | both | | | 1074 | 31.3 | Multiplan | Multiplan | 859.2 | 80 | | | 16.88 | 16.88 | 1020.3 percent of total billed charges | |
| BKR CHG PROCALCITONIN LEVEL | 84145 | CPT | | | | both | | | 1074 | 31.3 | Managed Care Inc | Managed Care Inc | 966.6 | 90 | | | 16.88 | 16.88 | 1020.3 percent of total billed charges | |
| BKR CHG PROCALCITONIN LEVEL | 84145 | CPT | | | | both | | | 1074 | 31.3 | Wellcare | Medicaid | 21.78 | | | 156.09 | 16.88 | 16.88 | 1020.3 fee schedule | |
| BKR CHG PROCALCITONIN LEVEL | 84145 | CPT | | | | both | | | 1074 | 31.3 | UHC | Medicaid | 21.78 | | | 143.82 | 16.88 | 16.88 | 1020.3 fee schedule | |
| BKR CHG PROCALCITONIN LEVEL | 84145 | CPT | | | | both | | | 1074 | 31.3 | WellPoint | WellPoint | 345.61 | 32.18 | | 140.39 | 16.88 | 16.88 | 1020.3 percent of total billed charges | |
| BKR CHG PROCALCITONIN LEVEL | 84145 | CPT | | | | both | | | 1074 | 31.3 | Wellcare | Medicare | 27.22 | | | | 16.88 | 16.88 | 1020.3 fee schedule | |
| BKR CHG PROLACTIN(004465) | 84146 | CPT | | | | both | | | 181 | 22.29 | Corrections | Corrections | 144.8 | 80 | | | 13.2 | 13.2 | 171.95 percent of total billed charges | |
| BKR CHG PROLACTIN(004465) | 84146 | CPT | | | | both | | | 181 | 22.29 | Horizon | MGD | 69.29 | 38.28 | | 27.64 | 13.2 | 13.2 | 171.95 percent of total billed charges | |
| BKR CHG PROLACTIN(004465) | 84146 | CPT | | | | both | | | 181 | 22.29 | Aetna | Better Health | 57.11 | 31.55 | | 39.59 | 13.2 | 13.2 | 171.95 percent of total billed charges | |
| BKR CHG PROLACTIN(004465) | 84146 | CPT | | | | both | | | 181 | 22.29 | Americare | Americare | 135.75 | 75 | | | 13.2 | 13.2 | 171.95 percent of total billed charges | |
| BKR CHG PROLACTIN(004465) | 84146 | CPT | | | | both | | | 181 | 22.29 | Multiplan | Multiplan | 144.8 | 80 | | | 13.2 | 13.2 | 171.95 percent of total billed charges | |
| BKR CHG PROLACTIN(004465) | 84146 | CPT | | | | both | | | 181 | 22.29 | Amerihealth | Medicare | 19.38 | | | | 13.2 | 13.2 | 171.95 fee schedule | |
| BKR CHG PROLACTIN(004465) | 84146 | CPT | | | | both | | | 181 | 22.29 | First Trenton | First Trenton | 162.9 | 90 | | | 13.2 | 13.2 | 171.95 percent of total billed charges | |
| BKR CHG PROLACTIN(004465) | 84146 | CPT | | | | both | | | 181 | 22.29 | Aetna | Medicare | 55.75 | 30.8 | | | 13.2 | 13.2 | 171.95 percent of total billed charges | |
| BKR CHG PROLACTIN(004465) | 84146 | CPT | | | | both | | | 181 | 22.29 | Horizon | Indemnity | 69.29 | 38.28 | | 14.94 | 13.2 | 13.2 | 171.95 percent of total billed charges | |
| BKR CHG PROLACTIN(004465) | 84146 | CPT | | | | both | | | 181 | 22.29 | Horizon | NJ Health | 39.2 | | | 5.02 | 13.2 | 13.2 | 171.95 fee schedule | |
| BKR CHG PROLACTIN(004465) | 84146 | CPT | | | | both | | | 181 | 22.29 | Amerihealth | HMO/PPO | 30.2 | | | 24.8 | 13.2 | 13.2 | 171.95 fee schedule | |
| BKR CHG PROLACTIN(004465) | 84146 | CPT | | | | both | | | 181 | 22.29 | Consumer | Consumer | 171.95 | 95 | | | 13.2 | 13.2 | 171.95 percent of total billed charges | |
| BKR CHG PROLACTIN(004465) | 84146 | CPT | | | | both | | | 181 | 22.29 | Qualcare | Qualcare | 135.75 | 75 | | | 13.2 | 13.2 | 171.95 percent of total billed charges | |
| BKR CHG PROLACTIN(004465) | 84146 | CPT | | | | both | | | 181 | 22.29 | Horizon | PPO | 69.29 | 38.28 | | 46.49 | 13.2 | 13.2 | 171.95 percent of total billed charges | |
| BKR CHG PROLACTIN(004465) | 84146 | CPT | | | | both | | | 181 | 22.29 | Managed Care Inc | Managed Care Inc | 162.9 | 90 | | | 13.2 | 13.2 | 171.95 percent of total billed charges | |
| BKR CHG PROLACTIN(004465) | 84146 | CPT | | | | both | | | 181 | 22.29 | Horizon | Medicare Blue | 54.3 | 30 | | 16.73 | 13.2 | 13.2 | 171.95 percent of total billed charges | |
| BKR CHG PROLACTIN(004465) | 84146 | CPT | | | | both | | | 181 | 22.29 | UHC | Medicare | 19.38 | | | 29.11 | 13.2 | 13.2 | 171.95 fee schedule | |
| BKR CHG PROLACTIN(004465) | 84146 | CPT | | | | both | | | 181 | 22.29 | Wellcare | Medicaid | 20 | | | 42.57 | 13.2 | 13.2 | 171.95 fee schedule | |
| BKR CHG PROLACTIN(004465) | 84146 | CPT | | | | both | | | 181 | 22.29 | First Health | First Health | 126.7 | 70 | | | 13.2 | 13.2 | 171.95 percent of total billed charges | |
| BKR CHG PROLACTIN(004465) | 84146 | CPT | | | | both | | | 181 | 22.29 | Wellcare | Medicare | 19.38 | | | | 13.2 | 13.2 | 171.95 fee schedule | |
| BKR CHG PROLACTIN(004465) | 84146 | CPT | | | | both | | | 181 | 22.29 | WellPoint | WellPoint | 58.25 | 32.18 | | 44.22 | 13.2 | 13.2 | 171.95 percent of total billed charges | |
| BKR CHG PROLACTIN(004465) | 84146 | CPT | | | | both | | | 181 | 22.29 | Three Rivers | Three Rivers | 171.95 | 95 | | | 13.2 | 13.2 | 171.95 percent of total billed charges | |
| BKR CHG PROLACTIN(004465) | 84146 | CPT | | | | both | | | 181 | 22.29 | UHC | Medicaid | 20 | | | 31.29 | 13.2 | 13.2 | 171.95 fee schedule | |
| BKR CHG PSA ULTRASENSITIVE W/O.SERIAL | 84153 | CPT | | | | both | | | 224 | 21.15 | Amerihealth | Medicare | 18.39 | | | | 13.2 | 13.2 | 212.8 fee schedule | |
| BKR CHG PSA ULTRASENSITIVE W/O.SERIAL | 84153 | CPT | | | | both | | | 224 | 21.15 | Aetna | Medicare | 68.99 | 30.8 | | 8.24 | 13.2 | 13.2 | 212.8 percent of total billed charges | |
| BKR CHG PSA ULTRASENSITIVE W/O.SERIAL | 84153 | CPT | | | | both | | | 224 | 21.15 | WellPoint | WellPoint | 72.08 | 32.18 | | 31.95 | 13.2 | 13.2 | 212.8 percent of total billed charges | |
| BKR CHG PSA ULTRASENSITIVE W/O.SERIAL | 84153 | CPT | | | | both | | | 224 | 21.15 | Aetna | Better Health | 70.67 | 31.55 | | 29.13 | 13.2 | 13.2 | 212.8 percent of total billed charges | |
| BKR CHG PSA ULTRASENSITIVE W/O.SERIAL | 84153 | CPT | | | | both | | | 224 | 21.15 | Americare | Americare | 168 | 75 | | | 13.2 | 13.2 | 212.8 percent of total billed charges | |
| BKR CHG PSA ULTRASENSITIVE W/O.SERIAL | 84153 | CPT | | | | both | | | 224 | 21.15 | Consumer | Consumer | 212.8 | 95 | | | 13.2 | 13.2 | 212.8 percent of total billed charges | |
| BKR CHG PSA ULTRASENSITIVE W/O.SERIAL | 84153 | CPT | | | | both | | | 224 | 21.15 | Horizon | NJ Health | 48.02 | | | 9.99 | 13.2 | 13.2 | 212.8 fee schedule | |
| BKR CHG PSA ULTRASENSITIVE W/O.SERIAL | 84153 | CPT | | | | both | | | 224 | 21.15 | Horizon | Indemnity | 85.75 | 38.28 | | 46.52 | 13.2 | 13.2 | 212.8 percent of total billed charges | |
| BKR CHG PSA ULTRASENSITIVE W/O.SERIAL | 84153 | CPT | | | | both | | | 224 | 21.15 | Corrections | Corrections | 179.2 | 80 | | 40.01 | 13.2 | 13.2 | 212.8 percent of total billed charges | |
| BKR CHG PSA ULTRASENSITIVE W/O.SERIAL | 84153 | CPT | | | | both | | | 224 | 21.15 | Wellcare | Medicaid | 24.5 | | | 27.96 | 13.2 | 13.2 | 212.8 fee schedule | |
| BKR CHG PSA ULTRASENSITIVE W/O.SERIAL | 84153 | CPT | | | | both | | | 224 | 21.15 | Horizon | PPO | 85.75 | 38.28 | | 28.13 | 13.2 | 13.2 | 212.8 percent of total billed charges | |
| BKR CHG PSA ULTRASENSITIVE W/O.SERIAL | 84153 | CPT | | | | both | | | 224 | 21.15 | Amerihealth | HMO/PPO | 26.1 | | | 17.33 | 13.2 | 13.2 | 212.8 fee schedule | |
| BKR CHG PSA ULTRASENSITIVE W/O.SERIAL | 84153 | CPT | | | | both | | | 224 | 21.15 | Horizon | Medicare Blue | 67.2 | 30 | | 14.94 | 13.2 | 13.2 | 212.8 percent of total billed charges | |
| BKR CHG PSA ULTRASENSITIVE W/O.SERIAL | 84153 | CPT | | | | both | | | 224 | 21.15 | First Health | First Health | 156.8 | 70 | | | 13.2 | 13.2 | 212.8 percent of total billed charges | |
| BKR CHG PSA ULTRASENSITIVE W/O.SERIAL | 84153 | CPT | | | | both | | | 224 | 21.15 | First Trenton | First Trenton | 201.6 | 90 | | | 13.2 | 13.2 | 212.8 percent of total billed charges | |
| BKR CHG PSA ULTRASENSITIVE W/O.SERIAL | 84153 | CPT | | | | both | | | 224 | 21.15 | Horizon | MGD | 85.75 | 38.28 | | 35.32 | 13.2 | 13.2 | 212.8 percent of total billed charges | |
| BKR CHG PSA ULTRASENSITIVE W/O.SERIAL | 84153 | CPT | | | | both | | | 224 | 21.15 | Three Rivers | Three Rivers | 212.8 | 95 | | | 13.2 | 13.2 | 212.8 percent of total billed charges | |
| BKR CHG PSA ULTRASENSITIVE W/O.SERIAL | 84153 | CPT | | | | both | | | 224 | 21.15 | UHC | Medicare | 18.39 | | | 15.65 | 13.2 | 13.2 | 212.8 fee schedule | |
| BKR CHG PSA ULTRASENSITIVE W/O.SERIAL | 84153 | CPT | | | | both | | | 224 | 21.15 | Managed Care Inc | Managed Care Inc | 201.6 | 90 | | | 13.2 | 13.2 | 212.8 percent of total billed charges | |
| BKR CHG PSA ULTRASENSITIVE W/O.SERIAL | 84153 | CPT | | | | both | | | 224 | 21.15 | Multiplan | Multiplan | 179.2 | 80 | | | 13.2 | 13.2 | 212.8 percent of total billed charges | |
| BKR CHG PSA ULTRASENSITIVE W/O.SERIAL | 84153 | CPT | | | | both | | | 224 | 21.15 | UHC | Medicaid | 24.5 | | | 33.28 | 13.2 | 13.2 | 212.8 fee schedule | |
| BKR CHG PSA ULTRASENSITIVE W/O.SERIAL | 84153 | CPT | | | | both | | | 224 | 21.15 | Qualcare | Qualcare | 168 | 75 | | | 13.2 | 13.2 | 212.8 percent of total billed charges | |
| BKR CHG PSA ULTRASENSITIVE W/O.SERIAL | 84153 | CPT | | | | both | | | 224 | 21.15 | Wellcare | Medicare | 18.39 | | | 10.92 | 13.2 | 13.2 | 212.8 fee schedule | |
| BKR CHG PSA FREE | 84154 | CPT | | | | both | | | 30 | 21.15 | First Trenton | First Trenton | 27 | 90 | | | 9 | 9 | 28.5 percent of total billed charges | |
| BKR CHG PSA FREE | 84154 | CPT | | | | both | | | 30 | 21.15 | Amerihealth | Medicare | 18.39 | | | | 9 | 9 | 28.5 fee schedule | |
| BKR CHG PSA FREE | 84154 | CPT | | | | both | | | 30 | 21.15 | Corrections | Corrections | 24 | 80 | | 9.54 | 9 | 9 | 28.5 percent of total billed charges | |
| BKR CHG PSA FREE | 84154 | CPT | | | | both | | | 30 | 21.15 | Aetna | Better Health | 9.47 | 31.55 | | | 9 | 9 | 28.5 percent of total billed charges | |
| BKR CHG PSA FREE | 84154 | CPT | | | | both | | | 30 | 21.15 | Horizon | Medicare Blue | 9 | 30 | | | 9 | 9 | 28.5 percent of total billed charges | |
| BKR CHG PSA FREE | 84154 | CPT | | | | both | | | 30 | 21.15 | First Health | First Health | 21 | 70 | | | 9 | 9 | 28.5 percent of total billed charges | |
| BKR CHG PSA FREE | 84154 | CPT | | | | both | | | 30 | 21.15 | Aetna | Medicare | 9.24 | 30.8 | | | 9 | 9 | 28.5 percent of total billed charges | |
| BKR CHG PSA FREE | 84154 | CPT | | | | both | | | 30 | 21.15 | Amerihealth | HMO/PPO | 25.4 | | | 7.84 | 9 | 9 | 28.5 fee schedule | |
| BKR CHG PSA FREE | 84154 | CPT | | | | both | | | 30 | 21.15 | Horizon | Indemnity | 11.48 | 38.28 | | | 9 | 9 | 28.5 percent of total billed charges | |
| BKR CHG PSA FREE | 84154 | CPT | | | | both | | | 30 | 21.15 | Consumer | Consumer | 28.5 | 95 | | | 9 | 9 | 28.5 percent of total billed charges | |
| BKR CHG PSA FREE | 84154 | CPT | | | | both | | | 30 | 21.15 | WellPoint | WellPoint | 9.65 | 32.18 | | 7.79 | 9 | 9 | 28.5 percent of total billed charges | |
| BKR CHG PSA FREE | 84154 | CPT | | | | both | | | 30 | 21.15 | Wellcare | Medicaid | 24.5 | | | | 9 | 9 | 28.5 fee schedule | |
| BKR CHG PSA FREE | 84154 | CPT | | | | both | | | 30 | 21.15 | UHC | Medicaid | 24.5 | | | 8.64 | 9 | 9 | 28.5 fee schedule | |
| BKR CHG PSA FREE | 84154 | CPT | | | | both | | | 30 | 21.15 | Multiplan | Multiplan | 24 | 80 | | | 9 | 9 | 28.5 percent of total billed charges | |
| BKR CHG PSA FREE | 84154 | CPT | | | | both | | | 30 | 21.15 | Americare | Americare | 22.5 | 75 | | | 9 | 9 | 28.5 percent of total billed charges | |
| BKR CHG PSA FREE | 84154 | CPT | | | | both | | | 30 | 21.15 | Qualcare | Qualcare | 22.5 | 75 | | | 9 | 9 | 28.5 percent of total billed charges | |
| BKR CHG PSA FREE | 84154 | CPT | | | | both | | | 30 | 21.15 | Horizon | MGD | 11.48 | 38.28 | | 9.37 | 9 | 9 | 28.5 percent of total billed charges | |
| BKR CHG PSA FREE | 84154 | CPT | | | | both | | | 30 | 21.15 | Horizon | NJ Health | 20.42 | | | | 9 | 9 | 28.5 fee schedule | |
| BKR CHG PSA FREE | 84154 | CPT | | | | both | | | 30 | 21.15 | Horizon | PPO | 11.48 | 38.28 | | | 9 | 9 | 28.5 percent of total billed charges | |
| BKR CHG PSA FREE | 84154 | CPT | | | | both | | | 30 | 21.15 | Managed Care Inc | Managed Care Inc | 27 | 90 | | | 9 | 9 | 28.5 percent of total billed charges | |
| BKR CHG PSA FREE | 84154 | CPT | | | | both | | | 30 | 21.15 | Three Rivers | Three Rivers | 28.5 | 95 | | | 9 | 9 | 28.5 percent of total billed charges | |
| BKR CHG PSA FREE | 84154 | CPT | | | | both | | | 30 | 21.15 | UHC | Medicare | 18.39 | | | 6.14 | 9 | 9 | 28.5 fee schedule | |
| BKR CHG PSA FREE | 84154 | CPT | | | | both | | | 30 | 21.15 | Wellcare | Medicare | 18.39 | | | 0.61 | 9 | 9 | 28.5 fee schedule | |
| BKR CHG TOTAL PROTEIN LEVEL BLOOD | 84155 | CPT | | | | both | | | 121 | 4.22 | Horizon | MGD | 46.32 | 38.28 | | 3.05 | 1.7 | 1.7 | 114.95 percent of total billed charges | |
| BKR CHG TOTAL PROTEIN LEVEL BLOOD | 84155 | CPT | | | | both | | | 121 | 4.22 | First Trenton | First Trenton | 108.9 | 90 | | | 1.7 | 1.7 | 114.95 percent of total billed charges | |
| BKR CHG TOTAL PROTEIN LEVEL BLOOD | 84155 | CPT | | | | both | | | 121 | 4.22 | Aetna | Medicare | 37.27 | 30.8 | | 0.14 | 1.7 | 1.7 | 114.95 percent of total billed charges | |
| BKR CHG TOTAL PROTEIN LEVEL BLOOD | 84155 | CPT | | | | both | | | 121 | 4.22 | Aetna | Better Health | 38.18 | 31.55 | | | 1.7 | 1.7 | 114.95 percent of total billed charges | |
| BKR CHG TOTAL PROTEIN LEVEL BLOOD | 84155 | CPT | | | | both | | | 121 | 4.22 | Multiplan | Multiplan | 96.8 | 80 | | | 1.7 | 1.7 | 114.95 percent of total billed charges | |
| BKR CHG TOTAL PROTEIN LEVEL BLOOD | 84155 | CPT | | | | both | | | 121 | 4.22 | Americare | Americare | 90.75 | 75 | | | 1.7 | 1.7 | 114.95 percent of total billed charges | |
| BKR CHG TOTAL PROTEIN LEVEL BLOOD | 84155 | CPT | | | | both | | | 121 | 4.22 | Consumer | Consumer | 114.95 | 95 | | | 1.7 | 1.7 | 114.95 percent of total billed charges | |
| BKR CHG TOTAL PROTEIN LEVEL BLOOD | 84155 | CPT | | | | both | | | 121 | 4.22 | Horizon | Indemnity | 46.32 | 38.28 | | | 1.7 | 1.7 | 114.95 percent of total billed charges | |
| BKR CHG TOTAL PROTEIN LEVEL BLOOD | 84155 | CPT | | | | both | | | 121 | 4.22 | Wellcare | Medicare | 3.67 | | | | 1.7 | 1.7 | 114.95 fee schedule | |
| BKR CHG TOTAL PROTEIN LEVEL BLOOD | 84155 | CPT | | | | both | | | 121 | 4.22 | Amerihealth | Medicare | 3.67 | | | | 1.7 | 1.7 | 114.95 fee schedule | |
| BKR CHG TOTAL PROTEIN LEVEL BLOOD | 84155 | CPT | | | | both | | | 121 | 4.22 | Amerihealth | HMO/PPO | 1.7 | | | 1.15 | 1.7 | 1.7 | 114.95 fee schedule | |
| BKR CHG TOTAL PROTEIN LEVEL BLOOD | 84155 | CPT | | | | both | | | 121 | 4.22 | Horizon | PPO | 46.32 | 38.28 | | 0.86 | 1.7 | 1.7 | 114.95 percent of total billed charges | |
| BKR CHG TOTAL PROTEIN LEVEL BLOOD | 84155 | CPT | | | | both | | | 121 | 4.22 | Qualcare | Qualcare | 90.75 | 75 | | | 1.7 | 1.7 | 114.95 percent of total billed charges | |
| BKR CHG TOTAL PROTEIN LEVEL BLOOD | 84155 | CPT | | | | both | | | 121 | 4.22 | Horizon | Medicare Blue | 36.3 | 30 | | 0.64 | 1.7 | 1.7 | 114.95 percent of total billed charges | |
| BKR CHG TOTAL PROTEIN LEVEL BLOOD | 84155 | CPT | | | | both | | | 121 | 4.22 | Corrections | Corrections | 96.8 | 80 | | | 1.7 | 1.7 | 114.95 percent of total billed charges | |
| BKR CHG TOTAL PROTEIN LEVEL BLOOD | 84155 | CPT | | | | both | | | 121 | 4.22 | Managed Care Inc | Managed Care Inc | 108.9 | 90 | | | 1.7 | 1.7 | 114.95 percent of total billed charges | |
| BKR CHG TOTAL PROTEIN LEVEL BLOOD | 84155 | CPT | | | | both | | | 121 | 4.22 | UHC | Medicare | 3.67 | | | 2.33 | 1.7 | 1.7 | 114.95 fee schedule | |
| BKR CHG TOTAL PROTEIN LEVEL BLOOD | 84155 | CPT | | | | both | | | 121 | 4.22 | UHC | Medicaid | 1.8 | | | 1.56 | 1.7 | 1.7 | 114.95 fee schedule | |
| BKR CHG TOTAL PROTEIN LEVEL BLOOD | 84155 | CPT | | | | both | | | 121 | 4.22 | First Health | First Health | 84.7 | 70 | | | 1.7 | 1.7 | 114.95 percent of total billed charges | |
| BKR CHG TOTAL PROTEIN LEVEL BLOOD | 84155 | CPT | | | | both | | | 121 | 4.22 | Horizon | NJ Health | 3.53 | | | 2.25 | 1.7 | 1.7 | 114.95 fee schedule | |
| BKR CHG TOTAL PROTEIN LEVEL BLOOD | 84155 | CPT | | | | both | | | 121 | 4.22 | Three Rivers | Three Rivers | 114.95 | 95 | | | 1.7 | 1.7 | 114.95 percent of total billed charges | |
| BKR CHG TOTAL PROTEIN LEVEL BLOOD | 84155 | CPT | | | | both | | | 121 | 4.22 | WellPoint | WellPoint | 38.94 | 32.18 | | 0.86 | 1.7 | 1.7 | 114.95 percent of total billed charges | |
| BKR CHG TOTAL PROTEIN LEVEL BLOOD | 84155 | CPT | | | | both | | | 121 | 4.22 | Wellcare | Medicaid | 1.8 | | | 7.82 | 1.7 | 1.7 | 114.95 fee schedule | |
| BKR CHG PROTEIN URINE | 84156 | CPT | | | | both | | | 66 | 4.22 | First Trenton | First Trenton | 59.4 | 90 | | | 1.7 | 1.7 | 62.7 percent of total billed charges | |
| BKR CHG PROTEIN URINE | 84156 | CPT | | | | both | | | 66 | 4.22 | Americare | Americare | 49.5 | 75 | | | 1.7 | 1.7 | 62.7 percent of total billed charges | |
| BKR CHG PROTEIN URINE | 84156 | CPT | | | | both | | | 66 | 4.22 | Corrections | Corrections | 52.8 | 80 | | 10.23 | 1.7 | 1.7 | 62.7 percent of total billed charges | |
| BKR CHG PROTEIN URINE | 84156 | CPT | | | | both | | | 66 | 4.22 | Aetna | Better Health | 20.82 | 31.55 | | 6.4 | 1.7 | 1.7 | 62.7 percent of total billed charges | |
| BKR CHG PROTEIN URINE | 84156 | CPT | | | | both | | | 66 | 4.22 | Horizon | Indemnity | 25.26 | 38.28 | | 4.46 | 1.7 | 1.7 | 62.7 percent of total billed charges | |
| BKR CHG PROTEIN URINE | 84156 | CPT | | | | both | | | 66 | 4.22 | Consumer | Consumer | 62.7 | 95 | | | 1.7 | 1.7 | 62.7 percent of total billed charges | |
| BKR CHG PROTEIN URINE | 84156 | CPT | | | | both | | | 66 | 4.22 | Amerihealth | HMO/PPO | 1.7 | | | 4.5 | 1.7 | 1.7 | 62.7 fee schedule | |
| BKR CHG PROTEIN URINE | 84156 | CPT | | | | both | | | 66 | 4.22 | Horizon | MGD | 25.26 | 38.28 | | 4.77 | 1.7 | 1.7 | 62.7 percent of total billed charges | |
| BKR CHG PROTEIN URINE | 84156 | CPT | | | | both | | | 66 | 4.22 | Aetna | Medicare | 20.33 | 30.8 | | 3.17 | 1.7 | 1.7 | 62.7 percent of total billed charges | |
| BKR CHG PROTEIN URINE | 84156 | CPT | | | | both | | | 66 | 4.22 | Managed Care Inc | Managed Care Inc | 59.4 | 90 | | | 1.7 | 1.7 | 62.7 percent of total billed charges | |
| BKR CHG PROTEIN URINE | 84156 | CPT | | | | both | | | 66 | 4.22 | First Health | First Health | 46.2 | 70 | | | 1.7 | 1.7 | 62.7 percent of total billed charges | |
| BKR CHG PROTEIN URINE | 84156 | CPT | | | | both | | | 66 | 4.22 | Three Rivers | Three Rivers | 62.7 | 95 | | | 1.7 | 1.7 | 62.7 percent of total billed charges | |
| BKR CHG PROTEIN URINE | 84156 | CPT | | | | both | | | 66 | 4.22 | Amerihealth | Medicare | 3.67 | | | | 1.7 | 1.7 | 62.7 fee schedule | |
| BKR CHG PROTEIN URINE | 84156 | CPT | | | | both | | | 66 | 4.22 | UHC | Medicare | 3.67 | | | 4.2 | 1.7 | 1.7 | 62.7 fee schedule | |
| BKR CHG PROTEIN URINE | 84156 | CPT | | | | both | | | 66 | 4.22 | Horizon | Medicare Blue | 19.8 | 30 | | 3.03 | 1.7 | 1.7 | 62.7 percent of total billed charges | |
| BKR CHG PROTEIN URINE | 84156 | CPT | | | | both | | | 66 | 4.22 | Horizon | NJ Health | 5.12 | | | 2.76 | 1.7 | 1.7 | 62.7 fee schedule | |
| BKR CHG PROTEIN URINE | 84156 | CPT | | | | both | | | 66 | 4.22 | Horizon | PPO | 25.26 | 38.28 | | 6.89 | 1.7 | 1.7 | 62.7 percent of total billed charges | |
| BKR CHG PROTEIN URINE | 84156 | CPT | | | | both | | | 66 | 4.22 | UHC | Medicaid | 1.8 | | | 8.11 | 1.7 | 1.7 | 62.7 fee schedule | |
| BKR CHG PROTEIN URINE | 84156 | CPT | | | | both | | | 66 | 4.22 | Multiplan | Multiplan | 52.8 | 80 | | | 1.7 | 1.7 | 62.7 percent of total billed charges | |
| BKR CHG PROTEIN URINE | 84156 | CPT | | | | both | | | 66 | 4.22 | Wellcare | Medicaid | 1.8 | | | 5.08 | 1.7 | 1.7 | 62.7 fee schedule | |
| BKR CHG PROTEIN URINE | 84156 | CPT | | | | both | | | 66 | 4.22 | Qualcare | Qualcare | 49.5 | 75 | | | 1.7 | 1.7 | 62.7 percent of total billed charges | |
| BKR CHG PROTEIN URINE | 84156 | CPT | | | | both | | | 66 | 4.22 | Wellcare | Medicare | 3.67 | | | 1.21 | 1.7 | 1.7 | 62.7 fee schedule | |
| BKR CHG PROTEIN URINE | 84156 | CPT | | | | both | | | 66 | 4.22 | WellPoint | WellPoint | 21.24 | 32.18 | | 5.89 | 1.7 | 1.7 | 62.7 percent of total billed charges | |
| BKR CHG PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID) | 84157 | CPT | | | | both | | | 47 | 4.6 | Aetna | Better Health | 14.83 | 31.55 | | 7.59 | 1.7 | 1.7 | 44.65 percent of total billed charges | |
| BKR CHG PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID) | 84157 | CPT | | | | both | | | 47 | 4.6 | Horizon | PPO | 17.99 | 38.28 | | 7.54 | 1.7 | 1.7 | 44.65 percent of total billed charges | |
| BKR CHG PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID) | 84157 | CPT | | | | both | | | 47 | 4.6 | UHC | Medicaid | 1.8 | | | 7.55 | 1.7 | 1.7 | 44.65 fee schedule | |
| BKR CHG PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID) | 84157 | CPT | | | | both | | | 47 | 4.6 | Horizon | Indemnity | 17.99 | 38.28 | | 6.15 | 1.7 | 1.7 | 44.65 percent of total billed charges | |
| BKR CHG PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID) | 84157 | CPT | | | | both | | | 47 | 4.6 | Consumer | Consumer | 44.65 | 95 | | | 1.7 | 1.7 | 44.65 percent of total billed charges | |
| BKR CHG PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID) | 84157 | CPT | | | | both | | | 47 | 4.6 | Amerihealth | HMO/PPO | 1.7 | | | | 1.7 | 1.7 | 44.65 fee schedule | |
| BKR CHG PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID) | 84157 | CPT | | | | both | | | 47 | 4.6 | Aetna | Medicare | 14.48 | 30.8 | | | 1.7 | 1.7 | 44.65 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID) | 84157 | CPT | | | | both | | | 47 | 4.6 | Amerihealth | Medicare | 4 | | | | 1.7 | 1.7 | 44.65 fee schedule | |
| BKR CHG PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID) | 84157 | CPT | | | | both | | | 47 | 4.6 | Americare | Americare | 35.25 | 75 | | | 1.7 | 1.7 | 44.65 percent of total billed charges | |
| BKR CHG PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID) | 84157 | CPT | | | | both | | | 47 | 4.6 | First Health | First Health | 32.9 | 70 | | | 1.7 | 1.7 | 44.65 percent of total billed charges | |
| BKR CHG PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID) | 84157 | CPT | | | | both | | | 47 | 4.6 | Horizon | NJ Health | 5.12 | | | 3.55 | 1.7 | 1.7 | 44.65 fee schedule | |
| BKR CHG PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID) | 84157 | CPT | | | | both | | | 47 | 4.6 | WellPoint | WellPoint | 15.12 | 32.18 | | 6.62 | 1.7 | 1.7 | 44.65 percent of total billed charges | |
| BKR CHG PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID) | 84157 | CPT | | | | both | | | 47 | 4.6 | Corrections | Corrections | 37.6 | 80 | | | 1.7 | 1.7 | 44.65 percent of total billed charges | |
| BKR CHG PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID) | 84157 | CPT | | | | both | | | 47 | 4.6 | Horizon | Medicare Blue | 14.1 | 30 | | | 1.7 | 1.7 | 44.65 percent of total billed charges | |
| BKR CHG PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID) | 84157 | CPT | | | | both | | | 47 | 4.6 | Multiplan | Multiplan | 37.6 | 80 | | | 1.7 | 1.7 | 44.65 percent of total billed charges | |
| BKR CHG PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID) | 84157 | CPT | | | | both | | | 47 | 4.6 | Horizon | MGD | 17.99 | 38.28 | | 6.05 | 1.7 | 1.7 | 44.65 percent of total billed charges | |
| BKR CHG PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID) | 84157 | CPT | | | | both | | | 47 | 4.6 | First Trenton | First Trenton | 42.3 | 90 | | | 1.7 | 1.7 | 44.65 percent of total billed charges | |
| BKR CHG PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID) | 84157 | CPT | | | | both | | | 47 | 4.6 | Wellcare | Medicare | 4 | | | | 1.7 | 1.7 | 44.65 fee schedule | |
| BKR CHG PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID) | 84157 | CPT | | | | both | | | 47 | 4.6 | Qualcare | Qualcare | 35.25 | 75 | | | 1.7 | 1.7 | 44.65 percent of total billed charges | |
| BKR CHG PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID) | 84157 | CPT | | | | both | | | 47 | 4.6 | Wellcare | Medicaid | 1.8 | | | | 1.7 | 1.7 | 44.65 fee schedule | |
| BKR CHG PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID) | 84157 | CPT | | | | both | | | 47 | 4.6 | UHC | Medicare | 4 | | | | 1.7 | 1.7 | 44.65 fee schedule | |
| BKR CHG PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID) | 84157 | CPT | | | | both | | | 47 | 4.6 | Managed Care Inc | Managed Care Inc | 42.3 | 90 | | | 1.7 | 1.7 | 44.65 percent of total billed charges | |
| BKR CHG PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID) | 84157 | CPT | | | | both | | | 47 | 4.6 | Three Rivers | Three Rivers | 44.65 | 95 | | | 1.7 | 1.7 | 44.65 percent of total billed charges | |
| BKR CHG PROTEIN.EP.FRACT&QUANT.SERUM | 84165 | CPT | | | | both | | | 157 | 12.35 | Americare | Americare | 117.75 | 75 | | | 6 | 6 | 149.15 percent of total billed charges | |
| BKR CHG PROTEIN.EP.FRACT&QUANT.SERUM | 84165 | CPT | | | | both | | | 157 | 12.35 | First Health | First Health | 109.9 | 70 | | | 6 | 6 | 149.15 percent of total billed charges | |
| BKR CHG PROTEIN.EP.FRACT&QUANT.SERUM | 84165 | CPT | | | | both | | | 157 | 12.35 | Amerihealth | HMO/PPO | 17.4 | | | 6.58 | 6 | 6 | 149.15 fee schedule | |
| BKR CHG PROTEIN.EP.FRACT&QUANT.SERUM | 84165 | CPT | | | | both | | | 157 | 12.35 | First Trenton | First Trenton | 141.3 | 90 | | | 6 | 6 | 149.15 percent of total billed charges | |
| BKR CHG PROTEIN.EP.FRACT&QUANT.SERUM | 84165 | CPT | | | | both | | | 157 | 12.35 | Horizon | Medicare Blue | 47.1 | 30 | | 6.34 | 6 | 6 | 149.15 percent of total billed charges | |
| BKR CHG PROTEIN.EP.FRACT&QUANT.SERUM | 84165 | CPT | | | | both | | | 157 | 12.35 | Aetna | Better Health | 49.53 | 31.55 | | 13.09 | 6 | 6 | 149.15 percent of total billed charges | |
| BKR CHG PROTEIN.EP.FRACT&QUANT.SERUM | 84165 | CPT | | | | both | | | 157 | 12.35 | Aetna | Medicare | 48.36 | 30.8 | | 16.31 | 6 | 6 | 149.15 percent of total billed charges | |
| BKR CHG PROTEIN.EP.FRACT&QUANT.SERUM | 84165 | CPT | | | | both | | | 157 | 12.35 | Horizon | Indemnity | 60.1 | 38.28 | | 28.41 | 6 | 6 | 149.15 percent of total billed charges | |
| BKR CHG PROTEIN.EP.FRACT&QUANT.SERUM | 84165 | CPT | | | | both | | | 157 | 12.35 | Amerihealth | Medicare | 10.74 | | | | 6 | 6 | 149.15 fee schedule | |
| BKR CHG PROTEIN.EP.FRACT&QUANT.SERUM | 84165 | CPT | | | | both | | | 157 | 12.35 | Horizon | MGD | 60.1 | 38.28 | | 18.55 | 6 | 6 | 149.15 percent of total billed charges | |
| BKR CHG PROTEIN.EP.FRACT&QUANT.SERUM | 84165 | CPT | | | | both | | | 157 | 12.35 | Wellcare | Medicaid | 6 | | | 19.35 | 6 | 6 | 149.15 fee schedule | |
| BKR CHG PROTEIN.EP.FRACT&QUANT.SERUM | 84165 | CPT | | | | both | | | 157 | 12.35 | Managed Care Inc | Managed Care Inc | 141.3 | 90 | | | 6 | 6 | 149.15 percent of total billed charges | |
| BKR CHG PROTEIN.EP.FRACT&QUANT.SERUM | 84165 | CPT | | | | both | | | 157 | 12.35 | Three Rivers | Three Rivers | 149.15 | 95 | | | 6 | 6 | 149.15 percent of total billed charges | |
| BKR CHG PROTEIN.EP.FRACT&QUANT.SERUM | 84165 | CPT | | | | both | | | 157 | 12.35 | Consumer | Consumer | 149.15 | 95 | | | 6 | 6 | 149.15 percent of total billed charges | |
| BKR CHG PROTEIN.EP.FRACT&QUANT.SERUM | 84165 | CPT | | | | both | | | 157 | 12.35 | UHC | Medicaid | 6 | | | 7 | 6 | 6 | 149.15 fee schedule | |
| BKR CHG PROTEIN.EP.FRACT&QUANT.SERUM | 84165 | CPT | | | | both | | | 157 | 12.35 | Qualcare | Qualcare | 117.75 | 75 | | | 6 | 6 | 149.15 percent of total billed charges | |
| BKR CHG PROTEIN.EP.FRACT&QUANT.SERUM | 84165 | CPT | | | | both | | | 157 | 12.35 | Wellcare | Medicare | 10.74 | | | 25.1 | 6 | 6 | 149.15 fee schedule | |
| BKR CHG PROTEIN.EP.FRACT&QUANT.SERUM | 84165 | CPT | | | | both | | | 157 | 12.35 | Horizon | NJ Health | 11.76 | | | 2.13 | 6 | 6 | 149.15 fee schedule | |
| BKR CHG PROTEIN.EP.FRACT&QUANT.SERUM | 84165 | CPT | | | | both | | | 157 | 12.35 | UHC | Medicare | 10.74 | | | 10.69 | 6 | 6 | 149.15 fee schedule | |
| BKR CHG PROTEIN.EP.FRACT&QUANT.SERUM | 84165 | CPT | | | | both | | | 157 | 12.35 | Corrections | Corrections | 125.6 | 80 | | | 6 | 6 | 149.15 percent of total billed charges | |
| BKR CHG PROTEIN.EP.FRACT&QUANT.SERUM | 84165 | CPT | | | | both | | | 157 | 12.35 | Horizon | PPO | 60.1 | 38.28 | | 8.19 | 6 | 6 | 149.15 percent of total billed charges | |
| BKR CHG PROTEIN.EP.FRACT&QUANT.SERUM | 84165 | CPT | | | | both | | | 157 | 12.35 | Multiplan | Multiplan | 125.6 | 80 | | | 6 | 6 | 149.15 percent of total billed charges | |
| BKR CHG PROTEIN.EP.FRACT&QUANT.SERUM | 84165 | CPT | | | | both | | | 157 | 12.35 | WellPoint | WellPoint | 50.52 | 32.18 | | 14.95 | 6 | 6 | 149.15 percent of total billed charges | |
| BKR CHG PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI | 84166 | CPT | | | | both | | | 167 | 20.5 | Aetna | Better Health | 52.69 | 31.55 | | | 6.3 | 6.3 | 158.65 percent of total billed charges | |
| BKR CHG PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI | 84166 | CPT | | | | both | | | 167 | 20.5 | Horizon | Medicare Blue | 50.1 | 30 | | | 6.3 | 6.3 | 158.65 percent of total billed charges | |
| BKR CHG PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI | 84166 | CPT | | | | both | | | 167 | 20.5 | First Health | First Health | 116.9 | 70 | | | 6.3 | 6.3 | 158.65 percent of total billed charges | |
| BKR CHG PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI | 84166 | CPT | | | | both | | | 167 | 20.5 | Americare | Americare | 125.25 | 75 | | | 6.3 | 6.3 | 158.65 percent of total billed charges | |
| BKR CHG PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI | 84166 | CPT | | | | both | | | 167 | 20.5 | Amerihealth | Medicare | 17.83 | | | | 6.3 | 6.3 | 158.65 fee schedule | |
| BKR CHG PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI | 84166 | CPT | | | | both | | | 167 | 20.5 | First Trenton | First Trenton | 150.3 | 90 | | | 6.3 | 6.3 | 158.65 percent of total billed charges | |
| BKR CHG PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI | 84166 | CPT | | | | both | | | 167 | 20.5 | Consumer | Consumer | 158.65 | 95 | | | 6.3 | 6.3 | 158.65 percent of total billed charges | |
| BKR CHG PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI | 84166 | CPT | | | | both | | | 167 | 20.5 | Aetna | Medicare | 51.44 | 30.8 | | | 6.3 | 6.3 | 158.65 percent of total billed charges | |
| BKR CHG PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI | 84166 | CPT | | | | both | | | 167 | 20.5 | Corrections | Corrections | 133.6 | 80 | | | 6.3 | 6.3 | 158.65 percent of total billed charges | |
| BKR CHG PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI | 84166 | CPT | | | | both | | | 167 | 20.5 | Horizon | MGD | 63.93 | 38.28 | | 4.13 | 6.3 | 6.3 | 158.65 percent of total billed charges | |
| BKR CHG PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI | 84166 | CPT | | | | both | | | 167 | 20.5 | Multiplan | Multiplan | 133.6 | 80 | | | 6.3 | 6.3 | 158.65 percent of total billed charges | |
| BKR CHG PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI | 84166 | CPT | | | | both | | | 167 | 20.5 | Amerihealth | HMO/PPO | 27.8 | | | | 6.3 | 6.3 | 158.65 fee schedule | |
| BKR CHG PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI | 84166 | CPT | | | | both | | | 167 | 20.5 | UHC | Medicaid | 14.26 | | | 4.13 | 6.3 | 6.3 | 158.65 fee schedule | |
| BKR CHG PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI | 84166 | CPT | | | | both | | | 167 | 20.5 | Horizon | Indemnity | 63.93 | 38.28 | | 11.98 | 6.3 | 6.3 | 158.65 percent of total billed charges | |
| BKR CHG PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI | 84166 | CPT | | | | both | | | 167 | 20.5 | Qualcare | Qualcare | 125.25 | 75 | | | 6.3 | 6.3 | 158.65 percent of total billed charges | |
| BKR CHG PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI | 84166 | CPT | | | | both | | | 167 | 20.5 | Wellcare | Medicaid | 14.26 | | | | 6.3 | 6.3 | 158.65 fee schedule | |
| BKR CHG PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI | 84166 | CPT | | | | both | | | 167 | 20.5 | Three Rivers | Three Rivers | 158.65 | 95 | | | 6.3 | 6.3 | 158.65 percent of total billed charges | |
| BKR CHG PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI | 84166 | CPT | | | | both | | | 167 | 20.5 | UHC | Medicare | 17.83 | | | 2.33 | 6.3 | 6.3 | 158.65 fee schedule | |
| BKR CHG PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI | 84166 | CPT | | | | both | | | 167 | 20.5 | Horizon | PPO | 63.93 | 38.28 | | 0.37 | 6.3 | 6.3 | 158.65 percent of total billed charges | |
| BKR CHG PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI | 84166 | CPT | | | | both | | | 167 | 20.5 | Horizon | NJ Health | 37.24 | | | 2.38 | 6.3 | 6.3 | 158.65 fee schedule | |
| BKR CHG PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI | 84166 | CPT | | | | both | | | 167 | 20.5 | Wellcare | Medicare | 17.83 | | | | 6.3 | 6.3 | 158.65 fee schedule | |
| BKR CHG PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI | 84166 | CPT | | | | both | | | 167 | 20.5 | Managed Care Inc | Managed Care Inc | 150.3 | 90 | | | 6.3 | 6.3 | 158.65 percent of total billed charges | |
| BKR CHG PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI | 84166 | CPT | | | | both | | | 167 | 20.5 | WellPoint | WellPoint | 53.74 | 32.18 | | | 6.3 | 6.3 | 158.65 percent of total billed charges | |
| BKR CHG WESTERN BLOT W INTERP & REPORT BLD/BOD | 84181 | CPT | | | | outpatient | | | 1210 | 19.58 | Aetna | Better Health | 381.76 | 31.55 | | | 16.5 | 16.5 | 1149.5 percent of total billed charges | |
| BKR CHG WESTERN BLOT W INTERP & REPORT BLD/BOD | 84181 | CPT | | | | outpatient | | | 1210 | 19.58 | Aetna | Medicare | 372.68 | 30.8 | | | 16.5 | 16.5 | 1149.5 percent of total billed charges | |
| BKR CHG WESTERN BLOT W INTERP & REPORT BLD/BOD | 84181 | CPT | | | | outpatient | | | 1210 | 19.58 | Consumer | Consumer | 1149.5 | 95 | | | 16.5 | 16.5 | 1149.5 percent of total billed charges | |
| BKR CHG WESTERN BLOT W INTERP & REPORT BLD/BOD | 84181 | CPT | | | | outpatient | | | 1210 | 19.58 | Horizon | Indemnity | 463.19 | 38.28 | | | 16.5 | 16.5 | 1149.5 percent of total billed charges | |
| BKR CHG WESTERN BLOT W INTERP & REPORT BLD/BOD | 84181 | CPT | | | | outpatient | | | 1210 | 19.58 | Amerihealth | Medicare | 17.03 | | | | 16.5 | 16.5 | 1149.5 fee schedule | |
| BKR CHG WESTERN BLOT W INTERP & REPORT BLD/BOD | 84181 | CPT | | | | outpatient | | | 1210 | 19.58 | Americare | Americare | 907.5 | 75 | | | 16.5 | 16.5 | 1149.5 percent of total billed charges | |
| BKR CHG WESTERN BLOT W INTERP & REPORT BLD/BOD | 84181 | CPT | | | | outpatient | | | 1210 | 19.58 | First Health | First Health | 847 | 70 | | | 16.5 | 16.5 | 1149.5 percent of total billed charges | |
| BKR CHG WESTERN BLOT W INTERP & REPORT BLD/BOD | 84181 | CPT | | | | outpatient | | | 1210 | 19.58 | First Trenton | First Trenton | 1089 | 90 | | | 16.5 | 16.5 | 1149.5 percent of total billed charges | |
| BKR CHG WESTERN BLOT W INTERP & REPORT BLD/BOD | 84181 | CPT | | | | outpatient | | | 1210 | 19.58 | WellPoint | WellPoint | 389.38 | 32.18 | | | 16.5 | 16.5 | 1149.5 percent of total billed charges | |
| BKR CHG WESTERN BLOT W INTERP & REPORT BLD/BOD | 84181 | CPT | | | | outpatient | | | 1210 | 19.58 | Horizon | MGD | 463.19 | 38.28 | | | 16.5 | 16.5 | 1149.5 percent of total billed charges | |
| BKR CHG WESTERN BLOT W INTERP & REPORT BLD/BOD | 84181 | CPT | | | | outpatient | | | 1210 | 19.58 | Corrections | Corrections | 968 | 80 | | | 16.5 | 16.5 | 1149.5 percent of total billed charges | |
| BKR CHG WESTERN BLOT W INTERP & REPORT BLD/BOD | 84181 | CPT | | | | outpatient | | | 1210 | 19.58 | Horizon | Medicare Blue | 363 | 30 | | | 16.5 | 16.5 | 1149.5 percent of total billed charges | |
| BKR CHG WESTERN BLOT W INTERP & REPORT BLD/BOD | 84181 | CPT | | | | outpatient | | | 1210 | 19.58 | Multiplan | Multiplan | 968 | 80 | | | 16.5 | 16.5 | 1149.5 percent of total billed charges | |
| BKR CHG WESTERN BLOT W INTERP & REPORT BLD/BOD | 84181 | CPT | | | | outpatient | | | 1210 | 19.58 | Amerihealth | HMO/PPO | 30.2 | | | | 16.5 | 16.5 | 1149.5 fee schedule | |
| BKR CHG WESTERN BLOT W INTERP & REPORT BLD/BOD | 84181 | CPT | | | | outpatient | | | 1210 | 19.58 | Horizon | NJ Health | 57.82 | | | | 16.5 | 16.5 | 1149.5 fee schedule | |
| BKR CHG WESTERN BLOT W INTERP & REPORT BLD/BOD | 84181 | CPT | | | | outpatient | | | 1210 | 19.58 | Managed Care Inc | Managed Care Inc | 1089 | 90 | | | 16.5 | 16.5 | 1149.5 percent of total billed charges | |
| BKR CHG WESTERN BLOT W INTERP & REPORT BLD/BOD | 84181 | CPT | | | | outpatient | | | 1210 | 19.58 | Three Rivers | Three Rivers | 1149.5 | 95 | | | 16.5 | 16.5 | 1149.5 percent of total billed charges | |
| BKR CHG WESTERN BLOT W INTERP & REPORT BLD/BOD | 84181 | CPT | | | | outpatient | | | 1210 | 19.58 | Horizon | PPO | 463.19 | 38.28 | | | 16.5 | 16.5 | 1149.5 percent of total billed charges | |
| BKR CHG WESTERN BLOT W INTERP & REPORT BLD/BOD | 84181 | CPT | | | | outpatient | | | 1210 | 19.58 | UHC | Medicare | 17.03 | | | | 16.5 | 16.5 | 1149.5 fee schedule | |
| BKR CHG WESTERN BLOT W INTERP & REPORT BLD/BOD | 84181 | CPT | | | | outpatient | | | 1210 | 19.58 | Qualcare | Qualcare | 907.5 | 75 | | | 16.5 | 16.5 | 1149.5 percent of total billed charges | |
| BKR CHG WESTERN BLOT W INTERP & REPORT BLD/BOD | 84181 | CPT | | | | outpatient | | | 1210 | 19.58 | UHC | Medicaid | 20 | | | | 16.5 | 16.5 | 1149.5 fee schedule | |
| BKR CHG WESTERN BLOT W INTERP & REPORT BLD/BOD | 84181 | CPT | | | | outpatient | | | 1210 | 19.58 | Wellcare | Medicaid | 20 | | | | 16.5 | 16.5 | 1149.5 fee schedule | |
| BKR CHG WESTERN BLOT W INTERP & REPORT BLD/BOD | 84181 | CPT | | | | outpatient | | | 1210 | 19.58 | Wellcare | Medicare | 17.03 | | | | 16.5 | 16.5 | 1149.5 fee schedule | |
| BKR CHG YO IGG IB SERUM | 84182 | CPT | | | | both | | | 1622 | 33.59 | Amerihealth | HMO/PPO | 26.8 | | | | 23.5 | 23.5 | 1540.9 fee schedule | |
| BKR CHG YO IGG IB SERUM | 84182 | CPT | | | | both | | | 1622 | 33.59 | Aetna | Better Health | 511.74 | 31.55 | | | 23.5 | 23.5 | 1540.9 percent of total billed charges | |
| BKR CHG YO IGG IB SERUM | 84182 | CPT | | | | both | | | 1622 | 33.59 | First Health | First Health | 1135.4 | 70 | | | 23.5 | 23.5 | 1540.9 percent of total billed charges | |
| BKR CHG YO IGG IB SERUM | 84182 | CPT | | | | both | | | 1622 | 33.59 | Aetna | Medicare | 499.58 | 30.8 | | | 23.5 | 23.5 | 1540.9 percent of total billed charges | |
| BKR CHG YO IGG IB SERUM | 84182 | CPT | | | | both | | | 1622 | 33.59 | Wellcare | Medicare | 29.21 | | | | 23.5 | 23.5 | 1540.9 fee schedule | |
| BKR CHG YO IGG IB SERUM | 84182 | CPT | | | | both | | | 1622 | 33.59 | Corrections | Corrections | 1297.6 | 80 | | | 23.5 | 23.5 | 1540.9 percent of total billed charges | |
| BKR CHG YO IGG IB SERUM | 84182 | CPT | | | | both | | | 1622 | 33.59 | Horizon | MGD | 620.9 | 38.28 | | | 23.5 | 23.5 | 1540.9 percent of total billed charges | |
| BKR CHG YO IGG IB SERUM | 84182 | CPT | | | | both | | | 1622 | 33.59 | Multiplan | Multiplan | 1297.6 | 80 | | | 23.5 | 23.5 | 1540.9 percent of total billed charges | |
| BKR CHG YO IGG IB SERUM | 84182 | CPT | | | | both | | | 1622 | 33.59 | Amerihealth | Medicare | 29.21 | | | | 23.5 | 23.5 | 1540.9 fee schedule | |
| BKR CHG YO IGG IB SERUM | 84182 | CPT | | | | both | | | 1622 | 33.59 | Americare | Americare | 1216.5 | 75 | | | 23.5 | 23.5 | 1540.9 percent of total billed charges | |
| BKR CHG YO IGG IB SERUM | 84182 | CPT | | | | both | | | 1622 | 33.59 | WellPoint | WellPoint | 521.96 | 32.18 | | | 23.5 | 23.5 | 1540.9 percent of total billed charges | |
| BKR CHG YO IGG IB SERUM | 84182 | CPT | | | | both | | | 1622 | 33.59 | Qualcare | Qualcare | 1216.5 | 75 | | | 23.5 | 23.5 | 1540.9 percent of total billed charges | |
| BKR CHG YO IGG IB SERUM | 84182 | CPT | | | | both | | | 1622 | 33.59 | Horizon | Medicare Blue | 486.6 | 30 | | | 23.5 | 23.5 | 1540.9 percent of total billed charges | |
| BKR CHG YO IGG IB SERUM | 84182 | CPT | | | | both | | | 1622 | 33.59 | UHC | Medicare | 29.21 | | | | 23.5 | 23.5 | 1540.9 fee schedule | |
| BKR CHG YO IGG IB SERUM | 84182 | CPT | | | | both | | | 1622 | 33.59 | Consumer | Consumer | 1540.9 | 95 | | | 23.5 | 23.5 | 1540.9 percent of total billed charges | |
| BKR CHG YO IGG IB SERUM | 84182 | CPT | | | | both | | | 1622 | 33.59 | UHC | Medicaid | 23.5 | | | | 23.5 | 23.5 | 1540.9 fee schedule | |
| BKR CHG YO IGG IB SERUM | 84182 | CPT | | | | both | | | 1622 | 33.59 | First Trenton | First Trenton | 1459.8 | 90 | | | 23.5 | 23.5 | 1540.9 percent of total billed charges | |
| BKR CHG YO IGG IB SERUM | 84182 | CPT | | | | both | | | 1622 | 33.59 | Wellcare | Medicaid | 23.5 | | | | 23.5 | 23.5 | 1540.9 fee schedule | |
| BKR CHG YO IGG IB SERUM | 84182 | CPT | | | | both | | | 1622 | 33.59 | Horizon | Indemnity | 620.9 | 38.28 | | | 23.5 | 23.5 | 1540.9 percent of total billed charges | |
| BKR CHG YO IGG IB SERUM | 84182 | CPT | | | | both | | | 1622 | 33.59 | Horizon | NJ Health | 57.82 | | | | 23.5 | 23.5 | 1540.9 fee schedule | |
| BKR CHG YO IGG IB SERUM | 84182 | CPT | | | | both | | | 1622 | 33.59 | Horizon | PPO | 620.9 | 38.28 | | | 23.5 | 23.5 | 1540.9 percent of total billed charges | |
| BKR CHG YO IGG IB SERUM | 84182 | CPT | | | | both | | | 1622 | 33.59 | Managed Care Inc | Managed Care Inc | 1459.8 | 90 | | | 23.5 | 23.5 | 1540.9 percent of total billed charges | |
| BKR CHG YO IGG IB SERUM | 84182 | CPT | | | | both | | | 1622 | 33.59 | Three Rivers | Three Rivers | 1540.9 | 95 | | | 23.5 | 23.5 | 1540.9 percent of total billed charges | |
| BKR CHG PROTOPORPHYRIN, RBC,QUAT | 84202 | CPT | | | | both | | | 136 | 16.5 | Corrections | Corrections | 108.8 | 80 | | | 9.6 | 9.6 | 129.2 percent of total billed charges | |
| BKR CHG PROTOPORPHYRIN, RBC,QUAT | 84202 | CPT | | | | both | | | 136 | 16.5 | Americare | Americare | 102 | 75 | | | 9.6 | 9.6 | 129.2 percent of total billed charges | |
| BKR CHG PROTOPORPHYRIN, RBC,QUAT | 84202 | CPT | | | | both | | | 136 | 16.5 | First Health | First Health | 95.2 | 70 | | | 9.6 | 9.6 | 129.2 percent of total billed charges | |
| BKR CHG PROTOPORPHYRIN, RBC,QUAT | 84202 | CPT | | | | both | | | 136 | 16.5 | Horizon | Medicare Blue | 40.8 | 30 | | | 9.6 | 9.6 | 129.2 percent of total billed charges | |
| BKR CHG PROTOPORPHYRIN, RBC,QUAT | 84202 | CPT | | | | both | | | 136 | 16.5 | Aetna | Medicare | 41.89 | 30.8 | | | 9.6 | 9.6 | 129.2 percent of total billed charges | |
| BKR CHG PROTOPORPHYRIN, RBC,QUAT | 84202 | CPT | | | | both | | | 136 | 16.5 | First Trenton | First Trenton | 122.4 | 90 | | | 9.6 | 9.6 | 129.2 percent of total billed charges | |
| BKR CHG PROTOPORPHYRIN, RBC,QUAT | 84202 | CPT | | | | both | | | 136 | 16.5 | Aetna | Better Health | 42.91 | 31.55 | | | 9.6 | 9.6 | 129.2 percent of total billed charges | |
| BKR CHG PROTOPORPHYRIN, RBC,QUAT | 84202 | CPT | | | | both | | | 136 | 16.5 | Multiplan | Multiplan | 108.8 | 80 | | | 9.6 | 9.6 | 129.2 percent of total billed charges | |
| BKR CHG PROTOPORPHYRIN, RBC,QUAT | 84202 | CPT | | | | both | | | 136 | 16.5 | WellPoint | WellPoint | 43.76 | 32.18 | | | 9.6 | 9.6 | 129.2 percent of total billed charges | |
| BKR CHG PROTOPORPHYRIN, RBC,QUAT | 84202 | CPT | | | | both | | | 136 | 16.5 | Amerihealth | HMO/PPO | 22.4 | | | | 9.6 | 9.6 | 129.2 fee schedule | |
| BKR CHG PROTOPORPHYRIN, RBC,QUAT | 84202 | CPT | | | | both | | | 136 | 16.5 | UHC | Medicaid | 10.4 | | | | 9.6 | 9.6 | 129.2 fee schedule | |
| BKR CHG PROTOPORPHYRIN, RBC,QUAT | 84202 | CPT | | | | both | | | 136 | 16.5 | Qualcare | Qualcare | 102 | 75 | | | 9.6 | 9.6 | 129.2 percent of total billed charges | |
| BKR CHG PROTOPORPHYRIN, RBC,QUAT | 84202 | CPT | | | | both | | | 136 | 16.5 | Consumer | Consumer | 129.2 | 95 | | | 9.6 | 9.6 | 129.2 percent of total billed charges | |
| BKR CHG PROTOPORPHYRIN, RBC,QUAT | 84202 | CPT | | | | both | | | 136 | 16.5 | Horizon | Indemnity | 52.06 | 38.28 | | | 9.6 | 9.6 | 129.2 percent of total billed charges | |
| BKR CHG PROTOPORPHYRIN, RBC,QUAT | 84202 | CPT | | | | both | | | 136 | 16.5 | UHC | Medicare | 14.35 | | | | 9.6 | 9.6 | 129.2 fee schedule | |
| BKR CHG PROTOPORPHYRIN, RBC,QUAT | 84202 | CPT | | | | both | | | 136 | 16.5 | Wellcare | Medicare | 14.35 | | | | 9.6 | 9.6 | 129.2 fee schedule | |
| BKR CHG PROTOPORPHYRIN, RBC,QUAT | 84202 | CPT | | | | both | | | 136 | 16.5 | Horizon | MGD | 52.06 | 38.28 | | | 9.6 | 9.6 | 129.2 percent of total billed charges | |
| BKR CHG PROTOPORPHYRIN, RBC,QUAT | 84202 | CPT | | | | both | | | 136 | 16.5 | Amerihealth | Medicare | 14.35 | | | | 9.6 | 9.6 | 129.2 fee schedule | |
| BKR CHG PROTOPORPHYRIN, RBC,QUAT | 84202 | CPT | | | | both | | | 136 | 16.5 | Horizon | NJ Health | 20.38 | | | | 9.6 | 9.6 | 129.2 fee schedule | |
| BKR CHG PROTOPORPHYRIN, RBC,QUAT | 84202 | CPT | | | | both | | | 136 | 16.5 | Horizon | PPO | 52.06 | 38.28 | | | 9.6 | 9.6 | 129.2 percent of total billed charges | |
| BKR CHG PROTOPORPHYRIN, RBC,QUAT | 84202 | CPT | | | | both | | | 136 | 16.5 | Three Rivers | Three Rivers | 129.2 | 95 | | | 9.6 | 9.6 | 129.2 percent of total billed charges | |
| BKR CHG PROTOPORPHYRIN, RBC,QUAT | 84202 | CPT | | | | both | | | 136 | 16.5 | Managed Care Inc | Managed Care Inc | 122.4 | 90 | | | 9.6 | 9.6 | 129.2 percent of total billed charges | |
| BKR CHG PROTOPORPHYRIN, RBC,QUAT | 84202 | CPT | | | | both | | | 136 | 16.5 | Wellcare | Medicaid | 10.4 | | | | 9.6 | 9.6 | 129.2 fee schedule | |
| BKR CHG PROINSULIN | 84206 | CPT | | | | both | | | 73 | 30.69 | Aetna | Medicare | 22.48 | 30.8 | | | 19 | 19 | 69.35 percent of total billed charges | |
| BKR CHG PROINSULIN | 84206 | CPT | | | | both | | | 73 | 30.69 | Americare | Americare | 54.75 | 75 | | | 19 | 19 | 69.35 percent of total billed charges | |
| BKR CHG PROINSULIN | 84206 | CPT | | | | both | | | 73 | 30.69 | Horizon | MGD | 27.94 | 38.28 | | | 19 | 19 | 69.35 percent of total billed charges | |
| BKR CHG PROINSULIN | 84206 | CPT | | | | both | | | 73 | 30.69 | Aetna | Better Health | 23.03 | 31.55 | | | 19 | 19 | 69.35 percent of total billed charges | |
| BKR CHG PROINSULIN | 84206 | CPT | | | | both | | | 73 | 30.69 | First Health | First Health | 51.1 | 70 | | | 19 | 19 | 69.35 percent of total billed charges | |
| BKR CHG PROINSULIN | 84206 | CPT | | | | both | | | 73 | 30.69 | Horizon | Medicare Blue | 21.9 | 30 | | | 19 | 19 | 69.35 percent of total billed charges | |
| BKR CHG PROINSULIN | 84206 | CPT | | | | both | | | 73 | 30.69 | Wellcare | Medicaid | 19 | | | | 19 | 19 | 69.35 fee schedule | |
| BKR CHG PROINSULIN | 84206 | CPT | | | | both | | | 73 | 30.69 | Amerihealth | Medicare | 26.69 | | | | 19 | 19 | 69.35 fee schedule | |
| BKR CHG PROINSULIN | 84206 | CPT | | | | both | | | 73 | 30.69 | Amerihealth | HMO/PPO | 24.2 | | | | 19 | 19 | 69.35 fee schedule | |
| BKR CHG PROINSULIN | 84206 | CPT | | | | both | | | 73 | 30.69 | Consumer | Consumer | 69.35 | 95 | | | 19 | 19 | 69.35 percent of total billed charges | |
| BKR CHG PROINSULIN | 84206 | CPT | | | | both | | | 73 | 30.69 | Wellcare | Medicare | 26.69 | | | | 19 | 19 | 69.35 fee schedule | |
| BKR CHG PROINSULIN | 84206 | CPT | | | | both | | | 73 | 30.69 | Horizon | Indemnity | 27.94 | 38.28 | | | 19 | 19 | 69.35 percent of total billed charges | |
| BKR CHG PROINSULIN | 84206 | CPT | | | | both | | | 73 | 30.69 | UHC | Medicaid | 19 | | | | 19 | 19 | 69.35 fee schedule | |
| BKR CHG PROINSULIN | 84206 | CPT | | | | both | | | 73 | 30.69 | Corrections | Corrections | 58.4 | 80 | | | 19 | 19 | 69.35 percent of total billed charges | |
|

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG PROINSULIN | 84206 | CPT | | | | both | | | 73 | 30.69 | WellPoint | WellPoint | 23.49 | 32.18 | | | 19 | 69.35 | percent of total billed charges | |
| BKR CHG PROINSULIN | 84206 | CPT | | | | both | | | 73 | 30.69 | Horizon | PPO | 27.94 | 38.28 | | | 19 | 69.35 | percent of total billed charges | |
| BKR CHG PROINSULIN | 84206 | CPT | | | | both | | | 73 | 30.69 | Qualcare | Qualcare | 54.75 | 75 | | | 19 | 69.35 | percent of total billed charges | |
| BKR CHG PROINSULIN | 84206 | CPT | | | | both | | | 73 | 30.69 | Managed Care Inc | Managed Care Inc | 65.7 | 90 | | | 19 | 69.35 | percent of total billed charges | |
| BKR CHG PROINSULIN | 84206 | CPT | | | | both | | | 73 | 30.69 | UHC | Medicare | 26.69 | | | | 19 | 69.35 | fee schedule | |
| BKR CHG PROINSULIN | 84206 | CPT | | | | both | | | 73 | 30.69 | Three Rivers | Three Rivers | 69.35 | 95 | | | 19 | 69.35 | percent of total billed charges | |
| BKR CHG VITAMIN B6 (PIRADOXINE) LAB | 84207 | CPT | | | | both | | | 401 | 32.32 | Amerihealth | Medicare | 28.1 | | | | 19.8 | 380.95 | fee schedule | |
| BKR CHG VITAMIN B6 (PIRADOXINE) LAB | 84207 | CPT | | | | both | | | 401 | 32.32 | Horizon | NJ Health | 78.4 | | | 2.92 | 19.8 | 380.95 | fee schedule | |
| BKR CHG VITAMIN B6 (PIRADOXINE) LAB | 84207 | CPT | | | | both | | | 401 | 32.32 | Aetna | Better Health | 126.52 | 31.55 | | | 19.8 | 380.95 | percent of total billed charges | |
| BKR CHG VITAMIN B6 (PIRADOXINE) LAB | 84207 | CPT | | | | both | | | 401 | 32.32 | Aetna | Medicare | 123.51 | 30.8 | | 7.24 | 19.8 | 380.95 | percent of total billed charges | |
| BKR CHG VITAMIN B6 (PIRADOXINE) LAB | 84207 | CPT | | | | both | | | 401 | 32.32 | Horizon | PPO | 153.5 | 38.28 | | 11.12 | 19.8 | 380.95 | percent of total billed charges | |
| BKR CHG VITAMIN B6 (PIRADOXINE) LAB | 84207 | CPT | | | | both | | | 401 | 32.32 | Americare | Americare | 300.75 | 75 | | | 19.8 | 380.95 | percent of total billed charges | |
| BKR CHG VITAMIN B6 (PIRADOXINE) LAB | 84207 | CPT | | | | both | | | 401 | 32.32 | Consumer | Consumer | 380.95 | 95 | | | 19.8 | 380.95 | percent of total billed charges | |
| BKR CHG VITAMIN B6 (PIRADOXINE) LAB | 84207 | CPT | | | | both | | | 401 | 32.32 | Horizon | Medicare Blue | 120.3 | 30 | | | 19.8 | 380.95 | percent of total billed charges | |
| BKR CHG VITAMIN B6 (PIRADOXINE) LAB | 84207 | CPT | | | | both | | | 401 | 32.32 | First Health | First Health | 280.7 | 70 | | | 19.8 | 380.95 | percent of total billed charges | |
| BKR CHG VITAMIN B6 (PIRADOXINE) LAB | 84207 | CPT | | | | both | | | 401 | 32.32 | Amerihealth | HMO/PPO | 43.2 | | | | 19.8 | 380.95 | fee schedule | |
| BKR CHG VITAMIN B6 (PIRADOXINE) LAB | 84207 | CPT | | | | both | | | 401 | 32.32 | Corrections | Corrections | 320.8 | 80 | | | 19.8 | 380.95 | percent of total billed charges | |
| BKR CHG VITAMIN B6 (PIRADOXINE) LAB | 84207 | CPT | | | | both | | | 401 | 32.32 | First Trenton | First Trenton | 360.9 | 90 | | | 19.8 | 380.95 | percent of total billed charges | |
| BKR CHG VITAMIN B6 (PIRADOXINE) LAB | 84207 | CPT | | | | both | | | 401 | 32.32 | Multiplan | Multiplan | 320.8 | 80 | | | 19.8 | 380.95 | percent of total billed charges | |
| BKR CHG VITAMIN B6 (PIRADOXINE) LAB | 84207 | CPT | | | | both | | | 401 | 32.32 | Horizon | MGD | 153.5 | 38.28 | | 15.73 | 19.8 | 380.95 | percent of total billed charges | |
| BKR CHG VITAMIN B6 (PIRADOXINE) LAB | 84207 | CPT | | | | both | | | 401 | 32.32 | Wellcare | Medicaid | 32 | | | | 19.8 | 380.95 | fee schedule | |
| BKR CHG VITAMIN B6 (PIRADOXINE) LAB | 84207 | CPT | | | | both | | | 401 | 32.32 | Wellcare | Medicare | 28.1 | | | | 19.8 | 380.95 | fee schedule | |
| BKR CHG VITAMIN B6 (PIRADOXINE) LAB | 84207 | CPT | | | | both | | | 401 | 32.32 | Three Rivers | Three Rivers | 380.95 | 95 | | | 19.8 | 380.95 | percent of total billed charges | |
| BKR CHG VITAMIN B6 (PIRADOXINE) LAB | 84207 | CPT | | | | both | | | 401 | 32.32 | Horizon | Indemnity | 153.5 | 38.28 | | 3.18 | 19.8 | 380.95 | percent of total billed charges | |
| BKR CHG VITAMIN B6 (PIRADOXINE) LAB | 84207 | CPT | | | | both | | | 401 | 32.32 | Qualcare | Qualcare | 300.75 | 75 | | | 19.8 | 380.95 | percent of total billed charges | |
| BKR CHG VITAMIN B6 (PIRADOXINE) LAB | 84207 | CPT | | | | both | | | 401 | 32.32 | Managed Care Inc | Managed Care Inc | 360.9 | 90 | | | 19.8 | 380.95 | percent of total billed charges | |
| BKR CHG VITAMIN B6 (PIRADOXINE) LAB | 84207 | CPT | | | | both | | | 401 | 32.32 | UHC | Medicaid | 32 | | | 9.85 | 19.8 | 380.95 | fee schedule | |
| BKR CHG VITAMIN B6 (PIRADOXINE) LAB | 84207 | CPT | | | | both | | | 401 | 32.32 | UHC | Medicare | 28.1 | | | 8.08 | 19.8 | 380.95 | fee schedule | |
| BKR CHG VITAMIN B6 (PIRADOXINE) LAB | 84207 | CPT | | | | both | | | 401 | 32.32 | WellPoint | WellPoint | 129.04 | 32.18 | | 2.42 | 19.8 | 380.95 | percent of total billed charges | |
| BKR CHG PYRUVIC ACID,BLOOD | 84210 | CPT | | | | both | | | 495 | 16.65 | Amerihealth | Medicare | 14.48 | | | | 6.6 | 470.25 | fee schedule | |
| BKR CHG PYRUVIC ACID,BLOOD | 84210 | CPT | | | | both | | | 495 | 16.65 | Consumer | Consumer | 470.25 | 95 | | | 6.6 | 470.25 | percent of total billed charges | |
| BKR CHG PYRUVIC ACID,BLOOD | 84210 | CPT | | | | both | | | 495 | 16.65 | First Trenton | First Trenton | 445.5 | 90 | | | 6.6 | 470.25 | percent of total billed charges | |
| BKR CHG PYRUVIC ACID,BLOOD | 84210 | CPT | | | | both | | | 495 | 16.65 | Aetna | Medicare | 152.46 | 30.8 | | | 6.6 | 470.25 | percent of total billed charges | |
| BKR CHG PYRUVIC ACID,BLOOD | 84210 | CPT | | | | both | | | 495 | 16.65 | Horizon | Indemnity | 189.49 | 38.28 | | | 6.6 | 470.25 | percent of total billed charges | |
| BKR CHG PYRUVIC ACID,BLOOD | 84210 | CPT | | | | both | | | 495 | 16.65 | Aetna | Better Health | 156.17 | 31.55 | | | 6.6 | 470.25 | percent of total billed charges | |
| BKR CHG PYRUVIC ACID,BLOOD | 84210 | CPT | | | | both | | | 495 | 16.65 | Amerihealth | HMO/PPO | 15.3 | | | | 6.6 | 470.25 | fee schedule | |
| BKR CHG PYRUVIC ACID,BLOOD | 84210 | CPT | | | | both | | | 495 | 16.65 | UHC | Medicaid | 12.8 | | | 4.08 | 6.6 | 470.25 | fee schedule | |
| BKR CHG PYRUVIC ACID,BLOOD | 84210 | CPT | | | | both | | | 495 | 16.65 | WellPoint | WellPoint | 159.29 | 32.18 | | | 6.6 | 470.25 | percent of total billed charges | |
| BKR CHG PYRUVIC ACID,BLOOD | 84210 | CPT | | | | both | | | 495 | 16.65 | Corrections | Corrections | 396 | 80 | | | 6.6 | 470.25 | percent of total billed charges | |
| BKR CHG PYRUVIC ACID,BLOOD | 84210 | CPT | | | | both | | | 495 | 16.65 | Horizon | MGD | 189.49 | 38.28 | | | 6.6 | 470.25 | percent of total billed charges | |
| BKR CHG PYRUVIC ACID,BLOOD | 84210 | CPT | | | | both | | | 495 | 16.65 | Americare | Americare | 371.25 | 75 | | | 6.6 | 470.25 | percent of total billed charges | |
| BKR CHG PYRUVIC ACID,BLOOD | 84210 | CPT | | | | both | | | 495 | 16.65 | Multiplan | Multiplan | 396 | 80 | | | 6.6 | 470.25 | percent of total billed charges | |
| BKR CHG PYRUVIC ACID,BLOOD | 84210 | CPT | | | | both | | | 495 | 16.65 | Horizon | NJ Health | 31.36 | | | | 6.6 | 470.25 | fee schedule | |
| BKR CHG PYRUVIC ACID,BLOOD | 84210 | CPT | | | | both | | | 495 | 16.65 | First Health | First Health | 346.5 | 70 | | | 6.6 | 470.25 | percent of total billed charges | |
| BKR CHG PYRUVIC ACID,BLOOD | 84210 | CPT | | | | both | | | 495 | 16.65 | Three Rivers | Three Rivers | 470.25 | 95 | | | 6.6 | 470.25 | percent of total billed charges | |
| BKR CHG PYRUVIC ACID,BLOOD | 84210 | CPT | | | | both | | | 495 | 16.65 | Qualcare | Qualcare | 371.25 | 75 | | | 6.6 | 470.25 | percent of total billed charges | |
| BKR CHG PYRUVIC ACID,BLOOD | 84210 | CPT | | | | both | | | 495 | 16.65 | Wellcare | Medicaid | 12.8 | | | 9.32 | 6.6 | 470.25 | fee schedule | |
| BKR CHG PYRUVIC ACID,BLOOD | 84210 | CPT | | | | both | | | 495 | 16.65 | Horizon | PPO | 189.49 | 38.28 | | | 6.6 | 470.25 | percent of total billed charges | |
| BKR CHG PYRUVIC ACID,BLOOD | 84210 | CPT | | | | both | | | 495 | 16.65 | UHC | Medicare | 14.48 | | | | 6.6 | 470.25 | fee schedule | |
| BKR CHG PYRUVIC ACID,BLOOD | 84210 | CPT | | | | both | | | 495 | 16.65 | Horizon | Medicare Blue | 148.5 | 30 | | | 6.6 | 470.25 | percent of total billed charges | |
| BKR CHG PYRUVIC ACID,BLOOD | 84210 | CPT | | | | both | | | 495 | 16.65 | Managed Care Inc | Managed Care Inc | 445.5 | 90 | | | 6.6 | 470.25 | percent of total billed charges | |
| BKR CHG PYRUVIC ACID,BLOOD | 84210 | CPT | | | | both | | | 495 | 16.65 | Wellcare | Medicare | 14.48 | | | | 6.6 | 470.25 | fee schedule | |
| BKR CHG PYRUVATE KINASE | 84220 | CPT | | | | outpatient | | | 121 | 10.86 | Amerihealth | HMO/PPO | 14.7 | | | | 9.44 | 114.95 | fee schedule | |
| BKR CHG PYRUVATE KINASE | 84220 | CPT | | | | outpatient | | | 121 | 10.86 | Aetna | Better Health | 38.18 | 31.55 | | | 9.44 | 114.95 | percent of total billed charges | |
| BKR CHG PYRUVATE KINASE | 84220 | CPT | | | | outpatient | | | 121 | 10.86 | WellPoint | WellPoint | 38.94 | 32.18 | | | 9.44 | 114.95 | percent of total billed charges | |
| BKR CHG PYRUVATE KINASE | 84220 | CPT | | | | outpatient | | | 121 | 10.86 | First Trenton | First Trenton | 108.9 | 90 | | | 9.44 | 114.95 | percent of total billed charges | |
| BKR CHG PYRUVATE KINASE | 84220 | CPT | | | | outpatient | | | 121 | 10.86 | First Health | First Health | 84.7 | 70 | | | 9.44 | 114.95 | percent of total billed charges | |
| BKR CHG PYRUVATE KINASE | 84220 | CPT | | | | outpatient | | | 121 | 10.86 | Multiplan | Multiplan | 96.8 | 80 | | | 9.44 | 114.95 | percent of total billed charges | |
| BKR CHG PYRUVATE KINASE | 84220 | CPT | | | | outpatient | | | 121 | 10.86 | Aetna | Medicare | 37.27 | 30.8 | | | 9.44 | 114.95 | percent of total billed charges | |
| BKR CHG PYRUVATE KINASE | 84220 | CPT | | | | outpatient | | | 121 | 10.86 | Corrections | Corrections | 96.8 | 80 | | | 9.44 | 114.95 | percent of total billed charges | |
| BKR CHG PYRUVATE KINASE | 84220 | CPT | | | | outpatient | | | 121 | 10.86 | Amerihealth | Medicare | 9.44 | | | | 9.44 | 114.95 | fee schedule | |
| BKR CHG PYRUVATE KINASE | 84220 | CPT | | | | outpatient | | | 121 | 10.86 | Americare | Americare | 90.75 | 75 | | | 9.44 | 114.95 | percent of total billed charges | |
| BKR CHG PYRUVATE KINASE | 84220 | CPT | | | | outpatient | | | 121 | 10.86 | Horizon | Indemnity | 46.32 | 38.28 | | | 9.44 | 114.95 | percent of total billed charges | |
| BKR CHG PYRUVATE KINASE | 84220 | CPT | | | | outpatient | | | 121 | 10.86 | Horizon | NJ Health | 28.03 | | | | 9.44 | 114.95 | fee schedule | |
| BKR CHG PYRUVATE KINASE | 84220 | CPT | | | | outpatient | | | 121 | 10.86 | Horizon | PPO | 46.32 | 38.28 | | | 9.44 | 114.95 | percent of total billed charges | |
| BKR CHG PYRUVATE KINASE | 84220 | CPT | | | | outpatient | | | 121 | 10.86 | Qualcare | Qualcare | 90.75 | 75 | | | 9.44 | 114.95 | percent of total billed charges | |
| BKR CHG PYRUVATE KINASE | 84220 | CPT | | | | outpatient | | | 121 | 10.86 | Three Rivers | Three Rivers | 114.95 | 95 | | | 9.44 | 114.95 | percent of total billed charges | |
| BKR CHG PYRUVATE KINASE | 84220 | CPT | | | | outpatient | | | 121 | 10.86 | Horizon | MGD | 46.32 | 38.28 | | | 9.44 | 114.95 | percent of total billed charges | |
| BKR CHG PYRUVATE KINASE | 84220 | CPT | | | | outpatient | | | 121 | 10.86 | Wellcare | Medicaid | 10.3 | | | | 9.44 | 114.95 | fee schedule | |
| BKR CHG PYRUVATE KINASE | 84220 | CPT | | | | outpatient | | | 121 | 10.86 | Consumer | Consumer | 114.95 | 95 | | | 9.44 | 114.95 | percent of total billed charges | |
| BKR CHG PYRUVATE KINASE | 84220 | CPT | | | | outpatient | | | 121 | 10.86 | Managed Care Inc | Managed Care Inc | 108.9 | 90 | | | 9.44 | 114.95 | percent of total billed charges | |
| BKR CHG PYRUVATE KINASE | 84220 | CPT | | | | outpatient | | | 121 | 10.86 | UHC | Medicare | 9.44 | | | | 9.44 | 114.95 | fee schedule | |
| BKR CHG PYRUVATE KINASE | 84220 | CPT | | | | outpatient | | | 121 | 10.86 | Horizon | Medicare Blue | 36.3 | 30 | | | 9.44 | 114.95 | percent of total billed charges | |
| BKR CHG PYRUVATE KINASE | 84220 | CPT | | | | outpatient | | | 121 | 10.86 | UHC | Medicaid | 10.3 | | | | 9.44 | 114.95 | fee schedule | |
| BKR CHG PYRUVATE KINASE | 84220 | CPT | | | | outpatient | | | 121 | 10.86 | Wellcare | Medicare | 9.44 | | | | 9.44 | 114.95 | fee schedule | |
| BKR CHG SOLUBLE TRANSFERRIN,RECEPTOR(1 | 84238 | CPT | | | | both | | | 495 | 42.06 | Consumer | Consumer | 470.25 | 95 | | | 21.3 | 470.25 | percent of total billed charges | |
| BKR CHG SOLUBLE TRANSFERRIN,RECEPTOR(1 | 84238 | CPT | | | | both | | | 495 | 42.06 | First Trenton | First Trenton | 445.5 | 90 | | | 21.3 | 470.25 | percent of total billed charges | |
| BKR CHG SOLUBLE TRANSFERRIN,RECEPTOR(1 | 84238 | CPT | | | | both | | | 495 | 42.06 | Amerihealth | Medicare | 36.57 | | | | 21.3 | 470.25 | fee schedule | |
| BKR CHG SOLUBLE TRANSFERRIN,RECEPTOR(1 | 84238 | CPT | | | | both | | | 495 | 42.06 | Aetna | Medicare | 152.46 | 30.8 | | | 21.3 | 470.25 | percent of total billed charges | |
| BKR CHG SOLUBLE TRANSFERRIN,RECEPTOR(1 | 84238 | CPT | | | | both | | | 495 | 42.06 | Aetna | Better Health | 156.17 | 31.55 | | | 21.3 | 470.25 | percent of total billed charges | |
| BKR CHG SOLUBLE TRANSFERRIN,RECEPTOR(1 | 84238 | CPT | | | | both | | | 495 | 42.06 | Wellcare | Medicare | 36.57 | | | | 21.3 | 470.25 | fee schedule | |
| BKR CHG SOLUBLE TRANSFERRIN,RECEPTOR(1 | 84238 | CPT | | | | both | | | 495 | 42.06 | Multiplan | Multiplan | 396 | 80 | | | 21.3 | 470.25 | percent of total billed charges | |
| BKR CHG SOLUBLE TRANSFERRIN,RECEPTOR(1 | 84238 | CPT | | | | both | | | 495 | 42.06 | UHC | Medicare | 36.57 | | | 3.88 | 21.3 | 470.25 | fee schedule | |
| BKR CHG SOLUBLE TRANSFERRIN,RECEPTOR(1 | 84238 | CPT | | | | both | | | 495 | 42.06 | Corrections | Corrections | 396 | 80 | | | 21.3 | 470.25 | percent of total billed charges | |
| BKR CHG SOLUBLE TRANSFERRIN,RECEPTOR(1 | 84238 | CPT | | | | both | | | 495 | 42.06 | Horizon | Indemnity | 189.49 | 38.28 | | | 21.3 | 470.25 | percent of total billed charges | |
| BKR CHG SOLUBLE TRANSFERRIN,RECEPTOR(1 | 84238 | CPT | | | | both | | | 495 | 42.06 | First Health | First Health | 346.5 | 70 | | | 21.3 | 470.25 | percent of total billed charges | |
| BKR CHG SOLUBLE TRANSFERRIN,RECEPTOR(1 | 84238 | CPT | | | | both | | | 495 | 42.06 | Americare | Americare | 371.25 | 75 | | | 21.3 | 470.25 | percent of total billed charges | |
| BKR CHG SOLUBLE TRANSFERRIN,RECEPTOR(1 | 84238 | CPT | | | | both | | | 495 | 42.06 | Horizon | Medicare Blue | 148.5 | 30 | | 3.51 | 21.3 | 470.25 | percent of total billed charges | |
| BKR CHG SOLUBLE TRANSFERRIN,RECEPTOR(1 | 84238 | CPT | | | | both | | | 495 | 42.06 | Horizon | PPO | 189.49 | 38.28 | | | 21.3 | 470.25 | percent of total billed charges | |
| BKR CHG SOLUBLE TRANSFERRIN,RECEPTOR(1 | 84238 | CPT | | | | both | | | 495 | 42.06 | Qualcare | Qualcare | 371.25 | 75 | | | 21.3 | 470.25 | percent of total billed charges | |
| BKR CHG SOLUBLE TRANSFERRIN,RECEPTOR(1 | 84238 | CPT | | | | both | | | 495 | 42.06 | WellPoint | WellPoint | 159.29 | 32.18 | | 16.35 | 21.3 | 470.25 | percent of total billed charges | |
| BKR CHG SOLUBLE TRANSFERRIN,RECEPTOR(1 | 84238 | CPT | | | | both | | | 495 | 42.06 | Wellcare | Medicaid | 43 | | | | 21.3 | 470.25 | fee schedule | |
| BKR CHG SOLUBLE TRANSFERRIN,RECEPTOR(1 | 84238 | CPT | | | | both | | | 495 | 42.06 | Managed Care Inc | Managed Care Inc | 445.5 | 90 | | | 21.3 | 470.25 | percent of total billed charges | |
| BKR CHG SOLUBLE TRANSFERRIN,RECEPTOR(1 | 84238 | CPT | | | | both | | | 495 | 42.06 | Three Rivers | Three Rivers | 470.25 | 95 | | | 21.3 | 470.25 | percent of total billed charges | |
| BKR CHG SOLUBLE TRANSFERRIN,RECEPTOR(1 | 84238 | CPT | | | | both | | | 495 | 42.06 | Amerihealth | HMO/PPO | 54.9 | | | | 21.3 | 470.25 | fee schedule | |
| BKR CHG SOLUBLE TRANSFERRIN,RECEPTOR(1 | 84238 | CPT | | | | both | | | 495 | 42.06 | Horizon | MGD | 189.49 | 38.28 | | 19.21 | 21.3 | 470.25 | percent of total billed charges | |
| BKR CHG SOLUBLE TRANSFERRIN,RECEPTOR(1 | 84238 | CPT | | | | both | | | 495 | 42.06 | Horizon | NJ Health | 92.71 | | | 1.58 | 21.3 | 470.25 | fee schedule | |
| BKR CHG SOLUBLE TRANSFERRIN,RECEPTOR(1 | 84238 | CPT | | | | both | | | 495 | 42.06 | UHC | Medicaid | 43 | | | 9.99 | 21.3 | 470.25 | fee schedule | |
| BKR CHG RENIN, PLASMA | 84244 | CPT | | | | both | | | 71 | 25.29 | Aetna | Better Health | 22.4 | 31.55 | | | 15 | 67.45 | percent of total billed charges | |
| BKR CHG RENIN, PLASMA | 84244 | CPT | | | | both | | | 71 | 25.29 | First Trenton | First Trenton | 63.9 | 90 | | | 15 | 67.45 | percent of total billed charges | |
| BKR CHG RENIN, PLASMA | 84244 | CPT | | | | both | | | 71 | 25.29 | Wellcare | Medicaid | 25 | | | 12.88 | 15 | 67.45 | fee schedule | |
| BKR CHG RENIN, PLASMA | 84244 | CPT | | | | both | | | 71 | 25.29 | Horizon | NJ Health | 49 | | | 6.81 | 15 | 67.45 | fee schedule | |
| BKR CHG RENIN, PLASMA | 84244 | CPT | | | | both | | | 71 | 25.29 | Aetna | Commercial | 26.98 | 38 | | 8.35 | 15 | 67.45 | percent of total billed charges | |
| BKR CHG RENIN, PLASMA | 84244 | CPT | | | | both | | | 71 | 25.29 | Horizon | PPO | 27.18 | 38.28 | | 13.88 | 15 | 67.45 | percent of total billed charges | |
| BKR CHG RENIN, PLASMA | 84244 | CPT | | | | both | | | 71 | 25.29 | Aetna | Medicare | 21.87 | 30.8 | | | 15 | 67.45 | percent of total billed charges | |
| BKR CHG RENIN, PLASMA | 84244 | CPT | | | | both | | | 71 | 25.29 | Amerihealth | Medicare | 21.99 | | | | 15 | 67.45 | fee schedule | |
| BKR CHG RENIN, PLASMA | 84244 | CPT | | | | both | | | 71 | 25.29 | Horizon | Medicare Blue | 21.3 | 30 | | 6.47 | 15 | 67.45 | percent of total billed charges | |
| BKR CHG RENIN, PLASMA | 84244 | CPT | | | | both | | | 71 | 25.29 | Managed Care Inc | Managed Care Inc | 63.9 | 90 | | | 15 | 67.45 | percent of total billed charges | |
| BKR CHG RENIN, PLASMA | 84244 | CPT | | | | both | | | 71 | 25.29 | Americare | Americare | 53.25 | 75 | | | 15 | 67.45 | percent of total billed charges | |
| BKR CHG RENIN, PLASMA | 84244 | CPT | | | | both | | | 71 | 25.29 | Multiplan | Multiplan | 56.8 | 80 | | | 15 | 67.45 | percent of total billed charges | |
| BKR CHG RENIN, PLASMA | 84244 | CPT | | | | both | | | 71 | 25.29 | Consumer | Consumer | 67.45 | 95 | | | 15 | 67.45 | percent of total billed charges | |
| BKR CHG RENIN, PLASMA | 84244 | CPT | | | | both | | | 71 | 25.29 | First Health | First Health | 49.7 | 70 | | | 15 | 67.45 | percent of total billed charges | |
| BKR CHG RENIN, PLASMA | 84244 | CPT | | | | both | | | 71 | 25.29 | Amerihealth | HMO/PPO | 34.2 | | | 3.41 | 15 | 67.45 | fee schedule | |
| BKR CHG RENIN, PLASMA | 84244 | CPT | | | | both | | | 71 | 25.29 | Qualcare | Qualcare | 53.25 | 75 | | | 15 | 67.45 | percent of total billed charges | |
| BKR CHG RENIN, PLASMA | 84244 | CPT | | | | both | | | 71 | 25.29 | Corrections | Corrections | 56.8 | 80 | | | 15 | 67.45 | percent of total billed charges | |
| BKR CHG RENIN, PLASMA | 84244 | CPT | | | | both | | | 71 | 25.29 | Horizon | Indemnity | 27.18 | 38.28 | | 9.39 | 15 | 67.45 | percent of total billed charges | |
| BKR CHG RENIN, PLASMA | 84244 | CPT | | | | both | | | 71 | 25.29 | Horizon | MGD | 27.18 | 38.28 | | 13.34 | 15 | 67.45 | percent of total billed charges | |
| BKR CHG RENIN, PLASMA | 84244 | CPT | | | | both | | | 71 | 25.29 | UHC | Medicare | 21.99 | | | 5.62 | 15 | 67.45 | fee schedule | |
| BKR CHG RENIN, PLASMA | 84244 | CPT | | | | both | | | 71 | 25.29 | WellPoint | WellPoint | 22.85 | 32.18 | | 9.03 | 15 | 67.45 | percent of total billed charges | |
| BKR CHG RENIN, PLASMA | 84244 | CPT | | | | both | | | 71 | 25.29 | Three Rivers | Three Rivers | 67.45 | 95 | | | 15 | 67.45 | percent of total billed charges | |
| BKR CHG RENIN, PLASMA | 84244 | CPT | | | | both | | | 71 | 25.29 | Wellcare | Medicare | 21.99 | | | 0.22 | 15 | 67.45 | fee schedule | |
| BKR CHG RENIN, PLASMA | 84244 | CPT | | | | both | | | 71 | 25.29 | UHC | Medicaid | 25 | | | 8.29 | 15 | 67.45 | fee schedule | |
| BKR CHG VITAMIN B2, WHOLE BLOOD | 84252 | CPT | | | | both | | | 298 | 23.28 | Consumer | Consumer | 283.1 | 95 | | | 20.24 | 283.1 | percent of total billed charges | |
| BKR CHG VITAMIN B2, WHOLE BLOOD | 84252 | CPT | | | | both | | | 298 | 23.28 | Qualcare | Qualcare | 223.5 | 75 | | | 20.24 | 283.1 | percent of total billed charges | |
| BKR CHG VITAMIN B2, WHOLE BLOOD | 84252 | CPT | | | | both | | | 298 | 23.28 | Amerihealth | HMO/PPO | 31.5 | | | | 20.24 | 283.1 | fee schedule | |
| BKR CHG VITAMIN B2, WHOLE BLOOD | 84252 | CPT | | | | both | | | 298 | 23.28 | Horizon | Indemnity | 114.07 | 38.28 | | | 20.24 | 283.1 | percent of total billed charges | |
| BKR CHG VITAMIN B2, WHOLE BLOOD | 84252 | CPT | | | | both | | | 298 | 23.28 | Aetna | Better Health | 94.02 | 31.55 | | | 20.24 | 283.1 | percent of total billed charges | |
| BKR CHG VITAMIN B2, WHOLE BLOOD | 84252 | CPT | | | | both | | | 298 | 23.28 | Americare | Americare | 223.5 | 75 | | | 20.24 | 283.1 | percent of total billed charges | |
| BKR CHG VITAMIN B2, WHOLE BLOOD | 84252 | CPT | | | | both | | | 298 | 23.28 | Aetna | Medicare | 91.78 | 30.8 | | | 20.24 | 283.1 | percent of total billed charges | |
| BKR CHG VITAMIN B2, WHOLE BLOOD | 84252 | CPT | | | | both | | | 298 | 23.28 | Corrections | Corrections | 238.4 | 80 | | | 20.24 | 283.1 | percent of total billed charges | |
| BKR CHG VITAMIN B2, WHOLE BLOOD | 84252 | CPT | | | | both | | | 298 | 23.28 | Wellcare | Medicare | 20.24 | | | | 20.24 | 283.1 | fee schedule | |
| BKR CHG VITAMIN B2, WHOLE BLOOD | 84252 | CPT | | | | both | | | 298 | 23.28 | Multiplan | Multiplan | 238.4 | 80 | | | 20.24 | 283.1 | percent of total billed charges | |
| BKR CHG VITAMIN B2, WHOLE BLOOD | 84252 | CPT | | | | both | | | 298 | 23.28 | Amerihealth | Medicare | 20.24 | | | | 20.24 | 283.1 | fee schedule | |
| BKR CHG VITAMIN B2, WHOLE BLOOD | 84252 | CPT | | | | both | | | 298 | 23.28 | Horizon | PPO | 114.07 | 38.28 | | | 20.24 | 283.1 | percent of total billed charges | |
| BKR CHG VITAMIN B2, WHOLE BLOOD | 84252 | CPT | | | | both | | | 298 | 23.28 | Horizon | Medicare Blue | 89.4 | 30 | | | 20.24 | 283.1 | percent of total billed charges | |
| BKR CHG VITAMIN B2, WHOLE BLOOD | 84252 | CPT | | | | both | | | 298 | 23.28 | First Trenton | First Trenton | 268.2 | 90 | | | 20.24 | 283.1 | percent of total billed charges | |
| BKR CHG VITAMIN B2, WHOLE BLOOD | 84252 | CPT | | | | both | | | 298 | 23.28 | Horizon | MGD | 114.07 | 38.28 | | | 20.24 | 283.1 | percent of total billed charges | |
| BKR CHG VITAMIN B2, WHOLE BLOOD | 84252 | CPT | | | | both | | | 298 | 23.28 | Three Rivers | Three Rivers | 283.1 | 95 | | | 20.24 | 283.1 | percent of total billed charges | |
| BKR CHG VITAMIN B2, WHOLE BLOOD | 84252 | CPT | | | | both | | | 298 | 23.28 | First Health | First Health | 208.6 | 70 | | | 20.24 | 283.1 | percent of total billed charges | |
| BKR CHG VITAMIN B2, WHOLE BLOOD | 84252 | CPT | | | | both | | | 298 | 23.28 | Horizon | NJ Health | 64.68 | | | | 20.24 | 283.1 | fee schedule | |
| BKR CHG VITAMIN B2, WHOLE BLOOD | 84252 | CPT | | | | both | | | 298 | 23.28 | UHC | Medicare | 20.24 | | | | 20.24 | 283.1 | fee schedule | |
| BKR CHG VITAMIN B2, WHOLE BLOOD | 84252 | CPT | | | | both | | | 298 | 23.28 | Wellcare | Medicaid | 24 | | | | 20.24 | 283.1 | fee schedule | |
| BKR CHG VITAMIN B2, WHOLE BLOOD | 84252 | CPT | | | | both | | | 298 | 23.28 | Managed Care Inc | Managed Care Inc | 268.2 | 90 | | | 20.24 | 283.1 | percent of total billed charges | |
| BKR CHG VITAMIN B2, WHOLE BLOOD | 84252 | CPT | | | | both | | | 298 | 23.28 | UHC | Medicaid | 24 | | | | 20.24 | 283.1 | fee schedule | |
| BKR CHG VITAMIN B2, WHOLE BLOOD | 84252 | CPT | | | | both | | | 298 | 23.28 | WellPoint | WellPoint | 95.9 | 32.18 | | | 20.24 | 283.1 | percent of total billed charges | |
| BKR CHG SELENIUM, SERUM/PLASMA | 84255 | CPT | | | | both | | | 82 | 29.36 | Aetna | Better Health | 25.87 | 31.55 | | 16.1 | 20.1 | 77.9 | percent of total billed charges | |
| BKR CHG SELENIUM, SERUM/PLASMA | 84255 | CPT | | | | both | | | 82 | 29.36 | Multiplan | Multiplan | 65.6 | 80 | | | 20.1 | 77.9 | percent of total billed charges | |
| BKR CHG SELENIUM, SERUM/PLASMA | 84255 | CPT | | | | both | | | 82 | 29.36 | Aetna | Medicare | 25.26 | 30.8 | | 9.11 | 20.1 | 77.9 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG SELENIUM, SERUM\PLASMA | 84255 | CPT | | | | both | | | 82 | 29.36 | Horizon | PPO | 31.39 | 38.28 | | 11.29 | 20.1 | | 77.9 percent of total billed charges | |
| BKR CHG SELENIUM, SERUM\PLASMA | 84255 | CPT | | | | both | | | 82 | 29.36 | Horizon | Medicare Blue | 24.6 | 30 | | | 20.1 | | 77.9 percent of total billed charges | |
| BKR CHG SELENIUM, SERUM\PLASMA | 84255 | CPT | | | | both | | | 82 | 29.36 | Americare | Americare | 61.5 | 75 | | | 20.1 | | 77.9 percent of total billed charges | |
| BKR CHG SELENIUM, SERUM\PLASMA | 84255 | CPT | | | | both | | | 82 | 29.36 | Horizon | Indemnity | 31.39 | 38.28 | | 3.23 | 20.1 | | 77.9 percent of total billed charges | |
| BKR CHG SELENIUM, SERUM\PLASMA | 84255 | CPT | | | | both | | | 82 | 29.36 | First Trenton | First Trenton | 73.8 | 90 | | | 20.1 | | 77.9 percent of total billed charges | |
| BKR CHG SELENIUM, SERUM\PLASMA | 84255 | CPT | | | | both | | | 82 | 29.36 | Consumer | Consumer | 77.9 | 95 | | | 20.1 | | 77.9 percent of total billed charges | |
| BKR CHG SELENIUM, SERUM\PLASMA | 84255 | CPT | | | | both | | | 82 | 29.36 | Qualcare | Qualcare | 61.5 | 75 | | | 20.1 | | 77.9 percent of total billed charges | |
| BKR CHG SELENIUM, SERUM\PLASMA | 84255 | CPT | | | | both | | | 82 | 29.36 | Amerihealth | HMO\PPO | 38 | | | | 20.1 | | 77.9 fee schedule | |
| BKR CHG SELENIUM, SERUM\PLASMA | 84255 | CPT | | | | both | | | 82 | 29.36 | Wellcare | Medicaid | 29.6 | | | | 20.1 | | 77.9 fee schedule | |
| BKR CHG SELENIUM, SERUM\PLASMA | 84255 | CPT | | | | both | | | 82 | 29.36 | Horizon | MGD | 31.39 | 38.28 | | 13.54 | 20.1 | | 77.9 percent of total billed charges | |
| BKR CHG SELENIUM, SERUM\PLASMA | 84255 | CPT | | | | both | | | 82 | 29.36 | Horizon | NJ Health | 58.02 | | | 3 | 20.1 | | 77.9 fee schedule | |
| BKR CHG SELENIUM, SERUM\PLASMA | 84255 | CPT | | | | both | | | 82 | 29.36 | UHC | Medicare | 25.53 | | | | 20.1 | | 77.9 fee schedule | |
| BKR CHG SELENIUM, SERUM\PLASMA | 84255 | CPT | | | | both | | | 82 | 29.36 | Managed Care Inc | Managed Care Inc | 73.8 | 90 | | | 20.1 | | 77.9 percent of total billed charges | |
| BKR CHG SELENIUM, SERUM\PLASMA | 84255 | CPT | | | | both | | | 82 | 29.36 | Corrections | Corrections | 65.6 | 80 | | | 20.1 | | 77.9 percent of total billed charges | |
| BKR CHG SELENIUM, SERUM\PLASMA | 84255 | CPT | | | | both | | | 82 | 29.36 | Three Rivers | Three Rivers | 77.9 | 95 | | | 20.1 | | 77.9 percent of total billed charges | |
| BKR CHG SELENIUM, SERUM\PLASMA | 84255 | CPT | | | | both | | | 82 | 29.36 | Amerihealth | Medicare | 25.53 | | | | 20.1 | | 77.9 fee schedule | |
| BKR CHG SELENIUM, SERUM\PLASMA | 84255 | CPT | | | | both | | | 82 | 29.36 | UHC | Medicaid | 29.6 | | | | 20.1 | | 77.9 fee schedule | |
| BKR CHG SELENIUM, SERUM\PLASMA | 84255 | CPT | | | | both | | | 82 | 29.36 | WellPoint | WellPoint | 26.39 | 32.18 | | 2.46 | 20.1 | | 77.9 percent of total billed charges | |
| BKR CHG SELENIUM, SERUM\PLASMA | 84255 | CPT | | | | both | | | 82 | 29.36 | Wellcare | Medicare | 25.53 | | | | 20.1 | | 77.9 fee schedule | |
| BKR CHG SELENIUM, SERUM\PLASMA | 84255 | CPT | | | | both | | | 82 | 29.36 | First Health | First Health | 57.4 | 70 | | | 20.1 | | 77.9 percent of total billed charges | |
| BKR CHG SEROTONIN SERUM | 84260 | CPT | | | | outpatient | | | 49 | 35.63 | Aetna | Medicare | 15.09 | 30.8 | | | 14.7 | | 99.18 percent of total billed charges | |
| BKR CHG SEROTONIN SERUM | 84260 | CPT | | | | outpatient | | | 49 | 35.63 | Aetna | Better Health | 15.46 | 31.55 | | | 14.7 | | 99.18 percent of total billed charges | |
| BKR CHG SEROTONIN SERUM | 84260 | CPT | | | | outpatient | | | 49 | 35.63 | Americare | Americare | 36.75 | 75 | | | 14.7 | | 99.18 percent of total billed charges | |
| BKR CHG SEROTONIN SERUM | 84260 | CPT | | | | outpatient | | | 49 | 35.63 | First Trenton | First Trenton | 44.1 | 90 | | | 14.7 | | 99.18 percent of total billed charges | |
| BKR CHG SEROTONIN SERUM | 84260 | CPT | | | | outpatient | | | 49 | 35.63 | Amerihealth | Medicare | 30.98 | | | | 14.7 | | 99.18 fee schedule | |
| BKR CHG SEROTONIN SERUM | 84260 | CPT | | | | outpatient | | | 49 | 35.63 | Consumer | Consumer | 46.55 | 95 | | | 14.7 | | 99.18 percent of total billed charges | |
| BKR CHG SEROTONIN SERUM | 84260 | CPT | | | | outpatient | | | 49 | 35.63 | Horizon | MGD | 18.76 | 38.28 | | | 14.7 | | 99.18 percent of total billed charges | |
| BKR CHG SEROTONIN SERUM | 84260 | CPT | | | | outpatient | | | 49 | 35.63 | Horizon | Indemnity | 18.76 | 38.28 | | | 14.7 | | 99.18 percent of total billed charges | |
| BKR CHG SEROTONIN SERUM | 84260 | CPT | | | | outpatient | | | 49 | 35.63 | Amerihealth | HMO\PPO | 46.9 | | | | 14.7 | | 99.18 fee schedule | |
| BKR CHG SEROTONIN SERUM | 84260 | CPT | | | | outpatient | | | 49 | 35.63 | First Health | First Health | 34.3 | 70 | | | 14.7 | | 99.18 percent of total billed charges | |
| BKR CHG SEROTONIN SERUM | 84260 | CPT | | | | outpatient | | | 49 | 35.63 | Wellcare | Medicaid | 35.2 | | | | 14.7 | | 99.18 fee schedule | |
| BKR CHG SEROTONIN SERUM | 84260 | CPT | | | | outpatient | | | 49 | 35.63 | Managed Care Inc | Managed Care Inc | 44.1 | 90 | | | 14.7 | | 99.18 percent of total billed charges | |
| BKR CHG SEROTONIN SERUM | 84260 | CPT | | | | outpatient | | | 49 | 35.63 | UHC | Medicaid | 35.2 | | | | 14.7 | | 99.18 fee schedule | |
| BKR CHG SEROTONIN SERUM | 84260 | CPT | | | | outpatient | | | 49 | 35.63 | Corrections | Corrections | 39.2 | 80 | | | 14.7 | | 99.18 percent of total billed charges | |
| BKR CHG SEROTONIN SERUM | 84260 | CPT | | | | outpatient | | | 49 | 35.63 | Wellcare | Medicare | 30.98 | | | | 14.7 | | 99.18 fee schedule | |
| BKR CHG SEROTONIN SERUM | 84260 | CPT | | | | outpatient | | | 49 | 35.63 | Horizon | PPO | 18.76 | 38.28 | | 13.35 | 14.7 | | 99.18 percent of total billed charges | |
| BKR CHG SEROTONIN SERUM | 84260 | CPT | | | | outpatient | | | 49 | 35.63 | Horizon | Medicare Blue | 14.7 | 30 | | | 14.7 | | 99.18 percent of total billed charges | |
| BKR CHG SEROTONIN SERUM | 84260 | CPT | | | | outpatient | | | 49 | 35.63 | UHC | Medicare | 30.98 | | | | 14.7 | | 99.18 fee schedule | |
| BKR CHG SEROTONIN SERUM | 84260 | CPT | | | | outpatient | | | 49 | 35.63 | Horizon | NJ Health | 99.18 | | | | 14.7 | | 99.18 fee schedule | |
| BKR CHG SEROTONIN SERUM | 84260 | CPT | | | | outpatient | | | 49 | 35.63 | Multiplan | Multiplan | 39.2 | 80 | | | 14.7 | | 99.18 percent of total billed charges | |
| BKR CHG SEROTONIN SERUM | 84260 | CPT | | | | outpatient | | | 49 | 35.63 | Three Rivers | Three Rivers | 46.55 | 95 | | | 14.7 | | 99.18 percent of total billed charges | |
| BKR CHG SEROTONIN SERUM | 84260 | CPT | | | | outpatient | | | 49 | 35.63 | Qualcare | Qualcare | 36.75 | 75 | | | 14.7 | | 99.18 percent of total billed charges | |
| BKR CHG SEROTONIN SERUM | 84260 | CPT | | | | outpatient | | | 49 | 35.63 | WellPoint | WellPoint | 15.77 | 32.18 | | | 14.7 | | 99.18 percent of total billed charges | |
| BKR CHG TESTOST BIND PROTEIN | 84270 | CPT | | | | both | | | 236 | 24.99 | Amerihealth | HMO\PPO | 25.9 | | | | 15.3 | | 224.2 fee schedule | |
| BKR CHG TESTOST BIND PROTEIN | 84270 | CPT | | | | both | | | 236 | 24.99 | Aetna | Medicare | 72.69 | 30.8 | | | 15.3 | | 224.2 percent of total billed charges | |
| BKR CHG TESTOST BIND PROTEIN | 84270 | CPT | | | | both | | | 236 | 24.99 | Horizon | Medicare Blue | 70.8 | 30 | | | 15.3 | | 224.2 percent of total billed charges | |
| BKR CHG TESTOST BIND PROTEIN | 84270 | CPT | | | | both | | | 236 | 24.99 | First Trenton | First Trenton | 212.4 | 90 | | | 15.3 | | 224.2 percent of total billed charges | |
| BKR CHG TESTOST BIND PROTEIN | 84270 | CPT | | | | both | | | 236 | 24.99 | Aetna | Better Health | 74.46 | 31.55 | | 12.14 | 15.3 | | 224.2 percent of total billed charges | |
| BKR CHG TESTOST BIND PROTEIN | 84270 | CPT | | | | both | | | 236 | 24.99 | Consumer | Consumer | 224.2 | 95 | | | 15.3 | | 224.2 percent of total billed charges | |
| BKR CHG TESTOST BIND PROTEIN | 84270 | CPT | | | | both | | | 236 | 24.99 | Americare | Americare | 177 | 75 | | | 15.3 | | 224.2 percent of total billed charges | |
| BKR CHG TESTOST BIND PROTEIN | 84270 | CPT | | | | both | | | 236 | 24.99 | Horizon | NJ Health | 49 | | | 1.99 | 15.3 | | 224.2 fee schedule | |
| BKR CHG TESTOST BIND PROTEIN | 84270 | CPT | | | | both | | | 236 | 24.99 | Amerihealth | Medicare | 21.73 | | | | 15.3 | | 224.2 fee schedule | |
| BKR CHG TESTOST BIND PROTEIN | 84270 | CPT | | | | both | | | 236 | 24.99 | Multiplan | Multiplan | 188.8 | 80 | | | 15.3 | | 224.2 percent of total billed charges | |
| BKR CHG TESTOST BIND PROTEIN | 84270 | CPT | | | | both | | | 236 | 24.99 | Wellcare | Medicare | 21.73 | | | | 15.3 | | 224.2 fee schedule | |
| BKR CHG TESTOST BIND PROTEIN | 84270 | CPT | | | | both | | | 236 | 24.99 | Horizon | Indemnity | 90.34 | 38.28 | | 12.6 | 15.3 | | 224.2 percent of total billed charges | |
| BKR CHG TESTOST BIND PROTEIN | 84270 | CPT | | | | both | | | 236 | 24.99 | Corrections | Corrections | 188.8 | 80 | | 10 | 15.3 | | 224.2 percent of total billed charges | |
| BKR CHG TESTOST BIND PROTEIN | 84270 | CPT | | | | both | | | 236 | 24.99 | Qualcare | Qualcare | 177 | 75 | | | 15.3 | | 224.2 percent of total billed charges | |
| BKR CHG TESTOST BIND PROTEIN | 84270 | CPT | | | | both | | | 236 | 24.99 | Horizon | PPO | 90.34 | 38.28 | | 9.67 | 15.3 | | 224.2 percent of total billed charges | |
| BKR CHG TESTOST BIND PROTEIN | 84270 | CPT | | | | both | | | 236 | 24.99 | WellPoint | WellPoint | 75.94 | 32.18 | | 14.51 | 15.3 | | 224.2 percent of total billed charges | |
| BKR CHG TESTOST BIND PROTEIN | 84270 | CPT | | | | both | | | 236 | 24.99 | First Health | First Health | 165.2 | 70 | | | 15.3 | | 224.2 percent of total billed charges | |
| BKR CHG TESTOST BIND PROTEIN | 84270 | CPT | | | | both | | | 236 | 24.99 | UHC | Medicaid | 25 | | | 11.97 | 15.3 | | 224.2 fee schedule | |
| BKR CHG TESTOST BIND PROTEIN | 84270 | CPT | | | | both | | | 236 | 24.99 | Wellcare | Medicaid | 25 | | | 10.68 | 15.3 | | 224.2 fee schedule | |
| BKR CHG TESTOST BIND PROTEIN | 84270 | CPT | | | | both | | | 236 | 24.99 | Horizon | MGD | 90.34 | 38.28 | | 10.52 | 15.3 | | 224.2 percent of total billed charges | |
| BKR CHG TESTOST BIND PROTEIN | 84270 | CPT | | | | both | | | 236 | 24.99 | Managed Care Inc | Managed Care Inc | 212.4 | 90 | | | 15.3 | | 224.2 percent of total billed charges | |
| BKR CHG TESTOST BIND PROTEIN | 84270 | CPT | | | | both | | | 236 | 24.99 | Three Rivers | Three Rivers | 224.2 | 95 | | | 15.3 | | 224.2 percent of total billed charges | |
| BKR CHG TESTOST BIND PROTEIN | 84270 | CPT | | | | both | | | 236 | 24.99 | UHC | Medicare | 21.73 | | | 6.01 | 15.3 | | 224.2 fee schedule | |
| BKR CHG VBG WITH ELECTROLYTES-SODIUM | 84295 | CPT | | | | both | | | 70 | 5.53 | First Health | First Health | 49 | 70 | | | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG VBG WITH ELECTROLYTES-SODIUM | 84295 | CPT | | | | both | | | 70 | 5.53 | Aetna | Medicare | 21.56 | 30.8 | | 4.24 | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG VBG WITH ELECTROLYTES-SODIUM | 84295 | CPT | | | | both | | | 70 | 5.53 | Aetna | Better Health | 22.09 | 31.55 | | 7.17 | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG VBG WITH ELECTROLYTES-SODIUM | 84295 | CPT | | | | both | | | 70 | 5.53 | Americare | Americare | 52.5 | 75 | | | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG VBG WITH ELECTROLYTES-SODIUM | 84295 | CPT | | | | both | | | 70 | 5.53 | Amerihealth | Medicare | 4.81 | | | | 1.7 | | 66.5 fee schedule | |
| BKR CHG VBG WITH ELECTROLYTES-SODIUM | 84295 | CPT | | | | both | | | 70 | 5.53 | Consumer | Consumer | 66.5 | 95 | | | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG VBG WITH ELECTROLYTES-SODIUM | 84295 | CPT | | | | both | | | 70 | 5.53 | Horizon | Indemnity | 26.8 | 38.28 | | 6.85 | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG VBG WITH ELECTROLYTES-SODIUM | 84295 | CPT | | | | both | | | 70 | 5.53 | Horizon | Medicare Blue | 21 | 30 | | 3.61 | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG VBG WITH ELECTROLYTES-SODIUM | 84295 | CPT | | | | both | | | 70 | 5.53 | Wellcare | Medicare | 4.81 | | | 2.83 | 1.7 | | 66.5 fee schedule | |
| BKR CHG VBG WITH ELECTROLYTES-SODIUM | 84295 | CPT | | | | both | | | 70 | 5.53 | Corrections | Corrections | 56 | 80 | | 6.18 | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG VBG WITH ELECTROLYTES-SODIUM | 84295 | CPT | | | | both | | | 70 | 5.53 | First Trenton | First Trenton | 63 | 90 | | | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG VBG WITH ELECTROLYTES-SODIUM | 84295 | CPT | | | | both | | | 70 | 5.53 | Amerihealth | HMO\PPO | 1.7 | | | 2.66 | 1.7 | | 66.5 fee schedule | |
| BKR CHG VBG WITH ELECTROLYTES-SODIUM | 84295 | CPT | | | | both | | | 70 | 5.53 | Managed Care Inc | Managed Care Inc | 63 | 90 | | | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG VBG WITH ELECTROLYTES-SODIUM | 84295 | CPT | | | | both | | | 70 | 5.53 | Wellcare | Medicaid | 3.9 | | | 7.4 | 1.7 | | 66.5 fee schedule | |
| BKR CHG VBG WITH ELECTROLYTES-SODIUM | 84295 | CPT | | | | both | | | 70 | 5.53 | Three Rivers | Three Rivers | 66.5 | 95 | | | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG VBG WITH ELECTROLYTES-SODIUM | 84295 | CPT | | | | both | | | 70 | 5.53 | Horizon | NJ Health | 7.64 | | | 1.86 | 1.7 | | 66.5 fee schedule | |
| BKR CHG VBG WITH ELECTROLYTES-SODIUM | 84295 | CPT | | | | both | | | 70 | 5.53 | Horizon | MGD | 26.8 | 38.28 | | 7.42 | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG VBG WITH ELECTROLYTES-SODIUM | 84295 | CPT | | | | both | | | 70 | 5.53 | Horizon | PPO | 26.8 | 38.28 | | 7.01 | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG VBG WITH ELECTROLYTES-SODIUM | 84295 | CPT | | | | both | | | 70 | 5.53 | Multiplan | Multiplan | 56 | 80 | | | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG VBG WITH ELECTROLYTES-SODIUM | 84295 | CPT | | | | both | | | 70 | 5.53 | Qualcare | Qualcare | 52.5 | 75 | | | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG VBG WITH ELECTROLYTES-SODIUM | 84295 | CPT | | | | both | | | 70 | 5.53 | UHC | Medicaid | 3.9 | | | 5.82 | 1.7 | | 66.5 fee schedule | |
| BKR CHG VBG WITH ELECTROLYTES-SODIUM | 84295 | CPT | | | | both | | | 70 | 5.53 | UHC | Medicare | 4.81 | | | 3.9 | 1.7 | | 66.5 fee schedule | |
| BKR CHG VBG WITH ELECTROLYTES-SODIUM | 84295 | CPT | | | | both | | | 70 | 5.53 | WellPoint | WellPoint | 22.53 | 32.18 | | 6.19 | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG URINE SODIUM 24 HOUR | 84300 | CPT | | | | both | | | 100 | 5.82 | Horizon | Medicare Blue | 30 | 30 | | 5.32 | 3.9 | | 95 percent of total billed charges | |
| BKR CHG URINE SODIUM 24 HOUR | 84300 | CPT | | | | both | | | 100 | 5.82 | Aetna | Better Health | 31.55 | 31.55 | | | 3.9 | | 95 percent of total billed charges | |
| BKR CHG URINE SODIUM 24 HOUR | 84300 | CPT | | | | both | | | 100 | 5.82 | Americare | Americare | 75 | 75 | | | 3.9 | | 95 percent of total billed charges | |
| BKR CHG URINE SODIUM 24 HOUR | 84300 | CPT | | | | both | | | 100 | 5.82 | Horizon | NJ Health | 7.64 | | | 3.84 | 3.9 | | 95 fee schedule | |
| BKR CHG URINE SODIUM 24 HOUR | 84300 | CPT | | | | both | | | 100 | 5.82 | Multiplan | Multiplan | 80 | 80 | | | 3.9 | | 95 percent of total billed charges | |
| BKR CHG URINE SODIUM 24 HOUR | 84300 | CPT | | | | both | | | 100 | 5.82 | Wellcare | Medicare | 5.06 | | | 5.58 | 3.9 | | 95 fee schedule | |
| BKR CHG URINE SODIUM 24 HOUR | 84300 | CPT | | | | both | | | 100 | 5.82 | First Trenton | First Trenton | 90 | 90 | | | 3.9 | | 95 percent of total billed charges | |
| BKR CHG URINE SODIUM 24 HOUR | 84300 | CPT | | | | both | | | 100 | 5.82 | Aetna | Medicare | 30.8 | 30.8 | | 7.72 | 3.9 | | 95 percent of total billed charges | |
| BKR CHG URINE SODIUM 24 HOUR | 84300 | CPT | | | | both | | | 100 | 5.82 | Qualcare | Qualcare | 75 | 75 | | | 3.9 | | 95 percent of total billed charges | |
| BKR CHG URINE SODIUM 24 HOUR | 84300 | CPT | | | | both | | | 100 | 5.82 | Consumer | Consumer | 95 | 95 | | | 3.9 | | 95 percent of total billed charges | |
| BKR CHG URINE SODIUM 24 HOUR | 84300 | CPT | | | | both | | | 100 | 5.82 | Amerihealth | HMO\PPO | 7.6 | | | | 3.9 | | 95 fee schedule | |
| BKR CHG URINE SODIUM 24 HOUR | 84300 | CPT | | | | both | | | 100 | 5.82 | UHC | Medicaid | 3.9 | | | 11.2 | 3.9 | | 95 fee schedule | |
| BKR CHG URINE SODIUM 24 HOUR | 84300 | CPT | | | | both | | | 100 | 5.82 | Wellcare | Medicaid | 3.9 | | | 14.71 | 3.9 | | 95 fee schedule | |
| BKR CHG URINE SODIUM 24 HOUR | 84300 | CPT | | | | both | | | 100 | 5.82 | Horizon | PPO | 38.28 | 38.28 | | 15.43 | 3.9 | | 95 percent of total billed charges | |
| BKR CHG URINE SODIUM 24 HOUR | 84300 | CPT | | | | both | | | 100 | 5.82 | Managed Care Inc | Managed Care Inc | 90 | 90 | | | 3.9 | | 95 percent of total billed charges | |
| BKR CHG URINE SODIUM 24 HOUR | 84300 | CPT | | | | both | | | 100 | 5.82 | Amerihealth | Medicare | 5.06 | | | | 3.9 | | 95 fee schedule | |
| BKR CHG URINE SODIUM 24 HOUR | 84300 | CPT | | | | both | | | 100 | 5.82 | Horizon | MGD | 38.28 | 38.28 | | 15.49 | 3.9 | | 95 percent of total billed charges | |
| BKR CHG URINE SODIUM 24 HOUR | 84300 | CPT | | | | both | | | 100 | 5.82 | Three Rivers | Three Rivers | 95 | 95 | | | 3.9 | | 95 percent of total billed charges | |
| BKR CHG URINE SODIUM 24 HOUR | 84300 | CPT | | | | both | | | 100 | 5.82 | UHC | Medicare | 5.06 | | | 6.8 | 3.9 | | 95 fee schedule | |
| BKR CHG URINE SODIUM 24 HOUR | 84300 | CPT | | | | both | | | 100 | 5.82 | WellPoint | WellPoint | 32.18 | 32.18 | | 9.5 | 3.9 | | 95 percent of total billed charges | |
| BKR CHG URINE SODIUM 24 HOUR | 84300 | CPT | | | | both | | | 100 | 5.82 | Corrections | Corrections | 80 | 80 | | 6.64 | 3.9 | | 95 percent of total billed charges | |
| BKR CHG URINE SODIUM 24 HOUR | 84300 | CPT | | | | both | | | 100 | 5.82 | First Health | First Health | 70 | 70 | | | 3.9 | | 95 percent of total billed charges | |
| BKR CHG URINE SODIUM 24 HOUR | 84300 | CPT | | | | both | | | 100 | 5.82 | Horizon | Indemnity | 38.28 | 38.28 | | 8.81 | 3.9 | | 95 percent of total billed charges | |
| BKR CHG SODIUM, FLUID | 84302 | CPT | | | | both | | | 280 | 5.59 | First Health | First Health | 196 | 70 | | | 3.9 | | 266 percent of total billed charges | |
| BKR CHG SODIUM, FLUID | 84302 | CPT | | | | both | | | 280 | 5.59 | Americare | Americare | 210 | 75 | | | 3.9 | | 266 percent of total billed charges | |
| BKR CHG SODIUM, FLUID | 84302 | CPT | | | | both | | | 280 | 5.59 | Corrections | Corrections | 224 | 80 | | | 3.9 | | 266 percent of total billed charges | |
| BKR CHG SODIUM, FLUID | 84302 | CPT | | | | both | | | 280 | 5.59 | Multiplan | Multiplan | 224 | 80 | | | 3.9 | | 266 percent of total billed charges | |
| BKR CHG SODIUM, FLUID | 84302 | CPT | | | | both | | | 280 | 5.59 | Aetna | Better Health | 88.34 | 31.55 | | | 3.9 | | 266 percent of total billed charges | |
| BKR CHG SODIUM, FLUID | 84302 | CPT | | | | both | | | 280 | 5.59 | First Trenton | First Trenton | 252 | 90 | | | 3.9 | | 266 percent of total billed charges | |
| BKR CHG SODIUM, FLUID | 84302 | CPT | | | | both | | | 280 | 5.59 | Aetna | Medicare | 86.24 | 30.8 | | | 3.9 | | 266 percent of total billed charges | |
| BKR CHG SODIUM, FLUID | 84302 | CPT | | | | both | | | 280 | 5.59 | Horizon | Medicare Blue | 84 | 30 | | | 3.9 | | 266 percent of total billed charges | |
| BKR CHG SODIUM, FLUID | 84302 | CPT | | | | both | | | 280 | 5.59 | UHC | Medicaid | 3.9 | | | | 3.9 | | 266 fee schedule | |
| BKR CHG SODIUM, FLUID | 84302 | CPT | | | | both | | | 280 | 5.59 | Amerihealth | HMO\PPO | 6.79 | | | | 3.9 | | 266 fee schedule | |
| BKR CHG SODIUM, FLUID | 84302 | CPT | | | | both | | | 280 | 5.59 | WellPoint | WellPoint | 90.1 | 32.18 | | | 3.9 | | 266 percent of total billed charges | |
| BKR CHG SODIUM, FLUID | 84302 | CPT | | | | both | | | 280 | 5.59 | Qualcare | Qualcare | 210 | 75 | | | 3.9 | | 266 percent of total billed charges | |
| BKR CHG SODIUM, FLUID | 84302 | CPT | | | | both | | | 280 | 5.59 | Consumer | Consumer | 266 | 95 | | | 3.9 | | 266 percent of total billed charges | |
| BKR CHG SODIUM, FLUID | 84302 | CPT | | | | both | | | 280 | 5.59 | Horizon | Indemnity | 107.18 | 38.28 | | | 3.9 | | 266 percent of total billed charges | |
| BKR CHG SODIUM, FLUID | 84302 | CPT | | | | both | | | 280 | 5.59 | Horizon | MGD | 107.18 | 38.28 | | | 3.9 | | 266 percent of total billed charges | |
| BKR CHG SODIUM, FLUID | 84302 | CPT | | | | both | | | 280 | 5.59 | UHC | Medicare | 4.86 | | | | 3.9 | | 266 fee schedule | |
| BKR CHG SODIUM, FLUID | 84302 | CPT | | | | both | | | 280 | 5.59 | Horizon | NJ Health | 5.33 | | | | 3.9 | | 266 fee schedule | |
| BKR CHG SODIUM, FLUID | 84302 | CPT | | | | both | | | 280 | 5.59 | Amerihealth | Medicare | 4.86 | | | | 3.9 | | 266 fee schedule | |
| BKR CHG SODIUM, FLUID | 84302 | CPT | | | | both | | | 280 | 5.59 | Horizon | PPO | 107.18 | 38.28 | | | 3.9 | | 266 percent of total billed charges | |
| BKR CHG SODIUM, FLUID | 84302 | CPT | | | | both | | | 280 | 5.59 | Wellcare | Medicare | 4.86 | | | | 3.9 | | 266 fee schedule | |
| BKR CHG SODIUM, FLUID | 84302 | CPT | | | | both | | | 280 | 5.59 | Three Rivers | Three Rivers | 266 | 95 | | | 3.9 | | 266 percent of total billed charges | |
| BKR CHG SODIUM, FLUID | 84302 | CPT | | | | both | | | 280 | 5.59 | Managed Care Inc | Managed Care Inc | 252 | 90 | | | 3.9 | | 266 percent of total billed charges | |
| BKR CHG SODIUM, FLUID | 84302 | CPT | | | | both | | | 280 | 5.59 | Wellcare | Medicaid | 3.9 | | | | 3.9 | | 266 fee schedule | |
| BKR CHG INSULIN-LIKE GROWTH FACTOR\(IGF-1) | 84305 | CPT | | | | both | | | 440 | 24.45 | Aetna | Better Health | 138.82 | 31.55 | | 12.14 | 15.3 | | 418 percent of total billed charges | |
| BKR CHG INSULIN-LIKE GROWTH FACTOR\(IGF-1) | 84305 | CPT | | | | both | | | 440 | 24.45 | Aetna | Medicare | 135.52 | 30.8 | | 6.11 | 15.3 | | 418 percent of total billed charges | |
| BKR CHG INSULIN-LIKE GROWTH FACTOR\(IGF-1) | 84305 | CPT | | | | both | | | 440 | 24.45 | Consumer | Consumer | 418 | 95 | | | 15.3 | | 418 percent of total billed charges | |
| BKR CHG INSULIN-LIKE GROWTH FACTOR\(IGF-1) | 84305 | CPT | | | | both | | | 440 | 24.45 | Americare | Americare | 330 | 75 | | | 15.3 | | 418 percent of total billed charges | |
| BKR CHG INSULIN-LIKE GROWTH FACTOR\(IGF-1) | 84305 | CPT | | | | both | | | 440 | 24.45 | Amerihealth | Medicare | 21.26 | | | | 15.3 | | 418 fee schedule | |
| BKR CHG INSULIN-LIKE GROWTH FACTOR\(IGF-1) | 84305 | CPT | | | | both | | | 440 | 24.45 | Horizon | MGD | 168.43 | 38.28 | | 8.51 | 15.3 | | 418 percent of total billed charges | |
| BKR CHG INSULIN-LIKE GROWTH FACTOR\(IGF-1) | 84305 | CPT | | | | both | | | 440 | 24.45 | Aetna | Commercial | 167.2 | 38 | | 4.53 | 15.3 | | 418 percent of total billed charges | |
| BKR CHG INSULIN-LIKE GROWTH FACTOR\(IGF-1) | 84305 | CPT | | | | both | | | 440 | 24.45 | Wellcare | Medicaid | 16 | | | 8.75 | 15.3 | | 418 fee schedule | |
| BKR CHG INSULIN-LIKE GROWTH FACTOR\(IGF-1) | 84305 | CPT | | | | both | | | 440 | 24.45 | First Trenton | First Trenton | 396 | 90 | | | 15.3 | | 418 percent of total billed charges | |
| BKR CHG INSULIN-LIKE GROWTH FACTOR\(IGF-1) | 84305 | CPT | | | | both | | | 440 | 24.45 | Amerihealth | HMO\PPO | 25.8 | | | 5.95 | 15.3 | | 418 fee schedule | |
| BKR CHG INSULIN-LIKE GROWTH FACTOR\(IGF-1) | 84305 | CPT | | | | both | | | 440 | 24.45 | Horizon | Indemnity | 168.43 | 38.28 | | 2.43 | 15.3 | | 418 percent of total billed charges | |
| BKR CHG INSULIN-LIKE GROWTH FACTOR\(IGF-1) | 84305 | CPT | | | | both | | | 440 | 24.45 | WellPoint | WellPoint | 141.59 | 32.18 | | 17.48 | 15.3 | | 418 percent of total billed charges | |
| BKR CHG INSULIN-LIKE GROWTH FACTOR\(IGF-1) | 84305 | CPT | | | | both | | | 440 | 24.45 | Corrections | Corrections | 352 | 80 | | | 15.3 | | 418 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG INSULIN-LIKE GROWTH FACTOR(IGF-1) | 84305 | CPT | | | | both | | | 440 | 24.45 | UHC | Medicaid | 16 | | | 18.69 | 15.3 | | 418 fee schedule | |
| BKR CHG INSULIN-LIKE GROWTH FACTOR(IGF-1) | 84305 | CPT | | | | both | | | 440 | 24.45 | First Health | First Health | 308 | 70 | | | 15.3 | | 418 percent of total billed charges | |
| BKR CHG INSULIN-LIKE GROWTH FACTOR(IGF-1) | 84305 | CPT | | | | both | | | 440 | 24.45 | UHC | Medicare | 21.26 | | | 7.96 | 15.3 | | 418 fee schedule | |
| BKR CHG INSULIN-LIKE GROWTH FACTOR(IGF-1) | 84305 | CPT | | | | both | | | 440 | 24.45 | Horizon | PPO | 168.43 | 38.28 | | 10.62 | 15.3 | | 418 percent of total billed charges | |
| BKR CHG INSULIN-LIKE GROWTH FACTOR(IGF-1) | 84305 | CPT | | | | both | | | 440 | 24.45 | Horizon | Medicare Blue | 132 | 30 | | | 15.3 | | 418 percent of total billed charges | |
| BKR CHG INSULIN-LIKE GROWTH FACTOR(IGF-1) | 84305 | CPT | | | | both | | | 440 | 24.45 | Managed Care Inc | Managed Care Inc | 396 | 90 | | | 15.3 | | 418 percent of total billed charges | |
| BKR CHG INSULIN-LIKE GROWTH FACTOR(IGF-1) | 84305 | CPT | | | | both | | | 440 | 24.45 | Horizon | NJ Health | 31.36 | | | 1.47 | 15.3 | | 418 fee schedule | |
| BKR CHG INSULIN-LIKE GROWTH FACTOR(IGF-1) | 84305 | CPT | | | | both | | | 440 | 24.45 | Three Rivers | Three Rivers | 418 | 95 | | | 15.3 | | 418 percent of total billed charges | |
| BKR CHG INSULIN-LIKE GROWTH FACTOR(IGF-1) | 84305 | CPT | | | | both | | | 440 | 24.45 | Wellcare | Medicare | 21.26 | | | | 15.3 | | 418 fee schedule | |
| BKR CHG INSULIN-LIKE GROWTH FACTOR(IGF-1) | 84305 | CPT | | | | both | | | 440 | 24.45 | Multiplan | Multiplan | 352 | 80 | | | 15.3 | | 418 percent of total billed charges | |
| BKR CHG INSULIN-LIKE GROWTH FACTOR(IGF-1) | 84305 | CPT | | | | both | | | 440 | 24.45 | Qualcare | Qualcare | 330 | 75 | | | 15.3 | | 418 percent of total billed charges | |
| BKR CHG SOMATOSTATIN (34480) | 84307 | CPT | | | | outpatient | | | 59 | 21.02 | Aetna | Medicare | 18.17 | 30.8 | | | 16 | | 56.05 percent of total billed charges | |
| BKR CHG SOMATOSTATIN (34480) | 84307 | CPT | | | | outpatient | | | 59 | 21.02 | Amerihealth | Medicare | 18.28 | | | | 16 | | 56.05 fee schedule | |
| BKR CHG SOMATOSTATIN (34480) | 84307 | CPT | | | | outpatient | | | 59 | 21.02 | First Trenton | First Trenton | 53.1 | 90 | | | 16 | | 56.05 percent of total billed charges | |
| BKR CHG SOMATOSTATIN (34480) | 84307 | CPT | | | | outpatient | | | 59 | 21.02 | First Health | First Health | 41.3 | 70 | | | 16 | | 56.05 percent of total billed charges | |
| BKR CHG SOMATOSTATIN (34480) | 84307 | CPT | | | | outpatient | | | 59 | 21.02 | UHC | Medicaid | 16 | | | | 16 | | 56.05 fee schedule | |
| BKR CHG SOMATOSTATIN (34480) | 84307 | CPT | | | | outpatient | | | 59 | 21.02 | Aetna | Better Health | 18.61 | 31.55 | | | 16 | | 56.05 percent of total billed charges | |
| BKR CHG SOMATOSTATIN (34480) | 84307 | CPT | | | | outpatient | | | 59 | 21.02 | Horizon | Medicare Blue | 17.7 | 30 | | | 16 | | 56.05 percent of total billed charges | |
| BKR CHG SOMATOSTATIN (34480) | 84307 | CPT | | | | outpatient | | | 59 | 21.02 | Consumer | Consumer | 56.05 | 95 | | | 16 | | 56.05 percent of total billed charges | |
| BKR CHG SOMATOSTATIN (34480) | 84307 | CPT | | | | outpatient | | | 59 | 21.02 | Americare | Americare | 44.25 | 75 | | | 16 | | 56.05 percent of total billed charges | |
| BKR CHG SOMATOSTATIN (34480) | 84307 | CPT | | | | outpatient | | | 59 | 21.02 | Corrections | Corrections | 47.2 | 80 | | | 16 | | 56.05 percent of total billed charges | |
| BKR CHG SOMATOSTATIN (34480) | 84307 | CPT | | | | outpatient | | | 59 | 21.02 | WellPoint | WellPoint | 18.99 | 32.18 | | | 16 | | 56.05 percent of total billed charges | |
| BKR CHG SOMATOSTATIN (34480) | 84307 | CPT | | | | outpatient | | | 59 | 21.02 | Multiplan | Multiplan | 47.2 | 80 | | | 16 | | 56.05 percent of total billed charges | |
| BKR CHG SOMATOSTATIN (34480) | 84307 | CPT | | | | outpatient | | | 59 | 21.02 | Wellcare | Medicare | 18.28 | | | | 16 | | 56.05 fee schedule | |
| BKR CHG SOMATOSTATIN (34480) | 84307 | CPT | | | | outpatient | | | 59 | 21.02 | Aetna | Commercial | 22.42 | 38 | | | 16 | | 56.05 percent of total billed charges | |
| BKR CHG SOMATOSTATIN (34480) | 84307 | CPT | | | | outpatient | | | 59 | 21.02 | UHC | Medicare | 18.28 | | | | 16 | | 56.05 fee schedule | |
| BKR CHG SOMATOSTATIN (34480) | 84307 | CPT | | | | outpatient | | | 59 | 21.02 | Horizon | NJ Health | 31.36 | | | | 16 | | 56.05 fee schedule | |
| BKR CHG SOMATOSTATIN (34480) | 84307 | CPT | | | | outpatient | | | 59 | 21.02 | Amerihealth | HMO/PPO | 25.8 | | | | 16 | | 56.05 fee schedule | |
| BKR CHG SOMATOSTATIN (34480) | 84307 | CPT | | | | outpatient | | | 59 | 21.02 | Wellcare | Medicaid | 16 | | | | 16 | | 56.05 fee schedule | |
| BKR CHG SOMATOSTATIN (34480) | 84307 | CPT | | | | outpatient | | | 59 | 21.02 | Horizon | MGD | 22.59 | 38.28 | | | 16 | | 56.05 percent of total billed charges | |
| BKR CHG SOMATOSTATIN (34480) | 84307 | CPT | | | | outpatient | | | 59 | 21.02 | Qualcare | Qualcare | 44.25 | 75 | | | 16 | | 56.05 percent of total billed charges | |
| BKR CHG SOMATOSTATIN (34480) | 84307 | CPT | | | | outpatient | | | 59 | 21.02 | Horizon | Indemnity | 22.59 | 38.28 | | | 16 | | 56.05 percent of total billed charges | |
| BKR CHG SOMATOSTATIN (34480) | 84307 | CPT | | | | outpatient | | | 59 | 21.02 | Horizon | PPO | 22.59 | 38.28 | | | 16 | | 56.05 percent of total billed charges | |
| BKR CHG SOMATOSTATIN (34480) | 84307 | CPT | | | | outpatient | | | 59 | 21.02 | Managed Care Inc | Managed Care Inc | 53.1 | 90 | | | 16 | | 56.05 percent of total billed charges | |
| BKR CHG SOMATOSTATIN (34480) | 84307 | CPT | | | | outpatient | | | 59 | 21.02 | Three Rivers | Three Rivers | 56.05 | 95 | | | 16 | | 56.05 percent of total billed charges | |
| BKR CHG SPECTROPHOTOMETRY METHOD | 84311 | CPT | | | | both | | | 490 | 9.32 | Horizon | Indemnity | 187.57 | 38.28 | | 184.02 | 7.5 | | 465.5 percent of total billed charges | |
| BKR CHG SPECTROPHOTOMETRY METHOD | 84311 | CPT | | | | both | | | 490 | 9.32 | Aetna | Better Health | 154.6 | 31.55 | | | 7.5 | | 465.5 percent of total billed charges | |
| BKR CHG SPECTROPHOTOMETRY METHOD | 84311 | CPT | | | | both | | | 490 | 9.32 | Aetna | Commercial | 186.2 | 38 | | | 7.5 | | 465.5 percent of total billed charges | |
| BKR CHG SPECTROPHOTOMETRY METHOD | 84311 | CPT | | | | both | | | 490 | 9.32 | Amerihealth | Medicare | 8.1 | | | | 7.5 | | 465.5 fee schedule | |
| BKR CHG SPECTROPHOTOMETRY METHOD | 84311 | CPT | | | | both | | | 490 | 9.32 | Multiplan | Multiplan | 392 | 80 | | | 7.5 | | 465.5 percent of total billed charges | |
| BKR CHG SPECTROPHOTOMETRY METHOD | 84311 | CPT | | | | both | | | 490 | 9.32 | UHC | Medicare | 8.1 | | | | 7.5 | | 465.5 fee schedule | |
| BKR CHG SPECTROPHOTOMETRY METHOD | 84311 | CPT | | | | both | | | 490 | 9.32 | Americare | Americare | 367.5 | 75 | | | 7.5 | | 465.5 percent of total billed charges | |
| BKR CHG SPECTROPHOTOMETRY METHOD | 84311 | CPT | | | | both | | | 490 | 9.32 | Aetna | Medicare | 150.92 | 30.8 | | | 7.5 | | 465.5 percent of total billed charges | |
| BKR CHG SPECTROPHOTOMETRY METHOD | 84311 | CPT | | | | both | | | 490 | 9.32 | Horizon | Medicare Blue | 147 | 30 | | | 7.5 | | 465.5 percent of total billed charges | |
| BKR CHG SPECTROPHOTOMETRY METHOD | 84311 | CPT | | | | both | | | 490 | 9.32 | Amerihealth | HMO/PPO | 10.2 | | | | 7.5 | | 465.5 fee schedule | |
| BKR CHG SPECTROPHOTOMETRY METHOD | 84311 | CPT | | | | both | | | 490 | 9.32 | Consumer | Consumer | 465.5 | 95 | | | 7.5 | | 465.5 percent of total billed charges | |
| BKR CHG SPECTROPHOTOMETRY METHOD | 84311 | CPT | | | | both | | | 490 | 9.32 | Corrections | Corrections | 392 | 80 | | | 7.5 | | 465.5 percent of total billed charges | |
| BKR CHG SPECTROPHOTOMETRY METHOD | 84311 | CPT | | | | both | | | 490 | 9.32 | Qualcare | Qualcare | 367.5 | 75 | | | 7.5 | | 465.5 percent of total billed charges | |
| BKR CHG SPECTROPHOTOMETRY METHOD | 84311 | CPT | | | | both | | | 490 | 9.32 | Wellcare | Medicare | 8.1 | | | | 7.5 | | 465.5 fee schedule | |
| BKR CHG SPECTROPHOTOMETRY METHOD | 84311 | CPT | | | | both | | | 490 | 9.32 | Horizon | MGD | 187.57 | 38.28 | | | 7.5 | | 465.5 percent of total billed charges | |
| BKR CHG SPECTROPHOTOMETRY METHOD | 84311 | CPT | | | | both | | | 490 | 9.32 | First Health | First Health | 343 | 70 | | | 7.5 | | 465.5 percent of total billed charges | |
| BKR CHG SPECTROPHOTOMETRY METHOD | 84311 | CPT | | | | both | | | 490 | 9.32 | UHC | Medicaid | 7.5 | | | | 7.5 | | 465.5 fee schedule | |
| BKR CHG SPECTROPHOTOMETRY METHOD | 84311 | CPT | | | | both | | | 490 | 9.32 | Horizon | NJ Health | 7.76 | | | | 7.5 | | 465.5 fee schedule | |
| BKR CHG SPECTROPHOTOMETRY METHOD | 84311 | CPT | | | | both | | | 490 | 9.32 | First Trenton | First Trenton | 441 | 90 | | | 7.5 | | 465.5 percent of total billed charges | |
| BKR CHG SPECTROPHOTOMETRY METHOD | 84311 | CPT | | | | both | | | 490 | 9.32 | WellPoint | WellPoint | 157.68 | 32.18 | | | 7.5 | | 465.5 percent of total billed charges | |
| BKR CHG SPECTROPHOTOMETRY METHOD | 84311 | CPT | | | | both | | | 490 | 9.32 | Horizon | PPO | 187.57 | 38.28 | | | 7.5 | | 465.5 percent of total billed charges | |
| BKR CHG SPECTROPHOTOMETRY METHOD | 84311 | CPT | | | | both | | | 490 | 9.32 | Managed Care Inc | Managed Care Inc | 441 | 90 | | | 7.5 | | 465.5 percent of total billed charges | |
| BKR CHG SPECTROPHOTOMETRY METHOD | 84311 | CPT | | | | both | | | 490 | 9.32 | Three Rivers | Three Rivers | 465.5 | 95 | | | 7.5 | | 465.5 percent of total billed charges | |
| BKR CHG SPECTROPHOTOMETRY METHOD | 84311 | CPT | | | | both | | | 490 | 9.32 | Wellcare | Medicaid | 7.5 | | | | 7.5 | | 465.5 fee schedule | |
| BKR CHG SPECIFIC GRAVITY | 84315 | CPT | | | | outpatient | | | 236 | 3.77 | Amerihealth | Medicare | 3.28 | | | | 3 | | 224.2 fee schedule | |
| BKR CHG SPECIFIC GRAVITY | 84315 | CPT | | | | outpatient | | | 236 | 3.77 | Amerihealth | HMO/PPO | 3.8 | | | | 3 | | 224.2 fee schedule | |
| BKR CHG SPECIFIC GRAVITY | 84315 | CPT | | | | outpatient | | | 236 | 3.77 | Aetna | Better Health | 74.46 | 31.55 | | | 3 | | 224.2 percent of total billed charges | |
| BKR CHG SPECIFIC GRAVITY | 84315 | CPT | | | | outpatient | | | 236 | 3.77 | Aetna | Medicare | 72.69 | 30.8 | | | 3 | | 224.2 percent of total billed charges | |
| BKR CHG SPECIFIC GRAVITY | 84315 | CPT | | | | outpatient | | | 236 | 3.77 | Horizon | Indemnity | 90.34 | 38.28 | | | 3 | | 224.2 percent of total billed charges | |
| BKR CHG SPECIFIC GRAVITY | 84315 | CPT | | | | outpatient | | | 236 | 3.77 | First Trenton | First Trenton | 212.4 | 90 | | | 3 | | 224.2 percent of total billed charges | |
| BKR CHG SPECIFIC GRAVITY | 84315 | CPT | | | | outpatient | | | 236 | 3.77 | Consumer | Consumer | 224.2 | 95 | | | 3 | | 224.2 percent of total billed charges | |
| BKR CHG SPECIFIC GRAVITY | 84315 | CPT | | | | outpatient | | | 236 | 3.77 | UHC | Medicare | 3.28 | | | | 3 | | 224.2 fee schedule | |
| BKR CHG SPECIFIC GRAVITY | 84315 | CPT | | | | outpatient | | | 236 | 3.77 | Managed Care Inc | Managed Care Inc | 212.4 | 90 | | | 3 | | 224.2 percent of total billed charges | |
| BKR CHG SPECIFIC GRAVITY | 84315 | CPT | | | | outpatient | | | 236 | 3.77 | First Health | First Health | 165.2 | 70 | | | 3 | | 224.2 percent of total billed charges | |
| BKR CHG SPECIFIC GRAVITY | 84315 | CPT | | | | outpatient | | | 236 | 3.77 | Americare | Americare | 177 | 75 | | | 3 | | 224.2 percent of total billed charges | |
| BKR CHG SPECIFIC GRAVITY | 84315 | CPT | | | | outpatient | | | 236 | 3.77 | Horizon | MGD | 90.34 | 38.28 | | | 3 | | 224.2 percent of total billed charges | |
| BKR CHG SPECIFIC GRAVITY | 84315 | CPT | | | | outpatient | | | 236 | 3.77 | Multiplan | Multiplan | 188.8 | 80 | | | 3 | | 224.2 percent of total billed charges | |
| BKR CHG SPECIFIC GRAVITY | 84315 | CPT | | | | outpatient | | | 236 | 3.77 | Horizon | Medicare Blue | 70.8 | 30 | | | 3 | | 224.2 percent of total billed charges | |
| BKR CHG SPECIFIC GRAVITY | 84315 | CPT | | | | outpatient | | | 236 | 3.77 | Corrections | Corrections | 188.8 | 80 | | | 3 | | 224.2 percent of total billed charges | |
| BKR CHG SPECIFIC GRAVITY | 84315 | CPT | | | | outpatient | | | 236 | 3.77 | WellPoint | WellPoint | 75.94 | 32.18 | | | 3 | | 224.2 percent of total billed charges | |
| BKR CHG SPECIFIC GRAVITY | 84315 | CPT | | | | outpatient | | | 236 | 3.77 | Qualcare | Qualcare | 177 | 75 | | | 3 | | 224.2 percent of total billed charges | |
| BKR CHG SPECIFIC GRAVITY | 84315 | CPT | | | | outpatient | | | 236 | 3.77 | Wellcare | Medicare | 3.28 | | | | 3 | | 224.2 fee schedule | |
| BKR CHG SPECIFIC GRAVITY | 84315 | CPT | | | | outpatient | | | 236 | 3.77 | Horizon | PPO | 90.34 | 38.28 | | | 3 | | 224.2 percent of total billed charges | |
| BKR CHG SPECIFIC GRAVITY | 84315 | CPT | | | | outpatient | | | 236 | 3.77 | Horizon | NJ Health | 6.47 | | | | 3 | | 224.2 fee schedule | |
| BKR CHG SPECIFIC GRAVITY | 84315 | CPT | | | | outpatient | | | 236 | 3.77 | Three Rivers | Three Rivers | 224.2 | 95 | | | 3 | | 224.2 percent of total billed charges | |
| BKR CHG SPECIFIC GRAVITY | 84315 | CPT | | | | outpatient | | | 236 | 3.77 | Wellcare | Medicaid | 3 | | | | 3 | | 224.2 fee schedule | |
| BKR CHG SPECIFIC GRAVITY | 84315 | CPT | | | | outpatient | | | 236 | 3.77 | UHC | Medicaid | 3 | | | | 3 | | 224.2 fee schedule | |
| BKR CHG URINE SUGAR CHROMATOGRAPH | 84375 | CPT | | | | outpatient | | | 272 | 44.85 | Americare | Americare | 204 | 75 | | | 23.2 | | 258.4 percent of total billed charges | |
| BKR CHG URINE SUGAR CHROMATOGRAPH | 84375 | CPT | | | | outpatient | | | 272 | 44.85 | Consumer | Consumer | 258.4 | 95 | | | 23.2 | | 258.4 percent of total billed charges | |
| BKR CHG URINE SUGAR CHROMATOGRAPH | 84375 | CPT | | | | outpatient | | | 272 | 44.85 | Corrections | Corrections | 217.6 | 80 | | | 23.2 | | 258.4 percent of total billed charges | |
| BKR CHG URINE SUGAR CHROMATOGRAPH | 84375 | CPT | | | | outpatient | | | 272 | 44.85 | Aetna | Better Health | 85.82 | 31.55 | | | 23.2 | | 258.4 percent of total billed charges | |
| BKR CHG URINE SUGAR CHROMATOGRAPH | 84375 | CPT | | | | outpatient | | | 272 | 44.85 | First Trenton | First Trenton | 244.8 | 90 | | | 23.2 | | 258.4 percent of total billed charges | |
| BKR CHG URINE SUGAR CHROMATOGRAPH | 84375 | CPT | | | | outpatient | | | 272 | 44.85 | Horizon | MGD | 104.12 | 38.28 | | | 23.2 | | 258.4 percent of total billed charges | |
| BKR CHG URINE SUGAR CHROMATOGRAPH | 84375 | CPT | | | | outpatient | | | 272 | 44.85 | Multiplan | Multiplan | 217.6 | 80 | | | 23.2 | | 258.4 percent of total billed charges | |
| BKR CHG URINE SUGAR CHROMATOGRAPH | 84375 | CPT | | | | outpatient | | | 272 | 44.85 | Aetna | Medicare | 83.78 | 30.8 | | | 23.2 | | 258.4 percent of total billed charges | |
| BKR CHG URINE SUGAR CHROMATOGRAPH | 84375 | CPT | | | | outpatient | | | 272 | 44.85 | Amerihealth | HMO/PPO | 30.5 | | | | 23.2 | | 258.4 fee schedule | |
| BKR CHG URINE SUGAR CHROMATOGRAPH | 84375 | CPT | | | | outpatient | | | 272 | 44.85 | Wellcare | Medicare | 39 | | | | 23.2 | | 258.4 fee schedule | |
| BKR CHG URINE SUGAR CHROMATOGRAPH | 84375 | CPT | | | | outpatient | | | 272 | 44.85 | Horizon | Medicare Blue | 81.6 | 30 | | | 23.2 | | 258.4 percent of total billed charges | |
| BKR CHG URINE SUGAR CHROMATOGRAPH | 84375 | CPT | | | | outpatient | | | 272 | 44.85 | First Health | First Health | 190.4 | 70 | | | 23.2 | | 258.4 percent of total billed charges | |
| BKR CHG URINE SUGAR CHROMATOGRAPH | 84375 | CPT | | | | outpatient | | | 272 | 44.85 | Horizon | Indemnity | 104.12 | 38.28 | | | 23.2 | | 258.4 percent of total billed charges | |
| BKR CHG URINE SUGAR CHROMATOGRAPH | 84375 | CPT | | | | outpatient | | | 272 | 44.85 | WellPoint | WellPoint | 87.53 | 32.18 | | | 23.2 | | 258.4 percent of total billed charges | |
| BKR CHG URINE SUGAR CHROMATOGRAPH | 84375 | CPT | | | | outpatient | | | 272 | 44.85 | Qualcare | Qualcare | 204 | 75 | | | 23.2 | | 258.4 percent of total billed charges | |
| BKR CHG URINE SUGAR CHROMATOGRAPH | 84375 | CPT | | | | outpatient | | | 272 | 44.85 | UHC | Medicare | 39 | | | | 23.2 | | 258.4 fee schedule | |
| BKR CHG URINE SUGAR CHROMATOGRAPH | 84375 | CPT | | | | outpatient | | | 272 | 44.85 | Amerihealth | Medicare | 39 | | | | 23.2 | | 258.4 fee schedule | |
| BKR CHG URINE SUGAR CHROMATOGRAPH | 84375 | CPT | | | | outpatient | | | 272 | 44.85 | UHC | Medicaid | 23.2 | | | | 23.2 | | 258.4 fee schedule | |
| BKR CHG URINE SUGAR CHROMATOGRAPH | 84375 | CPT | | | | outpatient | | | 272 | 44.85 | Horizon | NJ Health | 58.8 | | | | 23.2 | | 258.4 fee schedule | |
| BKR CHG URINE SUGAR CHROMATOGRAPH | 84375 | CPT | | | | outpatient | | | 272 | 44.85 | Horizon | PPO | 104.12 | 38.28 | | | 23.2 | | 258.4 percent of total billed charges | |
| BKR CHG URINE SUGAR CHROMATOGRAPH | 84375 | CPT | | | | outpatient | | | 272 | 44.85 | Managed Care Inc | Managed Care Inc | 244.8 | 90 | | | 23.2 | | 258.4 percent of total billed charges | |
| BKR CHG URINE SUGAR CHROMATOGRAPH | 84375 | CPT | | | | outpatient | | | 272 | 44.85 | Three Rivers | Three Rivers | 258.4 | 95 | | | 23.2 | | 258.4 percent of total billed charges | |
| BKR CHG URINE SUGAR CHROMATOGRAPH | 84375 | CPT | | | | outpatient | | | 272 | 44.85 | Wellcare | Medicaid | 23.2 | | | | 23.2 | | 258.4 fee schedule | |
| BKR CHG REDUCING SUBSTANCE FECES | 84376 | CPT | | | | outpatient | | | 749 | 6.33 | Amerihealth | Medicare | 5.5 | | | | 5.5 | | 711.55 fee schedule | |
| BKR CHG REDUCING SUBSTANCE FECES | 84376 | CPT | | | | outpatient | | | 749 | 6.33 | Horizon | Medicare Blue | 224.7 | 30 | | | 5.5 | | 711.55 percent of total billed charges | |
| BKR CHG REDUCING SUBSTANCE FECES | 84376 | CPT | | | | outpatient | | | 749 | 6.33 | UHC | Medicare | 5.5 | | | | 5.5 | | 711.55 fee schedule | |
| BKR CHG REDUCING SUBSTANCE FECES | 84376 | CPT | | | | outpatient | | | 749 | 6.33 | Americare | Americare | 581.75 | 75 | | | 5.5 | | 711.55 percent of total billed charges | |
| BKR CHG REDUCING SUBSTANCE FECES | 84376 | CPT | | | | outpatient | | | 749 | 6.33 | Aetna | Medicare | 230.69 | 30.8 | | | 5.5 | | 711.55 percent of total billed charges | |
| BKR CHG REDUCING SUBSTANCE FECES | 84376 | CPT | | | | outpatient | | | 749 | 6.33 | Aetna | Better Health | 236.31 | 31.55 | | | 5.5 | | 711.55 percent of total billed charges | |
| BKR CHG REDUCING SUBSTANCE FECES | 84376 | CPT | | | | outpatient | | | 749 | 6.33 | Amerihealth | HMO/PPO | 7.6 | | | | 5.5 | | 711.55 fee schedule | |
| BKR CHG REDUCING SUBSTANCE FECES | 84376 | CPT | | | | outpatient | | | 749 | 6.33 | Horizon | MGD | 286.72 | 38.28 | | | 5.5 | | 711.55 percent of total billed charges | |
| BKR CHG REDUCING SUBSTANCE FECES | 84376 | CPT | | | | outpatient | | | 749 | 6.33 | Consumer | Consumer | 711.55 | 95 | | | 5.5 | | 711.55 percent of total billed charges | |
| BKR CHG REDUCING SUBSTANCE FECES | 84376 | CPT | | | | outpatient | | | 749 | 6.33 | Horizon | Indemnity | 286.72 | 38.28 | | | 5.5 | | 711.55 percent of total billed charges | |
| BKR CHG REDUCING SUBSTANCE FECES | 84376 | CPT | | | | outpatient | | | 749 | 6.33 | Wellcare | Medicare | 5.5 | | | | 5.5 | | 711.55 fee schedule | |
| BKR CHG REDUCING SUBSTANCE FECES | 84376 | CPT | | | | outpatient | | | 749 | 6.33 | Wellcare | Medicaid | 7 | | | | 5.5 | | 711.55 fee schedule | |
| BKR CHG REDUCING SUBSTANCE FECES | 84376 | CPT | | | | outpatient | | | 749 | 6.33 | First Health | First Health | 524.3 | 70 | | | 5.5 | | 711.55 percent of total billed charges | |
| BKR CHG REDUCING SUBSTANCE FECES | 84376 | CPT | | | | outpatient | | | 749 | 6.33 | Multiplan | Multiplan | 599.2 | 80 | | | 5.5 | | 711.55 percent of total billed charges | |
| BKR CHG REDUCING SUBSTANCE FECES | 84376 | CPT | | | | outpatient | | | 749 | 6.33 | Corrections | Corrections | 599.2 | 80 | | | 5.5 | | 711.55 percent of total billed charges | |
| BKR CHG REDUCING SUBSTANCE FECES | 84376 | CPT | | | | outpatient | | | 749 | 6.33 | Qualcare | Qualcare | 561.75 | 75 | | | 5.5 | | 711.55 percent of total billed charges | |
| BKR CHG REDUCING SUBSTANCE FECES | 84376 | CPT | | | | outpatient | | | 749 | 6.33 | First Trenton | First Trenton | 674.1 | 90 | | | 5.5 | | 711.55 percent of total billed charges | |
| BKR CHG REDUCING SUBSTANCE FECES | 84376 | CPT | | | | outpatient | | | 749 | 6.33 | UHC | Medicaid | 7 | | | | 5.5 | | 711.55 fee schedule | |
| BKR CHG REDUCING SUBSTANCE FECES | 84376 | CPT | | | | outpatient | | | 749 | 6.33 | Horizon | NJ Health | 6.12 | | | | 5.5 | | 711.55 fee schedule | |
| BKR CHG REDUCING SUBSTANCE FECES | 84376 | CPT | | | | outpatient | | | 749 | 6.33 | Horizon | PPO | 286.72 | 38.28 | | | 5.5 | | 711.55 percent of total billed charges | |
| BKR CHG REDUCING SUBSTANCE FECES | 84376 | CPT | | | | outpatient | | | 749 | 6.33 | WellPoint | WellPoint | 241.03 | 32.18 | | | 5.5 | | 711.55 percent of total billed charges | |
| BKR CHG REDUCING SUBSTANCE FECES | 84376 | CPT | | | | outpatient | | | 749 | 6.33 | Managed Care Inc | Managed Care Inc | 674.1 | 90 | | | 5.5 | | 711.55 percent of total billed charges | |
| BKR CHG REDUCING SUBSTANCE FECES | 84376 | CPT | | | | outpatient | | | 749 | 6.33 | Three Rivers | Three Rivers | 711.55 | 95 | | | 5.5 | | 711.55 percent of total billed charges | |
| BKR CHG SUGARS MULTIPLE QUANT EA.SPECIMEN | 84377 | CPT | | | | outpatient | | | 274 | 6.33 | Aetna | Medicare | 84.39 | 30.8 | | | 5.5 | | 260.3 percent of total billed charges | |
| BKR CHG SUGARS MULTIPLE QUANT EA.SPECIMEN | 84377 | CPT | | | | outpatient | | | 274 | 6.33 | Amerihealth | Medicare | 5.5 | | | | 5.5 | | 260.3 fee schedule | |
| BKR CHG SUGARS MULTIPLE QUANT EA.SPECIMEN | 84377 | CPT | | | | outpatient | | | 274 | 6.33 | Corrections | Corrections | 219.2 | 80 | | | 5.5 | | 260.3 percent of total billed charges | |
| BKR CHG SUGARS MULTIPLE QUANT EA.SPECIMEN | 84377 | CPT | | | | outpatient | | | 274 | 6.33 | Amerihealth | HMO/PPO | 7.6 | | | | 5.5 | | 260.3 fee schedule | |
| BKR CHG SUGARS MULTIPLE QUANT EA.SPECIMEN | 84377 | CPT | | | | outpatient | | | 274 | 6.33 | Aetna | Better Health | 86.45 | 31.55 | | | 5.5 | | 260.3 percent of total billed charges | |
| BKR CHG SUGARS MULTIPLE QUANT EA.SPECIMEN | 84377 | CPT | | | | outpatient | | | 274 | 6.33 | UHC | Medicare | 5.5 | | | | 5.5 | | 260.3 fee schedule | |
| BKR CHG SUGARS MULTIPLE QUANT EA.SPECIMEN | 84377 | CPT | | | | outpatient | | | 274 | 6.33 | Horizon | Indemnity | 104.89 | 38.28 | | | 5.5 | | 260.3 percent of total billed charges | |
| BKR CHG SUGARS MULTIPLE QUANT EA.SPECIMEN | 84377 | CPT | | | | outpatient | | | 274 | 6.33 | First Trenton | First Trenton | 246.6 | 90 | | | 5.5 | | 260.3 percent of total billed charges | |
| BKR CHG SUGARS MULTIPLE QUANT EA.SPECIMEN | 84377 | CPT | | | | outpatient | | | 274 | 6.33 | Americare | Americare | 205.5 | 75 | | | 5.5 | | 260.3 percent of total billed charges | |
| BKR CHG SUGARS MULTIPLE QUANT EA.SPECIMEN | 84377 | CPT | | | | outpatient | | | 274 | 6.33 | WellPoint | WellPoint | 88.17 | 32.18 | | | 5.5 | | 260.3 percent of total billed charges | |
| BKR CHG SUGARS MULTIPLE QUANT EA.SPECIMEN | 84377 | CPT | | | | outpatient | | | 274 | 6.33 | Horizon | NJ Health | 6.12 | | | | 5.5 | | 260.3 fee schedule | |
| BKR CHG SUGARS MULTIPLE QUANT EA.SPECIMEN | 84377 | CPT | | | | outpatient | | | 274 | 6.33 | Horizon | MGD | 104.89 | 38.28 | | | 5.5 | | 260.3 percent of total billed charges | |
| BKR CHG SUGARS MULTIPLE QUANT EA.SPECIMEN | 84377 | CPT | | | | outpatient | | | 274 | 6.33 | First Health | First Health | 191.8 | 70 | | | 5.5 | | 260.3 percent of total billed charges | |
| BKR CHG SUGARS MULTIPLE QUANT EA.SPECIMEN | 84377 | CPT | | | | outpatient | | | 274 | 6.33 | Wellcare | Medicare | 5.5 | | | | 5.5 | | 260.3 fee schedule | |
| BKR CHG SUGARS MULTIPLE QUANT EA.SPECIMEN | 84377 | CPT | | | | outpatient | | | 274 | 6.33 | Multiplan | Multiplan | 219.2 | 80 | | | 5.5 | | 260.3 percent of total billed charges | |
| BKR CHG SUGARS MULTIPLE QUANT EA.SPECIMEN | 84377 | CPT | | | | outpatient | | | 274 | 6.33 | Horizon | PPO | 104.89 | 38.28 | | | 5.5 | | 260.3 percent of total billed charges | |
| BKR CHG SUGARS MULTIPLE QUANT EA.SPECIMEN | 84377 | CPT | | | | outpatient | | | 274 | 6.33 | Consumer | Consumer | 260.3 | 95 | | | 5.5 | | 260.3 percent of total billed charges | |
| BKR CHG SUGARS MULTIPLE QUANT EA.SPECIMEN | 84377 | CPT | | | | outpatient | | | 274 | 6.33 | Managed Care Inc | Managed Care Inc | 246.6 | 90 | | | 5.5 | | 260.3 percent of total billed charges | |
| BKR CHG SUGARS MULTIPLE QUANT EA.SPECIMEN | 84377 | CPT | | | | outpatient | | | 274 | 6.33 | Qualcare | Qualcare | 205.5 | 75 | | | 5.5 | | 260.3 percent of total billed charges | |
| BKR CHG SUGARS MULTIPLE QUANT EA.SPECIMEN | 84377 | CPT | | | | outpatient | | | 274 | 6.33 | Three Rivers | Three Rivers | 260.3 | 95 | | | 5.5 | | 260.3 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG SUGARS MULTIPLE QUANT EA,SPECIMEN | 84377 | CPT | | | | outpatient | | | 274 | 6.33 | Horizon | Medicare Blue | 82.2 | 30 | | | 5.5 | | 260.3 percent of total billed charges | |
| BKR CHG SUGARS MULTIPLE QUANT EA,SPECIMEN | 84377 | CPT | | | | outpatient | | | 274 | 6.33 | Wellcare | Medicaid | 7 | | | | 5.5 | | 260.3 fee schedule | |
| BKR CHG SUGARS MULTIPLE QUANT EA,SPECIMEN | 84377 | CPT | | | | outpatient | | | 274 | 6.33 | UHC | Medicaid | 7 | | | | 5.5 | | 260.3 fee schedule | |
| BKR CHG URINE PH | 84378 | CPT | | | | outpatient | | | 376 | 13.26 | First Health | First Health | 263.2 | 70 | | | 7.2 | | 357.2 percent of total billed charges | |
| BKR CHG URINE PH | 84378 | CPT | | | | outpatient | | | 376 | 13.26 | Aetna | Medicare | 115.81 | 30.8 | | | 7.2 | | 357.2 percent of total billed charges | |
| BKR CHG URINE PH | 84378 | CPT | | | | outpatient | | | 376 | 13.26 | First Trenton | First Trenton | 338.4 | 90 | | | 7.2 | | 357.2 percent of total billed charges | |
| BKR CHG URINE PH | 84378 | CPT | | | | outpatient | | | 376 | 13.26 | Multiplan | Multiplan | 300.8 | 80 | | | 7.2 | | 357.2 percent of total billed charges | |
| BKR CHG URINE PH | 84378 | CPT | | | | outpatient | | | 376 | 13.26 | Aetna | Better Health | 118.63 | 31.55 | | | 7.2 | | 357.2 percent of total billed charges | |
| BKR CHG URINE PH | 84378 | CPT | | | | outpatient | | | 376 | 13.26 | Consumer | Consumer | 357.2 | 95 | | | 7.2 | | 357.2 percent of total billed charges | |
| BKR CHG URINE PH | 84378 | CPT | | | | outpatient | | | 376 | 13.26 | Americare | Americare | 282 | 75 | | | 7.2 | | 357.2 percent of total billed charges | |
| BKR CHG URINE PH | 84378 | CPT | | | | outpatient | | | 376 | 13.26 | Corrections | Corrections | 300.8 | 80 | | | 7.2 | | 357.2 percent of total billed charges | |
| BKR CHG URINE PH | 84378 | CPT | | | | outpatient | | | 376 | 13.26 | UHC | Medicaid | 14 | | | | 7.2 | | 357.2 fee schedule | |
| BKR CHG URINE PH | 84378 | CPT | | | | outpatient | | | 376 | 13.26 | Horizon | MGD | 143.93 | 38.28 | | | 7.2 | | 357.2 percent of total billed charges | |
| BKR CHG URINE PH | 84378 | CPT | | | | outpatient | | | 376 | 13.26 | Horizon | Indemnity | 143.93 | 38.28 | | | 7.2 | | 357.2 percent of total billed charges | |
| BKR CHG URINE PH | 84378 | CPT | | | | outpatient | | | 376 | 13.26 | Qualcare | Qualcare | 282 | 75 | | | 7.2 | | 357.2 percent of total billed charges | |
| BKR CHG URINE PH | 84378 | CPT | | | | outpatient | | | 376 | 13.26 | Wellcare | Medicare | 11.53 | | | | 7.2 | | 357.2 fee schedule | |
| BKR CHG URINE PH | 84378 | CPT | | | | outpatient | | | 376 | 13.26 | Horizon | Medicare Blue | 112.8 | 30 | | | 7.2 | | 357.2 percent of total billed charges | |
| BKR CHG URINE PH | 84378 | CPT | | | | outpatient | | | 376 | 13.26 | Amerihealth | HMO/PPO | 15.9 | | | | 7.2 | | 357.2 fee schedule | |
| BKR CHG URINE PH | 84378 | CPT | | | | outpatient | | | 376 | 13.26 | UHC | Medicare | 11.53 | | | | 7.2 | | 357.2 fee schedule | |
| BKR CHG URINE PH | 84378 | CPT | | | | outpatient | | | 376 | 13.26 | Horizon | NJ Health | 12.8 | | | | 7.2 | | 357.2 fee schedule | |
| BKR CHG URINE PH | 84378 | CPT | | | | outpatient | | | 376 | 13.26 | WellPoint | WellPoint | 121 | 32.18 | | | 7.2 | | 357.2 percent of total billed charges | |
| BKR CHG URINE PH | 84378 | CPT | | | | outpatient | | | 376 | 13.26 | Amerihealth | Medicare | 11.53 | | | | 7.2 | | 357.2 fee schedule | |
| BKR CHG URINE PH | 84378 | CPT | | | | outpatient | | | 376 | 13.26 | Horizon | PPO | 143.93 | 38.28 | | | 7.2 | | 357.2 percent of total billed charges | |
| BKR CHG URINE PH | 84378 | CPT | | | | outpatient | | | 376 | 13.26 | Managed Care Inc | Managed Care Inc | 338.4 | 90 | | | 7.2 | | 357.2 percent of total billed charges | |
| BKR CHG URINE PH | 84378 | CPT | | | | outpatient | | | 376 | 13.26 | Three Rivers | Three Rivers | 357.2 | 95 | | | 7.2 | | 357.2 percent of total billed charges | |
| BKR CHG URINE PH | 84378 | CPT | | | | outpatient | | | 376 | 13.26 | Wellcare | Medicaid | 14 | | | | 7.2 | | 357.2 fee schedule | |
| BKR CHG SULFATE QUANT 24-HR URINE | 84392 | CPT | | | | outpatient | | | 44 | 6.31 | Amerihealth | Medicare | 5.49 | | | | 5.49 | | 41.8 fee schedule | |
| BKR CHG SULFATE QUANT 24-HR URINE | 84392 | CPT | | | | outpatient | | | 44 | 6.31 | Amerihealth | HMO/PPO | 7.1 | | | | 5.49 | | 41.8 fee schedule | |
| BKR CHG SULFATE QUANT 24-HR URINE | 84392 | CPT | | | | outpatient | | | 44 | 6.31 | Horizon | Medicare Blue | 13.2 | 30 | | | 5.49 | | 41.8 percent of total billed charges | |
| BKR CHG SULFATE QUANT 24-HR URINE | 84392 | CPT | | | | outpatient | | | 44 | 6.31 | Americare | Americare | 33 | 75 | | | 5.49 | | 41.8 percent of total billed charges | |
| BKR CHG SULFATE QUANT 24-HR URINE | 84392 | CPT | | | | outpatient | | | 44 | 6.31 | Aetna | Medicare | 13.55 | 30.8 | | | 5.49 | | 41.8 percent of total billed charges | |
| BKR CHG SULFATE QUANT 24-HR URINE | 84392 | CPT | | | | outpatient | | | 44 | 6.31 | UHC | Medicare | 5.49 | | | | 5.49 | | 41.8 fee schedule | |
| BKR CHG SULFATE QUANT 24-HR URINE | 84392 | CPT | | | | outpatient | | | 44 | 6.31 | Aetna | Better Health | 13.88 | 31.55 | | | 5.49 | | 41.8 percent of total billed charges | |
| BKR CHG SULFATE QUANT 24-HR URINE | 84392 | CPT | | | | outpatient | | | 44 | 6.31 | Horizon | MGD | 16.84 | 38.28 | | | 5.49 | | 41.8 percent of total billed charges | |
| BKR CHG SULFATE QUANT 24-HR URINE | 84392 | CPT | | | | outpatient | | | 44 | 6.31 | Corrections | Corrections | 35.2 | 80 | | | 5.49 | | 41.8 percent of total billed charges | |
| BKR CHG SULFATE QUANT 24-HR URINE | 84392 | CPT | | | | outpatient | | | 44 | 6.31 | Wellcare | Medicare | 5.49 | | | | 5.49 | | 41.8 fee schedule | |
| BKR CHG SULFATE QUANT 24-HR URINE | 84392 | CPT | | | | outpatient | | | 44 | 6.31 | UHC | Medicaid | 5.6 | | | | 5.49 | | 41.8 fee schedule | |
| BKR CHG SULFATE QUANT 24-HR URINE | 84392 | CPT | | | | outpatient | | | 44 | 6.31 | Consumer | Consumer | 41.8 | 95 | | | 5.49 | | 41.8 percent of total billed charges | |
| BKR CHG SULFATE QUANT 24-HR URINE | 84392 | CPT | | | | outpatient | | | 44 | 6.31 | First Health | First Health | 30.8 | 70 | | | 5.49 | | 41.8 percent of total billed charges | |
| BKR CHG SULFATE QUANT 24-HR URINE | 84392 | CPT | | | | outpatient | | | 44 | 6.31 | Horizon | Indemnity | 16.84 | 38.28 | | | 5.49 | | 41.8 percent of total billed charges | |
| BKR CHG SULFATE QUANT 24-HR URINE | 84392 | CPT | | | | outpatient | | | 44 | 6.31 | WellPoint | WellPoint | 14.16 | 32.18 | | | 5.49 | | 41.8 percent of total billed charges | |
| BKR CHG SULFATE QUANT 24-HR URINE | 84392 | CPT | | | | outpatient | | | 44 | 6.31 | Multiplan | Multiplan | 35.2 | 80 | | | 5.49 | | 41.8 percent of total billed charges | |
| BKR CHG SULFATE QUANT 24-HR URINE | 84392 | CPT | | | | outpatient | | | 44 | 6.31 | First Trenton | First Trenton | 39.6 | 90 | | | 5.49 | | 41.8 percent of total billed charges | |
| BKR CHG SULFATE QUANT 24-HR URINE | 84392 | CPT | | | | outpatient | | | 44 | 6.31 | Qualcare | Qualcare | 33 | 75 | | | 5.49 | | 41.8 percent of total billed charges | |
| BKR CHG SULFATE QUANT 24-HR URINE | 84392 | CPT | | | | outpatient | | | 44 | 6.31 | Horizon | NJ Health | 37.73 | | | | 5.49 | | 41.8 fee schedule | |
| BKR CHG SULFATE QUANT 24-HR URINE | 84392 | CPT | | | | outpatient | | | 44 | 6.31 | Horizon | PPO | 16.84 | 38.28 | | | 5.49 | | 41.8 percent of total billed charges | |
| BKR CHG SULFATE QUANT 24-HR URINE | 84392 | CPT | | | | outpatient | | | 44 | 6.31 | Managed Care Inc | Managed Care Inc | 39.6 | 90 | | | 5.49 | | 41.8 percent of total billed charges | |
| BKR CHG SULFATE QUANT 24-HR URINE | 84392 | CPT | | | | outpatient | | | 44 | 6.31 | Three Rivers | Three Rivers | 41.8 | 95 | | | 5.49 | | 41.8 percent of total billed charges | |
| BKR CHG SULFATE QUANT 24-HR URINE | 84392 | CPT | | | | outpatient | | | 44 | 6.31 | Wellcare | Medicaid | 5.6 | | | | 5.49 | | 41.8 fee schedule | |
| BKR CHG TESTOSTERONE; FREE | 84402 | CPT | | | | both | | | 117 | 29.29 | Consumer | Consumer | 111.15 | 95 | | | 17.4 | | 111.15 percent of total billed charges | |
| BKR CHG TESTOSTERONE; FREE | 84402 | CPT | | | | both | | | 117 | 29.29 | Amerihealth | HMO/PPO | 36.1 | | | 6.89 | 17.4 | | 111.15 fee schedule | |
| BKR CHG TESTOSTERONE; FREE | 84402 | CPT | | | | both | | | 117 | 29.29 | Americare | Americare | 87.75 | 75 | | | 17.4 | | 111.15 percent of total billed charges | |
| BKR CHG TESTOSTERONE; FREE | 84402 | CPT | | | | both | | | 117 | 29.29 | First Health | First Health | 81.9 | 70 | | | 17.4 | | 111.15 percent of total billed charges | |
| BKR CHG TESTOSTERONE; FREE | 84402 | CPT | | | | both | | | 117 | 29.29 | Corrections | Corrections | 93.6 | 80 | | | 17.4 | | 111.15 percent of total billed charges | |
| BKR CHG TESTOSTERONE; FREE | 84402 | CPT | | | | both | | | 117 | 29.29 | Amerihealth | Medicare | 25.47 | | | | 17.4 | | 111.15 fee schedule | |
| BKR CHG TESTOSTERONE; FREE | 84402 | CPT | | | | both | | | 117 | 29.29 | Aetna | Medicare | 36.04 | 30.8 | | 6.68 | 17.4 | | 111.15 percent of total billed charges | |
| BKR CHG TESTOSTERONE; FREE | 84402 | CPT | | | | both | | | 117 | 29.29 | Aetna | Better Health | 36.91 | 31.55 | | | 17.4 | | 111.15 percent of total billed charges | |
| BKR CHG TESTOSTERONE; FREE | 84402 | CPT | | | | both | | | 117 | 29.29 | Horizon | MGD | 44.79 | 38.28 | | 17.48 | 17.4 | | 111.15 percent of total billed charges | |
| BKR CHG TESTOSTERONE; FREE | 84402 | CPT | | | | both | | | 117 | 29.29 | First Trenton | First Trenton | 105.3 | 90 | | | 17.4 | | 111.15 percent of total billed charges | |
| BKR CHG TESTOSTERONE; FREE | 84402 | CPT | | | | both | | | 117 | 29.29 | Wellcare | Medicare | 25.47 | | | | 17.4 | | 111.15 fee schedule | |
| BKR CHG TESTOSTERONE; FREE | 84402 | CPT | | | | both | | | 117 | 29.29 | Horizon | Medicare Blue | 35.1 | 30 | | | 17.4 | | 111.15 percent of total billed charges | |
| BKR CHG TESTOSTERONE; FREE | 84402 | CPT | | | | both | | | 117 | 29.29 | UHC | Medicare | 25.47 | | | 4.18 | 17.4 | | 111.15 fee schedule | |
| BKR CHG TESTOSTERONE; FREE | 84402 | CPT | | | | both | | | 117 | 29.29 | Managed Care Inc | Managed Care Inc | 105.3 | 90 | | | 17.4 | | 111.15 percent of total billed charges | |
| BKR CHG TESTOSTERONE; FREE | 84402 | CPT | | | | both | | | 117 | 29.29 | Horizon | Indemnity | 44.79 | 38.28 | | | 17.4 | | 111.15 percent of total billed charges | |
| BKR CHG TESTOSTERONE; FREE | 84402 | CPT | | | | both | | | 117 | 29.29 | Horizon | PPO | 44.79 | 38.28 | | 7.45 | 17.4 | | 111.15 percent of total billed charges | |
| BKR CHG TESTOSTERONE; FREE | 84402 | CPT | | | | both | | | 117 | 29.29 | Wellcare | Medicaid | 30.4 | | | | 17.4 | | 111.15 fee schedule | |
| BKR CHG TESTOSTERONE; FREE | 84402 | CPT | | | | both | | | 117 | 29.29 | Horizon | NJ Health | 78.4 | | | 1.74 | 17.4 | | 111.15 fee schedule | |
| BKR CHG TESTOSTERONE; FREE | 84402 | CPT | | | | both | | | 117 | 29.29 | WellPoint | WellPoint | 37.65 | 32.18 | | 5.22 | 17.4 | | 111.15 percent of total billed charges | |
| BKR CHG TESTOSTERONE; FREE | 84402 | CPT | | | | both | | | 117 | 29.29 | Qualcare | Qualcare | 87.75 | 75 | | | 17.4 | | 111.15 percent of total billed charges | |
| BKR CHG TESTOSTERONE; FREE | 84402 | CPT | | | | both | | | 117 | 29.29 | UHC | Medicaid | 30.4 | | | 19.24 | 17.4 | | 111.15 fee schedule | |
| BKR CHG TESTOSTERONE; FREE | 84402 | CPT | | | | both | | | 117 | 29.29 | Multiplan | Multiplan | 93.6 | 80 | | | 17.4 | | 111.15 percent of total billed charges | |
| BKR CHG TESTOSTERONE; FREE | 84402 | CPT | | | | both | | | 117 | 29.29 | Three Rivers | Three Rivers | 111.15 | 95 | | | 17.4 | | 111.15 percent of total billed charges | |
| BKR CHG TESTOSTERONE; TOTAL | 84403 | CPT | | | | both | | | 117 | 29.68 | Americare | Americare | 87.75 | 75 | | | 17.7 | | 111.15 percent of total billed charges | |
| BKR CHG TESTOSTERONE; TOTAL | 84403 | CPT | | | | both | | | 117 | 29.68 | Aetna | Better Health | 36.91 | 31.55 | | 23.77 | 17.7 | | 111.15 percent of total billed charges | |
| BKR CHG TESTOSTERONE; TOTAL | 84403 | CPT | | | | both | | | 117 | 29.68 | Amerihealth | Medicare | 25.81 | | | | 17.7 | | 111.15 fee schedule | |
| BKR CHG TESTOSTERONE; TOTAL | 84403 | CPT | | | | both | | | 117 | 29.68 | Amerihealth | HMO/PPO | 40.2 | | | 7.01 | 17.7 | | 111.15 fee schedule | |
| BKR CHG TESTOSTERONE; TOTAL | 84403 | CPT | | | | both | | | 117 | 29.68 | Consumer | Consumer | 111.15 | 95 | | | 17.7 | | 111.15 percent of total billed charges | |
| BKR CHG TESTOSTERONE; TOTAL | 84403 | CPT | | | | both | | | 117 | 29.68 | First Health | First Health | 81.9 | 70 | | | 17.7 | | 111.15 percent of total billed charges | |
| BKR CHG TESTOSTERONE; TOTAL | 84403 | CPT | | | | both | | | 117 | 29.68 | Horizon | Medicare Blue | 35.1 | 30 | | 12.25 | 17.7 | | 111.15 percent of total billed charges | |
| BKR CHG TESTOSTERONE; TOTAL | 84403 | CPT | | | | both | | | 117 | 29.68 | Horizon | NJ Health | 62.72 | | | 3.72 | 17.7 | | 111.15 fee schedule | |
| BKR CHG TESTOSTERONE; TOTAL | 84403 | CPT | | | | both | | | 117 | 29.68 | Horizon | MGD | 44.79 | 38.28 | | 27.95 | 17.7 | | 111.15 percent of total billed charges | |
| BKR CHG TESTOSTERONE; TOTAL | 84403 | CPT | | | | both | | | 117 | 29.68 | Aetna | Medicare | 36.04 | 30.8 | | 10.89 | 17.7 | | 111.15 percent of total billed charges | |
| BKR CHG TESTOSTERONE; TOTAL | 84403 | CPT | | | | both | | | 117 | 29.68 | First Trenton | First Trenton | 105.3 | 90 | | | 17.7 | | 111.15 percent of total billed charges | |
| BKR CHG TESTOSTERONE; TOTAL | 84403 | CPT | | | | both | | | 117 | 29.68 | Horizon | Indemnity | 44.79 | 38.28 | | 22.47 | 17.7 | | 111.15 percent of total billed charges | |
| BKR CHG TESTOSTERONE; TOTAL | 84403 | CPT | | | | both | | | 117 | 29.68 | UHC | Medicare | 25.81 | | | 9.34 | 17.7 | | 111.15 fee schedule | |
| BKR CHG TESTOSTERONE; TOTAL | 84403 | CPT | | | | both | | | 117 | 29.68 | Corrections | Corrections | 93.6 | 80 | | 26.34 | 17.7 | | 111.15 percent of total billed charges | |
| BKR CHG TESTOSTERONE; TOTAL | 84403 | CPT | | | | both | | | 117 | 29.68 | Qualcare | Qualcare | 87.75 | 75 | | | 17.7 | | 111.15 percent of total billed charges | |
| BKR CHG TESTOSTERONE; TOTAL | 84403 | CPT | | | | both | | | 117 | 29.68 | Wellcare | Medicare | 25.81 | | | 7.83 | 17.7 | | 111.15 fee schedule | |
| BKR CHG TESTOSTERONE; TOTAL | 84403 | CPT | | | | both | | | 117 | 29.68 | Multiplan | Multiplan | 93.6 | 80 | | | 17.7 | | 111.15 percent of total billed charges | |
| BKR CHG TESTOSTERONE; TOTAL | 84403 | CPT | | | | both | | | 117 | 29.68 | Wellcare | Medicaid | 32 | | | 16.37 | 17.7 | | 111.15 fee schedule | |
| BKR CHG TESTOSTERONE; TOTAL | 84403 | CPT | | | | both | | | 117 | 29.68 | Horizon | PPO | 44.79 | 38.28 | | 22.75 | 17.7 | | 111.15 percent of total billed charges | |
| BKR CHG TESTOSTERONE; TOTAL | 84403 | CPT | | | | both | | | 117 | 29.68 | Three Rivers | Three Rivers | 111.15 | 95 | | | 17.7 | | 111.15 percent of total billed charges | |
| BKR CHG TESTOSTERONE; TOTAL | 84403 | CPT | | | | both | | | 117 | 29.68 | WellPoint | WellPoint | 37.65 | 32.18 | | 18.32 | 17.7 | | 111.15 percent of total billed charges | |
| BKR CHG TESTOSTERONE; TOTAL | 84403 | CPT | | | | both | | | 117 | 29.68 | Managed Care Inc | Managed Care Inc | 105.3 | 90 | | | 17.7 | | 111.15 percent of total billed charges | |
| BKR CHG TESTOSTERONE; TOTAL | 84403 | CPT | | | | both | | | 117 | 29.68 | UHC | Medicaid | 32 | | | 21.54 | 17.7 | | 111.15 fee schedule | |
| BKR CHG TESTOSTERONE FREE&WEAKLY BOUN | 84410 | CPT | | | | outpatient | | | 164 | 58.97 | Amerihealth | Medicare | 51.28 | | | | 39.47 | | 156.8 fee schedule | |
| BKR CHG TESTOSTERONE FREE&WEAKLY BOUN | 84410 | CPT | | | | outpatient | | | 164 | 58.97 | Horizon | Indemnity | 62.78 | 38.28 | | | 39.47 | | 156.8 percent of total billed charges | |
| BKR CHG TESTOSTERONE FREE&WEAKLY BOUN | 84410 | CPT | | | | outpatient | | | 164 | 58.97 | Amerihealth | HMO/PPO | 39.47 | | | | 39.47 | | 156.8 fee schedule | |
| BKR CHG TESTOSTERONE FREE&WEAKLY BOUN | 84410 | CPT | | | | outpatient | | | 164 | 58.97 | Americare | Americare | 123 | 75 | | | 39.47 | | 156.8 percent of total billed charges | |
| BKR CHG TESTOSTERONE FREE&WEAKLY BOUN | 84410 | CPT | | | | outpatient | | | 164 | 58.97 | UHC | Medicare | 51.28 | | | | 39.47 | | 156.8 fee schedule | |
| BKR CHG TESTOSTERONE FREE&WEAKLY BOUN | 84410 | CPT | | | | outpatient | | | 164 | 58.97 | Corrections | Corrections | 131.2 | 80 | | | 39.47 | | 156.8 percent of total billed charges | |
| BKR CHG TESTOSTERONE FREE&WEAKLY BOUN | 84410 | CPT | | | | outpatient | | | 164 | 58.97 | First Health | First Health | 114.8 | 70 | | | 39.47 | | 156.8 percent of total billed charges | |
| BKR CHG TESTOSTERONE FREE&WEAKLY BOUN | 84410 | CPT | | | | outpatient | | | 164 | 58.97 | Aetna | Better Health | 51.74 | 31.55 | | | 39.47 | | 156.8 percent of total billed charges | |
| BKR CHG TESTOSTERONE FREE&WEAKLY BOUN | 84410 | CPT | | | | outpatient | | | 164 | 58.97 | WellPoint | WellPoint | 52.78 | 32.18 | | | 39.47 | | 156.8 percent of total billed charges | |
| BKR CHG TESTOSTERONE FREE&WEAKLY BOUN | 84410 | CPT | | | | outpatient | | | 164 | 58.97 | Qualcare | Qualcare | 123 | 75 | | | 39.47 | | 156.8 percent of total billed charges | |
| BKR CHG TESTOSTERONE FREE&WEAKLY BOUN | 84410 | CPT | | | | outpatient | | | 164 | 58.97 | Horizon | MGD | 62.78 | 38.28 | | | 39.47 | | 156.8 percent of total billed charges | |
| BKR CHG TESTOSTERONE FREE&WEAKLY BOUN | 84410 | CPT | | | | outpatient | | | 164 | 58.97 | Consumer | Consumer | 155.8 | 95 | | | 39.47 | | 156.8 percent of total billed charges | |
| BKR CHG TESTOSTERONE FREE&WEAKLY BOUN | 84410 | CPT | | | | outpatient | | | 164 | 58.97 | Wellcare | Medicare | 51.28 | | | | 39.47 | | 156.8 fee schedule | |
| BKR CHG TESTOSTERONE FREE&WEAKLY BOUN | 84410 | CPT | | | | outpatient | | | 164 | 58.97 | First Trenton | First Trenton | 147.6 | 90 | | | 39.47 | | 156.8 percent of total billed charges | |
| BKR CHG TESTOSTERONE FREE&WEAKLY BOUN | 84410 | CPT | | | | outpatient | | | 164 | 58.97 | Horizon | PPO | 62.78 | 38.28 | | | 39.47 | | 156.8 percent of total billed charges | |
| BKR CHG TESTOSTERONE FREE&WEAKLY BOUN | 84410 | CPT | | | | outpatient | | | 164 | 58.97 | Aetna | Medicare | 50.51 | 30.8 | | | 39.47 | | 156.8 percent of total billed charges | |
| BKR CHG TESTOSTERONE FREE&WEAKLY BOUN | 84410 | CPT | | | | outpatient | | | 164 | 58.97 | Three Rivers | Three Rivers | 155.8 | 95 | | | 39.47 | | 156.8 percent of total billed charges | |
| BKR CHG TESTOSTERONE FREE&WEAKLY BOUN | 84410 | CPT | | | | outpatient | | | 164 | 58.97 | UHC | Medicaid | 41.02 | | | | 39.47 | | 156.8 fee schedule | |
| BKR CHG TESTOSTERONE FREE&WEAKLY BOUN | 84410 | CPT | | | | outpatient | | | 164 | 58.97 | Wellcare | Medicaid | 41.02 | | | | 39.47 | | 156.8 fee schedule | |
| BKR CHG TESTOSTERONE FREE&WEAKLY BOUN | 84410 | CPT | | | | outpatient | | | 164 | 58.97 | Horizon | Medicare Blue | 49.2 | 30 | | | 39.47 | | 156.8 percent of total billed charges | |
| BKR CHG TESTOSTERONE FREE&WEAKLY BOUN | 84410 | CPT | | | | outpatient | | | 164 | 58.97 | Horizon | NJ Health | 56.88 | | | | 39.47 | | 156.8 fee schedule | |
| BKR CHG TESTOSTERONE FREE&WEAKLY BOUN | 84410 | CPT | | | | outpatient | | | 164 | 58.97 | Multiplan | Multiplan | 131.2 | 80 | | | 39.47 | | 156.8 percent of total billed charges | |
| BKR CHG TESTOSTERONE FREE&WEAKLY BOUN | 84410 | CPT | | | | outpatient | | | 164 | 58.97 | Managed Care Inc | Managed Care Inc | 147.6 | 90 | | | 39.47 | | 156.8 percent of total billed charges | |
| BKR CHG VITAMIN B1 (THIAMINE), BLOOD | 84425 | CPT | | | | both | | | 267 | 24.41 | Consumer | Consumer | 253.65 | 95 | | | 10.8 | | 253.65 percent of total billed charges | |
| BKR CHG VITAMIN B1 (THIAMINE), BLOOD | 84425 | CPT | | | | both | | | 267 | 24.41 | Aetna | Medicare | 82.24 | 30.8 | | 4.02 | 10.8 | | 253.65 percent of total billed charges | |
| BKR CHG VITAMIN B1 (THIAMINE), BLOOD | 84425 | CPT | | | | both | | | 267 | 24.41 | Qualcare | Qualcare | 200.25 | 75 | | | 10.8 | | 253.65 percent of total billed charges | |
| BKR CHG VITAMIN B1 (THIAMINE), BLOOD | 84425 | CPT | | | | both | | | 267 | 24.41 | Amerihealth | Medicare | 21.23 | | | | 10.8 | | 253.65 fee schedule | |
| BKR CHG VITAMIN B1 (THIAMINE), BLOOD | 84425 | CPT | | | | both | | | 267 | 24.41 | Aetna | Better Health | 84.24 | 31.55 | | 7.51 | 10.8 | | 253.65 percent of total billed charges | |
| BKR CHG VITAMIN B1 (THIAMINE), BLOOD | 84425 | CPT | | | | both | | | 267 | 24.41 | WellPoint | WellPoint | 85.92 | 32.18 | | 6.13 | 10.8 | | 253.65 percent of total billed charges | |
| BKR CHG VITAMIN B1 (THIAMINE), BLOOD | 84425 | CPT | | | | both | | | 267 | 24.41 | Amerihealth | HMO/PPO | 31.9 | | | 2.77 | 10.8 | | 253.65 fee schedule | |
| BKR CHG VITAMIN B1 (THIAMINE), BLOOD | 84425 | CPT | | | | both | | | 267 | 24.41 | Americare | Americare | 200.25 | 75 | | | 10.8 | | 253.65 percent of total billed charges | |
| BKR CHG VITAMIN B1 (THIAMINE), BLOOD | 84425 | CPT | | | | both | | | 267 | 24.41 | First Health | First Health | 186.9 | 70 | | | 10.8 | | 253.65 percent of total billed charges | |
| BKR CHG VITAMIN B1 (THIAMINE), BLOOD | 84425 | CPT | | | | both | | | 267 | 24.41 | UHC | Medicare | 21.23 | | | 4.51 | 10.8 | | 253.65 fee schedule | |
| BKR CHG VITAMIN B1 (THIAMINE), BLOOD | 84425 | CPT | | | | both | | | 267 | 24.41 | Corrections | Corrections | 213.6 | 80 | | | 10.8 | | 253.65 percent of total billed charges | |
| BKR CHG VITAMIN B1 (THIAMINE), BLOOD | 84425 | CPT | | | | both | | | 267 | 24.41 | Horizon | NJ Health | 62.72 | | | 2.39 | 10.8 | | 253.65 fee schedule | |
| BKR CHG VITAMIN B1 (THIAMINE), BLOOD | 84425 | CPT | | | | both | | | 267 | 24.41 | Multiplan | Multiplan | 213.6 | 80 | | | 10.8 | | 253.65 percent of total billed charges | |
| BKR CHG VITAMIN B1 (THIAMINE), BLOOD | 84425 | CPT | | | | both | | | 267 | 24.41 | Horizon | MGD | 102.21 | 38.28 | | 8.37 | 10.8 | | 253.65 percent of total billed charges | |
| BKR CHG VITAMIN B1 (THIAMINE), BLOOD | 84425 | CPT | | | | both | | | 267 | 24.41 | First Trenton | First Trenton | 240.3 | 90 | | | 10.8 | | 253.65 percent of total billed charges | |
| BKR CHG VITAMIN B1 (THIAMINE), BLOOD | 84425 | CPT | | | | both | | | 267 | 24.41 | Three Rivers | Three Rivers | 253.65 | 95 | | | 10.8 | | 253.65 percent of total billed charges | |
| BKR CHG VITAMIN B1 (THIAMINE), BLOOD | 84425 | CPT | | | | both | | | 267 | 24.41 | UHC | Medicaid | 23.11 | | | 6.3 | 10.8 | | 253.65 fee schedule | |
| BKR CHG VITAMIN B1 (THIAMINE), BLOOD | 84425 | CPT | | | | both | | | 267 | 24.41 | Wellcare | Medicaid | 23.11 | | | 7.04 | 10.8 | | 253.65 fee schedule | |
| BKR CHG VITAMIN B1 (THIAMINE), BLOOD | 84425 | CPT | | | | both | | | 267 | 24.41 | Horizon | Indemnity | 102.21 | 38.28 | | 6.71 | 10.8 | | 253.65 percent of total billed charges | |
| BKR CHG VITAMIN B1 (THIAMINE), BLOOD | 84425 | CPT | | | | both | | | 267 | 24.41 | Wellcare | Medicare | 21.23 | | | 0.05 | 10.8 | | 253.65 fee schedule | |
| BKR CHG VITAMIN B1 (THIAMINE), BLOOD | 84425 | CPT | | | | both | | | 267 | 24.41 | Horizon | Medicare Blue | 80.1 | 30 | | | 10.8 | | 253.65 percent of total billed charges | |
| BKR CHG VITAMIN B1 (THIAMINE), BLOOD | 84425 | CPT | | | | both | | | 267 | 24.41 | Horizon | PPO | 102.21 | 38.28 | | 6.06 | 10.8 | | 253.65 percent of total billed charges | |
| BKR CHG VITAMIN B1 (THIAMINE), BLOOD | 84425 | CPT | | | | both | | | 267 | 24.41 | Managed Care Inc | Managed Care Inc | 240.3 | 90 | | | 10.8 | | 253.65 percent of total billed charges | |
| BKR CHG THIOCYANATE SERUM | 84430 | CPT | | | | outpatient | | | 291 | 13.37 | Qualcare | Qualcare | 218.25 | 75 | | | 3.6 | | 276.45 percent of total billed charges | |
| BKR CHG THIOCYANATE SERUM | 84430 | CPT | | | | outpatient | | | 291 | 13.37 | Corrections | Corrections | 232.8 | 80 | | | 3.6 | | 276.45 percent of total billed charges | |
| BKR CHG THIOCYANATE SERUM | 84430 | CPT | | | | outpatient | | | 291 | 13.37 | Aetna | Medicare | 89.63 | 30.8 | | | 3.6 | | 276.45 percent of total billed charges | |
| BKR CHG THIOCYANATE SERUM | 84430 | CPT | | | | outpatient | | | 291 | 13.37 | Horizon | MGD | 111.39 | 38.28 | | | 3.6 | | 276.45 percent of total billed charges | |
| BKR CHG THIOCYANATE SERUM | 84430 | CPT | | | | outpatient | | | 291 | 13.37 | Amerihealth | Medicare | 11.63 | | | | 3.6 | | 276.45 fee schedule | |
| BKR CHG THIOCYANATE SERUM | 84430 | CPT | | | | outpatient | | | 291 | 13.37 | Americare | Americare | 218.25 | 75 | | | 3.6 | | 276.45 percent of total billed charges | |
| BKR CHG THIOCYANATE SERUM | 84430 | CPT | | | | outpatient | | | 291 | 13.37 | Aetna | Better Health | 91.81 | 31.55 | | | 3.6 | | 276.45 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG THIOCYANATE SERUM | 84430 | CPT | | | | outpatient | | | 291 | 13.37 | Amerihealth | HMO/PPO | 6.1 | | | | 3.6 | | 276.45 fee schedule | |
| BKR CHG THIOCYANATE SERUM | 84430 | CPT | | | | outpatient | | | 291 | 13.37 | WellPoint | WellPoint | 93.64 | 32.18 | | | 3.6 | | 276.45 percent of total billed charges | |
| BKR CHG THIOCYANATE SERUM | 84430 | CPT | | | | outpatient | | | 291 | 13.37 | First Trenton | First Trenton | 261.9 | 90 | | | 3.6 | | 276.45 percent of total billed charges | |
| BKR CHG THIOCYANATE SERUM | 84430 | CPT | | | | outpatient | | | 291 | 13.37 | Consumer | Consumer | 276.45 | 95 | | | 3.6 | | 276.45 percent of total billed charges | |
| BKR CHG THIOCYANATE SERUM | 84430 | CPT | | | | outpatient | | | 291 | 13.37 | Horizon | Indemnity | 111.39 | 38.28 | | | 3.6 | | 276.45 percent of total billed charges | |
| BKR CHG THIOCYANATE SERUM | 84430 | CPT | | | | outpatient | | | 291 | 13.37 | First Health | First Health | 203.7 | 70 | | | 3.6 | | 276.45 percent of total billed charges | |
| BKR CHG THIOCYANATE SERUM | 84430 | CPT | | | | outpatient | | | 291 | 13.37 | Horizon | Medicare Blue | 87.3 | 30 | | | 3.6 | | 276.45 percent of total billed charges | |
| BKR CHG THIOCYANATE SERUM | 84430 | CPT | | | | outpatient | | | 291 | 13.37 | Wellcare | Medicaid | 3.6 | | | | 3.6 | | 276.45 fee schedule | |
| BKR CHG THIOCYANATE SERUM | 84430 | CPT | | | | outpatient | | | 291 | 13.37 | Horizon | PPO | 111.39 | 38.28 | | | 3.6 | | 276.45 percent of total billed charges | |
| BKR CHG THIOCYANATE SERUM | 84430 | CPT | | | | outpatient | | | 291 | 13.37 | Multiplan | Multiplan | 232.8 | 80 | | | 3.6 | | 276.45 percent of total billed charges | |
| BKR CHG THIOCYANATE SERUM | 84430 | CPT | | | | outpatient | | | 291 | 13.37 | Horizon | NJ Health | 7.06 | | | | 3.6 | | 276.45 fee schedule | |
| BKR CHG THIOCYANATE SERUM | 84430 | CPT | | | | outpatient | | | 291 | 13.37 | Wellcare | Medicare | 11.63 | | | | 3.6 | | 276.45 fee schedule | |
| BKR CHG THIOCYANATE SERUM | 84430 | CPT | | | | outpatient | | | 291 | 13.37 | Three Rivers | Three Rivers | 276.45 | 95 | | | 3.6 | | 276.45 percent of total billed charges | |
| BKR CHG THIOCYANATE SERUM | 84430 | CPT | | | | outpatient | | | 291 | 13.37 | UHC | Medicare | 11.63 | | | | 3.6 | | 276.45 fee schedule | |
| BKR CHG THIOCYANATE SERUM | 84430 | CPT | | | | outpatient | | | 291 | 13.37 | Managed Care Inc | Managed Care Inc | 261.9 | 90 | | | 3.6 | | 276.45 percent of total billed charges | |
| BKR CHG THIOCYANATE SERUM | 84430 | CPT | | | | outpatient | | | 291 | 13.37 | UHC | Medicaid | 3.6 | | | | 3.6 | | 276.45 fee schedule | |
| BKR CHG THYROGLOBULIN LN ASPIRATE (5 | 84432 | CPT | | | | outpatient | | | 291 | 18.47 | WellPoint | WellPoint | 93.64 | 32.18 | | | 13 | | 276.45 percent of total billed charges | |
| BKR CHG THYROGLOBULIN LN ASPIRATE (5 | 84432 | CPT | | | | outpatient | | | 291 | 18.47 | Multiplan | Multiplan | 232.8 | 80 | | | 13 | | 276.45 percent of total billed charges | |
| BKR CHG THYROGLOBULIN LN ASPIRATE (5 | 84432 | CPT | | | | outpatient | | | 291 | 18.47 | Horizon | MGD | 111.39 | 38.28 | | | 13 | | 276.45 percent of total billed charges | |
| BKR CHG THYROGLOBULIN LN ASPIRATE (5 | 84432 | CPT | | | | outpatient | | | 291 | 18.47 | Consumer | Consumer | 276.45 | 95 | | | 13 | | 276.45 percent of total billed charges | |
| BKR CHG THYROGLOBULIN LN ASPIRATE (5 | 84432 | CPT | | | | outpatient | | | 291 | 18.47 | First Health | First Health | 203.7 | 70 | | | 13 | | 276.45 percent of total billed charges | |
| BKR CHG THYROGLOBULIN LN ASPIRATE (5 | 84432 | CPT | | | | outpatient | | | 291 | 18.47 | Amerihealth | HMO/PPO | 30 | | | 3.77 | 13 | | 276.45 fee schedule | |
| BKR CHG THYROGLOBULIN LN ASPIRATE (5 | 84432 | CPT | | | | outpatient | | | 291 | 18.47 | Aetna | Medicare | 89.63 | 30.8 | | 3 | 13 | | 276.45 percent of total billed charges | |
| BKR CHG THYROGLOBULIN LN ASPIRATE (5 | 84432 | CPT | | | | outpatient | | | 291 | 18.47 | Aetna | Better Health | 91.81 | 31.55 | | | 13 | | 276.45 percent of total billed charges | |
| BKR CHG THYROGLOBULIN LN ASPIRATE (5 | 84432 | CPT | | | | outpatient | | | 291 | 18.47 | Wellcare | Medicare | 16.06 | | | | 13 | | 276.45 fee schedule | |
| BKR CHG THYROGLOBULIN LN ASPIRATE (5 | 84432 | CPT | | | | outpatient | | | 291 | 18.47 | Qualcare | Qualcare | 218.25 | 75 | | | 13 | | 276.45 percent of total billed charges | |
| BKR CHG THYROGLOBULIN LN ASPIRATE (5 | 84432 | CPT | | | | outpatient | | | 291 | 18.47 | Corrections | Corrections | 232.8 | 80 | | | 13 | | 276.45 percent of total billed charges | |
| BKR CHG THYROGLOBULIN LN ASPIRATE (5 | 84432 | CPT | | | | outpatient | | | 291 | 18.47 | Amerihealth | Medicare | 16.06 | | | | 13 | | 276.45 fee schedule | |
| BKR CHG THYROGLOBULIN LN ASPIRATE (5 | 84432 | CPT | | | | outpatient | | | 291 | 18.47 | Americare | Americare | 218.25 | 75 | | | 13 | | 276.45 percent of total billed charges | |
| BKR CHG THYROGLOBULIN LN ASPIRATE (5 | 84432 | CPT | | | | outpatient | | | 291 | 18.47 | UHC | Medicare | 16.06 | | | | 13 | | 276.45 fee schedule | |
| BKR CHG THYROGLOBULIN LN ASPIRATE (5 | 84432 | CPT | | | | outpatient | | | 291 | 18.47 | Horizon | Medicare Blue | 87.3 | 30 | | | 13 | | 276.45 percent of total billed charges | |
| BKR CHG THYROGLOBULIN LN ASPIRATE (5 | 84432 | CPT | | | | outpatient | | | 291 | 18.47 | First Trenton | First Trenton | 261.9 | 90 | | | 13 | | 276.45 percent of total billed charges | |
| BKR CHG THYROGLOBULIN LN ASPIRATE (5 | 84432 | CPT | | | | outpatient | | | 291 | 18.47 | Wellcare | Medicaid | 13 | | | | 13 | | 276.45 fee schedule | |
| BKR CHG THYROGLOBULIN LN ASPIRATE (5 | 84432 | CPT | | | | outpatient | | | 291 | 18.47 | Horizon | Indemnity | 111.39 | 38.28 | | | 13 | | 276.45 percent of total billed charges | |
| BKR CHG THYROGLOBULIN LN ASPIRATE (5 | 84432 | CPT | | | | outpatient | | | 291 | 18.47 | Horizon | NJ Health | 25.48 | | | 2.94 | 13 | | 276.45 fee schedule | |
| BKR CHG THYROGLOBULIN LN ASPIRATE (5 | 84432 | CPT | | | | outpatient | | | 291 | 18.47 | Horizon | PPO | 111.39 | 38.28 | | | 13 | | 276.45 percent of total billed charges | |
| BKR CHG THYROGLOBULIN LN ASPIRATE (5 | 84432 | CPT | | | | outpatient | | | 291 | 18.47 | Managed Care Inc | Managed Care Inc | 261.9 | 90 | | | 13 | | 276.45 percent of total billed charges | |
| BKR CHG THYROGLOBULIN LN ASPIRATE (5 | 84432 | CPT | | | | outpatient | | | 291 | 18.47 | Three Rivers | Three Rivers | 276.45 | 95 | | | 13 | | 276.45 percent of total billed charges | |
| BKR CHG THYROGLOBULIN LN ASPIRATE (5 | 84432 | CPT | | | | outpatient | | | 291 | 18.47 | UHC | Medicaid | 13 | | | | 13 | | 276.45 fee schedule | |
| BKR CHG THIOPURINE METHYLTRANSFERASE | 84433 | CPT | | | | outpatient | | | 565 | 25.5 | Amerihealth | Medicare | 22.17 | | | | 22.17 | | 536.75 fee schedule | |
| BKR CHG THIOPURINE METHYLTRANSFERASE | 84433 | CPT | | | | outpatient | | | 565 | 25.5 | UHC | Medicare | 22.17 | | | | 22.17 | | 536.75 fee schedule | |
| BKR CHG THIOPURINE METHYLTRANSFERASE | 84433 | CPT | | | | outpatient | | | 565 | 25.5 | Aetna | Medicare | 174.02 | 30.8 | | | 22.17 | | 536.75 percent of total billed charges | |
| BKR CHG THIOPURINE METHYLTRANSFERASE | 84433 | CPT | | | | outpatient | | | 565 | 25.5 | Consumer | Consumer | 536.75 | 95 | | | 22.17 | | 536.75 percent of total billed charges | |
| BKR CHG THIOPURINE METHYLTRANSFERASE | 84433 | CPT | | | | outpatient | | | 565 | 25.5 | Amerihealth | HMO/PPO | 367.25 | 65 | | | 22.17 | | 536.75 percent of total billed charges | |
| BKR CHG THIOPURINE METHYLTRANSFERASE | 84433 | CPT | | | | outpatient | | | 565 | 25.5 | Aetna | Better Health | 178.26 | 31.55 | | | 22.17 | | 536.75 percent of total billed charges | |
| BKR CHG THIOPURINE METHYLTRANSFERASE | 84433 | CPT | | | | outpatient | | | 565 | 25.5 | First Health | First Health | 396.5 | 70 | | | 22.17 | | 536.75 percent of total billed charges | |
| BKR CHG THIOPURINE METHYLTRANSFERASE | 84433 | CPT | | | | outpatient | | | 565 | 25.5 | Corrections | Corrections | 452 | 80 | | | 22.17 | | 536.75 percent of total billed charges | |
| BKR CHG THIOPURINE METHYLTRANSFERASE | 84433 | CPT | | | | outpatient | | | 565 | 25.5 | First Trenton | First Trenton | 508.5 | 90 | | | 22.17 | | 536.75 percent of total billed charges | |
| BKR CHG THIOPURINE METHYLTRANSFERASE | 84433 | CPT | | | | outpatient | | | 565 | 25.5 | Americare | Americare | 423.75 | 75 | | | 22.17 | | 536.75 percent of total billed charges | |
| BKR CHG THIOPURINE METHYLTRANSFERASE | 84433 | CPT | | | | outpatient | | | 565 | 25.5 | Horizon | MGD | 216.28 | 38.28 | | | 22.17 | | 536.75 percent of total billed charges | |
| BKR CHG THIOPURINE METHYLTRANSFERASE | 84433 | CPT | | | | outpatient | | | 565 | 25.5 | Multiplan | Multiplan | 452 | 80 | | | 22.17 | | 536.75 percent of total billed charges | |
| BKR CHG THIOPURINE METHYLTRANSFERASE | 84433 | CPT | | | | outpatient | | | 565 | 25.5 | Horizon | Indemnity | 216.28 | 38.28 | | | 22.17 | | 536.75 percent of total billed charges | |
| BKR CHG THIOPURINE METHYLTRANSFERASE | 84433 | CPT | | | | outpatient | | | 565 | 25.5 | Three Rivers | Three Rivers | 536.75 | 95 | | | 22.17 | | 536.75 percent of total billed charges | |
| BKR CHG THIOPURINE METHYLTRANSFERASE | 84433 | CPT | | | | outpatient | | | 565 | 25.5 | Horizon | Medicare Blue | 169.5 | 30 | | | 22.17 | | 536.75 percent of total billed charges | |
| BKR CHG THIOPURINE METHYLTRANSFERASE | 84433 | CPT | | | | outpatient | | | 565 | 25.5 | Managed Care Inc | Managed Care Inc | 508.5 | 90 | | | 22.17 | | 536.75 percent of total billed charges | |
| BKR CHG THIOPURINE METHYLTRANSFERASE | 84433 | CPT | | | | outpatient | | | 565 | 25.5 | Horizon | PPO | 216.28 | 38.28 | | | 22.17 | | 536.75 percent of total billed charges | |
| BKR CHG THIOPURINE METHYLTRANSFERASE | 84433 | CPT | | | | outpatient | | | 565 | 25.5 | Qualcare | Qualcare | 423.75 | 75 | | | 22.17 | | 536.75 percent of total billed charges | |
| BKR CHG THIOPURINE METHYLTRANSFERASE | 84433 | CPT | | | | outpatient | | | 565 | 25.5 | Wellcare | Medicaid | 178.26 | 31.55 | | | 22.17 | | 536.75 percent of total billed charges | |
| BKR CHG THIOPURINE METHYLTRANSFERASE | 84433 | CPT | | | | outpatient | | | 565 | 25.5 | UHC | Medicaid | 178.26 | 31.55 | | | 22.17 | | 536.75 percent of total billed charges | |
| BKR CHG THIOPURINE METHYLTRANSFERASE | 84433 | CPT | | | | outpatient | | | 565 | 25.5 | Wellcare | Medicare | 22.17 | | | | 22.17 | | 536.75 fee schedule | |
| BKR CHG THIOPURINE METHYLTRANSFERASE | 84433 | CPT | | | | outpatient | | | 565 | 25.5 | WellPoint | WellPoint | 181.82 | 32.18 | | | 22.17 | | 536.75 percent of total billed charges | |
| BKR CHG THYROXINE; TOTAL | 84436 | CPT | | | | both | | | 65 | 7.9 | Horizon | Indemnity | 24.88 | 38.28 | | | 5.4 | | 61.75 percent of total billed charges | |
| BKR CHG THYROXINE; TOTAL | 84436 | CPT | | | | both | | | 65 | 7.9 | Aetna | Medicare | 20.02 | 30.8 | | 1.99 | 5.4 | | 61.75 percent of total billed charges | |
| BKR CHG THYROXINE; TOTAL | 84436 | CPT | | | | both | | | 65 | 7.9 | Amerihealth | Medicare | 6.87 | | | | 5.4 | | 61.75 fee schedule | |
| BKR CHG THYROXINE; TOTAL | 84436 | CPT | | | | both | | | 65 | 7.9 | Amerihealth | HMO/PPO | 10.8 | | | 4.04 | 5.4 | | 61.75 fee schedule | |
| BKR CHG THYROXINE; TOTAL | 84436 | CPT | | | | both | | | 65 | 7.9 | Multiplan | Multiplan | .52 | 80 | | | 5.4 | | 61.75 percent of total billed charges | |
| BKR CHG THYROXINE; TOTAL | 84436 | CPT | | | | both | | | 65 | 7.9 | Wellcare | Medicare | 6.87 | | | | 5.4 | | 61.75 fee schedule | |
| BKR CHG THYROXINE; TOTAL | 84436 | CPT | | | | both | | | 65 | 7.9 | First Trenton | First Trenton | 58.5 | 90 | | | 5.4 | | 61.75 percent of total billed charges | |
| BKR CHG THYROXINE; TOTAL | 84436 | CPT | | | | both | | | 65 | 7.9 | Aetna | Better Health | 20.51 | 31.55 | | 10.85 | 5.4 | | 61.75 percent of total billed charges | |
| BKR CHG THYROXINE; TOTAL | 84436 | CPT | | | | both | | | 65 | 7.9 | Qualcare | Qualcare | 48.75 | 75 | | | 5.4 | | 61.75 percent of total billed charges | |
| BKR CHG THYROXINE; TOTAL | 84436 | CPT | | | | both | | | 65 | 7.9 | Horizon | MGD | 24.88 | 38.28 | | 12.88 | 5.4 | | 61.75 percent of total billed charges | |
| BKR CHG THYROXINE; TOTAL | 84436 | CPT | | | | both | | | 65 | 7.9 | First Health | First Health | 45.5 | 70 | | | 5.4 | | 61.75 percent of total billed charges | |
| BKR CHG THYROXINE; TOTAL | 84436 | CPT | | | | both | | | 65 | 7.9 | Consumer | Consumer | 61.75 | 95 | | | 5.4 | | 61.75 percent of total billed charges | |
| BKR CHG THYROXINE; TOTAL | 84436 | CPT | | | | both | | | 65 | 7.9 | UHC | Medicaid | 6 | | | 15.58 | 5.4 | | 61.75 fee schedule | |
| BKR CHG THYROXINE; TOTAL | 84436 | CPT | | | | both | | | 65 | 7.9 | Wellcare | Medicaid | 6 | | | 17.76 | 5.4 | | 61.75 fee schedule | |
| BKR CHG THYROXINE; TOTAL | 84436 | CPT | | | | both | | | 65 | 7.9 | Horizon | NJ Health | 11.76 | | | 3.15 | 5.4 | | 61.75 fee schedule | |
| BKR CHG THYROXINE; TOTAL | 84436 | CPT | | | | both | | | 65 | 7.9 | Americare | Americare | 48.75 | 75 | | | 5.4 | | 61.75 percent of total billed charges | |
| BKR CHG THYROXINE; TOTAL | 84436 | CPT | | | | both | | | 65 | 7.9 | Horizon | Medicare Blue | 19.5 | 30 | | 4.6 | 5.4 | | 61.75 percent of total billed charges | |
| BKR CHG THYROXINE; TOTAL | 84436 | CPT | | | | both | | | 65 | 7.9 | Corrections | Corrections | 52 | 80 | | 10.08 | 5.4 | | 61.75 percent of total billed charges | |
| BKR CHG THYROXINE; TOTAL | 84436 | CPT | | | | both | | | 65 | 7.9 | Managed Care Inc | Managed Care Inc | 58.5 | 90 | | | 5.4 | | 61.75 percent of total billed charges | |
| BKR CHG THYROXINE; TOTAL | 84436 | CPT | | | | both | | | 65 | 7.9 | Horizon | PPO | 24.88 | 38.28 | | 24.51 | 5.4 | | 61.75 percent of total billed charges | |
| BKR CHG THYROXINE; TOTAL | 84436 | CPT | | | | both | | | 65 | 7.9 | UHC | Medicare | 6.87 | | | 11.35 | 5.4 | | 61.75 fee schedule | |
| BKR CHG THYROXINE; TOTAL | 84436 | CPT | | | | both | | | 65 | 7.9 | Three Rivers | Three Rivers | 61.75 | 95 | | | 5.4 | | 61.75 percent of total billed charges | |
| BKR CHG THYROXINE; TOTAL | 84436 | CPT | | | | both | | | 65 | 7.9 | WellPoint | WellPoint | 20.92 | 32.18 | | 18.59 | 5.4 | | 61.75 percent of total billed charges | |
| BKR CHG THYROXINE;FREE | 84439 | CPT | | | | both | | | 370 | 10.37 | Americare | Americare | 277.5 | 75 | | | 6 | | 351.5 percent of total billed charges | |
| BKR CHG THYROXINE;FREE | 84439 | CPT | | | | both | | | 370 | 10.37 | Aetna | Better Health | 116.74 | 31.55 | | 20.48 | 6 | | 351.5 percent of total billed charges | |
| BKR CHG THYROXINE;FREE | 84439 | CPT | | | | both | | | 370 | 10.37 | Horizon | MGD | 141.64 | 38.28 | | 20.33 | 6 | | 351.5 percent of total billed charges | |
| BKR CHG THYROXINE;FREE | 84439 | CPT | | | | both | | | 370 | 10.37 | Corrections | Corrections | 296 | 80 | | 16.53 | 6 | | 351.5 percent of total billed charges | |
| BKR CHG THYROXINE;FREE | 84439 | CPT | | | | both | | | 370 | 10.37 | Horizon | NJ Health | 19.6 | | | 6.56 | 6 | | 351.5 fee schedule | |
| BKR CHG THYROXINE;FREE | 84439 | CPT | | | | both | | | 370 | 10.37 | Amerihealth | HMO/PPO | 13.7 | | | 6.22 | 6 | | 351.5 fee schedule | |
| BKR CHG THYROXINE;FREE | 84439 | CPT | | | | both | | | 370 | 10.37 | Wellcare | Medicare | 9.02 | | | 21.74 | 6 | | 351.5 fee schedule | |
| BKR CHG THYROXINE;FREE | 84439 | CPT | | | | both | | | 370 | 10.37 | Horizon | Medicare Blue | 111 | 30 | | 12.99 | 6 | | 351.5 percent of total billed charges | |
| BKR CHG THYROXINE;FREE | 84439 | CPT | | | | both | | | 370 | 10.37 | Horizon | PPO | 141.64 | 38.28 | | 22.99 | 6 | | 351.5 percent of total billed charges | |
| BKR CHG THYROXINE;FREE | 84439 | CPT | | | | both | | | 370 | 10.37 | Aetna | Medicare | 113.96 | 30.8 | | 16.5 | 6 | | 351.5 percent of total billed charges | |
| BKR CHG THYROXINE;FREE | 84439 | CPT | | | | both | | | 370 | 10.37 | Multiplan | Multiplan | 296 | 80 | | | 6 | | 351.5 percent of total billed charges | |
| BKR CHG THYROXINE;FREE | 84439 | CPT | | | | both | | | 370 | 10.37 | UHC | Medicaid | 10 | | | 20.75 | 6 | | 351.5 fee schedule | |
| BKR CHG THYROXINE;FREE | 84439 | CPT | | | | both | | | 370 | 10.37 | Qualcare | Qualcare | 277.5 | 75 | | | 6 | | 351.5 percent of total billed charges | |
| BKR CHG THYROXINE;FREE | 84439 | CPT | | | | both | | | 370 | 10.37 | Consumer | Consumer | 351.5 | 95 | | | 6 | | 351.5 percent of total billed charges | |
| BKR CHG THYROXINE;FREE | 84439 | CPT | | | | both | | | 370 | 10.37 | UHC | Medicare | 9.02 | | | 13.61 | 6 | | 351.5 fee schedule | |
| BKR CHG THYROXINE;FREE | 84439 | CPT | | | | both | | | 370 | 10.37 | Amerihealth | Medicare | 9.02 | | | | 6 | | 351.5 fee schedule | |
| BKR CHG THYROXINE;FREE | 84439 | CPT | | | | both | | | 370 | 10.37 | WellPoint | WellPoint | 119.07 | 32.18 | | 19.78 | 6 | | 351.5 percent of total billed charges | |
| BKR CHG THYROXINE;FREE | 84439 | CPT | | | | both | | | 370 | 10.37 | First Trenton | First Trenton | 333 | 90 | | | 6 | | 351.5 percent of total billed charges | |
| BKR CHG THYROXINE;FREE | 84439 | CPT | | | | both | | | 370 | 10.37 | First Health | First Health | 259 | 70 | | | 6 | | 351.5 percent of total billed charges | |
| BKR CHG THYROXINE;FREE | 84439 | CPT | | | | both | | | 370 | 10.37 | Managed Care Inc | Managed Care Inc | 333 | 90 | | | 6 | | 351.5 percent of total billed charges | |
| BKR CHG THYROXINE;FREE | 84439 | CPT | | | | both | | | 370 | 10.37 | Horizon | Indemnity | 141.64 | 38.28 | | 16 | 6 | | 351.5 percent of total billed charges | |
| BKR CHG THYROXINE;FREE | 84439 | CPT | | | | both | | | 370 | 10.37 | Three Rivers | Three Rivers | 351.5 | 95 | | | 6 | | 351.5 percent of total billed charges | |
| BKR CHG THYROXINE;FREE | 84439 | CPT | | | | both | | | 370 | 10.37 | Wellcare | Medicaid | 10 | | | 17.86 | 6 | | 351.5 fee schedule | |
| BKR CHG THYROGLOBULIN ANTIBODY | 84442 | CPT | | | | both | | | 34 | 17 | Consumer | Consumer | 32.3 | 95 | | | 10.2 | | 32.3 percent of total billed charges | |
| BKR CHG THYROGLOBULIN ANTIBODY | 84442 | CPT | | | | both | | | 34 | 17 | Aetna | Medicare | 10.47 | 30.8 | | | 10.2 | | 32.3 percent of total billed charges | |
| BKR CHG THYROGLOBULIN ANTIBODY | 84442 | CPT | | | | both | | | 34 | 17 | Qualcare | Qualcare | 25.5 | 75 | | | 10.2 | | 32.3 percent of total billed charges | |
| BKR CHG THYROGLOBULIN ANTIBODY | 84442 | CPT | | | | both | | | 34 | 17 | Americare | Americare | 25.5 | 75 | | | 10.2 | | 32.3 percent of total billed charges | |
| BKR CHG THYROGLOBULIN ANTIBODY | 84442 | CPT | | | | both | | | 34 | 17 | Aetna | Better Health | 10.73 | 31.55 | | | 10.2 | | 32.3 percent of total billed charges | |
| BKR CHG THYROGLOBULIN ANTIBODY | 84442 | CPT | | | | both | | | 34 | 17 | Amerihealth | Medicare | 14.78 | | | | 10.2 | | 32.3 fee schedule | |
| BKR CHG THYROGLOBULIN ANTIBODY | 84442 | CPT | | | | both | | | 34 | 17 | UHC | Medicare | 14.78 | | | | 10.2 | | 32.3 fee schedule | |
| BKR CHG THYROGLOBULIN ANTIBODY | 84442 | CPT | | | | both | | | 34 | 17 | First Trenton | First Trenton | 30.6 | 90 | | | 10.2 | | 32.3 percent of total billed charges | |
| BKR CHG THYROGLOBULIN ANTIBODY | 84442 | CPT | | | | both | | | 34 | 17 | Corrections | Corrections | 27.2 | 80 | | | 10.2 | | 32.3 percent of total billed charges | |
| BKR CHG THYROGLOBULIN ANTIBODY | 84442 | CPT | | | | both | | | 34 | 17 | Multiplan | Multiplan | 27.2 | 80 | | | 10.2 | | 32.3 percent of total billed charges | |
| BKR CHG THYROGLOBULIN ANTIBODY | 84442 | CPT | | | | both | | | 34 | 17 | First Health | First Health | 23.8 | 70 | | | 10.2 | | 32.3 percent of total billed charges | |
| BKR CHG THYROGLOBULIN ANTIBODY | 84442 | CPT | | | | both | | | 34 | 17 | Amerihealth | HMO/PPO | 23.1 | | | | 10.2 | | 32.3 fee schedule | |
| BKR CHG THYROGLOBULIN ANTIBODY | 84442 | CPT | | | | both | | | 34 | 17 | Horizon | NJ Health | 23.52 | | | | 10.2 | | 32.3 fee schedule | |
| BKR CHG THYROGLOBULIN ANTIBODY | 84442 | CPT | | | | both | | | 34 | 17 | Horizon | MGD | 13.02 | 38.28 | | | 10.2 | | 32.3 percent of total billed charges | |
| BKR CHG THYROGLOBULIN ANTIBODY | 84442 | CPT | | | | both | | | 34 | 17 | Horizon | Indemnity | 13.02 | 38.28 | | | 10.2 | | 32.3 percent of total billed charges | |
| BKR CHG THYROGLOBULIN ANTIBODY | 84442 | CPT | | | | both | | | 34 | 17 | UHC | Medicaid | 12 | | | | 10.2 | | 32.3 fee schedule | |
| BKR CHG THYROGLOBULIN ANTIBODY | 84442 | CPT | | | | both | | | 34 | 17 | WellPoint | WellPoint | 10.94 | 32.18 | | | 10.2 | | 32.3 percent of total billed charges | |
| BKR CHG THYROGLOBULIN ANTIBODY | 84442 | CPT | | | | both | | | 34 | 17 | Wellcare | Medicaid | 12 | | | | 10.2 | | 32.3 fee schedule | |
| BKR CHG THYROGLOBULIN ANTIBODY | 84442 | CPT | | | | both | | | 34 | 17 | Horizon | Medicare Blue | 10.2 | 30 | | | 10.2 | | 32.3 percent of total billed charges | |
| BKR CHG THYROGLOBULIN ANTIBODY | 84442 | CPT | | | | both | | | 34 | 17 | Wellcare | Medicare | 14.78 | | | | 10.2 | | 32.3 fee schedule | |
| BKR CHG THYROGLOBULIN ANTIBODY | 84442 | CPT | | | | both | | | 34 | 17 | Horizon | PPO | 13.02 | 38.28 | | | 10.2 | | 32.3 percent of total billed charges | |
| BKR CHG THYROGLOBULIN ANTIBODY | 84442 | CPT | | | | both | | | 34 | 17 | Managed Care Inc | Managed Care Inc | 30.6 | 90 | | | 10.2 | | 32.3 percent of total billed charges | |
| BKR CHG THYROGLOBULIN ANTIBODY | 84442 | CPT | | | | both | | | 34 | 17 | Three Rivers | Three Rivers | 32.3 | 95 | | | 10.2 | | 32.3 percent of total billed charges | |
| BKR CHG TSH.RFX.ON.ABNORMAL.TO.FREE.T4 | 84443 | CPT | | | | both | | | 625 | 19.32 | Amerihealth | Medicare | 16.8 | | | | 11.7 | | 593.75 fee schedule | |
| BKR CHG TSH.RFX.ON.ABNORMAL.TO.FREE.T4 | 84443 | CPT | | | | both | | | 625 | 19.32 | Amerihealth | HMO/PPO | 26.2 | | | 16.59 | 11.7 | | 593.75 fee schedule | |
| BKR CHG TSH.RFX.ON.ABNORMAL.TO.FREE.T4 | 84443 | CPT | | | | both | | | 625 | 19.32 | Consumer | Consumer | 593.75 | 95 | | | 11.7 | | 593.75 percent of total billed charges | |
| BKR CHG TSH.RFX.ON.ABNORMAL.TO.FREE.T4 | 84443 | CPT | | | | both | | | 625 | 19.32 | Corrections | Corrections | 500 | 80 | | 32.16 | 11.7 | | 593.75 percent of total billed charges | |
| BKR CHG TSH.RFX.ON.ABNORMAL.TO.FREE.T4 | 84443 | CPT | | | | both | | | 625 | 19.32 | Aetna | Better Health | 197.19 | 31.55 | | 35.96 | 11.7 | | 593.75 percent of total billed charges | |
| BKR CHG TSH.RFX.ON.ABNORMAL.TO.FREE.T4 | 84443 | CPT | | | | both | | | 625 | 19.32 | Multiplan | Multiplan | 500 | 80 | | | 11.7 | | 593.75 percent of total billed charges | |
| BKR CHG TSH.RFX.ON.ABNORMAL.TO.FREE.T4 | 84443 | CPT | | | | both | | | 625 | 19.32 | First Trenton | First Trenton | 562.5 | 90 | | | 11.7 | | 593.75 percent of total billed charges | |
| BKR CHG TSH.RFX.ON.ABNORMAL.TO.FREE.T4 | 84443 | CPT | | | | both | | | 625 | 19.32 | Americare | Americare | 468.75 | 75 | | | 11.7 | | 593.75 percent of total billed charges | |
| BKR CHG TSH.RFX.ON.ABNORMAL.TO.FREE.T4 | 84443 | CPT | | | | both | | | 625 | 19.32 | Horizon | NJ Health | 49 | | | 11.58 | 11.7 | | 593.75 fee schedule | |
| BKR CHG TSH.RFX.ON.ABNORMAL.TO.FREE.T4 | 84443 | CPT | | | | both | | | 625 | 19.32 | First Health | First Health | 437.5 | 70 | | | 11.7 | | 593.75 percent of total billed charges | |
| BKR CHG TSH.RFX.ON.ABNORMAL.TO.FREE.T4 | 84443 | CPT | | | | both | | | 625 | 19.32 | Managed Care Inc | Managed Care Inc | 562.5 | 90 | | | 11.7 | | 593.75 percent of total billed charges | |
| BKR CHG TSH.RFX.ON.ABNORMAL.TO.FREE.T4 | 84443 | CPT | | | | both | | | 625 | 19.32 | Horizon | Medicare Blue | 187.5 | 30 | | 20.25 | 11.7 | | 593.75 percent of total billed charges | |
| BKR CHG TSH.RFX.ON.ABNORMAL.TO.FREE.T4 | 84443 | CPT | | | | both | | | 625 | 19.32 | Aetna | Medicare | 192.5 | 30.8 | | 29.41 | 11.7 | | 593.75 percent of total billed charges | |
| BKR CHG TSH.RFX.ON.ABNORMAL.TO.FREE.T4 | 84443 | CPT | | | | both | | | 625 | 19.32 | Qualcare | Qualcare | 468.75 | 75 | | | 11.7 | | 593.75 percent of total billed charges | |
| BKR CHG TSH.RFX.ON.ABNORMAL.TO.FREE.T4 | 84443 | CPT | | | | both | | | 625 | 19.32 | Three Rivers | Three Rivers | 593.75 | 95 | | | 11.7 | | 593.75 percent of total billed charges | |
| BKR CHG TSH.RFX.ON.ABNORMAL.TO.FREE.T4 | 84443 | CPT | | | | both | | | 625 | 19.32 | Horizon | Indemnity | 239.25 | 38.28 | | 32.23 | 11.7 | | 593.75 percent of total billed charges | |
| BKR CHG TSH.RFX.ON.ABNORMAL.TO.FREE.T4 | 84443 | CPT | | | | both | | | 625 | 19.32 | UHC | Medicare | 16.8 | | | 23.57 | 11.7 | | 593.75 fee schedule | |
| BKR CHG TSH.RFX.ON.ABNORMAL.TO.FREE.T4 | 84443 | CPT | | | | both | | | 625 | 19.32 | Horizon | MGD | 239.25 | 38.28 | | 35.43 | 11.7 | | 593.75 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG TSH.RFX.ON.ABNORMAL.TO.FREE.T4 | 84443 | CPT | | | | both | | | 625 | 19.32 | UHC | Medicaid | 18.3 | | | | 11.7 | | 593.75 fee schedule | |
| BKR CHG TSH.RFX.ON.ABNORMAL.TO.FREE.T4 | 84443 | CPT | | | | both | | | 625 | 19.32 | Horizon | PPO | 239.25 | 38.28 | | 46.51 | 11.7 | | 593.75 percent of total billed charges | |
| BKR CHG TSH.RFX.ON.ABNORMAL.TO.FREE.T4 | 84443 | CPT | | | | both | | | 625 | 19.32 | Wellcare | Medicaid | 18.3 | | | 34.76 | 11.7 | | 593.75 fee schedule | |
| BKR CHG TSH.RFX.ON.ABNORMAL.TO.FREE.T4 | 84443 | CPT | | | | both | | | 625 | 19.32 | WellPoint | WellPoint | 201.13 | 32.18 | | 33.85 | 11.7 | | 593.75 percent of total billed charges | |
| BKR CHG TSH.RFX.ON.ABNORMAL.TO.FREE.T4 | 84443 | CPT | | | | both | | | 625 | 19.32 | Wellcare | Medicare | 16.8 | | | 27.64 | 11.7 | | 593.75 fee schedule | |
| BKR CHG THYROID-STIMULAT IMMUNOGLONBULIN | 84445 | CPT | | | | both | | | 321 | 58.49 | Horizon | Medicare Blue | 96.3 | 30 | | | 27.8 | | 304.95 percent of total billed charges | |
| BKR CHG THYROID-STIMULAT IMMUNOGLONBULIN | 84445 | CPT | | | | both | | | 321 | 58.49 | UHC | Medicare | 50.86 | | | 15.93 | 27.8 | | 304.95 fee schedule | |
| BKR CHG THYROID-STIMULAT IMMUNOGLONBULIN | 84445 | CPT | | | | both | | | 321 | 58.49 | Aetna | Medicare | 98.87 | 30.8 | | | 27.8 | | 304.95 percent of total billed charges | |
| BKR CHG THYROID-STIMULAT IMMUNOGLONBULIN | 84445 | CPT | | | | both | | | 321 | 58.49 | Americare | Americare | 240.75 | 75 | | | 27.8 | | 304.95 percent of total billed charges | |
| BKR CHG THYROID-STIMULAT IMMUNOGLONBULIN | 84445 | CPT | | | | both | | | 321 | 58.49 | Qualcare | Qualcare | 240.75 | 75 | | | 27.8 | | 304.95 percent of total billed charges | |
| BKR CHG THYROID-STIMULAT IMMUNOGLONBULIN | 84445 | CPT | | | | both | | | 321 | 58.49 | Aetna | Better Health | 101.28 | 31.55 | | | 27.8 | | 304.95 percent of total billed charges | |
| BKR CHG THYROID-STIMULAT IMMUNOGLONBULIN | 84445 | CPT | | | | both | | | 321 | 58.49 | Consumer | Consumer | 304.95 | 95 | | | 27.8 | | 304.95 percent of total billed charges | |
| BKR CHG THYROID-STIMULAT IMMUNOGLONBULIN | 84445 | CPT | | | | both | | | 321 | 58.49 | First Trenton | First Trenton | 288.9 | 90 | | | 27.8 | | 304.95 percent of total billed charges | |
| BKR CHG THYROID-STIMULAT IMMUNOGLONBULIN | 84445 | CPT | | | | both | | | 321 | 58.49 | Wellcare | Medicare | 50.86 | | | | 27.8 | | 304.95 fee schedule | |
| BKR CHG THYROID-STIMULAT IMMUNOGLONBULIN | 84445 | CPT | | | | both | | | 321 | 58.49 | WellPoint | WellPoint | 103.3 | 32.18 | | 28.06 | 27.8 | | 304.95 percent of total billed charges | |
| BKR CHG THYROID-STIMULAT IMMUNOGLONBULIN | 84445 | CPT | | | | both | | | 321 | 58.49 | First Health | First Health | 224.7 | 70 | | | 27.8 | | 304.95 percent of total billed charges | |
| BKR CHG THYROID-STIMULAT IMMUNOGLONBULIN | 84445 | CPT | | | | both | | | 321 | 58.49 | Amerihealth | HMO/PPO | 73.7 | | | 14.24 | 27.8 | | 304.95 fee schedule | |
| BKR CHG THYROID-STIMULAT IMMUNOGLONBULIN | 84445 | CPT | | | | both | | | 321 | 58.49 | UHC | Medicaid | 27.8 | | | 24.9 | 27.8 | | 304.95 fee schedule | |
| BKR CHG THYROID-STIMULAT IMMUNOGLONBULIN | 84445 | CPT | | | | both | | | 321 | 58.49 | Horizon | Indemnity | 122.88 | 38.28 | | | 27.8 | | 304.95 percent of total billed charges | |
| BKR CHG THYROID-STIMULAT IMMUNOGLONBULIN | 84445 | CPT | | | | both | | | 321 | 58.49 | Corrections | Corrections | 256.8 | 80 | | | 27.8 | | 304.95 percent of total billed charges | |
| BKR CHG THYROID-STIMULAT IMMUNOGLONBULIN | 84445 | CPT | | | | both | | | 321 | 58.49 | Amerihealth | Medicare | 50.86 | | | | 27.8 | | 304.95 fee schedule | |
| BKR CHG THYROID-STIMULAT IMMUNOGLONBULIN | 84445 | CPT | | | | both | | | 321 | 58.49 | Wellcare | Medicaid | 27.8 | | | 29.31 | 27.8 | | 304.95 fee schedule | |
| BKR CHG THYROID-STIMULAT IMMUNOGLONBULIN | 84445 | CPT | | | | both | | | 321 | 58.49 | Multiplan | Multiplan | 256.8 | 80 | | | 27.8 | | 304.95 percent of total billed charges | |
| BKR CHG THYROID-STIMULAT IMMUNOGLONBULIN | 84445 | CPT | | | | both | | | 321 | 58.49 | Horizon | PPO | 122.88 | 38.28 | | 29.59 | 27.8 | | 304.95 percent of total billed charges | |
| BKR CHG THYROID-STIMULAT IMMUNOGLONBULIN | 84445 | CPT | | | | both | | | 321 | 58.49 | Horizon | MGD | 122.88 | 38.28 | | 35.1 | 27.8 | | 304.95 percent of total billed charges | |
| BKR CHG THYROID-STIMULAT IMMUNOGLONBULIN | 84445 | CPT | | | | both | | | 321 | 58.49 | Horizon | NJ Health | 54.49 | | | 4.29 | 27.8 | | 304.95 fee schedule | |
| BKR CHG THYROID-STIMULAT IMMUNOGLONBULIN | 84445 | CPT | | | | both | | | 321 | 58.49 | Managed Care Inc | Managed Care Inc | 288.9 | 90 | | | 27.8 | | 304.95 percent of total billed charges | |
| BKR CHG THYROID-STIMULAT IMMUNOGLONBULIN | 84445 | CPT | | | | both | | | 321 | 58.49 | Three Rivers | Three Rivers | 304.95 | 95 | | | 27.8 | | 304.95 percent of total billed charges | |
| BKR CHG VITAMIN E, SERUM | 84446 | CPT | | | | both | | | 258 | 16.31 | First Health | First Health | 180.6 | 70 | | | 9.6 | | 245.1 percent of total billed charges | |
| BKR CHG VITAMIN E, SERUM | 84446 | CPT | | | | both | | | 258 | 16.31 | Corrections | Corrections | 206.4 | 80 | | | 9.6 | | 245.1 percent of total billed charges | |
| BKR CHG VITAMIN E, SERUM | 84446 | CPT | | | | both | | | 258 | 16.31 | UHC | Medicare | 14.18 | | | 3.07 | 9.6 | | 245.1 fee schedule | |
| BKR CHG VITAMIN E, SERUM | 84446 | CPT | | | | both | | | 258 | 16.31 | Amerihealth | HMO/PPO | 21.5 | | | 0.39 | 9.6 | | 245.1 fee schedule | |
| BKR CHG VITAMIN E, SERUM | 84446 | CPT | | | | both | | | 258 | 16.31 | Horizon | NJ Health | 41.16 | | | 1.25 | 9.6 | | 245.1 fee schedule | |
| BKR CHG VITAMIN E, SERUM | 84446 | CPT | | | | both | | | 258 | 16.31 | Americare | Americare | 193.5 | 75 | | | 9.6 | | 245.1 percent of total billed charges | |
| BKR CHG VITAMIN E, SERUM | 84446 | CPT | | | | both | | | 258 | 16.31 | Consumer | Consumer | 245.1 | 95 | | | 9.6 | | 245.1 percent of total billed charges | |
| BKR CHG VITAMIN E, SERUM | 84446 | CPT | | | | both | | | 258 | 16.31 | Aetna | Better Health | 81.4 | 31.55 | | 7.68 | 9.6 | | 245.1 percent of total billed charges | |
| BKR CHG VITAMIN E, SERUM | 84446 | CPT | | | | both | | | 258 | 16.31 | Wellcare | Medicare | 14.18 | | | | 9.6 | | 245.1 fee schedule | |
| BKR CHG VITAMIN E, SERUM | 84446 | CPT | | | | both | | | 258 | 16.31 | Horizon | Medicare Blue | 77.4 | 30 | | | 9.6 | | 245.1 percent of total billed charges | |
| BKR CHG VITAMIN E, SERUM | 84446 | CPT | | | | both | | | 258 | 16.31 | WellPoint | WellPoint | 83.02 | 32.18 | | 1.17 | 9.6 | | 245.1 percent of total billed charges | |
| BKR CHG VITAMIN E, SERUM | 84446 | CPT | | | | both | | | 258 | 16.31 | Amerihealth | Medicare | 14.18 | | | | 9.6 | | 245.1 fee schedule | |
| BKR CHG VITAMIN E, SERUM | 84446 | CPT | | | | both | | | 258 | 16.31 | Horizon | MGD | 98.76 | 38.28 | | 6.44 | 9.6 | | 245.1 percent of total billed charges | |
| BKR CHG VITAMIN E, SERUM | 84446 | CPT | | | | both | | | 258 | 16.31 | Horizon | Indemnity | 98.76 | 38.28 | | 1.54 | 9.6 | | 245.1 percent of total billed charges | |
| BKR CHG VITAMIN E, SERUM | 84446 | CPT | | | | both | | | 258 | 16.31 | Aetna | Medicare | 79.46 | 30.8 | | 3.87 | 9.6 | | 245.1 percent of total billed charges | |
| BKR CHG VITAMIN E, SERUM | 84446 | CPT | | | | both | | | 258 | 16.31 | Horizon | PPO | 98.76 | 38.28 | | 5.39 | 9.6 | | 245.1 percent of total billed charges | |
| BKR CHG VITAMIN E, SERUM | 84446 | CPT | | | | both | | | 258 | 16.31 | First Trenton | First Trenton | 232.2 | 90 | | | 9.6 | | 245.1 percent of total billed charges | |
| BKR CHG VITAMIN E, SERUM | 84446 | CPT | | | | both | | | 258 | 16.31 | Multiplan | Multiplan | 206.4 | 80 | | | 9.6 | | 245.1 percent of total billed charges | |
| BKR CHG VITAMIN E, SERUM | 84446 | CPT | | | | both | | | 258 | 16.31 | Three Rivers | Three Rivers | 245.1 | 95 | | | 9.6 | | 245.1 percent of total billed charges | |
| BKR CHG VITAMIN E, SERUM | 84446 | CPT | | | | both | | | 258 | 16.31 | Qualcare | Qualcare | 193.5 | 75 | | | 9.6 | | 245.1 percent of total billed charges | |
| BKR CHG VITAMIN E, SERUM | 84446 | CPT | | | | both | | | 258 | 16.31 | Managed Care Inc | Managed Care Inc | 232.2 | 90 | | | 9.6 | | 245.1 percent of total billed charges | |
| BKR CHG VITAMIN E, SERUM | 84446 | CPT | | | | both | | | 258 | 16.31 | Wellcare | Medicaid | 16.8 | | | | 9.6 | | 245.1 fee schedule | |
| BKR CHG VITAMIN E, SERUM | 84446 | CPT | | | | both | | | 258 | 16.31 | UHC | Medicaid | 16.8 | | | 9.22 | 9.6 | | 245.1 fee schedule | |
| BKR CHG CORTICOSTEROID BIND GLOBULIN (CBG) | 84449 | CPT | | | | both | | | 97 | 20.7 | Americare | Americare | 72.75 | 75 | | | 17.4 | | 92.15 percent of total billed charges | |
| BKR CHG CORTICOSTEROID BIND GLOBULIN (CBG) | 84449 | CPT | | | | both | | | 97 | 20.7 | Aetna | Better Health | 30.6 | 31.55 | | | 17.4 | | 92.15 percent of total billed charges | |
| BKR CHG CORTICOSTEROID BIND GLOBULIN (CBG) | 84449 | CPT | | | | both | | | 97 | 20.7 | Amerihealth | HMO/PPO | 38 | | | | 17.4 | | 92.15 fee schedule | |
| BKR CHG CORTICOSTEROID BIND GLOBULIN (CBG) | 84449 | CPT | | | | both | | | 97 | 20.7 | Amerihealth | Medicare | 18 | | | | 17.4 | | 92.15 fee schedule | |
| BKR CHG CORTICOSTEROID BIND GLOBULIN (CBG) | 84449 | CPT | | | | both | | | 97 | 20.7 | Corrections | Corrections | 77.6 | 80 | | | 17.4 | | 92.15 percent of total billed charges | |
| BKR CHG CORTICOSTEROID BIND GLOBULIN (CBG) | 84449 | CPT | | | | both | | | 97 | 20.7 | Consumer | Consumer | 92.15 | 95 | | | 17.4 | | 92.15 percent of total billed charges | |
| BKR CHG CORTICOSTEROID BIND GLOBULIN (CBG) | 84449 | CPT | | | | both | | | 97 | 20.7 | Horizon | MGD | 37.13 | 38.28 | | | 17.4 | | 92.15 percent of total billed charges | |
| BKR CHG CORTICOSTEROID BIND GLOBULIN (CBG) | 84449 | CPT | | | | both | | | 97 | 20.7 | Aetna | Medicare | 29.88 | 30.8 | | | 17.4 | | 92.15 percent of total billed charges | |
| BKR CHG CORTICOSTEROID BIND GLOBULIN (CBG) | 84449 | CPT | | | | both | | | 97 | 20.7 | First Trenton | First Trenton | 87.3 | 90 | | | 17.4 | | 92.15 percent of total billed charges | |
| BKR CHG CORTICOSTEROID BIND GLOBULIN (CBG) | 84449 | CPT | | | | both | | | 97 | 20.7 | WellPoint | WellPoint | 31.21 | 32.18 | | | 17.4 | | 92.15 percent of total billed charges | |
| BKR CHG CORTICOSTEROID BIND GLOBULIN (CBG) | 84449 | CPT | | | | both | | | 97 | 20.7 | UHC | Medicaid | 24 | | | 13.88 | 17.4 | | 92.15 fee schedule | |
| BKR CHG CORTICOSTEROID BIND GLOBULIN (CBG) | 84449 | CPT | | | | both | | | 97 | 20.7 | First Health | First Health | 67.9 | 70 | | | 17.4 | | 92.15 percent of total billed charges | |
| BKR CHG CORTICOSTEROID BIND GLOBULIN (CBG) | 84449 | CPT | | | | both | | | 97 | 20.7 | Horizon | Medicare Blue | 29.1 | 30 | | | 17.4 | | 92.15 percent of total billed charges | |
| BKR CHG CORTICOSTEROID BIND GLOBULIN (CBG) | 84449 | CPT | | | | both | | | 97 | 20.7 | Wellcare | Medicaid | 24 | | | | 17.4 | | 92.15 fee schedule | |
| BKR CHG CORTICOSTEROID BIND GLOBULIN (CBG) | 84449 | CPT | | | | both | | | 97 | 20.7 | Horizon | Indemnity | 37.13 | 38.28 | | | 17.4 | | 92.15 percent of total billed charges | |
| BKR CHG CORTICOSTEROID BIND GLOBULIN (CBG) | 84449 | CPT | | | | both | | | 97 | 20.7 | Multiplan | Multiplan | 77.6 | 80 | | | 17.4 | | 92.15 percent of total billed charges | |
| BKR CHG CORTICOSTEROID BIND GLOBULIN (CBG) | 84449 | CPT | | | | both | | | 97 | 20.7 | Horizon | NJ Health | 19.99 | | | | 17.4 | | 92.15 fee schedule | |
| BKR CHG CORTICOSTEROID BIND GLOBULIN (CBG) | 84449 | CPT | | | | both | | | 97 | 20.7 | Wellcare | Medicare | 18 | | | | 17.4 | | 92.15 fee schedule | |
| BKR CHG CORTICOSTEROID BIND GLOBULIN (CBG) | 84449 | CPT | | | | both | | | 97 | 20.7 | Horizon | PPO | 37.13 | 38.28 | | | 17.4 | | 92.15 percent of total billed charges | |
| BKR CHG CORTICOSTEROID BIND GLOBULIN (CBG) | 84449 | CPT | | | | both | | | 97 | 20.7 | Qualcare | Qualcare | 72.75 | 75 | | | 17.4 | | 92.15 percent of total billed charges | |
| BKR CHG CORTICOSTEROID BIND GLOBULIN (CBG) | 84449 | CPT | | | | both | | | 97 | 20.7 | Managed Care Inc | Managed Care Inc | 87.3 | 90 | | | 17.4 | | 92.15 percent of total billed charges | |
| BKR CHG CORTICOSTEROID BIND GLOBULIN (CBG) | 84449 | CPT | | | | both | | | 97 | 20.7 | UHC | Medicare | 18 | | | | 17.4 | | 92.15 fee schedule | |
| BKR CHG CORTICOSTEROID BIND GLOBULIN (CBG) | 84449 | CPT | | | | both | | | 97 | 20.7 | Three Rivers | Three Rivers | 92.15 | 95 | | | 17.4 | | 92.15 percent of total billed charges | |
| BKR CHG TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT) | 84450 | CPT | | | | both | | | 70 | 5.96 | First Health | First Health | 49 | 70 | | | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT) | 84450 | CPT | | | | both | | | 70 | 5.96 | Amerihealth | Medicare | 5.18 | | | | 1.7 | | 66.5 fee schedule | |
| BKR CHG TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT) | 84450 | CPT | | | | both | | | 70 | 5.96 | Aetna | Better Health | 22.09 | 31.55 | | 14.1 | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT) | 84450 | CPT | | | | both | | | 70 | 5.96 | Multiplan | Multiplan | 56 | 80 | | | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT) | 84450 | CPT | | | | both | | | 70 | 5.96 | Amerihealth | HMO/PPO | 1.7 | | | | 1.7 | | 66.5 fee schedule | |
| BKR CHG TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT) | 84450 | CPT | | | | both | | | 70 | 5.96 | First Trenton | First Trenton | 63 | 90 | | | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT) | 84450 | CPT | | | | both | | | 70 | 5.96 | Aetna | Medicare | 21.56 | 30.8 | | | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT) | 84450 | CPT | | | | both | | | 70 | 5.96 | Americare | Americare | 52.5 | 75 | | | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT) | 84450 | CPT | | | | both | | | 70 | 5.96 | UHC | Medicaid | 3 | | | 15.22 | 1.7 | | 66.5 fee schedule | |
| BKR CHG TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT) | 84450 | CPT | | | | both | | | 70 | 5.96 | Horizon | Medicare Blue | 21 | 30 | | 5.27 | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT) | 84450 | CPT | | | | both | | | 70 | 5.96 | Corrections | Corrections | 56 | 80 | | | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT) | 84450 | CPT | | | | both | | | 70 | 5.96 | Qualcare | Qualcare | 52.5 | 75 | | | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT) | 84450 | CPT | | | | both | | | 70 | 5.96 | Horizon | Indemnity | 26.8 | 38.28 | | 7.04 | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT) | 84450 | CPT | | | | both | | | 70 | 5.96 | Horizon | NJ Health | 5.88 | | | 2.4 | 1.7 | | 66.5 fee schedule | |
| BKR CHG TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT) | 84450 | CPT | | | | both | | | 70 | 5.96 | UHC | Medicare | 5.18 | | | 7.27 | 1.7 | | 66.5 fee schedule | |
| BKR CHG TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT) | 84450 | CPT | | | | both | | | 70 | 5.96 | Consumer | Consumer | 66.5 | 95 | | | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT) | 84450 | CPT | | | | both | | | 70 | 5.96 | Horizon | MGD | 26.8 | 38.28 | | 12.78 | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT) | 84450 | CPT | | | | both | | | 70 | 5.96 | Horizon | PPO | 26.8 | 38.28 | | 5.87 | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT) | 84450 | CPT | | | | both | | | 70 | 5.96 | Wellcare | Medicare | 5.18 | | | | 1.7 | | 66.5 fee schedule | |
| BKR CHG TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT) | 84450 | CPT | | | | both | | | 70 | 5.96 | Three Rivers | Three Rivers | 66.5 | 95 | | | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT) | 84450 | CPT | | | | both | | | 70 | 5.96 | Managed Care Inc | Managed Care Inc | 63 | 90 | | | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT) | 84450 | CPT | | | | both | | | 70 | 5.96 | WellPoint | WellPoint | 22.53 | 32.18 | | 8.65 | 1.7 | | 66.5 percent of total billed charges | |
| BKR CHG TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT) | 84450 | CPT | | | | both | | | 70 | 5.96 | Wellcare | Medicaid | 3 | | | 11.36 | 1.7 | | 66.5 fee schedule | |
| BKR CHG TRANSFERASE ALANINE AMINO ALT SGPT | 84460 | CPT | | | | both | | | 116 | 6.1 | Consumer | Consumer | 110.2 | 95 | | | 1.7 | | 110.2 percent of total billed charges | |
| BKR CHG TRANSFERASE ALANINE AMINO ALT SGPT | 84460 | CPT | | | | both | | | 116 | 6.1 | Aetna | Better Health | 36.6 | 31.55 | | 12.12 | 1.7 | | 110.2 percent of total billed charges | |
| BKR CHG TRANSFERASE ALANINE AMINO ALT SGPT | 84460 | CPT | | | | both | | | 116 | 6.1 | Aetna | Medicare | 35.73 | 30.8 | | | 1.7 | | 110.2 percent of total billed charges | |
| BKR CHG TRANSFERASE ALANINE AMINO ALT SGPT | 84460 | CPT | | | | both | | | 116 | 6.1 | Amerihealth | HMO/PPO | 1.7 | | | | 1.7 | | 110.2 fee schedule | |
| BKR CHG TRANSFERASE ALANINE AMINO ALT SGPT | 84460 | CPT | | | | both | | | 116 | 6.1 | Americare | Americare | 87 | 75 | | | 1.7 | | 110.2 percent of total billed charges | |
| BKR CHG TRANSFERASE ALANINE AMINO ALT SGPT | 84460 | CPT | | | | both | | | 116 | 6.1 | First Health | First Health | 81.2 | 70 | | | 1.7 | | 110.2 percent of total billed charges | |
| BKR CHG TRANSFERASE ALANINE AMINO ALT SGPT | 84460 | CPT | | | | both | | | 116 | 6.1 | Amerihealth | Medicare | 5.3 | | | | 1.7 | | 110.2 fee schedule | |
| BKR CHG TRANSFERASE ALANINE AMINO ALT SGPT | 84460 | CPT | | | | both | | | 116 | 6.1 | Horizon | Medicare Blue | 34.8 | 30 | | 5.27 | 1.7 | | 110.2 percent of total billed charges | |
| BKR CHG TRANSFERASE ALANINE AMINO ALT SGPT | 84460 | CPT | | | | both | | | 116 | 6.1 | Corrections | Corrections | 92.8 | 80 | | | 1.7 | | 110.2 percent of total billed charges | |
| BKR CHG TRANSFERASE ALANINE AMINO ALT SGPT | 84460 | CPT | | | | both | | | 116 | 6.1 | Horizon | Indemnity | 44.4 | 38.28 | | 7.04 | 1.7 | | 110.2 percent of total billed charges | |
| BKR CHG TRANSFERASE ALANINE AMINO ALT SGPT | 84460 | CPT | | | | both | | | 116 | 6.1 | Multiplan | Multiplan | 92.8 | 80 | | | 1.7 | | 110.2 percent of total billed charges | |
| BKR CHG TRANSFERASE ALANINE AMINO ALT SGPT | 84460 | CPT | | | | both | | | 116 | 6.1 | UHC | Medicaid | 3 | | | 14.78 | 1.7 | | 110.2 fee schedule | |
| BKR CHG TRANSFERASE ALANINE AMINO ALT SGPT | 84460 | CPT | | | | both | | | 116 | 6.1 | First Trenton | First Trenton | 104.4 | 90 | | | 1.7 | | 110.2 percent of total billed charges | |
| BKR CHG TRANSFERASE ALANINE AMINO ALT SGPT | 84460 | CPT | | | | both | | | 116 | 6.1 | Horizon | MGD | 44.4 | 38.28 | | 12.36 | 1.7 | | 110.2 percent of total billed charges | |
| BKR CHG TRANSFERASE ALANINE AMINO ALT SGPT | 84460 | CPT | | | | both | | | 116 | 6.1 | Qualcare | Qualcare | 87 | 75 | | | 1.7 | | 110.2 percent of total billed charges | |
| BKR CHG TRANSFERASE ALANINE AMINO ALT SGPT | 84460 | CPT | | | | both | | | 116 | 6.1 | Horizon | PPO | 44.4 | 38.28 | | 3.06 | 1.7 | | 110.2 percent of total billed charges | |
| BKR CHG TRANSFERASE ALANINE AMINO ALT SGPT | 84460 | CPT | | | | both | | | 116 | 6.1 | Horizon | NJ Health | 5.88 | | | 2.03 | 1.7 | | 110.2 fee schedule | |
| BKR CHG TRANSFERASE ALANINE AMINO ALT SGPT | 84460 | CPT | | | | both | | | 116 | 6.1 | Wellcare | Medicare | 5.3 | | | | 1.7 | | 110.2 fee schedule | |
| BKR CHG TRANSFERASE ALANINE AMINO ALT SGPT | 84460 | CPT | | | | both | | | 116 | 6.1 | Managed Care Inc | Managed Care Inc | 104.4 | 90 | | | 1.7 | | 110.2 percent of total billed charges | |
| BKR CHG TRANSFERASE ALANINE AMINO ALT SGPT | 84460 | CPT | | | | both | | | 116 | 6.1 | Wellcare | Medicaid | 3 | | | 11.36 | 1.7 | | 110.2 fee schedule | |
| BKR CHG TRANSFERASE ALANINE AMINO ALT SGPT | 84460 | CPT | | | | both | | | 116 | 6.1 | Three Rivers | Three Rivers | 110.2 | 95 | | | 1.7 | | 110.2 percent of total billed charges | |
| BKR CHG TRANSFERASE ALANINE AMINO ALT SGPT | 84460 | CPT | | | | both | | | 116 | 6.1 | WellPoint | WellPoint | 37.33 | 32.18 | | 8.12 | 1.7 | | 110.2 percent of total billed charges | |
| BKR CHG TRANSFERASE ALANINE AMINO ALT SGPT | 84460 | CPT | | | | both | | | 116 | 6.1 | UHC | Medicare | 5.3 | | | 6.72 | 1.7 | | 110.2 fee schedule | |
| BKR CHG TRANSFERRIN | 84466 | CPT | | | | both | | | 59 | 14.67 | Aetna | Better Health | 18.61 | 31.55 | | 13.17 | 12.76 | | 56.05 percent of total billed charges | |
| BKR CHG TRANSFERRIN | 84466 | CPT | | | | both | | | 59 | 14.67 | Aetna | Medicare | 18.17 | 30.8 | | 7.12 | 12.76 | | 56.05 percent of total billed charges | |
| BKR CHG TRANSFERRIN | 84466 | CPT | | | | both | | | 59 | 14.67 | First Trenton | First Trenton | 53.1 | 90 | | | 12.76 | | 56.05 percent of total billed charges | |
| BKR CHG TRANSFERRIN | 84466 | CPT | | | | both | | | 59 | 14.67 | Amerihealth | Medicare | 12.76 | | | | 12.76 | | 56.05 fee schedule | |
| BKR CHG TRANSFERRIN | 84466 | CPT | | | | both | | | 59 | 14.67 | Consumer | Consumer | 56.05 | 95 | | | 12.76 | | 56.05 percent of total billed charges | |
| BKR CHG TRANSFERRIN | 84466 | CPT | | | | both | | | 59 | 14.67 | Amerihealth | HMO/PPO | 22 | | | 4.18 | 12.76 | | 56.05 fee schedule | |
| BKR CHG TRANSFERRIN | 84466 | CPT | | | | both | | | 59 | 14.67 | Corrections | Corrections | 47.2 | 80 | | | 12.76 | | 56.05 percent of total billed charges | |
| BKR CHG TRANSFERRIN | 84466 | CPT | | | | both | | | 59 | 14.67 | Americare | Americare | 44.25 | 75 | | | 12.76 | | 56.05 percent of total billed charges | |
| BKR CHG TRANSFERRIN | 84466 | CPT | | | | both | | | 59 | 14.67 | Multiplan | Multiplan | 47.2 | 80 | | | 12.76 | | 56.05 percent of total billed charges | |
| BKR CHG TRANSFERRIN | 84466 | CPT | | | | both | | | 59 | 14.67 | Horizon | MGD | 22.59 | 38.28 | | 11.73 | 12.76 | | 56.05 percent of total billed charges | |
| BKR CHG TRANSFERRIN | 84466 | CPT | | | | both | | | 59 | 14.67 | Managed Care Inc | Managed Care Inc | 53.1 | 90 | | | 12.76 | | 56.05 percent of total billed charges | |
| BKR CHG TRANSFERRIN | 84466 | CPT | | | | both | | | 59 | 14.67 | Horizon | PPO | 22.59 | 38.28 | | 11.44 | 12.76 | | 56.05 percent of total billed charges | |
| BKR CHG TRANSFERRIN | 84466 | CPT | | | | both | | | 59 | 14.67 | First Health | First Health | 41.3 | 70 | | | 12.76 | | 56.05 percent of total billed charges | |
| BKR CHG TRANSFERRIN | 84466 | CPT | | | | both | | | 59 | 14.67 | Horizon | NJ Health | 48.22 | | | 2.51 | 12.76 | | 56.05 fee schedule | |
| BKR CHG TRANSFERRIN | 84466 | CPT | | | | both | | | 59 | 14.67 | Qualcare | Qualcare | 44.25 | 75 | | | 12.76 | | 56.05 percent of total billed charges | |
| BKR CHG TRANSFERRIN | 84466 | CPT | | | | both | | | 59 | 14.67 | Horizon | Indemnity | 22.59 | 38.28 | | 6.56 | 12.76 | | 56.05 percent of total billed charges | |
| BKR CHG TRANSFERRIN | 84466 | CPT | | | | both | | | 59 | 14.67 | Horizon | Medicare Blue | 17.7 | 30 | | 4.39 | 12.76 | | 56.05 percent of total billed charges | |
| BKR CHG TRANSFERRIN | 84466 | CPT | | | | both | | | 59 | 14.67 | UHC | Medicare | 12.76 | | | 5.87 | 12.76 | | 56.05 fee schedule | |
| BKR CHG TRANSFERRIN | 84466 | CPT | | | | both | | | 59 | 14.67 | WellPoint | WellPoint | 18.99 | 32.18 | | 9.23 | 12.76 | | 56.05 percent of total billed charges | |
| BKR CHG TRANSFERRIN | 84466 | CPT | | | | both | | | 59 | 14.67 | Three Rivers | Three Rivers | 56.05 | 95 | | | 12.76 | | 56.05 percent of total billed charges | |
| BKR CHG TRANSFERRIN | 84466 | CPT | | | | both | | | 59 | 14.67 | Wellcare | Medicaid | 15.2 | | | 9.42 | 12.76 | | 56.05 fee schedule | |
| BKR CHG TRANSFERRIN | 84466 | CPT | | | | both | | | 59 | 14.67 | Wellcare | Medicare | 12.76 | | | | 12.76 | | 56.05 fee schedule | |
| BKR CHG TRANSFERRIN | 84466 | CPT | | | | both | | | 59 | 14.67 | UHC | Medicaid | 15.2 | | | 8.16 | 12.76 | | 56.05 fee schedule | |
| BKR CHG TRIGLYCERIDES | 84478 | CPT | | | | both | | | 116 | 6.6 | First Health | First Health | 81.2 | 70 | | | 1.7 | | 110.2 percent of total billed charges | |
| BKR CHG TRIGLYCERIDES | 84478 | CPT | | | | both | | | 116 | 6.6 | Horizon | NJ Health | 16.27 | | | 4.07 | 1.7 | | 110.2 fee schedule | |
| BKR CHG TRIGLYCERIDES | 84478 | CPT | | | | both | | | 116 | 6.6 | Aetna | Better Health | 36.6 | 31.55 | | | 1.7 | | 110.2 percent of total billed charges | |
| BKR CHG TRIGLYCERIDES | 84478 | CPT | | | | both | | | 116 | 6.6 | Aetna | Medicare | 35.73 | 30.8 | | | 1.7 | | 110.2 percent of total billed charges | |
| BKR CHG TRIGLYCERIDES | 84478 | CPT | | | | both | | | 116 | 6.6 | Consumer | Consumer | 110.2 | 95 | | | 1.7 | | 110.2 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG TRIGLYCERIDES | 84478 | CPT | | | | both | | | 116 | 6.6 | UHC | Medicaid | 7.3 | | | 6.81 | 1.7 | 110.2 | fee schedule | |
| BKR CHG TRIGLYCERIDES | 84478 | CPT | | | | both | | | 116 | 6.6 | Amerihealth | Medicare | 5.74 | | | | 1.7 | 110.2 | fee schedule | |
| BKR CHG TRIGLYCERIDES | 84478 | CPT | | | | both | | | 116 | 6.6 | Americare | Americare | 87 | 75 | | | 1.7 | 110.2 | percent of total billed charges | |
| BKR CHG TRIGLYCERIDES | 84478 | CPT | | | | both | | | 116 | 6.6 | Horizon | MGD | 44.4 | 38.28 | | 15.6 | 1.7 | 110.2 | percent of total billed charges | |
| BKR CHG TRIGLYCERIDES | 84478 | CPT | | | | both | | | 116 | 6.6 | Wellcare | Medicaid | 7.3 | | | 11.36 | 1.7 | 110.2 | fee schedule | |
| BKR CHG TRIGLYCERIDES | 84478 | CPT | | | | both | | | 116 | 6.6 | Horizon | Medicare Blue | 34.8 | 30 | | 5.27 | 1.7 | 110.2 | percent of total billed charges | |
| BKR CHG TRIGLYCERIDES | 84478 | CPT | | | | both | | | 116 | 6.6 | Amerihealth | HMO/PPO | 1.7 | | | | 1.7 | 110.2 | fee schedule | |
| BKR CHG TRIGLYCERIDES | 84478 | CPT | | | | both | | | 116 | 6.6 | First Trenton | First Trenton | 104.4 | 90 | | | 1.7 | 110.2 | percent of total billed charges | |
| BKR CHG TRIGLYCERIDES | 84478 | CPT | | | | both | | | 116 | 6.6 | Wellcare | Medicare | 5.74 | | | | 1.7 | 110.2 | fee schedule | |
| BKR CHG TRIGLYCERIDES | 84478 | CPT | | | | both | | | 116 | 6.6 | Corrections | Corrections | 92.8 | 80 | | | 1.7 | 110.2 | percent of total billed charges | |
| BKR CHG TRIGLYCERIDES | 84478 | CPT | | | | both | | | 116 | 6.6 | WellPoint | WellPoint | 37.33 | 32.18 | | 6.48 | 1.7 | 110.2 | percent of total billed charges | |
| BKR CHG TRIGLYCERIDES | 84478 | CPT | | | | both | | | 116 | 6.6 | Managed Care Inc | Managed Care Inc | 104.4 | 90 | | | 1.7 | 110.2 | percent of total billed charges | |
| BKR CHG TRIGLYCERIDES | 84478 | CPT | | | | both | | | 116 | 6.6 | Horizon | PPO | 44.4 | 38.28 | | 21.99 | 1.7 | 110.2 | percent of total billed charges | |
| BKR CHG TRIGLYCERIDES | 84478 | CPT | | | | both | | | 116 | 6.6 | Three Rivers | Three Rivers | 110.2 | 95 | | | 1.7 | 110.2 | percent of total billed charges | |
| BKR CHG TRIGLYCERIDES | 84478 | CPT | | | | both | | | 116 | 6.6 | Horizon | Indemnity | 44.4 | 38.28 | | 8.68 | 1.7 | 110.2 | percent of total billed charges | |
| BKR CHG TRIGLYCERIDES | 84478 | CPT | | | | both | | | 116 | 6.6 | Multiplan | Multiplan | 92.8 | 80 | | | 1.7 | 110.2 | percent of total billed charges | |
| BKR CHG TRIGLYCERIDES | 84478 | CPT | | | | both | | | 116 | 6.6 | Qualcare | Qualcare | 87 | 75 | | | 1.7 | 110.2 | percent of total billed charges | |
| BKR CHG TRIGLYCERIDES | 84478 | CPT | | | | both | | | 116 | 6.6 | UHC | Medicare | 5.74 | | | 11.18 | 1.7 | 110.2 | fee schedule | |
| BKR CHG THYROID HORMONE T3/T4 | 84479 | CPT | | | | both | | | 44 | 7.44 | Consumer | Consumer | 41.8 | 95 | | | 5.1 | 41.8 | percent of total billed charges | |
| BKR CHG THYROID HORMONE T3/T4 | 84479 | CPT | | | | both | | | 44 | 7.44 | Americare | Americare | 33 | 75 | | | 5.1 | 41.8 | percent of total billed charges | |
| BKR CHG THYROID HORMONE T3/T4 | 84479 | CPT | | | | both | | | 44 | 7.44 | Aetna | Better Health | 13.88 | 31.55 | | | 5.1 | 41.8 | percent of total billed charges | |
| BKR CHG THYROID HORMONE T3/T4 | 84479 | CPT | | | | both | | | 44 | 7.44 | Aetna | Medicare | 13.55 | 30.8 | | | 5.1 | 41.8 | percent of total billed charges | |
| BKR CHG THYROID HORMONE T3/T4 | 84479 | CPT | | | | both | | | 44 | 7.44 | UHC | Medicaid | 6 | | | 0.79 | 5.1 | 41.8 | fee schedule | |
| BKR CHG THYROID HORMONE T3/T4 | 84479 | CPT | | | | both | | | 44 | 7.44 | Horizon | Indemnity | 16.84 | 38.28 | | | 5.1 | 41.8 | percent of total billed charges | |
| BKR CHG THYROID HORMONE T3/T4 | 84479 | CPT | | | | both | | | 44 | 7.44 | Multiplan | Multiplan | 35.2 | 80 | | | 5.1 | 41.8 | percent of total billed charges | |
| BKR CHG THYROID HORMONE T3/T4 | 84479 | CPT | | | | both | | | 44 | 7.44 | Horizon | PPO | 16.84 | 38.28 | | | 5.1 | 41.8 | percent of total billed charges | |
| BKR CHG THYROID HORMONE T3/T4 | 84479 | CPT | | | | both | | | 44 | 7.44 | Corrections | Corrections | 35.2 | 80 | | | 5.1 | 41.8 | percent of total billed charges | |
| BKR CHG THYROID HORMONE T3/T4 | 84479 | CPT | | | | both | | | 44 | 7.44 | Amerihealth | HMO/PPO | 10.1 | | | | 5.1 | 41.8 | fee schedule | |
| BKR CHG THYROID HORMONE T3/T4 | 84479 | CPT | | | | both | | | 44 | 7.44 | First Health | First Health | 30.8 | 70 | | | 5.1 | 41.8 | percent of total billed charges | |
| BKR CHG THYROID HORMONE T3/T4 | 84479 | CPT | | | | both | | | 44 | 7.44 | Amerihealth | Medicare | 6.47 | | | | 5.1 | 41.8 | fee schedule | |
| BKR CHG THYROID HORMONE T3/T4 | 84479 | CPT | | | | both | | | 44 | 7.44 | Horizon | NJ Health | 11.76 | | | | 5.1 | 41.8 | fee schedule | |
| BKR CHG THYROID HORMONE T3/T4 | 84479 | CPT | | | | both | | | 44 | 7.44 | Horizon | MGD | 16.84 | 38.28 | | 13.42 | 5.1 | 41.8 | percent of total billed charges | |
| BKR CHG THYROID HORMONE T3/T4 | 84479 | CPT | | | | both | | | 44 | 7.44 | Qualcare | Qualcare | 33 | 75 | | | 5.1 | 41.8 | percent of total billed charges | |
| BKR CHG THYROID HORMONE T3/T4 | 84479 | CPT | | | | both | | | 44 | 7.44 | First Trenton | First Trenton | 39.6 | 90 | | | 5.1 | 41.8 | percent of total billed charges | |
| BKR CHG THYROID HORMONE T3/T4 | 84479 | CPT | | | | both | | | 44 | 7.44 | Wellcare | Medicaid | 6 | | | | 5.1 | 41.8 | fee schedule | |
| BKR CHG THYROID HORMONE T3/T4 | 84479 | CPT | | | | both | | | 44 | 7.44 | Wellcare | Medicare | 6.47 | | | | 5.1 | 41.8 | fee schedule | |
| BKR CHG THYROID HORMONE T3/T4 | 84479 | CPT | | | | both | | | 44 | 7.44 | Horizon | Medicare Blue | 13.2 | 30 | | | 5.1 | 41.8 | percent of total billed charges | |
| BKR CHG THYROID HORMONE T3/T4 | 84479 | CPT | | | | both | | | 44 | 7.44 | Managed Care Inc | Managed Care Inc | 39.6 | 90 | | | 5.1 | 41.8 | percent of total billed charges | |
| BKR CHG THYROID HORMONE T3/T4 | 84479 | CPT | | | | both | | | 44 | 7.44 | WellPoint | WellPoint | 14.16 | 32.18 | | 11.51 | 5.1 | 41.8 | percent of total billed charges | |
| BKR CHG THYROID HORMONE T3/T4 | 84479 | CPT | | | | both | | | 44 | 7.44 | UHC | Medicare | 6.47 | | | 2.31 | 5.1 | 41.8 | fee schedule | |
| BKR CHG THYROID HORMONE T3/T4 | 84479 | CPT | | | | both | | | 44 | 7.44 | Three Rivers | Three Rivers | 41.8 | 95 | | | 5.1 | 41.8 | percent of total billed charges | |
| BKR CHG TRIIODOTHYRONINE SERUM(T3) | 84480 | CPT | | | | outpatient | | | 74 | 16.31 | First Trenton | First Trenton | 66.6 | 90 | | | 9.6 | 70.3 | percent of total billed charges | |
| BKR CHG TRIIODOTHYRONINE SERUM(T3) | 84480 | CPT | | | | outpatient | | | 74 | 16.31 | Horizon | MGD | 28.33 | 38.28 | | | 9.6 | 70.3 | percent of total billed charges | |
| BKR CHG TRIIODOTHYRONINE SERUM(T3) | 84480 | CPT | | | | outpatient | | | 74 | 16.31 | Multiplan | Multiplan | 59.2 | 80 | | | 9.6 | 70.3 | percent of total billed charges | |
| BKR CHG TRIIODOTHYRONINE SERUM(T3) | 84480 | CPT | | | | outpatient | | | 74 | 16.31 | Aetna | Medicare | 22.79 | 30.8 | | | 9.6 | 70.3 | percent of total billed charges | |
| BKR CHG TRIIODOTHYRONINE SERUM(T3) | 84480 | CPT | | | | outpatient | | | 74 | 16.31 | First Health | First Health | 51.8 | 70 | | | 9.6 | 70.3 | percent of total billed charges | |
| BKR CHG TRIIODOTHYRONINE SERUM(T3) | 84480 | CPT | | | | outpatient | | | 74 | 16.31 | Amerihealth | HMO/PPO | 21.5 | | | | 9.6 | 70.3 | fee schedule | |
| BKR CHG TRIIODOTHYRONINE SERUM(T3) | 84480 | CPT | | | | outpatient | | | 74 | 16.31 | Corrections | Corrections | 59.2 | 80 | | | 9.6 | 70.3 | percent of total billed charges | |
| BKR CHG TRIIODOTHYRONINE SERUM(T3) | 84480 | CPT | | | | outpatient | | | 74 | 16.31 | Aetna | Better Health | 23.35 | 31.55 | | | 9.6 | 70.3 | percent of total billed charges | |
| BKR CHG TRIIODOTHYRONINE SERUM(T3) | 84480 | CPT | | | | outpatient | | | 74 | 16.31 | Horizon | NJ Health | 29.4 | | | | 9.6 | 70.3 | fee schedule | |
| BKR CHG TRIIODOTHYRONINE SERUM(T3) | 84480 | CPT | | | | outpatient | | | 74 | 16.31 | WellPoint | WellPoint | 23.81 | 32.18 | | | 9.6 | 70.3 | percent of total billed charges | |
| BKR CHG TRIIODOTHYRONINE SERUM(T3) | 84480 | CPT | | | | outpatient | | | 74 | 16.31 | Qualcare | Qualcare | 55.5 | 75 | | | 9.6 | 70.3 | percent of total billed charges | |
| BKR CHG TRIIODOTHYRONINE SERUM(T3) | 84480 | CPT | | | | outpatient | | | 74 | 16.31 | Americare | Americare | 55.5 | 75 | | | 9.6 | 70.3 | percent of total billed charges | |
| BKR CHG TRIIODOTHYRONINE SERUM(T3) | 84480 | CPT | | | | outpatient | | | 74 | 16.31 | Horizon | Indemnity | 28.33 | 38.28 | | | 9.6 | 70.3 | percent of total billed charges | |
| BKR CHG TRIIODOTHYRONINE SERUM(T3) | 84480 | CPT | | | | outpatient | | | 74 | 16.31 | Amerihealth | Medicare | 14.18 | | | | 9.6 | 70.3 | fee schedule | |
| BKR CHG TRIIODOTHYRONINE SERUM(T3) | 84480 | CPT | | | | outpatient | | | 74 | 16.31 | Horizon | PPO | 28.33 | 38.28 | | | 9.6 | 70.3 | percent of total billed charges | |
| BKR CHG TRIIODOTHYRONINE SERUM(T3) | 84480 | CPT | | | | outpatient | | | 74 | 16.31 | Consumer | Consumer | 70.3 | 95 | | | 9.6 | 70.3 | percent of total billed charges | |
| BKR CHG TRIIODOTHYRONINE SERUM(T3) | 84480 | CPT | | | | outpatient | | | 74 | 16.31 | Wellcare | Medicaid | 15 | | | | 9.6 | 70.3 | fee schedule | |
| BKR CHG TRIIODOTHYRONINE SERUM(T3) | 84480 | CPT | | | | outpatient | | | 74 | 16.31 | UHC | Medicare | 14.18 | | | | 9.6 | 70.3 | fee schedule | |
| BKR CHG TRIIODOTHYRONINE SERUM(T3) | 84480 | CPT | | | | outpatient | | | 74 | 16.31 | Managed Care Inc | Managed Care Inc | 66.6 | 90 | | | 9.6 | 70.3 | percent of total billed charges | |
| BKR CHG TRIIODOTHYRONINE SERUM(T3) | 84480 | CPT | | | | outpatient | | | 74 | 16.31 | Horizon | Medicare Blue | 22.2 | 30 | | | 9.6 | 70.3 | percent of total billed charges | |
| BKR CHG TRIIODOTHYRONINE SERUM(T3) | 84480 | CPT | | | | outpatient | | | 74 | 16.31 | Three Rivers | Three Rivers | 70.3 | 95 | | | 9.6 | 70.3 | percent of total billed charges | |
| BKR CHG TRIIODOTHYRONINE SERUM(T3) | 84480 | CPT | | | | outpatient | | | 74 | 16.31 | UHC | Medicaid | 15 | | | | 9.6 | 70.3 | fee schedule | |
| BKR CHG TRIIODOTHYRONINE SERUM(T3) | 84480 | CPT | | | | outpatient | | | 74 | 16.31 | Wellcare | Medicare | 14.18 | | | | 9.6 | 70.3 | fee schedule | |
| BKR CHG T3 FREE DIALYSIS LC/MS-MS | 84481 | CPT | | | | both | | | 559 | 19.48 | Americare | Americare | 419.25 | 75 | | | 15 | 531.05 | percent of total billed charges | |
| BKR CHG T3 FREE DIALYSIS LC/MS-MS | 84481 | CPT | | | | both | | | 559 | 19.48 | Consumer | Consumer | 531.05 | 95 | | | 15 | 531.05 | percent of total billed charges | |
| BKR CHG T3 FREE DIALYSIS LC/MS-MS | 84481 | CPT | | | | both | | | 559 | 19.48 | Aetna | Medicare | 172.17 | 30.8 | | 4.62 | 15 | 531.05 | percent of total billed charges | |
| BKR CHG T3 FREE DIALYSIS LC/MS-MS | 84481 | CPT | | | | both | | | 559 | 19.48 | Aetna | Better Health | 176.36 | 31.55 | | 10.26 | 15 | 531.05 | percent of total billed charges | |
| BKR CHG T3 FREE DIALYSIS LC/MS-MS | 84481 | CPT | | | | both | | | 559 | 19.48 | Amerihealth | Medicare | 16.94 | | | | 15 | 531.05 | fee schedule | |
| BKR CHG T3 FREE DIALYSIS LC/MS-MS | 84481 | CPT | | | | both | | | 559 | 19.48 | Horizon | Medicare Blue | 167.7 | 30 | | 8.5 | 15 | 531.05 | percent of total billed charges | |
| BKR CHG T3 FREE DIALYSIS LC/MS-MS | 84481 | CPT | | | | both | | | 559 | 19.48 | First Trenton | First Trenton | 503.1 | 90 | | | 15 | 531.05 | percent of total billed charges | |
| BKR CHG T3 FREE DIALYSIS LC/MS-MS | 84481 | CPT | | | | both | | | 559 | 19.48 | Corrections | Corrections | 447.2 | 80 | | 9.72 | 15 | 531.05 | percent of total billed charges | |
| BKR CHG T3 FREE DIALYSIS LC/MS-MS | 84481 | CPT | | | | both | | | 559 | 19.48 | Three Rivers | Three Rivers | 531.05 | 95 | | | 15 | 531.05 | percent of total billed charges | |
| BKR CHG T3 FREE DIALYSIS LC/MS-MS | 84481 | CPT | | | | both | | | 559 | 19.48 | First Health | First Health | 391.3 | 70 | | | 15 | 531.05 | percent of total billed charges | |
| BKR CHG T3 FREE DIALYSIS LC/MS-MS | 84481 | CPT | | | | both | | | 559 | 19.48 | Amerihealth | HMO/PPO | 26.4 | | | 3.8 | 15 | 531.05 | fee schedule | |
| BKR CHG T3 FREE DIALYSIS LC/MS-MS | 84481 | CPT | | | | both | | | 559 | 19.48 | UHC | Medicaid | 15 | | | 10.34 | 15 | 531.05 | fee schedule | |
| BKR CHG T3 FREE DIALYSIS LC/MS-MS | 84481 | CPT | | | | both | | | 559 | 19.48 | Horizon | MGD | 213.99 | 38.28 | | 9.88 | 15 | 531.05 | percent of total billed charges | |
| BKR CHG T3 FREE DIALYSIS LC/MS-MS | 84481 | CPT | | | | both | | | 559 | 19.48 | Multiplan | Multiplan | 447.2 | 80 | | | 15 | 531.05 | percent of total billed charges | |
| BKR CHG T3 FREE DIALYSIS LC/MS-MS | 84481 | CPT | | | | both | | | 559 | 19.48 | Managed Care Inc | Managed Care Inc | 503.1 | 90 | | | 15 | 531.05 | percent of total billed charges | |
| BKR CHG T3 FREE DIALYSIS LC/MS-MS | 84481 | CPT | | | | both | | | 559 | 19.48 | Horizon | Indemnity | 213.99 | 38.28 | | 6.93 | 15 | 531.05 | percent of total billed charges | |
| BKR CHG T3 FREE DIALYSIS LC/MS-MS | 84481 | CPT | | | | both | | | 559 | 19.48 | UHC | Medicare | 16.94 | | | 6.7 | 15 | 531.05 | fee schedule | |
| BKR CHG T3 FREE DIALYSIS LC/MS-MS | 84481 | CPT | | | | both | | | 559 | 19.48 | Horizon | PPO | 213.99 | 38.28 | | 6.42 | 15 | 531.05 | percent of total billed charges | |
| BKR CHG T3 FREE DIALYSIS LC/MS-MS | 84481 | CPT | | | | both | | | 559 | 19.48 | Qualcare | Qualcare | 419.25 | 75 | | | 15 | 531.05 | percent of total billed charges | |
| BKR CHG T3 FREE DIALYSIS LC/MS-MS | 84481 | CPT | | | | both | | | 559 | 19.48 | Wellcare | Medicare | 16.94 | | | 11.04 | 15 | 531.05 | fee schedule | |
| BKR CHG T3 FREE DIALYSIS LC/MS-MS | 84481 | CPT | | | | both | | | 559 | 19.48 | Horizon | NJ Health | 29.4 | | | 3.9 | 15 | 531.05 | fee schedule | |
| BKR CHG T3 FREE DIALYSIS LC/MS-MS | 84481 | CPT | | | | both | | | 559 | 19.48 | WellPoint | WellPoint | 179.89 | 32.18 | | 9.93 | 15 | 531.05 | percent of total billed charges | |
| BKR CHG T3 FREE DIALYSIS LC/MS-MS | 84481 | CPT | | | | both | | | 559 | 19.48 | Wellcare | Medicaid | 15 | | | 9.19 | 15 | 531.05 | fee schedule | |
| BKR CHG REVERSE T3 | 84482 | CPT | | | | both | | | 49 | 18.12 | First Health | First Health | 34.3 | 70 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG REVERSE T3 | 84482 | CPT | | | | both | | | 49 | 18.12 | Americare | Americare | 36.75 | 75 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG REVERSE T3 | 84482 | CPT | | | | both | | | 49 | 18.12 | Aetna | Medicare | 15.09 | 30.8 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG REVERSE T3 | 84482 | CPT | | | | both | | | 49 | 18.12 | Consumer | Consumer | 46.55 | 95 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG REVERSE T3 | 84482 | CPT | | | | both | | | 49 | 18.12 | First Trenton | First Trenton | 44.1 | 90 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG REVERSE T3 | 84482 | CPT | | | | both | | | 49 | 18.12 | Amerihealth | HMO/PPO | 26.4 | | | | 14.7 | 46.55 | fee schedule | |
| BKR CHG REVERSE T3 | 84482 | CPT | | | | both | | | 49 | 18.12 | Aetna | Better Health | 15.46 | 31.55 | | 14.87 | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG REVERSE T3 | 84482 | CPT | | | | both | | | 49 | 18.12 | Multiplan | Multiplan | 39.2 | 80 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG REVERSE T3 | 84482 | CPT | | | | both | | | 49 | 18.12 | Horizon | Indemnity | 18.76 | 38.28 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG REVERSE T3 | 84482 | CPT | | | | both | | | 49 | 18.12 | UHC | Medicaid | 15 | | | | 14.7 | 46.55 | fee schedule | |
| BKR CHG REVERSE T3 | 84482 | CPT | | | | both | | | 49 | 18.12 | Amerihealth | Medicare | 15.76 | | | | 14.7 | 46.55 | fee schedule | |
| BKR CHG REVERSE T3 | 84482 | CPT | | | | both | | | 49 | 18.12 | Corrections | Corrections | 39.2 | 80 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG REVERSE T3 | 84482 | CPT | | | | both | | | 49 | 18.12 | Horizon | Medicare Blue | 14.7 | 30 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG REVERSE T3 | 84482 | CPT | | | | both | | | 49 | 18.12 | Wellcare | Medicare | 15.76 | | | | 14.7 | 46.55 | fee schedule | |
| BKR CHG REVERSE T3 | 84482 | CPT | | | | both | | | 49 | 18.12 | WellPoint | WellPoint | 15.77 | 32.18 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG REVERSE T3 | 84482 | CPT | | | | both | | | 49 | 18.12 | Qualcare | Qualcare | 36.75 | 75 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG REVERSE T3 | 84482 | CPT | | | | both | | | 49 | 18.12 | Horizon | PPO | 18.76 | 38.28 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG REVERSE T3 | 84482 | CPT | | | | both | | | 49 | 18.12 | Wellcare | Medicaid | 15 | | | | 14.7 | 46.55 | fee schedule | |
| BKR CHG REVERSE T3 | 84482 | CPT | | | | both | | | 49 | 18.12 | Horizon | MGD | 18.76 | 38.28 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG REVERSE T3 | 84482 | CPT | | | | both | | | 49 | 18.12 | Managed Care Inc | Managed Care Inc | 44.1 | 90 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG REVERSE T3 | 84482 | CPT | | | | both | | | 49 | 18.12 | Horizon | NJ Health | 32.34 | | | 1.4 | 14.7 | 46.55 | fee schedule | |
| BKR CHG REVERSE T3 | 84482 | CPT | | | | both | | | 49 | 18.12 | Three Rivers | Three Rivers | 46.55 | 95 | | | 14.7 | 46.55 | percent of total billed charges | |
| BKR CHG REVERSE T3 | 84482 | CPT | | | | both | | | 49 | 18.12 | UHC | Medicare | 15.76 | | | | 14.7 | 46.55 | fee schedule | |
| BKR CHG TROPONIN T | 84484 | CPT | | | | both | | | 192 | 14.34 | Horizon | NJ Health | 77.62 | | | 6.04 | 9.51 | 182.4 | fee schedule | |
| BKR CHG TROPONIN T | 84484 | CPT | | | | both | | | 192 | 14.34 | Aetna | Better Health | 60.58 | 31.55 | | 20.67 | 9.51 | 182.4 | percent of total billed charges | |
| BKR CHG TROPONIN T | 84484 | CPT | | | | both | | | 192 | 14.34 | First Health | First Health | 134.4 | 70 | | | 9.51 | 182.4 | percent of total billed charges | |
| BKR CHG TROPONIN T | 84484 | CPT | | | | both | | | 192 | 14.34 | Amerihealth | HMO/PPO | 12 | | | 8.07 | 9.51 | 182.4 | fee schedule | |
| BKR CHG TROPONIN T | 84484 | CPT | | | | both | | | 192 | 14.34 | Amerihealth | Medicare | 12.47 | | | | 9.51 | 182.4 | fee schedule | |
| BKR CHG TROPONIN T | 84484 | CPT | | | | both | | | 192 | 14.34 | Horizon | MGD | 73.5 | 38.28 | | 17.87 | 9.51 | 182.4 | percent of total billed charges | |
| BKR CHG TROPONIN T | 84484 | CPT | | | | both | | | 192 | 14.34 | Multiplan | Multiplan | 153.6 | 80 | | | 9.51 | 182.4 | percent of total billed charges | |
| BKR CHG TROPONIN T | 84484 | CPT | | | | both | | | 192 | 14.34 | Americare | Americare | 144 | 75 | | | 9.51 | 182.4 | percent of total billed charges | |
| BKR CHG TROPONIN T | 84484 | CPT | | | | both | | | 192 | 14.34 | UHC | Medicaid | 9.51 | | | 20.86 | 9.51 | 182.4 | fee schedule | |
| BKR CHG TROPONIN T | 84484 | CPT | | | | both | | | 192 | 14.34 | Aetna | Medicare | 59.14 | 30.8 | | 11.25 | 9.51 | 182.4 | percent of total billed charges | |
| BKR CHG TROPONIN T | 84484 | CPT | | | | both | | | 192 | 14.34 | Wellcare | Medicare | 12.47 | | | 10.53 | 9.51 | 182.4 | fee schedule | |
| BKR CHG TROPONIN T | 84484 | CPT | | | | both | | | 192 | 14.34 | Horizon | PPO | 73.5 | 38.28 | | 17.62 | 9.51 | 182.4 | percent of total billed charges | |
| BKR CHG TROPONIN T | 84484 | CPT | | | | both | | | 192 | 14.34 | First Trenton | First Trenton | 172.8 | 90 | | | 9.51 | 182.4 | percent of total billed charges | |
| BKR CHG TROPONIN T | 84484 | CPT | | | | both | | | 192 | 14.34 | Consumer | Consumer | 182.4 | 95 | | | 9.51 | 182.4 | percent of total billed charges | |
| BKR CHG TROPONIN T | 84484 | CPT | | | | both | | | 192 | 14.34 | Wellcare | Medicaid | 9.51 | | | 21.22 | 9.51 | 182.4 | fee schedule | |
| BKR CHG TROPONIN T | 84484 | CPT | | | | both | | | 192 | 14.34 | Corrections | Corrections | 153.6 | 80 | | 16.18 | 9.51 | 182.4 | percent of total billed charges | |
| BKR CHG TROPONIN T | 84484 | CPT | | | | both | | | 192 | 14.34 | Horizon | Indemnity | 73.5 | 38.28 | | 16.33 | 9.51 | 182.4 | percent of total billed charges | |
| BKR CHG TROPONIN T | 84484 | CPT | | | | both | | | 192 | 14.34 | Horizon | Medicare Blue | 57.6 | 30 | | 8.46 | 9.51 | 182.4 | percent of total billed charges | |
| BKR CHG TROPONIN T | 84484 | CPT | | | | both | | | 192 | 14.34 | WellPoint | WellPoint | 61.79 | 32.18 | | 15.95 | 9.51 | 182.4 | percent of total billed charges | |
| BKR CHG TROPONIN T | 84484 | CPT | | | | both | | | 192 | 14.34 | Qualcare | Qualcare | 144 | 75 | | | 9.51 | 182.4 | percent of total billed charges | |
| BKR CHG TROPONIN T | 84484 | CPT | | | | both | | | 192 | 14.34 | Managed Care Inc | Managed Care Inc | 172.8 | 90 | | | 9.51 | 182.4 | percent of total billed charges | |
| BKR CHG TROPONIN T | 84484 | CPT | | | | both | | | 192 | 14.34 | Three Rivers | Three Rivers | 182.4 | 95 | | | 9.51 | 182.4 | percent of total billed charges | |
| BKR CHG TROPONIN T | 84484 | CPT | | | | both | | | 192 | 14.34 | UHC | Medicare | 12.47 | | | 10.68 | 9.51 | 182.4 | fee schedule | |
| BKR CHG TYROSIN | 84510 | CPT | | | | outpatient | | | 141 | 12.22 | Horizon | Indemnity | 53.97 | 38.28 | | | 10.63 | 133.95 | percent of total billed charges | |
| BKR CHG TYROSIN | 84510 | CPT | | | | outpatient | | | 141 | 12.22 | Consumer | Consumer | 133.95 | 95 | | | 10.63 | 133.95 | percent of total billed charges | |
| BKR CHG TYROSIN | 84510 | CPT | | | | outpatient | | | 141 | 12.22 | First Trenton | First Trenton | 126.9 | 90 | | | 10.63 | 133.95 | percent of total billed charges | |
| BKR CHG TYROSIN | 84510 | CPT | | | | outpatient | | | 141 | 12.22 | Aetna | Better Health | 44.49 | 31.55 | | | 10.63 | 133.95 | percent of total billed charges | |
| BKR CHG TYROSIN | 84510 | CPT | | | | outpatient | | | 141 | 12.22 | Americare | Americare | 105.75 | 75 | | | 10.63 | 133.95 | percent of total billed charges | |
| BKR CHG TYROSIN | 84510 | CPT | | | | outpatient | | | 141 | 12.22 | Corrections | Corrections | 112.8 | 80 | | | 10.63 | 133.95 | percent of total billed charges | |
| BKR CHG TYROSIN | 84510 | CPT | | | | outpatient | | | 141 | 12.22 | Aetna | Medicare | 43.43 | 30.8 | | | 10.63 | 133.95 | percent of total billed charges | |
| BKR CHG TYROSIN | 84510 | CPT | | | | outpatient | | | 141 | 12.22 | Multiplan | Multiplan | 112.8 | 80 | | | 10.63 | 133.95 | percent of total billed charges | |
| BKR CHG TYROSIN | 84510 | CPT | | | | outpatient | | | 141 | 12.22 | Amerihealth | HMO/PPO | 16.2 | | | | 10.63 | 133.95 | fee schedule | |
| BKR CHG TYROSIN | 84510 | CPT | | | | outpatient | | | 141 | 12.22 | Horizon | NJ Health | 27.38 | | | | 10.63 | 133.95 | fee schedule | |
| BKR CHG TYROSIN | 84510 | CPT | | | | outpatient | | | 141 | 12.22 | Horizon | MGD | 53.97 | 38.28 | | | 10.63 | 133.95 | percent of total billed charges | |
| BKR CHG TYROSIN | 84510 | CPT | | | | outpatient | | | 141 | 12.22 | First Health | First Health | 98.7 | 70 | | | 10.63 | 133.95 | percent of total billed charges | |
| BKR CHG TYROSIN | 84510 | CPT | | | | outpatient | | | 141 | 12.22 | UHC | Medicaid | 12.7 | | | | 10.63 | 133.95 | fee schedule | |
| BKR CHG TYROSIN | 84510 | CPT | | | | outpatient | | | 141 | 12.22 | Wellcare | Medicaid | 12.7 | | | | 10.63 | 133.95 | fee schedule | |
| BKR CHG TYROSIN | 84510 | CPT | | | | outpatient | | | 141 | 12.22 | Amerihealth | Medicare | 10.63 | | | | 10.63 | 133.95 | fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG TYROSIN | 84510 | CPT | | | | outpatient | | | 141 | 12.22 | Qualcare | Qualcare | 105.75 | 75 | | | 10.63 | 133.95 | percent of total billed charges | |
| BKR CHG TYROSIN | 84510 | CPT | | | | outpatient | | | 141 | 12.22 | Wellcare | Medicare | 10.63 | | | | 10.63 | 133.95 | fee schedule | |
| BKR CHG TYROSIN | 84510 | CPT | | | | outpatient | | | 141 | 12.22 | Horizon | Medicare Blue | 42.3 | 30 | | | 10.63 | 133.95 | percent of total billed charges | |
| BKR CHG TYROSIN | 84510 | CPT | | | | outpatient | | | 141 | 12.22 | Horizon | PPO | 53.97 | 38.28 | | | 10.63 | 133.95 | percent of total billed charges | |
| BKR CHG TYROSIN | 84510 | CPT | | | | outpatient | | | 141 | 12.22 | UHC | Medicare | 10.63 | | | | 10.63 | 133.95 | fee schedule | |
| BKR CHG TYROSIN | 84510 | CPT | | | | outpatient | | | 141 | 12.22 | Managed Care Inc | Managed Care Inc | 126.9 | 90 | | | 10.63 | 133.95 | percent of total billed charges | |
| BKR CHG TYROSIN | 84510 | CPT | | | | outpatient | | | 141 | 12.22 | Three Rivers | Three Rivers | 133.95 | 95 | | | 10.63 | 133.95 | percent of total billed charges | |
| BKR CHG TYROSIN | 84510 | CPT | | | | outpatient | | | 141 | 12.22 | WellPoint | WellPoint | 45.37 | 32.18 | | | 10.63 | 133.95 | percent of total billed charges | |
| BKR CHG UREA NITROGEN (BODY FLUID) | 84520 | CPT | | | | both | | | 70 | 4.54 | Horizon | Medicare Blue | 21 | 30 | | 3.84 | 1.7 | 66.5 | percent of total billed charges | |
| BKR CHG UREA NITROGEN (BODY FLUID) | 84520 | CPT | | | | both | | | 70 | 4.54 | First Trenton | First Trenton | 63 | 90 | | | 1.7 | 66.5 | percent of total billed charges | |
| BKR CHG UREA NITROGEN (BODY FLUID) | 84520 | CPT | | | | both | | | 70 | 4.54 | Consumer | Consumer | 66.5 | 95 | | | 1.7 | 66.5 | percent of total billed charges | |
| BKR CHG UREA NITROGEN (BODY FLUID) | 84520 | CPT | | | | both | | | 70 | 4.54 | Aetna | Medicare | 21.56 | 30.8 | | 0.99 | 1.7 | 66.5 | percent of total billed charges | |
| BKR CHG UREA NITROGEN (BODY FLUID) | 84520 | CPT | | | | both | | | 70 | 4.54 | Multiplan | Multiplan | 56 | 80 | | | 1.7 | 66.5 | percent of total billed charges | |
| BKR CHG UREA NITROGEN (BODY FLUID) | 84520 | CPT | | | | both | | | 70 | 4.54 | Americare | Americare | 52.5 | 75 | | | 1.7 | 66.5 | percent of total billed charges | |
| BKR CHG UREA NITROGEN (BODY FLUID) | 84520 | CPT | | | | both | | | 70 | 4.54 | Aetna | Better Health | 22.09 | 31.55 | | | 1.7 | 66.5 | percent of total billed charges | |
| BKR CHG UREA NITROGEN (BODY FLUID) | 84520 | CPT | | | | both | | | 70 | 4.54 | Amerihealth | HMO/PPO | 1.7 | | | 5.71 | 1.7 | 66.5 | fee schedule | |
| BKR CHG UREA NITROGEN (BODY FLUID) | 84520 | CPT | | | | both | | | 70 | 4.54 | WellPoint | WellPoint | 22.53 | 32.18 | | 11.35 | 1.7 | 66.5 | percent of total billed charges | |
| BKR CHG UREA NITROGEN (BODY FLUID) | 84520 | CPT | | | | both | | | 70 | 4.54 | Managed Care Inc | Managed Care Inc | 63 | 90 | | | 1.7 | 66.5 | percent of total billed charges | |
| BKR CHG UREA NITROGEN (BODY FLUID) | 84520 | CPT | | | | both | | | 70 | 4.54 | First Health | First Health | 49 | 70 | | | 1.7 | 66.5 | percent of total billed charges | |
| BKR CHG UREA NITROGEN (BODY FLUID) | 84520 | CPT | | | | both | | | 70 | 4.54 | Amerihealth | Medicare | 3.95 | | | | 1.7 | 66.5 | fee schedule | |
| BKR CHG UREA NITROGEN (BODY FLUID) | 84520 | CPT | | | | both | | | 70 | 4.54 | Qualcare | Qualcare | 52.5 | 75 | | | 1.7 | 66.5 | percent of total billed charges | |
| BKR CHG UREA NITROGEN (BODY FLUID) | 84520 | CPT | | | | both | | | 70 | 4.54 | Horizon | Indemnity | 26.8 | 38.28 | | 19.09 | 1.7 | 66.5 | percent of total billed charges | |
| BKR CHG UREA NITROGEN (BODY FLUID) | 84520 | CPT | | | | both | | | 70 | 4.54 | Horizon | PPO | 26.8 | 38.28 | | 16.82 | 1.7 | 66.5 | percent of total billed charges | |
| BKR CHG UREA NITROGEN (BODY FLUID) | 84520 | CPT | | | | both | | | 70 | 4.54 | Horizon | MGD | 26.8 | 38.28 | | 13.53 | 1.7 | 66.5 | percent of total billed charges | |
| BKR CHG UREA NITROGEN (BODY FLUID) | 84520 | CPT | | | | both | | | 70 | 4.54 | Three Rivers | Three Rivers | 66.5 | 95 | | | 1.7 | 66.5 | percent of total billed charges | |
| BKR CHG UREA NITROGEN (BODY FLUID) | 84520 | CPT | | | | both | | | 70 | 4.54 | UHC | Medicaid | 3 | | | 12.91 | 1.7 | 66.5 | fee schedule | |
| BKR CHG UREA NITROGEN (BODY FLUID) | 84520 | CPT | | | | both | | | 70 | 4.54 | Corrections | Corrections | 56 | 80 | | 11.33 | 1.7 | 66.5 | percent of total billed charges | |
| BKR CHG UREA NITROGEN (BODY FLUID) | 84520 | CPT | | | | both | | | 70 | 4.54 | UHC | Medicare | 3.95 | | | 9.36 | 1.7 | 66.5 | fee schedule | |
| BKR CHG UREA NITROGEN (BODY FLUID) | 84520 | CPT | | | | both | | | 70 | 4.54 | Horizon | NJ Health | 5.88 | | | 7.17 | 1.7 | 66.5 | fee schedule | |
| BKR CHG UREA NITROGEN (BODY FLUID) | 84520 | CPT | | | | both | | | 70 | 4.54 | Wellcare | Medicaid | 3 | | | 10.16 | 1.7 | 66.5 | fee schedule | |
| BKR CHG UREA NITROGEN (BODY FLUID) | 84520 | CPT | | | | both | | | 70 | 4.54 | Wellcare | Medicare | 3.95 | | | 6.32 | 1.7 | 66.5 | fee schedule | |
| BKR CHG URINE UREA NITROGEN RANDOM | 84540 | CPT | | | | both | | | 93 | 6.39 | Consumer | Consumer | 88.35 | 95 | | | 3 | 88.35 | percent of total billed charges | |
| BKR CHG URINE UREA NITROGEN RANDOM | 84540 | CPT | | | | both | | | 93 | 6.39 | Horizon | MGD | 35.6 | 38.28 | | 26.81 | 3 | 88.35 | percent of total billed charges | |
| BKR CHG URINE UREA NITROGEN RANDOM | 84540 | CPT | | | | both | | | 93 | 6.39 | First Health | First Health | 65.1 | 70 | | | 3 | 88.35 | percent of total billed charges | |
| BKR CHG URINE UREA NITROGEN RANDOM | 84540 | CPT | | | | both | | | 93 | 6.39 | Horizon | Medicare Blue | 27.9 | 30 | | 8.29 | 3 | 88.35 | percent of total billed charges | |
| BKR CHG URINE UREA NITROGEN RANDOM | 84540 | CPT | | | | both | | | 93 | 6.39 | Aetna | Better Health | 29.34 | 31.55 | | | 3 | 88.35 | percent of total billed charges | |
| BKR CHG URINE UREA NITROGEN RANDOM | 84540 | CPT | | | | both | | | 93 | 6.39 | Amerihealth | Medicare | 5.56 | | | | 3 | 88.35 | fee schedule | |
| BKR CHG URINE UREA NITROGEN RANDOM | 84540 | CPT | | | | both | | | 93 | 6.39 | Aetna | Medicare | 28.64 | 30.8 | | 14.12 | 3 | 88.35 | percent of total billed charges | |
| BKR CHG URINE UREA NITROGEN RANDOM | 84540 | CPT | | | | both | | | 93 | 6.39 | Americare | Americare | 69.75 | 75 | | | 3 | 88.35 | percent of total billed charges | |
| BKR CHG URINE UREA NITROGEN RANDOM | 84540 | CPT | | | | both | | | 93 | 6.39 | Corrections | Corrections | 74.4 | 80 | | | 3 | 88.35 | percent of total billed charges | |
| BKR CHG URINE UREA NITROGEN RANDOM | 84540 | CPT | | | | both | | | 93 | 6.39 | Wellcare | Medicare | 5.56 | | | | 3 | 88.35 | fee schedule | |
| BKR CHG URINE UREA NITROGEN RANDOM | 84540 | CPT | | | | both | | | 93 | 6.39 | Three Rivers | Three Rivers | 88.35 | 95 | | | 3 | 88.35 | percent of total billed charges | |
| BKR CHG URINE UREA NITROGEN RANDOM | 84540 | CPT | | | | both | | | 93 | 6.39 | UHC | Medicare | 5.56 | | | 12.24 | 3 | 88.35 | fee schedule | |
| BKR CHG URINE UREA NITROGEN RANDOM | 84540 | CPT | | | | both | | | 93 | 6.39 | Aetna | Commercial | 35.34 | 38 | | 10.4 | 3 | 88.35 | percent of total billed charges | |
| BKR CHG URINE UREA NITROGEN RANDOM | 84540 | CPT | | | | both | | | 93 | 6.39 | Wellcare | Medicaid | 3 | | | 16.7 | 3 | 88.35 | fee schedule | |
| BKR CHG URINE UREA NITROGEN RANDOM | 84540 | CPT | | | | both | | | 93 | 6.39 | First Trenton | First Trenton | 83.7 | 90 | | | 3 | 88.35 | percent of total billed charges | |
| BKR CHG URINE UREA NITROGEN RANDOM | 84540 | CPT | | | | both | | | 93 | 6.39 | Amerihealth | HMO/PPO | 7.4 | | | | 3 | 88.35 | fee schedule | |
| BKR CHG URINE UREA NITROGEN RANDOM | 84540 | CPT | | | | both | | | 93 | 6.39 | Horizon | Indemnity | 35.6 | 38.28 | | | 3 | 88.35 | percent of total billed charges | |
| BKR CHG URINE UREA NITROGEN RANDOM | 84540 | CPT | | | | both | | | 93 | 6.39 | Horizon | PPO | 35.6 | 38.28 | | 18.26 | 3 | 88.35 | percent of total billed charges | |
| BKR CHG URINE UREA NITROGEN RANDOM | 84540 | CPT | | | | both | | | 93 | 6.39 | Managed Care Inc | Managed Care Inc | 83.7 | 90 | | | 3 | 88.35 | percent of total billed charges | |
| BKR CHG URINE UREA NITROGEN RANDOM | 84540 | CPT | | | | both | | | 93 | 6.39 | UHC | Medicaid | 3 | | | 19.37 | 3 | 88.35 | fee schedule | |
| BKR CHG URINE UREA NITROGEN RANDOM | 84540 | CPT | | | | both | | | 93 | 6.39 | Horizon | NJ Health | 5.88 | | | 9.77 | 3 | 88.35 | fee schedule | |
| BKR CHG URINE UREA NITROGEN RANDOM | 84540 | CPT | | | | both | | | 93 | 6.39 | Multiplan | Multiplan | 74.4 | 80 | | | 3 | 88.35 | percent of total billed charges | |
| BKR CHG URINE UREA NITROGEN RANDOM | 84540 | CPT | | | | both | | | 93 | 6.39 | Qualcare | Qualcare | 69.75 | 75 | | | 3 | 88.35 | percent of total billed charges | |
| BKR CHG URINE UREA NITROGEN RANDOM | 84540 | CPT | | | | both | | | 93 | 6.39 | WellPoint | WellPoint | 29.93 | 32.18 | | 24.19 | 3 | 88.35 | percent of total billed charges | |
| BKR CHG URIC ACID;BLOOD | 84550 | CPT | | | | both | | | 125 | 5.2 | Amerihealth | Medicare | 4.52 | | | | 1.7 | 118.75 | fee schedule | |
| BKR CHG URIC ACID;BLOOD | 84550 | CPT | | | | both | | | 125 | 5.2 | Horizon | PPO | 47.85 | 38.28 | | 4.9 | 1.7 | 118.75 | percent of total billed charges | |
| BKR CHG URIC ACID;BLOOD | 84550 | CPT | | | | both | | | 125 | 5.2 | Amerihealth | HMO/PPO | 1.7 | | | 3.04 | 1.7 | 118.75 | fee schedule | |
| BKR CHG URIC ACID;BLOOD | 84550 | CPT | | | | both | | | 125 | 5.2 | Consumer | Consumer | 118.75 | 95 | | | 1.7 | 118.75 | percent of total billed charges | |
| BKR CHG URIC ACID;BLOOD | 84550 | CPT | | | | both | | | 125 | 5.2 | Americare | Americare | 93.75 | 75 | | | 1.7 | 118.75 | percent of total billed charges | |
| BKR CHG URIC ACID;BLOOD | 84550 | CPT | | | | both | | | 125 | 5.2 | Aetna | Better Health | 39.44 | 31.55 | | 8.53 | 1.7 | 118.75 | percent of total billed charges | |
| BKR CHG URIC ACID;BLOOD | 84550 | CPT | | | | both | | | 125 | 5.2 | Aetna | Commercial | 47.5 | 38 | | 11.29 | 1.7 | 118.75 | percent of total billed charges | |
| BKR CHG URIC ACID;BLOOD | 84550 | CPT | | | | both | | | 125 | 5.2 | Wellcare | Medicaid | 3 | | | 9.03 | 1.7 | 118.75 | fee schedule | |
| BKR CHG URIC ACID;BLOOD | 84550 | CPT | | | | both | | | 125 | 5.2 | First Health | First Health | 87.5 | 70 | | | 1.7 | 118.75 | percent of total billed charges | |
| BKR CHG URIC ACID;BLOOD | 84550 | CPT | | | | both | | | 125 | 5.2 | Multiplan | Multiplan | 100 | 80 | | | 1.7 | 118.75 | percent of total billed charges | |
| BKR CHG URIC ACID;BLOOD | 84550 | CPT | | | | both | | | 125 | 5.2 | Horizon | Medicare Blue | 37.5 | 30 | | 8.07 | 1.7 | 118.75 | percent of total billed charges | |
| BKR CHG URIC ACID;BLOOD | 84550 | CPT | | | | both | | | 125 | 5.2 | Corrections | Corrections | 100 | 80 | | 12.45 | 1.7 | 118.75 | percent of total billed charges | |
| BKR CHG URIC ACID;BLOOD | 84550 | CPT | | | | both | | | 125 | 5.2 | Horizon | Indemnity | 47.85 | 38.28 | | 11.56 | 1.7 | 118.75 | percent of total billed charges | |
| BKR CHG URIC ACID;BLOOD | 84550 | CPT | | | | both | | | 125 | 5.2 | First Trenton | First Trenton | 112.5 | 90 | | | 1.7 | 118.75 | percent of total billed charges | |
| BKR CHG URIC ACID;BLOOD | 84550 | CPT | | | | both | | | 125 | 5.2 | Aetna | Medicare | 38.5 | 30.8 | | 5.52 | 1.7 | 118.75 | percent of total billed charges | |
| BKR CHG URIC ACID;BLOOD | 84550 | CPT | | | | both | | | 125 | 5.2 | Horizon | NJ Health | 5.88 | | | 3.59 | 1.7 | 118.75 | fee schedule | |
| BKR CHG URIC ACID;BLOOD | 84550 | CPT | | | | both | | | 125 | 5.2 | Wellcare | Medicare | 4.52 | | | 7.26 | 1.7 | 118.75 | fee schedule | |
| BKR CHG URIC ACID;BLOOD | 84550 | CPT | | | | both | | | 125 | 5.2 | Qualcare | Qualcare | 93.75 | 75 | | | 1.7 | 118.75 | percent of total billed charges | |
| BKR CHG URIC ACID;BLOOD | 84550 | CPT | | | | both | | | 125 | 5.2 | UHC | Medicaid | 3 | | | 12.29 | 1.7 | 118.75 | fee schedule | |
| BKR CHG URIC ACID;BLOOD | 84550 | CPT | | | | both | | | 125 | 5.2 | WellPoint | WellPoint | 40.23 | 32.18 | | 7.15 | 1.7 | 118.75 | percent of total billed charges | |
| BKR CHG URIC ACID;BLOOD | 84550 | CPT | | | | both | | | 125 | 5.2 | Three Rivers | Three Rivers | 118.75 | 95 | | | 1.7 | 118.75 | percent of total billed charges | |
| BKR CHG URIC ACID;BLOOD | 84550 | CPT | | | | both | | | 125 | 5.2 | Horizon | MGD | 47.85 | 38.28 | | 8.9 | 1.7 | 118.75 | percent of total billed charges | |
| BKR CHG URIC ACID;BLOOD | 84550 | CPT | | | | both | | | 125 | 5.2 | Managed Care Inc | Managed Care Inc | 112.5 | 90 | | | 1.7 | 118.75 | percent of total billed charges | |
| BKR CHG URIC ACID;BLOOD | 84550 | CPT | | | | both | | | 125 | 5.2 | UHC | Medicare | 4.52 | | | 3.91 | 1.7 | 118.75 | fee schedule | |
| BKR CHG URIC ACID URINE 24 HOURS | 84560 | CPT | | | | both | | | 246 | 5.84 | Consumer | Consumer | 233.7 | 95 | | | 3 | 233.7 | percent of total billed charges | |
| BKR CHG URIC ACID URINE 24 HOURS | 84560 | CPT | | | | both | | | 246 | 5.84 | Aetna | Better Health | 77.61 | 31.55 | | | 3 | 233.7 | percent of total billed charges | |
| BKR CHG URIC ACID URINE 24 HOURS | 84560 | CPT | | | | both | | | 246 | 5.84 | Corrections | Corrections | 196.8 | 80 | | | 3 | 233.7 | percent of total billed charges | |
| BKR CHG URIC ACID URINE 24 HOURS | 84560 | CPT | | | | both | | | 246 | 5.84 | Amerihealth | Medicare | 5.08 | | | | 3 | 233.7 | fee schedule | |
| BKR CHG URIC ACID URINE 24 HOURS | 84560 | CPT | | | | both | | | 246 | 5.84 | Americare | Americare | 184.5 | 75 | | | 3 | 233.7 | percent of total billed charges | |
| BKR CHG URIC ACID URINE 24 HOURS | 84560 | CPT | | | | both | | | 246 | 5.84 | Aetna | Medicare | 75.77 | 30.8 | | | 3 | 233.7 | percent of total billed charges | |
| BKR CHG URIC ACID URINE 24 HOURS | 84560 | CPT | | | | both | | | 246 | 5.84 | Multiplan | Multiplan | 196.8 | 80 | | | 3 | 233.7 | percent of total billed charges | |
| BKR CHG URIC ACID URINE 24 HOURS | 84560 | CPT | | | | both | | | 246 | 5.84 | Amerihealth | HMO/PPO | 4.5 | | | | 3 | 233.7 | fee schedule | |
| BKR CHG URIC ACID URINE 24 HOURS | 84560 | CPT | | | | both | | | 246 | 5.84 | Horizon | MGD | 94.17 | 38.28 | | | 3 | 233.7 | percent of total billed charges | |
| BKR CHG URIC ACID URINE 24 HOURS | 84560 | CPT | | | | both | | | 246 | 5.84 | Aetna | Commercial | 93.48 | 38 | | | 3 | 233.7 | percent of total billed charges | |
| BKR CHG URIC ACID URINE 24 HOURS | 84560 | CPT | | | | both | | | 246 | 5.84 | Horizon | Medicare Blue | 73.8 | 30 | | | 3 | 233.7 | percent of total billed charges | |
| BKR CHG URIC ACID URINE 24 HOURS | 84560 | CPT | | | | both | | | 246 | 5.84 | First Trenton | First Trenton | 221.4 | 90 | | | 3 | 233.7 | percent of total billed charges | |
| BKR CHG URIC ACID URINE 24 HOURS | 84560 | CPT | | | | both | | | 246 | 5.84 | UHC | Medicaid | 3 | | | 5.43 | 3 | 233.7 | fee schedule | |
| BKR CHG URIC ACID URINE 24 HOURS | 84560 | CPT | | | | both | | | 246 | 5.84 | UHC | Medicare | 5.08 | | | | 3 | 233.7 | fee schedule | |
| BKR CHG URIC ACID URINE 24 HOURS | 84560 | CPT | | | | both | | | 246 | 5.84 | Qualcare | Qualcare | 184.5 | 75 | | | 3 | 233.7 | percent of total billed charges | |
| BKR CHG URIC ACID URINE 24 HOURS | 84560 | CPT | | | | both | | | 246 | 5.84 | First Health | First Health | 172.2 | 70 | | | 3 | 233.7 | percent of total billed charges | |
| BKR CHG URIC ACID URINE 24 HOURS | 84560 | CPT | | | | both | | | 246 | 5.84 | Horizon | NJ Health | 5.88 | | | 2.23 | 3 | 233.7 | fee schedule | |
| BKR CHG URIC ACID URINE 24 HOURS | 84560 | CPT | | | | both | | | 246 | 5.84 | Horizon | Indemnity | 94.17 | 38.28 | | | 3 | 233.7 | percent of total billed charges | |
| BKR CHG URIC ACID URINE 24 HOURS | 84560 | CPT | | | | both | | | 246 | 5.84 | Wellcare | Medicare | 5.08 | | | | 3 | 233.7 | fee schedule | |
| BKR CHG URIC ACID URINE 24 HOURS | 84560 | CPT | | | | both | | | 246 | 5.84 | Horizon | PPO | 94.17 | 38.28 | | | 3 | 233.7 | percent of total billed charges | |
| BKR CHG URIC ACID URINE 24 HOURS | 84560 | CPT | | | | both | | | 246 | 5.84 | WellPoint | WellPoint | 79.16 | 32.18 | | | 3 | 233.7 | percent of total billed charges | |
| BKR CHG URIC ACID URINE 24 HOURS | 84560 | CPT | | | | both | | | 246 | 5.84 | Managed Care Inc | Managed Care Inc | 221.4 | 90 | | | 3 | 233.7 | percent of total billed charges | |
| BKR CHG URIC ACID URINE 24 HOURS | 84560 | CPT | | | | both | | | 246 | 5.84 | Three Rivers | Three Rivers | 233.7 | 95 | | | 3 | 233.7 | percent of total billed charges | |
| BKR CHG URIC ACID URINE 24 HOURS | 84560 | CPT | | | | both | | | 246 | 5.84 | Wellcare | Medicaid | 3 | | | | 3 | 233.7 | fee schedule | |
| BKR CHG VMA URINE | 84585 | CPT | | | | both | | | 280 | 17.83 | Consumer | Consumer | 266 | 95 | | | 10.2 | 266 | percent of total billed charges | |
| BKR CHG VMA URINE | 84585 | CPT | | | | both | | | 280 | 17.83 | Horizon | MGD | 107.18 | 38.28 | | | 10.2 | 266 | percent of total billed charges | |
| BKR CHG VMA URINE | 84585 | CPT | | | | both | | | 280 | 17.83 | Aetna | Better Health | 88.34 | 31.55 | | | 10.2 | 266 | percent of total billed charges | |
| BKR CHG VMA URINE | 84585 | CPT | | | | both | | | 280 | 17.83 | Aetna | Medicare | 86.24 | 30.8 | | | 10.2 | 266 | percent of total billed charges | |
| BKR CHG VMA URINE | 84585 | CPT | | | | both | | | 280 | 17.83 | First Health | First Health | 196 | 70 | | | 10.2 | 266 | percent of total billed charges | |
| BKR CHG VMA URINE | 84585 | CPT | | | | both | | | 280 | 17.83 | Amerihealth | Medicare | 15.5 | | | | 10.2 | 266 | fee schedule | |
| BKR CHG VMA URINE | 84585 | CPT | | | | both | | | 280 | 17.83 | Corrections | Corrections | 224 | 80 | | | 10.2 | 266 | percent of total billed charges | |
| BKR CHG VMA URINE | 84585 | CPT | | | | both | | | 280 | 17.83 | Americare | Americare | 210 | 75 | | | 10.2 | 266 | percent of total billed charges | |
| BKR CHG VMA URINE | 84585 | CPT | | | | both | | | 280 | 17.83 | First Trenton | First Trenton | 252 | 90 | | | 10.2 | 266 | percent of total billed charges | |
| BKR CHG VMA URINE | 84585 | CPT | | | | both | | | 280 | 17.83 | WellPoint | WellPoint | 90.1 | 32.18 | | | 10.2 | 266 | percent of total billed charges | |
| BKR CHG VMA URINE | 84585 | CPT | | | | both | | | 280 | 17.83 | Multiplan | Multiplan | 224 | 80 | | | 10.2 | 266 | percent of total billed charges | |
| BKR CHG VMA URINE | 84585 | CPT | | | | both | | | 280 | 17.83 | Amerihealth | HMO/PPO | 24.1 | | | | 10.2 | 266 | fee schedule | |
| BKR CHG VMA URINE | 84585 | CPT | | | | both | | | 280 | 17.83 | Horizon | Indemnity | 107.18 | 38.28 | | | 10.2 | 266 | percent of total billed charges | |
| BKR CHG VMA URINE | 84585 | CPT | | | | both | | | 280 | 17.83 | UHC | Medicare | 15.5 | | | | 10.2 | 266 | fee schedule | |
| BKR CHG VMA URINE | 84585 | CPT | | | | both | | | 280 | 17.83 | Qualcare | Qualcare | 210 | 75 | | | 10.2 | 266 | percent of total billed charges | |
| BKR CHG VMA URINE | 84585 | CPT | | | | both | | | 280 | 17.83 | Horizon | Medicare Blue | 84 | 30 | | | 10.2 | 266 | percent of total billed charges | |
| BKR CHG VMA URINE | 84585 | CPT | | | | both | | | 280 | 17.83 | Horizon | NJ Health | 23.52 | | | | 10.2 | 266 | fee schedule | |
| BKR CHG VMA URINE | 84585 | CPT | | | | both | | | 280 | 17.83 | Wellcare | Medicaid | 12 | | | | 10.2 | 266 | fee schedule | |
| BKR CHG VMA URINE | 84585 | CPT | | | | both | | | 280 | 17.83 | Horizon | PPO | 107.18 | 38.28 | | | 10.2 | 266 | percent of total billed charges | |
| BKR CHG VMA URINE | 84585 | CPT | | | | both | | | 280 | 17.83 | UHC | Medicaid | 12 | | | | 10.2 | 266 | fee schedule | |
| BKR CHG VMA URINE | 84585 | CPT | | | | both | | | 280 | 17.83 | Managed Care Inc | Managed Care Inc | 252 | 90 | | | 10.2 | 266 | percent of total billed charges | |
| BKR CHG VMA URINE | 84585 | CPT | | | | both | | | 280 | 17.83 | Wellcare | Medicare | 15.5 | | | | 10.2 | 266 | fee schedule | |
| BKR CHG VMA URINE | 84585 | CPT | | | | both | | | 280 | 17.83 | Three Rivers | Three Rivers | 266 | 95 | | | 10.2 | 266 | percent of total billed charges | |
| BKR CHG VIP PLAMA | 84586 | CPT | | | | inpatient | | | 354 | 40.63 | Consumer | Consumer | 336.3 | 95 | | | 35.33 | 336.3 | percent of total billed charges | |
| BKR CHG VIP PLAMA | 84586 | CPT | | | | inpatient | | | 354 | 40.63 | Horizon | PPO | 135.51 | 38.28 | | | 35.33 | 336.3 | percent of total billed charges | |
| BKR CHG VIP PLAMA | 84586 | CPT | | | | inpatient | | | 354 | 40.63 | UHC | Medicaid | 48 | | | | 35.33 | 336.3 | fee schedule | |
| BKR CHG VIP PLAMA | 84586 | CPT | | | | inpatient | | | 354 | 40.63 | Qualcare | Qualcare | 265.5 | 75 | | | 35.33 | 336.3 | percent of total billed charges | |
| BKR CHG VIP PLAMA | 84586 | CPT | | | | inpatient | | | 354 | 40.63 | Americare | Americare | 265.5 | 75 | | | 35.33 | 336.3 | percent of total billed charges | |
| BKR CHG VIP PLAMA | 84586 | CPT | | | | inpatient | | | 354 | 40.63 | Amerihealth | HMO/PPO | 62.5 | | | | 35.33 | 336.3 | fee schedule | |
| BKR CHG VIP PLAMA | 84586 | CPT | | | | inpatient | | | 354 | 40.63 | Aetna | Medicare | 109.03 | 30.8 | | | 35.33 | 336.3 | percent of total billed charges | |
| BKR CHG VIP PLAMA | 84586 | CPT | | | | inpatient | | | 354 | 40.63 | Aetna | Better Health | 111.69 | 31.55 | | | 35.33 | 336.3 | percent of total billed charges | |
| BKR CHG VIP PLAMA | 84586 | CPT | | | | inpatient | | | 354 | 40.63 | Horizon | Indemnity | 135.51 | 38.28 | | | 35.33 | 336.3 | percent of total billed charges | |
| BKR CHG VIP PLAMA | 84586 | CPT | | | | inpatient | | | 354 | 40.63 | Three Rivers | Three Rivers | 336.3 | 95 | | | 35.33 | 336.3 | percent of total billed charges | |
| BKR CHG VIP PLAMA | 84586 | CPT | | | | inpatient | | | 354 | 40.63 | Horizon | MGD | 135.51 | 38.28 | | | 35.33 | 336.3 | percent of total billed charges | |
| BKR CHG VIP PLAMA | 84586 | CPT | | | | inpatient | | | 354 | 40.63 | UHC | Medicare | 35.33 | | | | 35.33 | 336.3 | fee schedule | |
| BKR CHG VIP PLAMA | 84586 | CPT | | | | inpatient | | | 354 | 40.63 | Multiplan | Multiplan | 283.2 | 80 | | | 35.33 | 336.3 | percent of total billed charges | |
| BKR CHG VIP PLAMA | 84586 | CPT | | | | inpatient | | | 354 | 40.63 | Amerihealth | Medicare | 35.33 | | | | 35.33 | 336.3 | fee schedule | |
| BKR CHG VIP PLAMA | 84586 | CPT | | | | inpatient | | | 354 | 40.63 | Wellcare | Medicaid | 48 | | | | 35.33 | 336.3 | fee schedule | |
| BKR CHG VIP PLAMA | 84586 | CPT | | | | inpatient | | | 354 | 40.63 | Corrections | Corrections | 283.2 | 80 | | | 35.33 | 336.3 | percent of total billed charges | |
| BKR CHG VIP PLAMA | 84586 | CPT | | | | inpatient | | | 354 | 40.63 | Wellcare | Medicare | 35.33 | | | | 35.33 | 336.3 | fee schedule | |
| BKR CHG VIP PLAMA | 84586 | CPT | | | | inpatient | | | 354 | 40.63 | First Trenton | First Trenton | 318.6 | 90 | | | 35.33 | 336.3 | percent of total billed charges | |
| BKR CHG VIP PLAMA | 84586 | CPT | | | | inpatient | | | 354 | 40.63 | First Health | First Health | 247.8 | 70 | | | 35.33 | 336.3 | percent of total billed charges | |
| BKR CHG VIP PLAMA | 84586 | CPT | | | | inpatient | | | 354 | 40.63 | Horizon | Medicare Blue | 106.2 | 30 | | | 35.33 | 336.3 | percent of total billed charges | |
| BKR CHG VIP PLAMA | 84586 | CPT | | | | inpatient | | | 354 | 40.63 | Horizon | NJ Health | 39.24 | | | | 35.33 | 336.3 | fee schedule | |
| BKR CHG VIP PLAMA | 84586 | CPT | | | | inpatient | | | 354 | 40.63 | Managed Care Inc | Managed Care Inc | 318.6 | 90 | | | 35.33 | 336.3 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG VIP PLAMA | 84586 | CPT | | | | inpatient | | | 354 | 40.63 | WellPoint | WellPoint | 113.92 | 32.18 | | | 35.33 | 336.3 | percent of total billed charges | |
| BKR CHG VASOPRESSIN (ADH) | 84588 | CPT | | | | both | | | 847 | 39.03 | Corrections | Corrections | 677.6 | 80 | | | 23.7 | 804.65 | percent of total billed charges | |
| BKR CHG VASOPRESSIN (ADH) | 84588 | CPT | | | | both | | | 847 | 39.03 | UHC | Medicaid | 45 | | | 15.36 | 23.7 | 804.65 | fee schedule | |
| BKR CHG VASOPRESSIN (ADH) | 84588 | CPT | | | | both | | | 847 | 39.03 | Amerihealth | HMO/PPO | 53 | | | | 23.7 | 804.65 | fee schedule | |
| BKR CHG VASOPRESSIN (ADH) | 84588 | CPT | | | | both | | | 847 | 39.03 | Wellcare | Medicaid | 45 | | | | 23.7 | 804.65 | fee schedule | |
| BKR CHG VASOPRESSIN (ADH) | 84588 | CPT | | | | both | | | 847 | 39.03 | Aetna | Better Health | 267.23 | 31.55 | | | 23.7 | 804.65 | percent of total billed charges | |
| BKR CHG VASOPRESSIN (ADH) | 84588 | CPT | | | | both | | | 847 | 39.03 | Americare | Americare | 635.25 | 75 | | | 23.7 | 804.65 | percent of total billed charges | |
| BKR CHG VASOPRESSIN (ADH) | 84588 | CPT | | | | both | | | 847 | 39.03 | Aetna | Medicare | 260.88 | 30.8 | | | 23.7 | 804.65 | percent of total billed charges | |
| BKR CHG VASOPRESSIN (ADH) | 84588 | CPT | | | | both | | | 847 | 39.03 | Wellcare | Medicare | 33.94 | | | | 23.7 | 804.65 | fee schedule | |
| BKR CHG VASOPRESSIN (ADH) | 84588 | CPT | | | | both | | | 847 | 39.03 | Horizon | Indemnity | 324.23 | 38.28 | | | 23.7 | 804.65 | percent of total billed charges | |
| BKR CHG VASOPRESSIN (ADH) | 84588 | CPT | | | | both | | | 847 | 39.03 | UHC | Medicare | 33.94 | | | | 23.7 | 804.65 | fee schedule | |
| BKR CHG VASOPRESSIN (ADH) | 84588 | CPT | | | | both | | | 847 | 39.03 | Amerihealth | Medicare | 33.94 | | | | 23.7 | 804.65 | fee schedule | |
| BKR CHG VASOPRESSIN (ADH) | 84588 | CPT | | | | both | | | 847 | 39.03 | Horizon | PPO | 324.23 | 38.28 | | | 23.7 | 804.65 | percent of total billed charges | |
| BKR CHG VASOPRESSIN (ADH) | 84588 | CPT | | | | both | | | 847 | 39.03 | Consumer | Consumer | 804.65 | 95 | | | 23.7 | 804.65 | percent of total billed charges | |
| BKR CHG VASOPRESSIN (ADH) | 84588 | CPT | | | | both | | | 847 | 39.03 | Three Rivers | Three Rivers | 804.65 | 95 | | | 23.7 | 804.65 | percent of total billed charges | |
| BKR CHG VASOPRESSIN (ADH) | 84588 | CPT | | | | both | | | 847 | 39.03 | Horizon | MGD | 324.23 | 38.28 | | | 23.7 | 804.65 | percent of total billed charges | |
| BKR CHG VASOPRESSIN (ADH) | 84588 | CPT | | | | both | | | 847 | 39.03 | WellPoint | WellPoint | 272.56 | 32.18 | | | 23.7 | 804.65 | percent of total billed charges | |
| BKR CHG VASOPRESSIN (ADH) | 84588 | CPT | | | | both | | | 847 | 39.03 | First Health | First Health | 592.9 | 70 | | | 23.7 | 804.65 | percent of total billed charges | |
| BKR CHG VASOPRESSIN (ADH) | 84588 | CPT | | | | both | | | 847 | 39.03 | First Trenton | First Trenton | 762.3 | 90 | | | 23.7 | 804.65 | percent of total billed charges | |
| BKR CHG VASOPRESSIN (ADH) | 84588 | CPT | | | | both | | | 847 | 39.03 | Multiplan | Multiplan | 677.6 | 80 | | | 23.7 | 804.65 | percent of total billed charges | |
| BKR CHG VASOPRESSIN (ADH) | 84588 | CPT | | | | both | | | 847 | 39.03 | Horizon | Medicare Blue | 254.1 | 30 | | | 23.7 | 804.65 | percent of total billed charges | |
| BKR CHG VASOPRESSIN (ADH) | 84588 | CPT | | | | both | | | 847 | 39.03 | Qualcare | Qualcare | 635.25 | 75 | | | 23.7 | 804.65 | percent of total billed charges | |
| BKR CHG VASOPRESSIN (ADH) | 84588 | CPT | | | | both | | | 847 | 39.03 | Horizon | NJ Health | 97.02 | | | | 23.7 | 804.65 | fee schedule | |
| BKR CHG VASOPRESSIN (ADH) | 84588 | CPT | | | | both | | | 847 | 39.03 | Managed Care Inc | Managed Care Inc | 762.3 | 90 | | | 23.7 | 804.65 | percent of total billed charges | |
| BKR CHG VITAMIN A, SERUM | 84590 | CPT | | | | both | | | 211 | 13.35 | Americare | Americare | 158.25 | 75 | | | | 6 | 200.45 | percent of total billed charges |
| BKR CHG VITAMIN A, SERUM | 84590 | CPT | | | | both | | | 211 | 13.35 | UHC | Medicare | 11.61 | | | 4.05 | | 6 | 200.45 | fee schedule |
| BKR CHG VITAMIN A, SERUM | 84590 | CPT | | | | both | | | 211 | 13.35 | Aetna | Better Health | 66.57 | 31.55 | | 7.43 | | 6 | 200.45 | percent of total billed charges |
| BKR CHG VITAMIN A, SERUM | 84590 | CPT | | | | both | | | 211 | 13.35 | Amerihealth | Medicare | 11.61 | | | | | 6 | 200.45 | fee schedule |
| BKR CHG VITAMIN A, SERUM | 84590 | CPT | | | | both | | | 211 | 13.35 | Amerihealth | HMO/PPO | 18.2 | | | | | 6 | 200.45 | fee schedule |
| BKR CHG VITAMIN A, SERUM | 84590 | CPT | | | | both | | | 211 | 13.35 | Consumer | Consumer | 200.45 | 95 | | | | 6 | 200.45 | percent of total billed charges |
| BKR CHG VITAMIN A, SERUM | 84590 | CPT | | | | both | | | 211 | 13.35 | First Trenton | First Trenton | 189.9 | 90 | | | | 6 | 200.45 | percent of total billed charges |
| BKR CHG VITAMIN A, SERUM | 84590 | CPT | | | | both | | | 211 | 13.35 | Aetna | Medicare | 64.99 | 30.8 | | 3.74 | | 6 | 200.45 | percent of total billed charges |
| BKR CHG VITAMIN A, SERUM | 84590 | CPT | | | | both | | | 211 | 13.35 | Horizon | Medicare Blue | 63.3 | 30 | | | | 6 | 200.45 | percent of total billed charges |
| BKR CHG VITAMIN A, SERUM | 84590 | CPT | | | | both | | | 211 | 13.35 | Corrections | Corrections | 168.8 | 80 | | | | 6 | 200.45 | percent of total billed charges |
| BKR CHG VITAMIN A, SERUM | 84590 | CPT | | | | both | | | 211 | 13.35 | Horizon | MGD | 80.77 | 38.28 | | 7 | | 6 | 200.45 | percent of total billed charges |
| BKR CHG VITAMIN A, SERUM | 84590 | CPT | | | | both | | | 211 | 13.35 | First Health | First Health | 147.7 | 70 | | | | 6 | 200.45 | percent of total billed charges |
| BKR CHG VITAMIN A, SERUM | 84590 | CPT | | | | both | | | 211 | 13.35 | Wellcare | Medicare | 11.61 | | | | | 6 | 200.45 | fee schedule |
| BKR CHG VITAMIN A, SERUM | 84590 | CPT | | | | both | | | 211 | 13.35 | Horizon | NJ Health | 11.76 | | | 1.13 | | 6 | 200.45 | fee schedule |
| BKR CHG VITAMIN A, SERUM | 84590 | CPT | | | | both | | | 211 | 13.35 | Horizon | PPO | 80.77 | 38.28 | | 5.21 | | 6 | 200.45 | percent of total billed charges |
| BKR CHG VITAMIN A, SERUM | 84590 | CPT | | | | both | | | 211 | 13.35 | Managed Care Inc | Managed Care Inc | 189.9 | 90 | | | | 6 | 200.45 | percent of total billed charges |
| BKR CHG VITAMIN A, SERUM | 84590 | CPT | | | | both | | | 211 | 13.35 | Horizon | Indemnity | 80.77 | 38.28 | | 1.5 | | 6 | 200.45 | percent of total billed charges |
| BKR CHG VITAMIN A, SERUM | 84590 | CPT | | | | both | | | 211 | 13.35 | UHC | Medicaid | 6 | | | 6.79 | | 6 | 200.45 | fee schedule |
| BKR CHG VITAMIN A, SERUM | 84590 | CPT | | | | both | | | 211 | 13.35 | Multiplan | Multiplan | 168.8 | 80 | | | | 6 | 200.45 | percent of total billed charges |
| BKR CHG VITAMIN A, SERUM | 84590 | CPT | | | | both | | | 211 | 13.35 | Wellcare | Medicaid | 6 | | | | | 6 | 200.45 | fee schedule |
| BKR CHG VITAMIN A, SERUM | 84590 | CPT | | | | both | | | 211 | 13.35 | Three Rivers | Three Rivers | 200.45 | 95 | | | | 6 | 200.45 | percent of total billed charges |
| BKR CHG VITAMIN A, SERUM | 84590 | CPT | | | | both | | | 211 | 13.35 | Qualcare | Qualcare | 158.25 | 75 | | | | 6 | 200.45 | percent of total billed charges |
| BKR CHG VITAMIN A, SERUM | 84590 | CPT | | | | both | | | 211 | 13.35 | WellPoint | WellPoint | 67.9 | 32.18 | | 1.14 | | 6 | 200.45 | percent of total billed charges |
| BKR CHG VITAMIN B7 | 84591 | CPT | | | | both | | | 714 | 19.62 | Multiplan | Multiplan | 571.2 | 80 | | | 12.82 | 678.3 | percent of total billed charges | |
| BKR CHG VITAMIN B7 | 84591 | CPT | | | | both | | | 714 | 19.62 | Horizon | Medicare Blue | 214.2 | 30 | | | 12.82 | 678.3 | percent of total billed charges | |
| BKR CHG VITAMIN B7 | 84591 | CPT | | | | both | | | 714 | 19.62 | Consumer | Consumer | 678.3 | 95 | | | 12.82 | 678.3 | percent of total billed charges | |
| BKR CHG VITAMIN B7 | 84591 | CPT | | | | both | | | 714 | 19.62 | Aetna | Medicare | 219.91 | 30.8 | | | 12.82 | 678.3 | percent of total billed charges | |
| BKR CHG VITAMIN B7 | 84591 | CPT | | | | both | | | 714 | 19.62 | Amerihealth | Medicare | 17.06 | | | | 12.82 | 678.3 | fee schedule | |
| BKR CHG VITAMIN B7 | 84591 | CPT | | | | both | | | 714 | 19.62 | First Trenton | First Trenton | 642.6 | 90 | | | 12.82 | 678.3 | percent of total billed charges | |
| BKR CHG VITAMIN B7 | 84591 | CPT | | | | both | | | 714 | 19.62 | Aetna | Better Health | 225.27 | 31.55 | | | 12.82 | 678.3 | percent of total billed charges | |
| BKR CHG VITAMIN B7 | 84591 | CPT | | | | both | | | 714 | 19.62 | Horizon | NJ Health | 12.88 | | | 12.86 | 12.82 | 678.3 | fee schedule | |
| BKR CHG VITAMIN B7 | 84591 | CPT | | | | both | | | 714 | 19.62 | Qualcare | Qualcare | 535.5 | 75 | | | 12.82 | 678.3 | percent of total billed charges | |
| BKR CHG VITAMIN B7 | 84591 | CPT | | | | both | | | 714 | 19.62 | Wellcare | Medicare | 17.06 | | | | 12.82 | 678.3 | fee schedule | |
| BKR CHG VITAMIN B7 | 84591 | CPT | | | | both | | | 714 | 19.62 | Corrections | Corrections | 571.2 | 80 | | | 12.82 | 678.3 | percent of total billed charges | |
| BKR CHG VITAMIN B7 | 84591 | CPT | | | | both | | | 714 | 19.62 | Americare | Americare | 535.5 | 75 | | | 12.82 | 678.3 | percent of total billed charges | |
| BKR CHG VITAMIN B7 | 84591 | CPT | | | | both | | | 714 | 19.62 | First Health | First Health | 499.8 | 70 | | | 12.82 | 678.3 | percent of total billed charges | |
| BKR CHG VITAMIN B7 | 84591 | CPT | | | | both | | | 714 | 19.62 | Horizon | Indemnity | 273.32 | 38.28 | | | 12.82 | 678.3 | percent of total billed charges | |
| BKR CHG VITAMIN B7 | 84591 | CPT | | | | both | | | 714 | 19.62 | Wellcare | Medicaid | 12.82 | | | | 12.82 | 678.3 | fee schedule | |
| BKR CHG VITAMIN B7 | 84591 | CPT | | | | both | | | 714 | 19.62 | UHC | Medicaid | 12.82 | | | | 12.82 | 678.3 | fee schedule | |
| BKR CHG VITAMIN B7 | 84591 | CPT | | | | both | | | 714 | 19.62 | UHC | Medicare | 17.06 | | | | 12.82 | 678.3 | fee schedule | |
| BKR CHG VITAMIN B7 | 84591 | CPT | | | | both | | | 714 | 19.62 | Horizon | MGD | 273.32 | 38.28 | | 171.88 | 12.82 | 678.3 | percent of total billed charges | |
| BKR CHG VITAMIN B7 | 84591 | CPT | | | | both | | | 714 | 19.62 | Three Rivers | Three Rivers | 678.3 | 95 | | | 12.82 | 678.3 | percent of total billed charges | |
| BKR CHG VITAMIN B7 | 84591 | CPT | | | | both | | | 714 | 19.62 | Amerihealth | HMO/PPO | 18.2 | | | | 12.82 | 678.3 | fee schedule | |
| BKR CHG VITAMIN B7 | 84591 | CPT | | | | both | | | 714 | 19.62 | Horizon | PPO | 273.32 | 38.28 | | | 12.82 | 678.3 | percent of total billed charges | |
| BKR CHG VITAMIN B7 | 84591 | CPT | | | | both | | | 714 | 19.62 | Managed Care Inc | Managed Care Inc | 642.6 | 90 | | | 12.82 | 678.3 | percent of total billed charges | |
| BKR CHG VITAMIN B7 | 84591 | CPT | | | | both | | | 714 | 19.62 | WellPoint | WellPoint | 229.77 | 32.18 | | | 12.82 | 678.3 | percent of total billed charges | |
| BKR CHG VITAMIN K1 | 84597 | CPT | | | | both | | | 392 | 15.78 | Americare | Americare | 294 | 75 | | | 13.72 | 372.4 | percent of total billed charges | |
| BKR CHG VITAMIN K1 | 84597 | CPT | | | | both | | | 392 | 15.78 | Aetna | Medicare | 120.74 | 30.8 | | 47.41 | 13.72 | 372.4 | percent of total billed charges | |
| BKR CHG VITAMIN K1 | 84597 | CPT | | | | both | | | 392 | 15.78 | First Health | First Health | 274.4 | 70 | | | 13.72 | 372.4 | percent of total billed charges | |
| BKR CHG VITAMIN K1 | 84597 | CPT | | | | both | | | 392 | 15.78 | Consumer | Consumer | 372.4 | 95 | | | 13.72 | 372.4 | percent of total billed charges | |
| BKR CHG VITAMIN K1 | 84597 | CPT | | | | both | | | 392 | 15.78 | Amerihealth | Medicare | 13.72 | | | | 13.72 | 372.4 | fee schedule | |
| BKR CHG VITAMIN K1 | 84597 | CPT | | | | both | | | 392 | 15.78 | Horizon | MGD | 150.06 | 38.28 | | 79.18 | 13.72 | 372.4 | percent of total billed charges | |
| BKR CHG VITAMIN K1 | 84597 | CPT | | | | both | | | 392 | 15.78 | Aetna | Better Health | 123.68 | 31.55 | | 94.15 | 13.72 | 372.4 | percent of total billed charges | |
| BKR CHG VITAMIN K1 | 84597 | CPT | | | | both | | | 392 | 15.78 | Wellcare | Medicaid | 18 | | | | 13.72 | 372.4 | fee schedule | |
| BKR CHG VITAMIN K1 | 84597 | CPT | | | | both | | | 392 | 15.78 | First Trenton | First Trenton | 352.8 | 90 | | | 13.72 | 372.4 | percent of total billed charges | |
| BKR CHG VITAMIN K1 | 84597 | CPT | | | | both | | | 392 | 15.78 | Amerihealth | HMO/PPO | 19.4 | | | | 13.72 | 372.4 | fee schedule | |
| BKR CHG VITAMIN K1 | 84597 | CPT | | | | both | | | 392 | 15.78 | Horizon | Medicare Blue | 117.6 | 30 | | | 13.72 | 372.4 | percent of total billed charges | |
| BKR CHG VITAMIN K1 | 84597 | CPT | | | | both | | | 392 | 15.78 | Corrections | Corrections | 313.6 | 80 | | | 13.72 | 372.4 | percent of total billed charges | |
| BKR CHG VITAMIN K1 | 84597 | CPT | | | | both | | | 392 | 15.78 | Horizon | NJ Health | 35.28 | | | 15.25 | 13.72 | 372.4 | fee schedule | |
| BKR CHG VITAMIN K1 | 84597 | CPT | | | | both | | | 392 | 15.78 | Horizon | Indemnity | 150.06 | 38.28 | | 18.88 | 13.72 | 372.4 | percent of total billed charges | |
| BKR CHG VITAMIN K1 | 84597 | CPT | | | | both | | | 392 | 15.78 | Horizon | PPO | 150.06 | 38.28 | | 66.03 | 13.72 | 372.4 | percent of total billed charges | |
| BKR CHG VITAMIN K1 | 84597 | CPT | | | | both | | | 392 | 15.78 | Managed Care Inc | Managed Care Inc | 352.8 | 90 | | | 13.72 | 372.4 | percent of total billed charges | |
| BKR CHG VITAMIN K1 | 84597 | CPT | | | | both | | | 392 | 15.78 | Multiplan | Multiplan | 313.6 | 80 | | | 13.72 | 372.4 | percent of total billed charges | |
| BKR CHG VITAMIN K1 | 84597 | CPT | | | | both | | | 392 | 15.78 | Three Rivers | Three Rivers | 372.4 | 95 | | | 13.72 | 372.4 | percent of total billed charges | |
| BKR CHG VITAMIN K1 | 84597 | CPT | | | | both | | | 392 | 15.78 | Qualcare | Qualcare | 294 | 75 | | | 13.72 | 372.4 | percent of total billed charges | |
| BKR CHG VITAMIN K1 | 84597 | CPT | | | | both | | | 392 | 15.78 | WellPoint | WellPoint | 126.15 | 32.18 | | 14.38 | 13.72 | 372.4 | percent of total billed charges | |
| BKR CHG VITAMIN K1 | 84597 | CPT | | | | both | | | 392 | 15.78 | UHC | Medicaid | 18 | | | | 13.72 | 372.4 | fee schedule | |
| BKR CHG VITAMIN K1 | 84597 | CPT | | | | both | | | 392 | 15.78 | UHC | Medicare | 13.72 | | | | 13.72 | 372.4 | fee schedule | |
| BKR CHG VITAMIN K1 | 84597 | CPT | | | | both | | | 392 | 15.78 | Wellcare | Medicare | 13.72 | | | | 13.72 | 372.4 | fee schedule | |
| BKR CHG VOLATILES BLOOD | 84600 | CPT | | | | inpatient | | | 399 | 19.68 | Aetna | Better Health | 125.88 | 31.55 | | | 17.11 | 379.05 | percent of total billed charges | |
| BKR CHG VOLATILES BLOOD | 84600 | CPT | | | | inpatient | | | 399 | 19.68 | Multiplan | Multiplan | 319.2 | 80 | | | 17.11 | 379.05 | percent of total billed charges | |
| BKR CHG VOLATILES BLOOD | 84600 | CPT | | | | inpatient | | | 399 | 19.68 | Horizon | MGD | 152.74 | 38.28 | | | 17.11 | 379.05 | percent of total billed charges | |
| BKR CHG VOLATILES BLOOD | 84600 | CPT | | | | inpatient | | | 399 | 19.68 | Corrections | Corrections | 319.2 | 80 | | | 17.11 | 379.05 | percent of total billed charges | |
| BKR CHG VOLATILES BLOOD | 84600 | CPT | | | | inpatient | | | 399 | 19.68 | Amerihealth | Medicare | 17.11 | | | | 17.11 | 379.05 | fee schedule | |
| BKR CHG VOLATILES BLOOD | 84600 | CPT | | | | inpatient | | | 399 | 19.68 | Consumer | Consumer | 379.05 | 95 | | | 17.11 | 379.05 | percent of total billed charges | |
| BKR CHG VOLATILES BLOOD | 84600 | CPT | | | | inpatient | | | 399 | 19.68 | Americare | Americare | 299.25 | 75 | | | 17.11 | 379.05 | percent of total billed charges | |
| BKR CHG VOLATILES BLOOD | 84600 | CPT | | | | inpatient | | | 399 | 19.68 | Aetna | Medicare | 122.89 | 30.8 | | | 17.11 | 379.05 | percent of total billed charges | |
| BKR CHG VOLATILES BLOOD | 84600 | CPT | | | | inpatient | | | 399 | 19.68 | UHC | Medicare | 17.11 | | | | 17.11 | 379.05 | fee schedule | |
| BKR CHG VOLATILES BLOOD | 84600 | CPT | | | | inpatient | | | 399 | 19.68 | Qualcare | Qualcare | 299.25 | 75 | | | 17.11 | 379.05 | percent of total billed charges | |
| BKR CHG VOLATILES BLOOD | 84600 | CPT | | | | inpatient | | | 399 | 19.68 | Amerihealth | HMO/PPO | 25 | | | | 17.11 | 379.05 | fee schedule | |
| BKR CHG VOLATILES BLOOD | 84600 | CPT | | | | inpatient | | | 399 | 19.68 | WellPoint | WellPoint | 128.4 | 32.18 | | | 17.11 | 379.05 | percent of total billed charges | |
| BKR CHG VOLATILES BLOOD | 84600 | CPT | | | | inpatient | | | 399 | 19.68 | Wellcare | Medicare | 17.11 | | | | 17.11 | 379.05 | fee schedule | |
| BKR CHG VOLATILES BLOOD | 84600 | CPT | | | | inpatient | | | 399 | 19.68 | First Health | First Health | 279.3 | 70 | | | 17.11 | 379.05 | percent of total billed charges | |
| BKR CHG VOLATILES BLOOD | 84600 | CPT | | | | inpatient | | | 399 | 19.68 | First Trenton | First Trenton | 369.1 | 90 | | | 17.11 | 379.05 | percent of total billed charges | |
| BKR CHG VOLATILES BLOOD | 84600 | CPT | | | | inpatient | | | 399 | 19.68 | Horizon | Indemnity | 152.74 | 38.28 | | | 17.11 | 379.05 | percent of total billed charges | |
| BKR CHG VOLATILES BLOOD | 84600 | CPT | | | | inpatient | | | 399 | 19.68 | Horizon | NJ Health | 35.28 | | | | 17.11 | 379.05 | fee schedule | |
| BKR CHG VOLATILES BLOOD | 84600 | CPT | | | | inpatient | | | 399 | 19.68 | Horizon | Medicare Blue | 119.7 | 30 | | | 17.11 | 379.05 | percent of total billed charges | |
| BKR CHG VOLATILES BLOOD | 84600 | CPT | | | | inpatient | | | 399 | 19.68 | Horizon | PPO | 152.74 | 38.28 | | | 17.11 | 379.05 | percent of total billed charges | |
| BKR CHG VOLATILES BLOOD | 84600 | CPT | | | | inpatient | | | 399 | 19.68 | UHC | Medicaid | 18 | | | | 17.11 | 379.05 | fee schedule | |
| BKR CHG VOLATILES BLOOD | 84600 | CPT | | | | inpatient | | | 399 | 19.68 | Managed Care Inc | Managed Care Inc | 359.1 | 90 | | | 17.11 | 379.05 | percent of total billed charges | |
| BKR CHG VOLATILES BLOOD | 84600 | CPT | | | | inpatient | | | 399 | 19.68 | Three Rivers | Three Rivers | 379.05 | 95 | | | 17.11 | 379.05 | percent of total billed charges | |
| BKR CHG VOLATILES BLOOD | 84600 | CPT | | | | inpatient | | | 399 | 19.68 | Wellcare | Medicaid | 18 | | | | 17.11 | 379.05 | fee schedule | |
| BKR CHG D-XYLOSE | 84620 | CPT | | | | outpatient | | | 222 | 14.85 | First Trenton | First Trenton | 199.8 | 90 | | | 12.91 | 210.9 | percent of total billed charges | |
| BKR CHG D-XYLOSE | 84620 | CPT | | | | outpatient | | | 222 | 14.85 | UHC | Medicare | 12.91 | | | | 12.91 | 210.9 | fee schedule | |
| BKR CHG D-XYLOSE | 84620 | CPT | | | | outpatient | | | 222 | 14.85 | Horizon | Indemnity | 84.98 | 38.28 | | | 12.91 | 210.9 | percent of total billed charges | |
| BKR CHG D-XYLOSE | 84620 | CPT | | | | outpatient | | | 222 | 14.85 | Aetna | Medicare | 68.38 | 30.8 | | | 12.91 | 210.9 | percent of total billed charges | |
| BKR CHG D-XYLOSE | 84620 | CPT | | | | outpatient | | | 222 | 14.85 | Amerihealth | Medicare | 12.91 | | | | 12.91 | 210.9 | fee schedule | |
| BKR CHG D-XYLOSE | 84620 | CPT | | | | outpatient | | | 222 | 14.85 | Aetna | Better Health | 70.04 | 31.55 | | | 12.91 | 210.9 | percent of total billed charges | |
| BKR CHG D-XYLOSE | 84620 | CPT | | | | outpatient | | | 222 | 14.85 | Americare | Americare | 166.5 | 75 | | | 12.91 | 210.9 | percent of total billed charges | |
| BKR CHG D-XYLOSE | 84620 | CPT | | | | outpatient | | | 222 | 14.85 | Consumer | Consumer | 210.9 | 95 | | | 12.91 | 210.9 | percent of total billed charges | |
| BKR CHG D-XYLOSE | 84620 | CPT | | | | outpatient | | | 222 | 14.85 | Horizon | PPO | 84.98 | 38.28 | | | 12.91 | 210.9 | percent of total billed charges | |
| BKR CHG D-XYLOSE | 84620 | CPT | | | | outpatient | | | 222 | 14.85 | Amerihealth | HMO/PPO | 18.2 | | | | 12.91 | 210.9 | fee schedule | |
| BKR CHG D-XYLOSE | 84620 | CPT | | | | outpatient | | | 222 | 14.85 | Multiplan | Multiplan | 177.6 | 80 | | | 12.91 | 210.9 | percent of total billed charges | |
| BKR CHG D-XYLOSE | 84620 | CPT | | | | outpatient | | | 222 | 14.85 | Horizon | MGD | 84.98 | 38.28 | | | 12.91 | 210.9 | percent of total billed charges | |
| BKR CHG D-XYLOSE | 84620 | CPT | | | | outpatient | | | 222 | 14.85 | WellPoint | WellPoint | 71.44 | 32.18 | | | 12.91 | 210.9 | percent of total billed charges | |
| BKR CHG D-XYLOSE | 84620 | CPT | | | | outpatient | | | 222 | 14.85 | First Health | First Health | 155.4 | 70 | | | 12.91 | 210.9 | percent of total billed charges | |
| BKR CHG D-XYLOSE | 84620 | CPT | | | | outpatient | | | 222 | 14.85 | Horizon | Medicare Blue | 66.6 | 30 | | | 12.91 | 210.9 | percent of total billed charges | |
| BKR CHG D-XYLOSE | 84620 | CPT | | | | outpatient | | | 222 | 14.85 | Corrections | Corrections | 177.6 | 80 | | | 12.91 | 210.9 | percent of total billed charges | |
| BKR CHG D-XYLOSE | 84620 | CPT | | | | outpatient | | | 222 | 14.85 | Managed Care Inc | Managed Care Inc | 199.8 | 90 | | | 12.91 | 210.9 | percent of total billed charges | |
| BKR CHG D-XYLOSE | 84620 | CPT | | | | outpatient | | | 222 | 14.85 | UHC | Medicaid | 16 | | | | 12.91 | 210.9 | fee schedule | |
| BKR CHG D-XYLOSE | 84620 | CPT | | | | outpatient | | | 222 | 14.85 | Qualcare | Qualcare | 166.5 | 75 | | | 12.91 | 210.9 | percent of total billed charges | |
| BKR CHG D-XYLOSE | 84620 | CPT | | | | outpatient | | | 222 | 14.85 | Horizon | NJ Health | 34.5 | | | | 12.91 | 210.9 | fee schedule | |
| BKR CHG D-XYLOSE | 84620 | CPT | | | | outpatient | | | 222 | 14.85 | Wellcare | Medicaid | 16 | | | | 12.91 | 210.9 | fee schedule | |
| BKR CHG D-XYLOSE | 84620 | CPT | | | | outpatient | | | 222 | 14.85 | Three Rivers | Three Rivers | 210.9 | 95 | | | 12.91 | 210.9 | percent of total billed charges | |
| BKR CHG D-XYLOSE | 84620 | CPT | | | | outpatient | | | 222 | 14.85 | Wellcare | Medicare | 12.91 | | | | 12.91 | 210.9 | fee schedule | |
| BKR CHG ZINC, PLASMA/SERUM | 84630 | CPT | | | | both | | | 204 | 13.1 | Aetna | Better Health | 64.36 | 31.55 | | 6.44 | 8.1 | 193.8 | percent of total billed charges | |
| BKR CHG ZINC, PLASMA/SERUM | 84630 | CPT | | | | both | | | 204 | 13.1 | Aetna | Medicare | 62.83 | 30.8 | | 3.24 | 8.1 | 193.8 | percent of total billed charges | |
| BKR CHG ZINC, PLASMA/SERUM | 84630 | CPT | | | | both | | | 204 | 13.1 | Consumer | Consumer | 193.8 | 95 | | | 8.1 | 193.8 | percent of total billed charges | |
| BKR CHG ZINC, PLASMA/SERUM | 84630 | CPT | | | | both | | | 204 | 13.1 | Horizon | Medicare Blue | 61.2 | 30 | | | 8.1 | 193.8 | percent of total billed charges | |
| BKR CHG ZINC, PLASMA/SERUM | 84630 | CPT | | | | both | | | 204 | 13.1 | First Health | First Health | 142.8 | 70 | | | 8.1 | 193.8 | percent of total billed charges | |
| BKR CHG ZINC, PLASMA/SERUM | 84630 | CPT | | | | both | | | 204 | 13.1 | Americare | Americare | 153 | 75 | | | 8.1 | 193.8 | percent of total billed charges | |
| BKR CHG ZINC, PLASMA/SERUM | 84630 | CPT | | | | both | | | 204 | 13.1 | Corrections | Corrections | 163.2 | 80 | | | 8.1 | 193.8 | percent of total billed charges | |
| BKR CHG ZINC, PLASMA/SERUM | 84630 | CPT | | | | both | | | 204 | 13.1 | Horizon | PPO | 78.09 | 38.28 | | 4.52 | 8.1 | 193.8 | percent of total billed charges | |
| BKR CHG ZINC, PLASMA/SERUM | 84630 | CPT | | | | both | | | 204 | 13.1 | Three Rivers | Three Rivers | 193.8 | 95 | | | 8.1 | 193.8 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG ZINC, PLASMA/SERUM | 84630 | CPT | | | | both | | | 204 | | 13.1 First Trenton | First Trenton | 183.6 | 90 | | | 8.1 | | 193.8 percent of total billed charges | |
| BKR CHG ZINC, PLASMA/SERUM | 84630 | CPT | | | | both | | | 204 | | 13.1 Horizon | NJ Health | 31.36 | | | 0.94 | 8.1 | | 193.8 fee schedule | |
| BKR CHG ZINC, PLASMA/SERUM | 84630 | CPT | | | | both | | | 204 | | 13.1 Amerihealth | HMO/PPO | 17.9 | | | | 8.1 | | 193.8 fee schedule | |
| BKR CHG ZINC, PLASMA/SERUM | 84630 | CPT | | | | both | | | 204 | | 13.1 Multiplan | Multiplan | 163.2 | 80 | | | 8.1 | | 193.8 percent of total billed charges | |
| BKR CHG ZINC, PLASMA/SERUM | 84630 | CPT | | | | both | | | 204 | | 13.1 Horizon | MGD | 78.09 | 38.28 | | 5.82 | 8.1 | | 193.8 percent of total billed charges | |
| BKR CHG ZINC, PLASMA/SERUM | 84630 | CPT | | | | both | | | 204 | | 13.1 UHC | Medicare | 11.39 | | | | 8.1 | | 193.8 fee schedule | |
| BKR CHG ZINC, PLASMA/SERUM | 84630 | CPT | | | | both | | | 204 | | 13.1 Amerihealth | Medicare | 11.39 | | | | 8.1 | | 193.8 fee schedule | |
| BKR CHG ZINC, PLASMA/SERUM | 84630 | CPT | | | | both | | | 204 | | 13.1 Qualcare | Qualcare | 153 | 75 | | | 8.1 | | 193.8 percent of total billed charges | |
| BKR CHG ZINC, PLASMA/SERUM | 84630 | CPT | | | | both | | | 204 | | 13.1 Managed Care Inc | Managed Care Inc | 183.6 | 90 | | | 8.1 | | 193.8 percent of total billed charges | |
| BKR CHG ZINC, PLASMA/SERUM | 84630 | CPT | | | | both | | | 204 | | 13.1 Wellcare | Medicare | 11.39 | | | | 8.1 | | 193.8 fee schedule | |
| BKR CHG ZINC, PLASMA/SERUM | 84630 | CPT | | | | both | | | 204 | | 13.1 Horizon | Indemnity | 78.09 | 38.28 | | 1.29 | 8.1 | | 193.8 percent of total billed charges | |
| BKR CHG ZINC, PLASMA/SERUM | 84630 | CPT | | | | both | | | 204 | | 13.1 UHC | Medicaid | 15 | | | 6.61 | 8.1 | | 193.8 fee schedule | |
| BKR CHG ZINC, PLASMA/SERUM | 84630 | CPT | | | | both | | | 204 | | 13.1 Wellcare | Medicaid | 15 | | | | 8.1 | | 193.8 fee schedule | |
| BKR CHG ZINC, PLASMA/SERUM | 84630 | CPT | | | | both | | | 204 | | 13.1 WellPoint | WellPoint | 65.65 | 32.18 | | 0.98 | 8.1 | | 193.8 percent of total billed charges | |
| BKR CHG INSULIN C-PEPTIDE, SERUM | 84681 | CPT | | | | both | | | 150 | | 23.93 First Health | First Health | 105 | 70 | | | 14.1 | | 142.5 percent of total billed charges | |
| BKR CHG INSULIN C-PEPTIDE, SERUM | 84681 | CPT | | | | both | | | 150 | | 23.93 Qualcare | Qualcare | 112.5 | 75 | | | 14.1 | | 142.5 percent of total billed charges | |
| BKR CHG INSULIN C-PEPTIDE, SERUM | 84681 | CPT | | | | both | | | 150 | | 23.93 Aetna | Better Health | 47.33 | 31.55 | | | 14.1 | | 142.5 percent of total billed charges | |
| BKR CHG INSULIN C-PEPTIDE, SERUM | 84681 | CPT | | | | both | | | 150 | | 23.93 Amerihealth | Medicare | 20.81 | | | | 14.1 | | 142.5 fee schedule | |
| BKR CHG INSULIN C-PEPTIDE, SERUM | 84681 | CPT | | | | both | | | 150 | | 23.93 Horizon | NJ Health | 43.12 | | | 1.54 | 14.1 | | 142.5 fee schedule | |
| BKR CHG INSULIN C-PEPTIDE, SERUM | 84681 | CPT | | | | both | | | 150 | | 23.93 Aetna | Commercial | 57 | 38 | | | 14.1 | | 142.5 percent of total billed charges | |
| BKR CHG INSULIN C-PEPTIDE, SERUM | 84681 | CPT | | | | both | | | 150 | | 23.93 Horizon | Indemnity | 57.42 | 38.28 | | 6.27 | 14.1 | | 142.5 percent of total billed charges | |
| BKR CHG INSULIN C-PEPTIDE, SERUM | 84681 | CPT | | | | both | | | 150 | | 23.93 Americare | Americare | 112.5 | 75 | | | 14.1 | | 142.5 percent of total billed charges | |
| BKR CHG INSULIN C-PEPTIDE, SERUM | 84681 | CPT | | | | both | | | 150 | | 23.93 UHC | Medicaid | 22 | | | 8.16 | 14.1 | | 142.5 fee schedule | |
| BKR CHG INSULIN C-PEPTIDE, SERUM | 84681 | CPT | | | | both | | | 150 | | 23.93 Wellcare | Medicaid | 20.81 | | | 6.97 | 14.1 | | 142.5 fee schedule | |
| BKR CHG INSULIN C-PEPTIDE, SERUM | 84681 | CPT | | | | both | | | 150 | | 23.93 WellPoint | WellPoint | 48.27 | 32.18 | | | 14.1 | | 142.5 percent of total billed charges | |
| BKR CHG INSULIN C-PEPTIDE, SERUM | 84681 | CPT | | | | both | | | 150 | | 23.93 Consumer | Consumer | 142.5 | 95 | | | 14.1 | | 142.5 percent of total billed charges | |
| BKR CHG INSULIN C-PEPTIDE, SERUM | 84681 | CPT | | | | both | | | 150 | | 23.93 Aetna | Medicare | 46.2 | 30.8 | | | 14.1 | | 142.5 percent of total billed charges | |
| BKR CHG INSULIN C-PEPTIDE, SERUM | 84681 | CPT | | | | both | | | 150 | | 23.93 Horizon | PPO | 57.42 | 38.28 | | 14.67 | 14.1 | | 142.5 percent of total billed charges | |
| BKR CHG INSULIN C-PEPTIDE, SERUM | 84681 | CPT | | | | both | | | 150 | | 23.93 Amerihealth | HMO/PPO | 32.4 | | | 5.7 | 14.1 | | 142.5 fee schedule | |
| BKR CHG INSULIN C-PEPTIDE, SERUM | 84681 | CPT | | | | both | | | 150 | | 23.93 Corrections | Corrections | 120 | 80 | | | 14.1 | | 142.5 percent of total billed charges | |
| BKR CHG INSULIN C-PEPTIDE, SERUM | 84681 | CPT | | | | both | | | 150 | | 23.93 Horizon | Medicare Blue | 45 | 30 | | | 14.1 | | 142.5 percent of total billed charges | |
| BKR CHG INSULIN C-PEPTIDE, SERUM | 84681 | CPT | | | | both | | | 150 | | 23.93 Three Rivers | Three Rivers | 142.5 | 95 | | | 14.1 | | 142.5 percent of total billed charges | |
| BKR CHG INSULIN C-PEPTIDE, SERUM | 84681 | CPT | | | | both | | | 150 | | 23.93 Horizon | MGD | 57.42 | 38.28 | | 12.07 | 14.1 | | 142.5 percent of total billed charges | |
| BKR CHG INSULIN C-PEPTIDE, SERUM | 84681 | CPT | | | | both | | | 150 | | 23.93 First Trenton | First Trenton | 135 | 90 | | | 14.1 | | 142.5 percent of total billed charges | |
| BKR CHG INSULIN C-PEPTIDE, SERUM | 84681 | CPT | | | | both | | | 150 | | 23.93 Multiplan | Multiplan | 120 | 80 | | | 14.1 | | 142.5 percent of total billed charges | |
| BKR CHG INSULIN C-PEPTIDE, SERUM | 84681 | CPT | | | | both | | | 150 | | 23.93 Managed Care Inc | Managed Care Inc | 135 | 90 | | | 14.1 | | 142.5 percent of total billed charges | |
| BKR CHG INSULIN C-PEPTIDE, SERUM | 84681 | CPT | | | | both | | | 150 | | 23.93 UHC | Medicare | 20.81 | | | 3.54 | 14.1 | | 142.5 fee schedule | |
| BKR CHG INSULIN C-PEPTIDE, SERUM | 84681 | CPT | | | | both | | | 150 | | 23.93 Wellcare | Medicaid | 22 | | | | 14.1 | | 142.5 fee schedule | |
| BKR CHG QUANTITATIVE | 84702 | CPT | | | | both | | | 153 | | 17.31 Amerihealth | Medicare | 15.05 | | | | 10.2 | | 145.35 fee schedule | |
| BKR CHG HCG QUANTITATIVE | 84702 | CPT | | | | both | | | 153 | | 17.31 Aetna | Better Health | 48.27 | 31.55 | | 13.53 | 10.2 | | 145.35 percent of total billed charges | |
| BKR CHG HCG QUANTITATIVE | 84702 | CPT | | | | both | | | 153 | | 17.31 Horizon | MGD | 58.57 | 38.28 | | 13.96 | 10.2 | | 145.35 percent of total billed charges | |
| BKR CHG HCG QUANTITATIVE | 84702 | CPT | | | | both | | | 153 | | 17.31 Horizon | Indemnity | 58.57 | 38.28 | | 10.88 | 10.2 | | 145.35 percent of total billed charges | |
| BKR CHG HCG QUANTITATIVE | 84702 | CPT | | | | both | | | 153 | | 17.31 Amerihealth | HMO/PPO | 19 | | | 11.52 | 10.2 | | 145.35 fee schedule | |
| BKR CHG HCG QUANTITATIVE | 84702 | CPT | | | | both | | | 153 | | 17.31 Aetna | Commercial | 58.14 | 38 | | 11.29 | 10.2 | | 145.35 percent of total billed charges | |
| BKR CHG HCG QUANTITATIVE | 84702 | CPT | | | | both | | | 153 | | 17.31 Americare | Americare | 114.75 | 75 | | | 10.2 | | 145.35 percent of total billed charges | |
| BKR CHG HCG QUANTITATIVE | 84702 | CPT | | | | both | | | 153 | | 17.31 First Health | First Health | 107.1 | 70 | | | 10.2 | | 145.35 percent of total billed charges | |
| BKR CHG HCG QUANTITATIVE | 84702 | CPT | | | | both | | | 153 | | 17.31 First Trenton | First Trenton | 137.7 | 90 | | | 10.2 | | 145.35 percent of total billed charges | |
| BKR CHG HCG QUANTITATIVE | 84702 | CPT | | | | both | | | 153 | | 17.31 Consumer | Consumer | 145.35 | 95 | | | 10.2 | | 145.35 percent of total billed charges | |
| BKR CHG HCG QUANTITATIVE | 84702 | CPT | | | | both | | | 153 | | 17.31 Multiplan | Multiplan | 122.4 | 80 | | | 10.2 | | 145.35 percent of total billed charges | |
| BKR CHG HCG QUANTITATIVE | 84702 | CPT | | | | both | | | 153 | | 17.31 Wellcare | Medicare | 15.05 | | | | 10.2 | | 145.35 fee schedule | |
| BKR CHG HCG QUANTITATIVE | 84702 | CPT | | | | both | | | 153 | | 17.31 Managed Care Inc | Managed Care Inc | 137.7 | 90 | | | 10.2 | | 145.35 percent of total billed charges | |
| BKR CHG HCG QUANTITATIVE | 84702 | CPT | | | | both | | | 153 | | 17.31 Aetna | Medicare | 47.12 | 30.8 | | | 10.2 | | 145.35 percent of total billed charges | |
| BKR CHG HCG QUANTITATIVE | 84702 | CPT | | | | both | | | 153 | | 17.31 Horizon | Medicare Blue | 45.9 | 30 | | 10.25 | 10.2 | | 145.35 percent of total billed charges | |
| BKR CHG HCG QUANTITATIVE | 84702 | CPT | | | | both | | | 153 | | 17.31 Horizon | NJ Health | 22.32 | | | 6 | 10.2 | | 145.35 fee schedule | |
| BKR CHG HCG QUANTITATIVE | 84702 | CPT | | | | both | | | 153 | | 17.31 Three Rivers | Three Rivers | 145.35 | 95 | | | 10.2 | | 145.35 percent of total billed charges | |
| BKR CHG HCG QUANTITATIVE | 84702 | CPT | | | | both | | | 153 | | 17.31 Corrections | Corrections | 122.4 | 80 | | 11.72 | 10.2 | | 145.35 percent of total billed charges | |
| BKR CHG HCG QUANTITATIVE | 84702 | CPT | | | | both | | | 153 | | 17.31 Qualcare | Qualcare | 114.75 | 75 | | | 10.2 | | 145.35 percent of total billed charges | |
| BKR CHG HCG QUANTITATIVE | 84702 | CPT | | | | both | | | 153 | | 17.31 Horizon | PPO | 58.57 | 38.28 | | 13.5 | 10.2 | | 145.35 percent of total billed charges | |
| BKR CHG HCG QUANTITATIVE | 84702 | CPT | | | | both | | | 153 | | 17.31 UHC | Medicare | 15.05 | | | 6.09 | 10.2 | | 145.35 fee schedule | |
| BKR CHG HCG QUANTITATIVE | 84702 | CPT | | | | both | | | 153 | | 17.31 UHC | Medicaid | 11.39 | | | 12.97 | 10.2 | | 145.35 fee schedule | |
| BKR CHG HCG QUANTITATIVE | 84702 | CPT | | | | both | | | 153 | | 17.31 Wellcare | Medicaid | 11.39 | | | 14.81 | 10.2 | | 145.35 fee schedule | |
| BKR CHG HCG QUANTITATIVE | 84702 | CPT | | | | both | | | 153 | | 17.31 WellPoint | WellPoint | 49.24 | 32.18 | | 15.29 | 10.2 | | 145.35 percent of total billed charges | |
| BKR CHG SERUM PREG TEST | 84703 | CPT | | | | both | | | 176 | | 8.65 Amerihealth | HMO/PPO | 11.6 | | | 11.95 | 3 | | 167.2 fee schedule | |
| BKR CHG SERUM PREG TEST | 84703 | CPT | | | | both | | | 176 | | 8.65 Aetna | Medicare | 54.21 | 30.8 | | 7.84 | 3 | | 167.2 percent of total billed charges | |
| BKR CHG SERUM PREG TEST | 84703 | CPT | | | | both | | | 176 | | 8.65 Horizon | Medicare Blue | 52.8 | 30 | | 6.87 | 3 | | 167.2 percent of total billed charges | |
| BKR CHG SERUM PREG TEST | 84703 | CPT | | | | both | | | 176 | | 8.65 Americare | Americare | 132 | 75 | | | 3 | | 167.2 percent of total billed charges | |
| BKR CHG SERUM PREG TEST | 84703 | CPT | | | | both | | | 176 | | 8.65 Aetna | Commercial | 66.88 | 38 | | 13.69 | 3 | | 167.2 percent of total billed charges | |
| BKR CHG SERUM PREG TEST | 84703 | CPT | | | | both | | | 176 | | 8.65 Multiplan | Multiplan | 140.8 | 80 | | | 3 | | 167.2 percent of total billed charges | |
| BKR CHG SERUM PREG TEST | 84703 | CPT | | | | both | | | 176 | | 8.65 Corrections | Corrections | 140.8 | 80 | | 15.38 | 3 | | 167.2 percent of total billed charges | |
| BKR CHG SERUM PREG TEST | 84703 | CPT | | | | both | | | 176 | | 8.65 Aetna | Better Health | 55.53 | 31.55 | | 13.43 | 3 | | 167.2 percent of total billed charges | |
| BKR CHG SERUM PREG TEST | 84703 | CPT | | | | both | | | 176 | | 8.65 First Health | First Health | 123.2 | 70 | | | 3 | | 167.2 percent of total billed charges | |
| BKR CHG SERUM PREG TEST | 84703 | CPT | | | | both | | | 176 | | 8.65 Consumer | Consumer | 167.2 | 95 | | | 3 | | 167.2 percent of total billed charges | |
| BKR CHG SERUM PREG TEST | 84703 | CPT | | | | both | | | 176 | | 8.65 UHC | Medicaid | 3 | | | 15.38 | 3 | | 167.2 fee schedule | |
| BKR CHG SERUM PREG TEST | 84703 | CPT | | | | both | | | 176 | | 8.65 Horizon | NJ Health | 5.88 | | | 7.06 | 3 | | 167.2 fee schedule | |
| BKR CHG SERUM PREG TEST | 84703 | CPT | | | | both | | | 176 | | 8.65 Amerihealth | Medicare | 7.52 | | | | 3 | | 167.2 fee schedule | |
| BKR CHG SERUM PREG TEST | 84703 | CPT | | | | both | | | 176 | | 8.65 Qualcare | Qualcare | 132 | 75 | | | 3 | | 167.2 percent of total billed charges | |
| BKR CHG SERUM PREG TEST | 84703 | CPT | | | | both | | | 176 | | 8.65 First Trenton | First Trenton | 158.4 | 90 | | | 3 | | 167.2 percent of total billed charges | |
| BKR CHG SERUM PREG TEST | 84703 | CPT | | | | both | | | 176 | | 8.65 Horizon | MGD | 67.37 | 38.28 | | 14.84 | 3 | | 167.2 percent of total billed charges | |
| BKR CHG SERUM PREG TEST | 84703 | CPT | | | | both | | | 176 | | 8.65 Horizon | PPO | 67.37 | 38.28 | | 15.5 | 3 | | 167.2 percent of total billed charges | |
| BKR CHG SERUM PREG TEST | 84703 | CPT | | | | both | | | 176 | | 8.65 UHC | Medicare | 7.52 | | | 7.24 | 3 | | 167.2 fee schedule | |
| BKR CHG SERUM PREG TEST | 84703 | CPT | | | | both | | | 176 | | 8.65 Horizon | Indemnity | 67.37 | 38.28 | | 15.98 | 3 | | 167.2 percent of total billed charges | |
| BKR CHG SERUM PREG TEST | 84703 | CPT | | | | both | | | 176 | | 8.65 Wellcare | Medicaid | 3 | | | 13.66 | 3 | | 167.2 fee schedule | |
| BKR CHG SERUM PREG TEST | 84703 | CPT | | | | both | | | 176 | | 8.65 Managed Care Inc | Managed Care Inc | 158.4 | 90 | | | 3 | | 167.2 percent of total billed charges | |
| BKR CHG SERUM PREG TEST | 84703 | CPT | | | | both | | | 176 | | 8.65 Wellcare | Medicare | 7.52 | | | 4.4 | 3 | | 167.2 fee schedule | |
| BKR CHG SERUM PREG TEST | 84703 | CPT | | | | both | | | 176 | | 8.65 Three Rivers | Three Rivers | 167.2 | 95 | | | 3 | | 167.2 percent of total billed charges | |
| BKR CHG SERUM PREG TEST | 84703 | CPT | | | | both | | | 176 | | 8.65 WellPoint | WellPoint | 56.64 | 32.18 | | 14.64 | 3 | | 167.2 percent of total billed charges | |
| BKR CHG POTASSIUM, FLUID | 84999 | CPT | | | | both | | | 751 | | First Trenton | First Trenton | 675.9 | 90 | | | 4.8 | | 713.45 percent of total billed charges | |
| BKR CHG POTASSIUM, FLUID | 84999 | CPT | | | | both | | | 751 | | Amerihealth | HMO/PPO | 488.15 | 65 | | | 4.8 | | 713.45 percent of total billed charges | |
| BKR CHG POTASSIUM, FLUID | 84999 | CPT | | | | both | | | 751 | | First Health | First Health | 525.7 | 70 | | | 4.8 | | 713.45 percent of total billed charges | |
| BKR CHG POTASSIUM, FLUID | 84999 | CPT | | | | both | | | 751 | | Aetna | Medicare | 231.31 | 30.8 | | | 4.8 | | 713.45 percent of total billed charges | |
| BKR CHG POTASSIUM, FLUID | 84999 | CPT | | | | both | | | 751 | | Americare | Americare | 563.25 | 75 | | | 4.8 | | 713.45 percent of total billed charges | |
| BKR CHG POTASSIUM, FLUID | 84999 | CPT | | | | both | | | 751 | | Horizon | Medicare Blue | 225.3 | 30 | | | 4.8 | | 713.45 percent of total billed charges | |
| BKR CHG POTASSIUM, FLUID | 84999 | CPT | | | | both | | | 751 | | Aetna | Better Health | 236.94 | 31.55 | | | 4.8 | | 713.45 percent of total billed charges | |
| BKR CHG POTASSIUM, FLUID | 84999 | CPT | | | | both | | | 751 | | Corrections | Corrections | 600.8 | 80 | | | 4.8 | | 713.45 percent of total billed charges | |
| BKR CHG POTASSIUM, FLUID | 84999 | CPT | | | | both | | | 751 | | Horizon | Indemnity | 287.48 | 38.28 | | | 4.8 | | 713.45 percent of total billed charges | |
| BKR CHG POTASSIUM, FLUID | 84999 | CPT | | | | both | | | 751 | | Multiplan | Multiplan | 600.8 | 80 | | | 4.8 | | 713.45 percent of total billed charges | |
| BKR CHG POTASSIUM, FLUID | 84999 | CPT | | | | both | | | 751 | | Aetna | Commercial | 285.38 | 38 | | | 4.8 | | 713.45 percent of total billed charges | |
| BKR CHG POTASSIUM, FLUID | 84999 | CPT | | | | both | | | 751 | | Consumer | Consumer | 713.45 | 95 | | | 4.8 | | 713.45 percent of total billed charges | |
| BKR CHG POTASSIUM, FLUID | 84999 | CPT | | | | both | | | 751 | | UHC | Medicaid | 236.94 | 31.55 | | | 4.8 | | 713.45 percent of total billed charges | |
| BKR CHG POTASSIUM, FLUID | 84999 | CPT | | | | both | | | 751 | | Qualcare | Qualcare | 563.25 | 75 | | | 4.8 | | 713.45 percent of total billed charges | |
| BKR CHG POTASSIUM, FLUID | 84999 | CPT | | | | both | | | 751 | | WellPoint | WellPoint | 241.67 | 32.18 | | | 4.8 | | 713.45 percent of total billed charges | |
| BKR CHG POTASSIUM, FLUID | 84999 | CPT | | | | both | | | 751 | | Horizon | MGD | 287.48 | 38.28 | | | 4.8 | | 713.45 percent of total billed charges | |
| BKR CHG POTASSIUM, FLUID | 84999 | CPT | | | | both | | | 751 | | Horizon | PPO | 287.48 | 38.28 | | | 4.8 | | 713.45 percent of total billed charges | |
| BKR CHG POTASSIUM, FLUID | 84999 | CPT | | | | both | | | 751 | | Three Rivers | Three Rivers | 713.45 | 95 | | | 4.8 | | 713.45 percent of total billed charges | |
| BKR CHG POTASSIUM, FLUID | 84999 | CPT | | | | both | | | 751 | | Managed Care Inc | Managed Care Inc | 675.9 | 90 | | | 4.8 | | 713.45 percent of total billed charges | |
| BKR CHG POTASSIUM, FLUID | 84999 | CPT | | | | both | | | 751 | | Wellcare | Medicaid | 236.94 | 31.55 | | | 4.8 | | 713.45 percent of total billed charges | |
| BKR CHG MANUAL DIFFERENTIAL | 85007 | CPT | | | | both | | | 39 | | 4.37 Aetna | Better Health | 12.3 | 31.55 | | 5.47 | 2.4 | | 37.05 percent of total billed charges | |
| BKR CHG MANUAL DIFFERENTIAL | 85007 | CPT | | | | both | | | 39 | | 4.37 Americare | Americare | 29.25 | 75 | | | 2.4 | | 37.05 percent of total billed charges | |
| BKR CHG MANUAL DIFFERENTIAL | 85007 | CPT | | | | both | | | 39 | | 4.37 Horizon | NJ Health | 4.7 | | | 1.48 | 2.4 | | 37.05 fee schedule | |
| BKR CHG MANUAL DIFFERENTIAL | 85007 | CPT | | | | both | | | 39 | | 4.37 Consumer | Consumer | 37.05 | 95 | | | 2.4 | | 37.05 percent of total billed charges | |
| BKR CHG MANUAL DIFFERENTIAL | 85007 | CPT | | | | both | | | 39 | | 4.37 UHC | Medicare | 3.8 | | | 2.67 | 2.4 | | 37.05 fee schedule | |
| BKR CHG MANUAL DIFFERENTIAL | 85007 | CPT | | | | both | | | 39 | | 4.37 Amerihealth | Medicare | 3.8 | | | | 2.4 | | 37.05 fee schedule | |
| BKR CHG MANUAL DIFFERENTIAL | 85007 | CPT | | | | both | | | 39 | | 4.37 Amerihealth | HMO/PPO | 4.9 | | | 2.03 | 2.4 | | 37.05 fee schedule | |
| BKR CHG MANUAL DIFFERENTIAL | 85007 | CPT | | | | both | | | 39 | | 4.37 Aetna | Medicare | 12.01 | 30.8 | | 3.01 | 2.4 | | 37.05 percent of total billed charges | |
| BKR CHG MANUAL DIFFERENTIAL | 85007 | CPT | | | | both | | | 39 | | 4.37 Horizon | PPO | 14.93 | 38.28 | | 2.8 | 2.4 | | 37.05 percent of total billed charges | |
| BKR CHG MANUAL DIFFERENTIAL | 85007 | CPT | | | | both | | | 39 | | 4.37 First Trenton | First Trenton | 35.1 | 90 | | | 2.4 | | 37.05 percent of total billed charges | |
| BKR CHG MANUAL DIFFERENTIAL | 85007 | CPT | | | | both | | | 39 | | 4.37 Corrections | Corrections | 31.2 | 80 | | 3.87 | 2.4 | | 37.05 percent of total billed charges | |
| BKR CHG MANUAL DIFFERENTIAL | 85007 | CPT | | | | both | | | 39 | | 4.37 Multiplan | Multiplan | 31.2 | 80 | | | 2.4 | | 37.05 percent of total billed charges | |
| BKR CHG MANUAL DIFFERENTIAL | 85007 | CPT | | | | both | | | 39 | | 4.37 Wellcare | Medicare | 3.8 | | | 2.08 | 2.4 | | 37.05 fee schedule | |
| BKR CHG MANUAL DIFFERENTIAL | 85007 | CPT | | | | both | | | 39 | | 4.37 Horizon | Medicare Blue | 11.7 | 30 | | 3.23 | 2.4 | | 37.05 percent of total billed charges | |
| BKR CHG MANUAL DIFFERENTIAL | 85007 | CPT | | | | both | | | 39 | | 4.37 First Health | First Health | 27.3 | 70 | | | 2.4 | | 37.05 percent of total billed charges | |
| BKR CHG MANUAL DIFFERENTIAL | 85007 | CPT | | | | both | | | 39 | | 4.37 Qualcare | Qualcare | 29.25 | 75 | | | 2.4 | | 37.05 percent of total billed charges | |
| BKR CHG MANUAL DIFFERENTIAL | 85007 | CPT | | | | both | | | 39 | | 4.37 WellPoint | WellPoint | 12.55 | 32.18 | | 5.04 | 2.4 | | 37.05 percent of total billed charges | |
| BKR CHG MANUAL DIFFERENTIAL | 85007 | CPT | | | | both | | | 39 | | 4.37 Managed Care Inc | Managed Care Inc | 35.1 | 90 | | | 2.4 | | 37.05 percent of total billed charges | |
| BKR CHG MANUAL DIFFERENTIAL | 85007 | CPT | | | | both | | | 39 | | 4.37 Horizon | Indemnity | 14.93 | 38.28 | | 3.53 | 2.4 | | 37.05 percent of total billed charges | |
| BKR CHG MANUAL DIFFERENTIAL | 85007 | CPT | | | | both | | | 39 | | 4.37 Three Rivers | Three Rivers | 37.05 | 95 | | | 2.4 | | 37.05 percent of total billed charges | |
| BKR CHG MANUAL DIFFERENTIAL | 85007 | CPT | | | | both | | | 39 | | 4.37 Horizon | MGD | 14.93 | 38.28 | | 5.31 | 2.4 | | 37.05 percent of total billed charges | |
| BKR CHG MANUAL DIFFERENTIAL | 85007 | CPT | | | | both | | | 39 | | 4.37 UHC | Medicaid | 2.4 | | | 5.55 | 2.4 | | 37.05 fee schedule | |
| BKR CHG MANUAL DIFFERENTIAL | 85007 | CPT | | | | both | | | 39 | | 4.37 Wellcare | Medicaid | 2.4 | | | 4.38 | 2.4 | | 37.05 fee schedule | |
| BKR CHG BLOOD SMEAR W/O MANUAL DIFF WBC COUNT | 85008 | CPT | | | | outpatient | | | 29 | | 3.94 Aetna | Medicare | 8.93 | 30.8 | | | 1.2 | | 27.55 percent of total billed charges | |
| BKR CHG BLOOD SMEAR W/O MANUAL DIFF WBC COUNT | 85008 | CPT | | | | outpatient | | | 29 | | 3.94 Amerihealth | Medicare | 3.43 | | | | 1.2 | | 27.55 fee schedule | |
| BKR CHG BLOOD SMEAR W/O MANUAL DIFF WBC COUNT | 85008 | CPT | | | | outpatient | | | 29 | | 3.94 Consumer | Consumer | 27.55 | 95 | | | 1.2 | | 27.55 percent of total billed charges | |
| BKR CHG BLOOD SMEAR W/O MANUAL DIFF WBC COUNT | 85008 | CPT | | | | outpatient | | | 29 | | 3.94 Horizon | Indemnity | 11.1 | 38.28 | | | 1.2 | | 27.55 percent of total billed charges | |
| BKR CHG BLOOD SMEAR W/O MANUAL DIFF WBC COUNT | 85008 | CPT | | | | outpatient | | | 29 | | 3.94 Aetna | Better Health | 9.15 | 31.55 | | | 1.2 | | 27.55 percent of total billed charges | |
| BKR CHG BLOOD SMEAR W/O MANUAL DIFF WBC COUNT | 85008 | CPT | | | | outpatient | | | 29 | | 3.94 Americare | Americare | 21.75 | 75 | | | 1.2 | | 27.55 percent of total billed charges | |
| BKR CHG BLOOD SMEAR W/O MANUAL DIFF WBC COUNT | 85008 | CPT | | | | outpatient | | | 29 | | 3.94 First Health | First Health | 20.3 | 70 | | | 1.2 | | 27.55 percent of total billed charges | |
| BKR CHG BLOOD SMEAR W/O MANUAL DIFF WBC COUNT | 85008 | CPT | | | | outpatient | | | 29 | | 3.94 Amerihealth | HMO/PPO | 5.4 | | | | 1.2 | | 27.55 fee schedule | |
| BKR CHG BLOOD SMEAR W/O MANUAL DIFF WBC COUNT | 85008 | CPT | | | | outpatient | | | 29 | | 3.94 Horizon | Medicare Blue | 8.7 | 30 | | | 1.2 | | 27.55 percent of total billed charges | |
| BKR CHG BLOOD SMEAR W/O MANUAL DIFF WBC COUNT | 85008 | CPT | | | | outpatient | | | 29 | | 3.94 Corrections | Corrections | 23.2 | 80 | | | 1.2 | | 27.55 percent of total billed charges | |
| BKR CHG BLOOD SMEAR W/O MANUAL DIFF WBC COUNT | 85008 | CPT | | | | outpatient | | | 29 | | 3.94 Wellcare | Medicaid | 1.2 | | | | 1.2 | | 27.55 fee schedule | |
| BKR CHG BLOOD SMEAR W/O MANUAL DIFF WBC COUNT | 85008 | CPT | | | | outpatient | | | 29 | | 3.94 Horizon | MGD | 11.1 | 38.28 | | | 1.2 | | 27.55 percent of total billed charges | |
| BKR CHG BLOOD SMEAR W/O MANUAL DIFF WBC COUNT | 85008 | CPT | | | | outpatient | | | 29 | | 3.94 Qualcare | Qualcare | 21.75 | 75 | | | 1.2 | | 27.55 percent of total billed charges | |
| BKR CHG BLOOD SMEAR W/O MANUAL DIFF WBC COUNT | 85008 | CPT | | | | outpatient | | | 29 | | 3.94 First Trenton | First Trenton | 26.1 | 90 | | | 1.2 | | 27.55 percent of total billed charges | |
| BKR CHG BLOOD SMEAR W/O MANUAL DIFF WBC COUNT | 85008 | CPT | | | | outpatient | | | 29 | | 3.94 Multiplan | Multiplan | 23.2 | 80 | | | 1.2 | | 27.55 percent of total billed charges | |
| BKR CHG BLOOD SMEAR W/O MANUAL DIFF WBC COUNT | 85008 | CPT | | | | outpatient | | | 29 | | 3.94 Horizon | PPO | 11.1 | 38.28 | | | 1.2 | | 27.55 percent of total billed charges | |
| BKR CHG BLOOD SMEAR W/O MANUAL DIFF WBC COUNT | 85008 | CPT | | | | outpatient | | | 29 | | 3.94 UHC | Medicaid | 1.2 | | | | 1.2 | | 27.55 fee schedule | |
| BKR CHG BLOOD SMEAR W/O MANUAL DIFF WBC COUNT | 85008 | CPT | | | | outpatient | | | 29 | | 3.94 Horizon | NJ Health | 2.35 | | | | 1.2 | | 27.55 fee schedule | |
| BKR CHG BLOOD SMEAR W/O MANUAL DIFF WBC COUNT | 85008 | CPT | | | | outpatient | | | 29 | | 3.94 UHC | Medicare | 3.43 | | | | 1.2 | | 27.55 fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG BLOOD SMEAR W/O MANUAL DIFF WBC COUNT | 85008 | CPT | | | | outpatient | | | 29 | 3.94 | Three Rivers | Three Rivers | 27.55 | 95 | | | 1.2 | | 27.55 percent of total billed charges | |
| BKR CHG BLOOD SMEAR W/O MANUAL DIFF WBC COUNT | 85008 | CPT | | | | outpatient | | | 29 | 3.94 | Wellcare | Medicare | 3.43 | | | | 1.2 | | 27.55 fee schedule | |
| BKR CHG BLOOD SMEAR W/O MANUAL DIFF WBC COUNT | 85008 | CPT | | | | outpatient | | | 29 | 3.94 | Managed Care Inc | Managed Care Inc | 26.1 | 90 | | | 1.2 | | 27.55 percent of total billed charges | |
| BKR CHG BLOOD SMEAR W/O MANUAL DIFF WBC COUNT | 85008 | CPT | | | | outpatient | | | 29 | 3.94 | WellPoint | WellPoint | 9.33 | 32.18 | | | 1.2 | | 27.55 percent of total billed charges | |
| BKR CHG MANUAL DIFF WBC COUNT BUFFY COAT | 85009 | CPT | | | | outpatient | | | 30 | 5.83 | Aetna | Medicare | 9.24 | 30.8 | | | 1.2 | | 28.5 percent of total billed charges | |
| BKR CHG MANUAL DIFF WBC COUNT BUFFY COAT | 85009 | CPT | | | | outpatient | | | 30 | 5.83 | UHC | Medicare | 5.07 | | | | 1.2 | | 28.5 fee schedule | |
| BKR CHG MANUAL DIFF WBC COUNT BUFFY COAT | 85009 | CPT | | | | outpatient | | | 30 | 5.83 | Corrections | Corrections | 24 | 80 | | | 1.2 | | 28.5 percent of total billed charges | |
| BKR CHG MANUAL DIFF WBC COUNT BUFFY COAT | 85009 | CPT | | | | outpatient | | | 30 | 5.83 | First Trenton | First Trenton | 27 | 90 | | | 1.2 | | 28.5 percent of total billed charges | |
| BKR CHG MANUAL DIFF WBC COUNT BUFFY COAT | 85009 | CPT | | | | outpatient | | | 30 | 5.83 | Consumer | Consumer | 28.5 | 95 | | | 1.2 | | 28.5 percent of total billed charges | |
| BKR CHG MANUAL DIFF WBC COUNT BUFFY COAT | 85009 | CPT | | | | outpatient | | | 30 | 5.83 | Aetna | Better Health | 9.47 | 31.55 | | | 1.2 | | 28.5 percent of total billed charges | |
| BKR CHG MANUAL DIFF WBC COUNT BUFFY COAT | 85009 | CPT | | | | outpatient | | | 30 | 5.83 | Horizon | MGD | 11.48 | 38.28 | | | 1.2 | | 28.5 percent of total billed charges | |
| BKR CHG MANUAL DIFF WBC COUNT BUFFY COAT | 85009 | CPT | | | | outpatient | | | 30 | 5.83 | Americare | Americare | 22.5 | 75 | | | 1.2 | | 28.5 percent of total billed charges | |
| BKR CHG MANUAL DIFF WBC COUNT BUFFY COAT | 85009 | CPT | | | | outpatient | | | 30 | 5.83 | First Health | First Health | 21 | 70 | | | 1.2 | | 28.5 percent of total billed charges | |
| BKR CHG MANUAL DIFF WBC COUNT BUFFY COAT | 85009 | CPT | | | | outpatient | | | 30 | 5.83 | UHC | Medicaid | 1.2 | | | | 1.2 | | 28.5 fee schedule | |
| BKR CHG MANUAL DIFF WBC COUNT BUFFY COAT | 85009 | CPT | | | | outpatient | | | 30 | 5.83 | Horizon | Medicare Blue | 9 | 30 | | | 1.2 | | 28.5 percent of total billed charges | |
| BKR CHG MANUAL DIFF WBC COUNT BUFFY COAT | 85009 | CPT | | | | outpatient | | | 30 | 5.83 | Horizon | Indemnity | 11.48 | 38.28 | | | 1.2 | | 28.5 percent of total billed charges | |
| BKR CHG MANUAL DIFF WBC COUNT BUFFY COAT | 85009 | CPT | | | | outpatient | | | 30 | 5.83 | Horizon | NJ Health | 2.59 | | | | 1.2 | | 28.5 fee schedule | |
| BKR CHG MANUAL DIFF WBC COUNT BUFFY COAT | 85009 | CPT | | | | outpatient | | | 30 | 5.83 | WellPoint | WellPoint | 9.65 | 32.18 | | | 1.2 | | 28.5 percent of total billed charges | |
| BKR CHG MANUAL DIFF WBC COUNT BUFFY COAT | 85009 | CPT | | | | outpatient | | | 30 | 5.83 | Multiplan | Multiplan | 24 | 80 | | | 1.2 | | 28.5 percent of total billed charges | |
| BKR CHG MANUAL DIFF WBC COUNT BUFFY COAT | 85009 | CPT | | | | outpatient | | | 30 | 5.83 | Amerihealth | HMO/PPO | 5.3 | | | | 1.2 | | 28.5 fee schedule | |
| BKR CHG MANUAL DIFF WBC COUNT BUFFY COAT | 85009 | CPT | | | | outpatient | | | 30 | 5.83 | Wellcare | Medicare | 5.07 | | | | 1.2 | | 28.5 fee schedule | |
| BKR CHG MANUAL DIFF WBC COUNT BUFFY COAT | 85009 | CPT | | | | outpatient | | | 30 | 5.83 | Horizon | PPO | 11.48 | 38.28 | | | 1.2 | | 28.5 percent of total billed charges | |
| BKR CHG MANUAL DIFF WBC COUNT BUFFY COAT | 85009 | CPT | | | | outpatient | | | 30 | 5.83 | Managed Care Inc | Managed Care Inc | 27 | 90 | | | 1.2 | | 28.5 percent of total billed charges | |
| BKR CHG MANUAL DIFF WBC COUNT BUFFY COAT | 85009 | CPT | | | | outpatient | | | 30 | 5.83 | Amerihealth | Medicare | 5.07 | | | | 1.2 | | 28.5 fee schedule | |
| BKR CHG MANUAL DIFF WBC COUNT BUFFY COAT | 85009 | CPT | | | | outpatient | | | 30 | 5.83 | Qualcare | Qualcare | 22.5 | 75 | | | 1.2 | | 28.5 percent of total billed charges | |
| BKR CHG MANUAL DIFF WBC COUNT BUFFY COAT | 85009 | CPT | | | | outpatient | | | 30 | 5.83 | Three Rivers | Three Rivers | 28.5 | 95 | | | 1.2 | | 28.5 percent of total billed charges | |
| BKR CHG MANUAL DIFF WBC COUNT BUFFY COAT | 85009 | CPT | | | | outpatient | | | 30 | 5.83 | Wellcare | Medicaid | 1.2 | | | | 1.2 | | 28.5 fee schedule | |
| BKR CHG HEMATOCRIT(HCT) | 85014 | CPT | | | | both | | | 24 | 2.73 | Amerihealth | HMO/PPO | 3 | | | | 1.5 | | 22.8 fee schedule | |
| BKR CHG HEMATOCRIT(HCT) | 85014 | CPT | | | | both | | | 24 | 2.73 | Corrections | Corrections | 19.2 | 80 | | 4.18 | 1.5 | | 22.8 percent of total billed charges | |
| BKR CHG HEMATOCRIT(HCT) | 85014 | CPT | | | | both | | | 24 | 2.73 | Aetna | Better Health | 7.57 | 31.55 | | 3.79 | 1.5 | | 22.8 percent of total billed charges | |
| BKR CHG HEMATOCRIT(HCT) | 85014 | CPT | | | | both | | | 24 | 2.73 | Aetna | Medicare | 7.39 | 30.8 | | | 1.5 | | 22.8 percent of total billed charges | |
| BKR CHG HEMATOCRIT(HCT) | 85014 | CPT | | | | both | | | 24 | 2.73 | Amerihealth | Medicare | 2.37 | | | | 1.5 | | 22.8 fee schedule | |
| BKR CHG HEMATOCRIT(HCT) | 85014 | CPT | | | | both | | | 24 | 2.73 | Horizon | PPO | 9.19 | 38.28 | | 5.06 | 1.5 | | 22.8 percent of total billed charges | |
| BKR CHG HEMATOCRIT(HCT) | 85014 | CPT | | | | both | | | 24 | 2.73 | Americare | Americare | 18 | 75 | | | 1.5 | | 22.8 percent of total billed charges | |
| BKR CHG HEMATOCRIT(HCT) | 85014 | CPT | | | | both | | | 24 | 2.73 | Consumer | Consumer | 22.8 | 95 | | | 1.5 | | 22.8 percent of total billed charges | |
| BKR CHG HEMATOCRIT(HCT) | 85014 | CPT | | | | both | | | 24 | 2.73 | First Trenton | First Trenton | 21.6 | 90 | | | 1.5 | | 22.8 percent of total billed charges | |
| BKR CHG HEMATOCRIT(HCT) | 85014 | CPT | | | | both | | | 24 | 2.73 | First Health | First Health | 16.8 | 70 | | | 1.5 | | 22.8 percent of total billed charges | |
| BKR CHG HEMATOCRIT(HCT) | 85014 | CPT | | | | both | | | 24 | 2.73 | Horizon | Indemnity | 9.19 | 38.28 | | 4.84 | 1.5 | | 22.8 percent of total billed charges | |
| BKR CHG HEMATOCRIT(HCT) | 85014 | CPT | | | | both | | | 24 | 2.73 | Horizon | MGD | 9.19 | 38.28 | | 5.78 | 1.5 | | 22.8 percent of total billed charges | |
| BKR CHG HEMATOCRIT(HCT) | 85014 | CPT | | | | both | | | 24 | 2.73 | Horizon | Medicare Blue | 7.2 | 30 | | 2.08 | 1.5 | | 22.8 percent of total billed charges | |
| BKR CHG HEMATOCRIT(HCT) | 85014 | CPT | | | | both | | | 24 | 2.73 | UHC | Medicaid | 1.5 | | | 4.46 | 1.5 | | 22.8 fee schedule | |
| BKR CHG HEMATOCRIT(HCT) | 85014 | CPT | | | | both | | | 24 | 2.73 | Multiplan | Multiplan | 19.2 | 80 | | | 1.5 | | 22.8 percent of total billed charges | |
| BKR CHG HEMATOCRIT(HCT) | 85014 | CPT | | | | both | | | 24 | 2.73 | Three Rivers | Three Rivers | 22.8 | 95 | | | 1.5 | | 22.8 percent of total billed charges | |
| BKR CHG HEMATOCRIT(HCT) | 85014 | CPT | | | | both | | | 24 | 2.73 | Horizon | NJ Health | 2.94 | | | 1.35 | 1.5 | | 22.8 fee schedule | |
| BKR CHG HEMATOCRIT(HCT) | 85014 | CPT | | | | both | | | 24 | 2.73 | UHC | Medicare | 2.37 | | | 4.47 | 1.5 | | 22.8 fee schedule | |
| BKR CHG HEMATOCRIT(HCT) | 85014 | CPT | | | | both | | | 24 | 2.73 | Qualcare | Qualcare | 18 | 75 | | | 1.5 | | 22.8 percent of total billed charges | |
| BKR CHG HEMATOCRIT(HCT) | 85014 | CPT | | | | both | | | 24 | 2.73 | Wellcare | Medicaid | 1.5 | | | 3.38 | 1.5 | | 22.8 fee schedule | |
| BKR CHG HEMATOCRIT(HCT) | 85014 | CPT | | | | both | | | 24 | 2.73 | Managed Care Inc | Managed Care Inc | 21.6 | 90 | | | 1.5 | | 22.8 percent of total billed charges | |
| BKR CHG HEMATOCRIT(HCT) | 85014 | CPT | | | | both | | | 24 | 2.73 | WellPoint | WellPoint | 7.72 | 32.18 | | 4.63 | 1.5 | | 22.8 percent of total billed charges | |
| BKR CHG HEMATOCRIT(HCT) | 85014 | CPT | | | | both | | | 24 | 2.73 | Wellcare | Medicare | 2.37 | | | 0.03 | 1.5 | | 22.8 fee schedule | |
| BKR CHG HGB | 85018 | CPT | | | | both | | | 65 | 2.73 | First Health | First Health | 45.5 | 70 | | | 1.2 | | 61.75 percent of total billed charges | |
| BKR CHG HGB | 85018 | CPT | | | | both | | | 65 | 2.73 | Amerihealth | HMO/PPO | 3 | | | 5.4 | 1.2 | | 61.75 fee schedule | |
| BKR CHG HGB | 85018 | CPT | | | | both | | | 65 | 2.73 | Americare | Americare | 48.75 | 75 | | | 1.2 | | 61.75 percent of total billed charges | |
| BKR CHG HGB | 85018 | CPT | | | | both | | | 65 | 2.73 | Corrections | Corrections | 52 | 80 | | | 1.2 | | 61.75 percent of total billed charges | |
| BKR CHG HGB | 85018 | CPT | | | | both | | | 65 | 2.73 | Amerihealth | Medicare | 2.37 | | | | 1.2 | | 61.75 fee schedule | |
| BKR CHG HGB | 85018 | CPT | | | | both | | | 65 | 2.73 | Aetna | Medicare | 20.02 | 30.8 | | 10.71 | 1.2 | | 61.75 percent of total billed charges | |
| BKR CHG HGB | 85018 | CPT | | | | both | | | 65 | 2.73 | First Trenton | First Trenton | 58.5 | 90 | | | 1.2 | | 61.75 percent of total billed charges | |
| BKR CHG HGB | 85018 | CPT | | | | both | | | 65 | 2.73 | Aetna | Better Health | 20.51 | 31.55 | | | 1.2 | | 61.75 percent of total billed charges | |
| BKR CHG HGB | 85018 | CPT | | | | both | | | 65 | 2.73 | Horizon | MGD | 24.88 | 38.28 | | | 1.2 | | 61.75 percent of total billed charges | |
| BKR CHG HGB | 85018 | CPT | | | | both | | | 65 | 2.73 | Multiplan | Multiplan | 52 | 80 | | | 1.2 | | 61.75 percent of total billed charges | |
| BKR CHG HGB | 85018 | CPT | | | | both | | | 65 | 2.73 | Horizon | PPO | 24.88 | 38.28 | | | 1.2 | | 61.75 percent of total billed charges | |
| BKR CHG HGB | 85018 | CPT | | | | both | | | 65 | 2.73 | WellPoint | WellPoint | 20.92 | 32.18 | | | 1.2 | | 61.75 percent of total billed charges | |
| BKR CHG HGB | 85018 | CPT | | | | both | | | 65 | 2.73 | UHC | Medicaid | 1.2 | | | 18.66 | 1.2 | | 61.75 fee schedule | |
| BKR CHG HGB | 85018 | CPT | | | | both | | | 65 | 2.73 | Horizon | Indemnity | 24.88 | 38.28 | | 17.29 | 1.2 | | 61.75 percent of total billed charges | |
| BKR CHG HGB | 85018 | CPT | | | | both | | | 65 | 2.73 | Managed Care Inc | Managed Care Inc | 58.5 | 90 | | | 1.2 | | 61.75 percent of total billed charges | |
| BKR CHG HGB | 85018 | CPT | | | | both | | | 65 | 2.73 | Consumer | Consumer | 61.75 | 95 | | | 1.2 | | 61.75 percent of total billed charges | |
| BKR CHG HGB | 85018 | CPT | | | | both | | | 65 | 2.73 | Wellcare | Medicaid | 1.2 | | | | 1.2 | | 61.75 fee schedule | |
| BKR CHG HGB | 85018 | CPT | | | | both | | | 65 | 2.73 | Qualcare | Qualcare | 48.75 | 75 | | | 1.2 | | 61.75 percent of total billed charges | |
| BKR CHG HGB | 85018 | CPT | | | | both | | | 65 | 2.73 | Wellcare | Medicare | 2.37 | | | | 1.2 | | 61.75 fee schedule | |
| BKR CHG HGB | 85018 | CPT | | | | both | | | 65 | 2.73 | Horizon | Medicare Blue | 19.5 | 30 | | | 1.2 | | 61.75 percent of total billed charges | |
| BKR CHG HGB | 85018 | CPT | | | | both | | | 65 | 2.73 | UHC | Medicare | 2.37 | | | 2.47 | 1.2 | | 61.75 fee schedule | |
| BKR CHG HGB | 85018 | CPT | | | | both | | | 65 | 2.73 | Horizon | NJ Health | 2.35 | | | | 1.2 | | 61.75 fee schedule | |
| BKR CHG HGB | 85018 | CPT | | | | both | | | 65 | 2.73 | Three Rivers | Three Rivers | 61.75 | 95 | | | 1.2 | | 61.75 percent of total billed charges | |
| BKR CHG CBC W/ DIFFERENTIAL | 85025 | CPT | | | | both | | | 44 | 8.94 | Americare | Americare | 33 | 75 | | | 5 | | 41.8 percent of total billed charges | |
| BKR CHG CBC W/ DIFFERENTIAL | 85025 | CPT | | | | both | | | 44 | 8.94 | Amerihealth | HMO/PPO | 11 | | | 4.43 | 5 | | 41.8 fee schedule | |
| BKR CHG CBC W/ DIFFERENTIAL | 85025 | CPT | | | | both | | | 44 | 8.94 | Consumer | Consumer | 41.8 | 95 | | | 5 | | 41.8 percent of total billed charges | |
| BKR CHG CBC W/ DIFFERENTIAL | 85025 | CPT | | | | both | | | 44 | 8.94 | Aetna | Medicare | 13.55 | 30.8 | | 6.68 | 5 | | 41.8 percent of total billed charges | |
| BKR CHG CBC W/ DIFFERENTIAL | 85025 | CPT | | | | both | | | 44 | 8.94 | Horizon | NJ Health | 9.8 | | | 3.69 | 5 | | 41.8 fee schedule | |
| BKR CHG CBC W/ DIFFERENTIAL | 85025 | CPT | | | | both | | | 44 | 8.94 | Amerihealth | Medicare | 7.77 | | | | 5 | | 41.8 fee schedule | |
| BKR CHG CBC W/ DIFFERENTIAL | 85025 | CPT | | | | both | | | 44 | 8.94 | Aetna | Better Health | 13.88 | 31.55 | | 10.25 | 5 | | 41.8 percent of total billed charges | |
| BKR CHG CBC W/ DIFFERENTIAL | 85025 | CPT | | | | both | | | 44 | 8.94 | Corrections | Corrections | 35.2 | 80 | | 9.13 | 5 | | 41.8 percent of total billed charges | |
| BKR CHG CBC W/ DIFFERENTIAL | 85025 | CPT | | | | both | | | 44 | 8.94 | Horizon | PPO | 16.84 | 38.28 | | 11 | 5 | | 41.8 percent of total billed charges | |
| BKR CHG CBC W/ DIFFERENTIAL | 85025 | CPT | | | | both | | | 44 | 8.94 | First Health | First Health | 30.8 | 70 | | | 5 | | 41.8 percent of total billed charges | |
| BKR CHG CBC W/ DIFFERENTIAL | 85025 | CPT | | | | both | | | 44 | 8.94 | Wellcare | Medicare | 7.77 | | | 5.89 | 5 | | 41.8 fee schedule | |
| BKR CHG CBC W/ DIFFERENTIAL | 85025 | CPT | | | | both | | | 44 | 8.94 | First Trenton | First Trenton | 39.6 | 90 | | | 5 | | 41.8 percent of total billed charges | |
| BKR CHG CBC W/ DIFFERENTIAL | 85025 | CPT | | | | both | | | 44 | 8.94 | Multiplan | Multiplan | 35.2 | 80 | | | 5 | | 41.8 percent of total billed charges | |
| BKR CHG CBC W/ DIFFERENTIAL | 85025 | CPT | | | | both | | | 44 | 8.94 | Horizon | Indemnity | 16.84 | 38.28 | | 9.41 | 5 | | 41.8 percent of total billed charges | |
| BKR CHG CBC W/ DIFFERENTIAL | 85025 | CPT | | | | both | | | 44 | 8.94 | Horizon | MGD | 16.84 | 38.28 | | 10.17 | 5 | | 41.8 percent of total billed charges | |
| BKR CHG CBC W/ DIFFERENTIAL | 85025 | CPT | | | | both | | | 44 | 8.94 | Horizon | Medicare Blue | 13.2 | 30 | | 5.24 | 5 | | 41.8 percent of total billed charges | |
| BKR CHG CBC W/ DIFFERENTIAL | 85025 | CPT | | | | both | | | 44 | 8.94 | Three Rivers | Three Rivers | 41.8 | 95 | | | 5 | | 41.8 percent of total billed charges | |
| BKR CHG CBC W/ DIFFERENTIAL | 85025 | CPT | | | | both | | | 44 | 8.94 | Managed Care Inc | Managed Care Inc | 39.6 | 90 | | | 5 | | 41.8 percent of total billed charges | |
| BKR CHG CBC W/ DIFFERENTIAL | 85025 | CPT | | | | both | | | 44 | 8.94 | UHC | Medicaid | 5 | | | 10.94 | 5 | | 41.8 fee schedule | |
| BKR CHG CBC W/ DIFFERENTIAL | 85025 | CPT | | | | both | | | 44 | 8.94 | Qualcare | Qualcare | 33 | 75 | | | 5 | | 41.8 percent of total billed charges | |
| BKR CHG CBC W/ DIFFERENTIAL | 85025 | CPT | | | | both | | | 44 | 8.94 | UHC | Medicare | 7.77 | | | 6.07 | 5 | | 41.8 fee schedule | |
| BKR CHG CBC W/ DIFFERENTIAL | 85025 | CPT | | | | both | | | 44 | 8.94 | Wellcare | Medicaid | 5 | | | 10.47 | 5 | | 41.8 fee schedule | |
| BKR CHG CBC W/ DIFFERENTIAL | 85025 | CPT | | | | both | | | 44 | 8.94 | WellPoint | WellPoint | 14.16 | 32.18 | | 9.36 | 5 | | 41.8 percent of total billed charges | |
| BKR CHG CBC W/O DIFF | 85027 | CPT | | | | both | | | 34 | 7.44 | Amerihealth | HMO/PPO | 10 | | | 3.07 | 4.8 | | 32.3 fee schedule | |
| BKR CHG CBC W/O DIFF | 85027 | CPT | | | | both | | | 34 | 7.44 | Consumer | Consumer | 32.3 | 95 | | | 4.8 | | 32.3 percent of total billed charges | |
| BKR CHG CBC W/O DIFF | 85027 | CPT | | | | both | | | 34 | 7.44 | Amerihealth | Medicare | 6.47 | | | | 4.8 | | 32.3 fee schedule | |
| BKR CHG CBC W/O DIFF | 85027 | CPT | | | | both | | | 34 | 7.44 | First Trenton | First Trenton | 30.6 | 90 | | | 4.8 | | 32.3 percent of total billed charges | |
| BKR CHG CBC W/O DIFF | 85027 | CPT | | | | both | | | 34 | 7.44 | Horizon | MGD | 13.02 | 38.28 | | 8.88 | 4.8 | | 32.3 percent of total billed charges | |
| BKR CHG CBC W/O DIFF | 85027 | CPT | | | | both | | | 34 | 7.44 | Aetna | Better Health | 10.73 | 31.55 | | 8.51 | 4.8 | | 32.3 percent of total billed charges | |
| BKR CHG CBC W/O DIFF | 85027 | CPT | | | | both | | | 34 | 7.44 | Americare | Americare | 25.5 | 75 | | | 4.8 | | 32.3 percent of total billed charges | |
| BKR CHG CBC W/O DIFF | 85027 | CPT | | | | both | | | 34 | 7.44 | Aetna | Medicare | 10.47 | 30.8 | | 4.92 | 4.8 | | 32.3 percent of total billed charges | |
| BKR CHG CBC W/O DIFF | 85027 | CPT | | | | both | | | 34 | 7.44 | Wellcare | Medicare | 6.47 | | | 3.25 | 4.8 | | 32.3 fee schedule | |
| BKR CHG CBC W/O DIFF | 85027 | CPT | | | | both | | | 34 | 7.44 | Three Rivers | Three Rivers | 32.3 | 95 | | | 4.8 | | 32.3 percent of total billed charges | |
| BKR CHG CBC W/O DIFF | 85027 | CPT | | | | both | | | 34 | 7.44 | UHC | Medicaid | 4.8 | | | 8.51 | 4.8 | | 32.3 fee schedule | |
| BKR CHG CBC W/O DIFF | 85027 | CPT | | | | both | | | 34 | 7.44 | Managed Care Inc | Managed Care Inc | 30.6 | 90 | | | 4.8 | | 32.3 percent of total billed charges | |
| BKR CHG CBC W/O DIFF | 85027 | CPT | | | | both | | | 34 | 7.44 | WellPoint | WellPoint | 10.94 | 32.18 | | 8.14 | 4.8 | | 32.3 percent of total billed charges | |
| BKR CHG CBC W/O DIFF | 85027 | CPT | | | | both | | | 34 | 7.44 | First Health | First Health | 23.8 | 70 | | | 4.8 | | 32.3 percent of total billed charges | |
| BKR CHG CBC W/O DIFF | 85027 | CPT | | | | both | | | 34 | 7.44 | Horizon | NJ Health | 9.41 | | | 3.03 | 4.8 | | 32.3 fee schedule | |
| BKR CHG CBC W/O DIFF | 85027 | CPT | | | | both | | | 34 | 7.44 | Corrections | Corrections | 27.2 | 80 | | 7.08 | 4.8 | | 32.3 percent of total billed charges | |
| BKR CHG CBC W/O DIFF | 85027 | CPT | | | | both | | | 34 | 7.44 | Wellcare | Medicaid | 4.8 | | | 7.08 | 4.8 | | 32.3 fee schedule | |
| BKR CHG CBC W/O DIFF | 85027 | CPT | | | | both | | | 34 | 7.44 | Horizon | Indemnity | 13.02 | 38.28 | | 8.4 | 4.8 | | 32.3 percent of total billed charges | |
| BKR CHG CBC W/O DIFF | 85027 | CPT | | | | both | | | 34 | 7.44 | Horizon | PPO | 13.02 | 38.28 | | 8.27 | 4.8 | | 32.3 percent of total billed charges | |
| BKR CHG CBC W/O DIFF | 85027 | CPT | | | | both | | | 34 | 7.44 | UHC | Medicare | 6.47 | | | 5.11 | 4.8 | | 32.3 fee schedule | |
| BKR CHG CBC W/O DIFF | 85027 | CPT | | | | both | | | 34 | 7.44 | Multiplan | Multiplan | 27.2 | 80 | | | 4.8 | | 32.3 percent of total billed charges | |
| BKR CHG CBC W/O DIFF | 85027 | CPT | | | | both | | | 34 | 7.44 | Horizon | Medicare Blue | 10.2 | 30 | | 5.09 | 4.8 | | 32.3 percent of total billed charges | |
| BKR CHG CBC W/O DIFF | 85027 | CPT | | | | both | | | 34 | 7.44 | Qualcare | Qualcare | 25.5 | 75 | | | 4.8 | | 32.3 percent of total billed charges | |
| BKR CHG RBC; AUTOMATED | 85041 | CPT | | | | outpatient | | | 186 | 3.47 | Multiplan | Multiplan | 148.8 | 80 | | | 1.2 | | 176.7 percent of total billed charges | |
| BKR CHG RBC; AUTOMATED | 85041 | CPT | | | | outpatient | | | 186 | 3.47 | UHC | Medicaid | 1.2 | | | 9.19 | 1.2 | | 176.7 fee schedule | |
| BKR CHG RBC; AUTOMATED | 85041 | CPT | | | | outpatient | | | 186 | 3.47 | Amerihealth | HMO/PPO | 4.7 | | | | 1.2 | | 176.7 fee schedule | |
| BKR CHG RBC; AUTOMATED | 85041 | CPT | | | | outpatient | | | 186 | 3.47 | Americare | Americare | 139.5 | 75 | | | 1.2 | | 176.7 percent of total billed charges | |
| BKR CHG RBC; AUTOMATED | 85041 | CPT | | | | outpatient | | | 186 | 3.47 | Corrections | Corrections | 148.8 | 80 | | | 1.2 | | 176.7 percent of total billed charges | |
| BKR CHG RBC; AUTOMATED | 85041 | CPT | | | | outpatient | | | 186 | 3.47 | Aetna | Medicare | 57.29 | 30.8 | | | 1.2 | | 176.7 percent of total billed charges | |
| BKR CHG RBC; AUTOMATED | 85041 | CPT | | | | outpatient | | | 186 | 3.47 | Aetna | Better Health | 58.68 | 31.55 | | | 1.2 | | 176.7 percent of total billed charges | |
| BKR CHG RBC; AUTOMATED | 85041 | CPT | | | | outpatient | | | 186 | 3.47 | Horizon | MGD | 71.2 | 38.28 | | | 1.2 | | 176.7 percent of total billed charges | |
| BKR CHG RBC; AUTOMATED | 85041 | CPT | | | | outpatient | | | 186 | 3.47 | Qualcare | Qualcare | 139.5 | 75 | | | 1.2 | | 176.7 percent of total billed charges | |
| BKR CHG RBC; AUTOMATED | 85041 | CPT | | | | outpatient | | | 186 | 3.47 | Wellcare | Medicare | 3.02 | | | | 1.2 | | 176.7 fee schedule | |
| BKR CHG RBC; AUTOMATED | 85041 | CPT | | | | outpatient | | | 186 | 3.47 | Amerihealth | Medicare | 3.02 | | | | 1.2 | | 176.7 fee schedule | |
| BKR CHG RBC; AUTOMATED | 85041 | CPT | | | | outpatient | | | 186 | 3.47 | Consumer | Consumer | 176.7 | 95 | | | 1.2 | | 176.7 percent of total billed charges | |
| BKR CHG RBC; AUTOMATED | 85041 | CPT | | | | outpatient | | | 186 | 3.47 | Horizon | Medicare Blue | 55.8 | 30 | | | 1.2 | | 176.7 percent of total billed charges | |
| BKR CHG RBC; AUTOMATED | 85041 | CPT | | | | outpatient | | | 186 | 3.47 | WellPoint | WellPoint | 59.85 | 32.18 | | | 1.2 | | 176.7 percent of total billed charges | |
| BKR CHG RBC; AUTOMATED | 85041 | CPT | | | | outpatient | | | 186 | 3.47 | First Health | First Health | 130.2 | 70 | | | 1.2 | | 176.7 percent of total billed charges | |
| BKR CHG RBC; AUTOMATED | 85041 | CPT | | | | outpatient | | | 186 | 3.47 | Horizon | NJ Health | 2.35 | | | 0.3 | 1.2 | | 176.7 fee schedule | |
| BKR CHG RBC; AUTOMATED | 85041 | CPT | | | | outpatient | | | 186 | 3.47 | UHC | Medicare | 3.02 | | | 5.79 | 1.2 | | 176.7 fee schedule | |
| BKR CHG RBC; AUTOMATED | 85041 | CPT | | | | outpatient | | | 186 | 3.47 | First Trenton | First Trenton | 167.4 | 90 | | | 1.2 | | 176.7 percent of total billed charges | |
| BKR CHG RBC; AUTOMATED | 85041 | CPT | | | | outpatient | | | 186 | 3.47 | Horizon | Indemnity | 71.2 | 38.28 | | | 1.2 | | 176.7 percent of total billed charges | |
| BKR CHG RBC; AUTOMATED | 85041 | CPT | | | | outpatient | | | 186 | 3.47 | Horizon | PPO | 71.2 | 38.28 | | | 1.2 | | 176.7 percent of total billed charges | |
| BKR CHG RBC; AUTOMATED | 85041 | CPT | | | | outpatient | | | 186 | 3.47 | Managed Care Inc | Managed Care Inc | 167.4 | 90 | | | 1.2 | | 176.7 percent of total billed charges | |
| BKR CHG RBC; AUTOMATED | 85041 | CPT | | | | outpatient | | | 186 | 3.47 | Three Rivers | Three Rivers | 176.7 | 95 | | | 1.2 | | 176.7 percent of total billed charges | |
| BKR CHG RBC; AUTOMATED | 85041 | CPT | | | | outpatient | | | 186 | 3.47 | Wellcare | Medicaid | 1.2 | | | | 1.2 | | 176.7 fee schedule | |
| BKR CHG RETICULOCYTE COUNT | 85044 | CPT | | | | outpatient | | | 20 | 4.96 | Horizon | PPO | 7.66 | 38.28 | | | 3 | | 19 percent of total billed charges | |
| BKR CHG RETICULOCYTE COUNT | 85044 | CPT | | | | outpatient | | | 20 | 4.96 | Americare | Americare | 15 | 75 | | | 3 | | 19 percent of total billed charges | |
| BKR CHG RETICULOCYTE COUNT | 85044 | CPT | | | | outpatient | | | 20 | 4.96 | Aetna | Medicare | 6.16 | 30.8 | | | 3 | | 19 percent of total billed charges | |
| BKR CHG RETICULOCYTE COUNT | 85044 | CPT | | | | outpatient | | | 20 | 4.96 | Aetna | Better Health | 6.31 | 31.55 | | | 3 | | 19 percent of total billed charges | |
| BKR CHG RETICULOCYTE COUNT | 85044 | CPT | | | | outpatient | | | 20 | 4.96 | Amerihealth | HMO/PPO | 6.7 | | | | 3 | | 19 fee schedule | |
| BKR CHG RETICULOCYTE COUNT | 85044 | CPT | | | | outpatient | | | 20 | 4.96 | Consumer | Consumer | 19 | 95 | | | 3 | | 19 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
| BKR CHG RETICULOCYTE COUNT | 85044 | CPT | | | | outpatient | | | 20 | 4.96 | UHC | Medicaid | 3 | | | | 3 | 19 | fee schedule | |
| BKR CHG RETICULOCYTE COUNT | 85044 | CPT | | | | outpatient | | | 20 | 4.96 | Multiplan | Multiplan | 16 | 80 | | | 3 | 19 | percent of total billed charges | |
| BKR CHG RETICULOCYTE COUNT | 85044 | CPT | | | | outpatient | | | 20 | 4.96 | WellPoint | WellPoint | 6.44 | 32.18 | | | 3 | 19 | percent of total billed charges | |
| BKR CHG RETICULOCYTE COUNT | 85044 | CPT | | | | outpatient | | | 20 | 4.96 | Three Rivers | Three Rivers | 19 | 95 | | | 3 | 19 | percent of total billed charges | |
| BKR CHG RETICULOCYTE COUNT | 85044 | CPT | | | | outpatient | | | 20 | 4.96 | Horizon | MGD | 7.66 | 38.28 | | | 3 | 19 | percent of total billed charges | |
| BKR CHG RETICULOCYTE COUNT | 85044 | CPT | | | | outpatient | | | 20 | 4.96 | First Trenton | First Trenton | 18 | 90 | | | 3 | 19 | percent of total billed charges | |
| BKR CHG RETICULOCYTE COUNT | 85044 | CPT | | | | outpatient | | | 20 | 4.96 | Amerihealth | Medicare | 4.31 | | | | 3 | 19 | fee schedule | |
| BKR CHG RETICULOCYTE COUNT | 85044 | CPT | | | | outpatient | | | 20 | 4.96 | Corrections | Corrections | 16 | 80 | | | 3 | 19 | percent of total billed charges | |
| BKR CHG RETICULOCYTE COUNT | 85044 | CPT | | | | outpatient | | | 20 | 4.96 | Wellcare | Medicare | 4.31 | | | | 3 | 19 | fee schedule | |
| BKR CHG RETICULOCYTE COUNT | 85044 | CPT | | | | outpatient | | | 20 | 4.96 | Qualcare | Qualcare | 15 | 75 | | | 3 | 19 | percent of total billed charges | |
| BKR CHG RETICULOCYTE COUNT | 85044 | CPT | | | | outpatient | | | 20 | 4.96 | First Health | First Health | 14 | 70 | | | 3 | 19 | percent of total billed charges | |
| BKR CHG RETICULOCYTE COUNT | 85044 | CPT | | | | outpatient | | | 20 | 4.96 | Horizon | Indemnity | 7.66 | 38.28 | | | 3 | 19 | percent of total billed charges | |
| BKR CHG RETICULOCYTE COUNT | 85044 | CPT | | | | outpatient | | | 20 | 4.96 | Horizon | Medicare Blue | 6 | 30 | | | 3 | 19 | percent of total billed charges | |
| BKR CHG RETICULOCYTE COUNT | 85044 | CPT | | | | outpatient | | | 20 | 4.96 | Horizon | NJ Health | 5.88 | | | | 3 | 19 | fee schedule | |
| BKR CHG RETICULOCYTE COUNT | 85044 | CPT | | | | outpatient | | | 20 | 4.96 | UHC | Medicare | 4.31 | | | | 3 | 19 | fee schedule | |
| BKR CHG RETICULOCYTE COUNT | 85044 | CPT | | | | outpatient | | | 20 | 4.96 | Wellcare | Medicaid | 3 | | | | 3 | 19 | fee schedule | |
| BKR CHG RETICULOCYTE COUNT | 85044 | CPT | | | | outpatient | | | 20 | 4.96 | Managed Care Inc | Managed Care Inc | 18 | 90 | | | 3 | 19 | percent of total billed charges | |
| BKR CHG RETICULOCYTE AUTOMATED | 85045 | CPT | | | | both | | | 43 | 4.59 | Amerihealth | HMO/PPO | 6.3 | | | 5.57 | 3.99 | 40.85 | fee schedule | |
| BKR CHG RETICULOCYTE AUTOMATED | 85045 | CPT | | | | both | | | 43 | 4.59 | Consumer | Consumer | 40.85 | 95 | | | 3.99 | 40.85 | percent of total billed charges | |
| BKR CHG RETICULOCYTE AUTOMATED | 85045 | CPT | | | | both | | | 43 | 4.59 | Three Rivers | Three Rivers | 40.85 | 95 | | | 3.99 | 40.85 | percent of total billed charges | |
| BKR CHG RETICULOCYTE AUTOMATED | 85045 | CPT | | | | both | | | 43 | 4.59 | Horizon | MGD | 16.46 | 38.28 | | 6.8 | 3.99 | 40.85 | percent of total billed charges | |
| BKR CHG RETICULOCYTE AUTOMATED | 85045 | CPT | | | | both | | | 43 | 4.59 | Americare | Americare | 32.25 | 75 | | | 3.99 | 40.85 | percent of total billed charges | |
| BKR CHG RETICULOCYTE AUTOMATED | 85045 | CPT | | | | both | | | 43 | 4.59 | Horizon | PPO | 16.46 | 38.28 | | 9.8 | 3.99 | 40.85 | percent of total billed charges | |
| BKR CHG RETICULOCYTE AUTOMATED | 85045 | CPT | | | | both | | | 43 | 4.59 | Aetna | Better Health | 13.57 | 31.55 | | 9.45 | 3.99 | 40.85 | percent of total billed charges | |
| BKR CHG RETICULOCYTE AUTOMATED | 85045 | CPT | | | | both | | | 43 | 4.59 | Amerihealth | Medicare | 3.99 | | | | 3.99 | 40.85 | fee schedule | |
| BKR CHG RETICULOCYTE AUTOMATED | 85045 | CPT | | | | both | | | 43 | 4.59 | Corrections | Corrections | 34.4 | 80 | | 5.46 | 3.99 | 40.85 | percent of total billed charges | |
| BKR CHG RETICULOCYTE AUTOMATED | 85045 | CPT | | | | both | | | 43 | 4.59 | Wellcare | Medicaid | 4 | | | 9.52 | 3.99 | 40.85 | fee schedule | |
| BKR CHG RETICULOCYTE AUTOMATED | 85045 | CPT | | | | both | | | 43 | 4.59 | Aetna | Medicare | 13.24 | 30.8 | | 2.87 | 3.99 | 40.85 | percent of total billed charges | |
| BKR CHG RETICULOCYTE AUTOMATED | 85045 | CPT | | | | both | | | 43 | 4.59 | First Health | First Health | 30.1 | 70 | | | 3.99 | 40.85 | percent of total billed charges | |
| BKR CHG RETICULOCYTE AUTOMATED | 85045 | CPT | | | | both | | | 43 | 4.59 | Horizon | Medicare Blue | 12.9 | 30 | | 3.98 | 3.99 | 40.85 | percent of total billed charges | |
| BKR CHG RETICULOCYTE AUTOMATED | 85045 | CPT | | | | both | | | 43 | 4.59 | Multiplan | Multiplan | 34.4 | 80 | | | 3.99 | 40.85 | percent of total billed charges | |
| BKR CHG RETICULOCYTE AUTOMATED | 85045 | CPT | | | | both | | | 43 | 4.59 | First Trenton | First Trenton | 38.7 | 90 | | | 3.99 | 40.85 | percent of total billed charges | |
| BKR CHG RETICULOCYTE AUTOMATED | 85045 | CPT | | | | both | | | 43 | 4.59 | Qualcare | Qualcare | 32.25 | 75 | | | 3.99 | 40.85 | percent of total billed charges | |
| BKR CHG RETICULOCYTE AUTOMATED | 85045 | CPT | | | | both | | | 43 | 4.59 | Horizon | Indemnity | 16.46 | 38.28 | | 9.12 | 3.99 | 40.85 | percent of total billed charges | |
| BKR CHG RETICULOCYTE AUTOMATED | 85045 | CPT | | | | both | | | 43 | 4.59 | Horizon | NJ Health | 7.84 | | | 1.85 | 3.99 | 40.85 | fee schedule | |
| BKR CHG RETICULOCYTE AUTOMATED | 85045 | CPT | | | | both | | | 43 | 4.59 | UHC | Medicare | 3.99 | | | 5 | 3.99 | 40.85 | fee schedule | |
| BKR CHG RETICULOCYTE AUTOMATED | 85045 | CPT | | | | both | | | 43 | 4.59 | Managed Care Inc | Managed Care Inc | 38.7 | 90 | | | 3.99 | 40.85 | percent of total billed charges | |
| BKR CHG RETICULOCYTE AUTOMATED | 85045 | CPT | | | | both | | | 43 | 4.59 | WellPoint | WellPoint | 13.84 | 32.18 | | 10.1 | 3.99 | 40.85 | percent of total billed charges | |
| BKR CHG RETICULOCYTE AUTOMATED | 85045 | CPT | | | | both | | | 43 | 4.59 | UHC | Medicaid | 4 | | | 9.97 | 3.99 | 40.85 | fee schedule | |
| BKR CHG RETICULOCYTE AUTOMATED | 85045 | CPT | | | | both | | | 43 | 4.59 | Wellcare | Medicare | 3.99 | | | 1.17 | 3.99 | 40.85 | fee schedule | |
| BKR CHG RECTICULOCYTES PLATELET AUTO | 85049 | CPT | | | | both | | | 43 | 5.15 | Amerihealth | HMO/PPO | 7 | | | | 4.48 | 40.85 | fee schedule | |
| BKR CHG RECTICULOCYTES PLATELET AUTO | 85049 | CPT | | | | both | | | 43 | 5.15 | Aetna | Better Health | 13.57 | 31.55 | | | 4.48 | 40.85 | percent of total billed charges | |
| BKR CHG RECTICULOCYTES PLATELET AUTO | 85049 | CPT | | | | both | | | 43 | 5.15 | Corrections | Corrections | 34.4 | 80 | | 7.5 | 4.48 | 40.85 | percent of total billed charges | |
| BKR CHG RECTICULOCYTES PLATELET AUTO | 85049 | CPT | | | | both | | | 43 | 5.15 | Aetna | Medicare | 13.24 | 30.8 | | 3.51 | 4.48 | 40.85 | percent of total billed charges | |
| BKR CHG RECTICULOCYTES PLATELET AUTO | 85049 | CPT | | | | both | | | 43 | 5.15 | Horizon | Medicare Blue | 12.9 | 30 | | 4.25 | 4.48 | 40.85 | percent of total billed charges | |
| BKR CHG RECTICULOCYTES PLATELET AUTO | 85049 | CPT | | | | both | | | 43 | 5.15 | Consumer | Consumer | 40.85 | 95 | | | 4.48 | 40.85 | percent of total billed charges | |
| BKR CHG RECTICULOCYTES PLATELET AUTO | 85049 | CPT | | | | both | | | 43 | 5.15 | First Trenton | First Trenton | 38.7 | 90 | | | 4.48 | 40.85 | percent of total billed charges | |
| BKR CHG RECTICULOCYTES PLATELET AUTO | 85049 | CPT | | | | both | | | 43 | 5.15 | Americare | Americare | 32.25 | 75 | | | 4.48 | 40.85 | percent of total billed charges | |
| BKR CHG RECTICULOCYTES PLATELET AUTO | 85049 | CPT | | | | both | | | 43 | 5.15 | Amerihealth | Medicare | 4.48 | | | | 4.48 | 40.85 | fee schedule | |
| BKR CHG RECTICULOCYTES PLATELET AUTO | 85049 | CPT | | | | both | | | 43 | 5.15 | Aetna | Commercial | 16.34 | 38 | | | 4.48 | 40.85 | percent of total billed charges | |
| BKR CHG RECTICULOCYTES PLATELET AUTO | 85049 | CPT | | | | both | | | 43 | 5.15 | Managed Care Inc | Managed Care Inc | 38.7 | 90 | | | 4.48 | 40.85 | percent of total billed charges | |
| BKR CHG RECTICULOCYTES PLATELET AUTO | 85049 | CPT | | | | both | | | 43 | 5.15 | Horizon | Indemnity | 16.46 | 38.28 | | 7.94 | 4.48 | 40.85 | percent of total billed charges | |
| BKR CHG RECTICULOCYTES PLATELET AUTO | 85049 | CPT | | | | both | | | 43 | 5.15 | Horizon | MGD | 16.46 | 38.28 | | | 4.48 | 40.85 | percent of total billed charges | |
| BKR CHG RECTICULOCYTES PLATELET AUTO | 85049 | CPT | | | | both | | | 43 | 5.15 | UHC | Medicaid | 5 | | | | 4.48 | 40.85 | fee schedule | |
| BKR CHG RECTICULOCYTES PLATELET AUTO | 85049 | CPT | | | | both | | | 43 | 5.15 | Three Rivers | Three Rivers | 40.85 | 95 | | | 4.48 | 40.85 | percent of total billed charges | |
| BKR CHG RECTICULOCYTES PLATELET AUTO | 85049 | CPT | | | | both | | | 43 | 5.15 | Horizon | PPO | 16.46 | 38.28 | | 1.4 | 4.48 | 40.85 | percent of total billed charges | |
| BKR CHG RECTICULOCYTES PLATELET AUTO | 85049 | CPT | | | | both | | | 43 | 5.15 | First Health | First Health | 30.1 | 70 | | | 4.48 | 40.85 | percent of total billed charges | |
| BKR CHG RECTICULOCYTES PLATELET AUTO | 85049 | CPT | | | | both | | | 43 | 5.15 | Wellcare | Medicare | 4.48 | | | | 4.48 | 40.85 | fee schedule | |
| BKR CHG RECTICULOCYTES PLATELET AUTO | 85049 | CPT | | | | both | | | 43 | 5.15 | UHC | Medicare | 4.48 | | | 6.75 | 4.48 | 40.85 | fee schedule | |
| BKR CHG RECTICULOCYTES PLATELET AUTO | 85049 | CPT | | | | both | | | 43 | 5.15 | Multiplan | Multiplan | 34.4 | 80 | | | 4.48 | 40.85 | percent of total billed charges | |
| BKR CHG RECTICULOCYTES PLATELET AUTO | 85049 | CPT | | | | both | | | 43 | 5.15 | Horizon | NJ Health | 9.8 | | | 19.91 | 4.48 | 40.85 | fee schedule | |
| BKR CHG RECTICULOCYTES PLATELET AUTO | 85049 | CPT | | | | both | | | 43 | 5.15 | Wellcare | Medicaid | 5 | | | 3.34 | 4.48 | 40.85 | fee schedule | |
| BKR CHG RECTICULOCYTES PLATELET AUTO | 85049 | CPT | | | | both | | | 43 | 5.15 | WellPoint | WellPoint | 13.84 | 32.18 | | 5.28 | 4.48 | 40.85 | percent of total billed charges | |
| BKR CHG RECTICULOCYTES PLATELET AUTO | 85049 | CPT | | | | both | | | 43 | 5.15 | Qualcare | Qualcare | 32.25 | 75 | | | 4.48 | 40.85 | percent of total billed charges | |
| BKR CHG BLD SMEAR PERIPHERAL INTERP | 85060 | CPT | | | | outpatient | | | 144 | | Corrections | Corrections | 115.2 | 80 | | | 8 | 136.8 | percent of total billed charges | |
| BKR CHG BLD SMEAR PERIPHERAL INTERP | 85060 | CPT | | | | outpatient | | | 144 | | First Trenton | First Trenton | 129.6 | 90 | | | 8 | 136.8 | percent of total billed charges | |
| BKR CHG BLD SMEAR PERIPHERAL INTERP | 85060 | CPT | | | | outpatient | | | 144 | | Horizon | Indemnity | 55.12 | 38.28 | | | 8 | 136.8 | percent of total billed charges | |
| BKR CHG BLD SMEAR PERIPHERAL INTERP | 85060 | CPT | | | | outpatient | | | 144 | | First Health | First Health | 100.8 | 70 | | | 8 | 136.8 | percent of total billed charges | |
| BKR CHG BLD SMEAR PERIPHERAL INTERP | 85060 | CPT | | | | outpatient | | | 144 | | Aetna | Better Health | 45.43 | 31.55 | | | 8 | 136.8 | percent of total billed charges | |
| BKR CHG BLD SMEAR PERIPHERAL INTERP | 85060 | CPT | | | | outpatient | | | 144 | | Americare | Americare | 108 | 75 | | | 8 | 136.8 | percent of total billed charges | |
| BKR CHG BLD SMEAR PERIPHERAL INTERP | 85060 | CPT | | | | outpatient | | | 144 | | Multiplan | Multiplan | 115.2 | 80 | | | 8 | 136.8 | percent of total billed charges | |
| BKR CHG BLD SMEAR PERIPHERAL INTERP | 85060 | CPT | | | | outpatient | | | 144 | | Aetna | Commercial | 54.72 | 38 | | | 8 | 136.8 | percent of total billed charges | |
| BKR CHG BLD SMEAR PERIPHERAL INTERP | 85060 | CPT | | | | outpatient | | | 144 | | WellPoint | WellPoint | 46.34 | 32.18 | | | 8 | 136.8 | percent of total billed charges | |
| BKR CHG BLD SMEAR PERIPHERAL INTERP | 85060 | CPT | | | | outpatient | | | 144 | | Horizon | PPO | 55.12 | 38.28 | | | 8 | 136.8 | percent of total billed charges | |
| BKR CHG BLD SMEAR PERIPHERAL INTERP | 85060 | CPT | | | | outpatient | | | 144 | | Qualcare | Qualcare | 108 | 75 | | | 8 | 136.8 | percent of total billed charges | |
| BKR CHG BLD SMEAR PERIPHERAL INTERP | 85060 | CPT | | | | outpatient | | | 144 | | Aetna | Medicare | 44.35 | 30.8 | | | 8 | 136.8 | percent of total billed charges | |
| BKR CHG BLD SMEAR PERIPHERAL INTERP | 85060 | CPT | | | | outpatient | | | 144 | | Consumer | Consumer | 136.8 | 95 | | | 8 | 136.8 | percent of total billed charges | |
| BKR CHG BLOOD SMEAR INTER BY DR WI REPORT | 85060 | CPT | | | | outpatient | | | 144 | | Amerihealth | HMO/PPO | 25 | | | | 8 | 136.8 | fee schedule | |
| BKR CHG BLD SMEAR PERIPHERAL INTERP | 85060 | CPT | | | | outpatient | | | 144 | | Horizon | Medicare Blue | 43.2 | 30 | | | 8 | 136.8 | percent of total billed charges | |
| BKR CHG BLD SMEAR PERIPHERAL INTERP | 85060 | CPT | | | | outpatient | | | 144 | | Horizon | MGD | 55.12 | 38.28 | | | 8 | 136.8 | percent of total billed charges | |
| BKR CHG BLOOD SMEAR INTER BY DR WI REPORT | 85060 | CPT | | | | outpatient | | | 144 | | Horizon | NJ Health | 15.68 | | | | 8 | 136.8 | fee schedule | |
| BKR CHG BLD SMEAR PERIPHERAL INTERP | 85060 | CPT | | | | outpatient | | | 144 | | Managed Care Inc | Managed Care Inc | 129.6 | 90 | | | 8 | 136.8 | percent of total billed charges | |
| BKR CHG BLD SMEAR PERIPHERAL INTERP | 85060 | CPT | | | | outpatient | | | 144 | | Three Rivers | Three Rivers | 136.8 | 95 | | | 8 | 136.8 | percent of total billed charges | |
| BKR CHG BLOOD SMEAR INTER BY DR WI REPORT | 85060 | CPT | | | | outpatient | | | 144 | | UHC | Medicaid | 8 | | | | 8 | 136.8 | fee schedule | |
| BKR CHG BLOOD SMEAR INTER BY DR WI REPORT | 85060 | CPT | | | | outpatient | | | 144 | | Wellcare | Medicaid | 8 | | | | 8 | 136.8 | fee schedule | |
| BKR CHG BONE MARROW/SMEAR INTERP | 85097 | CPT | | | | both | | | 1964 | 1130.94 | Aetna | Medicare | 983.43 | | | | 24 | 1902.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG BONE MARROW/SMEAR INTERP | 85097 | CPT | | | | both | | | 1964 | 1130.94 | Consumer | Consumer | 1865.8 | 95 | | | 24 | 1902.94 | percent of total billed charges | |
| BKR CHG BONE MARROW/SMEAR INTERP | 85097 | CPT | | | | both | | | 1964 | 1130.94 | Multiplan | Multiplan | 1571.2 | 80 | | | 24 | 1902.94 | percent of total billed charges | |
| BKR CHG BONE MARROW/SMEAR INTERP | 85097 | CPT | | | | both | | | 1964 | 1130.94 | Wellcare | Medicaid | 24 | | | 37.71 | 24 | 1902.94 | fee schedule | |
| BKR CHG BONE MARROW/SMEAR INTERP | 85097 | CPT | | | | both | | | 1964 | 1130.94 | Americare | Americare | 1473 | 75 | | | 24 | 1902.94 | percent of total billed charges | |
| BKR CHG BONE MARROW/SMEAR INTERP | 85097 | CPT | | | | both | | | 1964 | 1130.94 | Aetna | Better Health | 619.64 | 31.55 | | | 24 | 1902.94 | percent of total billed charges | |
| BKR CHG BONE MARROW/SMEAR INTERP | 85097 | CPT | | | | both | | | 1964 | 1130.94 | Corrections | Corrections | 1571.2 | 80 | | | 24 | 1902.94 | percent of total billed charges | |
| BKR CHG BONE MARROW/SMEAR INTERP | 85097 | CPT | | | | both | | | 1964 | 1130.94 | Aetna | Commercial | 1604.96 | | | | 24 | 1902.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG BONE MARROW/SMEAR INTERP | 85097 | CPT | | | | both | | | 1964 | 1130.94 | Amerihealth | HMO/PPO | 53 | | | | 24 | 1902.94 | fee schedule | |
| BKR CHG BONE MARROW/SMEAR INTERP | 85097 | CPT | | | | both | | | 1964 | 1130.94 | First Health | First Health | 1374.8 | 70 | | | 24 | 1902.94 | percent of total billed charges | |
| BKR CHG BONE MARROW/SMEAR INTERP | 85097 | CPT | | | | both | | | 1964 | 1130.94 | Qualcare | Qualcare | 1473 | 75 | | | 24 | 1902.94 | percent of total billed charges | |
| BKR CHG BONE MARROW/SMEAR INTERP | 85097 | CPT | | | | both | | | 1964 | 1130.94 | Horizon | Medicare Blue | 983.43 | | | | 24 | 1902.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG BONE MARROW/SMEAR INTERP | 85097 | CPT | | | | both | | | 1964 | 1130.94 | First Trenton | First Trenton | 1767.6 | 90 | | | 24 | 1902.94 | percent of total billed charges | |
| BKR CHG BONE MARROW/SMEAR INTERP | 85097 | CPT | | | | both | | | 1964 | 1130.94 | Horizon | MGD | 1902.94 | | | | 24 | 1902.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG BONE MARROW/SMEAR INTERP | 85097 | CPT | | | | both | | | 1964 | 1130.94 | Horizon | Indemnity | 1902.94 | | | 71.71 | 24 | 1902.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG BONE MARROW/SMEAR INTERP | 85097 | CPT | | | | both | | | 1964 | 1130.94 | UHC | Medicaid | 24 | | | | 24 | 1902.94 | fee schedule | |
| BKR CHG BONE MARROW/SMEAR INTERP | 85097 | CPT | | | | both | | | 1964 | 1130.94 | Wellcare | Medicare | 983.43 | | | | 24 | 1902.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG BONE MARROW/SMEAR INTERP | 85097 | CPT | | | | both | | | 1964 | 1130.94 | Horizon | NJ Health | 47.04 | | | 2.4 | 24 | 1902.94 | fee schedule | |
| BKR CHG BONE MARROW/SMEAR INTERP | 85097 | CPT | | | | both | | | 1964 | 1130.94 | Horizon | PPO | 1902.94 | | | | 24 | 1902.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG BONE MARROW/SMEAR INTERP | 85097 | CPT | | | | both | | | 1964 | 1130.94 | UHC | Medicare | 983.43 | | | | 24 | 1902.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG BONE MARROW/SMEAR INTERP | 85097 | CPT | | | | both | | | 1964 | 1130.94 | Managed Care Inc | Managed Care Inc | 1767.6 | 90 | | | 24 | 1902.94 | percent of total billed charges | |
| BKR CHG BONE MARROW/SMEAR INTERP | 85097 | CPT | | | | both | | | 1964 | 1130.94 | WellPoint | WellPoint | 632.02 | 32.18 | | | 24 | 1902.94 | percent of total billed charges | |
| BKR CHG BONE MARROW/SMEAR INTERP | 85097 | CPT | | | | both | | | 1964 | 1130.94 | Three Rivers | Three Rivers | 1865.8 | 95 | | | 24 | 1902.94 | percent of total billed charges | |
| BKR CHG FACTOR II | 85210 | CPT | | | | both | | | 140 | 14.93 | Aetna | Medicare | 43.12 | 30.8 | | | 3 | 133 | percent of total billed charges | |
| BKR CHG FACTOR II | 85210 | CPT | | | | both | | | 140 | 14.93 | Amerihealth | HMO/PPO | 8 | | | | 3 | 133 | fee schedule | |
| BKR CHG FACTOR II | 85210 | CPT | | | | both | | | 140 | 14.93 | Aetna | Better Health | 44.17 | 31.55 | | | 3 | 133 | percent of total billed charges | |
| BKR CHG FACTOR II | 85210 | CPT | | | | both | | | 140 | 14.93 | Horizon | MGD | 53.59 | 38.28 | | | 3 | 133 | percent of total billed charges | |
| BKR CHG FACTOR II | 85210 | CPT | | | | both | | | 140 | 14.93 | UHC | Medicare | 12.98 | | | | 3 | 133 | fee schedule | |
| BKR CHG FACTOR II | 85210 | CPT | | | | both | | | 140 | 14.93 | Horizon | Indemnity | 53.59 | 38.28 | | | 3 | 133 | percent of total billed charges | |
| BKR CHG FACTOR II | 85210 | CPT | | | | both | | | 140 | 14.93 | First Health | First Health | 98 | 70 | | | 3 | 133 | percent of total billed charges | |
| BKR CHG FACTOR II | 85210 | CPT | | | | both | | | 140 | 14.93 | Corrections | Corrections | 112 | 80 | | | 3 | 133 | percent of total billed charges | |
| BKR CHG FACTOR II | 85210 | CPT | | | | both | | | 140 | 14.93 | WellPoint | WellPoint | 45.05 | 32.18 | | | 3 | 133 | percent of total billed charges | |
| BKR CHG FACTOR II | 85210 | CPT | | | | both | | | 140 | 14.93 | Amerihealth | Medicare | 12.98 | | | | 3 | 133 | fee schedule | |
| BKR CHG FACTOR II | 85210 | CPT | | | | both | | | 140 | 14.93 | Americare | Americare | 105 | 75 | | | 3 | 133 | percent of total billed charges | |
| BKR CHG FACTOR II | 85210 | CPT | | | | both | | | 140 | 14.93 | Qualcare | Qualcare | 105 | 75 | | | 3 | 133 | percent of total billed charges | |
| BKR CHG FACTOR II | 85210 | CPT | | | | both | | | 140 | 14.93 | Multiplan | Multiplan | 112 | 80 | | | 3 | 133 | percent of total billed charges | |
| BKR CHG FACTOR II | 85210 | CPT | | | | both | | | 140 | 14.93 | Horizon | PPO | 53.59 | 38.28 | | | 3 | 133 | percent of total billed charges | |
| BKR CHG FACTOR II | 85210 | CPT | | | | both | | | 140 | 14.93 | Consumer | Consumer | 133 | 95 | | | 3 | 133 | percent of total billed charges | |
| BKR CHG FACTOR II | 85210 | CPT | | | | both | | | 140 | 14.93 | First Trenton | First Trenton | 126 | 90 | | | 3 | 133 | percent of total billed charges | |
| BKR CHG FACTOR II | 85210 | CPT | | | | both | | | 140 | 14.93 | UHC | Medicaid | 3 | | | | 3 | 133 | fee schedule | |
| BKR CHG FACTOR II | 85210 | CPT | | | | both | | | 140 | 14.93 | Three Rivers | Three Rivers | 133 | 95 | | | 3 | 133 | percent of total billed charges | |
| BKR CHG FACTOR II | 85210 | CPT | | | | both | | | 140 | 14.93 | Wellcare | Medicare | 12.98 | | | | 3 | 133 | fee schedule | |
| BKR CHG FACTOR II | 85210 | CPT | | | | both | | | 140 | 14.93 | Horizon | Medicare Blue | 42 | 30 | | | 3 | 133 | percent of total billed charges | |
| BKR CHG FACTOR II | 85210 | CPT | | | | both | | | 140 | 14.93 | Wellcare | Medicaid | 3 | | | | 3 | 133 | fee schedule | |
| BKR CHG FACTOR II | 85210 | CPT | | | | both | | | 140 | 14.93 | Horizon | NJ Health | 6.47 | | | 2.59 | 3 | 133 | fee schedule | |
| BKR CHG FACTOR II | 85210 | CPT | | | | both | | | 140 | 14.93 | Managed Care Inc | Managed Care Inc | 126 | 90 | | | 3 | 133 | percent of total billed charges | |
| BKR CHG FACTOR V ASSAY | 85220 | CPT | | | | both | | | 160 | 20.3 | Aetna | Medicare | 49.28 | 30.8 | | | 17.65 | 152 | percent of total billed charges | |
| BKR CHG FACTOR V ASSAY | 85220 | CPT | | | | both | | | 160 | 20.3 | Aetna | Better Health | 50.48 | 31.55 | | | 17.65 | 152 | percent of total billed charges | |
| BKR CHG FACTOR V ASSAY | 85220 | CPT | | | | both | | | 160 | 20.3 | Americare | Americare | 120 | 75 | | | 17.65 | 152 | percent of total billed charges | |
| BKR CHG FACTOR V ASSAY | 85220 | CPT | | | | both | | | 160 | 20.3 | Corrections | Corrections | 128 | 80 | | | 17.65 | 152 | percent of total billed charges | |
| BKR CHG FACTOR V ASSAY | 85220 | CPT | | | | both | | | 160 | 20.3 | Amerihealth | Medicare | 17.65 | | | | 17.65 | 152 | fee schedule | |
| BKR CHG FACTOR V ASSAY | 85220 | CPT | | | | both | | | 160 | 20.3 | First Health | First Health | 112 | 70 | | | 17.65 | 152 | percent of total billed charges | |
| BKR CHG FACTOR V ASSAY | 85220 | CPT | | | | both | | | 160 | 20.3 | UHC | Medicaid | 24 | | | | 17.65 | 152 | fee schedule | |
| BKR CHG FACTOR V ASSAY | 85220 | CPT | | | | both | | | 160 | 20.3 | Consumer | Consumer | 152 | 95 | | | 17.65 | 152 | percent of total billed charges | |
| BKR CHG FACTOR V ASSAY | 85220 | CPT | | | | both | | | 160 | 20.3 | Amerihealth | HMO/PPO | 26.7 | | | | 17.65 | 152 | fee schedule | |
| BKR CHG FACTOR V ASSAY | 85220 | CPT | | | | both | | | 160 | 20.3 | Horizon | Medicare Blue | 48 | 30 | | | 17.65 | 152 | percent of total billed charges | |
| BKR CHG FACTOR V ASSAY | 85220 | CPT | | | | both | | | 160 | 20.3 | Wellcare | Medicare | 17.65 | | | | 17.65 | 152 | fee schedule | |
| BKR CHG FACTOR V ASSAY | 85220 | CPT | | | | both | | | 160 | 20.3 | Horizon | Indemnity | 61.25 | 38.28 | | | 17.65 | 152 | percent of total billed charges | |
| BKR CHG FACTOR V ASSAY | 85220 | CPT | | | | both | | | 160 | 20.3 | First Trenton | First Trenton | 144 | 90 | | | 17.65 | 152 | percent of total billed charges | |
| BKR CHG FACTOR V ASSAY | 85220 | CPT | | | | both | | | 160 | 20.3 | Multiplan | Multiplan | 128 | 80 | | | 17.65 | 152 | percent of total billed charges | |
| BKR CHG FACTOR V ASSAY | 85220 | CPT | | | | both | | | 160 | 20.3 | Horizon | MGD | 61.25 | 38.28 | | | 17.65 | 152 | percent of total billed charges | |
| BKR CHG FACTOR V ASSAY | 85220 | CPT | | | | both | | | 160 | 20.3 | Horizon | NJ Health | 56.06 | | | | 17.65 | 152 | fee schedule | |
| BKR CHG FACTOR V ASSAY | 85220 | CPT | | | | both | | | 160 | 20.3 | Horizon | PPO | 61.25 | 38.28 | | | 17.65 | 152 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG FACTOR V ASSAY | 85220 | CPT | | | | both | | | 160 | 20.3 | WellPoint | WellPoint | 51.49 | 32.18 | | | 17.65 | | 152 percent of total billed charges | |
| BKR CHG FACTOR V ASSAY | 85220 | CPT | | | | both | | | 160 | 20.3 | Managed Care Inc | Managed Care Inc | 144 | 90 | | | 17.65 | | 152 percent of total billed charges | |
| BKR CHG FACTOR V ASSAY | 85220 | CPT | | | | both | | | 160 | 20.3 | Wellcare | Medicaid | 24 | | | | 17.65 | | 152 fee schedule | |
| BKR CHG FACTOR V ASSAY | 85220 | CPT | | | | both | | | 160 | 20.3 | Qualcare | Qualcare | 120 | 75 | | | 17.65 | | 152 percent of total billed charges | |
| BKR CHG FACTOR V ASSAY | 85220 | CPT | | | | both | | | 160 | 20.3 | Three Rivers | Three Rivers | 152 | 95 | | | 17.65 | | 152 percent of total billed charges | |
| BKR CHG FACTOR V ASSAY | 85220 | CPT | | | | both | | | 160 | 20.3 | UHC | Medicare | 17.65 | | | | 17.65 | | 152 fee schedule | |
| BKR CHG FACTOR VII ASSAY | 85230 | CPT | | | | both | | | 161 | 20.59 | Consumer | Consumer | 152.95 | 95 | | | 17.9 | | 152.95 percent of total billed charges | |
| BKR CHG FACTOR VII ASSAY | 85230 | CPT | | | | both | | | 161 | 20.59 | Amerihealth | HMO/PPO | 25.1 | | | 29.05 | 17.9 | | 152.95 fee schedule | |
| BKR CHG FACTOR VII ASSAY | 85230 | CPT | | | | both | | | 161 | 20.59 | Horizon | NJ Health | 47.04 | | | 5.61 | 17.9 | | 152.95 fee schedule | |
| BKR CHG FACTOR VII ASSAY | 85230 | CPT | | | | both | | | 161 | 20.59 | Horizon | Medicare Blue | 48.3 | 30 | | | 17.9 | | 152.95 percent of total billed charges | |
| BKR CHG FACTOR VII ASSAY | 85230 | CPT | | | | both | | | 161 | 20.59 | Aetna | Better Health | 50.8 | 31.55 | | | 17.9 | | 152.95 percent of total billed charges | |
| BKR CHG FACTOR VII ASSAY | 85230 | CPT | | | | both | | | 161 | 20.59 | Amerihealth | Medicare | 17.9 | | | | 17.9 | | 152.95 fee schedule | |
| BKR CHG FACTOR VII ASSAY | 85230 | CPT | | | | both | | | 161 | 20.59 | Aetna | Medicare | 49.99 | 30.8 | | | 17.9 | | 152.95 percent of total billed charges | |
| BKR CHG FACTOR VII ASSAY | 85230 | CPT | | | | both | | | 161 | 20.59 | Americare | Americare | 120.75 | 75 | | | 17.9 | | 152.95 percent of total billed charges | |
| BKR CHG FACTOR VII ASSAY | 85230 | CPT | | | | both | | | 161 | 20.59 | Corrections | Corrections | 128.8 | 80 | | | 17.9 | | 152.95 percent of total billed charges | |
| BKR CHG FACTOR VII ASSAY | 85230 | CPT | | | | both | | | 161 | 20.59 | Horizon | MGD | 61.63 | 38.28 | | | 17.9 | | 152.95 percent of total billed charges | |
| BKR CHG FACTOR VII ASSAY | 85230 | CPT | | | | both | | | 161 | 20.59 | Multiplan | Multiplan | 128.8 | 80 | | | 17.9 | | 152.95 percent of total billed charges | |
| BKR CHG FACTOR VII ASSAY | 85230 | CPT | | | | both | | | 161 | 20.59 | Wellcare | Medicaid | 24 | | | | 17.9 | | 152.95 fee schedule | |
| BKR CHG FACTOR VII ASSAY | 85230 | CPT | | | | both | | | 161 | 20.59 | First Health | First Health | 112.7 | 70 | | | 17.9 | | 152.95 percent of total billed charges | |
| BKR CHG FACTOR VII ASSAY | 85230 | CPT | | | | both | | | 161 | 20.59 | UHC | Medicare | 17.9 | | | | 17.9 | | 152.95 fee schedule | |
| BKR CHG FACTOR VII ASSAY | 85230 | CPT | | | | both | | | 161 | 20.59 | Qualcare | Qualcare | 120.75 | 75 | | | 17.9 | | 152.95 percent of total billed charges | |
| BKR CHG FACTOR VII ASSAY | 85230 | CPT | | | | both | | | 161 | 20.59 | UHC | Medicaid | 24 | | | | 17.9 | | 152.95 fee schedule | |
| BKR CHG FACTOR VII ASSAY | 85230 | CPT | | | | both | | | 161 | 20.59 | Managed Care Inc | Managed Care Inc | 144.9 | 90 | | | 17.9 | | 152.95 percent of total billed charges | |
| BKR CHG FACTOR VII ASSAY | 85230 | CPT | | | | both | | | 161 | 20.59 | Wellcare | Medicare | 17.9 | | | | 17.9 | | 152.95 fee schedule | |
| BKR CHG FACTOR VII ASSAY | 85230 | CPT | | | | both | | | 161 | 20.59 | First Trenton | First Trenton | 144.9 | 90 | | | 17.9 | | 152.95 percent of total billed charges | |
| BKR CHG FACTOR VII ASSAY | 85230 | CPT | | | | both | | | 161 | 20.59 | WellPoint | WellPoint | 51.81 | 32.18 | | | 17.9 | | 152.95 percent of total billed charges | |
| BKR CHG FACTOR VII ASSAY | 85230 | CPT | | | | both | | | 161 | 20.59 | Horizon | Indemnity | 61.63 | 38.28 | | | 17.9 | | 152.95 percent of total billed charges | |
| BKR CHG FACTOR VII ASSAY | 85230 | CPT | | | | both | | | 161 | 20.59 | Horizon | PPO | 61.63 | 38.28 | | | 17.9 | | 152.95 percent of total billed charges | |
| BKR CHG FACTOR VII ASSAY | 85230 | CPT | | | | both | | | 161 | 20.59 | Three Rivers | Three Rivers | 152.95 | 95 | | | 17.9 | | 152.95 percent of total billed charges | |
| BKR CHG FACTOR VIII(AHG) 1-STAGE | 85240 | CPT | | | | both | | | 714 | 20.59 | Americare | Americare | 535.5 | 75 | | | 17.4 | | 678.3 percent of total billed charges | |
| BKR CHG FACTOR VIII(AHG) 1-STAGE | 85240 | CPT | | | | both | | | 714 | 20.59 | Amerihealth | HMO/PPO | 27.2 | | | | 17.4 | | 678.3 fee schedule | |
| BKR CHG FACTOR VIII(AHG) 1-STAGE | 85240 | CPT | | | | both | | | 714 | 20.59 | First Trenton | First Trenton | 642.6 | 90 | | | 17.4 | | 678.3 percent of total billed charges | |
| BKR CHG FACTOR VIII(AHG) 1-STAGE | 85240 | CPT | | | | both | | | 714 | 20.59 | Corrections | Corrections | 571.2 | 80 | | | 17.4 | | 678.3 percent of total billed charges | |
| BKR CHG FACTOR VIII(AHG) 1-STAGE | 85240 | CPT | | | | both | | | 714 | 20.59 | Consumer | Consumer | 678.3 | 95 | | | 17.4 | | 678.3 percent of total billed charges | |
| BKR CHG FACTOR VIII(AHG) 1-STAGE | 85240 | CPT | | | | both | | | 714 | 20.59 | Aetna | Better Health | 225.27 | 31.55 | | | 17.4 | | 678.3 percent of total billed charges | |
| BKR CHG FACTOR VIII(AHG) 1-STAGE | 85240 | CPT | | | | both | | | 714 | 20.59 | Horizon | Indemnity | 273.32 | 38.28 | | | 17.4 | | 678.3 percent of total billed charges | |
| BKR CHG FACTOR VIII(AHG) 1-STAGE | 85240 | CPT | | | | both | | | 714 | 20.59 | Aetna | Commercial | 271.32 | 38 | | | 17.4 | | 678.3 percent of total billed charges | |
| BKR CHG FACTOR VIII(AHG) 1-STAGE | 85240 | CPT | | | | both | | | 714 | 20.59 | Multiplan | Multiplan | 571.2 | 80 | | | 17.4 | | 678.3 percent of total billed charges | |
| BKR CHG FACTOR VIII(AHG) 1-STAGE | 85240 | CPT | | | | both | | | 714 | 20.59 | Amerihealth | Medicare | 17.9 | | | | 17.4 | | 678.3 fee schedule | |
| BKR CHG FACTOR VIII(AHG) 1-STAGE | 85240 | CPT | | | | both | | | 714 | 20.59 | Horizon | Medicare Blue | 214.2 | 30 | | 12.03 | 17.4 | | 678.3 percent of total billed charges | |
| BKR CHG FACTOR VIII(AHG) 1-STAGE | 85240 | CPT | | | | both | | | 714 | 20.59 | UHC | Medicare | 17.9 | | | 18.59 | 17.4 | | 678.3 fee schedule | |
| BKR CHG FACTOR VIII(AHG) 1-STAGE | 85240 | CPT | | | | both | | | 714 | 20.59 | Horizon | NJ Health | 47.04 | | | 1.47 | 17.4 | | 678.3 fee schedule | |
| BKR CHG FACTOR VIII(AHG) 1-STAGE | 85240 | CPT | | | | both | | | 714 | 20.59 | First Health | First Health | 499.8 | 70 | | | 17.4 | | 678.3 percent of total billed charges | |
| BKR CHG FACTOR VIII(AHG) 1-STAGE | 85240 | CPT | | | | both | | | 714 | 20.59 | Qualcare | Qualcare | 535.5 | 75 | | | 17.4 | | 678.3 percent of total billed charges | |
| BKR CHG FACTOR VIII(AHG) 1-STAGE | 85240 | CPT | | | | both | | | 714 | 20.59 | Aetna | Medicare | 219.91 | 30.8 | | | 17.4 | | 678.3 percent of total billed charges | |
| BKR CHG FACTOR VIII(AHG) 1-STAGE | 85240 | CPT | | | | both | | | 714 | 20.59 | Horizon | PPO | 273.32 | 38.28 | | | 17.4 | | 678.3 percent of total billed charges | |
| BKR CHG FACTOR VIII(AHG) 1-STAGE | 85240 | CPT | | | | both | | | 714 | 20.59 | UHC | Medicaid | 24 | | | 33.15 | 17.4 | | 678.3 fee schedule | |
| BKR CHG FACTOR VIII(AHG) 1-STAGE | 85240 | CPT | | | | both | | | 714 | 20.59 | Managed Care Inc | Managed Care Inc | 642.6 | 90 | | | 17.4 | | 678.3 percent of total billed charges | |
| BKR CHG FACTOR VIII(AHG) 1-STAGE | 85240 | CPT | | | | both | | | 714 | 20.59 | Wellcare | Medicare | 17.9 | | | | 17.4 | | 678.3 fee schedule | |
| BKR CHG FACTOR VIII(AHG) 1-STAGE | 85240 | CPT | | | | both | | | 714 | 20.59 | Three Rivers | Three Rivers | 678.3 | 95 | | | 17.4 | | 678.3 percent of total billed charges | |
| BKR CHG FACTOR VIII(AHG) 1-STAGE | 85240 | CPT | | | | both | | | 714 | 20.59 | Horizon | MGD | 273.32 | 38.28 | | | 17.4 | | 678.3 percent of total billed charges | |
| BKR CHG FACTOR VIII(AHG) 1-STAGE | 85240 | CPT | | | | both | | | 714 | 20.59 | Wellcare | Medicaid | 24 | | | | 17.4 | | 678.3 fee schedule | |
| BKR CHG FACTOR VIII(AHG) 1-STAGE | 85240 | CPT | | | | both | | | 714 | 20.59 | WellPoint | WellPoint | 229.77 | 32.18 | | 37.7 | 17.4 | | 678.3 percent of total billed charges | |
| BKR CHG VWF ACTIVITY | 85245 | CPT | | | | both | | | 370 | 26.38 | Aetna | Medicare | 113.96 | 30.8 | | | 10 | | 351.5 percent of total billed charges | |
| BKR CHG VWF ACTIVITY | 85245 | CPT | | | | both | | | 370 | 26.38 | Amerihealth | HMO/PPO | 35.8 | | | | 10 | | 351.5 fee schedule | |
| BKR CHG VWF ACTIVITY | 85245 | CPT | | | | both | | | 370 | 26.38 | Horizon | Indemnity | 141.64 | 38.28 | | | 10 | | 351.5 percent of total billed charges | |
| BKR CHG VWF ACTIVITY | 85245 | CPT | | | | both | | | 370 | 26.38 | First Trenton | First Trenton | 333 | 90 | | | 10 | | 351.5 percent of total billed charges | |
| BKR CHG VWF ACTIVITY | 85245 | CPT | | | | both | | | 370 | 26.38 | Horizon | NJ Health | 19.6 | | | 1.51 | 10 | | 351.5 fee schedule | |
| BKR CHG VWF ACTIVITY | 85245 | CPT | | | | both | | | 370 | 26.38 | Aetna | Better Health | 116.74 | 31.55 | | 23.15 | 10 | | 351.5 percent of total billed charges | |
| BKR CHG VWF ACTIVITY | 85245 | CPT | | | | both | | | 370 | 26.38 | Americare | Americare | 277.5 | 75 | | | 10 | | 351.5 percent of total billed charges | |
| BKR CHG VWF ACTIVITY | 85245 | CPT | | | | both | | | 370 | 26.38 | Amerihealth | Medicare | 22.94 | | | | 10 | | 351.5 fee schedule | |
| BKR CHG VWF ACTIVITY | 85245 | CPT | | | | both | | | 370 | 26.38 | Horizon | PPO | 141.64 | 38.28 | | 45.75 | 10 | | 351.5 percent of total billed charges | |
| BKR CHG VWF ACTIVITY | 85245 | CPT | | | | both | | | 370 | 26.38 | Wellcare | Medicare | 22.94 | | | | 10 | | 351.5 fee schedule | |
| BKR CHG VWF ACTIVITY | 85245 | CPT | | | | both | | | 370 | 26.38 | Horizon | Medicare Blue | 111 | 30 | | 11.95 | 10 | | 351.5 percent of total billed charges | |
| BKR CHG VWF ACTIVITY | 85245 | CPT | | | | both | | | 370 | 26.38 | Managed Care Inc | Managed Care Inc | 333 | 90 | | | 10 | | 351.5 percent of total billed charges | |
| BKR CHG VWF ACTIVITY | 85245 | CPT | | | | both | | | 370 | 26.38 | Consumer | Consumer | 351.5 | 95 | | | 10 | | 351.5 percent of total billed charges | |
| BKR CHG VWF ACTIVITY | 85245 | CPT | | | | both | | | 370 | 26.38 | First Health | First Health | 259 | 70 | | | 10 | | 351.5 percent of total billed charges | |
| BKR CHG VWF ACTIVITY | 85245 | CPT | | | | both | | | 370 | 26.38 | Multiplan | Multiplan | 296 | 80 | | | 10 | | 351.5 percent of total billed charges | |
| BKR CHG VWF ACTIVITY | 85245 | CPT | | | | both | | | 370 | 26.38 | Corrections | Corrections | 296 | 80 | | | 10 | | 351.5 percent of total billed charges | |
| BKR CHG VWF ACTIVITY | 85245 | CPT | | | | both | | | 370 | 26.38 | Horizon | MGD | 141.64 | 38.28 | | 75.41 | 10 | | 351.5 percent of total billed charges | |
| BKR CHG VWF ACTIVITY | 85245 | CPT | | | | both | | | 370 | 26.38 | Three Rivers | Three Rivers | 351.5 | 95 | | | 10 | | 351.5 percent of total billed charges | |
| BKR CHG VWF ACTIVITY | 85245 | CPT | | | | both | | | 370 | 26.38 | Qualcare | Qualcare | 277.5 | 75 | | | 10 | | 351.5 percent of total billed charges | |
| BKR CHG VWF ACTIVITY | 85245 | CPT | | | | both | | | 370 | 26.38 | UHC | Medicaid | 10 | | | 33.81 | 10 | | 351.5 fee schedule | |
| BKR CHG VWF ACTIVITY | 85245 | CPT | | | | both | | | 370 | 26.38 | UHC | Medicare | 22.94 | | | 19.98 | 10 | | 351.5 fee schedule | |
| BKR CHG VWF ACTIVITY | 85245 | CPT | | | | both | | | 370 | 26.38 | Wellcare | Medicaid | 10 | | | | 10 | | 351.5 fee schedule | |
| BKR CHG VWF ACTIVITY | 85245 | CPT | | | | both | | | 370 | 26.38 | WellPoint | WellPoint | 119.07 | 32.18 | | 37.46 | 10 | | 351.5 percent of total billed charges | |
| BKR CHG VWF ACTIVITY | 85246 | CPT | | | | both | | | 403 | 26.38 | Americare | Americare | 302.25 | 75 | | | 10 | | 382.85 percent of total billed charges | |
| BKR CHG VWF ACTIVITY | 85246 | CPT | | | | both | | | 403 | 26.38 | First Trenton | First Trenton | 362.7 | 90 | | | 10 | | 382.85 percent of total billed charges | |
| BKR CHG VWF ACTIVITY | 85246 | CPT | | | | both | | | 403 | 26.38 | Amerihealth | Medicare | 22.94 | | | | 10 | | 382.85 fee schedule | |
| BKR CHG VWF ACTIVITY | 85246 | CPT | | | | both | | | 403 | 26.38 | First Health | First Health | 282.1 | 70 | | | 10 | | 382.85 percent of total billed charges | |
| BKR CHG VWF ACTIVITY | 85246 | CPT | | | | both | | | 403 | 26.38 | Aetna | Medicare | 124.12 | 30.8 | | | 10 | | 382.85 percent of total billed charges | |
| BKR CHG VWF ACTIVITY | 85246 | CPT | | | | both | | | 403 | 26.38 | Horizon | Indemnity | 154.27 | 38.28 | | | 10 | | 382.85 percent of total billed charges | |
| BKR CHG VWF ACTIVITY | 85246 | CPT | | | | both | | | 403 | 26.38 | Aetna | Better Health | 127.15 | 31.55 | | | 10 | | 382.85 percent of total billed charges | |
| BKR CHG VWF ACTIVITY | 85246 | CPT | | | | both | | | 403 | 26.38 | Consumer | Consumer | 382.85 | 95 | | | 10 | | 382.85 percent of total billed charges | |
| BKR CHG VWF ACTIVITY | 85246 | CPT | | | | both | | | 403 | 26.38 | Amerihealth | HMO/PPO | 35.8 | | | | 10 | | 382.85 fee schedule | |
| BKR CHG VWF ACTIVITY | 85246 | CPT | | | | both | | | 403 | 26.38 | Horizon | Medicare Blue | 120.9 | 30 | | 9.1 | 10 | | 382.85 percent of total billed charges | |
| BKR CHG VWF ACTIVITY | 85246 | CPT | | | | both | | | 403 | 26.38 | Corrections | Corrections | 322.4 | 80 | | | 10 | | 382.85 percent of total billed charges | |
| BKR CHG VWF ACTIVITY | 85246 | CPT | | | | both | | | 403 | 26.38 | Multiplan | Multiplan | 322.4 | 80 | | | 10 | | 382.85 percent of total billed charges | |
| BKR CHG VWF ACTIVITY | 85246 | CPT | | | | both | | | 403 | 26.38 | Horizon | MGD | 154.27 | 38.28 | | | 10 | | 382.85 percent of total billed charges | |
| BKR CHG VWF ACTIVITY | 85246 | CPT | | | | both | | | 403 | 26.38 | Managed Care Inc | Managed Care Inc | 362.7 | 90 | | | 10 | | 382.85 percent of total billed charges | |
| BKR CHG VWF ACTIVITY | 85246 | CPT | | | | both | | | 403 | 26.38 | WellPoint | WellPoint | 129.69 | 32.18 | | 22.52 | 10 | | 382.85 percent of total billed charges | |
| BKR CHG VWF ACTIVITY | 85246 | CPT | | | | both | | | 403 | 26.38 | Horizon | NJ Health | 19.6 | | | | 10 | | 382.85 fee schedule | |
| BKR CHG VWF ACTIVITY | 85246 | CPT | | | | both | | | 403 | 26.38 | UHC | Medicaid | 10 | | | | 10 | | 382.85 fee schedule | |
| BKR CHG VWF ACTIVITY | 85246 | CPT | | | | both | | | 403 | 26.38 | Qualcare | Qualcare | 302.25 | 75 | | | 10 | | 382.85 percent of total billed charges | |
| BKR CHG VWF ACTIVITY | 85246 | CPT | | | | both | | | 403 | 26.38 | Horizon | PPO | 154.27 | 38.28 | | | 10 | | 382.85 percent of total billed charges | |
| BKR CHG VWF ACTIVITY | 85246 | CPT | | | | both | | | 403 | 26.38 | UHC | Medicare | 22.94 | | | 6.57 | 10 | | 382.85 fee schedule | |
| BKR CHG VWF ACTIVITY | 85246 | CPT | | | | both | | | 403 | 26.38 | Wellcare | Medicare | 22.94 | | | 4.21 | 10 | | 382.85 fee schedule | |
| BKR CHG VWF ACTIVITY | 85246 | CPT | | | | both | | | 403 | 26.38 | Three Rivers | Three Rivers | 382.85 | 95 | | | 10 | | 382.85 percent of total billed charges | |
| BKR CHG VWF ACTIVITY | 85246 | CPT | | | | both | | | 403 | 26.38 | Wellcare | Medicaid | 10 | | | | 10 | | 382.85 fee schedule | |
| BKR CHG VON WILLEBRAND FACTOR MULTIMERS | 85247 | CPT | | | | both | | | 41 | 26.38 | First Trenton | First Trenton | 36.9 | 90 | | | 10 | | 38.95 percent of total billed charges | |
| BKR CHG VON WILLEBRAND FACTOR MULTIMERS | 85247 | CPT | | | | both | | | 41 | 26.38 | Aetna | Better Health | 12.94 | 31.55 | | | 10 | | 38.95 percent of total billed charges | |
| BKR CHG VON WILLEBRAND FACTOR MULTIMERS | 85247 | CPT | | | | both | | | 41 | 26.38 | Consumer | Consumer | 38.95 | 95 | | | 10 | | 38.95 percent of total billed charges | |
| BKR CHG VON WILLEBRAND FACTOR MULTIMERS | 85247 | CPT | | | | both | | | 41 | 26.38 | Horizon | Indemnity | 15.69 | 38.28 | | | 10 | | 38.95 percent of total billed charges | |
| BKR CHG VON WILLEBRAND FACTOR MULTIMERS | 85247 | CPT | | | | both | | | 41 | 26.38 | Aetna | Medicare | 12.63 | 30.8 | | | 10 | | 38.95 percent of total billed charges | |
| BKR CHG VON WILLEBRAND FACTOR MULTIMERS | 85247 | CPT | | | | both | | | 41 | 26.38 | Aetna | Commercial | 15.58 | 38 | | | 10 | | 38.95 percent of total billed charges | |
| BKR CHG VON WILLEBRAND FACTOR MULTIMERS | 85247 | CPT | | | | both | | | 41 | 26.38 | First Health | First Health | 28.7 | 70 | | | 10 | | 38.95 percent of total billed charges | |
| BKR CHG VON WILLEBRAND FACTOR MULTIMERS | 85247 | CPT | | | | both | | | 41 | 26.38 | Americare | Americare | 30.75 | 75 | | | 10 | | 38.95 percent of total billed charges | |
| BKR CHG VON WILLEBRAND FACTOR MULTIMERS | 85247 | CPT | | | | both | | | 41 | 26.38 | Horizon | Medicare Blue | 12.3 | 30 | | | 10 | | 38.95 percent of total billed charges | |
| BKR CHG VON WILLEBRAND FACTOR MULTIMERS | 85247 | CPT | | | | both | | | 41 | 26.38 | UHC | Medicaid | 10 | | | | 10 | | 38.95 fee schedule | |
| BKR CHG VON WILLEBRAND FACTOR MULTIMERS | 85247 | CPT | | | | both | | | 41 | 26.38 | Corrections | Corrections | 32.8 | 80 | | | 10 | | 38.95 percent of total billed charges | |
| BKR CHG VON WILLEBRAND FACTOR MULTIMERS | 85247 | CPT | | | | both | | | 41 | 26.38 | Wellcare | Medicaid | 10 | | | | 10 | | 38.95 fee schedule | |
| BKR CHG VON WILLEBRAND FACTOR MULTIMERS | 85247 | CPT | | | | both | | | 41 | 26.38 | Horizon | MGD | 15.69 | 38.28 | | | 10 | | 38.95 percent of total billed charges | |
| BKR CHG VON WILLEBRAND FACTOR MULTIMERS | 85247 | CPT | | | | both | | | 41 | 26.38 | Amerihealth | HMO/PPO | 35.8 | | | | 10 | | 38.95 fee schedule | |
| BKR CHG VON WILLEBRAND FACTOR MULTIMERS | 85247 | CPT | | | | both | | | 41 | 26.38 | Horizon | PPO | 15.69 | 38.28 | | | 10 | | 38.95 percent of total billed charges | |
| BKR CHG VON WILLEBRAND FACTOR MULTIMERS | 85247 | CPT | | | | both | | | 41 | 26.38 | Amerihealth | Medicare | 22.94 | | | | 10 | | 38.95 fee schedule | |
| BKR CHG VON WILLEBRAND FACTOR MULTIMERS | 85247 | CPT | | | | both | | | 41 | 26.38 | Managed Care Inc | Managed Care Inc | 36.9 | 90 | | | 10 | | 38.95 percent of total billed charges | |
| BKR CHG VON WILLEBRAND FACTOR MULTIMERS | 85247 | CPT | | | | both | | | 41 | 26.38 | Horizon | NJ Health | 21.56 | | | | 10 | | 38.95 fee schedule | |
| BKR CHG VON WILLEBRAND FACTOR MULTIMERS | 85247 | CPT | | | | both | | | 41 | 26.38 | Qualcare | Qualcare | 30.75 | 75 | | | 10 | | 38.95 percent of total billed charges | |
| BKR CHG VON WILLEBRAND FACTOR MULTIMERS | 85247 | CPT | | | | both | | | 41 | 26.38 | Multiplan | Multiplan | 32.8 | 80 | | | 10 | | 38.95 percent of total billed charges | |
| BKR CHG VON WILLEBRAND FACTOR MULTIMERS | 85247 | CPT | | | | both | | | 41 | 26.38 | UHC | Medicare | 22.94 | | | | 10 | | 38.95 fee schedule | |
| BKR CHG VON WILLEBRAND FACTOR MULTIMERS | 85247 | CPT | | | | both | | | 41 | 26.38 | WellPoint | WellPoint | 13.19 | 32.18 | | | 10 | | 38.95 percent of total billed charges | |
| BKR CHG VON WILLEBRAND FACTOR MULTIMERS | 85247 | CPT | | | | both | | | 41 | 26.38 | Wellcare | Medicare | 22.94 | | | | 10 | | 38.95 fee schedule | |
| BKR CHG VON WILLEBRAND FACTOR MULTIMERS | 85247 | CPT | | | | both | | | 41 | 26.38 | Three Rivers | Three Rivers | 38.95 | 95 | | | 10 | | 38.95 percent of total billed charges | |
| BKR CHG FACTOR IX INHIBITOR PANEL | 85250 | CPT | | | | both | | | 169 | 21.9 | Americare | Americare | 126.75 | 75 | | | 19.04 | | 160.55 percent of total billed charges | |
| BKR CHG FACTOR IX INHIBITOR PANEL | 85250 | CPT | | | | both | | | 169 | 21.9 | Aetna | Better Health | 53.32 | 31.55 | | | 19.04 | | 160.55 percent of total billed charges | |
| BKR CHG FACTOR IX INHIBITOR PANEL | 85250 | CPT | | | | both | | | 169 | 21.9 | WellPoint | WellPoint | 54.38 | 32.18 | | 50.52 | 19.04 | | 160.55 percent of total billed charges | |
| BKR CHG FACTOR IX INHIBITOR PANEL | 85250 | CPT | | | | both | | | 169 | 21.9 | Aetna | Commercial | 64.22 | 38 | | | 19.04 | | 160.55 percent of total billed charges | |
| BKR CHG FACTOR IX INHIBITOR PANEL | 85250 | CPT | | | | both | | | 169 | 21.9 | Amerihealth | Medicare | 19.04 | | | | 19.04 | | 160.55 fee schedule | |
| BKR CHG FACTOR IX INHIBITOR PANEL | 85250 | CPT | | | | both | | | 169 | 21.9 | First Health | First Health | 118.3 | 70 | | | 19.04 | | 160.55 percent of total billed charges | |
| BKR CHG FACTOR IX INHIBITOR PANEL | 85250 | CPT | | | | both | | | 169 | 21.9 | Wellcare | Medicaid | 20.73 | | | | 19.04 | | 160.55 fee schedule | |
| BKR CHG FACTOR IX INHIBITOR PANEL | 85250 | CPT | | | | both | | | 169 | 21.9 | Corrections | Corrections | 135.2 | 80 | | | 19.04 | | 160.55 percent of total billed charges | |
| BKR CHG FACTOR IX INHIBITOR PANEL | 85250 | CPT | | | | both | | | 169 | 21.9 | Consumer | Consumer | 160.55 | 95 | | | 19.04 | | 160.55 percent of total billed charges | |
| BKR CHG FACTOR IX INHIBITOR PANEL | 85250 | CPT | | | | both | | | 169 | 21.9 | Amerihealth | HMO/PPO | 28.6 | | | | 19.04 | | 160.55 fee schedule | |
| BKR CHG FACTOR IX INHIBITOR PANEL | 85250 | CPT | | | | both | | | 169 | 21.9 | First Trenton | First Trenton | 152.1 | 90 | | | 19.04 | | 160.55 percent of total billed charges | |
| BKR CHG FACTOR IX INHIBITOR PANEL | 85250 | CPT | | | | both | | | 169 | 21.9 | Aetna | Medicare | 52.05 | 30.8 | | | 19.04 | | 160.55 percent of total billed charges | |
| BKR CHG FACTOR IX INHIBITOR PANEL | 85250 | CPT | | | | both | | | 169 | 21.9 | Horizon | Medicare Blue | 50.7 | 30 | | | 19.04 | | 160.55 percent of total billed charges | |
| BKR CHG FACTOR IX INHIBITOR PANEL | 85250 | CPT | | | | both | | | 169 | 21.9 | Horizon | Indemnity | 64.69 | 38.28 | | | 19.04 | | 160.55 percent of total billed charges | |
| BKR CHG FACTOR IX INHIBITOR PANEL | 85250 | CPT | | | | both | | | 169 | 21.9 | Horizon | NJ Health | 50.96 | | | | 19.04 | | 160.55 fee schedule | |
| BKR CHG FACTOR IX INHIBITOR PANEL | 85250 | CPT | | | | both | | | 169 | 21.9 | UHC | Medicaid | 20.73 | | | | 19.04 | | 160.55 fee schedule | |
| BKR CHG FACTOR IX INHIBITOR PANEL | 85250 | CPT | | | | both | | | 169 | 21.9 | Horizon | PPO | 64.69 | 38.28 | | | 19.04 | | 160.55 percent of total billed charges | |
| BKR CHG FACTOR IX INHIBITOR PANEL | 85250 | CPT | | | | both | | | 169 | 21.9 | Horizon | MGD | 64.69 | 38.28 | | | 19.04 | | 160.55 percent of total billed charges | |
| BKR CHG FACTOR IX INHIBITOR PANEL | 85250 | CPT | | | | both | | | 169 | 21.9 | Managed Care Inc | Managed Care Inc | 152.1 | 90 | | | 19.04 | | 160.55 percent of total billed charges | |
| BKR CHG FACTOR IX INHIBITOR PANEL | 85250 | CPT | | | | both | | | 169 | 21.9 | Wellcare | Medicare | 19.04 | | | | 19.04 | | 160.55 fee schedule | |
| BKR CHG FACTOR IX INHIBITOR PANEL | 85250 | CPT | | | | both | | | 169 | 21.9 | Three Rivers | Three Rivers | 160.55 | 95 | | | 19.04 | | 160.55 percent of total billed charges | |
| BKR CHG FACTOR IX INHIBITOR PANEL | 85250 | CPT | | | | both | | | 169 | 21.9 | Multiplan | Multiplan | 135.2 | 80 | | | 19.04 | | 160.55 percent of total billed charges | |
| BKR CHG FACTOR IX INHIBITOR PANEL | 85250 | CPT | | | | both | | | 169 | 21.9 | Qualcare | Qualcare | 126.75 | 75 | | | 19.04 | | 160.55 percent of total billed charges | |
| BKR CHG FACTOR IX INHIBITOR PANEL | 85250 | CPT | | | | both | | | 169 | 21.9 | UHC | Medicare | 19.04 | | | | 19.04 | | 160.55 fee schedule | |
| BKR CHG FACTOR X ASSAY | 85260 | CPT | | | | both | | | 161 | 20.59 | Amerihealth | Medicare | 17.9 | | | | 17.9 | | 152.95 fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG FACTOR X ASSAY | 85260 | CPT | | | | both | | | | 20.59 | Americare | Americare | 120.75 | 75 | | | 17.9 | | 152.95 percent of total billed charges | |
| BKR CHG FACTOR X ASSAY | 85260 | CPT | | | | both | | | 161 | 20.59 | Aetna | Medicare | 49.59 | 30.8 | | | 17.9 | | 152.95 percent of total billed charges | |
| BKR CHG FACTOR X ASSAY | 85260 | CPT | | | | both | | | 161 | 20.59 | UHC | Medicaid | 24 | | | | 17.9 | | 152.95 fee schedule | |
| BKR CHG FACTOR X ASSAY | 85260 | CPT | | | | both | | | 161 | 20.59 | Aetna | Better Health | 50.8 | 31.55 | | | 17.9 | | 152.95 percent of total billed charges | |
| BKR CHG FACTOR X ASSAY | 85260 | CPT | | | | both | | | 161 | 20.59 | Amerihealth | HMO/PPO | 27.9 | | | | 17.9 | | 152.95 fee schedule | |
| BKR CHG FACTOR X ASSAY | 85260 | CPT | | | | both | | | 161 | 20.59 | First Health | First Health | 112.7 | 70 | | | 17.9 | | 152.95 percent of total billed charges | |
| BKR CHG FACTOR X ASSAY | 85260 | CPT | | | | both | | | 161 | 20.59 | Wellcare | Medicaid | 24 | | | | 17.9 | | 152.95 fee schedule | |
| BKR CHG FACTOR X ASSAY | 85260 | CPT | | | | both | | | 161 | 20.59 | Consumer | Consumer | 152.95 | 95 | | | 17.9 | | 152.95 percent of total billed charges | |
| BKR CHG FACTOR X ASSAY | 85260 | CPT | | | | both | | | 161 | 20.59 | First Trenton | First Trenton | 144.9 | 90 | | | 17.9 | | 152.95 percent of total billed charges | |
| BKR CHG FACTOR X ASSAY | 85260 | CPT | | | | both | | | 161 | 20.59 | Multiplan | Multiplan | 128.8 | 80 | | | 17.9 | | 152.95 percent of total billed charges | |
| BKR CHG FACTOR X ASSAY | 85260 | CPT | | | | both | | | 161 | 20.59 | Wellcare | Medicare | 17.9 | | | | 17.9 | | 152.95 fee schedule | |
| BKR CHG FACTOR X ASSAY | 85260 | CPT | | | | both | | | 161 | 20.59 | Corrections | Corrections | 128.8 | 80 | | | 17.9 | | 152.95 percent of total billed charges | |
| BKR CHG FACTOR X ASSAY | 85260 | CPT | | | | both | | | 161 | 20.59 | Horizon | Indemnity | 61.63 | 38.28 | | 47.8 | 17.9 | | 152.95 percent of total billed charges | |
| BKR CHG FACTOR X ASSAY | 85260 | CPT | | | | both | | | 161 | 20.59 | Qualcare | Qualcare | 120.75 | 75 | | | 17.9 | | 152.95 percent of total billed charges | |
| BKR CHG FACTOR X ASSAY | 85260 | CPT | | | | both | | | 161 | 20.59 | Horizon | MGD | 61.63 | 38.28 | | | 17.9 | | 152.95 percent of total billed charges | |
| BKR CHG FACTOR X ASSAY | 85260 | CPT | | | | both | | | 161 | 20.59 | Horizon | NJ Health | 52.92 | | | | 17.9 | | 152.95 fee schedule | |
| BKR CHG FACTOR X ASSAY | 85260 | CPT | | | | both | | | 161 | 20.59 | Horizon | Medicare Blue | 48.3 | 30 | | | 17.9 | | 152.95 percent of total billed charges | |
| BKR CHG FACTOR X ASSAY | 85260 | CPT | | | | both | | | 161 | 20.59 | UHC | Medicare | 17.9 | | | | 17.9 | | 152.95 fee schedule | |
| BKR CHG FACTOR X ASSAY | 85260 | CPT | | | | both | | | 161 | 20.59 | Horizon | PPO | 61.63 | 38.28 | | | 17.9 | | 152.95 percent of total billed charges | |
| BKR CHG FACTOR X ASSAY | 85260 | CPT | | | | both | | | 161 | 20.59 | WellPoint | WellPoint | 51.81 | 32.18 | | | 17.9 | | 152.95 percent of total billed charges | |
| BKR CHG FACTOR X ASSAY | 85260 | CPT | | | | both | | | 161 | 20.59 | Managed Care Inc | Managed Care Inc | 144.9 | 90 | | | 17.9 | | 152.95 percent of total billed charges | |
| BKR CHG FACTOR X ASSAY | 85260 | CPT | | | | both | | | 161 | 20.59 | Three Rivers | Three Rivers | 152.95 | 95 | | | 17.9 | | 152.95 percent of total billed charges | |
| BKR CHG FACTOR XI ASSAY | 85270 | CPT | | | | both | | | 43 | 20.59 | Americare | Americare | 32.25 | 75 | | | 12.9 | | 52.92 percent of total billed charges | |
| BKR CHG FACTOR XI ASSAY | 85270 | CPT | | | | both | | | 43 | 20.59 | Amerihealth | Medicare | 17.9 | | | | 12.9 | | 52.92 fee schedule | |
| BKR CHG FACTOR XI ASSAY | 85270 | CPT | | | | both | | | 43 | 20.59 | Aetna | Better Health | 13.57 | 31.55 | | | 12.9 | | 52.92 percent of total billed charges | |
| BKR CHG FACTOR XI ASSAY | 85270 | CPT | | | | both | | | 43 | 20.59 | Amerihealth | HMO/PPO | 27.9 | | | | 12.9 | | 52.92 fee schedule | |
| BKR CHG FACTOR XI ASSAY | 85270 | CPT | | | | both | | | 43 | 20.59 | Consumer | Consumer | 40.85 | 95 | | | 12.9 | | 52.92 percent of total billed charges | |
| BKR CHG FACTOR XI ASSAY | 85270 | CPT | | | | both | | | 43 | 20.59 | Horizon | Indemnity | 16.46 | 38.28 | | | 12.9 | | 52.92 percent of total billed charges | |
| BKR CHG FACTOR XI ASSAY | 85270 | CPT | | | | both | | | 43 | 20.59 | Corrections | Corrections | 34.4 | 80 | | | 12.9 | | 52.92 percent of total billed charges | |
| BKR CHG FACTOR XI ASSAY | 85270 | CPT | | | | both | | | 43 | 20.59 | Aetna | Medicare | 13.24 | 30.8 | | | 12.9 | | 52.92 percent of total billed charges | |
| BKR CHG FACTOR XI ASSAY | 85270 | CPT | | | | both | | | 43 | 20.59 | Multiplan | Multiplan | 34.4 | 80 | | | 12.9 | | 52.92 percent of total billed charges | |
| BKR CHG FACTOR XI ASSAY | 85270 | CPT | | | | both | | | 43 | 20.59 | First Trenton | First Trenton | 38.7 | 90 | | | 12.9 | | 52.92 percent of total billed charges | |
| BKR CHG FACTOR XI ASSAY | 85270 | CPT | | | | both | | | 43 | 20.59 | Horizon | Medicare Blue | 12.9 | 30 | | | 12.9 | | 52.92 percent of total billed charges | |
| BKR CHG FACTOR XI ASSAY | 85270 | CPT | | | | both | | | 43 | 20.59 | First Health | First Health | 30.1 | 70 | | | 12.9 | | 52.92 percent of total billed charges | |
| BKR CHG FACTOR XI ASSAY | 85270 | CPT | | | | both | | | 43 | 20.59 | Horizon | NJ Health | 52.92 | | | | 12.9 | | 52.92 fee schedule | |
| BKR CHG FACTOR XI ASSAY | 85270 | CPT | | | | both | | | 43 | 20.59 | Managed Care Inc | Managed Care Inc | 38.7 | 90 | | | 12.9 | | 52.92 percent of total billed charges | |
| BKR CHG FACTOR XI ASSAY | 85270 | CPT | | | | both | | | 43 | 20.59 | UHC | Medicare | 17.9 | | | | 12.9 | | 52.92 fee schedule | |
| BKR CHG FACTOR XI ASSAY | 85270 | CPT | | | | both | | | 43 | 20.59 | Horizon | MGD | 16.46 | 38.28 | | | 12.9 | | 52.92 percent of total billed charges | |
| BKR CHG FACTOR XI ASSAY | 85270 | CPT | | | | both | | | 43 | 20.59 | Qualcare | Qualcare | 32.25 | 75 | | | 12.9 | | 52.92 percent of total billed charges | |
| BKR CHG FACTOR XI ASSAY | 85270 | CPT | | | | both | | | 43 | 20.59 | WellPoint | WellPoint | 13.84 | 32.18 | | 12.63 | 12.9 | | 52.92 percent of total billed charges | |
| BKR CHG FACTOR XI ASSAY | 85270 | CPT | | | | both | | | 43 | 20.59 | Horizon | PPO | 16.46 | 38.28 | | | 12.9 | | 52.92 percent of total billed charges | |
| BKR CHG FACTOR XI ASSAY | 85270 | CPT | | | | both | | | 43 | 20.59 | Wellcare | Medicare | 17.9 | | | | 12.9 | | 52.92 fee schedule | |
| BKR CHG FACTOR XI ASSAY | 85270 | CPT | | | | both | | | 43 | 20.59 | UHC | Medicaid | 24 | | | | 12.9 | | 52.92 fee schedule | |
| BKR CHG FACTOR XI ASSAY | 85270 | CPT | | | | both | | | 43 | 20.59 | Three Rivers | Three Rivers | 40.85 | 95 | | | 12.9 | | 52.92 percent of total billed charges | |
| BKR CHG FACTOR XI ASSAY | 85270 | CPT | | | | both | | | 43 | 20.59 | Wellcare | Medicaid | 24 | | | | 12.9 | | 52.92 fee schedule | |
| BKR CHG FACTOR XII ASSAY | 85280 | CPT | | | | both | | | 244 | 22.25 | Aetna | Better Health | 76.98 | 31.55 | | | 19.35 | | 231.8 percent of total billed charges | |
| BKR CHG FACTOR XII ASSAY | 85280 | CPT | | | | both | | | 244 | 22.25 | UHC | Medicaid | 26 | | | | 19.35 | | 231.8 fee schedule | |
| BKR CHG FACTOR XII ASSAY | 85280 | CPT | | | | both | | | 244 | 22.25 | Americare | Americare | 183 | 75 | | | 19.35 | | 231.8 percent of total billed charges | |
| BKR CHG FACTOR XII ASSAY | 85280 | CPT | | | | both | | | 244 | 22.25 | Amerihealth | Medicare | 19.35 | | | | 19.35 | | 231.8 fee schedule | |
| BKR CHG FACTOR XII ASSAY | 85280 | CPT | | | | both | | | 244 | 22.25 | First Health | First Health | 170.8 | 70 | | | 19.35 | | 231.8 percent of total billed charges | |
| BKR CHG FACTOR XII ASSAY | 85280 | CPT | | | | both | | | 244 | 22.25 | Aetna | Medicare | 75.15 | 30.8 | | | 19.35 | | 231.8 percent of total billed charges | |
| BKR CHG FACTOR XII ASSAY | 85280 | CPT | | | | both | | | 244 | 22.25 | Horizon | Indemnity | 93.4 | 38.28 | | | 19.35 | | 231.8 percent of total billed charges | |
| BKR CHG FACTOR XII ASSAY | 85280 | CPT | | | | both | | | 244 | 22.25 | First Trenton | First Trenton | 219.6 | 90 | | | 19.35 | | 231.8 percent of total billed charges | |
| BKR CHG FACTOR XII ASSAY | 85280 | CPT | | | | both | | | 244 | 22.25 | Corrections | Corrections | 195.2 | 80 | | | 19.35 | | 231.8 percent of total billed charges | |
| BKR CHG FACTOR XII ASSAY | 85280 | CPT | | | | both | | | 244 | 22.25 | Amerihealth | HMO/PPO | 26.2 | | | | 19.35 | | 231.8 fee schedule | |
| BKR CHG FACTOR XII ASSAY | 85280 | CPT | | | | both | | | 244 | 22.25 | Consumer | Consumer | 231.8 | 95 | | | 19.35 | | 231.8 percent of total billed charges | |
| BKR CHG FACTOR XII ASSAY | 85280 | CPT | | | | both | | | 244 | 22.25 | Horizon | NJ Health | 52.92 | | | | 19.35 | | 231.8 fee schedule | |
| BKR CHG FACTOR XII ASSAY | 85280 | CPT | | | | both | | | 244 | 22.25 | Multiplan | Multiplan | 195.2 | 80 | | | 19.35 | | 231.8 percent of total billed charges | |
| BKR CHG FACTOR XII ASSAY | 85280 | CPT | | | | both | | | 244 | 22.25 | Horizon | MGD | 93.4 | 38.28 | | | 19.35 | | 231.8 percent of total billed charges | |
| BKR CHG FACTOR XII ASSAY | 85280 | CPT | | | | both | | | 244 | 22.25 | Wellcare | Medicaid | 26 | | | | 19.35 | | 231.8 fee schedule | |
| BKR CHG FACTOR XII ASSAY | 85280 | CPT | | | | both | | | 244 | 22.25 | Horizon | PPO | 93.4 | 38.28 | | | 19.35 | | 231.8 percent of total billed charges | |
| BKR CHG FACTOR XII ASSAY | 85280 | CPT | | | | both | | | 244 | 22.25 | Horizon | Medicare Blue | 73.2 | 30 | | | 19.35 | | 231.8 percent of total billed charges | |
| BKR CHG FACTOR XII ASSAY | 85280 | CPT | | | | both | | | 244 | 22.25 | Managed Care Inc | Managed Care Inc | 219.6 | 90 | | | 19.35 | | 231.8 percent of total billed charges | |
| BKR CHG FACTOR XII ASSAY | 85280 | CPT | | | | both | | | 244 | 22.25 | Qualcare | Qualcare | 183 | 75 | | | 19.35 | | 231.8 percent of total billed charges | |
| BKR CHG FACTOR XII ASSAY | 85280 | CPT | | | | both | | | 244 | 22.25 | Three Rivers | Three Rivers | 231.8 | 95 | | | 19.35 | | 231.8 percent of total billed charges | |
| BKR CHG FACTOR XII ASSAY | 85280 | CPT | | | | both | | | 244 | 22.25 | Wellcare | Medicare | 19.35 | | | | 19.35 | | 231.8 fee schedule | |
| BKR CHG FACTOR XII ASSAY | 85280 | CPT | | | | both | | | 244 | 22.25 | UHC | Medicare | 19.35 | | | | 19.35 | | 231.8 fee schedule | |
| BKR CHG FACTOR XII ASSAY | 85280 | CPT | | | | both | | | 244 | 22.25 | WellPoint | WellPoint | 78.52 | 32.18 | | | 19.35 | | 231.8 percent of total billed charges | |
| BKR CHG FACTOR XIII ACTIVITY (500185) | 85290 | CPT | | | | both | | | 53 | 18.79 | Amerihealth | Medicare | 16.34 | | | | 8 | | 50.35 fee schedule | |
| BKR CHG FACTOR XIII ACTIVITY (500185) | 85290 | CPT | | | | both | | | 53 | 18.79 | Corrections | Corrections | 42.4 | 80 | | | 8 | | 50.35 percent of total billed charges | |
| BKR CHG FACTOR XIII ACTIVITY (500185) | 85290 | CPT | | | | both | | | 53 | 18.79 | Aetna | Better Health | 16.72 | 31.55 | | | 8 | | 50.35 percent of total billed charges | |
| BKR CHG FACTOR XIII ACTIVITY (500185) | 85290 | CPT | | | | both | | | 53 | 18.79 | Amerihealth | HMO/PPO | 11 | | | | 8 | | 50.35 fee schedule | |
| BKR CHG FACTOR XIII ACTIVITY (500185) | 85290 | CPT | | | | both | | | 53 | 18.79 | Aetna | Medicare | 16.32 | 30.8 | | | 8 | | 50.35 percent of total billed charges | |
| BKR CHG FACTOR XIII ACTIVITY (500185) | 85290 | CPT | | | | both | | | 53 | 18.79 | Americare | Americare | 39.75 | 75 | | | 8 | | 50.35 percent of total billed charges | |
| BKR CHG FACTOR XIII ACTIVITY (500185) | 85290 | CPT | | | | both | | | 53 | 18.79 | Wellcare | Medicaid | 8 | | | | 8 | | 50.35 fee schedule | |
| BKR CHG FACTOR XIII ACTIVITY (500185) | 85290 | CPT | | | | both | | | 53 | 18.79 | Horizon | MGD | 20.29 | 38.28 | | | 8 | | 50.35 percent of total billed charges | |
| BKR CHG FACTOR XIII ACTIVITY (500185) | 85290 | CPT | | | | both | | | 53 | 18.79 | Consumer | Consumer | 50.35 | 95 | | | 8 | | 50.35 percent of total billed charges | |
| BKR CHG FACTOR XIII ACTIVITY (500185) | 85290 | CPT | | | | both | | | 53 | 18.79 | Horizon | Medicare Blue | 15.9 | 30 | | | 8 | | 50.35 percent of total billed charges | |
| BKR CHG FACTOR XIII ACTIVITY (500185) | 85290 | CPT | | | | both | | | 53 | 18.79 | Wellcare | Medicare | 16.34 | | | | 8 | | 50.35 fee schedule | |
| BKR CHG FACTOR XIII ACTIVITY (500185) | 85290 | CPT | | | | both | | | 53 | 18.79 | First Trenton | First Trenton | 47.7 | 90 | | | 8 | | 50.35 percent of total billed charges | |
| BKR CHG FACTOR XIII ACTIVITY (500185) | 85290 | CPT | | | | both | | | 53 | 18.79 | First Health | First Health | 37.1 | 70 | | | 8 | | 50.35 percent of total billed charges | |
| BKR CHG FACTOR XIII ACTIVITY (500185) | 85290 | CPT | | | | both | | | 53 | 18.79 | Horizon | Indemnity | 20.29 | 38.28 | | | 8 | | 50.35 percent of total billed charges | |
| BKR CHG FACTOR XIII ACTIVITY (500185) | 85290 | CPT | | | | both | | | 53 | 18.79 | WellPoint | WellPoint | 17.06 | 32.18 | | | 8 | | 50.35 percent of total billed charges | |
| BKR CHG FACTOR XIII ACTIVITY (500185) | 85290 | CPT | | | | both | | | 53 | 18.79 | Horizon | NJ Health | 17.25 | | | | 8 | | 50.35 fee schedule | |
| BKR CHG FACTOR XIII ACTIVITY (500185) | 85290 | CPT | | | | both | | | 53 | 18.79 | Multiplan | Multiplan | 42.4 | 80 | | | 8 | | 50.35 percent of total billed charges | |
| BKR CHG FACTOR XIII ACTIVITY (500185) | 85290 | CPT | | | | both | | | 53 | 18.79 | Horizon | PPO | 20.29 | 38.28 | | | 8 | | 50.35 percent of total billed charges | |
| BKR CHG FACTOR XIII ACTIVITY (500185) | 85290 | CPT | | | | both | | | 53 | 18.79 | Qualcare | Qualcare | 39.75 | 75 | | | 8 | | 50.35 percent of total billed charges | |
| BKR CHG FACTOR XIII ACTIVITY (500185) | 85290 | CPT | | | | both | | | 53 | 18.79 | Managed Care Inc | Managed Care Inc | 47.7 | 90 | | | 8 | | 50.35 percent of total billed charges | |
| BKR CHG FACTOR XIII ACTIVITY (500185) | 85290 | CPT | | | | both | | | 53 | 18.79 | UHC | Medicaid | 8 | | | 10.33 | 8 | | 50.35 fee schedule | |
| BKR CHG FACTOR XIII ACTIVITY (500185) | 85290 | CPT | | | | both | | | 53 | 18.79 | Three Rivers | Three Rivers | 50.35 | 95 | | | 8 | | 50.35 percent of total billed charges | |
| BKR CHG FACTOR XIII ACTIVITY (500185) | 85290 | CPT | | | | both | | | 53 | 18.79 | UHC | Medicare | 16.34 | | | | 8 | | 50.35 fee schedule | |
| BKR CHG MYCO/UREAPLASMA SWAB/ URINE | 85291 | CPT | | | | both | | | 815 | 10.48 | Consumer | Consumer | 774.25 | 95 | | | 7 | | 774.25 percent of total billed charges | |
| BKR CHG MYCO/UREAPLASMA SWAB/ URINE | 85291 | CPT | | | | both | | | 815 | 10.48 | Multiplan | Multiplan | 652 | 80 | | | 7 | | 774.25 percent of total billed charges | |
| BKR CHG MYCO/UREAPLASMA SWAB/ URINE | 85291 | CPT | | | | both | | | 815 | 10.48 | Aetna | Better Health | 257.13 | 31.55 | | | 7 | | 774.25 percent of total billed charges | |
| BKR CHG MYCO/UREAPLASMA SWAB/ URINE | 85291 | CPT | | | | both | | | 815 | 10.48 | Americare | Americare | 611.25 | 75 | | | 7 | | 774.25 percent of total billed charges | |
| BKR CHG MYCO/UREAPLASMA SWAB/ URINE | 85291 | CPT | | | | both | | | 815 | 10.48 | Aetna | Medicare | 251.02 | 30.8 | | | 7 | | 774.25 percent of total billed charges | |
| BKR CHG MYCO/UREAPLASMA SWAB/ URINE | 85291 | CPT | | | | both | | | 815 | 10.48 | Horizon | Medicare Blue | 244.5 | 30 | | | 7 | | 774.25 percent of total billed charges | |
| BKR CHG MYCO/UREAPLASMA SWAB/ URINE | 85291 | CPT | | | | both | | | 815 | 10.48 | UHC | Medicaid | 7 | | | | 7 | | 774.25 fee schedule | |
| BKR CHG MYCO/UREAPLASMA SWAB/ URINE | 85291 | CPT | | | | both | | | 815 | 10.48 | First Trenton | First Trenton | 733.5 | 90 | | | 7 | | 774.25 percent of total billed charges | |
| BKR CHG MYCO/UREAPLASMA SWAB/ URINE | 85291 | CPT | | | | both | | | 815 | 10.48 | Corrections | Corrections | 652 | 80 | | | 7 | | 774.25 percent of total billed charges | |
| BKR CHG MYCO/UREAPLASMA SWAB/ URINE | 85291 | CPT | | | | both | | | 815 | 10.48 | Qualcare | Qualcare | 611.25 | 75 | | | 7 | | 774.25 percent of total billed charges | |
| BKR CHG MYCO/UREAPLASMA SWAB/ URINE | 85291 | CPT | | | | both | | | 815 | 10.48 | First Health | First Health | 570.5 | 70 | | | 7 | | 774.25 percent of total billed charges | |
| BKR CHG MYCO/UREAPLASMA SWAB/ URINE | 85291 | CPT | | | | both | | | 815 | 10.48 | Amerihealth | HMO/PPO | 11 | | | | 7 | | 774.25 fee schedule | |
| BKR CHG MYCO/UREAPLASMA SWAB/ URINE | 85291 | CPT | | | | both | | | 815 | 10.48 | Horizon | MGD | 311.98 | 38.28 | | 56.47 | 7 | | 774.25 percent of total billed charges | |
| BKR CHG MYCO/UREAPLASMA SWAB/ URINE | 85291 | CPT | | | | both | | | 815 | 10.48 | Managed Care Inc | Managed Care Inc | 733.5 | 90 | | | 7 | | 774.25 percent of total billed charges | |
| BKR CHG MYCO/UREAPLASMA SWAB/ URINE | 85291 | CPT | | | | both | | | 815 | 10.48 | Horizon | PPO | 311.98 | 38.28 | | | 7 | | 774.25 percent of total billed charges | |
| BKR CHG MYCO/UREAPLASMA SWAB/ URINE | 85291 | CPT | | | | both | | | 815 | 10.48 | Horizon | Indemnity | 311.98 | 38.28 | | | 7 | | 774.25 percent of total billed charges | |
| BKR CHG MYCO/UREAPLASMA SWAB/ URINE | 85291 | CPT | | | | both | | | 815 | 10.48 | Horizon | NJ Health | 15.09 | | | | 7 | | 774.25 fee schedule | |
| BKR CHG MYCO/UREAPLASMA SWAB/ URINE | 85291 | CPT | | | | both | | | 815 | 10.48 | UHC | Medicare | 9.11 | | | | 7 | | 774.25 fee schedule | |
| BKR CHG MYCO/UREAPLASMA SWAB/ URINE | 85291 | CPT | | | | both | | | 815 | 10.48 | Three Rivers | Three Rivers | 774.25 | 95 | | | 7 | | 774.25 percent of total billed charges | |
| BKR CHG MYCO/UREAPLASMA SWAB/ URINE | 85291 | CPT | | | | both | | | 815 | 10.48 | Amerihealth | Medicare | 9.11 | | | | 7 | | 774.25 fee schedule | |
| BKR CHG MYCO/UREAPLASMA SWAB/ URINE | 85291 | CPT | | | | both | | | 815 | 10.48 | WellPoint | WellPoint | 262.27 | 32.18 | | | 7 | | 774.25 percent of total billed charges | |
| BKR CHG MYCO/UREAPLASMA SWAB/ URINE | 85291 | CPT | | | | both | | | 815 | 10.48 | Wellcare | Medicare | 9.11 | | | | 7 | | 774.25 fee schedule | |
| BKR CHG MYCO/UREAPLASMA SWAB/ URINE | 85291 | CPT | | | | both | | | 815 | 10.48 | Wellcare | Medicaid | 7 | | | | 7 | | 774.25 fee schedule | |
| BKR CHG PREKALLIKREIN ASSAY | 85292 | CPT | | | | both | | | 612 | 21.77 | Corrections | Corrections | 489.6 | 80 | | | 18.93 | | 581.4 percent of total billed charges | |
| BKR CHG PREKALLIKREIN ASSAY | 85292 | CPT | | | | both | | | 612 | 21.77 | First Trenton | First Trenton | 550.8 | 90 | | | 18.93 | | 581.4 percent of total billed charges | |
| BKR CHG PREKALLIKREIN ASSAY | 85292 | CPT | | | | both | | | 612 | 21.77 | Amerihealth | Medicare | 18.93 | | | | 18.93 | | 581.4 fee schedule | |
| BKR CHG PREKALLIKREIN ASSAY | 85292 | CPT | | | | both | | | 612 | 21.77 | Aetna | Medicare | 188.5 | 30.8 | | | 18.93 | | 581.4 percent of total billed charges | |
| BKR CHG PREKALLIKREIN ASSAY | 85292 | CPT | | | | both | | | 612 | 21.77 | Aetna | Better Health | 193.09 | 31.55 | | | 18.93 | | 581.4 percent of total billed charges | |
| BKR CHG PREKALLIKREIN ASSAY | 85292 | CPT | | | | both | | | 612 | 21.77 | Horizon | Medicare Blue | 183.6 | 30 | | | 18.93 | | 581.4 percent of total billed charges | |
| BKR CHG PREKALLIKREIN ASSAY | 85292 | CPT | | | | both | | | 612 | 21.77 | First Health | First Health | 428.4 | 70 | | | 18.93 | | 581.4 percent of total billed charges | |
| BKR CHG PREKALLIKREIN ASSAY | 85292 | CPT | | | | both | | | 612 | 21.77 | UHC | Medicaid | 20.67 | | | | 18.93 | | 581.4 fee schedule | |
| BKR CHG PREKALLIKREIN ASSAY | 85292 | CPT | | | | both | | | 612 | 21.77 | Wellcare | Medicaid | 20.67 | | | | 18.93 | | 581.4 fee schedule | |
| BKR CHG PREKALLIKREIN ASSAY | 85292 | CPT | | | | both | | | 612 | 21.77 | Horizon | Indemnity | 234.27 | 38.28 | | | 18.93 | | 581.4 percent of total billed charges | |
| BKR CHG PREKALLIKREIN ASSAY | 85292 | CPT | | | | both | | | 612 | 21.77 | Consumer | Consumer | 581.4 | 95 | | | 18.93 | | 581.4 percent of total billed charges | |
| BKR CHG PREKALLIKREIN ASSAY | 85292 | CPT | | | | both | | | 612 | 21.77 | Americare | Americare | 459 | 75 | | | 18.93 | | 581.4 percent of total billed charges | |
| BKR CHG PREKALLIKREIN ASSAY | 85292 | CPT | | | | both | | | 612 | 21.77 | Multiplan | Multiplan | 489.6 | 80 | | | 18.93 | | 581.4 percent of total billed charges | |
| BKR CHG PREKALLIKREIN ASSAY | 85292 | CPT | | | | both | | | 612 | 21.77 | Horizon | PPO | 234.27 | 38.28 | | | 18.93 | | 581.4 percent of total billed charges | |
| BKR CHG PREKALLIKREIN ASSAY | 85292 | CPT | | | | both | | | 612 | 21.77 | Horizon | NJ Health | 60.37 | | | | 18.93 | | 581.4 fee schedule | |
| BKR CHG PREKALLIKREIN ASSAY | 85292 | CPT | | | | both | | | 612 | 21.77 | Wellcare | Medicare | 18.93 | | | | 18.93 | | 581.4 fee schedule | |
| BKR CHG PREKALLIKREIN ASSAY | 85292 | CPT | | | | both | | | 612 | 21.77 | Qualcare | Qualcare | 459 | 75 | | | 18.93 | | 581.4 percent of total billed charges | |
| BKR CHG PREKALLIKREIN ASSAY | 85292 | CPT | | | | both | | | 612 | 21.77 | Managed Care Inc | Managed Care Inc | 550.8 | 90 | | | 18.93 | | 581.4 percent of total billed charges | |
| BKR CHG PREKALLIKREIN ASSAY | 85292 | CPT | | | | both | | | 612 | 21.77 | Three Rivers | Three Rivers | 581.4 | 95 | | | 18.93 | | 581.4 percent of total billed charges | |
| BKR CHG PREKALLIKREIN ASSAY | 85292 | CPT | | | | both | | | 612 | 21.77 | Amerihealth | HMO/PPO | 29.5 | | | | 18.93 | | 581.4 fee schedule | |
| BKR CHG PREKALLIKREIN ASSAY | 85292 | CPT | | | | both | | | 612 | 21.77 | UHC | Medicare | 18.93 | | | | 18.93 | | 581.4 fee schedule | |
| BKR CHG PREKALLIKREIN ASSAY | 85292 | CPT | | | | both | | | 612 | 21.77 | WellPoint | WellPoint | 196.94 | 32.18 | | | 18.93 | | 581.4 percent of total billed charges | |
| BKR CHG PREKALLIKREIN ASSAY | 85292 | CPT | | | | both | | | 612 | 21.77 | Horizon | MGD | 234.27 | 38.28 | | | 18.93 | | 581.4 percent of total billed charges | |
| BKR CHG HIGH MOLECU WEIGHT KININOGEN | 85293 | CPT | | | | inpatient | | | 339 | 21.77 | Corrections | Corrections | 271.2 | 80 | | | 18.93 | | 322.05 percent of total billed charges | |
| BKR CHG HIGH MOLECU WEIGHT KININOGEN | 85293 | CPT | | | | inpatient | | | 339 | 21.77 | Aetna | Better Health | 106.95 | 31.55 | | | 18.93 | | 322.05 percent of total billed charges | |
| BKR CHG HIGH MOLECU WEIGHT KININOGEN | 85293 | CPT | | | | inpatient | | | 339 | 21.77 | Americare | Americare | 254.25 | 75 | | | 18.93 | | 322.05 percent of total billed charges | |
| BKR CHG HIGH MOLECU WEIGHT KININOGEN | 85293 | CPT | | | | inpatient | | | 339 | 21.77 | Aetna | Medicare | 104.41 | 30.8 | | | 18.93 | | 322.05 percent of total billed charges | |
| BKR CHG HIGH MOLECU WEIGHT KININOGEN | 85293 | CPT | | | | inpatient | | | 339 | 21.77 | Multiplan | Multiplan | 271.2 | 80 | | | 18.93 | | 322.05 percent of total billed charges | |
| BKR CHG HIGH MOLECU WEIGHT KININOGEN | 85293 | CPT | | | | inpatient | | | 339 | 21.77 | First Health | First Health | 237.3 | 70 | | | 18.93 | | 322.05 percent of total billed charges | |
| BKR CHG HIGH MOLECU WEIGHT KININOGEN | 85293 | CPT | | | | inpatient | | | 339 | 21.77 | First Trenton | First Trenton | 305.1 | 90 | | | 18.93 | | 322.05 percent of total billed charges | |
| BKR CHG HIGH MOLECU WEIGHT KININOGEN | 85293 | CPT | | | | inpatient | | | 339 | 21.77 | Consumer | Consumer | 322.05 | 95 | | | 18.93 | | 322.05 percent of total billed charges | |
| BKR CHG HIGH MOLECU WEIGHT KININOGEN | 85293 | CPT | | | | inpatient | | | 339 | 21.77 | Horizon | Medicare Blue | 101.7 | 30 | | | 18.93 | | 322.05 percent of total billed charges | |
| BKR CHG HIGH MOLECU WEIGHT KININOGEN | 85293 | CPT | | | | inpatient | | | 339 | 21.77 | Wellcare | Medicare | 18.93 | | | | 18.93 | | 322.05 fee schedule | |
| BKR CHG HIGH MOLECU WEIGHT KININOGEN | 85293 | CPT | | | | inpatient | | | 339 | 21.77 | Amerihealth | HMO/PPO | 29.5 | | | | 18.93 | | 322.05 fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG HIGH MOLECU WEIGHT KININOGEN | 85293 | CPT | | | | inpatient | | | 339 | 21.77 | Horizon | MGD | 129.77 | 38.28 | | | 18.93 | 322.05 | percent of total billed charges | |
| BKR CHG HIGH MOLECU WEIGHT KININOGEN | 85293 | CPT | | | | inpatient | | | 339 | 21.77 | Quelcare | Quelcare | 254.25 | 75 | | | 18.93 | 322.05 | percent of total billed charges | |
| BKR CHG HIGH MOLECU WEIGHT KININOGEN | 85293 | CPT | | | | inpatient | | | 339 | 21.77 | UHC | Medicaid | 20.67 | | | | 18.93 | 322.05 | fee schedule | |
| BKR CHG HIGH MOLECU WEIGHT KININOGEN | 85293 | CPT | | | | inpatient | | | 339 | 21.77 | Horizon | Indemnity | 129.77 | 38.28 | | | 18.93 | 322.05 | percent of total billed charges | |
| BKR CHG HIGH MOLECU WEIGHT KININOGEN | 85293 | CPT | | | | inpatient | | | 339 | 21.77 | Horizon | NJ Health | 60.37 | | | | 18.93 | 322.05 | fee schedule | |
| BKR CHG HIGH MOLECU WEIGHT KININOGEN | 85293 | CPT | | | | inpatient | | | 339 | 21.77 | Amerihealth | Medicare | 18.93 | | | | 18.93 | 322.05 | fee schedule | |
| BKR CHG HIGH MOLECU WEIGHT KININOGEN | 85293 | CPT | | | | inpatient | | | 339 | 21.77 | WellPoint | WellPoint | 109.09 | 32.18 | | | 18.93 | 322.05 | percent of total billed charges | |
| BKR CHG HIGH MOLECU WEIGHT KININOGEN | 85293 | CPT | | | | inpatient | | | 339 | 21.77 | Horizon | PPO | 129.77 | 38.28 | | | 18.93 | 322.05 | percent of total billed charges | |
| BKR CHG HIGH MOLECU WEIGHT KININOGEN | 85293 | CPT | | | | inpatient | | | 339 | 21.77 | UHC | Medicare | 18.93 | | | | 18.93 | 322.05 | fee schedule | |
| BKR CHG HIGH MOLECU WEIGHT KININOGEN | 85293 | CPT | | | | inpatient | | | 339 | 21.77 | Managed Care Inc | Managed Care Inc | 305.1 | 90 | | | 18.93 | 322.05 | percent of total billed charges | |
| BKR CHG HIGH MOLECU WEIGHT KININOGEN | 85293 | CPT | | | | inpatient | | | 339 | 21.77 | Three Rivers | Three Rivers | 322.05 | 95 | | | 18.93 | 322.05 | percent of total billed charges | |
| BKR CHG HIGH MOLECU WEIGHT KININOGEN | 85293 | CPT | | | | inpatient | | | 339 | 21.77 | Wellcare | Medicaid | 20.67 | | | | 18.93 | 322.05 | fee schedule | |
| BKR CHG CLOT INHIBIT OR ANTICOAG ANTITHROM III | 85300 | CPT | | | | both | | | 89 | 13.63 | Multiplan | Multiplan | 71.2 | 80 | | | 11.5 | 84.55 | percent of total billed charges | |
| BKR CHG CLOT INHIBIT OR ANTICOAG ANTITHROM III | 85300 | CPT | | | | both | | | 89 | 13.63 | Aetna | Better Health | 28.08 | 31.55 | | | 11.5 | 84.55 | percent of total billed charges | |
| BKR CHG CLOT INHIBIT OR ANTICOAG ANTITHROM III | 85300 | CPT | | | | both | | | 89 | 13.63 | First Trenton | First Trenton | 80.1 | 90 | | | 11.5 | 84.55 | percent of total billed charges | |
| BKR CHG CLOT INHIBIT OR ANTICOAG ANTITHROM III | 85300 | CPT | | | | both | | | 89 | 13.63 | Aetna | Medicare | 27.41 | 30.8 | | | 11.5 | 84.55 | percent of total billed charges | |
| BKR CHG CLOT INHIBIT OR ANTICOAG ANTITHROM III | 85300 | CPT | | | | both | | | 89 | 13.63 | Amerihealth | Medicare | 11.85 | | | | 11.5 | 84.55 | fee schedule | |
| BKR CHG CLOT INHIBIT OR ANTICOAG ANTITHROM III | 85300 | CPT | | | | both | | | 89 | 13.63 | Consumer | Consumer | 84.55 | 95 | | | 11.5 | 84.55 | percent of total billed charges | |
| BKR CHG CLOT INHIBIT OR ANTICOAG ANTITHROM III | 85300 | CPT | | | | both | | | 89 | 13.63 | Horizon | Indemnity | 34.07 | 38.28 | | | 11.5 | 84.55 | percent of total billed charges | |
| BKR CHG CLOT INHIBIT OR ANTICOAG ANTITHROM III | 85300 | CPT | | | | both | | | 89 | 13.63 | Horizon | MGD | 34.07 | 38.28 | | | 11.5 | 84.55 | percent of total billed charges | |
| BKR CHG CLOT INHIBIT OR ANTICOAG ANTITHROM III | 85300 | CPT | | | | both | | | 89 | 13.63 | Quelcare | Quelcare | 66.75 | 75 | | | 11.5 | 84.55 | percent of total billed charges | |
| BKR CHG CLOT INHIBIT OR ANTICOAG ANTITHROM III | 85300 | CPT | | | | both | | | 89 | 13.63 | Aetna | Commercial | 33.82 | 38 | | | 11.5 | 84.55 | percent of total billed charges | |
| BKR CHG CLOT INHIBIT OR ANTICOAG ANTITHROM III | 85300 | CPT | | | | both | | | 89 | 13.63 | Horizon | Medicare Blue | 26.7 | 30 | | | 11.5 | 84.55 | percent of total billed charges | |
| BKR CHG CLOT INHIBIT OR ANTICOAG ANTITHROM III | 85300 | CPT | | | | both | | | 89 | 13.63 | Americare | Americare | 66.75 | 75 | | | 11.5 | 84.55 | percent of total billed charges | |
| BKR CHG CLOT INHIBIT OR ANTICOAG ANTITHROM III | 85300 | CPT | | | | both | | | 89 | 13.63 | First Health | First Health | 62.3 | 70 | | | 11.5 | 84.55 | percent of total billed charges | |
| BKR CHG CLOT INHIBIT OR ANTICOAG ANTITHROM III | 85300 | CPT | | | | both | | | 89 | 13.63 | Corrections | Corrections | 71.2 | 80 | | | 11.5 | 84.55 | percent of total billed charges | |
| BKR CHG CLOT INHIBIT OR ANTICOAG ANTITHROM III | 85300 | CPT | | | | both | | | 89 | 13.63 | Managed Care Inc | Managed Care Inc | 80.1 | 90 | | | 11.5 | 84.55 | percent of total billed charges | |
| BKR CHG CLOT INHIBIT OR ANTICOAG ANTITHROM III | 85300 | CPT | | | | both | | | 89 | 13.63 | Horizon | PPO | 34.07 | 38.28 | | 11.41 | 11.5 | 84.55 | percent of total billed charges | |
| BKR CHG CLOT INHIBIT OR ANTICOAG ANTITHROM III | 85300 | CPT | | | | both | | | 89 | 13.63 | UHC | Medicare | 11.85 | | | 10.92 | 11.5 | 84.55 | fee schedule | |
| BKR CHG CLOT INHIBIT OR ANTICOAG ANTITHROM III | 85300 | CPT | | | | both | | | 89 | 13.63 | Amerihealth | HMO/PPO | 11.5 | | | 21.07 | 11.5 | 84.55 | fee schedule | |
| BKR CHG CLOT INHIBIT OR ANTICOAG ANTITHROM III | 85300 | CPT | | | | both | | | 89 | 13.63 | UHC | Medicaid | 15 | | | 16.52 | 11.5 | 84.55 | fee schedule | |
| BKR CHG CLOT INHIBIT OR ANTICOAG ANTITHROM III | 85300 | CPT | | | | both | | | 89 | 13.63 | WellPoint | WellPoint | 28.64 | 32.18 | | 1.38 | 11.5 | 84.55 | percent of total billed charges | |
| BKR CHG CLOT INHIBIT OR ANTICOAG ANTITHROM III | 85300 | CPT | | | | both | | | 89 | 13.63 | Three Rivers | Three Rivers | 84.55 | 95 | | | 11.5 | 84.55 | percent of total billed charges | |
| BKR CHG CLOT INHIBIT OR ANTICOAG ANTITHROM III | 85300 | CPT | | | | both | | | 89 | 13.63 | Horizon | NJ Health | 29.4 | | | 10.29 | 11.5 | 84.55 | fee schedule | |
| BKR CHG CLOT INHIBIT OR ANTICOAG ANTITHROM III | 85300 | CPT | | | | both | | | 89 | 13.63 | Wellcare | Medicare | 11.85 | | | 3.8 | 11.5 | 84.55 | fee schedule | |
| BKR CHG CLOT INHIBIT OR ANTICOAG ANTITHROM III | 85300 | CPT | | | | both | | | 89 | 13.63 | Wellcare | Medicaid | 15 | | | | 11.5 | 84.55 | fee schedule | |
| BKR CHG ANTITHROMBIN III ANTIGEN ASSAY | 85301 | CPT | | | | outpatient | | | 195 | 12.43 | Aetna | Better Health | 61.52 | 31.55 | | | 10.81 | 185.25 | percent of total billed charges | |
| BKR CHG ANTITHROMBIN III ANTIGEN ASSAY | 85301 | CPT | | | | outpatient | | | 195 | 12.43 | First Trenton | First Trenton | 175.5 | 90 | | | 10.81 | 185.25 | percent of total billed charges | |
| BKR CHG ANTITHROMBIN III ANTIGEN ASSAY | 85301 | CPT | | | | outpatient | | | 195 | 12.43 | Corrections | Corrections | 156 | 80 | | | 10.81 | 185.25 | percent of total billed charges | |
| BKR CHG ANTITHROMBIN III ANTIGEN ASSAY | 85301 | CPT | | | | outpatient | | | 195 | 12.43 | Americare | Americare | 146.25 | 75 | | | 10.81 | 185.25 | percent of total billed charges | |
| BKR CHG ANTITHROMBIN III ANTIGEN ASSAY | 85301 | CPT | | | | outpatient | | | 195 | 12.43 | Amerihealth | HMO/PPO | 16.9 | | | | 10.81 | 185.25 | fee schedule | |
| BKR CHG ANTITHROMBIN III ANTIGEN ASSAY | 85301 | CPT | | | | outpatient | | | 195 | 12.43 | Horizon | Indemnity | 74.65 | 38.28 | | | 10.81 | 185.25 | percent of total billed charges | |
| BKR CHG ANTITHROMBIN III ANTIGEN ASSAY | 85301 | CPT | | | | outpatient | | | 195 | 12.43 | Aetna | Medicare | 60.06 | 30.8 | | | 10.81 | 185.25 | percent of total billed charges | |
| BKR CHG ANTITHROMBIN III ANTIGEN ASSAY | 85301 | CPT | | | | outpatient | | | 195 | 12.43 | Consumer | Consumer | 185.25 | 95 | | | 10.81 | 185.25 | percent of total billed charges | |
| BKR CHG ANTITHROMBIN III ANTIGEN ASSAY | 85301 | CPT | | | | outpatient | | | 195 | 12.43 | Amerihealth | Medicare | 10.81 | | | | 10.81 | 185.25 | fee schedule | |
| BKR CHG ANTITHROMBIN III ANTIGEN ASSAY | 85301 | CPT | | | | outpatient | | | 195 | 12.43 | Horizon | PPO | 74.65 | 38.28 | | | 10.81 | 185.25 | percent of total billed charges | |
| BKR CHG ANTITHROMBIN III ANTIGEN ASSAY | 85301 | CPT | | | | outpatient | | | 195 | 12.43 | UHC | Medicaid | 14 | | | | 10.81 | 185.25 | fee schedule | |
| BKR CHG ANTITHROMBIN III ANTIGEN ASSAY | 85301 | CPT | | | | outpatient | | | 195 | 12.43 | Horizon | Medicare Blue | 58.5 | 30 | | | 10.81 | 185.25 | percent of total billed charges | |
| BKR CHG ANTITHROMBIN III ANTIGEN ASSAY | 85301 | CPT | | | | outpatient | | | 195 | 12.43 | First Health | First Health | 136.5 | 70 | | | 10.81 | 185.25 | percent of total billed charges | |
| BKR CHG ANTITHROMBIN III ANTIGEN ASSAY | 85301 | CPT | | | | outpatient | | | 195 | 12.43 | Multiplan | Multiplan | 156 | 80 | | | 10.81 | 185.25 | percent of total billed charges | |
| BKR CHG ANTITHROMBIN III ANTIGEN ASSAY | 85301 | CPT | | | | outpatient | | | 195 | 12.43 | Horizon | MGD | 74.65 | 38.28 | | | 10.81 | 185.25 | percent of total billed charges | |
| BKR CHG ANTITHROMBIN III ANTIGEN ASSAY | 85301 | CPT | | | | outpatient | | | 195 | 12.43 | Horizon | NJ Health | 31.36 | | | | 10.81 | 185.25 | fee schedule | |
| BKR CHG ANTITHROMBIN III ANTIGEN ASSAY | 85301 | CPT | | | | outpatient | | | 195 | 12.43 | Wellcare | Medicare | 10.81 | | | | 10.81 | 185.25 | fee schedule | |
| BKR CHG ANTITHROMBIN III ANTIGEN ASSAY | 85301 | CPT | | | | outpatient | | | 195 | 12.43 | Quelcare | Quelcare | 146.25 | 75 | | | 10.81 | 185.25 | percent of total billed charges | |
| BKR CHG ANTITHROMBIN III ANTIGEN ASSAY | 85301 | CPT | | | | outpatient | | | 195 | 12.43 | UHC | Medicare | 10.81 | | | | 10.81 | 185.25 | fee schedule | |
| BKR CHG ANTITHROMBIN III ANTIGEN ASSAY | 85301 | CPT | | | | outpatient | | | 195 | 12.43 | Managed Care Inc | Managed Care Inc | 175.5 | 90 | | | 10.81 | 185.25 | percent of total billed charges | |
| BKR CHG ANTITHROMBIN III ANTIGEN ASSAY | 85301 | CPT | | | | outpatient | | | 195 | 12.43 | WellPoint | WellPoint | 62.75 | 32.18 | | | 10.81 | 185.25 | percent of total billed charges | |
| BKR CHG ANTITHROMBIN III ANTIGEN ASSAY | 85301 | CPT | | | | outpatient | | | 195 | 12.43 | Three Rivers | Three Rivers | 185.25 | 95 | | | 10.81 | 185.25 | percent of total billed charges | |
| BKR CHG ANTITHROMBIN III ANTIGEN ASSAY | 85301 | CPT | | | | outpatient | | | 195 | 12.43 | Wellcare | Medicaid | 14 | | | | 10.81 | 185.25 | fee schedule | |
| BKR CHG PROTEIN.C.ANTIGEN(080465) | 85302 | CPT | | | | outpatient | | | 78 | 13.81 | Americare | Americare | 58.5 | 75 | | | 12.01 | 74.1 | percent of total billed charges | |
| BKR CHG PROTEIN.C.ANTIGEN(080465) | 85302 | CPT | | | | outpatient | | | 78 | 13.81 | Corrections | Corrections | 62.4 | 80 | | | 12.01 | 74.1 | percent of total billed charges | |
| BKR CHG PROTEIN.C.ANTIGEN(080465) | 85302 | CPT | | | | outpatient | | | 78 | 13.81 | Horizon | MGD | 29.86 | 38.28 | | 18.79 | 12.01 | 74.1 | percent of total billed charges | |
| BKR CHG PROTEIN.C.ANTIGEN(080465) | 85302 | CPT | | | | outpatient | | | 78 | 13.81 | Aetna | Better Health | 24.61 | 31.55 | | | 12.01 | 74.1 | percent of total billed charges | |
| BKR CHG PROTEIN.C.ANTIGEN(080465) | 85302 | CPT | | | | outpatient | | | 78 | 13.81 | Amerihealth | Medicare | 12.01 | | | | 12.01 | 74.1 | fee schedule | |
| BKR CHG PROTEIN.C.ANTIGEN(080465) | 85302 | CPT | | | | outpatient | | | 78 | 13.81 | Aetna | Medicare | 24.02 | 30.8 | | | 12.01 | 74.1 | percent of total billed charges | |
| BKR CHG PROTEIN.C.ANTIGEN(080465) | 85302 | CPT | | | | outpatient | | | 78 | 13.81 | Amerihealth | HMO/PPO | 18.8 | | | 18.37 | 12.01 | 74.1 | fee schedule | |
| BKR CHG PROTEIN.C.ANTIGEN(080465) | 85302 | CPT | | | | outpatient | | | 78 | 13.81 | First Health | First Health | 54.6 | 70 | | | 12.01 | 74.1 | percent of total billed charges | |
| BKR CHG PROTEIN.C.ANTIGEN(080465) | 85302 | CPT | | | | outpatient | | | 78 | 13.81 | Horizon | NJ Health | 35.28 | | | 1.58 | 12.01 | 74.1 | fee schedule | |
| BKR CHG PROTEIN.C.ANTIGEN(080465) | 85302 | CPT | | | | outpatient | | | 78 | 13.81 | Consumer | Consumer | 74.1 | 95 | | | 12.01 | 74.1 | percent of total billed charges | |
| BKR CHG PROTEIN.C.ANTIGEN(080465) | 85302 | CPT | | | | outpatient | | | 78 | 13.81 | Wellcare | Medicaid | 16 | | | | 12.01 | 74.1 | fee schedule | |
| BKR CHG PROTEIN.C.ANTIGEN(080465) | 85302 | CPT | | | | outpatient | | | 78 | 13.81 | Multiplan | Multiplan | 62.4 | 80 | | | 12.01 | 74.1 | percent of total billed charges | |
| BKR CHG PROTEIN.C.ANTIGEN(080465) | 85302 | CPT | | | | outpatient | | | 78 | 13.81 | Horizon | Medicare Blue | 23.4 | 30 | | | 12.01 | 74.1 | percent of total billed charges | |
| BKR CHG PROTEIN.C.ANTIGEN(080465) | 85302 | CPT | | | | outpatient | | | 78 | 13.81 | First Trenton | First Trenton | 70.2 | 90 | | | 12.01 | 74.1 | percent of total billed charges | |
| BKR CHG PROTEIN.C.ANTIGEN(080465) | 85302 | CPT | | | | outpatient | | | 78 | 13.81 | Wellcare | Medicare | 12.01 | | | | 12.01 | 74.1 | fee schedule | |
| BKR CHG PROTEIN.C.ANTIGEN(080465) | 85302 | CPT | | | | outpatient | | | 78 | 13.81 | Horizon | Indemnity | 29.86 | 38.28 | | | 12.01 | 74.1 | percent of total billed charges | |
| BKR CHG PROTEIN.C.ANTIGEN(080465) | 85302 | CPT | | | | outpatient | | | 78 | 13.81 | UHC | Medicare | 12.01 | | | | 12.01 | 74.1 | fee schedule | |
| BKR CHG PROTEIN.C.ANTIGEN(080465) | 85302 | CPT | | | | outpatient | | | 78 | 13.81 | Horizon | PPO | 29.86 | 38.28 | | | 12.01 | 74.1 | percent of total billed charges | |
| BKR CHG PROTEIN.C.ANTIGEN(080465) | 85302 | CPT | | | | outpatient | | | 78 | 13.81 | Quelcare | Quelcare | 58.5 | 75 | | | 12.01 | 74.1 | percent of total billed charges | |
| BKR CHG PROTEIN.C.ANTIGEN(080465) | 85302 | CPT | | | | outpatient | | | 78 | 13.81 | Managed Care Inc | Managed Care Inc | 70.2 | 90 | | | 12.01 | 74.1 | percent of total billed charges | |
| BKR CHG PROTEIN.C.ANTIGEN(080465) | 85302 | CPT | | | | outpatient | | | 78 | 13.81 | UHC | Medicaid | 16 | | | | 12.01 | 74.1 | fee schedule | |
| BKR CHG PROTEIN.C.ANTIGEN(080465) | 85302 | CPT | | | | outpatient | | | 78 | 13.81 | Three Rivers | Three Rivers | 74.1 | 95 | | | 12.01 | 74.1 | percent of total billed charges | |
| BKR CHG PROTEIN.C.ANTIGEN(080465) | 85302 | CPT | | | | outpatient | | | 78 | 13.81 | WellPoint | WellPoint | 25.1 | 32.18 | | 1.21 | 12.01 | 74.1 | percent of total billed charges | |
| BKR CHG PROTEIN C ACTIVITY | 85303 | CPT | | | | both | | | 126 | 15.92 | Aetna | Medicare | 38.81 | 30.8 | | | 13.84 | 119.7 | percent of total billed charges | |
| BKR CHG PROTEIN C ACTIVITY | 85303 | CPT | | | | both | | | 126 | 15.92 | Multiplan | Multiplan | 100.8 | 80 | | | 13.84 | 119.7 | percent of total billed charges | |
| BKR CHG PROTEIN C ACTIVITY | 85303 | CPT | | | | both | | | 126 | 15.92 | Consumer | Consumer | 119.7 | 95 | | | 13.84 | 119.7 | percent of total billed charges | |
| BKR CHG PROTEIN C ACTIVITY | 85303 | CPT | | | | both | | | 126 | 15.92 | Horizon | Medicare Blue | 37.8 | 30 | | | 13.84 | 119.7 | percent of total billed charges | |
| BKR CHG PROTEIN C ACTIVITY | 85303 | CPT | | | | both | | | 126 | 15.92 | Americare | Americare | 94.5 | 75 | | | 13.84 | 119.7 | percent of total billed charges | |
| BKR CHG PROTEIN C ACTIVITY | 85303 | CPT | | | | both | | | 126 | 15.92 | Amerihealth | Medicare | 13.84 | | | | 13.84 | 119.7 | fee schedule | |
| BKR CHG PROTEIN C ACTIVITY | 85303 | CPT | | | | both | | | 126 | 15.92 | Aetna | Better Health | 39.75 | 31.55 | | | 13.84 | 119.7 | percent of total billed charges | |
| BKR CHG PROTEIN C ACTIVITY | 85303 | CPT | | | | both | | | 126 | 15.92 | First Trenton | First Trenton | 113.4 | 90 | | | 13.84 | 119.7 | percent of total billed charges | |
| BKR CHG PROTEIN C ACTIVITY | 85303 | CPT | | | | both | | | 126 | 15.92 | Amerihealth | HMO/PPO | 27.2 | | | | 13.84 | 119.7 | fee schedule | |
| BKR CHG PROTEIN C ACTIVITY | 85303 | CPT | | | | both | | | 126 | 15.92 | Quelcare | Quelcare | 94.5 | 75 | | | 13.84 | 119.7 | percent of total billed charges | |
| BKR CHG PROTEIN C ACTIVITY | 85303 | CPT | | | | both | | | 126 | 15.92 | Corrections | Corrections | 100.8 | 80 | | | 13.84 | 119.7 | percent of total billed charges | |
| BKR CHG PROTEIN C ACTIVITY | 85303 | CPT | | | | both | | | 126 | 15.92 | Horizon | MGD | 48.23 | 38.28 | | 19.54 | 13.84 | 119.7 | percent of total billed charges | |
| BKR CHG PROTEIN C ACTIVITY | 85303 | CPT | | | | both | | | 126 | 15.92 | Horizon | NJ Health | 38.81 | | | 5.69 | 13.84 | 119.7 | fee schedule | |
| BKR CHG PROTEIN C ACTIVITY | 85303 | CPT | | | | both | | | 126 | 15.92 | First Health | First Health | 88.2 | 70 | | | 13.84 | 119.7 | percent of total billed charges | |
| BKR CHG PROTEIN C ACTIVITY | 85303 | CPT | | | | both | | | 126 | 15.92 | UHC | Medicaid | 18 | | | 23.44 | 13.84 | 119.7 | fee schedule | |
| BKR CHG PROTEIN C ACTIVITY | 85303 | CPT | | | | both | | | 126 | 15.92 | Horizon | Indemnity | 48.23 | 38.28 | | | 13.84 | 119.7 | percent of total billed charges | |
| BKR CHG PROTEIN C ACTIVITY | 85303 | CPT | | | | both | | | 126 | 15.92 | Horizon | PPO | 48.23 | 38.28 | | 16.17 | 13.84 | 119.7 | percent of total billed charges | |
| BKR CHG PROTEIN C ACTIVITY | 85303 | CPT | | | | both | | | 126 | 15.92 | UHC | Medicare | 13.84 | | | 13.03 | 13.84 | 119.7 | fee schedule | |
| BKR CHG PROTEIN C ACTIVITY | 85303 | CPT | | | | both | | | 126 | 15.92 | Wellcare | Medicaid | 18 | | | | 13.84 | 119.7 | fee schedule | |
| BKR CHG PROTEIN C ACTIVITY | 85303 | CPT | | | | both | | | 126 | 15.92 | WellPoint | WellPoint | 40.55 | 32.18 | | 0.98 | 13.84 | 119.7 | percent of total billed charges | |
| BKR CHG PROTEIN C ACTIVITY | 85303 | CPT | | | | both | | | 126 | 15.92 | Wellcare | Medicare | 13.84 | | | 5.4 | 13.84 | 119.7 | fee schedule | |
| BKR CHG PROTEIN C ACTIVITY | 85303 | CPT | | | | both | | | 126 | 15.92 | Three Rivers | Three Rivers | 119.7 | 95 | | | 13.84 | 119.7 | percent of total billed charges | |
| BKR CHG PROTEIN C ACTIVITY | 85303 | CPT | | | | both | | | 126 | 15.92 | Managed Care Inc | Managed Care Inc | 113.4 | 90 | | | 13.84 | 119.7 | percent of total billed charges | |
| BKR CHG PROTEIN S. TOTAL | 85305 | CPT | | | | both | | | 175 | 13.35 | Aetna | Medicare | 53.9 | 30.8 | | | 11.61 | 166.25 | percent of total billed charges | |
| BKR CHG PROTEIN S. TOTAL | 85305 | CPT | | | | both | | | 175 | 13.35 | WellPoint | WellPoint | 56.32 | 32.18 | | 0.99 | 11.61 | 166.25 | percent of total billed charges | |
| BKR CHG PROTEIN S. TOTAL | 85305 | CPT | | | | both | | | 175 | 13.35 | Amerihealth | Medicare | 11.61 | | | | 11.61 | 166.25 | fee schedule | |
| BKR CHG PROTEIN S. TOTAL | 85305 | CPT | | | | both | | | 175 | 13.35 | Consumer | Consumer | 166.25 | 95 | | | 11.61 | 166.25 | percent of total billed charges | |
| BKR CHG PROTEIN S. TOTAL | 85305 | CPT | | | | both | | | 175 | 13.35 | Aetna | Better Health | 55.21 | 31.55 | | | 11.61 | 166.25 | percent of total billed charges | |
| BKR CHG PROTEIN S. TOTAL | 85305 | CPT | | | | both | | | 175 | 13.35 | Horizon | Indemnity | 66.99 | 38.28 | | | 11.61 | 166.25 | percent of total billed charges | |
| BKR CHG PROTEIN S. TOTAL | 85305 | CPT | | | | both | | | 175 | 13.35 | Americare | Americare | 131.25 | 75 | | | 11.61 | 166.25 | percent of total billed charges | |
| BKR CHG PROTEIN S. TOTAL | 85305 | CPT | | | | both | | | 175 | 13.35 | Horizon | MGD | 66.99 | 38.28 | | 19.55 | 11.61 | 166.25 | percent of total billed charges | |
| BKR CHG PROTEIN S. TOTAL | 85305 | CPT | | | | both | | | 175 | 13.35 | Multiplan | Multiplan | 140 | 80 | | | 11.61 | 166.25 | percent of total billed charges | |
| BKR CHG PROTEIN S. TOTAL | 85305 | CPT | | | | both | | | 175 | 13.35 | Wellcare | Medicaid | 12.66 | | | | 11.61 | 166.25 | fee schedule | |
| BKR CHG PROTEIN S. TOTAL | 85305 | CPT | | | | both | | | 175 | 13.35 | First Health | First Health | 122.5 | 70 | | | 11.61 | 166.25 | percent of total billed charges | |
| BKR CHG PROTEIN S. TOTAL | 85305 | CPT | | | | both | | | 175 | 13.35 | Corrections | Corrections | 140 | 80 | | | 11.61 | 166.25 | percent of total billed charges | |
| BKR CHG PROTEIN S. TOTAL | 85305 | CPT | | | | both | | | 175 | 13.35 | Amerihealth | HMO/PPO | 18.1 | | | 10.04 | 11.61 | 166.25 | fee schedule | |
| BKR CHG PROTEIN S. TOTAL | 85305 | CPT | | | | both | | | 175 | 13.35 | Quelcare | Quelcare | 131.25 | 75 | | | 11.61 | 166.25 | percent of total billed charges | |
| BKR CHG PROTEIN S. TOTAL | 85305 | CPT | | | | both | | | 175 | 13.35 | First Trenton | First Trenton | 157.5 | 90 | | | 11.61 | 166.25 | percent of total billed charges | |
| BKR CHG PROTEIN S. TOTAL | 85305 | CPT | | | | both | | | 175 | 13.35 | Horizon | Medicare Blue | 52.5 | 30 | | | 11.61 | 166.25 | percent of total billed charges | |
| BKR CHG PROTEIN S. TOTAL | 85305 | CPT | | | | both | | | 175 | 13.35 | Horizon | NJ Health | 31.36 | | | 3.38 | 11.61 | 166.25 | fee schedule | |
| BKR CHG PROTEIN S. TOTAL | 85305 | CPT | | | | both | | | 175 | 13.35 | UHC | Medicaid | 12.66 | | | 6.39 | 11.61 | 166.25 | fee schedule | |
| BKR CHG PROTEIN S. TOTAL | 85305 | CPT | | | | both | | | 175 | 13.35 | Horizon | PPO | 66.99 | 38.28 | | | 11.61 | 166.25 | percent of total billed charges | |
| BKR CHG PROTEIN S. TOTAL | 85305 | CPT | | | | both | | | 175 | 13.35 | UHC | Medicare | 11.61 | | | 5.73 | 11.61 | 166.25 | fee schedule | |
| BKR CHG PROTEIN S. TOTAL | 85305 | CPT | | | | both | | | 175 | 13.35 | Managed Care Inc | Managed Care Inc | 157.5 | 90 | | | 11.61 | 166.25 | percent of total billed charges | |
| BKR CHG PROTEIN S. TOTAL | 85305 | CPT | | | | both | | | 175 | 13.35 | Three Rivers | Three Rivers | 166.25 | 95 | | | 11.61 | 166.25 | percent of total billed charges | |
| BKR CHG PROTEIN S. TOTAL | 85305 | CPT | | | | both | | | 175 | 13.35 | Wellcare | Medicare | 11.61 | | | | 11.61 | 166.25 | fee schedule | |
| BKR CHG PROTEIN S-FUNCTIONAL | 85306 | CPT | | | | both | | | 227 | 17.62 | Amerihealth | Medicare | 15.32 | | | | 12.9 | 215.65 | fee schedule | |
| BKR CHG PROTEIN S-FUNCTIONAL | 85306 | CPT | | | | both | | | 227 | 17.62 | Aetna | Medicare | 69.92 | 30.8 | | | 12.9 | 215.65 | percent of total billed charges | |
| BKR CHG PROTEIN S-FUNCTIONAL | 85306 | CPT | | | | both | | | 227 | 17.62 | First Health | First Health | 158.9 | 70 | | | 12.9 | 215.65 | percent of total billed charges | |
| BKR CHG PROTEIN S-FUNCTIONAL | 85306 | CPT | | | | both | | | 227 | 17.62 | Horizon | Indemnity | 86.9 | 38.28 | | | 12.9 | 215.65 | percent of total billed charges | |
| BKR CHG PROTEIN S-FUNCTIONAL | 85306 | CPT | | | | both | | | 227 | 17.62 | First Trenton | First Trenton | 204.3 | 90 | | | 12.9 | 215.65 | percent of total billed charges | |
| BKR CHG PROTEIN S-FUNCTIONAL | 85306 | CPT | | | | both | | | 227 | 17.62 | Corrections | Corrections | 181.6 | 80 | | | 12.9 | 215.65 | percent of total billed charges | |
| BKR CHG PROTEIN S-FUNCTIONAL | 85306 | CPT | | | | both | | | 227 | 17.62 | Aetna | Better Health | 71.62 | 31.55 | | | 12.9 | 215.65 | percent of total billed charges | |
| BKR CHG PROTEIN S-FUNCTIONAL | 85306 | CPT | | | | both | | | 227 | 17.62 | Americare | Americare | 170.25 | 75 | | | 12.9 | 215.65 | percent of total billed charges | |
| BKR CHG PROTEIN S-FUNCTIONAL | 85306 | CPT | | | | both | | | 227 | 17.62 | Managed Care Inc | Managed Care Inc | 204.3 | 90 | | | 12.9 | 215.65 | percent of total billed charges | |
| BKR CHG PROTEIN S-FUNCTIONAL | 85306 | CPT | | | | both | | | 227 | 17.62 | Horizon | NJ Health | 38.81 | | | 8.62 | 12.9 | 215.65 | fee schedule | |
| BKR CHG PROTEIN S-FUNCTIONAL | 85306 | CPT | | | | both | | | 227 | 17.62 | Horizon | PPO | 86.9 | 38.28 | | 19.37 | 12.9 | 215.65 | percent of total billed charges | |
| BKR CHG PROTEIN S-FUNCTIONAL | 85306 | CPT | | | | both | | | 227 | 17.62 | Multiplan | Multiplan | 181.6 | 80 | | | 12.9 | 215.65 | percent of total billed charges | |
| BKR CHG PROTEIN S-FUNCTIONAL | 85306 | CPT | | | | both | | | 227 | 17.62 | UHC | Medicaid | 18 | | | 17.35 | 12.9 | 215.65 | fee schedule | |
| BKR CHG PROTEIN S-FUNCTIONAL | 85306 | CPT | | | | both | | | 227 | 17.62 | WellPoint | WellPoint | 73.05 | 32.18 | | 1.15 | 12.9 | 215.65 | percent of total billed charges | |
| BKR CHG PROTEIN S-FUNCTIONAL | 85306 | CPT | | | | both | | | 227 | 17.62 | UHC | Medicare | 15.32 | | | 9.62 | 12.9 | 215.65 | fee schedule | |
| BKR CHG PROTEIN S-FUNCTIONAL | 85306 | CPT | | | | both | | | 227 | 17.62 | Amerihealth | HMO/PPO | 27.2 | | | 10.04 | 12.9 | 215.65 | fee schedule | |
| BKR CHG PROTEIN S-FUNCTIONAL | 85306 | CPT | | | | both | | | 227 | 17.62 | Wellcare | Medicare | 15.32 | | | 6.46 | 12.9 | 215.65 | fee schedule | |
| BKR CHG PROTEIN S-FUNCTIONAL | 85306 | CPT | | | | both | | | 227 | 17.62 | Quelcare | Quelcare | 170.25 | 75 | | | 12.9 | 215.65 | percent of total billed charges | |
| BKR CHG PROTEIN S-FUNCTIONAL | 85306 | CPT | | | | both | | | 227 | 17.62 | Consumer | Consumer | 215.65 | 95 | | | 12.9 | 215.65 | percent of total billed charges | |
| BKR CHG PROTEIN S-FUNCTIONAL | 85306 | CPT | | | | both | | | 227 | 17.62 | Wellcare | Medicaid | 18 | | | 24.75 | 12.9 | 215.65 | fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG PROTEIN S-FUNCTIONAL | 85306 | CPT | | | | both | | | 227 | 17.62 | Horizon | Medicare Blue | 68.1 | 30 | | | 12.9 | 215.65 | percent of total billed charges | |
| BKR CHG PROTEIN S-FUNCTIONAL | 85306 | CPT | | | | both | | | 227 | 17.62 | Horizon | MGD | 86.9 | 38.28 | | 20.09 | 12.9 | 215.65 | percent of total billed charges | |
| BKR CHG PROTEIN S-FUNCTIONAL | 85306 | CPT | | | | both | | | 227 | 17.62 | Three Rivers | Three Rivers | 215.65 | 95 | | | 12.9 | 215.65 | percent of total billed charges | |
| BKR CHG ACTIVATED.PROTEIN.C.RESISTANCE(117762) | 85307 | CPT | | | | outpatient | | | 66 | 17.62 | First Health | First Health | 46.2 | 70 | | | 15.32 | 62.7 | percent of total billed charges | |
| BKR CHG ACTIVATED.PROTEIN.C.RESISTANCE(117762) | 85307 | CPT | | | | outpatient | | | 66 | 17.62 | Amerihealth | Medicare | 15.32 | | | | 15.32 | 62.7 | fee schedule | |
| BKR CHG ACTIVATED.PROTEIN.C.RESISTANCE(117762) | 85307 | CPT | | | | outpatient | | | 66 | 17.62 | Corrections | Corrections | 52.8 | 80 | | | 15.32 | 62.7 | percent of total billed charges | |
| BKR CHG ACTIVATED.PROTEIN.C.RESISTANCE(117762) | 85307 | CPT | | | | outpatient | | | 66 | 17.62 | Consumer | Consumer | 62.7 | 95 | | | 15.32 | 62.7 | percent of total billed charges | |
| BKR CHG ACTIVATED.PROTEIN.C.RESISTANCE(117762) | 85307 | CPT | | | | outpatient | | | 66 | 17.62 | Aetna | Medicare | 20.33 | 30.8 | | | 15.32 | 62.7 | percent of total billed charges | |
| BKR CHG ACTIVATED.PROTEIN.C.RESISTANCE(117762) | 85307 | CPT | | | | outpatient | | | 66 | 17.62 | First Trenton | First Trenton | 59.4 | 90 | | | 15.32 | 62.7 | percent of total billed charges | |
| BKR CHG ACTIVATED.PROTEIN.C.RESISTANCE(117762) | 85307 | CPT | | | | outpatient | | | 66 | 17.62 | Aetna | Better Health | 20.82 | 31.55 | | | 15.32 | 62.7 | percent of total billed charges | |
| BKR CHG ACTIVATED.PROTEIN.C.RESISTANCE(117762) | 85307 | CPT | | | | outpatient | | | 66 | 17.62 | Americare | Americare | 49.5 | 75 | | | 15.32 | 62.7 | percent of total billed charges | |
| BKR CHG ACTIVATED.PROTEIN.C.RESISTANCE(117762) | 85307 | CPT | | | | outpatient | | | 66 | 17.62 | UHC | Medicare | 15.32 | | | | 15.32 | 62.7 | fee schedule | |
| BKR CHG ACTIVATED.PROTEIN.C.RESISTANCE(117762) | 85307 | CPT | | | | outpatient | | | 66 | 17.62 | Horizon | Indemnity | 25.26 | 38.28 | | | 15.32 | 62.7 | percent of total billed charges | |
| BKR CHG ACTIVATED.PROTEIN.C.RESISTANCE(117762) | 85307 | CPT | | | | outpatient | | | 66 | 17.62 | WellPoint | WellPoint | 21.24 | 32.18 | | | 15.32 | 62.7 | percent of total billed charges | |
| BKR CHG ACTIVATED.PROTEIN.C.RESISTANCE(117762) | 85307 | CPT | | | | outpatient | | | 66 | 17.62 | Horizon | NJ Health | 17.01 | | | | 15.32 | 62.7 | fee schedule | |
| BKR CHG ACTIVATED.PROTEIN.C.RESISTANCE(117762) | 85307 | CPT | | | | outpatient | | | 66 | 17.62 | Amerihealth | HMO/PPO | 27.2 | | | | 15.32 | 62.7 | fee schedule | |
| BKR CHG ACTIVATED.PROTEIN.C.RESISTANCE(117762) | 85307 | CPT | | | | outpatient | | | 66 | 17.62 | Horizon | PPO | 25.26 | 38.28 | | | 15.32 | 62.7 | percent of total billed charges | |
| BKR CHG ACTIVATED.PROTEIN.C.RESISTANCE(117762) | 85307 | CPT | | | | outpatient | | | 66 | 17.62 | Horizon | Medicare Blue | 19.8 | 30 | | | 15.32 | 62.7 | percent of total billed charges | |
| BKR CHG ACTIVATED.PROTEIN.C.RESISTANCE(117762) | 85307 | CPT | | | | outpatient | | | 66 | 17.62 | Multiplan | Multiplan | 52.8 | 80 | | | 15.32 | 62.7 | percent of total billed charges | |
| BKR CHG ACTIVATED.PROTEIN.C.RESISTANCE(117762) | 85307 | CPT | | | | outpatient | | | 66 | 17.62 | Wellcare | Medicare | 15.32 | | | | 15.32 | 62.7 | fee schedule | |
| BKR CHG ACTIVATED.PROTEIN.C.RESISTANCE(117762) | 85307 | CPT | | | | outpatient | | | 66 | 17.62 | Managed Care Inc | Managed Care Inc | 59.4 | 90 | | | 15.32 | 62.7 | percent of total billed charges | |
| BKR CHG ACTIVATED.PROTEIN.C.RESISTANCE(117762) | 85307 | CPT | | | | outpatient | | | 66 | 17.62 | Horizon | MGD | 25.26 | 38.28 | | | 15.32 | 62.7 | percent of total billed charges | |
| BKR CHG ACTIVATED.PROTEIN.C.RESISTANCE(117762) | 85307 | CPT | | | | outpatient | | | 66 | 17.62 | Three Rivers | Three Rivers | 62.7 | 95 | | | 15.32 | 62.7 | percent of total billed charges | |
| BKR CHG ACTIVATED.PROTEIN.C.RESISTANCE(117762) | 85307 | CPT | | | | outpatient | | | 66 | 17.62 | Wellcare | Medicaid | 18 | | | | 15.32 | 62.7 | fee schedule | |
| BKR CHG ACTIVATED.PROTEIN.C.RESISTANCE(117762) | 85307 | CPT | | | | outpatient | | | 66 | 17.62 | Qualcare | Qualcare | 49.5 | 75 | | | 15.32 | 62.7 | percent of total billed charges | |
| BKR CHG ACTIVATED.PROTEIN.C.RESISTANCE(117762) | 85307 | CPT | | | | outpatient | | | 66 | 17.62 | UHC | Medicaid | 18 | | | | 15.32 | 62.7 | fee schedule | |
| BKR CHG MIXING STUDY | 85335 | CPT | | | | both | | | 124 | 14.8 | Aetna | Medicare | 38.19 | 30.8 | | | 8 | 117.8 | percent of total billed charges | |
| BKR CHG MIXING STUDY | 85335 | CPT | | | | both | | | 124 | 14.8 | Horizon | MGD | 47.47 | 38.28 | | | 8 | 117.8 | percent of total billed charges | |
| BKR CHG MIXING STUDY | 85335 | CPT | | | | both | | | 124 | 14.8 | Corrections | Corrections | 99.2 | 80 | | | 8 | 117.8 | percent of total billed charges | |
| BKR CHG MIXING STUDY | 85335 | CPT | | | | both | | | 124 | 14.8 | Aetna | Better Health | 39.12 | 31.55 | | | 8 | 117.8 | percent of total billed charges | |
| BKR CHG MIXING STUDY | 85335 | CPT | | | | both | | | 124 | 14.8 | Americare | Americare | 93 | 75 | | | 8 | 117.8 | percent of total billed charges | |
| BKR CHG MIXING STUDY | 85335 | CPT | | | | both | | | 124 | 14.8 | Amerihealth | HMO/PPO | 8 | | | | 8 | 117.8 | fee schedule | |
| BKR CHG MIXING STUDY | 85335 | CPT | | | | both | | | 124 | 14.8 | Horizon | Indemnity | 47.47 | 38.28 | | | 8 | 117.8 | percent of total billed charges | |
| BKR CHG MIXING STUDY | 85335 | CPT | | | | both | | | 124 | 14.8 | Amerihealth | Medicare | 12.87 | | | | 8 | 117.8 | fee schedule | |
| BKR CHG MIXING STUDY | 85335 | CPT | | | | both | | | 124 | 14.8 | First Health | First Health | 86.8 | 70 | | | 8 | 117.8 | percent of total billed charges | |
| BKR CHG MIXING STUDY | 85335 | CPT | | | | both | | | 124 | 14.8 | Horizon | PPO | 47.47 | 38.28 | | | 8 | 117.8 | percent of total billed charges | |
| BKR CHG MIXING STUDY | 85335 | CPT | | | | both | | | 124 | 14.8 | First Trenton | First Trenton | 111.6 | 90 | | | 8 | 117.8 | percent of total billed charges | |
| BKR CHG MIXING STUDY | 85335 | CPT | | | | both | | | 124 | 14.8 | Aetna | Commercial | 47.12 | 38 | | | 8 | 117.8 | percent of total billed charges | |
| BKR CHG MIXING STUDY | 85335 | CPT | | | | both | | | 124 | 14.8 | Consumer | Consumer | 117.8 | 95 | | | 8 | 117.8 | percent of total billed charges | |
| BKR CHG MIXING STUDY | 85335 | CPT | | | | both | | | 124 | 14.8 | Three Rivers | Three Rivers | 117.8 | 95 | | | 8 | 117.8 | percent of total billed charges | |
| BKR CHG MIXING STUDY | 85335 | CPT | | | | both | | | 124 | 14.8 | Qualcare | Qualcare | 93 | 75 | | | 8 | 117.8 | percent of total billed charges | |
| BKR CHG MIXING STUDY | 85335 | CPT | | | | both | | | 124 | 14.8 | WellPoint | WellPoint | 39.9 | 32.18 | | 5.93 | 8 | 117.8 | percent of total billed charges | |
| BKR CHG MIXING STUDY | 85335 | CPT | | | | both | | | 124 | 14.8 | Horizon | Medicare Blue | 37.2 | 30 | | | 8 | 117.8 | percent of total billed charges | |
| BKR CHG MIXING STUDY | 85335 | CPT | | | | both | | | 124 | 14.8 | Wellcare | Medicaid | 10 | | | | 8 | 117.8 | fee schedule | |
| BKR CHG MIXING STUDY | 85335 | CPT | | | | both | | | 124 | 14.8 | Horizon | NJ Health | 19.6 | | | | 8 | 117.8 | fee schedule | |
| BKR CHG MIXING STUDY | 85335 | CPT | | | | both | | | 124 | 14.8 | Wellcare | Medicare | 12.87 | | | | 8 | 117.8 | fee schedule | |
| BKR CHG MIXING STUDY | 85335 | CPT | | | | both | | | 124 | 14.8 | Multiplan | Multiplan | 99.2 | 80 | | | 8 | 117.8 | percent of total billed charges | |
| BKR CHG MIXING STUDY | 85335 | CPT | | | | both | | | 124 | 14.8 | UHC | Medicaid | 10 | | | | 8 | 117.8 | fee schedule | |
| BKR CHG MIXING STUDY | 85335 | CPT | | | | both | | | 124 | 14.8 | UHC | Medicare | 12.87 | | | | 8 | 117.8 | fee schedule | |
| BKR CHG MIXING STUDY | 85335 | CPT | | | | both | | | 124 | 14.8 | Managed Care Inc | Managed Care Inc | 111.6 | 90 | | | 8 | 117.8 | percent of total billed charges | |
| BKR CHG POCT ACTIVATED CLOT TIME | 85347 | CPT | | | | both | | | 110 | 4.92 | Consumer | Consumer | 104.5 | 95 | | | 3 | 104.5 | percent of total billed charges | |
| BKR CHG POCT ACTIVATED CLOT TIME | 85347 | CPT | | | | both | | | 110 | 4.92 | Americare | Americare | 82.5 | 75 | | | 3 | 104.5 | percent of total billed charges | |
| BKR CHG POCT ACTIVATED CLOT TIME | 85347 | CPT | | | | both | | | 110 | 4.92 | Aetna | Better Health | 34.71 | 31.55 | | | 3 | 104.5 | percent of total billed charges | |
| BKR CHG POCT ACTIVATED CLOT TIME | 85347 | CPT | | | | both | | | 110 | 4.92 | Horizon | Medicare Blue | 33 | 30 | | 14.9 | 3 | 104.5 | percent of total billed charges | |
| BKR CHG POCT ACTIVATED CLOT TIME | 85347 | CPT | | | | both | | | 110 | 4.92 | Aetna | Medicare | 33.88 | 30.8 | | | 3 | 104.5 | percent of total billed charges | |
| BKR CHG POCT ACTIVATED CLOT TIME | 85347 | CPT | | | | both | | | 110 | 4.92 | First Trenton | First Trenton | 99 | 90 | | | 3 | 104.5 | percent of total billed charges | |
| BKR CHG POCT ACTIVATED CLOT TIME | 85347 | CPT | | | | both | | | 110 | 4.92 | Corrections | Corrections | 88 | 80 | | | 3 | 104.5 | percent of total billed charges | |
| BKR CHG POCT ACTIVATED CLOT TIME | 85347 | CPT | | | | both | | | 110 | 4.92 | Multiplan | Multiplan | 88 | 80 | | | 3 | 104.5 | percent of total billed charges | |
| BKR CHG POCT ACTIVATED CLOT TIME | 85347 | CPT | | | | both | | | 110 | 4.92 | First Health | First Health | 77 | 70 | | | 3 | 104.5 | percent of total billed charges | |
| BKR CHG POCT ACTIVATED CLOT TIME | 85347 | CPT | | | | both | | | 110 | 4.92 | Amerihealth | HMO/PPO | 6.1 | | | | 3 | 104.5 | fee schedule | |
| BKR CHG POCT ACTIVATED CLOT TIME | 85347 | CPT | | | | both | | | 110 | 4.92 | Horizon | MGD | 42.11 | 38.28 | | 12.78 | 3 | 104.5 | percent of total billed charges | |
| BKR CHG POCT ACTIVATED CLOT TIME | 85347 | CPT | | | | both | | | 110 | 4.92 | Wellcare | Medicaid | 3 | | | 2.44 | 3 | 104.5 | fee schedule | |
| BKR CHG POCT ACTIVATED CLOT TIME | 85347 | CPT | | | | both | | | 110 | 4.92 | Horizon | PPO | 42.11 | 38.28 | | | 3 | 104.5 | percent of total billed charges | |
| BKR CHG POCT ACTIVATED CLOT TIME | 85347 | CPT | | | | both | | | 110 | 4.92 | Horizon | NJ Health | 6.47 | | | 1.68 | 3 | 104.5 | fee schedule | |
| BKR CHG POCT ACTIVATED CLOT TIME | 85347 | CPT | | | | both | | | 110 | 4.92 | Three Rivers | Three Rivers | 104.5 | 95 | | | 3 | 104.5 | percent of total billed charges | |
| BKR CHG POCT ACTIVATED CLOT TIME | 85347 | CPT | | | | both | | | 110 | 4.92 | Qualcare | Qualcare | 82.5 | 75 | | | 3 | 104.5 | percent of total billed charges | |
| BKR CHG POCT ACTIVATED CLOT TIME | 85347 | CPT | | | | both | | | 110 | 4.92 | UHC | Medicare | 4.28 | | | 9.28 | 3 | 104.5 | fee schedule | |
| BKR CHG POCT ACTIVATED CLOT TIME | 85347 | CPT | | | | both | | | 110 | 4.92 | Amerihealth | Medicare | 4.28 | | | | 3 | 104.5 | fee schedule | |
| BKR CHG POCT ACTIVATED CLOT TIME | 85347 | CPT | | | | both | | | 110 | 4.92 | Wellcare | Medicare | 4.28 | | | | 3 | 104.5 | fee schedule | |
| BKR CHG POCT ACTIVATED CLOT TIME | 85347 | CPT | | | | both | | | 110 | 4.92 | Managed Care Inc | Managed Care Inc | 99 | 90 | | | 3 | 104.5 | percent of total billed charges | |
| BKR CHG POCT ACTIVATED CLOT TIME | 85347 | CPT | | | | both | | | 110 | 4.92 | WellPoint | WellPoint | 35.4 | 32.18 | | 19.1 | 3 | 104.5 | percent of total billed charges | |
| BKR CHG POCT ACTIVATED CLOT TIME | 85347 | CPT | | | | both | | | 110 | 4.92 | Horizon | Indemnity | 42.11 | 38.28 | | 30.48 | 3 | 104.5 | percent of total billed charges | |
| BKR CHG POCT ACTIVATED CLOT TIME | 85347 | CPT | | | | both | | | 110 | 4.92 | UHC | Medicaid | 3 | | | 12.06 | 3 | 104.5 | fee schedule | |
| BKR CHG EUGLOBULIN LYSIS TIME | 85360 | CPT | | | | outpatient | | | 189 | 9.67 | Americare | Americare | 141.75 | 75 | | | 8.41 | 179.55 | percent of total billed charges | |
| BKR CHG EUGLOBULIN LYSIS TIME | 85360 | CPT | | | | outpatient | | | 189 | 9.67 | Aetna | Medicare | 58.21 | 30.8 | | | 8.41 | 179.55 | percent of total billed charges | |
| BKR CHG EUGLOBULIN LYSIS TIME | 85360 | CPT | | | | outpatient | | | 189 | 9.67 | Corrections | Corrections | 151.2 | 80 | | | 8.41 | 179.55 | percent of total billed charges | |
| BKR CHG EUGLOBULIN LYSIS TIME | 85360 | CPT | | | | outpatient | | | 189 | 9.67 | Horizon | MGD | 72.35 | 38.28 | | | 8.41 | 179.55 | percent of total billed charges | |
| BKR CHG EUGLOBULIN LYSIS TIME | 85360 | CPT | | | | outpatient | | | 189 | 9.67 | First Trenton | First Trenton | 170.1 | 90 | | | 8.41 | 179.55 | percent of total billed charges | |
| BKR CHG EUGLOBULIN LYSIS TIME | 85360 | CPT | | | | outpatient | | | 189 | 9.67 | Aetna | Better Health | 59.63 | 31.55 | | | 8.41 | 179.55 | percent of total billed charges | |
| BKR CHG EUGLOBULIN LYSIS TIME | 85360 | CPT | | | | outpatient | | | 189 | 9.67 | Amerihealth | Medicare | 8.41 | | | | 8.41 | 179.55 | fee schedule | |
| BKR CHG EUGLOBULIN LYSIS TIME | 85360 | CPT | | | | outpatient | | | 189 | 9.67 | Amerihealth | HMO/PPO | 9.9 | | | | 8.41 | 179.55 | fee schedule | |
| BKR CHG EUGLOBULIN LYSIS TIME | 85360 | CPT | | | | outpatient | | | 189 | 9.67 | Horizon | Indemnity | 72.35 | 38.28 | | | 8.41 | 179.55 | percent of total billed charges | |
| BKR CHG EUGLOBULIN LYSIS TIME | 85360 | CPT | | | | outpatient | | | 189 | 9.67 | Consumer | Consumer | 179.55 | 95 | | | 8.41 | 179.55 | percent of total billed charges | |
| BKR CHG EUGLOBULIN LYSIS TIME | 85360 | CPT | | | | outpatient | | | 189 | 9.67 | WellPoint | WellPoint | 60.82 | 32.18 | | | 8.41 | 179.55 | percent of total billed charges | |
| BKR CHG EUGLOBULIN LYSIS TIME | 85360 | CPT | | | | outpatient | | | 189 | 9.67 | First Health | First Health | 132.3 | 70 | | | 8.41 | 179.55 | percent of total billed charges | |
| BKR CHG EUGLOBULIN LYSIS TIME | 85360 | CPT | | | | outpatient | | | 189 | 9.67 | Horizon | NJ Health | 21.56 | | | | 8.41 | 179.55 | fee schedule | |
| BKR CHG EUGLOBULIN LYSIS TIME | 85360 | CPT | | | | outpatient | | | 189 | 9.67 | Wellcare | Medicaid | 11 | | | | 8.41 | 179.55 | fee schedule | |
| BKR CHG EUGLOBULIN LYSIS TIME | 85360 | CPT | | | | outpatient | | | 189 | 9.67 | Multiplan | Multiplan | 151.2 | 80 | | | 8.41 | 179.55 | percent of total billed charges | |
| BKR CHG EUGLOBULIN LYSIS TIME | 85360 | CPT | | | | outpatient | | | 189 | 9.67 | Wellcare | Medicare | 8.41 | | | | 8.41 | 179.55 | fee schedule | |
| BKR CHG EUGLOBULIN LYSIS TIME | 85360 | CPT | | | | outpatient | | | 189 | 9.67 | Horizon | Medicare Blue | 56.7 | 30 | | | 8.41 | 179.55 | percent of total billed charges | |
| BKR CHG EUGLOBULIN LYSIS TIME | 85360 | CPT | | | | outpatient | | | 189 | 9.67 | Qualcare | Qualcare | 141.75 | 75 | | | 8.41 | 179.55 | percent of total billed charges | |
| BKR CHG EUGLOBULIN LYSIS TIME | 85360 | CPT | | | | outpatient | | | 189 | 9.67 | Managed Care Inc | Managed Care Inc | 170.1 | 90 | | | 8.41 | 179.55 | percent of total billed charges | |
| BKR CHG EUGLOBULIN LYSIS TIME | 85360 | CPT | | | | outpatient | | | 189 | 9.67 | UHC | Medicare | 8.41 | | | | 8.41 | 179.55 | fee schedule | |
| BKR CHG EUGLOBULIN LYSIS TIME | 85360 | CPT | | | | outpatient | | | 189 | 9.67 | Horizon | PPO | 72.35 | 38.28 | | | 8.41 | 179.55 | percent of total billed charges | |
| BKR CHG EUGLOBULIN LYSIS TIME | 85360 | CPT | | | | outpatient | | | 189 | 9.67 | Three Rivers | Three Rivers | 179.55 | 95 | | | 8.41 | 179.55 | percent of total billed charges | |
| BKR CHG EUGLOBULIN LYSIS TIME | 85360 | CPT | | | | outpatient | | | 189 | 9.67 | UHC | Medicaid | 11 | | | | 8.41 | 179.55 | fee schedule | |
| BKR CHG FIBRIN SPLIT PRODUCTS | 85362 | CPT | | | | both | | | 76 | 7.92 | UHC | Medicaid | 3 | | | | 3 | 72.2 | fee schedule | |
| BKR CHG FIBRIN SPLIT PRODUCTS | 85362 | CPT | | | | both | | | 76 | 7.92 | First Health | First Health | 53.2 | 70 | | | 3 | 72.2 | percent of total billed charges | |
| BKR CHG FIBRIN SPLIT PRODUCTS | 85362 | CPT | | | | both | | | 76 | 7.92 | Americare | Americare | 57 | 75 | | | 3 | 72.2 | percent of total billed charges | |
| BKR CHG FIBRIN SPLIT PRODUCTS | 85362 | CPT | | | | both | | | 76 | 7.92 | Aetna | Medicare | 23.41 | 30.8 | | | 3 | 72.2 | percent of total billed charges | |
| BKR CHG FIBRIN SPLIT PRODUCTS | 85362 | CPT | | | | both | | | 76 | 7.92 | Horizon | NJ Health | 5.88 | | | 7.1 | 3 | 72.2 | fee schedule | |
| BKR CHG FIBRIN SPLIT PRODUCTS | 85362 | CPT | | | | both | | | 76 | 7.92 | Aetna | Better Health | 23.98 | 31.55 | | | 3 | 72.2 | percent of total billed charges | |
| BKR CHG FIBRIN SPLIT PRODUCTS | 85362 | CPT | | | | both | | | 76 | 7.92 | Corrections | Corrections | 60.8 | 80 | | | 3 | 72.2 | percent of total billed charges | |
| BKR CHG FIBRIN SPLIT PRODUCTS | 85362 | CPT | | | | both | | | 76 | 7.92 | First Trenton | First Trenton | 68.4 | 90 | | | 3 | 72.2 | percent of total billed charges | |
| BKR CHG FIBRIN SPLIT PRODUCTS | 85362 | CPT | | | | both | | | 76 | 7.92 | Wellcare | Medicare | 6.89 | | | | 3 | 72.2 | fee schedule | |
| BKR CHG FIBRIN SPLIT PRODUCTS | 85362 | CPT | | | | both | | | 76 | 7.92 | Multiplan | Multiplan | 60.8 | 80 | | | 3 | 72.2 | percent of total billed charges | |
| BKR CHG FIBRIN SPLIT PRODUCTS | 85362 | CPT | | | | both | | | 76 | 7.92 | Consumer | Consumer | 72.2 | 95 | | | 3 | 72.2 | percent of total billed charges | |
| BKR CHG FIBRIN SPLIT PRODUCTS | 85362 | CPT | | | | both | | | 76 | 7.92 | Amerihealth | HMO/PPO | 10.6 | | | | 3 | 72.2 | fee schedule | |
| BKR CHG FIBRIN SPLIT PRODUCTS | 85362 | CPT | | | | both | | | 76 | 7.92 | Horizon | Indemnity | 29.09 | 38.28 | | | 3 | 72.2 | percent of total billed charges | |
| BKR CHG FIBRIN SPLIT PRODUCTS | 85362 | CPT | | | | both | | | 76 | 7.92 | Horizon | Medicare Blue | 22.8 | 30 | | | 3 | 72.2 | percent of total billed charges | |
| BKR CHG FIBRIN SPLIT PRODUCTS | 85362 | CPT | | | | both | | | 76 | 7.92 | Three Rivers | Three Rivers | 72.2 | 95 | | | 3 | 72.2 | percent of total billed charges | |
| BKR CHG FIBRIN SPLIT PRODUCTS | 85362 | CPT | | | | both | | | 76 | 7.92 | Horizon | PPO | 29.09 | 38.28 | | | 3 | 72.2 | percent of total billed charges | |
| BKR CHG FIBRIN SPLIT PRODUCTS | 85362 | CPT | | | | both | | | 76 | 7.92 | Wellcare | Medicaid | 3 | | | | 3 | 72.2 | fee schedule | |
| BKR CHG FIBRIN SPLIT PRODUCTS | 85362 | CPT | | | | both | | | 76 | 7.92 | Qualcare | Qualcare | 57 | 75 | | | 3 | 72.2 | percent of total billed charges | |
| BKR CHG FIBRIN SPLIT PRODUCTS | 85362 | CPT | | | | both | | | 76 | 7.92 | Amerihealth | Medicare | 6.89 | | | | 3 | 72.2 | fee schedule | |
| BKR CHG FIBRIN SPLIT PRODUCTS | 85362 | CPT | | | | both | | | 76 | 7.92 | WellPoint | WellPoint | 24.46 | 32.18 | | | 3 | 72.2 | percent of total billed charges | |
| BKR CHG FIBRIN SPLIT PRODUCTS | 85362 | CPT | | | | both | | | 76 | 7.92 | Managed Care Inc | Managed Care Inc | 68.4 | 90 | | | 3 | 72.2 | percent of total billed charges | |
| BKR CHG FIBRIN SPLIT PRODUCTS | 85362 | CPT | | | | both | | | 76 | 7.92 | UHC | Medicare | 6.89 | | | | 3 | 72.2 | fee schedule | |
| BKR CHG FIBRIN SPLIT PRODUCTS | 85362 | CPT | | | | both | | | 76 | 7.92 | Horizon | MGD | 29.09 | 38.28 | | | 3 | 72.2 | percent of total billed charges | |
| BKR CHG D-DIMER | 85378 | CPT | | | | both | | | 60 | 11.18 | Amerihealth | HMO/PPO | 10.6 | | | 8.01 | 5 | 57 | fee schedule | |
| BKR CHG D-DIMER | 85378 | CPT | | | | both | | | 60 | 11.18 | Aetna | Medicare | 18.48 | 30.8 | | | 5 | 57 | percent of total billed charges | |
| BKR CHG D-DIMER | 85378 | CPT | | | | both | | | 60 | 11.18 | Horizon | MGD | 22.97 | 38.28 | | 12.13 | 5 | 57 | percent of total billed charges | |
| BKR CHG D-DIMER | 85378 | CPT | | | | both | | | 60 | 11.18 | First Health | First Health | 42 | 70 | | | 5 | 57 | percent of total billed charges | |
| BKR CHG D-DIMER | 85378 | CPT | | | | both | | | 60 | 11.18 | Amerihealth | Medicare | 9.72 | | | | 5 | 57 | fee schedule | |
| BKR CHG D-DIMER | 85378 | CPT | | | | both | | | 60 | 11.18 | Consumer | Consumer | 57 | 95 | | | 5 | 57 | percent of total billed charges | |
| BKR CHG D-DIMER | 85378 | CPT | | | | both | | | 60 | 11.18 | Americare | Americare | 45 | 75 | | | 5 | 57 | percent of total billed charges | |
| BKR CHG D-DIMER | 85378 | CPT | | | | both | | | 60 | 11.18 | Aetna | Better Health | 18.93 | 31.55 | | 15.66 | 5 | 57 | percent of total billed charges | |
| BKR CHG D-DIMER | 85378 | CPT | | | | both | | | 60 | 11.18 | Three Rivers | Three Rivers | 57 | 95 | | | 5 | 57 | percent of total billed charges | |
| BKR CHG D-DIMER | 85378 | CPT | | | | both | | | 60 | 11.18 | Corrections | Corrections | 48 | 80 | | 12.03 | 5 | 57 | percent of total billed charges | |
| BKR CHG D-DIMER | 85378 | CPT | | | | both | | | 60 | 11.18 | Multiplan | Multiplan | 48 | 80 | | | 5 | 57 | percent of total billed charges | |
| BKR CHG D-DIMER | 85378 | CPT | | | | both | | | 60 | 11.18 | Horizon | Medicare Blue | 18 | 30 | | 7.49 | 5 | 57 | percent of total billed charges | |
| BKR CHG D-DIMER | 85378 | CPT | | | | both | | | 60 | 11.18 | First Trenton | First Trenton | 54 | 90 | | | 5 | 57 | percent of total billed charges | |
| BKR CHG D-DIMER | 85378 | CPT | | | | both | | | 60 | 11.18 | Wellcare | Medicaid | 5 | | | 15.47 | 5 | 57 | fee schedule | |
| BKR CHG D-DIMER | 85378 | CPT | | | | both | | | 60 | 11.18 | Qualcare | Qualcare | 45 | 75 | | | 5 | 57 | percent of total billed charges | |
| BKR CHG D-DIMER | 85378 | CPT | | | | both | | | 60 | 11.18 | UHC | Medicare | 9.72 | | | 8.47 | 5 | 57 | fee schedule | |
| BKR CHG D-DIMER | 85378 | CPT | | | | both | | | 60 | 11.18 | Horizon | Indemnity | 22.97 | 38.28 | | 10.73 | 5 | 57 | percent of total billed charges | |
| BKR CHG D-DIMER | 85378 | CPT | | | | both | | | 60 | 11.18 | Wellcare | Medicare | 9.72 | | | 7.14 | 5 | 57 | fee schedule | |
| BKR CHG D-DIMER | 85378 | CPT | | | | both | | | 60 | 11.18 | Horizon | NJ Health | 9.8 | | | 4.1 | 5 | 57 | fee schedule | |
| BKR CHG D-DIMER | 85378 | CPT | | | | both | | | 60 | 11.18 | WellPoint | WellPoint | 19.31 | 32.18 | | 12.38 | 5 | 57 | percent of total billed charges | |
| BKR CHG D-DIMER | 85378 | CPT | | | | both | | | 60 | 11.18 | Horizon | PPO | 22.97 | 38.28 | | 12.81 | 5 | 57 | percent of total billed charges | |
| BKR CHG D-DIMER | 85378 | CPT | | | | both | | | 60 | 11.18 | Managed Care Inc | Managed Care Inc | 54 | 90 | | | 5 | 57 | percent of total billed charges | |
| BKR CHG D-DIMER | 85378 | CPT | | | | both | | | 60 | 11.18 | UHC | Medicaid | 5 | | | 15.92 | 5 | 57 | fee schedule | |
| BKR CHG PLATELELET AGGREGATION:EA | 85384 | CPT | | | | both | | | 234 | 11.18 | Corrections | Corrections | 187.2 | 80 | | 21.03 | 9.6 | 222.3 | percent of total billed charges | |
| BKR CHG PLATELELET AGGREGATION:EA | 85384 | CPT | | | | both | | | 234 | 11.18 | Aetna | Medicare | 72.07 | 30.8 | | | 9.6 | 222.3 | percent of total billed charges | |
| BKR CHG PLATELELET AGGREGATION:EA | 85384 | CPT | | | | both | | | 234 | 11.18 | First Trenton | First Trenton | 210.6 | 90 | | | 9.6 | 222.3 | percent of total billed charges | |
| BKR CHG PLATELELET AGGREGATION:EA | 85384 | CPT | | | | both | | | 234 | 11.18 | Aetna | Better Health | 73.83 | 31.55 | | | 9.6 | 222.3 | percent of total billed charges | |
| BKR CHG PLATELELET AGGREGATION:EA | 85384 | CPT | | | | both | | | 234 | 11.18 | Americare | Americare | 175.5 | 75 | | | 9.6 | 222.3 | percent of total billed charges | |
| BKR CHG PLATELELET AGGREGATION:EA | 85384 | CPT | | | | both | | | 234 | 11.18 | First Health | First Health | 163.8 | 70 | | | 9.6 | 222.3 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG PLATELELET AGGREGATION:EA | 85384 | CPT | | | | both | | | 234 | 11.18 | Horizon | Indemnity | 89.58 | 38.28 | | | 9.6 | | 222.3 percent of total billed charges | |
| BKR CHG PLATELELET AGGREGATION:EA | 85384 | CPT | | | | both | | | 234 | 11.18 | Consumer | Consumer | 222.3 | 95 | | | 9.6 | | 222.3 percent of total billed charges | |
| BKR CHG PLATELELET AGGREGATION:EA | 85384 | CPT | | | | both | | | 234 | 11.18 | Horizon | PPO | 89.58 | 38.28 | | 5.05 | 9.6 | | 222.3 percent of total billed charges | |
| BKR CHG PLATELELET AGGREGATION:EA | 85384 | CPT | | | | both | | | 234 | 11.18 | Amerihealth | HMO/PPO | 13.7 | | | | 9.6 | | 222.3 fee schedule | |
| BKR CHG PLATELELET AGGREGATION:EA | 85384 | CPT | | | | both | | | 234 | 11.18 | Managed Care Inc | Managed Care Inc | 210.6 | 90 | | | 9.6 | | 222.3 percent of total billed charges | |
| BKR CHG PLATELELET AGGREGATION:EA | 85384 | CPT | | | | both | | | 234 | 11.18 | Horizon | Medicare Blue | 70.2 | 30 | | | 9.6 | | 222.3 percent of total billed charges | |
| BKR CHG PLATELELET AGGREGATION:EA | 85384 | CPT | | | | both | | | 234 | 11.18 | Horizon | MGD | 89.58 | 38.28 | | 22.83 | 9.6 | | 222.3 percent of total billed charges | |
| BKR CHG PLATELELET AGGREGATION:EA | 85384 | CPT | | | | both | | | 234 | 11.18 | Horizon | NJ Health | 18.82 | | | 6.59 | 9.6 | | 222.3 fee schedule | |
| BKR CHG PLATELELET AGGREGATION:EA | 85384 | CPT | | | | both | | | 234 | 11.18 | Multiplan | Multiplan | 187.2 | 80 | | | 9.6 | | 222.3 percent of total billed charges | |
| BKR CHG PLATELELET AGGREGATION:EA | 85384 | CPT | | | | both | | | 234 | 11.18 | UHC | Medicare | 9.72 | | | 14.32 | 9.6 | | 222.3 fee schedule | |
| BKR CHG PLATELELET AGGREGATION:EA | 85384 | CPT | | | | both | | | 234 | 11.18 | Three Rivers | Three Rivers | 222.3 | 95 | | | 9.6 | | 222.3 percent of total billed charges | |
| BKR CHG PLATELELET AGGREGATION:EA | 85384 | CPT | | | | both | | | 234 | 11.18 | Amerihealth | Medicare | 9.72 | | | | 9.6 | | 222.3 fee schedule | |
| BKR CHG PLATELELET AGGREGATION:EA | 85384 | CPT | | | | both | | | 234 | 11.18 | Qualcare | Qualcare | 175.5 | 75 | | | 9.6 | | 222.3 percent of total billed charges | |
| BKR CHG PLATELELET AGGREGATION:EA | 85384 | CPT | | | | both | | | 234 | 11.18 | WellPoint | WellPoint | 75.3 | 32.18 | | 8.91 | 9.6 | | 222.3 percent of total billed charges | |
| BKR CHG PLATELELET AGGREGATION:EA | 85384 | CPT | | | | both | | | 234 | 11.18 | UHC | Medicaid | 9.6 | | | 12.9 | 9.6 | | 222.3 fee schedule | |
| BKR CHG PLATELELET AGGREGATION:EA | 85384 | CPT | | | | both | | | 234 | 11.18 | Wellcare | Medicare | 9.72 | | | | 9.6 | | 222.3 fee schedule | |
| BKR CHG PLATELELET AGGREGATION:EA | 85384 | CPT | | | | both | | | 234 | 11.18 | Wellcare | Medicaid | 9.6 | | | 9.95 | 9.6 | | 222.3 fee schedule | |
| BKR CHG FIBRINOGEN ANTIGEN | 85385 | CPT | | | | outpatient | | | 189 | 16.63 | First Health | First Health | 132.3 | 70 | | | 9.6 | | 179.55 percent of total billed charges | |
| BKR CHG FIBRINOGEN ANTIGEN | 85385 | CPT | | | | outpatient | | | 189 | 16.63 | Americare | Americare | 141.75 | 75 | | | 9.6 | | 179.55 percent of total billed charges | |
| BKR CHG FIBRINOGEN ANTIGEN | 85385 | CPT | | | | outpatient | | | 189 | 16.63 | Corrections | Corrections | 151.2 | 80 | | | 9.6 | | 179.55 percent of total billed charges | |
| BKR CHG FIBRINOGEN ANTIGEN | 85385 | CPT | | | | outpatient | | | 189 | 16.63 | Wellcare | Medicare | 14.46 | | | | 9.6 | | 179.55 fee schedule | |
| BKR CHG FIBRINOGEN ANTIGEN | 85385 | CPT | | | | outpatient | | | 189 | 16.63 | Aetna | Better Health | 59.63 | 31.55 | | | 9.6 | | 179.55 percent of total billed charges | |
| BKR CHG FIBRINOGEN ANTIGEN | 85385 | CPT | | | | outpatient | | | 189 | 16.63 | Wellcare | Medicaid | 9.6 | | | | 9.6 | | 179.55 fee schedule | |
| BKR CHG FIBRINOGEN ANTIGEN | 85385 | CPT | | | | outpatient | | | 189 | 16.63 | Multiplan | Multiplan | 151.2 | 80 | | | 9.6 | | 179.55 percent of total billed charges | |
| BKR CHG FIBRINOGEN ANTIGEN | 85385 | CPT | | | | outpatient | | | 189 | 16.63 | Aetna | Medicare | 58.21 | 30.8 | | | 9.6 | | 179.55 percent of total billed charges | |
| BKR CHG FIBRINOGEN ANTIGEN | 85385 | CPT | | | | outpatient | | | 189 | 16.63 | Amerihealth | Medicare | 14.46 | | | | 9.6 | | 179.55 fee schedule | |
| BKR CHG FIBRINOGEN ANTIGEN | 85385 | CPT | | | | outpatient | | | 189 | 16.63 | Horizon | MGD | 72.35 | 38.28 | | | 9.6 | | 179.55 percent of total billed charges | |
| BKR CHG FIBRINOGEN ANTIGEN | 85385 | CPT | | | | outpatient | | | 189 | 16.63 | Horizon | Indemnity | 72.35 | 38.28 | | | 9.6 | | 179.55 percent of total billed charges | |
| BKR CHG FIBRINOGEN ANTIGEN | 85385 | CPT | | | | outpatient | | | 189 | 16.63 | WellPoint | WellPoint | 60.82 | 32.18 | | | 9.6 | | 179.55 percent of total billed charges | |
| BKR CHG FIBRINOGEN ANTIGEN | 85385 | CPT | | | | outpatient | | | 189 | 16.63 | Consumer | Consumer | 179.55 | 95 | | | 9.6 | | 179.55 percent of total billed charges | |
| BKR CHG FIBRINOGEN ANTIGEN | 85385 | CPT | | | | outpatient | | | 189 | 16.63 | Amerihealth | HMO/PPO | 13.7 | | | | 9.6 | | 179.55 fee schedule | |
| BKR CHG FIBRINOGEN ANTIGEN | 85385 | CPT | | | | outpatient | | | 189 | 16.63 | Qualcare | Qualcare | 141.75 | 75 | | | 9.6 | | 179.55 percent of total billed charges | |
| BKR CHG FIBRINOGEN ANTIGEN | 85385 | CPT | | | | outpatient | | | 189 | 16.63 | UHC | Medicare | 14.46 | | | | 9.6 | | 179.55 fee schedule | |
| BKR CHG FIBRINOGEN ANTIGEN | 85385 | CPT | | | | outpatient | | | 189 | 16.63 | First Trenton | First Trenton | 170.1 | 90 | | | 9.6 | | 179.55 percent of total billed charges | |
| BKR CHG FIBRINOGEN ANTIGEN | 85385 | CPT | | | | outpatient | | | 189 | 16.63 | Horizon | Medicare Blue | 56.7 | 30 | | | 9.6 | | 179.55 percent of total billed charges | |
| BKR CHG FIBRINOGEN ANTIGEN | 85385 | CPT | | | | outpatient | | | 189 | 16.63 | Horizon | NJ Health | 18.82 | | | | 9.6 | | 179.55 fee schedule | |
| BKR CHG FIBRINOGEN ANTIGEN | 85385 | CPT | | | | outpatient | | | 189 | 16.63 | UHC | Medicaid | 9.6 | | | | 9.6 | | 179.55 fee schedule | |
| BKR CHG FIBRINOGEN ANTIGEN | 85385 | CPT | | | | outpatient | | | 189 | 16.63 | Horizon | PPO | 72.35 | 38.28 | | | 9.6 | | 179.55 percent of total billed charges | |
| BKR CHG FIBRINOGEN ANTIGEN | 85385 | CPT | | | | outpatient | | | 189 | 16.63 | Managed Care Inc | Managed Care Inc | 170.1 | 90 | | | 9.6 | | 179.55 percent of total billed charges | |
| BKR CHG FIBRINOGEN ANTIGEN | 85385 | CPT | | | | outpatient | | | 189 | 16.63 | Three Rivers | Three Rivers | 179.55 | 95 | | | 9.6 | | 179.55 percent of total billed charges | |
| BKR CHG FIBRINOLYSIS/COAG INTERP&REPORT | 85390 | CPT | | | | outpatient | | | 193 | 17.8 | Consumer | Consumer | 183.35 | 95 | | | 7 | | 183.35 percent of total billed charges | |
| BKR CHG FIBRINOLYSIS/COAG INTERP&REPORT | 85390 | CPT | | | | outpatient | | | 193 | 17.8 | UHC | Medicare | 15.48 | | | | 7 | | 183.35 fee schedule | |
| BKR CHG FIBRINOLYSIS/COAG INTERP&REPORT | 85390 | CPT | | | | outpatient | | | 193 | 17.8 | Americare | Americare | 144.75 | 75 | | | 7 | | 183.35 percent of total billed charges | |
| BKR CHG FIBRINOLYSIS/COAG INTERP&REPORT | 85390 | CPT | | | | outpatient | | | 193 | 17.8 | UHC | Medicaid | 7 | | | | 7 | | 183.35 fee schedule | |
| BKR CHG FIBRINOLYSIS/COAG INTERP&REPORT | 85390 | CPT | | | | outpatient | | | 193 | 17.8 | Aetna | Better Health | 60.89 | 31.55 | | | 7 | | 183.35 percent of total billed charges | |
| BKR CHG FIBRINOLYSIS/COAG INTERP&REPORT | 85390 | CPT | | | | outpatient | | | 193 | 17.8 | Aetna | Medicare | 59.44 | 30.8 | | | 7 | | 183.35 percent of total billed charges | |
| BKR CHG FIBRINOLYSIS/COAG INTERP&REPORT | 85390 | CPT | | | | outpatient | | | 193 | 17.8 | Multiplan | Multiplan | 154.4 | 80 | | | 7 | | 183.35 percent of total billed charges | |
| BKR CHG FIBRINOLYSIS/COAG INTERP&REPORT | 85390 | CPT | | | | outpatient | | | 193 | 17.8 | First Trenton | First Trenton | 173.7 | 90 | | | 7 | | 183.35 percent of total billed charges | |
| BKR CHG FIBRINOLYSIS/COAG INTERP&REPORT | 85390 | CPT | | | | outpatient | | | 193 | 17.8 | Corrections | Corrections | 154.4 | 80 | | | 7 | | 183.35 percent of total billed charges | |
| BKR CHG FIBRINOLYSIS/COAG INTERP&REPORT | 85390 | CPT | | | | outpatient | | | 193 | 17.8 | Amerihealth | HMO/PPO | 8.1 | | | | 7 | | 183.35 fee schedule | |
| BKR CHG FIBRINOLYSIS/COAG INTERP&REPORT | 85390 | CPT | | | | outpatient | | | 193 | 17.8 | Three Rivers | Three Rivers | 183.35 | 95 | | | 7 | | 183.35 percent of total billed charges | |
| BKR CHG FIBRINOLYSIS/COAG INTERP&REPORT | 85390 | CPT | | | | outpatient | | | 193 | 17.8 | Wellcare | Medicare | 15.48 | | | | 7 | | 183.35 fee schedule | |
| BKR CHG FIBRINOLYSIS/COAG INTERP&REPORT | 85390 | CPT | | | | outpatient | | | 193 | 17.8 | Horizon | Medicare Blue | 57.9 | 30 | | | 7 | | 183.35 percent of total billed charges | |
| BKR CHG FIBRINOLYSIS/COAG INTERP&REPORT | 85390 | CPT | | | | outpatient | | | 193 | 17.8 | Amerihealth | Medicare | 15.48 | | | | 7 | | 183.35 fee schedule | |
| BKR CHG FIBRINOLYSIS/COAG INTERP&REPORT | 85390 | CPT | | | | outpatient | | | 193 | 17.8 | Qualcare | Qualcare | 144.75 | 75 | | | 7 | | 183.35 percent of total billed charges | |
| BKR CHG FIBRINOLYSIS/COAG INTERP&REPORT | 85390 | CPT | | | | outpatient | | | 193 | 17.8 | Horizon | Indemnity | 73.88 | 38.28 | | | 7 | | 183.35 percent of total billed charges | |
| BKR CHG FIBRINOLYSIS/COAG INTERP&REPORT | 85390 | CPT | | | | outpatient | | | 193 | 17.8 | Horizon | NJ Health | 19.46 | | | | 7 | | 183.35 fee schedule | |
| BKR CHG FIBRINOLYSIS/COAG INTERP&REPORT | 85390 | CPT | | | | outpatient | | | 193 | 17.8 | First Health | First Health | 135.1 | 70 | | | 7 | | 183.35 percent of total billed charges | |
| BKR CHG FIBRINOLYSIS/COAG INTERP&REPORT | 85390 | CPT | | | | outpatient | | | 193 | 17.8 | WellPoint | WellPoint | 62.11 | 32.18 | | | 7 | | 183.35 percent of total billed charges | |
| BKR CHG FIBRINOLYSIS/COAG INTERP&REPORT | 85390 | CPT | | | | outpatient | | | 193 | 17.8 | Horizon | MGD | 73.88 | 38.28 | | | 7 | | 183.35 percent of total billed charges | |
| BKR CHG FIBRINOLYSIS/COAG INTERP&REPORT | 85390 | CPT | | | | outpatient | | | 193 | 17.8 | Horizon | PPO | 73.88 | 38.28 | | | 7 | | 183.35 percent of total billed charges | |
| BKR CHG FIBRINOLYSIS/COAG INTERP&REPORT | 85390 | CPT | | | | outpatient | | | 193 | 17.8 | Managed Care Inc | Managed Care Inc | 173.7 | 90 | | | 7 | | 183.35 percent of total billed charges | |
| BKR CHG FIBRINOLYSIS/COAG INTERP&REPORT | 85390 | CPT | | | | outpatient | | | 193 | 17.8 | Wellcare | Medicaid | 7 | | | | 7 | | 183.35 fee schedule | |
| BKR CHG ADAMTS13 ACTIVITY REFLEX PNL | 85397 | CPT | | | | both | | | 388 | 35.49 | Horizon | Medicare Blue | 116.4 | 30 | | | 13.7 | | 368.6 percent of total billed charges | |
| BKR CHG ADAMTS13 ACTIVITY REFLEX PNL | 85397 | CPT | | | | both | | | 388 | 35.49 | Horizon | MGD | 148.53 | 38.28 | | 50.01 | 13.7 | | 368.6 percent of total billed charges | |
| BKR CHG ADAMTS13 ACTIVITY REFLEX PNL | 85397 | CPT | | | | both | | | 388 | 35.49 | Americare | Americare | 291 | 75 | | | 13.7 | | 368.6 percent of total billed charges | |
| BKR CHG ADAMTS13 ACTIVITY REFLEX PNL | 85397 | CPT | | | | both | | | 388 | 35.49 | Aetna | Medicare | 119.5 | 30.8 | | | 13.7 | | 368.6 percent of total billed charges | |
| BKR CHG ADAMTS13 ACTIVITY REFLEX PNL | 85397 | CPT | | | | both | | | 388 | 35.49 | Multiplan | Multiplan | 310.4 | 80 | | | 13.7 | | 368.6 percent of total billed charges | |
| BKR CHG ADAMTS13 ACTIVITY REFLEX PNL | 85397 | CPT | | | | both | | | 388 | 35.49 | Aetna | Better Health | 122.41 | 31.55 | | | 13.7 | | 368.6 percent of total billed charges | |
| BKR CHG ADAMTS13 ACTIVITY REFLEX PNL | 85397 | CPT | | | | both | | | 388 | 35.49 | First Trenton | First Trenton | 349.2 | 90 | | | 13.7 | | 368.6 percent of total billed charges | |
| BKR CHG ADAMTS13 ACTIVITY REFLEX PNL | 85397 | CPT | | | | both | | | 388 | 35.49 | Consumer | Consumer | 368.6 | 95 | | | 13.7 | | 368.6 percent of total billed charges | |
| BKR CHG ADAMTS13 ACTIVITY REFLEX PNL | 85397 | CPT | | | | both | | | 388 | 35.49 | UHC | Medicare | 30.86 | | | | 13.7 | | 368.6 fee schedule | |
| BKR CHG ADAMTS13 ACTIVITY REFLEX PNL | 85397 | CPT | | | | both | | | 388 | 35.49 | Horizon | Indemnity | 148.53 | 38.28 | | | 13.7 | | 368.6 percent of total billed charges | |
| BKR CHG ADAMTS13 ACTIVITY REFLEX PNL | 85397 | CPT | | | | both | | | 388 | 35.49 | Amerihealth | HMO/PPO | 13.7 | | | | 13.7 | | 368.6 fee schedule | |
| BKR CHG ADAMTS13 ACTIVITY REFLEX PNL | 85397 | CPT | | | | both | | | 388 | 35.49 | First Health | First Health | 271.6 | 70 | | | 13.7 | | 368.6 percent of total billed charges | |
| BKR CHG ADAMTS13 ACTIVITY REFLEX PNL | 85397 | CPT | | | | both | | | 388 | 35.49 | Qualcare | Qualcare | 291 | 75 | | | 13.7 | | 368.6 percent of total billed charges | |
| BKR CHG ADAMTS13 ACTIVITY REFLEX PNL | 85397 | CPT | | | | both | | | 388 | 35.49 | UHC | Medicaid | 24.69 | | | | 13.7 | | 368.6 fee schedule | |
| BKR CHG ADAMTS13 ACTIVITY REFLEX PNL | 85397 | CPT | | | | both | | | 388 | 35.49 | Wellcare | Medicaid | 24.69 | | | | 13.7 | | 368.6 fee schedule | |
| BKR CHG ADAMTS13 ACTIVITY REFLEX PNL | 85397 | CPT | | | | both | | | 388 | 35.49 | Corrections | Corrections | 310.4 | 80 | | | 13.7 | | 368.6 percent of total billed charges | |
| BKR CHG ADAMTS13 ACTIVITY REFLEX PNL | 85397 | CPT | | | | both | | | 388 | 35.49 | Wellcare | Medicare | 30.86 | | | | 13.7 | | 368.6 fee schedule | |
| BKR CHG ADAMTS13 ACTIVITY REFLEX PNL | 85397 | CPT | | | | both | | | 388 | 35.49 | Horizon | PPO | 148.53 | 38.28 | | 14.62 | 13.7 | | 368.6 percent of total billed charges | |
| BKR CHG ADAMTS13 ACTIVITY REFLEX PNL | 85397 | CPT | | | | both | | | 388 | 35.49 | Amerihealth | Medicare | 30.86 | | | | 13.7 | | 368.6 fee schedule | |
| BKR CHG ADAMTS13 ACTIVITY REFLEX PNL | 85397 | CPT | | | | both | | | 388 | 35.49 | Managed Care Inc | Managed Care Inc | 349.2 | 90 | | | 13.7 | | 368.6 percent of total billed charges | |
| BKR CHG ADAMTS13 ACTIVITY REFLEX PNL | 85397 | CPT | | | | both | | | 388 | 35.49 | Horizon | NJ Health | 25.48 | | | 91.5 | 13.7 | | 368.6 fee schedule | |
| BKR CHG ADAMTS13 ACTIVITY REFLEX PNL | 85397 | CPT | | | | both | | | 388 | 35.49 | Three Rivers | Three Rivers | 368.6 | 95 | | | 13.7 | | 368.6 percent of total billed charges | |
| BKR CHG ADAMTS13 ACTIVITY REFLEX PNL | 85397 | CPT | | | | both | | | 388 | 35.49 | WellPoint | WellPoint | 124.86 | 32.18 | | | 13.7 | | 368.6 percent of total billed charges | |
| BKR CHG ANTIPLASMIN | 85410 | CPT | | | | both | | | 100 | 8.87 | Americare | Americare | 75 | 75 | | | 7.71 | | 95 percent of total billed charges | |
| BKR CHG ANTIPLASMIN | 85410 | CPT | | | | both | | | 100 | 8.87 | Amerihealth | HMO/PPO | 12 | | | | 7.71 | | 95 fee schedule | |
| BKR CHG ANTIPLASMIN | 85410 | CPT | | | | both | | | 100 | 8.87 | Amerihealth | Medicare | 7.71 | | | | 7.71 | | 95 fee schedule | |
| BKR CHG ANTIPLASMIN | 85410 | CPT | | | | both | | | 100 | 8.87 | Aetna | Medicare | 30.8 | 30.8 | | | 7.71 | | 95 percent of total billed charges | |
| BKR CHG ANTIPLASMIN | 85410 | CPT | | | | both | | | 100 | 8.87 | Horizon | Indemnity | 38.28 | 38.28 | | | 7.71 | | 95 percent of total billed charges | |
| BKR CHG ANTIPLASMIN | 85410 | CPT | | | | both | | | 100 | 8.87 | Aetna | Better Health | 31.55 | 31.55 | | | 7.71 | | 95 percent of total billed charges | |
| BKR CHG ANTIPLASMIN | 85410 | CPT | | | | both | | | 100 | 8.87 | Horizon | PPO | 38.28 | 38.28 | | | 7.71 | | 95 percent of total billed charges | |
| BKR CHG ANTIPLASMIN | 85410 | CPT | | | | both | | | 100 | 8.87 | Consumer | Consumer | 95 | 95 | | | 7.71 | | 95 percent of total billed charges | |
| BKR CHG ANTIPLASMIN | 85410 | CPT | | | | both | | | 100 | 8.87 | Horizon | Medicare Blue | 30 | 30 | | | 7.71 | | 95 percent of total billed charges | |
| BKR CHG ANTIPLASMIN | 85410 | CPT | | | | both | | | 100 | 8.87 | First Health | First Health | 70 | 70 | | | 7.71 | | 95 percent of total billed charges | |
| BKR CHG ANTIPLASMIN | 85410 | CPT | | | | both | | | 100 | 8.87 | Corrections | Corrections | 80 | 80 | | | 7.71 | | 95 percent of total billed charges | |
| BKR CHG ANTIPLASMIN | 85410 | CPT | | | | both | | | 100 | 8.87 | Horizon | MGD | 38.28 | 38.28 | | | 7.71 | | 95 percent of total billed charges | |
| BKR CHG ANTIPLASMIN | 85410 | CPT | | | | both | | | 100 | 8.87 | Qualcare | Qualcare | 75 | 75 | | | 7.71 | | 95 percent of total billed charges | |
| BKR CHG ANTIPLASMIN | 85410 | CPT | | | | both | | | 100 | 8.87 | UHC | Medicare | 7.71 | | | | 7.71 | | 95 fee schedule | |
| BKR CHG ANTIPLASMIN | 85410 | CPT | | | | both | | | 100 | 8.87 | Three Rivers | Three Rivers | 95 | 95 | | | 7.71 | | 95 percent of total billed charges | |
| BKR CHG ANTIPLASMIN | 85410 | CPT | | | | both | | | 100 | 8.87 | Horizon | NJ Health | 19.4 | | | | 7.71 | | 95 fee schedule | |
| BKR CHG ANTIPLASMIN | 85410 | CPT | | | | both | | | 100 | 8.87 | Multiplan | Multiplan | 80 | 80 | | | 7.71 | | 95 percent of total billed charges | |
| BKR CHG ANTIPLASMIN | 85410 | CPT | | | | both | | | 100 | 8.87 | UHC | Medicaid | 9 | | | | 7.71 | | 95 fee schedule | |
| BKR CHG ANTIPLASMIN | 85410 | CPT | | | | both | | | 100 | 8.87 | First Trenton | First Trenton | 90 | 90 | | | 7.71 | | 95 percent of total billed charges | |
| BKR CHG ANTIPLASMIN | 85410 | CPT | | | | both | | | 100 | 8.87 | Wellcare | Medicare | 7.71 | | | | 7.71 | | 95 fee schedule | |
| BKR CHG ANTIPLASMIN | 85410 | CPT | | | | both | | | 100 | 8.87 | Wellcare | Medicaid | 9 | | | | 7.71 | | 95 fee schedule | |
| BKR CHG ANTIPLASMIN | 85410 | CPT | | | | both | | | 100 | 8.87 | WellPoint | WellPoint | 32.18 | 32.18 | | | 7.71 | | 95 percent of total billed charges | |
| BKR CHG ANTIPLASMIN | 85410 | CPT | | | | both | | | 100 | 8.87 | Managed Care Inc | Managed Care Inc | 90 | 90 | | | 7.71 | | 95 percent of total billed charges | |
| BKR CHG PLASMINOGEN ACT INHIBITOR -1 | 85415 | CPT | | | | outpatient | | | 592 | 19.77 | Amerihealth | Medicare | 17.19 | | | | 10 | | 562.4 fee schedule | |
| BKR CHG PLASMINOGEN ACT INHIBITOR -1 | 85415 | CPT | | | | outpatient | | | 592 | 19.77 | Aetna | Medicare | 182.34 | 30.8 | | | 10 | | 562.4 percent of total billed charges | |
| BKR CHG PLASMINOGEN ACT INHIBITOR -1 | 85415 | CPT | | | | outpatient | | | 592 | 19.77 | Amerihealth | HMO/PPO | 19.1 | | | | 10 | | 562.4 fee schedule | |
| BKR CHG PLASMINOGEN ACT INHIBITOR -1 | 85415 | CPT | | | | outpatient | | | 592 | 19.77 | Consumer | Consumer | 562.4 | 95 | | | 10 | | 562.4 percent of total billed charges | |
| BKR CHG PLASMINOGEN ACT INHIBITOR -1 | 85415 | CPT | | | | outpatient | | | 592 | 19.77 | Aetna | Better Health | 186.78 | 31.55 | | | 10 | | 562.4 percent of total billed charges | |
| BKR CHG PLASMINOGEN ACT INHIBITOR -1 | 85415 | CPT | | | | outpatient | | | 592 | 19.77 | Wellcare | Medicaid | 10 | | | | 10 | | 562.4 fee schedule | |
| BKR CHG PLASMINOGEN ACT INHIBITOR -1 | 85415 | CPT | | | | outpatient | | | 592 | 19.77 | Americare | Americare | 444 | 75 | | | 10 | | 562.4 percent of total billed charges | |
| BKR CHG PLASMINOGEN ACT INHIBITOR -1 | 85415 | CPT | | | | outpatient | | | 592 | 19.77 | First Health | First Health | 414.4 | 70 | | | 10 | | 562.4 percent of total billed charges | |
| BKR CHG PLASMINOGEN ACT INHIBITOR -1 | 85415 | CPT | | | | outpatient | | | 592 | 19.77 | Corrections | Corrections | 473.6 | 80 | | | 10 | | 562.4 percent of total billed charges | |
| BKR CHG PLASMINOGEN ACT INHIBITOR -1 | 85415 | CPT | | | | outpatient | | | 592 | 19.77 | Wellcare | Medicare | 17.19 | | | | 10 | | 562.4 fee schedule | |
| BKR CHG PLASMINOGEN ACT INHIBITOR -1 | 85415 | CPT | | | | outpatient | | | 592 | 19.77 | Horizon | Medicare Blue | 177.6 | 30 | | | 10 | | 562.4 percent of total billed charges | |
| BKR CHG PLASMINOGEN ACT INHIBITOR -1 | 85415 | CPT | | | | outpatient | | | 592 | 19.77 | Horizon | Indemnity | 226.62 | 38.28 | | | 10 | | 562.4 percent of total billed charges | |
| BKR CHG PLASMINOGEN ACT INHIBITOR -1 | 85415 | CPT | | | | outpatient | | | 592 | 19.77 | First Trenton | First Trenton | 532.8 | 90 | | | 10 | | 562.4 percent of total billed charges | |
| BKR CHG PLASMINOGEN ACT INHIBITOR -1 | 85415 | CPT | | | | outpatient | | | 592 | 19.77 | WellPoint | WellPoint | 190.51 | 32.18 | | | 10 | | 562.4 percent of total billed charges | |
| BKR CHG PLASMINOGEN ACT INHIBITOR -1 | 85415 | CPT | | | | outpatient | | | 592 | 19.77 | UHC | Medicaid | 10 | | | | 10 | | 562.4 fee schedule | |
| BKR CHG PLASMINOGEN ACT INHIBITOR -1 | 85415 | CPT | | | | outpatient | | | 592 | 19.77 | Multiplan | Multiplan | 473.6 | 80 | | | 10 | | 562.4 percent of total billed charges | |
| BKR CHG PLASMINOGEN ACT INHIBITOR -1 | 85415 | CPT | | | | outpatient | | | 592 | 19.77 | Horizon | MGD | 226.62 | 38.28 | | 106.2 | 10 | | 562.4 percent of total billed charges | |
| BKR CHG PLASMINOGEN ACT INHIBITOR -1 | 85415 | CPT | | | | outpatient | | | 592 | 19.77 | Qualcare | Qualcare | 444 | 75 | | | 10 | | 562.4 percent of total billed charges | |
| BKR CHG PLASMINOGEN ACT INHIBITOR -1 | 85415 | CPT | | | | outpatient | | | 592 | 19.77 | Horizon | NJ Health | 19.6 | | | | 10 | | 562.4 fee schedule | |
| BKR CHG PLASMINOGEN ACT INHIBITOR -1 | 85415 | CPT | | | | outpatient | | | 592 | 19.77 | UHC | Medicare | 17.19 | | | | 10 | | 562.4 fee schedule | |
| BKR CHG PLASMINOGEN ACT INHIBITOR -1 | 85415 | CPT | | | | outpatient | | | 592 | 19.77 | Horizon | PPO | 226.62 | 38.28 | | | 10 | | 562.4 percent of total billed charges | |
| BKR CHG PLASMINOGEN ACT INHIBITOR -1 | 85415 | CPT | | | | outpatient | | | 592 | 19.77 | Managed Care Inc | Managed Care Inc | 532.8 | 90 | | | 10 | | 562.4 percent of total billed charges | |
| BKR CHG PLASMINOGEN ACT INHIBITOR -1 | 85415 | CPT | | | | outpatient | | | 592 | 19.77 | Three Rivers | Three Rivers | 562.4 | 95 | | | 10 | | 562.4 percent of total billed charges | |
| BKR CHG PLASMINOGEN ACTIVITY(117713) | 85420 | CPT | | | | inpatient | | | 47 | 7.51 | Horizon | MGD | 17.99 | 38.28 | | | 6.53 | | 44.65 percent of total billed charges | |
| BKR CHG PLASMINOGEN ACTIVITY(117713) | 85420 | CPT | | | | inpatient | | | 47 | 7.51 | Amerihealth | Medicare | 6.53 | | | | 6.53 | | 44.65 fee schedule | |
| BKR CHG PLASMINOGEN ACTIVITY(117713) | 85420 | CPT | | | | inpatient | | | 47 | 7.51 | Americare | Americare | 35.25 | 75 | | | 6.53 | | 44.65 percent of total billed charges | |
| BKR CHG PLASMINOGEN ACTIVITY(117713) | 85420 | CPT | | | | inpatient | | | 47 | 7.51 | First Health | First Health | 32.9 | 70 | | | 6.53 | | 44.65 percent of total billed charges | |
| BKR CHG PLASMINOGEN ACTIVITY(117713) | 85420 | CPT | | | | inpatient | | | 47 | 7.51 | Wellcare | Medicaid | 7.14 | | | | 6.53 | | 44.65 fee schedule | |
| BKR CHG PLASMINOGEN ACTIVITY(117713) | 85420 | CPT | | | | inpatient | | | 47 | 7.51 | Aetna | Better Health | 14.83 | 31.55 | | | 6.53 | | 44.65 percent of total billed charges | |
| BKR CHG PLASMINOGEN ACTIVITY(117713) | 85420 | CPT | | | | inpatient | | | 47 | 7.51 | Horizon | Medicare Blue | 14.1 | 30 | | | 6.53 | | 44.65 percent of total billed charges | |
| BKR CHG PLASMINOGEN ACTIVITY(117713) | 85420 | CPT | | | | inpatient | | | 47 | 7.51 | Aetna | Medicare | 14.48 | 30.8 | | | 6.53 | | 44.65 percent of total billed charges | |
| BKR CHG PLASMINOGEN ACTIVITY(117713) | 85420 | CPT | | | | inpatient | | | 47 | 7.51 | Consumer | Consumer | 44.65 | 95 | | | 6.53 | | 44.65 percent of total billed charges | |
| BKR CHG PLASMINOGEN ACTIVITY(117713) | 85420 | CPT | | | | inpatient | | | 47 | 7.51 | Corrections | Corrections | 37.6 | 80 | | | 6.53 | | 44.65 percent of total billed charges | |
| BKR CHG PLASMINOGEN ACTIVITY(117713) | 85420 | CPT | | | | inpatient | | | 47 | 7.51 | UHC | Medicaid | 7.14 | | | | 6.53 | | 44.65 fee schedule | |
| BKR CHG PLASMINOGEN ACTIVITY(117713) | 85420 | CPT | | | | inpatient | | | 47 | 7.51 | Wellcare | Medicare | 6.53 | | | | 6.53 | | 44.65 fee schedule | |
| BKR CHG PLASMINOGEN ACTIVITY(117713) | 85420 | CPT | | | | inpatient | | | 47 | 7.51 | First Trenton | First Trenton | 42.3 | 90 | | | 6.53 | | 44.65 percent of total billed charges | |
| BKR CHG PLASMINOGEN ACTIVITY(117713) | 85420 | CPT | | | | inpatient | | | 47 | 7.51 | Horizon | Indemnity | 17.99 | 38.28 | | | 6.53 | | 44.65 percent of total billed charges | |
| BKR CHG PLASMINOGEN ACTIVITY(117713) | 85420 | CPT | | | | inpatient | | | 47 | 7.51 | Horizon | NJ Health | 21.56 | | | | 6.53 | | 44.65 fee schedule | |
| BKR CHG PLASMINOGEN ACTIVITY(117713) | 85420 | CPT | | | | inpatient | | | 47 | 7.51 | Amerihealth | HMO/PPO | 10.2 | | | | 6.53 | | 44.65 fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG PLASMINOGEN ACTIVITY(117713) | 85420 | CPT | | | | inpatient | | | 47 | 7.51 | Horizon | PPO | 38.28 | | | | 6.53 | 44.65 | percent of total billed charges | |
| BKR CHG PLASMINOGEN ACTIVITY(117713) | 85420 | CPT | | | | inpatient | | | 47 | 7.51 | WellPoint | WellPoint | 15.12 | | | | 6.53 | 44.65 | percent of total billed charges | |
| BKR CHG PLASMINOGEN ACTIVITY(117713) | 85420 | CPT | | | | inpatient | | | 47 | 7.51 | Managed Care Inc | Managed Care Inc | 42.3 | | | | 6.53 | 44.65 | percent of total billed charges | |
| BKR CHG PLASMINOGEN ACTIVITY(117713) | 85420 | CPT | | | | inpatient | | | 47 | 7.51 | Multiplan | Multiplan | 37.6 | | | | 6.53 | 44.65 | percent of total billed charges | |
| BKR CHG PLASMINOGEN ACTIVITY(117713) | 85420 | CPT | | | | inpatient | | | 47 | 7.51 | Three Rivers | Three Rivers | 44.65 | | | | 6.53 | 44.65 | percent of total billed charges | |
| BKR CHG PLASMINOGEN ACTIVITY(117713) | 85420 | CPT | | | | inpatient | | | 47 | 7.51 | Qualcare | Qualcare | 35.25 | | | | 6.53 | 44.65 | percent of total billed charges | |
| BKR CHG PLASMINOGEN ACTIVITY(117713) | 85420 | CPT | | | | inpatient | | | 47 | 7.51 | UHC | Medicare | 6.53 | | | | 6.53 | 44.65 | fee schedule | |
| BKR CHG HEINZ BODIES,DIRECT | 85441 | CPT | | | | outpatient | | | 197 | 4.83 | First Trenton | First Trenton | 177.3 | 90 | | | 4.2 | 187.15 | percent of total billed charges | |
| BKR CHG HEINZ BODIES,DIRECT | 85441 | CPT | | | | outpatient | | | 197 | 4.83 | Aetna | Better Health | 62.15 | 31.55 | | | 4.2 | 187.15 | percent of total billed charges | |
| BKR CHG HEINZ BODIES,DIRECT | 85441 | CPT | | | | outpatient | | | 197 | 4.83 | Consumer | Consumer | 187.15 | 95 | | | 4.2 | 187.15 | percent of total billed charges | |
| BKR CHG HEINZ BODIES,DIRECT | 85441 | CPT | | | | outpatient | | | 197 | 4.83 | Aetna | Medicare | 60.68 | 30.8 | | | 4.2 | 187.15 | percent of total billed charges | |
| BKR CHG HEINZ BODIES,DIRECT | 85441 | CPT | | | | outpatient | | | 197 | 4.83 | Horizon | PPO | 75.41 | 38.28 | | | 4.2 | 187.15 | percent of total billed charges | |
| BKR CHG HEINZ BODIES,DIRECT | 85441 | CPT | | | | outpatient | | | 197 | 4.83 | Amerihealth | HMO/PPO | 6.6 | | | | 4.2 | 187.15 | fee schedule | |
| BKR CHG HEINZ BODIES,DIRECT | 85441 | CPT | | | | outpatient | | | 197 | 4.83 | Americare | Americare | 147.75 | 75 | | | 4.2 | 187.15 | percent of total billed charges | |
| BKR CHG HEINZ BODIES,DIRECT | 85441 | CPT | | | | outpatient | | | 197 | 4.83 | Corrections | Corrections | 157.6 | 80 | | | 4.2 | 187.15 | percent of total billed charges | |
| BKR CHG HEINZ BODIES,DIRECT | 85441 | CPT | | | | outpatient | | | 197 | 4.83 | Managed Care Inc | Managed Care Inc | 177.3 | 90 | | | 4.2 | 187.15 | percent of total billed charges | |
| BKR CHG HEINZ BODIES,DIRECT | 85441 | CPT | | | | outpatient | | | 197 | 4.83 | Amerihealth | Medicare | 4.2 | | | | 4.2 | 187.15 | fee schedule | |
| BKR CHG HEINZ BODIES,DIRECT | 85441 | CPT | | | | outpatient | | | 197 | 4.83 | Horizon | Indemnity | 75.41 | 38.28 | | | 4.2 | 187.15 | percent of total billed charges | |
| BKR CHG HEINZ BODIES,DIRECT | 85441 | CPT | | | | outpatient | | | 197 | 4.83 | Horizon | MGD | 75.41 | 38.28 | | | 4.2 | 187.15 | percent of total billed charges | |
| BKR CHG HEINZ BODIES,DIRECT | 85441 | CPT | | | | outpatient | | | 197 | 4.83 | Multiplan | Multiplan | 157.6 | 80 | | | 4.2 | 187.15 | percent of total billed charges | |
| BKR CHG HEINZ BODIES,DIRECT | 85441 | CPT | | | | outpatient | | | 197 | 4.83 | First Health | First Health | 137.9 | 70 | | | 4.2 | 187.15 | percent of total billed charges | |
| BKR CHG HEINZ BODIES,DIRECT | 85441 | CPT | | | | outpatient | | | 197 | 4.83 | Horizon | Medicare Blue | 59.1 | 30 | | | 4.2 | 187.15 | percent of total billed charges | |
| BKR CHG HEINZ BODIES,DIRECT | 85441 | CPT | | | | outpatient | | | 197 | 4.83 | UHC | Medicaid | 5 | | | | 4.2 | 187.15 | fee schedule | |
| BKR CHG HEINZ BODIES,DIRECT | 85441 | CPT | | | | outpatient | | | 197 | 4.83 | Qualcare | Qualcare | 147.75 | 75 | | | 4.2 | 187.15 | percent of total billed charges | |
| BKR CHG HEINZ BODIES,DIRECT | 85441 | CPT | | | | outpatient | | | 197 | 4.83 | UHC | Medicare | 4.2 | | | | 4.2 | 187.15 | fee schedule | |
| BKR CHG HEINZ BODIES,DIRECT | 85441 | CPT | | | | outpatient | | | 197 | 4.83 | Horizon | NJ Health | 9.8 | | | | 4.2 | 187.15 | fee schedule | |
| BKR CHG HEINZ BODIES,DIRECT | 85441 | CPT | | | | outpatient | | | 197 | 4.83 | Wellcare | Medicare | 4.2 | | | | 4.2 | 187.15 | fee schedule | |
| BKR CHG HEINZ BODIES,DIRECT | 85441 | CPT | | | | outpatient | | | 197 | 4.83 | Three Rivers | Three Rivers | 187.15 | 95 | | | 4.2 | 187.15 | percent of total billed charges | |
| BKR CHG HEINZ BODIES,DIRECT | 85441 | CPT | | | | outpatient | | | 197 | 4.83 | WellPoint | WellPoint | 63.39 | 32.18 | | | 4.2 | 187.15 | percent of total billed charges | |
| BKR CHG HEINZ BODIES,DIRECT | 85441 | CPT | | | | outpatient | | | 197 | 4.83 | Wellcare | Medicaid | 5 | | | | 4.2 | 187.15 | fee schedule | |
| BKR CHG INDUCED ACETYL PHENYLHYDRAZINE | 85445 | CPT | | | | outpatient | | | 197 | 7.84 | Americare | Americare | 147.75 | 75 | | | 5 | 187.15 | percent of total billed charges | |
| BKR CHG INDUCED ACETYL PHENYLHYDRAZINE | 85445 | CPT | | | | outpatient | | | 197 | 7.84 | Horizon | Indemnity | 75.41 | 38.28 | | | 5 | 187.15 | percent of total billed charges | |
| BKR CHG INDUCED ACETYL PHENYLHYDRAZINE | 85445 | CPT | | | | outpatient | | | 197 | 7.84 | Aetna | Better Health | 62.15 | 31.55 | | | 5 | 187.15 | percent of total billed charges | |
| BKR CHG INDUCED ACETYL PHENYLHYDRAZINE | 85445 | CPT | | | | outpatient | | | 197 | 7.84 | Amerihealth | HMO/PPO | 7.6 | | | | 5 | 187.15 | fee schedule | |
| BKR CHG INDUCED ACETYL PHENYLHYDRAZINE | 85445 | CPT | | | | outpatient | | | 197 | 7.84 | Multiplan | Multiplan | 157.6 | 80 | | | 5 | 187.15 | percent of total billed charges | |
| BKR CHG INDUCED ACETYL PHENYLHYDRAZINE | 85445 | CPT | | | | outpatient | | | 197 | 7.84 | First Trenton | First Trenton | 177.3 | 90 | | | 5 | 187.15 | percent of total billed charges | |
| BKR CHG INDUCED ACETYL PHENYLHYDRAZINE | 85445 | CPT | | | | outpatient | | | 197 | 7.84 | Corrections | Corrections | 157.6 | 80 | | | 5 | 187.15 | percent of total billed charges | |
| BKR CHG INDUCED ACETYL PHENYLHYDRAZINE | 85445 | CPT | | | | outpatient | | | 197 | 7.84 | Aetna | Medicare | 60.68 | 30.8 | | | 5 | 187.15 | percent of total billed charges | |
| BKR CHG INDUCED ACETYL PHENYLHYDRAZINE | 85445 | CPT | | | | outpatient | | | 197 | 7.84 | Qualcare | Qualcare | 147.75 | 75 | | | 5 | 187.15 | percent of total billed charges | |
| BKR CHG INDUCED ACETYL PHENYLHYDRAZINE | 85445 | CPT | | | | outpatient | | | 197 | 7.84 | Horizon | PPO | 75.41 | 38.28 | | | 5 | 187.15 | percent of total billed charges | |
| BKR CHG INDUCED ACETYL PHENYLHYDRAZINE | 85445 | CPT | | | | outpatient | | | 197 | 7.84 | Consumer | Consumer | 187.15 | 95 | | | 5 | 187.15 | percent of total billed charges | |
| BKR CHG INDUCED ACETYL PHENYLHYDRAZINE | 85445 | CPT | | | | outpatient | | | 197 | 7.84 | Amerihealth | Medicare | 6.82 | | | | 5 | 187.15 | fee schedule | |
| BKR CHG INDUCED ACETYL PHENYLHYDRAZINE | 85445 | CPT | | | | outpatient | | | 197 | 7.84 | Three Rivers | Three Rivers | 187.15 | 95 | | | 5 | 187.15 | percent of total billed charges | |
| BKR CHG INDUCED ACETYL PHENYLHYDRAZINE | 85445 | CPT | | | | outpatient | | | 197 | 7.84 | Managed Care Inc | Managed Care Inc | 177.3 | 90 | | | 5 | 187.15 | percent of total billed charges | |
| BKR CHG INDUCED ACETYL PHENYLHYDRAZINE | 85445 | CPT | | | | outpatient | | | 197 | 7.84 | WellPoint | WellPoint | 63.39 | 32.18 | | | 5 | 187.15 | percent of total billed charges | |
| BKR CHG INDUCED ACETYL PHENYLHYDRAZINE | 85445 | CPT | | | | outpatient | | | 197 | 7.84 | Horizon | MGD | 75.41 | 38.28 | | | 5 | 187.15 | percent of total billed charges | |
| BKR CHG INDUCED ACETYL PHENYLHYDRAZINE | 85445 | CPT | | | | outpatient | | | 197 | 7.84 | Horizon | Medicare Blue | 59.1 | 30 | | | 5 | 187.15 | percent of total billed charges | |
| BKR CHG INDUCED ACETYL PHENYLHYDRAZINE | 85445 | CPT | | | | outpatient | | | 197 | 7.84 | Wellcare | Medicaid | 5 | | | | 5 | 187.15 | fee schedule | |
| BKR CHG INDUCED ACETYL PHENYLHYDRAZINE | 85445 | CPT | | | | outpatient | | | 197 | 7.84 | Horizon | NJ Health | 9.8 | | | | 5 | 187.15 | fee schedule | |
| BKR CHG INDUCED ACETYL PHENYLHYDRAZINE | 85445 | CPT | | | | outpatient | | | 197 | 7.84 | First Health | First Health | 137.9 | 70 | | | 5 | 187.15 | percent of total billed charges | |
| BKR CHG INDUCED ACETYL PHENYLHYDRAZINE | 85445 | CPT | | | | outpatient | | | 197 | 7.84 | UHC | Medicaid | 5 | | | | 5 | 187.15 | fee schedule | |
| BKR CHG INDUCED ACETYL PHENYLHYDRAZINE | 85445 | CPT | | | | outpatient | | | 197 | 7.84 | UHC | Medicare | 6.82 | | | | 5 | 187.15 | fee schedule | |
| BKR CHG INDUCED ACETYL PHENYLHYDRAZINE | 85445 | CPT | | | | outpatient | | | 197 | 7.84 | Wellcare | Medicare | 6.82 | | | | 5 | 187.15 | fee schedule | |
| BKR CHG KLEIHAUER-BETKE(KLB) | 85460 | CPT | | | | outpatient | | | 274 | 8.89 | Amerihealth | Medicare | 7.73 | | | | 7.73 | 260.3 | fee schedule | |
| BKR CHG KLEIHAUER-BETKE(KLB) | 85460 | CPT | | | | outpatient | | | 274 | 8.89 | Corrections | Corrections | 219.2 | 80 | | | 7.73 | 260.3 | percent of total billed charges | |
| BKR CHG KLEIHAUER-BETKE(KLB) | 85460 | CPT | | | | outpatient | | | 274 | 8.89 | Aetna | Better Health | 86.45 | 31.55 | | | 7.73 | 260.3 | percent of total billed charges | |
| BKR CHG KLEIHAUER-BETKE(KLB) | 85460 | CPT | | | | outpatient | | | 274 | 8.89 | UHC | Medicaid | 9.4 | | | | 7.73 | 260.3 | fee schedule | |
| BKR CHG KLEIHAUER-BETKE(KLB) | 85460 | CPT | | | | outpatient | | | 274 | 8.89 | Aetna | Medicare | 84.39 | 30.8 | | | 7.73 | 260.3 | percent of total billed charges | |
| BKR CHG KLEIHAUER-BETKE(KLB) | 85460 | CPT | | | | outpatient | | | 274 | 8.89 | Americare | Americare | 205.5 | 75 | | | 7.73 | 260.3 | percent of total billed charges | |
| BKR CHG KLEIHAUER-BETKE(KLB) | 85460 | CPT | | | | outpatient | | | 274 | 8.89 | First Health | First Health | 191.8 | 70 | | | 7.73 | 260.3 | percent of total billed charges | |
| BKR CHG KLEIHAUER-BETKE(KLB) | 85460 | CPT | | | | outpatient | | | 274 | 8.89 | UHC | Medicare | 7.73 | | | | 7.73 | 260.3 | fee schedule | |
| BKR CHG KLEIHAUER-BETKE(KLB) | 85460 | CPT | | | | outpatient | | | 274 | 8.89 | First Trenton | First Trenton | 246.6 | 90 | | | 7.73 | 260.3 | percent of total billed charges | |
| BKR CHG KLEIHAUER-BETKE(KLB) | 85460 | CPT | | | | outpatient | | | 274 | 8.89 | Wellcare | Medicaid | 9.4 | | | | 7.73 | 260.3 | fee schedule | |
| BKR CHG KLEIHAUER-BETKE(KLB) | 85460 | CPT | | | | outpatient | | | 274 | 8.89 | Horizon | Indemnity | 104.89 | 38.28 | | | 7.73 | 260.3 | percent of total billed charges | |
| BKR CHG KLEIHAUER-BETKE(KLB) | 85460 | CPT | | | | outpatient | | | 274 | 8.89 | Wellcare | Medicare | 7.73 | | | | 7.73 | 260.3 | fee schedule | |
| BKR CHG KLEIHAUER-BETKE(KLB) | 85460 | CPT | | | | outpatient | | | 274 | 8.89 | Amerihealth | HMO/PPO | 12 | | | | 7.73 | 260.3 | fee schedule | |
| BKR CHG KLEIHAUER-BETKE(KLB) | 85460 | CPT | | | | outpatient | | | 274 | 8.89 | Consumer | Consumer | 260.3 | 95 | | | 7.73 | 260.3 | percent of total billed charges | |
| BKR CHG KLEIHAUER-BETKE(KLB) | 85460 | CPT | | | | outpatient | | | 274 | 8.89 | Multiplan | Multiplan | 219.2 | 80 | | | 7.73 | 260.3 | percent of total billed charges | |
| BKR CHG KLEIHAUER-BETKE(KLB) | 85460 | CPT | | | | outpatient | | | 274 | 8.89 | Horizon | NJ Health | 18.42 | | | | 7.73 | 260.3 | fee schedule | |
| BKR CHG KLEIHAUER-BETKE(KLB) | 85460 | CPT | | | | outpatient | | | 274 | 8.89 | WellPoint | WellPoint | 88.17 | 32.18 | | | 7.73 | 260.3 | percent of total billed charges | |
| BKR CHG KLEIHAUER-BETKE(KLB) | 85460 | CPT | | | | outpatient | | | 274 | 8.89 | Horizon | PPO | 104.89 | 38.28 | | | 7.73 | 260.3 | percent of total billed charges | |
| BKR CHG KLEIHAUER-BETKE(KLB) | 85460 | CPT | | | | outpatient | | | 274 | 8.89 | Horizon | Medicare Blue | 82.2 | 30 | | | 7.73 | 260.3 | percent of total billed charges | |
| BKR CHG KLEIHAUER-BETKE(KLB) | 85460 | CPT | | | | outpatient | | | 274 | 8.89 | Managed Care Inc | Managed Care Inc | 246.6 | 90 | | | 7.73 | 260.3 | percent of total billed charges | |
| BKR CHG KLEIHAUER-BETKE(KLB) | 85460 | CPT | | | | outpatient | | | 274 | 8.89 | Horizon | MGD | 104.89 | 38.28 | | | 7.73 | 260.3 | percent of total billed charges | |
| BKR CHG KLEIHAUER-BETKE(KLB) | 85460 | CPT | | | | outpatient | | | 274 | 8.89 | Three Rivers | Three Rivers | 260.3 | 95 | | | 7.73 | 260.3 | percent of total billed charges | |
| BKR CHG KLEIHAUER-BETKE(KLB) | 85460 | CPT | | | | outpatient | | | 274 | 8.89 | Qualcare | Qualcare | 205.5 | 75 | | | 7.73 | 260.3 | percent of total billed charges | |
| BKR CHG ROSETTE (FETAL CELL SCREEN) | 85461 | CPT | | | | both | | | 128 | 10.76 | First Health | First Health | 89.6 | 70 | | | 7.37 | 121.6 | percent of total billed charges | |
| BKR CHG ROSETTE (FETAL CELL SCREEN) | 85461 | CPT | | | | both | | | 128 | 10.76 | UHC | Medicare | 9.36 | | | | 7.37 | 121.6 | fee schedule | |
| BKR CHG ROSETTE (FETAL CELL SCREEN) | 85461 | CPT | | | | both | | | 128 | 10.76 | Aetna | Medicare | 39.42 | 30.8 | | | 7.37 | 121.6 | percent of total billed charges | |
| BKR CHG ROSETTE (FETAL CELL SCREEN) | 85461 | CPT | | | | both | | | 128 | 10.76 | Americare | Americare | 96 | 75 | | | 7.37 | 121.6 | percent of total billed charges | |
| BKR CHG ROSETTE (FETAL CELL SCREEN) | 85461 | CPT | | | | both | | | 128 | 10.76 | Consumer | Consumer | 121.6 | 95 | | | 7.37 | 121.6 | percent of total billed charges | |
| BKR CHG ROSETTE (FETAL CELL SCREEN) | 85461 | CPT | | | | both | | | 128 | 10.76 | Aetna | Better Health | 40.38 | 31.55 | | | 7.37 | 121.6 | percent of total billed charges | |
| BKR CHG ROSETTE (FETAL CELL SCREEN) | 85461 | CPT | | | | both | | | 128 | 10.76 | Corrections | Corrections | 102.4 | 80 | | | 7.37 | 121.6 | percent of total billed charges | |
| BKR CHG ROSETTE (FETAL CELL SCREEN) | 85461 | CPT | | | | both | | | 128 | 10.76 | Horizon | Indemnity | 49 | 38.28 | | | 7.37 | 121.6 | percent of total billed charges | |
| BKR CHG ROSETTE (FETAL CELL SCREEN) | 85461 | CPT | | | | both | | | 128 | 10.76 | Horizon | NJ Health | 7.37 | | | 15.28 | 7.37 | 121.6 | fee schedule | |
| BKR CHG ROSETTE (FETAL CELL SCREEN) | 85461 | CPT | | | | both | | | 128 | 10.76 | UHC | Medicaid | 9 | | | 32.49 | 7.37 | 121.6 | fee schedule | |
| BKR CHG ROSETTE (FETAL CELL SCREEN) | 85461 | CPT | | | | both | | | 128 | 10.76 | Horizon | MGD | 49 | 38.28 | | | 7.37 | 121.6 | percent of total billed charges | |
| BKR CHG ROSETTE (FETAL CELL SCREEN) | 85461 | CPT | | | | both | | | 128 | 10.76 | Amerihealth | HMO/PPO | 9.4 | | | | 7.37 | 121.6 | fee schedule | |
| BKR CHG ROSETTE (FETAL CELL SCREEN) | 85461 | CPT | | | | both | | | 128 | 10.76 | Wellcare | Medicare | 9.36 | | | | 7.37 | 121.6 | fee schedule | |
| BKR CHG ROSETTE (FETAL CELL SCREEN) | 85461 | CPT | | | | both | | | 128 | 10.76 | WellPoint | WellPoint | 41.19 | 32.18 | | | 7.37 | 121.6 | percent of total billed charges | |
| BKR CHG ROSETTE (FETAL CELL SCREEN) | 85461 | CPT | | | | both | | | 128 | 10.76 | First Trenton | First Trenton | 115.2 | 90 | | | 7.37 | 121.6 | percent of total billed charges | |
| BKR CHG ROSETTE (FETAL CELL SCREEN) | 85461 | CPT | | | | both | | | 128 | 10.76 | Horizon | PPO | 49 | 38.28 | | | 7.37 | 121.6 | percent of total billed charges | |
| BKR CHG ROSETTE (FETAL CELL SCREEN) | 85461 | CPT | | | | both | | | 128 | 10.76 | Multiplan | Multiplan | 102.4 | 80 | | | 7.37 | 121.6 | percent of total billed charges | |
| BKR CHG ROSETTE (FETAL CELL SCREEN) | 85461 | CPT | | | | both | | | 128 | 10.76 | Amerihealth | Medicare | 9.36 | | | | 7.37 | 121.6 | fee schedule | |
| BKR CHG ROSETTE (FETAL CELL SCREEN) | 85461 | CPT | | | | both | | | 128 | 10.76 | Qualcare | Qualcare | 96 | 75 | | | 7.37 | 121.6 | percent of total billed charges | |
| BKR CHG ROSETTE (FETAL CELL SCREEN) | 85461 | CPT | | | | both | | | 128 | 10.76 | Three Rivers | Three Rivers | 121.6 | 95 | | | 7.37 | 121.6 | percent of total billed charges | |
| BKR CHG ROSETTE (FETAL CELL SCREEN) | 85461 | CPT | | | | both | | | 128 | 10.76 | Horizon | Medicare Blue | 38.4 | 30 | | | 7.37 | 121.6 | percent of total billed charges | |
| BKR CHG ROSETTE (FETAL CELL SCREEN) | 85461 | CPT | | | | both | | | 128 | 10.76 | Wellcare | Medicaid | 9 | | | | 7.37 | 121.6 | fee schedule | |
| BKR CHG ROSETTE (FETAL CELL SCREEN) | 85461 | CPT | | | | both | | | 128 | 10.76 | Managed Care Inc | Managed Care Inc | 115.2 | 90 | | | 7.37 | 121.6 | percent of total billed charges | |
| BKR CHG HEPARIN ASSAY | 85520 | CPT | | | | both | | | 519 | 15.05 | Consumer | Consumer | 493.05 | 95 | | | 7.6 | 493.05 | percent of total billed charges | |
| BKR CHG HEPARIN ASSAY | 85520 | CPT | | | | both | | | 519 | 15.05 | Horizon | MGD | 198.67 | 38.28 | | | 7.6 | 493.05 | percent of total billed charges | |
| BKR CHG HEPARIN ASSAY | 85520 | CPT | | | | both | | | 519 | 15.05 | Amerihealth | Medicare | 13.09 | | | | 7.6 | 493.05 | fee schedule | |
| BKR CHG HEPARIN ASSAY | 85520 | CPT | | | | both | | | 519 | 15.05 | Americare | Americare | 389.25 | 75 | | | 7.6 | 493.05 | percent of total billed charges | |
| BKR CHG HEPARIN ASSAY | 85520 | CPT | | | | both | | | 519 | 15.05 | Aetna | Better Health | 163.74 | 31.55 | | | 7.6 | 493.05 | percent of total billed charges | |
| BKR CHG HEPARIN ASSAY | 85520 | CPT | | | | both | | | 519 | 15.05 | Amerihealth | HMO/PPO | 7.6 | | | | 7.6 | 493.05 | fee schedule | |
| BKR CHG HEPARIN ASSAY | 85520 | CPT | | | | both | | | 519 | 15.05 | Aetna | Medicare | 159.85 | 30.8 | | | 7.6 | 493.05 | percent of total billed charges | |
| BKR CHG HEPARIN ASSAY | 85520 | CPT | | | | both | | | 519 | 15.05 | Corrections | Corrections | 415.2 | 80 | | | 7.6 | 493.05 | percent of total billed charges | |
| BKR CHG HEPARIN ASSAY | 85520 | CPT | | | | both | | | 519 | 15.05 | Wellcare | Medicaid | 7.97 | | | | 7.6 | 493.05 | fee schedule | |
| BKR CHG HEPARIN ASSAY | 85520 | CPT | | | | both | | | 519 | 15.05 | Horizon | NJ Health | 17.72 | | | 1.8 | 7.6 | 493.05 | fee schedule | |
| BKR CHG HEPARIN ASSAY | 85520 | CPT | | | | both | | | 519 | 15.05 | First Health | First Health | 363.3 | 70 | | | 7.6 | 493.05 | percent of total billed charges | |
| BKR CHG HEPARIN ASSAY | 85520 | CPT | | | | both | | | 519 | 15.05 | First Trenton | First Trenton | 467.1 | 90 | | | 7.6 | 493.05 | percent of total billed charges | |
| BKR CHG HEPARIN ASSAY | 85520 | CPT | | | | both | | | 519 | 15.05 | Wellcare | Medicare | 13.09 | | | | 7.6 | 493.05 | fee schedule | |
| BKR CHG HEPARIN ASSAY | 85520 | CPT | | | | both | | | 519 | 15.05 | Horizon | Medicare Blue | 155.7 | 30 | | | 7.6 | 493.05 | percent of total billed charges | |
| BKR CHG HEPARIN ASSAY | 85520 | CPT | | | | both | | | 519 | 15.05 | Multiplan | Multiplan | 415.2 | 80 | | | 7.6 | 493.05 | percent of total billed charges | |
| BKR CHG HEPARIN ASSAY | 85520 | CPT | | | | both | | | 519 | 15.05 | Horizon | Indemnity | 198.67 | 38.28 | | 13.67 | 7.6 | 493.05 | percent of total billed charges | |
| BKR CHG HEPARIN ASSAY | 85520 | CPT | | | | both | | | 519 | 15.05 | Qualcare | Qualcare | 389.25 | 75 | | | 7.6 | 493.05 | percent of total billed charges | |
| BKR CHG HEPARIN ASSAY | 85520 | CPT | | | | both | | | 519 | 15.05 | WellPoint | WellPoint | 167.01 | 32.18 | | 20.37 | 7.6 | 493.05 | percent of total billed charges | |
| BKR CHG HEPARIN ASSAY | 85520 | CPT | | | | both | | | 519 | 15.05 | UHC | Medicare | 13.09 | | | | 7.6 | 493.05 | fee schedule | |
| BKR CHG HEPARIN ASSAY | 85520 | CPT | | | | both | | | 519 | 15.05 | Horizon | PPO | 198.67 | 38.28 | | | 7.6 | 493.05 | percent of total billed charges | |
| BKR CHG HEPARIN ASSAY | 85520 | CPT | | | | both | | | 519 | 15.05 | Managed Care Inc | Managed Care Inc | 467.1 | 90 | | | 7.6 | 493.05 | percent of total billed charges | |
| BKR CHG HEPARIN ASSAY | 85520 | CPT | | | | both | | | 519 | 15.05 | Three Rivers | Three Rivers | 493.05 | 95 | | | 7.6 | 493.05 | percent of total billed charges | |
| BKR CHG HEPARIN ASSAY | 85520 | CPT | | | | both | | | 519 | 15.05 | UHC | Medicaid | 7.97 | | | | 7.6 | 493.05 | fee schedule | |
| BKR CHG HEPARIN NEUTRALIZATION | 85525 | CPT | | | | outpatient | | | 31 | 13.62 | Aetna | Medicare | 9.55 | 30.8 | | | 9.3 | 31.36 | percent of total billed charges | |
| BKR CHG HEPARIN NEUTRALIZATION | 85525 | CPT | | | | outpatient | | | 31 | 13.62 | Aetna | Better Health | 9.78 | 31.55 | | | 9.3 | 31.36 | percent of total billed charges | |
| BKR CHG HEPARIN NEUTRALIZATION | 85525 | CPT | | | | outpatient | | | 31 | 13.62 | UHC | Medicaid | 16 | | | | 9.3 | 31.36 | fee schedule | |
| BKR CHG HEPARIN NEUTRALIZATION | 85525 | CPT | | | | outpatient | | | 31 | 13.62 | Americare | Americare | 23.25 | 75 | | | 9.3 | 31.36 | percent of total billed charges | |
| BKR CHG HEPARIN NEUTRALIZATION | 85525 | CPT | | | | outpatient | | | 31 | 13.62 | Horizon | PPO | 11.87 | 38.28 | | | 9.3 | 31.36 | percent of total billed charges | |
| BKR CHG HEPARIN NEUTRALIZATION | 85525 | CPT | | | | outpatient | | | 31 | 13.62 | Multiplan | Multiplan | 24.8 | 80 | | | 9.3 | 31.36 | percent of total billed charges | |
| BKR CHG HEPARIN NEUTRALIZATION | 85525 | CPT | | | | outpatient | | | 31 | 13.62 | Horizon | MGD | 11.87 | 38.28 | | | 9.3 | 31.36 | percent of total billed charges | |
| BKR CHG HEPARIN NEUTRALIZATION | 85525 | CPT | | | | outpatient | | | 31 | 13.62 | Consumer | Consumer | 29.45 | 95 | | | 9.3 | 31.36 | percent of total billed charges | |
| BKR CHG HEPARIN NEUTRALIZATION | 85525 | CPT | | | | outpatient | | | 31 | 13.62 | Amerihealth | HMO/PPO | 25 | | | | 9.3 | 31.36 | fee schedule | |
| BKR CHG HEPARIN NEUTRALIZATION | 85525 | CPT | | | | outpatient | | | 31 | 13.62 | First Trenton | First Trenton | 27.9 | 90 | | | 9.3 | 31.36 | percent of total billed charges | |
| BKR CHG HEPARIN NEUTRALIZATION | 85525 | CPT | | | | outpatient | | | 31 | 13.62 | Wellcare | Medicare | 11.84 | | | | 9.3 | 31.36 | fee schedule | |
| BKR CHG HEPARIN NEUTRALIZATION | 85525 | CPT | | | | outpatient | | | 31 | 13.62 | Corrections | Corrections | 24.8 | 80 | | | 9.3 | 31.36 | percent of total billed charges | |
| BKR CHG HEPARIN NEUTRALIZATION | 85525 | CPT | | | | outpatient | | | 31 | 13.62 | Three Rivers | Three Rivers | 29.45 | 95 | | | 9.3 | 31.36 | percent of total billed charges | |
| BKR CHG HEPARIN NEUTRALIZATION | 85525 | CPT | | | | outpatient | | | 31 | 13.62 | Qualcare | Qualcare | 23.25 | 75 | | | 9.3 | 31.36 | percent of total billed charges | |
| BKR CHG HEPARIN NEUTRALIZATION | 85525 | CPT | | | | outpatient | | | 31 | 13.62 | Amerihealth | Medicare | 11.84 | | | | 9.3 | 31.36 | fee schedule | |
| BKR CHG HEPARIN NEUTRALIZATION | 85525 | CPT | | | | outpatient | | | 31 | 13.62 | Horizon | Indemnity | 11.87 | 38.28 | | | 9.3 | 31.36 | percent of total billed charges | |
| BKR CHG HEPARIN NEUTRALIZATION | 85525 | CPT | | | | outpatient | | | 31 | 13.62 | First Health | First Health | 21.7 | 70 | | | 9.3 | 31.36 | percent of total billed charges | |
| BKR CHG HEPARIN NEUTRALIZATION | 85525 | CPT | | | | outpatient | | | 31 | 13.62 | Horizon | Medicare Blue | 9.3 | 30 | | | 9.3 | 31.36 | percent of total billed charges | |
| BKR CHG HEPARIN NEUTRALIZATION | 85525 | CPT | | | | outpatient | | | 31 | 13.62 | Horizon | NJ Health | 31.36 | | | | 9.3 | 31.36 | fee schedule | |
| BKR CHG HEPARIN NEUTRALIZATION | 85525 | CPT | | | | outpatient | | | 31 | 13.62 | UHC | Medicare | 11.84 | | | | 9.3 | 31.36 | fee schedule | |
| BKR CHG HEPARIN NEUTRALIZATION | 85525 | CPT | | | | outpatient | | | 31 | 13.62 | Wellcare | Medicaid | 16 | | | | 9.3 | 31.36 | fee schedule | |
| BKR CHG HEPARIN NEUTRALIZATION | 85525 | CPT | | | | outpatient | | | 31 | 13.62 | Managed Care Inc | Managed Care Inc | 27.9 | 90 | | | 9.3 | 31.36 | percent of total billed charges | |
| BKR CHG HEPARIN NEUTRALIZATION | 85525 | CPT | | | | outpatient | | | 31 | 13.62 | WellPoint | WellPoint | 9.98 | 32.18 | | | 9.3 | 31.36 | percent of total billed charges | |
| BKR CHG LAP SCORE | 85540 | CPT | | | | outpatient | | | 162 | 9.89 | Amerihealth | Medicare | 8.6 | | | | 8.6 | 153.9 | fee schedule | |
| BKR CHG LAP SCORE | 85540 | CPT | | | | outpatient | | | 162 | 9.89 | First Trenton | First Trenton | 145.8 | 90 | | | 8.6 | 153.9 | percent of total billed charges | |
| BKR CHG LAP SCORE | 85540 | CPT | | | | outpatient | | | 162 | 9.89 | Aetna | Better Health | 51.11 | 31.55 | | | 8.6 | 153.9 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG LAP SCORE | 86540 | CPT | | | | outpatient | | | 162 | 9.89 | Aetna | Medicare | 49.9 | 30.8 | | | 8.6 | 153.9 | percent of total billed charges | |
| BKR CHG LAP SCORE | 86540 | CPT | | | | outpatient | | | 162 | 9.89 | First Health | First Health | 113.4 | 70 | | | 8.6 | 153.9 | percent of total billed charges | |
| BKR CHG LAP SCORE | 86540 | CPT | | | | outpatient | | | 162 | 9.89 | Horizon | Indemnity | 62.01 | 38.28 | | | 8.6 | 153.9 | percent of total billed charges | |
| BKR CHG LAP SCORE | 86540 | CPT | | | | outpatient | | | 162 | 9.89 | Corrections | Corrections | 129.6 | 80 | | | 8.6 | 153.9 | percent of total billed charges | |
| BKR CHG LAP SCORE | 86540 | CPT | | | | outpatient | | | 162 | 9.89 | Americare | Americare | 121.5 | 75 | | | 8.6 | 153.9 | percent of total billed charges | |
| BKR CHG LAP SCORE | 86540 | CPT | | | | outpatient | | | 162 | 9.89 | Multiplan | Multiplan | 129.6 | 80 | | | 8.6 | 153.9 | percent of total billed charges | |
| BKR CHG LAP SCORE | 86540 | CPT | | | | outpatient | | | 162 | 9.89 | Managed Care Inc | Managed Care Inc | 145.8 | 90 | | | 8.6 | 153.9 | percent of total billed charges | |
| BKR CHG LAP SCORE | 86540 | CPT | | | | outpatient | | | 162 | 9.89 | Consumer | Consumer | 153.9 | 95 | | | 8.6 | 153.9 | percent of total billed charges | |
| BKR CHG LAP SCORE | 86540 | CPT | | | | outpatient | | | 162 | 9.89 | Horizon | MGD | 62.01 | 38.28 | | | 8.6 | 153.9 | percent of total billed charges | |
| BKR CHG LAP SCORE | 86540 | CPT | | | | outpatient | | | 162 | 9.89 | Qualcare | Qualcare | 121.5 | 75 | | | 8.6 | 153.9 | percent of total billed charges | |
| BKR CHG LAP SCORE | 86540 | CPT | | | | outpatient | | | 162 | 9.89 | Horizon | Medicare Blue | 48.6 | 30 | | | 8.6 | 153.9 | percent of total billed charges | |
| BKR CHG LAP SCORE | 86540 | CPT | | | | outpatient | | | 162 | 9.89 | UHC | Medicaid | 8.9 | | | | 8.6 | 153.9 | fee schedule | |
| BKR CHG LAP SCORE | 86540 | CPT | | | | outpatient | | | 162 | 9.89 | Amerihealth | HMO/PPO | 12.9 | | | | 8.6 | 153.9 | fee schedule | |
| BKR CHG LAP SCORE | 86540 | CPT | | | | outpatient | | | 162 | 9.89 | Three Rivers | Three Rivers | 153.9 | 95 | | | 8.6 | 153.9 | percent of total billed charges | |
| BKR CHG LAP SCORE | 86540 | CPT | | | | outpatient | | | 162 | 9.89 | Wellcare | Medicare | 8.6 | | | | 8.6 | 153.9 | fee schedule | |
| BKR CHG LAP SCORE | 86540 | CPT | | | | outpatient | | | 162 | 9.89 | Horizon | NJ Health | 17.44 | | | | 8.6 | 153.9 | fee schedule | |
| BKR CHG LAP SCORE | 86540 | CPT | | | | outpatient | | | 162 | 9.89 | Horizon | PPO | 62.01 | 38.28 | | | 8.6 | 153.9 | percent of total billed charges | |
| BKR CHG LAP SCORE | 86540 | CPT | | | | outpatient | | | 162 | 9.89 | UHC | Medicare | 8.6 | | | | 8.6 | 153.9 | fee schedule | |
| BKR CHG LAP SCORE | 86540 | CPT | | | | outpatient | | | 162 | 9.89 | WellPoint | WellPoint | 52.13 | 32.18 | | | 8.6 | 153.9 | percent of total billed charges | |
| BKR CHG LAP SCORE | 86540 | CPT | | | | outpatient | | | 162 | 9.89 | Wellcare | Medicaid | 8.9 | | | | 8.6 | 153.9 | fee schedule | |
| BKR CHG LYSOZYME SERUM | 86549 | CPT | | | | outpatient | | | 33 | 21.56 | First Health | First Health | 23.1 | 70 | | | 9.9 | 54.88 | percent of total billed charges | |
| BKR CHG LYSOZYME SERUM | 86549 | CPT | | | | outpatient | | | 33 | 21.56 | Americare | Americare | 24.75 | 75 | | | 9.9 | 54.88 | percent of total billed charges | |
| BKR CHG LYSOZYME SERUM | 86549 | CPT | | | | outpatient | | | 33 | 21.56 | Qualcare | Qualcare | 24.75 | 75 | | | 9.9 | 54.88 | percent of total billed charges | |
| BKR CHG LYSOZYME SERUM | 86549 | CPT | | | | outpatient | | | 33 | 21.56 | Amerihealth | HMO/PPO | 19 | | | | 9.9 | 54.88 | fee schedule | |
| BKR CHG LYSOZYME SERUM | 86549 | CPT | | | | outpatient | | | 33 | 21.56 | Corrections | Corrections | 26.4 | 80 | | | 9.9 | 54.88 | percent of total billed charges | |
| BKR CHG LYSOZYME SERUM | 86549 | CPT | | | | outpatient | | | 33 | 21.56 | Aetna | Medicare | 10.16 | 30.8 | | | 9.9 | 54.88 | percent of total billed charges | |
| BKR CHG LYSOZYME SERUM | 86549 | CPT | | | | outpatient | | | 33 | 21.56 | Aetna | Better Health | 10.41 | 31.55 | | | 9.9 | 54.88 | percent of total billed charges | |
| BKR CHG LYSOZYME SERUM | 86549 | CPT | | | | outpatient | | | 33 | 21.56 | Horizon | MGD | 12.63 | 38.28 | | | 9.9 | 54.88 | percent of total billed charges | |
| BKR CHG LYSOZYME SERUM | 86549 | CPT | | | | outpatient | | | 33 | 21.56 | Horizon | Indemnity | 12.63 | 38.28 | | | 9.9 | 54.88 | percent of total billed charges | |
| BKR CHG LYSOZYME SERUM | 86549 | CPT | | | | outpatient | | | 33 | 21.56 | Consumer | Consumer | 31.35 | 95 | | | 9.9 | 54.88 | percent of total billed charges | |
| BKR CHG LYSOZYME SERUM | 86549 | CPT | | | | outpatient | | | 33 | 21.56 | Multiplan | Multiplan | 26.4 | 80 | | | 9.9 | 54.88 | percent of total billed charges | |
| BKR CHG LYSOZYME SERUM | 86549 | CPT | | | | outpatient | | | 33 | 21.56 | Amerihealth | Medicare | 18.75 | | | | 9.9 | 54.88 | fee schedule | |
| BKR CHG LYSOZYME SERUM | 86549 | CPT | | | | outpatient | | | 33 | 21.56 | First Trenton | First Trenton | 29.7 | 90 | | | 9.9 | 54.88 | percent of total billed charges | |
| BKR CHG LYSOZYME SERUM | 86549 | CPT | | | | outpatient | | | 33 | 21.56 | Horizon | Medicare Blue | 9.9 | 30 | | | 9.9 | 54.88 | percent of total billed charges | |
| BKR CHG LYSOZYME SERUM | 86549 | CPT | | | | outpatient | | | 33 | 21.56 | Horizon | PPO | 12.63 | 38.28 | | | 9.9 | 54.88 | percent of total billed charges | |
| BKR CHG LYSOZYME SERUM | 86549 | CPT | | | | outpatient | | | 33 | 21.56 | UHC | Medicare | 18.75 | | | | 9.9 | 54.88 | fee schedule | |
| BKR CHG LYSOZYME SERUM | 86549 | CPT | | | | outpatient | | | 33 | 21.56 | Horizon | NJ Health | 54.88 | | | | 9.9 | 54.88 | fee schedule | |
| BKR CHG LYSOZYME SERUM | 86549 | CPT | | | | outpatient | | | 33 | 21.56 | UHC | Medicaid | 25 | | | | 9.9 | 54.88 | fee schedule | |
| BKR CHG LYSOZYME SERUM | 86549 | CPT | | | | outpatient | | | 33 | 21.56 | Three Rivers | Three Rivers | 31.35 | 95 | | | 9.9 | 54.88 | percent of total billed charges | |
| BKR CHG LYSOZYME SERUM | 86549 | CPT | | | | outpatient | | | 33 | 21.56 | WellPoint | WellPoint | 10.62 | 32.18 | | | 9.9 | 54.88 | percent of total billed charges | |
| BKR CHG LYSOZYME SERUM | 86549 | CPT | | | | outpatient | | | 33 | 21.56 | Managed Care Inc | Managed Care Inc | 29.7 | 90 | | | 9.9 | 54.88 | percent of total billed charges | |
| BKR CHG LYSOZYME SERUM | 86549 | CPT | | | | outpatient | | | 33 | 21.56 | Wellcare | Medicare | 18.75 | | | | 9.9 | 54.88 | fee schedule | |
| BKR CHG LYSOZYME SERUM | 86549 | CPT | | | | outpatient | | | 33 | 21.56 | Wellcare | Medicaid | 25 | | | | 9.9 | 54.88 | fee schedule | |
| BKR CHG OSMOTIC FRAGILITY | 85555 | CPT | | | | outpatient | | | 478 | 8.59 | Aetna | Medicare | 147.22 | 30.8 | | | 4.8 | 454.1 | percent of total billed charges | |
| BKR CHG OSMOTIC FRAGILITY | 85555 | CPT | | | | outpatient | | | 478 | 8.59 | Multiplan | Multiplan | 382.4 | 80 | | | 4.8 | 454.1 | percent of total billed charges | |
| BKR CHG OSMOTIC FRAGILITY | 85555 | CPT | | | | outpatient | | | 478 | 8.59 | Aetna | Better Health | 150.81 | 31.55 | | | 4.8 | 454.1 | percent of total billed charges | |
| BKR CHG OSMOTIC FRAGILITY | 85555 | CPT | | | | outpatient | | | 478 | 8.59 | WellPoint | WellPoint | 153.82 | 32.18 | | | 4.8 | 454.1 | percent of total billed charges | |
| BKR CHG OSMOTIC FRAGILITY | 85555 | CPT | | | | outpatient | | | 478 | 8.59 | First Health | First Health | 334.6 | 70 | | | 4.8 | 454.1 | percent of total billed charges | |
| BKR CHG OSMOTIC FRAGILITY | 85555 | CPT | | | | outpatient | | | 478 | 8.59 | Americare | Americare | 358.5 | 75 | | | 4.8 | 454.1 | percent of total billed charges | |
| BKR CHG OSMOTIC FRAGILITY | 85555 | CPT | | | | outpatient | | | 478 | 8.59 | Corrections | Corrections | 382.4 | 80 | | | 4.8 | 454.1 | percent of total billed charges | |
| BKR CHG OSMOTIC FRAGILITY | 85555 | CPT | | | | outpatient | | | 478 | 8.59 | First Trenton | First Trenton | 430.2 | 90 | | | 4.8 | 454.1 | percent of total billed charges | |
| BKR CHG OSMOTIC FRAGILITY | 85555 | CPT | | | | outpatient | | | 478 | 8.59 | Amerihealth | HMO/PPO | 6.9 | | | | 4.8 | 454.1 | fee schedule | |
| BKR CHG OSMOTIC FRAGILITY | 85555 | CPT | | | | outpatient | | | 478 | 8.59 | Qualcare | Qualcare | 358.5 | 75 | | | 4.8 | 454.1 | percent of total billed charges | |
| BKR CHG OSMOTIC FRAGILITY | 85555 | CPT | | | | outpatient | | | 478 | 8.59 | Aetna | Commercial | 181.64 | 38 | | | 4.8 | 454.1 | percent of total billed charges | |
| BKR CHG OSMOTIC FRAGILITY | 85555 | CPT | | | | outpatient | | | 478 | 8.59 | Horizon | Indemnity | 182.98 | 38.28 | | | 4.8 | 454.1 | percent of total billed charges | |
| BKR CHG OSMOTIC FRAGILITY | 85555 | CPT | | | | outpatient | | | 478 | 8.59 | UHC | Medicare | 7.47 | | | | 4.8 | 454.1 | fee schedule | |
| BKR CHG OSMOTIC FRAGILITY | 85555 | CPT | | | | outpatient | | | 478 | 8.59 | Consumer | Consumer | 454.1 | 95 | | | 4.8 | 454.1 | percent of total billed charges | |
| BKR CHG OSMOTIC FRAGILITY | 85555 | CPT | | | | outpatient | | | 478 | 8.59 | Horizon | Medicare Blue | 143.4 | 30 | | | 4.8 | 454.1 | percent of total billed charges | |
| BKR CHG OSMOTIC FRAGILITY | 85555 | CPT | | | | outpatient | | | 478 | 8.59 | Horizon | PPO | 182.98 | 38.28 | | | 4.8 | 454.1 | percent of total billed charges | |
| BKR CHG OSMOTIC FRAGILITY | 85555 | CPT | | | | outpatient | | | 478 | 8.59 | Amerihealth | Medicare | 7.47 | | | | 4.8 | 454.1 | fee schedule | |
| BKR CHG OSMOTIC FRAGILITY | 85555 | CPT | | | | outpatient | | | 478 | 8.59 | UHC | Medicaid | 4.8 | | | | 4.8 | 454.1 | fee schedule | |
| BKR CHG OSMOTIC FRAGILITY | 85555 | CPT | | | | outpatient | | | 478 | 8.59 | Wellcare | Medicare | 7.47 | | | | 4.8 | 454.1 | fee schedule | |
| BKR CHG OSMOTIC FRAGILITY | 85555 | CPT | | | | outpatient | | | 478 | 8.59 | Managed Care Inc | Managed Care Inc | 430.2 | 90 | | | 4.8 | 454.1 | percent of total billed charges | |
| BKR CHG OSMOTIC FRAGILITY | 85555 | CPT | | | | outpatient | | | 478 | 8.59 | Horizon | MGD | 182.98 | 38.28 | | | 4.8 | 454.1 | percent of total billed charges | |
| BKR CHG OSMOTIC FRAGILITY | 85555 | CPT | | | | outpatient | | | 478 | 8.59 | Horizon | NJ Health | 9.41 | | | | 4.8 | 454.1 | fee schedule | |
| BKR CHG OSMOTIC FRAGILITY | 85555 | CPT | | | | outpatient | | | 478 | 8.59 | Wellcare | Medicaid | 4.8 | | | | 4.8 | 454.1 | fee schedule | |
| BKR CHG OSMOTIC FRAGILITY | 85555 | CPT | | | | outpatient | | | 478 | 8.59 | Three Rivers | Three Rivers | 454.1 | 95 | | | 4.8 | 454.1 | percent of total billed charges | |
| BKR CHG OSMOTIC FRAG RBC INCUBATED | 86557 | CPT | | | | outpatient | | | 121 | 15.36 | Amerihealth | HMO/PPO | 20.8 | | | | 4.8 | 114.95 | fee schedule | |
| BKR CHG OSMOTIC FRAG RBC INCUBATED | 86557 | CPT | | | | outpatient | | | 121 | 15.36 | Aetna | Better Health | 38.18 | 31.55 | | | 4.8 | 114.95 | percent of total billed charges | |
| BKR CHG OSMOTIC FRAG RBC INCUBATED | 86557 | CPT | | | | outpatient | | | 121 | 15.36 | Consumer | Consumer | 114.95 | 95 | | | 4.8 | 114.95 | percent of total billed charges | |
| BKR CHG OSMOTIC FRAG RBC INCUBATED | 86557 | CPT | | | | outpatient | | | 121 | 15.36 | Amerihealth | Medicare | 13.36 | | | | 4.8 | 114.95 | fee schedule | |
| BKR CHG OSMOTIC FRAG RBC INCUBATED | 86557 | CPT | | | | outpatient | | | 121 | 15.36 | Aetna | Commercial | 45.98 | 38 | | | 4.8 | 114.95 | percent of total billed charges | |
| BKR CHG OSMOTIC FRAG RBC INCUBATED | 86557 | CPT | | | | outpatient | | | 121 | 15.36 | Aetna | Medicare | 37.27 | 30.8 | | | 4.8 | 114.95 | percent of total billed charges | |
| BKR CHG OSMOTIC FRAG RBC INCUBATED | 86557 | CPT | | | | outpatient | | | 121 | 15.36 | First Health | First Health | 84.7 | 70 | | | 4.8 | 114.95 | percent of total billed charges | |
| BKR CHG OSMOTIC FRAG RBC INCUBATED | 86557 | CPT | | | | outpatient | | | 121 | 15.36 | Americare | Americare | 90.75 | 75 | | | 4.8 | 114.95 | percent of total billed charges | |
| BKR CHG OSMOTIC FRAG RBC INCUBATED | 86557 | CPT | | | | outpatient | | | 121 | 15.36 | Horizon | Indemnity | 46.32 | 38.28 | | | 4.8 | 114.95 | percent of total billed charges | |
| BKR CHG OSMOTIC FRAG RBC INCUBATED | 86557 | CPT | | | | outpatient | | | 121 | 15.36 | Corrections | Corrections | 96.8 | 80 | | | 4.8 | 114.95 | percent of total billed charges | |
| BKR CHG OSMOTIC FRAG RBC INCUBATED | 86557 | CPT | | | | outpatient | | | 121 | 15.36 | Wellcare | Medicaid | 4.8 | | | | 4.8 | 114.95 | fee schedule | |
| BKR CHG OSMOTIC FRAG RBC INCUBATED | 86557 | CPT | | | | outpatient | | | 121 | 15.36 | First Trenton | First Trenton | 108.9 | 90 | | | 4.8 | 114.95 | percent of total billed charges | |
| BKR CHG OSMOTIC FRAG RBC INCUBATED | 86557 | CPT | | | | outpatient | | | 121 | 15.36 | Multiplan | Multiplan | 96.8 | 80 | | | 4.8 | 114.95 | percent of total billed charges | |
| BKR CHG OSMOTIC FRAG RBC INCUBATED | 86557 | CPT | | | | outpatient | | | 121 | 15.36 | Horizon | MGD | 46.32 | 38.28 | | | 4.8 | 114.95 | percent of total billed charges | |
| BKR CHG OSMOTIC FRAG RBC INCUBATED | 86557 | CPT | | | | outpatient | | | 121 | 15.36 | Horizon | Medicare Blue | 36.3 | 30 | | | 4.8 | 114.95 | percent of total billed charges | |
| BKR CHG OSMOTIC FRAG RBC INCUBATED | 86557 | CPT | | | | outpatient | | | 121 | 15.36 | Horizon | NJ Health | 9.41 | | | | 4.8 | 114.95 | fee schedule | |
| BKR CHG OSMOTIC FRAG RBC INCUBATED | 86557 | CPT | | | | outpatient | | | 121 | 15.36 | Qualcare | Qualcare | 90.75 | 75 | | | 4.8 | 114.95 | percent of total billed charges | |
| BKR CHG OSMOTIC FRAG RBC INCUBATED | 86557 | CPT | | | | outpatient | | | 121 | 15.36 | Horizon | PPO | 46.32 | 38.28 | | | 4.8 | 114.95 | percent of total billed charges | |
| BKR CHG OSMOTIC FRAG RBC INCUBATED | 86557 | CPT | | | | outpatient | | | 121 | 15.36 | UHC | Medicaid | 4.8 | | | | 4.8 | 114.95 | fee schedule | |
| BKR CHG OSMOTIC FRAG RBC INCUBATED | 86557 | CPT | | | | outpatient | | | 121 | 15.36 | Managed Care Inc | Managed Care Inc | 108.9 | 90 | | | 4.8 | 114.95 | percent of total billed charges | |
| BKR CHG OSMOTIC FRAG RBC INCUBATED | 86557 | CPT | | | | outpatient | | | 121 | 15.36 | UHC | Medicare | 13.36 | | | | 4.8 | 114.95 | fee schedule | |
| BKR CHG OSMOTIC FRAG RBC INCUBATED | 86557 | CPT | | | | outpatient | | | 121 | 15.36 | Three Rivers | Three Rivers | 114.95 | 95 | | | 4.8 | 114.95 | percent of total billed charges | |
| BKR CHG OSMOTIC FRAG RBC INCUBATED | 86557 | CPT | | | | outpatient | | | 121 | 15.36 | Wellcare | Medicare | 13.36 | | | | 4.8 | 114.95 | fee schedule | |
| BKR CHG OSMOTIC FRAG RBC INCUBATED | 86557 | CPT | | | | outpatient | | | 121 | 15.36 | WellPoint | WellPoint | 38.94 | 32.18 | | | 4.8 | 114.95 | percent of total billed charges | |
| BKR CHG VERIFY NOW PLAVIX | 86576 | CPT | | | | both | | | 391 | 28.65 | Aetna | Medicare | 120.43 | 30.8 | | | 19.6 | 371.45 | percent of total billed charges | |
| BKR CHG VERIFY NOW PLAVIX | 86576 | CPT | | | | both | | | 391 | 28.65 | Horizon | Medicare Blue | 117.3 | 30 | | | 19.6 | 371.45 | percent of total billed charges | |
| BKR CHG VERIFY NOW PLAVIX | 86576 | CPT | | | | both | | | 391 | 28.65 | Aetna | Commercial | 148.58 | 38 | | 34.4 | 19.6 | 371.45 | percent of total billed charges | |
| BKR CHG VERIFY NOW PLAVIX | 86576 | CPT | | | | both | | | 391 | 28.65 | Amerihealth | HMO/PPO | 33.5 | | | | 19.6 | 371.45 | fee schedule | |
| BKR CHG VERIFY NOW PLAVIX | 86576 | CPT | | | | both | | | 391 | 28.65 | Amerihealth | Medicare | 24.91 | | | | 19.6 | 371.45 | fee schedule | |
| BKR CHG VERIFY NOW PLAVIX | 86576 | CPT | | | | both | | | 391 | 28.65 | Americare | Americare | 293.25 | 75 | | | 19.6 | 371.45 | percent of total billed charges | |
| BKR CHG VERIFY NOW PLAVIX | 86576 | CPT | | | | both | | | 391 | 28.65 | Aetna | Better Health | 123.36 | 31.55 | | | 19.6 | 371.45 | percent of total billed charges | |
| BKR CHG VERIFY NOW PLAVIX | 86576 | CPT | | | | both | | | 391 | 28.65 | First Health | First Health | 273.7 | 70 | | | 19.6 | 371.45 | percent of total billed charges | |
| BKR CHG VERIFY NOW PLAVIX | 86576 | CPT | | | | both | | | 391 | 28.65 | Horizon | MGD | 149.67 | 38.28 | | 56.19 | 19.6 | 371.45 | percent of total billed charges | |
| BKR CHG VERIFY NOW PLAVIX | 86576 | CPT | | | | both | | | 391 | 28.65 | Corrections | Corrections | 312.8 | 80 | | 60.58 | 19.6 | 371.45 | percent of total billed charges | |
| BKR CHG VERIFY NOW PLAVIX | 86576 | CPT | | | | both | | | 391 | 28.65 | UHC | Medicare | 24.91 | | | 30.65 | 19.6 | 371.45 | fee schedule | |
| BKR CHG VERIFY NOW PLAVIX | 86576 | CPT | | | | both | | | 391 | 28.65 | First Trenton | First Trenton | 351.9 | 90 | | | 19.6 | 371.45 | percent of total billed charges | |
| BKR CHG VERIFY NOW PLAVIX | 86576 | CPT | | | | both | | | 391 | 28.65 | Consumer | Consumer | 371.45 | 95 | | | 19.6 | 371.45 | percent of total billed charges | |
| BKR CHG VERIFY NOW PLAVIX | 86576 | CPT | | | | both | | | 391 | 28.65 | Horizon | Indemnity | 149.67 | 38.28 | | | 19.6 | 371.45 | percent of total billed charges | |
| BKR CHG VERIFY NOW PLAVIX | 86576 | CPT | | | | both | | | 391 | 28.65 | Horizon | NJ Health | 19.6 | | | 59.9 | 19.6 | 371.45 | fee schedule | |
| BKR CHG VERIFY NOW PLAVIX | 86576 | CPT | | | | both | | | 391 | 28.65 | Horizon | PPO | 149.67 | 38.28 | | | 19.6 | 371.45 | percent of total billed charges | |
| BKR CHG VERIFY NOW PLAVIX | 86576 | CPT | | | | both | | | 391 | 28.65 | Multiplan | Multiplan | 312.8 | 80 | | | 19.6 | 371.45 | percent of total billed charges | |
| BKR CHG VERIFY NOW PLAVIX | 86576 | CPT | | | | both | | | 391 | 28.65 | Managed Care Inc | Managed Care Inc | 351.9 | 90 | | | 19.6 | 371.45 | percent of total billed charges | |
| BKR CHG VERIFY NOW PLAVIX | 86576 | CPT | | | | both | | | 391 | 28.65 | Wellcare | Medicaid | 24.01 | | | 19.87 | 19.6 | 371.45 | fee schedule | |
| BKR CHG VERIFY NOW PLAVIX | 86576 | CPT | | | | both | | | 391 | 28.65 | Three Rivers | Three Rivers | 371.45 | 95 | | | 19.6 | 371.45 | percent of total billed charges | |
| BKR CHG VERIFY NOW PLAVIX | 86576 | CPT | | | | both | | | 391 | 28.65 | Qualcare | Qualcare | 293.25 | 75 | | | 19.6 | 371.45 | percent of total billed charges | |
| BKR CHG VERIFY NOW PLAVIX | 86576 | CPT | | | | both | | | 391 | 28.65 | UHC | Medicaid | 24.01 | | | 47.64 | 19.6 | 371.45 | fee schedule | |
| BKR CHG VERIFY NOW PLAVIX | 86576 | CPT | | | | both | | | 391 | 28.65 | Wellcare | Medicare | 24.91 | | | | 19.6 | 371.45 | fee schedule | |
| BKR CHG VERIFY NOW PLAVIX | 86576 | CPT | | | | both | | | 391 | 28.65 | WellPoint | WellPoint | 125.82 | 32.18 | | 16.37 | 19.6 | 371.45 | percent of total billed charges | |
| BKR CHG DRVVT CONFIRM RFLX TO LUP ANTI | 85597 | CPT | | | | outpatient | | | 58 | 20.68 | Horizon | MGD | 22.2 | 38.28 | | | 17.4 | 55.1 | percent of total billed charges | |
| BKR CHG DRVVT CONFIRM RFLX TO LUP ANTI | 85597 | CPT | | | | outpatient | | | 58 | 20.68 | Aetna | Commercial | 22.04 | 38 | | | 17.4 | 55.1 | percent of total billed charges | |
| BKR CHG DRVVT CONFIRM RFLX TO LUP ANTI | 85597 | CPT | | | | outpatient | | | 58 | 20.68 | Corrections | Corrections | 46.4 | 80 | | | 17.4 | 55.1 | percent of total billed charges | |
| BKR CHG DRVVT CONFIRM RFLX TO LUP ANTI | 85597 | CPT | | | | outpatient | | | 58 | 20.68 | Consumer | Consumer | 55.1 | 95 | | | 17.4 | 55.1 | percent of total billed charges | |
| BKR CHG DRVVT CONFIRM RFLX TO LUP ANTI | 85597 | CPT | | | | outpatient | | | 58 | 20.68 | Amerihealth | HMO/PPO | 25 | | | | 17.4 | 55.1 | fee schedule | |
| BKR CHG DRVVT CONFIRM RFLX TO LUP ANTI | 85597 | CPT | | | | outpatient | | | 58 | 20.68 | Aetna | Medicare | 17.86 | 30.8 | | | 17.4 | 55.1 | percent of total billed charges | |
| BKR CHG DRVVT CONFIRM RFLX TO LUP ANTI | 85597 | CPT | | | | outpatient | | | 58 | 20.68 | Aetna | Better Health | 18.3 | 31.55 | | | 17.4 | 55.1 | percent of total billed charges | |
| BKR CHG DRVVT CONFIRM RFLX TO LUP ANTI | 85597 | CPT | | | | outpatient | | | 58 | 20.68 | WellPoint | WellPoint | 18.66 | 32.18 | | | 17.4 | 55.1 | percent of total billed charges | |
| BKR CHG DRVVT CONFIRM RFLX TO LUP ANTI | 85597 | CPT | | | | outpatient | | | 58 | 20.68 | First Trenton | First Trenton | 52.2 | 90 | | | 17.4 | 55.1 | percent of total billed charges | |
| BKR CHG DRVVT CONFIRM RFLX TO LUP ANTI | 85597 | CPT | | | | outpatient | | | 58 | 20.68 | Amerihealth | Medicare | 17.98 | | | | 17.4 | 55.1 | fee schedule | |
| BKR CHG DRVVT CONFIRM RFLX TO LUP ANTI | 85597 | CPT | | | | outpatient | | | 58 | 20.68 | Americare | Americare | 43.5 | 75 | | | 17.4 | 55.1 | percent of total billed charges | |
| BKR CHG DRVVT CONFIRM RFLX TO LUP ANTI | 85597 | CPT | | | | outpatient | | | 58 | 20.68 | First Health | First Health | 40.6 | 70 | | | 17.4 | 55.1 | percent of total billed charges | |
| BKR CHG DRVVT CONFIRM RFLX TO LUP ANTI | 85597 | CPT | | | | outpatient | | | 58 | 20.68 | Horizon | Medicare Blue | 17.4 | 30 | | | 17.4 | 55.1 | percent of total billed charges | |
| BKR CHG DRVVT CONFIRM RFLX TO LUP ANTI | 85597 | CPT | | | | outpatient | | | 58 | 20.68 | Multiplan | Multiplan | 46.4 | 80 | | | 17.4 | 55.1 | percent of total billed charges | |
| BKR CHG DRVVT CONFIRM RFLX TO LUP ANTI | 85597 | CPT | | | | outpatient | | | 58 | 20.68 | Horizon | Indemnity | 22.2 | 38.28 | | | 17.4 | 55.1 | percent of total billed charges | |
| BKR CHG DRVVT CONFIRM RFLX TO LUP ANTI | 85597 | CPT | | | | outpatient | | | 58 | 20.68 | Wellcare | Medicaid | 20 | | | | 17.4 | 55.1 | fee schedule | |
| BKR CHG DRVVT CONFIRM RFLX TO LUP ANTI | 85597 | CPT | | | | outpatient | | | 58 | 20.68 | Horizon | NJ Health | 43.12 | | | | 17.4 | 55.1 | fee schedule | |
| BKR CHG DRVVT CONFIRM RFLX TO LUP ANTI | 85597 | CPT | | | | outpatient | | | 58 | 20.68 | Qualcare | Qualcare | 43.5 | 75 | | | 17.4 | 55.1 | percent of total billed charges | |
| BKR CHG DRVVT CONFIRM RFLX TO LUP ANTI | 85597 | CPT | | | | outpatient | | | 58 | 20.68 | Horizon | PPO | 22.2 | 38.28 | | | 17.4 | 55.1 | percent of total billed charges | |
| BKR CHG DRVVT CONFIRM RFLX TO LUP ANTI | 85597 | CPT | | | | outpatient | | | 58 | 20.68 | Wellcare | Medicare | 17.98 | | | | 17.4 | 55.1 | fee schedule | |
| BKR CHG DRVVT CONFIRM RFLX TO LUP ANTI | 85597 | CPT | | | | outpatient | | | 58 | 20.68 | Managed Care Inc | Managed Care Inc | 52.2 | 90 | | | 17.4 | 55.1 | percent of total billed charges | |
| BKR CHG DRVVT CONFIRM RFLX TO LUP ANTI | 85597 | CPT | | | | outpatient | | | 58 | 20.68 | UHC | Medicare | 17.98 | | | | 17.4 | 55.1 | fee schedule | |
| BKR CHG DRVVT CONFIRM RFLX TO LUP ANTI | 85597 | CPT | | | | outpatient | | | 58 | 20.68 | Three Rivers | Three Rivers | 55.1 | 95 | | | 17.4 | 55.1 | percent of total billed charges | |
| BKR CHG DRVVT CONFIRM RFLX TO LUP ANTI | 85597 | CPT | | | | outpatient | | | 58 | 20.68 | UHC | Medicaid | 20 | | | | 17.4 | 55.1 | fee schedule | |
| BKR CHG PROTHROMBIN TIME; | 85598 | CPT | | | | both | | | 226 | 20.68 | Americare | Americare | 169.5 | 75 | | | 14.38 | 214.7 | percent of total billed charges | |
| BKR CHG PROTHROMBIN TIME; | 85598 | CPT | | | | both | | | 226 | 20.68 | Amerihealth | HMO/PPO | 25 | | | | 14.38 | 214.7 | fee schedule | |
| BKR CHG PROTHROMBIN TIME; | 85598 | CPT | | | | both | | | 226 | 20.68 | Multiplan | Multiplan | 180.8 | 80 | | | 14.38 | 214.7 | percent of total billed charges | |
| BKR CHG PROTHROMBIN TIME; | 85598 | CPT | | | | both | | | 226 | 20.68 | Aetna | Medicare | 69.61 | 30.8 | | | 14.38 | 214.7 | percent of total billed charges | |
| BKR CHG PROTHROMBIN TIME; | 85598 | CPT | | | | both | | | 226 | 20.68 | Amerihealth | Medicare | 17.98 | | | | 14.38 | 214.7 | fee schedule | |
| BKR CHG PROTHROMBIN TIME; | 85598 | CPT | | | | both | | | 226 | 20.68 | Horizon | Indemnity | 86.51 | 38.28 | | | 14.38 | 214.7 | percent of total billed charges | |
| BKR CHG PROTHROMBIN TIME; | 85598 | CPT | | | | both | | | 226 | 20.68 | Aetna | Better Health | 71.3 | 31.55 | | | 14.38 | 214.7 | percent of total billed charges | |
| BKR CHG PROTHROMBIN TIME; | 85598 | CPT | | | | both | | | 226 | 20.68 | Aetna | Commercial | 85.88 | 38 | | | 14.38 | 214.7 | percent of total billed charges | |
| BKR CHG PROTHROMBIN TIME; | 85598 | CPT | | | | both | | | 226 | 20.68 | First Trenton | First Trenton | 203.4 | 90 | | | 14.38 | 214.7 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG PROTHROMBIN TIME; | 85598 | CPT | | | | both | | | 226 | 20.68 | WellPoint | | 72.73 | 32.18 | | 3.5 | 14.38 | | 214.7 percent of total billed charges | |
| BKR CHG PROTHROMBIN TIME; | 85598 | CPT | | | | both | | | 226 | 20.68 | Qualcare | Qualcare | 169.5 | 75 | | | 14.38 | | 214.7 percent of total billed charges | |
| BKR CHG PROTHROMBIN TIME; | 85598 | CPT | | | | both | | | 226 | 20.68 | Consumer | Consumer | 214.7 | 95 | | | 14.38 | | 214.7 percent of total billed charges | |
| BKR CHG PROTHROMBIN TIME; | 85598 | CPT | | | | both | | | 226 | 20.68 | Corrections | Corrections | 180.8 | 80 | | | 14.38 | | 214.7 percent of total billed charges | |
| BKR CHG PROTHROMBIN TIME; | 85598 | CPT | | | | both | | | 226 | 20.68 | Horizon | PPO | 86.51 | 38.28 | | 10.92 | 14.38 | | 214.7 percent of total billed charges | |
| BKR CHG PROTHROMBIN TIME; | 85598 | CPT | | | | both | | | 226 | 20.68 | First Health | First Health | 158.2 | 70 | | | 14.38 | | 214.7 percent of total billed charges | |
| BKR CHG PROTHROMBIN TIME; | 85598 | CPT | | | | both | | | 226 | 20.68 | Horizon | NJ Health | 19.84 | | | 1.88 | 14.38 | | 214.7 fee schedule | |
| BKR CHG PROTHROMBIN TIME; | 85598 | CPT | | | | both | | | 226 | 20.68 | Horizon | MGD | 86.51 | 38.28 | | | 14.38 | | 214.7 percent of total billed charges | |
| BKR CHG PROTHROMBIN TIME; | 85598 | CPT | | | | both | | | 226 | 20.68 | Wellcare | Medicaid | 14.38 | | | | 14.38 | | 214.7 fee schedule | |
| BKR CHG PROTHROMBIN TIME; | 85598 | CPT | | | | both | | | 226 | 20.68 | UHC | Medicare | 17.98 | | | | 14.38 | | 214.7 fee schedule | |
| BKR CHG PROTHROMBIN TIME; | 85598 | CPT | | | | both | | | 226 | 20.68 | Managed Care Inc | Managed Care Inc | 203.4 | 90 | | | 14.38 | | 214.7 percent of total billed charges | |
| BKR CHG PROTHROMBIN TIME; | 85598 | CPT | | | | both | | | 226 | 20.68 | Horizon | Medicare Blue | 67.8 | 30 | | | 14.38 | | 214.7 percent of total billed charges | |
| BKR CHG PROTHROMBIN TIME; | 85598 | CPT | | | | both | | | 226 | 20.68 | Three Rivers | Three Rivers | 214.7 | 95 | | | 14.38 | | 214.7 percent of total billed charges | |
| BKR CHG PROTHROMBIN TIME; | 85598 | CPT | | | | both | | | 226 | 20.68 | Wellcare | Medicare | 17.98 | | | | 14.38 | | 214.7 fee schedule | |
| BKR CHG PROTHROMBIN TIME; | 85598 | CPT | | | | both | | | 226 | 20.68 | UHC | Medicaid | 14.38 | | | 15.25 | 14.38 | | 214.7 fee schedule | |
| BKR CHG PT | 85610 | CPT | | | | both | | | 15 | 4.93 | Amerihealth | HMO/PPO | 5.6 | | | 2.52 | 3 | | 14.25 fee schedule | |
| BKR CHG PT | 85610 | CPT | | | | both | | | 15 | 4.93 | Aetna | Better Health | 4.73 | 31.55 | | 6.98 | 3 | | 14.25 percent of total billed charges | |
| BKR CHG PT | 85610 | CPT | | | | both | | | 15 | 4.93 | Aetna | Commercial | 5.7 | 38 | | 7.79 | 3 | | 14.25 percent of total billed charges | |
| BKR CHG PT | 85610 | CPT | | | | both | | | 15 | 4.93 | Aetna | Medicare | 4.62 | 30.8 | | 4.1 | 3 | | 14.25 percent of total billed charges | |
| BKR CHG PT | 85610 | CPT | | | | both | | | 15 | 4.93 | Corrections | Corrections | 12 | 80 | | 6.72 | 3 | | 14.25 percent of total billed charges | |
| BKR CHG PT | 85610 | CPT | | | | both | | | 15 | 4.93 | Americare | Americare | 11.25 | 75 | | | 3 | | 14.25 percent of total billed charges | |
| BKR CHG PT | 85610 | CPT | | | | both | | | 15 | 4.93 | Horizon | PPO | 5.74 | 38.28 | | 8.21 | 3 | | 14.25 percent of total billed charges | |
| BKR CHG PT | 85610 | CPT | | | | both | | | 15 | 4.93 | Multiplan | Multiplan | 12 | 80 | | | 3 | | 14.25 percent of total billed charges | |
| BKR CHG PT | 85610 | CPT | | | | both | | | 15 | 4.93 | Amerihealth | Medicare | 4.29 | | | | 3 | | 14.25 fee schedule | |
| BKR CHG PT | 85610 | CPT | | | | both | | | 15 | 4.93 | Horizon | MGD | 5.74 | 38.28 | | 7.44 | 3 | | 14.25 percent of total billed charges | |
| BKR CHG PT | 85610 | CPT | | | | both | | | 15 | 4.93 | First Health | First Health | 10.5 | 70 | | | 3 | | 14.25 percent of total billed charges | |
| BKR CHG PT | 85610 | CPT | | | | both | | | 15 | 4.93 | Qualcare | Qualcare | 11.25 | 75 | | | 3 | | 14.25 percent of total billed charges | |
| BKR CHG PT | 85610 | CPT | | | | both | | | 15 | 4.93 | First Trenton | First Trenton | 13.5 | 90 | | | 3 | | 14.25 percent of total billed charges | |
| BKR CHG PT | 85610 | CPT | | | | both | | | 15 | 4.93 | Consumer | Consumer | 14.25 | 95 | | | 3 | | 14.25 percent of total billed charges | |
| BKR CHG PT | 85610 | CPT | | | | both | | | 15 | 4.93 | Wellcare | Medicaid | 3 | | | 9.9 | 3 | | 14.25 fee schedule | |
| BKR CHG PT | 85610 | CPT | | | | both | | | 15 | 4.93 | WellPoint | WellPoint | 4.83 | 32.18 | | 5.91 | 3 | | 14.25 percent of total billed charges | |
| BKR CHG PT | 85610 | CPT | | | | both | | | 15 | 4.93 | Horizon | Medicare Blue | 4.5 | 30 | | 4.36 | 3 | | 14.25 percent of total billed charges | |
| BKR CHG PT | 85610 | CPT | | | | both | | | 15 | 4.93 | UHC | Medicaid | 3 | | | 7.2 | 3 | | 14.25 fee schedule | |
| BKR CHG PT | 85610 | CPT | | | | both | | | 15 | 4.93 | Horizon | NJ Health | 5.88 | | | 2.42 | 3 | | 14.25 fee schedule | |
| BKR CHG PT | 85610 | CPT | | | | both | | | 15 | 4.93 | Horizon | Indemnity | 5.74 | 38.28 | | 6.56 | 3 | | 14.25 percent of total billed charges | |
| BKR CHG PT | 85610 | CPT | | | | both | | | 15 | 4.93 | Managed Care Inc | Managed Care Inc | 13.5 | 90 | | | 3 | | 14.25 percent of total billed charges | |
| BKR CHG PT | 85610 | CPT | | | | both | | | 15 | 4.93 | UHC | Medicare | 4.29 | | | 4.12 | 3 | | 14.25 fee schedule | |
| BKR CHG PT | 85610 | CPT | | | | both | | | 15 | 4.93 | Three Rivers | Three Rivers | 14.25 | 95 | | | 3 | | 14.25 percent of total billed charges | |
| BKR CHG PT | 85610 | CPT | | | | both | | | 15 | 4.93 | Wellcare | Medicare | 4.29 | | | 4.6 | 3 | | 14.25 fee schedule | |
| BKR CHG PT SUBST PLASMA FRACTION EACH | 85611 | CPT | | | | outpatient | | | 14 | 4.53 | Multiplan | Multiplan | 11.2 | 80 | | | 3.94 | | 13.3 percent of total billed charges | |
| BKR CHG PT SUBST PLASMA FRACTION EACH | 85611 | CPT | | | | outpatient | | | 14 | 4.53 | UHC | Medicare | 3.94 | | | | 3.94 | | 13.3 fee schedule | |
| BKR CHG PT SUBST PLASMA FRACTION EACH | 85611 | CPT | | | | outpatient | | | 14 | 4.53 | First Trenton | First Trenton | 12.6 | 90 | | | 3.94 | | 13.3 percent of total billed charges | |
| BKR CHG PT SUBST PLASMA FRACTION EACH | 85611 | CPT | | | | outpatient | | | 14 | 4.53 | Aetna | Medicare | 4.31 | 30.8 | | | 3.94 | | 13.3 percent of total billed charges | |
| BKR CHG PT SUBST PLASMA FRACTION EACH | 85611 | CPT | | | | outpatient | | | 14 | 4.53 | Corrections | Corrections | 11.2 | 80 | | | 3.94 | | 13.3 percent of total billed charges | |
| BKR CHG PT SUBST PLASMA FRACTION EACH | 85611 | CPT | | | | outpatient | | | 14 | 4.53 | Aetna | Better Health | 4.42 | 31.55 | | | 3.94 | | 13.3 percent of total billed charges | |
| BKR CHG PT SUBST PLASMA FRACTION EACH | 85611 | CPT | | | | outpatient | | | 14 | 4.53 | Americare | Americare | 10.5 | 75 | | | 3.94 | | 13.3 percent of total billed charges | |
| BKR CHG PT SUBST PLASMA FRACTION EACH | 85611 | CPT | | | | outpatient | | | 14 | 4.53 | Consumer | Consumer | 13.3 | 95 | | | 3.94 | | 13.3 percent of total billed charges | |
| BKR CHG PT SUBST PLASMA FRACTION EACH | 85611 | CPT | | | | outpatient | | | 14 | 4.53 | Qualcare | Qualcare | 10.5 | 75 | | | 3.94 | | 13.3 percent of total billed charges | |
| BKR CHG PT SUBST PLASMA FRACTION EACH | 85611 | CPT | | | | outpatient | | | 14 | 4.53 | Aetna | Commercial | 5.32 | 38 | | | 3.94 | | 13.3 percent of total billed charges | |
| BKR CHG PT SUBST PLASMA FRACTION EACH | 85611 | CPT | | | | outpatient | | | 14 | 4.53 | Horizon | Indemnity | 5.36 | 38.28 | | | 3.94 | | 13.3 percent of total billed charges | |
| BKR CHG PT SUBST PLASMA FRACTION EACH | 85611 | CPT | | | | outpatient | | | 14 | 4.53 | First Health | First Health | 9.8 | 70 | | | 3.94 | | 13.3 percent of total billed charges | |
| BKR CHG PT SUBST PLASMA FRACTION EACH | 85611 | CPT | | | | outpatient | | | 14 | 4.53 | Horizon | Medicare Blue | 4.2 | 30 | | | 3.94 | | 13.3 percent of total billed charges | |
| BKR CHG PT SUBST PLASMA FRACTION EACH | 85611 | CPT | | | | outpatient | | | 14 | 4.53 | UHC | Medicaid | 4.5 | | | | 3.94 | | 13.3 fee schedule | |
| BKR CHG PT SUBST PLASMA FRACTION EACH | 85611 | CPT | | | | outpatient | | | 14 | 4.53 | Amerihealth | HMO/PPO | 5.6 | | | | 3.94 | | 13.3 fee schedule | |
| BKR CHG PT SUBST PLASMA FRACTION EACH | 85611 | CPT | | | | outpatient | | | 14 | 4.53 | Wellcare | Medicare | 3.94 | | | | 3.94 | | 13.3 fee schedule | |
| BKR CHG PT SUBST PLASMA FRACTION EACH | 85611 | CPT | | | | outpatient | | | 14 | 4.53 | Horizon | NJ Health | 8.82 | | | | 3.94 | | 13.3 fee schedule | |
| BKR CHG PT SUBST PLASMA FRACTION EACH | 85611 | CPT | | | | outpatient | | | 14 | 4.53 | WellPoint | WellPoint | 4.51 | 32.18 | | | 3.94 | | 13.3 percent of total billed charges | |
| BKR CHG PT SUBST PLASMA FRACTION EACH | 85611 | CPT | | | | outpatient | | | 14 | 4.53 | Horizon | PPO | 5.36 | 38.28 | | | 3.94 | | 13.3 percent of total billed charges | |
| BKR CHG PT SUBST PLASMA FRACTION EACH | 85611 | CPT | | | | outpatient | | | 14 | 4.53 | Horizon | MGD | 5.36 | 38.28 | | | 3.94 | | 13.3 percent of total billed charges | |
| BKR CHG PT SUBST PLASMA FRACTION EACH | 85611 | CPT | | | | outpatient | | | 14 | 4.53 | Amerihealth | Medicare | 3.94 | | | | 3.94 | | 13.3 fee schedule | |
| BKR CHG PT SUBST PLASMA FRACTION EACH | 85611 | CPT | | | | outpatient | | | 14 | 4.53 | Managed Care Inc | Managed Care Inc | 12.6 | 90 | | | 3.94 | | 13.3 percent of total billed charges | |
| BKR CHG PT SUBST PLASMA FRACTION EACH | 85611 | CPT | | | | outpatient | | | 14 | 4.53 | Three Rivers | Three Rivers | 13.3 | 95 | | | 3.94 | | 13.3 percent of total billed charges | |
| BKR CHG PT SUBST PLASMA FRACTION EACH | 85611 | CPT | | | | outpatient | | | 14 | 4.53 | Wellcare | Medicaid | 4.5 | | | | 3.94 | | 13.3 fee schedule | |
| BKR CHG LUPUS ANTICOAG SCREENING | 85612 | CPT | | | | outpatient | | | 73 | 20.11 | Horizon | Indemnity | 27.94 | 38.28 | | | 13 | | 69.35 percent of total billed charges | |
| BKR CHG LUPUS ANTICOAG SCREENING | 85612 | CPT | | | | outpatient | | | 73 | 20.11 | Aetna | Commercial | 27.74 | 38 | | | 13 | | 69.35 percent of total billed charges | |
| BKR CHG LUPUS ANTICOAG SCREENING | 85612 | CPT | | | | outpatient | | | 73 | 20.11 | Aetna | Better Health | 23.03 | 31.55 | | | 13 | | 69.35 percent of total billed charges | |
| BKR CHG LUPUS ANTICOAG SCREENING | 85612 | CPT | | | | outpatient | | | 73 | 20.11 | First Trenton | First Trenton | 65.7 | 90 | | | 13 | | 69.35 percent of total billed charges | |
| BKR CHG LUPUS ANTICOAG SCREENING | 85612 | CPT | | | | outpatient | | | 73 | 20.11 | Multiplan | Multiplan | 58.4 | 80 | | | 13 | | 69.35 percent of total billed charges | |
| BKR CHG LUPUS ANTICOAG SCREENING | 85612 | CPT | | | | outpatient | | | 73 | 20.11 | First Health | First Health | 51.1 | 70 | | | 13 | | 69.35 percent of total billed charges | |
| BKR CHG LUPUS ANTICOAG SCREENING | 85612 | CPT | | | | outpatient | | | 73 | 20.11 | Corrections | Corrections | 58.4 | 80 | | | 13 | | 69.35 percent of total billed charges | |
| BKR CHG LUPUS ANTICOAG SCREENING | 85612 | CPT | | | | outpatient | | | 73 | 20.11 | Americare | Americare | 54.75 | 75 | | | 13 | | 69.35 percent of total billed charges | |
| BKR CHG LUPUS ANTICOAG SCREENING | 85612 | CPT | | | | outpatient | | | 73 | 20.11 | Qualcare | Qualcare | 54.75 | 75 | | | 13 | | 69.35 percent of total billed charges | |
| BKR CHG LUPUS ANTICOAG SCREENING | 85612 | CPT | | | | outpatient | | | 73 | 20.11 | Aetna | Medicare | 22.48 | 30.8 | | | 13 | | 69.35 percent of total billed charges | |
| BKR CHG LUPUS ANTICOAG SCREENING | 85612 | CPT | | | | outpatient | | | 73 | 20.11 | Consumer | Consumer | 69.35 | 95 | | | 13 | | 69.35 percent of total billed charges | |
| BKR CHG LUPUS ANTICOAG SCREENING | 85612 | CPT | | | | outpatient | | | 73 | 20.11 | Horizon | PPO | 27.94 | 38.28 | | | 13 | | 69.35 percent of total billed charges | |
| BKR CHG LUPUS ANTICOAG SCREENING | 85612 | CPT | | | | outpatient | | | 73 | 20.11 | WellPoint | WellPoint | 23.49 | 32.18 | | | 13 | | 69.35 percent of total billed charges | |
| BKR CHG LUPUS ANTICOAG SCREENING | 85612 | CPT | | | | outpatient | | | 73 | 20.11 | UHC | Medicare | 17.49 | | | | 13 | | 69.35 fee schedule | |
| BKR CHG LUPUS ANTICOAG SCREENING | 85612 | CPT | | | | outpatient | | | 73 | 20.11 | Horizon | Medicare Blue | 21.9 | 30 | | | 13 | | 69.35 percent of total billed charges | |
| BKR CHG LUPUS ANTICOAG SCREENING | 85612 | CPT | | | | outpatient | | | 73 | 20.11 | Amerihealth | HMO/PPO | 13.3 | | | | 13 | | 69.35 fee schedule | |
| BKR CHG LUPUS ANTICOAG SCREENING | 85612 | CPT | | | | outpatient | | | 73 | 20.11 | Horizon | NJ Health | 28.03 | | | | 13 | | 69.35 fee schedule | |
| BKR CHG LUPUS ANTICOAG SCREENING | 85612 | CPT | | | | outpatient | | | 73 | 20.11 | Amerihealth | Medicare | 17.49 | | | | 13 | | 69.35 fee schedule | |
| BKR CHG LUPUS ANTICOAG SCREENING | 85612 | CPT | | | | outpatient | | | 73 | 20.11 | Three Rivers | Three Rivers | 69.35 | 95 | | | 13 | | 69.35 percent of total billed charges | |
| BKR CHG LUPUS ANTICOAG SCREENING | 85612 | CPT | | | | outpatient | | | 73 | 20.11 | Managed Care Inc | Managed Care Inc | 65.7 | 90 | | | 13 | | 69.35 percent of total billed charges | |
| BKR CHG LUPUS ANTICOAG SCREENING | 85612 | CPT | | | | outpatient | | | 73 | 20.11 | Horizon | MGD | 27.94 | 38.28 | | | 13 | | 69.35 percent of total billed charges | |
| BKR CHG LUPUS ANTICOAG SCREENING | 85612 | CPT | | | | outpatient | | | 73 | 20.11 | UHC | Medicaid | 13 | | | | 13 | | 69.35 fee schedule | |
| BKR CHG LUPUS ANTICOAG SCREENING | 85612 | CPT | | | | outpatient | | | 73 | 20.11 | Wellcare | Medicaid | 13 | | | | 13 | | 69.35 fee schedule | |
| BKR CHG LUPUS ANTICOAG SCREENING | 85612 | CPT | | | | outpatient | | | 73 | 20.11 | Wellcare | Medicare | 17.49 | | | | 13 | | 69.35 fee schedule | |
| BKR CHG RVVT DILUTED | 85613 | CPT | | | | both | | | 252 | 11.02 | First Trenton | First Trenton | 226.8 | 90 | | | 9 | | 239.4 percent of total billed charges | |
| BKR CHG RVVT DILUTED | 85613 | CPT | | | | both | | | 252 | 11.02 | Aetna | Commercial | 95.76 | 38 | | | 9 | | 239.4 percent of total billed charges | |
| BKR CHG RVVT DILUTED | 85613 | CPT | | | | both | | | 252 | 11.02 | Aetna | Medicare | 77.62 | 30.8 | | | 9 | | 239.4 percent of total billed charges | |
| BKR CHG RVVT DILUTED | 85613 | CPT | | | | both | | | 252 | 11.02 | Horizon | Medicare Blue | 75.6 | 30 | | 7.5 | 9 | | 239.4 percent of total billed charges | |
| BKR CHG RVVT DILUTED | 85613 | CPT | | | | both | | | 252 | 11.02 | Horizon | Indemnity | 96.47 | 38.28 | | | 9 | | 239.4 percent of total billed charges | |
| BKR CHG RVVT DILUTED | 85613 | CPT | | | | both | | | 252 | 11.02 | Consumer | Consumer | 239.4 | 95 | | | 9 | | 239.4 percent of total billed charges | |
| BKR CHG RVVT DILUTED | 85613 | CPT | | | | both | | | 252 | 11.02 | Aetna | Better Health | 79.51 | 31.55 | | 23.25 | 9 | | 239.4 percent of total billed charges | |
| BKR CHG RVVT DILUTED | 85613 | CPT | | | | both | | | 252 | 11.02 | Amerihealth | Medicare | 9.58 | | | | 9 | | 239.4 fee schedule | |
| BKR CHG RVVT DILUTED | 85613 | CPT | | | | both | | | 252 | 11.02 | Horizon | MGD | 96.47 | 38.28 | | 24.13 | 9 | | 239.4 percent of total billed charges | |
| BKR CHG RVVT DILUTED | 85613 | CPT | | | | both | | | 252 | 11.02 | Horizon | PPO | 96.47 | 38.28 | | 12.13 | 9 | | 239.4 percent of total billed charges | |
| BKR CHG RVVT DILUTED | 85613 | CPT | | | | both | | | 252 | 11.02 | Americare | Americare | 189 | 75 | | | 9 | | 239.4 percent of total billed charges | |
| BKR CHG RVVT DILUTED | 85613 | CPT | | | | both | | | 252 | 11.02 | Multiplan | Multiplan | 201.6 | 80 | | | 9 | | 239.4 percent of total billed charges | |
| BKR CHG RVVT DILUTED | 85613 | CPT | | | | both | | | 252 | 11.02 | Managed Care Inc | Managed Care Inc | 226.8 | 90 | | | 9 | | 239.4 percent of total billed charges | |
| BKR CHG RVVT DILUTED | 85613 | CPT | | | | both | | | 252 | 11.02 | Corrections | Corrections | 201.6 | 80 | | | 9 | | 239.4 percent of total billed charges | |
| BKR CHG RVVT DILUTED | 85613 | CPT | | | | both | | | 252 | 11.02 | Amerihealth | HMO/PPO | 13.3 | | | 29.89 | 9 | | 239.4 fee schedule | |
| BKR CHG RVVT DILUTED | 85613 | CPT | | | | both | | | 252 | 11.02 | First Health | First Health | 176.4 | 70 | | | 9 | | 239.4 percent of total billed charges | |
| BKR CHG RVVT DILUTED | 85613 | CPT | | | | both | | | 252 | 11.02 | Wellcare | Medicare | 9.58 | | | 3.94 | 9 | | 239.4 fee schedule | |
| BKR CHG RVVT DILUTED | 85613 | CPT | | | | both | | | 252 | 11.02 | Qualcare | Qualcare | 189 | 75 | | | 9 | | 239.4 percent of total billed charges | |
| BKR CHG RVVT DILUTED | 85613 | CPT | | | | both | | | 252 | 11.02 | WellPoint | WellPoint | 81.09 | 32.18 | | 18.51 | 9 | | 239.4 percent of total billed charges | |
| BKR CHG RVVT DILUTED | 85613 | CPT | | | | both | | | 252 | 11.02 | Three Rivers | Three Rivers | 239.4 | 95 | | | 9 | | 239.4 percent of total billed charges | |
| BKR CHG RVVT DILUTED | 85613 | CPT | | | | both | | | 252 | 11.02 | Horizon | NJ Health | 19.6 | | | 3.28 | 9 | | 239.4 fee schedule | |
| BKR CHG RVVT DILUTED | 85613 | CPT | | | | both | | | 252 | 11.02 | UHC | Medicare | 9.58 | | | 9.5 | 9 | | 239.4 fee schedule | |
| BKR CHG RVVT DILUTED | 85613 | CPT | | | | both | | | 252 | 11.02 | UHC | Medicaid | 10 | | | 13.09 | 9 | | 239.4 fee schedule | |
| BKR CHG RVVT DILUTED | 85613 | CPT | | | | both | | | 252 | 11.02 | Wellcare | Medicaid | 10 | | | 4.6 | 9 | | 239.4 fee schedule | |
| BKR CHG REPTILASE TIME | 85635 | CPT | | | | inpatient | | | 66 | 11.33 | Aetna | Better Health | 20.82 | 31.55 | | | 8.4 | | 62.7 percent of total billed charges | |
| BKR CHG REPTILASE TIME | 85635 | CPT | | | | inpatient | | | 66 | 11.33 | First Trenton | First Trenton | 59.4 | 90 | | | 8.4 | | 62.7 percent of total billed charges | |
| BKR CHG REPTILASE TIME | 85635 | CPT | | | | inpatient | | | 66 | 11.33 | First Health | First Health | 46.2 | 70 | | | 8.4 | | 62.7 percent of total billed charges | |
| BKR CHG REPTILASE TIME | 85635 | CPT | | | | inpatient | | | 66 | 11.33 | Americare | Americare | 49.5 | 75 | | | 8.4 | | 62.7 percent of total billed charges | |
| BKR CHG REPTILASE TIME | 85635 | CPT | | | | inpatient | | | 66 | 11.33 | Aetna | Commercial | 25.08 | 38 | | | 8.4 | | 62.7 percent of total billed charges | |
| BKR CHG REPTILASE TIME | 85635 | CPT | | | | inpatient | | | 66 | 11.33 | Aetna | Medicare | 20.33 | 30.8 | | | 8.4 | | 62.7 percent of total billed charges | |
| BKR CHG REPTILASE TIME | 85635 | CPT | | | | inpatient | | | 66 | 11.33 | Consumer | Consumer | 62.7 | 95 | | | 8.4 | | 62.7 percent of total billed charges | |
| BKR CHG REPTILASE TIME | 85635 | CPT | | | | inpatient | | | 66 | 11.33 | Horizon | Indemnity | 25.26 | 38.28 | | | 8.4 | | 62.7 percent of total billed charges | |
| BKR CHG REPTILASE TIME | 85635 | CPT | | | | inpatient | | | 66 | 11.33 | UHC | Medicaid | 8.4 | | | | 8.4 | | 62.7 fee schedule | |
| BKR CHG REPTILASE TIME | 85635 | CPT | | | | inpatient | | | 66 | 11.33 | Horizon | Medicare Blue | 19.8 | 30 | | | 8.4 | | 62.7 percent of total billed charges | |
| BKR CHG REPTILASE TIME | 85635 | CPT | | | | inpatient | | | 66 | 11.33 | Multiplan | Multiplan | 52.8 | 80 | | | 8.4 | | 62.7 percent of total billed charges | |
| BKR CHG REPTILASE TIME | 85635 | CPT | | | | inpatient | | | 66 | 11.33 | Amerihealth | HMO/PPO | 9.2 | | | | 8.4 | | 62.7 fee schedule | |
| BKR CHG REPTILASE TIME | 85635 | CPT | | | | inpatient | | | 66 | 11.33 | UHC | Medicare | 9.85 | | | | 8.4 | | 62.7 fee schedule | |
| BKR CHG REPTILASE TIME | 85635 | CPT | | | | inpatient | | | 66 | 11.33 | Horizon | MGD | 25.26 | 38.28 | | | 8.4 | | 62.7 percent of total billed charges | |
| BKR CHG REPTILASE TIME | 85635 | CPT | | | | inpatient | | | 66 | 11.33 | Corrections | Corrections | 52.8 | 80 | | | 8.4 | | 62.7 percent of total billed charges | |
| BKR CHG REPTILASE TIME | 85635 | CPT | | | | inpatient | | | 66 | 11.33 | Horizon | PPO | 25.26 | 38.28 | | | 8.4 | | 62.7 percent of total billed charges | |
| BKR CHG REPTILASE TIME | 85635 | CPT | | | | inpatient | | | 66 | 11.33 | Three Rivers | Three Rivers | 62.7 | 95 | | | 8.4 | | 62.7 percent of total billed charges | |
| BKR CHG REPTILASE TIME | 85635 | CPT | | | | inpatient | | | 66 | 11.33 | Managed Care Inc | Managed Care Inc | 59.4 | 90 | | | 8.4 | | 62.7 percent of total billed charges | |
| BKR CHG REPTILASE TIME | 85635 | CPT | | | | inpatient | | | 66 | 11.33 | Horizon | NJ Health | 16.46 | | | | 8.4 | | 62.7 fee schedule | |
| BKR CHG REPTILASE TIME | 85635 | CPT | | | | inpatient | | | 66 | 11.33 | Amerihealth | Medicare | 9.85 | | | | 8.4 | | 62.7 fee schedule | |
| BKR CHG REPTILASE TIME | 85635 | CPT | | | | inpatient | | | 66 | 11.33 | WellPoint | WellPoint | 21.24 | 32.18 | | | 8.4 | | 62.7 percent of total billed charges | |
| BKR CHG REPTILASE TIME | 85635 | CPT | | | | inpatient | | | 66 | 11.33 | Qualcare | Qualcare | 49.5 | 75 | | | 8.4 | | 62.7 percent of total billed charges | |
| BKR CHG REPTILASE TIME | 85635 | CPT | | | | inpatient | | | 66 | 11.33 | Wellcare | Medicaid | 8.4 | | | | 8.4 | | 62.7 fee schedule | |
| BKR CHG REPTILASE TIME | 85635 | CPT | | | | inpatient | | | 66 | 11.33 | Wellcare | Medicare | 9.85 | | | | 8.4 | | 62.7 fee schedule | |
| BKR CHG SEDIMENTATION RATE WESTERGREN | 85652 | CPT | | | | both | | | 61 | 3.11 | Horizon | PPO | 23.35 | 38.28 | | 4.75 | 1.5 | | 57.95 percent of total billed charges | |
| BKR CHG SEDIMENTATION RATE WESTERGREN | 85652 | CPT | | | | both | | | 61 | 3.11 | First Trenton | First Trenton | 54.9 | 90 | | | 1.5 | | 57.95 percent of total billed charges | |
| BKR CHG SEDIMENTATION RATE WESTERGREN | 85652 | CPT | | | | both | | | 61 | 3.11 | Amerihealth | HMO/PPO | 3.7 | | | 5.1 | 1.5 | | 57.95 fee schedule | |
| BKR CHG SEDIMENTATION RATE WESTERGREN | 85652 | CPT | | | | both | | | 61 | 3.11 | Amerihealth | Medicare | 2.7 | | | | 1.5 | | 57.95 fee schedule | |
| BKR CHG SEDIMENTATION RATE WESTERGREN | 85652 | CPT | | | | both | | | 61 | 3.11 | Aetna | Better Health | 19.25 | 31.55 | | 5.98 | 1.5 | | 57.95 percent of total billed charges | |
| BKR CHG SEDIMENTATION RATE WESTERGREN | 85652 | CPT | | | | both | | | 61 | 3.11 | Americare | Americare | 45.75 | 75 | | | 1.5 | | 57.95 percent of total billed charges | |
| BKR CHG SEDIMENTATION RATE WESTERGREN | 85652 | CPT | | | | both | | | 61 | 3.11 | First Health | First Health | 42.7 | 70 | | | 1.5 | | 57.95 percent of total billed charges | |
| BKR CHG SEDIMENTATION RATE WESTERGREN | 85652 | CPT | | | | both | | | 61 | 3.11 | Aetna | Commercial | 23.18 | 38 | | 3.82 | 1.5 | | 57.95 percent of total billed charges | |
| BKR CHG SEDIMENTATION RATE WESTERGREN | 85652 | CPT | | | | both | | | 61 | 3.11 | Multiplan | Multiplan | 48.8 | 80 | | | 1.5 | | 57.95 percent of total billed charges | |
| BKR CHG SEDIMENTATION RATE WESTERGREN | 85652 | CPT | | | | both | | | 61 | 3.11 | Horizon | Indemnity | 23.35 | 38.28 | | 5.72 | 1.5 | | 57.95 percent of total billed charges | |
| BKR CHG SEDIMENTATION RATE WESTERGREN | 85652 | CPT | | | | both | | | 61 | 3.11 | Consumer | Consumer | 57.95 | 95 | | | 1.5 | | 57.95 percent of total billed charges | |
| BKR CHG SEDIMENTATION RATE WESTERGREN | 85652 | CPT | | | | both | | | 61 | 3.11 | Horizon | Medicare Blue | 18.3 | 30 | | 2.57 | 1.5 | | 57.95 percent of total billed charges | |
| BKR CHG SEDIMENTATION RATE WESTERGREN | 85652 | CPT | | | | both | | | 61 | 3.11 | Aetna | Medicare | 18.79 | 30.8 | | 4.62 | 1.5 | | 57.95 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG SEDIMENTATION RATE WESTERGREN | 85652 | CPT | | | | both | | | 61 | | 3.11 Corrections | Corrections | 48.8 | 80 | | | 4.37 | 1.5 | 57.95 | percent of total billed charges | |
| BKR CHG SEDIMENTATION RATE WESTERGREN | 85652 | CPT | | | | both | | | 61 | | 3.11 Horizon | MGD | 23.35 | 38.28 | | | 4.46 | 1.5 | 57.95 | percent of total billed charges | |
| BKR CHG SEDIMENTATION RATE WESTERGREN | 85652 | CPT | | | | both | | | 61 | | 3.11 Wellcare | Medicaid | 1.5 | | | | 6.75 | 1.5 | 57.95 | fee schedule | |
| BKR CHG SEDIMENTATION RATE WESTERGREN | 85652 | CPT | | | | both | | | 61 | | 3.11 Qualcare | Qualcare | 45.75 | 75 | | | | 1.5 | 57.95 | percent of total billed charges | |
| BKR CHG SEDIMENTATION RATE WESTERGREN | 85652 | CPT | | | | both | | | 61 | | 3.11 UHC | Medicare | 2.7 | | | | 3.21 | 1.5 | 57.95 | fee schedule | |
| BKR CHG SEDIMENTATION RATE WESTERGREN | 85652 | CPT | | | | both | | | 61 | | 3.11 UHC | Medicaid | 1.5 | | | | 5.91 | 1.5 | 57.95 | fee schedule | |
| BKR CHG SEDIMENTATION RATE WESTERGREN | 85652 | CPT | | | | both | | | 61 | | 3.11 Horizon | NJ Health | 4.43 | | | | 1.69 | 1.5 | 57.95 | fee schedule | |
| BKR CHG SEDIMENTATION RATE WESTERGREN | 85652 | CPT | | | | both | | | 61 | | 3.11 Wellcare | Medicare | 2.7 | | | | 2.18 | 1.5 | 57.95 | fee schedule | |
| BKR CHG SEDIMENTATION RATE WESTERGREN | 85652 | CPT | | | | both | | | 61 | | 3.11 Managed Care Inc | Managed Care Inc | 54.9 | 90 | | | | 1.5 | 57.95 | percent of total billed charges | |
| BKR CHG SEDIMENTATION RATE WESTERGREN | 85652 | CPT | | | | both | | | 61 | | 3.11 WellPoint | WellPoint | 19.63 | 32.18 | | | 5.62 | 1.5 | 57.95 | percent of total billed charges | |
| BKR CHG SEDIMENTATION RATE WESTERGREN | 85652 | CPT | | | | both | | | 61 | | 3.11 Three Rivers | Three Rivers | 57.95 | 95 | | | | 1.5 | 57.95 | percent of total billed charges | |
| BKR CHG SICKLING OF RBC REDUCTION | 85660 | CPT | | | | both | | | 527 | | 6.34 Aetna | Commercial | 200.26 | 38 | | | | 3 | 500.65 | percent of total billed charges | |
| BKR CHG SICKLING OF RBC REDUCTION | 85660 | CPT | | | | both | | | 527 | | 6.34 Aetna | Medicare | 162.32 | 30.8 | | | 7.93 | 3 | 500.65 | percent of total billed charges | |
| BKR CHG SICKLING OF RBC REDUCTION | 85660 | CPT | | | | both | | | 527 | | 6.34 Amerihealth | Medicare | 5.51 | | | | | 3 | 500.65 | fee schedule | |
| BKR CHG SICKLING OF RBC REDUCTION | 85660 | CPT | | | | both | | | 527 | | 6.34 Qualcare | Qualcare | 395.25 | 75 | | | | 3 | 500.65 | percent of total billed charges | |
| BKR CHG SICKLING OF RBC REDUCTION | 85660 | CPT | | | | both | | | 527 | | 6.34 Aetna | Better Health | 166.27 | 31.55 | | | 14.2 | 3 | 500.65 | percent of total billed charges | |
| BKR CHG SICKLING OF RBC REDUCTION | 85660 | CPT | | | | both | | | 527 | | 6.34 Consumer | Consumer | 500.65 | 95 | | | | 3 | 500.65 | percent of total billed charges | |
| BKR CHG SICKLING OF RBC REDUCTION | 85660 | CPT | | | | both | | | 527 | | 6.34 Horizon | MGD | 201.74 | 38.28 | | | | 3 | 500.65 | percent of total billed charges | |
| BKR CHG SICKLING OF RBC REDUCTION | 85660 | CPT | | | | both | | | 527 | | 6.34 Corrections | Corrections | 421.6 | 80 | | | 16.37 | 3 | 500.65 | percent of total billed charges | |
| BKR CHG SICKLING OF RBC REDUCTION | 85660 | CPT | | | | both | | | 527 | | 6.34 Horizon | NJ Health | 5.88 | | | | 1.79 | 3 | 500.65 | fee schedule | |
| BKR CHG SICKLING OF RBC REDUCTION | 85660 | CPT | | | | both | | | 527 | | 6.34 Horizon | PPO | 201.74 | 38.28 | | | 12.4 | 3 | 500.65 | percent of total billed charges | |
| BKR CHG SICKLING OF RBC REDUCTION | 85660 | CPT | | | | both | | | 527 | | 6.34 First Trenton | First Trenton | 474.3 | 90 | | | | 3 | 500.65 | percent of total billed charges | |
| BKR CHG SICKLING OF RBC REDUCTION | 85660 | CPT | | | | both | | | 527 | | 6.34 UHC | Medicaid | 3 | | | | 14.11 | 3 | 500.65 | fee schedule | |
| BKR CHG SICKLING OF RBC REDUCTION | 85660 | CPT | | | | both | | | 527 | | 6.34 Americare | Americare | 395.25 | 75 | | | | 3 | 500.65 | percent of total billed charges | |
| BKR CHG SICKLING OF RBC REDUCTION | 85660 | CPT | | | | both | | | 527 | | 6.34 Managed Care Inc | Managed Care Inc | 474.3 | 90 | | | | 3 | 500.65 | percent of total billed charges | |
| BKR CHG SICKLING OF RBC REDUCTION | 85660 | CPT | | | | both | | | 527 | | 6.34 UHC | Medicare | 5.51 | | | | 8.07 | 3 | 500.65 | fee schedule | |
| BKR CHG SICKLING OF RBC REDUCTION | 85660 | CPT | | | | both | | | 527 | | 6.34 First Health | First Health | 368.9 | 70 | | | | 3 | 500.65 | percent of total billed charges | |
| BKR CHG SICKLING OF RBC REDUCTION | 85660 | CPT | | | | both | | | 527 | | 6.34 Multiplan | Multiplan | 421.6 | 80 | | | | 3 | 500.65 | percent of total billed charges | |
| BKR CHG SICKLING OF RBC REDUCTION | 85660 | CPT | | | | both | | | 527 | | 6.34 Wellcare | Medicaid | 3 | | | | 13.14 | 3 | 500.65 | fee schedule | |
| BKR CHG SICKLING OF RBC REDUCTION | 85660 | CPT | | | | both | | | 527 | | 6.34 Amerihealth | HMO/PPO | 7 | | | | | 3 | 500.65 | fee schedule | |
| BKR CHG SICKLING OF RBC REDUCTION | 85660 | CPT | | | | both | | | 527 | | 6.34 Horizon | Indemnity | 201.74 | 38.28 | | | | 3 | 500.65 | percent of total billed charges | |
| BKR CHG SICKLING OF RBC REDUCTION | 85660 | CPT | | | | both | | | 527 | | 6.34 WellPoint | WellPoint | 169.59 | 32.18 | | | 14.55 | 3 | 500.65 | percent of total billed charges | |
| BKR CHG SICKLING OF RBC REDUCTION | 85660 | CPT | | | | both | | | 527 | | 6.34 Horizon | Medicare Blue | 158.1 | 30 | | | | 3 | 500.65 | percent of total billed charges | |
| BKR CHG SICKLING OF RBC REDUCTION | 85660 | CPT | | | | both | | | 527 | | 6.34 Wellcare | Medicare | 5.51 | | | | | 3 | 500.65 | fee schedule | |
| BKR CHG SICKLING OF RBC REDUCTION | 85660 | CPT | | | | both | | | 527 | | 6.34 Three Rivers | Three Rivers | 500.65 | 95 | | | | 3 | 500.65 | percent of total billed charges | |
| BKR CHG THROMBIN TIME; PLSM | 85670 | CPT | | | | both | | | 226 | | 6.64 First Trenton | First Trenton | 203.4 | 90 | | | | 5.7 | 214.7 | percent of total billed charges | |
| BKR CHG THROMBIN TIME; PLSM | 85670 | CPT | | | | both | | | 226 | | 6.64 Aetna | Better Health | 71.3 | 31.55 | | | | 5.7 | 214.7 | percent of total billed charges | |
| BKR CHG THROMBIN TIME; PLSM | 85670 | CPT | | | | both | | | 226 | | 6.64 Aetna | Commercial | 85.88 | 38 | | | | 5.7 | 214.7 | percent of total billed charges | |
| BKR CHG THROMBIN TIME; PLSM | 85670 | CPT | | | | both | | | 226 | | 6.64 Amerihealth | HMO/PPO | 8.7 | | | | | 5.7 | 214.7 | fee schedule | |
| BKR CHG THROMBIN TIME; PLSM | 85670 | CPT | | | | both | | | 226 | | 6.64 Americare | Americare | 169.5 | 75 | | | | 5.7 | 214.7 | percent of total billed charges | |
| BKR CHG THROMBIN TIME; PLSM | 85670 | CPT | | | | both | | | 226 | | 6.64 Aetna | Medicare | 69.61 | 30.8 | | | | 5.7 | 214.7 | percent of total billed charges | |
| BKR CHG THROMBIN TIME; PLSM | 85670 | CPT | | | | both | | | 226 | | 6.64 Corrections | Corrections | 180.8 | 80 | | | | 5.7 | 214.7 | percent of total billed charges | |
| BKR CHG THROMBIN TIME; PLSM | 85670 | CPT | | | | both | | | 226 | | 6.64 Horizon | MGD | 86.51 | 38.28 | | | | 5.7 | 214.7 | percent of total billed charges | |
| BKR CHG THROMBIN TIME; PLSM | 85670 | CPT | | | | both | | | 226 | | 6.64 Managed Care Inc | Managed Care Inc | 203.4 | 90 | | | | 5.7 | 214.7 | percent of total billed charges | |
| BKR CHG THROMBIN TIME; PLSM | 85670 | CPT | | | | both | | | 226 | | 6.64 Consumer | Consumer | 214.7 | 95 | | | | 5.7 | 214.7 | percent of total billed charges | |
| BKR CHG THROMBIN TIME; PLSM | 85670 | CPT | | | | both | | | 226 | | 6.64 Amerihealth | Medicare | 5.77 | | | | | 5.7 | 214.7 | fee schedule | |
| BKR CHG THROMBIN TIME; PLSM | 85670 | CPT | | | | both | | | 226 | | 6.64 First Health | First Health | 158.2 | 70 | | | | 5.7 | 214.7 | percent of total billed charges | |
| BKR CHG THROMBIN TIME; PLSM | 85670 | CPT | | | | both | | | 226 | | 6.64 Horizon | Indemnity | 86.51 | 38.28 | | | | 5.7 | 214.7 | percent of total billed charges | |
| BKR CHG THROMBIN TIME; PLSM | 85670 | CPT | | | | both | | | 226 | | 6.64 Wellcare | Medicaid | 6.6 | | | | | 5.7 | 214.7 | fee schedule | |
| BKR CHG THROMBIN TIME; PLSM | 85670 | CPT | | | | both | | | 226 | | 6.64 Horizon | NJ Health | 17.25 | 80 | | | 0.61 | 5.7 | 214.7 | fee schedule | |
| BKR CHG THROMBIN TIME; PLSM | 85670 | CPT | | | | both | | | 226 | | 6.64 Wellcare | Medicare | 5.77 | | | | | 5.7 | 214.7 | fee schedule | |
| BKR CHG THROMBIN TIME; PLSM | 85670 | CPT | | | | both | | | 226 | | 6.64 Three Rivers | Three Rivers | 214.7 | 95 | | | | 5.7 | 214.7 | percent of total billed charges | |
| BKR CHG THROMBIN TIME; PLSM | 85670 | CPT | | | | both | | | 226 | | 6.64 Multiplan | Multiplan | 180.8 | 80 | | | | 5.7 | 214.7 | percent of total billed charges | |
| BKR CHG THROMBIN TIME; PLSM | 85670 | CPT | | | | both | | | 226 | | 6.64 Horizon | Medicare Blue | 67.8 | 30 | | | | 5.7 | 214.7 | percent of total billed charges | |
| BKR CHG THROMBIN TIME; PLSM | 85670 | CPT | | | | both | | | 226 | | 6.64 Qualcare | Qualcare | 169.5 | 75 | | | | 5.7 | 214.7 | percent of total billed charges | |
| BKR CHG THROMBIN TIME; PLSM | 85670 | CPT | | | | both | | | 226 | | 6.64 Horizon | PPO | 86.51 | 38.28 | | | 9.41 | 5.7 | 214.7 | percent of total billed charges | |
| BKR CHG THROMBIN TIME; PLSM | 85670 | CPT | | | | both | | | 226 | | 6.64 UHC | Medicare | 5.77 | | | | | 5.7 | 214.7 | fee schedule | |
| BKR CHG THROMBIN TIME; PLSM | 85670 | CPT | | | | both | | | 226 | | 6.64 UHC | Medicaid | 6.6 | | | | 5 | 5.7 | 214.7 | fee schedule | |
| BKR CHG THROMBIN TIME; PLSM | 85670 | CPT | | | | both | | | 226 | | 6.64 WellPoint | WellPoint | 72.73 | 32.18 | | | 3.5 | 5.7 | 214.7 | percent of total billed charges | |
| BKR CHG THROMBOPLASTIN INHIBITION TISSUE | 85705 | CPT | | | | both | | | 252 | | 11.07 Amerihealth | Medicare | 9.63 | | | | | 7.9 | 239.4 | fee schedule | |
| BKR CHG THROMBOPLASTIN INHIB TISSUE | 85705 | CPT | | | | both | | | 252 | | 11.07 Horizon | Medicare Blue | 75.6 | 30 | | | | 7.9 | 239.4 | percent of total billed charges | |
| BKR CHG THROMBOPLASTIN INHIB TISSUE | 85705 | CPT | | | | both | | | 252 | | 11.07 Aetna | Better Health | 79.51 | 31.55 | | | | 7.9 | 239.4 | percent of total billed charges | |
| BKR CHG THROMBOPLASTIN INHIB TISSUE | 85705 | CPT | | | | both | | | 252 | | 11.07 Horizon | MGD | 96.47 | 38.28 | | | | 7.9 | 239.4 | percent of total billed charges | |
| BKR CHG THROMBOPLASTIN INHIB TISSUE | 85705 | CPT | | | | both | | | 252 | | 11.07 Multiplan | Multiplan | 201.6 | 80 | | | | 7.9 | 239.4 | percent of total billed charges | |
| BKR CHG THROMBOPLASTIN INHIB TISSUE | 85705 | CPT | | | | both | | | 252 | | 11.07 First Trenton | First Trenton | 226.8 | 90 | | | | 7.9 | 239.4 | percent of total billed charges | |
| BKR CHG THROMBOPLASTIN INHIB TISSUE | 85705 | CPT | | | | both | | | 252 | | 11.07 Consumer | Consumer | 239.4 | 95 | | | | 7.9 | 239.4 | percent of total billed charges | |
| BKR CHG THROMBOPLASTIN INHIB TISSUE | 85705 | CPT | | | | both | | | 252 | | 11.07 Aetna | Medicare | 77.62 | 30.8 | | | | 7.9 | 239.4 | percent of total billed charges | |
| BKR CHG THROMBOPLASTIN INHIB TISSUE | 85705 | CPT | | | | both | | | 252 | | 11.07 First Health | First Health | 176.4 | 70 | | | | 7.9 | 239.4 | percent of total billed charges | |
| BKR CHG THROMBOPLASTIN INHIBITION TISSUE | 85705 | CPT | | | | both | | | 252 | | 11.07 UHC | Medicare | 9.63 | | | | | 7.9 | 239.4 | fee schedule | |
| BKR CHG THROMBOPLASTIN INHIB TISSUE | 85705 | CPT | | | | both | | | 252 | | 11.07 Aetna | Commercial | 95.76 | 38 | | | | 7.9 | 239.4 | percent of total billed charges | |
| BKR CHG THROMBOPLASTIN INHIB TISSUE | 85705 | CPT | | | | both | | | 252 | | 11.07 Americare | Americare | 189 | 75 | | | | 7.9 | 239.4 | percent of total billed charges | |
| BKR CHG THROMBOPLASTIN INHIB TISSUE | 85705 | CPT | | | | both | | | 252 | | 11.07 Qualcare | Qualcare | 189 | 75 | | | | 7.9 | 239.4 | percent of total billed charges | |
| BKR CHG THROMBOPLASTIN INHIB TISSUE | 85705 | CPT | | | | both | | | 252 | | 11.07 Horizon | Indemnity | 96.47 | 38.28 | | | | 7.9 | 239.4 | percent of total billed charges | |
| BKR CHG THROMBOPLASTIN INHIBITION TISSUE | 85705 | CPT | | | | both | | | 252 | | 11.07 Corrections | Corrections | 201.6 | 80 | | | | 7.9 | 239.4 | percent of total billed charges | |
| BKR CHG THROMBOPLASTIN INHIB TISSUE | 85705 | CPT | | | | both | | | 252 | | 11.07 Amerihealth | HMO/PPO | 11.2 | | | | | 7.9 | 239.4 | fee schedule | |
| BKR CHG THROMBOPLASTIN INHIB TISSUE | 85705 | CPT | | | | both | | | 252 | | 11.07 Three Rivers | Three Rivers | 239.4 | 95 | | | | 7.9 | 239.4 | percent of total billed charges | |
| BKR CHG THROMBOPLASTIN INHIBITION TISSUE | 85705 | CPT | | | | both | | | 252 | | 11.07 Wellcare | Medicare | 9.63 | | | | | 7.9 | 239.4 | fee schedule | |
| BKR CHG THROMBOPLASTIN INHIBITION TISSUE | 85705 | CPT | | | | both | | | 252 | | 11.07 UHC | Medicaid | 7.9 | | | | | 7.9 | 239.4 | fee schedule | |
| BKR CHG THROMBOPLASTIN INHIB TISSUE | 85705 | CPT | | | | both | | | 252 | | 11.07 Horizon | PPO | 96.47 | 38.28 | | | | 7.9 | 239.4 | percent of total billed charges | |
| BKR CHG THROMBOPLASTIN INHIBITION TISSUE | 85705 | CPT | | | | both | | | 252 | | 11.07 Horizon | NJ Health | 15.48 | | | | | 7.9 | 239.4 | fee schedule | |
| BKR CHG THROMBOPLASTIN INHIB TISSUE | 85705 | CPT | | | | both | | | 252 | | 11.07 Managed Care Inc | Managed Care Inc | 226.8 | 90 | | | | 7.9 | 239.4 | percent of total billed charges | |
| BKR CHG THROMBOPLASTIN INHIBITION TISSUE | 85705 | CPT | | | | both | | | 252 | | 11.07 Wellcare | Medicaid | 7.9 | | | | | 7.9 | 239.4 | fee schedule | |
| BKR CHG THROMBOPLASTIN INHIB TISSUE | 85705 | CPT | | | | both | | | 252 | | 11.07 WellPoint | WellPoint | 81.09 | 32.18 | | | | 7.9 | 239.4 | percent of total billed charges | |
| BKR CHG PTT;PLSM,WB | 85730 | CPT | | | | both | | | 20 | | 6.91 Amerihealth | HMO/PPO | 9.4 | | | | 3.11 | 3 | 19 | fee schedule | |
| BKR CHG PTT;PLSM,WB | 85730 | CPT | | | | both | | | 20 | | 6.91 First Health | First Health | 14 | 70 | | | | 3 | 19 | percent of total billed charges | |
| BKR CHG PTT;PLSM,WB | 85730 | CPT | | | | both | | | 20 | | 6.91 Americare | Americare | 15 | 75 | | | | 3 | 19 | percent of total billed charges | |
| BKR CHG PTT;PLSM,WB | 85730 | CPT | | | | both | | | 20 | | 6.91 Aetna | Commercial | 7.6 | 38 | | | 9.36 | 3 | 19 | percent of total billed charges | |
| BKR CHG PTT;PLSM,WB | 85730 | CPT | | | | both | | | 20 | | 6.91 Corrections | Corrections | 16 | 80 | | | 8.17 | 3 | 19 | percent of total billed charges | |
| BKR CHG PTT;PLSM,WB | 85730 | CPT | | | | both | | | 20 | | 6.91 Wellcare | Medicaid | 3 | | | | 11.81 | 3 | 19 | fee schedule | |
| BKR CHG PTT;PLSM,WB | 85730 | CPT | | | | both | | | 20 | | 6.91 Aetna | Better Health | 6.31 | 31.55 | | | 8.58 | 3 | 19 | percent of total billed charges | |
| BKR CHG PTT;PLSM,WB | 85730 | CPT | | | | both | | | 20 | | 6.91 Horizon | PPO | 7.66 | 38.28 | | | 10.07 | 3 | 19 | percent of total billed charges | |
| BKR CHG PTT;PLSM,WB | 85730 | CPT | | | | both | | | 20 | | 6.91 UHC | Medicaid | 3 | | | | 8.56 | 3 | 19 | fee schedule | |
| BKR CHG PTT;PLSM,WB | 85730 | CPT | | | | both | | | 20 | | 6.91 Horizon | Indemnity | 7.66 | 38.28 | | | 8.09 | 3 | 19 | percent of total billed charges | |
| BKR CHG PTT;PLSM,WB | 85730 | CPT | | | | both | | | 20 | | 6.91 Consumer | Consumer | 19 | 95 | | | | 3 | 19 | percent of total billed charges | |
| BKR CHG PTT;PLSM,WB | 85730 | CPT | | | | both | | | 20 | | 6.91 Aetna | Medicare | 6.16 | 30.8 | | | 5 | 3 | 19 | percent of total billed charges | |
| BKR CHG PTT;PLSM,WB | 85730 | CPT | | | | both | | | 20 | | 6.91 Multiplan | Multiplan | 16 | 80 | | | | 3 | 19 | percent of total billed charges | |
| BKR CHG PTT;PLSM,WB | 85730 | CPT | | | | both | | | 20 | | 6.91 Wellcare | Medicare | 6.01 | | | | 5.42 | 3 | 19 | fee schedule | |
| BKR CHG PTT;PLSM,WB | 85730 | CPT | | | | both | | | 20 | | 6.91 WellPoint | WellPoint | 6.44 | 32.18 | | | 7.27 | 3 | 19 | percent of total billed charges | |
| BKR CHG PTT;PLSM,WB | 85730 | CPT | | | | both | | | 20 | | 6.91 Amerihealth | Medicare | 6.01 | | | | | 3 | 19 | fee schedule | |
| BKR CHG PTT;PLSM,WB | 85730 | CPT | | | | both | | | 20 | | 6.91 UHC | Medicare | 6.01 | | | | 5.06 | 3 | 19 | fee schedule | |
| BKR CHG PTT;PLSM,WB | 85730 | CPT | | | | both | | | 20 | | 6.91 Horizon | NJ Health | 5.88 | | | | 2.95 | 3 | 19 | fee schedule | |
| BKR CHG PTT;PLSM,WB | 85730 | CPT | | | | both | | | 20 | | 6.91 First Trenton | First Trenton | 18 | 90 | | | | 3 | 19 | percent of total billed charges | |
| BKR CHG PTT;PLSM,WB | 85730 | CPT | | | | both | | | 20 | | 6.91 Qualcare | Qualcare | 15 | 75 | | | | 3 | 19 | percent of total billed charges | |
| BKR CHG PTT;PLSM,WB | 85730 | CPT | | | | both | | | 20 | | 6.91 Horizon | Medicare Blue | 6 | 30 | | | 5.25 | 3 | 19 | percent of total billed charges | |
| BKR CHG PTT;PLSM,WB | 85730 | CPT | | | | both | | | 20 | | 6.91 Horizon | MGD | 7.66 | 38.28 | | | 9.07 | 3 | 19 | percent of total billed charges | |
| BKR CHG PTT;PLSM,WB | 85730 | CPT | | | | both | | | 20 | | 6.91 Managed Care Inc | Managed Care Inc | 18 | 90 | | | | 3 | 19 | percent of total billed charges | |
| BKR CHG PTT;PLSM,WB | 85730 | CPT | | | | both | | | 20 | | 6.91 Three Rivers | Three Rivers | 19 | 95 | | | | 3 | 19 | percent of total billed charges | |
| BKR CHG THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA | 85732 | CPT | | | | both | | | 186 | | 7.44 UHC | Medicaid | 3 | | | | 5.52 | 3 | 176.7 | fee schedule | |
| BKR CHG SUBSTITUTION PLASMA FRACT EA | 85732 | CPT | | | | both | | | 186 | | 7.44 Corrections | Corrections | 148.8 | 80 | | | | 3 | 176.7 | percent of total billed charges | |
| BKR CHG THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA | 85732 | CPT | | | | both | | | 186 | | 7.44 Amerihealth | HMO/PPO | 8.4 | | | | 75.88 | 3 | 176.7 | fee schedule | |
| BKR CHG SUBSTITUTION PLASMA FRACT EA | 85732 | CPT | | | | both | | | 186 | | 7.44 Americare | Americare | 139.5 | 75 | | | | 3 | 176.7 | percent of total billed charges | |
| BKR CHG THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA | 85732 | CPT | | | | both | | | 186 | | 7.44 Amerihealth | Medicare | 6.47 | | | | | 3 | 176.7 | fee schedule | |
| BKR CHG SUBSTITUTION PLASMA FRACT EA | 85732 | CPT | | | | both | | | 186 | | 7.44 Aetna | Better Health | 58.68 | 31.55 | | | | 3 | 176.7 | percent of total billed charges | |
| BKR CHG SUBSTITUTION PLASMA FRACT EA | 85732 | CPT | | | | both | | | 186 | | 7.44 Aetna | Medicare | 57.29 | 30.8 | | | | 3 | 176.7 | percent of total billed charges | |
| BKR CHG SUBSTITUTION PLASMA FRACT EA | 85732 | CPT | | | | both | | | 186 | | 7.44 Consumer | Consumer | 176.7 | 95 | | | | 3 | 176.7 | percent of total billed charges | |
| BKR CHG THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA | 85732 | CPT | | | | both | | | 186 | | 7.44 Horizon | NJ Health | 5.88 | | | | 2.09 | 3 | 176.7 | fee schedule | |
| BKR CHG SUBSTITUTION PLASMA FRACT EA | 85732 | CPT | | | | both | | | 186 | | 7.44 Aetna | Commercial | 70.68 | 38 | | | | 3 | 176.7 | percent of total billed charges | |
| BKR CHG SUBSTITUTION PLASMA FRACT EA | 85732 | CPT | | | | both | | | 186 | | 7.44 First Health | First Health | 130.2 | 70 | | | | 3 | 176.7 | percent of total billed charges | |
| BKR CHG SUBSTITUTION PLASMA FRACT EA | 85732 | CPT | | | | both | | | 186 | | 7.44 Horizon | Indemnity | 71.2 | 38.28 | | | | 3 | 176.7 | percent of total billed charges | |
| BKR CHG SUBSTITUTION PLASMA FRACT EA | 85732 | CPT | | | | both | | | 186 | | 7.44 Horizon | MGD | 71.2 | 38.28 | | | | 3 | 176.7 | percent of total billed charges | |
| BKR CHG SUBSTITUTION PLASMA FRACT EA | 85732 | CPT | | | | both | | | 186 | | 7.44 Horizon | Medicare Blue | 55.8 | 30 | | | | 3 | 176.7 | percent of total billed charges | |
| BKR CHG THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA | 85732 | CPT | | | | both | | | 186 | | 7.44 Wellcare | Medicare | 6.47 | | | | | 3 | 176.7 | fee schedule | |
| BKR CHG SUBSTITUTION PLASMA FRACT EA | 85732 | CPT | | | | both | | | 186 | | 7.44 First Trenton | First Trenton | 167.4 | 90 | | | | 3 | 176.7 | percent of total billed charges | |
| BKR CHG SUBSTITUTION PLASMA FRACT EA | 85732 | CPT | | | | both | | | 186 | | 7.44 WellPoint | WellPoint | 59.85 | 32.18 | | | 12.26 | 3 | 176.7 | percent of total billed charges | |
| BKR CHG SUBSTITUTION PLASMA FRACT EA | 85732 | CPT | | | | both | | | 186 | | 7.44 Multiplan | Multiplan | 148.8 | 80 | | | | 3 | 176.7 | percent of total billed charges | |
| BKR CHG SUBSTITUTION PLASMA FRACT EA | 85732 | CPT | | | | both | | | 186 | | 7.44 Horizon | PPO | 71.2 | 38.28 | | | | 3 | 176.7 | percent of total billed charges | |
| BKR CHG SUBSTITUTION PLASMA FRACT EA | 85732 | CPT | | | | both | | | 186 | | 7.44 Qualcare | Qualcare | 139.5 | 75 | | | | 3 | 176.7 | percent of total billed charges | |
| BKR CHG SUBSTITUTION PLASMA FRACT EA | 85732 | CPT | | | | both | | | 186 | | 7.44 Managed Care Inc | Managed Care Inc | 167.4 | 90 | | | | 3 | 176.7 | percent of total billed charges | |
| BKR CHG THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA | 85732 | CPT | | | | both | | | 186 | | 7.44 UHC | Medicare | 6.47 | | | | | 3 | 176.7 | fee schedule | |
| BKR CHG SUBSTITUTION PLASMA FRACT EA | 85732 | CPT | | | | both | | | 186 | | 7.44 Three Rivers | Three Rivers | 176.7 | 95 | | | | 3 | 176.7 | percent of total billed charges | |
| BKR CHG THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA | 85732 | CPT | | | | both | | | 186 | | 7.44 Wellcare | Medicaid | 3 | | | | | 3 | 176.7 | fee schedule | |
| BKR CHG VISCOSITY, SERUM | 85810 | CPT | | | | both | | | 84 | | 13.42 UHC | Medicaid | 15 | | | | | 8.1 | 79.8 | fee schedule | |
| BKR CHG VISCOSITY, SERUM | 85810 | CPT | | | | both | | | 84 | | 13.42 Amerihealth | Medicare | 11.67 | | | | | 8.1 | 79.8 | fee schedule | |
| BKR CHG VISCOSITY, SERUM | 85810 | CPT | | | | both | | | 84 | | 13.42 Aetna | Commercial | 31.92 | 38 | | | | 8.1 | 79.8 | percent of total billed charges | |
| BKR CHG VISCOSITY, SERUM | 85810 | CPT | | | | both | | | 84 | | 13.42 Amerihealth | HMO/PPO | 15.9 | | | | | 8.1 | 79.8 | fee schedule | |
| BKR CHG VISCOSITY, SERUM | 85810 | CPT | | | | both | | | 84 | | 13.42 Wellcare | Medicare | 11.67 | | | | | 8.1 | 79.8 | fee schedule | |
| BKR CHG VISCOSITY, SERUM | 85810 | CPT | | | | both | | | 84 | | 13.42 Aetna | Better Health | 26.5 | 31.55 | | | | 8.1 | 79.8 | percent of total billed charges | |
| BKR CHG VISCOSITY, SERUM | 85810 | CPT | | | | both | | | 84 | | 13.42 Consumer | Consumer | 79.8 | 95 | | | | 8.1 | 79.8 | percent of total billed charges | |
| BKR CHG VISCOSITY, SERUM | 85810 | CPT | | | | both | | | 84 | | 13.42 Americare | Americare | 63 | 75 | | | | 8.1 | 79.8 | percent of total billed charges | |
| BKR CHG VISCOSITY, SERUM | 85810 | CPT | | | | both | | | 84 | | 13.42 Aetna | Medicare | 25.87 | 30.8 | | | | 8.1 | 79.8 | percent of total billed charges | |
| BKR CHG VISCOSITY, SERUM | 85810 | CPT | | | | both | | | 84 | | 13.42 Corrections | Corrections | 67.2 | 80 | | | | 8.1 | 79.8 | percent of total billed charges | |
| BKR CHG VISCOSITY, SERUM | 85810 | CPT | | | | both | | | 84 | | 13.42 First Health | First Health | 58.8 | 70 | | | | 8.1 | 79.8 | percent of total billed charges | |
| BKR CHG VISCOSITY, SERUM | 85810 | CPT | | | | both | | | 84 | | 13.42 Horizon | Medicare Blue | 25.2 | 30 | | | | 8.1 | 79.8 | percent of total billed charges | |
| BKR CHG VISCOSITY, SERUM | 85810 | CPT | | | | both | | | 84 | | 13.42 Multiplan | Multiplan | 67.2 | 80 | | | | 8.1 | 79.8 | percent of total billed charges | |
| BKR CHG VISCOSITY, SERUM | 85810 | CPT | | | | both | | | 84 | | 13.42 Horizon | Indemnity | 32.16 | 38.28 | | | | 8.1 | 79.8 | percent of total billed charges | |
| BKR CHG VISCOSITY, SERUM | 85810 | CPT | | | | both | | | 84 | | 13.42 Wellcare | Medicaid | 15 | | | | | 8.1 | 79.8 | fee schedule | |
| BKR CHG VISCOSITY, SERUM | 85810 | CPT | | | | both | | | 84 | | 13.42 Horizon | MGD | 32.16 | 38.28 | | | | 8.1 | 79.8 | percent of total billed charges | |
| BKR CHG VISCOSITY, SERUM | 85810 | CPT | | | | both | | | 84 | | 13.42 First Trenton | First Trenton | 75.6 | 90 | | | | 8.1 | 79.8 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG VISCOSITY, SERUM | 85810 | CPT | | | | both | | | 84 | 13.42 | Horizon | PPO | 32.16 | 38.28 | | | 8.1 | 79.8 | percent of total billed charges | |
| BKR CHG VISCOSITY, SERUM | 85810 | CPT | | | | both | | | 84 | 13.42 | Qualcare | Qualcare | 63 | 75 | | | 8.1 | 79.8 | percent of total billed charges | |
| BKR CHG VISCOSITY, SERUM | 85810 | CPT | | | | both | | | 84 | 13.42 | Three Rivers | Three Rivers | 79.8 | 95 | | | 8.1 | 79.8 | percent of total billed charges | |
| BKR CHG VISCOSITY, SERUM | 85810 | CPT | | | | both | | | 84 | 13.42 | Horizon | NJ Health | 29.4 | | | | 8.1 | 79.8 | fee schedule | |
| BKR CHG VISCOSITY, SERUM | 85810 | CPT | | | | both | | | 84 | 13.42 | UHC | Medicare | 11.67 | | | | 8.1 | 79.8 | fee schedule | |
| BKR CHG VISCOSITY, SERUM | 85810 | CPT | | | | both | | | 84 | 13.42 | Managed Care Inc | Managed Care Inc | 75.6 | 90 | | | 8.1 | 79.8 | percent of total billed charges | |
| BKR CHG VISCOSITY, SERUM | 85810 | CPT | | | | both | | | 84 | 13.42 | WellPoint | WellPoint | 27.03 | 32.18 | | | 8.1 | 79.8 | percent of total billed charges | |
| BKR CHG WHITEFISH | 86003 | CPT | | | | both | | | 1050 | 6 | Horizon | PPO | 401.94 | 38.28 | | 121.42 | 1.57 | 997.5 | percent of total billed charges | |
| BKR CHG WHITEFISH | 86003 | CPT | | | | both | | | 1050 | 6 | Americare | Americare | 787.5 | 75 | | | 1.57 | 997.5 | percent of total billed charges | |
| BKR CHG WHITEFISH | 86003 | CPT | | | | both | | | 1050 | 6 | Aetna | Better Health | 331.28 | 31.55 | | | 1.57 | 997.5 | percent of total billed charges | |
| BKR CHG WHITEFISH | 86003 | CPT | | | | both | | | 1050 | 6 | Corrections | Corrections | 840 | 80 | | | 1.57 | 997.5 | percent of total billed charges | |
| BKR CHG WHITEFISH | 86003 | CPT | | | | both | | | 1050 | 6 | WellPoint | WellPoint | 337.89 | 32.18 | | 25.69 | 1.57 | 997.5 | percent of total billed charges | |
| BKR CHG WHITEFISH | 86003 | CPT | | | | both | | | 1050 | 6 | Aetna | Commercial | 399 | 38 | | 11.19 | 1.57 | 997.5 | percent of total billed charges | |
| BKR CHG WHITEFISH | 86003 | CPT | | | | both | | | 1050 | 6 | Consumer | Consumer | 997.5 | 95 | | | 1.57 | 997.5 | percent of total billed charges | |
| BKR CHG WHITEFISH | 86003 | CPT | | | | both | | | 1050 | 6 | Aetna | Medicare | 323.4 | 30.8 | | | 1.57 | 997.5 | percent of total billed charges | |
| BKR CHG WHITEFISH | 86003 | CPT | | | | both | | | 1050 | 6 | Horizon | Indemnity | 401.94 | 38.28 | | | 1.57 | 997.5 | percent of total billed charges | |
| BKR CHG WHITEFISH | 86003 | CPT | | | | both | | | 1050 | 6 | Amerihealth | Medicare | 5.22 | | | | 1.57 | 997.5 | fee schedule | |
| BKR CHG WHITEFISH | 86003 | CPT | | | | both | | | 1050 | 6 | First Health | First Health | 735 | 70 | | | 1.57 | 997.5 | percent of total billed charges | |
| BKR CHG WHITEFISH | 86003 | CPT | | | | both | | | 1050 | 6 | Horizon | Medicare Blue | 315 | 30 | | | 1.57 | 997.5 | percent of total billed charges | |
| BKR CHG WHITEFISH | 86003 | CPT | | | | both | | | 1050 | 6 | Amerihealth | HMO/PPO | 7.4 | | | | 1.57 | 997.5 | fee schedule | |
| BKR CHG WHITEFISH | 86003 | CPT | | | | both | | | 1050 | 6 | Horizon | MGD | 401.94 | 38.28 | | 20.6 | 1.57 | 997.5 | percent of total billed charges | |
| BKR CHG WHITEFISH | 86003 | CPT | | | | both | | | 1050 | 6 | First Trenton | First Trenton | 945 | 90 | | | 1.57 | 997.5 | percent of total billed charges | |
| BKR CHG WHITEFISH | 86003 | CPT | | | | both | | | 1050 | 6 | Wellcare | Medicare | 5.22 | | | | 1.57 | 997.5 | fee schedule | |
| BKR CHG WHITEFISH | 86003 | CPT | | | | both | | | 1050 | 6 | Wellcare | Medicaid | 4 | | | 10.9 | 1.57 | 997.5 | fee schedule | |
| BKR CHG WHITEFISH | 86003 | CPT | | | | both | | | 1050 | 6 | Horizon | NJ Health | 39.2 | | | 15.79 | 1.57 | 997.5 | fee schedule | |
| BKR CHG WHITEFISH | 86003 | CPT | | | | both | | | 1050 | 6 | Managed Care Inc | Managed Care Inc | 945 | 90 | | | 1.57 | 997.5 | percent of total billed charges | |
| BKR CHG WHITEFISH | 86003 | CPT | | | | both | | | 1050 | 6 | Multiplan | Multiplan | 840 | 80 | | | 1.57 | 997.5 | percent of total billed charges | |
| BKR CHG WHITEFISH | 86003 | CPT | | | | both | | | 1050 | 6 | Three Rivers | Three Rivers | 997.5 | 95 | | | 1.57 | 997.5 | percent of total billed charges | |
| BKR CHG WHITEFISH | 86003 | CPT | | | | both | | | 1050 | 6 | Qualcare | Qualcare | 787.5 | 75 | | | 1.57 | 997.5 | percent of total billed charges | |
| BKR CHG WHITEFISH | 86003 | CPT | | | | both | | | 1050 | 6 | UHC | Medicaid | 4 | | | 37.63 | 1.57 | 997.5 | fee schedule | |
| BKR CHG WHITEFISH | 86003 | CPT | | | | both | | | 1050 | 6 | UHC | Medicare | 5.22 | | | 20.97 | 1.57 | 997.5 | fee schedule | |
| BKR CHG FX02-IGE FOOD MIX (SEAFOODS) | 86005 | CPT | | | | outpatient | | | 48 | 9.17 | Aetna | Better Health | 15.14 | 31.55 | | | 3.21 | 45.6 | percent of total billed charges | |
| BKR CHG FX02-IGE FOOD MIX (SEAFOODS) | 86005 | CPT | | | | outpatient | | | 48 | 9.17 | Americare | Americare | 36 | 75 | | | 3.21 | 45.6 | percent of total billed charges | |
| BKR CHG FX02-IGE FOOD MIX (SEAFOODS) | 86005 | CPT | | | | outpatient | | | 48 | 9.17 | Aetna | Commercial | 18.24 | 38 | | | 3.21 | 45.6 | percent of total billed charges | |
| BKR CHG FX02-IGE FOOD MIX (SEAFOODS) | 86005 | CPT | | | | outpatient | | | 48 | 9.17 | Horizon | Indemnity | 18.37 | 38.28 | | | 3.21 | 45.6 | percent of total billed charges | |
| BKR CHG FX02-IGE FOOD MIX (SEAFOODS) | 86005 | CPT | | | | outpatient | | | 48 | 9.17 | Multiplan | Multiplan | 38.4 | 80 | | | 3.21 | 45.6 | percent of total billed charges | |
| BKR CHG FX02-IGE FOOD MIX (SEAFOODS) | 86005 | CPT | | | | outpatient | | | 48 | 9.17 | Amerihealth | Medicare | 7.97 | | | | 3.21 | 45.6 | fee schedule | |
| BKR CHG FX02-IGE FOOD MIX (SEAFOODS) | 86005 | CPT | | | | outpatient | | | 48 | 9.17 | Aetna | Medicare | 14.78 | 30.8 | | | 3.21 | 45.6 | percent of total billed charges | |
| BKR CHG FX02-IGE FOOD MIX (SEAFOODS) | 86005 | CPT | | | | outpatient | | | 48 | 9.17 | Amerihealth | HMO/PPO | 3.9 | | | | 3.21 | 45.6 | fee schedule | |
| BKR CHG FX02-IGE FOOD MIX (SEAFOODS) | 86005 | CPT | | | | outpatient | | | 48 | 9.17 | Horizon | Medicare Blue | 14.4 | 30 | | | 3.21 | 45.6 | percent of total billed charges | |
| BKR CHG FX02-IGE FOOD MIX (SEAFOODS) | 86005 | CPT | | | | outpatient | | | 48 | 9.17 | Horizon | MGD | 18.37 | 38.28 | | | 3.21 | 45.6 | percent of total billed charges | |
| BKR CHG FX02-IGE FOOD MIX (SEAFOODS) | 86005 | CPT | | | | outpatient | | | 48 | 9.17 | WellPoint | WellPoint | 15.45 | 32.18 | | | 3.21 | 45.6 | percent of total billed charges | |
| BKR CHG FX02-IGE FOOD MIX (SEAFOODS) | 86005 | CPT | | | | outpatient | | | 48 | 9.17 | Corrections | Corrections | 38.4 | 80 | | | 3.21 | 45.6 | percent of total billed charges | |
| BKR CHG FX02-IGE FOOD MIX (SEAFOODS) | 86005 | CPT | | | | outpatient | | | 48 | 9.17 | Qualcare | Qualcare | 36 | 75 | | | 3.21 | 45.6 | percent of total billed charges | |
| BKR CHG FX02-IGE FOOD MIX (SEAFOODS) | 86005 | CPT | | | | outpatient | | | 48 | 9.17 | Horizon | PPO | 18.37 | 38.28 | | | 3.21 | 45.6 | percent of total billed charges | |
| BKR CHG FX02-IGE FOOD MIX (SEAFOODS) | 86005 | CPT | | | | outpatient | | | 48 | 9.17 | Consumer | Consumer | 45.6 | 95 | | | 3.21 | 45.6 | percent of total billed charges | |
| BKR CHG FX02-IGE FOOD MIX (SEAFOODS) | 86005 | CPT | | | | outpatient | | | 48 | 9.17 | First Trenton | First Trenton | 43.2 | 90 | | | 3.21 | 45.6 | percent of total billed charges | |
| BKR CHG FX02-IGE FOOD MIX (SEAFOODS) | 86005 | CPT | | | | outpatient | | | 48 | 9.17 | UHC | Medicaid | 3.24 | | | | 3.21 | 45.6 | fee schedule | |
| BKR CHG FX02-IGE FOOD MIX (SEAFOODS) | 86005 | CPT | | | | outpatient | | | 48 | 9.17 | Three Rivers | Three Rivers | 45.6 | 95 | | | 3.21 | 45.6 | percent of total billed charges | |
| BKR CHG FX02-IGE FOOD MIX (SEAFOODS) | 86005 | CPT | | | | outpatient | | | 48 | 9.17 | First Health | First Health | 33.6 | 70 | | | 3.21 | 45.6 | percent of total billed charges | |
| BKR CHG FX02-IGE FOOD MIX (SEAFOODS) | 86005 | CPT | | | | outpatient | | | 48 | 9.17 | Horizon | NJ Health | 3.21 | | | | 3.21 | 45.6 | fee schedule | |
| BKR CHG FX02-IGE FOOD MIX (SEAFOODS) | 86005 | CPT | | | | outpatient | | | 48 | 9.17 | UHC | Medicare | 7.97 | | | | 3.21 | 45.6 | fee schedule | |
| BKR CHG FX02-IGE FOOD MIX (SEAFOODS) | 86005 | CPT | | | | outpatient | | | 48 | 9.17 | Managed Care Inc | Managed Care Inc | 43.2 | 90 | | | 3.21 | 45.6 | percent of total billed charges | |
| BKR CHG FX02-IGE FOOD MIX (SEAFOODS) | 86005 | CPT | | | | outpatient | | | 48 | 9.17 | Wellcare | Medicaid | 3.24 | | | | 3.21 | 45.6 | fee schedule | |
| BKR CHG FX02-IGE FOOD MIX (SEAFOODS) | 86005 | CPT | | | | outpatient | | | 48 | 9.17 | Wellcare | Medicare | 7.97 | | | | 3.21 | 45.6 | fee schedule | |
| BKR CHG 0215-IGE ALPHA-GAL | 86008 | CPT | | | | outpatient | | | 210 | 20.62 | Aetna | Medicare | 64.68 | 30.8 | | | 9.6 | 199.5 | percent of total billed charges | |
| BKR CHG 0215-IGE ALPHA-GAL | 86008 | CPT | | | | outpatient | | | 210 | 20.62 | Amerihealth | HMO/PPO | 136.5 | 65 | | | 9.6 | 199.5 | percent of total billed charges | |
| BKR CHG 0215-IGE ALPHA-GAL | 86008 | CPT | | | | outpatient | | | 210 | 20.62 | Amerihealth | Medicare | 17.93 | | | | 9.6 | 199.5 | fee schedule | |
| BKR CHG 0215-IGE ALPHA-GAL | 86008 | CPT | | | | outpatient | | | 210 | 20.62 | Horizon | Indemnity | 80.39 | 38.28 | | | 9.6 | 199.5 | percent of total billed charges | |
| BKR CHG 0215-IGE ALPHA-GAL | 86008 | CPT | | | | outpatient | | | 210 | 20.62 | Aetna | Better Health | 66.26 | 31.55 | | | 9.6 | 199.5 | percent of total billed charges | |
| BKR CHG 0215-IGE ALPHA-GAL | 86008 | CPT | | | | outpatient | | | 210 | 20.62 | Multiplan | Multiplan | 168 | 80 | | | 9.6 | 199.5 | percent of total billed charges | |
| BKR CHG 0215-IGE ALPHA-GAL | 86008 | CPT | | | | outpatient | | | 210 | 20.62 | Aetna | Commercial | 79.8 | 38 | | | 9.6 | 199.5 | percent of total billed charges | |
| BKR CHG 0215-IGE ALPHA-GAL | 86008 | CPT | | | | outpatient | | | 210 | 20.62 | First Trenton | First Trenton | 189 | 90 | | | 9.6 | 199.5 | percent of total billed charges | |
| BKR CHG 0215-IGE ALPHA-GAL | 86008 | CPT | | | | outpatient | | | 210 | 20.62 | Wellcare | Medicaid | 14.34 | | | 8.79 | 9.6 | 199.5 | fee schedule | |
| BKR CHG 0215-IGE ALPHA-GAL | 86008 | CPT | | | | outpatient | | | 210 | 20.62 | Corrections | Corrections | 168 | 80 | | | 9.6 | 199.5 | percent of total billed charges | |
| BKR CHG 0215-IGE ALPHA-GAL | 86008 | CPT | | | | outpatient | | | 210 | 20.62 | First Health | First Health | 147 | 70 | | | 9.6 | 199.5 | percent of total billed charges | |
| BKR CHG 0215-IGE ALPHA-GAL | 86008 | CPT | | | | outpatient | | | 210 | 20.62 | Horizon | PPO | 80.39 | 38.28 | | | 9.6 | 199.5 | percent of total billed charges | |
| BKR CHG 0215-IGE ALPHA-GAL | 86008 | CPT | | | | outpatient | | | 210 | 20.62 | Americare | Americare | 157.5 | 75 | | | 9.6 | 199.5 | percent of total billed charges | |
| BKR CHG 0215-IGE ALPHA-GAL | 86008 | CPT | | | | outpatient | | | 210 | 20.62 | Qualcare | Qualcare | 157.5 | 75 | | | 9.6 | 199.5 | percent of total billed charges | |
| BKR CHG 0215-IGE ALPHA-GAL | 86008 | CPT | | | | outpatient | | | 210 | 20.62 | UHC | Medicare | 17.93 | | | | 9.6 | 199.5 | fee schedule | |
| BKR CHG 0215-IGE ALPHA-GAL | 86008 | CPT | | | | outpatient | | | 210 | 20.62 | Horizon | NJ Health | 17.37 | | | | 9.6 | 199.5 | fee schedule | |
| BKR CHG 0215-IGE ALPHA-GAL | 86008 | CPT | | | | outpatient | | | 210 | 20.62 | WellPoint | WellPoint | 67.58 | 32.18 | | 15.58 | 9.6 | 199.5 | percent of total billed charges | |
| BKR CHG 0215-IGE ALPHA-GAL | 86008 | CPT | | | | outpatient | | | 210 | 20.62 | Horizon | MGD | 80.39 | 38.28 | | 58.21 | 9.6 | 199.5 | percent of total billed charges | |
| BKR CHG 0215-IGE ALPHA-GAL | 86008 | CPT | | | | outpatient | | | 210 | 20.62 | Consumer | Consumer | 199.5 | 95 | | | 9.6 | 199.5 | percent of total billed charges | |
| BKR CHG 0215-IGE ALPHA-GAL | 86008 | CPT | | | | outpatient | | | 210 | 20.62 | Three Rivers | Three Rivers | 199.5 | 95 | | | 9.6 | 199.5 | percent of total billed charges | |
| BKR CHG 0215-IGE ALPHA-GAL | 86008 | CPT | | | | outpatient | | | 210 | 20.62 | Horizon | Medicare Blue | 63 | 30 | | | 9.6 | 199.5 | percent of total billed charges | |
| BKR CHG 0215-IGE ALPHA-GAL | 86008 | CPT | | | | outpatient | | | 210 | 20.62 | Managed Care Inc | Managed Care Inc | 189 | 90 | | | 9.6 | 199.5 | percent of total billed charges | |
| BKR CHG 0215-IGE ALPHA-GAL | 86008 | CPT | | | | outpatient | | | 210 | 20.62 | UHC | Medicaid | 14.34 | | | 24.11 | 9.6 | 199.5 | fee schedule | |
| BKR CHG 0215-IGE ALPHA-GAL | 86008 | CPT | | | | outpatient | | | 210 | 20.62 | Wellcare | Medicare | 17.93 | | | | 9.6 | 199.5 | fee schedule | |
| BKR CHG NEUTROPHIL ASSOCIATED ABS | 86021 | CPT | | | | outpatient | | | 668 | 17.31 | First Trenton | First Trenton | 601.2 | 90 | | | 9 | 634.6 | percent of total billed charges | |
| BKR CHG NEUTROPHIL ASSOCIATED ABS | 86021 | CPT | | | | outpatient | | | 668 | 17.31 | Aetna | Commercial | 253.84 | 38 | | | 9 | 634.6 | percent of total billed charges | |
| BKR CHG NEUTROPHIL ASSOCIATED ABS | 86021 | CPT | | | | outpatient | | | 668 | 17.31 | First Health | First Health | 467.6 | 70 | | | 9 | 634.6 | percent of total billed charges | |
| BKR CHG NEUTROPHIL ASSOCIATED ABS | 86021 | CPT | | | | outpatient | | | 668 | 17.31 | Multiplan | Multiplan | 534.4 | 80 | | | 9 | 634.6 | percent of total billed charges | |
| BKR CHG NEUTROPHIL ASSOCIATED ABS | 86021 | CPT | | | | outpatient | | | 668 | 17.31 | Corrections | Corrections | 534.4 | 80 | | | 9 | 634.6 | percent of total billed charges | |
| BKR CHG NEUTROPHIL ASSOCIATED ABS | 86021 | CPT | | | | outpatient | | | 668 | 17.31 | Aetna | Medicare | 205.74 | 30.8 | | | 9 | 634.6 | percent of total billed charges | |
| BKR CHG NEUTROPHIL ASSOCIATED ABS | 86021 | CPT | | | | outpatient | | | 668 | 17.31 | Amerihealth | HMO/PPO | 11.5 | | | | 9 | 634.6 | fee schedule | |
| BKR CHG NEUTROPHIL ASSOCIATED ABS | 86021 | CPT | | | | outpatient | | | 668 | 17.31 | Aetna | Better Health | 210.75 | 31.55 | | | 9 | 634.6 | percent of total billed charges | |
| BKR CHG NEUTROPHIL ASSOCIATED ABS | 86021 | CPT | | | | outpatient | | | 668 | 17.31 | Horizon | NJ Health | 17.64 | | | | 9 | 634.6 | fee schedule | |
| BKR CHG NEUTROPHIL ASSOCIATED ABS | 86021 | CPT | | | | outpatient | | | 668 | 17.31 | WellPoint | WellPoint | 214.96 | 32.18 | | | 9 | 634.6 | percent of total billed charges | |
| BKR CHG NEUTROPHIL ASSOCIATED ABS | 86021 | CPT | | | | outpatient | | | 668 | 17.31 | Horizon | Indemnity | 255.71 | 38.28 | | | 9 | 634.6 | percent of total billed charges | |
| BKR CHG NEUTROPHIL ASSOCIATED ABS | 86021 | CPT | | | | outpatient | | | 668 | 17.31 | Qualcare | Qualcare | 501 | 75 | | | 9 | 634.6 | percent of total billed charges | |
| BKR CHG NEUTROPHIL ASSOCIATED ABS | 86021 | CPT | | | | outpatient | | | 668 | 17.31 | Horizon | MGD | 255.71 | 38.28 | | | 9 | 634.6 | percent of total billed charges | |
| BKR CHG NEUTROPHIL ASSOCIATED ABS | 86021 | CPT | | | | outpatient | | | 668 | 17.31 | Americare | Americare | 501 | 75 | | | 9 | 634.6 | percent of total billed charges | |
| BKR CHG NEUTROPHIL ASSOCIATED ABS | 86021 | CPT | | | | outpatient | | | 668 | 17.31 | Amerihealth | Medicare | 15.05 | | | | 9 | 634.6 | fee schedule | |
| BKR CHG NEUTROPHIL ASSOCIATED ABS | 86021 | CPT | | | | outpatient | | | 668 | 17.31 | UHC | Medicare | 15.05 | | | | 9 | 634.6 | fee schedule | |
| BKR CHG NEUTROPHIL ASSOCIATED ABS | 86021 | CPT | | | | outpatient | | | 668 | 17.31 | Horizon | PPO | 255.71 | 38.28 | | | 9 | 634.6 | percent of total billed charges | |
| BKR CHG NEUTROPHIL ASSOCIATED ABS | 86021 | CPT | | | | outpatient | | | 668 | 17.31 | Consumer | Consumer | 634.6 | 95 | | | 9 | 634.6 | percent of total billed charges | |
| BKR CHG NEUTROPHIL ASSOCIATED ABS | 86021 | CPT | | | | outpatient | | | 668 | 17.31 | Wellcare | Medicaid | 9 | | | | 9 | 634.6 | fee schedule | |
| BKR CHG NEUTROPHIL ASSOCIATED ABS | 86021 | CPT | | | | outpatient | | | 668 | 17.31 | Horizon | Medicare Blue | 200.4 | 30 | | | 9 | 634.6 | percent of total billed charges | |
| BKR CHG NEUTROPHIL ASSOCIATED ABS | 86021 | CPT | | | | outpatient | | | 668 | 17.31 | Managed Care Inc | Managed Care Inc | 601.2 | 90 | | | 9 | 634.6 | percent of total billed charges | |
| BKR CHG NEUTROPHIL ASSOCIATED ABS | 86021 | CPT | | | | outpatient | | | 668 | 17.31 | UHC | Medicaid | 9 | | | | 9 | 634.6 | fee schedule | |
| BKR CHG NEUTROPHIL ASSOCIATED ABS | 86021 | CPT | | | | outpatient | | | 668 | 17.31 | Three Rivers | Three Rivers | 634.6 | 95 | | | 9 | 634.6 | percent of total billed charges | |
| BKR CHG NEUTROPHIL ASSOCIATED ABS | 86021 | CPT | | | | outpatient | | | 668 | 17.31 | Wellcare | Medicare | 15.05 | | | | 9 | 634.6 | fee schedule | |
| BKR CHG PLATELET. ANTIBODY. PROFILE(117 | 86022 | CPT | | | | both | | | 1267 | 21.13 | Aetna | Medicare | 390.24 | 30.8 | | | 9 | 1203.65 | percent of total billed charges | |
| BKR CHG PLATELET. ANTIBODY. PROFILE(117 | 86022 | CPT | | | | both | | | 1267 | 21.13 | Aetna | Better Health | 399.74 | 31.55 | | | 9 | 1203.65 | percent of total billed charges | |
| BKR CHG PLATELET. ANTIBODY. PROFILE(117 | 86022 | CPT | | | | both | | | 1267 | 21.13 | Horizon | MGD | 485.01 | 38.28 | | 22.75 | 9 | 1203.65 | percent of total billed charges | |
| BKR CHG PLATELET. ANTIBODY. PROFILE(117 | 86022 | CPT | | | | both | | | 1267 | 21.13 | Americare | Americare | 950.25 | 75 | | | 9 | 1203.65 | percent of total billed charges | |
| BKR CHG PLATELET. ANTIBODY. PROFILE(117 | 86022 | CPT | | | | both | | | 1267 | 21.13 | Consumer | Consumer | 1203.65 | 95 | | | 9 | 1203.65 | percent of total billed charges | |
| BKR CHG PLATELET. ANTIBODY. PROFILE(117 | 86022 | CPT | | | | both | | | 1267 | 21.13 | First Health | First Health | 886.9 | 70 | | | 9 | 1203.65 | percent of total billed charges | |
| BKR CHG PLATELET. ANTIBODY. PROFILE(117 | 86022 | CPT | | | | both | | | 1267 | 21.13 | Horizon | Medicare Blue | 380.1 | 30 | | | 9 | 1203.65 | percent of total billed charges | |
| BKR CHG PLATELET. ANTIBODY. PROFILE(117 | 86022 | CPT | | | | both | | | 1267 | 21.13 | First Trenton | First Trenton | 1140.3 | 90 | | | 9 | 1203.65 | percent of total billed charges | |
| BKR CHG PLATELET. ANTIBODY. PROFILE(117 | 86022 | CPT | | | | both | | | 1267 | 21.13 | Horizon | NJ Health | 17.64 | | | | 9 | 1203.65 | fee schedule | |
| BKR CHG PLATELET. ANTIBODY. PROFILE(117 | 86022 | CPT | | | | both | | | 1267 | 21.13 | Aetna | Commercial | 481.46 | 38 | | | 9 | 1203.65 | percent of total billed charges | |
| BKR CHG PLATELET. ANTIBODY. PROFILE(117 | 86022 | CPT | | | | both | | | 1267 | 21.13 | Multiplan | Multiplan | 1013.6 | 80 | | | 9 | 1203.65 | percent of total billed charges | |
| BKR CHG PLATELET. ANTIBODY. PROFILE(117 | 86022 | CPT | | | | both | | | 1267 | 21.13 | Amerihealth | HMO/PPO | 11.5 | | | | 9 | 1203.65 | fee schedule | |
| BKR CHG PLATELET. ANTIBODY. PROFILE(117 | 86022 | CPT | | | | both | | | 1267 | 21.13 | Corrections | Corrections | 1013.6 | 80 | | | 9 | 1203.65 | percent of total billed charges | |
| BKR CHG PLATELET. ANTIBODY. PROFILE(117 | 86022 | CPT | | | | both | | | 1267 | 21.13 | UHC | Medicaid | 9 | | | | 9 | 1203.65 | fee schedule | |
| BKR CHG PLATELET. ANTIBODY. PROFILE(117 | 86022 | CPT | | | | both | | | 1267 | 21.13 | UHC | Medicare | 18.37 | | | | 9 | 1203.65 | fee schedule | |
| BKR CHG PLATELET. ANTIBODY. PROFILE(117 | 86022 | CPT | | | | both | | | 1267 | 21.13 | Horizon | Indemnity | 485.01 | 38.28 | | | 9 | 1203.65 | percent of total billed charges | |
| BKR CHG PLATELET. ANTIBODY. PROFILE(117 | 86022 | CPT | | | | both | | | 1267 | 21.13 | Three Rivers | Three Rivers | 1203.65 | 95 | | | 9 | 1203.65 | percent of total billed charges | |
| BKR CHG PLATELET. ANTIBODY. PROFILE(117 | 86022 | CPT | | | | both | | | 1267 | 21.13 | Amerihealth | Medicare | 18.37 | | | | 9 | 1203.65 | fee schedule | |
| BKR CHG PLATELET. ANTIBODY. PROFILE(117 | 86022 | CPT | | | | both | | | 1267 | 21.13 | Qualcare | Qualcare | 950.25 | 75 | | | 9 | 1203.65 | percent of total billed charges | |
| BKR CHG PLATELET. ANTIBODY. PROFILE(117 | 86022 | CPT | | | | both | | | 1267 | 21.13 | Horizon | PPO | 485.01 | 38.28 | | | 9 | 1203.65 | percent of total billed charges | |
| BKR CHG PLATELET. ANTIBODY. PROFILE(117 | 86022 | CPT | | | | both | | | 1267 | 21.13 | WellPoint | WellPoint | 407.72 | 32.18 | | | 9 | 1203.65 | percent of total billed charges | |
| BKR CHG PLATELET. ANTIBODY. PROFILE(117 | 86022 | CPT | | | | both | | | 1267 | 21.13 | Managed Care Inc | Managed Care Inc | 1140.3 | 90 | | | 9 | 1203.65 | percent of total billed charges | |
| BKR CHG PLATELET. ANTIBODY. PROFILE(117 | 86022 | CPT | | | | both | | | 1267 | 21.13 | Wellcare | Medicare | 18.37 | | | | 9 | 1203.65 | fee schedule | |
| BKR CHG PLATELET. ANTIBODY. PROFILE(117 | 86022 | CPT | | | | both | | | 1267 | 21.13 | Wellcare | Medicaid | 9 | | | | 9 | 1203.65 | fee schedule | |
| BKR CHG ATYPICAL PANCA | 86036 | CPT | | | | both | | | 40 | 13.86 | Aetna | Better Health | 12.62 | 31.55 | | | 9.45 | 38 | percent of total billed charges | |
| BKR CHG ATYPICAL PANCA | 86036 | CPT | | | | both | | | 40 | 13.86 | Americare | Americare | 30 | 75 | | | 9.45 | 38 | percent of total billed charges | |
| BKR CHG ATYPICAL PANCA | 86036 | CPT | | | | both | | | 40 | 13.86 | Aetna | Medicare | 12.32 | 30.8 | | | 9.45 | 38 | percent of total billed charges | |
| BKR CHG ATYPICAL PANCA | 86036 | CPT | | | | both | | | 40 | 13.86 | Aetna | Commercial | 15.2 | 38 | | | 9.45 | 38 | percent of total billed charges | |
| BKR CHG ATYPICAL PANCA | 86036 | CPT | | | | both | | | 40 | 13.86 | First Health | First Health | 28 | 70 | | | 9.45 | 38 | percent of total billed charges | |
| BKR CHG ATYPICAL PANCA | 86036 | CPT | | | | both | | | 40 | 13.86 | Corrections | Corrections | 32 | 80 | | | 9.45 | 38 | percent of total billed charges | |
| BKR CHG ATYPICAL PANCA | 86036 | CPT | | | | both | | | 40 | 13.86 | Amerihealth | Medicare | 12.05 | | | | 9.45 | 38 | fee schedule | |
| BKR CHG ATYPICAL PANCA | 86036 | CPT | | | | both | | | 40 | 13.86 | Wellcare | Medicare | 12.05 | | | | 9.45 | 38 | fee schedule | |
| BKR CHG ATYPICAL PANCA | 86036 | CPT | | | | both | | | 40 | 13.86 | Horizon | Indemnity | 15.31 | 38.28 | | | 9.45 | 38 | percent of total billed charges | |
| BKR CHG ATYPICAL PANCA | 86036 | CPT | | | | both | | | 40 | 13.86 | Consumer | Consumer | 38 | 95 | | | 9.45 | 38 | percent of total billed charges | |
| BKR CHG ATYPICAL PANCA | 86036 | CPT | | | | both | | | 40 | 13.86 | Horizon | MGD | 15.31 | 38.28 | | | 9.45 | 38 | percent of total billed charges | |
| BKR CHG ATYPICAL PANCA | 86036 | CPT | | | | both | | | 40 | 13.86 | Amerihealth | HMO/PPO | 26 | 65 | | | 9.45 | 38 | percent of total billed charges | |
| BKR CHG ATYPICAL PANCA | 86036 | CPT | | | | both | | | 40 | 13.86 | Qualcare | Qualcare | 30 | 75 | | | 9.45 | 38 | percent of total billed charges | |
| BKR CHG ATYPICAL PANCA | 86036 | CPT | | | | both | | | 40 | 13.86 | Wellcare | Medicaid | 9.64 | | | | 9.45 | 38 | fee schedule | |
| BKR CHG ATYPICAL PANCA | 86036 | CPT | | | | both | | | 40 | 13.86 | First Trenton | First Trenton | 36 | 90 | | | 9.45 | 38 | percent of total billed charges | |
| BKR CHG ATYPICAL PANCA | 86036 | CPT | | | | both | | | 40 | 13.86 | Multiplan | Multiplan | 32 | 80 | | | 9.45 | 38 | percent of total billed charges | |
| BKR CHG ATYPICAL PANCA | 86036 | CPT | | | | both | | | 40 | 13.86 | Horizon | Medicare Blue | 12 | 30 | | | 9.45 | 38 | percent of total billed charges | |
| BKR CHG ATYPICAL PANCA | 86036 | CPT | | | | both | | | 40 | 13.86 | Horizon | NJ Health | 9.45 | | | | 9.45 | 38 | fee schedule | |
| BKR CHG ATYPICAL PANCA | 86036 | CPT | | | | both | | | 40 | 13.86 | WellPoint | WellPoint | 12.87 | 32.18 | | | 9.45 | 38 | percent of total billed charges | |
| BKR CHG ATYPICAL PANCA | 86036 | CPT | | | | both | | | 40 | 13.86 | UHC | Medicare | 12.05 | | | | 9.45 | 38 | fee schedule | |
| BKR CHG ATYPICAL PANCA | 86036 | CPT | | | | both | | | 40 | 13.86 | UHC | Medicaid | 9.64 | | | 8.52 | 9.45 | 38 | fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG ATYPICAL PANCA | 86036 | CPT | | | | both | | | 40 | 13.86 | Horizon | PPO | 15.31 | 38.28 | | | | 9.45 | 38 percent of total billed charges | |
| BKR CHG ATYPICAL PANCA | 86036 | CPT | | | | both | | | 40 | 13.86 | Managed Care Inc | Managed Care Inc | 36 | 90 | | | | 9.45 | 38 percent of total billed charges | |
| BKR CHG ATYPICAL PANCA | 86036 | CPT | | | | both | | | 40 | 13.86 | Three Rivers | Three Rivers | 38 | 95 | | | | 9.45 | 38 percent of total billed charges | |
| BKR CHG PERINUCLEAR (P-ANCA) | 86037 | CPT | | | | inpatient | | | 40 | 13.86 | Amerihealth | Medicare | 12.05 | | | | | 9.45 | 38 fee schedule | |
| BKR CHG PERINUCLEAR (P-ANCA) | 86037 | CPT | | | | inpatient | | | 40 | 13.86 | Corrections | Corrections | 32 | 80 | | | | 9.45 | 38 percent of total billed charges | |
| BKR CHG PERINUCLEAR (P-ANCA) | 86037 | CPT | | | | inpatient | | | 40 | 13.86 | Aetna | Commercial | 15.2 | 38 | | | | 9.45 | 38 percent of total billed charges | |
| BKR CHG PERINUCLEAR (P-ANCA) | 86037 | CPT | | | | inpatient | | | 40 | 13.86 | Americare | Americare | 30 | 75 | | | | 9.45 | 38 percent of total billed charges | |
| BKR CHG PERINUCLEAR (P-ANCA) | 86037 | CPT | | | | inpatient | | | 40 | 13.86 | Aetna | Better Health | 12.62 | 31.55 | | | | 9.45 | 38 percent of total billed charges | |
| BKR CHG PERINUCLEAR (P-ANCA) | 86037 | CPT | | | | inpatient | | | 40 | 13.86 | Aetna | Medicare | 12.32 | 30.8 | | | | 9.45 | 38 percent of total billed charges | |
| BKR CHG PERINUCLEAR (P-ANCA) | 86037 | CPT | | | | inpatient | | | 40 | 13.86 | Horizon | MGD | 15.31 | 38.28 | | | | 9.45 | 38 percent of total billed charges | |
| BKR CHG PERINUCLEAR (P-ANCA) | 86037 | CPT | | | | inpatient | | | 40 | 13.86 | Amerihealth | HMO/PPO | 26 | 65 | | | | 9.45 | 38 percent of total billed charges | |
| BKR CHG PERINUCLEAR (P-ANCA) | 86037 | CPT | | | | inpatient | | | 40 | 13.86 | First Health | First Health | 28 | 70 | | | | 9.45 | 38 percent of total billed charges | |
| BKR CHG PERINUCLEAR (P-ANCA) | 86037 | CPT | | | | inpatient | | | 40 | 13.86 | WellPoint | WellPoint | 12.87 | 32.18 | | | | 9.45 | 38 percent of total billed charges | |
| BKR CHG PERINUCLEAR (P-ANCA) | 86037 | CPT | | | | inpatient | | | 40 | 13.86 | Wellcare | Medicare | 12.05 | | | | | 9.45 | 38 fee schedule | |
| BKR CHG PERINUCLEAR (P-ANCA) | 86037 | CPT | | | | inpatient | | | 40 | 13.86 | Consumer | Consumer | 38 | 95 | | | | 9.45 | 38 percent of total billed charges | |
| BKR CHG PERINUCLEAR (P-ANCA) | 86037 | CPT | | | | inpatient | | | 40 | 13.86 | UHC | Medicare | 12.05 | | | | | 9.45 | 38 fee schedule | |
| BKR CHG PERINUCLEAR (P-ANCA) | 86037 | CPT | | | | inpatient | | | 40 | 13.86 | First Trenton | First Trenton | 36 | 90 | | | | 9.45 | 38 percent of total billed charges | |
| BKR CHG PERINUCLEAR (P-ANCA) | 86037 | CPT | | | | inpatient | | | 40 | 13.86 | Horizon | Indemnity | 15.31 | 38.28 | | | | 9.45 | 38 percent of total billed charges | |
| BKR CHG PERINUCLEAR (P-ANCA) | 86037 | CPT | | | | inpatient | | | 40 | 13.86 | Horizon | NJ Health | 9.45 | | | | | 9.45 | 38 fee schedule | |
| BKR CHG PERINUCLEAR (P-ANCA) | 86037 | CPT | | | | inpatient | | | 40 | 13.86 | Horizon | Medicare Blue | 12 | 30 | | | | 9.45 | 38 percent of total billed charges | |
| BKR CHG PERINUCLEAR (P-ANCA) | 86037 | CPT | | | | inpatient | | | 40 | 13.86 | Horizon | PPO | 15.31 | 38.28 | | | | 9.45 | 38 percent of total billed charges | |
| BKR CHG PERINUCLEAR (P-ANCA) | 86037 | CPT | | | | inpatient | | | 40 | 13.86 | Multiplan | Multiplan | 32 | 80 | | | | 9.45 | 38 percent of total billed charges | |
| BKR CHG PERINUCLEAR (P-ANCA) | 86037 | CPT | | | | inpatient | | | 40 | 13.86 | Managed Care Inc | Managed Care Inc | 36 | 90 | | | | 9.45 | 38 percent of total billed charges | |
| BKR CHG PERINUCLEAR (P-ANCA) | 86037 | CPT | | | | inpatient | | | 40 | 13.86 | UHC | Medicaid | 9.64 | | | | | 9.45 | 38 fee schedule | |
| BKR CHG PERINUCLEAR (P-ANCA) | 86037 | CPT | | | | inpatient | | | 40 | 13.86 | Three Rivers | Three Rivers | 38 | 95 | | | | 9.45 | 38 percent of total billed charges | |
| BKR CHG PERINUCLEAR (P-ANCA) | 86037 | CPT | | | | inpatient | | | 40 | 13.86 | Qualcare | Qualcare | 30 | 75 | | | | 9.45 | 38 percent of total billed charges | |
| BKR CHG PERINUCLEAR (P-ANCA) | 86037 | CPT | | | | inpatient | | | 40 | 13.86 | Wellcare | Medicaid | 9.64 | | | | | 9.45 | 38 fee schedule | |
| BKR CHG ANTINUCLEAR ANTIBODIES (ANA), BY IFA | 86038 | CPT | | | | both | | | 132 | 13.9 | Aetna | Commercial | 50.16 | 38 | | 2.94 | | 7.8 | 125.4 percent of total billed charges | |
| BKR CHG ANTINUCLEAR ANTIBODIES (ANA), BY IFA | 86038 | CPT | | | | both | | | 132 | 13.9 | Americare | Americare | 99 | 75 | | | | 7.8 | 125.4 percent of total billed charges | |
| BKR CHG ANTINUCLEAR ANTIBODIES (ANA), BY IFA | 86038 | CPT | | | | both | | | 132 | 13.9 | Consumer | Consumer | 125.4 | 95 | | | | 7.8 | 125.4 percent of total billed charges | |
| BKR CHG ANTINUCLEAR ANTIBODIES (ANA), BY IFA | 86038 | CPT | | | | both | | | 132 | 13.9 | Aetna | Medicare | 40.66 | 30.8 | | 3.94 | | 7.8 | 125.4 percent of total billed charges | |
| BKR CHG ANTINUCLEAR ANTIBODIES (ANA), BY IFA | 86038 | CPT | | | | both | | | 132 | 13.9 | Multiplan | Multiplan | 105.6 | 80 | | | | 7.8 | 125.4 percent of total billed charges | |
| BKR CHG ANTINUCLEAR ANTIBODIES (ANA), BY IFA | 86038 | CPT | | | | both | | | 132 | 13.9 | Corrections | Corrections | 105.6 | 80 | | | | 7.8 | 125.4 percent of total billed charges | |
| BKR CHG ANTINUCLEAR ANTIBODIES (ANA), BY IFA | 86038 | CPT | | | | both | | | 132 | 13.9 | Aetna | Better Health | 41.65 | 31.55 | | 4.64 | | 7.8 | 125.4 percent of total billed charges | |
| BKR CHG ANTINUCLEAR ANTIBODIES (ANA), BY IFA | 86038 | CPT | | | | both | | | 132 | 13.9 | Horizon | Medicare Blue | 39.6 | 30 | | 2.53 | | 7.8 | 125.4 percent of total billed charges | |
| BKR CHG ANTINUCLEAR ANTIBODIES ANA | 86038 | CPT | | | | both | | | 132 | 13.9 | Amerihealth | Medicare | 12.09 | | | | | 7.8 | 125.4 fee schedule | |
| BKR CHG ANTINUCLEAR ANTIBODIES ANA | 86038 | CPT | | | | both | | | 132 | 13.9 | Amerihealth | HMO/PPO | 18.8 | | | 2.28 | | 7.8 | 125.4 fee schedule | |
| BKR CHG ANTINUCLEAR ANTIBODIES (ANA), BY IFA | 86038 | CPT | | | | both | | | 132 | 13.9 | First Health | First Health | 92.4 | 70 | | | | 7.8 | 125.4 percent of total billed charges | |
| BKR CHG ANTINUCLEAR ANTIBODIES ANA | 86038 | CPT | | | | both | | | 132 | 13.9 | Horizon | NJ Health | 15.29 | | | 1.02 | | 7.8 | 125.4 fee schedule | |
| BKR CHG ANTINUCLEAR ANTIBODIES (ANA), BY IFA | 86038 | CPT | | | | both | | | 132 | 13.9 | Qualcare | Qualcare | 99 | 75 | | | | 7.8 | 125.4 percent of total billed charges | |
| BKR CHG ANTINUCLEAR ANTIBODIES (ANA), BY IFA | 86038 | CPT | | | | both | | | 132 | 13.9 | Horizon | PPO | 50.53 | 38.28 | | 3.58 | | 7.8 | 125.4 percent of total billed charges | |
| BKR CHG ANTINUCLEAR ANTIBODIES (ANA), BY IFA | 86038 | CPT | | | | both | | | 132 | 13.9 | Horizon | MGD | 50.53 | 38.28 | | 2.85 | | 7.8 | 125.4 percent of total billed charges | |
| BKR CHG ANTINUCLEAR ANTIBODIES ANA | 86038 | CPT | | | | both | | | 132 | 13.9 | UHC | Medicaid | 7.8 | | | 7.75 | | 7.8 | 125.4 fee schedule | |
| BKR CHG ANTINUCLEAR ANTIBODIES (ANA), BY IFA | 86038 | CPT | | | | both | | | 132 | 13.9 | WellPoint | WellPoint | 42.48 | 32.18 | | 6.21 | | 7.8 | 125.4 percent of total billed charges | |
| BKR CHG ANTINUCLEAR ANTIBODIES (ANA), BY IFA | 86038 | CPT | | | | both | | | 132 | 13.9 | First Trenton | First Trenton | 118.8 | 90 | | | | 7.8 | 125.4 percent of total billed charges | |
| BKR CHG ANTINUCLEAR ANTIBODIES ANA | 86038 | CPT | | | | both | | | 132 | 13.9 | Wellcare | Medicare | 12.09 | | | | | 7.8 | 125.4 fee schedule | |
| BKR CHG ANTINUCLEAR ANTIBODIES ANA | 86038 | CPT | | | | both | | | 132 | 13.9 | UHC | Medicare | 12.09 | | | 1.94 | | 7.8 | 125.4 fee schedule | |
| BKR CHG ANTINUCLEAR ANTIBODIES ANA | 86038 | CPT | | | | both | | | 132 | 13.9 | Wellcare | Medicaid | 7.8 | | | 6.01 | | 7.8 | 125.4 fee schedule | |
| BKR CHG ANTINUCLEAR ANTIBODIES (ANA), BY IFA | 86038 | CPT | | | | both | | | 132 | 13.9 | Horizon | Indemnity | 50.53 | 38.28 | | 4.92 | | 7.8 | 125.4 percent of total billed charges | |
| BKR CHG ANTINUCLEAR ANTIBODIES (ANA), BY IFA | 86038 | CPT | | | | both | | | 132 | 13.9 | Managed Care Inc | Managed Care Inc | 118.8 | 90 | | | | 7.8 | 125.4 percent of total billed charges | |
| BKR CHG ANTINUCLEAR ANTIBODIES (ANA), BY IFA | 86038 | CPT | | | | both | | | 132 | 13.9 | Three Rivers | Three Rivers | 125.4 | 95 | | | | 7.8 | 125.4 percent of total billed charges | |
| BKR CHG TITER | 86039 | CPT | | | | both | | | 61 | 12.83 | First Health | First Health | 42.7 | 70 | | | | 11.1 | 57.95 percent of total billed charges | |
| BKR CHG TITER | 86039 | CPT | | | | both | | | 61 | 12.83 | Aetna | Commercial | 23.18 | 38 | | | | 11.1 | 57.95 percent of total billed charges | |
| BKR CHG TITER | 86039 | CPT | | | | both | | | 61 | 12.83 | Aetna | Medicare | 18.79 | 30.8 | | | | 11.1 | 57.95 percent of total billed charges | |
| BKR CHG TITER | 86039 | CPT | | | | both | | | 61 | 12.83 | Americare | Americare | 45.75 | 75 | | | | 11.1 | 57.95 percent of total billed charges | |
| BKR CHG TITER | 86039 | CPT | | | | both | | | 61 | 12.83 | Amerihealth | Medicare | 11.16 | | | | | 11.1 | 57.95 fee schedule | |
| BKR CHG TITER | 86039 | CPT | | | | both | | | 61 | 12.83 | Horizon | MGD | 23.35 | 38.28 | | | | 11.1 | 57.95 percent of total billed charges | |
| BKR CHG TITER | 86039 | CPT | | | | both | | | 61 | 12.83 | Aetna | Better Health | 19.25 | 31.55 | | | | 11.1 | 57.95 percent of total billed charges | |
| BKR CHG TITER | 86039 | CPT | | | | both | | | 61 | 12.83 | Amerihealth | HMO/PPO | 15.9 | | | | | 11.1 | 57.95 fee schedule | |
| BKR CHG TITER | 86039 | CPT | | | | both | | | 61 | 12.83 | Horizon | Indemnity | 23.35 | 38.28 | | | | 11.1 | 57.95 percent of total billed charges | |
| BKR CHG TITER | 86039 | CPT | | | | both | | | 61 | 12.83 | First Trenton | First Trenton | 54.9 | 90 | | | | 11.1 | 57.95 percent of total billed charges | |
| BKR CHG TITER | 86039 | CPT | | | | both | | | 61 | 12.83 | Wellcare | Medicaid | 15 | | | | | 11.1 | 57.95 fee schedule | |
| BKR CHG TITER | 86039 | CPT | | | | both | | | 61 | 12.83 | Horizon | Medicare Blue | 18.3 | 30 | | | | 11.1 | 57.95 percent of total billed charges | |
| BKR CHG TITER | 86039 | CPT | | | | both | | | 61 | 12.83 | Corrections | Corrections | 48.8 | 80 | | | | 11.1 | 57.95 percent of total billed charges | |
| BKR CHG TITER | 86039 | CPT | | | | both | | | 61 | 12.83 | Horizon | NJ Health | 29.4 | | | | | 11.1 | 57.95 fee schedule | |
| BKR CHG TITER | 86039 | CPT | | | | both | | | 61 | 12.83 | Consumer | Consumer | 57.95 | 95 | | | | 11.1 | 57.95 percent of total billed charges | |
| BKR CHG TITER | 86039 | CPT | | | | both | | | 61 | 12.83 | Horizon | PPO | 23.35 | 38.28 | | 7 | | 11.1 | 57.95 percent of total billed charges | |
| BKR CHG TITER | 86039 | CPT | | | | both | | | 61 | 12.83 | Multiplan | Multiplan | 48.8 | 80 | | | | 11.1 | 57.95 percent of total billed charges | |
| BKR CHG TITER | 86039 | CPT | | | | both | | | 61 | 12.83 | Managed Care Inc | Managed Care Inc | 54.9 | 90 | | | | 11.1 | 57.95 percent of total billed charges | |
| BKR CHG TITER | 86039 | CPT | | | | both | | | 61 | 12.83 | Wellcare | Medicare | 11.16 | | | | | 11.1 | 57.95 fee schedule | |
| BKR CHG TITER | 86039 | CPT | | | | both | | | 61 | 12.83 | UHC | Medicaid | 15 | | | | | 11.1 | 57.95 fee schedule | |
| BKR CHG TITER | 86039 | CPT | | | | both | | | 61 | 12.83 | WellPoint | WellPoint | 19.63 | 32.18 | | | | 11.1 | 57.95 percent of total billed charges | |
| BKR CHG TITER | 86039 | CPT | | | | both | | | 61 | 12.83 | Three Rivers | Three Rivers | 57.95 | 95 | | | | 11.1 | 57.95 percent of total billed charges | |
| BKR CHG TITER | 86039 | CPT | | | | both | | | 61 | 12.83 | Qualcare | Qualcare | 45.75 | 75 | | | | 11.1 | 57.95 percent of total billed charges | |
| BKR CHG TITER | 86039 | CPT | | | | both | | | 61 | 12.83 | UHC | Medicare | 11.16 | | | | | 11.1 | 57.95 fee schedule | |
| BKR CHG NMO IGG AUTOANTIBODIES (004210 | 86051 | CPT | | | | both | | | 38 | 13.26 | Aetna | Better Health | 11.99 | 31.55 | | | | 9.04 | 36.1 percent of total billed charges | |
| BKR CHG NMO IGG AUTOANTIBODIES (004210 | 86051 | CPT | | | | both | | | 38 | 13.26 | Americare | Americare | 28.5 | 75 | | | | 9.04 | 36.1 percent of total billed charges | |
| BKR CHG NMO IGG AUTOANTIBODIES (004210 | 86051 | CPT | | | | both | | | 38 | 13.26 | Aetna | Medicare | 11.7 | 30.8 | | | | 9.04 | 36.1 percent of total billed charges | |
| BKR CHG NMO IGG AUTOANTIBODIES (004210 | 86051 | CPT | | | | both | | | 38 | 13.26 | Horizon | MGD | 14.55 | 38.28 | | | | 9.04 | 36.1 percent of total billed charges | |
| BKR CHG NMO IGG AUTOANTIBODIES (004210 | 86051 | CPT | | | | both | | | 38 | 13.26 | Amerihealth | Medicare | 11.53 | | | | | 9.04 | 36.1 fee schedule | |
| BKR CHG NMO IGG AUTOANTIBODIES (004210 | 86051 | CPT | | | | both | | | 38 | 13.26 | Horizon | Medicare Blue | 11.4 | 30 | | | | 9.04 | 36.1 percent of total billed charges | |
| BKR CHG NMO IGG AUTOANTIBODIES (004210 | 86051 | CPT | | | | both | | | 38 | 13.26 | Consumer | Consumer | 36.1 | 95 | | | | 9.04 | 36.1 percent of total billed charges | |
| BKR CHG NMO IGG AUTOANTIBODIES (004210 | 86051 | CPT | | | | both | | | 38 | 13.26 | UHC | Medicaid | 9.22 | | | | | 9.04 | 36.1 fee schedule | |
| BKR CHG NMO IGG AUTOANTIBODIES (004210 | 86051 | CPT | | | | both | | | 38 | 13.26 | Aetna | Commercial | 14.44 | 38 | | | | 9.04 | 36.1 percent of total billed charges | |
| BKR CHG NMO IGG AUTOANTIBODIES (004210 | 86051 | CPT | | | | both | | | 38 | 13.26 | First Trenton | First Trenton | 34.2 | 90 | | | | 9.04 | 36.1 percent of total billed charges | |
| BKR CHG NMO IGG AUTOANTIBODIES (004210 | 86051 | CPT | | | | both | | | 38 | 13.26 | First Health | First Health | 26.6 | 70 | | | | 9.04 | 36.1 percent of total billed charges | |
| BKR CHG NMO IGG AUTOANTIBODIES (004210 | 86051 | CPT | | | | both | | | 38 | 13.26 | Wellcare | Medicare | 11.53 | | | | | 9.04 | 36.1 fee schedule | |
| BKR CHG NMO IGG AUTOANTIBODIES (004210 | 86051 | CPT | | | | both | | | 38 | 13.26 | Corrections | Corrections | 30.4 | 80 | | | | 9.04 | 36.1 percent of total billed charges | |
| BKR CHG NMO IGG AUTOANTIBODIES (004210 | 86051 | CPT | | | | both | | | 38 | 13.26 | Horizon | PPO | 14.55 | 38.28 | | | | 9.04 | 36.1 percent of total billed charges | |
| BKR CHG NMO IGG AUTOANTIBODIES (004210 | 86051 | CPT | | | | both | | | 38 | 13.26 | Wellcare | Medicaid | 9.22 | | | | | 9.04 | 36.1 fee schedule | |
| BKR CHG NMO IGG AUTOANTIBODIES (004210 | 86051 | CPT | | | | both | | | 38 | 13.26 | Managed Care Inc | Managed Care Inc | 34.2 | 90 | | | | 9.04 | 36.1 percent of total billed charges | |
| BKR CHG NMO IGG AUTOANTIBODIES (004210 | 86051 | CPT | | | | both | | | 38 | 13.26 | Amerihealth | HMO/PPO | 24.7 | 65 | | | | 9.04 | 36.1 percent of total billed charges | |
| BKR CHG NMO IGG AUTOANTIBODIES (004210 | 86051 | CPT | | | | both | | | 38 | 13.26 | Three Rivers | Three Rivers | 36.1 | 95 | | | | 9.04 | 36.1 percent of total billed charges | |
| BKR CHG NMO IGG AUTOANTIBODIES (004210 | 86051 | CPT | | | | both | | | 38 | 13.26 | Horizon | NJ Health | 9.04 | | | | | 9.04 | 36.1 fee schedule | |
| BKR CHG NMO IGG AUTOANTIBODIES (004210 | 86051 | CPT | | | | both | | | 38 | 13.26 | Horizon | Indemnity | 14.55 | 38.28 | | | | 9.04 | 36.1 percent of total billed charges | |
| BKR CHG NMO IGG AUTOANTIBODIES (004210 | 86051 | CPT | | | | both | | | 38 | 13.26 | WellPoint | WellPoint | 12.23 | 32.18 | | | | 9.04 | 36.1 percent of total billed charges | |
| BKR CHG NMO IGG AUTOANTIBODIES (004210 | 86051 | CPT | | | | both | | | 38 | 13.26 | Multiplan | Multiplan | 30.4 | 80 | | | | 9.04 | 36.1 percent of total billed charges | |
| BKR CHG NMO IGG AUTOANTIBODIES (004210 | 86051 | CPT | | | | both | | | 38 | 13.26 | Qualcare | Qualcare | 28.5 | 75 | | | | 9.04 | 36.1 percent of total billed charges | |
| BKR CHG NMO IGG AUTOANTIBODIES (004210 | 86051 | CPT | | | | both | | | 38 | 13.26 | UHC | Medicare | 11.53 | | | | | 9.04 | 36.1 fee schedule | |
| BKR CHG NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO | 86053 | CPT | | | | both | | | 121 | 43.39 | Americare | Americare | 90.75 | 75 | | | | 9.45 | 114.95 percent of total billed charges | |
| BKR CHG NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO | 86053 | CPT | | | | both | | | 121 | 43.39 | Amerihealth | HMO/PPO | 78.65 | 65 | | | | 9.45 | 114.95 percent of total billed charges | |
| BKR CHG NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO | 86053 | CPT | | | | both | | | 121 | 43.39 | WellPoint | WellPoint | 38.94 | 32.18 | | | | 9.45 | 114.95 percent of total billed charges | |
| BKR CHG NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO | 86053 | CPT | | | | both | | | 121 | 43.39 | First Health | First Health | 84.7 | 70 | | | | 9.45 | 114.95 percent of total billed charges | |
| BKR CHG NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO | 86053 | CPT | | | | both | | | 121 | 43.39 | Aetna | Commercial | 45.98 | 38 | | | | 9.45 | 114.95 percent of total billed charges | |
| BKR CHG NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO | 86053 | CPT | | | | both | | | 121 | 43.39 | Consumer | Consumer | 114.95 | 95 | | | | 9.45 | 114.95 percent of total billed charges | |
| BKR CHG NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO | 86053 | CPT | | | | both | | | 121 | 43.39 | Aetna | Medicare | 37.27 | 30.8 | | | | 9.45 | 114.95 percent of total billed charges | |
| BKR CHG NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO | 86053 | CPT | | | | both | | | 121 | 43.39 | Aetna | Better Health | 38.18 | 31.55 | | | | 9.45 | 114.95 percent of total billed charges | |
| BKR CHG NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO | 86053 | CPT | | | | both | | | 121 | 43.39 | Horizon | Medicare Blue | 36.3 | 30 | | | | 9.45 | 114.95 percent of total billed charges | |
| BKR CHG NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO | 86053 | CPT | | | | both | | | 121 | 43.39 | Corrections | Corrections | 96.8 | 80 | | | | 9.45 | 114.95 percent of total billed charges | |
| BKR CHG NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO | 86053 | CPT | | | | both | | | 121 | 43.39 | Multiplan | Multiplan | 96.8 | 80 | | | | 9.45 | 114.95 percent of total billed charges | |
| BKR CHG NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO | 86053 | CPT | | | | both | | | 121 | 43.39 | Horizon | Indemnity | 46.32 | 38.28 | | | | 9.45 | 114.95 percent of total billed charges | |
| BKR CHG NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO | 86053 | CPT | | | | both | | | 121 | 43.39 | UHC | Medicaid | 9.64 | | | | | 9.45 | 114.95 fee schedule | |
| BKR CHG NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO | 86053 | CPT | | | | both | | | 121 | 43.39 | First Trenton | First Trenton | 108.9 | 90 | | | | 9.45 | 114.95 percent of total billed charges | |
| BKR CHG NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO | 86053 | CPT | | | | both | | | 121 | 43.39 | Qualcare | Qualcare | 90.75 | 75 | | | | 9.45 | 114.95 percent of total billed charges | |
| BKR CHG NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO | 86053 | CPT | | | | both | | | 121 | 43.39 | Amerihealth | Medicare | 37.73 | | | | | 9.45 | 114.95 fee schedule | |
| BKR CHG NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO | 86053 | CPT | | | | both | | | 121 | 43.39 | Wellcare | Medicare | 37.73 | | | | | 9.45 | 114.95 fee schedule | |
| BKR CHG NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO | 86053 | CPT | | | | both | | | 121 | 43.39 | Horizon | MGD | 46.32 | 38.28 | | | | 9.45 | 114.95 percent of total billed charges | |
| BKR CHG NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO | 86053 | CPT | | | | both | | | 121 | 43.39 | UHC | Medicare | 37.73 | | | | | 9.45 | 114.95 fee schedule | |
| BKR CHG NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO | 86053 | CPT | | | | both | | | 121 | 43.39 | Horizon | PPO | 46.32 | 38.28 | | | | 9.45 | 114.95 percent of total billed charges | |
| BKR CHG NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO | 86053 | CPT | | | | both | | | 121 | 43.39 | Horizon | NJ Health | 9.45 | | | | | 9.45 | 114.95 fee schedule | |
| BKR CHG NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO | 86053 | CPT | | | | both | | | 121 | 43.39 | Three Rivers | Three Rivers | 114.95 | 95 | | | | 9.45 | 114.95 percent of total billed charges | |
| BKR CHG NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO | 86053 | CPT | | | | both | | | 121 | 43.39 | Managed Care Inc | Managed Care Inc | 108.9 | 90 | | | | 9.45 | 114.95 percent of total billed charges | |
| BKR CHG NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO | 86053 | CPT | | | | both | | | 121 | 43.39 | Wellcare | Medicaid | 9.64 | | | | | 9.45 | 114.95 fee schedule | |
| BKR CHG ANTISTREPTOLYSIN O AB | 86060 | CPT | | | | both | | | 47 | 8.4 | UHC | Medicaid | 3.6 | | | 6.62 | | 3.6 | 44.65 fee schedule | |
| BKR CHG ANTISTREPTOLYSIN O AB | 86060 | CPT | | | | both | | | 47 | 8.4 | Horizon | Indemnity | 17.99 | 38.28 | | | | 3.6 | 44.65 percent of total billed charges | |
| BKR CHG ANTISTREPTOLYSIN O AB | 86060 | CPT | | | | both | | | 47 | 8.4 | First Health | First Health | 32.9 | 70 | | | | 3.6 | 44.65 percent of total billed charges | |
| BKR CHG ANTISTREPTOLYSIN O AB | 86060 | CPT | | | | both | | | 47 | 8.4 | Amerihealth | Medicare | 7.3 | | | | | 3.6 | 44.65 fee schedule | |
| BKR CHG ANTISTREPTOLYSIN O AB | 86060 | CPT | | | | both | | | 47 | 8.4 | Consumer | Consumer | 44.65 | 95 | | | | 3.6 | 44.65 percent of total billed charges | |
| BKR CHG ANTISTREPTOLYSIN O AB | 86060 | CPT | | | | both | | | 47 | 8.4 | Americare | Americare | 35.25 | 75 | | | | 3.6 | 44.65 percent of total billed charges | |
| BKR CHG ANTISTREPTOLYSIN O AB | 86060 | CPT | | | | both | | | 47 | 8.4 | Aetna | Better Health | 14.83 | 31.55 | | | | 3.6 | 44.65 percent of total billed charges | |
| BKR CHG ANTISTREPTOLYSIN O AB | 86060 | CPT | | | | both | | | 47 | 8.4 | Aetna | Medicare | 14.48 | 30.8 | | | | 3.6 | 44.65 percent of total billed charges | |
| BKR CHG ANTISTREPTOLYSIN O AB | 86060 | CPT | | | | both | | | 47 | 8.4 | Horizon | NJ Health | 7.06 | | | 1.73 | | 3.6 | 44.65 fee schedule | |
| BKR CHG ANTISTREPTOLYSIN O AB | 86060 | CPT | | | | both | | | 47 | 8.4 | Horizon | MGD | 17.99 | 38.28 | | 14.7 | | 3.6 | 44.65 percent of total billed charges | |
| BKR CHG ANTISTREPTOLYSIN O AB | 86060 | CPT | | | | both | | | 47 | 8.4 | Horizon | Medicare Blue | 14.1 | 30 | | | | 3.6 | 44.65 percent of total billed charges | |
| BKR CHG ANTISTREPTOLYSIN O AB | 86060 | CPT | | | | both | | | 47 | 8.4 | Corrections | Corrections | 37.6 | 80 | | | | 3.6 | 44.65 percent of total billed charges | |
| BKR CHG ANTISTREPTOLYSIN O AB | 86060 | CPT | | | | both | | | 47 | 8.4 | Wellcare | Medicaid | 3.6 | | | | | 3.6 | 44.65 fee schedule | |
| BKR CHG ANTISTREPTOLYSIN O AB | 86060 | CPT | | | | both | | | 47 | 8.4 | Amerihealth | HMO/PPO | 11.4 | | | | | 3.6 | 44.65 fee schedule | |
| BKR CHG ANTISTREPTOLYSIN O AB | 86060 | CPT | | | | both | | | 47 | 8.4 | Aetna | Commercial | 17.86 | 38 | | 4.44 | | 3.6 | 44.65 percent of total billed charges | |
| BKR CHG ANTISTREPTOLYSIN O AB | 86060 | CPT | | | | both | | | 47 | 8.4 | Horizon | PPO | 17.99 | 38.28 | | | | 3.6 | 44.65 percent of total billed charges | |
| BKR CHG ANTISTREPTOLYSIN O AB | 86060 | CPT | | | | both | | | 47 | 8.4 | Multiplan | Multiplan | 37.6 | 80 | | | | 3.6 | 44.65 percent of total billed charges | |
| BKR CHG ANTISTREPTOLYSIN O AB | 86060 | CPT | | | | both | | | 47 | 8.4 | First Trenton | First Trenton | 42.3 | 90 | | | | 3.6 | 44.65 percent of total billed charges | |
| BKR CHG ANTISTREPTOLYSIN O AB | 86060 | CPT | | | | both | | | 47 | 8.4 | Qualcare | Qualcare | 35.25 | 75 | | | | 3.6 | 44.65 percent of total billed charges | |
| BKR CHG ANTISTREPTOLYSIN O AB | 86060 | CPT | | | | both | | | 47 | 8.4 | Three Rivers | Three Rivers | 44.65 | 95 | | | | 3.6 | 44.65 percent of total billed charges | |
| BKR CHG ANTISTREPTOLYSIN O AB | 86060 | CPT | | | | both | | | 47 | 8.4 | UHC | Medicare | 7.3 | | | | | 3.6 | 44.65 fee schedule | |
| BKR CHG ANTISTREPTOLYSIN O AB | 86060 | CPT | | | | both | | | 47 | 8.4 | Managed Care Inc | Managed Care Inc | 42.3 | 90 | | | | 3.6 | 44.65 percent of total billed charges | |
| BKR CHG ANTISTREPTOLYSIN O AB | 86060 | CPT | | | | both | | | 47 | 8.4 | Wellcare | Medicare | 7.3 | | | | | 3.6 | 44.65 fee schedule | |
| BKR CHG ANTISTREPTOLYSIN O AB | 86060 | CPT | | | | both | | | 47 | 8.4 | WellPoint | WellPoint | 15.12 | 32.18 | | | | 3.6 | 44.65 percent of total billed charges | |
| BKR CHG TRANST RX WORKUP & EVAL | 86078 | CPT | | | | outpatient | | | 517 | 224.64 | Horizon | Medicare Blue | 195.34 | | | | 17 | 491.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG TRANST RX WORKUP & EVAL | 86078 | CPT | | | | outpatient | | | 517 | 224.64 | Americare | Americare | 387.75 | 75 | | | 17 | 491.15 | percent of total billed charges | |
| BKR CHG TRANST RX WORKUP & EVAL | 86078 | CPT | | | | outpatient | | | 517 | 224.64 | Aetna | Medicare | 195.34 | | | | 17 | 491.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TRANST RX WORKUP & EVAL | 86078 | CPT | | | | outpatient | | | 517 | 224.64 | Amerihealth | HMO/PPO | 336.05 | 65 | | | 17 | 491.15 | percent of total billed charges | |
| BKR CHG TRANST RX WORKUP & EVAL | 86078 | CPT | | | | outpatient | | | 517 | 224.64 | Aetna | Commercial | 196.46 | 38 | | | 17 | 491.15 | percent of total billed charges | |
| BKR CHG TRANST RX WORKUP & EVAL | 86078 | CPT | | | | outpatient | | | 517 | 224.64 | First Trenton | First Trenton | 466.3 | 90 | | | 17 | 491.15 | percent of total billed charges | |
| BKR CHG TRANST RX WORKUP & EVAL | 86078 | CPT | | | | outpatient | | | 517 | 224.64 | Aetna | Better Health | 163.11 | 31.55 | | | 17 | 491.15 | percent of total billed charges | |
| BKR CHG TRANST RX WORKUP & EVAL | 86078 | CPT | | | | outpatient | | | 517 | 224.64 | First Health | First Health | 361.9 | 70 | | | 17 | 491.15 | percent of total billed charges | |
| BKR CHG TRANST RX WORKUP & EVAL | 86078 | CPT | | | | outpatient | | | 517 | 224.64 | UHC | Medicare | 195.34 | | | | 17 | 491.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TRANST RX WORKUP & EVAL | 86078 | CPT | | | | outpatient | | | 517 | 224.64 | Three Rivers | Three Rivers | 491.15 | 95 | | | 17 | 491.15 | percent of total billed charges | |
| BKR CHG TRANST RX WORKUP & EVAL | 86078 | CPT | | | | outpatient | | | 517 | 224.64 | Horizon | MGD | 377.98 | | | | 17 | 491.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TRANST RX WORKUP & EVAL | 86078 | CPT | | | | outpatient | | | 517 | 224.64 | Corrections | Corrections | 413.6 | 80 | | | 17 | 491.15 | percent of total billed charges | |
| BKR CHG TRANST RX WORKUP & EVAL | 86078 | CPT | | | | outpatient | | | 517 | 224.64 | Consumer | Consumer | 491.15 | 95 | | | 17 | 491.15 | percent of total billed charges | |
| BKR CHG TRANST RX WORKUP & EVAL | 86078 | CPT | | | | outpatient | | | 517 | 224.64 | Horizon | NJ Health | 42.65 | | | | 17 | 491.15 | fee schedule | |
| BKR CHG TRANST RX WORKUP & EVAL | 86078 | CPT | | | | outpatient | | | 517 | 224.64 | Horizon | PPO | 377.98 | | | | 17 | 491.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TRANST RX WORKUP & EVAL | 86078 | CPT | | | | outpatient | | | 517 | 224.64 | Horizon | Indemnity | 377.98 | | | | 17 | 491.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TRANST RX WORKUP & EVAL | 86078 | CPT | | | | outpatient | | | 517 | 224.64 | Wellcare | Medicaid | 17 | | | | 17 | 491.15 | fee schedule | |
| BKR CHG TRANST RX WORKUP & EVAL | 86078 | CPT | | | | outpatient | | | 517 | 224.64 | UHC | Medicaid | 17 | | | | 17 | 491.15 | fee schedule | |
| BKR CHG TRANST RX WORKUP & EVAL | 86078 | CPT | | | | outpatient | | | 517 | 224.64 | WellPoint | WellPoint | 166.37 | 32.18 | | | 17 | 491.15 | percent of total billed charges | |
| BKR CHG TRANST RX WORKUP & EVAL | 86078 | CPT | | | | outpatient | | | 517 | 224.64 | Managed Care Inc | Managed Care Inc | 465.3 | 90 | | | 17 | 491.15 | percent of total billed charges | |
| BKR CHG TRANST RX WORKUP & EVAL | 86078 | CPT | | | | outpatient | | | 517 | 224.64 | Multiplan | Multiplan | 413.6 | 80 | | | 17 | 491.15 | percent of total billed charges | |
| BKR CHG TRANST RX WORKUP & EVAL | 86078 | CPT | | | | outpatient | | | 517 | 224.64 | Wellcare | Medicare | 195.34 | | | | 17 | 491.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TRANST RX WORKUP & EVAL | 86078 | CPT | | | | outpatient | | | 517 | 224.64 | Qualcare | Qualcare | 387.75 | 75 | | | 17 | 491.15 | percent of total billed charges | |
| BKR CHG CRP-SF | 86140 | CPT | | | | both | | | 61 | 5.96 | Americare | Americare | 45.75 | 75 | | | 3 | 57.95 | percent of total billed charges | |
| BKR CHG CRP-SF | 86140 | CPT | | | | both | | | 61 | 5.96 | Wellcare | Medicare | 5.18 | | | 3.28 | 3 | 57.95 | fee schedule | |
| BKR CHG CRP-SF | 86140 | CPT | | | | both | | | 61 | 5.96 | Aetna | Commercial | 23.18 | 38 | | 5.87 | 3 | 57.95 | percent of total billed charges | |
| BKR CHG CRP-SF | 86140 | CPT | | | | both | | | 61 | 5.96 | Aetna | Medicare | 18.79 | 30.8 | | 6.5 | 3 | 57.95 | percent of total billed charges | |
| BKR CHG CRP-SF | 86140 | CPT | | | | both | | | 61 | 5.96 | Amerihealth | HMO/PPO | 8.1 | | | 7.44 | 3 | 57.95 | fee schedule | |
| BKR CHG CRP-SF | 86140 | CPT | | | | both | | | 61 | 5.96 | Multiplan | Multiplan | 48.8 | 80 | | | 3 | 57.95 | percent of total billed charges | |
| BKR CHG CRP-SF | 86140 | CPT | | | | both | | | 61 | 5.96 | Aetna | Better Health | 19.25 | 31.55 | | 8.9 | 3 | 57.95 | percent of total billed charges | |
| BKR CHG CRP-SF | 86140 | CPT | | | | both | | | 61 | 5.96 | Consumer | Consumer | 57.95 | 95 | | | 3 | 57.95 | percent of total billed charges | |
| BKR CHG CRP-SF | 86140 | CPT | | | | both | | | 61 | 5.96 | Horizon | NJ Health | 5.88 | | | 2.44 | 3 | 57.95 | fee schedule | |
| BKR CHG CRP-SF | 86140 | CPT | | | | both | | | 61 | 5.96 | Qualcare | Qualcare | 45.75 | 75 | | | 3 | 57.95 | percent of total billed charges | |
| BKR CHG CRP-SF | 86140 | CPT | | | | both | | | 61 | 5.96 | UHC | Medicare | 5.18 | | | 4.84 | 3 | 57.95 | fee schedule | |
| BKR CHG CRP-SF | 86140 | CPT | | | | both | | | 61 | 5.96 | First Health | First Health | 42.7 | 70 | | | 3 | 57.95 | percent of total billed charges | |
| BKR CHG CRP-SF | 86140 | CPT | | | | both | | | 61 | 5.96 | First Trenton | First Trenton | 54.9 | 90 | | | 3 | 57.95 | percent of total billed charges | |
| BKR CHG CRP-SF | 86140 | CPT | | | | both | | | 61 | 5.96 | Corrections | Corrections | 48.8 | 80 | | 6.61 | 3 | 57.95 | percent of total billed charges | |
| BKR CHG CRP-SF | 86140 | CPT | | | | both | | | 61 | 5.96 | Amerihealth | Medicare | 5.18 | | | | 3 | 57.95 | fee schedule | |
| BKR CHG CRP-SF | 86140 | CPT | | | | both | | | 61 | 5.96 | Horizon | MGD | 23.35 | 38.28 | | 6.48 | 3 | 57.95 | percent of total billed charges | |
| BKR CHG CRP-SF | 86140 | CPT | | | | both | | | 61 | 5.96 | Horizon | Indemnity | 23.35 | 38.28 | | 8.6 | 3 | 57.95 | percent of total billed charges | |
| BKR CHG CRP-SF | 86140 | CPT | | | | both | | | 61 | 5.96 | Three Rivers | Three Rivers | 57.95 | 95 | | | 3 | 57.95 | percent of total billed charges | |
| BKR CHG CRP-SF | 86140 | CPT | | | | both | | | 61 | 5.96 | WellPoint | WellPoint | 19.63 | 32.18 | | 7.91 | 3 | 57.95 | percent of total billed charges | |
| BKR CHG CRP-SF | 86140 | CPT | | | | both | | | 61 | 5.96 | Horizon | Medicare Blue | 18.3 | 30 | | 3.9 | 3 | 57.95 | percent of total billed charges | |
| BKR CHG CRP-SF | 86140 | CPT | | | | both | | | 61 | 5.96 | UHC | Medicaid | 3 | | | 8.89 | 3 | 57.95 | fee schedule | |
| BKR CHG CRP-SF | 86140 | CPT | | | | both | | | 61 | 5.96 | Horizon | PPO | 23.35 | 38.28 | | 6.96 | 3 | 57.95 | percent of total billed charges | |
| BKR CHG CRP-SF | 86140 | CPT | | | | both | | | 61 | 5.96 | Wellcare | Medicaid | 3 | | | 10.04 | 3 | 57.95 | fee schedule | |
| BKR CHG CRP-SF | 86140 | CPT | | | | both | | | 61 | 5.96 | Managed Care Inc | Managed Care Inc | 54.9 | 90 | | | 3 | 57.95 | percent of total billed charges | |
| BKR CHG BETA-2 GLYCOPROTEIN I IGM | 86146 | CPT | | | | both | | | 226 | 29.27 | First Health | First Health | 158.2 | 70 | | | 16.5 | 214.7 | percent of total billed charges | |
| BKR CHG BETA-2 GLYCOPROTEIN I IGM | 86146 | CPT | | | | both | | | 226 | 29.27 | Americare | Americare | 169.5 | 75 | | | 16.5 | 214.7 | percent of total billed charges | |
| BKR CHG BETA-2 GLYCOPROTEIN I IGM | 86146 | CPT | | | | both | | | 226 | 29.27 | Horizon | MGD | 86.51 | 38.28 | | 14.47 | 16.5 | 214.7 | percent of total billed charges | |
| BKR CHG BETA-2 GLYCOPROTEIN I IGM | 86146 | CPT | | | | both | | | 226 | 29.27 | Aetna | Better Health | 71.3 | 31.55 | | 35.38 | 16.5 | 214.7 | percent of total billed charges | |
| BKR CHG BETA-2 GLYCOPROTEIN I IGM | 86146 | CPT | | | | both | | | 226 | 29.27 | Horizon | NJ Health | 28.26 | | | 4.83 | 16.5 | 214.7 | fee schedule | |
| BKR CHG BETA-2 GLYCOPROTEIN I IGM | 86146 | CPT | | | | both | | | 226 | 29.27 | Horizon | Medicare Blue | 67.8 | 30 | | 12.74 | 16.5 | 214.7 | percent of total billed charges | |
| BKR CHG BETA-2 GLYCOPROTEIN I IGM | 86146 | CPT | | | | both | | | 226 | 29.27 | Amerihealth | Medicare | 25.45 | | | | 16.5 | 214.7 | fee schedule | |
| BKR CHG BETA-2 GLYCOPROTEIN I IGM | 86146 | CPT | | | | both | | | 226 | 29.27 | Aetna | Medicare | 69.61 | 30.8 | | | 16.5 | 214.7 | percent of total billed charges | |
| BKR CHG BETA-2 GLYCOPROTEIN I IGM | 86146 | CPT | | | | both | | | 226 | 29.27 | First Trenton | First Trenton | 203.4 | 90 | | | 16.5 | 214.7 | percent of total billed charges | |
| BKR CHG BETA-2 GLYCOPROTEIN I IGM | 86146 | CPT | | | | both | | | 226 | 29.27 | Horizon | PPO | 86.51 | 38.28 | | 19.24 | 16.5 | 214.7 | percent of total billed charges | |
| BKR CHG BETA-2 GLYCOPROTEIN I IGM | 86146 | CPT | | | | both | | | 226 | 29.27 | Horizon | Indemnity | 86.51 | 38.28 | | | 16.5 | 214.7 | percent of total billed charges | |
| BKR CHG BETA-2 GLYCOPROTEIN I IGM | 86146 | CPT | | | | both | | | 226 | 29.27 | Corrections | Corrections | 180.8 | 80 | | | 16.5 | 214.7 | percent of total billed charges | |
| BKR CHG BETA-2 GLYCOPROTEIN I IGM | 86146 | CPT | | | | both | | | 226 | 29.27 | Managed Care Inc | Managed Care Inc | 203.4 | 90 | | | 16.5 | 214.7 | percent of total billed charges | |
| BKR CHG BETA-2 GLYCOPROTEIN I IGM | 86146 | CPT | | | | both | | | 226 | 29.27 | Multiplan | Multiplan | 180.8 | 80 | | | 16.5 | 214.7 | percent of total billed charges | |
| BKR CHG BETA-2 GLYCOPROTEIN I IGM | 86146 | CPT | | | | both | | | 226 | 29.27 | UHC | Medicare | 25.45 | | | 14.42 | 16.5 | 214.7 | fee schedule | |
| BKR CHG BETA-2 GLYCOPROTEIN I IGM | 86146 | CPT | | | | both | | | 226 | 29.27 | Amerihealth | HMO/PPO | 36.1 | | | 18.63 | 16.5 | 214.7 | fee schedule | |
| BKR CHG BETA-2 GLYCOPROTEIN I IGM | 86146 | CPT | | | | both | | | 226 | 29.27 | Wellcare | Medicaid | 27.77 | | | 18.69 | 16.5 | 214.7 | fee schedule | |
| BKR CHG BETA-2 GLYCOPROTEIN I IGM | 86146 | CPT | | | | both | | | 226 | 29.27 | Qualcare | Qualcare | 169.5 | 75 | | | 16.5 | 214.7 | percent of total billed charges | |
| BKR CHG BETA-2 GLYCOPROTEIN I IGM | 86146 | CPT | | | | both | | | 226 | 29.27 | Wellcare | Medicare | 25.45 | | | 5.97 | 16.5 | 214.7 | fee schedule | |
| BKR CHG BETA-2 GLYCOPROTEIN I IGM | 86146 | CPT | | | | both | | | 226 | 29.27 | Consumer | Consumer | 214.7 | 95 | | | 16.5 | 214.7 | percent of total billed charges | |
| BKR CHG BETA-2 GLYCOPROTEIN I IGM | 86146 | CPT | | | | both | | | 226 | 29.27 | WellPoint | WellPoint | 72.73 | 32.18 | | 8.62 | 16.5 | 214.7 | percent of total billed charges | |
| BKR CHG BETA-2 GLYCOPROTEIN I IGM | 86146 | CPT | | | | both | | | 226 | 29.27 | Three Rivers | Three Rivers | 214.7 | 95 | | | 16.5 | 214.7 | percent of total billed charges | |
| BKR CHG BETA-2 GLYCOPROTEIN I IGM | 86146 | CPT | | | | both | | | 226 | 29.27 | UHC | Medicaid | 27.77 | | | 27.24 | 16.5 | 214.7 | fee schedule | |
| BKR CHG PTT-LA INCUB MIX | 86147 | CPT | | | | both | | | 232 | 29.27 | Amerihealth | HMO/PPO | 36.1 | | | 7.19 | 11.4 | 220.4 | fee schedule | |
| BKR CHG PTT-LA INCUB MIX | 86147 | CPT | | | | both | | | 232 | 29.27 | Aetna | Better Health | 73.2 | 31.55 | | 7.75 | 11.4 | 220.4 | percent of total billed charges | |
| BKR CHG PTT-LA INCUB MIX | 86147 | CPT | | | | both | | | 232 | 29.27 | Amerihealth | Medicare | 25.45 | | | | 11.4 | 220.4 | fee schedule | |
| BKR CHG PTT-LA INCUB MIX | 86147 | CPT | | | | both | | | 232 | 29.27 | Americare | Americare | 174 | 75 | | | 11.4 | 220.4 | percent of total billed charges | |
| BKR CHG PTT-LA INCUB MIX | 86147 | CPT | | | | both | | | 232 | 29.27 | Corrections | Corrections | 185.6 | 80 | | | 11.4 | 220.4 | percent of total billed charges | |
| BKR CHG PTT-LA INCUB MIX | 86147 | CPT | | | | both | | | 232 | 29.27 | Horizon | Medicare Blue | 69.6 | 30 | | 2.79 | 11.4 | 220.4 | percent of total billed charges | |
| BKR CHG PTT-LA INCUB MIX | 86147 | CPT | | | | both | | | 232 | 29.27 | First Health | First Health | 162.4 | 70 | | | 11.4 | 220.4 | percent of total billed charges | |
| BKR CHG PTT-LA INCUB MIX | 86147 | CPT | | | | both | | | 232 | 29.27 | Aetna | Commercial | 88.16 | 38 | | | 11.4 | 220.4 | percent of total billed charges | |
| BKR CHG PTT-LA INCUB MIX | 86147 | CPT | | | | both | | | 232 | 29.27 | First Trenton | First Trenton | 208.8 | 90 | | | 11.4 | 220.4 | percent of total billed charges | |
| BKR CHG PTT-LA INCUB MIX | 86147 | CPT | | | | both | | | 232 | 29.27 | Aetna | Medicare | 71.46 | 30.8 | | | 11.4 | 220.4 | percent of total billed charges | |
| BKR CHG PTT-LA INCUB MIX | 86147 | CPT | | | | both | | | 232 | 29.27 | Horizon | Indemnity | 88.81 | 38.28 | | | 11.4 | 220.4 | percent of total billed charges | |
| BKR CHG PTT-LA INCUB MIX | 86147 | CPT | | | | both | | | 232 | 29.27 | Consumer | Consumer | 220.4 | 95 | | | 11.4 | 220.4 | percent of total billed charges | |
| BKR CHG PTT-LA INCUB MIX | 86147 | CPT | | | | both | | | 232 | 29.27 | UHC | Medicare | 25.45 | | | 3.13 | 11.4 | 220.4 | fee schedule | |
| BKR CHG PTT-LA INCUB MIX | 86147 | CPT | | | | both | | | 232 | 29.27 | Horizon | MGD | 88.81 | 38.28 | | 2.49 | 11.4 | 220.4 | percent of total billed charges | |
| BKR CHG PTT-LA INCUB MIX | 86147 | CPT | | | | both | | | 232 | 29.27 | Managed Care Inc | Managed Care Inc | 208.8 | 90 | | | 11.4 | 220.4 | percent of total billed charges | |
| BKR CHG PTT-LA INCUB MIX | 86147 | CPT | | | | both | | | 232 | 29.27 | Multiplan | Multiplan | 185.6 | 80 | | | 11.4 | 220.4 | percent of total billed charges | |
| BKR CHG PTT-LA INCUB MIX | 86147 | CPT | | | | both | | | 232 | 29.27 | Three Rivers | Three Rivers | 220.4 | 95 | | | 11.4 | 220.4 | percent of total billed charges | |
| BKR CHG PTT-LA INCUB MIX | 86147 | CPT | | | | both | | | 232 | 29.27 | Horizon | NJ Health | 78.4 | | | 1.36 | 11.4 | 220.4 | fee schedule | |
| BKR CHG PTT-LA INCUB MIX | 86147 | CPT | | | | both | | | 232 | 29.27 | Wellcare | Medicaid | 27.77 | | | 3.37 | 11.4 | 220.4 | fee schedule | |
| BKR CHG PTT-LA INCUB MIX | 86147 | CPT | | | | both | | | 232 | 29.27 | Wellcare | Medicare | 25.45 | | | 1.3 | 11.4 | 220.4 | fee schedule | |
| BKR CHG PTT-LA INCUB MIX | 86147 | CPT | | | | both | | | 232 | 29.27 | Horizon | PPO | 88.81 | 38.28 | | 14.62 | 11.4 | 220.4 | percent of total billed charges | |
| BKR CHG PTT-LA INCUB MIX | 86147 | CPT | | | | both | | | 232 | 29.27 | Qualcare | Qualcare | 174 | 75 | | | 11.4 | 220.4 | percent of total billed charges | |
| BKR CHG PTT-LA INCUB MIX | 86147 | CPT | | | | both | | | 232 | 29.27 | UHC | Medicaid | 27.77 | | | 7.86 | 11.4 | 220.4 | fee schedule | |
| BKR CHG PTT-LA INCUB MIX | 86147 | CPT | | | | both | | | 232 | 29.27 | WellPoint | WellPoint | 74.66 | 32.18 | | 6.53 | 11.4 | 220.4 | percent of total billed charges | |
| BKR CHG ANTIPHOSPHATIDYLSERINE IGM | 86148 | CPT | | | | both | | | 52 | 18.48 | Consumer | Consumer | 49.4 | 95 | | | 15.6 | 49.4 | percent of total billed charges | |
| BKR CHG ANTIPHOSPHATIDYLSERINE IGM | 86148 | CPT | | | | both | | | 52 | 18.48 | Americare | Americare | 39 | 75 | | | 15.6 | 49.4 | percent of total billed charges | |
| BKR CHG ANTIPHOSPHATIDYLSERINE IGM | 86148 | CPT | | | | both | | | 52 | 18.48 | First Trenton | First Trenton | 46.8 | 90 | | | 15.6 | 49.4 | percent of total billed charges | |
| BKR CHG ANTIPHOSPHATIDYLSERINE IGM | 86148 | CPT | | | | both | | | 52 | 18.48 | Aetna | Better Health | 16.41 | 31.55 | | | 15.6 | 49.4 | percent of total billed charges | |
| BKR CHG ANTIPHOSPHATIDYLSERINE IGM | 86148 | CPT | | | | both | | | 52 | 18.48 | First Health | First Health | 36.4 | 70 | | | 15.6 | 49.4 | percent of total billed charges | |
| BKR CHG ANTIPHOSPHATIDYLSERINE IGM | 86148 | CPT | | | | both | | | 52 | 18.48 | Aetna | Medicare | 16.02 | 30.8 | | | 15.6 | 49.4 | percent of total billed charges | |
| BKR CHG ANTIPHOSPHATIDYLSERINE IGM | 86148 | CPT | | | | both | | | 52 | 18.48 | Corrections | Corrections | 41.6 | 80 | | | 15.6 | 49.4 | percent of total billed charges | |
| BKR CHG ANTIPHOSPHATIDYLSERINE IGM | 86148 | CPT | | | | both | | | 52 | 18.48 | Amerihealth | Medicare | 16.07 | | | | 15.6 | 49.4 | fee schedule | |
| BKR CHG ANTIPHOSPHATIDYLSERINE IGM | 86148 | CPT | | | | both | | | 52 | 18.48 | Horizon | NJ Health | 17.84 | | | 3.45 | 15.6 | 49.4 | fee schedule | |
| BKR CHG ANTIPHOSPHATIDYLSERINE IGM | 86148 | CPT | | | | both | | | 52 | 18.48 | Amerihealth | HMO/PPO | 22.2 | | | | 15.6 | 49.4 | fee schedule | |
| BKR CHG ANTIPHOSPHATIDYLSERINE IGM | 86148 | CPT | | | | both | | | 52 | 18.48 | Managed Care Inc | Managed Care Inc | 46.8 | 90 | | | 15.6 | 49.4 | percent of total billed charges | |
| BKR CHG ANTIPHOSPHATIDYLSERINE IGM | 86148 | CPT | | | | both | | | 52 | 18.48 | Wellcare | Medicare | 16.07 | | | | 15.6 | 49.4 | fee schedule | |
| BKR CHG ANTIPHOSPHATIDYLSERINE IGM | 86148 | CPT | | | | both | | | 52 | 18.48 | Multiplan | Multiplan | 41.6 | 80 | | | 15.6 | 49.4 | percent of total billed charges | |
| BKR CHG ANTIPHOSPHATIDYLSERINE IGM | 86148 | CPT | | | | both | | | 52 | 18.48 | Horizon | MGD | 19.91 | 38.28 | | | 15.6 | 49.4 | percent of total billed charges | |
| BKR CHG ANTIPHOSPHATIDYLSERINE IGM | 86148 | CPT | | | | both | | | 52 | 18.48 | Horizon | Indemnity | 19.91 | 38.28 | | | 15.6 | 49.4 | percent of total billed charges | |
| BKR CHG ANTIPHOSPHATIDYLSERINE IGM | 86148 | CPT | | | | both | | | 52 | 18.48 | WellPoint | WellPoint | 16.73 | 32.18 | | | 15.6 | 49.4 | percent of total billed charges | |
| BKR CHG ANTIPHOSPHATIDYLSERINE IGM | 86148 | CPT | | | | both | | | 52 | 18.48 | Qualcare | Qualcare | 39 | 75 | | | 15.6 | 49.4 | percent of total billed charges | |
| BKR CHG ANTIPHOSPHATIDYLSERINE IGM | 86148 | CPT | | | | both | | | 52 | 18.48 | UHC | Medicaid | 17.5 | | | | 15.6 | 49.4 | fee schedule | |
| BKR CHG ANTIPHOSPHATIDYLSERINE IGM | 86148 | CPT | | | | both | | | 52 | 18.48 | Horizon | Medicare Blue | 15.6 | 30 | | | 15.6 | 49.4 | percent of total billed charges | |
| BKR CHG ANTIPHOSPHATIDYLSERINE IGM | 86148 | CPT | | | | both | | | 52 | 18.48 | Horizon | PPO | 19.91 | 38.28 | | | 15.6 | 49.4 | percent of total billed charges | |
| BKR CHG ANTIPHOSPHATIDYLSERINE IGM | 86148 | CPT | | | | both | | | 52 | 18.48 | UHC | Medicare | 16.07 | | | | 15.6 | 49.4 | fee schedule | |
| BKR CHG ANTIPHOSPHATIDYLSERINE IGM | 86148 | CPT | | | | both | | | 52 | 18.48 | Three Rivers | Three Rivers | 49.4 | 95 | | | 15.6 | 49.4 | percent of total billed charges | |
| BKR CHG ANTIPHOSPHATIDYLSERINE IGM | 86148 | CPT | | | | both | | | 52 | 18.48 | Wellcare | Medicaid | 17.5 | | | | 15.6 | 49.4 | fee schedule | |
| BKR CHG CIRCULATING TUMOR CELLS COLON | 86152 | CPT | | | | outpatient | | | 1732 | 288.4 | Horizon | MGD | 663.01 | 38.28 | | | 183.34 | 1645.4 | percent of total billed charges | |
| BKR CHG CIRCULATING TUMOR CELLS COLON | 86152 | CPT | | | | outpatient | | | 1732 | 288.4 | Qualcare | Qualcare | 1299 | 75 | | | 183.34 | 1645.4 | percent of total billed charges | |
| BKR CHG CIRCULATING TUMOR CELLS COLON | 86152 | CPT | | | | outpatient | | | 1732 | 288.4 | Aetna | Medicare | 533.46 | 30.8 | | | 183.34 | 1645.4 | percent of total billed charges | |
| BKR CHG CIRCULATING TUMOR CELLS COLON | 86152 | CPT | | | | outpatient | | | 1732 | 288.4 | Horizon | Indemnity | 663.01 | 38.28 | | | 183.34 | 1645.4 | percent of total billed charges | |
| BKR CHG CIRCULATING TUMOR CELLS COLON | 86152 | CPT | | | | outpatient | | | 1732 | 288.4 | Amerihealth | HMO/PPO | 183.34 | | | | 183.34 | 1645.4 | fee schedule | |
| BKR CHG CIRCULATING TUMOR CELLS COLON | 86152 | CPT | | | | outpatient | | | 1732 | 288.4 | Multiplan | Multiplan | 1385.6 | 80 | | | 183.34 | 1645.4 | percent of total billed charges | |
| BKR CHG CIRCULATING TUMOR CELLS COLON | 86152 | CPT | | | | outpatient | | | 1732 | 288.4 | Aetna | Better Health | 546.45 | 31.55 | | | 183.34 | 1645.4 | percent of total billed charges | |
| BKR CHG CIRCULATING TUMOR CELLS COLON | 86152 | CPT | | | | outpatient | | | 1732 | 288.4 | Corrections | Corrections | 1385.6 | 80 | | | 183.34 | 1645.4 | percent of total billed charges | |
| BKR CHG CIRCULATING TUMOR CELLS COLON | 86152 | CPT | | | | outpatient | | | 1732 | 288.4 | UHC | Medicare | 250.78 | | | | 183.34 | 1645.4 | fee schedule | |
| BKR CHG CIRCULATING TUMOR CELLS COLON | 86152 | CPT | | | | outpatient | | | 1732 | 288.4 | Horizon | PPO | 663.01 | 38.28 | | | 183.34 | 1645.4 | percent of total billed charges | |
| BKR CHG CIRCULATING TUMOR CELLS COLON | 86152 | CPT | | | | outpatient | | | 1732 | 288.4 | Horizon | Medicare Blue | 519.6 | 30 | | | 183.34 | 1645.4 | percent of total billed charges | |
| BKR CHG CIRCULATING TUMOR CELLS COLON | 86152 | CPT | | | | outpatient | | | 1732 | 288.4 | First Trenton | First Trenton | 1558.8 | 90 | | | 183.34 | 1645.4 | percent of total billed charges | |
| BKR CHG CIRCULATING TUMOR CELLS COLON | 86152 | CPT | | | | outpatient | | | 1732 | 288.4 | Amerihealth | Medicare | 250.78 | | | | 183.34 | 1645.4 | fee schedule | |
| BKR CHG CIRCULATING TUMOR CELLS COLON | 86152 | CPT | | | | outpatient | | | 1732 | 288.4 | Three Rivers | Three Rivers | 1645.4 | 95 | | | 183.34 | 1645.4 | percent of total billed charges | |
| BKR CHG CIRCULATING TUMOR CELLS COLON | 86152 | CPT | | | | outpatient | | | 1732 | 288.4 | Americare | Americare | 1299 | 75 | | | 183.34 | 1645.4 | percent of total billed charges | |
| BKR CHG CIRCULATING TUMOR CELLS COLON | 86152 | CPT | | | | outpatient | | | 1732 | 288.4 | Managed Care Inc | Managed Care Inc | 1558.8 | 90 | | | 183.34 | 1645.4 | percent of total billed charges | |
| BKR CHG CIRCULATING TUMOR CELLS COLON | 86152 | CPT | | | | outpatient | | | 1732 | 288.4 | WellPoint | WellPoint | 557.36 | 32.18 | | | 183.34 | 1645.4 | percent of total billed charges | |
| BKR CHG CIRCULATING TUMOR CELLS COLON | 86152 | CPT | | | | outpatient | | | 1732 | 288.4 | Wellcare | Medicaid | 200.62 | | | | 183.34 | 1645.4 | fee schedule | |
| BKR CHG CIRCULATING TUMOR CELLS COLON | 86152 | CPT | | | | outpatient | | | 1732 | 288.4 | Consumer | Consumer | 1645.4 | 95 | | | 183.34 | 1645.4 | percent of total billed charges | |
| BKR CHG CIRCULATING TUMOR CELLS COLON | 86152 | CPT | | | | outpatient | | | 1732 | 288.4 | First Health | First Health | 1212.4 | 70 | | | 183.34 | 1645.4 | percent of total billed charges | |
| BKR CHG CIRCULATING TUMOR CELLS COLON | 86152 | CPT | | | | outpatient | | | 1732 | 288.4 | UHC | Medicaid | 200.62 | | | | 183.34 | 1645.4 | fee schedule | |
| BKR CHG CIRCULATING TUMOR CELLS COLON | 86152 | CPT | | | | outpatient | | | 1732 | 288.4 | Wellcare | Medicare | 250.78 | | | | 183.34 | 1645.4 | fee schedule | |
| BKR CHG CHEMOTAXIS ASSAY | 86155 | CPT | | | | outpatient | | | 182 | 18.39 | Corrections | Corrections | 145.6 | 80 | | | 15.99 | 172.9 | percent of total billed charges | |
| BKR CHG CHEMOTAXIS ASSAY | 86155 | CPT | | | | outpatient | | | 182 | 18.39 | Amerihealth | Medicare | 15.99 | | | | 15.99 | 172.9 | fee schedule | |
| BKR CHG CHEMOTAXIS ASSAY | 86155 | CPT | | | | outpatient | | | 182 | 18.39 | Aetna | Medicare | 56.06 | 30.8 | | | 15.99 | 172.9 | percent of total billed charges | |
| BKR CHG CHEMOTAXIS ASSAY | 86155 | CPT | | | | outpatient | | | 182 | 18.39 | Consumer | Consumer | 172.9 | 95 | | | 15.99 | 172.9 | percent of total billed charges | |
| BKR CHG CHEMOTAXIS ASSAY | 86155 | CPT | | | | outpatient | | | 182 | 18.39 | Horizon | Indemnity | 69.67 | 38.28 | | | 15.99 | 172.9 | percent of total billed charges | |
| BKR CHG CHEMOTAXIS ASSAY | 86155 | CPT | | | | outpatient | | | 182 | 18.39 | Aetna | Better Health | 57.42 | 31.55 | | | 15.99 | 172.9 | percent of total billed charges | |
| BKR CHG CHEMOTAXIS ASSAY | 86155 | CPT | | | | outpatient | | | 182 | 18.39 | Americare | Americare | 136.5 | 75 | | | 15.99 | 172.9 | percent of total billed charges | |
| BKR CHG CHEMOTAXIS ASSAY | 86155 | CPT | | | | outpatient | | | 182 | 18.39 | First Health | First Health | 127.4 | 70 | | | 15.99 | 172.9 | percent of total billed charges | |
| BKR CHG CHEMOTAXIS ASSAY | 86155 | CPT | | | | outpatient | | | 182 | 18.39 | First Trenton | First Trenton | 163.8 | 90 | | | 15.99 | 172.9 | percent of total billed charges | |
| BKR CHG CHEMOTAXIS ASSAY | 86155 | CPT | | | | outpatient | | | 182 | 18.39 | Wellcare | Medicare | 15.99 | | | | 15.99 | 172.9 | fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG CHEMOTAXIS ASSAY | 86155 | CPT | | | | outpatient | | | 182 | 18.39 | Horizon | MCD | 69.67 | 38.28 | | | 15.99 | 172.9 | percent of total billed charges | |
| BKR CHG CHEMOTAXIS ASSAY | 86155 | CPT | | | | outpatient | | | 182 | 18.39 | Multiplan | Multiplan | 145.6 | 80 | | | 15.99 | 172.9 | percent of total billed charges | |
| BKR CHG CHEMOTAXIS ASSAY | 86155 | CPT | | | | outpatient | | | 182 | 18.39 | Horizon | Medicare Blue | 54.6 | 30 | | | 15.99 | 172.9 | percent of total billed charges | |
| BKR CHG CHEMOTAXIS ASSAY | 86155 | CPT | | | | outpatient | | | 182 | 18.39 | WellPoint | WellPoint | 58.57 | 32.18 | | | 15.99 | 172.9 | percent of total billed charges | |
| BKR CHG CHEMOTAXIS ASSAY | 86155 | CPT | | | | outpatient | | | 182 | 18.39 | Amerihealth | HMO/PPO | 18 | | | | 15.99 | 172.9 | fee schedule | |
| BKR CHG CHEMOTAXIS ASSAY | 86155 | CPT | | | | outpatient | | | 182 | 18.39 | UHC | Medicare | 15.99 | | | | 15.99 | 172.9 | fee schedule | |
| BKR CHG CHEMOTAXIS ASSAY | 86155 | CPT | | | | outpatient | | | 182 | 18.39 | Horizon | NJ Health | 30.18 | | | | 15.99 | 172.9 | fee schedule | |
| BKR CHG CHEMOTAXIS ASSAY | 86155 | CPT | | | | outpatient | | | 182 | 18.39 | Horizon | PPO | 69.67 | 38.28 | | | 15.99 | 172.9 | percent of total billed charges | |
| BKR CHG CHEMOTAXIS ASSAY | 86155 | CPT | | | | outpatient | | | 182 | 18.39 | Qualcare | Qualcare | 136.5 | 75 | | | 15.99 | 172.9 | percent of total billed charges | |
| BKR CHG CHEMOTAXIS ASSAY | 86155 | CPT | | | | outpatient | | | 182 | 18.39 | UHC | Medicaid | 17.41 | | | | 15.99 | 172.9 | fee schedule | |
| BKR CHG CHEMOTAXIS ASSAY | 86155 | CPT | | | | outpatient | | | 182 | 18.39 | Managed Care Inc | Managed Care Inc | 163.8 | 90 | | | 15.99 | 172.9 | percent of total billed charges | |
| BKR CHG CHEMOTAXIS ASSAY | 86155 | CPT | | | | outpatient | | | 182 | 18.39 | Three Rivers | Three Rivers | 172.9 | 95 | | | 15.99 | 172.9 | percent of total billed charges | |
| BKR CHG CHEMOTAXIS ASSAY | 86155 | CPT | | | | outpatient | | | 182 | 18.39 | Wellcare | Medicaid | 17.41 | | | | 15.99 | 172.9 | fee schedule | |
| BKR CHG COLD AGGLUTININ TITER QUANT | 86157 | CPT | | | | inpatient | | | 51 | 9.27 | Aetna | Medicare | 15.71 | 30.8 | | | 6.6 | 48.45 | percent of total billed charges | |
| BKR CHG COLD AGGLUTININ TITER QUANT | 86157 | CPT | | | | inpatient | | | 51 | 9.27 | UHC | Medicaid | 9 | | | | 6.6 | 48.45 | fee schedule | |
| BKR CHG COLD AGGLUTININ TITER QUANT | 86157 | CPT | | | | inpatient | | | 51 | 9.27 | Horizon | Indemnity | 19.52 | 38.28 | | | 6.6 | 48.45 | percent of total billed charges | |
| BKR CHG COLD AGGLUTININ TITER QUANT | 86157 | CPT | | | | inpatient | | | 51 | 9.27 | Aetna | Better Health | 16.09 | 31.55 | | | 6.6 | 48.45 | percent of total billed charges | |
| BKR CHG COLD AGGLUTININ TITER QUANT | 86157 | CPT | | | | inpatient | | | 51 | 9.27 | First Trenton | First Trenton | 45.9 | 90 | | | 6.6 | 48.45 | percent of total billed charges | |
| BKR CHG COLD AGGLUTININ TITER QUANT | 86157 | CPT | | | | inpatient | | | 51 | 9.27 | WellPoint | WellPoint | 16.41 | 32.18 | | | 6.6 | 48.45 | percent of total billed charges | |
| BKR CHG COLD AGGLUTININ TITER QUANT | 86157 | CPT | | | | inpatient | | | 51 | 9.27 | Americare | Americare | 38.25 | 75 | | | 6.6 | 48.45 | percent of total billed charges | |
| BKR CHG COLD AGGLUTININ TITER QUANT | 86157 | CPT | | | | inpatient | | | 51 | 9.27 | First Health | First Health | 35.7 | 70 | | | 6.6 | 48.45 | percent of total billed charges | |
| BKR CHG COLD AGGLUTININ TITER QUANT | 86157 | CPT | | | | inpatient | | | 51 | 9.27 | Amerihealth | Medicare | 8.06 | | | | 6.6 | 48.45 | fee schedule | |
| BKR CHG COLD AGGLUTININ TITER QUANT | 86157 | CPT | | | | inpatient | | | 51 | 9.27 | Wellcare | Medicaid | 9 | | | | 6.6 | 48.45 | fee schedule | |
| BKR CHG COLD AGGLUTININ TITER QUANT | 86157 | CPT | | | | inpatient | | | 51 | 9.27 | Amerihealth | HMO/PPO | 11.4 | | | | 6.6 | 48.45 | fee schedule | |
| BKR CHG COLD AGGLUTININ TITER QUANT | 86157 | CPT | | | | inpatient | | | 51 | 9.27 | Consumer | Consumer | 48.45 | 95 | | | 6.6 | 48.45 | percent of total billed charges | |
| BKR CHG COLD AGGLUTININ TITER QUANT | 86157 | CPT | | | | inpatient | | | 51 | 9.27 | Horizon | PPO | 19.52 | 38.28 | | | 6.6 | 48.45 | percent of total billed charges | |
| BKR CHG COLD AGGLUTININ TITER QUANT | 86157 | CPT | | | | inpatient | | | 51 | 9.27 | Multiplan | Multiplan | 40.8 | 80 | | | 6.6 | 48.45 | percent of total billed charges | |
| BKR CHG COLD AGGLUTININ TITER QUANT | 86157 | CPT | | | | inpatient | | | 51 | 9.27 | Corrections | Corrections | 40.8 | 80 | | | 6.6 | 48.45 | percent of total billed charges | |
| BKR CHG COLD AGGLUTININ TITER QUANT | 86157 | CPT | | | | inpatient | | | 51 | 9.27 | Horizon | Medicare Blue | 15.3 | 30 | | | 6.6 | 48.45 | percent of total billed charges | |
| BKR CHG COLD AGGLUTININ TITER QUANT | 86157 | CPT | | | | inpatient | | | 51 | 9.27 | Managed Care Inc | Managed Care Inc | 45.9 | 90 | | | 6.6 | 48.45 | percent of total billed charges | |
| BKR CHG COLD AGGLUTININ TITER QUANT | 86157 | CPT | | | | inpatient | | | 51 | 9.27 | Qualcare | Qualcare | 38.25 | 75 | | | 6.6 | 48.45 | percent of total billed charges | |
| BKR CHG COLD AGGLUTININ TITER QUANT | 86157 | CPT | | | | inpatient | | | 51 | 9.27 | Horizon | MCD | 19.52 | 38.28 | | | 6.6 | 48.45 | percent of total billed charges | |
| BKR CHG COLD AGGLUTININ TITER QUANT | 86157 | CPT | | | | inpatient | | | 51 | 9.27 | Horizon | NJ Health | 17.64 | | | | 6.6 | 48.45 | fee schedule | |
| BKR CHG COLD AGGLUTININ TITER QUANT | 86157 | CPT | | | | inpatient | | | 51 | 9.27 | Three Rivers | Three Rivers | 48.45 | 95 | | | 6.6 | 48.45 | percent of total billed charges | |
| BKR CHG COLD AGGLUTININ TITER QUANT | 86157 | CPT | | | | inpatient | | | 51 | 9.27 | UHC | Medicare | 8.06 | | | | 6.6 | 48.45 | fee schedule | |
| BKR CHG COLD AGGLUTININ TITER QUANT | 86157 | CPT | | | | inpatient | | | 51 | 9.27 | Wellcare | Medicare | 8.06 | | | | 6.6 | 48.45 | fee schedule | |
| BKR CHG FACTOR.H(B1H)LEVEL(FHL) | 86160 | CPT | | | | both | | | 446 | 13.8 | Horizon | Medicare Blue | 133.8 | 30 | | 15.8 | 8.4 | 423.7 | percent of total billed charges | |
| BKR CHG FACTOR.H(B1H)LEVEL(FHL) | 86160 | CPT | | | | both | | | 446 | 13.8 | Americare | Americare | 334.5 | 75 | | | 8.4 | 423.7 | percent of total billed charges | |
| BKR CHG FACTOR.H(B1H)LEVEL(FHL) | 86160 | CPT | | | | both | | | 446 | 13.8 | Aetna | Better Health | 140.71 | 31.55 | | 42.07 | 8.4 | 423.7 | percent of total billed charges | |
| BKR CHG FACTOR.H(B1H)LEVEL(FHL) | 86160 | CPT | | | | both | | | 446 | 13.8 | Corrections | Corrections | 356.8 | 80 | | | 8.4 | 423.7 | percent of total billed charges | |
| BKR CHG FACTOR.H(B1H)LEVEL(FHL) | 86160 | CPT | | | | both | | | 446 | 13.8 | Horizon | Indemnity | 170.73 | 38.28 | | 16.28 | 8.4 | 423.7 | percent of total billed charges | |
| BKR CHG FACTOR.H(B1H)LEVEL(FHL) | 86160 | CPT | | | | both | | | 446 | 13.8 | Amerihealth | Medicare | 12 | | | | 8.4 | 423.7 | fee schedule | |
| BKR CHG FACTOR.H(B1H)LEVEL(FHL) | 86160 | CPT | | | | both | | | 446 | 13.8 | Amerihealth | HMO/PPO | 17 | | | | 8.4 | 423.7 | fee schedule | |
| BKR CHG FACTOR.H(B1H)LEVEL(FHL) | 86160 | CPT | | | | both | | | 446 | 13.8 | Horizon | NJ Health | 17.64 | | | 4.73 | 8.4 | 423.7 | fee schedule | |
| BKR CHG FACTOR.H(B1H)LEVEL(FHL) | 86160 | CPT | | | | both | | | 446 | 13.8 | UHC | Medicare | 12 | | | 24.35 | 8.4 | 423.7 | fee schedule | |
| BKR CHG FACTOR.H(B1H)LEVEL(FHL) | 86160 | CPT | | | | both | | | 446 | 13.8 | Consumer | Consumer | 423.7 | 95 | | | 8.4 | 423.7 | percent of total billed charges | |
| BKR CHG FACTOR.H(B1H)LEVEL(FHL) | 86160 | CPT | | | | both | | | 446 | 13.8 | Aetna | Commercial | 169.48 | 38 | | 15.15 | 8.4 | 423.7 | percent of total billed charges | |
| BKR CHG FACTOR.H(B1H)LEVEL(FHL) | 86160 | CPT | | | | both | | | 446 | 13.8 | UHC | Medicaid | 9 | | | 45.71 | 8.4 | 423.7 | fee schedule | |
| BKR CHG FACTOR.H(B1H)LEVEL(FHL) | 86160 | CPT | | | | both | | | 446 | 13.8 | Wellcare | Medicaid | 9 | | | | 8.4 | 423.7 | fee schedule | |
| BKR CHG FACTOR.H(B1H)LEVEL(FHL) | 86160 | CPT | | | | both | | | 446 | 13.8 | First Trenton | First Trenton | 401.4 | 90 | | | 8.4 | 423.7 | percent of total billed charges | |
| BKR CHG FACTOR.H(B1H)LEVEL(FHL) | 86160 | CPT | | | | both | | | 446 | 13.8 | First Health | First Health | 312.2 | 70 | | | 8.4 | 423.7 | percent of total billed charges | |
| BKR CHG FACTOR.H(B1H)LEVEL(FHL) | 86160 | CPT | | | | both | | | 446 | 13.8 | Managed Care Inc | Managed Care Inc | 401.4 | 90 | | | 8.4 | 423.7 | percent of total billed charges | |
| BKR CHG FACTOR.H(B1H)LEVEL(FHL) | 86160 | CPT | | | | both | | | 446 | 13.8 | Wellcare | Medicare | 12 | | | | 8.4 | 423.7 | fee schedule | |
| BKR CHG FACTOR.H(B1H)LEVEL(FHL) | 86160 | CPT | | | | both | | | 446 | 13.8 | Three Rivers | Three Rivers | 423.7 | 95 | | | 8.4 | 423.7 | percent of total billed charges | |
| BKR CHG FACTOR.H(B1H)LEVEL(FHL) | 86160 | CPT | | | | both | | | 446 | 13.8 | Aetna | Medicare | 137.37 | 30.8 | | | 8.4 | 423.7 | percent of total billed charges | |
| BKR CHG FACTOR.H(B1H)LEVEL(FHL) | 86160 | CPT | | | | both | | | 446 | 13.8 | Horizon | MGD | 170.73 | 38.28 | | 42.7 | 8.4 | 423.7 | percent of total billed charges | |
| BKR CHG FACTOR.H(B1H)LEVEL(FHL) | 86160 | CPT | | | | both | | | 446 | 13.8 | Multiplan | Multiplan | 356.8 | 80 | | | 8.4 | 423.7 | percent of total billed charges | |
| BKR CHG FACTOR.H(B1H)LEVEL(FHL) | 86160 | CPT | | | | both | | | 446 | 13.8 | Horizon | PPO | 170.73 | 38.28 | | 7.48 | 8.4 | 423.7 | percent of total billed charges | |
| BKR CHG FACTOR.H(B1H)LEVEL(FHL) | 86160 | CPT | | | | both | | | 446 | 13.8 | Qualcare | Qualcare | 334.5 | 75 | | | 8.4 | 423.7 | percent of total billed charges | |
| BKR CHG FACTOR.H(B1H)LEVEL(FHL) | 86160 | CPT | | | | both | | | 446 | 13.8 | WellPoint | WellPoint | 143.52 | 32.18 | | 26.62 | 8.4 | 423.7 | percent of total billed charges | |
| BKR CHG HAE REFLEX (123020) | 86161 | CPT | | | | both | | | 600 | 13.8 | Aetna | Better Health | 189.3 | 31.55 | | | 9 | 570 | percent of total billed charges | |
| BKR CHG HAE REFLEX (123020) | 86161 | CPT | | | | both | | | 600 | 13.8 | Aetna | Commercial | 228 | 38 | | | 9 | 570 | percent of total billed charges | |
| BKR CHG HAE REFLEX (123020) | 86161 | CPT | | | | both | | | 600 | 13.8 | Aetna | Medicare | 184.8 | 30.8 | | | 9 | 570 | percent of total billed charges | |
| BKR CHG HAE REFLEX (123020) | 86161 | CPT | | | | both | | | 600 | 13.8 | Multiplan | Multiplan | 480 | 80 | | | 9 | 570 | percent of total billed charges | |
| BKR CHG HAE REFLEX (123020) | 86161 | CPT | | | | both | | | 600 | 13.8 | Amerihealth | HMO/PPO | 17 | | | | 9 | 570 | fee schedule | |
| BKR CHG HAE REFLEX (123020) | 86161 | CPT | | | | both | | | 600 | 13.8 | Horizon | MGD | 229.68 | 38.28 | | | 9 | 570 | percent of total billed charges | |
| BKR CHG HAE REFLEX (123020) | 86161 | CPT | | | | both | | | 600 | 13.8 | Qualcare | Qualcare | 450 | 75 | | | 9 | 570 | percent of total billed charges | |
| BKR CHG HAE REFLEX (123020) | 86161 | CPT | | | | both | | | 600 | 13.8 | Consumer | Consumer | 570 | 95 | | | 9 | 570 | percent of total billed charges | |
| BKR CHG HAE REFLEX (123020) | 86161 | CPT | | | | both | | | 600 | 13.8 | Americare | Americare | 450 | 75 | | | 9 | 570 | percent of total billed charges | |
| BKR CHG HAE REFLEX (123020) | 86161 | CPT | | | | both | | | 600 | 13.8 | First Health | First Health | 420 | 70 | | | 9 | 570 | percent of total billed charges | |
| BKR CHG HAE REFLEX (123020) | 86161 | CPT | | | | both | | | 600 | 13.8 | Corrections | Corrections | 480 | 80 | | | 9 | 570 | percent of total billed charges | |
| BKR CHG HAE REFLEX (123020) | 86161 | CPT | | | | both | | | 600 | 13.8 | Horizon | Indemnity | 229.68 | 38.28 | | | 9 | 570 | percent of total billed charges | |
| BKR CHG HAE REFLEX (123020) | 86161 | CPT | | | | both | | | 600 | 13.8 | Amerihealth | Medicare | 12 | | | | 9 | 570 | fee schedule | |
| BKR CHG HAE REFLEX (123020) | 86161 | CPT | | | | both | | | 600 | 13.8 | UHC | Medicaid | 9 | | | | 9 | 570 | fee schedule | |
| BKR CHG HAE REFLEX (123020) | 86161 | CPT | | | | both | | | 600 | 13.8 | UHC | Medicare | 12 | | | | 9 | 570 | fee schedule | |
| BKR CHG HAE REFLEX (123020) | 86161 | CPT | | | | both | | | 600 | 13.8 | Wellcare | Medicaid | 9 | | | | 9 | 570 | fee schedule | |
| BKR CHG HAE REFLEX (123020) | 86161 | CPT | | | | both | | | 600 | 13.8 | Horizon | PPO | 229.68 | 38.28 | | | 9 | 570 | percent of total billed charges | |
| BKR CHG HAE REFLEX (123020) | 86161 | CPT | | | | both | | | 600 | 13.8 | First Trenton | First Trenton | 540 | 90 | | | 9 | 570 | percent of total billed charges | |
| BKR CHG HAE REFLEX (123020) | 86161 | CPT | | | | both | | | 600 | 13.8 | Three Rivers | Three Rivers | 570 | 95 | | | 9 | 570 | percent of total billed charges | |
| BKR CHG HAE REFLEX (123020) | 86161 | CPT | | | | both | | | 600 | 13.8 | WellPoint | WellPoint | 193.08 | 32.18 | | | 9 | 570 | percent of total billed charges | |
| BKR CHG HAE REFLEX (123020) | 86161 | CPT | | | | both | | | 600 | 13.8 | Wellcare | Medicare | 12 | | | | 9 | 570 | fee schedule | |
| BKR CHG HAE REFLEX (123020) | 86161 | CPT | | | | both | | | 600 | 13.8 | Horizon | Medicare Blue | 180 | 30 | | | 9 | 570 | percent of total billed charges | |
| BKR CHG HAE REFLEX (123020) | 86161 | CPT | | | | both | | | 600 | 13.8 | Horizon | NJ Health | 17.64 | | | | 9 | 570 | fee schedule | |
| BKR CHG HAE REFLEX (123020) | 86161 | CPT | | | | both | | | 600 | 13.8 | Managed Care Inc | Managed Care Inc | 540 | 90 | | | 9 | 570 | percent of total billed charges | |
| BKR CHG CH50 COMPLEMENT | 86162 | CPT | | | | both | | | 357 | 23.37 | Aetna | Better Health | 112.63 | 31.55 | | | 14.7 | 339.15 | percent of total billed charges | |
| BKR CHG CH50 COMPLEMENT | 86162 | CPT | | | | both | | | 357 | 23.37 | Americare | Americare | 267.75 | 75 | | | 14.7 | 339.15 | percent of total billed charges | |
| BKR CHG CH50 COMPLEMENT | 86162 | CPT | | | | both | | | 357 | 23.37 | Aetna | Medicare | 109.96 | 30.8 | | | 14.7 | 339.15 | percent of total billed charges | |
| BKR CHG CH50 COMPLEMENT | 86162 | CPT | | | | both | | | 357 | 23.37 | First Trenton | First Trenton | 321.3 | 90 | | | 14.7 | 339.15 | percent of total billed charges | |
| BKR CHG CH50 COMPLEMENT | 86162 | CPT | | | | both | | | 357 | 23.37 | Consumer | Consumer | 339.15 | 95 | | | 14.7 | 339.15 | percent of total billed charges | |
| BKR CHG CH50 COMPLEMENT | 86162 | CPT | | | | both | | | 357 | 23.37 | Multiplan | Multiplan | 285.6 | 80 | | | 14.7 | 339.15 | percent of total billed charges | |
| BKR CHG CH50 COMPLEMENT | 86162 | CPT | | | | both | | | 357 | 23.37 | Horizon | MGD | 136.66 | 38.28 | | | 14.7 | 339.15 | percent of total billed charges | |
| BKR CHG CH50 COMPLEMENT | 86162 | CPT | | | | both | | | 357 | 23.37 | UHC | Medicaid | 15.6 | | | | 14.7 | 339.15 | fee schedule | |
| BKR CHG CH50 COMPLEMENT | 86162 | CPT | | | | both | | | 357 | 23.37 | Aetna | Commercial | 135.66 | 38 | | | 14.7 | 339.15 | percent of total billed charges | |
| BKR CHG CH50 COMPLEMENT | 86162 | CPT | | | | both | | | 357 | 23.37 | Three Rivers | Three Rivers | 339.15 | 95 | | | 14.7 | 339.15 | percent of total billed charges | |
| BKR CHG CH50 COMPLEMENT | 86162 | CPT | | | | both | | | 357 | 23.37 | Amerihealth | HMO/PPO | 31.1 | | | | 14.7 | 339.15 | fee schedule | |
| BKR CHG CH50 COMPLEMENT | 86162 | CPT | | | | both | | | 357 | 23.37 | Horizon | Indemnity | 136.66 | 38.28 | | | 14.7 | 339.15 | percent of total billed charges | |
| BKR CHG CH50 COMPLEMENT | 86162 | CPT | | | | both | | | 357 | 23.37 | Corrections | Corrections | 285.6 | 80 | | | 14.7 | 339.15 | percent of total billed charges | |
| BKR CHG CH50 COMPLEMENT | 86162 | CPT | | | | both | | | 357 | 23.37 | Qualcare | Qualcare | 267.75 | 75 | | | 14.7 | 339.15 | percent of total billed charges | |
| BKR CHG CH50 COMPLEMENT | 86162 | CPT | | | | both | | | 357 | 23.37 | Horizon | NJ Health | 30.58 | | | 3.04 | 14.7 | 339.15 | fee schedule | |
| BKR CHG CH50 COMPLEMENT | 86162 | CPT | | | | both | | | 357 | 23.37 | Wellcare | Medicare | 20.32 | | | | 14.7 | 339.15 | fee schedule | |
| BKR CHG CH50 COMPLEMENT | 86162 | CPT | | | | both | | | 357 | 23.37 | Horizon | Medicare Blue | 107.1 | 30 | | | 14.7 | 339.15 | percent of total billed charges | |
| BKR CHG CH50 COMPLEMENT | 86162 | CPT | | | | both | | | 357 | 23.37 | Horizon | PPO | 136.66 | 38.28 | | | 14.7 | 339.15 | percent of total billed charges | |
| BKR CHG CH50 COMPLEMENT | 86162 | CPT | | | | both | | | 357 | 23.37 | Amerihealth | Medicare | 20.32 | | | | 14.7 | 339.15 | fee schedule | |
| BKR CHG CH50 COMPLEMENT | 86162 | CPT | | | | both | | | 357 | 23.37 | WellPoint | WellPoint | 114.88 | 32.18 | | | 14.7 | 339.15 | percent of total billed charges | |
| BKR CHG CH50 COMPLEMENT | 86162 | CPT | | | | both | | | 357 | 23.37 | UHC | Medicare | 20.32 | | | | 14.7 | 339.15 | fee schedule | |
| BKR CHG CH50 COMPLEMENT | 86162 | CPT | | | | both | | | 357 | 23.37 | Managed Care Inc | Managed Care Inc | 321.3 | 90 | | | 14.7 | 339.15 | percent of total billed charges | |
| BKR CHG CH50 COMPLEMENT | 86162 | CPT | | | | both | | | 357 | 23.37 | First Health | First Health | 249.9 | 70 | | | 14.7 | 339.15 | percent of total billed charges | |
| BKR CHG CH50 COMPLEMENT | 86162 | CPT | | | | both | | | 357 | 23.37 | Wellcare | Medicaid | 15.6 | | | | 14.7 | 339.15 | fee schedule | |
| BKR CHG CYCLIC CITRULLINATED PEPTIDE ANTIBODY | 86200 | CPT | | | | both | | | 125 | 14.89 | Amerihealth | HMO/PPO | 19.2 | | | | 10.36 | 118.75 | fee schedule | |
| BKR CHG CCP AB | 86200 | CPT | | | | both | | | 125 | 14.89 | Americare | Americare | 93.75 | 75 | | | 10.36 | 118.75 | percent of total billed charges | |
| BKR CHG CCP AB | 86200 | CPT | | | | both | | | 125 | 14.89 | Aetna | Commercial | 47.5 | 38 | | | 10.36 | 118.75 | percent of total billed charges | |
| BKR CHG CCP AB | 86200 | CPT | | | | both | | | 125 | 14.89 | Multiplan | Multiplan | 100 | 80 | | | 10.36 | 118.75 | percent of total billed charges | |
| BKR CHG CCP AB | 86200 | CPT | | | | both | | | 125 | 14.89 | Horizon | Indemnity | 47.85 | 38.28 | | 4.55 | 10.36 | 118.75 | percent of total billed charges | |
| BKR CHG CCP AB | 86200 | CPT | | | | both | | | 125 | 14.89 | Aetna | Better Health | 39.44 | 31.55 | | 4.69 | 10.36 | 118.75 | percent of total billed charges | |
| BKR CHG CCP AB | 86200 | CPT | | | | both | | | 125 | 14.89 | Aetna | Medicare | 38.5 | 30.8 | | | 10.36 | 118.75 | percent of total billed charges | |
| BKR CHG CCP AB | 86200 | CPT | | | | both | | | 125 | 14.89 | First Health | First Health | 87.5 | 70 | | | 10.36 | 118.75 | percent of total billed charges | |
| BKR CHG CCP AB | 86200 | CPT | | | | both | | | 125 | 14.89 | Horizon | MGD | 47.85 | 38.28 | | 12.86 | 10.36 | 118.75 | percent of total billed charges | |
| BKR CHG CCP AB | 86200 | CPT | | | | both | | | 125 | 14.89 | Three Rivers | Three Rivers | 118.75 | 95 | | | 10.36 | 118.75 | percent of total billed charges | |
| BKR CHG CCP AB | 86200 | CPT | | | | both | | | 125 | 14.89 | Horizon | PPO | 47.85 | 38.28 | | 17.23 | 10.36 | 118.75 | percent of total billed charges | |
| BKR CHG CCP AB | 86200 | CPT | | | | both | | | 125 | 14.89 | Qualcare | Qualcare | 93.75 | 75 | | | 10.36 | 118.75 | percent of total billed charges | |
| BKR CHG CCP AB | 86200 | CPT | | | | both | | | 125 | 14.89 | Consumer | Consumer | 118.75 | 95 | | | 10.36 | 118.75 | percent of total billed charges | |
| BKR CHG CYCLIC CITRULLINATED PEPTIDE ANTIBODY | 86200 | CPT | | | | both | | | 125 | 14.89 | Amerihealth | Medicare | 12.95 | | | | 10.36 | 118.75 | fee schedule | |
| BKR CHG CCP AB | 86200 | CPT | | | | both | | | 125 | 14.89 | WellPoint | WellPoint | 40.23 | 32.18 | | 7.54 | 10.36 | 118.75 | percent of total billed charges | |
| BKR CHG CCP AB | 86200 | CPT | | | | both | | | 125 | 14.89 | Horizon | Medicare Blue | 37.5 | 30 | | 1.6 | 10.36 | 118.75 | percent of total billed charges | |
| BKR CHG CYCLIC CITRULLINATED PEPTIDE ANTIBODY | 86200 | CPT | | | | both | | | 125 | 14.89 | UHC | Medicare | 12.95 | | | 0.46 | 10.36 | 118.75 | fee schedule | |
| BKR CHG CCP AB | 86200 | CPT | | | | both | | | 125 | 14.89 | Corrections | Corrections | 100 | 80 | | | 10.36 | 118.75 | percent of total billed charges | |
| BKR CHG CYCLIC CITRULLINATED PEPTIDE ANTIBODY | 86200 | CPT | | | | both | | | 125 | 14.89 | UHC | Medicaid | 10.36 | | | 11.78 | 10.36 | 118.75 | fee schedule | |
| BKR CHG CCP AB | 86200 | CPT | | | | both | | | 125 | 14.89 | First Trenton | First Trenton | 112.5 | 90 | | | 10.36 | 118.75 | percent of total billed charges | |
| BKR CHG CYCLIC CITRULLINATED PEPTIDE ANTIBODY | 86200 | CPT | | | | both | | | 125 | 14.89 | Horizon | NJ Health | 16.58 | | | 1.49 | 10.36 | 118.75 | fee schedule | |
| BKR CHG CCP AB | 86200 | CPT | | | | both | | | 125 | 14.89 | Managed Care Inc | Managed Care Inc | 112.5 | 90 | | | 10.36 | 118.75 | percent of total billed charges | |
| BKR CHG CYCLIC CITRULLINATED PEPTIDE ANTIBODY | 86200 | CPT | | | | both | | | 125 | 14.89 | Wellcare | Medicare | 12.95 | | | | 10.36 | 118.75 | fee schedule | |
| BKR CHG CYCLIC CITRULLINATED PEPTIDE ANTIBODY | 86200 | CPT | | | | both | | | 125 | 14.89 | Wellcare | Medicaid | 10.36 | | | 9.78 | 10.36 | 118.75 | fee schedule | |
| BKR CHG ANTI-DNASE B STREP ANTIBODIES | 86215 | CPT | | | | both | | | 34 | 15.24 | Aetna | Better Health | 10.73 | 31.55 | | | 10.2 | 36.26 | percent of total billed charges | |
| BKR CHG ANTI-DNASE B STREP ANTIBODIES | 86215 | CPT | | | | both | | | 34 | 15.24 | UHC | Medicare | 13.25 | | | 3.74 | 10.2 | 36.26 | fee schedule | |
| BKR CHG ANTI-DNASE B STREP ANTIBODIES | 86215 | CPT | | | | both | | | 34 | 15.24 | Consumer | Consumer | 32.3 | 95 | | | 10.2 | 36.26 | percent of total billed charges | |
| BKR CHG ANTI-DNASE B STREP ANTIBODIES | 86215 | CPT | | | | both | | | 34 | 15.24 | Horizon | MGD | 13.02 | 38.28 | | | 10.2 | 36.26 | percent of total billed charges | |
| BKR CHG ANTI-DNASE B STREP ANTIBODIES | 86215 | CPT | | | | both | | | 34 | 15.24 | First Health | First Health | 23.8 | 70 | | | 10.2 | 36.26 | percent of total billed charges | |
| BKR CHG ANTI-DNASE B STREP ANTIBODIES | 86215 | CPT | | | | both | | | 34 | 15.24 | Aetna | Commercial | 12.92 | 38 | | | 10.2 | 36.26 | percent of total billed charges | |
| BKR CHG ANTI-DNASE B STREP ANTIBODIES | 86215 | CPT | | | | both | | | 34 | 15.24 | Corrections | Corrections | 27.2 | 80 | | | 10.2 | 36.26 | percent of total billed charges | |
| BKR CHG ANTI-DNASE B STREP ANTIBODIES | 86215 | CPT | | | | both | | | 34 | 15.24 | Americare | Americare | 25.5 | 75 | | | 10.2 | 36.26 | percent of total billed charges | |
| BKR CHG ANTI-DNASE B STREP ANTIBODIES | 86215 | CPT | | | | both | | | 34 | 15.24 | First Trenton | First Trenton | 30.6 | 90 | | | 10.2 | 36.26 | percent of total billed charges | |
| BKR CHG ANTI-DNASE B STREP ANTIBODIES | 86215 | CPT | | | | both | | | 34 | 15.24 | Aetna | Medicare | 10.47 | 30.8 | | | 10.2 | 36.26 | percent of total billed charges | |
| BKR CHG ANTI-DNASE B STREP ANTIBODIES | 86215 | CPT | | | | both | | | 34 | 15.24 | Managed Care Inc | Managed Care Inc | 30.6 | 90 | | | 10.2 | 36.26 | percent of total billed charges | |
| BKR CHG ANTI-DNASE B STREP ANTIBODIES | 86215 | CPT | | | | both | | | 34 | 15.24 | UHC | Medicaid | 18 | | | 4.86 | 10.2 | 36.26 | fee schedule | |
| BKR CHG ANTI-DNASE B STREP ANTIBODIES | 86215 | CPT | | | | both | | | 34 | 15.24 | Horizon | Indemnity | 13.02 | 38.28 | | | 10.2 | 36.26 | percent of total billed charges | |
| BKR CHG ANTI-DNASE B STREP ANTIBODIES | 86215 | CPT | | | | both | | | 34 | 15.24 | Amerihealth | Medicare | 13.25 | | | | 10.2 | 36.26 | fee schedule | |
| BKR CHG ANTI-DNASE B STREP ANTIBODIES | 86215 | CPT | | | | both | | | 34 | 15.24 | WellPoint | WellPoint | 10.94 | 32.18 | | | 10.2 | 36.26 | percent of total billed charges | |
| BKR CHG ANTI-DNASE B STREP ANTIBODIES | 86215 | CPT | | | | both | | | 34 | 15.24 | Amerihealth | HMO/PPO | 20.5 | | | | 10.2 | 36.26 | fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG ANTI-DNASE B STREP ANTIBODIES | 86215 | CPT | | | | both | | | 34 | 15.24 | Horizon | NJ Health | 36.26 | | | | 0.11 | 10.2 | 36.26 fee schedule | |
| BKR CHG ANTI-DNASE B STREP ANTIBODIES | 86215 | CPT | | | | both | | | 34 | 15.24 | Horizon | Medicare Blue | 10.2 | 30 | | 3.55 | 10.2 | | 36.26 percent of total billed charges | |
| BKR CHG ANTI-DNASE B STREP ANTIBODIES | 86215 | CPT | | | | both | | | 34 | 15.24 | Horizon | PPO | 13.02 | 38.28 | | | 10.2 | | 36.26 percent of total billed charges | |
| BKR CHG ANTI-DNASE B STREP ANTIBODIES | 86215 | CPT | | | | both | | | 34 | 15.24 | Wellcare | Medicaid | 18 | | | | 10.2 | | 36.26 fee schedule | |
| BKR CHG ANTI-DNASE B STREP ANTIBODIES | 86215 | CPT | | | | both | | | 34 | 15.24 | Three Rivers | Three Rivers | 32.3 | 95 | | | 10.2 | | 36.26 percent of total billed charges | |
| BKR CHG ANTI-DNASE B STREP ANTIBODIES | 86215 | CPT | | | | both | | | 34 | 15.24 | Multiplan | Multiplan | 27.2 | 80 | | | 10.2 | | 36.26 percent of total billed charges | |
| BKR CHG ANTI-DNASE B STREP ANTIBODIES | 86215 | CPT | | | | both | | | 34 | 15.24 | Wellcare | Medicare | 13.25 | | | | 10.2 | | 36.26 fee schedule | |
| BKR CHG ANTI-DNASE B STREP ANTIBODIES | 86215 | CPT | | | | both | | | 34 | 15.24 | Quelcare | Qualcare | 25.5 | 75 | | | 10.2 | | 36.26 percent of total billed charges | |
| BKR CHG INDIRECTFLOURESCENT AB (IFA) | 86225 | CPT | | | | both | | | 383 | 15.8 | First Health | First Health | 268.1 | 70 | | | 13 | | 363.85 percent of total billed charges | |
| BKR CHG INDIRECTFLOURESCENT AB (IFA) | 86225 | CPT | | | | both | | | 383 | 15.8 | Aetna | Commercial | 145.54 | 38 | | 12.71 | 13 | | 363.85 percent of total billed charges | |
| BKR CHG INDIRECTFLOURESCENT AB (IFA) | 86225 | CPT | | | | both | | | 383 | 15.8 | Aetna | Better Health | 120.84 | 31.55 | | | 13 | | 363.85 percent of total billed charges | |
| BKR CHG INDIRECTFLOURESCENT AB (IFA) | 86225 | CPT | | | | both | | | 383 | 15.8 | Consumer | Consumer | 363.85 | 95 | | | 13 | | 363.85 percent of total billed charges | |
| BKR CHG INDIRECTFLOURESCENT AB (IFA) | 86225 | CPT | | | | both | | | 383 | 15.8 | Aetna | Medicare | 117.96 | 30.8 | | | 13 | | 363.85 percent of total billed charges | |
| BKR CHG INDIRECTFLOURESCENT AB (IFA) | 86225 | CPT | | | | both | | | 383 | 15.8 | Amerihealth | Medicare | 13.74 | | | | 13 | | 363.85 fee schedule | |
| BKR CHG INDIRECTFLOURESCENT AB (IFA) | 86225 | CPT | | | | both | | | 383 | 15.8 | Corrections | Corrections | 306.4 | 80 | | | 13 | | 363.85 percent of total billed charges | |
| BKR CHG INDIRECTFLOURESCENT AB (IFA) | 86225 | CPT | | | | both | | | 383 | 15.8 | Americare | Americare | 287.25 | 75 | | | 13 | | 363.85 percent of total billed charges | |
| BKR CHG INDIRECTFLOURESCENT AB (IFA) | 86225 | CPT | | | | both | | | 383 | 15.8 | Horizon | Medicare Blue | 114.9 | 30 | | 13.18 | 13 | | 363.85 percent of total billed charges | |
| BKR CHG INDIRECTFLOURESCENT AB (IFA) | 86225 | CPT | | | | both | | | 383 | 15.8 | Horizon | NJ Health | 25.48 | | | 3.17 | 13 | | 363.85 fee schedule | |
| BKR CHG INDIRECTFLOURESCENT AB (IFA) | 86225 | CPT | | | | both | | | 383 | 15.8 | Amerihealth | HMO/PPO | 18.5 | | | 31.34 | 13 | | 363.85 fee schedule | |
| BKR CHG INDIRECTFLOURESCENT AB (IFA) | 86225 | CPT | | | | both | | | 383 | 15.8 | Horizon | Indemnity | 146.61 | 38.28 | | 24.16 | 13 | | 363.85 percent of total billed charges | |
| BKR CHG INDIRECTFLOURESCENT AB (IFA) | 86225 | CPT | | | | both | | | 383 | 15.8 | Wellcare | Medicare | 13.74 | | | | 13 | | 363.85 fee schedule | |
| BKR CHG INDIRECTFLOURESCENT AB (IFA) | 86225 | CPT | | | | both | | | 383 | 15.8 | First Trenton | First Trenton | 344.7 | 90 | | | 13 | | 363.85 percent of total billed charges | |
| BKR CHG INDIRECTFLOURESCENT AB (IFA) | 86225 | CPT | | | | both | | | 383 | 15.8 | Horizon | PPO | 146.61 | 38.28 | | 8.66 | 13 | | 363.85 percent of total billed charges | |
| BKR CHG INDIRECTFLOURESCENT AB (IFA) | 86225 | CPT | | | | both | | | 383 | 15.8 | Multiplan | Multiplan | 306.4 | 80 | | | 13 | | 363.85 percent of total billed charges | |
| BKR CHG INDIRECTFLOURESCENT AB (IFA) | 86225 | CPT | | | | both | | | 383 | 15.8 | Horizon | MGD | 146.61 | 38.28 | | 38.81 | 13 | | 363.85 percent of total billed charges | |
| BKR CHG INDIRECTFLOURESCENT AB (IFA) | 86225 | CPT | | | | both | | | 383 | 15.8 | Qualcare | Qualcare | 287.25 | 75 | | | 13 | | 363.85 percent of total billed charges | |
| BKR CHG INDIRECTFLOURESCENT AB (IFA) | 86225 | CPT | | | | both | | | 383 | 15.8 | WellPoint | WellPoint | 123.25 | 32.18 | | 39.38 | 13 | | 363.85 percent of total billed charges | |
| BKR CHG INDIRECTFLOURESCENT AB (IFA) | 86225 | CPT | | | | both | | | 383 | 15.8 | Three Rivers | Three Rivers | 363.85 | 95 | | | 13 | | 363.85 percent of total billed charges | |
| BKR CHG INDIRECTFLOURESCENT AB (IFA) | 86225 | CPT | | | | both | | | 383 | 15.8 | Managed Care Inc | Managed Care Inc | 344.7 | 90 | | | 13 | | 363.85 percent of total billed charges | |
| BKR CHG INDIRECTFLOURESCENT AB (IFA) | 86225 | CPT | | | | both | | | 383 | 15.8 | UHC | Medicaid | 13 | | | | 13 | | 363.85 fee schedule | |
| BKR CHG INDIRECTFLOURESCENT AB (IFA) | 86225 | CPT | | | | both | | | 383 | 15.8 | Wellcare | Medicaid | 13 | | | 4.45 | 13 | | 363.85 fee schedule | |
| BKR CHG INDIRECTFLOURESCENT AB (IFA) | 86225 | CPT | | | | both | | | 383 | 15.8 | UHC | Medicare | 13.74 | | | 11.46 | 13 | | 363.85 fee schedule | |
| BKR CHG ANTI-DNA (SS) 1GG AB QN | 86226 | CPT | | | | outpatient | | | 85 | 13.93 | Americare | Americare | 63.75 | 75 | | | 12.11 | | 80.75 percent of total billed charges | |
| BKR CHG ANTI-DNA (SS) 1GG AB QN | 86226 | CPT | | | | outpatient | | | 85 | 13.93 | Aetna | Medicare | 26.18 | 30.8 | | | 12.11 | | 80.75 percent of total billed charges | |
| BKR CHG ANTI-DNA (SS) 1GG AB QN | 86226 | CPT | | | | outpatient | | | 85 | 13.93 | Aetna | Commercial | 32.3 | 38 | | | 12.11 | | 80.75 percent of total billed charges | |
| BKR CHG ANTI-DNA (SS) 1GG AB QN | 86226 | CPT | | | | outpatient | | | 85 | 13.93 | Aetna | Better Health | 26.82 | 31.55 | | | 12.11 | | 80.75 percent of total billed charges | |
| BKR CHG ANTI-DNA (SS) 1GG AB QN | 86226 | CPT | | | | outpatient | | | 85 | 13.93 | Amerihealth | Medicare | 12.11 | | | | 12.11 | | 80.75 fee schedule | |
| BKR CHG ANTI-DNA (SS) 1GG AB QN | 86226 | CPT | | | | outpatient | | | 85 | 13.93 | WellPoint | WellPoint | 27.35 | 32.18 | | | 12.11 | | 80.75 percent of total billed charges | |
| BKR CHG ANTI-DNA (SS) 1GG AB QN | 86226 | CPT | | | | outpatient | | | 85 | 13.93 | Horizon | Medicare Blue | 25.5 | 30 | | | 12.11 | | 80.75 percent of total billed charges | |
| BKR CHG ANTI-DNA (SS) 1GG AB QN | 86226 | CPT | | | | outpatient | | | 85 | 13.93 | Amerihealth | HMO/PPO | 18 | | | | 12.11 | | 80.75 fee schedule | |
| BKR CHG ANTI-DNA (SS) 1GG AB QN | 86226 | CPT | | | | outpatient | | | 85 | 13.93 | Consumer | Consumer | 80.75 | 95 | | | 12.11 | | 80.75 percent of total billed charges | |
| BKR CHG ANTI-DNA (SS) 1GG AB QN | 86226 | CPT | | | | outpatient | | | 85 | 13.93 | Horizon | Indemnity | 32.64 | 38.28 | | | 12.11 | | 80.75 percent of total billed charges | |
| BKR CHG ANTI-DNA (SS) 1GG AB QN | 86226 | CPT | | | | outpatient | | | 85 | 13.93 | Multiplan | Multiplan | 68 | 80 | | | 12.11 | | 80.75 percent of total billed charges | |
| BKR CHG ANTI-DNA (SS) 1GG AB QN | 86226 | CPT | | | | outpatient | | | 85 | 13.93 | First Health | First Health | 59.5 | 70 | | | 12.11 | | 80.75 percent of total billed charges | |
| BKR CHG ANTI-DNA (SS) 1GG AB QN | 86226 | CPT | | | | outpatient | | | 85 | 13.93 | Corrections | Corrections | 68 | 80 | | | 12.11 | | 80.75 percent of total billed charges | |
| BKR CHG ANTI-DNA (SS) 1GG AB QN | 86226 | CPT | | | | outpatient | | | 85 | 13.93 | UHC | Medicaid | 15 | | | | 12.11 | | 80.75 fee schedule | |
| BKR CHG ANTI-DNA (SS) 1GG AB QN | 86226 | CPT | | | | outpatient | | | 85 | 13.93 | First Trenton | First Trenton | 76.5 | 90 | | | 12.11 | | 80.75 percent of total billed charges | |
| BKR CHG ANTI-DNA (SS) 1GG AB QN | 86226 | CPT | | | | outpatient | | | 85 | 13.93 | Qualcare | Qualcare | 63.75 | 75 | | | 12.11 | | 80.75 percent of total billed charges | |
| BKR CHG ANTI-DNA (SS) 1GG AB QN | 86226 | CPT | | | | outpatient | | | 85 | 13.93 | Horizon | MGD | 32.54 | 38.28 | | | 12.11 | | 80.75 percent of total billed charges | |
| BKR CHG ANTI-DNA (SS) 1GG AB QN | 86226 | CPT | | | | outpatient | | | 85 | 13.93 | Wellcare | Medicare | 12.11 | | | | 12.11 | | 80.75 fee schedule | |
| BKR CHG ANTI-DNA (SS) 1GG AB QN | 86226 | CPT | | | | outpatient | | | 85 | 13.93 | Horizon | NJ Health | 29.4 | | | | 12.11 | | 80.75 fee schedule | |
| BKR CHG ANTI-DNA (SS) 1GG AB QN | 86226 | CPT | | | | outpatient | | | 85 | 13.93 | UHC | Medicare | 12.11 | | | | 12.11 | | 80.75 fee schedule | |
| BKR CHG ANTI-DNA (SS) 1GG AB QN | 86226 | CPT | | | | outpatient | | | 85 | 13.93 | Wellcare | Medicaid | 15 | | | | 12.11 | | 80.75 fee schedule | |
| BKR CHG ANTI-DNA (SS) 1GG AB QN | 86226 | CPT | | | | outpatient | | | 85 | 13.93 | Horizon | PPO | 32.54 | 38.28 | | | 12.11 | | 80.75 percent of total billed charges | |
| BKR CHG ANTI-DNA (SS) 1GG AB QN | 86226 | CPT | | | | outpatient | | | 85 | 13.93 | Managed Care Inc | Managed Care Inc | 76.5 | 90 | | | 12.11 | | 80.75 percent of total billed charges | |
| BKR CHG ANTI-DNA (SS) 1GG AB QN | 86226 | CPT | | | | outpatient | | | 85 | 13.93 | Three Rivers | Three Rivers | 80.75 | 95 | | | 12.11 | | 80.75 percent of total billed charges | |
| BKR CHG EMA IGA | 86231 | CPT | | | | outpatient | | | 40 | 13.9 | Corrections | Corrections | 32 | 80 | | | 9.48 | | 38 percent of total billed charges | |
| BKR CHG EMA IGA | 86231 | CPT | | | | outpatient | | | 40 | 13.9 | Aetna | Commercial | 15.2 | 38 | | | 9.48 | | 38 percent of total billed charges | |
| BKR CHG EMA IGA | 86231 | CPT | | | | outpatient | | | 40 | 13.9 | Amerihealth | Medicare | 12.09 | | | | 9.48 | | 38 fee schedule | |
| BKR CHG EMA IGA | 86231 | CPT | | | | outpatient | | | 40 | 13.9 | Aetna | Better Health | 12.62 | 31.55 | | | 9.48 | | 38 percent of total billed charges | |
| BKR CHG EMA IGA | 86231 | CPT | | | | outpatient | | | 40 | 13.9 | Americare | Americare | 30 | 75 | | | 9.48 | | 38 percent of total billed charges | |
| BKR CHG EMA IGA | 86231 | CPT | | | | outpatient | | | 40 | 13.9 | Horizon | MGD | 15.31 | 38.28 | | | 9.48 | | 38 percent of total billed charges | |
| BKR CHG EMA IGA | 86231 | CPT | | | | outpatient | | | 40 | 13.9 | Amerihealth | HMO/PPO | 26 | 65 | | | 9.48 | | 38 percent of total billed charges | |
| BKR CHG EMA IGA | 86231 | CPT | | | | outpatient | | | 40 | 13.9 | Aetna | Medicare | 12.32 | 30.8 | | | 9.48 | | 38 percent of total billed charges | |
| BKR CHG EMA IGA | 86231 | CPT | | | | outpatient | | | 40 | 13.9 | First Trenton | First Trenton | 36 | 90 | | | 9.48 | | 38 percent of total billed charges | |
| BKR CHG EMA IGA | 86231 | CPT | | | | outpatient | | | 40 | 13.9 | Consumer | Consumer | 38 | 95 | | | 9.48 | | 38 percent of total billed charges | |
| BKR CHG EMA IGA | 86231 | CPT | | | | outpatient | | | 40 | 13.9 | First Health | First Health | 28 | 70 | | | 9.48 | | 38 percent of total billed charges | |
| BKR CHG EMA IGA | 86231 | CPT | | | | outpatient | | | 40 | 13.9 | Wellcare | Medicaid | 9.67 | | | | 9.48 | | 38 fee schedule | |
| BKR CHG EMA IGA | 86231 | CPT | | | | outpatient | | | 40 | 13.9 | Horizon | Indemnity | 15.31 | 38.28 | | | 9.48 | | 38 percent of total billed charges | |
| BKR CHG EMA IGA | 86231 | CPT | | | | outpatient | | | 40 | 13.9 | Wellcare | Medicare | 12.09 | | | | 9.48 | | 38 fee schedule | |
| BKR CHG EMA IGA | 86231 | CPT | | | | outpatient | | | 40 | 13.9 | Quelcare | Qualcare | 30 | 75 | | | 9.48 | | 38 percent of total billed charges | |
| BKR CHG EMA IGA | 86231 | CPT | | | | outpatient | | | 40 | 13.9 | Horizon | Medicare Blue | 12 | 30 | | | 9.48 | | 38 percent of total billed charges | |
| BKR CHG EMA IGA | 86231 | CPT | | | | outpatient | | | 40 | 13.9 | Multiplan | Multiplan | 32 | 80 | | | 9.48 | | 38 percent of total billed charges | |
| BKR CHG EMA IGA | 86231 | CPT | | | | outpatient | | | 40 | 13.9 | Horizon | PPO | 15.31 | 38.28 | | | 9.48 | | 38 percent of total billed charges | |
| BKR CHG EMA IGA | 86231 | CPT | | | | outpatient | | | 40 | 13.9 | UHC | Medicare | 12.09 | | | | 9.48 | | 38 fee schedule | |
| BKR CHG EMA IGA | 86231 | CPT | | | | outpatient | | | 40 | 13.9 | Horizon | NJ Health | 9.48 | | | | 9.48 | | 38 fee schedule | |
| BKR CHG EMA IGA | 86231 | CPT | | | | outpatient | | | 40 | 13.9 | WellPoint | WellPoint | 12.87 | 32.18 | | | 9.48 | | 38 percent of total billed charges | |
| BKR CHG EMA IGA | 86231 | CPT | | | | outpatient | | | 40 | 13.9 | Three Rivers | Three Rivers | 38 | 95 | | | 9.48 | | 38 percent of total billed charges | |
| BKR CHG EMA IGA | 86231 | CPT | | | | outpatient | | | 40 | 13.9 | Managed Care Inc | Managed Care Inc | 36 | 90 | | | 9.48 | | 38 percent of total billed charges | |
| BKR CHG EMA IGA | 86231 | CPT | | | | outpatient | | | 40 | 13.9 | UHC | Medicaid | 9.67 | | | | 9.48 | | 38 fee schedule | |
| BKR CHG XTRACTABLE NUC AG AB ANT MTHOD | 86235 | CPT | | | | both | | | 1162 | 20.62 | Consumer | Consumer | 1103.9 | 95 | | | 9.9 | | 1103.9 percent of total billed charges | |
| BKR CHG XTRACTABLE NUC AG AB ANT MTHOD | 86235 | CPT | | | | both | | | 1162 | 20.62 | Aetna | Medicare | 357.9 | 30.8 | | | 9.9 | | 1103.9 percent of total billed charges | |
| BKR CHG XTRACTABLE NUC AG AB ANT MTHOD | 86235 | CPT | | | | both | | | 1162 | 20.62 | Amerihealth | Medicare | 17.93 | | | | 9.9 | | 1103.9 fee schedule | |
| BKR CHG XTRACTABLE NUC AG AB ANT MTHOD | 86235 | CPT | | | | both | | | 1162 | 20.62 | Aetna | Better Health | 366.61 | 31.55 | | | 9.9 | | 1103.9 percent of total billed charges | |
| BKR CHG XTRACTABLE NUC AG AB ANT MTHOD | 86235 | CPT | | | | both | | | 1162 | 20.62 | Amerihealth | HMO/PPO | 26.2 | | | | 9.9 | | 1103.9 fee schedule | |
| BKR CHG XTRACTABLE NUC AG AB ANT MTHOD | 86235 | CPT | | | | both | | | 1162 | 20.62 | Americare | Americare | 871.5 | 75 | | | 9.9 | | 1103.9 percent of total billed charges | |
| BKR CHG XTRACTABLE NUC AG AB ANT MTHOD | 86235 | CPT | | | | both | | | 1162 | 20.62 | Aetna | Commercial | 441.56 | 38 | | 3.15 | 9.9 | | 1103.9 percent of total billed charges | |
| BKR CHG XTRACTABLE NUC AG AB ANT MTHOD | 86235 | CPT | | | | both | | | 1162 | 20.62 | Corrections | Corrections | 929.6 | 80 | | | 9.9 | | 1103.9 percent of total billed charges | |
| BKR CHG XTRACTABLE NUC AG AB ANT MTHOD | 86235 | CPT | | | | both | | | 1162 | 20.62 | First Trenton | First Trenton | 1045.8 | 90 | | | 9.9 | | 1103.9 percent of total billed charges | |
| BKR CHG XTRACTABLE NUC AG AB ANT MTHOD | 86235 | CPT | | | | both | | | 1162 | 20.62 | Wellcare | Medicaid | 24 | | | | 9.9 | | 1103.9 fee schedule | |
| BKR CHG XTRACTABLE NUC AG AB ANT MTHOD | 86235 | CPT | | | | both | | | 1162 | 20.62 | First Health | First Health | 813.4 | 70 | | | 9.9 | | 1103.9 percent of total billed charges | |
| BKR CHG XTRACTABLE NUC AG AB ANT MTHOD | 86235 | CPT | | | | both | | | 1162 | 20.62 | Multiplan | Multiplan | 929.6 | 80 | | | 9.9 | | 1103.9 percent of total billed charges | |
| BKR CHG XTRACTABLE NUC AG AB ANT MTHOD | 86235 | CPT | | | | both | | | 1162 | 20.62 | Managed Care Inc | Managed Care Inc | 1045.8 | 90 | | | 9.9 | | 1103.9 percent of total billed charges | |
| BKR CHG XTRACTABLE NUC AG AB ANT MTHOD | 86235 | CPT | | | | both | | | 1162 | 20.62 | Horizon | Medicare Blue | 348.6 | 30 | | | 9.9 | | 1103.9 percent of total billed charges | |
| BKR CHG XTRACTABLE NUC AG AB ANT MTHOD | 86235 | CPT | | | | both | | | 1162 | 20.62 | Horizon | Indemnity | 444.81 | 38.28 | | | 9.9 | | 1103.9 percent of total billed charges | |
| BKR CHG XTRACTABLE NUC AG AB ANT MTHOD | 86235 | CPT | | | | both | | | 1162 | 20.62 | Horizon | MGD | 444.81 | 38.28 | | 14.53 | 9.9 | | 1103.9 percent of total billed charges | |
| BKR CHG XTRACTABLE NUC AG AB ANT MTHOD | 86235 | CPT | | | | both | | | 1162 | 20.62 | Three Rivers | Three Rivers | 1103.9 | 95 | | | 9.9 | | 1103.9 percent of total billed charges | |
| BKR CHG XTRACTABLE NUC AG AB ANT MTHOD | 86235 | CPT | | | | both | | | 1162 | 20.62 | Horizon | NJ Health | 47.04 | | | 4.38 | 9.9 | | 1103.9 fee schedule | |
| BKR CHG XTRACTABLE NUC AG AB ANT MTHOD | 86235 | CPT | | | | both | | | 1162 | 20.62 | UHC | Medicaid | 24 | | | 24.06 | 9.9 | | 1103.9 fee schedule | |
| BKR CHG XTRACTABLE NUC AG AB ANT MTHOD | 86235 | CPT | | | | both | | | 1162 | 20.62 | Qualcare | Qualcare | 871.5 | 75 | | | 9.9 | | 1103.9 percent of total billed charges | |
| BKR CHG XTRACTABLE NUC AG AB ANT MTHOD | 86235 | CPT | | | | both | | | 1162 | 20.62 | UHC | Medicare | 17.93 | | | 4.4 | 9.9 | | 1103.9 fee schedule | |
| BKR CHG XTRACTABLE NUC AG AB ANT MTHOD | 86235 | CPT | | | | both | | | 1162 | 20.62 | Horizon | PPO | 444.81 | 38.28 | | 6.65 | 9.9 | | 1103.9 percent of total billed charges | |
| BKR CHG XTRACTABLE NUC AG AB ANT MTHOD | 86235 | CPT | | | | both | | | 1162 | 20.62 | WellPoint | WellPoint | 373.93 | 32.18 | | 9.12 | 9.9 | | 1103.9 percent of total billed charges | |
| BKR CHG XTRACTABLE NUC AG AB ANT MTHOD | 86235 | CPT | | | | both | | | 1162 | 20.62 | Wellcare | Medicare | 17.93 | | | | 9.9 | | 1103.9 fee schedule | |
| BKR CHG ZIC4 ANTIBODY | 86255 | CPT | | | | both | | | 3615 | 13.86 | Consumer | Consumer | 3434.25 | 95 | | | 7.8 | | 3434.25 percent of total billed charges | |
| BKR CHG ZIC4 ANTIBODY | 86255 | CPT | | | | both | | | 3615 | 13.86 | Aetna | Medicare | 1113.42 | 30.8 | | | 7.8 | | 3434.25 percent of total billed charges | |
| BKR CHG ZIC4 ANTIBODY | 86255 | CPT | | | | both | | | 3615 | 13.86 | Amerihealth | HMO/PPO | 17.6 | | | 6.91 | 7.8 | | 3434.25 fee schedule | |
| BKR CHG ZIC4 ANTIBODY | 86255 | CPT | | | | both | | | 3615 | 13.86 | Aetna | Commercial | 1373.7 | 38 | | 40.37 | 7.8 | | 3434.25 percent of total billed charges | |
| BKR CHG ZIC4 ANTIBODY | 86255 | CPT | | | | both | | | 3615 | 13.86 | Corrections | Corrections | 2892 | 80 | | | 7.8 | | 3434.25 percent of total billed charges | |
| BKR CHG ZIC4 ANTIBODY | 86255 | CPT | | | | both | | | 3615 | 13.86 | First Trenton | First Trenton | 3253.5 | 90 | | | 7.8 | | 3434.25 percent of total billed charges | |
| BKR CHG ZIC4 ANTIBODY | 86255 | CPT | | | | both | | | 3615 | 13.86 | Americare | Americare | 2711.25 | 75 | | | 7.8 | | 3434.25 percent of total billed charges | |
| BKR CHG ZIC4 ANTIBODY | 86255 | CPT | | | | both | | | 3615 | 13.86 | Aetna | Better Health | 1140.53 | 31.55 | | | 7.8 | | 3434.25 percent of total billed charges | |
| BKR CHG ZIC4 ANTIBODY | 86255 | CPT | | | | both | | | 3615 | 13.86 | Wellcare | Medicaid | 7.8 | | | | 7.8 | | 3434.25 fee schedule | |
| BKR CHG ZIC4 ANTIBODY | 86255 | CPT | | | | both | | | 3615 | 13.86 | Amerihealth | Medicare | 12.05 | | | | 7.8 | | 3434.25 fee schedule | |
| BKR CHG ZIC4 ANTIBODY | 86255 | CPT | | | | both | | | 3615 | 13.86 | Horizon | Indemnity | 1383.82 | 38.28 | | | 7.8 | | 3434.25 percent of total billed charges | |
| BKR CHG ZIC4 ANTIBODY | 86255 | CPT | | | | both | | | 3615 | 13.86 | Multiplan | Multiplan | 2892 | 80 | | | 7.8 | | 3434.25 percent of total billed charges | |
| BKR CHG ZIC4 ANTIBODY | 86255 | CPT | | | | both | | | 3615 | 13.86 | UHC | Medicaid | 7.8 | | | 29.41 | 7.8 | | 3434.25 fee schedule | |
| BKR CHG ZIC4 ANTIBODY | 86255 | CPT | | | | both | | | 3615 | 13.86 | Horizon | PPO | 1383.82 | 38.28 | | 51.74 | 7.8 | | 3434.25 percent of total billed charges | |
| BKR CHG ZIC4 ANTIBODY | 86255 | CPT | | | | both | | | 3615 | 13.86 | UHC | Medicare | 12.05 | | | 89.45 | 7.8 | | 3434.25 fee schedule | |
| BKR CHG ZIC4 ANTIBODY | 86255 | CPT | | | | both | | | 3615 | 13.86 | First Health | First Health | 2530.5 | 70 | | | 7.8 | | 3434.25 percent of total billed charges | |
| BKR CHG ZIC4 ANTIBODY | 86255 | CPT | | | | both | | | 3615 | 13.86 | Wellcare | Medicare | 12.05 | | | | 7.8 | | 3434.25 fee schedule | |
| BKR CHG ZIC4 ANTIBODY | 86255 | CPT | | | | both | | | 3615 | 13.86 | Horizon | NJ Health | 15.29 | | | 1.8 | 7.8 | | 3434.25 fee schedule | |
| BKR CHG ZIC4 ANTIBODY | 86255 | CPT | | | | both | | | 3615 | 13.86 | Quelcare | Qualcare | 2711.25 | 75 | | | 7.8 | | 3434.25 percent of total billed charges | |
| BKR CHG ZIC4 ANTIBODY | 86255 | CPT | | | | both | | | 3615 | 13.86 | Managed Care Inc | Managed Care Inc | 3253.5 | 90 | | | 7.8 | | 3434.25 percent of total billed charges | |
| BKR CHG ZIC4 ANTIBODY | 86255 | CPT | | | | both | | | 3615 | 13.86 | Horizon | Medicare Blue | 1084.5 | 30 | | | 7.8 | | 3434.25 percent of total billed charges | |
| BKR CHG ZIC4 ANTIBODY | 86255 | CPT | | | | both | | | 3615 | 13.86 | WellPoint | WellPoint | 1163.31 | 32.18 | | | 7.8 | | 3434.25 percent of total billed charges | |
| BKR CHG ZIC4 ANTIBODY | 86255 | CPT | | | | both | | | 3615 | 13.86 | Horizon | MGD | 1383.82 | 38.28 | | 28.1 | 7.8 | | 3434.25 percent of total billed charges | |
| BKR CHG ZIC4 ANTIBODY | 86255 | CPT | | | | both | | | 3615 | 13.86 | Three Rivers | Three Rivers | 3434.25 | 95 | | | 7.8 | | 3434.25 percent of total billed charges | |
| BKR CHG THSD7A ANTIBODY IGG TITER (RE | 86256 | CPT | | | | both | | | 633 | 13.86 | First Health | First Health | 443.1 | 70 | | | 8.4 | | 601.35 percent of total billed charges | |
| BKR CHG THSD7A ANTIBODY IGG TITER (RE | 86256 | CPT | | | | both | | | 633 | 13.86 | Aetna | Commercial | 240.54 | 38 | | 48.45 | 8.4 | | 601.35 percent of total billed charges | |
| BKR CHG THSD7A ANTIBODY IGG TITER (RE | 86256 | CPT | | | | both | | | 633 | 13.86 | Aetna | Better Health | 199.71 | 31.55 | | | 8.4 | | 601.35 percent of total billed charges | |
| BKR CHG THSD7A ANTIBODY IGG TITER (RE | 86256 | CPT | | | | both | | | 633 | 13.86 | UHC | Medicaid | 12.5 | 30 | | 28.3 | 8.4 | | 601.35 fee schedule | |
| BKR CHG THSD7A ANTIBODY IGG TITER (RE | 86256 | CPT | | | | both | | | 633 | 13.86 | Aetna | Medicare | 194.96 | 30.8 | | | 8.4 | | 601.35 percent of total billed charges | |
| BKR CHG THSD7A ANTIBODY IGG TITER (RE | 86256 | CPT | | | | both | | | 633 | 13.86 | Americare | Americare | 474.75 | 75 | | | 8.4 | | 601.35 percent of total billed charges | |
| BKR CHG THSD7A ANTIBODY IGG TITER (RE | 86256 | CPT | | | | both | | | 633 | 13.86 | Corrections | Corrections | 506.4 | 80 | | | 8.4 | | 601.35 percent of total billed charges | |
| BKR CHG THSD7A ANTIBODY IGG TITER (RE | 86256 | CPT | | | | both | | | 633 | 13.86 | First Trenton | First Trenton | 569.7 | 90 | | | 8.4 | | 601.35 percent of total billed charges | |
| BKR CHG THSD7A ANTIBODY IGG TITER (RE | 86256 | CPT | | | | both | | | 633 | 13.86 | UHC | Medicare | 12.05 | | | 6.02 | 8.4 | | 601.35 fee schedule | |
| BKR CHG THSD7A ANTIBODY IGG TITER (RE | 86256 | CPT | | | | both | | | 633 | 13.86 | Multiplan | Multiplan | 506.4 | 80 | | | 8.4 | | 601.35 percent of total billed charges | |
| BKR CHG THSD7A ANTIBODY IGG TITER (RE | 86256 | CPT | | | | both | | | 633 | 13.86 | Horizon | Medicare Blue | 189.9 | 30 | | | 8.4 | | 601.35 percent of total billed charges | |
| BKR CHG THSD7A ANTIBODY IGG TITER (RE | 86256 | CPT | | | | both | | | 633 | 13.86 | Managed Care Inc | Managed Care Inc | 569.7 | 90 | | | 8.4 | | 601.35 percent of total billed charges | |
| BKR CHG THSD7A ANTIBODY IGG TITER (RE | 86256 | CPT | | | | both | | | 633 | 13.86 | Amerihealth | HMO/PPO | 11.5 | | | | 8.4 | | 601.35 fee schedule | |
| BKR CHG THSD7A ANTIBODY IGG TITER (RE | 86256 | CPT | | | | both | | | 633 | 13.86 | Consumer | Consumer | 601.35 | 95 | | | 8.4 | | 601.35 percent of total billed charges | |
| BKR CHG THSD7A ANTIBODY IGG TITER (RE | 86256 | CPT | | | | both | | | 633 | 13.86 | Horizon | MGD | 242.31 | 38.28 | | 16 | 8.4 | | 601.35 percent of total billed charges | |
| BKR CHG THSD7A ANTIBODY IGG TITER (RE | 86256 | CPT | | | | both | | | 633 | 13.86 | Wellcare | Medicaid | 12.5 | | | 8.99 | 8.4 | | 601.35 fee schedule | |
| BKR CHG THSD7A ANTIBODY IGG TITER (RE | 86256 | CPT | | | | both | | | 633 | 13.86 | Wellcare | Medicare | 12.05 | | | | 8.4 | | 601.35 fee schedule | |
| BKR CHG THSD7A ANTIBODY IGG TITER (RE | 86256 | CPT | | | | both | | | 633 | 13.86 | Quelcare | Qualcare | 474.75 | 75 | | | 8.4 | | 601.35 percent of total billed charges | |
| BKR CHG THSD7A ANTIBODY IGG TITER (RE | 86256 | CPT | | | | both | | | 633 | 13.86 | WellPoint | WellPoint | 203.7 | 32.18 | | 7.62 | 8.4 | | 601.35 percent of total billed charges | |
| BKR CHG THSD7A ANTIBODY IGG TITER (RE | 86256 | CPT | | | | both | | | 633 | 13.86 | Horizon | Indemnity | 242.31 | 38.28 | | 7.74 | 8.4 | | 601.35 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG THSD7A ANTIBODY IGG TITER (RE | 86256 | CPT | | | | both | | | 633 | 13.86 | Amerihealth | Medicare | 12.05 | | | | 8.4 | 601.35 | fee schedule | |
| BKR CHG THSD7A ANTIBODY IGG TITER (RE | 86256 | CPT | | | | both | | | 633 | 13.86 | Horizon | NJ Health | 24.5 | | | 1.17 | 8.4 | 601.35 | fee schedule | |
| BKR CHG THSD7A ANTIBODY IGG TITER (RE | 86256 | CPT | | | | both | | | 633 | 13.86 | Horizon | PPO | 242.31 | 38.28 | | 29.17 | 8.4 | 601.35 | percent of total billed charges | |
| BKR CHG THSD7A ANTIBODY IGG TITER (RE | 86256 | CPT | | | | both | | | 633 | 13.86 | Three Rivers | Three Rivers | 601.35 | 95 | | | 8.4 | 601.35 | percent of total billed charges | |
| BKR CHG DGP IGG | 86258 | CPT | | | | outpatient | | | 38 | 13.86 | Amerihealth | Medicare | 12.05 | | | | 9.04 | 36.1 | fee schedule | |
| BKR CHG DGP IGG | 86258 | CPT | | | | outpatient | | | 38 | 13.86 | Aetna | Medicare | 11.7 | 30.8 | | | 9.04 | 36.1 | percent of total billed charges | |
| BKR CHG DGP IGG | 86258 | CPT | | | | outpatient | | | 38 | 13.86 | First Health | First Health | 26.6 | 70 | | | 9.04 | 36.1 | percent of total billed charges | |
| BKR CHG DGP IGG | 86258 | CPT | | | | outpatient | | | 38 | 13.86 | Americare | Americare | 28.5 | 75 | | | 9.04 | 36.1 | percent of total billed charges | |
| BKR CHG DGP IGG | 86258 | CPT | | | | outpatient | | | 38 | 13.86 | Wellcare | Medicaid | 9.22 | | | | 9.04 | 36.1 | fee schedule | |
| BKR CHG DGP IGG | 86258 | CPT | | | | outpatient | | | 38 | 13.86 | Corrections | Corrections | 30.4 | 80 | | | 9.04 | 36.1 | percent of total billed charges | |
| BKR CHG DGP IGG | 86258 | CPT | | | | outpatient | | | 38 | 13.86 | Aetna | Better Health | 11.99 | 31.55 | | | 9.04 | 36.1 | percent of total billed charges | |
| BKR CHG DGP IGG | 86258 | CPT | | | | outpatient | | | 38 | 13.86 | Horizon | Indemnity | 14.55 | 38.28 | | | 9.04 | 36.1 | percent of total billed charges | |
| BKR CHG DGP IGG | 86258 | CPT | | | | outpatient | | | 38 | 13.86 | First Trenton | First Trenton | 34.2 | 90 | | | 9.04 | 36.1 | percent of total billed charges | |
| BKR CHG DGP IGG | 86258 | CPT | | | | outpatient | | | 38 | 13.86 | Consumer | Consumer | 36.1 | 95 | | | 9.04 | 36.1 | percent of total billed charges | |
| BKR CHG DGP IGG | 86258 | CPT | | | | outpatient | | | 38 | 13.86 | UHC | Medicaid | 9.22 | | | | 9.04 | 36.1 | fee schedule | |
| BKR CHG DGP IGG | 86258 | CPT | | | | outpatient | | | 38 | 13.86 | Amerihealth | HMO/PPO | 24.7 | 65 | | | 9.04 | 36.1 | percent of total billed charges | |
| BKR CHG DGP IGG | 86258 | CPT | | | | outpatient | | | 38 | 13.86 | Horizon | PPO | 14.55 | 38.28 | | | 9.04 | 36.1 | percent of total billed charges | |
| BKR CHG DGP IGG | 86258 | CPT | | | | outpatient | | | 38 | 13.86 | WellPoint | WellPoint | 12.23 | 32.18 | | | 9.04 | 36.1 | percent of total billed charges | |
| BKR CHG DGP IGG | 86258 | CPT | | | | outpatient | | | 38 | 13.86 | Aetna | Commercial | 14.44 | 38 | | | 9.04 | 36.1 | percent of total billed charges | |
| BKR CHG DGP IGG | 86258 | CPT | | | | outpatient | | | 38 | 13.86 | Horizon | Medicare Blue | 11.4 | 30 | | | 9.04 | 36.1 | percent of total billed charges | |
| BKR CHG DGP IGG | 86258 | CPT | | | | outpatient | | | 38 | 13.86 | Managed Care Inc | Managed Care Inc | 34.2 | 90 | | | 9.04 | 36.1 | percent of total billed charges | |
| BKR CHG DGP IGG | 86258 | CPT | | | | outpatient | | | 38 | 13.86 | Horizon | MGD | 14.55 | 38.28 | | | 9.04 | 36.1 | percent of total billed charges | |
| BKR CHG DGP IGG | 86258 | CPT | | | | outpatient | | | 38 | 13.86 | Multiplan | Multiplan | 30.4 | 80 | | | 9.04 | 36.1 | percent of total billed charges | |
| BKR CHG DGP IGG | 86258 | CPT | | | | outpatient | | | 38 | 13.86 | Horizon | NJ Health | 9.04 | | | | 9.04 | 36.1 | fee schedule | |
| BKR CHG DGP IGG | 86258 | CPT | | | | outpatient | | | 38 | 13.86 | UHC | Medicare | 12.05 | | | | 9.04 | 36.1 | fee schedule | |
| BKR CHG DGP IGG | 86258 | CPT | | | | outpatient | | | 38 | 13.86 | Three Rivers | Three Rivers | 36.1 | 95 | | | 9.04 | 36.1 | percent of total billed charges | |
| BKR CHG DGP IGG | 86258 | CPT | | | | outpatient | | | 38 | 13.86 | Qualcare | Qualcare | 28.5 | 75 | | | 9.04 | 36.1 | percent of total billed charges | |
| BKR CHG DGP IGG | 86258 | CPT | | | | outpatient | | | 38 | 13.86 | Wellcare | Medicare | 12.05 | | | | 9.04 | 36.1 | fee schedule | |
| BKR CHG CANCER ANTIGEN (CA) 15-3 | 86300 | CPT | | | | both | | | 50 | 23.93 | Amerihealth | Medicare | 20.81 | | | | 14.7 | 54.1 | fee schedule | |
| BKR CHG CANCER ANTIGEN (CA) 15-3 | 86300 | CPT | | | | both | | | 50 | 23.93 | Aetna | Commercial | 19 | 38 | | 5.22 | 14.7 | 54.1 | percent of total billed charges | |
| BKR CHG CANCER ANTIGEN (CA) 15-3 | 86300 | CPT | | | | both | | | 50 | 23.93 | Americare | Americare | 37.5 | 75 | | | 14.7 | 54.1 | percent of total billed charges | |
| BKR CHG CANCER ANTIGEN (CA) 15-3 | 86300 | CPT | | | | both | | | 50 | 23.93 | Aetna | Medicare | 15.4 | 30.8 | | 1.99 | 14.7 | 54.1 | percent of total billed charges | |
| BKR CHG CANCER ANTIGEN (CA) 15-3 | 86300 | CPT | | | | both | | | 50 | 23.93 | Horizon | Indemnity | 19.14 | 38.28 | | 3.35 | 14.7 | 54.1 | percent of total billed charges | |
| BKR CHG CANCER ANTIGEN (CA) 15-3 | 86300 | CPT | | | | both | | | 50 | 23.93 | First Health | First Health | 35 | 70 | | | 14.7 | 54.1 | percent of total billed charges | |
| BKR CHG CANCER ANTIGEN (CA) 15-3 | 86300 | CPT | | | | both | | | 50 | 23.93 | Aetna | Better Health | 15.78 | 31.55 | | 4.37 | 14.7 | 54.1 | percent of total billed charges | |
| BKR CHG CANCER ANTIGEN (CA) 15-3 | 86300 | CPT | | | | both | | | 50 | 23.93 | Amerihealth | HMO/PPO | 32.6 | | | 2.41 | 14.7 | 54.1 | fee schedule | |
| BKR CHG CANCER ANTIGEN (CA) 15-3 | 86300 | CPT | | | | both | | | 50 | 23.93 | Horizon | PPO | 19.14 | 38.28 | | 11.79 | 14.7 | 54.1 | percent of total billed charges | |
| BKR CHG CANCER ANTIGEN (CA) 15-3 | 86300 | CPT | | | | both | | | 50 | 23.93 | Three Rivers | Three Rivers | 47.5 | 95 | | | 14.7 | 54.1 | percent of total billed charges | |
| BKR CHG CANCER ANTIGEN (CA) 15-3 | 86300 | CPT | | | | both | | | 50 | 23.93 | Consumer | Consumer | 47.5 | 95 | | | 14.7 | 54.1 | percent of total billed charges | |
| BKR CHG CANCER ANTIGEN (CA) 15-3 | 86300 | CPT | | | | both | | | 50 | 23.93 | Corrections | Corrections | 40 | 80 | | | 14.7 | 54.1 | percent of total billed charges | |
| BKR CHG CANCER ANTIGEN (CA) 15-3 | 86300 | CPT | | | | both | | | 50 | 23.93 | Horizon | MGD | 19.14 | 38.28 | | 4.07 | 14.7 | 54.1 | percent of total billed charges | |
| BKR CHG CANCER ANTIGEN (CA) 15-3 | 86300 | CPT | | | | both | | | 50 | 23.93 | UHC | Medicare | 20.81 | | | 4.56 | 14.7 | 54.1 | fee schedule | |
| BKR CHG CANCER ANTIGEN (CA) 15-3 | 86300 | CPT | | | | both | | | 50 | 23.93 | Multiplan | Multiplan | 40 | 80 | | | 14.7 | 54.1 | percent of total billed charges | |
| BKR CHG CANCER ANTIGEN (CA) 15-3 | 86300 | CPT | | | | both | | | 50 | 23.93 | First Trenton | First Trenton | 45 | 90 | | | 14.7 | 54.1 | percent of total billed charges | |
| BKR CHG CANCER ANTIGEN (CA) 15-3 | 86300 | CPT | | | | both | | | 50 | 23.93 | UHC | Medicaid | 23 | | | 11.72 | 14.7 | 54.1 | fee schedule | |
| BKR CHG CANCER ANTIGEN (CA) 15-3 | 86300 | CPT | | | | both | | | 50 | 23.93 | WellPoint | WellPoint | 16.09 | 32.18 | | 10.14 | 14.7 | 54.1 | percent of total billed charges | |
| BKR CHG CANCER ANTIGEN (CA) 15-3 | 86300 | CPT | | | | both | | | 50 | 23.93 | Wellcare | Medicare | 20.81 | | | 0.8 | 14.7 | 54.1 | fee schedule | |
| BKR CHG CANCER ANTIGEN (CA) 15-3 | 86300 | CPT | | | | both | | | 50 | 23.93 | Horizon | Medicare Blue | 15 | 30 | | 3.34 | 14.7 | 54.1 | percent of total billed charges | |
| BKR CHG CANCER ANTIGEN (CA) 15-3 | 86300 | CPT | | | | both | | | 50 | 23.93 | Qualcare | Qualcare | 37.5 | 75 | | | 14.7 | 54.1 | percent of total billed charges | |
| BKR CHG CANCER ANTIGEN (CA) 15-3 | 86300 | CPT | | | | both | | | 50 | 23.93 | Horizon | NJ Health | 54.1 | | | 3.47 | 14.7 | 54.1 | fee schedule | |
| BKR CHG CANCER ANTIGEN (CA) 15-3 | 86300 | CPT | | | | both | | | 50 | 23.93 | Wellcare | Medicaid | 23 | | | 11.31 | 14.7 | 54.1 | fee schedule | |
| BKR CHG CANCER ANTIGEN (CA) 15-3 | 86300 | CPT | | | | both | | | 50 | 23.93 | Managed Care Inc | Managed Care Inc | 45 | 90 | | | 14.7 | 54.1 | percent of total billed charges | |
| BKR CHG CARBOHYDRATE ANTIGEN 19-9 | 86301 | CPT | | | | outpatient | | | 131 | 23.93 | Aetna | Better Health | 41.33 | 31.55 | | | 13.2 | 124.45 | percent of total billed charges | |
| BKR CHG CARBOHYDRATE ANTIGEN 19-9 | 86301 | CPT | | | | outpatient | | | 131 | 23.93 | Multiplan | Multiplan | 104.8 | 80 | | | 13.2 | 124.45 | percent of total billed charges | |
| BKR CHG CARBOHYDRATE ANTIGEN 19-9 | 86301 | CPT | | | | outpatient | | | 131 | 23.93 | Aetna | Medicare | 40.35 | 30.8 | | | 13.2 | 124.45 | percent of total billed charges | |
| BKR CHG CARBOHYDRATE ANTIGEN 19-9 | 86301 | CPT | | | | outpatient | | | 131 | 23.93 | Horizon | Medicare Blue | 39.3 | 30 | | | 13.2 | 124.45 | percent of total billed charges | |
| BKR CHG CARBOHYDRATE ANTIGEN 19-9 | 86301 | CPT | | | | outpatient | | | 131 | 23.93 | Consumer | Consumer | 124.45 | 95 | | | 13.2 | 124.45 | percent of total billed charges | |
| BKR CHG CARBOHYDRATE ANTIGEN 19-9 | 86301 | CPT | | | | outpatient | | | 131 | 23.93 | Amerihealth | Medicare | 20.81 | | | | 13.2 | 124.45 | fee schedule | |
| BKR CHG CARBOHYDRATE ANTIGEN 19-9 | 86301 | CPT | | | | outpatient | | | 131 | 23.93 | Horizon | MGD | 50.15 | 38.28 | | | 13.2 | 124.45 | percent of total billed charges | |
| BKR CHG CARBOHYDRATE ANTIGEN 19-9 | 86301 | CPT | | | | outpatient | | | 131 | 23.93 | First Trenton | First Trenton | 117.9 | 90 | | | 13.2 | 124.45 | percent of total billed charges | |
| BKR CHG CARBOHYDRATE ANTIGEN 19-9 | 86301 | CPT | | | | outpatient | | | 131 | 23.93 | Aetna | Commercial | 49.78 | 38 | | | 13.2 | 124.45 | percent of total billed charges | |
| BKR CHG CARBOHYDRATE ANTIGEN 19-9 | 86301 | CPT | | | | outpatient | | | 131 | 23.93 | Qualcare | Qualcare | 98.25 | 75 | | | 13.2 | 124.45 | percent of total billed charges | |
| BKR CHG CARBOHYDRATE ANTIGEN 19-9 | 86301 | CPT | | | | outpatient | | | 131 | 23.93 | Americare | Americare | 98.25 | 75 | | | 13.2 | 124.45 | percent of total billed charges | |
| BKR CHG CARBOHYDRATE ANTIGEN 19-9 | 86301 | CPT | | | | outpatient | | | 131 | 23.93 | UHC | Medicare | 20.81 | | | | 13.2 | 124.45 | fee schedule | |
| BKR CHG CARBOHYDRATE ANTIGEN 19-9 | 86301 | CPT | | | | outpatient | | | 131 | 23.93 | Corrections | Corrections | 104.8 | 80 | | | 13.2 | 124.45 | percent of total billed charges | |
| BKR CHG CARBOHYDRATE ANTIGEN 19-9 | 86301 | CPT | | | | outpatient | | | 131 | 23.93 | First Health | First Health | 91.7 | 70 | | | 13.2 | 124.45 | percent of total billed charges | |
| BKR CHG CARBOHYDRATE ANTIGEN 19-9 | 86301 | CPT | | | | outpatient | | | 131 | 23.93 | Amerihealth | HMO/PPO | 32.6 | | | | 13.2 | 124.45 | fee schedule | |
| BKR CHG CARBOHYDRATE ANTIGEN 19-9 | 86301 | CPT | | | | outpatient | | | 131 | 23.93 | WellPoint | WellPoint | 42.16 | 32.18 | | | 13.2 | 124.45 | percent of total billed charges | |
| BKR CHG CARBOHYDRATE ANTIGEN 19-9 | 86301 | CPT | | | | outpatient | | | 131 | 23.93 | Horizon | Indemnity | 50.15 | 38.28 | | | 13.2 | 124.45 | percent of total billed charges | |
| BKR CHG CARBOHYDRATE ANTIGEN 19-9 | 86301 | CPT | | | | outpatient | | | 131 | 23.93 | Horizon | PPO | 50.15 | 38.28 | | | 13.2 | 124.45 | percent of total billed charges | |
| BKR CHG CARBOHYDRATE ANTIGEN 19-9 | 86301 | CPT | | | | outpatient | | | 131 | 23.93 | Horizon | NJ Health | 22.97 | | | | 13.2 | 124.45 | fee schedule | |
| BKR CHG CARBOHYDRATE ANTIGEN 19-9 | 86301 | CPT | | | | outpatient | | | 131 | 23.93 | Wellcare | Medicare | 20.81 | | | | 13.2 | 124.45 | fee schedule | |
| BKR CHG CARBOHYDRATE ANTIGEN 19-9 | 86301 | CPT | | | | outpatient | | | 131 | 23.93 | UHC | Medicaid | 23 | | | | 13.2 | 124.45 | fee schedule | |
| BKR CHG CARBOHYDRATE ANTIGEN 19-9 | 86301 | CPT | | | | outpatient | | | 131 | 23.93 | Managed Care Inc | Managed Care Inc | 117.9 | 90 | | | 13.2 | 124.45 | percent of total billed charges | |
| BKR CHG CARBOHYDRATE ANTIGEN 19-9 | 86301 | CPT | | | | outpatient | | | 131 | 23.93 | Wellcare | Medicaid | 23 | | | | 13.2 | 124.45 | fee schedule | |
| BKR CHG CARBOHYDRATE ANTIGEN 19-9 | 86301 | CPT | | | | outpatient | | | 131 | 23.93 | Three Rivers | Three Rivers | 124.45 | 95 | | | 13.2 | 124.45 | percent of total billed charges | |
| BKR CHG CANCER ANTIGEN (CA) 125 | 86304 | CPT | | | | both | | | 97 | 23.93 | Horizon | Indemnity | 37.13 | 38.28 | | 22.14 | 12.6 | 92.15 | percent of total billed charges | |
| BKR CHG CANCER ANTIGEN (CA) 125 | 86304 | CPT | | | | both | | | 97 | 23.93 | Aetna | Better Health | 30.6 | 31.55 | | | 12.6 | 92.15 | percent of total billed charges | |
| BKR CHG CANCER ANTIGEN (CA) 125 | 86304 | CPT | | | | both | | | 97 | 23.93 | Aetna | Commercial | 36.86 | 38 | | 24.59 | 12.6 | 92.15 | percent of total billed charges | |
| BKR CHG CANCER ANTIGEN (CA) 125 | 86304 | CPT | | | | both | | | 97 | 23.93 | Aetna | Medicare | 29.88 | 30.8 | | 5.92 | 12.6 | 92.15 | percent of total billed charges | |
| BKR CHG CANCER ANTIGEN (CA) 125 | 86304 | CPT | | | | both | | | 97 | 23.93 | Corrections | Corrections | 77.6 | 80 | | | 12.6 | 92.15 | percent of total billed charges | |
| BKR CHG CANCER ANTIGEN (CA) 125 | 86304 | CPT | | | | both | | | 97 | 23.93 | Amerihealth | Medicare | 20.81 | | | | 12.6 | 92.15 | fee schedule | |
| BKR CHG CANCER ANTIGEN (CA) 125 | 86304 | CPT | | | | both | | | 97 | 23.93 | Consumer | Consumer | 92.15 | 95 | | | 12.6 | 92.15 | percent of total billed charges | |
| BKR CHG CANCER ANTIGEN (CA) 125 | 86304 | CPT | | | | both | | | 97 | 23.93 | First Trenton | First Trenton | 87.3 | 90 | | | 12.6 | 92.15 | percent of total billed charges | |
| BKR CHG CANCER ANTIGEN (CA) 125 | 86304 | CPT | | | | both | | | 97 | 23.93 | Horizon | PPO | 37.13 | 38.28 | | 12.93 | 12.6 | 92.15 | percent of total billed charges | |
| BKR CHG CANCER ANTIGEN (CA) 125 | 86304 | CPT | | | | both | | | 97 | 23.93 | First Health | First Health | 67.9 | 70 | | | 12.6 | 92.15 | percent of total billed charges | |
| BKR CHG CANCER ANTIGEN (CA) 125 | 86304 | CPT | | | | both | | | 97 | 23.93 | Americare | Americare | 72.75 | 75 | | | 12.6 | 92.15 | percent of total billed charges | |
| BKR CHG CANCER ANTIGEN (CA) 125 | 86304 | CPT | | | | both | | | 97 | 23.93 | Wellcare | Medicare | 20.81 | | | 5.19 | 12.6 | 92.15 | fee schedule | |
| BKR CHG CANCER ANTIGEN (CA) 125 | 86304 | CPT | | | | both | | | 97 | 23.93 | Multiplan | Multiplan | 77.6 | 80 | | | 12.6 | 92.15 | percent of total billed charges | |
| BKR CHG CANCER ANTIGEN (CA) 125 | 86304 | CPT | | | | both | | | 97 | 23.93 | Horizon | NJ Health | 23.11 | | | 13.15 | 12.6 | 92.15 | fee schedule | |
| BKR CHG CANCER ANTIGEN (CA) 125 | 86304 | CPT | | | | both | | | 97 | 23.93 | Horizon | Medicare Blue | 29.1 | 30 | | | 12.6 | 92.15 | percent of total billed charges | |
| BKR CHG CANCER ANTIGEN (CA) 125 | 86304 | CPT | | | | both | | | 97 | 23.93 | UHC | Medicare | 20.81 | | | 8.12 | 12.6 | 92.15 | fee schedule | |
| BKR CHG CANCER ANTIGEN (CA) 125 | 86304 | CPT | | | | both | | | 97 | 23.93 | WellPoint | WellPoint | 31.21 | 32.18 | | 4.17 | 12.6 | 92.15 | percent of total billed charges | |
| BKR CHG CANCER ANTIGEN (CA) 125 | 86304 | CPT | | | | both | | | 97 | 23.93 | Amerihealth | HMO/PPO | 32.6 | | | 0.54 | 12.6 | 92.15 | fee schedule | |
| BKR CHG CANCER ANTIGEN (CA) 125 | 86304 | CPT | | | | both | | | 97 | 23.93 | Managed Care Inc | Managed Care Inc | 87.3 | 90 | | | 12.6 | 92.15 | percent of total billed charges | |
| BKR CHG CANCER ANTIGEN (CA) 125 | 86304 | CPT | | | | both | | | 97 | 23.93 | Horizon | MGD | 37.13 | 38.28 | | 13.5 | 12.6 | 92.15 | percent of total billed charges | |
| BKR CHG CANCER ANTIGEN (CA) 125 | 86304 | CPT | | | | both | | | 97 | 23.93 | Three Rivers | Three Rivers | 92.15 | 95 | | | 12.6 | 92.15 | percent of total billed charges | |
| BKR CHG CANCER ANTIGEN (CA) 125 | 86304 | CPT | | | | both | | | 97 | 23.93 | Qualcare | Qualcare | 72.75 | 75 | | | 12.6 | 92.15 | percent of total billed charges | |
| BKR CHG CANCER ANTIGEN (CA) 125 | 86304 | CPT | | | | both | | | 97 | 23.93 | Wellcare | Medicaid | 23 | | | 25.96 | 12.6 | 92.15 | fee schedule | |
| BKR CHG CANCER ANTIGEN (CA) 125 | 86304 | CPT | | | | both | | | 97 | 23.93 | UHC | Medicaid | 23 | | | 24.99 | 12.6 | 92.15 | fee schedule | |
| BKR CHG HUMAN EPIDIDYMIS PROTEIN 4 (081700) | 86305 | CPT | | | | inpatient | | | 65 | 23.93 | First Health | First Health | 45.5 | 70 | | | 16.65 | 61.75 | percent of total billed charges | |
| BKR CHG HUMAN EPIDIDYMIS PROTEIN 4 (081700) | 86305 | CPT | | | | inpatient | | | 65 | 23.93 | Americare | Americare | 48.75 | 75 | | | 16.65 | 61.75 | percent of total billed charges | |
| BKR CHG HUMAN EPIDIDYMIS PROTEIN 4 (081700) | 86305 | CPT | | | | inpatient | | | 65 | 23.93 | Aetna | Medicare | 20.02 | 30.8 | | | 16.65 | 61.75 | percent of total billed charges | |
| BKR CHG HUMAN EPIDIDYMIS PROTEIN 4 (081700) | 86305 | CPT | | | | inpatient | | | 65 | 23.93 | Aetna | Commercial | 24.7 | 38 | | | 16.65 | 61.75 | percent of total billed charges | |
| BKR CHG HUMAN EPIDIDYMIS PROTEIN 4 (081700) | 86305 | CPT | | | | inpatient | | | 65 | 23.93 | Amerihealth | Medicare | 20.81 | | | | 16.65 | 61.75 | fee schedule | |
| BKR CHG HUMAN EPIDIDYMIS PROTEIN 4 (081700) | 86305 | CPT | | | | inpatient | | | 65 | 23.93 | Consumer | Consumer | 61.75 | 95 | | | 16.65 | 61.75 | percent of total billed charges | |
| BKR CHG HUMAN EPIDIDYMIS PROTEIN 4 (081700) | 86305 | CPT | | | | inpatient | | | 65 | 23.93 | UHC | Medicare | 20.81 | | | | 16.65 | 61.75 | fee schedule | |
| BKR CHG HUMAN EPIDIDYMIS PROTEIN 4 (081700) | 86305 | CPT | | | | inpatient | | | 65 | 23.93 | Aetna | Better Health | 20.51 | 31.55 | | | 16.65 | 61.75 | percent of total billed charges | |
| BKR CHG HUMAN EPIDIDYMIS PROTEIN 4 (081700) | 86305 | CPT | | | | inpatient | | | 65 | 23.93 | Horizon | PPO | 24.88 | 38.28 | | | 16.65 | 61.75 | percent of total billed charges | |
| BKR CHG HUMAN EPIDIDYMIS PROTEIN 4 (081700) | 86305 | CPT | | | | inpatient | | | 65 | 23.93 | Horizon | MGD | 24.88 | 38.28 | | | 16.65 | 61.75 | percent of total billed charges | |
| BKR CHG HUMAN EPIDIDYMIS PROTEIN 4 (081700) | 86305 | CPT | | | | inpatient | | | 65 | 23.93 | Wellcare | Medicare | 20.81 | | | | 16.65 | 61.75 | fee schedule | |
| BKR CHG HUMAN EPIDIDYMIS PROTEIN 4 (081700) | 86305 | CPT | | | | inpatient | | | 65 | 23.93 | Horizon | Medicare Blue | 19.5 | 30 | | | 16.65 | 61.75 | percent of total billed charges | |
| BKR CHG HUMAN EPIDIDYMIS PROTEIN 4 (081700) | 86305 | CPT | | | | inpatient | | | 65 | 23.93 | Corrections | Corrections | 52 | 80 | | | 16.65 | 61.75 | percent of total billed charges | |
| BKR CHG HUMAN EPIDIDYMIS PROTEIN 4 (081700) | 86305 | CPT | | | | inpatient | | | 65 | 23.93 | Amerihealth | HMO/PPO | 42.25 | 65 | | | 16.65 | 61.75 | percent of total billed charges | |
| BKR CHG HUMAN EPIDIDYMIS PROTEIN 4 (081700) | 86305 | CPT | | | | inpatient | | | 65 | 23.93 | Three Rivers | Three Rivers | 61.75 | 95 | | | 16.65 | 61.75 | percent of total billed charges | |
| BKR CHG HUMAN EPIDIDYMIS PROTEIN 4 (081700) | 86305 | CPT | | | | inpatient | | | 65 | 23.93 | Multiplan | Multiplan | 52 | 80 | | | 16.65 | 61.75 | percent of total billed charges | |
| BKR CHG HUMAN EPIDIDYMIS PROTEIN 4 (081700) | 86305 | CPT | | | | inpatient | | | 65 | 23.93 | First Trenton | First Trenton | 58.5 | 90 | | | 16.65 | 61.75 | percent of total billed charges | |
| BKR CHG HUMAN EPIDIDYMIS PROTEIN 4 (081700) | 86305 | CPT | | | | inpatient | | | 65 | 23.93 | Horizon | Indemnity | 24.88 | 38.28 | | | 16.65 | 61.75 | percent of total billed charges | |
| BKR CHG HUMAN EPIDIDYMIS PROTEIN 4 (081700) | 86305 | CPT | | | | inpatient | | | 65 | 23.93 | Wellcare | Medicaid | 16.65 | | | | 16.65 | 61.75 | fee schedule | |
| BKR CHG HUMAN EPIDIDYMIS PROTEIN 4 (081700) | 86305 | CPT | | | | inpatient | | | 65 | 23.93 | Qualcare | Qualcare | 48.75 | 75 | | | 16.65 | 61.75 | percent of total billed charges | |
| BKR CHG HUMAN EPIDIDYMIS PROTEIN 4 (081700) | 86305 | CPT | | | | inpatient | | | 65 | 23.93 | Horizon | NJ Health | 39.18 | | | | 16.65 | 61.75 | fee schedule | |
| BKR CHG HUMAN EPIDIDYMIS PROTEIN 4 (081700) | 86305 | CPT | | | | inpatient | | | 65 | 23.93 | UHC | Medicaid | 16.65 | | | | 16.65 | 61.75 | fee schedule | |
| BKR CHG HUMAN EPIDIDYMIS PROTEIN 4 (081700) | 86305 | CPT | | | | inpatient | | | 65 | 23.93 | Managed Care Inc | Managed Care Inc | 58.5 | 90 | | | 16.65 | 61.75 | percent of total billed charges | |
| BKR CHG HUMAN EPIDIDYMIS PROTEIN 4 (081700) | 86305 | CPT | | | | inpatient | | | 65 | 23.93 | WellPoint | WellPoint | 20.92 | 32.18 | | | 16.65 | 61.75 | percent of total billed charges | |
| BKR CHG MONONUCLEOSIS TEST QUAL (006189) | 86308 | CPT | | | | both | | | 18 | 5.96 | Consumer | Consumer | 17.1 | 95 | | | 3 | 17.1 | percent of total billed charges | |
| BKR CHG MONONUCLEOSIS TEST QUAL (006189) | 86308 | CPT | | | | both | | | 18 | 5.96 | Corrections | Corrections | 14.4 | 80 | | | 3 | 17.1 | percent of total billed charges | |
| BKR CHG MONONUCLEOSIS TEST QUAL (006189) | 86308 | CPT | | | | both | | | 18 | 5.96 | Amerihealth | Medicare | 5.18 | | | | 3 | 17.1 | fee schedule | |
| BKR CHG MONONUCLEOSIS TEST QUAL (006189) | 86308 | CPT | | | | both | | | 18 | 5.96 | First Trenton | First Trenton | 16.2 | 90 | | | 3 | 17.1 | percent of total billed charges | |
| BKR CHG MONONUCLEOSIS TEST QUAL (006189) | 86308 | CPT | | | | both | | | 18 | 5.96 | Aetna | Medicare | 5.54 | 30.8 | | | 3 | 17.1 | percent of total billed charges | |
| BKR CHG MONONUCLEOSIS TEST QUAL (006189) | 86308 | CPT | | | | both | | | 18 | 5.96 | Aetna | Better Health | 5.68 | 31.55 | | | 3 | 17.1 | percent of total billed charges | |
| BKR CHG MONONUCLEOSIS TEST QUAL (006189) | 86308 | CPT | | | | both | | | 18 | 5.96 | UHC | Medicare | 5.18 | | | | 3 | 17.1 | fee schedule | |
| BKR CHG MONONUCLEOSIS TEST QUAL (006189) | 86308 | CPT | | | | both | | | 18 | 5.96 | Amerihealth | HMO/PPO | 8.1 | | | | 3 | 17.1 | fee schedule | |
| BKR CHG MONONUCLEOSIS TEST QUAL (006189) | 86308 | CPT | | | | both | | | 18 | 5.96 | Horizon | Medicare Blue | 5.4 | 30 | | | 3 | 17.1 | percent of total billed charges | |
| BKR CHG MONONUCLEOSIS TEST QUAL (006189) | 86308 | CPT | | | | both | | | 18 | 5.96 | UHC | Medicaid | 3 | | | 4.5 | 3 | 17.1 | fee schedule | |
| BKR CHG MONONUCLEOSIS TEST QUAL (006189) | 86308 | CPT | | | | both | | | 18 | 5.96 | Horizon | MGD | 6.89 | 38.28 | | | 3 | 17.1 | percent of total billed charges | |
| BKR CHG MONONUCLEOSIS TEST QUAL (006189) | 86308 | CPT | | | | both | | | 18 | 5.96 | Horizon | NJ Health | 5.88 | | | | 3 | 17.1 | fee schedule | |
| BKR CHG MONONUCLEOSIS TEST QUAL (006189) | 86308 | CPT | | | | both | | | 18 | 5.96 | Americare | Americare | 13.5 | 75 | | | 3 | 17.1 | percent of total billed charges | |
| BKR CHG MONONUCLEOSIS TEST QUAL (006189) | 86308 | CPT | | | | both | | | 18 | 5.96 | Horizon | Indemnity | 6.89 | 38.28 | | | 3 | 17.1 | percent of total billed charges | |
| BKR CHG MONONUCLEOSIS TEST QUAL (006189) | 86308 | CPT | | | | both | | | 18 | 5.96 | Wellcare | Medicare | 5.18 | | | | 3 | 17.1 | fee schedule | |
| BKR CHG MONONUCLEOSIS TEST QUAL (006189) | 86308 | CPT | | | | both | | | 18 | 5.96 | First Health | First Health | 12.6 | 70 | | | 3 | 17.1 | percent of total billed charges | |
| BKR CHG MONONUCLEOSIS TEST QUAL (006189) | 86308 | CPT | | | | both | | | 18 | 5.96 | WellPoint | WellPoint | 5.79 | 32.18 | | 4.65 | 3 | 17.1 | percent of total billed charges | |
| BKR CHG MONONUCLEOSIS TEST QUAL (006189) | 86308 | CPT | | | | both | | | 18 | 5.96 | Multiplan | Multiplan | 14.4 | 80 | | | 3 | 17.1 | percent of total billed charges | |
| BKR CHG MONONUCLEOSIS TEST QUAL (006189) | 86308 | CPT | | | | both | | | 18 | 5.96 | Horizon | PPO | 6.89 | 38.28 | | | 3 | 17.1 | percent of total billed charges | |
| BKR CHG MONONUCLEOSIS TEST QUAL (006189) | 86308 | CPT | | | | both | | | 18 | 5.96 | Qualcare | Qualcare | 13.5 | 75 | | | 3 | 17.1 | percent of total billed charges | |
| BKR CHG MONONUCLEOSIS TEST QUAL (006189) | 86308 | CPT | | | | both | | | 18 | 5.96 | Managed Care Inc | Managed Care Inc | 16.2 | 90 | | | 3 | 17.1 | percent of total billed charges | |
| BKR CHG MONONUCLEOSIS TEST QUAL (006189) | 86308 | CPT | | | | both | | | 18 | 5.96 | Three Rivers | Three Rivers | 17.1 | 95 | | | 3 | 17.1 | percent of total billed charges | |
| BKR CHG MONONUCLEOSIS TEST QUAL (006189) | 86308 | CPT | | | | both | | | 18 | 5.96 | Wellcare | Medicaid | 3 | | | | 3 | 17.1 | fee schedule | |
| BKR CHG S-100B,PROTEIN SERUM(2001766) | 86316 | CPT | | | | both | | | 421 | 23.93 | Aetna | Commercial | 159.98 | 38 | | 14.87 | 20.81 | 399.95 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG S-100B.PROTEIN SERUM(2001766) | 86316 | CPT | | | | both | | | 421 | 23.93 | Aetna | Better Health | 132.83 | 31.55 | | | 20.81 | | 399.95 percent of total billed charges | |
| BKR CHG S-100B.PROTEIN SERUM(2001766) | 86316 | CPT | | | | both | | | 421 | 23.93 | First Health | First Health | 294.7 | 70 | | | 20.81 | | 399.95 percent of total billed charges | |
| BKR CHG S-100B.PROTEIN SERUM(2001766) | 86316 | CPT | | | | both | | | 421 | 23.93 | Aetna | Medicare | 129.67 | 30.8 | | | 20.81 | | 399.95 percent of total billed charges | |
| BKR CHG S-100B.PROTEIN SERUM(2001766) | 86316 | CPT | | | | both | | | 421 | 23.93 | Amerihealth | HMO/PPO | 32.6 | | | 6.9 | 20.81 | | 399.95 fee schedule | |
| BKR CHG S-100B.PROTEIN SERUM(2001766) | 86316 | CPT | | | | both | | | 421 | 23.93 | Corrections | Corrections | 336.8 | 80 | | | 20.81 | | 399.95 percent of total billed charges | |
| BKR CHG S-100B.PROTEIN SERUM(2001766) | 86316 | CPT | | | | both | | | 421 | 23.93 | Three Rivers | Three Rivers | 399.95 | 95 | | | 20.81 | | 399.95 percent of total billed charges | |
| BKR CHG S-100B.PROTEIN SERUM(2001766) | 86316 | CPT | | | | both | | | 421 | 23.93 | Americare | Americare | 315.75 | 75 | | | 20.81 | | 399.95 percent of total billed charges | |
| BKR CHG S-100B.PROTEIN SERUM(2001766) | 86316 | CPT | | | | both | | | 421 | 23.93 | Horizon | Medicare Blue | 126.3 | 30 | | 10.28 | 20.81 | | 399.95 percent of total billed charges | |
| BKR CHG S-100B.PROTEIN SERUM(2001766) | 86316 | CPT | | | | both | | | 421 | 23.93 | First Trenton | First Trenton | 378.9 | 90 | | | 20.81 | | 399.95 percent of total billed charges | |
| BKR CHG S-100B.PROTEIN SERUM(2001766) | 86316 | CPT | | | | both | | | 421 | 23.93 | Amerihealth | Medicare | 20.81 | | | | 20.81 | | 399.95 fee schedule | |
| BKR CHG S-100B.PROTEIN SERUM(2001766) | 86316 | CPT | | | | both | | | 421 | 23.93 | Multiplan | Multiplan | 336.8 | 80 | | | 20.81 | | 399.95 percent of total billed charges | |
| BKR CHG S-100B.PROTEIN SERUM(2001766) | 86316 | CPT | | | | both | | | 421 | 23.93 | Horizon | MGD | 161.16 | 38.28 | | 25.44 | 20.81 | | 399.95 percent of total billed charges | |
| BKR CHG S-100B.PROTEIN SERUM(2001766) | 86316 | CPT | | | | both | | | 421 | 23.93 | Horizon | Indemnity | 161.16 | 38.28 | | | 20.81 | | 399.95 percent of total billed charges | |
| BKR CHG S-100B.PROTEIN SERUM(2001766) | 86316 | CPT | | | | both | | | 421 | 23.93 | Horizon | NJ Health | 54.88 | | | 2.68 | 20.81 | | 399.95 fee schedule | |
| BKR CHG S-100B.PROTEIN SERUM(2001766) | 86316 | CPT | | | | both | | | 421 | 23.93 | Consumer | Consumer | 399.95 | 95 | | | 20.81 | | 399.95 percent of total billed charges | |
| BKR CHG S-100B.PROTEIN SERUM(2001766) | 86316 | CPT | | | | both | | | 421 | 23.93 | Horizon | PPO | 161.16 | 38.28 | | 13.76 | 20.81 | | 399.95 percent of total billed charges | |
| BKR CHG S-100B.PROTEIN SERUM(2001766) | 86316 | CPT | | | | both | | | 421 | 23.93 | Managed Care Inc | Managed Care Inc | 378.9 | 90 | | | 20.81 | | 399.95 percent of total billed charges | |
| BKR CHG S-100B.PROTEIN SERUM(2001766) | 86316 | CPT | | | | both | | | 421 | 23.93 | UHC | Medicare | 20.81 | | | 9.16 | 20.81 | | 399.95 fee schedule | |
| BKR CHG S-100B.PROTEIN SERUM(2001766) | 86316 | CPT | | | | both | | | 421 | 23.93 | Qualcare | Qualcare | 315.75 | 75 | | | 20.81 | | 399.95 percent of total billed charges | |
| BKR CHG S-100B.PROTEIN SERUM(2001766) | 86316 | CPT | | | | both | | | 421 | 23.93 | Wellcare | Medicaid | 28 | | | 15.73 | 20.81 | | 399.95 fee schedule | |
| BKR CHG S-100B.PROTEIN SERUM(2001766) | 86316 | CPT | | | | both | | | 421 | 23.93 | UHC | Medicaid | 28 | | | 19.2 | 20.81 | | 399.95 fee schedule | |
| BKR CHG S-100B.PROTEIN SERUM(2001766) | 86316 | CPT | | | | both | | | 421 | 23.93 | WellPoint | WellPoint | 135.48 | 32.18 | | 22.88 | 20.81 | | 399.95 percent of total billed charges | |
| BKR CHG S-100B.PROTEIN SERUM(2001766) | 86316 | CPT | | | | both | | | 421 | 23.93 | Wellcare | Medicare | 20.81 | | | 1.16 | 20.81 | | 399.95 fee schedule | |
| BKR CHG TETANUS ANTITOXOID IGG AB | 86317 | CPT | | | | both | | | 746 | 17.24 | Horizon | MGD | 285.57 | 38.28 | | | 8 | | 708.7 percent of total billed charges | |
| BKR CHG TETANUS ANTITOXOID IGG AB | 86317 | CPT | | | | both | | | 746 | 17.24 | Aetna | Medicare | 229.77 | 30.8 | | | 8 | | 708.7 percent of total billed charges | |
| BKR CHG TETANUS ANTITOXOID IGG AB | 86317 | CPT | | | | both | | | 746 | 17.24 | Americare | Americare | 599.5 | 75 | | | 8 | | 708.7 percent of total billed charges | |
| BKR CHG TETANUS ANTITOXOID IGG AB | 86317 | CPT | | | | both | | | 746 | 17.24 | Horizon | Medicare Blue | 223.8 | 30 | | | 8 | | 708.7 percent of total billed charges | |
| BKR CHG TETANUS ANTITOXOID IGG AB | 86317 | CPT | | | | both | | | 746 | 17.24 | Aetna | Commercial | 283.48 | 38 | | 18.94 | 8 | | 708.7 percent of total billed charges | |
| BKR CHG TETANUS ANTITOXOID IGG AB | 86317 | CPT | | | | both | | | 746 | 17.24 | First Trenton | First Trenton | 671.4 | 90 | | | 8 | | 708.7 percent of total billed charges | |
| BKR CHG TETANUS ANTITOXOID IGG AB | 86317 | CPT | | | | both | | | 746 | 17.24 | Consumer | Consumer | 708.7 | 95 | | | 8 | | 708.7 percent of total billed charges | |
| BKR CHG TETANUS ANTITOXOID IGG AB | 86317 | CPT | | | | both | | | 746 | 17.24 | Aetna | Better Health | 235.36 | 31.55 | | 22.54 | 8 | | 708.7 percent of total billed charges | |
| BKR CHG TETANUS ANTITOXOID IGG AB | 86317 | CPT | | | | both | | | 746 | 17.24 | UHC | Medicaid | 8 | | | 17.67 | 8 | | 708.7 fee schedule | |
| BKR CHG TETANUS ANTITOXOID IGG AB | 86317 | CPT | | | | both | | | 746 | 17.24 | Amerihealth | HMO/PPO | 20 | | | | 8 | | 708.7 fee schedule | |
| BKR CHG TETANUS ANTITOXOID IGG AB | 86317 | CPT | | | | both | | | 746 | 17.24 | Three Rivers | Three Rivers | 708.7 | 95 | | | 8 | | 708.7 percent of total billed charges | |
| BKR CHG TETANUS ANTITOXOID IGG AB | 86317 | CPT | | | | both | | | 746 | 17.24 | WellPoint | WellPoint | 240.06 | 32.18 | | | 8 | | 708.7 percent of total billed charges | |
| BKR CHG TETANUS ANTITOXOID IGG AB | 86317 | CPT | | | | both | | | 746 | 17.24 | Wellcare | Medicare | 14.99 | | | | 8 | | 708.7 fee schedule | |
| BKR CHG TETANUS ANTITOXOID IGG AB | 86317 | CPT | | | | both | | | 746 | 17.24 | Horizon | PPO | 285.57 | 38.28 | | | 8 | | 708.7 percent of total billed charges | |
| BKR CHG TETANUS ANTITOXOID IGG AB | 86317 | CPT | | | | both | | | 746 | 17.24 | Corrections | Corrections | 596.8 | 80 | | | 8 | | 708.7 percent of total billed charges | |
| BKR CHG TETANUS ANTITOXOID IGG AB | 86317 | CPT | | | | both | | | 746 | 17.24 | Multiplan | Multiplan | 596.8 | 80 | | | 8 | | 708.7 percent of total billed charges | |
| BKR CHG TETANUS ANTITOXOID IGG AB | 86317 | CPT | | | | both | | | 746 | 17.24 | Horizon | Indemnity | 285.57 | 38.28 | | | 8 | | 708.7 percent of total billed charges | |
| BKR CHG TETANUS ANTITOXOID IGG AB | 86317 | CPT | | | | both | | | 746 | 17.24 | Amerihealth | Medicare | 14.99 | | | | 8 | | 708.7 fee schedule | |
| BKR CHG TETANUS ANTITOXOID IGG AB | 86317 | CPT | | | | both | | | 746 | 17.24 | Horizon | NJ Health | 15.68 | | | | 8 | | 708.7 fee schedule | |
| BKR CHG TETANUS ANTITOXOID IGG AB | 86317 | CPT | | | | both | | | 746 | 17.24 | Qualcare | Qualcare | 599.5 | 75 | | | 8 | | 708.7 percent of total billed charges | |
| BKR CHG TETANUS ANTITOXOID IGG AB | 86317 | CPT | | | | both | | | 746 | 17.24 | Wellcare | Medicaid | 8 | | | | 8 | | 708.7 fee schedule | |
| BKR CHG TETANUS ANTITOXOID IGG AB | 86317 | CPT | | | | both | | | 746 | 17.24 | Managed Care Inc | Managed Care Inc | 671.4 | 90 | | | 8 | | 708.7 percent of total billed charges | |
| BKR CHG TETANUS ANTITOXOID IGG AB | 86317 | CPT | | | | both | | | 746 | 17.24 | UHC | Medicare | 14.99 | | | | 8 | | 708.7 fee schedule | |
| BKR CHG TETANUS ANTITOXOID IGG AB | 86317 | CPT | | | | both | | | 746 | 17.24 | First Health | First Health | 522.2 | 70 | | | 8 | | 708.7 percent of total billed charges | |
| BKR CHG ROTAVIRUS ANTIGEN DETECTION | 86318 | CPT | | | | outpatient | | | 91 | 20.8 | Aetna | Medicare | 28.03 | 30.8 | | | 7 | | 86.45 percent of total billed charges | |
| BKR CHG ROTAVIRUS ANTIGEN DETECTION | 86318 | CPT | | | | outpatient | | | 91 | 20.8 | Horizon | MGD | 34.83 | 38.28 | | | 7 | | 86.45 percent of total billed charges | |
| BKR CHG ROTAVIRUS ANTIGEN DETECTION | 86318 | CPT | | | | outpatient | | | 91 | 20.8 | Amerihealth | HMO/PPO | 22.8 | | | | 7 | | 86.45 fee schedule | |
| BKR CHG ROTAVIRUS ANTIGEN DETECTION | 86318 | CPT | | | | outpatient | | | 91 | 20.8 | Consumer | Consumer | 86.45 | 95 | | | 7 | | 86.45 percent of total billed charges | |
| BKR CHG ROTAVIRUS ANTIGEN DETECTION | 86318 | CPT | | | | outpatient | | | 91 | 20.8 | Aetna | Better Health | 28.71 | 31.55 | | | 7 | | 86.45 percent of total billed charges | |
| BKR CHG ROTAVIRUS ANTIGEN DETECTION | 86318 | CPT | | | | outpatient | | | 91 | 20.8 | Horizon | Indemnity | 34.83 | 38.28 | | | 7 | | 86.45 percent of total billed charges | |
| BKR CHG ROTAVIRUS ANTIGEN DETECTION | 86318 | CPT | | | | outpatient | | | 91 | 20.8 | Americare | Americare | 68.25 | 75 | | | 7 | | 86.45 percent of total billed charges | |
| BKR CHG ROTAVIRUS ANTIGEN DETECTION | 86318 | CPT | | | | outpatient | | | 91 | 20.8 | UHC | Medicaid | 7 | | | | 7 | | 86.45 fee schedule | |
| BKR CHG ROTAVIRUS ANTIGEN DETECTION | 86318 | CPT | | | | outpatient | | | 91 | 20.8 | Multiplan | Multiplan | 72.8 | 80 | | | 7 | | 86.45 percent of total billed charges | |
| BKR CHG ROTAVIRUS ANTIGEN DETECTION | 86318 | CPT | | | | outpatient | | | 91 | 20.8 | Wellcare | Medicaid | 7 | | | | 7 | | 86.45 fee schedule | |
| BKR CHG ROTAVIRUS ANTIGEN DETECTION | 86318 | CPT | | | | outpatient | | | 91 | 20.8 | Amerihealth | Medicare | 18.09 | | | | 7 | | 86.45 fee schedule | |
| BKR CHG ROTAVIRUS ANTIGEN DETECTION | 86318 | CPT | | | | outpatient | | | 91 | 20.8 | Corrections | Corrections | 72.8 | 80 | | | 7 | | 86.45 percent of total billed charges | |
| BKR CHG ROTAVIRUS ANTIGEN DETECTION | 86318 | CPT | | | | outpatient | | | 91 | 20.8 | First Trenton | First Trenton | 81.9 | 90 | | | 7 | | 86.45 percent of total billed charges | |
| BKR CHG ROTAVIRUS ANTIGEN DETECTION | 86318 | CPT | | | | outpatient | | | 91 | 20.8 | Qualcare | Qualcare | 68.25 | 75 | | | 7 | | 86.45 percent of total billed charges | |
| BKR CHG ROTAVIRUS ANTIGEN DETECTION | 86318 | CPT | | | | outpatient | | | 91 | 20.8 | First Health | First Health | 63.7 | 70 | | | 7 | | 86.45 percent of total billed charges | |
| BKR CHG ROTAVIRUS ANTIGEN DETECTION | 86318 | CPT | | | | outpatient | | | 91 | 20.8 | Horizon | Medicare Blue | 27.3 | 30 | | | 7 | | 86.45 percent of total billed charges | |
| BKR CHG ROTAVIRUS ANTIGEN DETECTION | 86318 | CPT | | | | outpatient | | | 91 | 20.8 | Horizon | PPO | 34.83 | 38.28 | | | 7 | | 86.45 percent of total billed charges | |
| BKR CHG ROTAVIRUS ANTIGEN DETECTION | 86318 | CPT | | | | outpatient | | | 91 | 20.8 | UHC | Medicare | 18.09 | | | | 7 | | 86.45 fee schedule | |
| BKR CHG ROTAVIRUS ANTIGEN DETECTION | 86318 | CPT | | | | outpatient | | | 91 | 20.8 | Managed Care Inc | Managed Care Inc | 81.9 | 90 | | | 7 | | 86.45 percent of total billed charges | |
| BKR CHG ROTAVIRUS ANTIGEN DETECTION | 86318 | CPT | | | | outpatient | | | 91 | 20.8 | Horizon | NJ Health | 31.16 | | | | 7 | | 86.45 fee schedule | |
| BKR CHG ROTAVIRUS ANTIGEN DETECTION | 86318 | CPT | | | | outpatient | | | 91 | 20.8 | Three Rivers | Three Rivers | 86.45 | 95 | | | 7 | | 86.45 percent of total billed charges | |
| BKR CHG ROTAVIRUS ANTIGEN DETECTION | 86318 | CPT | | | | outpatient | | | 91 | 20.8 | WellPoint | WellPoint | 29.28 | 32.18 | | | 7 | | 86.45 percent of total billed charges | |
| BKR CHG ROTAVIRUS ANTIGEN DETECTION | 86318 | CPT | | | | outpatient | | | 91 | 20.8 | Wellcare | Medicare | 18.09 | | | | 7 | | 86.45 fee schedule | |
| BKR CHG TEICHOIC ACID AB | 86329 | CPT | | | | outpatient | | | 86 | 16.16 | Americare | Americare | 64.5 | 75 | | | 14.05 | | 81.7 percent of total billed charges | |
| BKR CHG TEICHOIC ACID AB | 86329 | CPT | | | | outpatient | | | 86 | 16.16 | Amerihealth | Medicare | 14.05 | | | | 14.05 | | 81.7 fee schedule | |
| BKR CHG TEICHOIC ACID AB | 86329 | CPT | | | | outpatient | | | 86 | 16.16 | Aetna | Better Health | 27.13 | 31.55 | | | 14.05 | | 81.7 percent of total billed charges | |
| BKR CHG TEICHOIC ACID AB | 86329 | CPT | | | | outpatient | | | 86 | 16.16 | UHC | Medicare | 14.05 | | | | 14.05 | | 81.7 fee schedule | |
| BKR CHG TEICHOIC ACID AB | 86329 | CPT | | | | outpatient | | | 86 | 16.16 | Wellcare | Medicaid | 19 | | | | 14.05 | | 81.7 fee schedule | |
| BKR CHG TEICHOIC ACID AB | 86329 | CPT | | | | outpatient | | | 86 | 16.16 | Aetna | Medicare | 26.49 | 30.8 | | | 14.05 | | 81.7 percent of total billed charges | |
| BKR CHG TEICHOIC ACID AB | 86329 | CPT | | | | outpatient | | | 86 | 16.16 | Horizon | Medicare Blue | 25.8 | 30 | | | 14.05 | | 81.7 percent of total billed charges | |
| BKR CHG TEICHOIC ACID AB | 86329 | CPT | | | | outpatient | | | 86 | 16.16 | Wellcare | Medicare | 14.05 | | | | 14.05 | | 81.7 fee schedule | |
| BKR CHG TEICHOIC ACID AB | 86329 | CPT | | | | outpatient | | | 86 | 16.16 | Amerihealth | HMO/PPO | 22 | | | | 14.05 | | 81.7 fee schedule | |
| BKR CHG TEICHOIC ACID AB | 86329 | CPT | | | | outpatient | | | 86 | 16.16 | Consumer | Consumer | 81.7 | 95 | | | 14.05 | | 81.7 percent of total billed charges | |
| BKR CHG TEICHOIC ACID AB | 86329 | CPT | | | | outpatient | | | 86 | 16.16 | Aetna | Commercial | 32.68 | 38 | | | 14.05 | | 81.7 percent of total billed charges | |
| BKR CHG TEICHOIC ACID AB | 86329 | CPT | | | | outpatient | | | 86 | 16.16 | First Health | First Health | 60.2 | 70 | | | 14.05 | | 81.7 percent of total billed charges | |
| BKR CHG TEICHOIC ACID AB | 86329 | CPT | | | | outpatient | | | 86 | 16.16 | Horizon | MGD | 32.92 | 38.28 | | | 14.05 | | 81.7 percent of total billed charges | |
| BKR CHG TEICHOIC ACID AB | 86329 | CPT | | | | outpatient | | | 86 | 16.16 | Corrections | Corrections | 68.8 | 80 | | | 14.05 | | 81.7 percent of total billed charges | |
| BKR CHG TEICHOIC ACID AB | 86329 | CPT | | | | outpatient | | | 86 | 16.16 | Horizon | Indemnity | 32.92 | 38.28 | | | 14.05 | | 81.7 percent of total billed charges | |
| BKR CHG TEICHOIC ACID AB | 86329 | CPT | | | | outpatient | | | 86 | 16.16 | First Trenton | First Trenton | 77.4 | 90 | | | 14.05 | | 81.7 percent of total billed charges | |
| BKR CHG TEICHOIC ACID AB | 86329 | CPT | | | | outpatient | | | 86 | 16.16 | Multiplan | Multiplan | 68.8 | 80 | | | 14.05 | | 81.7 percent of total billed charges | |
| BKR CHG TEICHOIC ACID AB | 86329 | CPT | | | | outpatient | | | 86 | 16.16 | Horizon | NJ Health | 48.22 | | | | 14.05 | | 81.7 fee schedule | |
| BKR CHG TEICHOIC ACID AB | 86329 | CPT | | | | outpatient | | | 86 | 16.16 | Qualcare | Qualcare | 64.5 | 75 | | | 14.05 | | 81.7 percent of total billed charges | |
| BKR CHG TEICHOIC ACID AB | 86329 | CPT | | | | outpatient | | | 86 | 16.16 | Horizon | PPO | 32.92 | 38.28 | | | 14.05 | | 81.7 percent of total billed charges | |
| BKR CHG TEICHOIC ACID AB | 86329 | CPT | | | | outpatient | | | 86 | 16.16 | UHC | Medicaid | 19 | | | | 14.05 | | 81.7 fee schedule | |
| BKR CHG TEICHOIC ACID AB | 86329 | CPT | | | | outpatient | | | 86 | 16.16 | WellPoint | WellPoint | 27.67 | 32.18 | | | 14.05 | | 81.7 percent of total billed charges | |
| BKR CHG TEICHOIC ACID AB | 86329 | CPT | | | | outpatient | | | 86 | 16.16 | Managed Care Inc | Managed Care Inc | 77.4 | 90 | | | 14.05 | | 81.7 percent of total billed charges | |
| BKR CHG TEICHOIC ACID AB | 86329 | CPT | | | | outpatient | | | 86 | 16.16 | Three Rivers | Three Rivers | 81.7 | 95 | | | 14.05 | | 81.7 percent of total billed charges | |
| BKR CHG PIGEON SERUM IGG | 86331 | CPT | | | | both | | | 110 | 13.78 | Aetna | Commercial | 41.8 | 38 | | | 4.5 | | 104.5 percent of total billed charges | |
| BKR CHG PIGEON SERUM IGG | 86331 | CPT | | | | both | | | 110 | 13.78 | Americare | Americare | 82.5 | 75 | | | 4.5 | | 104.5 percent of total billed charges | |
| BKR CHG PIGEON SERUM IGG | 86331 | CPT | | | | both | | | 110 | 13.78 | Aetna | Better Health | 34.71 | 31.55 | | | 4.5 | | 104.5 percent of total billed charges | |
| BKR CHG PIGEON SERUM IGG | 86331 | CPT | | | | both | | | 110 | 13.78 | Amerihealth | Medicare | 11.98 | | | | 4.5 | | 104.5 fee schedule | |
| BKR CHG PIGEON SERUM IGG | 86331 | CPT | | | | both | | | 110 | 13.78 | Consumer | Consumer | 104.5 | 95 | | | 4.5 | | 104.5 percent of total billed charges | |
| BKR CHG PIGEON SERUM IGG | 86331 | CPT | | | | both | | | 110 | 13.78 | Horizon | Indemnity | 42.11 | 38.28 | | | 4.5 | | 104.5 percent of total billed charges | |
| BKR CHG PIGEON SERUM IGG | 86331 | CPT | | | | both | | | 110 | 13.78 | UHC | Medicare | 11.98 | | | | 4.5 | | 104.5 fee schedule | |
| BKR CHG PIGEON SERUM IGG | 86331 | CPT | | | | both | | | 110 | 13.78 | First Trenton | First Trenton | 99 | 90 | | | 4.5 | | 104.5 percent of total billed charges | |
| BKR CHG PIGEON SERUM IGG | 86331 | CPT | | | | both | | | 110 | 13.78 | Aetna | Medicare | 33.88 | 30.8 | | | 4.5 | | 104.5 percent of total billed charges | |
| BKR CHG PIGEON SERUM IGG | 86331 | CPT | | | | both | | | 110 | 13.78 | Horizon | Medicare Blue | 33 | 30 | | | 4.5 | | 104.5 percent of total billed charges | |
| BKR CHG PIGEON SERUM IGG | 86331 | CPT | | | | both | | | 110 | 13.78 | Amerihealth | HMO/PPO | 18.5 | | | | 4.5 | | 104.5 fee schedule | |
| BKR CHG PIGEON SERUM IGG | 86331 | CPT | | | | both | | | 110 | 13.78 | Corrections | Corrections | 88 | 80 | | | 4.5 | | 104.5 percent of total billed charges | |
| BKR CHG PIGEON SERUM IGG | 86331 | CPT | | | | both | | | 110 | 13.78 | UHC | Medicaid | 4.5 | | | | 4.5 | | 104.5 fee schedule | |
| BKR CHG PIGEON SERUM IGG | 86331 | CPT | | | | both | | | 110 | 13.78 | Multiplan | Multiplan | 88 | 80 | | | 4.5 | | 104.5 percent of total billed charges | |
| BKR CHG PIGEON SERUM IGG | 86331 | CPT | | | | both | | | 110 | 13.78 | First Health | First Health | 77 | 70 | | | 4.5 | | 104.5 percent of total billed charges | |
| BKR CHG PIGEON SERUM IGG | 86331 | CPT | | | | both | | | 110 | 13.78 | Horizon | NJ Health | 8.82 | | | | 4.5 | | 104.5 fee schedule | |
| BKR CHG PIGEON SERUM IGG | 86331 | CPT | | | | both | | | 110 | 13.78 | Horizon | MGD | 42.11 | 38.28 | | | 4.5 | | 104.5 percent of total billed charges | |
| BKR CHG PIGEON SERUM IGG | 86331 | CPT | | | | both | | | 110 | 13.78 | Qualcare | Qualcare | 82.5 | 75 | | | 4.5 | | 104.5 percent of total billed charges | |
| BKR CHG PIGEON SERUM IGG | 86331 | CPT | | | | both | | | 110 | 13.78 | Wellcare | Medicare | 11.98 | | | | 4.5 | | 104.5 fee schedule | |
| BKR CHG PIGEON SERUM IGG | 86331 | CPT | | | | both | | | 110 | 13.78 | WellPoint | WellPoint | 35.4 | 32.18 | | | 4.5 | | 104.5 percent of total billed charges | |
| BKR CHG PIGEON SERUM IGG | 86331 | CPT | | | | both | | | 110 | 13.78 | Horizon | PPO | 42.11 | 38.28 | | | 4.5 | | 104.5 percent of total billed charges | |
| BKR CHG PIGEON SERUM IGG | 86331 | CPT | | | | both | | | 110 | 13.78 | Managed Care Inc | Managed Care Inc | 99 | 90 | | | 4.5 | | 104.5 percent of total billed charges | |
| BKR CHG PIGEON SERUM IGG | 86331 | CPT | | | | both | | | 110 | 13.78 | Three Rivers | Three Rivers | 104.5 | 95 | | | 4.5 | | 104.5 percent of total billed charges | |
| BKR CHG PIGEON SERUM IGG | 86331 | CPT | | | | both | | | 110 | 13.78 | Wellcare | Medicaid | 4.5 | | | | 4.5 | | 104.5 fee schedule | |
| BKR CHG IMMUNE COMPLEXES, C1Q BINDING | 86332 | CPT | | | | inpatient | | | 139 | 28.03 | First Trenton | First Trenton | 125.1 | 90 | | | 8.4 | | 132.05 percent of total billed charges | |
| BKR CHG IMMUNE COMPLEXES, C1Q BINDING | 86332 | CPT | | | | inpatient | | | 139 | 28.03 | Aetna | Better Health | 43.85 | 31.55 | | | 8.4 | | 132.05 percent of total billed charges | |
| BKR CHG IMMUNE COMPLEXES, C1Q BINDING | 86332 | CPT | | | | inpatient | | | 139 | 28.03 | Americare | Americare | 104.25 | 75 | | | 8.4 | | 132.05 percent of total billed charges | |
| BKR CHG IMMUNE COMPLEXES, C1Q BINDING | 86332 | CPT | | | | inpatient | | | 139 | 28.03 | Aetna | Commercial | 52.82 | 38 | | | 8.4 | | 132.05 percent of total billed charges | |
| BKR CHG IMMUNE COMPLEXES, C1Q BINDING | 86332 | CPT | | | | inpatient | | | 139 | 28.03 | Wellcare | Medicaid | 33 | | | | 8.4 | | 132.05 fee schedule | |
| BKR CHG IMMUNE COMPLEXES, C1Q BINDING | 86332 | CPT | | | | inpatient | | | 139 | 28.03 | Amerihealth | Medicare | 24.37 | | | | 8.4 | | 132.05 fee schedule | |
| BKR CHG IMMUNE COMPLEXES, C1Q BINDING | 86332 | CPT | | | | inpatient | | | 139 | 28.03 | Consumer | Consumer | 132.05 | 95 | | | 8.4 | | 132.05 percent of total billed charges | |
| BKR CHG IMMUNE COMPLEXES, C1Q BINDING | 86332 | CPT | | | | inpatient | | | 139 | 28.03 | Corrections | Corrections | 111.2 | 80 | | | 8.4 | | 132.05 percent of total billed charges | |
| BKR CHG IMMUNE COMPLEXES, C1Q BINDING | 86332 | CPT | | | | inpatient | | | 139 | 28.03 | Horizon | Indemnity | 53.21 | 38.28 | | | 8.4 | | 132.05 percent of total billed charges | |
| BKR CHG IMMUNE COMPLEXES, C1Q BINDING | 86332 | CPT | | | | inpatient | | | 139 | 28.03 | Amerihealth | HMO/PPO | 38 | | | | 8.4 | | 132.05 fee schedule | |
| BKR CHG IMMUNE COMPLEXES, C1Q BINDING | 86332 | CPT | | | | inpatient | | | 139 | 28.03 | Horizon | Medicare Blue | 41.7 | 30 | | | 8.4 | | 132.05 percent of total billed charges | |
| BKR CHG IMMUNE COMPLEXES, C1Q BINDING | 86332 | CPT | | | | inpatient | | | 139 | 28.03 | Aetna | Medicare | 42.81 | 30.8 | | | 8.4 | | 132.05 percent of total billed charges | |
| BKR CHG IMMUNE COMPLEXES, C1Q BINDING | 86332 | CPT | | | | inpatient | | | 139 | 28.03 | Multiplan | Multiplan | 111.2 | 80 | | | 8.4 | | 132.05 percent of total billed charges | |
| BKR CHG IMMUNE COMPLEXES, C1Q BINDING | 86332 | CPT | | | | inpatient | | | 139 | 28.03 | First Health | First Health | 97.3 | 70 | | | 8.4 | | 132.05 percent of total billed charges | |
| BKR CHG IMMUNE COMPLEXES, C1Q BINDING | 86332 | CPT | | | | inpatient | | | 139 | 28.03 | Horizon | NJ Health | 64.68 | | | | 8.4 | | 132.05 fee schedule | |
| BKR CHG IMMUNE COMPLEXES, C1Q BINDING | 86332 | CPT | | | | inpatient | | | 139 | 28.03 | UHC | Medicaid | 33 | | | | 8.4 | | 132.05 fee schedule | |
| BKR CHG IMMUNE COMPLEXES, C1Q BINDING | 86332 | CPT | | | | inpatient | | | 139 | 28.03 | Qualcare | Qualcare | 104.25 | 75 | | | 8.4 | | 132.05 percent of total billed charges | |
| BKR CHG IMMUNE COMPLEXES, C1Q BINDING | 86332 | CPT | | | | inpatient | | | 139 | 28.03 | Horizon | MGD | 53.21 | 38.28 | | | 8.4 | | 132.05 percent of total billed charges | |
| BKR CHG IMMUNE COMPLEXES, C1Q BINDING | 86332 | CPT | | | | inpatient | | | 139 | 28.03 | Horizon | PPO | 53.21 | 38.28 | | | 8.4 | | 132.05 percent of total billed charges | |
| BKR CHG IMMUNE COMPLEXES, C1Q BINDING | 86332 | CPT | | | | inpatient | | | 139 | 28.03 | Wellcare | Medicare | 24.37 | | | | 8.4 | | 132.05 fee schedule | |
| BKR CHG IMMUNE COMPLEXES, C1Q BINDING | 86332 | CPT | | | | inpatient | | | 139 | 28.03 | Managed Care Inc | Managed Care Inc | 126.1 | 90 | | | 8.4 | | 132.05 percent of total billed charges | |
| BKR CHG IMMUNE COMPLEXES, C1Q BINDING | 86332 | CPT | | | | inpatient | | | 139 | 28.03 | UHC | Medicare | 24.37 | | | | 8.4 | | 132.05 fee schedule | |
| BKR CHG IMMUNE COMPLEXES, C1Q BINDING | 86332 | CPT | | | | inpatient | | | 139 | 28.03 | Three Rivers | Three Rivers | 132.05 | 95 | | | 8.4 | | 132.05 percent of total billed charges | |
| BKR CHG IMMUNE COMPLEXES, C1Q BINDING | 86332 | CPT | | | | inpatient | | | 139 | 28.03 | WellPoint | WellPoint | 44.73 | 32.18 | | | 8.4 | | 132.05 percent of total billed charges | |
| BKR CHG IMMUNOFLIXATION ELECTROPHORESIS | 86334 | CPT | | | | both | | | 237 | 25.69 | Horizon | PPO | 90.72 | 38.28 | | 30.69 | 9.6 | | 225.15 percent of total billed charges | |
| BKR CHG IMMUNOFLIXATION ELECTROPHORESIS | 86334 | CPT | | | | both | | | 237 | 25.69 | Aetna | Commercial | 90.06 | 38 | | 43.65 | 9.6 | | 225.15 percent of total billed charges | |
| BKR CHG IMMUNOFLIXATION ELECTROPHORESIS | 86334 | CPT | | | | both | | | 237 | 25.69 | Aetna | Better Health | 74.77 | 31.55 | | 41.23 | 9.6 | | 225.15 percent of total billed charges | |
| BKR CHG IMMUNOFLIXATION ELECTROPHORESIS | 86334 | CPT | | | | both | | | 237 | 25.69 | Horizon | NJ Health | 58.8 | | | 7.12 | 9.6 | | 225.15 fee schedule | |
| BKR CHG IMMUNOFLIXATION ELECTROPHORESIS | 86334 | CPT | | | | both | | | 237 | 25.69 | Aetna | Medicare | 73 | 30.8 | | 60.52 | 9.6 | | 225.15 percent of total billed charges | |
| BKR CHG IMMUNOFLIXATION ELECTROPHORESIS | 86334 | CPT | | | | both | | | 237 | 25.69 | Corrections | Corrections | 189.6 | 80 | | | 9.6 | | 225.15 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG IMMUNOFLIXATION ELECTROPHORESIS | 86334 | CPT | | | | both | | | 237 | 25.69 | Amerihealth | Medicare | 22.34 | | | | 9.6 | | 225.15 fee schedule | |
| BKR CHG IMMUNOFLIXATION ELECTROPHORESIS | 86334 | CPT | | | | both | | | 237 | 25.69 | Americare | Americare | 177.75 | 75 | | | 9.6 | | 225.15 percent of total billed charges | |
| BKR CHG IMMUNOFLIXATION ELECTROPHORESIS | 86334 | CPT | | | | both | | | 237 | 25.69 | UHC | Medicaid | 30 | | | 22.69 | 9.6 | | 225.15 fee schedule | |
| BKR CHG IMMUNOFLIXATION ELECTROPHORESIS | 86334 | CPT | | | | both | | | 237 | 25.69 | Consumer | Consumer | 225.15 | 95 | | | 9.6 | | 225.15 percent of total billed charges | |
| BKR CHG IMMUNOFLIXATION ELECTROPHORESIS | 86334 | CPT | | | | both | | | 237 | 25.69 | Amerihealth | HMO/PPO | 34.3 | | | 19.13 | 9.6 | | 225.15 fee schedule | |
| BKR CHG IMMUNOFLIXATION ELECTROPHORESIS | 86334 | CPT | | | | both | | | 237 | 25.69 | Multiplan | Multiplan | 189.6 | 80 | | | 9.6 | | 225.15 percent of total billed charges | |
| BKR CHG IMMUNOFLIXATION ELECTROPHORESIS | 86334 | CPT | | | | both | | | 237 | 25.69 | First Health | First Health | 165.9 | 70 | | | 9.6 | | 225.15 percent of total billed charges | |
| BKR CHG IMMUNOFLIXATION ELECTROPHORESIS | 86334 | CPT | | | | both | | | 237 | 25.69 | First Trenton | First Trenton | 213.3 | 90 | | | 9.6 | | 225.15 percent of total billed charges | |
| BKR CHG IMMUNOFLIXATION ELECTROPHORESIS | 86334 | CPT | | | | both | | | 237 | 25.69 | Horizon | MGD | 90.72 | 38.28 | | 71.23 | 9.6 | | 225.15 percent of total billed charges | |
| BKR CHG IMMUNOFLIXATION ELECTROPHORESIS | 86334 | CPT | | | | both | | | 237 | 25.69 | Horizon | Indemnity | 90.72 | 38.28 | | 76.78 | 9.6 | | 225.15 percent of total billed charges | |
| BKR CHG IMMUNOFLIXATION ELECTROPHORESIS | 86334 | CPT | | | | both | | | 237 | 25.69 | Wellcare | Medicare | 22.34 | | | 78.97 | 9.6 | | 225.15 fee schedule | |
| BKR CHG IMMUNOFLIXATION ELECTROPHORESIS | 86334 | CPT | | | | both | | | 237 | 25.69 | Horizon | Medicare Blue | 71.1 | 30 | | 21.62 | 9.6 | | 225.15 percent of total billed charges | |
| BKR CHG IMMUNOFLIXATION ELECTROPHORESIS | 86334 | CPT | | | | both | | | 237 | 25.69 | UHC | Medicare | 22.34 | | | 36.12 | 9.6 | | 225.15 fee schedule | |
| BKR CHG IMMUNOFLIXATION ELECTROPHORESIS | 86334 | CPT | | | | both | | | 237 | 25.69 | Qualcare | Qualcare | 177.75 | 75 | | | 9.6 | | 225.15 percent of total billed charges | |
| BKR CHG IMMUNOFLIXATION ELECTROPHORESIS | 86334 | CPT | | | | both | | | 237 | 25.69 | Managed Care Inc | Managed Care Inc | 213.3 | 90 | | | 9.6 | | 225.15 percent of total billed charges | |
| BKR CHG IMMUNOFLIXATION ELECTROPHORESIS | 86334 | CPT | | | | both | | | 237 | 25.69 | Wellcare | Medicaid | 30 | | | 60.95 | 9.6 | | 225.15 fee schedule | |
| BKR CHG IMMUNOFLIXATION ELECTROPHORESIS | 86334 | CPT | | | | both | | | 237 | 25.69 | Three Rivers | Three Rivers | 225.15 | 95 | | | 9.6 | | 225.15 percent of total billed charges | |
| BKR CHG IMMUNOFLIXATION ELECTROPHORESIS | 86334 | CPT | | | | both | | | 237 | 25.69 | WellPoint | WellPoint | 76.27 | 32.18 | | 49.49 | 9.6 | | 225.15 percent of total billed charges | |
| BKR CHG U IFE & PE RANDOM | 86335 | CPT | | | | both | | | 283 | 33.75 | Aetna | Commercial | 107.54 | 38 | | | 7.5 | | 268.85 percent of total billed charges | |
| BKR CHG U IFE & PE RANDOM | 86335 | CPT | | | | both | | | 283 | 33.75 | Horizon | NJ Health | 64.29 | | | 6.16 | 7.5 | | 268.85 fee schedule | |
| BKR CHG U IFE & PE RANDOM | 86335 | CPT | | | | both | | | 283 | 33.75 | Horizon | Medicare Blue | 84.9 | 30 | | | 7.5 | | 268.85 percent of total billed charges | |
| BKR CHG U IFE & PE RANDOM | 86335 | CPT | | | | both | | | 283 | 33.75 | Corrections | Corrections | 226.4 | 80 | | | 7.5 | | 268.85 percent of total billed charges | |
| BKR CHG U IFE & PE RANDOM | 86335 | CPT | | | | both | | | 283 | 33.75 | Americare | Americare | 212.25 | 75 | | | 7.5 | | 268.85 percent of total billed charges | |
| BKR CHG U IFE & PE RANDOM | 86335 | CPT | | | | both | | | 283 | 33.75 | Amerihealth | Medicare | 29.35 | | | | 7.5 | | 268.85 fee schedule | |
| BKR CHG U IFE & PE RANDOM | 86335 | CPT | | | | both | | | 283 | 33.75 | Wellcare | Medicare | 29.35 | | | | 7.5 | | 268.85 fee schedule | |
| BKR CHG U IFE & PE RANDOM | 86335 | CPT | | | | both | | | 283 | 33.75 | Aetna | Better Health | 89.29 | 31.55 | | | 7.5 | | 268.85 percent of total billed charges | |
| BKR CHG U IFE & PE RANDOM | 86335 | CPT | | | | both | | | 283 | 33.75 | Aetna | Medicare | 87.16 | 30.8 | | | 7.5 | | 268.85 percent of total billed charges | |
| BKR CHG U IFE & PE RANDOM | 86335 | CPT | | | | both | | | 283 | 33.75 | First Health | First Health | 198.1 | 70 | | | 7.5 | | 268.85 percent of total billed charges | |
| BKR CHG U IFE & PE RANDOM | 86335 | CPT | | | | both | | | 283 | 33.75 | WellPoint | WellPoint | 91.07 | 32.18 | | | 7.5 | | 268.85 percent of total billed charges | |
| BKR CHG U IFE & PE RANDOM | 86335 | CPT | | | | both | | | 283 | 33.75 | Horizon | Indemnity | 108.33 | 38.28 | | | 7.5 | | 268.85 percent of total billed charges | |
| BKR CHG U IFE & PE RANDOM | 86335 | CPT | | | | both | | | 283 | 33.75 | Amerihealth | HMO/PPO | 44.7 | | | | 7.5 | | 268.85 fee schedule | |
| BKR CHG U IFE & PE RANDOM | 86335 | CPT | | | | both | | | 283 | 33.75 | Horizon | PPO | 108.33 | 38.28 | | | 7.5 | | 268.85 percent of total billed charges | |
| BKR CHG U IFE & PE RANDOM | 86335 | CPT | | | | both | | | 283 | 33.75 | Horizon | MGD | 108.33 | 38.28 | | | 7.5 | | 268.85 percent of total billed charges | |
| BKR CHG U IFE & PE RANDOM | 86335 | CPT | | | | both | | | 283 | 33.75 | Consumer | Consumer | 268.85 | 95 | | | 7.5 | | 268.85 percent of total billed charges | |
| BKR CHG U IFE & PE RANDOM | 86335 | CPT | | | | both | | | 283 | 33.75 | Multiplan | Multiplan | 226.4 | 80 | | | 7.5 | | 268.85 percent of total billed charges | |
| BKR CHG U IFE & PE RANDOM | 86335 | CPT | | | | both | | | 283 | 33.75 | Three Rivers | Three Rivers | 268.85 | 95 | | | 7.5 | | 268.85 percent of total billed charges | |
| BKR CHG U IFE & PE RANDOM | 86335 | CPT | | | | both | | | 283 | 33.75 | Qualcare | Qualcare | 212.25 | 75 | | | 7.5 | | 268.85 percent of total billed charges | |
| BKR CHG U IFE & PE RANDOM | 86335 | CPT | | | | both | | | 283 | 33.75 | UHC | Medicaid | 23.48 | | | | 7.5 | | 268.85 fee schedule | |
| BKR CHG U IFE & PE RANDOM | 86335 | CPT | | | | both | | | 283 | 33.75 | First Trenton | First Trenton | 254.7 | 90 | | | 7.5 | | 268.85 percent of total billed charges | |
| BKR CHG U IFE & PE RANDOM | 86335 | CPT | | | | both | | | 283 | 33.75 | Managed Care Inc | Managed Care Inc | 254.7 | 90 | | | 7.5 | | 268.85 percent of total billed charges | |
| BKR CHG U IFE & PE RANDOM | 86335 | CPT | | | | both | | | 283 | 33.75 | UHC | Medicare | 29.35 | | | 18.23 | 7.5 | | 268.85 fee schedule | |
| BKR CHG U IFE & PE RANDOM | 86335 | CPT | | | | both | | | 283 | 33.75 | Wellcare | Medicaid | 23.48 | | | | 7.5 | | 268.85 fee schedule | |
| BKR CHG INHIBIN A ULTRA (146803) | 86336 | CPT | | | | both | | | 518 | 17.93 | Corrections | Corrections | 414.4 | 80 | | | 8.1 | | 492.1 percent of total billed charges | |
| BKR CHG INHIBIN A ULTRA (146803) | 86336 | CPT | | | | both | | | 518 | 17.93 | Aetna | Better Health | 163.43 | 31.55 | | | 8.1 | | 492.1 percent of total billed charges | |
| BKR CHG INHIBIN A ULTRA (146803) | 86336 | CPT | | | | both | | | 518 | 17.93 | Horizon | MGD | 198.29 | 38.28 | | | 8.1 | | 492.1 percent of total billed charges | |
| BKR CHG INHIBIN A ULTRA (146803) | 86336 | CPT | | | | both | | | 518 | 17.93 | Aetna | Commercial | 196.84 | 38 | | | 8.1 | | 492.1 percent of total billed charges | |
| BKR CHG INHIBIN A ULTRA (146803) | 86336 | CPT | | | | both | | | 518 | 17.93 | Horizon | Indemnity | 198.29 | 38.28 | | | 8.1 | | 492.1 percent of total billed charges | |
| BKR CHG INHIBIN A ULTRA (146803) | 86336 | CPT | | | | both | | | 518 | 17.93 | Aetna | Medicare | 159.54 | 30.8 | | | 8.1 | | 492.1 percent of total billed charges | |
| BKR CHG INHIBIN A ULTRA (146803) | 86336 | CPT | | | | both | | | 518 | 17.93 | Amerihealth | HMO/PPO | 8.1 | | | | 8.1 | | 492.1 fee schedule | |
| BKR CHG INHIBIN A ULTRA (146803) | 86336 | CPT | | | | both | | | 518 | 17.93 | Amerihealth | Medicare | 15.59 | | | | 8.1 | | 492.1 fee schedule | |
| BKR CHG INHIBIN A ULTRA (146803) | 86336 | CPT | | | | both | | | 518 | 17.93 | First Trenton | First Trenton | 466.2 | 90 | | | 8.1 | | 492.1 percent of total billed charges | |
| BKR CHG INHIBIN A ULTRA (146803) | 86336 | CPT | | | | both | | | 518 | 17.93 | First Health | First Health | 362.6 | 70 | | | 8.1 | | 492.1 percent of total billed charges | |
| BKR CHG INHIBIN A ULTRA (146803) | 86336 | CPT | | | | both | | | 518 | 17.93 | Horizon | PPO | 198.29 | 38.28 | | | 8.1 | | 492.1 percent of total billed charges | |
| BKR CHG INHIBIN A ULTRA (146803) | 86336 | CPT | | | | both | | | 518 | 17.93 | UHC | Medicare | 15.59 | | | | 8.1 | | 492.1 fee schedule | |
| BKR CHG INHIBIN A ULTRA (146803) | 86336 | CPT | | | | both | | | 518 | 17.93 | Multiplan | Multiplan | 414.4 | 80 | | | 8.1 | | 492.1 percent of total billed charges | |
| BKR CHG INHIBIN A ULTRA (146803) | 86336 | CPT | | | | both | | | 518 | 17.93 | Americare | Americare | 388.5 | 75 | | | 8.1 | | 492.1 percent of total billed charges | |
| BKR CHG INHIBIN A ULTRA (146803) | 86336 | CPT | | | | both | | | 518 | 17.93 | Three Rivers | Three Rivers | 492.1 | 95 | | | 8.1 | | 492.1 percent of total billed charges | |
| BKR CHG INHIBIN A ULTRA (146803) | 86336 | CPT | | | | both | | | 518 | 17.93 | Horizon | NJ Health | 17.31 | | | 11.74 | 8.1 | | 492.1 fee schedule | |
| BKR CHG INHIBIN A ULTRA (146803) | 86336 | CPT | | | | both | | | 518 | 17.93 | Managed Care Inc | Managed Care Inc | 466.2 | 90 | | | 8.1 | | 492.1 percent of total billed charges | |
| BKR CHG INHIBIN A ULTRA (146803) | 86336 | CPT | | | | both | | | 518 | 17.93 | Horizon | Medicare Blue | 155.4 | 30 | | | 8.1 | | 492.1 percent of total billed charges | |
| BKR CHG INHIBIN A ULTRA (146803) | 86336 | CPT | | | | both | | | 518 | 17.93 | Wellcare | Medicaid | 17.5 | | | | 8.1 | | 492.1 fee schedule | |
| BKR CHG INHIBIN A ULTRA (146803) | 86336 | CPT | | | | both | | | 518 | 17.93 | Wellcare | Medicare | 15.59 | | | | 8.1 | | 492.1 fee schedule | |
| BKR CHG INHIBIN A ULTRA (146803) | 86336 | CPT | | | | both | | | 518 | 17.93 | Qualcare | Qualcare | 388.5 | 75 | | | 8.1 | | 492.1 percent of total billed charges | |
| BKR CHG INHIBIN A ULTRA (146803) | 86336 | CPT | | | | both | | | 518 | 17.93 | Consumer | Consumer | 492.1 | 95 | | | 8.1 | | 492.1 percent of total billed charges | |
| BKR CHG INHIBIN A ULTRA (146803) | 86336 | CPT | | | | both | | | 518 | 17.93 | UHC | Medicaid | 17.5 | | | | 8.1 | | 492.1 fee schedule | |
| BKR CHG INHIBIN A ULTRA (146803) | 86336 | CPT | | | | both | | | 518 | 17.93 | WellPoint | WellPoint | 166.69 | 32.18 | | | 8.1 | | 492.1 percent of total billed charges | |
| BKR CHG INSULIN ANTIBODIES | 86337 | CPT | | | | both | | | 73 | 24.62 | Aetna | Better Health | 23.03 | 31.55 | | 13.28 | 13.71 | | 69.35 percent of total billed charges | |
| BKR CHG INSULIN ANTIBODIES | 86337 | CPT | | | | both | | | 73 | 24.62 | Corrections | Corrections | 58.4 | 80 | | | 13.71 | | 69.35 percent of total billed charges | |
| BKR CHG INSULIN ANTIBODIES | 86337 | CPT | | | | both | | | 73 | 24.62 | Amerihealth | HMO/PPO | 18.3 | | | | 13.71 | | 69.35 fee schedule | |
| BKR CHG INSULIN ANTIBODIES | 86337 | CPT | | | | both | | | 73 | 24.62 | Consumer | Consumer | 69.35 | 95 | | | 13.71 | | 69.35 percent of total billed charges | |
| BKR CHG INSULIN ANTIBODIES | 86337 | CPT | | | | both | | | 73 | 24.62 | UHC | Medicaid | 13.71 | | | 2.43 | 13.71 | | 69.35 fee schedule | |
| BKR CHG INSULIN ANTIBODIES | 86337 | CPT | | | | both | | | 73 | 24.62 | Aetna | Commercial | 27.74 | 38 | | | 13.71 | | 69.35 percent of total billed charges | |
| BKR CHG INSULIN ANTIBODIES | 86337 | CPT | | | | both | | | 73 | 24.62 | Aetna | Medicare | 22.48 | 30.8 | | | 13.71 | | 69.35 percent of total billed charges | |
| BKR CHG INSULIN ANTIBODIES | 86337 | CPT | | | | both | | | 73 | 24.62 | Americare | Americare | 54.75 | 75 | | | 13.71 | | 69.35 percent of total billed charges | |
| BKR CHG INSULIN ANTIBODIES | 86337 | CPT | | | | both | | | 73 | 24.62 | First Health | First Health | 51.1 | 70 | | | 13.71 | | 69.35 percent of total billed charges | |
| BKR CHG INSULIN ANTIBODIES | 86337 | CPT | | | | both | | | 73 | 24.62 | Horizon | NJ Health | 29.56 | | | 1.43 | 13.71 | | 69.35 fee schedule | |
| BKR CHG INSULIN ANTIBODIES | 86337 | CPT | | | | both | | | 73 | 24.62 | Wellcare | Medicare | 21.41 | | | | 13.71 | | 69.35 fee schedule | |
| BKR CHG INSULIN ANTIBODIES | 86337 | CPT | | | | both | | | 73 | 24.62 | First Trenton | First Trenton | 65.7 | 90 | | | 13.71 | | 69.35 percent of total billed charges | |
| BKR CHG INSULIN ANTIBODIES | 86337 | CPT | | | | both | | | 73 | 24.62 | WellPoint | WellPoint | 23.49 | 32.18 | | 14.97 | 13.71 | | 69.35 percent of total billed charges | |
| BKR CHG INSULIN ANTIBODIES | 86337 | CPT | | | | both | | | 73 | 24.62 | Amerihealth | Medicare | 21.41 | | | | 13.71 | | 69.35 fee schedule | |
| BKR CHG INSULIN ANTIBODIES | 86337 | CPT | | | | both | | | 73 | 24.62 | Horizon | Indemnity | 27.94 | 38.28 | | | 13.71 | | 69.35 percent of total billed charges | |
| BKR CHG INSULIN ANTIBODIES | 86337 | CPT | | | | both | | | 73 | 24.62 | Multiplan | Multiplan | 58.4 | 80 | | | 13.71 | | 69.35 percent of total billed charges | |
| BKR CHG INSULIN ANTIBODIES | 86337 | CPT | | | | both | | | 73 | 24.62 | Managed Care Inc | Managed Care Inc | 65.7 | 90 | | | 13.71 | | 69.35 percent of total billed charges | |
| BKR CHG INSULIN ANTIBODIES | 86337 | CPT | | | | both | | | 73 | 24.62 | Qualcare | Qualcare | 54.75 | 75 | | | 13.71 | | 69.35 percent of total billed charges | |
| BKR CHG INSULIN ANTIBODIES | 86337 | CPT | | | | both | | | 73 | 24.62 | Horizon | Medicare Blue | 21.9 | 30 | | | 13.71 | | 69.35 percent of total billed charges | |
| BKR CHG INSULIN ANTIBODIES | 86337 | CPT | | | | both | | | 73 | 24.62 | UHC | Medicare | 21.41 | | | | 13.71 | | 69.35 fee schedule | |
| BKR CHG INSULIN ANTIBODIES | 86337 | CPT | | | | both | | | 73 | 24.62 | Three Rivers | Three Rivers | 69.35 | 95 | | | 13.71 | | 69.35 percent of total billed charges | |
| BKR CHG INSULIN ANTIBODIES | 86337 | CPT | | | | both | | | 73 | 24.62 | Horizon | MGD | 27.94 | 38.28 | | 9.76 | 13.71 | | 69.35 percent of total billed charges | |
| BKR CHG INSULIN ANTIBODIES | 86337 | CPT | | | | both | | | 73 | 24.62 | Wellcare | Medicaid | 13.71 | | | | 13.71 | | 69.35 fee schedule | |
| BKR CHG INSULIN ANTIBODIES | 86337 | CPT | | | | both | | | 73 | 24.62 | Horizon | PPO | 27.94 | 38.28 | | 15.29 | 13.71 | | 69.35 percent of total billed charges | |
| BKR CHG INTRINSIC FACTOR BLOCK AB | 86340 | CPT | | | | both | | | 300 | 17.34 | WellPoint | WellPoint | 96.54 | 32.18 | | | 10.2 | | 285 percent of total billed charges | |
| BKR CHG INTRINSIC FACTOR BLOCK AB | 86340 | CPT | | | | both | | | 300 | 17.34 | Aetna | Commercial | 114 | 38 | | | 10.2 | | 285 percent of total billed charges | |
| BKR CHG INTRINSIC FACTOR BLOCK AB | 86340 | CPT | | | | both | | | 300 | 17.34 | First Trenton | First Trenton | 270 | 90 | | | 10.2 | | 285 percent of total billed charges | |
| BKR CHG INTRINSIC FACTOR BLOCK AB | 86340 | CPT | | | | both | | | 300 | 17.34 | Corrections | Corrections | 240 | 80 | | | 10.2 | | 285 percent of total billed charges | |
| BKR CHG INTRINSIC FACTOR BLOCK AB | 86340 | CPT | | | | both | | | 300 | 17.34 | Amerihealth | Medicare | 15.08 | | | | 10.2 | | 285 fee schedule | |
| BKR CHG INTRINSIC FACTOR BLOCK AB | 86340 | CPT | | | | both | | | 300 | 17.34 | Americare | Americare | 225 | 75 | | | 10.2 | | 285 percent of total billed charges | |
| BKR CHG INTRINSIC FACTOR BLOCK AB | 86340 | CPT | | | | both | | | 300 | 17.34 | Amerihealth | HMO/PPO | 22.8 | | | | 10.2 | | 285 fee schedule | |
| BKR CHG INTRINSIC FACTOR BLOCK AB | 86340 | CPT | | | | both | | | 300 | 17.34 | Aetna | Better Health | 94.65 | 31.55 | | | 10.2 | | 285 percent of total billed charges | |
| BKR CHG INTRINSIC FACTOR BLOCK AB | 86340 | CPT | | | | both | | | 300 | 17.34 | First Health | First Health | 210 | 70 | | | 10.2 | | 285 percent of total billed charges | |
| BKR CHG INTRINSIC FACTOR BLOCK AB | 86340 | CPT | | | | both | | | 300 | 17.34 | Aetna | Medicare | 92.4 | 30.8 | | | 10.2 | | 285 percent of total billed charges | |
| BKR CHG INTRINSIC FACTOR BLOCK AB | 86340 | CPT | | | | both | | | 300 | 17.34 | Horizon | PPO | 114.84 | 38.28 | | | 10.2 | | 285 percent of total billed charges | |
| BKR CHG INTRINSIC FACTOR BLOCK AB | 86340 | CPT | | | | both | | | 300 | 17.34 | Horizon | MGD | 114.84 | 38.28 | | 5.96 | 10.2 | | 285 percent of total billed charges | |
| BKR CHG INTRINSIC FACTOR BLOCK AB | 86340 | CPT | | | | both | | | 300 | 17.34 | Horizon | Indemnity | 114.84 | 38.28 | | | 10.2 | | 285 percent of total billed charges | |
| BKR CHG INTRINSIC FACTOR BLOCK AB | 86340 | CPT | | | | both | | | 300 | 17.34 | Consumer | Consumer | 285 | 95 | | | 10.2 | | 285 percent of total billed charges | |
| BKR CHG INTRINSIC FACTOR BLOCK AB | 86340 | CPT | | | | both | | | 300 | 17.34 | Horizon | Medicare Blue | 90 | 30 | | | 10.2 | | 285 percent of total billed charges | |
| BKR CHG INTRINSIC FACTOR BLOCK AB | 86340 | CPT | | | | both | | | 300 | 17.34 | UHC | Medicaid | 20 | | | | 10.2 | | 285 fee schedule | |
| BKR CHG INTRINSIC FACTOR BLOCK AB | 86340 | CPT | | | | both | | | 300 | 17.34 | Multiplan | Multiplan | 240 | 80 | | | 10.2 | | 285 percent of total billed charges | |
| BKR CHG INTRINSIC FACTOR BLOCK AB | 86340 | CPT | | | | both | | | 300 | 17.34 | Horizon | NJ Health | 43.12 | | | | 10.2 | | 285 fee schedule | |
| BKR CHG INTRINSIC FACTOR BLOCK AB | 86340 | CPT | | | | both | | | 300 | 17.34 | Managed Care Inc | Managed Care Inc | 270 | 90 | | | 10.2 | | 285 percent of total billed charges | |
| BKR CHG INTRINSIC FACTOR BLOCK AB | 86340 | CPT | | | | both | | | 300 | 17.34 | Wellcare | Medicaid | 20 | | | | 10.2 | | 285 fee schedule | |
| BKR CHG INTRINSIC FACTOR BLOCK AB | 86340 | CPT | | | | both | | | 300 | 17.34 | Qualcare | Qualcare | 225 | 75 | | | 10.2 | | 285 percent of total billed charges | |
| BKR CHG INTRINSIC FACTOR BLOCK AB | 86340 | CPT | | | | both | | | 300 | 17.34 | Three Rivers | Three Rivers | 285 | 95 | | | 10.2 | | 285 percent of total billed charges | |
| BKR CHG INTRINSIC FACTOR BLOCK AB | 86340 | CPT | | | | both | | | 300 | 17.34 | Wellcare | Medicare | 15.08 | | | | 10.2 | | 285 fee schedule | |
| BKR CHG INTRINSIC FACTOR BLOCK AB | 86340 | CPT | | | | both | | | 300 | 17.34 | UHC | Medicare | 15.08 | | | | 10.2 | | 285 fee schedule | |
| BKR CHG ZNT8 ANTIBODIES | 86341 | CPT | | | | both | | | 992 | 27.11 | Aetna | Medicare | 305.54 | 30.8 | | | 16.5 | | 942.4 percent of total billed charges | |
| BKR CHG ZNT8 ANTIBODIES | 86341 | CPT | | | | both | | | 992 | 27.11 | First Trenton | First Trenton | 892.8 | 90 | | | 16.5 | | 942.4 percent of total billed charges | |
| BKR CHG ZNT8 ANTIBODIES | 86341 | CPT | | | | both | | | 992 | 27.11 | Aetna | Better Health | 312.98 | 31.55 | | | 16.5 | | 942.4 percent of total billed charges | |
| BKR CHG ZNT8 ANTIBODIES | 86341 | CPT | | | | both | | | 992 | 27.11 | First Health | First Health | 694.4 | 70 | | | 16.5 | | 942.4 percent of total billed charges | |
| BKR CHG ZNT8 ANTIBODIES | 86341 | CPT | | | | both | | | 992 | 27.11 | Wellcare | Medicare | 23.57 | | | | 16.5 | | 942.4 fee schedule | |
| BKR CHG ZNT8 ANTIBODIES | 86341 | CPT | | | | both | | | 992 | 27.11 | Horizon | Medicare Blue | 297.6 | 30 | | | 16.5 | | 942.4 percent of total billed charges | |
| BKR CHG ZNT8 ANTIBODIES | 86341 | CPT | | | | both | | | 992 | 27.11 | Corrections | Corrections | 793.6 | 80 | | | 16.5 | | 942.4 percent of total billed charges | |
| BKR CHG ZNT8 ANTIBODIES | 86341 | CPT | | | | both | | | 992 | 27.11 | Amerihealth | Medicare | 23.57 | | | | 16.5 | | 942.4 fee schedule | |
| BKR CHG ZNT8 ANTIBODIES | 86341 | CPT | | | | both | | | 992 | 27.11 | Americare | Americare | 744 | 75 | | | 16.5 | | 942.4 percent of total billed charges | |
| BKR CHG ZNT8 ANTIBODIES | 86341 | CPT | | | | both | | | 992 | 27.11 | Horizon | Indemnity | 379.74 | 38.28 | | | 16.5 | | 942.4 percent of total billed charges | |
| BKR CHG ZNT8 ANTIBODIES | 86341 | CPT | | | | both | | | 992 | 27.11 | Aetna | Commercial | 376.96 | 38 | | | 16.5 | | 942.4 percent of total billed charges | |
| BKR CHG ZNT8 ANTIBODIES | 86341 | CPT | | | | both | | | 992 | 27.11 | Multiplan | Multiplan | 793.6 | 80 | | | 16.5 | | 942.4 percent of total billed charges | |
| BKR CHG ZNT8 ANTIBODIES | 86341 | CPT | | | | both | | | 992 | 27.11 | Horizon | MGD | 379.74 | 38.28 | | 16.31 | 16.5 | | 942.4 percent of total billed charges | |
| BKR CHG ZNT8 ANTIBODIES | 86341 | CPT | | | | both | | | 992 | 27.11 | WellPoint | WellPoint | 319.23 | 32.18 | | 16.15 | 16.5 | | 942.4 percent of total billed charges | |
| BKR CHG ZNT8 ANTIBODIES | 86341 | CPT | | | | both | | | 992 | 27.11 | Horizon | NJ Health | 49 | | | 2.26 | 16.5 | | 942.4 fee schedule | |
| BKR CHG ZNT8 ANTIBODIES | 86341 | CPT | | | | both | | | 992 | 27.11 | Consumer | Consumer | 942.4 | 95 | | | 16.5 | | 942.4 percent of total billed charges | |
| BKR CHG ZNT8 ANTIBODIES | 86341 | CPT | | | | both | | | 992 | 27.11 | Horizon | PPO | 379.74 | 38.28 | | 35.43 | 16.5 | | 942.4 percent of total billed charges | |
| BKR CHG ZNT8 ANTIBODIES | 86341 | CPT | | | | both | | | 992 | 27.11 | Managed Care Inc | Managed Care Inc | 892.8 | 90 | | | 16.5 | | 942.4 percent of total billed charges | |
| BKR CHG ZNT8 ANTIBODIES | 86341 | CPT | | | | both | | | 992 | 27.11 | Amerihealth | HMO/PPO | 35 | | | 7.83 | 16.5 | | 942.4 fee schedule | |
| BKR CHG ZNT8 ANTIBODIES | 86341 | CPT | | | | both | | | 992 | 27.11 | Qualcare | Qualcare | 744 | 75 | | | 16.5 | | 942.4 percent of total billed charges | |
| BKR CHG ZNT8 ANTIBODIES | 86341 | CPT | | | | both | | | 992 | 27.11 | UHC | Medicare | 23.57 | | | 4.78 | 16.5 | | 942.4 fee schedule | |
| BKR CHG ZNT8 ANTIBODIES | 86341 | CPT | | | | both | | | 992 | 27.11 | Three Rivers | Three Rivers | 942.4 | 95 | | | 16.5 | | 942.4 percent of total billed charges | |
| BKR CHG ZNT8 ANTIBODIES | 86341 | CPT | | | | both | | | 992 | 27.11 | Wellcare | Medicaid | 25 | | | | 16.5 | | 942.4 fee schedule | |
| BKR CHG ZNT8 ANTIBODIES | 86341 | CPT | | | | both | | | 992 | 27.11 | UHC | Medicaid | 25 | | | 6.49 | 16.5 | | 942.4 fee schedule | |
| BKR CHG CHRONIC URTICARIA | 86343 | CPT | | | | outpatient | | | 599 | 14.33 | Corrections | Corrections | 479.2 | 80 | | | 6 | | 569.05 percent of total billed charges | |
| BKR CHG CHRONIC URTICARIA | 86343 | CPT | | | | outpatient | | | 599 | 14.33 | UHC | Medicaid | 6 | | | | 6 | | 569.05 fee schedule | |
| BKR CHG CHRONIC URTICARIA | 86343 | CPT | | | | outpatient | | | 599 | 14.33 | Amerihealth | Medicare | 12.46 | | | | 6 | | 569.05 fee schedule | |
| BKR CHG CHRONIC URTICARIA | 86343 | CPT | | | | outpatient | | | 599 | 14.33 | Amerihealth | HMO/PPO | 389.35 | 65 | | | 6 | | 569.05 percent of total billed charges | |
| BKR CHG CHRONIC URTICARIA | 86343 | CPT | | | | outpatient | | | 599 | 14.33 | First Trenton | First Trenton | 539.1 | 90 | | | 6 | | 569.05 percent of total billed charges | |
| BKR CHG CHRONIC URTICARIA | 86343 | CPT | | | | outpatient | | | 599 | 14.33 | Aetna | Medicare | 184.49 | 30.8 | | | 6 | | 569.05 percent of total billed charges | |
| BKR CHG CHRONIC URTICARIA | 86343 | CPT | | | | outpatient | | | 599 | 14.33 | Aetna | Better Health | 188.98 | 31.55 | | | 6 | | 569.05 percent of total billed charges | |
| BKR CHG CHRONIC URTICARIA | 86343 | CPT | | | | outpatient | | | 599 | 14.33 | Americare | Americare | 449.25 | 75 | | | 6 | | 569.05 percent of total billed charges | |
| BKR CHG CHRONIC URTICARIA | 86343 | CPT | | | | outpatient | | | 599 | 14.33 | WellPoint | WellPoint | 192.76 | 32.18 | | | 6 | | 569.05 percent of total billed charges | |
| BKR CHG CHRONIC URTICARIA | 86343 | CPT | | | | outpatient | | | 599 | 14.33 | Horizon | MGD | 229.3 | 38.28 | | | 6 | | 569.05 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG CHRONIC URTICARIA | 86343 | CPT | | | | outpatient | | | 599 | 14.33 | First Health | First Health | 419.3 | 70 | | | 6 | 569.05 | percent of total billed charges | |
| BKR CHG CHRONIC URTICARIA | 86343 | CPT | | | | outpatient | | | 599 | 14.33 | Horizon | Indemnity | 229.3 | 38.28 | | | 6 | 569.05 | percent of total billed charges | |
| BKR CHG CHRONIC URTICARIA | 86343 | CPT | | | | outpatient | | | 599 | 14.33 | Horizon | PPO | 229.3 | 38.28 | | | 6 | 569.05 | percent of total billed charges | |
| BKR CHG CHRONIC URTICARIA | 86343 | CPT | | | | outpatient | | | 599 | 14.33 | Consumer | Consumer | 569.05 | 95 | | | 6 | 569.05 | percent of total billed charges | |
| BKR CHG CHRONIC URTICARIA | 86343 | CPT | | | | outpatient | | | 599 | 14.33 | Wellcare | Medicare | 12.46 | | | | 6 | 569.05 | fee schedule | |
| BKR CHG CHRONIC URTICARIA | 86343 | CPT | | | | outpatient | | | 599 | 14.33 | Multiplan | Multiplan | 479.2 | 80 | | | 6 | 569.05 | percent of total billed charges | |
| BKR CHG CHRONIC URTICARIA | 86343 | CPT | | | | outpatient | | | 599 | 14.33 | Managed Care Inc | Managed Care Inc | 539.1 | 90 | | | 6 | 569.05 | percent of total billed charges | |
| BKR CHG CHRONIC URTICARIA | 86343 | CPT | | | | outpatient | | | 599 | 14.33 | Horizon | Medicare Blue | 179.7 | 30 | | | 6 | 569.05 | percent of total billed charges | |
| BKR CHG CHRONIC URTICARIA | 86343 | CPT | | | | outpatient | | | 599 | 14.33 | UHC | Medicare | 12.46 | | | | 6 | 569.05 | fee schedule | |
| BKR CHG CHRONIC URTICARIA | 86343 | CPT | | | | outpatient | | | 599 | 14.33 | Qualcare | Qualcare | 449.25 | 75 | | | 6 | 569.05 | percent of total billed charges | |
| BKR CHG CHRONIC URTICARIA | 86343 | CPT | | | | outpatient | | | 599 | 14.33 | Three Rivers | Three Rivers | 569.05 | 95 | | | 6 | 569.05 | percent of total billed charges | |
| BKR CHG CHRONIC URTICARIA | 86343 | CPT | | | | outpatient | | | 599 | 14.33 | Horizon | NJ Health | 12.94 | | | | 6 | 569.05 | fee schedule | |
| BKR CHG CHRONIC URTICARIA | 86343 | CPT | | | | outpatient | | | 599 | 14.33 | Wellcare | Medicaid | 6 | | | | 6 | 569.05 | fee schedule | |
| BKR CHG LEUKOCYTE PHAGOCYTOSIS | 86344 | CPT | | | | outpatient | | | 96 | 11.95 | Americare | Americare | 72 | 75 | | | 10.39 | 91.2 | percent of total billed charges | |
| BKR CHG LEUKOCYTE PHAGOCYTOSIS | 86344 | CPT | | | | outpatient | | | 96 | 11.95 | Aetna | Medicare | 29.57 | 30.8 | | | 10.39 | 91.2 | percent of total billed charges | |
| BKR CHG LEUKOCYTE PHAGOCYTOSIS | 86344 | CPT | | | | outpatient | | | 96 | 11.95 | Aetna | Better Health | 30.29 | 31.55 | | | 10.39 | 91.2 | percent of total billed charges | |
| BKR CHG LEUKOCYTE PHAGOCYTOSIS | 86344 | CPT | | | | outpatient | | | 96 | 11.95 | Consumer | Consumer | 91.2 | 95 | | | 10.39 | 91.2 | percent of total billed charges | |
| BKR CHG LEUKOCYTE PHAGOCYTOSIS | 86344 | CPT | | | | outpatient | | | 96 | 11.95 | Horizon | Indemnity | 36.75 | 38.28 | | | 10.39 | 91.2 | percent of total billed charges | |
| BKR CHG LEUKOCYTE PHAGOCYTOSIS | 86344 | CPT | | | | outpatient | | | 96 | 11.95 | First Trenton | First Trenton | 86.4 | 90 | | | 10.39 | 91.2 | percent of total billed charges | |
| BKR CHG LEUKOCYTE PHAGOCYTOSIS | 86344 | CPT | | | | outpatient | | | 96 | 11.95 | UHC | Medicare | 10.39 | | | | 10.39 | 91.2 | fee schedule | |
| BKR CHG LEUKOCYTE PHAGOCYTOSIS | 86344 | CPT | | | | outpatient | | | 96 | 11.95 | First Health | First Health | 67.2 | 70 | | | 10.39 | 91.2 | percent of total billed charges | |
| BKR CHG LEUKOCYTE PHAGOCYTOSIS | 86344 | CPT | | | | outpatient | | | 96 | 11.95 | Amerihealth | HMO/PPO | 11.3 | | | | 10.39 | 91.2 | fee schedule | |
| BKR CHG LEUKOCYTE PHAGOCYTOSIS | 86344 | CPT | | | | outpatient | | | 96 | 11.95 | Horizon | MGD | 36.75 | 38.28 | | | 10.39 | 91.2 | percent of total billed charges | |
| BKR CHG LEUKOCYTE PHAGOCYTOSIS | 86344 | CPT | | | | outpatient | | | 96 | 11.95 | UHC | Medicaid | 10.86 | | | | 10.39 | 91.2 | fee schedule | |
| BKR CHG LEUKOCYTE PHAGOCYTOSIS | 86344 | CPT | | | | outpatient | | | 96 | 11.95 | Corrections | Corrections | 76.8 | 80 | | | 10.39 | 91.2 | percent of total billed charges | |
| BKR CHG LEUKOCYTE PHAGOCYTOSIS | 86344 | CPT | | | | outpatient | | | 96 | 11.95 | Horizon | PPO | 36.75 | 38.28 | | | 10.39 | 91.2 | percent of total billed charges | |
| BKR CHG LEUKOCYTE PHAGOCYTOSIS | 86344 | CPT | | | | outpatient | | | 96 | 11.95 | Horizon | Medicare Blue | 28.8 | 30 | | | 10.39 | 91.2 | percent of total billed charges | |
| BKR CHG LEUKOCYTE PHAGOCYTOSIS | 86344 | CPT | | | | outpatient | | | 96 | 11.95 | WellPoint | WellPoint | 30.89 | 32.18 | | | 10.39 | 91.2 | percent of total billed charges | |
| BKR CHG LEUKOCYTE PHAGOCYTOSIS | 86344 | CPT | | | | outpatient | | | 96 | 11.95 | Multiplan | Multiplan | 76.8 | 80 | | | 10.39 | 91.2 | percent of total billed charges | |
| BKR CHG LEUKOCYTE PHAGOCYTOSIS | 86344 | CPT | | | | outpatient | | | 96 | 11.95 | Amerihealth | Medicare | 10.39 | | | | 10.39 | 91.2 | fee schedule | |
| BKR CHG LEUKOCYTE PHAGOCYTOSIS | 86344 | CPT | | | | outpatient | | | 96 | 11.95 | Qualcare | Qualcare | 72 | 75 | | | 10.39 | 91.2 | percent of total billed charges | |
| BKR CHG LEUKOCYTE PHAGOCYTOSIS | 86344 | CPT | | | | outpatient | | | 96 | 11.95 | Wellcare | Medicaid | 10.86 | | | | 10.39 | 91.2 | fee schedule | |
| BKR CHG LEUKOCYTE PHAGOCYTOSIS | 86344 | CPT | | | | outpatient | | | 96 | 11.95 | Horizon | NJ Health | 23.42 | | | | 10.39 | 91.2 | fee schedule | |
| BKR CHG LEUKOCYTE PHAGOCYTOSIS | 86344 | CPT | | | | outpatient | | | 96 | 11.95 | Managed Care Inc | Managed Care Inc | 86.4 | 90 | | | 10.39 | 91.2 | percent of total billed charges | |
| BKR CHG LEUKOCYTE PHAGOCYTOSIS | 86344 | CPT | | | | outpatient | | | 96 | 11.95 | Three Rivers | Three Rivers | 91.2 | 95 | | | 10.39 | 91.2 | percent of total billed charges | |
| BKR CHG LEUKOCYTE PHAGOCYTOSIS | 86344 | CPT | | | | outpatient | | | 96 | 11.95 | Wellcare | Medicare | 10.39 | | | | 10.39 | 91.2 | fee schedule | |
| BKR CHG IMMUKNOW IMMUNE CELL ASSAY | 86352 | CPT | | | | both | | | 598 | 156.24 | Horizon | MGD | 228.91 | 38.28 | | | 108.69 | 568.1 | percent of total billed charges | |
| BKR CHG IMMUKNOW IMMUNE CELL ASSAY | 86352 | CPT | | | | both | | | 598 | 156.24 | Americare | Americare | 448.5 | 75 | | | 108.69 | 568.1 | percent of total billed charges | |
| BKR CHG IMMUKNOW IMMUNE CELL ASSAY | 86352 | CPT | | | | both | | | 598 | 156.24 | Amerihealth | Medicare | 135.86 | | | | 108.69 | 568.1 | fee schedule | |
| BKR CHG IMMUKNOW IMMUNE CELL ASSAY | 86352 | CPT | | | | both | | | 598 | 156.24 | Aetna | Medicare | 184.18 | 30.8 | | | 108.69 | 568.1 | percent of total billed charges | |
| BKR CHG IMMUKNOW IMMUNE CELL ASSAY | 86352 | CPT | | | | both | | | 598 | 156.24 | Corrections | Corrections | 478.4 | 80 | | | 108.69 | 568.1 | percent of total billed charges | |
| BKR CHG IMMUKNOW IMMUNE CELL ASSAY | 86352 | CPT | | | | both | | | 598 | 156.24 | First Health | First Health | 418.6 | 70 | | | 108.69 | 568.1 | percent of total billed charges | |
| BKR CHG IMMUKNOW IMMUNE CELL ASSAY | 86352 | CPT | | | | both | | | 598 | 156.24 | First Trenton | First Trenton | 538.2 | 90 | | | 108.69 | 568.1 | percent of total billed charges | |
| BKR CHG IMMUKNOW IMMUNE CELL ASSAY | 86352 | CPT | | | | both | | | 598 | 156.24 | Aetna | Better Health | 188.67 | 31.55 | | | 108.69 | 568.1 | percent of total billed charges | |
| BKR CHG IMMUKNOW IMMUNE CELL ASSAY | 86352 | CPT | | | | both | | | 598 | 156.24 | Multiplan | Multiplan | 478.4 | 80 | | | 108.69 | 568.1 | percent of total billed charges | |
| BKR CHG IMMUKNOW IMMUNE CELL ASSAY | 86352 | CPT | | | | both | | | 598 | 156.24 | Consumer | Consumer | 568.1 | 95 | | | 108.69 | 568.1 | percent of total billed charges | |
| BKR CHG IMMUKNOW IMMUNE CELL ASSAY | 86352 | CPT | | | | both | | | 598 | 156.24 | Horizon | Indemnity | 228.91 | 38.28 | | | 108.69 | 568.1 | percent of total billed charges | |
| BKR CHG IMMUKNOW IMMUNE CELL ASSAY | 86352 | CPT | | | | both | | | 598 | 156.24 | Amerihealth | HMO/PPO | 388.7 | 65 | | 75.65 | 108.69 | 568.1 | percent of total billed charges | |
| BKR CHG IMMUKNOW IMMUNE CELL ASSAY | 86352 | CPT | | | | both | | | 598 | 156.24 | Horizon | Medicare Blue | 179.4 | 30 | | | 108.69 | 568.1 | percent of total billed charges | |
| BKR CHG IMMUKNOW IMMUNE CELL ASSAY | 86352 | CPT | | | | both | | | 598 | 156.24 | UHC | Medicaid | 108.69 | | | | 108.69 | 568.1 | fee schedule | |
| BKR CHG IMMUKNOW IMMUNE CELL ASSAY | 86352 | CPT | | | | both | | | 598 | 156.24 | Horizon | PPO | 228.91 | 38.28 | | | 108.69 | 568.1 | percent of total billed charges | |
| BKR CHG IMMUKNOW IMMUNE CELL ASSAY | 86352 | CPT | | | | both | | | 598 | 156.24 | WellPoint | WellPoint | 192.44 | 32.18 | | | 108.69 | 568.1 | percent of total billed charges | |
| BKR CHG IMMUKNOW IMMUNE CELL ASSAY | 86352 | CPT | | | | both | | | 598 | 156.24 | Qualcare | Qualcare | 448.5 | 75 | | | 108.69 | 568.1 | percent of total billed charges | |
| BKR CHG IMMUKNOW IMMUNE CELL ASSAY | 86352 | CPT | | | | both | | | 598 | 156.24 | Wellcare | Medicare | 135.86 | | | | 108.69 | 568.1 | fee schedule | |
| BKR CHG IMMUKNOW IMMUNE CELL ASSAY | 86352 | CPT | | | | both | | | 598 | 156.24 | Three Rivers | Three Rivers | 568.1 | 95 | | | 108.69 | 568.1 | percent of total billed charges | |
| BKR CHG IMMUKNOW IMMUNE CELL ASSAY | 86352 | CPT | | | | both | | | 598 | 156.24 | UHC | Medicare | 135.86 | | | | 108.69 | 568.1 | fee schedule | |
| BKR CHG IMMUKNOW IMMUNE CELL ASSAY | 86352 | CPT | | | | both | | | 598 | 156.24 | Horizon | NJ Health | 160.86 | | | | 108.69 | 568.1 | fee schedule | |
| BKR CHG IMMUKNOW IMMUNE CELL ASSAY | 86352 | CPT | | | | both | | | 598 | 156.24 | Wellcare | Medicaid | 108.69 | | | | 108.69 | 568.1 | fee schedule | |
| BKR CHG IMMUKNOW IMMUNE CELL ASSAY | 86352 | CPT | | | | both | | | 598 | 156.24 | Managed Care Inc | Managed Care Inc | 538.2 | 90 | | | 108.69 | 568.1 | percent of total billed charges | |
| BKR CHG T&B LYMPHOCYTE/NAT KILLER | 86353 | CPT | | | | outpatient | | | 1942 | 56.38 | Aetna | Medicare | 598.14 | 30.8 | | | 32 | 1844.9 | percent of total billed charges | |
| BKR CHG T&B LYMPHOCYTE/NAT KILLER | 86353 | CPT | | | | outpatient | | | 1942 | 56.38 | Horizon | MGD | 743.4 | 38.28 | | | 32 | 1844.9 | percent of total billed charges | |
| BKR CHG T&B LYMPHOCYTE/NAT KILLER | 86353 | CPT | | | | outpatient | | | 1942 | 56.38 | Amerihealth | HMO/PPO | 76.3 | | | | 32 | 1844.9 | fee schedule | |
| BKR CHG T&B LYMPHOCYTE/NAT KILLER | 86353 | CPT | | | | outpatient | | | 1942 | 56.38 | Consumer | Consumer | 1844.9 | 95 | | | 32 | 1844.9 | percent of total billed charges | |
| BKR CHG T&B LYMPHOCYTE/NAT KILLER | 86353 | CPT | | | | outpatient | | | 1942 | 56.38 | Corrections | Corrections | 1553.6 | 80 | | | 32 | 1844.9 | percent of total billed charges | |
| BKR CHG T&B LYMPHOCYTE/NAT KILLER | 86353 | CPT | | | | outpatient | | | 1942 | 56.38 | Aetna | Better Health | 612.7 | 31.55 | | | 32 | 1844.9 | percent of total billed charges | |
| BKR CHG T&B LYMPHOCYTE/NAT KILLER | 86353 | CPT | | | | outpatient | | | 1942 | 56.38 | Americare | Americare | 1456.5 | 75 | | | 32 | 1844.9 | percent of total billed charges | |
| BKR CHG T&B LYMPHOCYTE/NAT KILLER | 86353 | CPT | | | | outpatient | | | 1942 | 56.38 | First Health | First Health | 1359.4 | 70 | | | 32 | 1844.9 | percent of total billed charges | |
| BKR CHG T&B LYMPHOCYTE/NAT KILLER | 86353 | CPT | | | | outpatient | | | 1942 | 56.38 | First Trenton | First Trenton | 1747.8 | 90 | | | 32 | 1844.9 | percent of total billed charges | |
| BKR CHG T&B LYMPHOCYTE/NAT KILLER | 86353 | CPT | | | | outpatient | | | 1942 | 56.38 | Multiplan | Multiplan | 1553.6 | 80 | | | 32 | 1844.9 | percent of total billed charges | |
| BKR CHG T&B LYMPHOCYTE/NAT KILLER | 86353 | CPT | | | | outpatient | | | 1942 | 56.38 | Amerihealth | Medicare | 49.03 | | | | 32 | 1844.9 | fee schedule | |
| BKR CHG T&B LYMPHOCYTE/NAT KILLER | 86353 | CPT | | | | outpatient | | | 1942 | 56.38 | Horizon | Indemnity | 743.4 | 38.28 | | | 32 | 1844.9 | percent of total billed charges | |
| BKR CHG T&B LYMPHOCYTE/NAT KILLER | 86353 | CPT | | | | outpatient | | | 1942 | 56.38 | WellPoint | WellPoint | 624.94 | 32.18 | | | 32 | 1844.9 | percent of total billed charges | |
| BKR CHG T&B LYMPHOCYTE/NAT KILLER | 86353 | CPT | | | | outpatient | | | 1942 | 56.38 | Qualcare | Qualcare | 1456.5 | 75 | | | 32 | 1844.9 | percent of total billed charges | |
| BKR CHG T&B LYMPHOCYTE/NAT KILLER | 86353 | CPT | | | | outpatient | | | 1942 | 56.38 | Wellcare | Medicare | 49.03 | | | | 32 | 1844.9 | fee schedule | |
| BKR CHG T&B LYMPHOCYTE/NAT KILLER | 86353 | CPT | | | | outpatient | | | 1942 | 56.38 | Horizon | Medicare Blue | 582.6 | 30 | | | 32 | 1844.9 | percent of total billed charges | |
| BKR CHG T&B LYMPHOCYTE/NAT KILLER | 86353 | CPT | | | | outpatient | | | 1942 | 56.38 | Horizon | NJ Health | 62.72 | | | | 32 | 1844.9 | fee schedule | |
| BKR CHG T&B LYMPHOCYTE/NAT KILLER | 86353 | CPT | | | | outpatient | | | 1942 | 56.38 | UHC | Medicaid | 32 | | | | 32 | 1844.9 | fee schedule | |
| BKR CHG T&B LYMPHOCYTE/NAT KILLER | 86353 | CPT | | | | outpatient | | | 1942 | 56.38 | UHC | Medicare | 49.03 | | | | 32 | 1844.9 | fee schedule | |
| BKR CHG T&B LYMPHOCYTE/NAT KILLER | 86353 | CPT | | | | outpatient | | | 1942 | 56.38 | Wellcare | Medicaid | 32 | | | 67.39 | 32 | 1844.9 | fee schedule | |
| BKR CHG T&B LYMPHOCYTE/NAT KILLER | 86353 | CPT | | | | outpatient | | | 1942 | 56.38 | Horizon | PPO | 743.4 | 38.28 | | | 32 | 1844.9 | percent of total billed charges | |
| BKR CHG T&B LYMPHOCYTE/NAT KILLER | 86353 | CPT | | | | outpatient | | | 1942 | 56.38 | Managed Care Inc | Managed Care Inc | 1747.8 | 90 | | | 32 | 1844.9 | percent of total billed charges | |
| BKR CHG T&B LYMPHOCYTE/NAT KILLER | 86353 | CPT | | | | outpatient | | | 1942 | 56.38 | Three Rivers | Three Rivers | 1844.9 | 95 | | | 32 | 1844.9 | percent of total billed charges | |
| BKR CHG B CELLS TOTAL COUNT | 86355 | CPT | | | | both | | | 171 | 43.39 | Horizon | PPO | 65.46 | 38.28 | | 32.77 | 30.18 | 162.45 | percent of total billed charges | |
| BKR CHG B CELLS TOTAL COUNT | 86355 | CPT | | | | both | | | 171 | 43.39 | Aetna | Better Health | 53.95 | 31.55 | | 41.13 | 30.18 | 162.45 | percent of total billed charges | |
| BKR CHG B CELLS TOTAL COUNT | 86355 | CPT | | | | both | | | 171 | 43.39 | Corrections | Corrections | 136.8 | 80 | | | 30.18 | 162.45 | percent of total billed charges | |
| BKR CHG B CELLS TOTAL COUNT | 86355 | CPT | | | | both | | | 171 | 43.39 | First Health | First Health | 119.7 | 70 | | | 30.18 | 162.45 | percent of total billed charges | |
| BKR CHG B CELLS TOTAL COUNT | 86355 | CPT | | | | both | | | 171 | 43.39 | Americare | Americare | 128.25 | 75 | | | 30.18 | 162.45 | percent of total billed charges | |
| BKR CHG B CELLS TOTAL COUNT | 86355 | CPT | | | | both | | | 171 | 43.39 | Aetna | Medicare | 52.67 | 30.8 | | 20.71 | 30.18 | 162.45 | percent of total billed charges | |
| BKR CHG B CELLS TOTAL COUNT | 86355 | CPT | | | | both | | | 171 | 43.39 | Multiplan | Multiplan | 136.8 | 80 | | | 30.18 | 162.45 | percent of total billed charges | |
| BKR CHG B CELLS TOTAL COUNT | 86355 | CPT | | | | both | | | 171 | 43.39 | Amerihealth | HMO/PPO | 50 | | | | 30.18 | 162.45 | fee schedule | |
| BKR CHG B CELLS TOTAL COUNT | 86355 | CPT | | | | both | | | 171 | 43.39 | Consumer | Consumer | 162.45 | 95 | | | 30.18 | 162.45 | percent of total billed charges | |
| BKR CHG B CELLS TOTAL COUNT | 86355 | CPT | | | | both | | | 171 | 43.39 | Horizon | MGD | 65.46 | 38.28 | | 35.44 | 30.18 | 162.45 | percent of total billed charges | |
| BKR CHG B CELLS TOTAL COUNT | 86355 | CPT | | | | both | | | 171 | 43.39 | First Trenton | First Trenton | 153.9 | 90 | | | 30.18 | 162.45 | percent of total billed charges | |
| BKR CHG B CELLS TOTAL COUNT | 86355 | CPT | | | | both | | | 171 | 43.39 | Three Rivers | Three Rivers | 162.45 | 95 | | | 30.18 | 162.45 | percent of total billed charges | |
| BKR CHG B CELLS TOTAL COUNT | 86355 | CPT | | | | both | | | 171 | 43.39 | Horizon | NJ Health | 41.89 | | | 9.13 | 30.18 | 162.45 | fee schedule | |
| BKR CHG B CELLS TOTAL COUNT | 86355 | CPT | | | | both | | | 171 | 43.39 | Horizon | Indemnity | 65.46 | 38.28 | | 8.25 | 30.18 | 162.45 | percent of total billed charges | |
| BKR CHG B CELLS TOTAL COUNT | 86355 | CPT | | | | both | | | 171 | 43.39 | Qualcare | Qualcare | 128.25 | 75 | | | 30.18 | 162.45 | percent of total billed charges | |
| BKR CHG B CELLS TOTAL COUNT | 86355 | CPT | | | | both | | | 171 | 43.39 | Amerihealth | Medicare | 37.73 | | | | 30.18 | 162.45 | fee schedule | |
| BKR CHG B CELLS TOTAL COUNT | 86355 | CPT | | | | both | | | 171 | 43.39 | Wellcare | Medicare | 37.73 | | | | 30.18 | 162.45 | fee schedule | |
| BKR CHG B CELLS TOTAL COUNT | 86355 | CPT | | | | both | | | 171 | 43.39 | UHC | Medicare | 37.73 | | | | 30.18 | 162.45 | fee schedule | |
| BKR CHG B CELLS TOTAL COUNT | 86355 | CPT | | | | both | | | 171 | 43.39 | Horizon | Medicare Blue | 51.3 | 30 | | | 30.18 | 162.45 | percent of total billed charges | |
| BKR CHG B CELLS TOTAL COUNT | 86355 | CPT | | | | both | | | 171 | 43.39 | UHC | Medicaid | 30.18 | | | 7.75 | 30.18 | 162.45 | fee schedule | |
| BKR CHG B CELLS TOTAL COUNT | 86355 | CPT | | | | both | | | 171 | 43.39 | Managed Care Inc | Managed Care Inc | 153.9 | 90 | | | 30.18 | 162.45 | percent of total billed charges | |
| BKR CHG B CELLS TOTAL COUNT | 86355 | CPT | | | | both | | | 171 | 43.39 | WellPoint | WellPoint | 55.03 | 32.18 | | 22.75 | 30.18 | 162.45 | percent of total billed charges | |
| BKR CHG B CELLS TOTAL COUNT | 86355 | CPT | | | | both | | | 171 | 43.39 | Wellcare | Medicaid | 30.18 | | | | 30.18 | 162.45 | fee schedule | |
| BKR CHG MONONUCLEAR CELL ANTIGEN QUANT NOS | 86356 | CPT | | | | both | | | 586 | 30.8 | Aetna | Medicare | 180.49 | 30.8 | | | 21.42 | 556.7 | percent of total billed charges | |
| BKR CHG MONONUCLEAR CELL ANTIGEN QUANT NOS | 86356 | CPT | | | | both | | | 586 | 30.8 | First Trenton | First Trenton | 527.4 | 90 | | | 21.42 | 556.7 | percent of total billed charges | |
| BKR CHG MONONUCLEAR CELL ANTIGEN QUANT NOS | 86356 | CPT | | | | both | | | 586 | 30.8 | Aetna | Better Health | 184.88 | 31.55 | | | 21.42 | 556.7 | percent of total billed charges | |
| BKR CHG MONONUCLEAR CELL ANTIGEN QUANT NOS | 86356 | CPT | | | | both | | | 586 | 30.8 | Amerihealth | Medicare | 26.78 | | | | 21.42 | 556.7 | fee schedule | |
| BKR CHG MONONUCLEAR CELL ANTIGEN QUANT NOS | 86356 | CPT | | | | both | | | 586 | 30.8 | Horizon | MGD | 224.32 | 38.28 | | | 21.42 | 556.7 | percent of total billed charges | |
| BKR CHG MONONUCLEAR CELL ANTIGEN QUANT NOS | 86356 | CPT | | | | both | | | 586 | 30.8 | Amerihealth | HMO/PPO | 37 | | | | 21.42 | 556.7 | fee schedule | |
| BKR CHG MONONUCLEAR CELL ANTIGEN QUANT NOS | 86356 | CPT | | | | both | | | 586 | 30.8 | Corrections | Corrections | 468.8 | 80 | | | 21.42 | 556.7 | percent of total billed charges | |
| BKR CHG MONONUCLEAR CELL ANTIGEN QUANT NOS | 86356 | CPT | | | | both | | | 586 | 30.8 | First Health | First Health | 410.2 | 70 | | | 21.42 | 556.7 | percent of total billed charges | |
| BKR CHG MONONUCLEAR CELL ANTIGEN QUANT NOS | 86356 | CPT | | | | both | | | 586 | 30.8 | UHC | Medicare | 26.78 | | | | 21.42 | 556.7 | fee schedule | |
| BKR CHG MONONUCLEAR CELL ANTIGEN QUANT NOS | 86356 | CPT | | | | both | | | 586 | 30.8 | Managed Care Inc | Managed Care Inc | 527.4 | 90 | | | 21.42 | 556.7 | percent of total billed charges | |
| BKR CHG MONONUCLEAR CELL ANTIGEN QUANT NOS | 86356 | CPT | | | | both | | | 586 | 30.8 | Americare | Americare | 439.5 | 75 | | | 21.42 | 556.7 | percent of total billed charges | |
| BKR CHG MONONUCLEAR CELL ANTIGEN QUANT NOS | 86356 | CPT | | | | both | | | 586 | 30.8 | Horizon | Indemnity | 224.32 | 38.28 | | | 21.42 | 556.7 | percent of total billed charges | |
| BKR CHG MONONUCLEAR CELL ANTIGEN QUANT NOS | 86356 | CPT | | | | both | | | 586 | 30.8 | UHC | Medicaid | 21.42 | | | | 21.42 | 556.7 | fee schedule | |
| BKR CHG MONONUCLEAR CELL ANTIGEN QUANT NOS | 86356 | CPT | | | | both | | | 586 | 30.8 | Horizon | Medicare Blue | 175.8 | 30 | | | 21.42 | 556.7 | percent of total billed charges | |
| BKR CHG MONONUCLEAR CELL ANTIGEN QUANT NOS | 86356 | CPT | | | | both | | | 586 | 30.8 | Consumer | Consumer | 556.7 | 95 | | | 21.42 | 556.7 | percent of total billed charges | |
| BKR CHG MONONUCLEAR CELL ANTIGEN QUANT NOS | 86356 | CPT | | | | both | | | 586 | 30.8 | Multiplan | Multiplan | 468.8 | 80 | | | 21.42 | 556.7 | percent of total billed charges | |
| BKR CHG MONONUCLEAR CELL ANTIGEN QUANT NOS | 86356 | CPT | | | | both | | | 586 | 30.8 | Wellcare | Medicaid | 21.42 | | | | 21.42 | 556.7 | fee schedule | |
| BKR CHG MONONUCLEAR CELL ANTIGEN QUANT NOS | 86356 | CPT | | | | both | | | 586 | 30.8 | Wellcare | Medicare | 26.78 | | | | 21.42 | 556.7 | fee schedule | |
| BKR CHG MONONUCLEAR CELL ANTIGEN QUANT NOS | 86356 | CPT | | | | both | | | 586 | 30.8 | Horizon | NJ Health | 29.32 | | | | 21.42 | 556.7 | fee schedule | |
| BKR CHG MONONUCLEAR CELL ANTIGEN QUANT NOS | 86356 | CPT | | | | both | | | 586 | 30.8 | Qualcare | Qualcare | 439.5 | 75 | | | 21.42 | 556.7 | percent of total billed charges | |
| BKR CHG MONONUCLEAR CELL ANTIGEN QUANT NOS | 86356 | CPT | | | | both | | | 586 | 30.8 | Horizon | PPO | 224.32 | 38.28 | | | 21.42 | 556.7 | percent of total billed charges | |
| BKR CHG MONONUCLEAR CELL ANTIGEN QUANT NOS | 86356 | CPT | | | | both | | | 586 | 30.8 | WellPoint | WellPoint | 188.57 | 32.18 | | | 21.42 | 556.7 | percent of total billed charges | |
| BKR CHG MONONUCLEAR CELL ANTIGEN QUANT NOS | 86356 | CPT | | | | both | | | 586 | 30.8 | Three Rivers | Three Rivers | 556.7 | 95 | | | 21.42 | 556.7 | percent of total billed charges | |
| BKR CHG NATURAL KILLER CELLS TOTAL CO | 86357 | CPT | | | | both | | | 171 | 43.39 | Corrections | Corrections | 136.8 | 80 | | | 30.18 | 162.45 | percent of total billed charges | |
| BKR CHG NATURAL KILLER CELLS TOTAL CO | 86357 | CPT | | | | both | | | 171 | 43.39 | Aetna | Medicare | 52.67 | 30.8 | | 20.71 | 30.18 | 162.45 | percent of total billed charges | |
| BKR CHG NATURAL KILLER CELLS TOTAL CO | 86357 | CPT | | | | both | | | 171 | 43.39 | Americare | Americare | 128.25 | 75 | | | 30.18 | 162.45 | percent of total billed charges | |
| BKR CHG NATURAL KILLER CELLS TOTAL CO | 86357 | CPT | | | | both | | | 171 | 43.39 | Amerihealth | HMO/PPO | 111.15 | 65 | | | 30.18 | 162.45 | percent of total billed charges | |
| BKR CHG NATURAL KILLER CELLS TOTAL CO | 86357 | CPT | | | | both | | | 171 | 43.39 | First Trenton | First Trenton | 153.9 | 90 | | | 30.18 | 162.45 | percent of total billed charges | |
| BKR CHG NATURAL KILLER CELLS TOTAL CO | 86357 | CPT | | | | both | | | 171 | 43.39 | Aetna | Better Health | 53.95 | 31.55 | | 41.13 | 30.18 | 162.45 | percent of total billed charges | |
| BKR CHG NATURAL KILLER CELLS TOTAL CO | 86357 | CPT | | | | both | | | 171 | 43.39 | Amerihealth | Medicare | 37.73 | | | | 30.18 | 162.45 | fee schedule | |
| BKR CHG NATURAL KILLER CELLS TOTAL CO | 86357 | CPT | | | | both | | | 171 | 43.39 | Aetna | Commercial | 64.98 | 38 | | 8.38 | 30.18 | 162.45 | percent of total billed charges | |
| BKR CHG NATURAL KILLER CELLS TOTAL CO | 86357 | CPT | | | | both | | | 171 | 43.39 | WellPoint | WellPoint | 55.03 | 32.18 | | 22.75 | 30.18 | 162.45 | percent of total billed charges | |
| BKR CHG NATURAL KILLER CELLS TOTAL CO | 86357 | CPT | | | | both | | | 171 | 43.39 | Horizon | Indemnity | 65.46 | 38.28 | | 8.25 | 30.18 | 162.45 | percent of total billed charges | |
| BKR CHG NATURAL KILLER CELLS TOTAL CO | 86357 | CPT | | | | both | | | 171 | 43.39 | Wellcare | Medicare | 37.73 | | | | 30.18 | 162.45 | fee schedule | |
| BKR CHG NATURAL KILLER CELLS TOTAL CO | 86357 | CPT | | | | both | | | 171 | 43.39 | Horizon | NJ Health | 82.63 | | | 9.13 | 30.18 | 162.45 | fee schedule | |
| BKR CHG NATURAL KILLER CELLS TOTAL CO | 86357 | CPT | | | | both | | | 171 | 43.39 | Managed Care Inc | Managed Care Inc | 153.9 | 90 | | | 30.18 | 162.45 | percent of total billed charges | |
| BKR CHG NATURAL KILLER CELLS TOTAL CO | 86357 | CPT | | | | both | | | 171 | 43.39 | Horizon | MGD | 65.46 | 38.28 | | 35.44 | 30.18 | 162.45 | percent of total billed charges | |
| BKR CHG NATURAL KILLER CELLS TOTAL CO | 86357 | CPT | | | | both | | | 171 | 43.39 | UHC | Medicare | 37.73 | | | | 30.18 | 162.45 | fee schedule | |
| BKR CHG NATURAL KILLER CELLS TOTAL CO | 86357 | CPT | | | | both | | | 171 | 43.39 | Consumer | Consumer | 162.45 | 95 | | | 30.18 | 162.45 | percent of total billed charges | |
| BKR CHG NATURAL KILLER CELLS TOTAL CO | 86357 | CPT | | | | both | | | 171 | 43.39 | Three Rivers | Three Rivers | 162.45 | 95 | | | 30.18 | 162.45 | percent of total billed charges | |
| BKR CHG NATURAL KILLER CELLS TOTAL CO | 86357 | CPT | | | | both | | | 171 | 43.39 | Horizon | PPO | 65.46 | 38.28 | | 32.77 | 30.18 | 162.45 | percent of total billed charges | |
| BKR CHG NATURAL KILLER CELLS TOTAL CO | 86357 | CPT | | | | both | | | 171 | 43.39 | Wellcare | Medicaid | 30.18 | | | | 30.18 | 162.45 | fee schedule | |
| BKR CHG NATURAL KILLER CELLS TOTAL CO | 86357 | CPT | | | | both | | | 171 | 43.39 | Multiplan | Multiplan | 136.8 | 80 | | | 30.18 | 162.45 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG NATURAL KILLER CELLS TOTAL CO | 86357 | CPT | | | | both | | | 171 | 43.39 | First Health | First Health | 119.7 | 70 | | | 30.18 | | 162.45 percent of total billed charges | |
| BKR CHG NATURAL KILLER CELLS TOTAL CO | 86357 | CPT | | | | both | | | 171 | 43.39 | Qualcare | Qualcare | 128.25 | 75 | | | 30.18 | | 162.45 percent of total billed charges | |
| BKR CHG NATURAL KILLER CELLS TOTAL CO | 86357 | CPT | | | | both | | | 171 | 43.39 | Horizon | Medicare Blue | 51.3 | 30 | | | 30.18 | | 162.45 percent of total billed charges | |
| BKR CHG NATURAL KILLER CELLS TOTAL CO | 86357 | CPT | | | | both | | | 171 | 43.39 | UHC | Medicaid | 30.18 | | | 7.75 | 30.18 | | 162.45 fee schedule | |
| BKR CHG T-CELLS TOTAL COUNT | 86359 | CPT | | | | both | | | 171 | 43.39 | Americare | Americare | 128.25 | 75 | | | 34.54 | | 162.45 percent of total billed charges | |
| BKR CHG T-CELLS TOTAL COUNT | 86359 | CPT | | | | both | | | 171 | 43.39 | Consumer | Consumer | 162.45 | 95 | | | 34.54 | | 162.45 percent of total billed charges | |
| BKR CHG T-CELLS TOTAL COUNT | 86359 | CPT | | | | both | | | 171 | 43.39 | Aetna | Better Health | 53.95 | 31.55 | | 41.13 | 34.54 | | 162.45 percent of total billed charges | |
| BKR CHG T-CELLS TOTAL COUNT | 86359 | CPT | | | | both | | | 171 | 43.39 | Aetna | Commercial | 64.98 | 38 | | 8.38 | 34.54 | | 162.45 percent of total billed charges | |
| BKR CHG T-CELLS TOTAL COUNT | 86359 | CPT | | | | both | | | 171 | 43.39 | Amerihealth | Medicare | 37.73 | | | | 34.54 | | 162.45 fee schedule | |
| BKR CHG T-CELLS TOTAL COUNT | 86359 | CPT | | | | both | | | 171 | 43.39 | Horizon | NJ Health | 34.54 | | | 8.55 | 34.54 | | 162.45 fee schedule | |
| BKR CHG T-CELLS TOTAL COUNT | 86359 | CPT | | | | both | | | 171 | 43.39 | Horizon | Indemnity | 65.46 | 38.28 | | 8.25 | 34.54 | | 162.45 percent of total billed charges | |
| BKR CHG T-CELLS TOTAL COUNT | 86359 | CPT | | | | both | | | 171 | 43.39 | Aetna | Medicare | 52.67 | 30.8 | | 20.71 | 34.54 | | 162.45 percent of total billed charges | |
| BKR CHG T-CELLS TOTAL COUNT | 86359 | CPT | | | | both | | | 171 | 43.39 | First Trenton | First Trenton | 153.9 | 90 | | | 34.54 | | 162.45 percent of total billed charges | |
| BKR CHG T-CELLS TOTAL COUNT | 86359 | CPT | | | | both | | | 171 | 43.39 | Corrections | Corrections | 136.8 | 80 | | | 34.54 | | 162.45 percent of total billed charges | |
| BKR CHG T-CELLS TOTAL COUNT | 86359 | CPT | | | | both | | | 171 | 43.39 | Horizon | MGD | 65.46 | 38.28 | | 35.44 | 34.54 | | 162.45 percent of total billed charges | |
| BKR CHG T-CELLS TOTAL COUNT | 86359 | CPT | | | | both | | | 171 | 43.39 | First Health | First Health | 119.7 | 70 | | | 34.54 | | 162.45 percent of total billed charges | |
| BKR CHG T-CELLS TOTAL COUNT | 86359 | CPT | | | | both | | | 171 | 43.39 | Horizon | PPO | 65.46 | 38.28 | | 32.77 | 34.54 | | 162.45 percent of total billed charges | |
| BKR CHG T-CELLS TOTAL COUNT | 86359 | CPT | | | | both | | | 171 | 43.39 | Multiplan | Multiplan | 136.8 | 80 | | | 34.54 | | 162.45 percent of total billed charges | |
| BKR CHG T-CELLS TOTAL COUNT | 86359 | CPT | | | | both | | | 171 | 43.39 | Wellcare | Medicaid | 40 | | | | 34.54 | | 162.45 fee schedule | |
| BKR CHG T-CELLS TOTAL COUNT | 86359 | CPT | | | | both | | | 171 | 43.39 | Amerihealth | HMO/PPO | 50 | | | | 34.54 | | 162.45 fee schedule | |
| BKR CHG T-CELLS TOTAL COUNT | 86359 | CPT | | | | both | | | 171 | 43.39 | Managed Care Inc | Managed Care Inc | 153.9 | 90 | | | 34.54 | | 162.45 percent of total billed charges | |
| BKR CHG T-CELLS TOTAL COUNT | 86359 | CPT | | | | both | | | 171 | 43.39 | Horizon | Medicare Blue | 51.3 | 30 | | | 34.54 | | 162.45 percent of total billed charges | |
| BKR CHG T-CELLS TOTAL COUNT | 86359 | CPT | | | | both | | | 171 | 43.39 | Three Rivers | Three Rivers | 162.45 | 95 | | | 34.54 | | 162.45 percent of total billed charges | |
| BKR CHG T-CELLS TOTAL COUNT | 86359 | CPT | | | | both | | | 171 | 43.39 | UHC | Medicaid | 40 | | | 7.75 | 34.54 | | 162.45 fee schedule | |
| BKR CHG T-CELLS TOTAL COUNT | 86359 | CPT | | | | both | | | 171 | 43.39 | Qualcare | Qualcare | 128.25 | 75 | | | 34.54 | | 162.45 percent of total billed charges | |
| BKR CHG T-CELLS TOTAL COUNT | 86359 | CPT | | | | both | | | 171 | 43.39 | Wellcare | Medicare | 37.73 | | | | 34.54 | | 162.45 fee schedule | |
| BKR CHG T-CELLS TOTAL COUNT | 86359 | CPT | | | | both | | | 171 | 43.39 | UHC | Medicare | 37.73 | | | | 34.54 | | 162.45 fee schedule | |
| BKR CHG T-CELLS TOTAL COUNT | 86359 | CPT | | | | both | | | 171 | 43.39 | WellPoint | WellPoint | 55.03 | 32.18 | | 22.75 | 34.54 | | 162.45 percent of total billed charges | |
| BKR CHG LYMPHOCYTE,CD4,CD8 &,RATIO | 86360 | CPT | | | | both | | | 211 | 54.03 | Aetna | Medicare | 64.99 | 30.8 | | 25.45 | 35.4 | | 200.45 percent of total billed charges | |
| BKR CHG LYMPHOCYTE,CD4,CD8 &,RATIO | 86360 | CPT | | | | both | | | 211 | 54.03 | Aetna | Better Health | 66.57 | 31.55 | | 57.15 | 35.4 | | 200.45 percent of total billed charges | |
| BKR CHG LYMPHOCYTE,CD4,CD8 &,RATIO | 86360 | CPT | | | | both | | | 211 | 54.03 | Amerihealth | HMO/PPO | 70 | | | | 35.4 | | 200.45 fee schedule | |
| BKR CHG LYMPHOCYTE,CD4,CD8 &,RATIO | 86360 | CPT | | | | both | | | 211 | 54.03 | Horizon | Indemnity | 80.77 | 38.28 | | 59.22 | 35.4 | | 200.45 percent of total billed charges | |
| BKR CHG LYMPHOCYTE,CD4,CD8 &,RATIO | 86360 | CPT | | | | both | | | 211 | 54.03 | Aetna | Commercial | 80.18 | 38 | | 18.2 | 35.4 | | 200.45 percent of total billed charges | |
| BKR CHG LYMPHOCYTE,CD4,CD8 &,RATIO | 86360 | CPT | | | | both | | | 211 | 54.03 | First Health | First Health | 147.7 | 70 | | | 35.4 | | 200.45 percent of total billed charges | |
| BKR CHG LYMPHOCYTE,CD4,CD8 &,RATIO | 86360 | CPT | | | | both | | | 211 | 54.03 | Americare | Americare | 158.25 | 75 | | | 35.4 | | 200.45 percent of total billed charges | |
| BKR CHG LYMPHOCYTE,CD4,CD8 &,RATIO | 86360 | CPT | | | | both | | | 211 | 54.03 | Horizon | PPO | 80.77 | 38.28 | | 42.47 | 35.4 | | 200.45 percent of total billed charges | |
| BKR CHG LYMPHOCYTE,CD4,CD8 &,RATIO | 86360 | CPT | | | | both | | | 211 | 54.03 | Horizon | Medicare Blue | 63.3 | 30 | | 63.32 | 35.4 | | 200.45 percent of total billed charges | |
| BKR CHG LYMPHOCYTE,CD4,CD8 &,RATIO | 86360 | CPT | | | | both | | | 211 | 54.03 | Consumer | Consumer | 200.45 | 95 | | | 35.4 | | 200.45 percent of total billed charges | |
| BKR CHG LYMPHOCYTE,CD4,CD8 &,RATIO | 86360 | CPT | | | | both | | | 211 | 54.03 | Amerihealth | Medicare | 46.98 | | | | 35.4 | | 200.45 fee schedule | |
| BKR CHG LYMPHOCYTE,CD4,CD8 &,RATIO | 86360 | CPT | | | | both | | | 211 | 54.03 | WellPoint | WellPoint | 67.9 | 32.18 | | 36.57 | 35.4 | | 200.45 percent of total billed charges | |
| BKR CHG LYMPHOCYTE,CD4,CD8 &,RATIO | 86360 | CPT | | | | both | | | 211 | 54.03 | Corrections | Corrections | 168.8 | 80 | | 17.05 | 35.4 | | 200.45 percent of total billed charges | |
| BKR CHG LYMPHOCYTE,CD4,CD8 &,RATIO | 86360 | CPT | | | | both | | | 211 | 54.03 | Wellcare | Medicare | 46.98 | | | 23.96 | 35.4 | | 200.45 fee schedule | |
| BKR CHG LYMPHOCYTE,CD4,CD8 &,RATIO | 86360 | CPT | | | | both | | | 211 | 54.03 | First Trenton | First Trenton | 189.9 | 90 | | | 35.4 | | 200.45 percent of total billed charges | |
| BKR CHG LYMPHOCYTE,CD4,CD8 &,RATIO | 86360 | CPT | | | | both | | | 211 | 54.03 | Horizon | NJ Health | 107.8 | | | 8.64 | 35.4 | | 200.45 fee schedule | |
| BKR CHG LYMPHOCYTE,CD4,CD8 &,RATIO | 86360 | CPT | | | | both | | | 211 | 54.03 | Horizon | MGD | 80.77 | 38.28 | | 40.51 | 35.4 | | 200.45 percent of total billed charges | |
| BKR CHG LYMPHOCYTE,CD4,CD8 &,RATIO | 86360 | CPT | | | | both | | | 211 | 54.03 | UHC | Medicaid | 55 | | | 48.9 | 35.4 | | 200.45 fee schedule | |
| BKR CHG LYMPHOCYTE,CD4,CD8 &,RATIO | 86360 | CPT | | | | both | | | 211 | 54.03 | Managed Care Inc | Managed Care Inc | 189.9 | 90 | | | 35.4 | | 200.45 percent of total billed charges | |
| BKR CHG LYMPHOCYTE,CD4,CD8 &,RATIO | 86360 | CPT | | | | both | | | 211 | 54.03 | Multiplan | Multiplan | 168.8 | 80 | | | 35.4 | | 200.45 percent of total billed charges | |
| BKR CHG LYMPHOCYTE,CD4,CD8 &,RATIO | 86360 | CPT | | | | both | | | 211 | 54.03 | Three Rivers | Three Rivers | 200.45 | 95 | | | 35.4 | | 200.45 percent of total billed charges | |
| BKR CHG LYMPHOCYTE,CD4,CD8 &,RATIO | 86360 | CPT | | | | both | | | 211 | 54.03 | UHC | Medicare | 46.98 | | | 20.08 | 35.4 | | 200.45 fee schedule | |
| BKR CHG LYMPHOCYTE,CD4,CD8 &,RATIO | 86360 | CPT | | | | both | | | 211 | 54.03 | Qualcare | Qualcare | 158.25 | 75 | | | 35.4 | | 200.45 percent of total billed charges | |
| BKR CHG LYMPHOCYTE,CD4,CD8 &,RATIO | 86360 | CPT | | | | both | | | 211 | 54.03 | Wellcare | Medicaid | 55 | | | 55.28 | 35.4 | | 200.45 fee schedule | |
| BKR CHG LYMPH CD4 | 86361 | CPT | | | | both | | | 96 | 30.8 | Horizon | PPO | 36.75 | 38.28 | | 15.69 | 16.8 | | 91.2 percent of total billed charges | |
| BKR CHG LYMPH CD4 | 86361 | CPT | | | | both | | | 96 | 30.8 | Horizon | NJ Health | 29.73 | | | 2.6 | 16.8 | | 91.2 fee schedule | |
| BKR CHG LYMPH CD4 | 86361 | CPT | | | | both | | | 96 | 30.8 | Amerihealth | HMO/PPO | 37 | | | 10.48 | 16.8 | | 91.2 fee schedule | |
| BKR CHG LYMPH CD4 | 86361 | CPT | | | | both | | | 96 | 30.8 | Horizon | Indemnity | 36.75 | 38.28 | | 16.17 | 16.8 | | 91.2 percent of total billed charges | |
| BKR CHG LYMPH CD4 | 86361 | CPT | | | | both | | | 96 | 30.8 | First Health | First Health | 67.2 | 70 | | | 16.8 | | 91.2 percent of total billed charges | |
| BKR CHG LYMPH CD4 | 86361 | CPT | | | | both | | | 96 | 30.8 | Aetna | Medicare | 29.57 | 30.8 | | 7.33 | 16.8 | | 91.2 percent of total billed charges | |
| BKR CHG LYMPH CD4 | 86361 | CPT | | | | both | | | 96 | 30.8 | Consumer | Consumer | 91.2 | 95 | | | 16.8 | | 91.2 percent of total billed charges | |
| BKR CHG LYMPH CD4 | 86361 | CPT | | | | both | | | 96 | 30.8 | Aetna | Better Health | 30.29 | 31.55 | | 15.8 | 16.8 | | 91.2 percent of total billed charges | |
| BKR CHG LYMPH CD4 | 86361 | CPT | | | | both | | | 96 | 30.8 | Qualcare | Qualcare | 72 | 75 | | | 16.8 | | 91.2 percent of total billed charges | |
| BKR CHG LYMPH CD4 | 86361 | CPT | | | | both | | | 96 | 30.8 | Amerihealth | Medicare | 26.78 | | | | 16.8 | | 91.2 fee schedule | |
| BKR CHG LYMPH CD4 | 86361 | CPT | | | | both | | | 96 | 30.8 | Corrections | Corrections | 76.8 | 80 | | | 16.8 | | 91.2 percent of total billed charges | |
| BKR CHG LYMPH CD4 | 86361 | CPT | | | | both | | | 96 | 30.8 | Horizon | Medicare Blue | 28.8 | 30 | | 5.82 | 16.8 | | 91.2 percent of total billed charges | |
| BKR CHG LYMPH CD4 | 86361 | CPT | | | | both | | | 96 | 30.8 | Multiplan | Multiplan | 76.8 | 80 | | | 16.8 | | 91.2 percent of total billed charges | |
| BKR CHG LYMPH CD4 | 86361 | CPT | | | | both | | | 96 | 30.8 | First Trenton | First Trenton | 86.4 | 90 | | | 16.8 | | 91.2 percent of total billed charges | |
| BKR CHG LYMPH CD4 | 86361 | CPT | | | | both | | | 96 | 30.8 | UHC | Medicaid | 29.93 | | | 16.57 | 16.8 | | 91.2 fee schedule | |
| BKR CHG LYMPH CD4 | 86361 | CPT | | | | both | | | 96 | 30.8 | Americare | Americare | 72 | 75 | | | 16.8 | | 91.2 percent of total billed charges | |
| BKR CHG LYMPH CD4 | 86361 | CPT | | | | both | | | 96 | 30.8 | Three Rivers | Three Rivers | 91.2 | 95 | | | 16.8 | | 91.2 percent of total billed charges | |
| BKR CHG LYMPH CD4 | 86361 | CPT | | | | both | | | 96 | 30.8 | Horizon | MGD | 36.75 | 38.28 | | 13.88 | 16.8 | | 91.2 percent of total billed charges | |
| BKR CHG LYMPH CD4 | 86361 | CPT | | | | both | | | 96 | 30.8 | UHC | Medicare | 26.78 | | | 8.05 | 16.8 | | 91.2 fee schedule | |
| BKR CHG LYMPH CD4 | 86361 | CPT | | | | both | | | 96 | 30.8 | Wellcare | Medicare | 26.78 | | | 5.39 | 16.8 | | 91.2 fee schedule | |
| BKR CHG LYMPH CD4 | 86361 | CPT | | | | both | | | 96 | 30.8 | Wellcare | Medicaid | 29.93 | | | 15.23 | 16.8 | | 91.2 fee schedule | |
| BKR CHG LYMPH CD4 | 86361 | CPT | | | | both | | | 96 | 30.8 | Managed Care Inc | Managed Care Inc | 86.4 | 90 | | | 16.8 | | 91.2 percent of total billed charges | |
| BKR CHG LYMPH CD4 | 86361 | CPT | | | | both | | | 96 | 30.8 | WellPoint | WellPoint | 30.89 | 32.18 | | 19.72 | 16.8 | | 91.2 percent of total billed charges | |
| BKR CHG ANTI-MOG, SERUM | 86362 | CPT | | | | outpatient | | | 1227 | 13.86 | Aetna | Medicare | 377.92 | 30.8 | | | 9.45 | | 1165.65 percent of total billed charges | |
| BKR CHG ANTI-MOG, SERUM | 86362 | CPT | | | | outpatient | | | 1227 | 13.86 | Corrections | Corrections | 981.6 | 80 | | | 9.45 | | 1165.65 percent of total billed charges | |
| BKR CHG ANTI-MOG, SERUM | 86362 | CPT | | | | outpatient | | | 1227 | 13.86 | First Health | First Health | 858.9 | 70 | | | 9.45 | | 1165.65 percent of total billed charges | |
| BKR CHG ANTI-MOG, SERUM | 86362 | CPT | | | | outpatient | | | 1227 | 13.86 | Horizon | Indemnity | 469.7 | 38.28 | | | 9.45 | | 1165.65 percent of total billed charges | |
| BKR CHG ANTI-MOG, SERUM | 86362 | CPT | | | | outpatient | | | 1227 | 13.86 | First Trenton | First Trenton | 1104.3 | 90 | | | 9.45 | | 1165.65 percent of total billed charges | |
| BKR CHG ANTI-MOG, SERUM | 86362 | CPT | | | | outpatient | | | 1227 | 13.86 | UHC | Medicaid | 9.64 | | | | 9.45 | | 1165.65 fee schedule | |
| BKR CHG ANTI-MOG, SERUM | 86362 | CPT | | | | outpatient | | | 1227 | 13.86 | Aetna | Better Health | 387.12 | 31.55 | | | 9.45 | | 1165.65 percent of total billed charges | |
| BKR CHG ANTI-MOG, SERUM | 86362 | CPT | | | | outpatient | | | 1227 | 13.86 | Americare | Americare | 920.25 | 75 | | | 9.45 | | 1165.65 percent of total billed charges | |
| BKR CHG ANTI-MOG, SERUM | 86362 | CPT | | | | outpatient | | | 1227 | 13.86 | Amerihealth | HMO/PPO | 797.55 | 65 | | | 9.45 | | 1165.65 percent of total billed charges | |
| BKR CHG ANTI-MOG, SERUM | 86362 | CPT | | | | outpatient | | | 1227 | 13.86 | Horizon | PPO | 469.7 | 38.28 | | | 9.45 | | 1165.65 percent of total billed charges | |
| BKR CHG ANTI-MOG, SERUM | 86362 | CPT | | | | outpatient | | | 1227 | 13.86 | Multiplan | Multiplan | 981.6 | 80 | | | 9.45 | | 1165.65 percent of total billed charges | |
| BKR CHG ANTI-MOG, SERUM | 86362 | CPT | | | | outpatient | | | 1227 | 13.86 | Amerihealth | Medicare | 12.05 | | | | 9.45 | | 1165.65 fee schedule | |
| BKR CHG ANTI-MOG, SERUM | 86362 | CPT | | | | outpatient | | | 1227 | 13.86 | Managed Care Inc | Managed Care Inc | 1104.3 | 90 | | | 9.45 | | 1165.65 percent of total billed charges | |
| BKR CHG ANTI-MOG, SERUM | 86362 | CPT | | | | outpatient | | | 1227 | 13.86 | Wellcare | Medicaid | 9.64 | | | | 9.45 | | 1165.65 fee schedule | |
| BKR CHG ANTI-MOG, SERUM | 86362 | CPT | | | | outpatient | | | 1227 | 13.86 | Consumer | Consumer | 1165.65 | 95 | | | 9.45 | | 1165.65 percent of total billed charges | |
| BKR CHG ANTI-MOG, SERUM | 86362 | CPT | | | | outpatient | | | 1227 | 13.86 | Horizon | MGD | 469.7 | 38.28 | | | 9.45 | | 1165.65 percent of total billed charges | |
| BKR CHG ANTI-MOG, SERUM | 86362 | CPT | | | | outpatient | | | 1227 | 13.86 | Qualcare | Qualcare | 920.25 | 75 | | | 9.45 | | 1165.65 percent of total billed charges | |
| BKR CHG ANTI-MOG, SERUM | 86362 | CPT | | | | outpatient | | | 1227 | 13.86 | Wellcare | Medicare | 12.05 | | | | 9.45 | | 1165.65 fee schedule | |
| BKR CHG ANTI-MOG, SERUM | 86362 | CPT | | | | outpatient | | | 1227 | 13.86 | Horizon | Medicare Blue | 368.1 | 30 | | | 9.45 | | 1165.65 percent of total billed charges | |
| BKR CHG ANTI-MOG, SERUM | 86362 | CPT | | | | outpatient | | | 1227 | 13.86 | UHC | Medicare | 12.05 | | | | 9.45 | | 1165.65 fee schedule | |
| BKR CHG ANTI-MOG, SERUM | 86362 | CPT | | | | outpatient | | | 1227 | 13.86 | Three Rivers | Three Rivers | 1165.65 | 95 | | | 9.45 | | 1165.65 percent of total billed charges | |
| BKR CHG ANTI-MOG, SERUM | 86362 | CPT | | | | outpatient | | | 1227 | 13.86 | WellPoint | WellPoint | 394.85 | 32.18 | | | 9.45 | | 1165.65 percent of total billed charges | |
| BKR CHG ANTI-MOG, SERUM | 86362 | CPT | | | | outpatient | | | 1227 | 13.86 | Horizon | NJ Health | 9.45 | | | | 9.45 | | 1165.65 fee schedule | |
| BKR CHG MOG FAC S TITER | 86363 | CPT | | | | both | | | 40 | 43.39 | WellPoint | WellPoint | 12.87 | 32.18 | | | 9.45 | | 38 percent of total billed charges | |
| BKR CHG MOG FAC S TITER | 86363 | CPT | | | | both | | | 40 | 43.39 | Aetna | Medicare | 12.32 | 30.8 | | | 9.45 | | 38 percent of total billed charges | |
| BKR CHG MOG FAC S TITER | 86363 | CPT | | | | both | | | 40 | 43.39 | Amerihealth | HMO/PPO | 26 | 65 | | | 9.45 | | 38 percent of total billed charges | |
| BKR CHG MOG FAC S TITER | 86363 | CPT | | | | both | | | 40 | 43.39 | Horizon | Indemnity | 15.31 | 38.28 | | | 9.45 | | 38 percent of total billed charges | |
| BKR CHG MOG FAC S TITER | 86363 | CPT | | | | both | | | 40 | 43.39 | Consumer | Consumer | 38 | 95 | | | 9.45 | | 38 percent of total billed charges | |
| BKR CHG MOG FAC S TITER | 86363 | CPT | | | | both | | | 40 | 43.39 | First Trenton | First Trenton | 36 | 90 | | | 9.45 | | 38 percent of total billed charges | |
| BKR CHG MOG FAC S TITER | 86363 | CPT | | | | both | | | 40 | 43.39 | Aetna | Better Health | 12.62 | 31.55 | | | 9.45 | | 38 percent of total billed charges | |
| BKR CHG MOG FAC S TITER | 86363 | CPT | | | | both | | | 40 | 43.39 | Americare | Americare | 30 | 75 | | | 9.45 | | 38 percent of total billed charges | |
| BKR CHG MOG FAC S TITER | 86363 | CPT | | | | both | | | 40 | 43.39 | Corrections | Corrections | 32 | 80 | | | 9.45 | | 38 percent of total billed charges | |
| BKR CHG MOG FAC S TITER | 86363 | CPT | | | | both | | | 40 | 43.39 | Amerihealth | Medicare | 37.73 | | | | 9.45 | | 38 fee schedule | |
| BKR CHG MOG FAC S TITER | 86363 | CPT | | | | both | | | 40 | 43.39 | Multiplan | Multiplan | 32 | 80 | | | 9.45 | | 38 percent of total billed charges | |
| BKR CHG MOG FAC S TITER | 86363 | CPT | | | | both | | | 40 | 43.39 | Wellcare | Medicare | 37.73 | | | | 9.45 | | 38 fee schedule | |
| BKR CHG MOG FAC S TITER | 86363 | CPT | | | | both | | | 40 | 43.39 | Horizon | NJ Health | 9.45 | | | | 9.45 | | 38 fee schedule | |
| BKR CHG MOG FAC S TITER | 86363 | CPT | | | | both | | | 40 | 43.39 | Horizon | PPO | 15.31 | 38.28 | | | 9.45 | | 38 percent of total billed charges | |
| BKR CHG MOG FAC S TITER | 86363 | CPT | | | | both | | | 40 | 43.39 | First Health | First Health | 28 | 70 | | | 9.45 | | 38 percent of total billed charges | |
| BKR CHG MOG FAC S TITER | 86363 | CPT | | | | both | | | 40 | 43.39 | Horizon | MGD | 15.31 | 38.28 | | | 9.45 | | 38 percent of total billed charges | |
| BKR CHG MOG FAC S TITER | 86363 | CPT | | | | both | | | 40 | 43.39 | UHC | Medicaid | 9.64 | | | | 9.45 | | 38 fee schedule | |
| BKR CHG MOG FAC S TITER | 86363 | CPT | | | | both | | | 40 | 43.39 | Managed Care Inc | Managed Care Inc | 36 | 90 | | | 9.45 | | 38 percent of total billed charges | |
| BKR CHG MOG FAC S TITER | 86363 | CPT | | | | both | | | 40 | 43.39 | Qualcare | Qualcare | 30 | 75 | | | 9.45 | | 38 percent of total billed charges | |
| BKR CHG MOG FAC S TITER | 86363 | CPT | | | | both | | | 40 | 43.39 | Wellcare | Medicaid | 9.64 | | | | 9.45 | | 38 fee schedule | |
| BKR CHG MOG FAC S TITER | 86363 | CPT | | | | both | | | 40 | 43.39 | Horizon | Medicare Blue | 12 | 30 | | | 9.45 | | 38 percent of total billed charges | |
| BKR CHG MOG FAC S TITER | 86363 | CPT | | | | both | | | 40 | 43.39 | UHC | Medicare | 37.73 | | | | 9.45 | | 38 fee schedule | |
| BKR CHG MOG FAC S TITER | 86363 | CPT | | | | both | | | 40 | 43.39 | Three Rivers | Three Rivers | 38 | 95 | | | 9.45 | | 38 percent of total billed charges | |
| BKR CHG TTG IGG | 86364 | CPT | | | | outpatient | | | 38 | 13.26 | Horizon | PPO | 14.55 | 38.28 | | | 9.04 | | 36.1 percent of total billed charges | |
| BKR CHG TTG IGG | 86364 | CPT | | | | outpatient | | | 38 | 13.26 | Aetna | Medicare | 11.7 | 30.8 | | | 9.04 | | 36.1 percent of total billed charges | |
| BKR CHG TTG IGG | 86364 | CPT | | | | outpatient | | | 38 | 13.26 | First Trenton | First Trenton | 34.2 | 90 | | | 9.04 | | 36.1 percent of total billed charges | |
| BKR CHG TTG IGG | 86364 | CPT | | | | outpatient | | | 38 | 13.26 | Consumer | Consumer | 36.1 | 95 | | | 9.04 | | 36.1 percent of total billed charges | |
| BKR CHG TTG IGG | 86364 | CPT | | | | outpatient | | | 38 | 13.26 | Americare | Americare | 28.5 | 75 | | | 9.04 | | 36.1 percent of total billed charges | |
| BKR CHG TTG IGG | 86364 | CPT | | | | outpatient | | | 38 | 13.26 | UHC | Medicare | 11.53 | | | | 9.04 | | 36.1 fee schedule | |
| BKR CHG TTG IGG | 86364 | CPT | | | | outpatient | | | 38 | 13.26 | Amerihealth | HMO/PPO | 24.7 | 65 | | | 9.04 | | 36.1 percent of total billed charges | |
| BKR CHG TTG IGG | 86364 | CPT | | | | outpatient | | | 38 | 13.26 | Aetna | Better Health | 11.99 | 31.55 | | | 9.04 | | 36.1 percent of total billed charges | |
| BKR CHG TTG IGG | 86364 | CPT | | | | outpatient | | | 38 | 13.26 | Wellcare | Medicaid | 9.22 | | | | 9.04 | | 36.1 fee schedule | |
| BKR CHG TTG IGG | 86364 | CPT | | | | outpatient | | | 38 | 13.26 | Amerihealth | Medicare | 11.53 | | | | 9.04 | | 36.1 fee schedule | |
| BKR CHG TTG IGG | 86364 | CPT | | | | outpatient | | | 38 | 13.26 | Managed Care Inc | Managed Care Inc | 34.2 | 90 | | | 9.04 | | 36.1 percent of total billed charges | |
| BKR CHG TTG IGG | 86364 | CPT | | | | outpatient | | | 38 | 13.26 | Corrections | Corrections | 30.4 | 80 | | | 9.04 | | 36.1 percent of total billed charges | |
| BKR CHG TTG IGG | 86364 | CPT | | | | outpatient | | | 38 | 13.26 | Horizon | MGD | 14.55 | 38.28 | | 12.49 | 9.04 | | 36.1 percent of total billed charges | |
| BKR CHG TTG IGG | 86364 | CPT | | | | outpatient | | | 38 | 13.26 | WellPoint | WellPoint | 12.23 | 32.18 | | | 9.04 | | 36.1 percent of total billed charges | |
| BKR CHG TTG IGG | 86364 | CPT | | | | outpatient | | | 38 | 13.26 | Horizon | Indemnity | 14.55 | 38.28 | | | 9.04 | | 36.1 percent of total billed charges | |
| BKR CHG TTG IGG | 86364 | CPT | | | | outpatient | | | 38 | 13.26 | First Health | First Health | 26.6 | 70 | | | 9.04 | | 36.1 percent of total billed charges | |
| BKR CHG TTG IGG | 86364 | CPT | | | | outpatient | | | 38 | 13.26 | UHC | Medicaid | 9.22 | | | | 9.04 | | 36.1 fee schedule | |
| BKR CHG TTG IGG | 86364 | CPT | | | | outpatient | | | 38 | 13.26 | Horizon | NJ Health | 9.04 | | | | 9.04 | | 36.1 fee schedule | |
| BKR CHG TTG IGG | 86364 | CPT | | | | outpatient | | | 38 | 13.26 | Multiplan | Multiplan | 30.4 | 80 | | | 9.04 | | 36.1 percent of total billed charges | |
| BKR CHG TTG IGG | 86364 | CPT | | | | outpatient | | | 38 | 13.26 | Horizon | Medicare Blue | 11.4 | 30 | | | 9.04 | | 36.1 percent of total billed charges | |
| BKR CHG TTG IGG | 86364 | CPT | | | | outpatient | | | 38 | 13.26 | Wellcare | Medicare | 11.53 | | | | 9.04 | | 36.1 fee schedule | |
| BKR CHG TTG IGG | 86364 | CPT | | | | outpatient | | | 38 | 13.26 | Three Rivers | Three Rivers | 36.1 | 95 | | | 9.04 | | 36.1 percent of total billed charges | |
| BKR CHG TTG IGG | 86364 | CPT | | | | outpatient | | | 38 | 13.26 | Qualcare | Qualcare | 28.5 | 75 | | | 9.04 | | 36.1 percent of total billed charges | |
| BKR CHG THYROID PEROXODASE (TPO) AB | 86376 | CPT | | | | both | | | 391 | 16.73 | Aetna | Commercial | 148.58 | 38 | | 7.16 | 6.6 | | 371.45 percent of total billed charges | |
| BKR CHG THYROID PEROXODASE (TPO) AB | 86376 | CPT | | | | both | | | 391 | 16.73 | Consumer | Consumer | 371.45 | 95 | | | 6.6 | | 371.45 percent of total billed charges | |
| BKR CHG THYROID PEROXODASE (TPO) AB | 86376 | CPT | | | | both | | | 391 | 16.73 | First Trenton | First Trenton | 351.9 | 90 | | | 6.6 | | 371.45 percent of total billed charges | |
| BKR CHG THYROID PEROXODASE (TPO) AB | 86376 | CPT | | | | both | | | 391 | 16.73 | Aetna | Better Health | 123.36 | 31.55 | | | 6.6 | | 371.45 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG THYROID PEROXODASE (TPO) AB | 86376 | CPT | | | | both | | | 391 | 16.73 | Americare | Americare | 293.25 | 75 | | | 6.6 | | 371.45 percent of total billed charges | |
| BKR CHG THYROID PEROXODASE (TPO) AB | 86376 | CPT | | | | both | | | 391 | 16.73 | Aetna | Medicare | 120.43 | 30.8 | | | 6.6 | | 371.45 percent of total billed charges | |
| BKR CHG THYROID PEROXODASE (TPO) AB | 86376 | CPT | | | | both | | | 391 | 16.73 | Amerihealth | HMO/PPO | 22.8 | | | 4.32 | 6.6 | | 371.45 fee schedule | |
| BKR CHG THYROID PEROXODASE (TPO) AB | 86376 | CPT | | | | both | | | 391 | 16.73 | UHC | Medicaid | 6.6 | | | 6.4 | 6.6 | | 371.45 fee schedule | |
| BKR CHG THYROID PEROXODASE (TPO) AB | 86376 | CPT | | | | both | | | 391 | 16.73 | Horizon | Indemnity | 149.67 | 38.28 | | | 6.6 | | 371.45 percent of total billed charges | |
| BKR CHG THYROID PEROXODASE (TPO) AB | 86376 | CPT | | | | both | | | 391 | 16.73 | Corrections | Corrections | 312.8 | 80 | | | 6.6 | | 371.45 percent of total billed charges | |
| BKR CHG THYROID PEROXODASE (TPO) AB | 86376 | CPT | | | | both | | | 391 | 16.73 | Managed Care Inc | Managed Care Inc | 351.9 | 90 | | | 6.6 | | 371.45 percent of total billed charges | |
| BKR CHG THYROID PEROXODASE (TPO) AB | 86376 | CPT | | | | both | | | 391 | 16.73 | First Health | First Health | 273.7 | 70 | | | 6.6 | | 371.45 percent of total billed charges | |
| BKR CHG THYROID PEROXODASE (TPO) AB | 86376 | CPT | | | | both | | | 391 | 16.73 | Horizon | Medicare Blue | 117.3 | 30 | | | 6.6 | | 371.45 percent of total billed charges | |
| BKR CHG THYROID PEROXODASE (TPO) AB | 86376 | CPT | | | | both | | | 391 | 16.73 | UHC | Medicare | 14.55 | | | 3.28 | 6.6 | | 371.45 fee schedule | |
| BKR CHG THYROID PEROXODASE (TPO) AB | 86376 | CPT | | | | both | | | 391 | 16.73 | Amerihealth | Medicare | 14.55 | | | | 6.6 | | 371.45 fee schedule | |
| BKR CHG THYROID PEROXODASE (TPO) AB | 86376 | CPT | | | | both | | | 391 | 16.73 | Wellcare | Medicare | 14.55 | | | 5.85 | 6.6 | | 371.45 fee schedule | |
| BKR CHG THYROID PEROXODASE (TPO) AB | 86376 | CPT | | | | both | | | 391 | 16.73 | Horizon | NJ Health | 12.94 | | | 3.05 | 6.6 | | 371.45 fee schedule | |
| BKR CHG THYROID PEROXODASE (TPO) AB | 86376 | CPT | | | | both | | | 391 | 16.73 | Horizon | MGD | 149.67 | 38.28 | | 6.79 | 6.6 | | 371.45 percent of total billed charges | |
| BKR CHG THYROID PEROXODASE (TPO) AB | 86376 | CPT | | | | both | | | 391 | 16.73 | Wellcare | Medicaid | 6.6 | | | 12.62 | 6.6 | | 371.45 fee schedule | |
| BKR CHG THYROID PEROXODASE (TPO) AB | 86376 | CPT | | | | both | | | 391 | 16.73 | Horizon | PPO | 149.67 | 38.28 | | 12.1 | 6.6 | | 371.45 percent of total billed charges | |
| BKR CHG THYROID PEROXODASE (TPO) AB | 86376 | CPT | | | | both | | | 391 | 16.73 | Three Rivers | Three Rivers | 371.45 | 95 | | | 6.6 | | 371.45 percent of total billed charges | |
| BKR CHG THYROID PEROXODASE (TPO) AB | 86376 | CPT | | | | both | | | 391 | 16.73 | WellPoint | WellPoint | 125.82 | 32.18 | | 3.48 | 6.6 | | 371.45 percent of total billed charges | |
| BKR CHG THYROID PEROXODASE (TPO) AB | 86376 | CPT | | | | both | | | 391 | 16.73 | Multiplan | Multiplan | 312.8 | 80 | | | 6.6 | | 371.45 percent of total billed charges | |
| BKR CHG THYROID PEROXODASE (TPO) AB | 86376 | CPT | | | | both | | | 391 | 16.73 | Qualcare | Qualcare | 293.25 | 75 | | | 6.6 | | 371.45 percent of total billed charges | |
| BKR CHG ANTI-MITOCHONDRIAL M2 AB (RDL) | 86381 | CPT | | | | both | | | 82 | 29.27 | Aetna | Medicare | 25.26 | 30.8 | | | 19.95 | | 77.9 percent of total billed charges | |
| BKR CHG ANTI-MITOCHONDRIAL M2 AB (RDL) | 86381 | CPT | | | | both | | | 82 | 29.27 | Aetna | Better Health | 25.87 | 31.55 | | | 19.95 | | 77.9 percent of total billed charges | |
| BKR CHG ANTI-MITOCHONDRIAL M2 AB (RDL) | 86381 | CPT | | | | both | | | 82 | 29.27 | Horizon | MGD | 31.39 | 38.28 | | | 19.95 | | 77.9 percent of total billed charges | |
| BKR CHG ANTI-MITOCHONDRIAL M2 AB (RDL) | 86381 | CPT | | | | both | | | 82 | 29.27 | Consumer | Consumer | 77.9 | 95 | | | 19.95 | | 77.9 percent of total billed charges | |
| BKR CHG ANTI-MITOCHONDRIAL M2 AB (RDL) | 86381 | CPT | | | | both | | | 82 | 29.27 | WellPoint | WellPoint | 26.39 | 32.18 | | | 19.95 | | 77.9 percent of total billed charges | |
| BKR CHG ANTI-MITOCHONDRIAL M2 AB (RDL) | 86381 | CPT | | | | both | | | 82 | 29.27 | Horizon | Indemnity | 31.39 | 38.28 | | | 19.95 | | 77.9 percent of total billed charges | |
| BKR CHG ANTI-MITOCHONDRIAL M2 AB (RDL) | 86381 | CPT | | | | both | | | 82 | 29.27 | Aetna | Commercial | 31.16 | 38 | | | 19.95 | | 77.9 percent of total billed charges | |
| BKR CHG ANTI-MITOCHONDRIAL M2 AB (RDL) | 86381 | CPT | | | | both | | | 82 | 29.27 | Americare | Americare | 61.5 | 75 | | | 19.95 | | 77.9 percent of total billed charges | |
| BKR CHG ANTI-MITOCHONDRIAL M2 AB (RDL) | 86381 | CPT | | | | both | | | 82 | 29.27 | Amerihealth | Medicare | 25.45 | | | | 19.95 | | 77.9 fee schedule | |
| BKR CHG ANTI-MITOCHONDRIAL M2 AB (RDL) | 86381 | CPT | | | | both | | | 82 | 29.27 | Horizon | Medicare Blue | 24.6 | 30 | | | 19.95 | | 77.9 percent of total billed charges | |
| BKR CHG ANTI-MITOCHONDRIAL M2 AB (RDL) | 86381 | CPT | | | | both | | | 82 | 29.27 | Amerihealth | HMO/PPO | 53.3 | 65 | | | 19.95 | | 77.9 percent of total billed charges | |
| BKR CHG ANTI-MITOCHONDRIAL M2 AB (RDL) | 86381 | CPT | | | | both | | | 82 | 29.27 | Corrections | Corrections | 65.6 | 80 | | | 19.95 | | 77.9 percent of total billed charges | |
| BKR CHG ANTI-MITOCHONDRIAL M2 AB (RDL) | 86381 | CPT | | | | both | | | 82 | 29.27 | First Health | First Health | 57.4 | 70 | | | 19.95 | | 77.9 percent of total billed charges | |
| BKR CHG ANTI-MITOCHONDRIAL M2 AB (RDL) | 86381 | CPT | | | | both | | | 82 | 29.27 | First Trenton | First Trenton | 73.8 | 90 | | | 19.95 | | 77.9 percent of total billed charges | |
| BKR CHG ANTI-MITOCHONDRIAL M2 AB (RDL) | 86381 | CPT | | | | both | | | 82 | 29.27 | Multiplan | Multiplan | 65.6 | 80 | | | 19.95 | | 77.9 percent of total billed charges | |
| BKR CHG ANTI-MITOCHONDRIAL M2 AB (RDL) | 86381 | CPT | | | | both | | | 82 | 29.27 | Horizon | NJ Health | 19.95 | | | | 19.95 | | 77.9 fee schedule | |
| BKR CHG ANTI-MITOCHONDRIAL M2 AB (RDL) | 86381 | CPT | | | | both | | | 82 | 29.27 | Qualcare | Qualcare | 61.5 | 75 | | | 19.95 | | 77.9 percent of total billed charges | |
| BKR CHG ANTI-MITOCHONDRIAL M2 AB (RDL) | 86381 | CPT | | | | both | | | 82 | 29.27 | Horizon | PPO | 31.39 | 38.28 | | | 19.95 | | 77.9 percent of total billed charges | |
| BKR CHG ANTI-MITOCHONDRIAL M2 AB (RDL) | 86381 | CPT | | | | both | | | 82 | 29.27 | UHC | Medicaid | 20.36 | | | | 19.95 | | 77.9 fee schedule | |
| BKR CHG ANTI-MITOCHONDRIAL M2 AB (RDL) | 86381 | CPT | | | | both | | | 82 | 29.27 | Wellcare | Medicaid | 20.36 | | | | 19.95 | | 77.9 fee schedule | |
| BKR CHG ANTI-MITOCHONDRIAL M2 AB (RDL) | 86381 | CPT | | | | both | | | 82 | 29.27 | UHC | Medicare | 25.45 | | | | 19.95 | | 77.9 fee schedule | |
| BKR CHG ANTI-MITOCHONDRIAL M2 AB (RDL) | 86381 | CPT | | | | both | | | 82 | 29.27 | Managed Care Inc | Managed Care Inc | 73.8 | 90 | | | 19.95 | | 77.9 percent of total billed charges | |
| BKR CHG ANTI-MITOCHONDRIAL M2 AB (RDL) | 86381 | CPT | | | | both | | | 82 | 29.27 | Wellcare | Medicare | 25.45 | | | | 19.95 | | 77.9 fee schedule | |
| BKR CHG ANTI-MITOCHONDRIAL M2 AB (RDL) | 86381 | CPT | | | | both | | | 82 | 29.27 | Three Rivers | Three Rivers | 77.9 | 95 | | | 19.95 | | 77.9 percent of total billed charges | |
| BKR CHG RABIES NEUT.ABS TITRAT.(RFFIT) | 86382 | CPT | | | | outpatient | | | 252 | 19.45 | Multiplan | Multiplan | 201.6 | 80 | | | 16.91 | | 239.4 percent of total billed charges | |
| BKR CHG RABIES NEUT.ABS TITRAT.(RFFIT) | 86382 | CPT | | | | outpatient | | | 252 | 19.45 | First Trenton | First Trenton | 226.8 | 90 | | | 16.91 | | 239.4 percent of total billed charges | |
| BKR CHG RABIES NEUT.ABS TITRAT.(RFFIT) | 86382 | CPT | | | | outpatient | | | 252 | 19.45 | Aetna | Better Health | 79.51 | 31.55 | | | 16.91 | | 239.4 percent of total billed charges | |
| BKR CHG RABIES NEUT.ABS TITRAT.(RFFIT) | 86382 | CPT | | | | outpatient | | | 252 | 19.45 | First Health | First Health | 176.4 | 70 | | | 16.91 | | 239.4 percent of total billed charges | |
| BKR CHG RABIES NEUT.ABS TITRAT.(RFFIT) | 86382 | CPT | | | | outpatient | | | 252 | 19.45 | Americare | Americare | 189 | 75 | | | 16.91 | | 239.4 percent of total billed charges | |
| BKR CHG RABIES NEUT.ABS TITRAT.(RFFIT) | 86382 | CPT | | | | outpatient | | | 252 | 19.45 | Corrections | Corrections | 201.6 | 80 | | | 16.91 | | 239.4 percent of total billed charges | |
| BKR CHG RABIES NEUT.ABS TITRAT.(RFFIT) | 86382 | CPT | | | | outpatient | | | 252 | 19.45 | Aetna | Commercial | 95.76 | 38 | | | 16.91 | | 239.4 percent of total billed charges | |
| BKR CHG RABIES NEUT.ABS TITRAT.(RFFIT) | 86382 | CPT | | | | outpatient | | | 252 | 19.45 | Aetna | Medicare | 77.62 | 30.8 | | | 16.91 | | 239.4 percent of total billed charges | |
| BKR CHG RABIES NEUT.ABS TITRAT.(RFFIT) | 86382 | CPT | | | | outpatient | | | 252 | 19.45 | Qualcare | Qualcare | 189 | 75 | | | 16.91 | | 239.4 percent of total billed charges | |
| BKR CHG RABIES NEUT.ABS TITRAT.(RFFIT) | 86382 | CPT | | | | outpatient | | | 252 | 19.45 | Horizon | Indemnity | 96.47 | 38.28 | | | 16.91 | | 239.4 percent of total billed charges | |
| BKR CHG RABIES NEUT.ABS TITRAT.(RFFIT) | 86382 | CPT | | | | outpatient | | | 252 | 19.45 | Horizon | Medicare Blue | 75.6 | 30 | | | 16.91 | | 239.4 percent of total billed charges | |
| BKR CHG RABIES NEUT.ABS TITRAT.(RFFIT) | 86382 | CPT | | | | outpatient | | | 252 | 19.45 | UHC | Medicare | 16.91 | | | | 16.91 | | 239.4 fee schedule | |
| BKR CHG RABIES NEUT.ABS TITRAT.(RFFIT) | 86382 | CPT | | | | outpatient | | | 252 | 19.45 | Consumer | Consumer | 239.4 | 95 | | | 16.91 | | 239.4 percent of total billed charges | |
| BKR CHG RABIES NEUT.ABS TITRAT.(RFFIT) | 86382 | CPT | | | | outpatient | | | 252 | 19.45 | WellPoint | WellPoint | 81.09 | 32.18 | | | 16.91 | | 239.4 percent of total billed charges | |
| BKR CHG RABIES NEUT.ABS TITRAT.(RFFIT) | 86382 | CPT | | | | outpatient | | | 252 | 19.45 | Wellcare | Medicare | 16.91 | | | | 16.91 | | 239.4 fee schedule | |
| BKR CHG RABIES NEUT.ABS TITRAT.(RFFIT) | 86382 | CPT | | | | outpatient | | | 252 | 19.45 | Amerihealth | HMO/PPO | 23.9 | | | | 16.91 | | 239.4 fee schedule | |
| BKR CHG RABIES NEUT.ABS TITRAT.(RFFIT) | 86382 | CPT | | | | outpatient | | | 252 | 19.45 | UHC | Medicaid | 20 | | | | 16.91 | | 239.4 fee schedule | |
| BKR CHG RABIES NEUT.ABS TITRAT.(RFFIT) | 86382 | CPT | | | | outpatient | | | 252 | 19.45 | Horizon | NJ Health | 39.2 | | | | 16.91 | | 239.4 fee schedule | |
| BKR CHG RABIES NEUT.ABS TITRAT.(RFFIT) | 86382 | CPT | | | | outpatient | | | 252 | 19.45 | Amerihealth | Medicare | 16.91 | | | | 16.91 | | 239.4 fee schedule | |
| BKR CHG RABIES NEUT.ABS TITRAT.(RFFIT) | 86382 | CPT | | | | outpatient | | | 252 | 19.45 | Horizon | PPO | 96.47 | 38.28 | | | 16.91 | | 239.4 percent of total billed charges | |
| BKR CHG RABIES NEUT.ABS TITRAT.(RFFIT) | 86382 | CPT | | | | outpatient | | | 252 | 19.45 | Horizon | MGD | 96.47 | 38.28 | | | 16.91 | | 239.4 percent of total billed charges | |
| BKR CHG RABIES NEUT.ABS TITRAT.(RFFIT) | 86382 | CPT | | | | outpatient | | | 252 | 19.45 | Managed Care Inc | Managed Care Inc | 226.8 | 90 | | | 16.91 | | 239.4 percent of total billed charges | |
| BKR CHG RABIES NEUT.ABS TITRAT.(RFFIT) | 86382 | CPT | | | | outpatient | | | 252 | 19.45 | Three Rivers | Three Rivers | 239.4 | 95 | | | 16.91 | | 239.4 percent of total billed charges | |
| BKR CHG RABIES NEUT.ABS TITRAT.(RFFIT) | 86382 | CPT | | | | outpatient | | | 252 | 19.45 | Wellcare | Medicaid | 20 | | | | 16.91 | | 239.4 fee schedule | |
| BKR CHG PARTICLE AGGLUTINATION,SC | 86403 | CPT | | | | both | | | 190 | 13.27 | Aetna | Better Health | 59.95 | 31.55 | | | 8 | | 180.5 percent of total billed charges | |
| BKR CHG PARTICLE AGGLUTINATION,SC | 86403 | CPT | | | | both | | | 190 | 13.27 | Horizon | PPO | 72.73 | 38.28 | | 60.67 | 8 | | 180.5 percent of total billed charges | |
| BKR CHG PARTICLE AGGLUTINATION,SC | 86403 | CPT | | | | both | | | 190 | 13.27 | First Trenton | First Trenton | 171 | 90 | | | 8 | | 180.5 percent of total billed charges | |
| BKR CHG PARTICLE AGGLUTINATION,SC | 86403 | CPT | | | | both | | | 190 | 13.27 | Americare | Americare | 142.5 | 75 | | | 8 | | 180.5 percent of total billed charges | |
| BKR CHG PARTICLE AGGLUTINATION,SC | 86403 | CPT | | | | both | | | 190 | 13.27 | First Health | First Health | 133 | 70 | | | 8 | | 180.5 percent of total billed charges | |
| BKR CHG PARTICLE AGGLUTINATION,SC | 86403 | CPT | | | | both | | | 190 | 13.27 | Corrections | Corrections | 152 | 80 | | | 8 | | 180.5 percent of total billed charges | |
| BKR CHG PARTICLE AGGLUTINATION,SC | 86403 | CPT | | | | both | | | 190 | 13.27 | Aetna | Medicare | 58.52 | 30.8 | | | 8 | | 180.5 percent of total billed charges | |
| BKR CHG PARTICLE AGGLUTINATION,SC | 86403 | CPT | | | | both | | | 190 | 13.27 | Horizon | Indemnity | 72.73 | 38.28 | | | 8 | | 180.5 percent of total billed charges | |
| BKR CHG PARTICLE AGGLUTINATION,SC | 86403 | CPT | | | | both | | | 190 | 13.27 | Aetna | Commercial | 72.2 | 38 | | 22.94 | 8 | | 180.5 percent of total billed charges | |
| BKR CHG PARTICLE AGGLUTINATION,SC | 86403 | CPT | | | | both | | | 190 | 13.27 | Horizon | NJ Health | 15.68 | | | 16.43 | 8 | | 180.5 fee schedule | |
| BKR CHG PARTICLE AGGLUTINATION,SC | 86403 | CPT | | | | both | | | 190 | 13.27 | Managed Care Inc | Managed Care Inc | 171 | 90 | | | 8 | | 180.5 percent of total billed charges | |
| BKR CHG PARTICLE AGGLUTINATION,SC | 86403 | CPT | | | | both | | | 190 | 13.27 | Amerihealth | HMO/PPO | 14.5 | | | | 8 | | 180.5 fee schedule | |
| BKR CHG PARTICLE AGGLUTINATION,SC | 86403 | CPT | | | | both | | | 190 | 13.27 | Multiplan | Multiplan | 152 | 80 | | | 8 | | 180.5 percent of total billed charges | |
| BKR CHG PARTICLE AGGLUTINATION,SC | 86403 | CPT | | | | both | | | 190 | 13.27 | UHC | Medicaid | 8 | | | 48.69 | 8 | | 180.5 fee schedule | |
| BKR CHG PARTICLE AGGLUTINATION,SC | 86403 | CPT | | | | both | | | 190 | 13.27 | Horizon | MGD | 72.73 | 38.28 | | | 8 | | 180.5 percent of total billed charges | |
| BKR CHG PARTICLE AGGLUTINATION,SC | 86403 | CPT | | | | both | | | 190 | 13.27 | WellPoint | WellPoint | 61.14 | 32.18 | | 50.46 | 8 | | 180.5 percent of total billed charges | |
| BKR CHG PARTICLE AGGLUTINATION,SC | 86403 | CPT | | | | both | | | 190 | 13.27 | Consumer | Consumer | 180.5 | 95 | | | 8 | | 180.5 percent of total billed charges | |
| BKR CHG PARTICLE AGGLUTINATION,SC | 86403 | CPT | | | | both | | | 190 | 13.27 | Amerihealth | Medicare | 11.54 | | | | 8 | | 180.5 fee schedule | |
| BKR CHG PARTICLE AGGLUTINATION,SC | 86403 | CPT | | | | both | | | 190 | 13.27 | Wellcare | Medicare | 11.54 | | | | 8 | | 180.5 fee schedule | |
| BKR CHG PARTICLE AGGLUTINATION,SC | 86403 | CPT | | | | both | | | 190 | 13.27 | Wellcare | Medicaid | 8 | | | 46.61 | 8 | | 180.5 fee schedule | |
| BKR CHG PARTICLE AGGLUTINATION,SC | 86403 | CPT | | | | both | | | 190 | 13.27 | Qualcare | Qualcare | 142.5 | 75 | | | 8 | | 180.5 percent of total billed charges | |
| BKR CHG PARTICLE AGGLUTINATION,SC | 86403 | CPT | | | | both | | | 190 | 13.27 | UHC | Medicare | 11.54 | | | | 8 | | 180.5 fee schedule | |
| BKR CHG PARTICLE AGGLUTINATION,SC | 86403 | CPT | | | | both | | | 190 | 13.27 | Horizon | Medicare Blue | 57 | 30 | | | 8 | | 180.5 percent of total billed charges | |
| BKR CHG PARTICLE AGGLUTINATION,SC | 86403 | CPT | | | | both | | | 190 | 13.27 | Three Rivers | Three Rivers | 180.5 | 95 | | | 8 | | 180.5 percent of total billed charges | |
| BKR CHG PARTICLE AGGLUTINATION TITER EACH ANTIBODY | 86406 | CPT | | | | outpatient | | | 204 | 12.24 | Amerihealth | Medicare | 10.64 | | | | 6.6 | | 193.8 fee schedule | |
| BKR CHG PARTICLE AGGLUTINATION TITER EACH ANTIBODY | 86406 | CPT | | | | outpatient | | | 204 | 12.24 | Horizon | Indemnity | 78.09 | 38.28 | | | 6.6 | | 193.8 percent of total billed charges | |
| BKR CHG PARTICLE AGGLUTINATION TITER EACH ANTIBODY | 86406 | CPT | | | | outpatient | | | 204 | 12.24 | Amerihealth | HMO/PPO | 14.6 | | | | 6.6 | | 193.8 fee schedule | |
| BKR CHG PARTICLE AGGLUTINATION TITER EACH ANTIBODY | 86406 | CPT | | | | outpatient | | | 204 | 12.24 | Aetna | Better Health | 64.36 | 31.55 | | | 6.6 | | 193.8 percent of total billed charges | |
| BKR CHG PARTICLE AGGLUTINATION TITER EACH ANTIBODY | 86406 | CPT | | | | outpatient | | | 204 | 12.24 | UHC | Medicare | 10.64 | | | | 6.6 | | 193.8 fee schedule | |
| BKR CHG PARTICLE AGGLUTINATION TITER EACH ANTIBODY | 86406 | CPT | | | | outpatient | | | 204 | 12.24 | Corrections | Corrections | 163.2 | 80 | | | 6.6 | | 193.8 percent of total billed charges | |
| BKR CHG PARTICLE AGGLUTINATION TITER EACH ANTIBODY | 86406 | CPT | | | | outpatient | | | 204 | 12.24 | First Health | First Health | 142.8 | 70 | | | 6.6 | | 193.8 percent of total billed charges | |
| BKR CHG PARTICLE AGGLUTINATION TITER EACH ANTIBODY | 86406 | CPT | | | | outpatient | | | 204 | 12.24 | Aetna | Medicare | 62.83 | 30.8 | | | 6.6 | | 193.8 percent of total billed charges | |
| BKR CHG PARTICLE AGGLUTINATION TITER EACH ANTIBODY | 86406 | CPT | | | | outpatient | | | 204 | 12.24 | Horizon | MGD | 78.09 | 38.28 | | | 6.6 | | 193.8 percent of total billed charges | |
| BKR CHG PARTICLE AGGLUTINATION TITER EACH ANTIBODY | 86406 | CPT | | | | outpatient | | | 204 | 12.24 | Multiplan | Multiplan | 163.2 | 80 | | | 6.6 | | 193.8 percent of total billed charges | |
| BKR CHG PARTICLE AGGLUTINATION TITER EACH ANTIBODY | 86406 | CPT | | | | outpatient | | | 204 | 12.24 | First Trenton | First Trenton | 183.6 | 90 | | | 6.6 | | 193.8 percent of total billed charges | |
| BKR CHG PARTICLE AGGLUTINATION TITER EACH ANTIBODY | 86406 | CPT | | | | outpatient | | | 204 | 12.24 | Horizon | Medicare Blue | 61.2 | 30 | | | 6.6 | | 193.8 percent of total billed charges | |
| BKR CHG PARTICLE AGGLUTINATION TITER EACH ANTIBODY | 86406 | CPT | | | | outpatient | | | 204 | 12.24 | Wellcare | Medicare | 10.64 | | | | 6.6 | | 193.8 fee schedule | |
| BKR CHG PARTICLE AGGLUTINATION TITER EACH ANTIBODY | 86406 | CPT | | | | outpatient | | | 204 | 12.24 | Horizon | NJ Health | 11.82 | | | | 6.6 | | 193.8 fee schedule | |
| BKR CHG PARTICLE AGGLUTINATION TITER EACH ANTIBODY | 86406 | CPT | | | | outpatient | | | 204 | 12.24 | Horizon | PPO | 78.09 | 38.28 | | | 6.6 | | 193.8 percent of total billed charges | |
| BKR CHG PARTICLE AGGLUTINATION TITER EACH ANTIBODY | 86406 | CPT | | | | outpatient | | | 204 | 12.24 | Americare | Americare | 153 | 75 | | | 6.6 | | 193.8 percent of total billed charges | |
| BKR CHG PARTICLE AGGLUTINATION TITER EACH ANTIBODY | 86406 | CPT | | | | outpatient | | | 204 | 12.24 | WellPoint | WellPoint | 65.65 | 32.18 | | | 6.6 | | 193.8 percent of total billed charges | |
| BKR CHG PARTICLE AGGLUTINATION TITER EACH ANTIBODY | 86406 | CPT | | | | outpatient | | | 204 | 12.24 | Qualcare | Qualcare | 153 | 75 | | | 6.6 | | 193.8 percent of total billed charges | |
| BKR CHG PARTICLE AGGLUTINATION TITER EACH ANTIBODY | 86406 | CPT | | | | outpatient | | | 204 | 12.24 | Managed Care Inc | Managed Care Inc | 183.6 | 90 | | | 6.6 | | 193.8 percent of total billed charges | |
| BKR CHG PARTICLE AGGLUTINATION TITER EACH ANTIBODY | 86406 | CPT | | | | outpatient | | | 204 | 12.24 | Consumer | Consumer | 193.8 | 95 | | | 6.6 | | 193.8 percent of total billed charges | |
| BKR CHG PARTICLE AGGLUTINATION TITER EACH ANTIBODY | 86406 | CPT | | | | outpatient | | | 204 | 12.24 | Three Rivers | Three Rivers | 193.8 | 95 | | | 6.6 | | 193.8 percent of total billed charges | |
| BKR CHG PARTICLE AGGLUTINATION TITER EACH ANTIBODY | 86406 | CPT | | | | outpatient | | | 204 | 12.24 | UHC | Medicaid | 6.6 | | | | 6.6 | | 193.8 fee schedule | |
| BKR CHG PARTICLE AGGLUTINATION TITER EACH ANTIBODY | 86406 | CPT | | | | outpatient | | | 204 | 12.24 | Wellcare | Medicaid | 6.6 | | | | 6.6 | | 193.8 fee schedule | |
| BKR CHG RHEUMATOID FACTOR; QUALITATIVE | 86430 | CPT | | | | both | | | 118 | 7.06 | First Health | First Health | 82.6 | 70 | | | 1.8 | | 112.1 percent of total billed charges | |
| BKR CHG RHEUMATOID FACTOR; QUALITATIVE | 86430 | CPT | | | | both | | | 118 | 7.06 | Aetna | Medicare | 36.34 | 30.8 | | 6.46 | 1.8 | | 112.1 percent of total billed charges | |
| BKR CHG RHEUMATOID FACTOR; QUALITATIVE | 86430 | CPT | | | | both | | | 118 | 7.06 | First Trenton | First Trenton | 106.2 | 90 | | | 1.8 | | 112.1 percent of total billed charges | |
| BKR CHG RHEUMATOID FACTOR; QUALITATIVE | 86430 | CPT | | | | both | | | 118 | 7.06 | Aetna | Commercial | 44.84 | 38 | | 4.06 | 1.8 | | 112.1 percent of total billed charges | |
| BKR CHG RHEUMATOID FACTOR; QUALITATIVE | 86430 | CPT | | | | both | | | 118 | 7.06 | Consumer | Consumer | 112.1 | 95 | | | 1.8 | | 112.1 percent of total billed charges | |
| BKR CHG RHEUMATOID FACTOR; QUALITATIVE | 86430 | CPT | | | | both | | | 118 | 7.06 | Amerihealth | Medicare | 6.14 | | | | 1.8 | | 112.1 fee schedule | |
| BKR CHG RHEUMATOID FACTOR; QUALITATIVE | 86430 | CPT | | | | both | | | 118 | 7.06 | Aetna | Better Health | 37.23 | 31.55 | | 7.99 | 1.8 | | 112.1 percent of total billed charges | |
| BKR CHG RHEUMATOID FACTOR; QUALITATIVE | 86430 | CPT | | | | both | | | 118 | 7.06 | Horizon | Indemnity | 45.17 | 38.28 | | 6.64 | 1.8 | | 112.1 percent of total billed charges | |
| BKR CHG RHEUMATOID FACTOR; QUALITATIVE | 86430 | CPT | | | | both | | | 118 | 7.06 | Multiplan | Multiplan | 94.4 | 80 | | | 1.8 | | 112.1 percent of total billed charges | |
| BKR CHG RHEUMATOID FACTOR; QUALITATIVE | 86430 | CPT | | | | both | | | 118 | 7.06 | Corrections | Corrections | 94.4 | 80 | | | 1.8 | | 112.1 percent of total billed charges | |
| BKR CHG RHEUMATOID FACTOR; QUALITATIVE | 86430 | CPT | | | | both | | | 118 | 7.06 | Managed Care Inc | Managed Care Inc | 106.2 | 90 | | | 1.8 | | 112.1 percent of total billed charges | |
| BKR CHG RHEUMATOID FACTOR; QUALITATIVE | 86430 | CPT | | | | both | | | 118 | 7.06 | Americare | Americare | 88.5 | 75 | | | 1.8 | | 112.1 percent of total billed charges | |
| BKR CHG RHEUMATOID FACTOR; QUALITATIVE | 86430 | CPT | | | | both | | | 118 | 7.06 | Horizon | Medicare Blue | 35.4 | 30 | | 1.53 | 1.8 | | 112.1 percent of total billed charges | |
| BKR CHG RHEUMATOID FACTOR; QUALITATIVE | 86430 | CPT | | | | both | | | 118 | 7.06 | UHC | Medicaid | 1.8 | | | 11.41 | 1.8 | | 112.1 fee schedule | |
| BKR CHG RHEUMATOID FACTOR; QUALITATIVE | 86430 | CPT | | | | both | | | 118 | 7.06 | Wellcare | Medicaid | 1.8 | | | 9.49 | 1.8 | | 112.1 fee schedule | |
| BKR CHG RHEUMATOID FACTOR; QUALITATIVE | 86430 | CPT | | | | both | | | 118 | 7.06 | UHC | Medicare | 6.14 | | | 2.65 | 1.8 | | 112.1 fee schedule | |
| BKR CHG RHEUMATOID FACTOR; QUALITATIVE | 86430 | CPT | | | | both | | | 118 | 7.06 | Qualcare | Qualcare | 88.5 | 75 | | | 1.8 | | 112.1 percent of total billed charges | |
| BKR CHG RHEUMATOID FACTOR; QUALITATIVE | 86430 | CPT | | | | both | | | 118 | 7.06 | Amerihealth | HMO/PPO | 8 | | | 8.12 | 1.8 | | 112.1 fee schedule | |
| BKR CHG RHEUMATOID FACTOR; QUALITATIVE | 86430 | CPT | | | | both | | | 118 | 7.06 | Horizon | MGD | 45.17 | 38.28 | | 11.16 | 1.8 | | 112.1 percent of total billed charges | |
| BKR CHG RHEUMATOID FACTOR; QUALITATIVE | 86430 | CPT | | | | both | | | 118 | 7.06 | Horizon | PPO | 45.17 | 38.28 | | 6.39 | 1.8 | | 112.1 percent of total billed charges | |
| BKR CHG RHEUMATOID FACTOR; QUALITATIVE | 86430 | CPT | | | | both | | | 118 | 7.06 | Horizon | NJ Health | 3.53 | | | 1.51 | 1.8 | | 112.1 fee schedule | |
| BKR CHG RHEUMATOID FACTOR; QUALITATIVE | 86430 | CPT | | | | both | | | 118 | 7.06 | WellPoint | WellPoint | 37.97 | 32.18 | | 11.21 | 1.8 | | 112.1 percent of total billed charges | |
| BKR CHG RHEUMATOID FACTOR; QUALITATIVE | 86430 | CPT | | | | both | | | 118 | 7.06 | Three Rivers | Three Rivers | 112.1 | 95 | | | 1.8 | | 112.1 percent of total billed charges | |
| BKR CHG RHEUMATOID FACTOR; QUALITATIVE | 86430 | CPT | | | | both | | | 118 | 7.06 | Wellcare | Medicare | 6.14 | | | 2.5 | 1.8 | | 112.1 fee schedule | |
| BKR CHG RHEUMATOID FACTOR QUANT | 86431 | CPT | | | | both | | | 181 | 6.52 | Corrections | Corrections | 144.8 | 80 | | | 4.5 | | 171.95 percent of total billed charges | |
| BKR CHG RHEUMATOID FACTOR QUANT | 86431 | CPT | | | | both | | | 181 | 6.52 | Aetna | Medicare | 55.75 | 30.8 | | | 4.5 | | 171.95 percent of total billed charges | |
| BKR CHG RHEUMATOID FACTOR QUANT | 86431 | CPT | | | | both | | | 181 | 6.52 | Horizon | MGD | 69.29 | 38.28 | | | 4.5 | | 171.95 percent of total billed charges | |
| BKR CHG RHEUMATOID FACTOR QUANT | 86431 | CPT | | | | both | | | 181 | 6.52 | First Trenton | First Trenton | 162.9 | 90 | | | 4.5 | | 171.95 percent of total billed charges | |
| BKR CHG RHEUMATOID FACTOR QUANT | 86431 | CPT | | | | both | | | 181 | 6.52 | Multiplan | Multiplan | 144.8 | 80 | | | 4.5 | | 171.95 percent of total billed charges | |
| BKR CHG RHEUMATOID FACTOR QUANT | 86431 | CPT | | | | both | | | 181 | 6.52 | Aetna | Better Health | 57.11 | 31.55 | | | 4.5 | | 171.95 percent of total billed charges | |
| BKR CHG RHEUMATOID FACTOR QUANT | 86431 | CPT | | | | both | | | 181 | 6.52 | Americare | Americare | 135.75 | 75 | | | 4.5 | | 171.95 percent of total billed charges | |
| BKR CHG RHEUMATOID FACTOR QUANTITATIVE | 86431 | CPT | | | | both | | | 181 | 6.52 | Amerihealth | HMO/PPO | 8.7 | | | | 4.5 | | 171.95 fee schedule | |
| BKR CHG RHEUMATOID FACTOR QUANT | 86431 | CPT | | | | both | | | 181 | 6.52 | Horizon | Medicare Blue | 54.3 | 30 | | | 4.5 | | 171.95 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG RHEUMATOID FACTOR QUANT | 86431 | CPT | | | | both | | | 181 | 6.52 | First Health | First Health | 126.7 | 70 | | | 4.5 | 171.95 | percent of total billed charges | |
| BKR CHG RHEUMATOID FACTOR QUANT | 86431 | CPT | | | | both | | | 181 | 6.52 | Consumer | Consumer | 171.95 | 95 | | | 4.5 | 171.95 | percent of total billed charges | |
| BKR CHG RHEUMATOID FACTOR QUANT | 86431 | CPT | | | | both | | | 181 | 6.52 | Horizon | Indemnity | 69.29 | 38.28 | | | 4.5 | 171.95 | percent of total billed charges | |
| BKR CHG RHEUMATOID FACTOR QUANT | 86431 | CPT | | | | both | | | 181 | 6.52 | Qualcare | Qualcare | 135.75 | 75 | | | 4.5 | 171.95 | percent of total billed charges | |
| BKR CHG RHEUMATOID FACTOR QUANT | 86431 | CPT | | | | both | | | 181 | 6.52 | Aetna | Commercial | 68.78 | 38 | | | 4.5 | 171.95 | percent of total billed charges | |
| BKR CHG RHEUMATOID FACTOR QUANTITATIVE | 86431 | CPT | | | | both | | | 181 | 6.52 | UHC | Medicaid | 4.5 | | | | 4.5 | 171.95 | fee schedule | |
| BKR CHG RHEUMATOID FACTOR QUANTITATIVE | 86431 | CPT | | | | both | | | 181 | 6.52 | Amerihealth | Medicare | 5.67 | | | | 4.5 | 171.95 | fee schedule | |
| BKR CHG RHEUMATOID FACTOR QUANTITATIVE | 86431 | CPT | | | | both | | | 181 | 6.52 | UHC | Medicare | 5.67 | | | | 4.5 | 171.95 | fee schedule | |
| BKR CHG RHEUMATOID FACTOR QUANTITATIVE | 86431 | CPT | | | | both | | | 181 | 6.52 | Horizon | NJ Health | 8.82 | | | | 4.5 | 171.95 | fee schedule | |
| BKR CHG RHEUMATOID FACTOR QUANTITATIVE | 86431 | CPT | | | | both | | | 181 | 6.52 | Wellcare | Medicare | 5.67 | | | | 4.5 | 171.95 | fee schedule | |
| BKR CHG RHEUMATOID FACTOR QUANT | 86431 | CPT | | | | both | | | 181 | 6.52 | Horizon | PPO | 69.29 | 38.28 | | | 4.5 | 171.95 | percent of total billed charges | |
| BKR CHG RHEUMATOID FACTOR QUANT | 86431 | CPT | | | | both | | | 181 | 6.52 | WellPoint | WellPoint | 58.25 | 32.18 | | | 4.5 | 171.95 | percent of total billed charges | |
| BKR CHG RHEUMATOID FACTOR QUANT | 86431 | CPT | | | | both | | | 181 | 6.52 | Managed Care Inc | Managed Care Inc | 162.9 | 90 | | | 4.5 | 171.95 | percent of total billed charges | |
| BKR CHG RHEUMATOID FACTOR QUANT | 86431 | CPT | | | | both | | | 181 | 6.52 | Three Rivers | Three Rivers | 171.95 | 95 | | | 4.5 | 171.95 | percent of total billed charges | |
| BKR CHG RHEUMATOID FACTOR QUANTITATIVE | 86431 | CPT | | | | both | | | 181 | 6.52 | Wellcare | Medicaid | 4.5 | | | | 4.5 | 171.95 | fee schedule | |
| BKR CHG TB TEST CELL IMMUN MEASURE | 86480 | CPT | | | | both | | | 551 | 71.28 | Corrections | Corrections | 440.8 | 80 | | 46.21 | 49.58 | 523.45 | percent of total billed charges | |
| BKR CHG TB TEST CELL IMMUN MEASURE | 86480 | CPT | | | | both | | | 551 | 71.28 | Horizon | Indemnity | 210.92 | 38.28 | | 42.22 | 49.58 | 523.45 | percent of total billed charges | |
| BKR CHG TB TEST CELL IMMUN MEASURE | 86480 | CPT | | | | both | | | 551 | 71.28 | Amerihealth | Medicare | 61.98 | | | | 49.58 | 523.45 | fee schedule | |
| BKR CHG TB TEST CELL IMMUN MEASURE | 86480 | CPT | | | | both | | | 551 | 71.28 | Aetna | Medicare | 169.71 | 30.8 | | 17.01 | 49.58 | 523.45 | percent of total billed charges | |
| BKR CHG TB TEST CELL IMMUN MEASURE | 86480 | CPT | | | | both | | | 551 | 71.28 | Americare | Americare | 413.25 | 75 | | | 49.58 | 523.45 | percent of total billed charges | |
| BKR CHG TB TEST CELL IMMUN MEASURE | 86480 | CPT | | | | both | | | 551 | 71.28 | Amerihealth | HMO/PPO | 95 | | | 25.1 | 49.58 | 523.45 | fee schedule | |
| BKR CHG TB TEST CELL IMMUN MEASURE | 86480 | CPT | | | | both | | | 551 | 71.28 | UHC | Medicare | 61.98 | | | 23.09 | 49.58 | 523.45 | fee schedule | |
| BKR CHG TB TEST CELL IMMUN MEASURE | 86480 | CPT | | | | both | | | 551 | 71.28 | Aetna | Better Health | 173.84 | 31.55 | | 30.72 | 49.58 | 523.45 | percent of total billed charges | |
| BKR CHG TB TEST CELL IMMUN MEASURE | 86480 | CPT | | | | both | | | 551 | 71.28 | First Trenton | First Trenton | 495.9 | 90 | | | 49.58 | 523.45 | percent of total billed charges | |
| BKR CHG TB TEST CELL IMMUN MEASURE | 86480 | CPT | | | | both | | | 551 | 71.28 | Horizon | Medicare Blue | 165.3 | 30 | | 14.13 | 49.58 | 523.45 | percent of total billed charges | |
| BKR CHG TB TEST CELL IMMUN MEASURE | 86480 | CPT | | | | both | | | 551 | 71.28 | Managed Care Inc | Managed Care Inc | 495.9 | 90 | | | 49.58 | 523.45 | percent of total billed charges | |
| BKR CHG TB TEST CELL IMMUN MEASURE | 86480 | CPT | | | | both | | | 551 | 71.28 | Multiplan | Multiplan | 440.8 | 80 | | | 49.58 | 523.45 | percent of total billed charges | |
| BKR CHG TB TEST CELL IMMUN MEASURE | 86480 | CPT | | | | both | | | 551 | 71.28 | Three Rivers | Three Rivers | 523.45 | 95 | | | 49.58 | 523.45 | percent of total billed charges | |
| BKR CHG TB TEST CELL IMMUN MEASURE | 86480 | CPT | | | | both | | | 551 | 71.28 | Consumer | Consumer | 523.45 | 95 | | | 49.58 | 523.45 | percent of total billed charges | |
| BKR CHG TB TEST CELL IMMUN MEASURE | 86480 | CPT | | | | both | | | 551 | 71.28 | Wellcare | Medicaid | 49.58 | | | 49.27 | 49.58 | 523.45 | fee schedule | |
| BKR CHG TB TEST CELL IMMUN MEASURE | 86480 | CPT | | | | both | | | 551 | 71.28 | Aetna | Commercial | 209.38 | 38 | | 34.3 | 49.58 | 523.45 | percent of total billed charges | |
| BKR CHG TB TEST CELL IMMUN MEASURE | 86480 | CPT | | | | both | | | 551 | 71.28 | Wellcare | Medicare | 61.98 | | | 19.8 | 49.58 | 523.45 | fee schedule | |
| BKR CHG TB TEST CELL IMMUN MEASURE | 86480 | CPT | | | | both | | | 551 | 71.28 | Qualcare | Qualcare | 413.25 | 75 | | | 49.58 | 523.45 | percent of total billed charges | |
| BKR CHG TB TEST CELL IMMUN MEASURE | 86480 | CPT | | | | both | | | 551 | 71.28 | UHC | Medicaid | 49.58 | | | 39.04 | 49.58 | 523.45 | fee schedule | |
| BKR CHG TB TEST CELL IMMUN MEASURE | 86480 | CPT | | | | both | | | 551 | 71.28 | First Health | First Health | 385.7 | 70 | | | 49.58 | 523.45 | percent of total billed charges | |
| BKR CHG TB TEST CELL IMMUN MEASURE | 86480 | CPT | | | | both | | | 551 | 71.28 | WellPoint | WellPoint | 177.31 | 32.18 | | 54.7 | 49.58 | 523.45 | percent of total billed charges | |
| BKR CHG TB TEST CELL IMMUN MEASURE | 86480 | CPT | | | | both | | | 551 | 71.28 | Horizon | MGD | 210.92 | 38.28 | | 39.58 | 49.58 | 523.45 | percent of total billed charges | |
| BKR CHG TB TEST CELL IMMUN MEASURE | 86480 | CPT | | | | both | | | 551 | 71.28 | Horizon | NJ Health | 78.28 | | | 8.94 | 49.58 | 523.45 | fee schedule | |
| BKR CHG TB TEST CELL IMMUN MEASURE | 86480 | CPT | | | | both | | | 551 | 71.28 | Horizon | PPO | 210.92 | 38.28 | | 38.03 | 49.58 | 523.45 | percent of total billed charges | |
| BKR CHG SKIN TEST; UNLISTED ANTIGEN | 86486 | CPT | | | | outpatient | | | 45 | 39.16 | Aetna | Medicare | 34.05 | | | | 5.1 | 65.89 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SKIN TEST; UNLISTED ANTIGEN | 86486 | CPT | | | | outpatient | | | 45 | 39.16 | UHC | Medicare | 34.05 | | | | 5.1 | 65.89 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SKIN TEST; UNLISTED ANTIGEN | 86486 | CPT | | | | outpatient | | | 45 | 39.16 | Aetna | Commercial | 17.1 | 38 | | | 5.1 | 65.89 | percent of total billed charges | |
| BKR CHG SKIN TEST; UNLISTED ANTIGEN | 86486 | CPT | | | | outpatient | | | 45 | 39.16 | Corrections | Corrections | 36 | 80 | | | 5.1 | 65.89 | percent of total billed charges | |
| BKR CHG SKIN TEST; UNLISTED ANTIGEN | 86486 | CPT | | | | outpatient | | | 45 | 39.16 | Americare | Americare | 33.75 | 75 | | | 5.1 | 65.89 | percent of total billed charges | |
| BKR CHG SKIN TEST; UNLISTED ANTIGEN | 86486 | CPT | | | | outpatient | | | 45 | 39.16 | Horizon | Indemnity | 65.89 | | | | 5.1 | 65.89 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SKIN TEST; UNLISTED ANTIGEN | 86486 | CPT | | | | outpatient | | | 45 | 39.16 | Amerihealth | HMO/PPO | 29.25 | 65 | | | 5.1 | 65.89 | percent of total billed charges | |
| BKR CHG SKIN TEST; UNLISTED ANTIGEN | 86486 | CPT | | | | outpatient | | | 45 | 39.16 | Aetna | Better Health | 14.2 | 31.55 | | | 5.1 | 65.89 | percent of total billed charges | |
| BKR CHG SKIN TEST; UNLISTED ANTIGEN | 86486 | CPT | | | | outpatient | | | 45 | 39.16 | Consumer | Consumer | 42.75 | 95 | | | 5.1 | 65.89 | percent of total billed charges | |
| BKR CHG SKIN TEST; UNLISTED ANTIGEN | 86486 | CPT | | | | outpatient | | | 45 | 39.16 | Horizon | MGD | 65.89 | | | | 5.1 | 65.89 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SKIN TEST; UNLISTED ANTIGEN | 86486 | CPT | | | | outpatient | | | 45 | 39.16 | Multiplan | Multiplan | 36 | 80 | | | 5.1 | 65.89 | percent of total billed charges | |
| BKR CHG SKIN TEST; UNLISTED ANTIGEN | 86486 | CPT | | | | outpatient | | | 45 | 39.16 | First Health | First Health | 31.5 | 70 | | | 5.1 | 65.89 | percent of total billed charges | |
| BKR CHG SKIN TEST; UNLISTED ANTIGEN | 86486 | CPT | | | | outpatient | | | 45 | 39.16 | Horizon | Medicare Blue | 34.05 | | | | 5.1 | 65.89 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SKIN TEST; UNLISTED ANTIGEN | 86486 | CPT | | | | outpatient | | | 45 | 39.16 | Horizon | NJ Health | 5.17 | | | | 5.1 | 65.89 | fee schedule | |
| BKR CHG SKIN TEST; UNLISTED ANTIGEN | 86486 | CPT | | | | outpatient | | | 45 | 39.16 | Qualcare | Qualcare | 33.75 | 75 | | | 5.1 | 65.89 | percent of total billed charges | |
| BKR CHG SKIN TEST; UNLISTED ANTIGEN | 86486 | CPT | | | | outpatient | | | 45 | 39.16 | First Trenton | First Trenton | 40.5 | 90 | | | 5.1 | 65.89 | percent of total billed charges | |
| BKR CHG SKIN TEST; UNLISTED ANTIGEN | 86486 | CPT | | | | outpatient | | | 45 | 39.16 | UHC | Medicaid | 5.1 | | | | 5.1 | 65.89 | fee schedule | |
| BKR CHG SKIN TEST; UNLISTED ANTIGEN | 86486 | CPT | | | | outpatient | | | 45 | 39.16 | Horizon | PPO | 65.89 | | | | 5.1 | 65.89 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SKIN TEST; UNLISTED ANTIGEN | 86486 | CPT | | | | outpatient | | | 45 | 39.16 | Managed Care Inc | Managed Care Inc | 40.5 | 90 | | | 5.1 | 65.89 | percent of total billed charges | |
| BKR CHG SKIN TEST; UNLISTED ANTIGEN | 86486 | CPT | | | | outpatient | | | 45 | 39.16 | WellPoint | WellPoint | 14.48 | 32.18 | | | 5.1 | 65.89 | percent of total billed charges | |
| BKR CHG SKIN TEST; UNLISTED ANTIGEN | 86486 | CPT | | | | outpatient | | | 45 | 39.16 | Three Rivers | Three Rivers | 42.75 | 95 | | | 5.1 | 65.89 | percent of total billed charges | |
| BKR CHG SKIN TEST; UNLISTED ANTIGEN | 86486 | CPT | | | | outpatient | | | 45 | 39.16 | Wellcare | Medicaid | 5.1 | | | | 5.1 | 65.89 | fee schedule | |
| BKR CHG SKIN TEST; UNLISTED ANTIGEN | 86486 | CPT | | | | outpatient | | | 45 | 39.16 | Wellcare | Medicare | 34.05 | | | | 5.1 | 65.89 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIBODY SCREEN (006015) | 86580 | CPT | | | | outpatient | | | 32 | 39.16 | Americare | Americare | 24 | 75 | | | 3.28 | 65.89 | percent of total billed charges | |
| BKR CHG ANTIBODY SCREEN (006015) | 86580 | CPT | | | | outpatient | | | 32 | 39.16 | Horizon | PPO | 65.89 | | | | 3.28 | 65.89 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIBODY SCREEN (006015) | 86580 | CPT | | | | outpatient | | | 32 | 39.16 | Aetna | Commercial | 12.16 | 38 | | | 3.28 | 65.89 | percent of total billed charges | |
| BKR CHG ANTIBODY SCREEN (006015) | 86580 | CPT | | | | outpatient | | | 32 | 39.16 | Aetna | Medicare | 34.05 | | | | 3.28 | 65.89 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIBODY SCREEN (006015) | 86580 | CPT | | | | outpatient | | | 32 | 39.16 | Corrections | Corrections | 25.6 | 80 | | | 3.28 | 65.89 | percent of total billed charges | |
| BKR CHG ANTIBODY SCREEN (006015) | 86580 | CPT | | | | outpatient | | | 32 | 39.16 | Consumer | Consumer | 30.4 | 95 | | | 3.28 | 65.89 | percent of total billed charges | |
| BKR CHG ANTIBODY SCREEN (006015) | 86580 | CPT | | | | outpatient | | | 32 | 39.16 | Amerihealth | HMO/PPO | 3.28 | | | | 3.28 | 65.89 | fee schedule | |
| BKR CHG ANTIBODY SCREEN (006015) | 86580 | CPT | | | | outpatient | | | 32 | 39.16 | Aetna | Better Health | 10.1 | 31.55 | | | 3.28 | 65.89 | percent of total billed charges | |
| BKR CHG ANTIBODY SCREEN (006015) | 86580 | CPT | | | | outpatient | | | 32 | 39.16 | Three Rivers | Three Rivers | 30.4 | 95 | | | 3.28 | 65.89 | percent of total billed charges | |
| BKR CHG ANTIBODY SCREEN (006015) | 86580 | CPT | | | | outpatient | | | 32 | 39.16 | Wellcare | Medicaid | 4 | | | | 3.28 | 65.89 | fee schedule | |
| BKR CHG ANTIBODY SCREEN (006015) | 86580 | CPT | | | | outpatient | | | 32 | 39.16 | Horizon | NJ Health | 7.84 | | | 7.84 | 3.28 | 65.89 | fee schedule | |
| BKR CHG ANTIBODY SCREEN (006015) | 86580 | CPT | | | | outpatient | | | 32 | 39.16 | Horizon | Medicare Blue | 34.05 | | | | 3.28 | 65.89 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIBODY SCREEN (006015) | 86580 | CPT | | | | outpatient | | | 32 | 39.16 | First Trenton | First Trenton | 28.8 | 90 | | | 3.28 | 65.89 | percent of total billed charges | |
| BKR CHG ANTIBODY SCREEN (006015) | 86580 | CPT | | | | outpatient | | | 32 | 39.16 | First Health | First Health | 22.4 | 70 | | | 3.28 | 65.89 | percent of total billed charges | |
| BKR CHG ANTIBODY SCREEN (006015) | 86580 | CPT | | | | outpatient | | | 32 | 39.16 | Horizon | MGD | 65.89 | | | | 3.28 | 65.89 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIBODY SCREEN (006015) | 86580 | CPT | | | | outpatient | | | 32 | 39.16 | Qualcare | Qualcare | 24 | 75 | | | 3.28 | 65.89 | percent of total billed charges | |
| BKR CHG ANTIBODY SCREEN (006015) | 86580 | CPT | | | | outpatient | | | 32 | 39.16 | Horizon | Indemnity | 65.89 | | | | 3.28 | 65.89 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIBODY SCREEN (006015) | 86580 | CPT | | | | outpatient | | | 32 | 39.16 | Multiplan | Multiplan | 25.6 | 80 | | | 3.28 | 65.89 | percent of total billed charges | |
| BKR CHG ANTIBODY SCREEN (006015) | 86580 | CPT | | | | outpatient | | | 32 | 39.16 | UHC | Medicare | 34.05 | | | | 3.28 | 65.89 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIBODY SCREEN (006015) | 86580 | CPT | | | | outpatient | | | 32 | 39.16 | UHC | Medicaid | 4 | | | | 3.28 | 65.89 | fee schedule | |
| BKR CHG ANTIBODY SCREEN (006015) | 86580 | CPT | | | | outpatient | | | 32 | 39.16 | Managed Care Inc | Managed Care Inc | 28.8 | 90 | | | 3.28 | 65.89 | percent of total billed charges | |
| BKR CHG ANTIBODY SCREEN (006015) | 86580 | CPT | | | | outpatient | | | 32 | 39.16 | Wellcare | Medicare | 34.05 | | | | 3.28 | 65.89 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIBODY SCREEN (006015) | 86580 | CPT | | | | outpatient | | | 32 | 39.16 | WellPoint | WellPoint | 10.3 | 32.18 | | 26.87 | 3.28 | 65.89 | percent of total billed charges | |
| BKR CHG VDRL TITER CSF | 86592 | CPT | | | | both | | | 94 | 4.91 | Consumer | Consumer | 89.3 | 95 | | | 1.5 | 89.3 | percent of total billed charges | |
| BKR CHG VDRL TITER CSF | 86592 | CPT | | | | both | | | 94 | 4.91 | Aetna | Better Health | 29.66 | 31.55 | | 11.52 | 1.5 | 89.3 | percent of total billed charges | |
| BKR CHG VDRL TITER CSF | 86592 | CPT | | | | both | | | 94 | 4.91 | Managed Care Inc | Managed Care Inc | 84.6 | 90 | | | 1.5 | 89.3 | percent of total billed charges | |
| BKR CHG VDRL TITER CSF | 86592 | CPT | | | | both | | | 94 | 4.91 | First Trenton | First Trenton | 84.6 | 90 | | | 1.5 | 89.3 | percent of total billed charges | |
| BKR CHG VDRL TITER CSF | 86592 | CPT | | | | both | | | 94 | 4.91 | First Health | First Health | 65.8 | 70 | | | 1.5 | 89.3 | percent of total billed charges | |
| BKR CHG VDRL TITER CSF | 86592 | CPT | | | | both | | | 94 | 4.91 | Aetna | Medicare | 28.95 | 30.8 | | 7.28 | 1.5 | 89.3 | percent of total billed charges | |
| BKR CHG VDRL TITER CSF | 86592 | CPT | | | | both | | | 94 | 4.91 | Aetna | Commercial | 35.72 | 38 | | 8.62 | 1.5 | 89.3 | percent of total billed charges | |
| BKR CHG VDRL TITER CSF | 86592 | CPT | | | | both | | | 94 | 4.91 | Americare | Americare | 70.5 | 75 | | | 1.5 | 89.3 | percent of total billed charges | |
| BKR CHG VDRL TITER CSF | 86592 | CPT | | | | both | | | 94 | 4.91 | Horizon | MGD | 35.98 | 38.28 | | 6.85 | 1.5 | 89.3 | percent of total billed charges | |
| BKR CHG VDRL TITER CSF | 86592 | CPT | | | | both | | | 94 | 4.91 | Amerihealth | HMO/PPO | 6.7 | | | 6.27 | 1.5 | 89.3 | fee schedule | |
| BKR CHG VDRL TITER CSF | 86592 | CPT | | | | both | | | 94 | 4.91 | Corrections | Corrections | 75.2 | 80 | | 10.73 | 1.5 | 89.3 | percent of total billed charges | |
| BKR CHG VDRL TITER CSF | 86592 | CPT | | | | both | | | 94 | 4.91 | Horizon | Indemnity | 35.98 | 38.28 | | 8.85 | 1.5 | 89.3 | percent of total billed charges | |
| BKR CHG VDRL TITER CSF | 86592 | CPT | | | | both | | | 94 | 4.91 | Three Rivers | Three Rivers | 89.3 | 95 | | | 1.5 | 89.3 | percent of total billed charges | |
| BKR CHG VDRL TITER CSF | 86592 | CPT | | | | both | | | 94 | 4.91 | Amerihealth | Medicare | 4.27 | | | | 1.5 | 89.3 | fee schedule | |
| BKR CHG VDRL TITER CSF | 86592 | CPT | | | | both | | | 94 | 4.91 | Multiplan | Multiplan | 75.2 | 80 | | | 1.5 | 89.3 | percent of total billed charges | |
| BKR CHG VDRL TITER CSF | 86592 | CPT | | | | both | | | 94 | 4.91 | Horizon | PPO | 35.98 | 38.28 | | 8.61 | 1.5 | 89.3 | percent of total billed charges | |
| BKR CHG VDRL TITER CSF | 86592 | CPT | | | | both | | | 94 | 4.91 | Wellcare | Medicare | 4.27 | | | 4.17 | 1.5 | 89.3 | fee schedule | |
| BKR CHG VDRL TITER CSF | 86592 | CPT | | | | both | | | 94 | 4.91 | Horizon | Medicare Blue | 28.2 | 30 | | 2.89 | 1.5 | 89.3 | percent of total billed charges | |
| BKR CHG VDRL TITER CSF | 86592 | CPT | | | | both | | | 94 | 4.91 | Qualcare | Qualcare | 70.5 | 75 | | | 1.5 | 89.3 | percent of total billed charges | |
| BKR CHG VDRL TITER CSF | 86592 | CPT | | | | both | | | 94 | 4.91 | UHC | Medicaid | 1.5 | | | 8.62 | 1.5 | 89.3 | fee schedule | |
| BKR CHG VDRL TITER CSF | 86592 | CPT | | | | both | | | 94 | 4.91 | WellPoint | WellPoint | 30.25 | 32.18 | | 11.44 | 1.5 | 89.3 | percent of total billed charges | |
| BKR CHG VDRL TITER CSF | 86592 | CPT | | | | both | | | 94 | 4.91 | Horizon | NJ Health | 2.94 | | | 3.14 | 1.5 | 89.3 | fee schedule | |
| BKR CHG VDRL TITER CSF | 86592 | CPT | | | | both | | | 94 | 4.91 | UHC | Medicare | 4.27 | | | 4.7 | 1.5 | 89.3 | fee schedule | |
| BKR CHG VDRL TITER CSF | 86592 | CPT | | | | both | | | 94 | 4.91 | Wellcare | Medicaid | 1.5 | | | 6.69 | 1.5 | 89.3 | fee schedule | |
| BKR CHG TREPONEMA PALLIDUM (VDRL) TITER (0093093 | 86593 | CPT | | | | both | | | 46 | 5.06 | Corrections | Corrections | 36.8 | 80 | | | 3 | 43.7 | percent of total billed charges | |
| BKR CHG TREPONEMA PALLIDUM (VDRL) TITER (0093093 | 86593 | CPT | | | | both | | | 46 | 5.06 | Horizon | Medicare Blue | 13.8 | 30 | | | 3 | 43.7 | percent of total billed charges | |
| BKR CHG TREPONEMA PALLIDUM (VDRL) TITER (0093093 | 86593 | CPT | | | | both | | | 46 | 5.06 | Aetna | Better Health | 14.51 | 31.55 | | | 3 | 43.7 | percent of total billed charges | |
| BKR CHG TREPONEMA PALLIDUM (VDRL) TITER (0093093 | 86593 | CPT | | | | both | | | 46 | 5.06 | Wellcare | Medicaid | 3 | | | | 3 | 43.7 | fee schedule | |
| BKR CHG TREPONEMA PALLIDUM (VDRL) TITER (0093093 | 86593 | CPT | | | | both | | | 46 | 5.06 | Aetna | Medicare | 14.17 | 30.8 | | | 3 | 43.7 | percent of total billed charges | |
| BKR CHG TREPONEMA PALLIDUM (VDRL) TITER (0093093 | 86593 | CPT | | | | both | | | 46 | 5.06 | Americare | Americare | 34.5 | 75 | | | 3 | 43.7 | percent of total billed charges | |
| BKR CHG TREPONEMA PALLIDUM (VDRL) TITER (0093093 | 86593 | CPT | | | | both | | | 46 | 5.06 | Amerihealth | HMO/PPO | 6.9 | | | | 3 | 43.7 | fee schedule | |
| BKR CHG TREPONEMA PALLIDUM (VDRL) TITER (0093093 | 86593 | CPT | | | | both | | | 46 | 5.06 | Amerihealth | Medicare | 4.4 | | | | 3 | 43.7 | fee schedule | |
| BKR CHG TREPONEMA PALLIDUM (VDRL) TITER (0093093 | 86593 | CPT | | | | both | | | 46 | 5.06 | WellPoint | WellPoint | 14.8 | 32.18 | | | 3 | 43.7 | percent of total billed charges | |
| BKR CHG TREPONEMA PALLIDUM (VDRL) TITER (0093093 | 86593 | CPT | | | | both | | | 46 | 5.06 | UHC | Medicare | 4.4 | | | | 3 | 43.7 | fee schedule | |
| BKR CHG TREPONEMA PALLIDUM (VDRL) TITER (0093093 | 86593 | CPT | | | | both | | | 46 | 5.06 | Aetna | Commercial | 17.48 | 38 | | | 3 | 43.7 | percent of total billed charges | |
| BKR CHG TREPONEMA PALLIDUM (VDRL) TITER (0093093 | 86593 | CPT | | | | both | | | 46 | 5.06 | First Trenton | First Trenton | 41.4 | 90 | | | 3 | 43.7 | percent of total billed charges | |
| BKR CHG TREPONEMA PALLIDUM (VDRL) TITER (0093093 | 86593 | CPT | | | | both | | | 46 | 5.06 | Consumer | Consumer | 43.7 | 95 | | | 3 | 43.7 | percent of total billed charges | |
| BKR CHG TREPONEMA PALLIDUM (VDRL) TITER (0093093 | 86593 | CPT | | | | both | | | 46 | 5.06 | Horizon | PPO | 17.61 | 38.28 | | | 3 | 43.7 | percent of total billed charges | |
| BKR CHG TREPONEMA PALLIDUM (VDRL) TITER (0093093 | 86593 | CPT | | | | both | | | 46 | 5.06 | First Health | First Health | 32.2 | 70 | | | 3 | 43.7 | percent of total billed charges | |
| BKR CHG TREPONEMA PALLIDUM (VDRL) TITER (0093093 | 86593 | CPT | | | | both | | | 46 | 5.06 | Three Rivers | Three Rivers | 43.7 | 95 | | | 3 | 43.7 | percent of total billed charges | |
| BKR CHG TREPONEMA PALLIDUM (VDRL) TITER (0093093 | 86593 | CPT | | | | both | | | 46 | 5.06 | Horizon | MGD | 17.61 | 38.28 | | | 3 | 43.7 | percent of total billed charges | |
| BKR CHG TREPONEMA PALLIDUM (VDRL) TITER (0093093 | 86593 | CPT | | | | both | | | 46 | 5.06 | Wellcare | Medicare | 4.4 | | | | 3 | 43.7 | fee schedule | |
| BKR CHG TREPONEMA PALLIDUM (VDRL) TITER (0093093 | 86593 | CPT | | | | both | | | 46 | 5.06 | Multiplan | Multiplan | 36.8 | 80 | | | 3 | 43.7 | percent of total billed charges | |
| BKR CHG TREPONEMA PALLIDUM (VDRL) TITER (0093093 | 86593 | CPT | | | | both | | | 46 | 5.06 | Horizon | NJ Health | 5.88 | | | | 3 | 43.7 | fee schedule | |
| BKR CHG TREPONEMA PALLIDUM (VDRL) TITER (0093093 | 86593 | CPT | | | | both | | | 46 | 5.06 | Horizon | Indemnity | 17.61 | 38.28 | | | 3 | 43.7 | percent of total billed charges | |
| BKR CHG TREPONEMA PALLIDUM (VDRL) TITER (0093093 | 86593 | CPT | | | | both | | | 46 | 5.06 | Managed Care Inc | Managed Care Inc | 41.4 | 90 | | | 3 | 43.7 | percent of total billed charges | |
| BKR CHG TREPONEMA PALLIDUM (VDRL) TITER (0093093 | 86593 | CPT | | | | both | | | 46 | 5.06 | Qualcare | Qualcare | 34.5 | 75 | | | 3 | 43.7 | percent of total billed charges | |
| BKR CHG TREPONEMA PALLIDUM (VDRL) TITER (0093093 | 86593 | CPT | | | | both | | | 46 | 5.06 | UHC | Medicaid | 3 | | | | 3 | 43.7 | fee schedule | |
| BKR CHG VGCC TYPE P/Q AUTOAB | 86596 | CPT | | | | both | | | 59 | 13.86 | Aetna | Better Health | 18.61 | 31.55 | | | 12.05 | 56.05 | percent of total billed charges | |
| BKR CHG VGCC TYPE P/Q AUTOAB | 86596 | CPT | | | | both | | | 59 | 13.86 | Horizon | Medicare Blue | 17.7 | 30 | | | 12.05 | 56.05 | percent of total billed charges | |
| BKR CHG VGCC TYPE P/Q AUTOAB | 86596 | CPT | | | | both | | | 59 | 13.86 | Aetna | Medicare | 18.17 | 30.8 | | | 12.05 | 56.05 | percent of total billed charges | |
| BKR CHG VGCC TYPE P/Q AUTOAB | 86596 | CPT | | | | both | | | 59 | 13.86 | Americare | Americare | 44.25 | 75 | | | 12.05 | 56.05 | percent of total billed charges | |
| BKR CHG VGCC TYPE P/Q AUTOAB | 86596 | CPT | | | | both | | | 59 | 13.86 | Horizon | Indemnity | 22.59 | 38.28 | | | 12.05 | 56.05 | percent of total billed charges | |
| BKR CHG VGCC TYPE P/Q AUTOAB | 86596 | CPT | | | | both | | | 59 | 13.86 | Aetna | Commercial | 22.42 | 38 | | | 12.05 | 56.05 | percent of total billed charges | |
| BKR CHG VGCC TYPE P/Q AUTOAB | 86596 | CPT | | | | both | | | 59 | 13.86 | WellPoint | WellPoint | 18.99 | 32.18 | | | 12.05 | 56.05 | percent of total billed charges | |
| BKR CHG VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH | 86596 | CPT | | | | both | | | 59 | 13.86 | Amerihealth | Medicare | 12.05 | | | | 12.05 | 56.05 | fee schedule | |
| BKR CHG VGCC TYPE P/Q AUTOAB | 86596 | CPT | | | | both | | | 59 | 13.86 | First Health | First Health | 41.3 | 70 | | | 12.05 | 56.05 | percent of total billed charges | |
| BKR CHG VGCC TYPE P/Q AUTOAB | 86596 | CPT | | | | both | | | 59 | 13.86 | Horizon | MGD | 22.59 | 38.28 | | 3.97 | 12.05 | 56.05 | percent of total billed charges | |
| BKR CHG VGCC TYPE P/Q AUTOAB | 86596 | CPT | | | | both | | | 59 | 13.86 | First Trenton | First Trenton | 53.1 | 90 | | | 12.05 | 56.05 | percent of total billed charges | |
| BKR CHG VGCC TYPE P/Q AUTOAB | 86596 | CPT | | | | both | | | 59 | 13.86 | Amerihealth | HMO/PPO | 38.35 | 65 | | | 12.05 | 56.05 | percent of total billed charges | |
| BKR CHG VGCC TYPE P/Q AUTOAB | 86596 | CPT | | | | both | | | 59 | 13.86 | Consumer | Consumer | 56.05 | 95 | | | 12.05 | 56.05 | percent of total billed charges | |
| BKR CHG VGCC TYPE P/Q AUTOAB | 86596 | CPT | | | | both | | | 59 | 13.86 | Multiplan | Multiplan | 47.2 | 80 | | | 12.05 | 56.05 | percent of total billed charges | |
| BKR CHG VGCC TYPE P/Q AUTOAB | 86596 | CPT | | | | both | | | 59 | 13.86 | Horizon | PPO | 22.59 | 38.28 | | | 12.05 | 56.05 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG VGCC TYPE P/Q AUTOAB | 86596 | CPT | | | | both | | | 59 | 13.86 | Qualcare | Qualcare | 44.25 | 75 | | | 12.05 | | 56.05 percent of total billed charges | |
| BKR CHG VGCC TYPE P/Q AUTOAB | 86596 | CPT | | | | both | | | 59 | 13.86 | Corrections | Corrections | 47.2 | 80 | | | 12.05 | | 56.05 percent of total billed charges | |
| BKR CHG VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH | 86596 | CPT | | | | both | | | 59 | 13.86 | UHC | Medicaid | 14.72 | | | | 12.05 | | 56.05 fee schedule | |
| BKR CHG VGCC TYPE P/Q AUTOAB | 86596 | CPT | | | | both | | | 59 | 13.86 | Three Rivers | Three Rivers | 56.05 | 95 | | | 12.05 | | 56.05 percent of total billed charges | |
| BKR CHG VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH | 86596 | CPT | | | | both | | | 59 | 13.86 | UHC | Medicare | 12.05 | | | | 12.05 | | 56.05 fee schedule | |
| BKR CHG VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH | 86596 | CPT | | | | both | | | 59 | 13.86 | Horizon | NJ Health | 14.43 | | | | 12.05 | | 56.05 fee schedule | |
| BKR CHG VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH | 86596 | CPT | | | | both | | | 59 | 13.86 | Wellcare | Medicare | 12.05 | | | | 12.05 | | 56.05 fee schedule | |
| BKR CHG VGCC TYPE P/Q AUTOAB | 86596 | CPT | | | | both | | | 59 | 13.86 | Managed Care Inc | Managed Care Inc | 53.1 | 90 | | | 12.05 | | 56.05 percent of total billed charges | |
| BKR CHG VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH | 86596 | CPT | | | | both | | | 59 | 13.86 | Wellcare | Medicaid | 14.72 | | | | 12.05 | | 56.05 fee schedule | |
| BKR CHG THERMOACTINOMYCES VULGARIS IGG | 86602 | CPT | | | | both | | | 110 | 11.71 | Amerihealth | Medicare | 10.18 | | | | 9.9 | | 104.5 fee schedule | |
| BKR CHG THERMOACTINOMYCES VULGARIS IGG | 86602 | CPT | | | | both | | | 110 | 11.71 | Americare | Americare | 82.5 | 75 | | | 9.9 | | 104.5 percent of total billed charges | |
| BKR CHG THERMOACTINOMYCES VULGARIS IGG | 86602 | CPT | | | | both | | | 110 | 11.71 | Multiplan | Multiplan | 88 | 80 | | | 9.9 | | 104.5 percent of total billed charges | |
| BKR CHG THERMOACTINOMYCES VULGARIS IGG | 86602 | CPT | | | | both | | | 110 | 11.71 | Aetna | Better Health | 34.71 | 31.55 | | | 9.9 | | 104.5 percent of total billed charges | |
| BKR CHG THERMOACTINOMYCES VULGARIS IGG | 86602 | CPT | | | | both | | | 110 | 11.71 | Amerihealth | HMO/PPO | 15.1 | | | | 9.9 | | 104.5 fee schedule | |
| BKR CHG THERMOACTINOMYCES VULGARIS IGG | 86602 | CPT | | | | both | | | 110 | 11.71 | Consumer | Consumer | 104.5 | 95 | | | 9.9 | | 104.5 percent of total billed charges | |
| BKR CHG THERMOACTINOMYCES VULGARIS IGG | 86602 | CPT | | | | both | | | 110 | 11.71 | Corrections | Corrections | 88 | 80 | | | 9.9 | | 104.5 percent of total billed charges | |
| BKR CHG THERMOACTINOMYCES VULGARIS IGG | 86602 | CPT | | | | both | | | 110 | 11.71 | Aetna | Medicare | 33.88 | 30.8 | | | 9.9 | | 104.5 percent of total billed charges | |
| BKR CHG THERMOACTINOMYCES VULGARIS IGG | 86602 | CPT | | | | both | | | 110 | 11.71 | First Trenton | First Trenton | 99 | 90 | | | 9.9 | | 104.5 percent of total billed charges | |
| BKR CHG THERMOACTINOMYCES VULGARIS IGG | 86602 | CPT | | | | both | | | 110 | 11.71 | Horizon | MGD | 42.11 | 38.28 | | | 9.9 | | 104.5 percent of total billed charges | |
| BKR CHG THERMOACTINOMYCES VULGARIS IGG | 86602 | CPT | | | | both | | | 110 | 11.71 | Qualcare | Qualcare | 82.5 | 75 | | | 9.9 | | 104.5 percent of total billed charges | |
| BKR CHG THERMOACTINOMYCES VULGARIS IGG | 86602 | CPT | | | | both | | | 110 | 11.71 | Aetna | Commercial | 41.8 | 38 | | | 9.9 | | 104.5 percent of total billed charges | |
| BKR CHG THERMOACTINOMYCES VULGARIS IGG | 86602 | CPT | | | | both | | | 110 | 11.71 | Horizon | Indemnity | 42.11 | 38.28 | | | 9.9 | | 104.5 percent of total billed charges | |
| BKR CHG THERMOACTINOMYCES VULGARIS IGG | 86602 | CPT | | | | both | | | 110 | 11.71 | First Health | First Health | 77 | 70 | | | 9.9 | | 104.5 percent of total billed charges | |
| BKR CHG THERMOACTINOMYCES VULGARIS IGG | 86602 | CPT | | | | both | | | 110 | 11.71 | Horizon | Medicare Blue | 33 | 30 | | | 9.9 | | 104.5 percent of total billed charges | |
| BKR CHG THERMOACTINOMYCES VULGARIS IGG | 86602 | CPT | | | | both | | | 110 | 11.71 | Wellcare | Medicare | 10.18 | | | | 9.9 | | 104.5 fee schedule | |
| BKR CHG THERMOACTINOMYCES VULGARIS IGG | 86602 | CPT | | | | both | | | 110 | 11.71 | Horizon | NJ Health | 11.31 | | | | 9.9 | | 104.5 fee schedule | |
| BKR CHG THERMOACTINOMYCES VULGARIS IGG | 86602 | CPT | | | | both | | | 110 | 11.71 | UHC | Medicare | 10.18 | | | | 9.9 | | 104.5 fee schedule | |
| BKR CHG THERMOACTINOMYCES VULGARIS IGG | 86602 | CPT | | | | both | | | 110 | 11.71 | UHC | Medicaid | 10 | | | | 9.9 | | 104.5 fee schedule | |
| BKR CHG THERMOACTINOMYCES VULGARIS IGG | 86602 | CPT | | | | both | | | 110 | 11.71 | WellPoint | WellPoint | 35.4 | 32.18 | | | 9.9 | | 104.5 percent of total billed charges | |
| BKR CHG THERMOACTINOMYCES VULGARIS IGG | 86602 | CPT | | | | both | | | 110 | 11.71 | Horizon | PPO | 42.11 | 38.28 | | | 9.9 | | 104.5 percent of total billed charges | |
| BKR CHG THERMOACTINOMYCES VULGARIS IGG | 86602 | CPT | | | | both | | | 110 | 11.71 | Managed Care Inc | Managed Care Inc | 99 | 90 | | | 9.9 | | 104.5 percent of total billed charges | |
| BKR CHG THERMOACTINOMYCES VULGARIS IGG | 86602 | CPT | | | | both | | | 110 | 11.71 | Three Rivers | Three Rivers | 104.5 | 95 | | | 9.9 | | 104.5 percent of total billed charges | |
| BKR CHG THERMOACTINOMYCES VULGARIS IGG | 86602 | CPT | | | | both | | | 110 | 11.71 | Wellcare | Medicaid | 10 | | | | 9.9 | | 104.5 fee schedule | |
| BKR CHG ADENOVIRUS PCR QUANTITATIVE | 86603 | CPT | | | | both | | | 30 | 14.8 | Americare | Americare | 22.5 | 75 | | | 9 | | 28.5 percent of total billed charges | |
| BKR CHG ADENOVIRUS PCR QUANTITATIVE | 86603 | CPT | | | | both | | | 30 | 14.8 | Multiplan | Multiplan | 24 | 80 | | | 9 | | 28.5 percent of total billed charges | |
| BKR CHG ADENOVIRUS PCR QUANTITATIVE | 86603 | CPT | | | | both | | | 30 | 14.8 | Aetna | Medicare | 9.24 | 30.8 | | | 9 | | 28.5 percent of total billed charges | |
| BKR CHG ADENOVIRUS PCR QUANTITATIVE | 86603 | CPT | | | | both | | | 30 | 14.8 | Amerihealth | HMO/PPO | 22.8 | | | | 9 | | 28.5 fee schedule | |
| BKR CHG ADENOVIRUS PCR QUANTITATIVE | 86603 | CPT | | | | both | | | 30 | 14.8 | Horizon | MGD | 11.48 | 38.28 | | | 9 | | 28.5 percent of total billed charges | |
| BKR CHG ADENOVIRUS PCR QUANTITATIVE | 86603 | CPT | | | | both | | | 30 | 14.8 | Corrections | Corrections | 24 | 80 | | | 9 | | 28.5 percent of total billed charges | |
| BKR CHG ADENOVIRUS PCR QUANTITATIVE | 86603 | CPT | | | | both | | | 30 | 14.8 | Aetna | Better Health | 9.47 | 31.55 | | | 9 | | 28.5 percent of total billed charges | |
| BKR CHG ADENOVIRUS PCR QUANTITATIVE | 86603 | CPT | | | | both | | | 30 | 14.8 | First Health | First Health | 21 | 70 | | | 9 | | 28.5 percent of total billed charges | |
| BKR CHG ADENOVIRUS PCR QUANTITATIVE | 86603 | CPT | | | | both | | | 30 | 14.8 | Consumer | Consumer | 28.5 | 95 | | | 9 | | 28.5 percent of total billed charges | |
| BKR CHG ADENOVIRUS PCR QUANTITATIVE | 86603 | CPT | | | | both | | | 30 | 14.8 | Qualcare | Qualcare | 22.5 | 75 | | | 9 | | 28.5 percent of total billed charges | |
| BKR CHG ADENOVIRUS PCR QUANTITATIVE | 86603 | CPT | | | | both | | | 30 | 14.8 | UHC | Medicare | 12.87 | | | | 9 | | 28.5 fee schedule | |
| BKR CHG ADENOVIRUS PCR QUANTITATIVE | 86603 | CPT | | | | both | | | 30 | 14.8 | Amerihealth | Medicare | 12.87 | | | | 9 | | 28.5 fee schedule | |
| BKR CHG ADENOVIRUS PCR QUANTITATIVE | 86603 | CPT | | | | both | | | 30 | 14.8 | Aetna | Commercial | 11.4 | 38 | | | 9 | | 28.5 percent of total billed charges | |
| BKR CHG ADENOVIRUS PCR QUANTITATIVE | 86603 | CPT | | | | both | | | 30 | 14.8 | Horizon | Medicare Blue | 9 | 30 | | | 9 | | 28.5 percent of total billed charges | |
| BKR CHG ADENOVIRUS PCR QUANTITATIVE | 86603 | CPT | | | | both | | | 30 | 14.8 | Wellcare | Medicare | 12.87 | | | | 9 | | 28.5 fee schedule | |
| BKR CHG ADENOVIRUS PCR QUANTITATIVE | 86603 | CPT | | | | both | | | 30 | 14.8 | First Trenton | First Trenton | 27 | 90 | | | 9 | | 28.5 percent of total billed charges | |
| BKR CHG ADENOVIRUS PCR QUANTITATIVE | 86603 | CPT | | | | both | | | 30 | 14.8 | WellPoint | WellPoint | 9.65 | 32.18 | | | 9 | | 28.5 percent of total billed charges | |
| BKR CHG ADENOVIRUS PCR QUANTITATIVE | 86603 | CPT | | | | both | | | 30 | 14.8 | UHC | Medicaid | 10 | | | 7.85 | 9 | | 28.5 fee schedule | |
| BKR CHG ADENOVIRUS PCR QUANTITATIVE | 86603 | CPT | | | | both | | | 30 | 14.8 | Horizon | Indemnity | 11.48 | 38.28 | | | 9 | | 28.5 percent of total billed charges | |
| BKR CHG ADENOVIRUS PCR QUANTITATIVE | 86603 | CPT | | | | both | | | 30 | 14.8 | Horizon | NJ Health | 21.56 | | | | 9 | | 28.5 fee schedule | |
| BKR CHG ADENOVIRUS PCR QUANTITATIVE | 86603 | CPT | | | | both | | | 30 | 14.8 | Horizon | PPO | 11.48 | 38.28 | | | 9 | | 28.5 percent of total billed charges | |
| BKR CHG ADENOVIRUS PCR QUANTITATIVE | 86603 | CPT | | | | both | | | 30 | 14.8 | Managed Care Inc | Managed Care Inc | 27 | 90 | | | 9 | | 28.5 percent of total billed charges | |
| BKR CHG ADENOVIRUS PCR QUANTITATIVE | 86603 | CPT | | | | both | | | 30 | 14.8 | Three Rivers | Three Rivers | 28.5 | 95 | | | 9 | | 28.5 percent of total billed charges | |
| BKR CHG ADENOVIRUS PCR QUANTITATIVE | 86603 | CPT | | | | both | | | 30 | 14.8 | Wellcare | Medicaid | 10 | | | | 9 | | 28.5 fee schedule | |
| BKR CHG ASPERGILLUS TERREUS IGG | 86606 | CPT | | | | both | | | 110 | 17.31 | Aetna | Better Health | 34.71 | 31.55 | | | 10 | | 104.5 percent of total billed charges | |
| BKR CHG ASPERGILLUS TERREUS IGG | 86606 | CPT | | | | both | | | 110 | 17.31 | Aetna | Medicare | 33.88 | 30.8 | | | 10 | | 104.5 percent of total billed charges | |
| BKR CHG ASPERGILLUS TERREUS IGG | 86606 | CPT | | | | both | | | 110 | 17.31 | Corrections | Corrections | 88 | 80 | | | 10 | | 104.5 percent of total billed charges | |
| BKR CHG ASPERGILLUS TERREUS IGG | 86606 | CPT | | | | both | | | 110 | 17.31 | Aetna | Commercial | 41.8 | 38 | | | 10 | | 104.5 percent of total billed charges | |
| BKR CHG ASPERGILLUS TERREUS IGG | 86606 | CPT | | | | both | | | 110 | 17.31 | First Health | First Health | 77 | 70 | | | 10 | | 104.5 percent of total billed charges | |
| BKR CHG ASPERGILLUS TERREUS IGG | 86606 | CPT | | | | both | | | 110 | 17.31 | Amerihealth | Medicare | 15.05 | | | | 10 | | 104.5 fee schedule | |
| BKR CHG ASPERGILLUS TERREUS IGG | 86606 | CPT | | | | both | | | 110 | 17.31 | Consumer | Consumer | 104.5 | 95 | | | 10 | | 104.5 percent of total billed charges | |
| BKR CHG ASPERGILLUS TERREUS IGG | 86606 | CPT | | | | both | | | 110 | 17.31 | Americare | Americare | 82.5 | 75 | | | 10 | | 104.5 percent of total billed charges | |
| BKR CHG ASPERGILLUS TERREUS IGG | 86606 | CPT | | | | both | | | 110 | 17.31 | Horizon | Medicare Blue | 33 | 30 | | | 10 | | 104.5 percent of total billed charges | |
| BKR CHG ASPERGILLUS TERREUS IGG | 86606 | CPT | | | | both | | | 110 | 17.31 | Horizon | MGD | 42.11 | 38.28 | | | 10 | | 104.5 percent of total billed charges | |
| BKR CHG ASPERGILLUS TERREUS IGG | 86606 | CPT | | | | both | | | 110 | 17.31 | Horizon | NJ Health | 21.56 | | | | 10 | | 104.5 fee schedule | |
| BKR CHG ASPERGILLUS TERREUS IGG | 86606 | CPT | | | | both | | | 110 | 17.31 | Horizon | Indemnity | 42.11 | 38.28 | | | 10 | | 104.5 percent of total billed charges | |
| BKR CHG ASPERGILLUS TERREUS IGG | 86606 | CPT | | | | both | | | 110 | 17.31 | Multiplan | Multiplan | 88 | 80 | | | 10 | | 104.5 percent of total billed charges | |
| BKR CHG ASPERGILLUS TERREUS IGG | 86606 | CPT | | | | both | | | 110 | 17.31 | First Trenton | First Trenton | 99 | 90 | | | 10 | | 104.5 percent of total billed charges | |
| BKR CHG ASPERGILLUS TERREUS IGG | 86606 | CPT | | | | both | | | 110 | 17.31 | Three Rivers | Three Rivers | 104.5 | 95 | | | 10 | | 104.5 percent of total billed charges | |
| BKR CHG ASPERGILLUS TERREUS IGG | 86606 | CPT | | | | both | | | 110 | 17.31 | Amerihealth | HMO/PPO | 39.6 | | | | 10 | | 104.5 fee schedule | |
| BKR CHG ASPERGILLUS TERREUS IGG | 86606 | CPT | | | | both | | | 110 | 17.31 | WellPoint | WellPoint | 35.4 | 32.18 | | | 10 | | 104.5 percent of total billed charges | |
| BKR CHG ASPERGILLUS TERREUS IGG | 86606 | CPT | | | | both | | | 110 | 17.31 | Horizon | PPO | 42.11 | 38.28 | | | 10 | | 104.5 percent of total billed charges | |
| BKR CHG ASPERGILLUS TERREUS IGG | 86606 | CPT | | | | both | | | 110 | 17.31 | Wellcare | Medicaid | 10 | | | | 10 | | 104.5 fee schedule | |
| BKR CHG ASPERGILLUS TERREUS IGG | 86606 | CPT | | | | both | | | 110 | 17.31 | UHC | Medicaid | 10 | | | | 10 | | 104.5 fee schedule | |
| BKR CHG ASPERGILLUS TERREUS IGG | 86606 | CPT | | | | both | | | 110 | 17.31 | Qualcare | Qualcare | 82.5 | 75 | | | 10 | | 104.5 percent of total billed charges | |
| BKR CHG ASPERGILLUS TERREUS IGG | 86606 | CPT | | | | both | | | 110 | 17.31 | Managed Care Inc | Managed Care Inc | 99 | 90 | | | 10 | | 104.5 percent of total billed charges | |
| BKR CHG ASPERGILLUS TERREUS IGG | 86606 | CPT | | | | both | | | 110 | 17.31 | UHC | Medicare | 15.05 | | | | 10 | | 104.5 fee schedule | |
| BKR CHG ASPERGILLUS TERREUS IGG | 86606 | CPT | | | | both | | | 110 | 17.31 | Wellcare | Medicare | 15.05 | | | | 10 | | 104.5 fee schedule | |
| BKR CHG MICROPOLYSPORA FAENI IGG | 86609 | CPT | | | | both | | | 593 | 14.81 | Multiplan | Multiplan | 474.4 | 80 | | | 10 | | 563.35 percent of total billed charges | |
| BKR CHG MICROPOLYSPORA FAENI IGG | 86609 | CPT | | | | both | | | 593 | 14.81 | Aetna | Medicare | 182.64 | 30.8 | | | 10 | | 563.35 percent of total billed charges | |
| BKR CHG MICROPOLYSPORA FAENI IGG | 86609 | CPT | | | | both | | | 593 | 14.81 | First Trenton | First Trenton | 533.7 | 90 | | | 10 | | 563.35 percent of total billed charges | |
| BKR CHG MICROPOLYSPORA FAENI IGG | 86609 | CPT | | | | both | | | 593 | 14.81 | Aetna | Better Health | 187.09 | 31.55 | | | 10 | | 563.35 percent of total billed charges | |
| BKR CHG MICROPOLYSPORA FAENI IGG | 86609 | CPT | | | | both | | | 593 | 14.81 | Americare | Americare | 444.75 | 75 | | | 10 | | 563.35 percent of total billed charges | |
| BKR CHG MICROPOLYSPORA FAENI IGG | 86609 | CPT | | | | both | | | 593 | 14.81 | Horizon | MGD | 227 | 38.28 | | | 10 | | 563.35 percent of total billed charges | |
| BKR CHG MICROPOLYSPORA FAENI IGG | 86609 | CPT | | | | both | | | 593 | 14.81 | Horizon | Indemnity | 227 | 38.28 | | | 10 | | 563.35 percent of total billed charges | |
| BKR CHG MICROPOLYSPORA FAENI IGG | 86609 | CPT | | | | both | | | 593 | 14.81 | Consumer | Consumer | 563.35 | 95 | | | 10 | | 563.35 percent of total billed charges | |
| BKR CHG MICROPOLYSPORA FAENI IGG | 86609 | CPT | | | | both | | | 593 | 14.81 | Qualcare | Qualcare | 444.75 | 75 | | | 10 | | 563.35 percent of total billed charges | |
| BKR CHG MICROPOLYSPORA FAENI IGG | 86609 | CPT | | | | both | | | 593 | 14.81 | Amerihealth | HMO/PPO | 22.8 | | | | 10 | | 563.35 fee schedule | |
| BKR CHG MICROPOLYSPORA FAENI IGG | 86609 | CPT | | | | both | | | 593 | 14.81 | Managed Care Inc | Managed Care Inc | 533.7 | 90 | | | 10 | | 563.35 percent of total billed charges | |
| BKR CHG MICROPOLYSPORA FAENI IGG | 86609 | CPT | | | | both | | | 593 | 14.81 | Aetna | Commercial | 225.34 | 38 | | | 10 | | 563.35 percent of total billed charges | |
| BKR CHG MICROPOLYSPORA FAENI IGG | 86609 | CPT | | | | both | | | 593 | 14.81 | Three Rivers | Three Rivers | 563.35 | 95 | | | 10 | | 563.35 percent of total billed charges | |
| BKR CHG MICROPOLYSPORA FAENI IGG | 86609 | CPT | | | | both | | | 593 | 14.81 | UHC | Medicare | 12.88 | | | | 10 | | 563.35 fee schedule | |
| BKR CHG MICROPOLYSPORA FAENI IGG | 86609 | CPT | | | | both | | | 593 | 14.81 | Horizon | PPO | 227 | 38.28 | | | 10 | | 563.35 percent of total billed charges | |
| BKR CHG MICROPOLYSPORA FAENI IGG | 86609 | CPT | | | | both | | | 593 | 14.81 | Corrections | Corrections | 474.4 | 80 | | | 10 | | 563.35 percent of total billed charges | |
| BKR CHG MICROPOLYSPORA FAENI IGG | 86609 | CPT | | | | both | | | 593 | 14.81 | UHC | Medicaid | 10 | | | | 10 | | 563.35 fee schedule | |
| BKR CHG MICROPOLYSPORA FAENI IGG | 86609 | CPT | | | | both | | | 593 | 14.81 | Amerihealth | Medicare | 12.88 | | | | 10 | | 563.35 fee schedule | |
| BKR CHG MICROPOLYSPORA FAENI IGG | 86609 | CPT | | | | both | | | 593 | 14.81 | Wellcare | Medicaid | 10 | | | | 10 | | 563.35 fee schedule | |
| BKR CHG MICROPOLYSPORA FAENI IGG | 86609 | CPT | | | | both | | | 593 | 14.81 | Horizon | Medicare Blue | 177.9 | 30 | | | 10 | | 563.35 percent of total billed charges | |
| BKR CHG MICROPOLYSPORA FAENI IGG | 86609 | CPT | | | | both | | | 593 | 14.81 | Wellcare | Medicare | 12.88 | | | | 10 | | 563.35 fee schedule | |
| BKR CHG MICROPOLYSPORA FAENI IGG | 86609 | CPT | | | | both | | | 593 | 14.81 | First Health | First Health | 415.1 | 70 | | | 10 | | 563.35 percent of total billed charges | |
| BKR CHG MICROPOLYSPORA FAENI IGG | 86609 | CPT | | | | both | | | 593 | 14.81 | Horizon | NJ Health | 19.6 | | | | 10 | | 563.35 fee schedule | |
| BKR CHG MICROPOLYSPORA FAENI IGG | 86609 | CPT | | | | both | | | 593 | 14.81 | WellPoint | WellPoint | 190.83 | 32.18 | | | 10 | | 563.35 percent of total billed charges | |
| BKR CHG B. QUINTANA IGM | 86611 | CPT | | | | both | | | 33 | 11.71 | Multiplan | Multiplan | 26.4 | 80 | | | 9.9 | | 31.35 percent of total billed charges | |
| BKR CHG B. QUINTANA IGM | 86611 | CPT | | | | both | | | 33 | 11.71 | UHC | Medicare | 10.18 | | | | 9.9 | | 31.35 fee schedule | |
| BKR CHG B. QUINTANA IGM | 86611 | CPT | | | | both | | | 33 | 11.71 | Consumer | Consumer | 31.35 | 95 | | | 9.9 | | 31.35 percent of total billed charges | |
| BKR CHG B. QUINTANA IGM | 86611 | CPT | | | | both | | | 33 | 11.71 | Wellcare | Medicare | 10.18 | | | | 9.9 | | 31.35 fee schedule | |
| BKR CHG B. QUINTANA IGM | 86611 | CPT | | | | both | | | 33 | 11.71 | Americare | Americare | 24.75 | 75 | | | 9.9 | | 31.35 percent of total billed charges | |
| BKR CHG B. QUINTANA IGM | 86611 | CPT | | | | both | | | 33 | 11.71 | Aetna | Medicare | 10.16 | 30.8 | | | 9.9 | | 31.35 percent of total billed charges | |
| BKR CHG B. QUINTANA IGM | 86611 | CPT | | | | both | | | 33 | 11.71 | Aetna | Better Health | 10.41 | 31.55 | | | 9.9 | | 31.35 percent of total billed charges | |
| BKR CHG B. QUINTANA IGM | 86611 | CPT | | | | both | | | 33 | 11.71 | First Trenton | First Trenton | 29.7 | 90 | | | 9.9 | | 31.35 percent of total billed charges | |
| BKR CHG B. QUINTANA IGM | 86611 | CPT | | | | both | | | 33 | 11.71 | Qualcare | Qualcare | 24.75 | 75 | | | 9.9 | | 31.35 percent of total billed charges | |
| BKR CHG B. QUINTANA IGM | 86611 | CPT | | | | both | | | 33 | 11.71 | Amerihealth | HMO/PPO | 15.1 | | | | 9.9 | | 31.35 fee schedule | |
| BKR CHG B. QUINTANA IGM | 86611 | CPT | | | | both | | | 33 | 11.71 | Corrections | Corrections | 26.4 | 80 | | | 9.9 | | 31.35 percent of total billed charges | |
| BKR CHG B. QUINTANA IGM | 86611 | CPT | | | | both | | | 33 | 11.71 | WellPoint | WellPoint | 10.62 | 32.18 | | | 9.9 | | 31.35 percent of total billed charges | |
| BKR CHG B. QUINTANA IGM | 86611 | CPT | | | | both | | | 33 | 11.71 | UHC | Medicaid | 11.2 | | | | 9.9 | | 31.35 fee schedule | |
| BKR CHG B. QUINTANA IGM | 86611 | CPT | | | | both | | | 33 | 11.71 | Amerihealth | Medicare | 10.18 | | | | 9.9 | | 31.35 fee schedule | |
| BKR CHG B. QUINTANA IGM | 86611 | CPT | | | | both | | | 33 | 11.71 | Aetna | Commercial | 12.54 | 38 | | | 9.9 | | 31.35 percent of total billed charges | |
| BKR CHG B. QUINTANA IGM | 86611 | CPT | | | | both | | | 33 | 11.71 | Horizon | Indemnity | 12.63 | 38.28 | | | 9.9 | | 31.35 percent of total billed charges | |
| BKR CHG B. QUINTANA IGM | 86611 | CPT | | | | both | | | 33 | 11.71 | Horizon | NJ Health | 11.31 | | | 0.7 | 9.9 | | 31.35 fee schedule | |
| BKR CHG B. QUINTANA IGM | 86611 | CPT | | | | both | | | 33 | 11.71 | First Health | First Health | 23.1 | 70 | | | 9.9 | | 31.35 percent of total billed charges | |
| BKR CHG B. QUINTANA IGM | 86611 | CPT | | | | both | | | 33 | 11.71 | Horizon | Medicare Blue | 9.9 | 30 | | | 9.9 | | 31.35 percent of total billed charges | |
| BKR CHG B. QUINTANA IGM | 86611 | CPT | | | | both | | | 33 | 11.71 | Horizon | PPO | 12.63 | 38.28 | | | 9.9 | | 31.35 percent of total billed charges | |
| BKR CHG B. QUINTANA IGM | 86611 | CPT | | | | both | | | 33 | 11.71 | Horizon | MGD | 12.63 | 38.28 | | | 9.9 | | 31.35 percent of total billed charges | |
| BKR CHG B. QUINTANA IGM | 86611 | CPT | | | | both | | | 33 | 11.71 | Managed Care Inc | Managed Care Inc | 29.7 | 90 | | | 9.9 | | 31.35 percent of total billed charges | |
| BKR CHG B. QUINTANA IGM | 86611 | CPT | | | | both | | | 33 | 11.71 | Three Rivers | Three Rivers | 31.35 | 95 | | | 9.9 | | 31.35 percent of total billed charges | |
| BKR CHG B. QUINTANA IGM | 86611 | CPT | | | | both | | | 33 | 11.71 | Wellcare | Medicaid | 11.2 | | | | 9.9 | | 31.35 fee schedule | |
| BKR CHG BLASTOMYCES.DERMATITIDIS.ABS | 86612 | CPT | | | | both | | | 238 | 14.84 | Multiplan | Multiplan | 190.4 | 80 | | | 8.7 | | 226.1 percent of total billed charges | |
| BKR CHG BLASTOMYCES.DERMATITIDIS.ABS | 86612 | CPT | | | | both | | | 238 | 14.84 | Aetna | Commercial | 90.44 | 38 | | | 8.7 | | 226.1 percent of total billed charges | |
| BKR CHG BLASTOMYCES.DERMATITIDIS.ABS | 86612 | CPT | | | | both | | | 238 | 14.84 | Aetna | Better Health | 75.09 | 31.55 | | | 8.7 | | 226.1 percent of total billed charges | |
| BKR CHG BLASTOMYCES.DERMATITIDIS.ABS | 86612 | CPT | | | | both | | | 238 | 14.84 | Corrections | Corrections | 190.4 | 80 | | | 8.7 | | 226.1 percent of total billed charges | |
| BKR CHG BLASTOMYCES.DERMATITIDIS.ABS | 86612 | CPT | | | | both | | | 238 | 14.84 | Qualcare | Qualcare | 178.5 | 75 | | | 8.7 | | 226.1 percent of total billed charges | |
| BKR CHG BLASTOMYCES.DERMATITIDIS.ABS | 86612 | CPT | | | | both | | | 238 | 14.84 | Amerihealth | HMO/PPO | 39.6 | | | | 8.7 | | 226.1 fee schedule | |
| BKR CHG BLASTOMYCES.DERMATITIDIS.ABS | 86612 | CPT | | | | both | | | 238 | 14.84 | Aetna | Medicare | 73.3 | 30.8 | | | 8.7 | | 226.1 percent of total billed charges | |
| BKR CHG BLASTOMYCES.DERMATITIDIS.ABS | 86612 | CPT | | | | both | | | 238 | 14.84 | Horizon | Indemnity | 91.11 | 38.28 | | | 8.7 | | 226.1 percent of total billed charges | |
| BKR CHG BLASTOMYCES.DERMATITIDIS.ABS | 86612 | CPT | | | | both | | | 238 | 14.84 | Americare | Americare | 178.5 | 75 | | | 8.7 | | 226.1 percent of total billed charges | |
| BKR CHG BLASTOMYCES.DERMATITIDIS.ABS | 86612 | CPT | | | | both | | | 238 | 14.84 | Horizon | MGD | 91.11 | 38.28 | | | 8.7 | | 226.1 percent of total billed charges | |
| BKR CHG BLASTOMYCES.DERMATITIDIS.ABS | 86612 | CPT | | | | both | | | 238 | 14.84 | Horizon | Medicare Blue | 71.4 | 30 | | | 8.7 | | 226.1 percent of total billed charges | |
| BKR CHG BLASTOMYCES.DERMATITIDIS.ABS | 86612 | CPT | | | | both | | | 238 | 14.84 | First Trenton | First Trenton | 214.2 | 90 | | | 8.7 | | 226.1 percent of total billed charges | |
| BKR CHG BLASTOMYCES.DERMATITIDIS.ABS | 86612 | CPT | | | | both | | | 236 | 14.84 | Consumer | Consumer | 226.1 | 95 | | | 8.7 | | 226.1 percent of total billed charges | |
| BKR CHG BLASTOMYCES.DERMATITIDIS.ABS | 86612 | CPT | | | | both | | | 238 | 14.84 | Amerihealth | Medicare | 12.9 | | | | 8.7 | | 226.1 fee schedule | |
| BKR CHG BLASTOMYCES.DERMATITIDIS.ABS | 86612 | CPT | | | | both | | | 238 | 14.84 | UHC | Medicaid | 10 | | | | 8.7 | | 226.1 fee schedule | |
| BKR CHG BLASTOMYCES.DERMATITIDIS.ABS | 86612 | CPT | | | | both | | | 238 | 14.84 | Horizon | PPO | 91.11 | 38.28 | | | 8.7 | | 226.1 percent of total billed charges | |
| BKR CHG BLASTOMYCES.DERMATITIDIS.ABS | 86612 | CPT | | | | both | | | 238 | 14.84 | Wellcare | Medicare | 12.9 | | | | 8.7 | | 226.1 fee schedule | |
| BKR CHG BLASTOMYCES.DERMATITIDIS.ABS | 86612 | CPT | | | | both | | | 238 | 14.84 | UHC | Medicare | 12.9 | | | | 8.7 | | 226.1 fee schedule | |
| BKR CHG BLASTOMYCES.DERMATITIDIS.ABS | 86612 | CPT | | | | both | | | 238 | 14.84 | Horizon | NJ Health | 21.56 | | | | 8.7 | | 226.1 fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG BLASTOMYCES.DERMATITIDIS.ABS | 86612 | CPT | | | | both | | | 238 | 14.84 | First Health | First Health | 166.6 | 70 | | | 8.7 | 226.1 | percent of total billed charges | |
| BKR CHG BLASTOMYCES.DERMATITIDIS.ABS | 86612 | CPT | | | | both | | | 238 | 14.84 | Three Rivers | Three Rivers | 226.1 | 95 | | | 8.7 | 226.1 | percent of total billed charges | |
| BKR CHG BLASTOMYCES.DERMATITIDIS.ABS | 86612 | CPT | | | | both | | | 238 | 14.84 | WellPoint | WellPoint | 76.59 | 32.18 | | | 8.7 | 226.1 | percent of total billed charges | |
| BKR CHG BLASTOMYCES.DERMATITIDIS.ABS | 86612 | CPT | | | | both | | | 238 | 14.84 | Managed Care Inc | Managed Care Inc | 214.2 | 90 | | | 8.7 | 226.1 | percent of total billed charges | |
| BKR CHG BLASTOMYCES.DERMATITIDIS.ABS | 86612 | CPT | | | | both | | | 238 | 14.84 | Wellcare | Medicaid | 10 | | | | 8.7 | 226.1 | fee schedule | |
| BKR CHG B.PERTUSSIS.IGG/IGM. AB | 86615 | CPT | | | | outpatient | | | 154 | 15.17 | Horizon | Indemnity | 58.95 | 38.28 | | | 10 | 146.3 | percent of total billed charges | |
| BKR CHG B.PERTUSSIS.IGG/IGM. AB | 86615 | CPT | | | | outpatient | | | 154 | 15.17 | First Health | First Health | 107.8 | 70 | | | 10 | 146.3 | percent of total billed charges | |
| BKR CHG B.PERTUSSIS.IGG/IGM. AB | 86615 | CPT | | | | outpatient | | | 154 | 15.17 | First Trenton | First Trenton | 138.6 | 90 | | | 10 | 146.3 | percent of total billed charges | |
| BKR CHG B.PERTUSSIS.IGG/IGM. AB | 86615 | CPT | | | | outpatient | | | 154 | 15.17 | Corrections | Corrections | 123.2 | 80 | | | 10 | 146.3 | percent of total billed charges | |
| BKR CHG B.PERTUSSIS.IGG/IGM. AB | 86615 | CPT | | | | outpatient | | | 154 | 15.17 | Multiplan | Multiplan | 123.2 | 80 | | | 10 | 146.3 | percent of total billed charges | |
| BKR CHG B.PERTUSSIS.IGG/IGM. AB | 86615 | CPT | | | | outpatient | | | 154 | 15.17 | Aetna | Commercial | 58.52 | 38 | | | 10 | 146.3 | percent of total billed charges | |
| BKR CHG B.PERTUSSIS.IGG/IGM. AB | 86615 | CPT | | | | outpatient | | | 154 | 15.17 | Americare | Americare | 115.5 | 75 | | | 10 | 146.3 | percent of total billed charges | |
| BKR CHG B.PERTUSSIS.IGG/IGM. AB | 86615 | CPT | | | | outpatient | | | 154 | 15.17 | Aetna | Better Health | 48.59 | 31.55 | | | 10 | 146.3 | percent of total billed charges | |
| BKR CHG B.PERTUSSIS.IGG/IGM. AB | 86615 | CPT | | | | outpatient | | | 154 | 15.17 | Qualcare | Qualcare | 115.5 | 75 | | | 10 | 146.3 | percent of total billed charges | |
| BKR CHG B.PERTUSSIS.IGG/IGM. AB | 86615 | CPT | | | | outpatient | | | 154 | 15.17 | UHC | Medicare | 13.19 | | | | 10 | 146.3 | fee schedule | |
| BKR CHG B.PERTUSSIS.IGG/IGM. AB | 86615 | CPT | | | | outpatient | | | 154 | 15.17 | Horizon | PPO | 58.95 | 38.28 | | | 10 | 146.3 | percent of total billed charges | |
| BKR CHG B.PERTUSSIS.IGG/IGM. AB | 86615 | CPT | | | | outpatient | | | 154 | 15.17 | WellPoint | WellPoint | 49.56 | 32.18 | | | 10 | 146.3 | percent of total billed charges | |
| BKR CHG B.PERTUSSIS.IGG/IGM. AB | 86615 | CPT | | | | outpatient | | | 154 | 15.17 | Amerihealth | HMO/PPO | 34.2 | | | | 10 | 146.3 | fee schedule | |
| BKR CHG B.PERTUSSIS.IGG/IGM. AB | 86615 | CPT | | | | outpatient | | | 154 | 15.17 | Aetna | Medicare | 47.43 | 30.8 | | | 10 | 146.3 | percent of total billed charges | |
| BKR CHG B.PERTUSSIS.IGG/IGM. AB | 86615 | CPT | | | | outpatient | | | 154 | 15.17 | Managed Care Inc | Managed Care Inc | 138.6 | 90 | | | 10 | 146.3 | percent of total billed charges | |
| BKR CHG B.PERTUSSIS.IGG/IGM. AB | 86615 | CPT | | | | outpatient | | | 154 | 15.17 | Consumer | Consumer | 146.3 | 95 | | | 10 | 146.3 | percent of total billed charges | |
| BKR CHG B.PERTUSSIS.IGG/IGM. AB | 86615 | CPT | | | | outpatient | | | 154 | 15.17 | UHC | Medicaid | 10 | | | | 10 | 146.3 | fee schedule | |
| BKR CHG B.PERTUSSIS.IGG/IGM. AB | 86615 | CPT | | | | outpatient | | | 154 | 15.17 | Amerihealth | Medicare | 13.19 | | | | 10 | 146.3 | fee schedule | |
| BKR CHG B.PERTUSSIS.IGG/IGM. AB | 86615 | CPT | | | | outpatient | | | 154 | 15.17 | Wellcare | Medicaid | 10 | | | | 10 | 146.3 | fee schedule | |
| BKR CHG B.PERTUSSIS.IGG/IGM. AB | 86615 | CPT | | | | outpatient | | | 154 | 15.17 | Horizon | Medicare Blue | 46.2 | 30 | | | 10 | 146.3 | percent of total billed charges | |
| BKR CHG B.PERTUSSIS.IGG/IGM. AB | 86615 | CPT | | | | outpatient | | | 154 | 15.17 | Wellcare | Medicare | 13.19 | | | | 10 | 146.3 | fee schedule | |
| BKR CHG B.PERTUSSIS.IGG/IGM. AB | 86615 | CPT | | | | outpatient | | | 154 | 15.17 | Horizon | MGD | 58.95 | 38.28 | | | 10 | 146.3 | percent of total billed charges | |
| BKR CHG B.PERTUSSIS.IGG/IGM. AB | 86615 | CPT | | | | outpatient | | | 154 | 15.17 | Horizon | NJ Health | 19.6 | | | | 10 | 146.3 | fee schedule | |
| BKR CHG B.PERTUSSIS.IGG/IGM. AB | 86615 | CPT | | | | outpatient | | | 154 | 15.17 | Three Rivers | Three Rivers | 146.3 | 95 | | | 10 | 146.3 | percent of total billed charges | |
| BKR CHG LYME WESTERN BLOT SERUM | 86617 | CPT | | | | both | | | 311 | 17.81 | Consumer | Consumer | 295.45 | 95 | | | 15 | 295.45 | percent of total billed charges | |
| BKR CHG LYME WESTERN BLOT SERUM | 86617 | CPT | | | | both | | | 311 | 17.81 | Aetna | Medicare | 95.79 | 30.8 | | 3.59 | 15 | 295.45 | percent of total billed charges | |
| BKR CHG LYME WESTERN BLOT SERUM | 86617 | CPT | | | | both | | | 311 | 17.81 | Multiplan | Multiplan | 248.8 | 80 | | | 15 | 295.45 | percent of total billed charges | |
| BKR CHG LYME WESTERN BLOT SERUM | 86617 | CPT | | | | both | | | 311 | 17.81 | Horizon | Medicare Blue | 93.3 | 30 | | 26.05 | 15 | 295.45 | percent of total billed charges | |
| BKR CHG LYME WESTERN BLOT SERUM | 86617 | CPT | | | | both | | | 311 | 17.81 | Aetna | Better Health | 98.12 | 31.55 | | 67.83 | 15 | 295.45 | percent of total billed charges | |
| BKR CHG LYME WESTERN BLOT SERUM | 86617 | CPT | | | | both | | | 311 | 17.81 | Americare | Americare | 233.25 | 75 | | | 15 | 295.45 | percent of total billed charges | |
| BKR CHG LYME WESTERN BLOT SERUM | 86617 | CPT | | | | both | | | 311 | 17.81 | Corrections | Corrections | 248.8 | 80 | | | 15 | 295.45 | percent of total billed charges | |
| BKR CHG LYME WESTERN BLOT SERUM | 86617 | CPT | | | | both | | | 311 | 17.81 | Aetna | Commercial | 118.18 | 38 | | 69.74 | 15 | 295.45 | percent of total billed charges | |
| BKR CHG LYME WESTERN BLOT SERUM | 86617 | CPT | | | | both | | | 311 | 17.81 | First Health | First Health | 217.7 | 70 | | | 15 | 295.45 | percent of total billed charges | |
| BKR CHG LYME WESTERN BLOT SERUM | 86617 | CPT | | | | both | | | 311 | 17.81 | Amerihealth | HMO/PPO | 21.4 | | | | 15 | 295.45 | fee schedule | |
| BKR CHG LYME WESTERN BLOT SERUM | 86617 | CPT | | | | both | | | 311 | 17.81 | Qualcare | Qualcare | 233.25 | 75 | | | 15 | 295.45 | percent of total billed charges | |
| BKR CHG LYME WESTERN BLOT SERUM | 86617 | CPT | | | | both | | | 311 | 17.81 | WellPoint | WellPoint | 100.08 | 32.18 | | 42.54 | 15 | 295.45 | percent of total billed charges | |
| BKR CHG LYME WESTERN BLOT SERUM | 86617 | CPT | | | | both | | | 311 | 17.81 | Horizon | PPO | 119.05 | 38.28 | | 31.3 | 15 | 295.45 | percent of total billed charges | |
| BKR CHG LYME WESTERN BLOT SERUM | 86617 | CPT | | | | both | | | 311 | 17.81 | Horizon | MGD | 119.05 | 38.28 | | 21.82 | 15 | 295.45 | percent of total billed charges | |
| BKR CHG LYME WESTERN BLOT SERUM | 86617 | CPT | | | | both | | | 311 | 17.81 | First Trenton | First Trenton | 279.9 | 90 | | | 15 | 295.45 | percent of total billed charges | |
| BKR CHG LYME WESTERN BLOT SERUM | 86617 | CPT | | | | both | | | 311 | 17.81 | Horizon | NJ Health | 37.24 | | | 7.34 | 15 | 295.45 | fee schedule | |
| BKR CHG LYME WESTERN BLOT SERUM | 86617 | CPT | | | | both | | | 311 | 17.81 | Horizon | Indemnity | 119.05 | 38.28 | | | 15 | 295.45 | percent of total billed charges | |
| BKR CHG LYME WESTERN BLOT SERUM | 86617 | CPT | | | | both | | | 311 | 17.81 | Amerihealth | Medicare | 15.49 | | | | 15 | 295.45 | fee schedule | |
| BKR CHG LYME WESTERN BLOT SERUM | 86617 | CPT | | | | both | | | 311 | 17.81 | UHC | Medicare | 15.49 | | | 27.28 | 15 | 295.45 | fee schedule | |
| BKR CHG LYME WESTERN BLOT SERUM | 86617 | CPT | | | | both | | | 311 | 17.81 | Three Rivers | Three Rivers | 295.45 | 95 | | | 15 | 295.45 | percent of total billed charges | |
| BKR CHG LYME WESTERN BLOT SERUM | 86617 | CPT | | | | both | | | 311 | 17.81 | UHC | Medicaid | 19 | | | 56.58 | 15 | 295.45 | fee schedule | |
| BKR CHG LYME WESTERN BLOT SERUM | 86617 | CPT | | | | both | | | 311 | 17.81 | Wellcare | Medicare | 15.49 | | | | 15 | 295.45 | fee schedule | |
| BKR CHG LYME WESTERN BLOT SERUM | 86617 | CPT | | | | both | | | 311 | 17.81 | Managed Care Inc | Managed Care Inc | 279.9 | 90 | | | 15 | 295.45 | percent of total billed charges | |
| BKR CHG LYME WESTERN BLOT SERUM | 86617 | CPT | | | | both | | | 311 | 17.81 | Wellcare | Medicaid | 19 | | | | 15 | 295.45 | fee schedule | |
| BKR CHG LYME,AB/LINE BLOT.RFX(258004) | 86618 | CPT | | | | both | | | 472 | 19.58 | First Trenton | First Trenton | 424.8 | 90 | | | 10.8 | 448.4 | percent of total billed charges | |
| BKR CHG LYME,AB/LINE BLOT.RFX(258004) | 86618 | CPT | | | | both | | | 472 | 19.58 | Aetna | Better Health | 148.92 | 31.55 | | | 10.8 | 448.4 | percent of total billed charges | |
| BKR CHG LYME,AB/LINE BLOT.RFX(258004) | 86618 | CPT | | | | both | | | 472 | 19.58 | Multiplan | Multiplan | 377.6 | 80 | | | 10.8 | 448.4 | percent of total billed charges | |
| BKR CHG LYME,AB/LINE BLOT.RFX(258004) | 86618 | CPT | | | | both | | | 472 | 19.58 | Horizon | MGD | 180.68 | 38.28 | | 9.95 | 10.8 | 448.4 | percent of total billed charges | |
| BKR CHG LYME,AB/LINE BLOT.RFX(258004) | 86618 | CPT | | | | both | | | 472 | 19.58 | Americare | Americare | 354 | 75 | | | 10.8 | 448.4 | percent of total billed charges | |
| BKR CHG LYME,AB/LINE BLOT.RFX(258004) | 86618 | CPT | | | | both | | | 472 | 19.58 | Consumer | Consumer | 448.4 | 95 | | | 10.8 | 448.4 | percent of total billed charges | |
| BKR CHG LYME,AB/LINE BLOT.RFX(258004) | 86618 | CPT | | | | both | | | 472 | 19.58 | Corrections | Corrections | 377.6 | 80 | | | 10.8 | 448.4 | percent of total billed charges | |
| BKR CHG LYME,AB/LINE BLOT.RFX(258004) | 86618 | CPT | | | | both | | | 472 | 19.58 | Aetna | Commercial | 179.36 | 38 | | | 10.8 | 448.4 | percent of total billed charges | |
| BKR CHG LYME,AB/LINE BLOT.RFX(258004) | 86618 | CPT | | | | both | | | 472 | 19.58 | Horizon | PPO | 180.68 | 38.28 | | | 10.8 | 448.4 | percent of total billed charges | |
| BKR CHG LYME,AB/LINE BLOT.RFX(258004) | 86618 | CPT | | | | both | | | 472 | 19.58 | First Health | First Health | 330.4 | 70 | | | 10.8 | 448.4 | percent of total billed charges | |
| BKR CHG LYME,AB/LINE BLOT.RFX(258004) | 86618 | CPT | | | | both | | | 472 | 19.58 | Qualcare | Qualcare | 354 | 75 | | | 10.8 | 448.4 | percent of total billed charges | |
| BKR CHG LYME,AB/LINE BLOT.RFX(258004) | 86618 | CPT | | | | both | | | 472 | 19.58 | Wellcare | Medicare | 17.03 | | | | 10.8 | 448.4 | fee schedule | |
| BKR CHG LYME,AB/LINE BLOT.RFX(258004) | 86618 | CPT | | | | both | | | 472 | 19.58 | Amerihealth | HMO/PPO | 24.2 | | | | 10.8 | 448.4 | fee schedule | |
| BKR CHG LYME,AB/LINE BLOT.RFX(258004) | 86618 | CPT | | | | both | | | 472 | 19.58 | Horizon | Indemnity | 180.68 | 38.28 | | 8.7 | 10.8 | 448.4 | percent of total billed charges | |
| BKR CHG LYME,AB/LINE BLOT.RFX(258004) | 86618 | CPT | | | | both | | | 472 | 19.58 | Horizon | NJ Health | 57.82 | | | 0.88 | 10.8 | 448.4 | fee schedule | |
| BKR CHG LYME,AB/LINE BLOT.RFX(258004) | 86618 | CPT | | | | both | | | 472 | 19.58 | Aetna | Medicare | 145.38 | 30.8 | | | 10.8 | 448.4 | percent of total billed charges | |
| BKR CHG LYME,AB/LINE BLOT.RFX(258004) | 86618 | CPT | | | | both | | | 472 | 19.58 | Managed Care Inc | Managed Care Inc | 424.8 | 90 | | | 10.8 | 448.4 | percent of total billed charges | |
| BKR CHG LYME,AB/LINE BLOT.RFX(258004) | 86618 | CPT | | | | both | | | 472 | 19.58 | Horizon | Medicare Blue | 141.6 | 30 | | | 10.8 | 448.4 | percent of total billed charges | |
| BKR CHG LYME,AB/LINE BLOT.RFX(258004) | 86618 | CPT | | | | both | | | 472 | 19.58 | Three Rivers | Three Rivers | 448.4 | 95 | | | 10.8 | 448.4 | percent of total billed charges | |
| BKR CHG LYME,AB/LINE BLOT.RFX(258004) | 86618 | CPT | | | | both | | | 472 | 19.58 | Amerihealth | Medicare | 17.03 | | | | 10.8 | 448.4 | fee schedule | |
| BKR CHG LYME,AB/LINE BLOT.RFX(258004) | 86618 | CPT | | | | both | | | 472 | 19.58 | Wellcare | Medicaid | 23 | | | | 10.8 | 448.4 | fee schedule | |
| BKR CHG LYME,AB/LINE BLOT.RFX(258004) | 86618 | CPT | | | | both | | | 472 | 19.58 | UHC | Medicare | 17.03 | | | 8.91 | 10.8 | 448.4 | fee schedule | |
| BKR CHG LYME,AB/LINE BLOT.RFX(258004) | 86618 | CPT | | | | both | | | 472 | 19.58 | UHC | Medicaid | 23 | | | 12.19 | 10.8 | 448.4 | fee schedule | |
| BKR CHG LYME,AB/LINE BLOT.RFX(258004) | 86618 | CPT | | | | both | | | 472 | 19.58 | WellPoint | WellPoint | 151.89 | 32.18 | | 21.8 | 10.8 | 448.4 | percent of total billed charges | |
| BKR CHG BRUCELLA TOTAL AB CONF AGGLUT | 86622 | CPT | | | | both | | | 55 | 10.27 | Aetna | Better Health | 17.35 | 31.55 | | | 8 | 52.25 | percent of total billed charges | |
| BKR CHG BRUCELLA TOTAL AB CONF AGGLUT | 86622 | CPT | | | | both | | | 55 | 10.27 | Horizon | Indemnity | 21.05 | 38.28 | | | 8 | 52.25 | percent of total billed charges | |
| BKR CHG BRUCELLA TOTAL AB CONF AGGLUT | 86622 | CPT | | | | both | | | 55 | 10.27 | Amerihealth | Medicare | 8.93 | | | | 8 | 52.25 | fee schedule | |
| BKR CHG BRUCELLA TOTAL AB CONF AGGLUT | 86622 | CPT | | | | both | | | 55 | 10.27 | Corrections | Corrections | 44 | 80 | | | 8 | 52.25 | percent of total billed charges | |
| BKR CHG BRUCELLA TOTAL AB CONF AGGLUT | 86622 | CPT | | | | both | | | 55 | 10.27 | Amerihealth | HMO/PPO | 10.8 | | | | 8 | 52.25 | fee schedule | |
| BKR CHG BRUCELLA TOTAL AB CONF AGGLUT | 86622 | CPT | | | | both | | | 55 | 10.27 | Americare | Americare | 41.25 | 75 | | | 8 | 52.25 | percent of total billed charges | |
| BKR CHG BRUCELLA TOTAL AB CONF AGGLUT | 86622 | CPT | | | | both | | | 55 | 10.27 | Horizon | PPO | 21.05 | 38.28 | | | 8 | 52.25 | percent of total billed charges | |
| BKR CHG BRUCELLA TOTAL AB CONF AGGLUT | 86622 | CPT | | | | both | | | 55 | 10.27 | Aetna | Medicare | 16.94 | 30.8 | | | 8 | 52.25 | percent of total billed charges | |
| BKR CHG BRUCELLA TOTAL AB CONF AGGLUT | 86622 | CPT | | | | both | | | 55 | 10.27 | Aetna | Commercial | 20.9 | 38 | | | 8 | 52.25 | percent of total billed charges | |
| BKR CHG BRUCELLA TOTAL AB CONF AGGLUT | 86622 | CPT | | | | both | | | 55 | 10.27 | Horizon | Medicare Blue | 16.5 | 30 | | | 8 | 52.25 | percent of total billed charges | |
| BKR CHG BRUCELLA TOTAL AB CONF AGGLUT | 86622 | CPT | | | | both | | | 55 | 10.27 | First Trenton | First Trenton | 49.5 | 90 | | | 8 | 52.25 | percent of total billed charges | |
| BKR CHG BRUCELLA TOTAL AB CONF AGGLUT | 86622 | CPT | | | | both | | | 55 | 10.27 | Consumer | Consumer | 52.25 | 95 | | | 8 | 52.25 | percent of total billed charges | |
| BKR CHG BRUCELLA TOTAL AB CONF AGGLUT | 86622 | CPT | | | | both | | | 55 | 10.27 | First Health | First Health | 38.5 | 70 | | | 8 | 52.25 | percent of total billed charges | |
| BKR CHG BRUCELLA TOTAL AB CONF AGGLUT | 86622 | CPT | | | | both | | | 55 | 10.27 | Multiplan | Multiplan | 44 | 80 | | | 8 | 52.25 | percent of total billed charges | |
| BKR CHG BRUCELLA TOTAL AB CONF AGGLUT | 86622 | CPT | | | | both | | | 55 | 10.27 | Three Rivers | Three Rivers | 52.25 | 95 | | | 8 | 52.25 | percent of total billed charges | |
| BKR CHG BRUCELLA TOTAL AB CONF AGGLUT | 86622 | CPT | | | | both | | | 55 | 10.27 | Horizon | MGD | 21.05 | 38.28 | | | 8 | 52.25 | percent of total billed charges | |
| BKR CHG BRUCELLA TOTAL AB CONF AGGLUT | 86622 | CPT | | | | both | | | 55 | 10.27 | Wellcare | Medicare | 8.93 | | | | 8 | 52.25 | fee schedule | |
| BKR CHG BRUCELLA TOTAL AB CONF AGGLUT | 86622 | CPT | | | | both | | | 55 | 10.27 | Qualcare | Qualcare | 41.25 | 75 | | | 8 | 52.25 | percent of total billed charges | |
| BKR CHG BRUCELLA TOTAL AB CONF AGGLUT | 86622 | CPT | | | | both | | | 55 | 10.27 | Managed Care Inc | Managed Care Inc | 49.5 | 90 | | | 8 | 52.25 | percent of total billed charges | |
| BKR CHG BRUCELLA TOTAL AB CONF AGGLUT | 86622 | CPT | | | | both | | | 55 | 10.27 | Horizon | NJ Health | 15.68 | | | | 8 | 52.25 | fee schedule | |
| BKR CHG BRUCELLA TOTAL AB CONF AGGLUT | 86622 | CPT | | | | both | | | 55 | 10.27 | UHC | Medicaid | 8 | | | | 8 | 52.25 | fee schedule | |
| BKR CHG BRUCELLA TOTAL AB CONF AGGLUT | 86622 | CPT | | | | both | | | 55 | 10.27 | Wellcare | Medicaid | 8 | | | | 8 | 52.25 | fee schedule | |
| BKR CHG BRUCELLA TOTAL AB CONF AGGLUT | 86622 | CPT | | | | both | | | 55 | 10.27 | WellPoint | WellPoint | 17.7 | 32.18 | | | 8 | 52.25 | percent of total billed charges | |
| BKR CHG BRUCELLA TOTAL AB CONF AGGLUT | 86622 | CPT | | | | both | | | 55 | 10.27 | UHC | Medicare | 8.93 | | | | 8 | 52.25 | fee schedule | |
| BKR CHG CAMPYLOBACTER JEJUNI AB | 86625 | CPT | | | | outpatient | | | 640 | 15.09 | Aetna | Medicare | 197.12 | 30.8 | | | 10 | 608 | percent of total billed charges | |
| BKR CHG CAMPYLOBACTER JEJUNI AB | 86625 | CPT | | | | outpatient | | | 640 | 15.09 | Aetna | Better Health | 201.92 | 31.55 | | | 10 | 608 | percent of total billed charges | |
| BKR CHG CAMPYLOBACTER JEJUNI AB | 86625 | CPT | | | | outpatient | | | 640 | 15.09 | Amerihealth | Medicare | 13.12 | | | | 10 | 608 | fee schedule | |
| BKR CHG CAMPYLOBACTER JEJUNI AB | 86625 | CPT | | | | outpatient | | | 640 | 15.09 | Americare | Americare | 480 | 75 | | | 10 | 608 | percent of total billed charges | |
| BKR CHG CAMPYLOBACTER JEJUNI AB | 86625 | CPT | | | | outpatient | | | 640 | 15.09 | Consumer | Consumer | 608 | 95 | | | 10 | 608 | percent of total billed charges | |
| BKR CHG CAMPYLOBACTER JEJUNI AB | 86625 | CPT | | | | outpatient | | | 640 | 15.09 | Aetna | Commercial | 243.2 | 38 | | | 10 | 608 | percent of total billed charges | |
| BKR CHG CAMPYLOBACTER JEJUNI AB | 86625 | CPT | | | | outpatient | | | 640 | 15.09 | Corrections | Corrections | 512 | 80 | | | 10 | 608 | percent of total billed charges | |
| BKR CHG CAMPYLOBACTER JEJUNI AB | 86625 | CPT | | | | outpatient | | | 640 | 15.09 | First Health | First Health | 448 | 70 | | | 10 | 608 | percent of total billed charges | |
| BKR CHG CAMPYLOBACTER JEJUNI AB | 86625 | CPT | | | | outpatient | | | 640 | 15.09 | Multiplan | Multiplan | 512 | 80 | | | 10 | 608 | percent of total billed charges | |
| BKR CHG CAMPYLOBACTER JEJUNI AB | 86625 | CPT | | | | outpatient | | | 640 | 15.09 | Horizon | Medicare Blue | 192 | 30 | | | 10 | 608 | percent of total billed charges | |
| BKR CHG CAMPYLOBACTER JEJUNI AB | 86625 | CPT | | | | outpatient | | | 640 | 15.09 | First Trenton | First Trenton | 576 | 90 | | | 10 | 608 | percent of total billed charges | |
| BKR CHG CAMPYLOBACTER JEJUNI AB | 86625 | CPT | | | | outpatient | | | 640 | 15.09 | Amerihealth | HMO/PPO | 22.8 | | | | 10 | 608 | fee schedule | |
| BKR CHG CAMPYLOBACTER JEJUNI AB | 86625 | CPT | | | | outpatient | | | 640 | 15.09 | Qualcare | Qualcare | 480 | 75 | | | 10 | 608 | percent of total billed charges | |
| BKR CHG CAMPYLOBACTER JEJUNI AB | 86625 | CPT | | | | outpatient | | | 640 | 15.09 | UHC | Medicaid | 10 | | | | 10 | 608 | fee schedule | |
| BKR CHG CAMPYLOBACTER JEJUNI AB | 86625 | CPT | | | | outpatient | | | 640 | 15.09 | Horizon | Indemnity | 244.99 | 38.28 | | | 10 | 608 | percent of total billed charges | |
| BKR CHG CAMPYLOBACTER JEJUNI AB | 86625 | CPT | | | | outpatient | | | 640 | 15.09 | UHC | Medicare | 13.12 | | | | 10 | 608 | fee schedule | |
| BKR CHG CAMPYLOBACTER JEJUNI AB | 86625 | CPT | | | | outpatient | | | 640 | 15.09 | Horizon | NJ Health | 21.56 | | | | 10 | 608 | fee schedule | |
| BKR CHG CAMPYLOBACTER JEJUNI AB | 86625 | CPT | | | | outpatient | | | 640 | 15.09 | Wellcare | Medicare | 13.12 | | | | 10 | 608 | fee schedule | |
| BKR CHG CAMPYLOBACTER JEJUNI AB | 86625 | CPT | | | | outpatient | | | 640 | 15.09 | WellPoint | WellPoint | 205.95 | 32.18 | | | 10 | 608 | percent of total billed charges | |
| BKR CHG CAMPYLOBACTER JEJUNI AB | 86625 | CPT | | | | outpatient | | | 640 | 15.09 | Horizon | MGD | 244.99 | 38.28 | | | 10 | 608 | percent of total billed charges | |
| BKR CHG CAMPYLOBACTER JEJUNI AB | 86625 | CPT | | | | outpatient | | | 640 | 15.09 | Horizon | PPO | 244.99 | 38.28 | | | 10 | 608 | percent of total billed charges | |
| BKR CHG CAMPYLOBACTER JEJUNI AB | 86625 | CPT | | | | outpatient | | | 640 | 15.09 | Managed Care Inc | Managed Care Inc | 576 | 90 | | | 10 | 608 | percent of total billed charges | |
| BKR CHG CAMPYLOBACTER JEJUNI AB | 86625 | CPT | | | | outpatient | | | 640 | 15.09 | Three Rivers | Three Rivers | 608 | 95 | | | 10 | 608 | percent of total billed charges | |
| BKR CHG CAMPYLOBACTER JEJUNI AB | 86625 | CPT | | | | outpatient | | | 640 | 15.09 | Wellcare | Medicaid | 10 | | | | 10 | 608 | fee schedule | |
| BKR CHG CHLAMYDIA PSITTACI IGG AB | 86631 | CPT | | | | both | | | 564 | 13.59 | Horizon | Indemnity | 215.9 | 38.28 | | | 9.6 | 535.8 | percent of total billed charges | |
| BKR CHG CHLAMYDIA PSITTACI IGG AB | 86631 | CPT | | | | both | | | 564 | 13.59 | Aetna | Better Health | 177.94 | 31.55 | | | 9.6 | 535.8 | percent of total billed charges | |
| BKR CHG CHLAMYDIA PSITTACI IGG AB | 86631 | CPT | | | | both | | | 564 | 13.59 | Horizon | MGD | 215.9 | 38.28 | | | 9.6 | 535.8 | percent of total billed charges | |
| BKR CHG CHLAMYDIA PSITTACI IGG AB | 86631 | CPT | | | | both | | | 564 | 13.59 | Aetna | Medicare | 173.71 | 30.8 | | | 9.6 | 535.8 | percent of total billed charges | |
| BKR CHG CHLAMYDIA PSITTACI IGG AB | 86631 | CPT | | | | both | | | 564 | 13.59 | Americare | Americare | 423 | 75 | | | 9.6 | 535.8 | percent of total billed charges | |
| BKR CHG CHLAMYDIA PSITTACI IGG AB | 86631 | CPT | | | | both | | | 564 | 13.59 | UHC | Medicare | 11.82 | | | | 9.6 | 535.8 | fee schedule | |
| BKR CHG CHLAMYDIA PSITTACI IGG AB | 86631 | CPT | | | | both | | | 564 | 13.59 | Corrections | Corrections | 451.2 | 80 | | | 9.6 | 535.8 | percent of total billed charges | |
| BKR CHG CHLAMYDIA PSITTACI IGG AB | 86631 | CPT | | | | both | | | 564 | 13.59 | Consumer | Consumer | 535.8 | 95 | | | 9.6 | 535.8 | percent of total billed charges | |
| BKR CHG CHLAMYDIA PSITTACI IGG AB | 86631 | CPT | | | | both | | | 564 | 13.59 | Horizon | PPO | 215.9 | 38.28 | | | 9.6 | 535.8 | percent of total billed charges | |
| BKR CHG CHLAMYDIA PSITTACI IGG AB | 86631 | CPT | | | | both | | | 564 | 13.59 | Aetna | Commercial | 214.32 | 38 | | | 9.6 | 535.8 | percent of total billed charges | |
| BKR CHG CHLAMYDIA PSITTACI IGG AB | 86631 | CPT | | | | both | | | 564 | 13.59 | Multiplan | Multiplan | 451.2 | 80 | | | 9.6 | 535.8 | percent of total billed charges | |
| BKR CHG CHLAMYDIA PSITTACI IGG AB | 86631 | CPT | | | | both | | | 564 | 13.59 | First Health | First Health | 394.8 | 70 | | | 9.6 | 535.8 | percent of total billed charges | |
| BKR CHG CHLAMYDIA PSITTACI IGG AB | 86631 | CPT | | | | both | | | 564 | 13.59 | Amerihealth | HMO/PPO | 11.5 | | | | 9.6 | 535.8 | fee schedule | |
| BKR CHG CHLAMYDIA PSITTACI IGG AB | 86631 | CPT | | | | both | | | 564 | 13.59 | UHC | Medicaid | 10 | | | | 9.6 | 535.8 | fee schedule | |
| BKR CHG CHLAMYDIA PSITTACI IGG AB | 86631 | CPT | | | | both | | | 564 | 13.59 | First Trenton | First Trenton | 507.6 | 90 | | | 9.6 | 535.8 | percent of total billed charges | |
| BKR CHG CHLAMYDIA PSITTACI IGG AB | 86631 | CPT | | | | both | | | 564 | 13.59 | Wellcare | Medicare | 11.82 | | | | 9.6 | 535.8 | fee schedule | |
| BKR CHG CHLAMYDIA PSITTACI IGG AB | 86631 | CPT | | | | both | | | 564 | 13.59 | Three Rivers | Three Rivers | 535.8 | 95 | | | 9.6 | 535.8 | percent of total billed charges | |
| BKR CHG CHLAMYDIA PSITTACI IGG AB | 86631 | CPT | | | | both | | | 564 | 13.59 | WellPoint | WellPoint | 181.5 | 32.18 | | | 9.6 | 535.8 | percent of total billed charges | |
| BKR CHG CHLAMYDIA PSITTACI IGG AB | 86631 | CPT | | | | both | | | 564 | 13.59 | Qualcare | Qualcare | 423 | 75 | | | 9.6 | 535.8 | percent of total billed charges | |
| BKR CHG CHLAMYDIA PSITTACI IGG AB | 86631 | CPT | | | | both | | | 564 | 13.59 | Amerihealth | Medicare | 11.82 | | | | 9.6 | 535.8 | fee schedule | |
| BKR CHG CHLAMYDIA PSITTACI IGG AB | 86631 | CPT | | | | both | | | 564 | 13.59 | Horizon | Medicare Blue | 169.2 | 30 | | | 9.6 | 535.8 | percent of total billed charges | |
| BKR CHG CHLAMYDIA PSITTACI IGG AB | 86631 | CPT | | | | both | | | 564 | 13.59 | Wellcare | Medicaid | 10 | | | | 9.6 | 535.8 | fee schedule | |
| BKR CHG CHLAMYDIA PSITTACI IGG AB | 86631 | CPT | | | | both | | | 564 | 13.59 | Horizon | NJ Health | 19.6 | | | | 9.6 | 535.8 | fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG CHLAMYDIA PSITTACI IGG AB | 86631 | CPT | | | | both | | | 564 | 13.59 | Managed Care Inc | Managed Care Inc | 507.6 | 90 | | | 9.6 | | 535.8 percent of total billed charges | |
| BKR CHG CHLAMYDIA TRACHOMATIS AB IGM | 86632 | CPT | | | | inpatient | | | 158 | 14.58 | Aetna | Commercial | 60.04 | 38 | | | 10.2 | | 150.1 percent of total billed charges | |
| BKR CHG CHLAMYDIA TRACHOMATIS AB IGM | 86632 | CPT | | | | inpatient | | | 158 | 14.58 | Aetna | Better Health | 49.85 | 31.55 | | | 10.2 | | 150.1 percent of total billed charges | |
| BKR CHG CHLAMYDIA TRACHOMATIS AB IGM | 86632 | CPT | | | | inpatient | | | 158 | 14.58 | Consumer | Consumer | 150.1 | 95 | | | 10.2 | | 150.1 percent of total billed charges | |
| BKR CHG CHLAMYDIA TRACHOMATIS AB IGM | 86632 | CPT | | | | inpatient | | | 158 | 14.58 | Amerihealth | Medicare | 12.68 | | | | 10.2 | | 150.1 fee schedule | |
| BKR CHG CHLAMYDIA TRACHOMATIS AB IGM | 86632 | CPT | | | | inpatient | | | 158 | 14.58 | Amerihealth | HMO/PPO | 22 | | | | 10.2 | | 150.1 fee schedule | |
| BKR CHG CHLAMYDIA TRACHOMATIS AB IGM | 86632 | CPT | | | | inpatient | | | 158 | 14.58 | Aetna | Medicare | 48.66 | 30.8 | | | 10.2 | | 150.1 percent of total billed charges | |
| BKR CHG CHLAMYDIA TRACHOMATIS AB IGM | 86632 | CPT | | | | inpatient | | | 158 | 14.58 | Wellcare | Medicaid | 15 | | | | 10.2 | | 150.1 fee schedule | |
| BKR CHG CHLAMYDIA TRACHOMATIS AB IGM | 86632 | CPT | | | | inpatient | | | 158 | 14.58 | Americare | Americare | 118.5 | 75 | | | 10.2 | | 150.1 percent of total billed charges | |
| BKR CHG CHLAMYDIA TRACHOMATIS AB IGM | 86632 | CPT | | | | inpatient | | | 158 | 14.58 | Horizon | Indemnity | 60.48 | 38.28 | | | 10.2 | | 150.1 percent of total billed charges | |
| BKR CHG CHLAMYDIA TRACHOMATIS AB IGM | 86632 | CPT | | | | inpatient | | | 158 | 14.58 | Qualcare | Qualcare | 118.5 | 75 | | | 10.2 | | 150.1 percent of total billed charges | |
| BKR CHG CHLAMYDIA TRACHOMATIS AB IGM | 86632 | CPT | | | | inpatient | | | 158 | 14.58 | Corrections | Corrections | 126.4 | 80 | | | 10.2 | | 150.1 percent of total billed charges | |
| BKR CHG CHLAMYDIA TRACHOMATIS AB IGM | 86632 | CPT | | | | inpatient | | | 158 | 14.58 | First Health | First Health | 110.6 | 70 | | | 10.2 | | 150.1 percent of total billed charges | |
| BKR CHG CHLAMYDIA TRACHOMATIS AB IGM | 86632 | CPT | | | | inpatient | | | 158 | 14.58 | Horizon | MGD | 60.48 | 38.28 | | | 10.2 | | 150.1 percent of total billed charges | |
| BKR CHG CHLAMYDIA TRACHOMATIS AB IGM | 86632 | CPT | | | | inpatient | | | 158 | 14.58 | UHC | Medicaid | 15 | | | | 10.2 | | 150.1 fee schedule | |
| BKR CHG CHLAMYDIA TRACHOMATIS AB IGM | 86632 | CPT | | | | inpatient | | | 158 | 14.58 | First Trenton | First Trenton | 142.2 | 90 | | | 10.2 | | 150.1 percent of total billed charges | |
| BKR CHG CHLAMYDIA TRACHOMATIS AB IGM | 86632 | CPT | | | | inpatient | | | 158 | 14.58 | Horizon | Medicare Blue | 47.4 | 30 | | | 10.2 | | 150.1 percent of total billed charges | |
| BKR CHG CHLAMYDIA TRACHOMATIS AB IGM | 86632 | CPT | | | | inpatient | | | 158 | 14.58 | Horizon | PPO | 60.48 | 38.28 | | | 10.2 | | 150.1 percent of total billed charges | |
| BKR CHG CHLAMYDIA TRACHOMATIS AB IGM | 86632 | CPT | | | | inpatient | | | 158 | 14.58 | UHC | Medicare | 12.68 | | | | 10.2 | | 150.1 fee schedule | |
| BKR CHG CHLAMYDIA TRACHOMATIS AB IGM | 86632 | CPT | | | | inpatient | | | 158 | 14.58 | Horizon | NJ Health | 29.4 | | | | 10.2 | | 150.1 fee schedule | |
| BKR CHG CHLAMYDIA TRACHOMATIS AB IGM | 86632 | CPT | | | | inpatient | | | 158 | 14.58 | Multiplan | Multiplan | 126.4 | 80 | | | 10.2 | | 150.1 percent of total billed charges | |
| BKR CHG CHLAMYDIA TRACHOMATIS AB IGM | 86632 | CPT | | | | inpatient | | | 158 | 14.58 | Three Rivers | Three Rivers | 150.1 | 95 | | | 10.2 | | 150.1 percent of total billed charges | |
| BKR CHG CHLAMYDIA TRACHOMATIS AB IGM | 86632 | CPT | | | | inpatient | | | 158 | 14.58 | Wellcare | Medicare | 12.68 | | | | 10.2 | | 150.1 fee schedule | |
| BKR CHG CHLAMYDIA TRACHOMATIS AB IGM | 86632 | CPT | | | | inpatient | | | 158 | 14.58 | Managed Care Inc | Managed Care Inc | 142.2 | 90 | | | 10.2 | | 150.1 percent of total billed charges | |
| BKR CHG CHLAMYDIA TRACHOMATIS AB IGM | 86632 | CPT | | | | inpatient | | | 158 | 14.58 | WellPoint | WellPoint | 50.84 | 32.18 | | | 10.2 | | 150.1 percent of total billed charges | |
| BKR CHG PARACOCCID.BRASILIENSIS AB | 86635 | CPT | | | | both | | | 325 | 13.19 | Horizon | Indemnity | 124.41 | 38.28 | | | 10 | | 308.75 percent of total billed charges | |
| BKR CHG PARACOCCID.BRASILIENSIS AB | 86635 | CPT | | | | both | | | 325 | 13.19 | Americare | Americare | 243.75 | 75 | | | 10 | | 308.75 percent of total billed charges | |
| BKR CHG PARACOCCID.BRASILIENSIS AB | 86635 | CPT | | | | both | | | 325 | 13.19 | Aetna | Medicare | 100.1 | 30.8 | | | 10 | | 308.75 percent of total billed charges | |
| BKR CHG PARACOCCID.BRASILIENSIS AB | 86635 | CPT | | | | both | | | 325 | 13.19 | Aetna | Commercial | 123.5 | 38 | | | 10 | | 308.75 percent of total billed charges | |
| BKR CHG PARACOCCID.BRASILIENSIS AB | 86635 | CPT | | | | both | | | 325 | 13.19 | Consumer | Consumer | 308.75 | 95 | | | 10 | | 308.75 percent of total billed charges | |
| BKR CHG PARACOCCID.BRASILIENSIS AB | 86635 | CPT | | | | both | | | 325 | 13.19 | Amerihealth | Medicare | 11.47 | | | | 10 | | 308.75 fee schedule | |
| BKR CHG PARACOCCID.BRASILIENSIS AB | 86635 | CPT | | | | both | | | 325 | 13.19 | Aetna | Better Health | 102.54 | 31.55 | | | 10 | | 308.75 percent of total billed charges | |
| BKR CHG PARACOCCID.BRASILIENSIS AB | 86635 | CPT | | | | both | | | 325 | 13.19 | Amerihealth | HMO/PPO | 22 | | | | 10 | | 308.75 fee schedule | |
| BKR CHG PARACOCCID.BRASILIENSIS AB | 86635 | CPT | | | | both | | | 325 | 13.19 | Wellcare | Medicaid | 10 | | | | 10 | | 308.75 fee schedule | |
| BKR CHG PARACOCCID.BRASILIENSIS AB | 86635 | CPT | | | | both | | | 325 | 13.19 | First Trenton | First Trenton | 292.5 | 90 | | | 10 | | 308.75 percent of total billed charges | |
| BKR CHG PARACOCCID.BRASILIENSIS AB | 86635 | CPT | | | | both | | | 325 | 13.19 | First Health | First Health | 227.5 | 70 | | | 10 | | 308.75 percent of total billed charges | |
| BKR CHG PARACOCCID.BRASILIENSIS AB | 86635 | CPT | | | | both | | | 325 | 13.19 | Horizon | MGD | 124.41 | 38.28 | | | 10 | | 308.75 percent of total billed charges | |
| BKR CHG PARACOCCID.BRASILIENSIS AB | 86635 | CPT | | | | both | | | 325 | 13.19 | Corrections | Corrections | 260 | 80 | | | 10 | | 308.75 percent of total billed charges | |
| BKR CHG PARACOCCID.BRASILIENSIS AB | 86635 | CPT | | | | both | | | 325 | 13.19 | Horizon | NJ Health | 21.56 | | | 37.09 | 10 | | 308.75 fee schedule | |
| BKR CHG PARACOCCID.BRASILIENSIS AB | 86635 | CPT | | | | both | | | 325 | 13.19 | Multiplan | Multiplan | 260 | 80 | | | 10 | | 308.75 percent of total billed charges | |
| BKR CHG PARACOCCID.BRASILIENSIS AB | 86635 | CPT | | | | both | | | 325 | 13.19 | Horizon | PPO | 124.41 | 38.28 | | | 10 | | 308.75 percent of total billed charges | |
| BKR CHG PARACOCCID.BRASILIENSIS AB | 86635 | CPT | | | | both | | | 325 | 13.19 | Horizon | Medicare Blue | 97.5 | 30 | | | 10 | | 308.75 percent of total billed charges | |
| BKR CHG PARACOCCID.BRASILIENSIS AB | 86635 | CPT | | | | both | | | 325 | 13.19 | Managed Care Inc | Managed Care Inc | 292.5 | 90 | | | 10 | | 308.75 percent of total billed charges | |
| BKR CHG PARACOCCID.BRASILIENSIS AB | 86635 | CPT | | | | both | | | 325 | 13.19 | Qualcare | Qualcare | 243.75 | 75 | | | 10 | | 308.75 percent of total billed charges | |
| BKR CHG PARACOCCID.BRASILIENSIS AB | 86635 | CPT | | | | both | | | 325 | 13.19 | Three Rivers | Three Rivers | 308.75 | 95 | | | 10 | | 308.75 percent of total billed charges | |
| BKR CHG PARACOCCID.BRASILIENSIS AB | 86635 | CPT | | | | both | | | 325 | 13.19 | UHC | Medicaid | 10 | | | | 10 | | 308.75 fee schedule | |
| BKR CHG PARACOCCID.BRASILIENSIS AB | 86635 | CPT | | | | both | | | 325 | 13.19 | UHC | Medicare | 11.47 | | | | 10 | | 308.75 fee schedule | |
| BKR CHG PARACOCCID.BRASILIENSIS AB | 86635 | CPT | | | | both | | | 325 | 13.19 | Wellcare | Medicare | 11.47 | | | | 10 | | 308.75 fee schedule | |
| BKR CHG PARACOCCID.BRASILIENSIS AB | 86635 | CPT | | | | both | | | 325 | 13.19 | WellPoint | WellPoint | 104.59 | 32.18 | | | 10 | | 308.75 percent of total billed charges | |
| BKR CHG Q FEVER ANTIBODIES, IGG | 86638 | CPT | | | | both | | | 416 | 13.94 | Amerihealth | Medicare | 12.12 | | | | 12.12 | | 395.2 fee schedule | |
| BKR CHG Q FEVER ANTIBODIES, IGG | 86638 | CPT | | | | both | | | 416 | 13.94 | Aetna | Better Health | 131.25 | 31.55 | | | 12.12 | | 395.2 percent of total billed charges | |
| BKR CHG Q FEVER ANTIBODIES, IGG | 86638 | CPT | | | | both | | | 416 | 13.94 | Corrections | Corrections | 332.8 | 80 | | | 12.12 | | 395.2 percent of total billed charges | |
| BKR CHG Q FEVER ANTIBODIES, IGG | 86638 | CPT | | | | both | | | 416 | 13.94 | Americare | Americare | 312 | 75 | | | 12.12 | | 395.2 percent of total billed charges | |
| BKR CHG Q FEVER ANTIBODIES, IGG | 86638 | CPT | | | | both | | | 416 | 13.94 | First Health | First Health | 291.2 | 70 | | | 12.12 | | 395.2 percent of total billed charges | |
| BKR CHG Q FEVER ANTIBODIES, IGG | 86638 | CPT | | | | both | | | 416 | 13.94 | Aetna | Medicare | 128.13 | 30.8 | | | 12.12 | | 395.2 percent of total billed charges | |
| BKR CHG Q FEVER ANTIBODIES, IGG | 86638 | CPT | | | | both | | | 416 | 13.94 | Aetna | Commercial | 158.08 | 38 | | | 12.12 | | 395.2 percent of total billed charges | |
| BKR CHG Q FEVER ANTIBODIES, IGG | 86638 | CPT | | | | both | | | 416 | 13.94 | Consumer | Consumer | 395.2 | 95 | | | 12.12 | | 395.2 percent of total billed charges | |
| BKR CHG Q FEVER ANTIBODIES, IGG | 86638 | CPT | | | | both | | | 416 | 13.94 | First Trenton | First Trenton | 374.4 | 90 | | | 12.12 | | 395.2 percent of total billed charges | |
| BKR CHG Q FEVER ANTIBODIES, IGG | 86638 | CPT | | | | both | | | 416 | 13.94 | UHC | Medicaid | 12.5 | | | 5.58 | 12.12 | | 395.2 fee schedule | |
| BKR CHG Q FEVER ANTIBODIES, IGG | 86638 | CPT | | | | both | | | 416 | 13.94 | Horizon | Indemnity | 159.24 | 38.28 | | | 12.12 | | 395.2 percent of total billed charges | |
| BKR CHG Q FEVER ANTIBODIES, IGG | 86638 | CPT | | | | both | | | 416 | 13.94 | Amerihealth | HMO/PPO | 22.8 | | | | 12.12 | | 395.2 fee schedule | |
| BKR CHG Q FEVER ANTIBODIES, IGG | 86638 | CPT | | | | both | | | 416 | 13.94 | Horizon | MGD | 159.24 | 38.28 | | 16.08 | 12.12 | | 395.2 percent of total billed charges | |
| BKR CHG Q FEVER ANTIBODIES, IGG | 86638 | CPT | | | | both | | | 416 | 13.94 | Wellcare | Medicare | 12.12 | | | | 12.12 | | 395.2 fee schedule | |
| BKR CHG Q FEVER ANTIBODIES, IGG | 86638 | CPT | | | | both | | | 416 | 13.94 | Multiplan | Multiplan | 332.8 | 80 | | | 12.12 | | 395.2 percent of total billed charges | |
| BKR CHG Q FEVER ANTIBODIES, IGG | 86638 | CPT | | | | both | | | 416 | 13.94 | UHC | Medicare | 12.12 | | | | 12.12 | | 395.2 fee schedule | |
| BKR CHG Q FEVER ANTIBODIES, IGG | 86638 | CPT | | | | both | | | 416 | 13.94 | Horizon | NJ Health | 26.95 | | | | 12.12 | | 395.2 fee schedule | |
| BKR CHG Q FEVER ANTIBODIES, IGG | 86638 | CPT | | | | both | | | 416 | 13.94 | WellPoint | WellPoint | 133.87 | 32.18 | | | 12.12 | | 395.2 percent of total billed charges | |
| BKR CHG Q FEVER ANTIBODIES, IGG | 86638 | CPT | | | | both | | | 416 | 13.94 | Horizon | Medicare Blue | 124.8 | 30 | | | 12.12 | | 395.2 percent of total billed charges | |
| BKR CHG Q FEVER ANTIBODIES, IGG | 86638 | CPT | | | | both | | | 416 | 13.94 | Horizon | PPO | 159.24 | 38.28 | | | 12.12 | | 395.2 percent of total billed charges | |
| BKR CHG Q FEVER ANTIBODIES, IGG | 86638 | CPT | | | | both | | | 416 | 13.94 | Qualcare | Qualcare | 312 | 75 | | | 12.12 | | 395.2 percent of total billed charges | |
| BKR CHG Q FEVER ANTIBODIES, IGG | 86638 | CPT | | | | both | | | 416 | 13.94 | Managed Care Inc | Managed Care Inc | 374.4 | 90 | | | 12.12 | | 395.2 percent of total billed charges | |
| BKR CHG Q FEVER ANTIBODIES, IGG | 86638 | CPT | | | | both | | | 416 | 13.94 | Three Rivers | Three Rivers | 395.2 | 95 | | | 12.12 | | 395.2 percent of total billed charges | |
| BKR CHG Q FEVER ANTIBODIES, IGG | 86638 | CPT | | | | both | | | 416 | 13.94 | Wellcare | Medicaid | 12.5 | | | | 12.12 | | 395.2 fee schedule | |
| BKR CHG CRYPTOCOCCUS AB; QUANT | 86641 | CPT | | | | outpatient | | | 265 | 16.57 | Wellcare | Medicaid | 12.5 | | | | 12.5 | | 251.75 fee schedule | |
| BKR CHG CRYPTOCOCCUS AB; QUANT | 86641 | CPT | | | | outpatient | | | 265 | 16.57 | Americare | Americare | 198.75 | 75 | | | 12.5 | | 251.75 percent of total billed charges | |
| BKR CHG CRYPTOCOCCUS AB; QUANT | 86641 | CPT | | | | outpatient | | | 265 | 16.57 | Aetna | Commercial | 100.7 | 38 | | | 12.5 | | 251.75 percent of total billed charges | |
| BKR CHG CRYPTOCOCCUS AB; QUANT | 86641 | CPT | | | | outpatient | | | 265 | 16.57 | Consumer | Consumer | 251.75 | 95 | | | 12.5 | | 251.75 percent of total billed charges | |
| BKR CHG CRYPTOCOCCUS AB; QUANT | 86641 | CPT | | | | outpatient | | | 265 | 16.57 | First Trenton | First Trenton | 238.5 | 90 | | | 12.5 | | 251.75 percent of total billed charges | |
| BKR CHG CRYPTOCOCCUS AB; QUANT | 86641 | CPT | | | | outpatient | | | 265 | 16.57 | Qualcare | Qualcare | 198.75 | 75 | | | 12.5 | | 251.75 percent of total billed charges | |
| BKR CHG CRYPTOCOCCUS AB; QUANT | 86641 | CPT | | | | outpatient | | | 265 | 16.57 | Amerihealth | HMO/PPO | 34.2 | | | | 12.5 | | 251.75 fee schedule | |
| BKR CHG CRYPTOCOCCUS AB; QUANT | 86641 | CPT | | | | outpatient | | | 265 | 16.57 | Aetna | Better Health | 83.61 | 31.55 | | | 12.5 | | 251.75 percent of total billed charges | |
| BKR CHG CRYPTOCOCCUS AB; QUANT | 86641 | CPT | | | | outpatient | | | 265 | 16.57 | UHC | Medicaid | 12.5 | | | | 12.5 | | 251.75 fee schedule | |
| BKR CHG CRYPTOCOCCUS AB; QUANT | 86641 | CPT | | | | outpatient | | | 265 | 16.57 | Horizon | PPO | 101.44 | 38.28 | | | 12.5 | | 251.75 percent of total billed charges | |
| BKR CHG CRYPTOCOCCUS AB; QUANT | 86641 | CPT | | | | outpatient | | | 265 | 16.57 | Aetna | Medicare | 81.62 | 30.8 | | | 12.5 | | 251.75 percent of total billed charges | |
| BKR CHG CRYPTOCOCCUS AB; QUANT | 86641 | CPT | | | | outpatient | | | 265 | 16.57 | Corrections | Corrections | 212 | 80 | | | 12.5 | | 251.75 percent of total billed charges | |
| BKR CHG CRYPTOCOCCUS AB; QUANT | 86641 | CPT | | | | outpatient | | | 265 | 16.57 | Wellcare | Medicare | 14.41 | | | | 12.5 | | 251.75 fee schedule | |
| BKR CHG CRYPTOCOCCUS AB; QUANT | 86641 | CPT | | | | outpatient | | | 265 | 16.57 | Three Rivers | Three Rivers | 251.75 | 95 | | | 12.5 | | 251.75 percent of total billed charges | |
| BKR CHG CRYPTOCOCCUS AB; QUANT | 86641 | CPT | | | | outpatient | | | 265 | 16.57 | Amerihealth | Medicare | 14.41 | | | | 12.5 | | 251.75 fee schedule | |
| BKR CHG CRYPTOCOCCUS AB; QUANT | 86641 | CPT | | | | outpatient | | | 265 | 16.57 | Horizon | Indemnity | 101.44 | 38.28 | | | 12.5 | | 251.75 percent of total billed charges | |
| BKR CHG CRYPTOCOCCUS AB; QUANT | 86641 | CPT | | | | outpatient | | | 265 | 16.57 | Horizon | MGD | 101.44 | 38.28 | | | 12.5 | | 251.75 percent of total billed charges | |
| BKR CHG CRYPTOCOCCUS AB; QUANT | 86641 | CPT | | | | outpatient | | | 265 | 16.57 | Horizon | NJ Health | 24.5 | | | | 12.5 | | 251.75 fee schedule | |
| BKR CHG CRYPTOCOCCUS AB; QUANT | 86641 | CPT | | | | outpatient | | | 265 | 16.57 | First Health | First Health | 185.5 | 70 | | | 12.5 | | 251.75 percent of total billed charges | |
| BKR CHG CRYPTOCOCCUS AB; QUANT | 86641 | CPT | | | | outpatient | | | 265 | 16.57 | Horizon | Medicare Blue | 79.5 | 30 | | | 12.5 | | 251.75 percent of total billed charges | |
| BKR CHG CRYPTOCOCCUS AB; QUANT | 86641 | CPT | | | | outpatient | | | 265 | 16.57 | Multiplan | Multiplan | 212 | 80 | | | 12.5 | | 251.75 percent of total billed charges | |
| BKR CHG CRYPTOCOCCUS AB; QUANT | 86641 | CPT | | | | outpatient | | | 265 | 16.57 | Managed Care Inc | Managed Care Inc | 238.5 | 90 | | | 12.5 | | 251.75 percent of total billed charges | |
| BKR CHG CRYPTOCOCCUS AB; QUANT | 86641 | CPT | | | | outpatient | | | 265 | 16.57 | UHC | Medicare | 14.41 | | | | 12.5 | | 251.75 fee schedule | |
| BKR CHG CRYPTOCOCCUS AB; QUANT | 86641 | CPT | | | | outpatient | | | 265 | 16.57 | WellPoint | WellPoint | 85.28 | 32.18 | | | 12.5 | | 251.75 percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS(CMV)AB IGG | 86644 | CPT | | | | both | | | 109 | 16.55 | Amerihealth | HMO/PPO | 21.8 | | | 4.3 | 9.6 | | 103.55 fee schedule | |
| BKR CHG CYTOMEGALOVIRUS(CMV)AB IGG | 86644 | CPT | | | | both | | | 109 | 16.55 | Aetna | Better Health | 34.39 | 31.55 | | 8.35 | 9.6 | | 103.55 percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS(CMV)AB IGG | 86644 | CPT | | | | both | | | 109 | 16.55 | Amerihealth | Medicare | 14.39 | | | | 9.6 | | 103.55 fee schedule | |
| BKR CHG CYTOMEGALOVIRUS(CMV)AB IGG | 86644 | CPT | | | | both | | | 109 | 16.55 | Aetna | Medicare | 33.57 | 30.8 | | 3.7 | 9.6 | | 103.55 percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS(CMV)AB IGG | 86644 | CPT | | | | both | | | 109 | 16.55 | Consumer | Consumer | 103.55 | 95 | | | 9.6 | | 103.55 percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS(CMV)AB IGG | 86644 | CPT | | | | both | | | 109 | 16.55 | Horizon | PPO | 41.73 | 38.28 | | 5.75 | 9.6 | | 103.55 percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS(CMV)AB IGG | 86644 | CPT | | | | both | | | 109 | 16.55 | Horizon | Indemnity | 41.73 | 38.28 | | 3.63 | 9.6 | | 103.55 percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS(CMV)AB IGG | 86644 | CPT | | | | both | | | 109 | 16.55 | Aetna | Commercial | 41.42 | 38 | | 11.84 | 9.6 | | 103.55 percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS(CMV)AB IGG | 86644 | CPT | | | | both | | | 109 | 16.55 | First Health | First Health | 76.3 | 70 | | | 9.6 | | 103.55 percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS(CMV)AB IGG | 86644 | CPT | | | | both | | | 109 | 16.55 | Corrections | Corrections | 87.2 | 80 | | | 9.6 | | 103.55 percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS(CMV)AB IGG | 86644 | CPT | | | | both | | | 109 | 16.55 | Horizon | NJ Health | 23.52 | | | 14.29 | 9.6 | | 103.55 fee schedule | |
| BKR CHG CYTOMEGALOVIRUS(CMV)AB IGG | 86644 | CPT | | | | both | | | 109 | 16.55 | First Trenton | First Trenton | 98.1 | 90 | | | 9.6 | | 103.55 percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS(CMV)AB IGG | 86644 | CPT | | | | both | | | 109 | 16.55 | Horizon | MGD | 41.73 | 38.28 | | 1.75 | 9.6 | | 103.55 percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS(CMV)AB IGG | 86644 | CPT | | | | both | | | 109 | 16.55 | Multiplan | Multiplan | 87.2 | 80 | | | 9.6 | | 103.55 percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS(CMV)AB IGG | 86644 | CPT | | | | both | | | 109 | 16.55 | Wellcare | Medicare | 14.39 | | | | 9.6 | | 103.55 fee schedule | |
| BKR CHG CYTOMEGALOVIRUS(CMV)AB IGG | 86644 | CPT | | | | both | | | 109 | 16.55 | Americare | Americare | 81.75 | 75 | | | 9.6 | | 103.55 percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS(CMV)AB IGG | 86644 | CPT | | | | both | | | 109 | 16.55 | Horizon | Medicare Blue | 32.7 | 30 | | 1.45 | 9.6 | | 103.55 percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS(CMV)AB IGG | 86644 | CPT | | | | both | | | 109 | 16.55 | Managed Care Inc | Managed Care Inc | 98.1 | 90 | | | 9.6 | | 103.55 percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS(CMV)AB IGG | 86644 | CPT | | | | both | | | 109 | 16.55 | Qualcare | Qualcare | 81.75 | 75 | | | 9.6 | | 103.55 percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS(CMV)AB IGG | 86644 | CPT | | | | both | | | 109 | 16.55 | Three Rivers | Three Rivers | 103.55 | 95 | | | 9.6 | | 103.55 percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS(CMV)AB IGG | 86644 | CPT | | | | both | | | 109 | 16.55 | UHC | Medicaid | 12 | | | 21.54 | 9.6 | | 103.55 fee schedule | |
| BKR CHG CYTOMEGALOVIRUS(CMV)AB IGG | 86644 | CPT | | | | both | | | 109 | 16.55 | Wellcare | Medicaid | 12 | | | 12.44 | 9.6 | | 103.55 fee schedule | |
| BKR CHG CYTOMEGALOVIRUS(CMV)AB IGG | 86644 | CPT | | | | both | | | 109 | 16.55 | UHC | Medicare | 14.39 | | | 1.57 | 9.6 | | 103.55 fee schedule | |
| BKR CHG CYTOMEGALOVIRUS(CMV)AB IGG | 86644 | CPT | | | | both | | | 109 | 16.55 | WellPoint | WellPoint | 35.08 | 32.18 | | 28.24 | 9.6 | | 103.55 percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS,IGM | 86645 | CPT | | | | both | | | 300 | 19.38 | Multiplan | Multiplan | 240 | 80 | | | 11.7 | | 285 percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS,IGM | 86645 | CPT | | | | both | | | 300 | 19.38 | Aetna | Better Health | 94.65 | 31.55 | | 11.07 | 11.7 | | 285 percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS,IGM | 86645 | CPT | | | | both | | | 300 | 19.38 | Amerihealth | HMO/PPO | 23.9 | | | 5.7 | 11.7 | | 285 fee schedule | |
| BKR CHG CYTOMEGALOVIRUS,IGM | 86645 | CPT | | | | both | | | 300 | 19.38 | Amerihealth | Medicare | 16.85 | | | | 11.7 | | 285 fee schedule | |
| BKR CHG CYTOMEGALOVIRUS,IGM | 86645 | CPT | | | | both | | | 300 | 19.38 | Qualcare | Qualcare | 225 | 75 | | | 11.7 | | 285 percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS,IGM | 86645 | CPT | | | | both | | | 300 | 19.38 | Consumer | Consumer | 285 | 95 | | | 11.7 | | 285 percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS,IGM | 86645 | CPT | | | | both | | | 300 | 19.38 | Aetna | Commercial | 114 | 38 | | 15.71 | 11.7 | | 285 percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS,IGM | 86645 | CPT | | | | both | | | 300 | 19.38 | Horizon | Indemnity | 114.84 | 38.28 | | 4.81 | 11.7 | | 285 percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS,IGM | 86645 | CPT | | | | both | | | 300 | 19.38 | Wellcare | Medicaid | 12 | | | 16.5 | 11.7 | | 285 fee schedule | |
| BKR CHG CYTOMEGALOVIRUS,IGM | 86645 | CPT | | | | both | | | 300 | 19.38 | First Health | First Health | 210 | 70 | | | 11.7 | | 285 percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS,IGM | 86645 | CPT | | | | both | | | 300 | 19.38 | Aetna | Medicare | 92.4 | 30.8 | | 4.9 | 11.7 | | 285 percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS,IGM | 86645 | CPT | | | | both | | | 300 | 19.38 | Horizon | Medicare Blue | 90 | 30 | | 1.92 | 11.7 | | 285 percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS,IGM | 86645 | CPT | | | | both | | | 300 | 19.38 | Americare | Americare | 225 | 75 | | | 11.7 | | 285 percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS,IGM | 86645 | CPT | | | | both | | | 300 | 19.38 | Corrections | Corrections | 240 | 80 | | | 11.7 | | 285 percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS,IGM | 86645 | CPT | | | | both | | | 300 | 19.38 | Horizon | MGD | 114.84 | 38.28 | | 2.32 | 11.7 | | 285 percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS,IGM | 86645 | CPT | | | | both | | | 300 | 19.38 | WellPoint | WellPoint | 96.54 | 32.18 | | 37.46 | 11.7 | | 285 percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS,IGM | 86645 | CPT | | | | both | | | 300 | 19.38 | Wellcare | Medicare | 16.85 | | | | 11.7 | | 285 fee schedule | |
| BKR CHG CYTOMEGALOVIRUS,IGM | 86645 | CPT | | | | both | | | 300 | 19.38 | Horizon | PPO | 114.84 | 38.28 | | 5.07 | 11.7 | | 285 percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS,IGM | 86645 | CPT | | | | both | | | 300 | 19.38 | Horizon | NJ Health | 23.52 | | | 10.93 | 11.7 | | 285 fee schedule | |
| BKR CHG CYTOMEGALOVIRUS,IGM | 86645 | CPT | | | | both | | | 300 | 19.38 | First Trenton | First Trenton | 270 | 90 | | | 11.7 | | 285 percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS,IGM | 86645 | CPT | | | | both | | | 300 | 19.38 | UHC | Medicare | 16.85 | | | 2.08 | 11.7 | | 285 fee schedule | |
| BKR CHG CYTOMEGALOVIRUS,IGM | 86645 | CPT | | | | both | | | 300 | 19.38 | Three Rivers | Three Rivers | 285 | 95 | | | 11.7 | | 285 percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS,IGM | 86645 | CPT | | | | both | | | 300 | 19.38 | Managed Care Inc | Managed Care Inc | 270 | 90 | | | 11.7 | | 285 percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS,IGM | 86645 | CPT | | | | both | | | 300 | 19.38 | UHC | Medicaid | 12 | | | 28.57 | 11.7 | | 285 fee schedule | |
| BKR CHG ENCEPHALITIS CA (LA CROSSE) | 86651 | CPT | | | | inpatient | | | 79 | 15.17 | Corrections | Corrections | 63.2 | 80 | | | 12 | | 75.05 percent of total billed charges | |
| BKR CHG ENCEPHALITIS CA (LA CROSSE) | 86651 | CPT | | | | inpatient | | | 79 | 15.17 | Wellcare | Medicaid | 12 | | | | 12 | | 75.05 fee schedule | |
| BKR CHG ENCEPHALITIS CA (LA CROSSE) | 86651 | CPT | | | | inpatient | | | 79 | 15.17 | Amerihealth | HMO/PPO | 22.8 | | | | 12 | | 75.05 fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG ENCEPHALITIS CA (LA CROSSE) | 86651 | CPT | | | | inpatient | | | 79 | 15.17 | Amerihealth | Medicare | 13.19 | | | | 12 | | 75.05 fee schedule | |
| BKR CHG ENCEPHALITIS CA (LA CROSSE) | 86651 | CPT | | | | inpatient | | | 79 | 15.17 | Americare | Americare | 59.25 | 75 | | | 12 | | 75.05 percent of total billed charges | |
| BKR CHG ENCEPHALITIS CA (LA CROSSE) | 86651 | CPT | | | | inpatient | | | 79 | 15.17 | Aetna | Better Health | 24.92 | 31.55 | | | 12 | | 75.05 percent of total billed charges | |
| BKR CHG ENCEPHALITIS CA (LA CROSSE) | 86651 | CPT | | | | inpatient | | | 79 | 15.17 | Horizon | MGD | 30.24 | 38.28 | | | 12 | | 75.05 percent of total billed charges | |
| BKR CHG ENCEPHALITIS CA (LA CROSSE) | 86651 | CPT | | | | inpatient | | | 79 | 15.17 | Aetna | Medicare | 24.33 | 30.8 | | | 12 | | 75.05 percent of total billed charges | |
| BKR CHG ENCEPHALITIS CA (LA CROSSE) | 86651 | CPT | | | | inpatient | | | 79 | 15.17 | Horizon | Medicare Blue | 23.7 | 30 | | | 12 | | 75.05 percent of total billed charges | |
| BKR CHG ENCEPHALITIS CA (LA CROSSE) | 86651 | CPT | | | | inpatient | | | 79 | 15.17 | Wellcare | Medicare | 13.19 | | | | 12 | | 75.05 fee schedule | |
| BKR CHG ENCEPHALITIS CA (LA CROSSE) | 86651 | CPT | | | | inpatient | | | 79 | 15.17 | First Trenton | First Trenton | 71.1 | 90 | | | 12 | | 75.05 percent of total billed charges | |
| BKR CHG ENCEPHALITIS CA (LA CROSSE) | 86651 | CPT | | | | inpatient | | | 79 | 15.17 | Consumer | Consumer | 75.05 | 95 | | | 12 | | 75.05 percent of total billed charges | |
| BKR CHG ENCEPHALITIS CA (LA CROSSE) | 86651 | CPT | | | | inpatient | | | 79 | 15.17 | UHC | Medicaid | 12 | | | | 12 | | 75.05 fee schedule | |
| BKR CHG ENCEPHALITIS CA (LA CROSSE) | 86651 | CPT | | | | inpatient | | | 79 | 15.17 | WellPoint | WellPoint | 25.42 | 32.18 | | | 12 | | 75.05 percent of total billed charges | |
| BKR CHG ENCEPHALITIS CA (LA CROSSE) | 86651 | CPT | | | | inpatient | | | 79 | 15.17 | Horizon | Indemnity | 30.24 | 38.28 | | | 12 | | 75.05 percent of total billed charges | |
| BKR CHG ENCEPHALITIS CA (LA CROSSE) | 86651 | CPT | | | | inpatient | | | 79 | 15.17 | First Health | First Health | 55.3 | 70 | | | 12 | | 75.05 percent of total billed charges | |
| BKR CHG ENCEPHALITIS CA (LA CROSSE) | 86651 | CPT | | | | inpatient | | | 79 | 15.17 | Horizon | NJ Health | 23.52 | | | | 12 | | 75.05 fee schedule | |
| BKR CHG ENCEPHALITIS CA (LA CROSSE) | 86651 | CPT | | | | inpatient | | | 79 | 15.17 | Multiplan | Multiplan | 63.2 | 80 | | | 12 | | 75.05 percent of total billed charges | |
| BKR CHG ENCEPHALITIS CA (LA CROSSE) | 86651 | CPT | | | | inpatient | | | 79 | 15.17 | Horizon | PPO | 30.24 | 38.28 | | | 12 | | 75.05 percent of total billed charges | |
| BKR CHG ENCEPHALITIS CA (LA CROSSE) | 86651 | CPT | | | | inpatient | | | 79 | 15.17 | Qualcare | Qualcare | 59.25 | 75 | | | 12 | | 75.05 percent of total billed charges | |
| BKR CHG ENCEPHALITIS CA (LA CROSSE) | 86651 | CPT | | | | inpatient | | | 79 | 15.17 | Managed Care Inc | Managed Care Inc | 71.1 | 90 | | | 12 | | 75.05 percent of total billed charges | |
| BKR CHG ENCEPHALITIS CA (LA CROSSE) | 86651 | CPT | | | | inpatient | | | 79 | 15.17 | UHC | Medicare | 13.19 | | | | 12 | | 75.05 fee schedule | |
| BKR CHG ENCEPHALITIS CA (LA CROSSE) | 86651 | CPT | | | | inpatient | | | 79 | 15.17 | Three Rivers | Three Rivers | 75.05 | 95 | | | 12 | | 75.05 percent of total billed charges | |
| BKR CHG ENCEPHALITIS EASTERN EQUINE | 86652 | CPT | | | | inpatient | | | 493 | 15.17 | Aetna | Better Health | 155.54 | 31.55 | | | 12 | | 468.35 percent of total billed charges | |
| BKR CHG ENCEPHALITIS EASTERN EQUINE | 86652 | CPT | | | | inpatient | | | 493 | 15.17 | Amerihealth | Medicare | 13.19 | | | | 12 | | 468.35 fee schedule | |
| BKR CHG ENCEPHALITIS EASTERN EQUINE | 86652 | CPT | | | | inpatient | | | 493 | 15.17 | Americare | Americare | 369.75 | 75 | | | 12 | | 468.35 percent of total billed charges | |
| BKR CHG ENCEPHALITIS EASTERN EQUINE | 86652 | CPT | | | | inpatient | | | 493 | 15.17 | Wellcare | Medicare | 13.19 | | | | 12 | | 468.35 fee schedule | |
| BKR CHG ENCEPHALITIS EASTERN EQUINE | 86652 | CPT | | | | inpatient | | | 493 | 15.17 | Horizon | Indemnity | 188.72 | 38.28 | | | 12 | | 468.35 percent of total billed charges | |
| BKR CHG ENCEPHALITIS EASTERN EQUINE | 86652 | CPT | | | | inpatient | | | 493 | 15.17 | First Health | First Health | 345.1 | 70 | | | 12 | | 468.35 percent of total billed charges | |
| BKR CHG ENCEPHALITIS EASTERN EQUINE | 86652 | CPT | | | | inpatient | | | 493 | 15.17 | Aetna | Commercial | 187.34 | 38 | | | 12 | | 468.35 percent of total billed charges | |
| BKR CHG ENCEPHALITIS EASTERN EQUINE | 86652 | CPT | | | | inpatient | | | 493 | 15.17 | Horizon | Medicare Blue | 147.9 | 30 | | | 12 | | 468.35 percent of total billed charges | |
| BKR CHG ENCEPHALITIS EASTERN EQUINE | 86652 | CPT | | | | inpatient | | | 493 | 15.17 | Consumer | Consumer | 468.35 | 95 | | | 12 | | 468.35 percent of total billed charges | |
| BKR CHG ENCEPHALITIS EASTERN EQUINE | 86652 | CPT | | | | inpatient | | | 493 | 15.17 | Horizon | PPO | 188.72 | 38.28 | | | 12 | | 468.35 percent of total billed charges | |
| BKR CHG ENCEPHALITIS EASTERN EQUINE | 86652 | CPT | | | | inpatient | | | 493 | 15.17 | Amerihealth | HMO/PPO | 22.8 | | | | 12 | | 468.35 fee schedule | |
| BKR CHG ENCEPHALITIS EASTERN EQUINE | 86652 | CPT | | | | inpatient | | | 493 | 15.17 | WellPoint | WellPoint | 158.65 | 32.18 | | | 12 | | 468.35 percent of total billed charges | |
| BKR CHG ENCEPHALITIS EASTERN EQUINE | 86652 | CPT | | | | inpatient | | | 493 | 15.17 | Qualcare | Qualcare | 369.75 | 75 | | | 12 | | 468.35 percent of total billed charges | |
| BKR CHG ENCEPHALITIS EASTERN EQUINE | 86652 | CPT | | | | inpatient | | | 493 | 15.17 | Three Rivers | Three Rivers | 468.35 | 95 | | | 12 | | 468.35 percent of total billed charges | |
| BKR CHG ENCEPHALITIS EASTERN EQUINE | 86652 | CPT | | | | inpatient | | | 493 | 15.17 | Aetna | Medicare | 151.84 | 30.8 | | | 12 | | 468.35 percent of total billed charges | |
| BKR CHG ENCEPHALITIS EASTERN EQUINE | 86652 | CPT | | | | inpatient | | | 493 | 15.17 | Corrections | Corrections | 394.4 | 80 | | | 12 | | 468.35 percent of total billed charges | |
| BKR CHG ENCEPHALITIS EASTERN EQUINE | 86652 | CPT | | | | inpatient | | | 493 | 15.17 | Horizon | MGD | 188.72 | 38.28 | | | 12 | | 468.35 percent of total billed charges | |
| BKR CHG ENCEPHALITIS EASTERN EQUINE | 86652 | CPT | | | | inpatient | | | 493 | 15.17 | UHC | Medicaid | 12 | | | | 12 | | 468.35 fee schedule | |
| BKR CHG ENCEPHALITIS EASTERN EQUINE | 86652 | CPT | | | | inpatient | | | 493 | 15.17 | Multiplan | Multiplan | 394.4 | 80 | | | 12 | | 468.35 percent of total billed charges | |
| BKR CHG ENCEPHALITIS EASTERN EQUINE | 86652 | CPT | | | | inpatient | | | 493 | 15.17 | First Trenton | First Trenton | 443.7 | 90 | | | 12 | | 468.35 percent of total billed charges | |
| BKR CHG ENCEPHALITIS EASTERN EQUINE | 86652 | CPT | | | | inpatient | | | 493 | 15.17 | UHC | Medicare | 13.19 | | | | 12 | | 468.35 fee schedule | |
| BKR CHG ENCEPHALITIS EASTERN EQUINE | 86652 | CPT | | | | inpatient | | | 493 | 15.17 | Horizon | NJ Health | 23.52 | | | | 12 | | 468.35 fee schedule | |
| BKR CHG ENCEPHALITIS EASTERN EQUINE | 86652 | CPT | | | | inpatient | | | 493 | 15.17 | Managed Care Inc | Managed Care Inc | 443.7 | 90 | | | 12 | | 468.35 percent of total billed charges | |
| BKR CHG ENCEPHALITIS EASTERN EQUINE | 86652 | CPT | | | | inpatient | | | 493 | 15.17 | Wellcare | Medicaid | 12 | | | | 12 | | 468.35 fee schedule | |
| BKR CHG STLOUIS.ENCEPH.AB.PNL.CSF.STLPC | 86653 | CPT | | | | inpatient | | | 500 | 15.17 | Consumer | Consumer | 475 | 95 | | | 12 | | 475 percent of total billed charges | |
| BKR CHG STLOUIS.ENCEPH.AB.PNL.CSF.STLPC | 86653 | CPT | | | | inpatient | | | 500 | 15.17 | Corrections | Corrections | 400 | 80 | | | 12 | | 475 percent of total billed charges | |
| BKR CHG STLOUIS.ENCEPH.AB.PNL.CSF.STLPC | 86653 | CPT | | | | inpatient | | | 500 | 15.17 | Aetna | Commercial | 190 | 38 | | | 12 | | 475 percent of total billed charges | |
| BKR CHG STLOUIS.ENCEPH.AB.PNL.CSF.STLPC | 86653 | CPT | | | | inpatient | | | 500 | 15.17 | Amerihealth | HMO/PPO | 22.8 | | | | 12 | | 475 fee schedule | |
| BKR CHG STLOUIS.ENCEPH.AB.PNL.CSF.STLPC | 86653 | CPT | | | | inpatient | | | 500 | 15.17 | Americare | Americare | 375 | 75 | | | 12 | | 475 percent of total billed charges | |
| BKR CHG STLOUIS.ENCEPH.AB.PNL.CSF.STLPC | 86653 | CPT | | | | inpatient | | | 500 | 15.17 | Qualcare | Qualcare | 375 | 75 | | | 12 | | 475 percent of total billed charges | |
| BKR CHG STLOUIS.ENCEPH.AB.PNL.CSF.STLPC | 86653 | CPT | | | | inpatient | | | 500 | 15.17 | UHC | Medicaid | 12 | | | | 12 | | 475 fee schedule | |
| BKR CHG STLOUIS.ENCEPH.AB.PNL.CSF.STLPC | 86653 | CPT | | | | inpatient | | | 500 | 15.17 | Aetna | Better Health | 157.75 | 31.55 | | | 12 | | 475 percent of total billed charges | |
| BKR CHG STLOUIS.ENCEPH.AB.PNL.CSF.STLPC | 86653 | CPT | | | | inpatient | | | 500 | 15.17 | Horizon | Indemnity | 191.4 | 38.28 | | | 12 | | 475 percent of total billed charges | |
| BKR CHG STLOUIS.ENCEPH.AB.PNL.CSF.STLPC | 86653 | CPT | | | | inpatient | | | 500 | 15.17 | First Trenton | First Trenton | 450 | 90 | | | 12 | | 475 percent of total billed charges | |
| BKR CHG STLOUIS.ENCEPH.AB.PNL.CSF.STLPC | 86653 | CPT | | | | inpatient | | | 500 | 15.17 | Aetna | Medicare | 154 | 30.8 | | | 12 | | 475 percent of total billed charges | |
| BKR CHG STLOUIS.ENCEPH.AB.PNL.CSF.STLPC | 86653 | CPT | | | | inpatient | | | 500 | 15.17 | Amerihealth | Medicare | 13.19 | | | | 12 | | 475 fee schedule | |
| BKR CHG STLOUIS.ENCEPH.AB.PNL.CSF.STLPC | 86653 | CPT | | | | inpatient | | | 500 | 15.17 | Multiplan | Multiplan | 400 | 80 | | | 12 | | 475 percent of total billed charges | |
| BKR CHG STLOUIS.ENCEPH.AB.PNL.CSF.STLPC | 86653 | CPT | | | | inpatient | | | 500 | 15.17 | UHC | Medicare | 13.19 | | | | 12 | | 475 fee schedule | |
| BKR CHG STLOUIS.ENCEPH.AB.PNL.CSF.STLPC | 86653 | CPT | | | | inpatient | | | 500 | 15.17 | Horizon | MGD | 191.4 | 38.28 | | | 12 | | 475 percent of total billed charges | |
| BKR CHG STLOUIS.ENCEPH.AB.PNL.CSF.STLPC | 86653 | CPT | | | | inpatient | | | 500 | 15.17 | Horizon | PPO | 191.4 | 38.28 | | | 12 | | 475 percent of total billed charges | |
| BKR CHG STLOUIS.ENCEPH.AB.PNL.CSF.STLPC | 86653 | CPT | | | | inpatient | | | 500 | 15.17 | Wellcare | Medicaid | 12 | | | | 12 | | 475 fee schedule | |
| BKR CHG STLOUIS.ENCEPH.AB.PNL.CSF.STLPC | 86653 | CPT | | | | inpatient | | | 500 | 15.17 | Horizon | Medicare Blue | 150 | 30 | | | 12 | | 475 percent of total billed charges | |
| BKR CHG STLOUIS.ENCEPH.AB.PNL.CSF.STLPC | 86653 | CPT | | | | inpatient | | | 500 | 15.17 | First Health | First Health | 350 | 70 | | | 12 | | 475 percent of total billed charges | |
| BKR CHG STLOUIS.ENCEPH.AB.PNL.CSF.STLPC | 86653 | CPT | | | | inpatient | | | 500 | 15.17 | Horizon | NJ Health | 23.52 | | | | 12 | | 475 fee schedule | |
| BKR CHG STLOUIS.ENCEPH.AB.PNL.CSF.STLPC | 86653 | CPT | | | | inpatient | | | 500 | 15.17 | Three Rivers | Three Rivers | 475 | 95 | | | 12 | | 475 percent of total billed charges | |
| BKR CHG STLOUIS.ENCEPH.AB.PNL.CSF.STLPC | 86653 | CPT | | | | inpatient | | | 500 | 15.17 | Managed Care Inc | Managed Care Inc | 450 | 90 | | | 12 | | 475 percent of total billed charges | |
| BKR CHG STLOUIS.ENCEPH.AB.PNL.CSF.STLPC | 86653 | CPT | | | | inpatient | | | 500 | 15.17 | Wellcare | Medicare | 13.19 | | | | 12 | | 475 fee schedule | |
| BKR CHG STLOUIS.ENCEPH.AB.PNL.CSF.STLPC | 86653 | CPT | | | | inpatient | | | 500 | 15.17 | WellPoint | WellPoint | 160.9 | 32.18 | | | 12 | | 475 percent of total billed charges | |
| BKR CHG ENCEPHALITIS WESTERN EQUINE | 86654 | CPT | | | | inpatient | | | 79 | 15.17 | Aetna | Better Health | 24.92 | 31.55 | | | 12 | | 75.05 percent of total billed charges | |
| BKR CHG ENCEPHALITIS WESTERN EQUINE | 86654 | CPT | | | | inpatient | | | 79 | 15.17 | Aetna | Medicare | 24.33 | 30.8 | | | 12 | | 75.05 percent of total billed charges | |
| BKR CHG ENCEPHALITIS WESTERN EQUINE | 86654 | CPT | | | | inpatient | | | 79 | 15.17 | Amerihealth | HMO/PPO | 22.8 | | | | 12 | | 75.05 fee schedule | |
| BKR CHG ENCEPHALITIS WESTERN EQUINE | 86654 | CPT | | | | inpatient | | | 79 | 15.17 | First Trenton | First Trenton | 71.1 | 90 | | | 12 | | 75.05 percent of total billed charges | |
| BKR CHG ENCEPHALITIS WESTERN EQUINE | 86654 | CPT | | | | inpatient | | | 79 | 15.17 | Americare | Americare | 59.25 | 75 | | | 12 | | 75.05 percent of total billed charges | |
| BKR CHG ENCEPHALITIS WESTERN EQUINE | 86654 | CPT | | | | inpatient | | | 79 | 15.17 | Multiplan | Multiplan | 63.2 | 80 | | | 12 | | 75.05 percent of total billed charges | |
| BKR CHG ENCEPHALITIS WESTERN EQUINE | 86654 | CPT | | | | inpatient | | | 79 | 15.17 | UHC | Medicare | 13.19 | | | | 12 | | 75.05 fee schedule | |
| BKR CHG ENCEPHALITIS WESTERN EQUINE | 86654 | CPT | | | | inpatient | | | 79 | 15.17 | Corrections | Corrections | 63.2 | 80 | | | 12 | | 75.05 percent of total billed charges | |
| BKR CHG ENCEPHALITIS WESTERN EQUINE | 86654 | CPT | | | | inpatient | | | 79 | 15.17 | Aetna | Commercial | 30.02 | 38 | | | 12 | | 75.05 percent of total billed charges | |
| BKR CHG ENCEPHALITIS WESTERN EQUINE | 86654 | CPT | | | | inpatient | | | 79 | 15.17 | Qualcare | Qualcare | 59.25 | 75 | | | 12 | | 75.05 percent of total billed charges | |
| BKR CHG ENCEPHALITIS WESTERN EQUINE | 86654 | CPT | | | | inpatient | | | 79 | 15.17 | Amerihealth | Medicare | 13.19 | | | | 12 | | 75.05 fee schedule | |
| BKR CHG ENCEPHALITIS WESTERN EQUINE | 86654 | CPT | | | | inpatient | | | 79 | 15.17 | Horizon | Indemnity | 30.24 | 38.28 | | | 12 | | 75.05 percent of total billed charges | |
| BKR CHG ENCEPHALITIS WESTERN EQUINE | 86654 | CPT | | | | inpatient | | | 79 | 15.17 | Consumer | Consumer | 75.05 | 95 | | | 12 | | 75.05 percent of total billed charges | |
| BKR CHG ENCEPHALITIS WESTERN EQUINE | 86654 | CPT | | | | inpatient | | | 79 | 15.17 | Horizon | NJ Health | 23.52 | | | | 12 | | 75.05 fee schedule | |
| BKR CHG ENCEPHALITIS WESTERN EQUINE | 86654 | CPT | | | | inpatient | | | 79 | 15.17 | First Health | First Health | 55.3 | 70 | | | 12 | | 75.05 percent of total billed charges | |
| BKR CHG ENCEPHALITIS WESTERN EQUINE | 86654 | CPT | | | | inpatient | | | 79 | 15.17 | Horizon | PPO | 30.24 | 38.28 | | | 12 | | 75.05 percent of total billed charges | |
| BKR CHG ENCEPHALITIS WESTERN EQUINE | 86654 | CPT | | | | inpatient | | | 79 | 15.17 | Horizon | Medicare Blue | 23.7 | 30 | | | 12 | | 75.05 percent of total billed charges | |
| BKR CHG ENCEPHALITIS WESTERN EQUINE | 86654 | CPT | | | | inpatient | | | 79 | 15.17 | WellPoint | WellPoint | 25.42 | 32.18 | | | 12 | | 75.05 percent of total billed charges | |
| BKR CHG ENCEPHALITIS WESTERN EQUINE | 86654 | CPT | | | | inpatient | | | 79 | 15.17 | Horizon | MGD | 30.24 | 38.28 | | | 12 | | 75.05 percent of total billed charges | |
| BKR CHG ENCEPHALITIS WESTERN EQUINE | 86654 | CPT | | | | inpatient | | | 79 | 15.17 | Managed Care Inc | Managed Care Inc | 71.1 | 90 | | | 12 | | 75.05 percent of total billed charges | |
| BKR CHG ENCEPHALITIS WESTERN EQUINE | 86654 | CPT | | | | inpatient | | | 79 | 15.17 | UHC | Medicaid | 12 | | | | 12 | | 75.05 fee schedule | |
| BKR CHG ENCEPHALITIS WESTERN EQUINE | 86654 | CPT | | | | inpatient | | | 79 | 15.17 | Three Rivers | Three Rivers | 75.05 | 95 | | | 12 | | 75.05 percent of total billed charges | |
| BKR CHG ENCEPHALITIS WESTERN EQUINE | 86654 | CPT | | | | inpatient | | | 79 | 15.17 | Wellcare | Medicare | 13.19 | | | | 12 | | 75.05 fee schedule | |
| BKR CHG ENCEPHALITIS WESTERN EQUINE | 86654 | CPT | | | | inpatient | | | 79 | 15.17 | Wellcare | Medicaid | 12 | | | | 12 | | 75.05 fee schedule | |
| BKR CHG POLIOVIRUS AB TYPE 1 | 86658 | CPT | | | | both | | | 1042 | 14.98 | Horizon | MGD | 398.88 | 38.28 | | | 12 | | 989.9 percent of total billed charges | |
| BKR CHG POLIOVIRUS AB TYPE 1 | 86658 | CPT | | | | both | | | 1042 | 14.98 | Aetna | Better Health | 328.75 | 31.55 | | | 12 | | 989.9 percent of total billed charges | |
| BKR CHG POLIOVIRUS AB TYPE 1 | 86658 | CPT | | | | both | | | 1042 | 14.98 | Consumer | Consumer | 989.9 | 95 | | | 12 | | 989.9 percent of total billed charges | |
| BKR CHG POLIOVIRUS AB TYPE 1 | 86658 | CPT | | | | both | | | 1042 | 14.98 | Aetna | Medicare | 320.94 | 30.8 | | | 12 | | 989.9 percent of total billed charges | |
| BKR CHG POLIOVIRUS AB TYPE 1 | 86658 | CPT | | | | both | | | 1042 | 14.98 | Amerihealth | HMO/PPO | 22.8 | | | | 12 | | 989.9 fee schedule | |
| BKR CHG POLIOVIRUS AB TYPE 1 | 86658 | CPT | | | | both | | | 1042 | 14.98 | Corrections | Corrections | 833.6 | 80 | | | 12 | | 989.9 percent of total billed charges | |
| BKR CHG POLIOVIRUS AB TYPE 1 | 86658 | CPT | | | | both | | | 1042 | 14.98 | First Health | First Health | 729.4 | 70 | | | 12 | | 989.9 percent of total billed charges | |
| BKR CHG POLIOVIRUS AB TYPE 1 | 86658 | CPT | | | | both | | | 1042 | 14.98 | Americare | Americare | 781.5 | 75 | | | 12 | | 989.9 percent of total billed charges | |
| BKR CHG POLIOVIRUS AB TYPE 1 | 86658 | CPT | | | | both | | | 1042 | 14.98 | WellPoint | WellPoint | 335.32 | 32.18 | | | 12 | | 989.9 percent of total billed charges | |
| BKR CHG POLIOVIRUS AB TYPE 1 | 86658 | CPT | | | | both | | | 1042 | 14.98 | Aetna | Commercial | 395.96 | 38 | | | 12 | | 989.9 percent of total billed charges | |
| BKR CHG POLIOVIRUS AB TYPE 1 | 86658 | CPT | | | | both | | | 1042 | 14.98 | First Trenton | First Trenton | 937.8 | 90 | | | 12 | | 989.9 percent of total billed charges | |
| BKR CHG POLIOVIRUS AB TYPE 1 | 86658 | CPT | | | | both | | | 1042 | 14.98 | Wellcare | Medicaid | 12 | | | | 12 | | 989.9 fee schedule | |
| BKR CHG POLIOVIRUS AB TYPE 1 | 86658 | CPT | | | | both | | | 1042 | 14.98 | Amerihealth | Medicare | 13.03 | | | | 12 | | 989.9 fee schedule | |
| BKR CHG POLIOVIRUS AB TYPE 1 | 86658 | CPT | | | | both | | | 1042 | 14.98 | Multiplan | Multiplan | 833.6 | 80 | | | 12 | | 989.9 percent of total billed charges | |
| BKR CHG POLIOVIRUS AB TYPE 1 | 86658 | CPT | | | | both | | | 1042 | 14.98 | Horizon | Indemnity | 398.88 | 38.28 | | | 12 | | 989.9 percent of total billed charges | |
| BKR CHG POLIOVIRUS AB TYPE 1 | 86658 | CPT | | | | both | | | 1042 | 14.98 | Horizon | Medicare Blue | 312.6 | 30 | | | 12 | | 989.9 percent of total billed charges | |
| BKR CHG POLIOVIRUS AB TYPE 1 | 86658 | CPT | | | | both | | | 1042 | 14.98 | UHC | Medicare | 13.03 | | | | 12 | | 989.9 fee schedule | |
| BKR CHG POLIOVIRUS AB TYPE 1 | 86658 | CPT | | | | both | | | 1042 | 14.98 | Qualcare | Qualcare | 781.5 | 75 | | | 12 | | 989.9 percent of total billed charges | |
| BKR CHG POLIOVIRUS AB TYPE 1 | 86658 | CPT | | | | both | | | 1042 | 14.98 | Horizon | NJ Health | 23.52 | | | | 12 | | 989.9 fee schedule | |
| BKR CHG POLIOVIRUS AB TYPE 1 | 86658 | CPT | | | | both | | | 1042 | 14.98 | UHC | Medicaid | 12 | | | | 12 | | 989.9 fee schedule | |
| BKR CHG POLIOVIRUS AB TYPE 1 | 86658 | CPT | | | | both | | | 1042 | 14.98 | Horizon | PPO | 398.88 | 38.28 | | | 12 | | 989.9 percent of total billed charges | |
| BKR CHG POLIOVIRUS AB TYPE 1 | 86658 | CPT | | | | both | | | 1042 | 14.98 | Wellcare | Medicare | 13.03 | | | | 12 | | 989.9 fee schedule | |
| BKR CHG POLIOVIRUS AB TYPE 1 | 86658 | CPT | | | | both | | | 1042 | 14.98 | Managed Care Inc | Managed Care Inc | 937.8 | 90 | | | 12 | | 989.9 percent of total billed charges | |
| BKR CHG POLIOVIRUS AB TYPE 1 | 86658 | CPT | | | | both | | | 1042 | 14.98 | Three Rivers | Three Rivers | 989.9 | 95 | | | 12 | | 989.9 percent of total billed charges | |
| BKR CHG EBV EARLY ANTIGEN AB, IGG | 86663 | CPT | | | | both | | | 479 | 15.09 | Amerihealth | Medicare | 13.12 | | | | 8.7 | | 455.05 fee schedule | |
| BKR CHG EBV EARLY ANTIGEN AB, IGG | 86663 | CPT | | | | both | | | 479 | 15.09 | First Trenton | First Trenton | 431.1 | 90 | | | 8.7 | | 455.05 percent of total billed charges | |
| BKR CHG EBV EARLY ANTIGEN AB, IGG | 86663 | CPT | | | | both | | | 479 | 15.09 | Aetna | Medicare | 147.53 | 30.8 | | | 8.7 | | 455.05 percent of total billed charges | |
| BKR CHG EBV EARLY ANTIGEN AB, IGG | 86663 | CPT | | | | both | | | 479 | 15.09 | First Health | First Health | 335.3 | 70 | | | 8.7 | | 455.05 percent of total billed charges | |
| BKR CHG EBV EARLY ANTIGEN AB, IGG | 86663 | CPT | | | | both | | | 479 | 15.09 | Aetna | Better Health | 151.12 | 31.55 | | | 8.7 | | 455.05 percent of total billed charges | |
| BKR CHG EBV EARLY ANTIGEN AB, IGG | 86663 | CPT | | | | both | | | 479 | 15.09 | Horizon | Indemnity | 183.36 | 38.28 | | | 8.7 | | 455.05 percent of total billed charges | |
| BKR CHG EBV EARLY ANTIGEN AB, IGG | 86663 | CPT | | | | both | | | 479 | 15.09 | Americare | Americare | 359.25 | 75 | | | 8.7 | | 455.05 percent of total billed charges | |
| BKR CHG EBV EARLY ANTIGEN AB, IGG | 86663 | CPT | | | | both | | | 479 | 15.09 | Consumer | Consumer | 455.05 | 95 | | | 8.7 | | 455.05 percent of total billed charges | |
| BKR CHG EBV EARLY ANTIGEN AB, IGG | 86663 | CPT | | | | both | | | 479 | 15.09 | Aetna | Commercial | 182.02 | 38 | | | 8.7 | | 455.05 percent of total billed charges | |
| BKR CHG EBV EARLY ANTIGEN AB, IGG | 86663 | CPT | | | | both | | | 479 | 15.09 | Managed Care Inc | Managed Care Inc | 431.1 | 90 | | | 8.7 | | 455.05 percent of total billed charges | |
| BKR CHG EBV EARLY ANTIGEN AB, IGG | 86663 | CPT | | | | both | | | 479 | 15.09 | Horizon | MGD | 183.36 | 38.28 | | | 8.7 | | 455.05 percent of total billed charges | |
| BKR CHG EBV EARLY ANTIGEN AB, IGG | 86663 | CPT | | | | both | | | 479 | 15.09 | Multiplan | Multiplan | 383.2 | 80 | | | 8.7 | | 455.05 percent of total billed charges | |
| BKR CHG EBV EARLY ANTIGEN AB, IGG | 86663 | CPT | | | | both | | | 479 | 15.09 | WellPoint | WellPoint | 154.14 | 32.18 | | 7.51 | 8.7 | | 455.05 percent of total billed charges | |
| BKR CHG EBV EARLY ANTIGEN AB, IGG | 86663 | CPT | | | | both | | | 479 | 15.09 | Horizon | Medicare Blue | 143.7 | 30 | | | 8.7 | | 455.05 percent of total billed charges | |
| BKR CHG EBV EARLY ANTIGEN AB, IGG | 86663 | CPT | | | | both | | | 479 | 15.09 | Amerihealth | HMO/PPO | 18.6 | | | | 8.7 | | 455.05 fee schedule | |
| BKR CHG EBV EARLY ANTIGEN AB, IGG | 86663 | CPT | | | | both | | | 479 | 15.09 | Corrections | Corrections | 383.2 | 80 | | | 8.7 | | 455.05 percent of total billed charges | |
| BKR CHG EBV EARLY ANTIGEN AB, IGG | 86663 | CPT | | | | both | | | 479 | 15.09 | Horizon | PPO | 183.36 | 38.28 | | | 8.7 | | 455.05 percent of total billed charges | |
| BKR CHG EBV EARLY ANTIGEN AB, IGG | 86663 | CPT | | | | both | | | 479 | 15.09 | Qualcare | Qualcare | 359.25 | 75 | | | 8.7 | | 455.05 percent of total billed charges | |
| BKR CHG EBV EARLY ANTIGEN AB, IGG | 86663 | CPT | | | | both | | | 479 | 15.09 | UHC | Medicaid | 12 | | | | 8.7 | | 455.05 fee schedule | |
| BKR CHG EBV EARLY ANTIGEN AB, IGG | 86663 | CPT | | | | both | | | 479 | 15.09 | Three Rivers | Three Rivers | 455.05 | 95 | | | 8.7 | | 455.05 percent of total billed charges | |
| BKR CHG EBV EARLY ANTIGEN AB, IGG | 86663 | CPT | | | | both | | | 479 | 15.09 | Wellcare | Medicaid | 12 | | | | 8.7 | | 455.05 fee schedule | |
| BKR CHG EBV EARLY ANTIGEN AB, IGG | 86663 | CPT | | | | both | | | 479 | 15.09 | Horizon | NJ Health | 23.52 | | | | 8.7 | | 455.05 fee schedule | |
| BKR CHG EBV EARLY ANTIGEN AB, IGG | 86663 | CPT | | | | both | | | 479 | 15.09 | Wellcare | Medicare | 13.12 | | | | 8.7 | | 455.05 fee schedule | |
| BKR CHG EBV EARLY ANTIGEN AB, IGG | 86663 | CPT | | | | both | | | 479 | 15.09 | UHC | Medicare | 13.12 | | | | 8.7 | | 455.05 fee schedule | |
| BKR CHG EBV NUCLEAR ANTIGEN AB, IGG | 86664 | CPT | | | | both | | | 109 | 17.58 | Corrections | Corrections | 87.2 | 80 | | | 8.7 | | 103.55 percent of total billed charges | |
| BKR CHG EBV NUCLEAR ANTIGEN AB, IGG | 86664 | CPT | | | | both | | | 109 | 17.58 | First Trenton | First Trenton | 98.1 | 90 | | | 8.7 | | 103.55 percent of total billed charges | |
| BKR CHG EBV NUCLEAR ANTIGEN AB, IGG | 86664 | CPT | | | | both | | | 109 | 17.58 | Wellcare | Medicare | 15.29 | | | | 8.7 | | 103.55 fee schedule | |
| BKR CHG EBV NUCLEAR ANTIGEN AB, IGG | 86664 | CPT | | | | both | | | 109 | 17.58 | Aetna | Better Health | 34.39 | 31.55 | | | 8.7 | | 103.55 percent of total billed charges | |
| BKR CHG EBV NUCLEAR ANTIGEN AB, IGG | 86664 | CPT | | | | both | | | 109 | 17.58 | Americare | Americare | 81.75 | 75 | | | 8.7 | | 103.55 percent of total billed charges | |
| BKR CHG EBV NUCLEAR ANTIGEN AB, IGG | 86664 | CPT | | | | both | | | 109 | 17.58 | Aetna | Commercial | 41.42 | 38 | | 3.17 | 8.7 | | 103.55 percent of total billed charges | |
| BKR CHG EBV NUCLEAR ANTIGEN AB, IGG | 86664 | CPT | | | | both | | | 109 | 17.58 | Horizon | Indemnity | 41.73 | 38.28 | | | 8.7 | | 103.55 percent of total billed charges | |
| BKR CHG EBV NUCLEAR ANTIGEN AB, IGG | 86664 | CPT | | | | both | | | 109 | 17.58 | First Health | First Health | 76.3 | 70 | | | 8.7 | | 103.55 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG EBV NUCLEAR ANTIGEN AB, IGG | 86684 | CPT | | | | both | | | 109 | 17.58 | Consumer | | 103.55 | 95 | | | 8.7 | 103.55 | percent of total billed charges | |
| BKR CHG EBV NUCLEAR ANTIGEN AB, IGG | 86684 | CPT | | | | both | | | 109 | 17.58 | Horizon | PPO | 41.73 | 38.28 | | | 8.7 | 103.55 | percent of total billed charges | |
| BKR CHG EBV NUCLEAR ANTIGEN AB, IGG | 86684 | CPT | | | | both | | | 109 | 17.58 | Wellcare | Medicaid | 16.7 | | | | 8.7 | 103.55 | fee schedule | |
| BKR CHG EBV NUCLEAR ANTIGEN AB, IGG | 86684 | CPT | | | | both | | | 109 | 17.58 | Horizon | Medicare Blue | 32.7 | 30 | | | 8.7 | 103.55 | percent of total billed charges | |
| BKR CHG EBV NUCLEAR ANTIGEN AB, IGG | 86684 | CPT | | | | both | | | 109 | 17.58 | Horizon | NJ Health | 49 | | | 1.63 | 8.7 | 103.55 | fee schedule | |
| BKR CHG EBV NUCLEAR ANTIGEN AB, IGG | 86684 | CPT | | | | both | | | 109 | 17.58 | Aetna | Medicare | 33.57 | 30.8 | | | 8.7 | 103.55 | percent of total billed charges | |
| BKR CHG EBV NUCLEAR ANTIGEN AB, IGG | 86684 | CPT | | | | both | | | 109 | 17.58 | WellPoint | WellPoint | 35.08 | 32.18 | | 8.83 | 8.7 | 103.55 | percent of total billed charges | |
| BKR CHG EBV NUCLEAR ANTIGEN AB, IGG | 86684 | CPT | | | | both | | | 109 | 17.58 | Multiplan | Multiplan | 87.2 | 80 | | | 8.7 | 103.55 | percent of total billed charges | |
| BKR CHG EBV NUCLEAR ANTIGEN AB, IGG | 86684 | CPT | | | | both | | | 109 | 17.58 | Three Rivers | Three Rivers | 103.55 | 95 | | | 8.7 | 103.55 | percent of total billed charges | |
| BKR CHG EBV NUCLEAR ANTIGEN AB, IGG | 86684 | CPT | | | | both | | | 109 | 17.58 | Managed Care Inc | Managed Care Inc | 98.1 | 90 | | | 8.7 | 103.55 | percent of total billed charges | |
| BKR CHG EBV NUCLEAR ANTIGEN AB, IGG | 86684 | CPT | | | | both | | | 109 | 17.58 | Qualcare | Qualcare | 81.75 | 75 | | | 8.7 | 103.55 | percent of total billed charges | |
| BKR CHG EBV NUCLEAR ANTIGEN AB, IGG | 86684 | CPT | | | | both | | | 109 | 17.58 | Amerihealth | HMO/PPO | 21.7 | | | | 8.7 | 103.55 | fee schedule | |
| BKR CHG EBV NUCLEAR ANTIGEN AB, IGG | 86684 | CPT | | | | both | | | 109 | 17.58 | Amerihealth | Medicare | 15.29 | | | | 8.7 | 103.55 | fee schedule | |
| BKR CHG EBV NUCLEAR ANTIGEN AB, IGG | 86684 | CPT | | | | both | | | 109 | 17.58 | Horizon | MGD | 41.73 | 38.28 | | | 8.7 | 103.55 | percent of total billed charges | |
| BKR CHG EBV NUCLEAR ANTIGEN AB, IGG | 86684 | CPT | | | | both | | | 109 | 17.58 | UHC | Medicaid | 16.7 | | | 6.64 | 8.7 | 103.55 | fee schedule | |
| BKR CHG EBV NUCLEAR ANTIGEN AB, IGG | 86684 | CPT | | | | both | | | 109 | 17.58 | UHC | Medicare | 15.29 | | | 2.67 | 8.7 | 103.55 | fee schedule | |
| BKR CHG EPSTEIN-BARR VIRUS,AB.PNL.I\|(0050602) | 86665 | CPT | | | | both | | | 239 | 20.86 | Aetna | Better Health | 75.4 | 31.55 | | 12.08 | 8.7 | 227.05 | percent of total billed charges | |
| BKR CHG EPSTEIN-BARR VIRUS,AB.PNL.I\|(0050602) | 86665 | CPT | | | | both | | | 239 | 20.86 | UHC | Medicaid | 19.8 | | | 27.93 | 8.7 | 227.05 | fee schedule | |
| BKR CHG EPSTEIN-BARR VIRUS,AB.PNL.I\|(0050602) | 86665 | CPT | | | | both | | | 239 | 20.86 | Americare | Americare | 175.25 | 75 | | | 8.7 | 227.05 | percent of total billed charges | |
| BKR CHG EPSTEIN-BARR VIRUS,AB.PNL.I\|(0050602) | 86665 | CPT | | | | both | | | 239 | 20.86 | Aetna | Medicare | 73.61 | 30.8 | | 4.67 | 8.7 | 227.05 | percent of total billed charges | |
| BKR CHG EPSTEIN-BARR VIRUS,AB.PNL.I\|(0050602) | 86665 | CPT | | | | both | | | 239 | 20.86 | Amerihealth | Medicare | 18.14 | | | | 8.7 | 227.05 | fee schedule | |
| BKR CHG EPSTEIN-BARR VIRUS,AB.PNL.I\|(0050602) | 86665 | CPT | | | | both | | | 239 | 20.86 | Aetna | Commercial | 90.82 | 38 | | | 8.7 | 227.05 | percent of total billed charges | |
| BKR CHG EPSTEIN-BARR VIRUS,AB.PNL.I\|(0050602) | 86665 | CPT | | | | both | | | 239 | 20.86 | Corrections | Corrections | 191.2 | 80 | | | 8.7 | 227.05 | percent of total billed charges | |
| BKR CHG EPSTEIN-BARR VIRUS,AB.PNL.I\|(0050602) | 86665 | CPT | | | | both | | | 239 | 20.86 | First Trenton | First Trenton | 215.1 | 90 | | | 8.7 | 227.05 | percent of total billed charges | |
| BKR CHG EPSTEIN-BARR VIRUS,AB.PNL.I\|(0050602) | 86665 | CPT | | | | both | | | 239 | 20.86 | First Health | First Health | 167.3 | 70 | | | 8.7 | 227.05 | percent of total billed charges | |
| BKR CHG EPSTEIN-BARR VIRUS,AB.PNL.I\|(0050602) | 86665 | CPT | | | | both | | | 239 | 20.86 | Horizon | PPO | 91.49 | 38.28 | | 7.29 | 8.7 | 227.05 | percent of total billed charges | |
| BKR CHG EPSTEIN-BARR VIRUS,AB.PNL.I\|(0050602) | 86665 | CPT | | | | both | | | 239 | 20.86 | Amerihealth | HMO/PPO | 25.8 | | | 5.43 | 8.7 | 227.05 | fee schedule | |
| BKR CHG EPSTEIN-BARR VIRUS,AB.PNL.I\|(0050602) | 86665 | CPT | | | | both | | | 239 | 20.86 | Managed Care Inc | Managed Care Inc | 215.1 | 90 | | | 8.7 | 227.05 | percent of total billed charges | |
| BKR CHG EPSTEIN-BARR VIRUS,AB.PNL.I\|(0050602) | 86665 | CPT | | | | both | | | 239 | 20.86 | Horizon | MGD | 91.49 | 38.28 | | 12.1 | 8.7 | 227.05 | percent of total billed charges | |
| BKR CHG EPSTEIN-BARR VIRUS,AB.PNL.I\|(0050602) | 86665 | CPT | | | | both | | | 239 | 20.86 | Wellcare | Medicare | 18.14 | | | | 8.7 | 227.05 | fee schedule | |
| BKR CHG EPSTEIN-BARR VIRUS,AB.PNL.I\|(0050602) | 86665 | CPT | | | | both | | | 239 | 20.86 | UHC | Medicare | 18.14 | | | 2.5 | 8.7 | 227.05 | fee schedule | |
| BKR CHG EPSTEIN-BARR VIRUS,AB.PNL.I\|(0050602) | 86665 | CPT | | | | both | | | 239 | 20.86 | Horizon | NJ Health | 49 | | | 3.17 | 8.7 | 227.05 | fee schedule | |
| BKR CHG EPSTEIN-BARR VIRUS,AB.PNL.I\|(0050602) | 86665 | CPT | | | | both | | | 239 | 20.86 | Consumer | Consumer | 227.05 | 95 | | | 8.7 | 227.05 | percent of total billed charges | |
| BKR CHG EPSTEIN-BARR VIRUS,AB.PNL.I\|(0050602) | 86665 | CPT | | | | both | | | 239 | 20.86 | Multiplan | Multiplan | 191.2 | 80 | | | 8.7 | 227.05 | percent of total billed charges | |
| BKR CHG EPSTEIN-BARR VIRUS,AB.PNL.I\|(0050602) | 86665 | CPT | | | | both | | | 239 | 20.86 | Wellcare | Medicaid | 19.8 | | | | 8.7 | 227.05 | fee schedule | |
| BKR CHG EPSTEIN-BARR VIRUS,AB.PNL.I\|(0050602) | 86665 | CPT | | | | both | | | 239 | 20.86 | Qualcare | Qualcare | 179.25 | 75 | | | 8.7 | 227.05 | percent of total billed charges | |
| BKR CHG EPSTEIN-BARR VIRUS,AB.PNL.I\|(0050602) | 86665 | CPT | | | | both | | | 239 | 20.86 | Horizon | Indemnity | 91.49 | 38.28 | | 4.58 | 8.7 | 227.05 | percent of total billed charges | |
| BKR CHG EPSTEIN-BARR VIRUS,AB.PNL.I\|(0050602) | 86665 | CPT | | | | both | | | 239 | 20.86 | WellPoint | WellPoint | 76.91 | 32.18 | | 34.81 | 8.7 | 227.05 | percent of total billed charges | |
| BKR CHG EPSTEIN-BARR VIRUS,AB.PNL.I\|(0050602) | 86665 | CPT | | | | both | | | 239 | 20.86 | Horizon | Medicare Blue | 71.7 | 30 | | 1.83 | 8.7 | 227.05 | percent of total billed charges | |
| BKR CHG EPSTEIN-BARR VIRUS,AB.PNL.I\|(0050602) | 86665 | CPT | | | | both | | | 239 | 20.86 | Three Rivers | Three Rivers | 227.05 | 95 | | | 8.7 | 227.05 | percent of total billed charges | |
| BKR CHG HGE IGM TITER | 86666 | CPT | | | | both | | | 297 | 11.71 | Americare | Americare | 222.75 | 75 | | | 9.9 | 282.15 | percent of total billed charges | |
| BKR CHG HGE IGM TITER | 86666 | CPT | | | | both | | | 297 | 11.71 | Amerihealth | Medicare | 10.18 | | | | 9.9 | 282.15 | fee schedule | |
| BKR CHG HGE IGM TITER | 86666 | CPT | | | | both | | | 297 | 11.71 | Wellcare | Medicare | 10.18 | | | | 9.9 | 282.15 | fee schedule | |
| BKR CHG HGE IGM TITER | 86666 | CPT | | | | both | | | 297 | 11.71 | Aetna | Better Health | 93.7 | 31.55 | | | 9.9 | 282.15 | percent of total billed charges | |
| BKR CHG HGE IGM TITER | 86666 | CPT | | | | both | | | 297 | 11.71 | Horizon | MGD | 113.69 | 38.28 | | | 9.9 | 282.15 | percent of total billed charges | |
| BKR CHG HGE IGM TITER | 86666 | CPT | | | | both | | | 297 | 11.71 | Aetna | Medicare | 91.48 | 30.8 | | | 9.9 | 282.15 | percent of total billed charges | |
| BKR CHG HGE IGM TITER | 86666 | CPT | | | | both | | | 297 | 11.71 | UHC | Medicare | 10.18 | | | | 9.9 | 282.15 | fee schedule | |
| BKR CHG HGE IGM TITER | 86666 | CPT | | | | both | | | 297 | 11.71 | First Health | First Health | 207.9 | 70 | | | 9.9 | 282.15 | percent of total billed charges | |
| BKR CHG HGE IGM TITER | 86666 | CPT | | | | both | | | 297 | 11.71 | Amerihealth | HMO/PPO | 15.1 | | | | 9.9 | 282.15 | fee schedule | |
| BKR CHG HGE IGM TITER | 86666 | CPT | | | | both | | | 297 | 11.71 | Corrections | Corrections | 237.6 | 80 | | | 9.9 | 282.15 | percent of total billed charges | |
| BKR CHG HGE IGM TITER | 86666 | CPT | | | | both | | | 297 | 11.71 | Wellcare | Medicaid | 11.2 | | | | 9.9 | 282.15 | fee schedule | |
| BKR CHG HGE IGM TITER | 86666 | CPT | | | | both | | | 297 | 11.71 | Aetna | Commercial | 112.86 | 38 | | | 9.9 | 282.15 | percent of total billed charges | |
| BKR CHG HGE IGM TITER | 86666 | CPT | | | | both | | | 297 | 11.71 | Consumer | Consumer | 282.15 | 95 | | | 9.9 | 282.15 | percent of total billed charges | |
| BKR CHG HGE IGM TITER | 86666 | CPT | | | | both | | | 297 | 11.71 | Horizon | Medicare Blue | 89.1 | 30 | | | 9.9 | 282.15 | percent of total billed charges | |
| BKR CHG HGE IGM TITER | 86666 | CPT | | | | both | | | 297 | 11.71 | WellPoint | WellPoint | 95.57 | 32.18 | | | 9.9 | 282.15 | percent of total billed charges | |
| BKR CHG HGE IGM TITER | 86666 | CPT | | | | both | | | 297 | 11.71 | Horizon | Indemnity | 113.69 | 38.28 | | | 9.9 | 282.15 | percent of total billed charges | |
| BKR CHG HGE IGM TITER | 86666 | CPT | | | | both | | | 297 | 11.71 | First Trenton | First Trenton | 267.3 | 90 | | | 9.9 | 282.15 | percent of total billed charges | |
| BKR CHG HGE IGM TITER | 86666 | CPT | | | | both | | | 297 | 11.71 | UHC | Medicaid | 11.2 | | | | 9.9 | 282.15 | fee schedule | |
| BKR CHG HGE IGM TITER | 86666 | CPT | | | | both | | | 297 | 11.71 | Horizon | NJ Health | 11.31 | | | | 9.9 | 282.15 | fee schedule | |
| BKR CHG HGE IGM TITER | 86666 | CPT | | | | both | | | 297 | 11.71 | Multiplan | Multiplan | 237.6 | 80 | | | 9.9 | 282.15 | percent of total billed charges | |
| BKR CHG HGE IGM TITER | 86666 | CPT | | | | both | | | 297 | 11.71 | Horizon | PPO | 113.69 | 38.28 | | | 9.9 | 282.15 | percent of total billed charges | |
| BKR CHG HGE IGM TITER | 86666 | CPT | | | | both | | | 297 | 11.71 | Qualcare | Qualcare | 222.75 | 75 | | | 9.9 | 282.15 | percent of total billed charges | |
| BKR CHG HGE IGM TITER | 86666 | CPT | | | | both | | | 297 | 11.71 | Managed Care Inc | Managed Care Inc | 267.3 | 90 | | | 9.9 | 282.15 | percent of total billed charges | |
| BKR CHG HGE IGM TITER | 86666 | CPT | | | | both | | | 297 | 11.71 | Three Rivers | Three Rivers | 282.15 | 95 | | | 9.9 | 282.15 | percent of total billed charges | |
| BKR CHG SACCHAROMYCES CEREVISIAE PANEL | 86671 | CPT | | | | both | | | 383 | 14.09 | UHC | Medicare | 12.25 | | | | 12 | 363.85 | fee schedule | |
| BKR CHG SACCHAROMYCES CEREVISIAE PANEL | 86671 | CPT | | | | both | | | 383 | 14.09 | Multiplan | Multiplan | 306.4 | 80 | | | 12 | 363.85 | percent of total billed charges | |
| BKR CHG SACCHAROMYCES CEREVISIAE PANEL | 86671 | CPT | | | | both | | | 383 | 14.09 | Aetna | Better Health | 120.84 | 31.55 | | | 12 | 363.85 | percent of total billed charges | |
| BKR CHG SACCHAROMYCES CEREVISIAE PANEL | 86671 | CPT | | | | both | | | 383 | 14.09 | First Trenton | First Trenton | 344.7 | 90 | | | 12 | 363.85 | percent of total billed charges | |
| BKR CHG SACCHAROMYCES CEREVISIAE PANEL | 86671 | CPT | | | | both | | | 383 | 14.09 | Aetna | Medicare | 117.96 | 30.8 | | | 12 | 363.85 | percent of total billed charges | |
| BKR CHG SACCHAROMYCES CEREVISIAE PANEL | 86671 | CPT | | | | both | | | 383 | 14.09 | Americare | Americare | 287.25 | 75 | | | 12 | 363.85 | percent of total billed charges | |
| BKR CHG SACCHAROMYCES CEREVISIAE PANEL | 86671 | CPT | | | | both | | | 383 | 14.09 | Consumer | Consumer | 363.85 | 95 | | | 12 | 363.85 | percent of total billed charges | |
| BKR CHG SACCHAROMYCES CEREVISIAE PANEL | 86671 | CPT | | | | both | | | 383 | 14.09 | Wellcare | Medicare | 12.25 | | | | 12 | 363.85 | fee schedule | |
| BKR CHG SACCHAROMYCES CEREVISIAE PANEL | 86671 | CPT | | | | both | | | 383 | 14.09 | Amerihealth | HMO/PPO | 39.6 | | | | 12 | 363.85 | fee schedule | |
| BKR CHG SACCHAROMYCES CEREVISIAE PANEL | 86671 | CPT | | | | both | | | 383 | 14.09 | Qualcare | Qualcare | 287.25 | 75 | | | 12 | 363.85 | percent of total billed charges | |
| BKR CHG SACCHAROMYCES CEREVISIAE PANEL | 86671 | CPT | | | | both | | | 383 | 14.09 | Aetna | Commercial | 145.54 | 38 | | | 12 | 363.85 | percent of total billed charges | |
| BKR CHG SACCHAROMYCES CEREVISIAE PANEL | 86671 | CPT | | | | both | | | 383 | 14.09 | Horizon | Indemnity | 146.61 | 38.28 | | | 12 | 363.85 | percent of total billed charges | |
| BKR CHG SACCHAROMYCES CEREVISIAE PANEL | 86671 | CPT | | | | both | | | 383 | 14.09 | Amerihealth | Medicare | 12.25 | | | | 12 | 363.85 | fee schedule | |
| BKR CHG SACCHAROMYCES CEREVISIAE PANEL | 86671 | CPT | | | | both | | | 383 | 14.09 | Horizon | MGD | 146.61 | 38.28 | | 12.98 | 12 | 363.85 | percent of total billed charges | |
| BKR CHG SACCHAROMYCES CEREVISIAE PANEL | 86671 | CPT | | | | both | | | 383 | 14.09 | Corrections | Corrections | 306.4 | 80 | | | 12 | 363.85 | percent of total billed charges | |
| BKR CHG SACCHAROMYCES CEREVISIAE PANEL | 86671 | CPT | | | | both | | | 383 | 14.09 | WellPoint | WellPoint | 123.25 | 32.18 | | | 12 | 363.85 | percent of total billed charges | |
| BKR CHG SACCHAROMYCES CEREVISIAE PANEL | 86671 | CPT | | | | both | | | 383 | 14.09 | First Health | First Health | 268.1 | 70 | | | 12 | 363.85 | percent of total billed charges | |
| BKR CHG SACCHAROMYCES CEREVISIAE PANEL | 86671 | CPT | | | | both | | | 383 | 14.09 | Three Rivers | Three Rivers | 363.85 | 95 | | | 12 | 363.85 | percent of total billed charges | |
| BKR CHG SACCHAROMYCES CEREVISIAE PANEL | 86671 | CPT | | | | both | | | 383 | 14.09 | Horizon | Medicare Blue | 114.9 | 30 | | | 12 | 363.85 | percent of total billed charges | |
| BKR CHG SACCHAROMYCES CEREVISIAE PANEL | 86671 | CPT | | | | both | | | 383 | 14.09 | Horizon | PPO | 146.61 | 38.28 | | | 12 | 363.85 | percent of total billed charges | |
| BKR CHG SACCHAROMYCES CEREVISIAE PANEL | 86671 | CPT | | | | both | | | 383 | 14.09 | Horizon | NJ Health | 32.34 | | | | 12 | 363.85 | fee schedule | |
| BKR CHG SACCHAROMYCES CEREVISIAE PANEL | 86671 | CPT | | | | both | | | 383 | 14.09 | Managed Care Inc | Managed Care Inc | 344.7 | 90 | | | 12 | 363.85 | percent of total billed charges | |
| BKR CHG SACCHAROMYCES CEREVISIAE PANEL | 86671 | CPT | | | | both | | | 383 | 14.09 | UHC | Medicaid | 15 | | | 8.52 | 12 | 363.85 | fee schedule | |
| BKR CHG SACCHAROMYCES CEREVISIAE PANEL | 86671 | CPT | | | | both | | | 383 | 14.09 | Wellcare | Medicaid | 15 | | | | 12 | 363.85 | fee schedule | |
| BKR CHG HELICOBACTER PYLORI, IGG | 86677 | CPT | | | | both | | | 136 | 19.38 | Horizon | NJ Health | 23.52 | | | 2.57 | 12 | 129.2 | fee schedule | |
| BKR CHG HELICOBACTER PYLORI, IGG | 86677 | CPT | | | | both | | | 136 | 19.38 | Aetna | Commercial | 51.68 | 38 | | | 12 | 129.2 | percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI, IGG | 86677 | CPT | | | | both | | | 136 | 19.38 | Consumer | Consumer | 129.2 | 95 | | | 12 | 129.2 | percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI, IGG | 86677 | CPT | | | | both | | | 136 | 19.38 | First Trenton | First Trenton | 122.4 | 90 | | | 12 | 129.2 | percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI, IGG | 86677 | CPT | | | | both | | | 136 | 19.38 | Aetna | Better Health | 42.91 | 31.55 | | 26.23 | 12 | 129.2 | percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI, IGG | 86677 | CPT | | | | both | | | 136 | 19.38 | Amerihealth | Medicare | 16.85 | | | | 12 | 129.2 | fee schedule | |
| BKR CHG HELICOBACTER PYLORI, IGG | 86677 | CPT | | | | both | | | 136 | 19.38 | Corrections | Corrections | 106.8 | 80 | | | 12 | 129.2 | percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI, IGG | 86677 | CPT | | | | both | | | 136 | 19.38 | Americare | Americare | 102 | 75 | | | 12 | 129.2 | percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI, IGG | 86677 | CPT | | | | both | | | 136 | 19.38 | UHC | Medicare | 16.85 | | | | 12 | 129.2 | fee schedule | |
| BKR CHG HELICOBACTER PYLORI, IGG | 86677 | CPT | | | | both | | | 136 | 19.38 | Aetna | Medicare | 41.89 | 30.8 | | | 12 | 129.2 | percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI, IGG | 86677 | CPT | | | | both | | | 136 | 19.38 | Horizon | Indemnity | 52.06 | 38.28 | | | 12 | 129.2 | percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI, IGG | 86677 | CPT | | | | both | | | 136 | 19.38 | Wellcare | Medicaid | 12 | | | | 12 | 129.2 | fee schedule | |
| BKR CHG HELICOBACTER PYLORI, IGG | 86677 | CPT | | | | both | | | 136 | 19.38 | Amerihealth | HMO/PPO | 88.4 | 65 | | | 12 | 129.2 | percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI, IGG | 86677 | CPT | | | | both | | | 136 | 19.38 | First Health | First Health | 95.2 | 70 | | | 12 | 129.2 | percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI, IGG | 86677 | CPT | | | | both | | | 136 | 19.38 | Horizon | Medicare Blue | 40.8 | 30 | | | 12 | 129.2 | percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI, IGG | 86677 | CPT | | | | both | | | 136 | 19.38 | Wellcare | Medicare | 16.85 | | | | 12 | 129.2 | fee schedule | |
| BKR CHG HELICOBACTER PYLORI, IGG | 86677 | CPT | | | | both | | | 136 | 19.38 | Multiplan | Multiplan | 108.8 | 80 | | | 12 | 129.2 | percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI, IGG | 86677 | CPT | | | | both | | | 136 | 19.38 | Horizon | MGD | 52.06 | 38.28 | | | 12 | 129.2 | percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI, IGG | 86677 | CPT | | | | both | | | 136 | 19.38 | Horizon | PPO | 52.06 | 38.28 | | | 12 | 129.2 | percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI, IGG | 86677 | CPT | | | | both | | | 136 | 19.38 | WellPoint | WellPoint | 43.76 | 32.18 | | 27.42 | 12 | 129.2 | percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI, IGG | 86677 | CPT | | | | both | | | 136 | 19.38 | Qualcare | Qualcare | 102 | 75 | | | 12 | 129.2 | percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI, IGG | 86677 | CPT | | | | both | | | 136 | 19.38 | Managed Care Inc | Managed Care Inc | 122.4 | 90 | | | 12 | 129.2 | percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI, IGG | 86677 | CPT | | | | both | | | 136 | 19.38 | UHC | Medicaid | 12 | | | 23.76 | 12 | 129.2 | fee schedule | |
| BKR CHG HELICOBACTER PYLORI, IGG | 86677 | CPT | | | | both | | | 136 | 19.38 | Three Rivers | Three Rivers | 129.2 | 95 | | | 12 | 129.2 | percent of total billed charges | |
| BKR CHG TOXOCARA.AB.IGG.SERM | 86682 | CPT | | | | both | | | 536 | 14.96 | Consumer | Consumer | 509.2 | 95 | | | 12 | 509.2 | percent of total billed charges | |
| BKR CHG TOXOCARA.AB.IGG.SERM | 86682 | CPT | | | | both | | | 536 | 14.96 | Aetna | Commercial | 203.68 | 38 | | | 12 | 509.2 | percent of total billed charges | |
| BKR CHG TOXOCARA.AB.IGG.SERM | 86682 | CPT | | | | both | | | 536 | 14.96 | Americare | Americare | 402 | 75 | | | 12 | 509.2 | percent of total billed charges | |
| BKR CHG TOXOCARA.AB.IGG.SERM | 86682 | CPT | | | | both | | | 536 | 14.96 | First Trenton | First Trenton | 482.4 | 90 | | | 12 | 509.2 | percent of total billed charges | |
| BKR CHG TOXOCARA.AB.IGG.SERM | 86682 | CPT | | | | both | | | 536 | 14.96 | Wellcare | Medicaid | 12 | | | 74.66 | 12 | 509.2 | fee schedule | |
| BKR CHG TOXOCARA.AB.IGG.SERM | 86682 | CPT | | | | both | | | 536 | 14.96 | Amerihealth | Medicare | 13.01 | | | | 12 | 509.2 | fee schedule | |
| BKR CHG TOXOCARA.AB.IGG.SERM | 86682 | CPT | | | | both | | | 536 | 14.96 | Aetna | Medicare | 165.09 | 30.8 | | 2.98 | 12 | 509.2 | percent of total billed charges | |
| BKR CHG TOXOCARA.AB.IGG.SERM | 86682 | CPT | | | | both | | | 536 | 14.96 | Aetna | Better Health | 169.11 | 31.55 | | 18.55 | 12 | 509.2 | percent of total billed charges | |
| BKR CHG TOXOCARA.AB.IGG.SERM | 86682 | CPT | | | | both | | | 536 | 14.96 | Corrections | Corrections | 428.8 | 80 | | | 12 | 509.2 | percent of total billed charges | |
| BKR CHG TOXOCARA.AB.IGG.SERM | 86682 | CPT | | | | both | | | 536 | 14.96 | First Health | First Health | 375.2 | 70 | | | 12 | 509.2 | percent of total billed charges | |
| BKR CHG TOXOCARA.AB.IGG.SERM | 86682 | CPT | | | | both | | | 536 | 14.96 | Horizon | Medicare Blue | 160.8 | 30 | | 3.05 | 12 | 509.2 | percent of total billed charges | |
| BKR CHG TOXOCARA.AB.IGG.SERM | 86682 | CPT | | | | both | | | 536 | 14.96 | UHC | Medicare | 13.01 | | | 6.54 | 12 | 509.2 | fee schedule | |
| BKR CHG TOXOCARA.AB.IGG.SERM | 86682 | CPT | | | | both | | | 536 | 14.96 | Horizon | NJ Health | 14.45 | | | 2.14 | 12 | 509.2 | fee schedule | |
| BKR CHG TOXOCARA.AB.IGG.SERM | 86682 | CPT | | | | both | | | 536 | 14.96 | Wellcare | Medicare | 13.01 | | | | 12 | 509.2 | fee schedule | |
| BKR CHG TOXOCARA.AB.IGG.SERM | 86682 | CPT | | | | both | | | 536 | 14.96 | Amerihealth | HMO/PPO | 22.8 | | | 3.61 | 12 | 509.2 | fee schedule | |
| BKR CHG TOXOCARA.AB.IGG.SERM | 86682 | CPT | | | | both | | | 536 | 14.96 | Managed Care Inc | Managed Care Inc | 482.4 | 90 | | | 12 | 509.2 | percent of total billed charges | |
| BKR CHG TOXOCARA.AB.IGG.SERM | 86682 | CPT | | | | both | | | 536 | 14.96 | Horizon | MGD | 205.18 | 38.28 | | 3.68 | 12 | 509.2 | percent of total billed charges | |
| BKR CHG TOXOCARA.AB.IGG.SERM | 86682 | CPT | | | | both | | | 536 | 14.96 | UHC | Medicaid | 12 | | | 19.23 | 12 | 509.2 | fee schedule | |
| BKR CHG TOXOCARA.AB.IGG.SERM | 86682 | CPT | | | | both | | | 536 | 14.96 | Horizon | Indemnity | 205.18 | 38.28 | | 7.29 | 12 | 509.2 | percent of total billed charges | |
| BKR CHG TOXOCARA.AB.IGG.SERM | 86682 | CPT | | | | both | | | 536 | 14.96 | Three Rivers | Three Rivers | 509.2 | 95 | | | 12 | 509.2 | percent of total billed charges | |
| BKR CHG TOXOCARA.AB.IGG.SERM | 86682 | CPT | | | | both | | | 536 | 14.96 | Horizon | PPO | 205.18 | 38.28 | | 6.48 | 12 | 509.2 | percent of total billed charges | |
| BKR CHG TOXOCARA.AB.IGG.SERM | 86682 | CPT | | | | both | | | 536 | 14.96 | WellPoint | WellPoint | 172.48 | 32.18 | | 60.93 | 12 | 509.2 | percent of total billed charges | |
| BKR CHG TOXOCARA.AB.IGG.SERM | 86682 | CPT | | | | both | | | 536 | 14.96 | Multiplan | Multiplan | 428.8 | 80 | | | 12 | 509.2 | percent of total billed charges | |
| BKR CHG TOXOCARA.AB.IGG.SERM | 86682 | CPT | | | | both | | | 536 | 14.96 | Qualcare | Qualcare | 402 | 75 | | | 12 | 509.2 | percent of total billed charges | |
| BKR CHG HAEMOPHILUS.INFLUENZAE.B.IGG\|(138271) | 86684 | CPT | | | | outpatient | | | 198 | 18.22 | Aetna | Better Health | 62.47 | 31.55 | | | 15 | 188.1 | percent of total billed charges | |
| BKR CHG HAEMOPHILUS.INFLUENZAE.B.IGG\|(138271) | 86684 | CPT | | | | outpatient | | | 198 | 18.22 | First Trenton | First Trenton | 178.2 | 90 | | | 15 | 188.1 | percent of total billed charges | |
| BKR CHG HAEMOPHILUS.INFLUENZAE.B.IGG\|(138271) | 86684 | CPT | | | | outpatient | | | 198 | 18.22 | Aetna | Commercial | 75.24 | 38 | | | 15 | 188.1 | percent of total billed charges | |
| BKR CHG HAEMOPHILUS.INFLUENZAE.B.IGG\|(138271) | 86684 | CPT | | | | outpatient | | | 198 | 18.22 | Americare | Americare | 148.5 | 75 | | | 15 | 188.1 | percent of total billed charges | |
| BKR CHG HAEMOPHILUS.INFLUENZAE.B.IGG\|(138271) | 86684 | CPT | | | | outpatient | | | 198 | 18.22 | Amerihealth | HMO/PPO | 22.8 | | | | 15 | 188.1 | fee schedule | |
| BKR CHG HAEMOPHILUS.INFLUENZAE.B.IGG\|(138271) | 86684 | CPT | | | | outpatient | | | 198 | 18.22 | Horizon | PPO | 75.79 | 38.28 | | | 15 | 188.1 | percent of total billed charges | |
| BKR CHG HAEMOPHILUS.INFLUENZAE.B.IGG\|(138271) | 86684 | CPT | | | | outpatient | | | 198 | 18.22 | Corrections | Corrections | 158.4 | 80 | | | 15 | 188.1 | percent of total billed charges | |
| BKR CHG HAEMOPHILUS.INFLUENZAE.B.IGG\|(138271) | 86684 | CPT | | | | outpatient | | | 198 | 18.22 | Consumer | Consumer | 188.1 | 95 | | | 15 | 188.1 | percent of total billed charges | |
| BKR CHG HAEMOPHILUS.INFLUENZAE.B.IGG\|(138271) | 86684 | CPT | | | | outpatient | | | 198 | 18.22 | Amerihealth | Medicare | 15.84 | | | | 15 | 188.1 | fee schedule | |
| BKR CHG HAEMOPHILUS.INFLUENZAE.B.IGG\|(138271) | 86684 | CPT | | | | outpatient | | | 198 | 18.22 | Managed Care Inc | Managed Care Inc | 178.2 | 90 | | | 15 | 188.1 | percent of total billed charges | |
| BKR CHG HAEMOPHILUS.INFLUENZAE.B.IGG\|(138271) | 86684 | CPT | | | | outpatient | | | 198 | 18.22 | Aetna | Medicare | 60.98 | 30.8 | | | 15 | 188.1 | percent of total billed charges | |
| BKR CHG HAEMOPHILUS.INFLUENZAE.B.IGG\|(138271) | 86684 | CPT | | | | outpatient | | | 198 | 18.22 | Multiplan | Multiplan | 158.4 | 80 | | | 15 | 188.1 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG HAEMOPHILUS.INFLUENZAE.B.IGG(138271) | 86684 | CPT | | | | outpatient | | | 198 | 18.22 | First Health | First Health | 138.6 | 70 | | | 15 | | 188.1 percent of total billed charges | |
| BKR CHG HAEMOPHILUS.INFLUENZAE.B.IGG(138271) | 86684 | CPT | | | | outpatient | | | 198 | 18.22 | Horizon | Indemnity | 75.79 | 38.28 | | | 15 | | 188.1 percent of total billed charges | |
| BKR CHG HAEMOPHILUS.INFLUENZAE.B.IGG(138271) | 86684 | CPT | | | | outpatient | | | 198 | 18.22 | UHC | Medicaid | 15 | | | | 15 | | 188.1 fee schedule | |
| BKR CHG HAEMOPHILUS.INFLUENZAE.B.IGG(138271) | 86684 | CPT | | | | outpatient | | | 198 | 18.22 | Qualcare | Qualcare | 148.5 | 75 | | | 15 | | 188.1 percent of total billed charges | |
| BKR CHG HAEMOPHILUS.INFLUENZAE.B.IGG(138271) | 86684 | CPT | | | | outpatient | | | 198 | 18.22 | UHC | Medicare | 15.84 | | | | 15 | | 188.1 fee schedule | |
| BKR CHG HAEMOPHILUS.INFLUENZAE.B.IGG(138271) | 86684 | CPT | | | | outpatient | | | 198 | 18.22 | Horizon | Medicare Blue | 59.4 | 30 | | | 15 | | 188.1 percent of total billed charges | |
| BKR CHG HAEMOPHILUS.INFLUENZAE.B.IGG(138271) | 86684 | CPT | | | | outpatient | | | 198 | 18.22 | Horizon | MGD | 75.79 | 38.28 | | | 15 | | 188.1 percent of total billed charges | |
| BKR CHG HAEMOPHILUS.INFLUENZAE.B.IGG(138271) | 86684 | CPT | | | | outpatient | | | 198 | 18.22 | Horizon | NJ Health | 29.4 | | | | 15 | | 188.1 fee schedule | |
| BKR CHG HAEMOPHILUS.INFLUENZAE.B.IGG(138271) | 86684 | CPT | | | | outpatient | | | 198 | 18.22 | Wellcare | Medicare | 15.84 | | | | 15 | | 188.1 fee schedule | |
| BKR CHG HAEMOPHILUS.INFLUENZAE.B.IGG(138271) | 86684 | CPT | | | | outpatient | | | 198 | 18.22 | Three Rivers | Three Rivers | 188.1 | 95 | | | 15 | | 188.1 percent of total billed charges | |
| BKR CHG HAEMOPHILUS.INFLUENZAE.B.IGG(138271) | 86684 | CPT | | | | outpatient | | | 198 | 18.22 | WellPoint | WellPoint | 63.72 | 32.18 | | | 15 | | 188.1 percent of total billed charges | |
| BKR CHG HAEMOPHILUS.INFLUENZAE.B.IGG(138271) | 86684 | CPT | | | | outpatient | | | 198 | 18.22 | Wellcare | Medicaid | 15 | | | | 15 | | 188.1 fee schedule | |
| BKR CHG HTLV-I | 86687 | CPT | | | | outpatient | | | 94 | 10.45 | Horizon | Indemnity | 35.98 | 38.28 | | | 9.09 | | 89.3 percent of total billed charges | |
| BKR CHG HTLV-I | 86687 | CPT | | | | outpatient | | | 94 | 10.45 | Aetna | Better Health | 29.66 | 31.55 | | | 9.09 | | 89.3 percent of total billed charges | |
| BKR CHG HTLV-I | 86687 | CPT | | | | outpatient | | | 94 | 10.45 | Americare | Americare | 70.5 | 75 | | | 9.09 | | 89.3 percent of total billed charges | |
| BKR CHG HTLV-I | 86687 | CPT | | | | outpatient | | | 94 | 10.45 | Amerihealth | Medicare | 9.09 | | | | 9.09 | | 89.3 fee schedule | |
| BKR CHG HTLV-I | 86687 | CPT | | | | outpatient | | | 94 | 10.45 | Multiplan | Multiplan | 75.2 | 80 | | | 9.09 | | 89.3 percent of total billed charges | |
| BKR CHG HTLV-I | 86687 | CPT | | | | outpatient | | | 94 | 10.45 | Corrections | Corrections | 75.2 | 80 | | | 9.09 | | 89.3 percent of total billed charges | |
| BKR CHG HTLV-I | 86687 | CPT | | | | outpatient | | | 94 | 10.45 | First Trenton | First Trenton | 84.6 | 90 | | | 9.09 | | 89.3 percent of total billed charges | |
| BKR CHG HTLV-I | 86687 | CPT | | | | outpatient | | | 94 | 10.45 | Aetna | Commercial | 35.72 | 38 | | | 9.09 | | 89.3 percent of total billed charges | |
| BKR CHG HTLV-I | 86687 | CPT | | | | outpatient | | | 94 | 10.45 | Qualcare | Qualcare | 70.5 | 75 | | | 9.09 | | 89.3 percent of total billed charges | |
| BKR CHG HTLV-I | 86687 | CPT | | | | outpatient | | | 94 | 10.45 | Consumer | Consumer | 89.3 | 95 | | | 9.09 | | 89.3 percent of total billed charges | |
| BKR CHG HTLV-I | 86687 | CPT | | | | outpatient | | | 94 | 10.45 | Amerihealth | HMO/PPO | 13.1 | | | | 9.09 | | 89.3 fee schedule | |
| BKR CHG HTLV-I | 86687 | CPT | | | | outpatient | | | 94 | 10.45 | First Health | First Health | 65.8 | 70 | | | 9.09 | | 89.3 percent of total billed charges | |
| BKR CHG HTLV-I | 86687 | CPT | | | | outpatient | | | 94 | 10.45 | Horizon | PPO | 35.98 | 38.28 | | | 9.09 | | 89.3 percent of total billed charges | |
| BKR CHG HTLV-I | 86687 | CPT | | | | outpatient | | | 94 | 10.45 | Horizon | Medicare Blue | 28.2 | 30 | | | 9.09 | | 89.3 percent of total billed charges | |
| BKR CHG HTLV-I | 86687 | CPT | | | | outpatient | | | 94 | 10.45 | Managed Care Inc | Managed Care Inc | 84.6 | 90 | | | 9.09 | | 89.3 percent of total billed charges | |
| BKR CHG HTLV-I | 86687 | CPT | | | | outpatient | | | 94 | 10.45 | Aetna | Medicare | 28.95 | 30.8 | | | 9.09 | | 89.3 percent of total billed charges | |
| BKR CHG HTLV-I | 86687 | CPT | | | | outpatient | | | 94 | 10.45 | Three Rivers | Three Rivers | 89.3 | 95 | | | 9.09 | | 89.3 percent of total billed charges | |
| BKR CHG HTLV-I | 86687 | CPT | | | | outpatient | | | 94 | 10.45 | Horizon | NJ Health | 27.44 | | | | 9.09 | | 89.3 fee schedule | |
| BKR CHG HTLV-I | 86687 | CPT | | | | outpatient | | | 94 | 10.45 | UHC | Medicaid | 9.23 | | | | 9.09 | | 89.3 fee schedule | |
| BKR CHG HTLV-I | 86687 | CPT | | | | outpatient | | | 94 | 10.45 | UHC | Medicare | 9.09 | | | | 9.09 | | 89.3 fee schedule | |
| BKR CHG HTLV-I | 86687 | CPT | | | | outpatient | | | 94 | 10.45 | Wellcare | Medicaid | 9.23 | | | | 9.09 | | 89.3 fee schedule | |
| BKR CHG HTLV-I | 86687 | CPT | | | | outpatient | | | 94 | 10.45 | Wellcare | Medicare | 9.09 | | | | 9.09 | | 89.3 fee schedule | |
| BKR CHG HTLV-I | 86687 | CPT | | | | outpatient | | | 94 | 10.45 | Horizon | MGD | 35.98 | 38.28 | | | 9.09 | | 89.3 percent of total billed charges | |
| BKR CHG HTLV-I | 86687 | CPT | | | | outpatient | | | 94 | 10.45 | WellPoint | WellPoint | 30.25 | 32.18 | | | 9.09 | | 89.3 percent of total billed charges | |
| BKR CHG HTLV-II | 86688 | CPT | | | | outpatient | | | 94 | 16.1 | Americare | Americare | 70.5 | 75 | | | 13 | | 89.3 percent of total billed charges | |
| BKR CHG HTLV-II | 86688 | CPT | | | | outpatient | | | 94 | 16.1 | Consumer | Consumer | 89.3 | 95 | | | 13 | | 89.3 percent of total billed charges | |
| BKR CHG HTLV-II | 86688 | CPT | | | | outpatient | | | 94 | 16.1 | Amerihealth | Medicare | 14 | | | | 13 | | 89.3 fee schedule | |
| BKR CHG HTLV-II | 86688 | CPT | | | | outpatient | | | 94 | 16.1 | Aetna | Better Health | 29.66 | 31.55 | | | 13 | | 89.3 percent of total billed charges | |
| BKR CHG HTLV-II | 86688 | CPT | | | | outpatient | | | 94 | 16.1 | Qualcare | Qualcare | 70.5 | 75 | | | 13 | | 89.3 percent of total billed charges | |
| BKR CHG HTLV-II | 86688 | CPT | | | | outpatient | | | 94 | 16.1 | Aetna | Medicare | 28.95 | 30.8 | | | 13 | | 89.3 percent of total billed charges | |
| BKR CHG HTLV-II | 86688 | CPT | | | | outpatient | | | 94 | 16.1 | First Trenton | First Trenton | 84.6 | 90 | | | 13 | | 89.3 percent of total billed charges | |
| BKR CHG HTLV-II | 86688 | CPT | | | | outpatient | | | 94 | 16.1 | Amerihealth | HMO/PPO | 13.9 | | | | 13 | | 89.3 fee schedule | |
| BKR CHG HTLV-II | 86688 | CPT | | | | outpatient | | | 94 | 16.1 | Horizon | Medicare Blue | 28.2 | 30 | | | 13 | | 89.3 percent of total billed charges | |
| BKR CHG HTLV-II | 86688 | CPT | | | | outpatient | | | 94 | 16.1 | Corrections | Corrections | 75.2 | 80 | | | 13 | | 89.3 percent of total billed charges | |
| BKR CHG HTLV-II | 86688 | CPT | | | | outpatient | | | 94 | 16.1 | Wellcare | Medicaid | 13 | | | | 13 | | 89.3 fee schedule | |
| BKR CHG HTLV-II | 86688 | CPT | | | | outpatient | | | 94 | 16.1 | First Health | First Health | 65.8 | 70 | | | 13 | | 89.3 percent of total billed charges | |
| BKR CHG HTLV-II | 86688 | CPT | | | | outpatient | | | 94 | 16.1 | Horizon | NJ Health | 25.48 | | | | 13 | | 89.3 fee schedule | |
| BKR CHG HTLV-II | 86688 | CPT | | | | outpatient | | | 94 | 16.1 | Horizon | MGD | 35.98 | 38.28 | | | 13 | | 89.3 percent of total billed charges | |
| BKR CHG HTLV-II | 86688 | CPT | | | | outpatient | | | 94 | 16.1 | Horizon | PPO | 35.98 | 38.28 | | | 13 | | 89.3 percent of total billed charges | |
| BKR CHG HTLV-II | 86688 | CPT | | | | outpatient | | | 94 | 16.1 | Horizon | Indemnity | 35.98 | 38.28 | | | 13 | | 89.3 percent of total billed charges | |
| BKR CHG HTLV-II | 86688 | CPT | | | | outpatient | | | 94 | 16.1 | Managed Care Inc | Managed Care Inc | 84.6 | 90 | | | 13 | | 89.3 percent of total billed charges | |
| BKR CHG HTLV-II | 86688 | CPT | | | | outpatient | | | 94 | 16.1 | UHC | Medicaid | 13 | | | | 13 | | 89.3 fee schedule | |
| BKR CHG HTLV-II | 86688 | CPT | | | | outpatient | | | 94 | 16.1 | Three Rivers | Three Rivers | 89.3 | 95 | | | 13 | | 89.3 percent of total billed charges | |
| BKR CHG HTLV-II | 86688 | CPT | | | | outpatient | | | 94 | 16.1 | Multiplan | Multiplan | 75.2 | 80 | | | 13 | | 89.3 percent of total billed charges | |
| BKR CHG HTLV-II | 86688 | CPT | | | | outpatient | | | 94 | 16.1 | Wellcare | Medicare | 14 | | | | 13 | | 89.3 fee schedule | |
| BKR CHG HTLV-II | 86688 | CPT | | | | outpatient | | | 94 | 16.1 | UHC | Medicare | 14 | | | | 13 | | 89.3 fee schedule | |
| BKR CHG HTLV-II | 86688 | CPT | | | | outpatient | | | 94 | 16.1 | WellPoint | WellPoint | 30.25 | 32.18 | | | 13 | | 89.3 percent of total billed charges | |
| BKR CHG WESTERN BLOT | 86689 | CPT | | | | both | | | 911 | 22.25 | Amerihealth | HMO/PPO | 29.1 | | | | 18.6 | | 865.45 fee schedule | |
| BKR CHG WESTERN BLOT | 86689 | CPT | | | | both | | | 911 | 22.25 | Aetna | Better Health | 287.42 | 31.55 | | | 18.6 | | 865.45 percent of total billed charges | |
| BKR CHG WESTERN BLOT | 86689 | CPT | | | | both | | | 911 | 22.25 | Amerihealth | Medicare | 19.35 | | | | 18.6 | | 865.45 fee schedule | |
| BKR CHG WESTERN BLOT | 86689 | CPT | | | | both | | | 911 | 22.25 | Americare | Americare | 683.25 | 75 | | | 18.6 | | 865.45 percent of total billed charges | |
| BKR CHG WESTERN BLOT | 86689 | CPT | | | | both | | | 911 | 22.25 | First Trenton | First Trenton | 819.9 | 90 | | | 18.6 | | 865.45 percent of total billed charges | |
| BKR CHG WESTERN BLOT | 86689 | CPT | | | | both | | | 911 | 22.25 | Corrections | Corrections | 728.8 | 80 | | | 18.6 | | 865.45 percent of total billed charges | |
| BKR CHG WESTERN BLOT | 86689 | CPT | | | | both | | | 911 | 22.25 | Horizon | MGD | 348.73 | 38.28 | | | 18.6 | | 865.45 percent of total billed charges | |
| BKR CHG WESTERN BLOT | 86689 | CPT | | | | both | | | 911 | 22.25 | Aetna | Medicare | 280.59 | 30.8 | | | 18.6 | | 865.45 percent of total billed charges | |
| BKR CHG WESTERN BLOT | 86689 | CPT | | | | both | | | 911 | 22.25 | First Health | First Health | 637.7 | 70 | | | 18.6 | | 865.45 percent of total billed charges | |
| BKR CHG WESTERN BLOT | 86689 | CPT | | | | both | | | 911 | 22.25 | Aetna | Commercial | 346.18 | 38 | | | 18.6 | | 865.45 percent of total billed charges | |
| BKR CHG WESTERN BLOT | 86689 | CPT | | | | both | | | 911 | 22.25 | WellPoint | WellPoint | 293.16 | 32.18 | | | 18.6 | | 865.45 percent of total billed charges | |
| BKR CHG WESTERN BLOT | 86689 | CPT | | | | both | | | 911 | 22.25 | Consumer | Consumer | 865.45 | 95 | | | 18.6 | | 865.45 percent of total billed charges | |
| BKR CHG WESTERN BLOT | 86689 | CPT | | | | both | | | 911 | 22.25 | Horizon | NJ Health | 41.55 | | | | 18.6 | | 865.45 fee schedule | |
| BKR CHG WESTERN BLOT | 86689 | CPT | | | | both | | | 911 | 22.25 | UHC | Medicare | 19.35 | | | 21.83 | 18.6 | | 865.45 fee schedule | |
| BKR CHG WESTERN BLOT | 86689 | CPT | | | | both | | | 911 | 22.25 | Horizon | Indemnity | 348.73 | 38.28 | | | 18.6 | | 865.45 percent of total billed charges | |
| BKR CHG WESTERN BLOT | 86689 | CPT | | | | both | | | 911 | 22.25 | Horizon | Medicare Blue | 273.3 | 30 | | | 18.6 | | 865.45 percent of total billed charges | |
| BKR CHG WESTERN BLOT | 86689 | CPT | | | | both | | | 911 | 22.25 | Horizon | PPO | 348.73 | 38.28 | | | 18.6 | | 865.45 percent of total billed charges | |
| BKR CHG WESTERN BLOT | 86689 | CPT | | | | both | | | 911 | 22.25 | Multiplan | Multiplan | 728.8 | 80 | | | 18.6 | | 865.45 percent of total billed charges | |
| BKR CHG WESTERN BLOT | 86689 | CPT | | | | both | | | 911 | 22.25 | Wellcare | Medicaid | 21.2 | | | | 18.6 | | 865.45 fee schedule | |
| BKR CHG WESTERN BLOT | 86689 | CPT | | | | both | | | 911 | 22.25 | UHC | Medicaid | 21.2 | | | | 18.6 | | 865.45 fee schedule | |
| BKR CHG WESTERN BLOT | 86689 | CPT | | | | both | | | 911 | 22.25 | Managed Care Inc | Managed Care Inc | 819.9 | 90 | | | 18.6 | | 865.45 percent of total billed charges | |
| BKR CHG WESTERN BLOT | 86689 | CPT | | | | both | | | 911 | 22.25 | Qualcare | Qualcare | 683.25 | 75 | | | 18.6 | | 865.45 percent of total billed charges | |
| BKR CHG WESTERN BLOT | 86689 | CPT | | | | both | | | 911 | 22.25 | Three Rivers | Three Rivers | 865.45 | 95 | | | 18.6 | | 865.45 percent of total billed charges | |
| BKR CHG WESTERN BLOT | 86689 | CPT | | | | both | | | 911 | 22.25 | Wellcare | Medicare | 19.35 | | | | 18.6 | | 865.45 fee schedule | |
| BKR CHG HEPATITIS D.ANTIGEN | 86692 | CPT | | | | both | | | 314 | 19.73 | Horizon | Medicare Blue | 94.2 | 30 | | | 16.8 | | 298.3 percent of total billed charges | |
| BKR CHG HEPATITIS D.ANTIGEN | 86692 | CPT | | | | both | | | 314 | 19.73 | Corrections | Corrections | 251.2 | 80 | | | 16.8 | | 298.3 percent of total billed charges | |
| BKR CHG HEPATITIS D.ANTIGEN | 86692 | CPT | | | | both | | | 314 | 19.73 | Horizon | PPO | 120.2 | 38.28 | | 17.48 | 16.8 | | 298.3 percent of total billed charges | |
| BKR CHG HEPATITIS D.ANTIGEN | 86692 | CPT | | | | both | | | 314 | 19.73 | Amerihealth | Medicare | 17.16 | | | | 16.8 | | 298.3 fee schedule | |
| BKR CHG HEPATITIS D.ANTIGEN | 86692 | CPT | | | | both | | | 314 | 19.73 | First Trenton | First Trenton | 282.6 | 90 | | | 16.8 | | 298.3 percent of total billed charges | |
| BKR CHG HEPATITIS D.ANTIGEN | 86692 | CPT | | | | both | | | 314 | 19.73 | Aetna | Better Health | 99.07 | 31.55 | | | 16.8 | | 298.3 percent of total billed charges | |
| BKR CHG HEPATITIS D.ANTIGEN | 86692 | CPT | | | | both | | | 314 | 19.73 | Aetna | Medicare | 96.71 | 30.8 | | | 16.8 | | 298.3 percent of total billed charges | |
| BKR CHG HEPATITIS D.ANTIGEN | 86692 | CPT | | | | both | | | 314 | 19.73 | First Health | First Health | 219.8 | 70 | | | 16.8 | | 298.3 percent of total billed charges | |
| BKR CHG HEPATITIS D.ANTIGEN | 86692 | CPT | | | | both | | | 314 | 19.73 | Horizon | Indemnity | 120.2 | 38.28 | | | 16.8 | | 298.3 percent of total billed charges | |
| BKR CHG HEPATITIS D.ANTIGEN | 86692 | CPT | | | | both | | | 314 | 19.73 | Wellcare | Medicaid | 20 | | | | 16.8 | | 298.3 fee schedule | |
| BKR CHG HEPATITIS D.ANTIGEN | 86692 | CPT | | | | both | | | 314 | 19.73 | UHC | Medicaid | 20 | | | 34.07 | 16.8 | | 298.3 fee schedule | |
| BKR CHG HEPATITIS D.ANTIGEN | 86692 | CPT | | | | both | | | 314 | 19.73 | Consumer | Consumer | 298.3 | 95 | | | 16.8 | | 298.3 percent of total billed charges | |
| BKR CHG HEPATITIS D.ANTIGEN | 86692 | CPT | | | | both | | | 314 | 19.73 | Managed Care Inc | Managed Care Inc | 282.6 | 90 | | | 16.8 | | 298.3 percent of total billed charges | |
| BKR CHG HEPATITIS D.ANTIGEN | 86692 | CPT | | | | both | | | 314 | 19.73 | Multiplan | Multiplan | 251.2 | 80 | | | 16.8 | | 298.3 percent of total billed charges | |
| BKR CHG HEPATITIS D.ANTIGEN | 86692 | CPT | | | | both | | | 314 | 19.73 | Americare | Americare | 235.5 | 75 | | | 16.8 | | 298.3 percent of total billed charges | |
| BKR CHG HEPATITIS D.ANTIGEN | 86692 | CPT | | | | both | | | 314 | 19.73 | Three Rivers | Three Rivers | 298.3 | 95 | | | 16.8 | | 298.3 percent of total billed charges | |
| BKR CHG HEPATITIS D.ANTIGEN | 86692 | CPT | | | | both | | | 314 | 19.73 | WellPoint | WellPoint | 101.05 | 32.18 | | 6.76 | 16.8 | | 298.3 percent of total billed charges | |
| BKR CHG HEPATITIS D.ANTIGEN | 86692 | CPT | | | | both | | | 314 | 19.73 | Qualcare | Qualcare | 235.5 | 75 | | | 16.8 | | 298.3 percent of total billed charges | |
| BKR CHG HEPATITIS D.ANTIGEN | 86692 | CPT | | | | both | | | 314 | 19.73 | Wellcare | Medicare | 17.16 | | | | 16.8 | | 298.3 fee schedule | |
| BKR CHG HEPATITIS D.ANTIGEN | 86692 | CPT | | | | both | | | 314 | 19.73 | UHC | Medicare | 17.16 | | | | 16.8 | | 298.3 fee schedule | |
| BKR CHG HEPATITIS D.ANTIGEN | 86692 | CPT | | | | both | | | 314 | 19.73 | Amerihealth | HMO/PPO | 25 | | | | 16.8 | | 298.3 fee schedule | |
| BKR CHG HEPATITIS D.ANTIGEN | 86692 | CPT | | | | both | | | 314 | 19.73 | Horizon | MGD | 120.2 | 38.28 | | | 16.8 | | 298.3 percent of total billed charges | |
| BKR CHG HEPATITIS D.ANTIGEN | 86692 | CPT | | | | both | | | 314 | 19.73 | Horizon | NJ Health | 39.2 | | | 3.17 | 16.8 | | 298.3 fee schedule | |
| BKR CHG HSV, IGM I/II COMBINATION | 86694 | CPT | | | | both | | | 82 | 16.55 | Aetna | Commercial | 31.16 | 38 | | | 12.6 | | 77.9 percent of total billed charges | |
| BKR CHG HSV, IGM I/II COMBINATION | 86694 | CPT | | | | both | | | 82 | 16.55 | Aetna | Better Health | 25.87 | 31.55 | | 3.51 | 12.6 | | 77.9 percent of total billed charges | |
| BKR CHG HSV, IGM I/II COMBINATION | 86694 | CPT | | | | both | | | 82 | 16.55 | Americare | Americare | 61.5 | 75 | | | 12.6 | | 77.9 percent of total billed charges | |
| BKR CHG HSV, IGM I/II COMBINATION | 86694 | CPT | | | | both | | | 82 | 16.55 | Horizon | MGD | 31.39 | 38.28 | | 2.98 | 12.6 | | 77.9 percent of total billed charges | |
| BKR CHG HSV, IGM I/II COMBINATION | 86694 | CPT | | | | both | | | 82 | 16.55 | Consumer | Consumer | 77.9 | 95 | | | 12.6 | | 77.9 percent of total billed charges | |
| BKR CHG HSV, IGM I/II COMBINATION | 86694 | CPT | | | | both | | | 82 | 16.55 | UHC | Medicare | 14.39 | | | 0.66 | 12.6 | | 77.9 fee schedule | |
| BKR CHG HSV, IGM I/II COMBINATION | 86694 | CPT | | | | both | | | 82 | 16.55 | WellPoint | WellPoint | 26.39 | 32.18 | | 11.89 | 12.6 | | 77.9 percent of total billed charges | |
| BKR CHG HSV, IGM I/II COMBINATION | 86694 | CPT | | | | both | | | 82 | 16.55 | Amerihealth | HMO/PPO | 21.8 | | | 0.72 | 12.6 | | 77.9 fee schedule | |
| BKR CHG HSV, IGM I/II COMBINATION | 86694 | CPT | | | | both | | | 82 | 16.55 | Aetna | Medicare | 25.26 | 30.8 | | 1.56 | 12.6 | | 77.9 percent of total billed charges | |
| BKR CHG HSV, IGM I/II COMBINATION | 86694 | CPT | | | | both | | | 82 | 16.55 | Wellcare | Medicare | 14.39 | | | | 12.6 | | 77.9 fee schedule | |
| BKR CHG HSV, IGM I/II COMBINATION | 86694 | CPT | | | | both | | | 82 | 16.55 | Corrections | Corrections | 65.6 | 80 | | | 12.6 | | 77.9 percent of total billed charges | |
| BKR CHG HSV, IGM I/II COMBINATION | 86694 | CPT | | | | both | | | 82 | 16.55 | Amerihealth | Medicare | 14.39 | | | | 12.6 | | 77.9 fee schedule | |
| BKR CHG HSV, IGM I/II COMBINATION | 86694 | CPT | | | | both | | | 82 | 16.55 | Multiplan | Multiplan | 65.6 | 80 | | | 12.6 | | 77.9 percent of total billed charges | |
| BKR CHG HSV, IGM I/II COMBINATION | 86694 | CPT | | | | both | | | 82 | 16.55 | First Health | First Health | 57.4 | 70 | | | 12.6 | | 77.9 percent of total billed charges | |
| BKR CHG HSV, IGM I/II COMBINATION | 86694 | CPT | | | | both | | | 82 | 16.55 | Horizon | Medicare Blue | 24.6 | 30 | | 0.61 | 12.6 | | 77.9 percent of total billed charges | |
| BKR CHG HSV, IGM I/II COMBINATION | 86694 | CPT | | | | both | | | 82 | 16.55 | First Trenton | First Trenton | 73.8 | 90 | | | 12.6 | | 77.9 percent of total billed charges | |
| BKR CHG HSV, IGM I/II COMBINATION | 86694 | CPT | | | | both | | | 82 | 16.55 | Qualcare | Qualcare | 61.5 | 75 | | | 12.6 | | 77.9 percent of total billed charges | |
| BKR CHG HSV, IGM I/II COMBINATION | 86694 | CPT | | | | both | | | 82 | 16.55 | Horizon | Indemnity | 31.39 | 38.28 | | 1.53 | 12.6 | | 77.9 percent of total billed charges | |
| BKR CHG HSV, IGM I/II COMBINATION | 86694 | CPT | | | | both | | | 82 | 16.55 | Horizon | NJ Health | 25.09 | | | 1.07 | 12.6 | | 77.9 fee schedule | |
| BKR CHG HSV, IGM I/II COMBINATION | 86694 | CPT | | | | both | | | 82 | 16.55 | Horizon | PPO | 31.39 | 38.28 | | 1.41 | 12.6 | | 77.9 percent of total billed charges | |
| BKR CHG HSV, IGM I/II COMBINATION | 86694 | CPT | | | | both | | | 82 | 16.55 | Wellcare | Medicaid | 12.8 | | | | 12.6 | | 77.9 fee schedule | |
| BKR CHG HSV, IGM I/II COMBINATION | 86694 | CPT | | | | both | | | 82 | 16.55 | Managed Care Inc | Managed Care Inc | 73.8 | 90 | | | 12.6 | | 77.9 percent of total billed charges | |
| BKR CHG HSV, IGM I/II COMBINATION | 86694 | CPT | | | | both | | | 82 | 16.55 | Three Rivers | Three Rivers | 77.9 | 95 | | | 12.6 | | 77.9 percent of total billed charges | |
| BKR CHG HSV, IGM I/II COMBINATION | 86694 | CPT | | | | both | | | 82 | 16.55 | UHC | Medicaid | 12.8 | | | 3.85 | 12.6 | | 77.9 fee schedule | |
| BKR CHG HSV TYPE 2 | 86695 | CPT | | | | both | | | 242 | 15.17 | Wellcare | Medicaid | 12.8 | | | 29.54 | 8.7 | | 229.9 fee schedule | |
| BKR CHG HSV TYPE 2 | 86695 | CPT | | | | both | | | 242 | 15.17 | Horizon | Indemnity | 92.64 | 38.28 | | 11.15 | 8.7 | | 229.9 percent of total billed charges | |
| BKR CHG HSV TYPE 2 | 86695 | CPT | | | | both | | | 242 | 15.17 | Multiplan | Multiplan | 193.6 | 80 | | | 8.7 | | 229.9 percent of total billed charges | |
| BKR CHG HSV TYPE 2 | 86695 | CPT | | | | both | | | 242 | 15.17 | Consumer | Consumer | 229.9 | 95 | | | 8.7 | | 229.9 percent of total billed charges | |
| BKR CHG HSV TYPE 2 | 86695 | CPT | | | | both | | | 242 | 15.17 | Aetna | Commercial | 91.96 | 38 | | 14.26 | 8.7 | | 229.9 percent of total billed charges | |
| BKR CHG HSV TYPE 2 | 86695 | CPT | | | | both | | | 242 | 15.17 | Aetna | Medicare | 74.54 | 30.8 | | 3.46 | 8.7 | | 229.9 percent of total billed charges | |
| BKR CHG HSV TYPE 2 | 86695 | CPT | | | | both | | | 242 | 15.17 | Aetna | Better Health | 76.35 | 31.55 | | 17.62 | 8.7 | | 229.9 percent of total billed charges | |
| BKR CHG HSV TYPE 2 | 86695 | CPT | | | | both | | | 242 | 15.17 | Amerihealth | HMO/PPO | 22.8 | | | 4.34 | 8.7 | | 229.9 fee schedule | |
| BKR CHG HSV TYPE 2 | 86695 | CPT | | | | both | | | 242 | 15.17 | Americare | Americare | 181.5 | 75 | | | 8.7 | | 229.9 percent of total billed charges | |
| BKR CHG HSV TYPE 2 | 86695 | CPT | | | | both | | | 242 | 15.17 | Horizon | NJ Health | 25.09 | | | 18.88 | 8.7 | | 229.9 fee schedule | |
| BKR CHG HSV TYPE 2 | 86695 | CPT | | | | both | | | 242 | 15.17 | Qualcare | Qualcare | 181.5 | 75 | | | 8.7 | | 229.9 percent of total billed charges | |
| BKR CHG HSV TYPE 2 | 86695 | CPT | | | | both | | | 242 | 15.17 | WellPoint | WellPoint | 77.88 | 32.18 | | 39.84 | 8.7 | | 229.9 percent of total billed charges | |
| BKR CHG HSV TYPE 2 | 86695 | CPT | | | | both | | | 242 | 15.17 | Amerihealth | Medicare | 13.19 | | | | 8.7 | | 229.9 fee schedule | |
| BKR CHG HSV TYPE 2 | 86695 | CPT | | | | both | | | 242 | 15.17 | Horizon | Medicare Blue | 72.6 | 30 | | 8.44 | 8.7 | | 229.9 percent of total billed charges | |
| BKR CHG HSV TYPE 2 | 86695 | CPT | | | | both | | | 242 | 15.17 | Corrections | Corrections | 193.6 | 80 | | 14.13 | 8.7 | | 229.9 percent of total billed charges | |
| BKR CHG HSV TYPE 2 | 86695 | CPT | | | | both | | | 242 | 15.17 | First Health | First Health | 169.4 | 70 | | | 8.7 | | 229.9 percent of total billed charges | |
| BKR CHG HSV TYPE 2 | 86695 | CPT | | | | both | | | 242 | 15.17 | UHC | Medicaid | 12.8 | | | 32.87 | 8.7 | | 229.9 fee schedule | |
| BKR CHG HSV TYPE 2 | 86695 | CPT | | | | both | | | 242 | 15.17 | UHC | Medicare | 13.19 | | | 17.06 | 8.7 | | 229.9 fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG HSV TYPE 2 | 86695 | CPT | | | | both | | | 242 | | 15.17 | First Trenton | | 217.8 | 90 | | | 8.7 | 229.9 | percent of total billed charges | |
| BKR CHG HSV TYPE 2 | 86695 | CPT | | | | both | | | 242 | | 15.17 | Horizon | MGD | 92.64 | 38.28 | | 31.27 | 8.7 | 229.9 | percent of total billed charges | |
| BKR CHG HSV TYPE 2 | 86695 | CPT | | | | both | | | 242 | | 15.17 | Managed Care Inc | Managed Care Inc | 217.8 | 90 | | | 8.7 | 229.9 | percent of total billed charges | |
| BKR CHG HSV TYPE 2 | 86695 | CPT | | | | both | | | 242 | | 15.17 | Horizon | PPO | 92.64 | 38.28 | | 7.07 | 8.7 | 229.9 | percent of total billed charges | |
| BKR CHG HSV TYPE 2 | 86695 | CPT | | | | both | | | 242 | | 15.17 | Three Rivers | Three Rivers | 229.9 | 95 | | | 8.7 | 229.9 | percent of total billed charges | |
| BKR CHG HSV TYPE 2 | 86695 | CPT | | | | both | | | 242 | | 15.17 | Wellcare | Medicare | 13.19 | | | | 8.7 | 229.9 | fee schedule | |
| BKR CHG HSV2 IGG SUPP TEST REFLEX (164922) | 86696 | CPT | | | | both | | | 224 | | 22.25 | Aetna | Medicare | 68.99 | 30.8 | | 4.94 | 8.7 | 212.8 | percent of total billed charges | |
| BKR CHG HSV2 IGG SUPP TEST REFLEX (164922) | 86696 | CPT | | | | both | | | 224 | | 22.25 | Horizon | Indemnity | 85.75 | 38.28 | | 14.11 | 8.7 | 212.8 | percent of total billed charges | |
| BKR CHG HSV2 IGG SUPP TEST REFLEX (164922) | 86696 | CPT | | | | both | | | 224 | | 22.25 | Aetna | Commercial | 85.12 | 38 | | 20.35 | 8.7 | 212.8 | percent of total billed charges | |
| BKR CHG HSV2 IGG SUPP TEST REFLEX (164922) | 86696 | CPT | | | | both | | | 224 | | 22.25 | Aetna | Better Health | 70.67 | 31.55 | | 26.96 | 8.7 | 212.8 | percent of total billed charges | |
| BKR CHG HSV2 IGG SUPP TEST REFLEX (164922) | 86696 | CPT | | | | both | | | 224 | | 22.25 | Amerihealth | Medicare | 19.35 | | | | 8.7 | 212.8 | fee schedule | |
| BKR CHG HSV2 IGG SUPP TEST REFLEX (164922) | 86696 | CPT | | | | both | | | 224 | | 22.25 | Horizon | NJ Health | 21.48 | | | 20.68 | 8.7 | 212.8 | fee schedule | |
| BKR CHG HSV2 IGG SUPP TEST REFLEX (164922) | 86696 | CPT | | | | both | | | 224 | | 22.25 | First Trenton | First Trenton | 201.6 | 90 | | | 8.7 | 212.8 | percent of total billed charges | |
| BKR CHG HSV2 IGG SUPP TEST REFLEX (164922) | 86696 | CPT | | | | both | | | 224 | | 22.25 | Corrections | Corrections | 179.2 | 80 | | 23.86 | 8.7 | 212.8 | percent of total billed charges | |
| BKR CHG HSV2 IGG SUPP TEST REFLEX (164922) | 86696 | CPT | | | | both | | | 224 | | 22.25 | First Health | First Health | 156.8 | 70 | | | 8.7 | 212.8 | percent of total billed charges | |
| BKR CHG HSV2 IGG SUPP TEST REFLEX (164922) | 86696 | CPT | | | | both | | | 224 | | 22.25 | UHC | Medicare | 19.35 | | | 19.6 | 8.7 | 212.8 | fee schedule | |
| BKR CHG HSV2 IGG SUPP TEST REFLEX (164922) | 86696 | CPT | | | | both | | | 224 | | 22.25 | Americare | Americare | 168 | 75 | | | 8.7 | 212.8 | percent of total billed charges | |
| BKR CHG HSV2 IGG SUPP TEST REFLEX (164922) | 86696 | CPT | | | | both | | | 224 | | 22.25 | Amerihealth | HMO/PPO | 29.1 | | | 6.19 | 8.7 | 212.8 | fee schedule | |
| BKR CHG HSV2 IGG SUPP TEST REFLEX (164922) | 86696 | CPT | | | | both | | | 224 | | 22.25 | Multiplan | Multiplan | 179.2 | 80 | | | 8.7 | 212.8 | percent of total billed charges | |
| BKR CHG HSV2 IGG SUPP TEST REFLEX (164922) | 86696 | CPT | | | | both | | | 224 | | 22.25 | Horizon | PPO | 85.75 | 38.28 | | 9.2 | 8.7 | 212.8 | percent of total billed charges | |
| BKR CHG HSV2 IGG SUPP TEST REFLEX (164922) | 86696 | CPT | | | | both | | | 224 | | 22.25 | Managed Care Inc | Managed Care Inc | 201.6 | 90 | | | 8.7 | 212.8 | percent of total billed charges | |
| BKR CHG HSV2 IGG SUPP TEST REFLEX (164922) | 86696 | CPT | | | | both | | | 224 | | 22.25 | Consumer | Consumer | 212.8 | 95 | | | 8.7 | 212.8 | percent of total billed charges | |
| BKR CHG HSV2 IGG SUPP TEST REFLEX (164922) | 86696 | CPT | | | | both | | | 224 | | 22.25 | Quakcare | Quakcare | 168 | 75 | | | 8.7 | 212.8 | percent of total billed charges | |
| BKR CHG HSV2 IGG SUPP TEST REFLEX (164922) | 86696 | CPT | | | | both | | | 224 | | 22.25 | UHC | Medicaid | 21.4 | | | 38.04 | 8.7 | 212.8 | fee schedule | |
| BKR CHG HSV2 IGG SUPP TEST REFLEX (164922) | 86696 | CPT | | | | both | | | 224 | | 22.25 | Three Rivers | Three Rivers | 212.8 | 95 | | | 8.7 | 212.8 | percent of total billed charges | |
| BKR CHG HSV2 IGG SUPP TEST REFLEX (164922) | 86696 | CPT | | | | both | | | 224 | | 22.25 | Horizon | Medicare Blue | 67.2 | 30 | | 10.07 | 8.7 | 212.8 | percent of total billed charges | |
| BKR CHG HSV2 IGG SUPP TEST REFLEX (164922) | 86696 | CPT | | | | both | | | 224 | | 22.25 | Horizon | MGD | 85.75 | 38.28 | | 33.81 | 8.7 | 212.8 | percent of total billed charges | |
| BKR CHG HSV2 IGG SUPP TEST REFLEX (164922) | 86696 | CPT | | | | both | | | 224 | | 22.25 | Wellcare | Medicaid | 21.4 | | | 30.67 | 8.7 | 212.8 | fee schedule | |
| BKR CHG HSV2 IGG SUPP TEST REFLEX (164922) | 86696 | CPT | | | | both | | | 224 | | 22.25 | Wellcare | Medicare | 19.35 | | | | 8.7 | 212.8 | fee schedule | |
| BKR CHG HSV2 IGG SUPP TEST REFLEX (164922) | 86696 | CPT | | | | both | | | 224 | | 22.25 | WellPoint | WellPoint | 72.08 | 32.18 | | 42.11 | 8.7 | 212.8 | percent of total billed charges | |
| BKR CHG HISTOPLASMOSIS AB | 86698 | CPT | | | | both | | | 218 | | 15.86 | Aetna | Better Health | 68.78 | 31.55 | | | 9.3 | 207.1 | percent of total billed charges | |
| BKR CHG HISTOPLASMOSIS AB | 86698 | CPT | | | | both | | | 218 | | 15.86 | Horizon | Indemnity | 83.45 | 38.28 | | | 9.3 | 207.1 | percent of total billed charges | |
| BKR CHG HISTOPLASMOSIS AB | 86698 | CPT | | | | both | | | 218 | | 15.86 | Corrections | Corrections | 174.4 | 80 | | | 9.3 | 207.1 | percent of total billed charges | |
| BKR CHG HISTOPLASMOSIS AB | 86698 | CPT | | | | both | | | 218 | | 15.86 | First Trenton | First Trenton | 196.2 | 90 | | | 9.3 | 207.1 | percent of total billed charges | |
| BKR CHG HISTOPLASMOSIS AB | 86698 | CPT | | | | both | | | 218 | | 15.86 | First Health | First Health | 152.6 | 70 | | | 9.3 | 207.1 | percent of total billed charges | |
| BKR CHG HISTOPLASMOSIS AB | 86698 | CPT | | | | both | | | 218 | | 15.86 | Americare | Americare | 163.5 | 75 | | | 9.3 | 207.1 | percent of total billed charges | |
| BKR CHG HISTOPLASMOSIS AB | 86698 | CPT | | | | both | | | 218 | | 15.86 | Aetna | Commercial | 82.84 | 38 | | | 9.3 | 207.1 | percent of total billed charges | |
| BKR CHG HISTOPLASMOSIS AB | 86698 | CPT | | | | both | | | 218 | | 15.86 | Aetna | Medicare | 67.14 | 30.8 | | | 9.3 | 207.1 | percent of total billed charges | |
| BKR CHG HISTOPLASMOSIS AB | 86698 | CPT | | | | both | | | 218 | | 15.86 | Consumer | Consumer | 207.1 | 95 | | | 9.3 | 207.1 | percent of total billed charges | |
| BKR CHG HISTOPLASMOSIS AB | 86698 | CPT | | | | both | | | 218 | | 15.86 | Horizon | PPO | 83.45 | 38.28 | | | 9.3 | 207.1 | percent of total billed charges | |
| BKR CHG HISTOPLASMOSIS AB | 86698 | CPT | | | | both | | | 218 | | 15.86 | UHC | Medicaid | 15 | | | | 9.3 | 207.1 | fee schedule | |
| BKR CHG HISTOPLASMOSIS AB | 86698 | CPT | | | | both | | | 218 | | 15.86 | Managed Care Inc | Managed Care Inc | 196.2 | 90 | | | 9.3 | 207.1 | percent of total billed charges | |
| BKR CHG HISTOPLASMOSIS AB | 86698 | CPT | | | | both | | | 218 | | 15.86 | Multiplan | Multiplan | 174.4 | 80 | | | 9.3 | 207.1 | percent of total billed charges | |
| BKR CHG HISTOPLASMOSIS AB | 86698 | CPT | | | | both | | | 218 | | 15.86 | Amerihealth | HMO/PPO | 22 | | | | 9.3 | 207.1 | fee schedule | |
| BKR CHG HISTOPLASMOSIS AB | 86698 | CPT | | | | both | | | 218 | | 15.86 | WellPoint | WellPoint | 70.15 | 32.18 | | | 9.3 | 207.1 | percent of total billed charges | |
| BKR CHG HISTOPLASMOSIS AB | 86698 | CPT | | | | both | | | 218 | | 15.86 | Horizon | MGD | 83.45 | 38.28 | | | 9.3 | 207.1 | percent of total billed charges | |
| BKR CHG HISTOPLASMOSIS AB | 86698 | CPT | | | | both | | | 218 | | 15.86 | Horizon | Medicare Blue | 65.4 | 30 | | | 9.3 | 207.1 | percent of total billed charges | |
| BKR CHG HISTOPLASMOSIS AB | 86698 | CPT | | | | both | | | 218 | | 15.86 | Three Rivers | Three Rivers | 207.1 | 95 | | | 9.3 | 207.1 | percent of total billed charges | |
| BKR CHG HISTOPLASMOSIS AB | 86698 | CPT | | | | both | | | 218 | | 15.86 | Quakcare | Quakcare | 163.5 | 75 | | | 9.3 | 207.1 | percent of total billed charges | |
| BKR CHG HISTOPLASMOSIS AB | 86698 | CPT | | | | both | | | 218 | | 15.86 | Amerihealth | Medicare | 13.79 | | | | 9.3 | 207.1 | fee schedule | |
| BKR CHG HISTOPLASMOSIS AB | 86698 | CPT | | | | both | | | 218 | | 15.86 | Horizon | NJ Health | 29.4 | | | | 9.3 | 207.1 | fee schedule | |
| BKR CHG HISTOPLASMOSIS AB | 86698 | CPT | | | | both | | | 218 | | 15.86 | Wellcare | Medicaid | 15 | | | | 9.3 | 207.1 | fee schedule | |
| BKR CHG HISTOPLASMOSIS AB | 86698 | CPT | | | | both | | | 218 | | 15.86 | UHC | Medicare | 13.79 | | | | 9.3 | 207.1 | fee schedule | |
| BKR CHG HISTOPLASMOSIS AB | 86698 | CPT | | | | both | | | 218 | | 15.86 | Wellcare | Medicare | 13.79 | | | 4.36 | 9.3 | 207.1 | fee schedule | |
| BKR CHG HIV-1 | 86701 | CPT | | | | both | | | 374 | | 10.22 | Aetna | Commercial | 142.12 | 38 | | | 8.89 | 355.3 | percent of total billed charges | |
| BKR CHG HIV-1 | 86701 | CPT | | | | both | | | 374 | | 10.22 | UHC | Medicare | 8.89 | | | | 8.89 | 355.3 | fee schedule | |
| BKR CHG HIV-1 | 86701 | CPT | | | | both | | | 374 | | 10.22 | Consumer | Consumer | 355.3 | 95 | | | 8.89 | 355.3 | percent of total billed charges | |
| BKR CHG HIV-1 | 86701 | CPT | | | | both | | | 374 | | 10.22 | Americare | Americare | 280.5 | 75 | | | 8.89 | 355.3 | percent of total billed charges | |
| BKR CHG HIV-1 | 86701 | CPT | | | | both | | | 374 | | 10.22 | Aetna | Medicare | 115.19 | 30.8 | | | 8.89 | 355.3 | percent of total billed charges | |
| BKR CHG HIV-1 | 86701 | CPT | | | | both | | | 374 | | 10.22 | First Trenton | First Trenton | 336.6 | 90 | | | 8.89 | 355.3 | percent of total billed charges | |
| BKR CHG HIV-1 | 86701 | CPT | | | | both | | | 374 | | 10.22 | Aetna | Better Health | 118 | 31.55 | | | 8.89 | 355.3 | percent of total billed charges | |
| BKR CHG HIV-1 | 86701 | CPT | | | | both | | | 374 | | 10.22 | Amerihealth | HMO/PPO | 13.9 | | | | 8.89 | 355.3 | fee schedule | |
| BKR CHG HIV-1 | 86701 | CPT | | | | both | | | 374 | | 10.22 | Amerihealth | Medicare | 8.89 | | | | 8.89 | 355.3 | fee schedule | |
| BKR CHG HIV-1 | 86701 | CPT | | | | both | | | 374 | | 10.22 | UHC | Medicaid | 12 | | | | 8.89 | 355.3 | fee schedule | |
| BKR CHG HIV-1 | 86701 | CPT | | | | both | | | 374 | | 10.22 | Corrections | Corrections | 299.2 | 80 | | | 8.89 | 355.3 | percent of total billed charges | |
| BKR CHG HIV-1 | 86701 | CPT | | | | both | | | 374 | | 10.22 | Wellcare | Medicare | 8.89 | | | | 8.89 | 355.3 | fee schedule | |
| BKR CHG HIV-1 | 86701 | CPT | | | | both | | | 374 | | 10.22 | Horizon | MGD | 143.17 | 38.28 | | | 8.89 | 355.3 | percent of total billed charges | |
| BKR CHG HIV-1 | 86701 | CPT | | | | both | | | 374 | | 10.22 | Wellcare | Medicaid | 12 | | | | 8.89 | 355.3 | fee schedule | |
| BKR CHG HIV-1 | 86701 | CPT | | | | both | | | 374 | | 10.22 | First Health | First Health | 261.8 | 70 | | | 8.89 | 355.3 | percent of total billed charges | |
| BKR CHG HIV-1 | 86701 | CPT | | | | both | | | 374 | | 10.22 | Multiplan | Multiplan | 299.2 | 80 | | | 8.89 | 355.3 | percent of total billed charges | |
| BKR CHG HIV-1 | 86701 | CPT | | | | both | | | 374 | | 10.22 | WellPoint | WellPoint | 120.35 | 32.18 | | | 8.89 | 355.3 | percent of total billed charges | |
| BKR CHG HIV-1 | 86701 | CPT | | | | both | | | 374 | | 10.22 | Quakcare | Quakcare | 280.5 | 75 | | | 8.89 | 355.3 | percent of total billed charges | |
| BKR CHG HIV-1 | 86701 | CPT | | | | both | | | 374 | | 10.22 | Horizon | Indemnity | 143.17 | 38.28 | | | 8.89 | 355.3 | percent of total billed charges | |
| BKR CHG HIV-1 | 86701 | CPT | | | | both | | | 374 | | 10.22 | Horizon | Medicare Blue | 112.2 | 30 | | | 8.89 | 355.3 | percent of total billed charges | |
| BKR CHG HIV-1 | 86701 | CPT | | | | both | | | 374 | | 10.22 | Horizon | NJ Health | 25.48 | | | | 8.89 | 355.3 | fee schedule | |
| BKR CHG HIV-1 | 86701 | CPT | | | | both | | | 374 | | 10.22 | Horizon | PPO | 143.17 | 38.28 | | | 8.89 | 355.3 | percent of total billed charges | |
| BKR CHG HIV-1 | 86701 | CPT | | | | both | | | 374 | | 10.22 | Managed Care Inc | Managed Care Inc | 336.6 | 90 | | | 8.89 | 355.3 | percent of total billed charges | |
| BKR CHG HIV-1 | 86701 | CPT | | | | both | | | 374 | | 10.22 | Three Rivers | Three Rivers | 355.3 | 95 | | | 8.89 | 355.3 | percent of total billed charges | |
| BKR CHG HIV-2 | 86702 | CPT | | | | both | | | 598 | | 15.55 | Americare | Americare | 448.5 | 75 | | | 13 | 568.1 | percent of total billed charges | |
| BKR CHG HIV-2 | 86702 | CPT | | | | both | | | 598 | | 15.55 | Amerihealth | Medicare | 13.52 | | | | 13 | 568.1 | fee schedule | |
| BKR CHG HIV-2 | 86702 | CPT | | | | both | | | 598 | | 15.55 | Aetna | Better Health | 188.67 | 31.55 | | | 13 | 568.1 | percent of total billed charges | |
| BKR CHG HIV-2 | 86702 | CPT | | | | both | | | 598 | | 15.55 | First Trenton | First Trenton | 538.2 | 90 | | | 13 | 568.1 | percent of total billed charges | |
| BKR CHG HIV-2 | 86702 | CPT | | | | both | | | 598 | | 15.55 | Corrections | Corrections | 478.4 | 80 | | | 13 | 568.1 | percent of total billed charges | |
| BKR CHG HIV-2 | 86702 | CPT | | | | both | | | 598 | | 15.55 | Aetna | Commercial | 227.24 | 38 | | | 13 | 568.1 | percent of total billed charges | |
| BKR CHG HIV-2 | 86702 | CPT | | | | both | | | 598 | | 15.55 | Consumer | Consumer | 568.1 | 95 | | | 13 | 568.1 | percent of total billed charges | |
| BKR CHG HIV-2 | 86702 | CPT | | | | both | | | 598 | | 15.55 | Amerihealth | HMO/PPO | 13.9 | | | | 13 | 568.1 | fee schedule | |
| BKR CHG HIV-2 | 86702 | CPT | | | | both | | | 598 | | 15.55 | Horizon | Indemnity | 228.91 | 38.28 | | | 13 | 568.1 | percent of total billed charges | |
| BKR CHG HIV-2 | 86702 | CPT | | | | both | | | 598 | | 15.55 | First Health | First Health | 418.6 | 70 | | | 13 | 568.1 | percent of total billed charges | |
| BKR CHG HIV-2 | 86702 | CPT | | | | both | | | 598 | | 15.55 | Horizon | Medicare Blue | 179.4 | 30 | | | 13 | 568.1 | percent of total billed charges | |
| BKR CHG HIV-2 | 86702 | CPT | | | | both | | | 598 | | 15.55 | Horizon | NJ Health | 25.48 | | | | 13 | 568.1 | fee schedule | |
| BKR CHG HIV-2 | 86702 | CPT | | | | both | | | 598 | | 15.55 | Multiplan | Multiplan | 478.4 | 80 | | | 13 | 568.1 | percent of total billed charges | |
| BKR CHG HIV-2 | 86702 | CPT | | | | both | | | 598 | | 15.55 | Aetna | Medicare | 184.18 | 30.8 | | | 13 | 568.1 | percent of total billed charges | |
| BKR CHG HIV-2 | 86702 | CPT | | | | both | | | 598 | | 15.55 | Wellcare | Medicare | 13.52 | | | | 13 | 568.1 | fee schedule | |
| BKR CHG HIV-2 | 86702 | CPT | | | | both | | | 598 | | 15.55 | Horizon | PPO | 228.91 | 38.28 | | | 13 | 568.1 | percent of total billed charges | |
| BKR CHG HIV-2 | 86702 | CPT | | | | both | | | 598 | | 15.55 | Quakcare | Quakcare | 448.5 | 75 | | | 13 | 568.1 | percent of total billed charges | |
| BKR CHG HIV-2 | 86702 | CPT | | | | both | | | 598 | | 15.55 | UHC | Medicare | 13.52 | | | | 13 | 568.1 | fee schedule | |
| BKR CHG HIV-2 | 86702 | CPT | | | | both | | | 598 | | 15.55 | Managed Care Inc | Managed Care Inc | 538.2 | 90 | | | 13 | 568.1 | percent of total billed charges | |
| BKR CHG HIV-2 | 86702 | CPT | | | | both | | | 598 | | 15.55 | Horizon | MGD | 228.91 | 38.28 | | | 13 | 568.1 | percent of total billed charges | |
| BKR CHG HIV-2 | 86702 | CPT | | | | both | | | 598 | | 15.55 | Three Rivers | Three Rivers | 568.1 | 95 | | | 13 | 568.1 | percent of total billed charges | |
| BKR CHG HIV-2 | 86702 | CPT | | | | both | | | 598 | | 15.55 | WellPoint | WellPoint | 192.44 | 32.18 | | | 13 | 568.1 | percent of total billed charges | |
| BKR CHG HIV-2 | 86702 | CPT | | | | both | | | 598 | | 15.55 | UHC | Medicaid | 13 | | | | 13 | 568.1 | fee schedule | |
| BKR CHG HIV-2 | 86702 | CPT | | | | both | | | 598 | | 15.55 | Wellcare | Medicaid | 13 | | | | 13 | 568.1 | fee schedule | |
| BKR CHG RAPID HIV | 86703 | CPT | | | | both | | | 76 | | 15.77 | Americare | Americare | 57 | 75 | | | 13.71 | 72.2 | percent of total billed charges | |
| BKR CHG RAPID HIV | 86703 | CPT | | | | both | | | 76 | | 15.77 | First Trenton | First Trenton | 68.4 | 90 | | | 13.71 | 72.2 | percent of total billed charges | |
| BKR CHG RAPID HIV | 86703 | CPT | | | | both | | | 76 | | 15.77 | Aetna | Commercial | 28.88 | 38 | | | 13.71 | 72.2 | percent of total billed charges | |
| BKR CHG RAPID HIV | 86703 | CPT | | | | both | | | 76 | | 15.77 | Aetna | Better Health | 23.98 | 31.55 | | | 13.71 | 72.2 | percent of total billed charges | |
| BKR CHG RAPID HIV | 86703 | CPT | | | | both | | | 76 | | 15.77 | Amerihealth | HMO/PPO | 19.5 | | | | 13.71 | 72.2 | fee schedule | |
| BKR CHG RAPID HIV | 86703 | CPT | | | | both | | | 76 | | 15.77 | Aetna | Medicare | 23.41 | 30.8 | | | 13.71 | 72.2 | percent of total billed charges | |
| BKR CHG RAPID HIV | 86703 | CPT | | | | both | | | 76 | | 15.77 | Corrections | Corrections | 60.8 | 80 | | | 13.71 | 72.2 | percent of total billed charges | |
| BKR CHG RAPID HIV | 86703 | CPT | | | | both | | | 76 | | 15.77 | First Health | First Health | 53.2 | 70 | | | 13.71 | 72.2 | percent of total billed charges | |
| BKR CHG RAPID HIV | 86703 | CPT | | | | both | | | 76 | | 15.77 | Amerihealth | Medicare | 13.71 | | | | 13.71 | 72.2 | fee schedule | |
| BKR CHG RAPID HIV | 86703 | CPT | | | | both | | | 76 | | 15.77 | Horizon | PPO | 29.09 | 38.28 | | | 13.71 | 72.2 | percent of total billed charges | |
| BKR CHG RAPID HIV | 86703 | CPT | | | | both | | | 76 | | 15.77 | WellPoint | WellPoint | 24.46 | 32.18 | | | 13.71 | 72.2 | percent of total billed charges | |
| BKR CHG RAPID HIV | 86703 | CPT | | | | both | | | 76 | | 15.77 | Consumer | Consumer | 72.2 | 95 | | | 13.71 | 72.2 | percent of total billed charges | |
| BKR CHG RAPID HIV | 86703 | CPT | | | | both | | | 76 | | 15.77 | Horizon | Indemnity | 29.09 | 38.28 | | | 13.71 | 72.2 | percent of total billed charges | |
| BKR CHG RAPID HIV | 86703 | CPT | | | | both | | | 76 | | 15.77 | Horizon | MGD | 29.09 | 38.28 | | | 13.71 | 72.2 | percent of total billed charges | |
| BKR CHG RAPID HIV | 86703 | CPT | | | | both | | | 76 | | 15.77 | UHC | Medicaid | 18 | | | | 13.71 | 72.2 | fee schedule | |
| BKR CHG RAPID HIV | 86703 | CPT | | | | both | | | 76 | | 15.77 | Multiplan | Multiplan | 60.8 | 80 | | | 13.71 | 72.2 | percent of total billed charges | |
| BKR CHG RAPID HIV | 86703 | CPT | | | | both | | | 76 | | 15.77 | Wellcare | Medicaid | 18 | | | | 13.71 | 72.2 | fee schedule | |
| BKR CHG RAPID HIV | 86703 | CPT | | | | both | | | 76 | | 15.77 | Managed Care Inc | Managed Care Inc | 68.4 | 90 | | | 13.71 | 72.2 | percent of total billed charges | |
| BKR CHG RAPID HIV | 86703 | CPT | | | | both | | | 76 | | 15.77 | Horizon | Medicare Blue | 22.8 | 30 | | | 13.71 | 72.2 | percent of total billed charges | |
| BKR CHG RAPID HIV | 86703 | CPT | | | | both | | | 76 | | 15.77 | Wellcare | Medicare | 13.71 | | | | 13.71 | 72.2 | fee schedule | |
| BKR CHG RAPID HIV | 86703 | CPT | | | | both | | | 76 | | 15.77 | Quakcare | Quakcare | 57 | 75 | | | 13.71 | 72.2 | percent of total billed charges | |
| BKR CHG RAPID HIV | 86703 | CPT | | | | both | | | 76 | | 15.77 | Horizon | NJ Health | 41.16 | | | | 13.71 | 72.2 | fee schedule | |
| BKR CHG RAPID HIV | 86703 | CPT | | | | both | | | 76 | | 15.77 | UHC | Medicare | 13.71 | | | | 13.71 | 72.2 | fee schedule | |
| BKR CHG RAPID HIV | 86703 | CPT | | | | both | | | 76 | | 15.77 | Three Rivers | Three Rivers | 72.2 | 95 | | | 13.71 | 72.2 | percent of total billed charges | |
| BKR CHG HEPATITIS.B.CORE.AB.TOTAL(HBCAB) | 86704 | CPT | | | | both | | | 121 | | 13.86 | Aetna | Medicare | 37.27 | 30.8 | | 8.58 | 8.4 | 114.95 | percent of total billed charges | |
| BKR CHG HEPATITIS.B.CORE.AB.TOTAL(HBCAB) | 86704 | CPT | | | | both | | | 121 | | 13.86 | Aetna | Better Health | 38.18 | 31.55 | | 28.11 | 8.4 | 114.95 | percent of total billed charges | |
| BKR CHG HEPATITIS.B.CORE.AB.TOTAL(HBCAB) | 86704 | CPT | | | | both | | | 121 | | 13.86 | Americare | Americare | 90.75 | 75 | | | 8.4 | 114.95 | percent of total billed charges | |
| BKR CHG HEPATITIS.B.CORE.AB.TOTAL(HBCAB) | 86704 | CPT | | | | both | | | 121 | | 13.86 | Consumer | Consumer | 114.95 | 95 | | | 8.4 | 114.95 | percent of total billed charges | |
| BKR CHG HEPATITIS.B.CORE.AB.TOTAL(HBCAB) | 86704 | CPT | | | | both | | | 121 | | 13.86 | Amerihealth | HMO/PPO | 16.7 | | | 10.92 | 8.4 | 114.95 | fee schedule | |
| BKR CHG HEPATITIS.B.CORE.AB.TOTAL(HBCAB) | 86704 | CPT | | | | both | | | 121 | | 13.86 | Amerihealth | Medicare | 12.05 | | | | 8.4 | 114.95 | fee schedule | |
| BKR CHG HEPATITIS.B.CORE.AB.TOTAL(HBCAB) | 86704 | CPT | | | | both | | | 121 | | 13.86 | Horizon | NJ Health | 25.48 | | | 4.89 | 8.4 | 114.95 | fee schedule | |
| BKR CHG HEPATITIS.B.CORE.AB.TOTAL(HBCAB) | 86704 | CPT | | | | both | | | 121 | | 13.86 | First Trenton | First Trenton | 108.9 | 90 | | | 8.4 | 114.95 | percent of total billed charges | |
| BKR CHG HEPATITIS.B.CORE.AB.TOTAL(HBCAB) | 86704 | CPT | | | | both | | | 121 | | 13.86 | First Health | First Health | 84.7 | 70 | | | 8.4 | 114.95 | percent of total billed charges | |
| BKR CHG HEPATITIS.B.CORE.AB.TOTAL(HBCAB) | 86704 | CPT | | | | both | | | 121 | | 13.86 | Corrections | Corrections | 96.8 | 80 | | 24.42 | 8.4 | 114.95 | percent of total billed charges | |
| BKR CHG HEPATITIS.B.CORE.AB.TOTAL(HBCAB) | 86704 | CPT | | | | both | | | 121 | | 13.86 | Horizon | MGD | 46.32 | 38.28 | | 19.25 | 8.4 | 114.95 | percent of total billed charges | |
| BKR CHG HEPATITIS.B.CORE.AB.TOTAL(HBCAB) | 86704 | CPT | | | | both | | | 121 | | 13.86 | Managed Care Inc | Managed Care Inc | 108.9 | 90 | | | 8.4 | 114.95 | percent of total billed charges | |
| BKR CHG HEPATITIS.B.CORE.AB.TOTAL(HBCAB) | 86704 | CPT | | | | both | | | 121 | | 13.86 | Multiplan | Multiplan | 96.8 | 80 | | | 8.4 | 114.95 | percent of total billed charges | |
| BKR CHG HEPATITIS.B.CORE.AB.TOTAL(HBCAB) | 86704 | CPT | | | | both | | | 121 | | 13.86 | Horizon | Indemnity | 46.32 | 38.28 | | 19.74 | 8.4 | 114.95 | percent of total billed charges | |
| BKR CHG HEPATITIS.B.CORE.AB.TOTAL(HBCAB) | 86704 | CPT | | | | both | | | 121 | | 13.86 | UHC | Medicare | 12.05 | | | 14.08 | 8.4 | 114.95 | fee schedule | |
| BKR CHG HEPATITIS.B.CORE.AB.TOTAL(HBCAB) | 86704 | CPT | | | | both | | | 121 | | 13.86 | Three Rivers | Three Rivers | 114.95 | 95 | | | 8.4 | 114.95 | percent of total billed charges | |
| BKR CHG HEPATITIS.B.CORE.AB.TOTAL(HBCAB) | 86704 | CPT | | | | both | | | 121 | | 13.86 | Horizon | PPO | 46.32 | 38.28 | | 14.6 | 8.4 | 114.95 | percent of total billed charges | |
| BKR CHG HEPATITIS.B.CORE.AB.TOTAL(HBCAB) | 86704 | CPT | | | | both | | | 121 | | 13.86 | Horizon | Medicare Blue | 36.3 | 30 | | 10.08 | 8.4 | 114.95 | percent of total billed charges | |
| BKR CHG HEPATITIS.B.CORE.AB.TOTAL(HBCAB) | 86704 | CPT | | | | both | | | 121 | | 13.86 | Wellcare | Medicare | 12.05 | | | 2.95 | 8.4 | 114.95 | fee schedule | |
| BKR CHG HEPATITIS.B.CORE.AB.TOTAL(HBCAB) | 86704 | CPT | | | | both | | | 121 | | 13.86 | UHC | Medicaid | 15 | | | 22.11 | 8.4 | 114.95 | fee schedule | |
| BKR CHG HEPATITIS.B.CORE.AB.TOTAL(HBCAB) | 86704 | CPT | | | | both | | | 121 | | 13.86 | Quakcare | Quakcare | 90.75 | 75 | | | 8.4 | 114.95 | percent of total billed charges | |
| BKR CHG HEPATITIS.B.CORE.AB.TOTAL(HBCAB) | 86704 | CPT | | | | both | | | 121 | | 13.86 | WellPoint | WellPoint | 38.94 | 32.18 | | 22.07 | 8.4 | 114.95 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG HEPATITIS B CORE AB TOTAL(HBCAB) | 86704 | CPT | | | | both | | | 121 | 13.86 | Wellcare | Medicaid | 15 | | | 27.25 | 8.4 | 114.95 | fee schedule | |
| BKR CHG HEPATITIS B CORE AB IGM | 86705 | CPT | | | | both | | | 121 | 13.54 | Amerihealth | Medicare | 11.77 | | | | 8.4 | 114.95 | fee schedule | |
| BKR CHG HEPATITIS B CORE AB IGM | 86705 | CPT | | | | both | | | 121 | 13.54 | Corrections | Corrections | 96.8 | 80 | | 18.22 | 8.4 | 114.95 | percent of total billed charges | |
| BKR CHG HEPATITIS B CORE AB IGM | 86705 | CPT | | | | both | | | 121 | 13.54 | Amerihealth | HMO/PPO | 16.3 | | | 1.5 | 8.4 | 114.95 | fee schedule | |
| BKR CHG HEPATITIS B CORE AB IGM | 86705 | CPT | | | | both | | | 121 | 13.54 | Horizon | PPO | 46.32 | 38.28 | | 9.67 | 8.4 | 114.95 | percent of total billed charges | |
| BKR CHG HEPATITIS B CORE AB IGM | 86705 | CPT | | | | both | | | 121 | 13.54 | First Health | First Health | 84.7 | 70 | | | 8.4 | 114.95 | percent of total billed charges | |
| BKR CHG HEPATITIS B CORE AB IGM | 86705 | CPT | | | | both | | | 121 | 13.54 | Horizon | MGD | 46.32 | 38.28 | | 14.3 | 8.4 | 114.95 | percent of total billed charges | |
| BKR CHG HEPATITIS B CORE AB IGM | 86705 | CPT | | | | both | | | 121 | 13.54 | Aetna | Better Health | 38.18 | 31.55 | | 21.23 | 8.4 | 114.95 | percent of total billed charges | |
| BKR CHG HEPATITIS B CORE AB IGM | 86705 | CPT | | | | both | | | 121 | 13.54 | First Trenton | First Trenton | 108.9 | 90 | | | 8.4 | 114.95 | percent of total billed charges | |
| BKR CHG HEPATITIS B CORE AB IGM | 86705 | CPT | | | | both | | | 121 | 13.54 | Horizon | Medicare Blue | 36.3 | 30 | | 7.55 | 8.4 | 114.95 | percent of total billed charges | |
| BKR CHG HEPATITIS B CORE AB IGM | 86705 | CPT | | | | both | | | 121 | 13.54 | Multiplan | Multiplan | 96.8 | 80 | | | 8.4 | 114.95 | percent of total billed charges | |
| BKR CHG HEPATITIS B CORE AB IGM | 86705 | CPT | | | | both | | | 121 | 13.54 | Horizon | Indemnity | 46.32 | 38.28 | | 14.57 | 8.4 | 114.95 | percent of total billed charges | |
| BKR CHG HEPATITIS B CORE AB IGM | 86705 | CPT | | | | both | | | 121 | 13.54 | Wellcare | Medicaid | 12.6 | | | 22.78 | 8.4 | 114.95 | fee schedule | |
| BKR CHG HEPATITIS B CORE AB IGM | 86705 | CPT | | | | both | | | 121 | 13.54 | Qualcare | Qualcare | 90.75 | 75 | | | 8.4 | 114.95 | percent of total billed charges | |
| BKR CHG HEPATITIS B CORE AB IGM | 86705 | CPT | | | | both | | | 121 | 13.54 | UHC | Medicare | 11.77 | | | 12.24 | 8.4 | 114.95 | fee schedule | |
| BKR CHG HEPATITIS B CORE AB IGM | 86705 | CPT | | | | both | | | 121 | 13.54 | Aetna | Medicare | 37.27 | 30.8 | | 3.91 | 8.4 | 114.95 | percent of total billed charges | |
| BKR CHG HEPATITIS B CORE AB IGM | 86705 | CPT | | | | both | | | 121 | 13.54 | Horizon | NJ Health | 31.85 | | | 4.27 | 8.4 | 114.95 | fee schedule | |
| BKR CHG HEPATITIS B CORE AB IGM | 86705 | CPT | | | | both | | | 121 | 13.54 | Wellcare | Medicare | 11.77 | | | 1.15 | 8.4 | 114.95 | fee schedule | |
| BKR CHG HEPATITIS B CORE AB IGM | 86705 | CPT | | | | both | | | 121 | 13.54 | WellPoint | WellPoint | 38.94 | 32.18 | | 16.61 | 8.4 | 114.95 | percent of total billed charges | |
| BKR CHG HEPATITIS B CORE AB IGM | 86705 | CPT | | | | both | | | 121 | 13.54 | Americare | Americare | 90.75 | 75 | | | 8.4 | 114.95 | percent of total billed charges | |
| BKR CHG HEPATITIS B CORE AB IGM | 86705 | CPT | | | | both | | | 121 | 13.54 | UHC | Medicaid | 12.6 | | | 20.89 | 8.4 | 114.95 | fee schedule | |
| BKR CHG HEPATITIS B CORE AB IGM | 86705 | CPT | | | | both | | | 121 | 13.54 | Consumer | Consumer | 114.95 | 95 | | | 8.4 | 114.95 | percent of total billed charges | |
| BKR CHG HEPATITIS B CORE AB IGM | 86705 | CPT | | | | both | | | 121 | 13.54 | Managed Care Inc | Managed Care Inc | 108.9 | 90 | | | 8.4 | 114.95 | percent of total billed charges | |
| BKR CHG HEPATITIS B CORE AB IGM | 86705 | CPT | | | | both | | | 121 | 13.54 | Three Rivers | Three Rivers | 114.95 | 95 | | | 8.4 | 114.95 | percent of total billed charges | |
| BKR CHG HEPATITIS B SURFACE ANTIBODY | 86706 | CPT | | | | both | | | 97 | 12.35 | Americare | Americare | 72.75 | 75 | | | 7.5 | 92.15 | percent of total billed charges | |
| BKR CHG HEPATITIS B SURFACE ANTIBODY | 86706 | CPT | | | | both | | | 97 | 12.35 | Amerihealth | HMO/PPO | 14.8 | | | 9.33 | 7.5 | 92.15 | fee schedule | |
| BKR CHG HEPATITIS B SURFACE ANTIBODY | 86706 | CPT | | | | both | | | 97 | 12.35 | Aetna | Better Health | 30.6 | 31.55 | | 24 | 7.5 | 92.15 | percent of total billed charges | |
| BKR CHG HEPATITIS B SURFACE ANTIBODY | 86706 | CPT | | | | both | | | 97 | 12.35 | Horizon | Indemnity | 37.13 | 38.28 | | 16.05 | 7.5 | 92.15 | percent of total billed charges | |
| BKR CHG HEPATITIS B SURFACE ANTIBODY | 86706 | CPT | | | | both | | | 97 | 12.35 | Corrections | Corrections | 77.6 | 80 | | 21.34 | 7.5 | 92.15 | percent of total billed charges | |
| BKR CHG HEPATITIS B SURFACE ANTIBODY | 86706 | CPT | | | | both | | | 97 | 12.35 | Consumer | Consumer | 92.15 | 95 | | | 7.5 | 92.15 | percent of total billed charges | |
| BKR CHG HEPATITIS B SURFACE ANTIBODY | 86706 | CPT | | | | both | | | 97 | 12.35 | Aetna | Medicare | 29.88 | 30.8 | | 11.87 | 7.5 | 92.15 | percent of total billed charges | |
| BKR CHG HEPATITIS B SURFACE ANTIBODY | 86706 | CPT | | | | both | | | 97 | 12.35 | Horizon | Medicare Blue | 29.1 | 30 | | 10.61 | 7.5 | 92.15 | percent of total billed charges | |
| BKR CHG HEPATITIS B SURFACE ANTIBODY | 86706 | CPT | | | | both | | | 97 | 12.35 | Amerihealth | Medicare | 10.74 | | | | 7.5 | 92.15 | fee schedule | |
| BKR CHG HEPATITIS B SURFACE ANTIBODY | 86706 | CPT | | | | both | | | 97 | 12.35 | Horizon | NJ Health | 25.48 | | | 4.37 | 7.5 | 92.15 | fee schedule | |
| BKR CHG HEPATITIS B SURFACE ANTIBODY | 86706 | CPT | | | | both | | | 97 | 12.35 | First Health | First Health | 67.9 | 70 | | | 7.5 | 92.15 | percent of total billed charges | |
| BKR CHG HEPATITIS B SURFACE ANTIBODY | 86706 | CPT | | | | both | | | 97 | 12.35 | Multiplan | Multiplan | 77.6 | 80 | | | 7.5 | 92.15 | percent of total billed charges | |
| BKR CHG HEPATITIS B SURFACE ANTIBODY | 86706 | CPT | | | | both | | | 97 | 12.35 | First Trenton | First Trenton | 87.3 | 90 | | | 7.5 | 92.15 | percent of total billed charges | |
| BKR CHG HEPATITIS B SURFACE ANTIBODY | 86706 | CPT | | | | both | | | 97 | 12.35 | Qualcare | Qualcare | 72.75 | 75 | | | 7.5 | 92.15 | percent of total billed charges | |
| BKR CHG HEPATITIS B SURFACE ANTIBODY | 86706 | CPT | | | | both | | | 97 | 12.35 | UHC | Medicaid | 12 | | | 19.29 | 7.5 | 92.15 | fee schedule | |
| BKR CHG HEPATITIS B SURFACE ANTIBODY | 86706 | CPT | | | | both | | | 97 | 12.35 | Horizon | MGD | 37.13 | 38.28 | | 16.69 | 7.5 | 92.15 | percent of total billed charges | |
| BKR CHG HEPATITIS B SURFACE ANTIBODY | 86706 | CPT | | | | both | | | 97 | 12.35 | Horizon | PPO | 37.13 | 38.28 | | 12.99 | 7.5 | 92.15 | percent of total billed charges | |
| BKR CHG HEPATITIS B SURFACE ANTIBODY | 86706 | CPT | | | | both | | | 97 | 12.35 | Managed Care Inc | Managed Care Inc | 87.3 | 90 | | | 7.5 | 92.15 | percent of total billed charges | |
| BKR CHG HEPATITIS B SURFACE ANTIBODY | 86706 | CPT | | | | both | | | 97 | 12.35 | UHC | Medicare | 10.74 | | | 12.19 | 7.5 | 92.15 | fee schedule | |
| BKR CHG HEPATITIS B SURFACE ANTIBODY | 86706 | CPT | | | | both | | | 97 | 12.35 | Three Rivers | Three Rivers | 92.15 | 95 | | | 7.5 | 92.15 | percent of total billed charges | |
| BKR CHG HEPATITIS B SURFACE ANTIBODY | 86706 | CPT | | | | both | | | 97 | 12.35 | WellPoint | WellPoint | 31.21 | 32.18 | | 17.11 | 7.5 | 92.15 | percent of total billed charges | |
| BKR CHG HEPATITIS B SURFACE ANTIBODY | 86706 | CPT | | | | both | | | 97 | 12.35 | Wellcare | Medicaid | 12 | | | 17.9 | 7.5 | 92.15 | fee schedule | |
| BKR CHG HEPATITIS B SURFACE ANTIBODY | 86706 | CPT | | | | both | | | 97 | 12.35 | Wellcare | Medicare | 10.74 | | | 2.51 | 7.5 | 92.15 | fee schedule | |
| BKR CHG HEPATITIS BE ANTIBODY | 86707 | CPT | | | | both | | | 38 | 13.31 | First Health | First Health | 26.6 | 70 | | | 8.1 | 36.1 | percent of total billed charges | |
| BKR CHG HEPATITIS BE ANTIBODY | 86707 | CPT | | | | both | | | 38 | 13.31 | Horizon | NJ Health | 12.84 | | | 0.87 | 8.1 | 36.1 | fee schedule | |
| BKR CHG HEPATITIS BE ANTIBODY | 86707 | CPT | | | | both | | | 38 | 13.31 | Aetna | Medicare | 11.7 | 30.8 | | | 8.1 | 36.1 | percent of total billed charges | |
| BKR CHG HEPATITIS BE ANTIBODY | 86707 | CPT | | | | both | | | 38 | 13.31 | Corrections | Corrections | 30.4 | 80 | | | 8.1 | 36.1 | percent of total billed charges | |
| BKR CHG HEPATITIS BE ANTIBODY | 86707 | CPT | | | | both | | | 38 | 13.31 | Aetna | Better Health | 11.99 | 31.55 | | | 8.1 | 36.1 | percent of total billed charges | |
| BKR CHG HEPATITIS BE ANTIBODY | 86707 | CPT | | | | both | | | 38 | 13.31 | UHC | Medicare | 11.57 | | | 3.85 | 8.1 | 36.1 | fee schedule | |
| BKR CHG HEPATITIS BE ANTIBODY | 86707 | CPT | | | | both | | | 38 | 13.31 | Amerihealth | Medicare | 11.57 | | | | 8.1 | 36.1 | fee schedule | |
| BKR CHG HEPATITIS BE ANTIBODY | 86707 | CPT | | | | both | | | 38 | 13.31 | Americare | Americare | 28.5 | 75 | | | 8.1 | 36.1 | percent of total billed charges | |
| BKR CHG HEPATITIS BE ANTIBODY | 86707 | CPT | | | | both | | | 38 | 13.31 | Horizon | Medicare Blue | 11.4 | 30 | | 1.16 | 8.1 | 36.1 | percent of total billed charges | |
| BKR CHG HEPATITIS BE ANTIBODY | 86707 | CPT | | | | both | | | 38 | 13.31 | Wellcare | Medicare | 11.57 | | | | 8.1 | 36.1 | fee schedule | |
| BKR CHG HEPATITIS BE ANTIBODY | 86707 | CPT | | | | both | | | 38 | 13.31 | Horizon | MGD | 14.55 | 38.28 | | | 8.1 | 36.1 | percent of total billed charges | |
| BKR CHG HEPATITIS BE ANTIBODY | 86707 | CPT | | | | both | | | 38 | 13.31 | Amerihealth | HMO/PPO | 16 | | | 2.87 | 8.1 | 36.1 | fee schedule | |
| BKR CHG HEPATITIS BE ANTIBODY | 86707 | CPT | | | | both | | | 38 | 13.31 | Horizon | Indemnity | 14.55 | 38.28 | | 5.05 | 8.1 | 36.1 | percent of total billed charges | |
| BKR CHG HEPATITIS BE ANTIBODY | 86707 | CPT | | | | both | | | 38 | 13.31 | Consumer | Consumer | 36.1 | 95 | | | 8.1 | 36.1 | percent of total billed charges | |
| BKR CHG HEPATITIS BE ANTIBODY | 86707 | CPT | | | | both | | | 38 | 13.31 | First Trenton | First Trenton | 34.2 | 90 | | | 8.1 | 36.1 | percent of total billed charges | |
| BKR CHG HEPATITIS BE ANTIBODY | 86707 | CPT | | | | both | | | 38 | 13.31 | Three Rivers | Three Rivers | 36.1 | 95 | | | 8.1 | 36.1 | percent of total billed charges | |
| BKR CHG HEPATITIS BE ANTIBODY | 86707 | CPT | | | | both | | | 38 | 13.31 | Multiplan | Multiplan | 30.4 | 80 | | | 8.1 | 36.1 | percent of total billed charges | |
| BKR CHG HEPATITIS BE ANTIBODY | 86707 | CPT | | | | both | | | 38 | 13.31 | WellPoint | WellPoint | 12.23 | 32.18 | | 6.37 | 8.1 | 36.1 | percent of total billed charges | |
| BKR CHG HEPATITIS BE ANTIBODY | 86707 | CPT | | | | both | | | 38 | 13.31 | Horizon | PPO | 14.55 | 38.28 | | | 8.1 | 36.1 | percent of total billed charges | |
| BKR CHG HEPATITIS BE ANTIBODY | 86707 | CPT | | | | both | | | 38 | 13.31 | Qualcare | Qualcare | 28.5 | 75 | | | 8.1 | 36.1 | percent of total billed charges | |
| BKR CHG HEPATITIS BE ANTIBODY | 86707 | CPT | | | | both | | | 38 | 13.31 | Managed Care Inc | Managed Care Inc | 34.2 | 90 | | | 8.1 | 36.1 | percent of total billed charges | |
| BKR CHG HEPATITIS BE ANTIBODY | 86707 | CPT | | | | both | | | 38 | 13.31 | Wellcare | Medicaid | 12 | | | 10.8 | 8.1 | 36.1 | fee schedule | |
| BKR CHG HEPATITIS BE ANTIBODY | 86707 | CPT | | | | both | | | 38 | 13.31 | UHC | Medicaid | 12 | | | 3.85 | 8.1 | 36.1 | fee schedule | |
| BKR CHG HEPATITIS A ANTIBODY, TOTAL | 86708 | CPT | | | | both | | | 41 | 14.25 | Aetna | Better Health | 12.94 | 31.55 | | 3.7 | 11.4 | 38.95 | percent of total billed charges | |
| BKR CHG HEPATITIS A ANTIBODY, TOTAL | 86708 | CPT | | | | both | | | 41 | 14.25 | Horizon | NJ Health | 33.56 | | | 0.68 | 11.4 | 38.95 | fee schedule | |
| BKR CHG HEPATITIS A ANTIBODY, TOTAL | 86708 | CPT | | | | both | | | 41 | 14.25 | Horizon | Medicare Blue | 12.3 | 30 | | 1.45 | 11.4 | 38.95 | percent of total billed charges | |
| BKR CHG HEPATITIS A ANTIBODY, TOTAL | 86708 | CPT | | | | both | | | 41 | 14.25 | Horizon | Indemnity | 15.69 | 38.28 | | 2.12 | 11.4 | 38.95 | percent of total billed charges | |
| BKR CHG HEPATITIS A ANTIBODY, TOTAL | 86708 | CPT | | | | both | | | 41 | 14.25 | Amerihealth | HMO/PPO | 17.1 | | | 3.4 | 11.4 | 38.95 | fee schedule | |
| BKR CHG HEPATITIS A ANTIBODY, TOTAL | 86708 | CPT | | | | both | | | 41 | 14.25 | Americare | Americare | 30.75 | 75 | | | 11.4 | 38.95 | percent of total billed charges | |
| BKR CHG HEPATITIS A ANTIBODY, TOTAL | 86708 | CPT | | | | both | | | 41 | 14.25 | Aetna | Medicare | 12.63 | 30.8 | | 2.2 | 11.4 | 38.95 | percent of total billed charges | |
| BKR CHG HEPATITIS A ANTIBODY, TOTAL | 86708 | CPT | | | | both | | | 41 | 14.25 | Wellcare | Medicare | 12.39 | | | 5.97 | 11.4 | 38.95 | fee schedule | |
| BKR CHG HEPATITIS A ANTIBODY, TOTAL | 86708 | CPT | | | | both | | | 41 | 14.25 | Amerihealth | Medicare | 12.39 | | | | 11.4 | 38.95 | fee schedule | |
| BKR CHG HEPATITIS A ANTIBODY, TOTAL | 86708 | CPT | | | | both | | | 41 | 14.25 | Multiplan | Multiplan | 32.8 | 80 | | | 11.4 | 38.95 | percent of total billed charges | |
| BKR CHG HEPATITIS A ANTIBODY, TOTAL | 86708 | CPT | | | | both | | | 41 | 14.25 | Horizon | PPO | 15.69 | 38.28 | | 3.46 | 11.4 | 38.95 | percent of total billed charges | |
| BKR CHG HEPATITIS A ANTIBODY, TOTAL | 86708 | CPT | | | | both | | | 41 | 14.25 | Consumer | Consumer | 38.95 | 95 | | | 11.4 | 38.95 | percent of total billed charges | |
| BKR CHG HEPATITIS A ANTIBODY, TOTAL | 86708 | CPT | | | | both | | | 41 | 14.25 | First Health | First Health | 28.7 | 70 | | | 11.4 | 38.95 | percent of total billed charges | |
| BKR CHG HEPATITIS A ANTIBODY, TOTAL | 86708 | CPT | | | | both | | | 41 | 14.25 | Qualcare | Qualcare | 30.75 | 75 | | | 11.4 | 38.95 | percent of total billed charges | |
| BKR CHG HEPATITIS A ANTIBODY, TOTAL | 86708 | CPT | | | | both | | | 41 | 14.25 | Corrections | Corrections | 32.8 | 80 | | 8.37 | 11.4 | 38.95 | percent of total billed charges | |
| BKR CHG HEPATITIS A ANTIBODY, TOTAL | 86708 | CPT | | | | both | | | 41 | 14.25 | UHC | Medicaid | 12 | | | 5.49 | 11.4 | 38.95 | fee schedule | |
| BKR CHG HEPATITIS A ANTIBODY, TOTAL | 86708 | CPT | | | | both | | | 41 | 14.25 | First Trenton | First Trenton | 36.9 | 90 | | | 11.4 | 38.95 | percent of total billed charges | |
| BKR CHG HEPATITIS A ANTIBODY, TOTAL | 86708 | CPT | | | | both | | | 41 | 14.25 | Horizon | MGD | 15.69 | 38.28 | | 4.63 | 11.4 | 38.95 | percent of total billed charges | |
| BKR CHG HEPATITIS A ANTIBODY, TOTAL | 86708 | CPT | | | | both | | | 41 | 14.25 | Managed Care Inc | Managed Care Inc | 36.9 | 90 | | | 11.4 | 38.95 | percent of total billed charges | |
| BKR CHG HEPATITIS A ANTIBODY, TOTAL | 86708 | CPT | | | | both | | | 41 | 14.25 | Three Rivers | Three Rivers | 38.95 | 95 | | | 11.4 | 38.95 | percent of total billed charges | |
| BKR CHG HEPATITIS A ANTIBODY, TOTAL | 86708 | CPT | | | | both | | | 41 | 14.25 | WellPoint | WellPoint | 13.19 | 32.18 | | 9.63 | 11.4 | 38.95 | percent of total billed charges | |
| BKR CHG HEPATITIS A ANTIBODY, TOTAL | 86708 | CPT | | | | both | | | 41 | 14.25 | UHC | Medicare | 12.39 | | | 1.68 | 11.4 | 38.95 | fee schedule | |
| BKR CHG HEPATITIS A ANTIBODY, TOTAL | 86708 | CPT | | | | both | | | 41 | 14.25 | Wellcare | Medicaid | 12 | | | 7.19 | 11.4 | 38.95 | fee schedule | |
| BKR CHG HEPATITIS A ANTIBODY IGM | 86709 | CPT | | | | both | | | 102 | 12.95 | Amerihealth | Medicare | 11.26 | | | | 7.8 | 96.9 | fee schedule | |
| BKR CHG HEPATITIS A ANTIBODY IGM | 86709 | CPT | | | | both | | | 102 | 12.95 | Multiplan | Multiplan | 81.6 | 80 | | | 7.8 | 96.9 | percent of total billed charges | |
| BKR CHG HEPATITIS A ANTIBODY IGM | 86709 | CPT | | | | both | | | 102 | 12.95 | Aetna | Medicare | 31.42 | 30.8 | | 4.68 | 7.8 | 96.9 | percent of total billed charges | |
| BKR CHG HEPATITIS A ANTIBODY IGM | 86709 | CPT | | | | both | | | 102 | 12.95 | Horizon | Indemnity | 39.05 | 38.28 | | 17.25 | 7.8 | 96.9 | percent of total billed charges | |
| BKR CHG HEPATITIS A ANTIBODY IGM | 86709 | CPT | | | | both | | | 102 | 12.95 | Aetna | Better Health | 32.18 | 31.55 | | 27.06 | 7.8 | 96.9 | percent of total billed charges | |
| BKR CHG HEPATITIS A ANTIBODY IGM | 86709 | CPT | | | | both | | | 102 | 12.95 | Americare | Americare | 76.5 | 75 | | | 7.8 | 96.9 | percent of total billed charges | |
| BKR CHG HEPATITIS A ANTIBODY IGM | 86709 | CPT | | | | both | | | 102 | 12.95 | UHC | Medicaid | 12.6 | | | 25.78 | 7.8 | 96.9 | fee schedule | |
| BKR CHG HEPATITIS A ANTIBODY IGM | 86709 | CPT | | | | both | | | 102 | 12.95 | Consumer | Consumer | 96.9 | 95 | | | 7.8 | 96.9 | percent of total billed charges | |
| BKR CHG HEPATITIS A ANTIBODY IGM | 86709 | CPT | | | | both | | | 102 | 12.95 | First Health | First Health | 71.4 | 70 | | | 7.8 | 96.9 | percent of total billed charges | |
| BKR CHG HEPATITIS A ANTIBODY IGM | 86709 | CPT | | | | both | | | 102 | 12.95 | Qualcare | Qualcare | 76.5 | 75 | | | 7.8 | 96.9 | percent of total billed charges | |
| BKR CHG HEPATITIS A ANTIBODY IGM | 86709 | CPT | | | | both | | | 102 | 12.95 | Amerihealth | HMO/PPO | 15.6 | | | 4.47 | 7.8 | 96.9 | fee schedule | |
| BKR CHG HEPATITIS A ANTIBODY IGM | 86709 | CPT | | | | both | | | 102 | 12.95 | Wellcare | Medicaid | 12.6 | | | 27.17 | 7.8 | 96.9 | fee schedule | |
| BKR CHG HEPATITIS A ANTIBODY IGM | 86709 | CPT | | | | both | | | 102 | 12.95 | Horizon | MGD | 39.05 | 38.28 | | 14.8 | 7.8 | 96.9 | percent of total billed charges | |
| BKR CHG HEPATITIS A ANTIBODY IGM | 86709 | CPT | | | | both | | | 102 | 12.95 | Wellcare | Medicare | 11.26 | | | 1.07 | 7.8 | 96.9 | fee schedule | |
| BKR CHG HEPATITIS A ANTIBODY IGM | 86709 | CPT | | | | both | | | 102 | 12.95 | WellPoint | WellPoint | 32.82 | 32.18 | | 18.38 | 7.8 | 96.9 | percent of total billed charges | |
| BKR CHG HEPATITIS A ANTIBODY IGM | 86709 | CPT | | | | both | | | 102 | 12.95 | Horizon | Medicare Blue | 30.6 | 30 | | 9.53 | 7.8 | 96.9 | percent of total billed charges | |
| BKR CHG HEPATITIS A ANTIBODY IGM | 86709 | CPT | | | | both | | | 102 | 12.95 | Corrections | Corrections | 81.6 | 80 | | 22.03 | 7.8 | 96.9 | percent of total billed charges | |
| BKR CHG HEPATITIS A ANTIBODY IGM | 86709 | CPT | | | | both | | | 102 | 12.95 | Horizon | NJ Health | 29.4 | | | 4.98 | 7.8 | 96.9 | fee schedule | |
| BKR CHG HEPATITIS A ANTIBODY IGM | 86709 | CPT | | | | both | | | 102 | 12.95 | First Trenton | First Trenton | 91.8 | 90 | | | 7.8 | 96.9 | percent of total billed charges | |
| BKR CHG HEPATITIS A ANTIBODY IGM | 86709 | CPT | | | | both | | | 102 | 12.95 | UHC | Medicare | 11.26 | | | 15.02 | 7.8 | 96.9 | fee schedule | |
| BKR CHG HEPATITIS A ANTIBODY IGM | 86709 | CPT | | | | both | | | 102 | 12.95 | Horizon | PPO | 39.05 | 38.28 | | 8.72 | 7.8 | 96.9 | percent of total billed charges | |
| BKR CHG HEPATITIS A ANTIBODY IGM | 86709 | CPT | | | | both | | | 102 | 12.95 | Managed Care Inc | Managed Care Inc | 91.8 | 90 | | | 7.8 | 96.9 | percent of total billed charges | |
| BKR CHG HEPATITIS A ANTIBODY IGM | 86709 | CPT | | | | both | | | 102 | 12.95 | Three Rivers | Three Rivers | 96.9 | 95 | | | 7.8 | 96.9 | percent of total billed charges | |
| BKR CHG INFLUENZA A/B AB QUANT | 86710 | CPT | | | | both | | | 146 | 15.58 | Horizon | Indemnity | 55.89 | 38.28 | | | 12 | 138.7 | percent of total billed charges | |
| BKR CHG INFLUENZA A/B AB QUANT | 86710 | CPT | | | | both | | | 146 | 15.58 | Aetna | Better Health | 46.06 | 31.55 | | | 12 | 138.7 | percent of total billed charges | |
| BKR CHG INFLUENZA A/B AB QUANT | 86710 | CPT | | | | both | | | 146 | 15.58 | Consumer | Consumer | 138.7 | 95 | | | 12 | 138.7 | percent of total billed charges | |
| BKR CHG INFLUENZA A/B AB QUANT | 86710 | CPT | | | | both | | | 146 | 15.58 | First Trenton | First Trenton | 131.4 | 90 | | | 12 | 138.7 | percent of total billed charges | |
| BKR CHG INFLUENZA A/B AB QUANT | 86710 | CPT | | | | both | | | 146 | 15.58 | Americare | Americare | 109.5 | 75 | | | 12 | 138.7 | percent of total billed charges | |
| BKR CHG INFLUENZA A/B AB QUANT | 86710 | CPT | | | | both | | | 146 | 15.58 | UHC | Medicare | 13.55 | | | | 12 | 138.7 | fee schedule | |
| BKR CHG INFLUENZA A/B AB QUANT | 86710 | CPT | | | | both | | | 146 | 15.58 | Aetna | Commercial | 55.48 | 38 | | | 12 | 138.7 | percent of total billed charges | |
| BKR CHG INFLUENZA A/B AB QUANT | 86710 | CPT | | | | both | | | 146 | 15.58 | Amerihealth | Medicare | 13.55 | | | | 12 | 138.7 | fee schedule | |
| BKR CHG INFLUENZA A/B AB QUANT | 86710 | CPT | | | | both | | | 146 | 15.58 | Multiplan | Multiplan | 116.8 | 80 | | | 12 | 138.7 | percent of total billed charges | |
| BKR CHG INFLUENZA A/B AB QUANT | 86710 | CPT | | | | both | | | 146 | 15.58 | Amerihealth | HMO/PPO | 22.8 | | | | 12 | 138.7 | fee schedule | |
| BKR CHG INFLUENZA A/B AB QUANT | 86710 | CPT | | | | both | | | 146 | 15.58 | Corrections | Corrections | 116.8 | 80 | | | 12 | 138.7 | percent of total billed charges | |
| BKR CHG INFLUENZA A/B AB QUANT | 86710 | CPT | | | | both | | | 146 | 15.58 | Horizon | PPO | 55.89 | 38.28 | | | 12 | 138.7 | percent of total billed charges | |
| BKR CHG INFLUENZA A/B AB QUANT | 86710 | CPT | | | | both | | | 146 | 15.58 | Horizon | Medicare Blue | 43.8 | 30 | | | 12 | 138.7 | percent of total billed charges | |
| BKR CHG INFLUENZA A/B AB QUANT | 86710 | CPT | | | | both | | | 146 | 15.58 | First Health | First Health | 102.2 | 70 | | | 12 | 138.7 | percent of total billed charges | |
| BKR CHG INFLUENZA A/B AB QUANT | 86710 | CPT | | | | both | | | 146 | 15.58 | Aetna | Medicare | 44.97 | 30.8 | | | 12 | 138.7 | percent of total billed charges | |
| BKR CHG INFLUENZA A/B AB QUANT | 86710 | CPT | | | | both | | | 146 | 15.58 | Managed Care Inc | Managed Care Inc | 131.4 | 90 | | | 12 | 138.7 | percent of total billed charges | |
| BKR CHG INFLUENZA A/B AB QUANT | 86710 | CPT | | | | both | | | 146 | 15.58 | Qualcare | Qualcare | 109.5 | 75 | | | 12 | 138.7 | percent of total billed charges | |
| BKR CHG INFLUENZA A/B AB QUANT | 86710 | CPT | | | | both | | | 146 | 15.58 | Wellcare | Medicaid | 12 | | | | 12 | 138.7 | fee schedule | |
| BKR CHG INFLUENZA A/B AB QUANT | 86710 | CPT | | | | both | | | 146 | 15.58 | UHC | Medicaid | 12 | | | | 12 | 138.7 | fee schedule | |
| BKR CHG INFLUENZA A/B AB QUANT | 86710 | CPT | | | | both | | | 146 | 15.58 | Horizon | NJ Health | 15.05 | | | | 12 | 138.7 | fee schedule | |
| BKR CHG INFLUENZA A/B AB QUANT | 86710 | CPT | | | | both | | | 146 | 15.58 | Horizon | MGD | 55.89 | 38.28 | | | 12 | 138.7 | percent of total billed charges | |
| BKR CHG INFLUENZA A/B AB QUANT | 86710 | CPT | | | | both | | | 146 | 15.58 | Three Rivers | Three Rivers | 138.7 | 95 | | | 12 | 138.7 | percent of total billed charges | |
| BKR CHG INFLUENZA A/B AB QUANT | 86710 | CPT | | | | both | | | 146 | 15.58 | Wellcare | Medicare | 13.55 | | | | 12 | 138.7 | fee schedule | |
| BKR CHG INFLUENZA A/B AB QUANT | 86710 | CPT | | | | both | | | 146 | 15.58 | WellPoint | WellPoint | 46.98 | 32.18 | | | 12 | 138.7 | percent of total billed charges | |
| BKR CHG STRATIFY JCV (TM) AB WINDEX | 86711 | CPT | | | | outpatient | | | | 19.42 | Amerihealth | Medicare | 16.89 | | | | 8.38 | 30.69 | fee schedule | |
| BKR CHG STRATIFY JCV (TM) AB WINDEX | 86711 | CPT | | | | outpatient | | | | 19.42 | Amerihealth | HMO/PPO | 8.38 | | | | 8.38 | 30.69 | fee schedule | |
| BKR CHG STRATIFY JCV (TM) AB WINDEX | 86711 | CPT | | | | outpatient | | | | 19.42 | Horizon | NJ Health | 30.69 | | | | 8.38 | 30.69 | fee schedule | |
| BKR CHG STRATIFY JCV (TM) AB WINDEX | 86711 | CPT | | | | outpatient | | | | 19.42 | UHC | Medicaid | 13.51 | | | | 8.38 | 30.69 | fee schedule | |
| BKR CHG STRATIFY JCV (TM) AB WINDEX | 86711 | CPT | | | | outpatient | | | | 19.42 | Wellcare | Medicaid | 13.51 | | | | 8.38 | 30.69 | fee schedule | |
| BKR CHG STRATIFY JCV (TM) AB WINDEX | 86711 | CPT | | | | outpatient | | | | 19.42 | UHC | Medicare | 16.89 | | | | 8.38 | 30.69 | fee schedule | |
| BKR CHG STRATIFY JCV (TM) AB WINDEX | 86711 | CPT | | | | outpatient | | | | 19.42 | Wellcare | Medicare | 16.89 | | | | 8.38 | 30.69 | fee schedule | |
| BKR CHG LEGIONELLA PHENUMOPHILA ABS | 86713 | CPT | | | | both | | | 121 | 17.6 | Aetna | Medicare | 37.27 | 30.8 | | | 15.3 | 114.95 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG LEGIONELLA PHENUMOPHILA ABS | 86713 | CPT | | | | both | | | 121 | 17.6 | Consumer | Consumer | 114.95 | 95 | | | 15.3 | 114.95 | percent of total billed charges | |
| BKR CHG LEGIONELLA PHENUMOPHILA ABS | 86713 | CPT | | | | both | | | 121 | 17.6 | Corrections | Corrections | 96.8 | 80 | | | 15.3 | 114.95 | percent of total billed charges | |
| BKR CHG LEGIONELLA PHENUMOPHILA ABS | 86713 | CPT | | | | both | | | 121 | 17.6 | Horizon | MGD | 46.32 | 38.28 | | | 15.3 | 114.95 | percent of total billed charges | |
| BKR CHG LEGIONELLA PHENUMOPHILA ABS | 86713 | CPT | | | | both | | | 121 | 17.6 | Amerihealth | Medicare | 15.3 | | | | 15.3 | 114.95 | fee schedule | |
| BKR CHG LEGIONELLA PHENUMOPHILA ABS | 86713 | CPT | | | | both | | | 121 | 17.6 | Aetna | Better Health | 38.18 | 31.55 | | | 15.3 | 114.95 | percent of total billed charges | |
| BKR CHG LEGIONELLA PHENUMOPHILA ABS | 86713 | CPT | | | | both | | | 121 | 17.6 | Americare | Americare | 90.75 | 75 | | | 15.3 | 114.95 | percent of total billed charges | |
| BKR CHG LEGIONELLA PHENUMOPHILA ABS | 86713 | CPT | | | | both | | | 121 | 17.6 | Amerihealth | HMO/PPO | 20.2 | | | | 15.3 | 114.95 | fee schedule | |
| BKR CHG LEGIONELLA PHENUMOPHILA ABS | 86713 | CPT | | | | both | | | 121 | 17.6 | Multiplan | Multiplan | 96.8 | 80 | | | 15.3 | 114.95 | percent of total billed charges | |
| BKR CHG LEGIONELLA PHENUMOPHILA ABS | 86713 | CPT | | | | both | | | 121 | 17.6 | First Health | First Health | 84.7 | 70 | | | 15.3 | 114.95 | percent of total billed charges | |
| BKR CHG LEGIONELLA PHENUMOPHILA ABS | 86713 | CPT | | | | both | | | 121 | 17.6 | Horizon | Medicare Blue | 36.3 | 30 | | | 15.3 | 114.95 | percent of total billed charges | |
| BKR CHG LEGIONELLA PHENUMOPHILA ABS | 86713 | CPT | | | | both | | | 121 | 17.6 | WellPoint | WellPoint | 38.94 | 32.18 | | | 15.3 | 114.95 | percent of total billed charges | |
| BKR CHG LEGIONELLA PHENUMOPHILA ABS | 86713 | CPT | | | | both | | | 121 | 17.6 | Qualicare | Qualicare | 90.75 | 75 | | | 15.3 | 114.95 | percent of total billed charges | |
| BKR CHG LEGIONELLA PHENUMOPHILA ABS | 86713 | CPT | | | | both | | | 121 | 17.6 | Wellcare | Medicaid | 20 | | | | 15.3 | 114.95 | fee schedule | |
| BKR CHG LEGIONELLA PHENUMOPHILA ABS | 86713 | CPT | | | | both | | | 121 | 17.6 | First Trenton | First Trenton | 108.9 | 90 | | | 15.3 | 114.95 | percent of total billed charges | |
| BKR CHG LEGIONELLA PHENUMOPHILA ABS | 86713 | CPT | | | | both | | | 121 | 17.6 | Wellcare | Medicare | 15.3 | | | | 15.3 | 114.95 | fee schedule | |
| BKR CHG LEGIONELLA PHENUMOPHILA ABS | 86713 | CPT | | | | both | | | 121 | 17.6 | UHC | Medicare | 15.3 | | | | 15.3 | 114.95 | fee schedule | |
| BKR CHG LEGIONELLA PHENUMOPHILA ABS | 86713 | CPT | | | | both | | | 121 | 17.6 | Horizon | NJ Health | 39.2 | | | | 15.3 | 114.95 | fee schedule | |
| BKR CHG LEGIONELLA PHENUMOPHILA ABS | 86713 | CPT | | | | both | | | 121 | 17.6 | Horizon | Indemnity | 46.32 | 38.28 | | | 15.3 | 114.95 | percent of total billed charges | |
| BKR CHG LEGIONELLA PHENUMOPHILA ABS | 86713 | CPT | | | | both | | | 121 | 17.6 | Horizon | PPO | 46.32 | 38.28 | | | 15.3 | 114.95 | percent of total billed charges | |
| BKR CHG LEGIONELLA PHENUMOPHILA ABS | 86713 | CPT | | | | both | | | 121 | 17.6 | Managed Care Inc | Managed Care Inc | 108.9 | 90 | | | 15.3 | 114.95 | percent of total billed charges | |
| BKR CHG LEGIONELLA PHENUMOPHILA ABS | 86713 | CPT | | | | both | | | 121 | 17.6 | Three Rivers | Three Rivers | 114.95 | 95 | | | 15.3 | 114.95 | percent of total billed charges | |
| BKR CHG LEGIONELLA PHENUMOPHILA ABS | 86713 | CPT | | | | both | | | 121 | 17.6 | UHC | Medicaid | 20 | | | | 15.3 | 114.95 | fee schedule | |
| BKR CHG LEISHMANIA ANTIBODY IGG (0051726) | 86717 | CPT | | | | both | | | 633 | 14.09 | Horizon | MGD | 242.31 | 38.28 | | | 11.4 | 601.35 | percent of total billed charges | |
| BKR CHG LEISHMANIA ANTIBODY IGG (0051726) | 86717 | CPT | | | | both | | | 633 | 14.09 | Aetna | Better Health | 199.71 | 31.55 | | | 11.4 | 601.35 | percent of total billed charges | |
| BKR CHG LEISHMANIA ANTIBODY IGG (0051726) | 86717 | CPT | | | | both | | | 633 | 14.09 | Consumer | Consumer | 601.35 | 95 | | | 11.4 | 601.35 | percent of total billed charges | |
| BKR CHG LEISHMANIA ANTIBODY IGG (0051726) | 86717 | CPT | | | | both | | | 633 | 14.09 | Aetna | Medicare | 194.96 | 30.8 | | | 11.4 | 601.35 | percent of total billed charges | |
| BKR CHG LEISHMANIA ANTIBODY IGG (0051726) | 86717 | CPT | | | | both | | | 633 | 14.09 | Amerihealth | HMO/PPO | 22.8 | | | | 11.4 | 601.35 | fee schedule | |
| BKR CHG LEISHMANIA ANTIBODY IGG (0051726) | 86717 | CPT | | | | both | | | 633 | 14.09 | Corrections | Corrections | 506.4 | 80 | | | 11.4 | 601.35 | percent of total billed charges | |
| BKR CHG LEISHMANIA ANTIBODY IGG (0051726) | 86717 | CPT | | | | both | | | 633 | 14.09 | Americare | Americare | 474.75 | 75 | | | 11.4 | 601.35 | percent of total billed charges | |
| BKR CHG LEISHMANIA ANTIBODY IGG (0051726) | 86717 | CPT | | | | both | | | 633 | 14.09 | First Health | First Health | 443.1 | 70 | | | 11.4 | 601.35 | percent of total billed charges | |
| BKR CHG LEISHMANIA ANTIBODY IGG (0051726) | 86717 | CPT | | | | both | | | 633 | 14.09 | First Trenton | First Trenton | 569.7 | 90 | | | 11.4 | 601.35 | percent of total billed charges | |
| BKR CHG LEISHMANIA ANTIBODY IGG (0051726) | 86717 | CPT | | | | both | | | 633 | 14.09 | Amerihealth | Medicare | 12.25 | | | | 11.4 | 601.35 | fee schedule | |
| BKR CHG LEISHMANIA ANTIBODY IGG (0051726) | 86717 | CPT | | | | both | | | 633 | 14.09 | Horizon | Indemnity | 242.31 | 38.28 | | | 11.4 | 601.35 | percent of total billed charges | |
| BKR CHG LEISHMANIA ANTIBODY IGG (0051726) | 86717 | CPT | | | | both | | | 633 | 14.09 | Wellcare | Medicare | 12.25 | | | | 11.4 | 601.35 | fee schedule | |
| BKR CHG LEISHMANIA ANTIBODY IGG (0051726) | 86717 | CPT | | | | both | | | 633 | 14.09 | Horizon | NJ Health | 13.6 | | | | 11.4 | 601.35 | fee schedule | |
| BKR CHG LEISHMANIA ANTIBODY IGG (0051726) | 86717 | CPT | | | | both | | | 633 | 14.09 | Qualicare | Qualicare | 474.75 | 75 | | | 11.4 | 601.35 | percent of total billed charges | |
| BKR CHG LEISHMANIA ANTIBODY IGG (0051726) | 86717 | CPT | | | | both | | | 633 | 14.09 | Horizon | Medicare Blue | 189.9 | 30 | | | 11.4 | 601.35 | percent of total billed charges | |
| BKR CHG LEISHMANIA ANTIBODY IGG (0051726) | 86717 | CPT | | | | both | | | 633 | 14.09 | Multiplan | Multiplan | 506.4 | 80 | | | 11.4 | 601.35 | percent of total billed charges | |
| BKR CHG LEISHMANIA ANTIBODY IGG (0051726) | 86717 | CPT | | | | both | | | 633 | 14.09 | Managed Care Inc | Managed Care Inc | 569.7 | 90 | | | 11.4 | 601.35 | percent of total billed charges | |
| BKR CHG LEISHMANIA ANTIBODY IGG (0051726) | 86717 | CPT | | | | both | | | 633 | 14.09 | WellPoint | WellPoint | 203.7 | 32.18 | | | 11.4 | 601.35 | percent of total billed charges | |
| BKR CHG LEISHMANIA ANTIBODY IGG (0051726) | 86717 | CPT | | | | both | | | 633 | 14.09 | Horizon | PPO | 242.31 | 38.28 | | | 11.4 | 601.35 | percent of total billed charges | |
| BKR CHG LEISHMANIA ANTIBODY IGG (0051726) | 86717 | CPT | | | | both | | | 633 | 14.09 | UHC | Medicare | 12.25 | | | | 11.4 | 601.35 | fee schedule | |
| BKR CHG LEISHMANIA ANTIBODY IGG (0051726) | 86717 | CPT | | | | both | | | 633 | 14.09 | Wellcare | Medicaid | 16 | | | | 11.4 | 601.35 | fee schedule | |
| BKR CHG LEISHMANIA ANTIBODY IGG (0051726) | 86717 | CPT | | | | both | | | 633 | 14.09 | Three Rivers | Three Rivers | 601.35 | 95 | | | 11.4 | 601.35 | percent of total billed charges | |
| BKR CHG LEISHMANIA ANTIBODY IGG (0051726) | 86717 | CPT | | | | both | | | 633 | 14.09 | UHC | Medicaid | 16 | | | | 11.4 | 601.35 | fee schedule | |
| BKR CHG LEPTOSPIRA ANTIBODY IGM BY DOT | 86720 | CPT | | | | both | | | 53 | 18.63 | Aetna | Better Health | 16.72 | 31.55 | | | 15 | 50.35 | percent of total billed charges | |
| BKR CHG LEPTOSPIRA ANTIBODY IGM BY DOT | 86720 | CPT | | | | both | | | 53 | 18.63 | Consumer | Consumer | 50.35 | 95 | | | 15 | 50.35 | percent of total billed charges | |
| BKR CHG LEPTOSPIRA ANTIBODY IGM BY DOT | 86720 | CPT | | | | both | | | 53 | 18.63 | First Trenton | First Trenton | 47.7 | 90 | | | 15 | 50.35 | percent of total billed charges | |
| BKR CHG LEPTOSPIRA ANTIBODY IGM BY DOT | 86720 | CPT | | | | both | | | 53 | 18.63 | Horizon | Medicare Blue | 15.9 | 30 | | | 15 | 50.35 | percent of total billed charges | |
| BKR CHG LEPTOSPIRA ANTIBODY IGM BY DOT | 86720 | CPT | | | | both | | | 53 | 18.63 | First Health | First Health | 37.1 | 70 | | | 15 | 50.35 | percent of total billed charges | |
| BKR CHG LEPTOSPIRA ANTIBODY IGM BY DOT | 86720 | CPT | | | | both | | | 53 | 18.63 | Aetna | Medicare | 16.32 | 30.8 | | | 15 | 50.35 | percent of total billed charges | |
| BKR CHG LEPTOSPIRA ANTIBODY IGM BY DOT | 86720 | CPT | | | | both | | | 53 | 18.63 | Americare | Americare | 39.75 | 75 | | | 15 | 50.35 | percent of total billed charges | |
| BKR CHG LEPTOSPIRA ANTIBODY IGM BY DOT | 86720 | CPT | | | | both | | | 53 | 18.63 | Multiplan | Multiplan | 42.4 | 80 | | | 15 | 50.35 | percent of total billed charges | |
| BKR CHG LEPTOSPIRA ANTIBODY IGM BY DOT | 86720 | CPT | | | | both | | | 53 | 18.63 | UHC | Medicaid | 15 | | | | 15 | 50.35 | fee schedule | |
| BKR CHG LEPTOSPIRA ANTIBODY IGM BY DOT | 86720 | CPT | | | | both | | | 53 | 18.63 | Corrections | Corrections | 42.4 | 80 | | | 15 | 50.35 | percent of total billed charges | |
| BKR CHG LEPTOSPIRA ANTIBODY IGM BY DOT | 86720 | CPT | | | | both | | | 53 | 18.63 | Horizon | Indemnity | 20.29 | 38.28 | | | 15 | 50.35 | percent of total billed charges | |
| BKR CHG LEPTOSPIRA ANTIBODY IGM BY DOT | 86720 | CPT | | | | both | | | 53 | 18.63 | UHC | Medicare | 16.2 | | | | 15 | 50.35 | fee schedule | |
| BKR CHG LEPTOSPIRA ANTIBODY IGM BY DOT | 86720 | CPT | | | | both | | | 53 | 18.63 | Amerihealth | HMO/PPO | 34.2 | | | | 15 | 50.35 | fee schedule | |
| BKR CHG LEPTOSPIRA ANTIBODY IGM BY DOT | 86720 | CPT | | | | both | | | 53 | 18.63 | Horizon | MGD | 20.29 | 38.28 | | | 15 | 50.35 | percent of total billed charges | |
| BKR CHG LEPTOSPIRA ANTIBODY IGM BY DOT | 86720 | CPT | | | | both | | | 53 | 18.63 | Horizon | PPO | 20.29 | 38.28 | | | 15 | 50.35 | percent of total billed charges | |
| BKR CHG LEPTOSPIRA ANTIBODY IGM BY DOT | 86720 | CPT | | | | both | | | 53 | 18.63 | Qualicare | Qualicare | 39.75 | 75 | | | 15 | 50.35 | percent of total billed charges | |
| BKR CHG LEPTOSPIRA ANTIBODY IGM BY DOT | 86720 | CPT | | | | both | | | 53 | 18.63 | Amerihealth | Medicare | 16.2 | | | | 15 | 50.35 | fee schedule | |
| BKR CHG LEPTOSPIRA ANTIBODY IGM BY DOT | 86720 | CPT | | | | both | | | 53 | 18.63 | WellPoint | WellPoint | 17.06 | 32.18 | | | 15 | 50.35 | percent of total billed charges | |
| BKR CHG LEPTOSPIRA ANTIBODY IGM BY DOT | 86720 | CPT | | | | both | | | 53 | 18.63 | Managed Care Inc | Managed Care Inc | 47.7 | 90 | | | 15 | 50.35 | percent of total billed charges | |
| BKR CHG LEPTOSPIRA ANTIBODY IGM BY DOT | 86720 | CPT | | | | both | | | 53 | 18.63 | Wellcare | Medicare | 16.2 | | | | 15 | 50.35 | fee schedule | |
| BKR CHG LEPTOSPIRA ANTIBODY IGM BY DOT | 86720 | CPT | | | | both | | | 53 | 18.63 | Wellcare | Medicaid | 15 | | | | 15 | 50.35 | fee schedule | |
| BKR CHG LEPTOSPIRA ANTIBODY IGM BY DOT | 86720 | CPT | | | | both | | | 53 | 18.63 | Horizon | NJ Health | 29.4 | | | | 15 | 50.35 | fee schedule | |
| BKR CHG LEPTOSPIRA ANTIBODY IGM BY DOT | 86720 | CPT | | | | both | | | 53 | 18.63 | Three Rivers | Three Rivers | 50.35 | 95 | | | 15 | 50.35 | percent of total billed charges | |
| BKR CHG LISTERIA ANTIBODY CF | 86723 | CPT | | | | outpatient | | | 557 | 15.17 | Americare | Americare | 417.75 | 75 | | | 13.19 | 529.15 | percent of total billed charges | |
| BKR CHG LISTERIA ANTIBODY CF | 86723 | CPT | | | | outpatient | | | 557 | 15.17 | Amerihealth | HMO/PPO | 22.8 | | | | 13.19 | 529.15 | fee schedule | |
| BKR CHG LISTERIA ANTIBODY CF | 86723 | CPT | | | | outpatient | | | 557 | 15.17 | Consumer | Consumer | 529.15 | 95 | | | 13.19 | 529.15 | percent of total billed charges | |
| BKR CHG LISTERIA ANTIBODY CF | 86723 | CPT | | | | outpatient | | | 557 | 15.17 | Aetna | Medicare | 171.56 | 30.8 | | | 13.19 | 529.15 | percent of total billed charges | |
| BKR CHG LISTERIA ANTIBODY CF | 86723 | CPT | | | | outpatient | | | 557 | 15.17 | Horizon | Indemnity | 213.22 | 38.28 | | | 13.19 | 529.15 | percent of total billed charges | |
| BKR CHG LISTERIA ANTIBODY CF | 86723 | CPT | | | | outpatient | | | 557 | 15.17 | First Trenton | First Trenton | 501.3 | 90 | | | 13.19 | 529.15 | percent of total billed charges | |
| BKR CHG LISTERIA ANTIBODY CF | 86723 | CPT | | | | outpatient | | | 557 | 15.17 | UHC | Medicaid | 15 | | | | 13.19 | 529.15 | fee schedule | |
| BKR CHG LISTERIA ANTIBODY CF | 86723 | CPT | | | | outpatient | | | 557 | 15.17 | Aetna | Better Health | 175.73 | 31.55 | | | 13.19 | 529.15 | percent of total billed charges | |
| BKR CHG LISTERIA ANTIBODY CF | 86723 | CPT | | | | outpatient | | | 557 | 15.17 | Wellcare | Medicaid | 15 | | | | 13.19 | 529.15 | fee schedule | |
| BKR CHG LISTERIA ANTIBODY CF | 86723 | CPT | | | | outpatient | | | 557 | 15.17 | Amerihealth | Medicare | 13.19 | | | | 13.19 | 529.15 | fee schedule | |
| BKR CHG LISTERIA ANTIBODY CF | 86723 | CPT | | | | outpatient | | | 557 | 15.17 | Multiplan | Multiplan | 445.6 | 80 | | | 13.19 | 529.15 | percent of total billed charges | |
| BKR CHG LISTERIA ANTIBODY CF | 86723 | CPT | | | | outpatient | | | 557 | 15.17 | Horizon | PPO | 213.22 | 38.28 | | | 13.19 | 529.15 | percent of total billed charges | |
| BKR CHG LISTERIA ANTIBODY CF | 86723 | CPT | | | | outpatient | | | 557 | 15.17 | Corrections | Corrections | 445.6 | 80 | | | 13.19 | 529.15 | percent of total billed charges | |
| BKR CHG LISTERIA ANTIBODY CF | 86723 | CPT | | | | outpatient | | | 557 | 15.17 | First Health | First Health | 389.9 | 70 | | | 13.19 | 529.15 | percent of total billed charges | |
| BKR CHG LISTERIA ANTIBODY CF | 86723 | CPT | | | | outpatient | | | 557 | 15.17 | Qualicare | Qualicare | 417.75 | 75 | | | 13.19 | 529.15 | percent of total billed charges | |
| BKR CHG LISTERIA ANTIBODY CF | 86723 | CPT | | | | outpatient | | | 557 | 15.17 | Managed Care Inc | Managed Care Inc | 501.3 | 90 | | | 13.19 | 529.15 | percent of total billed charges | |
| BKR CHG LISTERIA ANTIBODY CF | 86723 | CPT | | | | outpatient | | | 557 | 15.17 | Horizon | Medicare Blue | 167.1 | 30 | | | 13.19 | 529.15 | percent of total billed charges | |
| BKR CHG LISTERIA ANTIBODY CF | 86723 | CPT | | | | outpatient | | | 557 | 15.17 | Horizon | MGD | 213.22 | 38.28 | | | 13.19 | 529.15 | percent of total billed charges | |
| BKR CHG LISTERIA ANTIBODY CF | 86723 | CPT | | | | outpatient | | | 557 | 15.17 | UHC | Medicare | 13.19 | | | | 13.19 | 529.15 | fee schedule | |
| BKR CHG LISTERIA ANTIBODY CF | 86723 | CPT | | | | outpatient | | | 557 | 15.17 | Three Rivers | Three Rivers | 529.15 | 95 | | | 13.19 | 529.15 | percent of total billed charges | |
| BKR CHG LISTERIA ANTIBODY CF | 86723 | CPT | | | | outpatient | | | 557 | 15.17 | Horizon | NJ Health | 14.64 | | | | 13.19 | 529.15 | fee schedule | |
| BKR CHG LISTERIA ANTIBODY CF | 86723 | CPT | | | | outpatient | | | 557 | 15.17 | Wellcare | Medicare | 13.19 | | | | 13.19 | 529.15 | fee schedule | |
| BKR CHG LISTERIA ANTIBODY CF | 86723 | CPT | | | | outpatient | | | 557 | 15.17 | WellPoint | WellPoint | 179.24 | 32.18 | | | 13.19 | 529.15 | percent of total billed charges | |
| BKR CHG LCM VIRUS AB IGG CSF | 86727 | CPT | | | | inpatient | | | 319 | 14.8 | Horizon | Indemnity | 122.11 | 38.28 | | | 12.87 | 303.05 | percent of total billed charges | |
| BKR CHG LCM VIRUS AB IGG CSF | 86727 | CPT | | | | inpatient | | | 319 | 14.8 | Aetna | Medicare | 98.25 | 30.8 | | | 12.87 | 303.05 | percent of total billed charges | |
| BKR CHG LCM VIRUS AB IGG CSF | 86727 | CPT | | | | inpatient | | | 319 | 14.8 | Consumer | Consumer | 303.05 | 95 | | | 12.87 | 303.05 | percent of total billed charges | |
| BKR CHG LCM VIRUS AB IGG CSF | 86727 | CPT | | | | inpatient | | | 319 | 14.8 | First Health | First Health | 223.3 | 70 | | | 12.87 | 303.05 | percent of total billed charges | |
| BKR CHG LCM VIRUS AB IGG CSF | 86727 | CPT | | | | inpatient | | | 319 | 14.8 | Americare | Americare | 239.25 | 75 | | | 12.87 | 303.05 | percent of total billed charges | |
| BKR CHG LCM VIRUS AB IGG CSF | 86727 | CPT | | | | inpatient | | | 319 | 14.8 | Amerihealth | Medicare | 12.87 | | | | 12.87 | 303.05 | fee schedule | |
| BKR CHG LCM VIRUS AB IGG CSF | 86727 | CPT | | | | inpatient | | | 319 | 14.8 | Wellcare | Medicaid | 15 | | | | 12.87 | 303.05 | fee schedule | |
| BKR CHG LCM VIRUS AB IGG CSF | 86727 | CPT | | | | inpatient | | | 319 | 14.8 | Aetna | Better Health | 100.64 | 31.55 | | | 12.87 | 303.05 | percent of total billed charges | |
| BKR CHG LCM VIRUS AB IGG CSF | 86727 | CPT | | | | inpatient | | | 319 | 14.8 | Amerihealth | HMO/PPO | 22.8 | | | | 12.87 | 303.05 | fee schedule | |
| BKR CHG LCM VIRUS AB IGG CSF | 86727 | CPT | | | | inpatient | | | 319 | 14.8 | Horizon | MGD | 122.11 | 38.28 | | | 12.87 | 303.05 | percent of total billed charges | |
| BKR CHG LCM VIRUS AB IGG CSF | 86727 | CPT | | | | inpatient | | | 319 | 14.8 | UHC | Medicaid | 15 | | | | 12.87 | 303.05 | fee schedule | |
| BKR CHG LCM VIRUS AB IGG CSF | 86727 | CPT | | | | inpatient | | | 319 | 14.8 | Multiplan | Multiplan | 255.2 | 80 | | | 12.87 | 303.05 | percent of total billed charges | |
| BKR CHG LCM VIRUS AB IGG CSF | 86727 | CPT | | | | inpatient | | | 319 | 14.8 | First Trenton | First Trenton | 287.1 | 90 | | | 12.87 | 303.05 | percent of total billed charges | |
| BKR CHG LCM VIRUS AB IGG CSF | 86727 | CPT | | | | inpatient | | | 319 | 14.8 | Corrections | Corrections | 255.2 | 80 | | | 12.87 | 303.05 | percent of total billed charges | |
| BKR CHG LCM VIRUS AB IGG CSF | 86727 | CPT | | | | inpatient | | | 319 | 14.8 | Horizon | PPO | 122.11 | 38.28 | | | 12.87 | 303.05 | percent of total billed charges | |
| BKR CHG LCM VIRUS AB IGG CSF | 86727 | CPT | | | | inpatient | | | 319 | 14.8 | UHC | Medicare | 12.87 | | | | 12.87 | 303.05 | fee schedule | |
| BKR CHG LCM VIRUS AB IGG CSF | 86727 | CPT | | | | inpatient | | | 319 | 14.8 | Horizon | NJ Health | 29.4 | | | | 12.87 | 303.05 | fee schedule | |
| BKR CHG LCM VIRUS AB IGG CSF | 86727 | CPT | | | | inpatient | | | 319 | 14.8 | Horizon | Medicare Blue | 95.7 | 30 | | | 12.87 | 303.05 | percent of total billed charges | |
| BKR CHG LCM VIRUS AB IGG CSF | 86727 | CPT | | | | inpatient | | | 319 | 14.8 | Three Rivers | Three Rivers | 303.05 | 95 | | | 12.87 | 303.05 | percent of total billed charges | |
| BKR CHG LCM VIRUS AB IGG CSF | 86727 | CPT | | | | inpatient | | | 319 | 14.8 | Qualicare | Qualicare | 239.25 | 75 | | | 12.87 | 303.05 | percent of total billed charges | |
| BKR CHG LCM VIRUS AB IGG CSF | 86727 | CPT | | | | inpatient | | | 319 | 14.8 | Managed Care Inc | Managed Care Inc | 287.1 | 90 | | | 12.87 | 303.05 | percent of total billed charges | |
| BKR CHG LCM VIRUS AB IGG CSF | 86727 | CPT | | | | inpatient | | | 319 | 14.8 | Wellcare | Medicare | 12.87 | | | | 12.87 | 303.05 | fee schedule | |
| BKR CHG LCM VIRUS AB IGG CSF | 86727 | CPT | | | | inpatient | | | 319 | 14.8 | WellPoint | WellPoint | 102.65 | 32.18 | | | 12.87 | 303.05 | percent of total billed charges | |
| BKR CHG MUMPS.ANTIBODIES IGM(160499) | 86735 | CPT | | | | both | | | 92 | 15.01 | Aetna | Better Health | 29.03 | 31.55 | | 7.67 | 9.3 | 87.4 | percent of total billed charges | |
| BKR CHG MUMPS.ANTIBODIES IGM(160499) | 86735 | CPT | | | | both | | | 92 | 15.01 | Horizon | PPO | 35.22 | 38.28 | | 9.98 | 9.3 | 87.4 | percent of total billed charges | |
| BKR CHG MUMPS.ANTIBODIES IGM(160499) | 86735 | CPT | | | | both | | | 92 | 15.01 | Americare | Americare | 69 | 75 | | | 9.3 | 87.4 | percent of total billed charges | |
| BKR CHG MUMPS.ANTIBODIES IGM(160499) | 86735 | CPT | | | | both | | | 92 | 15.01 | Amerihealth | HMO/PPO | 22.8 | | | | 9.3 | 87.4 | fee schedule | |
| BKR CHG MUMPS.ANTIBODIES IGM(160499) | 86735 | CPT | | | | both | | | 92 | 15.01 | Aetna | Medicare | 28.34 | 30.8 | | 5.71 | 9.3 | 87.4 | percent of total billed charges | |
| BKR CHG MUMPS.ANTIBODIES IGM(160499) | 86735 | CPT | | | | both | | | 92 | 15.01 | Corrections | Corrections | 73.6 | 80 | | | 9.3 | 87.4 | percent of total billed charges | |
| BKR CHG MUMPS.ANTIBODIES IGM(160499) | 86735 | CPT | | | | both | | | 92 | 15.01 | First Health | First Health | 64.4 | 70 | | | 9.3 | 87.4 | percent of total billed charges | |
| BKR CHG MUMPS.ANTIBODIES IGM(160499) | 86735 | CPT | | | | both | | | 92 | 15.01 | First Trenton | First Trenton | 82.8 | 90 | | | 9.3 | 87.4 | percent of total billed charges | |
| BKR CHG MUMPS.ANTIBODIES IGM(160499) | 86735 | CPT | | | | both | | | 92 | 15.01 | Amerihealth | Medicare | 13.05 | | | | 9.3 | 87.4 | fee schedule | |
| BKR CHG MUMPS.ANTIBODIES IGM(160499) | 86735 | CPT | | | | both | | | 92 | 15.01 | Multiplan | Multiplan | 73.6 | 80 | | | 9.3 | 87.4 | percent of total billed charges | |
| BKR CHG MUMPS.ANTIBODIES IGM(160499) | 86735 | CPT | | | | both | | | 92 | 15.01 | Consumer | Consumer | 87.4 | 95 | | | 9.3 | 87.4 | percent of total billed charges | |
| BKR CHG MUMPS.ANTIBODIES IGM(160499) | 86735 | CPT | | | | both | | | 92 | 15.01 | Horizon | NJ Health | 29.4 | | | 3.8 | 9.3 | 87.4 | fee schedule | |
| BKR CHG MUMPS.ANTIBODIES IGM(160499) | 86735 | CPT | | | | both | | | 92 | 15.01 | Horizon | Indemnity | 35.22 | 38.28 | | 32.84 | 9.3 | 87.4 | percent of total billed charges | |
| BKR CHG MUMPS.ANTIBODIES IGM(160499) | 86735 | CPT | | | | both | | | 92 | 15.01 | Horizon | MGD | 35.22 | 38.28 | | 22.33 | 9.3 | 87.4 | percent of total billed charges | |
| BKR CHG MUMPS.ANTIBODIES IGM(160499) | 86735 | CPT | | | | both | | | 92 | 15.01 | Horizon | Medicare Blue | 27.6 | 30 | | | 9.3 | 87.4 | percent of total billed charges | |
| BKR CHG MUMPS.ANTIBODIES IGM(160499) | 86735 | CPT | | | | both | | | 92 | 15.01 | Managed Care Inc | Managed Care Inc | 82.8 | 90 | | | 9.3 | 87.4 | percent of total billed charges | |
| BKR CHG MUMPS.ANTIBODIES IGM(160499) | 86735 | CPT | | | | both | | | 92 | 15.01 | UHC | Medicaid | 15 | | | 14.06 | 9.3 | 87.4 | fee schedule | |
| BKR CHG MUMPS.ANTIBODIES IGM(160499) | 86735 | CPT | | | | both | | | 92 | 15.01 | Qualicare | Qualicare | 69 | 75 | | | 9.3 | 87.4 | percent of total billed charges | |
| BKR CHG MUMPS.ANTIBODIES IGM(160499) | 86735 | CPT | | | | both | | | 92 | 15.01 | Wellcare | Medicaid | 15 | | | 10.12 | 9.3 | 87.4 | fee schedule | |
| BKR CHG MUMPS.ANTIBODIES IGM(160499) | 86735 | CPT | | | | both | | | 92 | 15.01 | Three Rivers | Three Rivers | 87.4 | 95 | | | 9.3 | 87.4 | percent of total billed charges | |
| BKR CHG MUMPS.ANTIBODIES IGM(160499) | 86735 | CPT | | | | both | | | 92 | 15.01 | Wellcare | Medicare | 13.05 | | | | 9.3 | 87.4 | fee schedule | |
| BKR CHG MUMPS.ANTIBODIES IGM(160499) | 86735 | CPT | | | | both | | | 92 | 15.01 | UHC | Medicare | 13.05 | | | 2.37 | 9.3 | 87.4 | fee schedule | |
| BKR CHG MUMPS.ANTIBODIES IGM(160499) | 86735 | CPT | | | | both | | | 92 | 15.01 | WellPoint | WellPoint | 29.61 | 32.18 | | 24.7 | 9.3 | 87.4 | percent of total billed charges | |
| BKR CHG MYCOPLASMA PNEUMONIAE IGG/IGM | 86738 | CPT | | | | both | | | 451 | 15.23 | Aetna | Medicare | 138.91 | 30.8 | | | 9.3 | 428.45 | percent of total billed charges | |
| BKR CHG MYCOPLASMA PNEUMONIAE IGG/IGM | 86738 | CPT | | | | both | | | 451 | 15.23 | Aetna | Better Health | 142.29 | 31.55 | | | 9.3 | 428.45 | percent of total billed charges | |
| BKR CHG MYCOPLASMA PNEUMONIAE IGG/IGM | 86738 | CPT | | | | both | | | 451 | 15.23 | Horizon | Indemnity | 172.64 | 38.28 | | | 9.3 | 428.45 | percent of total billed charges | |
| BKR CHG MYCOPLASMA PNEUMONIAE IGG/IGM | 86738 | CPT | | | | both | | | 451 | 15.23 | Qualicare | Qualicare | 338.25 | 75 | | | 9.3 | 428.45 | percent of total billed charges | |
| BKR CHG MYCOPLASMA PNEUMONIAE IGG/IGM | 86738 | CPT | | | | both | | | 451 | 15.23 | Amerihealth | HMO/PPO | 22.8 | | | | 9.3 | 428.45 | fee schedule | |
| BKR CHG MYCOPLASMA PNEUMONIAE IGG/IGM | 86738 | CPT | | | | both | | | 451 | 15.23 | Horizon | Medicare Blue | 135.3 | 30 | | | 9.3 | 428.45 | percent of total billed charges | |
| BKR CHG MYCOPLASMA PNEUMONIAE IGG/IGM | 86738 | CPT | | | | both | | | 451 | 15.23 | Corrections | Corrections | 360.8 | 80 | | | 9.3 | 428.45 | percent of total billed charges | |
| BKR CHG MYCOPLASMA PNEUMONIAE IGG/IGM | 86738 | CPT | | | | both | | | 451 | 15.23 | Americare | Americare | 338.25 | 75 | | | 9.3 | 428.45 | percent of total billed charges | |
| BKR CHG MYCOPLASMA PNEUMONIAE IGG/IGM | 86738 | CPT | | | | both | | | 451 | 15.23 | Horizon | MGD | 172.64 | 38.28 | | | 9.3 | 428.45 | percent of total billed charges | |
| BKR CHG MYCOPLASMA PNEUMONIAE IGG/IGM | 86738 | CPT | | | | both | | | 451 | 15.23 | Consumer | Consumer | 428.45 | 95 | | | 9.3 | 428.45 | percent of total billed charges | |
| BKR CHG MYCOPLASMA PNEUMONIAE IGG/IGM | 86738 | CPT | | | | both | | | 451 | 15.23 | Horizon | PPO | 172.64 | 38.28 | | | 9.3 | 428.45 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG MYCOPLASMA PNEUMONIAE IGG/IGM | 86738 | CPT | | | | both | | | 451 | 15.23 | Multiplan | Multiplan | 360.8 | 80 | | | 9.3 | 428.45 | percent of total billed charges | |
| BKR CHG MYCOPLASMA PNEUMONIAE IGG/IGM | 86738 | CPT | | | | both | | | 451 | 15.23 | Amerihealth | Medicare | 13.24 | | | | 9.3 | 428.45 | fee schedule | |
| BKR CHG MYCOPLASMA PNEUMONIAE IGG/IGM | 86738 | CPT | | | | both | | | 451 | 15.23 | UHC | Medicaid | 12 | | | | 9.3 | 428.45 | fee schedule | |
| BKR CHG MYCOPLASMA PNEUMONIAE IGG/IGM | 86738 | CPT | | | | both | | | 451 | 15.23 | First Trenton | First Trenton | 405.9 | 90 | | | 9.3 | 428.45 | percent of total billed charges | |
| BKR CHG MYCOPLASMA PNEUMONIAE IGG/IGM | 86738 | CPT | | | | both | | | 451 | 15.23 | Wellcare | Medicare | 13.24 | | | | 9.3 | 428.45 | fee schedule | |
| BKR CHG MYCOPLASMA PNEUMONIAE IGG/IGM | 86738 | CPT | | | | both | | | 451 | 15.23 | UHC | Medicare | 13.24 | | | | 9.3 | 428.45 | fee schedule | |
| BKR CHG MYCOPLASMA PNEUMONIAE IGG/IGM | 86738 | CPT | | | | both | | | 451 | 15.23 | Three Rivers | Three Rivers | 428.45 | 95 | | | 9.3 | 428.45 | percent of total billed charges | |
| BKR CHG MYCOPLASMA PNEUMONIAE IGG/IGM | 86738 | CPT | | | | both | | | 451 | 15.23 | First Health | First Health | 315.7 | 70 | | | 9.3 | 428.45 | percent of total billed charges | |
| BKR CHG MYCOPLASMA PNEUMONIAE IGG/IGM | 86738 | CPT | | | | both | | | 451 | 15.23 | Horizon | NJ Health | 23.52 | | | | 9.3 | 428.45 | fee schedule | |
| BKR CHG MYCOPLASMA PNEUMONIAE IGG/IGM | 86738 | CPT | | | | both | | | 451 | 15.23 | WellPoint | WellPoint | 145.13 | 32.18 | | | 9.3 | 428.45 | percent of total billed charges | |
| BKR CHG MYCOPLASMA PNEUMONIAE IGG/IGM | 86738 | CPT | | | | both | | | 451 | 15.23 | Wellcare | Medicaid | 12 | | | | 9.3 | 428.45 | fee schedule | |
| BKR CHG MYCOPLASMA PNEUMONIAE IGG/IGM | 86738 | CPT | | | | both | | | 451 | 15.23 | Managed Care Inc | Managed Care Inc | 405.9 | 90 | | | 9.3 | 428.45 | percent of total billed charges | |
| BKR CHG PARVOVIRUS | 86747 | CPT | | | | outpatient | | | 274 | 17.28 | First Health | First Health | 191.8 | 70 | | | 12 | 260.3 | percent of total billed charges | |
| BKR CHG PARVOVIRUS | 86747 | CPT | | | | outpatient | | | 274 | 17.28 | Americare | Americare | 205.5 | 75 | | | 12 | 260.3 | percent of total billed charges | |
| BKR CHG PARVOVIRUS | 86747 | CPT | | | | outpatient | | | 274 | 17.28 | First Trenton | First Trenton | 246.6 | 90 | | | 12 | 260.3 | percent of total billed charges | |
| BKR CHG PARVOVIRUS | 86747 | CPT | | | | outpatient | | | 274 | 17.28 | Corrections | Corrections | 219.2 | 80 | | | 12 | 260.3 | percent of total billed charges | |
| BKR CHG PARVOVIRUS | 86747 | CPT | | | | outpatient | | | 274 | 17.28 | Aetna | Medicare | 84.39 | 30.8 | | | 12 | 260.3 | percent of total billed charges | |
| BKR CHG PARVOVIRUS | 86747 | CPT | | | | outpatient | | | 274 | 17.28 | Qualcare | Qualcare | 205.5 | 75 | | | 12 | 260.3 | percent of total billed charges | |
| BKR CHG PARVOVIRUS | 86747 | CPT | | | | outpatient | | | 274 | 17.28 | Wellcare | Medicaid | 12 | | | | 12 | 260.3 | fee schedule | |
| BKR CHG PARVOVIRUS | 86747 | CPT | | | | outpatient | | | 274 | 17.28 | Aetna | Better Health | 86.45 | 31.55 | | | 12 | 260.3 | percent of total billed charges | |
| BKR CHG PARVOVIRUS | 86747 | CPT | | | | outpatient | | | 274 | 17.28 | Wellcare | Medicare | 15.03 | | | | 12 | 260.3 | fee schedule | |
| BKR CHG PARVOVIRUS | 86747 | CPT | | | | outpatient | | | 274 | 17.28 | Consumer | Consumer | 260.3 | 95 | | | 12 | 260.3 | percent of total billed charges | |
| BKR CHG PARVOVIRUS | 86747 | CPT | | | | outpatient | | | 274 | 17.28 | Amerihealth | HMO/PPO | 22.8 | | | | 12 | 260.3 | fee schedule | |
| BKR CHG PARVOVIRUS | 86747 | CPT | | | | outpatient | | | 274 | 17.28 | WellPoint | WellPoint | 88.17 | 32.18 | | | 12 | 260.3 | percent of total billed charges | |
| BKR CHG PARVOVIRUS | 86747 | CPT | | | | outpatient | | | 274 | 17.28 | Amerihealth | Medicare | 15.03 | | | | 12 | 260.3 | fee schedule | |
| BKR CHG PARVOVIRUS | 86747 | CPT | | | | outpatient | | | 274 | 17.28 | UHC | Medicaid | 12 | | | | 12 | 260.3 | fee schedule | |
| BKR CHG PARVOVIRUS | 86747 | CPT | | | | outpatient | | | 274 | 17.28 | Horizon | MGD | 104.89 | 38.28 | | | 12 | 260.3 | percent of total billed charges | |
| BKR CHG PARVOVIRUS | 86747 | CPT | | | | outpatient | | | 274 | 17.28 | Horizon | Indemnity | 104.89 | 38.28 | | | 12 | 260.3 | percent of total billed charges | |
| BKR CHG PARVOVIRUS | 86747 | CPT | | | | outpatient | | | 274 | 17.28 | Horizon | NJ Health | 23.52 | | | | 12 | 260.3 | fee schedule | |
| BKR CHG PARVOVIRUS | 86747 | CPT | | | | outpatient | | | 274 | 17.28 | Horizon | Medicare Blue | 82.2 | 30 | | | 12 | 260.3 | percent of total billed charges | |
| BKR CHG PARVOVIRUS | 86747 | CPT | | | | outpatient | | | 274 | 17.28 | Horizon | PPO | 104.89 | 38.28 | | | 12 | 260.3 | percent of total billed charges | |
| BKR CHG PARVOVIRUS | 86747 | CPT | | | | outpatient | | | 274 | 17.28 | Multiplan | Multiplan | 219.2 | 80 | | | 12 | 260.3 | percent of total billed charges | |
| BKR CHG PARVOVIRUS | 86747 | CPT | | | | outpatient | | | 274 | 17.28 | Managed Care Inc | Managed Care Inc | 246.6 | 90 | | | 12 | 260.3 | percent of total billed charges | |
| BKR CHG PARVOVIRUS | 86747 | CPT | | | | outpatient | | | 274 | 17.28 | UHC | Medicare | 15.03 | | | | 12 | 260.3 | fee schedule | |
| BKR CHG PARVOVIRUS | 86747 | CPT | | | | outpatient | | | 274 | 17.28 | Three Rivers | Three Rivers | 260.3 | 95 | | | 12 | 260.3 | percent of total billed charges | |
| BKR CHG MALARIA RAPID TEST | 86750 | CPT | | | | outpatient | | | 406 | 15.17 | Aetna | Better Health | 128.09 | 31.55 | | | 12 | 385.7 | percent of total billed charges | |
| BKR CHG MALARIA RAPID TEST | 86750 | CPT | | | | outpatient | | | 406 | 15.17 | Amerihealth | Medicare | 13.19 | | | | 12 | 385.7 | fee schedule | |
| BKR CHG MALARIA RAPID TEST | 86750 | CPT | | | | outpatient | | | 406 | 15.17 | Horizon | Indemnity | 155.42 | 38.28 | | | 12 | 385.7 | percent of total billed charges | |
| BKR CHG MALARIA RAPID TEST | 86750 | CPT | | | | outpatient | | | 406 | 15.17 | Americare | Americare | 304.5 | 75 | | | 12 | 385.7 | percent of total billed charges | |
| BKR CHG MALARIA RAPID TEST | 86750 | CPT | | | | outpatient | | | 406 | 15.17 | Aetna | Medicare | 125.05 | 30.8 | | | 12 | 385.7 | percent of total billed charges | |
| BKR CHG MALARIA RAPID TEST | 86750 | CPT | | | | outpatient | | | 406 | 15.17 | First Trenton | First Trenton | 365.4 | 90 | | | 12 | 385.7 | percent of total billed charges | |
| BKR CHG MALARIA RAPID TEST | 86750 | CPT | | | | outpatient | | | 406 | 15.17 | Consumer | Consumer | 385.7 | 95 | | | 12 | 385.7 | percent of total billed charges | |
| BKR CHG MALARIA RAPID TEST | 86750 | CPT | | | | outpatient | | | 406 | 15.17 | Amerihealth | HMO/PPO | 22.8 | | | | 12 | 385.7 | fee schedule | |
| BKR CHG MALARIA RAPID TEST | 86750 | CPT | | | | outpatient | | | 406 | 15.17 | Corrections | Corrections | 324.8 | 80 | | | 12 | 385.7 | percent of total billed charges | |
| BKR CHG MALARIA RAPID TEST | 86750 | CPT | | | | outpatient | | | 406 | 15.17 | Horizon | NJ Health | 14.64 | | | | 12 | 385.7 | fee schedule | |
| BKR CHG MALARIA RAPID TEST | 86750 | CPT | | | | outpatient | | | 406 | 15.17 | Wellcare | Medicaid | 12 | | | | 12 | 385.7 | fee schedule | |
| BKR CHG MALARIA RAPID TEST | 86750 | CPT | | | | outpatient | | | 406 | 15.17 | Horizon | MGD | 155.42 | 38.28 | | | 12 | 385.7 | percent of total billed charges | |
| BKR CHG MALARIA RAPID TEST | 86750 | CPT | | | | outpatient | | | 406 | 15.17 | Multiplan | Multiplan | 324.8 | 80 | | | 12 | 385.7 | percent of total billed charges | |
| BKR CHG MALARIA RAPID TEST | 86750 | CPT | | | | outpatient | | | 406 | 15.17 | Horizon | PPO | 155.42 | 38.28 | | | 12 | 385.7 | percent of total billed charges | |
| BKR CHG MALARIA RAPID TEST | 86750 | CPT | | | | outpatient | | | 406 | 15.17 | First Health | First Health | 284.2 | 70 | | | 12 | 385.7 | percent of total billed charges | |
| BKR CHG MALARIA RAPID TEST | 86750 | CPT | | | | outpatient | | | 406 | 15.17 | Managed Care Inc | Managed Care Inc | 365.4 | 90 | | | 12 | 385.7 | percent of total billed charges | |
| BKR CHG MALARIA RAPID TEST | 86750 | CPT | | | | outpatient | | | 406 | 15.17 | Horizon | Medicare Blue | 121.8 | 30 | | | 12 | 385.7 | percent of total billed charges | |
| BKR CHG MALARIA RAPID TEST | 86750 | CPT | | | | outpatient | | | 406 | 15.17 | Three Rivers | Three Rivers | 385.7 | 95 | | | 12 | 385.7 | percent of total billed charges | |
| BKR CHG MALARIA RAPID TEST | 86750 | CPT | | | | outpatient | | | 406 | 15.17 | Qualcare | Qualcare | 304.5 | 75 | | | 12 | 385.7 | percent of total billed charges | |
| BKR CHG MALARIA RAPID TEST | 86750 | CPT | | | | outpatient | | | 406 | 15.17 | UHC | Medicaid | 12 | | | | 12 | 385.7 | fee schedule | |
| BKR CHG MALARIA RAPID TEST | 86750 | CPT | | | | outpatient | | | 406 | 15.17 | UHC | Medicare | 13.19 | | | | 12 | 385.7 | fee schedule | |
| BKR CHG MALARIA RAPID TEST | 86750 | CPT | | | | outpatient | | | 406 | 15.17 | Wellcare | Medicare | 13.19 | | | | 12 | 385.7 | fee schedule | |
| BKR CHG MALARIA RAPID TEST | 86750 | CPT | | | | outpatient | | | 406 | 15.17 | WellPoint | WellPoint | 130.65 | 32.18 | | | 12 | 385.7 | percent of total billed charges | |
| BKR CHG TRYPANOSOMA CRUZI AB EIA | 86753 | CPT | | | | both | | | 483 | 14.25 | Americare | Americare | 362.25 | 75 | | | 12 | 458.85 | percent of total billed charges | |
| BKR CHG TRYPANOSOMA CRUZI AB EIA | 86753 | CPT | | | | both | | | 483 | 14.25 | Aetna | Medicare | 148.76 | 30.8 | | | 12 | 458.85 | percent of total billed charges | |
| BKR CHG TRYPANOSOMA CRUZI AB EIA | 86753 | CPT | | | | both | | | 483 | 14.25 | Amerihealth | HMO/PPO | 22.8 | | | | 12 | 458.85 | fee schedule | |
| BKR CHG TRYPANOSOMA CRUZI AB EIA | 86753 | CPT | | | | both | | | 483 | 14.25 | Amerihealth | Medicare | 12.39 | | | | 12 | 458.85 | fee schedule | |
| BKR CHG TRYPANOSOMA CRUZI AB EIA | 86753 | CPT | | | | both | | | 483 | 14.25 | Aetna | Better Health | 152.39 | 31.55 | | | 12 | 458.85 | percent of total billed charges | |
| BKR CHG TRYPANOSOMA CRUZI AB EIA | 86753 | CPT | | | | both | | | 483 | 14.25 | Consumer | Consumer | 458.85 | 95 | | | 12 | 458.85 | percent of total billed charges | |
| BKR CHG TRYPANOSOMA CRUZI AB EIA | 86753 | CPT | | | | both | | | 483 | 14.25 | First Health | First Health | 338.1 | 70 | | | 12 | 458.85 | percent of total billed charges | |
| BKR CHG TRYPANOSOMA CRUZI AB EIA | 86753 | CPT | | | | both | | | 483 | 14.25 | Corrections | Corrections | 386.4 | 80 | | | 12 | 458.85 | percent of total billed charges | |
| BKR CHG TRYPANOSOMA CRUZI AB EIA | 86753 | CPT | | | | both | | | 483 | 14.25 | Horizon | Medicare Blue | 144.9 | 30 | | | 12 | 458.85 | percent of total billed charges | |
| BKR CHG TRYPANOSOMA CRUZI AB EIA | 86753 | CPT | | | | both | | | 483 | 14.25 | Multiplan | Multiplan | 386.4 | 80 | | | 12 | 458.85 | percent of total billed charges | |
| BKR CHG TRYPANOSOMA CRUZI AB EIA | 86753 | CPT | | | | both | | | 483 | 14.25 | Horizon | MGD | 184.89 | 38.28 | | | 12 | 458.85 | percent of total billed charges | |
| BKR CHG TRYPANOSOMA CRUZI AB EIA | 86753 | CPT | | | | both | | | 483 | 14.25 | First Trenton | First Trenton | 434.7 | 90 | | | 12 | 458.85 | percent of total billed charges | |
| BKR CHG TRYPANOSOMA CRUZI AB EIA | 86753 | CPT | | | | both | | | 483 | 14.25 | UHC | Medicaid | 12 | | | | 12 | 458.85 | fee schedule | |
| BKR CHG TRYPANOSOMA CRUZI AB EIA | 86753 | CPT | | | | both | | | 483 | 14.25 | Qualcare | Qualcare | 362.25 | 75 | | | 12 | 458.85 | percent of total billed charges | |
| BKR CHG TRYPANOSOMA CRUZI AB EIA | 86753 | CPT | | | | both | | | 483 | 14.25 | UHC | Medicare | 12.39 | | | | 12 | 458.85 | fee schedule | |
| BKR CHG TRYPANOSOMA CRUZI AB EIA | 86753 | CPT | | | | both | | | 483 | 14.25 | WellPoint | WellPoint | 155.43 | 32.18 | | | 12 | 458.85 | percent of total billed charges | |
| BKR CHG TRYPANOSOMA CRUZI AB EIA | 86753 | CPT | | | | both | | | 483 | 14.25 | Wellcare | Medicare | 12.39 | | | | 12 | 458.85 | fee schedule | |
| BKR CHG TRYPANOSOMA CRUZI AB EIA | 86753 | CPT | | | | both | | | 483 | 14.25 | Horizon | Indemnity | 184.89 | 38.28 | | | 12 | 458.85 | percent of total billed charges | |
| BKR CHG TRYPANOSOMA CRUZI AB EIA | 86753 | CPT | | | | both | | | 483 | 14.25 | Horizon | NJ Health | 13.76 | | | | 12 | 458.85 | fee schedule | |
| BKR CHG TRYPANOSOMA CRUZI AB EIA | 86753 | CPT | | | | both | | | 483 | 14.25 | Horizon | PPO | 184.89 | 38.28 | | | 12 | 458.85 | percent of total billed charges | |
| BKR CHG TRYPANOSOMA CRUZI AB EIA | 86753 | CPT | | | | both | | | 483 | 14.25 | Managed Care Inc | Managed Care Inc | 434.7 | 90 | | | 12 | 458.85 | percent of total billed charges | |
| BKR CHG TRYPANOSOMA CRUZI AB EIA | 86753 | CPT | | | | both | | | 483 | 14.25 | Three Rivers | Three Rivers | 458.85 | 95 | | | 12 | 458.85 | percent of total billed charges | |
| BKR CHG TRYPANOSOMA CRUZI AB EIA | 86753 | CPT | | | | both | | | 483 | 14.25 | Wellcare | Medicaid | 12 | | | | 12 | 458.85 | fee schedule | |
| BKR CHG RESPIRATORY SYNCYTIAL VIRUS ABY | 86756 | CPT | | | | outpatient | | | 175 | 18.27 | Aetna | Medicare | 53.9 | 30.8 | | | 12 | 166.25 | percent of total billed charges | |
| BKR CHG RESPIRATORY SYNCYTIAL VIRUS ABY | 86756 | CPT | | | | outpatient | | | 175 | 18.27 | Americare | Americare | 131.25 | 75 | | | 12 | 166.25 | percent of total billed charges | |
| BKR CHG RESPIRATORY SYNCYTIAL VIRUS ABY | 86756 | CPT | | | | outpatient | | | 175 | 18.27 | Horizon | Medicare Blue | 52.5 | 30 | | | 12 | 166.25 | percent of total billed charges | |
| BKR CHG RESPIRATORY SYNCYTIAL VIRUS ABY | 86756 | CPT | | | | outpatient | | | 175 | 18.27 | Aetna | Better Health | 55.21 | 31.55 | | | 12 | 166.25 | percent of total billed charges | |
| BKR CHG RESPIRATORY SYNCYTIAL VIRUS ABY | 86756 | CPT | | | | outpatient | | | 175 | 18.27 | WellPoint | WellPoint | 56.32 | 32.18 | | | 12 | 166.25 | percent of total billed charges | |
| BKR CHG RESPIRATORY SYNCYTIAL VIRUS ABY | 86756 | CPT | | | | outpatient | | | 175 | 18.27 | Amerihealth | Medicare | 15.89 | | | | 12 | 166.25 | fee schedule | |
| BKR CHG RESPIRATORY SYNCYTIAL VIRUS ABY | 86756 | CPT | | | | outpatient | | | 175 | 18.27 | Multiplan | Multiplan | 140 | 80 | | | 12 | 166.25 | percent of total billed charges | |
| BKR CHG RESPIRATORY SYNCYTIAL VIRUS ABY | 86756 | CPT | | | | outpatient | | | 175 | 18.27 | Amerihealth | HMO/PPO | 22.8 | | | | 12 | 166.25 | fee schedule | |
| BKR CHG RESPIRATORY SYNCYTIAL VIRUS ABY | 86756 | CPT | | | | outpatient | | | 175 | 18.27 | Consumer | Consumer | 166.25 | 95 | | | 12 | 166.25 | percent of total billed charges | |
| BKR CHG RESPIRATORY SYNCYTIAL VIRUS ABY | 86756 | CPT | | | | outpatient | | | 175 | 18.27 | First Trenton | First Trenton | 157.5 | 90 | | | 12 | 166.25 | percent of total billed charges | |
| BKR CHG RESPIRATORY SYNCYTIAL VIRUS ABY | 86756 | CPT | | | | outpatient | | | 175 | 18.27 | Qualcare | Qualcare | 131.25 | 75 | | | 12 | 166.25 | percent of total billed charges | |
| BKR CHG RESPIRATORY SYNCYTIAL VIRUS ABY | 86756 | CPT | | | | outpatient | | | 175 | 18.27 | Horizon | Indemnity | 66.99 | 38.28 | | | 12 | 166.25 | percent of total billed charges | |
| BKR CHG RESPIRATORY SYNCYTIAL VIRUS ABY | 86756 | CPT | | | | outpatient | | | 175 | 18.27 | First Health | First Health | 122.5 | 70 | | | 12 | 166.25 | percent of total billed charges | |
| BKR CHG RESPIRATORY SYNCYTIAL VIRUS ABY | 86756 | CPT | | | | outpatient | | | 175 | 18.27 | Corrections | Corrections | 140 | 80 | | | 12 | 166.25 | percent of total billed charges | |
| BKR CHG RESPIRATORY SYNCYTIAL VIRUS ABY | 86756 | CPT | | | | outpatient | | | 175 | 18.27 | UHC | Medicaid | 12 | | | | 12 | 166.25 | fee schedule | |
| BKR CHG RESPIRATORY SYNCYTIAL VIRUS ABY | 86756 | CPT | | | | outpatient | | | 175 | 18.27 | Horizon | MGD | 66.99 | 38.28 | | | 12 | 166.25 | percent of total billed charges | |
| BKR CHG RESPIRATORY SYNCYTIAL VIRUS ABY | 86756 | CPT | | | | outpatient | | | 175 | 18.27 | Wellcare | Medicaid | 12 | | | | 12 | 166.25 | fee schedule | |
| BKR CHG RESPIRATORY SYNCYTIAL VIRUS ABY | 86756 | CPT | | | | outpatient | | | 175 | 18.27 | Horizon | NJ Health | 23.52 | | | | 12 | 166.25 | fee schedule | |
| BKR CHG RESPIRATORY SYNCYTIAL VIRUS ABY | 86756 | CPT | | | | outpatient | | | 175 | 18.27 | UHC | Medicare | 15.89 | | | | 12 | 166.25 | fee schedule | |
| BKR CHG RESPIRATORY SYNCYTIAL VIRUS ABY | 86756 | CPT | | | | outpatient | | | 175 | 18.27 | Horizon | PPO | 66.99 | 38.28 | | | 12 | 166.25 | percent of total billed charges | |
| BKR CHG RESPIRATORY SYNCYTIAL VIRUS ABY | 86756 | CPT | | | | outpatient | | | 175 | 18.27 | Wellcare | Medicare | 15.89 | | | | 12 | 166.25 | fee schedule | |
| BKR CHG RESPIRATORY SYNCYTIAL VIRUS ABY | 86756 | CPT | | | | outpatient | | | 175 | 18.27 | Managed Care Inc | Managed Care Inc | 157.5 | 90 | | | 12 | 166.25 | percent of total billed charges | |
| BKR CHG RESPIRATORY SYNCYTIAL VIRUS ABY | 86756 | CPT | | | | outpatient | | | 175 | 18.27 | Three Rivers | Three Rivers | 166.25 | 95 | | | 12 | 166.25 | percent of total billed charges | |
| BKR CHG TYPHUS FEVER GROUP IGM | 86757 | CPT | | | | inpatient | | | 111 | 22.25 | Aetna | Commercial | 42.18 | 38 | | | 18.6 | 105.45 | percent of total billed charges | |
| BKR CHG TYPHUS FEVER GROUP IGM | 86757 | CPT | | | | inpatient | | | 111 | 22.25 | Aetna | Better Health | 35.02 | 31.55 | | | 18.6 | 105.45 | percent of total billed charges | |
| BKR CHG TYPHUS FEVER GROUP IGM | 86757 | CPT | | | | inpatient | | | 111 | 22.25 | Wellcare | Medicaid | 21.4 | | | | 18.6 | 105.45 | fee schedule | |
| BKR CHG TYPHUS FEVER GROUP IGM | 86757 | CPT | | | | inpatient | | | 111 | 22.25 | Aetna | Medicare | 34.19 | 30.8 | | | 18.6 | 105.45 | percent of total billed charges | |
| BKR CHG TYPHUS FEVER GROUP IGM | 86757 | CPT | | | | inpatient | | | 111 | 22.25 | Corrections | Corrections | 88.8 | 80 | | | 18.6 | 105.45 | percent of total billed charges | |
| BKR CHG TYPHUS FEVER GROUP IGM | 86757 | CPT | | | | inpatient | | | 111 | 22.25 | First Health | First Health | 77.7 | 70 | | | 18.6 | 105.45 | percent of total billed charges | |
| BKR CHG TYPHUS FEVER GROUP IGM | 86757 | CPT | | | | inpatient | | | 111 | 22.25 | Americare | Americare | 83.25 | 75 | | | 18.6 | 105.45 | percent of total billed charges | |
| BKR CHG TYPHUS FEVER GROUP IGM | 86757 | CPT | | | | inpatient | | | 111 | 22.25 | Wellcare | Medicare | 19.35 | | | | 18.6 | 105.45 | fee schedule | |
| BKR CHG TYPHUS FEVER GROUP IGM | 86757 | CPT | | | | inpatient | | | 111 | 22.25 | Multiplan | Multiplan | 88.8 | 80 | | | 18.6 | 105.45 | percent of total billed charges | |
| BKR CHG TYPHUS FEVER GROUP IGM | 86757 | CPT | | | | inpatient | | | 111 | 22.25 | Consumer | Consumer | 105.45 | 95 | | | 18.6 | 105.45 | percent of total billed charges | |
| BKR CHG TYPHUS FEVER GROUP IGM | 86757 | CPT | | | | inpatient | | | 111 | 22.25 | Amerihealth | HMO/PPO | 29.1 | | | | 18.6 | 105.45 | fee schedule | |
| BKR CHG TYPHUS FEVER GROUP IGM | 86757 | CPT | | | | inpatient | | | 111 | 22.25 | Horizon | MGD | 42.49 | 38.28 | | | 18.6 | 105.45 | percent of total billed charges | |
| BKR CHG TYPHUS FEVER GROUP IGM | 86757 | CPT | | | | inpatient | | | 111 | 22.25 | Horizon | Indemnity | 42.49 | 38.28 | | | 18.6 | 105.45 | percent of total billed charges | |
| BKR CHG TYPHUS FEVER GROUP IGM | 86757 | CPT | | | | inpatient | | | 111 | 22.25 | First Trenton | First Trenton | 99.9 | 90 | | | 18.6 | 105.45 | percent of total billed charges | |
| BKR CHG TYPHUS FEVER GROUP IGM | 86757 | CPT | | | | inpatient | | | 111 | 22.25 | Amerihealth | Medicare | 19.35 | | | | 18.6 | 105.45 | fee schedule | |
| BKR CHG TYPHUS FEVER GROUP IGM | 86757 | CPT | | | | inpatient | | | 111 | 22.25 | WellPoint | WellPoint | 35.72 | 32.18 | | | 18.6 | 105.45 | percent of total billed charges | |
| BKR CHG TYPHUS FEVER GROUP IGM | 86757 | CPT | | | | inpatient | | | 111 | 22.25 | Qualcare | Qualcare | 83.25 | 75 | | | 18.6 | 105.45 | percent of total billed charges | |
| BKR CHG TYPHUS FEVER GROUP IGM | 86757 | CPT | | | | inpatient | | | 111 | 22.25 | Horizon | Medicare Blue | 33.3 | 30 | | | 18.6 | 105.45 | percent of total billed charges | |
| BKR CHG TYPHUS FEVER GROUP IGM | 86757 | CPT | | | | inpatient | | | 111 | 22.25 | UHC | Medicaid | 21.4 | | | | 18.6 | 105.45 | fee schedule | |
| BKR CHG TYPHUS FEVER GROUP IGM | 86757 | CPT | | | | inpatient | | | 111 | 22.25 | UHC | Medicare | 19.35 | | | | 18.6 | 105.45 | fee schedule | |
| BKR CHG TYPHUS FEVER GROUP IGM | 86757 | CPT | | | | inpatient | | | 111 | 22.25 | Horizon | NJ Health | 21.48 | | | | 18.6 | 105.45 | fee schedule | |
| BKR CHG TYPHUS FEVER GROUP IGM | 86757 | CPT | | | | inpatient | | | 111 | 22.25 | Horizon | PPO | 42.49 | 38.28 | | | 18.6 | 105.45 | percent of total billed charges | |
| BKR CHG TYPHUS FEVER GROUP IGM | 86757 | CPT | | | | inpatient | | | 111 | 22.25 | Managed Care Inc | Managed Care Inc | 99.9 | 90 | | | 18.6 | 105.45 | percent of total billed charges | |
| BKR CHG TYPHUS FEVER GROUP IGM | 86757 | CPT | | | | inpatient | | | 111 | 22.25 | Three Rivers | Three Rivers | 105.45 | 95 | | | 18.6 | 105.45 | percent of total billed charges | |
| BKR CHG RUBELLA SCREEN | 86762 | CPT | | | | both | | | 133 | 16.55 | First Trenton | First Trenton | 119.7 | 90 | | | 9.6 | 126.35 | percent of total billed charges | |
| BKR CHG RUBELLA SCREEN | 86762 | CPT | | | | both | | | 133 | 16.55 | Horizon | Indemnity | 50.91 | 38.28 | | 25.91 | 9.6 | 126.35 | percent of total billed charges | |
| BKR CHG RUBELLA SCREEN | 86762 | CPT | | | | both | | | 133 | 16.55 | Horizon | NJ Health | 23.52 | | | 4.22 | 9.6 | 126.35 | fee schedule | |
| BKR CHG RUBELLA SCREEN | 86762 | CPT | | | | both | | | 133 | 16.55 | Aetna | Commercial | 50.54 | 38 | | 19.2 | 9.6 | 126.35 | percent of total billed charges | |
| BKR CHG RUBELLA SCREEN | 86762 | CPT | | | | both | | | 133 | 16.55 | Americare | Americare | 99.75 | 75 | | | 9.6 | 126.35 | percent of total billed charges | |
| BKR CHG RUBELLA SCREEN | 86762 | CPT | | | | both | | | 133 | 16.55 | Multiplan | Multiplan | 106.4 | 80 | | | 9.6 | 126.35 | percent of total billed charges | |
| BKR CHG RUBELLA SCREEN | 86762 | CPT | | | | both | | | 133 | 16.55 | Aetna | Better Health | 41.96 | 31.55 | | 17.74 | 9.6 | 126.35 | percent of total billed charges | |
| BKR CHG RUBELLA SCREEN | 86762 | CPT | | | | both | | | 133 | 16.55 | Aetna | Medicare | 40.96 | 30.8 | | 3.83 | 9.6 | 126.35 | percent of total billed charges | |
| BKR CHG RUBELLA SCREEN | 86762 | CPT | | | | both | | | 133 | 16.55 | Horizon | MGD | 50.91 | 38.28 | | 28.2 | 9.6 | 126.35 | percent of total billed charges | |
| BKR CHG RUBELLA SCREEN | 86762 | CPT | | | | both | | | 133 | 16.55 | Horizon | Medicare Blue | 39.9 | 30 | | | 9.6 | 126.35 | percent of total billed charges | |
| BKR CHG RUBELLA SCREEN | 86762 | CPT | | | | both | | | 133 | 16.55 | Horizon | PPO | 50.91 | 38.28 | | 25.63 | 9.6 | 126.35 | percent of total billed charges | |
| BKR CHG RUBELLA SCREEN | 86762 | CPT | | | | both | | | 133 | 16.55 | First Health | First Health | 93.1 | 70 | | | 9.6 | 126.35 | percent of total billed charges | |
| BKR CHG RUBELLA SCREEN | 86762 | CPT | | | | both | | | 133 | 16.55 | Amerihealth | HMO/PPO | 21.8 | | | | 9.6 | 126.35 | fee schedule | |
| BKR CHG RUBELLA SCREEN | 86762 | CPT | | | | both | | | 133 | 16.55 | Qualcare | Qualcare | 99.75 | 75 | | | 9.6 | 126.35 | percent of total billed charges | |
| BKR CHG RUBELLA SCREEN | 86762 | CPT | | | | both | | | 133 | 16.55 | Wellcare | Medicaid | 12 | | | 28.61 | 9.6 | 126.35 | fee schedule | |
| BKR CHG RUBELLA SCREEN | 86762 | CPT | | | | both | | | 133 | 16.55 | Consumer | Consumer | 126.35 | 95 | | | 9.6 | 126.35 | percent of total billed charges | |
| BKR CHG RUBELLA SCREEN | 86762 | CPT | | | | both | | | 133 | 16.55 | Three Rivers | Three Rivers | 126.35 | 95 | | | 9.6 | 126.35 | percent of total billed charges | |
| BKR CHG RUBELLA SCREEN | 86762 | CPT | | | | both | | | 133 | 16.55 | Managed Care Inc | Managed Care Inc | 119.7 | 90 | | | 9.6 | 126.35 | percent of total billed charges | |
| BKR CHG RUBELLA SCREEN | 86762 | CPT | | | | both | | | 133 | 16.55 | Amerihealth | Medicare | 14.39 | | | | 9.6 | 126.35 | fee schedule | |
| BKR CHG RUBELLA SCREEN | 86762 | CPT | | | | both | | | 133 | 16.55 | Corrections | Corrections | 106.4 | 80 | | | 9.6 | 126.35 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measure | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG RUBELLA SCREEN | 86762 | CPT | | | | both | | | 133 | 16.55 | WellPoint | WellPoint | 42.8 | 32.18 | | 32.7 | 9.6 | 126.35 | percent of total billed charges | |
| BKR CHG RUBELLA SCREEN | 86762 | CPT | | | | both | | | 133 | 16.55 | UHC | Medicare | 14.39 | | | 4.64 | 9.6 | 126.35 | fee schedule | |
| BKR CHG RUBELLA SCREEN | 86762 | CPT | | | | both | | | 133 | 16.55 | UHC | Medicaid | 12 | | | 18.34 | 9.6 | 126.35 | fee schedule | |
| BKR CHG RUBELLA SCREEN | 86762 | CPT | | | | both | | | 133 | 16.55 | Wellcare | Medicare | 14.39 | | | | 9.6 | 126.35 | fee schedule | |
| BKR CHG MEASLES(RUBEOLA)AB.IGG(096560) | 86765 | CPT | | | | both | | | 177 | 14.81 | Horizon | Indemnity | 67.76 | 38.28 | | 63.1 | 10 | 168.15 | percent of total billed charges | |
| BKR CHG MEASLES(RUBEOLA)AB.IGG(096560) | 86765 | CPT | | | | both | | | 177 | 14.81 | Aetna | Medicare | 54.52 | 30.8 | | 10.98 | 10 | 168.15 | percent of total billed charges | |
| BKR CHG MEASLES(RUBEOLA)AB.IGG(096560) | 86765 | CPT | | | | both | | | 177 | 14.81 | Amerihealth | HMO/PPO | 12.9 | | | | 10 | 168.15 | fee schedule | |
| BKR CHG MEASLES(RUBEOLA)AB.IGG(096560) | 86765 | CPT | | | | both | | | 177 | 14.81 | First Health | First Health | 123.9 | 70 | | | 10 | 168.15 | percent of total billed charges | |
| BKR CHG MEASLES(RUBEOLA)AB.IGG(096560) | 86765 | CPT | | | | both | | | 177 | 14.81 | First Trenton | First Trenton | 159.3 | 90 | | | 10 | 168.15 | percent of total billed charges | |
| BKR CHG MEASLES(RUBEOLA)AB.IGG(096560) | 86765 | CPT | | | | both | | | 177 | 14.81 | Corrections | Corrections | 141.6 | 80 | | | 10 | 168.15 | percent of total billed charges | |
| BKR CHG MEASLES(RUBEOLA)AB.IGG(096560) | 86765 | CPT | | | | both | | | 177 | 14.81 | Aetna | Commercial | 67.26 | 38 | | 17.48 | 10 | 168.15 | percent of total billed charges | |
| BKR CHG MEASLES(RUBEOLA)AB.IGG(096560) | 86765 | CPT | | | | both | | | 177 | 14.81 | Aetna | Better Health | 55.84 | 31.55 | | 14.75 | 10 | 168.15 | percent of total billed charges | |
| BKR CHG MEASLES(RUBEOLA)AB.IGG(096560) | 86765 | CPT | | | | both | | | 177 | 14.81 | Managed Care Inc | Managed Care Inc | 159.3 | 90 | | | 10 | 168.15 | percent of total billed charges | |
| BKR CHG MEASLES(RUBEOLA)AB.IGG(096560) | 86765 | CPT | | | | both | | | 177 | 14.81 | Horizon | NJ Health | 19.6 | | | 6.7 | 10 | 168.15 | fee schedule | |
| BKR CHG MEASLES(RUBEOLA)AB.IGG(096560) | 86765 | CPT | | | | both | | | 177 | 14.81 | UHC | Medicare | 12.88 | | | 4.56 | 10 | 168.15 | fee schedule | |
| BKR CHG MEASLES(RUBEOLA)AB.IGG(096560) | 86765 | CPT | | | | both | | | 177 | 14.81 | Horizon | MGD | 67.76 | 38.28 | | 41.53 | 10 | 168.15 | percent of total billed charges | |
| BKR CHG MEASLES(RUBEOLA)AB.IGG(096560) | 86765 | CPT | | | | both | | | 177 | 14.81 | Wellcare | Medicare | 12.88 | | | | 10 | 168.15 | fee schedule | |
| BKR CHG MEASLES(RUBEOLA)AB.IGG(096560) | 86765 | CPT | | | | both | | | 177 | 14.81 | WellPoint | WellPoint | 56.96 | 32.18 | | 38.78 | 10 | 168.15 | percent of total billed charges | |
| BKR CHG MEASLES(RUBEOLA)AB.IGG(096560) | 86765 | CPT | | | | both | | | 177 | 14.81 | Americare | Americare | 132.75 | 75 | | | 10 | 168.15 | percent of total billed charges | |
| BKR CHG MEASLES(RUBEOLA)AB.IGG(096560) | 86765 | CPT | | | | both | | | 177 | 14.81 | Consumer | Consumer | 168.15 | 95 | | | 10 | 168.15 | percent of total billed charges | |
| BKR CHG MEASLES(RUBEOLA)AB.IGG(096560) | 86765 | CPT | | | | both | | | 177 | 14.81 | Amerihealth | Medicare | 12.88 | | | | 10 | 168.15 | fee schedule | |
| BKR CHG MEASLES(RUBEOLA)AB.IGG(096560) | 86765 | CPT | | | | both | | | 177 | 14.81 | Horizon | PPO | 67.76 | 38.28 | | 19.19 | 10 | 168.15 | percent of total billed charges | |
| BKR CHG MEASLES(RUBEOLA)AB.IGG(096560) | 86765 | CPT | | | | both | | | 177 | 14.81 | Wellcare | Medicaid | 10 | | | 19.45 | 10 | 168.15 | fee schedule | |
| BKR CHG MEASLES(RUBEOLA)AB.IGG(096560) | 86765 | CPT | | | | both | | | 177 | 14.81 | Multiplan | Multiplan | 141.6 | 80 | | | 10 | 168.15 | percent of total billed charges | |
| BKR CHG MEASLES(RUBEOLA)AB.IGG(096560) | 86765 | CPT | | | | both | | | 177 | 14.81 | Horizon | Medicare Blue | 53.1 | 30 | | | 10 | 168.15 | percent of total billed charges | |
| BKR CHG MEASLES(RUBEOLA)AB.IGG(096560) | 86765 | CPT | | | | both | | | 177 | 14.81 | Qualcare | Qualcare | 132.75 | 75 | | | 10 | 168.15 | percent of total billed charges | |
| BKR CHG MEASLES(RUBEOLA)AB.IGG(096560) | 86765 | CPT | | | | both | | | 177 | 14.81 | Three Rivers | Three Rivers | 168.15 | 95 | | | 10 | 168.15 | percent of total billed charges | |
| BKR CHG MEASLES(RUBEOLA)AB.IGG(096560) | 86765 | CPT | | | | both | | | 177 | 14.81 | UHC | Medicaid | 10 | | | 26.1 | 10 | 168.15 | fee schedule | |
| BKR CHG SARS-COV2 SEMI-QUANT TOTAL AB | 86769 | CPT | | | | both | | | 135 | 48.45 | Amerihealth | Medicare | 42.13 | | | | 27.9 | 128.25 | fee schedule | |
| BKR CHG SARS-COV2 SEMI-QUANT TOTAL AB | 86769 | CPT | | | | both | | | 135 | 48.45 | Amerihealth | HMO/PPO | 87.75 | 65 | | | 27.9 | 128.25 | percent of total billed charges | |
| BKR CHG SARS-COV2 SEMI-QUANT TOTAL AB | 86769 | CPT | | | | both | | | 135 | 48.45 | Aetna | Better Health | 42.59 | 31.55 | | | 27.9 | 128.25 | percent of total billed charges | |
| BKR CHG SARS-COV2 SEMI-QUANT TOTAL AB | 86769 | CPT | | | | both | | | 135 | 48.45 | First Health | First Health | 94.5 | 70 | | | 27.9 | 128.25 | percent of total billed charges | |
| BKR CHG SARS-COV2 SEMI-QUANT TOTAL AB | 86769 | CPT | | | | both | | | 135 | 48.45 | UHC | Medicare | 42.13 | | | | 27.9 | 128.25 | fee schedule | |
| BKR CHG SARS-COV2 SEMI-QUANT TOTAL AB | 86769 | CPT | | | | both | | | 135 | 48.45 | Corrections | Corrections | 108 | 80 | | | 27.9 | 128.25 | percent of total billed charges | |
| BKR CHG SARS-COV2 SEMI-QUANT TOTAL AB | 86769 | CPT | | | | both | | | 135 | 48.45 | Aetna | Medicare | 41.58 | 30.8 | | | 27.9 | 128.25 | percent of total billed charges | |
| BKR CHG SARS-COV2 SEMI-QUANT TOTAL AB | 86769 | CPT | | | | both | | | 135 | 48.45 | First Trenton | First Trenton | 121.5 | 90 | | | 27.9 | 128.25 | percent of total billed charges | |
| BKR CHG SARS-COV2 SEMI-QUANT TOTAL AB | 86769 | CPT | | | | both | | | 135 | 48.45 | WellPoint | WellPoint | 43.44 | 32.18 | | | 27.9 | 128.25 | percent of total billed charges | |
| BKR CHG SARS-COV2 SEMI-QUANT TOTAL AB | 86769 | CPT | | | | both | | | 135 | 48.45 | Horizon | Indemnity | 51.68 | 38.28 | | | 27.9 | 128.25 | percent of total billed charges | |
| BKR CHG SARS-COV2 SEMI-QUANT TOTAL AB | 86769 | CPT | | | | both | | | 135 | 48.45 | Horizon | Medicare Blue | 40.5 | 30 | | | 27.9 | 128.25 | percent of total billed charges | |
| BKR CHG SARS-COV2 SEMI-QUANT TOTAL AB | 86769 | CPT | | | | both | | | 135 | 48.45 | Horizon | MGD | 51.68 | 38.28 | | | 27.9 | 128.25 | percent of total billed charges | |
| BKR CHG SARS-COV2 SEMI-QUANT TOTAL AB | 86769 | CPT | | | | both | | | 135 | 48.45 | Wellcare | Medicare | 42.13 | | | | 27.9 | 128.25 | fee schedule | |
| BKR CHG SARS-COV2 SEMI-QUANT TOTAL AB | 86769 | CPT | | | | both | | | 135 | 48.45 | Multiplan | Multiplan | 108 | 80 | | | 27.9 | 128.25 | percent of total billed charges | |
| BKR CHG SARS-COV2 SEMI-QUANT TOTAL AB | 86769 | CPT | | | | both | | | 135 | 48.45 | Americare | Americare | 101.25 | 75 | | | 27.9 | 128.25 | percent of total billed charges | |
| BKR CHG SARS-COV2 SEMI-QUANT TOTAL AB | 86769 | CPT | | | | both | | | 135 | 48.45 | Horizon | PPO | 51.68 | 38.28 | | | 27.9 | 128.25 | percent of total billed charges | |
| BKR CHG SARS-COV2 SEMI-QUANT TOTAL AB | 86769 | CPT | | | | both | | | 135 | 48.45 | Consumer | Consumer | 128.25 | 95 | | | 27.9 | 128.25 | percent of total billed charges | |
| BKR CHG SARS-COV2 SEMI-QUANT TOTAL AB | 86769 | CPT | | | | both | | | 135 | 48.45 | Qualcare | Qualcare | 101.25 | 75 | | | 27.9 | 128.25 | percent of total billed charges | |
| BKR CHG SARS-COV2 SEMI-QUANT TOTAL AB | 86769 | CPT | | | | both | | | 135 | 48.45 | Managed Care Inc | Managed Care Inc | 121.5 | 90 | | | 27.9 | 128.25 | percent of total billed charges | |
| BKR CHG SARS-COV2 SEMI-QUANT TOTAL AB | 86769 | CPT | | | | both | | | 135 | 48.45 | UHC | Medicaid | 33.7 | | | | 27.9 | 128.25 | fee schedule | |
| BKR CHG SARS-COV2 SEMI-QUANT TOTAL AB | 86769 | CPT | | | | both | | | 135 | 48.45 | Three Rivers | Three Rivers | 128.25 | 95 | | | 27.9 | 128.25 | percent of total billed charges | |
| BKR CHG SARS-COV2 SEMI-QUANT TOTAL AB | 86769 | CPT | | | | both | | | 135 | 48.45 | Wellcare | Medicaid | 33.7 | | | | 27.9 | 128.25 | fee schedule | |
| BKR CHG TOXOPLASMA ANTIBODY IGG | 86777 | CPT | | | | both | | | 162 | 16.55 | Amerihealth | Medicare | 14.39 | | | | 12 | 153.9 | fee schedule | |
| BKR CHG TOXOPLASMA ANTIBODY IGG | 86777 | CPT | | | | both | | | 162 | 16.55 | Corrections | Corrections | 129.6 | 80 | | | 12 | 153.9 | percent of total billed charges | |
| BKR CHG TOXOPLASMA ANTIBODY IGG | 86777 | CPT | | | | both | | | 162 | 16.55 | Americare | Americare | 121.5 | 75 | | | 12 | 153.9 | percent of total billed charges | |
| BKR CHG TOXOPLASMA ANTIBODY IGG | 86777 | CPT | | | | both | | | 162 | 16.55 | First Health | First Health | 113.4 | 70 | | | 12 | 153.9 | percent of total billed charges | |
| BKR CHG TOXOPLASMA ANTIBODY IGG | 86777 | CPT | | | | both | | | 162 | 16.55 | Aetna | Better Health | 51.11 | 31.55 | | 19.45 | 12 | 153.9 | percent of total billed charges | |
| BKR CHG TOXOPLASMA ANTIBODY IGG | 86777 | CPT | | | | both | | | 162 | 16.55 | Consumer | Consumer | 153.9 | 95 | | | 12 | 153.9 | percent of total billed charges | |
| BKR CHG TOXOPLASMA ANTIBODY IGG | 86777 | CPT | | | | both | | | 162 | 16.55 | WellPoint | WellPoint | 52.13 | 32.18 | | 21.41 | 12 | 153.9 | percent of total billed charges | |
| BKR CHG TOXOPLASMA ANTIBODY IGG | 86777 | CPT | | | | both | | | 162 | 16.55 | Multiplan | Multiplan | 129.6 | 80 | | | 12 | 153.9 | percent of total billed charges | |
| BKR CHG TOXOPLASMA ANTIBODY IGG | 86777 | CPT | | | | both | | | 162 | 16.55 | First Trenton | First Trenton | 145.8 | 90 | | | 12 | 153.9 | percent of total billed charges | |
| BKR CHG TOXOPLASMA ANTIBODY IGG | 86777 | CPT | | | | both | | | 162 | 16.55 | Horizon | Indemnity | 62.01 | 38.28 | | 19.63 | 12 | 153.9 | percent of total billed charges | |
| BKR CHG TOXOPLASMA ANTIBODY IGG | 86777 | CPT | | | | both | | | 162 | 16.55 | Amerihealth | HMO/PPO | 21.8 | | | | 12 | 153.9 | fee schedule | |
| BKR CHG TOXOPLASMA ANTIBODY IGG | 86777 | CPT | | | | both | | | 162 | 16.55 | Qualcare | Qualcare | 121.5 | 75 | | | 12 | 153.9 | percent of total billed charges | |
| BKR CHG TOXOPLASMA ANTIBODY IGG | 86777 | CPT | | | | both | | | 162 | 16.55 | Aetna | Medicare | 49.9 | 30.8 | | | 12 | 153.9 | percent of total billed charges | |
| BKR CHG TOXOPLASMA ANTIBODY IGG | 86777 | CPT | | | | both | | | 162 | 16.55 | Wellcare | Medicaid | 12 | | | 8.4 | 12 | 153.9 | fee schedule | |
| BKR CHG TOXOPLASMA ANTIBODY IGG | 86777 | CPT | | | | both | | | 162 | 16.55 | Wellcare | Medicare | 14.39 | | | | 12 | 153.9 | fee schedule | |
| BKR CHG TOXOPLASMA ANTIBODY IGG | 86777 | CPT | | | | both | | | 162 | 16.55 | Three Rivers | Three Rivers | 153.9 | 95 | | | 12 | 153.9 | percent of total billed charges | |
| BKR CHG TOXOPLASMA ANTIBODY IGG | 86777 | CPT | | | | both | | | 162 | 16.55 | Managed Care Inc | Managed Care Inc | 145.8 | 90 | | | 12 | 153.9 | percent of total billed charges | |
| BKR CHG TOXOPLASMA ANTIBODY IGG | 86777 | CPT | | | | both | | | 162 | 16.55 | Horizon | Medicare Blue | 48.6 | 30 | | 3.05 | 12 | 153.9 | percent of total billed charges | |
| BKR CHG TOXOPLASMA ANTIBODY IGG | 86777 | CPT | | | | both | | | 162 | 16.55 | Horizon | MGD | 62.01 | 38.28 | | 8.28 | 12 | 153.9 | percent of total billed charges | |
| BKR CHG TOXOPLASMA ANTIBODY IGG | 86777 | CPT | | | | both | | | 162 | 16.55 | Horizon | NJ Health | 23.52 | | | 4.53 | 12 | 153.9 | fee schedule | |
| BKR CHG TOXOPLASMA ANTIBODY IGG | 86777 | CPT | | | | both | | | 162 | 16.55 | UHC | Medicaid | 12 | | | 11.01 | 12 | 153.9 | fee schedule | |
| BKR CHG TOXOPLASMA ANTIBODY IGG | 86777 | CPT | | | | both | | | 162 | 16.55 | Horizon | PPO | 62.01 | 38.28 | | 15.97 | 12 | 153.9 | percent of total billed charges | |
| BKR CHG TOXOPLASMA ANTIBODY IGG | 86777 | CPT | | | | both | | | 162 | 16.55 | UHC | Medicare | 14.39 | | | 1.46 | 12 | 153.9 | fee schedule | |
| BKR CHG TOXOPLASMA IGM | 86778 | CPT | | | | both | | | 259 | 16.57 | Corrections | Corrections | 207.2 | 80 | | | 14.41 | 246.05 | percent of total billed charges | |
| BKR CHG TOXOPLASMA IGM | 86778 | CPT | | | | both | | | 259 | 16.57 | First Trenton | First Trenton | 233.1 | 90 | | | 14.41 | 246.05 | percent of total billed charges | |
| BKR CHG TOXOPLASMA IGM | 86778 | CPT | | | | both | | | 259 | 16.57 | Horizon | PPO | 99.15 | 38.28 | | 5.25 | 14.41 | 246.05 | percent of total billed charges | |
| BKR CHG TOXOPLASMA IGM | 86778 | CPT | | | | both | | | 259 | 16.57 | Aetna | Better Health | 81.71 | 31.55 | | | 14.41 | 246.05 | percent of total billed charges | |
| BKR CHG TOXOPLASMA IGM | 86778 | CPT | | | | both | | | 259 | 16.57 | Aetna | Medicare | 79.77 | 30.8 | | | 14.41 | 246.05 | percent of total billed charges | |
| BKR CHG TOXOPLASMA IGM | 86778 | CPT | | | | both | | | 259 | 16.57 | WellPoint | WellPoint | 83.35 | 32.18 | | | 14.41 | 246.05 | percent of total billed charges | |
| BKR CHG TOXOPLASMA IGM | 86778 | CPT | | | | both | | | 259 | 16.57 | Americare | Americare | 194.25 | 75 | | | 14.41 | 246.05 | percent of total billed charges | |
| BKR CHG TOXOPLASMA IGM | 86778 | CPT | | | | both | | | 259 | 16.57 | Amerihealth | Medicare | 14.41 | | | | 14.41 | 246.05 | fee schedule | |
| BKR CHG TOXOPLASMA IGM | 86778 | CPT | | | | both | | | 259 | 16.57 | Wellcare | Medicare | 14.41 | | | | 14.41 | 246.05 | fee schedule | |
| BKR CHG TOXOPLASMA IGM | 86778 | CPT | | | | both | | | 259 | 16.57 | Managed Care Inc | Managed Care Inc | 233.1 | 90 | | | 14.41 | 246.05 | percent of total billed charges | |
| BKR CHG TOXOPLASMA IGM | 86778 | CPT | | | | both | | | 259 | 16.57 | Multiplan | Multiplan | 207.2 | 80 | | | 14.41 | 246.05 | percent of total billed charges | |
| BKR CHG TOXOPLASMA IGM | 86778 | CPT | | | | both | | | 259 | 16.57 | Amerihealth | HMO/PPO | 22.8 | | | | 14.41 | 246.05 | fee schedule | |
| BKR CHG TOXOPLASMA IGM | 86778 | CPT | | | | both | | | 259 | 16.57 | Horizon | MGD | 99.15 | 38.28 | | | 14.41 | 246.05 | percent of total billed charges | |
| BKR CHG TOXOPLASMA IGM | 86778 | CPT | | | | both | | | 259 | 16.57 | Wellcare | Medicaid | 15 | | | | 14.41 | 246.05 | fee schedule | |
| BKR CHG TOXOPLASMA IGM | 86778 | CPT | | | | both | | | 259 | 16.57 | Consumer | Consumer | 246.05 | 95 | | | 14.41 | 246.05 | percent of total billed charges | |
| BKR CHG TOXOPLASMA IGM | 86778 | CPT | | | | both | | | 259 | 16.57 | First Health | First Health | 181.3 | 70 | | | 14.41 | 246.05 | percent of total billed charges | |
| BKR CHG TOXOPLASMA IGM | 86778 | CPT | | | | both | | | 259 | 16.57 | UHC | Medicaid | 15 | | | 4.44 | 14.41 | 246.05 | fee schedule | |
| BKR CHG TOXOPLASMA IGM | 86778 | CPT | | | | both | | | 259 | 16.57 | Horizon | Indemnity | 99.15 | 38.28 | | 20.66 | 14.41 | 246.05 | percent of total billed charges | |
| BKR CHG TOXOPLASMA IGM | 86778 | CPT | | | | both | | | 259 | 16.57 | Qualcare | Qualcare | 194.25 | 75 | | | 14.41 | 246.05 | percent of total billed charges | |
| BKR CHG TOXOPLASMA IGM | 86778 | CPT | | | | both | | | 259 | 16.57 | UHC | Medicare | 14.41 | | | | 14.41 | 246.05 | fee schedule | |
| BKR CHG TOXOPLASMA IGM | 86778 | CPT | | | | both | | | 259 | 16.57 | Horizon | Medicare Blue | 77.7 | 30 | | | 14.41 | 246.05 | percent of total billed charges | |
| BKR CHG TOXOPLASMA IGM | 86778 | CPT | | | | both | | | 259 | 16.57 | Horizon | NJ Health | 29.4 | | | 12.78 | 14.41 | 246.05 | fee schedule | |
| BKR CHG TOXOPLASMA IGM | 86778 | CPT | | | | both | | | 259 | 16.57 | Three Rivers | Three Rivers | 246.05 | 95 | | | 14.41 | 246.05 | percent of total billed charges | |
| BKR CHG TREPONEMA PALLIDUM, IGG+IGM AB SERUM IM | 86780 | CPT | | | | both | | | 190 | 15.23 | Amerihealth | HMO/PPO | 11.53 | | | 15.36 | 10.59 | 180.5 | fee schedule | |
| BKR CHG TREPONEMA PALLIDUM, IGG+IGM AB SERUM IM | 86780 | CPT | | | | both | | | 190 | 15.23 | First Health | First Health | 133 | 70 | | | 10.59 | 180.5 | percent of total billed charges | |
| BKR CHG TREPONEMA PALLIDUM, IGG+IGM AB SERUM IM | 86780 | CPT | | | | both | | | 190 | 15.23 | Americare | Americare | 142.5 | 75 | | | 10.59 | 180.5 | percent of total billed charges | |
| BKR CHG TREPONEMA PALLIDUM, IGG+IGM AB SERUM IM | 86780 | CPT | | | | both | | | 190 | 15.23 | Corrections | Corrections | 152 | 80 | | 22.7 | 10.59 | 180.5 | percent of total billed charges | |
| BKR CHG TREPONEMA PALLIDUM, IGG+IGM AB SERUM IM | 86780 | CPT | | | | both | | | 190 | 15.23 | Amerihealth | Medicare | 13.24 | | | | 10.59 | 180.5 | fee schedule | |
| BKR CHG TREPONEMA PALLIDUM, IGG+IGM AB SERUM IM | 86780 | CPT | | | | both | | | 190 | 15.23 | Horizon | Medicare Blue | 57 | 30 | | 2.15 | 10.59 | 180.5 | percent of total billed charges | |
| BKR CHG TREPONEMA PALLIDUM, IGG+IGM AB SERUM IM | 86780 | CPT | | | | both | | | 190 | 15.23 | Aetna | Better Health | 59.95 | 31.55 | | 21.64 | 10.59 | 180.5 | percent of total billed charges | |
| BKR CHG TREPONEMA PALLIDUM, IGG+IGM AB SERUM IM | 86780 | CPT | | | | both | | | 190 | 15.23 | Horizon | NJ Health | 23.52 | | | 6.28 | 10.59 | 180.5 | fee schedule | |
| BKR CHG TREPONEMA PALLIDUM, IGG+IGM AB SERUM IM | 86780 | CPT | | | | both | | | 190 | 15.23 | Multiplan | Multiplan | 152 | 80 | | | 10.59 | 180.5 | percent of total billed charges | |
| BKR CHG TREPONEMA PALLIDUM, IGG+IGM AB SERUM IM | 86780 | CPT | | | | both | | | 190 | 15.23 | Horizon | PPO | 72.73 | 38.28 | | 17.73 | 10.59 | 180.5 | percent of total billed charges | |
| BKR CHG TREPONEMA PALLIDUM, IGG+IGM AB SERUM IM | 86780 | CPT | | | | both | | | 190 | 15.23 | First Trenton | First Trenton | 171 | 90 | | | 10.59 | 180.5 | percent of total billed charges | |
| BKR CHG TREPONEMA PALLIDUM, IGG+IGM AB SERUM IM | 86780 | CPT | | | | both | | | 190 | 15.23 | Wellcare | Medicaid | 10.59 | | | 15.97 | 10.59 | 180.5 | fee schedule | |
| BKR CHG TREPONEMA PALLIDUM, IGG+IGM AB SERUM IM | 86780 | CPT | | | | both | | | 190 | 15.23 | Consumer | Consumer | 180.5 | 95 | | | 10.59 | 180.5 | percent of total billed charges | |
| BKR CHG TREPONEMA PALLIDUM, IGG+IGM AB SERUM IM | 86780 | CPT | | | | both | | | 190 | 15.23 | WellPoint | WellPoint | 61.14 | 32.18 | | 17.87 | 10.59 | 180.5 | percent of total billed charges | |
| BKR CHG TREPONEMA PALLIDUM, IGG+IGM AB SERUM IM | 86780 | CPT | | | | both | | | 190 | 15.23 | Aetna | Medicare | 58.52 | 30.8 | | 2.89 | 10.59 | 180.5 | percent of total billed charges | |
| BKR CHG TREPONEMA PALLIDUM, IGG+IGM AB SERUM IM | 86780 | CPT | | | | both | | | 190 | 15.23 | Wellcare | Medicare | 13.24 | | | | 10.59 | 180.5 | fee schedule | |
| BKR CHG TREPONEMA PALLIDUM, IGG+IGM AB SERUM IM | 86780 | CPT | | | | both | | | 190 | 15.23 | Qualcare | Qualcare | 142.5 | 75 | | | 10.59 | 180.5 | percent of total billed charges | |
| BKR CHG TREPONEMA PALLIDUM, IGG+IGM AB SERUM IM | 86780 | CPT | | | | both | | | 190 | 15.23 | Horizon | Indemnity | 72.73 | 38.28 | | 16.2 | 10.59 | 180.5 | percent of total billed charges | |
| BKR CHG TREPONEMA PALLIDUM, IGG+IGM AB SERUM IM | 86780 | CPT | | | | both | | | 190 | 15.23 | Horizon | MGD | 72.73 | 38.28 | | 8.98 | 10.59 | 180.5 | percent of total billed charges | |
| BKR CHG TREPONEMA PALLIDUM, IGG+IGM AB SERUM IM | 86780 | CPT | | | | both | | | 190 | 15.23 | Managed Care Inc | Managed Care Inc | 171 | 90 | | | 10.59 | 180.5 | percent of total billed charges | |
| BKR CHG TREPONEMA PALLIDUM, IGG+IGM AB SERUM IM | 86780 | CPT | | | | both | | | 190 | 15.23 | UHC | Medicaid | 10.59 | | | 17.83 | 10.59 | 180.5 | fee schedule | |
| BKR CHG TREPONEMA PALLIDUM, IGG+IGM AB SERUM IM | 86780 | CPT | | | | both | | | 190 | 15.23 | Three Rivers | Three Rivers | 180.5 | 95 | | | 10.59 | 180.5 | percent of total billed charges | |
| BKR CHG TREPONEMA PALLIDUM, IGG+IGM AB SERUM IM | 86780 | CPT | | | | both | | | 190 | 15.23 | UHC | Medicare | 13.24 | | | 9.38 | 10.59 | 180.5 | fee schedule | |
| BKR CHG TRICHINELLA AB | 86784 | CPT | | | | outpatient | | | 490 | 14.44 | Aetna | Better Health | 154.6 | 31.55 | | | 8 | 465.5 | percent of total billed charges | |
| BKR CHG TRICHINELLA AB | 86784 | CPT | | | | outpatient | | | 490 | 14.44 | Aetna | Medicare | 150.92 | 30.8 | | | 8 | 465.5 | percent of total billed charges | |
| BKR CHG TRICHINELLA AB | 86784 | CPT | | | | outpatient | | | 490 | 14.44 | Consumer | Consumer | 465.5 | 95 | | | 8 | 465.5 | percent of total billed charges | |
| BKR CHG TRICHINELLA AB | 86784 | CPT | | | | outpatient | | | 490 | 14.44 | Amerihealth | Medicare | 12.56 | | | | 8 | 465.5 | fee schedule | |
| BKR CHG TRICHINELLA AB | 86784 | CPT | | | | outpatient | | | 490 | 14.44 | Americare | Americare | 367.5 | 75 | | | 8 | 465.5 | percent of total billed charges | |
| BKR CHG TRICHINELLA AB | 86784 | CPT | | | | outpatient | | | 490 | 14.44 | Amerihealth | HMO/PPO | 22.8 | | | | 8 | 465.5 | fee schedule | |
| BKR CHG TRICHINELLA AB | 86784 | CPT | | | | outpatient | | | 490 | 14.44 | Corrections | Corrections | 392 | 80 | | | 8 | 465.5 | percent of total billed charges | |
| BKR CHG TRICHINELLA AB | 86784 | CPT | | | | outpatient | | | 490 | 14.44 | Horizon | Indemnity | 187.57 | 38.28 | | | 8 | 465.5 | percent of total billed charges | |
| BKR CHG TRICHINELLA AB | 86784 | CPT | | | | outpatient | | | 490 | 14.44 | Multiplan | Multiplan | 392 | 80 | | | 8 | 465.5 | percent of total billed charges | |
| BKR CHG TRICHINELLA AB | 86784 | CPT | | | | outpatient | | | 490 | 14.44 | Horizon | MGD | 187.57 | 38.28 | | | 8 | 465.5 | percent of total billed charges | |
| BKR CHG TRICHINELLA AB | 86784 | CPT | | | | outpatient | | | 490 | 14.44 | Horizon | NJ Health | 17.25 | | | | 8 | 465.5 | fee schedule | |
| BKR CHG TRICHINELLA AB | 86784 | CPT | | | | outpatient | | | 490 | 14.44 | First Trenton | First Trenton | 441 | 90 | | | 8 | 465.5 | percent of total billed charges | |
| BKR CHG TRICHINELLA AB | 86784 | CPT | | | | outpatient | | | 490 | 14.44 | Three Rivers | Three Rivers | 465.5 | 95 | | | 8 | 465.5 | percent of total billed charges | |
| BKR CHG TRICHINELLA AB | 86784 | CPT | | | | outpatient | | | 490 | 14.44 | First Health | First Health | 343 | 70 | | | 8 | 465.5 | percent of total billed charges | |
| BKR CHG TRICHINELLA AB | 86784 | CPT | | | | outpatient | | | 490 | 14.44 | Wellcare | Medicaid | 8 | | | | 8 | 465.5 | fee schedule | |
| BKR CHG TRICHINELLA AB | 86784 | CPT | | | | outpatient | | | 490 | 14.44 | Qualcare | Qualcare | 367.5 | 75 | | | 8 | 465.5 | percent of total billed charges | |
| BKR CHG TRICHINELLA AB | 86784 | CPT | | | | outpatient | | | 490 | 14.44 | UHC | Medicaid | 8 | | | | 8 | 465.5 | fee schedule | |
| BKR CHG TRICHINELLA AB | 86784 | CPT | | | | outpatient | | | 490 | 14.44 | Horizon | PPO | 187.57 | 38.28 | | | 8 | 465.5 | percent of total billed charges | |
| BKR CHG TRICHINELLA AB | 86784 | CPT | | | | outpatient | | | 490 | 14.44 | Managed Care Inc | Managed Care Inc | 441 | 90 | | | 8 | 465.5 | percent of total billed charges | |
| BKR CHG TRICHINELLA AB | 86784 | CPT | | | | outpatient | | | 490 | 14.44 | Horizon | Medicare Blue | 147 | 30 | | | 8 | 465.5 | percent of total billed charges | |
| BKR CHG TRICHINELLA AB | 86784 | CPT | | | | outpatient | | | 490 | 14.44 | UHC | Medicare | 12.56 | | | | 8 | 465.5 | fee schedule | |
| BKR CHG TRICHINELLA AB | 86784 | CPT | | | | outpatient | | | 490 | 14.44 | Wellcare | Medicare | 12.56 | | | | 8 | 465.5 | fee schedule | |
| BKR CHG TRICHINELLA AB | 86784 | CPT | | | | outpatient | | | 490 | 14.44 | WellPoint | WellPoint | 157.68 | 32.18 | | | 8 | 465.5 | percent of total billed charges | |
| BKR CHG VDRL SCREEN CSF | 86787 | CPT | | | | both | | | 109 | 14.81 | Horizon | PPO | 41.73 | 38.28 | | 11.66 | 12.6 | 103.55 | percent of total billed charges | |
| BKR CHG VDRL SCREEN CSF | 86787 | CPT | | | | both | | | 109 | 14.81 | Consumer | Consumer | 103.55 | 95 | | | 12.6 | 103.55 | percent of total billed charges | |
| BKR CHG VDRL SCREEN CSF | 86787 | CPT | | | | both | | | 109 | 14.81 | Amerihealth | Medicare | 12.88 | | | | 12.6 | 103.55 | fee schedule | |
| BKR CHG VDRL SCREEN CSF | 86787 | CPT | | | | both | | | 109 | 14.81 | Aetna | Medicare | 33.57 | 30.8 | | 1.84 | 12.6 | 103.55 | percent of total billed charges | |
| BKR CHG VDRL SCREEN CSF | 86787 | CPT | | | | both | | | 109 | 14.81 | Corrections | Corrections | 87.2 | 80 | | 13.81 | 12.6 | 103.55 | percent of total billed charges | |
| BKR CHG VDRL SCREEN CSF | 86787 | CPT | | | | both | | | 109 | 14.81 | First Health | First Health | 76.3 | 70 | | | 12.6 | 103.55 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG VDRL SCREEN CSF | 86787 | CPT | | | | both | | | 109 | 14.81 | Americare | Americare | 81.75 | 75 | | | 12.6 | 103.55 | percent of total billed charges | |
| BKR CHG VDRL SCREEN CSF | 86787 | CPT | | | | both | | | 109 | 14.81 | Aetna | Better Health | 34.39 | 31.55 | | 8.63 | 12.6 | 103.55 | percent of total billed charges | |
| BKR CHG VDRL SCREEN CSF | 86787 | CPT | | | | both | | | 109 | 14.81 | UHC | Medicare | 12.88 | | | 2.97 | 12.6 | 103.55 | fee schedule | |
| BKR CHG VDRL SCREEN CSF | 86787 | CPT | | | | both | | | 109 | 14.81 | First Trenton | First Trenton | 98.1 | 90 | | | 12.6 | 103.55 | percent of total billed charges | |
| BKR CHG VDRL SCREEN CSF | 86787 | CPT | | | | both | | | 109 | 14.81 | Horizon | Medicare Blue | 32.7 | 30 | | 2.75 | 12.6 | 103.55 | percent of total billed charges | |
| BKR CHG VDRL SCREEN CSF | 86787 | CPT | | | | both | | | 109 | 14.81 | Amerihealth | HMO/PPO | 18.3 | | | 1.57 | 12.6 | 103.55 | fee schedule | |
| BKR CHG VDRL SCREEN CSF | 86787 | CPT | | | | both | | | 109 | 14.81 | Horizon | MGD | 41.73 | 38.28 | | 14.43 | 12.6 | 103.55 | percent of total billed charges | |
| BKR CHG VDRL SCREEN CSF | 86787 | CPT | | | | both | | | 109 | 14.81 | Horizon | Indemnity | 41.73 | 38.28 | | 12.18 | 12.6 | 103.55 | percent of total billed charges | |
| BKR CHG VDRL SCREEN CSF | 86787 | CPT | | | | both | | | 109 | 14.81 | Horizon | NJ Health | 24.7 | | | 2.83 | 12.6 | 103.55 | fee schedule | |
| BKR CHG VDRL SCREEN CSF | 86787 | CPT | | | | both | | | 109 | 14.81 | Multiplan | Multiplan | 87.2 | 80 | | | 12.6 | 103.55 | percent of total billed charges | |
| BKR CHG VDRL SCREEN CSF | 86787 | CPT | | | | both | | | 109 | 14.81 | Three Rivers | Three Rivers | 103.55 | 95 | | | 12.6 | 103.55 | percent of total billed charges | |
| BKR CHG VDRL SCREEN CSF | 86787 | CPT | | | | both | | | 109 | 14.81 | Managed Care Inc | Managed Care Inc | 98.1 | 90 | | | 12.6 | 103.55 | percent of total billed charges | |
| BKR CHG VDRL SCREEN CSF | 86787 | CPT | | | | both | | | 109 | 14.81 | Wellcare | Medicare | 12.88 | | | | 12.6 | 103.55 | fee schedule | |
| BKR CHG VDRL SCREEN CSF | 86787 | CPT | | | | both | | | 109 | 14.81 | Qualcare | Qualcare | 81.75 | 75 | | | 12.6 | 103.55 | percent of total billed charges | |
| BKR CHG VDRL SCREEN CSF | 86787 | CPT | | | | both | | | 109 | 14.81 | WellPoint | WellPoint | 35.08 | 32.18 | | 21.75 | 12.6 | 103.55 | percent of total billed charges | |
| BKR CHG VDRL SCREEN CSF | 86787 | CPT | | | | both | | | 109 | 14.81 | UHC | Medicaid | 12.6 | | | 12.28 | 12.6 | 103.55 | fee schedule | |
| BKR CHG VDRL SCREEN CSF | 86787 | CPT | | | | both | | | 109 | 14.81 | Wellcare | Medicaid | 12.6 | | | 20.31 | 12.6 | 103.55 | fee schedule | |
| BKR CHG WEST NILE VIRUS IGM | 86788 | CPT | | | | both | | | 175 | 19.38 | Amerihealth | HMO/PPO | 23.9 | | | | 13.48 | 166.25 | fee schedule | |
| BKR CHG WEST NILE VIRUS IGM | 86788 | CPT | | | | both | | | 175 | 19.38 | Aetna | Medicare | 53.9 | 30.8 | | | 13.48 | 166.25 | percent of total billed charges | |
| BKR CHG WEST NILE VIRUS IGM | 86788 | CPT | | | | both | | | 175 | 19.38 | Americare | Americare | 131.25 | 75 | | | 13.48 | 166.25 | percent of total billed charges | |
| BKR CHG WEST NILE VIRUS IGM | 86788 | CPT | | | | both | | | 175 | 19.38 | Multiplan | Multiplan | 140 | 80 | | | 13.48 | 166.25 | percent of total billed charges | |
| BKR CHG WEST NILE VIRUS IGM | 86788 | CPT | | | | both | | | 175 | 19.38 | Horizon | Indemnity | 66.99 | 38.28 | | | 13.48 | 166.25 | percent of total billed charges | |
| BKR CHG WEST NILE VIRUS IGM | 86788 | CPT | | | | both | | | 175 | 19.38 | WellPoint | WellPoint | 56.32 | 32.18 | | | 13.48 | 166.25 | percent of total billed charges | |
| BKR CHG WEST NILE VIRUS IGM | 86788 | CPT | | | | both | | | 175 | 19.38 | Amerihealth | Medicare | 16.85 | | | | 13.48 | 166.25 | fee schedule | |
| BKR CHG WEST NILE VIRUS IGM | 86788 | CPT | | | | both | | | 175 | 19.38 | Aetna | Better Health | 55.21 | 31.55 | | | 13.48 | 166.25 | percent of total billed charges | |
| BKR CHG WEST NILE VIRUS IGM | 86788 | CPT | | | | both | | | 175 | 19.38 | First Trenton | First Trenton | 157.5 | 90 | | | 13.48 | 166.25 | percent of total billed charges | |
| BKR CHG WEST NILE VIRUS IGM | 86788 | CPT | | | | both | | | 175 | 19.38 | Consumer | Consumer | 166.25 | 95 | | | 13.48 | 166.25 | percent of total billed charges | |
| BKR CHG WEST NILE VIRUS IGM | 86788 | CPT | | | | both | | | 175 | 19.38 | Corrections | Corrections | 140 | 80 | | | 13.48 | 166.25 | percent of total billed charges | |
| BKR CHG WEST NILE VIRUS IGM | 86788 | CPT | | | | both | | | 175 | 19.38 | Qualcare | Qualcare | 131.25 | 75 | | | 13.48 | 166.25 | percent of total billed charges | |
| BKR CHG WEST NILE VIRUS IGM | 86788 | CPT | | | | both | | | 175 | 19.38 | Horizon | MGD | 66.99 | 38.28 | | | 13.48 | 166.25 | percent of total billed charges | |
| BKR CHG WEST NILE VIRUS IGM | 86788 | CPT | | | | both | | | 175 | 19.38 | First Health | First Health | 122.5 | 70 | | | 13.48 | 166.25 | percent of total billed charges | |
| BKR CHG WEST NILE VIRUS IGM | 86788 | CPT | | | | both | | | 175 | 19.38 | Horizon | NJ Health | 46.14 | | | | 13.48 | 166.25 | fee schedule | |
| BKR CHG WEST NILE VIRUS IGM | 86788 | CPT | | | | both | | | 175 | 19.38 | Horizon | Medicare Blue | 52.5 | 30 | | | 13.48 | 166.25 | percent of total billed charges | |
| BKR CHG WEST NILE VIRUS IGM | 86788 | CPT | | | | both | | | 175 | 19.38 | Horizon | PPO | 66.99 | 38.28 | | | 13.48 | 166.25 | percent of total billed charges | |
| BKR CHG WEST NILE VIRUS IGM | 86788 | CPT | | | | both | | | 175 | 19.38 | Wellcare | Medicaid | 13.48 | | | | 13.48 | 166.25 | fee schedule | |
| BKR CHG WEST NILE VIRUS IGM | 86788 | CPT | | | | both | | | 175 | 19.38 | Managed Care Inc | Managed Care Inc | 157.5 | 90 | | | 13.48 | 166.25 | percent of total billed charges | |
| BKR CHG WEST NILE VIRUS IGM | 86788 | CPT | | | | both | | | 175 | 19.38 | UHC | Medicaid | 13.48 | | | | 13.48 | 166.25 | fee schedule | |
| BKR CHG WEST NILE VIRUS IGM | 86788 | CPT | | | | both | | | 175 | 19.38 | Three Rivers | Three Rivers | 166.25 | 95 | | | 13.48 | 166.25 | percent of total billed charges | |
| BKR CHG WEST NILE VIRUS IGM | 86788 | CPT | | | | both | | | 175 | 19.38 | UHC | Medicare | 16.85 | | | | 13.48 | 166.25 | fee schedule | |
| BKR CHG WEST NILE VIRUS IGM | 86788 | CPT | | | | both | | | 175 | 19.38 | Wellcare | Medicare | 16.85 | | | | 13.48 | 166.25 | fee schedule | |
| BKR CHG WEST NILE VIRUS IGG | 86789 | CPT | | | | both | | | 150 | 16.55 | Amerihealth | Medicare | 14.39 | | | | 11.51 | 142.5 | fee schedule | |
| BKR CHG WEST NILE VIRUS IGG | 86789 | CPT | | | | both | | | 150 | 16.55 | Amerihealth | HMO/PPO | 21.8 | | | | 11.51 | 142.5 | fee schedule | |
| BKR CHG WEST NILE VIRUS IGG | 86789 | CPT | | | | both | | | 150 | 16.55 | Americare | Americare | 112.5 | 75 | | | 11.51 | 142.5 | percent of total billed charges | |
| BKR CHG WEST NILE VIRUS IGG | 86789 | CPT | | | | both | | | 150 | 16.55 | WellPoint | WellPoint | 48.27 | 32.18 | | | 11.51 | 142.5 | percent of total billed charges | |
| BKR CHG WEST NILE VIRUS IGG | 86789 | CPT | | | | both | | | 150 | 16.55 | Horizon | Indemnity | 57.42 | 38.28 | | | 11.51 | 142.5 | percent of total billed charges | |
| BKR CHG WEST NILE VIRUS IGG | 86789 | CPT | | | | both | | | 150 | 16.55 | Aetna | Medicare | 46.2 | 30.8 | | | 11.51 | 142.5 | percent of total billed charges | |
| BKR CHG WEST NILE VIRUS IGG | 86789 | CPT | | | | both | | | 150 | 16.55 | Consumer | Consumer | 142.5 | 95 | | | 11.51 | 142.5 | percent of total billed charges | |
| BKR CHG WEST NILE VIRUS IGG | 86789 | CPT | | | | both | | | 150 | 16.55 | Aetna | Better Health | 47.33 | 31.55 | | | 11.51 | 142.5 | percent of total billed charges | |
| BKR CHG WEST NILE VIRUS IGG | 86789 | CPT | | | | both | | | 150 | 16.55 | First Trenton | First Trenton | 135 | 90 | | | 11.51 | 142.5 | percent of total billed charges | |
| BKR CHG WEST NILE VIRUS IGG | 86789 | CPT | | | | both | | | 150 | 16.55 | First Health | First Health | 105 | 70 | | | 11.51 | 142.5 | percent of total billed charges | |
| BKR CHG WEST NILE VIRUS IGG | 86789 | CPT | | | | both | | | 150 | 16.55 | Multiplan | Multiplan | 120 | 80 | | | 11.51 | 142.5 | percent of total billed charges | |
| BKR CHG WEST NILE VIRUS IGG | 86789 | CPT | | | | both | | | 150 | 16.55 | Aetna | Commercial | 57 | 38 | | | 11.51 | 142.5 | percent of total billed charges | |
| BKR CHG WEST NILE VIRUS IGG | 86789 | CPT | | | | both | | | 150 | 16.55 | Qualcare | Qualcare | 112.5 | 75 | | | 11.51 | 142.5 | percent of total billed charges | |
| BKR CHG WEST NILE VIRUS IGG | 86789 | CPT | | | | both | | | 150 | 16.55 | Horizon | MGD | 57.42 | 38.28 | | | 11.51 | 142.5 | percent of total billed charges | |
| BKR CHG WEST NILE VIRUS IGG | 86789 | CPT | | | | both | | | 150 | 16.55 | Corrections | Corrections | 120 | 80 | | | 11.51 | 142.5 | percent of total billed charges | |
| BKR CHG WEST NILE VIRUS IGG | 86789 | CPT | | | | both | | | 150 | 16.55 | Horizon | Medicare Blue | 45 | 30 | | | 11.51 | 142.5 | percent of total billed charges | |
| BKR CHG WEST NILE VIRUS IGG | 86789 | CPT | | | | both | | | 150 | 16.55 | Managed Care Inc | Managed Care Inc | 135 | 90 | | | 11.51 | 142.5 | percent of total billed charges | |
| BKR CHG WEST NILE VIRUS IGG | 86789 | CPT | | | | both | | | 150 | 16.55 | Horizon | PPO | 57.42 | 38.28 | | | 11.51 | 142.5 | percent of total billed charges | |
| BKR CHG WEST NILE VIRUS IGG | 86789 | CPT | | | | both | | | 150 | 16.55 | Three Rivers | Three Rivers | 142.5 | 95 | | | 11.51 | 142.5 | percent of total billed charges | |
| BKR CHG WEST NILE VIRUS IGG | 86789 | CPT | | | | both | | | 150 | 16.55 | Wellcare | Medicare | 14.39 | | | | 11.51 | 142.5 | fee schedule | |
| BKR CHG WEST NILE VIRUS IGG | 86789 | CPT | | | | both | | | 150 | 16.55 | UHC | Medicare | 14.39 | | | | 11.51 | 142.5 | fee schedule | |
| BKR CHG WEST NILE VIRUS IGG | 86789 | CPT | | | | both | | | 150 | 16.55 | Horizon | NJ Health | 39.42 | | | | 11.51 | 142.5 | fee schedule | |
| BKR CHG WEST NILE VIRUS IGG | 86789 | CPT | | | | both | | | 150 | 16.55 | UHC | Medicaid | 11.51 | | | | 11.51 | 142.5 | fee schedule | |
| BKR CHG WEST NILE VIRUS IGG | 86789 | CPT | | | | both | | | 150 | 16.55 | Wellcare | Medicaid | 11.51 | | | | 11.51 | 142.5 | fee schedule | |
| BKR CHG ZIKA VIRUS.AB.IGM(163084) | 86790 | CPT | | | | both | | | 315 | 14.81 | Americare | Americare | 236.25 | 75 | | | 9.3 | 464.89 | percent of total billed charges | |
| BKR CHG ZIKA VIRUS.AB.IGM(163084) | 86790 | CPT | | | | both | | | 315 | 14.81 | Aetna | Better Health | 99.38 | 31.55 | | 13 | 9.3 | 464.89 | percent of total billed charges | |
| BKR CHG ZIKA VIRUS.AB.IGM(163084) | 86790 | CPT | | | | both | | | 315 | 14.81 | Aetna | Commercial | 119.7 | 38 | | | 9.3 | 464.89 | percent of total billed charges | |
| BKR CHG ZIKA VIRUS.AB.IGM(163084) | 86790 | CPT | | | | both | | | 315 | 14.81 | First Trenton | First Trenton | 283.5 | 90 | | | 9.3 | 464.89 | percent of total billed charges | |
| BKR CHG ZIKA VIRUS.AB.IGM(163084) | 86790 | CPT | | | | both | | | 315 | 14.81 | Three Rivers | Three Rivers | 299.25 | 95 | | | 9.3 | 464.89 | percent of total billed charges | |
| BKR CHG ZIKA VIRUS.AB.IGM(163084) | 86790 | CPT | | | | both | | | 315 | 14.81 | Consumer | Consumer | 299.25 | 95 | | | 9.3 | 464.89 | percent of total billed charges | |
| BKR CHG ZIKA VIRUS.AB.IGM(163084) | 86790 | CPT | | | | both | | | 315 | 14.81 | Aetna | Medicare | 97.02 | 30.8 | | 4.68 | 9.3 | 464.89 | percent of total billed charges | |
| BKR CHG ZIKA VIRUS.AB.IGM(163084) | 86790 | CPT | | | | both | | | 315 | 14.81 | Corrections | Corrections | 252 | 80 | | | 9.3 | 464.89 | percent of total billed charges | |
| BKR CHG ZIKA VIRUS.AB.IGM(163084) | 86790 | CPT | | | | both | | | 315 | 14.81 | UHC | Medicare | 12.88 | | | 2.44 | 9.3 | 464.89 | fee schedule | |
| BKR CHG ZIKA VIRUS.AB.IGM(163084) | 86790 | CPT | | | | both | | | 315 | 14.81 | First Health | First Health | 220.5 | 70 | | | 9.3 | 464.89 | percent of total billed charges | |
| BKR CHG ZIKA VIRUS.AB.IGM(163084) | 86790 | CPT | | | | both | | | 315 | 14.81 | Wellcare | Medicare | 12.88 | | | | 9.3 | 464.89 | fee schedule | |
| BKR CHG ZIKA VIRUS.AB.IGM(163084) | 86790 | CPT | | | | both | | | 315 | 14.81 | Horizon | Indemnity | 120.58 | 38.28 | | 5.39 | 9.3 | 464.89 | percent of total billed charges | |
| BKR CHG ZIKA VIRUS.AB.IGM(163084) | 86790 | CPT | | | | both | | | 315 | 14.81 | Wellcare | Medicaid | 17 | | | | 9.3 | 464.89 | fee schedule | |
| BKR CHG ZIKA VIRUS.AB.IGM(163084) | 86790 | CPT | | | | both | | | 315 | 14.81 | Horizon | NJ Health | 464.89 | | | 1.39 | 9.3 | 464.89 | fee schedule | |
| BKR CHG ZIKA VIRUS.AB.IGM(163084) | 86790 | CPT | | | | both | | | 315 | 14.81 | Amerihealth | HMO/PPO | 22.8 | | | 5.56 | 9.3 | 464.89 | fee schedule | |
| BKR CHG ZIKA VIRUS.AB.IGM(163084) | 86790 | CPT | | | | both | | | 315 | 14.81 | Horizon | Medicare Blue | 94.5 | 30 | | 2.26 | 9.3 | 464.89 | percent of total billed charges | |
| BKR CHG ZIKA VIRUS.AB.IGM(163084) | 86790 | CPT | | | | both | | | 315 | 14.81 | Amerihealth | Medicare | 12.88 | | | | 9.3 | 464.89 | fee schedule | |
| BKR CHG ZIKA VIRUS.AB.IGM(163084) | 86790 | CPT | | | | both | | | 315 | 14.81 | Horizon | MGD | 120.58 | 38.28 | | 2.73 | 9.3 | 464.89 | percent of total billed charges | |
| BKR CHG ZIKA VIRUS.AB.IGM(163084) | 86790 | CPT | | | | both | | | 315 | 14.81 | Horizon | PPO | 120.58 | 38.28 | | 4.8 | 9.3 | 464.89 | percent of total billed charges | |
| BKR CHG ZIKA VIRUS.AB.IGM(163084) | 86790 | CPT | | | | both | | | 315 | 14.81 | WellPoint | WellPoint | 101.37 | 32.18 | | 44.99 | 9.3 | 464.89 | percent of total billed charges | |
| BKR CHG ZIKA VIRUS.AB.IGM(163084) | 86790 | CPT | | | | both | | | 315 | 14.81 | Qualcare | Qualcare | 236.25 | 75 | | | 9.3 | 464.89 | percent of total billed charges | |
| BKR CHG ZIKA VIRUS.AB.IGM(163084) | 86790 | CPT | | | | both | | | 315 | 14.81 | Multiplan | Multiplan | 252 | 80 | | | 9.3 | 464.89 | percent of total billed charges | |
| BKR CHG ZIKA VIRUS.AB.IGM(163084) | 86790 | CPT | | | | both | | | 315 | 14.81 | Managed Care Inc | Managed Care Inc | 283.5 | 90 | | | 9.3 | 464.89 | percent of total billed charges | |
| BKR CHG ZIKA VIRUS.AB.IGM(163084) | 86790 | CPT | | | | both | | | 315 | 14.81 | UHC | Medicaid | 17 | | | 14.23 | 9.3 | 464.89 | fee schedule | |
| BKR CHG THYROGLOBULIN BY RIA OR IMA,INCLUDES TGAB | 86800 | CPT | | | | both | | | 285 | 18.3 | Aetna | Commercial | 108.3 | 38 | | 7.46 | 10.8 | 270.75 | percent of total billed charges | |
| BKR CHG THYROGLOBULIN BY RIA OR IMA,INCLUDES TGAB | 86800 | CPT | | | | both | | | 285 | 18.3 | Horizon | Medicare Blue | 85.5 | 30 | | 1.78 | 10.8 | 270.75 | percent of total billed charges | |
| BKR CHG THYROGLOBULIN BY RIA OR IMA,INCLUDES TGAB | 86800 | CPT | | | | both | | | 285 | 18.3 | First Trenton | First Trenton | 256.5 | 90 | | | 10.8 | 270.75 | percent of total billed charges | |
| BKR CHG THYROGLOBULIN BY RIA OR IMA,INCLUDES TGAB | 86800 | CPT | | | | both | | | 285 | 18.3 | Americare | Americare | 213.75 | 75 | | | 10.8 | 270.75 | percent of total billed charges | |
| BKR CHG THYROGLOBULIN BY RIA OR IMA,INCLUDES TGAB | 86800 | CPT | | | | both | | | 285 | 18.3 | Amerihealth | Medicare | 15.91 | | | | 10.8 | 270.75 | fee schedule | |
| BKR CHG THYROGLOBULIN BY RIA OR IMA,INCLUDES TGAB | 86800 | CPT | | | | both | | | 285 | 18.3 | Aetna | Better Health | 89.92 | 31.55 | | | 10.8 | 270.75 | percent of total billed charges | |
| BKR CHG THYROGLOBULIN BY RIA OR IMA,INCLUDES TGAB | 86800 | CPT | | | | both | | | 285 | 18.3 | Aetna | Medicare | 87.78 | 30.8 | | 4.76 | 10.8 | 270.75 | percent of total billed charges | |
| BKR CHG THYROGLOBULIN BY RIA OR IMA,INCLUDES TGAB | 86800 | CPT | | | | both | | | 285 | 18.3 | Horizon | PPO | 109.1 | 38.28 | | 11.72 | 10.8 | 270.75 | percent of total billed charges | |
| BKR CHG THYROGLOBULIN BY RIA OR IMA,INCLUDES TGAB | 86800 | CPT | | | | both | | | 285 | 18.3 | Amerihealth | HMO/PPO | 21.4 | | | 4.12 | 10.8 | 270.75 | fee schedule | |
| BKR CHG THYROGLOBULIN BY RIA OR IMA,INCLUDES TGAB | 86800 | CPT | | | | both | | | 285 | 18.3 | Horizon | NJ Health | 25.48 | | | 1.51 | 10.8 | 270.75 | fee schedule | |
| BKR CHG THYROGLOBULIN BY RIA OR IMA,INCLUDES TGAB | 86800 | CPT | | | | both | | | 285 | 18.3 | Managed Care Inc | Managed Care Inc | 256.5 | 90 | | | 10.8 | 270.75 | percent of total billed charges | |
| BKR CHG THYROGLOBULIN BY RIA OR IMA,INCLUDES TGAB | 86800 | CPT | | | | both | | | 285 | 18.3 | Consumer | Consumer | 270.75 | 95 | | | 10.8 | 270.75 | percent of total billed charges | |
| BKR CHG THYROGLOBULIN BY RIA OR IMA,INCLUDES TGAB | 86800 | CPT | | | | both | | | 285 | 18.3 | First Health | First Health | 199.5 | 70 | | | 10.8 | 270.75 | percent of total billed charges | |
| BKR CHG THYROGLOBULIN BY RIA OR IMA,INCLUDES TGAB | 86800 | CPT | | | | both | | | 285 | 18.3 | Corrections | Corrections | 228 | 80 | | 9.41 | 10.8 | 270.75 | percent of total billed charges | |
| BKR CHG THYROGLOBULIN BY RIA OR IMA,INCLUDES TGAB | 86800 | CPT | | | | both | | | 285 | 18.3 | Horizon | Indemnity | 109.1 | 38.28 | | | 10.8 | 270.75 | percent of total billed charges | |
| BKR CHG THYROGLOBULIN BY RIA OR IMA,INCLUDES TGAB | 86800 | CPT | | | | both | | | 285 | 18.3 | Horizon | MGD | 109.1 | 38.28 | | 10.65 | 10.8 | 270.75 | percent of total billed charges | |
| BKR CHG THYROGLOBULIN BY RIA OR IMA,INCLUDES TGAB | 86800 | CPT | | | | both | | | 285 | 18.3 | UHC | Medicare | 15.91 | | | 4.64 | 10.8 | 270.75 | fee schedule | |
| BKR CHG THYROGLOBULIN BY RIA OR IMA,INCLUDES TGAB | 86800 | CPT | | | | both | | | 285 | 18.3 | Multiplan | Multiplan | 228 | 80 | | | 10.8 | 270.75 | percent of total billed charges | |
| BKR CHG THYROGLOBULIN BY RIA OR IMA,INCLUDES TGAB | 86800 | CPT | | | | both | | | 285 | 18.3 | UHC | Medicaid | 13 | | | 6.15 | 10.8 | 270.75 | fee schedule | |
| BKR CHG THYROGLOBULIN BY RIA OR IMA,INCLUDES TGAB | 86800 | CPT | | | | both | | | 285 | 18.3 | Wellcare | Medicaid | 13 | | | 5.76 | 10.8 | 270.75 | fee schedule | |
| BKR CHG THYROGLOBULIN BY RIA OR IMA,INCLUDES TGAB | 86800 | CPT | | | | both | | | 285 | 18.3 | Wellcare | Medicare | 15.91 | | | | 10.8 | 270.75 | fee schedule | |
| BKR CHG THYROGLOBULIN BY RIA OR IMA,INCLUDES TGAB | 86800 | CPT | | | | both | | | 285 | 18.3 | Qualcare | Qualcare | 213.75 | 75 | | | 10.8 | 270.75 | percent of total billed charges | |
| BKR CHG THYROGLOBULIN BY RIA OR IMA,INCLUDES TGAB | 86800 | CPT | | | | both | | | 285 | 18.3 | WellPoint | WellPoint | 91.71 | 32.18 | | 6.9 | 10.8 | 270.75 | percent of total billed charges | |
| BKR CHG THYROGLOBULIN BY RIA OR IMA,INCLUDES TGAB | 86800 | CPT | | | | both | | | 285 | 18.3 | Three Rivers | Three Rivers | 270.75 | 95 | | | 10.8 | 270.75 | percent of total billed charges | |
| BKR CHG HEPATITIS C ANTIBODY | 86803 | CPT | | | | both | | | 357 | 16.41 | Aetna | Medicare | 109.96 | 30.8 | | 8.02 | 10.2 | 339.15 | percent of total billed charges | |
| BKR CHG HEPATITIS C ANTIBODY | 86803 | CPT | | | | both | | | 357 | 16.41 | Aetna | Better Health | 112.63 | 31.55 | | 30.96 | 10.2 | 339.15 | percent of total billed charges | |
| BKR CHG HEPATITIS C ANTIBODY | 86803 | CPT | | | | both | | | 357 | 16.41 | First Health | First Health | 249.9 | 70 | | | 10.2 | 339.15 | percent of total billed charges | |
| BKR CHG HEPATITIS C ANTIBODY | 86803 | CPT | | | | both | | | 357 | 16.41 | UHC | Medicare | 14.27 | | | 14.72 | 10.2 | 339.15 | fee schedule | |
| BKR CHG HEPATITIS C ANTIBODY | 86803 | CPT | | | | both | | | 357 | 16.41 | Amerihealth | HMO/PPO | 19.7 | | | 13.13 | 10.2 | 339.15 | fee schedule | |
| BKR CHG HEPATITIS C ANTIBODY | 86803 | CPT | | | | both | | | 357 | 16.41 | Amerihealth | Medicare | 14.27 | | | | 10.2 | 339.15 | fee schedule | |
| BKR CHG HEPATITIS C ANTIBODY | 86803 | CPT | | | | both | | | 357 | 16.41 | Corrections | Corrections | 285.6 | 80 | | 27.41 | 10.2 | 339.15 | percent of total billed charges | |
| BKR CHG HEPATITIS C ANTIBODY | 86803 | CPT | | | | both | | | 357 | 16.41 | Aetna | Commercial | 135.66 | 38 | | 16.55 | 10.2 | 339.15 | percent of total billed charges | |
| BKR CHG HEPATITIS C ANTIBODY | 86803 | CPT | | | | both | | | 357 | 16.41 | Horizon | MGD | 136.66 | 38.28 | | 21.5 | 10.2 | 339.15 | percent of total billed charges | |
| BKR CHG HEPATITIS C ANTIBODY | 86803 | CPT | | | | both | | | 357 | 16.41 | Americare | Americare | 267.75 | 75 | | | 10.2 | 339.15 | percent of total billed charges | |
| BKR CHG HEPATITIS C ANTIBODY | 86803 | CPT | | | | both | | | 357 | 16.41 | UHC | Medicaid | 19 | | | 22.38 | 10.2 | 339.15 | fee schedule | |
| BKR CHG HEPATITIS C ANTIBODY | 86803 | CPT | | | | both | | | 357 | 16.41 | Horizon | Indemnity | 136.66 | 38.28 | | 24.94 | 10.2 | 339.15 | percent of total billed charges | |
| BKR CHG HEPATITIS C ANTIBODY | 86803 | CPT | | | | both | | | 357 | 16.41 | Horizon | Medicare Blue | 107.1 | 30 | | 12.71 | 10.2 | 339.15 | percent of total billed charges | |
| BKR CHG HEPATITIS C ANTIBODY | 86803 | CPT | | | | both | | | 357 | 16.41 | Consumer | Consumer | 339.15 | 95 | | | 10.2 | 339.15 | percent of total billed charges | |
| BKR CHG HEPATITIS C ANTIBODY | 86803 | CPT | | | | both | | | 357 | 16.41 | WellPoint | WellPoint | 114.88 | 32.18 | | 25.08 | 10.2 | 339.15 | percent of total billed charges | |
| BKR CHG HEPATITIS C ANTIBODY | 86803 | CPT | | | | both | | | 357 | 16.41 | First Trenton | First Trenton | 321.3 | 90 | | | 10.2 | 339.15 | percent of total billed charges | |
| BKR CHG HEPATITIS C ANTIBODY | 86803 | CPT | | | | both | | | 357 | 16.41 | Horizon | NJ Health | 40.96 | | | 5.23 | 10.2 | 339.15 | fee schedule | |
| BKR CHG HEPATITIS C ANTIBODY | 86803 | CPT | | | | both | | | 357 | 16.41 | Horizon | PPO | 136.66 | 38.28 | | 19.54 | 10.2 | 339.15 | percent of total billed charges | |
| BKR CHG HEPATITIS C ANTIBODY | 86803 | CPT | | | | both | | | 357 | 16.41 | Multiplan | Multiplan | 285.6 | 80 | | | 10.2 | 339.15 | percent of total billed charges | |
| BKR CHG HEPATITIS C ANTIBODY | 86803 | CPT | | | | both | | | 357 | 16.41 | Managed Care Inc | Managed Care Inc | 321.3 | 90 | | | 10.2 | 339.15 | percent of total billed charges | |
| BKR CHG HEPATITIS C ANTIBODY | 86803 | CPT | | | | both | | | 357 | 16.41 | Wellcare | Medicare | 14.27 | | | 4.83 | 10.2 | 339.15 | fee schedule | |
| BKR CHG HEPATITIS C ANTIBODY | 86803 | CPT | | | | both | | | 357 | 16.41 | Three Rivers | Three Rivers | 339.15 | 95 | | | 10.2 | 339.15 | percent of total billed charges | |
| BKR CHG HEPATITIS C ANTIBODY | 86803 | CPT | | | | both | | | 357 | 16.41 | Qualcare | Qualcare | 267.75 | 75 | | | 10.2 | 339.15 | percent of total billed charges | |
| BKR CHG HEPATITIS C ANTIBODY | 86803 | CPT | | | | both | | | 357 | 16.41 | Wellcare | Medicaid | 19 | | | 28.16 | 10.2 | 339.15 | fee schedule | |
| BKR CHG HEPATITIS C AB VERIFICATION TEST | 86804 | CPT | | | | outpatient | | | 395 | 17.81 | Aetna | Medicare | 121.66 | 30.8 | | | 15.49 | 375.25 | percent of total billed charges | |
| BKR CHG HEPATITIS C AB VERIFICATION TEST | 86804 | CPT | | | | outpatient | | | 395 | 17.81 | Americare | Americare | 296.25 | 75 | | | 15.49 | 375.25 | percent of total billed charges | |
| BKR CHG HEPATITIS C AB VERIFICATION TEST | 86804 | CPT | | | | outpatient | | | 395 | 17.81 | Aetna | Better Health | 124.62 | 31.55 | | | 15.49 | 375.25 | percent of total billed charges | |
| BKR CHG HEPATITIS C AB VERIFICATION TEST | 86804 | CPT | | | | outpatient | | | 395 | 17.81 | Consumer | Consumer | 375.25 | 95 | | | 15.49 | 375.25 | percent of total billed charges | |
| BKR CHG HEPATITIS C AB VERIFICATION TEST | 86804 | CPT | | | | outpatient | | | 395 | 17.81 | Amerihealth | Medicare | 15.49 | | | | 15.49 | 375.25 | fee schedule | |
| BKR CHG HEPATITIS C AB VERIFICATION TEST | 86804 | CPT | | | | outpatient | | | 395 | 17.81 | Aetna | Commercial | 150.1 | 38 | | | 15.49 | 375.25 | percent of total billed charges | |
| BKR CHG HEPATITIS C AB VERIFICATION TEST | 86804 | CPT | | | | outpatient | | | 395 | 17.81 | First Health | First Health | 276.5 | 70 | | | 15.49 | 375.25 | percent of total billed charges | |
| BKR CHG HEPATITIS C AB VERIFICATION TEST | 86804 | CPT | | | | outpatient | | | 395 | 17.81 | Wellcare | Medicaid | 20 | | | | 15.49 | 375.25 | fee schedule | |
| BKR CHG HEPATITIS C AB VERIFICATION TEST | 86804 | CPT | | | | outpatient | | | 395 | 17.81 | Horizon | MGD | 151.21 | 38.28 | | | 15.49 | 375.25 | percent of total billed charges | |
| BKR CHG HEPATITIS C AB VERIFICATION TEST | 86804 | CPT | | | | outpatient | | | 395 | 17.81 | Amerihealth | HMO/PPO | 21.4 | | | | 15.49 | 375.25 | fee schedule | |
| BKR CHG HEPATITIS C AB VERIFICATION TEST | 86804 | CPT | | | | outpatient | | | 395 | 17.81 | Corrections | Corrections | 316 | 80 | | | 15.49 | 375.25 | percent of total billed charges | |
| BKR CHG HEPATITIS C AB VERIFICATION TEST | 86804 | CPT | | | | outpatient | | | 395 | 17.81 | Horizon | Indemnity | 151.21 | 38.28 | | | 15.49 | 375.25 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG HEPATITIS C AB VERIFICATION TEST | 86804 | CPT | | | | outpatient | | | 395 | 17.81 | First Trenton | First Trenton | 355.5 | 90 | | | 15.49 | | 375.25 percent of total billed charges | |
| BKR CHG HEPATITIS C AB VERIFICATION TEST | 86804 | CPT | | | | outpatient | | | 395 | 17.81 | Multiplan | Multiplan | 316 | 80 | | | 15.49 | | 375.25 percent of total billed charges | |
| BKR CHG HEPATITIS C AB VERIFICATION TEST | 86804 | CPT | | | | outpatient | | | 395 | 17.81 | Horizon | PPO | 151.21 | 38.28 | | | 15.49 | | 375.25 percent of total billed charges | |
| BKR CHG HEPATITIS C AB VERIFICATION TEST | 86804 | CPT | | | | outpatient | | | 395 | 17.81 | Horizon | Medicare Blue | 118.5 | 30 | | | 15.49 | | 375.25 percent of total billed charges | |
| BKR CHG HEPATITIS C AB VERIFICATION TEST | 86804 | CPT | | | | outpatient | | | 395 | 17.81 | Horizon | NJ Health | 17.09 | | | | 15.49 | | 375.25 fee schedule | |
| BKR CHG HEPATITIS C AB VERIFICATION TEST | 86804 | CPT | | | | outpatient | | | 395 | 17.81 | Qualcare | Qualcare | 296.25 | 75 | | | 15.49 | | 375.25 percent of total billed charges | |
| BKR CHG HEPATITIS C AB VERIFICATION TEST | 86804 | CPT | | | | outpatient | | | 395 | 17.81 | Three Rivers | Three Rivers | 375.25 | 95 | | | 15.49 | | 375.25 percent of total billed charges | |
| BKR CHG HEPATITIS C AB VERIFICATION TEST | 86804 | CPT | | | | outpatient | | | 395 | 17.81 | UHC | Medicaid | 20 | | | | 15.49 | | 375.25 fee schedule | |
| BKR CHG HEPATITIS C AB VERIFICATION TEST | 86804 | CPT | | | | outpatient | | | 395 | 17.81 | Managed Care Inc | Managed Care Inc | 355.5 | 90 | | | 15.49 | | 375.25 percent of total billed charges | |
| BKR CHG HEPATITIS C AB VERIFICATION TEST | 86804 | CPT | | | | outpatient | | | 395 | 17.81 | UHC | Medicare | 15.49 | | | | 15.49 | | 375.25 fee schedule | |
| BKR CHG HEPATITIS C AB VERIFICATION TEST | 86804 | CPT | | | | outpatient | | | 395 | 17.81 | Wellcare | Medicare | 15.49 | | | | 15.49 | | 375.25 fee schedule | |
| BKR CHG HEPATITIS C AB VERIFICATION TEST | 86804 | CPT | | | | outpatient | | | 395 | 17.81 | WellPoint | WellPoint | 127.11 | 32.18 | | | 15.49 | | 375.25 percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN LAB | 86812 | CPT | | | | outpatient | | | 453 | 29.68 | Multiplan | Multiplan | 362.4 | 80 | | | 12.6 | | 430.35 percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN LAB | 86812 | CPT | | | | outpatient | | | 453 | 29.68 | Aetna | Better Health | 142.92 | 31.55 | | | 12.6 | | 430.35 percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN LAB | 86812 | CPT | | | | outpatient | | | 453 | 29.68 | Corrections | Corrections | 362.4 | 80 | | | 12.6 | | 430.35 percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN LAB | 86812 | CPT | | | | outpatient | | | 453 | 29.68 | First Trenton | First Trenton | 407.7 | 90 | | | 12.6 | | 430.35 percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN LAB | 86812 | CPT | | | | outpatient | | | 453 | 29.68 | Horizon | Medicare Blue | 135.9 | 30 | | | 12.6 | | 430.35 percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN LAB | 86812 | CPT | | | | outpatient | | | 453 | 29.68 | First Health | First Health | 317.1 | 70 | | | 12.6 | | 430.35 percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN LAB | 86812 | CPT | | | | outpatient | | | 453 | 29.68 | Aetna | Medicare | 139.52 | 30.8 | | | 12.6 | | 430.35 percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN LAB | 86812 | CPT | | | | outpatient | | | 453 | 29.68 | Americare | Americare | 339.75 | 75 | | | 12.6 | | 430.35 percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN LAB | 86812 | CPT | | | | outpatient | | | 453 | 29.68 | Qualcare | Qualcare | 339.75 | 75 | | | 12.6 | | 430.35 percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN LAB | 86812 | CPT | | | | outpatient | | | 453 | 29.68 | Aetna | Commercial | 172.14 | 38 | | | 12.6 | | 430.35 percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN LAB | 86812 | CPT | | | | outpatient | | | 453 | 29.68 | Consumer | Consumer | 430.35 | 95 | | | 12.6 | | 430.35 percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN LAB | 86812 | CPT | | | | outpatient | | | 453 | 29.68 | Horizon | Indemnity | 173.41 | 38.28 | | | 12.6 | | 430.35 percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN LAB | 86812 | CPT | | | | outpatient | | | 453 | 29.68 | Wellcare | Medicare | 25.81 | | | | 12.6 | | 430.35 fee schedule | |
| BKR CHG HLA-B27 ANTIGEN LAB | 86812 | CPT | | | | outpatient | | | 453 | 29.68 | UHC | Medicaid | 12.6 | | | | 12.6 | | 430.35 fee schedule | |
| BKR CHG HLA-B27 ANTIGEN LAB | 86812 | CPT | | | | outpatient | | | 453 | 29.68 | Horizon | MGD | 173.41 | 38.28 | | | 12.6 | | 430.35 percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN LAB | 86812 | CPT | | | | outpatient | | | 453 | 29.68 | Amerihealth | HMO/PPO | 38.8 | | | | 12.6 | | 430.35 fee schedule | |
| BKR CHG HLA-B27 ANTIGEN LAB | 86812 | CPT | | | | outpatient | | | 453 | 29.68 | Horizon | NJ Health | 24.7 | | | | 12.6 | | 430.35 fee schedule | |
| BKR CHG HLA-B27 ANTIGEN LAB | 86812 | CPT | | | | outpatient | | | 453 | 29.68 | WellPoint | WellPoint | 145.78 | 32.18 | | | 12.6 | | 430.35 percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN LAB | 86812 | CPT | | | | outpatient | | | 453 | 29.68 | Three Rivers | Three Rivers | 430.35 | 95 | | | 12.6 | | 430.35 percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN LAB | 86812 | CPT | | | | outpatient | | | 453 | 29.68 | Horizon | PPO | 173.41 | 38.28 | | | 12.6 | | 430.35 percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN LAB | 86812 | CPT | | | | outpatient | | | 453 | 29.68 | UHC | Medicare | 25.81 | | | | 12.6 | | 430.35 fee schedule | |
| BKR CHG HLA-B27 ANTIGEN LAB | 86812 | CPT | | | | outpatient | | | 453 | 29.68 | Amerihealth | Medicare | 25.81 | | | | 12.6 | | 430.35 fee schedule | |
| BKR CHG HLA-B27 ANTIGEN LAB | 86812 | CPT | | | | outpatient | | | 453 | 29.68 | Managed Care Inc | Managed Care Inc | 407.7 | 90 | | | 12.6 | | 430.35 percent of total billed charges | |
| BKR CHG HLA-B27 ANTIGEN LAB | 86812 | CPT | | | | outpatient | | | 453 | 29.68 | Wellcare | Medicaid | 12.6 | | | | 12.6 | | 430.35 fee schedule | |
| BKR CHG HLA TYPING,DQB1; CLASS II HIGH RESOLUTI | 86817 | CPT | | | | outpatient | | | 1979 | 122.06 | Horizon | Indemnity | 757.56 | 38.28 | | | 19 | | 1880.05 percent of total billed charges | |
| BKR CHG HLA TYPING,DQB1; CLASS II HIGH RESOLUTI | 86817 | CPT | | | | outpatient | | | 1979 | 122.06 | First Health | First Health | 1385.3 | 70 | | | 19 | | 1880.05 percent of total billed charges | |
| BKR CHG HLA TYPING,DQB1; CLASS II HIGH RESOLUTI | 86817 | CPT | | | | outpatient | | | 1979 | 122.06 | Amerihealth | HMO/PPO | 100.2 | | | | 19 | | 1880.05 fee schedule | |
| BKR CHG HLA TYPING,DQB1; CLASS II HIGH RESOLUTI | 86817 | CPT | | | | outpatient | | | 1979 | 122.06 | Aetna | Medicare | 609.53 | 30.8 | | | 19 | | 1880.05 percent of total billed charges | |
| BKR CHG HLA TYPING,DQB1; CLASS II HIGH RESOLUTI | 86817 | CPT | | | | outpatient | | | 1979 | 122.06 | Corrections | Corrections | 1583.2 | 80 | | | 19 | | 1880.05 percent of total billed charges | |
| BKR CHG HLA TYPING,DQB1; CLASS II HIGH RESOLUTI | 86817 | CPT | | | | outpatient | | | 1979 | 122.06 | Aetna | Commercial | 752.02 | 38 | | | 19 | | 1880.05 percent of total billed charges | |
| BKR CHG HLA TYPING,DQB1; CLASS II HIGH RESOLUTI | 86817 | CPT | | | | outpatient | | | 1979 | 122.06 | First Trenton | First Trenton | 1781.1 | 90 | | | 19 | | 1880.05 percent of total billed charges | |
| BKR CHG HLA TYPING,DQB1; CLASS II HIGH RESOLUTI | 86817 | CPT | | | | outpatient | | | 1979 | 122.06 | Aetna | Better Health | 624.37 | 31.55 | | | 19 | | 1880.05 percent of total billed charges | |
| BKR CHG HLA TYPING,DQB1; CLASS II HIGH RESOLUTI | 86817 | CPT | | | | outpatient | | | 1979 | 122.06 | Multiplan | Multiplan | 1583.2 | 80 | | | 19 | | 1880.05 percent of total billed charges | |
| BKR CHG HLA TYPING,DQB1; CLASS II HIGH RESOLUTI | 86817 | CPT | | | | outpatient | | | 1979 | 122.06 | UHC | Medicare | 106.14 | | | | 19 | | 1880.05 fee schedule | |
| BKR CHG HLA TYPING,DQB1; CLASS II HIGH RESOLUTI | 86817 | CPT | | | | outpatient | | | 1979 | 122.06 | Horizon | NJ Health | 40.96 | | | | 19 | | 1880.05 fee schedule | |
| BKR CHG HLA TYPING,DQB1; CLASS II HIGH RESOLUTI | 86817 | CPT | | | | outpatient | | | 1979 | 122.06 | Americare | Americare | 1484.25 | 75 | | | 19 | | 1880.05 percent of total billed charges | |
| BKR CHG HLA TYPING,DQB1; CLASS II HIGH RESOLUTI | 86817 | CPT | | | | outpatient | | | 1979 | 122.06 | Qualcare | Qualcare | 1484.25 | 75 | | | 19 | | 1880.05 percent of total billed charges | |
| BKR CHG HLA TYPING,DQB1; CLASS II HIGH RESOLUTI | 86817 | CPT | | | | outpatient | | | 1979 | 122.06 | Amerihealth | Medicare | 106.14 | | | | 19 | | 1880.05 fee schedule | |
| BKR CHG HLA TYPING,DQB1; CLASS II HIGH RESOLUTI | 86817 | CPT | | | | outpatient | | | 1979 | 122.06 | Horizon | PPO | 757.56 | 38.28 | | | 19 | | 1880.05 percent of total billed charges | |
| BKR CHG HLA TYPING,DQB1; CLASS II HIGH RESOLUTI | 86817 | CPT | | | | outpatient | | | 1979 | 122.06 | Consumer | Consumer | 1880.05 | 95 | | | 19 | | 1880.05 percent of total billed charges | |
| BKR CHG HLA TYPING,DQB1; CLASS II HIGH RESOLUTI | 86817 | CPT | | | | outpatient | | | 1979 | 122.06 | Managed Care Inc | Managed Care Inc | 1781.1 | 90 | | | 19 | | 1880.05 percent of total billed charges | |
| BKR CHG HLA TYPING,DQB1; CLASS II HIGH RESOLUTI | 86817 | CPT | | | | outpatient | | | 1979 | 122.06 | Horizon | MGD | 757.56 | 38.28 | | | 19 | | 1880.05 percent of total billed charges | |
| BKR CHG HLA TYPING,DQB1; CLASS II HIGH RESOLUTI | 86817 | CPT | | | | outpatient | | | 1979 | 122.06 | Three Rivers | Three Rivers | 1880.05 | 95 | | | 19 | | 1880.05 percent of total billed charges | |
| BKR CHG HLA TYPING,DQB1; CLASS II HIGH RESOLUTI | 86817 | CPT | | | | outpatient | | | 1979 | 122.06 | Horizon | Medicare Blue | 593.7 | 30 | | | 19 | | 1880.05 percent of total billed charges | |
| BKR CHG HLA TYPING,DQB1; CLASS II HIGH RESOLUTI | 86817 | CPT | | | | outpatient | | | 1979 | 122.06 | Wellcare | Medicaid | 19 | | | | 19 | | 1880.05 fee schedule | |
| BKR CHG HLA TYPING,DQB1; CLASS II HIGH RESOLUTI | 86817 | CPT | | | | outpatient | | | 1979 | 122.06 | WellPoint | WellPoint | 636.84 | 32.18 | | | 19 | | 1880.05 percent of total billed charges | |
| BKR CHG HLA TYPING,DQB1; CLASS II HIGH RESOLUTI | 86817 | CPT | | | | outpatient | | | 1979 | 122.06 | UHC | Medicaid | 19 | | | | 19 | | 1880.05 fee schedule | |
| BKR CHG HLA TYPING,DQB1; CLASS II HIGH RESOLUTI | 86817 | CPT | | | | outpatient | | | 1979 | 122.06 | Wellcare | Medicare | 106.14 | | | | 19 | | 1880.05 fee schedule | |
| BKR CHG HIGH DEF QUALITITATIVE HLA CLASS I | 86832 | CPT | | | | outpatient | | | 961 | 372.31 | Multiplan | Multiplan | 768.8 | 80 | | | 89.85 | | 912.95 percent of total billed charges | |
| BKR CHG HIGH DEF QUALITITATIVE HLA CLASS I | 86832 | CPT | | | | outpatient | | | 961 | 372.31 | Wellcare | Medicare | 323.75 | | | | 89.85 | | 912.95 fee schedule | |
| BKR CHG HIGH DEF QUALITITATIVE HLA CLASS I | 86832 | CPT | | | | outpatient | | | 961 | 372.31 | Aetna | Better Health | 303.2 | 31.55 | | | 89.85 | | 912.95 percent of total billed charges | |
| BKR CHG HIGH DEF QUALITITATIVE HLA CLASS I | 86832 | CPT | | | | outpatient | | | 961 | 372.31 | Americare | Americare | 720.75 | 75 | | | 89.85 | | 912.95 percent of total billed charges | |
| BKR CHG HIGH DEF QUALITITATIVE HLA CLASS I | 86832 | CPT | | | | outpatient | | | 961 | 372.31 | Corrections | Corrections | 768.8 | 80 | | | 89.85 | | 912.95 percent of total billed charges | |
| BKR CHG HIGH DEF QUALITITATIVE HLA CLASS I | 86832 | CPT | | | | outpatient | | | 961 | 372.31 | Aetna | Medicare | 295.99 | 30.8 | | | 89.85 | | 912.95 percent of total billed charges | |
| BKR CHG HIGH DEF QUALITITATIVE HLA CLASS I | 86832 | CPT | | | | outpatient | | | 961 | 372.31 | First Health | First Health | 672.7 | 70 | | | 89.85 | | 912.95 percent of total billed charges | |
| BKR CHG HIGH DEF QUALITITATIVE HLA CLASS I | 86832 | CPT | | | | outpatient | | | 961 | 372.31 | Wellcare | Medicaid | 259 | | | | 89.85 | | 912.95 fee schedule | |
| BKR CHG HIGH DEF QUALITITATIVE HLA CLASS I | 86832 | CPT | | | | outpatient | | | 961 | 372.31 | Qualcare | Qualcare | 720.75 | 75 | | | 89.85 | | 912.95 percent of total billed charges | |
| BKR CHG HIGH DEF QUALITITATIVE HLA CLASS I | 86832 | CPT | | | | outpatient | | | 961 | 372.31 | WellPoint | WellPoint | 309.25 | 32.18 | | | 89.85 | | 912.95 percent of total billed charges | |
| BKR CHG HIGH DEF QUALITITATIVE HLA CLASS I | 86832 | CPT | | | | outpatient | | | 961 | 372.31 | Amerihealth | Medicare | 323.75 | | | | 89.85 | | 912.95 fee schedule | |
| BKR CHG HIGH DEF QUALITITATIVE HLA CLASS I | 86832 | CPT | | | | outpatient | | | 961 | 372.31 | Horizon | MGD | 367.87 | 38.28 | | | 89.85 | | 912.95 percent of total billed charges | |
| BKR CHG HIGH DEF QUALITITATIVE HLA CLASS I | 86832 | CPT | | | | outpatient | | | 961 | 372.31 | Horizon | Indemnity | 367.87 | 38.28 | | | 89.85 | | 912.95 percent of total billed charges | |
| BKR CHG HIGH DEF QUALITITATIVE HLA CLASS I | 86832 | CPT | | | | outpatient | | | 961 | 372.31 | Amerihealth | HMO/PPO | 89.85 | | | | 89.85 | | 912.95 fee schedule | |
| BKR CHG HIGH DEF QUALITITATIVE HLA CLASS I | 86832 | CPT | | | | outpatient | | | 961 | 372.31 | Consumer | Consumer | 912.95 | 95 | | | 89.85 | | 912.95 percent of total billed charges | |
| BKR CHG HIGH DEF QUALITITATIVE HLA CLASS I | 86832 | CPT | | | | outpatient | | | 961 | 372.31 | UHC | Medicare | 323.75 | | | | 89.85 | | 912.95 fee schedule | |
| BKR CHG HIGH DEF QUALITITATIVE HLA CLASS I | 86832 | CPT | | | | outpatient | | | 961 | 372.31 | Horizon | Medicare Blue | 288.3 | 30 | | | 89.85 | | 912.95 percent of total billed charges | |
| BKR CHG HIGH DEF QUALITITATIVE HLA CLASS I | 86832 | CPT | | | | outpatient | | | 961 | 372.31 | First Trenton | First Trenton | 864.9 | 90 | | | 89.85 | | 912.95 percent of total billed charges | |
| BKR CHG HIGH DEF QUALITITATIVE HLA CLASS I | 86832 | CPT | | | | outpatient | | | 961 | 372.31 | UHC | Medicaid | 259 | | | | 89.85 | | 912.95 fee schedule | |
| BKR CHG HIGH DEF QUALITITATIVE HLA CLASS I | 86832 | CPT | | | | outpatient | | | 961 | 372.31 | Horizon | NJ Health | 227.87 | | | | 89.85 | | 912.95 fee schedule | |
| BKR CHG HIGH DEF QUALITITATIVE HLA CLASS I | 86832 | CPT | | | | outpatient | | | 961 | 372.31 | Horizon | PPO | 367.87 | 38.28 | | | 89.85 | | 912.95 percent of total billed charges | |
| BKR CHG HIGH DEF QUALITITATIVE HLA CLASS I | 86832 | CPT | | | | outpatient | | | 961 | 372.31 | Managed Care Inc | Managed Care Inc | 864.9 | 90 | | | 89.85 | | 912.95 percent of total billed charges | |
| BKR CHG HIGH DEF QUALITITATIVE HLA CLASS I | 86832 | CPT | | | | outpatient | | | 961 | 372.31 | Three Rivers | Three Rivers | 912.95 | 95 | | | 89.85 | | 912.95 percent of total billed charges | |
| BKR CHG HLA CLASS II AB | 86833 | CPT | | | | outpatient | | | 883 | 374.67 | Horizon | MGD | 338.01 | 38.28 | | | 81.69 | | 838.85 percent of total billed charges | |
| BKR CHG HLA CLASS II AB | 86833 | CPT | | | | outpatient | | | 883 | 374.67 | Consumer | Consumer | 838.85 | 95 | | | 81.69 | | 838.85 percent of total billed charges | |
| BKR CHG HLA CLASS II AB | 86833 | CPT | | | | outpatient | | | 883 | 374.67 | UHC | Medicare | 325.8 | | | | 81.69 | | 838.85 fee schedule | |
| BKR CHG HLA CLASS II AB | 86833 | CPT | | | | outpatient | | | 883 | 374.67 | Aetna | Medicare | 271.96 | 30.8 | | | 81.69 | | 838.85 percent of total billed charges | |
| BKR CHG HLA CLASS II AB | 86833 | CPT | | | | outpatient | | | 883 | 374.67 | Americare | Americare | 662.25 | 75 | | | 81.69 | | 838.85 percent of total billed charges | |
| BKR CHG HLA CLASS II AB | 86833 | CPT | | | | outpatient | | | 883 | 374.67 | Horizon | Indemnity | 338.01 | 38.28 | | | 81.69 | | 838.85 percent of total billed charges | |
| BKR CHG HLA CLASS II AB | 86833 | CPT | | | | outpatient | | | 883 | 374.67 | Aetna | Better Health | 278.59 | 31.55 | | | 81.69 | | 838.85 percent of total billed charges | |
| BKR CHG HLA CLASS II AB | 86833 | CPT | | | | outpatient | | | 883 | 374.67 | Amerihealth | Medicare | 325.8 | | | | 81.69 | | 838.85 fee schedule | |
| BKR CHG HLA CLASS II AB | 86833 | CPT | | | | outpatient | | | 883 | 374.67 | Amerihealth | HMO/PPO | 81.69 | | | | 81.69 | | 838.85 fee schedule | |
| BKR CHG HLA CLASS II AB | 86833 | CPT | | | | outpatient | | | 883 | 374.67 | First Health | First Health | 618.1 | 70 | | | 81.69 | | 838.85 percent of total billed charges | |
| BKR CHG HLA CLASS II AB | 86833 | CPT | | | | outpatient | | | 883 | 374.67 | Wellcare | Medicare | 325.8 | | | | 81.69 | | 838.85 fee schedule | |
| BKR CHG HLA CLASS II AB | 86833 | CPT | | | | outpatient | | | 883 | 374.67 | First Trenton | First Trenton | 794.7 | 90 | | | 81.69 | | 838.85 percent of total billed charges | |
| BKR CHG HLA CLASS II AB | 86833 | CPT | | | | outpatient | | | 883 | 374.67 | Multiplan | Multiplan | 706.4 | 80 | | | 81.69 | | 838.85 percent of total billed charges | |
| BKR CHG HLA CLASS II AB | 86833 | CPT | | | | outpatient | | | 883 | 374.67 | Corrections | Corrections | 706.4 | 80 | | | 81.69 | | 838.85 percent of total billed charges | |
| BKR CHG HLA CLASS II AB | 86833 | CPT | | | | outpatient | | | 883 | 374.67 | Horizon | Medicare Blue | 264.9 | 30 | | | 81.69 | | 838.85 percent of total billed charges | |
| BKR CHG HLA CLASS II AB | 86833 | CPT | | | | outpatient | | | 883 | 374.67 | Horizon | NJ Health | 207.15 | | | | 81.69 | | 838.85 fee schedule | |
| BKR CHG HLA CLASS II AB | 86833 | CPT | | | | outpatient | | | 883 | 374.67 | Qualcare | Qualcare | 662.25 | 75 | | | 81.69 | | 838.85 percent of total billed charges | |
| BKR CHG HLA CLASS II AB | 86833 | CPT | | | | outpatient | | | 883 | 374.67 | WellPoint | WellPoint | 284.15 | 32.18 | | | 81.69 | | 838.85 percent of total billed charges | |
| BKR CHG HLA CLASS II AB | 86833 | CPT | | | | outpatient | | | 883 | 374.67 | UHC | Medicaid | 260.64 | | | | 81.69 | | 838.85 fee schedule | |
| BKR CHG HLA CLASS II AB | 86833 | CPT | | | | outpatient | | | 883 | 374.67 | Horizon | PPO | 338.01 | 38.28 | | | 81.69 | | 838.85 percent of total billed charges | |
| BKR CHG HLA CLASS II AB | 86833 | CPT | | | | outpatient | | | 883 | 374.67 | Managed Care Inc | Managed Care Inc | 794.7 | 90 | | | 81.69 | | 838.85 percent of total billed charges | |
| BKR CHG HLA CLASS II AB | 86833 | CPT | | | | outpatient | | | 883 | 374.67 | Three Rivers | Three Rivers | 838.85 | 95 | | | 81.69 | | 838.85 percent of total billed charges | |
| BKR CHG HLA CLASS II AB | 86833 | CPT | | | | outpatient | | | 883 | 374.67 | Wellcare | Medicaid | 260.64 | | | | 81.69 | | 838.85 fee schedule | |
| BKR CHG UNLISTED IMMUNOLOGY PROCEDURE | 86849 | CPT | | | | outpatient | | | 574 | | Aetna | Medicare | 176.79 | 30.8 | | | 172.2 | | 545.3 percent of total billed charges | |
| BKR CHG UNLISTED IMMUNOLOGY PROCEDURE | 86849 | CPT | | | | outpatient | | | 574 | | Aetna | Better Health | 181.1 | 31.55 | | | 172.2 | | 545.3 percent of total billed charges | |
| BKR CHG UNLISTED IMMUNOLOGY PROCEDURE | 86849 | CPT | | | | outpatient | | | 574 | | Horizon | Medicare Blue | 172.2 | 30 | | | 172.2 | | 545.3 percent of total billed charges | |
| BKR CHG UNLISTED IMMUNOLOGY PROCEDURE | 86849 | CPT | | | | outpatient | | | 574 | | Amerihealth | HMO/PPO | 373.1 | 65 | | | 172.2 | | 545.3 percent of total billed charges | |
| BKR CHG UNLISTED IMMUNOLOGY PROCEDURE | 86849 | CPT | | | | outpatient | | | 574 | | Americare | Americare | 430.5 | 75 | | | 172.2 | | 545.3 percent of total billed charges | |
| BKR CHG UNLISTED IMMUNOLOGY PROCEDURE | 86849 | CPT | | | | outpatient | | | 574 | | Corrections | Corrections | 459.2 | 80 | | | 172.2 | | 545.3 percent of total billed charges | |
| BKR CHG UNLISTED IMMUNOLOGY PROCEDURE | 86849 | CPT | | | | outpatient | | | 574 | | First Trenton | First Trenton | 516.6 | 90 | | | 172.2 | | 545.3 percent of total billed charges | |
| BKR CHG UNLISTED IMMUNOLOGY PROCEDURE | 86849 | CPT | | | | outpatient | | | 574 | | Consumer | Consumer | 545.3 | 95 | | | 172.2 | | 545.3 percent of total billed charges | |
| BKR CHG UNLISTED IMMUNOLOGY PROCEDURE | 86849 | CPT | | | | outpatient | | | 574 | | Horizon | MGD | 219.73 | 38.28 | | | 172.2 | | 545.3 percent of total billed charges | |
| BKR CHG UNLISTED IMMUNOLOGY PROCEDURE | 86849 | CPT | | | | outpatient | | | 574 | | WellPoint | WellPoint | 184.71 | 32.18 | | | 172.2 | | 545.3 percent of total billed charges | |
| BKR CHG UNLISTED IMMUNOLOGY PROCEDURE | 86849 | CPT | | | | outpatient | | | 574 | | Horizon | Indemnity | 219.73 | 38.28 | | | 172.2 | | 545.3 percent of total billed charges | |
| BKR CHG UNLISTED IMMUNOLOGY PROCEDURE | 86849 | CPT | | | | outpatient | | | 574 | | First Health | First Health | 401.8 | 70 | | | 172.2 | | 545.3 percent of total billed charges | |
| BKR CHG UNLISTED IMMUNOLOGY PROCEDURE | 86849 | CPT | | | | outpatient | | | 574 | | Horizon | PPO | 219.73 | 38.28 | | | 172.2 | | 545.3 percent of total billed charges | |
| BKR CHG UNLISTED IMMUNOLOGY PROCEDURE | 86849 | CPT | | | | outpatient | | | 574 | | Three Rivers | Three Rivers | 545.3 | 95 | | | 172.2 | | 545.3 percent of total billed charges | |
| BKR CHG UNLISTED IMMUNOLOGY PROCEDURE | 86849 | CPT | | | | outpatient | | | 574 | | Managed Care Inc | Managed Care Inc | 516.6 | 90 | | | 172.2 | | 545.3 percent of total billed charges | |
| BKR CHG UNLISTED IMMUNOLOGY PROCEDURE | 86849 | CPT | | | | outpatient | | | 574 | | Multiplan | Multiplan | 459.2 | 80 | | | 172.2 | | 545.3 percent of total billed charges | |
| BKR CHG UNLISTED IMMUNOLOGY PROCEDURE | 86849 | CPT | | | | outpatient | | | 574 | | UHC | Medicaid | 181.1 | 31.55 | | | 172.2 | | 545.3 percent of total billed charges | |
| BKR CHG UNLISTED IMMUNOLOGY PROCEDURE | 86849 | CPT | | | | outpatient | | | 574 | | Qualcare | Qualcare | 430.5 | 75 | | | 172.2 | | 545.3 percent of total billed charges | |
| BKR CHG UNLISTED IMMUNOLOGY PROCEDURE | 86849 | CPT | | | | outpatient | | | 574 | | Wellcare | Medicaid | 181.1 | 31.55 | | | 172.2 | | 545.3 percent of total billed charges | |
| BKR CHG RBC LEUKO FILTER | 86850 | CPT | | | | both | | | 212 | 71.27 | Corrections | Corrections | 169.6 | 80 | | 38.49 | 4.2 | | 201.4 percent of total billed charges | |
| BKR CHG RBC LEUKO FILTER | 86850 | CPT | | | | both | | | 212 | 71.27 | First Health | First Health | 148.4 | 70 | | | 4.2 | | 201.4 percent of total billed charges | |
| BKR CHG RBC LEUKO FILTER | 86850 | CPT | | | | both | | | 212 | 71.27 | Aetna | Commercial | 80.56 | 38 | | 37.92 | 4.2 | | 201.4 percent of total billed charges | |
| BKR CHG RBC LEUKO FILTER | 86850 | CPT | | | | both | | | 212 | 71.27 | Horizon | Medicare Blue | 61.97 | | | 23.56 | 4.2 | | 201.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC LEUKO FILTER | 86850 | CPT | | | | both | | | 212 | 71.27 | Horizon | MGD | 119.91 | | | 45.34 | 4.2 | | 201.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC LEUKO FILTER | 86850 | CPT | | | | both | | | 212 | 71.27 | Aetna | Medicare | 61.97 | | | 24.75 | 4.2 | | 201.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC LEUKO FILTER | 86850 | CPT | | | | both | | | 212 | 71.27 | Americare | Americare | 159 | 75 | | | 4.2 | | 201.4 percent of total billed charges | |
| BKR CHG RBC LEUKO FILTER | 86850 | CPT | | | | both | | | 212 | 71.27 | Aetna | Better Health | 66.89 | 31.55 | | 44.54 | 4.2 | | 201.4 percent of total billed charges | |
| BKR CHG RBC LEUKO FILTER | 86850 | CPT | | | | both | | | 212 | 71.27 | Horizon | PPO | 119.91 | | | 39.98 | 4.2 | | 201.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC LEUKO FILTER | 86850 | CPT | | | | both | | | 212 | 71.27 | UHC | Medicaid | 4.2 | | | 43.13 | 4.2 | | 201.4 fee schedule | |
| BKR CHG RBC LEUKO FILTER | 86850 | CPT | | | | both | | | 212 | 71.27 | Amerihealth | Medicare | 9.77 | | | | 4.2 | | 201.4 fee schedule | |
| BKR CHG RBC LEUKO FILTER | 86850 | CPT | | | | both | | | 212 | 71.27 | UHC | Medicare | 61.97 | | | 22.47 | 4.2 | | 201.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC LEUKO FILTER | 86850 | CPT | | | | both | | | 212 | 71.27 | UHC | Medicare | 9.77 | | | 22.47 | 4.2 | | 201.4 fee schedule | |
| BKR CHG RBC LEUKO FILTER | 86850 | CPT | | | | both | | | 212 | 71.27 | Amerihealth | HMO/PPO | 7.8 | | | 21.33 | 4.2 | | 201.4 fee schedule | |
| BKR CHG RBC LEUKO FILTER | 86850 | CPT | | | | both | | | 212 | 71.27 | Three Rivers | Three Rivers | 201.4 | 95 | | | 4.2 | | 201.4 percent of total billed charges | |
| BKR CHG RBC LEUKO FILTER | 86850 | CPT | | | | both | | | 212 | 71.27 | Consumer | Consumer | 201.4 | 95 | | | 4.2 | | 201.4 percent of total billed charges | |
| BKR CHG RBC LEUKO FILTER | 86850 | CPT | | | | both | | | 212 | 71.27 | Wellcare | Medicaid | 4.2 | | | 41.4 | 4.2 | | 201.4 fee schedule | |
| BKR CHG RBC LEUKO FILTER | 86850 | CPT | | | | both | | | 212 | 71.27 | Multiplan | Multiplan | 169.6 | 80 | | | 4.2 | | 201.4 percent of total billed charges | |
| BKR CHG RBC LEUKO FILTER | 86850 | CPT | | | | both | | | 212 | 71.27 | Horizon | NJ Health | 8.23 | | | 12.99 | 4.2 | | 201.4 fee schedule | |
| BKR CHG RBC LEUKO FILTER | 86850 | CPT | | | | both | | | 212 | 71.27 | First Trenton | First Trenton | 190.8 | 90 | | | 4.2 | | 201.4 percent of total billed charges | |
| BKR CHG RBC LEUKO FILTER | 86850 | CPT | | | | both | | | 212 | 71.27 | Wellcare | Medicare | 9.77 | | | 20.7 | 4.2 | | 201.4 fee schedule | |
| BKR CHG RBC LEUKO FILTER | 86850 | CPT | | | | both | | | 212 | 71.27 | Qualcare | Qualcare | 159 | 75 | | | 4.2 | | 201.4 percent of total billed charges | |
| BKR CHG RBC LEUKO FILTER | 86850 | CPT | | | | both | | | 212 | 71.27 | Horizon | Indemnity | 119.91 | | | 40.02 | 4.2 | | 201.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG RBC LEUKO FILTER | 86850 | CPT | | | | both | | | 212 | 71.27 | WellPoint | | 68.22 | 32.18 | | 38.2 | 4.2 | 201.4 | percent of total billed charges | |
| BKR CHG RBC LEUKO FILTER | 86850 | CPT | | | | both | | | 212 | 71.27 | Managed Care Inc | Managed Care Inc | 190.8 | 90 | | | 4.2 | 201.4 | percent of total billed charges | |
| BKR CHG RBC LEUKO FILTER | 86850 | CPT | | | | both | | | 212 | 71.27 | Wellcare | Medicare | 61.97 | | | 20.7 | 4.2 | 201.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIBODY ELUTION (RBC) EA ELUT | 86860 | CPT | | | | both | | | 491 | 224.64 | Aetna | Commercial | 186.58 | 38 | | | 4.2 | 466.45 | percent of total billed charges | |
| BKR CHG ANTIBODY ELUTION (RBC) EA ELUT | 86860 | CPT | | | | both | | | 491 | 224.64 | Americare | Americare | 368.25 | 75 | | | 4.2 | 466.45 | percent of total billed charges | |
| BKR CHG ANTIBODY ELUTION (RBC) EA ELUT | 86860 | CPT | | | | both | | | 491 | 224.64 | Aetna | Medicare | 195.34 | | | | 4.2 | 466.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIBODY ELUTION (RBC) EA ELUT | 86860 | CPT | | | | both | | | 491 | 224.64 | Aetna | Better Health | 154.91 | 31.55 | | | 4.2 | 466.45 | percent of total billed charges | |
| BKR CHG ANTIBODY ELUTION (RBC) EA ELUT | 86860 | CPT | | | | both | | | 491 | 224.64 | First Health | First Health | 343.7 | 70 | | | 4.2 | 466.45 | percent of total billed charges | |
| BKR CHG ANTIBODY ELUTION (RBC) EA ELUT | 86860 | CPT | | | | both | | | 491 | 224.64 | Multiplan | Multiplan | 392.8 | 80 | | | 4.2 | 466.45 | percent of total billed charges | |
| BKR CHG ANTIBODY ELUTION (RBC) EA ELUT | 86860 | CPT | | | | both | | | 491 | 224.64 | Amerihealth | HMO/PPO | 17 | | | | 4.2 | 466.45 | fee schedule | |
| BKR CHG ANTIBODY ELUTION (RBC) EA ELUT | 86860 | CPT | | | | both | | | 491 | 224.64 | Corrections | Corrections | 392.8 | 80 | | | 4.2 | 466.45 | percent of total billed charges | |
| BKR CHG ANTIBODY ELUTION (RBC) EA ELUT | 86860 | CPT | | | | both | | | 491 | 224.64 | Horizon | PPO | 377.98 | | | | 4.2 | 466.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIBODY ELUTION (RBC) EA ELUT | 86860 | CPT | | | | both | | | 491 | 224.64 | Qualcare | Qualcare | 368.25 | 75 | | | 4.2 | 466.45 | percent of total billed charges | |
| BKR CHG ANTIBODY ELUTION (RBC) EA ELUT | 86860 | CPT | | | | both | | | 491 | 224.64 | First Trenton | First Trenton | 441.9 | 90 | | | 4.2 | 466.45 | percent of total billed charges | |
| BKR CHG ANTIBODY ELUTION (RBC) EA ELUT | 86860 | CPT | | | | both | | | 491 | 224.64 | Consumer | Consumer | 466.45 | 95 | | | 4.2 | 466.45 | percent of total billed charges | |
| BKR CHG ANTIBODY ELUTION (RBC) EA ELUT | 86860 | CPT | | | | both | | | 491 | 224.64 | Horizon | Indemnity | 377.98 | | | | 4.2 | 466.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIBODY ELUTION (RBC) EA ELUT | 86860 | CPT | | | | both | | | 491 | 224.64 | Wellcare | Medicare | 195.34 | | | | 4.2 | 466.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIBODY ELUTION (RBC) EA ELUT | 86860 | CPT | | | | both | | | 491 | 224.64 | UHC | Medicare | 195.34 | | | 75.55 | 4.2 | 466.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIBODY ELUTION (RBC) EA ELUT | 86860 | CPT | | | | both | | | 491 | 224.64 | Horizon | NJ Health | 9.06 | | | | 4.2 | 466.45 | fee schedule | |
| BKR CHG ANTIBODY ELUTION (RBC) EA ELUT | 86860 | CPT | | | | both | | | 491 | 224.64 | WellPoint | WellPoint | 158 | 32.18 | | | 4.2 | 466.45 | percent of total billed charges | |
| BKR CHG ANTIBODY ELUTION (RBC) EA ELUT | 86860 | CPT | | | | both | | | 491 | 224.64 | Three Rivers | Three Rivers | 466.45 | 95 | | | 4.2 | 466.45 | percent of total billed charges | |
| BKR CHG ANTIBODY ELUTION (RBC) EA ELUT | 86860 | CPT | | | | both | | | 491 | 224.64 | Horizon | MGD | 377.98 | | | | 4.2 | 466.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIBODY ELUTION (RBC) EA ELUT | 86860 | CPT | | | | both | | | 491 | 224.64 | UHC | Medicaid | 4.2 | | | 29.43 | 4.2 | 466.45 | fee schedule | |
| BKR CHG ANTIBODY ELUTION (RBC) EA ELUT | 86860 | CPT | | | | both | | | 491 | 224.64 | Horizon | Medicare Blue | 195.34 | | | | 4.2 | 466.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIBODY ELUTION (RBC) EA ELUT | 86860 | CPT | | | | both | | | 491 | 224.64 | Wellcare | Medicaid | 4.2 | | | | 4.2 | 466.45 | fee schedule | |
| BKR CHG ANTIBODY ELUTION (RBC) EA ELUT | 86860 | CPT | | | | both | | | 491 | 224.64 | Managed Care Inc | Managed Care Inc | 441.9 | 90 | | | 4.2 | 466.45 | percent of total billed charges | |
| BKR CHG ANTIBODY IDENTIFICATION | 86870 | CPT | | | | both | | | 911 | 472.75 | Horizon | Indemnity | 795.46 | | | 190.39 | 9 | 865.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIBODY IDENTIFICATION | 86870 | CPT | | | | both | | | 911 | 472.75 | First Trenton | First Trenton | 819.9 | 90 | | | 9 | 865.45 | percent of total billed charges | |
| BKR CHG ANTIBODY IDENTIFICATION | 86870 | CPT | | | | both | | | 911 | 472.75 | Horizon | MGD | 795.46 | | | 67.98 | 9 | 865.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIBODY IDENTIFICATION | 86870 | CPT | | | | both | | | 911 | 472.75 | First Health | First Health | 637.7 | 70 | | | 9 | 865.45 | percent of total billed charges | |
| BKR CHG ANTIBODY IDENTIFICATION | 86870 | CPT | | | | both | | | 911 | 472.75 | Horizon | Medicare Blue | 411.09 | | | 271.47 | 9 | 865.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIBODY IDENTIFICATION | 86870 | CPT | | | | both | | | 911 | 472.75 | Multiplan | Multiplan | 728.8 | 80 | | | 9 | 865.45 | percent of total billed charges | |
| BKR CHG ANTIBODY IDENTIFICATION | 86870 | CPT | | | | both | | | 911 | 472.75 | Aetna | Better Health | 287.42 | 31.55 | | 90.56 | 9 | 865.45 | percent of total billed charges | |
| BKR CHG ANTIBODY IDENTIFICATION | 86870 | CPT | | | | both | | | 911 | 472.75 | Aetna | Commercial | 346.18 | 38 | | 255.47 | 9 | 865.45 | percent of total billed charges | |
| BKR CHG ANTIBODY IDENTIFICATION | 86870 | CPT | | | | both | | | 911 | 472.75 | Horizon | NJ Health | 17.64 | | | 59.4 | 9 | 865.45 | fee schedule | |
| BKR CHG ANTIBODY IDENTIFICATION | 86870 | CPT | | | | both | | | 911 | 472.75 | Horizon | PPO | 795.46 | | | 291.63 | 9 | 865.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIBODY IDENTIFICATION | 86870 | CPT | | | | both | | | 911 | 472.75 | Three Rivers | Three Rivers | 865.45 | 95 | | | 9 | 865.45 | percent of total billed charges | |
| BKR CHG ANTIBODY IDENTIFICATION | 86870 | CPT | | | | both | | | 911 | 472.75 | Wellcare | Medicare | 411.09 | | | | 9 | 865.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIBODY IDENTIFICATION | 86870 | CPT | | | | both | | | 911 | 472.75 | Wellcare | Medicaid | 9 | | | 218.09 | 9 | 865.45 | fee schedule | |
| BKR CHG ANTIBODY IDENTIFICATION | 86870 | CPT | | | | both | | | 911 | 472.75 | Qualcare | Qualcare | 683.25 | 75 | | | 9 | 865.45 | percent of total billed charges | |
| BKR CHG ANTIBODY IDENTIFICATION | 86870 | CPT | | | | both | | | 911 | 472.75 | Aetna | Medicare | 411.09 | | | | 9 | 865.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIBODY IDENTIFICATION | 86870 | CPT | | | | both | | | 911 | 472.75 | Consumer | Consumer | 865.45 | 95 | | | 9 | 865.45 | percent of total billed charges | |
| BKR CHG ANTIBODY IDENTIFICATION | 86870 | CPT | | | | both | | | 911 | 472.75 | Americare | Americare | 683.25 | 75 | | | 9 | 865.45 | percent of total billed charges | |
| BKR CHG ANTIBODY IDENTIFICATION | 86870 | CPT | | | | both | | | 911 | 472.75 | Managed Care Inc | Managed Care Inc | 819.9 | 90 | | | 9 | 865.45 | percent of total billed charges | |
| BKR CHG ANTIBODY IDENTIFICATION | 86870 | CPT | | | | both | | | 911 | 472.75 | Amerihealth | HMO/PPO | 30.2 | | | | 9 | 865.45 | fee schedule | |
| BKR CHG ANTIBODY IDENTIFICATION | 86870 | CPT | | | | both | | | 911 | 472.75 | WellPoint | WellPoint | 293.16 | 32.18 | | 219.86 | 9 | 865.45 | percent of total billed charges | |
| BKR CHG ANTIBODY IDENTIFICATION | 86870 | CPT | | | | both | | | 911 | 472.75 | UHC | Medicaid | 9 | | | 220.46 | 9 | 865.45 | fee schedule | |
| BKR CHG ANTIBODY IDENTIFICATION | 86870 | CPT | | | | both | | | 911 | 472.75 | UHC | Medicare | 411.09 | | | 128.84 | 9 | 865.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIBODY IDENTIFICATION | 86870 | CPT | | | | both | | | 911 | 472.75 | Corrections | Corrections | 728.8 | 80 | | 72.84 | 9 | 865.45 | percent of total billed charges | |
| BKR CHG DAT POLY | 86880 | CPT | | | | both | | | 258 | 80.45 | Aetna | Better Health | 81.4 | 31.55 | | | 5 | 245.1 | percent of total billed charges | |
| BKR CHG DAT POLY | 86880 | CPT | | | | both | | | 258 | 80.45 | Americare | Americare | 193.5 | 75 | | | 5 | 245.1 | percent of total billed charges | |
| BKR CHG DAT POLY | 86880 | CPT | | | | both | | | 258 | 80.45 | Aetna | Medicare | 69.96 | | | | 5 | 245.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG DAT POLY | 86880 | CPT | | | | both | | | 258 | 80.45 | Amerihealth | Medicare | 5.39 | | | | 5 | 245.1 | fee schedule | |
| BKR CHG DAT POLY | 86880 | CPT | | | | both | | | 258 | 80.45 | First Health | First Health | 180.6 | 70 | | | 5 | 245.1 | percent of total billed charges | |
| BKR CHG DAT POLY | 86880 | CPT | | | | both | | | 258 | 80.45 | Horizon | Medicare Blue | 69.96 | | | 15.35 | 5 | 245.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG DAT POLY | 86880 | CPT | | | | both | | | 258 | 80.45 | Aetna | Commercial | 98.04 | 38 | | | 5 | 245.1 | percent of total billed charges | |
| BKR CHG DAT POLY | 86880 | CPT | | | | both | | | 258 | 80.45 | First Trenton | First Trenton | 232.2 | 90 | | | 5 | 245.1 | percent of total billed charges | |
| BKR CHG DAT POLY | 86880 | CPT | | | | both | | | 258 | 80.45 | Amerihealth | HMO/PPO | 8.4 | | | | 5 | 245.1 | fee schedule | |
| BKR CHG DAT POLY | 86880 | CPT | | | | both | | | 258 | 80.45 | Consumer | Consumer | 245.1 | 95 | | | 5 | 245.1 | percent of total billed charges | |
| BKR CHG DAT POLY | 86880 | CPT | | | | both | | | 258 | 80.45 | Corrections | Corrections | 206.4 | 80 | | | 5 | 245.1 | percent of total billed charges | |
| BKR CHG DAT POLY | 86880 | CPT | | | | both | | | 258 | 80.45 | Horizon | Indemnity | 135.37 | | | | 5 | 245.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG DAT POLY | 86880 | CPT | | | | both | | | 258 | 80.45 | Horizon | MGD | 135.37 | | | | 5 | 245.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG DAT POLY | 86880 | CPT | | | | both | | | 258 | 80.45 | Multiplan | Multiplan | 206.4 | 80 | | | 5 | 245.1 | percent of total billed charges | |
| BKR CHG DAT POLY | 86880 | CPT | | | | both | | | 258 | 80.45 | UHC | Medicaid | 5 | | | 59.99 | 5 | 245.1 | fee schedule | |
| BKR CHG DAT POLY | 86880 | CPT | | | | both | | | 258 | 80.45 | Managed Care Inc | Managed Care Inc | 232.2 | 90 | | | 5 | 245.1 | percent of total billed charges | |
| BKR CHG DAT POLY | 86880 | CPT | | | | both | | | 258 | 80.45 | UHC | Medicare | 5.39 | | | 37.39 | 5 | 245.1 | fee schedule | |
| BKR CHG DAT POLY | 86880 | CPT | | | | both | | | 258 | 80.45 | Horizon | NJ Health | 9.8 | | | 8.23 | 5 | 245.1 | fee schedule | |
| BKR CHG DAT POLY | 86880 | CPT | | | | both | | | 258 | 80.45 | Wellcare | Medicare | 5.39 | | | | 5 | 245.1 | fee schedule | |
| BKR CHG DAT POLY | 86880 | CPT | | | | both | | | 258 | 80.45 | Horizon | PPO | 135.37 | | | | 5 | 245.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG DAT POLY | 86880 | CPT | | | | both | | | 258 | 80.45 | Qualcare | Qualcare | 193.5 | 75 | | | 5 | 245.1 | percent of total billed charges | |
| BKR CHG DAT POLY | 86880 | CPT | | | | both | | | 258 | 80.45 | UHC | Medicare | 69.96 | | | 37.39 | 5 | 245.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG DAT POLY | 86880 | CPT | | | | both | | | 258 | 80.45 | Three Rivers | Three Rivers | 245.1 | 95 | | | 5 | 245.1 | percent of total billed charges | |
| BKR CHG DAT POLY | 86880 | CPT | | | | both | | | 258 | 80.45 | Wellcare | Medicaid | 5 | | | | 5 | 245.1 | fee schedule | |
| BKR CHG DAT POLY | 86880 | CPT | | | | both | | | 258 | 80.45 | WellPoint | WellPoint | 83.02 | 32.18 | | 80.22 | 5 | 245.1 | percent of total billed charges | |
| BKR CHG DAT POLY | 86880 | CPT | | | | both | | | 258 | 80.45 | Wellcare | Medicare | 69.96 | | | | 5 | 245.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIHMN GLB TST INDIR EA RGT RED CL | 86885 | CPT | | | | outpatient | | | 453 | 224.64 | Aetna | Medicare | 195.34 | | | | 5.72 | 430.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIHMN GLB TST INDIR EA RGT RED CL | 86885 | CPT | | | | outpatient | | | 453 | 224.64 | First Trenton | First Trenton | 407.7 | 90 | | | 5.72 | 430.35 | percent of total billed charges | |
| BKR CHG ANTIHMN GLB TST INDIR EA RGT RED CL | 86885 | CPT | | | | outpatient | | | 453 | 224.64 | Aetna | Better Health | 142.92 | 31.55 | | | 5.72 | 430.35 | percent of total billed charges | |
| BKR CHG ANTIHMN GLB TST INDIR EA RGT RED CL | 86885 | CPT | | | | outpatient | | | 453 | 224.64 | Wellcare | Medicaid | 6.8 | | | | 5.72 | 430.35 | fee schedule | |
| BKR CHG ANTIHMN GLB TST INDIR EA RGT RED CL | 86885 | CPT | | | | outpatient | | | 453 | 224.64 | Aetna | Commercial | 172.14 | 38 | | | 5.72 | 430.35 | percent of total billed charges | |
| BKR CHG ANTIHMN GLB TST INDIR EA RGT RED CL | 86885 | CPT | | | | outpatient | | | 453 | 224.64 | Qualcare | Qualcare | 339.75 | 75 | | | 5.72 | 430.35 | percent of total billed charges | |
| BKR CHG ANTIHMN GLB TST INDIR EA RGT RED CL | 86885 | CPT | | | | outpatient | | | 453 | 224.64 | First Health | First Health | 317.1 | 70 | | | 5.72 | 430.35 | percent of total billed charges | |
| BKR CHG ANTIHMN GLB TST INDIR EA RGT RED CL | 86885 | CPT | | | | outpatient | | | 453 | 224.64 | Americare | Americare | 339.75 | 75 | | | 5.72 | 430.35 | percent of total billed charges | |
| BKR CHG ANTIHMN GLB TST INDIR EA RGT RED CL | 86885 | CPT | | | | outpatient | | | 453 | 224.64 | Horizon | MGD | 377.98 | | | | 5.72 | 430.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIHMN GLB TST INDIR EA RGT RED CL | 86885 | CPT | | | | outpatient | | | 453 | 224.64 | Wellcare | Medicare | 5.72 | | | | 5.72 | 430.35 | fee schedule | |
| BKR CHG ANTIHMN GLB TST INDIR EA RGT RED CL | 86885 | CPT | | | | outpatient | | | 453 | 224.64 | Consumer | Consumer | 430.35 | 95 | | | 5.72 | 430.35 | percent of total billed charges | |
| BKR CHG ANTIHMN GLB TST INDIR EA RGT RED CL | 86885 | CPT | | | | outpatient | | | 453 | 224.64 | Amerihealth | HMO/PPO | 8.9 | | | | 5.72 | 430.35 | fee schedule | |
| BKR CHG ANTIHMN GLB TST INDIR EA RGT RED CL | 86885 | CPT | | | | outpatient | | | 453 | 224.64 | UHC | Medicaid | 6.8 | | | | 5.72 | 430.35 | fee schedule | |
| BKR CHG ANTIHMN GLB TST INDIR EA RGT RED CL | 86885 | CPT | | | | outpatient | | | 453 | 224.64 | UHC | Medicare | 5.72 | | | | 5.72 | 430.35 | fee schedule | |
| BKR CHG ANTIHMN GLB TST INDIR EA RGT RED CL | 86885 | CPT | | | | outpatient | | | 453 | 224.64 | Horizon | Medicare Blue | 195.34 | | | | 5.72 | 430.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIHMN GLB TST INDIR EA RGT RED CL | 86885 | CPT | | | | outpatient | | | 453 | 224.64 | Amerihealth | Medicare | 5.72 | | | | 5.72 | 430.35 | fee schedule | |
| BKR CHG ANTIHMN GLB TST INDIR EA RGT RED CL | 86885 | CPT | | | | outpatient | | | 453 | 224.64 | Corrections | Corrections | 362.4 | 80 | | | 5.72 | 430.35 | percent of total billed charges | |
| BKR CHG ANTIHMN GLB TST INDIR EA RGT RED CL | 86885 | CPT | | | | outpatient | | | 453 | 224.64 | Wellcare | Medicare | 195.34 | | | | 5.72 | 430.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIHMN GLB TST INDIR EA RGT RED CL | 86885 | CPT | | | | outpatient | | | 453 | 224.64 | Multiplan | Multiplan | 362.4 | 80 | | | 5.72 | 430.35 | percent of total billed charges | |
| BKR CHG ANTIHMN GLB TST INDIR EA RGT RED CL | 86885 | CPT | | | | outpatient | | | 453 | 224.64 | UHC | Medicare | 195.34 | | | | 5.72 | 430.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIHMN GLB TST INDIR EA RGT RED CL | 86885 | CPT | | | | outpatient | | | 453 | 224.64 | Horizon | Indemnity | 377.98 | | | | 5.72 | 430.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIHMN GLB TST INDIR EA RGT RED CL | 86885 | CPT | | | | outpatient | | | 453 | 224.64 | WellPoint | WellPoint | 145.78 | 32.18 | | | 5.72 | 430.35 | percent of total billed charges | |
| BKR CHG ANTIHMN GLB TST INDIR EA RGT RED CL | 86885 | CPT | | | | outpatient | | | 453 | 224.64 | Three Rivers | Three Rivers | 430.35 | 95 | | | 5.72 | 430.35 | percent of total billed charges | |
| BKR CHG ANTIHMN GLB TST INDIR EA RGT RED CL | 86885 | CPT | | | | outpatient | | | 453 | 224.64 | Horizon | NJ Health | 13.33 | | | | 5.72 | 430.35 | fee schedule | |
| BKR CHG ANTIHMN GLB TST INDIR EA RGT RED CL | 86885 | CPT | | | | outpatient | | | 453 | 224.64 | Horizon | PPO | 377.98 | | | | 5.72 | 430.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIHMN GLB TST INDIR EA RGT RED CL | 86885 | CPT | | | | outpatient | | | 453 | 224.64 | Managed Care Inc | Managed Care Inc | 407.7 | 90 | | | 5.72 | 430.35 | percent of total billed charges | |
| BKR CHG ANTIHMN GLB TST INDIR EA ANT | 86886 | CPT | | | | both | | | 453 | 224.64 | First Health | First Health | 317.1 | 70 | | | 5 | 430.35 | percent of total billed charges | |
| BKR CHG ANTIHMN GLB TST INDIR EA ANT | 86886 | CPT | | | | both | | | 453 | 224.64 | Horizon | Indemnity | 377.98 | | | | 5 | 430.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIHMN GLB TST INDIR EA ANT | 86886 | CPT | | | | both | | | 453 | 224.64 | Corrections | Corrections | 362.4 | 80 | | | 5 | 430.35 | percent of total billed charges | |
| BKR CHG ANTIHMN GLB TST INDIR EA ANT | 86886 | CPT | | | | both | | | 453 | 224.64 | Americare | Americare | 339.75 | 75 | | | 5 | 430.35 | percent of total billed charges | |
| BKR CHG ANTIHMN GLB TST INDIR EA ANT | 86886 | CPT | | | | both | | | 453 | 224.64 | Amerihealth | Medicare | 5.18 | | | | 5 | 430.35 | fee schedule | |
| BKR CHG ANTIHMN GLB TST INDIR EA ANT | 86886 | CPT | | | | both | | | 453 | 224.64 | Horizon | Medicare Blue | 195.34 | | | | 5 | 430.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIHMN GLB TST INDIR EA ANT | 86886 | CPT | | | | both | | | 453 | 224.64 | Aetna | Better Health | 142.92 | 31.55 | | | 5 | 430.35 | percent of total billed charges | |
| BKR CHG ANTIHMN GLB TST INDIR EA ANT | 86886 | CPT | | | | both | | | 453 | 224.64 | Aetna | Medicare | 195.34 | | | | 5 | 430.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIHMN GLB TST INDIR EA ANT | 86886 | CPT | | | | both | | | 453 | 224.64 | Wellcare | Medicare | 195.34 | | | | 5 | 430.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIHMN GLB TST INDIR EA ANT | 86886 | CPT | | | | both | | | 453 | 224.64 | Horizon | PPO | 377.98 | | | | 5 | 430.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIHMN GLB TST INDIR EA ANT | 86886 | CPT | | | | both | | | 453 | 224.64 | Wellcare | Medicaid | 5 | | | | 5 | 430.35 | fee schedule | |
| BKR CHG ANTIHMN GLB TST INDIR EA ANT | 86886 | CPT | | | | both | | | 453 | 224.64 | Amerihealth | HMO/PPO | 8.1 | | | | 5 | 430.35 | fee schedule | |
| BKR CHG ANTIHMN GLB TST INDIR EA ANT | 86886 | CPT | | | | both | | | 453 | 224.64 | Consumer | Consumer | 430.35 | 95 | | | 5 | 430.35 | percent of total billed charges | |
| BKR CHG ANTIHMN GLB TST INDIR EA ANT | 86886 | CPT | | | | both | | | 453 | 224.64 | Horizon | NJ Health | 9.8 | | | 38.14 | 5 | 430.35 | fee schedule | |
| BKR CHG ANTIHMN GLB TST INDIR EA ANT | 86886 | CPT | | | | both | | | 453 | 224.64 | Aetna | Commercial | 172.14 | 38 | | | 5 | 430.35 | percent of total billed charges | |
| BKR CHG ANTIHMN GLB TST INDIR EA ANT | 86886 | CPT | | | | both | | | 453 | 224.64 | UHC | Medicaid | 5 | | | | 5 | 430.35 | fee schedule | |
| BKR CHG ANTIHMN GLB TST INDIR EA ANT | 86886 | CPT | | | | both | | | 453 | 224.64 | First Trenton | First Trenton | 407.7 | 90 | | | 5 | 430.35 | percent of total billed charges | |
| BKR CHG ANTIHMN GLB TST INDIR EA ANT | 86886 | CPT | | | | both | | | 453 | 224.64 | WellPoint | WellPoint | 145.78 | 32.18 | | | 5 | 430.35 | percent of total billed charges | |
| BKR CHG ANTIHMN GLB TST INDIR EA ANT | 86886 | CPT | | | | both | | | 453 | 224.64 | Multiplan | Multiplan | 362.4 | 80 | | | 5 | 430.35 | percent of total billed charges | |
| BKR CHG ANTIHMN GLB TST INDIR EA ANT | 86886 | CPT | | | | both | | | 453 | 224.64 | Wellcare | Medicare | 5.18 | | | | 5 | 430.35 | fee schedule | |
| BKR CHG ANTIHMN GLB TST INDIR EA ANT | 86886 | CPT | | | | both | | | 453 | 224.64 | Horizon | MGD | 377.98 | | | | 5 | 430.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIHMN GLB TST INDIR EA ANT | 86886 | CPT | | | | both | | | 453 | 224.64 | UHC | Medicare | 5.18 | | | | 5 | 430.35 | fee schedule | |
| BKR CHG ANTIHMN GLB TST INDIR EA ANT | 86886 | CPT | | | | both | | | 453 | 224.64 | Qualcare | Qualcare | 339.75 | 75 | | | 5 | 430.35 | percent of total billed charges | |
| BKR CHG ANTIHMN GLB TST INDIR EA ANT | 86886 | CPT | | | | both | | | 453 | 224.64 | UHC | Medicare | 195.34 | | | | 5 | 430.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG ANTIHMN GLB TST INDIR EA ANT | 86886 | CPT | | | | both | | | 453 | 224.64 | Managed Care Inc | Managed Care Inc | 407.7 | 90 | | | 5 | 430.35 | percent of total billed charges | |
| BKR CHG ANTIHMN GLB TST INDIR EA ANT | 86886 | CPT | | | | both | | | 453 | 224.64 | Three Rivers | Three Rivers | 430.35 | 95 | | | 5 | 430.35 | percent of total billed charges | |
| BKR CHG AUTOLOGUS BLD OR COMPONENT | 86890 | CPT | | | | outpatient | | | 1089 | 224.64 | Wellcare | Medicare | 195.34 | | | | 31.14 | 1034.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG AUTOLOGUS BLD OR COMPONENT | 86890 | CPT | | | | outpatient | | | 1089 | 224.64 | First Trenton | First Trenton | 980.1 | 90 | | | 31.14 | 1034.55 | percent of total billed charges | |
| BKR CHG AUTOLOGUS BLD OR COMPONENT | 86890 | CPT | | | | outpatient | | | 1089 | 224.64 | Aetna | Better Health | 343.58 | 31.55 | | | 31.14 | 1034.55 | percent of total billed charges | |
| BKR CHG AUTOLOGUS BLD OR COMPONENT | 86890 | CPT | | | | outpatient | | | 1089 | 224.64 | Aetna | Commercial | 413.82 | 38 | | | 31.14 | 1034.55 | percent of total billed charges | |
| BKR CHG AUTOLOGUS BLD OR COMPONENT | 86890 | CPT | | | | outpatient | | | 1089 | 224.64 | Amerihealth | HMO/PPO | 31.14 | | | | 31.14 | 1034.55 | fee schedule | |
| BKR CHG AUTOLOGUS BLD OR COMPONENT | 86890 | CPT | | | | outpatient | | | 1089 | 224.64 | Americare | Americare | 816.75 | 75 | | | 31.14 | 1034.55 | percent of total billed charges | |
| BKR CHG AUTOLOGUS BLD OR COMPONENT | 86890 | CPT | | | | outpatient | | | 1089 | 224.64 | Consumer | Consumer | 1034.55 | 95 | | | 31.14 | 1034.55 | percent of total billed charges | |
| BKR CHG AUTOLOGUS BLD OR COMPONENT | 86890 | CPT | | | | outpatient | | | 1089 | 224.64 | Aetna | Medicare | 195.34 | | | | 31.14 | 1034.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG AUTOLOGUS BLD OR COMPONENT | 86890 | CPT | | | | outpatient | | | 1089 | 224.64 | Horizon | MGD | 377.98 | | | | 31.14 | 1034.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG AUTOLOGUS BLD OR COMPONENT | 86890 | CPT | | | | outpatient | | | 1089 | 224.64 | Horizon | Indemnity | 377.98 | | | | 31.14 | 1034.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG AUTOLOGUS BLD OR COMPONENT | 86890 | CPT | | | | outpatient | | | 1089 | 224.64 | Horizon | PPO | 377.98 | | | | 31.14 | 1034.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG AUTOLOGUS BLD OR COMPONENT | 86890 | CPT | | | | outpatient | | | 1089 | 224.64 | Multiplan | Multiplan | 871.2 | 80 | | | 31.14 | 1034.55 | percent of total billed charges | |
| BKR CHG AUTOLOGUS BLD OR COMPONENT | 86890 | CPT | | | | outpatient | | | 1089 | 224.64 | UHC | Medicare | 195.34 | | | | 31.14 | 1034.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG AUTOLOGUS BLD OR COMPONENT | 86890 | CPT | | | | outpatient | | | 1089 | 224.64 | Three Rivers | Three Rivers | 1034.55 | 95 | | | 31.14 | 1034.55 | percent of total billed charges | |
| BKR CHG AUTOLOGUS BLD OR COMPONENT | 86890 | CPT | | | | outpatient | | | 1089 | 224.64 | First Health | First Health | 762.3 | 70 | | | 31.14 | 1034.55 | percent of total billed charges | |
| BKR CHG AUTOLOGUS BLD OR COMPONENT | 86890 | CPT | | | | outpatient | | | 1089 | 224.64 | Corrections | Corrections | 871.2 | 80 | | | 31.14 | 1034.55 | percent of total billed charges | |
| BKR CHG AUTOLOGUS BLD OR COMPONENT | 86890 | CPT | | | | outpatient | | | 1089 | 224.64 | Wellcare | Medicaid | 75 | | | | 31.14 | 1034.55 | fee schedule | |
| BKR CHG AUTOLOGUS BLD OR COMPONENT | 86890 | CPT | | | | outpatient | | | 1089 | 224.64 | Horizon | Medicare Blue | 195.34 | | | | 31.14 | 1034.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG AUTOLOGUS BLD OR COMPONENT | 86890 | CPT | | | | outpatient | | | 1089 | 224.64 | Qualcare | Qualcare | 816.75 | 75 | | | 31.14 | 1034.55 | percent of total billed charges | |
| BKR CHG AUTOLOGUS BLD OR COMPONENT | 86890 | CPT | | | | outpatient | | | 1089 | 224.64 | Horizon | NJ Health | 58.9 | | | | 31.14 | 1034.55 | fee schedule | |
| BKR CHG AUTOLOGUS BLD OR COMPONENT | 86890 | CPT | | | | outpatient | | | 1089 | 224.64 | UHC | Medicaid | 75 | | | | 31.14 | 1034.55 | fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG AUTOLOGUS BLD OR COMPONENT | 86890 | CPT | | | | outpatient | | | 1089 | 224.64 | Managed Care Inc | Managed Care Inc | 980.1 | 90 | | | 31.14 | 1034.55 | percent of total billed charges | |
| BKR CHG AUTOLOGUS BLD OR COMPONENT | 86890 | CPT | | | | outpatient | | | 1089 | 224.64 | WellPoint | WellPoint | 350.44 | 32.18 | | | 31.14 | 1034.55 | percent of total billed charges | |
| BKR CHG AUTOLOG BLD INTRA/POST OPER SA | 86891 | CPT | | | | both | | | 2674 | 1130.94 | First Trenton | First Trenton | 2406.6 | 90 | | | 8.88 | 2540.3 | percent of total billed charges | |
| BKR CHG AUTOLOG BLD INTRA/POST OPER SA | 86891 | CPT | | | | both | | | 2674 | 1130.94 | First Health | First Health | 1871.8 | 70 | | | 8.88 | 2540.3 | percent of total billed charges | |
| BKR CHG AUTOLOG BLD INTRA/POST OPER SA | 86891 | CPT | | | | both | | | 2674 | 1130.94 | Americare | Americare | 2005.5 | 75 | | | 8.88 | 2540.3 | percent of total billed charges | |
| BKR CHG AUTOLOG BLD INTRA/POST OPER SA | 86891 | CPT | | | | both | | | 2674 | 1130.94 | Aetna | Commercial | 1016.12 | 38 | | | 8.88 | 2540.3 | percent of total billed charges | |
| BKR CHG AUTOLOG BLD INTRA/POST OPER SA | 86891 | CPT | | | | both | | | 2674 | 1130.94 | UHC | Medicare | 983.43 | | | | 8.88 | 2540.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG AUTOLOG BLD INTRA/POST OPER SA | 86891 | CPT | | | | both | | | 2674 | 1130.94 | Aetna | Better Health | 843.65 | 31.55 | | | 8.88 | 2540.3 | percent of total billed charges | |
| BKR CHG AUTOLOG BLD INTRA/POST OPER SA | 86891 | CPT | | | | both | | | 2674 | 1130.94 | Horizon | Indemnity | 1902.94 | | | | 8.88 | 2540.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG AUTOLOG BLD INTRA/POST OPER SA | 86891 | CPT | | | | both | | | 2674 | 1130.94 | Aetna | Medicare | 983.43 | | | | 8.88 | 2540.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG AUTOLOG BLD INTRA/POST OPER SA | 86891 | CPT | | | | both | | | 2674 | 1130.94 | Managed Care Inc | Managed Care Inc | 2406.6 | 90 | | | 8.88 | 2540.3 | percent of total billed charges | |
| BKR CHG AUTOLOG BLD INTRA/POST OPER SA | 86891 | CPT | | | | both | | | 2674 | 1130.94 | Horizon | Medicare Blue | 983.43 | | | | 8.88 | 2540.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG AUTOLOG BLD INTRA/POST OPER SA | 86891 | CPT | | | | both | | | 2674 | 1130.94 | Consumer | Consumer | 2540.3 | 95 | | | 8.88 | 2540.3 | percent of total billed charges | |
| BKR CHG AUTOLOG BLD INTRA/POST OPER SA | 86891 | CPT | | | | both | | | 2674 | 1130.94 | Corrections | Corrections | 2139.2 | 80 | | | 8.88 | 2540.3 | percent of total billed charges | |
| BKR CHG AUTOLOG BLD INTRA/POST OPER SA | 86891 | CPT | | | | both | | | 2674 | 1130.94 | Wellcare | Medicaid | 75 | | | | 8.88 | 2540.3 | fee schedule | |
| BKR CHG AUTOLOG BLD INTRA/POST OPER SA | 86891 | CPT | | | | both | | | 2674 | 1130.94 | Amerihealth | HMO/PPO | 8.88 | | | | 8.88 | 2540.3 | fee schedule | |
| BKR CHG AUTOLOG BLD INTRA/POST OPER SA | 86891 | CPT | | | | both | | | 2674 | 1130.94 | Multiplan | Multiplan | 2139.2 | 80 | | | 8.88 | 2540.3 | percent of total billed charges | |
| BKR CHG AUTOLOG BLD INTRA/POST OPER SA | 86891 | CPT | | | | both | | | 2674 | 1130.94 | Horizon | MGD | 1902.94 | | | | 8.88 | 2540.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG AUTOLOG BLD INTRA/POST OPER SA | 86891 | CPT | | | | both | | | 2674 | 1130.94 | Wellcare | Medicare | 983.43 | | | | 8.88 | 2540.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG AUTOLOG BLD INTRA/POST OPER SA | 86891 | CPT | | | | both | | | 2674 | 1130.94 | Horizon | PPO | 1902.94 | | | | 8.88 | 2540.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG AUTOLOG BLD INTRA/POST OPER SA | 86891 | CPT | | | | both | | | 2674 | 1130.94 | Horizon | NJ Health | 82.93 | | | | 8.88 | 2540.3 | fee schedule | |
| BKR CHG AUTOLOG BLD INTRA/POST OPER SA | 86891 | CPT | | | | both | | | 2674 | 1130.94 | UHC | Medicaid | 75 | | | | 8.88 | 2540.3 | fee schedule | |
| BKR CHG AUTOLOG BLD INTRA/POST OPER SA | 86891 | CPT | | | | both | | | 2674 | 1130.94 | Qualcare | Qualcare | 2005.5 | 75 | | | 8.88 | 2540.3 | percent of total billed charges | |
| BKR CHG AUTOLOG BLD INTRA/POST OPER SA | 86891 | CPT | | | | both | | | 2674 | 1130.94 | WellPoint | WellPoint | 860.49 | 32.18 | | | 8.88 | 2540.3 | percent of total billed charges | |
| BKR CHG AUTOLOG BLD INTRA/POST OPER SA | 86891 | CPT | | | | both | | | 2674 | 1130.94 | Three Rivers | Three Rivers | 2540.3 | 95 | | | 8.88 | 2540.3 | percent of total billed charges | |
| BKR CHG CORD BLOOD ABORT & DAT | 86900 | CPT | | | | both | | | 258 | 168 | Aetna | Medicare | 146.09 | | | 35.75 | 2 | 282.68 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CORD BLOOD ABORT & DAT | 86900 | CPT | | | | both | | | 258 | 168 | Amerihealth | Medicare | 2.99 | | | | 2 | 282.68 | fee schedule | |
| BKR CHG CORD BLOOD ABORT & DAT | 86900 | CPT | | | | both | | | 258 | 168 | UHC | Medicare | 146.09 | | | 32.44 | 2 | 282.68 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CORD BLOOD ABORT & DAT | 86900 | CPT | | | | both | | | 258 | 168 | Aetna | Commercial | 98.04 | 38 | | 54.8 | 2 | 282.68 | percent of total billed charges | |
| BKR CHG CORD BLOOD ABORT & DAT | 86900 | CPT | | | | both | | | 258 | 168 | Amerihealth | HMO/PPO | 4.8 | | | 30.81 | 2 | 282.68 | fee schedule | |
| BKR CHG CORD BLOOD ABORT & DAT | 86900 | CPT | | | | both | | | 258 | 168 | First Health | First Health | 180.6 | 70 | | | 2 | 282.68 | percent of total billed charges | |
| BKR CHG CORD BLOOD ABORT & DAT | 86900 | CPT | | | | both | | | 258 | 168 | Aetna | Better Health | 81.4 | 31.55 | | 64.3 | 2 | 282.68 | percent of total billed charges | |
| BKR CHG CORD BLOOD ABORT & DAT | 86900 | CPT | | | | both | | | 258 | 168 | Americare | Americare | 193.5 | 75 | | | 2 | 282.68 | percent of total billed charges | |
| BKR CHG CORD BLOOD ABORT & DAT | 86900 | CPT | | | | both | | | 258 | 168 | First Trenton | First Trenton | 232.2 | 90 | | | 2 | 282.68 | percent of total billed charges | |
| BKR CHG CORD BLOOD ABORT & DAT | 86900 | CPT | | | | both | | | 258 | 168 | Horizon | NJ Health | 3.92 | | | 18.78 | 2 | 282.68 | fee schedule | |
| BKR CHG CORD BLOOD ABORT & DAT | 86900 | CPT | | | | both | | | 258 | 168 | Horizon | MGD | 282.68 | | | 65.5 | 2 | 282.68 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CORD BLOOD ABORT & DAT | 86900 | CPT | | | | both | | | 258 | 168 | Horizon | Indemnity | 282.68 | | | 57.81 | 2 | 282.68 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CORD BLOOD ABORT & DAT | 86900 | CPT | | | | both | | | 258 | 168 | Corrections | Corrections | 206.4 | 80 | | 55.56 | 2 | 282.68 | percent of total billed charges | |
| BKR CHG CORD BLOOD ABORT & DAT | 86900 | CPT | | | | both | | | 258 | 168 | Horizon | Medicare Blue | 146.09 | | | 34.04 | 2 | 282.68 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CORD BLOOD ABORT & DAT | 86900 | CPT | | | | both | | | 258 | 168 | Wellcare | Medicare | 2.99 | | | 30.97 | 2 | 282.68 | fee schedule | |
| BKR CHG CORD BLOOD ABORT & DAT | 86900 | CPT | | | | both | | | 258 | 168 | Consumer | Consumer | 245.1 | 95 | | | 2 | 282.68 | percent of total billed charges | |
| BKR CHG CORD BLOOD ABORT & DAT | 86900 | CPT | | | | both | | | 258 | 168 | Managed Care Inc | Managed Care Inc | 232.2 | 90 | | | 2 | 282.68 | percent of total billed charges | |
| BKR CHG CORD BLOOD ABORT & DAT | 86900 | CPT | | | | both | | | 258 | 168 | UHC | Medicare | 2.99 | | | 32.44 | 2 | 282.68 | fee schedule | |
| BKR CHG CORD BLOOD ABORT & DAT | 86900 | CPT | | | | both | | | 258 | 168 | Horizon | PPO | 282.68 | | | 57.74 | 2 | 282.68 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CORD BLOOD ABORT & DAT | 86900 | CPT | | | | both | | | 258 | 168 | Multiplan | Multiplan | 206.4 | 80 | | | 2 | 282.68 | percent of total billed charges | |
| BKR CHG CORD BLOOD ABORT & DAT | 86900 | CPT | | | | both | | | 258 | 168 | Three Rivers | Three Rivers | 245.1 | 95 | | | 2 | 282.68 | percent of total billed charges | |
| BKR CHG CORD BLOOD ABORT & DAT | 86900 | CPT | | | | both | | | 258 | 168 | Qualcare | Qualcare | 193.5 | 75 | | | 2 | 282.68 | percent of total billed charges | |
| BKR CHG CORD BLOOD ABORT & DAT | 86900 | CPT | | | | both | | | 258 | 168 | UHC | Medicaid | 2 | | | 62.28 | 2 | 282.68 | fee schedule | |
| BKR CHG CORD BLOOD ABORT & DAT | 86900 | CPT | | | | both | | | 258 | 168 | Wellcare | Medicare | 146.09 | | | 30.97 | 2 | 282.68 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CORD BLOOD ABORT & DAT | 86900 | CPT | | | | both | | | 258 | 168 | WellPoint | WellPoint | 83.02 | 32.18 | | 55.18 | 2 | 282.68 | percent of total billed charges | |
| BKR CHG CORD BLOOD ABORT & DAT | 86900 | CPT | | | | both | | | 258 | 168 | Wellcare | Medicaid | 2 | | | 59.81 | 2 | 282.68 | fee schedule | |
| BKR CHG BLOOD TYPING RH | 86901 | CPT | | | | both | | | 142 | 52.74 | Horizon | PPO | 88.74 | | | 31.66 | 2 | 134.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG BLOOD TYPING RH | 86901 | CPT | | | | both | | | 142 | 52.74 | Aetna | Commercial | 53.96 | 38 | | 30.04 | 2 | 134.9 | percent of total billed charges | |
| BKR CHG BLOOD TYPING RH | 86901 | CPT | | | | both | | | 142 | 52.74 | Corrections | Corrections | 113.6 | 80 | | 30.48 | 2 | 134.9 | percent of total billed charges | |
| BKR CHG BLOOD TYPING RH | 86901 | CPT | | | | both | | | 142 | 52.74 | Amerihealth | HMO/PPO | 5.4 | | | 16.9 | 2 | 134.9 | fee schedule | |
| BKR CHG BLOOD TYPING RH | 86901 | CPT | | | | both | | | 142 | 52.74 | First Health | First Health | 99.4 | 70 | | | 2 | 134.9 | percent of total billed charges | |
| BKR CHG BLOOD TYPING RH | 86901 | CPT | | | | both | | | 142 | 52.74 | Consumer | Consumer | 134.9 | 95 | | | 2 | 134.9 | percent of total billed charges | |
| BKR CHG BLOOD TYPING RH | 86901 | CPT | | | | both | | | 142 | 52.74 | Horizon | Indemnity | 88.74 | | | 31.7 | 2 | 134.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG BLOOD TYPING RH | 86901 | CPT | | | | both | | | 142 | 52.74 | Aetna | Better Health | 44.8 | 31.55 | | 35.29 | 2 | 134.9 | percent of total billed charges | |
| BKR CHG BLOOD TYPING RH | 86901 | CPT | | | | both | | | 142 | 52.74 | Multiplan | Multiplan | 113.6 | 80 | | | 2 | 134.9 | percent of total billed charges | |
| BKR CHG BLOOD TYPING RH | 86901 | CPT | | | | both | | | 142 | 52.74 | Aetna | Medicare | 45.86 | | | 19.6 | 2 | 134.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG BLOOD TYPING RH | 86901 | CPT | | | | both | | | 142 | 52.74 | Horizon | MGD | 88.74 | | | 35.98 | 2 | 134.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG BLOOD TYPING RH | 86901 | CPT | | | | both | | | 142 | 52.74 | Amerihealth | Medicare | 2.99 | | | | 2 | 134.9 | fee schedule | |
| BKR CHG BLOOD TYPING RH | 86901 | CPT | | | | both | | | 142 | 52.74 | Qualcare | Qualcare | 106.5 | 75 | | | 2 | 134.9 | percent of total billed charges | |
| BKR CHG BLOOD TYPING RH | 86901 | CPT | | | | both | | | 142 | 52.74 | First Trenton | First Trenton | 127.8 | 90 | | | 2 | 134.9 | percent of total billed charges | |
| BKR CHG BLOOD TYPING RH | 86901 | CPT | | | | both | | | 142 | 52.74 | UHC | Medicare | 2.99 | | | 17.8 | 2 | 134.9 | fee schedule | |
| BKR CHG BLOOD TYPING RH | 86901 | CPT | | | | both | | | 142 | 52.74 | Americare | Americare | 106.5 | 75 | | | 2 | 134.9 | percent of total billed charges | |
| BKR CHG BLOOD TYPING RH | 86901 | CPT | | | | both | | | 142 | 52.74 | UHC | Medicaid | 2 | | | 34.19 | 2 | 134.9 | fee schedule | |
| BKR CHG BLOOD TYPING RH | 86901 | CPT | | | | both | | | 142 | 52.74 | UHC | Medicare | 45.86 | | | 17.8 | 2 | 134.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG BLOOD TYPING RH | 86901 | CPT | | | | both | | | 142 | 52.74 | Wellcare | Medicare | 2.99 | | | 16.99 | 2 | 134.9 | fee schedule | |
| BKR CHG BLOOD TYPING RH | 86901 | CPT | | | | both | | | 142 | 52.74 | Horizon | Medicare Blue | 45.86 | | | 18.66 | 2 | 134.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG BLOOD TYPING RH | 86901 | CPT | | | | both | | | 142 | 52.74 | Wellcare | Medicaid | 2 | | | 32.79 | 2 | 134.9 | fee schedule | |
| BKR CHG BLOOD TYPING RH | 86901 | CPT | | | | both | | | 142 | 52.74 | Managed Care Inc | Managed Care Inc | 127.8 | 90 | | | 2 | 134.9 | percent of total billed charges | |
| BKR CHG BLOOD TYPING RH | 86901 | CPT | | | | both | | | 142 | 52.74 | WellPoint | WellPoint | 45.7 | 32.18 | | 30.26 | 2 | 134.9 | percent of total billed charges | |
| BKR CHG BLOOD TYPING RH | 86901 | CPT | | | | both | | | 142 | 52.74 | Horizon | NJ Health | 3.92 | | | 10.32 | 2 | 134.9 | fee schedule | |
| BKR CHG BLOOD TYPING RH | 86901 | CPT | | | | both | | | 142 | 52.74 | Wellcare | Medicare | 45.86 | | | 16.99 | 2 | 134.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG BLOOD TYPING RH | 86901 | CPT | | | | both | | | 142 | 52.74 | Three Rivers | Three Rivers | 134.9 | 95 | | | 2 | 134.9 | percent of total billed charges | |
| BKR CHG AG TEST OF DONOR BLD;REAG SERU | 86902 | CPT | | | | both | | | 451 | 472.75 | Amerihealth | Medicare | 6.35 | | | | 4.21 | 795.46 | fee schedule | |
| BKR CHG AG TEST OF DONOR BLD;REAG SERU | 86902 | CPT | | | | both | | | 451 | 472.75 | Horizon | Indemnity | 795.46 | | | | 4.21 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG AG TEST OF DONOR BLD;REAG SERU | 86902 | CPT | | | | both | | | 451 | 472.75 | Aetna | Medicare | 411.09 | | | | 4.21 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG AG TEST OF DONOR BLD;REAG SERU | 86902 | CPT | | | | both | | | 451 | 472.75 | First Health | First Health | 315.7 | 70 | | | 4.21 | 795.46 | percent of total billed charges | |
| BKR CHG AG TEST OF DONOR BLD;REAG SERU | 86902 | CPT | | | | both | | | 451 | 472.75 | Aetna | Better Health | 142.29 | 31.55 | | | 4.21 | 795.46 | percent of total billed charges | |
| BKR CHG AG TEST OF DONOR BLD;REAG SERU | 86902 | CPT | | | | both | | | 451 | 472.75 | First Trenton | First Trenton | 405.9 | 90 | | | 4.21 | 795.46 | percent of total billed charges | |
| BKR CHG AG TEST OF DONOR BLD;REAG SERU | 86902 | CPT | | | | both | | | 451 | 472.75 | Americare | Americare | 338.25 | 75 | | | 4.21 | 795.46 | percent of total billed charges | |
| BKR CHG AG TEST OF DONOR BLD;REAG SERU | 86902 | CPT | | | | both | | | 451 | 472.75 | Consumer | Consumer | 428.45 | 95 | | | 4.21 | 795.46 | percent of total billed charges | |
| BKR CHG AG TEST OF DONOR BLD;REAG SERU | 86902 | CPT | | | | both | | | 451 | 472.75 | Corrections | Corrections | 360.8 | 80 | | | 4.21 | 795.46 | percent of total billed charges | |
| BKR CHG AG TEST OF DONOR BLD;REAG SERU | 86902 | CPT | | | | both | | | 451 | 472.75 | UHC | Medicare | 6.35 | | | | 4.21 | 795.46 | fee schedule | |
| BKR CHG AG TEST OF DONOR BLD;REAG SERU | 86902 | CPT | | | | both | | | 451 | 472.75 | Amerihealth | HMO/PPO | 14.7 | | | | 4.21 | 795.46 | fee schedule | |
| BKR CHG AG TEST OF DONOR BLD;REAG SERU | 86902 | CPT | | | | both | | | 451 | 472.75 | Three Rivers | Three Rivers | 428.45 | 95 | | | 4.21 | 795.46 | percent of total billed charges | |
| BKR CHG AG TEST OF DONOR BLD;REAG SERU | 86902 | CPT | | | | both | | | 451 | 472.75 | Aetna | Commercial | 171.38 | 38 | | | 4.21 | 795.46 | percent of total billed charges | |
| BKR CHG AG TEST OF DONOR BLD;REAG SERU | 86902 | CPT | | | | both | | | 451 | 472.75 | Horizon | NJ Health | 4.21 | | | 12 | 4.21 | 795.46 | fee schedule | |
| BKR CHG AG TEST OF DONOR BLD;REAG SERU | 86902 | CPT | | | | both | | | 451 | 472.75 | Horizon | MGD | 795.46 | | | 151.14 | 4.21 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG AG TEST OF DONOR BLD;REAG SERU | 86902 | CPT | | | | both | | | 451 | 472.75 | Horizon | Medicare Blue | 411.09 | | | 134.2 | 4.21 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG AG TEST OF DONOR BLD;REAG SERU | 86902 | CPT | | | | both | | | 451 | 472.75 | Multiplan | Multiplan | 360.8 | 80 | | | 4.21 | 795.46 | percent of total billed charges | |
| BKR CHG AG TEST OF DONOR BLD;REAG SERU | 86902 | CPT | | | | both | | | 451 | 472.75 | UHC | Medicare | 411.09 | | | | 4.21 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG AG TEST OF DONOR BLD;REAG SERU | 86902 | CPT | | | | both | | | 451 | 472.75 | UHC | Medicaid | 5.08 | | | | 4.21 | 795.46 | fee schedule | |
| BKR CHG AG TEST OF DONOR BLD;REAG SERU | 86902 | CPT | | | | both | | | 451 | 472.75 | Wellcare | Medicare | 411.09 | | | | 4.21 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG AG TEST OF DONOR BLD;REAG SERU | 86902 | CPT | | | | both | | | 451 | 472.75 | Qualcare | Qualcare | 338.25 | 75 | | | 4.21 | 795.46 | percent of total billed charges | |
| BKR CHG AG TEST OF DONOR BLD;REAG SERU | 86902 | CPT | | | | both | | | 451 | 472.75 | WellPoint | WellPoint | 145.13 | 32.18 | | | 4.21 | 795.46 | percent of total billed charges | |
| BKR CHG AG TEST OF DONOR BLD;REAG SERU | 86902 | CPT | | | | both | | | 451 | 472.75 | Wellcare | Medicare | 6.35 | | | | 4.21 | 795.46 | fee schedule | |
| BKR CHG AG TEST OF DONOR BLD;REAG SERU | 86902 | CPT | | | | both | | | 451 | 472.75 | Horizon | PPO | 795.46 | | | | 4.21 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG AG TEST OF DONOR BLD;REAG SERU | 86902 | CPT | | | | both | | | 451 | 472.75 | Managed Care Inc | Managed Care Inc | 405.9 | 90 | | | 4.21 | 795.46 | percent of total billed charges | |
| BKR CHG AG TEST OF DONOR BLD;REAG SERU | 86902 | CPT | | | | both | | | 451 | 472.75 | Wellcare | Medicaid | 5.08 | | | 135.53 | 4.21 | 795.46 | fee schedule | |
| BKR CHG AG SCREN FOR COMPAT PT SERUM | 86904 | CPT | | | | outpatient | | | 179 | 80.45 | Amerihealth | Medicare | 16.34 | | | | 11.7 | 170.05 | fee schedule | |
| BKR CHG AG SCREN FOR COMPAT PT SERUM | 86904 | CPT | | | | outpatient | | | 179 | 80.45 | Aetna | Better Health | 56.47 | 31.55 | | | 11.7 | 170.05 | percent of total billed charges | |
| BKR CHG AG SCREN FOR COMPAT PT SERUM | 86904 | CPT | | | | outpatient | | | 179 | 80.45 | First Health | First Health | 126.3 | 70 | | | 11.7 | 170.05 | percent of total billed charges | |
| BKR CHG AG SCREN FOR COMPAT PT SERUM | 86904 | CPT | | | | outpatient | | | 179 | 80.45 | Aetna | Medicare | 69.96 | | | | 11.7 | 170.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG AG SCREN FOR COMPAT PT SERUM | 86904 | CPT | | | | outpatient | | | 179 | 80.45 | Horizon | Medicare Blue | 69.96 | | | | 11.7 | 170.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG AG SCREN FOR COMPAT PT SERUM | 86904 | CPT | | | | outpatient | | | 179 | 80.45 | Consumer | Consumer | 170.05 | 95 | | | 11.7 | 170.05 | percent of total billed charges | |
| BKR CHG AG SCREN FOR COMPAT PT SERUM | 86904 | CPT | | | | outpatient | | | 179 | 80.45 | Amerihealth | HMO/PPO | 14.8 | | | | 11.7 | 170.05 | fee schedule | |
| BKR CHG AG SCREN FOR COMPAT PT SERUM | 86904 | CPT | | | | outpatient | | | 179 | 80.45 | Americare | Americare | 134.25 | 75 | | | 11.7 | 170.05 | percent of total billed charges | |
| BKR CHG AG SCREN FOR COMPAT PT SERUM | 86904 | CPT | | | | outpatient | | | 179 | 80.45 | Horizon | Indemnity | 135.37 | | | | 11.7 | 170.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG AG SCREN FOR COMPAT PT SERUM | 86904 | CPT | | | | outpatient | | | 179 | 80.45 | Aetna | Commercial | 68.02 | 38 | | | 11.7 | 170.05 | percent of total billed charges | |
| BKR CHG AG SCREN FOR COMPAT PT SERUM | 86904 | CPT | | | | outpatient | | | 179 | 80.45 | Three Rivers | Three Rivers | 170.05 | 95 | | | 11.7 | 170.05 | percent of total billed charges | |
| BKR CHG AG SCREN FOR COMPAT PT SERUM | 86904 | CPT | | | | outpatient | | | 179 | 80.45 | Corrections | Corrections | 143.2 | 80 | | | 11.7 | 170.05 | percent of total billed charges | |
| BKR CHG AG SCREN FOR COMPAT PT SERUM | 86904 | CPT | | | | outpatient | | | 179 | 80.45 | UHC | Medicare | 16.34 | | | | 11.7 | 170.05 | fee schedule | |
| BKR CHG AG SCREN FOR COMPAT PT SERUM | 86904 | CPT | | | | outpatient | | | 179 | 80.45 | Multiplan | Multiplan | 143.2 | 80 | | | 11.7 | 170.05 | percent of total billed charges | |
| BKR CHG AG SCREN FOR COMPAT PT SERUM | 86904 | CPT | | | | outpatient | | | 179 | 80.45 | Horizon | MGD | 135.37 | | | | 11.7 | 170.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG AG SCREN FOR COMPAT PT SERUM | 86904 | CPT | | | | outpatient | | | 179 | 80.45 | First Trenton | First Trenton | 161.1 | 90 | | | 11.7 | 170.05 | percent of total billed charges | |
| BKR CHG AG SCREN FOR COMPAT PT SERUM | 86904 | CPT | | | | outpatient | | | 179 | 80.45 | Horizon | PPO | 135.37 | | | | 11.7 | 170.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG AG SCREN FOR COMPAT PT SERUM | 86904 | CPT | | | | outpatient | | | 179 | 80.45 | Qualcare | Qualcare | 134.25 | 75 | | | 11.7 | 170.05 | percent of total billed charges | |
| BKR CHG AG SCREN FOR COMPAT PT SERUM | 86904 | CPT | | | | outpatient | | | 179 | 80.45 | UHC | Medicare | 69.96 | | | | 11.7 | 170.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG AG SCREN FOR COMPAT PT SERUM | 86904 | CPT | | | | outpatient | | | 179 | 80.45 | Horizon | NJ Health | 25.23 | | | | 11.7 | 170.05 | fee schedule | |
| BKR CHG AG SCREN FOR COMPAT PT SERUM | 86904 | CPT | | | | outpatient | | | 179 | 80.45 | WellPoint | WellPoint | 57.6 | 32.18 | | | 11.7 | 170.05 | percent of total billed charges | |
| BKR CHG AG SCREN FOR COMPAT PT SERUM | 86904 | CPT | | | | outpatient | | | 179 | 80.45 | UHC | Medicaid | 11.7 | | | | 11.7 | 170.05 | fee schedule | |
| BKR CHG AG SCREN FOR COMPAT PT SERUM | 86904 | CPT | | | | outpatient | | | 179 | 80.45 | Wellcare | Medicare | 16.34 | | | | 11.7 | 170.05 | fee schedule | |
| BKR CHG AG SCREN FOR COMPAT PT SERUM | 86904 | CPT | | | | outpatient | | | 179 | 80.45 | Managed Care Inc | Managed Care Inc | 161.1 | 90 | | | 11.7 | 170.05 | percent of total billed charges | |
| BKR CHG AG SCREN FOR COMPAT PT SERUM | 86904 | CPT | | | | outpatient | | | 179 | 80.45 | Wellcare | Medicare | 69.96 | | | | 11.7 | 170.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG AG SCREN FOR COMPAT PT SERUM | 86904 | CPT | | | | outpatient | | | 179 | 80.45 | Wellcare | Medicaid | 11.7 | | | | 11.7 | 170.05 | fee schedule | |
| BKR CHG RBC ANTIGEN OTHER THAN ABO OR RH EA | 86905 | CPT | | | | both | | | 822 | 472.75 | Aetna | Medicare | 411.09 | | | | 3 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC ANTIGEN OTHER THAN ABO OR RH EA | 86905 | CPT | | | | both | | | 822 | 472.75 | Aetna | Better Health | 259.34 | 31.55 | | | 3 | 795.46 | percent of total billed charges | |
| BKR CHG RBC ANTIGEN OTHER THAN ABO OR RH EA | 86905 | CPT | | | | both | | | 822 | 472.75 | Aetna | Commercial | 312.36 | 38 | | | 3 | 795.46 | percent of total billed charges | |
| BKR CHG RBC ANTIGEN OTHER THAN ABO OR RH EA | 86905 | CPT | | | | both | | | 822 | 472.75 | Horizon | Indemnity | 795.46 | | | | 3 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC ANTIGEN OTHER THAN ABO OR RH EA | 86905 | CPT | | | | both | | | 822 | 472.75 | Americare | Americare | 616.5 | 75 | | | 3 | 795.46 | percent of total billed charges | |
| BKR CHG RBC ANTIGEN OTHER THAN ABO OR RH EA | 86905 | CPT | | | | both | | | 822 | 472.75 | Consumer | Consumer | 780.9 | 95 | | | 3 | 795.46 | percent of total billed charges | |
| BKR CHG RBC ANTIGEN OTHER THAN ABO OR RH EA | 86905 | CPT | | | | both | | | 822 | 472.75 | Horizon | Medicare Blue | 411.09 | | | | 3 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC ANTIGEN OTHER THAN ABO OR RH EA | 86905 | CPT | | | | both | | | 822 | 472.75 | Horizon | NJ Health | 6.47 | | | 2.77 | 3 | 795.46 | fee schedule | |
| BKR CHG RBC ANTIGEN OTHER THAN ABO OR RH EA | 86905 | CPT | | | | both | | | 822 | 472.75 | First Trenton | First Trenton | 739.8 | 90 | | | 3 | 795.46 | percent of total billed charges | |
| BKR CHG RBC ANTIGEN OTHER THAN ABO OR RH EA | 86905 | CPT | | | | both | | | 822 | 472.75 | First Health | First Health | 575.4 | 70 | | | 3 | 795.46 | percent of total billed charges | |
| BKR CHG RBC ANTIGEN OTHER THAN ABO OR RH EA | 86905 | CPT | | | | both | | | 822 | 472.75 | Amerihealth | Medicare | 3.83 | | | | 3 | 795.46 | fee schedule | |
| BKR CHG RBC ANTIGEN OTHER THAN ABO OR RH EA | 86905 | CPT | | | | both | | | 822 | 472.75 | Qualcare | Qualcare | 616.5 | 75 | | | 3 | 795.46 | percent of total billed charges | |
| BKR CHG RBC ANTIGEN OTHER THAN ABO OR RH EA | 86905 | CPT | | | | both | | | 822 | 472.75 | Amerihealth | HMO/PPO | 3.3 | | | | 3 | 795.46 | fee schedule | |
| BKR CHG RBC ANTIGEN OTHER THAN ABO OR RH EA | 86905 | CPT | | | | both | | | 822 | 472.75 | Corrections | Corrections | 657.6 | 80 | | | 3 | 795.46 | percent of total billed charges | |
| BKR CHG RBC ANTIGEN OTHER THAN ABO OR RH EA | 86905 | CPT | | | | both | | | 822 | 472.75 | Multiplan | Multiplan | 657.6 | 80 | | | 3 | 795.46 | percent of total billed charges | |
| BKR CHG RBC ANTIGEN OTHER THAN ABO OR RH EA | 86905 | CPT | | | | both | | | 822 | 472.75 | UHC | Medicare | 3.83 | | | | 3 | 795.46 | fee schedule | |
| BKR CHG RBC ANTIGEN OTHER THAN ABO OR RH EA | 86905 | CPT | | | | both | | | 822 | 472.75 | Horizon | MGD | 795.46 | | | | 3 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC ANTIGEN OTHER THAN ABO OR RH EA | 86905 | CPT | | | | both | | | 822 | 472.75 | Managed Care Inc | Managed Care Inc | 739.8 | 90 | | | 3 | 795.46 | percent of total billed charges | |
| BKR CHG RBC ANTIGEN OTHER THAN ABO OR RH EA | 86905 | CPT | | | | both | | | 822 | 472.75 | Wellcare | Medicare | 3.83 | | | | 3 | 795.46 | fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG RBC ANTIGEN OTHER THAN ABO OR RH EA | 86905 | CPT | | | | both | | | 822 | 472.75 | UHC | Medicaid | 3 | | | 153.72 | 3 | 3 | 795.46 | fee schedule | |
| BKR CHG RBC ANTIGEN OTHER THAN ABO OR RH EA | 86905 | CPT | | | | both | | | 822 | 472.75 | Wellcare | Medicaid | 3 | | | | 3 | 3 | 795.46 | fee schedule | |
| BKR CHG RBC ANTIGEN OTHER THAN ABO OR RH EA | 86905 | CPT | | | | both | | | 822 | 472.75 | Horizon | PPO | 795.46 | | | | 3 | 3 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC ANTIGEN OTHER THAN ABO OR RH EA | 86905 | CPT | | | | both | | | 822 | 472.75 | UHC | Medicare | 411.09 | | | | 3 | 3 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC ANTIGEN OTHER THAN ABO OR RH EA | 86905 | CPT | | | | both | | | 822 | 472.75 | Three Rivers | Three Rivers | 780.9 | 95 | | | 3 | 3 | 795.46 | percent of total billed charges | |
| BKR CHG RBC ANTIGEN OTHER THAN ABO OR RH EA | 86905 | CPT | | | | both | | | 822 | 472.75 | WellPoint | WellPoint | 264.52 | 32.18 | | | 3 | 3 | 795.46 | percent of total billed charges | |
| BKR CHG RBC ANTIGEN OTHER THAN ABO OR RH EA | 86905 | CPT | | | | both | | | 822 | 472.75 | Wellcare | Medicare | 411.09 | | | | 3 | 3 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG COMPATIBILITY TEST EA\INIT.IMM | 86920 | CPT | | | | both | | | 451 | 224.64 | Consumer | Consumer | 428.45 | 95 | | | 12 | 12 | 428.45 | percent of total billed charges | |
| BKR CHG COMPATIBILITY TEST EA\INIT.IMM | 86920 | CPT | | | | both | | | 451 | 224.64 | Horizon | NJ Health | 25.93 | | | 10.95 | 12 | 12 | 428.45 | fee schedule | |
| BKR CHG COMPATIBILITY TEST EA\INIT.IMM | 86920 | CPT | | | | both | | | 451 | 224.64 | Aetna | Medicare | 195.34 | | | | 12 | 12 | 428.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG COMPATIBILITY TEST EA\INIT.IMM | 86920 | CPT | | | | both | | | 451 | 224.64 | Aetna | Better Health | 142.29 | 31.55 | | | 12 | 12 | 428.45 | percent of total billed charges | |
| BKR CHG COMPATIBILITY TEST EA\INIT.IMM | 86920 | CPT | | | | both | | | 451 | 224.64 | Qualcare | Qualcare | 338.25 | 75 | | | 12 | 12 | 428.45 | percent of total billed charges | |
| BKR CHG COMPATIBILITY TEST EA\INIT.IMM | 86920 | CPT | | | | both | | | 451 | 224.64 | UHC | Medicaid | 12 | | | 122.95 | 12 | 12 | 428.45 | fee schedule | |
| BKR CHG COMPATIBILITY TEST EA\INIT.IMM | 86920 | CPT | | | | both | | | 451 | 224.64 | Aetna | Commercial | 171.38 | 38 | | | 12 | 12 | 428.45 | percent of total billed charges | |
| BKR CHG COMPATIBILITY TEST EA\INIT.IMM | 86920 | CPT | | | | both | | | 451 | 224.64 | First Health | First Health | 315.7 | 70 | | | 12 | 12 | 428.45 | percent of total billed charges | |
| BKR CHG COMPATIBILITY TEST EA\INIT.IMM | 86920 | CPT | | | | both | | | 451 | 224.64 | Corrections | Corrections | 360.8 | 80 | | | 12 | 12 | 428.45 | percent of total billed charges | |
| BKR CHG COMPATIBILITY TEST EA\INIT.IMM | 86920 | CPT | | | | both | | | 451 | 224.64 | Horizon | Indemnity | 377.98 | | | | 12 | 12 | 428.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG COMPATIBILITY TEST EA\INIT.IMM | 86920 | CPT | | | | both | | | 451 | 224.64 | Americare | Americare | 338.25 | 75 | | | 12 | 12 | 428.45 | percent of total billed charges | |
| BKR CHG COMPATIBILITY TEST EA\INIT.IMM | 86920 | CPT | | | | both | | | 451 | 224.64 | Three Rivers | Three Rivers | 428.45 | 95 | | | 12 | 12 | 428.45 | percent of total billed charges | |
| BKR CHG COMPATIBILITY TEST EA\INIT.IMM | 86920 | CPT | | | | both | | | 451 | 224.64 | WellPoint | WellPoint | 145.13 | 32.18 | | 141.62 | 12 | 12 | 428.45 | percent of total billed charges | |
| BKR CHG COMPATIBILITY TEST EA\INIT.IMM | 86920 | CPT | | | | both | | | 451 | 224.64 | Horizon | MGD | 377.98 | | | 131.28 | 12 | 12 | 428.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG COMPATIBILITY TEST EA\INIT.IMM | 86920 | CPT | | | | both | | | 451 | 224.64 | Multiplan | Multiplan | 360.8 | 80 | | | 12 | 12 | 428.45 | percent of total billed charges | |
| BKR CHG COMPATIBILITY TEST EA\INIT.IMM | 86920 | CPT | | | | both | | | 451 | 224.64 | Wellcare | Medicare | 195.34 | | | | 12 | 12 | 428.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG COMPATIBILITY TEST EA\INIT.IMM | 86920 | CPT | | | | both | | | 451 | 224.64 | First Trenton | First Trenton | 405.9 | 90 | | | 12 | 12 | 428.45 | percent of total billed charges | |
| BKR CHG COMPATIBILITY TEST EA\INIT.IMM | 86920 | CPT | | | | both | | | 451 | 224.64 | Amerihealth | HMO/PPO | 20 | | | | 12 | 12 | 428.45 | fee schedule | |
| BKR CHG COMPATIBILITY TEST EA\INIT.IMM | 86920 | CPT | | | | both | | | 451 | 224.64 | Horizon | PPO | 377.98 | | | 68.18 | 12 | 12 | 428.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG COMPATIBILITY TEST EA\INIT.IMM | 86920 | CPT | | | | both | | | 451 | 224.64 | Horizon | Medicare Blue | 195.34 | | | | 12 | 12 | 428.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG COMPATIBILITY TEST EA\INIT.IMM | 86920 | CPT | | | | both | | | 451 | 224.64 | Managed Care Inc | Managed Care Inc | 405.9 | 90 | | | 12 | 12 | 428.45 | percent of total billed charges | |
| BKR CHG COMPATIBILITY TEST EA\INIT.IMM | 86920 | CPT | | | | both | | | 451 | 224.64 | UHC | Medicare | 195.34 | | | 63.69 | 12 | 12 | 428.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG COMPATIBILITY TEST EA\INIT.IMM | 86920 | CPT | | | | both | | | 451 | 224.64 | Wellcare | Medicaid | 12 | | | | 12 | 12 | 428.45 | fee schedule | |
| BKR CHG COMPATIBILITY TEST EA\INIT INCU | 86921 | CPT | | | | inpatient | | | 453 | 224.64 | Americare | Americare | 339.75 | 75 | | | 12 | 12 | 430.35 | percent of total billed charges | |
| BKR CHG COMPATIBILITY TEST EA\INIT INCU | 86921 | CPT | | | | inpatient | | | 453 | 224.64 | Qualcare | Qualcare | 339.75 | 75 | | | 12 | 12 | 430.35 | percent of total billed charges | |
| BKR CHG COMPATIBILITY TEST EA\INIT INCU | 86921 | CPT | | | | inpatient | | | 453 | 224.64 | Aetna | Medicare | 195.34 | | | | 12 | 12 | 430.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG COMPATIBILITY TEST EA\INIT INCU | 86921 | CPT | | | | inpatient | | | 453 | 224.64 | Aetna | Commercial | 172.14 | 38 | | | 12 | 12 | 430.35 | percent of total billed charges | |
| BKR CHG COMPATIBILITY TEST EA\INIT INCU | 86921 | CPT | | | | inpatient | | | 453 | 224.64 | UHC | Medicare | 195.34 | | | | 12 | 12 | 430.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG COMPATIBILITY TEST EA\INIT INCU | 86921 | CPT | | | | inpatient | | | 453 | 224.64 | Aetna | Better Health | 142.92 | 31.55 | | | 12 | 12 | 430.35 | percent of total billed charges | |
| BKR CHG COMPATIBILITY TEST EA\INIT INCU | 86921 | CPT | | | | inpatient | | | 453 | 224.64 | Wellcare | Medicaid | 12 | | | | 12 | 12 | 430.35 | fee schedule | |
| BKR CHG COMPATIBILITY TEST EA\INIT INCU | 86921 | CPT | | | | inpatient | | | 453 | 224.64 | Amerihealth | HMO/PPO | 20 | | | | 12 | 12 | 430.35 | fee schedule | |
| BKR CHG COMPATIBILITY TEST EA\INIT INCU | 86921 | CPT | | | | inpatient | | | 453 | 224.64 | Three Rivers | Three Rivers | 430.35 | 95 | | | 12 | 12 | 430.35 | percent of total billed charges | |
| BKR CHG COMPATIBILITY TEST EA\INIT INCU | 86921 | CPT | | | | inpatient | | | 453 | 224.64 | Wellcare | Medicare | 195.34 | | | | 12 | 12 | 430.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG COMPATIBILITY TEST EA\INIT INCU | 86921 | CPT | | | | inpatient | | | 453 | 224.64 | Horizon | Medicare Blue | 195.34 | | | | 12 | 12 | 430.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG COMPATIBILITY TEST EA\INIT INCU | 86921 | CPT | | | | inpatient | | | 453 | 224.64 | Horizon | MGD | 377.98 | | | | 12 | 12 | 430.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG COMPATIBILITY TEST EA\INIT INCU | 86921 | CPT | | | | inpatient | | | 453 | 224.64 | UHC | Medicaid | 12 | | | | 12 | 12 | 430.35 | fee schedule | |
| BKR CHG COMPATIBILITY TEST EA\INIT INCU | 86921 | CPT | | | | inpatient | | | 453 | 224.64 | Consumer | Consumer | 430.35 | 95 | | | 12 | 12 | 430.35 | percent of total billed charges | |
| BKR CHG COMPATIBILITY TEST EA\INIT INCU | 86921 | CPT | | | | inpatient | | | 453 | 224.64 | First Health | First Health | 317.1 | 70 | | | 12 | 12 | 430.35 | percent of total billed charges | |
| BKR CHG COMPATIBILITY TEST EA\INIT INCU | 86921 | CPT | | | | inpatient | | | 453 | 224.64 | WellPoint | WellPoint | 145.78 | 32.18 | | | 12 | 12 | 430.35 | percent of total billed charges | |
| BKR CHG COMPATIBILITY TEST EA\INIT INCU | 86921 | CPT | | | | inpatient | | | 453 | 224.64 | Multiplan | Multiplan | 362.4 | 80 | | | 12 | 12 | 430.35 | percent of total billed charges | |
| BKR CHG COMPATIBILITY TEST EA\INIT INCU | 86921 | CPT | | | | inpatient | | | 453 | 224.64 | Corrections | Corrections | 362.4 | 80 | | | 12 | 12 | 430.35 | percent of total billed charges | |
| BKR CHG COMPATIBILITY TEST EA\INIT INCU | 86921 | CPT | | | | inpatient | | | 453 | 224.64 | First Trenton | First Trenton | 407.7 | 90 | | | 12 | 12 | 430.35 | percent of total billed charges | |
| BKR CHG COMPATIBILITY TEST EA\INIT INCU | 86921 | CPT | | | | inpatient | | | 453 | 224.64 | Horizon | Indemnity | 377.98 | | | | 12 | 12 | 430.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG COMPATIBILITY TEST EA\INIT INCU | 86921 | CPT | | | | inpatient | | | 453 | 224.64 | Horizon | NJ Health | 25.87 | | | | 12 | 12 | 430.35 | fee schedule | |
| BKR CHG COMPATIBILITY TEST EA\INIT INCU | 86921 | CPT | | | | inpatient | | | 453 | 224.64 | Horizon | PPO | 377.98 | | | | 12 | 12 | 430.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG COMPATIBILITY TEST EA\INIT INCU | 86921 | CPT | | | | inpatient | | | 453 | 224.64 | Managed Care Inc | Managed Care Inc | 407.7 | 90 | | | 12 | 12 | 430.35 | percent of total billed charges | |
| BKR CHG COMPAT TEST ANTIGLOBULIN TECH | 86922 | CPT | | | | both | | | 495 | 224.64 | Horizon | Indemnity | 377.98 | | | | 12 | 12 | 470.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG COMPAT TEST ANTIGLOBULIN TECH | 86922 | CPT | | | | both | | | 495 | 224.64 | Aetna | Better Health | 156.17 | 31.55 | | | 12 | 12 | 470.25 | percent of total billed charges | |
| BKR CHG COMPAT TEST ANTIGLOBULIN TECH | 86922 | CPT | | | | both | | | 495 | 224.64 | Corrections | Corrections | 396 | 80 | | 39.58 | 12 | 12 | 470.25 | percent of total billed charges | |
| BKR CHG COMPAT TEST ANTIGLOBULIN TECH | 86922 | CPT | | | | both | | | 495 | 224.64 | Americare | Americare | 371.25 | 75 | | | 12 | 12 | 470.25 | percent of total billed charges | |
| BKR CHG COMPAT TEST ANTIGLOBULIN TECH | 86922 | CPT | | | | both | | | 495 | 224.64 | Horizon | Medicare Blue | 195.34 | | | 147.4 | 12 | 12 | 470.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG COMPAT TEST ANTIGLOBULIN TECH | 86922 | CPT | | | | both | | | 495 | 224.64 | Consumer | Consumer | 470.25 | 95 | | | 12 | 12 | 470.25 | percent of total billed charges | |
| BKR CHG COMPAT TEST ANTIGLOBULIN TECH | 86922 | CPT | | | | both | | | 495 | 224.64 | First Health | First Health | 346.5 | 70 | | | 12 | 12 | 470.25 | percent of total billed charges | |
| BKR CHG COMPAT TEST ANTIGLOBULIN TECH | 86922 | CPT | | | | both | | | 495 | 224.64 | Aetna | Medicare | 195.34 | | | | 12 | 12 | 470.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG COMPAT TEST ANTIGLOBULIN TECH | 86922 | CPT | | | | both | | | 495 | 224.64 | Horizon | PPO | 377.98 | | | | 12 | 12 | 470.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG COMPAT TEST ANTIGLOBULIN TECH | 86922 | CPT | | | | both | | | 495 | 224.64 | Aetna | Commercial | 188.1 | 38 | | | 12 | 12 | 470.25 | percent of total billed charges | |
| BKR CHG COMPAT TEST ANTIGLOBULIN TECH | 86922 | CPT | | | | both | | | 495 | 224.64 | First Trenton | First Trenton | 445.5 | 90 | | | 12 | 12 | 470.25 | percent of total billed charges | |
| BKR CHG COMPAT TEST ANTIGLOBULIN TECH | 86922 | CPT | | | | both | | | 495 | 224.64 | Amerihealth | HMO/PPO | 20 | | | | 12 | 12 | 470.25 | fee schedule | |
| BKR CHG COMPAT TEST ANTIGLOBULIN TECH | 86922 | CPT | | | | both | | | 495 | 224.64 | UHC | Medicare | 195.34 | | | 69.12 | 12 | 12 | 470.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG COMPAT TEST ANTIGLOBULIN TECH | 86922 | CPT | | | | both | | | 495 | 224.64 | Wellcare | Medicaid | 12 | | | | 12 | 12 | 470.25 | fee schedule | |
| BKR CHG COMPAT TEST ANTIGLOBULIN TECH | 86922 | CPT | | | | both | | | 495 | 224.64 | Horizon | NJ Health | 25.87 | | | 16.28 | 12 | 12 | 470.25 | fee schedule | |
| BKR CHG COMPAT TEST ANTIGLOBULIN TECH | 86922 | CPT | | | | both | | | 495 | 224.64 | Horizon | MGD | 377.98 | | | 237.51 | 12 | 12 | 470.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG COMPAT TEST ANTIGLOBULIN TECH | 86922 | CPT | | | | both | | | 495 | 224.64 | WellPoint | WellPoint | 159.29 | 32.18 | | | 12 | 12 | 470.25 | percent of total billed charges | |
| BKR CHG COMPAT TEST ANTIGLOBULIN TECH | 86922 | CPT | | | | both | | | 495 | 224.64 | Multiplan | Multiplan | 396 | 80 | | | 12 | 12 | 470.25 | percent of total billed charges | |
| BKR CHG COMPAT TEST ANTIGLOBULIN TECH | 86922 | CPT | | | | both | | | 495 | 224.64 | Managed Care Inc | Managed Care Inc | 445.5 | 90 | | | 12 | 12 | 470.25 | percent of total billed charges | |
| BKR CHG COMPAT TEST ANTIGLOBULIN TECH | 86922 | CPT | | | | both | | | 495 | 224.64 | Qualcare | Qualcare | 371.25 | 75 | | | 12 | 12 | 470.25 | percent of total billed charges | |
| BKR CHG COMPAT TEST ANTIGLOBULIN TECH | 86922 | CPT | | | | both | | | 495 | 224.64 | Wellcare | Medicare | 195.34 | | | 46.58 | 12 | 12 | 470.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG COMPAT TEST ANTIGLOBULIN TECH | 86922 | CPT | | | | both | | | 495 | 224.64 | Three Rivers | Three Rivers | 470.25 | 95 | | | 12 | 12 | 470.25 | percent of total billed charges | |
| BKR CHG COMPAT TEST ANTIGLOBULIN TECH | 86922 | CPT | | | | both | | | 495 | 224.64 | UHC | Medicaid | 12 | | | 131.36 | 12 | 12 | 470.25 | fee schedule | |
| BKR CHG COMPATIBILITY TEST EA.ELECTRON | 86923 | CPT | | | | both | | | 469 | 224.64 | Corrections | Corrections | 375.2 | 80 | | | 12 | 12 | 445.55 | percent of total billed charges | |
| BKR CHG COMPATIBILITY TEST EA.ELECTRON | 86923 | CPT | | | | both | | | 469 | 224.64 | Aetna | Medicare | 195.34 | | | | 12 | 12 | 445.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG COMPATIBILITY TEST EA.ELECTRON | 86923 | CPT | | | | both | | | 469 | 224.64 | First Health | First Health | 328.3 | 70 | | | 12 | 12 | 445.55 | percent of total billed charges | |
| BKR CHG COMPATIBILITY TEST EA.ELECTRON | 86923 | CPT | | | | both | | | 469 | 224.64 | Aetna | Commercial | 178.22 | 38 | | 86.06 | 12 | 12 | 445.55 | percent of total billed charges | |
| BKR CHG COMPATIBILITY TEST EA.ELECTRON | 86923 | CPT | | | | both | | | 469 | 224.64 | Aetna | Better Health | 147.97 | 31.55 | | | 12 | 12 | 445.55 | percent of total billed charges | |
| BKR CHG COMPATIBILITY TEST EA.ELECTRON | 86923 | CPT | | | | both | | | 469 | 224.64 | Americare | Americare | 351.75 | 75 | | | 12 | 12 | 445.55 | percent of total billed charges | |
| BKR CHG COMPATIBILITY TEST EA.ELECTRON | 86923 | CPT | | | | both | | | 469 | 224.64 | Amerihealth | HMO/PPO | 20 | | | | 12 | 12 | 445.55 | fee schedule | |
| BKR CHG COMPATIBILITY TEST EA.ELECTRON | 86923 | CPT | | | | both | | | 469 | 224.64 | Horizon | Medicare Blue | 195.34 | | | 72.79 | 12 | 12 | 445.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG COMPATIBILITY TEST EA.ELECTRON | 86923 | CPT | | | | both | | | 469 | 224.64 | UHC | Medicare | 195.34 | | | 66.8 | 12 | 12 | 445.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG COMPATIBILITY TEST EA.ELECTRON | 86923 | CPT | | | | both | | | 469 | 224.64 | WellPoint | WellPoint | 150.92 | 32.18 | | 77.84 | 12 | 12 | 445.55 | percent of total billed charges | |
| BKR CHG COMPATIBILITY TEST EA.ELECTRON | 86923 | CPT | | | | both | | | 469 | 224.64 | Horizon | Indemnity | 377.98 | | | 98.24 | 12 | 12 | 445.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG COMPATIBILITY TEST EA.ELECTRON | 86923 | CPT | | | | both | | | 469 | 224.64 | Horizon | PPO | 377.98 | | | 127.01 | 12 | 12 | 445.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG COMPATIBILITY TEST EA.ELECTRON | 86923 | CPT | | | | both | | | 469 | 224.64 | Multiplan | Multiplan | 375.2 | 80 | | | 12 | 12 | 445.55 | percent of total billed charges | |
| BKR CHG COMPATIBILITY TEST EA.ELECTRON | 86923 | CPT | | | | both | | | 469 | 224.64 | Consumer | Consumer | 445.55 | 95 | | | 12 | 12 | 445.55 | percent of total billed charges | |
| BKR CHG COMPATIBILITY TEST EA.ELECTRON | 86923 | CPT | | | | both | | | 469 | 224.64 | Horizon | MGD | 377.98 | | | 116.88 | 12 | 12 | 445.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG COMPATIBILITY TEST EA.ELECTRON | 86923 | CPT | | | | both | | | 469 | 224.64 | UHC | Medicaid | 12 | | | 112.5 | 12 | 12 | 445.55 | fee schedule | |
| BKR CHG COMPATIBILITY TEST EA.ELECTRON | 86923 | CPT | | | | both | | | 469 | 224.64 | Qualcare | Qualcare | 351.75 | 75 | | | 12 | 12 | 445.55 | percent of total billed charges | |
| BKR CHG COMPATIBILITY TEST EA.ELECTRON | 86923 | CPT | | | | both | | | 469 | 224.64 | First Trenton | First Trenton | 422.1 | 90 | | | 12 | 12 | 445.55 | percent of total billed charges | |
| BKR CHG COMPATIBILITY TEST EA.ELECTRON | 86923 | CPT | | | | both | | | 469 | 224.64 | Horizon | NJ Health | 19.25 | | | 22.97 | 12 | 12 | 445.55 | fee schedule | |
| BKR CHG COMPATIBILITY TEST EA.ELECTRON | 86923 | CPT | | | | both | | | 469 | 224.64 | Managed Care Inc | Managed Care Inc | 422.1 | 90 | | | 12 | 12 | 445.55 | percent of total billed charges | |
| BKR CHG COMPATIBILITY TEST EA.ELECTRON | 86923 | CPT | | | | both | | | 469 | 224.64 | Wellcare | Medicaid | 12 | | | 131.6 | 12 | 12 | 445.55 | fee schedule | |
| BKR CHG COMPATIBILITY TEST EA.ELECTRON | 86923 | CPT | | | | both | | | 469 | 224.64 | Three Rivers | Three Rivers | 445.55 | 95 | | | 12 | 12 | 445.55 | percent of total billed charges | |
| BKR CHG COMPATIBILITY TEST EA.ELECTRON | 86923 | CPT | | | | both | | | 469 | 224.64 | Wellcare | Medicare | 195.34 | | | | 12 | 12 | 445.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FFP THAWING EA.UNIT | 86927 | CPT | | | | outpatient | | | 947 | 224.64 | Horizon | Medicare Blue | 195.34 | | | | 9.31 | 9.31 | 899.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FFP THAWING EA.UNIT | 86927 | CPT | | | | outpatient | | | 947 | 224.64 | Aetna | Better Health | 298.78 | 31.55 | | | 9.31 | 9.31 | 899.65 | percent of total billed charges | |
| BKR CHG FFP THAWING EA.UNIT | 86927 | CPT | | | | outpatient | | | 947 | 224.64 | Aetna | Commercial | 359.86 | 38 | | | 9.31 | 9.31 | 899.65 | percent of total billed charges | |
| BKR CHG FFP THAWING EA.UNIT | 86927 | CPT | | | | outpatient | | | 947 | 224.64 | Horizon | PPO | 377.98 | | | | 9.31 | 9.31 | 899.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FFP THAWING EA.UNIT | 86927 | CPT | | | | outpatient | | | 947 | 224.64 | Americare | Americare | 710.25 | 75 | | | 9.31 | 9.31 | 899.65 | percent of total billed charges | |
| BKR CHG FFP THAWING EA.UNIT | 86927 | CPT | | | | outpatient | | | 947 | 224.64 | First Health | First Health | 662.9 | 70 | | | 9.31 | 9.31 | 899.65 | percent of total billed charges | |
| BKR CHG FFP THAWING EA.UNIT | 86927 | CPT | | | | outpatient | | | 947 | 224.64 | Aetna | Medicare | 195.34 | | | | 9.31 | 9.31 | 899.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FFP THAWING EA.UNIT | 86927 | CPT | | | | outpatient | | | 947 | 224.64 | Amerihealth | HMO/PPO | 9.31 | | | | 9.31 | 9.31 | 899.65 | fee schedule | |
| BKR CHG FFP THAWING EA.UNIT | 86927 | CPT | | | | outpatient | | | 947 | 224.64 | Multiplan | Multiplan | 757.6 | 80 | | | 9.31 | 9.31 | 899.65 | percent of total billed charges | |
| BKR CHG FFP THAWING EA.UNIT | 86927 | CPT | | | | outpatient | | | 947 | 224.64 | Consumer | Consumer | 899.65 | 95 | | | 9.31 | 9.31 | 899.65 | percent of total billed charges | |
| BKR CHG FFP THAWING EA.UNIT | 86927 | CPT | | | | outpatient | | | 947 | 224.64 | Corrections | Corrections | 757.6 | 80 | | | 9.31 | 9.31 | 899.65 | percent of total billed charges | |
| BKR CHG FFP THAWING EA.UNIT | 86927 | CPT | | | | outpatient | | | 947 | 224.64 | Wellcare | Medicare | 195.34 | | | | 9.31 | 9.31 | 899.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FFP THAWING EA.UNIT | 86927 | CPT | | | | outpatient | | | 947 | 224.64 | Qualcare | Qualcare | 710.25 | 75 | | | 9.31 | 9.31 | 899.65 | percent of total billed charges | |
| BKR CHG FFP THAWING EA.UNIT | 86927 | CPT | | | | outpatient | | | 947 | 224.64 | First Trenton | First Trenton | 852.3 | 90 | | | 9.31 | 9.31 | 899.65 | percent of total billed charges | |
| BKR CHG FFP THAWING EA.UNIT | 86927 | CPT | | | | outpatient | | | 947 | 224.64 | Horizon | MGD | 377.98 | | | | 9.31 | 9.31 | 899.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FFP THAWING EA.UNIT | 86927 | CPT | | | | outpatient | | | 947 | 224.64 | Horizon | Indemnity | 377.98 | | | | 9.31 | 9.31 | 899.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FFP THAWING EA.UNIT | 86927 | CPT | | | | outpatient | | | 947 | 224.64 | WellPoint | WellPoint | 304.74 | 32.18 | | | 9.31 | 9.31 | 899.65 | percent of total billed charges | |
| BKR CHG FFP THAWING EA.UNIT | 86927 | CPT | | | | outpatient | | | 947 | 224.64 | Horizon | NJ Health | 11.72 | | | | 9.31 | 9.31 | 899.65 | fee schedule | |
| BKR CHG FFP THAWING EA.UNIT | 86927 | CPT | | | | outpatient | | | 947 | 224.64 | UHC | Medicaid | 298.78 | 31.55 | | | 9.31 | 9.31 | 899.65 | percent of total billed charges | |
| BKR CHG FFP THAWING EA.UNIT | 86927 | CPT | | | | outpatient | | | 947 | 224.64 | Managed Care Inc | Managed Care Inc | 852.3 | 90 | | | 9.31 | 9.31 | 899.65 | percent of total billed charges | |
| BKR CHG FFP THAWING EA.UNIT | 86927 | CPT | | | | outpatient | | | 947 | 224.64 | UHC | Medicare | 195.34 | | | | 9.31 | 9.31 | 899.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FFP THAWING EA.UNIT | 86927 | CPT | | | | outpatient | | | 947 | 224.64 | Three Rivers | Three Rivers | 899.65 | 95 | | | 9.31 | 9.31 | 899.65 | percent of total billed charges | |
| BKR CHG FFP THAWING EA.UNIT | 86927 | CPT | | | | outpatient | | | 947 | 224.64 | Wellcare | Medicaid | 298.78 | 31.55 | | | 9.31 | 9.31 | 899.65 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FOR FREEZE EA UNIT | 86930 | CPT | | | | inpatient | | | 1064 | 224.64 | Horizon | Medicare Blue | 195.34 | | | | 31.14 | 31.14 | 1010.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FROZ BLD PREP FOR FREEZE EA UNIT | 86930 | CPT | | | | inpatient | | | 1064 | 224.64 | Three Rivers | Three Rivers | 1010.8 | 95 | | | 31.14 | 31.14 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FOR FREEZE EA UNIT | 86930 | CPT | | | | inpatient | | | 1064 | 224.64 | Aetna | Better Health | 335.69 | 31.55 | | | 31.14 | 31.14 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FOR FREEZE EA UNIT | 86930 | CPT | | | | inpatient | | | 1064 | 224.64 | Qualcare | Qualcare | 798 | 75 | | | 31.14 | 31.14 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FOR FREEZE EA UNIT | 86930 | CPT | | | | inpatient | | | 1064 | 224.64 | Consumer | Consumer | 1010.8 | 95 | | | 31.14 | 31.14 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FOR FREEZE EA UNIT | 86930 | CPT | | | | inpatient | | | 1064 | 224.64 | Corrections | Corrections | 851.2 | 80 | | | 31.14 | 31.14 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FOR FREEZE EA UNIT | 86930 | CPT | | | | inpatient | | | 1064 | 224.64 | Aetna | Medicare | 195.34 | | | | 31.14 | 31.14 | 1010.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FROZ BLD PREP FOR FREEZE EA UNIT | 86930 | CPT | | | | inpatient | | | 1064 | 224.64 | Americare | Americare | 798 | 75 | | | 31.14 | 31.14 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FOR FREEZE EA UNIT | 86930 | CPT | | | | inpatient | | | 1064 | 224.64 | Aetna | Commercial | 404.32 | 38 | | | 31.14 | 31.14 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FOR FREEZE EA UNIT | 86930 | CPT | | | | inpatient | | | 1064 | 224.64 | UHC | Medicaid | 335.69 | 31.55 | | | 31.14 | 31.14 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FOR FREEZE EA UNIT | 86930 | CPT | | | | inpatient | | | 1064 | 224.64 | Amerihealth | HMO/PPO | 31.14 | | | | 31.14 | 31.14 | 1010.8 | fee schedule | |
| BKR CHG FROZ BLD PREP FOR FREEZE EA UNIT | 86930 | CPT | | | | inpatient | | | 1064 | 224.64 | Multiplan | Multiplan | 851.2 | 80 | | | 31.14 | 31.14 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FOR FREEZE EA UNIT | 86930 | CPT | | | | inpatient | | | 1064 | 224.64 | WellPoint | WellPoint | 342.4 | 32.18 | | | 31.14 | 31.14 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FOR FREEZE EA UNIT | 86930 | CPT | | | | inpatient | | | 1064 | 224.64 | First Trenton | First Trenton | 957.6 | 90 | | | 31.14 | 31.14 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FOR FREEZE EA UNIT | 86930 | CPT | | | | inpatient | | | 1064 | 224.64 | First Health | First Health | 744.8 | 70 | | | 31.14 | 31.14 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FOR FREEZE EA UNIT | 86930 | CPT | | | | inpatient | | | 1064 | 224.64 | Wellcare | Medicare | 195.34 | | | | 31.14 | 31.14 | 1010.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FROZ BLD PREP FOR FREEZE EA UNIT | 86930 | CPT | | | | inpatient | | | 1064 | 224.64 | Horizon | MGD | 377.98 | | | | 31.14 | 31.14 | 1010.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FROZ BLD PREP FOR FREEZE EA UNIT | 86930 | CPT | | | | inpatient | | | 1064 | 224.64 | Horizon | Indemnity | 377.98 | | | | 31.14 | 31.14 | 1010.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FROZ BLD PREP FOR FREEZE EA UNIT | 86930 | CPT | | | | inpatient | | | 1064 | 224.64 | UHC | Medicare | 195.34 | | | | 31.14 | 31.14 | 1010.8 |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG FROZ BLD PREP FREZ/UNIT THAW | 86931 | CPT | | | | outpatient | | | 1064 | 224.64 | UHC | Medicaid | 335.69 | 31.55 | | | 31.14 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FREZ/UNIT THAW | 86931 | CPT | | | | outpatient | | | 1064 | 224.64 | Corrections | Corrections | 851.2 | 80 | | | 31.14 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FREZ/UNIT THAW | 86931 | CPT | | | | outpatient | | | 1064 | 224.64 | Americare | Americare | 798 | 75 | | | 31.14 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FREZ/UNIT THAW | 86931 | CPT | | | | outpatient | | | 1064 | 224.64 | Aetna | Medicare | 195.34 | | | | 31.14 | 1010.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FROZ BLD PREP FREZ/UNIT THAW | 86931 | CPT | | | | outpatient | | | 1064 | 224.64 | First Trenton | First Trenton | 957.6 | 90 | | | 31.14 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FREZ/UNIT THAW | 86931 | CPT | | | | outpatient | | | 1064 | 224.64 | Horizon | NJ Health | 51.98 | | | | 31.14 | 1010.8 | fee schedule | |
| BKR CHG FROZ BLD PREP FREZ/UNIT THAW | 86931 | CPT | | | | outpatient | | | 1064 | 224.64 | Multiplan | Multiplan | 851.2 | 80 | | | 31.14 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FREZ/UNIT THAW | 86931 | CPT | | | | outpatient | | | 1064 | 224.64 | Aetna | Commercial | 404.32 | 38 | | | 31.14 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FREZ/UNIT THAW | 86931 | CPT | | | | outpatient | | | 1064 | 224.64 | Horizon | Indemnity | 377.98 | | | | 31.14 | 1010.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FROZ BLD PREP FREZ/UNIT THAW | 86931 | CPT | | | | outpatient | | | 1064 | 224.64 | WellPoint | WellPoint | 342.4 | 32.18 | | | 31.14 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FREZ/UNIT THAW | 86931 | CPT | | | | outpatient | | | 1064 | 224.64 | Three Rivers | Three Rivers | 1010.8 | 95 | | | 31.14 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FREZ/UNIT THAW | 86931 | CPT | | | | outpatient | | | 1064 | 224.64 | Amerihealth | HMO/PPO | 31.14 | | | | 31.14 | 1010.8 | fee schedule | |
| BKR CHG FROZ BLD PREP FREZ/UNIT THAW | 86931 | CPT | | | | outpatient | | | 1064 | 224.64 | Horizon | PPO | 377.98 | | | | 31.14 | 1010.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FROZ BLD PREP FREZ/UNIT THAW | 86931 | CPT | | | | outpatient | | | 1064 | 224.64 | Horizon | Medicare Blue | 195.34 | | | | 31.14 | 1010.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FROZ BLD PREP FREZ/UNIT THAW | 86931 | CPT | | | | outpatient | | | 1064 | 224.64 | Wellcare | Medicare | 195.34 | | | | 31.14 | 1010.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FROZ BLD PREP FREZ/UNIT THAW | 86931 | CPT | | | | outpatient | | | 1064 | 224.64 | First Health | First Health | 744.8 | 70 | | | 31.14 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FREZ/UNIT THAW | 86931 | CPT | | | | outpatient | | | 1064 | 224.64 | Managed Care Inc | Managed Care Inc | 957.6 | 90 | | | 31.14 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FREZ/UNIT THAW | 86931 | CPT | | | | outpatient | | | 1064 | 224.64 | Horizon | MGD | 377.98 | | | | 31.14 | 1010.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FROZ BLD PREP FREZ/UNIT THAW | 86931 | CPT | | | | outpatient | | | 1064 | 224.64 | UHC | Medicare | 195.34 | | | | 31.14 | 1010.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FROZ BLD PREP FREZ/UNIT THAW | 86931 | CPT | | | | outpatient | | | 1064 | 224.64 | Wellcare | Medicaid | 335.69 | 31.55 | | | 31.14 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FREZ/UNIT FREZ&THAW | 86932 | CPT | | | | outpatient | | | 1064 | 52.74 | First Trenton | First Trenton | 957.6 | 90 | | | 29.69 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FREZ/UNIT FREZ&THAW | 86932 | CPT | | | | outpatient | | | 1064 | 52.74 | Aetna | Commercial | 404.32 | 38 | | | 29.69 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FREZ/UNIT FREZ&THAW | 86932 | CPT | | | | outpatient | | | 1064 | 52.74 | First Health | First Health | 744.8 | 70 | | | 29.69 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FREZ/UNIT FREZ&THAW | 86932 | CPT | | | | outpatient | | | 1064 | 52.74 | Aetna | Medicare | 45.86 | | | | 29.69 | 1010.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FROZ BLD PREP FREZ/UNIT FREZ&THAW | 86932 | CPT | | | | outpatient | | | 1064 | 52.74 | Managed Care Inc | Managed Care Inc | 957.6 | 90 | | | 29.69 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FREZ/UNIT FREZ&THAW | 86932 | CPT | | | | outpatient | | | 1064 | 52.74 | Americare | Americare | 798 | 75 | | | 29.69 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FREZ/UNIT FREZ&THAW | 86932 | CPT | | | | outpatient | | | 1064 | 52.74 | Qualcare | Qualcare | 798 | 75 | | | 29.69 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FREZ/UNIT FREZ&THAW | 86932 | CPT | | | | outpatient | | | 1064 | 52.74 | Aetna | Better Health | 335.69 | 31.55 | | | 29.69 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FREZ/UNIT FREZ&THAW | 86932 | CPT | | | | outpatient | | | 1064 | 52.74 | Wellcare | Medicare | 45.86 | | | | 29.69 | 1010.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FROZ BLD PREP FREZ/UNIT FREZ&THAW | 86932 | CPT | | | | outpatient | | | 1064 | 52.74 | Amerihealth | HMO/PPO | 29.69 | | | | 29.69 | 1010.8 | fee schedule | |
| BKR CHG FROZ BLD PREP FREZ/UNIT FREZ&THAW | 86932 | CPT | | | | outpatient | | | 1064 | 52.74 | Horizon | Indemnity | 88.74 | | | | 29.69 | 1010.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FROZ BLD PREP FREZ/UNIT FREZ&THAW | 86932 | CPT | | | | outpatient | | | 1064 | 52.74 | Horizon | MGD | 88.74 | | | | 29.69 | 1010.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FROZ BLD PREP FREZ/UNIT FREZ&THAW | 86932 | CPT | | | | outpatient | | | 1064 | 52.74 | UHC | Medicaid | 335.69 | 31.55 | | | 29.69 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FREZ/UNIT FREZ&THAW | 86932 | CPT | | | | outpatient | | | 1064 | 52.74 | Horizon | Medicare Blue | 45.86 | | | | 29.69 | 1010.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FROZ BLD PREP FREZ/UNIT FREZ&THAW | 86932 | CPT | | | | outpatient | | | 1064 | 52.74 | Multiplan | Multiplan | 851.2 | 80 | | | 29.69 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FREZ/UNIT FREZ&THAW | 86932 | CPT | | | | outpatient | | | 1064 | 52.74 | Consumer | Consumer | 1010.8 | 95 | | | 29.69 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FREZ/UNIT FREZ&THAW | 86932 | CPT | | | | outpatient | | | 1064 | 52.74 | UHC | Medicare | 45.86 | | | | 29.69 | 1010.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FROZ BLD PREP FREZ/UNIT FREZ&THAW | 86932 | CPT | | | | outpatient | | | 1064 | 52.74 | Horizon | PPO | 88.74 | | | | 29.69 | 1010.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FROZ BLD PREP FREZ/UNIT FREZ&THAW | 86932 | CPT | | | | outpatient | | | 1064 | 52.74 | Three Rivers | Three Rivers | 1010.8 | 95 | | | 29.69 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FREZ/UNIT FREZ&THAW | 86932 | CPT | | | | outpatient | | | 1064 | 52.74 | Corrections | Corrections | 851.2 | 80 | | | 29.69 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FREZ/UNIT FREZ&THAW | 86932 | CPT | | | | outpatient | | | 1064 | 52.74 | WellPoint | WellPoint | 342.4 | 32.18 | | | 29.69 | 1010.8 | percent of total billed charges | |
| BKR CHG FROZ BLD PREP FREZ/UNIT FREZ&THAW | 86932 | CPT | | | | outpatient | | | 1064 | 52.74 | Horizon | NJ Health | 58.9 | | | | 29.69 | 1010.8 | fee schedule | |
| BKR CHG FROZ BLD PREP FREZ/UNIT FREZ&THAW | 86932 | CPT | | | | outpatient | | | 1064 | 52.74 | Wellcare | Medicaid | 335.69 | 31.55 | | | 29.69 | 1010.8 | percent of total billed charges | |
| BKR CHG ISOHEMAGLUTININ TITER | 86940 | CPT | | | | outpatient | | | 265 | 10.09 | Amerihealth | HMO/PPO | 7.9 | | | | 7.9 | 251.75 | fee schedule | |
| BKR CHG ISOHEMAGLUTININ TITER | 86940 | CPT | | | | outpatient | | | 265 | 10.09 | Amerihealth | Medicare | 8.77 | | | | 7.9 | 251.75 | fee schedule | |
| BKR CHG ISOHEMAGLUTININ TITER | 86940 | CPT | | | | outpatient | | | 265 | 10.09 | Aetna | Better Health | 83.61 | 31.55 | | | 7.9 | 251.75 | percent of total billed charges | |
| BKR CHG ISOHEMAGLUTININ TITER | 86940 | CPT | | | | outpatient | | | 265 | 10.09 | Horizon | Medicare Blue | 79.5 | 30 | | | 7.9 | 251.75 | percent of total billed charges | |
| BKR CHG ISOHEMAGLUTININ TITER | 86940 | CPT | | | | outpatient | | | 265 | 10.09 | First Health | First Health | 185.5 | 70 | | | 7.9 | 251.75 | percent of total billed charges | |
| BKR CHG ISOHEMAGLUTININ TITER | 86940 | CPT | | | | outpatient | | | 265 | 10.09 | UHC | Medicare | 8.77 | | | | 7.9 | 251.75 | fee schedule | |
| BKR CHG ISOHEMAGLUTININ TITER | 86940 | CPT | | | | outpatient | | | 265 | 10.09 | Consumer | Consumer | 251.75 | 95 | | | 7.9 | 251.75 | percent of total billed charges | |
| BKR CHG ISOHEMAGLUTININ TITER | 86940 | CPT | | | | outpatient | | | 265 | 10.09 | Aetna | Medicare | 81.62 | 30.8 | | | 7.9 | 251.75 | percent of total billed charges | |
| BKR CHG ISOHEMAGLUTININ TITER | 86940 | CPT | | | | outpatient | | | 265 | 10.09 | Horizon | MGD | 101.44 | 38.28 | | | 7.9 | 251.75 | percent of total billed charges | |
| BKR CHG ISOHEMAGLUTININ TITER | 86940 | CPT | | | | outpatient | | | 265 | 10.09 | WellPoint | WellPoint | 85.28 | 32.18 | | | 7.9 | 251.75 | percent of total billed charges | |
| BKR CHG ISOHEMAGLUTININ TITER | 86940 | CPT | | | | outpatient | | | 265 | 10.09 | Aetna | Commercial | 100.7 | 38 | | | 7.9 | 251.75 | percent of total billed charges | |
| BKR CHG ISOHEMAGLUTININ TITER | 86940 | CPT | | | | outpatient | | | 265 | 10.09 | Americare | Americare | 198.75 | 75 | | | 7.9 | 251.75 | percent of total billed charges | |
| BKR CHG ISOHEMAGLUTININ TITER | 86940 | CPT | | | | outpatient | | | 265 | 10.09 | Horizon | PPO | 101.44 | 38.28 | | | 7.9 | 251.75 | percent of total billed charges | |
| BKR CHG ISOHEMAGLUTININ TITER | 86940 | CPT | | | | outpatient | | | 265 | 10.09 | Wellcare | Medicare | 8.77 | | | | 7.9 | 251.75 | fee schedule | |
| BKR CHG ISOHEMAGLUTININ TITER | 86940 | CPT | | | | outpatient | | | 265 | 10.09 | Corrections | Corrections | 212 | 80 | | | 7.9 | 251.75 | percent of total billed charges | |
| BKR CHG ISOHEMAGLUTININ TITER | 86940 | CPT | | | | outpatient | | | 265 | 10.09 | Three Rivers | Three Rivers | 251.75 | 95 | | | 7.9 | 251.75 | percent of total billed charges | |
| BKR CHG ISOHEMAGLUTININ TITER | 86940 | CPT | | | | outpatient | | | 265 | 10.09 | Horizon | Indemnity | 101.44 | 38.28 | | | 7.9 | 251.75 | percent of total billed charges | |
| BKR CHG ISOHEMAGLUTININ TITER | 86940 | CPT | | | | outpatient | | | 265 | 10.09 | First Trenton | First Trenton | 238.5 | 90 | | | 7.9 | 251.75 | percent of total billed charges | |
| BKR CHG ISOHEMAGLUTININ TITER | 86940 | CPT | | | | outpatient | | | 265 | 10.09 | Multiplan | Multiplan | 212 | 80 | | | 7.9 | 251.75 | percent of total billed charges | |
| BKR CHG ISOHEMAGLUTININ TITER | 86940 | CPT | | | | outpatient | | | 265 | 10.09 | Horizon | NJ Health | 20.54 | | | | 7.9 | 251.75 | fee schedule | |
| BKR CHG ISOHEMAGLUTININ TITER | 86940 | CPT | | | | outpatient | | | 265 | 10.09 | Qualcare | Qualcare | 198.75 | 75 | | | 7.9 | 251.75 | percent of total billed charges | |
| BKR CHG ISOHEMAGLUTININ TITER | 86940 | CPT | | | | outpatient | | | 265 | 10.09 | Managed Care Inc | Managed Care Inc | 238.5 | 90 | | | 7.9 | 251.75 | percent of total billed charges | |
| BKR CHG ISOHEMAGLUTININ TITER | 86940 | CPT | | | | outpatient | | | 265 | 10.09 | UHC | Medicaid | 9.5 | | | | 7.9 | 251.75 | fee schedule | |
| BKR CHG ISOHEMAGLUTININ TITER | 86940 | CPT | | | | outpatient | | | 265 | 10.09 | Wellcare | Medicaid | 9.5 | | | | 7.9 | 251.75 | fee schedule | |
| BKR CHG HEMOLYSIN&AGLUTIN INCUBATED | 86941 | CPT | | | | outpatient | | | 265 | 13.93 | Aetna | Commercial | 100.7 | 38 | | | 12.11 | 251.75 | percent of total billed charges | |
| BKR CHG HEMOLYSIN&AGLUTIN INCUBATED | 86941 | CPT | | | | outpatient | | | 265 | 13.93 | Amerihealth | Medicare | 12.11 | | | | 12.11 | 251.75 | fee schedule | |
| BKR CHG HEMOLYSIN&AGLUTIN INCUBATED | 86941 | CPT | | | | outpatient | | | 265 | 13.93 | Aetna | Better Health | 83.61 | 31.55 | | | 12.11 | 251.75 | percent of total billed charges | |
| BKR CHG HEMOLYSIN&AGLUTIN INCUBATED | 86941 | CPT | | | | outpatient | | | 265 | 13.93 | Americare | Americare | 198.75 | 75 | | | 12.11 | 251.75 | percent of total billed charges | |
| BKR CHG HEMOLYSIN&AGLUTIN INCUBATED | 86941 | CPT | | | | outpatient | | | 265 | 13.93 | Corrections | Corrections | 212 | 80 | | | 12.11 | 251.75 | percent of total billed charges | |
| BKR CHG HEMOLYSIN&AGLUTIN INCUBATED | 86941 | CPT | | | | outpatient | | | 265 | 13.93 | First Trenton | First Trenton | 238.5 | 90 | | | 12.11 | 251.75 | percent of total billed charges | |
| BKR CHG HEMOLYSIN&AGLUTIN INCUBATED | 86941 | CPT | | | | outpatient | | | 265 | 13.93 | First Health | First Health | 185.5 | 70 | | | 12.11 | 251.75 | percent of total billed charges | |
| BKR CHG HEMOLYSIN&AGLUTIN INCUBATED | 86941 | CPT | | | | outpatient | | | 265 | 13.93 | Consumer | Consumer | 251.75 | 95 | | | 12.11 | 251.75 | percent of total billed charges | |
| BKR CHG HEMOLYSIN&AGLUTIN INCUBATED | 86941 | CPT | | | | outpatient | | | 265 | 13.93 | Aetna | Medicare | 81.62 | 30.8 | | | 12.11 | 251.75 | percent of total billed charges | |
| BKR CHG HEMOLYSIN&AGLUTIN INCUBATED | 86941 | CPT | | | | outpatient | | | 265 | 13.93 | Wellcare | Medicaid | 12.5 | | | | 12.11 | 251.75 | fee schedule | |
| BKR CHG HEMOLYSIN&AGLUTIN INCUBATED | 86941 | CPT | | | | outpatient | | | 265 | 13.93 | Amerihealth | HMO/PPO | 13.7 | | | | 12.11 | 251.75 | fee schedule | |
| BKR CHG HEMOLYSIN&AGLUTIN INCUBATED | 86941 | CPT | | | | outpatient | | | 265 | 13.93 | Horizon | Medicare Blue | 79.5 | 30 | | | 12.11 | 251.75 | percent of total billed charges | |
| BKR CHG HEMOLYSIN&AGLUTIN INCUBATED | 86941 | CPT | | | | outpatient | | | 265 | 13.93 | UHC | Medicaid | 12.5 | | | | 12.11 | 251.75 | fee schedule | |
| BKR CHG HEMOLYSIN&AGLUTIN INCUBATED | 86941 | CPT | | | | outpatient | | | 265 | 13.93 | Horizon | NJ Health | 26.95 | | | | 12.11 | 251.75 | fee schedule | |
| BKR CHG HEMOLYSIN&AGLUTIN INCUBATED | 86941 | CPT | | | | outpatient | | | 265 | 13.93 | Horizon | Indemnity | 101.44 | 38.28 | | | 12.11 | 251.75 | percent of total billed charges | |
| BKR CHG HEMOLYSIN&AGLUTIN INCUBATED | 86941 | CPT | | | | outpatient | | | 265 | 13.93 | Horizon | PPO | 101.44 | 38.28 | | | 12.11 | 251.75 | percent of total billed charges | |
| BKR CHG HEMOLYSIN&AGLUTIN INCUBATED | 86941 | CPT | | | | outpatient | | | 265 | 13.93 | Horizon | MGD | 101.44 | 38.28 | | | 12.11 | 251.75 | percent of total billed charges | |
| BKR CHG HEMOLYSIN&AGLUTIN INCUBATED | 86941 | CPT | | | | outpatient | | | 265 | 13.93 | Managed Care Inc | Managed Care Inc | 238.5 | 90 | | | 12.11 | 251.75 | percent of total billed charges | |
| BKR CHG HEMOLYSIN&AGLUTIN INCUBATED | 86941 | CPT | | | | outpatient | | | 265 | 13.93 | Wellcare | Medicare | 12.11 | | | | 12.11 | 251.75 | fee schedule | |
| BKR CHG HEMOLYSIN&AGLUTIN INCUBATED | 86941 | CPT | | | | outpatient | | | 265 | 13.93 | Three Rivers | Three Rivers | 251.75 | 95 | | | 12.11 | 251.75 | percent of total billed charges | |
| BKR CHG HEMOLYSIN&AGLUTIN INCUBATED | 86941 | CPT | | | | outpatient | | | 265 | 13.93 | Multiplan | Multiplan | 212 | 80 | | | 12.11 | 251.75 | percent of total billed charges | |
| BKR CHG HEMOLYSIN&AGLUTIN INCUBATED | 86941 | CPT | | | | outpatient | | | 265 | 13.93 | WellPoint | WellPoint | 85.28 | 32.18 | | | 12.11 | 251.75 | percent of total billed charges | |
| BKR CHG HEMOLYSIN&AGLUTIN INCUBATED | 86941 | CPT | | | | outpatient | | | 265 | 13.93 | Qualcare | Qualcare | 198.75 | 75 | | | 12.11 | 251.75 | percent of total billed charges | |
| BKR CHG HEMOLYSIN&AGLUTIN INCUBATED | 86941 | CPT | | | | outpatient | | | 265 | 13.93 | UHC | Medicare | 12.11 | | | | 12.11 | 251.75 | fee schedule | |
| BKR CHG IRRADIATION BLOOD PROD/EACH | 86945 | CPT | | | | outpatient | | | 150 | 52.74 | Americare | Americare | 112.5 | 75 | | | 8 | 142.5 | percent of total billed charges | |
| BKR CHG IRRADIATION BLOOD PROD/EACH | 86945 | CPT | | | | outpatient | | | 150 | 52.74 | Aetna | Medicare | 45.86 | | | | 8 | 142.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG IRRADIATION BLOOD PROD/EACH | 86945 | CPT | | | | outpatient | | | 150 | 52.74 | First Trenton | First Trenton | 135 | 90 | | | 8 | 142.5 | percent of total billed charges | |
| BKR CHG IRRADIATION BLOOD PROD/EACH | 86945 | CPT | | | | outpatient | | | 150 | 52.74 | Horizon | Medicare Blue | 45.86 | | | | 8 | 142.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG IRRADIATION BLOOD PROD/EACH | 86945 | CPT | | | | outpatient | | | 150 | 52.74 | Amerihealth | HMO/PPO | 9.31 | | | | 8 | 142.5 | fee schedule | |
| BKR CHG IRRADIATION BLOOD PROD/EACH | 86945 | CPT | | | | outpatient | | | 150 | 52.74 | Aetna | Commercial | 57 | 38 | | | 8 | 142.5 | percent of total billed charges | |
| BKR CHG IRRADIATION BLOOD PROD/EACH | 86945 | CPT | | | | outpatient | | | 150 | 52.74 | Horizon | Indemnity | 88.74 | | | | 8 | 142.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG IRRADIATION BLOOD PROD/EACH | 86945 | CPT | | | | outpatient | | | 150 | 52.74 | Aetna | Better Health | 47.33 | 31.55 | | | 8 | 142.5 | percent of total billed charges | |
| BKR CHG IRRADIATION BLOOD PROD/EACH | 86945 | CPT | | | | outpatient | | | 150 | 52.74 | Horizon | MGD | 88.74 | | | | 8 | 142.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG IRRADIATION BLOOD PROD/EACH | 86945 | CPT | | | | outpatient | | | 150 | 52.74 | Consumer | Consumer | 142.5 | 95 | | | 8 | 142.5 | percent of total billed charges | |
| BKR CHG IRRADIATION BLOOD PROD/EACH | 86945 | CPT | | | | outpatient | | | 150 | 52.74 | Managed Care Inc | Managed Care Inc | 135 | 90 | | | 8 | 142.5 | percent of total billed charges | |
| BKR CHG IRRADIATION BLOOD PROD/EACH | 86945 | CPT | | | | outpatient | | | 150 | 52.74 | Multiplan | Multiplan | 120 | 80 | | | 8 | 142.5 | percent of total billed charges | |
| BKR CHG IRRADIATION BLOOD PROD/EACH | 86945 | CPT | | | | outpatient | | | 150 | 52.74 | UHC | Medicaid | 8 | | | | 8 | 142.5 | fee schedule | |
| BKR CHG IRRADIATION BLOOD PROD/EACH | 86945 | CPT | | | | outpatient | | | 150 | 52.74 | Horizon | PPO | 88.74 | | | | 8 | 142.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG IRRADIATION BLOOD PROD/EACH | 86945 | CPT | | | | outpatient | | | 150 | 52.74 | UHC | Medicare | 45.86 | | | | 8 | 142.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG IRRADIATION BLOOD PROD/EACH | 86945 | CPT | | | | outpatient | | | 150 | 52.74 | First Health | First Health | 105 | 70 | | | 8 | 142.5 | percent of total billed charges | |
| BKR CHG IRRADIATION BLOOD PROD/EACH | 86945 | CPT | | | | outpatient | | | 150 | 52.74 | Corrections | Corrections | 120 | 80 | | | 8 | 142.5 | percent of total billed charges | |
| BKR CHG IRRADIATION BLOOD PROD/EACH | 86945 | CPT | | | | outpatient | | | 150 | 52.74 | Qualcare | Qualcare | 112.5 | 75 | | | 8 | 142.5 | percent of total billed charges | |
| BKR CHG IRRADIATION BLOOD PROD/EACH | 86945 | CPT | | | | outpatient | | | 150 | 52.74 | WellPoint | WellPoint | 48.27 | 32.18 | | | 8 | 142.5 | percent of total billed charges | |
| BKR CHG IRRADIATION BLOOD PROD/EACH | 86945 | CPT | | | | outpatient | | | 150 | 52.74 | Three Rivers | Three Rivers | 142.5 | 95 | | | 8 | 142.5 | percent of total billed charges | |
| BKR CHG IRRADIATION BLOOD PROD/EACH | 86945 | CPT | | | | outpatient | | | 150 | 52.74 | Horizon | NJ Health | 18.82 | | | | 8 | 142.5 | fee schedule | |
| BKR CHG IRRADIATION BLOOD PROD/EACH | 86945 | CPT | | | | outpatient | | | 150 | 52.74 | Wellcare | Medicare | 45.86 | | | | 8 | 142.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG IRRADIATION BLOOD PROD/EACH | 86945 | CPT | | | | outpatient | | | 150 | 52.74 | Wellcare | Medicaid | 8 | | | | 8 | 142.5 | fee schedule | |
| BKR CHG LEUKOCYTE TRANSFUSION | 86950 | CPT | | | | outpatient | | | 453 | 224.64 | Consumer | Consumer | 430.35 | 95 | | | 8.88 | 430.35 | percent of total billed charges | |
| BKR CHG LEUKOCYTE TRANSFUSION | 86950 | CPT | | | | outpatient | | | 453 | 224.64 | Americare | Americare | 339.75 | 75 | | | 8.88 | 430.35 | percent of total billed charges | |
| BKR CHG LEUKOCYTE TRANSFUSION | 86950 | CPT | | | | outpatient | | | 453 | 224.64 | UHC | Medicare | 195.34 | | | | 8.88 | 430.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LEUKOCYTE TRANSFUSION | 86950 | CPT | | | | outpatient | | | 453 | 224.64 | Corrections | Corrections | 362.4 | 80 | | | 8.88 | 430.35 | percent of total billed charges | |
| BKR CHG LEUKOCYTE TRANSFUSION | 86950 | CPT | | | | outpatient | | | 453 | 224.64 | First Health | First Health | 317.1 | 70 | | | 8.88 | 430.35 | percent of total billed charges | |
| BKR CHG LEUKOCYTE TRANSFUSION | 86950 | CPT | | | | outpatient | | | 453 | 224.64 | Aetna | Medicare | 195.34 | | | | 8.88 | 430.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LEUKOCYTE TRANSFUSION | 86950 | CPT | | | | outpatient | | | 453 | 224.64 | First Trenton | First Trenton | 407.7 | 90 | | | 8.88 | 430.35 | percent of total billed charges | |
| BKR CHG LEUKOCYTE TRANSFUSION | 86950 | CPT | | | | outpatient | | | 453 | 224.64 | Aetna | Better Health | 142.92 | 31.55 | | | 8.88 | 430.35 | percent of total billed charges | |
| BKR CHG LEUKOCYTE TRANSFUSION | 86950 | CPT | | | | outpatient | | | 453 | 224.64 | Horizon | Indemnity | 377.98 | | | | 8.88 | 430.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LEUKOCYTE TRANSFUSION | 86950 | CPT | | | | outpatient | | | 453 | 224.64 | Amerihealth | HMO/PPO | 8.88 | | | | 8.88 | 430.35 | fee schedule | |
| BKR CHG LEUKOCYTE TRANSFUSION | 86950 | CPT | | | | outpatient | | | 453 | 224.64 | Managed Care Inc | Managed Care Inc | 407.7 | 90 | | | 8.88 | 430.35 | percent of total billed charges | |
| BKR CHG LEUKOCYTE TRANSFUSION | 86950 | CPT | | | | outpatient | | | 453 | 224.64 | Horizon | Medicare Blue | 195.34 | | | | 8.88 | 430.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LEUKOCYTE TRANSFUSION | 86950 | CPT | | | | outpatient | | | 453 | 224.64 | Multiplan | Multiplan | 362.4 | 80 | | | 8.88 | 430.35 | percent of total billed charges | |
| BKR CHG LEUKOCYTE TRANSFUSION | 86950 | CPT | | | | outpatient | | | 453 | 224.64 | Horizon | MGD | 377.98 | | | | 8.88 | 430.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LEUKOCYTE TRANSFUSION | 86950 | CPT | | | | outpatient | | | 453 | 224.64 | WellPoint | WellPoint | 145.78 | 32.18 | | | 8.88 | 430.35 | percent of total billed charges | |
| BKR CHG LEUKOCYTE TRANSFUSION | 86950 | CPT | | | | outpatient | | | 453 | 224.64 | Aetna | Commercial | 172.14 | 38 | | | 8.88 | 430.35 | percent of total billed charges | |
| BKR CHG LEUKOCYTE TRANSFUSION | 86950 | CPT | | | | outpatient | | | 453 | 224.64 | Horizon | NJ Health | 45.08 | | | | 8.88 | 430.35 | fee schedule | |
| BKR CHG LEUKOCYTE TRANSFUSION | 86950 | CPT | | | | outpatient | | | 453 | 224.64 | UHC | Medicaid | 32 | | | | 8.88 | 430.35 | fee schedule | |
| BKR CHG LEUKOCYTE TRANSFUSION | 86950 | CPT | | | | outpatient | | | 453 | 224.64 | Qualcare | Qualcare | 339.75 | 75 | | | 8.88 | 430.35 | percent of total billed charges | |
| BKR CHG LEUKOCYTE TRANSFUSION | 86950 | CPT | | | | outpatient | | | 453 | 224.64 | Wellcare | Medicaid | 32 | | | | 8.88 | 430.35 | fee schedule | |
| BKR CHG LEUKOCYTE TRANSFUSION | 86950 | CPT | | | | outpatient | | | 453 | 224.64 | Three Rivers | Three Rivers | 430.35 | 95 | | | 8.88 | 430.35 | percent of total billed charges | |
| BKR CHG LEUKOCYTE TRANSFUSION | 86950 | CPT | | | | outpatient | | | 453 | 224.64 | Horizon | PPO | 377.98 | | | | 8.88 | 430.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LEUKOCYTE TRANSFUSION | 86950 | CPT | | | | outpatient | | | 453 | 224.64 | Wellcare | Medicare | 195.34 | | | | 8.88 | 430.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG VOL REDUCTION OF BLOOD/PROD | 86960 | CPT | | | | outpatient | | | 453 | 224.64 | Americare | Americare | 339.75 | 75 | | | 8.88 | 430.35 | percent of total billed charges | |
| BKR CHG VOL REDUCTION OF BLOOD/PROD | 86960 | CPT | | | | outpatient | | | 453 | 224.64 | Aetna | Better Health | 142.92 | 31.55 | | | 8.88 | 430.35 | percent of total billed charges | |
| BKR CHG VOL REDUCTION OF BLOOD/PROD | 86960 | CPT | | | | outpatient | | | 453 | 224.64 | Multiplan | Multiplan | 362.4 | 80 | | | 8.88 | 430.35 | percent of total billed charges | |
| BKR CHG VOL REDUCTION OF BLOOD/PROD | 86960 | CPT | | | | outpatient | | | 453 | 224.64 | First Health | First Health | 317.1 | 70 | | | 8.88 | 430.35 | percent of total billed charges | |
| BKR CHG VOL REDUCTION OF BLOOD/PROD | 86960 | CPT | | | | outpatient | | | 453 | 224.64 | Wellcare | Medicaid | 25 | | | | 8.88 | 430.35 | fee schedule | |
| BKR CHG VOL REDUCTION OF BLOOD/PROD | 86960 | CPT | | | | outpatient | | | 453 | 224.64 | Aetna | Medicare | 195.34 | | | | 8.88 | 430.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG VOL REDUCTION OF BLOOD/PROD | 86960 | CPT | | | | outpatient | | | 453 | 224.64 | First Trenton | First Trenton | 407.7 | 90 | | | 8.88 | 430.35 | percent of total billed charges | |
| BKR CHG VOL REDUCTION OF BLOOD/PROD | 86960 | CPT | | | | outpatient | | | 453 | 224.64 | Consumer | Consumer | 430.35 | 95 | | | 8.88 | 430.35 | percent of total billed charges | |
| BKR CHG VOL REDUCTION OF BLOOD/PROD | 86960 | CPT | | | | outpatient | | | 453 | 224.64 | Amerihealth | HMO/PPO | 8.88 | | | | 8.88 | 430.35 | fee schedule | |
| BKR CHG VOL REDUCTION OF BLOOD/PROD | 86960 | CPT | | | | outpatient | | | 453 | 224.64 | Aetna | Commercial | 172.14 | 38 | | | 8.88 | 

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG VOL REDUCTION OF BLOOD/PROD | 86960 | CPT | | | | outpatient | | | 453 | | 224.64 Three Rivers | Three Rivers | 430.35 | 95 | | | 8.88 | 430.35 | percent of total billed charges | |
| BKR CHG VOL REDUCTION OF BLOOD/PROD | 86960 | CPT | | | | outpatient | | | 453 | | 224.64 Horizon | Indemnity | 377.98 | | | | 8.88 | 430.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG VOL REDUCTION OF BLOOD/PROD | 86960 | CPT | | | | outpatient | | | 453 | | 224.64 Horizon | MGD | 377.98 | | | | 8.88 | 430.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG VOL REDUCTION OF BLOOD/PROD | 86960 | CPT | | | | outpatient | | | 453 | | 224.64 Managed Care Inc | Managed Care Inc | 407.7 | 90 | | | 8.88 | 430.35 | percent of total billed charges | |
| BKR CHG VOL REDUCTION OF BLOOD/PROD | 86960 | CPT | | | | outpatient | | | 453 | | 224.64 Corrections | Corrections | 362.4 | 80 | | | 8.88 | 430.35 | percent of total billed charges | |
| BKR CHG VOL REDUCTION OF BLOOD/PROD | 86960 | CPT | | | | outpatient | | | 453 | | 224.64 UHC | Medicare | 195.34 | | | | 8.88 | 430.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG VOL REDUCTION OF BLOOD/PROD | 86960 | CPT | | | | outpatient | | | 453 | | 224.64 Horizon | PPO | 377.98 | | | | 8.88 | 430.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG VOL REDUCTION OF BLOOD/PROD | 86960 | CPT | | | | outpatient | | | 453 | | 224.64 Wellcare | Medicare | 195.34 | | | | 8.88 | 430.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG VOL REDUCTION OF BLOOD/PROD | 86960 | CPT | | | | outpatient | | | 453 | | 224.64 Horizon | Medicare Blue | 195.34 | | | | 8.88 | 430.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG VOL REDUCTION OF BLOOD/PROD | 86960 | CPT | | | | outpatient | | | 453 | | 224.64 UHC | Medicaid | 25 | | | | 8.88 | 430.35 | fee schedule | |
| BKR CHG VOL REDUCTION OF BLOOD/PROD | 86960 | CPT | | | | outpatient | | | 453 | | 224.64 Horizon | NJ Health | 15.25 | | | | 8.88 | 430.35 | fee schedule | |
| BKR CHG VOL REDUCTION OF BLOOD/PROD | 86960 | CPT | | | | outpatient | | | 453 | | 224.64 WellPoint | WellPoint | 145.78 | 32.18 | | | 8.88 | 430.35 | percent of total billed charges | |
| BKR CHG POOLING OF BLOOD PRODUCT | 86965 | CPT | | | | outpatient | | | 287 | | 224.64 Aetna | Better Health | 90.55 | 31.55 | | | 16.16 | 377.98 | percent of total billed charges | |
| BKR CHG POOLING OF BLOOD PRODUCT | 86965 | CPT | | | | outpatient | | | 287 | | 224.64 UHC | Medicare | 195.34 | | | | 16.16 | 377.98 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG POOLING OF BLOOD PRODUCT | 86965 | CPT | | | | outpatient | | | 287 | | 224.64 First Trenton | First Trenton | 298.3 | 90 | | | 16.16 | 377.98 | percent of total billed charges | |
| BKR CHG POOLING OF BLOOD PRODUCT | 86965 | CPT | | | | outpatient | | | 287 | | 224.64 Aetna | Commercial | 109.08 | 38 | | | 16.16 | 377.98 | percent of total billed charges | |
| BKR CHG POOLING OF BLOOD PRODUCT | 86965 | CPT | | | | outpatient | | | 287 | | 224.64 Horizon | Medicare Blue | 195.34 | | | | 16.16 | 377.98 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG POOLING OF BLOOD PRODUCT | 86965 | CPT | | | | outpatient | | | 287 | | 224.64 Americare | Americare | 215.25 | 75 | | | 16.16 | 377.98 | percent of total billed charges | |
| BKR CHG POOLING OF BLOOD PRODUCT | 86965 | CPT | | | | outpatient | | | 287 | | 224.64 Three Rivers | Three Rivers | 272.65 | 95 | | | 16.16 | 377.98 | percent of total billed charges | |
| BKR CHG POOLING OF BLOOD PRODUCT | 86965 | CPT | | | | outpatient | | | 287 | | 224.64 Aetna | Medicare | 195.34 | | | | 16.16 | 377.98 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG POOLING OF BLOOD PRODUCT | 86965 | CPT | | | | outpatient | | | 287 | | 224.64 First Health | First Health | 200.9 | 70 | | | 16.16 | 377.98 | percent of total billed charges | |
| BKR CHG POOLING OF BLOOD PRODUCT | 86965 | CPT | | | | outpatient | | | 287 | | 224.64 Amerihealth | HMO/PPO | 16.16 | | | | 16.16 | 377.98 | fee schedule | |
| BKR CHG POOLING OF BLOOD PRODUCT | 86965 | CPT | | | | outpatient | | | 287 | | 224.64 Horizon | Indemnity | 377.98 | | | | 16.16 | 377.98 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG POOLING OF BLOOD PRODUCT | 86965 | CPT | | | | outpatient | | | 287 | | 224.64 Horizon | PPO | 377.98 | | | | 16.16 | 377.98 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG POOLING OF BLOOD PRODUCT | 86965 | CPT | | | | outpatient | | | 287 | | 224.64 Multiplan | Multiplan | 229.6 | 80 | | | 16.16 | 377.98 | percent of total billed charges | |
| BKR CHG POOLING OF BLOOD PRODUCT | 86965 | CPT | | | | outpatient | | | 287 | | 224.64 Horizon | MGD | 377.98 | | | | 16.16 | 377.98 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG POOLING OF BLOOD PRODUCT | 86965 | CPT | | | | outpatient | | | 287 | | 224.64 Managed Care Inc | Managed Care Inc | 298.3 | 90 | | | 16.16 | 377.98 | percent of total billed charges | |
| BKR CHG POOLING OF BLOOD PRODUCT | 86965 | CPT | | | | outpatient | | | 287 | | 224.64 Consumer | Consumer | 272.65 | 95 | | | 16.16 | 377.98 | percent of total billed charges | |
| BKR CHG POOLING OF BLOOD PRODUCT | 86965 | CPT | | | | outpatient | | | 287 | | 224.64 Wellcare | Medicare | 195.34 | | | | 16.16 | 377.98 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG POOLING OF BLOOD PRODUCT | 86965 | CPT | | | | outpatient | | | 287 | | 224.64 UHC | Medicaid | 25 | | | | 16.16 | 377.98 | fee schedule | |
| BKR CHG POOLING OF BLOOD PRODUCT | 86965 | CPT | | | | outpatient | | | 287 | | 224.64 Qualcare | Qualcare | 215.25 | 75 | | | 16.16 | 377.98 | percent of total billed charges | |
| BKR CHG POOLING OF BLOOD PRODUCT | 86965 | CPT | | | | outpatient | | | 287 | | 224.64 WellPoint | WellPoint | 92.36 | 32.18 | | | 16.16 | 377.98 | percent of total billed charges | |
| BKR CHG POOLING OF BLOOD PRODUCT | 86965 | CPT | | | | outpatient | | | 287 | | 224.64 Corrections | Corrections | 229.6 | 80 | | | 16.16 | 377.98 | percent of total billed charges | |
| BKR CHG POOLING OF BLOOD PRODUCT | 86965 | CPT | | | | outpatient | | | 287 | | 224.64 Horizon | NJ Health | 58.8 | | | | 16.16 | 377.98 | fee schedule | |
| BKR CHG POOLING OF BLOOD PRODUCT | 86965 | CPT | | | | outpatient | | | 287 | | 224.64 Wellcare | Medicaid | 25 | | | | 16.16 | 377.98 | fee schedule | |
| BKR CHG PRETRT RBC FOPR AB DETECT ID CHEM AG | 86970 | CPT | | | | outpatient | | | 1201 | | 80.45 Aetna | Better Health | 378.92 | 31.55 | | | 8.32 | 1140.95 | percent of total billed charges | |
| BKR CHG PRETRT RBC FOPR AB DETECT ID CHEM AG | 86970 | CPT | | | | outpatient | | | 1201 | | 80.45 First Health | First Health | 840.7 | 70 | | | 8.32 | 1140.95 | percent of total billed charges | |
| BKR CHG PRETRT RBC FOPR AB DETECT ID CHEM AG | 86970 | CPT | | | | outpatient | | | 1201 | | 80.45 Aetna | Medicare | 69.96 | | | | 8.32 | 1140.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT RBC FOPR AB DETECT ID CHEM AG | 86970 | CPT | | | | outpatient | | | 1201 | | 80.45 First Trenton | First Trenton | 1080.9 | 90 | | | 8.32 | 1140.95 | percent of total billed charges | |
| BKR CHG PRETRT RBC FOPR AB DETECT ID CHEM AG | 86970 | CPT | | | | outpatient | | | 1201 | | 80.45 Consumer | Consumer | 1140.95 | 95 | | | 8.32 | 1140.95 | percent of total billed charges | |
| BKR CHG PRETRT RBC FOPR AB DETECT ID CHEM AG | 86970 | CPT | | | | outpatient | | | 1201 | | 80.45 Multiplan | Multiplan | 960.8 | 80 | | | 8.32 | 1140.95 | percent of total billed charges | |
| BKR CHG PRETRT RBC FOPR AB DETECT ID CHEM AG | 86970 | CPT | | | | outpatient | | | 1201 | | 80.45 Americare | Americare | 900.75 | 75 | | | 8.32 | 1140.95 | percent of total billed charges | |
| BKR CHG PRETRT RBC FOPR AB DETECT ID CHEM AG | 86970 | CPT | | | | outpatient | | | 1201 | | 80.45 Corrections | Corrections | 960.8 | 80 | | | 8.32 | 1140.95 | percent of total billed charges | |
| BKR CHG PRETRT RBC FOPR AB DETECT ID CHEM AG | 86970 | CPT | | | | outpatient | | | 1201 | | 80.45 Aetna | Commercial | 456.38 | 38 | | | 8.32 | 1140.95 | percent of total billed charges | |
| BKR CHG PRETRT RBC FOPR AB DETECT ID CHEM AG | 86970 | CPT | | | | outpatient | | | 1201 | | 80.45 Horizon | Indemnity | 135.37 | | | | 8.32 | 1140.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT RBC FOPR AB DETECT ID CHEM AG | 86970 | CPT | | | | outpatient | | | 1201 | | 80.45 UHC | Medicare | 69.96 | | | | 8.32 | 1140.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT RBC FOPR AB DETECT ID CHEM AG | 86970 | CPT | | | | outpatient | | | 1201 | | 80.45 Three Rivers | Three Rivers | 1140.95 | 95 | | | 8.32 | 1140.95 | percent of total billed charges | |
| BKR CHG PRETRT RBC FOPR AB DETECT ID CHEM AG | 86970 | CPT | | | | outpatient | | | 1201 | | 80.45 Horizon | Medicare Blue | 69.96 | | | | 8.32 | 1140.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT RBC FOPR AB DETECT ID CHEM AG | 86970 | CPT | | | | outpatient | | | 1201 | | 80.45 Qualcare | Qualcare | 900.75 | 75 | | | 8.32 | 1140.95 | percent of total billed charges | |
| BKR CHG PRETRT RBC FOPR AB DETECT ID CHEM AG | 86970 | CPT | | | | outpatient | | | 1201 | | 80.45 Amerihealth | HMO/PPO | 8.32 | | | | 8.32 | 1140.95 | fee schedule | |
| BKR CHG PRETRT RBC FOPR AB DETECT ID CHEM AG | 86970 | CPT | | | | outpatient | | | 1201 | | 80.45 Horizon | NJ Health | 17.42 | | | | 8.32 | 1140.95 | fee schedule | |
| BKR CHG PRETRT RBC FOPR AB DETECT ID CHEM AG | 86970 | CPT | | | | outpatient | | | 1201 | | 80.45 Horizon | MGD | 135.37 | | | | 8.32 | 1140.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT RBC FOPR AB DETECT ID CHEM AG | 86970 | CPT | | | | outpatient | | | 1201 | | 80.45 UHC | Medicaid | 15 | | | | 8.32 | 1140.95 | fee schedule | |
| BKR CHG PRETRT RBC FOPR AB DETECT ID CHEM AG | 86970 | CPT | | | | outpatient | | | 1201 | | 80.45 Wellcare | Medicaid | 15 | | | | 8.32 | 1140.95 | fee schedule | |
| BKR CHG PRETRT RBC FOPR AB DETECT ID CHEM AG | 86970 | CPT | | | | outpatient | | | 1201 | | 80.45 Managed Care Inc | Managed Care Inc | 1080.9 | 90 | | | 8.32 | 1140.95 | percent of total billed charges | |
| BKR CHG PRETRT RBC FOPR AB DETECT ID CHEM AG | 86970 | CPT | | | | outpatient | | | 1201 | | 80.45 Horizon | PPO | 135.37 | | | | 8.32 | 1140.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT RBC FOPR AB DETECT ID CHEM AG | 86970 | CPT | | | | outpatient | | | 1201 | | 80.45 Wellcare | Medicare | 69.96 | | | | 8.32 | 1140.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT RBC FOPR AB DETECT ID CHEM AG | 86970 | CPT | | | | outpatient | | | 1201 | | 80.45 WellPoint | WellPoint | 386.48 | 32.18 | | | 8.32 | 1140.95 | percent of total billed charges | |
| BKR CHG PRETRT RBC FOPR AB DETECT ID E | 86971 | CPT | | | | both | | | 491 | | 224.64 Aetna | Better Health | 154.91 | 31.55 | | | 8.32 | 466.45 | percent of total billed charges | |
| BKR CHG PRETRT RBC FOPR AB DETECT ID E | 86971 | CPT | | | | both | | | 491 | | 224.64 Aetna | Commercial | 186.58 | 38 | | | 8.32 | 466.45 | percent of total billed charges | |
| BKR CHG PRETRT RBC FOPR AB DETECT ID E | 86971 | CPT | | | | both | | | 491 | | 224.64 Consumer | Consumer | 466.45 | 95 | | | 8.32 | 466.45 | percent of total billed charges | |
| BKR CHG PRETRT RBC FOPR AB DETECT ID E | 86971 | CPT | | | | both | | | 491 | | 224.64 Horizon | Medicare Blue | 195.34 | | | | 8.32 | 466.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT RBC FOPR AB DETECT ID E | 86971 | CPT | | | | both | | | 491 | | 224.64 Qualcare | Qualcare | 368.25 | 75 | | | 8.32 | 466.45 | percent of total billed charges | |
| BKR CHG PRETRT RBC FOPR AB DETECT ID E | 86971 | CPT | | | | both | | | 491 | | 224.64 Aetna | Medicare | 195.34 | | | | 8.32 | 466.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT RBC FOPR AB DETECT ID E | 86971 | CPT | | | | both | | | 491 | | 224.64 Americare | Americare | 368.25 | 75 | | | 8.32 | 466.45 | percent of total billed charges | |
| BKR CHG PRETRT RBC FOPR AB DETECT ID E | 86971 | CPT | | | | both | | | 491 | | 224.64 Amerihealth | HMO/PPO | 8.32 | | | | 8.32 | 466.45 | fee schedule | |
| BKR CHG PRETRT RBC FOPR AB DETECT ID E | 86971 | CPT | | | | both | | | 491 | | 224.64 First Trenton | First Trenton | 441.9 | 90 | | | 8.32 | 466.45 | percent of total billed charges | |
| BKR CHG PRETRT RBC FOPR AB DETECT ID E | 86971 | CPT | | | | both | | | 491 | | 224.64 UHC | Medicaid | 15 | | | 89.86 | 8.32 | 466.45 | fee schedule | |
| BKR CHG PRETRT RBC FOPR AB DETECT ID E | 86971 | CPT | | | | both | | | 491 | | 224.64 Corrections | Corrections | 392.8 | 80 | | 39.26 | 8.32 | 466.45 | percent of total billed charges | |
| BKR CHG PRETRT RBC FOPR AB DETECT ID E | 86971 | CPT | | | | both | | | 491 | | 224.64 First Health | First Health | 343.7 | 70 | | | 8.32 | 466.45 | percent of total billed charges | |
| BKR CHG PRETRT RBC FOPR AB DETECT ID E | 86971 | CPT | | | | both | | | 491 | | 224.64 Horizon | PPO | 377.98 | | | | 8.32 | 466.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT RBC FOPR AB DETECT ID E | 86971 | CPT | | | | both | | | 491 | | 224.64 Horizon | MGD | 377.98 | | | | 8.32 | 466.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT RBC FOPR AB DETECT ID E | 86971 | CPT | | | | both | | | 491 | | 224.64 Multiplan | Multiplan | 392.8 | 80 | | | 8.32 | 466.45 | percent of total billed charges | |
| BKR CHG PRETRT RBC FOPR AB DETECT ID E | 86971 | CPT | | | | both | | | 491 | | 224.64 Horizon | Indemnity | 377.98 | | | | 8.32 | 466.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT RBC FOPR AB DETECT ID E | 86971 | CPT | | | | both | | | 491 | | 224.64 Managed Care Inc | Managed Care Inc | 441.9 | 90 | | | 8.32 | 466.45 | percent of total billed charges | |
| BKR CHG PRETRT RBC FOPR AB DETECT ID E | 86971 | CPT | | | | both | | | 491 | | 224.64 Horizon | NJ Health | 13.82 | | | 36.9 | 8.32 | 466.45 | fee schedule | |
| BKR CHG PRETRT RBC FOPR AB DETECT ID E | 86971 | CPT | | | | both | | | 491 | | 224.64 Three Rivers | Three Rivers | 466.45 | 95 | | | 8.32 | 466.45 | percent of total billed charges | |
| BKR CHG PRETRT RBC FOPR AB DETECT ID E | 86971 | CPT | | | | both | | | 491 | | 224.64 Wellcare | Medicaid | 15 | | | 141.51 | 8.32 | 466.45 | fee schedule | |
| BKR CHG PRETRT RBC FOPR AB DETECT ID E | 86971 | CPT | | | | both | | | 491 | | 224.64 Wellcare | Medicare | 195.34 | | | | 8.32 | 466.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT RBC FOPR AB DETECT ID E | 86971 | CPT | | | | both | | | 491 | | 224.64 WellPoint | WellPoint | 158 | 32.18 | | 74.7 | 8.32 | 466.45 | percent of total billed charges | |
| BKR CHG PRETRT RBC FOPR AB DETECT ID E | 86971 | CPT | | | | both | | | 491 | | 224.64 UHC | Medicare | 195.34 | | | 81.01 | 8.32 | 466.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG WHITE BLOOD CELL ISOLATION | 86972 | CPT | | | | outpatient | | | 1201 | | 224.64 First Trenton | First Trenton | 1080.9 | 90 | | | 8.88 | 1140.95 | percent of total billed charges | |
| BKR CHG WHITE BLOOD CELL ISOLATION | 86972 | CPT | | | | outpatient | | | 1201 | | 224.64 Corrections | Corrections | 960.8 | 80 | | | 8.88 | 1140.95 | percent of total billed charges | |
| BKR CHG WHITE BLOOD CELL ISOLATION | 86972 | CPT | | | | outpatient | | | 1201 | | 224.64 Multiplan | Multiplan | 960.8 | 80 | | | 8.88 | 1140.95 | percent of total billed charges | |
| BKR CHG WHITE BLOOD CELL ISOLATION | 86972 | CPT | | | | outpatient | | | 1201 | | 224.64 Aetna | Medicare | 195.34 | | | | 8.88 | 1140.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG WHITE BLOOD CELL ISOLATION | 86972 | CPT | | | | outpatient | | | 1201 | | 224.64 Americare | Americare | 900.75 | 75 | | | 8.88 | 1140.95 | percent of total billed charges | |
| BKR CHG WHITE BLOOD CELL ISOLATION | 86972 | CPT | | | | outpatient | | | 1201 | | 224.64 Consumer | Consumer | 1140.95 | 95 | | | 8.88 | 1140.95 | percent of total billed charges | |
| BKR CHG WHITE BLOOD CELL ISOLATION | 86972 | CPT | | | | outpatient | | | 1201 | | 224.64 UHC | Medicare | 195.34 | | | | 8.88 | 1140.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG WHITE BLOOD CELL ISOLATION | 86972 | CPT | | | | outpatient | | | 1201 | | 224.64 Aetna | Better Health | 378.92 | 31.55 | | | 8.88 | 1140.95 | percent of total billed charges | |
| BKR CHG WHITE BLOOD CELL ISOLATION | 86972 | CPT | | | | outpatient | | | 1201 | | 224.64 Wellcare | Medicaid | 15 | | | | 8.88 | 1140.95 | fee schedule | |
| BKR CHG WHITE BLOOD CELL ISOLATION | 86972 | CPT | | | | outpatient | | | 1201 | | 224.64 Horizon | Indemnity | 377.98 | | | | 8.88 | 1140.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG WHITE BLOOD CELL ISOLATION | 86972 | CPT | | | | outpatient | | | 1201 | | 224.64 Qualcare | Qualcare | 900.75 | 75 | | | 8.88 | 1140.95 | percent of total billed charges | |
| BKR CHG WHITE BLOOD CELL ISOLATION | 86972 | CPT | | | | outpatient | | | 1201 | | 224.64 First Health | First Health | 840.7 | 70 | | | 8.88 | 1140.95 | percent of total billed charges | |
| BKR CHG WHITE BLOOD CELL ISOLATION | 86972 | CPT | | | | outpatient | | | 1201 | | 224.64 Amerihealth | HMO/PPO | 8.88 | | | | 8.88 | 1140.95 | fee schedule | |
| BKR CHG WHITE BLOOD CELL ISOLATION | 86972 | CPT | | | | outpatient | | | 1201 | | 224.64 Horizon | NJ Health | 24.34 | | | | 8.88 | 1140.95 | fee schedule | |
| BKR CHG WHITE BLOOD CELL ISOLATION | 86972 | CPT | | | | outpatient | | | 1201 | | 224.64 Wellcare | Medicare | 195.34 | | | | 8.88 | 1140.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG WHITE BLOOD CELL ISOLATION | 86972 | CPT | | | | outpatient | | | 1201 | | 224.64 Aetna | Commercial | 456.38 | 38 | | | 8.88 | 1140.95 | percent of total billed charges | |
| BKR CHG WHITE BLOOD CELL ISOLATION | 86972 | CPT | | | | outpatient | | | 1201 | | 224.64 Horizon | Medicare Blue | 195.34 | | | | 8.88 | 1140.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG WHITE BLOOD CELL ISOLATION | 86972 | CPT | | | | outpatient | | | 1201 | | 224.64 Horizon | MGD | 377.98 | | | | 8.88 | 1140.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG WHITE BLOOD CELL ISOLATION | 86972 | CPT | | | | outpatient | | | 1201 | | 224.64 Managed Care Inc | Managed Care Inc | 1080.9 | 90 | | | 8.88 | 1140.95 | percent of total billed charges | |
| BKR CHG WHITE BLOOD CELL ISOLATION | 86972 | CPT | | | | outpatient | | | 1201 | | 224.64 UHC | Medicaid | 15 | | | | 8.88 | 1140.95 | fee schedule | |
| BKR CHG WHITE BLOOD CELL ISOLATION | 86972 | CPT | | | | outpatient | | | 1201 | | 224.64 Horizon | PPO | 377.98 | | | | 8.88 | 1140.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG WHITE BLOOD CELL ISOLATION | 86972 | CPT | | | | outpatient | | | 1201 | | 224.64 Three Rivers | Three Rivers | 1140.95 | 95 | | | 8.88 | 1140.95 | percent of total billed charges | |
| BKR CHG WHITE BLOOD CELL ISOLATION | 86972 | CPT | | | | outpatient | | | 1201 | | 224.64 WellPoint | WellPoint | 386.48 | 32.18 | | | 8.88 | 1140.95 | percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID INCUB W/DRUGS EA | 86975 | CPT | | | | outpatient | | | 1201 | | 524.04 Aetna | Better Health | 378.92 | 31.55 | | | 13.01 | 1140.95 | percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID INCUB W/DRUGS EA | 86975 | CPT | | | | outpatient | | | 1201 | | 524.04 Consumer | Consumer | 1140.95 | 95 | | | 13.01 | 1140.95 | percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID INCUB W/DRUGS EA | 86975 | CPT | | | | outpatient | | | 1201 | | 524.04 Americare | Americare | 900.75 | 75 | | | 13.01 | 1140.95 | percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID INCUB W/DRUGS EA | 86975 | CPT | | | | outpatient | | | 1201 | | 524.04 UHC | Medicare | 455.69 | | | | 13.01 | 1140.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT SERUMRBC ID INCUB W/DRUGS EA | 86975 | CPT | | | | outpatient | | | 1201 | | 524.04 Horizon | Medicare Blue | 455.69 | | | | 13.01 | 1140.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT SERUMRBC ID INCUB W/DRUGS EA | 86975 | CPT | | | | outpatient | | | 1201 | | 524.04 Aetna | Commercial | 456.38 | 38 | | | 13.01 | 1140.95 | percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID INCUB W/DRUGS EA | 86975 | CPT | | | | outpatient | | | 1201 | | 524.04 Corrections | Corrections | 960.8 | 80 | | | 13.01 | 1140.95 | percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID INCUB W/DRUGS EA | 86975 | CPT | | | | outpatient | | | 1201 | | 524.04 Amerihealth | HMO/PPO | 13.01 | | | | 13.01 | 1140.95 | fee schedule | |
| BKR CHG PRETRT SERUMRBC ID INCUB W/DRUGS EA | 86975 | CPT | | | | outpatient | | | 1201 | | 524.04 Aetna | Medicare | 455.69 | | | | 13.01 | 1140.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT SERUMRBC ID INCUB W/DRUGS EA | 86975 | CPT | | | | outpatient | | | 1201 | | 524.04 Wellcare | Medicaid | 25 | | | | 13.01 | 1140.95 | fee schedule | |
| BKR CHG PRETRT SERUMRBC ID INCUB W/DRUGS EA | 86975 | CPT | | | | outpatient | | | 1201 | | 524.04 First Trenton | First Trenton | 1080.9 | 90 | | | 13.01 | 1140.95 | percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID INCUB W/DRUGS EA | 86975 | CPT | | | | outpatient | | | 1201 | | 524.04 Horizon | MGD | 881.76 | | | | 13.01 | 1140.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT SERUMRBC ID INCUB W/DRUGS EA | 86975 | CPT | | | | outpatient | | | 1201 | | 524.04 Multiplan | Multiplan | 960.8 | 80 | | | 13.01 | 1140.95 | percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID INCUB W/DRUGS EA | 86975 | CPT | | | | outpatient | | | 1201 | | 524.04 Horizon | PPO | 881.76 | | | | 13.01 | 1140.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT SERUMRBC ID INCUB W/DRUGS EA | 86975 | CPT | | | | outpatient | | | 1201 | | 524.04 Horizon | Indemnity | 881.76 | | | | 13.01 | 1140.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT SERUMRBC ID INCUB W/DRUGS EA | 86975 | CPT | | | | outpatient | | | 1201 | | 524.04 WellPoint | WellPoint | 386.48 | 32.18 | | | 13.01 | 1140.95 | percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID INCUB W/DRUGS EA | 86975 | CPT | | | | outpatient | | | 1201 | | 524.04 First Health | First Health | 840.7 | 70 | | | 13.01 | 1140.95 | percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID INCUB W/DRUGS EA | 86975 | CPT | | | | outpatient | | | 1201 | | 524.04 Managed Care Inc | Managed Care Inc | 1080.9 | 90 | | | 13.01 | 1140.95 | percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID INCUB W/DRUGS EA | 86975 | CPT | | | | outpatient | | | 1201 | | 524.04 Qualcare | Qualcare | 900.75 | 75 | | | 13.01 | 1140.95 | percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID INCUB W/DRUGS EA | 86975 | CPT | | | | outpatient | | | 1201 | | 524.04 Horizon | NJ Health | 18.62 | | | | 13.01 | 1140.95 | fee schedule | |
| BKR CHG PRETRT SERUMRBC ID INCUB W/DRUGS EA | 86975 | CPT | | | | outpatient | | | 1201 | | 524.04 Wellcare | Medicare | 455.69 | | | | 13.01 | 1140.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT SERUMRBC ID INCUB W/DRUGS EA | 86975 | CPT | | | | outpatient | | | 1201 | | 524.04 Three Rivers | Three Rivers | 1140.95 | 95 | | | 13.01 | 1140.95 | percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID INCUB W/DRUGS EA | 86975 | CPT | | | | outpatient | | | 1201 | | 524.04 UHC | Medicaid | 25 | | | | 13.01 | 1140.95 | fee schedule | |
| BKR CHG PRETRT SERUMRBC ID DILUTION | 86976 | CPT | | | | outpatient | | | 1201 | | 39.16 Consumer | Consumer | 1140.95 | 95 | | | 8.88 | 1140.95 | percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID DILUTION | 86976 | CPT | | | | outpatient | | | 1201 | | 39.16 Aetna | Better Health | 378.92 | 31.55 | | | 8.88 | 1140.95 | percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID DILUTION | 86976 | CPT | | | | outpatient | | | 1201 | | 39.16 Multiplan | Multiplan | 960.8 | 80 | | | 8.88 | 1140.95 | percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID DILUTION | 86976 | CPT | | | | outpatient | | | 1201 | | 39.16 First Trenton | First Trenton | 1080.9 | 90 | | | 8.88 | 1140.95 | percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID DILUTION | 86976 | CPT | | | | outpatient | | | 1201 | | 39.16 Corrections | Corrections | 960.8 | 80 | | | 8.88 | 1140.95 | percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID DILUTION | 86976 | CPT | | | | outpatient | | | 1201 | | 39.16 Aetna | Commercial | 456.38 | 38 | | | 8.88 | 1140.95 | percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID DILUTION | 86976 | CPT | | | | outpatient | | | 1201 | | 39.16 Americare | Americare | 900.75 | 75 | | | 8.88 | 1140.95 | percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID DILUTION | 86976 | CPT | | | | outpatient | | | 1201 | | 39.16 Three Rivers | Three Rivers | 1140.95 | 95 | | | 8.88 | 1140.95 | percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID DILUTION | 86976 | CPT | | | | outpatient | | | 1201 | | 39.16 Horizon | NJ Health | 20.74 | | | | 8.88 | 1140.95 | fee schedule | |
| BKR CHG PRETRT SERUMRBC ID DILUTION | 86976 | CPT | | | | outpatient | | | 1201 | | 39.16 Aetna | Medicare | 34.05 | | | | 8.88 | 1140.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT SERUMRBC ID DILUTION | 86976 | CPT | | | | outpatient | | | 1201 | | 39.16 Qualcare | Qualcare | 900.75 | 75 | | | 8.88 | 1140.95 | percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID DILUTION | 86976 | CPT | | | | outpatient | | | 1201 | | 39.16 Horizon | Indemnity | 65.89 | | | | 8.88 | 1140.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT SERUMRBC ID DILUTION | 86976 | CPT | | | | outpatient | | | 1201 | | 39.16 Wellcare | Medicare | 34.05 | | | | 8.88 | 1140.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT SERUMRBC ID DILUTION | 86976 | CPT | | | | outpatient | | | 1201 | | 39.16 Horizon | Medicare Blue | 34.05 | | | | 8.88 | 1140.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT SERUMRBC ID DILUTION | 86976 | CPT | | | | outpatient | | | 1201 | | 39.16 Wellcare | Medicaid | 25 | | | | 8.88 | 1140.95 | fee schedule | |
| BKR CHG PRETRT SERUMRBC ID D

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG PRETRT SERUMRBC ID DILLUTION | 86976 | CPT | | | | outpatient | | | 1201 | | 39.16 Horizon | MGD | 65.89 | | | | 8.88 | | Payer-specific negotiated charge calculated as a percent of the Medicare value | |
| BKR CHG PRETRT SERUMRBC ID DILLUTION | 86976 | CPT | | | | outpatient | | | 1201 | | 39.16 UHC | Medicaid | 25 | | | | 8.88 | | 1140.95 fee schedule | |
| BKR CHG PRETRT SERUMRBC ID INCUB W/INH | 86977 | CPT | | | | both | | | 1479 | | 224.64 Aetna | Commercial | 562.02 | 38 | | | 20.74 | | 1405.05 percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID INCUB W/INH | 86977 | CPT | | | | both | | | 1479 | | 224.64 Multiplan | Multiplan | 1183.2 | 80 | | | 20.74 | | 1405.05 percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID INCUB W/INH | 86977 | CPT | | | | both | | | 1479 | | 224.64 Americare | Americare | 1109.25 | 75 | | | 20.74 | | 1405.05 percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID INCUB W/INH | 86977 | CPT | | | | both | | | 1479 | | 224.64 Consumer | Consumer | 1405.05 | 95 | | | 20.74 | | 1405.05 percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID INCUB W/INH | 86977 | CPT | | | | both | | | 1479 | | 224.64 Horizon | Medicare Blue | 195.34 | | | | 20.74 | | 1405.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT SERUMRBC ID INCUB W/INH | 86977 | CPT | | | | both | | | 1479 | | 224.64 Corrections | Corrections | 1183.2 | 80 | | | 20.74 | | 1405.05 percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID INCUB W/INH | 86977 | CPT | | | | both | | | 1479 | | 224.64 Aetna | Medicare | 195.34 | | | | 20.74 | | 1405.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT SERUMRBC ID INCUB W/INH | 86977 | CPT | | | | both | | | 1479 | | 224.64 Aetna | Better Health | 466.62 | 31.55 | | | 20.74 | | 1405.05 percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID INCUB W/INH | 86977 | CPT | | | | both | | | 1479 | | 224.64 UHC | Medicare | 195.34 | | | | 20.74 | | 1405.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT SERUMRBC ID INCUB W/INH | 86977 | CPT | | | | both | | | 1479 | | 224.64 Qualcare | Qualcare | 1109.25 | 75 | | | 20.74 | | 1405.05 percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID INCUB W/INH | 86977 | CPT | | | | both | | | 1479 | | 224.64 First Trenton | First Trenton | 1331.1 | 90 | | | 20.74 | | 1405.05 percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID INCUB W/INH | 86977 | CPT | | | | both | | | 1479 | | 224.64 Horizon | MGD | 377.98 | | | | 20.74 | | 1405.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT SERUMRBC ID INCUB W/INH | 86977 | CPT | | | | both | | | 1479 | | 224.64 Amerihealth | HMO/PPO | 29.69 | | | | 20.74 | | 1405.05 fee schedule | |
| BKR CHG PRETRT SERUMRBC ID INCUB W/INH | 86977 | CPT | | | | both | | | 1479 | | 224.64 Horizon | Indemnity | 377.98 | | | 287.94 | 20.74 | | 1405.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT SERUMRBC ID INCUB W/INH | 86977 | CPT | | | | both | | | 1479 | | 224.64 Managed Care Inc | Managed Care Inc | 1331.1 | 90 | | | 20.74 | | 1405.05 percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID INCUB W/INH | 86977 | CPT | | | | both | | | 1479 | | 224.64 Wellcare | Medicaid | 25 | | | | 20.74 | | 1405.05 fee schedule | |
| BKR CHG PRETRT SERUMRBC ID INCUB W/INH | 86977 | CPT | | | | both | | | 1479 | | 224.64 First Health | First Health | 1035.3 | 70 | | | 20.74 | | 1405.05 percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID INCUB W/INH | 86977 | CPT | | | | both | | | 1479 | | 224.64 Horizon | NJ Health | 20.74 | | | | 20.74 | | 1405.05 fee schedule | |
| BKR CHG PRETRT SERUMRBC ID INCUB W/INH | 86977 | CPT | | | | both | | | 1479 | | 224.64 Three Rivers | Three Rivers | 1405.05 | 95 | | | 20.74 | | 1405.05 percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID INCUB W/INH | 86977 | CPT | | | | both | | | 1479 | | 224.64 Horizon | PPO | 377.98 | | | | 20.74 | | 1405.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT SERUMRBC ID INCUB W/INH | 86977 | CPT | | | | both | | | 1479 | | 224.64 UHC | Medicaid | 25 | | | | 20.74 | | 1405.05 fee schedule | |
| BKR CHG PRETRT SERUMRBC ID INCUB W/INH | 86977 | CPT | | | | both | | | 1479 | | 224.64 WellPoint | WellPoint | 475.94 | 32.18 | | | 20.74 | | 1405.05 percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID INCUB W/INH | 86977 | CPT | | | | both | | | 1479 | | 224.64 Wellcare | Medicare | 195.34 | | | | 20.74 | | 1405.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT SERUMRBC ID DIFF REDCEL | 86978 | CPT | | | | both | | | 1479 | | 80.45 Aetna | Better Health | 466.62 | 31.55 | | | 13.01 | | 1405.05 percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID DIFF REDCEL | 86978 | CPT | | | | both | | | 1479 | | 80.45 Aetna | Commercial | 562.02 | 38 | | | 13.01 | | 1405.05 percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID DIFF REDCEL | 86978 | CPT | | | | both | | | 1479 | | 80.45 First Trenton | First Trenton | 1331.1 | 90 | | | 13.01 | | 1405.05 percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID DIFF REDCEL | 86978 | CPT | | | | both | | | 1479 | | 80.45 Multiplan | Multiplan | 1183.2 | 80 | | | 13.01 | | 1405.05 percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID DIFF REDCEL | 86978 | CPT | | | | both | | | 1479 | | 80.45 Amerihealth | HMO/PPO | 13.01 | | | | 13.01 | | 1405.05 fee schedule | |
| BKR CHG PRETRT SERUMRBC ID DIFF REDCEL | 86978 | CPT | | | | both | | | 1479 | | 80.45 Horizon | MGD | 135.37 | | | | 13.01 | | 1405.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT SERUMRBC ID DIFF REDCEL | 86978 | CPT | | | | both | | | 1479 | | 80.45 Corrections | Corrections | 1183.2 | 80 | | | 13.01 | | 1405.05 percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID DIFF REDCEL | 86978 | CPT | | | | both | | | 1479 | | 80.45 Aetna | Medicare | 69.96 | | | | 13.01 | | 1405.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT SERUMRBC ID DIFF REDCEL | 86978 | CPT | | | | both | | | 1479 | | 80.45 Americare | Americare | 1109.25 | 75 | | | 13.01 | | 1405.05 percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID DIFF REDCEL | 86978 | CPT | | | | both | | | 1479 | | 80.45 Qualcare | Qualcare | 1109.25 | 75 | | | 13.01 | | 1405.05 percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID DIFF REDCEL | 86978 | CPT | | | | both | | | 1479 | | 80.45 Horizon | NJ Health | 20.74 | | | | 13.01 | | 1405.05 fee schedule | |
| BKR CHG PRETRT SERUMRBC ID DIFF REDCEL | 86978 | CPT | | | | both | | | 1479 | | 80.45 Consumer | Consumer | 1405.05 | 95 | | | 13.01 | | 1405.05 percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID DIFF REDCEL | 86978 | CPT | | | | both | | | 1479 | | 80.45 First Health | First Health | 1035.3 | 70 | | | 13.01 | | 1405.05 percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID DIFF REDCEL | 86978 | CPT | | | | both | | | 1479 | | 80.45 UHC | Medicaid | 35 | | | | 13.01 | | 1405.05 fee schedule | |
| BKR CHG PRETRT SERUMRBC ID DIFF REDCEL | 86978 | CPT | | | | both | | | 1479 | | 80.45 Horizon | PPO | 135.37 | | | | 13.01 | | 1405.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT SERUMRBC ID DIFF REDCEL | 86978 | CPT | | | | both | | | 1479 | | 80.45 Wellcare | Medicaid | 35 | | | | 13.01 | | 1405.05 fee schedule | |
| BKR CHG PRETRT SERUMRBC ID DIFF REDCEL | 86978 | CPT | | | | both | | | 1479 | | 80.45 Horizon | Indemnity | 135.37 | | | | 13.01 | | 1405.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT SERUMRBC ID DIFF REDCEL | 86978 | CPT | | | | both | | | 1479 | | 80.45 Managed Care Inc | Managed Care Inc | 1331.1 | 90 | | | 13.01 | | 1405.05 percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID DIFF REDCEL | 86978 | CPT | | | | both | | | 1479 | | 80.45 Horizon | Medicare Blue | 69.96 | | | | 13.01 | | 1405.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT SERUMRBC ID DIFF REDCEL | 86978 | CPT | | | | both | | | 1479 | | 80.45 WellPoint | WellPoint | 475.94 | 32.18 | | | 13.01 | | 1405.05 percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID DIFF REDCEL | 86978 | CPT | | | | both | | | 1479 | | 80.45 UHC | Medicare | 69.96 | | | | 13.01 | | 1405.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PRETRT SERUMRBC ID DIFF REDCEL | 86978 | CPT | | | | both | | | 1479 | | 80.45 Three Rivers | Three Rivers | 1405.05 | 95 | | | 13.01 | | 1405.05 percent of total billed charges | |
| BKR CHG PRETRT SERUMRBC ID DIFF REDCEL | 86978 | CPT | | | | both | | | 1479 | | 80.45 Wellcare | Medicare | 69.96 | | | | 13.01 | | 1405.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SPLITTING OF BLD OR BLD PROD E | 86985 | CPT | | | | both | | | 440 | | 224.64 First Trenton | First Trenton | 396 | 90 | | | 9.31 | | 418 percent of total billed charges | |
| BKR CHG SPLITTING OF BLD OR BLD PROD E | 86985 | CPT | | | | both | | | 440 | | 224.64 First Health | First Health | 308 | 70 | | | 9.31 | | 418 percent of total billed charges | |
| BKR CHG SPLITTING OF BLD OR BLD PROD E | 86985 | CPT | | | | both | | | 440 | | 224.64 Americare | Americare | 330 | 75 | | | 9.31 | | 418 percent of total billed charges | |
| BKR CHG SPLITTING OF BLD OR BLD PROD E | 86985 | CPT | | | | both | | | 440 | | 224.64 Consumer | Consumer | 418 | 95 | | | 9.31 | | 418 percent of total billed charges | |
| BKR CHG SPLITTING OF BLD OR BLD PROD E | 86985 | CPT | | | | both | | | 440 | | 224.64 Corrections | Corrections | 352 | 80 | | | 9.31 | | 418 percent of total billed charges | |
| BKR CHG SPLITTING OF BLD OR BLD PROD E | 86985 | CPT | | | | both | | | 440 | | 224.64 Amerihealth | HMO/PPO | 9.31 | | | | 9.31 | | 418 fee schedule | |
| BKR CHG SPLITTING OF BLD OR BLD PROD E | 86985 | CPT | | | | both | | | 440 | | 224.64 Aetna | Medicare | 195.34 | | | | 9.31 | | 418 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SPLITTING OF BLD OR BLD PROD E | 86985 | CPT | | | | both | | | 440 | | 224.64 Aetna | Better Health | 138.82 | 31.55 | | | 9.31 | | 418 percent of total billed charges | |
| BKR CHG SPLITTING OF BLD OR BLD PROD E | 86985 | CPT | | | | both | | | 440 | | 224.64 Horizon | NJ Health | 15.33 | | | | 9.31 | | 418 fee schedule | |
| BKR CHG SPLITTING OF BLD OR BLD PROD E | 86985 | CPT | | | | both | | | 440 | | 224.64 UHC | Medicare | 195.34 | | | | 9.31 | | 418 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SPLITTING OF BLD OR BLD PROD E | 86985 | CPT | | | | both | | | 440 | | 224.64 Horizon | MGD | 377.98 | | | | 9.31 | | 418 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SPLITTING OF BLD OR BLD PROD E | 86985 | CPT | | | | both | | | 440 | | 224.64 Horizon | Medicare Blue | 195.34 | | | | 9.31 | | 418 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SPLITTING OF BLD OR BLD PROD E | 86985 | CPT | | | | both | | | 440 | | 224.64 Horizon | PPO | 377.98 | | | | 9.31 | | 418 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SPLITTING OF BLD OR BLD PROD E | 86985 | CPT | | | | both | | | 440 | | 224.64 Horizon | Indemnity | 377.98 | | | | 9.31 | | 418 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SPLITTING OF BLD OR BLD PROD E | 86985 | CPT | | | | both | | | 440 | | 224.64 Multiplan | Multiplan | 352 | 80 | | | 9.31 | | 418 percent of total billed charges | |
| BKR CHG SPLITTING OF BLD OR BLD PROD E | 86985 | CPT | | | | both | | | 440 | | 224.64 Aetna | Commercial | 167.2 | 38 | | | 9.31 | | 418 percent of total billed charges | |
| BKR CHG SPLITTING OF BLD OR BLD PROD E | 86985 | CPT | | | | both | | | 440 | | 224.64 Managed Care Inc | Managed Care Inc | 396 | 90 | | | 9.31 | | 418 percent of total billed charges | |
| BKR CHG SPLITTING OF BLD OR BLD PROD E | 86985 | CPT | | | | both | | | 440 | | 224.64 Wellcare | Medicare | 195.34 | | | | 9.31 | | 418 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SPLITTING OF BLD OR BLD PROD E | 86985 | CPT | | | | both | | | 440 | | 224.64 Qualcare | Qualcare | 330 | 75 | | | 9.31 | | 418 percent of total billed charges | |
| BKR CHG SPLITTING OF BLD OR BLD PROD E | 86985 | CPT | | | | both | | | 440 | | 224.64 WellPoint | WellPoint | 141.59 | 32.18 | | | 9.31 | | 418 percent of total billed charges | |
| BKR CHG SPLITTING OF BLD OR BLD PROD E | 86985 | CPT | | | | both | | | 440 | | 224.64 UHC | Medicaid | 25 | | | | 9.31 | | 418 fee schedule | |
| BKR CHG SPLITTING OF BLD OR BLD PROD E | 86985 | CPT | | | | both | | | 440 | | 224.64 Three Rivers | Three Rivers | 418 | 95 | | | 9.31 | | 418 percent of total billed charges | |
| BKR CHG SPLITTING OF BLD OR BLD PROD E | 86985 | CPT | | | | both | | | 440 | | 224.64 Wellcare | Medicaid | 25 | | | | 9.31 | | 418 fee schedule | |
| BKR CHG PHAGOCYTIC FUNCTION PANEL | 86999 | CPT | | | | outpatient | | | 1263 | | 39.16 Three Rivers | Three Rivers | 1199.85 | 95 | | | 34.05 | | 1199.85 percent of total billed charges | |
| BKR CHG PHAGOCYTIC FUNCTION PANEL | 86999 | CPT | | | | outpatient | | | 1263 | | 39.16 Aetna | Medicare | 34.05 | | | | 34.05 | | 1199.85 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PHAGOCYTIC FUNCTION PANEL | 86999 | CPT | | | | outpatient | | | 1263 | | 39.16 Aetna | Commercial | 479.94 | 38 | | | 34.05 | | 1199.85 percent of total billed charges | |
| BKR CHG PHAGOCYTIC FUNCTION PANEL | 86999 | CPT | | | | outpatient | | | 1263 | | 39.16 First Health | First Health | 884.1 | 70 | | | 34.05 | | 1199.85 percent of total billed charges | |
| BKR CHG PHAGOCYTIC FUNCTION PANEL | 86999 | CPT | | | | outpatient | | | 1263 | | 39.16 First Trenton | First Trenton | 1136.7 | 90 | | | 34.05 | | 1199.85 percent of total billed charges | |
| BKR CHG PHAGOCYTIC FUNCTION PANEL | 86999 | CPT | | | | outpatient | | | 1263 | | 39.16 Aetna | Better Health | 398.48 | 31.55 | | | 34.05 | | 1199.85 percent of total billed charges | |
| BKR CHG PHAGOCYTIC FUNCTION PANEL | 86999 | CPT | | | | outpatient | | | 1263 | | 39.16 Americare | Americare | 947.25 | 75 | | | 34.05 | | 1199.85 percent of total billed charges | |
| BKR CHG PHAGOCYTIC FUNCTION PANEL | 86999 | CPT | | | | outpatient | | | 1263 | | 39.16 Amerihealth | HMO/PPO | 820.95 | 65 | | | 34.05 | | 1199.85 percent of total billed charges | |
| BKR CHG PHAGOCYTIC FUNCTION PANEL | 86999 | CPT | | | | outpatient | | | 1263 | | 39.16 Managed Care Inc | Managed Care Inc | 1136.7 | 90 | | | 34.05 | | 1199.85 percent of total billed charges | |
| BKR CHG PHAGOCYTIC FUNCTION PANEL | 86999 | CPT | | | | outpatient | | | 1263 | | 39.16 Horizon | MGD | 65.89 | | | | 34.05 | | 1199.85 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PHAGOCYTIC FUNCTION PANEL | 86999 | CPT | | | | outpatient | | | 1263 | | 39.16 Horizon | Medicare Blue | 34.05 | | | | 34.05 | | 1199.85 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PHAGOCYTIC FUNCTION PANEL | 86999 | CPT | | | | outpatient | | | 1263 | | 39.16 Horizon | Indemnity | 65.89 | | | | 34.05 | | 1199.85 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PHAGOCYTIC FUNCTION PANEL | 86999 | CPT | | | | outpatient | | | 1263 | | 39.16 Wellcare | Medicare | 34.05 | | | | 34.05 | | 1199.85 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PHAGOCYTIC FUNCTION PANEL | 86999 | CPT | | | | outpatient | | | 1263 | | 39.16 Consumer | Consumer | 1199.85 | 95 | | | 34.05 | | 1199.85 percent of total billed charges | |
| BKR CHG PHAGOCYTIC FUNCTION PANEL | 86999 | CPT | | | | outpatient | | | 1263 | | 39.16 Qualcare | Qualcare | 947.25 | 75 | | | 34.05 | | 1199.85 percent of total billed charges | |
| BKR CHG PHAGOCYTIC FUNCTION PANEL | 86999 | CPT | | | | outpatient | | | 1263 | | 39.16 Horizon | PPO | 65.89 | | | | 34.05 | | 1199.85 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PHAGOCYTIC FUNCTION PANEL | 86999 | CPT | | | | outpatient | | | 1263 | | 39.16 Multiplan | Multiplan | 1010.4 | 80 | | | 34.05 | | 1199.85 percent of total billed charges | |
| BKR CHG PHAGOCYTIC FUNCTION PANEL | 86999 | CPT | | | | outpatient | | | 1263 | | 39.16 Corrections | Corrections | 1010.4 | 80 | | | 34.05 | | 1199.85 percent of total billed charges | |
| BKR CHG PHAGOCYTIC FUNCTION PANEL | 86999 | CPT | | | | outpatient | | | 1263 | | 39.16 UHC | Medicaid | 398.48 | 31.55 | | | 34.05 | | 1199.85 percent of total billed charges | |
| BKR CHG PHAGOCYTIC FUNCTION PANEL | 86999 | CPT | | | | outpatient | | | 1263 | | 39.16 Wellcare | Medicaid | 398.48 | 31.55 | | | 34.05 | | 1199.85 percent of total billed charges | |
| BKR CHG PHAGOCYTIC FUNCTION PANEL | 86999 | CPT | | | | outpatient | | | 1263 | | 39.16 UHC | Medicare | 34.05 | | | | 34.05 | | 1199.85 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PHAGOCYTIC FUNCTION PANEL | 86999 | CPT | | | | outpatient | | | 1263 | | 39.16 WellPoint | WellPoint | 406.43 | 32.18 | | | 34.05 | | 1199.85 percent of total billed charges | |
| BKR CHG CRYTOSPORIDIUM ISOSPORA SMEAR | 87015 | CPT | | | | both | | | 141 | | 7.68 Aetna | Commercial | 53.58 | 38 | | 6.06 | 5.1 | | 133.95 percent of total billed charges | |
| BKR CHG CRYTOSPORIDIUM ISOSPORA SMEAR | 87015 | CPT | | | | both | | | 141 | | 7.68 Corrections | Corrections | 112.8 | 80 | | | 5.1 | | 133.95 percent of total billed charges | |
| BKR CHG CRYTOSPORIDIUM ISOSPORA SMEAR | 87015 | CPT | | | | both | | | 141 | | 7.68 Consumer | Consumer | 133.95 | 95 | | | 5.1 | | 133.95 percent of total billed charges | |
| BKR CHG CRYTOSPORIDIUM ISOSPORA SMEAR | 87015 | CPT | | | | both | | | 141 | | 7.68 Amerihealth | Medicare | 6.68 | | | | 5.1 | | 133.95 fee schedule | |
| BKR CHG CRYTOSPORIDIUM ISOSPORA SMEAR | 87015 | CPT | | | | both | | | 141 | | 7.68 Amerihealth | HMO/PPO | 10.4 | | | | 5.1 | | 133.95 fee schedule | |
| BKR CHG CRYTOSPORIDIUM ISOSPORA SMEAR | 87015 | CPT | | | | both | | | 141 | | 7.68 Americare | Americare | 105.75 | 75 | | | 5.1 | | 133.95 percent of total billed charges | |
| BKR CHG CRYTOSPORIDIUM ISOSPORA SMEAR | 87015 | CPT | | | | both | | | 141 | | 7.68 Aetna | Medicare | 43.43 | 30.8 | | | 5.1 | | 133.95 percent of total billed charges | |
| BKR CHG CRYTOSPORIDIUM ISOSPORA SMEAR | 87015 | CPT | | | | both | | | 141 | | 7.68 Aetna | Better Health | 44.49 | 31.55 | | 13.76 | 5.1 | | 133.95 percent of total billed charges | |
| BKR CHG CRYTOSPORIDIUM ISOSPORA SMEAR | 87015 | CPT | | | | both | | | 141 | | 7.68 WellPoint | WellPoint | 45.37 | 32.18 | | 7.76 | 5.1 | | 133.95 percent of total billed charges | |
| BKR CHG CRYTOSPORIDIUM ISOSPORA SMEAR | 87015 | CPT | | | | both | | | 141 | | 7.68 First Trenton | First Trenton | 126.9 | 90 | | | 5.1 | | 133.95 percent of total billed charges | |
| BKR CHG CRYTOSPORIDIUM ISOSPORA SMEAR | 87015 | CPT | | | | both | | | 141 | | 7.68 First Health | First Health | 98.7 | 70 | | | 5.1 | | 133.95 percent of total billed charges | |
| BKR CHG CRYTOSPORIDIUM ISOSPORA SMEAR | 87015 | CPT | | | | both | | | 141 | | 7.68 Multiplan | Multiplan | 112.8 | 80 | | | 5.1 | | 133.95 percent of total billed charges | |
| BKR CHG CRYTOSPORIDIUM ISOSPORA SMEAR | 87015 | CPT | | | | both | | | 141 | | 7.68 Horizon | PPO | 53.97 | 38.28 | | 10.37 | 5.1 | | 133.95 percent of total billed charges | |
| BKR CHG CRYTOSPORIDIUM ISOSPORA SMEAR | 87015 | CPT | | | | both | | | 141 | | 7.68 Horizon | Indemnity | 53.97 | 38.28 | | | 5.1 | | 133.95 percent of total billed charges | |
| BKR CHG CRYTOSPORIDIUM ISOSPORA SMEAR | 87015 | CPT | | | | both | | | 141 | | 7.68 Horizon | NJ Health | 10 | | | 2.02 | 5.1 | | 133.95 fee schedule | |
| BKR CHG CRYTOSPORIDIUM ISOSPORA SMEAR | 87015 | CPT | | | | both | | | 141 | | 7.68 Qualcare | Qualcare | 105.75 | 75 | | | 5.1 | | 133.95 percent of total billed charges | |
| BKR CHG CRYTOSPORIDIUM ISOSPORA SMEAR | 87015 | CPT | | | | both | | | 141 | | 7.68 Wellcare | Medicaid | 5.1 | | | | 5.1 | | 133.95 fee schedule | |
| BKR CHG CRYTOSPORIDIUM ISOSPORA SMEAR | 87015 | CPT | | | | both | | | 141 | | 7.68 Horizon | Medicare Blue | 42.3 | 30 | | | 5.1 | | 133.95 percent of total billed charges | |
| BKR CHG CRYTOSPORIDIUM ISOSPORA SMEAR | 87015 | CPT | | | | both | | | 141 | | 7.68 Wellcare | Medicare | 6.68 | | | | 5.1 | | 133.95 fee schedule | |
| BKR CHG CRYTOSPORIDIUM ISOSPORA SMEAR | 87015 | CPT | | | | both | | | 141 | | 7.68 UHC | Medicaid | 5.1 | | | 13.17 | 5.1 | | 133.95 fee schedule | |
| BKR CHG CRYTOSPORIDIUM ISOSPORA SMEAR | 87015 | CPT | | | | both | | | 141 | | 7.68 Horizon | MGD | 53.97 | 38.28 | | 14.06 | 5.1 | | 133.95 percent of total billed charges | |
| BKR CHG CRYTOSPORIDIUM ISOSPORA SMEAR | 87015 | CPT | | | | both | | | 141 | | 7.68 UHC | Medicare | 6.68 | | | 5.55 | 5.1 | | 133.95 fee schedule | |
| BKR CHG CRYTOSPORIDIUM ISOSPORA SMEAR | 87015 | CPT | | | | both | | | 141 | | 7.68 Managed Care Inc | Managed Care Inc | 126.9 | 90 | | | 5.1 | | 133.95 percent of total billed charges | |
| BKR CHG CRYTOSPORIDIUM ISOSPORA SMEAR | 87015 | CPT | | | | both | | | 141 | | 7.68 Three Rivers | Three Rivers | 133.95 | 95 | | | 5.1 | | 133.95 percent of total billed charges | |
| BKR CHG PEDIATRIC BLOOD CULTURE | 87040 | CPT | | | | both | | | 92 | | 11.87 Aetna | Commercial | 34.96 | 38 | | 18.09 | 9 | | 87.4 percent of total billed charges | |
| BKR CHG PEDIATRIC BLOOD CULTURE | 87040 | CPT | | | | both | | | 92 | | 11.87 Aetna | Medicare | 28.34 | 30.8 | | 15.83 | 9 | | 87.4 percent of total billed charges | |
| BKR CHG PEDIATRIC BLOOD CULTURE | 87040 | CPT | | | | both | | | 92 | | 11.87 Aetna | Better Health | 29.03 | 31.55 | | 19.73 | 9 | | 87.4 percent of total billed charges | |
| BKR CHG PEDIATRIC BLOOD CULTURE | 87040 | CPT | | | | both | | | 92 | | 11.87 Amerihealth | HMO/PPO | 16.1 | | | | 9 | | 87.4 fee schedule | |
| BKR CHG PEDIATRIC BLOOD CULTURE | 87040 | CPT | | | | both | | | 92 | | 11.87 Consumer | Consumer | 87.4 | 95 | | | 9 | | 87.4 percent of total billed charges | |
| BKR CHG PEDIATRIC BLOOD CULTURE | 87040 | CPT | | | | both | | | 92 | | 11.87 Americare | Americare | 69 | 75 | | | 9 | | 87.4 percent of total billed charges | |
| BKR CHG PEDIATRIC BLOOD CULTURE | 87040 | CPT | | | | both | | | 92 | | 11.87 Horizon | Indemnity | 35.22 | 38.28 | | 24.49 | 9 | | 87.4 percent of total billed charges | |
| BKR CHG PEDIATRIC BLOOD CULTURE | 87040 | CPT | | | | both | | | 92 | | 11.87 Corrections | Corrections | 73.6 | 80 | | 18.45 | 9 | | 87.4 percent of total billed charges | |
| BKR CHG PEDIATRIC BLOOD CULTURE | 87040 | CPT | | | | both | | | 92 | | 11.87 First Health | First Health | 64.4 | 70 | | | 9 | | 87.4 percent of total billed charges | |
| BKR CHG PEDIATRIC BLOOD CULTURE | 87040 | CPT | | | | both | | | 92 | | 11.87 Horizon | Medicare Blue | 27.6 | 30 | | 13.89 | 9 | | 87.4 percent of total billed charges | |
| BKR CHG PEDIATRIC BLOOD CULTURE | 87040 | CPT | | | | both | | | 92 | | 11.87 Horizon | MGD | 35.22 | 38.28 | | 18.87 | 9 | | 87.4 percent of total billed charges | |
| BKR CHG PEDIATRIC BLOOD CULTURE | 87040 | CPT | | | | both | | | 92 | | 11.87 Amerihealth | Medicare | 10.32 | | | | 9 | | 87.4 fee schedule | |
| BKR CHG PEDIATRIC BLOOD CULTURE | 87040 | CPT | | | | both | | | 92 | | 11.87 First Trenton | First Trenton | 82.8 | 90 | | | 9 | | 87.4 percent of total billed charges | |
| BKR CHG PEDIATRIC BLOOD CULTURE | 87040 | CPT | | | | both | | | 92 | | 11.87 UHC | Medicare | 10.32 | | | 11.33 | 9 | | 87.4 fee schedule | |
| BKR CHG PEDIATRIC BLOOD CULTURE | 87040 | CPT | | | | both | | | 92 | | 11.87 Multiplan | Multiplan | 73.6 | 80 | | | 9 | | 87.4 percent of total billed charges | |
| BKR CHG PEDIATRIC BLOOD CULTURE | 87040 | CPT | | | | both | | | 92 | | 11.87 WellPoint | WellPoint | 29.61 | 32.18 | | 19.45 | 9 | | 87.4 percent of total billed charges | |
| BKR CHG PEDIATRIC BLOOD CULTURE | 87040 | CPT | | | | both | | | 92 | | 11.87 Three Rivers | Three Rivers | 87.4 | 95 | | | 9 | | 87.4 percent of total billed charges | |
| BKR CHG PEDIATRIC BLOOD CULTURE | 87040 | CPT | | | | both | | | 92 | | 11.87 Wellcare | Medicaid | 9 | | | 24.23 | 9 | | 87.4 fee schedule | |
| BKR CHG PEDIATRIC BLOOD CULTURE | 87040 | CPT | | | | both | | | 92 | | 11.87 Qualcare | Qualcare | 69 | 75 | | | 9 | | 87.4 percent of total billed charges | |
| BKR CHG PEDIATRIC BLOOD CULTURE | 87040 | CPT | | | | both | | | 92 | | 11.87 Horizon | NJ Health | 17.64 | | | 4.08 | 9 | | 87.4 fee schedule | |
| BKR CHG PEDIATRIC BLOOD CULTURE | 87040 | CPT | | | | both | | | 92 | | 11.87 Managed Care Inc | Managed Care Inc | 82.8 | 90 | | | 9 | | 87.4 percent of total billed charges | |
| BKR CHG PEDIATRIC BLOOD CULTURE | 87040 | CPT | | | | both | | | 92 | | 11.87 Horizon | PPO | 35.22 | 38.28 | | 20.6 | 9 | | 87.4 percent of total billed charges | |
| BKR CHG PEDIATRIC BLOOD CULTURE | 87040 | CPT | | | | both | | | 92 | | 11.87 Wellcare | Medicare | 10.32 | | | 12 | 9 | | 87.4 fee schedule | |
| BKR CHG PEDIATRIC BLOOD CULTURE | 87040 | CPT | | | | both | | | 92 | | 11.87 UHC | Medicaid | 9 | | | 22.48 | 9 | | 87.4 fee schedule | |
| BKR CHG STOOL AEROBIC.W/ISOL&PRELIM.EXAM | 87045 | CPT | | | | both | | | 177 | | 10.86 Horizon | Medicare Blue | 53.1 | 30 | | | 6.9 | | 168.15 percent of total billed charges | |
| BKR CHG STOOL AEROBIC.W/ISOL&PRELIM.EXAM | 87045 | CPT | | | | both | | | 177 | | 10.86 Aetna | Medicare | 54.52 | 30.8 | | | 6.9 | | 168.15 percent of total billed charges | |
| BKR CHG STOOL AEROBIC.W/ISOL&PRELIM.EXAM | 87045 | CPT | | | | both | | | 177 | | 10.86 Amerihealth | HMO/PPO | 14.7 | | | | 6.9 | | 168.15 fee schedule | |
| BKR CHG STOOL AEROBIC.W/ISOL&PRELIM.EXAM | 87045 | CPT | | | | both | | | 177 | | 10.86 Amerihealth | Medicare | 9.44 | | | | 6.9 | | 168.15 fee schedule | |
| BKR CHG STOOL AEROBIC.W/ISOL&PRELIM.EXAM | 87045 | CPT | | | | both | | | 177 | | 10.86 Aetna | Commercial | 67.26 | 38 | | 21.59 | 6.9 | | 168.15 percent of total billed charges | |
| BKR CHG STOOL AEROBIC.W/ISOL&PRELIM.EXAM | 87045 | CPT | | | | both | | | 177 | | 10.86 Consumer | Consumer | 168.15 | 95 | | | 6.9 | | 168.15 percent of total billed charges | |
| BKR CHG STOOL AEROBIC.W/ISOL&PRELIM.EXAM | 87045 | CPT | | | | both | | | 177 | | 10.86 Aetna | Better Health | 55.84

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG STOOL AEROBIC W/ISOL&PRELIM.EXAM | 87045 | CPT | | | | both | | | 177 | | 10.86 Corrections | Corrections | 141.6 | 80 | | | 6.9 | | 168.15 percent of total billed charges | |
| BKR CHG STOOL AEROBIC W/ISOL&PRELIM.EXAM | 87045 | CPT | | | | both | | | 177 | | 10.86 Horizon | MGD | 67.76 | 38.28 | | 50.11 | 6.9 | | 168.15 percent of total billed charges | |
| BKR CHG STOOL AEROBIC W/ISOL&PRELIM.EXAM | 87045 | CPT | | | | both | | | 177 | | 10.86 Americare | Americare | 132.75 | 75 | | | 6.9 | | 168.15 percent of total billed charges | |
| BKR CHG STOOL AEROBIC W/ISOL&PRELIM.EXAM | 87045 | CPT | | | | both | | | 177 | | 10.86 First Health | First Health | 123.9 | 70 | | | 6.9 | | 168.15 percent of total billed charges | |
| BKR CHG STOOL AEROBIC W/ISOL&PRELIM.EXAM | 87045 | CPT | | | | both | | | 177 | | 10.86 First Trenton | First Trenton | 159.3 | 90 | | | 6.9 | | 168.15 percent of total billed charges | |
| BKR CHG STOOL AEROBIC W/ISOL&PRELIM.EXAM | 87045 | CPT | | | | both | | | 177 | | 10.86 Wellcare | Medicare | 9.44 | | | | 6.9 | | 168.15 fee schedule | |
| BKR CHG STOOL AEROBIC W/ISOL&PRELIM.EXAM | 87045 | CPT | | | | both | | | 177 | | 10.86 Horizon | PPO | 67.76 | 38.28 | | 36.93 | 6.9 | | 168.15 percent of total billed charges | |
| BKR CHG STOOL AEROBIC W/ISOL&PRELIM.EXAM | 87045 | CPT | | | | both | | | 177 | | 10.86 Three Rivers | Three Rivers | 168.15 | 95 | | | 6.9 | | 168.15 percent of total billed charges | |
| BKR CHG STOOL AEROBIC W/ISOL&PRELIM.EXAM | 87045 | CPT | | | | both | | | 177 | | 10.86 Horizon | Indemnity | 67.76 | 38.28 | | | 6.9 | | 168.15 percent of total billed charges | |
| BKR CHG STOOL AEROBIC W/ISOL&PRELIM.EXAM | 87045 | CPT | | | | both | | | 177 | | 10.86 UHC | Medicare | 9.44 | | | 19.76 | 6.9 | | 168.15 fee schedule | |
| BKR CHG STOOL AEROBIC W/ISOL&PRELIM.EXAM | 87045 | CPT | | | | both | | | 177 | | 10.86 Horizon | NJ Health | 17.64 | | | 7.17 | 6.9 | | 168.15 fee schedule | |
| BKR CHG STOOL AEROBIC W/ISOL&PRELIM.EXAM | 87045 | CPT | | | | both | | | 177 | | 10.86 WellPoint | WellPoint | 56.96 | 32.18 | | 27.67 | 6.9 | | 168.15 percent of total billed charges | |
| BKR CHG STOOL AEROBIC W/ISOL&PRELIM.EXAM | 87045 | CPT | | | | both | | | 177 | | 10.86 Managed Care Inc | Managed Care Inc | 159.3 | 90 | | | 6.9 | | 168.15 percent of total billed charges | |
| BKR CHG STOOL AEROBIC W/ISOL&PRELIM.EXAM | 87045 | CPT | | | | both | | | 177 | | 10.86 UHC | Medicaid | 9 | | | 46.88 | 6.9 | | 168.15 fee schedule | |
| BKR CHG STOOL AEROBIC W/ISOL&PRELIM.EXAM | 87045 | CPT | | | | both | | | 177 | | 10.86 Multiplan | Multiplan | 141.6 | 80 | | | 6.9 | | 168.15 percent of total billed charges | |
| BKR CHG STOOL AEROBIC W/ISOL&PRELIM.EXAM | 87045 | CPT | | | | both | | | 177 | | 10.86 Wellcare | Medicaid | 9 | | | | 6.9 | | 168.15 fee schedule | |
| BKR CHG STOOL AEROBIC W/ISOL&PRELIM.EXAM | 87045 | CPT | | | | both | | | 177 | | 10.86 Qualcare | Qualcare | 132.75 | 75 | | | 6.9 | | 168.15 percent of total billed charges | |
| BKR CHG STOOL AEROBIC.ADD.PATOGENS;EA.PLT | 87046 | CPT | | | | both | | | 177 | | 10.86 Americare | Americare | 132.75 | 75 | | | 3 | | 168.15 percent of total billed charges | |
| BKR CHG STOOL AEROBIC.ADD.PATOGENS;EA.PLT | 87046 | CPT | | | | both | | | 177 | | 10.86 Corrections | Corrections | 141.6 | 80 | | | 3 | | 168.15 percent of total billed charges | |
| BKR CHG STOOL AEROBIC.ADD.PATOGENS;EA.PLT | 87046 | CPT | | | | both | | | 177 | | 10.86 Horizon | PPO | 67.76 | 38.28 | | 31.32 | 3 | | 168.15 percent of total billed charges | |
| BKR CHG STOOL AEROBIC.ADD.PATOGENS;EA.PLT | 87046 | CPT | | | | both | | | 177 | | 10.86 Aetna | Commercial | 67.26 | 38 | | 18.3 | 3 | | 168.15 percent of total billed charges | |
| BKR CHG STOOL AEROBIC.ADD.PATOGENS;EA.PLT | 87046 | CPT | | | | both | | | 177 | | 10.86 Aetna | Better Health | 55.84 | 31.55 | | 41.42 | 3 | | 168.15 percent of total billed charges | |
| BKR CHG STOOL AEROBIC.ADD.PATOGENS;EA.PLT | 87046 | CPT | | | | both | | | 177 | | 10.86 Consumer | Consumer | 168.15 | 95 | | | 3 | | 168.15 percent of total billed charges | |
| BKR CHG STOOL AEROBIC.ADD.PATOGENS;EA.PLT | 87046 | CPT | | | | both | | | 177 | | 10.86 WellPoint | WellPoint | 56.96 | 32.18 | | 23.47 | 3 | | 168.15 percent of total billed charges | |
| BKR CHG STOOL AEROBIC.ADD.PATOGENS;EA.PLT | 87046 | CPT | | | | both | | | 177 | | 10.86 Aetna | Medicare | 54.52 | 30.8 | | | 3 | | 168.15 percent of total billed charges | |
| BKR CHG STOOL AEROBIC.ADD.PATOGENS;EA.PLT | 87046 | CPT | | | | both | | | 177 | | 10.86 Amerihealth | HMO/PPO | 3.7 | | | | 3 | | 168.15 fee schedule | |
| BKR CHG STOOL AEROBIC.ADD.PATOGENS;EA.PLT | 87046 | CPT | | | | both | | | 177 | | 10.86 Horizon | MGD | 67.76 | 38.28 | | 42.49 | 3 | | 168.15 percent of total billed charges | |
| BKR CHG STOOL AEROBIC.ADD.PATOGENS;EA.PLT | 87046 | CPT | | | | both | | | 177 | | 10.86 First Trenton | First Trenton | 159.3 | 90 | | | 3 | | 168.15 percent of total billed charges | |
| BKR CHG STOOL AEROBIC.ADD.PATOGENS;EA.PLT | 87046 | CPT | | | | both | | | 177 | | 10.86 Amerihealth | Medicare | 9.44 | | | | 3 | | 168.15 fee schedule | |
| BKR CHG STOOL AEROBIC.ADD.PATOGENS;EA.PLT | 87046 | CPT | | | | both | | | 177 | | 10.86 Wellcare | Medicaid | 3 | | | | 3 | | 168.15 fee schedule | |
| BKR CHG STOOL AEROBIC.ADD.PATOGENS;EA.PLT | 87046 | CPT | | | | both | | | 177 | | 10.86 Horizon | Indemnity | 67.76 | 38.28 | | | 3 | | 168.15 percent of total billed charges | |
| BKR CHG STOOL AEROBIC.ADD.PATOGENS;EA.PLT | 87046 | CPT | | | | both | | | 177 | | 10.86 Wellcare | Medicare | 9.44 | | | | 3 | | 168.15 fee schedule | |
| BKR CHG STOOL AEROBIC.ADD.PATOGENS;EA.PLT | 87046 | CPT | | | | both | | | 177 | | 10.86 Multiplan | Multiplan | 141.6 | 80 | | | 3 | | 168.15 percent of total billed charges | |
| BKR CHG STOOL AEROBIC.ADD.PATOGENS;EA.PLT | 87046 | CPT | | | | both | | | 177 | | 10.86 Horizon | Medicare Blue | 53.1 | 30 | | | 3 | | 168.15 percent of total billed charges | |
| BKR CHG STOOL AEROBIC.ADD.PATOGENS;EA.PLT | 87046 | CPT | | | | both | | | 177 | | 10.86 First Health | First Health | 123.9 | 70 | | | 3 | | 168.15 percent of total billed charges | |
| BKR CHG STOOL AEROBIC.ADD.PATOGENS;EA.PLT | 87046 | CPT | | | | both | | | 177 | | 10.86 Horizon | NJ Health | 10.47 | | | 6.08 | 3 | | 168.15 fee schedule | |
| BKR CHG STOOL AEROBIC.ADD.PATOGENS;EA.PLT | 87046 | CPT | | | | both | | | 177 | | 10.86 Qualcare | Qualcare | 132.75 | 75 | | | 3 | | 168.15 percent of total billed charges | |
| BKR CHG STOOL AEROBIC.ADD.PATOGENS;EA.PLT | 87046 | CPT | | | | both | | | 177 | | 10.86 Managed Care Inc | Managed Care Inc | 159.3 | 90 | | | 3 | | 168.15 percent of total billed charges | |
| BKR CHG STOOL AEROBIC.ADD.PATOGENS;EA.PLT | 87046 | CPT | | | | both | | | 177 | | 10.86 UHC | Medicaid | 3 | | | 40.16 | 3 | | 168.15 fee schedule | |
| BKR CHG STOOL AEROBIC.ADD.PATOGENS;EA.PLT | 87046 | CPT | | | | both | | | 177 | | 10.86 Three Rivers | Three Rivers | 168.15 | 95 | | | 3 | | 168.15 percent of total billed charges | |
| BKR CHG STOOL AEROBIC.ADD.PATOGENS;EA.PLT | 87046 | CPT | | | | both | | | 177 | | 10.86 UHC | Medicare | 9.44 | | | 16.76 | 3 | | 168.15 fee schedule | |
| BKR CHG WOUND CULTURE | 87070 | CPT | | | | both | | | 434 | | 9.91 Amerihealth | Medicare | 8.62 | | | | 8.62 | | 412.3 fee schedule | |
| BKR CHG WOUND CULTURE | 87070 | CPT | | | | both | | | 434 | | 9.91 Aetna | Better Health | 136.93 | 31.55 | | 30.86 | 8.62 | | 412.3 percent of total billed charges | |
| BKR CHG WOUND CULTURE | 87070 | CPT | | | | both | | | 434 | | 9.91 Aetna | Medicare | 133.67 | 30.8 | | 23.73 | 8.62 | | 412.3 percent of total billed charges | |
| BKR CHG WOUND CULTURE | 87070 | CPT | | | | both | | | 434 | | 9.91 First Trenton | First Trenton | 390.6 | 90 | | | 8.62 | | 412.3 percent of total billed charges | |
| BKR CHG WOUND CULTURE | 87070 | CPT | | | | both | | | 434 | | 9.91 Horizon | Indemnity | 166.14 | 38.28 | | 41.46 | 8.62 | | 412.3 percent of total billed charges | |
| BKR CHG WOUND CULTURE | 87070 | CPT | | | | both | | | 434 | | 9.91 Americare | Americare | 325.5 | 75 | | | 8.62 | | 412.3 percent of total billed charges | |
| BKR CHG WOUND CULTURE | 87070 | CPT | | | | both | | | 434 | | 9.91 Aetna | Commercial | 164.92 | 38 | | 25.6 | 8.62 | | 412.3 percent of total billed charges | |
| BKR CHG WOUND CULTURE | 87070 | CPT | | | | both | | | 434 | | 9.91 Qualcare | Qualcare | 325.5 | 75 | | | 8.62 | | 412.3 percent of total billed charges | |
| BKR CHG WOUND CULTURE | 87070 | CPT | | | | both | | | 434 | | 9.91 Corrections | Corrections | 347.2 | 80 | | 35.21 | 8.62 | | 412.3 percent of total billed charges | |
| BKR CHG WOUND CULTURE | 87070 | CPT | | | | both | | | 434 | | 9.91 Horizon | MGD | 166.14 | 38.28 | | 36.59 | 8.62 | | 412.3 percent of total billed charges | |
| BKR CHG WOUND CULTURE | 87070 | CPT | | | | both | | | 434 | | 9.91 Amerihealth | HMO/PPO | 13.4 | | | 29.38 | 8.62 | | 412.3 fee schedule | |
| BKR CHG WOUND CULTURE | 87070 | CPT | | | | both | | | 434 | | 9.91 Managed Care Inc | Managed Care Inc | 390.6 | 90 | | | 8.62 | | 412.3 percent of total billed charges | |
| BKR CHG WOUND CULTURE | 87070 | CPT | | | | both | | | 434 | | 9.91 Horizon | Medicare Blue | 130.2 | 30 | | 17.26 | 8.62 | | 412.3 percent of total billed charges | |
| BKR CHG WOUND CULTURE | 87070 | CPT | | | | both | | | 434 | | 9.91 Horizon | PPO | 166.14 | 38.28 | | 41.32 | 8.62 | | 412.3 percent of total billed charges | |
| BKR CHG WOUND CULTURE | 87070 | CPT | | | | both | | | 434 | | 9.91 Consumer | Consumer | 412.3 | 95 | | | 8.62 | | 412.3 percent of total billed charges | |
| BKR CHG WOUND CULTURE | 87070 | CPT | | | | both | | | 434 | | 9.91 Wellcare | Medicare | 8.62 | | | 5.2 | 8.62 | | 412.3 fee schedule | |
| BKR CHG WOUND CULTURE | 87070 | CPT | | | | both | | | 434 | | 9.91 First Health | First Health | 303.8 | 70 | | | 8.62 | | 412.3 percent of total billed charges | |
| BKR CHG WOUND CULTURE | 87070 | CPT | | | | both | | | 434 | | 9.91 UHC | Medicaid | 9 | | | 23.63 | 8.62 | | 412.3 fee schedule | |
| BKR CHG WOUND CULTURE | 87070 | CPT | | | | both | | | 434 | | 9.91 WellPoint | WellPoint | 139.66 | 32.18 | | 35.16 | 8.62 | | 412.3 percent of total billed charges | |
| BKR CHG WOUND CULTURE | 87070 | CPT | | | | both | | | 434 | | 9.91 UHC | Medicare | 8.62 | | | 21.54 | 8.62 | | 412.3 fee schedule | |
| BKR CHG WOUND CULTURE | 87070 | CPT | | | | both | | | 434 | | 9.91 Horizon | NJ Health | 17.64 | | | 19.08 | 8.62 | | 412.3 fee schedule | |
| BKR CHG WOUND CULTURE | 87070 | CPT | | | | both | | | 434 | | 9.91 Wellcare | Medicaid | 9 | | | 39.72 | 8.62 | | 412.3 fee schedule | |
| BKR CHG WOUND CULTURE | 87070 | CPT | | | | both | | | 434 | | 9.91 Multiplan | Multiplan | 347.2 | 80 | | | 8.62 | | 412.3 percent of total billed charges | |
| BKR CHG WOUND CULTURE | 87070 | CPT | | | | both | | | 434 | | 9.91 Three Rivers | Three Rivers | 412.3 | 95 | | | 8.62 | | 412.3 percent of total billed charges | |
| BKR CHG QUANTITATIVE;LOWER.RESP.CULT | 87071 | CPT | | | | both | | | 109 | | 11.37 Americare | Americare | 81.75 | 75 | | | 6 | | 103.55 percent of total billed charges | |
| BKR CHG QUANTITATIVE;LOWER.RESP.CULT | 87071 | CPT | | | | both | | | 109 | | 11.37 Aetna | Commercial | 41.42 | 38 | | | 6 | | 103.55 percent of total billed charges | |
| BKR CHG QUANTITATIVE;LOWER.RESP.CULT | 87071 | CPT | | | | both | | | 109 | | 11.37 Amerihealth | Medicare | 9.89 | | | | 6 | | 103.55 fee schedule | |
| BKR CHG QUANTITATIVE;LOWER.RESP.CULT | 87071 | CPT | | | | both | | | 109 | | 11.37 Corrections | Corrections | 87.2 | 80 | | | 6 | | 103.55 percent of total billed charges | |
| BKR CHG QUANTITATIVE;LOWER.RESP.CULT | 87071 | CPT | | | | both | | | 109 | | 11.37 UHC | Medicaid | 6 | | | | 6 | | 103.55 fee schedule | |
| BKR CHG QUANTITATIVE;LOWER.RESP.CULT | 87071 | CPT | | | | both | | | 109 | | 11.37 First Health | First Health | 76.3 | 70 | | | 6 | | 103.55 percent of total billed charges | |
| BKR CHG QUANTITATIVE;LOWER.RESP.CULT | 87071 | CPT | | | | both | | | 109 | | 11.37 Horizon | MGD | 41.73 | 38.28 | | | 6 | | 103.55 percent of total billed charges | |
| BKR CHG QUANTITATIVE;LOWER.RESP.CULT | 87071 | CPT | | | | both | | | 109 | | 11.37 Aetna | Better Health | 34.39 | 31.55 | | | 6 | | 103.55 percent of total billed charges | |
| BKR CHG QUANTITATIVE;LOWER.RESP.CULT | 87071 | CPT | | | | both | | | 109 | | 11.37 Amerihealth | HMO/PPO | 7.4 | | | | 6 | | 103.55 fee schedule | |
| BKR CHG QUANTITATIVE;LOWER.RESP.CULT | 87071 | CPT | | | | both | | | 109 | | 11.37 Aetna | Medicare | 33.57 | 30.8 | | | 6 | | 103.55 percent of total billed charges | |
| BKR CHG QUANTITATIVE;LOWER.RESP.CULT | 87071 | CPT | | | | both | | | 109 | | 11.37 UHC | Medicare | 9.89 | | | 14.99 | 6 | | 103.55 fee schedule | |
| BKR CHG QUANTITATIVE;LOWER.RESP.CULT | 87071 | CPT | | | | both | | | 109 | | 11.37 Consumer | Consumer | 103.55 | 95 | | | 6 | | 103.55 percent of total billed charges | |
| BKR CHG QUANTITATIVE;LOWER.RESP.CULT | 87071 | CPT | | | | both | | | 109 | | 11.37 Wellcare | Medicaid | 6 | | | | 6 | | 103.55 fee schedule | |
| BKR CHG QUANTITATIVE;LOWER.RESP.CULT | 87071 | CPT | | | | both | | | 109 | | 11.37 Horizon | Medicare Blue | 32.7 | 30 | | 13.57 | 6 | | 103.55 percent of total billed charges | |
| BKR CHG QUANTITATIVE;LOWER.RESP.CULT | 87071 | CPT | | | | both | | | 109 | | 11.37 WellPoint | WellPoint | 35.08 | 32.18 | | 26.52 | 6 | | 103.55 percent of total billed charges | |
| BKR CHG QUANTITATIVE;LOWER.RESP.CULT | 87071 | CPT | | | | both | | | 109 | | 11.37 First Trenton | First Trenton | 98.1 | 90 | | | 6 | | 103.55 percent of total billed charges | |
| BKR CHG QUANTITATIVE;LOWER.RESP.CULT | 87071 | CPT | | | | both | | | 109 | | 11.37 Wellcare | Medicare | 9.89 | | | | 6 | | 103.55 fee schedule | |
| BKR CHG QUANTITATIVE;LOWER.RESP.CULT | 87071 | CPT | | | | both | | | 109 | | 11.37 Horizon | NJ Health | 10.41 | | | 17.64 | 6 | | 103.55 fee schedule | |
| BKR CHG QUANTITATIVE;LOWER.RESP.CULT | 87071 | CPT | | | | both | | | 109 | | 11.37 Horizon | Indemnity | 41.73 | 38.28 | | | 6 | | 103.55 percent of total billed charges | |
| BKR CHG QUANTITATIVE;LOWER.RESP.CULT | 87071 | CPT | | | | both | | | 109 | | 11.37 Multiplan | Multiplan | 87.2 | 80 | | | 6 | | 103.55 percent of total billed charges | |
| BKR CHG QUANTITATIVE;LOWER.RESP.CULT | 87071 | CPT | | | | both | | | 109 | | 11.37 Horizon | PPO | 41.73 | 38.28 | | | 6 | | 103.55 percent of total billed charges | |
| BKR CHG QUANTITATIVE;LOWER.RESP.CULT | 87071 | CPT | | | | both | | | 109 | | 11.37 Qualcare | Qualcare | 81.75 | 75 | | | 6 | | 103.55 percent of total billed charges | |
| BKR CHG QUANTITATIVE;LOWER.RESP.CULT | 87071 | CPT | | | | both | | | 109 | | 11.37 Managed Care Inc | Managed Care Inc | 98.1 | 90 | | | 6 | | 103.55 percent of total billed charges | |
| BKR CHG QUANTITATIVE;LOWER.RESP.CULT | 87071 | CPT | | | | both | | | 109 | | 11.37 Three Rivers | Three Rivers | 103.55 | 95 | | | 6 | | 103.55 percent of total billed charges | |
| BKR CHG CULTRE QNT ANAEROBIC W/IS | 87073 | CPT | | | | outpatient | | | 61 | | 11.11 Amerihealth | HMO/PPO | 7.4 | | | | 6 | | 57.95 fee schedule | |
| BKR CHG CULTRE QNT ANAEROBIC W/IS | 87073 | CPT | | | | outpatient | | | 61 | | 11.11 Horizon | Indemnity | 23.35 | 38.28 | | | 6 | | 57.95 percent of total billed charges | |
| BKR CHG CULTRE QNT ANAEROBIC W/IS | 87073 | CPT | | | | outpatient | | | 61 | | 11.11 WellPoint | WellPoint | 19.63 | 32.18 | | | 6 | | 57.95 percent of total billed charges | |
| BKR CHG CULTRE QNT ANAEROBIC W/IS | 87073 | CPT | | | | outpatient | | | 61 | | 11.11 Horizon | PPO | 23.35 | 38.28 | | | 6 | | 57.95 percent of total billed charges | |
| BKR CHG CULTRE QNT ANAEROBIC W/IS | 87073 | CPT | | | | outpatient | | | 61 | | 11.11 Aetna | Better Health | 19.25 | 31.55 | | | 6 | | 57.95 percent of total billed charges | |
| BKR CHG CULTRE QNT ANAEROBIC W/IS | 87073 | CPT | | | | outpatient | | | 61 | | 11.11 Americare | Americare | 45.75 | 75 | | | 6 | | 57.95 percent of total billed charges | |
| BKR CHG CULTRE QNT ANAEROBIC W/IS | 87073 | CPT | | | | outpatient | | | 61 | | 11.11 Aetna | Medicare | 18.79 | 30.8 | | | 6 | | 57.95 percent of total billed charges | |
| BKR CHG CULTRE QNT ANAEROBIC W/IS | 87073 | CPT | | | | outpatient | | | 61 | | 11.11 Amerihealth | Medicare | 9.66 | | | | 6 | | 57.95 fee schedule | |
| BKR CHG CULTRE QNT ANAEROBIC W/IS | 87073 | CPT | | | | outpatient | | | 61 | | 11.11 First Health | First Health | 42.7 | 70 | | | 6 | | 57.95 percent of total billed charges | |
| BKR CHG CULTRE QNT ANAEROBIC W/IS | 87073 | CPT | | | | outpatient | | | 61 | | 11.11 Horizon | Medicare Blue | 18.3 | 30 | | | 6 | | 57.95 percent of total billed charges | |
| BKR CHG CULTRE QNT ANAEROBIC W/IS | 87073 | CPT | | | | outpatient | | | 61 | | 11.11 Consumer | Consumer | 57.95 | 95 | | | 6 | | 57.95 percent of total billed charges | |
| BKR CHG CULTRE QNT ANAEROBIC W/IS | 87073 | CPT | | | | outpatient | | | 61 | | 11.11 Wellcare | Medicaid | 6 | | | | 6 | | 57.95 fee schedule | |
| BKR CHG CULTRE QNT ANAEROBIC W/IS | 87073 | CPT | | | | outpatient | | | 61 | | 11.11 Aetna | Commercial | 23.18 | 38 | | | 6 | | 57.95 percent of total billed charges | |
| BKR CHG CULTRE QNT ANAEROBIC W/IS | 87073 | CPT | | | | outpatient | | | 61 | | 11.11 Multiplan | Multiplan | 48.8 | 80 | | | 6 | | 57.95 percent of total billed charges | |
| BKR CHG CULTRE QNT ANAEROBIC W/IS | 87073 | CPT | | | | outpatient | | | 61 | | 11.11 Corrections | Corrections | 48.8 | 80 | | | 6 | | 57.95 percent of total billed charges | |
| BKR CHG CULTRE QNT ANAEROBIC W/IS | 87073 | CPT | | | | outpatient | | | 61 | | 11.11 First Trenton | First Trenton | 54.9 | 90 | | | 6 | | 57.95 percent of total billed charges | |
| BKR CHG CULTRE QNT ANAEROBIC W/IS | 87073 | CPT | | | | outpatient | | | 61 | | 11.11 UHC | Medicaid | 6 | | | | 6 | | 57.95 fee schedule | |
| BKR CHG CULTRE QNT ANAEROBIC W/IS | 87073 | CPT | | | | outpatient | | | 61 | | 11.11 Qualcare | Qualcare | 45.75 | 75 | | | 6 | | 57.95 percent of total billed charges | |
| BKR CHG CULTRE QNT ANAEROBIC W/IS | 87073 | CPT | | | | outpatient | | | 61 | | 11.11 Horizon | MGD | 23.35 | 38.28 | | | 6 | | 57.95 percent of total billed charges | |
| BKR CHG CULTRE QNT ANAEROBIC W/IS | 87073 | CPT | | | | outpatient | | | 61 | | 11.11 Managed Care Inc | Managed Care Inc | 54.9 | 90 | | | 6 | | 57.95 percent of total billed charges | |
| BKR CHG CULTRE QNT ANAEROBIC W/IS | 87073 | CPT | | | | outpatient | | | 61 | | 11.11 UHC | Medicare | 9.66 | | | | 6 | | 57.95 fee schedule | |
| BKR CHG CULTRE QNT ANAEROBIC W/IS | 87073 | CPT | | | | outpatient | | | 61 | | 11.11 Three Rivers | Three Rivers | 57.95 | 95 | | | 6 | | 57.95 percent of total billed charges | |
| BKR CHG CULTRE QNT ANAEROBIC W/IS | 87073 | CPT | | | | outpatient | | | 61 | | 11.11 Horizon | NJ Health | 10.47 | | | | 6 | | 57.95 fee schedule | |
| BKR CHG CULTRE QNT ANAEROBIC W/IS | 87073 | CPT | | | | outpatient | | | 61 | | 11.11 Wellcare | Medicare | 9.66 | | | | 6 | | 57.95 fee schedule | |
| BKR CHG ANAEROBIC CULTURE | 87075 | CPT | | | | both | | | 88 | | 10.89 First Health | First Health | 61.6 | 70 | | | 9 | | 83.6 percent of total billed charges | |
| BKR CHG ANAEROBIC CULTURE | 87075 | CPT | | | | both | | | 88 | | 10.89 First Trenton | First Trenton | 79.2 | 90 | | | 9 | | 83.6 percent of total billed charges | |
| BKR CHG ANAEROBIC CULTURE | 87075 | CPT | | | | both | | | 88 | | 10.89 Amerihealth | HMO/PPO | 14.8 | | | 15.77 | 9 | | 83.6 fee schedule | |
| BKR CHG ANAEROBIC CULTURE | 87075 | CPT | | | | both | | | 88 | | 10.89 Multiplan | Multiplan | 70.4 | 80 | | | 9 | | 83.6 percent of total billed charges | |
| BKR CHG ANAEROBIC CULTURE | 87075 | CPT | | | | both | | | 88 | | 10.89 Aetna | Commercial | 33.44 | 38 | | 14.14 | 9 | | 83.6 percent of total billed charges | |
| BKR CHG ANAEROBIC CULTURE | 87075 | CPT | | | | both | | | 88 | | 10.89 Americare | Americare | 66 | 75 | | | 9 | | 83.6 percent of total billed charges | |
| BKR CHG ANAEROBIC CULTURE | 87075 | CPT | | | | both | | | 88 | | 10.89 Aetna | Better Health | 27.76 | 31.55 | | 14.23 | 9 | | 83.6 percent of total billed charges | |
| BKR CHG ANAEROBIC CULTURE | 87075 | CPT | | | | both | | | 88 | | 10.89 Horizon | Indemnity | 33.69 | 38.28 | | 23.84 | 9 | | 83.6 percent of total billed charges | |
| BKR CHG ANAEROBIC CULTURE | 87075 | CPT | | | | both | | | 88 | | 10.89 Aetna | Medicare | 27.1 | 30.8 | | | 9 | | 83.6 percent of total billed charges | |
| BKR CHG ANAEROBIC CULTURE | 87075 | CPT | | | | both | | | 88 | | 10.89 Managed Care Inc | Managed Care Inc | 79.2 | 90 | | | 9 | | 83.6 percent of total billed charges | |
| BKR CHG ANAEROBIC CULTURE | 87075 | CPT | | | | both | | | 88 | | 10.89 Consumer | Consumer | 83.6 | 95 | | | 9 | | 83.6 percent of total billed charges | |
| BKR CHG ANAEROBIC CULTURE | 87075 | CPT | | | | both | | | 88 | | 10.89 Qualcare | Qualcare | 66 | 75 | | | 9 | | 83.6 percent of total billed charges | |
| BKR CHG ANAEROBIC CULTURE | 87075 | CPT | | | | both | | | 88 | | 10.89 Amerihealth | Medicare | 9.47 | | | | 9 | | 83.6 fee schedule | |
| BKR CHG ANAEROBIC CULTURE | 87075 | CPT | | | | both | | | 88 | | 10.89 Horizon | Medicare Blue | 26.4 | 30 | | 10.71 | 9 | | 83.6 percent of total billed charges | |
| BKR CHG ANAEROBIC CULTURE | 87075 | CPT | | | | both | | | 88 | | 10.89 Corrections | Corrections | 70.4 | 80 | | 18.86 | 9 | | 83.6 percent of total billed charges | |
| BKR CHG ANAEROBIC CULTURE | 87075 | CPT | | | | both | | | 88 | | 10.89 Horizon | NJ Health | 17.64 | | | 11.81 | 9 | | 83.6 fee schedule | |
| BKR CHG ANAEROBIC CULTURE | 87075 | CPT | | | | both | | | 88 | | 10.89 Horizon | PPO | 33.69 | 38.28 | | 21.37 | 9 | | 83.6 percent of total billed charges | |
| BKR CHG ANAEROBIC CULTURE | 87075 | CPT | | | | both | | | 88 | | 10.89 WellPoint | WellPoint | 28.32 | 32.18 | | 13.11 | 9 | | 83.6 percent of total billed charges | |
| BKR CHG ANAEROBIC CULTURE | 87075 | CPT | | | | both | | | 88 | | 10.89 Three Rivers | Three Rivers | 83.6 | 95 | | | 9 | | 83.6 percent of total billed charges | |
| BKR CHG ANAEROBIC CULTURE | 87075 | CPT | | | | both | | | 88 | | 10.89 Wellcare | Medicaid | 9 | | | 24.57 | 9 | | 83.6 fee schedule | |
| BKR CHG ANAEROBIC CULTURE | 87075 | CPT | | | | both | | | 88 | | 10.89 Horizon | MGD | 33.69 | 38.28 | | 21.55 | 9 | | 83.6 percent of total billed charges | |
| BKR CHG ANAEROBIC CULTURE | 87075 | CPT | | | | both | | | 88 | | 10.89 UHC | Medicaid | 9 | | | 7.84 | 9 | | 83.6 fee schedule | |
| BKR CHG ANAEROBIC CULTURE | 87075 | CPT | | | | both | | | 88 | | 10.89 UHC | Medicare | 9.47 | | | 11.25 | 9 | | 83.6 fee schedule | |
| BKR CHG ANAEROBIC CULTURE | 87075 | CPT | | | | both | | | 88 | | 10.89 Wellcare | Medicare | 9.47 | | | 2.22 | 9 | | 83.6 fee schedule | |
| BKR CHG IDENTIFICATION, ANAEROBE | 87076 | CPT | | | | both | | | 174 | | 9.29 Aetna | Medicare | 53.59 | 30.8 | | | 6 | | 165.3 percent of total billed charges | |
| BKR CHG IDENTIFICATION, ANAEROBE | 87076 | CPT | | | | both | | | 174 | | 9.29 Americare | Americare | 130.5 | 75 | | | 6 | | 165.3 percent of total billed charges | |
| BKR CHG IDENTIFICATION, ANAEROBE | 87076 | CPT | | | | both | | | 174 | | 9.29 Consumer | Consumer | 165.3 | 95 | | | 6 | | 165.3 percent of total billed charges | |
| BKR CHG IDENTIFICATION, ANAEROBE | 87076 | CPT | | | | both | | | 174 | | 9.29 Wellcare | Medicare | 8.08 | | | | 6 | | 165.3 fee schedule | |
| BKR CHG IDENTIFICATION, ANAEROBE | 87076 | CPT | | | | both | | | 174 | | 9.29 Aetna | Commercial | 66.12 | 38 | | 29.79 | 6 | | 165.3 percent of total billed charges | |
| BKR CHG IDENTIFICATION, ANAEROBE | 87076 | CPT | | | | both | | | 174 | | 9.29 Horizon | MGD | 66.61 | 38.28 | | 25.71 | 6 | | 165.3 percent of total billed charges | |
| BKR CHG IDENTIFICATION, ANAEROBE | 87076 | CPT | | | | both | | | 174 | | 9.29 Horizon | Medicare Blue | 52.2 | 30 | | 6.91 | 6 | | 165.3 percent of total billed charges | |
| BKR CHG IDENTIFICATION, ANAEROBE | 87076 | CPT | | | | both | | | 174 | | 9.29 Aetna | Better Health | 54.9 | 31.55 | | 9.21 | 6 | | 165.3 percent of total billed charges | |
| BKR CHG IDENTIFICATION, ANAEROBE | 87076 | CPT | | | | both | | | 174 | | 9.29 Amerihealth | HMO/PPO | 8.9 | | | | 6 | | 165.3 fee schedule | |
| BKR CHG IDENTIFICATION, ANAEROBE | 87076 | CPT | | | | both | | | 174 | | 9.29 Horizon | NJ Health | 11.76 | | | 10.1 | 6 | | 165.3 fee schedule | |
| BKR CHG IDENTIFICATION, ANAEROBE | 87076 | CPT | | | | both | | | 174 | | 9.29 UHC | Medicaid | 6 | | | 36.38 | 6 | | 165.3 fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measure | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG IDENTIFICATION, ANAEROBE | 87076 | CPT | | | | both | | | 174 | 9.29 | First Trenton | First Trenton | 156.6 | 90 | | | 6 | 6 | 165.3 percent of total billed charges | |
| BKR CHG IDENTIFICATION, ANAEROBE | 87076 | CPT | | | | both | | | 174 | 9.29 | Amerihealth | Medicare | 8.08 | | | | 6 | 6 | 165.3 fee schedule | |
| BKR CHG IDENTIFICATION, ANAEROBE | 87076 | CPT | | | | both | | | 174 | 9.29 | Multiplan | Multiplan | 139.2 | 80 | | | 6 | 6 | 165.3 percent of total billed charges | |
| BKR CHG IDENTIFICATION, ANAEROBE | 87076 | CPT | | | | both | | | 174 | 9.29 | Corrections | Corrections | 139.2 | 80 | | 5.69 | 6 | 6 | 165.3 percent of total billed charges | |
| BKR CHG IDENTIFICATION, ANAEROBE | 87076 | CPT | | | | both | | | 174 | 9.29 | Horizon | Indemnity | 66.61 | 38.28 | | 10.41 | 6 | 6 | 165.3 percent of total billed charges | |
| BKR CHG IDENTIFICATION, ANAEROBE | 87076 | CPT | | | | both | | | 174 | 9.29 | First Health | First Health | 121.8 | 70 | | | 6 | 6 | 165.3 percent of total billed charges | |
| BKR CHG IDENTIFICATION, ANAEROBE | 87076 | CPT | | | | both | | | 174 | 9.29 | Three Rivers | Three Rivers | 165.3 | 95 | | | 6 | 6 | 165.3 percent of total billed charges | |
| BKR CHG IDENTIFICATION, ANAEROBE | 87076 | CPT | | | | both | | | 174 | 9.29 | Wellcare | Medicaid | 6 | | | 53.96 | 6 | 6 | 165.3 fee schedule | |
| BKR CHG IDENTIFICATION, ANAEROBE | 87076 | CPT | | | | both | | | 174 | 9.29 | Horizon | PPO | 66.61 | 38.28 | | 63.12 | 6 | 6 | 165.3 percent of total billed charges | |
| BKR CHG IDENTIFICATION, ANAEROBE | 87076 | CPT | | | | both | | | 174 | 9.29 | Qualcare | Qualcare | 130.5 | 75 | | | 6 | 6 | 165.3 percent of total billed charges | |
| BKR CHG IDENTIFICATION, ANAEROBE | 87076 | CPT | | | | both | | | 174 | 9.29 | Managed Care Inc | Managed Care Inc | 156.6 | 90 | | | 6 | 6 | 165.3 percent of total billed charges | |
| BKR CHG IDENTIFICATION, ANAEROBE | 87076 | CPT | | | | both | | | 174 | 9.29 | WellPoint | WellPoint | 55.99 | 32.18 | | 44.61 | 6 | 6 | 165.3 percent of total billed charges | |
| BKR CHG IDENTIFICATION, ANAEROBE | 87076 | CPT | | | | both | | | 174 | 9.29 | UHC | Medicare | 8.08 | | | 14.38 | 6 | 6 | 165.3 fee schedule | |
| BKR CHG ORGANISM ID(ONLY) BACTERIA | 87077 | CPT | | | | both | | | 79 | 9.29 | Americare | Americare | 59.25 | 75 | | | 8.08 | 8.08 | 75.05 percent of total billed charges | |
| BKR CHG ORGANISM ID(ONLY) BACTERIA | 87077 | CPT | | | | both | | | 79 | 9.29 | Horizon | PPO | 30.24 | 38.28 | | 12.92 | 8.08 | 8.08 | 75.05 percent of total billed charges | |
| BKR CHG ORGANISM ID(ONLY) BACTERIA | 87077 | CPT | | | | both | | | 79 | 9.29 | Aetna | Medicare | 24.33 | 30.8 | | 12.08 | 8.08 | 8.08 | 75.05 percent of total billed charges | |
| BKR CHG ORGANISM ID(ONLY) BACTERIA | 87077 | CPT | | | | both | | | 79 | 9.29 | Aetna | Commercial | 30.02 | 38 | | 12.57 | 8.08 | 8.08 | 75.05 percent of total billed charges | |
| BKR CHG ORGANISM ID(ONLY) BACTERIA | 87077 | CPT | | | | both | | | 79 | 9.29 | Horizon | Indemnity | 30.24 | 38.28 | | 21.46 | 8.08 | 8.08 | 75.05 percent of total billed charges | |
| BKR CHG ORGANISM ID(ONLY) BACTERIA | 87077 | CPT | | | | both | | | 79 | 9.29 | Wellcare | Medicaid | 9 | | | 18.12 | 8.08 | 8.08 | 75.05 fee schedule | |
| BKR CHG ORGANISM ID(ONLY) BACTERIA | 87077 | CPT | | | | both | | | 79 | 9.29 | Amerihealth | HMO/PPO | 8.9 | | | 9.36 | 8.08 | 8.08 | 75.05 fee schedule | |
| BKR CHG ORGANISM ID(ONLY) BACTERIA | 87077 | CPT | | | | both | | | 79 | 9.29 | Aetna | Better Health | 24.92 | 31.55 | | 17.75 | 8.08 | 8.08 | 75.05 percent of total billed charges | |
| BKR CHG ORGANISM ID(ONLY) BACTERIA | 87077 | CPT | | | | both | | | 79 | 9.29 | Horizon | NJ Health | 8.92 | | | 6.02 | 8.08 | 8.08 | 75.05 fee schedule | |
| BKR CHG ORGANISM ID(ONLY) BACTERIA | 87077 | CPT | | | | both | | | 79 | 9.29 | Amerihealth | Medicare | 8.08 | | | | 8.08 | 8.08 | 75.05 fee schedule | |
| BKR CHG ORGANISM ID(ONLY) BACTERIA | 87077 | CPT | | | | both | | | 79 | 9.29 | Horizon | MGD | 30.24 | 38.28 | | 20.47 | 8.08 | 8.08 | 75.05 percent of total billed charges | |
| BKR CHG ORGANISM ID(ONLY) BACTERIA | 87077 | CPT | | | | both | | | 79 | 9.29 | Corrections | Corrections | 63.2 | 80 | | 21.6 | 8.08 | 8.08 | 75.05 percent of total billed charges | |
| BKR CHG ORGANISM ID(ONLY) BACTERIA | 87077 | CPT | | | | both | | | 79 | 9.29 | Wellcare | Medicare | 8.08 | | | 9.98 | 8.08 | 8.08 | 75.05 fee schedule | |
| BKR CHG ORGANISM ID(ONLY) BACTERIA | 87077 | CPT | | | | both | | | 79 | 9.29 | First Health | First Health | 55.3 | 70 | | | 8.08 | 8.08 | 75.05 percent of total billed charges | |
| BKR CHG ORGANISM ID(ONLY) BACTERIA | 87077 | CPT | | | | both | | | 79 | 9.29 | Consumer | Consumer | 75.05 | 95 | | | 8.08 | 8.08 | 75.05 percent of total billed charges | |
| BKR CHG ORGANISM ID(ONLY) BACTERIA | 87077 | CPT | | | | both | | | 79 | 9.29 | First Trenton | First Trenton | 71.1 | 90 | | | 8.08 | 8.08 | 75.05 percent of total billed charges | |
| BKR CHG ORGANISM ID(ONLY) BACTERIA | 87077 | CPT | | | | both | | | 79 | 9.29 | WellPoint | WellPoint | 25.42 | 32.18 | | 18.32 | 8.08 | 8.08 | 75.05 percent of total billed charges | |
| BKR CHG ORGANISM ID(ONLY) BACTERIA | 87077 | CPT | | | | both | | | 79 | 9.29 | Horizon | Medicare Blue | 23.7 | 30 | | 7.64 | 8.08 | 8.08 | 75.05 percent of total billed charges | |
| BKR CHG ORGANISM ID(ONLY) BACTERIA | 87077 | CPT | | | | both | | | 79 | 9.29 | Multiplan | Multiplan | 63.2 | 80 | | | 8.08 | 8.08 | 75.05 percent of total billed charges | |
| BKR CHG ORGANISM ID(ONLY) BACTERIA | 87077 | CPT | | | | both | | | 79 | 9.29 | Managed Care Inc | Managed Care Inc | 71.1 | 90 | | | 8.08 | 8.08 | 75.05 percent of total billed charges | |
| BKR CHG ORGANISM ID(ONLY) BACTERIA | 87077 | CPT | | | | both | | | 79 | 9.29 | UHC | Medicare | 8.08 | | | 10.92 | 8.08 | 8.08 | 75.05 fee schedule | |
| BKR CHG ORGANISM ID(ONLY) BACTERIA | 87077 | CPT | | | | both | | | 79 | 9.29 | Three Rivers | Three Rivers | 75.05 | 95 | | | 8.08 | 8.08 | 75.05 percent of total billed charges | |
| BKR CHG ORGANISM ID(ONLY) BACTERIA | 87077 | CPT | | | | both | | | 79 | 9.29 | Qualcare | Qualcare | 59.25 | 75 | | | 8.08 | 8.08 | 75.05 percent of total billed charges | |
| BKR CHG ORGANISM ID(ONLY) BACTERIA | 87077 | CPT | | | | both | | | 79 | 9.29 | UHC | Medicaid | 9 | | | 10.93 | 8.08 | 8.08 | 75.05 fee schedule | |
| BKR CHG VANCO RESISTANT ENTERO SCREEN | 87081 | CPT | | | | both | | | 686 | 7.62 | Aetna | Commercial | 260.68 | 38 | | 6.31 | 5.4 | 5.4 | 651.7 percent of total billed charges | |
| BKR CHG VANCO RESISTANT ENTERO SCREEN | 87081 | CPT | | | | both | | | 686 | 7.62 | Corrections | Corrections | 548.8 | 80 | | | 5.4 | 5.4 | 651.7 percent of total billed charges | |
| BKR CHG VANCO RESISTANT ENTERO SCREEN | 87081 | CPT | | | | both | | | 686 | 7.62 | WellPoint | WellPoint | 220.75 | 32.18 | | 18.7 | 5.4 | 5.4 | 651.7 percent of total billed charges | |
| BKR CHG VANCO RESISTANT ENTERO SCREEN | 87081 | CPT | | | | both | | | 686 | 7.62 | Amerihealth | HMO/PPO | 8.9 | | | 5.35 | 5.4 | 5.4 | 651.7 fee schedule | |
| BKR CHG VANCO RESISTANT ENTERO SCREEN | 87081 | CPT | | | | both | | | 686 | 7.62 | Horizon | NJ Health | 19.4 | | | 14.49 | 5.4 | 5.4 | 651.7 fee schedule | |
| BKR CHG VANCO RESISTANT ENTERO SCREEN | 87081 | CPT | | | | both | | | 686 | 7.62 | Aetna | Better Health | 216.43 | 31.55 | | 18.85 | 5.4 | 5.4 | 651.7 percent of total billed charges | |
| BKR CHG VANCO RESISTANT ENTERO SCREEN | 87081 | CPT | | | | both | | | 686 | 7.62 | Aetna | Medicare | 211.29 | 30.8 | | | 5.4 | 5.4 | 651.7 percent of total billed charges | |
| BKR CHG VANCO RESISTANT ENTERO SCREEN | 87081 | CPT | | | | both | | | 686 | 7.62 | Consumer | Consumer | 651.7 | 95 | | | 5.4 | 5.4 | 651.7 percent of total billed charges | |
| BKR CHG VANCO RESISTANT ENTERO SCREEN | 87081 | CPT | | | | both | | | 686 | 7.62 | Americare | Americare | 514.5 | 75 | | | 5.4 | 5.4 | 651.7 percent of total billed charges | |
| BKR CHG VANCO RESISTANT ENTERO SCREEN | 87081 | CPT | | | | both | | | 686 | 7.62 | UHC | Medicaid | 9 | | | 21.27 | 5.4 | 5.4 | 651.7 fee schedule | |
| BKR CHG VANCO RESISTANT ENTERO SCREEN | 87081 | CPT | | | | both | | | 686 | 7.62 | Horizon | PPO | 262.6 | 38.28 | | 19.06 | 5.4 | 5.4 | 651.7 percent of total billed charges | |
| BKR CHG VANCO RESISTANT ENTERO SCREEN | 87081 | CPT | | | | both | | | 686 | 7.62 | Amerihealth | Medicare | 6.63 | | | | 5.4 | 5.4 | 651.7 fee schedule | |
| BKR CHG VANCO RESISTANT ENTERO SCREEN | 87081 | CPT | | | | both | | | 686 | 7.62 | Wellcare | Medicare | 6.63 | | | 7.73 | 5.4 | 5.4 | 651.7 fee schedule | |
| BKR CHG VANCO RESISTANT ENTERO SCREEN | 87081 | CPT | | | | both | | | 686 | 7.62 | Multiplan | Multiplan | 548.8 | 80 | | | 5.4 | 5.4 | 651.7 percent of total billed charges | |
| BKR CHG VANCO RESISTANT ENTERO SCREEN | 87081 | CPT | | | | both | | | 686 | 7.62 | First Trenton | First Trenton | 617.4 | 90 | | | 5.4 | 5.4 | 651.7 percent of total billed charges | |
| BKR CHG VANCO RESISTANT ENTERO SCREEN | 87081 | CPT | | | | both | | | 686 | 7.62 | UHC | Medicare | 6.63 | | | 13.89 | 5.4 | 5.4 | 651.7 fee schedule | |
| BKR CHG VANCO RESISTANT ENTERO SCREEN | 87081 | CPT | | | | both | | | 686 | 7.62 | First Health | First Health | 480.2 | 70 | | | 5.4 | 5.4 | 651.7 percent of total billed charges | |
| BKR CHG VANCO RESISTANT ENTERO SCREEN | 87081 | CPT | | | | both | | | 686 | 7.62 | Qualcare | Qualcare | 514.5 | 75 | | | 5.4 | 5.4 | 651.7 percent of total billed charges | |
| BKR CHG VANCO RESISTANT ENTERO SCREEN | 87081 | CPT | | | | both | | | 686 | 7.62 | Horizon | Indemnity | 262.6 | 38.28 | | 15.8 | 5.4 | 5.4 | 651.7 percent of total billed charges | |
| BKR CHG VANCO RESISTANT ENTERO SCREEN | 87081 | CPT | | | | both | | | 686 | 7.62 | Wellcare | Medicaid | 9 | | | 21.81 | 5.4 | 5.4 | 651.7 fee schedule | |
| BKR CHG VANCO RESISTANT ENTERO SCREEN | 87081 | CPT | | | | both | | | 686 | 7.62 | Horizon | MGD | 262.6 | 38.28 | | 20.84 | 5.4 | 5.4 | 651.7 percent of total billed charges | |
| BKR CHG VANCO RESISTANT ENTERO SCREEN | 87081 | CPT | | | | both | | | 686 | 7.62 | Horizon | Medicare Blue | 205.8 | 30 | | 11.59 | 5.4 | 5.4 | 651.7 percent of total billed charges | |
| BKR CHG VANCO RESISTANT ENTERO SCREEN | 87081 | CPT | | | | both | | | 686 | 7.62 | Managed Care Inc | Managed Care Inc | 617.4 | 90 | | | 5.4 | 5.4 | 651.7 percent of total billed charges | |
| BKR CHG VANCO RESISTANT ENTERO SCREEN | 87081 | CPT | | | | both | | | 686 | 7.62 | Three Rivers | Three Rivers | 651.7 | 95 | | | 5.4 | 5.4 | 651.7 percent of total billed charges | |
| BKR CHG URINE CULTURE | 87086 | CPT | | | | both | | | 133 | 9.28 | Americare | Americare | 99.75 | 75 | | | 6 | 6 | 126.35 percent of total billed charges | |
| BKR CHG URINE CULTURE | 87086 | CPT | | | | both | | | 133 | 9.28 | Aetna | Commercial | 50.54 | 38 | | 17.04 | 6 | 6 | 126.35 percent of total billed charges | |
| BKR CHG URINE CULTURE | 87086 | CPT | | | | both | | | 133 | 9.28 | Aetna | Medicare | 40.96 | 30.8 | | 13.37 | 6 | 6 | 126.35 percent of total billed charges | |
| BKR CHG URINE CULTURE | 87086 | CPT | | | | both | | | 133 | 9.28 | Aetna | Better Health | 41.96 | 31.55 | | 21.51 | 6 | 6 | 126.35 percent of total billed charges | |
| BKR CHG URINE CULTURE | 87086 | CPT | | | | both | | | 133 | 9.28 | Consumer | Consumer | 126.35 | 95 | | | 6 | 6 | 126.35 percent of total billed charges | |
| BKR CHG URINE CULTURE | 87086 | CPT | | | | both | | | 133 | 9.28 | Horizon | Medicare Blue | 39.9 | 30 | | 8.99 | 6 | 6 | 126.35 percent of total billed charges | |
| BKR CHG URINE CULTURE | 87086 | CPT | | | | both | | | 133 | 9.28 | Qualcare | Qualcare | 99.75 | 75 | | | 6 | 6 | 126.35 percent of total billed charges | |
| BKR CHG URINE CULTURE | 87086 | CPT | | | | both | | | 133 | 9.28 | Horizon | Indemnity | 50.91 | 38.28 | | 18.92 | 6 | 6 | 126.35 percent of total billed charges | |
| BKR CHG URINE CULTURE | 87086 | CPT | | | | both | | | 133 | 9.28 | Multiplan | Multiplan | 106.4 | 80 | | | 6 | 6 | 126.35 percent of total billed charges | |
| BKR CHG URINE CULTURE | 87086 | CPT | | | | both | | | 133 | 9.28 | Amerihealth | Medicare | 8.07 | | | | 6 | 6 | 126.35 fee schedule | |
| BKR CHG URINE CULTURE | 87086 | CPT | | | | both | | | 133 | 9.28 | First Trenton | First Trenton | 119.7 | 90 | | | 6 | 6 | 126.35 percent of total billed charges | |
| BKR CHG URINE CULTURE | 87086 | CPT | | | | both | | | 133 | 9.28 | Amerihealth | HMO/PPO | 13 | | | 8.71 | 6 | 6 | 126.35 fee schedule | |
| BKR CHG URINE CULTURE | 87086 | CPT | | | | both | | | 133 | 9.28 | Horizon | NJ Health | 11.76 | | | 6.95 | 6 | 6 | 126.35 fee schedule | |
| BKR CHG URINE CULTURE | 87086 | CPT | | | | both | | | 133 | 9.28 | Horizon | PPO | 50.91 | 38.28 | | 18.15 | 6 | 6 | 126.35 percent of total billed charges | |
| BKR CHG URINE CULTURE | 87086 | CPT | | | | both | | | 133 | 9.28 | UHC | Medicaid | 6 | | | 19.5 | 6 | 6 | 126.35 fee schedule | |
| BKR CHG URINE CULTURE | 87086 | CPT | | | | both | | | 133 | 9.28 | Wellcare | Medicaid | 6 | | | 21.8 | 6 | 6 | 126.35 fee schedule | |
| BKR CHG URINE CULTURE | 87086 | CPT | | | | both | | | 133 | 9.28 | Wellcare | Medicare | 8.07 | | | 11.18 | 6 | 6 | 126.35 fee schedule | |
| BKR CHG URINE CULTURE | 87086 | CPT | | | | both | | | 133 | 9.28 | First Health | First Health | 93.1 | 70 | | | 6 | 6 | 126.35 percent of total billed charges | |
| BKR CHG URINE CULTURE | 87086 | CPT | | | | both | | | 133 | 9.28 | Managed Care Inc | Managed Care Inc | 119.7 | 90 | | | 6 | 6 | 126.35 percent of total billed charges | |
| BKR CHG URINE CULTURE | 87086 | CPT | | | | both | | | 133 | 9.28 | Corrections | Corrections | 106.4 | 80 | | 21.27 | 6 | 6 | 126.35 percent of total billed charges | |
| BKR CHG URINE CULTURE | 87086 | CPT | | | | both | | | 133 | 9.28 | UHC | Medicare | 8.07 | | | 11.26 | 6 | 6 | 126.35 fee schedule | |
| BKR CHG URINE CULTURE | 87086 | CPT | | | | both | | | 133 | 9.28 | Three Rivers | Three Rivers | 126.35 | 95 | | | 6 | 6 | 126.35 percent of total billed charges | |
| BKR CHG URINE CULTURE | 87086 | CPT | | | | both | | | 133 | 9.28 | Horizon | MGD | 50.91 | 38.28 | | 19.07 | 6 | 6 | 126.35 percent of total billed charges | |
| BKR CHG URINE CULTURE | 87086 | CPT | | | | both | | | 133 | 9.28 | WellPoint | WellPoint | 42.8 | 32.18 | | 19.29 | 6 | 6 | 126.35 percent of total billed charges | |
| BKR CHG CULT W/ISO & PRESUMP IDENT ISOLA | 87088 | CPT | | | | outpatient | | | 120 | 9.3 | Corrections | Corrections | 96 | 80 | | | 2.7 | 2.7 | 114 percent of total billed charges | |
| BKR CHG CULT W/ISO & PRESUMP IDENT ISOLA | 87088 | CPT | | | | outpatient | | | 120 | 9.3 | Aetna | Better Health | 37.86 | 31.55 | | | 2.7 | 2.7 | 114 percent of total billed charges | |
| BKR CHG CULT W/ISO & PRESUMP IDENT ISOLA | 87088 | CPT | | | | outpatient | | | 120 | 9.3 | Aetna | Medicare | 36.96 | 30.8 | | | 2.7 | 2.7 | 114 percent of total billed charges | |
| BKR CHG CULT W/ISO & PRESUMP IDENT ISOLA | 87088 | CPT | | | | outpatient | | | 120 | 9.3 | First Health | First Health | 84 | 70 | | | 2.7 | 2.7 | 114 percent of total billed charges | |
| BKR CHG CULT W/ISO & PRESUMP IDENT ISOLA | 87088 | CPT | | | | outpatient | | | 120 | 9.3 | First Trenton | First Trenton | 108 | 90 | | | 2.7 | 2.7 | 114 percent of total billed charges | |
| BKR CHG CULT W/ISO & PRESUMP IDENT ISOLA | 87088 | CPT | | | | outpatient | | | 120 | 9.3 | Amerihealth | Medicare | 8.09 | | | | 2.7 | 2.7 | 114 fee schedule | |
| BKR CHG CULT W/ISO & PRESUMP IDENT ISOLA | 87088 | CPT | | | | outpatient | | | 120 | 9.3 | Americare | Americare | 90 | 75 | | | 2.7 | 2.7 | 114 percent of total billed charges | |
| BKR CHG CULT W/ISO & PRESUMP IDENT ISOLA | 87088 | CPT | | | | outpatient | | | 120 | 9.3 | Consumer | Consumer | 114 | 95 | | | 2.7 | 2.7 | 114 percent of total billed charges | |
| BKR CHG CULT W/ISO & PRESUMP IDENT ISOLA | 87088 | CPT | | | | outpatient | | | 120 | 9.3 | Horizon | Indemnity | 45.94 | 38.28 | | | 2.7 | 2.7 | 114 percent of total billed charges | |
| BKR CHG CULT W/ISO & PRESUMP IDENT ISOLA | 87088 | CPT | | | | outpatient | | | 120 | 9.3 | Wellcare | Medicare | 8.09 | | | | 2.7 | 2.7 | 114 fee schedule | |
| BKR CHG CULT W/ISO & PRESUMP IDENT ISOLA | 87088 | CPT | | | | outpatient | | | 120 | 9.3 | Horizon | MGD | 45.94 | 38.28 | | | 2.7 | 2.7 | 114 percent of total billed charges | |
| BKR CHG CULT W/ISO & PRESUMP IDENT ISOLA | 87088 | CPT | | | | outpatient | | | 120 | 9.3 | Multiplan | Multiplan | 96 | 80 | | | 2.7 | 2.7 | 114 percent of total billed charges | |
| BKR CHG CULT W/ISO & PRESUMP IDENT ISOLA | 87088 | CPT | | | | outpatient | | | 120 | 9.3 | Horizon | NJ Health | 5.29 | | | | 2.7 | 2.7 | 114 fee schedule | |
| BKR CHG CULT W/ISO & PRESUMP IDENT ISOLA | 87088 | CPT | | | | outpatient | | | 120 | 9.3 | WellPoint | WellPoint | 38.62 | 32.18 | | | 2.7 | 2.7 | 114 percent of total billed charges | |
| BKR CHG CULT W/ISO & PRESUMP IDENT ISOLA | 87088 | CPT | | | | outpatient | | | 120 | 9.3 | Amerihealth | HMO/PPO | 12.5 | | | | 2.7 | 2.7 | 114 fee schedule | |
| BKR CHG CULT W/ISO & PRESUMP IDENT ISOLA | 87088 | CPT | | | | outpatient | | | 120 | 9.3 | Qualcare | Qualcare | 90 | 75 | | | 2.7 | 2.7 | 114 percent of total billed charges | |
| BKR CHG CULT W/ISO & PRESUMP IDENT ISOLA | 87088 | CPT | | | | outpatient | | | 120 | 9.3 | Horizon | Medicare Blue | 36 | 30 | | | 2.7 | 2.7 | 114 percent of total billed charges | |
| BKR CHG CULT W/ISO & PRESUMP IDENT ISOLA | 87088 | CPT | | | | outpatient | | | 120 | 9.3 | UHC | Medicare | 8.09 | | | | 2.7 | 2.7 | 114 fee schedule | |
| BKR CHG CULT W/ISO & PRESUMP IDENT ISOLA | 87088 | CPT | | | | outpatient | | | 120 | 9.3 | Horizon | PPO | 45.94 | 38.28 | | | 2.7 | 2.7 | 114 percent of total billed charges | |
| BKR CHG CULT W/ISO & PRESUMP IDENT ISOLA | 87088 | CPT | | | | outpatient | | | 120 | 9.3 | Managed Care Inc | Managed Care Inc | 108 | 90 | | | 2.7 | 2.7 | 114 percent of total billed charges | |
| BKR CHG CULT W/ISO & PRESUMP IDENT ISOLA | 87088 | CPT | | | | outpatient | | | 120 | 9.3 | UHC | Medicaid | 2.7 | | | | 2.7 | 2.7 | 114 fee schedule | |
| BKR CHG CULT W/ISO & PRESUMP IDENT ISOLA | 87088 | CPT | | | | outpatient | | | 120 | 9.3 | Three Rivers | Three Rivers | 114 | 95 | | | 2.7 | 2.7 | 114 percent of total billed charges | |
| BKR CHG CULT W/ISO & PRESUMP IDENT ISOLA | 87088 | CPT | | | | outpatient | | | 120 | 9.3 | Wellcare | Medicaid | 2.7 | | | | 2.7 | 2.7 | 114 fee schedule | |
| BKR CHG YEAST ID FUNGUS MYCOLOGY | 87101 | CPT | | | | both | | | 114 | 8.87 | Aetna | Medicare | 35.11 | 30.8 | | | 7.71 | 7.71 | 108.3 percent of total billed charges | |
| BKR CHG YEAST ID FUNGUS MYCOLOGY | 87101 | CPT | | | | both | | | 114 | 8.87 | Aetna | Better Health | 35.97 | 31.55 | | 27.81 | 7.71 | 7.71 | 108.3 percent of total billed charges | |
| BKR CHG YEAST ID FUNGUS MYCOLOGY | 87101 | CPT | | | | both | | | 114 | 8.87 | Americare | Americare | 85.5 | 75 | | | 7.71 | 7.71 | 108.3 percent of total billed charges | |
| BKR CHG YEAST ID FUNGUS MYCOLOGY | 87101 | CPT | | | | both | | | 114 | 8.87 | Consumer | Consumer | 108.3 | 95 | | | 7.71 | 7.71 | 108.3 percent of total billed charges | |
| BKR CHG YEAST ID FUNGUS MYCOLOGY | 87101 | CPT | | | | both | | | 114 | 8.87 | Corrections | Corrections | 91.2 | 80 | | | 7.71 | 7.71 | 108.3 percent of total billed charges | |
| BKR CHG YEAST ID FUNGUS MYCOLOGY | 87101 | CPT | | | | both | | | 114 | 8.87 | Horizon | NJ Health | 15.68 | | | 7.53 | 7.71 | 7.71 | 108.3 fee schedule | |
| BKR CHG YEAST ID FUNGUS MYCOLOGY | 87101 | CPT | | | | both | | | 114 | 8.87 | Horizon | Indemnity | 43.64 | 38.28 | | | 7.71 | 7.71 | 108.3 percent of total billed charges | |
| BKR CHG YEAST ID FUNGUS MYCOLOGY | 87101 | CPT | | | | both | | | 114 | 8.87 | First Health | First Health | 79.8 | 70 | | | 7.71 | 7.71 | 108.3 percent of total billed charges | |
| BKR CHG YEAST ID FUNGUS MYCOLOGY | 87101 | CPT | | | | both | | | 114 | 8.87 | Qualcare | Qualcare | 85.5 | 75 | | | 7.71 | 7.71 | 108.3 percent of total billed charges | |
| BKR CHG YEAST ID FUNGUS MYCOLOGY | 87101 | CPT | | | | both | | | 114 | 8.87 | UHC | Medicaid | 8 | | | 26.19 | 7.71 | 7.71 | 108.3 fee schedule | |
| BKR CHG YEAST ID FUNGUS MYCOLOGY | 87101 | CPT | | | | both | | | 114 | 8.87 | Amerihealth | HMO/PPO | 12 | | | | 7.71 | 7.71 | 108.3 fee schedule | |
| BKR CHG YEAST ID FUNGUS MYCOLOGY | 87101 | CPT | | | | both | | | 114 | 8.87 | Horizon | Medicare Blue | 34.2 | 30 | | | 7.71 | 7.71 | 108.3 percent of total billed charges | |
| BKR CHG YEAST ID FUNGUS MYCOLOGY | 87101 | CPT | | | | both | | | 114 | 8.87 | First Trenton | First Trenton | 102.6 | 90 | | | 7.71 | 7.71 | 108.3 percent of total billed charges | |
| BKR CHG YEAST ID FUNGUS MYCOLOGY | 87101 | CPT | | | | both | | | 114 | 8.87 | WellPoint | WellPoint | 36.69 | 32.18 | | | 7.71 | 7.71 | 108.3 percent of total billed charges | |
| BKR CHG YEAST ID FUNGUS MYCOLOGY | 87101 | CPT | | | | both | | | 114 | 8.87 | Horizon | PPO | 43.64 | 38.28 | | | 7.71 | 7.71 | 108.3 percent of total billed charges | |
| BKR CHG YEAST ID FUNGUS MYCOLOGY | 87101 | CPT | | | | both | | | 114 | 8.87 | Multiplan | Multiplan | 91.2 | 80 | | | 7.71 | 7.71 | 108.3 percent of total billed charges | |
| BKR CHG YEAST ID FUNGUS MYCOLOGY | 87101 | CPT | | | | both | | | 114 | 8.87 | Managed Care Inc | Managed Care Inc | 102.6 | 90 | | | 7.71 | 7.71 | 108.3 percent of total billed charges | |
| BKR CHG YEAST ID FUNGUS MYCOLOGY | 87101 | CPT | | | | both | | | 114 | 8.87 | Wellcare | Medicare | 7.71 | | | | 7.71 | 7.71 | 108.3 fee schedule | |
| BKR CHG YEAST ID FUNGUS MYCOLOGY | 87101 | CPT | | | | both | | | 114 | 8.87 | Amerihealth | Medicare | 7.71 | | | | 7.71 | 7.71 | 108.3 fee schedule | |
| BKR CHG YEAST ID FUNGUS MYCOLOGY | 87101 | CPT | | | | both | | | 114 | 8.87 | UHC | Medicare | 7.71 | | | | 7.71 | 7.71 | 108.3 fee schedule | |
| BKR CHG YEAST ID FUNGUS MYCOLOGY | 87101 | CPT | | | | both | | | 114 | 8.87 | Three Rivers | Three Rivers | 108.3 | 95 | | | 7.71 | 7.71 | 108.3 percent of total billed charges | |
| BKR CHG YEAST ID FUNGUS MYCOLOGY | 87101 | CPT | | | | both | | | 114 | 8.87 | Horizon | MGD | 43.64 | 38.28 | | 3.62 | 7.71 | 7.71 | 108.3 percent of total billed charges | |
| BKR CHG YEAST ID FUNGUS MYCOLOGY | 87101 | CPT | | | | both | | | 114 | 8.87 | Wellcare | Medicaid | 8 | | | | 7.71 | 7.71 | 108.3 fee schedule | |
| BKR CHG VAGINAL YEAST CULTURE | 87102 | CPT | | | | both | | | 261 | 9.67 | Aetna | Better Health | 82.35 | 31.55 | | 15.57 | 8 | 8 | 247.95 percent of total billed charges | |
| BKR CHG VAGINAL YEAST CULTURE | 87102 | CPT | | | | both | | | 261 | 9.67 | Amerihealth | HMO/PPO | 13.1 | | | | 8 | 8 | 247.95 fee schedule | |
| BKR CHG VAGINAL YEAST CULTURE | 87102 | CPT | | | | both | | | 261 | 9.67 | Wellcare | Medicare | 8.41 | | | 2.42 | 8 | 8 | 247.95 fee schedule | |
| BKR CHG VAGINAL YEAST CULTURE | 87102 | CPT | | | | both | | | 261 | 9.67 | Horizon | NJ Health | 15.68 | | | 13.52 | 8 | 8 | 247.95 fee schedule | |
| BKR CHG VAGINAL YEAST CULTURE | 87102 | CPT | | | | both | | | 261 | 9.67 | Multiplan | Multiplan | 208.8 | 80 | | | 8 | 8 | 247.95 percent of total billed charges | |
| BKR CHG VAGINAL YEAST CULTURE | 87102 | CPT | | | | both | | | 261 | 9.67 | Americare | Americare | 195.75 | 75 | | | 8 | 8 | 247.95 percent of total billed charges | |
| BKR CHG VAGINAL YEAST CULTURE | 87102 | CPT | | | | both | | | 261 | 9.67 | Corrections | Corrections | 208.8 | 80 | | 27.9 | 8 | 8 | 247.95 percent of total billed charges | |
| BKR CHG VAGINAL YEAST CULTURE | 87102 | CPT | | | | both | | | 261 | 9.67 | Aetna | Medicare | 80.39 | 30.8 | | 6.84 | 8 | 8 | 247.95 percent of total billed charges | |
| BKR CHG VAGINAL YEAST CULTURE | 87102 | CPT | | | | both | | | 261 | 9.67 | Consumer | Consumer | 247.95 | 95 | | | 8 | 8 | 247.95 percent of total billed charges | |
| BKR CHG VAGINAL YEAST CULTURE | 87102 | CPT | | | | both | | | 261 | 9.67 | Horizon | Indemnity | 99.91 | 38.28 | | 27.25 | 8 | 8 | 247.95 percent of total billed charges | |
| BKR CHG VAGINAL YEAST CULTURE | 87102 | CPT | | | | both | | | 261 | 9.67 | First Health | First Health | 182.7 | 70 | | | 8 | 8 | 247.95 percent of total billed charges | |
| BKR CHG VAGINAL YEAST CULTURE | 87102 | CPT | | | | both | | | 261 | 9.67 | Qualcare | Qualcare | 195.75 | 75 | | | 8 | 8 | 247.95 percent of total billed charges | |
| BKR CHG VAGINAL YEAST CULTURE | 87102 | CPT | | | | both | | | 261 | 9.67 | Horizon | Medicare Blue | 78.3 | 30 | | 11.74 | 8 | 8 | 247.95 percent of total billed charges | |
| BKR CHG VAGINAL YEAST CULTURE | 87102 | CPT | | | | both | | | 261 | 9.67 | Three Rivers | Three Rivers | 247.95 | 95 | | | 8 | 8 | 247.95 percent of total billed charges | |
| BKR CHG VAGINAL YEAST CULTURE | 87102 | CPT | | | | both | | | 261 | 9.67 | Horizon | MGD | 99.91 | 38.28 | | 24.71 | 8 | 8 | 247.95 percent of total billed charges | |
| BKR CHG VAGINAL YEAST CULTURE | 87102 | CPT | | | | both | | | 261 | 9.67 | Amerihealth | Medicare | 8.41 | | | | 8 | 8 | 247.95 fee schedule | |
| BKR CHG VAGINAL YEAST CULTURE | 87102 | CPT | | | | both | | | 261 | 9.67 | First Trenton | First Trenton | 234.9 | 90 | | | 8 | 8 | 247.95 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG VAGINAL YEAST CULTURE | 87102 | CPT | | | | both | | | 261 | 9.67 | Horizon | PPO | 99.91 | 38.28 | | 27.45 | 8 | | 247.95 percent of total billed charges | |
| BKR CHG VAGINAL YEAST CULTURE | 87102 | CPT | | | | both | | | 261 | 9.67 | Managed Care Inc | Managed Care Inc | 234.9 | 90 | | | 8 | | 247.95 percent of total billed charges | |
| BKR CHG VAGINAL YEAST CULTURE | 87102 | CPT | | | | both | | | 261 | 9.67 | UHC | Medicaid | 8 | | | 7.84 | 8 | | 247.95 fee schedule | |
| BKR CHG VAGINAL YEAST CULTURE | 87102 | CPT | | | | both | | | 261 | 9.67 | UHC | Medicare | 8.41 | | | 12.9 | 8 | | 247.95 fee schedule | |
| BKR CHG VAGINAL YEAST CULTURE | 87102 | CPT | | | | both | | | 261 | 9.67 | Wellcare | Medicaid | 8 | | | 26.88 | 8 | | 247.95 fee schedule | |
| BKR CHG VAGINAL YEAST CULTURE | 87102 | CPT | | | | both | | | 261 | 9.67 | WellPoint | WellPoint | 83.99 | 32.18 | | 19.52 | 8 | | 247.95 percent of total billed charges | |
| BKR CHG FUNGUS CULTURE - BLOOD | 87103 | CPT | | | | both | | | 95 | 23.53 | Americare | Americare | 71.25 | 75 | | | 8 | | 90.25 percent of total billed charges | |
| BKR CHG FUNGUS CULTURE - BLOOD | 87103 | CPT | | | | both | | | 95 | 23.53 | Amerihealth | Medicare | 20.46 | | | | 8 | | 90.25 fee schedule | |
| BKR CHG FUNGUS CULTURE - BLOOD | 87103 | CPT | | | | both | | | 95 | 23.53 | First Trenton | First Trenton | 85.5 | 90 | | | 8 | | 90.25 percent of total billed charges | |
| BKR CHG FUNGUS CULTURE - BLOOD | 87103 | CPT | | | | both | | | 95 | 23.53 | Consumer | Consumer | 90.25 | 95 | | | 8 | | 90.25 percent of total billed charges | |
| BKR CHG FUNGUS CULTURE - BLOOD | 87103 | CPT | | | | both | | | 95 | 23.53 | Aetna | Medicare | 29.26 | 30.8 | | | 8 | | 90.25 percent of total billed charges | |
| BKR CHG FUNGUS CULTURE - BLOOD | 87103 | CPT | | | | both | | | 95 | 23.53 | Aetna | Better Health | 29.97 | 31.55 | | | 8 | | 90.25 percent of total billed charges | |
| BKR CHG FUNGUS CULTURE - BLOOD | 87103 | CPT | | | | both | | | 95 | 23.53 | Horizon | Indemnity | 36.37 | 38.28 | | | 8 | | 90.25 percent of total billed charges | |
| BKR CHG FUNGUS CULTURE - BLOOD | 87103 | CPT | | | | both | | | 95 | 23.53 | Corrections | Corrections | 76 | 80 | | | 8 | | 90.25 percent of total billed charges | |
| BKR CHG FUNGUS CULTURE - BLOOD | 87103 | CPT | | | | both | | | 95 | 23.53 | Amerihealth | HMO/PPO | 13.9 | | | | 8 | | 90.25 fee schedule | |
| BKR CHG FUNGUS CULTURE - BLOOD | 87103 | CPT | | | | both | | | 95 | 23.53 | First Health | First Health | 66.5 | 70 | | | 8 | | 90.25 percent of total billed charges | |
| BKR CHG FUNGUS CULTURE - BLOOD | 87103 | CPT | | | | both | | | 95 | 23.53 | Managed Care Inc | Managed Care Inc | 85.5 | 90 | | | 8 | | 90.25 percent of total billed charges | |
| BKR CHG FUNGUS CULTURE - BLOOD | 87103 | CPT | | | | both | | | 95 | 23.53 | WellPoint | WellPoint | 30.57 | 32.18 | | | 8 | | 90.25 percent of total billed charges | |
| BKR CHG FUNGUS CULTURE - BLOOD | 87103 | CPT | | | | both | | | 95 | 23.53 | Horizon | MGD | 36.37 | 38.28 | | | 8 | | 90.25 percent of total billed charges | |
| BKR CHG FUNGUS CULTURE - BLOOD | 87103 | CPT | | | | both | | | 95 | 23.53 | Horizon | Medicare Blue | 28.5 | 30 | | | 8 | | 90.25 percent of total billed charges | |
| BKR CHG FUNGUS CULTURE - BLOOD | 87103 | CPT | | | | both | | | 95 | 23.53 | Multiplan | Multiplan | 76 | 80 | | | 8 | | 90.25 percent of total billed charges | |
| BKR CHG FUNGUS CULTURE - BLOOD | 87103 | CPT | | | | both | | | 95 | 23.53 | Horizon | PPO | 36.37 | 38.28 | | | 8 | | 90.25 percent of total billed charges | |
| BKR CHG FUNGUS CULTURE - BLOOD | 87103 | CPT | | | | both | | | 95 | 23.53 | Horizon | NJ Health | 15.68 | | | 22.05 | 8 | | 90.25 fee schedule | |
| BKR CHG FUNGUS CULTURE - BLOOD | 87103 | CPT | | | | both | | | 95 | 23.53 | Three Rivers | Three Rivers | 90.25 | 95 | | | 8 | | 90.25 percent of total billed charges | |
| BKR CHG FUNGUS CULTURE - BLOOD | 87103 | CPT | | | | both | | | 95 | 23.53 | UHC | Medicare | 20.46 | | | | 8 | | 90.25 fee schedule | |
| BKR CHG FUNGUS CULTURE - BLOOD | 87103 | CPT | | | | both | | | 95 | 23.53 | Wellcare | Medicaid | 8 | | | | 8 | | 90.25 fee schedule | |
| BKR CHG FUNGUS CULTURE - BLOOD | 87103 | CPT | | | | both | | | 95 | 23.53 | Quality Care | Qualcare | 71.25 | 75 | | | 8 | | 90.25 percent of total billed charges | |
| BKR CHG FUNGUS CULTURE - BLOOD | 87103 | CPT | | | | both | | | 95 | 23.53 | UHC | Medicaid | 8 | | | | 8 | | 90.25 fee schedule | |
| BKR CHG FUNGUS CULTURE - BLOOD | 87103 | CPT | | | | both | | | 95 | 23.53 | Wellcare | Medicare | 20.46 | | | | 8 | | 90.25 fee schedule | |
| BKR CHG IDENTIFICATION, YEAST | 87106 | CPT | | | | both | | | 114 | 11.87 | Consumer | Consumer | 108.3 | 95 | | | 8 | | 108.3 percent of total billed charges | |
| BKR CHG IDENTIFICATION, YEAST | 87106 | CPT | | | | both | | | 114 | 11.87 | Amerihealth | HMO/PPO | 15.3 | | | | 8 | | 108.3 fee schedule | |
| BKR CHG IDENTIFICATION, YEAST | 87106 | CPT | | | | both | | | 114 | 11.87 | Americare | Americare | 85.5 | 75 | | | 8 | | 108.3 percent of total billed charges | |
| BKR CHG IDENTIFICATION, YEAST | 87106 | CPT | | | | both | | | 114 | 11.87 | Qualcare | Qualcare | 85.5 | 75 | | | 8 | | 108.3 percent of total billed charges | |
| BKR CHG IDENTIFICATION, YEAST | 87106 | CPT | | | | both | | | 114 | 11.87 | Corrections | Corrections | 91.2 | 80 | | | 8 | | 108.3 percent of total billed charges | |
| BKR CHG IDENTIFICATION, YEAST | 87106 | CPT | | | | both | | | 114 | 11.87 | Aetna | Medicare | 35.11 | 30.8 | | | 8 | | 108.3 percent of total billed charges | |
| BKR CHG IDENTIFICATION, YEAST | 87106 | CPT | | | | both | | | 114 | 11.87 | Horizon | Medicare Blue | 34.2 | 30 | | 6.29 | 8 | | 108.3 percent of total billed charges | |
| BKR CHG IDENTIFICATION, YEAST | 87106 | CPT | | | | both | | | 114 | 11.87 | Aetna | Better Health | 35.97 | 31.55 | | 25.06 | 8 | | 108.3 percent of total billed charges | |
| BKR CHG IDENTIFICATION, YEAST | 87106 | CPT | | | | both | | | 114 | 11.87 | Horizon | Indemnity | 43.64 | 38.28 | | 23.35 | 8 | | 108.3 percent of total billed charges | |
| BKR CHG IDENTIFICATION, YEAST | 87106 | CPT | | | | both | | | 114 | 11.87 | First Health | First Health | 79.8 | 70 | | | 8 | | 108.3 percent of total billed charges | |
| BKR CHG IDENTIFICATION, YEAST | 87106 | CPT | | | | both | | | 114 | 11.87 | Horizon | NJ Health | 15.68 | | | 11.77 | 8 | | 108.3 fee schedule | |
| BKR CHG IDENTIFICATION, YEAST | 87106 | CPT | | | | both | | | 114 | 11.87 | UHC | Medicare | 10.32 | | | | 8 | | 108.3 fee schedule | |
| BKR CHG IDENTIFICATION, YEAST | 87106 | CPT | | | | both | | | 114 | 11.87 | Horizon | PPO | 43.64 | 38.28 | | 29.14 | 8 | | 108.3 percent of total billed charges | |
| BKR CHG IDENTIFICATION, YEAST | 87106 | CPT | | | | both | | | 114 | 11.87 | Horizon | MGD | 43.64 | 38.28 | | | 8 | | 108.3 percent of total billed charges | |
| BKR CHG IDENTIFICATION, YEAST | 87106 | CPT | | | | both | | | 114 | 11.87 | Multiplan | Multiplan | 91.2 | 80 | | | 8 | | 108.3 percent of total billed charges | |
| BKR CHG IDENTIFICATION, YEAST | 87106 | CPT | | | | both | | | 114 | 11.87 | Amerihealth | Medicare | 10.32 | | | | 8 | | 108.3 fee schedule | |
| BKR CHG IDENTIFICATION, YEAST | 87106 | CPT | | | | both | | | 114 | 11.87 | UHC | Medicaid | 8 | | | 24.09 | 8 | | 108.3 fee schedule | |
| BKR CHG IDENTIFICATION, YEAST | 87106 | CPT | | | | both | | | 114 | 11.87 | Wellcare | Medicare | 10.32 | | | | 8 | | 108.3 fee schedule | |
| BKR CHG IDENTIFICATION, YEAST | 87106 | CPT | | | | both | | | 114 | 11.87 | Three Rivers | Three Rivers | 108.3 | 95 | | | 8 | | 108.3 percent of total billed charges | |
| BKR CHG IDENTIFICATION, YEAST | 87106 | CPT | | | | both | | | 114 | 11.87 | WellPoint | WellPoint | 36.69 | 32.18 | | 26.55 | 8 | | 108.3 percent of total billed charges | |
| BKR CHG IDENTIFICATION, YEAST | 87106 | CPT | | | | both | | | 114 | 11.87 | Wellcare | Medicaid | 8 | | | 25.56 | 8 | | 108.3 fee schedule | |
| BKR CHG IDENTIFICATION, YEAST | 87106 | CPT | | | | both | | | 114 | 11.87 | First Trenton | First Trenton | 102.6 | 90 | | | 8 | | 108.3 percent of total billed charges | |
| BKR CHG IDENTIFICATION, YEAST | 87106 | CPT | | | | both | | | 114 | 11.87 | Managed Care Inc | Managed Care Inc | 102.6 | 90 | | | 8 | | 108.3 percent of total billed charges | |
| BKR CHG ORGANISM.ID.MOLD(008474) | 87107 | CPT | | | | both | | | 188 | 11.87 | First Trenton | First Trenton | 169.2 | 90 | | | | 10.32 | 178.6 percent of total billed charges | |
| BKR CHG ORGANISM.ID.MOLD(008474) | 87107 | CPT | | | | both | | | 188 | 11.87 | Amerihealth | HMO/PPO | 15.3 | | | | | 10.32 | 178.6 fee schedule | |
| BKR CHG ORGANISM.ID.MOLD(008474) | 87107 | CPT | | | | both | | | 188 | 11.87 | Horizon | NJ Health | 11.47 | | | 17.32 | | 10.32 | 178.6 fee schedule | |
| BKR CHG ORGANISM.ID.MOLD(008474) | 87107 | CPT | | | | both | | | 188 | 11.87 | Aetna | Better Health | 59.31 | 31.55 | | | | 10.32 | 178.6 percent of total billed charges | |
| BKR CHG ORGANISM.ID.MOLD(008474) | 87107 | CPT | | | | both | | | 188 | 11.87 | Wellcare | Medicaid | 11.42 | | | | | 10.32 | 178.6 fee schedule | |
| BKR CHG ORGANISM.ID.MOLD(008474) | 87107 | CPT | | | | both | | | 188 | 11.87 | Aetna | Medicare | 57.9 | 30.8 | | | | 10.32 | 178.6 percent of total billed charges | |
| BKR CHG ORGANISM.ID.MOLD(008474) | 87107 | CPT | | | | both | | | 188 | 11.87 | Americare | Americare | 141 | 75 | | | | 10.32 | 178.6 percent of total billed charges | |
| BKR CHG ORGANISM.ID.MOLD(008474) | 87107 | CPT | | | | both | | | 188 | 11.87 | Consumer | Consumer | 178.6 | 95 | | | | 10.32 | 178.6 percent of total billed charges | |
| BKR CHG ORGANISM.ID.MOLD(008474) | 87107 | CPT | | | | both | | | 188 | 11.87 | Horizon | Indemnity | 71.97 | 38.28 | | 56.48 | | 10.32 | 178.6 percent of total billed charges | |
| BKR CHG ORGANISM.ID.MOLD(008474) | 87107 | CPT | | | | both | | | 188 | 11.87 | Amerihealth | Medicare | 10.32 | | | | | 10.32 | 178.6 fee schedule | |
| BKR CHG ORGANISM.ID.MOLD(008474) | 87107 | CPT | | | | both | | | 188 | 11.87 | Qualcare | Qualcare | 141 | 75 | | | | 10.32 | 178.6 percent of total billed charges | |
| BKR CHG ORGANISM.ID.MOLD(008474) | 87107 | CPT | | | | both | | | 188 | 11.87 | Horizon | Medicare Blue | 56.4 | 30 | | | | 10.32 | 178.6 percent of total billed charges | |
| BKR CHG ORGANISM.ID.MOLD(008474) | 87107 | CPT | | | | both | | | 188 | 11.87 | WellPoint | WellPoint | 60.5 | 32.18 | | 26.78 | | 10.32 | 178.6 percent of total billed charges | |
| BKR CHG ORGANISM.ID.MOLD(008474) | 87107 | CPT | | | | both | | | 188 | 11.87 | Horizon | PPO | 71.97 | 38.28 | | 55.13 | | 10.32 | 178.6 percent of total billed charges | |
| BKR CHG ORGANISM.ID.MOLD(008474) | 87107 | CPT | | | | both | | | 188 | 11.87 | Horizon | MGD | 71.97 | 38.28 | | 27.35 | | 10.32 | 178.6 percent of total billed charges | |
| BKR CHG ORGANISM.ID.MOLD(008474) | 87107 | CPT | | | | both | | | 188 | 11.87 | Corrections | Corrections | 150.4 | 80 | | 11.29 | | 10.32 | 178.6 percent of total billed charges | |
| BKR CHG ORGANISM.ID.MOLD(008474) | 87107 | CPT | | | | both | | | 188 | 11.87 | Managed Care Inc | Managed Care Inc | 169.2 | 90 | | | | 10.32 | 178.6 percent of total billed charges | |
| BKR CHG ORGANISM.ID.MOLD(008474) | 87107 | CPT | | | | both | | | 188 | 11.87 | First Health | First Health | 131.6 | 70 | | | | 10.32 | 178.6 percent of total billed charges | |
| BKR CHG ORGANISM.ID.MOLD(008474) | 87107 | CPT | | | | both | | | 188 | 11.87 | UHC | Medicaid | 11.42 | | | 37.94 | | 10.32 | 178.6 fee schedule | |
| BKR CHG ORGANISM.ID.MOLD(008474) | 87107 | CPT | | | | both | | | 188 | 11.87 | Wellcare | Medicare | 10.32 | | | | | 10.32 | 178.6 fee schedule | |
| BKR CHG ORGANISM.ID.MOLD(008474) | 87107 | CPT | | | | both | | | 188 | 11.87 | Multiplan | Multiplan | 150.4 | 80 | | | | 10.32 | 178.6 percent of total billed charges | |
| BKR CHG ORGANISM.ID.MOLD(008474) | 87107 | CPT | | | | both | | | 188 | 11.87 | UHC | Medicare | 10.32 | | | 33.43 | | 10.32 | 178.6 fee schedule | |
| BKR CHG ORGANISM.ID.MOLD(008474) | 87107 | CPT | | | | both | | | 188 | 11.87 | Three Rivers | Three Rivers | 178.6 | 95 | | | | 10.32 | 178.6 percent of total billed charges | |
| BKR CHG UREAPLASMA/MYCOPLASMA HOMINIS | 87109 | CPT | | | | inpatient | | | 55 | 17.7 | Amerihealth | Medicare | 15.39 | | | | | 14 | 52.25 fee schedule | |
| BKR CHG UREAPLASMA/MYCOPLASMA HOMINIS | 87109 | CPT | | | | inpatient | | | 55 | 17.7 | Horizon | MGD | 21.05 | 38.28 | | | | 14 | 52.25 percent of total billed charges | |
| BKR CHG UREAPLASMA/MYCOPLASMA HOMINIS | 87109 | CPT | | | | inpatient | | | 55 | 17.7 | Consumer | Consumer | 52.25 | 95 | | | | 14 | 52.25 percent of total billed charges | |
| BKR CHG UREAPLASMA/MYCOPLASMA HOMINIS | 87109 | CPT | | | | inpatient | | | 55 | 17.7 | WellPoint | WellPoint | 17.7 | 32.18 | | | | 14 | 52.25 percent of total billed charges | |
| BKR CHG UREAPLASMA/MYCOPLASMA HOMINIS | 87109 | CPT | | | | inpatient | | | 55 | 17.7 | First Health | First Health | 38.5 | 70 | | | | 14 | 52.25 percent of total billed charges | |
| BKR CHG UREAPLASMA/MYCOPLASMA HOMINIS | 87109 | CPT | | | | inpatient | | | 55 | 17.7 | Aetna | Medicare | 16.94 | 30.8 | | | | 14 | 52.25 percent of total billed charges | |
| BKR CHG UREAPLASMA/MYCOPLASMA HOMINIS | 87109 | CPT | | | | inpatient | | | 55 | 17.7 | Aetna | Better Health | 17.35 | 31.55 | | | | 14 | 52.25 percent of total billed charges | |
| BKR CHG UREAPLASMA/MYCOPLASMA HOMINIS | 87109 | CPT | | | | inpatient | | | 55 | 17.7 | Horizon | Medicare Blue | 16.5 | 30 | | | | 14 | 52.25 percent of total billed charges | |
| BKR CHG UREAPLASMA/MYCOPLASMA HOMINIS | 87109 | CPT | | | | inpatient | | | 55 | 17.7 | Horizon | PPO | 21.05 | 38.28 | | | | 14 | 52.25 percent of total billed charges | |
| BKR CHG UREAPLASMA/MYCOPLASMA HOMINIS | 87109 | CPT | | | | inpatient | | | 55 | 17.7 | Americare | Americare | 41.25 | 75 | | | | 14 | 52.25 percent of total billed charges | |
| BKR CHG UREAPLASMA/MYCOPLASMA HOMINIS | 87109 | CPT | | | | inpatient | | | 55 | 17.7 | Corrections | Corrections | 44 | 80 | | | | 14 | 52.25 percent of total billed charges | |
| BKR CHG UREAPLASMA/MYCOPLASMA HOMINIS | 87109 | CPT | | | | inpatient | | | 55 | 17.7 | UHC | Medicare | 15.39 | | | | | 14 | 52.25 fee schedule | |
| BKR CHG UREAPLASMA/MYCOPLASMA HOMINIS | 87109 | CPT | | | | inpatient | | | 55 | 17.7 | Three Rivers | Three Rivers | 52.25 | 95 | | | | 14 | 52.25 percent of total billed charges | |
| BKR CHG UREAPLASMA/MYCOPLASMA HOMINIS | 87109 | CPT | | | | inpatient | | | 55 | 17.7 | Amerihealth | HMO/PPO | 23.7 | | | | | 14 | 52.25 fee schedule | |
| BKR CHG UREAPLASMA/MYCOPLASMA HOMINIS | 87109 | CPT | | | | inpatient | | | 55 | 17.7 | Horizon | Indemnity | 21.05 | 38.28 | | | | 14 | 52.25 percent of total billed charges | |
| BKR CHG UREAPLASMA/MYCOPLASMA HOMINIS | 87109 | CPT | | | | inpatient | | | 55 | 17.7 | Wellcare | Medicare | 15.39 | | | | | 14 | 52.25 fee schedule | |
| BKR CHG UREAPLASMA/MYCOPLASMA HOMINIS | 87109 | CPT | | | | inpatient | | | 55 | 17.7 | First Trenton | First Trenton | 49.5 | 90 | | | | 14 | 52.25 percent of total billed charges | |
| BKR CHG UREAPLASMA/MYCOPLASMA HOMINIS | 87109 | CPT | | | | inpatient | | | 55 | 17.7 | Multiplan | Multiplan | 44 | 80 | | | | 14 | 52.25 percent of total billed charges | |
| BKR CHG UREAPLASMA/MYCOPLASMA HOMINIS | 87109 | CPT | | | | inpatient | | | 55 | 17.7 | Horizon | NJ Health | 27.44 | | | | | 14 | 52.25 fee schedule | |
| BKR CHG UREAPLASMA/MYCOPLASMA HOMINIS | 87109 | CPT | | | | inpatient | | | 55 | 17.7 | Quality Care | Qualcare | 41.25 | 75 | | | | 14 | 52.25 percent of total billed charges | |
| BKR CHG UREAPLASMA/MYCOPLASMA HOMINIS | 87109 | CPT | | | | inpatient | | | 55 | 17.7 | Managed Care Inc | Managed Care Inc | 49.5 | 90 | | | | 14 | 52.25 percent of total billed charges | |
| BKR CHG UREAPLASMA/MYCOPLASMA HOMINIS | 87109 | CPT | | | | inpatient | | | 55 | 17.7 | UHC | Medicaid | 14 | | | | | 14 | 52.25 fee schedule | |
| BKR CHG UREAPLASMA/MYCOPLASMA HOMINIS | 87109 | CPT | | | | inpatient | | | 55 | 17.7 | Wellcare | Medicaid | 14 | | | | | 14 | 52.25 fee schedule | |
| BKR CHG CULTURE CHLAMYDIA ANY SOURCE | 87110 | CPT | | | | outpatient | | | 252 | 22.54 | Corrections | Corrections | 201.6 | 80 | | | | 15 | 239.4 percent of total billed charges | |
| BKR CHG CULTURE CHLAMYDIA ANY SOURCE | 87110 | CPT | | | | outpatient | | | 252 | 22.54 | Wellcare | Medicaid | 15 | | | | | 15 | 239.4 fee schedule | |
| BKR CHG CULTURE CHLAMYDIA ANY SOURCE | 87110 | CPT | | | | outpatient | | | 252 | 22.54 | Amerihealth | HMO/PPO | 26.7 | | | | | 15 | 239.4 fee schedule | |
| BKR CHG CULTURE CHLAMYDIA ANY SOURCE | 87110 | CPT | | | | outpatient | | | 252 | 22.54 | Amerihealth | Medicare | 19.6 | | | | | 15 | 239.4 fee schedule | |
| BKR CHG CULTURE CHLAMYDIA ANY SOURCE | 87110 | CPT | | | | outpatient | | | 252 | 22.54 | Aetna | Medicare | 77.62 | 30.8 | | | | 15 | 239.4 percent of total billed charges | |
| BKR CHG CULTURE CHLAMYDIA ANY SOURCE | 87110 | CPT | | | | outpatient | | | 252 | 22.54 | Americare | Americare | 189 | 75 | | | | 15 | 239.4 percent of total billed charges | |
| BKR CHG CULTURE CHLAMYDIA ANY SOURCE | 87110 | CPT | | | | outpatient | | | 252 | 22.54 | Aetna | Better Health | 79.51 | 31.55 | | | | 15 | 239.4 percent of total billed charges | |
| BKR CHG CULTURE CHLAMYDIA ANY SOURCE | 87110 | CPT | | | | outpatient | | | 252 | 22.54 | UHC | Medicare | 19.6 | | | | | 15 | 239.4 fee schedule | |
| BKR CHG CULTURE CHLAMYDIA ANY SOURCE | 87110 | CPT | | | | outpatient | | | 252 | 22.54 | WellPoint | WellPoint | 81.09 | 32.18 | | | | 15 | 239.4 percent of total billed charges | |
| BKR CHG CULTURE CHLAMYDIA ANY SOURCE | 87110 | CPT | | | | outpatient | | | 252 | 22.54 | Horizon | PPO | 96.47 | 38.28 | | | | 15 | 239.4 percent of total billed charges | |
| BKR CHG CULTURE CHLAMYDIA ANY SOURCE | 87110 | CPT | | | | outpatient | | | 252 | 22.54 | First Health | First Health | 176.4 | 70 | | | | 15 | 239.4 percent of total billed charges | |
| BKR CHG CULTURE CHLAMYDIA ANY SOURCE | 87110 | CPT | | | | outpatient | | | 252 | 22.54 | Three Rivers | Three Rivers | 239.4 | 95 | | | | 15 | 239.4 percent of total billed charges | |
| BKR CHG CULTURE CHLAMYDIA ANY SOURCE | 87110 | CPT | | | | outpatient | | | 252 | 22.54 | Consumer | Consumer | 239.4 | 95 | | | | 15 | 239.4 percent of total billed charges | |
| BKR CHG CULTURE CHLAMYDIA ANY SOURCE | 87110 | CPT | | | | outpatient | | | 252 | 22.54 | Wellcare | Medicare | 19.6 | | | | | 15 | 239.4 fee schedule | |
| BKR CHG CULTURE CHLAMYDIA ANY SOURCE | 87110 | CPT | | | | outpatient | | | 252 | 22.54 | Multiplan | Multiplan | 201.6 | 80 | | | | 15 | 239.4 percent of total billed charges | |
| BKR CHG CULTURE CHLAMYDIA ANY SOURCE | 87110 | CPT | | | | outpatient | | | 252 | 22.54 | First Trenton | First Trenton | 226.8 | 90 | | | | 15 | 239.4 percent of total billed charges | |
| BKR CHG CULTURE CHLAMYDIA ANY SOURCE | 87110 | CPT | | | | outpatient | | | 252 | 22.54 | Horizon | Indemnity | 96.47 | 38.28 | | | | 15 | 239.4 percent of total billed charges | |
| BKR CHG CULTURE CHLAMYDIA ANY SOURCE | 87110 | CPT | | | | outpatient | | | 252 | 22.54 | Horizon | MGD | 96.47 | 38.28 | | | | 15 | 239.4 percent of total billed charges | |
| BKR CHG CULTURE CHLAMYDIA ANY SOURCE | 87110 | CPT | | | | outpatient | | | 252 | 22.54 | Quality Care | Qualcare | 189 | 75 | | | | 15 | 239.4 percent of total billed charges | |
| BKR CHG CULTURE CHLAMYDIA ANY SOURCE | 87110 | CPT | | | | outpatient | | | 252 | 22.54 | Horizon | NJ Health | 29.4 | | | | | 15 | 239.4 fee schedule | |
| BKR CHG CULTURE CHLAMYDIA ANY SOURCE | 87110 | CPT | | | | outpatient | | | 252 | 22.54 | Horizon | Medicare Blue | 75.6 | 30 | | | | 15 | 239.4 percent of total billed charges | |
| BKR CHG CULTURE CHLAMYDIA ANY SOURCE | 87110 | CPT | | | | outpatient | | | 252 | 22.54 | Managed Care Inc | Managed Care Inc | 226.8 | 90 | | | | 15 | 239.4 percent of total billed charges | |
| BKR CHG CULTURE CHLAMYDIA ANY SOURCE | 87110 | CPT | | | | outpatient | | | 252 | 22.54 | UHC | Medicaid | 15 | | | | | 15 | 239.4 fee schedule | |
| BKR CHG CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL | 87116 | CPT | | | | both | | | 606 | 12.42 | Americare | Americare | 454.5 | 75 | | | | 6 | 575.7 percent of total billed charges | |
| BKR CHG CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL | 87116 | CPT | | | | both | | | 606 | 12.42 | First Health | First Health | 424.2 | 70 | | | | 6 | 575.7 percent of total billed charges | |
| BKR CHG CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL | 87116 | CPT | | | | both | | | 606 | 12.42 | Consumer | Consumer | 575.7 | 95 | | | | 6 | 575.7 percent of total billed charges | |
| BKR CHG CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL | 87116 | CPT | | | | both | | | 606 | 12.42 | Aetna | Better Health | 191.19 | 31.55 | | 24.94 | | 6 | 575.7 percent of total billed charges | |
| BKR CHG CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL | 87116 | CPT | | | | both | | | 606 | 12.42 | Horizon | NJ Health | 11.76 | | | 23.24 | | 6 | 575.7 fee schedule | |
| BKR CHG CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL | 87116 | CPT | | | | both | | | 606 | 12.42 | Amerihealth | Medicare | 10.8 | | | | | 6 | 575.7 fee schedule | |
| BKR CHG CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL | 87116 | CPT | | | | both | | | 606 | 12.42 | Quality Care | Qualcare | 454.5 | 75 | | | | 6 | 575.7 percent of total billed charges | |
| BKR CHG CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL | 87116 | CPT | | | | both | | | 606 | 12.42 | Horizon | PPO | 231.98 | 38.28 | | 42.76 | | 6 | 575.7 percent of total billed charges | |
| BKR CHG CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL | 87116 | CPT | | | | both | | | 606 | 12.42 | Amerihealth | HMO/PPO | 16.8 | | | | | 6 | 575.7 fee schedule | |
| BKR CHG CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL | 87116 | CPT | | | | both | | | 606 | 12.42 | Three Rivers | Three Rivers | 575.7 | 95 | | | | 6 | 575.7 percent of total billed charges | |
| BKR CHG CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL | 87116 | CPT | | | | both | | | 606 | 12.42 | Corrections | Corrections | 484.8 | 80 | | 45.88 | | 6 | 575.7 percent of total billed charges | |
| BKR CHG CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL | 87116 | CPT | | | | both | | | 606 | 12.42 | Aetna | Medicare | 186.65 | 30.8 | | | | 6 | 575.7 percent of total billed charges | |
| BKR CHG CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL | 87116 | CPT | | | | both | | | 606 | 12.42 | Multiplan | Multiplan | 484.8 | 80 | | | | 6 | 575.7 percent of total billed charges | |
| BKR CHG CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL | 87116 | CPT | | | | both | | | 606 | 12.42 | UHC | Medicaid | 6 | | | 9.9 | | 6 | 575.7 fee schedule | |
| BKR CHG CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL | 87116 | CPT | | | | both | | | 606 | 12.42 | First Trenton | First Trenton | 545.4 | 90 | | | | 6 | 575.7 percent of total billed charges | |
| BKR CHG CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL | 87116 | CPT | | | | both | | | 606 | 12.42 | Wellcare | Medicaid | 6 | | | 41.54 | | 6 | 575.7 fee schedule | |
| BKR CHG CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL | 87116 | CPT | | | | both | | | 606 | 12.42 | Wellcare | Medicare | 10.8 | | | | | 6 | 575.7 fee schedule | |
| BKR CHG CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL | 87116 | CPT | | | | both | | | 606 | 12.42 | Horizon | Indemnity | 231.98 | 38.28 | | 50.35 | | 6 | 575.7 percent of total billed charges | |
| BKR CHG CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL | 87116 | CPT | | | | both | | | 606 | 12.42 | Horizon | Medicare Blue | 181.8 | 30 | | 17.46 | | 6 | 575.7 percent of total billed charges | |
| BKR CHG CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL | 87116 | CPT | | | | both | | | 606 | 12.42 | WellPoint | WellPoint | 195.01 | 32.18 | | 30.3 | | 6 | 575.7 percent of total billed charges | |
| BKR CHG CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL | 87116 | CPT | | | | both | | | 606 | 12.42 | Managed Care Inc | Managed Care Inc | 545.4 | 90 | | | | 6 | 575.7 percent of total billed charges | |
| BKR CHG CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL | 87116 | CPT | | | | both | | | 606 | 12.42 | Horizon | MGD | 231.98 | 38.28 | | 39.52 | | 6 | 575.7 percent of total billed charges | |
| BKR CHG CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL | 87116 | CPT | | | | both | | | 606 | 12.42 | UHC | Medicare | 10.8 | | | 20.18 | | 6 | 575.7 fee schedule | |
| BKR CHG IDENTIFICATION, AFB | 87118 | CPT | | | | outpatient | | | 576 | 16.8 | First Trenton | First Trenton | 518.4 | 90 | | | | 12 | 547.2 percent of total billed charges | |
| BKR CHG IDENTIFICATION, AFB | 87118 | CPT | | | | outpatient | | | 576 | 16.8 | Aetna | Better Health | 181.73 | 31.55 | | | | 12 | 547.2 percent of total billed charges | |
| BKR CHG IDENTIFICATION, AFB | 87118 | CPT | | | | outpatient | | | 576 | 16.8 | Americare | Americare | 432 | 75 | | | | 12 | 547.2 percent of total billed charges | |
| BKR CHG IDENTIFICATION, AFB | 87118 | CPT | | | | outpatient | | | 576 | 16.8 | Horizon | MGD | 220.49 | 38.28 | | | | 12 | 547.2 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG IDENTIFICATION, AFB | 87118 | CPT | | | | outpatient | | | 576 | | 16.8 UHC | Medicaid | 12 | | | | 12 | | 547.2 fee schedule | |
| BKR CHG IDENTIFICATION, AFB | 87118 | CPT | | | | outpatient | | | 576 | | 16.8 Consumer | Consumer | 547.2 | 95 | | | 12 | | 547.2 percent of total billed charges | |
| BKR CHG IDENTIFICATION, AFB | 87118 | CPT | | | | outpatient | | | 576 | | 16.8 Horizon | PPO | 220.49 | 38.28 | | | 12 | | 547.2 percent of total billed charges | |
| BKR CHG IDENTIFICATION, AFB | 87118 | CPT | | | | outpatient | | | 576 | | 16.8 Aetna | Medicare | 177.41 | 30.8 | | | 12 | | 547.2 percent of total billed charges | |
| BKR CHG IDENTIFICATION, AFB | 87118 | CPT | | | | outpatient | | | 576 | | 16.8 Wellcare | Medicaid | 12 | | | | 12 | | 547.2 fee schedule | |
| BKR CHG IDENTIFICATION, AFB | 87118 | CPT | | | | outpatient | | | 576 | | 16.8 Horizon | Indemnity | 220.49 | 38.28 | | | 12 | | 547.2 percent of total billed charges | |
| BKR CHG IDENTIFICATION, AFB | 87118 | CPT | | | | outpatient | | | 576 | | 16.8 Three Rivers | Three Rivers | 547.2 | 95 | | | 12 | | 547.2 percent of total billed charges | |
| BKR CHG IDENTIFICATION, AFB | 87118 | CPT | | | | outpatient | | | 576 | | 16.8 Amerihealth | HMO/PPO | 16.9 | | | | 12 | | 547.2 fee schedule | |
| BKR CHG IDENTIFICATION, AFB | 87118 | CPT | | | | outpatient | | | 576 | | 16.8 Wellcare | Medicare | 14.61 | | | | 12 | | 547.2 fee schedule | |
| BKR CHG IDENTIFICATION, AFB | 87118 | CPT | | | | outpatient | | | 576 | | 16.8 Corrections | Corrections | 460.8 | 80 | | | 12 | | 547.2 percent of total billed charges | |
| BKR CHG IDENTIFICATION, AFB | 87118 | CPT | | | | outpatient | | | 576 | | 16.8 Amerihealth | Medicare | 14.61 | | | | 12 | | 547.2 fee schedule | |
| BKR CHG IDENTIFICATION, AFB | 87118 | CPT | | | | outpatient | | | 576 | | 16.8 Horizon | Medicare Blue | 172.8 | 30 | | | 12 | | 547.2 percent of total billed charges | |
| BKR CHG IDENTIFICATION, AFB | 87118 | CPT | | | | outpatient | | | 576 | | 16.8 First Health | First Health | 403.2 | 70 | | | 12 | | 547.2 percent of total billed charges | |
| BKR CHG IDENTIFICATION, AFB | 87118 | CPT | | | | outpatient | | | 576 | | 16.8 Horizon | NJ Health | 23.52 | | | | 12 | | 547.2 fee schedule | |
| BKR CHG IDENTIFICATION, AFB | 87118 | CPT | | | | outpatient | | | 576 | | 16.8 Multiplan | Multiplan | 460.8 | 80 | | | 12 | | 547.2 percent of total billed charges | |
| BKR CHG IDENTIFICATION, AFB | 87118 | CPT | | | | outpatient | | | 576 | | 16.8 Managed Care Inc | Managed Care Inc | 518.4 | 90 | | | 12 | | 547.2 percent of total billed charges | |
| BKR CHG IDENTIFICATION, AFB | 87118 | CPT | | | | outpatient | | | 576 | | 16.8 Qualcare | Qualcare | 432 | 75 | | | 12 | | 547.2 percent of total billed charges | |
| BKR CHG IDENTIFICATION, AFB | 87118 | CPT | | | | outpatient | | | 576 | | 16.8 WellPoint | WellPoint | 185.36 | 32.18 | | | 12 | | 547.2 percent of total billed charges | |
| BKR CHG IDENTIFICATION, AFB | 87118 | CPT | | | | outpatient | | | 576 | | 16.8 UHC | Medicare | 14.61 | | | | 12 | | 547.2 fee schedule | |
| BKR CHG CULTURE TYPE IMMUNOFLUORES EA | 87140 | CPT | | | | outpatient | | | 33 | | 6.41 First Trenton | First Trenton | 29.7 | 90 | | | 3 | | 31.35 percent of total billed charges | |
| BKR CHG CULTURE TYPE IMMUNOFLUORES EA | 87140 | CPT | | | | outpatient | | | 33 | | 6.41 Consumer | Consumer | 31.35 | 95 | | | 3 | | 31.35 percent of total billed charges | |
| BKR CHG CULTURE TYPE IMMUNOFLUORES EA | 87140 | CPT | | | | outpatient | | | 33 | | 6.41 First Health | First Health | 23.1 | 70 | | | 3 | | 31.35 percent of total billed charges | |
| BKR CHG CULTURE TYPE IMMUNOFLUORES EA | 87140 | CPT | | | | outpatient | | | 33 | | 6.41 UHC | Medicaid | 3 | | | | 3 | | 31.35 fee schedule | |
| BKR CHG CULTURE TYPE IMMUNOFLUORES EA | 87140 | CPT | | | | outpatient | | | 33 | | 6.41 Horizon | Medicare Blue | 9.9 | 30 | | | 3 | | 31.35 percent of total billed charges | |
| BKR CHG CULTURE TYPE IMMUNOFLUORES EA | 87140 | CPT | | | | outpatient | | | 33 | | 6.41 Aetna | Better Health | 10.41 | 31.55 | | | 3 | | 31.35 percent of total billed charges | |
| BKR CHG CULTURE TYPE IMMUNOFLUORES EA | 87140 | CPT | | | | outpatient | | | 33 | | 6.41 Amerihealth | Medicare | 5.57 | | | | 3 | | 31.35 fee schedule | |
| BKR CHG CULTURE TYPE IMMUNOFLUORES EA | 87140 | CPT | | | | outpatient | | | 33 | | 6.41 Aetna | Medicare | 10.16 | 30.8 | | | 3 | | 31.35 percent of total billed charges | |
| BKR CHG CULTURE TYPE IMMUNOFLUORES EA | 87140 | CPT | | | | outpatient | | | 33 | | 6.41 Horizon | Indemnity | 12.63 | 38.28 | | | 3 | | 31.35 percent of total billed charges | |
| BKR CHG CULTURE TYPE IMMUNOFLUORES EA | 87140 | CPT | | | | outpatient | | | 33 | | 6.41 Corrections | Corrections | 26.4 | 80 | | | 3 | | 31.35 percent of total billed charges | |
| BKR CHG CULTURE TYPE IMMUNOFLUORES EA | 87140 | CPT | | | | outpatient | | | 33 | | 6.41 Multiplan | Multiplan | 26.4 | 80 | | | 3 | | 31.35 percent of total billed charges | |
| BKR CHG CULTURE TYPE IMMUNOFLUORES EA | 87140 | CPT | | | | outpatient | | | 33 | | 6.41 Wellcare | Medicare | 5.57 | | | | 3 | | 31.35 fee schedule | |
| BKR CHG CULTURE TYPE IMMUNOFLUORES EA | 87140 | CPT | | | | outpatient | | | 33 | | 6.41 Horizon | PPO | 12.63 | 38.28 | | | 3 | | 31.35 percent of total billed charges | |
| BKR CHG CULTURE TYPE IMMUNOFLUORES EA | 87140 | CPT | | | | outpatient | | | 33 | | 6.41 WellPoint | WellPoint | 10.62 | 32.18 | | | 3 | | 31.35 percent of total billed charges | |
| BKR CHG CULTURE TYPE IMMUNOFLUORES EA | 87140 | CPT | | | | outpatient | | | 33 | | 6.41 Horizon | NJ Health | 5.88 | | | | 3 | | 31.35 fee schedule | |
| BKR CHG CULTURE TYPE IMMUNOFLUORES EA | 87140 | CPT | | | | outpatient | | | 33 | | 6.41 Americare | Americare | 24.75 | 75 | | | 3 | | 31.35 percent of total billed charges | |
| BKR CHG CULTURE TYPE IMMUNOFLUORES EA | 87140 | CPT | | | | outpatient | | | 33 | | 6.41 Managed Care Inc | Managed Care Inc | 29.7 | 90 | | | 3 | | 31.35 percent of total billed charges | |
| BKR CHG CULTURE TYPE IMMUNOFLUORES EA | 87140 | CPT | | | | outpatient | | | 33 | | 6.41 Wellcare | Medicaid | 3 | | | | 3 | | 31.35 fee schedule | |
| BKR CHG CULTURE TYPE IMMUNOFLUORES EA | 87140 | CPT | | | | outpatient | | | 33 | | 6.41 Qualcare | Qualcare | 24.75 | 75 | | | 3 | | 31.35 percent of total billed charges | |
| BKR CHG CULTURE TYPE IMMUNOFLUORES EA | 87140 | CPT | | | | outpatient | | | 33 | | 6.41 Amerihealth | HMO/PPO | 6.1 | | | | 3 | | 31.35 fee schedule | |
| BKR CHG CULTURE TYPE IMMUNOFLUORES EA | 87140 | CPT | | | | outpatient | | | 33 | | 6.41 Three Rivers | Three Rivers | 31.35 | 95 | | | 3 | | 31.35 percent of total billed charges | |
| BKR CHG CULTURE TYPE IMMUNOFLUORES EA | 87140 | CPT | | | | outpatient | | | 33 | | 6.41 Horizon | MGD | 12.63 | 38.28 | | | 3 | | 31.35 percent of total billed charges | |
| BKR CHG CULTURE TYPE IMMUNOFLUORES EA | 87140 | CPT | | | | outpatient | | | 33 | | 6.41 UHC | Medicare | 5.57 | | | | 3 | | 31.35 fee schedule | |
| BKR CHG PENICILLIN BIND PROTEIN TEST | 87147 | CPT | | | | both | | | 205 | | 5.96 Amerihealth | Medicare | 5.18 | | | | 3 | | 194.75 fee schedule | |
| BKR CHG PENICILLIN BIND PROTEIN TEST | 87147 | CPT | | | | both | | | 205 | | 5.96 First Health | First Health | 143.5 | 70 | | | 3 | | 194.75 percent of total billed charges | |
| BKR CHG PENICILLIN BIND PROTEIN TEST | 87147 | CPT | | | | both | | | 205 | | 5.96 Aetna | Better Health | 64.68 | 31.55 | | | 3 | | 194.75 percent of total billed charges | |
| BKR CHG PENICILLIN BIND PROTEIN TEST | 87147 | CPT | | | | both | | | 205 | | 5.96 Wellcare | Medicaid | 3 | | | | 3 | | 194.75 fee schedule | |
| BKR CHG PENICILLIN BIND PROTEIN TEST | 87147 | CPT | | | | both | | | 205 | | 5.96 UHC | Medicare | 5.18 | | | | 3 | | 194.75 fee schedule | |
| BKR CHG PENICILLIN BIND PROTEIN TEST | 87147 | CPT | | | | both | | | 205 | | 5.96 Aetna | Medicare | 63.14 | 30.8 | | | 3 | | 194.75 percent of total billed charges | |
| BKR CHG PENICILLIN BIND PROTEIN TEST | 87147 | CPT | | | | both | | | 205 | | 5.96 Corrections | Corrections | 164 | 80 | | | 3 | | 194.75 percent of total billed charges | |
| BKR CHG PENICILLIN BIND PROTEIN TEST | 87147 | CPT | | | | both | | | 205 | | 5.96 Americare | Americare | 153.75 | 75 | | | 3 | | 194.75 percent of total billed charges | |
| BKR CHG PENICILLIN BIND PROTEIN TEST | 87147 | CPT | | | | both | | | 205 | | 5.96 Horizon | Indemnity | 78.47 | 38.28 | | 25.53 | 3 | | 194.75 percent of total billed charges | |
| BKR CHG PENICILLIN BIND PROTEIN TEST | 87147 | CPT | | | | both | | | 205 | | 5.96 Multiplan | Multiplan | 164 | 80 | | | 3 | | 194.75 percent of total billed charges | |
| BKR CHG PENICILLIN BIND PROTEIN TEST | 87147 | CPT | | | | both | | | 205 | | 5.96 Consumer | Consumer | 194.75 | 95 | | | 3 | | 194.75 percent of total billed charges | |
| BKR CHG PENICILLIN BIND PROTEIN TEST | 87147 | CPT | | | | both | | | 205 | | 5.96 Wellcare | Medicare | 5.18 | | | | 3 | | 194.75 fee schedule | |
| BKR CHG PENICILLIN BIND PROTEIN TEST | 87147 | CPT | | | | both | | | 205 | | 5.96 Horizon | Medicare Blue | 61.5 | 30 | | 22.55 | 3 | | 194.75 percent of total billed charges | |
| BKR CHG PENICILLIN BIND PROTEIN TEST | 87147 | CPT | | | | both | | | 205 | | 5.96 Qualcare | Qualcare | 153.75 | 75 | | | 3 | | 194.75 percent of total billed charges | |
| BKR CHG PENICILLIN BIND PROTEIN TEST | 87147 | CPT | | | | both | | | 205 | | 5.96 WellPoint | WellPoint | 65.97 | 32.18 | | | 3 | | 194.75 percent of total billed charges | |
| BKR CHG PENICILLIN BIND PROTEIN TEST | 87147 | CPT | | | | both | | | 205 | | 5.96 Amerihealth | HMO/PPO | 8.1 | | | | 3 | | 194.75 fee schedule | |
| BKR CHG PENICILLIN BIND PROTEIN TEST | 87147 | CPT | | | | both | | | 205 | | 5.96 Horizon | MGD | 78.47 | 38.28 | | | 3 | | 194.75 percent of total billed charges | |
| BKR CHG PENICILLIN BIND PROTEIN TEST | 87147 | CPT | | | | both | | | 205 | | 5.96 UHC | Medicaid | 3 | | | 22.44 | 3 | | 194.75 fee schedule | |
| BKR CHG PENICILLIN BIND PROTEIN TEST | 87147 | CPT | | | | both | | | 205 | | 5.96 First Trenton | First Trenton | 184.5 | 90 | | | 3 | | 194.75 percent of total billed charges | |
| BKR CHG PENICILLIN BIND PROTEIN TEST | 87147 | CPT | | | | both | | | 205 | | 5.96 Horizon | NJ Health | 5.88 | | | 12.42 | 3 | | 194.75 fee schedule | |
| BKR CHG PENICILLIN BIND PROTEIN TEST | 87147 | CPT | | | | both | | | 205 | | 5.96 Horizon | PPO | 78.47 | 38.28 | | | 3 | | 194.75 percent of total billed charges | |
| BKR CHG PENICILLIN BIND PROTEIN TEST | 87147 | CPT | | | | both | | | 205 | | 5.96 Managed Care Inc | Managed Care Inc | 184.5 | 90 | | | 3 | | 194.75 percent of total billed charges | |
| BKR CHG PENICILLIN BIND PROTEIN TEST | 87147 | CPT | | | | both | | | 205 | | 5.96 Three Rivers | Three Rivers | 194.75 | 95 | | | 3 | | 194.75 percent of total billed charges | |
| BKR CHG IDENTIFICATION AFB DNA PROBE | 87149 | CPT | | | | inpatient | | | 224 | | 23.06 UHC | Medicare | 20.05 | | | | | 20.05 | 212.8 fee schedule | |
| BKR CHG IDENTIFICATION AFB DNA PROBE | 87149 | CPT | | | | inpatient | | | 224 | | 23.06 First Trenton | First Trenton | 201.6 | 90 | | | | 20.05 | 212.8 percent of total billed charges | |
| BKR CHG IDENTIFICATION AFB DNA PROBE | 87149 | CPT | | | | inpatient | | | 224 | | 23.06 Horizon | MGD | 85.75 | 38.28 | | | | 20.05 | 212.8 percent of total billed charges | |
| BKR CHG IDENTIFICATION AFB DNA PROBE | 87149 | CPT | | | | inpatient | | | 224 | | 23.06 Consumer | Consumer | 212.8 | 95 | | | | 20.05 | 212.8 percent of total billed charges | |
| BKR CHG IDENTIFICATION AFB DNA PROBE | 87149 | CPT | | | | inpatient | | | 224 | | 23.06 Aetna | Medicare | 68.99 | 30.8 | | | | 20.05 | 212.8 percent of total billed charges | |
| BKR CHG IDENTIFICATION AFB DNA PROBE | 87149 | CPT | | | | inpatient | | | 224 | | 23.06 Horizon | Indemnity | 85.75 | 38.28 | | | | 20.05 | 212.8 percent of total billed charges | |
| BKR CHG IDENTIFICATION AFB DNA PROBE | 87149 | CPT | | | | inpatient | | | 224 | | 23.06 Americare | Americare | 168 | 75 | | | | 20.05 | 212.8 percent of total billed charges | |
| BKR CHG IDENTIFICATION AFB DNA PROBE | 87149 | CPT | | | | inpatient | | | 224 | | 23.06 Aetna | Better Health | 70.67 | 31.55 | | | | 20.05 | 212.8 percent of total billed charges | |
| BKR CHG IDENTIFICATION AFB DNA PROBE | 87149 | CPT | | | | inpatient | | | 224 | | 23.06 Amerihealth | Medicare | 20.05 | | | | | 20.05 | 212.8 fee schedule | |
| BKR CHG IDENTIFICATION AFB DNA PROBE | 87149 | CPT | | | | inpatient | | | 224 | | 23.06 Managed Care Inc | Managed Care Inc | 201.6 | 90 | | | | 20.05 | 212.8 percent of total billed charges | |
| BKR CHG IDENTIFICATION AFB DNA PROBE | 87149 | CPT | | | | inpatient | | | 224 | | 23.06 Horizon | PPO | 85.75 | 38.28 | | | | 20.05 | 212.8 percent of total billed charges | |
| BKR CHG IDENTIFICATION AFB DNA PROBE | 87149 | CPT | | | | inpatient | | | 224 | | 23.06 Corrections | Corrections | 179.2 | 80 | | | | 20.05 | 212.8 percent of total billed charges | |
| BKR CHG IDENTIFICATION AFB DNA PROBE | 87149 | CPT | | | | inpatient | | | 224 | | 23.06 WellPoint | WellPoint | 72.08 | 32.18 | | | | 20.05 | 212.8 percent of total billed charges | |
| BKR CHG IDENTIFICATION AFB DNA PROBE | 87149 | CPT | | | | inpatient | | | 224 | | 23.06 Multiplan | Multiplan | 179.2 | 80 | | | | 20.05 | 212.8 percent of total billed charges | |
| BKR CHG IDENTIFICATION AFB DNA PROBE | 87149 | CPT | | | | inpatient | | | 224 | | 23.06 Amerihealth | HMO/PPO | 27.7 | | | | | 20.05 | 212.8 fee schedule | |
| BKR CHG IDENTIFICATION AFB DNA PROBE | 87149 | CPT | | | | inpatient | | | 224 | | 23.06 First Health | First Health | 156.8 | 70 | | | | 20.05 | 212.8 percent of total billed charges | |
| BKR CHG IDENTIFICATION AFB DNA PROBE | 87149 | CPT | | | | inpatient | | | 224 | | 23.06 Wellcare | Medicaid | 22 | | | | | 20.05 | 212.8 fee schedule | |
| BKR CHG IDENTIFICATION AFB DNA PROBE | 87149 | CPT | | | | inpatient | | | 224 | | 23.06 Qualcare | Qualcare | 168 | 75 | | | | 20.05 | 212.8 percent of total billed charges | |
| BKR CHG IDENTIFICATION AFB DNA PROBE | 87149 | CPT | | | | inpatient | | | 224 | | 23.06 UHC | Medicaid | 22 | | | | | 20.05 | 212.8 fee schedule | |
| BKR CHG IDENTIFICATION AFB DNA PROBE | 87149 | CPT | | | | inpatient | | | 224 | | 23.06 Horizon | NJ Health | 43.12 | | | | | 20.05 | 212.8 fee schedule | |
| BKR CHG IDENTIFICATION AFB DNA PROBE | 87149 | CPT | | | | inpatient | | | 224 | | 23.06 Wellcare | Medicare | 20.05 | | | | | 20.05 | 212.8 fee schedule | |
| BKR CHG IDENTIFICATION AFB DNA PROBE | 87149 | CPT | | | | inpatient | | | 224 | | 23.06 Horizon | Medicare Blue | 67.2 | 30 | | | | 20.05 | 212.8 percent of total billed charges | |
| BKR CHG IDENTIFICATION AFB DNA PROBE | 87149 | CPT | | | | inpatient | | | 224 | | 23.06 Three Rivers | Three Rivers | 212.8 | 95 | | | | 20.05 | 212.8 percent of total billed charges | |
| BKR CHG PCR IDENTIFICATION | 87150 | CPT | | | | both | | | 2893 | | 40.35 UHC | Medicare | 35.09 | | | 20.87 | 28.07 | | 2748.35 fee schedule | |
| BKR CHG PCR IDENTIFICATION | 87150 | CPT | | | | both | | | 2893 | | 40.35 First Trenton | First Trenton | 2603.7 | 90 | | | 28.07 | | 2748.35 percent of total billed charges | |
| BKR CHG PCR IDENTIFICATION | 87150 | CPT | | | | both | | | 2893 | | 40.35 Consumer | Consumer | 2748.35 | 95 | | | 28.07 | | 2748.35 percent of total billed charges | |
| BKR CHG PCR IDENTIFICATION | 87150 | CPT | | | | both | | | 2893 | | 40.35 Aetna | Medicare | 891.04 | 30.8 | | | 28.07 | | 2748.35 percent of total billed charges | |
| BKR CHG PCR IDENTIFICATION | 87150 | CPT | | | | both | | | 2893 | | 40.35 Amerihealth | Medicare | 35.09 | | | | 28.07 | | 2748.35 fee schedule | |
| BKR CHG PCR IDENTIFICATION | 87150 | CPT | | | | both | | | 2893 | | 40.35 Corrections | Corrections | 2314.4 | 80 | | | 28.07 | | 2748.35 percent of total billed charges | |
| BKR CHG PCR IDENTIFICATION | 87150 | CPT | | | | both | | | 2893 | | 40.35 Aetna | Better Health | 912.74 | 31.55 | | 36.11 | 28.07 | | 2748.35 percent of total billed charges | |
| BKR CHG PCR IDENTIFICATION | 87150 | CPT | | | | both | | | 2893 | | 40.35 Americare | Americare | 2169.75 | 75 | | | 28.07 | | 2748.35 percent of total billed charges | |
| BKR CHG PCR IDENTIFICATION | 87150 | CPT | | | | both | | | 2893 | | 40.35 Wellcare | Medicare | 35.09 | | | | 28.07 | | 2748.35 fee schedule | |
| BKR CHG PCR IDENTIFICATION | 87150 | CPT | | | | both | | | 2893 | | 40.35 Horizon | PPO | 1107.44 | 38.28 | | | 28.07 | | 2748.35 percent of total billed charges | |
| BKR CHG PCR IDENTIFICATION | 87150 | CPT | | | | both | | | 2893 | | 40.35 UHC | Medicaid | 28.07 | | | 37.45 | 28.07 | | 2748.35 fee schedule | |
| BKR CHG PCR IDENTIFICATION | 87150 | CPT | | | | both | | | 2893 | | 40.35 Horizon | MGD | 1107.44 | 38.28 | | | 28.07 | | 2748.35 percent of total billed charges | |
| BKR CHG PCR IDENTIFICATION | 87150 | CPT | | | | both | | | 2893 | | 40.35 First Health | First Health | 2025.1 | 70 | | | 28.07 | | 2748.35 percent of total billed charges | |
| BKR CHG PCR IDENTIFICATION | 87150 | CPT | | | | both | | | 2893 | | 40.35 Horizon | Indemnity | 1107.44 | 38.28 | | | 28.07 | | 2748.35 percent of total billed charges | |
| BKR CHG PCR IDENTIFICATION | 87150 | CPT | | | | both | | | 2893 | | 40.35 Multiplan | Multiplan | 2314.4 | 80 | | | 28.07 | | 2748.35 percent of total billed charges | |
| BKR CHG PCR IDENTIFICATION | 87150 | CPT | | | | both | | | 2893 | | 40.35 Amerihealth | HMO/PPO | 30.56 | | | | 28.07 | | 2748.35 fee schedule | |
| BKR CHG PCR IDENTIFICATION | 87150 | CPT | | | | both | | | 2893 | | 40.35 Qualcare | Qualcare | 2169.75 | 75 | | | 28.07 | | 2748.35 percent of total billed charges | |
| BKR CHG PCR IDENTIFICATION | 87150 | CPT | | | | both | | | 2893 | | 40.35 Managed Care Inc | Managed Care Inc | 2603.7 | 90 | | | 28.07 | | 2748.35 percent of total billed charges | |
| BKR CHG PCR IDENTIFICATION | 87150 | CPT | | | | both | | | 2893 | | 40.35 Wellcare | Medicaid | 28.07 | | | | 28.07 | | 2748.35 fee schedule | |
| BKR CHG PCR IDENTIFICATION | 87150 | CPT | | | | both | | | 2893 | | 40.35 Horizon | Medicare Blue | 867.9 | 30 | | | 28.07 | | 2748.35 percent of total billed charges | |
| BKR CHG PCR IDENTIFICATION | 87150 | CPT | | | | both | | | 2893 | | 40.35 Three Rivers | Three Rivers | 2748.35 | 95 | | | 28.07 | | 2748.35 percent of total billed charges | |
| BKR CHG PCR IDENTIFICATION | 87150 | CPT | | | | both | | | 2893 | | 40.35 Horizon | NJ Health | 38.96 | | | 5.32 | 28.07 | | 2748.35 fee schedule | |
| BKR CHG PCR IDENTIFICATION | 87150 | CPT | | | | both | | | 2893 | | 40.35 WellPoint | WellPoint | 930.97 | 32.18 | | 42.22 | 28.07 | | 2748.35 percent of total billed charges | |
| BKR CHG ORGANISM IDENIFICATION GRP | 87153 | CPT | | | | outpatient | | | 904 | | 132.66 Aetna | Medicare | 278.43 | 30.8 | | | 92.29 | | 858.8 percent of total billed charges | |
| BKR CHG ORGANISM IDENIFICATION GRP | 87153 | CPT | | | | outpatient | | | 904 | | 132.66 Aetna | Better Health | 285.21 | 31.55 | | | 92.29 | | 858.8 percent of total billed charges | |
| BKR CHG ORGANISM IDENIFICATION GRP | 87153 | CPT | | | | outpatient | | | 904 | | 132.66 Horizon | Indemnity | 346.05 | 38.28 | | | 92.29 | | 858.8 percent of total billed charges | |
| BKR CHG ORGANISM IDENIFICATION GRP | 87153 | CPT | | | | outpatient | | | 904 | | 132.66 Corrections | Corrections | 723.2 | 80 | | | 92.29 | | 858.8 percent of total billed charges | |
| BKR CHG ORGANISM IDENIFICATION GRP | 87153 | CPT | | | | outpatient | | | 904 | | 132.66 First Trenton | First Trenton | 813.6 | 90 | | | 92.29 | | 858.8 percent of total billed charges | |
| BKR CHG ORGANISM IDENIFICATION GRP | 87153 | CPT | | | | outpatient | | | 904 | | 132.66 First Health | First Health | 632.8 | 70 | | | 92.29 | | 858.8 percent of total billed charges | |
| BKR CHG ORGANISM IDENIFICATION GRP | 87153 | CPT | | | | outpatient | | | 904 | | 132.66 Americare | Americare | 678 | 75 | | | 92.29 | | 858.8 percent of total billed charges | |
| BKR CHG ORGANISM IDENIFICATION GRP | 87153 | CPT | | | | outpatient | | | 904 | | 132.66 UHC | Medicaid | 92.29 | | | | 92.29 | | 858.8 fee schedule | |
| BKR CHG ORGANISM IDENIFICATION GRP | 87153 | CPT | | | | outpatient | | | 904 | | 132.66 Amerihealth | Medicare | 115.36 | | | | 92.29 | | 858.8 fee schedule | |
| BKR CHG ORGANISM IDENIFICATION GRP | 87153 | CPT | | | | outpatient | | | 904 | | 132.66 Consumer | Consumer | 858.8 | 95 | | | 92.29 | | 858.8 percent of total billed charges | |
| BKR CHG ORGANISM IDENIFICATION GRP | 87153 | CPT | | | | outpatient | | | 904 | | 132.66 Amerihealth | HMO/PPO | 100.44 | | | | 92.29 | | 858.8 fee schedule | |
| BKR CHG ORGANISM IDENIFICATION GRP | 87153 | CPT | | | | outpatient | | | 904 | | 132.66 Wellcare | Medicaid | 92.29 | | | | 92.29 | | 858.8 fee schedule | |
| BKR CHG ORGANISM IDENIFICATION GRP | 87153 | CPT | | | | outpatient | | | 904 | | 132.66 Horizon | PPO | 346.05 | 38.28 | | | 92.29 | | 858.8 percent of total billed charges | |
| BKR CHG ORGANISM IDENIFICATION GRP | 87153 | CPT | | | | outpatient | | | 904 | | 132.66 Multiplan | Multiplan | 723.2 | 80 | | | 92.29 | | 858.8 percent of total billed charges | |
| BKR CHG ORGANISM IDENIFICATION GRP | 87153 | CPT | | | | outpatient | | | 904 | | 132.66 Horizon | MGD | 346.05 | 38.28 | | | 92.29 | | 858.8 percent of total billed charges | |
| BKR CHG ORGANISM IDENIFICATION GRP | 87153 | CPT | | | | outpatient | | | 904 | | 132.66 Horizon | Medicare Blue | 271.2 | 30 | | | 92.29 | | 858.8 percent of total billed charges | |
| BKR CHG ORGANISM IDENIFICATION GRP | 87153 | CPT | | | | outpatient | | | 904 | | 132.66 Managed Care Inc | Managed Care Inc | 813.6 | 90 | | | 92.29 | | 858.8 percent of total billed charges | |
| BKR CHG ORGANISM IDENIFICATION GRP | 87153 | CPT | | | | outpatient | | | 904 | | 132.66 Qualcare | Qualcare | 678 | 75 | | | 92.29 | | 858.8 percent of total billed charges | |
| BKR CHG ORGANISM IDENIFICATION GRP | 87153 | CPT | | | | outpatient | | | 904 | | 132.66 Wellcare | Medicare | 115.36 | | | | 92.29 | | 858.8 fee schedule | |
| BKR CHG ORGANISM IDENIFICATION GRP | 87153 | CPT | | | | outpatient | | | 904 | | 132.66 Horizon | NJ Health | 128.11 | | | | 92.29 | | 858.8 fee schedule | |
| BKR CHG ORGANISM IDENIFICATION GRP | 87153 | CPT | | | | outpatient | | | 904 | | 132.66 WellPoint | WellPoint | 290.91 | 32.18 | | | 92.29 | | 858.8 percent of total billed charges | |
| BKR CHG ORGANISM IDENIFICATION GRP | 87153 | CPT | | | | outpatient | | | 904 | | 132.66 UHC | Medicare | 115.36 | | | | 92.29 | | 858.8 fee schedule | |
| BKR CHG ORGANISM IDENIFICATION GRP | 87153 | CPT | | | | outpatient | | | 904 | | 132.66 Three Rivers | Three Rivers | 858.8 | 95 | | | 92.29 | | 858.8 percent of total billed charges | |
| BKR CHG PINWORM PREP ONLY | 87172 | CPT | | | | outpatient | | | 67 | | 4.91 Aetna | Better Health | 21.14 | 31.55 | | | 4.27 | | 63.65 percent of total billed charges | |
| BKR CHG PINWORM PREP ONLY | 87172 | CPT | | | | outpatient | | | 67 | | 4.91 Aetna | Medicare | 20.64 | 30.8 | | | 4.27 | | 63.65 percent of total billed charges | |
| BKR CHG PINWORM PREP ONLY | 87172 | CPT | | | | outpatient | | | 67 | | 4.91 Amerihealth | HMO/PPO | 7 | | | | 4.27 | | 63.65 fee schedule | |
| BKR CHG PINWORM PREP ONLY | 87172 | CPT | | | | outpatient | | | 67 | | 4.91 Horizon | Indemnity | 25.65 | 38.28 | | | 4.27 | | 63.65 percent of total billed charges | |
| BKR CHG PINWORM PREP ONLY | 87172 | CPT | | | | outpatient | | | 67 | | 4.91 UHC | Medicaid | 4.72 | | | | 4.27 | | 63.65 fee schedule | |
| BKR CHG PINWORM PREP ONLY | 87172 | CPT | | | | outpatient | | | 67 | | 4.91 Consumer | Consumer | 63.65 | 95 | | | 4.27 | | 63.65 percent of total billed charges | |
| BKR CHG PINWORM PREP ONLY | 87172 | CPT | | | | outpatient | | | 67 | | 4.91 Americare | Americare | 50.25 | 75 | | | 4.27 | | 63.65 percent of total billed charges | |
| BKR CHG PINWORM PREP ONLY | 87172 | CPT | | | | outpatient | | | 67 | | 4.91 Amerihealth | Medicare | 4.27 | | | | 4.27 | | 63.65 fee schedule | |
| BKR CHG PINWORM PREP ONLY | 87172 | CPT | | | | outpatient | | | 67 | | 4.91 Wellcare | Medicare | 4.27 | | | | 4.27 | | 63.65 fee schedule | |
| BKR CHG PINWORM PREP ONLY | 87172 | CPT | | | | outpatient | | | 67 | | 4.91 Multiplan | Multiplan | 53.6 | 80 | | | 4.27 | | 63.65 percent of total billed charges | |
| BKR CHG PINWORM PREP ONLY | 87172 | CPT | | | | outpatient | | | 67 | | 4.91 First Health | First Health | 46.9 | 70 | | | 4.27 | | 63.65 percent of total billed charges | |
| BKR CHG PINWORM PREP ONLY | 87172 | CPT | | | | outpatient | | | 67 | | 4.91 Qualcare | Qualcare | 50.25 | 75 | | | 4.27 | | 63.65 percent of total billed charges | |
| BKR CHG PINWORM PREP ONLY | 87172 | CPT | | | | outpatient | | | 67 | | 4.91 Horizon | MGD | 25.65 | 38.28 | | | 4.27 | | 63.65 percent of total billed charges | |
| BKR CHG PINWORM PREP ONLY | 87172 | CPT | | | | outpatient | | | 67 | | 4.91 Wellcare | Medicaid | 4.72 | | | | 4.27 | | 63.65 fee schedule | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG PINWORM PREP ONLY | 87172 | CPT | | | | outpatient | | | 67 | 4.91 | Horizon | Medicare Blue | 20.1 | 30 | | | 4.27 | 63.65 | percent of total billed charges | |
| BKR CHG PINWORM PREP ONLY | 87172 | CPT | | | | outpatient | | | 67 | 4.91 | Corrections | Corrections | 53.6 | 80 | | | 4.27 | 63.65 | percent of total billed charges | |
| BKR CHG PINWORM PREP ONLY | 87172 | CPT | | | | outpatient | | | 67 | 4.91 | Horizon | PPO | 25.65 | 38.28 | | | 4.27 | 63.65 | percent of total billed charges | |
| BKR CHG PINWORM PREP ONLY | 87172 | CPT | | | | outpatient | | | 67 | 4.91 | UHC | Medicare | 4.27 | | | | 4.27 | 63.65 | fee schedule | |
| BKR CHG PINWORM PREP ONLY | 87172 | CPT | | | | outpatient | | | 67 | 4.91 | Three Rivers | Three Rivers | 63.65 | 95 | | | 4.27 | 63.65 | percent of total billed charges | |
| BKR CHG PINWORM PREP ONLY | 87172 | CPT | | | | outpatient | | | 67 | 4.91 | First Trenton | First Trenton | 60.3 | 90 | | | 4.27 | 63.65 | percent of total billed charges | |
| BKR CHG PINWORM PREP ONLY | 87172 | CPT | | | | outpatient | | | 67 | 4.91 | WellPoint | WellPoint | 21.56 | 32.18 | | | 4.27 | 63.65 | percent of total billed charges | |
| BKR CHG PINWORM PREP ONLY | 87172 | CPT | | | | outpatient | | | 67 | 4.91 | Horizon | NJ Health | 4.74 | | | | 4.27 | 63.65 | fee schedule | |
| BKR CHG PINWORM PREP ONLY | 87172 | CPT | | | | outpatient | | | 67 | 4.91 | Managed Care Inc | Managed Care Inc | 60.3 | 90 | | | 4.27 | 63.65 | percent of total billed charges | |
| BKR CHG HOMOGENIZATION TISSUE FOR | 87176 | CPT | | | | both | | | 43 | 6.76 | Amerihealth | Medicare | 5.88 | | | | 5.88 | 40.85 | fee schedule | |
| BKR CHG HOMOGENIZATION TISSUE FOR | 87176 | CPT | | | | both | | | 43 | 6.76 | Horizon | Indemnity | 16.46 | 38.28 | | 14.16 | 5.88 | 40.85 | percent of total billed charges | |
| BKR CHG HOMOGENIZATION TISSUE FOR | 87176 | CPT | | | | both | | | 43 | 6.76 | Wellcare | Medicaid | 6.4 | | | 11.54 | 5.88 | 40.85 | fee schedule | |
| BKR CHG HOMOGENIZATION TISSUE FOR | 87176 | CPT | | | | both | | | 43 | 6.76 | Americare | Americare | 32.25 | 75 | | | 5.88 | 40.85 | percent of total billed charges | |
| BKR CHG HOMOGENIZATION TISSUE FOR | 87176 | CPT | | | | both | | | 43 | 6.76 | Aetna | Medicare | 13.24 | 30.8 | | | 5.88 | 40.85 | percent of total billed charges | |
| BKR CHG HOMOGENIZATION TISSUE FOR | 87176 | CPT | | | | both | | | 43 | 6.76 | Aetna | Better Health | 13.57 | 31.55 | | | 5.88 | 40.85 | percent of total billed charges | |
| BKR CHG HOMOGENIZATION TISSUE FOR | 87176 | CPT | | | | both | | | 43 | 6.76 | Corrections | Corrections | 34.4 | 80 | | 12.81 | 5.88 | 40.85 | percent of total billed charges | |
| BKR CHG HOMOGENIZATION TISSUE FOR | 87176 | CPT | | | | both | | | 43 | 6.76 | UHC | Medicaid | 6.4 | | | 2.32 | 5.88 | 40.85 | fee schedule | |
| BKR CHG HOMOGENIZATION TISSUE FOR | 87176 | CPT | | | | both | | | 43 | 6.76 | Consumer | Consumer | 40.85 | 95 | | | 5.88 | 40.85 | percent of total billed charges | |
| BKR CHG HOMOGENIZATION TISSUE FOR | 87176 | CPT | | | | both | | | 43 | 6.76 | Horizon | Medicare Blue | 12.9 | 30 | | 5.5 | 5.88 | 40.85 | percent of total billed charges | |
| BKR CHG HOMOGENIZATION TISSUE FOR | 87176 | CPT | | | | both | | | 43 | 6.76 | Horizon | MGD | 16.46 | 38.28 | | 11.12 | 5.88 | 40.85 | percent of total billed charges | |
| BKR CHG HOMOGENIZATION TISSUE FOR | 87176 | CPT | | | | both | | | 43 | 6.76 | Amerihealth | HMO/PPO | 8.4 | | | | 5.88 | 40.85 | fee schedule | |
| BKR CHG HOMOGENIZATION TISSUE FOR | 87176 | CPT | | | | both | | | 43 | 6.76 | First Health | First Health | 30.1 | 70 | | | 5.88 | 40.85 | percent of total billed charges | |
| BKR CHG HOMOGENIZATION TISSUE FOR | 87176 | CPT | | | | both | | | 43 | 6.76 | Horizon | PPO | 16.46 | 38.28 | | 11.76 | 5.88 | 40.85 | percent of total billed charges | |
| BKR CHG HOMOGENIZATION TISSUE FOR | 87176 | CPT | | | | both | | | 43 | 6.76 | Wellcare | Medicare | 5.88 | | | | 5.88 | 40.85 | fee schedule | |
| BKR CHG HOMOGENIZATION TISSUE FOR | 87176 | CPT | | | | both | | | 43 | 6.76 | UHC | Medicare | 5.88 | | | 5.81 | 5.88 | 40.85 | fee schedule | |
| BKR CHG HOMOGENIZATION TISSUE FOR | 87176 | CPT | | | | both | | | 43 | 6.76 | First Trenton | First Trenton | 38.7 | 90 | | | 5.88 | 40.85 | percent of total billed charges | |
| BKR CHG HOMOGENIZATION TISSUE FOR | 87176 | CPT | | | | both | | | 43 | 6.76 | Multiplan | Multiplan | 34.4 | 80 | | | 5.88 | 40.85 | percent of total billed charges | |
| BKR CHG HOMOGENIZATION TISSUE FOR | 87176 | CPT | | | | both | | | 43 | 6.76 | Managed Care Inc | Managed Care Inc | 38.7 | 90 | | | 5.88 | 40.85 | percent of total billed charges | |
| BKR CHG HOMOGENIZATION TISSUE FOR | 87176 | CPT | | | | both | | | 43 | 6.76 | Horizon | NJ Health | 13.8 | | | 6.3 | 5.88 | 40.85 | fee schedule | |
| BKR CHG HOMOGENIZATION TISSUE FOR | 87176 | CPT | | | | both | | | 43 | 6.76 | Three Rivers | Three Rivers | 40.85 | 95 | | | 5.88 | 40.85 | percent of total billed charges | |
| BKR CHG HOMOGENIZATION TISSUE FOR | 87176 | CPT | | | | both | | | 43 | 6.76 | Qualcare | Qualcare | 32.25 | 75 | | | 5.88 | 40.85 | percent of total billed charges | |
| BKR CHG HOMOGENIZATION TISSUE FOR | 87176 | CPT | | | | both | | | 43 | 6.76 | WellPoint | WellPoint | 13.84 | 32.18 | | 6.21 | 5.88 | 40.85 | percent of total billed charges | |
| BKR CHG OVA AND PARASITE | 87177 | CPT | | | | both | | | 167 | 10.24 | Corrections | Corrections | 133.6 | 80 | | | 5.1 | 158.65 | percent of total billed charges | |
| BKR CHG OVA AND PARASITE | 87177 | CPT | | | | both | | | 167 | 10.24 | First Health | First Health | 116.9 | 70 | | | 5.1 | 158.65 | percent of total billed charges | |
| BKR CHG OVA AND PARASITE | 87177 | CPT | | | | both | | | 167 | 10.24 | Multiplan | Multiplan | 133.6 | 80 | | | 5.1 | 158.65 | percent of total billed charges | |
| BKR CHG OVA AND PARASITE | 87177 | CPT | | | | both | | | 167 | 10.24 | Amerihealth | Medicare | 8.9 | | | | 5.1 | 158.65 | fee schedule | |
| BKR CHG OVA AND PARASITE | 87177 | CPT | | | | both | | | 167 | 10.24 | Aetna | Medicare | 51.44 | 30.8 | | | 5.1 | 158.65 | percent of total billed charges | |
| BKR CHG OVA AND PARASITE | 87177 | CPT | | | | both | | | 167 | 10.24 | WellPoint | WellPoint | 53.74 | 32.18 | | | 5.1 | 158.65 | percent of total billed charges | |
| BKR CHG OVA AND PARASITE | 87177 | CPT | | | | both | | | 167 | 10.24 | Horizon | Medicare Blue | 50.1 | 30 | | | 5.1 | 158.65 | percent of total billed charges | |
| BKR CHG OVA AND PARASITE | 87177 | CPT | | | | both | | | 167 | 10.24 | Aetna | Better Health | 52.69 | 31.55 | | 4.62 | 5.1 | 158.65 | percent of total billed charges | |
| BKR CHG OVA AND PARASITE | 87177 | CPT | | | | both | | | 167 | 10.24 | Horizon | MGD | 63.93 | 38.28 | | 6.14 | 5.1 | 158.65 | percent of total billed charges | |
| BKR CHG OVA AND PARASITE | 87177 | CPT | | | | both | | | 167 | 10.24 | First Trenton | First Trenton | 160.3 | 90 | | | 5.1 | 158.65 | percent of total billed charges | |
| BKR CHG OVA AND PARASITE | 87177 | CPT | | | | both | | | 167 | 10.24 | Qualcare | Qualcare | 125.25 | 75 | | | 5.1 | 158.65 | percent of total billed charges | |
| BKR CHG OVA AND PARASITE | 87177 | CPT | | | | both | | | 167 | 10.24 | Americare | Americare | 125.25 | 75 | | | 5.1 | 158.65 | percent of total billed charges | |
| BKR CHG OVA AND PARASITE | 87177 | CPT | | | | both | | | 167 | 10.24 | Consumer | Consumer | 158.65 | 95 | | | 5.1 | 158.65 | percent of total billed charges | |
| BKR CHG OVA AND PARASITE | 87177 | CPT | | | | both | | | 167 | 10.24 | Horizon | Indemnity | 63.93 | 38.28 | | | 5.1 | 158.65 | percent of total billed charges | |
| BKR CHG OVA AND PARASITE | 87177 | CPT | | | | both | | | 167 | 10.24 | Wellcare | Medicare | 8.9 | | | | 5.1 | 158.65 | fee schedule | |
| BKR CHG OVA AND PARASITE | 87177 | CPT | | | | both | | | 167 | 10.24 | Amerihealth | HMO/PPO | 13.6 | | | | 5.1 | 158.65 | fee schedule | |
| BKR CHG OVA AND PARASITE | 87177 | CPT | | | | both | | | 167 | 10.24 | Horizon | NJ Health | 10 | | | 4.73 | 5.1 | 158.65 | fee schedule | |
| BKR CHG OVA AND PARASITE | 87177 | CPT | | | | both | | | 167 | 10.24 | Horizon | PPO | 63.93 | 38.28 | | | 5.1 | 158.65 | percent of total billed charges | |
| BKR CHG OVA AND PARASITE | 87177 | CPT | | | | both | | | 167 | 10.24 | UHC | Medicaid | 5.1 | | | 4.17 | 5.1 | 158.65 | fee schedule | |
| BKR CHG OVA AND PARASITE | 87177 | CPT | | | | both | | | 167 | 10.24 | Managed Care Inc | Managed Care Inc | 150.3 | 90 | | | 5.1 | 158.65 | percent of total billed charges | |
| BKR CHG OVA AND PARASITE | 87177 | CPT | | | | both | | | 167 | 10.24 | Three Rivers | Three Rivers | 158.65 | 95 | | | 5.1 | 158.65 | percent of total billed charges | |
| BKR CHG OVA AND PARASITE | 87177 | CPT | | | | both | | | 167 | 10.24 | UHC | Medicare | 8.9 | | | 2.16 | 5.1 | 158.65 | fee schedule | |
| BKR CHG OVA AND PARASITE | 87177 | CPT | | | | both | | | 167 | 10.24 | Wellcare | Medicaid | 5.1 | | | | 5.1 | 158.65 | fee schedule | |
| BKR CHG SUSCEPTIBILITY STUDIES | 87181 | CPT | | | | both | | | 453 | 5.46 | Aetna | Medicare | 139.52 | 30.8 | | | 4.75 | 430.35 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY STUDIES | 87181 | CPT | | | | both | | | 453 | 5.46 | Amerihealth | Medicare | 4.75 | | | | 4.75 | 430.35 | fee schedule | |
| BKR CHG SUSCEPTIBILITY STUDIES | 87181 | CPT | | | | both | | | 453 | 5.46 | Aetna | Better Health | 142.92 | 31.55 | | | 4.75 | 430.35 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY STUDIES | 87181 | CPT | | | | both | | | 453 | 5.46 | Horizon | Indemnity | 173.41 | 38.28 | | | 4.75 | 430.35 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY STUDIES | 87181 | CPT | | | | both | | | 453 | 5.46 | Horizon | NJ Health | 11.37 | | | 2.91 | 4.75 | 430.35 | fee schedule | |
| BKR CHG SUSCEPTIBILITY STUDIES | 87181 | CPT | | | | both | | | 453 | 5.46 | Americare | Americare | 339.75 | 75 | | | 4.75 | 430.35 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY STUDIES | 87181 | CPT | | | | both | | | 453 | 5.46 | First Health | First Health | 317.1 | 70 | | | 4.75 | 430.35 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY STUDIES | 87181 | CPT | | | | both | | | 453 | 5.46 | Amerihealth | HMO/PPO | 7.4 | | | | 4.75 | 430.35 | fee schedule | |
| BKR CHG SUSCEPTIBILITY STUDIES | 87181 | CPT | | | | both | | | 453 | 5.46 | Wellcare | Medicaid | 5.8 | | | 17.3 | 4.75 | 430.35 | fee schedule | |
| BKR CHG SUSCEPTIBILITY STUDIES | 87181 | CPT | | | | both | | | 453 | 5.46 | Corrections | Corrections | 362.4 | 80 | | | 4.75 | 430.35 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY STUDIES | 87181 | CPT | | | | both | | | 453 | 5.46 | Consumer | Consumer | 430.35 | 95 | | | 4.75 | 430.35 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY STUDIES | 87181 | CPT | | | | both | | | 453 | 5.46 | First Trenton | First Trenton | 407.7 | 90 | | | 4.75 | 430.35 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY STUDIES | 87181 | CPT | | | | both | | | 453 | 5.46 | Multiplan | Multiplan | 362.4 | 80 | | | 4.75 | 430.35 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY STUDIES | 87181 | CPT | | | | both | | | 453 | 5.46 | Horizon | MGD | 173.41 | 38.28 | | 15.58 | 4.75 | 430.35 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY STUDIES | 87181 | CPT | | | | both | | | 453 | 5.46 | Horizon | Medicare Blue | 135.9 | 30 | | | 4.75 | 430.35 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY STUDIES | 87181 | CPT | | | | both | | | 453 | 5.46 | Horizon | PPO | 173.41 | 38.28 | | | 4.75 | 430.35 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY STUDIES | 87181 | CPT | | | | both | | | 453 | 5.46 | Qualcare | Qualcare | 339.75 | 75 | | | 4.75 | 430.35 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY STUDIES | 87181 | CPT | | | | both | | | 453 | 5.46 | UHC | Medicaid | 5.8 | | | 19.33 | 4.75 | 430.35 | fee schedule | |
| BKR CHG SUSCEPTIBILITY STUDIES | 87181 | CPT | | | | both | | | 453 | 5.46 | Wellcare | Medicare | 4.75 | | | | 4.75 | 430.35 | fee schedule | |
| BKR CHG SUSCEPTIBILITY STUDIES | 87181 | CPT | | | | both | | | 453 | 5.46 | Managed Care Inc | Managed Care Inc | 407.7 | 90 | | | 4.75 | 430.35 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY STUDIES | 87181 | CPT | | | | both | | | 453 | 5.46 | UHC | Medicare | 4.75 | | | | 4.75 | 430.35 | fee schedule | |
| BKR CHG SUSCEPTIBILITY STUDIES | 87181 | CPT | | | | both | | | 453 | 5.46 | Three Rivers | Three Rivers | 430.35 | 95 | | | 4.75 | 430.35 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY STUDIES | 87181 | CPT | | | | both | | | 453 | 5.46 | WellPoint | WellPoint | 145.78 | 32.18 | | 25.07 | 4.75 | 430.35 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY DISK METHO | 87184 | CPT | | | | both | | | 110 | 8.6 | Aetna | Medicare | 33.88 | 30.8 | | | 7.48 | 104.5 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY DISK METHO | 87184 | CPT | | | | both | | | 110 | 8.6 | Horizon | MGD | 42.11 | 38.28 | | | 7.48 | 104.5 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY DISK METHO | 87184 | CPT | | | | both | | | 110 | 8.6 | Corrections | Corrections | 88 | 80 | | | 7.48 | 104.5 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY DISK METHO | 87184 | CPT | | | | both | | | 110 | 8.6 | Amerihealth | HMO/PPO | 10.8 | | | | 7.48 | 104.5 | fee schedule | |
| BKR CHG SUSCEPTIBILITY DISK METHO | 87184 | CPT | | | | both | | | 110 | 8.6 | Americare | Americare | 82.5 | 75 | | | 7.48 | 104.5 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY DISK METHO | 87184 | CPT | | | | both | | | 110 | 8.6 | Amerihealth | Medicare | 7.48 | | | | 7.48 | 104.5 | fee schedule | |
| BKR CHG SUSCEPTIBILITY DISK METHO | 87184 | CPT | | | | both | | | 110 | 8.6 | Aetna | Better Health | 34.71 | 31.55 | | | 7.48 | 104.5 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY DISK METHO | 87184 | CPT | | | | both | | | 110 | 8.6 | First Trenton | First Trenton | 99 | 90 | | | 7.48 | 104.5 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY DISK METHO | 87184 | CPT | | | | both | | | 110 | 8.6 | Wellcare | Medicaid | 58.58 | | | 16.89 | 7.48 | 104.5 | fee schedule | |
| BKR CHG SUSCEPTIBILITY DISK METHO | 87184 | CPT | | | | both | | | 110 | 8.6 | UHC | Medicaid | 58.58 | | | 16.07 | 7.48 | 104.5 | fee schedule | |
| BKR CHG SUSCEPTIBILITY DISK METHO | 87184 | CPT | | | | both | | | 110 | 8.6 | Horizon | Indemnity | 42.11 | 38.28 | | 18.65 | 7.48 | 104.5 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY DISK METHO | 87184 | CPT | | | | both | | | 110 | 8.6 | First Health | First Health | 77 | 70 | | | 7.48 | 104.5 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY DISK METHO | 87184 | CPT | | | | both | | | 110 | 8.6 | Consumer | Consumer | 104.5 | 95 | | | 7.48 | 104.5 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY DISK METHO | 87184 | CPT | | | | both | | | 110 | 8.6 | Horizon | PPO | 42.11 | 38.28 | | 20.14 | 7.48 | 104.5 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY DISK METHO | 87184 | CPT | | | | both | | | 110 | 8.6 | Multiplan | Multiplan | 88 | 80 | | | 7.48 | 104.5 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY DISK METHO | 87184 | CPT | | | | both | | | 110 | 8.6 | Managed Care Inc | Managed Care Inc | 99 | 90 | | | 7.48 | 104.5 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY DISK METHO | 87184 | CPT | | | | both | | | 110 | 8.6 | WellPoint | WellPoint | 36.4 | 32.18 | | 20.98 | 7.48 | 104.5 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY DISK METHO | 87184 | CPT | | | | both | | | 110 | 8.6 | UHC | Medicare | 7.48 | | | | 7.48 | 104.5 | fee schedule | |
| BKR CHG SUSCEPTIBILITY DISK METHO | 87184 | CPT | | | | both | | | 110 | 8.6 | Horizon | NJ Health | 17.64 | | | 5.4 | 7.48 | 104.5 | fee schedule | |
| BKR CHG SUSCEPTIBILITY DISK METHO | 87184 | CPT | | | | both | | | 110 | 8.6 | Three Rivers | Three Rivers | 104.5 | 95 | | | 7.48 | 104.5 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY DISK METHO | 87184 | CPT | | | | both | | | 110 | 8.6 | Horizon | Medicare Blue | 33 | 30 | | | 7.48 | 104.5 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY DISK METHO | 87184 | CPT | | | | both | | | 110 | 8.6 | Qualcare | Qualcare | 82.5 | 75 | | | 7.48 | 104.5 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY DISK METHO | 87184 | CPT | | | | both | | | 110 | 8.6 | Wellcare | Medicare | 7.48 | | | | 7.48 | 104.5 | fee schedule | |
| BKR CHG NG TEST CARBA 5 | 87185 | CPT | | | | both | | | 61 | 5.46 | UHC | Medicare | 4.75 | | | | 4.75 | 57.95 | fee schedule | |
| BKR CHG NG TEST CARBA 5 | 87185 | CPT | | | | both | | | 61 | 5.46 | Aetna | Medicare | 18.79 | 30.8 | | | 4.75 | 57.95 | percent of total billed charges | |
| BKR CHG NG TEST CARBA 5 | 87185 | CPT | | | | both | | | 61 | 5.46 | Aetna | Better Health | 19.25 | 31.55 | | | 4.75 | 57.95 | percent of total billed charges | |
| BKR CHG NG TEST CARBA 5 | 87185 | CPT | | | | both | | | 61 | 5.46 | Horizon | Medicare Blue | 18.3 | 30 | | | 4.75 | 57.95 | percent of total billed charges | |
| BKR CHG NG TEST CARBA 5 | 87185 | CPT | | | | both | | | 61 | 5.46 | Amerihealth | HMO/PPO | 7.4 | | | | 4.75 | 57.95 | fee schedule | |
| BKR CHG NG TEST CARBA 5 | 87185 | CPT | | | | both | | | 61 | 5.46 | Consumer | Consumer | 57.95 | 95 | | | 4.75 | 57.95 | percent of total billed charges | |
| BKR CHG NG TEST CARBA 5 | 87185 | CPT | | | | both | | | 61 | 5.46 | Corrections | Corrections | 48.8 | 80 | | | 4.75 | 57.95 | percent of total billed charges | |
| BKR CHG NG TEST CARBA 5 | 87185 | CPT | | | | both | | | 61 | 5.46 | Americare | Americare | 45.75 | 75 | | | 4.75 | 57.95 | percent of total billed charges | |
| BKR CHG NG TEST CARBA 5 | 87185 | CPT | | | | both | | | 61 | 5.46 | Amerihealth | Medicare | 4.75 | | | | 4.75 | 57.95 | fee schedule | |
| BKR CHG NG TEST CARBA 5 | 87185 | CPT | | | | both | | | 61 | 5.46 | Multiplan | Multiplan | 48.8 | 80 | | | 4.75 | 57.95 | percent of total billed charges | |
| BKR CHG NG TEST CARBA 5 | 87185 | CPT | | | | both | | | 61 | 5.46 | First Trenton | First Trenton | 54.9 | 90 | | | 4.75 | 57.95 | percent of total billed charges | |
| BKR CHG NG TEST CARBA 5 | 87185 | CPT | | | | both | | | 61 | 5.46 | UHC | Medicaid | 5.25 | | | | 4.75 | 57.95 | fee schedule | |
| BKR CHG NG TEST CARBA 5 | 87185 | CPT | | | | both | | | 61 | 5.46 | Horizon | MGD | 23.35 | 38.28 | | | 4.75 | 57.95 | percent of total billed charges | |
| BKR CHG NG TEST CARBA 5 | 87185 | CPT | | | | both | | | 61 | 5.46 | First Health | First Health | 42.7 | 70 | | | 4.75 | 57.95 | percent of total billed charges | |
| BKR CHG NG TEST CARBA 5 | 87185 | CPT | | | | both | | | 61 | 5.46 | WellPoint | WellPoint | 19.63 | 32.18 | | | 4.75 | 57.95 | percent of total billed charges | |
| BKR CHG NG TEST CARBA 5 | 87185 | CPT | | | | both | | | 61 | 5.46 | Wellcare | Medicare | 4.75 | | | | 4.75 | 57.95 | fee schedule | |
| BKR CHG NG TEST CARBA 5 | 87185 | CPT | | | | both | | | 61 | 5.46 | Horizon | Indemnity | 23.35 | 38.28 | | | 4.75 | 57.95 | percent of total billed charges | |
| BKR CHG NG TEST CARBA 5 | 87185 | CPT | | | | both | | | 61 | 5.46 | Qualcare | Qualcare | 45.75 | 75 | | | 4.75 | 57.95 | percent of total billed charges | |
| BKR CHG NG TEST CARBA 5 | 87185 | CPT | | | | both | | | 61 | 5.46 | Horizon | NJ Health | 5.27 | | | | 4.75 | 57.95 | fee schedule | |
| BKR CHG NG TEST CARBA 5 | 87185 | CPT | | | | both | | | 61 | 5.46 | Horizon | PPO | 23.35 | 38.28 | | | 4.75 | 57.95 | percent of total billed charges | |
| BKR CHG NG TEST CARBA 5 | 87185 | CPT | | | | both | | | 61 | 5.46 | Managed Care Inc | Managed Care Inc | 54.9 | 90 | | | 4.75 | 57.95 | percent of total billed charges | |
| BKR CHG NG TEST CARBA 5 | 87185 | CPT | | | | both | | | 61 | 5.46 | Three Rivers | Three Rivers | 57.95 | 95 | | | 4.75 | 57.95 | percent of total billed charges | |
| BKR CHG NG TEST CARBA 5 | 87185 | CPT | | | | both | | | 61 | 5.46 | Wellcare | Medicaid | 5.25 | | | | 4.75 | 57.95 | fee schedule | |
| BKR CHG SUSCEPTIBILITY MIC METHOD | 87186 | CPT | | | | both | | | 2708 | 9.95 | Horizon | PPO | 1036.62 | 38.28 | | 62.06 | 8.65 | 2572.6 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY MIC METHOD | 87186 | CPT | | | | both | | | 2708 | 9.95 | First Trenton | First Trenton | 2437.2 | 90 | | | 8.65 | 2572.6 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY MIC METHOD | 87186 | CPT | | | | both | | | 2708 | 9.95 | Americare | Americare | 2031 | 75 | | | 8.65 | 2572.6 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY MIC METHOD | 87186 | CPT | | | | both | | | 2708 | 9.95 | Horizon | MGD | 1036.62 | 38.28 | | 102.85 | 8.65 | 2572.6 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY MIC METHOD | 87186 | CPT | | | | both | | | 2708 | 9.95 | Amerihealth | HMO/PPO | 13.5 | | | 11.98 | 8.65 | 2572.6 | fee schedule | |
| BKR CHG SUSCEPTIBILITY MIC METHOD | 87186 | CPT | | | | both | | | 2708 | 9.95 | Aetna | Better Health | 854.37 | 31.55 | | 84.84 | 8.65 | 2572.6 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY MIC METHOD | 87186 | CPT | | | | both | | | 2708 | 9.95 | Consumer | Consumer | 2572.6 | 95 | | | 8.65 | 2572.6 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY MIC METHOD | 87186 | CPT | | | | both | | | 2708 | 9.95 | Aetna | Medicare | 834.06 | 30.8 | | 58.45 | 8.65 | 2572.6 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY MIC METHOD | 87186 | CPT | | | | both | | | 2708 | 9.95 | Corrections | Corrections | 2166.4 | 80 | | 107.85 | 8.65 | 2572.6 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY MIC METHOD | 87186 | CPT | | | | both | | | 2708 | 9.95 | Amerihealth | Medicare | 8.65 | | | | 8.65 | 2572.6 | fee schedule | |
| BKR CHG SUSCEPTIBILITY MIC METHOD | 87186 | CPT | | | | both | | | 2708 | 9.95 | Three Rivers | Three Rivers | 2572.6 | 95 | | | 8.65 | 2572.6 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY MIC METHOD | 87186 | CPT | | | | both | | | 2708 | 9.95 | Horizon | NJ Health | 21.56 | | | 24.85 | 8.65 | 2572.6 | fee schedule | |
| BKR CHG SUSCEPTIBILITY MIC METHOD | 87186 | CPT | | | | both | | | 2708 | 9.95 | UHC | Medicaid | 11 | | | 48.3 | 8.65 | 2572.6 | fee schedule | |
| BKR CHG SUSCEPTIBILITY MIC METHOD | 87186 | CPT | | | | both | | | 2708 | 9.95 | First Health | First Health | 1895.6 | 70 | | | 8.65 | 2572.6 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY MIC METHOD | 87186 | CPT | | | | both | | | 2708 | 9.95 | Horizon | Indemnity | 1036.62 | 38.28 | | 102.19 | 8.65 | 2572.6 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY MIC METHOD | 87186 | CPT | | | | both | | | 2708 | 9.95 | Multiplan | Multiplan | 2166.4 | 80 | | | 8.65 | 2572.6 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY MIC METHOD | 87186 | CPT | | | | both | | | 2708 | 9.95 | Wellcare | Medicare | 8.65 | | | | 8.65 | 2572.6 | fee schedule | |
| BKR CHG SUSCEPTIBILITY MIC METHOD | 87186 | CPT | | | | both | | | 2708 | 9.95 | Managed Care Inc | Managed Care Inc | 2437.2 | 90 | | | 8.65 | 2572.6 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY MIC METHOD | 87186 | CPT | | | | both | | | 2708 | 9.95 | WellPoint | WellPoint | 871.43 | 32.18 | | 89.77 | 8.65 | 2572.6 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY MIC METHOD | 87186 | CPT | | | | both | | | 2708 | 9.95 | Qualcare | Qualcare | 2031 | 75 | | | 8.65 | 2572.6 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY MIC METHOD | 87186 | CPT | | | | both | | | 2708 | 9.95 | Horizon | Medicare Blue | 812.4 | 30 | | 33.54 | 8.65 | 2572.6 | percent of total billed charges | |
| BKR CHG SUSCEPTIBILITY MIC METHOD | 87186 | CPT | | | | both | | | 2708 | 9.95 | UHC | Medicare | 8.65 | | | 52.1 | 8.65 | 2572.6 | fee schedule | |
| BKR CHG SUSCEPTIBILITY MIC METHOD | 87186 | CPT | | | | both | | | 2708 | 9.95 | Wellcare | Medicaid | 11 | | | 83.18 | 8.65 | 2572.6 | fee schedule | |
| BKR CHG MTB.SUCEPTIBILITY.BROTH(182578) | 87188 | CPT | | | | outpatient | | | 767 | 7.64 | Aetna | Commercial | 291.46 | 38 | | | 6 | 728.65 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG MTB.SUCEPTIBILITY.BROTH(182578) | 87188 | CPT | | | | outpatient | | | 767 | 7.64 | Americare | Americare | 575.25 | 75 | | | 6 | 728.65 | percent of total billed charges | |
| BKR CHG MTB.SUCEPTIBILITY.BROTH(182578) | 87188 | CPT | | | | outpatient | | | 767 | 7.64 | First Health | First Health | 536.9 | 70 | | | 6 | 728.65 | percent of total billed charges | |
| BKR CHG MTB.SUCEPTIBILITY.BROTH(182578) | 87188 | CPT | | | | outpatient | | | 767 | 7.64 | First Trenton | First Trenton | 690.3 | 90 | | | 6 | 728.65 | percent of total billed charges | |
| BKR CHG MTB.SUCEPTIBILITY.BROTH(182578) | 87188 | CPT | | | | outpatient | | | 767 | 7.64 | Corrections | Corrections | 613.6 | 80 | | | 6 | 728.65 | percent of total billed charges | |
| BKR CHG MTB.SUCEPTIBILITY.BROTH(182578) | 87188 | CPT | | | | outpatient | | | 767 | 7.64 | Horizon | Indemnity | 293.61 | 38.28 | | | 6 | 728.65 | percent of total billed charges | |
| BKR CHG MTB.SUCEPTIBILITY.BROTH(182578) | 87188 | CPT | | | | outpatient | | | 767 | 7.64 | Aetna | Better Health | 241.99 | 31.55 | | | 6 | 728.65 | percent of total billed charges | |
| BKR CHG MTB.SUCEPTIBILITY.BROTH(182578) | 87188 | CPT | | | | outpatient | | | 767 | 7.64 | Aetna | Medicare | 236.24 | 30.8 | | | 6 | 728.65 | percent of total billed charges | |
| BKR CHG MTB.SUCEPTIBILITY.BROTH(182578) | 87188 | CPT | | | | outpatient | | | 767 | 7.64 | WellPoint | WellPoint | 246.82 | 32.18 | | | 6 | 728.65 | percent of total billed charges | |
| BKR CHG MTB.SUCEPTIBILITY.BROTH(182578) | 87188 | CPT | | | | outpatient | | | 767 | 7.64 | Amerihealth | HMO/PPO | 9.2 | | | | 6 | 728.65 | fee schedule | |
| BKR CHG MTB.SUCEPTIBILITY.BROTH(182578) | 87188 | CPT | | | | outpatient | | | 767 | 7.64 | Multiplan | Multiplan | 613.6 | 80 | | | 6 | 728.65 | percent of total billed charges | |
| BKR CHG MTB.SUCEPTIBILITY.BROTH(182578) | 87188 | CPT | | | | outpatient | | | 767 | 7.64 | Horizon | PPO | 293.61 | 38.28 | | | 6 | 728.65 | percent of total billed charges | |
| BKR CHG MTB.SUCEPTIBILITY.BROTH(182578) | 87188 | CPT | | | | outpatient | | | 767 | 7.64 | UHC | Medicaid | 6 | | | | 6 | 728.65 | fee schedule | |
| BKR CHG MTB.SUCEPTIBILITY.BROTH(182578) | 87188 | CPT | | | | outpatient | | | 767 | 7.64 | Amerihealth | Medicare | 6.64 | | | | 6 | 728.65 | fee schedule | |
| BKR CHG MTB.SUCEPTIBILITY.BROTH(182578) | 87188 | CPT | | | | outpatient | | | 767 | 7.64 | Consumer | Consumer | 728.65 | 95 | | | 6 | 728.65 | percent of total billed charges | |
| BKR CHG MTB.SUCEPTIBILITY.BROTH(182578) | 87188 | CPT | | | | outpatient | | | 767 | 7.64 | Managed Care Inc | Managed Care Inc | 690.3 | 90 | | | 6 | 728.65 | percent of total billed charges | |
| BKR CHG MTB.SUCEPTIBILITY.BROTH(182578) | 87188 | CPT | | | | outpatient | | | 767 | 7.64 | Wellcare | Medicaid | 6 | | | | 6 | 728.65 | fee schedule | |
| BKR CHG MTB.SUCEPTIBILITY.BROTH(182578) | 87188 | CPT | | | | outpatient | | | 767 | 7.64 | Horizon | MGD | 293.61 | 38.28 | | | 6 | 728.65 | percent of total billed charges | |
| BKR CHG MTB.SUCEPTIBILITY.BROTH(182578) | 87188 | CPT | | | | outpatient | | | 767 | 7.64 | Qualcare | Qualcare | 575.25 | 75 | | | 6 | 728.65 | percent of total billed charges | |
| BKR CHG MTB.SUCEPTIBILITY.BROTH(182578) | 87188 | CPT | | | | outpatient | | | 767 | 7.64 | Three Rivers | Three Rivers | 728.65 | 95 | | | 6 | 728.65 | percent of total billed charges | |
| BKR CHG MTB.SUCEPTIBILITY.BROTH(182578) | 87188 | CPT | | | | outpatient | | | 767 | 7.64 | Horizon | Medicare Blue | 230.1 | 30 | | | 6 | 728.65 | percent of total billed charges | |
| BKR CHG MTB.SUCEPTIBILITY.BROTH(182578) | 87188 | CPT | | | | outpatient | | | 767 | 7.64 | Wellcare | Medicare | 6.64 | | | | 6 | 728.65 | fee schedule | |
| BKR CHG MTB.SUCEPTIBILITY.BROTH(182578) | 87188 | CPT | | | | outpatient | | | 767 | 7.64 | UHC | Medicare | 6.64 | | | | 6 | 728.65 | fee schedule | |
| BKR CHG MTB.SUCEPTIBILITY.BROTH(182578) | 87188 | CPT | | | | outpatient | | | 767 | 7.64 | Horizon | NJ Health | 12.94 | | | | 6 | 728.65 | fee schedule | |
| BKR CHG STREPTOMYCIN 4.0 MCG/ML | 87190 | CPT | | | | both | | | 380 | 8.41 | Aetna | Better Health | 119.89 | 31.55 | | | 0.73 | 361 | percent of total billed charges | |
| BKR CHG STREPTOMYCIN 4.0 MCG/ML | 87190 | CPT | | | | both | | | 380 | 8.41 | Qualcare | Qualcare | 285 | 75 | | | 0.73 | 361 | percent of total billed charges | |
| BKR CHG STREPTOMYCIN 4.0 MCG/ML | 87190 | CPT | | | | both | | | 380 | 8.41 | First Health | First Health | 266 | 70 | | | 0.73 | 361 | percent of total billed charges | |
| BKR CHG STREPTOMYCIN 4.0 MCG/ML | 87190 | CPT | | | | both | | | 380 | 8.41 | First Trenton | First Trenton | 342 | 90 | | | 0.73 | 361 | percent of total billed charges | |
| BKR CHG STREPTOMYCIN 4.0 MCG/ML | 87190 | CPT | | | | both | | | 380 | 8.41 | Corrections | Corrections | 304 | 80 | | | 0.73 | 361 | percent of total billed charges | |
| BKR CHG STREPTOMYCIN 4.0 MCG/ML | 87190 | CPT | | | | both | | | 380 | 8.41 | Americare | Americare | 285 | 75 | | | 0.73 | 361 | percent of total billed charges | |
| BKR CHG STREPTOMYCIN 4.0 MCG/ML | 87190 | CPT | | | | both | | | 380 | 8.41 | Aetna | Medicare | 117.04 | 30.8 | | | 0.73 | 361 | percent of total billed charges | |
| BKR CHG STREPTOMYCIN 4.0 MCG/ML | 87190 | CPT | | | | both | | | 380 | 8.41 | Wellcare | Medicaid | 0.73 | | | | 0.73 | 361 | fee schedule | |
| BKR CHG STREPTOMYCIN 4.0 MCG/ML | 87190 | CPT | | | | both | | | 380 | 8.41 | Horizon | Indemnity | 145.46 | 38.28 | | | 0.73 | 361 | percent of total billed charges | |
| BKR CHG STREPTOMYCIN 4.0 MCG/ML | 87190 | CPT | | | | both | | | 380 | 8.41 | UHC | Medicaid | 0.73 | | | | 0.73 | 361 | fee schedule | |
| BKR CHG STREPTOMYCIN 4.0 MCG/ML | 87190 | CPT | | | | both | | | 380 | 8.41 | Wellcare | Medicare | 7.31 | | | | 0.73 | 361 | fee schedule | |
| BKR CHG STREPTOMYCIN 4.0 MCG/ML | 87190 | CPT | | | | both | | | 380 | 8.41 | Consumer | Consumer | 361 | 95 | | | 0.73 | 361 | percent of total billed charges | |
| BKR CHG STREPTOMYCIN 4.0 MCG/ML | 87190 | CPT | | | | both | | | 380 | 8.41 | WellPoint | WellPoint | 122.28 | 32.18 | | | 0.73 | 361 | percent of total billed charges | |
| BKR CHG STREPTOMYCIN 4.0 MCG/ML | 87190 | CPT | | | | both | | | 380 | 8.41 | Horizon | NJ Health | 1.29 | | | | 0.73 | 361 | fee schedule | |
| BKR CHG STREPTOMYCIN 4.0 MCG/ML | 87190 | CPT | | | | both | | | 380 | 8.41 | Amerihealth | HMO/PPO | 8.3 | | | | 0.73 | 361 | fee schedule | |
| BKR CHG STREPTOMYCIN 4.0 MCG/ML | 87190 | CPT | | | | both | | | 380 | 8.41 | Horizon | PPO | 145.46 | 38.28 | | | 0.73 | 361 | percent of total billed charges | |
| BKR CHG STREPTOMYCIN 4.0 MCG/ML | 87190 | CPT | | | | both | | | 380 | 8.41 | Horizon | Medicare Blue | 114 | 30 | | | 0.73 | 361 | percent of total billed charges | |
| BKR CHG STREPTOMYCIN 4.0 MCG/ML | 87190 | CPT | | | | both | | | 380 | 8.41 | Managed Care Inc | Managed Care Inc | 342 | 90 | | | 0.73 | 361 | percent of total billed charges | |
| BKR CHG STREPTOMYCIN 4.0 MCG/ML | 87190 | CPT | | | | both | | | 380 | 8.41 | Amerihealth | Medicare | 7.31 | | | | 0.73 | 361 | fee schedule | |
| BKR CHG STREPTOMYCIN 4.0 MCG/ML | 87190 | CPT | | | | both | | | 380 | 8.41 | Three Rivers | Three Rivers | 361 | 95 | | | 0.73 | 361 | percent of total billed charges | |
| BKR CHG STREPTOMYCIN 4.0 MCG/ML | 87190 | CPT | | | | both | | | 380 | 8.41 | Multiplan | Multiplan | 304 | 80 | | | 0.73 | 361 | percent of total billed charges | |
| BKR CHG STREPTOMYCIN 4.0 MCG/ML | 87190 | CPT | | | | both | | | 380 | 8.41 | Horizon | MGD | 145.46 | 38.28 | | | 0.73 | 361 | percent of total billed charges | |
| BKR CHG STREPTOMYCIN 4.0 MCG/ML | 87190 | CPT | | | | both | | | 380 | 8.41 | UHC | Medicare | 7.31 | | | | 0.73 | 361 | fee schedule | |
| BKR CHG SMEAR PRIM SOURCE W INTERP | 87205 | CPT | | | | both | | | 121 | 4.91 | Amerihealth | HMO/PPO | 7 | | | 7.81 | 4.2 | 114.95 | fee schedule | |
| BKR CHG SMEAR PRIM SOURCE W INTERP | 87205 | CPT | | | | both | | | 121 | 4.91 | Multiplan | Multiplan | 96.8 | 80 | | | 4.2 | 114.95 | percent of total billed charges | |
| BKR CHG SMEAR PRIM SOURCE W INTERP | 87205 | CPT | | | | both | | | 121 | 4.91 | Horizon | Medicare Blue | 36.3 | 30 | | 4.78 | 4.2 | 114.95 | percent of total billed charges | |
| BKR CHG SMEAR PRIM SOURCE W INTERP | 87205 | CPT | | | | both | | | 121 | 4.91 | First Trenton | First Trenton | 108.9 | 90 | | | 4.2 | 114.95 | percent of total billed charges | |
| BKR CHG SMEAR PRIM SOURCE W INTERP | 87205 | CPT | | | | both | | | 121 | 4.91 | Consumer | Consumer | 114.95 | 95 | | | 4.2 | 114.95 | percent of total billed charges | |
| BKR CHG SMEAR PRIM SOURCE W INTERP | 87205 | CPT | | | | both | | | 121 | 4.91 | Americare | Americare | 90.75 | 75 | | | 4.2 | 114.95 | percent of total billed charges | |
| BKR CHG SMEAR PRIM SOURCE W INTERP | 87205 | CPT | | | | both | | | 121 | 4.91 | Amerihealth | Medicare | 4.27 | | | | 4.2 | 114.95 | fee schedule | |
| BKR CHG SMEAR PRIM SOURCE W INTERP | 87205 | CPT | | | | both | | | 121 | 4.91 | Aetna | Better Health | 38.18 | 31.55 | | 8.84 | 4.2 | 114.95 | percent of total billed charges | |
| BKR CHG SMEAR PRIM SOURCE W INTERP | 87205 | CPT | | | | both | | | 121 | 4.91 | Horizon | MGD | 46.32 | 38.28 | | 11.08 | 4.2 | 114.95 | percent of total billed charges | |
| BKR CHG SMEAR PRIM SOURCE W INTERP | 87205 | CPT | | | | both | | | 121 | 4.91 | Qualcare | Qualcare | 90.75 | 75 | | | 4.2 | 114.95 | percent of total billed charges | |
| BKR CHG SMEAR PRIM SOURCE W INTERP | 87205 | CPT | | | | both | | | 121 | 4.91 | First Health | First Health | 84.7 | 70 | | | 4.2 | 114.95 | percent of total billed charges | |
| BKR CHG SMEAR PRIM SOURCE W INTERP | 87205 | CPT | | | | both | | | 121 | 4.91 | Horizon | PPO | 46.32 | 38.28 | | 8.25 | 4.2 | 114.95 | percent of total billed charges | |
| BKR CHG SMEAR PRIM SOURCE W INTERP | 87205 | CPT | | | | both | | | 121 | 4.91 | Horizon | NJ Health | 8.23 | | | 4.95 | 4.2 | 114.95 | fee schedule | |
| BKR CHG SMEAR PRIM SOURCE W INTERP | 87205 | CPT | | | | both | | | 121 | 4.91 | Corrections | Corrections | 96.8 | 80 | | 9.23 | 4.2 | 114.95 | percent of total billed charges | |
| BKR CHG SMEAR PRIM SOURCE W INTERP | 87205 | CPT | | | | both | | | 121 | 4.91 | Wellcare | Medicaid | 4.2 | | | 11.61 | 4.2 | 114.95 | fee schedule | |
| BKR CHG SMEAR PRIM SOURCE W INTERP | 87205 | CPT | | | | both | | | 121 | 4.91 | Aetna | Medicare | 37.27 | 30.8 | | 7.36 | 4.2 | 114.95 | percent of total billed charges | |
| BKR CHG SMEAR PRIM SOURCE W INTERP | 87205 | CPT | | | | both | | | 121 | 4.91 | WellPoint | WellPoint | 38.94 | 32.18 | | 9.31 | 4.2 | 114.95 | percent of total billed charges | |
| BKR CHG SMEAR PRIM SOURCE W INTERP | 87205 | CPT | | | | both | | | 121 | 4.91 | Managed Care Inc | Managed Care Inc | 108.9 | 90 | | | 4.2 | 114.95 | percent of total billed charges | |
| BKR CHG SMEAR PRIM SOURCE W INTERP | 87205 | CPT | | | | both | | | 121 | 4.91 | UHC | Medicaid | 4.2 | | | 5.1 | 4.2 | 114.95 | fee schedule | |
| BKR CHG SMEAR PRIM SOURCE W INTERP | 87205 | CPT | | | | both | | | 121 | 4.91 | Three Rivers | Three Rivers | 114.95 | 95 | | | 4.2 | 114.95 | percent of total billed charges | |
| BKR CHG SMEAR PRIM SOURCE W INTERP | 87205 | CPT | | | | both | | | 121 | 4.91 | Horizon | Indemnity | 46.32 | 38.28 | | 11.26 | 4.2 | 114.95 | percent of total billed charges | |
| BKR CHG SMEAR PRIM SOURCE W INTERP | 87205 | CPT | | | | both | | | 121 | 4.91 | UHC | Medicare | 4.27 | | | 5.79 | 4.2 | 114.95 | fee schedule | |
| BKR CHG SMEAR PRIM SOURCE W INTERP | 87205 | CPT | | | | both | | | 121 | 4.91 | Wellcare | Medicare | 4.27 | | | 1.09 | 4.2 | 114.95 | fee schedule | |
| BKR CHG SMR PRIM SRC FLUORESCENT&AFS BCT FNGI PARASIT | 87206 | CPT | | | | both | | | 686 | 6.2 | Horizon | MGD | 262.6 | 38.28 | | 13.26 | 4.2 | 651.7 | percent of total billed charges | |
| BKR CHG SMR PRIM SRC FLUORESCENT&AFS BCT FNGI PARASIT | 87206 | CPT | | | | both | | | 686 | 6.2 | Amerihealth | Medicare | 5.39 | | | | 4.2 | 651.7 | fee schedule | |
| BKR CHG SMR PRIM SRC FLUORESCENT&AFS BCT FNGI PARASIT | 87206 | CPT | | | | both | | | 686 | 6.2 | Aetna | Better Health | 216.43 | 31.55 | | 8.37 | 4.2 | 651.7 | percent of total billed charges | |
| BKR CHG SMR PRIM SRC FLUORESCENT&AFS BCT FNGI PARASIT | 87206 | CPT | | | | both | | | 686 | 6.2 | Horizon | Indemnity | 262.6 | 38.28 | | 16.9 | 4.2 | 651.7 | percent of total billed charges | |
| BKR CHG SMR PRIM SRC FLUORESCENT&AFS BCT FNGI PARASIT | 87206 | CPT | | | | both | | | 686 | 6.2 | Consumer | Consumer | 651.7 | 95 | | | 4.2 | 651.7 | percent of total billed charges | |
| BKR CHG SMR PRIM SRC FLUORESCENT&AFS BCT FNGI PARASIT | 87206 | CPT | | | | both | | | 686 | 6.2 | Americare | Americare | 514.5 | 75 | | | 4.2 | 651.7 | percent of total billed charges | |
| BKR CHG SMR PRIM SRC FLUORESCENT&AFS BCT FNGI PARASIT | 87206 | CPT | | | | both | | | 686 | 6.2 | Aetna | Medicare | 211.29 | 30.8 | | | 4.2 | 651.7 | percent of total billed charges | |
| BKR CHG SMR PRIM SRC FLUORESCENT&AFS BCT FNGI PARASIT | 87206 | CPT | | | | both | | | 686 | 6.2 | Horizon | Medicare Blue | 205.8 | 30 | | 6.48 | 4.2 | 651.7 | percent of total billed charges | |
| BKR CHG SMR PRIM SRC FLUORESCENT&AFS BCT FNGI PARASIT | 87206 | CPT | | | | both | | | 686 | 6.2 | Wellcare | Medicaid | 4.2 | | | 13.99 | 4.2 | 651.7 | fee schedule | |
| BKR CHG SMR PRIM SRC FLUORESCENT&AFS BCT FNGI PARASIT | 87206 | CPT | | | | both | | | 686 | 6.2 | First Trenton | First Trenton | 617.4 | 90 | | | 4.2 | 651.7 | percent of total billed charges | |
| BKR CHG SMR PRIM SRC FLUORESCENT&AFS BCT FNGI PARASIT | 87206 | CPT | | | | both | | | 686 | 6.2 | Wellcare | Medicare | 5.39 | | | | 4.2 | 651.7 | fee schedule | |
| BKR CHG SMR PRIM SRC FLUORESCENT&AFS BCT FNGI PARASIT | 87206 | CPT | | | | both | | | 686 | 6.2 | UHC | Medicaid | 4.2 | | | 3.33 | 4.2 | 651.7 | fee schedule | |
| BKR CHG SMR PRIM SRC FLUORESCENT&AFS BCT FNGI PARASIT | 87206 | CPT | | | | both | | | 686 | 6.2 | First Health | First Health | 480.2 | 70 | | | 4.2 | 651.7 | percent of total billed charges | |
| BKR CHG SMR PRIM SRC FLUORESCENT&AFS BCT FNGI PARASIT | 87206 | CPT | | | | both | | | 686 | 6.2 | Amerihealth | HMO/PPO | 6.1 | | | | 4.2 | 651.7 | fee schedule | |
| BKR CHG SMR PRIM SRC FLUORESCENT&AFS BCT FNGI PARASIT | 87206 | CPT | | | | both | | | 686 | 6.2 | Corrections | Corrections | 548.8 | 80 | | 15.49 | 4.2 | 651.7 | percent of total billed charges | |
| BKR CHG SMR PRIM SRC FLUORESCENT&AFS BCT FNGI PARASIT | 87206 | CPT | | | | both | | | 686 | 6.2 | UHC | Medicare | 5.39 | | | 7.07 | 4.2 | 651.7 | fee schedule | |
| BKR CHG SMR PRIM SRC FLUORESCENT&AFS BCT FNGI PARASIT | 87206 | CPT | | | | both | | | 686 | 6.2 | WellPoint | WellPoint | 220.75 | 32.18 | | 10.16 | 4.2 | 651.7 | percent of total billed charges | |
| BKR CHG SMR PRIM SRC FLUORESCENT&AFS BCT FNGI PARASIT | 87206 | CPT | | | | both | | | 686 | 6.2 | Managed Care Inc | Managed Care Inc | 617.4 | 90 | | | 4.2 | 651.7 | percent of total billed charges | |
| BKR CHG SMR PRIM SRC FLUORESCENT&AFS BCT FNGI PARASIT | 87206 | CPT | | | | both | | | 686 | 6.2 | Multiplan | Multiplan | 548.8 | 80 | | | 4.2 | 651.7 | percent of total billed charges | |
| BKR CHG SMR PRIM SRC FLUORESCENT&AFS BCT FNGI PARASIT | 87206 | CPT | | | | both | | | 686 | 6.2 | Horizon | NJ Health | 8.23 | | | 7.81 | 4.2 | 651.7 | fee schedule | |
| BKR CHG SMR PRIM SRC FLUORESCENT&AFS BCT FNGI PARASIT | 87206 | CPT | | | | both | | | 686 | 6.2 | Qualcare | Qualcare | 514.5 | 75 | | | 4.2 | 651.7 | percent of total billed charges | |
| BKR CHG SMR PRIM SRC FLUORESCENT&AFS BCT FNGI PARASIT | 87206 | CPT | | | | both | | | 686 | 6.2 | Three Rivers | Three Rivers | 651.7 | 95 | | | 4.2 | 651.7 | percent of total billed charges | |
| BKR CHG SMR PRIM SRC FLUORESCENT&AFS BCT FNGI PARASIT | 87206 | CPT | | | | both | | | 686 | 6.2 | Horizon | PPO | 262.6 | 38.28 | | 14.35 | 4.2 | 651.7 | percent of total billed charges | |
| BKR CHG PARASITE.EXAM BLOOD(008185) | 87207 | CPT | | | | both | | | 686 | 6.89 | UHC | Medicare | 5.99 | | | | 3 | 651.7 | fee schedule | |
| BKR CHG PARASITE.EXAM BLOOD(008185) | 87207 | CPT | | | | both | | | 686 | 6.89 | Aetna | Better Health | 216.43 | 31.55 | | | 3 | 651.7 | percent of total billed charges | |
| BKR CHG PARASITE.EXAM BLOOD(008185) | 87207 | CPT | | | | both | | | 686 | 6.89 | Corrections | Corrections | 548.8 | 80 | | | 3 | 651.7 | percent of total billed charges | |
| BKR CHG PARASITE.EXAM BLOOD(008185) | 87207 | CPT | | | | both | | | 686 | 6.89 | Aetna | Medicare | 211.29 | 30.8 | | | 3 | 651.7 | percent of total billed charges | |
| BKR CHG PARASITE.EXAM BLOOD(008185) | 87207 | CPT | | | | both | | | 686 | 6.89 | Amerihealth | HMO/PPO | 9.4 | | | | 3 | 651.7 | fee schedule | |
| BKR CHG PARASITE.EXAM BLOOD(008185) | 87207 | CPT | | | | both | | | 686 | 6.89 | Americare | Americare | 514.5 | 75 | | | 3 | 651.7 | percent of total billed charges | |
| BKR CHG PARASITE.EXAM BLOOD(008185) | 87207 | CPT | | | | both | | | 686 | 6.89 | First Trenton | First Trenton | 617.4 | 90 | | | 3 | 651.7 | percent of total billed charges | |
| BKR CHG PARASITE.EXAM BLOOD(008185) | 87207 | CPT | | | | both | | | 686 | 6.89 | Consumer | Consumer | 651.7 | 95 | | | 3 | 651.7 | percent of total billed charges | |
| BKR CHG PARASITE.EXAM BLOOD(008185) | 87207 | CPT | | | | both | | | 686 | 6.89 | Amerihealth | Medicare | 5.99 | | | | 3 | 651.7 | fee schedule | |
| BKR CHG PARASITE.EXAM BLOOD(008185) | 87207 | CPT | | | | both | | | 686 | 6.89 | Horizon | Medicare Blue | 205.8 | 30 | | | 3 | 651.7 | percent of total billed charges | |
| BKR CHG PARASITE.EXAM BLOOD(008185) | 87207 | CPT | | | | both | | | 686 | 6.89 | WellPoint | WellPoint | 220.75 | 32.18 | | | 3 | 651.7 | percent of total billed charges | |
| BKR CHG PARASITE.EXAM BLOOD(008185) | 87207 | CPT | | | | both | | | 686 | 6.89 | Multiplan | Multiplan | 548.8 | 80 | | | 3 | 651.7 | percent of total billed charges | |
| BKR CHG PARASITE.EXAM BLOOD(008185) | 87207 | CPT | | | | both | | | 686 | 6.89 | Horizon | MGD | 262.6 | 38.28 | | | 3 | 651.7 | percent of total billed charges | |
| BKR CHG PARASITE.EXAM BLOOD(008185) | 87207 | CPT | | | | both | | | 686 | 6.89 | Horizon | NJ Health | 5.88 | | | 2.23 | 3 | 651.7 | fee schedule | |
| BKR CHG PARASITE.EXAM BLOOD(008185) | 87207 | CPT | | | | both | | | 686 | 6.89 | Horizon | Indemnity | 262.6 | 38.28 | | | 3 | 651.7 | percent of total billed charges | |
| BKR CHG PARASITE.EXAM BLOOD(008185) | 87207 | CPT | | | | both | | | 686 | 6.89 | First Health | First Health | 480.2 | 70 | | | 3 | 651.7 | percent of total billed charges | |
| BKR CHG PARASITE.EXAM BLOOD(008185) | 87207 | CPT | | | | both | | | 686 | 6.89 | Horizon | PPO | 262.6 | 38.28 | | | 3 | 651.7 | percent of total billed charges | |
| BKR CHG PARASITE.EXAM BLOOD(008185) | 87207 | CPT | | | | both | | | 686 | 6.89 | UHC | Medicaid | 3 | | | | 3 | 651.7 | fee schedule | |
| BKR CHG PARASITE.EXAM BLOOD(008185) | 87207 | CPT | | | | both | | | 686 | 6.89 | Managed Care Inc | Managed Care Inc | 617.4 | 90 | | | 3 | 651.7 | percent of total billed charges | |
| BKR CHG PARASITE.EXAM BLOOD(008185) | 87207 | CPT | | | | both | | | 686 | 6.89 | Qualcare | Qualcare | 514.5 | 75 | | | 3 | 651.7 | percent of total billed charges | |
| BKR CHG PARASITE.EXAM BLOOD(008185) | 87207 | CPT | | | | both | | | 686 | 6.89 | Three Rivers | Three Rivers | 651.7 | 95 | | | 3 | 651.7 | percent of total billed charges | |
| BKR CHG PARASITE.EXAM BLOOD(008185) | 87207 | CPT | | | | both | | | 686 | 6.89 | Wellcare | Medicare | 5.99 | | | | 3 | 651.7 | fee schedule | |
| BKR CHG PARASITE.EXAM BLOOD(008185) | 87207 | CPT | | | | both | | | 686 | 6.89 | Wellcare | Medicaid | 3 | | | 14.12 | 3 | 651.7 | fee schedule | |
| BKR CHG TRICHROME STAIN FOR PARACITES | 87209 | CPT | | | | both | | | 162 | 20.68 | Amerihealth | Medicare | 17.98 | | | | 9.4 | 153.9 | fee schedule | |
| BKR CHG TRICHROME STAIN FOR PARACITES | 87209 | CPT | | | | both | | | 162 | 20.68 | First Health | First Health | 113.4 | 70 | | | 9.4 | 153.9 | percent of total billed charges | |
| BKR CHG TRICHROME STAIN FOR PARACITES | 87209 | CPT | | | | both | | | 162 | 20.68 | Horizon | Indemnity | 62.01 | 38.28 | | | 9.4 | 153.9 | percent of total billed charges | |
| BKR CHG TRICHROME STAIN FOR PARACITES | 87209 | CPT | | | | both | | | 162 | 20.68 | Corrections | Corrections | 129.6 | 80 | | | 9.4 | 153.9 | percent of total billed charges | |
| BKR CHG TRICHROME STAIN FOR PARACITES | 87209 | CPT | | | | both | | | 162 | 20.68 | Aetna | Better Health | 51.11 | 31.55 | | 9.02 | 9.4 | 153.9 | percent of total billed charges | |
| BKR CHG TRICHROME STAIN FOR PARACITES | 87209 | CPT | | | | both | | | 162 | 20.68 | Horizon | Medicare Blue | 48.6 | 30 | | | 9.4 | 153.9 | percent of total billed charges | |
| BKR CHG TRICHROME STAIN FOR PARACITES | 87209 | CPT | | | | both | | | 162 | 20.68 | Americare | Americare | 121.5 | 75 | | | 9.4 | 153.9 | percent of total billed charges | |
| BKR CHG TRICHROME STAIN FOR PARACITES | 87209 | CPT | | | | both | | | 162 | 20.68 | Consumer | Consumer | 153.9 | 95 | | | 9.4 | 153.9 | percent of total billed charges | |
| BKR CHG TRICHROME STAIN FOR PARACITES | 87209 | CPT | | | | both | | | 162 | 20.68 | First Trenton | First Trenton | 145.8 | 90 | | | 9.4 | 153.9 | percent of total billed charges | |
| BKR CHG TRICHROME STAIN FOR PARACITES | 87209 | CPT | | | | both | | | 162 | 20.68 | Multiplan | Multiplan | 129.6 | 80 | | | 9.4 | 153.9 | percent of total billed charges | |
| BKR CHG TRICHROME STAIN FOR PARACITES | 87209 | CPT | | | | both | | | 162 | 20.68 | Amerihealth | HMO/PPO | 9.4 | | | | 9.4 | 153.9 | fee schedule | |
| BKR CHG TRICHROME STAIN FOR PARACITES | 87209 | CPT | | | | both | | | 162 | 20.68 | Horizon | NJ Health | 19.95 | | | 9.23 | 9.4 | 153.9 | fee schedule | |
| BKR CHG TRICHROME STAIN FOR PARACITES | 87209 | CPT | | | | both | | | 162 | 20.68 | Aetna | Medicare | 49.9 | 30.8 | | | 9.4 | 153.9 | percent of total billed charges | |
| BKR CHG TRICHROME STAIN FOR PARACITES | 87209 | CPT | | | | both | | | 162 | 20.68 | Qualcare | Qualcare | 121.5 | 75 | | | 9.4 | 153.9 | percent of total billed charges | |
| BKR CHG TRICHROME STAIN FOR PARACITES | 87209 | CPT | | | | both | | | 162 | 20.68 | Horizon | MGD | 62.01 | 38.28 | | 12 | 9.4 | 153.9 | percent of total billed charges | |
| BKR CHG TRICHROME STAIN FOR PARACITES | 87209 | CPT | | | | both | | | 162 | 20.68 | Wellcare | Medicaid | 14.38 | | | | 9.4 | 153.9 | fee schedule | |
| BKR CHG TRICHROME STAIN FOR PARACITES | 87209 | CPT | | | | both | | | 162 | 20.68 | Managed Care Inc | Managed Care Inc | 145.8 | 90 | | | 9.4 | 153.9 | percent of total billed charges | |
| BKR CHG TRICHROME STAIN FOR PARACITES | 87209 | CPT | | | | both | | | 162 | 20.68 | Three Rivers | Three Rivers | 153.9 | 95 | | | 9.4 | 153.9 | percent of total billed charges | |
| BKR CHG TRICHROME STAIN FOR PARACITES | 87209 | CPT | | | | both | | | 162 | 20.68 | Wellcare | Medicare | 17.98 | | | | 9.4 | 153.9 | fee schedule | |
| BKR CHG TRICHROME STAIN FOR PARACITES | 87209 | CPT | | | | both | | | 162 | 20.68 | UHC | Medicare | 17.98 | | | 4.23 | 9.4 | 153.9 | fee schedule | |
| BKR CHG TRICHROME STAIN FOR PARACITES | 87209 | CPT | | | | both | | | 162 | 20.68 | Horizon | PPO | 62.01 | 38.28 | | | 9.4 | 153.9 | percent of total billed charges | |
| BKR CHG TRICHROME STAIN FOR PARACITES | 87209 | CPT | | | | both | | | 162 | 20.68 | WellPoint | WellPoint | 52.13 | 32.18 | | | 9.4 | 153.9 | percent of total billed charges | |
| BKR CHG TRICHROME STAIN FOR PARACITES | 87209 | CPT | | | | both | | | 162 | 20.68 | UHC | Medicaid | 14.38 | | | 8.15 | 9.4 | 153.9 | fee schedule | |
| BKR CHG WET PREP | 87210 | CPT | | | | both | | | 88 | 6.69 | Horizon | PPO | 33.69 | 38.28 | | 19.5 | 2.4 | 83.6 | percent of total billed charges | |
| BKR CHG WET PREP | 87210 | CPT | | | | both | | | 88 | 6.69 | Aetna | Better Health | 27.76 | 31.55 | | 20.42 | 2.4 | 83.6 | percent of total billed charges | |
| BKR CHG WET PREP | 87210 | CPT | | | | both | | | 88 | 6.69 | Americare | Americare | 66 | 75 | | | 2.4 | 83.6 | percent of total billed charges | |
| BKR CHG WET PREP | 87210 | CPT | | | | both | | | 88 | 6.69 | First Health | First Health | 61.6 | 70 | | | 2.4 | 83.6 | percent of total billed charges | |
| BKR CHG WET PREP | 87210 | CPT | | | | both | | | 88 | 6.69 | Amerihealth | HMO/PPO | 7 | | | 12.36 | 2.4 | 83.6 | fee schedule | |
| BKR CHG WET PREP | 87210 | CPT | | | | both | | | 88 | 6.69 | Consumer | Consumer | 83.6 | 95 | | | 2.4 | 83.6 | percent of total billed charges | |
| BKR CHG WET PREP | 87210 | CPT | | | | both | | | 88 | 6.69 | Aetna | Medicare | 27.1 | 30.8 | | 3.63 | 2.4 | 83.6 | percent of total billed charges | |
| BKR CHG WET PREP | 87210 | CPT | | | | both | | | 88 | 6.69 | UHC | Medicare | 5.82 | | | 13.25 | 2.4 | 83.6 | fee schedule | |
| BKR CHG WET PREP | 87210 | CPT | | | | both | | | 88 | 6.69 | Multiplan | Multiplan | 70.4 | 80 | | | 2.4 | 83.6 | percent of total billed charges | |
| BKR CHG WET PREP | 87210 | CPT | | | | both | | | 88 | 6.69 | Horizon | MGD | 33.69 | 38.28 | | 21.87 | 2.4 | 83.6 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG WET PREP | 87210 | CPT | | | | both | | | 88 | 6.69 | Amerihealth | Medicare | 5.82 | | | | 2.4 | | 83.6 fee schedule | |
| BKR CHG WET PREP | 87210 | CPT | | | | both | | | 88 | 6.69 | Wellcare | Medicare | 5.82 | | | | 2.4 | | 83.6 fee schedule | |
| BKR CHG WET PREP | 87210 | CPT | | | | both | | | 88 | 6.69 | Corrections | Corrections | 70.4 | 80 | | | 2.4 | | 83.6 percent of total billed charges | |
| BKR CHG WET PREP | 87210 | CPT | | | | both | | | 88 | 6.69 | Horizon | NJ Health | 4.7 | | | 13.82 | 2.4 | | 83.6 fee schedule | |
| BKR CHG WET PREP | 87210 | CPT | | | | both | | | 88 | 6.69 | First Trenton | First Trenton | 79.2 | 90 | | | 2.4 | | 83.6 percent of total billed charges | |
| BKR CHG WET PREP | 87210 | CPT | | | | both | | | 88 | 6.69 | Qualcare | Qualcare | 66 | 75 | | | 2.4 | | 83.6 percent of total billed charges | |
| BKR CHG WET PREP | 87210 | CPT | | | | both | | | 88 | 6.69 | Horizon | Indemnity | 33.69 | 38.28 | | 19.79 | 2.4 | | 83.6 percent of total billed charges | |
| BKR CHG WET PREP | 87210 | CPT | | | | both | | | 88 | 6.69 | Horizon | Medicare Blue | 26.4 | 30 | | | 2.4 | | 83.6 percent of total billed charges | |
| BKR CHG WET PREP | 87210 | CPT | | | | both | | | 88 | 6.69 | Managed Care Inc | Managed Care Inc | 79.2 | 90 | | | 2.4 | | 83.6 percent of total billed charges | |
| BKR CHG WET PREP | 87210 | CPT | | | | both | | | 88 | 6.69 | Three Rivers | Three Rivers | 83.6 | 95 | | | 2.4 | | 83.6 percent of total billed charges | |
| BKR CHG WET PREP | 87210 | CPT | | | | both | | | 88 | 6.69 | UHC | Medicaid | 2.4 | | | 20.44 | 2.4 | | 83.6 fee schedule | |
| BKR CHG WET PREP | 87210 | CPT | | | | both | | | 88 | 6.69 | Wellcare | Medicaid | 2.4 | | | 21.08 | 2.4 | | 83.6 fee schedule | |
| BKR CHG WET PREP | 87210 | CPT | | | | both | | | 88 | 6.69 | WellPoint | WellPoint | 28.32 | 32.18 | | 24.67 | 2.4 | | 83.6 percent of total billed charges | |
| BKR CHG KOH PREP | 87220 | CPT | | | | both | | | 88 | 4.91 | Amerihealth | HMO/PPO | 4 | | | | 2.4 | | 83.6 fee schedule | |
| BKR CHG KOH PREP | 87220 | CPT | | | | both | | | 88 | 4.91 | Aetna | Medicare | 27.1 | 30.8 | | | 2.4 | | 83.6 percent of total billed charges | |
| BKR CHG KOH PREP | 87220 | CPT | | | | both | | | 88 | 4.91 | Wellcare | Medicaid | 2.4 | | | | 2.4 | | 83.6 fee schedule | |
| BKR CHG KOH PREP | 87220 | CPT | | | | both | | | 88 | 4.91 | Aetna | Better Health | 27.76 | 31.55 | | 21.49 | 2.4 | | 83.6 percent of total billed charges | |
| BKR CHG KOH PREP | 87220 | CPT | | | | both | | | 88 | 4.91 | Americare | Americare | 66 | 75 | | | 2.4 | | 83.6 percent of total billed charges | |
| BKR CHG KOH PREP | 87220 | CPT | | | | both | | | 88 | 4.91 | First Trenton | First Trenton | 79.2 | 90 | | | 2.4 | | 83.6 percent of total billed charges | |
| BKR CHG KOH PREP | 87220 | CPT | | | | both | | | 88 | 4.91 | UHC | Medicaid | 2.4 | | | 20.57 | 2.4 | | 83.6 fee schedule | |
| BKR CHG KOH PREP | 87220 | CPT | | | | both | | | 88 | 4.91 | Consumer | Consumer | 83.6 | 95 | | | 2.4 | | 83.6 percent of total billed charges | |
| BKR CHG KOH PREP | 87220 | CPT | | | | both | | | 88 | 4.91 | Amerihealth | Medicare | 4.27 | | | | 2.4 | | 83.6 fee schedule | |
| BKR CHG KOH PREP | 87220 | CPT | | | | both | | | 88 | 4.91 | Corrections | Corrections | 70.4 | 80 | | | 2.4 | | 83.6 percent of total billed charges | |
| BKR CHG KOH PREP | 87220 | CPT | | | | both | | | 88 | 4.91 | WellPoint | WellPoint | 28.32 | 32.18 | | 21 | 2.4 | | 83.6 percent of total billed charges | |
| BKR CHG KOH PREP | 87220 | CPT | | | | both | | | 88 | 4.91 | First Health | First Health | 61.6 | 70 | | | 2.4 | | 83.6 percent of total billed charges | |
| BKR CHG KOH PREP | 87220 | CPT | | | | both | | | 88 | 4.91 | Horizon | NJ Health | 4.7 | | | 8.44 | 2.4 | | 83.6 fee schedule | |
| BKR CHG KOH PREP | 87220 | CPT | | | | both | | | 88 | 4.91 | Horizon | Medicare Blue | 26.4 | 30 | | | 2.4 | | 83.6 percent of total billed charges | |
| BKR CHG KOH PREP | 87220 | CPT | | | | both | | | 88 | 4.91 | Horizon | Indemnity | 33.69 | 38.28 | | 17.23 | 2.4 | | 83.6 percent of total billed charges | |
| BKR CHG KOH PREP | 87220 | CPT | | | | both | | | 88 | 4.91 | Horizon | MGD | 33.69 | 38.28 | | 23.63 | 2.4 | | 83.6 percent of total billed charges | |
| BKR CHG KOH PREP | 87220 | CPT | | | | both | | | 88 | 4.91 | Managed Care Inc | Managed Care Inc | 79.2 | 90 | | | 2.4 | | 83.6 percent of total billed charges | |
| BKR CHG KOH PREP | 87220 | CPT | | | | both | | | 88 | 4.91 | Horizon | PPO | 33.69 | 38.28 | | 25.75 | 2.4 | | 83.6 percent of total billed charges | |
| BKR CHG KOH PREP | 87220 | CPT | | | | both | | | 88 | 4.91 | Three Rivers | Three Rivers | 83.6 | 95 | | | 2.4 | | 83.6 percent of total billed charges | |
| BKR CHG KOH PREP | 87220 | CPT | | | | both | | | 88 | 4.91 | Multiplan | Multiplan | 70.4 | 80 | | | 2.4 | | 83.6 percent of total billed charges | |
| BKR CHG KOH PREP | 87220 | CPT | | | | both | | | 88 | 4.91 | Wellcare | Medicare | 4.27 | | | | 2.4 | | 83.6 fee schedule | |
| BKR CHG KOH PREP | 87220 | CPT | | | | both | | | 88 | 4.91 | Qualcare | Qualcare | 66 | 75 | | | 2.4 | | 83.6 percent of total billed charges | |
| BKR CHG KOH PREP | 87220 | CPT | | | | both | | | 88 | 4.91 | UHC | Medicare | 4.27 | | | 19.51 | 2.4 | | 83.6 fee schedule | |
| BKR CHG CL DIFFICILE CYTOTOXCITY | 87230 | CPT | | | | outpatient | | | 64 | 22.7 | Aetna | Medicare | 19.71 | 30.8 | | | 19.2 | | 60.8 percent of total billed charges | |
| BKR CHG CL DIFFICILE CYTOTOXCITY | 87230 | CPT | | | | outpatient | | | 64 | 22.7 | First Trenton | First Trenton | 57.6 | 90 | | | 19.2 | | 60.8 percent of total billed charges | |
| BKR CHG CL DIFFICILE CYTOTOXCITY | 87230 | CPT | | | | outpatient | | | 64 | 22.7 | Consumer | Consumer | 60.8 | 95 | | | 19.2 | | 60.8 percent of total billed charges | |
| BKR CHG CL DIFFICILE CYTOTOXCITY | 87230 | CPT | | | | outpatient | | | 64 | 22.7 | Amerihealth | HMO/PPO | 22.9 | | | | 19.2 | | 60.8 fee schedule | |
| BKR CHG CL DIFFICILE CYTOTOXCITY | 87230 | CPT | | | | outpatient | | | 64 | 22.7 | Aetna | Better Health | 20.19 | 31.55 | | | 19.2 | | 60.8 percent of total billed charges | |
| BKR CHG CL DIFFICILE CYTOTOXCITY | 87230 | CPT | | | | outpatient | | | 64 | 22.7 | Horizon | NJ Health | 52.92 | | | | 19.2 | | 60.8 fee schedule | |
| BKR CHG CL DIFFICILE CYTOTOXCITY | 87230 | CPT | | | | outpatient | | | 64 | 22.7 | Americare | Americare | 48 | 75 | | | 19.2 | | 60.8 percent of total billed charges | |
| BKR CHG CL DIFFICILE CYTOTOXCITY | 87230 | CPT | | | | outpatient | | | 64 | 22.7 | Amerihealth | Medicare | 19.74 | | | | 19.2 | | 60.8 fee schedule | |
| BKR CHG CL DIFFICILE CYTOTOXCITY | 87230 | CPT | | | | outpatient | | | 64 | 22.7 | First Health | First Health | 44.8 | 70 | | | 19.2 | | 60.8 percent of total billed charges | |
| BKR CHG CL DIFFICILE CYTOTOXCITY | 87230 | CPT | | | | outpatient | | | 64 | 22.7 | Horizon | PPO | 24.5 | 38.28 | | | 19.2 | | 60.8 percent of total billed charges | |
| BKR CHG CL DIFFICILE CYTOTOXCITY | 87230 | CPT | | | | outpatient | | | 64 | 22.7 | Horizon | Indemnity | 24.5 | 38.28 | | | 19.2 | | 60.8 percent of total billed charges | |
| BKR CHG CL DIFFICILE CYTOTOXCITY | 87230 | CPT | | | | outpatient | | | 64 | 22.7 | Horizon | MGD | 24.5 | 38.28 | | | 19.2 | | 60.8 percent of total billed charges | |
| BKR CHG CL DIFFICILE CYTOTOXCITY | 87230 | CPT | | | | outpatient | | | 64 | 22.7 | Corrections | Corrections | 51.2 | 80 | | | 19.2 | | 60.8 percent of total billed charges | |
| BKR CHG CL DIFFICILE CYTOTOXCITY | 87230 | CPT | | | | outpatient | | | 64 | 22.7 | Managed Care Inc | Managed Care Inc | 57.6 | 90 | | | 19.2 | | 60.8 percent of total billed charges | |
| BKR CHG CL DIFFICILE CYTOTOXCITY | 87230 | CPT | | | | outpatient | | | 64 | 22.7 | Wellcare | Medicaid | 21.5 | | | | 19.2 | | 60.8 fee schedule | |
| BKR CHG CL DIFFICILE CYTOTOXCITY | 87230 | CPT | | | | outpatient | | | 64 | 22.7 | Three Rivers | Three Rivers | 60.8 | 95 | | | 19.2 | | 60.8 percent of total billed charges | |
| BKR CHG CL DIFFICILE CYTOTOXCITY | 87230 | CPT | | | | outpatient | | | 64 | 22.7 | Multiplan | Multiplan | 51.2 | 80 | | | 19.2 | | 60.8 percent of total billed charges | |
| BKR CHG CL DIFFICILE CYTOTOXCITY | 87230 | CPT | | | | outpatient | | | 64 | 22.7 | Horizon | Medicare Blue | 19.2 | 30 | | | 19.2 | | 60.8 percent of total billed charges | |
| BKR CHG CL DIFFICILE CYTOTOXCITY | 87230 | CPT | | | | outpatient | | | 64 | 22.7 | Qualcare | Qualcare | 48 | 75 | | | 19.2 | | 60.8 percent of total billed charges | |
| BKR CHG CL DIFFICILE CYTOTOXCITY | 87230 | CPT | | | | outpatient | | | 64 | 22.7 | UHC | Medicaid | 21.5 | | | | 19.2 | | 60.8 fee schedule | |
| BKR CHG CL DIFFICILE CYTOTOXCITY | 87230 | CPT | | | | outpatient | | | 64 | 22.7 | UHC | Medicare | 19.74 | | | | 19.2 | | 60.8 fee schedule | |
| BKR CHG CL DIFFICILE CYTOTOXCITY | 87230 | CPT | | | | outpatient | | | 64 | 22.7 | Wellcare | Medicare | 19.74 | | | | 19.2 | | 60.8 fee schedule | |
| BKR CHG CL DIFFICILE CYTOTOXCITY | 87230 | CPT | | | | outpatient | | | 64 | 22.7 | WellPoint | WellPoint | 20.6 | 32.18 | | | 19.2 | | 60.8 percent of total billed charges | |
| BKR CHG VIRAL CULTURE GENERAL | 87252 | CPT | | | | both | | | 755 | 29.98 | First Health | First Health | 528.5 | 70 | | | 18 | | 717.25 percent of total billed charges | |
| BKR CHG VIRAL CULTURE GENERAL | 87252 | CPT | | | | both | | | 755 | 29.98 | Corrections | Corrections | 604 | 80 | | | 18 | | 717.25 percent of total billed charges | |
| BKR CHG VIRAL CULTURE GENERAL | 87252 | CPT | | | | both | | | 755 | 29.98 | Aetna | Medicare | 232.54 | 30.8 | | | 18 | | 717.25 percent of total billed charges | |
| BKR CHG VIRAL CULTURE GENERAL | 87252 | CPT | | | | both | | | 755 | 29.98 | Americare | Americare | 566.25 | 75 | | | 18 | | 717.25 percent of total billed charges | |
| BKR CHG VIRAL CULTURE GENERAL | 87252 | CPT | | | | both | | | 755 | 29.98 | Aetna | Better Health | 238.2 | 31.55 | | | 18 | | 717.25 percent of total billed charges | |
| BKR CHG VIRAL CULTURE GENERAL | 87252 | CPT | | | | both | | | 755 | 29.98 | Horizon | MGD | 289.01 | 38.28 | | | 18 | | 717.25 percent of total billed charges | |
| BKR CHG VIRAL CULTURE GENERAL | 87252 | CPT | | | | both | | | 755 | 29.98 | UHC | Medicaid | 29.5 | | | 14.03 | 18 | | 717.25 fee schedule | |
| BKR CHG VIRAL CULTURE GENERAL | 87252 | CPT | | | | both | | | 755 | 29.98 | Multiplan | Multiplan | 604 | 80 | | | 18 | | 717.25 percent of total billed charges | |
| BKR CHG VIRAL CULTURE GENERAL | 87252 | CPT | | | | both | | | 755 | 29.98 | Horizon | Indemnity | 289.01 | 38.28 | | | 18 | | 717.25 percent of total billed charges | |
| BKR CHG VIRAL CULTURE GENERAL | 87252 | CPT | | | | both | | | 755 | 29.98 | First Trenton | First Trenton | 679.5 | 90 | | | 18 | | 717.25 percent of total billed charges | |
| BKR CHG VIRAL CULTURE GENERAL | 87252 | CPT | | | | both | | | 755 | 29.98 | UHC | Medicare | 26.07 | | | | 18 | | 717.25 fee schedule | |
| BKR CHG VIRAL CULTURE GENERAL | 87252 | CPT | | | | both | | | 755 | 29.98 | Consumer | Consumer | 717.25 | 95 | | | 18 | | 717.25 percent of total billed charges | |
| BKR CHG VIRAL CULTURE GENERAL | 87252 | CPT | | | | both | | | 755 | 29.98 | Amerihealth | HMO/PPO | 40.2 | | | | 18 | | 717.25 fee schedule | |
| BKR CHG VIRAL CULTURE GENERAL | 87252 | CPT | | | | both | | | 755 | 29.98 | Qualcare | Qualcare | 566.25 | 75 | | | 18 | | 717.25 percent of total billed charges | |
| BKR CHG VIRAL CULTURE GENERAL | 87252 | CPT | | | | both | | | 755 | 29.98 | WellPoint | WellPoint | 242.96 | 32.18 | | | 18 | | 717.25 percent of total billed charges | |
| BKR CHG VIRAL CULTURE GENERAL | 87252 | CPT | | | | both | | | 755 | 29.98 | Wellcare | Medicare | 26.07 | | | | 18 | | 717.25 fee schedule | |
| BKR CHG VIRAL CULTURE GENERAL | 87252 | CPT | | | | both | | | 755 | 29.98 | Horizon | NJ Health | 57.82 | | | 1.04 | 18 | | 717.25 fee schedule | |
| BKR CHG VIRAL CULTURE GENERAL | 87252 | CPT | | | | both | | | 755 | 29.98 | Horizon | Medicare Blue | 226.5 | 30 | | | 18 | | 717.25 percent of total billed charges | |
| BKR CHG VIRAL CULTURE GENERAL | 87252 | CPT | | | | both | | | 755 | 29.98 | Amerihealth | Medicare | 26.07 | | | | 18 | | 717.25 fee schedule | |
| BKR CHG VIRAL CULTURE GENERAL | 87252 | CPT | | | | both | | | 755 | 29.98 | Managed Care Inc | Managed Care Inc | 679.5 | 90 | | | 18 | | 717.25 percent of total billed charges | |
| BKR CHG VIRAL CULTURE GENERAL | 87252 | CPT | | | | both | | | 755 | 29.98 | Horizon | PPO | 289.01 | 38.28 | | | 18 | | 717.25 percent of total billed charges | |
| BKR CHG VIRAL CULTURE GENERAL | 87252 | CPT | | | | both | | | 755 | 29.98 | Three Rivers | Three Rivers | 717.25 | 95 | | | 18 | | 717.25 percent of total billed charges | |
| BKR CHG VIRAL CULTURE GENERAL | 87252 | CPT | | | | both | | | 755 | 29.98 | Wellcare | Medicaid | 29.5 | | | | 18 | | 717.25 fee schedule | |
| BKR CHG TISSUE CULTURE ADD STUDIES | 87253 | CPT | | | | outpatient | | | 537 | 23.23 | First Health | First Health | 375.9 | 70 | | | 6 | | 510.15 percent of total billed charges | |
| BKR CHG TISSUE CULTURE ADD STUDIES | 87253 | CPT | | | | outpatient | | | 537 | 23.23 | UHC | Medicare | 20.2 | | | | 6 | | 510.15 fee schedule | |
| BKR CHG TISSUE CULTURE ADD STUDIES | 87253 | CPT | | | | outpatient | | | 537 | 23.23 | Aetna | Commercial | 204.06 | 38 | | | 6 | | 510.15 percent of total billed charges | |
| BKR CHG TISSUE CULTURE ADD STUDIES | 87253 | CPT | | | | outpatient | | | 537 | 23.23 | Americare | Americare | 402.75 | 75 | | | 6 | | 510.15 percent of total billed charges | |
| BKR CHG TISSUE CULTURE ADD STUDIES | 87253 | CPT | | | | outpatient | | | 537 | 23.23 | Aetna | Better Health | 169.42 | 31.55 | | | 6 | | 510.15 percent of total billed charges | |
| BKR CHG TISSUE CULTURE ADD STUDIES | 87253 | CPT | | | | outpatient | | | 537 | 23.23 | Aetna | Medicare | 165.4 | 30.8 | | | 6 | | 510.15 percent of total billed charges | |
| BKR CHG TISSUE CULTURE ADD STUDIES | 87253 | CPT | | | | outpatient | | | 537 | 23.23 | Horizon | Indemnity | 205.56 | 38.28 | | | 6 | | 510.15 percent of total billed charges | |
| BKR CHG TISSUE CULTURE ADD STUDIES | 87253 | CPT | | | | outpatient | | | 537 | 23.23 | Wellcare | Medicaid | 6 | | | | 6 | | 510.15 fee schedule | |
| BKR CHG TISSUE CULTURE ADD STUDIES | 87253 | CPT | | | | outpatient | | | 537 | 23.23 | Horizon | PPO | 205.56 | 38.28 | | | 6 | | 510.15 percent of total billed charges | |
| BKR CHG TISSUE CULTURE ADD STUDIES | 87253 | CPT | | | | outpatient | | | 537 | 23.23 | Wellcare | Medicare | 20.2 | | | | 6 | | 510.15 fee schedule | |
| BKR CHG TISSUE CULTURE ADD STUDIES | 87253 | CPT | | | | outpatient | | | 537 | 23.23 | Horizon | Medicare Blue | 161.1 | 30 | | | 6 | | 510.15 percent of total billed charges | |
| BKR CHG TISSUE CULTURE ADD STUDIES | 87253 | CPT | | | | outpatient | | | 537 | 23.23 | Amerihealth | HMO/PPO | 27.8 | | | | 6 | | 510.15 fee schedule | |
| BKR CHG TISSUE CULTURE ADD STUDIES | 87253 | CPT | | | | outpatient | | | 537 | 23.23 | Amerihealth | Medicare | 20.2 | | | | 6 | | 510.15 fee schedule | |
| BKR CHG TISSUE CULTURE ADD STUDIES | 87253 | CPT | | | | outpatient | | | 537 | 23.23 | WellPoint | WellPoint | 172.81 | 32.18 | | | 6 | | 510.15 percent of total billed charges | |
| BKR CHG TISSUE CULTURE ADD STUDIES | 87253 | CPT | | | | outpatient | | | 537 | 23.23 | Qualcare | Qualcare | 402.75 | 75 | | | 6 | | 510.15 percent of total billed charges | |
| BKR CHG TISSUE CULTURE ADD STUDIES | 87253 | CPT | | | | outpatient | | | 537 | 23.23 | Horizon | MGD | 205.56 | 38.28 | | | 6 | | 510.15 percent of total billed charges | |
| BKR CHG TISSUE CULTURE ADD STUDIES | 87253 | CPT | | | | outpatient | | | 537 | 23.23 | Three Rivers | Three Rivers | 510.15 | 95 | | | 6 | | 510.15 percent of total billed charges | |
| BKR CHG TISSUE CULTURE ADD STUDIES | 87253 | CPT | | | | outpatient | | | 537 | 23.23 | Multiplan | Multiplan | 429.6 | 80 | | | 6 | | 510.15 percent of total billed charges | |
| BKR CHG TISSUE CULTURE ADD STUDIES | 87253 | CPT | | | | outpatient | | | 537 | 23.23 | Consumer | Consumer | 510.15 | 95 | | | 6 | | 510.15 percent of total billed charges | |
| BKR CHG TISSUE CULTURE ADD STUDIES | 87253 | CPT | | | | outpatient | | | 537 | 23.23 | UHC | Medicaid | 6 | | | | 6 | | 510.15 fee schedule | |
| BKR CHG TISSUE CULTURE ADD STUDIES | 87253 | CPT | | | | outpatient | | | 537 | 23.23 | Corrections | Corrections | 429.6 | 80 | | | 6 | | 510.15 percent of total billed charges | |
| BKR CHG TISSUE CULTURE ADD STUDIES | 87253 | CPT | | | | outpatient | | | 537 | 23.23 | First Trenton | First Trenton | 483.3 | 90 | | | 6 | | 510.15 percent of total billed charges | |
| BKR CHG TISSUE CULTURE ADD STUDIES | 87253 | CPT | | | | outpatient | | | 537 | 23.23 | Horizon | NJ Health | 11.76 | | | | 6 | | 510.15 fee schedule | |
| BKR CHG TISSUE CULTURE ADD STUDIES | 87253 | CPT | | | | outpatient | | | 537 | 23.23 | Managed Care Inc | Managed Care Inc | 483.3 | 90 | | | 6 | | 510.15 percent of total billed charges | |
| BKR CHG VIRAL CULTURE RAPID VARICELLA | 87254 | CPT | | | | both | | | 113 | 22.49 | Amerihealth | Medicare | 19.56 | | | | 5.41 | | 107.35 fee schedule | |
| BKR CHG VIRAL CULTURE RAPID VARICELLA | 87254 | CPT | | | | both | | | 113 | 22.49 | First Trenton | First Trenton | 101.7 | 90 | | | 5.41 | | 107.35 percent of total billed charges | |
| BKR CHG VIRAL CULTURE RAPID VARICELLA | 87254 | CPT | | | | both | | | 113 | 22.49 | Americare | Americare | 84.75 | 75 | | | 5.41 | | 107.35 percent of total billed charges | |
| BKR CHG VIRAL CULTURE RAPID VARICELLA | 87254 | CPT | | | | both | | | 113 | 22.49 | Consumer | Consumer | 107.35 | 95 | | | 5.41 | | 107.35 percent of total billed charges | |
| BKR CHG VIRAL CULTURE RAPID VARICELLA | 87254 | CPT | | | | both | | | 113 | 22.49 | Aetna | Better Health | 35.65 | 31.55 | | | 5.41 | | 107.35 percent of total billed charges | |
| BKR CHG VIRAL CULTURE RAPID VARICELLA | 87254 | CPT | | | | both | | | 113 | 22.49 | Horizon | Indemnity | 43.26 | 38.28 | | | 5.41 | | 107.35 percent of total billed charges | |
| BKR CHG VIRAL CULTURE RAPID VARICELLA | 87254 | CPT | | | | both | | | 113 | 22.49 | Aetna | Medicare | 34.8 | 30.8 | | | 5.41 | | 107.35 percent of total billed charges | |
| BKR CHG VIRAL CULTURE RAPID VARICELLA | 87254 | CPT | | | | both | | | 113 | 22.49 | First Health | First Health | 79.1 | 70 | | | 5.41 | | 107.35 percent of total billed charges | |
| BKR CHG VIRAL CULTURE RAPID VARICELLA | 87254 | CPT | | | | both | | | 113 | 22.49 | WellPoint | WellPoint | 36.36 | 32.18 | | | 5.41 | | 107.35 percent of total billed charges | |
| BKR CHG VIRAL CULTURE RAPID VARICELLA | 87254 | CPT | | | | both | | | 113 | 22.49 | Managed Care Inc | Managed Care Inc | 101.7 | 90 | | | 5.41 | | 107.35 percent of total billed charges | |
| BKR CHG VIRAL CULTURE RAPID VARICELLA | 87254 | CPT | | | | both | | | 113 | 22.49 | Amerihealth | HMO/PPO | 7.6 | | | | 5.41 | | 107.35 fee schedule | |
| BKR CHG VIRAL CULTURE RAPID VARICELLA | 87254 | CPT | | | | both | | | 113 | 22.49 | Corrections | Corrections | 90.4 | 80 | | | 5.41 | | 107.35 percent of total billed charges | |
| BKR CHG VIRAL CULTURE RAPID VARICELLA | 87254 | CPT | | | | both | | | 113 | 22.49 | Aetna | Commercial | 42.94 | 38 | | | 5.41 | | 107.35 percent of total billed charges | |
| BKR CHG VIRAL CULTURE RAPID VARICELLA | 87254 | CPT | | | | both | | | 113 | 22.49 | Horizon | NJ Health | 21.58 | | | 0.79 | 5.41 | | 107.35 fee schedule | |
| BKR CHG VIRAL CULTURE RAPID VARICELLA | 87254 | CPT | | | | both | | | 113 | 22.49 | Horizon | MGD | 43.26 | 38.28 | | | 5.41 | | 107.35 percent of total billed charges | |
| BKR CHG VIRAL CULTURE RAPID VARICELLA | 87254 | CPT | | | | both | | | 113 | 22.49 | Horizon | Medicare Blue | 33.9 | 30 | | | 5.41 | | 107.35 percent of total billed charges | |
| BKR CHG VIRAL CULTURE RAPID VARICELLA | 87254 | CPT | | | | both | | | 113 | 22.49 | UHC | Medicare | 19.56 | | | | 5.41 | | 107.35 fee schedule | |
| BKR CHG VIRAL CULTURE RAPID VARICELLA | 87254 | CPT | | | | both | | | 113 | 22.49 | Qualcare | Qualcare | 84.75 | 75 | | | 5.41 | | 107.35 percent of total billed charges | |
| BKR CHG VIRAL CULTURE RAPID VARICELLA | 87254 | CPT | | | | both | | | 113 | 22.49 | Wellcare | Medicare | 19.56 | | | | 5.41 | | 107.35 fee schedule | |
| BKR CHG VIRAL CULTURE RAPID VARICELLA | 87254 | CPT | | | | both | | | 113 | 22.49 | Multiplan | Multiplan | 90.4 | 80 | | | 5.41 | | 107.35 percent of total billed charges | |
| BKR CHG VIRAL CULTURE RAPID VARICELLA | 87254 | CPT | | | | both | | | 113 | 22.49 | Horizon | PPO | 43.26 | 38.28 | | | 5.41 | | 107.35 percent of total billed charges | |
| BKR CHG VIRAL CULTURE RAPID VARICELLA | 87254 | CPT | | | | both | | | 113 | 22.49 | UHC | Medicaid | 5.41 | | | 10.65 | 5.41 | | 107.35 fee schedule | |
| BKR CHG VIRAL CULTURE RAPID VARICELLA | 87254 | CPT | | | | both | | | 113 | 22.49 | Three Rivers | Three Rivers | 107.35 | 95 | | | 5.41 | | 107.35 percent of total billed charges | |
| BKR CHG VIRAL CULTURE RAPID VARICELLA | 87254 | CPT | | | | both | | | 113 | 22.49 | Wellcare | Medicaid | 5.41 | | | | 5.41 | | 107.35 fee schedule | |
| BKR CHG HSV CULTURE/TYPE | 87255 | CPT | | | | outpatient | | | 195 | 38.94 | Americare | Americare | 146.25 | 75 | | | 30 | | 185.25 percent of total billed charges | |
| BKR CHG HSV CULTURE/TYPE | 87255 | CPT | | | | outpatient | | | 195 | 38.94 | First Health | First Health | 136.5 | 70 | | | 30 | | 185.25 percent of total billed charges | |
| BKR CHG HSV CULTURE/TYPE | 87255 | CPT | | | | outpatient | | | 195 | 38.94 | Amerihealth | HMO/PPO | 47.31 | | | | 30 | | 185.25 fee schedule | |
| BKR CHG HSV CULTURE/TYPE | 87255 | CPT | | | | outpatient | | | 195 | 38.94 | Corrections | Corrections | 156 | 80 | | | 30 | | 185.25 percent of total billed charges | |
| BKR CHG HSV CULTURE/TYPE | 87255 | CPT | | | | outpatient | | | 195 | 38.94 | Horizon | Indemnity | 74.65 | 38.28 | | | 30 | | 185.25 percent of total billed charges | |
| BKR CHG HSV CULTURE/TYPE | 87255 | CPT | | | | outpatient | | | 195 | 38.94 | Aetna | Better Health | 61.52 | 31.55 | | | 30 | | 185.25 percent of total billed charges | |
| BKR CHG HSV CULTURE/TYPE | 87255 | CPT | | | | outpatient | | | 195 | 38.94 | Amerihealth | Medicare | 33.86 | | | | 30 | | 185.25 fee schedule | |
| BKR CHG HSV CULTURE/TYPE | 87255 | CPT | | | | outpatient | | | 195 | 38.94 | Aetna | Medicare | 60.06 | 30.8 | | | 30 | | 185.25 percent of total billed charges | |
| BKR CHG HSV CULTURE/TYPE | 87255 | CPT | | | | outpatient | | | 195 | 38.94 | Multiplan | Multiplan | 156 | 80 | | | 30 | | 185.25 percent of total billed charges | |
| BKR CHG HSV CULTURE/TYPE | 87255 | CPT | | | | outpatient | | | 195 | 38.94 | UHC | Medicaid | 30 | | | | 30 | | 185.25 fee schedule | |
| BKR CHG HSV CULTURE/TYPE | 87255 | CPT | | | | outpatient | | | 195 | 38.94 | Wellcare | Medicaid | 30 | | | | 30 | | 185.25 fee schedule | |
| BKR CHG HSV CULTURE/TYPE | 87255 | CPT | | | | outpatient | | | 195 | 38.94 | Consumer | Consumer | 185.25 | 95 | | | 30 | | 185.25 percent of total billed charges | |
| BKR CHG HSV CULTURE/TYPE | 87255 | CPT | | | | outpatient | | | 195 | 38.94 | Horizon | Medicare Blue | 58.5 | 30 | | | 30 | | 185.25 percent of total billed charges | |
| BKR CHG HSV CULTURE/TYPE | 87255 | CPT | | | | outpatient | | | 195 | 38.94 | Aetna | Commercial | 74.1 | 38 | | | 30 | | 185.25 percent of total billed charges | |
| BKR CHG HSV CULTURE/TYPE | 87255 | CPT | | | | outpatient | | | 195 | 38.94 | First Trenton | First Trenton | 175.5 | 90 | | | 30 | | 185.25 percent of total billed charges | |
| BKR CHG HSV CULTURE/TYPE | 87255 | CPT | | | | outpatient | | | 195 | 38.94 | Horizon | MGD | 74.65 | 38.28 | | | 30 | | 185.25 percent of total billed charges | |
| BKR CHG HSV CULTURE/TYPE | 87255 | CPT | | | | outpatient | | | 195 | 38.94 | Qualcare | Qualcare | 146.25 | 75 | | | 30 | | 185.25 percent of total billed charges | |
| BKR CHG HSV CULTURE/TYPE | 87255 | CPT | | | | outpatient | | | 195 | 38.94 | UHC | Medicare | 33.86 | | | | 30 | | 185.25 fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG HSV CULTURE/TYPE | 87255 | CPT | | | | outpatient | | | 195 | 38.94 | Horizon | PPO | 74.65 | 38.28 | | | 30 | | 185.25 percent of total billed charges | |
| BKR CHG HSV CULTURE/TYPE | 87255 | CPT | | | | outpatient | | | 195 | 38.94 | Horizon | NJ Health | 37.08 | | | | 30 | | 185.25 fee schedule | |
| BKR CHG HSV CULTURE/TYPE | 87255 | CPT | | | | outpatient | | | 195 | 38.94 | Wellcare | Medicare | 33.86 | | | | 30 | | 185.25 fee schedule | |
| BKR CHG HSV CULTURE/TYPE | 87255 | CPT | | | | outpatient | | | 195 | 38.94 | WellPoint | WellPoint | 62.75 | 32.18 | | | 30 | | 185.25 percent of total billed charges | |
| BKR CHG HSV CULTURE/TYPE | 87255 | CPT | | | | outpatient | | | 195 | 38.94 | Managed Care Inc | Managed Care Inc | 175.5 | 90 | | | 30 | | 185.25 percent of total billed charges | |
| BKR CHG HSV CULTURE/TYPE | 87255 | CPT | | | | outpatient | | | 195 | 38.94 | Three Rivers | Three Rivers | 185.25 | 95 | | | 30 | | 185.25 percent of total billed charges | |
| BKR CHG VIRUS ADENOVIRUS AG DFA | 87260 | CPT | | | | outpatient | | | 71 | 16.59 | Corrections | Corrections | 56.8 | 80 | | | 10 | | 67.45 percent of total billed charges | |
| BKR CHG VIRUS ADENOVIRUS AG DFA | 87260 | CPT | | | | outpatient | | | 71 | 16.59 | Amerihealth | Medicare | 14.43 | | | | 10 | | 67.45 fee schedule | |
| BKR CHG VIRUS ADENOVIRUS AG DFA | 87260 | CPT | | | | outpatient | | | 71 | 16.59 | Amerihealth | HMO/PPO | 15.2 | | | | 10 | | 67.45 fee schedule | |
| BKR CHG VIRUS ADENOVIRUS AG DFA | 87260 | CPT | | | | outpatient | | | 71 | 16.59 | Aetna | Medicare | 21.87 | 30.8 | | | 10 | | 67.45 percent of total billed charges | |
| BKR CHG VIRUS ADENOVIRUS AG DFA | 87260 | CPT | | | | outpatient | | | 71 | 16.59 | First Trenton | First Trenton | 63.9 | 90 | | | 10 | | 67.45 percent of total billed charges | |
| BKR CHG VIRUS ADENOVIRUS AG DFA | 87260 | CPT | | | | outpatient | | | 71 | 16.59 | Aetna | Better Health | 22.4 | 31.55 | | | 10 | | 67.45 percent of total billed charges | |
| BKR CHG VIRUS ADENOVIRUS AG DFA | 87260 | CPT | | | | outpatient | | | 71 | 16.59 | Horizon | MGD | 27.18 | 38.28 | | | 10 | | 67.45 percent of total billed charges | |
| BKR CHG VIRUS ADENOVIRUS AG DFA | 87260 | CPT | | | | outpatient | | | 71 | 16.59 | Americare | Americare | 53.25 | 75 | | | 10 | | 67.45 percent of total billed charges | |
| BKR CHG VIRUS ADENOVIRUS AG DFA | 87260 | CPT | | | | outpatient | | | 71 | 16.59 | Horizon | Indemnity | 27.18 | 38.28 | | | 10 | | 67.45 percent of total billed charges | |
| BKR CHG VIRUS ADENOVIRUS AG DFA | 87260 | CPT | | | | outpatient | | | 71 | 16.59 | Aetna | Commercial | 26.98 | 38 | | | 10 | | 67.45 percent of total billed charges | |
| BKR CHG VIRUS ADENOVIRUS AG DFA | 87260 | CPT | | | | outpatient | | | 71 | 16.59 | Wellcare | Medicaid | 10 | | | | 10 | | 67.45 fee schedule | |
| BKR CHG VIRUS ADENOVIRUS AG DFA | 87260 | CPT | | | | outpatient | | | 71 | 16.59 | First Health | First Health | 49.7 | 70 | | | 10 | | 67.45 percent of total billed charges | |
| BKR CHG VIRUS ADENOVIRUS AG DFA | 87260 | CPT | | | | outpatient | | | 71 | 16.59 | Horizon | NJ Health | 12.23 | | | | 10 | | 67.45 fee schedule | |
| BKR CHG VIRUS ADENOVIRUS AG DFA | 87260 | CPT | | | | outpatient | | | 71 | 16.59 | Wellcare | Medicare | 14.43 | | | | 10 | | 67.45 fee schedule | |
| BKR CHG VIRUS ADENOVIRUS AG DFA | 87260 | CPT | | | | outpatient | | | 71 | 16.59 | Horizon | Medicare Blue | 21.3 | 30 | | | 10 | | 67.45 percent of total billed charges | |
| BKR CHG VIRUS ADENOVIRUS AG DFA | 87260 | CPT | | | | outpatient | | | 71 | 16.59 | Consumer | Consumer | 67.45 | 95 | | | 10 | | 67.45 percent of total billed charges | |
| BKR CHG VIRUS ADENOVIRUS AG DFA | 87260 | CPT | | | | outpatient | | | 71 | 16.59 | Horizon | PPO | 27.18 | 38.28 | | | 10 | | 67.45 percent of total billed charges | |
| BKR CHG VIRUS ADENOVIRUS AG DFA | 87260 | CPT | | | | outpatient | | | 71 | 16.59 | WellPoint | WellPoint | 22.85 | 32.18 | | | 10 | | 67.45 percent of total billed charges | |
| BKR CHG VIRUS ADENOVIRUS AG DFA | 87260 | CPT | | | | outpatient | | | 71 | 16.59 | UHC | Medicaid | 10 | | | | 10 | | 67.45 fee schedule | |
| BKR CHG VIRUS ADENOVIRUS AG DFA | 87260 | CPT | | | | outpatient | | | 71 | 16.59 | Multiplan | Multiplan | 56.8 | 80 | | | 10 | | 67.45 percent of total billed charges | |
| BKR CHG VIRUS ADENOVIRUS AG DFA | 87260 | CPT | | | | outpatient | | | 71 | 16.59 | Managed Care Inc | Managed Care Inc | 63.9 | 90 | | | 10 | | 67.45 percent of total billed charges | |
| BKR CHG VIRUS ADENOVIRUS AG DFA | 87260 | CPT | | | | outpatient | | | 71 | 16.59 | Qualcare | Qualcare | 53.25 | 75 | | | 10 | | 67.45 percent of total billed charges | |
| BKR CHG VIRUS ADENOVIRUS AG DFA | 87260 | CPT | | | | outpatient | | | 71 | 16.59 | Three Rivers | Three Rivers | 67.45 | 95 | | | 10 | | 67.45 percent of total billed charges | |
| BKR CHG VIRUS ADENOVIRUS AG DFA | 87260 | CPT | | | | outpatient | | | 71 | 16.59 | UHC | Medicare | 14.43 | | | | 10 | | 67.45 fee schedule | |
| BKR CHG BORDETELLA PERTUSSIS DFA | 87265 | CPT | | | | inpatient | | | 200 | 13.78 | Aetna | Better Health | 63.1 | 31.55 | | | 10 | | 190 percent of total billed charges | |
| BKR CHG BORDETELLA PERTUSSIS DFA | 87265 | CPT | | | | inpatient | | | 200 | 13.78 | First Health | First Health | 140 | 70 | | | 10 | | 190 percent of total billed charges | |
| BKR CHG BORDETELLA PERTUSSIS DFA | 87265 | CPT | | | | inpatient | | | 200 | 13.78 | Americare | Americare | 150 | 75 | | | 10 | | 190 percent of total billed charges | |
| BKR CHG BORDETELLA PERTUSSIS DFA | 87265 | CPT | | | | inpatient | | | 200 | 13.78 | Corrections | Corrections | 160 | 80 | | | 10 | | 190 percent of total billed charges | |
| BKR CHG BORDETELLA PERTUSSIS DFA | 87265 | CPT | | | | inpatient | | | 200 | 13.78 | Aetna | Commercial | 76 | 38 | | | 10 | | 190 percent of total billed charges | |
| BKR CHG BORDETELLA PERTUSSIS DFA | 87265 | CPT | | | | inpatient | | | 200 | 13.78 | Aetna | Medicare | 61.6 | 30.8 | | | 10 | | 190 percent of total billed charges | |
| BKR CHG BORDETELLA PERTUSSIS DFA | 87265 | CPT | | | | inpatient | | | 200 | 13.78 | Multiplan | Multiplan | 160 | 80 | | | 10 | | 190 percent of total billed charges | |
| BKR CHG BORDETELLA PERTUSSIS DFA | 87265 | CPT | | | | inpatient | | | 200 | 13.78 | First Trenton | First Trenton | 180 | 90 | | | 10 | | 190 percent of total billed charges | |
| BKR CHG BORDETELLA PERTUSSIS DFA | 87265 | CPT | | | | inpatient | | | 200 | 13.78 | Horizon | Medicare Blue | 60 | 30 | | | 10 | | 190 percent of total billed charges | |
| BKR CHG BORDETELLA PERTUSSIS DFA | 87265 | CPT | | | | inpatient | | | 200 | 13.78 | UHC | Medicare | 11.98 | | | | 10 | | 190 fee schedule | |
| BKR CHG BORDETELLA PERTUSSIS DFA | 87265 | CPT | | | | inpatient | | | 200 | 13.78 | Consumer | Consumer | 190 | 95 | | | 10 | | 190 percent of total billed charges | |
| BKR CHG BORDETELLA PERTUSSIS DFA | 87265 | CPT | | | | inpatient | | | 200 | 13.78 | WellPoint | WellPoint | 64.36 | 32.18 | | | 10 | | 190 percent of total billed charges | |
| BKR CHG BORDETELLA PERTUSSIS DFA | 87265 | CPT | | | | inpatient | | | 200 | 13.78 | UHC | Medicaid | 10 | | | | 10 | | 190 fee schedule | |
| BKR CHG BORDETELLA PERTUSSIS DFA | 87265 | CPT | | | | inpatient | | | 200 | 13.78 | Amerihealth | HMO/PPO | 15.2 | | | | 10 | | 190 fee schedule | |
| BKR CHG BORDETELLA PERTUSSIS DFA | 87265 | CPT | | | | inpatient | | | 200 | 13.78 | Qualcare | Qualcare | 150 | 75 | | | 10 | | 190 percent of total billed charges | |
| BKR CHG BORDETELLA PERTUSSIS DFA | 87265 | CPT | | | | inpatient | | | 200 | 13.78 | Horizon | Indemnity | 76.56 | 38.28 | | | 10 | | 190 percent of total billed charges | |
| BKR CHG BORDETELLA PERTUSSIS DFA | 87265 | CPT | | | | inpatient | | | 200 | 13.78 | Wellcare | Medicare | 11.98 | | | | 10 | | 190 fee schedule | |
| BKR CHG BORDETELLA PERTUSSIS DFA | 87265 | CPT | | | | inpatient | | | 200 | 13.78 | Amerihealth | Medicare | 11.98 | | | | 10 | | 190 fee schedule | |
| BKR CHG BORDETELLA PERTUSSIS DFA | 87265 | CPT | | | | inpatient | | | 200 | 13.78 | Horizon | NJ Health | 12.23 | | | | 10 | | 190 fee schedule | |
| BKR CHG BORDETELLA PERTUSSIS DFA | 87265 | CPT | | | | inpatient | | | 200 | 13.78 | Horizon | MGD | 76.56 | 38.28 | | | 10 | | 190 percent of total billed charges | |
| BKR CHG BORDETELLA PERTUSSIS DFA | 87265 | CPT | | | | inpatient | | | 200 | 13.78 | Horizon | PPO | 76.56 | 38.28 | | | 10 | | 190 percent of total billed charges | |
| BKR CHG BORDETELLA PERTUSSIS DFA | 87265 | CPT | | | | inpatient | | | 200 | 13.78 | Managed Care Inc | Managed Care Inc | 180 | 90 | | | 10 | | 190 percent of total billed charges | |
| BKR CHG BORDETELLA PERTUSSIS DFA | 87265 | CPT | | | | inpatient | | | 200 | 13.78 | Three Rivers | Three Rivers | 190 | 95 | | | 10 | | 190 percent of total billed charges | |
| BKR CHG BORDETELLA PERTUSSIS DFA | 87265 | CPT | | | | inpatient | | | 200 | 13.78 | Wellcare | Medicaid | 10 | | | | 10 | | 190 fee schedule | |
| BKR CHG CHLAMYDIA TRACHOMATIS | 87270 | CPT | | | | outpatient | | | 161 | 13.78 | Americare | Americare | 120.75 | 75 | | | 10 | | 152.95 percent of total billed charges | |
| BKR CHG CHLAMYDIA TRACHOMATIS | 87270 | CPT | | | | outpatient | | | 161 | 13.78 | Aetna | Commercial | 61.18 | 38 | | | 10 | | 152.95 percent of total billed charges | |
| BKR CHG CHLAMYDIA TRACHOMATIS | 87270 | CPT | | | | outpatient | | | 161 | 13.78 | Aetna | Better Health | 50.8 | 31.55 | | | 10 | | 152.95 percent of total billed charges | |
| BKR CHG CHLAMYDIA TRACHOMATIS | 87270 | CPT | | | | outpatient | | | 161 | 13.78 | First Trenton | First Trenton | 144.9 | 90 | | | 10 | | 152.95 percent of total billed charges | |
| BKR CHG CHLAMYDIA TRACHOMATIS | 87270 | CPT | | | | outpatient | | | 161 | 13.78 | UHC | Medicare | 11.98 | | | | 10 | | 152.95 fee schedule | |
| BKR CHG CHLAMYDIA TRACHOMATIS | 87270 | CPT | | | | outpatient | | | 161 | 13.78 | Amerihealth | Medicare | 11.98 | | | | 10 | | 152.95 fee schedule | |
| BKR CHG CHLAMYDIA TRACHOMATIS | 87270 | CPT | | | | outpatient | | | 161 | 13.78 | Corrections | Corrections | 128.8 | 80 | | | 10 | | 152.95 percent of total billed charges | |
| BKR CHG CHLAMYDIA TRACHOMATIS | 87270 | CPT | | | | outpatient | | | 161 | 13.78 | Amerihealth | HMO/PPO | 15.2 | | | | 10 | | 152.95 fee schedule | |
| BKR CHG CHLAMYDIA TRACHOMATIS | 87270 | CPT | | | | outpatient | | | 161 | 13.78 | Horizon | Indemnity | 61.63 | 38.28 | | | 10 | | 152.95 percent of total billed charges | |
| BKR CHG CHLAMYDIA TRACHOMATIS | 87270 | CPT | | | | outpatient | | | 161 | 13.78 | Aetna | Medicare | 49.59 | 30.8 | | | 10 | | 152.95 percent of total billed charges | |
| BKR CHG CHLAMYDIA TRACHOMATIS | 87270 | CPT | | | | outpatient | | | 161 | 13.78 | Consumer | Consumer | 152.95 | 95 | | | 10 | | 152.95 percent of total billed charges | |
| BKR CHG CHLAMYDIA TRACHOMATIS | 87270 | CPT | | | | outpatient | | | 161 | 13.78 | UHC | Medicaid | 10 | | | | 10 | | 152.95 fee schedule | |
| BKR CHG CHLAMYDIA TRACHOMATIS | 87270 | CPT | | | | outpatient | | | 161 | 13.78 | Multiplan | Multiplan | 128.8 | 80 | | | 10 | | 152.95 percent of total billed charges | |
| BKR CHG CHLAMYDIA TRACHOMATIS | 87270 | CPT | | | | outpatient | | | 161 | 13.78 | First Health | First Health | 112.7 | 70 | | | 10 | | 152.95 percent of total billed charges | |
| BKR CHG CHLAMYDIA TRACHOMATIS | 87270 | CPT | | | | outpatient | | | 161 | 13.78 | WellPoint | WellPoint | 51.81 | 32.18 | | | 10 | | 152.95 percent of total billed charges | |
| BKR CHG CHLAMYDIA TRACHOMATIS | 87270 | CPT | | | | outpatient | | | 161 | 13.78 | Wellcare | Medicaid | 10 | | | | 10 | | 152.95 fee schedule | |
| BKR CHG CHLAMYDIA TRACHOMATIS | 87270 | CPT | | | | outpatient | | | 161 | 13.78 | Qualcare | Qualcare | 120.75 | 75 | | | 10 | | 152.95 percent of total billed charges | |
| BKR CHG CHLAMYDIA TRACHOMATIS | 87270 | CPT | | | | outpatient | | | 161 | 13.78 | Horizon | MGD | 61.63 | 38.28 | | | 10 | | 152.95 percent of total billed charges | |
| BKR CHG CHLAMYDIA TRACHOMATIS | 87270 | CPT | | | | outpatient | | | 161 | 13.78 | Horizon | Medicare Blue | 48.3 | 30 | | | 10 | | 152.95 percent of total billed charges | |
| BKR CHG CHLAMYDIA TRACHOMATIS | 87270 | CPT | | | | outpatient | | | 161 | 13.78 | Wellcare | Medicare | 11.98 | | | | 10 | | 152.95 fee schedule | |
| BKR CHG CHLAMYDIA TRACHOMATIS | 87270 | CPT | | | | outpatient | | | 161 | 13.78 | Horizon | NJ Health | 30.46 | | | | 10 | | 152.95 fee schedule | |
| BKR CHG CHLAMYDIA TRACHOMATIS | 87270 | CPT | | | | outpatient | | | 161 | 13.78 | Horizon | PPO | 61.63 | 38.28 | | | 10 | | 152.95 percent of total billed charges | |
| BKR CHG CHLAMYDIA TRACHOMATIS | 87270 | CPT | | | | outpatient | | | 161 | 13.78 | Managed Care Inc | Managed Care Inc | 144.9 | 90 | | | 10 | | 152.95 percent of total billed charges | |
| BKR CHG CHLAMYDIA TRACHOMATIS | 87270 | CPT | | | | outpatient | | | 161 | 13.78 | Three Rivers | Three Rivers | 152.95 | 95 | | | 10 | | 152.95 percent of total billed charges | |
| BKR CHG CRYPTOSPORIDIUM SMEAR | 87272 | CPT | | | | outpatient | | | 83 | 13.78 | Aetna | Better Health | 26.19 | 31.55 | | | 11.98 | | 78.85 percent of total billed charges | |
| BKR CHG CRYPTOSPORIDIUM SMEAR | 87272 | CPT | | | | outpatient | | | 83 | 13.78 | Americare | Americare | 62.25 | 75 | | | 11.98 | | 78.85 percent of total billed charges | |
| BKR CHG CRYPTOSPORIDIUM SMEAR | 87272 | CPT | | | | outpatient | | | 83 | 13.78 | Amerihealth | Medicare | 11.98 | | | | 11.98 | | 78.85 fee schedule | |
| BKR CHG CRYPTOSPORIDIUM SMEAR | 87272 | CPT | | | | outpatient | | | 83 | 13.78 | Aetna | Medicare | 25.56 | 30.8 | | | 11.98 | | 78.85 percent of total billed charges | |
| BKR CHG CRYPTOSPORIDIUM SMEAR | 87272 | CPT | | | | outpatient | | | 83 | 13.78 | Amerihealth | HMO/PPO | 15.2 | | | | 11.98 | | 78.85 fee schedule | |
| BKR CHG CRYPTOSPORIDIUM SMEAR | 87272 | CPT | | | | outpatient | | | 83 | 13.78 | Horizon | Indemnity | 31.77 | 38.28 | | | 11.98 | | 78.85 percent of total billed charges | |
| BKR CHG CRYPTOSPORIDIUM SMEAR | 87272 | CPT | | | | outpatient | | | 83 | 13.78 | Horizon | PPO | 31.77 | 38.28 | | | 11.98 | | 78.85 percent of total billed charges | |
| BKR CHG CRYPTOSPORIDIUM SMEAR | 87272 | CPT | | | | outpatient | | | 83 | 13.78 | WellPoint | WellPoint | 26.71 | 32.18 | | | 11.98 | | 78.85 percent of total billed charges | |
| BKR CHG CRYPTOSPORIDIUM SMEAR | 87272 | CPT | | | | outpatient | | | 83 | 13.78 | Aetna | Commercial | 31.54 | 38 | | | 11.98 | | 78.85 percent of total billed charges | |
| BKR CHG CRYPTOSPORIDIUM SMEAR | 87272 | CPT | | | | outpatient | | | 83 | 13.78 | Horizon | Medicare Blue | 24.9 | 30 | | | 11.98 | | 78.85 percent of total billed charges | |
| BKR CHG CRYPTOSPORIDIUM SMEAR | 87272 | CPT | | | | outpatient | | | 83 | 13.78 | First Trenton | First Trenton | 74.7 | 90 | | | 11.98 | | 78.85 percent of total billed charges | |
| BKR CHG CRYPTOSPORIDIUM SMEAR | 87272 | CPT | | | | outpatient | | | 83 | 13.78 | Consumer | Consumer | 78.85 | 95 | | | 11.98 | | 78.85 percent of total billed charges | |
| BKR CHG CRYPTOSPORIDIUM SMEAR | 87272 | CPT | | | | outpatient | | | 83 | 13.78 | First Health | First Health | 58.1 | 70 | | | 11.98 | | 78.85 percent of total billed charges | |
| BKR CHG CRYPTOSPORIDIUM SMEAR | 87272 | CPT | | | | outpatient | | | 83 | 13.78 | Qualcare | Qualcare | 62.25 | 75 | | | 11.98 | | 78.85 percent of total billed charges | |
| BKR CHG CRYPTOSPORIDIUM SMEAR | 87272 | CPT | | | | outpatient | | | 83 | 13.78 | Wellcare | Medicaid | 12 | | | | 11.98 | | 78.85 fee schedule | |
| BKR CHG CRYPTOSPORIDIUM SMEAR | 87272 | CPT | | | | outpatient | | | 83 | 13.78 | Corrections | Corrections | 66.4 | 80 | | | 11.98 | | 78.85 percent of total billed charges | |
| BKR CHG CRYPTOSPORIDIUM SMEAR | 87272 | CPT | | | | outpatient | | | 83 | 13.78 | UHC | Medicare | 11.98 | | | | 11.98 | | 78.85 fee schedule | |
| BKR CHG CRYPTOSPORIDIUM SMEAR | 87272 | CPT | | | | outpatient | | | 83 | 13.78 | Multiplan | Multiplan | 66.4 | 80 | | | 11.98 | | 78.85 percent of total billed charges | |
| BKR CHG CRYPTOSPORIDIUM SMEAR | 87272 | CPT | | | | outpatient | | | 83 | 13.78 | Managed Care Inc | Managed Care Inc | 74.7 | 90 | | | 11.98 | | 78.85 percent of total billed charges | |
| BKR CHG CRYPTOSPORIDIUM SMEAR | 87272 | CPT | | | | outpatient | | | 83 | 13.78 | Horizon | MGD | 31.77 | 38.28 | | | 11.98 | | 78.85 percent of total billed charges | |
| BKR CHG CRYPTOSPORIDIUM SMEAR | 87272 | CPT | | | | outpatient | | | 83 | 13.78 | UHC | Medicaid | 12 | | | | 11.98 | | 78.85 fee schedule | |
| BKR CHG CRYPTOSPORIDIUM SMEAR | 87272 | CPT | | | | outpatient | | | 83 | 13.78 | Three Rivers | Three Rivers | 78.85 | 95 | | | 11.98 | | 78.85 percent of total billed charges | |
| BKR CHG CRYPTOSPORIDIUM SMEAR | 87272 | CPT | | | | outpatient | | | 83 | 13.78 | Horizon | NJ Health | 12.23 | | | | 11.98 | | 78.85 fee schedule | |
| BKR CHG CRYPTOSPORIDIUM SMEAR | 87272 | CPT | | | | outpatient | | | 83 | 13.78 | Wellcare | Medicare | 11.98 | | | | 11.98 | | 78.85 fee schedule | |
| BKR CHG LEGIONELLA PNEUMOPHILA | 87278 | CPT | | | | outpatient | | | 164 | 17.94 | Consumer | Consumer | 155.8 | 95 | | | 11.99 | | 155.8 percent of total billed charges | |
| BKR CHG LEGIONELLA PNEUMOPHILA | 87278 | CPT | | | | outpatient | | | 164 | 17.94 | Americare | Americare | 123 | 75 | | | 11.99 | | 155.8 percent of total billed charges | |
| BKR CHG LEGIONELLA PNEUMOPHILA | 87278 | CPT | | | | outpatient | | | 164 | 17.94 | UHC | Medicare | 15.6 | | | | 11.99 | | 155.8 fee schedule | |
| BKR CHG LEGIONELLA PNEUMOPHILA | 87278 | CPT | | | | outpatient | | | 164 | 17.94 | Horizon | Indemnity | 62.78 | 38.28 | | | 11.99 | | 155.8 percent of total billed charges | |
| BKR CHG LEGIONELLA PNEUMOPHILA | 87278 | CPT | | | | outpatient | | | 164 | 17.94 | Aetna | Better Health | 51.74 | 31.55 | | | 11.99 | | 155.8 percent of total billed charges | |
| BKR CHG LEGIONELLA PNEUMOPHILA | 87278 | CPT | | | | outpatient | | | 164 | 17.94 | First Trenton | First Trenton | 147.6 | 90 | | | 11.99 | | 155.8 percent of total billed charges | |
| BKR CHG LEGIONELLA PNEUMOPHILA | 87278 | CPT | | | | outpatient | | | 164 | 17.94 | Aetna | Medicare | 50.51 | 30.8 | | | 11.99 | | 155.8 percent of total billed charges | |
| BKR CHG LEGIONELLA PNEUMOPHILA | 87278 | CPT | | | | outpatient | | | 164 | 17.94 | Multiplan | Multiplan | 131.2 | 80 | | | 11.99 | | 155.8 percent of total billed charges | |
| BKR CHG LEGIONELLA PNEUMOPHILA | 87278 | CPT | | | | outpatient | | | 164 | 17.94 | Corrections | Corrections | 131.2 | 80 | | | 11.99 | | 155.8 percent of total billed charges | |
| BKR CHG LEGIONELLA PNEUMOPHILA | 87278 | CPT | | | | outpatient | | | 164 | 17.94 | Amerihealth | HMO/PPO | 15.2 | | | | 11.99 | | 155.8 fee schedule | |
| BKR CHG LEGIONELLA PNEUMOPHILA | 87278 | CPT | | | | outpatient | | | 164 | 17.94 | Amerihealth | Medicare | 15.6 | | | | 11.99 | | 155.8 fee schedule | |
| BKR CHG LEGIONELLA PNEUMOPHILA | 87278 | CPT | | | | outpatient | | | 164 | 17.94 | Qualcare | Qualcare | 123 | 75 | | | 11.99 | | 155.8 percent of total billed charges | |
| BKR CHG LEGIONELLA PNEUMOPHILA | 87278 | CPT | | | | outpatient | | | 164 | 17.94 | First Health | First Health | 114.8 | 70 | | | 11.99 | | 155.8 percent of total billed charges | |
| BKR CHG LEGIONELLA PNEUMOPHILA | 87278 | CPT | | | | outpatient | | | 164 | 17.94 | Horizon | PPO | 62.78 | 38.28 | | | 11.99 | | 155.8 percent of total billed charges | |
| BKR CHG LEGIONELLA PNEUMOPHILA | 87278 | CPT | | | | outpatient | | | 164 | 17.94 | Horizon | MGD | 62.78 | 38.28 | | | 11.99 | | 155.8 percent of total billed charges | |
| BKR CHG LEGIONELLA PNEUMOPHILA | 87278 | CPT | | | | outpatient | | | 164 | 17.94 | Managed Care Inc | Managed Care Inc | 147.6 | 90 | | | 11.99 | | 155.8 percent of total billed charges | |
| BKR CHG LEGIONELLA PNEUMOPHILA | 87278 | CPT | | | | outpatient | | | 164 | 17.94 | Horizon | Medicare Blue | 49.2 | 30 | | | 11.99 | | 155.8 percent of total billed charges | |
| BKR CHG LEGIONELLA PNEUMOPHILA | 87278 | CPT | | | | outpatient | | | 164 | 17.94 | UHC | Medicaid | 11.99 | | | | 11.99 | | 155.8 fee schedule | |
| BKR CHG LEGIONELLA PNEUMOPHILA | 87278 | CPT | | | | outpatient | | | 164 | 17.94 | WellPoint | WellPoint | 52.78 | 32.18 | | | 11.99 | | 155.8 percent of total billed charges | |
| BKR CHG LEGIONELLA PNEUMOPHILA | 87278 | CPT | | | | outpatient | | | 164 | 17.94 | Wellcare | Medicaid | 11.99 | | | | 11.99 | | 155.8 fee schedule | |
| BKR CHG LEGIONELLA PNEUMOPHILA | 87278 | CPT | | | | outpatient | | | 164 | 17.94 | Horizon | NJ Health | 12.23 | | | | 11.99 | | 155.8 fee schedule | |
| BKR CHG LEGIONELLA PNEUMOPHILA | 87278 | CPT | | | | outpatient | | | 164 | 17.94 | Wellcare | Medicare | 15.6 | | | | 11.99 | | 155.8 fee schedule | |
| BKR CHG LEGIONELLA PNEUMOPHILA | 87278 | CPT | | | | outpatient | | | 164 | 17.94 | Three Rivers | Three Rivers | 155.8 | 95 | | | 11.99 | | 155.8 percent of total billed charges | |
| BKR CHG PNEUMOCYSTIS SMEAR DFA | 87281 | CPT | | | | inpatient | | | 175 | 13.78 | First Trenton | First Trenton | 157.5 | 90 | | | 11.98 | | 166.25 percent of total billed charges | |
| BKR CHG PNEUMOCYSTIS SMEAR DFA | 87281 | CPT | | | | inpatient | | | 175 | 13.78 | Aetna | Better Health | 55.21 | 31.55 | | | 11.98 | | 166.25 percent of total billed charges | |
| BKR CHG PNEUMOCYSTIS SMEAR DFA | 87281 | CPT | | | | inpatient | | | 175 | 13.78 | Multiplan | Multiplan | 140 | 80 | | | 11.98 | | 166.25 percent of total billed charges | |
| BKR CHG PNEUMOCYSTIS SMEAR DFA | 87281 | CPT | | | | inpatient | | | 175 | 13.78 | Aetna | Medicare | 53.9 | 30.8 | | | 11.98 | | 166.25 percent of total billed charges | |
| BKR CHG PNEUMOCYSTIS SMEAR DFA | 87281 | CPT | | | | inpatient | | | 175 | 13.78 | Horizon | Medicare Blue | 52.5 | 30 | | | 11.98 | | 166.25 percent of total billed charges | |
| BKR CHG PNEUMOCYSTIS SMEAR DFA | 87281 | CPT | | | | inpatient | | | 175 | 13.78 | Consumer | Consumer | 166.25 | 95 | | | 11.98 | | 166.25 percent of total billed charges | |
| BKR CHG PNEUMOCYSTIS SMEAR DFA | 87281 | CPT | | | | inpatient | | | 175 | 13.78 | Amerihealth | Medicare | 11.98 | | | | 11.98 | | 166.25 fee schedule | |
| BKR CHG PNEUMOCYSTIS SMEAR DFA | 87281 | CPT | | | | inpatient | | | 175 | 13.78 | Americare | Americare | 131.25 | 75 | | | 11.98 | | 166.25 percent of total billed charges | |
| BKR CHG PNEUMOCYSTIS SMEAR DFA | 87281 | CPT | | | | inpatient | | | 175 | 13.78 | Horizon | Indemnity | 66.99 | 38.28 | | | 11.98 | | 166.25 percent of total billed charges | |
| BKR CHG PNEUMOCYSTIS SMEAR DFA | 87281 | CPT | | | | inpatient | | | 175 | 13.78 | UHC | Medicaid | 12.18 | | | | 11.98 | | 166.25 fee schedule | |
| BKR CHG PNEUMOCYSTIS SMEAR DFA | 87281 | CPT | | | | inpatient | | | 175 | 13.78 | Qualcare | Qualcare | 131.25 | 75 | | | 11.98 | | 166.25 percent of total billed charges | |
| BKR CHG PNEUMOCYSTIS SMEAR DFA | 87281 | CPT | | | | inpatient | | | 175 | 13.78 | Amerihealth | HMO/PPO | 15.2 | | | | 11.98 | | 166.25 fee schedule | |
| BKR CHG PNEUMOCYSTIS SMEAR DFA | 87281 | CPT | | | | inpatient | | | 175 | 13.78 | UHC | Medicare | 11.98 | | | | 11.98 | | 166.25 fee schedule | |
| BKR CHG PNEUMOCYSTIS SMEAR DFA | 87281 | CPT | | | | inpatient | | | 175 | 13.78 | Corrections | Corrections | 140 | 80 | | | 11.98 | | 166.25 percent of total billed charges | |
| BKR CHG PNEUMOCYSTIS SMEAR DFA | 87281 | CPT | | | | inpatient | | | 175 | 13.78 | First Health | First Health | 122.5 | 70 | | | 11.98 | | 166.25 percent of total billed charges | |
| BKR CHG PNEUMOCYSTIS SMEAR DFA | 87281 | CPT | | | | inpatient | | | 175 | 13.78 | Horizon | MGD | 66.99 | 38.28 | | | 11.98 | | 166.25 percent of total billed charges | |
| BKR CHG PNEUMOCYSTIS SMEAR DFA | 87281 | CPT | | | | inpatient | | | 175 | 13.78 | Managed Care Inc | Managed Care Inc | 157.5 | 90 | | | 11.98 | | 166.25 percent of total billed charges | |
| BKR CHG PNEUMOCYSTIS SMEAR DFA | 87281 | CPT | | | | inpatient | | | 175 | 13.78 | Horizon | NJ Health | 12.23 | | | | 11.98 | | 166.25 fee schedule | |
| BKR CHG PNEUMOCYSTIS SMEAR DFA | 87281 | CPT | | | | inpatient | | | 175 | 13.78 | Horizon | PPO | 66.99 | 38.28 | | | 11.98 | | 166.25 percent of total billed charges | |
| BKR CHG PNEUMOCYSTIS SMEAR DFA | 87281 | CPT | | | | inpatient | | | 175 | 13.78 | Wellcare | Medicaid | 12.18 | | | | 11.98 | | 166.25 fee schedule | |
| BKR CHG PNEUMOCYSTIS SMEAR DFA | 87281 | CPT | | | | inpatient | | | 175 | 13.78 | Wellcare | Medicare | 11.98 | | | | 11.98 | | 166.25 fee schedule | |
| BKR CHG PNEUMOCYSTIS SMEAR DFA | 87281 | CPT | | | | inpatient | | | 175 | 13.78 | Three Rivers | Three Rivers | 166.25 | 95 | | | 11.98 | | 166.25 percent of total billed charges | |
| BKR CHG PNEUMOCYSTIS SMEAR DFA | 87281 | CPT | | | | inpatient | | | 175 | 13.78 | WellPoint | WellPoint | 56.32 | 32.18 | | | 11.98 | | 166.25 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG ASPRGILLUS GALACTOMANNAN AG | 87305 | CPT | | | | both | | | 478 | 13.78 | Multiplan | Multiplan | 382.4 | 80 | | | 9.58 | 454.1 | percent of total billed charges | |
| BKR CHG ASPRGILLUS GALACTOMANNAN AG | 87305 | CPT | | | | both | | | 478 | 13.78 | Horizon | PPO | 182.98 | 38.28 | | 51.24 | 9.58 | 454.1 | percent of total billed charges | |
| BKR CHG ASPRGILLUS GALACTOMANNAN AG | 87305 | CPT | | | | both | | | 478 | 13.78 | Horizon | Medicare Blue | 143.4 | 30 | | | 9.58 | 454.1 | percent of total billed charges | |
| BKR CHG ASPRGILLUS GALACTOMANNAN AG | 87305 | CPT | | | | both | | | 478 | 13.78 | Aetna | Better Health | 150.81 | 31.55 | | | 9.58 | 454.1 | percent of total billed charges | |
| BKR CHG GALACTOMANNAN SERUM | 87305 | CPT | | | | both | | | 478 | 13.78 | Amerihealth | Medicare | 11.98 | | | | 9.58 | 454.1 | fee schedule | |
| BKR CHG ASPRGILLUS GALACTOMANNAN AG | 87305 | CPT | | | | both | | | 478 | 13.78 | Aetna | Medicare | 147.22 | 30.8 | | 50.37 | 9.58 | 454.1 | percent of total billed charges | |
| BKR CHG ASPRGILLUS GALACTOMANNAN AG | 87305 | CPT | | | | both | | | 478 | 13.78 | First Trenton | First Trenton | 430.2 | 90 | | | 9.58 | 454.1 | percent of total billed charges | |
| BKR CHG ASPRGILLUS GALACTOMANNAN AG | 87305 | CPT | | | | both | | | 478 | 13.78 | Consumer | Consumer | 454.1 | 95 | | | 9.58 | 454.1 | percent of total billed charges | |
| BKR CHG ASPRGILLUS GALACTOMANNAN AG | 87305 | CPT | | | | both | | | 478 | 13.78 | Qualcare | Qualcare | 358.5 | 75 | | | 9.58 | 454.1 | percent of total billed charges | |
| BKR CHG ASPRGILLUS GALACTOMANNAN AG | 87305 | CPT | | | | both | | | 478 | 13.78 | Americare | Americare | 358.5 | 75 | | | 9.58 | 454.1 | percent of total billed charges | |
| BKR CHG ASPRGILLUS GALACTOMANNAN AG | 87305 | CPT | | | | both | | | 478 | 13.78 | Managed Care Inc | Managed Care Inc | 430.2 | 90 | | | 9.58 | 454.1 | percent of total billed charges | |
| BKR CHG GALACTOMANNAN SERUM | 87305 | CPT | | | | both | | | 478 | 13.78 | UHC | Medicaid | 9.58 | | | | 9.58 | 454.1 | fee schedule | |
| BKR CHG ASPRGILLUS GALACTOMANNAN AG | 87305 | CPT | | | | both | | | 478 | 13.78 | First Health | First Health | 334.6 | 70 | | | 9.58 | 454.1 | percent of total billed charges | |
| BKR CHG GALACTOMANNAN SERUM | 87305 | CPT | | | | both | | | 478 | 13.78 | Amerihealth | HMO/PPO | 26 | | | | 9.58 | 454.1 | fee schedule | |
| BKR CHG ASPRGILLUS GALACTOMANNAN AG | 87305 | CPT | | | | both | | | 478 | 13.78 | Horizon | Indemnity | 182.98 | 38.28 | | | 9.58 | 454.1 | percent of total billed charges | |
| BKR CHG ASPRGILLUS GALACTOMANNAN AG | 87305 | CPT | | | | both | | | 478 | 13.78 | Corrections | Corrections | 382.4 | 80 | | | 9.58 | 454.1 | percent of total billed charges | |
| BKR CHG GALACTOMANNAN SERUM | 87305 | CPT | | | | both | | | 478 | 13.78 | UHC | Medicare | 11.98 | | | 20.58 | 9.58 | 454.1 | fee schedule | |
| BKR CHG GALACTOMANNAN SERUM | 87305 | CPT | | | | both | | | 478 | 13.78 | Wellcare | Medicaid | 9.58 | | | | 9.58 | 454.1 | fee schedule | |
| BKR CHG GALACTOMANNAN SERUM | 87305 | CPT | | | | both | | | 478 | 13.78 | Wellcare | Medicare | 11.98 | | | | 9.58 | 454.1 | fee schedule | |
| BKR CHG ASPRGILLUS GALACTOMANNAN AG | 87305 | CPT | | | | both | | | 478 | 13.78 | Horizon | MGD | 182.98 | 38.28 | | 170.14 | 9.58 | 454.1 | percent of total billed charges | |
| BKR CHG ASPRGILLUS GALACTOMANNAN AG | 87305 | CPT | | | | both | | | 478 | 13.78 | WellPoint | WellPoint | 153.82 | 32.18 | | | 9.58 | 454.1 | percent of total billed charges | |
| BKR CHG GALACTOMANNAN SERUM | 87305 | CPT | | | | both | | | 478 | 13.78 | Horizon | NJ Health | 30.16 | | | 5.9 | 9.58 | 454.1 | fee schedule | |
| BKR CHG ASPRGILLUS GALACTOMANNAN AG | 87305 | CPT | | | | both | | | 478 | 13.78 | Three Rivers | Three Rivers | 454.1 | 95 | | | 9.58 | 454.1 | percent of total billed charges | |
| BKR CHG CLOSTRIDIUM DIFFICILE TOXIN | 87324 | CPT | | | | both | | | 448 | 13.78 | Americare | Americare | 336 | 75 | | | 11.98 | 425.6 | percent of total billed charges | |
| BKR CHG CLOSTRIDIUM DIFFICILE TOXIN | 87324 | CPT | | | | both | | | 448 | 13.78 | Amerihealth | Medicare | 11.98 | | | | 11.98 | 425.6 | fee schedule | |
| BKR CHG CLOSTRIDIUM DIFFICILE TOXIN | 87324 | CPT | | | | both | | | 448 | 13.78 | Amerihealth | HMO/PPO | 15.2 | | | 40.39 | 11.98 | 425.6 | fee schedule | |
| BKR CHG CLOSTRIDIUM DIFFICILE TOXIN | 87324 | CPT | | | | both | | | 448 | 13.78 | Consumer | Consumer | 425.6 | 95 | | | 11.98 | 425.6 | percent of total billed charges | |
| BKR CHG CLOSTRIDIUM DIFFICILE TOXIN | 87324 | CPT | | | | both | | | 448 | 13.78 | First Trenton | First Trenton | 403.2 | 90 | | | 11.98 | 425.6 | percent of total billed charges | |
| BKR CHG CLOSTRIDIUM DIFFICILE TOXIN | 87324 | CPT | | | | both | | | 448 | 13.78 | Aetna | Medicare | 137.98 | 30.8 | | | 11.98 | 425.6 | percent of total billed charges | |
| BKR CHG CLOSTRIDIUM DIFFICILE TOXIN | 87324 | CPT | | | | both | | | 448 | 13.78 | Horizon | Indemnity | 171.49 | 38.28 | | | 11.98 | 425.6 | percent of total billed charges | |
| BKR CHG CLOSTRIDIUM DIFFICILE TOXIN | 87324 | CPT | | | | both | | | 448 | 13.78 | Aetna | Better Health | 141.34 | 31.55 | | 95.99 | 11.98 | 425.6 | percent of total billed charges | |
| BKR CHG CLOSTRIDIUM DIFFICILE TOXIN | 87324 | CPT | | | | both | | | 448 | 13.78 | Horizon | MGD | 171.49 | 38.28 | | 128.81 | 11.98 | 425.6 | percent of total billed charges | |
| BKR CHG CLOSTRIDIUM DIFFICILE TOXIN | 87324 | CPT | | | | both | | | 448 | 13.78 | First Health | First Health | 313.6 | 70 | | | 11.98 | 425.6 | percent of total billed charges | |
| BKR CHG CLOSTRIDIUM DIFFICILE TOXIN | 87324 | CPT | | | | both | | | 448 | 13.78 | Horizon | NJ Health | 12.23 | | | 19.61 | 11.98 | 425.6 | fee schedule | |
| BKR CHG CLOSTRIDIUM DIFFICILE TOXIN | 87324 | CPT | | | | both | | | 448 | 13.78 | Horizon | Medicare Blue | 134.4 | 30 | | | 11.98 | 425.6 | percent of total billed charges | |
| BKR CHG CLOSTRIDIUM DIFFICILE TOXIN | 87324 | CPT | | | | both | | | 448 | 13.78 | Horizon | PPO | 171.49 | 38.28 | | 93.74 | 11.98 | 425.6 | percent of total billed charges | |
| BKR CHG CLOSTRIDIUM DIFFICILE TOXIN | 87324 | CPT | | | | both | | | 448 | 13.78 | Corrections | Corrections | 358.4 | 80 | | | 11.98 | 425.6 | percent of total billed charges | |
| BKR CHG CLOSTRIDIUM DIFFICILE TOXIN | 87324 | CPT | | | | both | | | 448 | 13.78 | Multiplan | Multiplan | 358.4 | 80 | | | 11.98 | 425.6 | percent of total billed charges | |
| BKR CHG CLOSTRIDIUM DIFFICILE TOXIN | 87324 | CPT | | | | both | | | 448 | 13.78 | Managed Care Inc | Managed Care Inc | 403.2 | 90 | | | 11.98 | 425.6 | percent of total billed charges | |
| BKR CHG CLOSTRIDIUM DIFFICILE TOXIN | 87324 | CPT | | | | both | | | 448 | 13.78 | Wellcare | Medicaid | 12.5 | | | | 11.98 | 425.6 | fee schedule | |
| BKR CHG CLOSTRIDIUM DIFFICILE TOXIN | 87324 | CPT | | | | both | | | 448 | 13.78 | UHC | Medicaid | 12.5 | | | 122.08 | 11.98 | 425.6 | fee schedule | |
| BKR CHG CLOSTRIDIUM DIFFICILE TOXIN | 87324 | CPT | | | | both | | | 448 | 13.78 | Qualcare | Qualcare | 336 | 75 | | | 11.98 | 425.6 | percent of total billed charges | |
| BKR CHG CLOSTRIDIUM DIFFICILE TOXIN | 87324 | CPT | | | | both | | | 448 | 13.78 | Three Rivers | Three Rivers | 425.6 | 95 | | | 11.98 | 425.6 | percent of total billed charges | |
| BKR CHG CLOSTRIDIUM DIFFICILE TOXIN | 87324 | CPT | | | | both | | | 448 | 13.78 | Wellcare | Medicare | 11.98 | | | | 11.98 | 425.6 | fee schedule | |
| BKR CHG CLOSTRIDIUM DIFFICILE TOXIN | 87324 | CPT | | | | both | | | 448 | 13.78 | UHC | Medicare | 11.98 | | | 69.98 | 11.98 | 425.6 | fee schedule | |
| BKR CHG CLOSTRIDIUM DIFFICILE TOXIN | 87324 | CPT | | | | both | | | 448 | 13.78 | WellPoint | WellPoint | 144.17 | 32.18 | | | 11.98 | 425.6 | percent of total billed charges | |
| BKR CHG GIARDIA LAMBLIA AG EIA | 87329 | CPT | | | | both | | | 200 | 13.78 | Corrections | Corrections | 160 | 80 | | | 11.98 | 190 | percent of total billed charges | |
| BKR CHG GIARDIA LAMBLIA AG EIA | 87329 | CPT | | | | both | | | 200 | 13.78 | WellPoint | WellPoint | 64.36 | 32.18 | | | 11.98 | 190 | percent of total billed charges | |
| BKR CHG GIARDIA LAMBLIA AG EIA | 87329 | CPT | | | | both | | | 200 | 13.78 | Aetna | Better Health | 63.1 | 31.55 | | | 11.98 | 190 | percent of total billed charges | |
| BKR CHG GIARDIA LAMBLIA AG EIA | 87329 | CPT | | | | both | | | 200 | 13.78 | Horizon | Indemnity | 76.56 | 38.28 | | | 11.98 | 190 | percent of total billed charges | |
| BKR CHG GIARDIA LAMBLIA AG EIA | 87329 | CPT | | | | both | | | 200 | 13.78 | First Trenton | First Trenton | 180 | 90 | | | 11.98 | 190 | percent of total billed charges | |
| BKR CHG GIARDIA LAMBLIA AG EIA | 87329 | CPT | | | | both | | | 200 | 13.78 | Aetna | Medicare | 61.6 | 30.8 | | | 11.98 | 190 | percent of total billed charges | |
| BKR CHG GIARDIA LAMBLIA AG EIA | 87329 | CPT | | | | both | | | 200 | 13.78 | First Health | First Health | 140 | 70 | | | 11.98 | 190 | percent of total billed charges | |
| BKR CHG GIARDIA LAMBLIA AG EIA | 87329 | CPT | | | | both | | | 200 | 13.78 | Amerihealth | HMO/PPO | 15.2 | | | | 11.98 | 190 | fee schedule | |
| BKR CHG GIARDIA LAMBLIA AG EIA | 87329 | CPT | | | | both | | | 200 | 13.78 | Horizon | MGD | 76.56 | 38.28 | | | 11.98 | 190 | percent of total billed charges | |
| BKR CHG GIARDIA LAMBLIA AG EIA | 87329 | CPT | | | | both | | | 200 | 13.78 | Wellcare | Medicaid | 12 | | | | 11.98 | 190 | fee schedule | |
| BKR CHG GIARDIA LAMBLIA AG EIA | 87329 | CPT | | | | both | | | 200 | 13.78 | Americare | Americare | 150 | 75 | | | 11.98 | 190 | percent of total billed charges | |
| BKR CHG GIARDIA LAMBLIA AG EIA | 87329 | CPT | | | | both | | | 200 | 13.78 | Amerihealth | Medicare | 11.98 | | | | 11.98 | 190 | fee schedule | |
| BKR CHG GIARDIA LAMBLIA AG EIA | 87329 | CPT | | | | both | | | 200 | 13.78 | Horizon | NJ Health | 23.52 | | | | 11.98 | 190 | fee schedule | |
| BKR CHG GIARDIA LAMBLIA AG EIA | 87329 | CPT | | | | both | | | 200 | 13.78 | Multiplan | Multiplan | 160 | 80 | | | 11.98 | 190 | percent of total billed charges | |
| BKR CHG GIARDIA LAMBLIA AG EIA | 87329 | CPT | | | | both | | | 200 | 13.78 | Horizon | PPO | 76.56 | 38.28 | | | 11.98 | 190 | percent of total billed charges | |
| BKR CHG GIARDIA LAMBLIA AG EIA | 87329 | CPT | | | | both | | | 200 | 13.78 | Consumer | Consumer | 190 | 95 | | | 11.98 | 190 | percent of total billed charges | |
| BKR CHG GIARDIA LAMBLIA AG EIA | 87329 | CPT | | | | both | | | 200 | 13.78 | Managed Care Inc | Managed Care Inc | 180 | 90 | | | 11.98 | 190 | percent of total billed charges | |
| BKR CHG GIARDIA LAMBLIA AG EIA | 87329 | CPT | | | | both | | | 200 | 13.78 | Qualcare | Qualcare | 150 | 75 | | | 11.98 | 190 | percent of total billed charges | |
| BKR CHG GIARDIA LAMBLIA AG EIA | 87329 | CPT | | | | both | | | 200 | 13.78 | Three Rivers | Three Rivers | 190 | 95 | | | 11.98 | 190 | percent of total billed charges | |
| BKR CHG GIARDIA LAMBLIA AG EIA | 87329 | CPT | | | | both | | | 200 | 13.78 | Horizon | Medicare Blue | 60 | 30 | | | 11.98 | 190 | percent of total billed charges | |
| BKR CHG GIARDIA LAMBLIA AG EIA | 87329 | CPT | | | | both | | | 200 | 13.78 | UHC | Medicare | 11.98 | | | | 11.98 | 190 | fee schedule | |
| BKR CHG GIARDIA LAMBLIA AG EIA | 87329 | CPT | | | | both | | | 200 | 13.78 | UHC | Medicaid | 12 | | | | 11.98 | 190 | fee schedule | |
| BKR CHG GIARDIA LAMBLIA AG EIA | 87329 | CPT | | | | both | | | 200 | 13.78 | Wellcare | Medicare | 11.98 | | | | 11.98 | 190 | fee schedule | |
| BKR CHG ENTAMOEBA HISTOLYTICA AG EIA (0058001) | 87337 | CPT | | | | outpatient | | | 147 | 13.78 | Corrections | Corrections | 117.6 | 80 | | | 11.98 | 139.65 | percent of total billed charges | |
| BKR CHG ENTAMOEBA HISTOLYTICA AG EIA (0058001) | 87337 | CPT | | | | outpatient | | | 147 | 13.78 | First Trenton | First Trenton | 132.3 | 90 | | | 11.98 | 139.65 | percent of total billed charges | |
| BKR CHG ENTAMOEBA HISTOLYTICA AG EIA (0058001) | 87337 | CPT | | | | outpatient | | | 147 | 13.78 | UHC | Medicaid | 12.18 | | | | 11.98 | 139.65 | fee schedule | |
| BKR CHG ENTAMOEBA HISTOLYTICA AG EIA (0058001) | 87337 | CPT | | | | outpatient | | | 147 | 13.78 | Amerihealth | Medicare | 11.98 | | | | 11.98 | 139.65 | fee schedule | |
| BKR CHG ENTAMOEBA HISTOLYTICA AG EIA (0058001) | 87337 | CPT | | | | outpatient | | | 147 | 13.78 | Aetna | Better Health | 46.38 | 31.55 | | | 11.98 | 139.65 | percent of total billed charges | |
| BKR CHG ENTAMOEBA HISTOLYTICA AG EIA (0058001) | 87337 | CPT | | | | outpatient | | | 147 | 13.78 | Horizon | Medicare Blue | 44.1 | 30 | | | 11.98 | 139.65 | percent of total billed charges | |
| BKR CHG ENTAMOEBA HISTOLYTICA AG EIA (0058001) | 87337 | CPT | | | | outpatient | | | 147 | 13.78 | Aetna | Medicare | 45.28 | 30.8 | | | 11.98 | 139.65 | percent of total billed charges | |
| BKR CHG ENTAMOEBA HISTOLYTICA AG EIA (0058001) | 87337 | CPT | | | | outpatient | | | 147 | 13.78 | First Health | First Health | 102.9 | 70 | | | 11.98 | 139.65 | percent of total billed charges | |
| BKR CHG ENTAMOEBA HISTOLYTICA AG EIA (0058001) | 87337 | CPT | | | | outpatient | | | 147 | 13.78 | Wellcare | Medicaid | 12.18 | | | | 11.98 | 139.65 | fee schedule | |
| BKR CHG ENTAMOEBA HISTOLYTICA AG EIA (0058001) | 87337 | CPT | | | | outpatient | | | 147 | 13.78 | Horizon | Indemnity | 56.27 | 38.28 | | | 11.98 | 139.65 | percent of total billed charges | |
| BKR CHG ENTAMOEBA HISTOLYTICA AG EIA (0058001) | 87337 | CPT | | | | outpatient | | | 147 | 13.78 | Wellcare | Medicare | 11.98 | | | | 11.98 | 139.65 | fee schedule | |
| BKR CHG ENTAMOEBA HISTOLYTICA AG EIA (0058001) | 87337 | CPT | | | | outpatient | | | 147 | 13.78 | Consumer | Consumer | 139.65 | 95 | | | 11.98 | 139.65 | percent of total billed charges | |
| BKR CHG ENTAMOEBA HISTOLYTICA AG EIA (0058001) | 87337 | CPT | | | | outpatient | | | 147 | 13.78 | WellPoint | WellPoint | 47.3 | 32.18 | | | 11.98 | 139.65 | percent of total billed charges | |
| BKR CHG ENTAMOEBA HISTOLYTICA AG EIA (0058001) | 87337 | CPT | | | | outpatient | | | 147 | 13.78 | Horizon | PPO | 56.27 | 38.28 | | | 11.98 | 139.65 | percent of total billed charges | |
| BKR CHG ENTAMOEBA HISTOLYTICA AG EIA (0058001) | 87337 | CPT | | | | outpatient | | | 147 | 13.78 | Americare | Americare | 110.25 | 75 | | | 11.98 | 139.65 | percent of total billed charges | |
| BKR CHG ENTAMOEBA HISTOLYTICA AG EIA (0058001) | 87337 | CPT | | | | outpatient | | | 147 | 13.78 | Multiplan | Multiplan | 117.6 | 80 | | | 11.98 | 139.65 | percent of total billed charges | |
| BKR CHG ENTAMOEBA HISTOLYTICA AG EIA (0058001) | 87337 | CPT | | | | outpatient | | | 147 | 13.78 | Amerihealth | HMO/PPO | 15.2 | | | | 11.98 | 139.65 | fee schedule | |
| BKR CHG ENTAMOEBA HISTOLYTICA AG EIA (0058001) | 87337 | CPT | | | | outpatient | | | 147 | 13.78 | Managed Care Inc | Managed Care Inc | 132.3 | 90 | | | 11.98 | 139.65 | percent of total billed charges | |
| BKR CHG ENTAMOEBA HISTOLYTICA AG EIA (0058001) | 87337 | CPT | | | | outpatient | | | 147 | 13.78 | Horizon | MGD | 56.27 | 38.28 | | | 11.98 | 139.65 | percent of total billed charges | |
| BKR CHG ENTAMOEBA HISTOLYTICA AG EIA (0058001) | 87337 | CPT | | | | outpatient | | | 147 | 13.78 | Horizon | NJ Health | 12.23 | | | | 11.98 | 139.65 | fee schedule | |
| BKR CHG ENTAMOEBA HISTOLYTICA AG EIA (0058001) | 87337 | CPT | | | | outpatient | | | 147 | 13.78 | Three Rivers | Three Rivers | 139.65 | 95 | | | 11.98 | 139.65 | percent of total billed charges | |
| BKR CHG ENTAMOEBA HISTOLYTICA AG EIA (0058001) | 87337 | CPT | | | | outpatient | | | 147 | 13.78 | Qualcare | Qualcare | 110.25 | 75 | | | 11.98 | 139.65 | percent of total billed charges | |
| BKR CHG ENTAMOEBA HISTOLYTICA AG EIA (0058001) | 87337 | CPT | | | | outpatient | | | 147 | 13.78 | UHC | Medicare | 11.98 | | | | 11.98 | 139.65 | fee schedule | |
| BKR CHG HELICOBACTER PYLORI,STOOL ANTIGEN | 87338 | CPT | | | | both | | | 160 | 16.54 | Horizon | Indemnity | 61.25 | 38.28 | | 25.17 | 9 | 152 | percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI,STOOL ANTIGEN | 87338 | CPT | | | | both | | | 160 | 16.54 | Aetna | Better Health | 50.48 | 31.55 | | 18 | 9 | 152 | percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI,STOOL ANTIGEN | 87338 | CPT | | | | both | | | 160 | 16.54 | Aetna | Medicare | 49.28 | 30.8 | | | 9 | 152 | percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI,STOOL ANTIGEN | 87338 | CPT | | | | both | | | 160 | 16.54 | First Trenton | First Trenton | 144 | 90 | | | 9 | 152 | percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI,STOOL ANTIGEN | 87338 | CPT | | | | both | | | 160 | 16.54 | Amerihealth | HMO/PPO | 16 | | | 10.47 | 9 | 152 | fee schedule | |
| BKR CHG HELICOBACTER PYLORI,STOOL ANTIGEN | 87338 | CPT | | | | both | | | 160 | 16.54 | Consumer | Consumer | 152 | 95 | | | 9 | 152 | percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI,STOOL ANTIGEN | 87338 | CPT | | | | both | | | 160 | 16.54 | Horizon | MGD | 61.25 | 38.28 | | 34.49 | 9 | 152 | percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI,STOOL ANTIGEN | 87338 | CPT | | | | both | | | 160 | 16.54 | Corrections | Corrections | 128 | 80 | | | 9 | 152 | percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI,STOOL ANTIGEN | 87338 | CPT | | | | both | | | 160 | 16.54 | Wellcare | Medicare | 14.38 | | | | 9 | 152 | fee schedule | |
| BKR CHG HELICOBACTER PYLORI,STOOL ANTIGEN | 87338 | CPT | | | | both | | | 160 | 16.54 | Americare | Americare | 120 | 75 | | | 9 | 152 | percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI,STOOL ANTIGEN | 87338 | CPT | | | | both | | | 160 | 16.54 | Horizon | PPO | 61.25 | 38.28 | | 28.8 | 9 | 152 | percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI,STOOL ANTIGEN | 87338 | CPT | | | | both | | | 160 | 16.54 | Horizon | Medicare Blue | 48 | 30 | | 10.2 | 9 | 152 | percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI,STOOL ANTIGEN | 87338 | CPT | | | | both | | | 160 | 16.54 | Amerihealth | Medicare | 14.38 | | | | 9 | 152 | fee schedule | |
| BKR CHG HELICOBACTER PYLORI,STOOL ANTIGEN | 87338 | CPT | | | | both | | | 160 | 16.54 | Multiplan | Multiplan | 128 | 80 | | | 9 | 152 | percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI,STOOL ANTIGEN | 87338 | CPT | | | | both | | | 160 | 16.54 | First Health | First Health | 112 | 70 | | | 9 | 152 | percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI,STOOL ANTIGEN | 87338 | CPT | | | | both | | | 160 | 16.54 | Wellcare | Medicaid | 9 | | | 24.41 | 9 | 152 | fee schedule | |
| BKR CHG HELICOBACTER PYLORI,STOOL ANTIGEN | 87338 | CPT | | | | both | | | 160 | 16.54 | UHC | Medicaid | 9 | | | 12.57 | 9 | 152 | fee schedule | |
| BKR CHG HELICOBACTER PYLORI,STOOL ANTIGEN | 87338 | CPT | | | | both | | | 160 | 16.54 | Qualcare | Qualcare | 120 | 75 | | | 9 | 152 | percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI,STOOL ANTIGEN | 87338 | CPT | | | | both | | | 160 | 16.54 | Horizon | NJ Health | 15.97 | | | 2.47 | 9 | 152 | fee schedule | |
| BKR CHG HELICOBACTER PYLORI,STOOL ANTIGEN | 87338 | CPT | | | | both | | | 160 | 16.54 | Managed Care Inc | Managed Care Inc | 144 | 90 | | | 9 | 152 | percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI,STOOL ANTIGEN | 87338 | CPT | | | | both | | | 160 | 16.54 | Three Rivers | Three Rivers | 152 | 95 | | | 9 | 152 | percent of total billed charges | |
| BKR CHG HELICOBACTER PYLORI,STOOL ANTIGEN | 87338 | CPT | | | | both | | | 160 | 16.54 | UHC | Medicare | 14.38 | | | 12.06 | 9 | 152 | fee schedule | |
| BKR CHG HELICOBACTER PYLORI,STOOL ANTIGEN | 87338 | CPT | | | | both | | | 160 | 16.54 | WellPoint | WellPoint | 51.49 | 32.18 | | 22.52 | 9 | 152 | percent of total billed charges | |
| BKR CHG HEPATITIS B SURFACE ANTIGEN | 87340 | CPT | | | | both | | | 97 | 11.88 | Aetna | Better Health | 30.6 | 31.55 | | 23.58 | 7.5 | 92.15 | percent of total billed charges | |
| BKR CHG HEPATITIS B SURFACE ANTIGEN | 87340 | CPT | | | | both | | | 97 | 11.88 | Amerihealth | Medicare | 10.33 | | | | 7.5 | 92.15 | fee schedule | |
| BKR CHG HEPATITIS B SURFACE ANTIGEN | 87340 | CPT | | | | both | | | 97 | 11.88 | Aetna | Medicare | 29.88 | 30.8 | | 11.43 | 7.5 | 92.15 | percent of total billed charges | |
| BKR CHG HEPATITIS B SURFACE ANTIGEN | 87340 | CPT | | | | both | | | 97 | 11.88 | Amerihealth | HMO/PPO | 14.3 | | | 9.16 | 7.5 | 92.15 | fee schedule | |
| BKR CHG HEPATITIS B SURFACE ANTIGEN | 87340 | CPT | | | | both | | | 97 | 11.88 | Wellcare | Medicaid | 14 | | | 16.52 | 7.5 | 92.15 | fee schedule | |
| BKR CHG HEPATITIS B SURFACE ANTIGEN | 87340 | CPT | | | | both | | | 97 | 11.88 | Americare | Americare | 72.75 | 75 | | | 7.5 | 92.15 | percent of total billed charges | |
| BKR CHG HEPATITIS B SURFACE ANTIGEN | 87340 | CPT | | | | both | | | 97 | 11.88 | First Health | First Health | 67.9 | 70 | | | 7.5 | 92.15 | percent of total billed charges | |
| BKR CHG HEPATITIS B SURFACE ANTIGEN | 87340 | CPT | | | | both | | | 97 | 11.88 | Horizon | Indemnity | 37.13 | 38.28 | | 17.82 | 7.5 | 92.15 | percent of total billed charges | |
| BKR CHG HEPATITIS B SURFACE ANTIGEN | 87340 | CPT | | | | both | | | 97 | 11.88 | Corrections | Corrections | 77.6 | 80 | | 20.76 | 7.5 | 92.15 | percent of total billed charges | |
| BKR CHG HEPATITIS B SURFACE ANTIGEN | 87340 | CPT | | | | both | | | 97 | 11.88 | Consumer | Consumer | 92.15 | 95 | | | 7.5 | 92.15 | percent of total billed charges | |
| BKR CHG HEPATITIS B SURFACE ANTIGEN | 87340 | CPT | | | | both | | | 97 | 11.88 | Horizon | NJ Health | 27.44 | | | 4.4 | 7.5 | 92.15 | fee schedule | |
| BKR CHG HEPATITIS B SURFACE ANTIGEN | 87340 | CPT | | | | both | | | 97 | 11.88 | Horizon | Medicare Blue | 29.1 | 30 | | 10.36 | 7.5 | 92.15 | percent of total billed charges | |
| BKR CHG HEPATITIS B SURFACE ANTIGEN | 87340 | CPT | | | | both | | | 97 | 11.88 | Horizon | PPO | 37.13 | 38.28 | | 14.65 | 7.5 | 92.15 | percent of total billed charges | |
| BKR CHG HEPATITIS B SURFACE ANTIGEN | 87340 | CPT | | | | both | | | 97 | 11.88 | Horizon | MGD | 37.13 | 38.28 | | 16.54 | 7.5 | 92.15 | percent of total billed charges | |
| BKR CHG HEPATITIS B SURFACE ANTIGEN | 87340 | CPT | | | | both | | | 97 | 11.88 | Wellcare | Medicare | 10.33 | | | 2.49 | 7.5 | 92.15 | fee schedule | |
| BKR CHG HEPATITIS B SURFACE ANTIGEN | 87340 | CPT | | | | both | | | 97 | 11.88 | Multiplan | Multiplan | 77.6 | 80 | | | 7.5 | 92.15 | percent of total billed charges | |
| BKR CHG HEPATITIS B SURFACE ANTIGEN | 87340 | CPT | | | | both | | | 97 | 11.88 | UHC | Medicare | 10.33 | | | 12.68 | 7.5 | 92.15 | fee schedule | |
| BKR CHG HEPATITIS B SURFACE ANTIGEN | 87340 | CPT | | | | both | | | 97 | 11.88 | First Trenton | First Trenton | 87.3 | 90 | | | 7.5 | 92.15 | percent of total billed charges | |
| BKR CHG HEPATITIS B SURFACE ANTIGEN | 87340 | CPT | | | | both | | | 97 | 11.88 | Qualcare | Qualcare | 72.75 | 75 | | | 7.5 | 92.15 | percent of total billed charges | |
| BKR CHG HEPATITIS B SURFACE ANTIGEN | 87340 | CPT | | | | both | | | 97 | 11.88 | Three Rivers | Three Rivers | 92.15 | 95 | | | 7.5 | 92.15 | percent of total billed charges | |
| BKR CHG HEPATITIS B SURFACE ANTIGEN | 87340 | CPT | | | | both | | | 97 | 11.88 | UHC | Medicaid | 14 | | | 18.08 | 7.5 | 92.15 | fee schedule | |
| BKR CHG HEPATITIS B SURFACE ANTIGEN | 87340 | CPT | | | | both | | | 97 | 11.88 | Managed Care Inc | Managed Care Inc | 87.3 | 90 | | | 7.5 | 92.15 | percent of total billed charges | |
| BKR CHG HEPATITIS B SURFACE ANTIGEN | 87340 | CPT | | | | both | | | 97 | 11.88 | WellPoint | WellPoint | 31.21 | 32.18 | | 17.04 | 7.5 | 92.15 | percent of total billed charges | |
| BKR CHG HEPATITIS BE ANTIGEN | 87350 | CPT | | | | both | | | 68 | 13.26 | Aetna | Better Health | 21.45 | 31.55 | | 3.16 | 7.8 | 64.6 | percent of total billed charges | |
| BKR CHG HEPATITIS BE ANTIGEN | 87350 | CPT | | | | both | | | 68 | 13.26 | Aetna | Medicare | 20.94 | 30.8 | | 2.83 | 7.8 | 64.6 | percent of total billed charges | |
| BKR CHG HEPATITIS BE ANTIGEN | 87350 | CPT | | | | both | | | 68 | 13.26 | Amerihealth | Medicare | 11.53 | | | | 7.8 | 64.6 | fee schedule | |
| BKR CHG HEPATITIS BE ANTIGEN | 87350 | CPT | | | | both | | | 68 | 13.26 | Multiplan | Multiplan | 54.4 | 80 | | | 7.8 | 64.6 | percent of total billed charges | |
| BKR CHG HEPATITIS BE ANTIGEN | 87350 | CPT | | | | both | | | 68 | 13.26 | First Health | First Health | 47.6 | 70 | | | 7.8 | 64.6 | percent of total billed charges | |
| BKR CHG HEPATITIS BE ANTIGEN | 87350 | CPT | | | | both | | | 68 | 13.26 | Horizon | MGD | 26.03 | 38.28 | | 1.16 | 7.8 | 64.6 | percent of total billed charges | |
| BKR CHG HEPATITIS BE ANTIGEN | 87350 | CPT | | | | both | | | 68 | 13.26 | Amerihealth | HMO/PPO | 15.9 | | | 1.28 | 7.8 | 64.6 | fee schedule | |
| BKR CHG HEPATITIS BE ANTIGEN | 87350 | CPT | | | | both | | | 68 | 13.26 | Americare | Americare | 51 | 75 | | | 7.8 | 64.6 | percent of total billed charges | |
| BKR CHG HEPATITIS BE ANTIGEN | 87350 | CPT | | | | both | | | 68 | 13.26 | UHC | Medicaid | 14 | | | 4.22 | 7.8 | 64.6 | fee schedule | |
| BKR CHG HEPATITIS BE ANTIGEN | 87350 | CPT | | | | both | | | 68 | 13.26 | Consumer | Consumer | 64.6 | 95 | | | 7.8 | 64.6 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG HEPATITIS BE ANTIGEN | 87350 | CPT | | | | both | | | 68 | 13.26 | Horizon | PPO | 26.03 | 38.28 | | | 7.8 | | 64.6 percent of total billed charges | |
| BKR CHG HEPATITIS BE ANTIGEN | 87350 | CPT | | | | both | | | 68 | 13.26 | Qualcare | Qualcare | 51 | | | | 7.8 | | 64.6 percent of total billed charges | |
| BKR CHG HEPATITIS BE ANTIGEN | 87350 | CPT | | | | both | | | 68 | 13.26 | First Trenton | First Trenton | 61.2 | 90 | | | 7.8 | | 64.6 percent of total billed charges | |
| BKR CHG HEPATITIS BE ANTIGEN | 87350 | CPT | | | | both | | | 68 | 13.26 | Corrections | Corrections | 54.4 | 80 | | | 7.8 | | 64.6 percent of total billed charges | |
| BKR CHG HEPATITIS BE ANTIGEN | 87350 | CPT | | | | both | | | 68 | 13.26 | Managed Care Inc | Managed Care Inc | 61.2 | 90 | | | 7.8 | | 64.6 percent of total billed charges | |
| BKR CHG HEPATITIS BE ANTIGEN | 87350 | CPT | | | | both | | | 68 | 13.26 | Horizon | Indemnity | 26.03 | 38.28 | | 1.54 | 7.8 | | 64.6 percent of total billed charges | |
| BKR CHG HEPATITIS BE ANTIGEN | 87350 | CPT | | | | both | | | 68 | 13.26 | WellPoint | WellPoint | 21.88 | 32.18 | | 7.33 | 7.8 | | 64.6 percent of total billed charges | |
| BKR CHG HEPATITIS BE ANTIGEN | 87350 | CPT | | | | both | | | 68 | 13.26 | Wellcare | Medicare | 11.53 | | | 0.64 | 7.8 | | 64.6 fee schedule | |
| BKR CHG HEPATITIS BE ANTIGEN | 87350 | CPT | | | | both | | | 68 | 13.26 | Horizon | Medicare Blue | 20.4 | 30 | | 0.82 | 7.8 | | 64.6 percent of total billed charges | |
| BKR CHG HEPATITIS BE ANTIGEN | 87350 | CPT | | | | both | | | 68 | 13.26 | Horizon | NJ Health | 12.8 | | | 0.58 | 7.8 | | 64.6 fee schedule | |
| BKR CHG HEPATITIS BE ANTIGEN | 87350 | CPT | | | | both | | | 68 | 13.26 | Three Rivers | Three Rivers | 64.6 | 95 | | | 7.8 | | 64.6 percent of total billed charges | |
| BKR CHG HEPATITIS BE ANTIGEN | 87350 | CPT | | | | both | | | 68 | 13.26 | UHC | Medicare | 11.53 | | | 1.61 | 7.8 | | 64.6 fee schedule | |
| BKR CHG HEPATITIS BE ANTIGEN | 87350 | CPT | | | | both | | | 68 | 13.26 | Wellcare | Medicaid | 14 | | | 8.09 | 7.8 | | 64.6 fee schedule | |
| BKR CHG HEPATITIS D IGG | 87380 | CPT | | | | outpatient | | | 269 | 21.11 | Americare | Americare | 201.75 | 75 | | | 18.23 | | 255.55 percent of total billed charges | |
| BKR CHG HEPATITIS D IGG | 87380 | CPT | | | | outpatient | | | 269 | 21.11 | Amerihealth | Medicare | 18.36 | | | | 18.23 | | 255.55 fee schedule | |
| BKR CHG HEPATITIS D IGG | 87380 | CPT | | | | outpatient | | | 269 | 21.11 | Corrections | Corrections | 215.2 | 80 | | | 18.23 | | 255.55 percent of total billed charges | |
| BKR CHG HEPATITIS D IGG | 87380 | CPT | | | | outpatient | | | 269 | 21.11 | Aetna | Medicare | 82.85 | 30.8 | | | 18.23 | | 255.55 percent of total billed charges | |
| BKR CHG HEPATITIS D IGG | 87380 | CPT | | | | outpatient | | | 269 | 21.11 | Consumer | Consumer | 255.55 | 95 | | | 18.23 | | 255.55 percent of total billed charges | |
| BKR CHG HEPATITIS D IGG | 87380 | CPT | | | | outpatient | | | 269 | 21.11 | Horizon | Indemnity | 102.97 | 38.28 | | | 18.23 | | 255.55 percent of total billed charges | |
| BKR CHG HEPATITIS D IGG | 87380 | CPT | | | | outpatient | | | 269 | 21.11 | Aetna | Better Health | 84.87 | 31.55 | | | 18.23 | | 255.55 percent of total billed charges | |
| BKR CHG HEPATITIS D IGG | 87380 | CPT | | | | outpatient | | | 269 | 21.11 | Amerihealth | HMO/PPO | 22.7 | | | | 18.23 | | 255.55 fee schedule | |
| BKR CHG HEPATITIS D IGG | 87380 | CPT | | | | outpatient | | | 269 | 21.11 | Multiplan | Multiplan | 215.2 | 80 | | | 18.23 | | 255.55 percent of total billed charges | |
| BKR CHG HEPATITIS D IGG | 87380 | CPT | | | | outpatient | | | 269 | 21.11 | First Trenton | First Trenton | 242.1 | 90 | | | 18.23 | | 255.55 percent of total billed charges | |
| BKR CHG HEPATITIS D IGG | 87380 | CPT | | | | outpatient | | | 269 | 21.11 | WellPoint | WellPoint | 86.56 | 32.18 | | | 18.23 | | 255.55 percent of total billed charges | |
| BKR CHG HEPATITIS D IGG | 87380 | CPT | | | | outpatient | | | 269 | 21.11 | Horizon | MGD | 102.97 | 38.28 | | | 18.23 | | 255.55 percent of total billed charges | |
| BKR CHG HEPATITIS D IGG | 87380 | CPT | | | | outpatient | | | 269 | 21.11 | Horizon | NJ Health | 18.23 | | | | 18.23 | | 255.55 fee schedule | |
| BKR CHG HEPATITIS D IGG | 87380 | CPT | | | | outpatient | | | 269 | 21.11 | Managed Care Inc | Managed Care Inc | 242.1 | 90 | | | 18.23 | | 255.55 percent of total billed charges | |
| BKR CHG HEPATITIS D IGG | 87380 | CPT | | | | outpatient | | | 269 | 21.11 | Horizon | Medicare Blue | 80.7 | 30 | | | 18.23 | | 255.55 percent of total billed charges | |
| BKR CHG HEPATITIS D IGG | 87380 | CPT | | | | outpatient | | | 269 | 21.11 | First Health | First Health | 188.3 | 70 | | | 18.23 | | 255.55 percent of total billed charges | |
| BKR CHG HEPATITIS D IGG | 87380 | CPT | | | | outpatient | | | 269 | 21.11 | Qualcare | Qualcare | 201.75 | 75 | | | 18.23 | | 255.55 percent of total billed charges | |
| BKR CHG HEPATITIS D IGG | 87380 | CPT | | | | outpatient | | | 269 | 21.11 | Horizon | PPO | 102.97 | 38.28 | | | 18.23 | | 255.55 percent of total billed charges | |
| BKR CHG HEPATITIS D IGG | 87380 | CPT | | | | outpatient | | | 269 | 21.11 | Wellcare | Medicaid | 20 | | | | 18.23 | | 255.55 fee schedule | |
| BKR CHG HEPATITIS D IGG | 87380 | CPT | | | | outpatient | | | 269 | 21.11 | UHC | Medicare | 18.36 | | | | 18.23 | | 255.55 fee schedule | |
| BKR CHG HEPATITIS D IGG | 87380 | CPT | | | | outpatient | | | 269 | 21.11 | Three Rivers | Three Rivers | 255.55 | 95 | | | 18.23 | | 255.55 percent of total billed charges | |
| BKR CHG HEPATITIS D IGG | 87380 | CPT | | | | outpatient | | | 269 | 21.11 | Wellcare | Medicare | 18.36 | | | | 18.23 | | 255.55 fee schedule | |
| BKR CHG HEPATITIS D IGG | 87380 | CPT | | | | outpatient | | | 269 | 21.11 | UHC | Medicaid | 20 | | | | 18.23 | | 255.55 fee schedule | |
| BKR CHG HISTOPLASMA GALACTOMANNAN AG | 87385 | CPT | | | | both | | | 201 | 15.24 | Americare | Americare | 150.75 | 75 | | | 11.99 | | 190.95 percent of total billed charges | |
| BKR CHG HISTOPLASMA GALACTOMANNAN AG | 87385 | CPT | | | | both | | | 201 | 15.24 | Aetna | Medicare | 61.91 | 30.8 | | 20.52 | 11.99 | | 190.95 percent of total billed charges | |
| BKR CHG HISTOPLASMA GALACTOMANNAN AG | 87385 | CPT | | | | both | | | 201 | 15.24 | UHC | Medicare | 13.25 | | | | 11.99 | | 190.95 fee schedule | |
| BKR CHG HISTOPLASMA GALACTOMANNAN AG | 87385 | CPT | | | | both | | | 201 | 15.24 | Horizon | Indemnity | 76.94 | 38.28 | | | 11.99 | | 190.95 percent of total billed charges | |
| BKR CHG HISTOPLASMA GALACTOMANNAN AG | 87385 | CPT | | | | both | | | 201 | 15.24 | Horizon | Medicare Blue | 60.3 | 30 | | | 11.99 | | 190.95 percent of total billed charges | |
| BKR CHG HISTOPLASMA GALACTOMANNAN AG | 87385 | CPT | | | | both | | | 201 | 15.24 | First Health | First Health | 140.7 | 70 | | | 11.99 | | 190.95 percent of total billed charges | |
| BKR CHG HISTOPLASMA GALACTOMANNAN AG | 87385 | CPT | | | | both | | | 201 | 15.24 | Amerihealth | Medicare | 13.25 | | | | 11.99 | | 190.95 fee schedule | |
| BKR CHG HISTOPLASMA GALACTOMANNAN AG | 87385 | CPT | | | | both | | | 201 | 15.24 | Aetna | Better Health | 63.42 | 31.55 | | | 11.99 | | 190.95 percent of total billed charges | |
| BKR CHG HISTOPLASMA GALACTOMANNAN AG | 87385 | CPT | | | | both | | | 201 | 15.24 | Amerihealth | HMO/PPO | 15.2 | | | | 11.99 | | 190.95 fee schedule | |
| BKR CHG HISTOPLASMA GALACTOMANNAN AG | 87385 | CPT | | | | both | | | 201 | 15.24 | Horizon | MGD | 76.94 | 38.28 | | | 11.99 | | 190.95 percent of total billed charges | |
| BKR CHG HISTOPLASMA GALACTOMANNAN AG | 87385 | CPT | | | | both | | | 201 | 15.24 | Wellcare | Medicare | 13.25 | | | | 11.99 | | 190.95 fee schedule | |
| BKR CHG HISTOPLASMA GALACTOMANNAN AG | 87385 | CPT | | | | both | | | 201 | 15.24 | Qualcare | Qualcare | 150.75 | 75 | | | 11.99 | | 190.95 percent of total billed charges | |
| BKR CHG HISTOPLASMA GALACTOMANNAN AG | 87385 | CPT | | | | both | | | 201 | 15.24 | Multiplan | Multiplan | 160.8 | 80 | | | 11.99 | | 190.95 percent of total billed charges | |
| BKR CHG HISTOPLASMA GALACTOMANNAN AG | 87385 | CPT | | | | both | | | 201 | 15.24 | Horizon | PPO | 76.94 | 38.28 | | | 11.99 | | 190.95 percent of total billed charges | |
| BKR CHG HISTOPLASMA GALACTOMANNAN AG | 87385 | CPT | | | | both | | | 201 | 15.24 | WellPoint | WellPoint | 64.68 | 32.18 | | | 11.99 | | 190.95 percent of total billed charges | |
| BKR CHG HISTOPLASMA GALACTOMANNAN AG | 87385 | CPT | | | | both | | | 201 | 15.24 | Consumer | Consumer | 190.95 | 95 | | | 11.99 | | 190.95 percent of total billed charges | |
| BKR CHG HISTOPLASMA GALACTOMANNAN AG | 87385 | CPT | | | | both | | | 201 | 15.24 | Horizon | NJ Health | 12.23 | | | 62.59 | 11.99 | | 190.95 fee schedule | |
| BKR CHG HISTOPLASMA GALACTOMANNAN AG | 87385 | CPT | | | | both | | | 201 | 15.24 | Three Rivers | Three Rivers | 190.95 | 95 | | | 11.99 | | 190.95 percent of total billed charges | |
| BKR CHG HISTOPLASMA GALACTOMANNAN AG | 87385 | CPT | | | | both | | | 201 | 15.24 | UHC | Medicaid | 11.99 | | | | 11.99 | | 190.95 fee schedule | |
| BKR CHG HISTOPLASMA GALACTOMANNAN AG | 87385 | CPT | | | | both | | | 201 | 15.24 | Corrections | Corrections | 160.8 | 80 | | | 11.99 | | 190.95 percent of total billed charges | |
| BKR CHG HISTOPLASMA GALACTOMANNAN AG | 87385 | CPT | | | | both | | | 201 | 15.24 | First Trenton | First Trenton | 180.9 | 90 | | | 11.99 | | 190.95 percent of total billed charges | |
| BKR CHG HISTOPLASMA GALACTOMANNAN AG | 87385 | CPT | | | | both | | | 201 | 15.24 | Managed Care Inc | Managed Care Inc | 180.9 | 90 | | | 11.99 | | 190.95 percent of total billed charges | |
| BKR CHG HISTOPLASMA GALACTOMANNAN AG | 87385 | CPT | | | | both | | | 201 | 15.24 | Wellcare | Medicaid | 11.99 | | | | 11.99 | | 190.95 fee schedule | |
| BKR CHG PANEL 083935 | 87389 | CPT | | | | both | | | 196 | 27.69 | Horizon | Medicare Blue | 58.8 | 30 | | 9.33 | 16.2 | | 186.2 percent of total billed charges | |
| BKR CHG PANEL 083935 | 87389 | CPT | | | | both | | | 196 | 27.69 | First Trenton | First Trenton | 176.4 | 90 | | | 16.2 | | 186.2 percent of total billed charges | |
| BKR CHG PANEL 083935 | 87389 | CPT | | | | both | | | 196 | 27.69 | Consumer | Consumer | 186.2 | 95 | | | 16.2 | | 186.2 percent of total billed charges | |
| BKR CHG PANEL 083935 | 87389 | CPT | | | | both | | | 196 | 27.69 | UHC | Medicaid | 19.26 | | | 20.16 | 16.2 | | 186.2 fee schedule | |
| BKR CHG PANEL 083935 | 87389 | CPT | | | | both | | | 196 | 27.69 | UHC | Medicare | 24.08 | | | 12.96 | 16.2 | | 186.2 fee schedule | |
| BKR CHG PANEL 083935 | 87389 | CPT | | | | both | | | 196 | 27.69 | Americare | Americare | 147 | 75 | | | 16.2 | | 186.2 percent of total billed charges | |
| BKR CHG PANEL 083935 | 87389 | CPT | | | | both | | | 196 | 27.69 | Aetna | Better Health | 61.84 | 31.55 | | 25.63 | 16.2 | | 186.2 percent of total billed charges | |
| BKR CHG PANEL 083935 | 87389 | CPT | | | | both | | | 196 | 27.69 | Aetna | Medicare | 60.37 | 30.8 | | 14.24 | 16.2 | | 186.2 percent of total billed charges | |
| BKR CHG PANEL 083935 | 87389 | CPT | | | | both | | | 196 | 27.69 | Corrections | Corrections | 156.8 | 80 | | 23.03 | 16.2 | | 186.2 percent of total billed charges | |
| BKR CHG PANEL 083935 | 87389 | CPT | | | | both | | | 196 | 27.69 | Horizon | PPO | 75.03 | 38.28 | | 19.37 | 16.2 | | 186.2 percent of total billed charges | |
| BKR CHG PANEL 083935 | 87389 | CPT | | | | both | | | 196 | 27.69 | First Health | First Health | 137.2 | 70 | | | 16.2 | | 186.2 percent of total billed charges | |
| BKR CHG PANEL 083935 | 87389 | CPT | | | | both | | | 196 | 27.69 | Amerihealth | HMO/PPO | 24.4 | | | 11.46 | 16.2 | | 186.2 fee schedule | |
| BKR CHG PANEL 083935 | 87389 | CPT | | | | both | | | 196 | 27.69 | Horizon | Indemnity | 75.03 | 38.28 | | 20.47 | 16.2 | | 186.2 percent of total billed charges | |
| BKR CHG PANEL 083935 | 87389 | CPT | | | | both | | | 196 | 27.69 | Amerihealth | Medicare | 24.08 | | | | 16.2 | | 186.2 fee schedule | |
| BKR CHG PANEL 083935 | 87389 | CPT | | | | both | | | 196 | 27.69 | Horizon | MGD | 75.03 | 38.28 | | 19.01 | 16.2 | | 186.2 percent of total billed charges | |
| BKR CHG PANEL 083935 | 87389 | CPT | | | | both | | | 196 | 27.69 | Multiplan | Multiplan | 156.8 | 80 | | | 16.2 | | 186.2 percent of total billed charges | |
| BKR CHG PANEL 083935 | 87389 | CPT | | | | both | | | 196 | 27.69 | Horizon | NJ Health | 26.75 | | | 7.02 | 16.2 | | 186.2 fee schedule | |
| BKR CHG PANEL 083935 | 87389 | CPT | | | | both | | | 196 | 27.69 | Managed Care Inc | Managed Care Inc | 176.4 | 90 | | | 16.2 | | 186.2 percent of total billed charges | |
| BKR CHG PANEL 083935 | 87389 | CPT | | | | both | | | 196 | 27.69 | Qualcare | Qualcare | 147 | 75 | | | 16.2 | | 186.2 percent of total billed charges | |
| BKR CHG PANEL 083935 | 87389 | CPT | | | | both | | | 196 | 27.69 | Wellcare | Medicare | 24.08 | | | 7 | 16.2 | | 186.2 fee schedule | |
| BKR CHG PANEL 083935 | 87389 | CPT | | | | both | | | 196 | 27.69 | Three Rivers | Three Rivers | 186.2 | 95 | | | 16.2 | | 186.2 percent of total billed charges | |
| BKR CHG PANEL 083935 | 87389 | CPT | | | | both | | | 196 | 27.69 | WellPoint | WellPoint | 63.07 | 32.18 | | 24.76 | 16.2 | | 186.2 percent of total billed charges | |
| BKR CHG PANEL 083935 | 87389 | CPT | | | | both | | | 196 | 27.69 | Wellcare | Medicaid | 19.26 | | | 16.89 | 16.2 | | 186.2 fee schedule | |
| BKR CHG HIV-1 | 87390 | CPT | | | | outpatient | | | 901 | 27.67 | Americare | Americare | 675.75 | 75 | | | 15 | | 855.95 percent of total billed charges | |
| BKR CHG HIV-1 | 87390 | CPT | | | | outpatient | | | 901 | 27.67 | Consumer | Consumer | 855.95 | 95 | | | 15 | | 855.95 percent of total billed charges | |
| BKR CHG HIV-1 | 87390 | CPT | | | | outpatient | | | 901 | 27.67 | Aetna | Better Health | 284.27 | 31.55 | | | 15 | | 855.95 percent of total billed charges | |
| BKR CHG HIV-1 | 87390 | CPT | | | | outpatient | | | 901 | 27.67 | Horizon | Indemnity | 344.9 | 38.28 | | | 15 | | 855.95 percent of total billed charges | |
| BKR CHG HIV-1 | 87390 | CPT | | | | outpatient | | | 901 | 27.67 | Amerihealth | Medicare | 24.08 | | | | 15 | | 855.95 fee schedule | |
| BKR CHG HIV-1 | 87390 | CPT | | | | outpatient | | | 901 | 27.67 | First Health | First Health | 630.7 | 70 | | | 15 | | 855.95 percent of total billed charges | |
| BKR CHG HIV-1 | 87390 | CPT | | | | outpatient | | | 901 | 27.67 | Aetna | Medicare | 277.51 | 30.8 | | | 15 | | 855.95 percent of total billed charges | |
| BKR CHG HIV-1 | 87390 | CPT | | | | outpatient | | | 901 | 27.67 | Amerihealth | HMO/PPO | 24.4 | | | | 15 | | 855.95 fee schedule | |
| BKR CHG HIV-1 | 87390 | CPT | | | | outpatient | | | 901 | 27.67 | Horizon | MGD | 344.9 | 38.28 | | | 15 | | 855.95 percent of total billed charges | |
| BKR CHG HIV-1 | 87390 | CPT | | | | outpatient | | | 901 | 27.67 | Wellcare | Medicaid | 15 | | | | 15 | | 855.95 fee schedule | |
| BKR CHG HIV-1 | 87390 | CPT | | | | outpatient | | | 901 | 27.67 | Corrections | Corrections | 720.8 | 80 | | | 15 | | 855.95 percent of total billed charges | |
| BKR CHG HIV-1 | 87390 | CPT | | | | outpatient | | | 901 | 27.67 | First Trenton | First Trenton | 810.9 | 90 | | | 15 | | 855.95 percent of total billed charges | |
| BKR CHG HIV-1 | 87390 | CPT | | | | outpatient | | | 901 | 27.67 | Multiplan | Multiplan | 720.8 | 80 | | | 15 | | 855.95 percent of total billed charges | |
| BKR CHG HIV-1 | 87390 | CPT | | | | outpatient | | | 901 | 27.67 | Horizon | NJ Health | 19.6 | | | | 15 | | 855.95 fee schedule | |
| BKR CHG HIV-1 | 87390 | CPT | | | | outpatient | | | 901 | 27.67 | Horizon | Medicare Blue | 270.3 | 30 | | | 15 | | 855.95 percent of total billed charges | |
| BKR CHG HIV-1 | 87390 | CPT | | | | outpatient | | | 901 | 27.67 | Horizon | PPO | 344.9 | 38.28 | | | 15 | | 855.95 percent of total billed charges | |
| BKR CHG HIV-1 | 87390 | CPT | | | | outpatient | | | 901 | 27.67 | Qualcare | Qualcare | 675.75 | 75 | | | 15 | | 855.95 percent of total billed charges | |
| BKR CHG HIV-1 | 87390 | CPT | | | | outpatient | | | 901 | 27.67 | Managed Care Inc | Managed Care Inc | 810.9 | 90 | | | 15 | | 855.95 percent of total billed charges | |
| BKR CHG HIV-1 | 87390 | CPT | | | | outpatient | | | 901 | 27.67 | UHC | Medicaid | 15 | | | | 15 | | 855.95 fee schedule | |
| BKR CHG HIV-1 | 87390 | CPT | | | | outpatient | | | 901 | 27.67 | Three Rivers | Three Rivers | 855.95 | 95 | | | 15 | | 855.95 percent of total billed charges | |
| BKR CHG HIV-1 | 87390 | CPT | | | | outpatient | | | 901 | 27.67 | UHC | Medicare | 24.06 | | | 21.58 | 15 | | 855.95 fee schedule | |
| BKR CHG HIV-1 | 87390 | CPT | | | | outpatient | | | 901 | 27.67 | Wellcare | Medicare | 24.06 | | | | 15 | | 855.95 fee schedule | |
| BKR CHG HIV-1 | 87390 | CPT | | | | outpatient | | | 901 | 27.67 | WellPoint | WellPoint | 289.94 | 32.18 | | | 15 | | 855.95 percent of total billed charges | |
| BKR CHG INFLUENZA A OR B AG BY EIA EACH | 87400 | CPT | | | | outpatient | | | 81 | 16.25 | UHC | Medicaid | 6 | | | | 6 | | 76.95 fee schedule | |
| BKR CHG INFLUENZA A OR B AG BY EIA EACH | 87400 | CPT | | | | outpatient | | | 81 | 16.25 | First Health | First Health | 56.7 | 70 | | | 6 | | 76.95 percent of total billed charges | |
| BKR CHG INFLUENZA A OR B AG BY EIA EACH | 87400 | CPT | | | | outpatient | | | 81 | 16.25 | UHC | Medicare | 14.13 | | | | 6 | | 76.95 fee schedule | |
| BKR CHG INFLUENZA A OR B AG BY EIA EACH | 87400 | CPT | | | | outpatient | | | 81 | 16.25 | Aetna | Better Health | 25.66 | 31.55 | | | 6 | | 76.95 percent of total billed charges | |
| BKR CHG INFLUENZA A OR B AG BY EIA EACH | 87400 | CPT | | | | outpatient | | | 81 | 16.25 | Americare | Medicare | 60.75 | 75 | | | 6 | | 76.95 percent of total billed charges | |
| BKR CHG INFLUENZA A OR B AG BY EIA EACH | 87400 | CPT | | | | outpatient | | | 81 | 16.25 | Aetna | Medicare | 24.95 | 30.8 | | | 6 | | 76.95 percent of total billed charges | |
| BKR CHG INFLUENZA A OR B AG BY EIA EACH | 87400 | CPT | | | | outpatient | | | 81 | 16.25 | Wellcare | Medicaid | 6 | | | | 6 | | 76.95 fee schedule | |
| BKR CHG INFLUENZA A OR B AG BY EIA EACH | 87400 | CPT | | | | outpatient | | | 81 | 16.25 | Corrections | Corrections | 64.8 | 80 | | | 6 | | 76.95 percent of total billed charges | |
| BKR CHG INFLUENZA A OR B AG BY EIA EACH | 87400 | CPT | | | | outpatient | | | 81 | 16.25 | Amerihealth | HMO/PPO | 7.6 | | | | 6 | | 76.95 fee schedule | |
| BKR CHG INFLUENZA A OR B AG BY EIA EACH | 87400 | CPT | | | | outpatient | | | 81 | 16.25 | Amerihealth | Medicare | 14.13 | | | | 6 | | 76.95 fee schedule | |
| BKR CHG INFLUENZA A OR B AG BY EIA EACH | 87400 | CPT | | | | outpatient | | | 81 | 16.25 | Wellcare | Medicare | 14.13 | | | | 6 | | 76.95 fee schedule | |
| BKR CHG INFLUENZA A OR B AG BY EIA EACH | 87400 | CPT | | | | outpatient | | | 81 | 16.25 | Consumer | Consumer | 76.95 | 95 | | | 6 | | 76.95 percent of total billed charges | |
| BKR CHG INFLUENZA A OR B AG BY EIA EACH | 87400 | CPT | | | | outpatient | | | 81 | 16.25 | Horizon | MGD | 31.01 | 38.28 | | | 6 | | 76.95 percent of total billed charges | |
| BKR CHG INFLUENZA A OR B AG BY EIA EACH | 87400 | CPT | | | | outpatient | | | 81 | 16.25 | WellPoint | WellPoint | 26.07 | 32.18 | | | 6 | | 76.95 percent of total billed charges | |
| BKR CHG INFLUENZA A OR B AG BY EIA EACH | 87400 | CPT | | | | outpatient | | | 81 | 16.25 | Multiplan | Multiplan | 64.8 | 80 | | | 6 | | 76.95 percent of total billed charges | |
| BKR CHG INFLUENZA A OR B AG BY EIA EACH | 87400 | CPT | | | | outpatient | | | 81 | 16.25 | First Trenton | First Trenton | 72.9 | 90 | | | 6 | | 76.95 percent of total billed charges | |
| BKR CHG INFLUENZA A OR B AG BY EIA EACH | 87400 | CPT | | | | outpatient | | | 81 | 16.25 | Qualcare | Qualcare | 60.75 | 75 | | | 6 | | 76.95 percent of total billed charges | |
| BKR CHG INFLUENZA A OR B AG BY EIA EACH | 87400 | CPT | | | | outpatient | | | 81 | 16.25 | Horizon | Indemnity | 31.01 | 38.28 | | | 6 | | 76.95 percent of total billed charges | |
| BKR CHG INFLUENZA A OR B AG BY EIA EACH | 87400 | CPT | | | | outpatient | | | 81 | 16.25 | Horizon | Medicare Blue | 24.3 | 30 | | | 6 | | 76.95 percent of total billed charges | |
| BKR CHG INFLUENZA A OR B AG BY EIA EACH | 87400 | CPT | | | | outpatient | | | 81 | 16.25 | Horizon | NJ Health | 12.23 | | | | 6 | | 76.95 fee schedule | |
| BKR CHG INFLUENZA A OR B AG BY EIA EACH | 87400 | CPT | | | | outpatient | | | 81 | 16.25 | Horizon | PPO | 31.01 | 38.28 | | | 6 | | 76.95 percent of total billed charges | |
| BKR CHG INFLUENZA A OR B AG BY EIA EACH | 87400 | CPT | | | | outpatient | | | 81 | 16.25 | Managed Care Inc | Managed Care Inc | 72.9 | 90 | | | 6 | | 76.95 percent of total billed charges | |
| BKR CHG INFLUENZA A OR B AG BY EIA EACH | 87400 | CPT | | | | outpatient | | | 81 | 16.25 | Three Rivers | Three Rivers | 76.95 | 95 | | | 6 | | 76.95 percent of total billed charges | |
| BKR CHG SHIGA-LIKE TOXIN/ECOLI.0157 | 87427 | CPT | | | | both | | | 83 | 13.78 | Horizon | Indemnity | 31.77 | 38.28 | | | 11.98 | | 78.85 percent of total billed charges | |
| BKR CHG SHIGA-LIKE TOXIN/ECOLI.0157 | 87427 | CPT | | | | both | | | 83 | 13.78 | Wellcare | Medicare | 11.98 | | | | 11.98 | | 78.85 fee schedule | |
| BKR CHG SHIGA-LIKE TOXIN/ECOLI.0157 | 87427 | CPT | | | | both | | | 83 | 13.78 | Horizon | Medicare Blue | 24.9 | 30 | | | 11.98 | | 78.85 percent of total billed charges | |
| BKR CHG SHIGA-LIKE TOXIN/ECOLI.0157 | 87427 | CPT | | | | both | | | 83 | 13.78 | First Health | First Health | 58.1 | 70 | | | 11.98 | | 78.85 percent of total billed charges | |
| BKR CHG SHIGA-LIKE TOXIN/ECOLI.0157 | 87427 | CPT | | | | both | | | 83 | 13.78 | Corrections | Corrections | 66.4 | 80 | | | 11.98 | | 78.85 percent of total billed charges | |
| BKR CHG SHIGA-LIKE TOXIN/ECOLI.0157 | 87427 | CPT | | | | both | | | 83 | 13.78 | Aetna | Better Health | 26.19 | 31.55 | | 11.79 | 11.98 | | 78.85 percent of total billed charges | |
| BKR CHG SHIGA-LIKE TOXIN/ECOLI.0157 | 87427 | CPT | | | | both | | | 83 | 13.78 | Aetna | Medicare | 25.56 | 30.8 | | | 11.98 | | 78.85 percent of total billed charges | |
| BKR CHG SHIGA-LIKE TOXIN/ECOLI.0157 | 87427 | CPT | | | | both | | | 83 | 13.78 | Amerihealth | HMO/PPO | 15.2 | | | | 11.98 | | 78.85 fee schedule | |
| BKR CHG SHIGA-LIKE TOXIN/ECOLI.0157 | 87427 | CPT | | | | both | | | 83 | 13.78 | Multiplan | Multiplan | 66.4 | 80 | | | 11.98 | | 78.85 percent of total billed charges | |
| BKR CHG SHIGA-LIKE TOXIN/ECOLI.0157 | 87427 | CPT | | | | both | | | 83 | 13.78 | Amerihealth | Medicare | 11.98 | | | | 11.98 | | 78.85 fee schedule | |
| BKR CHG SHIGA-LIKE TOXIN/ECOLI.0157 | 87427 | CPT | | | | both | | | 83 | 13.78 | UHC | Medicaid | 12.18 | | | 11.26 | 11.98 | | 78.85 fee schedule | |
| BKR CHG SHIGA-LIKE TOXIN/ECOLI.0157 | 87427 | CPT | | | | both | | | 83 | 13.78 | First Trenton | First Trenton | 74.7 | 90 | | | 11.98 | | 78.85 percent of total billed charges | |
| BKR CHG SHIGA-LIKE TOXIN/ECOLI.0157 | 87427 | CPT | | | | both | | | 83 | 13.78 | Qualcare | Qualcare | 62.25 | 75 | | | 11.98 | | 78.85 percent of total billed charges | |
| BKR CHG SHIGA-LIKE TOXIN/ECOLI.0157 | 87427 | CPT | | | | both | | | 83 | 13.78 | Horizon | NJ Health | 12.23 | | | 1.72 | 11.98 | | 78.85 fee schedule | |
| BKR CHG SHIGA-LIKE TOXIN/ECOLI.0157 | 87427 | CPT | | | | both | | | 83 | 13.78 | Americare | Americare | 62.25 | 75 | | | 11.98 | | 78.85 percent of total billed charges | |
| BKR CHG SHIGA-LIKE TOXIN/ECOLI.0157 | 87427 | CPT | | | | both | | | 83 | 13.78 | Horizon | PPO | 31.77 | 38.28 | | 8.86 | 11.98 | | 78.85 percent of total billed charges | |
| BKR CHG SHIGA-LIKE TOXIN/ECOLI.0157 | 87427 | CPT | | | | both | | | 83 | 13.78 | Consumer | Consumer | 78.85 | 95 | | | 11.98 | | 78.85 percent of total billed charges | |
| BKR CHG SHIGA-LIKE TOXIN/ECOLI.0157 | 87427 | CPT | | | | both | | | 83 | 13.78 | Horizon | MGD | 31.77 | 38.28 | | 12 | 11.98 | | 78.85 percent of total billed charges | |
| BKR CHG SHIGA-LIKE TOXIN/ECOLI.0157 | 87427 | CPT | | | | both | | | 83 | 13.78 | WellPoint | WellPoint | 26.71 | 32.18 | | 6.63 | 11.98 | | 78.85 percent of total billed charges | |
| BKR CHG SHIGA-LIKE TOXIN/ECOLI.0157 | 87427 | CPT | | | | both | | | 83 | 13.78 | UHC | Medicare | 11.98 | | | 4.74 | 11.98 | | 78.85 fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG SHIGA-LIKE TOXIN(ECOLI) 0157 | 87427 | CPT | | | | both | | | 83 | 13.78 | Managed Care Inc | Managed Care Inc | 74.7 | 90 | | | 11.98 | 11.98 | 78.85 percent of total billed charges | |
| BKR CHG SHIGA-LIKE TOXIN(ECOLI) 0157 | 87427 | CPT | | | | both | | | 83 | 13.78 | Three Rivers | Three Rivers | 78.85 | 95 | | | 11.98 | 11.98 | 78.85 percent of total billed charges | |
| BKR CHG SHIGA-LIKE TOXIN(ECOLI) 0157 | 87427 | CPT | | | | both | | | 83 | 13.78 | Wellcare | Medicaid | 12.18 | | | | 11.98 | 11.98 | 78.85 fee schedule | |
| BKR CHG RAPID GRP A STREP SCREEN | 87430 | CPT | | | | both | | | 150 | 19.33 | Amerihealth | Medicare | 16.81 | | | | 12 | 12 | 142.5 fee schedule | |
| BKR CHG RAPID GRP A STREP SCREEN | 87430 | CPT | | | | both | | | 150 | 19.33 | Consumer | Consumer | 142.5 | 95 | | | 12 | 12 | 142.5 percent of total billed charges | |
| BKR CHG RAPID GRP A STREP SCREEN | 87430 | CPT | | | | both | | | 150 | 19.33 | First Health | First Health | 105 | 70 | | | 12 | 12 | 142.5 percent of total billed charges | |
| BKR CHG RAPID GRP A STREP SCREEN | 87430 | CPT | | | | both | | | 150 | 19.33 | Americare | Americare | 112.5 | 75 | | | 12 | 12 | 142.5 percent of total billed charges | |
| BKR CHG RAPID GRP A STREP SCREEN | 87430 | CPT | | | | both | | | 150 | 19.33 | Aetna | Medicare | 46.2 | 30.8 | | | 12 | 12 | 142.5 percent of total billed charges | |
| BKR CHG RAPID GRP A STREP SCREEN | 87430 | CPT | | | | both | | | 150 | 19.33 | Aetna | Better Health | 47.33 | 31.55 | | 36.15 | 12 | 12 | 142.5 percent of total billed charges | |
| BKR CHG RAPID GRP A STREP SCREEN | 87430 | CPT | | | | both | | | 150 | 19.33 | Horizon | PPO | 57.42 | 38.28 | | 30.64 | 12 | 12 | 142.5 percent of total billed charges | |
| BKR CHG RAPID GRP A STREP SCREEN | 87430 | CPT | | | | both | | | 150 | 19.33 | Amerihealth | HMO/PPO | 15.2 | | | 9.01 | 12 | 12 | 142.5 fee schedule | |
| BKR CHG RAPID GRP A STREP SCREEN | 87430 | CPT | | | | both | | | 150 | 19.33 | First Trenton | First Trenton | 135 | 90 | | | 12 | 12 | 142.5 percent of total billed charges | |
| BKR CHG RAPID GRP A STREP SCREEN | 87430 | CPT | | | | both | | | 150 | 19.33 | Corrections | Corrections | 120 | 80 | | | 12 | 12 | 142.5 percent of total billed charges | |
| BKR CHG RAPID GRP A STREP SCREEN | 87430 | CPT | | | | both | | | 150 | 19.33 | Horizon | Medicare Blue | 45 | 30 | | 19.54 | 12 | 12 | 142.5 percent of total billed charges | |
| BKR CHG RAPID GRP A STREP SCREEN | 87430 | CPT | | | | both | | | 150 | 19.33 | Wellcare | Medicare | 16.81 | | | 13.04 | 12 | 12 | 142.5 fee schedule | |
| BKR CHG RAPID GRP A STREP SCREEN | 87430 | CPT | | | | both | | | 150 | 19.33 | UHC | Medicare | 16.81 | | | 22.1 | 12 | 12 | 142.5 fee schedule | |
| BKR CHG RAPID GRP A STREP SCREEN | 87430 | CPT | | | | both | | | 150 | 19.33 | Horizon | Indemnity | 57.42 | 38.28 | | 25.81 | 12 | 12 | 142.5 percent of total billed charges | |
| BKR CHG RAPID GRP A STREP SCREEN | 87430 | CPT | | | | both | | | 150 | 19.33 | Qualcare | Qualcare | 112.5 | 75 | | | 12 | 12 | 142.5 percent of total billed charges | |
| BKR CHG RAPID GRP A STREP SCREEN | 87430 | CPT | | | | both | | | 150 | 19.33 | Horizon | NJ Health | 12.23 | | | 25.65 | 12 | 12 | 142.5 fee schedule | |
| BKR CHG RAPID GRP A STREP SCREEN | 87430 | CPT | | | | both | | | 150 | 19.33 | Horizon | MGD | 57.42 | 38.28 | | 33.53 | 12 | 12 | 142.5 percent of total billed charges | |
| BKR CHG RAPID GRP A STREP SCREEN | 87430 | CPT | | | | both | | | 150 | 19.33 | Multiplan | Multiplan | 120 | 80 | | | 12 | 12 | 142.5 percent of total billed charges | |
| BKR CHG RAPID GRP A STREP SCREEN | 87430 | CPT | | | | both | | | 150 | 19.33 | Managed Care Inc | Managed Care Inc | 135 | 90 | | | 12 | 12 | 142.5 percent of total billed charges | |
| BKR CHG RAPID GRP A STREP SCREEN | 87430 | CPT | | | | both | | | 150 | 19.33 | WellPoint | WellPoint | 48.27 | 32.18 | | 31.92 | 12 | 12 | 142.5 percent of total billed charges | |
| BKR CHG RAPID GRP A STREP SCREEN | 87430 | CPT | | | | both | | | 150 | 19.33 | Wellcare | Medicaid | 12 | | | 38.69 | 12 | 12 | 142.5 fee schedule | |
| BKR CHG RAPID GRP A STREP SCREEN | 87430 | CPT | | | | both | | | 150 | 19.33 | Three Rivers | Three Rivers | 142.5 | 95 | | | 12 | 12 | 142.5 percent of total billed charges | |
| BKR CHG RAPID GRP A STREP SCREEN | 87430 | CPT | | | | both | | | 150 | 19.33 | UHC | Medicaid | 12 | | | 38.85 | 12 | 12 | 142.5 fee schedule | |
| BKR CHG STREP PNEUMONIAE ANTIGEN | 87449 | CPT | | | | both | | | 374 | 13.78 | Aetna | Better Health | 118 | 31.55 | | | 11.98 | 11.98 | 355.3 percent of total billed charges | |
| BKR CHG STREP PNEUMONIAE ANTIGEN | 87449 | CPT | | | | both | | | 374 | 13.78 | First Health | First Health | 261.8 | 70 | | | 11.98 | 11.98 | 355.3 percent of total billed charges | |
| BKR CHG STREP PNEUMONIAE ANTIGEN | 87449 | CPT | | | | both | | | 374 | 13.78 | Amerihealth | HMO/PPO | 15.2 | | | | 11.98 | 11.98 | 355.3 fee schedule | |
| BKR CHG STREP PNEUMONIAE ANTIGEN | 87449 | CPT | | | | both | | | 374 | 13.78 | Horizon | PPO | 143.17 | 38.28 | | 27.27 | 11.98 | 11.98 | 355.3 percent of total billed charges | |
| BKR CHG STREP PNEUMONIAE ANTIGEN | 87449 | CPT | | | | both | | | 374 | 13.78 | Aetna | Medicare | 115.19 | 30.8 | | 18.97 | 11.98 | 11.98 | 355.3 percent of total billed charges | |
| BKR CHG STREP PNEUMONIAE ANTIGEN | 87449 | CPT | | | | both | | | 374 | 13.78 | Wellcare | Medicare | 11.98 | | | | 11.98 | 11.98 | 355.3 fee schedule | |
| BKR CHG STREP PNEUMONIAE ANTIGEN | 87449 | CPT | | | | both | | | 374 | 13.78 | Americare | Americare | 280.5 | 75 | | | 11.98 | 11.98 | 355.3 percent of total billed charges | |
| BKR CHG STREP PNEUMONIAE ANTIGEN | 87449 | CPT | | | | both | | | 374 | 13.78 | Wellcare | Medicaid | 12 | | | 28.39 | 11.98 | 11.98 | 355.3 fee schedule | |
| BKR CHG STREP PNEUMONIAE ANTIGEN | 87449 | CPT | | | | both | | | 374 | 13.78 | Horizon | Indemnity | 143.17 | 38.28 | | | 11.98 | 11.98 | 355.3 percent of total billed charges | |
| BKR CHG STREP PNEUMONIAE ANTIGEN | 87449 | CPT | | | | both | | | 374 | 13.78 | Horizon | Medicare Blue | 112.2 | 30 | | | 11.98 | 11.98 | 355.3 percent of total billed charges | |
| BKR CHG STREP PNEUMONIAE ANTIGEN | 87449 | CPT | | | | both | | | 374 | 13.78 | Amerihealth | Medicare | 11.98 | | | | 11.98 | 11.98 | 355.3 fee schedule | |
| BKR CHG STREP PNEUMONIAE ANTIGEN | 87449 | CPT | | | | both | | | 374 | 13.78 | Consumer | Consumer | 355.3 | 95 | | | 11.98 | 11.98 | 355.3 percent of total billed charges | |
| BKR CHG STREP PNEUMONIAE ANTIGEN | 87449 | CPT | | | | both | | | 374 | 13.78 | Horizon | NJ Health | 12.23 | | | 3.19 | 11.98 | 11.98 | 355.3 fee schedule | |
| BKR CHG STREP PNEUMONIAE ANTIGEN | 87449 | CPT | | | | both | | | 374 | 13.78 | Horizon | MGD | 143.17 | 38.28 | | 15.3 | 11.98 | 11.98 | 355.3 percent of total billed charges | |
| BKR CHG STREP PNEUMONIAE ANTIGEN | 87449 | CPT | | | | both | | | 374 | 13.78 | Corrections | Corrections | 299.2 | 80 | | | 11.98 | 11.98 | 355.3 percent of total billed charges | |
| BKR CHG STREP PNEUMONIAE ANTIGEN | 87449 | CPT | | | | both | | | 374 | 13.78 | First Trenton | First Trenton | 336.6 | 90 | | | 11.98 | 11.98 | 355.3 percent of total billed charges | |
| BKR CHG STREP PNEUMONIAE ANTIGEN | 87449 | CPT | | | | both | | | 374 | 13.78 | Multiplan | Multiplan | 299.2 | 80 | | | 11.98 | 11.98 | 355.3 percent of total billed charges | |
| BKR CHG STREP PNEUMONIAE ANTIGEN | 87449 | CPT | | | | both | | | 374 | 13.78 | Managed Care Inc | Managed Care Inc | 336.6 | 90 | | | 11.98 | 11.98 | 355.3 percent of total billed charges | |
| BKR CHG STREP PNEUMONIAE ANTIGEN | 87449 | CPT | | | | both | | | 374 | 13.78 | UHC | Medicaid | 12 | | | 39.36 | 11.98 | 11.98 | 355.3 fee schedule | |
| BKR CHG STREP PNEUMONIAE ANTIGEN | 87449 | CPT | | | | both | | | 374 | 13.78 | Three Rivers | Three Rivers | 355.3 | 95 | | | 11.98 | 11.98 | 355.3 percent of total billed charges | |
| BKR CHG STREP PNEUMONIAE ANTIGEN | 87449 | CPT | | | | both | | | 374 | 13.78 | Qualcare | Qualcare | 280.5 | 75 | | | 11.98 | 11.98 | 355.3 percent of total billed charges | |
| BKR CHG STREP PNEUMONIAE ANTIGEN | 87449 | CPT | | | | both | | | 374 | 13.78 | UHC | Medicare | 11.98 | | | 20.56 | 11.98 | 11.98 | 355.3 fee schedule | |
| BKR CHG STREP PNEUMONIAE ANTIGEN | 87449 | CPT | | | | both | | | 374 | 13.78 | WellPoint | WellPoint | 120.35 | 32.18 | | 22.91 | 11.98 | 11.98 | 355.3 percent of total billed charges | |
| BKR CHG A. PHAGOCYTOPHILUM PCR | 87468 | CPT | | | | outpatient | | | 431 | 40.35 | Amerihealth | HMO/PPO | 280.15 | 65 | | | 35.09 | 35.09 | 409.45 percent of total billed charges | |
| BKR CHG A. PHAGOCYTOPHILUM PCR | 87468 | CPT | | | | outpatient | | | 431 | 40.35 | Aetna | Medicare | 132.75 | 30.8 | | | 35.09 | 35.09 | 409.45 percent of total billed charges | |
| BKR CHG A. PHAGOCYTOPHILUM PCR | 87468 | CPT | | | | outpatient | | | 431 | 40.35 | Corrections | Corrections | 344.8 | 80 | | | 35.09 | 35.09 | 409.45 percent of total billed charges | |
| BKR CHG A. PHAGOCYTOPHILUM PCR | 87468 | CPT | | | | outpatient | | | 431 | 40.35 | First Trenton | First Trenton | 387.9 | 90 | | | 35.09 | 35.09 | 409.45 percent of total billed charges | |
| BKR CHG A. PHAGOCYTOPHILUM PCR | 87468 | CPT | | | | outpatient | | | 431 | 40.35 | Horizon | Indemnity | 164.99 | 38.28 | | | 35.09 | 35.09 | 409.45 percent of total billed charges | |
| BKR CHG A. PHAGOCYTOPHILUM PCR | 87468 | CPT | | | | outpatient | | | 431 | 40.35 | First Health | First Health | 301.7 | 70 | | | 35.09 | 35.09 | 409.45 percent of total billed charges | |
| BKR CHG A. PHAGOCYTOPHILUM PCR | 87468 | CPT | | | | outpatient | | | 431 | 40.35 | Aetna | Better Health | 135.98 | 31.55 | | | 35.09 | 35.09 | 409.45 percent of total billed charges | |
| BKR CHG A. PHAGOCYTOPHILUM PCR | 87468 | CPT | | | | outpatient | | | 431 | 40.35 | Americare | Americare | 323.25 | 75 | | | 35.09 | 35.09 | 409.45 percent of total billed charges | |
| BKR CHG A. PHAGOCYTOPHILUM PCR | 87468 | CPT | | | | outpatient | | | 431 | 40.35 | Multiplan | Multiplan | 344.8 | 80 | | | 35.09 | 35.09 | 409.45 percent of total billed charges | |
| BKR CHG A. PHAGOCYTOPHILUM PCR | 87468 | CPT | | | | outpatient | | | 431 | 40.35 | Amerihealth | Medicare | 35.09 | | | | 35.09 | 35.09 | 409.45 fee schedule | |
| BKR CHG A. PHAGOCYTOPHILUM PCR | 87468 | CPT | | | | outpatient | | | 431 | 40.35 | Consumer | Consumer | 409.45 | 95 | | | 35.09 | 35.09 | 409.45 percent of total billed charges | |
| BKR CHG A. PHAGOCYTOPHILUM PCR | 87468 | CPT | | | | outpatient | | | 431 | 40.35 | Horizon | PPO | 164.99 | 38.28 | | | 35.09 | 35.09 | 409.45 percent of total billed charges | |
| BKR CHG A. PHAGOCYTOPHILUM PCR | 87468 | CPT | | | | outpatient | | | 431 | 40.35 | Qualcare | Qualcare | 323.25 | 75 | | | 35.09 | 35.09 | 409.45 percent of total billed charges | |
| BKR CHG A. PHAGOCYTOPHILUM PCR | 87468 | CPT | | | | outpatient | | | 431 | 40.35 | UHC | Medicare | 35.09 | | | | 35.09 | 35.09 | 409.45 fee schedule | |
| BKR CHG A. PHAGOCYTOPHILUM PCR | 87468 | CPT | | | | outpatient | | | 431 | 40.35 | Horizon | Medicare Blue | 129.3 | 30 | | | 35.09 | 35.09 | 409.45 percent of total billed charges | |
| BKR CHG A. PHAGOCYTOPHILUM PCR | 87468 | CPT | | | | outpatient | | | 431 | 40.35 | Managed Care Inc | Managed Care Inc | 387.9 | 90 | | | 35.09 | 35.09 | 409.45 percent of total billed charges | |
| BKR CHG A. PHAGOCYTOPHILUM PCR | 87468 | CPT | | | | outpatient | | | 431 | 40.35 | Three Rivers | Three Rivers | 409.45 | 95 | | | 35.09 | 35.09 | 409.45 percent of total billed charges | |
| BKR CHG A. PHAGOCYTOPHILUM PCR | 87468 | CPT | | | | outpatient | | | 431 | 40.35 | Horizon | MGD | 164.99 | 38.28 | | | 35.09 | 35.09 | 409.45 percent of total billed charges | |
| BKR CHG A. PHAGOCYTOPHILUM PCR | 87468 | CPT | | | | outpatient | | | 431 | 40.35 | Wellcare | Medicaid | 135.98 | 31.55 | | | 35.09 | 35.09 | 409.45 percent of total billed charges | |
| BKR CHG A. PHAGOCYTOPHILUM PCR | 87468 | CPT | | | | outpatient | | | 431 | 40.35 | Wellcare | Medicare | 35.09 | | | | 35.09 | 35.09 | 409.45 fee schedule | |
| BKR CHG A. PHAGOCYTOPHILUM PCR | 87468 | CPT | | | | outpatient | | | 431 | 40.35 | UHC | Medicaid | 135.98 | 31.55 | | | 35.09 | 35.09 | 409.45 percent of total billed charges | |
| BKR CHG A. PHAGOCYTOPHILUM PCR | 87468 | CPT | | | | outpatient | | | 431 | 40.35 | WellPoint | WellPoint | 138.7 | 32.18 | | | 35.09 | 35.09 | 409.45 percent of total billed charges | |
| BKR CHG BARTONELLA DNA PCR | 87471 | CPT | | | | outpatient | | | 871 | 40.35 | Aetna | Better Health | 274.8 | 31.55 | | | 30 | 30 | 827.45 percent of total billed charges | |
| BKR CHG BARTONELLA DNA PCR | 87471 | CPT | | | | outpatient | | | 871 | 40.35 | Aetna | Medicare | 268.27 | 30.8 | | | 30 | 30 | 827.45 percent of total billed charges | |
| BKR CHG BARTONELLA DNA PCR | 87471 | CPT | | | | outpatient | | | 871 | 40.35 | Horizon | Indemnity | 333.42 | 38.28 | | | 30 | 30 | 827.45 percent of total billed charges | |
| BKR CHG BARTONELLA DNA PCR | 87471 | CPT | | | | outpatient | | | 871 | 40.35 | Americare | Americare | 653.25 | 75 | | | 30 | 30 | 827.45 percent of total billed charges | |
| BKR CHG BARTONELLA DNA PCR | 87471 | CPT | | | | outpatient | | | 871 | 40.35 | Amerihealth | HMO/PPO | 48.5 | | | | 30 | 30 | 827.45 fee schedule | |
| BKR CHG BARTONELLA DNA PCR | 87471 | CPT | | | | outpatient | | | 871 | 40.35 | Corrections | Corrections | 696.8 | 80 | | | 30 | 30 | 827.45 percent of total billed charges | |
| BKR CHG BARTONELLA DNA PCR | 87471 | CPT | | | | outpatient | | | 871 | 40.35 | Amerihealth | Medicare | 35.09 | | | | 30 | 30 | 827.45 fee schedule | |
| BKR CHG BARTONELLA DNA PCR | 87471 | CPT | | | | outpatient | | | 871 | 40.35 | Consumer | Consumer | 827.45 | 95 | | | 30 | 30 | 827.45 percent of total billed charges | |
| BKR CHG BARTONELLA DNA PCR | 87471 | CPT | | | | outpatient | | | 871 | 40.35 | First Health | First Health | 609.7 | 70 | | | 30 | 30 | 827.45 percent of total billed charges | |
| BKR CHG BARTONELLA DNA PCR | 87471 | CPT | | | | outpatient | | | 871 | 40.35 | Horizon | MGD | 333.42 | 38.28 | | | 30 | 30 | 827.45 percent of total billed charges | |
| BKR CHG BARTONELLA DNA PCR | 87471 | CPT | | | | outpatient | | | 871 | 40.35 | Horizon | PPO | 333.42 | 38.28 | | | 30 | 30 | 827.45 percent of total billed charges | |
| BKR CHG BARTONELLA DNA PCR | 87471 | CPT | | | | outpatient | | | 871 | 40.35 | UHC | Medicaid | 30 | | | | 30 | 30 | 827.45 fee schedule | |
| BKR CHG BARTONELLA DNA PCR | 87471 | CPT | | | | outpatient | | | 871 | 40.35 | First Trenton | First Trenton | 783.9 | 90 | | | 30 | 30 | 827.45 percent of total billed charges | |
| BKR CHG BARTONELLA DNA PCR | 87471 | CPT | | | | outpatient | | | 871 | 40.35 | Multiplan | Multiplan | 696.8 | 80 | | | 30 | 30 | 827.45 percent of total billed charges | |
| BKR CHG BARTONELLA DNA PCR | 87471 | CPT | | | | outpatient | | | 871 | 40.35 | Three Rivers | Three Rivers | 827.45 | 95 | | | 30 | 30 | 827.45 percent of total billed charges | |
| BKR CHG BARTONELLA DNA PCR | 87471 | CPT | | | | outpatient | | | 871 | 40.35 | Wellcare | Medicare | 35.09 | | | | 30 | 30 | 827.45 fee schedule | |
| BKR CHG BARTONELLA DNA PCR | 87471 | CPT | | | | outpatient | | | 871 | 40.35 | Horizon | Medicare Blue | 261.3 | 30 | | | 30 | 30 | 827.45 percent of total billed charges | |
| BKR CHG BARTONELLA DNA PCR | 87471 | CPT | | | | outpatient | | | 871 | 40.35 | Qualcare | Qualcare | 653.25 | 75 | | | 30 | 30 | 827.45 percent of total billed charges | |
| BKR CHG BARTONELLA DNA PCR | 87471 | CPT | | | | outpatient | | | 871 | 40.35 | Horizon | NJ Health | 38.96 | | | | 30 | 30 | 827.45 fee schedule | |
| BKR CHG BARTONELLA DNA PCR | 87471 | CPT | | | | outpatient | | | 871 | 40.35 | WellPoint | WellPoint | 280.29 | 32.18 | | | 30 | 30 | 827.45 percent of total billed charges | |
| BKR CHG BARTONELLA DNA PCR | 87471 | CPT | | | | outpatient | | | 871 | 40.35 | Managed Care Inc | Managed Care Inc | 783.9 | 90 | | | 30 | 30 | 827.45 percent of total billed charges | |
| BKR CHG BARTONELLA DNA PCR | 87471 | CPT | | | | outpatient | | | 871 | 40.35 | UHC | Medicare | 35.09 | | | | 30 | 30 | 827.45 fee schedule | |
| BKR CHG BARTONELLA DNA PCR | 87471 | CPT | | | | outpatient | | | 871 | 40.35 | Wellcare | Medicaid | 30 | | | | 30 | 30 | 827.45 fee schedule | |
| BKR CHG LYME DISEASE, BORRELIA BURGDORFERI, REAL-TIME PCR | 87476 | CPT | | | | both | | | 545 | 40.35 | Aetna | Medicare | 167.86 | 30.8 | | | 35.09 | 35.09 | 517.75 percent of total billed charges | |
| BKR CHG LYME DISEASE, BORRELIA BURGDORFERI, REAL-TIME PCR | 87476 | CPT | | | | both | | | 545 | 40.35 | First Trenton | First Trenton | 490.5 | 90 | | | 35.09 | 35.09 | 517.75 percent of total billed charges | |
| BKR CHG LYME DISEASE, BORRELIA BURGDORFERI, REAL-TIME PCR | 87476 | CPT | | | | both | | | 545 | 40.35 | Aetna | Better Health | 171.95 | 31.55 | | | 35.09 | 35.09 | 517.75 percent of total billed charges | |
| BKR CHG LYME DISEASE, BORRELIA BURGDORFERI, REAL-TIME PCR | 87476 | CPT | | | | both | | | 545 | 40.35 | Americare | Americare | 408.75 | 75 | | | 35.09 | 35.09 | 517.75 percent of total billed charges | |
| BKR CHG LYME DISEASE, BORRELIA BURGDORFERI, REAL-TIME PCR | 87476 | CPT | | | | both | | | 545 | 40.35 | Amerihealth | HMO/PPO | 48.5 | | | | 35.09 | 35.09 | 517.75 fee schedule | |
| BKR CHG LYME DISEASE, BORRELIA BURGDORFERI, REAL-TIME PCR | 87476 | CPT | | | | both | | | 545 | 40.35 | Corrections | Corrections | 436 | 80 | | | 35.09 | 35.09 | 517.75 percent of total billed charges | |
| BKR CHG LYME DISEASE, BORRELIA BURGDORFERI, REAL-TIME PCR | 87476 | CPT | | | | both | | | 545 | 40.35 | Horizon | MGD | 208.63 | 38.28 | | 104.61 | 35.09 | 35.09 | 517.75 percent of total billed charges | |
| BKR CHG LYME DISEASE, BORRELIA BURGDORFERI, REAL-TIME PCR | 87476 | CPT | | | | both | | | 545 | 40.35 | Consumer | Consumer | 517.75 | 95 | | | 35.09 | 35.09 | 517.75 percent of total billed charges | |
| BKR CHG LYME DISEASE, BORRELIA BURGDORFERI, REAL-TIME PCR | 87476 | CPT | | | | both | | | 545 | 40.35 | Amerihealth | Medicare | 35.09 | | | | 35.09 | 35.09 | 517.75 fee schedule | |
| BKR CHG LYME DISEASE, BORRELIA BURGDORFERI, REAL-TIME PCR | 87476 | CPT | | | | both | | | 545 | 40.35 | Horizon | NJ Health | 38.96 | | | | 35.09 | 35.09 | 517.75 fee schedule | |
| BKR CHG LYME DISEASE, BORRELIA BURGDORFERI, REAL-TIME PCR | 87476 | CPT | | | | both | | | 545 | 40.35 | Wellcare | Medicare | 35.09 | | | | 35.09 | 35.09 | 517.75 fee schedule | |
| BKR CHG LYME DISEASE, BORRELIA BURGDORFERI, REAL-TIME PCR | 87476 | CPT | | | | both | | | 545 | 40.35 | Multiplan | Multiplan | 436 | 80 | | | 35.09 | 35.09 | 517.75 percent of total billed charges | |
| BKR CHG LYME DISEASE, BORRELIA BURGDORFERI, REAL-TIME PCR | 87476 | CPT | | | | both | | | 545 | 40.35 | First Health | First Health | 381.5 | 70 | | | 35.09 | 35.09 | 517.75 percent of total billed charges | |
| BKR CHG LYME DISEASE, BORRELIA BURGDORFERI, REAL-TIME PCR | 87476 | CPT | | | | both | | | 545 | 40.35 | UHC | Medicaid | 38 | | | 52.83 | 35.09 | 35.09 | 517.75 fee schedule | |
| BKR CHG LYME DISEASE, BORRELIA BURGDORFERI, REAL-TIME PCR | 87476 | CPT | | | | both | | | 545 | 40.35 | UHC | Medicare | 35.09 | | | | 35.09 | 35.09 | 517.75 fee schedule | |
| BKR CHG LYME DISEASE, BORRELIA BURGDORFERI, REAL-TIME PCR | 87476 | CPT | | | | both | | | 545 | 40.35 | Horizon | Indemnity | 208.63 | 38.28 | | | 35.09 | 35.09 | 517.75 percent of total billed charges | |
| BKR CHG LYME DISEASE, BORRELIA BURGDORFERI, REAL-TIME PCR | 87476 | CPT | | | | both | | | 545 | 40.35 | Horizon | PPO | 208.63 | 38.28 | | | 35.09 | 35.09 | 517.75 percent of total billed charges | |
| BKR CHG LYME DISEASE, BORRELIA BURGDORFERI, REAL-TIME PCR | 87476 | CPT | | | | both | | | 545 | 40.35 | Qualcare | Qualcare | 408.75 | 75 | | | 35.09 | 35.09 | 517.75 percent of total billed charges | |
| BKR CHG LYME DISEASE, BORRELIA BURGDORFERI, REAL-TIME PCR | 87476 | CPT | | | | both | | | 545 | 40.35 | WellPoint | WellPoint | 175.38 | 32.18 | | | 35.09 | 35.09 | 517.75 percent of total billed charges | |
| BKR CHG LYME DISEASE, BORRELIA BURGDORFERI, REAL-TIME PCR | 87476 | CPT | | | | both | | | 545 | 40.35 | Horizon | Medicare Blue | 163.5 | 30 | | | 35.09 | 35.09 | 517.75 percent of total billed charges | |
| BKR CHG LYME DISEASE, BORRELIA BURGDORFERI, REAL-TIME PCR | 87476 | CPT | | | | both | | | 545 | 40.35 | Managed Care Inc | Managed Care Inc | 490.5 | 90 | | | 35.09 | 35.09 | 517.75 percent of total billed charges | |
| BKR CHG LYME DISEASE, BORRELIA BURGDORFERI, REAL-TIME PCR | 87476 | CPT | | | | both | | | 545 | 40.35 | Wellcare | Medicaid | 38 | | | | 35.09 | 35.09 | 517.75 fee schedule | |
| BKR CHG LYME DISEASE, BORRELIA BURGDORFERI, REAL-TIME PCR | 87476 | CPT | | | | both | | | 545 | 40.35 | Three Rivers | Three Rivers | 517.75 | 95 | | | 35.09 | 35.09 | 517.75 percent of total billed charges | |
| BKR CHG MENINGITIS.ENCEPH.PNL.CSF|CSFM | 87483 | CPT | | | | inpatient | | | 894 | 479.3 | Consumer | Consumer | 849.3 | 95 | | | 268.2 | 268.2 | 849.3 percent of total billed charges | |
| BKR CHG MENINGITIS.ENCEPH.PNL.CSF|CSFM | 87483 | CPT | | | | inpatient | | | 894 | 479.3 | Horizon | Indemnity | 342.22 | 38.28 | | | 268.2 | 268.2 | 849.3 percent of total billed charges | |
| BKR CHG MENINGITIS.ENCEPH.PNL.CSF|CSFM | 87483 | CPT | | | | inpatient | | | 894 | 479.3 | Aetna | Medicare | 275.35 | 30.8 | | | 268.2 | 268.2 | 849.3 percent of total billed charges | |
| BKR CHG MENINGITIS.ENCEPH.PNL.CSF|CSFM | 87483 | CPT | | | | inpatient | | | 894 | 479.3 | Americare | Americare | 670.5 | 75 | | | 268.2 | 268.2 | 849.3 percent of total billed charges | |
| BKR CHG MENINGITIS.ENCEPH.PNL.CSF|CSFM | 87483 | CPT | | | | inpatient | | | 894 | 479.3 | Aetna | Better Health | 282.06 | 31.55 | | | 268.2 | 268.2 | 849.3 percent of total billed charges | |
| BKR CHG MENINGITIS.ENCEPH.PNL.CSF|CSFM | 87483 | CPT | | | | inpatient | | | 894 | 479.3 | Multiplan | Multiplan | 715.2 | 80 | | | 268.2 | 268.2 | 849.3 percent of total billed charges | |
| BKR CHG MENINGITIS.ENCEPH.PNL.CSF|CSFM | 87483 | CPT | | | | inpatient | | | 894 | 479.3 | UHC | Medicare | 416.78 | | | | 268.2 | 268.2 | 849.3 fee schedule | |
| BKR CHG MENINGITIS.ENCEPH.PNL.CSF|CSFM | 87483 | CPT | | | | inpatient | | | 894 | 479.3 | First Trenton | First Trenton | 804.6 | 90 | | | 268.2 | 268.2 | 849.3 percent of total billed charges | |
| BKR CHG MENINGITIS.ENCEPH.PNL.CSF|CSFM | 87483 | CPT | | | | inpatient | | | 894 | 479.3 | Corrections | Corrections | 715.2 | 80 | | | 268.2 | 268.2 | 849.3 percent of total billed charges | |
| BKR CHG MENINGITIS.ENCEPH.PNL.CSF|CSFM | 87483 | CPT | | | | inpatient | | | 894 | 479.3 | Qualcare | Qualcare | 670.5 | 75 | | | 268.2 | 268.2 | 849.3 percent of total billed charges | |
| BKR CHG MENINGITIS.ENCEPH.PNL.CSF|CSFM | 87483 | CPT | | | | inpatient | | | 894 | 479.3 | Amerihealth | Medicare | 416.78 | | | | 268.2 | 268.2 | 849.3 fee schedule | |
| BKR CHG MENINGITIS.ENCEPH.PNL.CSF|CSFM | 87483 | CPT | | | | inpatient | | | 894 | 479.3 | Amerihealth | HMO/PPO | 311 | | | | 268.2 | 268.2 | 849.3 fee schedule | |
| BKR CHG MENINGITIS.ENCEPH.PNL.CSF|CSFM | 87483 | CPT | | | | inpatient | | | 894 | 479.3 | First Health | First Health | 625.8 | 70 | | | 268.2 | 268.2 | 849.3 percent of total billed charges | |
| BKR CHG MENINGITIS.ENCEPH.PNL.CSF|CSFM | 87483 | CPT | | | | inpatient | | | 894 | 479.3 | Horizon | MGD | 342.22 | 38.28 | | | 268.2 | 268.2 | 849.3 percent of total billed charges | |
| BKR CHG MENINGITIS.ENCEPH.PNL.CSF|CSFM | 87483 | CPT | | | | inpatient | | | 894 | 479.3 | WellPoint | WellPoint | 287.69 | 32.18 | | | 268.2 | 268.2 | 849.3 percent of total billed charges | |
| BKR CHG MENINGITIS.ENCEPH.PNL.CSF|CSFM | 87483 | CPT | | | | inpatient | | | 894 | 479.3 | UHC | Medicaid | 333.42 | | | | 268.2 | 268.2 | 849.3 fee schedule | |
| BKR CHG MENINGITIS.ENCEPH.PNL.CSF|CSFM | 87483 | CPT | | | | inpatient | | | 894 | 479.3 | Horizon | NJ Health | 448.23 | | | | 268.2 | 268.2 | 849.3 fee schedule | |
| BKR CHG MENINGITIS.ENCEPH.PNL.CSF|CSFM | 87483 | CPT | | | | inpatient | | | 894 | 479.3 | Horizon | PPO | 342.22 | 38.28 | | | 268.2 | 268.2 | 849.3 percent of total billed charges | |
| BKR CHG MENINGITIS.ENCEPH.PNL.CSF|CSFM | 87483 | CPT | | | | inpatient | | | 894 | 479.3 | Horizon | Medicare Blue | 268.2 | 30 | | | 268.2 | 268.2 | 849.3 percent of total billed charges | |
| BKR CHG MENINGITIS.ENCEPH.PNL.CSF|CSFM | 87483 | CPT | | | | inpatient | | | 894 | 479.3 | Wellcare | Medicare | 416.78 | | | | 268.2 | 268.2 | 849.3 fee schedule | |
| BKR CHG MENINGITIS.ENCEPH.PNL.CSF|CSFM | 87483 | CPT | | | | inpatient | | | 894 | 479.3 | Three Rivers | Three Rivers | 849.3 | 95 | | | 268.2 | 268.2 | 849.3 percent of total billed charges | |
| BKR CHG MENINGITIS.ENCEPH.PNL.CSF|CSFM | 87483 | CPT | | | | inpatient | | | 894 | 479.3 | Managed Care Inc | Managed Care Inc | 804.6 | 90 | | | 268.2 | 268.2 | 849.3 percent of total billed charges | |
| BKR CHG MENINGITIS.ENCEPH.PNL.CSF|CSFM | 87483 | CPT | | | | inpatient | | | 894 | 479.3 | Wellcare | Medicaid | 333.42 | | | | 268.2 | 268.2 | 849.3 fee schedule | |
| BKR CHG EHRLICHIA DETECTION PCR | 87484 | CPT | | | | outpatient | | | 327 | 40.35 | First Trenton | First Trenton | 294.3 | 90 | | | 33.9 | 33.9 | 310.65 percent of total billed charges | |
| BKR CHG EHRLICHIA DETECTION PCR | 87484 | CPT | | | | outpatient | | | 327 | 40.35 | Aetna | Better Health | 103.17 | 31.55 | | | 33.9 | 33.9 | 310.65 percent of total billed charges | |
| BKR CHG EHRLICHIA DETECTION PCR | 87484 | CPT | | | | outpatient | | | 327 | 40.35 | Americare | Americare | 245.25 | 75 | | | 33.9 | 33.9 | 310.65 percent of total billed charges | |
| BKR CHG EHRLICHIA DETECTION PCR | 87484 | CPT | | | | outpatient | | | 327 | 40.35 | Amerihealth | HMO/PPO | 212.55 | 65 | | | 33.9 | 33.9 | 310.65 percent of total billed charges | |
| BKR CHG EHRLICHIA DETECTION PCR | 87484 | CPT | | | | outpatient | | | 327 | 40.35 | Horizon | Indemnity | 125.18 | 38.28 | | | 33.9 | 33.9 | 310.65 percent of total billed charges | |
| BKR CHG EHRLICHIA DETECTION PCR | 87484 | CPT | | | | outpatient | | | 327 | 40.35 | Corrections | Corrections | 261.6 | 80 | | | 33.9 | 33.9 | 310.65 percent of total billed charges | |
| BKR CHG EHRLICHIA DETECTION PCR | 87484 | CPT | | | | outpatient | | | 327 | 40.35 | Aetna | Medicare | 100.72 | 30

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
| BKR CHG EHRLICHIA DETECTION PCR | 87484 | CPT | | | | outpatient | | | 327 | | 40.35 | Horizon | PPO | 125.18 | 38.28 | | | 33.9 | | 310.65 | percent of total billed charges | |
| BKR CHG EHRLICHIA DETECTION PCR | 87484 | CPT | | | | outpatient | | | 327 | | 40.35 | Consumer | Consumer | 310.65 | 95 | | | 33.9 | | 310.65 | percent of total billed charges | |
| BKR CHG EHRLICHIA DETECTION PCR | 87484 | CPT | | | | outpatient | | | 327 | | 40.35 | Horizon | MGD | 125.18 | 38.28 | | | 33.9 | | 310.65 | percent of total billed charges | |
| BKR CHG EHRLICHIA DETECTION PCR | 87484 | CPT | | | | outpatient | | | 327 | | 40.35 | UHC | Medicaid | 103.17 | 31.55 | | | 33.9 | | 310.65 | percent of total billed charges | |
| BKR CHG EHRLICHIA DETECTION PCR | 87484 | CPT | | | | outpatient | | | 327 | | 40.35 | Horizon | Medicare Blue | 98.1 | 30 | | | 33.9 | | 310.65 | percent of total billed charges | |
| BKR CHG EHRLICHIA DETECTION PCR | 87484 | CPT | | | | outpatient | | | 327 | | 40.35 | Three Rivers | Three Rivers | 310.65 | 95 | | | 33.9 | | 310.65 | percent of total billed charges | |
| BKR CHG EHRLICHIA DETECTION PCR | 87484 | CPT | | | | outpatient | | | 327 | | 40.35 | Managed Care Inc | Managed Care Inc | 294.3 | 90 | | | 33.9 | | 310.65 | percent of total billed charges | |
| BKR CHG EHRLICHIA DETECTION PCR | 87484 | CPT | | | | outpatient | | | 327 | | 40.35 | First Health | First Health | 228.9 | 70 | | | 33.9 | | 310.65 | percent of total billed charges | |
| BKR CHG EHRLICHIA DETECTION PCR | 87484 | CPT | | | | outpatient | | | 327 | | 40.35 | Wellcare | Medicare | 35.09 | | | | 33.9 | | 310.65 | fee schedule | |
| BKR CHG EHRLICHIA DETECTION PCR | 87484 | CPT | | | | outpatient | | | 327 | | 40.35 | Multiplan | Multiplan | 261.6 | 80 | | | 33.9 | | 310.65 | percent of total billed charges | |
| BKR CHG EHRLICHIA DETECTION PCR | 87484 | CPT | | | | outpatient | | | 327 | | 40.35 | WellPoint | WellPoint | 105.23 | 32.18 | | | 33.9 | | 310.65 | percent of total billed charges | |
| BKR CHG EHRLICHIA DETECTION PCR | 87484 | CPT | | | | outpatient | | | 327 | | 40.35 | Qualcare | Qualcare | 245.25 | 75 | | | 33.9 | | 310.65 | percent of total billed charges | |
| BKR CHG EHRLICHIA DETECTION PCR | 87484 | CPT | | | | outpatient | | | 327 | | 40.35 | UHC | Medicare | 35.09 | | | | 33.9 | | 310.65 | fee schedule | |
| BKR CHG EHRLICHIA DETECTION PCR | 87484 | CPT | | | | outpatient | | | 327 | | 40.35 | Wellcare | Medicaid | 103.17 | 31.55 | | | 33.9 | | 310.65 | percent of total billed charges | |
| BKR CHG IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ | 87486 | CPT | | | | both | | | 462 | | 40.35 | Multiplan | Multiplan | 369.6 | 80 | | | | 35.09 | 438.9 | percent of total billed charges | |
| BKR CHG IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ | 87486 | CPT | | | | both | | | 462 | | 40.35 | Consumer | Consumer | 438.9 | 95 | | | | 35.09 | 438.9 | percent of total billed charges | |
| BKR CHG IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ | 87486 | CPT | | | | both | | | 462 | | 40.35 | Aetna | Medicare | 142.3 | 30.8 | | 24.45 | | 35.09 | 438.9 | percent of total billed charges | |
| BKR CHG IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ | 87486 | CPT | | | | both | | | 462 | | 40.35 | First Health | First Health | 323.4 | 70 | | | | 35.09 | 438.9 | percent of total billed charges | |
| BKR CHG IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ | 87486 | CPT | | | | both | | | 462 | | 40.35 | Americare | Americare | 346.5 | 75 | | | | 35.09 | 438.9 | percent of total billed charges | |
| BKR CHG IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ | 87486 | CPT | | | | both | | | 462 | | 40.35 | Qualcare | Qualcare | 346.5 | 75 | | | | 35.09 | 438.9 | percent of total billed charges | |
| BKR CHG IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ | 87486 | CPT | | | | both | | | 462 | | 40.35 | Horizon | Medicare Blue | 138.6 | 30 | | 22.8 | | 35.09 | 438.9 | percent of total billed charges | |
| BKR CHG IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ | 87486 | CPT | | | | both | | | 462 | | 40.35 | Aetna | Better Health | 145.76 | 31.55 | | 56.71 | | 35.09 | 438.9 | percent of total billed charges | |
| BKR CHG IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ | 87486 | CPT | | | | both | | | 462 | | 40.35 | Amerihealth | HMO/PPO | 48.5 | | | | | 35.09 | 438.9 | fee schedule | |
| BKR CHG IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ | 87486 | CPT | | | | both | | | 462 | | 40.35 | First Trenton | First Trenton | 415.8 | 90 | | | | 35.09 | 438.9 | percent of total billed charges | |
| BKR CHG IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ | 87486 | CPT | | | | both | | | 462 | | 40.35 | Amerihealth | Medicare | 35.09 | | | | | 35.09 | 438.9 | fee schedule | |
| BKR CHG IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ | 87486 | CPT | | | | both | | | 462 | | 40.35 | Horizon | NJ Health | 38.96 | | | 33.05 | | 35.09 | 438.9 | fee schedule | |
| BKR CHG IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ | 87486 | CPT | | | | both | | | 462 | | 40.35 | Horizon | PPO | 176.85 | 38.28 | | 23.36 | | 35.09 | 438.9 | percent of total billed charges | |
| BKR CHG IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ | 87486 | CPT | | | | both | | | 462 | | 40.35 | UHC | Medicare | 35.09 | | | 30.43 | | 35.09 | 438.9 | fee schedule | |
| BKR CHG IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ | 87486 | CPT | | | | both | | | 462 | | 40.35 | Horizon | MGD | 176.85 | 38.28 | | 45.96 | | 35.09 | 438.9 | percent of total billed charges | |
| BKR CHG IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ | 87486 | CPT | | | | both | | | 462 | | 40.35 | Corrections | Corrections | 369.6 | 80 | | 45.4 | | 35.09 | 438.9 | percent of total billed charges | |
| BKR CHG IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ | 87486 | CPT | | | | both | | | 462 | | 40.35 | Wellcare | Medicare | 35.09 | | | | | 35.09 | 438.9 | fee schedule | |
| BKR CHG IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ | 87486 | CPT | | | | both | | | 462 | | 40.35 | Managed Care Inc | Managed Care Inc | 415.8 | 90 | | | | 35.09 | 438.9 | percent of total billed charges | |
| BKR CHG IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ | 87486 | CPT | | | | both | | | 462 | | 40.35 | WellPoint | WellPoint | 148.67 | 32.18 | | 32.98 | | 35.09 | 438.9 | percent of total billed charges | |
| BKR CHG IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ | 87486 | CPT | | | | both | | | 462 | | 40.35 | Three Rivers | Three Rivers | 438.9 | 95 | | | | 35.09 | 438.9 | percent of total billed charges | |
| BKR CHG IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ | 87486 | CPT | | | | both | | | 462 | | 40.35 | UHC | Medicaid | 38 | | | 56.61 | | 35.09 | 438.9 | fee schedule | |
| BKR CHG IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ | 87486 | CPT | | | | both | | | 462 | | 40.35 | Horizon | Indemnity | 176.85 | 38.28 | | 45.43 | | 35.09 | 438.9 | percent of total billed charges | |
| BKR CHG IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ | 87486 | CPT | | | | both | | | 462 | | 40.35 | Wellcare | Medicaid | 38 | | | 54.17 | | 35.09 | 438.9 | fee schedule | |
| BKR CHG CT.AMP.PROBE.TECH | 87491 | CPT | | | | both | | | 358 | | 40.35 | Aetna | Medicare | 110.26 | 30.8 | | 20.24 | | 23.7 | 340.1 | percent of total billed charges | |
| BKR CHG CT.AMP.PROBE.TECH | 87491 | CPT | | | | both | | | 358 | | 40.35 | Aetna | Better Health | 112.95 | 31.55 | | 37.25 | | 23.7 | 340.1 | percent of total billed charges | |
| BKR CHG CT.AMP.PROBE.TECH | 87491 | CPT | | | | both | | | 358 | | 40.35 | Horizon | PPO | 137.04 | 38.28 | | 32.31 | | 23.7 | 340.1 | percent of total billed charges | |
| BKR CHG CT.AMP.PROBE.TECH | 87491 | CPT | | | | both | | | 358 | | 40.35 | Americare | Americare | 268.5 | 75 | | | | 23.7 | 340.1 | percent of total billed charges | |
| BKR CHG CT.AMP.PROBE.TECH | 87491 | CPT | | | | both | | | 358 | | 40.35 | Consumer | Consumer | 340.1 | 95 | | | | 23.7 | 340.1 | percent of total billed charges | |
| BKR CHG CT.AMP.PROBE.TECH | 87491 | CPT | | | | both | | | 358 | | 40.35 | Horizon | Medicare Blue | 107.4 | 30 | | 10.02 | | 23.7 | 340.1 | percent of total billed charges | |
| BKR CHG CT.AMP.PROBE.TECH | 87491 | CPT | | | | both | | | 358 | | 40.35 | Horizon | MGD | 137.04 | 38.28 | | 28.48 | | 23.7 | 340.1 | percent of total billed charges | |
| BKR CHG CT.AMP.PROBE.TECH | 87491 | CPT | | | | both | | | 358 | | 40.35 | Amerihealth | HMO/PPO | 48.5 | | | 26.74 | | 23.7 | 340.1 | fee schedule | |
| BKR CHG CT.AMP.PROBE.TECH | 87491 | CPT | | | | both | | | 358 | | 40.35 | First Health | First Health | 250.6 | 70 | | | | 23.7 | 340.1 | percent of total billed charges | |
| BKR CHG CT.AMP.PROBE.TECH | 87491 | CPT | | | | both | | | 358 | | 40.35 | Wellcare | Medicaid | 38 | | | 37.37 | | 23.7 | 340.1 | fee schedule | |
| BKR CHG CT.AMP.PROBE.TECH | 87491 | CPT | | | | both | | | 358 | | 40.35 | WellPoint | WellPoint | 115.2 | 32.18 | | 40.22 | | 23.7 | 340.1 | percent of total billed charges | |
| BKR CHG CT.AMP.PROBE.TECH | 87491 | CPT | | | | both | | | 358 | | 40.35 | Amerihealth | Medicare | 35.09 | | | | | 23.7 | 340.1 | fee schedule | |
| BKR CHG CT.AMP.PROBE.TECH | 87491 | CPT | | | | both | | | 358 | | 40.35 | Corrections | Corrections | 286.4 | 80 | | 44.93 | | 23.7 | 340.1 | percent of total billed charges | |
| BKR CHG CT.AMP.PROBE.TECH | 87491 | CPT | | | | both | | | 358 | | 40.35 | First Trenton | First Trenton | 322.2 | 90 | | | | 23.7 | 340.1 | percent of total billed charges | |
| BKR CHG CT.AMP.PROBE.TECH | 87491 | CPT | | | | both | | | 358 | | 40.35 | Multiplan | Multiplan | 286.4 | 80 | | | | 23.7 | 340.1 | percent of total billed charges | |
| BKR CHG CT.AMP.PROBE.TECH | 87491 | CPT | | | | both | | | 358 | | 40.35 | Horizon | Indemnity | 137.04 | 38.28 | | 29.63 | | 23.7 | 340.1 | percent of total billed charges | |
| BKR CHG CT.AMP.PROBE.TECH | 87491 | CPT | | | | both | | | 358 | | 40.35 | Horizon | NJ Health | 38.96 | | | 15.37 | | 23.7 | 340.1 | fee schedule | |
| BKR CHG CT.AMP.PROBE.TECH | 87491 | CPT | | | | both | | | 358 | | 40.35 | Wellcare | Medicare | 35.09 | | | 20.85 | | 23.7 | 340.1 | fee schedule | |
| BKR CHG CT.AMP.PROBE.TECH | 87491 | CPT | | | | both | | | 358 | | 40.35 | Qualcare | Qualcare | 268.5 | 75 | | | | 23.7 | 340.1 | percent of total billed charges | |
| BKR CHG CT.AMP.PROBE.TECH | 87491 | CPT | | | | both | | | 358 | | 40.35 | Managed Care Inc | Managed Care Inc | 322.2 | 90 | | | | 23.7 | 340.1 | percent of total billed charges | |
| BKR CHG CT.AMP.PROBE.TECH | 87491 | CPT | | | | both | | | 358 | | 40.35 | UHC | Medicaid | 38 | | | 32.6 | | 23.7 | 340.1 | fee schedule | |
| BKR CHG CT.AMP.PROBE.TECH | 87491 | CPT | | | | both | | | 358 | | 40.35 | Three Rivers | Three Rivers | 340.1 | 95 | | | | 23.7 | 340.1 | percent of total billed charges | |
| BKR CHG CT.AMP.PROBE.TECH | 87491 | CPT | | | | both | | | 358 | | 40.35 | UHC | Medicare | 35.09 | | | 15.66 | | 23.7 | 340.1 | fee schedule | |
| BKR CHG CLOSTRIDIUM DIFFICILE PCR | 87493 | CPT | | | | outpatient | | | 1588 | | 42.86 | Americare | Americare | 1191 | 75 | | | | 29.78 | 1508.6 | percent of total billed charges | |
| BKR CHG CLOSTRIDIUM DIFFICILE PCR | 87493 | CPT | | | | outpatient | | | 1588 | | 42.86 | Amerihealth | Medicare | 37.27 | | | | | 29.78 | 1508.6 | fee schedule | |
| BKR CHG CLOSTRIDIUM DIFFICILE PCR | 87493 | CPT | | | | outpatient | | | 1588 | | 42.86 | Consumer | Consumer | 1508.6 | 95 | | | | 29.78 | 1508.6 | percent of total billed charges | |
| BKR CHG CLOSTRIDIUM DIFFICILE PCR | 87493 | CPT | | | | outpatient | | | 1588 | | 42.86 | Aetna | Better Health | 501.01 | 31.55 | | | | 29.78 | 1508.6 | percent of total billed charges | |
| BKR CHG CLOSTRIDIUM DIFFICILE PCR | 87493 | CPT | | | | outpatient | | | 1588 | | 42.86 | Horizon | Medicare Blue | 476.4 | 30 | | | | 29.78 | 1508.6 | percent of total billed charges | |
| BKR CHG CLOSTRIDIUM DIFFICILE PCR | 87493 | CPT | | | | outpatient | | | 1588 | | 42.86 | Wellcare | Medicaid | 29.82 | | | | | 29.78 | 1508.6 | fee schedule | |
| BKR CHG CLOSTRIDIUM DIFFICILE PCR | 87493 | CPT | | | | outpatient | | | 1588 | | 42.86 | Aetna | Medicare | 489.1 | 30.8 | | | | 29.78 | 1508.6 | percent of total billed charges | |
| BKR CHG CLOSTRIDIUM DIFFICILE PCR | 87493 | CPT | | | | outpatient | | | 1588 | | 42.86 | Amerihealth | HMO/PPO | 29.78 | | | | | 29.78 | 1508.6 | fee schedule | |
| BKR CHG CLOSTRIDIUM DIFFICILE PCR | 87493 | CPT | | | | outpatient | | | 1588 | | 42.86 | Horizon | PPO | 607.89 | 38.28 | | | | 29.78 | 1508.6 | percent of total billed charges | |
| BKR CHG CLOSTRIDIUM DIFFICILE PCR | 87493 | CPT | | | | outpatient | | | 1588 | | 42.86 | First Health | First Health | 1111.6 | 70 | | | | 29.78 | 1508.6 | percent of total billed charges | |
| BKR CHG CLOSTRIDIUM DIFFICILE PCR | 87493 | CPT | | | | outpatient | | | 1588 | | 42.86 | Corrections | Corrections | 1270.4 | 80 | | | | 29.78 | 1508.6 | percent of total billed charges | |
| BKR CHG CLOSTRIDIUM DIFFICILE PCR | 87493 | CPT | | | | outpatient | | | 1588 | | 42.86 | Horizon | Indemnity | 607.89 | 38.28 | | | | 29.78 | 1508.6 | percent of total billed charges | |
| BKR CHG CLOSTRIDIUM DIFFICILE PCR | 87493 | CPT | | | | outpatient | | | 1588 | | 42.86 | Three Rivers | Three Rivers | 1508.6 | 95 | | | | 29.78 | 1508.6 | percent of total billed charges | |
| BKR CHG CLOSTRIDIUM DIFFICILE PCR | 87493 | CPT | | | | outpatient | | | 1588 | | 42.86 | UHC | Medicaid | 29.82 | | | | | 29.78 | 1508.6 | fee schedule | |
| BKR CHG CLOSTRIDIUM DIFFICILE PCR | 87493 | CPT | | | | outpatient | | | 1588 | | 42.86 | Multiplan | Multiplan | 1270.4 | 80 | | | | 29.78 | 1508.6 | percent of total billed charges | |
| BKR CHG CLOSTRIDIUM DIFFICILE PCR | 87493 | CPT | | | | outpatient | | | 1588 | | 42.86 | Wellcare | Medicare | 37.27 | | | | | 29.78 | 1508.6 | fee schedule | |
| BKR CHG CLOSTRIDIUM DIFFICILE PCR | 87493 | CPT | | | | outpatient | | | 1588 | | 42.86 | First Trenton | First Trenton | 1429.2 | 90 | | | | 29.78 | 1508.6 | percent of total billed charges | |
| BKR CHG CLOSTRIDIUM DIFFICILE PCR | 87493 | CPT | | | | outpatient | | | 1588 | | 42.86 | Qualcare | Qualcare | 1191 | 75 | | | | 29.78 | 1508.6 | percent of total billed charges | |
| BKR CHG CLOSTRIDIUM DIFFICILE PCR | 87493 | CPT | | | | outpatient | | | 1588 | | 42.86 | Horizon | MGD | 607.89 | 38.28 | | | | 29.78 | 1508.6 | percent of total billed charges | |
| BKR CHG CLOSTRIDIUM DIFFICILE PCR | 87493 | CPT | | | | outpatient | | | 1588 | | 42.86 | UHC | Medicare | 37.27 | | | | | 29.78 | 1508.6 | fee schedule | |
| BKR CHG CLOSTRIDIUM DIFFICILE PCR | 87493 | CPT | | | | outpatient | | | 1588 | | 42.86 | Horizon | NJ Health | 38.96 | | | | | 29.78 | 1508.6 | fee schedule | |
| BKR CHG CLOSTRIDIUM DIFFICILE PCR | 87493 | CPT | | | | outpatient | | | 1588 | | 42.86 | Managed Care Inc | Managed Care Inc | 1429.2 | 90 | | | | 29.78 | 1508.6 | percent of total billed charges | |
| BKR CHG CLOSTRIDIUM DIFFICILE PCR | 87493 | CPT | | | | outpatient | | | 1588 | | 42.86 | WellPoint | WellPoint | 511.02 | 32.18 | | | | 29.78 | 1508.6 | percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS AMP PROBE TECHNIQUE | 87496 | CPT | | | | both | | | 1362 | | 40.35 | Corrections | Corrections | 1089.6 | 80 | | | | 35.09 | 1293.9 | percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS AMP PROBE TECHNIQUE | 87496 | CPT | | | | both | | | 1362 | | 40.35 | Consumer | Consumer | 1293.9 | 95 | | | | 35.09 | 1293.9 | percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS AMP PROBE TECHNIQUE | 87496 | CPT | | | | both | | | 1362 | | 40.35 | Aetna | Medicare | 419.5 | 30.8 | | | | 35.09 | 1293.9 | percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS AMP PROBE TECHNIQUE | 87496 | CPT | | | | both | | | 1362 | | 40.35 | Amerihealth | Medicare | 35.09 | | | | | 35.09 | 1293.9 | fee schedule | |
| BKR CHG CYTOMEGALOVIRUS AMP PROBE TECHNIQUE | 87496 | CPT | | | | both | | | 1362 | | 40.35 | Aetna | Better Health | 429.71 | 31.55 | | | | 35.09 | 1293.9 | percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS AMP PROBE TECHNIQUE | 87496 | CPT | | | | both | | | 1362 | | 40.35 | Americare | Americare | 1021.5 | 75 | | | | 35.09 | 1293.9 | percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS AMP PROBE TECHNIQUE | 87496 | CPT | | | | both | | | 1362 | | 40.35 | First Health | First Health | 953.4 | 70 | | | | 35.09 | 1293.9 | percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS AMP PROBE TECHNIQUE | 87496 | CPT | | | | both | | | 1362 | | 40.35 | Horizon | Indemnity | 521.37 | 38.28 | | | | 35.09 | 1293.9 | percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS AMP PROBE TECHNIQUE | 87496 | CPT | | | | both | | | 1362 | | 40.35 | Horizon | Medicare Blue | 408.6 | 30 | | | | 35.09 | 1293.9 | percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS AMP PROBE TECHNIQUE | 87496 | CPT | | | | both | | | 1362 | | 40.35 | Horizon | NJ Health | 154.92 | | | | | 35.09 | 1293.9 | fee schedule | |
| BKR CHG CYTOMEGALOVIRUS AMP PROBE TECHNIQUE | 87496 | CPT | | | | both | | | 1362 | | 40.35 | Amerihealth | HMO/PPO | 48.5 | | | | | 35.09 | 1293.9 | fee schedule | |
| BKR CHG CYTOMEGALOVIRUS AMP PROBE TECHNIQUE | 87496 | CPT | | | | both | | | 1362 | | 40.35 | First Trenton | First Trenton | 1225.8 | 90 | | | | 35.09 | 1293.9 | percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS AMP PROBE TECHNIQUE | 87496 | CPT | | | | both | | | 1362 | | 40.35 | UHC | Medicare | 35.09 | | | | | 35.09 | 1293.9 | fee schedule | |
| BKR CHG CYTOMEGALOVIRUS AMP PROBE TECHNIQUE | 87496 | CPT | | | | both | | | 1362 | | 40.35 | Multiplan | Multiplan | 1089.6 | 80 | | | | 35.09 | 1293.9 | percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS AMP PROBE TECHNIQUE | 87496 | CPT | | | | both | | | 1362 | | 40.35 | Horizon | MGD | 521.37 | 38.28 | | | | 35.09 | 1293.9 | percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS AMP PROBE TECHNIQUE | 87496 | CPT | | | | both | | | 1362 | | 40.35 | WellPoint | WellPoint | 438.29 | 32.18 | | | | 35.09 | 1293.9 | percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS AMP PROBE TECHNIQUE | 87496 | CPT | | | | both | | | 1362 | | 40.35 | Wellcare | Medicare | 35.09 | | | | | 35.09 | 1293.9 | fee schedule | |
| BKR CHG CYTOMEGALOVIRUS AMP PROBE TECHNIQUE | 87496 | CPT | | | | both | | | 1362 | | 40.35 | Three Rivers | Three Rivers | 1293.9 | 95 | | | | 35.09 | 1293.9 | percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS AMP PROBE TECHNIQUE | 87496 | CPT | | | | both | | | 1362 | | 40.35 | Horizon | PPO | 521.37 | 38.28 | | | | 35.09 | 1293.9 | percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS AMP PROBE TECHNIQUE | 87496 | CPT | | | | both | | | 1362 | | 40.35 | Qualcare | Qualcare | 1021.5 | 75 | | | | 35.09 | 1293.9 | percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS AMP PROBE TECHNIQUE | 87496 | CPT | | | | both | | | 1362 | | 40.35 | Managed Care Inc | Managed Care Inc | 1225.8 | 90 | | | | 35.09 | 1293.9 | percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS AMP PROBE TECHNIQUE | 87496 | CPT | | | | both | | | 1362 | | 40.35 | UHC | Medicaid | 38 | | | | | 35.09 | 1293.9 | fee schedule | |
| BKR CHG CYTOMEGALOVIRUS AMP PROBE TECHNIQUE | 87496 | CPT | | | | both | | | 1362 | | 40.35 | Wellcare | Medicaid | 38 | | | | | 35.09 | 1293.9 | fee schedule | |
| BKR CHG CYTOMEGALOVIRUS QUANT | 87497 | CPT | | | | both | | | 1450 | | 49.27 | UHC | Medicare | 42.84 | | | 63.79 | | 20 | 1377.5 | fee schedule | |
| BKR CHG CYTOMEGALOVIRUS QUANT | 87497 | CPT | | | | both | | | 1450 | | 49.27 | Aetna | Better Health | 457.48 | 31.55 | | 115.21 | | 20 | 1377.5 | percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS QUANT | 87497 | CPT | | | | both | | | 1450 | | 49.27 | Aetna | Medicare | 446.6 | 30.8 | | 50.3 | | 20 | 1377.5 | percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS QUANT | 87497 | CPT | | | | both | | | 1450 | | 49.27 | Amerihealth | Medicare | 42.84 | | | | | 20 | 1377.5 | fee schedule | |
| BKR CHG CYTOMEGALOVIRUS QUANT | 87497 | CPT | | | | both | | | 1450 | | 49.27 | Horizon | NJ Health | 47.57 | | | 32.55 | | 20 | 1377.5 | fee schedule | |
| BKR CHG CYTOMEGALOVIRUS QUANT | 87497 | CPT | | | | both | | | 1450 | | 49.27 | Consumer | Consumer | 1377.5 | 95 | | | | 20 | 1377.5 | percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS QUANT | 87497 | CPT | | | | both | | | 1450 | | 49.27 | Americare | Americare | 1087.5 | 75 | | | | 20 | 1377.5 | percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS QUANT | 87497 | CPT | | | | both | | | 1450 | | 49.27 | Corrections | Corrections | 1160 | 80 | | | | 20 | 1377.5 | percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS QUANT | 87497 | CPT | | | | both | | | 1450 | | 49.27 | WellPoint | WellPoint | 466.61 | 32.18 | | 345.15 | | 20 | 1377.5 | percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS QUANT | 87497 | CPT | | | | both | | | 1450 | | 49.27 | Horizon | PPO | 555.06 | 38.28 | | 75.19 | | 20 | 1377.5 | percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS QUANT | 87497 | CPT | | | | both | | | 1450 | | 49.27 | First Trenton | First Trenton | 1305 | 90 | | | | 20 | 1377.5 | percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS QUANT | 87497 | CPT | | | | both | | | 1450 | | 49.27 | First Health | First Health | 1015 | 70 | | | | 20 | 1377.5 | percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS QUANT | 87497 | CPT | | | | both | | | 1450 | | 49.27 | Amerihealth | HMO/PPO | 59.2 | | | 82.67 | | 20 | 1377.5 | fee schedule | |
| BKR CHG CYTOMEGALOVIRUS QUANT | 87497 | CPT | | | | both | | | 1450 | | 49.27 | Wellcare | Medicaid | 20 | | | 114.5 | | 20 | 1377.5 | fee schedule | |
| BKR CHG CYTOMEGALOVIRUS QUANT | 87497 | CPT | | | | both | | | 1450 | | 49.27 | Horizon | Indemnity | 555.06 | 38.28 | | 188.38 | | 20 | 1377.5 | percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS QUANT | 87497 | CPT | | | | both | | | 1450 | | 49.27 | Horizon | Medicare Blue | 435 | 30 | | 67.76 | | 20 | 1377.5 | percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS QUANT | 87497 | CPT | | | | both | | | 1450 | | 49.27 | Managed Care Inc | Managed Care Inc | 1305 | 90 | | | | 20 | 1377.5 | percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS QUANT | 87497 | CPT | | | | both | | | 1450 | | 49.27 | Wellcare | Medicare | 42.84 | | | 81.79 | | 20 | 1377.5 | fee schedule | |
| BKR CHG CYTOMEGALOVIRUS QUANT | 87497 | CPT | | | | both | | | 1450 | | 49.27 | Three Rivers | Three Rivers | 1377.5 | 95 | | | | 20 | 1377.5 | percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS QUANT | 87497 | CPT | | | | both | | | 1450 | | 49.27 | Horizon | MGD | 555.06 | 38.28 | | 211.9 | | 20 | 1377.5 | percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS QUANT | 87497 | CPT | | | | both | | | 1450 | | 49.27 | UHC | Medicaid | 20 | | | 110.72 | | 20 | 1377.5 | fee schedule | |
| BKR CHG CYTOMEGALOVIRUS QUANT | 87497 | CPT | | | | both | | | 1450 | | 49.27 | Multiplan | Multiplan | 1160 | 80 | | | | 20 | 1377.5 | percent of total billed charges | |
| BKR CHG CYTOMEGALOVIRUS QUANT | 87497 | CPT | | | | both | | | 1450 | | 49.27 | Qualcare | Qualcare | 1087.5 | 75 | | | | 20 | 1377.5 | percent of total billed charges | |
| BKR CHG ENTEROVIRUS RT-PCR(138636) | 87498 | CPT | | | | both | | | 1060 | | 40.35 | Aetna | Medicare | 326.48 | 30.8 | | | | 28.07 | 1007 | percent of total billed charges | |
| BKR CHG ENTEROVIRUS RT-PCR(138636) | 87498 | CPT | | | | both | | | 1060 | | 40.35 | Aetna | Better Health | 334.43 | 31.55 | | | | 28.07 | 1007 | percent of total billed charges | |
| BKR CHG ENTEROVIRUS RT-PCR(138636) | 87498 | CPT | | | | both | | | 1060 | | 40.35 | First Trenton | First Trenton | 954 | 90 | | | | 28.07 | 1007 | percent of total billed charges | |
| BKR CHG ENTEROVIRUS RT-PCR(138636) | 87498 | CPT | | | | both | | | 1060 | | 40.35 | First Health | First Health | 742 | 70 | | | | 28.07 | 1007 | percent of total billed charges | |
| BKR CHG ENTEROVIRUS RT-PCR(138636) | 87498 | CPT | | | | both | | | 1060 | | 40.35 | Americare | Americare | 795 | 75 | | | | 28.07 | 1007 | percent of total billed charges | |
| BKR CHG ENTEROVIRUS RT-PCR(138636) | 87498 | CPT | | | | both | | | 1060 | | 40.35 | Amerihealth | Medicare | 35.09 | | | | | 28.07 | 1007 | fee schedule | |
| BKR CHG ENTEROVIRUS RT-PCR(138636) | 87498 | CPT | | | | both | | | 1060 | | 40.35 | Horizon | Indemnity | 405.77 | 38.28 | | | | 28.07 | 1007 | percent of total billed charges | |
| BKR CHG ENTEROVIRUS RT-PCR(138636) | 87498 | CPT | | | | both | | | 1060 | | 40.35 | Consumer | Consumer | 1007 | 95 | | | | 28.07 | 1007 | percent of total billed charges | |
| BKR CHG ENTEROVIRUS RT-PCR(138636) | 87498 | CPT | | | | both | | | 1060 | | 40.35 | Amerihealth | HMO/PPO | 48.5 | | | | | 28.07 | 1007 | fee schedule | |
| BKR CHG ENTEROVIRUS RT-PCR(138636) | 87498 | CPT | | | | both | | | 1060 | | 40.35 | Corrections | Corrections | 848 | 80 | | | | 28.07 | 1007 | percent of total billed charges | |
| BKR CHG ENTEROVIRUS RT-PCR(138636) | 87498 | CPT | | | | both | | | 1060 | | 40.35 | Horizon | PPO | 405.77 | 38.28 | | | | 28.07 | 1007 | percent of total billed charges | |
| BKR CHG ENTEROVIRUS RT-PCR(138636) | 87498 | CPT | | | | both | | | 1060 | | 40.35 | Multiplan | Multiplan | 848 | 80 | | | | 28.07 | 1007 | percent of total billed charges | |
| BKR CHG ENTEROVIRUS RT-PCR(138636) | 87498 | CPT | | | | both | | | 1060 | | 40.35 | UHC | Medicaid | 28.07 | | | | | 28.07 | 1007 | fee schedule | |
| BKR CHG ENTEROVIRUS RT-PCR(138636) | 87498 | CPT | | | | both | | | 1060 | | 40.35 | Horizon | NJ Health | 96.12 | | | | | 28.07 | 1007 | fee schedule | |
| BKR CHG ENTEROVIRUS RT-PCR(138636) | 87498 | CPT | | | | both | | | 1060 | | 40.35 | Horizon | Medicare Blue | 318 | 30 | | | | 28.07 | 1007 | percent of total billed charges | |
| BKR CHG ENTEROVIRUS RT-PCR(138636) | 87498 | CPT | | | | both | | | 1060 | | 40.35 | Qualcare | Qualcare | 795 | 75 | | | | 28.07 | 1007 | percent of total billed charges | |
| BKR CHG ENTEROVIRUS RT-PCR(138636) | 87498 | CPT | | | | both | | | 1060 | | 40.35 | Horizon | MGD | 405.77 | 38.28 | | | | 28.07 | 1007 | percent of total billed charges | |
| BKR CHG ENTEROVIRUS RT

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG ENTEROVIRUS RT-PCR(138636) | 87498 | CPT | | | | both | | | 1060 | 40.35 | Wellcare | Medicare | 35.09 | | | | 28.07 | | 1007 fee schedule | |
| BKR CHG ENTEROVIRUS RT-PCR(138636) | 87498 | CPT | | | | both | | | 1060 | 40.35 | UHC | Medicare | 35.09 | | | | 28.07 | | 1007 fee schedule | |
| BKR CHG ENTEROVIRUS RT-PCR(138636) | 87498 | CPT | | | | both | | | 1060 | 40.35 | Wellcare | Medicaid | 28.07 | | | | 28.07 | | 1007 fee schedule | |
| BKR CHG ENTEROVIRUS RT-PCR(138636) | 87498 | CPT | | | | both | | | 1060 | 40.35 | WellPoint | WellPoint | 341.11 | 32.18 | | | 28.07 | | 1007 percent of total billed charges | |
| BKR CHG INF AGNT DET NUC ACID VANCO R | 87500 | CPT | | | | outpatient | | | 252 | 40.35 | Consumer | Consumer | 239.4 | 95 | | | 28.07 | | 239.4 percent of total billed charges | |
| BKR CHG INF AGNT DET NUC ACID VANCO R | 87500 | CPT | | | | outpatient | | | 252 | 40.35 | Americare | Americare | 189 | 75 | | | 28.07 | | 239.4 percent of total billed charges | |
| BKR CHG INF AGNT DET NUC ACID VANCO R | 87500 | CPT | | | | outpatient | | | 252 | 40.35 | First Health | First Health | 176.4 | 70 | | | 28.07 | | 239.4 percent of total billed charges | |
| BKR CHG INF AGNT DET NUC ACID VANCO R | 87500 | CPT | | | | outpatient | | | 252 | 40.35 | Aetna | Medicare | 77.62 | 30.8 | | | 28.07 | | 239.4 percent of total billed charges | |
| BKR CHG INF AGNT DET NUC ACID VANCO R | 87500 | CPT | | | | outpatient | | | 252 | 40.35 | Wellcare | Medicaid | 28.07 | | | | 28.07 | | 239.4 fee schedule | |
| BKR CHG INF AGNT DET NUC ACID VANCO R | 87500 | CPT | | | | outpatient | | | 252 | 40.35 | Horizon | Indemnity | 96.47 | 38.28 | | | 28.07 | | 239.4 percent of total billed charges | |
| BKR CHG INF AGNT DET NUC ACID VANCO R | 87500 | CPT | | | | outpatient | | | 252 | 40.35 | Aetna | Better Health | 79.51 | 31.55 | | | 28.07 | | 239.4 percent of total billed charges | |
| BKR CHG INF AGNT DET NUC ACID VANCO R | 87500 | CPT | | | | outpatient | | | 252 | 40.35 | Amerihealth | Medicare | 35.09 | | | | 28.07 | | 239.4 fee schedule | |
| BKR CHG INF AGNT DET NUC ACID VANCO R | 87500 | CPT | | | | outpatient | | | 252 | 40.35 | Multiplan | Multiplan | 201.6 | 80 | | | 28.07 | | 239.4 percent of total billed charges | |
| BKR CHG INF AGNT DET NUC ACID VANCO R | 87500 | CPT | | | | outpatient | | | 252 | 40.35 | UHC | Medicaid | 28.07 | | | | 28.07 | | 239.4 fee schedule | |
| BKR CHG INF AGNT DET NUC ACID VANCO R | 87500 | CPT | | | | outpatient | | | 252 | 40.35 | Corrections | Corrections | 201.6 | 80 | | | 28.07 | | 239.4 percent of total billed charges | |
| BKR CHG INF AGNT DET NUC ACID VANCO R | 87500 | CPT | | | | outpatient | | | 252 | 40.35 | Amerihealth | HMO/PPO | 48.5 | | | | 28.07 | | 239.4 fee schedule | |
| BKR CHG INF AGNT DET NUC ACID VANCO R | 87500 | CPT | | | | outpatient | | | 252 | 40.35 | Qualcare | Qualcare | 189 | 75 | | | 28.07 | | 239.4 percent of total billed charges | |
| BKR CHG INF AGNT DET NUC ACID VANCO R | 87500 | CPT | | | | outpatient | | | 252 | 40.35 | First Trenton | First Trenton | 226.8 | 90 | | | 28.07 | | 239.4 percent of total billed charges | |
| BKR CHG INF AGNT DET NUC ACID VANCO R | 87500 | CPT | | | | outpatient | | | 252 | 40.35 | Horizon | Medicare Blue | 75.6 | 30 | | | 28.07 | | 239.4 percent of total billed charges | |
| BKR CHG INF AGNT DET NUC ACID VANCO R | 87500 | CPT | | | | outpatient | | | 252 | 40.35 | Horizon | MGD | 96.47 | 38.28 | | | 28.07 | | 239.4 percent of total billed charges | |
| BKR CHG INF AGNT DET NUC ACID VANCO R | 87500 | CPT | | | | outpatient | | | 252 | 40.35 | UHC | Medicare | 35.09 | | | | 28.07 | | 239.4 fee schedule | |
| BKR CHG INF AGNT DET NUC ACID VANCO R | 87500 | CPT | | | | outpatient | | | 252 | 40.35 | Horizon | NJ Health | 45.24 | | | | 28.07 | | 239.4 fee schedule | |
| BKR CHG INF AGNT DET NUC ACID VANCO R | 87500 | CPT | | | | outpatient | | | 252 | 40.35 | Wellcare | Medicare | 35.09 | | | | 28.07 | | 239.4 fee schedule | |
| BKR CHG INF AGNT DET NUC ACID VANCO R | 87500 | CPT | | | | outpatient | | | 252 | 40.35 | Horizon | PPO | 96.47 | 38.28 | | | 28.07 | | 239.4 percent of total billed charges | |
| BKR CHG INF AGNT DET NUC ACID VANCO R | 87500 | CPT | | | | outpatient | | | 252 | 40.35 | WellPoint | WellPoint | 81.09 | 32.18 | | | 28.07 | | 239.4 percent of total billed charges | |
| BKR CHG INF AGNT DET NUC ACID VANCO R | 87500 | CPT | | | | outpatient | | | 252 | 40.35 | Managed Care Inc | Managed Care Inc | 226.8 | 90 | | | 28.07 | | 239.4 percent of total billed charges | |
| BKR CHG INF AGNT DET NUC ACID VANCO R | 87500 | CPT | | | | outpatient | | | 252 | 40.35 | Three Rivers | Three Rivers | 239.4 | 95 | | | 28.07 | | 239.4 percent of total billed charges | |
| BKR CHG AMPLIF NA PROBE EA; DNA/RNA | 87507 | CPT | | | | both | | | 1994 | 479.3 | First Health | First Health | 1395.8 | 70 | | | 333.42 | | 1894.3 percent of total billed charges | |
| BKR CHG AMPLIF NA PROBE EA; DNA/RNA | 87507 | CPT | | | | both | | | 1994 | 479.3 | Horizon | Medicare Blue | 598.2 | 30 | | | 333.42 | | 1894.3 percent of total billed charges | |
| BKR CHG AMPLIF NA PROBE EA; DNA/RNA | 87507 | CPT | | | | both | | | 1994 | 479.3 | Amerihealth | Medicare | 416.78 | | | | 333.42 | | 1894.3 fee schedule | |
| BKR CHG AMPLIF NA PROBE EA; DNA/RNA | 87507 | CPT | | | | both | | | 1994 | 479.3 | Consumer | Consumer | 1894.3 | 95 | | | 333.42 | | 1894.3 percent of total billed charges | |
| BKR CHG AMPLIF NA PROBE EA; DNA/RNA | 87507 | CPT | | | | both | | | 1994 | 479.3 | Aetna | Medicare | 614.15 | 30.8 | | | 333.42 | | 1894.3 percent of total billed charges | |
| BKR CHG AMPLIF NA PROBE EA; DNA/RNA | 87507 | CPT | | | | both | | | 1994 | 479.3 | Aetna | Better Health | 629.11 | 31.55 | | 339.53 | 333.42 | | 1894.3 percent of total billed charges | |
| BKR CHG AMPLIF NA PROBE EA; DNA/RNA | 87507 | CPT | | | | both | | | 1994 | 479.3 | Horizon | Indemnity | 763.3 | 38.28 | | | 333.42 | | 1894.3 percent of total billed charges | |
| BKR CHG AMPLIF NA PROBE EA; DNA/RNA | 87507 | CPT | | | | both | | | 1994 | 479.3 | Americare | Americare | 1495.5 | 75 | | | 333.42 | | 1894.3 percent of total billed charges | |
| BKR CHG AMPLIF NA PROBE EA; DNA/RNA | 87507 | CPT | | | | both | | | 1994 | 479.3 | Horizon | NJ Health | 444.67 | | | 71.13 | 333.42 | | 1894.3 fee schedule | |
| BKR CHG AMPLIF NA PROBE EA; DNA/RNA | 87507 | CPT | | | | both | | | 1994 | 479.3 | Corrections | Corrections | 1595.2 | 80 | | | 333.42 | | 1894.3 percent of total billed charges | |
| BKR CHG AMPLIF NA PROBE EA; DNA/RNA | 87507 | CPT | | | | both | | | 1994 | 479.3 | First Trenton | First Trenton | 1794.6 | 90 | | | 333.42 | | 1894.3 percent of total billed charges | |
| BKR CHG AMPLIF NA PROBE EA; DNA/RNA | 87507 | CPT | | | | both | | | 1994 | 479.3 | Three Rivers | Three Rivers | 1894.3 | 95 | | | 333.42 | | 1894.3 percent of total billed charges | |
| BKR CHG AMPLIF NA PROBE EA; DNA/RNA | 87507 | CPT | | | | both | | | 1994 | 479.3 | Horizon | PPO | 763.3 | 38.28 | | 417.96 | 333.42 | | 1894.3 percent of total billed charges | |
| BKR CHG AMPLIF NA PROBE EA; DNA/RNA | 87507 | CPT | | | | both | | | 1994 | 479.3 | UHC | Medicare | 416.78 | | | 258.14 | 333.42 | | 1894.3 fee schedule | |
| BKR CHG AMPLIF NA PROBE EA; DNA/RNA | 87507 | CPT | | | | both | | | 1994 | 479.3 | WellPoint | WellPoint | 641.67 | 32.18 | | 313.16 | 333.42 | | 1894.3 percent of total billed charges | |
| BKR CHG AMPLIF NA PROBE EA; DNA/RNA | 87507 | CPT | | | | both | | | 1994 | 479.3 | Amerihealth | HMO/PPO | 1296.1 | 65 | | | 333.42 | | 1894.3 percent of total billed charges | |
| BKR CHG AMPLIF NA PROBE EA; DNA/RNA | 87507 | CPT | | | | both | | | 1994 | 479.3 | Wellcare | Medicare | 416.78 | | | | 333.42 | | 1894.3 fee schedule | |
| BKR CHG AMPLIF NA PROBE EA; DNA/RNA | 87507 | CPT | | | | both | | | 1994 | 479.3 | Wellcare | Medicaid | 333.42 | | | | 333.42 | | 1894.3 fee schedule | |
| BKR CHG AMPLIF NA PROBE EA; DNA/RNA | 87507 | CPT | | | | both | | | 1994 | 479.3 | Horizon | MGD | 763.3 | 38.28 | | 416 | 333.42 | | 1894.3 percent of total billed charges | |
| BKR CHG AMPLIF NA PROBE EA; DNA/RNA | 87507 | CPT | | | | both | | | 1994 | 479.3 | Multiplan | Multiplan | 1595.2 | 80 | | | 333.42 | | 1894.3 percent of total billed charges | |
| BKR CHG AMPLIF NA PROBE EA; DNA/RNA | 87507 | CPT | | | | both | | | 1994 | 479.3 | Managed Care Inc | Managed Care Inc | 1794.6 | 90 | | | 333.42 | | 1894.3 percent of total billed charges | |
| BKR CHG AMPLIF NA PROBE EA; DNA/RNA | 87507 | CPT | | | | both | | | 1994 | 479.3 | Quakcare | Qualcare | 1495.5 | 75 | | | 333.42 | | 1894.3 percent of total billed charges | |
| BKR CHG AMPLIF NA PROBE EA; DNA/RNA | 87507 | CPT | | | | both | | | 1994 | 479.3 | UHC | Medicaid | 333.42 | | | 509.22 | 333.42 | | 1894.3 fee schedule | |
| BKR CHG HEPATITIS B VIRUS | 87517 | CPT | | | | both | | | 1160 | 49.27 | First Trenton | First Trenton | 1044 | 90 | | | 20 | | 1102 percent of total billed charges | |
| BKR CHG HEPATITIS B VIRUS | 87517 | CPT | | | | both | | | 1160 | 49.27 | Aetna | Better Health | 365.98 | 31.55 | | 64.84 | 20 | | 1102 percent of total billed charges | |
| BKR CHG HEPATITIS B VIRUS | 87517 | CPT | | | | both | | | 1160 | 49.27 | First Health | First Health | 812 | 70 | | | 20 | | 1102 percent of total billed charges | |
| BKR CHG HEPATITIS B VIRUS | 87517 | CPT | | | | both | | | 1160 | 49.27 | Amerihealth | HMO/PPO | 59.2 | | | 60.7 | 20 | | 1102 fee schedule | |
| BKR CHG HEPATITIS B VIRUS | 87517 | CPT | | | | both | | | 1160 | 49.27 | Horizon | NJ Health | 47.57 | | | 15.94 | 20 | | 1102 fee schedule | |
| BKR CHG HEPATITIS B VIRUS | 87517 | CPT | | | | both | | | 1160 | 49.27 | Horizon | Medicare Blue | 348 | 30 | | 44.07 | 20 | | 1102 percent of total billed charges | |
| BKR CHG HEPATITIS B VIRUS | 87517 | CPT | | | | both | | | 1160 | 49.27 | Amerihealth | Medicare | 42.84 | | | | 20 | | 1102 fee schedule | |
| BKR CHG HEPATITIS B VIRUS | 87517 | CPT | | | | both | | | 1160 | 49.27 | Aetna | Medicare | 357.28 | 30.8 | | 22.64 | 20 | | 1102 percent of total billed charges | |
| BKR CHG HEPATITIS B VIRUS | 87517 | CPT | | | | both | | | 1160 | 49.27 | Managed Care Inc | Managed Care Inc | 1044 | 90 | | | 20 | | 1102 percent of total billed charges | |
| BKR CHG HEPATITIS B VIRUS | 87517 | CPT | | | | both | | | 1160 | 49.27 | Horizon | PPO | 444.05 | 38.28 | | 68.31 | 20 | | 1102 percent of total billed charges | |
| BKR CHG HEPATITIS B VIRUS | 87517 | CPT | | | | both | | | 1160 | 49.27 | Multiplan | Multiplan | 928 | 80 | | | 20 | | 1102 percent of total billed charges | |
| BKR CHG HEPATITIS B VIRUS | 87517 | CPT | | | | both | | | 1160 | 49.27 | Horizon | Indemnity | 444.05 | 38.28 | | 74.24 | 20 | | 1102 percent of total billed charges | |
| BKR CHG HEPATITIS B VIRUS | 87517 | CPT | | | | both | | | 1160 | 49.27 | UHC | Medicare | 42.84 | | | 38.38 | 20 | | 1102 fee schedule | |
| BKR CHG HEPATITIS B VIRUS | 87517 | CPT | | | | both | | | 1160 | 49.27 | Americare | Americare | 870 | 75 | | | 20 | | 1102 percent of total billed charges | |
| BKR CHG HEPATITIS B VIRUS | 87517 | CPT | | | | both | | | 1160 | 49.27 | Corrections | Corrections | 928 | 80 | | | 20 | | 1102 percent of total billed charges | |
| BKR CHG HEPATITIS B VIRUS | 87517 | CPT | | | | both | | | 1160 | 49.27 | UHC | Medicaid | 20 | | | 88.39 | 20 | | 1102 fee schedule | |
| BKR CHG HEPATITIS B VIRUS | 87517 | CPT | | | | both | | | 1160 | 49.27 | Three Rivers | Three Rivers | 1102 | 95 | | | 20 | | 1102 percent of total billed charges | |
| BKR CHG HEPATITIS B VIRUS | 87517 | CPT | | | | both | | | 1160 | 49.27 | Consumer | Consumer | 1102 | 95 | | | 20 | | 1102 percent of total billed charges | |
| BKR CHG HEPATITIS B VIRUS | 87517 | CPT | | | | both | | | 1160 | 49.27 | Quakcare | Qualcare | 870 | 75 | | | 20 | | 1102 percent of total billed charges | |
| BKR CHG HEPATITIS B VIRUS | 87517 | CPT | | | | both | | | 1160 | 49.27 | Horizon | MGD | 444.05 | 38.28 | | 102.42 | 20 | | 1102 percent of total billed charges | |
| BKR CHG HEPATITIS B VIRUS | 87517 | CPT | | | | both | | | 1160 | 49.27 | WellPoint | WellPoint | 373.29 | 32.18 | | 146.94 | 20 | | 1102 percent of total billed charges | |
| BKR CHG HEPATITIS B VIRUS | 87517 | CPT | | | | both | | | 1160 | 49.27 | Wellcare | Medicaid | 20 | | | 113.51 | 20 | | 1102 fee schedule | |
| BKR CHG HEPATITIS B VIRUS | 87517 | CPT | | | | both | | | 1160 | 49.27 | Wellcare | Medicare | 42.84 | | | 12.86 | 20 | | 1102 fee schedule | |
| BKR CHG HEPATITIS C VIRUS (QUAL) | 87521 | CPT | | | | both | | | 1001 | 40.35 | First Trenton | First Trenton | 900.9 | 90 | | | 35.09 | | 950.95 percent of total billed charges | |
| BKR CHG HEPATITIS C VIRUS (QUAL) | 87521 | CPT | | | | both | | | 1001 | 40.35 | Aetna | Medicare | 308.31 | 30.8 | | | 35.09 | | 950.95 percent of total billed charges | |
| BKR CHG HEPATITIS C VIRUS (QUAL) | 87521 | CPT | | | | both | | | 1001 | 40.35 | Americare | Americare | 750.75 | 75 | | | 35.09 | | 950.95 percent of total billed charges | |
| BKR CHG HEPATITIS C VIRUS (QUAL) | 87521 | CPT | | | | both | | | 1001 | 40.35 | Aetna | Better Health | 315.82 | 31.55 | | | 35.09 | | 950.95 percent of total billed charges | |
| BKR CHG HEPATITIS C VIRUS (QUAL) | 87521 | CPT | | | | both | | | 1001 | 40.35 | Corrections | Corrections | 800.8 | 80 | | | 35.09 | | 950.95 percent of total billed charges | |
| BKR CHG HEPATITIS C VIRUS (QUAL) | 87521 | CPT | | | | both | | | 1001 | 40.35 | Horizon | MGD | 383.18 | 38.28 | | | 35.09 | | 950.95 percent of total billed charges | |
| BKR CHG HEPATITIS C VIRUS (QUAL) | 87521 | CPT | | | | both | | | 1001 | 40.35 | Consumer | Consumer | 950.95 | 95 | | | 35.09 | | 950.95 percent of total billed charges | |
| BKR CHG HEPATITIS C VIRUS (QUAL) | 87521 | CPT | | | | both | | | 1001 | 40.35 | Amerihealth | HMO/PPO | 48.5 | | | | 35.09 | | 950.95 fee schedule | |
| BKR CHG HEPATITIS C VIRUS (QUAL) | 87521 | CPT | | | | both | | | 1001 | 40.35 | Horizon | NJ Health | 74.48 | | | | 35.09 | | 950.95 fee schedule | |
| BKR CHG HEPATITIS C VIRUS (QUAL) | 87521 | CPT | | | | both | | | 1001 | 40.35 | Wellcare | Medicare | 35.09 | | | | 35.09 | | 950.95 fee schedule | |
| BKR CHG HEPATITIS C VIRUS (QUAL) | 87521 | CPT | | | | both | | | 1001 | 40.35 | Multiplan | Multiplan | 800.8 | 80 | | | 35.09 | | 950.95 percent of total billed charges | |
| BKR CHG HEPATITIS C VIRUS (QUAL) | 87521 | CPT | | | | both | | | 1001 | 40.35 | Amerihealth | Medicare | 35.09 | | | | 35.09 | | 950.95 fee schedule | |
| BKR CHG HEPATITIS C VIRUS (QUAL) | 87521 | CPT | | | | both | | | 1001 | 40.35 | WellPoint | WellPoint | 322.12 | 32.18 | | | 35.09 | | 950.95 percent of total billed charges | |
| BKR CHG HEPATITIS C VIRUS (QUAL) | 87521 | CPT | | | | both | | | 1001 | 40.35 | First Health | First Health | 700.7 | 70 | | | 35.09 | | 950.95 percent of total billed charges | |
| BKR CHG HEPATITIS C VIRUS (QUAL) | 87521 | CPT | | | | both | | | 1001 | 40.35 | Horizon | Indemnity | 383.18 | 38.28 | | | 35.09 | | 950.95 percent of total billed charges | |
| BKR CHG HEPATITIS C VIRUS (QUAL) | 87521 | CPT | | | | both | | | 1001 | 40.35 | UHC | Medicare | 35.09 | | | | 35.09 | | 950.95 fee schedule | |
| BKR CHG HEPATITIS C VIRUS (QUAL) | 87521 | CPT | | | | both | | | 1001 | 40.35 | Horizon | PPO | 383.18 | 38.28 | | | 35.09 | | 950.95 percent of total billed charges | |
| BKR CHG HEPATITIS C VIRUS (QUAL) | 87521 | CPT | | | | both | | | 1001 | 40.35 | Quakcare | Qualcare | 750.75 | 75 | | | 35.09 | | 950.95 percent of total billed charges | |
| BKR CHG HEPATITIS C VIRUS (QUAL) | 87521 | CPT | | | | both | | | 1001 | 40.35 | Managed Care Inc | Managed Care Inc | 900.9 | 90 | | | 35.09 | | 950.95 percent of total billed charges | |
| BKR CHG HEPATITIS C VIRUS (QUAL) | 87521 | CPT | | | | both | | | 1001 | 40.35 | Horizon | Medicare Blue | 300.3 | 30 | | | 35.09 | | 950.95 percent of total billed charges | |
| BKR CHG HEPATITIS C VIRUS (QUAL) | 87521 | CPT | | | | both | | | 1001 | 40.35 | Three Rivers | Three Rivers | 950.95 | 95 | | | 35.09 | | 950.95 percent of total billed charges | |
| BKR CHG HEPATITIS C VIRUS (QUAL) | 87521 | CPT | | | | both | | | 1001 | 40.35 | UHC | Medicaid | 38 | | | | 35.09 | | 950.95 fee schedule | |
| BKR CHG HEPATITIS C VIRUS (QUAL) | 87521 | CPT | | | | both | | | 1001 | 40.35 | Wellcare | Medicaid | 38 | | | | 35.09 | | 950.95 fee schedule | |
| BKR CHG NGI HCV QUANTASURE | 87522 | CPT | | | | both | | | 2652 | 49.27 | First Health | First Health | 1856.4 | 70 | | | 20 | | 2519.4 percent of total billed charges | |
| BKR CHG NGI HCV QUANTASURE | 87522 | CPT | | | | both | | | 2652 | 49.27 | First Trenton | First Trenton | 2386.8 | 90 | | | 20 | | 2519.4 percent of total billed charges | |
| BKR CHG NGI HCV QUANTASURE | 87522 | CPT | | | | both | | | 2652 | 49.27 | Aetna | Medicare | 816.82 | 30.8 | | 56.17 | 20 | | 2519.4 percent of total billed charges | |
| BKR CHG NGI HCV QUANTASURE | 87522 | CPT | | | | both | | | 2652 | 49.27 | Horizon | Indemnity | 1015.19 | 38.28 | | 191.88 | 20 | | 2519.4 percent of total billed charges | |
| BKR CHG NGI HCV QUANTASURE | 87522 | CPT | | | | both | | | 2652 | 49.27 | Aetna | Better Health | 836.71 | 31.55 | | 216.42 | 20 | | 2519.4 percent of total billed charges | |
| BKR CHG NGI HCV QUANTASURE | 87522 | CPT | | | | both | | | 2652 | 49.27 | Americare | Americare | 1989 | 75 | | | 20 | | 2519.4 percent of total billed charges | |
| BKR CHG NGI HCV QUANTASURE | 87522 | CPT | | | | both | | | 2652 | 49.27 | Horizon | PPO | 1015.19 | 38.28 | | 64.33 | 20 | | 2519.4 percent of total billed charges | |
| BKR CHG NGI HCV QUANTASURE | 87522 | CPT | | | | both | | | 2652 | 49.27 | Horizon | NJ Health | 239.12 | | | 30.32 | 20 | | 2519.4 fee schedule | |
| BKR CHG NGI HCV QUANTASURE | 87522 | CPT | | | | both | | | 2652 | 49.27 | Consumer | Consumer | 2519.4 | 95 | | | 20 | | 2519.4 percent of total billed charges | |
| BKR CHG NGI HCV QUANTASURE | 87522 | CPT | | | | both | | | 2652 | 49.27 | Horizon | Medicare Blue | 795.6 | 30 | | 42.52 | 20 | | 2519.4 percent of total billed charges | |
| BKR CHG NGI HCV QUANTASURE | 87522 | CPT | | | | both | | | 2652 | 49.27 | Horizon | MGD | 1015.19 | 38.28 | | 133.38 | 20 | | 2519.4 percent of total billed charges | |
| BKR CHG NGI HCV QUANTASURE | 87522 | CPT | | | | both | | | 2652 | 49.27 | Managed Care Inc | Managed Care Inc | 2386.8 | 90 | | | 20 | | 2519.4 percent of total billed charges | |
| BKR CHG NGI HCV QUANTASURE | 87522 | CPT | | | | both | | | 2652 | 49.27 | UHC | Medicaid | 20 | | | 122.29 | 20 | | 2519.4 fee schedule | |
| BKR CHG NGI HCV QUANTASURE | 87522 | CPT | | | | both | | | 2652 | 49.27 | Amerihealth | HMO/PPO | 59.2 | | | 59.7 | 20 | | 2519.4 fee schedule | |
| BKR CHG NGI HCV QUANTASURE | 87522 | CPT | | | | both | | | 2652 | 49.27 | Wellcare | Medicare | 42.84 | | | 39.63 | 20 | | 2519.4 fee schedule | |
| BKR CHG NGI HCV QUANTASURE | 87522 | CPT | | | | both | | | 2652 | 49.27 | Multiplan | Multiplan | 2121.6 | 80 | | | 20 | | 2519.4 percent of total billed charges | |
| BKR CHG NGI HCV QUANTASURE | 87522 | CPT | | | | both | | | 2652 | 49.27 | Three Rivers | Three Rivers | 2519.4 | 95 | | | 20 | | 2519.4 percent of total billed charges | |
| BKR CHG NGI HCV QUANTASURE | 87522 | CPT | | | | both | | | 2652 | 49.27 | UHC | Medicare | 42.84 | | | 52.22 | 20 | | 2519.4 fee schedule | |
| BKR CHG NGI HCV QUANTASURE | 87522 | CPT | | | | both | | | 2652 | 49.27 | Amerihealth | Medicare | 42.84 | | | | 20 | | 2519.4 fee schedule | |
| BKR CHG NGI HCV QUANTASURE | 87522 | CPT | | | | both | | | 2652 | 49.27 | Quakcare | Qualcare | 1989 | 75 | | | 20 | | 2519.4 percent of total billed charges | |
| BKR CHG NGI HCV QUANTASURE | 87522 | CPT | | | | both | | | 2652 | 49.27 | Corrections | Corrections | 2121.6 | 80 | | 128.65 | 20 | | 2519.4 percent of total billed charges | |
| BKR CHG NGI HCV QUANTASURE | 87522 | CPT | | | | both | | | 2652 | 49.27 | Wellcare | Medicaid | 20 | | | 144.27 | 20 | | 2519.4 fee schedule | |
| BKR CHG NGI HCV QUANTASURE | 87522 | CPT | | | | both | | | 2652 | 49.27 | WellPoint | WellPoint | 853.41 | 32.18 | | 181.12 | 20 | | 2519.4 percent of total billed charges | |
| BKR CHG HSV2 DNA | 87529 | CPT | | | | both | | | 448 | 40.35 | Americare | Americare | 336 | 75 | | | 35.09 | | 425.6 percent of total billed charges | |
| BKR CHG HSV2 DNA | 87529 | CPT | | | | both | | | 448 | 40.35 | Horizon | Medicare Blue | 134.4 | 30 | | | 35.09 | | 425.6 percent of total billed charges | |
| BKR CHG HSV2 DNA | 87529 | CPT | | | | both | | | 448 | 40.35 | Aetna | Better Health | 141.34 | 31.55 | | | 35.09 | | 425.6 percent of total billed charges | |
| BKR CHG HSV2 DNA | 87529 | CPT | | | | both | | | 448 | 40.35 | Corrections | Corrections | 358.4 | 80 | | | 35.09 | | 425.6 percent of total billed charges | |
| BKR CHG HSV2 DNA | 87529 | CPT | | | | both | | | 448 | 40.35 | First Trenton | First Trenton | 403.2 | 90 | | | 35.09 | | 425.6 percent of total billed charges | |
| BKR CHG HSV2 DNA | 87529 | CPT | | | | both | | | 448 | 40.35 | Multiplan | Multiplan | 358.4 | 80 | | | 35.09 | | 425.6 percent of total billed charges | |
| BKR CHG HSV2 DNA | 87529 | CPT | | | | both | | | 448 | 40.35 | First Health | First Health | 313.6 | 70 | | | 35.09 | | 425.6 percent of total billed charges | |
| BKR CHG HSV2 DNA | 87529 | CPT | | | | both | | | 448 | 40.35 | Aetna | Medicare | 137.98 | 30.8 | | | 35.09 | | 425.6 percent of total billed charges | |
| BKR CHG HSV2 DNA | 87529 | CPT | | | | both | | | 448 | 40.35 | Amerihealth | HMO/PPO | 48.5 | | | | 35.09 | | 425.6 fee schedule | |
| BKR CHG HSV2 DNA | 87529 | CPT | | | | both | | | 448 | 40.35 | Qualcare | Qualcare | 336 | 75 | | | 35.09 | | 425.6 percent of total billed charges | |
| BKR CHG HSV2 DNA | 87529 | CPT | | | | both | | | 448 | 40.35 | Horizon | PPO | 171.49 | 38.28 | | 8.91 | 35.09 | | 425.6 percent of total billed charges | |
| BKR CHG HSV2 DNA | 87529 | CPT | | | | both | | | 448 | 40.35 | Consumer | Consumer | 425.6 | 95 | | | 35.09 | | 425.6 percent of total billed charges | |
| BKR CHG HSV2 DNA | 87529 | CPT | | | | both | | | 448 | 40.35 | Horizon | Indemnity | 171.49 | 38.28 | | | 35.09 | | 425.6 percent of total billed charges | |
| BKR CHG HSV2 DNA | 87529 | CPT | | | | both | | | 448 | 40.35 | Wellcare | Medicare | 35.09 | | | | 35.09 | | 425.6 fee schedule | |
| BKR CHG HSV2 DNA | 87529 | CPT | | | | both | | | 448 | 40.35 | UHC | Medicaid | 38 | | | | 35.09 | | 425.6 fee schedule | |
| BKR CHG HSV2 DNA | 87529 | CPT | | | | both | | | 448 | 40.35 | Horizon | MGD | 171.49 | 38.28 | | | 35.09 | | 425.6 percent of total billed charges | |
| BKR CHG HSV2 DNA | 87529 | CPT | | | | both | | | 448 | 40.35 | Amerihealth | Medicare | 35.09 | | | | 35.09 | | 425.6 fee schedule | |
| BKR CHG HSV2 DNA | 87529 | CPT | | | | both | | | 448 | 40.35 | Horizon | NJ Health | 38.96 | | | | 35.09 | | 425.6 fee schedule | |
| BKR CHG HSV2 DNA | 87529 | CPT | | | | both | | | 448 | 40.35 | WellPoint | WellPoint | 144.17 | 32.18 | | | 35.09 | | 425.6 percent of total billed charges | |
| BKR CHG HSV2 DNA | 87529 | CPT | | | | both | | | 448 | 40.35 | Managed Care Inc | Managed Care Inc | 403.2 | 90 | | | 35.09 | | 425.6 percent of total billed charges | |
| BKR CHG HSV2 DNA | 87529 | CPT | | | | both | | | 448 | 40.35 | UHC | Medicare | 35.09 | | | | 35.09 | | 425.6 fee schedule | |
| BKR CHG HSV2 DNA | 87529 | CPT | | | | both | | | 448 | 40.35 | Three Rivers | Three Rivers | 425.6 | 95 | | | 35.09 | | 425.6 percent of total billed charges | |
| BKR CHG HSV2 DNA | 87529 | CPT | | | | both | | | 448 | 40.35 | Wellcare | Medicaid | 38 | | | | 35.09 | | 425.6 fee schedule | |
| BKR CHG HSV.DNA.QUANT.RT PCR(19502) | 87530 | CPT | | | | outpatient | | | 899 | 49.27 | Horizon | Medicare Blue | 269.7 | 30 | | | 20 | | 854.05 percent of total billed charges | |
| BKR CHG HSV.DNA.QUANT.RT PCR(19502) | 87530 | CPT | | | | outpatient | | | 899 | 49.27 | Aetna | Better Health | 283.63 | 31.55 | | | 20 | | 854.05 percent of total billed charges | |
| BKR CHG HSV.DNA.QUANT.RT PCR(19502) | 87530 | CPT | | | | outpatient | | | 899 | 49.27 | Aetna | Medicare | 276.89 | 30.8 | | | 20 | | 854.05 percent of total billed charges | |
| BKR CHG HSV.DNA.QUANT.RT PCR(19502) | 87530 | CPT | | | | outpatient | | | 899 | 49.27 | Amerihealth | Medicare | 42.84 | | | | 20 | | 854.05 fee schedule | |
| BKR CHG HSV.DNA.QUANT.RT PCR(19502) | 87530 | CPT | | | | outpatient | | | 899 | 49.27 | WellPoint | WellPoint | 289.3 | 32.18 | | | 20 | | 854.05 percent of total billed charges | |
| BKR CHG HSV.DNA.QUANT.RT PCR(19502) | 87530 | CPT | | | | outpatient | | | 899 | 49.27 | Consumer | Consumer | 854.05 | 95 | | | 20 | | 854.05 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG HSV.DNA.QUANT.RT.PCR(19502) | 87530 | CPT | | | | outpatient | | | 899 | 49.27 | Americare | Americare | 674.25 | 75 | | | 20 | | 854.05 percent of total billed charges | |
| BKR CHG HSV.DNA.QUANT.RT.PCR(19502) | 87530 | CPT | | | | outpatient | | | 899 | 49.27 | First Health | First Health | 629.3 | 70 | | | 20 | | 854.05 percent of total billed charges | |
| BKR CHG HSV.DNA.QUANT.RT.PCR(19502) | 87530 | CPT | | | | outpatient | | | 899 | 49.27 | UHC | Medicare | 42.84 | | | | 20 | | 854.05 fee schedule | |
| BKR CHG HSV.DNA.QUANT.RT.PCR(19502) | 87530 | CPT | | | | outpatient | | | 899 | 49.27 | Horizon | Indemnity | 344.14 | 38.28 | | | 20 | | 854.05 percent of total billed charges | |
| BKR CHG HSV.DNA.QUANT.RT.PCR(19502) | 87530 | CPT | | | | outpatient | | | 899 | 49.27 | Horizon | MGD | 344.14 | 38.28 | | | 20 | | 854.05 percent of total billed charges | |
| BKR CHG HSV.DNA.QUANT.RT.PCR(19502) | 87530 | CPT | | | | outpatient | | | 899 | 49.27 | Horizon | PPO | 344.14 | 38.28 | | | 20 | | 854.05 percent of total billed charges | |
| BKR CHG HSV.DNA.QUANT.RT.PCR(19502) | 87530 | CPT | | | | outpatient | | | 899 | 49.27 | Wellcare | Medicare | 42.84 | | | | 20 | | 854.05 fee schedule | |
| BKR CHG HSV.DNA.QUANT.RT.PCR(19502) | 87530 | CPT | | | | outpatient | | | 899 | 49.27 | Corrections | Corrections | 719.2 | 80 | | | 20 | | 854.05 percent of total billed charges | |
| BKR CHG HSV.DNA.QUANT.RT.PCR(19502) | 87530 | CPT | | | | outpatient | | | 899 | 49.27 | Amerihealth | HMO/PPO | 59.2 | | | | 20 | | 854.05 fee schedule | |
| BKR CHG HSV.DNA.QUANT.RT.PCR(19502) | 87530 | CPT | | | | outpatient | | | 899 | 49.27 | Three Rivers | Three Rivers | 854.05 | 95 | | | 20 | | 854.05 percent of total billed charges | |
| BKR CHG HSV.DNA.QUANT.RT.PCR(19502) | 87530 | CPT | | | | outpatient | | | 899 | 49.27 | Multiplan | Multiplan | 719.2 | 80 | | | 20 | | 854.05 percent of total billed charges | |
| BKR CHG HSV.DNA.QUANT.RT.PCR(19502) | 87530 | CPT | | | | outpatient | | | 899 | 49.27 | Qualcare | Qualcare | 674.25 | 75 | | | 20 | | 854.05 percent of total billed charges | |
| BKR CHG HSV.DNA.QUANT.RT.PCR(19502) | 87530 | CPT | | | | outpatient | | | 899 | 49.27 | First Trenton | First Trenton | 809.1 | 90 | | | 20 | | 854.05 percent of total billed charges | |
| BKR CHG HSV.DNA.QUANT.RT.PCR(19502) | 87530 | CPT | | | | outpatient | | | 899 | 49.27 | UHC | Medicaid | 20 | | | | 20 | | 854.05 fee schedule | |
| BKR CHG HSV.DNA.QUANT.RT.PCR(19502) | 87530 | CPT | | | | outpatient | | | 899 | 49.27 | Horizon | NJ Health | 47.57 | | | | 20 | | 854.05 fee schedule | |
| BKR CHG HSV.DNA.QUANT.RT.PCR(19502) | 87530 | CPT | | | | outpatient | | | 899 | 49.27 | Managed Care Inc | Managed Care Inc | 809.1 | 90 | | | 20 | | 854.05 percent of total billed charges | |
| BKR CHG HSV.DNA.QUANT.RT.PCR(19502) | 87530 | CPT | | | | outpatient | | | 899 | 49.27 | Wellcare | Medicaid | 20 | | | | 20 | | 854.05 fee schedule | |
| BKR CHG CSF HHV-6 | 87532 | CPT | | | | both | | | 467 | 40.35 | Aetna | Medicare | 143.84 | 30.8 | | | 35.09 | | 443.65 percent of total billed charges | |
| BKR CHG CSF HHV-6 | 87532 | CPT | | | | both | | | 467 | 40.35 | Americare | Americare | 350.25 | 75 | | | 35.09 | | 443.65 percent of total billed charges | |
| BKR CHG CSF HHV-6 | 87532 | CPT | | | | both | | | 467 | 40.35 | Consumer | Consumer | 443.65 | 95 | | | 35.09 | | 443.65 percent of total billed charges | |
| BKR CHG CSF HHV-6 | 87532 | CPT | | | | both | | | 467 | 40.35 | Amerihealth | Medicare | 35.09 | | | | 35.09 | | 443.65 fee schedule | |
| BKR CHG CSF HHV-6 | 87532 | CPT | | | | both | | | 467 | 40.35 | Multiplan | Multiplan | 373.6 | 80 | | | 35.09 | | 443.65 percent of total billed charges | |
| BKR CHG CSF HHV-6 | 87532 | CPT | | | | both | | | 467 | 40.35 | Horizon | Medicare Blue | 140.1 | 30 | | | 35.09 | | 443.65 percent of total billed charges | |
| BKR CHG CSF HHV-6 | 87532 | CPT | | | | both | | | 467 | 40.35 | Aetna | Better Health | 147.34 | 31.55 | | | 35.09 | | 443.65 percent of total billed charges | |
| BKR CHG CSF HHV-6 | 87532 | CPT | | | | both | | | 467 | 40.35 | UHC | Medicare | 35.09 | | | | 35.09 | | 443.65 fee schedule | |
| BKR CHG CSF HHV-6 | 87532 | CPT | | | | both | | | 467 | 40.35 | Qualcare | Qualcare | 350.25 | 75 | | | 35.09 | | 443.65 percent of total billed charges | |
| BKR CHG CSF HHV-6 | 87532 | CPT | | | | both | | | 467 | 40.35 | Amerihealth | HMO/PPO | 48.5 | | | | 35.09 | | 443.65 fee schedule | |
| BKR CHG CSF HHV-6 | 87532 | CPT | | | | both | | | 467 | 40.35 | Corrections | Corrections | 373.6 | 80 | | | 35.09 | | 443.65 percent of total billed charges | |
| BKR CHG CSF HHV-6 | 87532 | CPT | | | | both | | | 467 | 40.35 | Horizon | MGD | 178.77 | 38.28 | | | 35.09 | | 443.65 percent of total billed charges | |
| BKR CHG CSF HHV-6 | 87532 | CPT | | | | both | | | 467 | 40.35 | First Health | First Health | 326.9 | 70 | | | 35.09 | | 443.65 percent of total billed charges | |
| BKR CHG CSF HHV-6 | 87532 | CPT | | | | both | | | 467 | 40.35 | UHC | Medicaid | 38 | | | | 35.09 | | 443.65 fee schedule | |
| BKR CHG CSF HHV-6 | 87532 | CPT | | | | both | | | 467 | 40.35 | Horizon | NJ Health | 38.96 | | | | 35.09 | | 443.65 fee schedule | |
| BKR CHG CSF HHV-6 | 87532 | CPT | | | | both | | | 467 | 40.35 | Wellcare | Medicaid | 38 | | | | 35.09 | | 443.65 fee schedule | |
| BKR CHG CSF HHV-6 | 87532 | CPT | | | | both | | | 467 | 40.35 | First Trenton | First Trenton | 420.3 | 90 | | | 35.09 | | 443.65 percent of total billed charges | |
| BKR CHG CSF HHV-6 | 87532 | CPT | | | | both | | | 467 | 40.35 | Wellcare | Medicare | 35.09 | | | | 35.09 | | 443.65 fee schedule | |
| BKR CHG CSF HHV-6 | 87532 | CPT | | | | both | | | 467 | 40.35 | Managed Care Inc | Managed Care Inc | 420.3 | 90 | | | 35.09 | | 443.65 percent of total billed charges | |
| BKR CHG CSF HHV-6 | 87532 | CPT | | | | both | | | 467 | 40.35 | Horizon | Indemnity | 178.77 | 38.28 | | | 35.09 | | 443.65 percent of total billed charges | |
| BKR CHG CSF HHV-6 | 87532 | CPT | | | | both | | | 467 | 40.35 | WellPoint | WellPoint | 150.28 | 32.18 | | | 35.09 | | 443.65 percent of total billed charges | |
| BKR CHG CSF HHV-6 | 87532 | CPT | | | | both | | | 467 | 40.35 | Horizon | PPO | 178.77 | 38.28 | | | 35.09 | | 443.65 percent of total billed charges | |
| BKR CHG CSF HHV-6 | 87532 | CPT | | | | both | | | 467 | 40.35 | Three Rivers | Three Rivers | 443.65 | 95 | | | 35.09 | | 443.65 percent of total billed charges | |
| BKR CHG HUMAN HERPES VIRUS TYPE 6 IGM | 87533 | CPT | | | | both | | | 565 | 48.02 | Aetna | Better Health | 178.26 | 31.55 | | | 20 | | 536.75 percent of total billed charges | |
| BKR CHG HUMAN HERPES VIRUS TYPE 6 IGM | 87533 | CPT | | | | both | | | 565 | 48.02 | Horizon | PPO | 216.28 | 38.28 | | 240.03 | 20 | | 536.75 percent of total billed charges | |
| BKR CHG HUMAN HERPES VIRUS TYPE 6 IGM | 87533 | CPT | | | | both | | | 565 | 48.02 | Aetna | Medicare | 174.02 | 30.8 | | | 20 | | 536.75 percent of total billed charges | |
| BKR CHG HUMAN HERPES VIRUS TYPE 6 IGM | 87533 | CPT | | | | both | | | 565 | 48.02 | First Health | First Health | 395.5 | 70 | | | 20 | | 536.75 percent of total billed charges | |
| BKR CHG HUMAN HERPES VIRUS TYPE 6 IGM | 87533 | CPT | | | | both | | | 565 | 48.02 | Consumer | Consumer | 536.75 | 95 | | | 20 | | 536.75 percent of total billed charges | |
| BKR CHG HUMAN HERPES VIRUS TYPE 6 IGM | 87533 | CPT | | | | both | | | 565 | 48.02 | Amerihealth | Medicare | 41.76 | | | | 20 | | 536.75 fee schedule | |
| BKR CHG HUMAN HERPES VIRUS TYPE 6 IGM | 87533 | CPT | | | | both | | | 565 | 48.02 | Horizon | Medicare Blue | 169.5 | 30 | | | 20 | | 536.75 percent of total billed charges | |
| BKR CHG HUMAN HERPES VIRUS TYPE 6 IGM | 87533 | CPT | | | | both | | | 565 | 48.02 | First Trenton | First Trenton | 508.5 | 90 | | | 20 | | 536.75 percent of total billed charges | |
| BKR CHG HUMAN HERPES VIRUS TYPE 6 IGM | 87533 | CPT | | | | both | | | 565 | 48.02 | Horizon | Indemnity | 216.28 | 38.28 | | | 20 | | 536.75 percent of total billed charges | |
| BKR CHG HUMAN HERPES VIRUS TYPE 6 IGM | 87533 | CPT | | | | both | | | 565 | 48.02 | UHC | Medicare | 41.76 | | | | 20 | | 536.75 fee schedule | |
| BKR CHG HUMAN HERPES VIRUS TYPE 6 IGM | 87533 | CPT | | | | both | | | 565 | 48.02 | Americare | Americare | 423.75 | 75 | | | 20 | | 536.75 percent of total billed charges | |
| BKR CHG HUMAN HERPES VIRUS TYPE 6 IGM | 87533 | CPT | | | | both | | | 565 | 48.02 | Horizon | NJ Health | 46.35 | | | 13.5 | 20 | | 536.75 fee schedule | |
| BKR CHG HUMAN HERPES VIRUS TYPE 6 IGM | 87533 | CPT | | | | both | | | 565 | 48.02 | Corrections | Corrections | 452 | 80 | | | 20 | | 536.75 percent of total billed charges | |
| BKR CHG HUMAN HERPES VIRUS TYPE 6 IGM | 87533 | CPT | | | | both | | | 565 | 48.02 | WellPoint | WellPoint | 181.82 | 32.18 | | 232.82 | 20 | | 536.75 percent of total billed charges | |
| BKR CHG HUMAN HERPES VIRUS TYPE 6 IGM | 87533 | CPT | | | | both | | | 565 | 48.02 | Amerihealth | HMO/PPO | 57.7 | | | | 20 | | 536.75 fee schedule | |
| BKR CHG HUMAN HERPES VIRUS TYPE 6 IGM | 87533 | CPT | | | | both | | | 565 | 48.02 | Managed Care Inc | Managed Care Inc | 508.5 | 90 | | | 20 | | 536.75 percent of total billed charges | |
| BKR CHG HUMAN HERPES VIRUS TYPE 6 IGM | 87533 | CPT | | | | both | | | 565 | 48.02 | Multiplan | Multiplan | 452 | 80 | | | 20 | | 536.75 percent of total billed charges | |
| BKR CHG HUMAN HERPES VIRUS TYPE 6 IGM | 87533 | CPT | | | | both | | | 565 | 48.02 | Wellcare | Medicare | 41.76 | | | | 20 | | 536.75 fee schedule | |
| BKR CHG HUMAN HERPES VIRUS TYPE 6 IGM | 87533 | CPT | | | | both | | | 565 | 48.02 | Horizon | MGD | 216.28 | 38.28 | | 94.33 | 20 | | 536.75 percent of total billed charges | |
| BKR CHG HUMAN HERPES VIRUS TYPE 6 IGM | 87533 | CPT | | | | both | | | 565 | 48.02 | Three Rivers | Three Rivers | 536.75 | 95 | | | 20 | | 536.75 percent of total billed charges | |
| BKR CHG HUMAN HERPES VIRUS TYPE 6 IGM | 87533 | CPT | | | | both | | | 565 | 48.02 | Qualcare | Qualcare | 423.75 | 75 | | | 20 | | 536.75 percent of total billed charges | |
| BKR CHG HUMAN HERPES VIRUS TYPE 6 IGM | 87533 | CPT | | | | both | | | 565 | 48.02 | UHC | Medicaid | 20 | | | 38.43 | 20 | | 536.75 fee schedule | |
| BKR CHG HUMAN HERPES VIRUS TYPE 6 IGM | 87533 | CPT | | | | both | | | 565 | 48.02 | Wellcare | Medicaid | 20 | | | | 20 | | 536.75 fee schedule | |
| BKR CHG HIV-1.DNA.QUAL.PCR(8401) | 87535 | CPT | | | | both | | | 761 | 40.35 | Aetna | Medicare | 234.39 | 30.8 | | | 33.9 | | 722.95 percent of total billed charges | |
| BKR CHG HIV-1.DNA.QUAL.PCR(8401) | 87535 | CPT | | | | both | | | 761 | 40.35 | Horizon | Medicare Blue | 228.3 | 30 | | | 33.9 | | 722.95 percent of total billed charges | |
| BKR CHG HIV-1.DNA.QUAL.PCR(8401) | 87535 | CPT | | | | both | | | 761 | 40.35 | First Health | First Health | 532.7 | 70 | | | 33.9 | | 722.95 percent of total billed charges | |
| BKR CHG HIV-1.DNA.QUAL.PCR(8401) | 87535 | CPT | | | | both | | | 761 | 40.35 | Americare | Americare | 570.75 | 75 | | | 33.9 | | 722.95 percent of total billed charges | |
| BKR CHG HIV-1.DNA.QUAL.PCR(8401) | 87535 | CPT | | | | both | | | 761 | 40.35 | Amerihealth | HMO/PPO | 48.5 | | | | 33.9 | | 722.95 fee schedule | |
| BKR CHG HIV-1.DNA.QUAL.PCR(8401) | 87535 | CPT | | | | both | | | 761 | 40.35 | Horizon | NJ Health | 38.96 | | | 12.41 | 33.9 | | 722.95 fee schedule | |
| BKR CHG HIV-1.DNA.QUAL.PCR(8401) | 87535 | CPT | | | | both | | | 761 | 40.35 | Aetna | Better Health | 240.1 | 31.55 | | | 33.9 | | 722.95 percent of total billed charges | |
| BKR CHG HIV-1.DNA.QUAL.PCR(8401) | 87535 | CPT | | | | both | | | 761 | 40.35 | Amerihealth | Medicare | 35.09 | | | | 33.9 | | 722.95 fee schedule | |
| BKR CHG HIV-1.DNA.QUAL.PCR(8401) | 87535 | CPT | | | | both | | | 761 | 40.35 | Horizon | MGD | 291.31 | 38.28 | | | 33.9 | | 722.95 percent of total billed charges | |
| BKR CHG HIV-1.DNA.QUAL.PCR(8401) | 87535 | CPT | | | | both | | | 761 | 40.35 | Wellcare | Medicare | 35.09 | | | | 33.9 | | 722.95 fee schedule | |
| BKR CHG HIV-1.DNA.QUAL.PCR(8401) | 87535 | CPT | | | | both | | | 761 | 40.35 | Horizon | Indemnity | 291.31 | 38.28 | | | 33.9 | | 722.95 percent of total billed charges | |
| BKR CHG HIV-1.DNA.QUAL.PCR(8401) | 87535 | CPT | | | | both | | | 761 | 40.35 | Consumer | Consumer | 722.95 | 95 | | | 33.9 | | 722.95 percent of total billed charges | |
| BKR CHG HIV-1.DNA.QUAL.PCR(8401) | 87535 | CPT | | | | both | | | 761 | 40.35 | Multiplan | Multiplan | 608.8 | 80 | | | 33.9 | | 722.95 percent of total billed charges | |
| BKR CHG HIV-1.DNA.QUAL.PCR(8401) | 87535 | CPT | | | | both | | | 761 | 40.35 | Corrections | Corrections | 608.8 | 80 | | | 33.9 | | 722.95 percent of total billed charges | |
| BKR CHG HIV-1.DNA.QUAL.PCR(8401) | 87535 | CPT | | | | both | | | 761 | 40.35 | Qualcare | Qualcare | 570.75 | 75 | | | 33.9 | | 722.95 percent of total billed charges | |
| BKR CHG HIV-1.DNA.QUAL.PCR(8401) | 87535 | CPT | | | | both | | | 761 | 40.35 | First Trenton | First Trenton | 684.9 | 90 | | | 33.9 | | 722.95 percent of total billed charges | |
| BKR CHG HIV-1.DNA.QUAL.PCR(8401) | 87535 | CPT | | | | both | | | 761 | 40.35 | UHC | Medicare | 35.09 | | | | 33.9 | | 722.95 fee schedule | |
| BKR CHG HIV-1.DNA.QUAL.PCR(8401) | 87535 | CPT | | | | both | | | 761 | 40.35 | Wellcare | Medicaid | 38 | | | | 33.9 | | 722.95 fee schedule | |
| BKR CHG HIV-1.DNA.QUAL.PCR(8401) | 87535 | CPT | | | | both | | | 761 | 40.35 | Horizon | PPO | 291.31 | 38.28 | | | 33.9 | | 722.95 percent of total billed charges | |
| BKR CHG HIV-1.DNA.QUAL.PCR(8401) | 87535 | CPT | | | | both | | | 761 | 40.35 | Managed Care Inc | Managed Care Inc | 684.9 | 90 | | | 33.9 | | 722.95 percent of total billed charges | |
| BKR CHG HIV-1.DNA.QUAL.PCR(8401) | 87535 | CPT | | | | both | | | 761 | 40.35 | Three Rivers | Three Rivers | 722.95 | 95 | | | 33.9 | | 722.95 percent of total billed charges | |
| BKR CHG HIV-1.DNA.QUAL.PCR(8401) | 87535 | CPT | | | | both | | | 761 | 40.35 | UHC | Medicaid | 38 | | | 89.34 | 33.9 | | 722.95 fee schedule | |
| BKR CHG HIV-1.DNA.QUAL.PCR(8401) | 87535 | CPT | | | | both | | | 761 | 40.35 | WellPoint | WellPoint | 244.89 | 32.18 | | 43.42 | 33.9 | | 722.95 percent of total billed charges | |
| BKR CHG QUANT, RNA PCR | 87536 | CPT | | | | both | | | 271 | 97.87 | Aetna | Better Health | 85.5 | 31.55 | | 108.77 | 81.3 | | 257.45 percent of total billed charges | |
| BKR CHG QUANT, RNA PCR | 87536 | CPT | | | | both | | | 271 | 97.87 | Multiplan | Multiplan | 216.8 | 80 | | | 81.3 | | 257.45 percent of total billed charges | |
| BKR CHG QUANT, RNA PCR | 87536 | CPT | | | | both | | | 271 | 97.87 | Horizon | NJ Health | 229.32 | | | 20.43 | 81.3 | | 257.45 fee schedule | |
| BKR CHG QUANT, RNA PCR | 87536 | CPT | | | | both | | | 271 | 97.87 | First Trenton | First Trenton | 243.9 | 90 | | | 81.3 | | 257.45 percent of total billed charges | |
| BKR CHG QUANT, RNA PCR | 87536 | CPT | | | | both | | | 271 | 97.87 | Americare | Americare | 203.25 | 75 | | | 81.3 | | 257.45 percent of total billed charges | |
| BKR CHG QUANT, RNA PCR | 87536 | CPT | | | | both | | | 271 | 97.87 | Horizon | Indemnity | 103.74 | 38.28 | | 78.7 | 81.3 | | 257.45 percent of total billed charges | |
| BKR CHG QUANT, RNA PCR | 87536 | CPT | | | | both | | | 271 | 97.87 | Amerihealth | HMO/PPO | 117.6 | | | 43.28 | 81.3 | | 257.45 fee schedule | |
| BKR CHG QUANT, RNA PCR | 87536 | CPT | | | | both | | | 271 | 97.87 | Amerihealth | Medicare | 85.1 | | | | 81.3 | | 257.45 fee schedule | |
| BKR CHG QUANT, RNA PCR | 87536 | CPT | | | | both | | | 271 | 97.87 | Aetna | Medicare | 83.47 | 30.8 | | 42.45 | 81.3 | | 257.45 percent of total billed charges | |
| BKR CHG QUANT, RNA PCR | 87536 | CPT | | | | both | | | 271 | 97.87 | Qualcare | Qualcare | 203.25 | 75 | | | 81.3 | | 257.45 percent of total billed charges | |
| BKR CHG QUANT, RNA PCR | 87536 | CPT | | | | both | | | 271 | 97.87 | Horizon | MGD | 103.74 | 38.28 | | 74.4 | 81.3 | | 257.45 percent of total billed charges | |
| BKR CHG QUANT, RNA PCR | 87536 | CPT | | | | both | | | 271 | 97.87 | Corrections | Corrections | 216.8 | 80 | | 72.46 | 81.3 | | 257.45 percent of total billed charges | |
| BKR CHG QUANT, RNA PCR | 87536 | CPT | | | | both | | | 271 | 97.87 | Three Rivers | Three Rivers | 257.45 | 95 | | | 81.3 | | 257.45 percent of total billed charges | |
| BKR CHG QUANT, RNA PCR | 87536 | CPT | | | | both | | | 271 | 97.87 | Managed Care Inc | Managed Care Inc | 243.9 | 90 | | | 81.3 | | 257.45 percent of total billed charges | |
| BKR CHG QUANT, RNA PCR | 87536 | CPT | | | | both | | | 271 | 97.87 | Horizon | PPO | 103.74 | 38.28 | | 85.2 | 81.3 | | 257.45 percent of total billed charges | |
| BKR CHG QUANT, RNA PCR | 87536 | CPT | | | | both | | | 271 | 97.87 | First Health | First Health | 189.7 | 70 | | | 81.3 | | 257.45 percent of total billed charges | |
| BKR CHG QUANT, RNA PCR | 87536 | CPT | | | | both | | | 271 | 97.87 | Consumer | Consumer | 257.45 | 95 | | | 81.3 | | 257.45 percent of total billed charges | |
| BKR CHG QUANT, RNA PCR | 87536 | CPT | | | | both | | | 271 | 97.87 | UHC | Medicaid | 92.87 | | | 80.22 | 81.3 | | 257.45 fee schedule | |
| BKR CHG QUANT, RNA PCR | 87536 | CPT | | | | both | | | 271 | 97.87 | Wellcare | Medicare | 85.1 | | | 60.21 | 81.3 | | 257.45 fee schedule | |
| BKR CHG QUANT, RNA PCR | 87536 | CPT | | | | both | | | 271 | 97.87 | Horizon | Medicare Blue | 81.3 | 30 | | 40.18 | 81.3 | | 257.45 percent of total billed charges | |
| BKR CHG QUANT, RNA PCR | 87536 | CPT | | | | both | | | 271 | 97.87 | Wellcare | Medicaid | 92.87 | | | 122.7 | 81.3 | | 257.45 fee schedule | |
| BKR CHG QUANT, RNA PCR | 87536 | CPT | | | | both | | | 271 | 97.87 | UHC | Medicare | 85.1 | | | 42.77 | 81.3 | | 257.45 fee schedule | |
| BKR CHG QUANT, RNA PCR | 87536 | CPT | | | | both | | | 271 | 97.87 | WellPoint | WellPoint | 87.21 | 32.18 | | 104.37 | 81.3 | | 257.45 percent of total billed charges | |
| BKR CHG HIV-2 RNA | 87538 | CPT | | | | both | | | 999 | 40.35 | Wellcare | Medicare | 35.09 | | | | 33.9 | | 949.05 fee schedule | |
| BKR CHG HIV-2 RNA | 87538 | CPT | | | | both | | | 999 | 40.35 | Amerihealth | Medicare | 35.09 | | | | 33.9 | | 949.05 fee schedule | |
| BKR CHG HIV-2 RNA | 87538 | CPT | | | | both | | | 999 | 40.35 | First Trenton | First Trenton | 899.1 | 90 | | | 33.9 | | 949.05 percent of total billed charges | |
| BKR CHG HIV-2 RNA | 87538 | CPT | | | | both | | | 999 | 40.35 | Consumer | Consumer | 949.05 | 95 | | | 33.9 | | 949.05 percent of total billed charges | |
| BKR CHG HIV-2 RNA | 87538 | CPT | | | | both | | | 999 | 40.35 | Aetna | Medicare | 307.69 | 30.8 | | | 33.9 | | 949.05 percent of total billed charges | |
| BKR CHG HIV-2 RNA | 87538 | CPT | | | | both | | | 999 | 40.35 | Aetna | Better Health | 315.18 | 31.55 | | | 33.9 | | 949.05 percent of total billed charges | |
| BKR CHG HIV-2 RNA | 87538 | CPT | | | | both | | | 999 | 40.35 | Horizon | Medicare Blue | 299.7 | 30 | | | 33.9 | | 949.05 percent of total billed charges | |
| BKR CHG HIV-2 RNA | 87538 | CPT | | | | both | | | 999 | 40.35 | First Health | First Health | 699.3 | 70 | | | 33.9 | | 949.05 percent of total billed charges | |
| BKR CHG HIV-2 RNA | 87538 | CPT | | | | both | | | 999 | 40.35 | Americare | Americare | 749.25 | 75 | | | 33.9 | | 949.05 percent of total billed charges | |
| BKR CHG HIV-2 RNA | 87538 | CPT | | | | both | | | 999 | 40.35 | Corrections | Corrections | 799.2 | 80 | | | 33.9 | | 949.05 percent of total billed charges | |
| BKR CHG HIV-2 RNA | 87538 | CPT | | | | both | | | 999 | 40.35 | WellPoint | WellPoint | 321.48 | 32.18 | | | 33.9 | | 949.05 percent of total billed charges | |
| BKR CHG HIV-2 RNA | 87538 | CPT | | | | both | | | 999 | 40.35 | Horizon | NJ Health | 38.96 | | | | 33.9 | | 949.05 fee schedule | |
| BKR CHG HIV-2 RNA | 87538 | CPT | | | | both | | | 999 | 40.35 | Amerihealth | HMO/PPO | 48.5 | | | | 33.9 | | 949.05 fee schedule | |
| BKR CHG HIV-2 RNA | 87538 | CPT | | | | both | | | 999 | 40.35 | Horizon | Indemnity | 382.42 | 38.28 | | | 33.9 | | 949.05 percent of total billed charges | |
| BKR CHG HIV-2 RNA | 87538 | CPT | | | | both | | | 999 | 40.35 | UHC | Medicare | 35.09 | | | | 33.9 | | 949.05 fee schedule | |
| BKR CHG HIV-2 RNA | 87538 | CPT | | | | both | | | 999 | 40.35 | Multiplan | Multiplan | 799.2 | 80 | | | 33.9 | | 949.05 percent of total billed charges | |
| BKR CHG HIV-2 RNA | 87538 | CPT | | | | both | | | 999 | 40.35 | Horizon | MGD | 382.42 | 38.28 | | | 33.9 | | 949.05 percent of total billed charges | |
| BKR CHG HIV-2 RNA | 87538 | CPT | | | | both | | | 999 | 40.35 | Wellcare | Medicaid | 38 | | | | 33.9 | | 949.05 fee schedule | |
| BKR CHG HIV-2 RNA | 87538 | CPT | | | | both | | | 999 | 40.35 | Horizon | PPO | 382.42 | 38.28 | | | 33.9 | | 949.05 percent of total billed charges | |
| BKR CHG HIV-2 RNA | 87538 | CPT | | | | both | | | 999 | 40.35 | Qualcare | Qualcare | 749.25 | 75 | | | 33.9 | | 949.05 percent of total billed charges | |
| BKR CHG HIV-2 RNA | 87538 | CPT | | | | both | | | 999 | 40.35 | Managed Care Inc | Managed Care Inc | 899.1 | 90 | | | 33.9 | | 949.05 percent of total billed charges | |
| BKR CHG HIV-2 RNA | 87538 | CPT | | | | both | | | 999 | 40.35 | Three Rivers | Three Rivers | 949.05 | 95 | | | 33.9 | | 949.05 percent of total billed charges | |
| BKR CHG HIV-2 RNA | 87538 | CPT | | | | both | | | 999 | 40.35 | UHC | Medicaid | 38 | | | 113.07 | 33.9 | | 949.05 fee schedule | |
| BKR CHG LEGIONELLA PNUEMOPNILA.AMP.PROB | 87541 | CPT | | | | outpatient | | | 203 | 40.35 | Aetna | Medicare | 62.52 | 30.8 | | | 35.09 | | 192.85 percent of total billed charges | |
| BKR CHG LEGIONELLA PNUEMOPNILA.AMP.PROB | 87541 | CPT | | | | outpatient | | | 203 | 40.35 | Americare | Americare | 152.25 | 75 | | | 35.09 | | 192.85 percent of total billed charges | |
| BKR CHG LEGIONELLA PNUEMOPNILA.AMP.PROB | 87541 | CPT | | | | outpatient | | | 203 | 40.35 | Aetna | Better Health | 64.05 | 31.55 | | | 35.09 | | 192.85 percent of total billed charges | |
| BKR CHG LEGIONELLA PNUEMOPNILA.AMP.PROB | 87541 | CPT | | | | outpatient | | | 203 | 40.35 | Horizon | Indemnity | 77.71 | 38.28 | | | 35.09 | | 192.85 percent of total billed charges | |
| BKR CHG LEGIONELLA PNUEMOPNILA.AMP.PROB | 87541 | CPT | | | | outpatient | | | 203 | 40.35 | Amerihealth | HMO/PPO | 48.5 | | | | 35.09 | | 192.85 fee schedule | |
| BKR CHG LEGIONELLA PNUEMOPNILA.AMP.PROB | 87541 | CPT | | | | outpatient | | | 203 | 40.35 | Qualcare | Qualcare | 152.25 | 75 | | | 35.09 | | 192.85 percent of total billed charges | |
| BKR CHG LEGIONELLA PNUEMOPNILA.AMP.PROB | 87541 | CPT | | | | outpatient | | | 203 | 40.35 | WellPoint | WellPoint | 65.33 | 32.18 | | | 35.09 | | 192.85 percent of total billed charges | |
| BKR CHG LEGIONELLA PNUEMOPNILA.AMP.PROB | 87541 | CPT | | | | outpatient | | | 203 | 40.35 | First Trenton | First Trenton | 182.7 | 90 | | | 35.09 | | 192.85 percent of total billed charges | |
| BKR CHG LEGIONELLA PNUEMOPNILA.AMP.PROB | 87541 | CPT | | | | outpatient | | | 203 | 40.35 | Horizon | MGD | 77.71 | 38.28 | | | 35.09 | | 192.85 percent of total billed charges | |
| BKR CHG LEGIONELLA PNUEMOPNILA.AMP.PROB | 87541 | CPT | | | | outpatient | | | 203 | 40.35 | Horizon | PPO | 77.71 | 38.28 | | | 35.09 | | 192.85 percent of total billed charges | |
| BKR CHG LEGIONELLA PNUEMOPNILA.AMP.PROB | 87541 | CPT | | | | outpatient | | | 203 | 40.35 | Consumer | Consumer | 192.85 | 95 | | | 35.09 | | 192.85 percent of total billed charges | |
| BKR CHG LEGIONELLA PNUEMOPNILA.AMP.PROB | 87541 | CPT | | | | outpatient | | | 203 | 40.35 | Wellcare | Medicaid | 38 | | | | 35.09 | | 192.85 fee schedule | |
| BKR CHG LEGIONELLA PNUEMOPNILA.AMP.PROB | 87541 | CPT | | | | outpatient | | | 203 | 40.35 | Amerihealth | Medicare | 35.09 | | | | 35.09 | | 192.85 fee schedule | |
| BKR CHG LEGIONELLA PNUEMOPNILA.AMP.PROB | 87541 | CPT | | | | outpatient | | | 203 | 40.35 | UHC | Medicare | 35.09 | | | | 35.09 | | 192.85 fee schedule | |
| BKR CHG LEGIONELLA PNUEMOPNILA.AMP.PROB | 87541 | CPT | | | | outpatient | | | 203 | 40.35 | Corrections | Corrections | 162.4 | 80 | | | 35.09 | | 192.85 percent of total billed charges | |
| BKR CHG LEGIONELLA PNUEMOPNILA.AMP.PROB | 87541 | CPT | | | | outpatient | | | 203 | 40.35 | Managed Care Inc | Managed Care Inc | 182.7 | 90 | | | 35.09 | | 192.85 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG LEGIONELLA PNUEMOPNILA AMP PROB | 87541 | CPT | | | | outpatient | | | 203 | | 40.35 First Health | First Health | 142.1 | 70 | | | 35.09 | 192.85 | percent of total billed charges | |
| BKR CHG LEGIONELLA PNUEMOPNILA AMP PROB | 87541 | CPT | | | | outpatient | | | 203 | | 40.35 Multiplan | Multiplan | 162.4 | 80 | | | 35.09 | 192.85 | percent of total billed charges | |
| BKR CHG LEGIONELLA PNUEMOPNILA AMP PROB | 87541 | CPT | | | | outpatient | | | 203 | | 40.35 Horizon | Medicare Blue | 60.9 | 30 | | | 35.09 | 192.85 | percent of total billed charges | |
| BKR CHG LEGIONELLA PNUEMOPNILA AMP PROB | 87541 | CPT | | | | outpatient | | | 203 | | 40.35 UHC | Medicaid | 38 | | | | 35.09 | 192.85 | fee schedule | |
| BKR CHG LEGIONELLA PNUEMOPNILA AMP PROB | 87541 | CPT | | | | outpatient | | | 203 | | 40.35 Horizon | NJ Health | 38.96 | | | | 35.09 | 192.85 | fee schedule | |
| BKR CHG LEGIONELLA PNUEMOPNILA AMP PROB | 87541 | CPT | | | | outpatient | | | 203 | | 40.35 Three Rivers | Three Rivers | 192.85 | 95 | | | 35.09 | 192.85 | percent of total billed charges | |
| BKR CHG LEGIONELLA PNUEMOPNILA AMP PROB | 87541 | CPT | | | | outpatient | | | 203 | | 40.35 Wellcare | Medicare | 35.09 | | | | 35.09 | 192.85 | fee schedule | |
| BKR CHG NONTB MYCOBACTERIA DNA DETECT | 87551 | CPT | | | | outpatient | | | 155 | | 55.48 UHC | Medicare | 48.24 | | | | 38 | 147.25 | fee schedule | |
| BKR CHG NONTB MYCOBACTERIA DNA DETECT | 87551 | CPT | | | | outpatient | | | 155 | | 55.48 Aetna | Medicare | 47.74 | 30.8 | | | 38 | 147.25 | percent of total billed charges | |
| BKR CHG NONTB MYCOBACTERIA DNA DETECT | 87551 | CPT | | | | outpatient | | | 155 | | 55.48 Americare | Americare | 116.25 | 75 | | | 38 | 147.25 | percent of total billed charges | |
| BKR CHG NONTB MYCOBACTERIA DNA DETECT | 87551 | CPT | | | | outpatient | | | 155 | | 55.48 Aetna | Better Health | 48.9 | 31.55 | | | 38 | 147.25 | percent of total billed charges | |
| BKR CHG NONTB MYCOBACTERIA DNA DETECT | 87551 | CPT | | | | outpatient | | | 155 | | 55.48 UHC | Medicaid | 38 | | | | 38 | 147.25 | fee schedule | |
| BKR CHG NONTB MYCOBACTERIA DNA DETECT | 87551 | CPT | | | | outpatient | | | 155 | | 55.48 First Trenton | First Trenton | 139.5 | 90 | | | 38 | 147.25 | percent of total billed charges | |
| BKR CHG NONTB MYCOBACTERIA DNA DETECT | 87551 | CPT | | | | outpatient | | | 155 | | 55.48 Horizon | Indemnity | 59.33 | 38.28 | | | 38 | 147.25 | percent of total billed charges | |
| BKR CHG NONTB MYCOBACTERIA DNA DETECT | 87551 | CPT | | | | outpatient | | | 155 | | 55.48 First Health | First Health | 108.5 | 70 | | | 38 | 147.25 | percent of total billed charges | |
| BKR CHG NONTB MYCOBACTERIA DNA DETECT | 87551 | CPT | | | | outpatient | | | 155 | | 55.48 Amerihealth | HMO/PPO | 48.5 | | | | 38 | 147.25 | fee schedule | |
| BKR CHG NONTB MYCOBACTERIA DNA DETECT | 87551 | CPT | | | | outpatient | | | 155 | | 55.48 Horizon | MGD | 59.33 | 38.28 | | | 38 | 147.25 | percent of total billed charges | |
| BKR CHG NONTB MYCOBACTERIA DNA DETECT | 87551 | CPT | | | | outpatient | | | 155 | | 55.48 Horizon | PPO | 59.33 | 38.28 | | | 38 | 147.25 | percent of total billed charges | |
| BKR CHG NONTB MYCOBACTERIA DNA DETECT | 87551 | CPT | | | | outpatient | | | 155 | | 55.48 Consumer | Consumer | 147.25 | 95 | | | 38 | 147.25 | percent of total billed charges | |
| BKR CHG NONTB MYCOBACTERIA DNA DETECT | 87551 | CPT | | | | outpatient | | | 155 | | 55.48 Amerihealth | Medicare | 48.24 | | | | 38 | 147.25 | fee schedule | |
| BKR CHG NONTB MYCOBACTERIA DNA DETECT | 87551 | CPT | | | | outpatient | | | 155 | | 55.48 Horizon | Medicare Blue | 46.5 | 30 | | | 38 | 147.25 | percent of total billed charges | |
| BKR CHG NONTB MYCOBACTERIA DNA DETECT | 87551 | CPT | | | | outpatient | | | 155 | | 55.48 Wellcare | Medicaid | 38 | | | | 38 | 147.25 | fee schedule | |
| BKR CHG NONTB MYCOBACTERIA DNA DETECT | 87551 | CPT | | | | outpatient | | | 155 | | 55.48 Multiplan | Multiplan | 124 | 80 | | | 38 | 147.25 | percent of total billed charges | |
| BKR CHG NONTB MYCOBACTERIA DNA DETECT | 87551 | CPT | | | | outpatient | | | 155 | | 55.48 Qualcare | Qualcare | 116.25 | 75 | | | 38 | 147.25 | percent of total billed charges | |
| BKR CHG NONTB MYCOBACTERIA DNA DETECT | 87551 | CPT | | | | outpatient | | | 155 | | 55.48 Corrections | Corrections | 124 | 80 | | | 38 | 147.25 | percent of total billed charges | |
| BKR CHG NONTB MYCOBACTERIA DNA DETECT | 87551 | CPT | | | | outpatient | | | 155 | | 55.48 Managed Care Inc | Managed Care Inc | 139.5 | 90 | | | 38 | 147.25 | percent of total billed charges | |
| BKR CHG NONTB MYCOBACTERIA DNA DETECT | 87551 | CPT | | | | outpatient | | | 155 | | 55.48 Three Rivers | Three Rivers | 147.25 | 95 | | | 38 | 147.25 | percent of total billed charges | |
| BKR CHG NONTB MYCOBACTERIA DNA DETECT | 87551 | CPT | | | | outpatient | | | 155 | | 55.48 Wellcare | Medicare | 48.24 | | | | 38 | 147.25 | fee schedule | |
| BKR CHG NONTB MYCOBACTERIA DNA DETECT | 87551 | CPT | | | | outpatient | | | 155 | | 55.48 Horizon | NJ Health | 38.96 | | | | 38 | 147.25 | fee schedule | |
| BKR CHG NONTB MYCOBACTERIA DNA DETECT | 87551 | CPT | | | | outpatient | | | 155 | | 55.48 WellPoint | WellPoint | 49.88 | 32.18 | | | 38 | 147.25 | percent of total billed charges | |
| BKR CHG TB PCR(CSF) TESTCODE 183059 | 87556 | CPT | | | | both | | | 537 | | 47.93 First Trenton | First Trenton | 483.3 | 90 | | | 38 | 510.15 | percent of total billed charges | |
| BKR CHG TB PCR(CSF) TESTCODE 183059 | 87556 | CPT | | | | both | | | 537 | | 47.93 Horizon | NJ Health | 38.96 | | | 44.01 | 38 | 510.15 | fee schedule | |
| BKR CHG TB PCR(CSF) TESTCODE 183059 | 87556 | CPT | | | | both | | | 537 | | 47.93 Aetna | Better Health | 169.42 | 31.55 | | | 38 | 510.15 | percent of total billed charges | |
| BKR CHG TB PCR(CSF) TESTCODE 183059 | 87556 | CPT | | | | both | | | 537 | | 47.93 Horizon | Indemnity | 205.56 | 38.28 | | | 38 | 510.15 | percent of total billed charges | |
| BKR CHG TB PCR(CSF) TESTCODE 183059 | 87556 | CPT | | | | both | | | 537 | | 47.93 Aetna | Medicare | 165.4 | 30.8 | | | 38 | 510.15 | percent of total billed charges | |
| BKR CHG TB PCR(CSF) TESTCODE 183059 | 87556 | CPT | | | | both | | | 537 | | 47.93 Horizon | MGD | 205.56 | 38.28 | | 47.93 | 38 | 510.15 | percent of total billed charges | |
| BKR CHG TB PCR(CSF) TESTCODE 183059 | 87556 | CPT | | | | both | | | 537 | | 47.93 First Health | First Health | 375.9 | 70 | | | 38 | 510.15 | percent of total billed charges | |
| BKR CHG TB PCR(CSF) TESTCODE 183059 | 87556 | CPT | | | | both | | | 537 | | 47.93 Americare | Americare | 402.75 | 75 | | | 38 | 510.15 | percent of total billed charges | |
| BKR CHG TB PCR(CSF) TESTCODE 183059 | 87556 | CPT | | | | both | | | 537 | | 47.93 Horizon | PPO | 205.56 | 38.28 | | | 38 | 510.15 | percent of total billed charges | |
| BKR CHG TB PCR(CSF) TESTCODE 183059 | 87556 | CPT | | | | both | | | 537 | | 47.93 UHC | Medicare | 41.68 | | | 34.24 | 38 | 510.15 | fee schedule | |
| BKR CHG TB PCR(CSF) TESTCODE 183059 | 87556 | CPT | | | | both | | | 537 | | 47.93 Corrections | Corrections | 429.6 | 80 | | | 38 | 510.15 | percent of total billed charges | |
| BKR CHG TB PCR(CSF) TESTCODE 183059 | 87556 | CPT | | | | both | | | 537 | | 47.93 Wellcare | Medicaid | 38 | | | | 38 | 510.15 | fee schedule | |
| BKR CHG TB PCR(CSF) TESTCODE 183059 | 87556 | CPT | | | | both | | | 537 | | 47.93 Amerihealth | HMO/PPO | 48.5 | | | | 38 | 510.15 | fee schedule | |
| BKR CHG TB PCR(CSF) TESTCODE 183059 | 87556 | CPT | | | | both | | | 537 | | 47.93 UHC | Medicaid | 38 | | | | 38 | 510.15 | fee schedule | |
| BKR CHG TB PCR(CSF) TESTCODE 183059 | 87556 | CPT | | | | both | | | 537 | | 47.93 Multiplan | Multiplan | 429.6 | 80 | | | 38 | 510.15 | percent of total billed charges | |
| BKR CHG TB PCR(CSF) TESTCODE 183059 | 87556 | CPT | | | | both | | | 537 | | 47.93 Consumer | Consumer | 510.15 | 95 | | | 38 | 510.15 | percent of total billed charges | |
| BKR CHG TB PCR(CSF) TESTCODE 183059 | 87556 | CPT | | | | both | | | 537 | | 47.93 Managed Care Inc | Managed Care Inc | 483.3 | 90 | | | 38 | 510.15 | percent of total billed charges | |
| BKR CHG TB PCR(CSF) TESTCODE 183059 | 87556 | CPT | | | | both | | | 537 | | 47.93 WellPoint | WellPoint | 172.81 | 32.18 | | 90.15 | 38 | 510.15 | percent of total billed charges | |
| BKR CHG TB PCR(CSF) TESTCODE 183059 | 87556 | CPT | | | | both | | | 537 | | 47.93 Horizon | Medicare Blue | 161.1 | 30 | | | 38 | 510.15 | percent of total billed charges | |
| BKR CHG TB PCR(CSF) TESTCODE 183059 | 87556 | CPT | | | | both | | | 537 | | 47.93 Amerihealth | Medicare | 41.68 | | | | 38 | 510.15 | fee schedule | |
| BKR CHG TB PCR(CSF) TESTCODE 183059 | 87556 | CPT | | | | both | | | 537 | | 47.93 Qualcare | Qualcare | 402.75 | 75 | | | 38 | 510.15 | percent of total billed charges | |
| BKR CHG TB PCR(CSF) TESTCODE 183059 | 87556 | CPT | | | | both | | | 537 | | 47.93 Three Rivers | Three Rivers | 510.15 | 95 | | | 38 | 510.15 | percent of total billed charges | |
| BKR CHG TB PCR(CSF) TESTCODE 183059 | 87556 | CPT | | | | both | | | 537 | | 47.93 Wellcare | Medicare | 41.68 | | | | 38 | 510.15 | fee schedule | |
| BKR CHG MYCOPLASMA GENITALIUM AMP | 87563 | CPT | | | | both | | | 156 | | 40.35 First Trenton | First Trenton | 140.4 | 90 | | | 24.9 | 148.2 | percent of total billed charges | |
| BKR CHG MYCOPLASMA GENITALIUM AMP | 87563 | CPT | | | | both | | | 156 | | 40.35 Americare | Americare | 117 | 75 | | | 24.9 | 148.2 | percent of total billed charges | |
| BKR CHG MYCOPLASMA GENITALIUM AMP | 87563 | CPT | | | | both | | | 156 | | 40.35 Aetna | Better Health | 49.22 | 31.55 | | | 24.9 | 148.2 | percent of total billed charges | |
| BKR CHG MYCOPLASMA GENITALIUM AMP | 87563 | CPT | | | | both | | | 156 | | 40.35 UHC | Medicaid | 28.07 | | | | 24.9 | 148.2 | fee schedule | |
| BKR CHG MYCOPLASMA GENITALIUM AMP | 87563 | CPT | | | | both | | | 156 | | 40.35 Aetna | Medicare | 48.05 | 30.8 | | | 24.9 | 148.2 | percent of total billed charges | |
| BKR CHG MYCOPLASMA GENITALIUM AMP | 87563 | CPT | | | | both | | | 156 | | 40.35 Corrections | Corrections | 124.8 | 80 | | | 24.9 | 148.2 | percent of total billed charges | |
| BKR CHG MYCOPLASMA GENITALIUM AMP | 87563 | CPT | | | | both | | | 156 | | 40.35 Amerihealth | HMO/PPO | 101.4 | 65 | | | 24.9 | 148.2 | percent of total billed charges | |
| BKR CHG MYCOPLASMA GENITALIUM AMP | 87563 | CPT | | | | both | | | 156 | | 40.35 Wellcare | Medicare | 35.09 | | | | 24.9 | 148.2 | fee schedule | |
| BKR CHG MYCOPLASMA GENITALIUM AMP | 87563 | CPT | | | | both | | | 156 | | 40.35 Horizon | PPO | 59.72 | 38.28 | | | 24.9 | 148.2 | percent of total billed charges | |
| BKR CHG MYCOPLASMA GENITALIUM AMP | 87563 | CPT | | | | both | | | 156 | | 40.35 Consumer | Consumer | 148.2 | 95 | | | 24.9 | 148.2 | percent of total billed charges | |
| BKR CHG MYCOPLASMA GENITALIUM AMP | 87563 | CPT | | | | both | | | 156 | | 40.35 Horizon | Medicare Blue | 46.8 | 30 | | | 24.9 | 148.2 | percent of total billed charges | |
| BKR CHG MYCOPLASMA GENITALIUM AMP | 87563 | CPT | | | | both | | | 156 | | 40.35 Horizon | Indemnity | 59.72 | 38.28 | | | 24.9 | 148.2 | percent of total billed charges | |
| BKR CHG MYCOPLASMA GENITALIUM AMP | 87563 | CPT | | | | both | | | 156 | | 40.35 Amerihealth | Medicare | 35.09 | | | | 24.9 | 148.2 | fee schedule | |
| BKR CHG MYCOPLASMA GENITALIUM AMP | 87563 | CPT | | | | both | | | 156 | | 40.35 Horizon | NJ Health | 27.52 | | | | 24.9 | 148.2 | fee schedule | |
| BKR CHG MYCOPLASMA GENITALIUM AMP | 87563 | CPT | | | | both | | | 156 | | 40.35 First Health | First Health | 109.2 | 70 | | | 24.9 | 148.2 | percent of total billed charges | |
| BKR CHG MYCOPLASMA GENITALIUM AMP | 87563 | CPT | | | | both | | | 156 | | 40.35 Wellcare | Medicaid | 28.07 | | | | 24.9 | 148.2 | fee schedule | |
| BKR CHG MYCOPLASMA GENITALIUM AMP | 87563 | CPT | | | | both | | | 156 | | 40.35 Managed Care Inc | Managed Care Inc | 140.4 | 90 | | | 24.9 | 148.2 | percent of total billed charges | |
| BKR CHG MYCOPLASMA GENITALIUM AMP | 87563 | CPT | | | | both | | | 156 | | 40.35 WellPoint | WellPoint | 50.2 | 32.18 | | | 24.9 | 148.2 | percent of total billed charges | |
| BKR CHG MYCOPLASMA GENITALIUM AMP | 87563 | CPT | | | | both | | | 156 | | 40.35 Horizon | MGD | 59.72 | 38.28 | | | 24.9 | 148.2 | percent of total billed charges | |
| BKR CHG MYCOPLASMA GENITALIUM AMP | 87563 | CPT | | | | both | | | 156 | | 40.35 Multiplan | Multiplan | 124.8 | 80 | | | 24.9 | 148.2 | percent of total billed charges | |
| BKR CHG MYCOPLASMA GENITALIUM AMP | 87563 | CPT | | | | both | | | 156 | | 40.35 Three Rivers | Three Rivers | 148.2 | 95 | | | 24.9 | 148.2 | percent of total billed charges | |
| BKR CHG MYCOPLASMA GENITALIUM AMP | 87563 | CPT | | | | both | | | 156 | | 40.35 Qualcare | Qualcare | 117 | 75 | | | 24.9 | 148.2 | percent of total billed charges | |
| BKR CHG MYCOPLASMA GENITALIUM AMP | 87563 | CPT | | | | both | | | 156 | | 40.35 UHC | Medicare | 35.09 | | | | 24.9 | 148.2 | fee schedule | |
| BKR CHG MYCOPLASMA PNUEMONIAE,BY PCR | 87581 | CPT | | | | both | | | 464 | | 40.35 Horizon | Medicare Blue | 139.2 | 30 | | 15.87 | 35.09 | 440.8 | percent of total billed charges | |
| BKR CHG MYCOPLASMA PNUEMONIAE,BY PCR | 87581 | CPT | | | | both | | | 464 | | 40.35 Consumer | Consumer | 440.8 | 95 | | | 35.09 | 440.8 | percent of total billed charges | |
| BKR CHG MYCOPLASMA PNUEMONIAE,BY PCR | 87581 | CPT | | | | both | | | 464 | | 40.35 Americare | Americare | 348 | 75 | | | 35.09 | 440.8 | percent of total billed charges | |
| BKR CHG MYCOPLASMA PNUEMONIAE,BY PCR | 87581 | CPT | | | | both | | | 464 | | 40.35 Aetna | Medicare | 142.91 | 30.8 | | 17.02 | 35.09 | 440.8 | percent of total billed charges | |
| BKR CHG MYCOPLASMA PNUEMONIAE,BY PCR | 87581 | CPT | | | | both | | | 464 | | 40.35 Aetna | Better Health | 146.39 | 31.55 | | 39.48 | 35.09 | 440.8 | percent of total billed charges | |
| BKR CHG MYCOPLASMA PNUEMONIAE,BY PCR | 87581 | CPT | | | | both | | | 464 | | 40.35 First Health | First Health | 324.8 | 70 | | | 35.09 | 440.8 | percent of total billed charges | |
| BKR CHG MYCOPLASMA PNUEMONIAE,BY PCR | 87581 | CPT | | | | both | | | 464 | | 40.35 Amerihealth | Medicare | 35.09 | | | | 35.09 | 440.8 | fee schedule | |
| BKR CHG MYCOPLASMA PNUEMONIAE,BY PCR | 87581 | CPT | | | | both | | | 464 | | 40.35 Amerihealth | HMO/PPO | 48.5 | | | | 35.09 | 440.8 | fee schedule | |
| BKR CHG MYCOPLASMA PNUEMONIAE,BY PCR | 87581 | CPT | | | | both | | | 464 | | 40.35 UHC | Medicare | 35.09 | | | 21.18 | 35.09 | 440.8 | fee schedule | |
| BKR CHG MYCOPLASMA PNUEMONIAE,BY PCR | 87581 | CPT | | | | both | | | 464 | | 40.35 Horizon | PPO | 177.62 | 38.28 | | 16.26 | 35.09 | 440.8 | percent of total billed charges | |
| BKR CHG MYCOPLASMA PNUEMONIAE,BY PCR | 87581 | CPT | | | | both | | | 464 | | 40.35 Horizon | NJ Health | 38.96 | | | 23.01 | 35.09 | 440.8 | fee schedule | |
| BKR CHG MYCOPLASMA PNUEMONIAE,BY PCR | 87581 | CPT | | | | both | | | 464 | | 40.35 UHC | Medicaid | 38 | | | 39.41 | 35.09 | 440.8 | fee schedule | |
| BKR CHG MYCOPLASMA PNUEMONIAE,BY PCR | 87581 | CPT | | | | both | | | 464 | | 40.35 Horizon | Indemnity | 177.62 | 38.28 | | 31.63 | 35.09 | 440.8 | percent of total billed charges | |
| BKR CHG MYCOPLASMA PNUEMONIAE,BY PCR | 87581 | CPT | | | | both | | | 464 | | 40.35 Corrections | Corrections | 371.2 | 80 | | 31.6 | 35.09 | 440.8 | percent of total billed charges | |
| BKR CHG MYCOPLASMA PNUEMONIAE,BY PCR | 87581 | CPT | | | | both | | | 464 | | 40.35 Wellcare | Medicare | 35.09 | | | | 35.09 | 440.8 | fee schedule | |
| BKR CHG MYCOPLASMA PNUEMONIAE,BY PCR | 87581 | CPT | | | | both | | | 464 | | 40.35 Three Rivers | Three Rivers | 440.8 | 95 | | | 35.09 | 440.8 | percent of total billed charges | |
| BKR CHG MYCOPLASMA PNUEMONIAE,BY PCR | 87581 | CPT | | | | both | | | 464 | | 40.35 Multiplan | Multiplan | 371.2 | 80 | | | 35.09 | 440.8 | percent of total billed charges | |
| BKR CHG MYCOPLASMA PNUEMONIAE,BY PCR | 87581 | CPT | | | | both | | | 464 | | 40.35 First Trenton | First Trenton | 417.6 | 90 | | | 35.09 | 440.8 | percent of total billed charges | |
| BKR CHG MYCOPLASMA PNUEMONIAE,BY PCR | 87581 | CPT | | | | both | | | 464 | | 40.35 Qualcare | Qualcare | 348 | 75 | | | 35.09 | 440.8 | percent of total billed charges | |
| BKR CHG MYCOPLASMA PNUEMONIAE,BY PCR | 87581 | CPT | | | | both | | | 464 | | 40.35 Wellcare | Medicaid | 38 | | | 37.7 | 35.09 | 440.8 | fee schedule | |
| BKR CHG MYCOPLASMA PNUEMONIAE,BY PCR | 87581 | CPT | | | | both | | | 464 | | 40.35 WellPoint | WellPoint | 149.32 | 32.18 | | 22.95 | 35.09 | 440.8 | percent of total billed charges | |
| BKR CHG MYCOPLASMA PNUEMONIAE,BY PCR | 87581 | CPT | | | | both | | | 464 | | 40.35 Horizon | MGD | 177.62 | 38.28 | | 31.99 | 35.09 | 440.8 | percent of total billed charges | |
| BKR CHG MYCOPLASMA PNUEMONIAE,BY PCR | 87581 | CPT | | | | both | | | 464 | | 40.35 Managed Care Inc | Managed Care Inc | 417.6 | 90 | | | 35.09 | 440.8 | percent of total billed charges | |
| BKR CHG NG.AMP.PROBE.TECH | 87591 | CPT | | | | both | | | 358 | | 40.35 Multiplan | Multiplan | 286.4 | 80 | | | 23.7 | 340.1 | percent of total billed charges | |
| BKR CHG NG.AMP.PROBE.TECH | 87591 | CPT | | | | both | | | 358 | | 40.35 Amerihealth | HMO/PPO | 48.5 | | | 28.74 | 23.7 | 340.1 | fee schedule | |
| BKR CHG NG.AMP.PROBE.TECH | 87591 | CPT | | | | both | | | 358 | | 40.35 First Trenton | First Trenton | 322.2 | 90 | | | 23.7 | 340.1 | percent of total billed charges | |
| BKR CHG NG.AMP.PROBE.TECH | 87591 | CPT | | | | both | | | 358 | | 40.35 Amerihealth | Medicare | 35.09 | | | | 23.7 | 340.1 | fee schedule | |
| BKR CHG NG.AMP.PROBE.TECH | 87591 | CPT | | | | both | | | 358 | | 40.35 Aetna | Medicare | 110.26 | 30.8 | | 20.24 | 23.7 | 340.1 | percent of total billed charges | |
| BKR CHG NG.AMP.PROBE.TECH | 87591 | CPT | | | | both | | | 358 | | 40.35 Corrections | Corrections | 286.4 | 80 | | 44.93 | 23.7 | 340.1 | percent of total billed charges | |
| BKR CHG NG.AMP.PROBE.TECH | 87591 | CPT | | | | both | | | 358 | | 40.35 Horizon | PPO | 137.04 | 38.28 | | 32.31 | 23.7 | 340.1 | percent of total billed charges | |
| BKR CHG NG.AMP.PROBE.TECH | 87591 | CPT | | | | both | | | 358 | | 40.35 Aetna | Better Health | 112.95 | 31.55 | | 37.25 | 23.7 | 340.1 | percent of total billed charges | |
| BKR CHG NG.AMP.PROBE.TECH | 87591 | CPT | | | | both | | | 358 | | 40.35 Qualcare | Qualcare | 268.5 | 75 | | | 23.7 | 340.1 | percent of total billed charges | |
| BKR CHG NG.AMP.PROBE.TECH | 87591 | CPT | | | | both | | | 358 | | 40.35 Horizon | Indemnity | 137.04 | 38.28 | | 30.06 | 23.7 | 340.1 | percent of total billed charges | |
| BKR CHG NG.AMP.PROBE.TECH | 87591 | CPT | | | | both | | | 358 | | 40.35 Horizon | NJ Health | 73.89 | | | 15.51 | 23.7 | 340.1 | fee schedule | |
| BKR CHG NG.AMP.PROBE.TECH | 87591 | CPT | | | | both | | | 358 | | 40.35 First Health | First Health | 250.6 | 70 | | | 23.7 | 340.1 | percent of total billed charges | |
| BKR CHG NG.AMP.PROBE.TECH | 87591 | CPT | | | | both | | | 358 | | 40.35 Americare | Americare | 268.5 | 75 | | | 23.7 | 340.1 | percent of total billed charges | |
| BKR CHG NG.AMP.PROBE.TECH | 87591 | CPT | | | | both | | | 358 | | 40.35 Horizon | MGD | 137.04 | 38.28 | | 28.79 | 23.7 | 340.1 | percent of total billed charges | |
| BKR CHG NG.AMP.PROBE.TECH | 87591 | CPT | | | | both | | | 358 | | 40.35 Managed Care Inc | Managed Care Inc | 322.2 | 90 | | | 23.7 | 340.1 | percent of total billed charges | |
| BKR CHG NG.AMP.PROBE.TECH | 87591 | CPT | | | | both | | | 358 | | 40.35 Horizon | Medicare Blue | 107.4 | 30 | | 10.02 | 23.7 | 340.1 | percent of total billed charges | |
| BKR CHG NG.AMP.PROBE.TECH | 87591 | CPT | | | | both | | | 358 | | 40.35 UHC | Medicaid | 38 | | | 33.09 | 23.7 | 340.1 | fee schedule | |
| BKR CHG NG.AMP.PROBE.TECH | 87591 | CPT | | | | both | | | 358 | | 40.35 Wellcare | Medicaid | 38 | | | 37.72 | 23.7 | 340.1 | fee schedule | |
| BKR CHG NG.AMP.PROBE.TECH | 87591 | CPT | | | | both | | | 358 | | 40.35 Three Rivers | Three Rivers | 340.1 | 95 | | | 23.7 | 340.1 | percent of total billed charges | |
| BKR CHG NG.AMP.PROBE.TECH | 87591 | CPT | | | | both | | | 358 | | 40.35 Consumer | Consumer | 340.1 | 95 | | | 23.7 | 340.1 | percent of total billed charges | |
| BKR CHG NG.AMP.PROBE.TECH | 87591 | CPT | | | | both | | | 358 | | 40.35 Wellcare | Medicare | 35.09 | | | 20.85 | 23.7 | 340.1 | fee schedule | |
| BKR CHG NG.AMP.PROBE.TECH | 87591 | CPT | | | | both | | | 358 | | 40.35 UHC | Medicare | 35.09 | | | 15.66 | 23.7 | 340.1 | fee schedule | |
| BKR CHG NG.AMP.PROBE.TECH | 87591 | CPT | | | | both | | | 358 | | 40.35 WellPoint | WellPoint | 115.2 | 32.18 | | 41.18 | 23.7 | 340.1 | percent of total billed charges | |
| BKR CHG ORTHOPOXVIRUS (MONKEYPOX) PCR | 87593 | CPT | | | | both | | | 113 | | Consumer | Consumer | 107.35 | 95 | | | 33.9 | 107.35 | percent of total billed charges | |
| BKR CHG ORTHOPOXVIRUS (MONKEYPOX) PCR | 87593 | CPT | | | | both | | | 113 | | Corrections | Corrections | 90.4 | 80 | | | 33.9 | 107.35 | percent of total billed charges | |
| BKR CHG ORTHOPOXVIRUS (MONKEYPOX) PCR | 87593 | CPT | | | | both | | | 113 | | Americare | Americare | 84.75 | 75 | | | 33.9 | 107.35 | percent of total billed charges | |
| BKR CHG ORTHOPOXVIRUS (MONKEYPOX) PCR | 87593 | CPT | | | | both | | | 113 | | Horizon | MGD | 43.26 | 38.28 | | | 33.9 | 107.35 | percent of total billed charges | |
| BKR CHG ORTHOPOXVIRUS (MONKEYPOX) PCR | 87593 | CPT | | | | both | | | 113 | | Aetna | Medicare | 34.8 | 30.8 | | | 33.9 | 107.35 | percent of total billed charges | |
| BKR CHG ORTHOPOXVIRUS (MONKEYPOX) PCR | 87593 | CPT | | | | both | | | 113 | | First Trenton | First Trenton | 101.7 | 90 | | | 33.9 | 107.35 | percent of total billed charges | |
| BKR CHG ORTHOPOXVIRUS (MONKEYPOX) PCR | 87593 | CPT | | | | both | | | 113 | | Aetna | Better Health | 35.65 | 31.55 | | | 33.9 | 107.35 | percent of total billed charges | |
| BKR CHG ORTHOPOXVIRUS (MONKEYPOX) PCR | 87593 | CPT | | | | both | | | 113 | | Wellcare | Medicaid | 35.65 | 31.55 | | | 33.9 | 107.35 | percent of total billed charges | |
| BKR CHG ORTHOPOXVIRUS (MONKEYPOX) PCR | 87593 | CPT | | | | both | | | 113 | | First Health | First Health | 79.1 | 70 | | | 33.9 | 107.35 | percent of total billed charges | |
| BKR CHG ORTHOPOXVIRUS (MONKEYPOX) PCR | 87593 | CPT | | | | both | | | 113 | | WellPoint | WellPoint | 36.36 | 32.18 | | | 33.9 | 107.35 | percent of total billed charges | |
| BKR CHG ORTHOPOXVIRUS (MONKEYPOX) PCR | 87593 | CPT | | | | both | | | 113 | | Horizon | Medicare Blue | 33.9 | 30 | | | 33.9 | 107.35 | percent of total billed charges | |
| BKR CHG ORTHOPOXVIRUS (MONKEYPOX) PCR | 87593 | CPT | | | | both | | | 113 | | Horizon | Indemnity | 43.26 | 38.28 | | | 33.9 | 107.35 | percent of total billed charges | |
| BKR CHG ORTHOPOXVIRUS (MONKEYPOX) PCR | 87593 | CPT | | | | both | | | 113 | | Amerihealth | HMO/PPO | 73.45 | 65 | | | 33.9 | 107.35 | percent of total billed charges | |
| BKR CHG ORTHOPOXVIRUS (MONKEYPOX) PCR | 87593 | CPT | | | | both | | | 113 | | Horizon | PPO | 43.26 | 38.28 | | | 33.9 | 107.35 | percent of total billed charges | |
| BKR CHG ORTHOPOXVIRUS (MONKEYPOX) PCR | 87593 | CPT | | | | both | | | 113 | | UHC | Medicaid | 35.65 | 31.55 | | 16.02 | 33.9 | 107.35 | percent of total billed charges | |
| BKR CHG ORTHOPOXVIRUS (MONKEYPOX) PCR | 87593 | CPT | | | | both | | | 113 | | Managed Care Inc | Managed Care Inc | 101.7 | 90 | | | 33.9 | 107.35 | percent of total billed charges | |
| BKR CHG ORTHOPOXVIRUS (MONKEYPOX) PCR | 87593 | CPT | | | | both | | | 113 | | Multiplan | Multiplan | 90.4 | 80 | | | 33.9 | 107.35 | percent of total billed charges | |
| BKR CHG ORTHOPOXVIRUS (MONKEYPOX) PCR | 87593 | CPT | | | | both | | | 113 | | Three Rivers | Three Rivers | 107.35 | 95 | | | 33.9 | 107.35 | percent of total billed charges | |
| BKR CHG ORTHOPOXVIRUS (MONKEYPOX) PCR | 87593 | CPT | | | | both | | | 113 | | Qualcare | Qualcare | 84.75 | 75 | | | 33.9 | 107.35 | percent of total billed charges | |
| BKR CHG PAPILLOMAVIRUS HUMAN AMPL PROB | 87624 | CPT | | | | both | | | 640 | | 40.35 First Trenton | First Trenton | 576 | 90 | | | 25.98 | 608 | percent of total billed charges | |
| BKR CHG PAPILLOMAVIRUS HUMAN AMPL PROB | 87624 | CPT | | | | both | | | 640 | | 40.35 Amerihealth | HMO/PPO | 25.98 | | | 13.21 | 25.98 | 608 | fee schedule | |
| BKR CHG PAPILLOMAVIRUS HUMAN AMPL PROB | 87624 | CPT | | | | both | | | 640 | | 40.35 Americare | Americare | 480 | 75 | | | 25.98 | 608 | percent of total billed charges | |
| BKR CHG PAPILLOMAVIRUS HUMAN AMPL PROB | 87624 | CPT | | | | both | | | 640 | | 40.35 Aetna | Medicare | 197.12 | 30.8 | | 18.65 | 25.98 | 608 | percent of total billed charges | |
| BKR CHG PAPILLOMAVIRUS HUMAN AMPL PROB | 87624 | CPT | | | | both | | | 640 | | 40.35 Managed Care Inc | Managed Care Inc | 576 | 90 | | | 25.98 | 608 | percent of total billed charges | |
| BKR CHG PAPILLOMAVIRUS HUMAN AMPL PROB | 87624 | CPT | | | | both | | | 640 | | 40.35 Amerihealth | Medicare | 35.09 | | | | 25.98 | 608 | fee schedule | |
| BKR CHG PAPILLOMAVIRUS HUMAN AMPL PROB | 87624 | CPT | | | | both | | | 640 | | 40.35 Wellcare | Medicare | 35.09 | | | 15.59 | 25.98 | 608 | fee schedule | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BIKR CHG PAPILLOMAVIRUS HUMAN AMPL PROB | 87624 | CPT | | | | both | | | 640 | 40.35 | Aetna | Better Health | 201.92 | 31.55 | | 30.48 | 25.98 | | 608 percent of total billed charges | |
| BIKR CHG PAPILLOMAVIRUS HUMAN AMPL PROB | 87624 | CPT | | | | both | | | 640 | 40.35 | Three Rivers | Three Rivers | 608 | 95 | | | 25.98 | | 608 percent of total billed charges | |
| BIKR CHG PAPILLOMAVIRUS HUMAN AMPL PROB | 87624 | CPT | | | | both | | | 640 | 40.35 | Corrections | Corrections | 512 | 80 | | 52.75 | 25.98 | | 608 percent of total billed charges | |
| BIKR CHG PAPILLOMAVIRUS HUMAN AMPL PROB | 87624 | CPT | | | | both | | | 640 | 40.35 | Horizon | MGD | 244.99 | 38.28 | | 45.05 | 25.98 | | 608 percent of total billed charges | |
| BIKR CHG PAPILLOMAVIRUS HUMAN AMPL PROB | 87624 | CPT | | | | both | | | 640 | 40.35 | Horizon | Medicare Blue | 192 | 30 | | 39.84 | 25.98 | | 608 percent of total billed charges | |
| BIKR CHG PAPILLOMAVIRUS HUMAN AMPL PROB | 87624 | CPT | | | | both | | | 640 | 40.35 | WellPoint | WellPoint | 205.95 | 32.18 | | 33.65 | 25.98 | | 608 percent of total billed charges | |
| BIKR CHG PAPILLOMAVIRUS HUMAN AMPL PROB | 87624 | CPT | | | | both | | | 640 | 40.35 | Consumer | Consumer | 608 | 95 | | | 25.98 | | 608 percent of total billed charges | |
| BIKR CHG PAPILLOMAVIRUS HUMAN AMPL PROB | 87624 | CPT | | | | both | | | 640 | 40.35 | Wellcare | Medicaid | 28.07 | | | 40.72 | 25.98 | | 608 fee schedule | |
| BIKR CHG PAPILLOMAVIRUS HUMAN AMPL PROB | 87624 | CPT | | | | both | | | 640 | 40.35 | Horizon | NJ Health | 37.44 | | | 14.53 | 25.98 | | 608 fee schedule | |
| BIKR CHG PAPILLOMAVIRUS HUMAN AMPL PROB | 87624 | CPT | | | | both | | | 640 | 40.35 | First Health | First Health | 448 | 70 | | | 25.98 | | 608 percent of total billed charges | |
| BIKR CHG PAPILLOMAVIRUS HUMAN AMPL PROB | 87624 | CPT | | | | both | | | 640 | 40.35 | Horizon | PPO | 244.99 | 38.28 | | 37.03 | 25.98 | | 608 percent of total billed charges | |
| BIKR CHG PAPILLOMAVIRUS HUMAN AMPL PROB | 87624 | CPT | | | | both | | | 640 | 40.35 | Horizon | Indemnity | 244.99 | 38.28 | | 47.93 | 25.98 | | 608 percent of total billed charges | |
| BIKR CHG PAPILLOMAVIRUS HUMAN AMPL PROB | 87624 | CPT | | | | both | | | 640 | 40.35 | UHC | Medicare | 35.09 | | | 32.85 | 25.98 | | 608 fee schedule | |
| BIKR CHG PAPILLOMAVIRUS HUMAN AMPL PROB | 87624 | CPT | | | | both | | | 640 | 40.35 | Multiplan | Multiplan | 512 | 80 | | | 25.98 | | 608 percent of total billed charges | |
| BIKR CHG PAPILLOMAVIRUS HUMAN AMPL PROB | 87624 | CPT | | | | both | | | 640 | 40.35 | UHC | Medicaid | 28.07 | | | 29.88 | 25.98 | | 608 fee schedule | |
| BIKR CHG PAPILLOMAVIRUS HUMAN AMPL PROB | 87624 | CPT | | | | both | | | 640 | 40.35 | Qualcare | Qualcare | 480 | 75 | | | 25.98 | | 608 percent of total billed charges | |
| BIKR CHG FLU/RSV/SARS-COV-2 PANEL | 87631 | CPT | | | | both | | | 746 | 164.02 | UHC | Medicaid | 114.1 | | | 139.95 | 74.64 | | 708.7 fee schedule | |
| BIKR CHG FLU/RSV/SARS-COV-2 PANEL | 87631 | CPT | | | | both | | | 746 | 164.02 | Aetna | Medicare | 229.77 | 30.8 | | 86.96 | 74.64 | | 708.7 percent of total billed charges | |
| BIKR CHG FLU/RSV/SARS-COV-2 PANEL | 87631 | CPT | | | | both | | | 746 | 164.02 | Horizon | Indemnity | 285.57 | 38.28 | | 111.05 | 74.64 | | 708.7 percent of total billed charges | |
| BIKR CHG FLU/RSV/SARS-COV-2 PANEL | 87631 | CPT | | | | both | | | 746 | 164.02 | Corrections | Corrections | 596.8 | 80 | | 102.95 | 74.64 | | 708.7 percent of total billed charges | |
| BIKR CHG FLU/RSV/SARS-COV-2 PANEL | 87631 | CPT | | | | both | | | 746 | 164.02 | Amerihealth | HMO/PPO | 74.64 | | | 47.36 | 74.64 | | 708.7 fee schedule | |
| BIKR CHG FLU/RSV/SARS-COV-2 PANEL | 87631 | CPT | | | | both | | | 746 | 164.02 | Aetna | Better Health | 235.36 | 31.55 | | 142.02 | 74.64 | | 708.7 percent of total billed charges | |
| BIKR CHG FLU/RSV/SARS-COV-2 PANEL | 87631 | CPT | | | | both | | | 746 | 164.02 | WellPoint | WellPoint | 240.06 | 32.18 | | 111.42 | 74.64 | | 708.7 percent of total billed charges | |
| BIKR CHG FLU/RSV/SARS-COV-2 PANEL | 87631 | CPT | | | | both | | | 746 | 164.02 | Amerihealth | Medicare | 142.63 | | | | 74.64 | | 708.7 fee schedule | |
| BIKR CHG FLU/RSV/SARS-COV-2 PANEL | 87631 | CPT | | | | both | | | 746 | 164.02 | First Health | First Health | 522.2 | 70 | | | 74.64 | | 708.7 percent of total billed charges | |
| BIKR CHG FLU/RSV/SARS-COV-2 PANEL | 87631 | CPT | | | | both | | | 746 | 164.02 | Americare | Americare | 569.5 | 75 | | | 74.64 | | 708.7 percent of total billed charges | |
| BIKR CHG FLU/RSV/SARS-COV-2 PANEL | 87631 | CPT | | | | both | | | 746 | 164.02 | Horizon | NJ Health | 331.8 | | | 73.73 | 74.64 | | 708.7 fee schedule | |
| BIKR CHG FLU/RSV/SARS-COV-2 PANEL | 87631 | CPT | | | | both | | | 746 | 164.02 | First Trenton | First Trenton | 671.4 | 90 | | | 74.64 | | 708.7 percent of total billed charges | |
| BIKR CHG FLU/RSV/SARS-COV-2 PANEL | 87631 | CPT | | | | both | | | 746 | 164.02 | Horizon | Medicare Blue | 223.8 | 30 | | 61.19 | 74.64 | | 708.7 percent of total billed charges | |
| BIKR CHG FLU/RSV/SARS-COV-2 PANEL | 87631 | CPT | | | | both | | | 746 | 164.02 | Consumer | Consumer | 708.7 | 95 | | | 74.64 | | 708.7 percent of total billed charges | |
| BIKR CHG FLU/RSV/SARS-COV-2 PANEL | 87631 | CPT | | | | both | | | 746 | 164.02 | UHC | Medicare | 142.63 | | | 69.54 | 74.64 | | 708.7 fee schedule | |
| BIKR CHG FLU/RSV/SARS-COV-2 PANEL | 87631 | CPT | | | | both | | | 746 | 164.02 | Managed Care Inc | Managed Care Inc | 671.4 | 90 | | | 74.64 | | 708.7 percent of total billed charges | |
| BIKR CHG FLU/RSV/SARS-COV-2 PANEL | 87631 | CPT | | | | both | | | 746 | 164.02 | Multiplan | Multiplan | 596.8 | 80 | | | 74.64 | | 708.7 percent of total billed charges | |
| BIKR CHG FLU/RSV/SARS-COV-2 PANEL | 87631 | CPT | | | | both | | | 746 | 164.02 | Three Rivers | Three Rivers | 708.7 | 95 | | | 74.64 | | 708.7 percent of total billed charges | |
| BIKR CHG FLU/RSV/SARS-COV-2 PANEL | 87631 | CPT | | | | both | | | 746 | 164.02 | Horizon | MGD | 285.57 | 38.28 | | 119.61 | 74.64 | | 708.7 percent of total billed charges | |
| BIKR CHG FLU/RSV/SARS-COV-2 PANEL | 87631 | CPT | | | | both | | | 746 | 164.02 | Qualcare | Qualcare | 559.5 | 75 | | | 74.64 | | 708.7 percent of total billed charges | |
| BIKR CHG FLU/RSV/SARS-COV-2 PANEL | 87631 | CPT | | | | both | | | 746 | 164.02 | Horizon | PPO | 285.57 | 38.28 | | 122.14 | 74.64 | | 708.7 percent of total billed charges | |
| BIKR CHG FLU/RSV/SARS-COV-2 PANEL | 87631 | CPT | | | | both | | | 746 | 164.02 | Wellcare | Medicare | 142.63 | | | 57.48 | 74.64 | | 708.7 fee schedule | |
| BIKR CHG FLU/RSV/SARS-COV-2 PANEL | 87631 | CPT | | | | both | | | 746 | 164.02 | Wellcare | Medicaid | 114.1 | | | 130.24 | 74.64 | | 708.7 fee schedule | |
| BIKR CHG RESPIRATORY VIRUS 12-25 TRGT | 87633 | CPT | | | | both | | | 1437 | 479.3 | Americare | Americare | 1077.75 | 75 | | | 240.3 | | 1365.15 percent of total billed charges | |
| BIKR CHG RESPIRATORY VIRUS 12-25 TRGT | 87633 | CPT | | | | both | | | 1437 | 479.3 | Aetna | Medicare | 442.6 | 30.8 | | 83.69 | 240.3 | | 1365.15 percent of total billed charges | |
| BIKR CHG RESPIRATORY VIRUS 12-25 TRGT | 87633 | CPT | | | | both | | | 1437 | 479.3 | Consumer | Consumer | 1365.15 | 95 | | | 240.3 | | 1365.15 percent of total billed charges | |
| BIKR CHG RESPIRATORY VIRUS 12-25 TRGT | 87633 | CPT | | | | both | | | 1437 | 479.3 | First Trenton | First Trenton | 1293.3 | 90 | | | 240.3 | | 1365.15 percent of total billed charges | |
| BIKR CHG RESPIRATORY VIRUS 12-25 TRGT | 87633 | CPT | | | | both | | | 1437 | 479.3 | Horizon | Indemnity | 550.08 | 38.28 | | 155.52 | 240.3 | | 1365.15 percent of total billed charges | |
| BIKR CHG RESPIRATORY VIRUS 12-25 TRGT | 87633 | CPT | | | | both | | | 1437 | 479.3 | Aetna | Better Health | 453.37 | 31.55 | | 194.12 | 240.3 | | 1365.15 percent of total billed charges | |
| BIKR CHG RESPIRATORY VIRUS 12-25 TRGT | 87633 | CPT | | | | both | | | 1437 | 479.3 | Horizon | Medicare Blue | 431.1 | 30 | | 78.04 | 240.3 | | 1365.15 percent of total billed charges | |
| BIKR CHG RESPIRATORY VIRUS 12-25 TRGT | 87633 | CPT | | | | both | | | 1437 | 479.3 | UHC | Medicare | 416.78 | | | 104.16 | 240.3 | | 1365.15 fee schedule | |
| BIKR CHG RESPIRATORY VIRUS 12-25 TRGT | 87633 | CPT | | | | both | | | 1437 | 479.3 | Amerihealth | HMO/PPO | 242.49 | | | | 240.3 | | 1365.15 fee schedule | |
| BIKR CHG RESPIRATORY VIRUS 12-25 TRGT | 87633 | CPT | | | | both | | | 1437 | 479.3 | Amerihealth | Medicare | 416.78 | | | | 240.3 | | 1365.15 fee schedule | |
| BIKR CHG RESPIRATORY VIRUS 12-25 TRGT | 87633 | CPT | | | | both | | | 1437 | 479.3 | Horizon | MGD | 550.08 | 38.28 | | 157.31 | 240.3 | | 1365.15 percent of total billed charges | |
| BIKR CHG RESPIRATORY VIRUS 12-25 TRGT | 87633 | CPT | | | | both | | | 1437 | 479.3 | Managed Care Inc | Managed Care Inc | 1293.3 | 90 | | | 240.3 | | 1365.15 percent of total billed charges | |
| BIKR CHG RESPIRATORY VIRUS 12-25 TRGT | 87633 | CPT | | | | both | | | 1437 | 479.3 | Corrections | Corrections | 1149.6 | 80 | | 155.39 | 240.3 | | 1365.15 percent of total billed charges | |
| BIKR CHG RESPIRATORY VIRUS 12-25 TRGT | 87633 | CPT | | | | both | | | 1437 | 479.3 | Wellcare | Medicare | 416.78 | | | | 240.3 | | 1365.15 fee schedule | |
| BIKR CHG RESPIRATORY VIRUS 12-25 TRGT | 87633 | CPT | | | | both | | | 1437 | 479.3 | First Health | First Health | 1006.9 | 70 | | | 240.3 | | 1365.15 percent of total billed charges | |
| BIKR CHG RESPIRATORY VIRUS 12-25 TRGT | 87633 | CPT | | | | both | | | 1437 | 479.3 | UHC | Medicaid | 333.42 | | | 193.78 | 240.3 | | 1365.15 fee schedule | |
| BIKR CHG RESPIRATORY VIRUS 12-25 TRGT | 87633 | CPT | | | | both | | | 1437 | 479.3 | Horizon | PPO | 550.08 | 38.28 | | 79.97 | 240.3 | | 1365.15 percent of total billed charges | |
| BIKR CHG RESPIRATORY VIRUS 12-25 TRGT | 87633 | CPT | | | | both | | | 1437 | 479.3 | Wellcare | Medicaid | 333.42 | | | 185.42 | 240.3 | | 1365.15 fee schedule | |
| BIKR CHG RESPIRATORY VIRUS 12-25 TRGT | 87633 | CPT | | | | both | | | 1437 | 479.3 | Horizon | NJ Health | 1077.99 | | | 113.14 | 240.3 | | 1365.15 fee schedule | |
| BIKR CHG RESPIRATORY VIRUS 12-25 TRGT | 87633 | CPT | | | | both | | | 1437 | 479.3 | Multiplan | Multiplan | 1149.6 | 80 | | | 240.3 | | 1365.15 percent of total billed charges | |
| BIKR CHG RESPIRATORY VIRUS 12-25 TRGT | 87633 | CPT | | | | both | | | 1437 | 479.3 | Three Rivers | Three Rivers | 1365.15 | 95 | | | 240.3 | | 1365.15 percent of total billed charges | |
| BIKR CHG RESPIRATORY VIRUS 12-25 TRGT | 87633 | CPT | | | | both | | | 1437 | 479.3 | Qualcare | Qualcare | 1077.75 | 75 | | | 240.3 | | 1365.15 percent of total billed charges | |
| BIKR CHG RESPIRATORY VIRUS 12-25 TRGT | 87633 | CPT | | | | both | | | 1437 | 479.3 | WellPoint | WellPoint | 462.43 | 32.18 | | 112.88 | 240.3 | | 1365.15 percent of total billed charges | |
| BIKR CHG DOH/CDC 2019 NOVEL(2019-NCOV) | 87635 | CPT | | | | both | | | 159 | 59.01 | Consumer | Consumer | 151.05 | 95 | | | 47.7 | | 151.05 percent of total billed charges | |
| BIKR CHG DOH/CDC 2019 NOVEL(2019-NCOV) | 87635 | CPT | | | | both | | | 159 | 59.01 | Aetna | Medicare | 48.97 | 30.8 | | | 47.7 | | 151.05 percent of total billed charges | |
| BIKR CHG DOH/CDC 2019 NOVEL(2019-NCOV) | 87635 | CPT | | | | both | | | 159 | 59.01 | Corrections | Corrections | 127.2 | 80 | | | 47.7 | | 151.05 percent of total billed charges | |
| BIKR CHG DOH/CDC 2019 NOVEL(2019-NCOV) | 87635 | CPT | | | | both | | | 159 | 59.01 | Horizon | MGD | 60.87 | 38.28 | | | 47.7 | | 151.05 percent of total billed charges | |
| BIKR CHG DOH/CDC 2019 NOVEL(2019-NCOV) | 87635 | CPT | | | | both | | | 159 | 59.01 | Americare | Americare | 119.25 | 75 | | | 47.7 | | 151.05 percent of total billed charges | |
| BIKR CHG DOH/CDC 2019 NOVEL(2019-NCOV) | 87635 | CPT | | | | both | | | 159 | 59.01 | First Health | First Health | 111.3 | 70 | | | 47.7 | | 151.05 percent of total billed charges | |
| BIKR CHG DOH/CDC 2019 NOVEL(2019-NCOV) | 87635 | CPT | | | | both | | | 159 | 59.01 | Aetna | Better Health | 50.16 | 31.55 | | | 47.7 | | 151.05 percent of total billed charges | |
| BIKR CHG DOH/CDC 2019 NOVEL(2019-NCOV) | 87635 | CPT | | | | both | | | 159 | 59.01 | Wellcare | Medicaid | 51.31 | | | | 47.7 | | 151.05 fee schedule | |
| BIKR CHG DOH/CDC 2019 NOVEL(2019-NCOV) | 87635 | CPT | | | | both | | | 159 | 59.01 | First Trenton | First Trenton | 143.1 | 90 | | | 47.7 | | 151.05 percent of total billed charges | |
| BIKR CHG DOH/CDC 2019 NOVEL(2019-NCOV) | 87635 | CPT | | | | both | | | 159 | 59.01 | UHC | Medicare | 51.31 | | | 44.59 | 47.7 | | 151.05 fee schedule | |
| BIKR CHG DOH/CDC 2019 NOVEL(2019-NCOV) | 87635 | CPT | | | | both | | | 159 | 59.01 | WellPoint | WellPoint | 51.17 | 32.18 | | | 47.7 | | 151.05 percent of total billed charges | |
| BIKR CHG DOH/CDC 2019 NOVEL(2019-NCOV) | 87635 | CPT | | | | both | | | 159 | 59.01 | Wellcare | Medicare | 51.31 | | | | 47.7 | | 151.05 fee schedule | |
| BIKR CHG DOH/CDC 2019 NOVEL(2019-NCOV) | 87635 | CPT | | | | both | | | 159 | 59.01 | Horizon | Indemnity | 60.87 | 38.28 | | | 47.7 | | 151.05 percent of total billed charges | |
| BIKR CHG DOH/CDC 2019 NOVEL(2019-NCOV) | 87635 | CPT | | | | both | | | 159 | 59.01 | Amerihealth | HMO/PPO | 103.35 | 65 | | | 47.7 | | 151.05 percent of total billed charges | |
| BIKR CHG DOH/CDC 2019 NOVEL(2019-NCOV) | 87635 | CPT | | | | both | | | 159 | 59.01 | Horizon | PPO | 60.87 | 38.28 | | | 47.7 | | 151.05 percent of total billed charges | |
| BIKR CHG DOH/CDC 2019 NOVEL(2019-NCOV) | 87635 | CPT | | | | both | | | 159 | 59.01 | Amerihealth | Medicare | 51.31 | | | | 47.7 | | 151.05 fee schedule | |
| BIKR CHG DOH/CDC 2019 NOVEL(2019-NCOV) | 87635 | CPT | | | | both | | | 159 | 59.01 | Horizon | Medicare Blue | 47.7 | 30 | | | 47.7 | | 151.05 percent of total billed charges | |
| BIKR CHG DOH/CDC 2019 NOVEL(2019-NCOV) | 87635 | CPT | | | | both | | | 159 | 59.01 | Multiplan | Multiplan | 127.2 | 80 | | | 47.7 | | 151.05 percent of total billed charges | |
| BIKR CHG DOH/CDC 2019 NOVEL(2019-NCOV) | 87635 | CPT | | | | both | | | 159 | 59.01 | Managed Care Inc | Managed Care Inc | 143.1 | 90 | | | 47.7 | | 151.05 percent of total billed charges | |
| BIKR CHG DOH/CDC 2019 NOVEL(2019-NCOV) | 87635 | CPT | | | | both | | | 159 | 59.01 | Qualcare | Qualcare | 119.25 | 75 | | | 47.7 | | 151.05 percent of total billed charges | |
| BIKR CHG DOH/CDC 2019 NOVEL(2019-NCOV) | 87635 | CPT | | | | both | | | 159 | 59.01 | UHC | Medicaid | 51.31 | | | | 47.7 | | 151.05 fee schedule | |
| BIKR CHG DOH/CDC 2019 NOVEL(2019-NCOV) | 87635 | CPT | | | | both | | | 159 | 59.01 | Three Rivers | Three Rivers | 151.05 | 95 | | | 47.7 | | 151.05 percent of total billed charges | |
| BIKR CHG IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ | 87637 | CPT | | | | outpatient | | | | 164.02 | Amerihealth | Medicare | 142.63 | | | | 114.1 | | 142.63 fee schedule | |
| BIKR CHG IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ | 87637 | CPT | | | | outpatient | | | | 164.02 | UHC | Medicaid | 114.1 | | | | 114.1 | | 142.63 fee schedule | |
| BIKR CHG IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ | 87637 | CPT | | | | outpatient | | | | 164.02 | UHC | Medicare | 142.63 | | | | 114.1 | | 142.63 fee schedule | |
| BIKR CHG IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ | 87637 | CPT | | | | outpatient | | | | 164.02 | Wellcare | Medicaid | 114.1 | | | | 114.1 | | 142.63 fee schedule | |
| BIKR CHG IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ | 87637 | CPT | | | | outpatient | | | | 164.02 | Wellcare | Medicare | 142.63 | | | | 114.1 | | 142.63 fee schedule | |
| BIKR CHG MRSA & MSSA (QUAL) | 87641 | CPT | | | | both | | | 603 | 40.35 | Aetna | Better Health | 190.25 | 31.55 | | 53.06 | 28.07 | | 572.85 percent of total billed charges | |
| BIKR CHG MRSA & MSSA (QUAL) | 87641 | CPT | | | | both | | | 603 | 40.35 | First Health | First Health | 422.1 | 70 | | | 28.07 | | 572.85 percent of total billed charges | |
| BIKR CHG MRSA & MSSA (QUAL) | 87641 | CPT | | | | both | | | 603 | 40.35 | Americare | Americare | 452.25 | 75 | | | 28.07 | | 572.85 percent of total billed charges | |
| BIKR CHG MRSA & MSSA (QUAL) | 87641 | CPT | | | | both | | | 603 | 40.35 | Horizon | Medicare Blue | 180.9 | 30 | | | 28.07 | | 572.85 percent of total billed charges | |
| BIKR CHG MRSA & MSSA (QUAL) | 87641 | CPT | | | | both | | | 603 | 40.35 | First Trenton | First Trenton | 542.7 | 90 | | | 28.07 | | 572.85 percent of total billed charges | |
| BIKR CHG MRSA & MSSA (QUAL) | 87641 | CPT | | | | both | | | 603 | 40.35 | Aetna | Medicare | 185.72 | 30.8 | | 16.36 | 28.07 | | 572.85 percent of total billed charges | |
| BIKR CHG MRSA & MSSA (QUAL) | 87641 | CPT | | | | both | | | 603 | 40.35 | Horizon | NJ Health | 96.12 | | | 8.89 | 28.07 | | 572.85 fee schedule | |
| BIKR CHG MRSA & MSSA (QUAL) | 87641 | CPT | | | | both | | | 603 | 40.35 | Wellcare | Medicare | 35.09 | | | | 28.07 | | 572.85 fee schedule | |
| BIKR CHG MRSA & MSSA (QUAL) | 87641 | CPT | | | | both | | | 603 | 40.35 | Corrections | Corrections | 482.4 | 80 | | | 28.07 | | 572.85 percent of total billed charges | |
| BIKR CHG MRSA & MSSA (QUAL) | 87641 | CPT | | | | both | | | 603 | 40.35 | Horizon | PPO | 230.83 | 38.28 | | 10.46 | 28.07 | | 572.85 percent of total billed charges | |
| BIKR CHG MRSA & MSSA (QUAL) | 87641 | CPT | | | | both | | | 603 | 40.35 | Consumer | Consumer | 572.85 | 95 | | | 28.07 | | 572.85 percent of total billed charges | |
| BIKR CHG MRSA & MSSA (QUAL) | 87641 | CPT | | | | both | | | 603 | 40.35 | Amerihealth | HMO/PPO | 48.5 | | | | 28.07 | | 572.85 fee schedule | |
| BIKR CHG MRSA & MSSA (QUAL) | 87641 | CPT | | | | both | | | 603 | 40.35 | Horizon | Indemnity | 230.83 | 38.28 | | | 28.07 | | 572.85 percent of total billed charges | |
| BIKR CHG MRSA & MSSA (QUAL) | 87641 | CPT | | | | both | | | 603 | 40.35 | UHC | Medicaid | 28.07 | | | 54.92 | 28.07 | | 572.85 fee schedule | |
| BIKR CHG MRSA & MSSA (QUAL) | 87641 | CPT | | | | both | | | 603 | 40.35 | Multiplan | Multiplan | 482.4 | 80 | | | 28.07 | | 572.85 percent of total billed charges | |
| BIKR CHG MRSA & MSSA (QUAL) | 87641 | CPT | | | | both | | | 603 | 40.35 | Amerihealth | Medicare | 35.09 | | | | 28.07 | | 572.85 fee schedule | |
| BIKR CHG MRSA & MSSA (QUAL) | 87641 | CPT | | | | both | | | 603 | 40.35 | Managed Care Inc | Managed Care Inc | 542.7 | 90 | | | 28.07 | | 572.85 percent of total billed charges | |
| BIKR CHG MRSA & MSSA (QUAL) | 87641 | CPT | | | | both | | | 603 | 40.35 | WellPoint | WellPoint | 194.05 | 32.18 | | 60.65 | 28.07 | | 572.85 percent of total billed charges | |
| BIKR CHG MRSA & MSSA (QUAL) | 87641 | CPT | | | | both | | | 603 | 40.35 | Horizon | MGD | 230.83 | 38.28 | | 53.94 | 28.07 | | 572.85 percent of total billed charges | |
| BIKR CHG MRSA & MSSA (QUAL) | 87641 | CPT | | | | both | | | 603 | 40.35 | Three Rivers | Three Rivers | 572.85 | 95 | | | 28.07 | | 572.85 percent of total billed charges | |
| BIKR CHG MRSA & MSSA (QUAL) | 87641 | CPT | | | | both | | | 603 | 40.35 | Qualcare | Qualcare | 452.25 | 75 | | | 28.07 | | 572.85 percent of total billed charges | |
| BIKR CHG MRSA & MSSA (QUAL) | 87641 | CPT | | | | both | | | 603 | 40.35 | Wellcare | Medicaid | 28.07 | | | 26.19 | 28.07 | | 572.85 fee schedule | |
| BIKR CHG MRSA & MSSA (QUAL) | 87641 | CPT | | | | both | | | 603 | 40.35 | UHC | Medicare | 35.09 | | | 27.56 | 28.07 | | 572.85 fee schedule | |
| BIKR CHG TRICHOMONAS VAGINALIS AMP | 87661 | CPT | | | | both | | | 358 | 40.35 | Amerihealth | HMO/PPO | 26.04 | | | | 26.04 | | 340.1 fee schedule | |
| BIKR CHG TRICHOMONAS VAGINALIS AMP | 87661 | CPT | | | | both | | | 358 | 40.35 | Corrections | Corrections | 286.4 | 80 | | | 26.04 | | 340.1 percent of total billed charges | |
| BIKR CHG TRICHOMONAS VAGINALIS AMP | 87661 | CPT | | | | both | | | 358 | 40.35 | Aetna | Medicare | 110.26 | 30.8 | | 1.4 | 26.04 | | 340.1 percent of total billed charges | |
| BIKR CHG TRICHOMONAS VAGINALIS AMP | 87661 | CPT | | | | both | | | 358 | 40.35 | Amerihealth | Medicare | 35.09 | | | | 26.04 | | 340.1 fee schedule | |
| BIKR CHG TRICHOMONAS VAGINALIS AMP | 87661 | CPT | | | | both | | | 358 | 40.35 | First Trenton | First Trenton | 322.2 | 90 | | | 26.04 | | 340.1 percent of total billed charges | |
| BIKR CHG TRICHOMONAS VAGINALIS AMP | 87661 | CPT | | | | both | | | 358 | 40.35 | Aetna | Better Health | 112.95 | 31.55 | | 47.92 | 26.04 | | 340.1 percent of total billed charges | |
| BIKR CHG TRICHOMONAS VAGINALIS AMP | 87661 | CPT | | | | both | | | 358 | 40.35 | Horizon | MGD | 137.04 | 38.28 | | 32.59 | 26.04 | | 340.1 percent of total billed charges | |
| BIKR CHG TRICHOMONAS VAGINALIS AMP | 87661 | CPT | | | | both | | | 358 | 40.35 | Horizon | PPO | 137.04 | 38.28 | | 48.52 | 26.04 | | 340.1 percent of total billed charges | |
| BIKR CHG TRICHOMONAS VAGINALIS AMP | 87661 | CPT | | | | both | | | 358 | 40.35 | Horizon | Indemnity | 137.04 | 38.28 | | 27.41 | 26.04 | | 340.1 percent of total billed charges | |
| BIKR CHG TRICHOMONAS VAGINALIS AMP | 87661 | CPT | | | | both | | | 358 | 40.35 | Wellcare | Medicaid | 28.07 | | | 30.98 | 26.04 | | 340.1 fee schedule | |
| BIKR CHG TRICHOMONAS VAGINALIS AMP | 87661 | CPT | | | | both | | | 358 | 40.35 | Americare | Americare | 268.5 | 75 | | | 26.04 | | 340.1 percent of total billed charges | |
| BIKR CHG TRICHOMONAS VAGINALIS AMP | 87661 | CPT | | | | both | | | 358 | 40.35 | First Health | First Health | 250.6 | 70 | | | 26.04 | | 340.1 percent of total billed charges | |
| BIKR CHG TRICHOMONAS VAGINALIS AMP | 87661 | CPT | | | | both | | | 358 | 40.35 | Managed Care Inc | Managed Care Inc | 322.2 | 90 | | | 26.04 | | 340.1 percent of total billed charges | |
| BIKR CHG TRICHOMONAS VAGINALIS AMP | 87661 | CPT | | | | both | | | 358 | 40.35 | Consumer | Consumer | 340.1 | 95 | | | 26.04 | | 340.1 percent of total billed charges | |
| BIKR CHG TRICHOMONAS VAGINALIS AMP | 87661 | CPT | | | | both | | | 358 | 40.35 | Horizon | NJ Health | 37.53 | | | 12.27 | 26.04 | | 340.1 fee schedule | |
| BIKR CHG TRICHOMONAS VAGINALIS AMP | 87661 | CPT | | | | both | | | 358 | 40.35 | UHC | Medicare | 35.09 | | | 17.16 | 26.04 | | 340.1 fee schedule | |
| BIKR CHG TRICHOMONAS VAGINALIS AMP | 87661 | CPT | | | | both | | | 358 | 40.35 | Wellcare | Medicare | 35.09 | | | | 26.04 | | 340.1 fee schedule | |
| BIKR CHG TRICHOMONAS VAGINALIS AMP | 87661 | CPT | | | | both | | | 358 | 40.35 | Horizon | Medicare Blue | 107.4 | 30 | | | 26.04 | | 340.1 percent of total billed charges | |
| BIKR CHG TRICHOMONAS VAGINALIS AMP | 87661 | CPT | | | | both | | | 358 | 40.35 | Multiplan | Multiplan | 286.4 | 80 | | | 26.04 | | 340.1 percent of total billed charges | |
| BIKR CHG TRICHOMONAS VAGINALIS AMP | 87661 | CPT | | | | both | | | 358 | 40.35 | Three Rivers | Three Rivers | 340.1 | 95 | | | 26.04 | | 340.1 percent of total billed charges | |
| BIKR CHG TRICHOMONAS VAGINALIS AMP | 87661 | CPT | | | | both | | | 358 | 40.35 | Qualcare | Qualcare | 268.5 | 75 | | | 26.04 | | 340.1 percent of total billed charges | |
| BIKR CHG TRICHOMONAS VAGINALIS AMP | 87661 | CPT | | | | both | | | 358 | 40.35 | UHC | Medicaid | 28.07 | | | 23.69 | 26.04 | | 340.1 fee schedule | |
| BIKR CHG TRICHOMONAS VAGINALIS AMP | 87661 | CPT | | | | both | | | 358 | 40.35 | WellPoint | WellPoint | 115.2 | 32.18 | | 27.06 | 26.04 | | 340.1 percent of total billed charges | |
| BIKR CHG ZIKA RNA,REAL TIME RT-PCR(93870) | 87662 | CPT | | | | outpatient | | | 1172 | 59.01 | Aetna | Better Health | 369.77 | 31.55 | | | 41.05 | | 1113.4 percent of total billed charges | |
| BIKR CHG ZIKA RNA,REAL TIME RT-PCR(93870) | 87662 | CPT | | | | outpatient | | | 1172 | 59.01 | First Trenton | First Trenton | 1054.8 | 90 | | | 41.05 | | 1113.4 percent of total billed charges | |
| BIKR CHG ZIKA RNA,REAL TIME RT-PCR(93870) | 87662 | CPT | | | | outpatient | | | 1172 | 59.01 | WellPoint | WellPoint | 377.15 | 32.18 | | | 41.05 | | 1113.4 percent of total billed charges | |
| BIKR CHG ZIKA RNA,REAL TIME RT-PCR(93870) | 87662 | CPT | | | | outpatient | | | 1172 | 59.01 | Amerihealth | Medicare | 51.31 | | | | 41.05 | | 1113.4 fee schedule | |
| BIKR CHG ZIKA RNA,REAL TIME RT-PCR(93870) | 87662 | CPT | | | | outpatient | | | 1172 | 59.01 | Multiplan | Multiplan | 937.6 | 80 | | | 41.05 | | 1113.4 percent of total billed charges | |
| BIKR CHG ZIKA RNA,REAL TIME RT-PCR(93870) | 87662 | CPT | | | | outpatient | | | 1172 | 59.01 | Amerihealth | HMO/PPO | 761.8 | 65 | | | 41.05 | | 1113.4 percent of total billed charges | |
| BIKR CHG ZIKA RNA,REAL TIME RT-PCR(93870) | 87662 | CPT | | | | outpatient | | | 1172 | 59.01 | Aetna | Medicare | 360.98 | 30.8 | | | 41.05 | | 1113.4 percent of total billed charges | |
| BIKR CHG ZIKA RNA,REAL TIME RT-PCR(93870) | 87662 | CPT | | | | outpatient | | | 1172 | 59.01 | First Health | First Health | 820.4 | 70 | | | 41.05 | | 1113.4 percent of total billed charges | |
| BIKR CHG ZIKA RNA,REAL TIME RT-PCR(93870) | 87662 | CPT | | | | outpatient | | | 1172 | 59.01 | Americare | Americare | 879 | 75 | | | 41.05 | | 1113.4 percent of total billed charges | |
| BIKR CHG ZIKA RNA,REAL TIME RT-PCR(93870) | 87662 | CPT | | | | outpatient | | | 1172 | 59.01 | Horizon | NJ Health | 49.67 | | | | 41.05 | | 1113.4 fee schedule | |
| BIKR CHG ZIKA RNA,REAL TIME RT-PCR(93870) | 87662 | CPT | | | | outpatient | | | 1172 | 59.01 | Qualcare | Qualcare | 879 | 75 | | | 41.05 | | 1113.4 percent of total billed charges | |
| BIKR CHG ZIKA RNA,REAL TIME RT-PCR(93870) | 87662 | CPT | | | | outpatient | | | 1172 | 59.01 | Horizon | Indemnity | 448.64 | 38.28 | | | 41.05 | | 1113.4 percent of total billed charges | |
| BIKR CHG ZIKA RNA,REAL TIME RT-PCR(93870) | 87662 | CPT | | | | outpatient | | | 1172 | 59.01 | Consumer | Consumer | 1113.4 | 95 | | | 41.05 | | 1113.4 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG ZIKA RNA REAL TIME RT-PCR(93870) | 87662 | CPT | | | | outpatient | | | 1172 | | 59.01 Corrections | Corrections | 937.6 | | | | 41.05 | | 1113.4 percent of total billed charges | |
| BKR CHG ZIKA RNA REAL TIME RT-PCR(93870) | 87662 | CPT | | | | outpatient | | | 1172 | | 59.01 UHC | Medicare | 51.31 | | | | 41.05 | | 1113.4 fee schedule | |
| BKR CHG ZIKA RNA REAL TIME RT-PCR(93870) | 87662 | CPT | | | | outpatient | | | 1172 | | 59.01 Horizon | PPO | 448.64 | 38.28 | | | 41.05 | | 1113.4 percent of total billed charges | |
| BKR CHG ZIKA RNA REAL TIME RT-PCR(93870) | 87662 | CPT | | | | outpatient | | | 1172 | | 59.01 Horizon | Medicare Blue | 351.6 | 30 | | | 41.05 | | 1113.4 percent of total billed charges | |
| BKR CHG ZIKA RNA REAL TIME RT-PCR(93870) | 87662 | CPT | | | | outpatient | | | 1172 | | 59.01 Managed Care Inc | Managed Care Inc | 1054.8 | 90 | | | 41.05 | | 1113.4 percent of total billed charges | |
| BKR CHG ZIKA RNA REAL TIME RT-PCR(93870) | 87662 | CPT | | | | outpatient | | | 1172 | | 59.01 UHC | Medicaid | 41.05 | | | | 41.05 | | 1113.4 fee schedule | |
| BKR CHG ZIKA RNA REAL TIME RT-PCR(93870) | 87662 | CPT | | | | outpatient | | | 1172 | | 59.01 Three Rivers | Three Rivers | 1113.4 | 95 | | | 41.05 | | 1113.4 percent of total billed charges | |
| BKR CHG ZIKA RNA REAL TIME RT-PCR(93870) | 87662 | CPT | | | | outpatient | | | 1172 | | 59.01 Wellcare | Medicare | 51.31 | | | | 41.05 | | 1113.4 fee schedule | |
| BKR CHG ZIKA RNA REAL TIME RT-PCR(93870) | 87662 | CPT | | | | outpatient | | | 1172 | | 59.01 Horizon | MGD | 448.64 | 38.28 | | | 41.05 | | 1113.4 percent of total billed charges | |
| BKR CHG ZIKA RNA REAL TIME RT-PCR(93870) | 87662 | CPT | | | | outpatient | | | 1172 | | 59.01 Wellcare | Medicaid | 41.05 | | | | 41.05 | | 1113.4 fee schedule | |
| BKR CHG ZIKA VIRUS URINE | 87798 | CPT | | | | both | | | 1682 | | 40.35 Amerihealth | Medicare | 35.09 | | | | 25.8 | | 1597.9 fee schedule | |
| BKR CHG ZIKA VIRUS URINE | 87798 | CPT | | | | both | | | 1682 | | 40.35 Aetna | Better Health | 530.67 | 31.55 | | 75.65 | 25.8 | | 1597.9 percent of total billed charges | |
| BKR CHG ZIKA VIRUS URINE | 87798 | CPT | | | | both | | | 1682 | | 40.35 WellPoint | WellPoint | 541.27 | 32.18 | | 88.92 | 25.8 | | 1597.9 percent of total billed charges | |
| BKR CHG ZIKA VIRUS URINE | 87798 | CPT | | | | both | | | 1682 | | 40.35 Multiplan | Multiplan | 1345.6 | 80 | | | 25.8 | | 1597.9 percent of total billed charges | |
| BKR CHG ZIKA VIRUS URINE | 87798 | CPT | | | | both | | | 1682 | | 40.35 Aetna | Medicare | 518.06 | 30.8 | | 1.4 | 25.8 | | 1597.9 percent of total billed charges | |
| BKR CHG ZIKA VIRUS URINE | 87798 | CPT | | | | both | | | 1682 | | 40.35 Wellcare | Medicaid | 38 | | | 92.16 | 25.8 | | 1597.9 fee schedule | |
| BKR CHG ZIKA VIRUS URINE | 87798 | CPT | | | | both | | | 1682 | | 40.35 Consumer | Consumer | 1597.9 | 95 | | | 25.8 | | 1597.9 percent of total billed charges | |
| BKR CHG ZIKA VIRUS URINE | 87798 | CPT | | | | both | | | 1682 | | 40.35 Horizon | MGD | 643.87 | 38.28 | | 73.01 | 25.8 | | 1597.9 percent of total billed charges | |
| BKR CHG ZIKA VIRUS URINE | 87798 | CPT | | | | both | | | 1682 | | 40.35 Americare | Americare | 1261.5 | 75 | | | 25.8 | | 1597.9 percent of total billed charges | |
| BKR CHG ZIKA VIRUS URINE | 87798 | CPT | | | | both | | | 1682 | | 40.35 Amerihealth | HMO/PPO | 48.5 | | | | 25.8 | | 1597.9 fee schedule | |
| BKR CHG ZIKA VIRUS URINE | 87798 | CPT | | | | both | | | 1682 | | 40.35 Corrections | Corrections | 1345.6 | 80 | | | 25.8 | | 1597.9 percent of total billed charges | |
| BKR CHG ZIKA VIRUS URINE | 87798 | CPT | | | | both | | | 1682 | | 40.35 Qualcare | Qualcare | 1261.5 | 75 | | | 25.8 | | 1597.9 percent of total billed charges | |
| BKR CHG ZIKA VIRUS URINE | 87798 | CPT | | | | both | | | 1682 | | 40.35 First Trenton | First Trenton | 1513.8 | 90 | | | 25.8 | | 1597.9 percent of total billed charges | |
| BKR CHG ZIKA VIRUS URINE | 87798 | CPT | | | | both | | | 1682 | | 40.35 First Health | First Health | 1177.4 | 70 | | | 25.8 | | 1597.9 percent of total billed charges | |
| BKR CHG ZIKA VIRUS URINE | 87798 | CPT | | | | both | | | 1682 | | 40.35 Horizon | Medicare Blue | 504.6 | 30 | | 21.08 | 25.8 | | 1597.9 percent of total billed charges | |
| BKR CHG ZIKA VIRUS URINE | 87798 | CPT | | | | both | | | 1682 | | 40.35 Horizon | PPO | 643.87 | 38.28 | | 48.52 | 25.8 | | 1597.9 percent of total billed charges | |
| BKR CHG ZIKA VIRUS URINE | 87798 | CPT | | | | both | | | 1682 | | 40.35 Three Rivers | Three Rivers | 1597.9 | 95 | | | 25.8 | | 1597.9 percent of total billed charges | |
| BKR CHG ZIKA VIRUS URINE | 87798 | CPT | | | | both | | | 1682 | | 40.35 Horizon | Indemnity | 643.87 | 38.28 | | 71.9 | 25.8 | | 1597.9 percent of total billed charges | |
| BKR CHG ZIKA VIRUS URINE | 87798 | CPT | | | | both | | | 1682 | | 40.35 Horizon | NJ Health | 154.92 | | | 30.9 | 25.8 | | 1597.9 fee schedule | |
| BKR CHG ZIKA VIRUS URINE | 87798 | CPT | | | | both | | | 1682 | | 40.35 Wellcare | Medicare | 35.09 | | | | 25.8 | | 1597.9 fee schedule | |
| BKR CHG ZIKA VIRUS URINE | 87798 | CPT | | | | both | | | 1682 | | 40.35 Managed Care Inc | Managed Care Inc | 1513.8 | 90 | | | 25.8 | | 1597.9 percent of total billed charges | |
| BKR CHG ZIKA VIRUS URINE | 87798 | CPT | | | | both | | | 1682 | | 40.35 UHC | Medicaid | 38 | | | 45.34 | 25.8 | | 1597.9 fee schedule | |
| BKR CHG ZIKA VIRUS URINE | 87798 | CPT | | | | both | | | 1682 | | 40.35 UHC | Medicare | 35.09 | | | 58.57 | 25.8 | | 1597.9 fee schedule | |
| BKR CHG VARICELLA ZOSTER DN RT PCR | 87799 | CPT | | | | both | | | 1499 | | 49.27 Horizon | NJ Health | 47.57 | | | 16.69 | 20 | | 1424.05 fee schedule | |
| BKR CHG VARICELLA ZOSTER DN RT PCR | 87799 | CPT | | | | both | | | 1499 | | 49.27 Americare | Americare | 1124.25 | 75 | | | 20 | | 1424.05 percent of total billed charges | |
| BKR CHG VARICELLA ZOSTER DN RT PCR | 87799 | CPT | | | | both | | | 1499 | | 49.27 Amerihealth | HMO/PPO | 59.2 | | | 49.62 | 20 | | 1424.05 fee schedule | |
| BKR CHG VARICELLA ZOSTER DN RT PCR | 87799 | CPT | | | | both | | | 1499 | | 49.27 Aetna | Better Health | 472.93 | 31.55 | | 76.87 | 20 | | 1424.05 percent of total billed charges | |
| BKR CHG VARICELLA ZOSTER DN RT PCR | 87799 | CPT | | | | both | | | 1499 | | 49.27 Horizon | PPO | 573.82 | 38.28 | | 66.18 | 20 | | 1424.05 percent of total billed charges | |
| BKR CHG VARICELLA ZOSTER DN RT PCR | 87799 | CPT | | | | both | | | 1499 | | 49.27 Amerihealth | Medicare | 42.84 | | | | 20 | | 1424.05 fee schedule | |
| BKR CHG VARICELLA ZOSTER DN RT PCR | 87799 | CPT | | | | both | | | 1499 | | 49.27 Consumer | Consumer | 1424.05 | 95 | | | 20 | | 1424.05 percent of total billed charges | |
| BKR CHG VARICELLA ZOSTER DN RT PCR | 87799 | CPT | | | | both | | | 1499 | | 49.27 Aetna | Medicare | 461.69 | 30.8 | | 20.4 | 20 | | 1424.05 percent of total billed charges | |
| BKR CHG VARICELLA ZOSTER DN RT PCR | 87799 | CPT | | | | both | | | 1499 | | 49.27 First Health | First Health | 1049.3 | 70 | | | 20 | | 1424.05 percent of total billed charges | |
| BKR CHG VARICELLA ZOSTER DN RT PCR | 87799 | CPT | | | | both | | | 1499 | | 49.27 Corrections | Corrections | 1199.2 | 80 | | 100.59 | 20 | | 1424.05 percent of total billed charges | |
| BKR CHG VARICELLA ZOSTER DN RT PCR | 87799 | CPT | | | | both | | | 1499 | | 49.27 Horizon | Indemnity | 573.82 | 38.28 | | 75.15 | 20 | | 1424.05 percent of total billed charges | |
| BKR CHG VARICELLA ZOSTER DN RT PCR | 87799 | CPT | | | | both | | | 1499 | | 49.27 First Trenton | First Trenton | 1349.1 | 90 | | | 20 | | 1424.05 percent of total billed charges | |
| BKR CHG VARICELLA ZOSTER DN RT PCR | 87799 | CPT | | | | both | | | 1499 | | 49.27 Horizon | MGD | 573.82 | 38.28 | | 40.83 | 20 | | 1424.05 percent of total billed charges | |
| BKR CHG VARICELLA ZOSTER DN RT PCR | 87799 | CPT | | | | both | | | 1499 | | 49.27 UHC | Medicaid | 20 | | | 203 | 20 | | 1424.05 fee schedule | |
| BKR CHG VARICELLA ZOSTER DN RT PCR | 87799 | CPT | | | | both | | | 1499 | | 49.27 WellPoint | WellPoint | 482.38 | 32.18 | | 155.17 | 20 | | 1424.05 percent of total billed charges | |
| BKR CHG VARICELLA ZOSTER DN RT PCR | 87799 | CPT | | | | both | | | 1499 | | 49.27 Horizon | Medicare Blue | 449.7 | 30 | | 29.46 | 20 | | 1424.05 percent of total billed charges | |
| BKR CHG VARICELLA ZOSTER DN RT PCR | 87799 | CPT | | | | both | | | 1499 | | 49.27 Multiplan | Multiplan | 1199.2 | 80 | | | 20 | | 1424.05 percent of total billed charges | |
| BKR CHG VARICELLA ZOSTER DN RT PCR | 87799 | CPT | | | | both | | | 1499 | | 49.27 Managed Care Inc | Managed Care Inc | 1349.1 | 90 | | | 20 | | 1424.05 percent of total billed charges | |
| BKR CHG VARICELLA ZOSTER DN RT PCR | 87799 | CPT | | | | both | | | 1499 | | 49.27 Qualcare | Qualcare | 1124.25 | 75 | | | 20 | | 1424.05 percent of total billed charges | |
| BKR CHG VARICELLA ZOSTER DN RT PCR | 87799 | CPT | | | | both | | | 1499 | | 49.27 UHC | Medicare | 42.84 | | | 27.26 | 20 | | 1424.05 fee schedule | |
| BKR CHG VARICELLA ZOSTER DN RT PCR | 87799 | CPT | | | | both | | | 1499 | | 49.27 Three Rivers | Three Rivers | 1424.05 | 95 | | | 20 | | 1424.05 percent of total billed charges | |
| BKR CHG VARICELLA ZOSTER DN RT PCR | 87799 | CPT | | | | both | | | 1499 | | 49.27 Wellcare | Medicare | 42.84 | | | 46.56 | 20 | | 1424.05 fee schedule | |
| BKR CHG VARICELLA ZOSTER DN RT PCR | 87799 | CPT | | | | both | | | 1499 | | 49.27 Wellcare | Medicaid | 20 | | | 65.18 | 20 | | 1424.05 fee schedule | |
| BKR CHG HEP C GENO NMD PROBE W/AMPLICATION | 87800 | CPT | | | | both | | | 193 | | 50.22 Wellcare | Medicare | 43.67 | | | | 25 | | 183.35 fee schedule | |
| BKR CHG HEP C GENO NMD PROBE W/AMPLICATION | 87800 | CPT | | | | both | | | 193 | | 50.22 Aetna | Medicare | 59.44 | 30.8 | | | 25 | | 183.35 percent of total billed charges | |
| BKR CHG HEP C GENO NMD PROBE W/AMPLICATION | 87800 | CPT | | | | both | | | 193 | | 50.22 Amerihealth | HMO/PPO | 27.7 | | | | 25 | | 183.35 fee schedule | |
| BKR CHG HEP C GENO NMD PROBE W/AMPLICATION | 87800 | CPT | | | | both | | | 193 | | 50.22 Corrections | Corrections | 154.4 | 80 | | | 25 | | 183.35 percent of total billed charges | |
| BKR CHG HEP C GENO NMD PROBE W/AMPLICATION | 87800 | CPT | | | | both | | | 193 | | 50.22 WellPoint | WellPoint | 62.11 | 32.18 | | | 25 | | 183.35 percent of total billed charges | |
| BKR CHG HEP C GENO NMD PROBE W/AMPLICATION | 87800 | CPT | | | | both | | | 193 | | 50.22 Amerihealth | Medicare | 43.67 | | | | 25 | | 183.35 fee schedule | |
| BKR CHG HEP C GENO NMD PROBE W/AMPLICATION | 87800 | CPT | | | | both | | | 193 | | 50.22 First Health | First Health | 135.1 | 70 | | | 25 | | 183.35 percent of total billed charges | |
| BKR CHG HEP C GENO NMD PROBE W/AMPLICATION | 87800 | CPT | | | | both | | | 193 | | 50.22 Aetna | Better Health | 60.89 | 31.55 | | | 25 | | 183.35 percent of total billed charges | |
| BKR CHG HEP C GENO NMD PROBE W/AMPLICATION | 87800 | CPT | | | | both | | | 193 | | 50.22 Horizon | MGD | 73.88 | 38.28 | | | 25 | | 183.35 percent of total billed charges | |
| BKR CHG HEP C GENO NMD PROBE W/AMPLICATION | 87800 | CPT | | | | both | | | 193 | | 50.22 Multiplan | Multiplan | 154.4 | 80 | | | 25 | | 183.35 percent of total billed charges | |
| BKR CHG HEP C GENO NMD PROBE W/AMPLICATION | 87800 | CPT | | | | both | | | 193 | | 50.22 Horizon | Medicare Blue | 57.9 | 30 | | | 25 | | 183.35 percent of total billed charges | |
| BKR CHG HEP C GENO NMD PROBE W/AMPLICATION | 87800 | CPT | | | | both | | | 193 | | 50.22 Qualcare | Qualcare | 144.75 | 75 | | | 25 | | 183.35 percent of total billed charges | |
| BKR CHG HEP C GENO NMD PROBE W/AMPLICATION | 87800 | CPT | | | | both | | | 193 | | 50.22 Americare | Americare | 144.75 | 75 | | | 25 | | 183.35 percent of total billed charges | |
| BKR CHG HEP C GENO NMD PROBE W/AMPLICATION | 87800 | CPT | | | | both | | | 193 | | 50.22 UHC | Medicare | 43.67 | | | | 25 | | 183.35 fee schedule | |
| BKR CHG HEP C GENO NMD PROBE W/AMPLICATION | 87800 | CPT | | | | both | | | 193 | | 50.22 UHC | Medicaid | 25 | | | | 25 | | 183.35 fee schedule | |
| BKR CHG HEP C GENO NMD PROBE W/AMPLICATION | 87800 | CPT | | | | both | | | 193 | | 50.22 Consumer | Consumer | 183.35 | 95 | | | 25 | | 183.35 percent of total billed charges | |
| BKR CHG HEP C GENO NMD PROBE W/AMPLICATION | 87800 | CPT | | | | both | | | 193 | | 50.22 Wellcare | Medicaid | 25 | | | | 25 | | 183.35 fee schedule | |
| BKR CHG HEP C GENO NMD PROBE W/AMPLICATION | 87800 | CPT | | | | both | | | 193 | | 50.22 First Trenton | First Trenton | 173.7 | 90 | | | 25 | | 183.35 percent of total billed charges | |
| BKR CHG HEP C GENO NMD PROBE W/AMPLICATION | 87800 | CPT | | | | both | | | 193 | | 50.22 Horizon | Indemnity | 73.88 | 38.28 | | | 25 | | 183.35 percent of total billed charges | |
| BKR CHG HEP C GENO NMD PROBE W/AMPLICATION | 87800 | CPT | | | | both | | | 193 | | 50.22 Horizon | NJ Health | 44.53 | | | | 25 | | 183.35 fee schedule | |
| BKR CHG HEP C GENO NMD PROBE W/AMPLICATION | 87800 | CPT | | | | both | | | 193 | | 50.22 Horizon | PPO | 73.88 | 38.28 | | | 25 | | 183.35 percent of total billed charges | |
| BKR CHG HEP C GENO NMD PROBE W/AMPLICATION | 87800 | CPT | | | | both | | | 193 | | 50.22 Managed Care Inc | Managed Care Inc | 173.7 | 90 | | | 25 | | 183.35 percent of total billed charges | |
| BKR CHG HEP C GENO NMD PROBE W/AMPLICATION | 87800 | CPT | | | | both | | | 193 | | 50.22 Three Rivers | Three Rivers | 183.35 | 95 | | | 25 | | 183.35 percent of total billed charges | |
| BKR CHG LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C | 87801 | CPT | | | | both | | | 855 | | 80.73 Horizon | Indemnity | 327.29 | 38.28 | | 38.19 | 38 | | 812.25 percent of total billed charges | |
| BKR CHG LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C | 87801 | CPT | | | | both | | | 855 | | 80.73 Aetna | Medicare | 263.34 | 30.8 | | 1.4 | 38 | | 812.25 percent of total billed charges | |
| BKR CHG LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C | 87801 | CPT | | | | both | | | 855 | | 80.73 Horizon | PPO | 327.29 | 38.28 | | 48.52 | 38 | | 812.25 percent of total billed charges | |
| BKR CHG LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C | 87801 | CPT | | | | both | | | 855 | | 80.73 Aetna | Better Health | 269.75 | 31.55 | | 47.92 | 38 | | 812.25 percent of total billed charges | |
| BKR CHG LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C | 87801 | CPT | | | | both | | | 855 | | 80.73 First Trenton | First Trenton | 769.5 | 90 | | | 38 | | 812.25 percent of total billed charges | |
| BKR CHG LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C | 87801 | CPT | | | | both | | | 855 | | 80.73 Qualcare | Qualcare | 641.25 | 75 | | | 38 | | 812.25 percent of total billed charges | |
| BKR CHG LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C | 87801 | CPT | | | | both | | | 855 | | 80.73 Americare | Americare | 641.25 | 75 | | | 38 | | 812.25 percent of total billed charges | |
| BKR CHG LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C | 87801 | CPT | | | | both | | | 855 | | 80.73 Consumer | Consumer | 812.25 | 95 | | | 38 | | 812.25 percent of total billed charges | |
| BKR CHG LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C | 87801 | CPT | | | | both | | | 855 | | 80.73 Horizon | Medicare Blue | 256.5 | 30 | | | 38 | | 812.25 percent of total billed charges | |
| BKR CHG LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C | 87801 | CPT | | | | both | | | 855 | | 80.73 Amerihealth | Medicare | 70.2 | | | | 38 | | 812.25 fee schedule | |
| BKR CHG LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C | 87801 | CPT | | | | both | | | 855 | | 80.73 UHC | Medicaid | 38 | | | 31 | 38 | | 812.25 fee schedule | |
| BKR CHG LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C | 87801 | CPT | | | | both | | | 855 | | 80.73 Corrections | Corrections | 684 | 80 | | | 38 | | 812.25 percent of total billed charges | |
| BKR CHG LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C | 87801 | CPT | | | | both | | | 855 | | 80.73 Managed Care Inc | Managed Care Inc | 769.5 | 90 | | | 38 | | 812.25 percent of total billed charges | |
| BKR CHG LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C | 87801 | CPT | | | | both | | | 855 | | 80.73 First Health | First Health | 598.5 | 70 | | | 38 | | 812.25 percent of total billed charges | |
| BKR CHG LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C | 87801 | CPT | | | | both | | | 855 | | 80.73 Amerihealth | HMO/PPO | 48.5 | | | | 38 | | 812.25 fee schedule | |
| BKR CHG LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C | 87801 | CPT | | | | both | | | 855 | | 80.73 Horizon | MGD | 327.29 | 38.28 | | 38.61 | 38 | | 812.25 percent of total billed charges | |
| BKR CHG LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C | 87801 | CPT | | | | both | | | 855 | | 80.73 Wellcare | Medicare | 70.2 | | | | 38 | | 812.25 fee schedule | |
| BKR CHG LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C | 87801 | CPT | | | | both | | | 855 | | 80.73 Multiplan | Multiplan | 684 | 80 | | | 38 | | 812.25 percent of total billed charges | |
| BKR CHG LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C | 87801 | CPT | | | | both | | | 855 | | 80.73 UHC | Medicare | 70.2 | | | 17.16 | 38 | | 812.25 fee schedule | |
| BKR CHG LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C | 87801 | CPT | | | | both | | | 855 | | 80.73 Three Rivers | Three Rivers | 812.25 | 95 | | | 38 | | 812.25 percent of total billed charges | |
| BKR CHG LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C | 87801 | CPT | | | | both | | | 855 | | 80.73 Horizon | NJ Health | 77.95 | | | 15.29 | 38 | | 812.25 fee schedule | |
| BKR CHG LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C | 87801 | CPT | | | | both | | | 855 | | 80.73 Wellcare | Medicaid | 38 | | | 61.57 | 38 | | 812.25 fee schedule | |
| BKR CHG LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C | 87801 | CPT | | | | both | | | 855 | | 80.73 WellPoint | WellPoint | 275.14 | 32.18 | | 36.15 | 38 | | 812.25 percent of total billed charges | |
| BKR CHG INF AGNT DET IMUNNO;ADENOVIRUS | 87809 | CPT | | | | outpatient | | | 86 | | 25.02 Americare | Americare | 64.5 | 75 | | | 12.07 | | 81.7 percent of total billed charges | |
| BKR CHG INF AGNT DET IMUNNO;ADENOVIRUS | 87809 | CPT | | | | outpatient | | | 86 | | 25.02 Aetna | Medicare | 26.49 | 30.8 | | | 12.07 | | 81.7 percent of total billed charges | |
| BKR CHG INF AGNT DET IMUNNO;ADENOVIRUS | 87809 | CPT | | | | outpatient | | | 86 | | 25.02 Wellcare | Medicaid | 17.41 | | | | 12.07 | | 81.7 fee schedule | |
| BKR CHG INF AGNT DET IMUNNO;ADENOVIRUS | 87809 | CPT | | | | outpatient | | | 86 | | 25.02 Amerihealth | Medicare | 21.76 | | | | 12.07 | | 81.7 fee schedule | |
| BKR CHG INF AGNT DET IMUNNO;ADENOVIRUS | 87809 | CPT | | | | outpatient | | | 86 | | 25.02 First Trenton | First Trenton | 77.4 | 90 | | | 12.07 | | 81.7 percent of total billed charges | |
| BKR CHG INF AGNT DET IMUNNO;ADENOVIRUS | 87809 | CPT | | | | outpatient | | | 86 | | 25.02 Horizon | MGD | 32.92 | 38.28 | | | 12.07 | | 81.7 percent of total billed charges | |
| BKR CHG INF AGNT DET IMUNNO;ADENOVIRUS | 87809 | CPT | | | | outpatient | | | 86 | | 25.02 UHC | Medicaid | 17.41 | | | | 12.07 | | 81.7 fee schedule | |
| BKR CHG INF AGNT DET IMUNNO;ADENOVIRUS | 87809 | CPT | | | | outpatient | | | 86 | | 25.02 Aetna | Better Health | 27.13 | 31.55 | | | 12.07 | | 81.7 percent of total billed charges | |
| BKR CHG INF AGNT DET IMUNNO;ADENOVIRUS | 87809 | CPT | | | | outpatient | | | 86 | | 25.02 Horizon | PPO | 32.92 | 38.28 | | | 12.07 | | 81.7 percent of total billed charges | |
| BKR CHG INF AGNT DET IMUNNO;ADENOVIRUS | 87809 | CPT | | | | outpatient | | | 86 | | 25.02 Amerihealth | HMO/PPO | 15.22 | | | | 12.07 | | 81.7 fee schedule | |
| BKR CHG INF AGNT DET IMUNNO;ADENOVIRUS | 87809 | CPT | | | | outpatient | | | 86 | | 25.02 Wellcare | Medicare | 21.76 | | | | 12.07 | | 81.7 fee schedule | |
| BKR CHG INF AGNT DET IMUNNO;ADENOVIRUS | 87809 | CPT | | | | outpatient | | | 86 | | 25.02 Consumer | Consumer | 81.7 | 95 | | | 12.07 | | 81.7 percent of total billed charges | |
| BKR CHG INF AGNT DET IMUNNO;ADENOVIRUS | 87809 | CPT | | | | outpatient | | | 86 | | 25.02 Managed Care Inc | Managed Care Inc | 77.4 | 90 | | | 12.07 | | 81.7 percent of total billed charges | |
| BKR CHG INF AGNT DET IMUNNO;ADENOVIRUS | 87809 | CPT | | | | outpatient | | | 86 | | 25.02 First Health | First Health | 60.2 | 70 | | | 12.07 | | 81.7 percent of total billed charges | |
| BKR CHG INF AGNT DET IMUNNO;ADENOVIRUS | 87809 | CPT | | | | outpatient | | | 86 | | 25.02 Three Rivers | Three Rivers | 81.7 | 95 | | | 12.07 | | 81.7 percent of total billed charges | |
| BKR CHG INF AGNT DET IMUNNO;ADENOVIRUS | 87809 | CPT | | | | outpatient | | | 86 | | 25.02 Horizon | Indemnity | 32.92 | 38.28 | | | 12.07 | | 81.7 percent of total billed charges | |
| BKR CHG INF AGNT DET IMUNNO;ADENOVIRUS | 87809 | CPT | | | | outpatient | | | 86 | | 25.02 Corrections | Corrections | 68.8 | 80 | | | 12.07 | | 81.7 percent of total billed charges | |
| BKR CHG INF AGNT DET IMUNNO;ADENOVIRUS | 87809 | CPT | | | | outpatient | | | 86 | | 25.02 Horizon | Medicare Blue | 25.8 | 30 | | | 12.07 | | 81.7 percent of total billed charges | |
| BKR CHG INF AGNT DET IMUNNO;ADENOVIRUS | 87809 | CPT | | | | outpatient | | | 86 | | 25.02 Horizon | NJ Health | 12.07 | | | | 12.07 | | 81.7 fee schedule | |
| BKR CHG INF AGNT DET IMUNNO;ADENOVIRUS | 87809 | CPT | | | | outpatient | | | 86 | | 25.02 Multiplan | Multiplan | 68.8 | 80 | | | 12.07 | | 81.7 percent of total billed charges | |
| BKR CHG INF AGNT DET IMUNNO;ADENOVIRUS | 87809 | CPT | | | | outpatient | | | 86 | | 25.02 WellPoint | WellPoint | 27.67 | 32.18 | | | 12.07 | | 81.7 percent of total billed charges | |
| BKR CHG INF AGNT DET IMUNNO;ADENOVIRUS | 87809 | CPT | | | | outpatient | | | 86 | | 25.02 Qualcare | Qualcare | 64.5 | 75 | | | 12.07 | | 81.7 percent of total billed charges | |
| BKR CHG INF AGNT DET IMUNNO;ADENOVIRUS | 87809 | CPT | | | | outpatient | | | 86 | | 25.02 UHC | Medicare | 21.76 | | | | 12.07 | | 81.7 fee schedule | |
| BKR CHG IAADIADOO STREPTOCOCCUS GROUP A | 87880 | CPT | | | | outpatient | | | | | 19.01 Amerihealth | HMO/PPO | 15.2 | | | | 12 | | 23.52 fee schedule | |
| BKR CHG IAADIADOO STREPTOCOCCUS GROUP A | 87880 | CPT | | | | outpatient | | | | | 19.01 Horizon | NJ Health | 23.52 | | | | 12 | | 23.52 fee schedule | |
| BKR CHG IAADIADOO STREPTOCOCCUS GROUP A | 87880 | CPT | | | | outpatient | | | | | 19.01 UHC | Medicare | 16.53 | | | | 12 | | 23.52 fee schedule | |
| BKR CHG IAADIADOO STREPTOCOCCUS GROUP A | 87880 | CPT | | | | outpatient | | | | | 19.01 Amerihealth | Medicare | 16.53 | | | | 12 | | 23.52 fee schedule | |
| BKR CHG IAADIADOO STREPTOCOCCUS GROUP A | 87880 | CPT | | | | outpatient | | | | | 19.01 UHC | Medicaid | 12 | | | | 12 | | 23.52 fee schedule | |
| BKR CHG IAADIADOO STREPTOCOCCUS GROUP A | 87880 | CPT | | | | outpatient | | | | | 19.01 Wellcare | Medicaid | 12 | | | | 12 | | 23.52 fee schedule | |
| BKR CHG IAADIADOO STREPTOCOCCUS GROUP A | 87880 | CPT | | | | outpatient | | | | | 19.01 Wellcare | Medicare | 16.53 | | | | 12 | | 23.52 fee schedule | |
| BKR CHG SENSITIVITY ORGANISM -RFLX #5 | 87899 | CPT | | | | both | | | 204 | | 18.48 Americare | Americare | 153 | 75 | | | 5.7 | | 193.8 percent of total billed charges | |
| BKR CHG SENSITIVITY ORGANISM -RFLX #5 | 87899 | CPT | | | | both | | | 204 | | 18.48 Consumer | Consumer | 193.8 | 95 | | | 5.7 | | 193.8 percent of total billed charges | |
| BKR CHG SENSITIVITY ORGANISM -RFLX #5 | 87899 | CPT | | | | both | | | 204 | | 18.48 Amerihealth | Medicare | 16.07 | | | | 5.7 | | 193.8 fee schedule | |
| BKR CHG SENSITIVITY ORGANISM -RFLX #5 | 87899 | CPT | | | | both | | | 204 | | 18.48 Horizon | MGD | 78.09 | 38.28 | | 31.33 | 5.7 | | 193.8 percent of total billed charges | |
| BKR CHG SENSITIVITY ORGANISM -RFLX #5 | 87899 | CPT | | | | both | | | 204 | | 18.48 WellPoint | WellPoint | 65.65 | 32.18 | | 68.73 | 5.7 | | 193.8 percent of total billed charges | |
| BKR CHG SENSITIVITY ORGANISM -RFLX #5 | 87899 | CPT | | | | both | | | 204 | | 18.48 Corrections | Corrections | 163.2 | 80 | | | 5.7 | | 193.8 percent of total billed charges | |
| BKR CHG SENSITIVITY ORGANISM -RFLX #5 | 87899 | CPT | | | | both | | | 204 | | 18.48 Aetna | Medicare | 62.83 | 30.8 | | 32.63 | 5.7 | | 193.8 percent of total billed charges | |
| BKR CHG SENSITIVITY ORGANISM -RFLX #5 | 87899 | CPT | | | | both | | | 204 | | 18.48 Aetna | Better Health | 64.36 | 31.55 | | | 5.7 | | 193.8 percent of total billed charges | |
| BKR CHG SENSITIVITY ORGANISM -RFLX #5 | 87899 | CPT | | | | both | | | 204 | | 18.48 Amerihealth | HMO/PPO | 15.2 | | | | 5.7 | | 193.8 fee schedule | |
| BKR CHG SENSITIVITY ORGANISM -RFLX #5 | 87899 | CPT | | | | both | | | 204 | | 18.48 Managed Care Inc | Managed Care Inc | 183.6 | 90 | | | 5.7 | | 193.8 percent of total billed charges | |
| BKR CHG SENSITIVITY ORGANISM -RFLX #5 | 87899 | CPT | | | | both | | | 204 | | 18.48 First Trenton | First Trenton | 183.6 | 90 | | | 5.7 | | 193.8 percent of total billed charges | |
| BKR CHG SENSITIVITY ORGANISM -RFLX #5 | 87899 | CPT | | | | both | | | 204 | | 18.48 Multiplan | Multiplan | 163.2 | 80 | | | 5.7 | | 193.8 percent of total billed charges | |
| BKR CHG SENSITIVITY ORGANISM -RFLX #5 | 87899 | CPT | | | | both | | | 204 | | 18.48 Horizon | NJ Health | 29.79 | | | 5.94 | 5.7 | | 193.8 fee schedule | |
| BKR CHG SENSITIVITY ORGANISM -RFLX #5 | 87899 | CPT | | | | both | | | 204 | | 18.48 Wellcare | Medicaid | 12 | | | 21.79 | 5.7 | | 193.8 fee schedule | |
| BKR CHG SENSITIVITY ORGANISM -RFLX #5 | 87899 | CPT | | | | both | | | 204 | | 18.48 UHC | Medicare | 16.07 | | | 31.32 | 5.7 | | 193.8 fee schedule | |
| BKR CHG SENSITIVITY ORGANISM -RFLX #5 | 87899 | CPT | | | | both | | | 204 | | 18.48 First Health | First Health | 142.8 | 70 | | | 5.7 | | 193.8 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG SENSITIVITY ORGANISM -RFLX #5 | 87899 | CPT | | | | both | | | 204 | 18.48 | UHC | Medicaid | 12 | | | 69.12 | 5.7 | 193.8 | fee schedule | |
| BKR CHG SENSITIVITY ORGANISM -RFLX #5 | 87899 | CPT | | | | both | | | 204 | 18.48 | Qualcare | Qualcare | 153 | 75 | | | 5.7 | 193.8 | percent of total billed charges | |
| BKR CHG SENSITIVITY ORGANISM -RFLX #5 | 87899 | CPT | | | | both | | | 204 | 18.48 | Wellcare | Medicare | 16.07 | | | | 5.7 | 193.8 | fee schedule | |
| BKR CHG SENSITIVITY ORGANISM -RFLX #5 | 87899 | CPT | | | | both | | | 204 | 18.48 | Horizon | Indemnity | 78.09 | 38.28 | | | 5.7 | 193.8 | percent of total billed charges | |
| BKR CHG SENSITIVITY ORGANISM -RFLX #5 | 87899 | CPT | | | | both | | | 204 | 18.48 | Horizon | Medicare Blue | 61.2 | 30 | | | 5.7 | 193.8 | percent of total billed charges | |
| BKR CHG SENSITIVITY ORGANISM -RFLX #5 | 87899 | CPT | | | | both | | | 204 | 18.48 | Horizon | PPO | 78.09 | 38.28 | | | 5.7 | 193.8 | percent of total billed charges | |
| BKR CHG SENSITIVITY ORGANISM -RFLX #5 | 87899 | CPT | | | | both | | | 204 | 18.48 | Three Rivers | Three Rivers | 193.8 | 95 | | | 5.7 | 193.8 | percent of total billed charges | |
| BKR CHG NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION | 87900 | CPT | | | | both | | | 853 | 149.9 | Aetna | Medicare | 262.72 | 30.8 | | | 103.93 | 810.35 | percent of total billed charges | |
| BKR CHG NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION | 87900 | CPT | | | | both | | | 853 | 149.9 | Americare | Americare | 639.75 | 75 | | | 103.93 | 810.35 | percent of total billed charges | |
| BKR CHG NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION | 87900 | CPT | | | | both | | | 853 | 149.9 | Aetna | Better Health | 269.12 | 31.55 | | 72.52 | 103.93 | 810.35 | percent of total billed charges | |
| BKR CHG NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION | 87900 | CPT | | | | both | | | 853 | 149.9 | First Trenton | First Trenton | 767.7 | 90 | | | 103.93 | 810.35 | percent of total billed charges | |
| BKR CHG NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION, PHENOSENSE | 87900 | CPT | | | | both | | | 853 | 149.9 | Amerihealth | HMO/PPO | 103.93 | | | | 103.93 | 810.35 | fee schedule | |
| BKR CHG NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION | 87900 | CPT | | | | both | | | 853 | 149.9 | Horizon | Medicare Blue | 255.9 | 30 | | 22.89 | 103.93 | 810.35 | percent of total billed charges | |
| BKR CHG NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION | 87900 | CPT | | | | both | | | 853 | 149.9 | Consumer | Consumer | 810.35 | 95 | | | 103.93 | 810.35 | percent of total billed charges | |
| BKR CHG NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION | 87900 | CPT | | | | both | | | 853 | 149.9 | Three Rivers | Three Rivers | 810.35 | 95 | | | 103.93 | 810.35 | percent of total billed charges | |
| BKR CHG NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION | 87900 | CPT | | | | both | | | 853 | 149.9 | Horizon | MGD | 326.53 | 38.28 | | | 103.93 | 810.35 | percent of total billed charges | |
| BKR CHG NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION, PHENOSENSE | 87900 | CPT | | | | both | | | 853 | 149.9 | Horizon | NJ Health | 144.75 | | | 8.72 | 103.93 | 810.35 | fee schedule | |
| BKR CHG NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION | 87900 | CPT | | | | both | | | 853 | 149.9 | Corrections | Corrections | 682.4 | 80 | | | 103.93 | 810.35 | percent of total billed charges | |
| BKR CHG NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION | 87900 | CPT | | | | both | | | 853 | 149.9 | Managed Care Inc | Managed Care Inc | 767.7 | 90 | | | 103.93 | 810.35 | percent of total billed charges | |
| BKR CHG NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION, PHENOSENSE | 87900 | CPT | | | | both | | | 853 | 149.9 | Amerihealth | Medicare | 130.35 | | | | 103.93 | 810.35 | fee schedule | |
| BKR CHG NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION | 87900 | CPT | | | | both | | | 853 | 149.9 | Multiplan | Multiplan | 682.4 | 80 | | | 103.93 | 810.35 | percent of total billed charges | |
| BKR CHG NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION | 87900 | CPT | | | | both | | | 853 | 149.9 | Horizon | Indemnity | 326.53 | 38.28 | | 87.87 | 103.93 | 810.35 | percent of total billed charges | |
| BKR CHG NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION, PHENOSENSE | 87900 | CPT | | | | both | | | 853 | 149.9 | Wellcare | Medicaid | 104.28 | | | | 103.93 | 810.35 | fee schedule | |
| BKR CHG NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION, PHENOSENSE | 87900 | CPT | | | | both | | | 853 | 149.9 | UHC | Medicare | 130.35 | | | 17.33 | 103.93 | 810.35 | fee schedule | |
| BKR CHG NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION | 87900 | CPT | | | | both | | | 853 | 149.9 | Qualcare | Qualcare | 639.75 | 75 | | | 103.93 | 810.35 | percent of total billed charges | |
| BKR CHG NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION | 87900 | CPT | | | | both | | | 853 | 149.9 | Horizon | PPO | 326.53 | 38.28 | | 56.3 | 103.93 | 810.35 | percent of total billed charges | |
| BKR CHG NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION, PHENOSENSE | 87900 | CPT | | | | both | | | 853 | 149.9 | UHC | Medicaid | 104.28 | | | 86.22 | 103.93 | 810.35 | fee schedule | |
| BKR CHG NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION | 87900 | CPT | | | | both | | | 853 | 149.9 | First Health | First Health | 597.1 | 70 | | | 103.93 | 810.35 | percent of total billed charges | |
| BKR CHG NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION, PHENOSENSE | 87900 | CPT | | | | both | | | 853 | 149.9 | Wellcare | Medicare | 130.35 | | | | 103.93 | 810.35 | fee schedule | |
| BKR CHG NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION | 87900 | CPT | | | | both | | | 853 | 149.9 | WellPoint | WellPoint | 274.5 | 32.18 | | | 103.93 | 810.35 | percent of total billed charges | |
| BKR CHG HIV-1REVERSETRANSCRIPT/PROTASE | 87901 | CPT | | | | both | | | 780 | 296.07 | Horizon | Indemnity | 298.58 | 38.28 | | | 113.1 | 741 | percent of total billed charges | |
| BKR CHG HIV-1REVERSETRANSCRIPT/PROTASE | 87901 | CPT | | | | both | | | 780 | 296.07 | Aetna | Better Health | 246.09 | 31.55 | | 76.67 | 113.1 | 741 | percent of total billed charges | |
| BKR CHG NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT. PHENOSENSE | 87901 | CPT | | | | both | | | 780 | 296.07 | Amerihealth | Medicare | 257.45 | | | | 113.1 | 741 | fee schedule | |
| BKR CHG NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT. PHENOSENSE | 87901 | CPT | | | | both | | | 780 | 296.07 | Horizon | NJ Health | 285.89 | | | 4.36 | 113.1 | 741 | fee schedule | |
| BKR CHG HIV-1REVERSETRANSCRIPT/PROTASE | 87901 | CPT | | | | both | | | 780 | 296.07 | Multiplan | Multiplan | 824 | 80 | | | 113.1 | 741 | percent of total billed charges | |
| BKR CHG HIV-1REVERSETRANSCRIPT/PROTASE | 87901 | CPT | | | | both | | | 780 | 296.07 | Americare | Americare | 585 | 75 | | | 113.1 | 741 | percent of total billed charges | |
| BKR CHG HIV-1REVERSETRANSCRIPT/PROTASE | 87901 | CPT | | | | both | | | 780 | 296.07 | Aetna | Medicare | 240.24 | 30.8 | | | 113.1 | 741 | percent of total billed charges | |
| BKR CHG NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT. PHENOSENSE | 87901 | CPT | | | | both | | | 780 | 296.07 | Amerihealth | HMO/PPO | 371.5 | | | | 113.1 | 741 | fee schedule | |
| BKR CHG HIV-1REVERSETRANSCRIPT/PROTASE | 87901 | CPT | | | | both | | | 780 | 296.07 | Qualcare | Qualcare | 585 | 75 | | | 113.1 | 741 | percent of total billed charges | |
| BKR CHG HIV-1REVERSETRANSCRIPT/PROTASE | 87901 | CPT | | | | both | | | 780 | 296.07 | Horizon | MGD | 298.58 | 38.28 | | | 113.1 | 741 | percent of total billed charges | |
| BKR CHG HIV-1REVERSETRANSCRIPT/PROTASE | 87901 | CPT | | | | both | | | 780 | 296.07 | Corrections | Corrections | 624 | 80 | | | 113.1 | 741 | percent of total billed charges | |
| BKR CHG NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT. PHENOSENSE | 87901 | CPT | | | | both | | | 780 | 296.07 | Wellcare | Medicare | 257.45 | | | | 113.1 | 741 | fee schedule | |
| BKR CHG NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT. PHENOSENSE | 87901 | CPT | | | | both | | | 780 | 296.07 | UHC | Medicaid | 287.75 | | | 118.58 | 113.1 | 741 | fee schedule | |
| BKR CHG HIV-1REVERSETRANSCRIPT/PROTASE | 87901 | CPT | | | | both | | | 780 | 296.07 | Consumer | Consumer | 741 | 95 | | | 113.1 | 741 | percent of total billed charges | |
| BKR CHG HIV-1REVERSETRANSCRIPT/PROTASE | 87901 | CPT | | | | both | | | 780 | 296.07 | First Trenton | First Trenton | 702 | 90 | | | 113.1 | 741 | percent of total billed charges | |
| BKR CHG HIV-1REVERSETRANSCRIPT/PROTASE | 87901 | CPT | | | | both | | | 780 | 296.07 | First Health | First Health | 546 | 70 | | | 113.1 | 741 | percent of total billed charges | |
| BKR CHG NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT. PHENOSENSE | 87901 | CPT | | | | both | | | 780 | 296.07 | UHC | Medicare | 257.45 | | | 15.37 | 113.1 | 741 | fee schedule | |
| BKR CHG HIV-1REVERSETRANSCRIPT/PROTASE | 87901 | CPT | | | | both | | | 780 | 296.07 | Horizon | Medicare Blue | 234 | 30 | | 19.97 | 113.1 | 741 | percent of total billed charges | |
| BKR CHG HIV-1REVERSETRANSCRIPT/PROTASE | 87901 | CPT | | | | both | | | 780 | 296.07 | WellPoint | WellPoint | 251 | 32.18 | | | 113.1 | 741 | percent of total billed charges | |
| BKR CHG HIV-1REVERSETRANSCRIPT/PROTASE | 87901 | CPT | | | | both | | | 780 | 296.07 | Horizon | PPO | 298.58 | 38.28 | | 58.15 | 113.1 | 741 | percent of total billed charges | |
| BKR CHG HIV-1REVERSETRANSCRIPT/PROTASE | 87901 | CPT | | | | both | | | 780 | 296.07 | Managed Care Inc | Managed Care Inc | 702 | 90 | | | 113.1 | 741 | percent of total billed charges | |
| BKR CHG HIV-1REVERSETRANSCRIPT/PROTASE | 87901 | CPT | | | | both | | | 780 | 296.07 | Three Rivers | Three Rivers | 741 | 95 | | | 113.1 | 741 | percent of total billed charges | |
| BKR CHG NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT. PHENOSENSE | 87901 | CPT | | | | both | | | 780 | 296.07 | Wellcare | Medicaid | 287.75 | | | 96.73 | 113.1 | 741 | fee schedule | |
| BKR CHG NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS | 87902 | CPT | | | | both | | | 1810 | 296.07 | Amerihealth | HMO/PPO | 355.78 | | | | 225 | 1719.5 | fee schedule | |
| BKR CHG NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS | 87902 | CPT | | | | both | | | 1810 | 296.07 | First Trenton | First Trenton | 1629 | 90 | | | 225 | 1719.5 | percent of total billed charges | |
| BKR CHG NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS | 87902 | CPT | | | | both | | | 1810 | 296.07 | Aetna | Better Health | 571.06 | 31.55 | | | 225 | 1719.5 | percent of total billed charges | |
| BKR CHG NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS | 87902 | CPT | | | | both | | | 1810 | 296.07 | Aetna | Medicare | 557.48 | 30.8 | | | 225 | 1719.5 | percent of total billed charges | |
| BKR CHG NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS | 87902 | CPT | | | | both | | | 1810 | 296.07 | Horizon | MGD | 692.87 | 38.28 | | | 225 | 1719.5 | percent of total billed charges | |
| BKR CHG NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS | 87902 | CPT | | | | both | | | 1810 | 296.07 | Corrections | Corrections | 1448 | 80 | | | 225 | 1719.5 | percent of total billed charges | |
| BKR CHG NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS | 87902 | CPT | | | | both | | | 1810 | 296.07 | Amerihealth | Medicare | 257.45 | | | | 225 | 1719.5 | fee schedule | |
| BKR CHG NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS | 87902 | CPT | | | | both | | | 1810 | 296.07 | Americare | Americare | 1357.5 | 75 | | | 225 | 1719.5 | percent of total billed charges | |
| BKR CHG NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS | 87902 | CPT | | | | both | | | 1810 | 296.07 | Wellcare | Medicaid | 287.75 | | | | 225 | 1719.5 | fee schedule | |
| BKR CHG NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS | 87902 | CPT | | | | both | | | 1810 | 296.07 | Horizon | Medicare Blue | 543 | 30 | | 38.48 | 225 | 1719.5 | percent of total billed charges | |
| BKR CHG NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS | 87902 | CPT | | | | both | | | 1810 | 296.07 | Horizon | NJ Health | 285.89 | | | 21.95 | 225 | 1719.5 | fee schedule | |
| BKR CHG NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS | 87902 | CPT | | | | both | | | 1810 | 296.07 | First Health | First Health | 1267 | 70 | | | 225 | 1719.5 | percent of total billed charges | |
| BKR CHG NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS | 87902 | CPT | | | | both | | | 1810 | 296.07 | Horizon | PPO | 692.87 | 38.28 | | 108.8 | 225 | 1719.5 | percent of total billed charges | |
| BKR CHG NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS | 87902 | CPT | | | | both | | | 1810 | 296.07 | Horizon | Indemnity | 692.87 | 38.28 | | | 225 | 1719.5 | percent of total billed charges | |
| BKR CHG NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS | 87902 | CPT | | | | both | | | 1810 | 296.07 | UHC | Medicare | 257.45 | | | 52.67 | 225 | 1719.5 | fee schedule | |
| BKR CHG NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS | 87902 | CPT | | | | both | | | 1810 | 296.07 | Consumer | Consumer | 1719.5 | 95 | | | 225 | 1719.5 | percent of total billed charges | |
| BKR CHG NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS | 87902 | CPT | | | | both | | | 1810 | 296.07 | Managed Care Inc | Managed Care Inc | 1629 | 90 | | | 225 | 1719.5 | percent of total billed charges | |
| BKR CHG NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS | 87902 | CPT | | | | both | | | 1810 | 296.07 | Multiplan | Multiplan | 1448 | 80 | | | 225 | 1719.5 | percent of total billed charges | |
| BKR CHG NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS | 87902 | CPT | | | | both | | | 1810 | 296.07 | UHC | Medicaid | 287.75 | | | 152.63 | 225 | 1719.5 | fee schedule | |
| BKR CHG NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS | 87902 | CPT | | | | both | | | 1810 | 296.07 | Wellcare | Medicare | 257.45 | | | 31.08 | 225 | 1719.5 | fee schedule | |
| BKR CHG NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS | 87902 | CPT | | | | both | | | 1810 | 296.07 | Three Rivers | Three Rivers | 1719.5 | 95 | | | 225 | 1719.5 | percent of total billed charges | |
| BKR CHG NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS | 87902 | CPT | | | | both | | | 1810 | 296.07 | Qualcare | Qualcare | 1357.5 | 75 | | | 225 | 1719.5 | percent of total billed charges | |
| BKR CHG NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS | 87902 | CPT | | | | both | | | 1810 | 296.07 | WellPoint | WellPoint | 582.46 | 32.18 | | 187.21 | 225 | 1719.5 | percent of total billed charges | |
| BKR CHG NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS | 87903 | CPT | | | | outpatient | | | 2973 | 561.96 | Amerihealth | Medicare | 488.66 | | | | 327 | 2824.35 | fee schedule | |
| BKR CHG INTEGRASE INHIBIT RESISTANCE | 87903 | CPT | | | | outpatient | | | 2973 | 561.96 | Americare | Americare | 2229.75 | 75 | | | 327 | 2824.35 | percent of total billed charges | |
| BKR CHG NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS | 87903 | CPT | | | | outpatient | | | 2973 | 561.96 | UHC | Medicare | 488.66 | | | | 327 | 2824.35 | fee schedule | |
| BKR CHG INTEGRASE INHIBIT RESISTANCE | 87903 | CPT | | | | outpatient | | | 2973 | 561.96 | Horizon | Medicare Blue | 891.9 | 30 | | | 327 | 2824.35 | percent of total billed charges | |
| BKR CHG INTEGRASE INHIBIT RESISTANCE | 87903 | CPT | | | | outpatient | | | 2973 | 561.96 | Aetna | Medicare | 915.68 | 30.8 | | | 327 | 2824.35 | percent of total billed charges | |
| BKR CHG NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS | 87903 | CPT | | | | outpatient | | | 2973 | 561.96 | Wellcare | Medicaid | 546.18 | | | | 327 | 2824.35 | fee schedule | |
| BKR CHG INTEGRASE INHIBIT RESISTANCE | 87903 | CPT | | | | outpatient | | | 2973 | 561.96 | Horizon | MGD | 1138.06 | 38.28 | | | 327 | 2824.35 | percent of total billed charges | |
| BKR CHG INTEGRASE INHIBIT RESISTANCE | 87903 | CPT | | | | outpatient | | | 2973 | 561.96 | Aetna | Better Health | 937.98 | 31.55 | | | 327 | 2824.35 | percent of total billed charges | |
| BKR CHG INTEGRASE INHIBIT RESISTANCE | 87903 | CPT | | | | outpatient | | | 2973 | 561.96 | Consumer | Consumer | 2824.35 | 95 | | | 327 | 2824.35 | percent of total billed charges | |
| BKR CHG NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS | 87903 | CPT | | | | outpatient | | | 2973 | 561.96 | Amerihealth | HMO/PPO | 689 | | | | 327 | 2824.35 | fee schedule | |
| BKR CHG NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS | 87903 | CPT | | | | outpatient | | | 2973 | 561.96 | Wellcare | Medicare | 488.66 | | | | 327 | 2824.35 | fee schedule | |
| BKR CHG INTEGRASE INHIBIT RESISTANCE | 87903 | CPT | | | | outpatient | | | 2973 | 561.96 | Horizon | Indemnity | 1138.06 | 38.28 | | | 327 | 2824.35 | percent of total billed charges | |
| BKR CHG INTEGRASE INHIBIT RESISTANCE | 87903 | CPT | | | | outpatient | | | 2973 | 561.96 | First Health | First Health | 2081.1 | 70 | | | 327 | 2824.35 | percent of total billed charges | |
| BKR CHG INTEGRASE INHIBIT RESISTANCE | 87903 | CPT | | | | outpatient | | | 2973 | 561.96 | Multiplan | Multiplan | 2378.4 | 80 | | | 327 | 2824.35 | percent of total billed charges | |
| BKR CHG INTEGRASE INHIBIT RESISTANCE | 87903 | CPT | | | | outpatient | | | 2973 | 561.96 | Corrections | Corrections | 2378.4 | 80 | | | 327 | 2824.35 | percent of total billed charges | |
| BKR CHG INTEGRASE INHIBIT RESISTANCE | 87903 | CPT | | | | outpatient | | | 2973 | 561.96 | Qualcare | Qualcare | 2229.75 | 75 | | | 327 | 2824.35 | percent of total billed charges | |
| BKR CHG INTEGRASE INHIBIT RESISTANCE | 87903 | CPT | | | | outpatient | | | 2973 | 561.96 | Horizon | PPO | 1138.06 | 38.28 | | | 327 | 2824.35 | percent of total billed charges | |
| BKR CHG NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS | 87903 | CPT | | | | outpatient | | | 2973 | 561.96 | UHC | Medicaid | 546.18 | | | | 327 | 2824.35 | fee schedule | |
| BKR CHG INTEGRASE INHIBIT RESISTANCE | 87903 | CPT | | | | outpatient | | | 2973 | 561.96 | First Trenton | First Trenton | 2675.7 | 90 | | | 327 | 2824.35 | percent of total billed charges | |
| BKR CHG INTEGRASE INHIBIT RESISTANCE | 87903 | CPT | | | | outpatient | | | 2973 | 561.96 | Three Rivers | Three Rivers | 2824.35 | 95 | | | 327 | 2824.35 | percent of total billed charges | |
| BKR CHG NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS | 87903 | CPT | | | | outpatient | | | 2973 | 561.96 | Horizon | NJ Health | 542.61 | | | | 327 | 2824.35 | fee schedule | |
| BKR CHG INTEGRASE INHIBIT RESISTANCE | 87903 | CPT | | | | outpatient | | | 2973 | 561.96 | Managed Care Inc | Managed Care Inc | 2675.7 | 90 | | | 327 | 2824.35 | percent of total billed charges | |
| BKR CHG INTEGRASE INHIBIT RESISTANCE | 87903 | CPT | | | | outpatient | | | 2973 | 561.96 | WellPoint | WellPoint | 956.71 | 32.18 | | | 327 | 2824.35 | percent of total billed charges | |
| BKR CHG INFECTAGN EA ADD DRUG TESTED | 87904 | CPT | | | | outpatient | | | 932 | 29.98 | Horizon | MGD | 356.77 | 38.28 | | | 26.07 | 885.4 | percent of total billed charges | |
| BKR CHG INFECTAGN EA ADD DRUG TESTED | 87904 | CPT | | | | outpatient | | | 932 | 29.98 | First Trenton | First Trenton | 838.8 | 90 | | | 26.07 | 885.4 | percent of total billed charges | |
| BKR CHG INFECTAGN EA ADD DRUG TESTED | 87904 | CPT | | | | outpatient | | | 932 | 29.98 | Consumer | Consumer | 885.4 | 95 | | | 26.07 | 885.4 | percent of total billed charges | |
| BKR CHG INFECTAGN EA ADD DRUG TESTED | 87904 | CPT | | | | outpatient | | | 932 | 29.98 | Aetna | Better Health | 294.05 | 31.55 | | | 26.07 | 885.4 | percent of total billed charges | |
| BKR CHG NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG | 87904 | CPT | | | | outpatient | | | 932 | 29.98 | UHC | Medicaid | 28.66 | | | | 26.07 | 885.4 | fee schedule | |
| BKR CHG INFECTAGN EA ADD DRUG TESTED | 87904 | CPT | | | | outpatient | | | 932 | 29.98 | Aetna | Medicare | 287.06 | 30.8 | | | 26.07 | 885.4 | percent of total billed charges | |
| BKR CHG INFECTAGN EA ADD DRUG TESTED | 87904 | CPT | | | | outpatient | | | 932 | 29.98 | Americare | Americare | 699 | 75 | | | 26.07 | 885.4 | percent of total billed charges | |
| BKR CHG INFECTAGN EA ADD DRUG TESTED | 87904 | CPT | | | | outpatient | | | 932 | 29.98 | Multiplan | Multiplan | 745.6 | 80 | | | 26.07 | 885.4 | percent of total billed charges | |
| BKR CHG NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG | 87904 | CPT | | | | outpatient | | | 932 | 29.98 | UHC | Medicare | 26.07 | | | | 26.07 | 885.4 | fee schedule | |
| BKR CHG INFECTAGN EA ADD DRUG TESTED | 87904 | CPT | | | | outpatient | | | 932 | 29.98 | WellPoint | WellPoint | 299.92 | 32.18 | | | 26.07 | 885.4 | percent of total billed charges | |
| BKR CHG INFECTAGN EA ADD DRUG TESTED | 87904 | CPT | | | | outpatient | | | 932 | 29.98 | Corrections | Corrections | 745.6 | 80 | | | 26.07 | 885.4 | percent of total billed charges | |
| BKR CHG INFECTAGN EA ADD DRUG TESTED | 87904 | CPT | | | | outpatient | | | 932 | 29.98 | Horizon | Indemnity | 356.77 | 38.28 | | | 26.07 | 885.4 | percent of total billed charges | |
| BKR CHG NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG | 87904 | CPT | | | | outpatient | | | 932 | 29.98 | Wellcare | Medicare | 26.07 | | | | 26.07 | 885.4 | fee schedule | |
| BKR CHG NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG | 87904 | CPT | | | | outpatient | | | 932 | 29.98 | Amerihealth | HMO/PPO | 40.2 | | | | 26.07 | 885.4 | fee schedule | |
| BKR CHG INFECTAGN EA ADD DRUG TESTED | 87904 | CPT | | | | outpatient | | | 932 | 29.98 | Horizon | PPO | 356.77 | 38.28 | | | 26.07 | 885.4 | percent of total billed charges | |
| BKR CHG INFECTAGN EA ADD DRUG TESTED | 87904 | CPT | | | | outpatient | | | 932 | 29.98 | Qualcare | Qualcare | 699 | 75 | | | 26.07 | 885.4 | percent of total billed charges | |
| BKR CHG NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG | 87904 | CPT | | | | outpatient | | | 932 | 29.98 | Horizon | NJ Health | 28.95 | | | | 26.07 | 885.4 | fee schedule | |
| BKR CHG NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG | 87904 | CPT | | | | outpatient | | | 932 | 29.98 | Amerihealth | Medicare | 26.07 | | | | 26.07 | 885.4 | fee schedule | |
| BKR CHG INFECTAGN EA ADD DRUG TESTED | 87904 | CPT | | | | outpatient | | | 932 | 29.98 | Managed Care Inc | Managed Care Inc | 838.8 | 90 | | | 26.07 | 885.4 | percent of total billed charges | |
| BKR CHG INFECTAGN EA ADD DRUG TESTED | 87904 | CPT | | | | outpatient | | | 932 | 29.98 | Horizon | Medicare Blue | 279.6 | 30 | | | 26.07 | 885.4 | percent of total billed charges | |
| BKR CHG NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG | 87904 | CPT | | | | outpatient | | | 932 | 29.98 | Wellcare | Medicaid | 26.66 | | | | 26.07 | 885.4 | fee schedule | |
| BKR CHG INFECTAGN EA ADD DRUG TESTED | 87904 | CPT | | | | outpatient | | | 932 | 29.98 | First Health | First Health | 692.4 | 70 | | | 26.07 | 885.4 | percent of total billed charges | |
| BKR CHG INFECTAGN EA ADD DRUG TESTED | 87904 | CPT | | | | outpatient | | | 932 | 29.98 | Three Rivers | Three Rivers | 885.4 | 95 | | | 26.07 | 885.4 | percent of total billed charges | |
| BKR CHG SIALIDASE ENZYME ASSAY | 87905 | CPT | | | | outpatient | | | 97 | 14.05 | Aetna | Medicare | 29.88 | 30.8 | | | 9.78 | 92.15 | percent of total billed charges | |
| BKR CHG SIALIDASE ENZYME ASSAY | 87905 | CPT | | | | outpatient | | | 97 | 14.05 | Amerihealth | HMO/PPO | 15.22 | | | | 9.78 | 92.15 | fee schedule | |
| BKR CHG SIALIDASE ENZYME ASSAY | 87905 | CPT | | | | outpatient | | | 97 | 14.05 | Wellcare | Medicaid | 5.78 | | | | 9.78 | 92.15 | fee schedule | |
| BKR CHG SIALIDASE ENZYME ASSAY | 87905 | CPT | | | | outpatient | | | 97 | 14.05 | Americare | Americare | 72.75 | 75 | | | 9.78 | 92.15 | percent of total billed charges | |
| BKR CHG SIALIDASE ENZYME ASSAY | 87905 | CPT | | | | outpatient | | | 97 | 14.05 | Amerihealth | Medicare | 12.22 | | | | 9.78 | 92.15 | fee schedule | |
| BKR CHG SIALIDASE ENZYME ASSAY | 87905 | CPT | | | | outpatient | | | 97 | 14.05 | Horizon | MGD | 37.13 | 38.28 | | | 9.78 | 92.15 | percent of total billed charges | |
| BKR CHG SIALIDASE ENZYME ASSAY | 87905 | CPT | | | | outpatient | | | 97 | 14.05 | Aetna | Better Health | 30.6 | 31.55 | | | 9.78 | 92.15 | percent of total billed charges | |
| BKR CHG SIALIDASE ENZYME ASSAY | 87905 | CPT | | | | outpatient | | | 97 | 14.05 | Corrections | Corrections | 77.6 | 80 | | | 9.78 | 92.15 | percent of total billed charges | |
| BKR CHG SIALIDASE ENZYME ASSAY | 87905 | CPT | | | | outpatient | | | 97 | 14.05 | First Health | First Health | 67.9 | 70 | | | 9.78 | 92.15 | percent of total billed charges | |
| BKR CHG SIALIDASE ENZYME ASSAY | 87905 | CPT | | | | outpatient | | | 97 | 14.05 | First Trenton | First Trenton | 87.3 | 90 | | | 9.78 | 92.15 | percent of total billed charges | |
| BKR CHG SIALIDASE ENZYME ASSAY | 87905 | CPT | | | | outpatient | | | 97 | 14.05 | Wellcare | Medicare | 12.22 | | | | 9.78 | 92.15 | fee schedule | |
| BKR CHG SIALIDASE ENZYME ASSAY | 87905 | CPT | | | | outpatient | | | 97 | 14.05 | Horizon | Medicare Blue | 29.1 | 30 | | | 9.78 | 92.15 | percent of total billed charges | |
| BKR CHG SIALIDASE ENZYME ASSAY | 87905 | CPT | | | | outpatient | | | 97 | 14.05 | Consumer | Consumer | 92.15 | 95 | | | 9.78 | 92.15 | percent of total billed charges | |
| BKR CHG SIALIDASE ENZYME ASSAY | 87905 | CPT | | | | outpatient | | | 97 | 14.05 | Horizon | Indemnity | 37.13 | 38.28 | | | 9.78 | 92.15 | percent of total billed charges | |
| BKR CHG SIALIDASE ENZYME ASSAY | 87905 | CPT | | | | outpatient | | | 97 | 14.05 | WellPoint | WellPoint | 31.21 | 32.18 | | | 9.78 | 92.15 | percent of total billed charges | |
| BKR CHG SIALIDASE ENZYME ASSAY | 87905 | CPT | | | | outpatient | | | 97 | 14.05 | UHC | Medicaid | 9.78 | | | | 9.78 | 92.15 | fee schedule | |
| BKR CHG SIALIDASE ENZYME ASSAY | 87905 | CPT | | | | outpatient | | | 97 | 14.05 | Multiplan | Multiplan | 77.6 | 80 | | | 9.78 | 92.15 | percent of total billed charges | |
| BKR CHG SIALIDASE ENZYME ASSAY | 87905 | CPT | | | | outpatient | | | 97 | 14.05 | Horizon | NJ Health | 13.56 | | | | 9.78 | 92.15 | fee schedule | |
| BKR CHG SIALIDASE ENZYME ASSAY | 87905 | CPT | | | | outpatient | | | 97 | 14.05 | Qualcare | Qualcare | 72.75 | 75 | | | 9.78 | 92.15 | percent of total billed charges | |
| BKR CHG SIALIDASE ENZYME ASSAY | 87905 | CPT | | | | outpatient | | | 97 | 14.05 | Horizon | PPO | 37.13 | 38.28 | | | 9.78 | 92.15 | percent of total billed charges | |
| BKR CHG SIALIDASE ENZYME ASSAY | 87905 | CPT | | | | outpatient | | | 97 | 14.05 | UHC | Medicare | 12.22 | | | | 9.78 | 92.15 | fee schedule | |
| BKR CHG SIALIDASE ENZYME AS

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION | 87906 | CPT | | | | both | | | 2297 | | 148.04 | Corrections | 1837.6 | 80 | | | 71.1 | 2182.15 | percent of total billed charges | |
| BKR CHG NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION, PHENOSENSE | 87906 | CPT | | | | both | | | 2297 | | 148.04 | UHC | Medicare | 128.73 | | | 15.8 | 71.1 | 2182.15 | fee schedule |
| BKR CHG NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION | 87906 | CPT | | | | both | | | 2297 | | 148.04 | Americare | Americare | 1722.75 | 75 | | | 71.1 | 2182.15 | percent of total billed charges |
| BKR CHG NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION, PHENOSENSE | 87906 | CPT | | | | both | | | 2297 | | 148.04 | Amerihealth | Medicare | 128.73 | | | | 71.1 | 2182.15 | fee schedule |
| BKR CHG NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION | 87906 | CPT | | | | both | | | 2297 | | 148.04 | Multiplan | Multiplan | 1837.6 | 80 | | | 71.1 | 2182.15 | percent of total billed charges |
| BKR CHG NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION, PHENOSENSE | 87906 | CPT | | | | both | | | 2297 | | 148.04 | Amerihealth | HMO/PPO | 371.5 | | | | 71.1 | 2182.15 | fee schedule |
| BKR CHG NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION | 87906 | CPT | | | | both | | | 2297 | | 148.04 | Consumer | Consumer | 2182.15 | 95 | | | 71.1 | 2182.15 | percent of total billed charges |
| BKR CHG NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION | 87906 | CPT | | | | both | | | 2297 | | 148.04 | First Trenton | First Trenton | 2067.3 | 90 | | | 71.1 | 2182.15 | percent of total billed charges |
| BKR CHG NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION | 87906 | CPT | | | | both | | | 2297 | | 148.04 | Horizon | Indemnity | 879.29 | 38.28 | | | 71.1 | 2182.15 | percent of total billed charges |
| BKR CHG NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION, PHENOSENSE | 87906 | CPT | | | | both | | | 2297 | | 148.04 | Wellcare | Medicare | 128.73 | | | | 71.1 | 2182.15 | fee schedule |
| BKR CHG NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION | 87906 | CPT | | | | both | | | 2297 | | 148.04 | Horizon | MGD | 879.29 | 38.28 | | | 71.1 | 2182.15 | percent of total billed charges |
| BKR CHG NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION | 87906 | CPT | | | | both | | | 2297 | | 148.04 | Horizon | PPO | 879.29 | 38.28 | | | 71.1 | 2182.15 | percent of total billed charges |
| BKR CHG NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION | 87906 | CPT | | | | both | | | 2297 | | 148.04 | Qualcare | Qualcare | 1722.75 | 75 | | | 71.1 | 2182.15 | percent of total billed charges |
| BKR CHG NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION, PHENOSENSE | 87906 | CPT | | | | both | | | 2297 | | 148.04 | Wellcare | Medicaid | 102.98 | | | 67.32 | 71.1 | 2182.15 | fee schedule |
| BKR CHG NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION | 87906 | CPT | | | | both | | | 2297 | | 148.04 | Horizon | Medicare Blue | 689.1 | 30 | | | 71.1 | 2182.15 | percent of total billed charges |
| BKR CHG NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION | 87906 | CPT | | | | both | | | 2297 | | 148.04 | Managed Care Inc | Managed Care Inc | 2067.3 | 90 | | | 71.1 | 2182.15 | percent of total billed charges |
| BKR CHG NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION, PHENOSENSE | 87906 | CPT | | | | both | | | 2297 | | 148.04 | Horizon | NJ Health | 142.02 | | | 1.3 | 71.1 | 2182.15 | fee schedule |
| BKR CHG NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION | 87906 | CPT | | | | both | | | 2297 | | 148.04 | WellPoint | WellPoint | 739.17 | 32.18 | | | 71.1 | 2182.15 | percent of total billed charges |
| BKR CHG NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION, PHENOSENSE | 87906 | CPT | | | | both | | | 2297 | | 148.04 | UHC | Medicaid | 102.98 | | | | 71.1 | 2182.15 | fee schedule |
| BKR CHG NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION | 87906 | CPT | | | | both | | | 2297 | | 148.04 | Three Rivers | Three Rivers | 2182.15 | 95 | | | 71.1 | 2182.15 | percent of total billed charges |
| BKR CHG CMV GENOTYPE | 87910 | CPT | | | | outpatient | | | 1696 | | 296.07 | Horizon | Indemnity | 649.23 | 38.28 | | | 149.78 | 1611.2 | percent of total billed charges |
| BKR CHG CMV GENOTYPE | 87910 | CPT | | | | outpatient | | | 1696 | | 296.07 | WellPoint | WellPoint | 545.77 | 32.18 | | | 149.78 | 1611.2 | percent of total billed charges |
| BKR CHG CMV GENOTYPE | 87910 | CPT | | | | outpatient | | | 1696 | | 296.07 | Aetna | Medicare | 522.37 | 30.8 | | | 149.78 | 1611.2 | percent of total billed charges |
| BKR CHG CMV GENOTYPE | 87910 | CPT | | | | outpatient | | | 1696 | | 296.07 | First Health | First Health | 1187.2 | 70 | | | 149.78 | 1611.2 | percent of total billed charges |
| BKR CHG CMV GENOTYPE | 87910 | CPT | | | | outpatient | | | 1696 | | 296.07 | Americare | Americare | 1272 | 75 | | | 149.78 | 1611.2 | percent of total billed charges |
| BKR CHG CMV GENOTYPE | 87910 | CPT | | | | outpatient | | | 1696 | | 296.07 | Corrections | Corrections | 1356.8 | 80 | | | 149.78 | 1611.2 | percent of total billed charges |
| BKR CHG CMV GENOTYPE | 87910 | CPT | | | | outpatient | | | 1696 | | 296.07 | First Trenton | First Trenton | 1526.4 | 90 | | | 149.78 | 1611.2 | percent of total billed charges |
| BKR CHG CMV GENOTYPE | 87910 | CPT | | | | outpatient | | | 1696 | | 296.07 | Aetna | Better Health | 535.09 | 31.55 | | | 149.78 | 1611.2 | percent of total billed charges |
| BKR CHG CMV GENOTYPE | 87910 | CPT | | | | outpatient | | | 1696 | | 296.07 | Horizon | PPO | 649.23 | 38.28 | | | 149.78 | 1611.2 | percent of total billed charges |
| BKR CHG CMV GENOTYPE | 87910 | CPT | | | | outpatient | | | 1696 | | 296.07 | UHC | Medicaid | 205.96 | | | | 149.78 | 1611.2 | fee schedule |
| BKR CHG CMV GENOTYPE | 87910 | CPT | | | | outpatient | | | 1696 | | 296.07 | Horizon | MGD | 649.23 | 38.28 | | | 149.78 | 1611.2 | percent of total billed charges |
| BKR CHG CMV GENOTYPE | 87910 | CPT | | | | outpatient | | | 1696 | | 296.07 | Multiplan | Multiplan | 1356.8 | 80 | | | 149.78 | 1611.2 | percent of total billed charges |
| BKR CHG CMV GENOTYPE | 87910 | CPT | | | | outpatient | | | 1696 | | 296.07 | Amerihealth | HMO/PPO | 149.78 | | | | 149.78 | 1611.2 | fee schedule |
| BKR CHG CMV GENOTYPE | 87910 | CPT | | | | outpatient | | | 1696 | | 296.07 | Consumer | Consumer | 1611.2 | 95 | | | 149.78 | 1611.2 | percent of total billed charges |
| BKR CHG CMV GENOTYPE | 87910 | CPT | | | | outpatient | | | 1696 | | 296.07 | Managed Care Inc | Managed Care Inc | 1526.4 | 90 | | | 149.78 | 1611.2 | percent of total billed charges |
| BKR CHG CMV GENOTYPE | 87910 | CPT | | | | outpatient | | | 1696 | | 296.07 | Three Rivers | Three Rivers | 1611.2 | 95 | | | 149.78 | 1611.2 | percent of total billed charges |
| BKR CHG CMV GENOTYPE | 87910 | CPT | | | | outpatient | | | 1696 | | 296.07 | Wellcare | Medicaid | 205.96 | | | | 149.78 | 1611.2 | fee schedule |
| BKR CHG CMV GENOTYPE | 87910 | CPT | | | | outpatient | | | 1696 | | 296.07 | Horizon | Medicare Blue | 508.8 | 30 | | | 149.78 | 1611.2 | percent of total billed charges |
| BKR CHG CMV GENOTYPE | 87910 | CPT | | | | outpatient | | | 1696 | | 296.07 | Qualcare | Qualcare | 1272 | 75 | | | 149.78 | 1611.2 | percent of total billed charges |
| BKR CHG CMV GENOTYPE | 87910 | CPT | | | | outpatient | | | 1696 | | 296.07 | UHC | Medicare | 257.45 | | | | 149.78 | 1611.2 | fee schedule |
| BKR CHG CMV GENOTYPE | 87910 | CPT | | | | outpatient | | | 1696 | | 296.07 | Amerihealth | Medicare | 257.45 | | | | 149.78 | 1611.2 | fee schedule |
| BKR CHG CMV GENOTYPE | 87910 | CPT | | | | outpatient | | | 1696 | | 296.07 | Horizon | NJ Health | 665.85 | | | | 149.78 | 1611.2 | fee schedule |
| BKR CHG CMV GENOTYPE | 87910 | CPT | | | | outpatient | | | 1696 | | 296.07 | Wellcare | Medicare | 257.45 | | | | 149.78 | 1611.2 | fee schedule |
| BKR CHG HEPATITIS B VIRUS | 87912 | CPT | | | | both | | | 1442 | | 296.07 | Horizon | MGD | 552 | 38.28 | | | 149.78 | 1369.9 | percent of total billed charges |
| BKR CHG HEPATITIS B VIRUS | 87912 | CPT | | | | both | | | 1442 | | 296.07 | Americare | Americare | 1081.5 | 75 | | | 149.78 | 1369.9 | percent of total billed charges |
| BKR CHG HEPATITIS B VIRUS | 87912 | CPT | | | | both | | | 1442 | | 296.07 | Aetna | Better Health | 454.95 | 31.55 | | | 149.78 | 1369.9 | percent of total billed charges |
| BKR CHG HEPATITIS B VIRUS | 87912 | CPT | | | | both | | | 1442 | | 296.07 | UHC | Medicare | 257.45 | | | | 149.78 | 1369.9 | fee schedule |
| BKR CHG HEPATITIS B VIRUS | 87912 | CPT | | | | both | | | 1442 | | 296.07 | Consumer | Consumer | 1369.9 | 95 | | | 149.78 | 1369.9 | percent of total billed charges |
| BKR CHG HEPATITIS B VIRUS | 87912 | CPT | | | | both | | | 1442 | | 296.07 | Multiplan | Multiplan | 1153.6 | 80 | | | 149.78 | 1369.9 | percent of total billed charges |
| BKR CHG HEPATITIS B VIRUS | 87912 | CPT | | | | both | | | 1442 | | 296.07 | First Health | First Health | 1009.4 | 70 | | | 149.78 | 1369.9 | percent of total billed charges |
| BKR CHG HEPATITIS B VIRUS | 87912 | CPT | | | | both | | | 1442 | | 296.07 | Aetna | Medicare | 444.14 | 30.8 | | | 149.78 | 1369.9 | percent of total billed charges |
| BKR CHG HEPATITIS B VIRUS | 87912 | CPT | | | | both | | | 1442 | | 296.07 | Qualcare | Qualcare | 1081.5 | 75 | | | 149.78 | 1369.9 | percent of total billed charges |
| BKR CHG HEPATITIS B VIRUS | 87912 | CPT | | | | both | | | 1442 | | 296.07 | UHC | Medicaid | 205.96 | | | | 149.78 | 1369.9 | fee schedule |
| BKR CHG HEPATITIS B VIRUS | 87912 | CPT | | | | both | | | 1442 | | 296.07 | Amerihealth | HMO/PPO | 149.78 | | | | 149.78 | 1369.9 | fee schedule |
| BKR CHG HEPATITIS B VIRUS | 87912 | CPT | | | | both | | | 1442 | | 296.07 | WellPoint | WellPoint | 464.04 | 32.18 | | 112.16 | 149.78 | 1369.9 | percent of total billed charges |
| BKR CHG HEPATITIS B VIRUS | 87912 | CPT | | | | both | | | 1442 | | 296.07 | Corrections | Corrections | 1153.6 | 80 | | | 149.78 | 1369.9 | percent of total billed charges |
| BKR CHG HEPATITIS B VIRUS | 87912 | CPT | | | | both | | | 1442 | | 296.07 | Wellcare | Medicare | 257.45 | | | | 149.78 | 1369.9 | fee schedule |
| BKR CHG HEPATITIS B VIRUS | 87912 | CPT | | | | both | | | 1442 | | 296.07 | Horizon | Indemnity | 552 | 38.28 | | | 149.78 | 1369.9 | percent of total billed charges |
| BKR CHG HEPATITIS B VIRUS | 87912 | CPT | | | | both | | | 1442 | | 296.07 | First Trenton | First Trenton | 1297.8 | 90 | | | 149.78 | 1369.9 | percent of total billed charges |
| BKR CHG HEPATITIS B VIRUS | 87912 | CPT | | | | both | | | 1442 | | 296.07 | Amerihealth | Medicare | 257.45 | | | | 149.78 | 1369.9 | fee schedule |
| BKR CHG HEPATITIS B VIRUS | 87912 | CPT | | | | both | | | 1442 | | 296.07 | Horizon | Medicare Blue | 432.6 | 30 | | | 149.78 | 1369.9 | percent of total billed charges |
| BKR CHG HEPATITIS B VIRUS | 87912 | CPT | | | | both | | | 1442 | | 296.07 | Horizon | PPO | 552 | 38.28 | | | 149.78 | 1369.9 | percent of total billed charges |
| BKR CHG HEPATITIS B VIRUS | 87912 | CPT | | | | both | | | 1442 | | 296.07 | Horizon | NJ Health | 665.85 | | | | 149.78 | 1369.9 | fee schedule |
| BKR CHG HEPATITIS B VIRUS | 87912 | CPT | | | | both | | | 1442 | | 296.07 | Three Rivers | Three Rivers | 1369.9 | 95 | | | 149.78 | 1369.9 | percent of total billed charges |
| BKR CHG HEPATITIS B VIRUS | 87912 | CPT | | | | both | | | 1442 | | 296.07 | Managed Care Inc | Managed Care Inc | 1297.8 | 90 | | | 149.78 | 1369.9 | percent of total billed charges |
| BKR CHG HEPATITIS B VIRUS | 87912 | CPT | | | | both | | | 1442 | | 296.07 | Wellcare | Medicaid | 205.96 | | | | 149.78 | 1369.9 | fee schedule |
| BKR CHG TROPISM | 87999 | CPT | | | | outpatient | | | 11462 | | | Aetna | Better Health | 3616.26 | 31.55 | | | 47.1 | 10888.9 | percent of total billed charges |
| BKR CHG TROPISM | 87999 | CPT | | | | outpatient | | | 11462 | | | Americare | Americare | 8596.5 | 75 | | | 47.1 | 10888.9 | percent of total billed charges |
| BKR CHG TROPISM | 87999 | CPT | | | | outpatient | | | 11462 | | | First Health | First Health | 8023.4 | 70 | | | 47.1 | 10888.9 | percent of total billed charges |
| BKR CHG TROPISM | 87999 | CPT | | | | outpatient | | | 11462 | | | First Trenton | First Trenton | 10315.8 | 90 | | | 47.1 | 10888.9 | percent of total billed charges |
| BKR CHG TROPISM | 87999 | CPT | | | | outpatient | | | 11462 | | | WellPoint | WellPoint | 3688.47 | 32.18 | | | 47.1 | 10888.9 | percent of total billed charges |
| BKR CHG TROPISM | 87999 | CPT | | | | outpatient | | | 11462 | | | Aetna | Medicare | 3530.3 | 30.8 | | | 47.1 | 10888.9 | percent of total billed charges |
| BKR CHG TROPISM | 87999 | CPT | | | | outpatient | | | 11462 | | | Horizon | MGD | 4387.65 | 38.28 | | | 47.1 | 10888.9 | percent of total billed charges |
| BKR CHG TROPISM | 87999 | CPT | | | | outpatient | | | 11462 | | | Corrections | Corrections | 9169.6 | 80 | | | 47.1 | 10888.9 | percent of total billed charges |
| BKR CHG TROPISM | 87999 | CPT | | | | outpatient | | | 11462 | | | Consumer | Consumer | 10888.9 | 95 | | | 47.1 | 10888.9 | percent of total billed charges |
| BKR CHG TROPISM | 87999 | CPT | | | | outpatient | | | 11462 | | | Horizon | Indemnity | 4387.65 | 38.28 | | | 47.1 | 10888.9 | percent of total billed charges |
| BKR CHG TROPISM | 87999 | CPT | | | | outpatient | | | 11462 | | | Amerihealth | HMO/PPO | 7450.3 | 65 | | | 47.1 | 10888.9 | percent of total billed charges |
| BKR CHG TROPISM | 87999 | CPT | | | | outpatient | | | 11462 | | | Horizon | Medicare Blue | 3438.6 | 30 | | | 47.1 | 10888.9 | percent of total billed charges |
| BKR CHG TROPISM | 87999 | CPT | | | | outpatient | | | 11462 | | | UHC | Medicaid | 3616.26 | 31.55 | | | 47.1 | 10888.9 | percent of total billed charges |
| BKR CHG TROPISM | 87999 | CPT | | | | outpatient | | | 11462 | | | Horizon | PPO | 4387.65 | 38.28 | | | 47.1 | 10888.9 | percent of total billed charges |
| BKR CHG TROPISM | 87999 | CPT | | | | outpatient | | | 11462 | | | Multiplan | Multiplan | 9169.6 | 80 | | | 47.1 | 10888.9 | percent of total billed charges |
| BKR CHG TROPISM | 87999 | CPT | | | | outpatient | | | 11462 | | | Managed Care Inc | Managed Care Inc | 10315.8 | 90 | | | 47.1 | 10888.9 | percent of total billed charges |
| BKR CHG TROPISM | 87999 | CPT | | | | outpatient | | | 11462 | | | Wellcare | Medicaid | 3616.26 | 31.55 | | | 47.1 | 10888.9 | percent of total billed charges |
| BKR CHG TROPISM | 87999 | CPT | | | | outpatient | | | 11462 | | | Three Rivers | Three Rivers | 10888.9 | 95 | | | 47.1 | 10888.9 | percent of total billed charges |
| BKR CHG TROPISM | 87999 | CPT | | | | outpatient | | | 11462 | | | Qualcare | Qualcare | 8596.5 | 75 | | | 47.1 | 10888.9 | percent of total billed charges |
| BKR CHG AUTOPSY GRS EXM ONLY W/O CNS | 88000 | CPT | | | | outpatient | | | | | | Horizon | NJ Health | 173.07 | | | | 173.07 | 173.07 | fee schedule |
| BKR CHG AUTOPSY GRS EXM W/ BRAIN | 88005 | CPT | | | | outpatient | | | | | | Horizon | NJ Health | 201.92 | | | | 201.92 | 201.92 | fee schedule |
| BKR CHG AUTOPSY GRS EXM W/BRAIN & SPC | 88007 | CPT | | | | outpatient | | | | | | Horizon | NJ Health | 211.54 | | | | 211.54 | 211.54 | fee schedule |
| BKR CHG AUTOPSY GRS EXM INFANT W/ BRAIN | 88012 | CPT | | | | outpatient | | | | | | Horizon | NJ Health | 173.07 | | | | 173.07 | 173.07 | fee schedule |
| BKR CHG AUTOPSY GRS EXM STILLNB W/ BRAIN | 88014 | CPT | | | | outpatient | | | | | | Horizon | NJ Health | 158.64 | | | | 158.64 | 158.64 | fee schedule |
| BKR CHG AUTOPSY GRS EXM MACERATED SB | 88016 | CPT | | | | outpatient | | | | | | Horizon | NJ Health | 221.15 | | | | 221.15 | 221.15 | fee schedule |
| BKR CHG AUTOPSY GRS&MIC W/O CNS | 88020 | CPT | | | | outpatient | | | | | | Horizon | NJ Health | 298.08 | | | | 298.08 | 298.08 | fee schedule |
| BKR CHG AUTOPSY GRS&MIC W/BRAIN | 88025 | CPT | | | | outpatient | | | | | | Horizon | NJ Health | 288.45 | | | | 288.45 | 288.45 | fee schedule |
| BKR CHG AUTOPSY GRS&MIC W/BRAIN & SPC | 88027 | CPT | | | | outpatient | | | | | | Horizon | NJ Health | 307.68 | | | | 307.68 | 307.68 | fee schedule |
| BKR CHG AUTOPSY GRS&MIC INFANT W/BRAIN | 88028 | CPT | | | | outpatient | | | | | | Horizon | NJ Health | 173.07 | | | | 173.07 | 173.07 | fee schedule |
| BKR CHG AUTOPSY GRS&MIC STILLNB W/BRAIN | 88029 | CPT | | | | outpatient | | | | | | Horizon | NJ Health | 173.07 | | | | 173.07 | 173.07 | fee schedule |
| BKR CHG AUTOPSY LIMIT GROSS&/OR MICRO | 88036 | CPT | | | | outpatient | | | | | | Horizon | NJ Health | 86.53 | | | | 86.53 | 86.53 | fee schedule |
| BKR CHG AUTOPSY SINGLE ORGAN | 88037 | CPT | | | | outpatient | | | | | | Horizon | NJ Health | 76.93 | | | | 76.93 | 76.93 | fee schedule |
| BKR CHG AUTOPSY FORENSIC EXAMINATION | 88040 | CPT | | | | outpatient | | | | | | Horizon | NJ Health | 480.77 | | | | 480.77 | 480.77 | fee schedule |
| BKR CHG AUTOPSY CORONERS CALL | 88045 | CPT | | | | outpatient | | | | | | Horizon | NJ Health | 48.08 | | | | 48.08 | 48.08 | fee schedule |
| BKR CHG CYTOPATH FLUIDS | 88104 | CPT | | | | both | | | | | 52.74 | Americare | Americare | 144 | 75 | | | 12 | 182.4 | percent of total billed charges |
| BKR CHG CYTOPATH FLUIDS | 88104 | CPT | | | | both | | | 192 | | 52.74 | Aetna | Medicare | 45.86 | | | 26.15 | 12 | 182.4 | other |
| BKR CHG CYTOPATH FLUIDS | 88104 | CPT | | | | both | | | 192 | | 52.74 | Horizon | Indemnity | 88.74 | | | 28.2 | 12 | 182.4 | other |
| BKR CHG CYTOPATH FLUIDS | 88104 | CPT | | | | both | | | 192 | | 52.74 | First Trenton | First Trenton | 172.8 | 90 | | | 12 | 182.4 | percent of total billed charges |
| BKR CHG CYTOPATH FLUIDS | 88104 | CPT | | | | both | | | 192 | | 52.74 | Consumer | Consumer | 182.4 | 95 | | | 12 | 182.4 | percent of total billed charges |
| BKR CHG CYTOPATH FLUIDS | 88104 | CPT | | | | both | | | 192 | | 52.74 | Aetna | Better Health | 60.58 | 31.55 | | 46.57 | 12 | 182.4 | percent of total billed charges |
| BKR CHG CYTOPATH FLUIDS | 88104 | CPT | | | | both | | | 192 | | 52.74 | Horizon | PPO | 88.74 | | | 52.7 | 12 | 182.4 | other |
| BKR CHG CYTOPATH FLUIDS | 88104 | CPT | | | | both | | | 192 | | 52.74 | First Health | First Health | 134.4 | 70 | | | 12 | 182.4 | percent of total billed charges |
| BKR CHG CYTOPATH FLUIDS | 88104 | CPT | | | | both | | | 192 | | 52.74 | Three Rivers | Three Rivers | 182.4 | 95 | | | 12 | 182.4 | percent of total billed charges |
| BKR CHG CYTOPATH FLUIDS | 88104 | CPT | | | | both | | | 192 | | 52.74 | Multiplan | Multiplan | 153.6 | 80 | | | 12 | 182.4 | percent of total billed charges |
| BKR CHG CYTOPATH FLUIDS | 88104 | CPT | | | | both | | | 192 | | 52.74 | WellPoint | WellPoint | 61.79 | 32.18 | | 29.65 | 12 | 182.4 | percent of total billed charges |
| BKR CHG CYTOPATH FLUIDS | 88104 | CPT | | | | both | | | 192 | | 52.74 | Managed Care Inc | Managed Care Inc | 172.8 | 90 | | | 12 | 182.4 | percent of total billed charges |
| BKR CHG CYTOPATH FLUIDS | 88104 | CPT | | | | both | | | 192 | | 52.74 | Corrections | Corrections | 153.6 | 80 | | | 12 | 182.4 | percent of total billed charges |
| BKR CHG CYTOPATH FLUIDS | 88104 | CPT | | | | both | | | 192 | | 52.74 | Amerihealth | HMO/PPO | 19 | | | 56.79 | 12 | 182.4 | fee schedule |
| BKR CHG CYTOPATH FLUIDS | 88104 | CPT | | | | both | | | 192 | | 52.74 | Horizon | NJ Health | 23.52 | | | 17.06 | 12 | 182.4 | fee schedule |
| BKR CHG CYTOPATH FLUIDS | 88104 | CPT | | | | both | | | 192 | | 52.74 | UHC | Medicare | 45.86 | | | 23.16 | 12 | 182.4 | other |
| BKR CHG CYTOPATH FLUIDS | 88104 | CPT | | | | both | | | 192 | | 52.74 | Qualcare | Qualcare | 144 | 75 | | | 12 | 182.4 | percent of total billed charges |
| BKR CHG CYTOPATH FLUIDS | 88104 | CPT | | | | both | | | 192 | | 52.74 | UHC | Medicaid | 12 | | | 50.02 | 12 | 182.4 | fee schedule |
| BKR CHG CYTOPATH FLUIDS | 88104 | CPT | | | | both | | | 192 | | 52.74 | Horizon | Medicare Blue | 45.86 | | | 21.29 | 12 | 182.4 | other |
| BKR CHG CYTOPATH FLUIDS | 88104 | CPT | | | | both | | | 192 | | 52.74 | Wellcare | Medicaid | 12 | | | 32.84 | 12 | 182.4 | fee schedule |
| BKR CHG CYTOPATH FLUIDS | 88104 | CPT | | | | both | | | 192 | | 52.74 | Horizon | MGD | 88.74 | | | 62.83 | 12 | 182.4 | other |
| BKR CHG CYTOPATH FLUIDS | 88104 | CPT | | | | both | | | 192 | | 52.74 | Wellcare | Medicare | 45.86 | | | | 12 | 182.4 | other |
| BKR CHG CYTO CONC TECH | 88108 | CPT | | | | both | | | 242 | | 52.74 | Consumer | Consumer | 229.9 | 95 | | | 12 | 229.9 | percent of total billed charges |
| BKR CHG CYTO CONC TECH | 88108 | CPT | | | | both | | | 242 | | 52.74 | Horizon | Indemnity | 88.74 | | | 76.6 | 12 | 229.9 | other |
| BKR CHG CYTO CONC TECH | 88108 | CPT | | | | both | | | 242 | | 52.74 | Wellcare | Medicare | 45.86 | | | 15.4 | 12 | 229.9 | other |
| BKR CHG CYTO CONC TECH | 88108 | CPT | | | | both | | | 242 | | 52.74 | Amerihealth | HMO/PPO | 26.4 | | | 6.58 | 12 | 229.9 | fee schedule |
| BKR CHG CYTO CONC TECH | 88108 | CPT | | | | both | | | 242 | | 52.74 | Aetna | Medicare | 45.86 | | | 45.47 | 12 | 229.9 | other |
| BKR CHG CYTO CONC TECH | 88108 | CPT | | | | both | | | 242 | | 52.74 | Americare | Americare | 181.5 | 75 | | | 12 | 229.9 | percent of total billed charges |
| BKR CHG CYTO CONC TECH | 88108 | CPT | | | | both | | | 242 | | 52.74 | Aetna | Better Health | 76.35 | 31.55 | | 70.08 | 12 | 229.9 | percent of total billed charges |
| BKR CHG CYTO CONC TECH | 88108 | CPT | | | | both | | | 242 | | 52.74 | Corrections | Corrections | 193.6 | 80 | | 68.82 | 12 | 229.9 | percent of total billed charges |
| BKR CHG CYTO CONC TECH | 88108 | CPT | | | | both | | | 242 | | 52.74 | Horizon | Medicare Blue | 45.86 | | | 57.11 | 12 | 229.9 | other |
| BKR CHG CYTO CONC TECH | 88108 | CPT | | | | both | | | 242 | | 52.74 | UHC | Medicaid | 12 | | | 52.93 | 12 | 229.9 | fee schedule |
| BKR CHG CYTO CONC TECH | 88108 | CPT | | | | both | | | 242 | | 52.74 | Horizon | NJ Health | 23.52 | | | 52.15 | 12 | 229.9 | fee schedule |
| BKR CHG CYTO CONC TECH | 88108 | CPT | | | | both | | | 242 | | 52.74 | First Health | First Health | 169.4 | 70 | | | 12 | 229.9 | percent of total billed charges |
| BKR CHG CYTO CONC TECH | 88108 | CPT | | | | both | | | 242 | | 52.74 | Multiplan | Multiplan | 193.6 | 80 | | | 12 | 229.9 | percent of total billed charges |
| BKR CHG CYTO CONC TECH | 88108 | CPT | | | | both | | | 242 | | 52.74 | First Trenton | First Trenton | 217.8 | 90 | | | 12 | 229.9 | percent of total billed charges |
| BKR CHG CYTO CONC TECH | 88108 | CPT | | | | both | | | 242 | | 52.74 | Wellcare | Medicaid | 12 | | | 57.76 | 12 | 229.9 | fee schedule |
| BKR CHG CYTO CONC TECH | 88108 | CPT | | | | both | | | 242 | | 52.74 | Horizon | MGD | 88.74 | | | 103.31 | 12 | 229.9 | other |
| BKR CHG CYTO CONC TECH | 88108 | CPT | | | | both | | | 242 | | 52.74 | Qualcare | Qualcare | 181.5 | 75 | | | 12 | 229.9 | percent of total billed charges |
| BKR CHG CYTO CONC TECH | 88108 | CPT | | | | both | | | 242 | | 52.74 | Horizon | PPO | 88.74 | | | 100.67 | 12 | 229.9 | other |
| BKR CHG CYTO CONC TECH | 88108 | CPT | | | | both | | | 242 | | 52.74 | WellPoint | WellPoint | 77.88 | 32.18 | | 54.4 | 12 | 229.9 | percent of total billed charges |
| BKR CHG CYTO CONC TECH | 88108 | CPT | | | | both | | | 242 | | 52.74 | UHC | Medicare | 45.86 | | | 40.65 | 12 | 229.9 | other |
| BKR CHG CYTO CONC TECH | 88108 | CPT | | | | both | | | 242 | | 52.74 | Managed Care Inc | Managed Care Inc | 217.8 | 90 | | | 12 | 229.9 | percent of total billed charges |
| BKR CHG CYTO CONC TECH | 88108 | CPT | | | | both | | | 242 | | 52.74 | Three Rivers | Three Rivers | 229.9 | 95 | | | 12 | 229.9 | percent of total billed charges |
| BKR CHG URINE CYTOLOGY (009068) | 88112 | CPT | | | | both | | | 248 | | 71.27 | Aetna | Better Health | 78.24 | 31.55 | | | 18 | 235.6 | percent of total billed charges |
| BKR CHG URINE CYTOLOGY (009068) | 88112 | CPT | | | | both | | | 248 | | 71.27 | Aetna | Medicare | 61.97 | | | | 18 | 235.6 | other |
| BKR CHG URINE CYTOLOGY (009068) | 88112 | CPT | | | | both | | | 248 | | 71.27 | Americare | Americare | 186 | 75 | | | 18 | 235.6 | percent of total billed charges |
| BKR CHG URINE CYTOLOGY (009068) | 88112 | CPT | | | | both | | | 248 | | 71.27 | Horizon | PPO | 119.91 | | | | 18 | 235.6 | other |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG URINE CYTOLOGY (009068) | 88112 | CPT | | | | both | | | 248 | 71.27 | First Health | First Health | 173.6 | | | | 18 | | 236.6 percent of total billed charges | |
| BKR CHG URINE CYTOLOGY (009068) | 88112 | CPT | | | | both | | | 248 | 71.27 | Horizon | Medicare Blue | 61.97 | | | | 18 | | 236.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG URINE CYTOLOGY (009068) | 88112 | CPT | | | | both | | | 248 | 71.27 | Corrections | Corrections | 198.4 | 80 | | | 18 | | 236.6 percent of total billed charges | |
| BKR CHG URINE CYTOLOGY (009068) | 88112 | CPT | | | | both | | | 248 | 71.27 | Amerihealth | HMO/PPO | 32.5 | | | 26.18 | 18 | | 236.6 fee schedule | |
| BKR CHG URINE CYTOLOGY (009068) | 88112 | CPT | | | | both | | | 248 | 71.27 | UHC | Medicare | 61.97 | | | | 18 | | 236.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG URINE CYTOLOGY (009068) | 88112 | CPT | | | | both | | | 248 | 71.27 | Multiplan | Multiplan | 198.4 | 80 | | | 18 | | 236.6 percent of total billed charges | |
| BKR CHG URINE CYTOLOGY (009068) | 88112 | CPT | | | | both | | | 248 | 71.27 | First Trenton | First Trenton | 223.2 | 90 | | | 18 | | 236.6 percent of total billed charges | |
| BKR CHG URINE CYTOLOGY (009068) | 88112 | CPT | | | | both | | | 248 | 71.27 | Consumer | Consumer | 235.6 | 95 | | | 18 | | 236.6 percent of total billed charges | |
| BKR CHG URINE CYTOLOGY (009068) | 88112 | CPT | | | | both | | | 248 | 71.27 | Horizon | Indemnity | 119.91 | | | 42.61 | 18 | | 236.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG URINE CYTOLOGY (009068) | 88112 | CPT | | | | both | | | 248 | 71.27 | Qualcare | Qualcare | 186 | 75 | | | 18 | | 236.6 percent of total billed charges | |
| BKR CHG URINE CYTOLOGY (009068) | 88112 | CPT | | | | both | | | 248 | 71.27 | Managed Care Inc | Managed Care Inc | 223.2 | 90 | | | 18 | | 236.6 percent of total billed charges | |
| BKR CHG URINE CYTOLOGY (009068) | 88112 | CPT | | | | both | | | 248 | 71.27 | Horizon | MGD | 119.91 | | | 74.68 | 18 | | 236.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG URINE CYTOLOGY (009068) | 88112 | CPT | | | | both | | | 248 | 71.27 | Wellcare | Medicaid | 18 | | | 36.89 | 18 | | 236.6 fee schedule | |
| BKR CHG URINE CYTOLOGY (009068) | 88112 | CPT | | | | both | | | 248 | 71.27 | WellPoint | WellPoint | 79.81 | 32.18 | | 23.25 | 18 | | 236.6 percent of total billed charges | |
| BKR CHG URINE CYTOLOGY (009068) | 88112 | CPT | | | | both | | | 248 | 71.27 | Three Rivers | Three Rivers | 235.6 | 95 | | | 18 | | 236.6 percent of total billed charges | |
| BKR CHG URINE CYTOLOGY (009068) | 88112 | CPT | | | | both | | | 248 | 71.27 | Horizon | NJ Health | 113.62 | | | 14.44 | 18 | | 236.6 fee schedule | |
| BKR CHG URINE CYTOLOGY (009068) | 88112 | CPT | | | | both | | | 248 | 71.27 | UHC | Medicaid | 18 | | | 22.05 | 18 | | 236.6 fee schedule | |
| BKR CHG URINE CYTOLOGY (009068) | 88112 | CPT | | | | both | | | 248 | 71.27 | Wellcare | Medicare | 61.97 | | | | 18 | | 236.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SCREEN PAP THIN LAYER BY TECH | 88142 | CPT | | | | both | | | 256 | 23.3 | Aetna | Medicare | 76.85 | 30.8 | | 9.07 | 18 | | 243.2 percent of total billed charges | |
| BKR CHG SCREEN PAP THIN LAYER BY TECH | 88142 | CPT | | | | both | | | 256 | 23.3 | Aetna | Better Health | 80.77 | 31.55 | | | 18 | | 243.2 percent of total billed charges | |
| BKR CHG SCREEN PAP THIN LAYER BY TECH | 88142 | CPT | | | | both | | | 256 | 23.3 | Horizon | Medicare Blue | 76.8 | 30 | | 36.41 | 18 | | 243.2 percent of total billed charges | |
| BKR CHG SCREEN PAP THIN LAYER BY TECH | 88142 | CPT | | | | both | | | 256 | 23.3 | UHC | Medicare | 20.26 | | | 38.71 | 18 | | 243.2 fee schedule | |
| BKR CHG SCREEN PAP THIN LAYER BY TECH | 88142 | CPT | | | | both | | | 256 | 23.3 | Amerihealth | HMO/PPO | 32.5 | | | | 18 | | 243.2 fee schedule | |
| BKR CHG SCREEN PAP THIN LAYER BY TECH | 88142 | CPT | | | | both | | | 256 | 23.3 | Consumer | Consumer | 243.2 | 95 | | | 18 | | 243.2 percent of total billed charges | |
| BKR CHG SCREEN PAP THIN LAYER BY TECH | 88142 | CPT | | | | both | | | 256 | 23.3 | Amerihealth | Medicare | 20.26 | | | | 18 | | 243.2 fee schedule | |
| BKR CHG SCREEN PAP THIN LAYER BY TECH | 88142 | CPT | | | | both | | | 256 | 23.3 | Horizon | Indemnity | 98 | 38.28 | | 26.56 | 18 | | 243.2 percent of total billed charges | |
| BKR CHG SCREEN PAP THIN LAYER BY TECH | 88142 | CPT | | | | both | | | 256 | 23.3 | First Trenton | First Trenton | 230.4 | 90 | | | 18 | | 243.2 percent of total billed charges | |
| BKR CHG SCREEN PAP THIN LAYER BY TECH | 88142 | CPT | | | | both | | | 256 | 23.3 | Americare | Americare | 192 | 75 | | | 18 | | 243.2 percent of total billed charges | |
| BKR CHG SCREEN PAP THIN LAYER BY TECH | 88142 | CPT | | | | both | | | 256 | 23.3 | Multiplan | Multiplan | 204.8 | 80 | | | 18 | | 243.2 percent of total billed charges | |
| BKR CHG SCREEN PAP THIN LAYER BY TECH | 88142 | CPT | | | | both | | | 256 | 23.3 | Wellcare | Medicare | 20.26 | | | 14.65 | 18 | | 243.2 fee schedule | |
| BKR CHG SCREEN PAP THIN LAYER BY TECH | 88142 | CPT | | | | both | | | 256 | 23.3 | First Health | First Health | 179.2 | 70 | | | 18 | | 243.2 percent of total billed charges | |
| BKR CHG SCREEN PAP THIN LAYER BY TECH | 88142 | CPT | | | | both | | | 256 | 23.3 | Corrections | Corrections | 204.8 | 80 | | | 18 | | 243.2 percent of total billed charges | |
| BKR CHG SCREEN PAP THIN LAYER BY TECH | 88142 | CPT | | | | both | | | 256 | 23.3 | Qualcare | Qualcare | 192 | 75 | | | 18 | | 243.2 percent of total billed charges | |
| BKR CHG SCREEN PAP THIN LAYER BY TECH | 88142 | CPT | | | | both | | | 256 | 23.3 | Horizon | MGD | 98 | 38.28 | | 82.64 | 18 | | 243.2 percent of total billed charges | |
| BKR CHG SCREEN PAP THIN LAYER BY TECH | 88142 | CPT | | | | both | | | 256 | 23.3 | Managed Care Inc | Managed Care Inc | 230.4 | 90 | | | 18 | | 243.2 percent of total billed charges | |
| BKR CHG SCREEN PAP THIN LAYER BY TECH | 88142 | CPT | | | | both | | | 256 | 23.3 | Horizon | NJ Health | 70.56 | | | 20.49 | 18 | | 243.2 fee schedule | |
| BKR CHG SCREEN PAP THIN LAYER BY TECH | 88142 | CPT | | | | both | | | 256 | 23.3 | WellPoint | WellPoint | 82.38 | 32.18 | | 63.44 | 18 | | 243.2 percent of total billed charges | |
| BKR CHG SCREEN PAP THIN LAYER BY TECH | 88142 | CPT | | | | both | | | 256 | 23.3 | Wellcare | Medicaid | 18 | | | 59.53 | 18 | | 243.2 fee schedule | |
| BKR CHG SCREEN PAP THIN LAYER BY TECH | 88142 | CPT | | | | both | | | 256 | 23.3 | Horizon | PPO | 98 | 38.28 | | 67.7 | 18 | | 243.2 percent of total billed charges | |
| BKR CHG SCREEN PAP THIN LAYER BY TECH | 88142 | CPT | | | | both | | | 256 | 23.3 | Three Rivers | Three Rivers | 243.2 | 95 | | | 18 | | 243.2 percent of total billed charges | |
| BKR CHG SCREEN PAP THIN LAYER BY TECH | 88142 | CPT | | | | both | | | 256 | 23.3 | UHC | Medicaid | 18 | | | 39.18 | 18 | | 243.2 fee schedule | |
| BKR CHG CYTOPATH C/V INDEX ADD-ON | 88155 | CPT | | | | outpatient | | | 73 | 16.85 | Americare | Americare | 54.75 | 75 | | | 6 | | 69.35 percent of total billed charges | |
| BKR CHG CYTOPATH C/V INDEX ADD-ON | 88155 | CPT | | | | outpatient | | | 73 | 16.85 | Consumer | Consumer | 69.35 | 95 | | | 6 | | 69.35 percent of total billed charges | |
| BKR CHG CYTOPATH C/V INDEX ADD-ON | 88155 | CPT | | | | outpatient | | | 73 | 16.85 | Amerihealth | Medicare | 14.65 | | | | 6 | | 69.35 fee schedule | |
| BKR CHG CYTOPATH C/V INDEX ADD-ON | 88155 | CPT | | | | outpatient | | | 73 | 16.85 | Horizon | Indemnity | 27.94 | 38.28 | | | 6 | | 69.35 percent of total billed charges | |
| BKR CHG CYTOPATH C/V INDEX ADD-ON | 88155 | CPT | | | | outpatient | | | 73 | 16.85 | Aetna | Medicare | 22.48 | 30.8 | | | 6 | | 69.35 percent of total billed charges | |
| BKR CHG CYTOPATH C/V INDEX ADD-ON | 88155 | CPT | | | | outpatient | | | 73 | 16.85 | Aetna | Better Health | 23.03 | 31.55 | | | 6 | | 69.35 percent of total billed charges | |
| BKR CHG CYTOPATH C/V INDEX ADD-ON | 88155 | CPT | | | | outpatient | | | 73 | 16.85 | UHC | Medicare | 14.65 | | | | 6 | | 69.35 fee schedule | |
| BKR CHG CYTOPATH C/V INDEX ADD-ON | 88155 | CPT | | | | outpatient | | | 73 | 16.85 | First Trenton | First Trenton | 65.7 | 90 | | | 6 | | 69.35 percent of total billed charges | |
| BKR CHG CYTOPATH C/V INDEX ADD-ON | 88155 | CPT | | | | outpatient | | | 73 | 16.85 | Amerihealth | HMO/PPO | 9.4 | | | | 6 | | 69.35 fee schedule | |
| BKR CHG CYTOPATH C/V INDEX ADD-ON | 88155 | CPT | | | | outpatient | | | 73 | 16.85 | Corrections | Corrections | 58.4 | 80 | | | 6 | | 69.35 percent of total billed charges | |
| BKR CHG CYTOPATH C/V INDEX ADD-ON | 88155 | CPT | | | | outpatient | | | 73 | 16.85 | WellPoint | WellPoint | 23.49 | 32.18 | | | 6 | | 69.35 percent of total billed charges | |
| BKR CHG CYTOPATH C/V INDEX ADD-ON | 88155 | CPT | | | | outpatient | | | 73 | 16.85 | Qualcare | Qualcare | 54.75 | 75 | | | 6 | | 69.35 percent of total billed charges | |
| BKR CHG CYTOPATH C/V INDEX ADD-ON | 88155 | CPT | | | | outpatient | | | 73 | 16.85 | Horizon | MGD | 27.94 | 38.28 | | | 6 | | 69.35 percent of total billed charges | |
| BKR CHG CYTOPATH C/V INDEX ADD-ON | 88155 | CPT | | | | outpatient | | | 73 | 16.85 | First Health | First Health | 51.1 | 70 | | | 6 | | 69.35 percent of total billed charges | |
| BKR CHG CYTOPATH C/V INDEX ADD-ON | 88155 | CPT | | | | outpatient | | | 73 | 16.85 | UHC | Medicaid | 6 | | | | 6 | | 69.35 fee schedule | |
| BKR CHG CYTOPATH C/V INDEX ADD-ON | 88155 | CPT | | | | outpatient | | | 73 | 16.85 | Managed Care Inc | Managed Care Inc | 65.7 | 90 | | | 6 | | 69.35 percent of total billed charges | |
| BKR CHG CYTOPATH C/V INDEX ADD-ON | 88155 | CPT | | | | outpatient | | | 73 | 16.85 | Horizon | PPO | 27.94 | 38.28 | | | 6 | | 69.35 percent of total billed charges | |
| BKR CHG CYTOPATH C/V INDEX ADD-ON | 88155 | CPT | | | | outpatient | | | 73 | 16.85 | Horizon | NJ Health | 11.76 | | | | 6 | | 69.35 fee schedule | |
| BKR CHG CYTOPATH C/V INDEX ADD-ON | 88155 | CPT | | | | outpatient | | | 73 | 16.85 | Wellcare | Medicare | 14.65 | | | | 6 | | 69.35 fee schedule | |
| BKR CHG CYTOPATH C/V INDEX ADD-ON | 88155 | CPT | | | | outpatient | | | 73 | 16.85 | Horizon | Medicare Blue | 21.9 | 30 | | | 6 | | 69.35 percent of total billed charges | |
| BKR CHG CYTOPATH C/V INDEX ADD-ON | 88155 | CPT | | | | outpatient | | | 73 | 16.85 | Three Rivers | Three Rivers | 69.35 | 95 | | | 6 | | 69.35 percent of total billed charges | |
| BKR CHG CYTOPATH C/V INDEX ADD-ON | 88155 | CPT | | | | outpatient | | | 73 | 16.85 | Multiplan | Multiplan | 58.4 | 80 | | | 6 | | 69.35 percent of total billed charges | |
| BKR CHG CYTOPATH C/V INDEX ADD-ON | 88155 | CPT | | | | outpatient | | | 73 | 16.85 | Wellcare | Medicaid | 6 | | | | 6 | | 69.35 fee schedule | |
| BKR CHG CYTOLOGY SMEARS ANY OTHER SO | 88160 | CPT | | | | inpatient | | | 292 | 39.16 | UHC | Medicare | 34.05 | | | | 7.69 | | 277.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTOLOGY SMEARS ANY OTHER SO | 88160 | CPT | | | | inpatient | | | 292 | 39.16 | Aetna | Better Health | 92.13 | 31.55 | | | 7.69 | | 277.4 percent of total billed charges | |
| BKR CHG CYTOLOGY SMEARS ANY OTHER SO | 88160 | CPT | | | | inpatient | | | 292 | 39.16 | Consumer | Consumer | 277.4 | 95 | | | 7.69 | | 277.4 percent of total billed charges | |
| BKR CHG CYTOLOGY SMEARS ANY OTHER SO | 88160 | CPT | | | | inpatient | | | 292 | 39.16 | First Trenton | First Trenton | 262.8 | 90 | | | 7.69 | | 277.4 percent of total billed charges | |
| BKR CHG CYTOLOGY SMEARS ANY OTHER SO | 88160 | CPT | | | | inpatient | | | 292 | 39.16 | Multiplan | Multiplan | 233.6 | 80 | | | 7.69 | | 277.4 percent of total billed charges | |
| BKR CHG CYTOLOGY SMEARS ANY OTHER SO | 88160 | CPT | | | | inpatient | | | 292 | 39.16 | Aetna | Medicare | 34.05 | | | | 7.69 | | 277.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTOLOGY SMEARS ANY OTHER SO | 88160 | CPT | | | | inpatient | | | 292 | 39.16 | Corrections | Corrections | 233.6 | 80 | | | 7.69 | | 277.4 percent of total billed charges | |
| BKR CHG CYTOLOGY SMEARS ANY OTHER SO | 88160 | CPT | | | | inpatient | | | 292 | 39.16 | Americare | Americare | 219 | 75 | | | 7.69 | | 277.4 percent of total billed charges | |
| BKR CHG CYTOLOGY SMEARS ANY OTHER SO | 88160 | CPT | | | | inpatient | | | 292 | 39.16 | Qualcare | Qualcare | 219 | 75 | | | 7.69 | | 277.4 percent of total billed charges | |
| BKR CHG CYTOLOGY SMEARS ANY OTHER SO | 88160 | CPT | | | | inpatient | | | 292 | 39.16 | First Health | First Health | 204.4 | 70 | | | 7.69 | | 277.4 percent of total billed charges | |
| BKR CHG CYTOLOGY SMEARS ANY OTHER SO | 88160 | CPT | | | | inpatient | | | 292 | 39.16 | Horizon | NJ Health | 13.72 | | | | 7.69 | | 277.4 fee schedule | |
| BKR CHG CYTOLOGY SMEARS ANY OTHER SO | 88160 | CPT | | | | inpatient | | | 292 | 39.16 | Wellcare | Medicaid | 7.69 | | | | 7.69 | | 277.4 fee schedule | |
| BKR CHG CYTOLOGY SMEARS ANY OTHER SO | 88160 | CPT | | | | inpatient | | | 292 | 39.16 | Wellcare | Medicare | 34.05 | | | | 7.69 | | 277.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTOLOGY SMEARS ANY OTHER SO | 88160 | CPT | | | | inpatient | | | 292 | 39.16 | Horizon | MGD | 65.89 | | | | 7.69 | | 277.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTOLOGY SMEARS ANY OTHER SO | 88160 | CPT | | | | inpatient | | | 292 | 39.16 | Horizon | Indemnity | 65.89 | | | | 7.69 | | 277.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTOLOGY SMEARS ANY OTHER SO | 88160 | CPT | | | | inpatient | | | 292 | 39.16 | Amerihealth | HMO/PPO | 18.72 | | | | 7.69 | | 277.4 fee schedule | |
| BKR CHG CYTOLOGY SMEARS ANY OTHER SO | 88160 | CPT | | | | inpatient | | | 292 | 39.16 | Managed Care Inc | Managed Care Inc | 262.8 | 90 | | | 7.69 | | 277.4 percent of total billed charges | |
| BKR CHG CYTOLOGY SMEARS ANY OTHER SO | 88160 | CPT | | | | inpatient | | | 292 | 39.16 | UHC | Medicaid | 7.69 | | | | 7.69 | | 277.4 fee schedule | |
| BKR CHG CYTOLOGY SMEARS ANY OTHER SO | 88160 | CPT | | | | inpatient | | | 292 | 39.16 | Horizon | Medicare Blue | 34.05 | | | | 7.69 | | 277.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTOLOGY SMEARS ANY OTHER SO | 88160 | CPT | | | | inpatient | | | 292 | 39.16 | Three Rivers | Three Rivers | 277.4 | 95 | | | 7.69 | | 277.4 percent of total billed charges | |
| BKR CHG CYTOLOGY SMEARS ANY OTHER SO | 88160 | CPT | | | | inpatient | | | 292 | 39.16 | Horizon | PPO | 65.89 | | | | 7.69 | | 277.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTOLOGY SMEARS ANY OTHER SO | 88160 | CPT | | | | inpatient | | | 292 | 39.16 | WellPoint | WellPoint | 93.97 | 32.18 | | | 7.69 | | 277.4 percent of total billed charges | |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88161 | CPT | | | | outpatient | | | 345 | 39.16 | Horizon | Medicare Blue | 34.05 | | | | 12 | | 327.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88161 | CPT | | | | outpatient | | | 345 | 39.16 | Consumer | Consumer | 327.75 | 95 | | | 12 | | 327.75 percent of total billed charges | |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88161 | CPT | | | | outpatient | | | 345 | 39.16 | Amerihealth | HMO/PPO | 21.5 | | | | 12 | | 327.75 fee schedule | |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88161 | CPT | | | | outpatient | | | 345 | 39.16 | Corrections | Corrections | 276 | 80 | | | 12 | | 327.75 percent of total billed charges | |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88161 | CPT | | | | outpatient | | | 345 | 39.16 | Aetna | Better Health | 108.85 | 31.55 | | | 12 | | 327.75 percent of total billed charges | |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88161 | CPT | | | | outpatient | | | 345 | 39.16 | Aetna | Medicare | 34.05 | | | | 12 | | 327.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88161 | CPT | | | | outpatient | | | 345 | 39.16 | First Health | First Health | 241.5 | 70 | | | 12 | | 327.75 percent of total billed charges | |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88161 | CPT | | | | outpatient | | | 345 | 39.16 | First Trenton | First Trenton | 310.5 | 90 | | | 12 | | 327.75 percent of total billed charges | |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88161 | CPT | | | | outpatient | | | 345 | 39.16 | UHC | Medicare | 34.05 | | | | 12 | | 327.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88161 | CPT | | | | outpatient | | | 345 | 39.16 | Wellcare | Medicaid | 12 | | | | 12 | | 327.75 fee schedule | |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88161 | CPT | | | | outpatient | | | 345 | 39.16 | Wellcare | Medicare | 34.05 | | | | 12 | | 327.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88161 | CPT | | | | outpatient | | | 345 | 39.16 | Horizon | PPO | 65.89 | | | | 12 | | 327.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88161 | CPT | | | | outpatient | | | 345 | 39.16 | Americare | Americare | 258.75 | 75 | | | 12 | | 327.75 percent of total billed charges | |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88161 | CPT | | | | outpatient | | | 345 | 39.16 | Horizon | Indemnity | 65.89 | | | | 12 | | 327.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88161 | CPT | | | | outpatient | | | 345 | 39.16 | Horizon | MGD | 65.89 | | | | 12 | | 327.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88161 | CPT | | | | outpatient | | | 345 | 39.16 | WellPoint | WellPoint | 111.02 | 32.18 | | | 12 | | 327.75 percent of total billed charges | |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88161 | CPT | | | | outpatient | | | 345 | 39.16 | Multiplan | Multiplan | 276 | 80 | | | 12 | | 327.75 percent of total billed charges | |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88161 | CPT | | | | outpatient | | | 345 | 39.16 | Horizon | NJ Health | 23.52 | | | | 12 | | 327.75 fee schedule | |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88161 | CPT | | | | outpatient | | | 345 | 39.16 | Qualcare | Qualcare | 258.75 | 75 | | | 12 | | 327.75 percent of total billed charges | |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88161 | CPT | | | | outpatient | | | 345 | 39.16 | Managed Care Inc | Managed Care Inc | 310.5 | 90 | | | 12 | | 327.75 percent of total billed charges | |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88161 | CPT | | | | outpatient | | | 345 | 39.16 | UHC | Medicaid | 12 | | | | 12 | | 327.75 fee schedule | |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88161 | CPT | | | | outpatient | | | 345 | 39.16 | Three Rivers | Three Rivers | 327.75 | 95 | | | 12 | | 327.75 percent of total billed charges | |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88162 | CPT | | | | outpatient | | | 117 | 71.27 | Aetna | Medicare | 61.97 | | | | 25.6 | | 129.36 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88162 | CPT | | | | outpatient | | | 117 | 71.27 | Amerihealth | HMO/PPO | 25.6 | | | | 25.6 | | 129.36 fee schedule | |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88162 | CPT | | | | outpatient | | | 117 | 71.27 | Consumer | Consumer | 111.15 | 95 | | | 25.6 | | 129.36 percent of total billed charges | |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88162 | CPT | | | | outpatient | | | 117 | 71.27 | Aetna | Better Health | 36.91 | 31.55 | | | 25.6 | | 129.36 percent of total billed charges | |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88162 | CPT | | | | outpatient | | | 117 | 71.27 | Americare | Americare | 87.75 | 75 | | | 25.6 | | 129.36 percent of total billed charges | |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88162 | CPT | | | | outpatient | | | 117 | 71.27 | First Trenton | First Trenton | 105.3 | 90 | | | 25.6 | | 129.36 percent of total billed charges | |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88162 | CPT | | | | outpatient | | | 117 | 71.27 | Wellcare | Medicaid | 55.78 | | | | 25.6 | | 129.36 fee schedule | |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88162 | CPT | | | | outpatient | | | 117 | 71.27 | First Health | First Health | 81.9 | 70 | | | 25.6 | | 129.36 percent of total billed charges | |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88162 | CPT | | | | outpatient | | | 117 | 71.27 | Horizon | MGD | 119.91 | | | | 25.6 | | 129.36 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88162 | CPT | | | | outpatient | | | 117 | 71.27 | Horizon | Indemnity | 119.91 | | | | 25.6 | | 129.36 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88162 | CPT | | | | outpatient | | | 117 | 71.27 | UHC | Medicare | 61.97 | | | | 25.6 | | 129.36 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88162 | CPT | | | | outpatient | | | 117 | 71.27 | Corrections | Corrections | 93.6 | 80 | | | 25.6 | | 129.36 percent of total billed charges | |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88162 | CPT | | | | outpatient | | | 117 | 71.27 | Horizon | Medicare Blue | 61.97 | | | | 25.6 | | 129.36 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88162 | CPT | | | | outpatient | | | 117 | 71.27 | Multiplan | Multiplan | 93.6 | 80 | | | 25.6 | | 129.36 percent of total billed charges | |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88162 | CPT | | | | outpatient | | | 117 | 71.27 | Horizon | NJ Health | 129.36 | | | | 25.6 | | 129.36 fee schedule | |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88162 | CPT | | | | outpatient | | | 117 | 71.27 | Horizon | PPO | 119.91 | | | | 25.6 | | 129.36 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88162 | CPT | | | | outpatient | | | 117 | 71.27 | Managed Care Inc | Managed Care Inc | 105.3 | 90 | | | 25.6 | | 129.36 percent of total billed charges | |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88162 | CPT | | | | outpatient | | | 117 | 71.27 | Qualcare | Qualcare | 87.75 | 75 | | | 25.6 | | 129.36 percent of total billed charges | |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88162 | CPT | | | | outpatient | | | 117 | 71.27 | Three Rivers | Three Rivers | 111.15 | 95 | | | 25.6 | | 129.36 percent of total billed charges | |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88162 | CPT | | | | outpatient | | | 117 | 71.27 | UHC | Medicaid | 55.78 | | | | 25.6 | | 129.36 fee schedule | |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88162 | CPT | | | | outpatient | | | 117 | 71.27 | Wellcare | Medicare | 61.97 | | | | 25.6 | | 129.36 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTO SMEARS ANY OTHER SOURCE | 88162 | CPT | | | | outpatient | | | 117 | 71.27 | WellPoint | WellPoint | 37.65 | 32.18 | | | 25.6 | | 129.36 percent of total billed charges | |
| BKR CHG CYTOPATH TBS C/V MANUAL | 88164 | CPT | | | | outpatient | | | 150 | 20.42 | Americare | Americare | 112.5 | 75 | | | 6 | | 142.5 percent of total billed charges | |
| BKR CHG CYTOPATH TBS C/V MANUAL | 88164 | CPT | | | | outpatient | | | 150 | 20.42 | Amerihealth | HMO/PPO | 7.6 | | | | 6 | | 142.5 fee schedule | |
| BKR CHG CYTOPATH TBS C/V MANUAL | 88164 | CPT | | | | outpatient | | | 150 | 20.42 | First Trenton | First Trenton | 135 | 90 | | | 6 | | 142.5 percent of total billed charges | |
| BKR CHG CYTOPATH TBS C/V MANUAL | 88164 | CPT | | | | outpatient | | | 150 | 20.42 | Aetna | Medicare | 46.2 | 30.8 | | | 6 | | 142.5 percent of total billed charges | |
| BKR CHG CYTOPATH TBS C/V MANUAL | 88164 | CPT | | | | outpatient | | | 150 | 20.42 | Consumer | Consumer | 142.5 | 95 | | | 6 | | 142.5 percent of total billed charges | |
| BKR CHG CYTOPATH TBS C/V MANUAL | 88164 | CPT | | | | outpatient | | | 150 | 20.42 | Aetna | Better Health | 47.33 | 31.55 | | | 6 | | 142.5 percent of total billed charges | |
| BKR CHG CYTOPATH TBS C/V MANUAL | 88164 | CPT | | | | outpatient | | | 150 | 20.42 | Corrections | Corrections | 120 | 80 | | | 6 | | 142.5 percent of total billed charges | |
| BKR CHG CYTOPATH TBS C/V MANUAL | 88164 | CPT | | | | outpatient | | | 150 | 20.42 | UHC | Medicaid | 6 | | | | 6 | | 142.5 fee schedule | |
| BKR CHG CYTOPATH TBS C/V MANUAL | 88164 | CPT | | | | outpatient | | | 150 | 20.42 | Multiplan | Multiplan | 120 | 80 | | | 6 | | 142.5 percent of total billed charges | |
| BKR CHG CYTOPATH TBS C/V MANUAL | 88164 | CPT | | | | outpatient | | | 150 | 20.42 | Amerihealth | Medicare | 17.76 | | | | 6 | | 142.5 fee schedule | |
| BKR CHG CYTOPATH TBS C/V MANUAL | 88164 | CPT | | | | outpatient | | | 150 | 20.42 | Horizon | NJ Health | 35.28 | | | | 6 | | 142.5 fee schedule | |
| BKR CHG CYTOPATH TBS C/V MANUAL | 88164 | CPT | | | | outpatient | | | 150 | 20.42 | Horizon | MGD | 57.42 | 38.28 | | | 6 | | 142.5 percent of total billed charges | |
| BKR CHG CYTOPATH TBS C/V MANUAL | 88164 | CPT | | | | outpatient | | | 150 | 20.42 | Horizon | Indemnity | 57.42 | 38.28 | | | 6 | | 142.5 percent of total billed charges | |
| BKR CHG CYTOPATH TBS C/V MANUAL | 88164 | CPT | | | | outpatient | | | 150 | 20.42 | Horizon | PPO | 57.42 | 38.28 | | | 6 | | 142.5 percent of total billed charges | |
| BKR CHG CYTOPATH TBS C/V MANUAL | 88164 | CPT | | | | outpatient | | | 150 | 20.42 | WellPoint | WellPoint | 48.27 | 32.18 | | | 6 | | 142.5 percent of total billed charges | |
| BKR CHG CYTOPATH TBS C/V MANUAL | 88164 | CPT | | | | outpatient | | | 150 | 20.42 | First Health | First Health | 105 | 70 | | | 6 | | 142.5 percent of total billed charges | |
| BKR CHG CYTOPATH TBS C/V MANUAL | 88164 | CPT | | | | outpatient | | | 150 | 20.42 | Qualcare | Qualcare | 112.5 | 75 | | | 6 | | 142.5 percent of total billed charges | |
| BKR CHG CYTOPATH TBS C/V MANUAL | 88164 | CPT | | | | outpatient | | | 150 | 20.42 | Three Rivers | Three Rivers | 142.5 | 95 | | | 6 | | 142.5 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG CYTOPATH TBS C/V MANUAL | 88164 | CPT | | | | outpatient | | | 150 | 20.42 | Managed Care Inc | Managed Care Inc | 135 | 90 | | | 6 | 142.5 | percent of total billed charges | |
| BKR CHG CYTOPATH TBS C/V MANUAL | 88164 | CPT | | | | outpatient | | | 150 | 20.42 | UHC | Medicare | 17.76 | | | | 6 | 142.5 | fee schedule | |
| BKR CHG CYTOPATH TBS C/V MANUAL | 88164 | CPT | | | | outpatient | | | 150 | 20.42 | Horizon | Medicare Blue | 45 | 30 | | | 6 | 142.5 | percent of total billed charges | |
| BKR CHG CYTOPATH TBS C/V MANUAL | 88164 | CPT | | | | outpatient | | | 150 | 20.42 | Wellcare | Medicare | 17.76 | | | | 6 | 142.5 | fee schedule | |
| BKR CHG CYTOPATH TBS C/V MANUAL | 88164 | CPT | | | | outpatient | | | 150 | 20.42 | Wellcare | Medicaid | 6 | | | | 6 | 142.5 | fee schedule | |
| BKR CHG CYTO EVALUATION FNASPIRATE INT | 88172 | CPT | | | | both | | | 446 | 224.64 | Americare | Americare | 334.5 | 75 | | | 20 | 423.7 | percent of total billed charges | |
| BKR CHG CYTO EVALUATION FNASPIRATE INT | 88172 | CPT | | | | both | | | 446 | 224.64 | First Health | First Health | 312.2 | 70 | | | 20 | 423.7 | percent of total billed charges | |
| BKR CHG CYTO EVALUATION FNASPIRATE INT | 88172 | CPT | | | | both | | | 446 | 224.64 | Aetna | Medicare | 195.34 | | | 66.74 | 20 | 423.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTO EVALUATION FNASPIRATE INT | 88172 | CPT | | | | both | | | 446 | 224.64 | Aetna | Better Health | 140.71 | 31.55 | | | 20 | 423.7 | percent of total billed charges | |
| BKR CHG CYTO EVALUATION FNASPIRATE INT | 88172 | CPT | | | | both | | | 446 | 224.64 | Horizon | PPO | 377.98 | | | 138.71 | 20 | 423.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTO EVALUATION FNASPIRATE INT | 88172 | CPT | | | | both | | | 446 | 224.64 | Consumer | Consumer | 423.7 | 95 | | | 20 | 423.7 | percent of total billed charges | |
| BKR CHG CYTO EVALUATION FNASPIRATE INT | 88172 | CPT | | | | both | | | 446 | 224.64 | First Trenton | First Trenton | 401.4 | 90 | | | 20 | 423.7 | percent of total billed charges | |
| BKR CHG CYTO EVALUATION FNASPIRATE INT | 88172 | CPT | | | | both | | | 446 | 224.64 | Corrections | Corrections | 356.8 | 80 | | | 20 | 423.7 | percent of total billed charges | |
| BKR CHG CYTO EVALUATION FNASPIRATE INT | 88172 | CPT | | | | both | | | 446 | 224.64 | Amerihealth | HMO/PPO | 20 | | | | 20 | 423.7 | fee schedule | |
| BKR CHG CYTO EVALUATION FNASPIRATE INT | 88172 | CPT | | | | both | | | 446 | 224.64 | Multiplan | Multiplan | 356.8 | 80 | | | 20 | 423.7 | percent of total billed charges | |
| BKR CHG CYTO EVALUATION FNASPIRATE INT | 88172 | CPT | | | | both | | | 446 | 224.64 | Horizon | NJ Health | 78.4 | | | 17.36 | 20 | 423.7 | fee schedule | |
| BKR CHG CYTO EVALUATION FNASPIRATE INT | 88172 | CPT | | | | both | | | 446 | 224.64 | Horizon | Indemnity | 377.98 | | | 141.42 | 20 | 423.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTO EVALUATION FNASPIRATE INT | 88172 | CPT | | | | both | | | 446 | 224.64 | UHC | Medicare | 195.34 | | | 63.12 | 20 | 423.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTO EVALUATION FNASPIRATE INT | 88172 | CPT | | | | both | | | 446 | 224.64 | Horizon | MGD | 377.98 | | | 132.98 | 20 | 423.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTO EVALUATION FNASPIRATE INT | 88172 | CPT | | | | both | | | 446 | 224.64 | Managed Care Inc | Managed Care Inc | 401.4 | 90 | | | 20 | 423.7 | percent of total billed charges | |
| BKR CHG CYTO EVALUATION FNASPIRATE INT | 88172 | CPT | | | | both | | | 446 | 224.64 | Horizon | Medicare Blue | 195.34 | | | 73.94 | 20 | 423.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTO EVALUATION FNASPIRATE INT | 88172 | CPT | | | | both | | | 446 | 224.64 | UHC | Medicaid | 40 | | | 122.01 | 20 | 423.7 | fee schedule | |
| BKR CHG CYTO EVALUATION FNASPIRATE INT | 88172 | CPT | | | | both | | | 446 | 224.64 | Qualcare | Qualcare | 334.5 | 75 | | | 20 | 423.7 | percent of total billed charges | |
| BKR CHG CYTO EVALUATION FNASPIRATE INT | 88172 | CPT | | | | both | | | 446 | 224.64 | Three Rivers | Three Rivers | 423.7 | 95 | | | 20 | 423.7 | percent of total billed charges | |
| BKR CHG CYTO EVALUATION FNASPIRATE INT | 88172 | CPT | | | | both | | | 446 | 224.64 | Wellcare | Medicaid | 40 | | | | 20 | 423.7 | fee schedule | |
| BKR CHG CYTO EVALUATION FNASPIRATE INT | 88172 | CPT | | | | both | | | 446 | 224.64 | Wellcare | Medicare | 195.34 | | | | 20 | 423.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTO EVALUATION FNASPIRATE INT | 88172 | CPT | | | | both | | | 446 | 224.64 | WellPoint | WellPoint | 143.52 | 32.18 | | 93.74 | 20 | 423.7 | percent of total billed charges | |
| BKR CHG CYTO EVALUATION FNA | 88173 | CPT | | | | both | | | 398 | 71.27 | First Trenton | First Trenton | 358.2 | 90 | | | 17.41 | 378.1 | percent of total billed charges | |
| BKR CHG CYTO EVALUATION FNA | 88173 | CPT | | | | both | | | 398 | 71.27 | First Health | First Health | 278.6 | 70 | | | 17.41 | 378.1 | percent of total billed charges | |
| BKR CHG CYTO EVALUATION FNA | 88173 | CPT | | | | both | | | 398 | 71.27 | Aetna | Better Health | 125.57 | 31.55 | | | 17.41 | 378.1 | percent of total billed charges | |
| BKR CHG CYTO EVALUATION FNA | 88173 | CPT | | | | both | | | 398 | 71.27 | Horizon | MGD | 119.91 | | | 139.21 | 17.41 | 378.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTO EVALUATION FNA | 88173 | CPT | | | | both | | | 398 | 71.27 | Americare | Americare | 298.5 | 75 | | | 17.41 | 378.1 | percent of total billed charges | |
| BKR CHG CYTO EVALUATION FNA | 88173 | CPT | | | | both | | | 398 | 71.27 | Consumer | Consumer | 378.1 | 95 | | | 17.41 | 378.1 | percent of total billed charges | |
| BKR CHG CYTO EVALUATION FNA | 88173 | CPT | | | | both | | | 398 | 71.27 | Aetna | Medicare | 61.97 | | | 58.41 | 17.41 | 378.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTO EVALUATION FNA | 88173 | CPT | | | | both | | | 398 | 71.27 | Amerihealth | HMO/PPO | 17.41 | | | 90.76 | 17.41 | 378.1 | fee schedule | |
| BKR CHG CYTO EVALUATION FNA | 88173 | CPT | | | | both | | | 398 | 71.27 | Horizon | Medicare Blue | 61.97 | | | 76.48 | 17.41 | 378.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTO EVALUATION FNA | 88173 | CPT | | | | both | | | 398 | 71.27 | Three Rivers | Three Rivers | 378.1 | 95 | | | 17.41 | 378.1 | percent of total billed charges | |
| BKR CHG CYTO EVALUATION FNA | 88173 | CPT | | | | both | | | 398 | 71.27 | Horizon | Indemnity | 119.91 | | | 121.59 | 17.41 | 378.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTO EVALUATION FNA | 88173 | CPT | | | | both | | | 398 | 71.27 | Horizon | PPO | 119.91 | | | 147.71 | 17.41 | 378.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTO EVALUATION FNA | 88173 | CPT | | | | both | | | 398 | 71.27 | Wellcare | Medicaid | 25 | | | 115.74 | 17.41 | 378.1 | fee schedule | |
| BKR CHG CYTO EVALUATION FNA | 88173 | CPT | | | | both | | | 398 | 71.27 | Corrections | Corrections | 318.4 | 80 | | | 17.41 | 378.1 | percent of total billed charges | |
| BKR CHG CYTO EVALUATION FNA | 88173 | CPT | | | | both | | | 398 | 71.27 | UHC | Medicare | 61.97 | | | 66.77 | 17.41 | 378.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTO EVALUATION FNA | 88173 | CPT | | | | both | | | 398 | 71.27 | Horizon | NJ Health | 49 | | | 37.32 | 17.41 | 378.1 | fee schedule | |
| BKR CHG CYTO EVALUATION FNA | 88173 | CPT | | | | both | | | 398 | 71.27 | UHC | Medicaid | 25 | | | 109.23 | 17.41 | 378.1 | fee schedule | |
| BKR CHG CYTO EVALUATION FNA | 88173 | CPT | | | | both | | | 398 | 71.27 | Managed Care Inc | Managed Care Inc | 358.2 | 90 | | | 17.41 | 378.1 | percent of total billed charges | |
| BKR CHG CYTO EVALUATION FNA | 88173 | CPT | | | | both | | | 398 | 71.27 | Wellcare | Medicare | 61.97 | | | 9.44 | 17.41 | 378.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTO EVALUATION FNA | 88173 | CPT | | | | both | | | 398 | 71.27 | Multiplan | Multiplan | 318.4 | 80 | | | 17.41 | 378.1 | percent of total billed charges | |
| BKR CHG CYTO EVALUATION FNA | 88173 | CPT | | | | both | | | 398 | 71.27 | WellPoint | WellPoint | 128.08 | 32.18 | | 94.27 | 17.41 | 378.1 | percent of total billed charges | |
| BKR CHG CYTO EVALUATION FNA | 88173 | CPT | | | | both | | | 398 | 71.27 | Qualcare | Qualcare | 298.5 | 75 | | | 17.41 | 378.1 | percent of total billed charges | |
| BKR CHG CYTOPATH W SCREEN &REVIEW | 88175 | CPT | | | | outpatient | | | 121 | 30.6 | Multiplan | Multiplan | 96.8 | 80 | | | 26.61 | 114.95 | percent of total billed charges | |
| BKR CHG CYTOPATH W SCREEN &REVIEW | 88175 | CPT | | | | outpatient | | | 121 | 30.6 | Americare | Americare | 90.75 | 75 | | | 26.61 | 114.95 | percent of total billed charges | |
| BKR CHG CYTOPATH W SCREEN &REVIEW | 88175 | CPT | | | | outpatient | | | 121 | 30.6 | Consumer | Consumer | 114.95 | 95 | | | 26.61 | 114.95 | percent of total billed charges | |
| BKR CHG CYTOPATH W SCREEN &REVIEW | 88175 | CPT | | | | outpatient | | | 121 | 30.6 | Corrections | Corrections | 96.8 | 80 | | | 26.61 | 114.95 | percent of total billed charges | |
| BKR CHG CYTOPATH W SCREEN &REVIEW | 88175 | CPT | | | | outpatient | | | 121 | 30.6 | Amerihealth | Medicare | 26.61 | | | | 26.61 | 114.95 | fee schedule | |
| BKR CHG CYTOPATH W SCREEN &REVIEW | 88175 | CPT | | | | outpatient | | | 121 | 30.6 | Aetna | Medicare | 37.27 | 30.8 | | | 26.61 | 114.95 | percent of total billed charges | |
| BKR CHG CYTOPATH W SCREEN &REVIEW | 88175 | CPT | | | | outpatient | | | 121 | 30.6 | Aetna | Better Health | 38.18 | 31.55 | | | 26.61 | 114.95 | percent of total billed charges | |
| BKR CHG CYTOPATH W SCREEN &REVIEW | 88175 | CPT | | | | outpatient | | | 121 | 30.6 | Horizon | Indemnity | 46.32 | 38.28 | | | 26.61 | 114.95 | percent of total billed charges | |
| BKR CHG CYTOPATH W SCREEN &REVIEW | 88175 | CPT | | | | outpatient | | | 121 | 30.6 | Qualcare | Qualcare | 90.75 | 75 | | | 26.61 | 114.95 | percent of total billed charges | |
| BKR CHG CYTOPATH W SCREEN &REVIEW | 88175 | CPT | | | | outpatient | | | 121 | 30.6 | Amerihealth | HMO/PPO | 32.5 | | | | 26.61 | 114.95 | fee schedule | |
| BKR CHG CYTOPATH W SCREEN &REVIEW | 88175 | CPT | | | | outpatient | | | 121 | 30.6 | Wellcare | Medicaid | 28.5 | | | | 26.61 | 114.95 | fee schedule | |
| BKR CHG CYTOPATH W SCREEN &REVIEW | 88175 | CPT | | | | outpatient | | | 121 | 30.6 | First Trenton | First Trenton | 108.9 | 90 | | | 26.61 | 114.95 | percent of total billed charges | |
| BKR CHG CYTOPATH W SCREEN &REVIEW | 88175 | CPT | | | | outpatient | | | 121 | 30.6 | First Health | First Health | 84.7 | 70 | | | 26.61 | 114.95 | percent of total billed charges | |
| BKR CHG CYTOPATH W SCREEN &REVIEW | 88175 | CPT | | | | outpatient | | | 121 | 30.6 | Horizon | MGD | 46.32 | 38.28 | | | 26.61 | 114.95 | percent of total billed charges | |
| BKR CHG CYTOPATH W SCREEN &REVIEW | 88175 | CPT | | | | outpatient | | | 121 | 30.6 | UHC | Medicaid | 28.5 | | | | 26.61 | 114.95 | fee schedule | |
| BKR CHG CYTOPATH W SCREEN &REVIEW | 88175 | CPT | | | | outpatient | | | 121 | 30.6 | Horizon | PPO | 46.32 | 38.28 | | | 26.61 | 114.95 | percent of total billed charges | |
| BKR CHG CYTOPATH W SCREEN &REVIEW | 88175 | CPT | | | | outpatient | | | 121 | 30.6 | UHC | Medicare | 26.61 | | | | 26.61 | 114.95 | fee schedule | |
| BKR CHG CYTOPATH W SCREEN &REVIEW | 88175 | CPT | | | | outpatient | | | 121 | 30.6 | Horizon | Medicare Blue | 36.3 | 30 | | | 26.61 | 114.95 | percent of total billed charges | |
| BKR CHG CYTOPATH W SCREEN &REVIEW | 88175 | CPT | | | | outpatient | | | 121 | 30.6 | Wellcare | Medicare | 26.61 | | | | 26.61 | 114.95 | fee schedule | |
| BKR CHG CYTOPATH W SCREEN &REVIEW | 88175 | CPT | | | | outpatient | | | 121 | 30.6 | Three Rivers | Three Rivers | 114.95 | 95 | | | 26.61 | 114.95 | percent of total billed charges | |
| BKR CHG CYTOPATH W SCREEN &REVIEW | 88175 | CPT | | | | outpatient | | | 121 | 30.6 | WellPoint | WellPoint | 38.94 | 32.18 | | | 26.61 | 114.95 | percent of total billed charges | |
| BKR CHG CYTOPATH W SCREEN &REVIEW | 88175 | CPT | | | | outpatient | | | 121 | 30.6 | Horizon | NJ Health | 28.46 | | | | 26.61 | 114.95 | fee schedule | |
| BKR CHG CYTOPATH W SCREEN &REVIEW | 88175 | CPT | | | | outpatient | | | 121 | 30.6 | Managed Care Inc | Managed Care Inc | 108.9 | 90 | | | 26.61 | 114.95 | percent of total billed charges | |
| BKR CHG FLOW CYTOMETRY,CELL DNA ANAL | 88182 | CPT | | | | outpatient | | | 1515 | 71.27 | Consumer | Consumer | 1439.25 | 95 | | | 34.71 | 1439.25 | percent of total billed charges | |
| BKR CHG FLOW CYTOMETRY,CELL DNA ANAL | 88182 | CPT | | | | outpatient | | | 1515 | 71.27 | Three Rivers | Three Rivers | 1439.25 | 95 | | | 34.71 | 1439.25 | percent of total billed charges | |
| BKR CHG FLOW CYTOMETRY,CELL DNA ANAL | 88182 | CPT | | | | outpatient | | | 1515 | 71.27 | Corrections | Corrections | 1212 | 80 | | | 34.71 | 1439.25 | percent of total billed charges | |
| BKR CHG FLOW CYTOMETRY,CELL DNA ANAL | 88182 | CPT | | | | outpatient | | | 1515 | 71.27 | Horizon | Indemnity | 119.91 | | | | 34.71 | 1439.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FLOW CYTOMETRY,CELL DNA ANAL | 88182 | CPT | | | | outpatient | | | 1515 | 71.27 | First Health | First Health | 1060.5 | 70 | | | 34.71 | 1439.25 | percent of total billed charges | |
| BKR CHG FLOW CYTOMETRY,CELL DNA ANAL | 88182 | CPT | | | | outpatient | | | 1515 | 71.27 | Aetna | Medicare | 61.97 | | | | 34.71 | 1439.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FLOW CYTOMETRY,CELL DNA ANAL | 88182 | CPT | | | | outpatient | | | 1515 | 71.27 | Qualcare | Qualcare | 1136.25 | 75 | | | 34.71 | 1439.25 | percent of total billed charges | |
| BKR CHG FLOW CYTOMETRY,CELL DNA ANAL | 88182 | CPT | | | | outpatient | | | 1515 | 71.27 | Aetna | Better Health | 477.98 | 31.55 | | | 34.71 | 1439.25 | percent of total billed charges | |
| BKR CHG FLOW CYTOMETRY,CELL DNA ANAL | 88182 | CPT | | | | outpatient | | | 1515 | 71.27 | Multiplan | Multiplan | 1212 | 80 | | | 34.71 | 1439.25 | percent of total billed charges | |
| BKR CHG FLOW CYTOMETRY,CELL DNA ANAL | 88182 | CPT | | | | outpatient | | | 1515 | 71.27 | Wellcare | Medicaid | 86.3 | | | | 34.71 | 1439.25 | fee schedule | |
| BKR CHG FLOW CYTOMETRY,CELL DNA ANAL | 88182 | CPT | | | | outpatient | | | 1515 | 71.27 | First Trenton | First Trenton | 1363.5 | 90 | | | 34.71 | 1439.25 | percent of total billed charges | |
| BKR CHG FLOW CYTOMETRY,CELL DNA ANAL | 88182 | CPT | | | | outpatient | | | 1515 | 71.27 | Horizon | Medicare Blue | 61.97 | | | | 34.71 | 1439.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FLOW CYTOMETRY,CELL DNA ANAL | 88182 | CPT | | | | outpatient | | | 1515 | 71.27 | Wellcare | Medicare | 61.97 | | | | 34.71 | 1439.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FLOW CYTOMETRY,CELL DNA ANAL | 88182 | CPT | | | | outpatient | | | 1515 | 71.27 | Americare | Americare | 1136.25 | 75 | | | 34.71 | 1439.25 | percent of total billed charges | |
| BKR CHG FLOW CYTOMETRY,CELL DNA ANAL | 88182 | CPT | | | | outpatient | | | 1515 | 71.27 | Horizon | NJ Health | 646.8 | | | | 34.71 | 1439.25 | fee schedule | |
| BKR CHG FLOW CYTOMETRY,CELL DNA ANAL | 88182 | CPT | | | | outpatient | | | 1515 | 71.27 | WellPoint | WellPoint | 487.53 | 32.18 | | | 34.71 | 1439.25 | percent of total billed charges | |
| BKR CHG FLOW CYTOMETRY,CELL DNA ANAL | 88182 | CPT | | | | outpatient | | | 1515 | 71.27 | Managed Care Inc | Managed Care Inc | 1363.5 | 90 | | | 34.71 | 1439.25 | percent of total billed charges | |
| BKR CHG FLOW CYTOMETRY,CELL DNA ANAL | 88182 | CPT | | | | outpatient | | | 1515 | 71.27 | Amerihealth | HMO/PPO | 72.43 | | | | 34.71 | 1439.25 | fee schedule | |
| BKR CHG FLOW CYTOMETRY,CELL DNA ANAL | 88182 | CPT | | | | outpatient | | | 1515 | 71.27 | Horizon | PPO | 119.91 | | | | 34.71 | 1439.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FLOW CYTOMETRY,CELL DNA ANAL | 88182 | CPT | | | | outpatient | | | 1515 | 71.27 | Horizon | MGD | 119.91 | | | | 34.71 | 1439.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FLOW CYTOMETRY,CELL DNA ANAL | 88182 | CPT | | | | outpatient | | | 1515 | 71.27 | UHC | Medicaid | 86.3 | | | | 34.71 | 1439.25 | fee schedule | |
| BKR CHG FLOW CYTOMETRY,CELL DNA ANAL | 88182 | CPT | | | | outpatient | | | 1515 | 71.27 | UHC | Medicare | 61.97 | | | | 34.71 | 1439.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG NEUTROPHIL OXIDATIVE BURST | 88184 | CPT | | | | both | | | 1120 | 472.75 | Aetna | Medicare | 411.09 | | | | 52.14 | 1064 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG NEUTROPHIL OXIDATIVE BURST | 88184 | CPT | | | | both | | | 1120 | 472.75 | First Health | First Health | 784 | 70 | | | 52.14 | 1064 | percent of total billed charges | |
| BKR CHG NEUTROPHIL OXIDATIVE BURST | 88184 | CPT | | | | both | | | 1120 | 472.75 | Americare | Americare | 840 | 75 | | | 52.14 | 1064 | percent of total billed charges | |
| BKR CHG NEUTROPHIL OXIDATIVE BURST | 88184 | CPT | | | | both | | | 1120 | 472.75 | Wellcare | Medicaid | 57.72 | | | 76.24 | 52.14 | 1064 | fee schedule | |
| BKR CHG NEUTROPHIL OXIDATIVE BURST | 88184 | CPT | | | | both | | | 1120 | 472.75 | Horizon | PPO | 795.46 | | | 181.91 | 52.14 | 1064 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG NEUTROPHIL OXIDATIVE BURST | 88184 | CPT | | | | both | | | 1120 | 472.75 | Horizon | Indemnity | 795.46 | | | 158.92 | 52.14 | 1064 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG NEUTROPHIL OXIDATIVE BURST | 88184 | CPT | | | | both | | | 1120 | 472.75 | Amerihealth | HMO/PPO | 72.43 | | | 56.63 | 52.14 | 1064 | fee schedule | |
| BKR CHG NEUTROPHIL OXIDATIVE BURST | 88184 | CPT | | | | both | | | 1120 | 472.75 | Aetna | Better Health | 353.36 | 31.55 | | | 52.14 | 1064 | percent of total billed charges | |
| BKR CHG NEUTROPHIL OXIDATIVE BURST | 88184 | CPT | | | | both | | | 1120 | 472.75 | Horizon | Medicare Blue | 411.09 | | | 51.7 | 52.14 | 1064 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG NEUTROPHIL OXIDATIVE BURST | 88184 | CPT | | | | both | | | 1120 | 472.75 | WellPoint | WellPoint | 360.42 | 32.18 | | 180.69 | 52.14 | 1064 | percent of total billed charges | |
| BKR CHG NEUTROPHIL OXIDATIVE BURST | 88184 | CPT | | | | both | | | 1120 | 472.75 | Corrections | Corrections | 896 | 80 | | 208.68 | 52.14 | 1064 | percent of total billed charges | |
| BKR CHG NEUTROPHIL OXIDATIVE BURST | 88184 | CPT | | | | both | | | 1120 | 472.75 | Consumer | Consumer | 1064 | 95 | | | 52.14 | 1064 | percent of total billed charges | |
| BKR CHG NEUTROPHIL OXIDATIVE BURST | 88184 | CPT | | | | both | | | 1120 | 472.75 | Horizon | NJ Health | 52.14 | | | 61.03 | 52.14 | 1064 | fee schedule | |
| BKR CHG NEUTROPHIL OXIDATIVE BURST | 88184 | CPT | | | | both | | | 1120 | 472.75 | Horizon | MGD | 795.46 | | | 181.57 | 52.14 | 1064 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG NEUTROPHIL OXIDATIVE BURST | 88184 | CPT | | | | both | | | 1120 | 472.75 | UHC | Medicare | 411.09 | | | 107.94 | 52.14 | 1064 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG NEUTROPHIL OXIDATIVE BURST | 88184 | CPT | | | | both | | | 1120 | 472.75 | First Trenton | First Trenton | 1008 | 90 | | | 52.14 | 1064 | percent of total billed charges | |
| BKR CHG NEUTROPHIL OXIDATIVE BURST | 88184 | CPT | | | | both | | | 1120 | 472.75 | Wellcare | Medicare | 411.09 | | | 43.83 | 52.14 | 1064 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG NEUTROPHIL OXIDATIVE BURST | 88184 | CPT | | | | both | | | 1120 | 472.75 | Multiplan | Multiplan | 896 | 80 | | | 52.14 | 1064 | percent of total billed charges | |
| BKR CHG NEUTROPHIL OXIDATIVE BURST | 88184 | CPT | | | | both | | | 1120 | 472.75 | Managed Care Inc | Managed Care Inc | 1008 | 90 | | | 52.14 | 1064 | percent of total billed charges | |
| BKR CHG NEUTROPHIL OXIDATIVE BURST | 88184 | CPT | | | | both | | | 1120 | 472.75 | Qualcare | Qualcare | 840 | 75 | | | 52.14 | 1064 | percent of total billed charges | |
| BKR CHG NEUTROPHIL OXIDATIVE BURST | 88184 | CPT | | | | both | | | 1120 | 472.75 | Three Rivers | Three Rivers | 1064 | 95 | | | 52.14 | 1064 | percent of total billed charges | |
| BKR CHG NEUTROPHIL OXIDATIVE BURST | 88184 | CPT | | | | both | | | 1120 | 472.75 | UHC | Medicaid | 57.72 | | | 211.25 | 52.14 | 1064 | fee schedule | |
| BKR CHG FLOW CYTOMETRY,EA. ADDTL MARKER | 88185 | CPT | | | | both | | | 1411 | | Horizon | PPO | 540.13 | 38.28 | | 15.92 | 19.25 | 1340.45 | percent of total billed charges | |
| BKR CHG FLOW CYTOMETRY,EA. ADDTL MARKER | 88185 | CPT | | | | both | | | 1411 | | Aetna | Medicare | 434.59 | 30.8 | | | 19.25 | 1340.45 | percent of total billed charges | |
| BKR CHG FLOW CYTOMETRY,EA. ADDTL MARKER | 88185 | CPT | | | | both | | | 1411 | | First Health | First Health | 987.7 | 70 | | | 19.25 | 1340.45 | percent of total billed charges | |
| BKR CHG FLOW CYTOMETRY,EA. ADDTL MARKER | 88185 | CPT | | | | both | | | 1411 | | Amerihealth | HMO/PPO | 72.43 | | | 5.13 | 19.25 | 1340.45 | fee schedule | |
| BKR CHG FLOW CYTOMETRY,EA. ADDTL MARKER | 88185 | CPT | | | | both | | | 1411 | | Consumer | Consumer | 1340.45 | 95 | | | 19.25 | 1340.45 | percent of total billed charges | |
| BKR CHG FLOW CYTOMETRY,EA. ADDTL MARKER | 88185 | CPT | | | | both | | | 1411 | | First Trenton | First Trenton | 1269.9 | 90 | | | 19.25 | 1340.45 | percent of total billed charges | |
| BKR CHG FLOW CYTOMETRY,EA. ADDTL MARKER | 88185 | CPT | | | | both | | | 1411 | | Aetna | Better Health | 445.17 | 31.55 | | | 19.25 | 1340.45 | percent of total billed charges | |
| BKR CHG FLOW CYTOMETRY,EA. ADDTL MARKER | 88185 | CPT | | | | both | | | 1411 | | Americare | Americare | 1058.25 | 75 | | | 19.25 | 1340.45 | percent of total billed charges | |
| BKR CHG FLOW CYTOMETRY,EA. ADDTL MARKER | 88185 | CPT | | | | both | | | 1411 | | Wellcare | Medicaid | 19.25 | | | 14.94 | 19.25 | 1340.45 | fee schedule | |
| BKR CHG FLOW CYTOMETRY,EA. ADDTL MARKER | 88185 | CPT | | | | both | | | 1411 | | Corrections | Corrections | 1128.8 | 80 | | 18.27 | 19.25 | 1340.45 | percent of total billed charges | |
| BKR CHG FLOW CYTOMETRY,EA. ADDTL MARKER | 88185 | CPT | | | | both | | | 1411 | | Multiplan | Multiplan | 1128.8 | 80 | | | 19.25 | 1340.45 | percent of total billed charges | |
| BKR CHG FLOW CYTOMETRY,EA. ADDTL MARKER | 88185 | CPT | | | | both | | | 1411 | | WellPoint | WellPoint | 454.06 | 32.18 | | 15.82 | 19.25 | 1340.45 | percent of total billed charges | |
| BKR CHG FLOW CYTOMETRY,EA. ADDTL MARKER | 88185 | CPT | | | | both | | | 1411 | | Horizon | NJ Health | 52.14 | | | 7.19 | 19.25 | 1340.45 | fee schedule | |
| BKR CHG FLOW CYTOMETRY,EA. ADDTL MARKER | 88185 | CPT | | | | both | | | 1411 | | Managed Care Inc | Managed Care Inc | 1269.9 | 90 | | | 19.25 | 1340.45 | percent of total billed charges | |
| BKR CHG FLOW CYTOMETRY,EA. ADDTL MARKER | 88185 | CPT | | | | both | | | 1411 | | Qualcare | Qualcare | 1058.25 | 75 | | | 19.25 | 1340.45 | percent of total billed charges | |
| BKR CHG FLOW CYTOMETRY,EA. ADDTL MARKER | 88185 | CPT | | | | both | | | 1411 | | Horizon | Medicare Blue | 423.3 | 30 | | 4.57 | 19.25 | 1340.45 | percent of total billed charges | |
| BKR CHG FLOW CYTOMETRY,EA. ADDTL MARKER | 88185 | CPT | | | | both | | | 1411 | | UHC | Medicaid | 19.25 | | | 18.13 | 19.25 | 1340.45 | fee schedule | |
| BKR CHG FLOW CYTOMETRY,EA. ADDTL MARKER | 88185 | CPT | | | | both | | | 1411 | | Horizon | Indemnity | 540.13 | 38.28 | | 22.78 | 19.25 | 1340.45 | percent of total billed charges | |
| BKR CHG FLOW CYTOMETRY,EA. ADDTL MARKER | 88185 | CPT | | | | both | | | 1411 | | Three Rivers | Three Rivers | 1340.45 | 95 | | | 19.25 | 1340.45 | percent of total billed charges | |
| BKR CHG FLOW CYTOMETRY,EA. ADDTL MARKER | 88185 | CPT | | | | both | | | 1411 | | Horizon | MGD | 540.13 | 38.28 | | 15.89 | 19.25 | 1340.45 | percent of total billed charges | |
| BKR CHG FLOW INTERP 2- 8 MARKERS | 88187 | CPT | | | | both | | | 849 | | Horizon | NJ Health | 57.06 | | | 13.29 | 31.53 | 806.55 | fee schedule | |
| BKR CHG FLOW INTERP 2- 8 MARKERS | 88187 | CPT | | | | both | | | 849 | | Americare | Americare | 636.75 | 75 | | | 31.53 | 806.55 | percent of total billed charges | |
| BKR CHG FLOW INTERP 2- 8 MARKERS | 88187 | CPT | | | | both | | | 849 | | First Health | First Health | 594.3 | 70 | | | 31.53 | 806.55 | percent of total billed charges | |
| BKR CHG FLOW INTERP 2- 8 MARKERS | 88187 | CPT | | | | both | | | 849 | | Aetna | Better Health | 267.86 | 31.55 | | | 31.53 | 806.55 | percent of total billed charges | |
| BKR CHG FLOW INTERP 2- 8 MARKERS | 88187 | CPT | | | | both | | | 849 | | WellPoint | WellPoint | 273.21 | 32.18 | | | 31.53 | 806.55 | percent of total billed charges | |
| BKR CHG FLOW INTERP 2- 8 MARKERS | 88187 | CPT | | | | both | | | 849 | | Aetna | Medicare | 261.49 | 30.8 | | | 31.53 | 806.55 | percent of total billed charges | |
| BKR CHG FLOW INTERP 2- 8 MARKERS | 88187 | CPT | | | | both | | | 849 | | Amerihealth | HMO/PPO | 72.43 | | | | 31.53 | 806.55 | fee schedule | |
| BKR CHG FLOW INTERP 2- 8 MARKERS | 88187 | CPT | | | | both | | | 849 | | Horizon | Indemnity | 325 | 38.28 | | | 31.53 | 806.55 | percent of total billed charges | |
| BKR CHG FLOW INTERP 2- 8 MARKERS | 88187 | CPT | | | | both | | | 849 | | Horizon | MGD | 325 | 38.28 | | | 31.53 | 806.55 | percent of total billed charges | |
| BKR CHG FLOW INTERP 2- 8 MARKERS | 88187 | CPT | | | | both | | | 849 | | Consumer | Consumer | 806.55 | 95 | | | 31.53 | 806.55 | percent of total billed charges | |
| BKR CHG FLOW INTERP 2- 8 MARKERS | 88187 | CPT | | | | both | | | 849 | | Horizon | PPO | 325 | 38.28 | | | 31.53 | 806.55 | percent of total billed charges | |
| BKR CHG FLOW INTERP 2- 8 MARKERS | 88187 | CPT | | | | both | | | 849 | | Corrections | Corrections | 679.2 | 80 | | | 31.53 | 806.55 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG FLOW INTERP 2- 8 MARKERS | 88187 | CPT | | | | both | | | 849 | | Three Rivers | Three Rivers | 806.55 | 95 | | | 31.53 | 1672.95 | percent of total billed charges | |
| BKR CHG FLOW INTERP 2- 8 MARKERS | 88187 | CPT | | | | both | | | 849 | | Horizon | Medicare Blue | 254.7 | 30 | | | 31.53 | 806.55 | percent of total billed charges | |
| BKR CHG FLOW INTERP 2- 8 MARKERS | 88187 | CPT | | | | both | | | 849 | | Wellcare | Medicaid | 31.53 | | | | 31.53 | 806.55 | fee schedule | |
| BKR CHG FLOW INTERP 2- 8 MARKERS | 88187 | CPT | | | | both | | | 849 | | Qualcare | Qualcare | 636.75 | 75 | | | 31.53 | 806.55 | percent of total billed charges | |
| BKR CHG FLOW INTERP 2- 8 MARKERS | 88187 | CPT | | | | both | | | 849 | | Multiplan | Multiplan | 679.2 | 80 | | | 31.53 | 806.55 | percent of total billed charges | |
| BKR CHG FLOW INTERP 2- 8 MARKERS | 88187 | CPT | | | | both | | | 849 | | First Trenton | First Trenton | 764.1 | 90 | | | 31.53 | 806.55 | percent of total billed charges | |
| BKR CHG FLOW INTERP 2- 8 MARKERS | 88187 | CPT | | | | both | | | 849 | | UHC | Medicaid | 31.53 | | | | 31.53 | 806.55 | fee schedule | |
| BKR CHG FLOW INTERP 2- 8 MARKERS | 88187 | CPT | | | | both | | | 849 | | Managed Care Inc | Managed Care Inc | 764.1 | 90 | | | 31.53 | 806.55 | percent of total billed charges | |
| BKR CHG FLOW INTERP 16 OR MORE MARKERS | 88189 | CPT | | | | both | | | 431 | | Aetna | Better Health | 135.98 | 31.55 | | | 71.18 | 409.45 | percent of total billed charges | |
| BKR CHG FLOW INTERP 16 OR MORE MARKERS | 88189 | CPT | | | | both | | | 431 | | Horizon | MGD | 164.99 | 38.28 | | | 71.18 | 409.45 | percent of total billed charges | |
| BKR CHG FLOW INTERP 16 OR MORE MARKERS | 88189 | CPT | | | | both | | | 431 | | Aetna | Medicare | 132.75 | 30.8 | | | 71.18 | 409.45 | percent of total billed charges | |
| BKR CHG FLOW INTERP 16 OR MORE MARKERS | 88189 | CPT | | | | both | | | 431 | | Corrections | Corrections | 344.8 | 80 | | | 71.18 | 409.45 | percent of total billed charges | |
| BKR CHG FLOW INTERP 16 OR MORE MARKERS | 88189 | CPT | | | | both | | | 431 | | WellPoint | WellPoint | 138.7 | 32.18 | | | 71.18 | 409.45 | percent of total billed charges | |
| BKR CHG FLOW INTERP 16 OR MORE MARKERS | 88189 | CPT | | | | both | | | 431 | | Americare | Americare | 323.25 | 75 | | | 71.18 | 409.45 | percent of total billed charges | |
| BKR CHG FLOW INTERP 16 OR MORE MARKERS | 88189 | CPT | | | | both | | | 431 | | Consumer | Consumer | 409.45 | 95 | | | 71.18 | 409.45 | percent of total billed charges | |
| BKR CHG FLOW INTERP 16 OR MORE MARKERS | 88189 | CPT | | | | both | | | 431 | | First Trenton | First Trenton | 387.9 | 90 | | | 71.18 | 409.45 | percent of total billed charges | |
| BKR CHG FLOW INTERP 16 OR MORE MARKERS | 88189 | CPT | | | | both | | | 431 | | First Health | First Health | 301.7 | 70 | | | 71.18 | 409.45 | percent of total billed charges | |
| BKR CHG FLOW INTERP 16 OR MORE MARKERS | 88189 | CPT | | | | both | | | 431 | | Amerihealth | HMO/PPO | 72.43 | | | | 71.18 | 409.45 | fee schedule | |
| BKR CHG FLOW INTERP 16 OR MORE MARKERS | 88189 | CPT | | | | both | | | 431 | | Horizon | Indemnity | 164.99 | 38.28 | | 85.19 | 71.18 | 409.45 | percent of total billed charges | |
| BKR CHG FLOW INTERP 16 OR MORE MARKERS | 88189 | CPT | | | | both | | | 431 | | Horizon | Medicare Blue | 129.3 | 30 | | | 71.18 | 409.45 | percent of total billed charges | |
| BKR CHG FLOW INTERP 16 OR MORE MARKERS | 88189 | CPT | | | | both | | | 431 | | Multiplan | Multiplan | 344.8 | 80 | | | 71.18 | 409.45 | percent of total billed charges | |
| BKR CHG FLOW INTERP 16 OR MORE MARKERS | 88189 | CPT | | | | both | | | 431 | | Horizon | NJ Health | 93.77 | | | | 71.18 | 409.45 | fee schedule | |
| BKR CHG FLOW INTERP 16 OR MORE MARKERS | 88189 | CPT | | | | both | | | 431 | | Qualcare | Qualcare | 323.25 | 75 | | | 71.18 | 409.45 | percent of total billed charges | |
| BKR CHG FLOW INTERP 16 OR MORE MARKERS | 88189 | CPT | | | | both | | | 431 | | UHC | Medicaid | 71.18 | | | | 71.18 | 409.45 | fee schedule | |
| BKR CHG FLOW INTERP 16 OR MORE MARKERS | 88189 | CPT | | | | both | | | 431 | | Horizon | PPO | 164.99 | 38.28 | | | 71.18 | 409.45 | percent of total billed charges | |
| BKR CHG FLOW INTERP 16 OR MORE MARKERS | 88189 | CPT | | | | both | | | 431 | | Wellcare | Medicaid | 71.18 | | | 44.8 | 71.18 | 409.45 | fee schedule | |
| BKR CHG FLOW INTERP 16 OR MORE MARKERS | 88189 | CPT | | | | both | | | 431 | | Managed Care Inc | Managed Care Inc | 387.9 | 90 | | | 71.18 | 409.45 | percent of total billed charges | |
| BKR CHG FLOW INTERP 16 OR MORE MARKERS | 88189 | CPT | | | | both | | | 431 | | Three Rivers | Three Rivers | 409.45 | 95 | | | 71.18 | 409.45 | percent of total billed charges | |
| BKR CHG CYTO UNLISTED PROCEDURE | 88199 | CPT | | | | outpatient | | | 176 | 71.27 | First Trenton | First Trenton | 158.4 | 90 | | | 55.53 | 167.2 | percent of total billed charges | |
| BKR CHG CYTO UNLISTED PROCEDURE | 88199 | CPT | | | | outpatient | | | 176 | 71.27 | Consumer | Consumer | 167.2 | 95 | | | 55.53 | 167.2 | percent of total billed charges | |
| BKR CHG CYTO UNLISTED PROCEDURE | 88199 | CPT | | | | outpatient | | | 176 | 71.27 | Americare | Americare | 132 | 75 | | | 55.53 | 167.2 | percent of total billed charges | |
| BKR CHG CYTO UNLISTED PROCEDURE | 88199 | CPT | | | | outpatient | | | 176 | 71.27 | Aetna | Better Health | 55.53 | 31.55 | | | 55.53 | 167.2 | percent of total billed charges | |
| BKR CHG CYTO UNLISTED PROCEDURE | 88199 | CPT | | | | outpatient | | | 176 | 71.27 | UHC | Medicare | 61.97 | | | | 55.53 | 167.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTO UNLISTED PROCEDURE | 88199 | CPT | | | | outpatient | | | 176 | 71.27 | Amerihealth | HMO/PPO | 114.4 | 65 | | | 55.53 | 167.2 | percent of total billed charges | |
| BKR CHG CYTO UNLISTED PROCEDURE | 88199 | CPT | | | | outpatient | | | 176 | 71.27 | Aetna | Medicare | 61.97 | | | | 55.53 | 167.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTO UNLISTED PROCEDURE | 88199 | CPT | | | | outpatient | | | 176 | 71.27 | Corrections | Corrections | 140.8 | 80 | | | 55.53 | 167.2 | percent of total billed charges | |
| BKR CHG CYTO UNLISTED PROCEDURE | 88199 | CPT | | | | outpatient | | | 176 | 71.27 | Managed Care Inc | Managed Care Inc | 158.4 | 90 | | | 55.53 | 167.2 | percent of total billed charges | |
| BKR CHG CYTO UNLISTED PROCEDURE | 88199 | CPT | | | | outpatient | | | 176 | 71.27 | Horizon | Indemnity | 119.91 | | | | 55.53 | 167.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTO UNLISTED PROCEDURE | 88199 | CPT | | | | outpatient | | | 176 | 71.27 | Horizon | MGD | 119.91 | | | | 55.53 | 167.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTO UNLISTED PROCEDURE | 88199 | CPT | | | | outpatient | | | 176 | 71.27 | Horizon | PPO | 119.91 | | | | 55.53 | 167.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTO UNLISTED PROCEDURE | 88199 | CPT | | | | outpatient | | | 176 | 71.27 | WellPoint | WellPoint | 56.64 | 32.18 | | | 55.53 | 167.2 | percent of total billed charges | |
| BKR CHG CYTO UNLISTED PROCEDURE | 88199 | CPT | | | | outpatient | | | 176 | 71.27 | First Health | First Health | 123.2 | 70 | | | 55.53 | 167.2 | percent of total billed charges | |
| BKR CHG CYTO UNLISTED PROCEDURE | 88199 | CPT | | | | outpatient | | | 176 | 71.27 | Horizon | Medicare Blue | 61.97 | | | | 55.53 | 167.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CYTO UNLISTED PROCEDURE | 88199 | CPT | | | | outpatient | | | 176 | 71.27 | Three Rivers | Three Rivers | 167.2 | 95 | | | 55.53 | 167.2 | percent of total billed charges | |
| BKR CHG CYTO UNLISTED PROCEDURE | 88199 | CPT | | | | outpatient | | | 176 | 71.27 | Multiplan | Multiplan | 140.8 | 80 | | | 55.53 | 167.2 | percent of total billed charges | |
| BKR CHG CYTO UNLISTED PROCEDURE | 88199 | CPT | | | | outpatient | | | 176 | 71.27 | UHC | Medicaid | 55.53 | 31.55 | | | 55.53 | 167.2 | percent of total billed charges | |
| BKR CHG CYTO UNLISTED PROCEDURE | 88199 | CPT | | | | outpatient | | | 176 | 71.27 | Qualcare | Qualcare | 132 | 75 | | | 55.53 | 167.2 | percent of total billed charges | |
| BKR CHG CYTO UNLISTED PROCEDURE | 88199 | CPT | | | | outpatient | | | 176 | 71.27 | Wellcare | Medicaid | 55.53 | 31.55 | | | 55.53 | 167.2 | percent of total billed charges | |
| BKR CHG CYTO UNLISTED PROCEDURE | 88199 | CPT | | | | outpatient | | | 176 | 71.27 | Wellcare | Medicare | 61.97 | | | | 55.53 | 167.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TISSUE CULTURE | 88230 | CPT | | | | both | | | 1761 | 133.96 | Aetna | Better Health | 555.6 | 31.55 | | | 67.5 | 1672.95 | percent of total billed charges | |
| BKR CHG TISSUE CULTURE | 88230 | CPT | | | | both | | | 1761 | 133.96 | Americare | Americare | 1320.75 | 75 | | | 67.5 | 1672.95 | percent of total billed charges | |
| BKR CHG TISSUE CULTURE | 88230 | CPT | | | | both | | | 1761 | 133.96 | Aetna | Medicare | 542.39 | 30.8 | | | 67.5 | 1672.95 | percent of total billed charges | |
| BKR CHG TISSUE CULTURE | 88230 | CPT | | | | both | | | 1761 | 133.96 | Wellcare | Medicare | 116.49 | | | | 67.5 | 1672.95 | fee schedule | |
| BKR CHG TISSUE CULTURE | 88230 | CPT | | | | both | | | 1761 | 133.96 | Consumer | Consumer | 1672.95 | 95 | | | 67.5 | 1672.95 | percent of total billed charges | |
| BKR CHG TISSUE CULTURE | 88230 | CPT | | | | both | | | 1761 | 133.96 | Multiplan | Multiplan | 1408.8 | 80 | | | 67.5 | 1672.95 | percent of total billed charges | |
| BKR CHG TISSUE CULTURE | 88230 | CPT | | | | both | | | 1761 | 133.96 | Horizon | MGD | 674.11 | 38.28 | | | 67.5 | 1672.95 | percent of total billed charges | |
| BKR CHG TISSUE CULTURE | 88230 | CPT | | | | both | | | 1761 | 133.96 | First Trenton | First Trenton | 1584.9 | 90 | | | 67.5 | 1672.95 | percent of total billed charges | |
| BKR CHG TISSUE CULTURE | 88230 | CPT | | | | both | | | 1761 | 133.96 | Horizon | Medicare Blue | 528.3 | 30 | | | 67.5 | 1672.95 | percent of total billed charges | |
| BKR CHG TISSUE CULTURE | 88230 | CPT | | | | both | | | 1761 | 133.96 | Three Rivers | Three Rivers | 1672.95 | 95 | | | 67.5 | 1672.95 | percent of total billed charges | |
| BKR CHG TISSUE CULTURE | 88230 | CPT | | | | both | | | 1761 | 133.96 | Amerihealth | HMO/PPO | 181.4 | | | | 67.5 | 1672.95 | fee schedule | |
| BKR CHG TISSUE CULTURE | 88230 | CPT | | | | both | | | 1761 | 133.96 | Horizon | Indemnity | 674.11 | 38.28 | | | 67.5 | 1672.95 | percent of total billed charges | |
| BKR CHG TISSUE CULTURE | 88230 | CPT | | | | both | | | 1761 | 133.96 | Corrections | Corrections | 1408.8 | 80 | | 70.4 | 67.5 | 1672.95 | percent of total billed charges | |
| BKR CHG TISSUE CULTURE | 88230 | CPT | | | | both | | | 1761 | 133.96 | Qualcare | Qualcare | 1320.75 | 75 | | | 67.5 | 1672.95 | percent of total billed charges | |
| BKR CHG TISSUE CULTURE | 88230 | CPT | | | | both | | | 1761 | 133.96 | Wellcare | Medicaid | 90 | | | 18.2 | 67.5 | 1672.95 | fee schedule | |
| BKR CHG TISSUE CULTURE | 88230 | CPT | | | | both | | | 1761 | 133.96 | Managed Care Inc | Managed Care Inc | 1584.9 | 90 | | | 67.5 | 1672.95 | percent of total billed charges | |
| BKR CHG TISSUE CULTURE | 88230 | CPT | | | | both | | | 1761 | 133.96 | Horizon | PPO | 674.11 | 38.28 | | 77.28 | 67.5 | 1672.95 | percent of total billed charges | |
| BKR CHG TISSUE CULTURE | 88230 | CPT | | | | both | | | 1761 | 133.96 | WellPoint | WellPoint | 566.69 | 32.18 | | 38.67 | 67.5 | 1672.95 | percent of total billed charges | |
| BKR CHG TISSUE CULTURE | 88230 | CPT | | | | both | | | 1761 | 133.96 | Amerihealth | Medicare | 116.49 | | | | 67.5 | 1672.95 | fee schedule | |
| BKR CHG TISSUE CULTURE | 88230 | CPT | | | | both | | | 1761 | 133.96 | First Health | First Health | 1232.7 | 70 | | | 67.5 | 1672.95 | percent of total billed charges | |
| BKR CHG TISSUE CULTURE | 88230 | CPT | | | | both | | | 1761 | 133.96 | Horizon | NJ Health | 176.4 | | | 3.55 | 67.5 | 1672.95 | fee schedule | |
| BKR CHG TISSUE CULTURE | 88230 | CPT | | | | both | | | 1761 | 133.96 | UHC | Medicaid | 90 | | | 107.73 | 67.5 | 1672.95 | fee schedule | |
| BKR CHG TISSUE CULTURE | 88230 | CPT | | | | both | | | 1761 | 133.96 | UHC | Medicare | 116.49 | | | 115.32 | 67.5 | 1672.95 | fee schedule | |
| BKR CHG TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX | 88233 | CPT | | | | both | | | 1455 | 161.84 | Amerihealth | HMO/PPO | 220.3 | | | | 90 | 1382.25 | fee schedule | |
| BKR CHG TC:NON-NEOPLAS DISORD SOLID AMF | 88233 | CPT | | | | both | | | 1455 | 161.84 | Horizon | MGD | 556.97 | 38.28 | | | 90 | 1382.25 | percent of total billed charges | |
| BKR CHG TC:NON-NEOPLAS DISORD SOLID AMF | 88233 | CPT | | | | both | | | 1455 | 161.84 | Multiplan | Multiplan | 1164 | 80 | | | 90 | 1382.25 | percent of total billed charges | |
| BKR CHG TC:NON-NEOPLAS DISORD SOLID AMF | 88233 | CPT | | | | both | | | 1455 | 161.84 | Aetna | Medicare | 448.14 | 30.8 | | | 90 | 1382.25 | percent of total billed charges | |
| BKR CHG TC:NON-NEOPLAS DISORD SOLID AMF | 88233 | CPT | | | | both | | | 1455 | 161.84 | First Health | First Health | 1018.5 | 70 | | | 90 | 1382.25 | percent of total billed charges | |
| BKR CHG TC:NON-NEOPLAS DISORD SOLID AMF | 88233 | CPT | | | | both | | | 1455 | 161.84 | Americare | Americare | 1091.25 | 75 | | | 90 | 1382.25 | percent of total billed charges | |
| BKR CHG TC:NON-NEOPLAS DISORD SOLID AMF | 88233 | CPT | | | | both | | | 1455 | 161.84 | Corrections | Corrections | 1164 | 80 | | | 90 | 1382.25 | percent of total billed charges | |
| BKR CHG TC:NON-NEOPLAS DISORD SOLID AMF | 88233 | CPT | | | | both | | | 1455 | 161.84 | Aetna | Better Health | 459.05 | 31.55 | | | 90 | 1382.25 | percent of total billed charges | |
| BKR CHG TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX | 88233 | CPT | | | | both | | | 1455 | 161.84 | Amerihealth | Medicare | 140.73 | | | | 90 | 1382.25 | fee schedule | |
| BKR CHG TC:NON-NEOPLAS DISORD SOLID AMF | 88233 | CPT | | | | both | | | 1455 | 161.84 | Consumer | Consumer | 1382.25 | 95 | | | 90 | 1382.25 | percent of total billed charges | |
| BKR CHG TC:NON-NEOPLAS DISORD SOLID AMF | 88233 | CPT | | | | both | | | 1455 | 161.84 | Qualcare | Qualcare | 1091.25 | 75 | | | 90 | 1382.25 | percent of total billed charges | |
| BKR CHG TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX | 88233 | CPT | | | | both | | | 1455 | 161.84 | UHC | Medicare | 140.73 | | | | 90 | 1382.25 | fee schedule | |
| BKR CHG TC:NON-NEOPLAS DISORD SOLID AMF | 88233 | CPT | | | | both | | | 1455 | 161.84 | First Trenton | First Trenton | 1309.5 | 90 | | | 90 | 1382.25 | percent of total billed charges | |
| BKR CHG TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX | 88233 | CPT | | | | both | | | 1455 | 161.84 | UHC | Medicaid | 90 | | | | 90 | 1382.25 | fee schedule | |
| BKR CHG TC:NON-NEOPLAS DISORD SOLID AMF | 88233 | CPT | | | | both | | | 1455 | 161.84 | Horizon | Medicare Blue | 436.5 | 30 | | | 90 | 1382.25 | percent of total billed charges | |
| BKR CHG TC:NON-NEOPLAS DISORD SOLID AMF | 88233 | CPT | | | | both | | | 1455 | 161.84 | WellPoint | WellPoint | 468.22 | 32.18 | | | 90 | 1382.25 | percent of total billed charges | |
| BKR CHG TC:NON-NEOPLAS DISORD SOLID AMF | 88233 | CPT | | | | both | | | 1455 | 161.84 | Horizon | Indemnity | 556.97 | 38.28 | | | 90 | 1382.25 | percent of total billed charges | |
| BKR CHG TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX | 88233 | CPT | | | | both | | | 1455 | 161.84 | Wellcare | Medicare | 140.73 | | | | 90 | 1382.25 | fee schedule | |
| BKR CHG TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX | 88233 | CPT | | | | both | | | 1455 | 161.84 | Horizon | NJ Health | 176.4 | | | | 90 | 1382.25 | fee schedule | |
| BKR CHG TC:NON-NEOPLAS DISORD SOLID AMF | 88233 | CPT | | | | both | | | 1455 | 161.84 | Horizon | PPO | 556.97 | 38.28 | | | 90 | 1382.25 | percent of total billed charges | |
| BKR CHG TC:NON-NEOPLAS DISORD SOLID AMF | 88233 | CPT | | | | both | | | 1455 | 161.84 | Managed Care Inc | Managed Care Inc | 1309.5 | 90 | | | 90 | 1382.25 | percent of total billed charges | |
| BKR CHG TC:NON-NEOPLAS DISORD SOLID AMF | 88233 | CPT | | | | both | | | 1455 | 161.84 | Three Rivers | Three Rivers | 1382.25 | 95 | | | 90 | 1382.25 | percent of total billed charges | |
| BKR CHG TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX | 88233 | CPT | | | | both | | | 1455 | 161.84 | Wellcare | Medicaid | 90 | | | | 90 | 1382.25 | fee schedule | |
| BKR CHG TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS | 88235 | CPT | | | | both | | | 565 | 172.85 | Amerihealth | HMO/PPO | 229.2 | | | | 69.9 | 536.75 | fee schedule | |
| BKR CHG T CUL AMNIOTIC/CHORIONIC VILLUS CELL | 88235 | CPT | | | | both | | | 565 | 172.85 | First Health | First Health | 395.5 | 70 | | | 69.9 | 536.75 | percent of total billed charges | |
| BKR CHG T CUL AMNIOTIC/CHORIONIC VILLUS CELL | 88235 | CPT | | | | both | | | 565 | 172.85 | Aetna | Better Health | 178.26 | 31.55 | | | 69.9 | 536.75 | percent of total billed charges | |
| BKR CHG T CUL AMNIOTIC/CHORIONIC VILLUS CELL | 88235 | CPT | | | | both | | | 565 | 172.85 | Horizon | MGD | 216.28 | 38.28 | | | 69.9 | 536.75 | percent of total billed charges | |
| BKR CHG T CUL AMNIOTIC/CHORIONIC VILLUS CELL | 88235 | CPT | | | | both | | | 565 | 172.85 | Americare | Americare | 423.75 | 75 | | | 69.9 | 536.75 | percent of total billed charges | |
| BKR CHG T CUL AMNIOTIC/CHORIONIC VILLUS CELL | 88235 | CPT | | | | both | | | 565 | 172.85 | Aetna | Medicare | 174.02 | 30.8 | | | 69.9 | 536.75 | percent of total billed charges | |
| BKR CHG T CUL AMNIOTIC/CHORIONIC VILLUS CELL | 88235 | CPT | | | | both | | | 565 | 172.85 | Corrections | Corrections | 452 | 80 | | | 69.9 | 536.75 | percent of total billed charges | |
| BKR CHG TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS | 88235 | CPT | | | | both | | | 565 | 172.85 | Wellcare | Medicaid | 90 | | | | 69.9 | 536.75 | fee schedule | |
| BKR CHG T CUL AMNIOTIC/CHORIONIC VILLUS CELL | 88235 | CPT | | | | both | | | 565 | 172.85 | Horizon | Medicare Blue | 169.5 | 30 | | | 69.9 | 536.75 | percent of total billed charges | |
| BKR CHG TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS | 88235 | CPT | | | | both | | | 565 | 172.85 | Wellcare | Medicare | 150.3 | | | | 69.9 | 536.75 | fee schedule | |
| BKR CHG TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS | 88235 | CPT | | | | both | | | 565 | 172.85 | Amerihealth | Medicare | 150.3 | | | | 69.9 | 536.75 | fee schedule | |
| BKR CHG T CUL AMNIOTIC/CHORIONIC VILLUS CELL | 88235 | CPT | | | | both | | | 565 | 172.85 | Horizon | PPO | 216.28 | 38.28 | | 44.58 | 69.9 | 536.75 | percent of total billed charges | |
| BKR CHG T CUL AMNIOTIC/CHORIONIC VILLUS CELL | 88235 | CPT | | | | both | | | 565 | 172.85 | Consumer | Consumer | 536.75 | 95 | | | 69.9 | 536.75 | percent of total billed charges | |
| BKR CHG T CUL AMNIOTIC/CHORIONIC VILLUS CELL | 88235 | CPT | | | | both | | | 565 | 172.85 | WellPoint | WellPoint | 181.82 | 32.18 | | | 69.9 | 536.75 | percent of total billed charges | |
| BKR CHG TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS | 88235 | CPT | | | | both | | | 565 | 172.85 | UHC | Medicaid | 90 | | | | 69.9 | 536.75 | fee schedule | |
| BKR CHG T CUL AMNIOTIC/CHORIONIC VILLUS CELL | 88235 | CPT | | | | both | | | 565 | 172.85 | Horizon | Indemnity | 216.28 | 38.28 | | | 69.9 | 536.75 | percent of total billed charges | |
| BKR CHG T CUL AMNIOTIC/CHORIONIC VILLUS CELL | 88235 | CPT | | | | both | | | 565 | 172.85 | First Trenton | First Trenton | 508.5 | 90 | | | 69.9 | 536.75 | percent of total billed charges | |
| BKR CHG T CUL AMNIOTIC/CHORIONIC VILLUS CELL | 88235 | CPT | | | | both | | | 565 | 172.85 | Multiplan | Multiplan | 452 | 80 | | | 69.9 | 536.75 | percent of total billed charges | |
| BKR CHG TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS | 88235 | CPT | | | | both | | | 565 | 172.85 | Horizon | NJ Health | 176.4 | | | | 69.9 | 536.75 | fee schedule | |
| BKR CHG T CUL AMNIOTIC/CHORIONIC VILLUS CELL | 88235 | CPT | | | | both | | | 565 | 172.85 | Qualcare | Qualcare | 423.75 | 75 | | | 69.9 | 536.75 | percent of total billed charges | |
| BKR CHG T CUL AMNIOTIC/CHORIONIC VILLUS CELL | 88235 | CPT | | | | both | | | 565 | 172.85 | Managed Care Inc | Managed Care Inc | 508.5 | 90 | | | 69.9 | 536.75 | percent of total billed charges | |
| BKR CHG TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS | 88235 | CPT | | | | both | | | 565 | 172.85 | UHC | Medicare | 150.3 | | | | 69.9 | 536.75 | fee schedule | |
| BKR CHG T CUL AMNIOTIC/CHORIONIC VILLUS CELL | 88235 | CPT | | | | both | | | 565 | 172.85 | Three Rivers | Three Rivers | 536.75 | 95 | | | 69.9 | 536.75 | percent of total billed charges | |
| BKR CHG TISSUE CULTURE; CLL | 88237 | CPT | | | | both | | | 498 | 165.31 | Americare | Americare | 373.5 | 75 | | | 79.2 | 473.1 | percent of total billed charges | |
| BKR CHG TISSUE CULTURE; CLL | 88237 | CPT | | | | both | | | 498 | 165.31 | Aetna | Better Health | 157.12 | 31.55 | | | 79.2 | 473.1 | percent of total billed charges | |
| BKR CHG TISSUE CULTURE; CLL | 88237 | CPT | | | | both | | | 498 | 165.31 | Multiplan | Multiplan | 398.4 | 80 | | | 79.2 | 473.1 | percent of total billed charges | |
| BKR CHG TISSUE CULTURE; CLL | 88237 | CPT | | | | both | | | 498 | 165.31 | Aetna | Medicare | 153.38 | 30.8 | | | 79.2 | 473.1 | percent of total billed charges | |
| BKR CHG TISSUE CULTURE; CLL | 88237 | CPT | | | | both | | | 498 | 165.31 | Wellcare | Medicaid | 90 | | | 71.71 | 79.2 | 473.1 | fee schedule | |
| BKR CHG TISSUE CULTURE; CLL | 88237 | CPT | | | | both | | | 498 | 165.31 | First Health | First Health | 348.6 | 70 | | | 79.2 | 473.1 | percent of total billed charges | |
| BKR CHG TISSUE CULTURE; CLL | 88237 | CPT | | | | both | | | 498 | 165.31 | Horizon | Medicare Blue | 149.4 | 30 | | | 79.2 | 473.1 | percent of total billed charges | |
| BKR CHG TISSUE CULTURE; CLL | 88237 | CPT | | | | both | | | 498 | 165.31 | Horizon | Indemnity | 190.63 | 38.28 | | 136.37 | 79.2 | 473.1 | percent of total billed charges | |
| BKR CHG TISSUE CULTURE; CLL | 88237 | CPT | | | | both | | | 498 | 165.31 | Horizon | MGD | 190.63 | 38.28 | | | 79.2 | 473.1 | percent of total billed charges | |
| BKR CHG TISSUE CULTURE; CLL | 88237 | CPT | | | | both | | | 498 | 165.31 | Amerihealth | Medicare | 143.75 | | | | 79.2 | 473.1 | fee schedule | |
| BKR CHG TISSUE CULTURE; CLL | 88237 | CPT | | | | both | | | 498 | 165.31 | Qualcare | Qualcare | 373.5 | 75 | | | 79.2 | 473.1 | percent of total billed charges | |
| BKR CHG TISSUE CULTURE; CLL | 88237 | CPT | | | | both | | | 498 | 165.31 | Amerihealth | HMO/PPO | 196.6 | | | | 79.2 | 473.1 | fee schedule | |
| BKR CHG TISSUE CULTURE; CLL | 88237 | CPT | | | | both | | | 498 | 165.31 | UHC | Medicaid | 90 | | | | 79.2 | 473.1 | fee schedule | |
| BKR CHG TISSUE CULTURE; CLL | 88237 | CPT | | | | both | | | 498 | 165.31 | Horizon | PPO | 190.63 | 38.28 | | | 79.2 | 473.1 | percent of total billed charges | |
| BKR CHG TISSUE CULTURE; CLL | 88237 | CPT | | | | both | | | 498 | 165.31 | Wellcare | Medicare | 143.75 | | | | 79.2 | 473.1 | fee schedule | |
| BKR CHG TISSUE CULTURE; CLL | 88237 | CPT | | | | both | | | 498 | 165.31 | Consumer | Consumer | 473.1 | 95 | | | 79.2 | 473.1 | percent of total billed charges | |
| BKR CHG TISSUE CULTURE; CLL | 88237 | CPT | | | | both | | | 498 | 165.31 | UHC | Medicare | 143.75 | | | | 79.2 | 473.1 | fee schedule | |
| BKR CHG TISSUE CULTURE; CLL | 88237 | CPT | | | | both | | | 498 | 165.31 | Three Rivers | Three Rivers | 473.1 | 95 | | | 79.2 | 473.1 | percent of total billed charges | |
| BKR CHG TISSUE CULTURE; CLL | 88237 | CPT | | | | both | | | 498 | 165.31 | WellPoint | WellPoint | 160.26 | 32.18 | | | 79.2 | 473.1 | percent of total billed charges | |
| BKR CHG TISSUE CULTURE; CLL | 88237 | CPT | | | | both | | | 498 | 165.31 | Corrections | Corrections | 398.4 | 80 | | | 79.2 | 473.1 | percent of total billed charges | |
| BKR CHG TISSUE CULTURE; CLL | 88237 | CPT | | | | both | | | 498 | 165.31 | First Trenton | First Trenton | 448.2 | 90 | | | 79.2 | 473.1 | percent of total billed charges | |
| BKR CHG TISSUE CULTURE; CLL | 88237 | CPT | | | | both | | | 498 | 165.31 | Horizon | NJ Health | 176.4 | | | | 79.2 | 473.1 | fee schedule | |
| BKR CHG TISSUE CULTURE; CLL | 88237 | CPT | | | | both | | | 498 | 165.31 | Managed Care Inc | Managed Care Inc | 448.2 | 90 | | | 79.2 | 473.1 | percent of total billed charges | |
| BKR CHG TC:NON-NEOPLAS DISORD SKIN/SOLID TISSUE | 88239 | CPT | | | | both | | | 568 | 169.65 | First Trenton | First Trenton | 511.2 | 90 | | | 90 | 539.6 | percent of total billed charges | |
| BKR CHG TC:NON-NEOPLAS DISORD SKIN/SOLID TISSUE | 88239 | CPT | | | | both | | | 568 | 169.65 | Multiplan | Multiplan | 454.4 | 80 | | | 90 | 539.6 | percent of total billed charges | |
| BKR CHG TC:NON-NEOPLAS DISORD SKIN/SOLID TISSUE | 88239 | CPT | | | | both | | | 568 | 169.65 | First Health | First Health | 397.6 | 70 | | | 90 | 539.6 | percent of total billed charges | |
| BKR CHG TC:NON-NEOPLAS DISORD SKIN/SOLID TISSUE | 88239 | CPT | | | | both | | | 568 | 169.65 | Aetna | Medicare | 174.94 | 30.8 | | | 90 | 539.6 | percent of total billed charges | |
| BKR CHG TC:NON-NEOPLAS DISORD SKIN/SOLID TISSUE | 88239 | CPT | | | | both | | | 568 | 169.65 | Americare | Americare | 426 | 75 | | | 90 | 539.6 | percent of total billed charges | |
| BKR CHG TC:NON-NEOPLAS DISORD SKIN/SOLID TISSUE | 88239 | CPT | | | | both | | | 568 | 169.65 | Corrections | Corrections | 454.4 | 80 | | | 90 | 539.6 | percent of total billed charges | |
| BKR CHG TC:NON-NEOPLAS DISORD SKIN/SOLID TISSUE | 88239 | CPT | | | | both | | | 568 | 169.65 | Aetna | Better Health | 179.2 | 31.55 | | | 90 | 539.6 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG TC:NON-NEOPLAS DISORD SKIN/SCLD TISSUE | 88239 | CPT | | | | both | | | 568 | 169.65 | Consumer | Consumer | 539.6 | 95 | | | 90 | 539.6 | percent of total billed charges | |
| BKR CHG TC:NON-NEOPLAS DISORD SKIN/SCLD TISSUE | 88239 | CPT | | | | both | | | 568 | 169.65 | Horizon | Indemnity | 217.43 | 38.28 | | | 90 | 539.6 | percent of total billed charges | |
| BKR CHG TC:NON-NEOPLAS DISORD SKIN/SCLD TISSUE | 88239 | CPT | | | | both | | | 568 | 169.65 | Qualcare | Qualcare | 426 | 75 | | | 90 | 539.6 | percent of total billed charges | |
| BKR CHG TC:NON-NEOPLAS DISORD SKIN/SCLD TISSUE | 88239 | CPT | | | | both | | | 568 | 169.65 | UHC | Medicaid | 90 | | | | 90 | 539.6 | fee schedule | |
| BKR CHG TC:NON-NEOPLAS DISORD SKIN/SCLD TISSUE | 88239 | CPT | | | | both | | | 568 | 169.65 | Horizon | MCD | 217.43 | 38.28 | | | 90 | 539.6 | percent of total billed charges | |
| BKR CHG TC:NON-NEOPLAS DISORD SKIN/SCLD TISSUE | 88239 | CPT | | | | both | | | 568 | 169.65 | Amerihealth | HMO/PPO | 229.6 | | | | 90 | 539.6 | fee schedule | |
| BKR CHG TC:NON-NEOPLAS DISORD SKIN/SCLD TISSUE | 88239 | CPT | | | | both | | | 568 | 169.65 | Horizon | Medicare Blue | 170.4 | 30 | | | 90 | 539.6 | percent of total billed charges | |
| BKR CHG TC:NON-NEOPLAS DISORD SKIN/SCLD TISSUE | 88239 | CPT | | | | both | | | 568 | 169.65 | Wellcare | Medicare | 147.52 | | | | 90 | 539.6 | fee schedule | |
| BKR CHG TC:NON-NEOPLAS DISORD SKIN/SCLD TISSUE | 88239 | CPT | | | | both | | | 568 | 169.65 | Horizon | NJ Health | 194.04 | | | | 90 | 539.6 | fee schedule | |
| BKR CHG TC:NON-NEOPLAS DISORD SKIN/SCLD TISSUE | 88239 | CPT | | | | both | | | 568 | 169.65 | Horizon | PPO | 217.43 | 38.28 | | | 90 | 539.6 | percent of total billed charges | |
| BKR CHG TC:NON-NEOPLAS DISORD SKIN/SCLD TISSUE | 88239 | CPT | | | | both | | | 568 | 169.65 | UHC | Medicare | 147.52 | | | | 90 | 539.6 | fee schedule | |
| BKR CHG TC:NON-NEOPLAS DISORD SKIN/SCLD TISSUE | 88239 | CPT | | | | both | | | 568 | 169.65 | Amerihealth | Medicare | 147.52 | | | | 90 | 539.6 | fee schedule | |
| BKR CHG TC:NON-NEOPLAS DISORD SKIN/SCLD TISSUE | 88239 | CPT | | | | both | | | 568 | 169.65 | WellPoint | WellPoint | 182.78 | 32.18 | | | 90 | 539.6 | percent of total billed charges | |
| BKR CHG TC:NON-NEOPLAS DISORD SKIN/SCLD TISSUE | 88239 | CPT | | | | both | | | 568 | 169.65 | Managed Care Inc | Managed Care Inc | 511.2 | 90 | | | 90 | 539.6 | percent of total billed charges | |
| BKR CHG TC:NON-NEOPLAS DISORD SKIN/SCLD TISSUE | 88239 | CPT | | | | both | | | 568 | 169.65 | Three Rivers | Three Rivers | 539.6 | 95 | | | 90 | 539.6 | percent of total billed charges | |
| BKR CHG TC:NON-NEOPLAS DISORD SKIN/SCLD TISSUE | 88239 | CPT | | | | both | | | 568 | 169.65 | Wellcare | Medicaid | 90 | | | | 90 | 539.6 | fee schedule | |
| BKR CHG FREEZE (TISSUE BANKING) | 88240 | CPT | | | | outpatient | | | 190 | 15.03 | Aetna | Medicare | 58.52 | 30.8 | | | 7.75 | 180.5 | percent of total billed charges | |
| BKR CHG FREEZE (TISSUE BANKING) | 88240 | CPT | | | | outpatient | | | 190 | 15.03 | Multiplan | Multiplan | 152 | 80 | | | 7.75 | 180.5 | percent of total billed charges | |
| BKR CHG FREEZE (TISSUE BANKING) | 88240 | CPT | | | | outpatient | | | 190 | 15.03 | Americare | Americare | 142.5 | 75 | | | 7.75 | 180.5 | percent of total billed charges | |
| BKR CHG FREEZE (TISSUE BANKING) | 88240 | CPT | | | | outpatient | | | 190 | 15.03 | Amerihealth | HMO/PPO | 14 | | | | 7.75 | 180.5 | fee schedule | |
| BKR CHG FREEZE (TISSUE BANKING) | 88240 | CPT | | | | outpatient | | | 190 | 15.03 | Aetna | Better Health | 59.95 | 31.55 | | | 7.75 | 180.5 | percent of total billed charges | |
| BKR CHG FREEZE (TISSUE BANKING) | 88240 | CPT | | | | outpatient | | | 190 | 15.03 | Corrections | Corrections | 152 | 80 | | | 7.75 | 180.5 | percent of total billed charges | |
| BKR CHG FREEZE (TISSUE BANKING) | 88240 | CPT | | | | outpatient | | | 190 | 15.03 | Consumer | Consumer | 180.5 | 95 | | | 7.75 | 180.5 | percent of total billed charges | |
| BKR CHG FREEZE (TISSUE BANKING) | 88240 | CPT | | | | outpatient | | | 190 | 15.03 | First Trenton | First Trenton | 171 | 90 | | | 7.75 | 180.5 | percent of total billed charges | |
| BKR CHG FREEZE (TISSUE BANKING) | 88240 | CPT | | | | outpatient | | | 190 | 15.03 | UHC | Medicare | 13.07 | | | | 7.75 | 180.5 | fee schedule | |
| BKR CHG FREEZE (TISSUE BANKING) | 88240 | CPT | | | | outpatient | | | 190 | 15.03 | Qualcare | Qualcare | 142.5 | 75 | | | 7.75 | 180.5 | percent of total billed charges | |
| BKR CHG FREEZE (TISSUE BANKING) | 88240 | CPT | | | | outpatient | | | 190 | 15.03 | Horizon | MCD | 72.73 | 38.28 | | | 7.75 | 180.5 | percent of total billed charges | |
| BKR CHG FREEZE (TISSUE BANKING) | 88240 | CPT | | | | outpatient | | | 190 | 15.03 | Amerihealth | Medicare | 13.07 | | | | 7.75 | 180.5 | fee schedule | |
| BKR CHG FREEZE (TISSUE BANKING) | 88240 | CPT | | | | outpatient | | | 190 | 15.03 | Wellcare | Medicare | 13.07 | | | | 7.75 | 180.5 | fee schedule | |
| BKR CHG FREEZE (TISSUE BANKING) | 88240 | CPT | | | | outpatient | | | 190 | 15.03 | Horizon | Medicare Blue | 57 | 30 | | | 7.75 | 180.5 | percent of total billed charges | |
| BKR CHG FREEZE (TISSUE BANKING) | 88240 | CPT | | | | outpatient | | | 190 | 15.03 | WellPoint | WellPoint | 61.14 | 32.18 | | | 7.75 | 180.5 | percent of total billed charges | |
| BKR CHG FREEZE (TISSUE BANKING) | 88240 | CPT | | | | outpatient | | | 190 | 15.03 | Horizon | Indemnity | 72.73 | 38.28 | | | 7.75 | 180.5 | percent of total billed charges | |
| BKR CHG FREEZE (TISSUE BANKING) | 88240 | CPT | | | | outpatient | | | 190 | 15.03 | UHC | Medicaid | 7.75 | | | | 7.75 | 180.5 | fee schedule | |
| BKR CHG FREEZE (TISSUE BANKING) | 88240 | CPT | | | | outpatient | | | 190 | 15.03 | First Health | First Health | 133 | 70 | | | 7.75 | 180.5 | percent of total billed charges | |
| BKR CHG FREEZE (TISSUE BANKING) | 88240 | CPT | | | | outpatient | | | 190 | 15.03 | Horizon | NJ Health | 11.21 | | | | 7.75 | 180.5 | fee schedule | |
| BKR CHG FREEZE (TISSUE BANKING) | 88240 | CPT | | | | outpatient | | | 190 | 15.03 | Horizon | PPO | 72.73 | 38.28 | | | 7.75 | 180.5 | percent of total billed charges | |
| BKR CHG FREEZE (TISSUE BANKING) | 88240 | CPT | | | | outpatient | | | 190 | 15.03 | Managed Care Inc | Managed Care Inc | 171 | 90 | | | 7.75 | 180.5 | percent of total billed charges | |
| BKR CHG FREEZE (TISSUE BANKING) | 88240 | CPT | | | | outpatient | | | 190 | 15.03 | Three Rivers | Three Rivers | 180.5 | 95 | | | 7.75 | 180.5 | percent of total billed charges | |
| BKR CHG FREEZE (TISSUE BANKING) | 88240 | CPT | | | | outpatient | | | 190 | 15.03 | Wellcare | Medicaid | 7.75 | | | | 7.75 | 180.5 | fee schedule | |
| BKR CHG THAW./EXPAN./FROZEN CEEL EA ALIQUOT | 88241 | CPT | | | | outpatient | | | 157 | 13.9 | First Trenton | First Trenton | 141.3 | 90 | | | 7.75 | 149.15 | percent of total billed charges | |
| BKR CHG THAW./EXPAN./FROZEN CEEL EA ALIQUOT | 88241 | CPT | | | | outpatient | | | 157 | 13.9 | Horizon | MCD | 60.1 | 38.28 | | | 7.75 | 149.15 | percent of total billed charges | |
| BKR CHG THAW./EXPAN./FROZEN CEEL EA ALIQUOT | 88241 | CPT | | | | outpatient | | | 157 | 13.9 | Aetna | Better Health | 49.63 | 31.55 | | | 7.75 | 149.15 | percent of total billed charges | |
| BKR CHG THAW./EXPAN./FROZEN CEEL EA ALIQUOT | 88241 | CPT | | | | outpatient | | | 157 | 13.9 | Aetna | Medicare | 48.36 | 30.8 | | | 7.75 | 149.15 | percent of total billed charges | |
| BKR CHG THAW./EXPAN./FROZEN CEEL EA ALIQUOT | 88241 | CPT | | | | outpatient | | | 157 | 13.9 | Americare | Americare | 117.75 | 75 | | | 7.75 | 149.15 | percent of total billed charges | |
| BKR CHG THAW./EXPAN./FROZEN CEEL EA ALIQUOT | 88241 | CPT | | | | outpatient | | | 157 | 13.9 | Horizon | Medicare Blue | 47.1 | 30 | | | 7.75 | 149.15 | percent of total billed charges | |
| BKR CHG THAW./EXPAN./FROZEN CEEL EA ALIQUOT | 88241 | CPT | | | | outpatient | | | 157 | 13.9 | Horizon | Indemnity | 60.1 | 38.28 | | | 7.75 | 149.15 | percent of total billed charges | |
| BKR CHG THAW./EXPAN./FROZEN CEEL EA ALIQUOT | 88241 | CPT | | | | outpatient | | | 157 | 13.9 | Consumer | Consumer | 149.15 | 95 | | | 7.75 | 149.15 | percent of total billed charges | |
| BKR CHG THAW./EXPAN./FROZEN CEEL EA ALIQUOT | 88241 | CPT | | | | outpatient | | | 157 | 13.9 | Wellcare | Medicaid | 7.75 | | | | 7.75 | 149.15 | fee schedule | |
| BKR CHG THAW./EXPAN./FROZEN CEEL EA ALIQUOT | 88241 | CPT | | | | outpatient | | | 157 | 13.9 | Multiplan | Multiplan | 125.6 | 80 | | | 7.75 | 149.15 | percent of total billed charges | |
| BKR CHG THAW./EXPAN./FROZEN CEEL EA ALIQUOT | 88241 | CPT | | | | outpatient | | | 157 | 13.9 | UHC | Medicaid | 7.75 | | | | 7.75 | 149.15 | fee schedule | |
| BKR CHG THAW./EXPAN./FROZEN CEEL EA ALIQUOT | 88241 | CPT | | | | outpatient | | | 157 | 13.9 | First Health | First Health | 109.9 | 70 | | | 7.75 | 149.15 | percent of total billed charges | |
| BKR CHG THAW./EXPAN./FROZEN CEEL EA ALIQUOT | 88241 | CPT | | | | outpatient | | | 157 | 13.9 | Amerihealth | HMO/PPO | 14 | | | | 7.75 | 149.15 | fee schedule | |
| BKR CHG THAW./EXPAN./FROZEN CEEL EA ALIQUOT | 88241 | CPT | | | | outpatient | | | 157 | 13.9 | UHC | Medicare | 12.09 | | | | 7.75 | 149.15 | fee schedule | |
| BKR CHG THAW./EXPAN./FROZEN CEEL EA ALIQUOT | 88241 | CPT | | | | outpatient | | | 157 | 13.9 | Amerihealth | Medicare | 12.09 | | | | 7.75 | 149.15 | fee schedule | |
| BKR CHG THAW./EXPAN./FROZEN CEEL EA ALIQUOT | 88241 | CPT | | | | outpatient | | | 157 | 13.9 | Corrections | Corrections | 125.6 | 80 | | | 7.75 | 149.15 | percent of total billed charges | |
| BKR CHG THAW./EXPAN./FROZEN CEEL EA ALIQUOT | 88241 | CPT | | | | outpatient | | | 157 | 13.9 | Qualcare | Qualcare | 117.75 | 75 | | | 7.75 | 149.15 | percent of total billed charges | |
| BKR CHG THAW./EXPAN./FROZEN CEEL EA ALIQUOT | 88241 | CPT | | | | outpatient | | | 157 | 13.9 | Horizon | PPO | 60.1 | 38.28 | | | 7.75 | 149.15 | percent of total billed charges | |
| BKR CHG THAW./EXPAN./FROZEN CEEL EA ALIQUOT | 88241 | CPT | | | | outpatient | | | 157 | 13.9 | Wellcare | Medicare | 12.09 | | | | 7.75 | 149.15 | fee schedule | |
| BKR CHG THAW./EXPAN./FROZEN CEEL EA ALIQUOT | 88241 | CPT | | | | outpatient | | | 157 | 13.9 | Horizon | NJ Health | 11.21 | | | | 7.75 | 149.15 | fee schedule | |
| BKR CHG THAW./EXPAN./FROZEN CEEL EA ALIQUOT | 88241 | CPT | | | | outpatient | | | 157 | 13.9 | Managed Care Inc | Managed Care Inc | 141.3 | 90 | | | 7.75 | 149.15 | percent of total billed charges | |
| BKR CHG THAW./EXPAN./FROZEN CEEL EA ALIQUOT | 88241 | CPT | | | | outpatient | | | 157 | 13.9 | WellPoint | WellPoint | 50.62 | 32.18 | | | 7.75 | 149.15 | percent of total billed charges | |
| BKR CHG THAW./EXPAN./FROZEN CEEL EA ALIQUOT | 88241 | CPT | | | | outpatient | | | 157 | 13.9 | Three Rivers | Three Rivers | 149.15 | 95 | | | 7.75 | 149.15 | percent of total billed charges | |
| BKR CHG CHROM ANAL CT.5 CLS 1KARY.W BAN | 88261 | CPT | | | | outpatient | | | 175 | 303.99 | UHC | Medicare | 264.34 | | | | 52.5 | 275.1 | fee schedule | |
| BKR CHG CHROM ANAL CT.5 CLS 1KARY.W BAN | 88261 | CPT | | | | outpatient | | | 175 | 303.99 | Aetna | Medicare | 53.9 | 30.8 | | | 52.5 | 275.1 | percent of total billed charges | |
| BKR CHG CHROM ANAL CT.5 CLS 1KARY.W BAN | 88261 | CPT | | | | outpatient | | | 175 | 303.99 | Aetna | Better Health | 55.21 | 31.55 | | | 52.5 | 275.1 | percent of total billed charges | |
| BKR CHG CHROM ANAL CT.5 CLS 1KARY.W BAN | 88261 | CPT | | | | outpatient | | | 175 | 303.99 | Americare | Americare | 131.25 | 75 | | | 52.5 | 275.1 | percent of total billed charges | |
| BKR CHG CHROM ANAL CT.5 CLS 1KARY.W BAN | 88261 | CPT | | | | outpatient | | | 175 | 303.99 | Horizon | Indemnity | 66.99 | 38.28 | | | 52.5 | 275.1 | percent of total billed charges | |
| BKR CHG CHROM ANAL CT.5 CLS 1KARY.W BAN | 88261 | CPT | | | | outpatient | | | 175 | 303.99 | Amerihealth | Medicare | 264.34 | | | | 52.5 | 275.1 | fee schedule | |
| BKR CHG CHROM ANAL CT.5 CLS 1KARY.W BAN | 88261 | CPT | | | | outpatient | | | 175 | 303.99 | Corrections | Corrections | 140 | 80 | | | 52.5 | 275.1 | percent of total billed charges | |
| BKR CHG CHROM ANAL CT.5 CLS 1KARY.W BAN | 88261 | CPT | | | | outpatient | | | 175 | 303.99 | First Trenton | First Trenton | 157.5 | 90 | | | 52.5 | 275.1 | percent of total billed charges | |
| BKR CHG CHROM ANAL CT.5 CLS 1KARY.W BAN | 88261 | CPT | | | | outpatient | | | 175 | 303.99 | Multiplan | Multiplan | 140 | 80 | | | 52.5 | 275.1 | percent of total billed charges | |
| BKR CHG CHROM ANAL CT.5 CLS 1KARY.W BAN | 88261 | CPT | | | | outpatient | | | 175 | 303.99 | Horizon | MCD | 66.99 | 38.28 | | | 52.5 | 275.1 | percent of total billed charges | |
| BKR CHG CHROM ANAL CT.5 CLS 1KARY.W BAN | 88261 | CPT | | | | outpatient | | | 175 | 303.99 | Consumer | Consumer | 166.25 | 95 | | | 52.5 | 275.1 | percent of total billed charges | |
| BKR CHG CHROM ANAL CT.5 CLS 1KARY.W BAN | 88261 | CPT | | | | outpatient | | | 175 | 303.99 | Amerihealth | HMO/PPO | 275.1 | | | | 52.5 | 275.1 | fee schedule | |
| BKR CHG CHROM ANAL CT.5 CLS 1KARY.W BAN | 88261 | CPT | | | | outpatient | | | 175 | 303.99 | Qualcare | Qualcare | 131.25 | 75 | | | 52.5 | 275.1 | percent of total billed charges | |
| BKR CHG CHROM ANAL CT.5 CLS 1KARY.W BAN | 88261 | CPT | | | | outpatient | | | 175 | 303.99 | First Health | First Health | 122.5 | 70 | | | 52.5 | 275.1 | percent of total billed charges | |
| BKR CHG CHROM ANAL CT.5 CLS 1KARY.W BAN | 88261 | CPT | | | | outpatient | | | 175 | 303.99 | WellPoint | WellPoint | 56.32 | 32.18 | | | 52.5 | 275.1 | percent of total billed charges | |
| BKR CHG CHROM ANAL CT.5 CLS 1KARY.W BAN | 88261 | CPT | | | | outpatient | | | 175 | 303.99 | Horizon | PPO | 66.99 | 38.28 | | | 52.5 | 275.1 | percent of total billed charges | |
| BKR CHG CHROM ANAL CT.5 CLS 1KARY.W BAN | 88261 | CPT | | | | outpatient | | | 175 | 303.99 | Horizon | Medicare Blue | 52.5 | 30 | | | 52.5 | 275.1 | percent of total billed charges | |
| BKR CHG CHROM ANAL CT.5 CLS 1KARY.W BAN | 88261 | CPT | | | | outpatient | | | 175 | 303.99 | UHC | Medicaid | 55.21 | 31.55 | | | 52.5 | 275.1 | percent of total billed charges | |
| BKR CHG CHROM ANAL CT.5 CLS 1KARY.W BAN | 88261 | CPT | | | | outpatient | | | 175 | 303.99 | Horizon | NJ Health | 196.25 | | | | 52.5 | 275.1 | fee schedule | |
| BKR CHG CHROM ANAL CT.5 CLS 1KARY.W BAN | 88261 | CPT | | | | outpatient | | | 175 | 303.99 | Managed Care Inc | Managed Care Inc | 157.5 | 90 | | | 52.5 | 275.1 | percent of total billed charges | |
| BKR CHG CHROM ANAL CT.5 CLS 1KARY.W BAN | 88261 | CPT | | | | outpatient | | | 175 | 303.99 | Three Rivers | Three Rivers | 166.25 | 95 | | | 52.5 | 275.1 | percent of total billed charges | |
| BKR CHG CHROM ANAL CT.5 CLS 1KARY.W BAN | 88261 | CPT | | | | outpatient | | | 175 | 303.99 | Wellcare | Medicare | 264.34 | | | | 52.5 | 275.1 | fee schedule | |
| BKR CHG CHROM ANAL CT.5 CLS 1KARY.W BAN | 88261 | CPT | | | | outpatient | | | 175 | 303.99 | Wellcare | Medicaid | 55.21 | 31.55 | | | 52.5 | 275.1 | percent of total billed charges | |
| BKR CHG CHROMO ANALYS;CT 15-20 CELLS 2KARYO W | 88262 | CPT | | | | both | | | 1761 | 144.31 | Americare | Americare | 1320.75 | 75 | | | 108.9 | 1672.95 | percent of total billed charges | |
| BKR CHG CHROMO ANALYS;CT 15-20 CELLS 2KARYO W | 88262 | CPT | | | | both | | | 1761 | 144.31 | First Health | First Health | 1232.7 | 70 | | | 108.9 | 1672.95 | percent of total billed charges | |
| BKR CHG CHROMO ANALYS;CT 15-20 CELLS 2KARYO W | 88262 | CPT | | | | both | | | 1761 | 144.31 | First Trenton | First Trenton | 1584.9 | 90 | | | 108.9 | 1672.95 | percent of total billed charges | |
| BKR CHG CHROMO ANALYS;CT 15-20 CELLS 2KARYO W | 88262 | CPT | | | | both | | | 1761 | 144.31 | Aetna | Better Health | 555.6 | 31.55 | | | 108.9 | 1672.95 | percent of total billed charges | |
| BKR CHG CHROMO ANALYS;CT 15-20 CELLS 2KARYO W | 88262 | CPT | | | | both | | | 1761 | 144.31 | Multiplan | Multiplan | 1408.8 | 80 | | | 108.9 | 1672.95 | percent of total billed charges | |
| BKR CHG CHROMO ANALYS;CT 15-20 CELLS 2KARYO W | 88262 | CPT | | | | both | | | 1761 | 144.31 | Aetna | Medicare | 542.39 | 30.8 | | | 108.9 | 1672.95 | percent of total billed charges | |
| BKR CHG CHROMO ANALYS;CT 15-20 CELLS 2KARYO W | 88262 | CPT | | | | both | | | 1761 | 144.31 | Horizon | Indemnity | 674.11 | 38.28 | | | 108.9 | 1672.95 | percent of total billed charges | |
| BKR CHG CHROMO ANALYS;CT 15-20 CELLS 2KARYO W | 88262 | CPT | | | | both | | | 1761 | 144.31 | Corrections | Corrections | 1408.8 | 80 | | 70.4 | 108.9 | 1672.95 | percent of total billed charges | |
| BKR CHG CHROMO ANALYS;CT 15-20 CELLS 2KARYO W | 88262 | CPT | | | | both | | | 1761 | 144.31 | Consumer | Consumer | 1672.95 | 95 | | | 108.9 | 1672.95 | percent of total billed charges | |
| BKR CHG CHROMO ANALYS;CT 15-20 CELLS 2KARYO W | 88262 | CPT | | | | both | | | 1761 | 144.31 | UHC | Medicare | 125.49 | | | 115.32 | 108.9 | 1672.95 | fee schedule | |
| BKR CHG CHROMO ANALYS;CT 15-20 CELLS 2KARYO W | 88262 | CPT | | | | both | | | 1761 | 144.31 | Managed Care Inc | Managed Care Inc | 1584.9 | 90 | | | 108.9 | 1672.95 | percent of total billed charges | |
| BKR CHG CHROMO ANALYS;CT 15-20 CELLS 2KARYO W | 88262 | CPT | | | | both | | | 1761 | 144.31 | Horizon | Medicare Blue | 528.3 | 30 | | | 108.9 | 1672.95 | percent of total billed charges | |
| BKR CHG CHROMO ANALYS;CT 15-20 CELLS 2KARYO W | 88262 | CPT | | | | both | | | 1761 | 144.31 | Qualcare | Qualcare | 1320.75 | 75 | | | 108.9 | 1672.95 | percent of total billed charges | |
| BKR CHG CHROMO ANALYS;CT 15-20 CELLS 2KARYO W | 88262 | CPT | | | | both | | | 1761 | 144.31 | Amerihealth | HMO/PPO | 192.9 | | | | 108.9 | 1672.95 | fee schedule | |
| BKR CHG CHROMO ANALYS;CT 15-20 CELLS 2KARYO W | 88262 | CPT | | | | both | | | 1761 | 144.31 | Three Rivers | Three Rivers | 1672.95 | 95 | | | 108.9 | 1672.95 | percent of total billed charges | |
| BKR CHG CHROMO ANALYS;CT 15-20 CELLS 2KARYO W | 88262 | CPT | | | | both | | | 1761 | 144.31 | Horizon | PPO | 674.11 | 38.28 | | 77.28 | 108.9 | 1672.95 | percent of total billed charges | |
| BKR CHG CHROMO ANALYS;CT 15-20 CELLS 2KARYO W | 88262 | CPT | | | | both | | | 1761 | 144.31 | WellPoint | WellPoint | 566.69 | 32.18 | | 38.67 | 108.9 | 1672.95 | percent of total billed charges | |
| BKR CHG CHROMO ANALYS;CT 15-20 CELLS 2KARYO W | 88262 | CPT | | | | both | | | 1761 | 144.31 | Wellcare | Medicaid | 136.03 | | | 18.2 | 108.9 | 1672.95 | fee schedule | |
| BKR CHG CHROMO ANALYS;CT 15-20 CELLS 2KARYO W | 88262 | CPT | | | | both | | | 1761 | 144.31 | Amerihealth | Medicare | 125.49 | | | | 108.9 | 1672.95 | fee schedule | |
| BKR CHG CHROMO ANALYS;CT 15-20 CELLS 2KARYO W | 88262 | CPT | | | | both | | | 1761 | 144.31 | Wellcare | Medicare | 125.49 | | | | 108.9 | 1672.95 | fee schedule | |
| BKR CHG CHROMO ANALYS;CT 15-20 CELLS 2KARYO W | 88262 | CPT | | | | both | | | 1761 | 144.31 | Horizon | MCD | 674.11 | 38.28 | | | 108.9 | 1672.95 | percent of total billed charges | |
| BKR CHG CHROMO ANALYS;CT 15-20 CELLS 2KARYO W | 88262 | CPT | | | | both | | | 1761 | 144.31 | Horizon | NJ Health | 337.12 | | | 3.55 | 108.9 | 1672.95 | fee schedule | |
| BKR CHG CHROMO ANALYS;CT 15-20 CELLS 2KARYO W | 88262 | CPT | | | | both | | | 1761 | 144.31 | UHC | Medicaid | 136.03 | | | 107.73 | 108.9 | 1672.95 | fee schedule | |
| BKR CHG CHROMOSOME ANALYZE 20-25 CELLS | 88264 | CPT | | | | both | | | 654 | 166.3 | Americare | Americare | 490.5 | 75 | | | 90.6 | 621.3 | percent of total billed charges | |
| BKR CHG CHROMOSOME ANALYZE 20-25 CELLS | 88264 | CPT | | | | both | | | 654 | 166.3 | First Health | First Health | 457.8 | 70 | | | 90.6 | 621.3 | percent of total billed charges | |
| BKR CHG CHROMOSOME ANALYZE 20-25 CELLS | 88264 | CPT | | | | both | | | 654 | 166.3 | Wellcare | Medicaid | 136.03 | | | 72.03 | 90.6 | 621.3 | fee schedule | |
| BKR CHG CHROMOSOME ANALYZE 20-25 CELLS | 88264 | CPT | | | | both | | | 654 | 166.3 | Amerihealth | Medicare | 144.61 | | | | 90.6 | 621.3 | fee schedule | |
| BKR CHG CHROMOSOME ANALYZE 20-25 CELLS | 88264 | CPT | | | | both | | | 654 | 166.3 | Amerihealth | HMO/PPO | 172.3 | | | | 90.6 | 621.3 | fee schedule | |
| BKR CHG CHROMOSOME ANALYZE 20-25 CELLS | 88264 | CPT | | | | both | | | 654 | 166.3 | Aetna | Better Health | 206.34 | 31.55 | | | 90.6 | 621.3 | percent of total billed charges | |
| BKR CHG CHROMOSOME ANALYZE 20-25 CELLS | 88264 | CPT | | | | both | | | 654 | 166.3 | Consumer | Consumer | 621.3 | 95 | | | 90.6 | 621.3 | percent of total billed charges | |
| BKR CHG CHROMOSOME ANALYZE 20-25 CELLS | 88264 | CPT | | | | both | | | 654 | 166.3 | Aetna | Medicare | 201.43 | 30.8 | | | 90.6 | 621.3 | percent of total billed charges | |
| BKR CHG CHROMOSOME ANALYZE 20-25 CELLS | 88264 | CPT | | | | both | | | 654 | 166.3 | Horizon | NJ Health | 138.42 | | | 4.59 | 90.6 | 621.3 | fee schedule | |
| BKR CHG CHROMOSOME ANALYZE 20-25 CELLS | 88264 | CPT | | | | both | | | 654 | 166.3 | Horizon | Indemnity | 250.35 | 38.28 | | 136.98 | 90.6 | 621.3 | percent of total billed charges | |
| BKR CHG CHROMOSOME ANALYZE 20-25 CELLS | 88264 | CPT | | | | both | | | 654 | 166.3 | Corrections | Corrections | 523.2 | 80 | | | 90.6 | 621.3 | percent of total billed charges | |
| BKR CHG CHROMOSOME ANALYZE 20-25 CELLS | 88264 | CPT | | | | both | | | 654 | 166.3 | First Trenton | First Trenton | 588.6 | 90 | | | 90.6 | 621.3 | percent of total billed charges | |
| BKR CHG CHROMOSOME ANALYZE 20-25 CELLS | 88264 | CPT | | | | both | | | 654 | 166.3 | UHC | Medicaid | 136.03 | | | | 90.6 | 621.3 | fee schedule | |
| BKR CHG CHROMOSOME ANALYZE 20-25 CELLS | 88264 | CPT | | | | both | | | 654 | 166.3 | Qualcare | Qualcare | 490.5 | 75 | | | 90.6 | 621.3 | percent of total billed charges | |
| BKR CHG CHROMOSOME ANALYZE 20-25 CELLS | 88264 | CPT | | | | both | | | 654 | 166.3 | Wellcare | Medicare | 144.61 | | | | 90.6 | 621.3 | fee schedule | |
| BKR CHG CHROMOSOME ANALYZE 20-25 CELLS | 88264 | CPT | | | | both | | | 654 | 166.3 | Horizon | MCD | 250.35 | 38.28 | | | 90.6 | 621.3 | percent of total billed charges | |
| BKR CHG CHROMOSOME ANALYZE 20-25 CELLS | 88264 | CPT | | | | both | | | 654 | 166.3 | Horizon | Medicare Blue | 196.2 | 30 | | | 90.6 | 621.3 | percent of total billed charges | |
| BKR CHG CHROMOSOME ANALYZE 20-25 CELLS | 88264 | CPT | | | | both | | | 654 | 166.3 | Managed Care Inc | Managed Care Inc | 588.6 | 90 | | | 90.6 | 621.3 | percent of total billed charges | |
| BKR CHG CHROMOSOME ANALYZE 20-25 CELLS | 88264 | CPT | | | | both | | | 654 | 166.3 | UHC | Medicare | 144.61 | | | | 90.6 | 621.3 | fee schedule | |
| BKR CHG CHROMOSOME ANALYZE 20-25 CELLS | 88264 | CPT | | | | both | | | 654 | 166.3 | Horizon | PPO | 250.35 | 38.28 | | | 90.6 | 621.3 | percent of total billed charges | |
| BKR CHG CHROMOSOME ANALYZE 20-25 CELLS | 88264 | CPT | | | | both | | | 654 | 166.3 | Multiplan | Multiplan | 523.2 | 80 | | | 90.6 | 621.3 | percent of total billed charges | |
| BKR CHG CHROMOSOME ANALYZE 20-25 CELLS | 88264 | CPT | | | | both | | | 654 | 166.3 | WellPoint | WellPoint | 210.46 | 32.18 | | | 90.6 | 621.3 | percent of total billed charges | |
| BKR CHG CHROMOSOME ANALYZE 20-25 CELLS | 88264 | CPT | | | | both | | | 654 | 166.3 | Three Rivers | Three Rivers | 621.3 | 95 | | | 90.6 | 621.3 | percent of total billed charges | |
| BKR CHROM ANLYS INSITU AMNIOTIC FLD | 88269 | CPT | | | | both | | | 401 | 199.71 | Consumer | Consumer | 380.95 | 95 | | | 69.9 | 380.95 | percent of total billed charges | |
| BKR CHROM ANLYS INSITU AMNIOTIC FLD | 88269 | CPT | | | | both | | | 401 | 199.71 | First Trenton | First Trenton | 360.9 | 90 | | | 69.9 | 380.95 | percent of total billed charges | |
| BKR CHROM ANLYS INSITU AMNIOTIC FLD | 88269 | CPT | | | | both | | | 401 | 199.71 | Aetna | Medicare | 123.51 | 30.8 | | | 69.9 | 380.95 | percent of total billed charges | |
| BKR CHROM ANLYS INSITU AMNIOTIC FLD | 88269 | CPT | | | | both | | | 401 | 199.71 | Amerihealth | Medicare | 173.66 | | | | 69.9 | 380.95 | fee schedule | |
| BKR CHROM ANLYS INSITU AMNIOTIC FLD | 88269 | CPT | | | | both | | | 401 | 199.71 | Aetna | Better Health | 126.52 | 31.55 | | | 69.9 | 380.95 | percent of total billed charges | |
| BKR CHROM ANLYS INSITU AMNIOTIC FLD | 88269 | CPT | | | | both | | | 401 | 199.71 | Corrections | Corrections | 320.8 | 80 | | | 69.9 | 380.95 | percent of total billed charges | |
| BKR CHROM ANLYS INSITU AMNIOTIC FLD | 88269 | CPT | | | | both | | | 401 | 199.71 | Horizon | MCD | 153.5 | 38.28 | | | 69.9 | 380.95 | percent of total billed charges | |
| BKR CHROM ANLYS INSITU AMNIOTIC FLD | 88269 | CPT | | | | both | | | 401 | 199.71 | Multiplan | Multiplan | 320.8 | 80 | | | 69.9 | 380.95 | percent of total billed charges | |
| BKR CHROM ANLYS INSITU AMNIOTIC FLD | 88269 | CPT | | | | both | | | 401 | 199.71 | Horizon | NJ Health | 184.69 | | | | 69.9 | 380.95 | fee schedule | |
| BKR CHROM ANLYS INSITU AMNIOTIC FLD | 88269 | CPT | | | | both | | | 401 | 199.71 | Horizon | Indemnity | 153.5 | 38.28 | | | 69.9 | 380.95 | percent of total billed charges | |
| BKR CHROM ANLYS INSITU AMNIOTIC FLD | 88269 | CPT | | | | both | | | 401 | 199.71 | Americare | Americare | 300.75 | 75 | | | 69.9 | 380.95 | percent of total billed charges | |
| BKR CHROM ANLYS INSITU AMNIOTIC FLD | 88269 | CPT | | | | both | | | 401 | 199.71 | First Health | First Health | 280.7 | 70 | | | 69.9 | 380.95 | percent of total billed charges | |
| BKR CHROM ANLYS INSITU AMNIOTIC FLD | 88269 | CPT | | | | both | | | 401 | 199.71 | Horizon | PPO | 153.5 | 38.28 | | 44.58 | 69.9 | 380.95 | percent of total billed charges | |
| BKR CHROM ANLYS INSITU AMNIOTIC FLD | 88269 | CPT | | | | both | | | 401 | 199.71 | Horizon | Medicare Blue | 120.3 | 30 | | | 69.9 | 380.95 | percent of total billed charges | |
| BKR CHROM ANLYS INSITU AMNIOTIC FLD | 88269 | CPT | | | | both | | | 401 | 199.71 | Amerihealth | HMO/PPO | 258.9 | | | | 69.9 | 380.95 | fee schedule | |
| BKR CHROM ANLYS INSITU AMNIOTIC FLD | 88269 | CPT | | | | both | | | 401 | 199.71 | Qualcare | Qualcare | 300.75 | 75 | | | 69.9 | 380.95 | percent of total billed charges | |
| BKR CHROM ANLYS INSITU AMNIOTIC FLD | 88269 | CPT | | | | both | | | 401 | 199.71 | Wellcare | Medicare

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG CHROM ANLYS INSITU AMNIOTIC FLD | 88269 | CPT | | | | both | | | 401 | 199.71 | Managed Care Inc | Managed Care Inc | 360.9 | 90 | | | 69.9 | 380.95 | percent of total billed charges | |
| BKR CHG CHROM ANLYS INSITU AMNIOTIC FLD | 88269 | CPT | | | | both | | | 401 | 199.71 | WellPoint | WellPoint | 129.04 | 32.18 | | | 69.9 | 380.95 | percent of total billed charges | |
| BKR CHG CHROM ANLYS INSITU AMNIOTIC FLD | 88269 | CPT | | | | both | | | 401 | 199.71 | Wellcare | Medicaid | 126.52 | 31.55 | | | 69.9 | 380.95 | percent of total billed charges | |
| BKR CHG CHROM ANLYS INSITU AMNIOTIC FLD | 88269 | CPT | | | | both | | | 401 | 199.71 | Three Rivers | Three Rivers | 380.95 | 95 | | | 69.9 | 380.95 | percent of total billed charges | |
| BKR CHG CHROM ANLYS INSITU AMNIOTIC FLD | 88269 | CPT | | | | both | | | 401 | 199.71 | UHC | Medicaid | 126.52 | 31.55 | | | 69.9 | 380.95 | percent of total billed charges | |
| BKR CHG CHROM ANLYS INSITU AMNIOTIC FLD | 88269 | CPT | | | | both | | | 401 | 199.71 | UHC | Medicare | 173.66 | | | | 69.9 | 380.95 | fee schedule | |
| BKR CHG MOLECULAR CYTOGENETICS;DNA PRO | 88271 | CPT | | | | both | | | 1286 | 24.63 | First Trenton | First Trenton | 1157.4 | 90 | | | 16 | 1221.7 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS;DNA PRO | 88271 | CPT | | | | both | | | 1286 | 24.63 | Aetna | Better Health | 405.73 | 31.55 | | | 16 | 1221.7 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS;DNA PRO | 88271 | CPT | | | | both | | | 1286 | 24.63 | Horizon | Indemnity | 492.28 | 38.28 | | 20.53 | 16 | 1221.7 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS;DNA PRO | 88271 | CPT | | | | both | | | 1286 | 24.63 | First Health | First Health | 70 | | | | 16 | 1221.7 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS;DNA PRO | 88271 | CPT | | | | both | | | 1286 | 24.63 | Amerihealth | HMO/PPO | 16.7 | | | | 16 | 1221.7 | fee schedule | |
| BKR CHG MOLECULAR CYTOGENETICS;DNA PRO | 88271 | CPT | | | | both | | | 1286 | 24.63 | Aetna | Medicare | 396.09 | 30.8 | | | 16 | 1221.7 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS;DNA PRO | 88271 | CPT | | | | both | | | 1286 | 24.63 | Corrections | Corrections | 1028.8 | 80 | | | 16 | 1221.7 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS;DNA PRO | 88271 | CPT | | | | both | | | 1286 | 24.63 | Americare | Americare | 964.5 | 75 | | | 16 | 1221.7 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS;DNA PRO | 88271 | CPT | | | | both | | | 1286 | 24.63 | Horizon | PPO | 492.28 | 38.28 | | | 16 | 1221.7 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS;DNA PRO | 88271 | CPT | | | | both | | | 1286 | 24.63 | WellPoint | WellPoint | 413.83 | 32.18 | | | 16 | 1221.7 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS;DNA PRO | 88271 | CPT | | | | both | | | 1286 | 24.63 | Horizon | MGD | 492.28 | 38.28 | | | 16 | 1221.7 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS;DNA PRO | 88271 | CPT | | | | both | | | 1286 | 24.63 | Consumer | Consumer | 1221.7 | 95 | | | 16 | 1221.7 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS;DNA PRO | 88271 | CPT | | | | both | | | 1286 | 24.63 | Amerihealth | Medicare | 21.42 | | | | 16 | 1221.7 | fee schedule | |
| BKR CHG MOLECULAR CYTOGENETICS;DNA PRO | 88271 | CPT | | | | both | | | 1286 | 24.63 | UHC | Medicare | 21.42 | | | | 16 | 1221.7 | fee schedule | |
| BKR CHG MOLECULAR CYTOGENETICS;DNA PRO | 88271 | CPT | | | | both | | | 1286 | 24.63 | Horizon | Medicare Blue | 385.8 | 30 | | | 16 | 1221.7 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS;DNA PRO | 88271 | CPT | | | | both | | | 1286 | 24.63 | UHC | Medicaid | 16 | | | | 16 | 1221.7 | fee schedule | |
| BKR CHG MOLECULAR CYTOGENETICS;DNA PRO | 88271 | CPT | | | | both | | | 1286 | 24.63 | Managed Care Inc | Managed Care Inc | 1157.4 | 90 | | | 16 | 1221.7 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS;DNA PRO | 88271 | CPT | | | | both | | | 1286 | 24.63 | Wellcare | Medicare | 21.42 | | | | 16 | 1221.7 | fee schedule | |
| BKR CHG MOLECULAR CYTOGENETICS;DNA PRO | 88271 | CPT | | | | both | | | 1286 | 24.63 | Multiplan | Multiplan | 1028.8 | 80 | | | 16 | 1221.7 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS;DNA PRO | 88271 | CPT | | | | both | | | 1286 | 24.63 | Three Rivers | Three Rivers | 1221.7 | 95 | | | 16 | 1221.7 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS;DNA PRO | 88271 | CPT | | | | both | | | 1286 | 24.63 | Horizon | NJ Health | 20.11 | | | | 16 | 1221.7 | fee schedule | |
| BKR CHG MOLECULAR CYTOGENETICS;DNA PRO | 88271 | CPT | | | | both | | | 1286 | 24.63 | Qualcare | Qualcare | 964.5 | 75 | | | 16 | 1221.7 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS;DNA PRO | 88271 | CPT | | | | both | | | 1286 | 24.63 | Wellcare | Medicaid | 16 | | | 10.8 | 16 | 1221.7 | fee schedule | |
| BKR CHG MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL | 88273 | CPT | | | | both | | | 365 | 40.03 | Aetna | Better Health | 115.16 | 31.55 | | | 32.14 | 346.75 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL | 88273 | CPT | | | | both | | | 365 | 40.03 | Amerihealth | HMO/PPO | 35 | | | | 32.14 | 346.75 | fee schedule | |
| BKR CHG MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL | 88273 | CPT | | | | both | | | 365 | 40.03 | Multiplan | Multiplan | 292 | 80 | | | 32.14 | 346.75 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL | 88273 | CPT | | | | both | | | 365 | 40.03 | Horizon | MGD | 139.72 | 38.28 | | | 32.14 | 346.75 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL | 88273 | CPT | | | | both | | | 365 | 40.03 | UHC | Medicare | 34.81 | | | | 32.14 | 346.75 | fee schedule | |
| BKR CHG MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL | 88273 | CPT | | | | both | | | 365 | 40.03 | First Health | First Health | 255.5 | 70 | | | 32.14 | 346.75 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL | 88273 | CPT | | | | both | | | 365 | 40.03 | Americare | Americare | 273.75 | 75 | | | 32.14 | 346.75 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL | 88273 | CPT | | | | both | | | 365 | 40.03 | Corrections | Corrections | 292 | 80 | | | 32.14 | 346.75 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL | 88273 | CPT | | | | both | | | 365 | 40.03 | Aetna | Medicare | 112.42 | 30.8 | | | 32.14 | 346.75 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL | 88273 | CPT | | | | both | | | 365 | 40.03 | Amerihealth | Medicare | 34.81 | | | | 32.14 | 346.75 | fee schedule | |
| BKR CHG MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL | 88273 | CPT | | | | both | | | 365 | 40.03 | Consumer | Consumer | 346.75 | 95 | | | 32.14 | 346.75 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL | 88273 | CPT | | | | both | | | 365 | 40.03 | Qualcare | Qualcare | 273.75 | 75 | | | 32.14 | 346.75 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL | 88273 | CPT | | | | both | | | 365 | 40.03 | WellPoint | WellPoint | 117.46 | 32.18 | | | 32.14 | 346.75 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL | 88273 | CPT | | | | both | | | 365 | 40.03 | Horizon | Indemnity | 139.72 | 38.28 | | | 32.14 | 346.75 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL | 88273 | CPT | | | | both | | | 365 | 40.03 | UHC | Medicaid | 35 | | | | 32.14 | 346.75 | fee schedule | |
| BKR CHG MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL | 88273 | CPT | | | | both | | | 365 | 40.03 | First Trenton | First Trenton | 328.5 | 90 | | | 32.14 | 346.75 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL | 88273 | CPT | | | | both | | | 365 | 40.03 | Wellcare | Medicare | 34.81 | | | | 32.14 | 346.75 | fee schedule | |
| BKR CHG MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL | 88273 | CPT | | | | both | | | 365 | 40.03 | Horizon | PPO | 139.72 | 38.28 | | | 32.14 | 346.75 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL | 88273 | CPT | | | | both | | | 365 | 40.03 | Horizon | Medicare Blue | 109.5 | 30 | | | 32.14 | 346.75 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL | 88273 | CPT | | | | both | | | 365 | 40.03 | Three Rivers | Three Rivers | 346.75 | 95 | | | 32.14 | 346.75 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL | 88273 | CPT | | | | both | | | 365 | 40.03 | Horizon | NJ Health | 32.14 | | | | 32.14 | 346.75 | fee schedule | |
| BKR CHG MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL | 88273 | CPT | | | | both | | | 365 | 40.03 | Wellcare | Medicaid | 35 | | | | 32.14 | 346.75 | fee schedule | |
| BKR CHG MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL | 88273 | CPT | | | | both | | | 365 | 40.03 | Managed Care Inc | Managed Care Inc | 328.5 | 90 | | | 32.14 | 346.75 | percent of total billed charges | |
| BKR CHG INSITU HYBRID 25-99 CELLS | 88274 | CPT | | | | both | | | 285 | 48.74 | Aetna | Better Health | 89.92 | 31.55 | | | 38.65 | 270.75 | percent of total billed charges | |
| BKR CHG INSITU HYBRID 25-99 CELLS | 88274 | CPT | | | | both | | | 285 | 48.74 | Amerihealth | Medicare | 42.38 | | | | 38.65 | 270.75 | fee schedule | |
| BKR CHG INSITU HYBRID 25-99 CELLS | 88274 | CPT | | | | both | | | 285 | 48.74 | Americare | Americare | 213.75 | 75 | | | 38.65 | 270.75 | percent of total billed charges | |
| BKR CHG INSITU HYBRID 25-99 CELLS | 88274 | CPT | | | | both | | | 285 | 48.74 | Horizon | Medicare Blue | 85.5 | 30 | | | 38.65 | 270.75 | percent of total billed charges | |
| BKR CHG INSITU HYBRID 25-99 CELLS | 88274 | CPT | | | | both | | | 285 | 48.74 | Corrections | Corrections | 228 | 80 | | | 38.65 | 270.75 | percent of total billed charges | |
| BKR CHG INSITU HYBRID 25-99 CELLS | 88274 | CPT | | | | both | | | 285 | 48.74 | First Health | First Health | 199.5 | 70 | | | 38.65 | 270.75 | percent of total billed charges | |
| BKR CHG INSITU HYBRID 25-99 CELLS | 88274 | CPT | | | | both | | | 285 | 48.74 | Aetna | Medicare | 87.78 | 30.8 | | | 38.65 | 270.75 | percent of total billed charges | |
| BKR CHG INSITU HYBRID 25-99 CELLS | 88274 | CPT | | | | both | | | 285 | 48.74 | First Trenton | First Trenton | 256.5 | 90 | | | 38.65 | 270.75 | percent of total billed charges | |
| BKR CHG INSITU HYBRID 25-99 CELLS | 88274 | CPT | | | | both | | | 285 | 48.74 | Consumer | Consumer | 270.75 | 95 | | | 38.65 | 270.75 | percent of total billed charges | |
| BKR CHG INSITU HYBRID 25-99 CELLS | 88274 | CPT | | | | both | | | 285 | 48.74 | Multiplan | Multiplan | 228 | 80 | | | 38.65 | 270.75 | percent of total billed charges | |
| BKR CHG INSITU HYBRID 25-99 CELLS | 88274 | CPT | | | | both | | | 285 | 48.74 | Amerihealth | HMO/PPO | 45 | | | | 38.65 | 270.75 | fee schedule | |
| BKR CHG INSITU HYBRID 25-99 CELLS | 88274 | CPT | | | | both | | | 285 | 48.74 | Horizon | PPO | 109.1 | 38.28 | | | 38.65 | 270.75 | percent of total billed charges | |
| BKR CHG INSITU HYBRID 25-99 CELLS | 88274 | CPT | | | | both | | | 285 | 48.74 | UHC | Medicaid | 45 | | | | 38.65 | 270.75 | fee schedule | |
| BKR CHG INSITU HYBRID 25-99 CELLS | 88274 | CPT | | | | both | | | 285 | 48.74 | Qualcare | Qualcare | 213.75 | 75 | | | 38.65 | 270.75 | percent of total billed charges | |
| BKR CHG INSITU HYBRID 25-99 CELLS | 88274 | CPT | | | | both | | | 285 | 48.74 | Horizon | MGD | 109.1 | 38.28 | | | 38.65 | 270.75 | percent of total billed charges | |
| BKR CHG INSITU HYBRID 25-99 CELLS | 88274 | CPT | | | | both | | | 285 | 48.74 | Managed Care Inc | Managed Care Inc | 256.5 | 90 | | | 38.65 | 270.75 | percent of total billed charges | |
| BKR CHG INSITU HYBRID 25-99 CELLS | 88274 | CPT | | | | both | | | 285 | 48.74 | Horizon | NJ Health | 38.65 | | | | 38.65 | 270.75 | fee schedule | |
| BKR CHG INSITU HYBRID 25-99 CELLS | 88274 | CPT | | | | both | | | 285 | 48.74 | Wellcare | Medicare | 42.38 | | | | 38.65 | 270.75 | fee schedule | |
| BKR CHG INSITU HYBRID 25-99 CELLS | 88274 | CPT | | | | both | | | 285 | 48.74 | Horizon | Indemnity | 109.1 | 38.28 | | 84.58 | 38.65 | 270.75 | percent of total billed charges | |
| BKR CHG INSITU HYBRID 25-99 CELLS | 88274 | CPT | | | | both | | | 285 | 48.74 | WellPoint | WellPoint | 91.71 | 32.18 | | | 38.65 | 270.75 | percent of total billed charges | |
| BKR CHG INSITU HYBRID 25-99 CELLS | 88274 | CPT | | | | both | | | 285 | 48.74 | Three Rivers | Three Rivers | 270.75 | 95 | | | 38.65 | 270.75 | percent of total billed charges | |
| BKR CHG INSITU HYBRID 25-99 CELLS | 88274 | CPT | | | | both | | | 285 | 48.74 | UHC | Medicare | 42.38 | | | | 38.65 | 270.75 | fee schedule | |
| BKR CHG INSITU HYBRID 25-99 CELLS | 88274 | CPT | | | | both | | | 285 | 48.74 | Wellcare | Medicaid | 45 | | | | 38.65 | 270.75 | fee schedule | |
| BKR CHG MOLECULAR CYTOGENETICS;INTERPH | 88275 | CPT | | | | both | | | 899 | 58.87 | Aetna | Better Health | 283.63 | 31.55 | | | 43.72 | 854.05 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS;INTERPH | 88275 | CPT | | | | both | | | 899 | 58.87 | Qualcare | Qualcare | 674.25 | 75 | | | 43.72 | 854.05 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS;INTERPH | 88275 | CPT | | | | both | | | 899 | 58.87 | Aetna | Medicare | 276.89 | 30.8 | | | 43.72 | 854.05 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS;INTERPH | 88275 | CPT | | | | both | | | 899 | 58.87 | Americare | Americare | 674.25 | 75 | | | 43.72 | 854.05 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS;INTERPH | 88275 | CPT | | | | both | | | 899 | 58.87 | Horizon | Medicare Blue | 269.7 | 30 | | | 43.72 | 854.05 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS;INTERPH | 88275 | CPT | | | | both | | | 899 | 58.87 | Amerihealth | Medicare | 51.19 | | | | 43.72 | 854.05 | fee schedule | |
| BKR CHG MOLECULAR CYTOGENETICS;INTERPH | 88275 | CPT | | | | both | | | 899 | 58.87 | Consumer | Consumer | 854.05 | 95 | | | 43.72 | 854.05 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS;INTERPH | 88275 | CPT | | | | both | | | 899 | 58.87 | Amerihealth | HMO/PPO | 55 | | | | 43.72 | 854.05 | fee schedule | |
| BKR CHG MOLECULAR CYTOGENETICS;INTERPH | 88275 | CPT | | | | both | | | 899 | 58.87 | UHC | Medicaid | 43.72 | | | | 43.72 | 854.05 | fee schedule | |
| BKR CHG MOLECULAR CYTOGENETICS;INTERPH | 88275 | CPT | | | | both | | | 899 | 58.87 | Wellcare | Medicaid | 43.72 | | | 25.62 | 43.72 | 854.05 | fee schedule | |
| BKR CHG MOLECULAR CYTOGENETICS;INTERPH | 88275 | CPT | | | | both | | | 899 | 58.87 | Horizon | Indemnity | 344.14 | 38.28 | | 48.72 | 43.72 | 854.05 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS;INTERPH | 88275 | CPT | | | | both | | | 899 | 58.87 | Horizon | MGD | 344.14 | 38.28 | | | 43.72 | 854.05 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS;INTERPH | 88275 | CPT | | | | both | | | 899 | 58.87 | Wellcare | Medicare | 51.19 | | | | 43.72 | 854.05 | fee schedule | |
| BKR CHG MOLECULAR CYTOGENETICS;INTERPH | 88275 | CPT | | | | both | | | 899 | 58.87 | Corrections | Corrections | 719.2 | 80 | | | 43.72 | 854.05 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS;INTERPH | 88275 | CPT | | | | both | | | 899 | 58.87 | First Health | First Health | 629.3 | 70 | | | 43.72 | 854.05 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS;INTERPH | 88275 | CPT | | | | both | | | 899 | 58.87 | UHC | Medicare | 51.19 | | | | 43.72 | 854.05 | fee schedule | |
| BKR CHG MOLECULAR CYTOGENETICS;INTERPH | 88275 | CPT | | | | both | | | 899 | 58.87 | Multiplan | Multiplan | 719.2 | 80 | | | 43.72 | 854.05 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS;INTERPH | 88275 | CPT | | | | both | | | 899 | 58.87 | WellPoint | WellPoint | 289.3 | 32.18 | | | 43.72 | 854.05 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS;INTERPH | 88275 | CPT | | | | both | | | 899 | 58.87 | Horizon | PPO | 344.14 | 38.28 | | | 43.72 | 854.05 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS;INTERPH | 88275 | CPT | | | | both | | | 899 | 58.87 | First Trenton | First Trenton | 809.1 | 90 | | | 43.72 | 854.05 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS;INTERPH | 88275 | CPT | | | | both | | | 899 | 58.87 | Three Rivers | Three Rivers | 854.05 | 95 | | | 43.72 | 854.05 | percent of total billed charges | |
| BKR CHG MOLECULAR CYTOGENETICS;INTERPH | 88275 | CPT | | | | both | | | 899 | 58.87 | Horizon | NJ Health | 44.59 | | | | 43.72 | 854.05 | fee schedule | |
| BKR CHG MOLECULAR CYTOGENETICS;INTERPH | 88275 | CPT | | | | both | | | 899 | 58.87 | Managed Care Inc | Managed Care Inc | 809.1 | 90 | | | 43.72 | 854.05 | percent of total billed charges | |
| BKR CHG CHROMO ANAL ADD KARYOTYPES EA | 88280 | CPT | | | | both | | | 654 | 38.49 | Horizon | PPO | 250.35 | 38.28 | | 44.58 | 24 | 621.3 | percent of total billed charges | |
| BKR CHG CHROMO ANAL ADD KARYOTYPES EA | 88280 | CPT | | | | both | | | 654 | 38.49 | Consumer | Consumer | 621.3 | 95 | | | 24 | 621.3 | percent of total billed charges | |
| BKR CHG CHROMO ANAL ADD KARYOTYPES EA | 88280 | CPT | | | | both | | | 654 | 38.49 | Amerihealth | HMO/PPO | 39.1 | | | | 24 | 621.3 | fee schedule | |
| BKR CHG CHROMO ANAL ADD KARYOTYPES EA | 88280 | CPT | | | | both | | | 654 | 38.49 | Aetna | Better Health | 206.34 | 31.55 | | | 24 | 621.3 | percent of total billed charges | |
| BKR CHG CHROMO ANAL ADD KARYOTYPES EA | 88280 | CPT | | | | both | | | 654 | 38.49 | Americare | Americare | 490.5 | 75 | | | 24 | 621.3 | percent of total billed charges | |
| BKR CHG CHROMO ANAL ADD KARYOTYPES EA | 88280 | CPT | | | | both | | | 654 | 38.49 | First Health | First Health | 457.8 | 70 | | | 24 | 621.3 | percent of total billed charges | |
| BKR CHG CHROMO ANAL ADD KARYOTYPES EA | 88280 | CPT | | | | both | | | 654 | 38.49 | Amerihealth | Medicare | 33.47 | | | | 24 | 621.3 | fee schedule | |
| BKR CHG CHROMO ANAL ADD KARYOTYPES EA | 88280 | CPT | | | | both | | | 654 | 38.49 | Aetna | Medicare | 201.43 | 30.8 | | | 24 | 621.3 | percent of total billed charges | |
| BKR CHG CHROMO ANAL ADD KARYOTYPES EA | 88280 | CPT | | | | both | | | 654 | 38.49 | First Trenton | First Trenton | 588.6 | 90 | | | 24 | 621.3 | percent of total billed charges | |
| BKR CHG CHROMO ANAL ADD KARYOTYPES EA | 88280 | CPT | | | | both | | | 654 | 38.49 | Horizon | Indemnity | 250.35 | 38.28 | | | 24 | 621.3 | percent of total billed charges | |
| BKR CHG CHROMO ANAL ADD KARYOTYPES EA | 88280 | CPT | | | | both | | | 654 | 38.49 | Horizon | MGD | 250.35 | 38.28 | | | 24 | 621.3 | percent of total billed charges | |
| BKR CHG CHROMO ANAL ADD KARYOTYPES EA | 88280 | CPT | | | | both | | | 654 | 38.49 | Corrections | Corrections | 523.2 | 80 | | | 24 | 621.3 | percent of total billed charges | |
| BKR CHG CHROMO ANAL ADD KARYOTYPES EA | 88280 | CPT | | | | both | | | 654 | 38.49 | Managed Care Inc | Managed Care Inc | 588.6 | 90 | | | 24 | 621.3 | percent of total billed charges | |
| BKR CHG CHROMO ANAL ADD KARYOTYPES EA | 88280 | CPT | | | | both | | | 654 | 38.49 | UHC | Medicaid | 34 | | | | 24 | 621.3 | fee schedule | |
| BKR CHG CHROMO ANAL ADD KARYOTYPES EA | 88280 | CPT | | | | both | | | 654 | 38.49 | Three Rivers | Three Rivers | 621.3 | 95 | | | 24 | 621.3 | percent of total billed charges | |
| BKR CHG CHROMO ANAL ADD KARYOTYPES EA | 88280 | CPT | | | | both | | | 654 | 38.49 | Multiplan | Multiplan | 523.2 | 80 | | | 24 | 621.3 | percent of total billed charges | |
| BKR CHG CHROMO ANAL ADD KARYOTYPES EA | 88280 | CPT | | | | both | | | 654 | 38.49 | Wellcare | Medicare | 33.47 | | | | 24 | 621.3 | fee schedule | |
| BKR CHG CHROMO ANAL ADD KARYOTYPES EA | 88280 | CPT | | | | both | | | 654 | 38.49 | Wellcare | Medicaid | 34 | | | | 24 | 621.3 | fee schedule | |
| BKR CHG CHROMO ANAL ADD KARYOTYPES EA | 88280 | CPT | | | | both | | | 654 | 38.49 | Horizon | Medicare Blue | 196.2 | 30 | | | 24 | 621.3 | percent of total billed charges | |
| BKR CHG CHROMO ANAL ADD KARYOTYPES EA | 88280 | CPT | | | | both | | | 654 | 38.49 | Qualcare | Qualcare | 490.5 | 75 | | | 24 | 621.3 | percent of total billed charges | |
| BKR CHG CHROMO ANAL ADD KARYOTYPES EA | 88280 | CPT | | | | both | | | 654 | 38.49 | Horizon | NJ Health | 75.3 | | | | 24 | 621.3 | fee schedule | |
| BKR CHG CHROMO ANAL ADD KARYOTYPES EA | 88280 | CPT | | | | both | | | 654 | 38.49 | UHC | Medicare | 33.47 | | | | 24 | 621.3 | fee schedule | |
| BKR CHG CHROMO ANAL ADD KARYOTYPES EA | 88280 | CPT | | | | both | | | 654 | 38.49 | WellPoint | WellPoint | 210.46 | 32.18 | | | 24 | 621.3 | percent of total billed charges | |
| BKR CHG ADDITIONAL BANDING EA; STUDY | 88283 | CPT | | | | outpatient | | | 400 | 78.89 | Americare | Americare | 300 | 75 | | | 46 | 380 | percent of total billed charges | |
| BKR CHG ADDITIONAL BANDING EA; STUDY | 88283 | CPT | | | | outpatient | | | 400 | 78.89 | First Trenton | First Trenton | 360 | 90 | | | 46 | 380 | percent of total billed charges | |
| BKR CHG ADDITIONAL BANDING EA; STUDY | 88283 | CPT | | | | outpatient | | | 400 | 78.89 | Corrections | Corrections | 320 | 80 | | | 46 | 380 | percent of total billed charges | |
| BKR CHG ADDITIONAL BANDING EA; STUDY | 88283 | CPT | | | | outpatient | | | 400 | 78.89 | Aetna | Better Health | 126.2 | 31.55 | | | 46 | 380 | percent of total billed charges | |
| BKR CHG ADDITIONAL BANDING EA; STUDY | 88283 | CPT | | | | outpatient | | | 400 | 78.89 | Amerihealth | Medicare | 68.6 | | | | 46 | 380 | fee schedule | |
| BKR CHG ADDITIONAL BANDING EA; STUDY | 88283 | CPT | | | | outpatient | | | 400 | 78.89 | Aetna | Medicare | 123.2 | 30.8 | | | 46 | 380 | percent of total billed charges | |
| BKR CHG ADDITIONAL BANDING EA; STUDY | 88283 | CPT | | | | outpatient | | | 400 | 78.89 | UHC | Medicaid | 46 | | | | 46 | 380 | fee schedule | |
| BKR CHG ADDITIONAL BANDING EA; STUDY | 88283 | CPT | | | | outpatient | | | 400 | 78.89 | First Health | First Health | 280 | 70 | | | 46 | 380 | percent of total billed charges | |
| BKR CHG ADDITIONAL BANDING EA; STUDY | 88283 | CPT | | | | outpatient | | | 400 | 78.89 | Amerihealth | HMO/PPO | 106.8 | | | | 46 | 380 | fee schedule | |
| BKR CHG ADDITIONAL BANDING EA; STUDY | 88283 | CPT | | | | outpatient | | | 400 | 78.89 | Managed Care Inc | Managed Care Inc | 360 | 90 | | | 46 | 380 | percent of total billed charges | |
| BKR CHG ADDITIONAL BANDING EA; STUDY | 88283 | CPT | | | | outpatient | | | 400 | 78.89 | Wellcare | Medicaid | 46 | | | | 46 | 380 | fee schedule | |
| BKR CHG ADDITIONAL BANDING EA; STUDY | 88283 | CPT | | | | outpatient | | | 400 | 78.89 | Consumer | Consumer | 380 | 95 | | | 46 | 380 | percent of total billed charges | |
| BKR CHG ADDITIONAL BANDING EA; STUDY | 88283 | CPT | | | | outpatient | | | 400 | 78.89 | Horizon | Indemnity | 153.12 | 38.28 | | | 46 | 380 | percent of total billed charges | |
| BKR CHG ADDITIONAL BANDING EA; STUDY | 88283 | CPT | | | | outpatient | | | 400 | 78.89 | Horizon | MGD | 153.12 | 38.28 | | | 46 | 380 | percent of total billed charges | |
| BKR CHG ADDITIONAL BANDING EA; STUDY | 88283 | CPT | | | | outpatient | | | 400 | 78.89 | Multiplan | Multiplan | 320 | 80 | | | 46 | 380 | percent of total billed charges | |
| BKR CHG ADDITIONAL BANDING EA; STUDY | 88283 | CPT | | | | outpatient | | | 400 | 78.89 | Wellcare | Medicare | 68.6 | | | | 46 | 380 | fee schedule | |
| BKR CHG ADDITIONAL BANDING EA; STUDY | 88283 | CPT | | | | outpatient | | | 400 | 78.89 | Horizon | Medicare Blue | 120 | 30 | | | 46 | 380 | percent of total billed charges | |
| BKR CHG ADDITIONAL BANDING EA; STUDY | 88283 | CPT | | | | outpatient | | | 400 | 78.89 | UHC | Medicare | 68.6 | | | | 46 | 380 | fee schedule | |
| BKR CHG ADDITIONAL BANDING EA; STUDY | 88283 | CPT | | | | outpatient | | | 400 | 78.89 | Qualcare | Qualcare | 300 | 75 | | | 46 | 380 | percent of total billed charges | |
| BKR CHG ADDITIONAL BANDING EA; STUDY | 88283 | CPT | | | | outpatient | | | 400 | 78.89 | WellPoint | WellPoint | 128.72 | 32.18 | | | 46 | 380 | percent of total billed charges | |
| BKR CHG ADDITIONAL BANDING EA; STUDY | 88283 | CPT | | | | outpatient | | | 400 | 78.89 | Horizon | NJ Health | 90.16 | | | | 46 | 380 | fee schedule | |
| BKR CHG ADDITIONAL BANDING EA; STUDY | 88283 | CPT | | | | outpatient | | | 400 | 78.89 | Horizon | PPO | 153.12 | 38.28 | | | 46 | 380 | percent of total billed charges | |
| BKR CHG ADDITIONAL BANDING EA; STUDY | 88283 | CPT | | | | outpatient | | | 400 | 78.89 | Three Rivers | Three Rivers | 380 | 95 | | | 46 | 380 | percent of total billed charges | |
| BKR CHG CHROM ANALS ADD CELL CT EA | 88285 | CPT | | | | both | | | 233 | 30.95 | WellPoint | WellPoint | 74.98 | 32.18 | | | 3.92 | 221.35 | percent of total billed charges | |
| BKR CHG CHROM ANALS ADD CELL CT EA | 88285 | CPT | | | | both | | | 233 | 30.95 | Amerihealth | Medicare | 26.91 | | | | 3.92 | 221.35 | fee schedule | |
| BKR CHG CHROM ANALS ADD CELL CT EA | 88285 | CPT | | | | both | | | 233 | 30.95 | Americare | Americare | 174.75 | 75 | | | 3.92 | 221.35 | percent of total billed charges | |
| BKR CHG CHROM ANALS ADD CELL CT EA | 88285 | CPT | | | | both | | | 233 | 30.95 | Consumer | Consumer | 221.35 | 95 | | | 3.92 | 221.35 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG CHROM ANALS ADD CELL CT EA | 88285 | CPT | | | | both | | | 233 | 30.95 | Horizon | Medicare Blue | 69.9 | 30 | | | 3.92 | 221.35 | percent of total billed charges | |
| BKR CHG CHROM ANALS ADD CELL CT EA | 88285 | CPT | | | | both | | | 233 | 30.95 | Aetna | Better Health | 73.51 | 31.55 | | | 3.92 | 221.35 | percent of total billed charges | |
| BKR CHG CHROM ANALS ADD CELL CT EA | 88285 | CPT | | | | both | | | 233 | 30.95 | Aetna | Medicare | 71.76 | 30.8 | | | 3.92 | 221.35 | percent of total billed charges | |
| BKR CHG CHROM ANALS ADD CELL CT EA | 88285 | CPT | | | | both | | | 233 | 30.95 | First Health | First Health | 163.1 | 70 | | | 3.92 | 221.35 | percent of total billed charges | |
| BKR CHG CHROM ANALS ADD CELL CT EA | 88285 | CPT | | | | both | | | 233 | 30.95 | UHC | Medicare | 26.91 | | | | 3.92 | 221.35 | fee schedule | |
| BKR CHG CHROM ANALS ADD CELL CT EA | 88285 | CPT | | | | both | | | 233 | 30.95 | Corrections | Corrections | 186.4 | 80 | | | 3.92 | 221.35 | percent of total billed charges | |
| BKR CHG CHROM ANALS ADD CELL CT EA | 88285 | CPT | | | | both | | | 233 | 30.95 | Amerihealth | HMO/PPO | 29.6 | | | | 3.92 | 221.35 | fee schedule | |
| BKR CHG CHROM ANALS ADD CELL CT EA | 88285 | CPT | | | | both | | | 233 | 30.95 | First Trenton | First Trenton | 209.7 | 90 | | | 3.92 | 221.35 | percent of total billed charges | |
| BKR CHG CHROM ANALS ADD CELL CT EA | 88285 | CPT | | | | both | | | 233 | 30.95 | Horizon | MGD | 89.19 | 38.28 | | | 3.92 | 221.35 | percent of total billed charges | |
| BKR CHG CHROM ANALS ADD CELL CT EA | 88285 | CPT | | | | both | | | 233 | 30.95 | Multiplan | Multiplan | 186.4 | 80 | | | 3.92 | 221.35 | percent of total billed charges | |
| BKR CHG CHROM ANALS ADD CELL CT EA | 88285 | CPT | | | | both | | | 233 | 30.95 | UHC | Medicaid | 21.23 | | | | 3.92 | 221.35 | fee schedule | |
| BKR CHG CHROM ANALS ADD CELL CT EA | 88285 | CPT | | | | both | | | 233 | 30.95 | Horizon | Indemnity | 89.19 | 38.28 | | | 3.92 | 221.35 | percent of total billed charges | |
| BKR CHG CHROM ANALS ADD CELL CT EA | 88285 | CPT | | | | both | | | 233 | 30.95 | Horizon | PPO | 89.19 | 38.28 | | 44.58 | 3.92 | 221.35 | percent of total billed charges | |
| BKR CHG CHROM ANALS ADD CELL CT EA | 88285 | CPT | | | | both | | | 233 | 30.95 | Qualcare | Qualcare | 174.75 | 75 | | | 3.92 | 221.35 | percent of total billed charges | |
| BKR CHG CHROM ANALS ADD CELL CT EA | 88285 | CPT | | | | both | | | 233 | 30.95 | Wellcare | Medicare | 26.91 | | | | 3.92 | 221.35 | fee schedule | |
| BKR CHG CHROM ANALS ADD CELL CT EA | 88285 | CPT | | | | both | | | 233 | 30.95 | Horizon | NJ Health | 3.92 | | | | 3.92 | 221.35 | fee schedule | |
| BKR CHG CHROM ANALS ADD CELL CT EA | 88285 | CPT | | | | both | | | 233 | 30.95 | Wellcare | Medicaid | 21.23 | | | | 3.92 | 221.35 | fee schedule | |
| BKR CHG CHROM ANALS ADD CELL CT EA | 88285 | CPT | | | | both | | | 233 | 30.95 | Managed Care Inc | Managed Care Inc | 209.7 | 90 | | | 3.92 | 221.35 | percent of total billed charges | |
| BKR CHG CHROM ANALS ADD CELL CT EA | 88285 | CPT | | | | both | | | 233 | 30.95 | Three Rivers | Three Rivers | 221.35 | 95 | | | 3.92 | 221.35 | percent of total billed charges | |
| BKR GTG BAND RESOLUTION | 88289 | CPT | | | | both | | | 3693 | 39.59 | First Trenton | First Trenton | 3323.7 | 90 | | | 34.43 | 3508.35 | percent of total billed charges | |
| BKR GTG BAND RESOLUTION | 88289 | CPT | | | | both | | | 3693 | 39.59 | Corrections | Corrections | 2954.4 | 80 | | | 34.43 | 3508.35 | percent of total billed charges | |
| BKR GTG BAND RESOLUTION | 88289 | CPT | | | | both | | | 3693 | 39.59 | First Health | First Health | 2585.1 | 70 | | | 34.43 | 3508.35 | percent of total billed charges | |
| BKR GTG BAND RESOLUTION | 88289 | CPT | | | | both | | | 3693 | 39.59 | UHC | Medicaid | 40 | | | | 34.43 | 3508.35 | fee schedule | |
| BKR GTG BAND RESOLUTION | 88289 | CPT | | | | both | | | 3693 | 39.59 | Aetna | Medicare | 1137.44 | 30.8 | | | 34.43 | 3508.35 | percent of total billed charges | |
| BKR GTG BAND RESOLUTION | 88289 | CPT | | | | both | | | 3693 | 39.59 | Americare | Americare | 2769.75 | 75 | | | 34.43 | 3508.35 | percent of total billed charges | |
| BKR GTG BAND RESOLUTION | 88289 | CPT | | | | both | | | 3693 | 39.59 | Aetna | Better Health | 1165.14 | 31.55 | | | 34.43 | 3508.35 | percent of total billed charges | |
| BKR GTG BAND RESOLUTION | 88289 | CPT | | | | both | | | 3693 | 39.59 | UHC | Medicare | 34.43 | | | | 34.43 | 3508.35 | fee schedule | |
| BKR GTG BAND RESOLUTION | 88289 | CPT | | | | both | | | 3693 | 39.59 | Horizon | PPO | 1413.68 | 38.28 | | | 34.43 | 3508.35 | percent of total billed charges | |
| BKR GTG BAND RESOLUTION | 88289 | CPT | | | | both | | | 3693 | 39.59 | Horizon | Indemnity | 1413.68 | 38.28 | | | 34.43 | 3508.35 | percent of total billed charges | |
| BKR GTG BAND RESOLUTION | 88289 | CPT | | | | both | | | 3693 | 39.59 | Multiplan | Multiplan | 2954.4 | 80 | | | 34.43 | 3508.35 | percent of total billed charges | |
| BKR GTG BAND RESOLUTION | 88289 | CPT | | | | both | | | 3693 | 39.59 | Wellcare | Medicare | 34.43 | | | | 34.43 | 3508.35 | fee schedule | |
| BKR GTG BAND RESOLUTION | 88289 | CPT | | | | both | | | 3693 | 39.59 | Amerihealth | HMO/PPO | 42.5 | | | | 34.43 | 3508.35 | fee schedule | |
| BKR GTG BAND RESOLUTION | 88289 | CPT | | | | both | | | 3693 | 39.59 | Consumer | Consumer | 3508.35 | 95 | | | 34.43 | 3508.35 | percent of total billed charges | |
| BKR GTG BAND RESOLUTION | 88289 | CPT | | | | both | | | 3693 | 39.59 | Horizon | Medicare Blue | 1107.9 | 30 | | | 34.43 | 3508.35 | percent of total billed charges | |
| BKR GTG BAND RESOLUTION | 88289 | CPT | | | | both | | | 3693 | 39.59 | Wellcare | Medicaid | 40 | | | | 34.43 | 3508.35 | fee schedule | |
| BKR GTG BAND RESOLUTION | 88289 | CPT | | | | both | | | 3693 | 39.59 | Managed Care Inc | Managed Care Inc | 3323.7 | 90 | | | 34.43 | 3508.35 | percent of total billed charges | |
| BKR GTG BAND RESOLUTION | 88289 | CPT | | | | both | | | 3693 | 39.59 | Horizon | NJ Health | 84.28 | | | | 34.43 | 3508.35 | fee schedule | |
| BKR GTG BAND RESOLUTION | 88289 | CPT | | | | both | | | 3693 | 39.59 | Qualcare | Qualcare | 2769.75 | 75 | | | 34.43 | 3508.35 | percent of total billed charges | |
| BKR GTG BAND RESOLUTION | 88289 | CPT | | | | both | | | 3693 | 39.59 | Three Rivers | Three Rivers | 3508.35 | 95 | | | 34.43 | 3508.35 | percent of total billed charges | |
| BKR GTG BAND RESOLUTION | 88289 | CPT | | | | both | | | 3693 | 39.59 | Amerihealth | Medicare | 34.43 | | | | 34.43 | 3508.35 | fee schedule | |
| BKR GTG BAND RESOLUTION | 88289 | CPT | | | | both | | | 3693 | 39.59 | WellPoint | WellPoint | 1188.41 | 32.18 | | | 34.43 | 3508.35 | percent of total billed charges | |
| BKR GTG BAND RESOLUTION | 88289 | CPT | | | | both | | | 3693 | 39.59 | Horizon | MGD | 1413.68 | 38.28 | | | 34.43 | 3508.35 | percent of total billed charges | |
| BKR CHG CYTO&MOLE INTERP & REPORT | 88291 | CPT | | | | outpatient | | | 1286 | | Amerihealth | HMO/PPO | 835.9 | 65 | | | 21.05 | 1221.7 | percent of total billed charges | |
| BKR CHG CYTO&MOLE INTERP & REPORT | 88291 | CPT | | | | outpatient | | | 1286 | | Aetna | Better Health | 405.73 | 31.55 | | | 21.05 | 1221.7 | percent of total billed charges | |
| BKR CHG CYTO&MOLE INTERP & REPORT | 88291 | CPT | | | | outpatient | | | 1286 | | Corrections | Corrections | 1028.8 | 80 | | | 21.05 | 1221.7 | percent of total billed charges | |
| BKR CHG CYTO&MOLE INTERP & REPORT | 88291 | CPT | | | | outpatient | | | 1286 | | WellPoint | WellPoint | 413.83 | 32.18 | | | 21.05 | 1221.7 | percent of total billed charges | |
| BKR CHG CYTO&MOLE INTERP & REPORT | 88291 | CPT | | | | outpatient | | | 1286 | | Consumer | Consumer | 1221.7 | 95 | | | 21.05 | 1221.7 | percent of total billed charges | |
| BKR CHG CYTO&MOLE INTERP & REPORT | 88291 | CPT | | | | outpatient | | | 1286 | | First Health | First Health | 900.2 | 70 | | | 21.05 | 1221.7 | percent of total billed charges | |
| BKR CHG CYTO&MOLE INTERP & REPORT | 88291 | CPT | | | | outpatient | | | 1286 | | Americare | Americare | 964.5 | 75 | | | 21.05 | 1221.7 | percent of total billed charges | |
| BKR CHG CYTO&MOLE INTERP & REPORT | 88291 | CPT | | | | outpatient | | | 1286 | | Aetna | Medicare | 396.09 | 30.8 | | | 21.05 | 1221.7 | percent of total billed charges | |
| BKR CHG CYTO&MOLE INTERP & REPORT | 88291 | CPT | | | | outpatient | | | 1286 | | Multiplan | Multiplan | 1028.8 | 80 | | | 21.05 | 1221.7 | percent of total billed charges | |
| BKR CHG CYTO&MOLE INTERP & REPORT | 88291 | CPT | | | | outpatient | | | 1286 | | Horizon | Indemnity | 492.28 | 38.28 | | | 21.05 | 1221.7 | percent of total billed charges | |
| BKR CHG CYTO&MOLE INTERP & REPORT | 88291 | CPT | | | | outpatient | | | 1286 | | Horizon | MGD | 492.28 | 38.28 | | | 21.05 | 1221.7 | percent of total billed charges | |
| BKR CHG CYTO&MOLE INTERP & REPORT | 88291 | CPT | | | | outpatient | | | 1286 | | Wellcare | Medicaid | 21.05 | | | | 21.05 | 1221.7 | fee schedule | |
| BKR CHG CYTO&MOLE INTERP & REPORT | 88291 | CPT | | | | outpatient | | | 1286 | | Horizon | Medicare Blue | 385.8 | 30 | | | 21.05 | 1221.7 | percent of total billed charges | |
| BKR CHG CYTO&MOLE INTERP & REPORT | 88291 | CPT | | | | outpatient | | | 1286 | | First Trenton | First Trenton | 1157.4 | 90 | | | 21.05 | 1221.7 | percent of total billed charges | |
| BKR CHG CYTO&MOLE INTERP & REPORT | 88291 | CPT | | | | outpatient | | | 1286 | | Qualcare | Qualcare | 964.5 | 75 | | | 21.05 | 1221.7 | percent of total billed charges | |
| BKR CHG CYTO&MOLE INTERP & REPORT | 88291 | CPT | | | | outpatient | | | 1286 | | Horizon | NJ Health | 52.57 | | | | 21.05 | 1221.7 | fee schedule | |
| BKR CHG CYTO&MOLE INTERP & REPORT | 88291 | CPT | | | | outpatient | | | 1286 | | UHC | Medicaid | 21.05 | | | | 21.05 | 1221.7 | fee schedule | |
| BKR CHG CYTO&MOLE INTERP & REPORT | 88291 | CPT | | | | outpatient | | | 1286 | | Horizon | PPO | 492.28 | 38.28 | | | 21.05 | 1221.7 | percent of total billed charges | |
| BKR CHG CYTO&MOLE INTERP & REPORT | 88291 | CPT | | | | outpatient | | | 1286 | | Managed Care Inc | Managed Care Inc | 1157.4 | 90 | | | 21.05 | 1221.7 | percent of total billed charges | |
| BKR CHG CYTO&MOLE INTERP & REPORT | 88291 | CPT | | | | outpatient | | | 1286 | | Three Rivers | Three Rivers | 1221.7 | 95 | | | 21.05 | 1221.7 | percent of total billed charges | |
| BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH) | 88299 | CPT | | | | outpatient | | | 1210 | 71.27 | Aetna | Better Health | 381.76 | 31.55 | | | 61.97 | 1149.5 | percent of total billed charges | |
| BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH) | 88299 | CPT | | | | outpatient | | | 1210 | 71.27 | Americare | Americare | 907.5 | 75 | | | 61.97 | 1149.5 | percent of total billed charges | |
| BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH) | 88299 | CPT | | | | outpatient | | | 1210 | 71.27 | Amerihealth | HMO/PPO | 786.5 | 65 | | | 61.97 | 1149.5 | percent of total billed charges | |
| BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH) | 88299 | CPT | | | | outpatient | | | 1210 | 71.27 | Aetna | Medicare | 61.97 | | | | 61.97 | 1149.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH) | 88299 | CPT | | | | outpatient | | | 1210 | 71.27 | First Health | First Health | 847 | 70 | | | 61.97 | 1149.5 | percent of total billed charges | |
| BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH) | 88299 | CPT | | | | outpatient | | | 1210 | 71.27 | Horizon | MGD | 119.91 | | | | 61.97 | 1149.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH) | 88299 | CPT | | | | outpatient | | | 1210 | 71.27 | First Trenton | First Trenton | 1089 | 90 | | | 61.97 | 1149.5 | percent of total billed charges | |
| BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH) | 88299 | CPT | | | | outpatient | | | 1210 | 71.27 | Consumer | Consumer | 1149.5 | 95 | | | 61.97 | 1149.5 | percent of total billed charges | |
| BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH) | 88299 | CPT | | | | outpatient | | | 1210 | 71.27 | Qualcare | Qualcare | 907.5 | 75 | | | 61.97 | 1149.5 | percent of total billed charges | |
| BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH) | 88299 | CPT | | | | outpatient | | | 1210 | 71.27 | Multiplan | Multiplan | 968 | 80 | | | 61.97 | 1149.5 | percent of total billed charges | |
| BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH) | 88299 | CPT | | | | outpatient | | | 1210 | 71.27 | Wellcare | Medicare | 61.97 | | | | 61.97 | 1149.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH) | 88299 | CPT | | | | outpatient | | | 1210 | 71.27 | Corrections | Corrections | 968 | 80 | | | 61.97 | 1149.5 | percent of total billed charges | |
| BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH) | 88299 | CPT | | | | outpatient | | | 1210 | 71.27 | UHC | Medicaid | 381.76 | 31.55 | | | 61.97 | 1149.5 | percent of total billed charges | |
| BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH) | 88299 | CPT | | | | outpatient | | | 1210 | 71.27 | Three Rivers | Three Rivers | 1149.5 | 95 | | | 61.97 | 1149.5 | percent of total billed charges | |
| BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH) | 88299 | CPT | | | | outpatient | | | 1210 | 71.27 | WellPoint | WellPoint | 389.38 | 32.18 | | | 61.97 | 1149.5 | percent of total billed charges | |
| BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH) | 88299 | CPT | | | | outpatient | | | 1210 | 71.27 | Horizon | Indemnity | 119.91 | | | | 61.97 | 1149.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH) | 88299 | CPT | | | | outpatient | | | 1210 | 71.27 | UHC | Medicare | 61.97 | | | | 61.97 | 1149.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH) | 88299 | CPT | | | | outpatient | | | 1210 | 71.27 | Wellcare | Medicaid | 381.76 | 31.55 | | | 61.97 | 1149.5 | percent of total billed charges | |
| BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH) | 88299 | CPT | | | | outpatient | | | 1210 | 71.27 | Horizon | Medicare Blue | 61.97 | | | | 61.97 | 1149.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH) | 88299 | CPT | | | | outpatient | | | 1210 | 71.27 | Horizon | PPO | 119.91 | | | | 61.97 | 1149.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FLUORESCENT IN SITU HYBRIDIZATION (FISH) | 88299 | CPT | | | | outpatient | | | 1210 | 71.27 | Managed Care Inc | Managed Care Inc | 1089 | 90 | | | 61.97 | 1149.5 | percent of total billed charges | |
| BKR CHG LEVEL 1-SURGPATH GROSS&MIC EXA | 88300 | CPT | | | | both | | | 53 | 39.16 | Corrections | Corrections | 42.4 | 80 | | 15.81 | 12.9 | 65.89 | percent of total billed charges | |
| BKR CHG LEVEL 1-SURGPATH GROSS&MIC EXA | 88300 | CPT | | | | both | | | 53 | 39.16 | Aetna | Better Health | 16.72 | 31.55 | | 14.73 | 12.9 | 65.89 | percent of total billed charges | |
| BKR CHG LEVEL 1-SURGPATH GROSS&MIC EXA | 88300 | CPT | | | | both | | | 53 | 39.16 | First Health | First Health | 37.1 | 70 | | | 12.9 | 65.89 | percent of total billed charges | |
| BKR CHG LEVEL 1-SURGPATH GROSS&MIC EXA | 88300 | CPT | | | | both | | | 53 | 39.16 | Consumer | Consumer | 50.35 | 95 | | | 12.9 | 65.89 | percent of total billed charges | |
| BKR CHG LEVEL 1-SURGPATH GROSS&MIC EXA | 88300 | CPT | | | | both | | | 53 | 39.16 | Americare | Americare | 39.75 | 75 | | | 12.9 | 65.89 | percent of total billed charges | |
| BKR CHG LEVEL 1-SURGPATH GROSS&MIC EXA | 88300 | CPT | | | | both | | | 53 | 39.16 | Multiplan | Multiplan | 42.4 | 80 | | | 12.9 | 65.89 | percent of total billed charges | |
| BKR CHG LEVEL 1-SURGPATH GROSS&MIC EXA | 88300 | CPT | | | | both | | | 53 | 39.16 | Horizon | MGD | 65.89 | | | 15.07 | 12.9 | 65.89 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LEVEL 1-SURGPATH GROSS&MIC EXA | 88300 | CPT | | | | both | | | 53 | 39.16 | Amerihealth | HMO/PPO | 13.16 | | | 8.18 | 12.9 | 65.89 | fee schedule | |
| BKR CHG LEVEL 1-SURGPATH GROSS&MIC EXA | 88300 | CPT | | | | both | | | 53 | 39.16 | First Trenton | First Trenton | 47.7 | 90 | | | 12.9 | 65.89 | percent of total billed charges | |
| BKR CHG LEVEL 1-SURGPATH GROSS&MIC EXA | 88300 | CPT | | | | both | | | 53 | 39.16 | Aetna | Medicare | 34.05 | | | 8.23 | 12.9 | 65.89 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LEVEL 1-SURGPATH GROSS&MIC EXA | 88300 | CPT | | | | both | | | 53 | 39.16 | Horizon | Medicare Blue | 34.05 | | | 10.87 | 12.9 | 65.89 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LEVEL 1-SURGPATH GROSS&MIC EXA | 88300 | CPT | | | | both | | | 53 | 39.16 | Three Rivers | Three Rivers | 50.35 | 95 | | | 12.9 | 65.89 | percent of total billed charges | |
| BKR CHG LEVEL 1-SURGPATH GROSS&MIC EXA | 88300 | CPT | | | | both | | | 53 | 39.16 | Wellcare | Medicaid | 12.9 | | | 8.65 | 12.9 | 65.89 | fee schedule | |
| BKR CHG LEVEL 1-SURGPATH GROSS&MIC EXA | 88300 | CPT | | | | both | | | 53 | 39.16 | Qualcare | Qualcare | 39.75 | 75 | | | 12.9 | 65.89 | percent of total billed charges | |
| BKR CHG LEVEL 1-SURGPATH GROSS&MIC EXA | 88300 | CPT | | | | both | | | 53 | 39.16 | Wellcare | Medicare | 34.05 | | | 2.83 | 12.9 | 65.89 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LEVEL 1-SURGPATH GROSS&MIC EXA | 88300 | CPT | | | | both | | | 53 | 39.16 | Horizon | NJ Health | 18.33 | | | 6.63 | 12.9 | 65.89 | fee schedule | |
| BKR CHG LEVEL 1-SURGPATH GROSS&MIC EXA | 88300 | CPT | | | | both | | | 53 | 39.16 | Horizon | PPO | 65.89 | | | 15.66 | 12.9 | 65.89 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LEVEL 1-SURGPATH GROSS&MIC EXA | 88300 | CPT | | | | both | | | 53 | 39.16 | Horizon | Indemnity | 65.89 | | | 16.23 | 12.9 | 65.89 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LEVEL 1-SURGPATH GROSS&MIC EXA | 88300 | CPT | | | | both | | | 53 | 39.16 | Managed Care Inc | Managed Care Inc | 47.7 | 90 | | | 12.9 | 65.89 | percent of total billed charges | |
| BKR CHG LEVEL 1-SURGPATH GROSS&MIC EXA | 88300 | CPT | | | | both | | | 53 | 39.16 | UHC | Medicare | 34.05 | | | 9.08 | 12.9 | 65.89 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LEVEL 1-SURGPATH GROSS&MIC EXA | 88300 | CPT | | | | both | | | 53 | 39.16 | UHC | Medicaid | 12.9 | | | 11.79 | 12.9 | 65.89 | fee schedule | |
| BKR CHG LEVEL 1-SURGPATH GROSS&MIC EXA | 88300 | CPT | | | | both | | | 53 | 39.16 | WellPoint | WellPoint | 17.06 | 32.18 | | 10.78 | 12.9 | 65.89 | percent of total billed charges | |
| BKR CHG LEVEL 2-SURGPATH GROSS&MIC EXA | 88302 | CPT | | | | both | | | 53 | 39.16 | Aetna | Better Health | 16.72 | 31.55 | | | 16.72 | 65.89 | percent of total billed charges | |
| BKR CHG LEVEL 2-SURGPATH GROSS&MIC EXA | 88302 | CPT | | | | both | | | 53 | 39.16 | Amerihealth | HMO/PPO | 20 | | | | 16.72 | 65.89 | fee schedule | |
| BKR CHG LEVEL 2-SURGPATH GROSS&MIC EXA | 88302 | CPT | | | | both | | | 53 | 39.16 | Horizon | NJ Health | 41.16 | | | 5.46 | 16.72 | 65.89 | fee schedule | |
| BKR CHG LEVEL 2-SURGPATH GROSS&MIC EXA | 88302 | CPT | | | | both | | | 53 | 39.16 | Aetna | Medicare | 34.05 | | | 13.52 | 16.72 | 65.89 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LEVEL 2-SURGPATH GROSS&MIC EXA | 88302 | CPT | | | | both | | | 53 | 39.16 | Consumer | Consumer | 50.35 | 95 | | | 16.72 | 65.89 | percent of total billed charges | |
| BKR CHG LEVEL 2-SURGPATH GROSS&MIC EXA | 88302 | CPT | | | | both | | | 53 | 39.16 | First Trenton | First Trenton | 47.7 | 90 | | | 16.72 | 65.89 | percent of total billed charges | |
| BKR CHG LEVEL 2-SURGPATH GROSS&MIC EXA | 88302 | CPT | | | | both | | | 53 | 39.16 | Corrections | Corrections | 42.4 | 80 | | 13.47 | 16.72 | 65.89 | percent of total billed charges | |
| BKR CHG LEVEL 2-SURGPATH GROSS&MIC EXA | 88302 | CPT | | | | both | | | 53 | 39.16 | Multiplan | Multiplan | 42.4 | 80 | | | 16.72 | 65.89 | percent of total billed charges | |
| BKR CHG LEVEL 2-SURGPATH GROSS&MIC EXA | 88302 | CPT | | | | both | | | 53 | 39.16 | Americare | Americare | 39.75 | 75 | | | 16.72 | 65.89 | percent of total billed charges | |
| BKR CHG LEVEL 2-SURGPATH GROSS&MIC EXA | 88302 | CPT | | | | both | | | 53 | 39.16 | First Health | First Health | 37.1 | 70 | | | 16.72 | 65.89 | percent of total billed charges | |
| BKR CHG LEVEL 2-SURGPATH GROSS&MIC EXA | 88302 | CPT | | | | both | | | 53 | 39.16 | UHC | Medicare | 34.05 | | | | 16.72 | 65.89 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LEVEL 2-SURGPATH GROSS&MIC EXA | 88302 | CPT | | | | both | | | 53 | 39.16 | Horizon | Indemnity | 65.89 | | | 64.35 | 16.72 | 65.89 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LEVEL 2-SURGPATH GROSS&MIC EXA | 88302 | CPT | | | | both | | | 53 | 39.16 | Managed Care Inc | Managed Care Inc | 47.7 | 90 | | | 16.72 | 65.89 | percent of total billed charges | |
| BKR CHG LEVEL 2-SURGPATH GROSS&MIC EXA | 88302 | CPT | | | | both | | | 53 | 39.16 | Horizon | MGD | 65.89 | | | 16.89 | 16.72 | 65.89 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LEVEL 2-SURGPATH GROSS&MIC EXA | 88302 | CPT | | | | both | | | 53 | 39.16 | Three Rivers | Three Rivers | 50.35 | 95 | | | 16.72 | 65.89 | percent of total billed charges | |
| BKR CHG LEVEL 2-SURGPATH GROSS&MIC EXA | 88302 | CPT | | | | both | | | 53 | 39.16 | Qualcare | Qualcare | 39.75 | 75 | | | 16.72 | 65.89 | percent of total billed charges | |
| BKR CHG LEVEL 2-SURGPATH GROSS&MIC EXA | 88302 | CPT | | | | both | | | 53 | 39.16 | WellPoint | WellPoint | 17.06 | 32.18 | | 14.76 | 16.72 | 65.89 | percent of total billed charges | |
| BKR CHG LEVEL 2-SURGPATH GROSS&MIC EXA | 88302 | CPT | | | | both | | | 53 | 39.16 | Wellcare | Medicare | 34.05 | | | | 16.72 | 65.89 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LEVEL 2-SURGPATH GROSS&MIC EXA | 88302 | CPT | | | | both | | | 53 | 39.16 | Horizon | Medicare Blue | 34.05 | | | | 16.72 | 65.89 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LEVEL 2-SURGPATH GROSS&MIC EXA | 88302 | CPT | | | | both | | | 53 | 39.16 | Horizon | PPO | 65.89 | | | 10.83 | 16.72 | 65.89 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LEVEL 2-SURGPATH GROSS&MIC EXA | 88302 | CPT | | | | both | | | 53 | 39.16 | UHC | Medicaid | 27.47 | | | 15.86 | 16.72 | 65.89 | fee schedule | |
| BKR CHG LEVEL 2-SURGPATH GROSS&MIC EXA | 88302 | CPT | | | | both | | | 53 | 39.16 | Wellcare | Medicaid | 27.47 | | | 6.36 | 16.72 | 65.89 | fee schedule | |
| BKR CHG LEVEL 3-SURGPATH GROSS&MIC EXA | 88304 | CPT | | | | both | | | 798 | 71.27 | Horizon | Indemnity | 119.91 | | | 30.86 | 30 | 758.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LEVEL 3-SURGPATH GROSS&MIC EXA | 88304 | CPT | | | | both | | | 798 | 71.27 | Aetna | Medicare | 61.97 | | | 24.98 | 30 | 758.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LEVEL 3-SURGPATH GROSS&MIC EXA | 88304 | CPT | | | | both | | | 798 | 71.27 | Consumer | Consumer | 758.1 | 95 | | | 30 | 758.1 | percent of total billed charges | |
| BKR CHG LEVEL 3-SURGPATH GROSS&MIC EXA | 88304 | CPT | | | | both | | | 798 | 71.27 | Corrections | Corrections | 638.4 | 80 | | 27.5 | 30 | 758.1 | percent of total billed charges | |
| BKR CHG LEVEL 3-SURGPATH GROSS&MIC EXA | 88304 | CPT | | | | both | | | 798 | 71.27 | Horizon | MGD | 119.91 | | | 27.21 | 30 | 758.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LEVEL 3-SURGPATH GROSS&MIC EXA | 88304 | CPT | | | | both | | | 798 | 71.27 | Aetna | Better Health | 251.77 | 31.55 | | 31.07 | 30 | 758.1 | percent of total billed charges | |
| BKR CHG LEVEL 3-SURGPATH GROSS&MIC EXA | 88304 | CPT | | | | both | | | 798 | 71.27 | Horizon | Medicare Blue | 61.97 | | | 17.47 | 30 | 758.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LEVEL 3-SURGPATH GROSS&MIC EXA | 88304 | CPT | | | | both | | | 798 | 71.27 | Americare | Americare | 598.5 | 75 | | | 30 | 758.1 | percent of total billed charges | |
| BKR CHG LEVEL 3-SURGPATH GROSS&MIC EXA | 88304 | CPT | | | | both | | | 798 | 71.27 | Horizon | NJ Health | 50.96 | | | 13.75 | 30 | 758.1 | fee schedule | |
| BKR CHG LEVEL 3-SURGPATH GROSS&MIC EXA | 88304 | CPT | | | | both | | | 798 | 71.27 | Horizon | PPO | 119.91 | | | 30.88 | 30 | 758.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LEVEL 3-SURGPATH GROSS&MIC EXA | 88304 | CPT | | | | both | | | 798 | 71.27 | First Health | First Health | 588.6 | 70 | | | 30 | 758.1 | percent of total billed charges | |
| BKR CHG LEVEL 3-SURGPATH GROSS&MIC EXA | 88304 | CPT | | | | both | | | 798 | 71.27 | First Trenton | First Trenton | 718.2 | 90 | | | 30 | 758.1 | percent of total billed charges | |
| BKR CHG LEVEL 3-SURGPATH GROSS&MIC EXA | 88304 | CPT | | | | both | | | 798 | 71.27 | Multiplan | Multiplan | 638.4 | 80 | | | 30 | 758.1 | percent of total billed charges | |
| BKR CHG LEVEL 3-SURGPATH GROSS&MIC EXA | 88304 | CPT | | | | both | | | 798 | 71.27 | UHC | Medicaid | 39.47 | | | 18.03 | 30 | 758.1 | fee schedule | |
| BKR CHG LEVEL 3-SURGPATH GROSS&MIC EXA | 88304 | CPT | | | | both | | | 798 | 71.27 | Qualcare | Qualcare | 598.5 | 75 | | | 30 | 758.1 | percent of total billed charges | |
| BKR CHG LEVEL 3-SURGPATH GROSS&MIC EXA | 88304 | CPT | | | | both | | | 798 | 71.27 | Amerihealth | HMO/PPO | 30 | | | 11.61 | 30 | 758.1 | fee schedule | |
| BKR CHG LEVEL 3-SURGPATH GROSS&MIC EXA | 88304 | CPT | | | | both | | | 798 | 71.27 | UHC | Medicare | 61.97 | | | 16.85 | 30 | 758.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LEVEL 3-SURGPATH GROSS&MIC EXA | 88304 | CPT | | | | both | | | 798 | 71.27 | Wellcare | Medicare | 61.97 | | | | 30 | 758.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LEVEL 3-SURGPATH GROSS&MIC EXA | 88304 | CPT | | | | both | | | 798 | 71.27 | Wellcare | Medicaid | 39.47 | | | 20.42 | 30 | 758.1 | fee schedule | |
| BKR CHG LEVEL 3-SURGPATH GROSS&MIC EXA | 88304 | CPT | | | | both | | | 798 | 71.27 | Managed Care Inc | Managed Care Inc | 718.2 | 90 | | | 30 | 758.1 | percent of total billed charges | |
| BKR CHG LEVEL 3-SURGPATH GROSS&MIC EXA | 88304 |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG LEVEL 3-SURGPATH GROSS&MIC EXA | 88304 | CPT | | | | both | | | 798 | 71.27 | WellPoint | WellPoint | 256.8 | 32.18 | | 27.72 | 30 | 798 | 1 percent of total billed charges | |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88305 | CPT | | | | both | | | 492 | 71.27 | Americare | Americare | 369 | 75 | | | 29.34 | 467.4 | percent of total billed charges | |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88305 | CPT | | | | both | | | 492 | 71.27 | Aetna | Medicare | 61.97 | | | 19.68 | 29.34 | 467.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88305 | CPT | | | | both | | | 492 | 71.27 | Horizon | MGD | 119.91 | | | 39.19 | 29.34 | 467.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88305 | CPT | | | | both | | | 492 | 71.27 | Corrections | Corrections | 393.6 | 80 | | 32.5 | 29.34 | 467.4 | percent of total billed charges | |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88305 | CPT | | | | both | | | 492 | 71.27 | Consumer | Consumer | 467.4 | 95 | | | 29.34 | 467.4 | percent of total billed charges | |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88305 | CPT | | | | both | | | 492 | 71.27 | Aetna | Better Health | 155.23 | 31.55 | | 30.44 | 29.34 | 467.4 | percent of total billed charges | |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88305 | CPT | | | | both | | | 492 | 71.27 | Horizon | NJ Health | 78.4 | | | 23.89 | 29.34 | 467.4 | fee schedule | |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88305 | CPT | | | | both | | | 492 | 71.27 | Amerihealth | HMO/PPO | 60 | | | 18.19 | 29.34 | 467.4 | fee schedule | |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88305 | CPT | | | | both | | | 492 | 71.27 | First Trenton | First Trenton | 442.8 | 90 | | | 29.34 | 467.4 | percent of total billed charges | |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88305 | CPT | | | | both | | | 492 | 71.27 | UHC | Medicare | 61.97 | | | 20.66 | 29.34 | 467.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88305 | CPT | | | | both | | | 492 | 71.27 | WellPoint | WellPoint | 158.33 | 32.18 | | 26.17 | 29.34 | 467.4 | percent of total billed charges | |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88305 | CPT | | | | both | | | 492 | 71.27 | First Health | First Health | 344.4 | 70 | | | 29.34 | 467.4 | percent of total billed charges | |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88305 | CPT | | | | both | | | 492 | 71.27 | Horizon | Medicare Blue | 61.97 | | | 22.27 | 29.34 | 467.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88305 | CPT | | | | both | | | 492 | 71.27 | UHC | Medicaid | 40 | | | 29.08 | 29.34 | 467.4 | fee schedule | |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88305 | CPT | | | | both | | | 492 | 71.27 | Multiplan | Multiplan | 393.6 | 80 | | | 29.34 | 467.4 | percent of total billed charges | |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88305 | CPT | | | | both | | | 492 | 71.27 | Horizon | Indemnity | 119.91 | | | 33.42 | 29.34 | 467.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88305 | CPT | | | | both | | | 492 | 71.27 | Horizon | PPO | 119.91 | | | 37.56 | 29.34 | 467.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88305 | CPT | | | | both | | | 492 | 71.27 | Wellcare | Medicare | 61.97 | | | 13.6 | 29.34 | 467.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88305 | CPT | | | | both | | | 492 | 71.27 | Qualcare | Qualcare | 369 | 75 | | | 29.34 | 467.4 | percent of total billed charges | |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88305 | CPT | | | | both | | | 492 | 71.27 | Managed Care Inc | Managed Care Inc | 442.8 | 90 | | | 29.34 | 467.4 | percent of total billed charges | |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88305 | CPT | | | | both | | | 492 | 71.27 | Three Rivers | Three Rivers | 467.4 | 95 | | | 29.34 | 467.4 | percent of total billed charges | |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88305 | CPT | | | | both | | | 492 | 71.27 | Wellcare | Medicaid | 40 | | | 26.65 | 29.34 | 467.4 | fee schedule | |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88307 | CPT | | | | both | | | 634 | 472.75 | Horizon | Medicare Blue | 411.09 | | | 100.31 | 59 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88307 | CPT | | | | both | | | 634 | 472.75 | Horizon | PPO | 795.46 | | | 206.48 | 59 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88307 | CPT | | | | both | | | 634 | 472.75 | Corrections | Corrections | 507.2 | 80 | | 188.52 | 59 | 795.46 | percent of total billed charges | |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88307 | CPT | | | | both | | | 634 | 472.75 | First Trenton | First Trenton | 570.6 | 90 | | | 59 | 795.46 | percent of total billed charges | |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88307 | CPT | | | | both | | | 634 | 472.75 | Aetna | Better Health | 293.03 | 31.55 | | | 59 | 795.46 | percent of total billed charges | |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88307 | CPT | | | | both | | | 634 | 472.75 | Aetna | Medicare | 411.09 | | | 98.8 | 59 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88307 | CPT | | | | both | | | 634 | 472.75 | First Health | First Health | 443.8 | 70 | | | 59 | 795.46 | percent of total billed charges | |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88307 | CPT | | | | both | | | 634 | 472.75 | Americare | Americare | 475.5 | 75 | | | 59 | 795.46 | percent of total billed charges | |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88307 | CPT | | | | both | | | 634 | 472.75 | Consumer | Consumer | 602.3 | 95 | | | 59 | 795.46 | percent of total billed charges | |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88307 | CPT | | | | both | | | 634 | 472.75 | Horizon | MGD | 795.46 | | | 190.9 | 59 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88307 | CPT | | | | both | | | 634 | 472.75 | Multiplan | Multiplan | 507.2 | 80 | | | 59 | 795.46 | percent of total billed charges | |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88307 | CPT | | | | both | | | 634 | 472.75 | Horizon | NJ Health | 115.64 | | | 79.7 | 59 | 795.46 | fee schedule | |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88307 | CPT | | | | both | | | 634 | 472.75 | Qualcare | Qualcare | 475.5 | 75 | | | 59 | 795.46 | percent of total billed charges | |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88307 | CPT | | | | both | | | 634 | 472.75 | UHC | Medicaid | 59 | | | 172.63 | 59 | 795.46 | fee schedule | |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88307 | CPT | | | | both | | | 634 | 472.75 | Amerihealth | HMO/PPO | 104 | | | | 59 | 795.46 | fee schedule | |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88307 | CPT | | | | both | | | 634 | 472.75 | UHC | Medicare | 411.09 | | | 90.07 | 59 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88307 | CPT | | | | both | | | 634 | 472.75 | Managed Care Inc | Managed Care Inc | 570.6 | 90 | | | 59 | 795.46 | percent of total billed charges | |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88307 | CPT | | | | both | | | 634 | 472.75 | Horizon | Indemnity | 795.46 | | | 226.65 | 59 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88307 | CPT | | | | both | | | 634 | 472.75 | Three Rivers | Three Rivers | 602.3 | 95 | | | 59 | 795.46 | percent of total billed charges | |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88307 | CPT | | | | both | | | 634 | 472.75 | Wellcare | Medicaid | 59 | | | 162.99 | 59 | 795.46 | fee schedule | |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88307 | CPT | | | | both | | | 634 | 472.75 | Wellcare | Medicare | 411.09 | | | | 59 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TISSUE EXAM BY PATHOLOGIST | 88307 | CPT | | | | both | | | 634 | 472.75 | WellPoint | WellPoint | 204.02 | 32.18 | | 127.67 | 59 | 795.46 | percent of total billed charges | |
| BKR CHG LEVEL 6-SURGPATH GROSS&MIC EXA | 88309 | CPT | | | | both | | | 1402 | 1130.94 | Aetna | Medicare | 983.43 | | | | 89 | 1902.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LEVEL 6-SURGPATH GROSS&MIC EXA | 88309 | CPT | | | | both | | | 1402 | 1130.94 | Corrections | Corrections | 1121.6 | 80 | | 406.94 | 89 | 1902.94 | percent of total billed charges | |
| BKR CHG LEVEL 6-SURGPATH GROSS&MIC EXA | 88309 | CPT | | | | both | | | 1402 | 1130.94 | Horizon | NJ Health | 174.44 | | | 239.13 | 89 | 1902.94 | fee schedule | |
| BKR CHG LEVEL 6-SURGPATH GROSS&MIC EXA | 88309 | CPT | | | | both | | | 1402 | 1130.94 | Amerihealth | HMO/PPO | 141 | | | | 89 | 1902.94 | fee schedule | |
| BKR CHG LEVEL 6-SURGPATH GROSS&MIC EXA | 88309 | CPT | | | | both | | | 1402 | 1130.94 | Aetna | Better Health | 442.33 | 31.55 | | | 89 | 1902.94 | percent of total billed charges | |
| BKR CHG LEVEL 6-SURGPATH GROSS&MIC EXA | 88309 | CPT | | | | both | | | 1402 | 1130.94 | UHC | Medicaid | 89 | | | 403.18 | 89 | 1902.94 | fee schedule | |
| BKR CHG LEVEL 6-SURGPATH GROSS&MIC EXA | 88309 | CPT | | | | both | | | 1402 | 1130.94 | Horizon | Medicare Blue | 983.43 | | | 279.14 | 89 | 1902.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LEVEL 6-SURGPATH GROSS&MIC EXA | 88309 | CPT | | | | both | | | 1402 | 1130.94 | First Trenton | First Trenton | 1261.8 | 90 | | | 89 | 1902.94 | percent of total billed charges | |
| BKR CHG LEVEL 6-SURGPATH GROSS&MIC EXA | 88309 | CPT | | | | both | | | 1402 | 1130.94 | Consumer | Consumer | 1331.9 | 95 | | | 89 | 1902.94 | percent of total billed charges | |
| BKR CHG LEVEL 6-SURGPATH GROSS&MIC EXA | 88309 | CPT | | | | both | | | 1402 | 1130.94 | Horizon | Indemnity | 1902.94 | | | 444.14 | 89 | 1902.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LEVEL 6-SURGPATH GROSS&MIC EXA | 88309 | CPT | | | | both | | | 1402 | 1130.94 | UHC | Medicare | 983.43 | | | 217.22 | 89 | 1902.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LEVEL 6-SURGPATH GROSS&MIC EXA | 88309 | CPT | | | | both | | | 1402 | 1130.94 | First Health | First Health | 981.4 | 70 | | | 89 | 1902.94 | percent of total billed charges | |
| BKR CHG LEVEL 6-SURGPATH GROSS&MIC EXA | 88309 | CPT | | | | both | | | 1402 | 1130.94 | Americare | Americare | 1051.5 | 75 | | | 89 | 1902.94 | percent of total billed charges | |
| BKR CHG LEVEL 6-SURGPATH GROSS&MIC EXA | 88309 | CPT | | | | both | | | 1402 | 1130.94 | Wellcare | Medicaid | 89 | | | 391.47 | 89 | 1902.94 | fee schedule | |
| BKR CHG LEVEL 6-SURGPATH GROSS&MIC EXA | 88309 | CPT | | | | both | | | 1402 | 1130.94 | Three Rivers | Three Rivers | 1331.9 | 95 | | | 89 | 1902.94 | percent of total billed charges | |
| BKR CHG LEVEL 6-SURGPATH GROSS&MIC EXA | 88309 | CPT | | | | both | | | 1402 | 1130.94 | Managed Care Inc | Managed Care Inc | 1261.8 | 90 | | | 89 | 1902.94 | percent of total billed charges | |
| BKR CHG LEVEL 6-SURGPATH GROSS&MIC EXA | 88309 | CPT | | | | both | | | 1402 | 1130.94 | Multiplan | Multiplan | 1121.6 | 80 | | | 89 | 1902.94 | percent of total billed charges | |
| BKR CHG LEVEL 6-SURGPATH GROSS&MIC EXA | 88309 | CPT | | | | both | | | 1402 | 1130.94 | Horizon | MGD | 1902.94 | | | 424.86 | 89 | 1902.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LEVEL 6-SURGPATH GROSS&MIC EXA | 88309 | CPT | | | | both | | | 1402 | 1130.94 | Qualcare | Qualcare | 1051.5 | 75 | | | 89 | 1902.94 | percent of total billed charges | |
| BKR CHG LEVEL 6-SURGPATH GROSS&MIC EXA | 88309 | CPT | | | | both | | | 1402 | 1130.94 | WellPoint | WellPoint | 451.16 | 32.18 | | | 89 | 1902.94 | percent of total billed charges | |
| BKR CHG LEVEL 6-SURGPATH GROSS&MIC EXA | 88309 | CPT | | | | both | | | 1402 | 1130.94 | Horizon | PPO | 1902.94 | | | 484.65 | 89 | 1902.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LEVEL 6-SURGPATH GROSS&MIC EXA | 88309 | CPT | | | | both | | | 1402 | 1130.94 | Wellcare | Medicare | 983.43 | | | | 89 | 1902.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG DECALCIFICATION PROCEDURE | 88311 | CPT | | | | both | | | 48 | | Horizon | Medicare Blue | 14.4 | 30 | | 7.26 | 6 | 45.6 | percent of total billed charges | |
| BKR CHG DECALCIFICATION PROCEDURE | 88311 | CPT | | | | both | | | 48 | | First Trenton | First Trenton | 43.2 | 90 | | | 6 | 45.6 | percent of total billed charges | |
| BKR CHG DECALCIFICATION PROCEDURE | 88311 | CPT | | | | both | | | 48 | | Consumer | Consumer | 45.6 | 95 | | | 6 | 45.6 | percent of total billed charges | |
| BKR CHG DECALCIFICATION PROCEDURE | 88311 | CPT | | | | both | | | 48 | | UHC | Medicaid | 6 | | | 13.15 | 6 | 45.6 | fee schedule | |
| BKR CHG DECALCIFICATION PROCEDURE | 88311 | CPT | | | | both | | | 48 | | Aetna | Medicare | 14.78 | 30.8 | | 3.14 | 6 | 45.6 | percent of total billed charges | |
| BKR CHG DECALCIFICATION PROCEDURE | 88311 | CPT | | | | both | | | 48 | | Aetna | Better Health | 15.14 | 31.55 | | 10.38 | 6 | 45.6 | percent of total billed charges | |
| BKR CHG DECALCIFICATION PROCEDURE | 88311 | CPT | | | | both | | | 48 | | Horizon | PPO | 18.37 | 38.28 | | 14.87 | 6 | 45.6 | percent of total billed charges | |
| BKR CHG DECALCIFICATION PROCEDURE | 88311 | CPT | | | | both | | | 48 | | First Health | First Health | 33.6 | 70 | | | 6 | 45.6 | percent of total billed charges | |
| BKR CHG DECALCIFICATION PROCEDURE | 88311 | CPT | | | | both | | | 48 | | Americare | Americare | 36 | 75 | | | 6 | 45.6 | percent of total billed charges | |
| BKR CHG DECALCIFICATION PROCEDURE | 88311 | CPT | | | | both | | | 48 | | Managed Care Inc | Managed Care Inc | 43.2 | 90 | | | 6 | 45.6 | percent of total billed charges | |
| BKR CHG DECALCIFICATION PROCEDURE | 88311 | CPT | | | | both | | | 48 | | Amerihealth | HMO/PPO | 40.45 | | | 8.65 | 6 | 45.6 | fee schedule | |
| BKR CHG DECALCIFICATION PROCEDURE | 88311 | CPT | | | | both | | | 48 | | WellPoint | WellPoint | 15.45 | 32.18 | | 10.35 | 6 | 45.6 | percent of total billed charges | |
| BKR CHG DECALCIFICATION PROCEDURE | 88311 | CPT | | | | both | | | 48 | | Corrections | Corrections | 38.4 | 80 | | 12.1 | 6 | 45.6 | percent of total billed charges | |
| BKR CHG DECALCIFICATION PROCEDURE | 88311 | CPT | | | | both | | | 48 | | Horizon | Indemnity | 18.37 | 38.28 | | 15.38 | 6 | 45.6 | percent of total billed charges | |
| BKR CHG DECALCIFICATION PROCEDURE | 88311 | CPT | | | | both | | | 48 | | Multiplan | Multiplan | 38.4 | 80 | | | 6 | 45.6 | percent of total billed charges | |
| BKR CHG DECALCIFICATION PROCEDURE | 88311 | CPT | | | | both | | | 48 | | Horizon | MGD | 18.37 | 38.28 | | 15.46 | 6 | 45.6 | percent of total billed charges | |
| BKR CHG DECALCIFICATION PROCEDURE | 88311 | CPT | | | | both | | | 48 | | Qualcare | Qualcare | 36 | 75 | | | 6 | 45.6 | percent of total billed charges | |
| BKR CHG DECALCIFICATION PROCEDURE | 88311 | CPT | | | | both | | | 48 | | Horizon | NJ Health | 11.76 | | | 5.99 | 6 | 45.6 | fee schedule | |
| BKR CHG DECALCIFICATION PROCEDURE | 88311 | CPT | | | | both | | | 48 | | Three Rivers | Three Rivers | 45.6 | 95 | | | 6 | 45.6 | percent of total billed charges | |
| BKR CHG DECALCIFICATION PROCEDURE | 88311 | CPT | | | | both | | | 48 | | Wellcare | Medicaid | 6 | | | 8.97 | 6 | 45.6 | fee schedule | |
| BKR CHG SPECIAL STAINS GROUP I | 88312 | CPT | | | | both | | | 486 | 71.27 | Consumer | Consumer | 461.7 | 95 | | | 13 | 461.7 | percent of total billed charges | |
| BKR CHG SPECIAL STAINS GROUP I | 88312 | CPT | | | | both | | | 486 | 71.27 | Aetna | Medicare | 61.97 | | | 28.27 | 13 | 461.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SPECIAL STAINS GROUP I | 88312 | CPT | | | | both | | | 486 | 71.27 | Horizon | Medicare Blue | 61.97 | | | | 13 | 461.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SPECIAL STAINS GROUP I | 88312 | CPT | | | | both | | | 486 | 71.27 | Americare | Americare | 364.5 | 75 | | | 13 | 461.7 | percent of total billed charges | |
| BKR CHG SPECIAL STAINS GROUP I | 88312 | CPT | | | | both | | | 486 | 71.27 | First Health | First Health | 340.2 | 70 | | | 13 | 461.7 | percent of total billed charges | |
| BKR CHG SPECIAL STAINS GROUP I | 88312 | CPT | | | | both | | | 486 | 71.27 | Qualcare | Qualcare | 364.5 | 75 | | | 13 | 461.7 | percent of total billed charges | |
| BKR CHG SPECIAL STAINS GROUP I | 88312 | CPT | | | | both | | | 486 | 71.27 | UHC | Medicaid | 13 | | | 32.08 | 13 | 461.7 | fee schedule | |
| BKR CHG SPECIAL STAINS GROUP I | 88312 | CPT | | | | both | | | 486 | 71.27 | Aetna | Better Health | 153.33 | 31.55 | | 30.01 | 13 | 461.7 | percent of total billed charges | |
| BKR CHG SPECIAL STAINS GROUP I | 88312 | CPT | | | | both | | | 486 | 71.27 | Corrections | Corrections | 388.8 | 80 | | 17.52 | 13 | 461.7 | percent of total billed charges | |
| BKR CHG SPECIAL STAINS GROUP I | 88312 | CPT | | | | both | | | 486 | 71.27 | First Trenton | First Trenton | 437.4 | 90 | | | 13 | 461.7 | percent of total billed charges | |
| BKR CHG SPECIAL STAINS GROUP I | 88312 | CPT | | | | both | | | 486 | 71.27 | Horizon | PPO | 119.91 | | | 41.87 | 13 | 461.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SPECIAL STAINS GROUP I | 88312 | CPT | | | | both | | | 486 | 71.27 | Amerihealth | HMO/PPO | 62.4 | | | 20.23 | 13 | 461.7 | fee schedule | |
| BKR CHG SPECIAL STAINS GROUP I | 88312 | CPT | | | | both | | | 486 | 71.27 | Horizon | MGD | 119.91 | | | 47.11 | 13 | 461.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SPECIAL STAINS GROUP I | 88312 | CPT | | | | both | | | 486 | 71.27 | Horizon | NJ Health | 25.48 | | | 20.23 | 13 | 461.7 | fee schedule | |
| BKR CHG SPECIAL STAINS GROUP I | 88312 | CPT | | | | both | | | 486 | 71.27 | Wellcare | Medicaid | 13 | | | 39.5 | 13 | 461.7 | fee schedule | |
| BKR CHG SPECIAL STAINS GROUP I | 88312 | CPT | | | | both | | | 486 | 71.27 | WellPoint | WellPoint | 156.39 | 32.18 | | 30.8 | 13 | 461.7 | percent of total billed charges | |
| BKR CHG SPECIAL STAINS GROUP I | 88312 | CPT | | | | both | | | 486 | 71.27 | Horizon | Indemnity | 119.91 | | | 55.43 | 13 | 461.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SPECIAL STAINS GROUP I | 88312 | CPT | | | | both | | | 486 | 71.27 | Managed Care Inc | Managed Care Inc | 437.4 | 90 | | | 13 | 461.7 | percent of total billed charges | |
| BKR CHG SPECIAL STAINS GROUP I | 88312 | CPT | | | | both | | | 486 | 71.27 | UHC | Medicare | 61.97 | | | 25.46 | 13 | 461.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SPECIAL STAINS GROUP I | 88312 | CPT | | | | both | | | 486 | 71.27 | Multiplan | Multiplan | 388.8 | 80 | | | 13 | 461.7 | percent of total billed charges | |
| BKR CHG SPECIAL STAINS GROUP I | 88312 | CPT | | | | both | | | 486 | 71.27 | Three Rivers | Three Rivers | 461.7 | 95 | | | 13 | 461.7 | percent of total billed charges | |
| BKR CHG SPECIAL STAINS GROUP I | 88312 | CPT | | | | both | | | 486 | 71.27 | Wellcare | Medicare | 61.97 | | | | 13 | 461.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TRICHROME STAIN | 88313 | CPT | | | | both | | | 459 | 80.45 | Aetna | Medicare | 69.96 | | | 16.64 | 10 | 436.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TRICHROME STAIN | 88313 | CPT | | | | both | | | 459 | 80.45 | Consumer | Consumer | 436.05 | 95 | | | 10 | 436.05 | percent of total billed charges | |
| BKR CHG TRICHROME STAIN | 88313 | CPT | | | | both | | | 459 | 80.45 | UHC | Medicaid | 10 | | | 22.21 | 10 | 436.05 | fee schedule | |
| BKR CHG TRICHROME STAIN | 88313 | CPT | | | | both | | | 459 | 80.45 | Horizon | Indemnity | 135.37 | | | 75.27 | 10 | 436.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TRICHROME STAIN | 88313 | CPT | | | | both | | | 459 | 80.45 | Amerihealth | HMO/PPO | 62.4 | | | | 10 | 436.05 | fee schedule | |
| BKR CHG TRICHROME STAIN | 88313 | CPT | | | | both | | | 459 | 80.45 | Aetna | Better Health | 144.81 | 31.55 | | 13.18 | 10 | 436.05 | percent of total billed charges | |
| BKR CHG TRICHROME STAIN | 88313 | CPT | | | | both | | | 459 | 80.45 | Americare | Americare | 344.25 | 75 | | | 10 | 436.05 | percent of total billed charges | |
| BKR CHG TRICHROME STAIN | 88313 | CPT | | | | both | | | 459 | 80.45 | Corrections | Corrections | 367.2 | 80 | | 23.79 | 10 | 436.05 | percent of total billed charges | |
| BKR CHG TRICHROME STAIN | 88313 | CPT | | | | both | | | 459 | 80.45 | Horizon | MGD | 135.37 | | | 26.16 | 10 | 436.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TRICHROME STAIN | 88313 | CPT | | | | both | | | 459 | 80.45 | First Health | First Health | 321.3 | 70 | | | 10 | 436.05 | percent of total billed charges | |
| BKR CHG TRICHROME STAIN | 88313 | CPT | | | | both | | | 459 | 80.45 | First Trenton | First Trenton | 413.1 | 90 | | | 10 | 436.05 | percent of total billed charges | |
| BKR CHG TRICHROME STAIN | 88313 | CPT | | | | both | | | 459 | 80.45 | Multiplan | Multiplan | 367.2 | 80 | | | 10 | 436.05 | percent of total billed charges | |
| BKR CHG TRICHROME STAIN | 88313 | CPT | | | | both | | | 459 | 80.45 | Horizon | PPO | 135.37 | | | 20.51 | 10 | 436.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TRICHROME STAIN | 88313 | CPT | | | | both | | | 459 | 80.45 | Horizon | NJ Health | 19.6 | | | 12.56 | 10 | 436.05 | fee schedule | |
| BKR CHG TRICHROME STAIN | 88313 | CPT | | | | both | | | 459 | 80.45 | Managed Care Inc | Managed Care Inc | 413.1 | 90 | | | 10 | 436.05 | percent of total billed charges | |
| BKR CHG TRICHROME STAIN | 88313 | CPT | | | | both | | | 459 | 80.45 | Qualcare | Qualcare | 344.25 | 75 | | | 10 | 436.05 | percent of total billed charges | |
| BKR CHG TRICHROME STAIN | 88313 | CPT | | | | both | | | 459 | 80.45 | Three Rivers | Three Rivers | 436.05 | 95 | | | 10 | 436.05 | percent of total billed charges | |
| BKR CHG TRICHROME STAIN | 88313 | CPT | | | | both | | | 459 | 80.45 | Horizon | Medicare Blue | 69.96 | | | | 10 | 436.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TRICHROME STAIN | 88313 | CPT | | | | both | | | 459 | 80.45 | Wellcare | Medicaid | 10 | | | 34.26 | 10 | 436.05 | fee schedule | |
| BKR CHG TRICHROME STAIN | 88313 | CPT | | | | both | | | 459 | 80.45 | WellPoint | WellPoint | 147.71 | 32.18 | | 23.69 | 10 | 436.05 | percent of total billed charges | |
| BKR CHG TRICHROME STAIN | 88313 | CPT | | | | both | | | 459 | 80.45 | UHC | Medicare | 69.96 | | | 15.49 | 10 | 436.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TRICHROME STAIN | 88313 | CPT | | | | both | | | 459 | 80.45 | Wellcare | Medicare | 69.96 | | | | 10 | 436.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG HISTOCHEMICAL STAIN-MSO | 88314 | CPT | | | | both | | | 235 | | Amerihealth | HMO/PPO | 40 | | | | 12 | 223.25 | fee schedule | |
| BKR CHG HISTOCHEMICAL STAIN-MSO | 88314 | CPT | | | | both | | | 235 | | Multiplan | Multiplan | 188 | 80 | | | 12 | 223.25 | percent of total billed charges | |
| BKR CHG HISTOCHEMICAL STAIN-MSO | 88314 | CPT | | | | both | | | 235 | | Americare | Americare | 176.25 | 75 | | | 12 | 223.25 | percent of total billed charges | |
| BKR CHG HISTOCHEMICAL STAIN-MSO | 88314 | CPT | | | | both | | | 235 | | Aetna | Medicare | 72.38 | 30.8 | | | 12 | 223.25 | percent of total billed charges | |
| BKR CHG HISTOCHEMICAL STAIN-MSO | 88314 | CPT | | | | both | | | 235 | | Horizon | Indemnity | 89.96 | 38.28 | | | 12 | 223.25 | percent of total billed charges | |
| BKR CHG HISTOCHEMICAL STAIN-MSO | 88314 | CPT | | | | both | | | 235 | | Aetna | Better Health | 74.14 | 31.55 | | | 12 | 223.25 | percent of total billed charges | |
| BKR CHG HISTOCHEMICAL STAIN-MSO | 88314 | CPT | | | | both | | | 235 | | Corrections | Corrections | 188 | 80 | | | 12 | 223.25 | percent of total billed charges | |
| BKR CHG HISTOCHEMICAL STAIN-MSO | 88314 | CPT | | | | both | | | 235 | | WellPoint | WellPoint | 75.62 | 32.18 | | | 12 | 223.25 | percent of total billed charges | |
| BKR CHG HISTOCHEMICAL STAIN-MSO | 88314 | CPT | | | | both | | | 235 | | First Trenton | First Trenton | 211.5 | 90 | | | 12 | 223.25 | percent of total billed charges | |
| BKR CHG HISTOCHEMICAL STAIN-MSO | 88314 | CPT | | | | both | | | 235 | | Qualcare | Qualcare | 176.25 | 75 | | | 12 | 223.25 | percent of total billed charges | |
| BKR CHG HISTOCHEMICAL STAIN-MSO | 88314 | CPT | | | | both | | | 235 | | Horizon | NJ Health | 23.52 | | | | 12 | 223.25 | fee schedule | |
| BKR CHG HISTOCHEMICAL STAIN-MSO | 88314 | CPT | | | | both | | | 235 | | Consumer | Consumer | 223.25 | 95 | | | 12 | 223.25 | percent of total billed charges | |
| BKR CHG HISTOCHEMICAL STAIN-MSO | 88314 | CPT | | | | both | | | 235 | | Horizon | MGD | 89.96 | 38.28 | | | 12 | 223.25 | percent of total billed charges | |
| BKR CHG HISTOCHEMICAL STAIN-MSO | 88314 | CPT | | | | both | | | 235 | | First Health | First Health | 164.5 | 70 | | | 12 | 223.25 | percent of total billed charges | |
| BKR CHG HISTOCHEMICAL STAIN-MSO | 88314 | CPT | | | | both | | | 235 | | Horizon | PPO | 89.96 | 38.28 | | | 12 | 223.25 | percent of total billed charges | |
| BKR CHG HISTOCHEMICAL STAIN-MSO | 88314 | CPT | | | | both | | | 235 | | Wellcare | Medicaid | 12 | | | | 12 | 223.25 | fee schedule | |
| BKR CHG HISTOCHEMICAL STAIN-MSO | 88314 | CPT | | | | both | | | 235 | | Managed Care Inc | Managed Care Inc | 211.5 | 90 | | | 12 | 223.25 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG HISTOCHEMICAL STAIN-MISO | 88314 | CPT | | | | both | | | 235 | | UHC | Medicaid | 12 | | | | 12 | | 223.25 fee schedule | |
| BKR CHG HISTOCHEMICAL STAIN-MISO | 88314 | CPT | | | | both | | | 235 | | Three Rivers | Three Rivers | 223.25 | 95 | | | 12 | | 223.25 percent of total billed charges | |
| BKR CHG HISTOCHEMICAL STAIN-MISO | 88314 | CPT | | | | both | | | 235 | | Horizon | Medicare Blue | 70.5 | 30 | | | 12 | | 223.25 percent of total billed charges | |
| BKR CHG TAY SACHS - SKIN FIB | 88319 | CPT | | | | both | | | 1402 | 1130.94 | Americare | Americare | 1051.5 | 75 | | | 12.94 | | 1902.94 percent of total billed charges | |
| BKR CHG TAY SACHS - SKIN FIB | 88319 | CPT | | | | both | | | 1402 | 1130.94 | Multiplan | Multiplan | 1121.6 | 80 | | | 12.94 | | 1902.94 percent of total billed charges | |
| BKR CHG TAY SACHS - SKIN FIB | 88319 | CPT | | | | both | | | 1402 | 1130.94 | Amerihealth | HMO/PPO | 34 | | | | 12.94 | | 1902.94 fee schedule | |
| BKR CHG TAY SACHS - SKIN FIB | 88319 | CPT | | | | both | | | 1402 | 1130.94 | First Health | First Health | 981.4 | 70 | | | 12.94 | | 1902.94 percent of total billed charges | |
| BKR CHG TAY SACHS - SKIN FIB | 88319 | CPT | | | | both | | | 1402 | 1130.94 | Consumer | Consumer | 1331.9 | 95 | | | 12.94 | | 1902.94 percent of total billed charges | |
| BKR CHG TAY SACHS - SKIN FIB | 88319 | CPT | | | | both | | | 1402 | 1130.94 | Aetna | Medicare | 983.43 | | | | 12.94 | | 1902.94 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TAY SACHS - SKIN FIB | 88319 | CPT | | | | both | | | 1402 | 1130.94 | Aetna | Better Health | 442.33 | 31.55 | | | 12.94 | | 1902.94 percent of total billed charges | |
| BKR CHG TAY SACHS - SKIN FIB | 88319 | CPT | | | | both | | | 1402 | 1130.94 | Corrections | Corrections | 1121.6 | 80 | | | 12.94 | | 1902.94 percent of total billed charges | |
| BKR CHG TAY SACHS - SKIN FIB | 88319 | CPT | | | | both | | | 1402 | 1130.94 | Horizon | MGD | 1902.94 | | | | 12.94 | | 1902.94 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TAY SACHS - SKIN FIB | 88319 | CPT | | | | both | | | 1402 | 1130.94 | Qualcare | Qualcare | 1051.5 | 75 | | | 12.94 | | 1902.94 percent of total billed charges | |
| BKR CHG TAY SACHS - SKIN FIB | 88319 | CPT | | | | both | | | 1402 | 1130.94 | Horizon | Medicare Blue | 983.43 | | | | 12.94 | | 1902.94 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TAY SACHS - SKIN FIB | 88319 | CPT | | | | both | | | 1402 | 1130.94 | Three Rivers | Three Rivers | 1331.9 | 95 | | | 12.94 | | 1902.94 percent of total billed charges | |
| BKR CHG TAY SACHS - SKIN FIB | 88319 | CPT | | | | both | | | 1402 | 1130.94 | UHC | Medicare | 983.43 | | | | 12.94 | | 1902.94 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TAY SACHS - SKIN FIB | 88319 | CPT | | | | both | | | 1402 | 1130.94 | UHC | Medicaid | 12.94 | | | | 12.94 | | 1902.94 fee schedule | |
| BKR CHG TAY SACHS - SKIN FIB | 88319 | CPT | | | | both | | | 1402 | 1130.94 | Wellcare | Medicare | 983.43 | | | | 12.94 | | 1902.94 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TAY SACHS - SKIN FIB | 88319 | CPT | | | | both | | | 1402 | 1130.94 | First Trenton | First Trenton | 1261.8 | 90 | | | 12.94 | | 1902.94 percent of total billed charges | |
| BKR CHG TAY SACHS - SKIN FIB | 88319 | CPT | | | | both | | | 1402 | 1130.94 | WellPoint | WellPoint | 461.16 | 32.18 | | | 12.94 | | 1902.94 percent of total billed charges | |
| BKR CHG TAY SACHS - SKIN FIB | 88319 | CPT | | | | both | | | 1402 | 1130.94 | Wellcare | Medicaid | 12.94 | | | | 12.94 | | 1902.94 fee schedule | |
| BKR CHG TAY SACHS - SKIN FIB | 88319 | CPT | | | | both | | | 1402 | 1130.94 | Horizon | Indemnity | 1902.94 | | | | 12.94 | | 1902.94 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TAY SACHS - SKIN FIB | 88319 | CPT | | | | both | | | 1402 | 1130.94 | Horizon | NJ Health | 19.21 | | | | 12.94 | | 1902.94 fee schedule | |
| BKR CHG TAY SACHS - SKIN FIB | 88319 | CPT | | | | both | | | 1402 | 1130.94 | Horizon | PPO | 1902.94 | | | | 12.94 | | 1902.94 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TAY SACHS - SKIN FIB | 88319 | CPT | | | | both | | | 1402 | 1130.94 | Managed Care Inc | Managed Care Inc | 1261.8 | 90 | | | 12.94 | | 1902.94 percent of total billed charges | |
| BKR CHG CONSULT ON REF SLIDE | 88321 | CPT | | | | outpatient | | | 557 | 52.74 | Multiplan | Multiplan | 445.6 | 80 | | | 28 | | 529.15 percent of total billed charges | |
| BKR CHG CONSULT ON REF SLIDE | 88321 | CPT | | | | outpatient | | | 557 | 52.74 | Consumer | Consumer | 529.15 | 95 | | | 28 | | 529.15 percent of total billed charges | |
| BKR CHG CONSULT ON REF SLIDE | 88321 | CPT | | | | outpatient | | | 557 | 52.74 | Americare | Americare | 417.75 | 75 | | | 28 | | 529.15 percent of total billed charges | |
| BKR CHG CONSULT ON REF SLIDE | 88321 | CPT | | | | outpatient | | | 557 | 52.74 | Amerihealth | HMO/PPO | 40 | | | | 28 | | 529.15 fee schedule | |
| BKR CHG CONSULT ON REF SLIDE | 88321 | CPT | | | | outpatient | | | 557 | 52.74 | First Health | First Health | 389.9 | 70 | | | 28 | | 529.15 percent of total billed charges | |
| BKR CHG CONSULT ON REF SLIDE | 88321 | CPT | | | | outpatient | | | 557 | 52.74 | Aetna | Better Health | 175.73 | 31.55 | | | 28 | | 529.15 percent of total billed charges | |
| BKR CHG CONSULT ON REF SLIDE | 88321 | CPT | | | | outpatient | | | 557 | 52.74 | Corrections | Corrections | 445.6 | 80 | | | 28 | | 529.15 percent of total billed charges | |
| BKR CHG CONSULT ON REF SLIDE | 88321 | CPT | | | | outpatient | | | 557 | 52.74 | Aetna | Medicare | 45.86 | | | | 28 | | 529.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CONSULT ON REF SLIDE | 88321 | CPT | | | | outpatient | | | 557 | 52.74 | Qualcare | Qualcare | 417.75 | 75 | | | 28 | | 529.15 percent of total billed charges | |
| BKR CHG CONSULT ON REF SLIDE | 88321 | CPT | | | | outpatient | | | 557 | 52.74 | Horizon | Medicare Blue | 45.86 | | | | 28 | | 529.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CONSULT ON REF SLIDE | 88321 | CPT | | | | outpatient | | | 557 | 52.74 | First Trenton | First Trenton | 501.3 | 90 | | | 28 | | 529.15 percent of total billed charges | |
| BKR CHG CONSULT ON REF SLIDE | 88321 | CPT | | | | outpatient | | | 557 | 52.74 | Horizon | MGD | 88.74 | | | | 28 | | 529.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CONSULT ON REF SLIDE | 88321 | CPT | | | | outpatient | | | 557 | 52.74 | Horizon | Indemnity | 88.74 | | | | 28 | | 529.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CONSULT ON REF SLIDE | 88321 | CPT | | | | outpatient | | | 557 | 52.74 | Horizon | PPO | 88.74 | | | | 28 | | 529.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CONSULT ON REF SLIDE | 88321 | CPT | | | | outpatient | | | 557 | 52.74 | Wellcare | Medicare | 45.86 | | | | 28 | | 529.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CONSULT ON REF SLIDE | 88321 | CPT | | | | outpatient | | | 557 | 52.74 | UHC | Medicaid | 28 | | | 28 | 28 | | 529.15 fee schedule | |
| BKR CHG CONSULT ON REF SLIDE | 88321 | CPT | | | | outpatient | | | 557 | 52.74 | Horizon | NJ Health | 54.88 | | | | 28 | | 529.15 fee schedule | |
| BKR CHG CONSULT ON REF SLIDE | 88321 | CPT | | | | outpatient | | | 557 | 52.74 | Wellcare | Medicaid | 28 | | | | 28 | | 529.15 fee schedule | |
| BKR CHG CONSULT ON REF SLIDE | 88321 | CPT | | | | outpatient | | | 557 | 52.74 | Managed Care Inc | Managed Care Inc | 501.3 | 90 | | | 28 | | 529.15 percent of total billed charges | |
| BKR CHG CONSULT ON REF SLIDE | 88321 | CPT | | | | outpatient | | | 557 | 52.74 | UHC | Medicare | 45.86 | | | | 28 | | 529.15 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CONSULT ON REF SLIDE | 88321 | CPT | | | | outpatient | | | 557 | 52.74 | Three Rivers | Three Rivers | 529.15 | 95 | | | 28 | | 529.15 percent of total billed charges | |
| BKR CHG CONSULT ON REF SLIDE | 88321 | CPT | | | | outpatient | | | 557 | 52.74 | WellPoint | WellPoint | 179.24 | 32.18 | | | 28 | | 529.15 percent of total billed charges | |
| BKR CHG MICROSLIDE CONSULTATION | 88323 | CPT | | | | outpatient | | | 1264 | 71.27 | First Trenton | First Trenton | 1137.6 | 90 | | | 33 | | 1200.8 percent of total billed charges | |
| BKR CHG MICROSLIDE CONSULTATION | 88323 | CPT | | | | outpatient | | | 1264 | 71.27 | Consumer | Consumer | 1200.8 | 95 | | | 33 | | 1200.8 percent of total billed charges | |
| BKR CHG MICROSLIDE CONSULTATION | 88323 | CPT | | | | outpatient | | | 1264 | 71.27 | UHC | Medicare | 61.97 | | | | 33 | | 1200.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG MICROSLIDE CONSULTATION | 88323 | CPT | | | | outpatient | | | 1264 | 71.27 | Aetna | Medicare | 61.97 | | | | 33 | | 1200.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG MICROSLIDE CONSULTATION | 88323 | CPT | | | | outpatient | | | 1264 | 71.27 | Americare | Americare | 948 | 75 | | | 33 | | 1200.8 percent of total billed charges | |
| BKR CHG MICROSLIDE CONSULTATION | 88323 | CPT | | | | outpatient | | | 1264 | 71.27 | Corrections | Corrections | 1011.2 | 80 | | | 33 | | 1200.8 percent of total billed charges | |
| BKR CHG MICROSLIDE CONSULTATION | 88323 | CPT | | | | outpatient | | | 1264 | 71.27 | Multiplan | Multiplan | 1011.2 | 80 | | | 33 | | 1200.8 percent of total billed charges | |
| BKR CHG MICROSLIDE CONSULTATION | 88323 | CPT | | | | outpatient | | | 1264 | 71.27 | Aetna | Better Health | 398.79 | 31.55 | | | 33 | | 1200.8 percent of total billed charges | |
| BKR CHG MICROSLIDE CONSULTATION | 88323 | CPT | | | | outpatient | | | 1264 | 71.27 | Managed Care Inc | Managed Care Inc | 1137.6 | 90 | | | 33 | | 1200.8 percent of total billed charges | |
| BKR CHG MICROSLIDE CONSULTATION | 88323 | CPT | | | | outpatient | | | 1264 | 71.27 | Horizon | NJ Health | 64.68 | | | | 33 | | 1200.8 fee schedule | |
| BKR CHG MICROSLIDE CONSULTATION | 88323 | CPT | | | | outpatient | | | 1264 | 71.27 | Wellcare | Medicare | 61.97 | | | | 33 | | 1200.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG MICROSLIDE CONSULTATION | 88323 | CPT | | | | outpatient | | | 1264 | 71.27 | First Health | First Health | 884.8 | 70 | | | 33 | | 1200.8 percent of total billed charges | |
| BKR CHG MICROSLIDE CONSULTATION | 88323 | CPT | | | | outpatient | | | 1264 | 71.27 | Amerihealth | HMO/PPO | 50 | | | | 33 | | 1200.8 fee schedule | |
| BKR CHG MICROSLIDE CONSULTATION | 88323 | CPT | | | | outpatient | | | 1264 | 71.27 | Horizon | Indemnity | 119.91 | | | 63.88 | 33 | | 1200.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG MICROSLIDE CONSULTATION | 88323 | CPT | | | | outpatient | | | 1264 | 71.27 | Qualcare | Qualcare | 948 | 75 | | | 33 | | 1200.8 percent of total billed charges | |
| BKR CHG MICROSLIDE CONSULTATION | 88323 | CPT | | | | outpatient | | | 1264 | 71.27 | Horizon | MGD | 119.91 | | | | 33 | | 1200.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG MICROSLIDE CONSULTATION | 88323 | CPT | | | | outpatient | | | 1264 | 71.27 | Wellcare | Medicaid | 33 | | | | 33 | | 1200.8 fee schedule | |
| BKR CHG MICROSLIDE CONSULTATION | 88323 | CPT | | | | outpatient | | | 1264 | 71.27 | Three Rivers | Three Rivers | 1200.8 | 95 | | | 33 | | 1200.8 percent of total billed charges | |
| BKR CHG MICROSLIDE CONSULTATION | 88323 | CPT | | | | outpatient | | | 1264 | 71.27 | UHC | Medicaid | 33 | | | | 33 | | 1200.8 fee schedule | |
| BKR CHG MICROSLIDE CONSULTATION | 88323 | CPT | | | | outpatient | | | 1264 | 71.27 | Horizon | Medicare Blue | 61.97 | | | | 33 | | 1200.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG MICROSLIDE CONSULTATION | 88323 | CPT | | | | outpatient | | | 1264 | 71.27 | Horizon | PPO | 119.91 | | | | 33 | | 1200.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG MICROSLIDE CONSULTATION | 88323 | CPT | | | | outpatient | | | 1264 | 71.27 | WellPoint | WellPoint | 406.76 | 32.18 | | | 33 | | 1200.8 percent of total billed charges | |
| BKR CHG COMPREHENSIVE REVIEW OF DATA | 88325 | CPT | | | | outpatient | | | 176 | 224.64 | Aetna | Better Health | 55.53 | 31.55 | | | 44 | | 377.98 percent of total billed charges | |
| BKR CHG COMPREHENSIVE REVIEW OF DATA | 88325 | CPT | | | | outpatient | | | 176 | 224.64 | Corrections | Corrections | 140.8 | 80 | | | 44 | | 377.98 percent of total billed charges | |
| BKR CHG COMPREHENSIVE REVIEW OF DATA | 88325 | CPT | | | | outpatient | | | 176 | 224.64 | Americare | Americare | 132 | 75 | | | 44 | | 377.98 percent of total billed charges | |
| BKR CHG COMPREHENSIVE REVIEW OF DATA | 88325 | CPT | | | | outpatient | | | 176 | 224.64 | First Health | First Health | 123.2 | 70 | | | 44 | | 377.98 percent of total billed charges | |
| BKR CHG COMPREHENSIVE REVIEW OF DATA | 88325 | CPT | | | | outpatient | | | 176 | 224.64 | Consumer | Consumer | 167.2 | 95 | | | 44 | | 377.98 percent of total billed charges | |
| BKR CHG COMPREHENSIVE REVIEW OF DATA | 88325 | CPT | | | | outpatient | | | 176 | 224.64 | First Trenton | First Trenton | 158.4 | 90 | | | 44 | | 377.98 percent of total billed charges | |
| BKR CHG COMPREHENSIVE REVIEW OF DATA | 88325 | CPT | | | | outpatient | | | 176 | 224.64 | Aetna | Medicare | 195.34 | | | | 44 | | 377.98 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG COMPREHENSIVE REVIEW OF DATA | 88325 | CPT | | | | outpatient | | | 176 | 224.64 | Multiplan | Multiplan | 140.8 | 80 | | | 44 | | 377.98 percent of total billed charges | |
| BKR CHG COMPREHENSIVE REVIEW OF DATA | 88325 | CPT | | | | outpatient | | | 176 | 224.64 | Horizon | PPO | 377.98 | | | | 44 | | 377.98 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG COMPREHENSIVE REVIEW OF DATA | 88325 | CPT | | | | outpatient | | | 176 | 224.64 | Horizon | NJ Health | 94.86 | | | | 44 | | 377.98 fee schedule | |
| BKR CHG COMPREHENSIVE REVIEW OF DATA | 88325 | CPT | | | | outpatient | | | 176 | 224.64 | Amerihealth | HMO/PPO | 60 | | | | 44 | | 377.98 fee schedule | |
| BKR CHG COMPREHENSIVE REVIEW OF DATA | 88325 | CPT | | | | outpatient | | | 176 | 224.64 | Horizon | Indemnity | 377.98 | | | | 44 | | 377.98 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG COMPREHENSIVE REVIEW OF DATA | 88325 | CPT | | | | outpatient | | | 176 | 224.64 | Horizon | Medicare Blue | 195.34 | | | | 44 | | 377.98 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG COMPREHENSIVE REVIEW OF DATA | 88325 | CPT | | | | outpatient | | | 176 | 224.64 | Managed Care Inc | Managed Care Inc | 158.4 | 90 | | | 44 | | 377.98 percent of total billed charges | |
| BKR CHG COMPREHENSIVE REVIEW OF DATA | 88325 | CPT | | | | outpatient | | | 176 | 224.64 | Horizon | MGD | 377.98 | | | | 44 | | 377.98 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG COMPREHENSIVE REVIEW OF DATA | 88325 | CPT | | | | outpatient | | | 176 | 224.64 | Qualcare | Qualcare | 132 | 75 | | | 44 | | 377.98 percent of total billed charges | |
| BKR CHG COMPREHENSIVE REVIEW OF DATA | 88325 | CPT | | | | outpatient | | | 176 | 224.64 | WellPoint | WellPoint | 56.64 | 32.18 | | | 44 | | 377.98 percent of total billed charges | |
| BKR CHG COMPREHENSIVE REVIEW OF DATA | 88325 | CPT | | | | outpatient | | | 176 | 224.64 | Wellcare | Medicare | 195.34 | | | | 44 | | 377.98 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG COMPREHENSIVE REVIEW OF DATA | 88325 | CPT | | | | outpatient | | | 176 | 224.64 | UHC | Medicare | 195.34 | | | | 44 | | 377.98 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG COMPREHENSIVE REVIEW OF DATA | 88325 | CPT | | | | outpatient | | | 176 | 224.64 | Three Rivers | Three Rivers | 167.2 | 95 | | | 44 | | 377.98 percent of total billed charges | |
| BKR CHG COMPREHENSIVE REVIEW OF DATA | 88325 | CPT | | | | outpatient | | | 176 | 224.64 | Wellcare | Medicaid | 44 | | | | 44 | | 377.98 fee schedule | |
| BKR CHG COMPREHENSIVE REVIEW OF DATA | 88325 | CPT | | | | outpatient | | | 176 | 224.64 | UHC | Medicaid | 44 | | | | 44 | | 377.98 fee schedule | |
| BKR CHG PATHOLOGY CONSULT DURING SURGE | 88329 | CPT | | | | both | | | | 80.45 | Wellcare | Medicare | 69.96 | | | | 33 | | 135.37 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PATHOLOGY CONSULT DURING SURGE | 88329 | CPT | | | | both | | | | 80.45 | Amerihealth | HMO/PPO | 34 | | | | 33 | | 135.37 fee schedule | |
| BKR CHG PATHOLOGY CONSULT DURING SURGE | 88329 | CPT | | | | both | | | | 80.45 | Horizon | Indemnity | 135.37 | | | | 33 | | 135.37 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PATHOLOGY CONSULT DURING SURGE | 88329 | CPT | | | | both | | | | 80.45 | Aetna | Medicare | 69.96 | | | | 33 | | 135.37 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PATHOLOGY CONSULT DURING SURGE | 88329 | CPT | | | | both | | | | 80.45 | Horizon | Medicare Blue | 69.96 | | | | 33 | | 135.37 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PATHOLOGY CONSULT DURING SURGE | 88329 | CPT | | | | both | | | | 80.45 | Horizon | MGD | 135.37 | | | | 33 | | 135.37 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PATHOLOGY CONSULT DURING SURGE | 88329 | CPT | | | | both | | | | 80.45 | Horizon | PPO | 135.37 | | | | 33 | | 135.37 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PATHOLOGY CONSULT DURING SURGE | 88329 | CPT | | | | both | | | | 80.45 | Horizon | NJ Health | 64.68 | | | | 33 | | 135.37 fee schedule | |
| BKR CHG PATHOLOGY CONSULT DURING SURGE | 88329 | CPT | | | | both | | | | 80.45 | UHC | Medicare | 69.96 | | | | 33 | | 135.37 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PATHOLOGY CONSULT DURING SURGE | 88329 | CPT | | | | both | | | | 80.45 | UHC | Medicaid | 33 | | | | 33 | | 135.37 fee schedule | |
| BKR CHG PATHOLOGY CONSULT DURING SURGE | 88329 | CPT | | | | both | | | | 80.45 | Wellcare | Medicaid | 33 | | | | 33 | | 135.37 fee schedule | |
| BKR CHG PATH CONSULT INTRAOP 1 BLOC | 88331 | CPT | | | | both | | | 322 | 224.64 | Amerihealth | HMO/PPO | 70 | | | | 48 | | 377.98 fee schedule | |
| BKR CHG PATH CONSULT INTRAOP 1 BLOC | 88331 | CPT | | | | both | | | 322 | 224.64 | Consumer | Consumer | 305.9 | 95 | | | 48 | | 377.98 percent of total billed charges | |
| BKR CHG PATH CONSULT INTRAOP 1 BLOC | 88331 | CPT | | | | both | | | 322 | 224.64 | Aetna | Better Health | 101.59 | 31.55 | | | 48 | | 377.98 percent of total billed charges | |
| BKR CHG PATH CONSULT INTRAOP 1 BLOC | 88331 | CPT | | | | both | | | 322 | 224.64 | Multiplan | Multiplan | 257.6 | 80 | | | 48 | | 377.98 percent of total billed charges | |
| BKR CHG PATH CONSULT INTRAOP 1 BLOC | 88331 | CPT | | | | both | | | 322 | 224.64 | First Trenton | First Trenton | 289.8 | 90 | | | 48 | | 377.98 percent of total billed charges | |
| BKR CHG PATH CONSULT INTRAOP 1 BLOC | 88331 | CPT | | | | both | | | 322 | 224.64 | Americare | Americare | 241.5 | 75 | | | 48 | | 377.98 percent of total billed charges | |
| BKR CHG PATH CONSULT INTRAOP 1 BLOC | 88331 | CPT | | | | both | | | 322 | 224.64 | Aetna | Medicare | 195.34 | | | | 48 | | 377.98 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PATH CONSULT INTRAOP 1 BLOC | 88331 | CPT | | | | both | | | 322 | 224.64 | Qualcare | Qualcare | 241.5 | 75 | | | 48 | | 377.98 percent of total billed charges | |
| BKR CHG PATH CONSULT INTRAOP 1 BLOC | 88331 | CPT | | | | both | | | 322 | 224.64 | Horizon | Medicare Blue | 195.34 | | | 35.26 | 48 | | 377.98 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PATH CONSULT INTRAOP 1 BLOC | 88331 | CPT | | | | both | | | 322 | 224.64 | Horizon | NJ Health | 94.08 | | | 39.14 | 48 | | 377.98 fee schedule | |
| BKR CHG PATH CONSULT INTRAOP 1 BLOC | 88331 | CPT | | | | both | | | 322 | 224.64 | Horizon | MGD | 377.98 | | | 94.46 | 48 | | 377.98 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PATH CONSULT INTRAOP 1 BLOC | 88331 | CPT | | | | both | | | 322 | 224.64 | Wellcare | Medicare | 195.34 | | | | 48 | | 377.98 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PATH CONSULT INTRAOP 1 BLOC | 88331 | CPT | | | | both | | | 322 | 224.64 | Managed Care Inc | Managed Care Inc | 289.8 | 90 | | | 48 | | 377.98 percent of total billed charges | |
| BKR CHG PATH CONSULT INTRAOP 1 BLOC | 88331 | CPT | | | | both | | | 322 | 224.64 | UHC | Medicare | 195.34 | | | 49.9 | 48 | | 377.98 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PATH CONSULT INTRAOP 1 BLOC | 88331 | CPT | | | | both | | | 322 | 224.64 | Corrections | Corrections | 257.6 | 80 | | 96.17 | 48 | | 377.98 percent of total billed charges | |
| BKR CHG PATH CONSULT INTRAOP 1 BLOC | 88331 | CPT | | | | both | | | 322 | 224.64 | Horizon | PPO | 377.98 | | | 87.38 | 48 | | 377.98 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PATH CONSULT INTRAOP 1 BLOC | 88331 | CPT | | | | both | | | 322 | 224.64 | UHC | Medicaid | 48 | | | 84.34 | 48 | | 377.98 fee schedule | |
| BKR CHG PATH CONSULT INTRAOP 1 BLOC | 88331 | CPT | | | | both | | | 322 | 224.64 | Three Rivers | Three Rivers | 305.9 | 95 | | | 48 | | 377.98 percent of total billed charges | |
| BKR CHG PATH CONSULT INTRAOP 1 BLOC | 88331 | CPT | | | | both | | | 322 | 224.64 | First Health | First Health | 225.4 | 70 | | | 48 | | 377.98 percent of total billed charges | |
| BKR CHG PATH CONSULT INTRAOP 1 BLOC | 88331 | CPT | | | | both | | | 322 | 224.64 | WellPoint | WellPoint | 103.62 | 32.18 | | 40.24 | 48 | | 377.98 percent of total billed charges | |
| BKR CHG PATH CONSULT INTRAOP 1 BLOC | 88331 | CPT | | | | both | | | 322 | 224.64 | Horizon | Indemnity | 377.98 | | | 107.98 | 48 | | 377.98 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PATH CONSULT INTRAOP 1 BLOC | 88331 | CPT | | | | both | | | 322 | 224.64 | Wellcare | Medicaid | 48 | | | 85.89 | 48 | | 377.98 fee schedule | |
| BKR CHG PATH CONSULT INTRAOP ADDL | 88332 | CPT | | | | both | | | 162 | | Amerihealth | HMO/PPO | 29 | | | | 15 | | 153.9 fee schedule | |
| BKR CHG PATH CONSULT INTRAOP ADDL | 88332 | CPT | | | | both | | | 162 | | Aetna | Better Health | 51.11 | 31.55 | | | 15 | | 153.9 percent of total billed charges | |
| BKR CHG PATH CONSULT INTRAOP ADDL | 88332 | CPT | | | | both | | | 162 | | First Trenton | First Trenton | 145.8 | 90 | | | 15 | | 153.9 percent of total billed charges | |
| BKR CHG PATH CONSULT INTRAOP ADDL | 88332 | CPT | | | | both | | | 162 | | Americare | Americare | 121.5 | 75 | | | 15 | | 153.9 percent of total billed charges | |
| BKR CHG PATH CONSULT INTRAOP ADDL | 88332 | CPT | | | | both | | | 162 | | Aetna | Medicare | 49.9 | 30.8 | | | 15 | | 153.9 percent of total billed charges | |
| BKR CHG PATH CONSULT INTRAOP ADDL | 88332 | CPT | | | | both | | | 162 | | Consumer | Consumer | 153.9 | 95 | | | 15 | | 153.9 percent of total billed charges | |
| BKR CHG PATH CONSULT INTRAOP ADDL | 88332 | CPT | | | | both | | | 162 | | Horizon | Indemnity | 62.01 | 38.28 | | | 15 | | 153.9 percent of total billed charges | |
| BKR CHG PATH CONSULT INTRAOP ADDL | 88332 | CPT | | | | both | | | 162 | | Corrections | Corrections | 129.6 | 80 | | | 15 | | 153.9 percent of total billed charges | |
| BKR CHG PATH CONSULT INTRAOP ADDL | 88332 | CPT | | | | both | | | 162 | | First Health | First Health | 113.4 | 70 | | | 15 | | 153.9 percent of total billed charges | |
| BKR CHG PATH CONSULT INTRAOP ADDL | 88332 | CPT | | | | both | | | 162 | | Horizon | Medicare Blue | 48.6 | 30 | | | 15 | | 153.9 percent of total billed charges | |
| BKR CHG PATH CONSULT INTRAOP ADDL | 88332 | CPT | | | | both | | | 162 | | Horizon | NJ Health | 29.4 | | | | 15 | | 153.9 fee schedule | |
| BKR CHG PATH CONSULT INTRAOP ADDL | 88332 | CPT | | | | both | | | 162 | | Multiplan | Multiplan | 129.6 | 80 | | | 15 | | 153.9 percent of total billed charges | |
| BKR CHG PATH CONSULT INTRAOP ADDL | 88332 | CPT | | | | both | | | 162 | | Horizon | MGD | 62.01 | 38.28 | | | 15 | | 153.9 percent of total billed charges | |
| BKR CHG PATH CONSULT INTRAOP ADDL | 88332 | CPT | | | | both | | | 162 | | UHC | Medicaid | 15 | | | | 15 | | 153.9 fee schedule | |
| BKR CHG PATH CONSULT INTRAOP ADDL | 88332 | CPT | | | | both | | | 162 | | Horizon | PPO | 62.01 | 38.28 | | | 15 | | 153.9 percent of total billed charges | |
| BKR CHG PATH CONSULT INTRAOP ADDL | 88332 | CPT | | | | both | | | 162 | | Qualcare | Qualcare | 121.5 | 75 | | | 15 | | 153.9 percent of total billed charges | |
| BKR CHG PATH CONSULT INTRAOP ADDL | 88332 | CPT | | | | both | | | 162 | | WellPoint | WellPoint | 52.13 | 32.18 | | | 15 | | 153.9 percent of total billed charges | |
| BKR CHG PATH CONSULT INTRAOP ADDL | 88332 | CPT | | | | both | | | 162 | | Managed Care Inc | Managed Care Inc | 145.8 | 90 | | | 15 | | 153.9 percent of total billed charges | |
| BKR CHG PATH CONSULT INTRAOP ADDL | 88332 | CPT | | | | both | | | 162 | | Three Rivers | Three Rivers | 153.9 | 95 | | | 15 | | 153.9 percent of total billed charges | |
| BKR CHG PATH CONSULT INTRAOP ADDL | 88332 | CPT | | | | both | | | 162 | | Wellcare | Medicaid | 15 | | | | 15 | | 153.9 fee schedule | |
| BKR CHG INTRAOP CYTO PATH CONSULT 1 | 88333 | CPT | | | | both | | | 1402 | 1130.94 | First Health | First Health | 981.4 | 70 | | | 73.79 | | 1902.94 percent of total billed charges | |
| BKR CHG INTRAOP CYTO PATH CONSULT 1 | 88333 | CPT | | | | both | | | 1402 | 1130.94 | Corrections | Corrections | 1121.6 | 80 | | | 73.79 | | 1902.94 percent of total billed charges | |
| BKR CHG INTRAOP CYTO PATH CONSULT 1 | 88333 | CPT | | | | both | | | 1402 | 1130.94 | Consumer | Consumer | 1331.9 | 95 | | | 73.79 | | 1902.94 percent of total billed charges | |
| BKR CHG INTRAOP CYTO PATH CONSULT 1 | 88333 | CPT | | | | both | | | 1402 | 1130.94 | Americare | Americare | 1051.5 | 75 | | | 73.79 | | 1902.94 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG INTRAOP CYTO PATH CONSULT 1 | 88333 | CPT | | | | both | | | 1402 | 1130.94 | Amerihealth | HMO/PPO | 911.3 | 65 | | | 73.79 | 1902.94 | percent of total billed charges | |
| BKR CHG INTRAOP CYTO PATH CONSULT 1 | 88333 | CPT | | | | both | | | 1402 | 1130.94 | Three Rivers | Three Rivers | 1331.9 | 95 | | | 73.79 | 1902.94 | percent of total billed charges | |
| BKR CHG INTRAOP CYTO PATH CONSULT 1 | 88333 | CPT | | | | both | | | 1402 | 1130.94 | Aetna | Better Health | 442.33 | 31.55 | | | 73.79 | 1902.94 | percent of total billed charges | |
| BKR CHG INTRAOP CYTO PATH CONSULT 1 | 88333 | CPT | | | | both | | | 1402 | 1130.94 | UHC | Medicare | 983.43 | | | | 73.79 | 1902.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG INTRAOP CYTO PATH CONSULT 1 | 88333 | CPT | | | | both | | | 1402 | 1130.94 | Horizon | Indemnity | 1902.94 | | | | 73.79 | 1902.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG INTRAOP CYTO PATH CONSULT 1 | 88333 | CPT | | | | both | | | 1402 | 1130.94 | First Trenton | First Trenton | 1261.8 | 90 | | | 73.79 | 1902.94 | percent of total billed charges | |
| BKR CHG INTRAOP CYTO PATH CONSULT 1 | 88333 | CPT | | | | both | | | 1402 | 1130.94 | Horizon | Medicare Blue | 983.43 | | | | 73.79 | 1902.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG INTRAOP CYTO PATH CONSULT 1 | 88333 | CPT | | | | both | | | 1402 | 1130.94 | Horizon | NJ Health | 73.79 | | | | 73.79 | 1902.94 | fee schedule | |
| BKR CHG INTRAOP CYTO PATH CONSULT 1 | 88333 | CPT | | | | both | | | 1402 | 1130.94 | Qualcare | Qualcare | 1051.5 | 75 | | | 73.79 | 1902.94 | percent of total billed charges | |
| BKR CHG INTRAOP CYTO PATH CONSULT 1 | 88333 | CPT | | | | both | | | 1402 | 1130.94 | Managed Care Inc | Managed Care Inc | 1261.8 | 90 | | | 73.79 | 1902.94 | percent of total billed charges | |
| BKR CHG INTRAOP CYTO PATH CONSULT 1 | 88333 | CPT | | | | both | | | 1402 | 1130.94 | Aetna | Medicare | 983.43 | | | | 73.79 | 1902.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG INTRAOP CYTO PATH CONSULT 1 | 88333 | CPT | | | | both | | | 1402 | 1130.94 | Wellcare | Medicare | 983.43 | | | | 73.79 | 1902.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG INTRAOP CYTO PATH CONSULT 1 | 88333 | CPT | | | | both | | | 1402 | 1130.94 | Multiplan | Multiplan | 1121.6 | 80 | | | 73.79 | 1902.94 | percent of total billed charges | |
| BKR CHG INTRAOP CYTO PATH CONSULT 1 | 88333 | CPT | | | | both | | | 1402 | 1130.94 | Wellcare | Medicaid | 80.06 | | | | 73.79 | 1902.94 | fee schedule | |
| BKR CHG INTRAOP CYTO PATH CONSULT 1 | 88333 | CPT | | | | both | | | 1402 | 1130.94 | Horizon | MGD | 1902.94 | | | | 73.79 | 1902.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG INTRAOP CYTO PATH CONSULT 1 | 88333 | CPT | | | | both | | | 1402 | 1130.94 | Horizon | PPO | 1902.94 | | | | 73.79 | 1902.94 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG INTRAOP CYTO PATH CONSULT 1 | 88333 | CPT | | | | both | | | 1402 | 1130.94 | UHC | Medicaid | 80.06 | | | | 73.79 | 1902.94 | fee schedule | |
| BKR CHG INTRAOP CYTO PATH CONSULT 1 | 88333 | CPT | | | | both | | | 1402 | 1130.94 | WellPoint | WellPoint | 451.16 | 32.18 | | | 73.79 | 1902.94 | percent of total billed charges | |
| BKR CHG INTRAOP CYTO PATH CONSULT 2 | 88334 | CPT | | | | both | | | 162 | | First Trenton | First Trenton | 145.8 | 90 | | | 38.59 | 153.9 | percent of total billed charges | |
| BKR CHG INTRAOP CYTO PATH CONSULT 2 | 88334 | CPT | | | | both | | | 162 | | Aetna | Medicare | 49.9 | 30.8 | | | 38.59 | 153.9 | percent of total billed charges | |
| BKR CHG INTRAOP CYTO PATH CONSULT 2 | 88334 | CPT | | | | both | | | 162 | | Americare | Americare | 121.5 | 75 | | | 38.59 | 153.9 | percent of total billed charges | |
| BKR CHG INTRAOP CYTO PATH CONSULT 2 | 88334 | CPT | | | | both | | | 162 | | Aetna | Better Health | 51.11 | 31.55 | | | 38.59 | 153.9 | percent of total billed charges | |
| BKR CHG INTRAOP CYTO PATH CONSULT 2 | 88334 | CPT | | | | both | | | 162 | | Corrections | Corrections | 129.6 | 80 | | | 38.59 | 153.9 | percent of total billed charges | |
| BKR CHG INTRAOP CYTO PATH CONSULT 2 | 88334 | CPT | | | | both | | | 162 | | Consumer | Consumer | 153.9 | 95 | | | 38.59 | 153.9 | percent of total billed charges | |
| BKR CHG INTRAOP CYTO PATH CONSULT 2 | 88334 | CPT | | | | both | | | 162 | | Amerihealth | HMO/PPO | 105.3 | 65 | | | 38.59 | 153.9 | percent of total billed charges | |
| BKR CHG INTRAOP CYTO PATH CONSULT 2 | 88334 | CPT | | | | both | | | 162 | | First Health | First Health | 113.4 | 70 | | | 38.59 | 153.9 | percent of total billed charges | |
| BKR CHG INTRAOP CYTO PATH CONSULT 2 | 88334 | CPT | | | | both | | | 162 | | Horizon | PPO | 62.01 | 38.28 | | | 38.59 | 153.9 | percent of total billed charges | |
| BKR CHG INTRAOP CYTO PATH CONSULT 2 | 88334 | CPT | | | | both | | | 162 | | Horizon | MGD | 62.01 | 38.28 | | | 38.59 | 153.9 | percent of total billed charges | |
| BKR CHG INTRAOP CYTO PATH CONSULT 2 | 88334 | CPT | | | | both | | | 162 | | Horizon | Medicare Blue | 48.6 | 30 | | | 38.59 | 153.9 | percent of total billed charges | |
| BKR CHG INTRAOP CYTO PATH CONSULT 2 | 88334 | CPT | | | | both | | | 162 | | Horizon | NJ Health | 38.59 | | | | 38.59 | 153.9 | fee schedule | |
| BKR CHG INTRAOP CYTO PATH CONSULT 2 | 88334 | CPT | | | | both | | | 162 | | Horizon | Indemnity | 62.01 | 38.28 | | | 38.59 | 153.9 | percent of total billed charges | |
| BKR CHG INTRAOP CYTO PATH CONSULT 2 | 88334 | CPT | | | | both | | | 162 | | Managed Care Inc | Managed Care Inc | 145.8 | 90 | | | 38.59 | 153.9 | percent of total billed charges | |
| BKR CHG INTRAOP CYTO PATH CONSULT 2 | 88334 | CPT | | | | both | | | 162 | | Multiplan | Multiplan | 129.6 | 80 | | | 38.59 | 153.9 | percent of total billed charges | |
| BKR CHG INTRAOP CYTO PATH CONSULT 2 | 88334 | CPT | | | | both | | | 162 | | WellPoint | WellPoint | 52.13 | 32.18 | | | 38.59 | 153.9 | percent of total billed charges | |
| BKR CHG INTRAOP CYTO PATH CONSULT 2 | 88334 | CPT | | | | both | | | 162 | | Qualcare | Qualcare | 121.5 | 75 | | | 38.59 | 153.9 | percent of total billed charges | |
| BKR CHG INTRAOP CYTO PATH CONSULT 2 | 88334 | CPT | | | | both | | | 162 | | Three Rivers | Three Rivers | 153.9 | 95 | | | 38.59 | 153.9 | percent of total billed charges | |
| BKR CHG INTRAOP CYTO PATH CONSULT 2 | 88334 | CPT | | | | both | | | 162 | | UHC | Medicaid | 47.56 | | | | 38.59 | 153.9 | fee schedule | |
| BKR CHG INTRAOP CYTO PATH CONSULT 2 | 88334 | CPT | | | | both | | | 162 | | Wellcare | Medicaid | 47.56 | | | | 38.59 | 153.9 | fee schedule | |
| BKR CHG IMMUNOHISTOCHEM EA ADD SINGLE | 88341 | CPT | | | | both | | | 480 | | Amerihealth | HMO/PPO | 312 | 65 | | | 48.6 | 456 | percent of total billed charges | |
| BKR CHG IMMUNOHISTOCHEM EA ADD SINGLE | 88341 | CPT | | | | both | | | 480 | | Horizon | Indemnity | 183.74 | 38.28 | | 37.49 | 48.6 | 456 | percent of total billed charges | |
| BKR CHG IMMUNOHISTOCHEM EA ADD SINGLE | 88341 | CPT | | | | both | | | 480 | | Aetna | Medicare | 147.84 | 30.8 | | 16.99 | 48.6 | 456 | percent of total billed charges | |
| BKR CHG IMMUNOHISTOCHEM EA ADD SINGLE | 88341 | CPT | | | | both | | | 480 | | Aetna | Better Health | 151.44 | 31.55 | | | 48.6 | 456 | percent of total billed charges | |
| BKR CHG IMMUNOHISTOCHEM EA ADD SINGLE | 88341 | CPT | | | | both | | | 480 | | Multiplan | Multiplan | 384 | 80 | | | 48.6 | 456 | percent of total billed charges | |
| BKR CHG IMMUNOHISTOCHEM EA ADD SINGLE | 88341 | CPT | | | | both | | | 480 | | Horizon | Medicare Blue | 144 | 30 | | 23.22 | 48.6 | 456 | percent of total billed charges | |
| BKR CHG IMMUNOHISTOCHEM EA ADD SINGLE | 88341 | CPT | | | | both | | | 480 | | Americare | Americare | 360 | 75 | | | 48.6 | 456 | percent of total billed charges | |
| BKR CHG IMMUNOHISTOCHEM EA ADD SINGLE | 88341 | CPT | | | | both | | | 480 | | Corrections | Corrections | 394 | 80 | | 50.83 | 48.6 | 456 | percent of total billed charges | |
| BKR CHG IMMUNOHISTOCHEM EA ADD SINGLE | 88341 | CPT | | | | both | | | 480 | | Qualcare | Qualcare | 360 | 75 | | | 48.6 | 456 | percent of total billed charges | |
| BKR CHG IMMUNOHISTOCHEM EA ADD SINGLE | 88341 | CPT | | | | both | | | 480 | | Horizon | PPO | 183.74 | 38.28 | | 42.25 | 48.6 | 456 | percent of total billed charges | |
| BKR CHG IMMUNOHISTOCHEM EA ADD SINGLE | 88341 | CPT | | | | both | | | 480 | | Wellcare | Medicaid | 79.8 | | | 41.74 | 48.6 | 456 | fee schedule | |
| BKR CHG IMMUNOHISTOCHEM EA ADD SINGLE | 88341 | CPT | | | | both | | | 480 | | Consumer | Consumer | 456 | 95 | | | 48.6 | 456 | percent of total billed charges | |
| BKR CHG IMMUNOHISTOCHEM EA ADD SINGLE | 88341 | CPT | | | | both | | | 480 | | WellPoint | WellPoint | 154.46 | 32.18 | | 30.57 | 48.6 | 456 | percent of total billed charges | |
| BKR CHG IMMUNOHISTOCHEM EA ADD SINGLE | 88341 | CPT | | | | both | | | 480 | | First Health | First Health | 336 | 70 | | | 48.6 | 456 | percent of total billed charges | |
| BKR CHG IMMUNOHISTOCHEM EA ADD SINGLE | 88341 | CPT | | | | both | | | 480 | | Horizon | MGD | 183.74 | 38.28 | | 40.91 | 48.6 | 456 | percent of total billed charges | |
| BKR CHG IMMUNOHISTOCHEM EA ADD SINGLE | 88341 | CPT | | | | both | | | 480 | | First Trenton | First Trenton | 432 | 90 | | | 48.6 | 456 | percent of total billed charges | |
| BKR CHG IMMUNOHISTOCHEM EA ADD SINGLE | 88341 | CPT | | | | both | | | 480 | | Horizon | NJ Health | 58.41 | | | 31.86 | 48.6 | 456 | fee schedule | |
| BKR CHG IMMUNOHISTOCHEM EA ADD SINGLE | 88341 | CPT | | | | both | | | 480 | | Managed Care Inc | Managed Care Inc | 432 | 90 | | | 48.6 | 456 | percent of total billed charges | |
| BKR CHG IMMUNOHISTOCHEM EA ADD SINGLE | 88341 | CPT | | | | both | | | 480 | | Three Rivers | Three Rivers | 456 | 95 | | | 48.6 | 456 | percent of total billed charges | |
| BKR CHG IMMUNOHISTOCHEM EA ADD SINGLE | 88341 | CPT | | | | both | | | 480 | | UHC | Medicaid | 79.8 | | | 41.14 | 48.6 | 456 | fee schedule | |
| BKR CHG SALL4 BY IHC | 88342 | CPT | | | | both | | | 1011 | 224.64 | First Health | First Health | 707.7 | 70 | | | 10.85 | 960.45 | percent of total billed charges | |
| BKR CHG SALL4 BY IHC | 88342 | CPT | | | | both | | | 1011 | 224.64 | Amerihealth | HMO/PPO | 37.1 | | | 62.11 | 10.85 | 960.45 | fee schedule | |
| BKR CHG SALL4 BY IHC | 88342 | CPT | | | | both | | | 1011 | 224.64 | Corrections | Corrections | 808.8 | 80 | | 99.07 | 10.85 | 960.45 | percent of total billed charges | |
| BKR CHG SALL4 BY IHC | 88342 | CPT | | | | both | | | 1011 | 224.64 | Aetna | Better Health | 318.97 | 31.55 | | 49.76 | 10.85 | 960.45 | percent of total billed charges | |
| BKR CHG SALL4 BY IHC | 88342 | CPT | | | | both | | | 1011 | 224.64 | UHC | Medicare | 195.34 | | | 49.11 | 10.85 | 960.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SALL4 BY IHC | 88342 | CPT | | | | both | | | 1011 | 224.64 | Horizon | MGD | 377.98 | | | 86.01 | 10.85 | 960.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SALL4 BY IHC | 88342 | CPT | | | | both | | | 1011 | 224.64 | First Trenton | First Trenton | 909.9 | 90 | | | 10.85 | 960.45 | percent of total billed charges | |
| BKR CHG SALL4 BY IHC | 88342 | CPT | | | | both | | | 1011 | 224.64 | Aetna | Medicare | 195.34 | | | 47.82 | 10.85 | 960.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SALL4 BY IHC | 88342 | CPT | | | | both | | | 1011 | 224.64 | Horizon | Indemnity | 377.98 | | | 83.7 | 10.85 | 960.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SALL4 BY IHC | 88342 | CPT | | | | both | | | 1011 | 224.64 | Horizon | NJ Health | 17.64 | | | 113.45 | 10.85 | 960.45 | fee schedule | |
| BKR CHG SALL4 BY IHC | 88342 | CPT | | | | both | | | 1011 | 224.64 | Horizon | Medicare Blue | 195.34 | | | 53.29 | 10.85 | 960.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SALL4 BY IHC | 88342 | CPT | | | | both | | | 1011 | 224.64 | Americare | Americare | 758.25 | 75 | | | 10.85 | 960.45 | percent of total billed charges | |
| BKR CHG SALL4 BY IHC | 88342 | CPT | | | | both | | | 1011 | 224.64 | Managed Care Inc | Managed Care Inc | 909.9 | 90 | | | 10.85 | 960.45 | percent of total billed charges | |
| BKR CHG SALL4 BY IHC | 88342 | CPT | | | | both | | | 1011 | 224.64 | Multiplan | Multiplan | 808.8 | 80 | | | 10.85 | 960.45 | percent of total billed charges | |
| BKR CHG SALL4 BY IHC | 88342 | CPT | | | | both | | | 1011 | 224.64 | Three Rivers | Three Rivers | 960.45 | 95 | | | 10.85 | 960.45 | percent of total billed charges | |
| BKR CHG SALL4 BY IHC | 88342 | CPT | | | | both | | | 1011 | 224.64 | Consumer | Consumer | 960.45 | 95 | | | 10.85 | 960.45 | percent of total billed charges | |
| BKR CHG SALL4 BY IHC | 88342 | CPT | | | | both | | | 1011 | 224.64 | Wellcare | Medicaid | 10.85 | | | 77.96 | 10.85 | 960.45 | fee schedule | |
| BKR CHG SALL4 BY IHC | 88342 | CPT | | | | both | | | 1011 | 224.64 | Qualcare | Qualcare | 758.25 | 75 | | | 10.85 | 960.45 | percent of total billed charges | |
| BKR CHG SALL4 BY IHC | 88342 | CPT | | | | both | | | 1011 | 224.64 | Horizon | PPO | 377.98 | | | 89.64 | 10.85 | 960.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SALL4 BY IHC | 88342 | CPT | | | | both | | | 1011 | 224.64 | UHC | Medicaid | 10.85 | | | 80.76 | 10.85 | 960.45 | fee schedule | |
| BKR CHG SALL4 BY IHC | 88342 | CPT | | | | both | | | 1011 | 224.64 | Wellcare | Medicare | 195.34 | | | 32.56 | 10.85 | 960.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SALL4 BY IHC | 88342 | CPT | | | | both | | | 1011 | 224.64 | WellPoint | WellPoint | 325.34 | 32.18 | | 77.93 | 10.85 | 960.45 | percent of total billed charges | |
| BKR CHG IMMUNOHISTOCHEM EA MULTIPLEX | 88344 | CPT | | | | both | | | 634 | 472.75 | First Trenton | First Trenton | 570.6 | 90 | | | 100.94 | 795.46 | percent of total billed charges | |
| BKR CHG IMMUNOHISTOCHEM EA MULTIPLEX | 88344 | CPT | | | | both | | | 634 | 472.75 | Consumer | Consumer | 602.3 | 95 | | | 100.94 | 795.46 | percent of total billed charges | |
| BKR CHG IMMUNOHISTOCHEM EA MULTIPLEX | 88344 | CPT | | | | both | | | 634 | 472.75 | Amerihealth | HMO/PPO | 412.1 | 65 | | | 100.94 | 795.46 | percent of total billed charges | |
| BKR CHG IMMUNOHISTOCHEM EA MULTIPLEX | 88344 | CPT | | | | both | | | 634 | 472.75 | Aetna | Better Health | 200.03 | 31.55 | | 172.03 | 100.94 | 795.46 | percent of total billed charges | |
| BKR CHG IMMUNOHISTOCHEM EA MULTIPLEX | 88344 | CPT | | | | both | | | 634 | 472.75 | Aetna | Medicare | 411.09 | | | | 100.94 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG IMMUNOHISTOCHEM EA MULTIPLEX | 88344 | CPT | | | | both | | | 634 | 472.75 | First Health | First Health | 443.8 | 70 | | | 100.94 | 795.46 | percent of total billed charges | |
| BKR CHG IMMUNOHISTOCHEM EA MULTIPLEX | 88344 | CPT | | | | both | | | 634 | 472.75 | Horizon | Indemnity | 795.46 | | | | 100.94 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG IMMUNOHISTOCHEM EA MULTIPLEX | 88344 | CPT | | | | both | | | 634 | 472.75 | Corrections | Corrections | 507.2 | 80 | | 196.82 | 100.94 | 795.46 | percent of total billed charges | |
| BKR CHG IMMUNOHISTOCHEM EA MULTIPLEX | 88344 | CPT | | | | both | | | 634 | 472.75 | Horizon | NJ Health | 100.94 | | | 140.9 | 100.94 | 795.46 | fee schedule | |
| BKR CHG IMMUNOHISTOCHEM EA MULTIPLEX | 88344 | CPT | | | | both | | | 634 | 472.75 | Horizon | MGD | 795.46 | | | 200.88 | 100.94 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG IMMUNOHISTOCHEM EA MULTIPLEX | 88344 | CPT | | | | both | | | 634 | 472.75 | Multiplan | Multiplan | 507.2 | 80 | | | 100.94 | 795.46 | percent of total billed charges | |
| BKR CHG IMMUNOHISTOCHEM EA MULTIPLEX | 88344 | CPT | | | | both | | | 634 | 472.75 | WellPoint | WellPoint | 204.02 | 32.18 | | 118.1 | 100.94 | 795.46 | percent of total billed charges | |
| BKR CHG IMMUNOHISTOCHEM EA MULTIPLEX | 88344 | CPT | | | | both | | | 634 | 472.75 | Americare | Americare | 475.5 | 75 | | | 100.94 | 795.46 | percent of total billed charges | |
| BKR CHG IMMUNOHISTOCHEM EA MULTIPLEX | 88344 | CPT | | | | both | | | 634 | 472.75 | UHC | Medicare | 411.09 | | | 158.42 | 100.94 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG IMMUNOHISTOCHEM EA MULTIPLEX | 88344 | CPT | | | | both | | | 634 | 472.75 | UHC | Medicaid | 152.39 | | | 172.89 | 100.94 | 795.46 | fee schedule | |
| BKR CHG IMMUNOHISTOCHEM EA MULTIPLEX | 88344 | CPT | | | | both | | | 634 | 472.75 | Horizon | PPO | 795.46 | | | 299.14 | 100.94 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG IMMUNOHISTOCHEM EA MULTIPLEX | 88344 | CPT | | | | both | | | 634 | 472.75 | Qualcare | Qualcare | 475.5 | 75 | | | 100.94 | 795.46 | percent of total billed charges | |
| BKR CHG IMMUNOHISTOCHEM EA MULTIPLEX | 88344 | CPT | | | | both | | | 634 | 472.75 | Horizon | Medicare Blue | 411.09 | | | 138.76 | 100.94 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG IMMUNOHISTOCHEM EA MULTIPLEX | 88344 | CPT | | | | both | | | 634 | 472.75 | Wellcare | Medicaid | 152.39 | | | 180.29 | 100.94 | 795.46 | fee schedule | |
| BKR CHG IMMUNOHISTOCHEM EA MULTIPLEX | 88344 | CPT | | | | both | | | 634 | 472.75 | Managed Care Inc | Managed Care Inc | 570.6 | 90 | | | 100.94 | 795.46 | percent of total billed charges | |
| BKR CHG IMMUNOHISTOCHEM EA MULTIPLEX | 88344 | CPT | | | | both | | | 634 | 472.75 | Three Rivers | Three Rivers | 602.3 | 95 | | | 100.94 | 795.46 | percent of total billed charges | |
| BKR CHG IMMUNOHISTOCHEM EA MULTIPLEX | 88344 | CPT | | | | both | | | 634 | 472.75 | Wellcare | Medicare | 411.09 | | | | 100.94 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG IMMUNOFLUORS INITIAL BLOCK | 88346 | CPT | | | | both | | | 1084 | 224.64 | Aetna | Medicare | 195.34 | | | | 22.86 | 1029.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG IMMUNOFLUORS INITIAL BLOCK | 88346 | CPT | | | | both | | | 1084 | 224.64 | Aetna | Better Health | 342 | 31.55 | | 108.1 | 22.86 | 1029.8 | percent of total billed charges | |
| BKR CHG IMMUNOFLUORS INITIAL BLOCK | 88346 | CPT | | | | both | | | 1084 | 224.64 | Consumer | Consumer | 1029.8 | 95 | | | 22.86 | 1029.8 | percent of total billed charges | |
| BKR CHG IMMUNOFLUORS INITIAL BLOCK | 88346 | CPT | | | | both | | | 1084 | 224.64 | First Trenton | First Trenton | 975.6 | 90 | | | 22.86 | 1029.8 | percent of total billed charges | |
| BKR CHG IMMUNOFLUORS INITIAL BLOCK | 88346 | CPT | | | | both | | | 1084 | 224.64 | Americare | Americare | 813 | 75 | | | 22.86 | 1029.8 | percent of total billed charges | |
| BKR CHG IMMUNOFLUORS INITIAL BLOCK | 88346 | CPT | | | | both | | | 1084 | 224.64 | Horizon | PPO | 377.98 | | | | 22.86 | 1029.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG IMMUNOFLUORS INITIAL BLOCK | 88346 | CPT | | | | both | | | 1084 | 224.64 | Corrections | Corrections | 867.2 | 80 | | | 22.86 | 1029.8 | percent of total billed charges | |
| BKR CHG IMMUNOFLUORS INITIAL BLOCK | 88346 | CPT | | | | both | | | 1084 | 224.64 | Horizon | Indemnity | 377.98 | | | | 22.86 | 1029.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG IMMUNOFLUORS INITIAL BLOCK | 88346 | CPT | | | | both | | | 1084 | 224.64 | Amerihealth | HMO/PPO | 22.86 | | | | 22.86 | 1029.8 | fee schedule | |
| BKR CHG IMMUNOFLUORS INITIAL BLOCK | 88346 | CPT | | | | both | | | 1084 | 224.64 | First Health | First Health | 758.8 | 70 | | | 22.86 | 1029.8 | percent of total billed charges | |
| BKR CHG IMMUNOFLUORS INITIAL BLOCK | 88346 | CPT | | | | both | | | 1084 | 224.64 | Horizon | NJ Health | 78.4 | | | | 22.86 | 1029.8 | fee schedule | |
| BKR CHG IMMUNOFLUORS INITIAL BLOCK | 88346 | CPT | | | | both | | | 1084 | 224.64 | Horizon | Medicare Blue | 195.34 | | | | 22.86 | 1029.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG IMMUNOFLUORS INITIAL BLOCK | 88346 | CPT | | | | both | | | 1084 | 224.64 | Horizon | MGD | 377.98 | | | | 22.86 | 1029.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG IMMUNOFLUORS INITIAL BLOCK | 88346 | CPT | | | | both | | | 1084 | 224.64 | UHC | Medicare | 195.34 | | | | 22.86 | 1029.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG IMMUNOFLUORS INITIAL BLOCK | 88346 | CPT | | | | both | | | 1084 | 224.64 | Three Rivers | Three Rivers | 1029.8 | 95 | | | 22.86 | 1029.8 | percent of total billed charges | |
| BKR CHG IMMUNOFLUORS INITIAL BLOCK | 88346 | CPT | | | | both | | | 1084 | 224.64 | Managed Care Inc | Managed Care Inc | 975.6 | 90 | | | 22.86 | 1029.8 | percent of total billed charges | |
| BKR CHG IMMUNOFLUORS INITIAL BLOCK | 88346 | CPT | | | | both | | | 1084 | 224.64 | UHC | Medicaid | 40 | | | | 22.86 | 1029.8 | fee schedule | |
| BKR CHG IMMUNOFLUORS INITIAL BLOCK | 88346 | CPT | | | | both | | | 1084 | 224.64 | Multiplan | Multiplan | 867.2 | 80 | | | 22.86 | 1029.8 | percent of total billed charges | |
| BKR CHG IMMUNOFLUORS INITIAL BLOCK | 88346 | CPT | | | | both | | | 1084 | 224.64 | Wellcare | Medicaid | 40 | | | | 22.86 | 1029.8 | fee schedule | |
| BKR CHG IMMUNOFLUORS INITIAL BLOCK | 88346 | CPT | | | | both | | | 1084 | 224.64 | WellPoint | WellPoint | 348.83 | 32.18 | | 195.15 | 22.86 | 1029.8 | percent of total billed charges | |
| BKR CHG IMMUNOFLUORS INITIAL BLOCK | 88346 | CPT | | | | both | | | 1084 | 224.64 | Qualcare | Qualcare | 813 | 75 | | | 22.86 | 1029.8 | percent of total billed charges | |
| BKR CHG IMMUNOFLUORS INITIAL BLOCK | 88346 | CPT | | | | both | | | 1084 | 224.64 | Wellcare | Medicare | 195.34 | | | | 22.86 | 1029.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG MUSCLEBIOPSY1 MICRON PLASTIC-MISO | 88348 | CPT | | | | both | | | 2191 | 1130.94 | First Health | First Health | 1533.7 | 70 | | | 185.11 | 2081.45 | percent of total billed charges | |
| BKR CHG MUSCLEBIOPSY1 MICRON PLASTIC-MISO | 88348 | CPT | | | | both | | | 2191 | 1130.94 | UHC | Medicare | 983.43 | | | | 185.11 | 2081.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG MUSCLEBIOPSY1 MICRON PLASTIC-MISO | 88348 | CPT | | | | both | | | 2191 | 1130.94 | Consumer | Consumer | 2081.45 | 95 | | | 185.11 | 2081.45 | percent of total billed charges | |
| BKR CHG MUSCLEBIOPSY1 MICRON PLASTIC-MISO | 88348 | CPT | | | | both | | | 2191 | 1130.94 | Americare | Americare | 1643.25 | 75 | | | 185.11 | 2081.45 | percent of total billed charges | |
| BKR CHG MUSCLEBIOPSY1 MICRON PLASTIC-MISO | 88348 | CPT | | | | both | | | 2191 | 1130.94 | Multiplan | Multiplan | 1752.8 | 80 | | | 185.11 | 2081.45 | percent of total billed charges | |
| BKR CHG MUSCLEBIOPSY1 MICRON PLASTIC-MISO | 88348 | CPT | | | | both | | | 2191 | 1130.94 | First Trenton | First Trenton | 1971.9 | 90 | | | 185.11 | 2081.45 | percent of total billed charges | |
| BKR CHG MUSCLEBIOPSY1 MICRON PLASTIC-MISO | 88348 | CPT | | | | both | | | 2191 | 1130.94 | Aetna | Better Health | 691.26 | 31.55 | | 239.22 | 185.11 | 2081.45 | percent of total billed charges | |
| BKR CHG MUSCLEBIOPSY1 MICRON PLASTIC-MISO | 88348 | CPT | | | | both | | | 2191 | 1130.94 | Aetna | Medicare | 983.43 | | | | 185.11 | 2081.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG MUSCLEBIOPSY1 MICRON PLASTIC-MISO | 88348 | CPT | | | | both | | | 2191 | 1130.94 | Managed Care Inc | Managed Care Inc | 1971.9 | 90 | | | 185.11 | 2081.45 | percent of total billed charges | |
| BKR CHG MUSCLEBIOPSY1 MICRON PLASTIC-MISO | 88348 | CPT | | | | both | | | 2191 | 1130.94 | Wellcare | Medicare | 983.43 | | | | 185.11 | 2081.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG MUSCLEBIOPSY1 MICRON PLASTIC-MISO | 88348 | CPT | | | | both | | | 2191 | 1130.94 | Corrections | Corrections | 1752.8 | 80 | | | 185.11 | 2081.45 | percent of total billed charges | |
| BKR CHG MUSCLEBIOPSY1 MICRON PLASTIC-MISO | 88348 | CPT | | | | both | | | 2191 | 1130.94 | Amerihealth | HMO/PPO | 187 | | | | 185.11 | 2081.45 | fee schedule | |
| BKR CHG MUSCLEBIOPSY1 MICRON PLASTIC-MISO | 88348 | CPT | | | | both | | | 2191 | 1130.94 | Qualcare | Qualcare | 1643.25 | 75 | | | 185.11 | 2081.45 | percent of total billed charges | |
| BKR CHG MUSCLEBIOPSY1 MICRON PLASTIC-MISO | 88348 | CPT | | | | both | | | 2191 | 1130.94 | Horizon | Indemnity | 1902.94 | | | | 185.11 | 2081.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG MUSCLEBIOPSY1 MICRON PLASTIC-MISO | 88348 | CPT | | | | both | | | 2191 | 1130.94 | Horizon | MGD | 1902.94 | | | | 185.11 | 2081.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG MUSCLEBIOPSY1 MICRON PLASTIC-MISO | 88348 | CPT | | | | both | | | 2191 | 1130.94 | Horizon | PPO | 1902.94 | | | | 185.11 | 2081.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG MUSCLEBIOPSY1 MICRON PLASTIC-MISO | 88348 | CPT | | | | both | | | 2191 | 1130.94 | Three Rivers | Three Rivers | 2081.45 | 95 | | | 185.11 | 2081.45 | percent of total billed charges | |
| BKR CHG MUSCLEBIOPSY1 MICRON PLASTIC-MISO | 88348 | CPT | | | | both | | | 2191 | 1130.94 | WellPoint | WellPoint | 705.06 | 32.18 | | 431.87 | 185.11 | 2081.45 | percent of total billed charges | |
| BKR CHG MUSCLEBIOPSY1 MICRON PLASTIC-MISO | 88348 | CPT | | | | both | | | 2191 | 1130.94 | Horizon | Medicare Blue | 983.43 | | | | 185.11 | 2081.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG MUSCLEBIOPSY1 MICRON PLASTIC-MISO | 88348 | CPT | | | | both | | | 2191 | 1130.94 | UHC | Medicaid | 185.11 | | | | 185.11 | 2081.45 | fee schedule | |
| BKR CHG MUSCLEBIOPSY1 MICRON PLASTIC-MISO | 88348 | CPT | | | | both | | | 2191 | 1130.94 | Horizon | NJ Health | 360.64 | | | | 185.11 | 2081.45 | fee schedule | |
| BKR CHG MUSCLEBIOPSY1 MICRON PLASTIC-MISO | 88348 | CPT | | | | both | | | 2191 | 1130.94 | Wellcare | Medicaid | 185.11 | | | | 185.11 | 2081.45 | fee schedule | |
| BKR CHG IMMUNOFLUORES ADD BLOCK EA | 88350 | CPT | | | | both | | | 166 | | Corrections | Corrections | 132.8 | 80 | | | 48.6 | 157.7 | percent of total billed charges | |
| BKR CHG IMMUNOFLUORES ADD BLOCK EA | 88350 | CPT | | | | both | | | 166 | | Aetna | Better Health | 52.37 | 31.55 | | | 48

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG IMMUNOFLUORES ADD BLOCK EA | 88350 | CPT | | | | both | | | 166 | | Consumer | Consumer | 157.7 | 95 | | | 48.6 | 157.7 | percent of total billed charges | |
| BKR CHG IMMUNOFLUORES ADD BLOCK EA | 88350 | CPT | | | | both | | | 166 | | Americare | Americare | 124.5 | 75 | | | 48.6 | 157.7 | percent of total billed charges | |
| BKR CHG IMMUNOFLUORES ADD BLOCK EA | 88350 | CPT | | | | both | | | 166 | | Amerihealth | HMO/PPO | 107.9 | 65 | | | 48.6 | 157.7 | percent of total billed charges | |
| BKR CHG IMMUNOFLUORES ADD BLOCK EA | 88350 | CPT | | | | both | | | 166 | | UHC | Medicaid | 87.06 | | | | 48.6 | 157.7 | fee schedule | |
| BKR CHG IMMUNOFLUORES ADD BLOCK EA | 88350 | CPT | | | | both | | | 166 | | Aetna | Medicare | 51.13 | 30.8 | | | 48.6 | 157.7 | percent of total billed charges | |
| BKR CHG IMMUNOFLUORES ADD BLOCK EA | 88350 | CPT | | | | both | | | 166 | | Horizon | Medicare Blue | 49.8 | 30 | | | 48.6 | 157.7 | percent of total billed charges | |
| BKR CHG IMMUNOFLUORES ADD BLOCK EA | 88350 | CPT | | | | both | | | 166 | | First Trenton | First Trenton | 149.4 | 90 | | | 48.6 | 157.7 | percent of total billed charges | |
| BKR CHG IMMUNOFLUORES ADD BLOCK EA | 88350 | CPT | | | | both | | | 166 | | Horizon | MGD | 63.54 | 38.28 | | | 48.6 | 157.7 | percent of total billed charges | |
| BKR CHG IMMUNOFLUORES ADD BLOCK EA | 88350 | CPT | | | | both | | | 166 | | First Health | First Health | 116.2 | 70 | | | 48.6 | 157.7 | percent of total billed charges | |
| BKR CHG IMMUNOFLUORES ADD BLOCK EA | 88350 | CPT | | | | both | | | 166 | | Horizon | PPO | 63.54 | 38.28 | | | 48.6 | 157.7 | percent of total billed charges | |
| BKR CHG IMMUNOFLUORES ADD BLOCK EA | 88350 | CPT | | | | both | | | 166 | | Horizon | Indemnity | 63.54 | 38.28 | | | 48.6 | 157.7 | percent of total billed charges | |
| BKR CHG IMMUNOFLUORES ADD BLOCK EA | 88350 | CPT | | | | both | | | 166 | | Three Rivers | Three Rivers | 157.7 | 95 | | | 48.6 | 157.7 | percent of total billed charges | |
| BKR CHG IMMUNOFLUORES ADD BLOCK EA | 88350 | CPT | | | | both | | | 166 | | Multiplan | Multiplan | 132.8 | 80 | | | 48.6 | 157.7 | percent of total billed charges | |
| BKR CHG IMMUNOFLUORES ADD BLOCK EA | 88350 | CPT | | | | both | | | 166 | | Horizon | NJ Health | 62.21 | | | | 48.6 | 157.7 | fee schedule | |
| BKR CHG IMMUNOFLUORES ADD BLOCK EA | 88350 | CPT | | | | both | | | 166 | | Wellcare | Medicaid | 87.06 | | | | 48.6 | 157.7 | fee schedule | |
| BKR CHG IMMUNOFLUORES ADD BLOCK EA | 88350 | CPT | | | | both | | | 166 | | Qualcare | Qualcare | 124.5 | 75 | | | 48.6 | 157.7 | percent of total billed charges | |
| BKR CHG IMMUNOFLUORES ADD BLOCK EA | 88350 | CPT | | | | both | | | 166 | | Managed Care Inc | Managed Care Inc | 149.4 | 90 | | | 48.6 | 157.7 | percent of total billed charges | |
| BKR CHG IMMUNOFLUORES ADD BLOCK EA | 88350 | CPT | | | | both | | | 166 | | WellPoint | WellPoint | 53.42 | 32.18 | | | 48.6 | 157.7 | percent of total billed charges | |
| BKR CHG QUANTISEMIQUANT IM HISTOCHEM E | 88360 | CPT | | | | both | | | 745 | 224.64 | Horizon | Indemnity | 377.98 | | | | 37.1 | 707.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG QUANTISEMIQUANT IM HISTOCHEM E | 88360 | CPT | | | | both | | | 745 | 224.64 | Aetna | Better Health | 235.05 | 31.55 | | | 37.1 | 707.75 | percent of total billed charges | |
| BKR CHG QUANTISEMIQUANT IM HISTOCHEM E | 88360 | CPT | | | | both | | | 745 | 224.64 | Amerihealth | HMO/PPO | 37.1 | | | | 37.1 | 707.75 | fee schedule | |
| BKR CHG QUANTISEMIQUANT IM HISTOCHEM E | 88360 | CPT | | | | both | | | 745 | 224.64 | Consumer | Consumer | 707.75 | 95 | | | 37.1 | 707.75 | percent of total billed charges | |
| BKR CHG QUANTISEMIQUANT IM HISTOCHEM E | 88360 | CPT | | | | both | | | 745 | 224.64 | Multiplan | Multiplan | 596 | 80 | | | 37.1 | 707.75 | percent of total billed charges | |
| BKR CHG QUANTISEMIQUANT IM HISTOCHEM E | 88360 | CPT | | | | both | | | 745 | 224.64 | Americare | Americare | 558.75 | 75 | | | 37.1 | 707.75 | percent of total billed charges | |
| BKR CHG QUANTISEMIQUANT IM HISTOCHEM E | 88360 | CPT | | | | both | | | 745 | 224.64 | Aetna | Medicare | 195.34 | | | 116.96 | 37.1 | 707.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG QUANTISEMIQUANT IM HISTOCHEM E | 88360 | CPT | | | | both | | | 745 | 224.64 | Corrections | Corrections | 596 | 80 | | | 37.1 | 707.75 | percent of total billed charges | |
| BKR CHG QUANTISEMIQUANT IM HISTOCHEM E | 88360 | CPT | | | | both | | | 745 | 224.64 | Horizon | MGD | 377.98 | | | 170.35 | 37.1 | 707.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG QUANTISEMIQUANT IM HISTOCHEM E | 88360 | CPT | | | | both | | | 745 | 224.64 | Horizon | Medicare Blue | 195.34 | | | 40.08 | 37.1 | 707.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG QUANTISEMIQUANT IM HISTOCHEM E | 88360 | CPT | | | | both | | | 745 | 224.64 | First Health | First Health | 521.5 | 70 | | | 37.1 | 707.75 | percent of total billed charges | |
| BKR CHG QUANTISEMIQUANT IM HISTOCHEM E | 88360 | CPT | | | | both | | | 745 | 224.64 | UHC | Medicare | 195.34 | | | 74.33 | 37.1 | 707.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG QUANTISEMIQUANT IM HISTOCHEM E | 88360 | CPT | | | | both | | | 745 | 224.64 | Qualcare | Qualcare | 598.75 | 75 | | | 37.1 | 707.75 | percent of total billed charges | |
| BKR CHG QUANTISEMIQUANT IM HISTOCHEM E | 88360 | CPT | | | | both | | | 745 | 224.64 | Wellcare | Medicaid | 107.12 | | | | 37.1 | 707.75 | fee schedule | |
| BKR CHG QUANTISEMIQUANT IM HISTOCHEM E | 88360 | CPT | | | | both | | | 745 | 224.64 | First Trenton | First Trenton | 670.5 | 90 | | | 37.1 | 707.75 | percent of total billed charges | |
| BKR CHG QUANTISEMIQUANT IM HISTOCHEM E | 88360 | CPT | | | | both | | | 745 | 224.64 | Horizon | PPO | 377.98 | | | | 37.1 | 707.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG QUANTISEMIQUANT IM HISTOCHEM E | 88360 | CPT | | | | both | | | 745 | 224.64 | Wellcare | Medicare | 195.34 | | | | 37.1 | 707.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG QUANTISEMIQUANT IM HISTOCHEM E | 88360 | CPT | | | | both | | | 745 | 224.64 | UHC | Medicaid | 107.12 | | | 79.65 | 37.1 | 707.75 | fee schedule | |
| BKR CHG QUANTISEMIQUANT IM HISTOCHEM E | 88360 | CPT | | | | both | | | 745 | 224.64 | Horizon | NJ Health | 184.24 | | | 10.11 | 37.1 | 707.75 | fee schedule | |
| BKR CHG QUANTISEMIQUANT IM HISTOCHEM E | 88360 | CPT | | | | both | | | 745 | 224.64 | WellPoint | WellPoint | 239.74 | 32.18 | | | 37.1 | 707.75 | percent of total billed charges | |
| BKR CHG QUANTISEMIQUANT IM HISTOCHEM E | 88360 | CPT | | | | both | | | 745 | 224.64 | Managed Care Inc | Managed Care Inc | 670.5 | 90 | | | 37.1 | 707.75 | percent of total billed charges | |
| BKR CHG QUANTISEMIQUANT IM HISTOCHEM E | 88360 | CPT | | | | both | | | 745 | 224.64 | Three Rivers | Three Rivers | 707.75 | 95 | | | 37.1 | 707.75 | percent of total billed charges | |
| BKR CHG MORP ANALYSIS TUMOR IHC COMP | 88361 | CPT | | | | outpatient | | | 513 | 472.75 | First Health | First Health | 369.1 | 70 | | | 37.1 | 795.46 | percent of total billed charges | |
| BKR CHG MORP ANALYSIS TUMOR IHC COMP | 88361 | CPT | | | | outpatient | | | 513 | 472.75 | Americare | Americare | 384.75 | 75 | | | 37.1 | 795.46 | percent of total billed charges | |
| BKR CHG MORP ANALYSIS TUMOR IHC COMP | 88361 | CPT | | | | outpatient | | | 513 | 472.75 | First Trenton | First Trenton | 461.7 | 90 | | | 37.1 | 795.46 | percent of total billed charges | |
| BKR CHG MORP ANALYSIS TUMOR IHC COMP | 88361 | CPT | | | | outpatient | | | 513 | 472.75 | Corrections | Corrections | 410.4 | 80 | | | 37.1 | 795.46 | percent of total billed charges | |
| BKR CHG MORP ANALYSIS TUMOR IHC COMP | 88361 | CPT | | | | outpatient | | | 513 | 472.75 | Consumer | Consumer | 487.35 | 95 | | | 37.1 | 795.46 | percent of total billed charges | |
| BKR CHG MORP ANALYSIS TUMOR IHC COMP | 88361 | CPT | | | | outpatient | | | 513 | 472.75 | Aetna | Medicare | 411.09 | | | | 37.1 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG MORP ANALYSIS TUMOR IHC COMP | 88361 | CPT | | | | outpatient | | | 513 | 472.75 | Managed Care Inc | Managed Care Inc | 461.7 | 90 | | | 37.1 | 795.46 | percent of total billed charges | |
| BKR CHG MORP ANALYSIS TUMOR IHC COMP | 88361 | CPT | | | | outpatient | | | 513 | 472.75 | Aetna | Better Health | 161.85 | 31.55 | | | 37.1 | 795.46 | percent of total billed charges | |
| BKR CHG MORP ANALYSIS TUMOR IHC COMP | 88361 | CPT | | | | outpatient | | | 513 | 472.75 | Multiplan | Multiplan | 410.4 | 80 | | | 37.1 | 795.46 | percent of total billed charges | |
| BKR CHG MORP ANALYSIS TUMOR IHC COMP | 88361 | CPT | | | | outpatient | | | 513 | 472.75 | Amerihealth | HMO/PPO | 37.1 | | | | 37.1 | 795.46 | fee schedule | |
| BKR CHG MORP ANALYSIS TUMOR IHC COMP | 88361 | CPT | | | | outpatient | | | 513 | 472.75 | Three Rivers | Three Rivers | 487.35 | 95 | | | 37.1 | 795.46 | percent of total billed charges | |
| BKR CHG MORP ANALYSIS TUMOR IHC COMP | 88361 | CPT | | | | outpatient | | | 513 | 472.75 | Horizon | Medicare Blue | 411.09 | | | | 37.1 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG MORP ANALYSIS TUMOR IHC COMP | 88361 | CPT | | | | outpatient | | | 513 | 472.75 | Horizon | Indemnity | 795.46 | | | | 37.1 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG MORP ANALYSIS TUMOR IHC COMP | 88361 | CPT | | | | outpatient | | | 513 | 472.75 | Horizon | MGD | 795.46 | | | | 37.1 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG MORP ANALYSIS TUMOR IHC COMP | 88361 | CPT | | | | outpatient | | | 513 | 472.75 | Qualcare | Qualcare | 384.75 | 75 | | | 37.1 | 795.46 | percent of total billed charges | |
| BKR CHG MORP ANALYSIS TUMOR IHC COMP | 88361 | CPT | | | | outpatient | | | 513 | 472.75 | Horizon | PPO | 795.46 | | | | 37.1 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG MORP ANALYSIS TUMOR IHC COMP | 88361 | CPT | | | | outpatient | | | 513 | 472.75 | Horizon | NJ Health | 184.24 | | | | 37.1 | 795.46 | fee schedule | |
| BKR CHG MORP ANALYSIS TUMOR IHC COMP | 88361 | CPT | | | | outpatient | | | 513 | 472.75 | UHC | Medicaid | 94 | | | | 37.1 | 795.46 | fee schedule | |
| BKR CHG MORP ANALYSIS TUMOR IHC COMP | 88361 | CPT | | | | outpatient | | | 513 | 472.75 | Wellcare | Medicare | 411.09 | | | | 37.1 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG MORP ANALYSIS TUMOR IHC COMP | 88361 | CPT | | | | outpatient | | | 513 | 472.75 | Wellcare | Medicaid | 94 | | | | 37.1 | 795.46 | fee schedule | |
| BKR CHG MORP ANALYSIS TUMOR IHC COMP | 88361 | CPT | | | | outpatient | | | 513 | 472.75 | UHC | Medicare | 411.09 | | | | 37.1 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG MORP ANALYSIS TUMOR IHC COMP | 88361 | CPT | | | | outpatient | | | 513 | 472.75 | WellPoint | WellPoint | 165.08 | 32.18 | | | 37.1 | 795.46 | percent of total billed charges | |
| BKR CHG INSITU HYBRID EA ADD PROB STAIN | 88364 | CPT | | | | outpatient | | | 697 | | Corrections | Corrections | 557.6 | 80 | | | 48.6 | 662.15 | percent of total billed charges | |
| BKR CHG INSITU HYBRID EA ADD PROB STAIN | 88364 | CPT | | | | outpatient | | | 697 | | Horizon | Indemnity | 266.81 | 38.28 | | | 48.6 | 662.15 | percent of total billed charges | |
| BKR CHG INSITU HYBRID EA ADD PROB STAIN | 88364 | CPT | | | | outpatient | | | 697 | | Amerihealth | HMO/PPO | 453.05 | 65 | | | 48.6 | 662.15 | percent of total billed charges | |
| BKR CHG INSITU HYBRID EA ADD PROB STAIN | 88364 | CPT | | | | outpatient | | | 697 | | Aetna | Medicare | 214.68 | 30.8 | | | 48.6 | 662.15 | percent of total billed charges | |
| BKR CHG INSITU HYBRID EA ADD PROB STAIN | 88364 | CPT | | | | outpatient | | | 697 | | UHC | Medicaid | 123.24 | | | | 48.6 | 662.15 | fee schedule | |
| BKR CHG INSITU HYBRID EA ADD PROB STAIN | 88364 | CPT | | | | outpatient | | | 697 | | Americare | Americare | 522.75 | 75 | | | 48.6 | 662.15 | percent of total billed charges | |
| BKR CHG INSITU HYBRID EA ADD PROB STAIN | 88364 | CPT | | | | outpatient | | | 697 | | Aetna | Better Health | 219.9 | 31.55 | | | 48.6 | 662.15 | percent of total billed charges | |
| BKR CHG INSITU HYBRID EA ADD PROB STAIN | 88364 | CPT | | | | outpatient | | | 697 | | First Trenton | First Trenton | 627.3 | 90 | | | 48.6 | 662.15 | percent of total billed charges | |
| BKR CHG INSITU HYBRID EA ADD PROB STAIN | 88364 | CPT | | | | outpatient | | | 697 | | Wellcare | Medicaid | 123.24 | | | | 48.6 | 662.15 | fee schedule | |
| BKR CHG INSITU HYBRID EA ADD PROB STAIN | 88364 | CPT | | | | outpatient | | | 697 | | Horizon | MGD | 266.81 | 38.28 | | | 48.6 | 662.15 | percent of total billed charges | |
| BKR CHG INSITU HYBRID EA ADD PROB STAIN | 88364 | CPT | | | | outpatient | | | 697 | | First Health | First Health | 487.9 | 70 | | | 48.6 | 662.15 | percent of total billed charges | |
| BKR CHG INSITU HYBRID EA ADD PROB STAIN | 88364 | CPT | | | | outpatient | | | 697 | | Horizon | PPO | 266.81 | 38.28 | | | 48.6 | 662.15 | percent of total billed charges | |
| BKR CHG INSITU HYBRID EA ADD PROB STAIN | 88364 | CPT | | | | outpatient | | | 697 | | Consumer | Consumer | 662.15 | 95 | | | 48.6 | 662.15 | percent of total billed charges | |
| BKR CHG INSITU HYBRID EA ADD PROB STAIN | 88364 | CPT | | | | outpatient | | | 697 | | Managed Care Inc | Managed Care Inc | 627.3 | 90 | | | 48.6 | 662.15 | percent of total billed charges | |
| BKR CHG INSITU HYBRID EA ADD PROB STAIN | 88364 | CPT | | | | outpatient | | | 697 | | Multiplan | Multiplan | 557.6 | 80 | | | 48.6 | 662.15 | percent of total billed charges | |
| BKR CHG INSITU HYBRID EA ADD PROB STAIN | 88364 | CPT | | | | outpatient | | | 697 | | WellPoint | WellPoint | 224.29 | 32.18 | | | 48.6 | 662.15 | percent of total billed charges | |
| BKR CHG INSITU HYBRID EA ADD PROB STAIN | 88364 | CPT | | | | outpatient | | | 697 | | Horizon | Medicare Blue | 209.1 | 30 | | | 48.6 | 662.15 | percent of total billed charges | |
| BKR CHG INSITU HYBRID EA ADD PROB STAIN | 88364 | CPT | | | | outpatient | | | 697 | | Qualcare | Qualcare | 522.75 | 75 | | | 48.6 | 662.15 | percent of total billed charges | |
| BKR CHG INSITU HYBRID EA ADD PROB STAIN | 88364 | CPT | | | | outpatient | | | 697 | | Horizon | NJ Health | 84.26 | | | | 48.6 | 662.15 | fee schedule | |
| BKR CHG INSITU HYBRID EA ADD PROB STAIN | 88364 | CPT | | | | outpatient | | | 697 | | Three Rivers | Three Rivers | 662.15 | 95 | | | 48.6 | 662.15 | percent of total billed charges | |
| BKR CHG TISSUE IN SITU HYBRIDIZATION I | 88365 | CPT | | | | both | | | 1329 | 224.64 | Horizon | Medicare Blue | 195.34 | | | | 47.25 | 1262.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TISSUE IN SITU HYBRIDIZATION I | 88365 | CPT | | | | both | | | 1329 | 224.64 | Aetna | Better Health | 419.3 | 31.55 | | | 47.25 | 1262.55 | percent of total billed charges | |
| BKR CHG TISSUE IN SITU HYBRIDIZATION I | 88365 | CPT | | | | both | | | 1329 | 224.64 | Amerihealth | HMO/PPO | 56 | | | | 47.25 | 1262.55 | fee schedule | |
| BKR CHG TISSUE IN SITU HYBRIDIZATION I | 88365 | CPT | | | | both | | | 1329 | 224.64 | Horizon | Indemnity | 377.98 | | | 171.95 | 47.25 | 1262.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TISSUE IN SITU HYBRIDIZATION I | 88365 | CPT | | | | both | | | 1329 | 224.64 | UHC | Medicaid | 47.25 | | | 87.28 | 47.25 | 1262.55 | fee schedule | |
| BKR CHG TISSUE IN SITU HYBRIDIZATION I | 88365 | CPT | | | | both | | | 1329 | 224.64 | Aetna | Medicare | 195.34 | | | | 47.25 | 1262.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TISSUE IN SITU HYBRIDIZATION I | 88365 | CPT | | | | both | | | 1329 | 224.64 | Americare | Americare | 996.75 | 75 | | | 47.25 | 1262.55 | percent of total billed charges | |
| BKR CHG TISSUE IN SITU HYBRIDIZATION I | 88365 | CPT | | | | both | | | 1329 | 224.64 | Corrections | Corrections | 1063.2 | 80 | | | 47.25 | 1262.55 | percent of total billed charges | |
| BKR CHG TISSUE IN SITU HYBRIDIZATION I | 88365 | CPT | | | | both | | | 1329 | 224.64 | UHC | Medicare | 195.34 | | | 52.41 | 47.25 | 1262.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TISSUE IN SITU HYBRIDIZATION I | 88365 | CPT | | | | both | | | 1329 | 224.64 | Horizon | MGD | 377.98 | | | | 47.25 | 1262.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TISSUE IN SITU HYBRIDIZATION I | 88365 | CPT | | | | both | | | 1329 | 224.64 | First Health | First Health | 930.3 | 70 | | | 47.25 | 1262.55 | percent of total billed charges | |
| BKR CHG TISSUE IN SITU HYBRIDIZATION I | 88365 | CPT | | | | both | | | 1329 | 224.64 | Multiplan | Multiplan | 1063.2 | 80 | | | 47.25 | 1262.55 | percent of total billed charges | |
| BKR CHG TISSUE IN SITU HYBRIDIZATION I | 88365 | CPT | | | | both | | | 1329 | 224.64 | Three Rivers | Three Rivers | 1262.55 | 95 | | | 47.25 | 1262.55 | percent of total billed charges | |
| BKR CHG TISSUE IN SITU HYBRIDIZATION I | 88365 | CPT | | | | both | | | 1329 | 224.64 | Consumer | Consumer | 1262.55 | 95 | | | 47.25 | 1262.55 | percent of total billed charges | |
| BKR CHG TISSUE IN SITU HYBRIDIZATION I | 88365 | CPT | | | | both | | | 1329 | 224.64 | Wellcare | Medicare | 195.34 | | | | 47.25 | 1262.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TISSUE IN SITU HYBRIDIZATION I | 88365 | CPT | | | | both | | | 1329 | 224.64 | First Trenton | First Trenton | 1196.1 | 90 | | | 47.25 | 1262.55 | percent of total billed charges | |
| BKR CHG TISSUE IN SITU HYBRIDIZATION I | 88365 | CPT | | | | both | | | 1329 | 224.64 | Horizon | NJ Health | 92.61 | | | 4.01 | 47.25 | 1262.55 | fee schedule | |
| BKR CHG TISSUE IN SITU HYBRIDIZATION I | 88365 | CPT | | | | both | | | 1329 | 224.64 | Qualcare | Qualcare | 996.75 | 75 | | | 47.25 | 1262.55 | percent of total billed charges | |
| BKR CHG TISSUE IN SITU HYBRIDIZATION I | 88365 | CPT | | | | both | | | 1329 | 224.64 | Horizon | PPO | 377.98 | | | 66.85 | 47.25 | 1262.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG TISSUE IN SITU HYBRIDIZATION I | 88365 | CPT | | | | both | | | 1329 | 224.64 | Managed Care Inc | Managed Care Inc | 1196.1 | 90 | | | 47.25 | 1262.55 | percent of total billed charges | |
| BKR CHG TISSUE IN SITU HYBRIDIZATION I | 88365 | CPT | | | | both | | | 1329 | 224.64 | Wellcare | Medicaid | 47.25 | | | 76.74 | 47.25 | 1262.55 | fee schedule | |
| BKR CHG TISSUE IN SITU HYBRIDIZATION I | 88365 | CPT | | | | both | | | 1329 | 224.64 | WellPoint | WellPoint | 427.67 | 32.18 | | | 47.25 | 1262.55 | percent of total billed charges | |
| BKR CHG PANCREATOBILIARY FISH (2002528 | 88366 | CPT | | | | both | | | 1050 | 224.64 | Consumer | Consumer | 997.5 | 95 | | | 22.09 | 997.5 | percent of total billed charges | |
| BKR CHG PANCREATOBILIARY FISH (2002528 | 88366 | CPT | | | | both | | | 1050 | 224.64 | UHC | Medicaid | 250.86 | | | 109.29 | 22.09 | 997.5 | fee schedule | |
| BKR CHG PANCREATOBILIARY FISH (2002528 | 88366 | CPT | | | | both | | | 1050 | 224.64 | Horizon | NJ Health | 128.32 | | | 1.08 | 22.09 | 997.5 | fee schedule | |
| BKR CHG PANCREATOBILIARY FISH (2002528 | 88366 | CPT | | | | both | | | 1050 | 224.64 | Americare | Americare | 787.5 | 75 | | | 22.09 | 997.5 | percent of total billed charges | |
| BKR CHG PANCREATOBILIARY FISH (2002528 | 88366 | CPT | | | | both | | | 1050 | 224.64 | Amerihealth | HMO/PPO | 682.5 | 65 | | | 22.09 | 997.5 | percent of total billed charges | |
| BKR CHG PANCREATOBILIARY FISH (2002528 | 88366 | CPT | | | | both | | | 1050 | 224.64 | Aetna | Better Health | 331.28 | 31.55 | | | 22.09 | 997.5 | percent of total billed charges | |
| BKR CHG PANCREATOBILIARY FISH (2002528 | 88366 | CPT | | | | both | | | 1050 | 224.64 | First Trenton | First Trenton | 945 | 90 | | | 22.09 | 997.5 | percent of total billed charges | |
| BKR CHG PANCREATOBILIARY FISH (2002528 | 88366 | CPT | | | | both | | | 1050 | 224.64 | Aetna | Medicare | 195.34 | | | | 22.09 | 997.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PANCREATOBILIARY FISH (2002528 | 88366 | CPT | | | | both | | | 1050 | 224.64 | Horizon | Medicare Blue | 195.34 | | | 42.85 | 22.09 | 997.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PANCREATOBILIARY FISH (2002528 | 88366 | CPT | | | | both | | | 1050 | 224.64 | Wellcare | Medicaid | 250.86 | | | | 22.09 | 997.5 | fee schedule | |
| BKR CHG PANCREATOBILIARY FISH (2002528 | 88366 | CPT | | | | both | | | 1050 | 224.64 | Horizon | PPO | 377.98 | | | 105.93 | 22.09 | 997.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PANCREATOBILIARY FISH (2002528 | 88366 | CPT | | | | both | | | 1050 | 224.64 | UHC | Medicare | 195.34 | | | 46.94 | 22.09 | 997.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PANCREATOBILIARY FISH (2002528 | 88366 | CPT | | | | both | | | 1050 | 224.64 | First Health | First Health | 735 | 70 | | | 22.09 | 997.5 | percent of total billed charges | |
| BKR CHG PANCREATOBILIARY FISH (2002528 | 88366 | CPT | | | | both | | | 1050 | 224.64 | Corrections | Corrections | 840 | 80 | | 243.27 | 22.09 | 997.5 | percent of total billed charges | |
| BKR CHG PANCREATOBILIARY FISH (2002528 | 88366 | CPT | | | | both | | | 1050 | 224.64 | Horizon | Indemnity | 377.98 | | | | 22.09 | 997.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PANCREATOBILIARY FISH (2002528 | 88366 | CPT | | | | both | | | 1050 | 224.64 | Horizon | MGD | 377.98 | | | 349.46 | 22.09 | 997.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PANCREATOBILIARY FISH (2002528 | 88366 | CPT | | | | both | | | 1050 | 224.64 | Managed Care Inc | Managed Care Inc | 945 | 90 | | | 22.09 | 997.5 | percent of total billed charges | |
| BKR CHG PANCREATOBILIARY FISH (2002528 | 88366 | CPT | | | | both | | | 1050 | 224.64 | Multiplan | Multiplan | 840 | 80 | | | 22.09 | 997.5 | percent of total billed charges | |
| BKR CHG PANCREATOBILIARY FISH (2002528 | 88366 | CPT | | | | both | | | 1050 | 224.64 | WellPoint | WellPoint | 337.89 | 32.18 | | 213.32 | 22.09 | 997.5 | percent of total billed charges | |
| BKR CHG PANCREATOBILIARY FISH (2002528 | 88366 | CPT | | | | both | | | 1050 | 224.64 | Three Rivers | Three Rivers | 997.5 | 95 | | | 22.09 | 997.5 | percent of total billed charges | |
| BKR CHG PANCREATOBILIARY FISH (2002528 | 88366 | CPT | | | | both | | | 1050 | 224.64 | Qualcare | Qualcare | 787.5 | 75 | | | 22.09 | 997.5 | percent of total billed charges | |
| BKR CHG PANCREATOBILIARY FISH (2002528 | 88366 | CPT | | | | both | | | 1050 | 224.64 | Wellcare | Medicare | 195.34 | | | | 22.09 | 997.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CMPTR IN SITU HYBRIDIZATION EA PROBE | 88367 | CPT | | | | outpatient | | | 852 | 472.75 | First Trenton | First Trenton | 766.8 | 90 | | | 37.1 | 809.4 | percent of total billed charges | |
| BKR CHG CMPTR IN SITU HYBRIDIZATION EA PROBE | 88367 | CPT | | | | outpatient | | | 852 | 472.75 | Amerihealth | HMO/PPO | 37.1 | | | | 37.1 | 809.4 | fee schedule | |
| BKR CHG CMPTR IN SITU HYBRIDIZATION EA PROBE | 88367 | CPT | | | | outpatient | | | 852 | 472.75 | Aetna | Medicare | 411.09 | | | | 37.1 | 809.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CMPTR IN SITU HYBRIDIZATION EA PROBE | 88367 | CPT | | | | outpatient | | | 852 | 472.75 | Aetna | Better Health | 268.81 | 31.55 | | | 37.1 | 809.4 | percent of total billed charges | |
| BKR CHG CMPTR IN SITU HYBRIDIZATION EA PROBE | 88367 | CPT | | | | outpatient | | | 852 | 472.75 | Corrections | Corrections | 681.6 | 80 | | | 37.1 | 809.4 | percent of total billed charges | |
| BKR CHG CMPTR IN SITU HYBRIDIZATION EA PROBE | 88367 | CPT | | | | outpatient | | | 852 | 472.75 | First Health | First Health | 596.4 | 70 | | | 37.1 | 809.4 | percent of total billed charges | |
| BKR CHG CMPTR IN SITU HYBRIDIZATION EA PROBE | 88367 | CPT | | | | outpatient | | | 852 | 472.75 | Americare | Americare | 639 | 75 | | | 37.1 | 809.4 | percent of total billed charges | |
| BKR CHG CMPTR IN SITU HYBRIDIZATION EA PROBE | 88367 | CPT | | | | outpatient | | | 852 | 472.75 | Horizon | Medicare Blue | 411.09 | | | | 37.1 | 809.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CMPTR IN SITU HYBRIDIZATION EA PROBE | 88367 | CPT | | | | outpatient | | | 852 | 472.75 | Horizon | NJ Health | 179.65 | | | | 37.1 | 809.4 | fee schedule | |
| BKR CHG CMPTR IN SITU HYBRIDIZATION EA PROBE | 88367 | CPT | | | | outpatient | | | 852 | 472.75 | Horizon | Indemnity | 795.46 | | | | 37.1 | 809.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CMPTR IN SITU HYBRIDIZATION EA PROBE | 88367 | CPT | | | | outpatient | | | 852 | 472.75 | Horizon | MGD | 795.46 | | | | 37.1 | 809.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CMPTR IN SITU HYBRIDIZATION EA PROBE | 88367 | CPT | | | | outpatient | | | 852 | 472.75 | UHC | Medicaid | 96.9 | | | | 37.1 | 809.4 | fee schedule | |
| BKR CHG CMPTR IN SITU HYBRIDIZATION EA PROBE | 88367 | CPT | | | | outpatient | | | 852 | 472.75 | Horizon | PPO | 795.46 | | | | 37.1 | 809.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CMPTR IN SITU HYBRIDIZATION EA PROBE | 88367 | CPT | | | | outpatient | | | 852 | 472.75 | UHC | Medicare | 411.09 | | | | 37.1 | 809.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CMPTR IN SITU HYBRIDIZATION EA PROBE | 88367 | CPT | | | | outpatient | | | 852 | 472.75 | Consumer | Consumer | 809.4 | 95 | | | 37.1 | 809.4 | percent of total billed charges | |
| BKR CHG CMPTR IN SITU HYBRIDIZATION EA PROBE | 88367 | CPT | | | | outpatient | | | 852 | 472.75 | Wellcare | Medicare | 411.09 | | | | 37.1 | 809.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CMPTR IN SITU HYBRIDIZATION EA PROBE | 88367 | CPT | | | | outpatient | | | 852 | 472.75 | Managed Care Inc | Managed Care Inc | 766.8 | 90 | | | 37.1 | 809.4 | percent of total billed charges | |
| BKR CHG CMPTR IN SITU HYBRIDIZATION EA PROBE | 88367 | CPT | | | | outpatient | | | 852 | 472.75 | Multiplan | Multiplan | 681.6 | 80 | | | 37.1 | 809.4 | percent of total billed charges | |
| BKR CHG CMPTR IN SITU HYBRIDIZATION EA PROBE | 88367 | CPT | | | | outpatient | | | 852 | 472.75 | WellPoint | WellPoint | 274.17 | 32.18 | | | 37.1 | 809.4 | percent of total billed charges | |
| BKR CHG CMPTR IN SITU HYBRIDIZATION EA PROBE | 88367 | CPT | | | | outpatient | | | 852 | 472.75 | Qualcare | Qualcare | 639 | 75 | | | 37.1 | 809.4 | percent of total billed charges | |
| BKR CHG CMPTR IN SITU HYBRIDIZATION EA PROBE | 88367 | CPT | | | | outpatient | | | 852 | 472.75 | Three Rivers | Three Rivers | 809.4 | 95 | | | 37.1 | 809.4 |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG MNL IN SITU HYBRIDIZATION EA | 88368 | CPT | | | | outpatient | | | 696 | 472.75 | Aetna | Better Health | 219.59 | 31.55 | | | 37.1 | 795.46 | percent of total billed charges | |
| BKR CHG MNL IN SITU HYBRIDIZATION EA | 88368 | CPT | | | | outpatient | | | 696 | 472.75 | Horizon | Medicare Blue | 411.09 | | | | 37.1 | 795.46 | percent of total billed charges | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG MNL IN SITU HYBRIDIZATION EA | 88368 | CPT | | | | outpatient | | | 696 | 472.75 | Multiplan | Multiplan | 556.8 | 80 | | | 37.1 | 795.46 | percent of total billed charges | |
| BKR CHG MNL IN SITU HYBRIDIZATION EA | 88368 | CPT | | | | outpatient | | | 696 | 472.75 | Aetna | Medicare | 411.09 | | | | 37.1 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG MNL IN SITU HYBRIDIZATION EA | 88368 | CPT | | | | outpatient | | | 696 | 472.75 | Consumer | Consumer | 661.2 | 95 | | | 37.1 | 795.46 | percent of total billed charges | |
| BKR CHG MNL IN SITU HYBRIDIZATION EA | 88368 | CPT | | | | outpatient | | | 696 | 472.75 | Horizon | Indemnity | 795.46 | | | | 37.1 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG MNL IN SITU HYBRIDIZATION EA | 88368 | CPT | | | | outpatient | | | 696 | 472.75 | First Trenton | First Trenton | 626.4 | 90 | | | 37.1 | 795.46 | percent of total billed charges | |
| BKR CHG MNL IN SITU HYBRIDIZATION EA | 88368 | CPT | | | | outpatient | | | 696 | 472.75 | Americare | Americare | 522 | 75 | | | 37.1 | 795.46 | percent of total billed charges | |
| BKR CHG MNL IN SITU HYBRIDIZATION EA | 88368 | CPT | | | | outpatient | | | 696 | 472.75 | First Health | First Health | 487.2 | 70 | | | 37.1 | 795.46 | percent of total billed charges | |
| BKR CHG MNL IN SITU HYBRIDIZATION EA | 88368 | CPT | | | | outpatient | | | 696 | 472.75 | UHC | Medicare | 411.09 | | | | 37.1 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG MNL IN SITU HYBRIDIZATION EA | 88368 | CPT | | | | outpatient | | | 696 | 472.75 | Qualcare | Qualcare | 522 | 75 | | | 37.1 | 795.46 | percent of total billed charges | |
| BKR CHG MNL IN SITU HYBRIDIZATION EA | 88368 | CPT | | | | outpatient | | | 696 | 472.75 | Three Rivers | Three Rivers | 661.2 | 95 | | | 37.1 | 795.46 | percent of total billed charges | |
| BKR CHG MNL IN SITU HYBRIDIZATION EA | 88368 | CPT | | | | outpatient | | | 696 | 472.75 | Corrections | Corrections | 556.8 | 80 | | | 37.1 | 795.46 | percent of total billed charges | |
| BKR CHG MNL IN SITU HYBRIDIZATION EA | 88368 | CPT | | | | outpatient | | | 696 | 472.75 | Horizon | PPO | 795.46 | | | | 37.1 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG MNL IN SITU HYBRIDIZATION EA | 88368 | CPT | | | | outpatient | | | 696 | 472.75 | Managed Care Inc | Managed Care Inc | 626.4 | 90 | | | 37.1 | 795.46 | percent of total billed charges | |
| BKR CHG MNL IN SITU HYBRIDIZATION EA | 88368 | CPT | | | | outpatient | | | 696 | 472.75 | Amerihealth | HMO/PPO | 37.1 | | | | 37.1 | 795.46 | fee schedule | |
| BKR CHG MNL IN SITU HYBRIDIZATION EA | 88368 | CPT | | | | outpatient | | | 696 | 472.75 | Wellcare | Medicare | 411.09 | | | | 37.1 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG MNL IN SITU HYBRIDIZATION EA | 88368 | CPT | | | | outpatient | | | 696 | 472.75 | WellPoint | WellPoint | 223.97 | 32.18 | | | 37.1 | 795.46 | percent of total billed charges | |
| BKR CHG MNL IN SITU HYBRIDIZATION EA | 88368 | CPT | | | | outpatient | | | 696 | 472.75 | Horizon | NJ Health | 162.52 | | | | 37.1 | 795.46 | fee schedule | |
| BKR CHG MNL IN SITU HYBRIDIZATION EA | 88368 | CPT | | | | outpatient | | | 696 | 472.75 | Wellcare | Medicaid | 112.58 | | | | 37.1 | 795.46 | fee schedule | |
| BKR CHG MNL IN SITU HYBRIDIZATION EA | 88368 | CPT | | | | outpatient | | | 696 | 472.75 | Horizon | MGD | 795.46 | | | | 37.1 | 795.46 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG MNL IN SITU HYBRIDIZATION EA | 88368 | CPT | | | | outpatient | | | 696 | 472.75 | UHC | Medicaid | 112.58 | | | | 37.1 | 795.46 | fee schedule | |
| BKR CHG M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB | 88377 | CPT | | | | both | | | 2530 | 224.64 | First Health | First Health | 1771 | 70 | | | 115.16 | 2403.5 | percent of total billed charges | |
| BKR CHG M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB | 88377 | CPT | | | | both | | | 2530 | 224.64 | Amerihealth | HMO/PPO | 1644.5 | 65 | | | 115.16 | 2403.5 | percent of total billed charges | |
| BKR CHG M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB | 88377 | CPT | | | | both | | | 2530 | 224.64 | First Trenton | First Trenton | 2277 | 90 | | | 115.16 | 2403.5 | percent of total billed charges | |
| BKR CHG M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB | 88377 | CPT | | | | both | | | 2530 | 224.64 | Aetna | Better Health | 798.22 | 31.55 | | | 115.16 | 2403.5 | percent of total billed charges | |
| BKR CHG M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB | 88377 | CPT | | | | both | | | 2530 | 224.64 | Horizon | Indemnity | 377.98 | | | | 115.16 | 2403.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB | 88377 | CPT | | | | both | | | 2530 | 224.64 | Horizon | PPO | 377.98 | | | 202.11 | 115.16 | 2403.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB | 88377 | CPT | | | | both | | | 2530 | 224.64 | Corrections | Corrections | 2024 | 80 | | | 115.16 | 2403.5 | percent of total billed charges | |
| BKR CHG M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB | 88377 | CPT | | | | both | | | 2530 | 224.64 | Americare | Americare | 1897.5 | 75 | | | 115.16 | 2403.5 | percent of total billed charges | |
| BKR CHG M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB | 88377 | CPT | | | | both | | | 2530 | 224.64 | Horizon | MGD | 377.98 | | | 237.11 | 115.16 | 2403.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB | 88377 | CPT | | | | both | | | 2530 | 224.64 | Multiplan | Multiplan | 2024 | 80 | | | 115.16 | 2403.5 | percent of total billed charges | |
| BKR CHG M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB | 88377 | CPT | | | | both | | | 2530 | 224.64 | Horizon | NJ Health | 184.63 | | | | 115.16 | 2403.5 | fee schedule | |
| BKR CHG M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB | 88377 | CPT | | | | both | | | 2530 | 224.64 | Aetna | Medicare | 195.34 | | | 191.43 | 115.16 | 2403.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB | 88377 | CPT | | | | both | | | 2530 | 224.64 | Horizon | Medicare Blue | 195.34 | | | 62.88 | 115.16 | 2403.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB | 88377 | CPT | | | | both | | | 2530 | 224.64 | Qualcare | Qualcare | 1897.5 | 75 | | | 115.16 | 2403.5 | percent of total billed charges | |
| BKR CHG M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB | 88377 | CPT | | | | both | | | 2530 | 224.64 | Managed Care Inc | Managed Care Inc | 2277 | 90 | | | 115.16 | 2403.5 | percent of total billed charges | |
| BKR CHG M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB | 88377 | CPT | | | | both | | | 2530 | 224.64 | Consumer | Consumer | 2403.5 | 95 | | | 115.16 | 2403.5 | percent of total billed charges | |
| BKR CHG M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB | 88377 | CPT | | | | both | | | 2530 | 224.64 | UHC | Medicaid | 364.18 | | | 367.26 | 115.16 | 2403.5 | fee schedule | |
| BKR CHG M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB | 88377 | CPT | | | | both | | | 2530 | 224.64 | Wellcare | Medicare | 195.34 | | | | 115.16 | 2403.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB | 88377 | CPT | | | | both | | | 2530 | 224.64 | Three Rivers | Three Rivers | 2403.5 | 95 | | | 115.16 | 2403.5 | percent of total billed charges | |
| BKR CHG M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB | 88377 | CPT | | | | both | | | 2530 | 224.64 | UHC | Medicare | 195.34 | | | 259.06 | 115.16 | 2403.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB | 88377 | CPT | | | | both | | | 2530 | 224.64 | WellPoint | WellPoint | 814.15 | 32.18 | | | 115.16 | 2403.5 | percent of total billed charges | |
| BKR CHG M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB | 88377 | CPT | | | | both | | | 2530 | 224.64 | Wellcare | Medicaid | 364.18 | | | 283.77 | 115.16 | 2403.5 | fee schedule | |
| BKR CHG MSI (MSO) | 88381 | CPT | | | | outpatient | | | 2040 | | Multiplan | Multiplan | 1632 | 80 | | | 134.4 | 1938 | percent of total billed charges | |
| BKR CHG MSI (MSO) | 88381 | CPT | | | | outpatient | | | 2040 | | Aetna | Better Health | 643.62 | 31.55 | | | 134.4 | 1938 | percent of total billed charges | |
| BKR CHG MSI (MSO) | 88381 | CPT | | | | outpatient | | | 2040 | | Horizon | MGD | 780.91 | 38.28 | | | 134.4 | 1938 | percent of total billed charges | |
| BKR CHG MSI (MSO) | 88381 | CPT | | | | outpatient | | | 2040 | | Aetna | Medicare | 628.32 | 30.8 | | | 134.4 | 1938 | percent of total billed charges | |
| BKR CHG MSI (MSO) | 88381 | CPT | | | | outpatient | | | 2040 | | Consumer | Consumer | 1938 | 95 | | | 134.4 | 1938 | percent of total billed charges | |
| BKR CHG MSI (MSO) | 88381 | CPT | | | | outpatient | | | 2040 | | First Health | First Health | 1428 | 70 | | | 134.4 | 1938 | percent of total billed charges | |
| BKR CHG MSI (MSO) | 88381 | CPT | | | | outpatient | | | 2040 | | Qualcare | Qualcare | 1530 | 75 | | | 134.4 | 1938 | percent of total billed charges | |
| BKR CHG MSI (MSO) | 88381 | CPT | | | | outpatient | | | 2040 | | Amerihealth | HMO/PPO | 1326 | 65 | | | 134.4 | 1938 | percent of total billed charges | |
| BKR CHG MSI (MSO) | 88381 | CPT | | | | outpatient | | | 2040 | | Horizon | Indemnity | 780.91 | 38.28 | | | 134.4 | 1938 | percent of total billed charges | |
| BKR CHG MSI (MSO) | 88381 | CPT | | | | outpatient | | | 2040 | | Americare | Americare | 1530 | 75 | | | 134.4 | 1938 | percent of total billed charges | |
| BKR CHG MSI (MSO) | 88381 | CPT | | | | outpatient | | | 2040 | | Horizon | Medicare Blue | 612 | 30 | | | 134.4 | 1938 | percent of total billed charges | |
| BKR CHG MSI (MSO) | 88381 | CPT | | | | outpatient | | | 2040 | | First Trenton | First Trenton | 1836 | 90 | | | 134.4 | 1938 | percent of total billed charges | |
| BKR CHG MSI (MSO) | 88381 | CPT | | | | outpatient | | | 2040 | | UHC | Medicaid | 175.91 | | | | 134.4 | 1938 | fee schedule | |
| BKR CHG MSI (MSO) | 88381 | CPT | | | | outpatient | | | 2040 | | Horizon | PPO | 780.91 | 38.28 | | | 134.4 | 1938 | percent of total billed charges | |
| BKR CHG MSI (MSO) | 88381 | CPT | | | | outpatient | | | 2040 | | Wellcare | Medicaid | 175.91 | | | | 134.4 | 1938 | fee schedule | |
| BKR CHG MSI (MSO) | 88381 | CPT | | | | outpatient | | | 2040 | | Corrections | Corrections | 1632 | 80 | | | 134.4 | 1938 | percent of total billed charges | |
| BKR CHG MSI (MSO) | 88381 | CPT | | | | outpatient | | | 2040 | | Three Rivers | Three Rivers | 1938 | 95 | | | 134.4 | 1938 | percent of total billed charges | |
| BKR CHG MSI (MSO) | 88381 | CPT | | | | outpatient | | | 2040 | | Horizon | NJ Health | 191.84 | | | | 134.4 | 1938 | fee schedule | |
| BKR CHG MSI (MSO) | 88381 | CPT | | | | outpatient | | | 2040 | | WellPoint | WellPoint | 656.47 | 32.18 | | | 134.4 | 1938 | percent of total billed charges | |
| BKR CHG MSI (MSO) | 88381 | CPT | | | | outpatient | | | 2040 | | Managed Care Inc | Managed Care Inc | 1836 | 90 | | | 134.4 | 1938 | percent of total billed charges | |
| BKR CHG MICRODISSECTION | 88387 | CPT | | | | outpatient | | | 332 | | Americare | Americare | 249 | 75 | | | 28.87 | 315.4 | percent of total billed charges | |
| BKR CHG MICRODISSECTION | 88387 | CPT | | | | outpatient | | | 332 | | First Trenton | First Trenton | 298.8 | 90 | | | 28.87 | 315.4 | percent of total billed charges | |
| BKR CHG MICRODISSECTION | 88387 | CPT | | | | outpatient | | | 332 | | Aetna | Better Health | 104.75 | 31.55 | | | 28.87 | 315.4 | percent of total billed charges | |
| BKR CHG MICRODISSECTION | 88387 | CPT | | | | outpatient | | | 332 | | Consumer | Consumer | 315.4 | 95 | | | 28.87 | 315.4 | percent of total billed charges | |
| BKR CHG MICRODISSECTION | 88387 | CPT | | | | outpatient | | | 332 | | Horizon | Indemnity | 127.09 | 38.28 | | | 28.87 | 315.4 | percent of total billed charges | |
| BKR CHG MICRODISSECTION | 88387 | CPT | | | | outpatient | | | 332 | | Amerihealth | HMO/PPO | 215.8 | 65 | | | 28.87 | 315.4 | percent of total billed charges | |
| BKR CHG MICRODISSECTION | 88387 | CPT | | | | outpatient | | | 332 | | UHC | Medicaid | 29.06 | | | | 28.87 | 315.4 | fee schedule | |
| BKR CHG MICRODISSECTION | 88387 | CPT | | | | outpatient | | | 332 | | Aetna | Medicare | 102.26 | 30.8 | | | 28.87 | 315.4 | percent of total billed charges | |
| BKR CHG MICRODISSECTION | 88387 | CPT | | | | outpatient | | | 332 | | Horizon | PPO | 127.09 | 38.28 | | | 28.87 | 315.4 | percent of total billed charges | |
| BKR CHG MICRODISSECTION | 88387 | CPT | | | | outpatient | | | 332 | | Horizon | Medicare Blue | 99.6 | 30 | | | 28.87 | 315.4 | percent of total billed charges | |
| BKR CHG MICRODISSECTION | 88387 | CPT | | | | outpatient | | | 332 | | Wellcare | Medicaid | 29.06 | | | | 28.87 | 315.4 | fee schedule | |
| BKR CHG MICRODISSECTION | 88387 | CPT | | | | outpatient | | | 332 | | Corrections | Corrections | 265.6 | 80 | | | 28.87 | 315.4 | percent of total billed charges | |
| BKR CHG MICRODISSECTION | 88387 | CPT | | | | outpatient | | | 332 | | Horizon | MGD | 127.09 | 38.28 | | | 28.87 | 315.4 | percent of total billed charges | |
| BKR CHG MICRODISSECTION | 88387 | CPT | | | | outpatient | | | 332 | | First Health | First Health | 232.4 | 70 | | | 28.87 | 315.4 | percent of total billed charges | |
| BKR CHG MICRODISSECTION | 88387 | CPT | | | | outpatient | | | 332 | | Managed Care Inc | Managed Care Inc | 298.8 | 90 | | | 28.87 | 315.4 | percent of total billed charges | |
| BKR CHG MICRODISSECTION | 88387 | CPT | | | | outpatient | | | 332 | | Horizon | NJ Health | 28.87 | | | | 28.87 | 315.4 | fee schedule | |
| BKR CHG MICRODISSECTION | 88387 | CPT | | | | outpatient | | | 332 | | Multiplan | Multiplan | 265.6 | 80 | | | 28.87 | 315.4 | percent of total billed charges | |
| BKR CHG MICRODISSECTION | 88387 | CPT | | | | outpatient | | | 332 | | Three Rivers | Three Rivers | 315.4 | 95 | | | 28.87 | 315.4 | percent of total billed charges | |
| BKR CHG MICRODISSECTION | 88387 | CPT | | | | outpatient | | | 332 | | Qualcare | Qualcare | 249 | 75 | | | 28.87 | 315.4 | percent of total billed charges | |
| BKR CHG MICRODISSECTION | 88387 | CPT | | | | outpatient | | | 332 | | WellPoint | WellPoint | 106.84 | 32.18 | | | 28.87 | 315.4 | percent of total billed charges | |
| BKR CHG FISH/DERV OR MARKERS EA DNA PROBE | 88635 | CPT | | | | outpatient | | | 365 | | Americare | Americare | 273.75 | 75 | | | 109.5 | 346.75 | percent of total billed charges | |
| BKR CHG FISH/DERV OR MARKERS EA DNA PROBE | 88635 | CPT | | | | outpatient | | | 365 | | Aetna | Medicare | 112.42 | 30.8 | | | 109.5 | 346.75 | percent of total billed charges | |
| BKR CHG FISH/DERV OR MARKERS EA DNA PROBE | 88635 | CPT | | | | outpatient | | | 365 | | First Health | First Health | 255.5 | 70 | | | 109.5 | 346.75 | percent of total billed charges | |
| BKR CHG FISH/DERV OR MARKERS EA DNA PROBE | 88635 | CPT | | | | outpatient | | | 365 | | Horizon | MGD | 139.72 | 38.28 | | | 109.5 | 346.75 | percent of total billed charges | |
| BKR CHG FISH/DERV OR MARKERS EA DNA PROBE | 88635 | CPT | | | | outpatient | | | 365 | | Corrections | Corrections | 292 | 80 | | | 109.5 | 346.75 | percent of total billed charges | |
| BKR CHG FISH/DERV OR MARKERS EA DNA PROBE | 88635 | CPT | | | | outpatient | | | 365 | | Aetna | Better Health | 115.16 | 31.55 | | | 109.5 | 346.75 | percent of total billed charges | |
| BKR CHG FISH/DERV OR MARKERS EA DNA PROBE | 88635 | CPT | | | | outpatient | | | 365 | | Amerihealth | HMO/PPO | 237.25 | 65 | | | 109.5 | 346.75 | percent of total billed charges | |
| BKR CHG FISH/DERV OR MARKERS EA DNA PROBE | 88635 | CPT | | | | outpatient | | | 365 | | Consumer | Consumer | 346.75 | 95 | | | 109.5 | 346.75 | percent of total billed charges | |
| BKR CHG FISH/DERV OR MARKERS EA DNA PROBE | 88635 | CPT | | | | outpatient | | | 365 | | Horizon | Indemnity | 139.72 | 38.28 | | | 109.5 | 346.75 | percent of total billed charges | |
| BKR CHG FISH/DERV OR MARKERS EA DNA PROBE | 88635 | CPT | | | | outpatient | | | 365 | | Multiplan | Multiplan | 292 | 80 | | | 109.5 | 346.75 | percent of total billed charges | |
| BKR CHG FISH/DERV OR MARKERS EA DNA PROBE | 88635 | CPT | | | | outpatient | | | 365 | | First Trenton | First Trenton | 328.5 | 90 | | | 109.5 | 346.75 | percent of total billed charges | |
| BKR CHG FISH/DERV OR MARKERS EA DNA PROBE | 88635 | CPT | | | | outpatient | | | 365 | | Qualcare | Qualcare | 273.75 | 75 | | | 109.5 | 346.75 | percent of total billed charges | |
| BKR CHG FISH/DERV OR MARKERS EA DNA PROBE | 88635 | CPT | | | | outpatient | | | 365 | | Horizon | PPO | 139.72 | 38.28 | | | 109.5 | 346.75 | percent of total billed charges | |
| BKR CHG FISH/DERV OR MARKERS EA DNA PROBE | 88635 | CPT | | | | outpatient | | | 365 | | Wellcare | Medicaid | 115.16 | 31.55 | | | 109.5 | 346.75 | percent of total billed charges | |
| BKR CHG FISH/DERV OR MARKERS EA DNA PROBE | 88635 | CPT | | | | outpatient | | | 365 | | Horizon | Medicare Blue | 109.5 | 30 | | | 109.5 | 346.75 | percent of total billed charges | |
| BKR CHG FISH/DERV OR MARKERS EA DNA PROBE | 88635 | CPT | | | | outpatient | | | 365 | | UHC | Medicaid | 115.16 | 31.55 | | | 109.5 | 346.75 | percent of total billed charges | |
| BKR CHG FISH/DERV OR MARKERS EA DNA PROBE | 88635 | CPT | | | | outpatient | | | 365 | | Three Rivers | Three Rivers | 346.75 | 95 | | | 109.5 | 346.75 | percent of total billed charges | |
| BKR CHG FISH/DERV OR MARKERS EA DNA PROBE | 88635 | CPT | | | | outpatient | | | 365 | | WellPoint | WellPoint | 117.46 | 32.18 | | | 109.5 | 346.75 | percent of total billed charges | |
| BKR CHG FISH/DERV OR MARKERS EA DNA PROBE | 88635 | CPT | | | | outpatient | | | 365 | | Managed Care Inc | Managed Care Inc | 328.5 | 90 | | | 109.5 | 346.75 | percent of total billed charges | |
| BKR CHG CSF ANALYSIS | 89051 | CPT | | | | both | | | 101 | 6.44 | Aetna | Medicare | 31.11 | 30.8 | | | 0.9 | 95.95 | percent of total billed charges | |
| BKR CHG CSF ANALYSIS | 89051 | CPT | | | | both | | | 101 | 6.44 | Aetna | Better Health | 31.87 | 31.55 | | 11.65 | 0.9 | 95.95 | percent of total billed charges | |
| BKR CHG CSF ANALYSIS | 89051 | CPT | | | | both | | | 101 | 6.44 | Horizon | NJ Health | 1.76 | | | 5.77 | 0.9 | 95.95 | fee schedule | |
| BKR CHG CSF ANALYSIS | 89051 | CPT | | | | both | | | 101 | 6.44 | Corrections | Corrections | 80.8 | 80 | | 12.28 | 0.9 | 95.95 | percent of total billed charges | |
| BKR CHG CSF ANALYSIS | 89051 | CPT | | | | both | | | 101 | 6.44 | Horizon | Indemnity | 38.66 | 38.28 | | 12.32 | 0.9 | 95.95 | percent of total billed charges | |
| BKR CHG CSF ANALYSIS | 89051 | CPT | | | | both | | | 101 | 6.44 | Amerihealth | HMO/PPO | 8.6 | | | | 0.9 | 95.95 | fee schedule | |
| BKR CHG CSF ANALYSIS | 89051 | CPT | | | | both | | | 101 | 6.44 | Wellcare | Medicaid | 0.9 | | | | 0.9 | 95.95 | fee schedule | |
| BKR CHG CSF ANALYSIS | 89051 | CPT | | | | both | | | 101 | 6.44 | Amerihealth | Medicare | 5.6 | | | | 0.9 | 95.95 | fee schedule | |
| BKR CHG CSF ANALYSIS | 89051 | CPT | | | | both | | | 101 | 6.44 | Americare | Americare | 75.75 | 75 | | | 0.9 | 95.95 | percent of total billed charges | |
| BKR CHG CSF ANALYSIS | 89051 | CPT | | | | both | | | 101 | 6.44 | Consumer | Consumer | 95.95 | 95 | | | 0.9 | 95.95 | percent of total billed charges | |
| BKR CHG CSF ANALYSIS | 89051 | CPT | | | | both | | | 101 | 6.44 | Multiplan | Multiplan | 80.8 | 80 | | | 0.9 | 95.95 | percent of total billed charges | |
| BKR CHG CSF ANALYSIS | 89051 | CPT | | | | both | | | 101 | 6.44 | Horizon | PPO | 38.66 | 38.28 | | 17.46 | 0.9 | 95.95 | percent of total billed charges | |
| BKR CHG CSF ANALYSIS | 89051 | CPT | | | | both | | | 101 | 6.44 | Horizon | Medicare Blue | 30.3 | 30 | | | 0.9 | 95.95 | percent of total billed charges | |
| BKR CHG CSF ANALYSIS | 89051 | CPT | | | | both | | | 101 | 6.44 | First Health | First Health | 70.7 | 70 | | | 0.9 | 95.95 | percent of total billed charges | |
| BKR CHG CSF ANALYSIS | 89051 | CPT | | | | both | | | 101 | 6.44 | Qualcare | Qualcare | 75.75 | 75 | | | 0.9 | 95.95 | percent of total billed charges | |
| BKR CHG CSF ANALYSIS | 89051 | CPT | | | | both | | | 101 | 6.44 | UHC | Medicare | 5.6 | | | 10.67 | 0.9 | 95.95 | fee schedule | |
| BKR CHG CSF ANALYSIS | 89051 | CPT | | | | both | | | 101 | 6.44 | Wellcare | Medicare | 5.6 | | | | 0.9 | 95.95 | fee schedule | |
| BKR CHG CSF ANALYSIS | 89051 | CPT | | | | both | | | 101 | 6.44 | First Trenton | First Trenton | 90.9 | 90 | | | 0.9 | 95.95 | percent of total billed charges | |
| BKR CHG CSF ANALYSIS | 89051 | CPT | | | | both | | | 101 | 6.44 | WellPoint | WellPoint | 32.5 | 32.18 | | 10.16 | 0.9 | 95.95 | percent of total billed charges | |
| BKR CHG CSF ANALYSIS | 89051 | CPT | | | | both | | | 101 | 6.44 | UHC | Medicaid | 0.9 | | | 8.26 | 0.9 | 95.95 | fee schedule | |
| BKR CHG CSF ANALYSIS | 89051 | CPT | | | | both | | | 101 | 6.44 | Horizon | MGD | 38.66 | 38.28 | | 9.58 | 0.9 | 95.95 | percent of total billed charges | |
| BKR CHG CSF ANALYSIS | 89051 | CPT | | | | both | | | 101 | 6.44 | Managed Care Inc | Managed Care Inc | 90.9 | 90 | | | 0.9 | 95.95 | percent of total billed charges | |
| BKR CHG CSF ANALYSIS | 89051 | CPT | | | | both | | | 101 | 6.44 | Three Rivers | Three Rivers | 95.95 | 95 | | | 0.9 | 95.95 | percent of total billed charges | |
| BKR CHG FECAL LEUKOCYTE STAINS | 89055 | CPT | | | | outpatient | | | 88 | 4.91 | Aetna | Better Health | 27.76 | 31.55 | | | 4.27 | 83.6 | percent of total billed charges | |
| BKR CHG FECAL LEUKOCYTE STAINS | 89055 | CPT | | | | outpatient | | | 88 | 4.91 | Horizon | MGD | 33.69 | 38.28 | | | 4.27 | 83.6 | percent of total billed charges | |
| BKR CHG FECAL LEUKOCYTE STAINS | 89055 | CPT | | | | outpatient | | | 88 | 4.91 | Multiplan | Multiplan | 70.4 | 80 | | | 4.27 | 83.6 | percent of total billed charges | |
| BKR CHG FECAL LEUKOCYTE STAINS | 89055 | CPT | | | | outpatient | | | 88 | 4.91 | Americare | Americare | 66 | 75 | | | 4.27 | 83.6 | percent of total billed charges | |
| BKR CHG FECAL LEUKOCYTE STAINS | 89055 | CPT | | | | outpatient | | | 88 | 4.91 | First Health | First Health | 61.6 | 70 | | | 4.27 | 83.6 | percent of total billed charges | |
| BKR CHG FECAL LEUKOCYTE STAINS | 89055 | CPT | | | | outpatient | | | 88 | 4.91 | Aetna | Medicare | 27.1 | 30.8 | | | 4.27 | 83.6 | percent of total billed charges | |
| BKR CHG FECAL LEUKOCYTE STAINS | 89055 | CPT | | | | outpatient | | | 88 | 4.91 | Consumer | Consumer | 83.6 | 95 | | | 4.27 | 83.6 | percent of total billed charges | |
| BKR CHG FECAL LEUKOCYTE STAINS | 89055 | CPT | | | | outpatient | | | 88 | 4.91 | Amerihealth | HMO/PPO | 6.1 | | | | 4.27 | 83.6 | fee schedule | |
| BKR CHG FECAL LEUKOCYTE STAINS | 89055 | CPT | | | | outpatient | | | 88 | 4.91 | Horizon | Indemnity | 33.69 | 38.28 | | | 4.27 | 83.6 | percent of total billed charges | |
| BKR CHG FECAL LEUKOCYTE STAINS | 89055 | CPT | | | | outpatient | | | 88 | 4.91 | WellPoint | WellPoint | 28.32 | 32.18 | | | 4.27 | 83.6 | percent of total billed charges | |
| BKR CHG FECAL LEUKOCYTE STAINS | 89055 | CPT | | | | outpatient | | | 88 | 4.91 | Qualcare | Qualcare | 66 | 75 | | | 4.27 | 83.6 | percent of total billed charges | |
| BKR CHG FECAL LEUKOCYTE STAINS | 89055 | CPT | | | | outpatient | | | 88 | 4.91 | UHC | Medicaid | 4.76 | | | | 4.27 | 83.6 | fee schedule | |
| BKR CHG FECAL LEUKOCYTE STAINS | 89055 | CPT | | | | outpatient | | | 88 | 4.91 | Horizon | Medicare Blue | 26.4 | 30 | | | 4.27 | 83.6 | percent of total billed charges | |
| BKR CHG FECAL LEUKOCYTE STAINS | 89055 | CPT | | | | outpatient | | | 88 | 4.91 | Amerihealth | Medicare | 4.27 | | | | 4.27 | 83.6 | fee schedule | |
| BKR CHG FECAL LEUKOCYTE STAINS | 89055 | CPT | | | | outpatient | | | 88 | 4.91 | Corrections | Corrections | 70.4 | 80 | | | 4.27 | 83.6 | percent of total billed charges | |
| BKR CHG FECAL LEUKOCYTE STAINS | 89055 | CPT | | | | outpatient | | | 88 | 4.91 | Wellcare | Medicare | 4.27 | | | | 4.27 | 83.6 | fee schedule | |
| BKR CHG FECAL LEUKOCYTE STAINS | 89055 | CPT | | | | outpatient | | | 88 | 4.91 | Horizon | PPO | 33.69 | 38.28 | | | 4.27 | 83.6 | percent of total billed charges | |
| BKR CHG FECAL LEUKOCYTE STAINS | 89055 | CPT | | | | outpatient | | | 88 | 4.91 | First Trenton | First Trenton | 79.2 | 90 | | | 4.27 | 83.6 | percent of total billed charges | |
| BKR CHG FECAL LEUKOCYTE STAINS | 89055 | CPT | | | | outpatient | | | 88 | 4.91 | Horizon | NJ Health | 4.66 | | | | 4.27 | 83.6 | fee schedule | |
| BKR CHG FECAL LEUKOCYTE STAINS | 89055 | CPT | | | | outpatient | | | 88 | 4.91 | UHC | Medicare | 4.27 | | | | 4.27 | 83.6 | fee schedule | |
| BKR CHG FECAL LEUKOCYTE STAINS | 89055 | CPT | | | | outpatient | | | 88 | 4.91 | Three Rivers | Three Rivers | 83.6 | 95 | | | 4.27 | 83.6 | percent of total billed charges | |
| BKR CHG FECAL LEUKOCYTE STAINS | 89055 | CPT | | | | outpatient | | | 88 | 4.91 | Managed Care Inc | Managed Care Inc | 79.2 | 90 | | | 4.27 | 83.6 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG FECAL LEUKOCYTE STAINS | 89055 | CPT | | | | outpatient | | | 88 | 4.91 | Wellcare | Medicaid | 4.76 | | | | 4.27 | | 83.6 | fee schedule |
| BKR CHG EXAM SYNOVIAL FLUID CRYSTALS | 89060 | CPT | | | | outpatient | | | 86 | 8.43 | Aetna | Better Health | 27.13 | 31.55 | | | 7.33 | | 81.7 | percent of total billed charges |
| BKR CHG EXAM SYNOVIAL FLUID CRYSTALS | 89060 | CPT | | | | outpatient | | | 86 | 8.43 | Multiplan | Multiplan | 68.8 | 80 | | | 7.33 | | 81.7 | percent of total billed charges |
| BKR CHG EXAM SYNOVIAL FLUID CRYSTALS | 89060 | CPT | | | | outpatient | | | 86 | 8.43 | Aetna | Medicare | 26.49 | 30.8 | | | 7.33 | | 81.7 | percent of total billed charges |
| BKR CHG EXAM SYNOVIAL FLUID CRYSTALS | 89060 | CPT | | | | outpatient | | | 86 | 8.43 | Corrections | Corrections | 68.8 | 80 | | | 7.33 | | 81.7 | percent of total billed charges |
| BKR CHG EXAM SYNOVIAL FLUID CRYSTALS | 89060 | CPT | | | | outpatient | | | 86 | 8.43 | First Health | First Health | 60.2 | 70 | | | 7.33 | | 81.7 | percent of total billed charges |
| BKR CHG EXAM SYNOVIAL FLUID CRYSTALS | 89060 | CPT | | | | outpatient | | | 86 | 8.43 | Americare | Americare | 64.5 | 75 | | | 7.33 | | 81.7 | percent of total billed charges |
| BKR CHG EXAM SYNOVIAL FLUID CRYSTALS | 89060 | CPT | | | | outpatient | | | 86 | 8.43 | WellPoint | WellPoint | 27.67 | 32.18 | | | 7.33 | | 81.7 | percent of total billed charges |
| BKR CHG EXAM SYNOVIAL FLUID CRYSTALS | 89060 | CPT | | | | outpatient | | | 86 | 8.43 | Consumer | Consumer | 81.7 | 95 | | | 7.33 | | 81.7 | percent of total billed charges |
| BKR CHG EXAM SYNOVIAL FLUID CRYSTALS | 89060 | CPT | | | | outpatient | | | 86 | 8.43 | Amerihealth | Medicare | 7.33 | | | | 7.33 | | 81.7 | fee schedule |
| BKR CHG EXAM SYNOVIAL FLUID CRYSTALS | 89060 | CPT | | | | outpatient | | | 86 | 8.43 | Qualcare | Qualcare | 64.5 | 75 | | | 7.33 | | 81.7 | percent of total billed charges |
| BKR CHG EXAM SYNOVIAL FLUID CRYSTALS | 89060 | CPT | | | | outpatient | | | 86 | 8.43 | Amerihealth | HMO/PPO | 11.3 | | | | 7.33 | | 81.7 | fee schedule |
| BKR CHG EXAM SYNOVIAL FLUID CRYSTALS | 89060 | CPT | | | | outpatient | | | 86 | 8.43 | First Trenton | First Trenton | 77.4 | 90 | | | 7.33 | | 81.7 | percent of total billed charges |
| BKR CHG EXAM SYNOVIAL FLUID CRYSTALS | 89060 | CPT | | | | outpatient | | | 86 | 8.43 | Horizon | Indemnity | 32.92 | 38.28 | | | 7.33 | | 81.7 | percent of total billed charges |
| BKR CHG EXAM SYNOVIAL FLUID CRYSTALS | 89060 | CPT | | | | outpatient | | | 86 | 8.43 | Horizon | Medicare Blue | 25.8 | 30 | | | 7.33 | | 81.7 | percent of total billed charges |
| BKR CHG EXAM SYNOVIAL FLUID CRYSTALS | 89060 | CPT | | | | outpatient | | | 86 | 8.43 | Horizon | MGD | 32.92 | 38.28 | | | 7.33 | | 81.7 | percent of total billed charges |
| BKR CHG EXAM SYNOVIAL FLUID CRYSTALS | 89060 | CPT | | | | outpatient | | | 86 | 8.43 | Horizon | NJ Health | 16.66 | | | | 7.33 | | 81.7 | fee schedule |
| BKR CHG EXAM SYNOVIAL FLUID CRYSTALS | 89060 | CPT | | | | outpatient | | | 86 | 8.43 | UHC | Medicare | 7.33 | | | | 7.33 | | 81.7 | fee schedule |
| BKR CHG EXAM SYNOVIAL FLUID CRYSTALS | 89060 | CPT | | | | outpatient | | | 86 | 8.43 | Horizon | PPO | 32.92 | 38.28 | | | 7.33 | | 81.7 | percent of total billed charges |
| BKR CHG EXAM SYNOVIAL FLUID CRYSTALS | 89060 | CPT | | | | outpatient | | | 86 | 8.43 | UHC | Medicaid | 8.5 | | | | 7.33 | | 81.7 | fee schedule |
| BKR CHG EXAM SYNOVIAL FLUID CRYSTALS | 89060 | CPT | | | | outpatient | | | 86 | 8.43 | Managed Care Inc | Managed Care Inc | 77.4 | 90 | | | 7.33 | | 81.7 | percent of total billed charges |
| BKR CHG EXAM SYNOVIAL FLUID CRYSTALS | 89060 | CPT | | | | outpatient | | | 86 | 8.43 | Wellcare | Medicare | 7.33 | | | | 7.33 | | 81.7 | fee schedule |
| BKR CHG EXAM SYNOVIAL FLUID CRYSTALS | 89060 | CPT | | | | outpatient | | | 86 | 8.43 | Three Rivers | Three Rivers | 81.7 | 95 | | | 7.33 | | 81.7 | percent of total billed charges |
| BKR CHG EXAM SYNOVIAL FLUID CRYSTALS | 89060 | CPT | | | | outpatient | | | 86 | 8.43 | Wellcare | Medicaid | 8.5 | | | | 7.33 | | 81.7 | fee schedule |
| BKR CHG FAT URINE | 89125 | CPT | | | | both | | | 29 | 6.76 | Qualcare | Qualcare | 21.75 | 75 | | | 0.6 | | 27.55 | percent of total billed charges |
| BKR CHG FAT URINE | 89125 | CPT | | | | both | | | 29 | 6.76 | Horizon | Indemnity | 11.1 | 38.28 | | | 0.6 | | 27.55 | percent of total billed charges |
| BKR CHG FAT URINE | 89125 | CPT | | | | both | | | 29 | 6.76 | Consumer | Consumer | 27.55 | 95 | | | 0.6 | | 27.55 | percent of total billed charges |
| BKR CHG FAT URINE | 89125 | CPT | | | | both | | | 29 | 6.76 | Amerihealth | Medicare | 5.88 | | | | 0.6 | | 27.55 | fee schedule |
| BKR CHG FAT URINE | 89125 | CPT | | | | both | | | 29 | 6.76 | Aetna | Better Health | 9.15 | 31.55 | | | 0.6 | | 27.55 | percent of total billed charges |
| BKR CHG FAT URINE | 89125 | CPT | | | | both | | | 29 | 6.76 | Americare | Americare | 21.75 | 75 | | | 0.6 | | 27.55 | percent of total billed charges |
| BKR CHG FAT URINE | 89125 | CPT | | | | both | | | 29 | 6.76 | Corrections | Corrections | 23.2 | 80 | | | 0.6 | | 27.55 | percent of total billed charges |
| BKR CHG FAT URINE | 89125 | CPT | | | | both | | | 29 | 6.76 | Aetna | Medicare | 8.93 | 30.8 | | | 0.6 | | 27.55 | percent of total billed charges |
| BKR CHG FAT URINE | 89125 | CPT | | | | both | | | 29 | 6.76 | UHC | Medicare | 5.88 | | | | 0.6 | | 27.55 | fee schedule |
| BKR CHG FAT URINE | 89125 | CPT | | | | both | | | 29 | 6.76 | Amerihealth | HMO/PPO | 6.8 | | | | 0.6 | | 27.55 | fee schedule |
| BKR CHG FAT URINE | 89125 | CPT | | | | both | | | 29 | 6.76 | Horizon | NJ Health | 1.18 | | | | 0.6 | | 27.55 | fee schedule |
| BKR CHG FAT URINE | 89125 | CPT | | | | both | | | 29 | 6.76 | First Trenton | First Trenton | 26.1 | 90 | | | 0.6 | | 27.55 | percent of total billed charges |
| BKR CHG FAT URINE | 89125 | CPT | | | | both | | | 29 | 6.76 | First Health | First Health | 20.3 | 70 | | | 0.6 | | 27.55 | percent of total billed charges |
| BKR CHG FAT URINE | 89125 | CPT | | | | both | | | 29 | 6.76 | UHC | Medicaid | 0.6 | | | | 0.6 | | 27.55 | fee schedule |
| BKR CHG FAT URINE | 89125 | CPT | | | | both | | | 29 | 6.76 | Wellcare | Medicaid | 0.6 | | | | 0.6 | | 27.55 | fee schedule |
| BKR CHG FAT URINE | 89125 | CPT | | | | both | | | 29 | 6.76 | Horizon | MGD | 11.1 | 38.28 | | | 0.6 | | 27.55 | percent of total billed charges |
| BKR CHG FAT URINE | 89125 | CPT | | | | both | | | 29 | 6.76 | Horizon | Medicare Blue | 8.7 | 30 | | | 0.6 | | 27.55 | percent of total billed charges |
| BKR CHG FAT URINE | 89125 | CPT | | | | both | | | 29 | 6.76 | Wellcare | Medicare | 5.88 | | | | 0.6 | | 27.55 | fee schedule |
| BKR CHG FAT URINE | 89125 | CPT | | | | both | | | 29 | 6.76 | Multiplan | Multiplan | 23.2 | 80 | | | 0.6 | | 27.55 | percent of total billed charges |
| BKR CHG FAT URINE | 89125 | CPT | | | | both | | | 29 | 6.76 | Managed Care Inc | Managed Care Inc | 26.1 | 90 | | | 0.6 | | 27.55 | percent of total billed charges |
| BKR CHG FAT URINE | 89125 | CPT | | | | both | | | 29 | 6.76 | Three Rivers | Three Rivers | 27.55 | 95 | | | 0.6 | | 27.55 | percent of total billed charges |
| BKR CHG FAT URINE | 89125 | CPT | | | | both | | | 29 | 6.76 | Horizon | PPO | 11.1 | 38.28 | | | 0.6 | | 27.55 | percent of total billed charges |
| BKR CHG FAT URINE | 89125 | CPT | | | | both | | | 29 | 6.76 | WellPoint | WellPoint | 9.33 | 32.18 | | | 0.6 | | 27.55 | percent of total billed charges |
| BKR CHG MUSCLE FIBER STOOL | 89160 | CPT | | | | outpatient | | | 16 | 5.58 | Aetna | Better Health | 5.05 | 31.55 | | | 2.1 | | 15.2 | percent of total billed charges |
| BKR CHG MUSCLE FIBER STOOL | 89160 | CPT | | | | outpatient | | | 16 | 5.58 | Americare | Americare | 12 | 75 | | | 2.1 | | 15.2 | percent of total billed charges |
| BKR CHG MUSCLE FIBER STOOL | 89160 | CPT | | | | outpatient | | | 16 | 5.58 | Aetna | Medicare | 4.93 | 30.8 | | | 2.1 | | 15.2 | percent of total billed charges |
| BKR CHG MUSCLE FIBER STOOL | 89160 | CPT | | | | outpatient | | | 16 | 5.58 | Horizon | Medicare Blue | 4.8 | 30 | | | 2.1 | | 15.2 | percent of total billed charges |
| BKR CHG MUSCLE FIBER STOOL | 89160 | CPT | | | | outpatient | | | 16 | 5.58 | UHC | Medicare | 4.85 | | | | 2.1 | | 15.2 | fee schedule |
| BKR CHG MUSCLE FIBER STOOL | 89160 | CPT | | | | outpatient | | | 16 | 5.58 | Consumer | Consumer | 15.2 | 95 | | | 2.1 | | 15.2 | percent of total billed charges |
| BKR CHG MUSCLE FIBER STOOL | 89160 | CPT | | | | outpatient | | | 16 | 5.58 | Amerihealth | Medicare | 4.85 | | | | 2.1 | | 15.2 | fee schedule |
| BKR CHG MUSCLE FIBER STOOL | 89160 | CPT | | | | outpatient | | | 16 | 5.58 | Horizon | Indemnity | 6.12 | 38.28 | | | 2.1 | | 15.2 | percent of total billed charges |
| BKR CHG MUSCLE FIBER STOOL | 89160 | CPT | | | | outpatient | | | 16 | 5.58 | Amerihealth | HMO/PPO | 5.8 | | | | 2.1 | | 15.2 | fee schedule |
| BKR CHG MUSCLE FIBER STOOL | 89160 | CPT | | | | outpatient | | | 16 | 5.58 | Horizon | MGD | 6.12 | 38.28 | | | 2.1 | | 15.2 | percent of total billed charges |
| BKR CHG MUSCLE FIBER STOOL | 89160 | CPT | | | | outpatient | | | 16 | 5.58 | First Trenton | First Trenton | 14.4 | 90 | | | 2.1 | | 15.2 | percent of total billed charges |
| BKR CHG MUSCLE FIBER STOOL | 89160 | CPT | | | | outpatient | | | 16 | 5.58 | Multiplan | Multiplan | 12.8 | 80 | | | 2.1 | | 15.2 | percent of total billed charges |
| BKR CHG MUSCLE FIBER STOOL | 89160 | CPT | | | | outpatient | | | 16 | 5.58 | Wellcare | Medicare | 4.85 | | | | 2.1 | | 15.2 | fee schedule |
| BKR CHG MUSCLE FIBER STOOL | 89160 | CPT | | | | outpatient | | | 16 | 5.58 | Qualcare | Qualcare | 12 | 75 | | | 2.1 | | 15.2 | percent of total billed charges |
| BKR CHG MUSCLE FIBER STOOL | 89160 | CPT | | | | outpatient | | | 16 | 5.58 | Corrections | Corrections | 12.8 | 80 | | | 2.1 | | 15.2 | percent of total billed charges |
| BKR CHG MUSCLE FIBER STOOL | 89160 | CPT | | | | outpatient | | | 16 | 5.58 | UHC | Medicaid | 2.1 | | | | 2.1 | | 15.2 | fee schedule |
| BKR CHG MUSCLE FIBER STOOL | 89160 | CPT | | | | outpatient | | | 16 | 5.58 | First Health | First Health | 11.2 | 70 | | | 2.1 | | 15.2 | percent of total billed charges |
| BKR CHG MUSCLE FIBER STOOL | 89160 | CPT | | | | outpatient | | | 16 | 5.58 | Horizon | PPO | 6.12 | 38.28 | | | 2.1 | | 15.2 | percent of total billed charges |
| BKR CHG MUSCLE FIBER STOOL | 89160 | CPT | | | | outpatient | | | 16 | 5.58 | Horizon | NJ Health | 4.53 | | | | 2.1 | | 15.2 | fee schedule |
| BKR CHG MUSCLE FIBER STOOL | 89160 | CPT | | | | outpatient | | | 16 | 5.58 | Three Rivers | Three Rivers | 15.2 | 95 | | | 2.1 | | 15.2 | percent of total billed charges |
| BKR CHG MUSCLE FIBER STOOL | 89160 | CPT | | | | outpatient | | | 16 | 5.58 | Managed Care Inc | Managed Care Inc | 14.4 | 90 | | | 2.1 | | 15.2 | percent of total billed charges |
| BKR CHG MUSCLE FIBER STOOL | 89160 | CPT | | | | outpatient | | | 16 | 5.58 | Wellcare | Medicaid | 2.1 | | | | 2.1 | | 15.2 | fee schedule |
| BKR CHG MUSCLE FIBER STOOL | 89160 | CPT | | | | outpatient | | | 16 | 5.58 | WellPoint | WellPoint | 5.15 | 32.18 | | | 2.1 | | 15.2 | percent of total billed charges |
| BKR CHG NASAL EOSINOPHILS | 89190 | CPT | | | | outpatient | | | 38 | 6.66 | Amerihealth | Medicare | 5.79 | | | | 2.2 | | 36.1 | fee schedule |
| BKR CHG NASAL EOSINOPHILS | 89190 | CPT | | | | outpatient | | | 38 | 6.66 | UHC | Medicare | 5.79 | | | | 2.2 | | 36.1 | fee schedule |
| BKR CHG NASAL EOSINOPHILS | 89190 | CPT | | | | outpatient | | | 38 | 6.66 | Americare | Americare | 28.5 | 75 | | | 2.2 | | 36.1 | percent of total billed charges |
| BKR CHG NASAL EOSINOPHILS | 89190 | CPT | | | | outpatient | | | 38 | 6.66 | Consumer | Consumer | 36.1 | 95 | | | 2.2 | | 36.1 | percent of total billed charges |
| BKR CHG NASAL EOSINOPHILS | 89190 | CPT | | | | outpatient | | | 38 | 6.66 | First Trenton | First Trenton | 34.2 | 90 | | | 2.2 | | 36.1 | percent of total billed charges |
| BKR CHG NASAL EOSINOPHILS | 89190 | CPT | | | | outpatient | | | 38 | 6.66 | Aetna | Better Health | 11.99 | 31.55 | | | 2.2 | | 36.1 | percent of total billed charges |
| BKR CHG NASAL EOSINOPHILS | 89190 | CPT | | | | outpatient | | | 38 | 6.66 | Horizon | Indemnity | 14.55 | 38.28 | | | 2.2 | | 36.1 | percent of total billed charges |
| BKR CHG NASAL EOSINOPHILS | 89190 | CPT | | | | outpatient | | | 38 | 6.66 | Aetna | Medicare | 11.7 | 30.8 | | | 2.2 | | 36.1 | percent of total billed charges |
| BKR CHG NASAL EOSINOPHILS | 89190 | CPT | | | | outpatient | | | 38 | 6.66 | WellPoint | WellPoint | 12.23 | 32.18 | | | 2.2 | | 36.1 | percent of total billed charges |
| BKR CHG NASAL EOSINOPHILS | 89190 | CPT | | | | outpatient | | | 38 | 6.66 | Amerihealth | HMO/PPO | 7.4 | | | | 2.2 | | 36.1 | fee schedule |
| BKR CHG NASAL EOSINOPHILS | 89190 | CPT | | | | outpatient | | | 38 | 6.66 | Horizon | Medicare Blue | 11.4 | 30 | | | 2.2 | | 36.1 | percent of total billed charges |
| BKR CHG NASAL EOSINOPHILS | 89190 | CPT | | | | outpatient | | | 38 | 6.66 | Corrections | Corrections | 30.4 | 80 | | | 2.2 | | 36.1 | percent of total billed charges |
| BKR CHG NASAL EOSINOPHILS | 89190 | CPT | | | | outpatient | | | 38 | 6.66 | Horizon | PPO | 14.55 | 38.28 | | | 2.2 | | 36.1 | percent of total billed charges |
| BKR CHG NASAL EOSINOPHILS | 89190 | CPT | | | | outpatient | | | 38 | 6.66 | First Health | First Health | 26.6 | 70 | | | 2.2 | | 36.1 | percent of total billed charges |
| BKR CHG NASAL EOSINOPHILS | 89190 | CPT | | | | outpatient | | | 38 | 6.66 | Multiplan | Multiplan | 30.4 | 80 | | | 2.2 | | 36.1 | percent of total billed charges |
| BKR CHG NASAL EOSINOPHILS | 89190 | CPT | | | | outpatient | | | 38 | 6.66 | Horizon | MGD | 14.55 | 38.28 | | | 2.2 | | 36.1 | percent of total billed charges |
| BKR CHG NASAL EOSINOPHILS | 89190 | CPT | | | | outpatient | | | 38 | 6.66 | Managed Care Inc | Managed Care Inc | 34.2 | 90 | | | 2.2 | | 36.1 | percent of total billed charges |
| BKR CHG NASAL EOSINOPHILS | 89190 | CPT | | | | outpatient | | | 38 | 6.66 | UHC | Medicaid | 2.2 | | | | 2.2 | | 36.1 | fee schedule |
| BKR CHG NASAL EOSINOPHILS | 89190 | CPT | | | | outpatient | | | 38 | 6.66 | Horizon | NJ Health | 4.31 | | | | 2.2 | | 36.1 | fee schedule |
| BKR CHG NASAL EOSINOPHILS | 89190 | CPT | | | | outpatient | | | 38 | 6.66 | Wellcare | Medicaid | 2.2 | | | | 2.2 | | 36.1 | fee schedule |
| BKR CHG NASAL EOSINOPHILS | 89190 | CPT | | | | outpatient | | | 38 | 6.66 | Qualcare | Qualcare | 28.5 | 75 | | | 2.2 | | 36.1 | percent of total billed charges |
| BKR CHG NASAL EOSINOPHILS | 89190 | CPT | | | | outpatient | | | 38 | 6.66 | Three Rivers | Three Rivers | 36.1 | 95 | | | 2.2 | | 36.1 | percent of total billed charges |
| BKR CHG NASAL EOSINOPHILS | 89190 | CPT | | | | outpatient | | | 38 | 6.66 | Wellcare | Medicare | 5.79 | | | | 2.2 | | 36.1 | fee schedule |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE | 90380 | CPT | | | | outpatient | | | 1871.1 | | Americare | Americare | 1403.33 | 75 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE | 90380 | CPT | | | | outpatient | | | 1871.1 | | Aetna | Medicare | 576.3 | 30.8 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE | 90380 | CPT | | | | outpatient | | | 1871.1 | | Amerihealth | HMO/PPO | 1216.22 | 65 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE | 90380 | CPT | | | | outpatient | | | 1871.1 | | First Health | First Health | 1309.77 | 70 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE | 90380 | CPT | | | | outpatient | | | 1871.1 | | Consumer | Consumer | 1777.55 | 95 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE | 90380 | CPT | | | | outpatient | | | 1871.1 | | Horizon | MGD | 716.26 | 38.28 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE | 90380 | CPT | | | | outpatient | | | 1871.1 | | Aetna | Better Health | 590.33 | 31.55 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE | 90380 | CPT | | | | outpatient | | | 1871.1 | | Horizon | PPO | 716.26 | 38.28 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE | 90380 | CPT | | | | outpatient | | | 1871.1 | | Horizon | Indemnity | 716.26 | 38.28 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE | 90380 | CPT | | | | outpatient | | | 1871.1 | | Wellcare | Medicaid | 590.33 | 31.55 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE | 90380 | CPT | | | | outpatient | | | 1871.1 | | Multiplan | Multiplan | 1496.88 | 80 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE | 90380 | CPT | | | | outpatient | | | 1871.1 | | Three Rivers | Three Rivers | 1777.55 | 95 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE | 90380 | CPT | | | | outpatient | | | 1871.1 | | Corrections | Corrections | 1496.88 | 80 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE | 90380 | CPT | | | | outpatient | | | 1871.1 | | Qualcare | Qualcare | 1403.33 | 75 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE | 90380 | CPT | | | | outpatient | | | 1871.1 | | First Trenton | First Trenton | 1683.99 | 90 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE | 90380 | CPT | | | | outpatient | | | 1871.1 | | UHC | Medicaid | 590.33 | 31.55 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE | 90380 | CPT | | | | outpatient | | | 1871.1 | | Horizon | Medicare Blue | 561.33 | 30 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE | 90380 | CPT | | | | outpatient | | | 1871.1 | | Managed Care Inc | Managed Care Inc | 1683.99 | 90 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE | 90380 | CPT | | | | outpatient | | | 1871.1 | | WellPoint | WellPoint | 602.12 | 32.18 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE | 90381 | CPT | | | | outpatient | | | 1871.1 | | Amerihealth | HMO/PPO | 1216.22 | 65 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE | 90381 | CPT | | | | outpatient | | | 1871.1 | | First Trenton | First Trenton | 1683.99 | 90 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE | 90381 | CPT | | | | outpatient | | | 1871.1 | | Consumer | Consumer | 1777.55 | 95 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE | 90381 | CPT | | | | outpatient | | | 1871.1 | | Americare | Americare | 1403.33 | 75 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE | 90381 | CPT | | | | outpatient | | | 1871.1 | | Aetna | Better Health | 590.33 | 31.55 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE | 90381 | CPT | | | | outpatient | | | 1871.1 | | Aetna | Medicare | 576.3 | 30.8 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE | 90381 | CPT | | | | outpatient | | | 1871.1 | | WellPoint | WellPoint | 602.12 | 32.18 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE | 90381 | CPT | | | | outpatient | | | 1871.1 | | Horizon | Indemnity | 716.26 | 38.28 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE | 90381 | CPT | | | | outpatient | | | 1871.1 | | Multiplan | Multiplan | 1496.88 | 80 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE | 90381 | CPT | | | | outpatient | | | 1871.1 | | Horizon | PPO | 716.26 | 38.28 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE | 90381 | CPT | | | | outpatient | | | 1871.1 | | First Health | First Health | 1309.77 | 70 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE | 90381 | CPT | | | | outpatient | | | 1871.1 | | Corrections | Corrections | 1496.88 | 80 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE | 90381 | CPT | | | | outpatient | | | 1871.1 | | Qualcare | Qualcare | 1403.33 | 75 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE | 90381 | CPT | | | | outpatient | | | 1871.1 | | Managed Care Inc | Managed Care Inc | 1683.99 | 90 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE | 90381 | CPT | | | | outpatient | | | 1871.1 | | Horizon | Medicare Blue | 561.33 | 30 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE | 90381 | CPT | | | | outpatient | | | 1871.1 | | Horizon | MGD | 716.26 | 38.28 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE | 90381 | CPT | | | | outpatient | | | 1871.1 | | Wellcare | Medicaid | 590.33 | 31.55 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE | 90381 | CPT | | | | outpatient | | | 1871.1 | | Three Rivers | Three Rivers | 1777.55 | 95 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE | 90381 | CPT | | | | outpatient | | | 1871.1 | | UHC | Medicaid | 590.33 | 31.55 | | | 561.33 | | 1777.55 | percent of total billed charges |
| HC IMMUNIZATION ADMIN 1 VACCINE | 90471 | CPT | | | | both | | | 244 | 92.66 | Aetna | Better Health | 76.98 | 31.55 | | | 49.59 | | 231.8 | percent of total billed charges |
| HC IMMUNIZATION ADMIN 1 VACCINE | 90471 | CPT | | | | both | | | 244 | 92.66 | Horizon | Medicare Blue | 80.57 | | | 61.97 | 24.18 | 49.59 | 231.8 | other Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMMUNIZATION ADMIN 1 VACCINE | 90471 | CPT | | | | both | | | 244 | 92.66 | WellPoint | WellPoint | 78.52 | 32.18 | | 51.69 | 49.59 | | 231.8 | percent of total billed charges |
| HC IMMUNIZATION ADMIN 1 VACCINE | 90471 | CPT | | | | both | | | 244 | 92.66 | Aetna | Medicare | 80.57 | | | 29.62 | 49.59 | | 231.8 | other Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMMUNIZATION ADMIN 1 VACCINE | 90471 | CPT | | | | both | | | 244 | 92.66 | Amerihealth | HMO/PPO | 198.6 | 65 | | 21.45 | 49.59 | | 231.8 | percent of total billed charges |
| HC IMMUNIZATION ADMIN 1 VACCINE | 90471 | CPT | | | | both | | | 244 | 92.66 | Horizon | NJ Health | 49.59 | | | 18.97 | 49.59 | | 231.8 | fee schedule |
| HC IMMUNIZATION ADMIN 1 VACCINE | 90471 | CPT | | | | both | | | 244 | 92.66 | First Health | First Health | 170.8 | 70 | | | 49.59 | | 231.8 | percent of total billed charges |
| HC IMMUNIZATION ADMIN 1 VACCINE | 90471 | CPT | | | | both | | | 244 | 92.66 | Americare | Americare | 183 | 75 | | | 49.59 | | 231.8 | percent of total billed charges |
| HC IMMUNIZATION ADMIN 1 VACCINE | 90471 | CPT | | | | both | | | 244 | 92.66 | Horizon | PPO | 155.9 | | | 43.45 | 49.59 | | 231.8 | other Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMMUNIZATION ADMIN 1 VACCINE | 90471 | CPT | | | | both | | | 244 | 92.66 | Multiplan | Multiplan | 195.2 | 80 | | | 49.59 | | 231.8 | percent of total billed charges |
| HC IMMUNIZATION ADMIN 1 VACCINE | 90471 | CPT | | | | both | | | 244 | 92.66 | Horizon | MGD | 155.9 | | | 49.19 | 49.59 | | 231.8 | other Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMMUNIZATION ADMIN 1 VACCINE | 90471 | CPT | | | | both | | | 244 | 92.66 | Wellcare | Medicaid | 76.98 | 31.55 | | 60.51 | 49.59 | | 231.8 | percent of total billed charges |
| HC IMMUNIZATION ADMIN 1 VACCINE | 90471 | CPT | | | | both | | | 244 | 92.66 | Corrections | Corrections | 195.2 | 80 | | 53.65 | 49.59 | | 231.8 | percent of total billed charges |
| HC IMMUNIZATION ADMIN 1 VACCINE | 90471 | CPT | | | | both | | | 244 | 92.66 | Qualcare | Qualcare | 183 | 75 | | | 49.59 | | 231.8 | percent of total billed charges |
| HC IMMUNIZATION ADMIN 1 VACCINE | 90471 | CPT | | | | both | | | 244 | 92.66 | Horizon | Indemnity | 155.9 | | | 53.59 | 49.59 | | 231.8 | other Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMMUNIZATION ADMIN 1 VACCINE | 90471 | CPT | | | | both | | | 244 | 92.66 | Consumer | Consumer | 231.8 | 95 | | | 49.59 | | 231.8 | percent of total billed charges |
| HC IMMUNIZATION ADMIN 1 VACCINE | 90471 | CPT | | | | both | | | 244 | 92.66 | UHC | Medicare | 80.57 | | | 26.47 | 49.59 | | 231.8 | other Payer-specific negotiated charge calculated as a percent of the Medicare value |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC IMMUNIZATION ADMIN 1 VACCINE | 90471 | CPT | | | | both | | | 244 | 92.66 | UHC | Medicaid | 76.98 | 31.55 | | 57.32 | 49.59 | 231.8 | percent of total billed charges | |
| HC IMMUNIZATION ADMIN 1 VACCINE | 90471 | CPT | | | | both | | | 244 | 92.66 | Wellcare | Medicare | 80.57 | | | 20.53 | 49.59 | 231.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMMUNIZATION ADMIN 1 VACCINE | 90471 | CPT | | | | both | | | 244 | 92.66 | First Trenton | First Trenton | 219.6 | 90 | | | 49.59 | 231.8 | percent of total billed charges | |
| HC IMMUNIZATION ADMIN 1 VACCINE | 90471 | CPT | | | | both | | | 244 | 92.66 | Managed Care Inc | Managed Care Inc | 219.6 | 90 | | | 49.59 | 231.8 | percent of total billed charges | |
| HC IMMUNIZATION ADMIN 1 VACCINE | 90471 | CPT | | | | both | | | 244 | 92.66 | Three Rivers | Three Rivers | 231.8 | 95 | | | 49.59 | 231.8 | percent of total billed charges | |
| HC IMMUN ADMIN;EA ADDTL VACCINE | 90472 | CPT | | | | outpatient | | | 171 | | Consumer | Consumer | 162.45 | 95 | | | 28.71 | 162.45 | percent of total billed charges | |
| HC IMMUN ADMIN;EA ADDTL VACCINE | 90472 | CPT | | | | outpatient | | | 171 | | Aetna | Medicare | 52.67 | 30.8 | | | 28.71 | 162.45 | percent of total billed charges | |
| HC IMMUN ADMIN;EA ADDTL VACCINE | 90472 | CPT | | | | outpatient | | | 171 | | Horizon | MGD | 65.46 | 38.28 | | 9.71 | 28.71 | 162.45 | percent of total billed charges | |
| HC IMMUN ADMIN;EA ADDTL VACCINE | 90472 | CPT | | | | outpatient | | | 171 | | Multiplan | Multiplan | 136.8 | 80 | | | 28.71 | 162.45 | percent of total billed charges | |
| HC IMMUN ADMIN;EA ADDTL VACCINE | 90472 | CPT | | | | outpatient | | | 171 | | Amerihealth | HMO/PPO | 111.15 | 65 | | 26.57 | 28.71 | 162.45 | percent of total billed charges | |
| HC IMMUN ADMIN;EA ADDTL VACCINE | 90472 | CPT | | | | outpatient | | | 171 | | Americare | Americare | 128.25 | 75 | | | 28.71 | 162.45 | percent of total billed charges | |
| HC IMMUN ADMIN;EA ADDTL VACCINE | 90472 | CPT | | | | outpatient | | | 171 | | Aetna | Better Health | 53.95 | 31.55 | | 19.56 | 28.71 | 162.45 | percent of total billed charges | |
| HC IMMUN ADMIN;EA ADDTL VACCINE | 90472 | CPT | | | | outpatient | | | 171 | | Horizon | Medicare Blue | 51.3 | 30 | | 9.96 | 28.71 | 162.45 | percent of total billed charges | |
| HC IMMUN ADMIN;EA ADDTL VACCINE | 90472 | CPT | | | | outpatient | | | 171 | | Horizon | NJ Health | 28.71 | | | 2.96 | 28.71 | 162.45 | fee schedule | |
| HC IMMUN ADMIN;EA ADDTL VACCINE | 90472 | CPT | | | | outpatient | | | 171 | | First Trenton | First Trenton | 153.9 | 90 | | | 28.71 | 162.45 | percent of total billed charges | |
| HC IMMUN ADMIN;EA ADDTL VACCINE | 90472 | CPT | | | | outpatient | | | 171 | | Horizon | PPO | 65.46 | 38.28 | | 12 | 28.71 | 162.45 | percent of total billed charges | |
| HC IMMUN ADMIN;EA ADDTL VACCINE | 90472 | CPT | | | | outpatient | | | 171 | | Qualcare | Qualcare | 128.25 | 75 | | | 28.71 | 162.45 | percent of total billed charges | |
| HC IMMUN ADMIN;EA ADDTL VACCINE | 90472 | CPT | | | | outpatient | | | 171 | | Corrections | Corrections | 136.8 | 80 | | | 28.71 | 162.45 | percent of total billed charges | |
| HC IMMUN ADMIN;EA ADDTL VACCINE | 90472 | CPT | | | | outpatient | | | 171 | | Horizon | Indemnity | 65.46 | 38.28 | | 12.66 | 28.71 | 162.45 | percent of total billed charges | |
| HC IMMUN ADMIN;EA ADDTL VACCINE | 90472 | CPT | | | | outpatient | | | 171 | | First Health | First Health | 119.7 | 70 | | | 28.71 | 162.45 | percent of total billed charges | |
| HC IMMUN ADMIN;EA ADDTL VACCINE | 90472 | CPT | | | | outpatient | | | 171 | | Wellcare | Medicaid | 53.95 | 31.55 | | 16.86 | 28.71 | 162.45 | percent of total billed charges | |
| HC IMMUN ADMIN;EA ADDTL VACCINE | 90472 | CPT | | | | outpatient | | | 171 | | UHC | Medicaid | 53.95 | 31.55 | | 10.82 | 28.71 | 162.45 | percent of total billed charges | |
| HC IMMUN ADMIN;EA ADDTL VACCINE | 90472 | CPT | | | | outpatient | | | 171 | | Managed Care Inc | Managed Care Inc | 153.9 | 90 | | | 28.71 | 162.45 | percent of total billed charges | |
| HC IMMUN ADMIN;EA ADDTL VACCINE | 90472 | CPT | | | | outpatient | | | 171 | | WellPoint | WellPoint | 56.03 | 32.18 | | 11.64 | 28.71 | 162.45 | percent of total billed charges | |
| HC IMMUN ADMIN;EA ADDTL VACCINE | 90472 | CPT | | | | outpatient | | | 171 | | Three Rivers | Three Rivers | 162.45 | 95 | | | 28.71 | 162.45 | percent of total billed charges | |
| HC IMMUNE ADMIN ORAL/NASAL | 90473 | CPT | | | | outpatient | | | 248 | 92.66 | Amerihealth | HMO/PPO | 161.2 | 65 | | | 78.24 | 236.6 | percent of total billed charges | |
| HC IMMUNE ADMIN ORAL/NASAL | 90473 | CPT | | | | outpatient | | | 248 | 92.66 | First Trenton | First Trenton | 223.2 | 90 | | | 78.24 | 236.6 | percent of total billed charges | |
| HC IMMUNE ADMIN ORAL/NASAL | 90473 | CPT | | | | outpatient | | | 248 | 92.66 | Aetna | Medicare | 80.57 | | | | 78.24 | 236.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMMUNE ADMIN ORAL/NASAL | 90473 | CPT | | | | outpatient | | | 248 | 92.66 | UHC | Medicare | 80.57 | | | | 78.24 | 236.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMMUNE ADMIN ORAL/NASAL | 90473 | CPT | | | | outpatient | | | 248 | 92.66 | Aetna | Better Health | 78.24 | 31.55 | | | 78.24 | 236.6 | percent of total billed charges | |
| HC IMMUNE ADMIN ORAL/NASAL | 90473 | CPT | | | | outpatient | | | 248 | 92.66 | Corrections | Corrections | 198.4 | 80 | | | 78.24 | 236.6 | percent of total billed charges | |
| HC IMMUNE ADMIN ORAL/NASAL | 90473 | CPT | | | | outpatient | | | 248 | 92.66 | Horizon | PPO | 155.9 | | | | 78.24 | 236.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMMUNE ADMIN ORAL/NASAL | 90473 | CPT | | | | outpatient | | | 248 | 92.66 | Americare | Americare | 186 | 75 | | | 78.24 | 236.6 | percent of total billed charges | |
| HC IMMUNE ADMIN ORAL/NASAL | 90473 | CPT | | | | outpatient | | | 248 | 92.66 | Horizon | Medicare Blue | 80.57 | | | | 78.24 | 236.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMMUNE ADMIN ORAL/NASAL | 90473 | CPT | | | | outpatient | | | 248 | 92.66 | Three Rivers | Three Rivers | 235.6 | 95 | | | 78.24 | 236.6 | percent of total billed charges | |
| HC IMMUNE ADMIN ORAL/NASAL | 90473 | CPT | | | | outpatient | | | 248 | 92.66 | Consumer | Consumer | 235.6 | 95 | | | 78.24 | 236.6 | percent of total billed charges | |
| HC IMMUNE ADMIN ORAL/NASAL | 90473 | CPT | | | | outpatient | | | 248 | 92.66 | Horizon | MGD | 155.9 | | | | 78.24 | 236.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMMUNE ADMIN ORAL/NASAL | 90473 | CPT | | | | outpatient | | | 248 | 92.66 | First Health | First Health | 173.6 | 70 | | | 78.24 | 236.6 | percent of total billed charges | |
| HC IMMUNE ADMIN ORAL/NASAL | 90473 | CPT | | | | outpatient | | | 248 | 92.66 | Horizon | Indemnity | 155.9 | | | | 78.24 | 236.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMMUNE ADMIN ORAL/NASAL | 90473 | CPT | | | | outpatient | | | 248 | 92.66 | WellPoint | WellPoint | 79.81 | 32.18 | | | 78.24 | 236.6 | percent of total billed charges | |
| HC IMMUNE ADMIN ORAL/NASAL | 90473 | CPT | | | | outpatient | | | 248 | 92.66 | UHC | Medicaid | 78.24 | 31.55 | | | 78.24 | 236.6 | percent of total billed charges | |
| HC IMMUNE ADMIN ORAL/NASAL | 90473 | CPT | | | | outpatient | | | 248 | 92.66 | Multiplan | Multiplan | 198.4 | 80 | | | 78.24 | 236.6 | percent of total billed charges | |
| HC IMMUNE ADMIN ORAL/NASAL | 90473 | CPT | | | | outpatient | | | 248 | 92.66 | Managed Care Inc | Managed Care Inc | 223.2 | 90 | | | 78.24 | 236.6 | percent of total billed charges | |
| HC IMMUNE ADMIN ORAL/NASAL | 90473 | CPT | | | | outpatient | | | 248 | 92.66 | Wellcare | Medicaid | 78.24 | 31.55 | | 74.66 | 78.24 | 236.6 | percent of total billed charges | |
| HC IMMUNE ADMIN ORAL/NASAL | 90473 | CPT | | | | outpatient | | | 248 | 92.66 | Wellcare | Medicare | 80.57 | | | | 78.24 | 236.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMMUNE ADMIN ORAL/NASAL | 90473 | CPT | | | | outpatient | | | 248 | 92.66 | Qualcare | Qualcare | 186 | 75 | | | 78.24 | 236.6 | percent of total billed charges | |
| HC IMMUNE ADMIN ORAL/NASAL ADDL | 90474 | CPT | | | | outpatient | | | 41.05 | | Horizon | MGD | 15.71 | 38.28 | | | 12.32 | 39 | percent of total billed charges | |
| HC IMMUNE ADMIN ORAL/NASAL ADDL | 90474 | CPT | | | | outpatient | | | 41.05 | | Consumer | Consumer | 39 | 95 | | | 12.32 | 39 | percent of total billed charges | |
| HC IMMUNE ADMIN ORAL/NASAL ADDL | 90474 | CPT | | | | outpatient | | | 41.05 | | First Health | First Health | 28.74 | 70 | | | 12.32 | 39 | percent of total billed charges | |
| HC IMMUNE ADMIN ORAL/NASAL ADDL | 90474 | CPT | | | | outpatient | | | 41.05 | | Corrections | Corrections | 32.84 | 80 | | | 12.32 | 39 | percent of total billed charges | |
| HC IMMUNE ADMIN ORAL/NASAL ADDL | 90474 | CPT | | | | outpatient | | | 41.05 | | Aetna | Better Health | 12.95 | 31.55 | | | 12.32 | 39 | percent of total billed charges | |
| HC IMMUNE ADMIN ORAL/NASAL ADDL | 90474 | CPT | | | | outpatient | | | 41.05 | | Amerihealth | HMO/PPO | 26.68 | 65 | | | 12.32 | 39 | percent of total billed charges | |
| HC IMMUNE ADMIN ORAL/NASAL ADDL | 90474 | CPT | | | | outpatient | | | 41.05 | | Wellcare | Medicaid | 12.95 | 31.55 | | | 12.32 | 39 | percent of total billed charges | |
| HC IMMUNE ADMIN ORAL/NASAL ADDL | 90474 | CPT | | | | outpatient | | | 41.05 | | Aetna | Medicare | 12.64 | 30.8 | | | 12.32 | 39 | percent of total billed charges | |
| HC IMMUNE ADMIN ORAL/NASAL ADDL | 90474 | CPT | | | | outpatient | | | 41.05 | | Americare | Americare | 30.79 | 75 | | | 12.32 | 39 | percent of total billed charges | |
| HC IMMUNE ADMIN ORAL/NASAL ADDL | 90474 | CPT | | | | outpatient | | | 41.05 | | Horizon | Indemnity | 15.71 | 38.28 | | | 12.32 | 39 | percent of total billed charges | |
| HC IMMUNE ADMIN ORAL/NASAL ADDL | 90474 | CPT | | | | outpatient | | | 41.05 | | UHC | Medicaid | 12.95 | 31.55 | | | 12.32 | 39 | percent of total billed charges | |
| HC IMMUNE ADMIN ORAL/NASAL ADDL | 90474 | CPT | | | | outpatient | | | 41.05 | | Multiplan | Multiplan | 32.84 | 80 | | | 12.32 | 39 | percent of total billed charges | |
| HC IMMUNE ADMIN ORAL/NASAL ADDL | 90474 | CPT | | | | outpatient | | | 41.05 | | First Trenton | First Trenton | 36.95 | 90 | | | 12.32 | 39 | percent of total billed charges | |
| HC IMMUNE ADMIN ORAL/NASAL ADDL | 90474 | CPT | | | | outpatient | | | 41.05 | | Horizon | Medicare Blue | 12.32 | 30 | | | 12.32 | 39 | percent of total billed charges | |
| HC IMMUNE ADMIN ORAL/NASAL ADDL | 90474 | CPT | | | | outpatient | | | 41.05 | | WellPoint | WellPoint | 13.21 | 32.18 | | | 12.32 | 39 | percent of total billed charges | |
| HC IMMUNE ADMIN ORAL/NASAL ADDL | 90474 | CPT | | | | outpatient | | | 41.05 | | Qualcare | Qualcare | 30.79 | 75 | | | 12.32 | 39 | percent of total billed charges | |
| HC IMMUNE ADMIN ORAL/NASAL ADDL | 90474 | CPT | | | | outpatient | | | 41.05 | | Horizon | PPO | 15.71 | 38.28 | | | 12.32 | 39 | percent of total billed charges | |
| HC IMMUNE ADMIN ORAL/NASAL ADDL | 90474 | CPT | | | | outpatient | | | 41.05 | | Managed Care Inc | Managed Care Inc | 36.95 | 90 | | | 12.32 | 39 | percent of total billed charges | |
| HC IMMUNE ADMIN ORAL/NASAL ADDL | 90474 | CPT | | | | outpatient | | | 41.05 | | Three Rivers | Three Rivers | 39 | 95 | | | 12.32 | 39 | percent of total billed charges | |
| HC ADMIN SARS-COV-2 VACCINE 1 DOSE | 90480 | CPT | | | | outpatient | | | 225 | 57.32 | UHC | Medicare | 49.84 | | | 28.51 | 49.84 | 213.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADMIN SARS-COV-2 VACCINE 1 DOSE | 90480 | CPT | | | | outpatient | | | 225 | 57.32 | First Trenton | First Trenton | 202.5 | 90 | | | 49.84 | 213.75 | percent of total billed charges | |
| HC ADMIN SARS-COV-2 VACCINE 1 DOSE | 90480 | CPT | | | | outpatient | | | 225 | 57.32 | Aetna | Medicare | 49.84 | | | 3.94 | 49.84 | 213.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADMIN SARS-COV-2 VACCINE 1 DOSE | 90480 | CPT | | | | outpatient | | | 225 | 57.32 | Horizon | PPO | 96.44 | | | 33.01 | 49.84 | 213.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADMIN SARS-COV-2 VACCINE 1 DOSE | 90480 | CPT | | | | outpatient | | | 225 | 57.32 | UHC | Medicaid | 70.99 | 31.55 | | 42.39 | 49.84 | 213.75 | percent of total billed charges | |
| HC ADMIN SARS-COV-2 VACCINE 1 DOSE | 90480 | CPT | | | | outpatient | | | 225 | 57.32 | Aetna | Better Health | 70.99 | 31.55 | | 39.7 | 49.84 | 213.75 | percent of total billed charges | |
| HC ADMIN SARS-COV-2 VACCINE 1 DOSE | 90480 | CPT | | | | outpatient | | | 225 | 57.32 | Amerihealth | HMO/PPO | 146.25 | 65 | | 15.13 | 49.84 | 213.75 | percent of total billed charges | |
| HC ADMIN SARS-COV-2 VACCINE 1 DOSE | 90480 | CPT | | | | outpatient | | | 225 | 57.32 | Multiplan | Multiplan | 180 | 80 | | | 49.84 | 213.75 | percent of total billed charges | |
| HC ADMIN SARS-COV-2 VACCINE 1 DOSE | 90480 | CPT | | | | outpatient | | | 225 | 57.32 | Wellcare | Medicaid | 70.99 | 31.55 | | 56.88 | 49.84 | 213.75 | percent of total billed charges | |
| HC ADMIN SARS-COV-2 VACCINE 1 DOSE | 90480 | CPT | | | | outpatient | | | 225 | 57.32 | Horizon | Indemnity | 96.44 | | | 50.63 | 49.84 | 213.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADMIN SARS-COV-2 VACCINE 1 DOSE | 90480 | CPT | | | | outpatient | | | 225 | 57.32 | Americare | Americare | 168.75 | 75 | | | 49.84 | 213.75 | percent of total billed charges | |
| HC ADMIN SARS-COV-2 VACCINE 1 DOSE | 90480 | CPT | | | | outpatient | | | 225 | 57.32 | Qualcare | Qualcare | 168.75 | 75 | | | 49.84 | 213.75 | percent of total billed charges | |
| HC ADMIN SARS-COV-2 VACCINE 1 DOSE | 90480 | CPT | | | | outpatient | | | 225 | 57.32 | Consumer | Consumer | 213.75 | 95 | | | 49.84 | 213.75 | percent of total billed charges | |
| HC ADMIN SARS-COV-2 VACCINE 1 DOSE | 90480 | CPT | | | | outpatient | | | 225 | 57.32 | First Health | First Health | 157.5 | 70 | | | 49.84 | 213.75 | percent of total billed charges | |
| HC ADMIN SARS-COV-2 VACCINE 1 DOSE | 90480 | CPT | | | | outpatient | | | 225 | 57.32 | Three Rivers | Three Rivers | 213.75 | 95 | | | 49.84 | 213.75 | percent of total billed charges | |
| HC ADMIN SARS-COV-2 VACCINE 1 DOSE | 90480 | CPT | | | | outpatient | | | 225 | 57.32 | Wellcare | Medicare | 49.84 | | | 35.45 | 49.84 | 213.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADMIN SARS-COV-2 VACCINE 1 DOSE | 90480 | CPT | | | | outpatient | | | 225 | 57.32 | Corrections | Corrections | 180 | 80 | | | 49.84 | 213.75 | percent of total billed charges | |
| HC ADMIN SARS-COV-2 VACCINE 1 DOSE | 90480 | CPT | | | | outpatient | | | 225 | 57.32 | Managed Care Inc | Managed Care Inc | 202.5 | 90 | | | 49.84 | 213.75 | percent of total billed charges | |
| HC ADMIN SARS-COV-2 VACCINE 1 DOSE | 90480 | CPT | | | | outpatient | | | 225 | 57.32 | WellPoint | WellPoint | 72.41 | 32.18 | | 44.85 | 49.84 | 213.75 | percent of total billed charges | |
| HC ADMIN SARS-COV-2 VACCINE 1 DOSE | 90480 | CPT | | | | outpatient | | | 225 | 57.32 | Horizon | Medicare Blue | 49.84 | | | 35.08 | 49.84 | 213.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADMIN SARS-COV-2 VACCINE 1 DOSE | 90480 | CPT | | | | outpatient | | | 225 | 57.32 | Horizon | MGD | 96.44 | | | 62.17 | 49.84 | 213.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MENB-4C RECOMBINT HCOT & OUTER MEMB VESIC VACC IM | 90620 | CPT | | | | both | | | 805.04 | | Americare | Americare | 603.78 | 75 | | | 167.75 | 764.79 | percent of total billed charges | |
| HC MENB-4C RECOMBINT HCOT & OUTER MEMB VESIC VACC IM | 90620 | CPT | | | | both | | | 805.04 | | Aetna | Better Health | 253.99 | 31.55 | | | 167.75 | 764.79 | percent of total billed charges | |
| HC MENB-4C RECOMBINT HCOT & OUTER MEMB VESIC VACC IM | 90620 | CPT | | | | both | | | 805.04 | | Aetna | Medicare | 247.95 | 30.8 | | | 167.75 | 764.79 | percent of total billed charges | |
| HC MENB-4C RECOMBINT HCOT & OUTER MEMB VESIC VACC IM | 90620 | CPT | | | | both | | | 805.04 | | Consumer | Consumer | 764.79 | 95 | | | 167.75 | 764.79 | percent of total billed charges | |
| HC MENB-4C RECOMBINT HCOT & OUTER MEMB VESIC VACC IM | 90620 | CPT | | | | both | | | 805.04 | | Horizon | Indemnity | 308.17 | 38.28 | | | 167.75 | 764.79 | percent of total billed charges | |
| HC MENB-4C RECOMBINT HCOT & OUTER MEMB VESIC VACC IM | 90620 | CPT | | | | both | | | 805.04 | | First Health | First Health | 563.53 | 70 | | | 167.75 | 764.79 | percent of total billed charges | |
| HC MENB-4C RECOMBINT HCOT & OUTER MEMB VESIC VACC IM | 90620 | CPT | | | | both | | | 805.04 | | Corrections | Corrections | 644.03 | 80 | | | 167.75 | 764.79 | percent of total billed charges | |
| HC MENB-4C RECOMBINT HCOT & OUTER MEMB VESIC VACC IM | 90620 | CPT | | | | both | | | 805.04 | | Qualcare | Qualcare | 603.78 | 75 | | | 167.75 | 764.79 | percent of total billed charges | |
| HC MENB-4C RECOMBINT HCOT & OUTER MEMB VESIC VACC IM | 90620 | CPT | | | | both | | | 805.04 | | Amerihealth | HMO/PPO | 167.75 | | | | 167.75 | 764.79 | fee schedule | |
| HC MENB-4C RECOMBINT HCOT & OUTER MEMB VESIC VACC IM | 90620 | CPT | | | | both | | | 805.04 | | Horizon | Medicare Blue | 241.51 | 30 | | | 167.75 | 764.79 | percent of total billed charges | |
| HC MENB-4C RECOMBINT HCOT & OUTER MEMB VESIC VACC IM | 90620 | CPT | | | | both | | | 805.04 | | Horizon | MGD | 308.17 | 38.28 | | | 167.75 | 764.79 | percent of total billed charges | |
| HC MENB-4C RECOMBINT HCOT & OUTER MEMB VESIC VACC IM | 90620 | CPT | | | | both | | | 805.04 | | Multiplan | Multiplan | 644.03 | 80 | | | 167.75 | 764.79 | percent of total billed charges | |
| HC MENB-4C RECOMBINT HCOT & OUTER MEMB VESIC VACC IM | 90620 | CPT | | | | both | | | 805.04 | | WellPoint | WellPoint | 259.06 | 32.18 | | 203.32 | 167.75 | 764.79 | percent of total billed charges | |
| HC MENB-4C RECOMBINT HCOT & OUTER MEMB VESIC VACC IM | 90620 | CPT | | | | both | | | 805.04 | | Wellcare | Medicaid | 253.99 | 31.55 | | | 167.75 | 764.79 | percent of total billed charges | |
| HC MENB-4C RECOMBINT HCOT & OUTER MEMB VESIC VACC IM | 90620 | CPT | | | | both | | | 805.04 | | First Trenton | First Trenton | 724.54 | 90 | | | 167.75 | 764.79 | percent of total billed charges | |
| HC MENB-4C RECOMBINT HCOT & OUTER MEMB VESIC VACC IM | 90620 | CPT | | | | both | | | 805.04 | | Horizon | PPO | 308.17 | 38.28 | | | 167.75 | 764.79 | percent of total billed charges | |
| HC MENB-4C RECOMBINT HCOT & OUTER MEMB VESIC VACC IM | 90620 | CPT | | | | both | | | 805.04 | | Managed Care Inc | Managed Care Inc | 724.54 | 90 | | | 167.75 | 764.79 | percent of total billed charges | |
| HC MENB-4C RECOMBINT HCOT & OUTER MEMB VESIC VACC IM | 90620 | CPT | | | | both | | | 805.04 | | Three Rivers | Three Rivers | 764.79 | 95 | | | 167.75 | 764.79 | percent of total billed charges | |
| HC MENB-4C RECOMBINT HCOT & OUTER MEMB VESIC VACC IM | 90620 | CPT | | | | both | | | 805.04 | | UHC | Medicaid | 253.99 | 31.55 | | | 167.75 | 764.79 | percent of total billed charges | |
| HC MENB-FHBP RECOMBINT LIPOHCOTEIN VACC 2/3 DOSE IM | 90621 | CPT | | | | outpatient | | | 684.49 | | Aetna | Better Health | 215.96 | 31.55 | | | 129.65 | 650.27 | percent of total billed charges | |
| HC MENB-FHBP RECOMBNT LIPOHCOTEIN VACC 2/3 DOSE IM | 90621 | CPT | | | | outpatient | | | 684.49 | | Aetna | Medicare | 210.82 | 30.8 | | | 129.65 | 650.27 | percent of total billed charges | |
| HC MENB-FHBP RECOMBNT LIPOHCOTEIN VACC 2/3 DOSE IM | 90621 | CPT | | | | outpatient | | | 684.49 | | First Trenton | First Trenton | 616.04 | 90 | | | 129.65 | 650.27 | percent of total billed charges | |
| HC MENB-FHBP RECOMBNT LIPOHCOTEIN VACC 2/3 DOSE IM | 90621 | CPT | | | | outpatient | | | 684.49 | | Consumer | Consumer | 650.27 | 95 | | | 129.65 | 650.27 | percent of total billed charges | |
| HC MENB-FHBP RECOMBNT LIPOHCOTEIN VACC 2/3 DOSE IM | 90621 | CPT | | | | outpatient | | | 684.49 | | Amerihealth | HMO/PPO | 129.65 | | | | 129.65 | 650.27 | fee schedule | |
| HC MENB-FHBP RECOMBNT LIPOHCOTEIN VACC 2/3 DOSE IM | 90621 | CPT | | | | outpatient | | | 684.49 | | Corrections | Corrections | 547.59 | 80 | | | 129.65 | 650.27 | percent of total billed charges | |
| HC MENB-FHBP RECOMBNT LIPOHCOTEIN VACC 2/3 DOSE IM | 90621 | CPT | | | | outpatient | | | 684.49 | | UHC | Medicaid | 215.96 | 31.55 | | | 129.65 | 650.27 | percent of total billed charges | |
| HC MENB-FHBP RECOMBNT LIPOHCOTEIN VACC 2/3 DOSE IM | 90621 | CPT | | | | outpatient | | | 684.49 | | Americare | Americare | 513.37 | 75 | | | 129.65 | 650.27 | percent of total billed charges | |
| HC MENB-FHBP RECOMBNT LIPOHCOTEIN VACC 2/3 DOSE IM | 90621 | CPT | | | | outpatient | | | 684.49 | | First Health | First Health | 479.14 | 70 | | | 129.65 | 650.27 | percent of total billed charges | |
| HC MENB-FHBP RECOMBNT LIPOHCOTEIN VACC 2/3 DOSE IM | 90621 | CPT | | | | outpatient | | | 684.49 | | Horizon | MGD | 262.02 | 38.28 | | | 129.65 | 650.27 | percent of total billed charges | |
| HC MENB-FHBP RECOMBNT LIPOHCOTEIN VACC 2/3 DOSE IM | 90621 | CPT | | | | outpatient | | | 684.49 | | Horizon | PPO | 262.02 | 38.28 | | | 129.65 | 650.27 | percent of total billed charges | |
| HC MENB-FHBP RECOMBNT LIPOHCOTEIN VACC 2/3 DOSE IM | 90621 | CPT | | | | outpatient | | | 684.49 | | Horizon | Indemnity | 262.02 | 38.28 | | | 129.65 | 650.27 | percent of total billed charges | |
| HC MENB-FHBP RECOMBNT LIPOHCOTEIN VACC 2/3 DOSE IM | 90621 | CPT | | | | outpatient | | | 684.49 | | Wellcare | Medicaid | 215.96 | 31.55 | | | 129.65 | 650.27 | percent of total billed charges | |
| HC MENB-FHBP RECOMBNT LIPOHCOTEIN VACC 2/3 DOSE IM | 90621 | CPT | | | | outpatient | | | 684.49 | | Multiplan | Multiplan | 547.59 | 80 | | | 129.65 | 650.27 | percent of total billed charges | |
| HC MENB-FHBP RECOMBNT LIPOHCOTEIN VACC 2/3 DOSE IM | 90621 | CPT | | | | outpatient | | | 684.49 | | WellPoint | WellPoint | 220.27 | 32.18 | | | 129.65 | 650.27 | percent of total billed charges | |
| HC MENB-FHBP RECOMBNT LIPOHCOTEIN VACC 2/3 DOSE IM | 90621 | CPT | | | | outpatient | | | 684.49 | | Horizon | Medicare Blue | 205.35 | 30 | | | 129.65 | 650.27 | percent of total billed charges | |
| HC MENB-FHBP RECOMBNT LIPOHCOTEIN VACC 2/3 DOSE IM | 90621 | CPT | | | | outpatient | | | 684.49 | | Managed Care Inc | Managed Care Inc | 616.04 | 90 | | | 129.65 | 650.27 | percent of total billed charges | |
| HC MENB-FHBP RECOMBNT LIPOHCOTEIN VACC 2/3 DOSE IM | 90621 | CPT | | | | outpatient | | | 684.49 | | Qualcare | Qualcare | 513.37 | 75 | | | 129.65 | 650.27 | percent of total billed charges | |
| HC MENB-FHBP RECOMBNT LIPOHCOTEIN VACC 2/3 DOSE IM | 90621 | CPT | | | | outpatient | | | 684.49 | | Three Rivers | Three Rivers | 650.27 | 95 | | | 129.65 | 650.27 | percent of total billed charges | |
| HC HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE | 90632 | CPT | | | | inpatient | | | 265.05 | 80.8 | Horizon | MGD | 101.46 | 38.28 | | | 70.26 | 251.8 | percent of total billed charges | |
| HC HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE | 90632 | CPT | | | | inpatient | | | 265.05 | 80.8 | Amerihealth | HMO/PPO | 70.72 | | | | 70.26 | 251.8 | fee schedule | |
| HC HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE | 90632 | CPT | | | | inpatient | | | 265.05 | 80.8 | Aetna | Better Health | 83.62 | 31.55 | | | 70.26 | 251.8 | percent of total billed charges | |
| HC HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE | 90632 | CPT | | | | inpatient | | | 265.05 | 80.8 | Corrections | Corrections | 212.04 | 80 | | | 70.26 | 251.8 | percent of total billed charges | |
| HC HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE | 90632 | CPT | | | | inpatient | | | 265.05 | 80.8 | Aetna | Medicare | 81.64 | 30.8 | | | 70.26 | 251.8 | percent of total billed charges | |
| HC HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE | 90632 | CPT | | | | inpatient | | | 265.05 | 80.8 | Americare | Americare | 198.79 | 75 | | | 70.26 | 251.8 | percent of total billed charges | |
| HC HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE | 90632 | CPT | | | | inpatient | | | 265.05 | 80.8 | Consumer | Consumer | 251.8 | 95 | | | 70.26 | 251.8 | percent of total billed charges | |
| HC HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE | 90632 | CPT | | | | inpatient | | | 265.05 | 80.8 | Amerihealth | Medicare | 70.26 | | | | 70.26 | 251.8 | fee schedule | |
| HC HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE | 90632 | CPT | | | | inpatient | | | 265.05 | 80.8 | Wellcare | Medicare | 70.26 | | | | 70.26 | 251.8 | fee schedule | |
| HC HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE | 90632 | CPT | | | | inpatient | | | 265.05 | 80.8 | Horizon | Medicare Blue | 79.52 | 30 | | | 70.26 | 251.8 | percent of total billed charges | |
| HC HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE | 90632 | CPT | | | | inpatient | | | 265.05 | 80.8 | UHC | Medicaid | 83.62 | 31.55 | | | 70.26 | 251.8 | percent of total billed charges | |
| HC HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE | 90632 | CPT | | | | inpatient | | | 265.05 | 80.8 | First Trenton | First Trenton | 238.55 | 90 | | | 70.26 | 251.8 | percent of total billed charges | |
| HC HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE | 90632 | CPT | | | | inpatient | | | 265.05 | 80.8 | First Health | First Health | 185.54 | 70 | | | 70.26 | 251.8 | percent of total billed charges | |
| HC HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE | 90632 | CPT | | | | inpatient | | | 265.05 | 80.8 | Wellcare | Medicaid | 83.62 | 31.55 | | | 70.26 | 251.8 | percent of total billed charges | |
| HC HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE | 90632 | CPT | | | | inpatient | | | 265.05 | 80.8 | WellPoint | WellPoint | 85.29 | 32.18 | | | 70.26 | 251.8 | percent of total billed charges | |
| HC HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE | 90632 | CPT | | | | inpatient | | | 265.05 | 80.8 | Horizon | NJ Health | 207.08 | | | | 70.26 | 251.8 | fee schedule | |
| HC HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE | 90632 | CPT | | | | inpatient | | | 265.05 | 80.8 | Horizon | Indemnity | 101.46 | 38.28 | | | 70.26 | 251.8 | percent of total billed charges | |
| HC HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE | 90632 | CPT | | | | inpatient | | | 265.05 | 80.8 | Horizon | PPO | 101.46 | 38.28 | | | 70.26 | 251.8 | percent of total billed charges | |
| HC HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE | 90632 | CPT | | | | inpatient | | | 265.05 | 80.8 | Multiplan | Multiplan | 212.04 | 80 | | | 70.26 | 251.8 | percent of total billed charges | |
| HC HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE | 90632 | CPT | | | | inpatient | | | 265.05 | 80.8 | Managed Care Inc | Managed Care Inc | 238.55 | 90 | | | 70.26 | 251.8 | percent of total billed charges | |
| HC HEPA VACC

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC HIB HCP-T VACCINE 4 DOSE SCHEDULE IM USE | 90648 | CPT | | | | both | | | 22.82 | | Consumer | | 21.68 | 95 | | | 6.85 | 70.47 | percent of total billed charges | |
| HC HIB HCP-T VACCINE 4 DOSE SCHEDULE IM USE | 90648 | CPT | | | | both | | | 22.82 | | Amerihealth | HMO/PPO | 17.26 | | | | 6.85 | 70.47 | fee schedule | |
| HC HIB HCP-T VACCINE 4 DOSE SCHEDULE IM USE | 90648 | CPT | | | | both | | | 22.82 | | Aetna | Medicare | 7.03 | 30.8 | | | 6.85 | 70.47 | percent of total billed charges | |
| HC HIB HCP-T VACCINE 4 DOSE SCHEDULE IM USE | 90648 | CPT | | | | both | | | 22.82 | | UHC | Medicaid | 7.2 | 31.55 | | | 6.85 | 70.47 | percent of total billed charges | |
| HC HIB HCP-T VACCINE 4 DOSE SCHEDULE IM USE | 90648 | CPT | | | | both | | | 22.82 | | Americare | Americare | 17.12 | 75 | | | 6.85 | 70.47 | percent of total billed charges | |
| HC HIB HCP-T VACCINE 4 DOSE SCHEDULE IM USE | 90648 | CPT | | | | both | | | 22.82 | | Aetna | Better Health | 7.2 | 31.55 | | | 6.85 | 70.47 | percent of total billed charges | |
| HC HIB HCP-T VACCINE 4 DOSE SCHEDULE IM USE | 90648 | CPT | | | | both | | | 22.82 | | Corrections | Corrections | 18.26 | 80 | | | 6.85 | 70.47 | percent of total billed charges | |
| HC HIB HCP-T VACCINE 4 DOSE SCHEDULE IM USE | 90648 | CPT | | | | both | | | 22.82 | | Managed Care Inc | Managed Care Inc | 20.54 | 90 | | | 6.85 | 70.47 | percent of total billed charges | |
| HC HIB HCP-T VACCINE 4 DOSE SCHEDULE IM USE | 90648 | CPT | | | | both | | | 22.82 | | Horizon | Indemnity | 8.74 | 38.28 | | 23.19 | 6.85 | 70.47 | percent of total billed charges | |
| HC HIB HCP-T VACCINE 4 DOSE SCHEDULE IM USE | 90648 | CPT | | | | both | | | 22.82 | | First Health | First Health | 15.97 | 70 | | | 6.85 | 70.47 | percent of total billed charges | |
| HC HIB HCP-T VACCINE 4 DOSE SCHEDULE IM USE | 90648 | CPT | | | | both | | | 22.82 | | Horizon | MGD | 8.74 | 38.28 | | | 6.85 | 70.47 | percent of total billed charges | |
| HC HIB HCP-T VACCINE 4 DOSE SCHEDULE IM USE | 90648 | CPT | | | | both | | | 22.82 | | Horizon | PPO | 8.74 | 38.28 | | | 6.85 | 70.47 | percent of total billed charges | |
| HC HIB HCP-T VACCINE 4 DOSE SCHEDULE IM USE | 90648 | CPT | | | | both | | | 22.82 | | Multiplan | Multiplan | 18.26 | 80 | | | 6.85 | 70.47 | percent of total billed charges | |
| HC HIB HCP-T VACCINE 4 DOSE SCHEDULE IM USE | 90648 | CPT | | | | both | | | 22.82 | | Wellcare | Medicaid | 7.2 | 31.55 | | | 6.85 | 70.47 | percent of total billed charges | |
| HC HIB HCP-T VACCINE 4 DOSE SCHEDULE IM USE | 90648 | CPT | | | | both | | | 22.82 | | WellPoint | WellPoint | 7.34 | 32.18 | | | 6.85 | 70.47 | percent of total billed charges | |
| HC HIB HCP-T VACCINE 4 DOSE SCHEDULE IM USE | 90648 | CPT | | | | both | | | 22.82 | | Horizon | Medicare Blue | 6.85 | 30 | | | 6.85 | 70.47 | percent of total billed charges | |
| HC HIB HCP-T VACCINE 4 DOSE SCHEDULE IM USE | 90648 | CPT | | | | both | | | 22.82 | | Qualcare | Qualcare | 17.12 | 75 | | | 6.85 | 70.47 | percent of total billed charges | |
| HC HIB HCP-T VACCINE 4 DOSE SCHEDULE IM USE | 90648 | CPT | | | | both | | | 22.82 | | Horizon | NJ Health | 70.47 | | | | 6.85 | 70.47 | fee schedule | |
| HC HIB HCP-T VACCINE 4 DOSE SCHEDULE IM USE | 90648 | CPT | | | | both | | | 22.82 | | Three Rivers | Three Rivers | 21.68 | 95 | | | 6.85 | 70.47 | percent of total billed charges | |
| HC 4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE | 90649 | CPT | | | | outpatient | | | 109.63 | | Americare | Americare | 82.22 | 75 | | | 32.89 | 332.1 | percent of total billed charges | |
| HC 4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE | 90649 | CPT | | | | outpatient | | | 109.63 | | First Health | First Health | 76.74 | 70 | | | 32.89 | 332.1 | percent of total billed charges | |
| HC 4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE | 90649 | CPT | | | | outpatient | | | 109.63 | | Consumer | Consumer | 104.15 | 95 | | | 32.89 | 332.1 | percent of total billed charges | |
| HC 4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE | 90649 | CPT | | | | outpatient | | | 109.63 | | First Trenton | First Trenton | 98.67 | 90 | | | 32.89 | 332.1 | percent of total billed charges | |
| HC 4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE | 90649 | CPT | | | | outpatient | | | 109.63 | | Horizon | Indemnity | 41.97 | 38.28 | | | 32.89 | 332.1 | percent of total billed charges | |
| HC 4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE | 90649 | CPT | | | | outpatient | | | 109.63 | | Aetna | Better Health | 34.59 | 31.55 | | | 32.89 | 332.1 | percent of total billed charges | |
| HC 4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE | 90649 | CPT | | | | outpatient | | | 109.63 | | Corrections | Corrections | 87.7 | 80 | | | 32.89 | 332.1 | percent of total billed charges | |
| HC 4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE | 90649 | CPT | | | | outpatient | | | 109.63 | | Aetna | Medicare | 33.77 | 30.8 | | | 32.89 | 332.1 | percent of total billed charges | |
| HC 4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE | 90649 | CPT | | | | outpatient | | | 109.63 | | Amerihealth | HMO/PPO | 167.17 | | | | 32.89 | 332.1 | fee schedule | |
| HC 4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE | 90649 | CPT | | | | outpatient | | | 109.63 | | Multiplan | Multiplan | 87.7 | 80 | | | 32.89 | 332.1 | percent of total billed charges | |
| HC 4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE | 90649 | CPT | | | | outpatient | | | 109.63 | | Horizon | NJ Health | 332.1 | | | | 32.89 | 332.1 | fee schedule | |
| HC 4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE | 90649 | CPT | | | | outpatient | | | 109.63 | | Managed Care Inc | Managed Care Inc | 98.67 | 90 | | | 32.89 | 332.1 | percent of total billed charges | |
| HC 4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE | 90649 | CPT | | | | outpatient | | | 109.63 | | Horizon | Medicare Blue | 32.89 | 30 | | | 32.89 | 332.1 | percent of total billed charges | |
| HC 4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE | 90649 | CPT | | | | outpatient | | | 109.63 | | Horizon | MGD | 41.97 | 38.28 | | | 32.89 | 332.1 | percent of total billed charges | |
| HC 4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE | 90649 | CPT | | | | outpatient | | | 109.63 | | Three Rivers | Three Rivers | 104.15 | 95 | | | 32.89 | 332.1 | percent of total billed charges | |
| HC 4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE | 90649 | CPT | | | | outpatient | | | 109.63 | | WellPoint | WellPoint | 35.28 | 32.18 | | | 32.89 | 332.1 | percent of total billed charges | |
| HC 4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE | 90649 | CPT | | | | outpatient | | | 109.63 | | Qualcare | Qualcare | 82.22 | 75 | | | 32.89 | 332.1 | percent of total billed charges | |
| HC 4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE | 90649 | CPT | | | | outpatient | | | 109.63 | | Horizon | PPO | 41.97 | 38.28 | | | 32.89 | 332.1 | percent of total billed charges | |
| HC 4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE | 90649 | CPT | | | | outpatient | | | 109.63 | | Wellcare | Medicaid | 34.59 | 31.55 | | | 32.89 | 332.1 | percent of total billed charges | |
| HC 4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE | 90649 | CPT | | | | outpatient | | | 109.63 | | UHC | Medicaid | 34.59 | 31.55 | | | 32.89 | 332.1 | percent of total billed charges | |
| HC 9VHPV VACC 2/3 DOSE SCHED IM USE | 90651 | CPT | | | | both | | | 1106.95 | | Horizon | MGD | 423.74 | 38.28 | | 21.87 | 200.63 | 1051.6 | percent of total billed charges | |
| HC 9VHPV VACC 2/3 DOSE SCHED IM USE | 90651 | CPT | | | | both | | | 1106.95 | | Wellcare | Medicaid | 349.24 | 31.55 | | 169.5 | 200.63 | 1051.6 | percent of total billed charges | |
| HC 9VHPV VACC 2/3 DOSE SCHED IM USE | 90651 | CPT | | | | both | | | 1106.95 | | Consumer | Consumer | 1051.6 | 95 | | | 200.63 | 1051.6 | percent of total billed charges | |
| HC 9VHPV VACC 2/3 DOSE SCHED IM USE | 90651 | CPT | | | | both | | | 1106.95 | | Corrections | Corrections | 885.56 | 80 | | 188.74 | 200.63 | 1051.6 | percent of total billed charges | |
| HC 9VHPV VACC 2/3 DOSE SCHED IM USE | 90651 | CPT | | | | both | | | 1106.95 | | Aetna | Better Health | 349.24 | 31.55 | | 130.92 | 200.63 | 1051.6 | percent of total billed charges | |
| HC 9VHPV VACC 2/3 DOSE SCHED IM USE | 90651 | CPT | | | | both | | | 1106.95 | | Amerihealth | HMO/PPO | 200.63 | | | | 200.63 | 1051.6 | fee schedule | |
| HC 9VHPV VACC 2/3 DOSE SCHED IM USE | 90651 | CPT | | | | both | | | 1106.95 | | Americare | Americare | 830.21 | 75 | | | 200.63 | 1051.6 | percent of total billed charges | |
| HC 9VHPV VACC 2/3 DOSE SCHED IM USE | 90651 | CPT | | | | both | | | 1106.95 | | Aetna | Medicare | 340.94 | 30.8 | | | 200.63 | 1051.6 | percent of total billed charges | |
| HC 9VHPV VACC 2/3 DOSE SCHED IM USE | 90651 | CPT | | | | both | | | 1106.95 | | Horizon | PPO | 423.74 | 38.28 | | 18.67 | 200.63 | 1051.6 | percent of total billed charges | |
| HC 9VHPV VACC 2/3 DOSE SCHED IM USE | 90651 | CPT | | | | both | | | 1106.95 | | First Health | First Health | 774.87 | 70 | | | 200.63 | 1051.6 | percent of total billed charges | |
| HC 9VHPV VACC 2/3 DOSE SCHED IM USE | 90651 | CPT | | | | both | | | 1106.95 | | UHC | Medicaid | 349.24 | 31.55 | | 174.54 | 200.63 | 1051.6 | percent of total billed charges | |
| HC 9VHPV VACC 2/3 DOSE SCHED IM USE | 90651 | CPT | | | | both | | | 1106.95 | | Horizon | Indemnity | 423.74 | 38.28 | | 120.49 | 200.63 | 1051.6 | percent of total billed charges | |
| HC 9VHPV VACC 2/3 DOSE SCHED IM USE | 90651 | CPT | | | | both | | | 1106.95 | | First Trenton | First Trenton | 996.26 | 90 | | | 200.63 | 1051.6 | percent of total billed charges | |
| HC 9VHPV VACC 2/3 DOSE SCHED IM USE | 90651 | CPT | | | | both | | | 1106.95 | | Multiplan | Multiplan | 885.56 | 80 | | | 200.63 | 1051.6 | percent of total billed charges | |
| HC 9VHPV VACC 2/3 DOSE SCHED IM USE | 90651 | CPT | | | | both | | | 1106.95 | | WellPoint | WellPoint | 356.22 | 32.18 | | 107.69 | 200.63 | 1051.6 | percent of total billed charges | |
| HC 9VHPV VACC 2/3 DOSE SCHED IM USE | 90651 | CPT | | | | both | | | 1106.95 | | Horizon | Medicare Blue | 332.09 | 30 | | | 200.63 | 1051.6 | percent of total billed charges | |
| HC 9VHPV VACC 2/3 DOSE SCHED IM USE | 90651 | CPT | | | | both | | | 1106.95 | | Managed Care Inc | Managed Care Inc | 996.26 | 90 | | | 200.63 | 1051.6 | percent of total billed charges | |
| HC 9VHPV VACC 2/3 DOSE SCHED IM USE | 90651 | CPT | | | | both | | | 1106.95 | | Qualcare | Qualcare | 830.21 | 75 | | | 200.63 | 1051.6 | percent of total billed charges | |
| HC 9VHPV VACC 2/3 DOSE SCHED IM USE | 90651 | CPT | | | | both | | | 1106.95 | | Three Rivers | Three Rivers | 1051.6 | 95 | | | 200.63 | 1051.6 | percent of total billed charges | |
| HC IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM | 90662 | CPT | | | | outpatient | | | 263.66 | 84.41 | First Health | First Health | 184.56 | 70 | | | 44.6 | 250.48 | percent of total billed charges | |
| HC IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM | 90662 | CPT | | | | outpatient | | | 263.66 | 84.41 | Aetna | Medicare | 81.21 | 30.8 | | | 44.6 | 250.48 | percent of total billed charges | |
| HC IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM | 90662 | CPT | | | | outpatient | | | 263.66 | 84.41 | Amerihealth | HMO/PPO | 44.6 | | | | 44.6 | 250.48 | fee schedule | |
| HC IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM | 90662 | CPT | | | | outpatient | | | 263.66 | 84.41 | Aetna | Better Health | 83.18 | 31.55 | | | 44.6 | 250.48 | percent of total billed charges | |
| HC IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM | 90662 | CPT | | | | outpatient | | | 263.66 | 84.41 | UHC | Medicaid | 83.18 | 31.55 | | | 44.6 | 250.48 | percent of total billed charges | |
| HC IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM | 90662 | CPT | | | | outpatient | | | 263.66 | 84.41 | Amerihealth | Medicare | 73.4 | | | | 44.6 | 250.48 | fee schedule | |
| HC IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM | 90662 | CPT | | | | outpatient | | | 263.66 | 84.41 | Wellcare | Medicare | 73.4 | | | | 44.6 | 250.48 | fee schedule | |
| HC IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM | 90662 | CPT | | | | outpatient | | | 263.66 | 84.41 | Corrections | Corrections | 210.93 | 80 | | | 44.6 | 250.48 | percent of total billed charges | |
| HC IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM | 90662 | CPT | | | | outpatient | | | 263.66 | 84.41 | Horizon | MGD | 100.93 | 38.28 | | | 44.6 | 250.48 | percent of total billed charges | |
| HC IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM | 90662 | CPT | | | | outpatient | | | 263.66 | 84.41 | Multiplan | Multiplan | 210.93 | 80 | | | 44.6 | 250.48 | percent of total billed charges | |
| HC IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM | 90662 | CPT | | | | outpatient | | | 263.66 | 84.41 | WellPoint | WellPoint | 84.85 | 32.18 | | | 44.6 | 250.48 | percent of total billed charges | |
| HC IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM | 90662 | CPT | | | | outpatient | | | 263.66 | 84.41 | Americare | Americare | 197.75 | 75 | | | 44.6 | 250.48 | percent of total billed charges | |
| HC IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM | 90662 | CPT | | | | outpatient | | | 263.66 | 84.41 | Wellcare | Medicaid | 83.18 | 31.55 | | | 44.6 | 250.48 | percent of total billed charges | |
| HC IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM | 90662 | CPT | | | | outpatient | | | 263.66 | 84.41 | Horizon | Medicare Blue | 79.1 | 30 | | | 44.6 | 250.48 | percent of total billed charges | |
| HC IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM | 90662 | CPT | | | | outpatient | | | 263.66 | 84.41 | Qualcare | Qualcare | 197.75 | 75 | | | 44.6 | 250.48 | percent of total billed charges | |
| HC IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM | 90662 | CPT | | | | outpatient | | | 263.66 | 84.41 | Consumer | Consumer | 250.48 | 95 | | | 44.6 | 250.48 | percent of total billed charges | |
| HC IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM | 90662 | CPT | | | | outpatient | | | 263.66 | 84.41 | UHC | Medicare | 73.4 | | | | 44.6 | 250.48 | fee schedule | |
| HC IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM | 90662 | CPT | | | | outpatient | | | 263.66 | 84.41 | United | Oxford | 183.5 | | | | 44.6 | 250.48 | fee schedule | |
| HC IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM | 90662 | CPT | | | | outpatient | | | 263.66 | 84.41 | First Trenton | First Trenton | 237.29 | 90 | | | 44.6 | 250.48 | percent of total billed charges | |
| HC IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM | 90662 | CPT | | | | outpatient | | | 263.66 | 84.41 | Horizon | Indemnity | 100.93 | 38.28 | | | 44.6 | 250.48 | percent of total billed charges | |
| HC IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM | 90662 | CPT | | | | outpatient | | | 263.66 | 84.41 | Horizon | PPO | 100.93 | 38.28 | | | 44.6 | 250.48 | percent of total billed charges | |
| HC IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM | 90662 | CPT | | | | outpatient | | | 263.66 | 84.41 | Managed Care Inc | Managed Care Inc | 237.29 | 90 | | | 44.6 | 250.48 | percent of total billed charges | |
| HC IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM | 90662 | CPT | | | | outpatient | | | 263.66 | 84.41 | Three Rivers | Three Rivers | 250.48 | 95 | | | 44.6 | 250.48 | percent of total billed charges | |
| HC IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM | 90662 | CPT | | | | outpatient | | | 263.66 | 84.41 | United | CommercialPPO | 183.5 | | | | 44.6 | 250.48 | fee schedule | |
| HC PCV13 VACCINE FOR INTRAMUSCULAR USE | 90670 | CPT | | | | both | | | 840.18 | 296.69 | Aetna | Better Health | 265.08 | 31.55 | | | 176.11 | 798.17 | percent of total billed charges | |
| HC PCV13 VACCINE FOR INTRAMUSCULAR USE | 90670 | CPT | | | | both | | | 840.18 | 296.69 | First Trenton | First Trenton | 756.16 | 90 | | | 176.11 | 798.17 | percent of total billed charges | |
| HC PCV13 VACCINE FOR INTRAMUSCULAR USE | 90670 | CPT | | | | both | | | 840.18 | 296.69 | Horizon | MGD | 321.62 | 38.28 | | | 176.11 | 798.17 | percent of total billed charges | |
| HC PCV13 VACCINE FOR INTRAMUSCULAR USE | 90670 | CPT | | | | both | | | 840.18 | 296.69 | Multiplan | Multiplan | 672.14 | 80 | | | 176.11 | 798.17 | percent of total billed charges | |
| HC PCV13 VACCINE FOR INTRAMUSCULAR USE | 90670 | CPT | | | | both | | | 840.18 | 296.69 | Aetna | Medicare | 258.78 | 30.8 | | | 176.11 | 798.17 | percent of total billed charges | |
| HC PCV13 VACCINE FOR INTRAMUSCULAR USE | 90670 | CPT | | | | both | | | 840.18 | 296.69 | Horizon | Indemnity | 321.62 | 38.28 | | | 176.11 | 798.17 | percent of total billed charges | |
| HC PCV13 VACCINE FOR INTRAMUSCULAR USE | 90670 | CPT | | | | both | | | 840.18 | 296.69 | Amerihealth | HMO/PPO | 176.11 | | | | 176.11 | 798.17 | fee schedule | |
| HC PCV13 VACCINE FOR INTRAMUSCULAR USE | 90670 | CPT | | | | both | | | 840.18 | 296.69 | Corrections | Corrections | 672.14 | 80 | | | 176.11 | 798.17 | percent of total billed charges | |
| HC PCV13 VACCINE FOR INTRAMUSCULAR USE | 90670 | CPT | | | | both | | | 840.18 | 296.69 | Americare | Americare | 630.14 | 75 | | | 176.11 | 798.17 | percent of total billed charges | |
| HC PCV13 VACCINE FOR INTRAMUSCULAR USE | 90670 | CPT | | | | both | | | 840.18 | 296.69 | Managed Care Inc | Managed Care Inc | 756.16 | 90 | | | 176.11 | 798.17 | percent of total billed charges | |
| HC PCV13 VACCINE FOR INTRAMUSCULAR USE | 90670 | CPT | | | | both | | | 840.18 | 296.69 | UHC | Medicaid | 265.08 | 31.55 | | | 176.11 | 798.17 | percent of total billed charges | |
| HC PCV13 VACCINE FOR INTRAMUSCULAR USE | 90670 | CPT | | | | both | | | 840.18 | 296.69 | Qualcare | Qualcare | 630.14 | 75 | | | 176.11 | 798.17 | percent of total billed charges | |
| HC PCV13 VACCINE FOR INTRAMUSCULAR USE | 90670 | CPT | | | | both | | | 840.18 | 296.69 | United | Oxford | 644.98 | | | | 176.11 | 798.17 | fee schedule | |
| HC PCV13 VACCINE FOR INTRAMUSCULAR USE | 90670 | CPT | | | | both | | | 840.18 | 296.69 | Horizon | PPO | 321.62 | 38.28 | | | 176.11 | 798.17 | percent of total billed charges | |
| HC PCV13 VACCINE FOR INTRAMUSCULAR USE | 90670 | CPT | | | | both | | | 840.18 | 296.69 | Amerihealth | Medicare | 257.99 | | | | 176.11 | 798.17 | fee schedule | |
| HC PCV13 VACCINE FOR INTRAMUSCULAR USE | 90670 | CPT | | | | both | | | 840.18 | 296.69 | United | CommercialPPO | 644.98 | | | | 176.11 | 798.17 | fee schedule | |
| HC PCV13 VACCINE FOR INTRAMUSCULAR USE | 90670 | CPT | | | | both | | | 840.18 | 296.69 | Consumer | Consumer | 798.17 | 95 | | | 176.11 | 798.17 | percent of total billed charges | |
| HC PCV13 VACCINE FOR INTRAMUSCULAR USE | 90670 | CPT | | | | both | | | 840.18 | 296.69 | Three Rivers | Three Rivers | 798.17 | 95 | | | 176.11 | 798.17 | percent of total billed charges | |
| HC PCV13 VACCINE FOR INTRAMUSCULAR USE | 90670 | CPT | | | | both | | | 840.18 | 296.69 | WellPoint | WellPoint | 270.37 | 32.18 | | | 176.11 | 798.17 | percent of total billed charges | |
| HC PCV13 VACCINE FOR INTRAMUSCULAR USE | 90670 | CPT | | | | both | | | 840.18 | 296.69 | Horizon | Medicare Blue | 252.05 | 30 | | | 176.11 | 798.17 | percent of total billed charges | |
| HC PCV13 VACCINE FOR INTRAMUSCULAR USE | 90670 | CPT | | | | both | | | 840.18 | 296.69 | First Health | First Health | 588.13 | 70 | | | 176.11 | 798.17 | percent of total billed charges | |
| HC PCV13 VACCINE FOR INTRAMUSCULAR USE | 90670 | CPT | | | | both | | | 840.18 | 296.69 | Wellcare | Medicare | 257.99 | | | | 176.11 | 798.17 | fee schedule | |
| HC PCV13 VACCINE FOR INTRAMUSCULAR USE | 90670 | CPT | | | | both | | | 840.18 | 296.69 | UHC | Medicare | 257.99 | | | | 176.11 | 798.17 | fee schedule | |
| HC PCV13 VACCINE FOR INTRAMUSCULAR USE | 90670 | CPT | | | | both | | | 840.18 | 296.69 | Wellcare | Medicaid | 265.08 | 31.55 | | | 176.11 | 798.17 | percent of total billed charges | |
| HC PCV15 VACCINE FOR INTRAMUSCULAR USE | 90671 | CPT | | | | outpatient | | | 850.44 | 291.59 | Americare | Americare | 637.83 | 75 | | | 253.56 | 807.92 | percent of total billed charges | |
| HC PCV15 VACCINE FOR INTRAMUSCULAR USE | 90671 | CPT | | | | outpatient | | | 850.44 | 291.59 | UHC | Medicaid | 268.31 | 31.55 | | | 253.56 | 807.92 | percent of total billed charges | |
| HC PCV15 VACCINE FOR INTRAMUSCULAR USE | 90671 | CPT | | | | outpatient | | | 850.44 | 291.59 | Aetna | Medicare | 261.94 | 30.8 | | | 253.56 | 807.92 | percent of total billed charges | |
| HC PCV15 VACCINE FOR INTRAMUSCULAR USE | 90671 | CPT | | | | outpatient | | | 850.44 | 291.59 | First Health | First Health | 595.31 | 70 | | | 253.56 | 807.92 | percent of total billed charges | |
| HC PCV15 VACCINE FOR INTRAMUSCULAR USE | 90671 | CPT | | | | outpatient | | | 850.44 | 291.59 | UHC | Medicare | 253.56 | | | | 253.56 | 807.92 | fee schedule | |
| HC PCV15 VACCINE FOR INTRAMUSCULAR USE | 90671 | CPT | | | | outpatient | | | 850.44 | 291.59 | Amerihealth | Medicare | 253.56 | | | | 253.56 | 807.92 | fee schedule | |
| HC PCV15 VACCINE FOR INTRAMUSCULAR USE | 90671 | CPT | | | | outpatient | | | 850.44 | 291.59 | Amerihealth | HMO/PPO | 552.79 | 65 | | | 253.56 | 807.92 | percent of total billed charges | |
| HC PCV15 VACCINE FOR INTRAMUSCULAR USE | 90671 | CPT | | | | outpatient | | | 850.44 | 291.59 | Aetna | Better Health | 268.31 | 31.55 | | | 253.56 | 807.92 | percent of total billed charges | |
| HC PCV15 VACCINE FOR INTRAMUSCULAR USE | 90671 | CPT | | | | outpatient | | | 850.44 | 291.59 | Horizon | Medicare Blue | 255.13 | 30 | | | 253.56 | 807.92 | percent of total billed charges | |
| HC PCV15 VACCINE FOR INTRAMUSCULAR USE | 90671 | CPT | | | | outpatient | | | 850.44 | 291.59 | Horizon | Indemnity | 325.55 | 38.28 | | | 253.56 | 807.92 | percent of total billed charges | |
| HC PCV15 VACCINE FOR INTRAMUSCULAR USE | 90671 | CPT | | | | outpatient | | | 850.44 | 291.59 | Consumer | Consumer | 807.92 | 95 | | | 253.56 | 807.92 | percent of total billed charges | |
| HC PCV15 VACCINE FOR INTRAMUSCULAR USE | 90671 | CPT | | | | outpatient | | | 850.44 | 291.59 | Multiplan | Multiplan | 680.35 | 80 | | | 253.56 | 807.92 | percent of total billed charges | |
| HC PCV15 VACCINE FOR INTRAMUSCULAR USE | 90671 | CPT | | | | outpatient | | | 850.44 | 291.59 | Wellcare | Medicaid | 268.31 | 31.55 | | | 253.56 | 807.92 | percent of total billed charges | |
| HC PCV15 VACCINE FOR INTRAMUSCULAR USE | 90671 | CPT | | | | outpatient | | | 850.44 | 291.59 | Qualcare | Qualcare | 637.83 | 75 | | | 253.56 | 807.92 | percent of total billed charges | |
| HC PCV15 VACCINE FOR INTRAMUSCULAR USE | 90671 | CPT | | | | outpatient | | | 850.44 | 291.59 | Horizon | PPO | 325.55 | 38.28 | | | 253.56 | 807.92 | percent of total billed charges | |
| HC PCV15 VACCINE FOR INTRAMUSCULAR USE | 90671 | CPT | | | | outpatient | | | 850.44 | 291.59 | Corrections | Corrections | 680.35 | 80 | | | 253.56 | 807.92 | percent of total billed charges | |
| HC PCV15 VACCINE FOR INTRAMUSCULAR USE | 90671 | CPT | | | | outpatient | | | 850.44 | 291.59 | Three Rivers | Three Rivers | 807.92 | 95 | | | 253.56 | 807.92 | percent of total billed charges | |
| HC PCV15 VACCINE FOR INTRAMUSCULAR USE | 90671 | CPT | | | | outpatient | | | 850.44 | 291.59 | WellPoint | WellPoint | 273.67 | 32.18 | | | 253.56 | 807.92 | percent of total billed charges | |
| HC PCV15 VACCINE FOR INTRAMUSCULAR USE | 90671 | CPT | | | | outpatient | | | 850.44 | 291.59 | Wellcare | Medicare | 253.56 | | | | 253.56 | 807.92 | fee schedule | |
| HC PCV15 VACCINE FOR INTRAMUSCULAR USE | 90671 | CPT | | | | outpatient | | | 850.44 | 291.59 | First Trenton | First Trenton | 765.4 | 90 | | | 253.56 | 807.92 | percent of total billed charges | |
| HC PCV15 VACCINE FOR INTRAMUSCULAR USE | 90671 | CPT | | | | outpatient | | | 850.44 | 291.59 | Horizon | MGD | 325.55 | 38.28 | | | 253.56 | 807.92 | percent of total billed charges | |
| HC PCV15 VACCINE FOR INTRAMUSCULAR USE | 90671 | CPT | | | | outpatient | | | 850.44 | 291.59 | Managed Care Inc | Managed Care Inc | 765.4 | 90 | | | 253.56 | 807.92 | percent of total billed charges | |
| HC PCV15 VACCINE FOR INTRAMUSCULAR USE | 90671 | CPT | | | | outpatient | | | 850.44 | 291.59 | United | CommercialPPO | 633.9 | | | | 253.56 | 807.92 | fee schedule | |
| HC PCV15 VACCINE FOR INTRAMUSCULAR USE | 90671 | CPT | | | | outpatient | | | 850.44 | 291.59 | United | Oxford | 633.9 | | | | 253.56 | 807.92 | fee schedule | |
| HC LAIV4 VACCINE FOR INTRANASAL USE | 90672 | CPT | | | | outpatient | | | 17.55 | 31.96 | Consumer | Consumer | 16.67 | 95 | | | 5.27 | 69.48 | percent of total billed charges | |
| HC LAIV4 VACCINE FOR INTRANASAL USE | 90672 | CPT | | | | outpatient | | | 17.55 | 31.96 | Horizon | Indemnity | 6.72 | 38.28 | | | 5.27 | 69.48 | percent of total billed charges | |
| HC LAIV4 VACCINE FOR INTRANASAL USE | 90672 | CPT | | | | outpatient | | | 17.55 | 31.96 | Amerihealth | Medicare | 27.79 | | | | 5.27 | 69.48 | fee schedule | |
| HC LAIV4 VACCINE FOR INTRANASAL USE | 90672 | CPT | | | | outpatient | | | 17.55 | 31.96 | Americare | Americare | 13.16 | 75 | | | 5.27 | 69.48 | percent of total billed charges | |
| HC LAIV4 VACCINE FOR INTRANASAL USE | 90672 | CPT | | | | outpatient | | | 17.55 | 31.96 | First Health | First Health | 12.29 | 70 | | | 5.27 | 69.48 | percent of total billed charges | |
| HC LAIV4 VACCINE FOR INTRANASAL USE | 90672 | CPT | | | | outpatient | | | 17.55 | 31.96 | First Trenton | First Trenton | 15.8 | 90 | | | 5.27 | 69.48 | percent of total billed charges | |
| HC LAIV4 VACCINE FOR INTRANASAL USE | 90672 | CPT | | | | outpatient | | | 17.55 | 31.96 | Aetna | Better Health | 5.54 | 31.55 | | | 5.27 | 69.48 | percent of total billed charges | |
| HC LAIV4 VACCINE FOR INTRANASAL USE | 90672 | CPT | | | | outpatient | | | 17.55 | 31.96 | Aetna | Medicare | 5.41 | 30.8 | | | 5.27 | 69.48 | percent of total billed charges | |
| HC LAIV4 VACCINE FOR INTRANASAL USE | 90672 | CPT | | | | outpatient | | | 17.55 | 31.96 | Three Rivers | Three Rivers | 16.67 | 95 | | | 5.27 | 69.48 | percent of total billed charges | |
| HC LAIV4 VACCINE FOR INTRANASAL USE | 90672 | CPT | | | | outpatient | | | 17.55 | 31.96 | Horizon | Medicare Blue | 5.27 | 30 | | | 5.27 | 69.48 | percent of total billed charges | |
| HC LAIV4 VACCINE FOR INTRANASAL USE | 90672 | CPT | | | | outpatient | | | 17.55 | 31.96 | Corrections | Corrections | 14.04 | 80 | | | 5.27 | 69.48 | percent of total billed charges | |
| HC LAIV4 VACCINE FOR INTRANASAL USE | 90672 | CPT | | | | outpatient | | | 17.55 | 31.96 | Wellcare | Medicare | 27.79 | | | | 5.27 | 69.48 | fee schedule | |
| HC LAIV4 VACCINE FOR INTRANASAL USE | 90672 | CPT | | | | outpatient | | | 17.55 | 31.96 | Multiplan | Multiplan | 14.04 | 80 | | | 5.27 | 69.48 | percent of total billed charges | |
| HC LAIV4 VACCINE FOR INTRANASAL USE | 90672 | CPT | | | | outpatient | | | 17.55 | 31.96 | Horizon | PPO | 6.72 | 38.28 | | | 5.27 | 69.48 | percent of total billed charges | |
| HC LAIV4 VACCINE FOR INTRANASAL USE | 90672 | CPT | | | | outpatient | | | 17.55 | 31.96 | UHC | Medicaid | 5.54 | 31.55 | | | 5.27 | 69.48 | percent of total billed charges | |
| HC LAIV4 VACCINE FOR INTRANASAL USE | 90672 | CPT | | | | outpatient | | | 17.55 | 31.96 | Amerihealth | HMO/PPO | 30.7 | | | | 5.27 | 69.48 | fee schedule | |
| HC LAIV4 VACCINE FOR INTRANASAL USE | 90672 | CPT | | | | outpatient | | | 17.55 | 31.96 | Qualcare | Qualcare | 13.16 | 75 | | | 5.27 | 69.48 | percent of total billed charges | |
| HC LAIV4 VACC

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC LAIV4 VACCINE FOR INTRANASAL USE | 90672 | CPT | | | | outpatient | | | 17.55 | 31.96 | United | CommercialPPO | 69.48 | | | | 5.27 | 69.48 | fee schedule | |
| HC LAIV4 VACCINE FOR INTRANASAL USE | 90672 | CPT | | | | outpatient | | | 17.55 | 31.96 | Horizon | MGD | 6.72 | 38.28 | | | 5.27 | 69.48 | percent of total billed charges | |
| HC LAIV4 VACCINE FOR INTRANASAL USE | 90672 | CPT | | | | outpatient | | | 17.55 | 31.96 | Wellcare | Medicaid | 5.54 | 31.55 | | | 5.27 | 69.48 | percent of total billed charges | |
| HC LAIV4 VACCINE FOR INTRANASAL USE | 90672 | CPT | | | | outpatient | | | 17.55 | 31.96 | Managed Care Inc | Managed Care Inc | 15.8 | 90 | | | 5.27 | 69.48 | percent of total billed charges | |
| HC LAIV4 VACCINE FOR INTRANASAL USE | 90672 | CPT | | | | outpatient | | | 17.55 | 31.96 | United | Oxford | 69.48 | | | | 5.27 | 69.48 | fee schedule | |
| HC LAIV4 VACCINE FOR INTRANASAL USE | 90672 | CPT | | | | outpatient | | | 17.55 | 31.96 | WellPoint | WellPoint | 5.65 | 32.18 | | | 5.27 | 69.48 | percent of total billed charges | |
| HC RABIES VACCINE INTRAMUSCULAR | 90675 | CPT | | | | both | | | 1561.71 | 483.33 | Wellcare | Medicaid | 492.72 | 31.55 | | 285.74 | 310.08 | 1483.62 | percent of total billed charges | |
| HC RABIES VACCINE INTRAMUSCULAR | 90675 | CPT | | | | both | | | 1561.71 | 483.33 | Aetna | Better Health | 492.72 | 31.55 | | 277.3 | 310.08 | 1483.62 | percent of total billed charges | |
| HC RABIES VACCINE INTRAMUSCULAR | 90675 | CPT | | | | both | | | 1561.71 | 483.33 | Amerihealth | Medicare | 324.74 | | | | 310.08 | 1483.62 | fee schedule | |
| HC RABIES VACCINE INTRAMUSCULAR | 90675 | CPT | | | | both | | | 1561.71 | 483.33 | Horizon | MGD | 813.26 | | | 337.54 | 310.08 | 1483.62 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RABIES VACCINE INTRAMUSCULAR | 90675 | CPT | | | | both | | | 1561.71 | 483.33 | Aetna | Medicare | 420.29 | | | | 310.08 | 1483.62 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RABIES VACCINE INTRAMUSCULAR | 90675 | CPT | | | | both | | | 1561.71 | 483.33 | Consumer | Consumer | 1483.62 | 95 | | | 310.08 | 1483.62 | percent of total billed charges | |
| HC RABIES VACCINE INTRAMUSCULAR | 90675 | CPT | | | | both | | | 1561.71 | 483.33 | Amerihealth | HMO/PPO | 310.08 | | | | 310.08 | 1483.62 | fee schedule | |
| HC RABIES VACCINE INTRAMUSCULAR | 90675 | CPT | | | | both | | | 1561.71 | 483.33 | Americare | Americare | 1171.28 | 75 | | | 310.08 | 1483.62 | percent of total billed charges | |
| HC RABIES VACCINE INTRAMUSCULAR | 90675 | CPT | | | | both | | | 1561.71 | 483.33 | First Health | First Health | 1093.2 | 70 | | | 310.08 | 1483.62 | percent of total billed charges | |
| HC RABIES VACCINE INTRAMUSCULAR | 90675 | CPT | | | | both | | | 1561.71 | 483.33 | Corrections | Corrections | 1249.37 | 80 | | | 310.08 | 1483.62 | percent of total billed charges | |
| HC RABIES VACCINE INTRAMUSCULAR | 90675 | CPT | | | | both | | | 1561.71 | 483.33 | First Trenton | First Trenton | 1405.54 | 90 | | | 310.08 | 1483.62 | percent of total billed charges | |
| HC RABIES VACCINE INTRAMUSCULAR | 90675 | CPT | | | | both | | | 1561.71 | 483.33 | UHC | Medicare | 420.29 | | | | 310.08 | 1483.62 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RABIES VACCINE INTRAMUSCULAR | 90675 | CPT | | | | both | | | 1561.71 | 483.33 | UHC | Medicaid | 492.72 | 31.55 | | 128.58 | 310.08 | 1483.62 | percent of total billed charges | |
| HC RABIES VACCINE INTRAMUSCULAR | 90675 | CPT | | | | both | | | 1561.71 | 483.33 | Three Rivers | Three Rivers | 1483.62 | 95 | | | 310.08 | 1483.62 | percent of total billed charges | |
| HC RABIES VACCINE INTRAMUSCULAR | 90675 | CPT | | | | both | | | 1561.71 | 483.33 | Horizon | Indemnity | 813.26 | | | | 310.08 | 1483.62 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RABIES VACCINE INTRAMUSCULAR | 90675 | CPT | | | | both | | | 1561.71 | 483.33 | Horizon | PPO | 813.26 | | | 411.11 | 310.08 | 1483.62 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RABIES VACCINE INTRAMUSCULAR | 90675 | CPT | | | | both | | | 1561.71 | 483.33 | UHC | Medicare | 324.74 | | | | 310.08 | 1483.62 | fee schedule | |
| HC RABIES VACCINE INTRAMUSCULAR | 90675 | CPT | | | | both | | | 1561.71 | 483.33 | Horizon | Medicare Blue | 420.29 | | | | 310.08 | 1483.62 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RABIES VACCINE INTRAMUSCULAR | 90675 | CPT | | | | both | | | 1561.71 | 483.33 | Managed Care Inc | Managed Care Inc | 1405.54 | 90 | | | 310.08 | 1483.62 | percent of total billed charges | |
| HC RABIES VACCINE INTRAMUSCULAR | 90675 | CPT | | | | both | | | 1561.71 | 483.33 | Multiplan | Multiplan | 1249.37 | 80 | | | 310.08 | 1483.62 | percent of total billed charges | |
| HC RABIES VACCINE INTRAMUSCULAR | 90675 | CPT | | | | both | | | 1561.71 | 483.33 | United | CommercialPPO | 811.85 | | | | 310.08 | 1483.62 | fee schedule | |
| HC RABIES VACCINE INTRAMUSCULAR | 90675 | CPT | | | | both | | | 1561.71 | 483.33 | Qualcare | Qualcare | 1171.28 | 75 | | | 310.08 | 1483.62 | percent of total billed charges | |
| HC RABIES VACCINE INTRAMUSCULAR | 90675 | CPT | | | | both | | | 1561.71 | 483.33 | WellPoint | WellPoint | 502.56 | 32.18 | | 258.42 | 310.08 | 1483.62 | percent of total billed charges | |
| HC RABIES VACCINE INTRAMUSCULAR | 90675 | CPT | | | | both | | | 1561.71 | 483.33 | Wellcare | Medicare | 324.74 | | | | 310.08 | 1483.62 | fee schedule | |
| HC RABIES VACCINE INTRAMUSCULAR | 90675 | CPT | | | | both | | | 1561.71 | 483.33 | United | Oxford | 811.85 | | | | 310.08 | 1483.62 | fee schedule | |
| HC RABIES VACCINE INTRAMUSCULAR | 90675 | CPT | | | | both | | | 1561.71 | 483.33 | Wellcare | Medicare | 420.29 | | | | 310.08 | 1483.62 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PCV20 VACCINE FOR INTRAMUSCULAR USE | 90677 | CPT | | | | both | | | 970.68 | 331.96 | Amerihealth | Medicare | 288.66 | | | | 288.66 | 922.15 | fee schedule | |
| HC PCV20 VACCINE FOR INTRAMUSCULAR USE | 90677 | CPT | | | | both | | | 970.68 | 331.96 | Aetna | Medicare | 298.97 | 30.8 | | | 288.66 | 922.15 | percent of total billed charges | |
| HC PCV20 VACCINE FOR INTRAMUSCULAR USE | 90677 | CPT | | | | both | | | 970.68 | 331.96 | First Trenton | First Trenton | 873.61 | 90 | | | 288.66 | 922.15 | percent of total billed charges | |
| HC PCV20 VACCINE FOR INTRAMUSCULAR USE | 90677 | CPT | | | | both | | | 970.68 | 331.96 | Americare | Americare | 728.01 | 75 | | | 288.66 | 922.15 | percent of total billed charges | |
| HC PCV20 VACCINE FOR INTRAMUSCULAR USE | 90677 | CPT | | | | both | | | 970.68 | 331.96 | Aetna | Better Health | 306.25 | 31.55 | | | 288.66 | 922.15 | percent of total billed charges | |
| HC PCV20 VACCINE FOR INTRAMUSCULAR USE | 90677 | CPT | | | | both | | | 970.68 | 331.96 | Corrections | Corrections | 776.54 | 80 | | | 288.66 | 922.15 | percent of total billed charges | |
| HC PCV20 VACCINE FOR INTRAMUSCULAR USE | 90677 | CPT | | | | both | | | 970.68 | 331.96 | Amerihealth | HMO/PPO | 630.94 | 65 | | | 288.66 | 922.15 | percent of total billed charges | |
| HC PCV20 VACCINE FOR INTRAMUSCULAR USE | 90677 | CPT | | | | both | | | 970.68 | 331.96 | Consumer | Consumer | 922.15 | 95 | | | 288.66 | 922.15 | percent of total billed charges | |
| HC PCV20 VACCINE FOR INTRAMUSCULAR USE | 90677 | CPT | | | | both | | | 970.68 | 331.96 | First Health | First Health | 679.48 | 70 | | | 288.66 | 922.15 | percent of total billed charges | |
| HC PCV20 VACCINE FOR INTRAMUSCULAR USE | 90677 | CPT | | | | both | | | 970.68 | 331.96 | Horizon | MGD | 371.58 | 38.28 | | | 288.66 | 922.15 | percent of total billed charges | |
| HC PCV20 VACCINE FOR INTRAMUSCULAR USE | 90677 | CPT | | | | both | | | 970.68 | 331.96 | Managed Care Inc | Managed Care Inc | 873.61 | 90 | | | 288.66 | 922.15 | percent of total billed charges | |
| HC PCV20 VACCINE FOR INTRAMUSCULAR USE | 90677 | CPT | | | | both | | | 970.68 | 331.96 | Horizon | Indemnity | 371.58 | 38.28 | | 177.05 | 288.66 | 922.15 | percent of total billed charges | |
| HC PCV20 VACCINE FOR INTRAMUSCULAR USE | 90677 | CPT | | | | both | | | 970.68 | 331.96 | Horizon | PPO | 371.58 | 38.28 | | | 288.66 | 922.15 | percent of total billed charges | |
| HC PCV20 VACCINE FOR INTRAMUSCULAR USE | 90677 | CPT | | | | both | | | 970.68 | 331.96 | Wellcare | Medicare | 288.66 | | | | 288.66 | 922.15 | fee schedule | |
| HC PCV20 VACCINE FOR INTRAMUSCULAR USE | 90677 | CPT | | | | both | | | 970.68 | 331.96 | UHC | Medicaid | 306.25 | 31.55 | | | 288.66 | 922.15 | percent of total billed charges | |
| HC PCV20 VACCINE FOR INTRAMUSCULAR USE | 90677 | CPT | | | | both | | | 970.68 | 331.96 | Horizon | Medicare Blue | 291.2 | 30 | | | 288.66 | 922.15 | percent of total billed charges | |
| HC PCV20 VACCINE FOR INTRAMUSCULAR USE | 90677 | CPT | | | | both | | | 970.68 | 331.96 | Wellcare | Medicaid | 306.25 | 31.55 | | | 288.66 | 922.15 | percent of total billed charges | |
| HC PCV20 VACCINE FOR INTRAMUSCULAR USE | 90677 | CPT | | | | both | | | 970.68 | 331.96 | United | Oxford | 721.65 | | | | 288.66 | 922.15 | fee schedule | |
| HC PCV20 VACCINE FOR INTRAMUSCULAR USE | 90677 | CPT | | | | both | | | 970.68 | 331.96 | Multiplan | Multiplan | 776.54 | 80 | | | 288.66 | 922.15 | percent of total billed charges | |
| HC PCV20 VACCINE FOR INTRAMUSCULAR USE | 90677 | CPT | | | | both | | | 970.68 | 331.96 | WellPoint | WellPoint | 312.36 | 32.18 | | | 288.66 | 922.15 | percent of total billed charges | |
| HC PCV20 VACCINE FOR INTRAMUSCULAR USE | 90677 | CPT | | | | both | | | 970.68 | 331.96 | United | CommercialPPO | 721.65 | | | | 288.66 | 922.15 | fee schedule | |
| HC PCV20 VACCINE FOR INTRAMUSCULAR USE | 90677 | CPT | | | | both | | | 970.68 | 331.96 | Qualcare | Qualcare | 728.01 | 75 | | | 288.66 | 922.15 | percent of total billed charges | |
| HC PCV20 VACCINE FOR INTRAMUSCULAR USE | 90677 | CPT | | | | both | | | 970.68 | 331.96 | Three Rivers | Three Rivers | 922.15 | 95 | | | 288.66 | 922.15 | percent of total billed charges | |
| HC PCV20 VACCINE FOR INTRAMUSCULAR USE | 90677 | CPT | | | | both | | | 970.68 | 331.96 | UHC | Medicare | 288.66 | | | 295.08 | 288.66 | 922.15 | fee schedule | |
| HC RSV VACC (ABRYSVO) 0.5ML | 90678 | CPT | | | | outpatient | | | 1094 | | Consumer | Consumer | 1039.3 | 95 | | | 328.2 | 1039.3 | percent of total billed charges | |
| HC RSV VACC (ABRYSVO) 0.5ML | 90678 | CPT | | | | outpatient | | | 1094 | | Americare | Americare | 820.5 | 75 | | | 328.2 | 1039.3 | percent of total billed charges | |
| HC RSV VACC (ABRYSVO) 0.5ML | 90678 | CPT | | | | outpatient | | | 1094 | | Amerihealth | HMO/PPO | 711.1 | 65 | | | 328.2 | 1039.3 | percent of total billed charges | |
| HC RSV VACC (ABRYSVO) 0.5ML | 90678 | CPT | | | | outpatient | | | 1094 | | Aetna | Medicare | 336.95 | 30.8 | | | 328.2 | 1039.3 | percent of total billed charges | |
| HC RSV VACC (ABRYSVO) 0.5ML | 90678 | CPT | | | | outpatient | | | 1094 | | Aetna | Better Health | 345.16 | 31.55 | | | 328.2 | 1039.3 | percent of total billed charges | |
| HC RSV VACC (ABRYSVO) 0.5ML | 90678 | CPT | | | | outpatient | | | 1094 | | First Trenton | First Trenton | 984.6 | 90 | | | 328.2 | 1039.3 | percent of total billed charges | |
| HC RSV VACC (ABRYSVO) 0.5ML | 90678 | CPT | | | | outpatient | | | 1094 | | Horizon | Indemnity | 418.78 | 38.28 | | | 328.2 | 1039.3 | percent of total billed charges | |
| HC RSV VACC (ABRYSVO) 0.5ML | 90678 | CPT | | | | outpatient | | | 1094 | | Horizon | MGD | 418.78 | 38.28 | | | 328.2 | 1039.3 | percent of total billed charges | |
| HC RSV VACC (ABRYSVO) 0.5ML | 90678 | CPT | | | | outpatient | | | 1094 | | Corrections | Corrections | 875.2 | 80 | | | 328.2 | 1039.3 | percent of total billed charges | |
| HC RSV VACC (ABRYSVO) 0.5ML | 90678 | CPT | | | | outpatient | | | 1094 | | Horizon | PPO | 418.78 | 38.28 | | | 328.2 | 1039.3 | percent of total billed charges | |
| HC RSV VACC (ABRYSVO) 0.5ML | 90678 | CPT | | | | outpatient | | | 1094 | | Multiplan | Multiplan | 875.2 | 80 | | | 328.2 | 1039.3 | percent of total billed charges | |
| HC RSV VACC (ABRYSVO) 0.5ML | 90678 | CPT | | | | outpatient | | | 1094 | | Managed Care Inc | Managed Care Inc | 984.6 | 90 | | | 328.2 | 1039.3 | percent of total billed charges | |
| HC RSV VACC (ABRYSVO) 0.5ML | 90678 | CPT | | | | outpatient | | | 1094 | | First Health | First Health | 765.8 | 70 | | | 328.2 | 1039.3 | percent of total billed charges | |
| HC RSV VACC (ABRYSVO) 0.5ML | 90678 | CPT | | | | outpatient | | | 1094 | | Qualcare | Qualcare | 820.5 | 75 | | | 328.2 | 1039.3 | percent of total billed charges | |
| HC RSV VACC (ABRYSVO) 0.5ML | 90678 | CPT | | | | outpatient | | | 1094 | | UHC | Medicaid | 345.16 | 31.55 | | | 328.2 | 1039.3 | percent of total billed charges | |
| HC RSV VACC (ABRYSVO) 0.5ML | 90678 | CPT | | | | outpatient | | | 1094 | | Horizon | Medicare Blue | 328.2 | 30 | | | 328.2 | 1039.3 | percent of total billed charges | |
| HC RSV VACC (ABRYSVO) 0.5ML | 90678 | CPT | | | | outpatient | | | 1094 | | WellPoint | WellPoint | 352.05 | 32.18 | | | 328.2 | 1039.3 | percent of total billed charges | |
| HC RSV VACC (ABRYSVO) 0.5ML | 90678 | CPT | | | | outpatient | | | 1094 | | Three Rivers | Three Rivers | 1039.3 | 95 | | | 328.2 | 1039.3 | percent of total billed charges | |
| HC RSV VACC (ABRYSVO) 0.5ML | 90678 | CPT | | | | outpatient | | | 1094 | | Wellcare | Medicaid | 345.16 | 31.55 | | | 328.2 | 1039.3 | percent of total billed charges | |
| HC RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE | 90680 | CPT | | | | outpatient | | | 355.3 | | Aetna | Medicare | 109.43 | 30.8 | | | 88.28 | 337.54 | percent of total billed charges | |
| HC RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE | 90680 | CPT | | | | outpatient | | | 355.3 | | Corrections | Corrections | 284.24 | 80 | | | 88.28 | 337.54 | percent of total billed charges | |
| HC RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE | 90680 | CPT | | | | outpatient | | | 355.3 | | First Health | First Health | 248.71 | 70 | | | 88.28 | 337.54 | percent of total billed charges | |
| HC RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE | 90680 | CPT | | | | outpatient | | | 355.3 | | Multiplan | Multiplan | 284.24 | 80 | | | 88.28 | 337.54 | percent of total billed charges | |
| HC RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE | 90680 | CPT | | | | outpatient | | | 355.3 | | First Trenton | First Trenton | 319.77 | 90 | | | 88.28 | 337.54 | percent of total billed charges | |
| HC RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE | 90680 | CPT | | | | outpatient | | | 355.3 | | Americare | Americare | 266.48 | 75 | | | 88.28 | 337.54 | percent of total billed charges | |
| HC RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE | 90680 | CPT | | | | outpatient | | | 355.3 | | Aetna | Better Health | 112.1 | 31.55 | | | 88.28 | 337.54 | percent of total billed charges | |
| HC RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE | 90680 | CPT | | | | outpatient | | | 355.3 | | Consumer | Consumer | 337.54 | 95 | | | 88.28 | 337.54 | percent of total billed charges | |
| HC RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE | 90680 | CPT | | | | outpatient | | | 355.3 | | Amerihealth | HMO/PPO | 88.28 | | | | 88.28 | 337.54 | fee schedule | |
| HC RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE | 90680 | CPT | | | | outpatient | | | 355.3 | | Horizon | NJ Health | 111.58 | | | | 88.28 | 337.54 | fee schedule | |
| HC RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE | 90680 | CPT | | | | outpatient | | | 355.3 | | Qualcare | Qualcare | 266.48 | 75 | | | 88.28 | 337.54 | percent of total billed charges | |
| HC RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE | 90680 | CPT | | | | outpatient | | | 355.3 | | Horizon | PPO | 136.01 | 38.28 | | | 88.28 | 337.54 | percent of total billed charges | |
| HC RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE | 90680 | CPT | | | | outpatient | | | 355.3 | | WellPoint | WellPoint | 114.34 | 32.18 | | | 88.28 | 337.54 | percent of total billed charges | |
| HC RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE | 90680 | CPT | | | | outpatient | | | 355.3 | | Managed Care Inc | Managed Care Inc | 319.77 | 90 | | | 88.28 | 337.54 | percent of total billed charges | |
| HC RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE | 90680 | CPT | | | | outpatient | | | 355.3 | | Horizon | Indemnity | 136.01 | 38.28 | | | 88.28 | 337.54 | percent of total billed charges | |
| HC RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE | 90680 | CPT | | | | outpatient | | | 355.3 | | Three Rivers | Three Rivers | 337.54 | 95 | | | 88.28 | 337.54 | percent of total billed charges | |
| HC RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE | 90680 | CPT | | | | outpatient | | | 355.3 | | Horizon | MGD | 136.01 | 38.28 | | | 88.28 | 337.54 | percent of total billed charges | |
| HC RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE | 90680 | CPT | | | | outpatient | | | 355.3 | | Horizon | Medicare Blue | 106.59 | 30 | | | 88.28 | 337.54 | percent of total billed charges | |
| HC RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE | 90680 | CPT | | | | outpatient | | | 355.3 | | UHC | Medicaid | 112.1 | 31.55 | | | 88.28 | 337.54 | percent of total billed charges | |
| HC RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE | 90680 | CPT | | | | outpatient | | | 355.3 | | Wellcare | Medicaid | 112.1 | 31.55 | | | 88.28 | 337.54 | percent of total billed charges | |
| HC RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE | 90681 | CPT | | | | inpatient | | | 499.02 | | First Health | First Health | 349.31 | 70 | | | 116.75 | 474.07 | percent of total billed charges | |
| HC RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE | 90681 | CPT | | | | inpatient | | | 499.02 | | Americare | Americare | 374.27 | 75 | | | 116.75 | 474.07 | percent of total billed charges | |
| HC RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE | 90681 | CPT | | | | inpatient | | | 499.02 | | Aetna | Medicare | 153.7 | 30.8 | | | 116.75 | 474.07 | percent of total billed charges | |
| HC RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE | 90681 | CPT | | | | inpatient | | | 499.02 | | Horizon | MGD | 191.02 | 38.28 | | | 116.75 | 474.07 | percent of total billed charges | |
| HC RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE | 90681 | CPT | | | | inpatient | | | 499.02 | | Corrections | Corrections | 399.22 | 80 | | | 116.75 | 474.07 | percent of total billed charges | |
| HC RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE | 90681 | CPT | | | | inpatient | | | 499.02 | | Aetna | Better Health | 157.44 | 31.55 | | | 116.75 | 474.07 | percent of total billed charges | |
| HC RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE | 90681 | CPT | | | | inpatient | | | 499.02 | | Multiplan | Multiplan | 399.22 | 80 | | | 116.75 | 474.07 | percent of total billed charges | |
| HC RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE | 90681 | CPT | | | | inpatient | | | 499.02 | | Amerihealth | HMO/PPO | 116.75 | | | | 116.75 | 474.07 | fee schedule | |
| HC RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE | 90681 | CPT | | | | inpatient | | | 499.02 | | First Trenton | First Trenton | 449.12 | 90 | | | 116.75 | 474.07 | percent of total billed charges | |
| HC RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE | 90681 | CPT | | | | inpatient | | | 499.02 | | Consumer | Consumer | 474.07 | 95 | | | 116.75 | 474.07 | percent of total billed charges | |
| HC RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE | 90681 | CPT | | | | inpatient | | | 499.02 | | Qualcare | Qualcare | 374.27 | 75 | | | 116.75 | 474.07 | percent of total billed charges | |
| HC RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE | 90681 | CPT | | | | inpatient | | | 499.02 | | Wellcare | Medicaid | 157.44 | 31.55 | | | 116.75 | 474.07 | percent of total billed charges | |
| HC RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE | 90681 | CPT | | | | inpatient | | | 499.02 | | UHC | Medicaid | 157.44 | 31.55 | | | 116.75 | 474.07 | percent of total billed charges | |
| HC RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE | 90681 | CPT | | | | inpatient | | | 499.02 | | Horizon | Medicare Blue | 149.71 | 30 | | | 116.75 | 474.07 | percent of total billed charges | |
| HC RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE | 90681 | CPT | | | | inpatient | | | 499.02 | | Horizon | Indemnity | 191.02 | 38.28 | | | 116.75 | 474.07 | percent of total billed charges | |
| HC RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE | 90681 | CPT | | | | inpatient | | | 499.02 | | WellPoint | WellPoint | 160.58 | 32.18 | | | 116.75 | 474.07 | percent of total billed charges | |
| HC RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE | 90681 | CPT | | | | inpatient | | | 499.02 | | Horizon | PPO | 191.02 | 38.28 | | | 116.75 | 474.07 | percent of total billed charges | |
| HC RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE | 90681 | CPT | | | | inpatient | | | 499.02 | | Managed Care Inc | Managed Care Inc | 449.12 | 90 | | | 116.75 | 474.07 | percent of total billed charges | |
| HC RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE | 90681 | CPT | | | | inpatient | | | 499.02 | | Three Rivers | Three Rivers | 474.07 | 95 | | | 116.75 | 474.07 | percent of total billed charges | |
| HC IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE | 90686 | CPT | | | | both | | | 70.58 | 25.7 | UHC | Medicare | 22.35 | | | 8.01 | 21.17 | 67.05 | fee schedule | |
| HC IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE | 90686 | CPT | | | | both | | | 70.58 | 25.7 | Aetna | Medicare | 21.74 | 30.8 | | | 21.17 | 67.05 | percent of total billed charges | |
| HC IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE | 90686 | CPT | | | | both | | | 70.58 | 25.7 | Wellcare | Medicare | 22.35 | | | | 21.17 | 67.05 | fee schedule | |
| HC IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE | 90686 | CPT | | | | both | | | 70.58 | 25.7 | Aetna | Better Health | 22.27 | 31.55 | | 16.04 | 21.17 | 67.05 | percent of total billed charges | |
| HC IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE | 90686 | CPT | | | | both | | | 70.58 | 25.7 | Americare | Americare | 52.94 | 75 | | | 21.17 | 67.05 | percent of total billed charges | |
| HC IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE | 90686 | CPT | | | | both | | | 70.58 | 25.7 | Corrections | Corrections | 56.46 | 80 | | 12.83 | 21.17 | 67.05 | percent of total billed charges | |
| HC IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE | 90686 | CPT | | | | both | | | 70.58 | 25.7 | United | Oxford | 55.88 | | | | 21.17 | 67.05 | fee schedule | |
| HC IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE | 90686 | CPT | | | | both | | | 70.58 | 25.7 | Amerihealth | Medicare | 22.35 | | | | 21.17 | 67.05 | fee schedule | |
| HC IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE | 90686 | CPT | | | | both | | | 70.58 | 25.7 | First Trenton | First Trenton | 63.52 | 90 | | | 21.17 | 67.05 | percent of total billed charges | |
| HC IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE | 90686 | CPT | | | | both | | | 70.58 | 25.7 | First Health | First Health | 49.41 | 70 | | | 21.17 | 67.05 | percent of total billed charges | |
| HC IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE | 90686 | CPT | | | | both | | | 70.58 | 25.7 | Horizon | MGD | 27.02 | 38.28 | | 11.61 | 21.17 | 67.05 | percent of total billed charges | |
| HC IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE | 90686 | CPT | | | | both | | | 70.58 | 25.7 | Amerihealth | HMO/PPO | 23.82 | | | 6.48 | 21.17 | 67.05 | fee schedule | |
| HC IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE | 90686 | CPT | | | | both | | | 70.58 | 25.7 | Managed Care Inc | Managed Care Inc | 63.52 | 90 | | | 21.17 | 67.05 | percent of total billed charges | |
| HC IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE | 90686 | CPT | | | | both | | | 70.58 | 25.7 | Horizon | PPO | 27.02 | 38.28 | | 10.37 | 21.17 | 67.05 | percent of total billed charges | |
| HC IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE | 90686 | CPT | | | | both | | | 70.58 | 25.7 | Three Rivers | Three Rivers | 67.05 | 95 | | | 21.17 | 67.05 | percent of total billed charges | |
| HC IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE | 90686 | CPT | | | | both | | | 70.58 | 25.7 | Consumer | Consumer | 67.05 | 95 | | | 21.17 | 67.05 | percent of total billed charges | |
| HC IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE | 90686 | CPT | | | | both | | | 70.58 | 25.7 | United | CommercialPPO | 55.88 | | | | 21.17 | 67.05 | fee schedule | |
| HC IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE | 90686 | CPT | | | | both | | | 70.58 | 25.7 | Horizon | Indemnity | 27.02 | 38.28 | | 15.93 | 21.17 | 67.05 | percent of total billed charges | |
| HC IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE | 90686 | CPT | | | | both | | | 70.58 | 25.7 | Wellcare | Medicaid | 22.27 | 31.55 | | 17.02 | 21.17 | 67.05 | percent of total billed charges | |
| HC IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE | 90686 | CPT | | | | both | | | 70.58 | 25.7 | UHC | Medicaid | 22.27 | 31.55 | | 12.22 | 21.17 | 67.05 | percent of total billed charges | |
| HC IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE | 90686 | CPT | | | | both | | | 70.58 | 25.7 | WellPoint | WellPoint | 22.71 | 32.18 | | 14.25 | 21.17 | 67.05 | percent of total billed charges | |
| HC IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE | 90686 | CPT | | | | both | | | 70.58 | 25.7 | Horizon | Medicare Blue | 21.17 | 30 | | 5.12 | 21.17 | 67.05 | percent of total billed charges | |
| HC IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE | 90686 | CPT | | | | both | | | 70.58 | 25.7 | Multiplan | Multiplan | 56.46 | 80 | | | 21.17 | 67.05 | percent of total billed charges | |
| HC IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE | 90686 | CPT | | | | both | | | 70.58 | 25.7 | Qualcare | Qualcare | 52.94 | 75 | | | 21.17 | 67.05 | percent of total billed charges | |
| HC TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM | 90691 | CPT | | | | outpatient | | | 347.37 | | Americare | Americare | 260.53 | 75 | | | 67.96 | 330 | percent of total billed charges | |
| HC TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM | 90691 | CPT | | | | outpatient | | | 347.37 | | UHC | Medicaid | 109.6 | 31.55 | | | 67.96 | 330 | percent of total billed charges | |
| HC TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM | 90691 | CPT | | | | outpatient | | | 347.37 | | Horizon | MGD | 132.97 | 38.28 | | | 67.96 | 330 | percent of total billed charges | |
| HC TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM | 90691 | CPT | | | | outpatient | | | 347.37 | | Aetna | Better Health | 109.6 | 31.55 | | | 67.96 | 330 | percent of total billed charges | |
| HC TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM | 90691 | CPT | | | | outpatient | | | 347.37 | | Wellcare | Medicaid | 109.6 | 31.55 | | | 67.96 | 330 | percent of total billed charges | |
| HC TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM | 90691 | CPT | | | | outpatient | | | 347.37 | | Aetna | Medicare | 106.99 | 30.8 | | | 67.96 | 330 | percent of total billed charges | |
| HC TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM | 90691 | CPT | | | | outpatient | | | 347.37 | | Corrections | Corrections | 277.9 | 80 | | | 67.96 | 330 | percent of total billed charges | |
| HC TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE I

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM | 90691 | CPT | | | | outpatient | | | 347.37 | | Multiplan | Multiplan | 277.9 | 80 | | | 67.96 | 330 | percent of total billed charges | |
| HC TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM | 90691 | CPT | | | | outpatient | | | 347.37 | | First Health | First Health | 243.16 | 70 | | | 67.96 | 330 | percent of total billed charges | |
| HC TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM | 90691 | CPT | | | | outpatient | | | 347.37 | | Horizon | Medicare Blue | 104.21 | 30 | | | 67.96 | 330 | percent of total billed charges | |
| HC TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM | 90691 | CPT | | | | outpatient | | | 347.37 | | First Trenton | First Trenton | 312.63 | 90 | | | 67.96 | 330 | percent of total billed charges | |
| HC TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM | 90691 | CPT | | | | outpatient | | | 347.37 | | Quelcare | Quelcare | 260.53 | 75 | | | 67.96 | 330 | percent of total billed charges | |
| HC TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM | 90691 | CPT | | | | outpatient | | | 347.37 | | Horizon | Indemnity | 132.97 | 38.28 | | | 67.96 | 330 | percent of total billed charges | |
| HC TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM | 90691 | CPT | | | | outpatient | | | 347.37 | | Horizon | PPO | 132.97 | 38.28 | | | 67.96 | 330 | percent of total billed charges | |
| HC TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM | 90691 | CPT | | | | outpatient | | | 347.37 | | Managed Care Inc | Managed Care Inc | 312.63 | 90 | | | 67.96 | 330 | percent of total billed charges | |
| HC TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM | 90691 | CPT | | | | outpatient | | | 347.37 | | Three Rivers | Three Rivers | 330 | 95 | | | 67.96 | 330 | percent of total billed charges | |
| HC DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE | 90696 | CPT | | | | both | | | 218.09 | | Horizon | PPO | 83.48 | 38.28 | | | 56.35 | 207.19 | percent of total billed charges | |
| HC DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE | 90696 | CPT | | | | both | | | 218.09 | | Amerihealth | HMO/PPO | 56.35 | | | | 56.35 | 207.19 | fee schedule | |
| HC DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE | 90696 | CPT | | | | both | | | 218.09 | | Horizon | Indemnity | 83.48 | 38.28 | | 29.51 | 56.35 | 207.19 | percent of total billed charges | |
| HC DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE | 90696 | CPT | | | | both | | | 218.09 | | Aetna | Medicare | 67.17 | 30.8 | | | 56.35 | 207.19 | percent of total billed charges | |
| HC DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE | 90696 | CPT | | | | both | | | 218.09 | | First Trenton | First Trenton | 196.28 | 90 | | | 56.35 | 207.19 | percent of total billed charges | |
| HC DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE | 90696 | CPT | | | | both | | | 218.09 | | Aetna | Better Health | 68.81 | 31.55 | | | 56.35 | 207.19 | percent of total billed charges | |
| HC DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE | 90696 | CPT | | | | both | | | 218.09 | | Americare | Americare | 163.57 | 75 | | | 56.35 | 207.19 | percent of total billed charges | |
| HC DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE | 90696 | CPT | | | | both | | | 218.09 | | Corrections | Corrections | 174.47 | 80 | | | 56.35 | 207.19 | percent of total billed charges | |
| HC DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE | 90696 | CPT | | | | both | | | 218.09 | | UHC | Medicaid | 68.81 | 31.55 | | | 56.35 | 207.19 | percent of total billed charges | |
| HC DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE | 90696 | CPT | | | | both | | | 218.09 | | First Health | First Health | 152.66 | 70 | | | 56.35 | 207.19 | percent of total billed charges | |
| HC DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE | 90696 | CPT | | | | both | | | 218.09 | | Horizon | Medicare Blue | 65.43 | 30 | | | 56.35 | 207.19 | percent of total billed charges | |
| HC DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE | 90696 | CPT | | | | both | | | 218.09 | | Consumer | Consumer | 207.19 | 95 | | | 56.35 | 207.19 | percent of total billed charges | |
| HC DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE | 90696 | CPT | | | | both | | | 218.09 | | Managed Care Inc | Managed Care Inc | 196.28 | 90 | | | 56.35 | 207.19 | percent of total billed charges | |
| HC DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE | 90696 | CPT | | | | both | | | 218.09 | | WellPoint | WellPoint | 70.18 | 32.18 | | | 56.35 | 207.19 | percent of total billed charges | |
| HC DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE | 90696 | CPT | | | | both | | | 218.09 | | Multiplan | Multiplan | 174.47 | 80 | | | 56.35 | 207.19 | percent of total billed charges | |
| HC DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE | 90696 | CPT | | | | both | | | 218.09 | | Horizon | MGD | 83.48 | 38.28 | | | 56.35 | 207.19 | percent of total billed charges | |
| HC DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE | 90696 | CPT | | | | both | | | 218.09 | | Qualcare | Qualcare | 163.57 | 75 | | | 56.35 | 207.19 | percent of total billed charges | |
| HC DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE | 90696 | CPT | | | | both | | | 218.09 | | Wellcare | Medicaid | 68.81 | 31.55 | | | 56.35 | 207.19 | percent of total billed charges | |
| HC DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE | 90696 | CPT | | | | both | | | 218.09 | | Three Rivers | Three Rivers | 207.19 | 95 | | | 56.35 | 207.19 | percent of total billed charges | |
| HC DTAP-IPV/HIB-HEPB VACCINE INTRAMUSCULAR | 90697 | CPT | | | | outpatient | | | 540.36 | | Aetna | Better Health | 170.48 | 31.55 | | | 162.11 | 513.34 | percent of total billed charges | |
| HC DTAP-IPV/HIB-HEPB VACCINE INTRAMUSCULAR | 90697 | CPT | | | | outpatient | | | 540.36 | | Horizon | Medicare Blue | 162.11 | 30 | | | 162.11 | 513.34 | percent of total billed charges | |
| HC DTAP-IPV/HIB-HEPB VACCINE INTRAMUSCULAR | 90697 | CPT | | | | outpatient | | | 540.36 | | Americare | Americare | 405.27 | 75 | | | 162.11 | 513.34 | percent of total billed charges | |
| HC DTAP-IPV/HIB-HEPB VACCINE INTRAMUSCULAR | 90697 | CPT | | | | outpatient | | | 540.36 | | First Health | First Health | 378.25 | 70 | | | 162.11 | 513.34 | percent of total billed charges | |
| HC DTAP-IPV/HIB-HEPB VACCINE INTRAMUSCULAR | 90697 | CPT | | | | outpatient | | | 540.36 | | Corrections | Corrections | 432.29 | 80 | | | 162.11 | 513.34 | percent of total billed charges | |
| HC DTAP-IPV/HIB-HEPB VACCINE INTRAMUSCULAR | 90697 | CPT | | | | outpatient | | | 540.36 | | Aetna | Medicare | 166.43 | 30.8 | | | 162.11 | 513.34 | percent of total billed charges | |
| HC DTAP-IPV/HIB-HEPB VACCINE INTRAMUSCULAR | 90697 | CPT | | | | outpatient | | | 540.36 | | Horizon | MGD | 206.85 | 38.28 | | | 162.11 | 513.34 | percent of total billed charges | |
| HC DTAP-IPV/HIB-HEPB VACCINE INTRAMUSCULAR | 90697 | CPT | | | | outpatient | | | 540.36 | | Amerihealth | HMO/PPO | 351.23 | 65 | | | 162.11 | 513.34 | percent of total billed charges | |
| HC DTAP-IPV/HIB-HEPB VACCINE INTRAMUSCULAR | 90697 | CPT | | | | outpatient | | | 540.36 | | Consumer | Consumer | 513.34 | 95 | | | 162.11 | 513.34 | percent of total billed charges | |
| HC DTAP-IPV/HIB-HEPB VACCINE INTRAMUSCULAR | 90697 | CPT | | | | outpatient | | | 540.36 | | Multiplan | Multiplan | 432.29 | 80 | | | 162.11 | 513.34 | percent of total billed charges | |
| HC DTAP-IPV/HIB-HEPB VACCINE INTRAMUSCULAR | 90697 | CPT | | | | outpatient | | | 540.36 | | Wellcare | Medicaid | 170.48 | 31.55 | | | 162.11 | 513.34 | percent of total billed charges | |
| HC DTAP-IPV/HIB-HEPB VACCINE INTRAMUSCULAR | 90697 | CPT | | | | outpatient | | | 540.36 | | Qualcare | Qualcare | 405.27 | 75 | | | 162.11 | 513.34 | percent of total billed charges | |
| HC DTAP-IPV/HIB-HEPB VACCINE INTRAMUSCULAR | 90697 | CPT | | | | outpatient | | | 540.36 | | Horizon | Indemnity | 206.85 | 38.28 | | | 162.11 | 513.34 | percent of total billed charges | |
| HC DTAP-IPV/HIB-HEPB VACCINE INTRAMUSCULAR | 90697 | CPT | | | | outpatient | | | 540.36 | | UHC | Medicaid | 170.48 | 31.55 | | | 162.11 | 513.34 | percent of total billed charges | |
| HC DTAP-IPV/HIB-HEPB VACCINE INTRAMUSCULAR | 90697 | CPT | | | | outpatient | | | 540.36 | | First Trenton | First Trenton | 486.32 | 90 | | | 162.11 | 513.34 | percent of total billed charges | |
| HC DTAP-IPV/HIB-HEPB VACCINE INTRAMUSCULAR | 90697 | CPT | | | | outpatient | | | 540.36 | | WellPoint | WellPoint | 173.89 | 32.18 | | | 162.11 | 513.34 | percent of total billed charges | |
| HC DTAP-IPV/HIB-HEPB VACCINE INTRAMUSCULAR | 90697 | CPT | | | | outpatient | | | 540.36 | | Horizon | PPO | 206.85 | 38.28 | | | 162.11 | 513.34 | percent of total billed charges | |
| HC DTAP-IPV/HIB-HEPB VACCINE INTRAMUSCULAR | 90697 | CPT | | | | outpatient | | | 540.36 | | Managed Care Inc | Managed Care Inc | 486.32 | 90 | | | 162.11 | 513.34 | percent of total billed charges | |
| HC DTAP-IPV/HIB-HEPB VACCINE INTRAMUSCULAR | 90697 | CPT | | | | outpatient | | | 540.36 | | Three Rivers | Three Rivers | 513.34 | 95 | | | 162.11 | 513.34 | percent of total billed charges | |
| HC DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE | 90698 | CPT | | | | outpatient | | | 410.03 | | Aetna | Better Health | 129.36 | 31.55 | | | 94.48 | 389.53 | percent of total billed charges | |
| HC DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE | 90698 | CPT | | | | outpatient | | | 410.03 | | WellPoint | WellPoint | 131.95 | 32.18 | | | 94.48 | 389.53 | percent of total billed charges | |
| HC DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE | 90698 | CPT | | | | outpatient | | | 410.03 | | Horizon | Indemnity | 156.96 | 38.28 | | | 94.48 | 389.53 | percent of total billed charges | |
| HC DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE | 90698 | CPT | | | | outpatient | | | 410.03 | | First Health | First Health | 287.02 | 70 | | | 94.48 | 389.53 | percent of total billed charges | |
| HC DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE | 90698 | CPT | | | | outpatient | | | 410.03 | | Americare | Americare | 307.52 | 75 | | | 94.48 | 389.53 | percent of total billed charges | |
| HC DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE | 90698 | CPT | | | | outpatient | | | 410.03 | | Amerihealth | HMO/PPO | 94.48 | | | | 94.48 | 389.53 | fee schedule | |
| HC DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE | 90698 | CPT | | | | outpatient | | | 410.03 | | Corrections | Corrections | 328.02 | 80 | | | 94.48 | 389.53 | percent of total billed charges | |
| HC DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE | 90698 | CPT | | | | outpatient | | | 410.03 | | Horizon | MGD | 156.96 | 38.28 | | | 94.48 | 389.53 | percent of total billed charges | |
| HC DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE | 90698 | CPT | | | | outpatient | | | 410.03 | | Aetna | Medicare | 126.29 | 30.8 | | | 94.48 | 389.53 | percent of total billed charges | |
| HC DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE | 90698 | CPT | | | | outpatient | | | 410.03 | | Horizon | PPO | 156.96 | 38.28 | | | 94.48 | 389.53 | percent of total billed charges | |
| HC DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE | 90698 | CPT | | | | outpatient | | | 410.03 | | Qualcare | Qualcare | 307.52 | 75 | | | 94.48 | 389.53 | percent of total billed charges | |
| HC DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE | 90698 | CPT | | | | outpatient | | | 410.03 | | Three Rivers | Three Rivers | 389.53 | 95 | | | 94.48 | 389.53 | percent of total billed charges | |
| HC DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE | 90698 | CPT | | | | outpatient | | | 410.03 | | Consumer | Consumer | 389.53 | 95 | | | 94.48 | 389.53 | percent of total billed charges | |
| HC DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE | 90698 | CPT | | | | outpatient | | | 410.03 | | First Trenton | First Trenton | 369.03 | 90 | | | 94.48 | 389.53 | percent of total billed charges | |
| HC DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE | 90698 | CPT | | | | outpatient | | | 410.03 | | Horizon | Medicare Blue | 123.01 | 30 | | | 94.48 | 389.53 | percent of total billed charges | |
| HC DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE | 90698 | CPT | | | | outpatient | | | 410.03 | | Managed Care Inc | Managed Care Inc | 369.03 | 90 | | | 94.48 | 389.53 | percent of total billed charges | |
| HC DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE | 90698 | CPT | | | | outpatient | | | 410.03 | | UHC | Medicaid | 129.36 | 31.55 | | | 94.48 | 389.53 | percent of total billed charges | |
| HC DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE | 90698 | CPT | | | | outpatient | | | 410.03 | | Multiplan | Multiplan | 328.02 | 80 | | | 94.48 | 389.53 | percent of total billed charges | |
| HC DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE | 90698 | CPT | | | | outpatient | | | 410.03 | | Wellcare | Medicaid | 129.36 | 31.55 | | | 94.48 | 389.53 | percent of total billed charges | |
| HC DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM | 90700 | CPT | | | | outpatient | | | 237.03 | | First Trenton | First Trenton | 213.33 | 90 | | | 28.89 | 225.18 | percent of total billed charges | |
| HC DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM | 90700 | CPT | | | | outpatient | | | 237.03 | | Corrections | Corrections | 189.62 | 80 | | | 28.89 | 225.18 | percent of total billed charges | |
| HC DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM | 90700 | CPT | | | | outpatient | | | 237.03 | | Aetna | Better Health | 74.78 | 31.55 | | | 28.89 | 225.18 | percent of total billed charges | |
| HC DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM | 90700 | CPT | | | | outpatient | | | 237.03 | | Horizon | Indemnity | 90.74 | 38.28 | | | 28.89 | 225.18 | percent of total billed charges | |
| HC DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM | 90700 | CPT | | | | outpatient | | | 237.03 | | Aetna | Medicare | 73.01 | 30.8 | | | 28.89 | 225.18 | percent of total billed charges | |
| HC DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM | 90700 | CPT | | | | outpatient | | | 237.03 | | WellPoint | WellPoint | 76.28 | 32.18 | | | 28.89 | 225.18 | percent of total billed charges | |
| HC DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM | 90700 | CPT | | | | outpatient | | | 237.03 | | First Health | First Health | 165.92 | 70 | | | 28.89 | 225.18 | percent of total billed charges | |
| HC DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM | 90700 | CPT | | | | outpatient | | | 237.03 | | Americare | Americare | 177.77 | 75 | | | 28.89 | 225.18 | percent of total billed charges | |
| HC DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM | 90700 | CPT | | | | outpatient | | | 237.03 | | Horizon | PPO | 90.74 | 38.28 | | | 28.89 | 225.18 | percent of total billed charges | |
| HC DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM | 90700 | CPT | | | | outpatient | | | 237.03 | | Amerihealth | HMO/PPO | 28.89 | | | | 28.89 | 225.18 | fee schedule | |
| HC DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM | 90700 | CPT | | | | outpatient | | | 237.03 | | Consumer | Consumer | 225.18 | 95 | | | 28.89 | 225.18 | percent of total billed charges | |
| HC DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM | 90700 | CPT | | | | outpatient | | | 237.03 | | Horizon | MGD | 90.74 | 38.28 | | | 28.89 | 225.18 | percent of total billed charges | |
| HC DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM | 90700 | CPT | | | | outpatient | | | 237.03 | | Multiplan | Multiplan | 189.62 | 80 | | | 28.89 | 225.18 | percent of total billed charges | |
| HC DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM | 90700 | CPT | | | | outpatient | | | 237.03 | | Managed Care Inc | Managed Care Inc | 213.33 | 90 | | | 28.89 | 225.18 | percent of total billed charges | |
| HC DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM | 90700 | CPT | | | | outpatient | | | 237.03 | | Horizon | Medicare Blue | 71.11 | 30 | | | 28.89 | 225.18 | percent of total billed charges | |
| HC DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM | 90700 | CPT | | | | outpatient | | | 237.03 | | UHC | Medicaid | 74.78 | 31.55 | | | 28.89 | 225.18 | percent of total billed charges | |
| HC DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM | 90700 | CPT | | | | outpatient | | | 237.03 | | Qualcare | Qualcare | 177.77 | 75 | | | 28.89 | 225.18 | percent of total billed charges | |
| HC DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM | 90700 | CPT | | | | outpatient | | | 237.03 | | Three Rivers | Three Rivers | 225.18 | 95 | | | 28.89 | 225.18 | percent of total billed charges | |
| HC DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM | 90700 | CPT | | | | outpatient | | | 237.03 | | Horizon | NJ Health | 59.98 | | | | 28.89 | 225.18 | fee schedule | |
| HC DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM | 90700 | CPT | | | | outpatient | | | 237.03 | | Wellcare | Medicaid | 74.78 | 31.55 | | | 28.89 | 225.18 | percent of total billed charges | |
| HC MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ | 90707 | CPT | | | | both | | | 341.37 | | Americare | Americare | 256.03 | 75 | | | 74.03 | 324.3 | percent of total billed charges | |
| HC MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ | 90707 | CPT | | | | both | | | 341.37 | | First Health | First Health | 238.96 | 70 | | | 74.03 | 324.3 | percent of total billed charges | |
| HC MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ | 90707 | CPT | | | | both | | | 341.37 | | Aetna | Better Health | 107.7 | 31.55 | | | 74.03 | 324.3 | percent of total billed charges | |
| HC MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ | 90707 | CPT | | | | both | | | 341.37 | | Horizon | MGD | 130.68 | 38.28 | | 93.75 | 74.03 | 324.3 | percent of total billed charges | |
| HC MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ | 90707 | CPT | | | | both | | | 341.37 | | Qualcare | Qualcare | 256.03 | 75 | | | 74.03 | 324.3 | percent of total billed charges | |
| HC MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ | 90707 | CPT | | | | both | | | 341.37 | | Aetna | Medicare | 105.14 | 30.8 | | | 74.03 | 324.3 | percent of total billed charges | |
| HC MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ | 90707 | CPT | | | | both | | | 341.37 | | Corrections | Corrections | 273.1 | 80 | | | 74.03 | 324.3 | percent of total billed charges | |
| HC MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ | 90707 | CPT | | | | both | | | 341.37 | | First Trenton | First Trenton | 307.23 | 90 | | | 74.03 | 324.3 | percent of total billed charges | |
| HC MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ | 90707 | CPT | | | | both | | | 341.37 | | Consumer | Consumer | 324.3 | 95 | | | 74.03 | 324.3 | percent of total billed charges | |
| HC MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ | 90707 | CPT | | | | both | | | 341.37 | | Horizon | NJ Health | 142.58 | | | 28.51 | 74.03 | 324.3 | fee schedule | |
| HC MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ | 90707 | CPT | | | | both | | | 341.37 | | Horizon | Indemnity | 130.68 | 38.28 | | | 74.03 | 324.3 | percent of total billed charges | |
| HC MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ | 90707 | CPT | | | | both | | | 341.37 | | Amerihealth | HMO/PPO | 74.03 | | | | 74.03 | 324.3 | fee schedule | |
| HC MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ | 90707 | CPT | | | | both | | | 341.37 | | Horizon | PPO | 130.68 | 38.28 | | | 74.03 | 324.3 | percent of total billed charges | |
| HC MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ | 90707 | CPT | | | | both | | | 341.37 | | Wellcare | Medicaid | 107.7 | 31.55 | | 87.19 | 74.03 | 324.3 | percent of total billed charges | |
| HC MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ | 90707 | CPT | | | | both | | | 341.37 | | WellPoint | WellPoint | 109.85 | 32.18 | | | 74.03 | 324.3 | percent of total billed charges | |
| HC MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ | 90707 | CPT | | | | both | | | 341.37 | | UHC | Medicaid | 107.7 | 31.55 | | | 74.03 | 324.3 | percent of total billed charges | |
| HC MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ | 90707 | CPT | | | | both | | | 341.37 | | Managed Care Inc | Managed Care Inc | 307.23 | 90 | | | 74.03 | 324.3 | percent of total billed charges | |
| HC MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ | 90707 | CPT | | | | both | | | 341.37 | | Horizon | Medicare Blue | 102.41 | 30 | | | 74.03 | 324.3 | percent of total billed charges | |
| HC MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ | 90707 | CPT | | | | both | | | 341.37 | | Three Rivers | Three Rivers | 324.3 | 95 | | | 74.03 | 324.3 | percent of total billed charges | |
| HC MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ | 90707 | CPT | | | | both | | | 341.37 | | Multiplan | Multiplan | 273.1 | 80 | | | 74.03 | 324.3 | percent of total billed charges | |
| HC MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ | 90710 | CPT | | | | outpatient | | | 999.58 | 183.16 | First Health | First Health | 699.71 | 70 | | | 33.93 | 949.6 | percent of total billed charges | |
| HC MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ | 90710 | CPT | | | | outpatient | | | 999.58 | 183.16 | Aetna | Better Health | 315.37 | 31.55 | | | 33.93 | 949.6 | percent of total billed charges | |
| HC MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ | 90710 | CPT | | | | outpatient | | | 999.58 | 183.16 | Amerihealth | HMO/PPO | 198.12 | | | | 33.93 | 949.6 | fee schedule | |
| HC MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ | 90710 | CPT | | | | outpatient | | | 999.58 | 183.16 | United | Oxford | 331.73 | | | | 33.93 | 949.6 | fee schedule | |
| HC MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ | 90710 | CPT | | | | outpatient | | | 999.58 | 183.16 | UHC | Medicaid | 315.37 | 31.55 | | | 33.93 | 949.6 | percent of total billed charges | |
| HC MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ | 90710 | CPT | | | | outpatient | | | 999.58 | 183.16 | Aetna | Medicare | 159.27 | | | | 33.93 | 949.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ | 90710 | CPT | | | | outpatient | | | 999.58 | 183.16 | First Trenton | First Trenton | 899.62 | 90 | | | 33.93 | 949.6 | percent of total billed charges | |
| HC MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ | 90710 | CPT | | | | outpatient | | | 999.58 | 183.16 | Americare | Americare | 749.69 | 75 | | | 33.93 | 949.6 | percent of total billed charges | |
| HC MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ | 90710 | CPT | | | | outpatient | | | 999.58 | 183.16 | Multiplan | Multiplan | 799.66 | 80 | | | 33.93 | 949.6 | percent of total billed charges | |
| HC MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ | 90710 | CPT | | | | outpatient | | | 999.58 | 183.16 | Consumer | Consumer | 949.6 | 95 | | | 33.93 | 949.6 | percent of total billed charges | |
| HC MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ | 90710 | CPT | | | | outpatient | | | 999.58 | 183.16 | Horizon | Indemnity | 308.19 | | | | 33.93 | 949.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ | 90710 | CPT | | | | outpatient | | | 999.58 | 183.16 | Horizon | Medicare Blue | 159.27 | | | | 33.93 | 949.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ | 90710 | CPT | | | | outpatient | | | 999.58 | 183.16 | UHC | Medicare | 159.27 | | | | 33.93 | 949.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ | 90710 | CPT | | | | outpatient | | | 999.58 | 183.16 | Corrections | Corrections | 799.66 | 80 | | | 33.93 | 949.6 | percent of total billed charges | |
| HC MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ | 90710 | CPT | | | | outpatient | | | 999.58 | 183.16 | Horizon | PPO | 308.19 | | | | 33.93 | 949.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ | 90710 | CPT | | | | outpatient | | | 999.58 | 183.16 | Horizon | NJ Health | 33.93 | | | | 33.93 | 949.6 | fee schedule | |
| HC MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ | 90710 | CPT | | | | outpatient | | | 999.58 | 183.16 | Qualcare | Qualcare | 749.69 | 75 | | | 33.93 | 949.6 | percent of total billed charges | |
| HC MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ | 90710 | CPT | | | | outpatient | | | 999.58 | 183.16 | Horizon | MGD | 308.19 | | | | 33.93 | 949.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ | 90710 | CPT | | | | outpatient | | | 999.58 | 183.16 | Wellcare | Medicaid | 315.37 | 31.55 | | | 33.93 | 949.6 | percent of total billed charges | |
| HC MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ | 90710 | CPT | | | | outpatient | | | 999.58 | 183.16 | Three Rivers | Three Rivers | 949.6 | 95 | | | 33.93 | 949.6 | percent of total billed charges | |
| HC MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ | 90710 | CPT | | | | outpatient | | | 999.58 | 183.16 | Managed Care Inc | Managed Care Inc | 899.62 | 90 | | | 33.93 | 949.6 | percent of total billed charges | |
| HC MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ | 90710 | CPT | | | | outpatient | | | 999.58 | 183.16 | United | Commercial/PPO | 331.73 | | | | 33.93 | 949.6 | fee schedule | |
| HC MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ | 90710 | CPT | | | | outpatient | | | 999.58 | 183.16 | Wellcare | Medicare | 159.27 | | | | 33.93 | 949.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ | 90710 | CPT | | | | outpatient | | | 999.58 | 183.16 | WellPoint | WellPoint | 321.66 | 32.18 | | | 33.93 | 949.6 | percent of total billed charges | |
| HC POLIOVIRUS VACCINE INACTIVATED SUBQ/IM | 90713 | CPT | | | | both | | | 153.05 | | Aetna | Better Health | 48.29 | 31.55 | | | 37.17 | 145.4 | percent of total billed charges | |
| HC POLIOVIRUS VACCINE INACTIVATED SUBQ/IM | 90713 | CPT | | | | both | | | 153.05 | | Amerihealth | HMO/PPO | 37.17 | | | | 37.17 | 145.4 | fee schedule | |
| HC POLIOVIRUS VACCINE INACTIVATED SUBQ/IM | 90713 | CPT | | | | both | | | 153.05 | | Consumer | Consumer | 145.4 | 95 | | | 37.17 | 145.4 | percent of total billed charges | |
| HC POLIOVIRUS VACCINE INACTIVATED SUBQ/IM | 90713 | CPT | | | | both | | | 153.05 | | Corrections | Corrections | 122.44 | 80 | | | 37.17 | 145.4 | percent of total billed charges | |
| HC POLIOVIRUS VACCINE INACTIVATED SUBQ/IM | 90713 | CPT | | | | both | | | 153.05 | | Qualcare | Qualcare | 114.79 | 75 | | | 37.17 | 145.4 | percent of total billed charges | |
| HC POLIOVIRUS VACCINE INACTIVATED SUBQ/IM | 90713 | CPT | | | | both | | | 153.05 | | Horizon | Indemnity | 58.59 | 38.28 | | | 37.17 | 145.4 | percent of total billed charges | |
| HC POLIOVIRUS VACCINE INACTIVATED SUBQ/IM | 90713 | CPT | | | | both | | | 153.05 | | WellPoint | WellPoint | 49.25 | 32.18 | | | 37.17 | 145.4 | percent of total billed charges | |
| HC POLIOVIRUS VACCINE INACTIVATED SUBQ/IM | 90713 | CPT | | | | both | | | 153.05 | | Americare | Americare | 114.79 | 75 | | | 37.17 | 145.4 | percent of total billed charges | |
| HC POLIOVIRUS VACCINE INACTIVATED SUBQ/IM | 90713 | CPT | | | | both | | | 153.05 | | Aetna | Medicare | 47.14 | 30.8 | | | 37.17 | 145.4 | percent of total billed charges | |
| HC POLIOVIRUS VACCINE INACTIVATED SUBQ/IM | 90713 | CPT | | | | both | | | 153.05 | | UHC | Medicaid | 48.29 | 31.55 | | | 37.17 | 145.4 | percent of total billed charges | |
| HC POLIOVIRUS VACCINE INACTIVATED SUBQ/IM | 90713 | CPT | | | | both | | | 153.05 | | First Health | First Health | 107.14 | 70 | | | 37.17 | 145.4 | percent of total billed char

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC POLIOVIRUS VACCINE INACTIVATED SUBQ/IM | 90713 | CPT | | | | both | | | 153.05 | | Managed Care Inc | Managed Care Inc | 137.75 | 90 | | | 37.17 | 37.17 | 145.4 percent of total billed charges | |
| HC POLIOVIRUS VACCINE INACTIVATED SUBQ/IM | 90713 | CPT | | | | both | | | 153.05 | | Three Rivers | Three Rivers | 145.4 | 95 | | | 37.17 | 37.17 | 145.4 percent of total billed charges | |
| HC TD VACCINE HCSRV FREE 7 YRS OR OLDER FOR IM USE | 90714 | CPT | | | | both | | | 132.67 | | 34.9 UHC | Medicaid | 41.86 | 31.55 | | | 28.95 | 28.95 | 126.04 percent of total billed charges | |
| HC TD VACCINE HCSRV FREE 7 YRS OR OLDER FOR IM USE | 90714 | CPT | | | | both | | | 132.67 | | 34.9 Aetna | Better Health | 41.86 | 31.55 | | | 28.95 | 28.95 | 126.04 percent of total billed charges | |
| HC TD VACCINE HCSRV FREE 7 YRS OR OLDER FOR IM USE | 90714 | CPT | | | | both | | | 132.67 | | 34.9 Wellcare | Medicare | 30.34 | | | | 28.95 | 28.95 | 126.04 fee schedule | |
| HC TD VACCINE HCSRV FREE 7 YRS OR OLDER FOR IM USE | 90714 | CPT | | | | both | | | 132.67 | | 34.9 Multiplan | Multiplan | 106.14 | 80 | | | 28.95 | 28.95 | 126.04 percent of total billed charges | |
| HC TD VACCINE HCSRV FREE 7 YRS OR OLDER FOR IM USE | 90714 | CPT | | | | both | | | 132.67 | | 34.9 Aetna | Medicare | 40.86 | 30.8 | | | 28.95 | 28.95 | 126.04 percent of total billed charges | |
| HC TD VACCINE HCSRV FREE 7 YRS OR OLDER FOR IM USE | 90714 | CPT | | | | both | | | 132.67 | | 34.9 Consumer | Consumer | 126.04 | 95 | | | 28.95 | 28.95 | 126.04 percent of total billed charges | |
| HC TD VACCINE HCSRV FREE 7 YRS OR OLDER FOR IM USE | 90714 | CPT | | | | both | | | 132.67 | | 34.9 First Trenton | First Trenton | 119.4 | 90 | | | 28.95 | 28.95 | 126.04 percent of total billed charges | |
| HC TD VACCINE HCSRV FREE 7 YRS OR OLDER FOR IM USE | 90714 | CPT | | | | both | | | 132.67 | | 34.9 Americare | Americare | 99.5 | 75 | | | 28.95 | 28.95 | 126.04 percent of total billed charges | |
| HC TD VACCINE HCSRV FREE 7 YRS OR OLDER FOR IM USE | 90714 | CPT | | | | both | | | 132.67 | | 34.9 Amerihealth | HMO/PPO | 28.95 | | | | 28.95 | 28.95 | 126.04 fee schedule | |
| HC TD VACCINE HCSRV FREE 7 YRS OR OLDER FOR IM USE | 90714 | CPT | | | | both | | | 132.67 | | 34.9 Horizon | Medicare Blue | 39.8 | 30 | | | 28.95 | 28.95 | 126.04 percent of total billed charges | |
| HC TD VACCINE HCSRV FREE 7 YRS OR OLDER FOR IM USE | 90714 | CPT | | | | both | | | 132.67 | | 34.9 Horizon | Indemnity | 50.79 | 38.28 | | | 28.95 | 28.95 | 126.04 percent of total billed charges | |
| HC TD VACCINE HCSRV FREE 7 YRS OR OLDER FOR IM USE | 90714 | CPT | | | | both | | | 132.67 | | 34.9 Qualcare | Qualcare | 99.5 | 75 | | | 28.95 | 28.95 | 126.04 percent of total billed charges | |
| HC TD VACCINE HCSRV FREE 7 YRS OR OLDER FOR IM USE | 90714 | CPT | | | | both | | | 132.67 | | 34.9 Amerihealth | Medicare | 30.34 | | | | 28.95 | 28.95 | 126.04 fee schedule | |
| HC TD VACCINE HCSRV FREE 7 YRS OR OLDER FOR IM USE | 90714 | CPT | | | | both | | | 132.67 | | 34.9 Corrections | Corrections | 106.14 | 80 | | | 28.95 | 28.95 | 126.04 percent of total billed charges | |
| HC TD VACCINE HCSRV FREE 7 YRS OR OLDER FOR IM USE | 90714 | CPT | | | | both | | | 132.67 | | 34.9 Managed Care Inc | Managed Care Inc | 119.4 | 90 | | | 28.95 | 28.95 | 126.04 percent of total billed charges | |
| HC TD VACCINE HCSRV FREE 7 YRS OR OLDER FOR IM USE | 90714 | CPT | | | | both | | | 132.67 | | 34.9 Horizon | PPO | 50.79 | 38.28 | | | 28.95 | 28.95 | 126.04 percent of total billed charges | |
| HC TD VACCINE HCSRV FREE 7 YRS OR OLDER FOR IM USE | 90714 | CPT | | | | both | | | 132.67 | | 34.9 First Health | First Health | 92.67 | 70 | | | 28.95 | 28.95 | 126.04 percent of total billed charges | |
| HC TD VACCINE HCSRV FREE 7 YRS OR OLDER FOR IM USE | 90714 | CPT | | | | both | | | 132.67 | | 34.9 UHC | Medicare | 30.34 | | | | 28.95 | 28.95 | 126.04 fee schedule | |
| HC TD VACCINE HCSRV FREE 7 YRS OR OLDER FOR IM USE | 90714 | CPT | | | | both | | | 132.67 | | 34.9 Horizon | MGD | 50.79 | 38.28 | | | 28.95 | 28.95 | 126.04 percent of total billed charges | |
| HC TD VACCINE HCSRV FREE 7 YRS OR OLDER FOR IM USE | 90714 | CPT | | | | both | | | 132.67 | | 34.9 Three Rivers | Three Rivers | 126.04 | 95 | | | 28.95 | 28.95 | 126.04 percent of total billed charges | |
| HC TD VACCINE HCSRV FREE 7 YRS OR OLDER FOR IM USE | 90714 | CPT | | | | both | | | 132.67 | | 34.9 Wellcare | Medicaid | 41.86 | 31.55 | | | 28.95 | 28.95 | 126.04 percent of total billed charges | |
| HC TD VACCINE HCSRV FREE 7 YRS OR OLDER FOR IM USE | 90714 | CPT | | | | both | | | 132.67 | | 34.9 WellPoint | WellPoint | 42.69 | 32.18 | | | 28.95 | 28.95 | 126.04 percent of total billed charges | |
| HC TDAP VACCINE 7 YRS/> IM | 90715 | CPT | | | | both | | | 341.68 | | 44.05 Amerihealth | Medicare | 38.31 | | | | 38.31 | 38.31 | 324.6 fee schedule | |
| HC TDAP VACCINE 7 YRS/> IM | 90715 | CPT | | | | both | | | 341.68 | | 44.05 Americare | Americare | 256.26 | 75 | | | 38.31 | 38.31 | 324.6 percent of total billed charges | |
| HC TDAP VACCINE 7 YRS/> IM | 90715 | CPT | | | | both | | | 341.68 | | 44.05 Aetna | Medicare | 105.24 | 30.8 | | 22.12 | 38.31 | 38.31 | 324.6 percent of total billed charges | |
| HC TDAP VACCINE 7 YRS/> IM | 90715 | CPT | | | | both | | | 341.68 | | 44.05 Aetna | Better Health | 107.8 | 31.55 | | 48.09 | 38.31 | 38.31 | 324.6 percent of total billed charges | |
| HC TDAP VACCINE 7 YRS/> IM | 90715 | CPT | | | | both | | | 341.68 | | 44.05 Horizon | Indemnity | 130.8 | 38.28 | | 34.02 | 38.31 | 38.31 | 324.6 percent of total billed charges | |
| HC TDAP VACCINE 7 YRS/> IM | 90715 | CPT | | | | both | | | 341.68 | | 44.05 First Trenton | First Trenton | 307.51 | 90 | | | 38.31 | 38.31 | 324.6 percent of total billed charges | |
| HC TDAP VACCINE 7 YRS/> IM | 90715 | CPT | | | | both | | | 341.68 | | 44.05 UHC | Medicare | 38.31 | | | 18.19 | 38.31 | 38.31 | 324.6 fee schedule | |
| HC TDAP VACCINE 7 YRS/> IM | 90715 | CPT | | | | both | | | 341.68 | | 44.05 UHC | Medicaid | 107.8 | 31.55 | | 43.1 | 38.31 | 38.31 | 324.6 percent of total billed charges | |
| HC TDAP VACCINE 7 YRS/> IM | 90715 | CPT | | | | both | | | 341.68 | | 44.05 Multiplan | Multiplan | 273.34 | 80 | | | 38.31 | 38.31 | 324.6 percent of total billed charges | |
| HC TDAP VACCINE 7 YRS/> IM | 90715 | CPT | | | | both | | | 341.68 | | 44.05 Amerihealth | HMO/PPO | 45.61 | | | 15.66 | 38.31 | 38.31 | 324.6 fee schedule | |
| HC TDAP VACCINE 7 YRS/> IM | 90715 | CPT | | | | both | | | 341.68 | | 44.05 Consumer | Consumer | 324.6 | 95 | | | 38.31 | 38.31 | 324.6 percent of total billed charges | |
| HC TDAP VACCINE 7 YRS/> IM | 90715 | CPT | | | | both | | | 341.68 | | 44.05 Horizon | PPO | 130.8 | 38.28 | | 28.89 | 38.31 | 38.31 | 324.6 percent of total billed charges | |
| HC TDAP VACCINE 7 YRS/> IM | 90715 | CPT | | | | both | | | 341.68 | | 44.05 Horizon | MGD | 130.8 | 38.28 | | 34.34 | 38.31 | 38.31 | 324.6 percent of total billed charges | |
| HC TDAP VACCINE 7 YRS/> IM | 90715 | CPT | | | | both | | | 341.68 | | 44.05 Managed Care Inc | Managed Care Inc | 307.51 | 90 | | | 38.31 | 38.31 | 324.6 percent of total billed charges | |
| HC TDAP VACCINE 7 YRS/> IM | 90715 | CPT | | | | both | | | 341.68 | | 44.05 Corrections | Corrections | 273.34 | 80 | | 38.23 | 38.31 | 38.31 | 324.6 percent of total billed charges | |
| HC TDAP VACCINE 7 YRS/> IM | 90715 | CPT | | | | both | | | 341.68 | | 44.05 WellPoint | WellPoint | 109.95 | 32.18 | | 38.38 | 38.31 | 38.31 | 324.6 percent of total billed charges | |
| HC TDAP VACCINE 7 YRS/> IM | 90715 | CPT | | | | both | | | 341.68 | | 44.05 Qualcare | Qualcare | 256.26 | 75 | | | 38.31 | 38.31 | 324.6 percent of total billed charges | |
| HC TDAP VACCINE 7 YRS/> IM | 90715 | CPT | | | | both | | | 341.68 | | 44.05 Horizon | Medicare Blue | 102.5 | 30 | | 16.86 | 38.31 | 38.31 | 324.6 percent of total billed charges | |
| HC TDAP VACCINE 7 YRS/> IM | 90715 | CPT | | | | both | | | 341.68 | | 44.05 First Health | First Health | 239.18 | 70 | | | 38.31 | 38.31 | 324.6 percent of total billed charges | |
| HC TDAP VACCINE 7 YRS/> IM | 90715 | CPT | | | | both | | | 341.68 | | 44.05 Three Rivers | Three Rivers | 324.6 | 95 | | | 38.31 | 38.31 | 324.6 percent of total billed charges | |
| HC TDAP VACCINE 7 YRS/> IM | 90715 | CPT | | | | both | | | 341.68 | | 44.05 Wellcare | Medicaid | 107.8 | 31.55 | | 48.25 | 38.31 | 38.31 | 324.6 percent of total billed charges | |
| HC TDAP VACCINE 7 YRS/> IM | 90715 | CPT | | | | both | | | 341.68 | | 44.05 Wellcare | Medicare | 38.31 | | | 12.07 | 38.31 | 38.31 | 324.6 fee schedule | |
| HC VAR VACCINE LIVE FOR SUBCUTANEOUS USE | 90716 | CPT | | | | outpatient | | | 658.36 | | Amerihealth | HMO/PPO | 122.16 | | | | 122.16 | 122.16 | 625.44 fee schedule | |
| HC VAR VACCINE LIVE FOR SUBCUTANEOUS USE | 90716 | CPT | | | | outpatient | | | 658.36 | | Aetna | Better Health | 207.71 | 31.55 | | | 122.16 | 122.16 | 625.44 percent of total billed charges | |
| HC VAR VACCINE LIVE FOR SUBCUTANEOUS USE | 90716 | CPT | | | | outpatient | | | 658.36 | | Americare | Americare | 493.77 | 75 | | | 122.16 | 122.16 | 625.44 percent of total billed charges | |
| HC VAR VACCINE LIVE FOR SUBCUTANEOUS USE | 90716 | CPT | | | | outpatient | | | 658.36 | | Horizon | Indemnity | 252.02 | 38.28 | | | 122.16 | 122.16 | 625.44 percent of total billed charges | |
| HC VAR VACCINE LIVE FOR SUBCUTANEOUS USE | 90716 | CPT | | | | outpatient | | | 658.36 | | Horizon | MGD | 252.02 | 38.28 | | | 122.16 | 122.16 | 625.44 percent of total billed charges | |
| HC VAR VACCINE LIVE FOR SUBCUTANEOUS USE | 90716 | CPT | | | | outpatient | | | 658.36 | | Aetna | Medicare | 202.77 | 30.8 | | | 122.16 | 122.16 | 625.44 percent of total billed charges | |
| HC VAR VACCINE LIVE FOR SUBCUTANEOUS USE | 90716 | CPT | | | | outpatient | | | 658.36 | | First Trenton | First Trenton | 592.52 | 90 | | | 122.16 | 122.16 | 625.44 percent of total billed charges | |
| HC VAR VACCINE LIVE FOR SUBCUTANEOUS USE | 90716 | CPT | | | | outpatient | | | 658.36 | | Consumer | Consumer | 625.44 | 95 | | | 122.16 | 122.16 | 625.44 percent of total billed charges | |
| HC VAR VACCINE LIVE FOR SUBCUTANEOUS USE | 90716 | CPT | | | | outpatient | | | 658.36 | | UHC | Medicaid | 207.71 | 31.55 | | | 122.16 | 122.16 | 625.44 percent of total billed charges | |
| HC VAR VACCINE LIVE FOR SUBCUTANEOUS USE | 90716 | CPT | | | | outpatient | | | 658.36 | | Corrections | Corrections | 526.69 | 80 | | | 122.16 | 122.16 | 625.44 percent of total billed charges | |
| HC VAR VACCINE LIVE FOR SUBCUTANEOUS USE | 90716 | CPT | | | | outpatient | | | 658.36 | | Horizon | NJ Health | 216.06 | | | | 122.16 | 122.16 | 625.44 fee schedule | |
| HC VAR VACCINE LIVE FOR SUBCUTANEOUS USE | 90716 | CPT | | | | outpatient | | | 658.36 | | First Health | First Health | 460.85 | 70 | | | 122.16 | 122.16 | 625.44 percent of total billed charges | |
| HC VAR VACCINE LIVE FOR SUBCUTANEOUS USE | 90716 | CPT | | | | outpatient | | | 658.36 | | Wellcare | Medicaid | 207.71 | 31.55 | | | 122.16 | 122.16 | 625.44 percent of total billed charges | |
| HC VAR VACCINE LIVE FOR SUBCUTANEOUS USE | 90716 | CPT | | | | outpatient | | | 658.36 | | Multiplan | Multiplan | 526.69 | 80 | | | 122.16 | 122.16 | 625.44 percent of total billed charges | |
| HC VAR VACCINE LIVE FOR SUBCUTANEOUS USE | 90716 | CPT | | | | outpatient | | | 658.36 | | Horizon | PPO | 252.02 | 38.28 | | | 122.16 | 122.16 | 625.44 percent of total billed charges | |
| HC VAR VACCINE LIVE FOR SUBCUTANEOUS USE | 90716 | CPT | | | | outpatient | | | 658.36 | | Horizon | Medicare Blue | 197.51 | 30 | | | 122.16 | 122.16 | 625.44 percent of total billed charges | |
| HC VAR VACCINE LIVE FOR SUBCUTANEOUS USE | 90716 | CPT | | | | outpatient | | | 658.36 | | Managed Care Inc | Managed Care Inc | 592.52 | 90 | | | 122.16 | 122.16 | 625.44 percent of total billed charges | |
| HC VAR VACCINE LIVE FOR SUBCUTANEOUS USE | 90716 | CPT | | | | outpatient | | | 658.36 | | Qualcare | Qualcare | 493.77 | 75 | | | 122.16 | 122.16 | 625.44 percent of total billed charges | |
| HC VAR VACCINE LIVE FOR SUBCUTANEOUS USE | 90716 | CPT | | | | outpatient | | | 658.36 | | Three Rivers | Three Rivers | 625.44 | 95 | | | 122.16 | 122.16 | 625.44 percent of total billed charges | |
| HC VAR VACCINE LIVE FOR SUBCUTANEOUS USE | 90716 | CPT | | | | outpatient | | | 658.36 | | WellPoint | WellPoint | 211.86 | 32.18 | | | 122.16 | 122.16 | 625.44 percent of total billed charges | |
| HC YELLOW FEVER VACCINE LIVE SUBQ | 90717 | CPT | | | | outpatient | | | 2126.76 | | Americare | Americare | 1595.07 | 75 | | | 147.66 | 147.66 | 2020.42 percent of total billed charges | |
| HC YELLOW FEVER VACCINE LIVE SUBQ | 90717 | CPT | | | | outpatient | | | 2126.76 | | Aetna | Medicare | 655.04 | 30.8 | | | 147.66 | 147.66 | 2020.42 percent of total billed charges | |
| HC YELLOW FEVER VACCINE LIVE SUBQ | 90717 | CPT | | | | outpatient | | | 2126.76 | | Amerihealth | HMO/PPO | 147.66 | | | | 147.66 | 147.66 | 2020.42 fee schedule | |
| HC YELLOW FEVER VACCINE LIVE SUBQ | 90717 | CPT | | | | outpatient | | | 2126.76 | | First Trenton | First Trenton | 1914.08 | 90 | | | 147.66 | 147.66 | 2020.42 percent of total billed charges | |
| HC YELLOW FEVER VACCINE LIVE SUBQ | 90717 | CPT | | | | outpatient | | | 2126.76 | | Aetna | Better Health | 670.99 | 31.55 | | | 147.66 | 147.66 | 2020.42 percent of total billed charges | |
| HC YELLOW FEVER VACCINE LIVE SUBQ | 90717 | CPT | | | | outpatient | | | 2126.76 | | Multiplan | Multiplan | 1701.41 | 80 | | | 147.66 | 147.66 | 2020.42 percent of total billed charges | |
| HC YELLOW FEVER VACCINE LIVE SUBQ | 90717 | CPT | | | | outpatient | | | 2126.76 | | First Health | First Health | 1488.73 | 70 | | | 147.66 | 147.66 | 2020.42 percent of total billed charges | |
| HC YELLOW FEVER VACCINE LIVE SUBQ | 90717 | CPT | | | | outpatient | | | 2126.76 | | Corrections | Corrections | 1701.41 | 80 | | | 147.66 | 147.66 | 2020.42 percent of total billed charges | |
| HC YELLOW FEVER VACCINE LIVE SUBQ | 90717 | CPT | | | | outpatient | | | 2126.76 | | Consumer | Consumer | 2020.42 | 95 | | | 147.66 | 147.66 | 2020.42 percent of total billed charges | |
| HC YELLOW FEVER VACCINE LIVE SUBQ | 90717 | CPT | | | | outpatient | | | 2126.76 | | Qualcare | Qualcare | 1595.07 | 75 | | | 147.66 | 147.66 | 2020.42 percent of total billed charges | |
| HC YELLOW FEVER VACCINE LIVE SUBQ | 90717 | CPT | | | | outpatient | | | 2126.76 | | Horizon | MGD | 814.12 | 38.28 | | | 147.66 | 147.66 | 2020.42 percent of total billed charges | |
| HC YELLOW FEVER VACCINE LIVE SUBQ | 90717 | CPT | | | | outpatient | | | 2126.76 | | Horizon | Indemnity | 814.12 | 38.28 | | | 147.66 | 147.66 | 2020.42 percent of total billed charges | |
| HC YELLOW FEVER VACCINE LIVE SUBQ | 90717 | CPT | | | | outpatient | | | 2126.76 | | Horizon | Medicare Blue | 638.03 | 30 | | | 147.66 | 147.66 | 2020.42 percent of total billed charges | |
| HC YELLOW FEVER VACCINE LIVE SUBQ | 90717 | CPT | | | | outpatient | | | 2126.76 | | WellPoint | WellPoint | 684.39 | 32.18 | | | 147.66 | 147.66 | 2020.42 percent of total billed charges | |
| HC YELLOW FEVER VACCINE LIVE SUBQ | 90717 | CPT | | | | outpatient | | | 2126.76 | | UHC | Medicaid | 670.99 | 31.55 | | | 147.66 | 147.66 | 2020.42 percent of total billed charges | |
| HC YELLOW FEVER VACCINE LIVE SUBQ | 90717 | CPT | | | | outpatient | | | 2126.76 | | Horizon | PPO | 814.12 | 38.28 | | | 147.66 | 147.66 | 2020.42 percent of total billed charges | |
| HC YELLOW FEVER VACCINE LIVE SUBQ | 90717 | CPT | | | | outpatient | | | 2126.76 | | Wellcare | Medicaid | 670.99 | 31.55 | | | 147.66 | 147.66 | 2020.42 percent of total billed charges | |
| HC YELLOW FEVER VACCINE LIVE SUBQ | 90717 | CPT | | | | outpatient | | | 2126.76 | | Managed Care Inc | Managed Care Inc | 1914.08 | 90 | | | 147.66 | 147.66 | 2020.42 percent of total billed charges | |
| HC YELLOW FEVER VACCINE LIVE SUBQ | 90717 | CPT | | | | outpatient | | | 2126.76 | | Three Rivers | Three Rivers | 2020.42 | 95 | | | 147.66 | 147.66 | 2020.42 percent of total billed charges | |
| HC DTAP-HEPB-IPV VACCINE INTRAMUSCULAR | 90723 | CPT | | | | outpatient | | | 350.43 | | Amerihealth | HMO/PPO | 79.73 | | | | 79.73 | 79.73 | 332.91 fee schedule | |
| HC DTAP-HEPB-IPV VACCINE INTRAMUSCULAR | 90723 | CPT | | | | outpatient | | | 350.43 | | Consumer | Consumer | 332.91 | 95 | | | 79.73 | 79.73 | 332.91 percent of total billed charges | |
| HC DTAP-HEPB-IPV VACCINE INTRAMUSCULAR | 90723 | CPT | | | | outpatient | | | 350.43 | | Corrections | Corrections | 280.34 | 80 | | | 79.73 | 79.73 | 332.91 percent of total billed charges | |
| HC DTAP-HEPB-IPV VACCINE INTRAMUSCULAR | 90723 | CPT | | | | outpatient | | | 350.43 | | Qualcare | Qualcare | 262.82 | 75 | | | 79.73 | 79.73 | 332.91 percent of total billed charges | |
| HC DTAP-HEPB-IPV VACCINE INTRAMUSCULAR | 90723 | CPT | | | | outpatient | | | 350.43 | | Horizon | Indemnity | 134.14 | 38.28 | | | 79.73 | 79.73 | 332.91 percent of total billed charges | |
| HC DTAP-HEPB-IPV VACCINE INTRAMUSCULAR | 90723 | CPT | | | | outpatient | | | 350.43 | | WellPoint | WellPoint | 112.77 | 32.18 | | | 79.73 | 79.73 | 332.91 percent of total billed charges | |
| HC DTAP-HEPB-IPV VACCINE INTRAMUSCULAR | 90723 | CPT | | | | outpatient | | | 350.43 | | Americare | Americare | 262.82 | 75 | | | 79.73 | 79.73 | 332.91 percent of total billed charges | |
| HC DTAP-HEPB-IPV VACCINE INTRAMUSCULAR | 90723 | CPT | | | | outpatient | | | 350.43 | | Aetna | Better Health | 110.56 | 31.55 | | | 79.73 | 79.73 | 332.91 percent of total billed charges | |
| HC DTAP-HEPB-IPV VACCINE INTRAMUSCULAR | 90723 | CPT | | | | outpatient | | | 350.43 | | UHC | Medicaid | 110.56 | 31.55 | | | 79.73 | 79.73 | 332.91 percent of total billed charges | |
| HC DTAP-HEPB-IPV VACCINE INTRAMUSCULAR | 90723 | CPT | | | | outpatient | | | 350.43 | | First Health | First Health | 245.3 | 70 | | | 79.73 | 79.73 | 332.91 percent of total billed charges | |
| HC DTAP-HEPB-IPV VACCINE INTRAMUSCULAR | 90723 | CPT | | | | outpatient | | | 350.43 | | First Trenton | First Trenton | 315.39 | 90 | | | 79.73 | 79.73 | 332.91 percent of total billed charges | |
| HC DTAP-HEPB-IPV VACCINE INTRAMUSCULAR | 90723 | CPT | | | | outpatient | | | 350.43 | | Aetna | Medicare | 107.93 | 30.8 | | | 79.73 | 79.73 | 332.91 percent of total billed charges | |
| HC DTAP-HEPB-IPV VACCINE INTRAMUSCULAR | 90723 | CPT | | | | outpatient | | | 350.43 | | Horizon | MGD | 134.14 | 38.28 | | | 79.73 | 79.73 | 332.91 percent of total billed charges | |
| HC DTAP-HEPB-IPV VACCINE INTRAMUSCULAR | 90723 | CPT | | | | outpatient | | | 350.43 | | Horizon | Medicare Blue | 105.13 | 30 | | | 79.73 | 79.73 | 332.91 percent of total billed charges | |
| HC DTAP-HEPB-IPV VACCINE INTRAMUSCULAR | 90723 | CPT | | | | outpatient | | | 350.43 | | Horizon | NJ Health | 262.51 | | | | 79.73 | 79.73 | 332.91 fee schedule | |
| HC DTAP-HEPB-IPV VACCINE INTRAMUSCULAR | 90723 | CPT | | | | outpatient | | | 350.43 | | Multiplan | Multiplan | 280.34 | 80 | | | 79.73 | 79.73 | 332.91 percent of total billed charges | |
| HC DTAP-HEPB-IPV VACCINE INTRAMUSCULAR | 90723 | CPT | | | | outpatient | | | 350.43 | | Horizon | PPO | 134.14 | 38.28 | | | 79.73 | 79.73 | 332.91 percent of total billed charges | |
| HC DTAP-HEPB-IPV VACCINE INTRAMUSCULAR | 90723 | CPT | | | | outpatient | | | 350.43 | | Wellcare | Medicaid | 110.56 | 31.55 | | | 79.73 | 79.73 | 332.91 percent of total billed charges | |
| HC DTAP-HEPB-IPV VACCINE INTRAMUSCULAR | 90723 | CPT | | | | outpatient | | | 350.43 | | Managed Care Inc | Managed Care Inc | 315.39 | 90 | | | 79.73 | 79.73 | 332.91 percent of total billed charges | |
| HC DTAP-HEPB-IPV VACCINE INTRAMUSCULAR | 90723 | CPT | | | | outpatient | | | 350.43 | | Three Rivers | Three Rivers | 332.91 | 95 | | | 79.73 | 79.73 | 332.91 percent of total billed charges | |
| HC PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE | 90732 | CPT | | | | both | | | 421.5 | | 153.49 Aetna | Better Health | 132.98 | 31.55 | | | 93.71 | 93.71 | 400.43 percent of total billed charges | |
| HC PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE | 90732 | CPT | | | | both | | | 421.5 | | 153.49 Amerihealth | Medicare | 133.47 | | | | 93.71 | 93.71 | 400.43 fee schedule | |
| HC PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE | 90732 | CPT | | | | both | | | 421.5 | | 153.49 Americare | Americare | 316.13 | 75 | | | 93.71 | 93.71 | 400.43 percent of total billed charges | |
| HC PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE | 90732 | CPT | | | | both | | | 421.5 | | 153.49 Horizon | Indemnity | 161.35 | 38.28 | | | 93.71 | 93.71 | 400.43 percent of total billed charges | |
| HC PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE | 90732 | CPT | | | | both | | | 421.5 | | 153.49 Corrections | Corrections | 337.2 | 80 | | | 93.71 | 93.71 | 400.43 percent of total billed charges | |
| HC PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE | 90732 | CPT | | | | both | | | 421.5 | | 153.49 UHC | Medicaid | 132.98 | 31.55 | | | 93.71 | 93.71 | 400.43 percent of total billed charges | |
| HC PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE | 90732 | CPT | | | | both | | | 421.5 | | 153.49 Aetna | Medicare | 129.82 | 30.8 | | | 93.71 | 93.71 | 400.43 percent of total billed charges | |
| HC PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE | 90732 | CPT | | | | both | | | 421.5 | | 153.49 First Trenton | First Trenton | 379.35 | 90 | | | 93.71 | 93.71 | 400.43 percent of total billed charges | |
| HC PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE | 90732 | CPT | | | | both | | | 421.5 | | 153.49 Consumer | Consumer | 400.43 | 95 | | | 93.71 | 93.71 | 400.43 percent of total billed charges | |
| HC PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE | 90732 | CPT | | | | both | | | 421.5 | | 153.49 First Health | First Health | 295.05 | 70 | | | 93.71 | 93.71 | 400.43 percent of total billed charges | |
| HC PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE | 90732 | CPT | | | | both | | | 421.5 | | 153.49 Amerihealth | HMO/PPO | 93.71 | | | | 93.71 | 93.71 | 400.43 fee schedule | |
| HC PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE | 90732 | CPT | | | | both | | | 421.5 | | 153.49 Horizon | Medicare Blue | 126.45 | 30 | | | 93.71 | 93.71 | 400.43 percent of total billed charges | |
| HC PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE | 90732 | CPT | | | | both | | | 421.5 | | 153.49 Horizon | NJ Health | 122.67 | | | | 93.71 | 93.71 | 400.43 fee schedule | |
| HC PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE | 90732 | CPT | | | | both | | | 421.5 | | 153.49 Multiplan | Multiplan | 337.2 | 80 | | | 93.71 | 93.71 | 400.43 percent of total billed charges | |
| HC PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE | 90732 | CPT | | | | both | | | 421.5 | | 153.49 Horizon | MGD | 161.35 | 38.28 | | | 93.71 | 93.71 | 400.43 percent of total billed charges | |
| HC PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE | 90732 | CPT | | | | both | | | 421.5 | | 153.49 Managed Care Inc | Managed Care Inc | 379.35 | 90 | | | 93.71 | 93.71 | 400.43 percent of total billed charges | |
| HC PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE | 90732 | CPT | | | | both | | | 421.5 | | 153.49 United | Commercial/PPO | 333.68 | | | | 93.71 | 93.71 | 400.43 fee schedule | |
| HC PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE | 90732 | CPT | | | | both | | | 421.5 | | 153.49 Qualcare | Qualcare | 316.13 | 75 | | | 93.71 | 93.71 | 400.43 percent of total billed charges | |
| HC PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE | 90732 | CPT | | | | both | | | 421.5 | | 153.49 United | Oxford | 333.68 | | | | 93.71 | 93.71 | 400.43 fee schedule | |
| HC PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE | 90732 | CPT | | | | both | | | 421.5 | | 153.49 Horizon | PPO | 161.35 | 38.28 | | | 93.71 | 93.71 | 400.43 percent of total billed charges | |
| HC PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE | 90732 | CPT | | | | both | | | 421.5 | | 153.49 Three Rivers | Three Rivers | 400.43 | 95 | | | 93.71 | 93.71 | 400.43 percent of total billed charges | |
| HC PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE | 90732 | CPT | | | | both | | | 421.5 | | 153.49 Wellcare | Medicare | 133.47 | | | | 93.71 | 93.71 | 400.43 fee schedule | |
| HC PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE | 90732 | CPT | | | | both | | | 421.5 | | 153.49 UHC | Medicare | 133.47 | | | | 93.71 | 93.71 | 400.43 fee schedule | |
| HC PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE | 90732 | CPT | | | | both | | | 421.5 | | 153.49 WellPoint | WellPoint | 135.64 | 32.18 | | | 93.71 | 93.71 | 400.43 percent of total billed charges | |
| HC PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE | 90732 | CPT | | | | both | | | 421.5 | | 153.49 Wellcare | Medicaid | 132.98 | 31.55 | | | 93.71 | 93.71 | 400.43 percent of total billed charges | |
| HC MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE | 90734 | CPT | | | | both | | | 283.01 | | Americare | Americare | 212.26 | 75 | | | 84.9 | 84.9 | 268.86 percent of total billed charges | |
| HC MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE | 90734 | CPT | | | | both | | | 283.01 | | Aetna | Better Health | 89.29 | 31.55 | | | 84.9 | 84.9 | 268.86 percent of total billed charges | |
| HC MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE | 90734 | CPT | | | | both | | | 283.01 | | First Health | First Health | 198.11 | 70 | | | 84.9 | 84.9 | 268.86 percent of total billed charges | |
| HC MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE | 90734 | CPT | | | | both | | | 283.01 | | Horizon | MGD | 108.34 | 38.28 | | | 84.9 | 84.9 | 268.86 percent of total billed charges | |
| HC MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE | 90734 | CPT | | | | both | | | 283.01 | | Amerihealth | HMO/PPO | 119.93 | | | | 84.9 | 84.9 | 268.86 fee schedule | |
| HC MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE | 90734 | CPT | | | | both | | | 283.01 | | Aetna | Medicare | 87.17 | 30.8 | | | 84.9 | 84.9 | 268.86 percent of total billed charges | |
| HC MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE | 90734 | CPT | | | | both | | | 283.01 | | Corrections | Corrections | 226.41 | 80 | | | 84.9 | 84.9 | 268.86 percent of total billed charges | |
| HC MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE | 90734 | CPT | | | | both | | | 283.01 | | WellPoint | WellPoint | 91.07 | 32.18 | | 161.15 | 84.9 | 84.9 | 268.86 percent of total billed charges | |
| HC MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE | 90734 | CPT | | | | both | | | 283.01 | | First Trenton | First Trenton | 254.71 | 90 | | | 84.9 | 84.9 | 268.86 percent of total billed charges | |
| HC MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE | 90734 | CPT | | | | both | | | 283.01 | | Consumer | Consum

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE | 90734 | CPT | | | | both | | | 283.01 | | Three Rivers | Three Rivers | 268.86 | 95 | | | 84.9 | 268.86 | percent of total billed charges | |
| HC ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE | 90736 | CPT | | | | outpatient | | | 803.22 | | Aetna | Better Health | 253.42 | 31.55 | | | 203.91 | 763.06 | percent of total billed charges | |
| HC ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE | 90736 | CPT | | | | outpatient | | | 803.22 | | Americare | Americare | 602.42 | 75 | | | 203.91 | 763.06 | percent of total billed charges | |
| HC ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE | 90736 | CPT | | | | outpatient | | | 803.22 | | Corrections | Corrections | 642.58 | 80 | | | 203.91 | 763.06 | percent of total billed charges | |
| HC ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE | 90736 | CPT | | | | outpatient | | | 803.22 | | Aetna | Medicare | 247.39 | 30.8 | | | 203.91 | 763.06 | percent of total billed charges | |
| HC ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE | 90736 | CPT | | | | outpatient | | | 803.22 | | First Health | First Health | 562.25 | 70 | | | 203.91 | 763.06 | percent of total billed charges | |
| HC ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE | 90736 | CPT | | | | outpatient | | | 803.22 | | Horizon | Indemnity | 307.47 | 38.28 | | | 203.91 | 763.06 | percent of total billed charges | |
| HC ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE | 90736 | CPT | | | | outpatient | | | 803.22 | | Consumer | Consumer | 763.06 | 95 | | | 203.91 | 763.06 | percent of total billed charges | |
| HC ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE | 90736 | CPT | | | | outpatient | | | 803.22 | | First Trenton | First Trenton | 722.9 | 90 | | | 203.91 | 763.06 | percent of total billed charges | |
| HC ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE | 90736 | CPT | | | | outpatient | | | 803.22 | | Multiplan | Multiplan | 642.58 | 80 | | | 203.91 | 763.06 | percent of total billed charges | |
| HC ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE | 90736 | CPT | | | | outpatient | | | 803.22 | | Amerihealth | HMO/PPO | 203.91 | | | | 203.91 | 763.06 | fee schedule | |
| HC ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE | 90736 | CPT | | | | outpatient | | | 803.22 | | Horizon | Medicare Blue | 240.97 | 30 | | | 203.91 | 763.06 | percent of total billed charges | |
| HC ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE | 90736 | CPT | | | | outpatient | | | 803.22 | | Horizon | MGD | 307.47 | 38.28 | | | 203.91 | 763.06 | percent of total billed charges | |
| HC ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE | 90736 | CPT | | | | outpatient | | | 803.22 | | Qualcare | Qualcare | 602.42 | 75 | | | 203.91 | 763.06 | percent of total billed charges | |
| HC ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE | 90736 | CPT | | | | outpatient | | | 803.22 | | Horizon | PPO | 307.47 | 38.28 | | | 203.91 | 763.06 | percent of total billed charges | |
| HC ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE | 90736 | CPT | | | | outpatient | | | 803.22 | | Three Rivers | Three Rivers | 763.06 | 95 | | | 203.91 | 763.06 | percent of total billed charges | |
| HC ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE | 90736 | CPT | | | | outpatient | | | 803.22 | | UHC | Medicaid | 253.42 | 31.55 | | | 203.91 | 763.06 | percent of total billed charges | |
| HC ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE | 90736 | CPT | | | | outpatient | | | 803.22 | | Wellcare | Medicaid | 253.42 | 31.55 | | | 203.91 | 763.06 | percent of total billed charges | |
| HC ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE | 90736 | CPT | | | | outpatient | | | 803.22 | | Managed Care Inc | Managed Care Inc | 722.9 | 90 | | | 203.91 | 763.06 | percent of total billed charges | |
| HC ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE | 90736 | CPT | | | | outpatient | | | 803.22 | | WellPoint | WellPoint | 258.48 | 32.18 | | | 203.91 | 763.06 | percent of total billed charges | |
| HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM | 90738 | CPT | | | | outpatient | | | 1035.36 | | Amerihealth | HMO/PPO | 250.44 | | | | 250.44 | 983.59 | fee schedule | |
| HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM | 90738 | CPT | | | | outpatient | | | 1035.36 | | Horizon | Indemnity | 396.34 | 38.28 | | | 250.44 | 983.59 | percent of total billed charges | |
| HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM | 90738 | CPT | | | | outpatient | | | 1035.36 | | Aetna | Medicare | 318.89 | 30.8 | | | 250.44 | 983.59 | percent of total billed charges | |
| HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM | 90738 | CPT | | | | outpatient | | | 1035.36 | | Aetna | Better Health | 326.66 | 31.55 | | | 250.44 | 983.59 | percent of total billed charges | |
| HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM | 90738 | CPT | | | | outpatient | | | 1035.36 | | First Trenton | First Trenton | 931.82 | 90 | | | 250.44 | 983.59 | percent of total billed charges | |
| HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM | 90738 | CPT | | | | outpatient | | | 1035.36 | | Corrections | Corrections | 828.29 | 80 | | | 250.44 | 983.59 | percent of total billed charges | |
| HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM | 90738 | CPT | | | | outpatient | | | 1035.36 | | First Health | First Health | 724.75 | 70 | | | 250.44 | 983.59 | percent of total billed charges | |
| HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM | 90738 | CPT | | | | outpatient | | | 1035.36 | | Consumer | Consumer | 983.59 | 95 | | | 250.44 | 983.59 | percent of total billed charges | |
| HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM | 90738 | CPT | | | | outpatient | | | 1035.36 | | Horizon | MGD | 396.34 | 38.28 | | | 250.44 | 983.59 | percent of total billed charges | |
| HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM | 90738 | CPT | | | | outpatient | | | 1035.36 | | Multiplan | Multiplan | 828.29 | 80 | | | 250.44 | 983.59 | percent of total billed charges | |
| HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM | 90738 | CPT | | | | outpatient | | | 1035.36 | | Horizon | Medicare Blue | 310.61 | 30 | | | 250.44 | 983.59 | percent of total billed charges | |
| HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM | 90738 | CPT | | | | outpatient | | | 1035.36 | | Americare | Americare | 776.52 | 75 | | | 250.44 | 983.59 | percent of total billed charges | |
| HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM | 90738 | CPT | | | | outpatient | | | 1035.36 | | Horizon | PPO | 396.34 | 38.28 | | | 250.44 | 983.59 | percent of total billed charges | |
| HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM | 90738 | CPT | | | | outpatient | | | 1035.36 | | WellPoint | WellPoint | 333.18 | 32.18 | | | 250.44 | 983.59 | percent of total billed charges | |
| HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM | 90738 | CPT | | | | outpatient | | | 1035.36 | | Wellcare | Medicaid | 326.66 | 31.55 | | | 250.44 | 983.59 | percent of total billed charges | |
| HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM | 90738 | CPT | | | | outpatient | | | 1035.36 | | Qualcare | Qualcare | 776.52 | 75 | | | 250.44 | 983.59 | percent of total billed charges | |
| HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM | 90738 | CPT | | | | outpatient | | | 1035.36 | | Managed Care Inc | Managed Care Inc | 931.82 | 90 | | | 250.44 | 983.59 | percent of total billed charges | |
| HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM | 90738 | CPT | | | | outpatient | | | 1035.36 | | Three Rivers | Three Rivers | 983.59 | 95 | | | 250.44 | 983.59 | percent of total billed charges | |
| HC JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM | 90738 | CPT | | | | outpatient | | | 1035.36 | | UHC | Medicaid | 326.66 | 31.55 | | | 250.44 | 983.59 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE | 90739 | CPT | | | | outpatient | | | 531.48 | 184.33 | Amerihealth | HMO/PPO | 345.46 | 65 | | | 159.44 | 504.91 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE | 90739 | CPT | | | | outpatient | | | 531.48 | 184.33 | Aetna | Medicare | 163.7 | 30.8 | | | 159.44 | 504.91 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE | 90739 | CPT | | | | outpatient | | | 531.48 | 184.33 | First Trenton | First Trenton | 478.33 | 90 | | | 159.44 | 504.91 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE | 90739 | CPT | | | | outpatient | | | 531.48 | 184.33 | Amerihealth | Medicare | 160.28 | | | | 159.44 | 504.91 | fee schedule | |
| HC HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE | 90739 | CPT | | | | outpatient | | | 531.48 | 184.33 | Corrections | Corrections | 425.18 | 80 | | | 159.44 | 504.91 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE | 90739 | CPT | | | | outpatient | | | 531.48 | 184.33 | Aetna | Better Health | 167.68 | 31.55 | | | 159.44 | 504.91 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE | 90739 | CPT | | | | outpatient | | | 531.48 | 184.33 | Horizon | PPO | 203.45 | 38.28 | | | 159.44 | 504.91 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE | 90739 | CPT | | | | outpatient | | | 531.48 | 184.33 | First Health | First Health | 372.04 | 70 | | | 159.44 | 504.91 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE | 90739 | CPT | | | | outpatient | | | 531.48 | 184.33 | Horizon | Indemnity | 203.45 | 38.28 | | | 159.44 | 504.91 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE | 90739 | CPT | | | | outpatient | | | 531.48 | 184.33 | Americare | Americare | 398.61 | 75 | | | 159.44 | 504.91 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE | 90739 | CPT | | | | outpatient | | | 531.48 | 184.33 | Managed Care Inc | Managed Care Inc | 478.33 | 90 | | | 159.44 | 504.91 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE | 90739 | CPT | | | | outpatient | | | 531.48 | 184.33 | Horizon | MGD | 203.45 | 38.28 | | | 159.44 | 504.91 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE | 90739 | CPT | | | | outpatient | | | 531.48 | 184.33 | Multiplan | Multiplan | 425.18 | 80 | | | 159.44 | 504.91 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE | 90739 | CPT | | | | outpatient | | | 531.48 | 184.33 | Consumer | Consumer | 504.91 | 95 | | | 159.44 | 504.91 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE | 90739 | CPT | | | | outpatient | | | 531.48 | 184.33 | Three Rivers | Three Rivers | 504.91 | 95 | | | 159.44 | 504.91 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE | 90739 | CPT | | | | outpatient | | | 531.48 | 184.33 | UHC | Medicare | 160.28 | | | | 159.44 | 504.91 | fee schedule | |
| HC HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE | 90739 | CPT | | | | outpatient | | | 531.48 | 184.33 | Quakcare | Quakcare | 398.61 | 75 | | | 159.44 | 504.91 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE | 90739 | CPT | | | | outpatient | | | 531.48 | 184.33 | Horizon | Medicare Blue | 159.44 | 30 | | | 159.44 | 504.91 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE | 90739 | CPT | | | | outpatient | | | 531.48 | 184.33 | United | Commercial/PPO | 400.7 | | | | 159.44 | 504.91 | fee schedule | |
| HC HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE | 90739 | CPT | | | | outpatient | | | 531.48 | 184.33 | UHC | Medicaid | 167.68 | 31.55 | | | 159.44 | 504.91 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE | 90739 | CPT | | | | outpatient | | | 531.48 | 184.33 | United | Oxford | 400.7 | | | | 159.44 | 504.91 | fee schedule | |
| HC HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE | 90739 | CPT | | | | outpatient | | | 531.48 | 184.33 | WellPoint | WellPoint | 171.03 | 32.18 | | | 159.44 | 504.91 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE | 90739 | CPT | | | | outpatient | | | 531.48 | 184.33 | Wellcare | Medicaid | 167.68 | 31.55 | | | 159.44 | 504.91 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE | 90739 | CPT | | | | outpatient | | | 531.48 | 184.33 | Wellcare | Medicare | 160.28 | | | | 159.44 | 504.91 | fee schedule | |
| HC HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM | 90740 | CPT | | | | outpatient | | | 336 | 174.94 | Consumer | Consumer | 319.2 | 95 | | | 100.8 | 380.3 | percent of total billed charges | |
| HC HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM | 90740 | CPT | | | | outpatient | | | 336 | 174.94 | First Trenton | First Trenton | 302.4 | 90 | | | 100.8 | 380.3 | percent of total billed charges | |
| HC HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM | 90740 | CPT | | | | outpatient | | | 336 | 174.94 | Horizon | MGD | 128.62 | 38.28 | | | 100.8 | 380.3 | percent of total billed charges | |
| HC HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM | 90740 | CPT | | | | outpatient | | | 336 | 174.94 | Aetna | Better Health | 106.01 | 31.55 | | | 100.8 | 380.3 | percent of total billed charges | |
| HC HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM | 90740 | CPT | | | | outpatient | | | 336 | 174.94 | Aetna | Medicare | 103.49 | 30.8 | | | 100.8 | 380.3 | percent of total billed charges | |
| HC HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM | 90740 | CPT | | | | outpatient | | | 336 | 174.94 | Americare | Americare | 252 | 75 | | | 100.8 | 380.3 | percent of total billed charges | |
| HC HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM | 90740 | CPT | | | | outpatient | | | 336 | 174.94 | Amerihealth | HMO/PPO | 173.04 | | | | 100.8 | 380.3 | fee schedule | |
| HC HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM | 90740 | CPT | | | | outpatient | | | 336 | 174.94 | Corrections | Corrections | 268.8 | 80 | | | 100.8 | 380.3 | percent of total billed charges | |
| HC HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM | 90740 | CPT | | | | outpatient | | | 336 | 174.94 | First Health | First Health | 235.2 | 70 | | | 100.8 | 380.3 | percent of total billed charges | |
| HC HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM | 90740 | CPT | | | | outpatient | | | 336 | 174.94 | Managed Care Inc | Managed Care Inc | 302.4 | 90 | | | 100.8 | 380.3 | percent of total billed charges | |
| HC HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM | 90740 | CPT | | | | outpatient | | | 336 | 174.94 | UHC | Medicaid | 106.01 | 31.55 | | | 100.8 | 380.3 | percent of total billed charges | |
| HC HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM | 90740 | CPT | | | | outpatient | | | 336 | 174.94 | Amerihealth | Medicare | 152.12 | | | | 100.8 | 380.3 | fee schedule | |
| HC HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM | 90740 | CPT | | | | outpatient | | | 336 | 174.94 | Wellcare | Medicare | 152.12 | | | | 100.8 | 380.3 | fee schedule | |
| HC HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM | 90740 | CPT | | | | outpatient | | | 336 | 174.94 | Horizon | Indemnity | 128.62 | 38.28 | | | 100.8 | 380.3 | percent of total billed charges | |
| HC HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM | 90740 | CPT | | | | outpatient | | | 336 | 174.94 | WellPoint | WellPoint | 108.12 | 32.18 | | | 100.8 | 380.3 | percent of total billed charges | |
| HC HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM | 90740 | CPT | | | | outpatient | | | 336 | 174.94 | United | Commercial/PPO | 380.3 | | | | 100.8 | 380.3 | fee schedule | |
| HC HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM | 90740 | CPT | | | | outpatient | | | 336 | 174.94 | Multiplan | Multiplan | 268.8 | 80 | | | 100.8 | 380.3 | percent of total billed charges | |
| HC HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM | 90740 | CPT | | | | outpatient | | | 336 | 174.94 | Horizon | Medicare Blue | 100.8 | 30 | | | 100.8 | 380.3 | percent of total billed charges | |
| HC HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM | 90740 | CPT | | | | outpatient | | | 336 | 174.94 | Qualcare | Qualcare | 252 | 75 | | | 100.8 | 380.3 | percent of total billed charges | |
| HC HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM | 90740 | CPT | | | | outpatient | | | 336 | 174.94 | United | Oxford | 380.3 | | | | 100.8 | 380.3 | fee schedule | |
| HC HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM | 90740 | CPT | | | | outpatient | | | 336 | 174.94 | UHC | Medicare | 152.12 | | | | 100.8 | 380.3 | fee schedule | |
| HC HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM | 90740 | CPT | | | | outpatient | | | 336 | 174.94 | Horizon | PPO | 128.62 | 38.28 | | | 100.8 | 380.3 | percent of total billed charges | |
| HC HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM | 90740 | CPT | | | | outpatient | | | 336 | 174.94 | Wellcare | Medicaid | 106.01 | 31.55 | | | 100.8 | 380.3 | percent of total billed charges | |
| HC HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM | 90740 | CPT | | | | outpatient | | | 336 | 174.94 | Three Rivers | Three Rivers | 319.2 | 95 | | | 100.8 | 380.3 | percent of total billed charges | |
| HC HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM | 90744 | CPT | | | | both | | | 82.53 | 35.39 | Aetna | Better Health | 26.04 | 31.55 | | | 24.76 | 86.03 | percent of total billed charges | |
| HC HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM | 90744 | CPT | | | | both | | | 82.53 | 35.39 | Horizon | Indemnity | 31.59 | 38.28 | | | 24.76 | 86.03 | percent of total billed charges | |
| HC HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM | 90744 | CPT | | | | both | | | 82.53 | 35.39 | First Trenton | First Trenton | 74.28 | 90 | | | 24.76 | 86.03 | percent of total billed charges | |
| HC HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM | 90744 | CPT | | | | both | | | 82.53 | 35.39 | Aetna | Medicare | 25.42 | 30.8 | | | 24.76 | 86.03 | percent of total billed charges | |
| HC HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM | 90744 | CPT | | | | both | | | 82.53 | 35.39 | First Health | First Health | 57.77 | 70 | | | 24.76 | 86.03 | percent of total billed charges | |
| HC HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM | 90744 | CPT | | | | both | | | 82.53 | 35.39 | Americare | Americare | 61.9 | 75 | | | 24.76 | 86.03 | percent of total billed charges | |
| HC HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM | 90744 | CPT | | | | both | | | 82.53 | 35.39 | Corrections | Corrections | 66.02 | 80 | | | 24.76 | 86.03 | percent of total billed charges | |
| HC HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM | 90744 | CPT | | | | both | | | 82.53 | 35.39 | WellPoint | WellPoint | 26.56 | 32.18 | | | 24.76 | 86.03 | percent of total billed charges | |
| HC HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM | 90744 | CPT | | | | both | | | 82.53 | 35.39 | Consumer | Consumer | 78.4 | 95 | | | 24.76 | 86.03 | percent of total billed charges | |
| HC HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM | 90744 | CPT | | | | both | | | 82.53 | 35.39 | Amerihealth | HMO/PPO | 29.4 | | | | 24.76 | 86.03 | fee schedule | |
| HC HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM | 90744 | CPT | | | | both | | | 82.53 | 35.39 | Horizon | PPO | 31.59 | 38.28 | | | 24.76 | 86.03 | percent of total billed charges | |
| HC HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM | 90744 | CPT | | | | both | | | 82.53 | 35.39 | Horizon | NJ Health | 86.03 | | | 39.85 | 24.76 | 86.03 | fee schedule | |
| HC HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM | 90744 | CPT | | | | both | | | 82.53 | 35.39 | Multiplan | Multiplan | 66.02 | 80 | | | 24.76 | 86.03 | percent of total billed charges | |
| HC HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM | 90744 | CPT | | | | both | | | 82.53 | 35.39 | Amerihealth | Medicare | 30.77 | | | | 24.76 | 86.03 | fee schedule | |
| HC HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM | 90744 | CPT | | | | both | | | 82.53 | 35.39 | Horizon | MGD | 31.59 | 38.28 | | | 24.76 | 86.03 | percent of total billed charges | |
| HC HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM | 90744 | CPT | | | | both | | | 82.53 | 35.39 | Horizon | Medicare Blue | 24.76 | 30 | | | 24.76 | 86.03 | percent of total billed charges | |
| HC HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM | 90744 | CPT | | | | both | | | 82.53 | 35.39 | Managed Care Inc | Managed Care Inc | 74.28 | 90 | | | 24.76 | 86.03 | percent of total billed charges | |
| HC HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM | 90744 | CPT | | | | both | | | 82.53 | 35.39 | Quakcare | Quakcare | 61.9 | 75 | | | 24.76 | 86.03 | percent of total billed charges | |
| HC HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM | 90744 | CPT | | | | both | | | 82.53 | 35.39 | UHC | Medicaid | 26.04 | 31.55 | | | 24.76 | 86.03 | percent of total billed charges | |
| HC HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM | 90744 | CPT | | | | both | | | 82.53 | 35.39 | Wellcare | Medicare | 30.77 | | | | 24.76 | 86.03 | fee schedule | |
| HC HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM | 90744 | CPT | | | | both | | | 82.53 | 35.39 | Three Rivers | Three Rivers | 78.4 | 95 | | | 24.76 | 86.03 | percent of total billed charges | |
| HC HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM | 90744 | CPT | | | | both | | | 82.53 | 35.39 | UHC | Medicare | 30.77 | | | | 24.76 | 86.03 | fee schedule | |
| HC HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM | 90744 | CPT | | | | both | | | 82.53 | 35.39 | United | Commercial/PPO | 76.93 | | | | 24.76 | 86.03 | fee schedule | |
| HC HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM | 90744 | CPT | | | | both | | | 82.53 | 35.39 | Wellcare | Medicaid | 26.04 | 31.55 | | | 24.76 | 86.03 | percent of total billed charges | |
| HC HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM | 90744 | CPT | | | | both | | | 82.53 | 35.39 | United | Oxford | 76.93 | | | | 24.76 | 86.03 | fee schedule | |
| HC HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE | 90746 | CPT | | | | both | | | 249.71 | 80.93 | Consumer | Consumer | 237.22 | 95 | | | 61.05 | 237.22 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE | 90746 | CPT | | | | both | | | 249.71 | 80.93 | Horizon | MGD | 95.59 | 38.28 | | 165.36 | 61.05 | 237.22 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE | 90746 | CPT | | | | both | | | 249.71 | 80.93 | Aetna | Medicare | 76.91 | 30.8 | | | 61.05 | 237.22 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE | 90746 | CPT | | | | both | | | 249.71 | 80.93 | Americare | Americare | 187.28 | 75 | | | 61.05 | 237.22 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE | 90746 | CPT | | | | both | | | 249.71 | 80.93 | Aetna | Better Health | 78.78 | 31.55 | | 56.95 | 61.05 | 237.22 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE | 90746 | CPT | | | | both | | | 249.71 | 80.93 | Horizon | PPO | 95.59 | 38.28 | | 163.09 | 61.05 | 237.22 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE | 90746 | CPT | | | | both | | | 249.71 | 80.93 | Corrections | Corrections | 199.77 | 80 | | 120.09 | 61.05 | 237.22 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE | 90746 | CPT | | | | both | | | 249.71 | 80.93 | Amerihealth | HMO/PPO | 61.05 | | | | 61.05 | 237.22 | fee schedule | |
| HC HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE | 90746 | CPT | | | | both | | | 249.71 | 80.93 | Horizon | Medicare Blue | 74.91 | 30 | | | 61.05 | 237.22 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE | 90746 | CPT | | | | both | | | 249.71 | 80.93 | WellPoint | WellPoint | 80.36 | 32.18 | | 84.9 | 61.05 | 237.22 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE | 90746 | CPT | | | | both | | | 249.71 | 80.93 | First Trenton | First Trenton | 224.74 | 90 | | | 61.05 | 237.22 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE | 90746 | CPT | | | | both | | | 249.71 | 80.93 | Horizon | NJ Health | 140.94 | | | 50.11 | 61.05 | 237.22 | fee schedule | |
| HC HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE | 90746 | CPT | | | | both | | | 249.71 | 80.93 | Horizon | Indemnity | 95.59 | 38.28 | | 84.42 | 61.05 | 237.22 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE | 90746 | CPT | | | | both | | | 249.71 | 80.93 | Amerihealth | Medicare | 70.38 | | | | 61.05 | 237.22 | fee schedule | |
| HC HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE | 90746 | CPT | | | | both | | | 249.71 | 80.93 | Managed Care Inc | Managed Care Inc | 224.74 | 90 | | | 61.05 | 237.22 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE | 90746 | CPT | | | | both | | | 249.71 | 80.93 | Three Rivers | Three Rivers | 237.22 | 95 | | | 61.05 | 237.22 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE | 90746 | CPT | | | | both | | | 249.71 | 80.93 | Multiplan | Multiplan | 199.77 | 80 | | | 61.05 | 237.22 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE | 90746 | CPT | | | | both | | | 249.71 | 80.93 | First Health | First Health | 174.8 | 70 | | | 61.05 | 237.22 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE | 90746 | CPT | | | | both | | | 249.71 | 80.93 | United | Oxford | 175.95 | | | | 61.05 | 237.22 | fee schedule | |
| HC HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE | 90746 | CPT | | | | both | | | 249.71 | 80.93 | UHC | Medicaid | 78.78 | 31.55 | | 122.84 | 61.05 | 237.22 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE | 90746 | CPT | | | | both | | | 249.71 | 80.93 | Quakcare | Quakcare | 187.28 | 75 | | | 61.05 | 237.22 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE | 90746 | CPT | | | | both | | | 249.71 | 80.93 | Wellcare | Medicaid | 78.78 | 31.55 | | | 61.05 | 237.22 | percent of total billed charges | |
| HC HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE | 90746 | CPT | | | | both | | | 249.71 | 80.93 | UHC | Medicare | 70.38 | | | 50.77 | 61.05 | 237.22 | fee schedule | |
| HC HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE | 90746 | CPT | | | | both | | | 249.71 | 80.93 | Wellcare | Medicare | 70.38 | | | | 61.05 | 237.22 | fee schedule | |
| HC HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE | 90746 | CPT | | | | both | | | 249.71 | 80.93 | United | Commercial/PPO | 175.95 | | | 139.79 | 61.05 | 237.22 | fee schedule | |
| HC HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM USE | 90750 | CPT | | | | both | | | 712.42 | | Horizon | Indemnity | 272.71 | 38.28 | | 18.44 | 213.73 | 676.8 | percent of total billed charges | |
| HC HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM USE | 90750 

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM USE | 90750 | CPT | | | | both | | | 712.42 | | Amerihealth | HMO/PPO | 463.07 | 65 | | 51.64 | 213.73 | 676.8 | percent of total billed charges | |
| HC HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM USE | 90750 | CPT | | | | both | | | 712.42 | | Americare | Americare | 534.32 | 75 | | | 213.73 | 676.8 | percent of total billed charges | |
| HC HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM USE | 90750 | CPT | | | | both | | | 712.42 | | Horizon | Medicare Blue | 213.73 | 30 | | 91.95 | 213.73 | 676.8 | percent of total billed charges | |
| HC HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM USE | 90750 | CPT | | | | both | | | 712.42 | | UHC | Medicaid | 224.77 | 31.55 | | 124.8 | 213.73 | 676.8 | percent of total billed charges | |
| HC HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM USE | 90750 | CPT | | | | both | | | 712.42 | | Multiplan | Multiplan | 569.94 | 80 | | | 213.73 | 676.8 | percent of total billed charges | |
| HC HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM USE | 90750 | CPT | | | | both | | | 712.42 | | Wellcare | Medicaid | 224.77 | 31.55 | | 126.89 | 213.73 | 676.8 | percent of total billed charges | |
| HC HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM USE | 90750 | CPT | | | | both | | | 712.42 | | Qualcare | Qualcare | 534.32 | 75 | | | 213.73 | 676.8 | percent of total billed charges | |
| HC HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM USE | 90750 | CPT | | | | both | | | 712.42 | | WellPoint | WellPoint | 229.26 | 32.18 | | 121.52 | 213.73 | 676.8 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 30 MINUTES | 90832 | CPT | | | | outpatient | | | 532 | | 209.69 Corrections | Corrections | 425.6 | 80 | | | 68.21 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 30 MINUTES | 90832 | CPT | | | | outpatient | | | 532 | | 209.69 Wellcare | Medicaid | 167.85 | 31.55 | | | 68.21 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 30 MINUTES | 90832 | CPT | | | | outpatient | | | 532 | | 209.69 Aetna | Medicare | 182.34 | | | | 68.21 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PSYCHOTHERAPY W/PATIENT 30 MINUTES | 90832 | CPT | | | | outpatient | | | 532 | | 209.69 Horizon | Medicare Blue | 182.34 | | | | 68.21 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PSYCHOTHERAPY W/PATIENT 30 MINUTES | 90832 | CPT | | | | outpatient | | | 532 | | 209.69 Amerihealth | HMO/PPO | 345.8 | 65 | | | 68.21 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 30 MINUTES | 90832 | CPT | | | | outpatient | | | 532 | | 209.69 First Trenton | First Trenton | 478.8 | 90 | | | 68.21 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 30 MINUTES | 90832 | CPT | | | | outpatient | | | 532 | | 209.69 Aetna | Better Health | 167.85 | 31.55 | | | 68.21 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 30 MINUTES | 90832 | CPT | | | | outpatient | | | 532 | | 209.69 UHC | Medicare | 182.34 | | | | 68.21 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PSYCHOTHERAPY W/PATIENT 30 MINUTES | 90832 | CPT | | | | outpatient | | | 532 | | 209.69 Horizon | Indemnity | 352.83 | | | | 68.21 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PSYCHOTHERAPY W/PATIENT 30 MINUTES | 90832 | CPT | | | | outpatient | | | 532 | | 209.69 Horizon | NJ Health | 68.21 | | | | 68.21 | 505.4 | fee schedule | |
| HC PSYCHOTHERAPY W/PATIENT 30 MINUTES | 90832 | CPT | | | | outpatient | | | 532 | | 209.69 Horizon | MGD | 352.83 | | | | 68.21 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PSYCHOTHERAPY W/PATIENT 30 MINUTES | 90832 | CPT | | | | outpatient | | | 532 | | 209.69 Managed Care Inc | Managed Care Inc | 478.8 | 90 | | | 68.21 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 30 MINUTES | 90832 | CPT | | | | outpatient | | | 532 | | 209.69 First Health | First Health | 372.4 | 70 | | | 68.21 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 30 MINUTES | 90832 | CPT | | | | outpatient | | | 532 | | 209.69 Three Rivers | Three Rivers | 505.4 | 95 | | | 68.21 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 30 MINUTES | 90832 | CPT | | | | outpatient | | | 532 | | 209.69 Americare | Americare | 399 | 75 | | | 68.21 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 30 MINUTES | 90832 | CPT | | | | outpatient | | | 532 | | 209.69 Wellcare | Medicare | 182.34 | | | | 68.21 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PSYCHOTHERAPY W/PATIENT 30 MINUTES | 90832 | CPT | | | | outpatient | | | 532 | | 209.69 Horizon | PPO | 352.83 | | | | 68.21 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PSYCHOTHERAPY W/PATIENT 30 MINUTES | 90832 | CPT | | | | outpatient | | | 532 | | 209.69 Consumer | Consumer | 505.4 | 95 | | | 68.21 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 30 MINUTES | 90832 | CPT | | | | outpatient | | | 532 | | 209.69 Multiplan | Multiplan | 425.6 | 80 | | | 68.21 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 30 MINUTES | 90832 | CPT | | | | outpatient | | | 532 | | 209.69 UHC | Medicaid | 167.85 | 31.55 | | | 68.21 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 30 MINUTES | 90832 | CPT | | | | outpatient | | | 532 | | 209.69 Qualcare | Qualcare | 399 | 75 | | | 68.21 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 30 MINUTES | 90832 | CPT | | | | outpatient | | | 532 | | 209.69 WellPoint | WellPoint | 171.2 | 32.18 | | | 68.21 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 45 MINUTES | 90834 | CPT | | | | outpatient | | | 532 | | 209.69 First Trenton | First Trenton | 478.8 | 90 | | | 90.26 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 45 MINUTES | 90834 | CPT | | | | outpatient | | | 532 | | 209.69 Consumer | Consumer | 505.4 | 95 | | | 90.26 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 45 MINUTES | 90834 | CPT | | | | outpatient | | | 532 | | 209.69 UHC | Medicare | 182.34 | | | | 90.26 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PSYCHOTHERAPY W/PATIENT 45 MINUTES | 90834 | CPT | | | | outpatient | | | 532 | | 209.69 Aetna | Better Health | 167.85 | 31.55 | | | 90.26 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 45 MINUTES | 90834 | CPT | | | | outpatient | | | 532 | | 209.69 Corrections | Corrections | 425.6 | 80 | | | 90.26 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 45 MINUTES | 90834 | CPT | | | | outpatient | | | 532 | | 209.69 Amerihealth | HMO/PPO | 345.8 | 65 | | | 90.26 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 45 MINUTES | 90834 | CPT | | | | outpatient | | | 532 | | 209.69 Horizon | Indemnity | 352.83 | | | | 90.26 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PSYCHOTHERAPY W/PATIENT 45 MINUTES | 90834 | CPT | | | | outpatient | | | 532 | | 209.69 Americare | Americare | 399 | 75 | | | 90.26 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 45 MINUTES | 90834 | CPT | | | | outpatient | | | 532 | | 209.69 Horizon | NJ Health | 90.26 | | | | 90.26 | 505.4 | fee schedule | |
| HC PSYCHOTHERAPY W/PATIENT 45 MINUTES | 90834 | CPT | | | | outpatient | | | 532 | | 209.69 First Health | First Health | 372.4 | 70 | | | 90.26 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 45 MINUTES | 90834 | CPT | | | | outpatient | | | 532 | | 209.69 Wellcare | Medicaid | 167.85 | 31.55 | | | 90.26 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 45 MINUTES | 90834 | CPT | | | | outpatient | | | 532 | | 209.69 Aetna | Medicare | 182.34 | | | | 90.26 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PSYCHOTHERAPY W/PATIENT 45 MINUTES | 90834 | CPT | | | | outpatient | | | 532 | | 209.69 Horizon | PPO | 352.83 | | | | 90.26 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PSYCHOTHERAPY W/PATIENT 45 MINUTES | 90834 | CPT | | | | outpatient | | | 532 | | 209.69 Horizon | MGD | 352.83 | | | | 90.26 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PSYCHOTHERAPY W/PATIENT 45 MINUTES | 90834 | CPT | | | | outpatient | | | 532 | | 209.69 Managed Care Inc | Managed Care Inc | 478.8 | 90 | | | 90.26 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 45 MINUTES | 90834 | CPT | | | | outpatient | | | 532 | | 209.69 Horizon | Medicare Blue | 182.34 | | | | 90.26 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PSYCHOTHERAPY W/PATIENT 45 MINUTES | 90834 | CPT | | | | outpatient | | | 532 | | 209.69 Wellcare | Medicare | 182.34 | | | | 90.26 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PSYCHOTHERAPY W/PATIENT 45 MINUTES | 90834 | CPT | | | | outpatient | | | 532 | | 209.69 Multiplan | Multiplan | 425.6 | 80 | | | 90.26 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 45 MINUTES | 90834 | CPT | | | | outpatient | | | 532 | | 209.69 Three Rivers | Three Rivers | 505.4 | 95 | | | 90.26 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 45 MINUTES | 90834 | CPT | | | | outpatient | | | 532 | | 209.69 Qualcare | Qualcare | 399 | 75 | | | 90.26 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 45 MINUTES | 90834 | CPT | | | | outpatient | | | 532 | | 209.69 WellPoint | WellPoint | 171.2 | 32.18 | | | 90.26 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 45 MINUTES | 90834 | CPT | | | | outpatient | | | 532 | | 209.69 UHC | Medicaid | 167.85 | 31.55 | | | 90.26 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 60 MINUTES | 90837 | CPT | | | | outpatient | | | 532 | | 209.69 Consumer | Consumer | 505.4 | 95 | | | 90.26 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 60 MINUTES | 90837 | CPT | | | | outpatient | | | 532 | | 209.69 Horizon | Indemnity | 352.83 | | | | 90.26 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PSYCHOTHERAPY W/PATIENT 60 MINUTES | 90837 | CPT | | | | outpatient | | | 532 | | 209.69 UHC | Medicare | 182.34 | | | | 90.26 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PSYCHOTHERAPY W/PATIENT 60 MINUTES | 90837 | CPT | | | | outpatient | | | 532 | | 209.69 Aetna | Medicare | 182.34 | | | | 90.26 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PSYCHOTHERAPY W/PATIENT 60 MINUTES | 90837 | CPT | | | | outpatient | | | 532 | | 209.69 Aetna | Better Health | 167.85 | 31.55 | | | 90.26 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 60 MINUTES | 90837 | CPT | | | | outpatient | | | 532 | | 209.69 Amerihealth | HMO/PPO | 345.8 | 65 | | | 90.26 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 60 MINUTES | 90837 | CPT | | | | outpatient | | | 532 | | 209.69 First Health | First Health | 372.4 | 70 | | | 90.26 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 60 MINUTES | 90837 | CPT | | | | outpatient | | | 532 | | 209.69 Americare | Americare | 399 | 75 | | | 90.26 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 60 MINUTES | 90837 | CPT | | | | outpatient | | | 532 | | 209.69 Horizon | MGD | 352.83 | | | | 90.26 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PSYCHOTHERAPY W/PATIENT 60 MINUTES | 90837 | CPT | | | | outpatient | | | 532 | | 209.69 Wellcare | Medicaid | 167.85 | 31.55 | | | 90.26 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 60 MINUTES | 90837 | CPT | | | | outpatient | | | 532 | | 209.69 Horizon | Medicare Blue | 182.34 | | | | 90.26 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PSYCHOTHERAPY W/PATIENT 60 MINUTES | 90837 | CPT | | | | outpatient | | | 532 | | 209.69 Corrections | Corrections | 425.6 | 80 | | | 90.26 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 60 MINUTES | 90837 | CPT | | | | outpatient | | | 532 | | 209.69 Horizon | PPO | 352.83 | | | | 90.26 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PSYCHOTHERAPY W/PATIENT 60 MINUTES | 90837 | CPT | | | | outpatient | | | 532 | | 209.69 Multiplan | Multiplan | 425.6 | 80 | | | 90.26 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 60 MINUTES | 90837 | CPT | | | | outpatient | | | 532 | | 209.69 Wellcare | Medicare | 182.34 | | | | 90.26 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PSYCHOTHERAPY W/PATIENT 60 MINUTES | 90837 | CPT | | | | outpatient | | | 532 | | 209.69 First Trenton | First Trenton | 478.8 | 90 | | | 90.26 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 60 MINUTES | 90837 | CPT | | | | outpatient | | | 532 | | 209.69 UHC | Medicaid | 167.85 | 31.55 | | | 90.26 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 60 MINUTES | 90837 | CPT | | | | outpatient | | | 532 | | 209.69 Qualcare | Qualcare | 399 | 75 | | | 90.26 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 60 MINUTES | 90837 | CPT | | | | outpatient | | | 532 | | 209.69 WellPoint | WellPoint | 171.2 | 32.18 | | | 90.26 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 60 MINUTES | 90837 | CPT | | | | outpatient | | | 532 | | 209.69 Horizon | NJ Health | 90.26 | | | | 90.26 | 505.4 | fee schedule | |
| HC PSYCHOTHERAPY W/PATIENT 60 MINUTES | 90837 | CPT | | | | outpatient | | | 532 | | 209.69 Managed Care Inc | Managed Care Inc | 478.8 | 90 | | | 90.26 | 505.4 | percent of total billed charges | |
| HC PSYCHOTHERAPY W/PATIENT 60 MINUTES | 90837 | CPT | | | | outpatient | | | 532 | | 209.69 Three Rivers | Three Rivers | 505.4 | 95 | | | 90.26 | 505.4 | percent of total billed charges | |
| HC FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS | 90846 | CPT | | | | outpatient | | | 463.33 | | 209.69 First Health | First Health | 324.33 | 70 | | | 24.5 | 440.16 | percent of total billed charges | |
| HC FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS | 90846 | CPT | | | | outpatient | | | 463.33 | | 209.69 Americare | Americare | 347.5 | 75 | | | 24.5 | 440.16 | percent of total billed charges | |
| HC FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS | 90846 | CPT | | | | outpatient | | | 463.33 | | 209.69 Consumer | Consumer | 440.16 | 95 | | | 24.5 | 440.16 | percent of total billed charges | |
| HC FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS | 90846 | CPT | | | | outpatient | | | 463.33 | | 209.69 First Trenton | First Trenton | 417 | 90 | | | 24.5 | 440.16 | percent of total billed charges | |
| HC FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS | 90846 | CPT | | | | outpatient | | | 463.33 | | 209.69 Amerihealth | HMO/PPO | 301.16 | 65 | | | 24.5 | 440.16 | percent of total billed charges | |
| HC FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS | 90846 | CPT | | | | outpatient | | | 463.33 | | 209.69 Three Rivers | Three Rivers | 440.16 | 95 | | | 24.5 | 440.16 | percent of total billed charges | |
| HC FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS | 90846 | CPT | | | | outpatient | | | 463.33 | | 209.69 Aetna | Better Health | 146.18 | 31.55 | | | 24.5 | 440.16 | percent of total billed charges | |
| HC FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS | 90846 | CPT | | | | outpatient | | | 463.33 | | 209.69 Managed Care Inc | Managed Care Inc | 417 | 90 | | | 24.5 | 440.16 | percent of total billed charges | |
| HC FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS | 90846 | CPT | | | | outpatient | | | 463.33 | | 209.69 Horizon | Indemnity | 352.83 | | | | 24.5 | 440.16 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS | 90846 | CPT | | | | outpatient | | | 463.33 | | 209.69 UHC | Medicare | 182.34 | | | | 24.5 | 440.16 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS | 90846 | CPT | | | | outpatient | | | 463.33 | | 209.69 Corrections | Corrections | 370.66 | 80 | | | 24.5 | 440.16 | percent of total billed charges | |
| HC FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS | 90846 | CPT | | | | outpatient | | | 463.33 | | 209.69 Wellcare | Medicare | 182.34 | | | | 24.5 | 440.16 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS | 90846 | CPT | | | | outpatient | | | 463.33 | | 209.69 Multiplan | Multiplan | 370.66 | 80 | | | 24.5 | 440.16 | percent of total billed charges | |
| HC FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS | 90846 | CPT | | | | outpatient | | | 463.33 | | 209.69 Aetna | Medicare | 182.34 | | | | 24.5 | 440.16 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS | 90846 | CPT | | | | outpatient | | | 463.33 | | 209.69 Wellcare | Medicaid | 146.18 | 31.55 | | | 24.5 | 440.16 | percent of total billed charges | |
| HC FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS | 90846 | CPT | | | | outpatient | | | 463.33 | | 209.69 Horizon | Medicare Blue | 182.34 | | | | 24.5 | 440.16 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS | 90846 | CPT | | | | outpatient | | | 463.33 | | 209.69 Qualcare | Qualcare | 347.5 | 75 | | | 24.5 | 440.16 | percent of total billed charges | |
| HC FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS | 90846 | CPT | | | | outpatient | | | 463.33 | | 209.69 Horizon | MGD | 352.83 | | | | 24.5 | 440.16 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS | 90846 | CPT | | | | outpatient | | | 463.33 | | 209.69 UHC | Medicaid | 146.18 | 31.55 | | | 24.5 | 440.16 | percent of total billed charges | |
| HC FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS | 90846 | CPT | | | | outpatient | | | 463.33 | | 209.69 Horizon | NJ Health | 24.5 | | | | 24.5 | 440.16 | fee schedule | |
| HC FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS | 90846 | CPT | | | | outpatient | | | 463.33 | | 209.69 Horizon | PPO | 352.83 | | | | 24.5 | 440.16 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS | 90846 | CPT | | | | outpatient | | | 463.33 | | 209.69 WellPoint | WellPoint | 149.1 | 32.18 | | | 24.5 | 440.16 | percent of total billed charges | |
| HC FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS | 90847 | CPT | | | | outpatient | | | 463.33 | | 209.69 Amerihealth | HMO/PPO | 301.16 | 65 | | | 113.94 | 440.16 | percent of total billed charges | |
| HC FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS | 90847 | CPT | | | | outpatient | | | 463.33 | | 209.69 Horizon | MGD | 352.83 | | | | 113.94 | 440.16 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS | 90847 | CPT | | | | outpatient | | | 463.33 | | 209.69 Americare | Americare | 347.5 | 75 | | | 113.94 | 440.16 | percent of total billed charges | |
| HC FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS | 90847 | CPT | | | | outpatient | | | 463.33 | | 209.69 Aetna | Better Health | 146.18 | 31.55 | | | 113.94 | 440.16 | percent of total billed charges | |
| HC FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS | 90847 | CPT | | | | outpatient | | | 463.33 | | 209.69 Aetna | Medicare | 182.34 | | | | 113.94 | 440.16 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS | 90847 | CPT | | | | outpatient | | | 463.33 | | 209.69 UHC | Medicare | 182.34 | | | | 113.94 | 440.16 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS | 90847 | CPT | | | | outpatient | | | 463.33 | | 209.69 Horizon | Indemnity | 352.83 | | | | 113.94 | 440.16 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS | 90847 | CPT | | | | outpatient | | | 463.33 | | 209.69 First Health | First Health | 324.33 | 70 | | | 113.94 | 440.16 | percent of total billed charges | |
| HC FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS | 90847 | CPT | | | | outpatient | | | 463.33 | | 209.69 Multiplan | Multiplan | 370.66 | 80 | | | 113.94 | 440.16 | percent of total billed charges | |
| HC FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS | 90847 | CPT | | | | outpatient | | | 463.33 | | 209.69 UHC | Medicaid | 146.18 | 31.55 | | | 113.94 | 440.16 | percent of total billed charges | |
| HC FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS | 90847 | CPT | | | | outpatient | | | 463.33 | | 209.69 First Trenton | First Trenton | 417 | 90 | | | 113.94 | 440.16 | percent of total billed charges | |
| HC FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS | 90847 | CPT | | | | outpatient | | | 463.33 | | 209.69 Consumer | Consumer | 440.16 | 95 | | | 113.94 | 440.16 | percent of total billed charges | |
| HC FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS | 90847 | CPT | | | | outpatient | | | 463.33 | | 209.69 Wellcare | Medicaid | 146.18 | 31.55 | | | 113.94 | 440.16 | percent of total billed charges | |
| HC FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS | 90847 | CPT | | | | outpatient | | | 463.33 | | 209.69 Qualcare | Qualcare | 347.5 | 75 | | | 113.94 | 440.16 | percent of total billed charges | |
| HC FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS | 90847 | CPT | | | | outpatient | | | 463.33 | | 209.69 Horizon | Medicare Blue | 182.34 | | | | 113.94 | 440.16 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS | 90847 | CPT | | | | outpatient | | | 463.33 | | 209.69 Corrections | Corrections | 370.66 | 80 | | | 113.94 | 440.16 | percent of total billed charges | |
| HC FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS | 90847 | CPT | | | | outpatient | | | 463.33 | | 209.69 Managed Care Inc | Managed Care Inc | 417 | 90 | | | 113.94 | 440.16 | percent of total billed charges | |
| HC FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS | 90847 | CPT | | | | outpatient | | | 463.33 | | 209.69 Horizon | NJ Health | 113.94 | | | | 113.94 | 440.16 | fee schedule | |
| HC FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS | 90847 | CPT | | | | outpatient | | | 463.33 | | 209.69 Three Rivers | Three Rivers | 440.16 | 95 | | | 113.94 | 440.16 | percent of total billed charges | |
| HC FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS | 90847 | CPT | | | | outpatient | | | 463.33 | | 209.69 Horizon | PPO | 352.83 | | | | 113.94 | 440.16 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS | 90847 | CPT | | | | outpatient | | | 463.33 | | 209.69 Wellcare | Medicare | 182.34 | | | | 113.94 | 440.16 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS | 90847 | CPT | | | | outpatient | | | 463.33 | | 209.69 WellPoint | WellPoint | 149.1 | 32.18 | | | 113.94 | 440.16 | percent of total billed charges | |
| HC GROUP PSYCHOTHERAPY | 90853 | CPT | | | | outpatient | | | 279 | | 117.23 UHC | Medicaid | 88.02 | 31.55 | | | 27.5 | 265.05 | percent of total billed charges | |
| HC GROUP PSYCHOTHERAPY | 90853 | CPT | | | | outpatient | | | 279 | | 117.23 Consumer | Consumer | 265.05 | 95 | | | 27.5 | 265.05 | percent of total billed charges | |
| HC GROUP PSYCHOTHERAPY | 90853 | CPT | | | | outpatient | | | 279 | | 117.23 Aetna | Medicare | 101.94 | | | | 27.5 | 265.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GROUP PSYCHOTHERAPY | 90853 | CPT | | | | outpatient | | | 279 | | 117.23 Amerihealth | HMO/PPO | 181.35 | 65 | | | 27.5 | 265.05 | percent of total billed charges | |
| HC GROUP PSYCHOTHERAPY | 90853 | CPT | | | | outpatient | | | 279 | | 117.23 First Trenton | First Trenton | 251.1 | 90 | | | 27.5 | 265.05 | percent of total billed charges | |
| HC GROUP PSYCHOTHERAPY | 90853 | CPT | | | | outpatient | | | 279 | | 117.23 Corrections | Corrections | 223.2 | 80 | | | 27.5 | 265.05 | percent of total billed charges | |
| HC GROUP PSYCHOTHERAPY | 90853 | CPT | | | | outpatient | | | 279 | | 117.23 Americare | Americare | 209.25 | 75 | | | 27.5 | 265.05 | percent of total billed charges | |
| HC GROUP PSYCHOTHERAPY | 90853 | CPT | | | | outpatient | | | 279 | | 117.23 Aetna | Better Health | 88.02 | 31.55 | | | 27.5 | 265.05 | percent of total billed charges | |
| HC GROUP PSYCHOTHERAPY | 90853 | CPT | | | | outpatient | | | 279 | | 117.23 Wellcare | Medicaid | 88.02 | 31.55 | | | 27.5 | 265.05 | percent of total billed charges | |
| HC GROUP PSYCHOTHERAPY | 90853 | CPT | | | | outpatient | | | 279 | | 117.23 Horizon | NJ Health | 27.5 | | | | 27.5 | 265.05 | fee schedule | |
| HC GROUP PSYCHOTHERAPY | 90853 | CPT | | | | outpatient | | | 279 | | 117.23 Horizon | MGD | 197.25 | | | | 27.5 | 265.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GROUP PSYCHOTHERAPY | 90853 | CPT | | | | outpatient | | | 279 | | 117.23 First Health | First Health | 195.3 | 70 | | | 27.5 | 265.05 | percent of total billed charges | |
| HC GROUP PSYCHOTHERAPY | 90853 | CPT | | | | outpatient | | | 279 | | 117.23 Horizon | Medicare Blue | 101.94 | | | | 27.5 | 265.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GROUP PSYCHOTHERAPY | 90853 | CPT | | | | outpatient | | | 279 | | 117.23 Horizon | Indemnity | 197.25 | | | | 27.5 | 265.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GROUP PSYCHOTHERAPY | 90853 | CPT | | | | outpatient | | | 279 | | 117.23 Horizon | PPO | 197.25 | | | | 27.5 | 265.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GROUP PSYCHOTHERAPY | 90853 | CPT | | | | outpatient | | | 279 | | 117.23 UHC | Medicare | 101.94 | | | | 27.5 | 265.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GROUP PSYCHOTHERAPY | 90853 | CPT | | | | outpatient | | | 279 | | 117.23 Managed Care Inc | Managed Care Inc | 251.1 | 90 | | | 27.5 | 265.05 | percent of total billed charges | |
| HC GROUP PSYCHOTHERAPY | 90853 | CPT | | | | outpatient | | | 279 | | 117.23 Three Rivers | Three Rivers | 265.05 | 95 | | | 27.5 | 265.05 | percent of total billed charges | |
| HC GROUP PSYCHOTHERAPY | 90853 | CPT | | | | outpatient | | | 279 | | 117.23 WellPoint | WellPoint | 89.78 | 32.18 | | | 27.5 | 265.05 | percent of total billed charges | |
| HC GROUP PSYCHOTHERAPY | 90853 | CPT | | | | outpatient | | | 279 | | 117.23 Multiplan | Multiplan | 223.2 | 80 | | | 27.5 | 265.05 | percent of total billed charges | |
| HC GROUP PS

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC PT BIOFEEDBACK TRAINING ANY MODALITY | 90901 | CPT | | | | both | | | 298 | | First Trenton | First Trenton | 268.2 | 90 | | | 32.05 | | 283.1 percent of total billed charges | |
| HC PT BIOFEEDBACK TRAINING ANY MODALITY | 90901 | CPT | | | | both | | | 298 | | Horizon | Medicare Blue | 89.4 | 30 | | | 32.05 | | 283.1 percent of total billed charges | |
| HC PT BIOFEEDBACK TRAINING ANY MODALITY | 90901 | CPT | | | | both | | | 298 | | Horizon | Indemnity | 114.07 | 38.28 | | | 32.05 | | 283.1 percent of total billed charges | |
| HC PT BIOFEEDBACK TRAINING ANY MODALITY | 90901 | CPT | | | | both | | | 298 | | Consumer | Consumer | 283.1 | 95 | | | 32.05 | | 283.1 percent of total billed charges | |
| HC PT BIOFEEDBACK TRAINING ANY MODALITY | 90901 | CPT | | | | both | | | 298 | | Horizon | MGD | 114.07 | 38.28 | | | 32.05 | | 283.1 percent of total billed charges | |
| HC PT BIOFEEDBACK TRAINING ANY MODALITY | 90901 | CPT | | | | both | | | 298 | | Wellcare | Medicaid | 94.02 | 31.55 | | | 32.05 | | 283.1 percent of total billed charges | |
| HC PT BIOFEEDBACK TRAINING ANY MODALITY | 90901 | CPT | | | | both | | | 298 | | Horizon | NJ Health | 32.05 | | | | 32.05 | | 283.1 fee schedule | |
| HC PT BIOFEEDBACK TRAINING ANY MODALITY | 90901 | CPT | | | | both | | | 298 | | Horizon | PPO | 114.07 | 38.28 | | | 32.05 | | 283.1 percent of total billed charges | |
| HC PT BIOFEEDBACK TRAINING ANY MODALITY | 90901 | CPT | | | | both | | | 298 | | Multiplan | Multiplan | 238.4 | 80 | | | 32.05 | | 283.1 percent of total billed charges | |
| HC PT BIOFEEDBACK TRAINING ANY MODALITY | 90901 | CPT | | | | both | | | 298 | | Three Rivers | Three Rivers | 283.1 | 95 | | | 32.05 | | 283.1 percent of total billed charges | |
| HC PT BIOFEEDBACK TRAINING ANY MODALITY | 90901 | CPT | | | | both | | | 298 | | Managed Care Inc | Managed Care Inc | 268.2 | 90 | | | 32.05 | | 283.1 percent of total billed charges | |
| HC PT BIOFEEDBACK TRAINING ANY MODALITY | 90901 | CPT | | | | both | | | 298 | | Qualcare | Qualcare | 223.5 | 75 | | | 32.05 | | 283.1 percent of total billed charges | |
| HC HEMODIALYSIS PROCEDURE W PHYS/QHP EVALUATION | 90935 | CPT | | | | outpatient | | | 2772 | 919.08 | Consumer | Consumer | 2633.4 | 95 | | | 135 | | 2633.4 percent of total billed charges | |
| HC HEMODIALYSIS PROCEDURE W PHYS/QHP EVALUATION | 90935 | CPT | | | | outpatient | | | 2772 | 919.08 | Aetna | Medicare | 799.2 | | | | 135 | | 2633.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HEMODIALYSIS PROCEDURE W PHYS/QHP EVALUATION | 90935 | CPT | | | | outpatient | | | 2772 | 919.08 | Aetna | Better Health | 874.57 | 31.55 | | | 135 | | 2633.4 percent of total billed charges | |
| HC HEMODIALYSIS PROCEDURE W PHYS/QHP EVALUATION | 90935 | CPT | | | | outpatient | | | 2772 | 919.08 | First Trenton | First Trenton | 2494.8 | 90 | | | 135 | | 2633.4 percent of total billed charges | |
| HC HEMODIALYSIS PROCEDURE W PHYS/QHP EVALUATION | 90935 | CPT | | | | outpatient | | | 2772 | 919.08 | Corrections | Corrections | 2217.6 | 80 | | | 135 | | 2633.4 percent of total billed charges | |
| HC HEMODIALYSIS PROCEDURE W PHYS/QHP EVALUATION | 90935 | CPT | | | | outpatient | | | 2772 | 919.08 | Americare | Americare | 2079 | 75 | | | 135 | | 2633.4 percent of total billed charges | |
| HC HEMODIALYSIS PROCEDURE W PHYS/QHP EVALUATION | 90935 | CPT | | | | outpatient | | | 2772 | 919.08 | First Health | First Health | 1940.4 | 70 | | | 135 | | 2633.4 percent of total billed charges | |
| HC HEMODIALYSIS PROCEDURE W PHYS/QHP EVALUATION | 90935 | CPT | | | | outpatient | | | 2772 | 919.08 | Amerihealth | HMO/PPO | 135 | | | | 135 | | 2633.4 fee schedule | |
| HC HEMODIALYSIS PROCEDURE W PHYS/QHP EVALUATION | 90935 | CPT | | | | outpatient | | | 2772 | 919.08 | Horizon | NJ Health | 1135.35 | | | | 135 | | 2633.4 fee schedule | |
| HC HEMODIALYSIS PROCEDURE W PHYS/QHP EVALUATION | 90935 | CPT | | | | outpatient | | | 2772 | 919.08 | Horizon | MGD | 1546.45 | | | | 135 | | 2633.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HEMODIALYSIS PROCEDURE W PHYS/QHP EVALUATION | 90935 | CPT | | | | outpatient | | | 2772 | 919.08 | Horizon | PPO | 1546.45 | | | | 135 | | 2633.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HEMODIALYSIS PROCEDURE W PHYS/QHP EVALUATION | 90935 | CPT | | | | outpatient | | | 2772 | 919.08 | Horizon | Indemnity | 1546.45 | | | | 135 | | 2633.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HEMODIALYSIS PROCEDURE W PHYS/QHP EVALUATION | 90935 | CPT | | | | outpatient | | | 2772 | 919.08 | Multiplan | Multiplan | 2217.6 | 80 | | | 135 | | 2633.4 percent of total billed charges | |
| HC HEMODIALYSIS PROCEDURE W PHYS/QHP EVALUATION | 90935 | CPT | | | | outpatient | | | 2772 | 919.08 | UHC | Medicaid | 874.57 | 31.55 | | | 135 | | 2633.4 percent of total billed charges | |
| HC HEMODIALYSIS PROCEDURE W PHYS/QHP EVALUATION | 90935 | CPT | | | | outpatient | | | 2772 | 919.08 | WellPoint | WellPoint | 892.03 | 32.18 | | | 135 | | 2633.4 percent of total billed charges | |
| HC HEMODIALYSIS PROCEDURE W PHYS/QHP EVALUATION | 90935 | CPT | | | | outpatient | | | 2772 | 919.08 | Horizon | Medicare Blue | 799.2 | | | | 135 | | 2633.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HEMODIALYSIS PROCEDURE W PHYS/QHP EVALUATION | 90935 | CPT | | | | outpatient | | | 2772 | 919.08 | Qualcare | Qualcare | 2079 | 75 | | | 135 | | 2633.4 percent of total billed charges | |
| HC HEMODIALYSIS PROCEDURE W PHYS/QHP EVALUATION | 90935 | CPT | | | | outpatient | | | 2772 | 919.08 | Wellcare | Medicaid | 874.57 | 31.55 | | | 135 | | 2633.4 percent of total billed charges | |
| HC HEMODIALYSIS PROCEDURE W PHYS/QHP EVALUATION | 90935 | CPT | | | | outpatient | | | 2772 | 919.08 | UHC | Medicare | 799.2 | | | 400.48 | 135 | | 2633.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HEMODIALYSIS PROCEDURE W PHYS/QHP EVALUATION | 90935 | CPT | | | | outpatient | | | 2772 | 919.08 | Managed Care Inc | Managed Care Inc | 2494.8 | 90 | | | 135 | | 2633.4 percent of total billed charges | |
| HC HEMODIALYSIS PROCEDURE W PHYS/QHP EVALUATION | 90935 | CPT | | | | outpatient | | | 2772 | 919.08 | Wellcare | Medicare | 799.2 | | | | 135 | | 2633.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HEMODIALYSIS PROCEDURE W PHYS/QHP EVALUATION | 90935 | CPT | | | | outpatient | | | 2772 | 919.08 | Three Rivers | Three Rivers | 2633.4 | 95 | | | 135 | | 2633.4 percent of total billed charges | |
| HC ESOPHAGEAL MOTILITY | 91010 | CPT | | | | outpatient | | | 1895 | 704.94 | Qualcare | Qualcare | 1421.25 | 75 | | | 130 | | 3165.93 percent of total billed charges | |
| HC ESOPHAGEAL MOTILITY | 91010 | CPT | | | | outpatient | | | 1895 | 704.94 | Aetna | Medicare | 612.99 | | | | 130 | | 3165.93 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGEAL MOTILITY | 91010 | CPT | | | | outpatient | | | 1895 | 704.94 | Horizon | NJ Health | 3165.93 | | | 900.08 | 130 | | 3165.93 fee schedule | $3,681 All-Inclusive Case Rate |
| HC ESOPHAGEAL MOTILITY | 91010 | CPT | | | | outpatient | | | 1895 | 704.94 | Amerihealth | HMO/PPO | 130 | | | | 130 | | 3165.93 fee schedule | |
| HC ESOPHAGEAL MOTILITY | 91010 | CPT | | | | outpatient | | | 1895 | 704.94 | Americare | Americare | 1421.25 | 75 | | | 130 | | 3165.93 percent of total billed charges | |
| HC ESOPHAGEAL MOTILITY | 91010 | CPT | | | | outpatient | | | 1895 | 704.94 | First Trenton | First Trenton | 1705.5 | 90 | | | 130 | | 3165.93 percent of total billed charges | |
| HC ESOPHAGEAL MOTILITY | 91010 | CPT | | | | outpatient | | | 1895 | 704.94 | Aetna | Better Health | 597.87 | 31.55 | | | 130 | | 3165.93 percent of total billed charges | |
| HC ESOPHAGEAL MOTILITY | 91010 | CPT | | | | outpatient | | | 1895 | 704.94 | United | Commercial/PPO | 1782 | | | | 130 | | 3165.93 case rate | |
| HC ESOPHAGEAL MOTILITY | 91010 | CPT | | | | outpatient | | | 1895 | 704.94 | UHC | Medicare | 612.99 | | | | 130 | | 3165.93 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGEAL MOTILITY | 91010 | CPT | | | | outpatient | | | 1895 | 704.94 | Horizon | MGD | 1186.14 | | | | 130 | | 3165.93 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGEAL MOTILITY | 91010 | CPT | | | | outpatient | | | 1895 | 704.94 | Wellcare | Medicare | 612.99 | | | | 130 | | 3165.93 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGEAL MOTILITY | 91010 | CPT | | | | outpatient | | | 1895 | 704.94 | First Health | First Health | 1326.5 | 70 | | | 130 | | 3165.93 percent of total billed charges | |
| HC ESOPHAGEAL MOTILITY | 91010 | CPT | | | | outpatient | | | 1895 | 704.94 | Multiplan | Multiplan | 1516 | 80 | | | 130 | | 3165.93 percent of total billed charges | |
| HC ESOPHAGEAL MOTILITY | 91010 | CPT | | | | outpatient | | | 1895 | 704.94 | Horizon | PPO | 1186.14 | | | | 130 | | 3165.93 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGEAL MOTILITY | 91010 | CPT | | | | outpatient | | | 1895 | 704.94 | Consumer | Consumer | 1800.25 | 95 | | | 130 | | 3165.93 percent of total billed charges | |
| HC ESOPHAGEAL MOTILITY | 91010 | CPT | | | | outpatient | | | 1895 | 704.94 | Horizon | Indemnity | 1186.14 | | | | 130 | | 3165.93 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGEAL MOTILITY | 91010 | CPT | | | | outpatient | | | 1895 | 704.94 | Three Rivers | Three Rivers | 1800.25 | 95 | | | 130 | | 3165.93 percent of total billed charges | |
| HC ESOPHAGEAL MOTILITY | 91010 | CPT | | | | outpatient | | | 1895 | 704.94 | Managed Care Inc | Managed Care Inc | 1705.5 | 90 | | | 130 | | 3165.93 percent of total billed charges | |
| HC ESOPHAGEAL MOTILITY | 91010 | CPT | | | | outpatient | | | 1895 | 704.94 | Corrections | Corrections | 1516 | 80 | | | 130 | | 3165.93 percent of total billed charges | |
| HC ESOPHAGEAL MOTILITY | 91010 | CPT | | | | outpatient | | | 1895 | 704.94 | Horizon | Medicare Blue | 612.99 | | | | 130 | | 3165.93 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGEAL MOTILITY | 91010 | CPT | | | | outpatient | | | 1895 | 704.94 | UHC | Medicaid | 597.87 | 31.55 | | 417.5 | 130 | | 3165.93 percent of total billed charges | |
| HC ESOPHAGEAL MOTILITY | 91010 | CPT | | | | outpatient | | | 1895 | 704.94 | Wellcare | Medicaid | 597.87 | 31.55 | | | 130 | | 3165.93 percent of total billed charges | |
| HC ESOPHAGEAL MOTILITY | 91010 | CPT | | | | outpatient | | | 1895 | 704.94 | United | Oxford | 1782 | | | | 130 | | 3165.93 case rate | |
| HC ESOPHAGEAL MOTILITY | 91010 | CPT | | | | outpatient | | | 1895 | 704.94 | WellPoint | WellPoint | 609.81 | 32.18 | | 430.63 | 130 | | 3165.93 percent of total billed charges | |
| HC ESOPHAGOGASTRIC MANOMETRIC STD | 91020 | CPT | | | | outpatient | | | 1229 | 704.94 | Aetna | Better Health | 387.75 | 31.55 | | | 155 | | 2395.98 percent of total billed charges | |
| HC ESOPHAGOGASTRIC MANOMETRIC STD | 91020 | CPT | | | | outpatient | | | 1229 | 704.94 | Aetna | Medicare | 612.99 | | | | 155 | | 2395.98 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGOGASTRIC MANOMETRIC STD | 91020 | CPT | | | | outpatient | | | 1229 | 704.94 | UHC | Medicare | 612.99 | | | | 155 | | 2395.98 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGOGASTRIC MANOMETRIC STD | 91020 | CPT | | | | outpatient | | | 1229 | 704.94 | UHC | Medicaid | 387.75 | 31.55 | | | 155 | | 2395.98 percent of total billed charges | |
| HC ESOPHAGOGASTRIC MANOMETRIC STD | 91020 | CPT | | | | outpatient | | | 1229 | 704.94 | Corrections | Corrections | 983.2 | 80 | | | 155 | | 2395.98 percent of total billed charges | |
| HC ESOPHAGOGASTRIC MANOMETRIC STD | 91020 | CPT | | | | outpatient | | | 1229 | 704.94 | Americare | Americare | 921.75 | 75 | | | 155 | | 2395.98 percent of total billed charges | |
| HC ESOPHAGOGASTRIC MANOMETRIC STD | 91020 | CPT | | | | outpatient | | | 1229 | 704.94 | Horizon | Indemnity | 1186.14 | | | | 155 | | 2395.98 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGOGASTRIC MANOMETRIC STD | 91020 | CPT | | | | outpatient | | | 1229 | 704.94 | First Health | First Health | 860.3 | 70 | | | 155 | | 2395.98 percent of total billed charges | |
| HC ESOPHAGOGASTRIC MANOMETRIC STD | 91020 | CPT | | | | outpatient | | | 1229 | 704.94 | Consumer | Consumer | 1167.55 | 95 | | | 155 | | 2395.98 percent of total billed charges | |
| HC ESOPHAGOGASTRIC MANOMETRIC STD | 91020 | CPT | | | | outpatient | | | 1229 | 704.94 | First Trenton | First Trenton | 1106.1 | 90 | | | 155 | | 2395.98 percent of total billed charges | |
| HC ESOPHAGOGASTRIC MANOMETRIC STD | 91020 | CPT | | | | outpatient | | | 1229 | 704.94 | Multiplan | Multiplan | 983.2 | 80 | | | 155 | | 2395.98 percent of total billed charges | |
| HC ESOPHAGOGASTRIC MANOMETRIC STD | 91020 | CPT | | | | outpatient | | | 1229 | 704.94 | United | Commercial/PPO | 1782 | | | | 155 | | 2395.98 case rate | |
| HC ESOPHAGOGASTRIC MANOMETRIC STD | 91020 | CPT | | | | outpatient | | | 1229 | 704.94 | Horizon | PPO | 1186.14 | | | | 155 | | 2395.98 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGOGASTRIC MANOMETRIC STD | 91020 | CPT | | | | outpatient | | | 1229 | 704.94 | Amerihealth | HMO/PPO | 155 | | | | 155 | | 2395.98 fee schedule | |
| HC ESOPHAGOGASTRIC MANOMETRIC STD | 91020 | CPT | | | | outpatient | | | 1229 | 704.94 | Qualcare | Qualcare | 921.75 | 75 | | | 155 | | 2395.98 percent of total billed charges | |
| HC ESOPHAGOGASTRIC MANOMETRIC STD | 91020 | CPT | | | | outpatient | | | 1229 | 704.94 | Horizon | Medicare Blue | 612.99 | | | | 155 | | 2395.98 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGOGASTRIC MANOMETRIC STD | 91020 | CPT | | | | outpatient | | | 1229 | 704.94 | Three Rivers | Three Rivers | 1167.55 | 95 | | | 155 | | 2395.98 percent of total billed charges | |
| HC ESOPHAGOGASTRIC MANOMETRIC STD | 91020 | CPT | | | | outpatient | | | 1229 | 704.94 | Horizon | MGD | 1186.14 | | | | 155 | | 2395.98 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGOGASTRIC MANOMETRIC STD | 91020 | CPT | | | | outpatient | | | 1229 | 704.94 | Wellcare | Medicare | 612.99 | | | | 155 | | 2395.98 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPHAGOGASTRIC MANOMETRIC STD | 91020 | CPT | | | | outpatient | | | 1229 | 704.94 | Horizon | NJ Health | 2395.98 | | | | 155 | | 2395.98 fee schedule | $3,681 All-Inclusive Case Rate |
| HC ESOPHAGOGASTRIC MANOMETRIC STD | 91020 | CPT | | | | outpatient | | | 1229 | 704.94 | United | Oxford | 1782 | | | | 155 | | 2395.98 case rate | |
| HC ESOPHAGOGASTRIC MANOMETRIC STD | 91020 | CPT | | | | outpatient | | | 1229 | 704.94 | Managed Care Inc | Managed Care Inc | 1106.1 | 90 | | | 155 | | 2395.98 percent of total billed charges | |
| HC ESOPHAGOGASTRIC MANOMETRIC STD | 91020 | CPT | | | | outpatient | | | 1229 | 704.94 | WellPoint | WellPoint | 395.49 | 32.18 | | | 155 | | 2395.98 percent of total billed charges | |
| HC ESOPHAGOGASTRIC MANOMETRIC STD | 91020 | CPT | | | | outpatient | | | 1229 | 704.94 | Wellcare | Medicaid | 387.75 | 31.55 | | | 155 | | 2395.98 percent of total billed charges | |
| HC CAPSULE PH STUDY | 91035 | CPT | | | | outpatient | | | 1895 | 704.94 | Aetna | Better Health | 597.87 | 31.55 | | | 150 | | 1800.25 percent of total billed charges | |
| HC CAPSULE PH STUDY | 91035 | CPT | | | | outpatient | | | 1895 | 704.94 | Americare | Americare | 1421.25 | 75 | | | 150 | | 1800.25 percent of total billed charges | |
| HC CAPSULE PH STUDY | 91035 | CPT | | | | outpatient | | | 1895 | 704.94 | UHC | Medicare | 612.99 | | | 406.43 | 150 | | 1800.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CAPSULE PH STUDY | 91035 | CPT | | | | outpatient | | | 1895 | 704.94 | First Trenton | First Trenton | 1705.5 | 90 | | | 150 | | 1800.25 percent of total billed charges | |
| HC CAPSULE PH STUDY | 91035 | CPT | | | | outpatient | | | 1895 | 704.94 | Horizon | Medicare Blue | 612.99 | | | | 150 | | 1800.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CAPSULE PH STUDY | 91035 | CPT | | | | outpatient | | | 1895 | 704.94 | Horizon | Indemnity | 1186.14 | | | 841.87 | 150 | | 1800.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CAPSULE PH STUDY | 91035 | CPT | | | | outpatient | | | 1895 | 704.94 | Aetna | Medicare | 612.99 | | | | 150 | | 1800.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CAPSULE PH STUDY | 91035 | CPT | | | | outpatient | | | 1895 | 704.94 | Corrections | Corrections | 1516 | 80 | | | 150 | | 1800.25 percent of total billed charges | |
| HC CAPSULE PH STUDY | 91035 | CPT | | | | outpatient | | | 1895 | 704.94 | Amerihealth | HMO/PPO | 150 | | | | 150 | | 1800.25 fee schedule | |
| HC CAPSULE PH STUDY | 91035 | CPT | | | | outpatient | | | 1895 | 704.94 | Horizon | NJ Health | 472.41 | | | 1029.07 | 150 | | 1800.25 fee schedule | $3,681 All-Inclusive Case Rate |
| HC CAPSULE PH STUDY | 91035 | CPT | | | | outpatient | | | 1895 | 704.94 | Consumer | Consumer | 1800.25 | 95 | | | 150 | | 1800.25 percent of total billed charges | |
| HC CAPSULE PH STUDY | 91035 | CPT | | | | outpatient | | | 1895 | 704.94 | Three Rivers | Three Rivers | 1800.25 | 95 | | | 150 | | 1800.25 percent of total billed charges | |
| HC CAPSULE PH STUDY | 91035 | CPT | | | | outpatient | | | 1895 | 704.94 | First Health | First Health | 1326.5 | 70 | | | 150 | | 1800.25 percent of total billed charges | |
| HC CAPSULE PH STUDY | 91035 | CPT | | | | outpatient | | | 1895 | 704.94 | Horizon | MGD | 1186.14 | | | 851.12 | 150 | | 1800.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CAPSULE PH STUDY | 91035 | CPT | | | | outpatient | | | 1895 | 704.94 | United | Oxford | 1782 | | | | 150 | | 1800.25 case rate | |
| HC CAPSULE PH STUDY | 91035 | CPT | | | | outpatient | | | 1895 | 704.94 | Horizon | PPO | 1186.14 | | | | 150 | | 1800.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CAPSULE PH STUDY | 91035 | CPT | | | | outpatient | | | 1895 | 704.94 | Wellcare | Medicaid | 597.87 | 31.55 | | 423.49 | 150 | | 1800.25 percent of total billed charges | |
| HC CAPSULE PH STUDY | 91035 | CPT | | | | outpatient | | | 1895 | 704.94 | Wellcare | Medicare | 612.99 | | | | 150 | | 1800.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CAPSULE PH STUDY | 91035 | CPT | | | | outpatient | | | 1895 | 704.94 | WellPoint | WellPoint | 609.81 | 32.18 | | 590.12 | 150 | | 1800.25 percent of total billed charges | |
| HC CAPSULE PH STUDY | 91035 | CPT | | | | outpatient | | | 1895 | 704.94 | Multiplan | Multiplan | 1516 | 80 | | | 150 | | 1800.25 percent of total billed charges | |
| HC CAPSULE PH STUDY | 91035 | CPT | | | | outpatient | | | 1895 | 704.94 | Managed Care Inc | Managed Care Inc | 1705.5 | 90 | | | 150 | | 1800.25 percent of total billed charges | |
| HC CAPSULE PH STUDY | 91035 | CPT | | | | outpatient | | | 1895 | 704.94 | Qualcare | Qualcare | 1421.25 | 75 | | | 150 | | 1800.25 percent of total billed charges | |
| HC CAPSULE PH STUDY | 91035 | CPT | | | | outpatient | | | 1895 | 704.94 | United | Commercial/PPO | 1782 | | | | 150 | | 1800.25 case rate | |
| HC CAPSULE PH STUDY | 91035 | CPT | | | | outpatient | | | 1895 | 704.94 | UHC | Medicaid | 597.87 | 31.55 | | 435.63 | 150 | | 1800.25 percent of total billed charges | |
| HC ESOPH IMPED FUNCTION TEST | 91037 | CPT | | | | outpatient | | | 1255 | 412.82 | Aetna | Better Health | 395.95 | 31.55 | | | 150 | | 1782 percent of total billed charges | |
| HC ESOPH IMPED FUNCTION TEST | 91037 | CPT | | | | outpatient | | | 1255 | 412.82 | UHC | Medicare | 358.97 | | | | 150 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPH IMPED FUNCTION TEST | 91037 | CPT | | | | outpatient | | | 1255 | 412.82 | First Trenton | First Trenton | 1129.5 | 90 | | | 150 | | 1782 percent of total billed charges | |
| HC ESOPH IMPED FUNCTION TEST | 91037 | CPT | | | | outpatient | | | 1255 | 412.82 | Horizon | PPO | 694.61 | | | | 150 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPH IMPED FUNCTION TEST | 91037 | CPT | | | | outpatient | | | 1255 | 412.82 | First Health | First Health | 878.5 | 70 | | | 150 | | 1782 percent of total billed charges | |
| HC ESOPH IMPED FUNCTION TEST | 91037 | CPT | | | | outpatient | | | 1255 | 412.82 | Americare | Americare | 941.25 | 75 | | | 150 | | 1782 percent of total billed charges | |
| HC ESOPH IMPED FUNCTION TEST | 91037 | CPT | | | | outpatient | | | 1255 | 412.82 | Corrections | Corrections | 1004 | 80 | | | 150 | | 1782 percent of total billed charges | |
| HC ESOPH IMPED FUNCTION TEST | 91037 | CPT | | | | outpatient | | | 1255 | 412.82 | Aetna | Medicare | 358.97 | | | | 150 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPH IMPED FUNCTION TEST | 91037 | CPT | | | | outpatient | | | 1255 | 412.82 | Consumer | Consumer | 1192.25 | 95 | | | 150 | | 1782 percent of total billed charges | |
| HC ESOPH IMPED FUNCTION TEST | 91037 | CPT | | | | outpatient | | | 1255 | 412.82 | Amerihealth | HMO/PPO | 150 | | | | 150 | | 1782 fee schedule | |
| HC ESOPH IMPED FUNCTION TEST | 91037 | CPT | | | | outpatient | | | 1255 | 412.82 | Managed Care Inc | Managed Care Inc | 1129.5 | 90 | | | 150 | | 1782 percent of total billed charges | |
| HC ESOPH IMPED FUNCTION TEST | 91037 | CPT | | | | outpatient | | | 1255 | 412.82 | Horizon | MGD | 694.61 | | | | 150 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPH IMPED FUNCTION TEST | 91037 | CPT | | | | outpatient | | | 1255 | 412.82 | Horizon | Medicare Blue | 358.97 | | | | 150 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPH IMPED FUNCTION TEST | 91037 | CPT | | | | outpatient | | | 1255 | 412.82 | Horizon | NJ Health | 217.05 | | | 579.38 | 150 | | 1782 fee schedule | $3,681 All-Inclusive Case Rate |
| HC ESOPH IMPED FUNCTION TEST | 91037 | CPT | | | | outpatient | | | 1255 | 412.82 | Horizon | Indemnity | 694.61 | | | | 150 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPH IMPED FUNCTION TEST | 91037 | CPT | | | | outpatient | | | 1255 | 412.82 | United | Oxford | 1782 | | | | 150 | | 1782 case rate | |
| HC ESOPH IMPED FUNCTION TEST | 91037 | CPT | | | | outpatient | | | 1255 | 412.82 | Three Rivers | Three Rivers | 1192.25 | 95 | | | 150 | | 1782 percent of total billed charges | |
| HC ESOPH IMPED FUNCTION TEST | 91037 | CPT | | | | outpatient | | | 1255 | 412.82 | Multiplan | Multiplan | 1004 | 80 | | | 150 | | 1782 percent of total billed charges | |
| HC ESOPH IMPED FUNCTION TEST | 91037 | CPT | | | | outpatient | | | 1255 | 412.82 | UHC | Medicaid | 395.95 | 31.55 | | | 150 | | 1782 percent of total billed charges | |
| HC ESOPH IMPED FUNCTION TEST | 91037 | CPT | | | | outpatient | | | 1255 | 412.82 | Wellcare | Medicaid | 395.95 | 31.55 | | | 150 | | 1782 percent of total billed charges | |
| HC ESOPH IMPED FUNCTION TEST | 91037 | CPT | | | | outpatient | | | 1255 | 412.82 | Wellcare | Medicare | 358.97 | | | | 150 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPH IMPED FUNCTION TEST | 91037 | CPT | | | | outpatient | | | 1255 | 412.82 | Qualcare | Qualcare | 941.25 | 75 | | | 150 | | 1782 percent of total billed charges | |
| HC ESOPH IMPED FUNCTION TEST | 91037 | CPT | | | | outpatient | | | 1255 | 412.82 | United | Commercial/PPO | 1782 | | | | 150 | | 1782 case rate | |
| HC ESOPH IMPED FUNCTION TEST | 91037 | CPT | | | | outpatient | | | 1255 | 412.82 | WellPoint | WellPoint | 403.86 | 32.18 | | 390.84 | 150 | | 1782 percent of total billed charges | |
| HC ESOPH BALLOON DISTENSION TST | 91040 | CPT | | | | outpatient | | | 1866 | 704.94 | Aetna | Better Health | 588.72 | 31.55 | | | 75 | | 1782 percent of total billed charges | |
| HC ESOPH BALLOON DISTENSION TST | 91040 | CPT | | | | outpatient | | | 1866 | 704.94 | Aetna | Medicare | 612.99 | | | | 75 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPH BALLOON DISTENSION TST | 91040 | CPT | | | | outpatient | | | 1866 | 704.94 | WellPoint | WellPoint | 600.48 | 32.18 | | | 75 | | 1782 percent of total billed charges | |
| HC ESOPH BALLOON DISTENSION TST | 91040 | CPT | | | | outpatient | | | 1866 | 704.94 | Corrections | Corrections | 1492.8 | 80 | | | 75 | | 1782 percent of total billed charges | |
| HC ESOPH BALLOON DISTENSION TST | 91040 | CPT | | | | outpatient | | | 1866 | 704.94 | First Health | First Health | 1306.2 | 70 | | | 75 | | 1782 percent of total billed charges | |
| HC ESOPH BALLOON DISTENSION TST | 91040 | CPT | | | | outpatient | | | 1866 | 704.94 | Multiplan | Multiplan | 1492.8 | 80 | | | 75 | | 1782 percent of total billed charges | |
| HC ESOPH BALLOON DISTENSION TST | 91040 | CPT | | | | outpatient | | | 1866 | 704.94 | Horizon | Medicare Blue | 612.99 | | | 220.41 | 75 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPH BALLOON DISTENSION TST | 91040 | CPT | | | | outpatient | | | 1866 | 704.94 | Consumer | Consumer | 1772.7 | 95 | | | 75 | | 1782 percent of total billed charges | |
| HC ESOPH BALLOON DISTENSION TST | 91040 | CPT | | | | outpatient | | | 1866 | 704.94 | Horizon | Indemnity | 1186.14 | | | | 75 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPH BALLOON DISTENSION TST | 91040 | CPT | | | | outpatient | | | 1866 | 704.94 | Americare | Americare | 1399.5 | 75 | | | 75 | | 1782 percent of total billed charges | |
| HC ESOPH BALLOON DISTENSION TST | 91040 | CPT | | | | outpatient | | | 1866 | 704.94 | Horizon | PPO | 1186.14 | | | | 75 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPH BALLOON DISTENSION TST | 91040 | CPT | | | | outpatient | | | 1866 | 704.94 | First Trenton | First Trenton | 1679.4 | 90 | | | 75 | | 1782 percent of total billed charges | |
| HC ESOPH BALLOON DISTENSION TST | 91040 | CPT | | | | outpatient | | | 1866 | 704.94 | Three Rivers | Three Rivers | 1772.7 | 95 | | | 75 | | 1782 percent of total billed charges | |
| HC ESOPH BALLOON DISTENSION TST | 91040 | CPT | | | | outpatient | | | 1866 | 704.94 | Qualcare | Qualcare | 1399.5 | 75 | | | 75 | | 1782 percent of total billed charges | |
| HC ESOPH BALLOON DISTENSION TST | 91040 | CPT | | | | outpatient | | | 1866 | 704.94 | UHC | Medicaid | 588.72 | 31.55 | | | 75 | | 1782 percent of total billed charges | |
| HC ESOPH BALLOON DISTENSION TST | 91040 | CPT | | | | outpatient | | | 1866 | 704.94 | Horizon | NJ Health | 1293.96 | | | | 75 | | 1782 fee schedule | $3,681 All-Inclusive Case Rate |
| HC ESOPH BALLOON DISTENSION TST | 91040 | CPT | | | | outpatient | | | 1866 | 704.94 | UHC | Medicare | 612.99 | | | | 75 | | 1782 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPH BALLOON DISTENSION TST | 91040 | CPT | | | | outpatient | | | 1866 | 704.94 | Amerihealth | HMO/PPO | 75 | | | | 75 | | 1782 fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC ESOPH BALLOON DISTENSION TST | 91040 | CPT | | | | outpatient | | | 1866 | 704.94 | United | CommercialPPO | 1782 | | | | 75 | 1782 | case rate | |
| HC ESOPH BALLOON DISTENSION TST | 91040 | CPT | | | | outpatient | | | 1866 | 704.94 | Managed Care Inc | Managed Care Inc | 1679.4 | 90 | | | 75 | 1782 | percent of total billed charges | |
| HC ESOPH BALLOON DISTENSION TST | 91040 | CPT | | | | outpatient | | | 1866 | 704.94 | Wellcare | Medicaid | 588.72 | 31.55 | | | 75 | 1782 | percent of total billed charges | |
| HC ESOPH BALLOON DISTENSION TST | 91040 | CPT | | | | outpatient | | | 1866 | 704.94 | Horizon | MGD | 1186.14 | | | | 75 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ESOPH BALLOON DISTENSION TST | 91040 | CPT | | | | outpatient | | | 1866 | 704.94 | United | Oxford | 1782 | | | | 75 | 1782 | case rate | |
| HC ESOPH BALLOON DISTENSION TST | 91040 | CPT | | | | outpatient | | | 1866 | 704.94 | Wellcare | Medicare | 612.99 | | | | 75 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BREATH HYDRO OR METH TEST | 91065 | CPT | | | | outpatient | | | 643 | 205.45 | Aetna | Better Health | 202.87 | 31.55 | | | 50 | 1782 | percent of total billed charges | |
| HC BREATH HYDRO OR METH TEST | 91065 | CPT | | | | outpatient | | | 643 | 205.45 | Wellcare | Medicare | 178.65 | | | | 50 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BREATH HYDRO OR METH TEST | 91065 | CPT | | | | outpatient | | | 643 | 205.45 | Americare | Americare | 482.25 | 75 | | | 50 | 1782 | percent of total billed charges | |
| HC BREATH HYDRO OR METH TEST | 91065 | CPT | | | | outpatient | | | 643 | 205.45 | Three Rivers | Three Rivers | 610.85 | 95 | | | 50 | 1782 | percent of total billed charges | |
| HC BREATH HYDRO OR METH TEST | 91065 | CPT | | | | outpatient | | | 643 | 205.45 | Horizon | Medicare Blue | 178.65 | | | | 50 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BREATH HYDRO OR METH TEST | 91065 | CPT | | | | outpatient | | | 643 | 205.45 | Aetna | Medicare | 178.65 | | | | 50 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BREATH HYDRO OR METH TEST | 91065 | CPT | | | | outpatient | | | 643 | 205.45 | Horizon | MGD | 345.69 | | | 332.47 | 50 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BREATH HYDRO OR METH TEST | 91065 | CPT | | | | outpatient | | | 643 | 205.45 | Corrections | Corrections | 514.4 | 80 | | | 50 | 1782 | percent of total billed charges | |
| HC BREATH HYDRO OR METH TEST | 91065 | CPT | | | | outpatient | | | 643 | 205.45 | Amerihealth | HMO/PPO | 50 | | | | 50 | 1782 | fee schedule | |
| HC BREATH HYDRO OR METH TEST | 91065 | CPT | | | | outpatient | | | 643 | 205.45 | Multiplan | Multiplan | 514.4 | 80 | | | 50 | 1782 | percent of total billed charges | |
| HC BREATH HYDRO OR METH TEST | 91065 | CPT | | | | outpatient | | | 643 | 205.45 | Consumer | Consumer | 610.85 | 95 | | | 50 | 1782 | percent of total billed charges | |
| HC BREATH HYDRO OR METH TEST | 91065 | CPT | | | | outpatient | | | 643 | 205.45 | First Trenton | First Trenton | 578.7 | 90 | | | 50 | 1782 | percent of total billed charges | |
| HC BREATH HYDRO OR METH TEST | 91065 | CPT | | | | outpatient | | | 643 | 205.45 | Horizon | NJ Health | 595.08 | | | 521 | 50 | 1782 | fee schedule | $3,681 All-Inclusive Case Rate |
| HC BREATH HYDRO OR METH TEST | 91065 | CPT | | | | outpatient | | | 643 | 205.45 | Qualcare | Qualcare | 482.25 | 75 | | | 50 | 1782 | percent of total billed charges | |
| HC BREATH HYDRO OR METH TEST | 91065 | CPT | | | | outpatient | | | 643 | 205.45 | UHC | Medicaid | 202.87 | 31.55 | | 160.63 | 50 | 1782 | percent of total billed charges | |
| HC BREATH HYDRO OR METH TEST | 91065 | CPT | | | | outpatient | | | 643 | 205.45 | Horizon | Indemnity | 345.69 | | | | 50 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BREATH HYDRO OR METH TEST | 91065 | CPT | | | | outpatient | | | 643 | 205.45 | First Health | First Health | 450.1 | 70 | | | 50 | 1782 | percent of total billed charges | |
| HC BREATH HYDRO OR METH TEST | 91065 | CPT | | | | outpatient | | | 643 | 205.45 | WellPoint | WellPoint | 206.92 | 32.18 | | 168.49 | 50 | 1782 | percent of total billed charges | |
| HC BREATH HYDRO OR METH TEST | 91065 | CPT | | | | outpatient | | | 643 | 205.45 | United | Oxford | 1782 | | | | 50 | 1782 | case rate | |
| HC BREATH HYDRO OR METH TEST | 91065 | CPT | | | | outpatient | | | 643 | 205.45 | Horizon | PPO | 345.69 | | | | 50 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BREATH HYDRO OR METH TEST | 91065 | CPT | | | | outpatient | | | 643 | 205.45 | UHC | Medicare | 178.65 | | | | 50 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BREATH HYDRO OR METH TEST | 91065 | CPT | | | | outpatient | | | 643 | 205.45 | Managed Care Inc | Managed Care Inc | 578.7 | 90 | | | 50 | 1782 | percent of total billed charges | |
| HC BREATH HYDRO OR METH TEST | 91065 | CPT | | | | outpatient | | | 643 | 205.45 | Wellcare | Medicaid | 202.87 | 31.55 | | | 50 | 1782 | percent of total billed charges | |
| HC BREATH HYDRO OR METH TEST | 91065 | CPT | | | | outpatient | | | 643 | 205.45 | United | CommercialPPO | 1782 | | | | 50 | 1782 | case rate | |
| HC GASTROINTE TRACT IMAGING (CAPS | 91110 | CPT | | | | outpatient | | | 5305 | 1192.23 | Corrections | Corrections | 4244 | 80 | | | 550 | 5039.75 | percent of total billed charges | |
| HC GASTROINTE TRACT IMAGING (CAPS | 91110 | CPT | | | | outpatient | | | 5305 | 1192.23 | Consumer | Consumer | 5039.75 | 95 | | | 550 | 5039.75 | percent of total billed charges | |
| HC GASTROINTE TRACT IMAGING (CAPS | 91110 | CPT | | | | outpatient | | | 5305 | 1192.23 | First Health | First Health | 3713.5 | 70 | | | 550 | 5039.75 | percent of total billed charges | |
| HC GASTROINTE TRACT IMAGING (CAPS | 91110 | CPT | | | | outpatient | | | 5305 | 1192.23 | Aetna | Medicare | 1036.72 | | | | 550 | 5039.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GASTROINTE TRACT IMAGING (CAPS | 91110 | CPT | | | | outpatient | | | 5305 | 1192.23 | First Trenton | First Trenton | 4774.5 | 90 | | | 550 | 5039.75 | percent of total billed charges | |
| HC GASTROINTE TRACT IMAGING (CAPS | 91110 | CPT | | | | outpatient | | | 5305 | 1192.23 | Multiplan | Multiplan | 4244 | 80 | | | 550 | 5039.75 | percent of total billed charges | |
| HC GASTROINTE TRACT IMAGING (CAPS | 91110 | CPT | | | | outpatient | | | 5305 | 1192.23 | Aetna | Better Health | 1673.73 | 31.55 | | | 550 | 5039.75 | percent of total billed charges | |
| HC GASTROINTE TRACT IMAGING (CAPS | 91110 | CPT | | | | outpatient | | | 5305 | 1192.23 | Americare | Americare | 3976.75 | 75 | | | 550 | 5039.75 | percent of total billed charges | |
| HC GASTROINTE TRACT IMAGING (CAPS | 91110 | CPT | | | | outpatient | | | 5305 | 1192.23 | Horizon | Indemnity | 2006.05 | | | | 550 | 5039.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GASTROINTE TRACT IMAGING (CAPS | 91110 | CPT | | | | outpatient | | | 5305 | 1192.23 | Qualcare | Qualcare | 3976.75 | 75 | | | 550 | 5039.75 | percent of total billed charges | |
| HC GASTROINTE TRACT IMAGING (CAPS | 91110 | CPT | | | | outpatient | | | 5305 | 1192.23 | Horizon | Medicare Blue | 1036.72 | | | | 550 | 5039.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GASTROINTE TRACT IMAGING (CAPS | 91110 | CPT | | | | outpatient | | | 5305 | 1192.23 | Horizon | MGD | 2006.05 | | | 1778.24 | 550 | 5039.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GASTROINTE TRACT IMAGING (CAPS | 91110 | CPT | | | | outpatient | | | 5305 | 1192.23 | Amerihealth | HMO/PPO | 550 | | | | 550 | 5039.75 | fee schedule | |
| HC GASTROINTE TRACT IMAGING (CAPS | 91110 | CPT | | | | outpatient | | | 5305 | 1192.23 | Horizon | PPO | 2006.05 | | | | 550 | 5039.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GASTROINTE TRACT IMAGING (CAPS | 91110 | CPT | | | | outpatient | | | 5305 | 1192.23 | Horizon | NJ Health | 1746.09 | | | 273.45 | 550 | 5039.75 | fee schedule | $3,681 All-Inclusive Case Rate |
| HC GASTROINTE TRACT IMAGING (CAPS | 91110 | CPT | | | | outpatient | | | 5305 | 1192.23 | Managed Care Inc | Managed Care Inc | 4774.5 | 90 | | | 550 | 5039.75 | percent of total billed charges | |
| HC GASTROINTE TRACT IMAGING (CAPS | 91110 | CPT | | | | outpatient | | | 5305 | 1192.23 | United | Oxford | 2493 | | | | 550 | 5039.75 | case rate | |
| HC GASTROINTE TRACT IMAGING (CAPS | 91110 | CPT | | | | outpatient | | | 5305 | 1192.23 | UHC | Medicaid | 1673.73 | 31.55 | | | 550 | 5039.75 | percent of total billed charges | |
| HC GASTROINTE TRACT IMAGING (CAPS | 91110 | CPT | | | | outpatient | | | 5305 | 1192.23 | Wellcare | Medicaid | 1673.73 | 31.55 | | | 550 | 5039.75 | percent of total billed charges | |
| HC GASTROINTE TRACT IMAGING (CAPS | 91110 | CPT | | | | outpatient | | | 5305 | 1192.23 | Three Rivers | Three Rivers | 5039.75 | 95 | | | 550 | 5039.75 | percent of total billed charges | |
| HC GASTROINTE TRACT IMAGING (CAPS | 91110 | CPT | | | | outpatient | | | 5305 | 1192.23 | United | CommercialPPO | 2493 | | | | 550 | 5039.75 | case rate | |
| HC GASTROINTE TRACT IMAGING (CAPS | 91110 | CPT | | | | outpatient | | | 5305 | 1192.23 | UHC | Medicare | 1036.72 | | | 957.74 | 550 | 5039.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GASTROINTE TRACT IMAGING (CAPS | 91110 | CPT | | | | outpatient | | | 5305 | 1192.23 | WellPoint | WellPoint | 1707.15 | 32.18 | | | 550 | 5039.75 | percent of total billed charges | |
| HC GASTROINTE TRACT IMAGING (CAPS | 91110 | CPT | | | | outpatient | | | 5305 | 1192.23 | Wellcare | Medicare | 1036.72 | | | | 550 | 5039.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GI TRACT ESOPH CAPSULE ENDO | 91111 | CPT | | | | outpatient | | | 4549 | 1192.23 | Aetna | Better Health | 1435.21 | 31.55 | | | 550 | 4321.55 | percent of total billed charges | |
| HC GI TRACT ESOPH CAPSULE ENDO | 91111 | CPT | | | | outpatient | | | 4549 | 1192.23 | Aetna | Medicare | 1036.72 | | | | 550 | 4321.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GI TRACT ESOPH CAPSULE ENDO | 91111 | CPT | | | | outpatient | | | 4549 | 1192.23 | Amerihealth | HMO/PPO | 550 | | | | 550 | 4321.55 | fee schedule | |
| HC GI TRACT ESOPH CAPSULE ENDO | 91111 | CPT | | | | outpatient | | | 4549 | 1192.23 | Horizon | Medicare Blue | 1036.72 | | | | 550 | 4321.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GI TRACT ESOPH CAPSULE ENDO | 91111 | CPT | | | | outpatient | | | 4549 | 1192.23 | First Health | First Health | 3184.3 | 70 | | | 550 | 4321.55 | percent of total billed charges | |
| HC GI TRACT ESOPH CAPSULE ENDO | 91111 | CPT | | | | outpatient | | | 4549 | 1192.23 | Multiplan | Multiplan | 3639.2 | 80 | | | 550 | 4321.55 | percent of total billed charges | |
| HC GI TRACT ESOPH CAPSULE ENDO | 91111 | CPT | | | | outpatient | | | 4549 | 1192.23 | Wellcare | Medicare | 1036.72 | | | | 550 | 4321.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GI TRACT ESOPH CAPSULE ENDO | 91111 | CPT | | | | outpatient | | | 4549 | 1192.23 | Americare | Americare | 3411.75 | 75 | | | 550 | 4321.55 | percent of total billed charges | |
| HC GI TRACT ESOPH CAPSULE ENDO | 91111 | CPT | | | | outpatient | | | 4549 | 1192.23 | Corrections | Corrections | 3639.2 | 80 | | | 550 | 4321.55 | percent of total billed charges | |
| HC GI TRACT ESOPH CAPSULE ENDO | 91111 | CPT | | | | outpatient | | | 4549 | 1192.23 | Qualcare | Qualcare | 3411.75 | 75 | | | 550 | 4321.55 | percent of total billed charges | |
| HC GI TRACT ESOPH CAPSULE ENDO | 91111 | CPT | | | | outpatient | | | 4549 | 1192.23 | Horizon | MGD | 2006.05 | | | | 550 | 4321.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GI TRACT ESOPH CAPSULE ENDO | 91111 | CPT | | | | outpatient | | | 4549 | 1192.23 | Consumer | Consumer | 4321.55 | 95 | | | 550 | 4321.55 | percent of total billed charges | |
| HC GI TRACT ESOPH CAPSULE ENDO | 91111 | CPT | | | | outpatient | | | 4549 | 1192.23 | Three Rivers | Three Rivers | 4321.55 | 95 | | | 550 | 4321.55 | percent of total billed charges | |
| HC GI TRACT ESOPH CAPSULE ENDO | 91111 | CPT | | | | outpatient | | | 4549 | 1192.23 | Horizon | NJ Health | 1201.64 | | | | 550 | 4321.55 | fee schedule | $3,681 All-Inclusive Case Rate |
| HC GI TRACT ESOPH CAPSULE ENDO | 91111 | CPT | | | | outpatient | | | 4549 | 1192.23 | WellPoint | WellPoint | 1463.87 | 32.18 | | | 550 | 4321.55 | percent of total billed charges | |
| HC GI TRACT ESOPH CAPSULE ENDO | 91111 | CPT | | | | outpatient | | | 4549 | 1192.23 | United | Oxford | 2493 | | | | 550 | 4321.55 | case rate | |
| HC GI TRACT ESOPH CAPSULE ENDO | 91111 | CPT | | | | outpatient | | | 4549 | 1192.23 | First Trenton | First Trenton | 4094.1 | 90 | | | 550 | 4321.55 | percent of total billed charges | |
| HC GI TRACT ESOPH CAPSULE ENDO | 91111 | CPT | | | | outpatient | | | 4549 | 1192.23 | UHC | Medicaid | 1435.21 | 31.55 | | | 550 | 4321.55 | percent of total billed charges | |
| HC GI TRACT ESOPH CAPSULE ENDO | 91111 | CPT | | | | outpatient | | | 4549 | 1192.23 | United | CommercialPPO | 2493 | | | | 550 | 4321.55 | case rate | |
| HC GI TRACT ESOPH CAPSULE ENDO | 91111 | CPT | | | | outpatient | | | 4549 | 1192.23 | UHC | Medicare | 1036.72 | | | | 550 | 4321.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GI TRACT ESOPH CAPSULE ENDO | 91111 | CPT | | | | outpatient | | | 4549 | 1192.23 | Horizon | Indemnity | 2006.05 | | | | 550 | 4321.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GI TRACT ESOPH CAPSULE ENDO | 91111 | CPT | | | | outpatient | | | 4549 | 1192.23 | Wellcare | Medicaid | 1435.21 | 31.55 | | | 550 | 4321.55 | percent of total billed charges | |
| HC GI TRACT ESOPH CAPSULE ENDO | 91111 | CPT | | | | outpatient | | | 4549 | 1192.23 | Horizon | PPO | 2006.05 | | | | 550 | 4321.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GI TRACT ESOPH CAPSULE ENDO | 91111 | CPT | | | | outpatient | | | 4549 | 1192.23 | Managed Care Inc | Managed Care Inc | 4094.1 | 90 | | | 550 | 4321.55 | percent of total billed charges | |
| HC ANORECTAL MONOMETRY | 91122 | CPT | | | | outpatient | | | 1196 | 412.82 | First Health | First Health | 837.2 | 70 | | | 135 | 1782 | percent of total billed charges | |
| HC ANORECTAL MONOMETRY | 91122 | CPT | | | | outpatient | | | 1196 | 412.82 | Consumer | Consumer | 1136.2 | 95 | | | 135 | 1782 | percent of total billed charges | |
| HC ANORECTAL MONOMETRY | 91122 | CPT | | | | outpatient | | | 1196 | 412.82 | First Trenton | First Trenton | 1076.4 | 90 | | | 135 | 1782 | percent of total billed charges | |
| HC ANORECTAL MONOMETRY | 91122 | CPT | | | | outpatient | | | 1196 | 412.82 | Aetna | Better Health | 377.34 | 31.55 | | | 135 | 1782 | percent of total billed charges | |
| HC ANORECTAL MONOMETRY | 91122 | CPT | | | | outpatient | | | 1196 | 412.82 | Amerihealth | HMO/PPO | 135 | | | 403.69 | 135 | 1782 | fee schedule | |
| HC ANORECTAL MONOMETRY | 91122 | CPT | | | | outpatient | | | 1196 | 412.82 | Aetna | Medicare | 358.97 | | | | 135 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANORECTAL MONOMETRY | 91122 | CPT | | | | outpatient | | | 1196 | 412.82 | Horizon | PPO | 694.61 | | | | 135 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANORECTAL MONOMETRY | 91122 | CPT | | | | outpatient | | | 1196 | 412.82 | Corrections | Corrections | 956.8 | 80 | | | 135 | 1782 | percent of total billed charges | |
| HC ANORECTAL MONOMETRY | 91122 | CPT | | | | outpatient | | | 1196 | 412.82 | Wellcare | Medicaid | 377.34 | 31.55 | | | 135 | 1782 | percent of total billed charges | |
| HC ANORECTAL MONOMETRY | 91122 | CPT | | | | outpatient | | | 1196 | 412.82 | Three Rivers | Three Rivers | 1136.2 | 95 | | | 135 | 1782 | percent of total billed charges | |
| HC ANORECTAL MONOMETRY | 91122 | CPT | | | | outpatient | | | 1196 | 412.82 | Horizon | Indemnity | 694.61 | | | | 135 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANORECTAL MONOMETRY | 91122 | CPT | | | | outpatient | | | 1196 | 412.82 | Horizon | Medicare Blue | 358.97 | | | | 135 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANORECTAL MONOMETRY | 91122 | CPT | | | | outpatient | | | 1196 | 412.82 | UHC | Medicaid | 377.34 | 31.55 | | | 135 | 1782 | percent of total billed charges | |
| HC ANORECTAL MONOMETRY | 91122 | CPT | | | | outpatient | | | 1196 | 412.82 | Americare | Americare | 897 | 75 | | | 135 | 1782 | percent of total billed charges | |
| HC ANORECTAL MONOMETRY | 91122 | CPT | | | | outpatient | | | 1196 | 412.82 | UHC | Medicare | 358.97 | | | | 135 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANORECTAL MONOMETRY | 91122 | CPT | | | | outpatient | | | 1196 | 412.82 | Horizon | NJ Health | 997.02 | | | 529.18 | 135 | 1782 | fee schedule | $3,681 All-Inclusive Case Rate |
| HC ANORECTAL MONOMETRY | 91122 | CPT | | | | outpatient | | | 1196 | 412.82 | Wellcare | Medicare | 358.97 | | | | 135 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANORECTAL MONOMETRY | 91122 | CPT | | | | outpatient | | | 1196 | 412.82 | Horizon | MGD | 694.61 | | | | 135 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANORECTAL MONOMETRY | 91122 | CPT | | | | outpatient | | | 1196 | 412.82 | Managed Care Inc | Managed Care Inc | 1076.4 | 90 | | | 135 | 1782 | percent of total billed charges | |
| HC ANORECTAL MONOMETRY | 91122 | CPT | | | | outpatient | | | 1196 | 412.82 | Multiplan | Multiplan | 956.8 | 80 | | | 135 | 1782 | percent of total billed charges | |
| HC ANORECTAL MONOMETRY | 91122 | CPT | | | | outpatient | | | 1196 | 412.82 | United | CommercialPPO | 1782 | | | | 135 | 1782 | case rate | |
| HC ANORECTAL MONOMETRY | 91122 | CPT | | | | outpatient | | | 1196 | 412.82 | Qualcare | Qualcare | 897 | 75 | | | 135 | 1782 | percent of total billed charges | |
| HC ANORECTAL MONOMETRY | 91122 | CPT | | | | outpatient | | | 1196 | 412.82 | WellPoint | WellPoint | 384.87 | 32.18 | | | 135 | 1782 | percent of total billed charges | |
| HC ANORECTAL MONOMETRY | 91122 | CPT | | | | outpatient | | | 1196 | 412.82 | United | Oxford | 1782 | | | | 135 | 1782 | case rate | |
| HC LIVER ELASTOGRAPHY W/O IMAGING, FIBROSCAN | 91200 | CPT | | | | both | | | 555 | 205.45 | Aetna | Better Health | 175.1 | 31.55 | | | 51.46 | 527.25 | percent of total billed charges | |
| HC LIVER ELASTOGRAPHY W/O IMAGING, FIBROSCAN | 91200 | CPT | | | | both | | | 555 | 205.45 | Horizon | PPO | 345.69 | | | 155.05 | 51.46 | 527.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LIVER ELASTOGRAPHY W/O IMAGING, FIBROSCAN | 91200 | CPT | | | | both | | | 555 | 205.45 | Consumer | Consumer | 527.25 | 95 | | | 51.46 | 527.25 | percent of total billed charges | |
| HC LIVER ELASTOGRAPHY W/O IMAGING, FIBROSCAN | 91200 | CPT | | | | both | | | 555 | 205.45 | Amerihealth | HMO/PPO | 51.46 | | | | 51.46 | 527.25 | fee schedule | |
| HC LIVER ELASTOGRAPHY W/O IMAGING, FIBROSCAN | 91200 | CPT | | | | both | | | 555 | 205.45 | Corrections | Corrections | 444 | 80 | | | 51.46 | 527.25 | percent of total billed charges | |
| HC LIVER ELASTOGRAPHY W/O IMAGING, FIBROSCAN | 91200 | CPT | | | | both | | | 555 | 205.45 | First Health | First Health | 388.5 | 70 | | | 51.46 | 527.25 | percent of total billed charges | |
| HC LIVER ELASTOGRAPHY W/O IMAGING, FIBROSCAN | 91200 | CPT | | | | both | | | 555 | 205.45 | Aetna | Medicare | 178.65 | | | | 51.46 | 527.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LIVER ELASTOGRAPHY W/O IMAGING, FIBROSCAN | 91200 | CPT | | | | both | | | 555 | 205.45 | Horizon | Medicare Blue | 178.65 | | | 157.57 | 51.46 | 527.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LIVER ELASTOGRAPHY W/O IMAGING, FIBROSCAN | 91200 | CPT | | | | both | | | 555 | 205.45 | Horizon | Indemnity | 345.69 | | | | 51.46 | 527.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LIVER ELASTOGRAPHY W/O IMAGING, FIBROSCAN | 91200 | CPT | | | | both | | | 555 | 205.45 | UHC | Medicaid | 175.1 | 31.55 | | 129.84 | 51.46 | 527.25 | percent of total billed charges | |
| HC LIVER ELASTOGRAPHY W/O IMAGING, FIBROSCAN | 91200 | CPT | | | | both | | | 555 | 205.45 | First Trenton | First Trenton | 499.5 | 90 | | | 51.46 | 527.25 | percent of total billed charges | |
| HC LIVER ELASTOGRAPHY W/O IMAGING, FIBROSCAN | 91200 | CPT | | | | both | | | 555 | 205.45 | Wellcare | Medicaid | 175.1 | 31.55 | | | 51.46 | 527.25 | percent of total billed charges | |
| HC LIVER ELASTOGRAPHY W/O IMAGING, FIBROSCAN | 91200 | CPT | | | | both | | | 555 | 205.45 | Multiplan | Multiplan | 444 | 80 | | | 51.46 | 527.25 | percent of total billed charges | |
| HC LIVER ELASTOGRAPHY W/O IMAGING, FIBROSCAN | 91200 | CPT | | | | both | | | 555 | 205.45 | Wellcare | Medicare | 178.65 | | | | 51.46 | 527.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LIVER ELASTOGRAPHY W/O IMAGING, FIBROSCAN | 91200 | CPT | | | | both | | | 555 | 205.45 | Americare | Americare | 416.25 | 75 | | | 51.46 | 527.25 | percent of total billed charges | |
| HC LIVER ELASTOGRAPHY W/O IMAGING, FIBROSCAN | 91200 | CPT | | | | both | | | 555 | 205.45 | Qualcare | Qualcare | 416.25 | 75 | | | 51.46 | 527.25 | percent of total billed charges | |
| HC LIVER ELASTOGRAPHY W/O IMAGING, FIBROSCAN | 91200 | CPT | | | | both | | | 555 | 205.45 | Horizon | MGD | 345.69 | | | 173.34 | 51.46 | 527.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LIVER ELASTOGRAPHY W/O IMAGING, FIBROSCAN | 91200 | CPT | | | | both | | | 555 | 205.45 | UHC | Medicare | 178.65 | | | 147.73 | 51.46 | 527.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LIVER ELASTOGRAPHY W/O IMAGING, FIBROSCAN | 91200 | CPT | | | | both | | | 555 | 205.45 | Three Rivers | Three Rivers | 527.25 | 95 | | | 51.46 | 527.25 | percent of total billed charges | |
| HC LIVER ELASTOGRAPHY W/O IMAGING, FIBROSCAN | 91200 | CPT | | | | both | | | 555 | 205.45 | Managed Care Inc | Managed Care Inc | 499.5 | 90 | | | 51.46 | 527.25 | percent of total billed charges | |
| HC LIVER ELASTOGRAPHY W/O IMAGING, FIBROSCAN | 91200 | CPT | | | | both | | | 555 | 205.45 | WellPoint | WellPoint | 178.6 | 32.18 | | 141.53 | 51.46 | 527.25 | percent of total billed charges | |
| HC UNLISTED DIAGNOSTIC GASTROENTE | 91299 | CPT | | | | outpatient | | | 566 | 205.45 | Horizon | Indemnity | 345.69 | | | | 178.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED DIAGNOSTIC GASTROENTE | 91299 | CPT | | | | outpatient | | | 566 | 205.45 | Aetna | Better Health | 178.57 | 31.55 | | | 178.57 | 1782 | percent of total billed charges | |
| HC UNLISTED DIAGNOSTIC GASTROENTE | 91299 | CPT | | | | outpatient | | | 566 | 205.45 | Horizon | MGD | 345.69 | | | | 178.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED DIAGNOSTIC GASTROENTE | 91299 | CPT | | | | outpatient | | | 566 | 205.45 | First Trenton | First Trenton | 509.4 | 90 | | | 178.57 | 1782 | percent of total billed charges | |
| HC UNLISTED DIAGNOSTIC GASTROENTE | 91299 | CPT | | | | outpatient | | | 566 | 205.45 | First Health | First Health | 396.2 | 70 | | | 178.57 | 1782 | percent of total billed charges | |
| HC UNLISTED DIAGNOSTIC GASTROENTE | 91299 | CPT | | | | outpatient | | | 566 | 205.45 | Horizon | Medicare Blue | 178.65 | | | | 178.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED DIAGNOSTIC GASTROENTE | 91299 | CPT | | | | outpatient | | | 566 | 205.45 | WellPoint | WellPoint | 182.14 | 32.18 | | | 178.57 | 1782 | percent of total billed charges | |
| HC UNLISTED DIAGNOSTIC GASTROENTE | 91299 | CPT | | | | outpatient | | | 566 | 205.45 | Amerihealth | HMO/PPO | 367.9 | 65 | | | 178.57 | 1782 | percent of total billed charges | |
| HC UNLISTED DIAGNOSTIC GASTROENTE | 91299 | CPT | | | | outpatient | | | 566 | 205.45 | UHC | Medicare | 178.65 | | | | 178.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED DIAGNOSTIC GASTROENTE | 91299 | CPT | | | | outpatient | | | 566 | 205.45 | Aetna | Medicare | 178.65 | | | | 178.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED DIAGNOSTIC GASTROENTE | 91299 | CPT | | | | outpatient | | | 566 | 205.45 | Horizon | PPO | 345.69 | | | | 178.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED DIAGNOSTIC GASTROENTE | 91299 | CPT | | | | outpatient | | | 566 | 205.45 | Managed Care Inc | Managed Care Inc | 509.4 | 90 | | | 178.57 | 1782 | percent of total billed charges | |
| HC UNLISTED DIAGNOSTIC GASTROENTE | 91299 | CPT | | | | outpatient | | | 566 | 205.45 | Three Rivers | Three Rivers | 537.7 | 95 | | | 178.57 | 1782 | percent of total billed charges | |
| HC UNLISTED DIAGNOSTIC GASTROENTE | 91299 | CPT | | | | outpatient | | | 566 | 205.45 | Multiplan | Multiplan | 452.8 | 80 | | | 178.57 | 1782 | percent of total billed charges | |
| HC UNLISTED DIAGNOSTIC GASTROENTE | 91299 | CPT | | | | outpatient | | | 566 | 205.45 | UHC | Medicaid | 178.57 | 31.55 | | | 178.57 | 1782 | percent of total billed charges | |
| HC UNLISTED DIAGNOSTIC GASTROENTE | 91299 | CPT | | | | outpatient | | | 566 | 205.45 | Corrections | Corrections | 452.8 | 80 | | | 178.57 | 1782 | percent of total billed charges | |
| HC UNLISTED DIAGNOSTIC GASTROENTE | 91299 | CPT | | | | outpatient | | | 566 | 205.45 | Wellcare | Medicare | 178.65 | | | | 178.57 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED DIAGNOSTIC GASTROENTE | 91299 | CPT | | | | outpatient | | | 566 | 205.45 | Americare | Americare | 424.5 | 75 | | | 178.57 | 1782 | percent of total billed charges | |
| HC UNLISTED DIAGNOSTIC GASTROENTE | 91299 | CPT | | | | outpatient | | | 566 | 205.45 | Qualcare | Qualcare | 424.5 | 75 | | | 178.57 | 1782 | percent of total billed charges | |
| HC UNLISTED DIAGNOSTIC GASTROENTE | 91299 | CPT | | | | outpatient | | | 566 | 205.45 | Wellcare | Medicaid | 178.57 | 31.55 | | | 178.57 | 1782 | percent of total billed charges | |
| HC UNLISTED DIAGNOSTIC GASTROENTE | 91299 | CPT | | | | outpatient | | | 566 | 205.45 | United | CommercialPPO | 1782 | | | | 178.57 | 1782 | case rate | |
| HC UNLISTED DIAGNOSTIC GASTROENTE | 91299 | CPT | | | | outpatient | | | 566 | 205.45 | Consumer | Consumer | 537.7 | 95 | | | 178.57 | 1782 | percent of total billed charges | |
| HC UNLISTED DIAGNOSTIC GASTROENTE | 91299 | CPT | | | | outpatient | | | 566 | 205.45 | United | Oxford | 1782 | | | | 178.57 | 1782 | case rate | |
| HC SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE | 91320 | CPT | | | | outpatient | | | 393 | 150.77 | Aetna | Better Health | 123.99 | 31.55 | | | 117.9 | 373.35 | percent of total billed charges | |
| HC SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE | 91320 | CPT | | | | outpatient | | | 393 | 150.77 | Amerihealth | HMO/PPO | 255.45 | 65 | | | 117.9 | 373.35 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | 310119 | true | |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE | 91320 | CPT | | | | outpatient | | | 393 | 150.77 | First Trenton | First Trenton | 353.7 | 90 | | | 117.9 | 117.9 | 373.35 percent of total billed charges | |
| HC SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE | 91320 | CPT | | | | outpatient | | | 393 | 150.77 | Consumer | Consumer | 373.35 | 95 | | | 117.9 | 117.9 | 373.35 percent of total billed charges | |
| HC SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE | 91320 | CPT | | | | outpatient | | | 393 | 150.77 | UHC | Medicare | 131.1 | | | | 117.9 | 117.9 | 373.35 fee schedule | |
| HC SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE | 91320 | CPT | | | | outpatient | | | 393 | 150.77 | Americare | Americare | 294.75 | 75 | | | 117.9 | 117.9 | 373.35 percent of total billed charges | |
| HC SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE | 91320 | CPT | | | | outpatient | | | 393 | 150.77 | Amerihealth | Medicare | 131.1 | | | | 117.9 | 117.9 | 373.35 fee schedule | |
| HC SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE | 91320 | CPT | | | | outpatient | | | 393 | 150.77 | Aetna | Medicare | 121.04 | 30.8 | | | 117.9 | 117.9 | 373.35 percent of total billed charges | |
| HC SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE | 91320 | CPT | | | | outpatient | | | 393 | 150.77 | First Health | First Health | 275.1 | 70 | | | 117.9 | 117.9 | 373.35 percent of total billed charges | |
| HC SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE | 91320 | CPT | | | | outpatient | | | 393 | 150.77 | Horizon | Indemnity | 150.44 | 38.28 | | | 117.9 | 117.9 | 373.35 percent of total billed charges | |
| HC SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE | 91320 | CPT | | | | outpatient | | | 393 | 150.77 | Horizon | PPO | 150.44 | 38.28 | | | 117.9 | 117.9 | 373.35 percent of total billed charges | |
| HC SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE | 91320 | CPT | | | | outpatient | | | 393 | 150.77 | Corrections | Corrections | 314.4 | 80 | | | 117.9 | 117.9 | 373.35 percent of total billed charges | |
| HC SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE | 91320 | CPT | | | | outpatient | | | 393 | 150.77 | Wellcare | Medicaid | 123.99 | 31.55 | | | 117.9 | 117.9 | 373.35 percent of total billed charges | |
| HC SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE | 91320 | CPT | | | | outpatient | | | 393 | 150.77 | Horizon | Medicare Blue | 117.9 | 30 | | | 117.9 | 117.9 | 373.35 percent of total billed charges | |
| HC SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE | 91320 | CPT | | | | outpatient | | | 393 | 150.77 | WellPoint | WellPoint | 126.47 | 32.18 | | | 117.9 | 117.9 | 373.35 percent of total billed charges | |
| HC SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE | 91320 | CPT | | | | outpatient | | | 393 | 150.77 | Horizon | MGD | 150.44 | 38.28 | | | 117.9 | 117.9 | 373.35 percent of total billed charges | |
| HC SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE | 91320 | CPT | | | | outpatient | | | 393 | 150.77 | Managed Care Inc | Managed Care Inc | 353.7 | 90 | | | 117.9 | 117.9 | 373.35 percent of total billed charges | |
| HC SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE | 91320 | CPT | | | | outpatient | | | 393 | 150.77 | Multiplan | Multiplan | 314.4 | 80 | | | 117.9 | 117.9 | 373.35 percent of total billed charges | |
| HC SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE | 91320 | CPT | | | | outpatient | | | 393 | 150.77 | UHC | Medicaid | 123.99 | 31.55 | | | 117.9 | 117.9 | 373.35 percent of total billed charges | |
| HC SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE | 91320 | CPT | | | | outpatient | | | 393 | 150.77 | United | Oxford | 327.75 | | | | 117.9 | 117.9 | 373.35 fee schedule | |
| HC SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE | 91320 | CPT | | | | outpatient | | | 393 | 150.77 | Three Rivers | Three Rivers | 373.35 | 95 | | | 117.9 | 117.9 | 373.35 percent of total billed charges | |
| HC SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE | 91320 | CPT | | | | outpatient | | | 393 | 150.77 | Qualcare | Qualcare | 294.75 | 75 | | | 117.9 | 117.9 | 373.35 percent of total billed charges | |
| HC SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE | 91320 | CPT | | | | outpatient | | | 393 | 150.77 | United | Commercial\|PPO | 327.75 | | | | 117.9 | 117.9 | 373.35 fee schedule | |
| HC SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE | 91320 | CPT | | | | outpatient | | | 393 | 150.77 | Wellcare | Medicare | 131.1 | | | | 117.9 | 117.9 | 373.35 fee schedule | |
| HC SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE | 91321 | CPT | | | | outpatient | | | 460.8 | 167.81 | Corrections | Corrections | 368.64 | 80 | | | 138.24 | 138.24 | 437.76 percent of total billed charges | |
| HC SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE | 91321 | CPT | | | | outpatient | | | 460.8 | 167.81 | Amerihealth | HMO/PPO | 299.52 | 65 | | | 138.24 | 138.24 | 437.76 percent of total billed charges | |
| HC SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE | 91321 | CPT | | | | outpatient | | | 460.8 | 167.81 | Aetna | Medicare | 141.93 | 30.8 | | | 138.24 | 138.24 | 437.76 percent of total billed charges | |
| HC SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE | 91321 | CPT | | | | outpatient | | | 460.8 | 167.81 | Aetna | Better Health | 145.38 | 31.55 | | | 138.24 | 138.24 | 437.76 percent of total billed charges | |
| HC SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE | 91321 | CPT | | | | outpatient | | | 460.8 | 167.81 | First Trenton | First Trenton | 414.72 | 90 | | | 138.24 | 138.24 | 437.76 percent of total billed charges | |
| HC SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE | 91321 | CPT | | | | outpatient | | | 460.8 | 167.81 | Amerihealth | Medicare | 145.92 | | | | 138.24 | 138.24 | 437.76 fee schedule | |
| HC SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE | 91321 | CPT | | | | outpatient | | | 460.8 | 167.81 | Americare | Americare | 345.6 | 75 | | | 138.24 | 138.24 | 437.76 percent of total billed charges | |
| HC SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE | 91321 | CPT | | | | outpatient | | | 460.8 | 167.81 | Consumer | Consumer | 437.76 | 95 | | | 138.24 | 138.24 | 437.76 percent of total billed charges | |
| HC SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE | 91321 | CPT | | | | outpatient | | | 460.8 | 167.81 | Horizon | Medicare Blue | 138.24 | 30 | | | 138.24 | 138.24 | 437.76 percent of total billed charges | |
| HC SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE | 91321 | CPT | | | | outpatient | | | 460.8 | 167.81 | Multiplan | Multiplan | 368.64 | 80 | | | 138.24 | 138.24 | 437.76 percent of total billed charges | |
| HC SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE | 91321 | CPT | | | | outpatient | | | 460.8 | 167.81 | Horizon | MGD | 176.39 | 38.28 | | | 138.24 | 138.24 | 437.76 percent of total billed charges | |
| HC SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE | 91321 | CPT | | | | outpatient | | | 460.8 | 167.81 | WellPoint | WellPoint | 148.29 | 32.18 | | | 138.24 | 138.24 | 437.76 percent of total billed charges | |
| HC SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE | 91321 | CPT | | | | outpatient | | | 460.8 | 167.81 | Horizon | Indemnity | 176.39 | 38.28 | | | 138.24 | 138.24 | 437.76 percent of total billed charges | |
| HC SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE | 91321 | CPT | | | | outpatient | | | 460.8 | 167.81 | First Health | First Health | 322.56 | 70 | | | 138.24 | 138.24 | 437.76 percent of total billed charges | |
| HC SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE | 91321 | CPT | | | | outpatient | | | 460.8 | 167.81 | United | Oxford | 364.8 | | | | 138.24 | 138.24 | 437.76 fee schedule | |
| HC SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE | 91321 | CPT | | | | outpatient | | | 460.8 | 167.81 | Wellcare | Medicare | 145.92 | | | | 138.24 | 138.24 | 437.76 fee schedule | |
| HC SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE | 91321 | CPT | | | | outpatient | | | 460.8 | 167.81 | Horizon | PPO | 176.39 | 38.28 | | | 138.24 | 138.24 | 437.76 percent of total billed charges | |
| HC SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE | 91321 | CPT | | | | outpatient | | | 460.8 | 167.81 | Qualcare | Qualcare | 345.6 | 75 | | | 138.24 | 138.24 | 437.76 percent of total billed charges | |
| HC SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE | 91321 | CPT | | | | outpatient | | | 460.8 | 167.81 | Managed Care Inc | Managed Care Inc | 414.72 | 90 | | | 138.24 | 138.24 | 437.76 percent of total billed charges | |
| HC SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE | 91321 | CPT | | | | outpatient | | | 460.8 | 167.81 | United | Commercial\|PPO | 364.8 | | | | 138.24 | 138.24 | 437.76 fee schedule | |
| HC SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE | 91321 | CPT | | | | outpatient | | | 460.8 | 167.81 | Three Rivers | Three Rivers | 437.76 | 95 | | | 138.24 | 138.24 | 437.76 percent of total billed charges | |
| HC SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE | 91321 | CPT | | | | outpatient | | | 460.8 | 167.81 | UHC | Medicaid | 145.38 | 31.55 | | | 138.24 | 138.24 | 437.76 percent of total billed charges | |
| HC SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE | 91321 | CPT | | | | outpatient | | | 460.8 | 167.81 | Wellcare | Medicaid | 145.38 | 31.55 | | | 138.24 | 138.24 | 437.76 percent of total billed charges | |
| HC SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE | 91321 | CPT | | | | outpatient | | | 460.8 | 167.81 | UHC | Medicare | 145.92 | | | | 138.24 | 138.24 | 437.76 fee schedule | |
| HC SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE | 91322 | CPT | | | | inpatient | | | 510.48 | 167.81 | Amerihealth | Medicare | 145.92 | | | | 145.92 | 145.92 | 484.96 fee schedule | |
| HC SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE | 91322 | CPT | | | | inpatient | | | 510.48 | 167.81 | Amerihealth | HMO/PPO | 331.81 | 65 | | | 145.92 | 145.92 | 484.96 percent of total billed charges | |
| HC SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE | 91322 | CPT | | | | inpatient | | | 510.48 | 167.81 | First Health | First Health | 357.34 | 70 | | | 145.92 | 145.92 | 484.96 percent of total billed charges | |
| HC SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE | 91322 | CPT | | | | inpatient | | | 510.48 | 167.81 | Aetna | Medicare | 157.23 | 30.8 | | | 145.92 | 145.92 | 484.96 percent of total billed charges | |
| HC SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE | 91322 | CPT | | | | inpatient | | | 510.48 | 167.81 | First Trenton | First Trenton | 459.43 | 90 | | | 145.92 | 145.92 | 484.96 percent of total billed charges | |
| HC SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE | 91322 | CPT | | | | inpatient | | | 510.48 | 167.81 | Americare | Americare | 382.86 | 75 | | | 145.92 | 145.92 | 484.96 percent of total billed charges | |
| HC SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE | 91322 | CPT | | | | inpatient | | | 510.48 | 167.81 | Aetna | Better Health | 161.06 | 31.55 | | | 145.92 | 145.92 | 484.96 percent of total billed charges | |
| HC SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE | 91322 | CPT | | | | inpatient | | | 510.48 | 167.81 | Horizon | MGD | 195.41 | 38.28 | | | 145.92 | 145.92 | 484.96 percent of total billed charges | |
| HC SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE | 91322 | CPT | | | | inpatient | | | 510.48 | 167.81 | Corrections | Corrections | 408.38 | 80 | | | 145.92 | 145.92 | 484.96 percent of total billed charges | |
| HC SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE | 91322 | CPT | | | | inpatient | | | 510.48 | 167.81 | Horizon | Indemnity | 195.41 | 38.28 | | | 145.92 | 145.92 | 484.96 percent of total billed charges | |
| HC SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE | 91322 | CPT | | | | inpatient | | | 510.48 | 167.81 | UHC | Medicare | 145.92 | | | | 145.92 | 145.92 | 484.96 fee schedule | |
| HC SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE | 91322 | CPT | | | | inpatient | | | 510.48 | 167.81 | Consumer | Consumer | 484.96 | 95 | | | 145.92 | 145.92 | 484.96 percent of total billed charges | |
| HC SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE | 91322 | CPT | | | | inpatient | | | 510.48 | 167.81 | Horizon | PPO | 195.41 | 38.28 | | | 145.92 | 145.92 | 484.96 percent of total billed charges | |
| HC SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE | 91322 | CPT | | | | inpatient | | | 510.48 | 167.81 | Multiplan | Multiplan | 408.38 | 80 | | | 145.92 | 145.92 | 484.96 percent of total billed charges | |
| HC SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE | 91322 | CPT | | | | inpatient | | | 510.48 | 167.81 | Wellcare | Medicaid | 161.06 | 31.55 | | | 145.92 | 145.92 | 484.96 percent of total billed charges | |
| HC SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE | 91322 | CPT | | | | inpatient | | | 510.48 | 167.81 | Horizon | Medicare Blue | 153.14 | 30 | | | 145.92 | 145.92 | 484.96 percent of total billed charges | |
| HC SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE | 91322 | CPT | | | | inpatient | | | 510.48 | 167.81 | UHC | Medicaid | 161.06 | 31.55 | | | 145.92 | 145.92 | 484.96 percent of total billed charges | |
| HC SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE | 91322 | CPT | | | | inpatient | | | 510.48 | 167.81 | Qualcare | Qualcare | 382.86 | 75 | | | 145.92 | 145.92 | 484.96 percent of total billed charges | |
| HC SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE | 91322 | CPT | | | | inpatient | | | 510.48 | 167.81 | Wellcare | Medicare | 145.92 | | | | 145.92 | 145.92 | 484.96 fee schedule | |
| HC SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE | 91322 | CPT | | | | inpatient | | | 510.48 | 167.81 | United | Commercial\|PPO | 364.8 | | | | 145.92 | 145.92 | 484.96 fee schedule | |
| HC SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE | 91322 | CPT | | | | inpatient | | | 510.48 | 167.81 | Managed Care Inc | Managed Care Inc | 458.43 | 90 | | | 145.92 | 145.92 | 484.96 percent of total billed charges | |
| HC SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE | 91322 | CPT | | | | inpatient | | | 510.48 | 167.81 | United | Oxford | 364.8 | | | | 145.92 | 145.92 | 484.96 fee schedule | |
| HC SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE | 91322 | CPT | | | | inpatient | | | 510.48 | 167.81 | WellPoint | WellPoint | 164.27 | 32.18 | | | 145.92 | 145.92 | 484.96 percent of total billed charges | |
| HC SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE | 91322 | CPT | | | | inpatient | | | 510.48 | 167.81 | Three Rivers | Three Rivers | 484.96 | 95 | | | 145.92 | 145.92 | 484.96 percent of total billed charges | |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST | 92004 | CPT | | | | outpatient | | | 445.86 | 173.86 | Aetna | Better Health | 140.67 | 31.55 | | | 112.23 | 112.23 | 423.57 percent of total billed charges | |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST | 92004 | CPT | | | | outpatient | | | 445.86 | 173.86 | Three Rivers | Three Rivers | 423.57 | 95 | | | 112.23 | 112.23 | 423.57 percent of total billed charges | |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST | 92004 | CPT | | | | outpatient | | | 445.86 | 173.86 | Consumer | Consumer | 423.57 | 95 | | | 112.23 | 112.23 | 423.57 percent of total billed charges | |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST | 92004 | CPT | | | | outpatient | | | 445.86 | 173.86 | Aetna | Medicare | 151.18 | | | | 112.23 | 112.23 | 423.57 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST | 92004 | CPT | | | | outpatient | | | 445.86 | 173.86 | First Health | First Health | 312.1 | 70 | | | 112.23 | 112.23 | 423.57 percent of total billed charges | |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST | 92004 | CPT | | | | outpatient | | | 445.86 | 173.86 | First Trenton | First Trenton | 401.27 | 90 | | | 112.23 | 112.23 | 423.57 percent of total billed charges | |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST | 92004 | CPT | | | | outpatient | | | 445.86 | 173.86 | Horizon | PPO | 292.53 | | | | 112.23 | 112.23 | 423.57 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST | 92004 | CPT | | | | outpatient | | | 445.86 | 173.86 | Americare | Americare | 334.4 | 75 | | | 112.23 | 112.23 | 423.57 percent of total billed charges | |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST | 92004 | CPT | | | | outpatient | | | 445.86 | 173.86 | Amerihealth | HMO/PPO | 289.81 | 65 | | | 112.23 | 112.23 | 423.57 percent of total billed charges | |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST | 92004 | CPT | | | | outpatient | | | 445.86 | 173.86 | Medicaid | Medicaid | 140.67 | 31.55 | | | 112.23 | 112.23 | 423.57 percent of total billed charges | |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST | 92004 | CPT | | | | outpatient | | | 445.86 | 173.86 | Multiplan | Multiplan | 356.69 | 80 | | | 112.23 | 112.23 | 423.57 percent of total billed charges | |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST | 92004 | CPT | | | | outpatient | | | 445.86 | 173.86 | Horizon | MGD | 292.53 | | | | 112.23 | 112.23 | 423.57 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST | 92004 | CPT | | | | outpatient | | | 445.86 | 173.86 | Corrections | Corrections | 356.69 | 80 | | | 112.23 | 112.23 | 423.57 percent of total billed charges | |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST | 92004 | CPT | | | | outpatient | | | 445.86 | 173.86 | Horizon | Indemnity | 292.53 | | | | 112.23 | 112.23 | 423.57 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST | 92004 | CPT | | | | outpatient | | | 445.86 | 173.86 | Qualcare | Qualcare | 334.4 | 75 | | | 112.23 | 112.23 | 423.57 percent of total billed charges | |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST | 92004 | CPT | | | | outpatient | | | 445.86 | 173.86 | UHC | Medicare | 151.18 | | | | 112.23 | 112.23 | 423.57 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST | 92004 | CPT | | | | outpatient | | | 445.86 | 173.86 | WellPoint | WellPoint | 143.48 | 32.18 | | | 112.23 | 112.23 | 423.57 percent of total billed charges | |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST | 92004 | CPT | | | | outpatient | | | 445.86 | 173.86 | Horizon | Medicare Blue | 151.18 | | | | 112.23 | 112.23 | 423.57 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST | 92004 | CPT | | | | outpatient | | | 445.86 | 173.86 | Wellcare | Medicaid | 140.67 | 31.55 | | | 112.23 | 112.23 | 423.57 percent of total billed charges | |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST | 92004 | CPT | | | | outpatient | | | 445.86 | 173.86 | Horizon | NJ Health | 112.23 | | | | 112.23 | 112.23 | 423.57 fee schedule | |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST | 92004 | CPT | | | | outpatient | | | 445.86 | 173.86 | Wellcare | Medicare | 151.18 | | | | 112.23 | 112.23 | 423.57 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST | 92004 | CPT | | | | outpatient | | | 445.86 | 173.86 | Managed Care Inc | Managed Care Inc | 401.27 | 90 | | | 112.23 | 112.23 | 423.57 percent of total billed charges | |
| HC EYE EXAM-EST.PT.COMPLETE | 92012 | CPT | | | | outpatient | | | 442 | 173.86 | UHC | Medicare | 151.18 | | | | 76.26 | 419.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EYE EXAM-EST.PT.COMPLETE | 92012 | CPT | | | | outpatient | | | 442 | 173.86 | UHC | Medicaid | 139.45 | 31.55 | | | 76.26 | 419.9 | percent of total billed charges | |
| HC EYE EXAM-EST.PT.COMPLETE | 92012 | CPT | | | | outpatient | | | 442 | 173.86 | Consumer | Consumer | 419.9 | 95 | | | 76.26 | 419.9 | percent of total billed charges | |
| HC EYE EXAM-EST.PT.COMPLETE | 92012 | CPT | | | | outpatient | | | 442 | 173.86 | Aetna | Better Health | 139.45 | 31.55 | | | 76.26 | 419.9 | percent of total billed charges | |
| HC EYE EXAM-EST.PT.COMPLETE | 92012 | CPT | | | | outpatient | | | 442 | 173.86 | Americare | Americare | 331.5 | 75 | | | 76.26 | 419.9 | percent of total billed charges | |
| HC EYE EXAM-EST.PT.COMPLETE | 92012 | CPT | | | | outpatient | | | 442 | 173.86 | First Trenton | First Trenton | 397.8 | 90 | | | 76.26 | 419.9 | percent of total billed charges | |
| HC EYE EXAM-EST.PT.COMPLETE | 92012 | CPT | | | | outpatient | | | 442 | 173.86 | Corrections | Corrections | 353.6 | 80 | | | 76.26 | 419.9 | percent of total billed charges | |
| HC EYE EXAM-EST.PT.COMPLETE | 92012 | CPT | | | | outpatient | | | 442 | 173.86 | Aetna | Medicare | 151.18 | | | | 76.26 | 419.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EYE EXAM-EST.PT.COMPLETE | 92012 | CPT | | | | outpatient | | | 442 | 173.86 | Amerihealth | HMO/PPO | 287.3 | 65 | | | 76.26 | 419.9 | percent of total billed charges | |
| HC EYE EXAM-EST.PT.COMPLETE | 92012 | CPT | | | | outpatient | | | 442 | 173.86 | Horizon | Indemnity | 292.53 | | | | 76.26 | 419.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EYE EXAM-EST.PT.COMPLETE | 92012 | CPT | | | | outpatient | | | 442 | 173.86 | Horizon | NJ Health | 76.26 | | | | 76.26 | 419.9 | fee schedule | |
| HC EYE EXAM-EST.PT.COMPLETE | 92012 | CPT | | | | outpatient | | | 442 | 173.86 | Horizon | PPO | 292.53 | | | | 76.26 | 419.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EYE EXAM-EST.PT.COMPLETE | 92012 | CPT | | | | outpatient | | | 442 | 173.86 | Multiplan | Multiplan | 353.6 | 80 | | | 76.26 | 419.9 | percent of total billed charges | |
| HC EYE EXAM-EST.PT.COMPLETE | 92012 | CPT | | | | outpatient | | | 442 | 173.86 | Managed Care Inc | Managed Care Inc | 397.8 | 90 | | | 76.26 | 419.9 | percent of total billed charges | |
| HC EYE EXAM-EST.PT.COMPLETE | 92012 | CPT | | | | outpatient | | | 442 | 173.86 | Horizon | Medicare Blue | 151.18 | | | | 76.26 | 419.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EYE EXAM-EST.PT.COMPLETE | 92012 | CPT | | | | outpatient | | | 442 | 173.86 | First Health | First Health | 309.4 | 70 | | | 76.26 | 419.9 | percent of total billed charges | |
| HC EYE EXAM-EST.PT.COMPLETE | 92012 | CPT | | | | outpatient | | | 442 | 173.86 | Quality | Quality | 331.5 | 75 | | | 76.26 | 419.9 | percent of total billed charges | |
| HC EYE EXAM-EST.PT.COMPLETE | 92012 | CPT | | | | outpatient | | | 442 | 173.86 | WellPoint | WellPoint | 142.24 | 32.18 | | | 76.26 | 419.9 | percent of total billed charges | |
| HC EYE EXAM-EST.PT.COMPLETE | 92012 | CPT | | | | outpatient | | | 442 | 173.86 | Three Rivers | Three Rivers | 419.9 | 95 | | | 76.26 | 419.9 | percent of total billed charges | |
| HC EYE EXAM-EST.PT.COMPLETE | 92012 | CPT | | | | outpatient | | | 442 | 173.86 | Horizon | MGD | 292.53 | | | | 76.26 | 419.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EYE EXAM-EST.PT.COMPLETE | 92012 | CPT | | | | outpatient | | | 442 | 173.86 | Wellcare | Medicare | 151.18 | | | | 76.26 | 419.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EYE EXAM-EST.PT.COMPLETE | 92012 | CPT | | | | outpatient | | | 442 | 173.86 | Wellcare | Medicaid | 139.45 | 31.55 | | | 76.26 | 419.9 | percent of total billed charges | |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST | 92014 | CPT | | | | outpatient | | | 445.86 | 173.86 | First Health | First Health | 312.1 | 70 | | | 112.13 | 423.57 | percent of total billed charges | |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST | 92014 | CPT | | | | outpatient | | | 445.86 | 173.86 | Wellcare | Medicaid | 140.67 | 31.55 | | | 112.13 | 423.57 | percent of total billed charges | |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST | 92014 | CPT | | | | outpatient | | | 445.86 | 173.86 | Corrections | Corrections | 356.69 | 80 | | | 112.13 | 423.57 | percent of total billed charges | |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST | 92014 | CPT | | | | outpatient | | | 445.86 | 173.86 | Aetna | Better Health | 140.67 | 31.55 | | | 112.13 | 423.57 | percent of total billed charges | |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST | 92014 | CPT | | | | outpatient | | | 445.86 | 173.86 | Horizon | Indemnity | 292.53 | | | | 112.13 | 423.57 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST | 92014 | CPT | | | | outpatient | | | 445.86 | 173.86 | Aetna | Medicare | 151.18 | | | | 112.13 | 423.57 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST | 92014 | CPT | | | | outpatient | | | 445.86 | 173.86 | Amerihealth | HMO/PPO | 289.81 | 65 | | | 112.13 | 423.57 | percent of total billed charges | |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST | 92014 | CPT | | | | outpatient | | | 445.86 | 173.86 | UHC | Medicare | 151.18 | | | | 112.13 | 423.57 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST | 92014 | CPT | | | | outpatient | | | 445.86 | 173.86 | Three Rivers | Three Rivers | 423.57 | 95 | | | 112.13 | 423.57 | percent of total billed charges | |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST | 92014 | CPT | | | | outpatient | | | 445.86 | 173.86 | Americare | Americare | 334.4 | 75 | | | 112.13 | 423.57 | percent of total billed charges | |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST | 92014 | CPT | | | | outpatient | | | 445.86 | 173.86 | First Trenton | First Trenton | 401.27 | 90 | | | 112.13 | 423.57 | percent of total billed charges | |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST | 92014 | CPT | | | | outpatient | | | 445.86 | 173.86 | Horizon | MGD | 292.53 | | | | 112.13 | 423.57 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST | 92014 | CPT | | | | outpatient | | | 445.86 | 173.86 | Multiplan | Multiplan | 356.69 | 80 | | | 112.13 | 423.57 | percent of total billed charges | |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST | 92014 | CPT | | | | outpatient | | | 445.86 | 173.86 | Consumer | Consumer | 423.57 | 95 | | | 112.13 | 423.57 | percent of total billed charges | |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST | 92014 | CPT | | | | outpatient | | | 445.86 | 173.86 | Horizon | NJ Health | 112.13 | | | | 112.13 | 423.57 | fee schedule | |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST | 92014 | CPT | | | | outpatient | | | 445.86 | 173.86 | Horizon | PPO | 292.53 | | | | 112.13 | 423.57 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST | 92014 | CPT | | | | outpatient | | | 445.86 | 173.86 | Qualcare | Qualcare | 334.4 | 75 | | | 112.13 | 423.57 | percent of total billed charges | |
| HC OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST | 92014 | CPT | | | | outpatient | | | 445.86 | 173.86 | Horizon | Medicare Blue | 151.18 | | | | 112.13 | 423.57 | other | Pay

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC DETERMINATION REFRACTIVE STATE | 92015 | CPT | | | | outpatient | | | 63.37 | | Horizon | NJ Health | 78.3 | | | | 19.01 | 78.3 | fee schedule | |
| HC DETERMINATION REFRACTIVE STATE | 92015 | CPT | | | | outpatient | | | 63.37 | | Qualcare | Qualcare | 47.53 | 75 | | | 19.01 | 78.3 | percent of total billed charges | |
| HC DETERMINATION REFRACTIVE STATE | 92015 | CPT | | | | outpatient | | | 63.37 | | Horizon | MGD | 24.26 | 38.28 | | | 19.01 | 78.3 | percent of total billed charges | |
| HC DETERMINATION REFRACTIVE STATE | 92015 | CPT | | | | outpatient | | | 63.37 | | Consumer | Consumer | 60.2 | 95 | | | 19.01 | 78.3 | percent of total billed charges | |
| HC DETERMINATION REFRACTIVE STATE | 92015 | CPT | | | | outpatient | | | 63.37 | | Managed Care Inc | Managed Care Inc | 57.03 | 90 | | | 19.01 | 78.3 | percent of total billed charges | |
| HC DETERMINATION REFRACTIVE STATE | 92015 | CPT | | | | outpatient | | | 63.37 | | Wellcare | Medicaid | 19.99 | 31.55 | | | 19.01 | 78.3 | percent of total billed charges | |
| HC DETERMINATION REFRACTIVE STATE | 92015 | CPT | | | | outpatient | | | 63.37 | | UHC | Medicaid | 19.99 | 31.55 | | | 19.01 | 78.3 | percent of total billed charges | |
| HC DETERMINATION REFRACTIVE STATE | 92015 | CPT | | | | outpatient | | | 63.37 | | Horizon | Medicare Blue | 19.01 | 30 | | | 19.01 | 78.3 | percent of total billed charges | |
| HC COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE | 92018 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 Horizon | Medicare Blue | 2672.53 | | | | 100.49 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE | 92018 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 Horizon | PPO | 5171.35 | | | | 100.49 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE | 92018 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 First Trenton | First Trenton | 7093.57 | 90 | | | 100.49 | 7487.65 | percent of total billed charges | |
| HC COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE | 92018 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 Americare | Americare | 5911.31 | 75 | | | 100.49 | 7487.65 | percent of total billed charges | |
| HC COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE | 92018 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 Aetna | Better Health | 2486.69 | 31.55 | | | 100.49 | 7487.65 | percent of total billed charges | |
| HC COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE | 92018 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 Aetna | Medicare | 2672.53 | | | | 100.49 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE | 92018 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 Horizon | Indemnity | 5171.35 | | | | 100.49 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE | 92018 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 Amerihealth | HMO/PPO | 560 | | | | 100.49 | 7487.65 | fee schedule | |
| HC COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE | 92018 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 Multiplan | Multiplan | 6305.39 | 80 | | | 100.49 | 7487.65 | percent of total billed charges | |
| HC COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE | 92018 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 Consumer | Consumer | 7487.65 | 95 | | | 100.49 | 7487.65 | percent of total billed charges | |
| HC COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE | 92018 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 Managed Care Inc | Managed Care Inc | 7093.57 | 90 | | | 100.49 | 7487.65 | percent of total billed charges | |
| HC COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE | 92018 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 Corrections | Corrections | 6305.39 | 80 | | | 100.49 | 7487.65 | percent of total billed charges | |
| HC COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE | 92018 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 First Health | First Health | 5517.22 | 70 | | | 100.49 | 7487.65 | percent of total billed charges | |
| HC COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE | 92018 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 Horizon | MGD | 5171.35 | | | | 100.49 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE | 92018 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 UHC | Medicaid | 2486.69 | 31.55 | | | 100.49 | 7487.65 | percent of total billed charges | |
| HC COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE | 92018 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 Qualcare | Qualcare | 5911.31 | 75 | | | 100.49 | 7487.65 | percent of total billed charges | |
| HC COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE | 92018 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 United | Oxford | 2776 | | | | 100.49 | 7487.65 | case rate | |
| HC COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE | 92018 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 Horizon | NJ Health | 100.49 | | | | 100.49 | 7487.65 | fee schedule | |
| HC COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE | 92018 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 UHC | Medicare | 2672.53 | | | | 100.49 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE | 92018 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 Three Rivers | Three Rivers | 7487.65 | 95 | | | 100.49 | 7487.65 | percent of total billed charges | |
| HC COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE | 92018 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 WellPoint | WellPoint | 2536.34 | 32.18 | | | 100.49 | 7487.65 | percent of total billed charges | |
| HC COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE | 92018 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 Wellcare | Medicaid | 2486.69 | 31.55 | | | 100.49 | 7487.65 | percent of total billed charges | |
| HC COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE | 92018 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 United | Commercial/PPO | 2776 | | | | 100.49 | 7487.65 | case rate | |
| HC COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE | 92018 | CPT | | | | outpatient | | | 7881.74 | | 3073.41 Wellcare | Medicare | 2672.53 | | | | 100.49 | 7487.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GONIOSCOPY | 92020 | CPT | | | | outpatient | | | 424 | | 168 Aetna | Better Health | 133.77 | 31.55 | | | 38.58 | 402.8 | percent of total billed charges | |
| HC GONIOSCOPY | 92020 | CPT | | | | outpatient | | | 424 | | 168 Horizon | Indemnity | 282.68 | | | | 38.58 | 402.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GONIOSCOPY | 92020 | CPT | | | | outpatient | | | 424 | | 168 Consumer | Consumer | 402.8 | 95 | | | 38.58 | 402.8 | percent of total billed charges | |
| HC GONIOSCOPY | 92020 | CPT | | | | outpatient | | | 424 | | 168 Horizon | MGD | 282.68 | | | | 38.58 | 402.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GONIOSCOPY | 92020 | CPT | | | | outpatient | | | 424 | | 168 Amerihealth | HMO/PPO | 275.6 | 65 | | | 38.58 | 402.8 | percent of total billed charges | |
| HC GONIOSCOPY | 92020 | CPT | | | | outpatient | | | 424 | | 168 Americare | Americare | 318 | 75 | | | 38.58 | 402.8 | percent of total billed charges | |
| HC GONIOSCOPY | 92020 | CPT | | | | outpatient | | | 424 | | 168 First Health | First Health | 296.8 | 70 | | | 38.58 | 402.8 | percent of total billed charges | |
| HC GONIOSCOPY | 92020 | CPT | | | | outpatient | | | 424 | | 168 UHC | Medicare | 146.09 | | | | 38.58 | 402.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GONIOSCOPY | 92020 | CPT | | | | outpatient | | | 424 | | 168 Aetna | Medicare | 146.09 | | | | 38.58 | 402.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GONIOSCOPY | 92020 | CPT | | | | outpatient | | | 424 | | 168 Wellcare | Medicaid | 133.77 | 31.55 | | | 38.58 | 402.8 | percent of total billed charges | |
| HC GONIOSCOPY | 92020 | CPT | | | | outpatient | | | 424 | | 168 Multiplan | Multiplan | 339.2 | 80 | | | 38.58 | 402.8 | percent of total billed charges | |
| HC GONIOSCOPY | 92020 | CPT | | | | outpatient | | | 424 | | 168 First Trenton | First Trenton | 381.6 | 90 | | | 38.58 | 402.8 | percent of total billed charges | |
| HC GONIOSCOPY | 92020 | CPT | | | | outpatient | | | 424 | | 168 Corrections | Corrections | 339.2 | 80 | | | 38.58 | 402.8 | percent of total billed charges | |
| HC GONIOSCOPY | 92020 | CPT | | | | outpatient | | | 424 | | 168 Horizon | Medicare Blue | 146.09 | | | | 38.58 | 402.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GONIOSCOPY | 92020 | CPT | | | | outpatient | | | 424 | | 168 Qualcare | Qualcare | 318 | 75 | | | 38.58 | 402.8 | percent of total billed charges | |
| HC GONIOSCOPY | 92020 | CPT | | | | outpatient | | | 424 | | 168 Horizon | NJ Health | 38.58 | | | | 38.58 | 402.8 | fee schedule | |
| HC GONIOSCOPY | 92020 | CPT | | | | outpatient | | | 424 | | 168 Horizon | PPO | 282.68 | | | | 38.58 | 402.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GONIOSCOPY | 92020 | CPT | | | | outpatient | | | 424 | | 168 Managed Care Inc | Managed Care Inc | 381.6 | 90 | | | 38.58 | 402.8 | percent of total billed charges | |
| HC GONIOSCOPY | 92020 | CPT | | | | outpatient | | | 424 | | 168 UHC | Medicaid | 133.77 | 31.55 | | | 38.58 | 402.8 | percent of total billed charges | |
| HC GONIOSCOPY | 92020 | CPT | | | | outpatient | | | 424 | | 168 Three Rivers | Three Rivers | 402.8 | 95 | | | 38.58 | 402.8 | percent of total billed charges | |
| HC GONIOSCOPY | 92020 | CPT | | | | outpatient | | | 424 | | 168 Wellcare | Medicare | 146.09 | | | | 38.58 | 402.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC GONIOSCOPY | 92020 | CPT | | | | outpatient | | | 424 | | 168 WellPoint | WellPoint | 136.44 | 32.18 | | | 38.58 | 402.8 | percent of total billed charges | |
| HC CORNEAL TOPOGRAPHY | 92025 | CPT | | | | outpatient | | | 211 | | 80.45 Consumer | Consumer | 200.45 | 95 | | | 66.57 | 200.45 | percent of total billed charges | |
| HC CORNEAL TOPOGRAPHY | 92025 | CPT | | | | outpatient | | | 211 | | 80.45 Horizon | Medicare Blue | 69.96 | | | | 66.57 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORNEAL TOPOGRAPHY | 92025 | CPT | | | | outpatient | | | 211 | | 80.45 Amerihealth | HMO/PPO | 137.15 | 65 | | | 66.57 | 200.45 | percent of total billed charges | |
| HC CORNEAL TOPOGRAPHY | 92025 | CPT | | | | outpatient | | | 211 | | 80.45 Americare | Americare | 158.25 | 75 | | | 66.57 | 200.45 | percent of total billed charges | |
| HC CORNEAL TOPOGRAPHY | 92025 | CPT | | | | outpatient | | | 211 | | 80.45 Aetna | Better Health | 66.57 | 31.55 | | | 66.57 | 200.45 | percent of total billed charges | |
| HC CORNEAL TOPOGRAPHY | 92025 | CPT | | | | outpatient | | | 211 | | 80.45 Aetna | Medicare | 69.96 | | | | 66.57 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORNEAL TOPOGRAPHY | 92025 | CPT | | | | outpatient | | | 211 | | 80.45 Multiplan | Multiplan | 168.8 | 80 | | | 66.57 | 200.45 | percent of total billed charges | |
| HC CORNEAL TOPOGRAPHY | 92025 | CPT | | | | outpatient | | | 211 | | 80.45 First Trenton | First Trenton | 189.9 | 90 | | | 66.57 | 200.45 | percent of total billed charges | |
| HC CORNEAL TOPOGRAPHY | 92025 | CPT | | | | outpatient | | | 211 | | 80.45 Corrections | Corrections | 168.8 | 80 | | | 66.57 | 200.45 | percent of total billed charges | |
| HC CORNEAL TOPOGRAPHY | 92025 | CPT | | | | outpatient | | | 211 | | 80.45 Managed Care Inc | Managed Care Inc | 189.9 | 90 | | | 66.57 | 200.45 | percent of total billed charges | |
| HC CORNEAL TOPOGRAPHY | 92025 | CPT | | | | outpatient | | | 211 | | 80.45 Qualcare | Qualcare | 158.25 | 75 | | | 66.57 | 200.45 | percent of total billed charges | |
| HC CORNEAL TOPOGRAPHY | 92025 | CPT | | | | outpatient | | | 211 | | 80.45 UHC | Medicare | 69.96 | | | 36.86 | 66.57 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORNEAL TOPOGRAPHY | 92025 | CPT | | | | outpatient | | | 211 | | 80.45 First Health | First Health | 147.7 | 70 | | | 66.57 | 200.45 | percent of total billed charges | |
| HC CORNEAL TOPOGRAPHY | 92025 | CPT | | | | outpatient | | | 211 | | 80.45 WellPoint | WellPoint | 67.9 | 32.18 | | 58.23 | 66.57 | 200.45 | percent of total billed charges | |
| HC CORNEAL TOPOGRAPHY | 92025 | CPT | | | | outpatient | | | 211 | | 80.45 Horizon | MGD | 135.37 | | | 64.35 | 66.57 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORNEAL TOPOGRAPHY | 92025 | CPT | | | | outpatient | | | 211 | | 80.45 Horizon | Indemnity | 135.37 | | | 86.08 | 66.57 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORNEAL TOPOGRAPHY | 92025 | CPT | | | | outpatient | | | 211 | | 80.45 Horizon | PPO | 135.37 | | | 85.92 | 66.57 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORNEAL TOPOGRAPHY | 92025 | CPT | | | | outpatient | | | 211 | | 80.45 Three Rivers | Three Rivers | 200.45 | 95 | | | 66.57 | 200.45 | percent of total billed charges | |
| HC CORNEAL TOPOGRAPHY | 92025 | CPT | | | | outpatient | | | 211 | | 80.45 UHC | Medicaid | 66.57 | 31.55 | | 62.52 | 66.57 | 200.45 | percent of total billed charges | |
| HC CORNEAL TOPOGRAPHY | 92025 | CPT | | | | outpatient | | | 211 | | 80.45 Wellcare | Medicaid | 66.57 | 31.55 | | | 66.57 | 200.45 | percent of total billed charges | |
| HC CORNEAL TOPOGRAPHY | 92025 | CPT | | | | outpatient | | | 211 | | 80.45 Wellcare | Medicare | 69.96 | | | | 66.57 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORTHOPTIC EVALUATION | 92060 | CPT | | | | outpatient | | | 211 | | 80.45 Americare | Americare | 158.25 | 75 | | | 66.57 | 200.45 | percent of total billed charges | |
| HC ORTHOPTIC EVALUATION | 92060 | CPT | | | | outpatient | | | 211 | | 80.45 Aetna | Better Health | 66.57 | 31.55 | | | 66.57 | 200.45 | percent of total billed charges | |
| HC ORTHOPTIC EVALUATION | 92060 | CPT | | | | outpatient | | | 211 | | 80.45 Horizon | Indemnity | 135.37 | | | 127.82 | 66.57 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORTHOPTIC EVALUATION | 92060 | CPT | | | | outpatient | | | 211 | | 80.45 First Trenton | First Trenton | 189.9 | 90 | | | 66.57 | 200.45 | percent of total billed charges | |
| HC ORTHOPTIC EVALUATION | 92060 | CPT | | | | outpatient | | | 211 | | 80.45 Aetna | Medicare | 69.96 | | | 67.49 | 66.57 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORTHOPTIC EVALUATION | 92060 | CPT | | | | outpatient | | | 211 | | 80.45 First Health | First Health | 147.7 | 70 | | | 66.57 | 200.45 | percent of total billed charges | |
| HC ORTHOPTIC EVALUATION | 92060 | CPT | | | | outpatient | | | 211 | | 80.45 Corrections | Corrections | 168.8 | 80 | | | 66.57 | 200.45 | percent of total billed charges | |
| HC ORTHOPTIC EVALUATION | 92060 | CPT | | | | outpatient | | | 211 | | 80.45 Horizon | PPO | 135.37 | | | 130.2 | 66.57 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORTHOPTIC EVALUATION | 92060 | CPT | | | | outpatient | | | 211 | | 80.45 Consumer | Consumer | 200.45 | 95 | | | 66.57 | 200.45 | percent of total billed charges | |
| HC ORTHOPTIC EVALUATION | 92060 | CPT | | | | outpatient | | | 211 | | 80.45 Amerihealth | HMO/PPO | 125 | | | | 66.57 | 200.45 | fee schedule | |
| HC ORTHOPTIC EVALUATION | 92060 | CPT | | | | outpatient | | | 211 | | 80.45 Horizon | MGD | 135.37 | | | | 66.57 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORTHOPTIC EVALUATION | 92060 | CPT | | | | outpatient | | | 211 | | 80.45 Managed Care Inc | Managed Care Inc | 189.9 | 90 | | | 66.57 | 200.45 | percent of total billed charges | |
| HC ORTHOPTIC EVALUATION | 92060 | CPT | | | | outpatient | | | 211 | | 80.45 Multiplan | Multiplan | 168.8 | 80 | | | 66.57 | 200.45 | percent of total billed charges | |
| HC ORTHOPTIC EVALUATION | 92060 | CPT | | | | outpatient | | | 211 | | 80.45 Horizon | Medicare Blue | 69.96 | | | | 66.57 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORTHOPTIC EVALUATION | 92060 | CPT | | | | outpatient | | | 211 | | 80.45 WellPoint | WellPoint | 67.9 | 32.18 | | | 66.57 | 200.45 | percent of total billed charges | |
| HC ORTHOPTIC EVALUATION | 92060 | CPT | | | | outpatient | | | 211 | | 80.45 UHC | Medicaid | 66.57 | 31.55 | | 64.18 | 66.57 | 200.45 | percent of total billed charges | |
| HC ORTHOPTIC EVALUATION | 92060 | CPT | | | | outpatient | | | 211 | | 80.45 Three Rivers | Three Rivers | 200.45 | 95 | | | 66.57 | 200.45 | percent of total billed charges | |
| HC ORTHOPTIC EVALUATION | 92060 | CPT | | | | outpatient | | | 211 | | 80.45 Horizon | NJ Health | 90.23 | | | 90.23 | 66.57 | 200.45 | fee schedule | |
| HC ORTHOPTIC EVALUATION | 92060 | CPT | | | | outpatient | | | 211 | | 80.45 Qualcare | Qualcare | 158.25 | 75 | | | 66.57 | 200.45 | percent of total billed charges | |
| HC ORTHOPTIC EVALUATION | 92060 | CPT | | | | outpatient | | | 211 | | 80.45 Wellcare | Medicare | 69.96 | | | | 66.57 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORTHOPTIC EVALUATION | 92060 | CPT | | | | outpatient | | | 211 | | 80.45 UHC | Medicare | 69.96 | | | 50.45 | 66.57 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ORTHOPTIC EVALUATION | 92060 | CPT | | | | outpatient | | | 211 | | 80.45 Wellcare | Medicaid | 66.57 | 31.55 | | | 66.57 | 200.45 | percent of total billed charges | |
| HC ORTHOPTIC THERAPY | 92065 | CPT | | | | outpatient | | | 133.67 | | First Trenton | First Trenton | 120.3 | 90 | | | 40.1 | 126.99 | percent of total billed charges | |
| HC ORTHOPTIC THERAPY | 92065 | CPT | | | | outpatient | | | 133.67 | | Corrections | Corrections | 106.94 | 80 | | | 40.1 | 126.99 | percent of total billed charges | |
| HC ORTHOPTIC THERAPY | 92065 | CPT | | | | outpatient | | | 133.67 | | Americare | Americare | 100.25 | 75 | | | 40.1 | 126.99 | percent of total billed charges | |
| HC ORTHOPTIC THERAPY | 92065 | CPT | | | | outpatient | | | 133.67 | | Aetna | Medicare | 41.17 | 30.8 | | | 40.1 | 126.99 | percent of total billed charges | |
| HC ORTHOPTIC THERAPY | 92065 | CPT | | | | outpatient | | | 133.67 | | Amerihealth | HMO/PPO | 86.89 | 65 | | | 40.1 | 126.99 | percent of total billed charges | |
| HC ORTHOPTIC THERAPY | 92065 | CPT | | | | outpatient | | | 133.67 | | Aetna | Better Health | 42.17 | 31.55 | | | 40.1 | 126.99 | percent of total billed charges | |
| HC ORTHOPTIC THERAPY | 92065 | CPT | | | | outpatient | | | 133.67 | | Consumer | Consumer | 126.99 | 95 | | | 40.1 | 126.99 | percent of total billed charges | |
| HC ORTHOPTIC THERAPY | 92065 | CPT | | | | outpatient | | | 133.67 | | First Health | First Health | 93.57 | 70 | | | 40.1 | 126.99 | percent of total billed charges | |
| HC ORTHOPTIC THERAPY | 92065 | CPT | | | | outpatient | | | 133.67 | | Managed Care Inc | Managed Care Inc | 120.3 | 90 | | | 40.1 | 126.99 | percent of total billed charges | |
| HC ORTHOPTIC THERAPY | 92065 | CPT | | | | outpatient | | | 133.67 | | Horizon | Medicare Blue | 40.1 | 30 | | | 40.1 | 126.99 | percent of total billed charges | |
| HC ORTHOPTIC THERAPY | 92065 | CPT | | | | outpatient | | | 133.67 | | Multiplan | Multiplan | 106.94 | 80 | | | 40.1 | 126.99 | percent of total billed charges | |
| HC ORTHOPTIC THERAPY | 92065 | CPT | | | | outpatient | | | 133.67 | | Horizon | MGD | 51.17 | 38.28 | | | 40.1 | 126.99 | percent of total billed charges | |
| HC ORTHOPTIC THERAPY | 92065 | CPT | | | | outpatient | | | 133.67 | | Horizon | Indemnity | 51.17 | 38.28 | | | 40.1 | 126.99 | percent of total billed charges | |
| HC ORTHOPTIC THERAPY | 92065 | CPT | | | | outpatient | | | 133.67 | | Wellcare | Medicaid | 42.17 | 31.55 | | | 40.1 | 126.99 | percent of total billed charges | |
| HC ORTHOPTIC THERAPY | 92065 | CPT | | | | outpatient | | | 133.67 | | Horizon | NJ Health | 41.76 | | | | 40.1 | 126.99 | fee schedule | |
| HC ORTHOPTIC THERAPY | 92065 | CPT | | | | outpatient | | | 133.67 | | Horizon | PPO | 51.17 | 38.28 | | | 40.1 | 126.99 | percent of total billed charges | |
| HC ORTHOPTIC THERAPY | 92065 | CPT | | | | outpatient | | | 133.67 | | WellPoint | WellPoint | 43.02 | 32.18 | | | 40.1 | 126.99 | percent of total billed charges | |
| HC ORTHOPTIC THERAPY | 92065 | CPT | | | | outpatient | | | 133.67 | | Three Rivers | Three Rivers | 126.99 | 95 | | | 40.1 | 126.99 | percent of total billed charges | |
| HC ORTHOPTIC THERAPY | 92065 | CPT | | | | outpatient | | | 133.67 | | Qualcare | Qualcare | 100.25 | 75 | | | 40.1 | 126.99 | percent of total billed charges | |
| HC ORTHOPTIC THERAPY | 92065 | CPT | | | | outpatient | | | 133.67 | | UHC | Medicaid | 42.17 | 31.55 | | | 40.1 | 126.99 | percent of total billed charges | |
| HC FIT CL FOR OCULAR SURFACE DIS | 92071 | CPT | | | | outpatient | | | 121.54 | | Amerihealth | HMO/PPO | 79 | 65 | | | 36.46 | 115.46 | percent of total billed charges | |
| HC FIT CL FOR OCULAR SURFACE DIS | 92071 | CPT | | | | outpatient | | | 121.54 | | Aetna | Medicare | 37.43 | 30.8 | | | 36.46 | 115.46 | percent of total billed charges | |
| HC FIT CL FOR OCULAR SURFACE DIS | 92071 | CPT | | | | outpatient | | | 121.54 | | Horizon | Medicare Blue | 36.46 | 30 | | | 36.46 | 115.46 | percent of total billed charges | |
| HC FIT CL FOR OCULAR SURFACE DIS | 92071 | CPT | | | | outpatient | | | 121.54 | | Corrections | Corrections | 97.23 | 80 | | | 36.46 | 115.46 | percent of total billed charges | |
| HC FIT CL FOR OCULAR SURFACE DIS | 92071 | CPT | | | | outpatient | | | 121.54 | | Consumer | Consumer | 115.46 | 95 | | | 36.46 | 115.46 | percent of total billed charges | |
| HC FIT CL FOR OCULAR SURFACE DIS | 92071 | CPT | | | | outpatient | | | 121.54 | | Americare | Americare | 91.16 | 75 | | | 36.46 | 115.46 | percent of total billed charges | |
| HC FIT CL FOR OCULAR SURFACE DIS | 92071 | CPT | | | | outpatient | | | 121.54 | | First Trenton | First Trenton | 109.39 | 90 | | | 36.46 | 115.46 | percent of total billed charges | |
| HC FIT CL FOR OCULAR SURFACE DIS | 92071 | CPT | | | | outpatient | | | 121.54 | | Aetna | Better Health | 38.35 | 31.55 | | | 36.46 | 115.46 | percent of total billed charges | |
| HC FIT CL FOR OCULAR SURFACE DIS | 92071 | CPT | | | | outpatient | | | 121.54 | | First Health | First Health | 85.08 | 70 | | | 36.46 | 115.46 | percent of total billed charges | |
| HC FIT CL FOR OCULAR SURFACE DIS | 92071 | CPT | | | | outpatient | | | 121.54 | | Horizon | MGD | 46.53 | 38.28 | | 66.05 | 36.46 | 115.46 | percent of total billed charges | |
| HC FIT CL FOR OCULAR SURFACE DIS | 92071 | CPT | | | | outpatient | | | 121.54 | | Managed Care Inc | Managed Care Inc | 109.39 | 90 | | | 36.46 | 115.46 | percent of total billed charges | |
| HC FIT CL FOR OCULAR SURFACE DIS | 92071 | CPT | | | | outpatient | | | 121.54 | | Horizon | Indemnity | 46.53 | 38.28 | | 107.24 | 36.46 | 115.46 | percent of total billed charges | |
| HC FIT CL FOR OCULAR SURFACE DIS | 92071 | CPT | | | | outpatient | | | 121.54 | | WellPoint | WellPoint | 39.11 | 32.18 | | | 36.46 | 115.46 | percent of total billed charges | |
| HC FIT CL FOR OCULAR SURFACE DIS | 92071 | CPT | | | | outpatient | | | 121.54 | | Multiplan | Multiplan | 97.23 | 80 | | | 36.46 | 115.46 | percent of total billed charges | |
| HC FIT CL FOR OCULAR SURFACE DIS | 92071 | CPT | | | | outpatient | | | 121.54 | | Horizon | NJ Health | 41.66 | | | | 36.46 | 115.46 | fee schedule | |
| HC FIT CL FOR OCULAR SURFACE DIS | 92071 | CPT | | | | outpatient | | | 121.54 | | Qualcare | Qualcare | 91.16 | 75 | | | 36.46 | 115.46 | percent of total billed charges | |
| HC FIT CL FOR OCULAR SURFACE DIS | 92071 | CPT | | | | outpatient | | | 121.54 | | Horizon | PPO | 46.53 | 38.28 | | | 36.46 | 115.46 | percent of total billed charges | |
| HC FIT CL FOR OCULAR SURFACE DIS | 92071 | CPT | | | | outpatient | | | 121.54 | | Three Rivers | Three Rivers | 115.46 | 95 | | | 36.46 | 115.46 | percent of total billed charges | |
| HC FIT CL FOR OCULAR SURFACE DIS | 92071 | CPT | | | | outpatient | | | 121.54 | | UHC | Medicaid | 38.35 | 31.55 | | | 36.46 | 115.46 | percent of total billed charges | |
| HC FIT CL FOR OCULAR SURFACE DIS | 92071 | CPT | | | | outpatient | | | 121.54 | | Wellcare | Medicaid | 38.35 | 31.55 | | | 36.46 | 115.46 | percent of total billed charges | |
| HC INITIAL CL FIT FOR KERATOCONUS | 92072 | CPT | | | | outpatient | | | 421.95 | | First Health | First Health | 295.37 | 70 | | | 126.59 | 400.85 | percent of total billed charges | |
| HC INITIAL CL FIT FOR KERATOCONUS | 92072 | CPT | | | | outpatient | | | 421.95 | | Horizon | Medicare Blue | 126.59 | 30 | | | 126.59 | 400.85 | percent of total billed charges | |
| HC INITIAL CL FIT FOR KERATOCONUS | 92072 | CPT | | | | outpatient | | | 421.95 | | First Trenton | First Trenton | 379.76 | 90 | | | 126.59 | 400.85 | percent of total billed charges | |
| HC INITIAL CL FIT FOR KERATOCONUS | 92072 | CPT | | | | outpatient | | | 421.95 | | Corrections | Corrections | 337.56 | 80 | | | 126.59 | 400.85 | percent of total billed charges | |
| HC INITIAL CL FIT FOR KERATOCONUS | 92072 | CPT | | | | outpatient | | | 421.95 | | Aetna | Better Health | 133.13 | 31.55 | | | 126.59 | 400.85 | percent of total billed charges | |
| HC INITIAL CL FIT FOR KERATOCONUS | 92072 | CPT | | | | outpatient | | | 421.95 | | Amerihealth | HMO/PPO | 274.27 | 65 | | | 126.59 | 400.85 | percent of total billed charges | |
| HC INITIAL CL FIT FOR KERATOCONUS | 92072 | CPT | | | | outpatient | | | 421.95 | | Americare | Americare | 316.46 | 75 | | | 126.59 | 400.85 | percent of total billed charges | |
| HC INITIAL CL FIT FOR KERATOCONUS | 92072 | CPT | | | | outpatient | | | 421.95 | | Aetna | Medicare | 129.96 | 30.8 | | | 126.59 | 400.85 | percent of total billed charges | |
| HC INITIAL CL FIT FOR KERATOCONUS | 92072 | CPT | | | | outpatient | | | 421.95 | | WellPoint | WellPoint | 135.78 | 32.18 | | | 126.59 | 400.85 | percent of total billed charges | |
| HC INITIAL CL FIT FOR KERATOCONUS | 92072 | CPT | | | | outpatient | | | 421.95 | | Multiplan | Multiplan | 337.56 | 80 | | | 126.59 | 400.85 | percent of total billed charges | |
| HC INITIAL CL FIT FOR KERATOCONUS | 92072 | CPT | | | | outpatient | | | 421.95 | | Horizon | Indemnity | 161.52 | 38.28 | | | 126.59 | 400.85 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC INITIAL CL FIT FOR KERATOCONUS | 92072 | CPT | | | | outpatient | | | 421.95 | | Consumer | Consumer | 400.85 | 95 | | | 126.59 | 400.85 | percent of total billed charges | |
| HC INITIAL CL FIT FOR KERATOCONUS | 92072 | CPT | | | | outpatient | | | 421.95 | | UHC | Medicaid | 133.13 | 31.55 | | | 126.59 | 400.85 | percent of total billed charges | |
| HC INITIAL CL FIT FOR KERATOCONUS | 92072 | CPT | | | | outpatient | | | 421.95 | | Qualcare | Qualcare | 316.46 | 75 | | | 126.59 | 400.85 | percent of total billed charges | |
| HC INITIAL CL FIT FOR KERATOCONUS | 92072 | CPT | | | | outpatient | | | 421.95 | | Horizon | PPO | 161.52 | 38.28 | | | 126.59 | 400.85 | percent of total billed charges | |
| HC INITIAL CL FIT FOR KERATOCONUS | 92072 | CPT | | | | outpatient | | | 421.95 | | Horizon | MGD | 161.52 | 38.28 | | | 126.59 | 400.85 | percent of total billed charges | |
| HC INITIAL CL FIT FOR KERATOCONUS | 92072 | CPT | | | | outpatient | | | 421.95 | | Managed Care Inc | Managed Care Inc | 379.76 | 90 | | | 126.59 | 400.85 | percent of total billed charges | |
| HC INITIAL CL FIT FOR KERATOCONUS | 92072 | CPT | | | | outpatient | | | 421.95 | | Horizon | NJ Health | 132.77 | | | | 126.59 | 400.85 | fee schedule | |
| HC INITIAL CL FIT FOR KERATOCONUS | 92072 | CPT | | | | outpatient | | | 421.95 | | Three Rivers | Three Rivers | 400.85 | 95 | | | 126.59 | 400.85 | percent of total billed charges | |
| HC INITIAL CL FIT FOR KERATOCONUS | 92072 | CPT | | | | outpatient | | | 421.95 | | Wellcare | Medicaid | 133.13 | 31.55 | | | 126.59 | 400.85 | percent of total billed charges | |
| HC AUTO PTOSIS SCREEN VISUAL FLD | 92081 | CPT | | | | outpatient | | | 211 | | 80.45 WellPoint | WellPoint | 67.9 | 32.18 | | | 41.76 | 200.45 | percent of total billed charges | |
| HC AUTO PTOSIS SCREEN VISUAL FLD | 92081 | CPT | | | | outpatient | | | 211 | | 80.45 Aetna | Better Health | 66.57 | 31.55 | | | 41.76 | 200.45 | percent of total billed charges | |
| HC AUTO PTOSIS SCREEN VISUAL FLD | 92081 | CPT | | | | outpatient | | | 211 | | 80.45 Horizon | MGD | 135.37 | | | 63.27 | 41.76 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AUTO PTOSIS SCREEN VISUAL FLD | 92081 | CPT | | | | outpatient | | | 211 | | 80.45 First Health | First Health | 147.7 | 70 | | | 41.76 | 200.45 | percent of total billed charges | |
| HC AUTO PTOSIS SCREEN VISUAL FLD | 92081 | CPT | | | | outpatient | | | 211 | | 80.45 Horizon | Indemnity | 135.37 | | | | 41.76 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AUTO PTOSIS SCREEN VISUAL FLD | 92081 | CPT | | | | outpatient | | | 211 | | 80.45 Amerihealth | HMO/PPO | 137.15 | 65 | | | 41.76 | 200.45 | percent of total billed charges | |
| HC AUTO PTOSIS SCREEN VISUAL FLD | 92081 | CPT | | | | outpatient | | | 211 | | 80.45 Aetna | Medicare | 69.96 | | | | 41.76 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AUTO PTOSIS SCREEN VISUAL FLD | 92081 | CPT | | | | outpatient | | | 211 | | 80.45 Consumer | Consumer | 200.45 | 95 | | | 41.76 | 200.45 | percent of total billed charges | |
| HC AUTO PTOSIS SCREEN VISUAL FLD | 92081 | CPT | | | | outpatient | | | 211 | | 80.45 Wellcare | Medicaid | 66.57 | 31.55 | | | 41.76 | 200.45 | percent of total billed charges | |
| HC AUTO PTOSIS SCREEN VISUAL FLD | 92081 | CPT | | | | outpatient | | | 211 | | 80.45 Multiplan | Multiplan | 168.8 | 80 | | | 41.76 | 200.45 | percent of total billed charges | |
| HC AUTO PTOSIS SCREEN VISUAL FLD | 92081 | CPT | | | | outpatient | | | 211 | | 80.45 Horizon | PPO | 135.37 | | | 85.92 | 41.76 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AUTO PTOSIS SCREEN VISUAL FLD | 92081 | CPT | | | | outpatient | | | 211 | | 80.45 Horizon | NJ Health | 41.76 | | | 21.29 | 41.76 | 200.45 | fee schedule | |
| HC AUTO PTOSIS SCREEN VISUAL FLD | 92081 | CPT | | | | outpatient | | | 211 | | 80.45 Americare | Americare | 158.25 | 75 | | | 41.76 | 200.45 | percent of total billed charges | |
| HC AUTO PTOSIS SCREEN VISUAL FLD | 92081 | CPT | | | | outpatient | | | 211 | | 80.45 Horizon | Medicare Blue | 69.96 | | | 36.25 | 41.76 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AUTO PTOSIS SCREEN VISUAL FLD | 92081 | CPT | | | | outpatient | | | 211 | | 80.45 UHC | Medicare | 69.96 | | | 31.44 | 41.76 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AUTO PTOSIS SCREEN VISUAL FLD | 92081 | CPT | | | | outpatient | | | 211 | | 80.45 Corrections | Corrections | 168.8 | 80 | | | 41.76 | 200.45 | percent of total billed charges | |
| HC AUTO PTOSIS SCREEN VISUAL FLD | 92081 | CPT | | | | outpatient | | | 211 | | 80.45 Qualcare | Qualcare | 158.25 | 75 | | | 41.76 | 200.45 | percent of total billed charges | |
| HC AUTO PTOSIS SCREEN VISUAL FLD | 92081 | CPT | | | | outpatient | | | 211 | | 80.45 Three Rivers | Three Rivers | 200.45 | 95 | | | 41.76 | 200.45 | percent of total billed charges | |
| HC AUTO PTOSIS SCREEN VISUAL FLD | 92081 | CPT | | | | outpatient | | | 211 | | 80.45 UHC | Medicaid | 66.57 | 31.55 | | 65.59 | 41.76 | 200.45 | percent of total billed charges | |
| HC AUTO PTOSIS SCREEN VISUAL FLD | 92081 | CPT | | | | outpatient | | | 211 | | 80.45 First Trenton | First Trenton | 189.9 | 90 | | | 41.76 | 200.45 | percent of total billed charges | |
| HC AUTO PTOSIS SCREEN VISUAL FLD | 92081 | CPT | | | | outpatient | | | 211 | | 80.45 Wellcare | Medicare | 69.96 | | | | 41.76 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AUTO PTOSIS SCREEN VISUAL FLD | 92081 | CPT | | | | outpatient | | | 211 | | 80.45 Managed Care Inc | Managed Care Inc | 189.9 | 90 | | | 41.76 | 200.45 | percent of total billed charges | |
| HC AUTO SCREENING VF | 92082 | CPT | | | | outpatient | | | 211 | | 80.45 Aetna | Better Health | 66.57 | 31.55 | | | 66.57 | 200.45 | percent of total billed charges | |
| HC AUTO SCREENING VF | 92082 | CPT | | | | outpatient | | | 211 | | 80.45 Amerihealth | HMO/PPO | 137.15 | 65 | | | 66.57 | 200.45 | percent of total billed charges | |
| HC AUTO SCREENING VF | 92082 | CPT | | | | outpatient | | | 211 | | 80.45 Horizon | Indemnity | 135.37 | | | | 66.57 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AUTO SCREENING VF | 92082 | CPT | | | | outpatient | | | 211 | | 80.45 UHC | Medicare | 69.96 | | | 49.14 | 66.57 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AUTO SCREENING VF | 92082 | CPT | | | | outpatient | | | 211 | | 80.45 Horizon | NJ Health | 75.12 | | | 75.12 | 66.57 | 200.45 | fee schedule | |
| HC AUTO SCREENING VF | 92082 | CPT | | | | outpatient | | | 211 | | 80.45 Americare | Americare | 158.25 | 75 | | | 66.57 | 200.45 | percent of total billed charges | |
| HC AUTO SCREENING VF | 92082 | CPT | | | | outpatient | | | 211 | | 80.45 Aetna | Medicare | 69.96 | | | 26.2 | 66.57 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AUTO SCREENING VF | 92082 | CPT | | | | outpatient | | | 211 | | 80.45 Consumer | Consumer | 200.45 | 95 | | | 66.57 | 200.45 | percent of total billed charges | |
| HC AUTO SCREENING VF | 92082 | CPT | | | | outpatient | | | 211 | | 80.45 First Health | First Health | 147.7 | 70 | | | 66.57 | 200.45 | percent of total billed charges | |
| HC AUTO SCREENING VF | 92082 | CPT | | | | outpatient | | | 211 | | 80.45 Horizon | PPO | 135.37 | | | 94.09 | 66.57 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AUTO SCREENING VF | 92082 | CPT | | | | outpatient | | | 211 | | 80.45 Horizon | Medicare Blue | 69.96 | | | 40.72 | 66.57 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AUTO SCREENING VF | 92082 | CPT | | | | outpatient | | | 211 | | 80.45 Corrections | Corrections | 168.8 | 80 | | | 66.57 | 200.45 | percent of total billed charges | |
| HC AUTO SCREENING VF | 92082 | CPT | | | | outpatient | | | 211 | | 80.45 UHC | Medicaid | 66.57 | 31.55 | | 64.94 | 66.57 | 200.45 | percent of total billed charges | |
| HC AUTO SCREENING VF | 92082 | CPT | | | | outpatient | | | 211 | | 80.45 Three Rivers | Three Rivers | 200.45 | 95 | | | 66.57 | 200.45 | percent of total billed charges | |
| HC AUTO SCREENING VF | 92082 | CPT | | | | outpatient | | | 211 | | 80.45 First Trenton | First Trenton | 189.9 | 90 | | | 66.57 | 200.45 | percent of total billed charges | |
| HC AUTO SCREENING VF | 92082 | CPT | | | | outpatient | | | 211 | | 80.45 Multiplan | Multiplan | 168.8 | 80 | | | 66.57 | 200.45 | percent of total billed charges | |
| HC AUTO SCREENING VF | 92082 | CPT | | | | outpatient | | | 211 | | 80.45 Horizon | MGD | 135.37 | | | 76.54 | 66.57 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AUTO SCREENING VF | 92082 | CPT | | | | outpatient | | | 211 | | 80.45 Wellcare | Medicare | 69.96 | | | | 66.57 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AUTO SCREENING VF | 92082 | CPT | | | | outpatient | | | 211 | | 80.45 Managed Care Inc | Managed Care Inc | 189.9 | 90 | | | 66.57 | 200.45 | percent of total billed charges | |
| HC AUTO SCREENING VF | 92082 | CPT | | | | outpatient | | | 211 | | 80.45 Qualcare | Qualcare | 158.25 | 75 | | | 66.57 | 200.45 | percent of total billed charges | |
| HC AUTO SCREENING VF | 92082 | CPT | | | | outpatient | | | 211 | | 80.45 Wellcare | Medicaid | 66.57 | 31.55 | | 62.58 | 66.57 | 200.45 | percent of total billed charges | |
| HC AUTO SCREENING VF | 92082 | CPT | | | | outpatient | | | 211 | | 80.45 WellPoint | WellPoint | 67.9 | 32.18 | | 65.46 | 66.57 | 200.45 | percent of total billed charges | |
| HC EXTENDED VISUAL FIELD XM UNI/BI I&R | 92083 | CPT | | | | both | | | 424 | | 168 Aetna | Medicare | 146.09 | | | 60.36 | 99.81 | 402.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTENDED VISUAL FIELD XM UNI/BI I&R | 92083 | CPT | | | | both | | | 424 | | 168 Americare | Americare | 318 | 75 | | | 99.81 | 402.8 | percent of total billed charges | |
| HC EXTENDED VISUAL FIELD XM UNI/BI I&R | 92083 | CPT | | | | both | | | 424 | | 168 Corrections | Corrections | 339.2 | 80 | | 127.4 | 99.81 | 402.8 | percent of total billed charges | |
| HC EXTENDED VISUAL FIELD XM UNI/BI I&R | 92083 | CPT | | | | both | | | 424 | | 168 First Health | First Health | 296.8 | 70 | | | 99.81 | 402.8 | percent of total billed charges | |
| HC EXTENDED VISUAL FIELD XM UNI/BI I&R | 92083 | CPT | | | | both | | | 424 | | 168 Aetna | Better Health | 133.77 | 31.55 | | | 99.81 | 402.8 | percent of total billed charges | |
| HC EXTENDED VISUAL FIELD XM UNI/BI I&R | 92083 | CPT | | | | both | | | 424 | | 168 Horizon | PPO | 282.68 | | | 133.77 | 99.81 | 402.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTENDED VISUAL FIELD XM UNI/BI I&R | 92083 | CPT | | | | both | | | 424 | | 168 Horizon | Indemnity | 282.68 | | | 109.96 | 99.81 | 402.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTENDED VISUAL FIELD XM UNI/BI I&R | 92083 | CPT | | | | both | | | 424 | | 168 Horizon | NJ Health | 99.81 | | | 113.45 | 99.81 | 402.8 | other | |
| HC EXTENDED VISUAL FIELD XM UNI/BI I&R | 92083 | CPT | | | | both | | | 424 | | 168 Multiplan | Multiplan | 339.2 | 80 | | 36.12 | 99.81 | 402.8 | fee schedule | |
| HC EXTENDED VISUAL FIELD XM UNI/BI I&R | 92083 | CPT | | | | both | | | 424 | | 168 Amerihealth | HMO/PPO | 275.6 | 65 | | | 99.81 | 402.8 | percent of total billed charges | |
| HC EXTENDED VISUAL FIELD XM UNI/BI I&R | 92083 | CPT | | | | both | | | 424 | | 168 First Trenton | First Trenton | 381.6 | 90 | | 60.5 | 99.81 | 402.8 | percent of total billed charges | |
| HC EXTENDED VISUAL FIELD XM UNI/BI I&R | 92083 | CPT | | | | both | | | 424 | | 168 Horizon | MGD | 282.68 | | | 71.64 | 99.81 | 402.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTENDED VISUAL FIELD XM UNI/BI I&R | 92083 | CPT | | | | both | | | 424 | | 168 Consumer | Consumer | 402.8 | 95 | | | 99.81 | 402.8 | percent of total billed charges | |
| HC EXTENDED VISUAL FIELD XM UNI/BI I&R | 92083 | CPT | | | | both | | | 424 | | 168 UHC | Medicaid | 133.77 | 31.55 | | 125.79 | 99.81 | 402.8 | percent of total billed charges | |
| HC EXTENDED VISUAL FIELD XM UNI/BI I&R | 92083 | CPT | | | | both | | | 424 | | 168 Managed Care Inc | Managed Care Inc | 381.6 | 90 | | | 99.81 | 402.8 | percent of total billed charges | |
| HC EXTENDED VISUAL FIELD XM UNI/BI I&R | 92083 | CPT | | | | both | | | 424 | | 168 Wellcare | Medicaid | 133.77 | 31.55 | | 111.83 | 99.81 | 402.8 | percent of total billed charges | |
| HC EXTENDED VISUAL FIELD XM UNI/BI I&R | 92083 | CPT | | | | both | | | 424 | | 168 Qualcare | Qualcare | 318 | 75 | | | 99.81 | 402.8 | percent of total billed charges | |
| HC EXTENDED VISUAL FIELD XM UNI/BI I&R | 92083 | CPT | | | | both | | | 424 | | 168 Wellcare | Medicare | 146.09 | | | 43.92 | 99.81 | 402.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTENDED VISUAL FIELD XM UNI/BI I&R | 92083 | CPT | | | | both | | | 424 | | 168 Three Rivers | Three Rivers | 402.8 | 95 | | | 99.81 | 402.8 | percent of total billed charges | |
| HC EXTENDED VISUAL FIELD XM UNI/BI I&R | 92083 | CPT | | | | both | | | 424 | | 168 Horizon | Medicare Blue | 146.09 | | | 59.61 | 99.81 | 402.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTENDED VISUAL FIELD XM UNI/BI I&R | 92083 | CPT | | | | both | | | 424 | | 168 UHC | Medicare | 146.09 | | | 64.53 | 99.81 | 402.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTENDED VISUAL FIELD XM UNI/BI I&R | 92083 | CPT | | | | both | | | 424 | | 168 WellPoint | WellPoint | 136.44 | 32.18 | | 107.26 | 99.81 | 402.8 | percent of total billed charges | |
| HC SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS | 92100 | CPT | | | | outpatient | | | 423.03 | | Aetna | Medicare | 130.29 | 30.8 | | | 41.76 | 401.88 | percent of total billed charges | |
| HC SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS | 92100 | CPT | | | | outpatient | | | 423.03 | | Horizon | PPO | 161.94 | 38.28 | | | 41.76 | 401.88 | percent of total billed charges | |
| HC SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS | 92100 | CPT | | | | outpatient | | | 423.03 | | Amerihealth | HMO/PPO | 274.97 | 65 | | | 41.76 | 401.88 | percent of total billed charges | |
| HC SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS | 92100 | CPT | | | | outpatient | | | 423.03 | | Aetna | Better Health | 133.47 | 31.55 | | | 41.76 | 401.88 | percent of total billed charges | |
| HC SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS | 92100 | CPT | | | | outpatient | | | 423.03 | | Consumer | Consumer | 401.88 | 95 | | | 41.76 | 401.88 | percent of total billed charges | |
| HC SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS | 92100 | CPT | | | | outpatient | | | 423.03 | | First Trenton | First Trenton | 380.73 | 90 | | | 41.76 | 401.88 | percent of total billed charges | |
| HC SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS | 92100 | CPT | | | | outpatient | | | 423.03 | | Americare | Americare | 317.27 | 75 | | | 41.76 | 401.88 | percent of total billed charges | |
| HC SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS | 92100 | CPT | | | | outpatient | | | 423.03 | | First Health | First Health | 296.12 | 70 | | | 41.76 | 401.88 | percent of total billed charges | |
| HC SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS | 92100 | CPT | | | | outpatient | | | 423.03 | | Corrections | Corrections | 338.42 | 80 | | | 41.76 | 401.88 | percent of total billed charges | |
| HC SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS | 92100 | CPT | | | | outpatient | | | 423.03 | | Three Rivers | Three Rivers | 401.88 | 95 | | | 41.76 | 401.88 | percent of total billed charges | |
| HC SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS | 92100 | CPT | | | | outpatient | | | 423.03 | | Horizon | Indemnity | 161.94 | 38.28 | | | 41.76 | 401.88 | percent of total billed charges | |
| HC SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS | 92100 | CPT | | | | outpatient | | | 423.03 | | Wellcare | Medicaid | 133.47 | 31.55 | | | 41.76 | 401.88 | percent of total billed charges | |
| HC SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS | 92100 | CPT | | | | outpatient | | | 423.03 | | Horizon | MGD | 161.94 | 38.28 | | | 41.76 | 401.88 | percent of total billed charges | |
| HC SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS | 92100 | CPT | | | | outpatient | | | 423.03 | | Managed Care Inc | Managed Care Inc | 380.73 | 90 | | | 41.76 | 401.88 | percent of total billed charges | |
| HC SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS | 92100 | CPT | | | | outpatient | | | 423.03 | | Horizon | Medicare Blue | 126.91 | 30 | | | 41.76 | 401.88 | percent of total billed charges | |
| HC SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS | 92100 | CPT | | | | outpatient | | | 423.03 | | UHC | Medicaid | 133.47 | 31.55 | | | 41.76 | 401.88 | percent of total billed charges | |
| HC SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS | 92100 | CPT | | | | outpatient | | | 423.03 | | Horizon | NJ Health | 41.76 | | | | 41.76 | 401.88 | fee schedule | |
| HC SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS | 92100 | CPT | | | | outpatient | | | 423.03 | | WellPoint | WellPoint | 136.13 | 32.18 | | | 41.76 | 401.88 | percent of total billed charges | |
| HC SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS | 92100 | CPT | | | | outpatient | | | 423.03 | | Qualcare | Qualcare | 317.27 | 75 | | | 41.76 | 401.88 | percent of total billed charges | |
| HC SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS | 92100 | CPT | | | | outpatient | | | 423.03 | | Multiplan | Multiplan | 338.42 | 80 | | | 41.76 | 401.88 | percent of total billed charges | |
| HC OCT -ANT SEG (ONE EYE) | 92132 | CPT | | | | outpatient | | | 220 | | 80.45 Aetna | Better Health | 69.41 | 31.55 | | | 16.43 | 209 | percent of total billed charges | |
| HC OCT -ANT SEG (ONE EYE) | 92132 | CPT | | | | outpatient | | | 220 | | 80.45 Multiplan | Multiplan | 176 | 80 | | | 16.43 | 209 | percent of total billed charges | |
| HC OCT -ANT SEG (ONE EYE) | 92132 | CPT | | | | outpatient | | | 220 | | 80.45 Americare | Americare | 165 | 75 | | | 16.43 | 209 | percent of total billed charges | |
| HC OCT -ANT SEG (ONE EYE) | 92132 | CPT | | | | outpatient | | | 220 | | 80.45 Managed Care Inc | Managed Care Inc | 198 | 90 | | | 16.43 | 209 | percent of total billed charges | |
| HC OCT -ANT SEG (ONE EYE) | 92132 | CPT | | | | outpatient | | | 220 | | 80.45 Consumer | Consumer | 209 | 95 | | | 16.43 | 209 | percent of total billed charges | |
| HC OCT -ANT SEG (ONE EYE) | 92132 | CPT | | | | outpatient | | | 220 | | 80.45 First Health | First Health | 154 | 70 | | | 16.43 | 209 | percent of total billed charges | |
| HC OCT -ANT SEG (ONE EYE) | 92132 | CPT | | | | outpatient | | | 220 | | 80.45 Aetna | Medicare | 69.96 | | | | 16.43 | 209 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCT -ANT SEG (ONE EYE) | 92132 | CPT | | | | outpatient | | | 220 | | 80.45 First Trenton | First Trenton | 198 | 90 | | | 16.43 | 209 | percent of total billed charges | |
| HC OCT -ANT SEG (ONE EYE) | 92132 | CPT | | | | outpatient | | | 220 | | 80.45 UHC | Medicaid | 69.41 | 31.55 | | 60.63 | 16.43 | 209 | percent of total billed charges | |
| HC OCT -ANT SEG (ONE EYE) | 92132 | CPT | | | | outpatient | | | 220 | | 80.45 Qualcare | Qualcare | 165 | 75 | | | 16.43 | 209 | percent of total billed charges | |
| HC OCT -ANT SEG (ONE EYE) | 92132 | CPT | | | | outpatient | | | 220 | | 80.45 Amerihealth | HMO/PPO | 16.43 | | | | 16.43 | 209 | fee schedule | |
| HC OCT -ANT SEG (ONE EYE) | 92132 | CPT | | | | outpatient | | | 220 | | 80.45 Wellcare | Medicare | 69.96 | | | | 16.43 | 209 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCT -ANT SEG (ONE EYE) | 92132 | CPT | | | | outpatient | | | 220 | | 80.45 Corrections | Corrections | 176 | 80 | | | 16.43 | 209 | percent of total billed charges | |
| HC OCT -ANT SEG (ONE EYE) | 92132 | CPT | | | | outpatient | | | 220 | | 80.45 Horizon | Indemnity | 135.37 | | | | 16.43 | 209 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCT -ANT SEG (ONE EYE) | 92132 | CPT | | | | outpatient | | | 220 | | 80.45 WellPoint | WellPoint | 70.8 | 32.18 | | | 16.43 | 209 | percent of total billed charges | |
| HC OCT -ANT SEG (ONE EYE) | 92132 | CPT | | | | outpatient | | | 220 | | 80.45 Horizon | PPO | 135.37 | | | 35.62 | 16.43 | 209 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCT -ANT SEG (ONE EYE) | 92132 | CPT | | | | outpatient | | | 220 | | 80.45 Horizon | Medicare Blue | 69.96 | | | | 16.43 | 209 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCT -ANT SEG (ONE EYE) | 92132 | CPT | | | | outpatient | | | 220 | | 80.45 Wellcare | Medicaid | 69.41 | 31.55 | | 36.12 | 16.43 | 209 | percent of total billed charges | |
| HC OCT -ANT SEG (ONE EYE) | 92132 | CPT | | | | outpatient | | | 220 | | 80.45 Horizon | MGD | 135.37 | | | 61.97 | 16.43 | 209 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCT -ANT SEG (ONE EYE) | 92132 | CPT | | | | outpatient | | | 220 | | 80.45 Three Rivers | Three Rivers | 209 | 95 | | | 16.43 | 209 | percent of total billed charges | |
| HC OCT -ANT SEG (ONE EYE) | 92132 | CPT | | | | outpatient | | | 220 | | 80.45 Horizon | NJ Health | 31.14 | | | | 16.43 | 209 | fee schedule | |
| HC OCT -ANT SEG (ONE EYE) | 92132 | CPT | | | | outpatient | | | 220 | | 80.45 UHC | Medicare | 69.96 | | | 33.42 | 16.43 | 209 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCT -OPTIC NERVE (ONE EYE) | 92133 | CPT | | | | outpatient | | | 220 | | 80.45 Amerihealth | HMO/PPO | 16.1 | | | 31.59 | 16.1 | 209 | fee schedule | |
| HC OCT -OPTIC NERVE (ONE EYE) | 92133 | CPT | | | | outpatient | | | 220 | | 80.45 Aetna | Better Health | 69.41 | 31.55 | | 66.57 | 16.1 | 209 | percent of total billed charges | |
| HC OCT -OPTIC NERVE (ONE EYE) | 92133 | CPT | | | | outpatient | | | 220 | | 80.45 Consumer | Consumer | 209 | 95 | | | 16.1 | 209 | percent of total billed charges | |
| HC OCT -OPTIC NERVE (ONE EYE) | 92133 | CPT | | | | outpatient | | | 220 | | 80.45 Horizon | PPO | 135.37 | | | 66.26 | 16.1 | 209 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCT -OPTIC NERVE (ONE EYE) | 92133 | CPT | | | | outpatient | | | 220 | | 80.45 First Trenton | First Trenton | 198 | 90 | | | 16.1 | 209 | percent of total billed charges | |
| HC OCT -OPTIC NERVE (ONE EYE) | 92133 | CPT | | | | outpatient | | | 220 | | 80.45 Aetna | Medicare | 69.96 | | | 23.11 | 16.1 | 209 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCT -OPTIC NERVE (ONE EYE) | 92133 | CPT | | | | outpatient | | | 220 | | 80.45 Corrections | Corrections | 176 | 80 | | 63.75 | 16.1 | 209 | percent of total billed charges | |
| HC OCT -OPTIC NERVE (ONE EYE) | 92133 | CPT | | | | outpatient | | | 220 | | 80.45 Wellcare | Medicaid | 69.41 | 31.55 | | 55.79 | 16.1 | 209 | percent of total billed charges | |
| HC OCT -OPTIC NERVE (ONE EYE) | 92133 | CPT | | | | outpatient | | | 220 | | 80.45 Horizon | Indemnity | 135.37 | | | 68.08 | 16.1 | 209 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCT -OPTIC NERVE (ONE EYE) | 92133 | CPT | | | | outpatient | | | 220 | | 80.45 UHC | Medicare | 69.96 | | | 40.19 | 16.1 | 209 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCT -OPTIC NERVE (ONE EYE) | 92133 | CPT | | | | outpatient | | | 220 | | 80.45 First Health | First Health | 154 | 70 | | | 16.1 | 209 | percent of total billed charges | |
| HC OCT -OPTIC NERVE (ONE EYE) | 92133 | CPT | | | | outpatient | | | 220 | | 80.45 WellPoint | WellPoint | 70.8 | 32.18 | | 54.57 | 16.1 | 209 | percent of total billed charges | |
| HC OCT -OPTIC NERVE (ONE EYE) | 92133 | CPT | | | | outpatient | | | 220 | | 80.45 Managed Care Inc | Managed Care Inc | 198 | 90 | | | 16.1 | 209 | percent of total billed charges | |
| HC OCT -OPTIC NERVE (ONE EYE) | 92133 | CPT | | | | outpatient | | | 220 | | 80.45 Americare | Americare | 165 | 75 | | | 16.1 | 209 | percent of total billed charges | |
| HC OCT -OPTIC NERVE (ONE EYE) | 92133 | CPT | | | | outpatient | | | 220 | | 80.45 Horizon | NJ Health | 37.95 | | | 18.35 | 16.1 | 209 | fee schedule | |
| HC OCT -OPTIC NERVE (ONE EYE) | 92133 | CPT | | | | outpatient | | | 220 | | 80.45 Horizon | Medicare Blue | 69.96 | | | 38 | 16.1 | 209 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCT -OPTIC NERVE (ONE EYE) | 92133 | CPT | | | | outpatient | | | 220 | | 80.45 Wellcare | Medicare | 69.96 | | | 29.06 | 16.1 | 209 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCT -OPTIC NERVE (ONE EYE) | 92133 | CPT | | | | outpatient | | | 220 | | 80.45 Horizon | MGD | 135.37 | | | 47.6 | 16.1 | 209 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCT -OPTIC NERVE (ONE EYE) | 92133 | CPT | | | | outpatient | | | 220 | | 80.45 Multiplan | Multiplan | 176 | 80 | | | 16.1 | 209 | percent of total billed charges | |
| HC OCT -OPTIC NERVE (ONE EYE) | 92133 | CPT | | | | outpatient | | | 220 | | 80.45 Three Rivers | Three Rivers | 209 | 95 | | | 16.1 | 209 | percent of total billed charges | |
| HC OCT -OPTIC NERVE (ONE EYE) | 92133 | CPT | | | | outpatient | | | 220 | | 80.45 Qualcare | Qualcare | 165 | 75 | | | 16.1 | 209 | percent of total billed charges | |
| HC OCT -OPTIC NERVE (ONE EYE) | 92133 | CPT | | | | outpatient | | | 220 | | 80.45 UHC | Medicaid | 69.41 | 31.55 | | 62.3 | 16.1 | 209 | percent of total billed charges | |
| HC OCT -RETINA (ONE EYE) | 92134 | CPT | | | | outpatient | | | 220 | | 80.45 Amerihealth | HMO/PPO | 16.1 | | | | 16.1 | 209 | fee schedule | |
| HC OCT -RETINA (ONE EYE) | 92134 | CPT | | | | outpatient | | | 220 | | 80.45 First Health | First Health | 154 | 70 | | | 16.1 | 209 | percent of total billed charges | |
| HC OCT -RETINA (ONE EYE) | 92134 | CPT | | | | outpatient | | | 220 | | 80.45 Americare | Americare | 165 | 75 | | | 16.1 | 209 | percent of total billed charges | |
| HC OCT -RETINA (ONE EYE) | 92134 | CPT | | | | outpatient | | | 220 | | 80.45 Horizon | Medicare Blue | 69.96 | | | 39.85 | 16.1 | 209 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCT -RETINA (ONE EYE) | 92134 | CPT | | | | outpatient | | | 220 | | 80.45 Horizon | MGD | 135.37 | | | 69.3 | 16.1 | 209 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCT -RETINA (ONE EYE) | 92134 | CPT | | | | outpatient | | | 220 | | 80.45 Aetna | Medicare | 69.96 | | | 42.12 | 16.1 | 209 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCT -RETINA (ONE EYE) | 92134 | CPT | | | | outpatient | | | 220 | | 80.45 Consumer | Consumer | 209 | 95 | | | 16.1 | 209 | percent of total billed charges | |
| HC OCT -RETINA (ONE EYE) | 92134 | CPT | | | | outpatient | | | 220 | | 80.45 Aetna | Better Health | 69.41 | 31.55 | | 64.18 | 16.1 | 209 | percent of total billed charges | |
| HC OCT -RETINA (ONE EYE) | 92134 | CPT | | | | outpatient | | | 220 | | 80.45 UHC | Medicare | 69.96 | | | 44.82 | 16.1 | 209 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC OCT -RETINA (ONE EYE) | 92134 | CPT | | | | outpatient | | | 220 | 80.45 | Horizon | Indemnity | 135.37 | | | | 76.01 | 16.1 | 209 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCT -RETINA (ONE EYE) | 92134 | CPT | | | | outpatient | | | 220 | 80.45 | Corrections | Corrections | 176 | 80 | | 65.21 | 16.1 | | 209 percent of total billed charges | |
| HC OCT -RETINA (ONE EYE) | 92134 | CPT | | | | outpatient | | | 220 | 80.45 | Horizon | PPO | 135.37 | | | 70.2 | 16.1 | | 209 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCT -RETINA (ONE EYE) | 92134 | CPT | | | | outpatient | | | 220 | 80.45 | WellPoint | WellPoint | 70.8 | 32.18 | | 53.38 | 16.1 | | 209 percent of total billed charges | |
| HC OCT -RETINA (ONE EYE) | 92134 | CPT | | | | outpatient | | | 220 | 80.45 | First Trenton | First Trenton | 198 | 90 | | | 16.1 | | 209 percent of total billed charges | |
| HC OCT -RETINA (ONE EYE) | 92134 | CPT | | | | outpatient | | | 220 | 80.45 | Multiplan | Multiplan | 176 | 80 | | | 16.1 | | 209 percent of total billed charges | |
| HC OCT -RETINA (ONE EYE) | 92134 | CPT | | | | outpatient | | | 220 | 80.45 | Three Rivers | Three Rivers | 209 | 95 | | | 16.1 | | 209 percent of total billed charges | |
| HC OCT -RETINA (ONE EYE) | 92134 | CPT | | | | outpatient | | | 220 | 80.45 | Wellcare | Medicaid | 69.41 | 31.55 | | 62.82 | 16.1 | | 209 percent of total billed charges | |
| HC OCT -RETINA (ONE EYE) | 92134 | CPT | | | | outpatient | | | 220 | 80.45 | Horizon | NJ Health | 37.95 | | | 32.73 | 16.1 | | 209 fee schedule | |
| HC OCT -RETINA (ONE EYE) | 92134 | CPT | | | | outpatient | | | 220 | 80.45 | Qualcare | Qualcare | 165 | 75 | | | 16.1 | | 209 percent of total billed charges | |
| HC OCT -RETINA (ONE EYE) | 92134 | CPT | | | | outpatient | | | 220 | 80.45 | Managed Care Inc | Managed Care Inc | 198 | 90 | | | 16.1 | | 209 percent of total billed charges | |
| HC OCT -RETINA (ONE EYE) | 92134 | CPT | | | | outpatient | | | 220 | 80.45 | UHC | Medicaid | 69.41 | 31.55 | | 62.5 | 16.1 | | 209 percent of total billed charges | |
| HC OCT -RETINA (ONE EYE) | 92134 | CPT | | | | outpatient | | | 220 | 80.45 | Wellcare | Medicare | 69.96 | | | 34.38 | 16.1 | | 209 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPTICAL C BIOMETRY /IOL CALC | 92136 | CPT | | | | outpatient | | | 424 | 168 | Corrections | Corrections | 339.2 | 80 | | 131.86 | 104.4 | | 402.8 percent of total billed charges | |
| HC OPTICAL C BIOMETRY /IOL CALC | 92136 | CPT | | | | outpatient | | | 424 | 168 | Americare | Americare | 318 | 75 | | | 104.4 | | 402.8 percent of total billed charges | |
| HC OPTICAL C BIOMETRY /IOL CALC | 92136 | CPT | | | | outpatient | | | 424 | 168 | WellPoint | WellPoint | 136.44 | 32.18 | | 121.92 | 104.4 | | 402.8 percent of total billed charges | |
| HC OPTICAL C BIOMETRY /IOL CALC | 92136 | CPT | | | | outpatient | | | 424 | 168 | First Trenton | First Trenton | 381.6 | 90 | | | 104.4 | | 402.8 percent of total billed charges | |
| HC OPTICAL C BIOMETRY /IOL CALC | 92136 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Better Health | 133.77 | 31.55 | | | 104.4 | | 402.8 percent of total billed charges | |
| HC OPTICAL C BIOMETRY /IOL CALC | 92136 | CPT | | | | outpatient | | | 424 | 168 | Consumer | Consumer | 402.8 | 95 | | | 104.4 | | 402.8 percent of total billed charges | |
| HC OPTICAL C BIOMETRY /IOL CALC | 92136 | CPT | | | | outpatient | | | 424 | 168 | Horizon | Medicare Blue | 146.09 | | | 46.39 | 104.4 | | 402.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPTICAL C BIOMETRY /IOL CALC | 92136 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Medicare | 146.09 | | | 59.85 | 104.4 | | 402.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPTICAL C BIOMETRY /IOL CALC | 92136 | CPT | | | | outpatient | | | 424 | 168 | First Health | First Health | 296.8 | 70 | | | 104.4 | | 402.8 percent of total billed charges | |
| HC OPTICAL C BIOMETRY /IOL CALC | 92136 | CPT | | | | outpatient | | | 424 | 168 | Horizon | MGD | 282.68 | | | 125.27 | 104.4 | | 402.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPTICAL C BIOMETRY /IOL CALC | 92136 | CPT | | | | outpatient | | | 424 | 168 | UHC | Medicare | 146.09 | | | 60.47 | 104.4 | | 402.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPTICAL C BIOMETRY /IOL CALC | 92136 | CPT | | | | outpatient | | | 424 | 168 | Managed Care Inc | Managed Care Inc | 381.6 | 90 | | | 104.4 | | 402.8 percent of total billed charges | |
| HC OPTICAL C BIOMETRY /IOL CALC | 92136 | CPT | | | | outpatient | | | 424 | 168 | Horizon | Indemnity | 282.68 | | | | 104.4 | | 402.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPTICAL C BIOMETRY /IOL CALC | 92136 | CPT | | | | outpatient | | | 424 | 168 | Multiplan | Multiplan | 339.2 | 80 | | | 104.4 | | 402.8 percent of total billed charges | |
| HC OPTICAL C BIOMETRY /IOL CALC | 92136 | CPT | | | | outpatient | | | 424 | 168 | Wellcare | Medicaid | 133.77 | 31.55 | | | 104.4 | | 402.8 percent of total billed charges | |
| HC OPTICAL C BIOMETRY /IOL CALC | 92136 | CPT | | | | outpatient | | | 424 | 168 | Amerihealth | HMO/PPO | 275.6 | 65 | | | 104.4 | | 402.8 percent of total billed charges | |
| HC OPTICAL C BIOMETRY /IOL CALC | 92136 | CPT | | | | outpatient | | | 424 | 168 | Three Rivers | Three Rivers | 402.8 | 95 | | | 104.4 | | 402.8 percent of total billed charges | |
| HC OPTICAL C BIOMETRY /IOL CALC | 92136 | CPT | | | | outpatient | | | 424 | 168 | Wellcare | Medicare | 146.09 | | | | 104.4 | | 402.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPTICAL C BIOMETRY /IOL CALC | 92136 | CPT | | | | outpatient | | | 424 | 168 | UHC | Medicaid | 133.77 | 31.55 | | 116.26 | 104.4 | | 402.8 percent of total billed charges | |
| HC OPTICAL C BIOMETRY /IOL CALC | 92136 | CPT | | | | outpatient | | | 424 | 168 | Horizon | NJ Health | 104.4 | | | 36.07 | 104.4 | | 402.8 fee schedule | |
| HC OPTICAL C BIOMETRY /IOL CALC | 92136 | CPT | | | | outpatient | | | 424 | 168 | Horizon | PPO | 282.68 | | | 106.77 | 104.4 | | 402.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPTICAL C BIOMETRY /IOL CALC | 92136 | CPT | | | | outpatient | | | 424 | 168 | Qualcare | Qualcare | 318 | 75 | | | 104.4 | | 402.8 percent of total billed charges | |
| HC OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI | 92201 | CPT | | | | outpatient | | | 206.31 | 80.45 | Horizon | MGD | 135.37 | | | | 36.83 | | 195.99 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI | 92201 | CPT | | | | outpatient | | | 206.31 | 80.45 | Consumer | Consumer | 195.99 | 95 | | | 36.83 | | 195.99 percent of total billed charges | |
| HC OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI | 92201 | CPT | | | | outpatient | | | 206.31 | 80.45 | First Trenton | First Trenton | 185.68 | 90 | | | 36.83 | | 195.99 percent of total billed charges | |
| HC OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI | 92201 | CPT | | | | outpatient | | | 206.31 | 80.45 | Aetna | Better Health | 65.09 | 31.55 | | | 36.83 | | 195.99 percent of total billed charges | |
| HC OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI | 92201 | CPT | | | | outpatient | | | 206.31 | 80.45 | Wellcare | Medicare | 69.96 | | | | 36.83 | | 195.99 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI | 92201 | CPT | | | | outpatient | | | 206.31 | 80.45 | First Health | First Health | 144.42 | 70 | | | 36.83 | | 195.99 percent of total billed charges | |
| HC OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI | 92201 | CPT | | | | outpatient | | | 206.31 | 80.45 | Americare | Americare | 154.73 | 75 | | | 36.83 | | 195.99 percent of total billed charges | |
| HC OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI | 92201 | CPT | | | | outpatient | | | 206.31 | 80.45 | Amerihealth | HMO/PPO | 134.1 | 65 | | | 36.83 | | 195.99 percent of total billed charges | |
| HC OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI | 92201 | CPT | | | | outpatient | | | 206.31 | 80.45 | UHC | Medicaid | 65.09 | 31.55 | | | 36.83 | | 195.99 percent of total billed charges | |
| HC OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI | 92201 | CPT | | | | outpatient | | | 206.31 | 80.45 | Aetna | Medicare | 69.96 | | | | 36.83 | | 195.99 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI | 92201 | CPT | | | | outpatient | | | 206.31 | 80.45 | Horizon | Indemnity | 135.37 | | | | 36.83 | | 195.99 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI | 92201 | CPT | | | | outpatient | | | 206.31 | 80.45 | Multiplan | Multiplan | 165.05 | 80 | | | 36.83 | | 195.99 percent of total billed charges | |
| HC OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI | 92201 | CPT | | | | outpatient | | | 206.31 | 80.45 | UHC | Medicare | 69.96 | | | | 36.83 | | 195.99 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI | 92201 | CPT | | | | outpatient | | | 206.31 | 80.45 | Corrections | Corrections | 165.05 | 80 | | | 36.83 | | 195.99 percent of total billed charges | |
| HC OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI | 92201 | CPT | | | | outpatient | | | 206.31 | 80.45 | Horizon | Medicare Blue | 69.96 | | | | 36.83 | | 195.99 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI | 92201 | CPT | | | | outpatient | | | 206.31 | 80.45 | Qualcare | Qualcare | 154.73 | 75 | | | 36.83 | | 195.99 percent of total billed charges | |
| HC OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI | 92201 | CPT | | | | outpatient | | | 206.31 | 80.45 | Horizon | NJ Health | 36.83 | | | | 36.83 | | 195.99 fee schedule | |
| HC OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI | 92201 | CPT | | | | outpatient | | | 206.31 | 80.45 | Horizon | PPO | 135.37 | | | | 36.83 | | 195.99 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI | 92201 | CPT | | | | outpatient | | | 206.31 | 80.45 | Managed Care Inc | Managed Care Inc | 185.68 | 90 | | | 36.83 | | 195.99 percent of total billed charges | |
| HC OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI | 92201 | CPT | | | | outpatient | | | 206.31 | 80.45 | Wellcare | Medicaid | 65.09 | 31.55 | | | 36.83 | | 195.99 percent of total billed charges | |
| HC OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI | 92201 | CPT | | | | outpatient | | | 206.31 | 80.45 | Three Rivers | Three Rivers | 195.99 | 95 | | | 36.83 | | 195.99 percent of total billed charges | |
| HC OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI | 92201 | CPT | | | | outpatient | | | 206.31 | 80.45 | WellPoint | WellPoint | 66.39 | 32.18 | | | 36.83 | | 195.99 percent of total billed charges | |
| HC OPSCPY EXTND OPTIC NRVI/MACULA DRAWING I&R UNI/BI | 92202 | CPT | | | | outpatient | | | 206.31 | 80.45 | Horizon | MGD | 135.37 | | | | 23.33 | | 195.99 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPSCPY EXTND OPTIC NRVI/MACULA DRAWING I&R UNI/BI | 92202 | CPT | | | | outpatient | | | 206.31 | 80.45 | First Trenton | First Trenton | 185.68 | 90 | | | 23.33 | | 195.99 percent of total billed charges | |
| HC OPSCPY EXTND OPTIC NRVI/MACULA DRAWING I&R UNI/BI | 92202 | CPT | | | | outpatient | | | 206.31 | 80.45 | Americare | Americare | 154.73 | 75 | | | 23.33 | | 195.99 percent of total billed charges | |
| HC OPSCPY EXTND OPTIC NRVI/MACULA DRAWING I&R UNI/BI | 92202 | CPT | | | | outpatient | | | 206.31 | 80.45 | Amerihealth | HMO/PPO | 65 | | | | 23.33 | | 195.99 percent of total billed charges | |
| HC OPSCPY EXTND OPTIC NRVI/MACULA DRAWING I&R UNI/BI | 92202 | CPT | | | | outpatient | | | 206.31 | 80.45 | Aetna | Medicare | 69.96 | | | | 23.33 | | 195.99 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPSCPY EXTND OPTIC NRVI/MACULA DRAWING I&R UNI/BI | 92202 | CPT | | | | outpatient | | | 206.31 | 80.45 | First Health | First Health | 144.42 | 70 | | | 23.33 | | 195.99 percent of total billed charges | |
| HC OPSCPY EXTND OPTIC NRVI/MACULA DRAWING I&R UNI/BI | 92202 | CPT | | | | outpatient | | | 206.31 | 80.45 | Consumer | Consumer | 195.99 | 95 | | | 23.33 | | 195.99 percent of total billed charges | |
| HC OPSCPY EXTND OPTIC NRVI/MACULA DRAWING I&R UNI/BI | 92202 | CPT | | | | outpatient | | | 206.31 | 80.45 | Aetna | Better Health | 65.09 | 31.55 | | | 23.33 | | 195.99 percent of total billed charges | |
| HC OPSCPY EXTND OPTIC NRVI/MACULA DRAWING I&R UNI/BI | 92202 | CPT | | | | outpatient | | | 206.31 | 80.45 | Three Rivers | Three Rivers | 195.99 | 95 | | | 23.33 | | 195.99 percent of total billed charges | |
| HC OPSCPY EXTND OPTIC NRVI/MACULA DRAWING I&R UNI/BI | 92202 | CPT | | | | outpatient | | | 206.31 | 80.45 | Horizon | Medicare Blue | 69.96 | | | | 23.33 | | 195.99 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPSCPY EXTND OPTIC NRVI/MACULA DRAWING I&R UNI/BI | 92202 | CPT | | | | outpatient | | | 206.31 | 80.45 | Corrections | Corrections | 165.05 | 80 | | | 23.33 | | 195.99 percent of total billed charges | |
| HC OPSCPY EXTND OPTIC NRVI/MACULA DRAWING I&R UNI/BI | 92202 | CPT | | | | outpatient | | | 206.31 | 80.45 | Multiplan | Multiplan | 165.05 | 80 | | | 23.33 | | 195.99 percent of total billed charges | |
| HC OPSCPY EXTND OPTIC NRVI/MACULA DRAWING I&R UNI/BI | 92202 | CPT | | | | outpatient | | | 206.31 | 80.45 | Horizon | NJ Health | 23.33 | | | | 23.33 | | 195.99 fee schedule | |
| HC OPSCPY EXTND OPTIC NRVI/MACULA DRAWING I&R UNI/BI | 92202 | CPT | | | | outpatient | | | 206.31 | 80.45 | Horizon | Indemnity | 135.37 | | | | 23.33 | | 195.99 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPSCPY EXTND OPTIC NRVI/MACULA DRAWING I&R UNI/BI | 92202 | CPT | | | | outpatient | | | 206.31 | 80.45 | Horizon | PPO | 135.37 | | | | 23.33 | | 195.99 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPSCPY EXTND OPTIC NRVI/MACULA DRAWING I&R UNI/BI | 92202 | CPT | | | | outpatient | | | 206.31 | 80.45 | Managed Care Inc | Managed Care Inc | 185.68 | 90 | | | 23.33 | | 195.99 percent of total billed charges | |
| HC OPSCPY EXTND OPTIC NRVI/MACULA DRAWING I&R UNI/BI | 92202 | CPT | | | | outpatient | | | 206.31 | 80.45 | Qualcare | Qualcare | 154.73 | 75 | | | 23.33 | | 195.99 percent of total billed charges | |
| HC OPSCPY EXTND OPTIC NRVI/MACULA DRAWING I&R UNI/BI | 92202 | CPT | | | | outpatient | | | 206.31 | 80.45 | Wellcare | Medicaid | 65.09 | 31.55 | | | 23.33 | | 195.99 percent of total billed charges | |
| HC OPSCPY EXTND OPTIC NRVI/MACULA DRAWING I&R UNI/BI | 92202 | CPT | | | | outpatient | | | 206.31 | 80.45 | UHC | Medicare | 69.96 | | | | 23.33 | | 195.99 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPSCPY EXTND OPTIC NRVI/MACULA DRAWING I&R UNI/BI | 92202 | CPT | | | | outpatient | | | 206.31 | 80.45 | WellPoint | WellPoint | 66.39 | 32.18 | | | 23.33 | | 195.99 percent of total billed charges | |
| HC OPSCPY EXTND OPTIC NRVI/MACULA DRAWING I&R UNI/BI | 92202 | CPT | | | | outpatient | | | 206.31 | 80.45 | UHC | Medicaid | 65.09 | 31.55 | | | 23.33 | | 195.99 percent of total billed charges | |
| HC OPSCPY EXTND OPTIC NRVI/MACULA DRAWING I&R UNI/BI | 92202 | CPT | | | | outpatient | | | 206.31 | 80.45 | Wellcare | Medicare | 69.96 | | | | 23.33 | | 195.99 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI | 92227 | CPT | | | | outpatient | | | 206.31 | 80.45 | Horizon | MGD | 135.37 | | | | 7.26 | | 195.99 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI | 92227 | CPT | | | | outpatient | | | 206.31 | 80.45 | Americare | Americare | 154.73 | 75 | | | 7.26 | | 195.99 percent of total billed charges | |
| HC IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI | 92227 | CPT | | | | outpatient | | | 206.31 | 80.45 | Amerihealth | HMO/PPO | 7.26 | | | | 7.26 | | 195.99 fee schedule | |
| HC IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI | 92227 | CPT | | | | outpatient | | | 206.31 | 80.45 | Multiplan | Multiplan | 165.05 | 80 | | | 7.26 | | 195.99 percent of total billed charges | |
| HC IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI | 92227 | CPT | | | | outpatient | | | 206.31 | 80.45 | Aetna | Medicare | 69.96 | | | | 7.26 | | 195.99 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI | 92227 | CPT | | | | outpatient | | | 206.31 | 80.45 | Consumer | Consumer | 195.99 | 95 | | | 7.26 | | 195.99 percent of total billed charges | |
| HC IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI | 92227 | CPT | | | | outpatient | | | 206.31 | 80.45 | Horizon | Medicare Blue | 69.96 | | | | 7.26 | | 195.99 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI | 92227 | CPT | | | | outpatient | | | 206.31 | 80.45 | Aetna | Better Health | 65.09 | 31.55 | | | 7.26 | | 195.99 percent of total billed charges | |
| HC IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI | 92227 | CPT | | | | outpatient | | | 206.31 | 80.45 | UHC | Medicare | 69.96 | | | | 7.26 | | 195.99 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI | 92227 | CPT | | | | outpatient | | | 206.31 | 80.45 | Horizon | NJ Health | 10.17 | | | | 7.26 | | 195.99 fee schedule | |
| HC IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI | 92227 | CPT | | | | outpatient | | | 206.31 | 80.45 | First Health | First Health | 144.42 | 70 | | | 7.26 | | 195.99 percent of total billed charges | |
| HC IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI | 92227 | CPT | | | | outpatient | | | 206.31 | 80.45 | Qualcare | Qualcare | 154.73 | 75 | | | 7.26 | | 195.99 percent of total billed charges | |
| HC IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI | 92227 | CPT | | | | outpatient | | | 206.31 | 80.45 | Three Rivers | Three Rivers | 195.99 | 95 | | | 7.26 | | 195.99 percent of total billed charges | |
| HC IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI | 92227 | CPT | | | | outpatient | | | 206.31 | 80.45 | Corrections | Corrections | 165.05 | 80 | | | 7.26 | | 195.99 percent of total billed charges | |
| HC IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI | 92227 | CPT | | | | outpatient | | | 206.31 | 80.45 | Horizon | Indemnity | 135.37 | | | | 7.26 | | 195.99 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI | 92227 | CPT | | | | outpatient | | | 206.31 | 80.45 | Medicaid | Medicaid | 65.09 | 31.55 | | | 7.26 | | 195.99 percent of total billed charges | |
| HC IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI | 92227 | CPT | | | | outpatient | | | 206.31 | 80.45 | Wellcare | Medicaid | 65.09 | 31.55 | | | 7.26 | | 195.99 percent of total billed charges | |
| HC IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI | 92227 | CPT | | | | outpatient | | | 206.31 | 80.45 | First Trenton | First Trenton | 185.68 | 90 | | | 7.26 | | 195.99 percent of total billed charges | |
| HC IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI | 92227 | CPT | | | | outpatient | | | 206.31 | 80.45 | Horizon | PPO | 135.37 | | | | 7.26 | | 195.99 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI | 92227 | CPT | | | | outpatient | | | 206.31 | 80.45 | Managed Care Inc | Managed Care Inc | 185.68 | 90 | | | 7.26 | | 195.99 percent of total billed charges | |
| HC IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI | 92227 | CPT | | | | outpatient | | | 206.31 | 80.45 | Wellcare | Medicare | 69.96 | | | | 7.26 | | 195.99 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI | 92227 | CPT | | | | outpatient | | | 206.31 | 80.45 | WellPoint | WellPoint | 66.39 | 32.18 | | | 7.26 | | 195.99 percent of total billed charges | |
| HC IMG RETINA DETCJ/MNTR DS REM PHYSQHP I&R UNI/BI | 92228 | CPT | | | | outpatient | | | 135.26 | 52.74 | Horizon | Medicare Blue | 45.86 | | | | 7.26 | | 128.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMG RETINA DETCJ/MNTR DS REM PHYSQHP I&R UNI/BI | 92228 | CPT | | | | outpatient | | | 135.26 | 52.74 | Americare | Americare | 101.45 | 75 | | | 7.26 | | 128.5 percent of total billed charges | |
| HC IMG RETINA DETCJ/MNTR DS REM PHYSQHP I&R UNI/BI | 92228 | CPT | | | | outpatient | | | 135.26 | 52.74 | Aetna | Better Health | 42.67 | 31.55 | | | 7.26 | | 128.5 percent of total billed charges | |
| HC IMG RETINA DETCJ/MNTR DS REM PHYSQHP I&R UNI/BI | 92228 | CPT | | | | outpatient | | | 135.26 | 52.74 | Corrections | Corrections | 108.21 | 80 | | | 7.26 | | 128.5 percent of total billed charges | |
| HC IMG RETINA DETCJ/MNTR DS REM PHYSQHP I&R UNI/BI | 92228 | CPT | | | | outpatient | | | 135.26 | 52.74 | UHC | Medicare | 45.86 | | | | 7.26 | | 128.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMG RETINA DETCJ/MNTR DS REM PHYSQHP I&R UNI/BI | 92228 | CPT | | | | outpatient | | | 135.26 | 52.74 | Aetna | Medicare | 45.86 | | | | 7.26 | | 128.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMG RETINA DETCJ/MNTR DS REM PHYSQHP I&R UNI/BI | 92228 | CPT | | | | outpatient | | | 135.26 | 52.74 | Consumer | Consumer | 128.5 | 95 | | | 7.26 | | 128.5 percent of total billed charges | |
| HC IMG RETINA DETCJ/MNTR DS REM PHYSQHP I&R UNI/BI | 92228 | CPT | | | | outpatient | | | 135.26 | 52.74 | Multiplan | Multiplan | 108.21 | 80 | | | 7.26 | | 128.5 percent of total billed charges | |
| HC IMG RETINA DETCJ/MNTR DS REM PHYSQHP I&R UNI/BI | 92228 | CPT | | | | outpatient | | | 135.26 | 52.74 | Horizon | MGD | 88.74 | | | | 7.26 | | 128.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMG RETINA DETCJ/MNTR DS REM PHYSQHP I&R UNI/BI | 92228 | CPT | | | | outpatient | | | 135.26 | 52.74 | Three Rivers | Three Rivers | 128.5 | 95 | | | 7.26 | | 128.5 percent of total billed charges | |
| HC IMG RETINA DETCJ/MNTR DS REM PHYSQHP I&R UNI/BI | 92228 | CPT | | | | outpatient | | | 135.26 | 52.74 | First Health | First Health | 94.68 | 70 | | | 7.26 | | 128.5 percent of total billed charges | |
| HC IMG RETINA DETCJ/MNTR DS REM PHYSQHP I&R UNI/BI | 92228 | CPT | | | | outpatient | | | 135.26 | 52.74 | First Trenton | First Trenton | 121.73 | 90 | | | 7.26 | | 128.5 percent of total billed charges | |
| HC IMG RETINA DETCJ/MNTR DS REM PHYSQHP I&R UNI/BI | 92228 | CPT | | | | outpatient | | | 135.26 | 52.74 | Amerihealth | HMO/PPO | 7.26 | | | | 7.26 | | 128.5 fee schedule | |
| HC IMG RETINA DETCJ/MNTR DS REM PHYSQHP I&R UNI/BI | 92228 | CPT | | | | outpatient | | | 135.26 | 52.74 | Qualcare | Qualcare | 101.45 | 75 | | | 7.26 | | 128.5 percent of total billed charges | |
| HC IMG RETINA DETCJ/MNTR DS REM PHYSQHP I&R UNI/BI | 92228 | CPT | | | | outpatient | | | 135.26 | 52.74 | UHC | Medicaid | 42.67 | 31.55 | | | 7.26 | | 128.5 percent of total billed charges | |
| HC IMG RETINA DETCJ/MNTR DS REM PHYSQHP I&R UNI/BI | 92228 | CPT | | | | outpatient | | | 135.26 | 52.74 | Horizon | Indemnity | 88.74 | | | | 7.26 | | 128.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMG RETINA DETCJ/MNTR DS REM PHYSQHP I&R UNI/BI | 92228 | CPT | | | | outpatient | | | 135.26 | 52.74 | Wellcare | Medicaid | 42.67 | 31.55 | | | 7.26 | | 128.5 percent of total billed charges | |
| HC IMG RETINA DETCJ/MNTR DS REM PHYSQHP I&R UNI/BI | 92228 | CPT | | | | outpatient | | | 135.26 | 52.74 | Horizon | NJ Health | 25.6 | | | | 7.26 | | 128.5 fee schedule | |
| HC IMG RETINA DETCJ/MNTR DS REM PHYSQHP I&R UNI/BI | 92228 | CPT | | | | outpatient | | | 135.26 | 52.74 | Wellcare | Medicare | 45.86 | | | | 7.26 | | 128.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMG RETINA DETCJ/MNTR DS REM PHYSQHP I&R UNI/BI | 92228 | CPT | | | | outpatient | | | 135.26 | 52.74 | Horizon | PPO | 88.74 | | | | 7.26 | | 128.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMG RETINA DETCJ/MNTR DS REM PHYSQHP I&R UNI/BI | 92228 | CPT | | | | outpatient | | | 135.26 | 52.74 | Managed Care Inc | Managed Care Inc | 121.73 | 90 | | | 7.26 | | 128.5 percent of total billed charges | |
| HC IMG RETINA DETCJ/MNTR DS REM PHYSQHP I&R UNI/BI | 92228 | CPT | | | | outpatient | | | 135.26 | 52.74 | WellPoint | WellPoint | 43.53 | 32.18 | | | 7.26 | | 128.5 percent of total billed charges | |
| HC FLUORESCEIN ANGIOGRAPHY | 92235 | CPT | | | | outpatient | | | 1023 | 412.82 | Corrections | Corrections | 818.4 | 80 | | 322.76 | 53.03 | | 971.85 percent of total billed charges | |
| HC FLUORESCEIN ANGIOGRAPHY | 92235 | CPT | | | | outpatient | | | 1023 | 412.82 | Amerihealth | HMO/PPO | 53.03 | | | | 53.03 | | 971.85 fee schedule | |
| HC FLUORESCEIN ANGIOGRAPHY | 92235 | CPT | | | | outpatient | | | 1023 | 412.82 | Qualcare | Qualcare | 767.25 | 75 | | | 53.03 | | 971.85 percent of total billed charges | |
| HC FLUORESCEIN ANGIOGRAPHY | 92235 | CPT | | | | outpatient | | | 1023 | 412.82 | Aetna | Better Health | 322.76 | 31.55 | | | 53.03 | | 971.85 percent of total billed charges | |
| HC FLUORESCEIN ANGIOGRAPHY | 92235 | CPT | | | | outpatient | | | 1023 | 412.82 | Aetna | Medicare | 358.97 | | | | 53.03 | | 971.85 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FLUORESCEIN ANGIOGRAPHY | 92235 | CPT | | | | outpatient | | | 1023 | 412.82 | Horizon | MGD | 694.61 | | | 460.98 | 53.03 | | 971.85 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FLUORESCEIN ANGIOGRAPHY | 92235 | CPT | | | | outpatient | | | 1023 | 412.82 | Multiplan | Multiplan | 818.4 | 80 | | | 53.03 | | 971.85 percent of total billed charges | |
| HC FLUORESCEIN ANGIOGRAPHY | 92235 | CPT | | | | outpatient | | | 1023 | 412.82 | Americare | Americare | 767.25 | 75 | | | 53.03 | | 971.85 percent of total billed charges | |
| HC FLUORESCEIN ANGIOGRAPHY | 92235 | CPT | | | | outpatient | | | 1023 | 412.82 | Three Rivers | Three Rivers | 971.85 | 95 | | | 53.03 | | 971.85 percent of total billed charges | |
| HC FLUORESCEIN ANGIOGRAPHY | 92235 | CPT | | | | outpatient | | | 1023 | 412.82 | First Health | First Health | 716.1 | 70 | | | 53.03 | | 971.85 percent of total billed charges | |
| HC FLUORESCEIN ANGIOGRAPHY | 92235 | CPT | | | | outpatient | | | 1023 | 412.82 | First Trenton | First Trenton | 920.7 | 90 | | | 53.03 | | 971.85 percent of total billed charges | |
| HC FLUORESCEIN ANG

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI | 92240 | CPT | | | | outpatient | | | 1058.67 | 412.82 | Consumer | | 1005.74 | 95 | | | 205.47 | 1005.74 | percent of total billed charges | |
| HC INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI | 92240 | CPT | | | | outpatient | | | 1058.67 | 412.82 | First Health | First Health | 741.07 | 70 | | | 205.47 | 1005.74 | percent of total billed charges | |
| HC INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI | 92240 | CPT | | | | outpatient | | | 1058.67 | 412.82 | Amerihealth | HMO/PPO | 688.14 | 65 | | | 205.47 | 1005.74 | percent of total billed charges | |
| HC INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI | 92240 | CPT | | | | outpatient | | | 1058.67 | 412.82 | Horizon | MGD | 694.61 | | | | 205.47 | 1005.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI | 92240 | CPT | | | | outpatient | | | 1058.67 | 412.82 | Americare | Americare | 794 | 75 | | | 205.47 | 1005.74 | percent of total billed charges | |
| HC INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI | 92240 | CPT | | | | outpatient | | | 1058.67 | 412.82 | Corrections | Corrections | 846.94 | 80 | | 322.76 | 205.47 | 1005.74 | percent of total billed charges | |
| HC INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI | 92240 | CPT | | | | outpatient | | | 1058.67 | 412.82 | Wellcare | Medicare | 358.97 | | | | 205.47 | 1005.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI | 92240 | CPT | | | | outpatient | | | 1058.67 | 412.82 | WellPoint | WellPoint | 340.68 | 32.18 | | | 205.47 | 1005.74 | percent of total billed charges | |
| HC INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI | 92240 | CPT | | | | outpatient | | | 1058.67 | 412.82 | Horizon | Indemnity | 694.61 | | | | 205.47 | 1005.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI | 92240 | CPT | | | | outpatient | | | 1058.67 | 412.82 | Wellcare | Medicaid | 334.01 | 31.55 | | | 205.47 | 1005.74 | percent of total billed charges | |
| HC INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI | 92240 | CPT | | | | outpatient | | | 1058.67 | 412.82 | Qualcare | Qualcare | 794 | 75 | | | 205.47 | 1005.74 | percent of total billed charges | |
| HC INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI | 92240 | CPT | | | | outpatient | | | 1058.67 | 412.82 | Horizon | Medicare Blue | 358.97 | | | | 205.47 | 1005.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI | 92240 | CPT | | | | outpatient | | | 1058.67 | 412.82 | Multiplan | Multiplan | 846.94 | 80 | | | 205.47 | 1005.74 | percent of total billed charges | |
| HC INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI | 92240 | CPT | | | | outpatient | | | 1058.67 | 412.82 | Horizon | PPO | 694.61 | | | | 205.47 | 1005.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI | 92240 | CPT | | | | outpatient | | | 1058.67 | 412.82 | UHC | Medicaid | 334.01 | 31.55 | | | 205.47 | 1005.74 | percent of total billed charges | |
| HC INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI | 92240 | CPT | | | | outpatient | | | 1058.67 | 412.82 | Horizon | NJ Health | 205.47 | | | | 205.47 | 1005.74 | fee schedule | |
| HC INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI | 92240 | CPT | | | | outpatient | | | 1058.67 | 412.82 | UHC | Medicare | 358.97 | | | | 205.47 | 1005.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI | 92240 | CPT | | | | outpatient | | | 1058.67 | 412.82 | Three Rivers | Three Rivers | 1005.74 | 95 | | | 205.47 | 1005.74 | percent of total billed charges | |
| HC INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI | 92240 | CPT | | | | outpatient | | | 1058.67 | 412.82 | Managed Care Inc | Managed Care Inc | 952.8 | 90 | | | 205.47 | 1005.74 | percent of total billed charges | |
| HC FLUO ICG ANGRPH W/MULTIFRAME I | 92242 | CPT | | | | outpatient | | | 1023 | 412.82 | Amerihealth | HMO/PPO | 664.95 | 65 | | | 224.03 | 971.85 | percent of total billed charges | |
| HC FLUO ICG ANGRPH W/MULTIFRAME I | 92242 | CPT | | | | outpatient | | | 1023 | 412.82 | Americare | Americare | 767.25 | 75 | | | 224.03 | 971.85 | percent of total billed charges | |
| HC FLUO ICG ANGRPH W/MULTIFRAME I | 92242 | CPT | | | | outpatient | | | 1023 | 412.82 | First Trenton | First Trenton | 920.7 | 90 | | | 224.03 | 971.85 | percent of total billed charges | |
| HC FLUO ICG ANGRPH W/MULTIFRAME I | 92242 | CPT | | | | outpatient | | | 1023 | 412.82 | Aetna | Better Health | 322.76 | 31.55 | | | 224.03 | 971.85 | percent of total billed charges | |
| HC FLUO ICG ANGRPH W/MULTIFRAME I | 92242 | CPT | | | | outpatient | | | 1023 | 412.82 | Consumer | Consumer | 971.85 | 95 | | | 224.03 | 971.85 | percent of total billed charges | |
| HC FLUO ICG ANGRPH W/MULTIFRAME I | 92242 | CPT | | | | outpatient | | | 1023 | 412.82 | Aetna | Medicare | 358.97 | | | | 224.03 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FLUO ICG ANGRPH W/MULTIFRAME I | 92242 | CPT | | | | outpatient | | | 1023 | 412.82 | Managed Care Inc | Managed Care Inc | 920.7 | 90 | | | 224.03 | 971.85 | percent of total billed charges | |
| HC FLUO ICG ANGRPH W/MULTIFRAME I | 92242 | CPT | | | | outpatient | | | 1023 | 412.82 | Corrections | Corrections | 818.4 | 80 | | | 224.03 | 971.85 | percent of total billed charges | |
| HC FLUO ICG ANGRPH W/MULTIFRAME I | 92242 | CPT | | | | outpatient | | | 1023 | 412.82 | First Health | First Health | 716.1 | 70 | | | 224.03 | 971.85 | percent of total billed charges | |
| HC FLUO ICG ANGRPH W/MULTIFRAME I | 92242 | CPT | | | | outpatient | | | 1023 | 412.82 | Horizon | MGD | 694.61 | | | | 224.03 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FLUO ICG ANGRPH W/MULTIFRAME I | 92242 | CPT | | | | outpatient | | | 1023 | 412.82 | Three Rivers | Three Rivers | 971.85 | 95 | | | 224.03 | 971.85 | percent of total billed charges | |
| HC FLUO ICG ANGRPH W/MULTIFRAME I | 92242 | CPT | | | | outpatient | | | 1023 | 412.82 | Horizon | PPO | 694.61 | | | | 224.03 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FLUO ICG ANGRPH W/MULTIFRAME I | 92242 | CPT | | | | outpatient | | | 1023 | 412.82 | Horizon | Indemnity | 694.61 | | | | 224.03 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FLUO ICG ANGRPH W/MULTIFRAME I | 92242 | CPT | | | | outpatient | | | 1023 | 412.82 | UHC | Medicare | 358.97 | | | | 224.03 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FLUO ICG ANGRPH W/MULTIFRAME I | 92242 | CPT | | | | outpatient | | | 1023 | 412.82 | Multiplan | Multiplan | 818.4 | 80 | | | 224.03 | 971.85 | percent of total billed charges | |
| HC FLUO ICG ANGRPH W/MULTIFRAME I | 92242 | CPT | | | | outpatient | | | 1023 | 412.82 | Horizon | Medicare Blue | 358.97 | | | | 224.03 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FLUO ICG ANGRPH W/MULTIFRAME I | 92242 | CPT | | | | outpatient | | | 1023 | 412.82 | Horizon | NJ Health | 224.03 | | | | 224.03 | 971.85 | fee schedule | |
| HC FLUO ICG ANGRPH W/MULTIFRAME I | 92242 | CPT | | | | outpatient | | | 1023 | 412.82 | WellPoint | WellPoint | 329.2 | 32.18 | | | 224.03 | 971.85 | percent of total billed charges | |
| HC FLUO ICG ANGRPH W/MULTIFRAME I | 92242 | CPT | | | | outpatient | | | 1023 | 412.82 | Qualcare | Qualcare | 767.25 | 75 | | | 224.03 | 971.85 | percent of total billed charges | |
| HC FLUO ICG ANGRPH W/MULTIFRAME I | 92242 | CPT | | | | outpatient | | | 1023 | 412.82 | UHC | Medicaid | 322.76 | 31.55 | | | 224.03 | 971.85 | percent of total billed charges | |
| HC FLUO ICG ANGRPH W/MULTIFRAME I | 92242 | CPT | | | | outpatient | | | 1023 | 412.82 | Wellcare | Medicare | 358.97 | | | | 224.03 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FLUO ICG ANGRPH W/MULTIFRAME I | 92242 | CPT | | | | outpatient | | | 1023 | 412.82 | Wellcare | Medicaid | 322.76 | 31.55 | | | 224.03 | 971.85 | percent of total billed charges | |
| HC FUNDUS / DISC PHOTO | 92250 | CPT | | | | outpatient | | | 424 | 168 | First Trenton | First Trenton | 381.6 | 90 | | | 25.88 | 402.8 | percent of total billed charges | |
| HC FUNDUS / DISC PHOTO | 92250 | CPT | | | | outpatient | | | 424 | 168 | Americare | Americare | 318 | 75 | | | 25.88 | 402.8 | percent of total billed charges | |
| HC FUNDUS / DISC PHOTO | 92250 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Better Health | 133.77 | 31.55 | | | 25.88 | 402.8 | percent of total billed charges | |
| HC FUNDUS / DISC PHOTO | 92250 | CPT | | | | outpatient | | | 424 | 168 | Horizon | PPO | 282.68 | | | 101.33 | 25.88 | 402.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FUNDUS / DISC PHOTO | 92250 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Medicare | 146.09 | | | 54.53 | 25.88 | 402.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FUNDUS / DISC PHOTO | 92250 | CPT | | | | outpatient | | | 424 | 168 | Consumer | Consumer | 402.8 | 95 | | | 25.88 | 402.8 | percent of total billed charges | |
| HC FUNDUS / DISC PHOTO | 92250 | CPT | | | | outpatient | | | 424 | 168 | Amerihealth | HMO/PPO | 25.88 | | | | 25.88 | 402.8 | fee schedule | |
| HC FUNDUS / DISC PHOTO | 92250 | CPT | | | | outpatient | | | 424 | 168 | UHC | Medicaid | 133.77 | 31.55 | | 112.18 | 25.88 | 402.8 | percent of total billed charges | |
| HC FUNDUS / DISC PHOTO | 92250 | CPT | | | | outpatient | | | 424 | 168 | Horizon | MGD | 282.68 | | | 144.39 | 25.88 | 402.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FUNDUS / DISC PHOTO | 92250 | CPT | | | | outpatient | | | 424 | 168 | Corrections | Corrections | 339.2 | 80 | | 133.77 | 25.88 | 402.8 | percent of total billed charges | |
| HC FUNDUS / DISC PHOTO | 92250 | CPT | | | | outpatient | | | 424 | 168 | Horizon | Medicare Blue | 146.09 | | | 74.35 | 25.88 | 402.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FUNDUS / DISC PHOTO | 92250 | CPT | | | | outpatient | | | 424 | 168 | UHC | Medicare | 146.09 | | | 61.63 | 25.88 | 402.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FUNDUS / DISC PHOTO | 92250 | CPT | | | | outpatient | | | 424 | 168 | Managed Care Inc | Managed Care Inc | 381.6 | 90 | | | 25.88 | 402.8 | percent of total billed charges | |
| HC FUNDUS / DISC PHOTO | 92250 | CPT | | | | outpatient | | | 424 | 168 | Horizon | Indemnity | 282.68 | | | 113.3 | 25.88 | 402.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FUNDUS / DISC PHOTO | 92250 | CPT | | | | outpatient | | | 424 | 168 | First Health | First Health | 296.8 | 70 | | | 25.88 | 402.8 | percent of total billed charges | |
| HC FUNDUS / DISC PHOTO | 92250 | CPT | | | | outpatient | | | 424 | 168 | Multiplan | Multiplan | 339.2 | 80 | | | 25.88 | 402.8 | percent of total billed charges | |
| HC FUNDUS / DISC PHOTO | 92250 | CPT | | | | outpatient | | | 424 | 168 | Wellcare | Medicare | 146.09 | | | | 25.88 | 402.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FUNDUS / DISC PHOTO | 92250 | CPT | | | | outpatient | | | 424 | 168 | Qualcare | Qualcare | 318 | 75 | | | 25.88 | 402.8 | percent of total billed charges | |
| HC FUNDUS / DISC PHOTO | 92250 | CPT | | | | outpatient | | | 424 | 168 | Horizon | NJ Health | 122.96 | | | 50.77 | 25.88 | 402.8 | fee schedule | |
| HC FUNDUS / DISC PHOTO | 92250 | CPT | | | | outpatient | | | 424 | 168 | WellPoint | WellPoint | 136.44 | 32.18 | | 84.1 | 25.88 | 402.8 | percent of total billed charges | |
| HC FUNDUS / DISC PHOTO | 92250 | CPT | | | | outpatient | | | 424 | 168 | Three Rivers | Three Rivers | 402.8 | 95 | | | 25.88 | 402.8 | percent of total billed charges | |
| HC FUNDUS / DISC PHOTO | 92250 | CPT | | | | outpatient | | | 424 | 168 | Wellcare | Medicaid | 133.77 | 31.55 | | 120.3 | 25.88 | 402.8 | percent of total billed charges | |
| HC OPHTHALMODYNAMOMETRY | 92260 | CPT | | | | outpatient | | | 135.26 | 52.74 | Three Rivers | Three Rivers | 128.5 | 95 | | | 39.15 | 128.5 | percent of total billed charges | |
| HC OPHTHALMODYNAMOMETRY | 92260 | CPT | | | | outpatient | | | 135.26 | 52.74 | First Health | First Health | 94.68 | 70 | | | 39.15 | 128.5 | percent of total billed charges | |
| HC OPHTHALMODYNAMOMETRY | 92260 | CPT | | | | outpatient | | | 135.26 | 52.74 | Corrections | Corrections | 108.21 | 80 | | | 39.15 | 128.5 | percent of total billed charges | |
| HC OPHTHALMODYNAMOMETRY | 92260 | CPT | | | | outpatient | | | 135.26 | 52.74 | Aetna | Better Health | 42.67 | 31.55 | | | 39.15 | 128.5 | percent of total billed charges | |
| HC OPHTHALMODYNAMOMETRY | 92260 | CPT | | | | outpatient | | | 135.26 | 52.74 | Aetna | Medicare | 45.86 | | | | 39.15 | 128.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPHTHALMODYNAMOMETRY | 92260 | CPT | | | | outpatient | | | 135.26 | 52.74 | Consumer | Consumer | 128.5 | 95 | | | 39.15 | 128.5 | percent of total billed charges | |
| HC OPHTHALMODYNAMOMETRY | 92260 | CPT | | | | outpatient | | | 135.26 | 52.74 | Amerihealth | HMO/PPO | 87.92 | 65 | | | 39.15 | 128.5 | percent of total billed charges | |
| HC OPHTHALMODYNAMOMETRY | 92260 | CPT | | | | outpatient | | | 135.26 | 52.74 | Horizon | Indemnity | 88.74 | | | | 39.15 | 128.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPHTHALMODYNAMOMETRY | 92260 | CPT | | | | outpatient | | | 135.26 | 52.74 | Americare | Americare | 101.45 | 75 | | | 39.15 | 128.5 | percent of total billed charges | |
| HC OPHTHALMODYNAMOMETRY | 92260 | CPT | | | | outpatient | | | 135.26 | 52.74 | Multiplan | Multiplan | 108.21 | 80 | | | 39.15 | 128.5 | percent of total billed charges | |
| HC OPHTHALMODYNAMOMETRY | 92260 | CPT | | | | outpatient | | | 135.26 | 52.74 | First Trenton | First Trenton | 121.73 | 90 | | | 39.15 | 128.5 | percent of total billed charges | |
| HC OPHTHALMODYNAMOMETRY | 92260 | CPT | | | | outpatient | | | 135.26 | 52.74 | WellPoint | WellPoint | 43.53 | 32.18 | | | 39.15 | 128.5 | percent of total billed charges | |
| HC OPHTHALMODYNAMOMETRY | 92260 | CPT | | | | outpatient | | | 135.26 | 52.74 | Horizon | MGD | 88.74 | | | | 39.15 | 128.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPHTHALMODYNAMOMETRY | 92260 | CPT | | | | outpatient | | | 135.26 | 52.74 | Horizon | NJ Health | 39.15 | | | | 39.15 | 128.5 | fee schedule | |
| HC OPHTHALMODYNAMOMETRY | 92260 | CPT | | | | outpatient | | | 135.26 | 52.74 | Qualcare | Qualcare | 101.45 | 75 | | | 39.15 | 128.5 | percent of total billed charges | |
| HC OPHTHALMODYNAMOMETRY | 92260 | CPT | | | | outpatient | | | 135.26 | 52.74 | Horizon | Medicare Blue | 45.86 | | | | 39.15 | 128.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPHTHALMODYNAMOMETRY | 92260 | CPT | | | | outpatient | | | 135.26 | 52.74 | UHC | Medicare | 45.86 | | | | 39.15 | 128.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPHTHALMODYNAMOMETRY | 92260 | CPT | | | | outpatient | | | 135.26 | 52.74 | Wellcare | Medicaid | 42.67 | 31.55 | | | 39.15 | 128.5 | percent of total billed charges | |
| HC OPHTHALMODYNAMOMETRY | 92260 | CPT | | | | outpatient | | | 135.26 | 52.74 | Managed Care Inc | Managed Care Inc | 121.73 | 90 | | | 39.15 | 128.5 | percent of total billed charges | |
| HC OPHTHALMODYNAMOMETRY | 92260 | CPT | | | | outpatient | | | 135.26 | 52.74 | Horizon | PPO | 88.74 | | | | 39.15 | 128.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPHTHALMODYNAMOMETRY | 92260 | CPT | | | | outpatient | | | 135.26 | 52.74 | UHC | Medicaid | 42.67 | 31.55 | | | 39.15 | 128.5 | percent of total billed charges | |
| HC OPHTHALMODYNAMOMETRY | 92260 | CPT | | | | outpatient | | | 135.26 | 52.74 | Wellcare | Medicare | 45.86 | | | | 39.15 | 128.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT | 92270 | CPT | | | | outpatient | | | 430.85 | 168 | Horizon | MGD | 282.68 | | | | 40.19 | 409.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT | 92270 | CPT | | | | outpatient | | | 430.85 | 168 | Aetna | Better Health | 135.93 | 31.55 | | | 40.19 | 409.31 | percent of total billed charges | |
| HC ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT | 92270 | CPT | | | | outpatient | | | 430.85 | 168 | Aetna | Medicare | 146.09 | | | | 40.19 | 409.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT | 92270 | CPT | | | | outpatient | | | 430.85 | 168 | Horizon | Indemnity | 282.68 | | | | 40.19 | 409.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT | 92270 | CPT | | | | outpatient | | | 430.85 | 168 | UHC | Medicare | 146.09 | | | | 40.19 | 409.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT | 92270 | CPT | | | | outpatient | | | 430.85 | 168 | Consumer | Consumer | 409.31 | 95 | | | 40.19 | 409.31 | percent of total billed charges | |
| HC ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT | 92270 | CPT | | | | outpatient | | | 430.85 | 168 | Americare | Americare | 323.14 | 75 | | | 40.19 | 409.31 | percent of total billed charges | |
| HC ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT | 92270 | CPT | | | | outpatient | | | 430.85 | 168 | Amerihealth | HMO/PPO | 280.05 | 65 | | | 40.19 | 409.31 | percent of total billed charges | |
| HC ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT | 92270 | CPT | | | | outpatient | | | 430.85 | 168 | Corrections | Corrections | 344.68 | 80 | | | 40.19 | 409.31 | percent of total billed charges | |
| HC ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT | 92270 | CPT | | | | outpatient | | | 430.85 | 168 | Horizon | PPO | 282.68 | | | | 40.19 | 409.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT | 92270 | CPT | | | | outpatient | | | 430.85 | 168 | First Trenton | First Trenton | 387.77 | 90 | | | 40.19 | 409.31 | percent of total billed charges | |
| HC ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT | 92270 | CPT | | | | outpatient | | | 430.85 | 168 | UHC | Medicaid | 135.93 | 31.55 | | | 40.19 | 409.31 | percent of total billed charges | |
| HC ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT | 92270 | CPT | | | | outpatient | | | 430.85 | 168 | Wellcare | Medicare | 146.09 | | | | 40.19 | 409.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT | 92270 | CPT | | | | outpatient | | | 430.85 | 168 | Horizon | Medicare Blue | 146.09 | | | | 40.19 | 409.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT | 92270 | CPT | | | | outpatient | | | 430.85 | 168 | Horizon | NJ Health | 40.19 | | | | 40.19 | 409.31 | fee schedule | |
| HC ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT | 92270 | CPT | | | | outpatient | | | 430.85 | 168 | First Health | First Health | 301.6 | 70 | | | 40.19 | 409.31 | percent of total billed charges | |
| HC ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT | 92270 | CPT | | | | outpatient | | | 430.85 | 168 | Managed Care Inc | Managed Care Inc | 387.77 | 90 | | | 40.19 | 409.31 | percent of total billed charges | |
| HC ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT | 92270 | CPT | | | | outpatient | | | 430.85 | 168 | WellPoint | WellPoint | 138.65 | 32.18 | | | 40.19 | 409.31 | percent of total billed charges | |
| HC ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT | 92270 | CPT | | | | outpatient | | | 430.85 | 168 | Three Rivers | Three Rivers | 409.31 | 95 | | | 40.19 | 409.31 | percent of total billed charges | |
| HC ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT | 92270 | CPT | | | | outpatient | | | 430.85 | 168 | Wellcare | Medicaid | 135.93 | 31.55 | | | 40.19 | 409.31 | percent of total billed charges | |
| HC ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT | 92270 | CPT | | | | outpatient | | | 430.85 | 168 | Multiplan | Multiplan | 344.68 | 80 | | | 40.19 | 409.31 | percent of total billed charges | |
| HC ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT | 92270 | CPT | | | | outpatient | | | 430.85 | 168 | Qualcare | Qualcare | 323.14 | 75 | | | 40.19 | 409.31 | percent of total billed charges | |
| HC MULTI-FOC ERG W I&R | 92274 | CPT | | | | outpatient | | | 532 | 205.45 | Aetna | Medicare | 178.65 | | | | 137.86 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MULTI-FOC ERG W I&R | 92274 | CPT | | | | outpatient | | | 532 | 205.45 | First Trenton | First Trenton | 478.8 | 90 | | | 137.86 | 505.4 | percent of total billed charges | |
| HC MULTI-FOC ERG W I&R | 92274 | CPT | | | | outpatient | | | 532 | 205.45 | Aetna | Better Health | 167.85 | 31.55 | | | 137.86 | 505.4 | percent of total billed charges | |
| HC MULTI-FOC ERG W I&R | 92274 | CPT | | | | outpatient | | | 532 | 205.45 | Consumer | Consumer | 505.4 | 95 | | | 137.86 | 505.4 | percent of total billed charges | |
| HC MULTI-FOC ERG W I&R | 92274 | CPT | | | | outpatient | | | 532 | 205.45 | Americare | Americare | 399 | 75 | | | 137.86 | 505.4 | percent of total billed charges | |
| HC MULTI-FOC ERG W I&R | 92274 | CPT | | | | outpatient | | | 532 | 205.45 | Amerihealth | HMO/PPO | 345.8 | 65 | | | 137.86 | 505.4 | percent of total billed charges | |
| HC MULTI-FOC ERG W I&R | 92274 | CPT | | | | outpatient | | | 532 | 205.45 | Corrections | Corrections | 425.6 | 80 | | | 137.86 | 505.4 | percent of total billed charges | |
| HC MULTI-FOC ERG W I&R | 92274 | CPT | | | | outpatient | | | 532 | 205.45 | First Health | First Health | 372.4 | 70 | | | 137.86 | 505.4 | percent of total billed charges | |
| HC MULTI-FOC ERG W I&R | 92274 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | MGD | 345.69 | | | | 137.86 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MULTI-FOC ERG W I&R | 92274 | CPT | | | | outpatient | | | 532 | 205.45 | Managed Care Inc | Managed Care Inc | 478.8 | 90 | | | 137.86 | 505.4 | percent of total billed charges | |
| HC MULTI-FOC ERG W I&R | 92274 | CPT | | | | outpatient | | | 532 | 205.45 | WellPoint | WellPoint | 171.2 | 32.18 | | | 137.86 | 505.4 | percent of total billed charges | |
| HC MULTI-FOC ERG W I&R | 92274 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | NJ Health | 137.86 | | | | 137.86 | 505.4 | fee schedule | |
| HC MULTI-FOC ERG W I&R | 92274 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | Indemnity | 345.69 | | | | 137.86 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MULTI-FOC ERG W I&R | 92274 | CPT | | | | outpatient | | | 532 | 205.45 | UHC | Medicare | 178.65 | | | | 137.86 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MULTI-FOC ERG W I&R | 92274 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | Medicare Blue | 178.65 | | | | 137.86 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MULTI-FOC ERG W I&R | 92274 | CPT | | | | outpatient | | | 532 | 205.45 | Multiplan | Multiplan | 425.6 | 80 | | | 137.86 | 505.4 | percent of total billed charges | |
| HC MULTI-FOC ERG W I&R | 92274 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | PPO | 345.69 | | | | 137.86 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC MULTI-FOC ERG W I&R | 92274 | CPT | | | | outpatient | | | 532 | 205.45 | UHC | Medicaid | 167.85 | 31.55 | | | 137.86 | 505.4 | percent of total billed charges | |
| HC MULTI-FOC ERG W I&R | 92274 | CPT | | | | outpatient | | | 532 | 205.45 | Qualcare | Qualcare | 399 | 75 | | | 137.86 | 505.4 | percent of total billed charges | |
| HC MULTI-FOC ERG W I&R | 92274 | CPT | | | | outpatient | | | 532 | 205.45 | Three Rivers | Three Rivers | 505.4 | 95 | | | 137.86 | 505.4 | percent of total billed charges | |
| HC MULTI-FOC ERG W I&R | 92274 | CPT | | | | outpatient | | | 532 | 205.45 | Wellcare | Medicaid | 167.85 | 31.55 | | | 137.86 | 505.4 | percent of total billed charges | |
| HC MULTI-FOC ERG W I&R | 92274 | CPT | | | | outpatient | | | 532 | 205.45 | Wellcare | Medicare | 178.65 | | | | 137.86 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV | 92283 | CPT | | | | outpatient | | | 206.31 | 80.45 | Horizon | Medicare Blue | 69.96 | | | | 24.61 | 195.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV | 92283 | CPT | | | | outpatient | | | 206.31 | 80.45 | First Health | First Health | 144.42 | 70 | | | 24.61 | 195.99 | percent of total billed charges | |
| HC COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV | 92283 | CPT | | | | outpatient | | | 206.31 | 80.45 | Aetna | Medicare | 69.96 | | | | 24.61 | 195.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV | 92283 | CPT | | | | outpatient | | | 206.31 | 80.45 | Amerihealth | HMO/PPO | 134.1 | 65 | | | 24.61 | 195.99 | percent of total billed charges | |
| HC COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV | 92283 | CPT | | | | outpatient | | | 206.31 | 80.45 | Aetna | Better Health | 65.09 | 31.55 | | | 24.61 | 195.99 | percent of total billed charges | |
| HC COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV | 92283 | CPT | | | | outpatient | | | 206.31 | 80.45 | First Trenton | First Trenton | 185.68 | 90 | | | 24.61 | 195.99 | percent of total billed charges | |
| HC COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV | 92283 | CPT | | | | outpatient | | | 206.31 | 80.45 | Consumer | Consumer | 195.99 | 95 | | | 24.61 | 195.99 | percent of total billed charges | |
| HC COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV | 92283 | CPT | | | | outpatient | | | 206.31 | 80.45 | Horizon | Indemnity | 135.37 | | | | 24.61 | 195.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV | 92283 | CPT | | | | outpatient | | | 206.31 | 80.45 | Americare | Americare | 154.73 | 75 | | | 24.61 | 195.99 | percent of total billed charges | |
| HC COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV | 92283 | CPT | | | | outpatient | | | 206.31 | 80.45 | Wellcare | Medicaid | 65.09 | 31.55 | | | 24.61 | 195.99 | percent of total billed charges | |
| HC COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV | 92283 | CPT | | | | outpatient | | | 206.31 | 80.45 | Corrections | Corrections | 165.05 | 80 | | | 24.61 | 195.99 | percent of total billed charges | |
| HC COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV | 92283 | CPT | | | | outpatient | | | 206.31 | 80.45 | Multiplan | Multiplan | 165.05 | 80 | | | 24.61 | 195.99 | percent of total billed charges | |
| HC COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV | 92283 | CPT | | | | outpatient | | | 206.31 | 80.45 | Horizon | NJ Health | 24.61 | | | | 24.61 | 195.99 | fee schedule | |
| HC COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV | 92283 | CPT | | | | outpatient | | | 206.31 | 80.45 | Managed Care Inc | Managed

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV | 92283 | CPT | | | | outpatient | | | 206.31 | 80.45 | UHC | Medicaid | 65.09 | 31.55 | | | 24.61 | 195.99 | percent of total billed charges | |
| HC COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV | 92283 | CPT | | | | outpatient | | | 206.31 | 80.45 | UHC | Medicare | 69.96 | | | | 24.61 | 195.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV | 92283 | CPT | | | | outpatient | | | 206.31 | 80.45 | WellPoint | WellPoint | 66.39 | 32.18 | | | 24.61 | 195.99 | percent of total billed charges | |
| HC EXTERNAL EYE PHOTO | 92285 | CPT | | | | outpatient | | | 211 | 52.74 | Aetna | Medicare | 45.86 | | | | 22.05 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTERNAL EYE PHOTO | 92285 | CPT | | | | outpatient | | | 211 | 52.74 | Amerihealth | HMO/PPO | 25.88 | | | | 22.05 | 200.45 | fee schedule | |
| HC EXTERNAL EYE PHOTO | 92285 | CPT | | | | outpatient | | | 211 | 52.74 | Americare | Americare | 158.25 | 75 | | | 22.05 | 200.45 | percent of total billed charges | |
| HC EXTERNAL EYE PHOTO | 92285 | CPT | | | | outpatient | | | 211 | 52.74 | Aetna | Better Health | 66.57 | 31.55 | | | 22.05 | 200.45 | percent of total billed charges | |
| HC EXTERNAL EYE PHOTO | 92285 | CPT | | | | outpatient | | | 211 | 52.74 | Multiplan | Multiplan | 168.8 | 80 | | | 22.05 | 200.45 | percent of total billed charges | |
| HC EXTERNAL EYE PHOTO | 92285 | CPT | | | | outpatient | | | 211 | 52.74 | First Trenton | First Trenton | 189.9 | 90 | | | 22.05 | 200.45 | percent of total billed charges | |
| HC EXTERNAL EYE PHOTO | 92285 | CPT | | | | outpatient | | | 211 | 52.74 | Corrections | Corrections | 168.8 | 80 | | | 22.05 | 200.45 | percent of total billed charges | |
| HC EXTERNAL EYE PHOTO | 92285 | CPT | | | | outpatient | | | 211 | 52.74 | First Health | First Health | 147.7 | 70 | | | 22.05 | 200.45 | percent of total billed charges | |
| HC EXTERNAL EYE PHOTO | 92285 | CPT | | | | outpatient | | | 211 | 52.74 | UHC | Medicaid | 66.57 | 31.55 | | 66.57 | 22.05 | 200.45 | percent of total billed charges | |
| HC EXTERNAL EYE PHOTO | 92285 | CPT | | | | outpatient | | | 211 | 52.74 | Wellcare | Medicaid | 66.57 | 31.55 | | | 22.05 | 200.45 | percent of total billed charges | |
| HC EXTERNAL EYE PHOTO | 92285 | CPT | | | | outpatient | | | 211 | 52.74 | Consumer | Consumer | 200.45 | 95 | | | 22.05 | 200.45 | percent of total billed charges | |
| HC EXTERNAL EYE PHOTO | 92285 | CPT | | | | outpatient | | | 211 | 52.74 | Qualcare | Qualcare | 158.25 | 75 | | | 22.05 | 200.45 | percent of total billed charges | |
| HC EXTERNAL EYE PHOTO | 92285 | CPT | | | | outpatient | | | 211 | 52.74 | WellPoint | WellPoint | 67.9 | 32.18 | | 49.17 | 22.05 | 200.45 | percent of total billed charges | |
| HC EXTERNAL EYE PHOTO | 92285 | CPT | | | | outpatient | | | 211 | 52.74 | Horizon | PPO | 88.74 | | | | 22.05 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTERNAL EYE PHOTO | 92285 | CPT | | | | outpatient | | | 211 | 52.74 | Horizon | Indemnity | 88.74 | | | | 22.05 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTERNAL EYE PHOTO | 92285 | CPT | | | | outpatient | | | 211 | 52.74 | UHC | Medicare | 45.86 | | | 45.43 | 22.05 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTERNAL EYE PHOTO | 92285 | CPT | | | | outpatient | | | 211 | 52.74 | Horizon | MGD | 88.74 | | | 109.42 | 22.05 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTERNAL EYE PHOTO | 92285 | CPT | | | | outpatient | | | 211 | 52.74 | Horizon | Medicare Blue | 45.86 | | | 43 | 22.05 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTERNAL EYE PHOTO | 92285 | CPT | | | | outpatient | | | 211 | 52.74 | Horizon | NJ Health | 22.05 | | | | 22.05 | 200.45 | fee schedule | |
| HC EXTERNAL EYE PHOTO | 92285 | CPT | | | | outpatient | | | 211 | 52.74 | Managed Care Inc | Managed Care Inc | 189.9 | 90 | | | 22.05 | 200.45 | percent of total billed charges | |
| HC EXTERNAL EYE PHOTO | 92285 | CPT | | | | outpatient | | | 211 | 52.74 | Three Rivers | Three Rivers | 200.45 | 95 | | | 22.05 | 200.45 | percent of total billed charges | |
| HC EXTERNAL EYE PHOTO | 92285 | CPT | | | | outpatient | | | 211 | 52.74 | Wellcare | Medicare | 45.86 | | | 9.15 | 22.05 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BINOCULAR MICROSCOPY | 92504 | CPT | | | | outpatient | | | 101.41 | | Aetna | Better Health | 31.99 | 31.55 | | | 30.42 | 96.34 | percent of total billed charges | |
| HC BINOCULAR MICROSCOPY | 92504 | CPT | | | | outpatient | | | 101.41 | | Amerihealth | HMO/PPO | 65 | | | | 30.42 | 96.34 | fee schedule | |
| HC BINOCULAR MICROSCOPY | 92504 | CPT | | | | outpatient | | | 101.41 | | Consumer | Consumer | 96.34 | 95 | | | 30.42 | 96.34 | percent of total billed charges | |
| HC BINOCULAR MICROSCOPY | 92504 | CPT | | | | outpatient | | | 101.41 | | Aetna | Medicare | 31.23 | 30.8 | | | 30.42 | 96.34 | percent of total billed charges | |
| HC BINOCULAR MICROSCOPY | 92504 | CPT | | | | outpatient | | | 101.41 | | Corrections | Corrections | 81.13 | 80 | | | 30.42 | 96.34 | percent of total billed charges | |
| HC BINOCULAR MICROSCOPY | 92504 | CPT | | | | outpatient | | | 101.41 | | First Health | First Health | 70.99 | 70 | | | 30.42 | 96.34 | percent of total billed charges | |
| HC BINOCULAR MICROSCOPY | 92504 | CPT | | | | outpatient | | | 101.41 | | Americare | Americare | 76.06 | 75 | | | 30.42 | 96.34 | percent of total billed charges | |
| HC BINOCULAR MICROSCOPY | 92504 | CPT | | | | outpatient | | | 101.41 | | Horizon | MGD | 38.82 | 38.28 | | | 30.42 | 96.34 | percent of total billed charges | |
| HC BINOCULAR MICROSCOPY | 92504 | CPT | | | | outpatient | | | 101.41 | | Multiplan | Multiplan | 81.13 | 80 | | | 30.42 | 96.34 | percent of total billed charges | |
| HC BINOCULAR MICROSCOPY | 92504 | CPT | | | | outpatient | | | 101.41 | | Horizon | NJ Health | 41.76 | | | 22.21 | 30.42 | 96.34 | fee schedule | |
| HC BINOCULAR MICROSCOPY | 92504 | CPT | | | | outpatient | | | 101.41 | | First Trenton | First Trenton | 91.27 | 90 | | | 30.42 | 96.34 | percent of total billed charges | |
| HC BINOCULAR MICROSCOPY | 92504 | CPT | | | | outpatient | | | 101.41 | | UHC | Medicaid | 31.99 | 31.55 | | 46.35 | 30.42 | 96.34 | percent of total billed charges | |
| HC BINOCULAR MICROSCOPY | 92504 | CPT | | | | outpatient | | | 101.41 | | WellPoint | WellPoint | 32.63 | 32.18 | | | 30.42 | 96.34 | percent of total billed charges | |
| HC BINOCULAR MICROSCOPY | 92504 | CPT | | | | outpatient | | | 101.41 | | Wellcare | Medicaid | 31.99 | 31.55 | | 46.35 | 30.42 | 96.34 | percent of total billed charges | |
| HC BINOCULAR MICROSCOPY | 92504 | CPT | | | | outpatient | | | 101.41 | | Horizon | Indemnity | 38.82 | 38.28 | | | 30.42 | 96.34 | percent of total billed charges | |
| HC BINOCULAR MICROSCOPY | 92504 | CPT | | | | outpatient | | | 101.41 | | Qualcare | Qualcare | 76.06 | 75 | | | 30.42 | 96.34 | percent of total billed charges | |
| HC BINOCULAR MICROSCOPY | 92504 | CPT | | | | outpatient | | | 101.41 | | Managed Care Inc | Managed Care Inc | 91.27 | 90 | | | 30.42 | 96.34 | percent of total billed charges | |
| HC BINOCULAR MICROSCOPY | 92504 | CPT | | | | outpatient | | | 101.41 | | Horizon | Medicare Blue | 30.42 | 30 | | | 30.42 | 96.34 | percent of total billed charges | |
| HC BINOCULAR MICROSCOPY | 92504 | CPT | | | | outpatient | | | 101.41 | | Horizon | PPO | 38.82 | 38.28 | | | 30.42 | 96.34 | percent of total billed charges | |
| HC BINOCULAR MICROSCOPY | 92504 | CPT | | | | outpatient | | | 101.41 | | Three Rivers | Three Rivers | 96.34 | 95 | | | 30.42 | 96.34 | percent of total billed charges | |
| HC TX SPEECH LANG VOICE COMMU &/AUDITORY PROC IND | 92507 | CPT | | | | both | | | 231 | | Consumer | Consumer | 219.45 | 95 | | | 25.58 | 219.45 | percent of total billed charges | |
| HC TX SPEECH LANG VOICE COMMU &/AUDITORY PROC IND | 92507 | CPT | | | | both | | | 231 | | Horizon | Indemnity | 88.43 | 38.28 | | | 25.58 | 219.45 | percent of total billed charges | |
| HC TX SPEECH LANG VOICE COMMU &/AUDITORY PROC IND | 92507 | CPT | | | | both | | | 231 | | Qualcare | Qualcare | 173.25 | 75 | | | 25.58 | 219.45 | percent of total billed charges | |
| HC TX SPEECH LANG VOICE COMMU &/AUDITORY PROC IND | 92507 | CPT | | | | both | | | 231 | | Amerihealth | HMO/PPO | 45 | | | | 25.58 | 219.45 | fee schedule | |
| HC TX SPEECH LANG VOICE COMMU &/AUDITORY PROC IND | 92507 | CPT | | | | both | | | 231 | | Aetna | Better Health | 72.88 | 31.55 | | | 25.58 | 219.45 | percent of total billed charges | |
| HC TX SPEECH LANG VOICE COMMU &/AUDITORY PROC IND | 92507 | CPT | | | | both | | | 231 | | First Trenton | First Trenton | 207.9 | 90 | | | 25.58 | 219.45 | percent of total billed charges | |
| HC TX SPEECH LANG VOICE COMMU &/AUDITORY PROC IND | 92507 | CPT | | | | both | | | 231 | | Americare | Americare | 173.25 | 75 | | | 25.58 | 219.45 | percent of total billed charges | |
| HC TX SPEECH LANG VOICE COMMU &/AUDITORY PROC IND | 92507 | CPT | | | | both | | | 231 | | Aetna | Medicare | 71.15 | 30.8 | | | 25.58 | 219.45 | percent of total billed charges | |
| HC TX SPEECH LANG VOICE COMMU &/AUDITORY PROC IND | 92507 | CPT | | | | both | | | 231 | | Corrections | Corrections | 184.8 | 80 | | | 25.58 | 219.45 | percent of total billed charges | |
| HC TX SPEECH LANG VOICE COMMU &/AUDITORY PROC IND | 92507 | CPT | | | | both | | | 231 | | Horizon | MGD | 88.43 | 38.28 | | 137.43 | 25.58 | 219.45 | percent of total billed charges | |
| HC TX SPEECH LANG VOICE COMMU &/AUDITORY PROC IND | 92507 | CPT | | | | both | | | 231 | | Horizon | PPO | 88.43 | 38.28 | | 137.43 | 25.58 | 219.45 | percent of total billed charges | |
| HC TX SPEECH LANG VOICE COMMU &/AUDITORY PROC IND | 92507 | CPT | | | | both | | | 231 | | First Health | First Health | 161.7 | 70 | | | 25.58 | 219.45 | percent of total billed charges | |
| HC TX SPEECH LANG VOICE COMMU &/AUDITORY PROC IND | 92507 | CPT | | | | both | | | 231 | | Horizon | Medicare Blue | 69.3 | 30 | | | 25.58 | 219.45 | percent of total billed charges | |
| HC TX SPEECH LANG VOICE COMMU &/AUDITORY PROC IND | 92507 | CPT | | | | both | | | 231 | | Managed Care Inc | Managed Care Inc | 207.9 | 90 | | | 25.58 | 219.45 | percent of total billed charges | |
| HC TX SPEECH LANG VOICE COMMU &/AUDITORY PROC IND | 92507 | CPT | | | | both | | | 231 | | Multiplan | Multiplan | 184.8 | 80 | | | 25.58 | 219.45 | percent of total billed charges | |
| HC TX SPEECH LANG VOICE COMMU &/AUDITORY PROC IND | 92507 | CPT | | | | both | | | 231 | | UHC | Medicaid | 72.88 | 31.55 | | 113.95 | 25.58 | 219.45 | percent of total billed charges | |
| HC TX SPEECH LANG VOICE COMMU &/AUDITORY PROC IND | 92507 | CPT | | | | both | | | 231 | | Three Rivers | Three Rivers | 219.45 | 95 | | | 25.58 | 219.45 | percent of total billed charges | |
| HC TX SPEECH LANG VOICE COMMU &/AUDITORY PROC IND | 92507 | CPT | | | | both | | | 231 | | Horizon | NJ Health | 25.58 | | | 58.69 | 25.58 | 219.45 | fee schedule | |
| HC TX SPEECH LANG VOICE COMMU &/AUDITORY PROC IND | 92507 | CPT | | | | both | | | 231 | | WellPoint | WellPoint | 74.34 | 32.18 | | 75.7 | 25.58 | 219.45 | percent of total billed charges | |
| HC TX SPEECH LANG VOICE COMMU &/AUDITORY PROC IND | 92507 | CPT | | | | both | | | 231 | | Wellcare | Medicaid | 72.88 | 31.55 | | | 25.58 | 219.45 | percent of total billed charges | |
| HC NASOPHARYN.FLEX.FIB OR RIGID | 92511 | CPT | | | | outpatient | | | 652 | 260.52 | First Trenton | First Trenton | 586.8 | 90 | | | 40 | 619.4 | percent of total billed charges | |
| HC NASOPHARYN.FLEX.FIB OR RIGID | 92511 | CPT | | | | outpatient | | | 652 | 260.52 | Aetna | Better Health | 205.71 | 31.55 | | | 40 | 619.4 | percent of total billed charges | |
| HC NASOPHARYN.FLEX.FIB OR RIGID | 92511 | CPT | | | | outpatient | | | 652 | 260.52 | Amerihealth | HMO/PPO | 40 | | | | 40 | 619.4 | fee schedule | |
| HC NASOPHARYN.FLEX.FIB OR RIGID | 92511 | CPT | | | | outpatient | | | 652 | 260.52 | Horizon | MGD | 438.35 | | | | 40 | 619.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NASOPHARYN.FLEX.FIB OR RIGID | 92511 | CPT | | | | outpatient | | | 652 | 260.52 | Corrections | Corrections | 521.6 | 80 | | | 40 | 619.4 | percent of total billed charges | |
| HC NASOPHARYN.FLEX.FIB OR RIGID | 92511 | CPT | | | | outpatient | | | 652 | 260.52 | Americare | Americare | 489 | 75 | | | 40 | 619.4 | percent of total billed charges | |
| HC NASOPHARYN.FLEX.FIB OR RIGID | 92511 | CPT | | | | outpatient | | | 652 | 260.52 | Horizon | Indemnity | 438.35 | | | | 40 | 619.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NASOPHARYN.FLEX.FIB OR RIGID | 92511 | CPT | | | | outpatient | | | 652 | 260.52 | Consumer | Consumer | 619.4 | 95 | | | 40 | 619.4 | percent of total billed charges | |
| HC NASOPHARYN.FLEX.FIB OR RIGID | 92511 | CPT | | | | outpatient | | | 652 | 260.52 | Horizon | NJ Health | 219.87 | | | | 40 | 619.4 | fee schedule | |
| HC NASOPHARYN.FLEX.FIB OR RIGID | 92511 | CPT | | | | outpatient | | | 652 | 260.52 | Aetna | Medicare | 226.54 | | | | 40 | 619.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NASOPHARYN.FLEX.FIB OR RIGID | 92511 | CPT | | | | outpatient | | | 652 | 260.52 | UHC | Medicaid | 205.71 | 31.55 | | | 40 | 619.4 | percent of total billed charges | |
| HC NASOPHARYN.FLEX.FIB OR RIGID | 92511 | CPT | | | | outpatient | | | 652 | 260.52 | Multiplan | Multiplan | 521.6 | 80 | | | 40 | 619.4 | percent of total billed charges | |
| HC NASOPHARYN.FLEX.FIB OR RIGID | 92511 | CPT | | | | outpatient | | | 652 | 260.52 | Horizon | PPO | 438.35 | | | | 40 | 619.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NASOPHARYN.FLEX.FIB OR RIGID | 92511 | CPT | | | | outpatient | | | 652 | 260.52 | Horizon | Medicare Blue | 226.54 | | | | 40 | 619.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NASOPHARYN.FLEX.FIB OR RIGID | 92511 | CPT | | | | outpatient | | | 652 | 260.52 | Wellcare | Medicaid | 205.71 | 31.55 | | | 40 | 619.4 | percent of total billed charges | |
| HC NASOPHARYN.FLEX.FIB OR RIGID | 92511 | CPT | | | | outpatient | | | 652 | 260.52 | First Health | First Health | 456.4 | 70 | | | 40 | 619.4 | percent of total billed charges | |
| HC NASOPHARYN.FLEX.FIB OR RIGID | 92511 | CPT | | | | outpatient | | | 652 | 260.52 | Managed Care Inc | Managed Care Inc | 586.8 | 90 | | | 40 | 619.4 | percent of total billed charges | |
| HC NASOPHARYN.FLEX.FIB OR RIGID | 92511 | CPT | | | | outpatient | | | 652 | 260.52 | Qualcare | Qualcare | 489 | 75 | | | 40 | 619.4 | percent of total billed charges | |
| HC NASOPHARYN.FLEX.FIB OR RIGID | 92511 | CPT | | | | outpatient | | | 652 | 260.52 | Wellcare | Medicare | 226.54 | | | | 40 | 619.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NASOPHARYN.FLEX.FIB OR RIGID | 92511 | CPT | | | | outpatient | | | 652 | 260.52 | UHC | Medicare | 226.54 | | | 195.65 | 40 | 619.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NASOPHARYN.FLEX.FIB OR RIGID | 92511 | CPT | | | | outpatient | | | 652 | 260.52 | Three Rivers | Three Rivers | 619.4 | 95 | | | 40 | 619.4 | percent of total billed charges | |
| HC NASOPHARYN.FLEX.FIB OR RIGID | 92511 | CPT | | | | outpatient | | | 652 | 260.52 | WellPoint | WellPoint | 209.81 | 32.18 | | | 40 | 619.4 | percent of total billed charges | |
| HC FACIAL NERVE FUNCTION STUDIES | 92516 | CPT | | | | outpatient | | | 1023 | 412.82 | Wellcare | Medicare | 358.97 | | | | 50.53 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FACIAL NERVE FUNCTION STUDIES | 92516 | CPT | | | | outpatient | | | 1023 | 412.82 | Corrections | Corrections | 818.4 | 80 | | | 50.53 | 971.85 | percent of total billed charges | |
| HC FACIAL NERVE FUNCTION STUDIES | 92516 | CPT | | | | outpatient | | | 1023 | 412.82 | Amerihealth | HMO/PPO | 95 | | | | 50.53 | 971.85 | fee schedule | |
| HC FACIAL NERVE FUNCTION STUDIES | 92516 | CPT | | | | outpatient | | | 1023 | 412.82 | Three Rivers | Three Rivers | 971.85 | 95 | | | 50.53 | 971.85 | percent of total billed charges | |
| HC FACIAL NERVE FUNCTION STUDIES | 92516 | CPT | | | | outpatient | | | 1023 | 412.82 | Aetna | Better Health | 322.76 | 31.55 | | | 50.53 | 971.85 | percent of total billed charges | |
| HC FACIAL NERVE FUNCTION STUDIES | 92516 | CPT | | | | outpatient | | | 1023 | 412.82 | Multiplan | Multiplan | 818.4 | 80 | | | 50.53 | 971.85 | percent of total billed charges | |
| HC FACIAL NERVE FUNCTION STUDIES | 92516 | CPT | | | | outpatient | | | 1023 | 412.82 | UHC | Medicaid | 322.76 | 31.55 | | | 50.53 | 971.85 | percent of total billed charges | |
| HC FACIAL NERVE FUNCTION STUDIES | 92516 | CPT | | | | outpatient | | | 1023 | 412.82 | Aetna | Medicare | 358.97 | | | | 50.53 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FACIAL NERVE FUNCTION STUDIES | 92516 | CPT | | | | outpatient | | | 1023 | 412.82 | Americare | Americare | 767.25 | 75 | | | 50.53 | 971.85 | percent of total billed charges | |
| HC FACIAL NERVE FUNCTION STUDIES | 92516 | CPT | | | | outpatient | | | 1023 | 412.82 | Qualcare | Qualcare | 767.25 | 75 | | | 50.53 | 971.85 | percent of total billed charges | |
| HC FACIAL NERVE FUNCTION STUDIES | 92516 | CPT | | | | outpatient | | | 1023 | 412.82 | First Health | First Health | 716.1 | 70 | | | 50.53 | 971.85 | percent of total billed charges | |
| HC FACIAL NERVE FUNCTION STUDIES | 92516 | CPT | | | | outpatient | | | 1023 | 412.82 | First Trenton | First Trenton | 920.7 | 90 | | | 50.53 | 971.85 | percent of total billed charges | |
| HC FACIAL NERVE FUNCTION STUDIES | 92516 | CPT | | | | outpatient | | | 1023 | 412.82 | Consumer | Consumer | 971.85 | 95 | | | 50.53 | 971.85 | percent of total billed charges | |
| HC FACIAL NERVE FUNCTION STUDIES | 92516 | CPT | | | | outpatient | | | 1023 | 412.82 | Horizon | MGD | 694.61 | | | | 50.53 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FACIAL NERVE FUNCTION STUDIES | 92516 | CPT | | | | outpatient | | | 1023 | 412.82 | WellPoint | WellPoint | 329.2 | 32.18 | | | 50.53 | 971.85 | percent of total billed charges | |
| HC FACIAL NERVE FUNCTION STUDIES | 92516 | CPT | | | | outpatient | | | 1023 | 412.82 | Horizon | NJ Health | 50.53 | | | | 50.53 | 971.85 | fee schedule | |
| HC FACIAL NERVE FUNCTION STUDIES | 92516 | CPT | | | | outpatient | | | 1023 | 412.82 | Horizon | Indemnity | 694.61 | | | | 50.53 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FACIAL NERVE FUNCTION STUDIES | 92516 | CPT | | | | outpatient | | | 1023 | 412.82 | Horizon | PPO | 694.61 | | | | 50.53 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FACIAL NERVE FUNCTION STUDIES | 92516 | CPT | | | | outpatient | | | 1023 | 412.82 | Horizon | Medicare Blue | 358.97 | | | | 50.53 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FACIAL NERVE FUNCTION STUDIES | 92516 | CPT | | | | outpatient | | | 1023 | 412.82 | Managed Care Inc | Managed Care Inc | 920.7 | 90 | | | 50.53 | 971.85 | percent of total billed charges | |
| HC FACIAL NERVE FUNCTION STUDIES | 92516 | CPT | | | | outpatient | | | 1023 | 412.82 | UHC | Medicare | 358.97 | | | | 50.53 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FACIAL NERVE FUNCTION STUDIES | 92516 | CPT | | | | outpatient | | | 1023 | 412.82 | Wellcare | Medicaid | 322.76 | 31.55 | | | 50.53 | 971.85 | percent of total billed charges | |
| HC CERVICAL VEMP TESTING WI&R | 92517 | CPT | | | | outpatient | | | 532 | 205.45 | UHC | Medicaid | 167.85 | 31.55 | | 162.33 | 121.91 | 505.4 | percent of total billed charges | |
| HC CERVICAL VEMP TESTING WI&R | 92517 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | Medicare Blue | 178.65 | | | | 121.91 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CERVICAL VEMP TESTING WI&R | 92517 | CPT | | | | outpatient | | | 532 | 205.45 | Consumer | Consumer | 505.4 | 95 | | | 121.91 | 505.4 | percent of total billed charges | |
| HC CERVICAL VEMP TESTING WI&R | 92517 | CPT | | | | outpatient | | | 532 | 205.45 | Aetna | Medicare | 178.65 | | | | 121.91 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CERVICAL VEMP TESTING WI&R | 92517 | CPT | | | | outpatient | | | 532 | 205.45 | First Health | First Health | 372.4 | 70 | | | 121.91 | 505.4 | percent of total billed charges | |
| HC CERVICAL VEMP TESTING WI&R | 92517 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | Indemnity | 345.69 | | | 84.47 | 121.91 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CERVICAL VEMP TESTING WI&R | 92517 | CPT | | | | outpatient | | | 532 | 205.45 | Aetna | Better Health | 167.85 | 31.55 | | | 121.91 | 505.4 | percent of total billed charges | |
| HC CERVICAL VEMP TESTING WI&R | 92517 | CPT | | | | outpatient | | | 532 | 205.45 | Americare | Americare | 399 | 75 | | | 121.91 | 505.4 | percent of total billed charges | |
| HC CERVICAL VEMP TESTING WI&R | 92517 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | PPO | 345.69 | | | 148.28 | 121.91 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CERVICAL VEMP TESTING WI&R | 92517 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | NJ Health | 121.91 | | | 108.48 | 121.91 | 505.4 | fee schedule | |
| HC CERVICAL VEMP TESTING WI&R | 92517 | CPT | | | | outpatient | | | 532 | 205.45 | Corrections | Corrections | 425.6 | 80 | | | 121.91 | 505.4 | percent of total billed charges | |
| HC CERVICAL VEMP TESTING WI&R | 92517 | CPT | | | | outpatient | | | 532 | 205.45 | UHC | Medicare | 178.65 | | | 164.99 | 121.91 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CERVICAL VEMP TESTING WI&R | 92517 | CPT | | | | outpatient | | | 532 | 205.45 | Amerihealth | HMO/PPO | 345.8 | 65 | | | 121.91 | 505.4 | percent of total billed charges | |
| HC CERVICAL VEMP TESTING WI&R | 92517 | CPT | | | | outpatient | | | 532 | 205.45 | First Trenton | First Trenton | 478.8 | 90 | | | 121.91 | 505.4 | percent of total billed charges | |
| HC CERVICAL VEMP TESTING WI&R | 92517 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | MGD | 345.69 | | | 229.29 | 121.91 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CERVICAL VEMP TESTING WI&R | 92517 | CPT | | | | outpatient | | | 532 | 205.45 | Wellcare | Medicaid | 167.85 | 31.55 | | | 121.91 | 505.4 | percent of total billed charges | |
| HC CERVICAL VEMP TESTING WI&R | 92517 | CPT | | | | outpatient | | | 532 | 205.45 | Multiplan | Multiplan | 425.6 | 80 | | | 121.91 | 505.4 | percent of total billed charges | |
| HC CERVICAL VEMP TESTING WI&R | 92517 | CPT | | | | outpatient | | | 532 | 205.45 | Managed Care Inc | Managed Care Inc | 478.8 | 90 | | | 121.91 | 505.4 | percent of total billed charges | |
| HC CERVICAL VEMP TESTING WI&R | 92517 | CPT | | | | outpatient | | | 532 | 205.45 | Qualcare | Qualcare | 399 | 75 | | | 121.91 | 505.4 | percent of total billed charges | |
| HC CERVICAL VEMP TESTING WI&R | 92517 | CPT | | | | outpatient | | | 532 | 205.45 | WellPoint | WellPoint | 171.2 | 32.18 | | 175.08 | 121.91 | 505.4 | percent of total billed charges | |
| HC CERVICAL VEMP TESTING WI&R | 92517 | CPT | | | | outpatient | | | 532 | 205.45 | Wellcare | Medicare | 178.65 | | | | 121.91 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CERVICAL VEMP TESTING WI&R | 92517 | CPT | | | | outpatient | | | 532 | 205.45 | Three Rivers | Three Rivers | 505.4 | 95 | | | 121.91 | 505.4 | percent of total billed charges | |
| HC OCULAR VEMP TESTING WI&R | 92518 | CPT | | | | outpatient | | | 532 | 205.45 | Amerihealth | HMO/PPO | 345.8 | 65 | | | 112.78 | 505.4 | percent of total billed charges | |
| HC OCULAR VEMP TESTING WI&R | 92518 | CPT | | | | outpatient | | | 532 | 205.45 | Americare | Americare | 399 | 75 | | | 112.78 | 505.4 | percent of total billed charges | |
| HC OCULAR VEMP TESTING WI&R | 92518 | CPT | | | | outpatient | | | 532 | 205.45 | Consumer | Consumer | 505.4 | 95 | | | 112.78 | 505.4 | percent of total billed charges | |
| HC OCULAR VEMP TESTING WI&R | 92518 | CPT | | | | outpatient | | | 532 | 205.45 | UHC | Medicare | 178.65 | | | | 112.78 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCULAR VEMP TESTING WI&R | 92518 | CPT | | | | outpatient | | | 532 | 205.45 | Corrections | Corrections | 425.6 | 80 | | | 112.78 | 505.4 | percent of total billed charges | |
| HC OCULAR VEMP TESTING WI&R | 92518 | CPT | | | | outpatient | | | 532 | 205.45 | Three Rivers | Three Rivers | 505.4 | 95 | | | 112.78 | 505.4 | percent of total billed charges | |
| HC OCULAR VEMP TESTING WI&R | 92518 | CPT | | | | outpatient | | | 532 | 205.45 | First Health | First Health | 372.4 | 70 | | | 112.78 | 505.4 | percent of total billed charges | |
| HC OCULAR VEMP TESTING WI&R | 92518 | CPT | | | | outpatient | | | 532 | 205.45 | Aetna | Better Health | 167.85 | 31.55 | | | 112.78 | 505.4 | percent of total billed charges | |
| HC OCULAR VEMP TESTING WI&R | 92518 | CPT | | | | outpatient | | | 532 | 205.45 | Multiplan | Multiplan | 425.6 | 80 | | | 112.78 | 505.4 | percent of total billed charges | |
| HC OCULAR VEMP TESTING WI&R | 92518 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | Indemnity | 345.69 | | | | 112.78 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCULAR VEMP TESTING WI&R | 92518 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | Medicare Blue | 178.65 | | | | 112.78 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCULAR VEMP TESTING WI&R | 92518 | CPT | | | | outpatient | | | 532 | 205.45 | Aetna | Medicare | 178.65 | | | | 112.78 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCULAR VEMP TESTING WI&R | 92518 | CPT | | | | outpatient | | | 532 | 205.45 | First Trenton | First Trenton | 478.8 | 90 | | | 112.78 | 505.4 | percent of total billed charges | |
| HC OCULAR VEMP TESTING WI&R | 92518 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | MGD | 345.69 | | | | 112.78 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCULAR VEMP TESTING WI&R | 92518 | CPT | | | | outpatient | | | 532 | 205.45 | Wellcare | Medicaid | 167.85 | 31.55 | | | 112.78 | 505.4 | percent of total billed charges | |
| HC OCULAR VEMP TESTING WI&R | 92518 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | PPO | 345.69 | | | | 112.78 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OCULAR VEMP TESTING WI&R | 92518 | CPT | | | | outpatient | | | 532 | 205.45 | Qualcare | Qualcare | 399 | 75 | | | 112.78 | 505.4 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC OCULAR VEMP TESTING W/I&R | 92518 | CPT | | | | outpatient | | | 532 | 205.45 | WellPoint | WellPoint | 171.2 | 32.18 | | | 112.78 | 505.4 | percent of total billed charges | |
| HC OCULAR VEMP TESTING W/I&R | 92518 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | NJ Health | 112.78 | | | | 112.78 | 505.4 | fee schedule | |
| HC OCULAR VEMP TESTING W/I&R | 92518 | CPT | | | | outpatient | | | 532 | 205.45 | UHC | Medicaid | 167.85 | 31.55 | | | 112.78 | 505.4 | percent of total billed charges | |
| HC OCULAR VEMP TESTING W/I&R | 92518 | CPT | | | | outpatient | | | 532 | 205.45 | Managed Care Inc | Managed Care Inc | 478.8 | 90 | | | 112.78 | 505.4 | percent of total billed charges | |
| HC OCULAR VEMP TESTING W/I&R | 92518 | CPT | | | | outpatient | | | 532 | 205.45 | Wellcare | Medicare | 178.65 | | | | 112.78 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CERVICAL & OCULAR VEMP TESTING W/I&R | 92519 | CPT | | | | outpatient | | | 1023 | 412.82 | UHC | Medicare | 358.97 | | | | 190.16 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CERVICAL & OCULAR VEMP TESTING W/I&R | 92519 | CPT | | | | outpatient | | | 1023 | 412.82 | Amerihealth | HMO/PPO | 664.95 | 65 | | | 190.16 | 971.85 | percent of total billed charges | |
| HC CERVICAL & OCULAR VEMP TESTING W/I&R | 92519 | CPT | | | | outpatient | | | 1023 | 412.82 | First Health | First Health | 716.1 | 70 | | | 190.16 | 971.85 | percent of total billed charges | |
| HC CERVICAL & OCULAR VEMP TESTING W/I&R | 92519 | CPT | | | | outpatient | | | 1023 | 412.82 | Aetna | Better Health | 322.76 | 31.55 | | | 190.16 | 971.85 | percent of total billed charges | |
| HC CERVICAL & OCULAR VEMP TESTING W/I&R | 92519 | CPT | | | | outpatient | | | 1023 | 412.82 | Horizon | MGD | 694.61 | | | | 190.16 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CERVICAL & OCULAR VEMP TESTING W/I&R | 92519 | CPT | | | | outpatient | | | 1023 | 412.82 | Horizon | Indemnity | 694.61 | | | | 190.16 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CERVICAL & OCULAR VEMP TESTING W/I&R | 92519 | CPT | | | | outpatient | | | 1023 | 412.82 | Horizon | Medicare Blue | 358.97 | | | | 190.16 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CERVICAL & OCULAR VEMP TESTING W/I&R | 92519 | CPT | | | | outpatient | | | 1023 | 412.82 | Aetna | Medicare | 358.97 | | | | 190.16 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CERVICAL & OCULAR VEMP TESTING W/I&R | 92519 | CPT | | | | outpatient | | | 1023 | 412.82 | Horizon | PPO | 694.61 | | | | 190.16 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CERVICAL & OCULAR VEMP TESTING W/I&R | 92519 | CPT | | | | outpatient | | | 1023 | 412.82 | Multiplan | Multiplan | 818.4 | 80 | | | 190.16 | 971.85 | percent of total billed charges | |
| HC CERVICAL & OCULAR VEMP TESTING W/I&R | 92519 | CPT | | | | outpatient | | | 1023 | 412.82 | Wellcare | Medicare | 358.97 | | | | 190.16 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CERVICAL & OCULAR VEMP TESTING W/I&R | 92519 | CPT | | | | outpatient | | | 1023 | 412.82 | Americare | Americare | 767.25 | 75 | | | 190.16 | 971.85 | percent of total billed charges | |
| HC CERVICAL & OCULAR VEMP TESTING W/I&R | 92519 | CPT | | | | outpatient | | | 1023 | 412.82 | UHC | Medicaid | 322.76 | 31.55 | | | 190.16 | 971.85 | percent of total billed charges | |
| HC CERVICAL & OCULAR VEMP TESTING W/I&R | 92519 | CPT | | | | outpatient | | | 1023 | 412.82 | Wellcare | Medicaid | 322.76 | 31.55 | | | 190.16 | 971.85 | percent of total billed charges | |
| HC CERVICAL & OCULAR VEMP TESTING W/I&R | 92519 | CPT | | | | outpatient | | | 1023 | 412.82 | WellPoint | WellPoint | 329.2 | 32.18 | | | 190.16 | 971.85 | percent of total billed charges | |
| HC CERVICAL & OCULAR VEMP TESTING W/I&R | 92519 | CPT | | | | outpatient | | | 1023 | 412.82 | Consumer | Consumer | 971.85 | 95 | | | 190.16 | 971.85 | percent of total billed charges | |
| HC CERVICAL & OCULAR VEMP TESTING W/I&R | 92519 | CPT | | | | outpatient | | | 1023 | 412.82 | Qualcare | Qualcare | 767.25 | 75 | | | 190.16 | 971.85 | percent of total billed charges | |
| HC CERVICAL & OCULAR VEMP TESTING W/I&R | 92519 | CPT | | | | outpatient | | | 1023 | 412.82 | First Trenton | First Trenton | 920.7 | 90 | | | 190.16 | 971.85 | percent of total billed charges | |
| HC CERVICAL & OCULAR VEMP TESTING W/I&R | 92519 | CPT | | | | outpatient | | | 1023 | 412.82 | Corrections | Corrections | 818.4 | 80 | | | 190.16 | 971.85 | percent of total billed charges | |
| HC CERVICAL & OCULAR VEMP TESTING W/I&R | 92519 | CPT | | | | outpatient | | | 1023 | 412.82 | Managed Care Inc | Managed Care Inc | 920.7 | 90 | | | 190.16 | 971.85 | percent of total billed charges | |
| HC CERVICAL & OCULAR VEMP TESTING W/I&R | 92519 | CPT | | | | outpatient | | | 1023 | 412.82 | Horizon | NJ Health | 190.16 | | | | 190.16 | 971.85 | fee schedule | |
| HC CERVICAL & OCULAR VEMP TESTING W/I&R | 92519 | CPT | | | | outpatient | | | 1023 | 412.82 | Three Rivers | Three Rivers | 971.85 | 95 | | | 190.16 | 971.85 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER) | 92521 | CPT | | | | both | | | 568 | | Consumer | Consumer | 539.6 | 95 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER) | 92521 | CPT | | | | both | | | 568 | | Amerihealth | HMO/PPO | 48 | | | | 48 | 539.6 | fee schedule | |
| HC ST EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER) | 92521 | CPT | | | | both | | | 568 | | Multiplan | Multiplan | 454.4 | 80 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER) | 92521 | CPT | | | | both | | | 568 | | WellPoint | WellPoint | 182.78 | 32.18 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER) | 92521 | CPT | | | | both | | | 568 | | Americare | Americare | 426 | 75 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER) | 92521 | CPT | | | | both | | | 568 | | Aetna | Better Health | 179.2 | 31.55 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER) | 92521 | CPT | | | | both | | | 568 | | Corrections | Corrections | 454.4 | 80 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER) | 92521 | CPT | | | | both | | | 568 | | Aetna | Medicare | 174.94 | 30.8 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER) | 92521 | CPT | | | | both | | | 568 | | Horizon | MGD | 217.43 | 38.28 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER) | 92521 | CPT | | | | both | | | 568 | | First Health | First Health | 397.6 | 70 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER) | 92521 | CPT | | | | both | | | 568 | | Qualcare | Qualcare | 426 | 75 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER) | 92521 | CPT | | | | both | | | 568 | | UHC | Medicaid | 179.2 | 31.55 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER) | 92521 | CPT | | | | both | | | 568 | | Wellcare | Medicaid | 179.2 | 31.55 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER) | 92521 | CPT | | | | both | | | 568 | | First Trenton | First Trenton | 511.2 | 90 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER) | 92521 | CPT | | | | both | | | 568 | | Horizon | Medicare Blue | 170.4 | 30 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER) | 92521 | CPT | | | | both | | | 568 | | Horizon | Indemnity | 217.43 | 38.28 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER) | 92521 | CPT | | | | both | | | 568 | | Horizon | NJ Health | 127.5 | | | | 48 | 539.6 | fee schedule | |
| HC ST EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER) | 92521 | CPT | | | | both | | | 568 | | Horizon | PPO | 217.43 | 38.28 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER) | 92521 | CPT | | | | both | | | 568 | | Managed Care Inc | Managed Care Inc | 511.2 | 90 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER) | 92521 | CPT | | | | both | | | 568 | | Three Rivers | Three Rivers | 539.6 | 95 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE | 92522 | CPT | | | | both | | | 568 | | Aetna | Medicare | 174.94 | 30.8 | | 118.95 | 48 | 539.6 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE | 92522 | CPT | | | | both | | | 568 | | Amerihealth | HMO/PPO | 48 | | | 136.15 | 48 | 539.6 | fee schedule | |
| HC ST EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE | 92522 | CPT | | | | both | | | 568 | | Multiplan | Multiplan | 454.4 | 80 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE | 92522 | CPT | | | | both | | | 568 | | First Health | First Health | 397.6 | 70 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE | 92522 | CPT | | | | both | | | 568 | | Horizon | NJ Health | 103.23 | | | 75.61 | 48 | 539.6 | fee schedule | |
| HC ST EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE | 92522 | CPT | | | | both | | | 568 | | Horizon | MGD | 217.43 | 38.28 | | 210.92 | 48 | 539.6 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE | 92522 | CPT | | | | both | | | 568 | | Corrections | Corrections | 454.4 | 80 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE | 92522 | CPT | | | | both | | | 568 | | Aetna | Better Health | 179.2 | 31.55 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE | 92522 | CPT | | | | both | | | 568 | | Americare | Americare | 426 | 75 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE | 92522 | CPT | | | | both | | | 568 | | First Trenton | First Trenton | 511.2 | 90 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE | 92522 | CPT | | | | both | | | 568 | | Qualcare | Qualcare | 426 | 75 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE | 92522 | CPT | | | | both | | | 568 | | Horizon | Indemnity | 217.43 | 38.28 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE | 92522 | CPT | | | | both | | | 568 | | UHC | Medicaid | 179.2 | 31.55 | | 138.55 | 48 | 539.6 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE | 92522 | CPT | | | | both | | | 568 | | Horizon | PPO | 217.43 | 38.28 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE | 92522 | CPT | | | | both | | | 568 | | Horizon | Medicare Blue | 170.4 | 30 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE | 92522 | CPT | | | | both | | | 568 | | Managed Care Inc | Managed Care Inc | 511.2 | 90 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE | 92522 | CPT | | | | both | | | 568 | | Consumer | Consumer | 539.6 | 95 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE | 92522 | CPT | | | | both | | | 568 | | Three Rivers | Three Rivers | 539.6 | 95 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE | 92522 | CPT | | | | both | | | 568 | | Wellcare | Medicaid | 179.2 | 31.55 | | 171.42 | 48 | 539.6 | percent of total billed charges | |
| HC ST EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE | 92522 | CPT | | | | both | | | 568 | | WellPoint | WellPoint | 182.78 | 32.18 | | 174.85 | 48 | 539.6 | percent of total billed charges | |
| HC ST SPEECH SOUND LANGUAGE COMPREHENSION | 92523 | CPT | | | | both | | | 568 | | Americare | Americare | 426 | 75 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST SPEECH SOUND LANGUAGE COMPREHENSION | 92523 | CPT | | | | both | | | 568 | | WellPoint | WellPoint | 182.78 | 32.18 | | 115.99 | 48 | 539.6 | percent of total billed charges | |
| HC ST SPEECH SOUND LANGUAGE COMPREHENSION | 92523 | CPT | | | | both | | | 568 | | Multiplan | Multiplan | 454.4 | 80 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST SPEECH SOUND LANGUAGE COMPREHENSION | 92523 | CPT | | | | both | | | 568 | | Horizon | Indemnity | 217.43 | 38.28 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST SPEECH SOUND LANGUAGE COMPREHENSION | 92523 | CPT | | | | both | | | 568 | | Corrections | Corrections | 454.4 | 80 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST SPEECH SOUND LANGUAGE COMPREHENSION | 92523 | CPT | | | | both | | | 568 | | Aetna | Medicare | 174.94 | 30.8 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST SPEECH SOUND LANGUAGE COMPREHENSION | 92523 | CPT | | | | both | | | 568 | | Aetna | Better Health | 179.2 | 31.55 | | 161.28 | 48 | 539.6 | percent of total billed charges | |
| HC ST SPEECH SOUND LANGUAGE COMPREHENSION | 92523 | CPT | | | | both | | | 568 | | Amerihealth | HMO/PPO | 48 | | | | 48 | 539.6 | fee schedule | |
| HC ST SPEECH SOUND LANGUAGE COMPREHENSION | 92523 | CPT | | | | both | | | 568 | | Horizon | MGD | 217.43 | 38.28 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST SPEECH SOUND LANGUAGE COMPREHENSION | 92523 | CPT | | | | both | | | 568 | | Consumer | Consumer | 539.6 | 95 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST SPEECH SOUND LANGUAGE COMPREHENSION | 92523 | CPT | | | | both | | | 568 | | Qualcare | Qualcare | 426 | 75 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST SPEECH SOUND LANGUAGE COMPREHENSION | 92523 | CPT | | | | both | | | 568 | | UHC | Medicaid | 179.2 | 31.55 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST SPEECH SOUND LANGUAGE COMPREHENSION | 92523 | CPT | | | | both | | | 568 | | First Trenton | First Trenton | 511.2 | 90 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST SPEECH SOUND LANGUAGE COMPREHENSION | 92523 | CPT | | | | both | | | 568 | | First Health | First Health | 397.6 | 70 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST SPEECH SOUND LANGUAGE COMPREHENSION | 92523 | CPT | | | | both | | | 568 | | Horizon | Medicare Blue | 170.4 | 30 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST SPEECH SOUND LANGUAGE COMPREHENSION | 92523 | CPT | | | | both | | | 568 | | Horizon | PPO | 217.43 | 38.28 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST SPEECH SOUND LANGUAGE COMPREHENSION | 92523 | CPT | | | | both | | | 568 | | Wellcare | Medicaid | 179.2 | 31.55 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST SPEECH SOUND LANGUAGE COMPREHENSION | 92523 | CPT | | | | both | | | 568 | | Horizon | NJ Health | 214.86 | | | 71.11 | 48 | 539.6 | fee schedule | |
| HC ST SPEECH SOUND LANGUAGE COMPREHENSION | 92523 | CPT | | | | both | | | 568 | | Three Rivers | Three Rivers | 539.6 | 95 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST SPEECH SOUND LANGUAGE COMPREHENSION | 92523 | CPT | | | | both | | | 568 | | Managed Care Inc | Managed Care Inc | 511.2 | 90 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE | 92524 | CPT | | | | both | | | 568 | | Horizon | Indemnity | 217.43 | 38.28 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE | 92524 | CPT | | | | both | | | 568 | | Corrections | Corrections | 454.4 | 80 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE | 92524 | CPT | | | | both | | | 568 | | Aetna | Better Health | 179.2 | 31.55 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE | 92524 | CPT | | | | both | | | 568 | | Americare | Americare | 426 | 75 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE | 92524 | CPT | | | | both | | | 568 | | Amerihealth | HMO/PPO | 48 | | | | 48 | 539.6 | fee schedule | |
| HC ST BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE | 92524 | CPT | | | | both | | | 568 | | Aetna | Medicare | 174.94 | 30.8 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE | 92524 | CPT | | | | both | | | 568 | | Consumer | Consumer | 539.6 | 95 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE | 92524 | CPT | | | | both | | | 568 | | First Trenton | First Trenton | 511.2 | 90 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE | 92524 | CPT | | | | both | | | 568 | | UHC | Medicaid | 179.2 | 31.55 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE | 92524 | CPT | | | | both | | | 568 | | Horizon | Medicare Blue | 170.4 | 30 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE | 92524 | CPT | | | | both | | | 568 | | First Health | First Health | 397.6 | 70 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE | 92524 | CPT | | | | both | | | 568 | | Horizon | MGD | 217.43 | 38.28 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE | 92524 | CPT | | | | both | | | 568 | | Multiplan | Multiplan | 454.4 | 80 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE | 92524 | CPT | | | | both | | | 568 | | Horizon | NJ Health | 107.74 | | | | 48 | 539.6 | fee schedule | |
| HC ST BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE | 92524 | CPT | | | | both | | | 568 | | WellPoint | WellPoint | 182.78 | 32.18 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE | 92524 | CPT | | | | both | | | 568 | | Horizon | PPO | 217.43 | 38.28 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE | 92524 | CPT | | | | both | | | 568 | | Qualcare | Qualcare | 426 | 75 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE | 92524 | CPT | | | | both | | | 568 | | Managed Care Inc | Managed Care Inc | 511.2 | 90 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE | 92524 | CPT | | | | both | | | 568 | | Wellcare | Medicaid | 179.2 | 31.55 | | | 48 | 539.6 | percent of total billed charges | |
| HC ST BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE | 92524 | CPT | | | | both | | | 568 | | Three Rivers | Three Rivers | 539.6 | 95 | | | 48 | 539.6 | percent of total billed charges | |
| HC TX OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING | 92526 | CPT | | | | both | | | 200 | | Wellcare | Medicaid | 63.1 | 31.55 | | | 36 | 190 | percent of total billed charges | |
| HC TX OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING | 92526 | CPT | | | | both | | | 200 | | Amerihealth | HMO/PPO | 36 | | | | 36 | 190 | fee schedule | |
| HC TX OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING | 92526 | CPT | | | | both | | | 200 | | Aetna | Better Health | 63.1 | 31.55 | | 128.68 | 36 | 190 | percent of total billed charges | |
| HC TX OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING | 92526 | CPT | | | | both | | | 200 | | Aetna | Medicare | 61.6 | 30.8 | | | 36 | 190 | percent of total billed charges | |
| HC TX OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING | 92526 | CPT | | | | both | | | 200 | | Americare | Americare | 150 | 75 | | | 36 | 190 | percent of total billed charges | |
| HC TX OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING | 92526 | CPT | | | | both | | | 200 | | First Health | First Health | 140 | 70 | | | 36 | 190 | percent of total billed charges | |
| HC TX OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING | 92526 | CPT | | | | both | | | 200 | | Consumer | Consumer | 190 | 95 | | | 36 | 190 | percent of total billed charges | |
| HC TX OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING | 92526 | CPT | | | | both | | | 200 | | UHC | Medicaid | 63.1 | 31.55 | | 164.56 | 36 | 190 | percent of total billed charges | |
| HC TX OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING | 92526 | CPT | | | | both | | | 200 | | Horizon | MGD | 76.56 | 38.28 | | | 36 | 190 | percent of total billed charges | |
| HC TX OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING | 92526 | CPT | | | | both | | | 200 | | First Trenton | First Trenton | 180 | 90 | | | 36 | 190 | percent of total billed charges | |
| HC TX OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING | 92526 | CPT | | | | both | | | 200 | | Corrections | Corrections | 160 | 80 | | | 36 | 190 | percent of total billed charges | |
| HC TX OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING | 92526 | CPT | | | | both | | | 200 | | Horizon | Indemnity | 76.56 | 38.28 | | | 36 | 190 | percent of total billed charges | |
| HC TX OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING | 92526 | CPT | | | | both | | | 200 | | Multiplan | Multiplan | 160 | 80 | | | 36 | 190 | percent of total billed charges | |
| HC TX OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING | 92526 | CPT | | | | both | | | 200 | | Horizon | PPO | 76.56 | 38.28 | | | 36 | 190 | percent of total billed charges | |
| HC TX OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING | 92526 | CPT | | | | both | | | 200 | | Horizon | Medicare Blue | 60 | 30 | | | 36 | 190 | percent of total billed charges | |
| HC TX OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING | 92526 | CPT | | | | both | | | 200 | | Three Rivers | Three Rivers | 190 | 95 | | | 36 | 190 | percent of total billed charges | |
| HC TX OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING | 92526 | CPT | | | | both | | | 200 | | Qualcare | Qualcare | 150 | 75 | | | 36 | 190 | percent of total billed charges | |
| HC TX OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING | 92526 | CPT | | | | both | | | 200 | | WellPoint | WellPoint | 64.36 | 32.18 | | 91.12 | 36 | 190 | percent of total billed charges | |
| HC TX OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING | 92526 | CPT | | | | both | | | 200 | | Managed Care Inc | Managed Care Inc | 180 | 90 | | | 36 | 190 | percent of total billed charges | |
| HC CALORIC VESTIBULAR TEST W/REC BI BITHERMAL | 92537 | CPT | | | | outpatient | | | 904 | 205.45 | Consumer | Consumer | 858.8 | 95 | | | 48 | 858.8 | percent of total billed charges | |
| HC CALORIC VESTIBULAR TEST W/REC BI BITHERMAL | 92537 | CPT | | | | outpatient | | | 904 | 205.45 | First Health | First Health | 632.8 | 70 | | | 48 | 858.8 | percent of total billed charges | |
| HC CALORIC VESTIBULAR TEST W/REC BI BITHERMAL | 92537 | CPT | | | | outpatient | | | 904 | 205.45 | Americare | Americare | 678 | 75 | | | 48 | 858.8 | percent of total billed charges | |
| HC CALORIC VESTIBULAR TEST W/REC BI BITHERMAL | 92537 | CPT | | | | outpatient | | | 904 | 205.45 | Horizon | PPO | 345.69 | | | | 48 | 858.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CALORIC VESTIBULAR TEST W/REC BI BITHERMAL | 92537 | CPT | | | | outpatient | | | 904 | 205.45 | Aetna | Better Health | 285.21 | 31.55 | | | 48 | 858.8 | percent of total billed charges | |
| HC CALORIC VESTIBULAR TEST W/REC BI BITHERMAL | 92537 | CPT | | | | outpatient | | | 904 | 205.45 | Corrections | Corrections | 723.2 | 80 | | 167.85 | 48 | 858.8 | percent of total billed charges | |
| HC CALORIC VESTIBULAR TEST W/REC BI BITHERMAL | 92537 | CPT | | | | outpatient | | | 904 | 205.45 | UHC | Medicaid | 285.21 | 31.55 | | 176.48 | 48 | 858.8 | percent of total billed charges | |
| HC CALORIC VESTIBULAR TEST W/REC BI BITHERMAL | 92537 | CPT | | | | outpatient | | | 904 | 205.45 | Aetna | Medicare | 178.65 | | | 143.79 | 48 | 858.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CALORIC VESTIBULAR TEST W/REC BI BITHERMAL | 92537 | CPT | | | | outpatient | | | 904 | 205.45 | Managed Care Inc | Managed Care Inc | 813.6 | 90 | | | 48 | 858.8 | percent of total billed charges | |
| HC CALORIC VESTIBULAR TEST W/REC BI BITHERMAL | 92537 | CPT | | | | outpatient | | | 904 | 205.45 | First Trenton | First Trenton | 813.6 | 90 | | | 48 | 858.8 | percent of total billed charges | |
| HC CALORIC VESTIBULAR TEST W/REC BI BITHERMAL | 92537 | CPT | | | | outpatient | | | 904 | 205.45 | Amerihealth | HMO/PPO | 48 | | | | 48 | 858.8 | fee schedule | |
| HC CALORIC VESTIBULAR TEST W/REC BI BITHERMAL | 92537 | CPT | | | | outpatient | | | 904 | 205.45 | UHC | Medicare | 178.65 | | | 36.13 | 48 | 858.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CALORIC VESTIBULAR TEST W/REC BI BITHERMAL | 92537 | CPT | | | | outpatient | | | 904 | 205.45 | Horizon | Indemnity | 345.69 | | | 166.24 | 48 | 858.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CALORIC VESTIBULAR TEST W/REC BI BITHERMAL | 92537 | CPT | | | | outpatient | | | 904 | 205.45 | WellPoint | WellPoint | 290.91 | 32.18 | | 97.91 | 48 | 858.8 | percent of total billed charges | |
| HC CALORIC VESTIBULAR TEST W/REC BI BITHERMAL | 92537 | CPT | | | | outpatient | | | 904 | 205.45 | Wellcare | Medicaid | 285.21 | 31.55 | | | 48 | 858.8 | percent of total billed charges | |
| HC CALORIC VESTIBULAR TEST W/REC BI BITHERMAL | 92537 | CPT | | | | outpatient | | | 904 | 205.45 | Horizon | MGD | 345.69 | | | 216.93 | 48 | 858.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CALORIC VESTIBULAR TEST W/REC BI BITHERMAL | 92537 | CPT | | | | outpatient | | | 904 | 205.45 | Horizon | NJ Health | 58.86 | | | 106.11 | 48 | 858.8 | fee schedule | |
| HC CALORIC VESTIBULAR TEST W/REC BI BITHERMAL | 92537 | CPT | | | | outpatient | | | 904 | 205.45 | Horizon | Medicare Blue | 178.65 | | | 78.45 | 48 | 858.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CALORIC VESTIBULAR TEST W/REC BI BITHERMAL | 92537 | CPT | | | | outpatient | | | 904 | 205.45 | Multiplan | Multiplan | 723.2 | 80 | | | 48 | 858.8 | percent of total billed charges | |
| HC CALORIC VESTIBULAR TEST W/REC BI BITHERMAL | 92537 | CPT | | | | outpatient | | | 904 | 205.45 | Wellcare | Medicare | 178.65 | | | | 48 | 858.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CALORIC VESTIBULAR TEST W/REC BI BITHERMAL | 92537 | CPT | | | | outpatient | | | 904 | 205.45 | Qualcare | Qualcare | 678 | 75 | | | 48 | 858.8 | percent of total billed charges | |
| HC CALOR

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL | 92538 | CPT | | | | outpatient | | | 904 | 205.45 | Amerihealth | HMO/PPO | 48 | | | | 29.96 | | 858.8 fee schedule | |
| HC CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL | 92538 | CPT | | | | outpatient | | | 904 | 205.45 | Horizon | PPO | 345.69 | | | | 29.96 | | 858.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL | 92538 | CPT | | | | outpatient | | | 904 | 205.45 | Corrections | Corrections | 723.2 | 80 | | | 29.96 | | 858.8 percent of total billed charges | |
| HC CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL | 92538 | CPT | | | | outpatient | | | 904 | 205.45 | First Health | First Health | 632.8 | 70 | | | 29.96 | | 858.8 percent of total billed charges | |
| HC CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL | 92538 | CPT | | | | outpatient | | | 904 | 205.45 | UHC | Medicaid | 285.21 | 31.55 | | 162.33 | 29.96 | | 858.8 percent of total billed charges | |
| HC CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL | 92538 | CPT | | | | outpatient | | | 904 | 205.45 | Consumer | Consumer | 858.8 | 95 | | | 29.96 | | 858.8 percent of total billed charges | |
| HC CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL | 92538 | CPT | | | | outpatient | | | 904 | 205.45 | Americare | Americare | 678 | 75 | | | 29.96 | | 858.8 percent of total billed charges | |
| HC CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL | 92538 | CPT | | | | outpatient | | | 904 | 205.45 | Aetna | Better Health | 285.21 | 31.55 | | | 29.96 | | 858.8 percent of total billed charges | |
| HC CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL | 92538 | CPT | | | | outpatient | | | 904 | 205.45 | UHC | Medicare | 178.65 | | | | 29.96 | | 858.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL | 92538 | CPT | | | | outpatient | | | 904 | 205.45 | Multiplan | Multiplan | 723.2 | 80 | | | 29.96 | | 858.8 percent of total billed charges | |
| HC CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL | 92538 | CPT | | | | outpatient | | | 904 | 205.45 | First Trenton | First Trenton | 813.6 | 90 | | | 29.96 | | 858.8 percent of total billed charges | |
| HC CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL | 92538 | CPT | | | | outpatient | | | 904 | 205.45 | Aetna | Medicare | 178.65 | | | | 29.96 | | 858.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL | 92538 | CPT | | | | outpatient | | | 904 | 205.45 | Three Rivers | Three Rivers | 858.8 | 95 | | | 29.96 | | 858.8 percent of total billed charges | |
| HC CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL | 92538 | CPT | | | | outpatient | | | 904 | 205.45 | Wellcare | Medicaid | 285.21 | 31.55 | | | 29.96 | | 858.8 percent of total billed charges | |
| HC CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL | 92538 | CPT | | | | outpatient | | | 904 | 205.45 | Horizon | Indemnity | 345.69 | | | | 29.96 | | 858.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL | 92538 | CPT | | | | outpatient | | | 904 | 205.45 | Horizon | Medicare Blue | 178.65 | | | | 29.96 | | 858.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL | 92538 | CPT | | | | outpatient | | | 904 | 205.45 | Horizon | NJ Health | 29.96 | | | | 29.96 | | 858.8 fee schedule | |
| HC CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL | 92538 | CPT | | | | outpatient | | | 904 | 205.45 | Wellcare | Medicare | 178.65 | | | | 29.96 | | 858.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL | 92538 | CPT | | | | outpatient | | | 904 | 205.45 | Managed Care Inc | Managed Care Inc | 813.6 | 90 | | | 29.96 | | 858.8 percent of total billed charges | |
| HC CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL | 92538 | CPT | | | | outpatient | | | 904 | 205.45 | Horizon | MGD | 345.69 | | | 244 | 29.96 | | 858.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL | 92538 | CPT | | | | outpatient | | | 904 | 205.45 | Qualcare | Qualcare | 678 | 75 | | | 29.96 | | 858.8 percent of total billed charges | |
| HC CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL | 92538 | CPT | | | | outpatient | | | 904 | 205.45 | WellPoint | WellPoint | 290.91 | 32.18 | | | 29.96 | | 858.8 percent of total billed charges | |
| HC VESTIBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK | 92540 | CPT | | | | outpatient | | | 532 | 205.45 | Corrections | Corrections | 425.6 | 80 | | 167.85 | 48 | | 505.4 percent of total billed charges | |
| HC VESTIBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK | 92540 | CPT | | | | outpatient | | | 532 | 205.45 | First Trenton | First Trenton | 478.8 | 90 | | | 48 | | 505.4 percent of total billed charges | |
| HC VESTIBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK | 92540 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | Indemnity | 345.69 | | | 166.24 | 48 | | 505.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VESTIBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK | 92540 | CPT | | | | outpatient | | | 532 | 205.45 | Americare | Americare | 399 | 75 | | | 48 | | 505.4 percent of total billed charges | |
| HC VESTIBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK | 92540 | CPT | | | | outpatient | | | 532 | 205.45 | Aetna | Better Health | 167.85 | 31.55 | | | 48 | | 505.4 percent of total billed charges | |
| HC VESTIBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK | 92540 | CPT | | | | outpatient | | | 532 | 205.45 | Managed Care Inc | Managed Care Inc | 478.8 | 90 | | | 48 | | 505.4 percent of total billed charges | |
| HC VESTIBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK | 92540 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | PPO | 345.69 | | | | 48 | | 505.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VESTIBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK | 92540 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | Medicare Blue | 178.65 | | | 78.45 | 48 | | 505.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VESTIBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK | 92540 | CPT | | | | outpatient | | | 532 | 205.45 | First Health | First Health | 372.4 | 70 | | | 48 | | 505.4 percent of total billed charges | |
| HC VESTIBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK | 92540 | CPT | | | | outpatient | | | 532 | 205.45 | Wellcare | Medicare | 178.65 | | | | 48 | | 505.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VESTIBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK | 92540 | CPT | | | | outpatient | | | 532 | 205.45 | UHC | Medicaid | 167.85 | 31.55 | | 161.38 | 48 | | 505.4 percent of total billed charges | |
| HC VESTIBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK | 92540 | CPT | | | | outpatient | | | 532 | 205.45 | Amerihealth | HMO/PPO | 48 | | | | 48 | | 505.4 fee schedule | |
| HC VESTIBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK | 92540 | CPT | | | | outpatient | | | 532 | 205.45 | Aetna | Medicare | 178.65 | | | 143.79 | 48 | | 505.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VESTIBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK | 92540 | CPT | | | | outpatient | | | 532 | 205.45 | UHC | Medicare | 178.65 | | | 36.13 | 48 | | 505.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VESTIBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK | 92540 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | MGD | 345.69 | | | 200.48 | 48 | | 505.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VESTIBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK | 92540 | CPT | | | | outpatient | | | 532 | 205.45 | Consumer | Consumer | 505.4 | 95 | | | 48 | | 505.4 percent of total billed charges | |
| HC VESTIBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK | 92540 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | NJ Health | 142.35 | | | 109.75 | 48 | | 505.4 fee schedule | |
| HC VESTIBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK | 92540 | CPT | | | | outpatient | | | 532 | 205.45 | Three Rivers | Three Rivers | 505.4 | 95 | | | 48 | | 505.4 percent of total billed charges | |
| HC VESTIBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK | 92540 | CPT | | | | outpatient | | | 532 | 205.45 | Multiplan | Multiplan | 425.6 | 80 | | | 48 | | 505.4 percent of total billed charges | |
| HC VESTIBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK | 92540 | CPT | | | | outpatient | | | 532 | 205.45 | Wellcare | Medicaid | 167.85 | 31.55 | | | 48 | | 505.4 percent of total billed charges | |
| HC VESTIBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK | 92540 | CPT | | | | outpatient | | | 532 | 205.45 | Qualcare | Qualcare | 399 | 75 | | | 48 | | 505.4 percent of total billed charges | |
| HC VESTIBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK | 92540 | CPT | | | | outpatient | | | 532 | 205.45 | WellPoint | WellPoint | 171.2 | 32.18 | | 108.31 | 48 | | 505.4 percent of total billed charges | |
| HC POSITIONAL NYSTAGMUS TEST | 92542 | CPT | | | | outpatient | | | 424 | 168 | Corrections | Corrections | 339.2 | 80 | | | 48 | | 402.8 percent of total billed charges | |
| HC POSITIONAL NYSTAGMUS TEST | 92542 | CPT | | | | outpatient | | | 424 | 168 | Horizon | PPO | 282.68 | | | | 48 | | 402.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC POSITIONAL NYSTAGMUS TEST | 92542 | CPT | | | | outpatient | | | 424 | 168 | UHC | Medicare | 146.09 | | | | 48 | | 402.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC POSITIONAL NYSTAGMUS TEST | 92542 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Better Health | 133.77 | 31.55 | | | 48 | | 402.8 percent of total billed charges | |
| HC POSITIONAL NYSTAGMUS TEST | 92542 | CPT | | | | outpatient | | | 424 | 168 | First Trenton | First Trenton | 381.6 | 90 | | | 48 | | 402.8 percent of total billed charges | |
| HC POSITIONAL NYSTAGMUS TEST | 92542 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Medicare | 146.09 | | | | 48 | | 402.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC POSITIONAL NYSTAGMUS TEST | 92542 | CPT | | | | outpatient | | | 424 | 168 | Americare | Americare | 318 | 75 | | | 48 | | 402.8 percent of total billed charges | |
| HC POSITIONAL NYSTAGMUS TEST | 92542 | CPT | | | | outpatient | | | 424 | 168 | Horizon | Medicare Blue | 146.09 | | | | 48 | | 402.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC POSITIONAL NYSTAGMUS TEST | 92542 | CPT | | | | outpatient | | | 424 | 168 | Horizon | Indemnity | 282.68 | | | | 48 | | 402.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC POSITIONAL NYSTAGMUS TEST | 92542 | CPT | | | | outpatient | | | 424 | 168 | WellPoint | WellPoint | 136.44 | 32.18 | | | 48 | | 402.8 percent of total billed charges | |
| HC POSITIONAL NYSTAGMUS TEST | 92542 | CPT | | | | outpatient | | | 424 | 168 | Amerihealth | HMO/PPO | 48 | | | | 48 | | 402.8 fee schedule | |
| HC POSITIONAL NYSTAGMUS TEST | 92542 | CPT | | | | outpatient | | | 424 | 168 | First Health | First Health | 296.8 | 70 | | | 48 | | 402.8 percent of total billed charges | |
| HC POSITIONAL NYSTAGMUS TEST | 92542 | CPT | | | | outpatient | | | 424 | 168 | Managed Care Inc | Managed Care Inc | 381.6 | 90 | | | 48 | | 402.8 percent of total billed charges | |
| HC POSITIONAL NYSTAGMUS TEST | 92542 | CPT | | | | outpatient | | | 424 | 168 | Consumer | Consumer | 402.8 | 95 | | | 48 | | 402.8 percent of total billed charges | |
| HC POSITIONAL NYSTAGMUS TEST | 92542 | CPT | | | | outpatient | | | 424 | 168 | Horizon | MGD | 282.68 | | | | 48 | | 402.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC POSITIONAL NYSTAGMUS TEST | 92542 | CPT | | | | outpatient | | | 424 | 168 | Multiplan | Multiplan | 339.2 | 80 | | | 48 | | 402.8 percent of total billed charges | |
| HC POSITIONAL NYSTAGMUS TEST | 92542 | CPT | | | | outpatient | | | 424 | 168 | Horizon | NJ Health | 190.53 | | | | 48 | | 402.8 fee schedule | |
| HC POSITIONAL NYSTAGMUS TEST | 92542 | CPT | | | | outpatient | | | 424 | 168 | Wellcare | Medicaid | 133.77 | 31.55 | | | 48 | | 402.8 percent of total billed charges | |
| HC POSITIONAL NYSTAGMUS TEST | 92542 | CPT | | | | outpatient | | | 424 | 168 | Three Rivers | Three Rivers | 402.8 | 95 | | | 48 | | 402.8 percent of total billed charges | |
| HC POSITIONAL NYSTAGMUS TEST | 92542 | CPT | | | | outpatient | | | 424 | 168 | Qualcare | Qualcare | 318 | 75 | | | 48 | | 402.8 percent of total billed charges | |
| HC POSITIONAL NYSTAGMUS TEST | 92542 | CPT | | | | outpatient | | | 424 | 168 | UHC | Medicaid | 133.77 | 31.55 | | | 48 | | 402.8 percent of total billed charges | |
| HC POSITIONAL NYSTAGMUS TEST | 92542 | CPT | | | | outpatient | | | 424 | 168 | Wellcare | Medicare | 146.09 | | | | 48 | | 402.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC USE VERTICAL ELECTRODES | 92547 | CPT | | | | outpatient | | | 38.08 | | Americare | Americare | 28.56 | 75 | | | 11.42 | | 91.35 percent of total billed charges | |
| HC USE VERTICAL ELECTRODES | 92547 | CPT | | | | outpatient | | | 38.08 | | Amerihealth | HMO/PPO | 48 | | | | 11.42 | | 91.35 fee schedule | |
| HC USE VERTICAL ELECTRODES | 92547 | CPT | | | | outpatient | | | 38.08 | | Consumer | Consumer | 36.18 | 95 | | | 11.42 | | 91.35 percent of total billed charges | |
| HC USE VERTICAL ELECTRODES | 92547 | CPT | | | | outpatient | | | 38.08 | | Aetna | Medicare | 11.73 | 30.8 | | | 11.42 | | 91.35 percent of total billed charges | |
| HC USE VERTICAL ELECTRODES | 92547 | CPT | | | | outpatient | | | 38.08 | | Horizon | MGD | 14.58 | 38.28 | | | 11.42 | | 91.35 percent of total billed charges | |
| HC USE VERTICAL ELECTRODES | 92547 | CPT | | | | outpatient | | | 38.08 | | Wellcare | Medicaid | 12.01 | 31.55 | | | 11.42 | | 91.35 percent of total billed charges | |
| HC USE VERTICAL ELECTRODES | 92547 | CPT | | | | outpatient | | | 38.08 | | Aetna | Better Health | 12.01 | 31.55 | | | 11.42 | | 91.35 percent of total billed charges | |
| HC USE VERTICAL ELECTRODES | 92547 | CPT | | | | outpatient | | | 38.08 | | Corrections | Corrections | 30.46 | 80 | | | 11.42 | | 91.35 percent of total billed charges | |
| HC USE VERTICAL ELECTRODES | 92547 | CPT | | | | outpatient | | | 38.08 | | UHC | Medicaid | 12.01 | 31.55 | | | 11.42 | | 91.35 percent of total billed charges | |
| HC USE VERTICAL ELECTRODES | 92547 | CPT | | | | outpatient | | | 38.08 | | First Trenton | First Trenton | 34.27 | 90 | | | 11.42 | | 91.35 percent of total billed charges | |
| HC USE VERTICAL ELECTRODES | 92547 | CPT | | | | outpatient | | | 38.08 | | First Health | First Health | 26.66 | 70 | | | 11.42 | | 91.35 percent of total billed charges | |
| HC USE VERTICAL ELECTRODES | 92547 | CPT | | | | outpatient | | | 38.08 | | WellPoint | WellPoint | 12.25 | 32.18 | | | 11.42 | | 91.35 percent of total billed charges | |
| HC USE VERTICAL ELECTRODES | 92547 | CPT | | | | outpatient | | | 38.08 | | Horizon | Indemnity | 14.58 | 38.28 | | | 11.42 | | 91.35 percent of total billed charges | |
| HC USE VERTICAL ELECTRODES | 92547 | CPT | | | | outpatient | | | 38.08 | | Horizon | NJ Health | 91.35 | | | | 11.42 | | 91.35 fee schedule | |
| HC USE VERTICAL ELECTRODES | 92547 | CPT | | | | outpatient | | | 38.08 | | Horizon | Medicare Blue | 11.42 | 30 | | | 11.42 | | 91.35 percent of total billed charges | |
| HC USE VERTICAL ELECTRODES | 92547 | CPT | | | | outpatient | | | 38.08 | | Horizon | PPO | 14.58 | 38.28 | | | 11.42 | | 91.35 percent of total billed charges | |
| HC USE VERTICAL ELECTRODES | 92547 | CPT | | | | outpatient | | | 38.08 | | Multiplan | Multiplan | 30.46 | 80 | | | 11.42 | | 91.35 percent of total billed charges | |
| HC USE VERTICAL ELECTRODES | 92547 | CPT | | | | outpatient | | | 38.08 | | Managed Care Inc | Managed Care Inc | 34.27 | 90 | | | 11.42 | | 91.35 percent of total billed charges | |
| HC USE VERTICAL ELECTRODES | 92547 | CPT | | | | outpatient | | | 38.08 | | Qualcare | Qualcare | 28.56 | 75 | | | 11.42 | | 91.35 percent of total billed charges | |
| HC USE VERTICAL ELECTRODES | 92547 | CPT | | | | outpatient | | | 38.08 | | Three Rivers | Three Rivers | 36.18 | 95 | | | 11.42 | | 91.35 percent of total billed charges | |
| HC TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS | 92550 | CPT | | | | both | | | 532 | 205.45 | Multiplan | Multiplan | 425.6 | 80 | | | 25 | | 505.4 percent of total billed charges | |
| HC TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS | 92550 | CPT | | | | both | | | 532 | 205.45 | Aetna | Better Health | 167.85 | 31.55 | | 118.92 | 25 | | 505.4 percent of total billed charges | |
| HC TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS | 92550 | CPT | | | | both | | | 532 | 205.45 | Americare | Americare | 399 | 75 | | | 25 | | 505.4 percent of total billed charges | |
| HC TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS | 92550 | CPT | | | | both | | | 532 | 205.45 | Horizon | Indemnity | 345.69 | | | 100.16 | 25 | | 505.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS | 92550 | CPT | | | | both | | | 532 | 205.45 | Horizon | Medicare Blue | 178.65 | | | 61.59 | 25 | | 505.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS | 92550 | CPT | | | | both | | | 532 | 205.45 | Amerihealth | HMO/PPO | 25 | | | | 25 | | 505.4 fee schedule | |
| HC TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS | 92550 | CPT | | | | both | | | 532 | 205.45 | Wellcare | Medicare | 178.65 | | | 32.01 | 25 | | 505.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS | 92550 | CPT | | | | both | | | 532 | 205.45 | Aetna | Medicare | 178.65 | | | 41.28 | 25 | | 505.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS | 92550 | CPT | | | | both | | | 532 | 205.45 | Qualcare | Qualcare | 399 | 75 | | | 25 | | 505.4 percent of total billed charges | |
| HC TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS | 92550 | CPT | | | | both | | | 532 | 205.45 | Corrections | Corrections | 425.6 | 80 | | 163.71 | 25 | | 505.4 percent of total billed charges | |
| HC TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS | 92550 | CPT | | | | both | | | 532 | 205.45 | Consumer | Consumer | 505.4 | 95 | | | 25 | | 505.4 percent of total billed charges | |
| HC TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS | 92550 | CPT | | | | both | | | 532 | 205.45 | Horizon | NJ Health | 30.75 | | | 119.26 | 25 | | 505.4 fee schedule | |
| HC TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS | 92550 | CPT | | | | both | | | 532 | 205.45 | Wellcare | Medicaid | 167.85 | 31.55 | | 132.31 | 25 | | 505.4 percent of total billed charges | |
| HC TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS | 92550 | CPT | | | | both | | | 532 | 205.45 | UHC | Medicaid | 167.85 | 31.55 | | 156.72 | 25 | | 505.4 percent of total billed charges | |
| HC TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS | 92550 | CPT | | | | both | | | 532 | 205.45 | Managed Care Inc | Managed Care Inc | 478.8 | 90 | | | 25 | | 505.4 percent of total billed charges | |
| HC TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS | 92550 | CPT | | | | both | | | 532 | 205.45 | First Health | First Health | 372.4 | 70 | | | 25 | | 505.4 percent of total billed charges | |
| HC TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS | 92550 | CPT | | | | both | | | 532 | 205.45 | WellPoint | WellPoint | 171.2 | 32.18 | | 131.53 | 25 | | 505.4 percent of total billed charges | |
| HC TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS | 92550 | CPT | | | | both | | | 532 | 205.45 | First Trenton | First Trenton | 478.8 | 90 | | | 25 | | 505.4 percent of total billed charges | |
| HC TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS | 92550 | CPT | | | | both | | | 532 | 205.45 | Three Rivers | Three Rivers | 505.4 | 95 | | | 25 | | 505.4 percent of total billed charges | |
| HC TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS | 92550 | CPT | | | | both | | | 532 | 205.45 | Horizon | PPO | 345.69 | | | 135.29 | 25 | | 505.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS | 92550 | CPT | | | | both | | | 532 | 205.45 | Horizon | MGD | 345.69 | | | 154.09 | 25 | | 505.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS | 92550 | CPT | | | | both | | | 532 | 205.45 | UHC | Medicare | 178.65 | | | 74.89 | 25 | | 505.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SCREENING TEST PURE TONE AIR ONLY | 92551 | CPT | | | | outpatient | | | 128 | | Horizon | Indemnity | 49 | 38.28 | | | 25 | | 121.6 percent of total billed charges | |
| HC SCREENING TEST PURE TONE AIR ONLY | 92551 | CPT | | | | outpatient | | | 128 | | Aetna | Better Health | 40.38 | 31.55 | | | 25 | | 121.6 percent of total billed charges | |
| HC SCREENING TEST PURE TONE AIR ONLY | 92551 | CPT | | | | outpatient | | | 128 | | First Trenton | First Trenton | 115.2 | 90 | | | 25 | | 121.6 percent of total billed charges | |
| HC SCREENING TEST PURE TONE AIR ONLY | 92551 | CPT | | | | outpatient | | | 128 | | Aetna | Medicare | 39.42 | 30.8 | | | 25 | | 121.6 percent of total billed charges | |
| HC SCREENING TEST PURE TONE AIR ONLY | 92551 | CPT | | | | outpatient | | | 128 | | Multiplan | Multiplan | 102.4 | 80 | | | 25 | | 121.6 percent of total billed charges | |
| HC SCREENING TEST PURE TONE AIR ONLY | 92551 | CPT | | | | outpatient | | | 128 | | Consumer | Consumer | 121.6 | 95 | | | 25 | | 121.6 percent of total billed charges | |
| HC SCREENING TEST PURE TONE AIR ONLY | 92551 | CPT | | | | outpatient | | | 128 | | Amerihealth | HMO/PPO | 25 | | | | 25 | | 121.6 fee schedule | |
| HC SCREENING TEST PURE TONE AIR ONLY | 92551 | CPT | | | | outpatient | | | 128 | | Horizon | MGD | 49 | 38.28 | | | 25 | | 121.6 percent of total billed charges | |
| HC SCREENING TEST PURE TONE AIR ONLY | 92551 | CPT | | | | outpatient | | | 128 | | Qualcare | Qualcare | 96 | 75 | | | 25 | | 121.6 percent of total billed charges | |
| HC SCREENING TEST PURE TONE AIR ONLY | 92551 | CPT | | | | outpatient | | | 128 | | Americare | Americare | 96 | 75 | | | 25 | | 121.6 percent of total billed charges | |
| HC SCREENING TEST PURE TONE AIR ONLY | 92551 | CPT | | | | outpatient | | | 128 | | Horizon | PPO | 49 | 38.28 | | | 25 | | 121.6 percent of total billed charges | |
| HC SCREENING TEST PURE TONE AIR ONLY | 92551 | CPT | | | | outpatient | | | 128 | | Corrections | Corrections | 102.4 | 80 | | | 25 | | 121.6 percent of total billed charges | |
| HC SCREENING TEST PURE TONE AIR ONLY | 92551 | CPT | | | | outpatient | | | 128 | | First Health | First Health | 89.6 | 70 | | | 25 | | 121.6 percent of total billed charges | |
| HC SCREENING TEST PURE TONE AIR ONLY | 92551 | CPT | | | | outpatient | | | 128 | | Three Rivers | Three Rivers | 121.6 | 95 | | | 25 | | 121.6 percent of total billed charges | |
| HC SCREENING TEST PURE TONE AIR ONLY | 92551 | CPT | | | | outpatient | | | 128 | | Managed Care Inc | Managed Care Inc | 115.2 | 90 | | | 25 | | 121.6 percent of total billed charges | |
| HC SCREENING TEST PURE TONE AIR ONLY | 92551 | CPT | | | | outpatient | | | 128 | | Horizon | NJ Health | 96.57 | | | | 25 | | 121.6 fee schedule | |
| HC SCREENING TEST PURE TONE AIR ONLY | 92551 | CPT | | | | outpatient | | | 128 | | Horizon | Medicare Blue | 38.4 | 30 | | | 25 | | 121.6 percent of total billed charges | |
| HC SCREENING TEST PURE TONE AIR ONLY | 92551 | CPT | | | | outpatient | | | 128 | | UHC | Medicaid | 40.38 | 31.55 | | | 25 | | 121.6 percent of total billed charges | |
| HC SCREENING TEST PURE TONE AIR ONLY | 92551 | CPT | | | | outpatient | | | 128 | | Wellcare | Medicaid | 40.38 | 31.55 | | | 25 | | 121.6 percent of total billed charges | |
| HC SCREENING TEST PURE TONE AIR ONLY | 92551 | CPT | | | | outpatient | | | 128 | | WellPoint | WellPoint | 41.19 | 32.18 | | | 25 | | 121.6 percent of total billed charges | |
| HC PURE TONE AUDIOMETRY AIR ONLY | 92552 | CPT | | | | both | | | 424 | 168 | Horizon | PPO | 282.68 | | | 70.05 | 25 | | 402.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PURE TONE AUDIOMETRY AIR ONLY | 92552 | CPT | | | | both | | | 424 | 168 | First Trenton | First Trenton | 381.6 | 90 | | | 25 | | 402.8 percent of total billed charges | |
| HC PURE TONE AUDIOMETRY AIR ONLY | 92552 | CPT | | | | both | | | 424 | 168 | Aetna | Medicare | 146.09 | | | | 25 | | 402.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PURE TONE AUDIOMETRY AIR ONLY | 92552 | CPT | | | | both | | | 424 | 168 | Aetna | Better Health | 133.77 | 31.55 | | 100.28 | 25 | | 402.8 percent of total billed charges | |
| HC PURE TONE AUDIOMETRY AIR ONLY | 92552 | CPT | | | | both | | | 424 | 168 | Consumer | Consumer | 402.8 | 95 | | | 25 | | 402.8 percent of total billed charges | |
| HC PURE TONE AUDIOMETRY AIR ONLY | 92552 | CPT | | | | both | | | 424 | 168 | Horizon | Indemnity | 282.68 | | | 94.74 | 25 | | 402.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PURE TONE AUDIOMETRY AIR ONLY | 92552 | CPT | | | | both | | | 424 | 168 | Americare | Americare | 318 | 75 | | | 25 | | 402.8 percent of total billed charges | |
| HC PURE TONE AUDIOMETRY AIR ONLY | 92552 | CPT | | | | both | | | 424 | 168 | Amerihealth | HMO/PPO | 25 | | | | 25 | | 402.8 fee schedule | |
| HC PURE TONE AUDIOMETRY AIR ONLY | 92552 | CPT | | | | both | | | 424 | 168 | Wellcare | Medicare | 146.09 | | | | 25 | | 402.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PURE TONE AUDIOMETRY AIR ONLY | 92552 | CPT | | | | both | | | 424 | 168 | Horizon | Medicare Blue | 146.09 | | | 59.42 | 25 | | 402.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PURE TONE AUDIOMETRY AIR ONLY | 92552 | CPT | | | | both | | | 424 | 168 | Multiplan | Multiplan | 339.2 | 80 | | | 25 | | 402.8 percent of total billed charges | |
| HC PURE TONE AUDIOMETRY AIR ONLY | 92552 | CPT | | | | both | | | 424 | 168 | UHC | Medicaid | 133.77 | 31.55 | | 72.07 | 25 | | 402.8 percent of total billed charges | |
| HC PURE TONE AUDIOMETRY AIR ONLY | 92552 | CPT | | | | both | | | 424 | 168 | Corrections | Corrections | 339.2 | 80 | | | 25 | | 402.8 percent of total billed charges | |
| HC PURE TONE AUDIOMETRY AIR ONLY | 92552 | CPT | | | | both | | | 424 | 168 | Horizon | MGD | 282.68 | | | | 25 | | 402.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PURE TONE AUDIOMETRY AIR ONLY | 92552 | CPT | | | | both | | | 424 | 168 | Three Rivers | Three Rivers | 402.8 | 95 | | | 25 | | 402.8 percent of total billed charges | |
| HC PURE TONE AUDIOMETRY AIR ONLY | 92552 | CPT | | | | both | | | 424 | 168 | First Health | First Health | 296.8 | 70 | | | 25 | | 402.8 percent of total billed charges | |
| HC PURE TONE AUDIOMETRY AIR ONLY | 92552 | CPT | | | | both | | | 424 | 168 | Qualcare | Qualcare | 318 | 75 | | | 25 | | 402.8 percent of total billed charges | |
| HC PURE TONE AUDIOMETRY AIR ONLY | 92552 | CPT | | | | both | | | 424 | 168 | Managed Care Inc | Managed Care Inc | 381.6 | 90 | | | 25 | | 402.8 percent of total billed charges | |
| HC PURE TONE AUDIOMETRY AIR ONLY | 92552 | CPT | | | | both | | | 424 | 168 | Wellcare | Medicaid | 133.77 | 31.55 | | 43.4 | 25 | | 402.8 percent of total billed charges | |
| H

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
| HC PURE TONE AUDIOMETRY AIR ONLY | 92552 | CPT | | | | both | | | 424 | 168 | UHC | Medicare | 146.09 | | | 42.75 | 25 | 402.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PURE TONE AUDIOMETRY AIR ONLY | 92552 | CPT | | | | both | | | 424 | 168 | WellPoint | WellPoint | 136.44 | 32.18 | | 65.83 | 25 | 402.8 | percent of total billed charges | |
| HC PURE TONE AUDIOMETRY AIR & BONE | 92553 | CPT | | | | both | | | 872 | 205.45 | Americare | Americare | 654 | 75 | | | 65 | 828.4 | percent of total billed charges | |
| HC PURE TONE AUDIOMETRY AIR & BONE | 92553 | CPT | | | | both | | | 872 | 205.45 | Amerihealth | HMO/PPO | 65 | | | 81.5 | 65 | 828.4 | fee schedule | |
| HC PURE TONE AUDIOMETRY AIR & BONE | 92553 | CPT | | | | both | | | 872 | 205.45 | Aetna | Medicare | 178.65 | | | 99.4 | 65 | 828.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PURE TONE AUDIOMETRY AIR & BONE | 92553 | CPT | | | | both | | | 872 | 205.45 | First Health | First Health | 610.4 | 70 | | | 65 | 828.4 | percent of total billed charges | |
| HC PURE TONE AUDIOMETRY AIR & BONE | 92553 | CPT | | | | both | | | 872 | 205.45 | First Trenton | First Trenton | 784.8 | 90 | | | 65 | 828.4 | percent of total billed charges | |
| HC PURE TONE AUDIOMETRY AIR & BONE | 92553 | CPT | | | | both | | | 872 | 205.45 | Consumer | Consumer | 828.4 | 95 | | | 65 | 828.4 | percent of total billed charges | |
| HC PURE TONE AUDIOMETRY AIR & BONE | 92553 | CPT | | | | both | | | 872 | 205.45 | Corrections | Corrections | 697.6 | 80 | | 88.41 | 65 | 828.4 | percent of total billed charges | |
| HC PURE TONE AUDIOMETRY AIR & BONE | 92553 | CPT | | | | both | | | 872 | 205.45 | Aetna | Better Health | 275.12 | 31.55 | | | 65 | 828.4 | percent of total billed charges | |
| HC PURE TONE AUDIOMETRY AIR & BONE | 92553 | CPT | | | | both | | | 872 | 205.45 | Managed Care Inc | Managed Care Inc | 784.8 | 90 | | | 65 | 828.4 | percent of total billed charges | |
| HC PURE TONE AUDIOMETRY AIR & BONE | 92553 | CPT | | | | both | | | 872 | 205.45 | Horizon | Medicare Blue | 178.65 | | | | 65 | 828.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PURE TONE AUDIOMETRY AIR & BONE | 92553 | CPT | | | | both | | | 872 | 205.45 | UHC | Medicaid | 275.12 | 31.55 | | 110.67 | 65 | 828.4 | percent of total billed charges | |
| HC PURE TONE AUDIOMETRY AIR & BONE | 92553 | CPT | | | | both | | | 872 | 205.45 | WellPoint | WellPoint | 280.61 | 32.18 | | 168.33 | 65 | 828.4 | percent of total billed charges | |
| HC PURE TONE AUDIOMETRY AIR & BONE | 92553 | CPT | | | | both | | | 872 | 205.45 | Three Rivers | Three Rivers | 828.4 | 95 | | | 65 | 828.4 | percent of total billed charges | |
| HC PURE TONE AUDIOMETRY AIR & BONE | 92553 | CPT | | | | both | | | 872 | 205.45 | Horizon | MGD | 345.69 | | | 309.5 | 65 | 828.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PURE TONE AUDIOMETRY AIR & BONE | 92553 | CPT | | | | both | | | 872 | 205.45 | Horizon | Indemnity | 345.69 | | | 130.21 | 65 | 828.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PURE TONE AUDIOMETRY AIR & BONE | 92553 | CPT | | | | both | | | 872 | 205.45 | Horizon | PPO | 345.69 | | | 155.6 | 65 | 828.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PURE TONE AUDIOMETRY AIR & BONE | 92553 | CPT | | | | both | | | 872 | 205.45 | Horizon | NJ Health | 127.89 | | | 126.75 | 65 | 828.4 | fee schedule | |
| HC PURE TONE AUDIOMETRY AIR & BONE | 92553 | CPT | | | | both | | | 872 | 205.45 | Multiplan | Multiplan | 697.6 | 80 | | | 65 | 828.4 | percent of total billed charges | |
| HC PURE TONE AUDIOMETRY AIR & BONE | 92553 | CPT | | | | both | | | 872 | 205.45 | Qualcare | Qualcare | 654 | 75 | | | 65 | 828.4 | percent of total billed charges | |
| HC PURE TONE AUDIOMETRY AIR & BONE | 92553 | CPT | | | | both | | | 872 | 205.45 | UHC | Medicare | 178.65 | | | 82.85 | 65 | 828.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PURE TONE AUDIOMETRY AIR & BONE | 92553 | CPT | | | | both | | | 872 | 205.45 | Wellcare | Medicaid | 275.12 | 31.55 | | 212.52 | 65 | 828.4 | percent of total billed charges | |
| HC PURE TONE AUDIOMETRY AIR & BONE | 92553 | CPT | | | | both | | | 872 | 205.45 | Wellcare | Medicare | 178.65 | | | | 65 | 828.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPEECH AUDIOMETRY THRESHOLD | 92555 | CPT | | | | outpatient | | | 389 | 80.45 | Horizon | Indemnity | 135.37 | | | 39.45 | 25 | 369.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPEECH AUDIOMETRY THRESHOLD | 92555 | CPT | | | | outpatient | | | 389 | 80.45 | Aetna | Medicare | 69.96 | | | | 25 | 369.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPEECH AUDIOMETRY THRESHOLD | 92555 | CPT | | | | outpatient | | | 389 | 80.45 | UHC | Medicaid | 122.73 | 31.55 | | 44.28 | 25 | 369.55 | percent of total billed charges | |
| HC SPEECH AUDIOMETRY THRESHOLD | 92555 | CPT | | | | outpatient | | | 389 | 80.45 | Aetna | Better Health | 122.73 | 31.55 | | | 25 | 369.55 | percent of total billed charges | |
| HC SPEECH AUDIOMETRY THRESHOLD | 92555 | CPT | | | | outpatient | | | 389 | 80.45 | Americare | Americare | 291.75 | 75 | | | 25 | 369.55 | percent of total billed charges | |
| HC SPEECH AUDIOMETRY THRESHOLD | 92555 | CPT | | | | outpatient | | | 389 | 80.45 | Horizon | NJ Health | 80.91 | | | 49.13 | 25 | 369.55 | fee schedule | |
| HC SPEECH AUDIOMETRY THRESHOLD | 92555 | CPT | | | | outpatient | | | 389 | 80.45 | Wellcare | Medicaid | 122.73 | 31.55 | | 36.94 | 25 | 369.55 | percent of total billed charges | |
| HC SPEECH AUDIOMETRY THRESHOLD | 92555 | CPT | | | | outpatient | | | 389 | 80.45 | Amerihealth | HMO/PPO | 25 | | | | 25 | 369.55 | fee schedule | |
| HC SPEECH AUDIOMETRY THRESHOLD | 92555 | CPT | | | | outpatient | | | 389 | 80.45 | Horizon | PPO | 135.37 | | | 29.55 | 25 | 369.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPEECH AUDIOMETRY THRESHOLD | 92555 | CPT | | | | outpatient | | | 389 | 80.45 | Consumer | Consumer | 369.55 | 95 | | | 25 | 369.55 | percent of total billed charges | |
| HC SPEECH AUDIOMETRY THRESHOLD | 92555 | CPT | | | | outpatient | | | 389 | 80.45 | UHC | Medicare | 69.96 | | | 23.15 | 25 | 369.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPEECH AUDIOMETRY THRESHOLD | 92555 | CPT | | | | outpatient | | | 389 | 80.45 | First Health | First Health | 272.3 | 70 | | | 25 | 369.55 | percent of total billed charges | |
| HC SPEECH AUDIOMETRY THRESHOLD | 92555 | CPT | | | | outpatient | | | 389 | 80.45 | First Trenton | First Trenton | 350.1 | 90 | | | 25 | 369.55 | percent of total billed charges | |
| HC SPEECH AUDIOMETRY THRESHOLD | 92555 | CPT | | | | outpatient | | | 389 | 80.45 | Multiplan | Multiplan | 311.2 | 80 | | | 25 | 369.55 | percent of total billed charges | |
| HC SPEECH AUDIOMETRY THRESHOLD | 92555 | CPT | | | | outpatient | | | 389 | 80.45 | Horizon | Medicare Blue | 69.96 | | | 17.35 | 25 | 369.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPEECH AUDIOMETRY THRESHOLD | 92555 | CPT | | | | outpatient | | | 389 | 80.45 | WellPoint | WellPoint | 125.18 | 32.18 | | 50.78 | 25 | 369.55 | percent of total billed charges | |
| HC SPEECH AUDIOMETRY THRESHOLD | 92555 | CPT | | | | outpatient | | | 389 | 80.45 | Horizon | MGD | 135.37 | | | 83.26 | 25 | 369.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPEECH AUDIOMETRY THRESHOLD | 92555 | CPT | | | | outpatient | | | 389 | 80.45 | Corrections | Corrections | 311.2 | 80 | | | 25 | 369.55 | percent of total billed charges | |
| HC SPEECH AUDIOMETRY THRESHOLD | 92555 | CPT | | | | outpatient | | | 389 | 80.45 | Three Rivers | Three Rivers | 369.55 | 95 | | | 25 | 369.55 | percent of total billed charges | |
| HC SPEECH AUDIOMETRY THRESHOLD | 92555 | CPT | | | | outpatient | | | 389 | 80.45 | Qualcare | Qualcare | 291.75 | 75 | | | 25 | 369.55 | percent of total billed charges | |
| HC SPEECH AUDIOMETRY THRESHOLD | 92555 | CPT | | | | outpatient | | | 389 | 80.45 | Wellcare | Medicare | 69.96 | | | | 25 | 369.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPEECH AUDIOMETRY THRESHOLD | 92555 | CPT | | | | outpatient | | | 389 | 80.45 | Managed Care Inc | Managed Care Inc | 350.1 | 90 | | | 25 | 369.55 | percent of total billed charges | |
| HC SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNU | 92556 | CPT | | | | outpatient | | | 408 | 80.45 | Consumer | Consumer | 387.6 | 95 | | | 25 | 387.6 | percent of total billed charges | |
| HC SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNU | 92556 | CPT | | | | outpatient | | | 408 | 80.45 | Horizon | Medicare Blue | 69.96 | | | | 25 | 387.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNU | 92556 | CPT | | | | outpatient | | | 408 | 80.45 | Qualcare | Qualcare | 306 | 75 | | | 25 | 387.6 | percent of total billed charges | |
| HC SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNU | 92556 | CPT | | | | outpatient | | | 408 | 80.45 | Aetna | Better Health | 128.72 | 31.55 | | 98.27 | 25 | 387.6 | percent of total billed charges | |
| HC SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNU | 92556 | CPT | | | | outpatient | | | 408 | 80.45 | First Health | First Health | 285.6 | 70 | | | 25 | 387.6 | percent of total billed charges | |
| HC SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNU | 92556 | CPT | | | | outpatient | | | 408 | 80.45 | Horizon | Indemnity | 135.37 | | | 87.97 | 25 | 387.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNU | 92556 | CPT | | | | outpatient | | | 408 | 80.45 | First Trenton | First Trenton | 367.2 | 90 | | | 25 | 387.6 | percent of total billed charges | |
| HC SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNU | 92556 | CPT | | | | outpatient | | | 408 | 80.45 | Aetna | Medicare | 69.96 | | | 25.17 | 25 | 387.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNU | 92556 | CPT | | | | outpatient | | | 408 | 80.45 | Corrections | Corrections | 326.4 | 80 | | | 25 | 387.6 | percent of total billed charges | |
| HC SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNU | 92556 | CPT | | | | outpatient | | | 408 | 80.45 | Horizon | NJ Health | 156.6 | | | 68.56 | 25 | 387.6 | fee schedule | |
| HC SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNU | 92556 | CPT | | | | outpatient | | | 408 | 80.45 | Horizon | PPO | 135.37 | | | 49.38 | 25 | 387.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNU | 92556 | CPT | | | | outpatient | | | 408 | 80.45 | Americare | Americare | 306 | 75 | | | 25 | 387.6 | percent of total billed charges | |
| HC SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNU | 92556 | CPT | | | | outpatient | | | 408 | 80.45 | Multiplan | Multiplan | 326.4 | 80 | | | 25 | 387.6 | percent of total billed charges | |
| HC SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNU | 92556 | CPT | | | | outpatient | | | 408 | 80.45 | UHC | Medicaid | 128.72 | 31.55 | | 61.18 | 25 | 387.6 | percent of total billed charges | |
| HC SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNU | 92556 | CPT | | | | outpatient | | | 408 | 80.45 | Managed Care Inc | Managed Care Inc | 367.2 | 90 | | | 25 | 387.6 | percent of total billed charges | |
| HC SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNU | 92556 | CPT | | | | outpatient | | | 408 | 80.45 | Amerihealth | HMO/PPO | 25 | | | | 25 | 387.6 | fee schedule | |
| HC SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNU | 92556 | CPT | | | | outpatient | | | 408 | 80.45 | Three Rivers | Three Rivers | 387.6 | 95 | | | 25 | 387.6 | percent of total billed charges | |
| HC SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNU | 92556 | CPT | | | | outpatient | | | 408 | 80.45 | Horizon | MGD | 135.37 | | | | 25 | 387.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNU | 92556 | CPT | | | | outpatient | | | 408 | 80.45 | UHC | Medicare | 69.96 | | | 37.56 | 25 | 387.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNU | 92556 | CPT | | | | outpatient | | | 408 | 80.45 | Wellcare | Medicare | 69.96 | | | | 25 | 387.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNU | 92556 | CPT | | | | outpatient | | | 408 | 80.45 | Wellcare | Medicaid | 128.72 | 31.55 | | 77.55 | 25 | 387.6 | percent of total billed charges | |
| HC SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNU | 92556 | CPT | | | | outpatient | | | 408 | 80.45 | WellPoint | WellPoint | 131.29 | 32.18 | | 59.57 | 25 | 387.6 | percent of total billed charges | |
| HC COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNU | 92557 | CPT | | | | outpatient | | | 532 | 205.45 | Americare | Americare | 399 | 75 | | | 65 | 505.4 | percent of total billed charges | |
| HC COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNU | 92557 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | NJ Health | 323.64 | | | 196.61 | 65 | 505.4 | fee schedule | |
| HC COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNU | 92557 | CPT | | | | outpatient | | | 532 | 205.45 | Aetna | Better Health | 167.85 | 31.55 | | 143.13 | 65 | 505.4 | percent of total billed charges | |
| HC COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNU | 92557 | CPT | | | | outpatient | | | 532 | 205.45 | UHC | Medicare | 178.65 | | | 99.76 | 65 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNU | 92557 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | Indemnity | 345.69 | | | 164.62 | 65 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNU | 92557 | CPT | | | | outpatient | | | 532 | 205.45 | Amerihealth | HMO/PPO | 65 | | | 111.71 | 65 | 505.4 | fee schedule | |
| HC COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNU | 92557 | CPT | | | | outpatient | | | 532 | 205.45 | Aetna | Medicare | 178.65 | | | 64.88 | 65 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNU | 92557 | CPT | | | | outpatient | | | 532 | 205.45 | First Health | First Health | 372.4 | 70 | | | 65 | 505.4 | percent of total billed charges | |
| HC COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNU | 92557 | CPT | | | | outpatient | | | 532 | 205.45 | Consumer | Consumer | 505.4 | 95 | | | 65 | 505.4 | percent of total billed charges | |
| HC COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNU | 92557 | CPT | | | | outpatient | | | 532 | 205.45 | Wellcare | Medicare | 178.65 | | | 70.94 | 65 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNU | 92557 | CPT | | | | outpatient | | | 532 | 205.45 | Multiplan | Multiplan | 425.6 | 80 | | | 65 | 505.4 | percent of total billed charges | |
| HC COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNU | 92557 | CPT | | | | outpatient | | | 532 | 205.45 | Corrections | Corrections | 425.6 | 80 | | 163.44 | 65 | 505.4 | percent of total billed charges | |
| HC COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNU | 92557 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | Medicare Blue | 178.65 | | | 98.34 | 65 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNU | 92557 | CPT | | | | outpatient | | | 532 | 205.45 | First Trenton | First Trenton | 478.8 | 90 | | | 65 | 505.4 | percent of total billed charges | |
| HC COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNU | 92557 | CPT | | | | outpatient | | | 532 | 205.45 | Qualcare | Qualcare | 399 | 75 | | | 65 | 505.4 | percent of total billed charges | |
| HC COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNU | 92557 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | MGD | 345.69 | | | 172.95 | 65 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNU | 92557 | CPT | | | | outpatient | | | 532 | 205.45 | WellPoint | WellPoint | 171.2 | 32.18 | | 152.1 | 65 | 505.4 | percent of total billed charges | |
| HC COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNU | 92557 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | PPO | 345.69 | | | 170.3 | 65 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNU | 92557 | CPT | | | | outpatient | | | 532 | 205.45 | Managed Care Inc | Managed Care Inc | 478.8 | 90 | | | 65 | 505.4 | percent of total billed charges | |
| HC COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNU | 92557 | CPT | | | | outpatient | | | 532 | 205.45 | Three Rivers | Three Rivers | 505.4 | 95 | | | 65 | 505.4 | percent of total billed charges | |
| HC COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNU | 92557 | CPT | | | | outpatient | | | 532 | 205.45 | UHC | Medicaid | 167.85 | 31.55 | | 155.73 | 65 | 505.4 | percent of total billed charges | |
| HC COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNU | 92557 | CPT | | | | outpatient | | | 532 | 205.45 | Wellcare | Medicaid | 167.85 | 31.55 | | 154.72 | 65 | 505.4 | percent of total billed charges | |
| HC TONE DECAY TEST | 92563 | CPT | | | | outpatient | | | 332 | 52.74 | Aetna | Medicare | 45.86 | | | | 10.96 | 315.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TONE DECAY TEST | 92563 | CPT | | | | outpatient | | | 332 | 52.74 | Corrections | Corrections | 265.6 | 80 | | | 10.96 | 315.4 | percent of total billed charges | |
| HC TONE DECAY TEST | 92563 | CPT | | | | outpatient | | | 332 | 52.74 | Horizon | Medicare Blue | 45.86 | | | | 10.96 | 315.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TONE DECAY TEST | 92563 | CPT | | | | outpatient | | | 332 | 52.74 | Amerihealth | HMO/PPO | 25 | | | | 10.96 | 315.4 | fee schedule | |
| HC TONE DECAY TEST | 92563 | CPT | | | | outpatient | | | 332 | 52.74 | Aetna | Better Health | 104.75 | 31.55 | | | 10.96 | 315.4 | percent of total billed charges | |
| HC TONE DECAY TEST | 92563 | CPT | | | | outpatient | | | 332 | 52.74 | First Health | First Health | 232.4 | 70 | | | 10.96 | 315.4 | percent of total billed charges | |
| HC TONE DECAY TEST | 92563 | CPT | | | | outpatient | | | 332 | 52.74 | UHC | Medicare | 45.86 | | | | 10.96 | 315.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TONE DECAY TEST | 92563 | CPT | | | | outpatient | | | 332 | 52.74 | First Trenton | First Trenton | 298.8 | 90 | | | 10.96 | 315.4 | percent of total billed charges | |
| HC TONE DECAY TEST | 92563 | CPT | | | | outpatient | | | 332 | 52.74 | Horizon | MGD | 88.74 | | | | 10.96 | 315.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TONE DECAY TEST | 92563 | CPT | | | | outpatient | | | 332 | 52.74 | Horizon | Indemnity | 88.74 | | | | 10.96 | 315.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TONE DECAY TEST | 92563 | CPT | | | | outpatient | | | 332 | 52.74 | Americare | Americare | 249 | 75 | | | 10.96 | 315.4 | percent of total billed charges | |
| HC TONE DECAY TEST | 92563 | CPT | | | | outpatient | | | 332 | 52.74 | Wellcare | Medicaid | 104.75 | 31.55 | | | 10.96 | 315.4 | percent of total billed charges | |
| HC TONE DECAY TEST | 92563 | CPT | | | | outpatient | | | 332 | 52.74 | Consumer | Consumer | 315.4 | 95 | | | 10.96 | 315.4 | percent of total billed charges | |
| HC TONE DECAY TEST | 92563 | CPT | | | | outpatient | | | 332 | 52.74 | Multiplan | Multiplan | 265.6 | 80 | | | 10.96 | 315.4 | percent of total billed charges | |
| HC TONE DECAY TEST | 92563 | CPT | | | | outpatient | | | 332 | 52.74 | Horizon | NJ Health | 10.96 | | | | 10.96 | 315.4 | fee schedule | |
| HC TONE DECAY TEST | 92563 | CPT | | | | outpatient | | | 332 | 52.74 | Horizon | PPO | 88.74 | | | | 10.96 | 315.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TONE DECAY TEST | 92563 | CPT | | | | outpatient | | | 332 | 52.74 | Managed Care Inc | Managed Care Inc | 298.8 | 90 | | | 10.96 | 315.4 | percent of total billed charges | |
| HC TONE DECAY TEST | 92563 | CPT | | | | outpatient | | | 332 | 52.74 | Qualcare | Qualcare | 249 | 75 | | | 10.96 | 315.4 | percent of total billed charges | |
| HC TONE DECAY TEST | 92563 | CPT | | | | outpatient | | | 332 | 52.74 | Three Rivers | Three Rivers | 315.4 | 95 | | | 10.96 | 315.4 | percent of total billed charges | |
| HC TONE DECAY TEST | 92563 | CPT | | | | outpatient | | | 332 | 52.74 | UHC | Medicaid | 104.75 | 31.55 | | | 10.96 | 315.4 | percent of total billed charges | |
| HC TONE DECAY TEST | 92563 | CPT | | | | outpatient | | | 332 | 52.74 | Wellcare | Medicare | 45.86 | | | | 10.96 | 315.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TONE DECAY TEST | 92563 | CPT | | | | outpatient | | | 332 | 52.74 | WellPoint | WellPoint | 106.84 | 32.18 | | | 10.96 | 315.4 | percent of total billed charges | |
| HC STENGER TEST PURE TONE | 92565 | CPT | | | | both | | | 124 | 80.45 | Aetna | Medicare | 69.96 | | | | 25 | 135.37 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STENGER TEST PURE TONE | 92565 | CPT | | | | both | | | 124 | 80.45 | First Trenton | First Trenton | 111.6 | 90 | | | 25 | 135.37 | percent of total billed charges | |
| HC STENGER TEST PURE TONE | 92565 | CPT | | | | both | | | 124 | 80.45 | Aetna | Better Health | 39.12 | 31.55 | | | 25 | 135.37 | percent of total billed charges | |
| HC STENGER TEST PURE TONE | 92565 | CPT | | | | both | | | 124 | 80.45 | Consumer | Consumer | 117.8 | 95 | | | 25 | 135.37 | percent of total billed charges | |
| HC STENGER TEST PURE TONE | 92565 | CPT | | | | both | | | 124 | 80.45 | Americare | Americare | 93 | 75 | | | 25 | 135.37 | percent of total billed charges | |
| HC STENGER TEST PURE TONE | 92565 | CPT | | | | both | | | 124 | 80.45 | UHC | Medicare | 69.96 | | | 24.13 | 25 | 135.37 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STENGER TEST PURE TONE | 92565 | CPT | | | | both | | | 124 | 80.45 | Horizon | MGD | 135.37 | | | 40.92 | 25 | 135.37 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STENGER TEST PURE TONE | 92565 | CPT | | | | both | | | 124 | 80.45 | Corrections | Corrections | 99.2 | 80 | | 38.45 | 25 | 135.37 | percent of total billed charges | |
| HC STENGER TEST PURE TONE | 92565 | CPT | | | | both | | | 124 | 80.45 | Amerihealth | HMO/PPO | 25 | | | | 25 | 135.37 | fee schedule | |
| HC STENGER TEST PURE TONE | 92565 | CPT | | | | both | | | 124 | 80.45 | Horizon | Medicare Blue | 69.96 | | | 36.22 | 25 | 135.37 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STENGER TEST PURE TONE | 92565 | CPT | | | | both | | | 124 | 80.45 | Horizon | PPO | 135.37 | | | | 25 | 135.37 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STENGER TEST PURE TONE | 92565 | CPT | | | | both | | | 124 | 80.45 | Horizon | Indemnity | 135.37 | | | 40.22 | 25 | 135.37 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STENGER TEST PURE TONE | 92565 | CPT | | | | both | | | 124 | 80.45 | Managed Care Inc | Managed Care Inc | 111.6 | 90 | | | 25 | 135.37 | percent of total billed charges | |
| HC STENGER TEST PURE TONE | 92565 | CPT | | | | both | | | 124 | 80.45 | First Health | First Health | 86.8 | 70 | | | 25 | 135.37 | percent of total billed charges | |
| HC STENGER TEST PURE TONE | 92565 | CPT | | | | both | | | 124 | 80.45 | UHC | Medicaid | 39.12 | 31.55 | | 44.86 | 25 | 135.37 | percent of total billed charges | |
| HC STENGER TEST PURE TONE | 92565 | CPT | | | | both | | | 124 | 80.45 | Three Rivers | Three Rivers | 117.8 | 95 | | | 25 | 135.37 | percent of total billed charges | |
| HC STENGER TEST PURE TONE | 92565 | CPT | | | | both | | | 124 | 80.45 | WellPoint | WellPoint | 39.9 | 32.18 | | | 25 | 135.37 | percent of total billed charges | |
| HC STENGER TEST PURE TONE | 92565 | CPT | | | | both | | | 124 | 80.45 | Horizon | NJ Health | 133.11 | | | 42.45 | 25 | 135.37 | fee schedule | |
| HC STENGER TEST PURE TONE | 92565 | CPT | | | | both | | | 124 | 80.45 | Wellcare | Medicaid | 39.12 | 31.55 | | | 25 | 135.37 | percent of total billed charges | |
| HC STENGER TEST PURE TONE | 92565 | CPT | | | | both | | | 124 | 80.45 | Multiplan | Multiplan | 99.2 | 80 | | | 25 | 135.37 | percent of total billed charges | |
| HC STENGER TEST PURE TONE | 92565 | CPT | | | | both | | | 124 | 80.45 | Qualcare | Qualcare | 93 | 75 | | | 25 | 135.37 | percent of total billed charges | |
| HC STENGER TEST PURE TONE | 92565 | CPT | | | | both | | | 124 | 80.45 | Wellcare | Medicare | 69.96 | | | | 25 | 135.37 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TYMPANOMETRY | 92567 | CPT | | | | both | | | 408 | 52.74 | UHC | Medicaid | 128.72 | 31.55 | | 43.85 | 25 | 387.6 | percent of total billed charges | |
| HC TYMPANOMETRY | 92567 | CPT | | | | both | | | 408 | 52.74 | Aetna | Medicare | 45.86 | | | 33.2 | 25 | 387.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TYMPANOMETRY | 92567 | CPT | | | | both | | | 408 | 52.74 | Amerihealth | HMO/PPO | 25 | | | 28.19 | 25 | 387.6 | fee schedule | |
| HC TYMPANOMETRY | 92567 | CPT | | | | both | | | 408 | 52.74 | First Health | First Health | 285.6 | 70 | | | 25 | 387.6 | percent of total billed charges | |
| HC TYMPANOMETRY | 92567 | CPT | | | | both | | | 408 | 52.74 | Aetna | Better Health | 128.72 | 31.55 | | 40.17 | 25 | 387.6 | percent of total billed charges | |
| HC TYMPANOMETRY | 92567 | CPT | | | | both | | | 408 | 52.74 | Corrections | Corrections | 326.4 | 80 | | 38.45 | 25 | 387.6 | percent of total billed charges | |
| HC TYMPANOMETRY | 92567 | CPT | | | | both | | | 408 | 52.74 | First Trenton | First Trenton | 367.2 | 90 | | | 25 | 387.6 | percent of total billed charges | |
| HC TYMPANOMETRY | 92567 | CPT | | | | both | | | 408 | 52.74 | Consumer | Consumer | 387.6 | 95 | | | 25 | 387.6 | percent of total billed charges | |
| HC TYMPANOMETRY | 92567 | CPT | | | | both | | | 408 | 52.74 | Wellcare | Medicare | 45.86 | | | 25.6 | 25 | 387.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TYMPANOMETRY | 92567 | CPT | | | | both | | | 408 | 52.74 | Horizon | Indemnity | 88.74 | | | 51.4 | 25 | 387.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TYMPANOMETRY | 92567 | CPT | | | | both | | | 408 | 52.74 | Horizon | Medicare Blue | 45.86 | | | 31.59 | 25 | 387.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TYMPANOMETRY | 92567 | CPT | | | | both | | | 408 | 52.74 | Horizon | NJ Health | 109.62 | | | 51.87 | 25 | 387.6 | fee schedule | |
| HC TYMPANOMETRY | 92567 | CPT | | | | both | | | 408 | 52.74 | Americare | Americare | 306 | 75 | | | 25 | 387.6 | percent of total billed charges | |
| HC TYMPANOMETRY | 92567 | CPT | | | | both | | | 408 | 52.74 | Horizon | PPO | 88.74 | | | 64.75 | 25 | 387.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC TYMPANOMETRY | 92567 | CPT | | | | both | | | 408 | 52.74 | Horizon | MGD | 88.74 | | | 52.03 | 25 | 387.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TYMPANOMETRY | 92567 | CPT | | | | both | | | 408 | 52.74 | Multiplan | Multiplan | 326.4 | 80 | | | 25 | 387.6 | percent of total billed charges | |
| HC TYMPANOMETRY | 92567 | CPT | | | | both | | | 408 | 52.74 | WellPoint | WellPoint | 131.29 | 32.18 | | 42.96 | 25 | 387.6 | percent of total billed charges | |
| HC TYMPANOMETRY | 92567 | CPT | | | | both | | | 408 | 52.74 | Qualcare | Qualcare | 306 | 75 | | | 25 | 387.6 | percent of total billed charges | |
| HC TYMPANOMETRY | 92567 | CPT | | | | both | | | 408 | 52.74 | Managed Care Inc | Managed Care Inc | 367.2 | 90 | | | 25 | 387.6 | percent of total billed charges | |
| HC TYMPANOMETRY | 92567 | CPT | | | | both | | | 408 | 52.74 | Wellcare | Medicaid | 128.72 | 31.55 | | 48.82 | 25 | 387.6 | percent of total billed charges | |
| HC TYMPANOMETRY | 92567 | CPT | | | | both | | | 408 | 52.74 | UHC | Medicare | 45.86 | | | 26.87 | 25 | 387.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TYMPANOMETRY | 92567 | CPT | | | | both | | | 408 | 52.74 | Three Rivers | Three Rivers | 387.6 | 95 | | | 25 | 387.6 | percent of total billed charges | |
| HC ACOUSTIC REFLEX THRESHOLD | 92568 | CPT | | | | outpatient | | | 408 | 52.74 | Aetna | Better Health | 128.72 | 31.55 | | | 25 | 387.6 | percent of total billed charges | |
| HC ACOUSTIC REFLEX THRESHOLD | 92568 | CPT | | | | outpatient | | | 408 | 52.74 | Horizon | NJ Health | 122.67 | | | 81.96 | 25 | 387.6 | fee schedule | |
| HC ACOUSTIC REFLEX THRESHOLD | 92568 | CPT | | | | outpatient | | | 408 | 52.74 | Corrections | Corrections | 326.4 | 80 | | | 25 | 387.6 | percent of total billed charges | |
| HC ACOUSTIC REFLEX THRESHOLD | 92568 | CPT | | | | outpatient | | | 408 | 52.74 | Aetna | Medicare | 45.86 | | | | 25 | 387.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ACOUSTIC REFLEX THRESHOLD | 92568 | CPT | | | | outpatient | | | 408 | 52.74 | Horizon | Medicare Blue | 45.86 | | | | 25 | 387.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ACOUSTIC REFLEX THRESHOLD | 92568 | CPT | | | | outpatient | | | 408 | 52.74 | Americare | Americare | 306 | 75 | | | 25 | 387.6 | percent of total billed charges | |
| HC ACOUSTIC REFLEX THRESHOLD | 92568 | CPT | | | | outpatient | | | 408 | 52.74 | First Trenton | First Trenton | 367.2 | 90 | | | 25 | 387.6 | percent of total billed charges | |
| HC ACOUSTIC REFLEX THRESHOLD | 92568 | CPT | | | | outpatient | | | 408 | 52.74 | Multiplan | Multiplan | 326.4 | 80 | | | 25 | 387.6 | percent of total billed charges | |
| HC ACOUSTIC REFLEX THRESHOLD | 92568 | CPT | | | | outpatient | | | 408 | 52.74 | Amerihealth | HMO/PPO | 25 | | | | 25 | 387.6 | fee schedule | |
| HC ACOUSTIC REFLEX THRESHOLD | 92568 | CPT | | | | outpatient | | | 408 | 52.74 | Horizon | MGD | 88.74 | | | | 25 | 387.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ACOUSTIC REFLEX THRESHOLD | 92568 | CPT | | | | outpatient | | | 408 | 52.74 | Horizon | Indemnity | 88.74 | | | | 25 | 387.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ACOUSTIC REFLEX THRESHOLD | 92568 | CPT | | | | outpatient | | | 408 | 52.74 | Consumer | Consumer | 387.6 | 95 | | | 25 | 387.6 | percent of total billed charges | |
| HC ACOUSTIC REFLEX THRESHOLD | 92568 | CPT | | | | outpatient | | | 408 | 52.74 | UHC | Medicare | 45.86 | | | | 25 | 387.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ACOUSTIC REFLEX THRESHOLD | 92568 | CPT | | | | outpatient | | | 408 | 52.74 | UHC | Medicaid | 128.72 | 31.55 | | | 25 | 387.6 | percent of total billed charges | |
| HC ACOUSTIC REFLEX THRESHOLD | 92568 | CPT | | | | outpatient | | | 408 | 52.74 | Managed Care Inc | Managed Care Inc | 367.2 | 90 | | | 25 | 387.6 | percent of total billed charges | |
| HC ACOUSTIC REFLEX THRESHOLD | 92568 | CPT | | | | outpatient | | | 408 | 52.74 | Qualcare | Qualcare | 306 | 75 | | | 25 | 387.6 | percent of total billed charges | |
| HC ACOUSTIC REFLEX THRESHOLD | 92568 | CPT | | | | outpatient | | | 408 | 52.74 | Wellcare | Medicaid | 128.72 | 31.55 | | | 25 | 387.6 | percent of total billed charges | |
| HC ACOUSTIC REFLEX THRESHOLD | 92568 | CPT | | | | outpatient | | | 408 | 52.74 | First Health | First Health | 285.6 | 70 | | | 25 | 387.6 | percent of total billed charges | |
| HC ACOUSTIC REFLEX THRESHOLD | 92568 | CPT | | | | outpatient | | | 408 | 52.74 | Horizon | PPO | 88.74 | | | | 25 | 387.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ACOUSTIC REFLEX THRESHOLD | 92568 | CPT | | | | outpatient | | | 408 | 52.74 | Wellcare | Medicare | 45.86 | | | | 25 | 387.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ACOUSTIC REFLEX THRESHOLD | 92568 | CPT | | | | outpatient | | | 408 | 52.74 | Three Rivers | Three Rivers | 387.6 | 95 | | | 25 | 387.6 | percent of total billed charges | |
| HC ACOUSTIC REFLEX THRESHOLD | 92568 | CPT | | | | outpatient | | | 408 | 52.74 | WellPoint | WellPoint | 131.29 | 32.18 | | | 25 | 387.6 | percent of total billed charges | |
| HC ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY | 92570 | CPT | | | | outpatient | | | 532 | 205.45 | First Trenton | First Trenton | 478.8 | 90 | | | 25 | 505.4 | percent of total billed charges | |
| HC ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY | 92570 | CPT | | | | outpatient | | | 532 | 205.45 | Amerihealth | HMO/PPO | 25 | | | | 25 | 505.4 | fee schedule | |
| HC ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY | 92570 | CPT | | | | outpatient | | | 532 | 205.45 | Consumer | Consumer | 505.4 | 95 | | | 25 | 505.4 | percent of total billed charges | |
| HC ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY | 92570 | CPT | | | | outpatient | | | 532 | 205.45 | Aetna | Better Health | 167.85 | 31.55 | | | 25 | 505.4 | percent of total billed charges | |
| HC ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY | 92570 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | Indemnity | 345.69 | | | 111.03 | 25 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY | 92570 | CPT | | | | outpatient | | | 532 | 205.45 | First Health | First Health | 372.4 | 70 | | | 25 | 505.4 | percent of total billed charges | |
| HC ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY | 92570 | CPT | | | | outpatient | | | 532 | 205.45 | Aetna | Medicare | 178.65 | | | | 25 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY | 92570 | CPT | | | | outpatient | | | 532 | 205.45 | Corrections | Corrections | 425.6 | 80 | | | 25 | 505.4 | percent of total billed charges | |
| HC ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY | 92570 | CPT | | | | outpatient | | | 532 | 205.45 | Managed Care Inc | Managed Care Inc | 478.8 | 90 | | | 25 | 505.4 | percent of total billed charges | |
| HC ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY | 92570 | CPT | | | | outpatient | | | 532 | 205.45 | Wellcare | Medicare | 178.65 | | | | 25 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY | 92570 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | NJ Health | 46.33 | | | | 25 | 505.4 | fee schedule | |
| HC ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY | 92570 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | PPO | 345.69 | | | 123.94 | 25 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY | 92570 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | MGD | 345.69 | | | 163.04 | 25 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY | 92570 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | Medicare Blue | 178.65 | | | | 25 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY | 92570 | CPT | | | | outpatient | | | 532 | 205.45 | Americare | Americare | 399 | 75 | | | 25 | 505.4 | percent of total billed charges | |
| HC ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY | 92570 | CPT | | | | outpatient | | | 532 | 205.45 | Wellcare | Medicaid | 167.85 | 31.55 | | 151.03 | 25 | 505.4 | percent of total billed charges | |
| HC ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY | 92570 | CPT | | | | outpatient | | | 532 | 205.45 | UHC | Medicaid | 167.85 | 31.55 | | 167.85 | 25 | 505.4 | percent of total billed charges | |
| HC ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY | 92570 | CPT | | | | outpatient | | | 532 | 205.45 | WellPoint | WellPoint | 171.2 | 32.18 | | | 25 | 505.4 | percent of total billed charges | |
| HC ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY | 92570 | CPT | | | | outpatient | | | 532 | 205.45 | UHC | Medicare | 178.65 | | | 89.31 | 25 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY | 92570 | CPT | | | | outpatient | | | 532 | 205.45 | Multiplan | Multiplan | 425.6 | 80 | | | 25 | 505.4 | percent of total billed charges | |
| HC ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY | 92570 | CPT | | | | outpatient | | | 532 | 205.45 | Qualcare | Qualcare | 399 | 75 | | | 25 | 505.4 | percent of total billed charges | |
| HC ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY | 92570 | CPT | | | | outpatient | | | 532 | 205.45 | Three Rivers | Three Rivers | 505.4 | 95 | | | 25 | 505.4 | percent of total billed charges | |
| HC FILTERED SPEECH TEST | 92571 | CPT | | | | outpatient | | | 124 | 52.74 | Amerihealth | HMO/PPO | 25 | | | | 25 | 117.8 | fee schedule | |
| HC FILTERED SPEECH TEST | 92571 | CPT | | | | outpatient | | | 124 | 52.74 | First Trenton | First Trenton | 111.6 | 90 | | | 25 | 117.8 | percent of total billed charges | |
| HC FILTERED SPEECH TEST | 92571 | CPT | | | | outpatient | | | 124 | 52.74 | Aetna | Better Health | 39.12 | 31.55 | | | 25 | 117.8 | percent of total billed charges | |
| HC FILTERED SPEECH TEST | 92571 | CPT | | | | outpatient | | | 124 | 52.74 | Americare | Americare | 93 | 75 | | | 25 | 117.8 | percent of total billed charges | |
| HC FILTERED SPEECH TEST | 92571 | CPT | | | | outpatient | | | 124 | 52.74 | First Health | First Health | 86.8 | 70 | | | 25 | 117.8 | percent of total billed charges | |
| HC FILTERED SPEECH TEST | 92571 | CPT | | | | outpatient | | | 124 | 52.74 | Corrections | Corrections | 99.2 | 80 | | | 25 | 117.8 | percent of total billed charges | |
| HC FILTERED SPEECH TEST | 92571 | CPT | | | | outpatient | | | 124 | 52.74 | Horizon | Medicare Blue | 45.86 | | | | 25 | 117.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FILTERED SPEECH TEST | 92571 | CPT | | | | outpatient | | | 124 | 52.74 | Aetna | Medicare | 45.86 | | | | 25 | 117.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FILTERED SPEECH TEST | 92571 | CPT | | | | outpatient | | | 124 | 52.74 | Horizon | Indemnity | 88.74 | | | | 25 | 117.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FILTERED SPEECH TEST | 92571 | CPT | | | | outpatient | | | 124 | 52.74 | Horizon | NJ Health | 99.18 | | | | 25 | 117.8 | fee schedule | |
| HC FILTERED SPEECH TEST | 92571 | CPT | | | | outpatient | | | 124 | 52.74 | UHC | Medicare | 45.86 | | | | 25 | 117.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FILTERED SPEECH TEST | 92571 | CPT | | | | outpatient | | | 124 | 52.74 | Consumer | Consumer | 117.8 | 95 | | | 25 | 117.8 | percent of total billed charges | |
| HC FILTERED SPEECH TEST | 92571 | CPT | | | | outpatient | | | 124 | 52.74 | UHC | Medicaid | 39.12 | 31.55 | | | 25 | 117.8 | percent of total billed charges | |
| HC FILTERED SPEECH TEST | 92571 | CPT | | | | outpatient | | | 124 | 52.74 | Horizon | PPO | 88.74 | | | | 25 | 117.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FILTERED SPEECH TEST | 92571 | CPT | | | | outpatient | | | 124 | 52.74 | Wellcare | Medicare | 45.86 | | | | 25 | 117.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FILTERED SPEECH TEST | 92571 | CPT | | | | outpatient | | | 124 | 52.74 | Horizon | MGD | 88.74 | | | | 25 | 117.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FILTERED SPEECH TEST | 92571 | CPT | | | | outpatient | | | 124 | 52.74 | Wellcare | Medicaid | 39.12 | 31.55 | | | 25 | 117.8 | percent of total billed charges | |
| HC FILTERED SPEECH TEST | 92571 | CPT | | | | outpatient | | | 124 | 52.74 | Managed Care Inc | Managed Care Inc | 111.6 | 90 | | | 25 | 117.8 | percent of total billed charges | |
| HC FILTERED SPEECH TEST | 92571 | CPT | | | | outpatient | | | 124 | 52.74 | Multiplan | Multiplan | 99.2 | 80 | | | 25 | 117.8 | percent of total billed charges | |
| HC FILTERED SPEECH TEST | 92571 | CPT | | | | outpatient | | | 124 | 52.74 | WellPoint | WellPoint | 39.9 | 32.18 | | | 25 | 117.8 | percent of total billed charges | |
| HC FILTERED SPEECH TEST | 92571 | CPT | | | | outpatient | | | 124 | 52.74 | Qualcare | Qualcare | 93 | 75 | | | 25 | 117.8 | percent of total billed charges | |
| HC FILTERED SPEECH TEST | 92571 | CPT | | | | outpatient | | | 124 | 52.74 | Three Rivers | Three Rivers | 117.8 | 95 | | | 25 | 117.8 | percent of total billed charges | |
| HC STAGGERED SPONDAIC WORD | 92572 | CPT | | | | outpatient | | | 532 | 205.45 | First Health | First Health | 372.4 | 70 | | | 25 | 505.4 | percent of total billed charges | |
| HC STAGGERED SPONDAIC WORD | 92572 | CPT | | | | outpatient | | | 532 | 205.45 | UHC | Medicare | 178.65 | | | | 25 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STAGGERED SPONDAIC WORD | 92572 | CPT | | | | outpatient | | | 532 | 205.45 | Consumer | Consumer | 505.4 | 95 | | | 25 | 505.4 | percent of total billed charges | |
| HC STAGGERED SPONDAIC WORD | 92572 | CPT | | | | outpatient | | | 532 | 205.45 | Americare | Americare | 399 | 75 | | | 25 | 505.4 | percent of total billed charges | |
| HC STAGGERED SPONDAIC WORD | 92572 | CPT | | | | outpatient | | | 532 | 205.45 | Multiplan | Multiplan | 425.6 | 80 | | | 25 | 505.4 | percent of total billed charges | |
| HC STAGGERED SPONDAIC WORD | 92572 | CPT | | | | outpatient | | | 532 | 205.45 | First Trenton | First Trenton | 478.8 | 90 | | | 25 | 505.4 | percent of total billed charges | |
| HC STAGGERED SPONDAIC WORD | 92572 | CPT | | | | outpatient | | | 532 | 205.45 | Aetna | Better Health | 167.85 | 31.55 | | | 25 | 505.4 | percent of total billed charges | |
| HC STAGGERED SPONDAIC WORD | 92572 | CPT | | | | outpatient | | | 532 | 205.45 | Aetna | Medicare | 178.65 | | | | 25 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STAGGERED SPONDAIC WORD | 92572 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | NJ Health | 167.04 | | | | 25 | 505.4 | fee schedule | |
| HC STAGGERED SPONDAIC WORD | 92572 | CPT | | | | outpatient | | | 532 | 205.45 | Wellcare | Medicare | 178.65 | | | | 25 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STAGGERED SPONDAIC WORD | 92572 | CPT | | | | outpatient | | | 532 | 205.45 | Corrections | Corrections | 425.6 | 80 | | | 25 | 505.4 | percent of total billed charges | |
| HC STAGGERED SPONDAIC WORD | 92572 | CPT | | | | outpatient | | | 532 | 205.45 | Amerihealth | HMO/PPO | 25 | | | | 25 | 505.4 | fee schedule | |
| HC STAGGERED SPONDAIC WORD | 92572 | CPT | | | | outpatient | | | 532 | 205.45 | Qualcare | Qualcare | 399 | 75 | | | 25 | 505.4 | percent of total billed charges | |
| HC STAGGERED SPONDAIC WORD | 92572 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | Indemnity | 345.69 | | | | 25 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STAGGERED SPONDAIC WORD | 92572 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | Medicare Blue | 178.65 | | | | 25 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STAGGERED SPONDAIC WORD | 92572 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | MGD | 345.69 | | | | 25 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STAGGERED SPONDAIC WORD | 92572 | CPT | | | | outpatient | | | 532 | 205.45 | Three Rivers | Three Rivers | 505.4 | 95 | | | 25 | 505.4 | percent of total billed charges | |
| HC STAGGERED SPONDAIC WORD | 92572 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | PPO | 345.69 | | | | 25 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STAGGERED SPONDAIC WORD | 92572 | CPT | | | | outpatient | | | 532 | 205.45 | UHC | Medicaid | 167.85 | 31.55 | | | 25 | 505.4 | percent of total billed charges | |
| HC STAGGERED SPONDAIC WORD | 92572 | CPT | | | | outpatient | | | 532 | 205.45 | Managed Care Inc | Managed Care Inc | 478.8 | 90 | | | 25 | 505.4 | percent of total billed charges | |
| HC STAGGERED SPONDAIC WORD | 92572 | CPT | | | | outpatient | | | 532 | 205.45 | Wellcare | Medicaid | 167.85 | 31.55 | | | 25 | 505.4 | percent of total billed charges | |
| HC STAGGERED SPONDAIC WORD | 92572 | CPT | | | | outpatient | | | 532 | 205.45 | WellPoint | WellPoint | 171.2 | 32.18 | | | 25 | 505.4 | percent of total billed charges | |
| HC SYNTHETIC SENTENCE IDENTIFICATION TEST | 92576 | CPT | | | | outpatient | | | 124 | 52.74 | Three Rivers | Three Rivers | 117.8 | 95 | | | 25 | 117.8 | percent of total billed charges | |
| HC SYNTHETIC SENTENCE IDENTIFICATION TEST | 92576 | CPT | | | | outpatient | | | 124 | 52.74 | Corrections | Corrections | 99.2 | 80 | | | 25 | 117.8 | percent of total billed charges | |
| HC SYNTHETIC SENTENCE IDENTIFICATION TEST | 92576 | CPT | | | | outpatient | | | 124 | 52.74 | Horizon | Medicare Blue | 45.86 | | | | 25 | 117.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SYNTHETIC SENTENCE IDENTIFICATION TEST | 92576 | CPT | | | | outpatient | | | 124 | 52.74 | Consumer | Consumer | 117.8 | 95 | | | 25 | 117.8 | percent of total billed charges | |
| HC SYNTHETIC SENTENCE IDENTIFICATION TEST | 92576 | CPT | | | | outpatient | | | 124 | 52.74 | Amerihealth | HMO/PPO | 25 | | | | 25 | 117.8 | fee schedule | |
| HC SYNTHETIC SENTENCE IDENTIFICATION TEST | 92576 | CPT | | | | outpatient | | | 124 | 52.74 | First Trenton | First Trenton | 111.6 | 90 | | | 25 | 117.8 | percent of total billed charges | |
| HC SYNTHETIC SENTENCE IDENTIFICATION TEST | 92576 | CPT | | | | outpatient | | | 124 | 52.74 | Aetna | Better Health | 39.12 | 31.55 | | | 25 | 117.8 | percent of total billed charges | |
| HC SYNTHETIC SENTENCE IDENTIFICATION TEST | 92576 | CPT | | | | outpatient | | | 124 | 52.74 | Aetna | Medicare | 45.86 | | | | 25 | 117.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SYNTHETIC SENTENCE IDENTIFICATION TEST | 92576 | CPT | | | | outpatient | | | 124 | 52.74 | UHC | Medicaid | 39.12 | 31.55 | | | 25 | 117.8 | percent of total billed charges | |
| HC SYNTHETIC SENTENCE IDENTIFICATION TEST | 92576 | CPT | | | | outpatient | | | 124 | 52.74 | Horizon | PPO | 88.74 | | | | 25 | 117.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SYNTHETIC SENTENCE IDENTIFICATION TEST | 92576 | CPT | | | | outpatient | | | 124 | 52.74 | First Health | First Health | 86.8 | 70 | | | 25 | 117.8 | percent of total billed charges | |
| HC SYNTHETIC SENTENCE IDENTIFICATION TEST | 92576 | CPT | | | | outpatient | | | 124 | 52.74 | Americare | Americare | 93 | 75 | | | 25 | 117.8 | percent of total billed charges | |
| HC SYNTHETIC SENTENCE IDENTIFICATION TEST | 92576 | CPT | | | | outpatient | | | 124 | 52.74 | UHC | Medicare | 45.86 | | | | 25 | 117.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SYNTHETIC SENTENCE IDENTIFICATION TEST | 92576 | CPT | | | | outpatient | | | 124 | 52.74 | Horizon | Indemnity | 88.74 | | | | 25 | 117.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SYNTHETIC SENTENCE IDENTIFICATION TEST | 92576 | CPT | | | | outpatient | | | 124 | 52.74 | Wellcare | Medicaid | 39.12 | 31.55 | | | 25 | 117.8 | percent of total billed charges | |
| HC SYNTHETIC SENTENCE IDENTIFICATION TEST | 92576 | CPT | | | | outpatient | | | 124 | 52.74 | Horizon | MGD | 88.74 | | | | 25 | 117.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SYNTHETIC SENTENCE IDENTIFICATION TEST | 92576 | CPT | | | | outpatient | | | 124 | 52.74 | Wellcare | Medicare | 45.86 | | | | 25 | 117.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SYNTHETIC SENTENCE IDENTIFICATION TEST | 92576 | CPT | | | | outpatient | | | 124 | 52.74 | WellPoint | WellPoint | 39.9 | 32.18 | | | 25 | 117.8 | percent of total billed charges | |
| HC SYNTHETIC SENTENCE IDENTIFICATION TEST | 92576 | CPT | | | | outpatient | | | 124 | 52.74 | Multiplan | Multiplan | 99.2 | 80 | | | 25 | 117.8 | percent of total billed charges | |
| HC SYNTHETIC SENTENCE IDENTIFICATION TEST | 92576 | CPT | | | | outpatient | | | 124 | 52.74 | Horizon | NJ Health | 96.57 | | | | 25 | 117.8 | fee schedule | |
| HC SYNTHETIC SENTENCE IDENTIFICATION TEST | 92576 | CPT | | | | outpatient | | | 124 | 52.74 | Qualcare | Qualcare | 93 | 75 | | | 25 | 117.8 | percent of total billed charges | |
| HC SYNTHETIC SENTENCE IDENTIFICATION TEST | 92576 | CPT | | | | outpatient | | | 124 | 52.74 | Managed Care Inc | Managed Care Inc | 111.6 | 90 | | | 25 | 117.8 | percent of total billed charges | |
| HC STENGER TEST SPEECH | 92577 | CPT | | | | outpatient | | | 1762 | 704.94 | Americare | Americare | 1321.5 | 75 | | | 18.27 | 1673.9 | percent of total billed charges | |
| HC STENGER TEST SPEECH | 92577 | CPT | | | | outpatient | | | 1762 | 704.94 | Aetna | Medicare | 612.99 | | | | 18.27 | 1673.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STENGER TEST SPEECH | 92577 | CPT | | | | outpatient | | | 1762 | 704.94 | UHC | Medicare | 612.99 | | | | 18.27 | 1673.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STENGER TEST SPEECH | 92577 | CPT | | | | outpatient | | | 1762 | 704.94 | First Health | First Health | 1233.4 | 70 | | | 18.27 | 1673.9 | percent of total billed charges | |
| HC STENGER TEST SPEECH | 92577 | CPT | | | | outpatient | | | 1762 | 704.94 | Consumer | Consumer | 1673.9 | 95 | | | 18.27 | 1673.9 | percent of total billed charges | |
| HC STENGER TEST SPEECH | 92577 | CPT | | | | outpatient | | | 1762 | 704.94 | Wellcare | Medicare | 612.99 | | | | 18.27 | 1673.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STENGER TEST SPEECH | 92577 | CPT | | | | outpatient | | | 1762 | 704.94 | Aetna | Better Health | 555.91 | 31.55 | | | 18.27 | 1673.9 | percent of total billed charges | |
| HC STENGER TEST SPEECH | 92577 | CPT | | | | outpatient | | | 1762 | 704.94 | Corrections | Corrections | 1409.6 | 80 | | | 18.27 | 1673.9 | percent of total billed charges | |
| HC STENGER TEST SPEECH | 92577 | CPT | | | | outpatient | | | 1762 | 704.94 | Horizon | Medicare Blue | 612.99 | | | 334.42 | 18.27 | 1673.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STENGER TEST SPEECH | 92577 | CPT | | | | outpatient | | | 1762 | 704.94 | Multiplan | Multiplan | 1409.6 | 80 | | | 18.27 | 1673.9 | percent of total billed charges | |
| HC STENGER TEST SPEECH | 92577 | CPT | | | | outpatient | | | 1762 | 704.94 | Amerihealth | HMO/PPO | 65 | | | | 18.27 | 1673.9 | fee schedule | |
| HC STENGER TEST SPEECH | 92577 | CPT | | | | outpatient | | | 1762 | 704.94 | Three Rivers | Three Rivers | 1673.9 | 95 | | | 18.27 | 1673.9 | percent of total billed charges | |
| HC STENGER TEST SPEECH | 92577 | CPT | | | | outpatient | | | 1762 | 704.94 | Horizon | MGD | 1186.14 | | | | 18.27 | 1673.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STENGER TEST SPEECH | 92577 | CPT | | | | outpatient | | | 1762 | 704.94 | Qualcare | Qualcare | 1321.5 | 75 | | | 18.27 | 1673.9 | percent of total billed charges | |
| HC STENGER TEST SPEECH | 92577 | CPT | | | | outpatient | | | 1762 | 704.94 | Wellcare | Medicaid | 555.91 | 31.55 | | | 18.27 | 1673.9 | percent of total billed charges | |
| HC STENGER TEST SPEECH | 92577 | CPT | | | | outpatient | | | 1762 | 704.94 | First Trenton | First Trenton | 1585.8 | 90 | | | 18.27 | 1673.9 | percent of total billed charges | |
| HC STENGER TEST SPEECH | 92577 | CPT | | | | outpatient | | | 1762 | 704.94 | UHC | Medicaid | 555.91 | 31.55 | | | 18.27 | 1673.9 | percent of total billed charges | |
| HC STENGER TEST SPEECH | 92577 | CPT | | | | outpatient | | | 1762 | 704.94 | Horizon | Indemnity | 1186.14 | | | | 18.27 | 1673.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STENGER TEST SPEECH | 92577 | CPT | | | | outpatient | | | 1762 | 704.94 | Horizon | NJ Health | 18.27 | | | | 18.27 | 1673.9 | fee schedule | |
| HC STENGER TEST SPEECH | 92577 | CPT | | | | outpatient | | | 1762 | 704.94 | Horizon | PPO | 1186.14 | | | | 18.27 | 1673.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STENGER TEST SPEECH | 92577 | CPT | | | | outpatient | | | 1762 | 704.94 | Managed Care Inc | Managed Care Inc | 1585.8 | 90 | | | 18.27 | 1673.9 | percent of total billed charges | |
| HC STENGER TEST SPEECH | 92577 | CPT | | | | outpatient | | | 1762 | 704.94 | WellPoint | WellPoint | 567.01 | 32.18 | | | 18.27 | 1673.9 | percent of total billed charges | |
| HC VISUAL REINFORCEMENT AUDIOMETRY | 92579 | CPT | | | | outpatient | | | 919 | 205.45 | Three Rivers | Three Rivers | 873.05 | 95 | | | 65 | 873.05 | percent of total billed charges | |
| HC VISUAL REINFORCEMENT AUDIOMETRY | 92579 | CPT | | | | outpatient | | | 919 | 205.45 | Horizon | MGD | 345.69 | | | 199.29 | 65 | 873.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VISUAL REINFORCEMENT AUDIOMETRY | 92579 | CPT | | | | outpatient | | | 919 | 205.45 | Aetna | Medicare | 178.65 | | | | 65 | 873.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VISUAL REINFORCEMENT AUDIOMETRY | 92579 | CPT | | | | outpatient | | | 919 | 205.45 | First Health | First Health | 643.3 | 70 | | | 65 | 873.05 | percent of total billed charges | |
| HC VISUAL REINFORCEMENT AUDIOMETRY | 92579 | CPT | | | | outpatient | | | 919 | 205.45 | Americare | Americare | 689.25 | 75 | | | 65 | 873.05 | percent of total billed charges | |
| HC VISUAL REINFORCEMENT AUDIOMETRY | 92579 | CPT | | | | outpatient | | | 919 | 205.45 | Corrections | Corrections | 736.2 | 80 | | | 65 | 873.05 | percent of total billed charges | |
| HC VISUAL REINFORCEMENT AUDIOMETRY | 92579 | CPT | | | | outpatient | | | 919 | 205.45 | Aetna | Better Health | 289.94 | 31.55 | | 152.4 | 65 | 873.05 | percent of total billed charges | |
| HC VISUAL REINFORCEMENT AUDIOMETRY | 92579 | CPT | | | | outpatient | | | 919 | 205.45 | Consumer | Consumer | 873.05 | 95 | | | 65 | 873.05 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC VISUAL REINFORCEMENT AUDIOMETRY | 92579 | CPT | | | | outpatient | | | 919 | 205.45 | Amerihealth | HMO/PPO | 65 | | | | 65 | 873.05 | fee schedule | |
| HC VISUAL REINFORCEMENT AUDIOMETRY | 92579 | CPT | | | | outpatient | | | 919 | 205.45 | Horizon | NJ Health | 276.66 | | | 153.67 | 65 | 873.05 | fee schedule | |
| HC VISUAL REINFORCEMENT AUDIOMETRY | 92579 | CPT | | | | outpatient | | | 919 | 205.45 | Horizon | Indemnity | 345.69 | | | 233.18 | 65 | 873.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VISUAL REINFORCEMENT AUDIOMETRY | 92579 | CPT | | | | outpatient | | | 919 | 205.45 | Horizon | Medicare Blue | 178.65 | | | | 65 | 873.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VISUAL REINFORCEMENT AUDIOMETRY | 92579 | CPT | | | | outpatient | | | 919 | 205.45 | UHC | Medicare | 178.65 | | | | 65 | 873.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VISUAL REINFORCEMENT AUDIOMETRY | 92579 | CPT | | | | outpatient | | | 919 | 205.45 | First Trenton | First Trenton | 827.1 | 90 | | | 65 | 873.05 | percent of total billed charges | |
| HC VISUAL REINFORCEMENT AUDIOMETRY | 92579 | CPT | | | | outpatient | | | 919 | 205.45 | WellPoint | WellPoint | 295.73 | 32.18 | | 159.83 | 65 | 873.05 | percent of total billed charges | |
| HC VISUAL REINFORCEMENT AUDIOMETRY | 92579 | CPT | | | | outpatient | | | 919 | 205.45 | Horizon | PPO | 345.69 | | | 193.81 | 65 | 873.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VISUAL REINFORCEMENT AUDIOMETRY | 92579 | CPT | | | | outpatient | | | 919 | 205.45 | Managed Care Inc | Managed Care Inc | 827.1 | 90 | | | 65 | 873.05 | percent of total billed charges | |
| HC VISUAL REINFORCEMENT AUDIOMETRY | 92579 | CPT | | | | outpatient | | | 919 | 205.45 | Multiplan | Multiplan | 735.2 | 80 | | | 65 | 873.05 | percent of total billed charges | |
| HC VISUAL REINFORCEMENT AUDIOMETRY | 92579 | CPT | | | | outpatient | | | 919 | 205.45 | Wellcare | Medicare | 178.65 | | | | 65 | 873.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VISUAL REINFORCEMENT AUDIOMETRY | 92579 | CPT | | | | outpatient | | | 919 | 205.45 | Qualcare | Qualcare | 689.25 | 75 | | | 65 | 873.05 | percent of total billed charges | |
| HC VISUAL REINFORCEMENT AUDIOMETRY | 92579 | CPT | | | | outpatient | | | 919 | 205.45 | UHC | Medicaid | 289.94 | 31.55 | | 158.43 | 65 | 873.05 | percent of total billed charges | |
| HC VISUAL REINFORCEMENT AUDIOMETRY | 92579 | CPT | | | | outpatient | | | 919 | 205.45 | Wellcare | Medicaid | 289.94 | 31.55 | | 131.7 | 65 | 873.05 | percent of total billed charges | |
| HC CONDITIONING PLAY AUDIOMETRY | 92582 | CPT | | | | outpatient | | | 919 | 205.45 | Americare | Americare | 689.25 | 75 | | | 65 | 873.05 | percent of total billed charges | |
| HC CONDITIONING PLAY AUDIOMETRY | 92582 | CPT | | | | outpatient | | | 919 | 205.45 | Consumer | Consumer | 873.05 | 95 | | | 65 | 873.05 | percent of total billed charges | |
| HC CONDITIONING PLAY AUDIOMETRY | 92582 | CPT | | | | outpatient | | | 919 | 205.45 | Horizon | Medicare Blue | 178.65 | | | | 65 | 873.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONDITIONING PLAY AUDIOMETRY | 92582 | CPT | | | | outpatient | | | 919 | 205.45 | Multiplan | Multiplan | 735.2 | 80 | | | 65 | 873.05 | percent of total billed charges | |
| HC CONDITIONING PLAY AUDIOMETRY | 92582 | CPT | | | | outpatient | | | 919 | 205.45 | Aetna | Medicare | 178.65 | | | | 65 | 873.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONDITIONING PLAY AUDIOMETRY | 92582 | CPT | | | | outpatient | | | 919 | 205.45 | Aetna | Better Health | 289.94 | 31.55 | | | 65 | 873.05 | percent of total billed charges | |
| HC CONDITIONING PLAY AUDIOMETRY | 92582 | CPT | | | | outpatient | | | 919 | 205.45 | Horizon | Indemnity | 345.69 | | | 149.61 | 65 | 873.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONDITIONING PLAY AUDIOMETRY | 92582 | CPT | | | | outpatient | | | 919 | 205.45 | Corrections | Corrections | 735.2 | 80 | | | 65 | 873.05 | percent of total billed charges | |
| HC CONDITIONING PLAY AUDIOMETRY | 92582 | CPT | | | | outpatient | | | 919 | 205.45 | Amerihealth | HMO/PPO | 65 | | | | 65 | 873.05 | fee schedule | |
| HC CONDITIONING PLAY AUDIOMETRY | 92582 | CPT | | | | outpatient | | | 919 | 205.45 | First Health | First Health | 643.3 | 70 | | | 65 | 873.05 | percent of total billed charges | |
| HC CONDITIONING PLAY AUDIOMETRY | 92582 | CPT | | | | outpatient | | | 919 | 205.45 | UHC | Medicare | 178.65 | | | | 65 | 873.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONDITIONING PLAY AUDIOMETRY | 92582 | CPT | | | | outpatient | | | 919 | 205.45 | Qualcare | Qualcare | 689.25 | 75 | | | 65 | 873.05 | percent of total billed charges | |
| HC CONDITIONING PLAY AUDIOMETRY | 92582 | CPT | | | | outpatient | | | 919 | 205.45 | First Trenton | First Trenton | 827.1 | 90 | | | 65 | 873.05 | percent of total billed charges | |
| HC CONDITIONING PLAY AUDIOMETRY | 92582 | CPT | | | | outpatient | | | 919 | 205.45 | Wellcare | Medicare | 178.65 | | | | 65 | 873.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONDITIONING PLAY AUDIOMETRY | 92582 | CPT | | | | outpatient | | | 919 | 205.45 | Horizon | MGD | 345.69 | | | 187.55 | 65 | 873.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONDITIONING PLAY AUDIOMETRY | 92582 | CPT | | | | outpatient | | | 919 | 205.45 | WellPoint | WellPoint | 295.73 | 32.18 | | 173.39 | 65 | 873.05 | percent of total billed charges | |
| HC CONDITIONING PLAY AUDIOMETRY | 92582 | CPT | | | | outpatient | | | 919 | 205.45 | Horizon | PPO | 345.69 | | | 105.12 | 65 | 873.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONDITIONING PLAY AUDIOMETRY | 92582 | CPT | | | | outpatient | | | 919 | 205.45 | Horizon | NJ Health | 284.49 | | | 160.55 | 65 | 873.05 | fee schedule | |
| HC CONDITIONING PLAY AUDIOMETRY | 92582 | CPT | | | | outpatient | | | 919 | 205.45 | Managed Care Inc | Managed Care Inc | 827.1 | 90 | | | 65 | 873.05 | percent of total billed charges | |
| HC CONDITIONING PLAY AUDIOMETRY | 92582 | CPT | | | | outpatient | | | 919 | 205.45 | UHC | Medicaid | 289.94 | 31.55 | | 156.48 | 65 | 873.05 | percent of total billed charges | |
| HC CONDITIONING PLAY AUDIOMETRY | 92582 | CPT | | | | outpatient | | | 919 | 205.45 | Three Rivers | Three Rivers | 873.05 | 95 | | | 65 | 873.05 | percent of total billed charges | |
| HC CONDITIONING PLAY AUDIOMETRY | 92582 | CPT | | | | outpatient | | | 919 | 205.45 | Wellcare | Medicaid | 289.94 | 31.55 | | 132.96 | 65 | 873.05 | percent of total billed charges | |
| HC SELECT PICTURE AUDIOMETRY | 92583 | CPT | | | | outpatient | | | 211 | 80.45 | Horizon | PPO | 135.37 | | | | 25 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT PICTURE AUDIOMETRY | 92583 | CPT | | | | outpatient | | | 211 | 80.45 | Corrections | Corrections | 168.8 | 80 | | | 25 | 200.45 | percent of total billed charges | |
| HC SELECT PICTURE AUDIOMETRY | 92583 | CPT | | | | outpatient | | | 211 | 80.45 | First Health | First Health | 147.7 | 70 | | | 25 | 200.45 | percent of total billed charges | |
| HC SELECT PICTURE AUDIOMETRY | 92583 | CPT | | | | outpatient | | | 211 | 80.45 | Consumer | Consumer | 200.45 | 95 | | | 25 | 200.45 | percent of total billed charges | |
| HC SELECT PICTURE AUDIOMETRY | 92583 | CPT | | | | outpatient | | | 211 | 80.45 | First Trenton | First Trenton | 189.9 | 90 | | | 25 | 200.45 | percent of total billed charges | |
| HC SELECT PICTURE AUDIOMETRY | 92583 | CPT | | | | outpatient | | | 211 | 80.45 | Aetna | Better Health | 66.57 | 31.55 | | | 25 | 200.45 | percent of total billed charges | |
| HC SELECT PICTURE AUDIOMETRY | 92583 | CPT | | | | outpatient | | | 211 | 80.45 | Amerihealth | HMO/PPO | 25 | | | | 25 | 200.45 | fee schedule | |
| HC SELECT PICTURE AUDIOMETRY | 92583 | CPT | | | | outpatient | | | 211 | 80.45 | Aetna | Medicare | 69.96 | | | | 25 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT PICTURE AUDIOMETRY | 92583 | CPT | | | | outpatient | | | 211 | 80.45 | UHC | Medicare | 69.96 | | | | 25 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT PICTURE AUDIOMETRY | 92583 | CPT | | | | outpatient | | | 211 | 80.45 | Horizon | Medicare Blue | 69.96 | | | | 25 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT PICTURE AUDIOMETRY | 92583 | CPT | | | | outpatient | | | 211 | 80.45 | Wellcare | Medicare | 69.96 | | | | 25 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT PICTURE AUDIOMETRY | 92583 | CPT | | | | outpatient | | | 211 | 80.45 | Horizon | NJ Health | 125.28 | | | | 25 | 200.45 | fee schedule | |
| HC SELECT PICTURE AUDIOMETRY | 92583 | CPT | | | | outpatient | | | 211 | 80.45 | Horizon | Indemnity | 135.37 | | | | 25 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT PICTURE AUDIOMETRY | 92583 | CPT | | | | outpatient | | | 211 | 80.45 | Americare | Americare | 158.25 | 75 | | | 25 | 200.45 | percent of total billed charges | |
| HC SELECT PICTURE AUDIOMETRY | 92583 | CPT | | | | outpatient | | | 211 | 80.45 | UHC | Medicaid | 66.57 | 31.55 | | | 25 | 200.45 | percent of total billed charges | |
| HC SELECT PICTURE AUDIOMETRY | 92583 | CPT | | | | outpatient | | | 211 | 80.45 | Three Rivers | Three Rivers | 200.45 | 95 | | | 25 | 200.45 | percent of total billed charges | |
| HC SELECT PICTURE AUDIOMETRY | 92583 | CPT | | | | outpatient | | | 211 | 80.45 | WellPoint | WellPoint | 67.9 | 32.18 | | | 25 | 200.45 | percent of total billed charges | |
| HC SELECT PICTURE AUDIOMETRY | 92583 | CPT | | | | outpatient | | | 211 | 80.45 | Horizon | MGD | 135.37 | | | | 25 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SELECT PICTURE AUDIOMETRY | 92583 | CPT | | | | outpatient | | | 211 | 80.45 | Wellcare | Medicaid | 66.57 | 31.55 | | | 25 | 200.45 | percent of total billed charges | |
| HC SELECT PICTURE AUDIOMETRY | 92583 | CPT | | | | outpatient | | | 211 | 80.45 | Multiplan | Multiplan | 168.8 | 80 | | | 25 | 200.45 | percent of total billed charges | |
| HC SELECT PICTURE AUDIOMETRY | 92583 | CPT | | | | outpatient | | | 211 | 80.45 | Managed Care Inc | Managed Care Inc | 189.9 | 90 | | | 25 | 200.45 | percent of total billed charges | |
| HC SELECT PICTURE AUDIOMETRY | 92583 | CPT | | | | outpatient | | | 211 | 80.45 | Qualcare | Qualcare | 158.25 | 75 | | | 25 | 200.45 | percent of total billed charges | |
| HC ELECTROCOCHLEOGRAPHY | 92584 | CPT | | | | both | | | 979 | 205.45 | Amerihealth | HMO/PPO | 77 | | | | 77 | 930.05 | fee schedule | |
| HC ELECTROCOCHLEOGRAPHY | 92584 | CPT | | | | both | | | 979 | 205.45 | Americare | Americare | 734.25 | 75 | | | 77 | 930.05 | percent of total billed charges | |
| HC ELECTROCOCHLEOGRAPHY | 92584 | CPT | | | | both | | | 979 | 205.45 | First Health | First Health | 686.3 | 70 | | | 77 | 930.05 | percent of total billed charges | |
| HC ELECTROCOCHLEOGRAPHY | 92584 | CPT | | | | both | | | 979 | 205.45 | Aetna | Medicare | 178.65 | | | | 77 | 930.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTROCOCHLEOGRAPHY | 92584 | CPT | | | | both | | | 979 | 205.45 | Aetna | Better Health | 308.87 | 31.55 | | | 77 | 930.05 | percent of total billed charges | |
| HC ELECTROCOCHLEOGRAPHY | 92584 | CPT | | | | both | | | 979 | 205.45 | Horizon | Medicare Blue | 178.65 | | | | 77 | 930.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTROCOCHLEOGRAPHY | 92584 | CPT | | | | both | | | 979 | 205.45 | First Trenton | First Trenton | 881.1 | 90 | | | 77 | 930.05 | percent of total billed charges | |
| HC ELECTROCOCHLEOGRAPHY | 92584 | CPT | | | | both | | | 979 | 205.45 | Multiplan | Multiplan | 783.2 | 80 | | | 77 | 930.05 | percent of total billed charges | |
| HC ELECTROCOCHLEOGRAPHY | 92584 | CPT | | | | both | | | 979 | 205.45 | UHC | Medicare | 178.65 | | | | 77 | 930.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTROCOCHLEOGRAPHY | 92584 | CPT | | | | both | | | 979 | 205.45 | Consumer | Consumer | 930.05 | 95 | | | 77 | 930.05 | percent of total billed charges | |
| HC ELECTROCOCHLEOGRAPHY | 92584 | CPT | | | | both | | | 979 | 205.45 | Horizon | PPO | 345.69 | | | 345.98 | 77 | 930.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTROCOCHLEOGRAPHY | 92584 | CPT | | | | both | | | 979 | 205.45 | Corrections | Corrections | 783.2 | 80 | | | 77 | 930.05 | percent of total billed charges | |
| HC ELECTROCOCHLEOGRAPHY | 92584 | CPT | | | | both | | | 979 | 205.45 | Wellcare | Medicare | 178.65 | | | | 77 | 930.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTROCOCHLEOGRAPHY | 92584 | CPT | | | | both | | | 979 | 205.45 | Qualcare | Qualcare | 734.25 | 75 | | | 77 | 930.05 | percent of total billed charges | |
| HC ELECTROCOCHLEOGRAPHY | 92584 | CPT | | | | both | | | 979 | 205.45 | Horizon | Indemnity | 345.69 | | | | 77 | 930.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTROCOCHLEOGRAPHY | 92584 | CPT | | | | both | | | 979 | 205.45 | Horizon | MGD | 345.69 | | | 102.83 | 77 | 930.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTROCOCHLEOGRAPHY | 92584 | CPT | | | | both | | | 979 | 205.45 | Wellcare | Medicaid | 308.87 | 31.55 | | 48.05 | 77 | 930.05 | percent of total billed charges | |
| HC ELECTROCOCHLEOGRAPHY | 92584 | CPT | | | | both | | | 979 | 205.45 | UHC | Medicaid | 308.87 | 31.55 | | 192.3 | 77 | 930.05 | percent of total billed charges | |
| HC ELECTROCOCHLEOGRAPHY | 92584 | CPT | | | | both | | | 979 | 205.45 | Three Rivers | Three Rivers | 930.05 | 95 | | | 77 | 930.05 | percent of total billed charges | |
| HC ELECTROCOCHLEOGRAPHY | 92584 | CPT | | | | both | | | 979 | 205.45 | WellPoint | WellPoint | 315.04 | 32.18 | | | 77 | 930.05 | percent of total billed charges | |
| HC ELECTROCOCHLEOGRAPHY | 92584 | CPT | | | | both | | | 979 | 205.45 | Horizon | NJ Health | 113.17 | | | 140.71 | 77 | 930.05 | fee schedule | |
| HC ELECTROCOCHLEOGRAPHY | 92584 | CPT | | | | both | | | 979 | 205.45 | Managed Care Inc | Managed Care Inc | 881.1 | 90 | | | 77 | 930.05 | percent of total billed charges | |
| HC DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD | 92587 | CPT | | | | both | | | 1024 | 412.82 | Horizon | Medicare Blue | 358.97 | | | | 48 | 972.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD | 92587 | CPT | | | | both | | | 1024 | 412.82 | Amerihealth | HMO/PPO | 48 | | | | 48 | 972.8 | fee schedule | |
| HC DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD | 92587 | CPT | | | | both | | | 1024 | 412.82 | Horizon | Indemnity | 694.61 | | | 433.59 | 48 | 972.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD | 92587 | CPT | | | | both | | | 1024 | 412.82 | First Trenton | First Trenton | 921.6 | 90 | | | 48 | 972.8 | percent of total billed charges | |
| HC DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD | 92587 | CPT | | | | both | | | 1024 | 412.82 | Americare | Americare | 768 | 75 | | | 48 | 972.8 | percent of total billed charges | |
| HC DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD | 92587 | CPT | | | | both | | | 1024 | 412.82 | Aetna | Better Health | 323.07 | 31.55 | | 263.39 | 48 | 972.8 | percent of total billed charges | |
| HC DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD | 92587 | CPT | | | | both | | | 1024 | 412.82 | Corrections | Corrections | 819.2 | 80 | | | 48 | 972.8 | percent of total billed charges | |
| HC DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD | 92587 | CPT | | | | both | | | 1024 | 412.82 | Managed Care Inc | Managed Care Inc | 921.6 | 90 | | | 48 | 972.8 | percent of total billed charges | |
| HC DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD | 92587 | CPT | | | | both | | | 1024 | 412.82 | Consumer | Consumer | 972.8 | 95 | | | 48 | 972.8 | percent of total billed charges | |
| HC DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD | 92587 | CPT | | | | both | | | 1024 | 412.82 | First Health | First Health | 716.8 | 70 | | | 48 | 972.8 | percent of total billed charges | |
| HC DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD | 92587 | CPT | | | | both | | | 1024 | 412.82 | Multiplan | Multiplan | 819.2 | 80 | | | 48 | 972.8 | percent of total billed charges | |
| HC DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD | 92587 | CPT | | | | both | | | 1024 | 412.82 | Three Rivers | Three Rivers | 972.8 | 95 | | | 48 | 972.8 | percent of total billed charges | |
| HC DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD | 92587 | CPT | | | | both | | | 1024 | 412.82 | UHC | Medicaid | 323.07 | 31.55 | | 312.98 | 48 | 972.8 | percent of total billed charges | |
| HC DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD | 92587 | CPT | | | | both | | | 1024 | 412.82 | Aetna | Medicare | 358.97 | | | 165.3 | 48 | 972.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD | 92587 | CPT | | | | both | | | 1024 | 412.82 | Qualcare | Qualcare | 768 | 75 | | | 48 | 972.8 | percent of total billed charges | |
| HC DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD | 92587 | CPT | | | | both | | | 1024 | 412.82 | Horizon | MGD | 694.61 | | | 374.15 | 48 | 972.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD | 92587 | CPT | | | | both | | | 1024 | 412.82 | WellPoint | WellPoint | 329.52 | 32.18 | | 314.31 | 48 | 972.8 | percent of total billed charges | |
| HC DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD | 92587 | CPT | | | | both | | | 1024 | 412.82 | Horizon | NJ Health | 185.31 | | | 255.94 | 48 | 972.8 | fee schedule | |
| HC DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD | 92587 | CPT | | | | both | | | 1024 | 412.82 | Wellcare | Medicaid | 323.07 | 31.55 | | 272.1 | 48 | 972.8 | percent of total billed charges | |
| HC DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD | 92587 | CPT | | | | both | | | 1024 | 412.82 | Horizon | PPO | 694.61 | | | 407.03 | 48 | 972.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD | 92587 | CPT | | | | both | | | 1024 | 412.82 | Wellcare | Medicare | 358.97 | | | | 48 | 972.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD | 92587 | CPT | | | | both | | | 1024 | 412.82 | UHC | Medicare | 358.97 | | | | 48 | 972.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL | 92588 | CPT | | | | both | | | 1023 | 412.82 | Aetna | Better Health | 322.76 | 31.55 | | | 48 | 971.85 | percent of total billed charges | |
| HC DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL | 92588 | CPT | | | | both | | | 1023 | 412.82 | Horizon | NJ Health | 219.24 | | | 219.36 | 48 | 971.85 | fee schedule | |
| HC DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL | 92588 | CPT | | | | both | | | 1023 | 412.82 | Aetna | Medicare | 358.97 | | | | 48 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL | 92588 | CPT | | | | both | | | 1023 | 412.82 | First Trenton | First Trenton | 920.7 | 90 | | | 48 | 971.85 | percent of total billed charges | |
| HC DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL | 92588 | CPT | | | | both | | | 1023 | 412.82 | First Health | First Health | 716.1 | 70 | | | 48 | 971.85 | percent of total billed charges | |
| HC DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL | 92588 | CPT | | | | both | | | 1023 | 412.82 | Americare | Americare | 767.25 | 75 | | | 48 | 971.85 | percent of total billed charges | |
| HC DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL | 92588 | CPT | | | | both | | | 1023 | 412.82 | Wellcare | Medicaid | 322.76 | 31.55 | | 226.21 | 48 | 971.85 | percent of total billed charges | |
| HC DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL | 92588 | CPT | | | | both | | | 1023 | 412.82 | Horizon | PPO | 694.61 | | | 227.56 | 48 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL | 92588 | CPT | | | | both | | | 1023 | 412.82 | Consumer | Consumer | 971.85 | 95 | | | 48 | 971.85 | percent of total billed charges | |
| HC DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL | 92588 | CPT | | | | both | | | 1023 | 412.82 | Amerihealth | HMO/PPO | 48 | | | | 48 | 971.85 | fee schedule | |
| HC DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL | 92588 | CPT | | | | both | | | 1023 | 412.82 | Corrections | Corrections | 818.4 | 80 | | | 48 | 971.85 | percent of total billed charges | |
| HC DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL | 92588 | CPT | | | | both | | | 1023 | 412.82 | Wellcare | Medicare | 358.97 | | | | 48 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL | 92588 | CPT | | | | both | | | 1023 | 412.82 | Horizon | Indemnity | 694.61 | | | | 48 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL | 92588 | CPT | | | | both | | | 1023 | 412.82 | Horizon | MGD | 694.61 | | | | 48 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL | 92588 | CPT | | | | both | | | 1023 | 412.82 | Managed Care Inc | Managed Care Inc | 920.7 | 90 | | | 48 | 971.85 | percent of total billed charges | |
| HC DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL | 92588 | CPT | | | | both | | | 1023 | 412.82 | UHC | Medicare | 358.97 | | | 177 | 48 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL | 92588 | CPT | | | | both | | | 1023 | 412.82 | Horizon | Medicare Blue | 358.97 | | | | 48 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL | 92588 | CPT | | | | both | | | 1023 | 412.82 | Three Rivers | Three Rivers | 971.85 | 95 | | | 48 | 971.85 | percent of total billed charges | |
| HC DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL | 92588 | CPT | | | | both | | | 1023 | 412.82 | Multiplan | Multiplan | 818.4 | 80 | | | 48 | 971.85 | percent of total billed charges | |
| HC DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL | 92588 | CPT | | | | both | | | 1023 | 412.82 | UHC | Medicaid | 322.76 | 31.55 | | 292.1 | 48 | 971.85 | percent of total billed charges | |
| HC DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL | 92588 | CPT | | | | both | | | 1023 | 412.82 | Qualcare | Qualcare | 767.25 | 75 | | | 48 | 971.85 | percent of total billed charges | |
| HC DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL | 92588 | CPT | | | | both | | | 1023 | 412.82 | WellPoint | WellPoint | 329.2 | 32.18 | | 180.61 | 48 | 971.85 | percent of total billed charges | |
| HC HEARING AID EXAMINATION & SELECTION MONAURAL | 92590 | CPT | | | | outpatient | | | 430 | | Aetna | Medicare | 132.44 | 30.8 | | | 15 | 408.5 | percent of total billed charges | |
| HC HEARING AID EXAMINATION & SELECTION MONAURAL | 92590 | CPT | | | | outpatient | | | 430 | | First Health | First Health | 301 | 70 | | | 15 | 408.5 | percent of total billed charges | |
| HC HEARING AID EXAMINATION & SELECTION MONAURAL | 92590 | CPT | | | | outpatient | | | 430 | | Wellcare | Medicaid | 135.67 | 31.55 | | | 15 | 408.5 | percent of total billed charges | |
| HC HEARING AID EXAMINATION & SELECTION MONAURAL | 92590 | CPT | | | | outpatient | | | 430 | | Americare | Americare | 322.5 | 75 | | | 15 | 408.5 | percent of total billed charges | |
| HC HEARING AID EXAMINATION & SELECTION MONAURAL | 92590 | CPT | | | | outpatient | | | 430 | | Corrections | Corrections | 344 | 80 | | | 15 | 408.5 | percent of total billed charges | |
| HC HEARING AID EXAMINATION & SELECTION MONAURAL | 92590 | CPT | | | | outpatient | | | 430 | | Aetna | Better Health | 135.67 | 31.55 | | | 15 | 408.5 | percent of total billed charges | |
| HC HEARING AID EXAMINATION & SELECTION MONAURAL | 92590 | CPT | | | | outpatient | | | 430 | | Horizon | Medicare Blue | 129 | 30 | | | 15 | 408.5 | percent of total billed charges | |
| HC HEARING AID EXAMINATION & SELECTION MONAURAL | 92590 | CPT | | | | outpatient | | | 430 | | Amerihealth | HMO/PPO | 15 | | | | 15 | 408.5 | fee schedule | |
| HC HEARING AID EXAMINATION & SELECTION MONAURAL | 92590 | CPT | | | | outpatient | | | 430 | | Consumer | Consumer | 408.5 | 95 | | | 15 | 408.5 | percent of total billed charges | |
| HC HEARING AID EXAMINATION & SELECTION MONAURAL | 92590 | CPT | | | | outpatient | | | 430 | | Horizon | NJ Health | 83.52 | | | 31.59 | 15 | 408.5 | fee schedule | |
| HC HEARING AID EXAMINATION & SELECTION MONAURAL | 92590 | CPT | | | | outpatient | | | 430 | | WellPoint | WellPoint | 136.37 | 32.18 | | | 15 | 408.5 | percent of total billed charges | |
| HC HEARING AID EXAMINATION & SELECTION MONAURAL | 92590 | CPT | | | | outpatient | | | 430 | | Horizon | Indemnity | 164.6 | 38.28 | | | 15 | 408.5 | percent of total billed charges | |
| HC HEARING AID EXAMINATION & SELECTION MONAURAL | 92590 | CPT | | | | outpatient | | | 430 | | First Trenton | First Trenton | 387 | 90 | | | 15 | 408.5 | percent of total billed charges | |
| HC HEARING AID EXAMINATION & SELECTION MONAURAL | 92590 | CPT | | | | outpatient | | | 430 | | Multiplan | Multiplan | 344 | 80 | | | 15 | 408.5 | percent of total billed charges | |
| HC HEARING AID EXAMINATION & SELECTION MONAURAL | 92590 | CPT | | | | outpatient | | | 430 | | Horizon | MGD | 164.6 | 38.28 | | | 15 | 408.5 | percent of total billed charges | |
| HC HEARING AID EXAMINATION & SELECTION MONAURAL | 92590 | CPT | | | | outpatient | | | 430 | | Qualcare | Qualcare | 322.5 | 75 | | | 15 | 408.5 | percent of total billed charges | |
| HC HEARING AID EXAMINATION & SELECTION MONAURAL | 92590 | CPT | | | | outpatient | | | 430 | | Horizon | PPO | 164.6 | 38.28 | | | 15 | 408.5 | percent of total billed charges | |
| HC HEARING AID EXAMINATION & SELECTION MONAURAL | 92590 | CPT | | | | outpatient | | | 430 | | Managed Care Inc | Managed Care Inc | 387 | 90 | | | 15 | 408.5 | percent of total billed charges | |
| HC HEARING AID EXAMINATION & SELECTION MONAURAL | 92590 | CPT | | | | outpatient | | | 430 | | Three Rivers | Three Rivers | 408.5 | 95 | | | 15 | 408.5 | percent of total billed charges | |
| HC HEARING AID EXAMINATION & SELECTION MONAURAL | 92590 | CPT | | | | outpatient | | | 430 | | UHC | Medicaid | 135.67 | 31.55 | | 57.51 | 15 | 408.5 | percent of total billed charges | |
| HC HEARING AID EXAMINATION & SELECTION BINAURAL | 92591 | CPT | | | | outpatient | | | 750 | | Aetna | Medicare | 231 | 30.8 | | | 30 | 712.5 | percent of total billed charges | |
| HC HEARING AID EXAMINATION & SELECTION BINAURAL | 92591 | CPT | | | | outpatient | | | 750 | | Aetna | Better Health | 236.63 | 31.55 | | | 30 | 712.5 | percent of total billed charges | |
| HC HEARING AID EXAMINATION & SELECTION BINAURAL | 92591 | CPT | | | | outpatient | | | 750 | | Horizon | Indemnity | 287.1 

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC HEARING AID EXAMINATION & SELECTION BINAURAL | 92591 | CPT | | | | outpatient | | | 750 | | Americare | Americare | 562.5 | 75 | | | 30 | 712.5 | percent of total billed charges | |
| HC HEARING AID EXAMINATION & SELECTION BINAURAL | 92591 | CPT | | | | outpatient | | | 750 | | Consumer | Consumer | 712.5 | 95 | | | 30 | 712.5 | percent of total billed charges | |
| HC HEARING AID EXAMINATION & SELECTION BINAURAL | 92591 | CPT | | | | outpatient | | | 750 | | Corrections | Corrections | 600 | 80 | | | 30 | 712.5 | percent of total billed charges | |
| HC HEARING AID EXAMINATION & SELECTION BINAURAL | 92591 | CPT | | | | outpatient | | | 750 | | First Health | First Health | 525 | 70 | | | 30 | 712.5 | percent of total billed charges | |
| HC HEARING AID EXAMINATION & SELECTION BINAURAL | 92591 | CPT | | | | outpatient | | | 750 | | Horizon | MGD | 287.1 | 38.28 | | | 30 | 712.5 | percent of total billed charges | |
| HC HEARING AID EXAMINATION & SELECTION BINAURAL | 92591 | CPT | | | | outpatient | | | 750 | | UHC | Medicaid | 236.63 | 31.55 | | | 30 | 712.5 | percent of total billed charges | |
| HC HEARING AID EXAMINATION & SELECTION BINAURAL | 92591 | CPT | | | | outpatient | | | 750 | | Horizon | Medicare Blue | 225 | 30 | | | 30 | 712.5 | percent of total billed charges | |
| HC HEARING AID EXAMINATION & SELECTION BINAURAL | 92591 | CPT | | | | outpatient | | | 750 | | Multiplan | Multiplan | 600 | 80 | | | 30 | 712.5 | percent of total billed charges | |
| HC HEARING AID EXAMINATION & SELECTION BINAURAL | 92591 | CPT | | | | outpatient | | | 750 | | Amerihealth | HMO/PPO | 30 | | | | 30 | 712.5 | fee schedule | |
| HC HEARING AID EXAMINATION & SELECTION BINAURAL | 92591 | CPT | | | | outpatient | | | 750 | | WellPoint | WellPoint | 241.35 | 32.18 | | | 30 | 712.5 | percent of total billed charges | |
| HC HEARING AID EXAMINATION & SELECTION BINAURAL | 92591 | CPT | | | | outpatient | | | 750 | | First Trenton | First Trenton | 675 | 90 | | | 30 | 712.5 | percent of total billed charges | |
| HC HEARING AID EXAMINATION & SELECTION BINAURAL | 92591 | CPT | | | | outpatient | | | 750 | | Wellcare | Medicaid | 236.63 | 31.55 | | | 30 | 712.5 | percent of total billed charges | |
| HC HEARING AID EXAMINATION & SELECTION BINAURAL | 92591 | CPT | | | | outpatient | | | 750 | | Horizon | PPO | 287.1 | 38.28 | | | 30 | 712.5 | percent of total billed charges | |
| HC HEARING AID EXAMINATION & SELECTION BINAURAL | 92591 | CPT | | | | outpatient | | | 750 | | Horizon | NJ Health | 83.52 | | | | 30 | 712.5 | fee schedule | |
| HC HEARING AID EXAMINATION & SELECTION BINAURAL | 92591 | CPT | | | | outpatient | | | 750 | | Three Rivers | Three Rivers | 712.5 | 95 | | | 30 | 712.5 | percent of total billed charges | |
| HC HEARING AID EXAMINATION & SELECTION BINAURAL | 92591 | CPT | | | | outpatient | | | 750 | | Managed Care Inc | Managed Care Inc | 675 | 90 | | | 30 | 712.5 | percent of total billed charges | |
| HC HEARING AID CHECK MONAURAL | 92592 | CPT | | | | both | | | 179 | | Americare | Americare | 134.25 | 75 | | | 15 | 170.05 | percent of total billed charges | |
| HC HEARING AID CHECK MONAURAL | 92592 | CPT | | | | both | | | 179 | | Aetna | Medicare | 55.13 | 30.8 | | 68.94 | 15 | 170.05 | percent of total billed charges | |
| HC HEARING AID CHECK MONAURAL | 92592 | CPT | | | | both | | | 179 | | Multiplan | Multiplan | 143.2 | 80 | | | 15 | 170.05 | percent of total billed charges | |
| HC HEARING AID CHECK MONAURAL | 92592 | CPT | | | | both | | | 179 | | First Trenton | First Trenton | 161.1 | 90 | | | 15 | 170.05 | percent of total billed charges | |
| HC HEARING AID CHECK MONAURAL | 92592 | CPT | | | | both | | | 179 | | Consumer | Consumer | 170.05 | 95 | | | 15 | 170.05 | percent of total billed charges | |
| HC HEARING AID CHECK MONAURAL | 92592 | CPT | | | | both | | | 179 | | Horizon | MGD | 68.52 | 38.28 | | | 15 | 170.05 | percent of total billed charges | |
| HC HEARING AID CHECK MONAURAL | 92592 | CPT | | | | both | | | 179 | | Aetna | Better Health | 56.47 | 31.55 | | | 15 | 170.05 | percent of total billed charges | |
| HC HEARING AID CHECK MONAURAL | 92592 | CPT | | | | both | | | 179 | | Amerihealth | HMO/PPO | 15 | | | | 15 | 170.05 | fee schedule | |
| HC HEARING AID CHECK MONAURAL | 92592 | CPT | | | | both | | | 179 | | Corrections | Corrections | 143.2 | 80 | | | 15 | 170.05 | percent of total billed charges | |
| HC HEARING AID CHECK MONAURAL | 92592 | CPT | | | | both | | | 179 | | Horizon | NJ Health | 75.69 | | | 45.06 | 15 | 170.05 | fee schedule | |
| HC HEARING AID CHECK MONAURAL | 92592 | CPT | | | | both | | | 179 | | Qualcare | Qualcare | 134.25 | 75 | | | 15 | 170.05 | percent of total billed charges | |
| HC HEARING AID CHECK MONAURAL | 92592 | CPT | | | | both | | | 179 | | First Health | First Health | 125.3 | 70 | | | 15 | 170.05 | percent of total billed charges | |
| HC HEARING AID CHECK MONAURAL | 92592 | CPT | | | | both | | | 179 | | Horizon | Indemnity | 68.52 | 38.28 | | | 15 | 170.05 | percent of total billed charges | |
| HC HEARING AID CHECK MONAURAL | 92592 | CPT | | | | both | | | 179 | | Managed Care Inc | Managed Care Inc | 161.1 | 90 | | | 15 | 170.05 | percent of total billed charges | |
| HC HEARING AID CHECK MONAURAL | 92592 | CPT | | | | both | | | 179 | | Horizon | Medicare Blue | 53.7 | 30 | | | 15 | 170.05 | percent of total billed charges | |
| HC HEARING AID CHECK MONAURAL | 92592 | CPT | | | | both | | | 179 | | Horizon | PPO | 68.52 | 38.28 | | 71.27 | 15 | 170.05 | percent of total billed charges | |
| HC HEARING AID CHECK MONAURAL | 92592 | CPT | | | | both | | | 179 | | UHC | Medicaid | 56.47 | 31.55 | | 24 | 15 | 170.05 | percent of total billed charges | |
| HC HEARING AID CHECK MONAURAL | 92592 | CPT | | | | both | | | 179 | | Three Rivers | Three Rivers | 170.05 | 95 | | | 15 | 170.05 | percent of total billed charges | |
| HC HEARING AID CHECK MONAURAL | 92592 | CPT | | | | both | | | 179 | | WellPoint | WellPoint | 57.6 | 32.18 | | | 15 | 170.05 | percent of total billed charges | |
| HC HEARING AID CHECK MONAURAL | 92592 | CPT | | | | both | | | 179 | | Wellcare | Medicaid | 56.47 | 31.55 | | | 15 | 170.05 | percent of total billed charges | |
| HC HEARING AID CHECK BINAURAL | 92593 | CPT | | | | outpatient | | | 750 | | Aetna | Medicare | 231 | 30.8 | | | 30 | 712.5 | percent of total billed charges | |
| HC HEARING AID CHECK BINAURAL | 92593 | CPT | | | | outpatient | | | 750 | | Corrections | Corrections | 600 | 80 | | | 30 | 712.5 | percent of total billed charges | |
| HC HEARING AID CHECK BINAURAL | 92593 | CPT | | | | outpatient | | | 750 | | Horizon | NJ Health | 78.3 | | | 59.97 | 30 | 712.5 | fee schedule | |
| HC HEARING AID CHECK BINAURAL | 92593 | CPT | | | | outpatient | | | 750 | | Multiplan | Multiplan | 600 | 80 | | | 30 | 712.5 | percent of total billed charges | |
| HC HEARING AID CHECK BINAURAL | 92593 | CPT | | | | outpatient | | | 750 | | First Health | First Health | 525 | 70 | | | 30 | 712.5 | percent of total billed charges | |
| HC HEARING AID CHECK BINAURAL | 92593 | CPT | | | | outpatient | | | 750 | | First Trenton | First Trenton | 675 | 90 | | | 30 | 712.5 | percent of total billed charges | |
| HC HEARING AID CHECK BINAURAL | 92593 | CPT | | | | outpatient | | | 750 | | Aetna | Better Health | 236.63 | 31.55 | | | 30 | 712.5 | percent of total billed charges | |
| HC HEARING AID CHECK BINAURAL | 92593 | CPT | | | | outpatient | | | 750 | | Americare | Americare | 562.5 | 75 | | | 30 | 712.5 | percent of total billed charges | |
| HC HEARING AID CHECK BINAURAL | 92593 | CPT | | | | outpatient | | | 750 | | Amerihealth | HMO/PPO | 30 | | | | 30 | 712.5 | fee schedule | |
| HC HEARING AID CHECK BINAURAL | 92593 | CPT | | | | outpatient | | | 750 | | WellPoint | WellPoint | 241.35 | 32.18 | | | 30 | 712.5 | percent of total billed charges | |
| HC HEARING AID CHECK BINAURAL | 92593 | CPT | | | | outpatient | | | 750 | | Horizon | Medicare Blue | 225 | 30 | | | 30 | 712.5 | percent of total billed charges | |
| HC HEARING AID CHECK BINAURAL | 92593 | CPT | | | | outpatient | | | 750 | | Qualcare | Qualcare | 562.5 | 75 | | | 30 | 712.5 | percent of total billed charges | |
| HC HEARING AID CHECK BINAURAL | 92593 | CPT | | | | outpatient | | | 750 | | Horizon | MGD | 287.1 | 38.28 | | | 30 | 712.5 | percent of total billed charges | |
| HC HEARING AID CHECK BINAURAL | 92593 | CPT | | | | outpatient | | | 750 | | Horizon | Indemnity | 287.1 | 38.28 | | | 30 | 712.5 | percent of total billed charges | |
| HC HEARING AID CHECK BINAURAL | 92593 | CPT | | | | outpatient | | | 750 | | UHC | Medicaid | 236.63 | 31.55 | | | 30 | 712.5 | percent of total billed charges | |
| HC HEARING AID CHECK BINAURAL | 92593 | CPT | | | | outpatient | | | 750 | | Consumer | Consumer | 712.5 | 95 | | | 30 | 712.5 | percent of total billed charges | |
| HC HEARING AID CHECK BINAURAL | 92593 | CPT | | | | outpatient | | | 750 | | Wellcare | Medicaid | 236.63 | 31.55 | | | 30 | 712.5 | percent of total billed charges | |
| HC HEARING AID CHECK BINAURAL | 92593 | CPT | | | | outpatient | | | 750 | | Horizon | PPO | 287.1 | 38.28 | | | 30 | 712.5 | percent of total billed charges | |
| HC HEARING AID CHECK BINAURAL | 92593 | CPT | | | | outpatient | | | 750 | | Managed Care Inc | Managed Care Inc | 675 | 90 | | | 30 | 712.5 | percent of total billed charges | |
| HC HEARING AID CHECK BINAURAL | 92593 | CPT | | | | outpatient | | | 750 | | Three Rivers | Three Rivers | 712.5 | 95 | | | 30 | 712.5 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID MONAURAL | 92594 | CPT | | | | outpatient | | | 389 | | First Trenton | First Trenton | 350.1 | 90 | | | 15 | 369.55 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID MONAURAL | 92594 | CPT | | | | outpatient | | | 389 | | UHC | Medicaid | 122.73 | 31.55 | | | 15 | 369.55 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID MONAURAL | 92594 | CPT | | | | outpatient | | | 389 | | Aetna | Medicare | 119.81 | 30.8 | | | 15 | 369.55 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID MONAURAL | 92594 | CPT | | | | outpatient | | | 389 | | Aetna | Better Health | 122.73 | 31.55 | | | 15 | 369.55 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID MONAURAL | 92594 | CPT | | | | outpatient | | | 389 | | Corrections | Corrections | 311.2 | 80 | | | 15 | 369.55 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID MONAURAL | 92594 | CPT | | | | outpatient | | | 389 | | Amerihealth | HMO/PPO | 15 | | | | 15 | 369.55 | fee schedule | |
| HC ELECTROACOUS EVAL HEARING AID MONAURAL | 92594 | CPT | | | | outpatient | | | 389 | | Multiplan | Multiplan | 311.2 | 80 | | | 15 | 369.55 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID MONAURAL | 92594 | CPT | | | | outpatient | | | 389 | | Americare | Americare | 291.75 | 75 | | | 15 | 369.55 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID MONAURAL | 92594 | CPT | | | | outpatient | | | 389 | | Horizon | Indemnity | 148.91 | 38.28 | | | 15 | 369.55 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID MONAURAL | 92594 | CPT | | | | outpatient | | | 389 | | First Health | First Health | 272.3 | 70 | | | 15 | 369.55 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID MONAURAL | 92594 | CPT | | | | outpatient | | | 389 | | Qualcare | Qualcare | 291.75 | 75 | | | 15 | 369.55 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID MONAURAL | 92594 | CPT | | | | outpatient | | | 389 | | Horizon | Medicare Blue | 116.7 | 30 | | | 15 | 369.55 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID MONAURAL | 92594 | CPT | | | | outpatient | | | 389 | | Horizon | NJ Health | 39.15 | | | | 15 | 369.55 | fee schedule | |
| HC ELECTROACOUS EVAL HEARING AID MONAURAL | 92594 | CPT | | | | outpatient | | | 389 | | Horizon | MGD | 148.91 | 38.28 | | | 15 | 369.55 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID MONAURAL | 92594 | CPT | | | | outpatient | | | 389 | | Horizon | PPO | 148.91 | 38.28 | | | 15 | 369.55 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID MONAURAL | 92594 | CPT | | | | outpatient | | | 389 | | Consumer | Consumer | 369.55 | 95 | | | 15 | 369.55 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID MONAURAL | 92594 | CPT | | | | outpatient | | | 389 | | WellPoint | WellPoint | 125.18 | 32.18 | | | 15 | 369.55 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID MONAURAL | 92594 | CPT | | | | outpatient | | | 389 | | Wellcare | Medicaid | 122.73 | 31.55 | | | 15 | 369.55 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID MONAURAL | 92594 | CPT | | | | outpatient | | | 389 | | Managed Care Inc | Managed Care Inc | 350.1 | 90 | | | 15 | 369.55 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID MONAURAL | 92594 | CPT | | | | outpatient | | | 389 | | Three Rivers | Three Rivers | 369.55 | 95 | | | 15 | 369.55 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID BINAURAL | 92595 | CPT | | | | outpatient | | | 750 | | Consumer | Consumer | 712.5 | 95 | | | 30 | 712.5 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID BINAURAL | 92595 | CPT | | | | outpatient | | | 750 | | Corrections | Corrections | 600 | 80 | | | 30 | 712.5 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID BINAURAL | 92595 | CPT | | | | outpatient | | | 750 | | Aetna | Better Health | 236.63 | 31.55 | | | 30 | 712.5 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID BINAURAL | 92595 | CPT | | | | outpatient | | | 750 | | Aetna | Medicare | 231 | 30.8 | | | 30 | 712.5 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID BINAURAL | 92595 | CPT | | | | outpatient | | | 750 | | First Health | First Health | 525 | 70 | | | 30 | 712.5 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID BINAURAL | 92595 | CPT | | | | outpatient | | | 750 | | First Trenton | First Trenton | 675 | 90 | | | 30 | 712.5 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID BINAURAL | 92595 | CPT | | | | outpatient | | | 750 | | WellPoint | WellPoint | 241.35 | 32.18 | | | 30 | 712.5 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID BINAURAL | 92595 | CPT | | | | outpatient | | | 750 | | Americare | Americare | 562.5 | 75 | | | 30 | 712.5 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID BINAURAL | 92595 | CPT | | | | outpatient | | | 750 | | UHC | Medicaid | 236.63 | 31.55 | | | 30 | 712.5 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID BINAURAL | 92595 | CPT | | | | outpatient | | | 750 | | Horizon | Indemnity | 287.1 | 38.28 | | | 30 | 712.5 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID BINAURAL | 92595 | CPT | | | | outpatient | | | 750 | | Multiplan | Multiplan | 600 | 80 | | | 30 | 712.5 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID BINAURAL | 92595 | CPT | | | | outpatient | | | 750 | | Horizon | MGD | 287.1 | 38.28 | | | 30 | 712.5 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID BINAURAL | 92595 | CPT | | | | outpatient | | | 750 | | Qualcare | Qualcare | 562.5 | 75 | | | 30 | 712.5 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID BINAURAL | 92595 | CPT | | | | outpatient | | | 750 | | Horizon | NJ Health | 52.2 | | | | 30 | 712.5 | fee schedule | |
| HC ELECTROACOUS EVAL HEARING AID BINAURAL | 92595 | CPT | | | | outpatient | | | 750 | | Wellcare | Medicaid | 236.63 | 31.55 | | | 30 | 712.5 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID BINAURAL | 92595 | CPT | | | | outpatient | | | 750 | | Amerihealth | HMO/PPO | 30 | | | | 30 | 712.5 | fee schedule | |
| HC ELECTROACOUS EVAL HEARING AID BINAURAL | 92595 | CPT | | | | outpatient | | | 750 | | Horizon | Medicare Blue | 225 | 30 | | | 30 | 712.5 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID BINAURAL | 92595 | CPT | | | | outpatient | | | 750 | | Horizon | PPO | 287.1 | 38.28 | | | 30 | 712.5 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID BINAURAL | 92595 | CPT | | | | outpatient | | | 750 | | Managed Care Inc | Managed Care Inc | 675 | 90 | | | 30 | 712.5 | percent of total billed charges | |
| HC ELECTROACOUS EVAL HEARING AID BINAURAL | 92595 | CPT | | | | outpatient | | | 750 | | Three Rivers | Three Rivers | 712.5 | 95 | | | 30 | 712.5 | percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG | 92601 | CPT | | | | outpatient | | | 532 | 205.45 | Aetna | Medicare | 178.65 | | | | 48 | 827.37 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG | 92601 | CPT | | | | outpatient | | | 532 | 205.45 | Amerihealth | HMO/PPO | 48 | | | | 48 | 827.37 | fee schedule | |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG | 92601 | CPT | | | | outpatient | | | 532 | 205.45 | Aetna | Better Health | 167.85 | 31.55 | | | 48 | 827.37 | percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG | 92601 | CPT | | | | outpatient | | | 532 | 205.45 | First Trenton | First Trenton | 478.8 | 90 | | | 48 | 827.37 | percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG | 92601 | CPT | | | | outpatient | | | 532 | 205.45 | Americare | Americare | 399 | 75 | | | 48 | 827.37 | percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG | 92601 | CPT | | | | outpatient | | | 532 | 205.45 | First Health | First Health | 372.4 | 70 | | | 48 | 827.37 | percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG | 92601 | CPT | | | | outpatient | | | 532 | 205.45 | Consumer | Consumer | 505.4 | 95 | | | 48 | 827.37 | percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG | 92601 | CPT | | | | outpatient | | | 532 | 205.45 | UHC | Medicaid | 167.85 | 31.55 | | 167.85 | 48 | 827.37 | percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG | 92601 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | MGD | 345.69 | | | | 48 | 827.37 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG | 92601 | CPT | | | | outpatient | | | 532 | 205.45 | Wellcare | Medicaid | 167.85 | 31.55 | | | 48 | 827.37 | percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG | 92601 | CPT | | | | outpatient | | | 532 | 205.45 | Wellcare | Medicare | 178.65 | | | | 48 | 827.37 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG | 92601 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | NJ Health | 827.37 | | | 356.33 | 48 | 827.37 | fee schedule | |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG | 92601 | CPT | | | | outpatient | | | 532 | 205.45 | Managed Care Inc | Managed Care Inc | 478.8 | 90 | | | 48 | 827.37 | percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG | 92601 | CPT | | | | outpatient | | | 532 | 205.45 | UHC | Medicare | 178.65 | | | | 48 | 827.37 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG | 92601 | CPT | | | | outpatient | | | 532 | 205.45 | Corrections | Corrections | 425.6 | 80 | | | 48 | 827.37 | percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG | 92601 | CPT | | | | outpatient | | | 532 | 205.45 | Multiplan | Multiplan | 425.6 | 80 | | | 48 | 827.37 | percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG | 92601 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | Indemnity | 345.69 | | | | 48 | 827.37 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG | 92601 | CPT | | | | outpatient | | | 532 | 205.45 | Three Rivers | Three Rivers | 505.4 | 95 | | | 48 | 827.37 | percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG | 92601 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | Medicare Blue | 178.65 | | | | 48 | 827.37 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG | 92601 | CPT | | | | outpatient | | | 532 | 205.45 | Qualcare | Qualcare | 399 | 75 | | | 48 | 827.37 | percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG | 92601 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | PPO | 345.69 | | | | 48 | 827.37 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG | 92601 | CPT | | | | outpatient | | | 532 | 205.45 | WellPoint | WellPoint | 171.2 | 32.18 | | | 48 | 827.37 | percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG | 92602 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | Indemnity | 345.69 | | | 120.38 | 48 | 608.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG | 92602 | CPT | | | | outpatient | | | 532 | 205.45 | Multiplan | Multiplan | 425.6 | 80 | | | 48 | 608.13 | percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG | 92602 | CPT | | | | outpatient | | | 532 | 205.45 | Amerihealth | HMO/PPO | 48 | | | | 48 | 608.13 | fee schedule | |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG | 92602 | CPT | | | | outpatient | | | 532 | 205.45 | Aetna | Better Health | 167.85 | 31.55 | | 50.34 | 48 | 608.13 | percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG | 92602 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | Medicare Blue | 178.65 | | | | 48 | 608.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG | 92602 | CPT | | | | outpatient | | | 532 | 205.45 | Corrections | Corrections | 425.6 | 80 | | | 48 | 608.13 | percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG | 92602 | CPT | | | | outpatient | | | 532 | 205.45 | First Trenton | First Trenton | 478.8 | 90 | | | 48 | 608.13 | percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG | 92602 | CPT | | | | outpatient | | | 532 | 205.45 | Aetna | Medicare | 178.65 | | | | 48 | 608.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG | 92602 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | NJ Health | 608.13 | | | 215.64 | 48 | 608.13 | fee schedule | |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG | 92602 | CPT | | | | outpatient | | | 532 | 205.45 | Qualcare | Qualcare | 399 | 75 | | | 48 | 608.13 | percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG | 92602 | CPT | | | | outpatient | | | 532 | 205.45 | First Health | First Health | 372.4 | 70 | | | 48 | 608.13 | percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG | 92602 | CPT | | | | outpatient | | | 532 | 205.45 | Americare | Americare | 399 | 75 | | | 48 | 608.13 | percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG | 92602 | CPT | | | | outpatient | | | 532 | 205.45 | UHC | Medicare | 178.65 | | | | 48 | 608.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG | 92602 | CPT | | | | outpatient | | | 532 | 205.45 | UHC | Medicaid | 167.85 | 31.55 | | 152.8 | 48 | 608.13 | percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG | 92602 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | MGD | 345.69 | | | | 48 | 608.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG | 92602 | CPT | | | | outpatient | | | 532 | 205.45 | Consumer | Consumer | 505.4 | 95 | | | 48 | 608.13 | percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG | 92602 | CPT | | | | outpatient | | | 532 | 205.45 | Wellcare | Medicare | 178.65 | | | | 48 | 608.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG | 92602 | CPT | | | | outpatient | | | 532 | 205.45 | WellPoint | WellPoint | 171.2 | 32.18 | | 124.95 | 48 | 608.13 | percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG | 92602 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | PPO | 345.69 | | | 176.45 | 48 | 608.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG | 92602 | CPT | | | | outpatient | | | 532 | 205.45 | Wellcare | Medicaid | 167.85 | 31.55 | | | 48 | 608.13 | percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG | 92602 | CPT | | | | outpatient | | | 532 | 205.45 | Managed Care Inc | Managed Care Inc | 478.8 | 90 | | | 48 | 608.13 | percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG | 92602 | CPT | | | | outpatient | | | 532 | 205.45 | Three Rivers | Three Rivers | 505.4 | 95 | | | 48 | 608.13 | percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG | 92603 | CPT | | | | outpatient | | | 532 | 205.45 | Americare | Americare | 399 | 75 | | | 48 | 505.4 | percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG | 92603 | CPT | | | | outpatient | | | 532 | 205.45 | Amerihealth | HMO/PPO | 48 | | | | 48 | 505.4 | fee schedule | |
| HC ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG | 92603 | CPT | | | | outpatient | | | 532 | 205.45 | Consumer | Consumer | 505.4 | 95 | | | 48 | 505.4 | percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG | 92603 | CPT | | | | outpatient | | | 532 | 205.45 | Corrections | Corrections | 425.6 | 80 | | | 48 | 505.4 | percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG | 92603 | CPT | | | | outpatient | | | 532 | 205.45 | Qualcare | Qualcare | 399 | 75 | | | 48 | 505.4 | percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG | 92603 | CPT | | | | outpatient | | | 532 | 205.45 | Aetna | Better Health | 167.85 | 31.55 | | | 48 | 505.4 | percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG | 92603 | CPT | | | | outpatient | | | 532 | 205.45 | Aetna | Medicare | 178.65 | | | 168.04 | 48 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG | 92603 | CPT | | | | outpatient | | | 532 | 205.45 | Three Rivers | Three Rivers | 505.4 | 95 | | | 48 | 505.4 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| PRGRMG | 92603 | CPT | | | | outpatient | | | 532 | | 205.45 Multiplan | Multiplan | 425.6 | 80 | | | 48 | | 505.4 percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| PRGRMG | 92603 | CPT | | | | outpatient | | | 532 | | 205.45 First Health | First Health | 372.4 | 70 | | | 48 | | 505.4 percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| PRGRMG | 92603 | CPT | | | | outpatient | | | 532 | | 205.45 Horizon | PPO | 345.69 | | | 302.67 | 48 | | 505.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| PRGRMG | 92603 | CPT | | | | outpatient | | | 532 | | 205.45 First Trenton | First Trenton | 478.8 | 90 | | | 48 | | 505.4 percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| PRGRMG | 92603 | CPT | | | | outpatient | | | 532 | | 205.45 Wellcare | Medicare | 178.65 | | | | 48 | | 505.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| PRGRMG | 92603 | CPT | | | | outpatient | | | 532 | | 205.45 Horizon | NJ Health | 127.89 | | | 80.24 | 48 | | 505.4 fee schedule | |
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| PRGRMG | 92603 | CPT | | | | outpatient | | | 532 | | 205.45 Horizon | Medicare Blue | 178.65 | | | | 48 | | 505.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| PRGRMG | 92603 | CPT | | | | outpatient | | | 532 | | 205.45 Horizon | Indemnity | 345.69 | | | | 48 | | 505.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| PRGRMG | 92603 | CPT | | | | outpatient | | | 532 | | 205.45 Horizon | MGD | 345.69 | | | 332.47 | 48 | | 505.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| PRGRMG | 92603 | CPT | | | | outpatient | | | 532 | | 205.45 Managed Care Inc | Managed Care Inc | 478.8 | 90 | | | 48 | | 505.4 percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| PRGRMG | 92603 | CPT | | | | outpatient | | | 532 | | 205.45 UHC | Medicaid | 167.85 | 31.55 | | 167.1 | 48 | | 505.4 percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| PRGRMG | 92603 | CPT | | | | outpatient | | | 532 | | 205.45 WellPoint | WellPoint | 171.2 | 32.18 | | 200.39 | 48 | | 505.4 percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| PRGRMG | 92603 | CPT | | | | outpatient | | | 532 | | 205.45 UHC | Medicare | 178.65 | | | 175.08 | 48 | | 505.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| PRGRMG | 92603 | CPT | | | | outpatient | | | 532 | | 205.45 Wellcare | Medicaid | 167.85 | 31.55 | | 49.05 | 48 | | 505.4 percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| SBSQ REPRGRMG | 92604 | CPT | | | | both | | | 532 | | 205.45 Consumer | Consumer | 505.4 | 95 | | | 48 | | 505.4 percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| SBSQ REPRGRMG | 92604 | CPT | | | | both | | | 532 | | 205.45 Aetna | Better Health | 167.85 | 31.55 | | 108.76 | 48 | | 505.4 percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| SBSQ REPRGRMG | 92604 | CPT | | | | both | | | 532 | | 205.45 Aetna | Medicare | 178.65 | | | 50.31 | 48 | | 505.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| SBSQ REPRGRMG | 92604 | CPT | | | | both | | | 532 | | 205.45 Americare | Americare | 399 | 75 | | | 48 | | 505.4 percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| SBSQ REPRGRMG | 92604 | CPT | | | | both | | | 532 | | 205.45 WellPoint | WellPoint | 171.2 | 32.18 | | 101.2 | 48 | | 505.4 percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| SBSQ REPRGRMG | 92604 | CPT | | | | both | | | 532 | | 205.45 Corrections | Corrections | 425.6 | 80 | | 162.33 | 48 | | 505.4 percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| SBSQ REPRGRMG | 92604 | CPT | | | | both | | | 532 | | 205.45 First Health | First Health | 372.4 | 70 | | | 48 | | 505.4 percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| SBSQ REPRGRMG | 92604 | CPT | | | | both | | | 532 | | 205.45 Horizon | NJ Health | 261 | | | 117.09 | 48 | | 505.4 fee schedule | |
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| SBSQ REPRGRMG | 92604 | CPT | | | | both | | | 532 | | 205.45 Amerihealth | HMO/PPO | 48 | | | 62.15 | 48 | | 505.4 fee schedule | |
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| SBSQ REPRGRMG | 92604 | CPT | | | | both | | | 532 | | 205.45 Horizon | Medicare Blue | 178.65 | | | 78.79 | 48 | | 505.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| SBSQ REPRGRMG | 92604 | CPT | | | | both | | | 532 | | 205.45 Multiplan | Multiplan | 425.6 | 80 | | | 48 | | 505.4 percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| SBSQ REPRGRMG | 92604 | CPT | | | | both | | | 532 | | 205.45 First Trenton | First Trenton | 478.8 | 90 | | | 48 | | 505.4 percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| SBSQ REPRGRMG | 92604 | CPT | | | | both | | | 532 | | 205.45 Qualcare | Qualcare | 399 | 75 | | | 48 | | 505.4 percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| SBSQ REPRGRMG | 92604 | CPT | | | | both | | | 532 | | 205.45 Horizon | Indemnity | 345.69 | | | 118.87 | 48 | | 505.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| SBSQ REPRGRMG | 92604 | CPT | | | | both | | | 532 | | 205.45 Three Rivers | Three Rivers | 505.4 | 95 | | | 48 | | 505.4 percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| SBSQ REPRGRMG | 92604 | CPT | | | | both | | | 532 | | 205.45 Horizon | MGD | 345.69 | | | 147.16 | 48 | | 505.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| SBSQ REPRGRMG | 92604 | CPT | | | | both | | | 532 | | 205.45 UHC | Medicare | 178.65 | | | 100.25 | 48 | | 505.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| SBSQ REPRGRMG | 92604 | CPT | | | | both | | | 532 | | 205.45 Horizon | PPO | 345.69 | | | 134.68 | 48 | | 505.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| SBSQ REPRGRMG | 92604 | CPT | | | | both | | | 532 | | 205.45 UHC | Medicaid | 167.85 | 31.55 | | 100.08 | 48 | | 505.4 percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| SBSQ REPRGRMG | 92604 | CPT | | | | both | | | 532 | | 205.45 Managed Care Inc | Managed Care Inc | 478.8 | 90 | | | 48 | | 505.4 percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| SBSQ REPRGRMG | 92604 | CPT | | | | both | | | 532 | | 205.45 Wellcare | Medicaid | 167.85 | 31.55 | | 108.11 | 48 | | 505.4 percent of total billed charges | |
| HC ANALYSIS COCHLEAR IMPLT 7 YR\| SBSQ REPRGRMG | 92604 | CPT | | | | both | | | 532 | | 205.45 Wellcare | Medicare | 178.65 | | | | 48 | | 505.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ST EVAL ORAL&PHARYNGEAL SWLNG FUNCJ | 92610 | CPT | | | | both | | | 265 | | Horizon | Indemnity | 101.44 | 38.28 | | | 77 | | 251.75 percent of total billed charges | |
| HC ST EVAL ORAL&PHARYNGEAL SWLNG FUNCJ | 92610 | CPT | | | | both | | | 265 | | Amerihealth | HMO/PPO | 77 | | | | 77 | | 251.75 fee schedule | |
| HC ST EVAL ORAL&PHARYNGEAL SWLNG FUNCJ | 92610 | CPT | | | | both | | | 265 | | Consumer | Consumer | 251.75 | 95 | | | 77 | | 251.75 percent of total billed charges | |
| HC ST EVAL ORAL&PHARYNGEAL SWLNG FUNCJ | 92610 | CPT | | | | both | | | 265 | | Aetna | Better Health | 83.61 | 31.55 | | 122.48 | 77 | | 251.75 percent of total billed charges | |
| HC ST EVAL ORAL&PHARYNGEAL SWLNG FUNCJ | 92610 | CPT | | | | both | | | 265 | | First Trenton | First Trenton | 238.5 | 90 | | | 77 | | 251.75 percent of total billed charges | |
| HC ST EVAL ORAL&PHARYNGEAL SWLNG FUNCJ | 92610 | CPT | | | | both | | | 265 | | Aetna | Medicare | 81.62 | 30.8 | | | 77 | | 251.75 percent of total billed charges | |
| HC ST EVAL ORAL&PHARYNGEAL SWLNG FUNCJ | 92610 | CPT | | | | both | | | 265 | | Americare | Americare | 198.75 | 75 | | | 77 | | 251.75 percent of total billed charges | |
| HC ST EVAL ORAL&PHARYNGEAL SWLNG FUNCJ | 92610 | CPT | | | | both | | | 265 | | Horizon | PPO | 101.44 | 38.28 | | 370.93 | 77 | | 251.75 percent of total billed charges | |
| HC ST EVAL ORAL&PHARYNGEAL SWLNG FUNCJ | 92610 | CPT | | | | both | | | 265 | | Qualcare | Qualcare | 198.75 | 75 | | | 77 | | 251.75 percent of total billed charges | |
| HC ST EVAL ORAL&PHARYNGEAL SWLNG FUNCJ | 92610 | CPT | | | | both | | | 265 | | First Health | First Health | 185.5 | 70 | | | 77 | | 251.75 percent of total billed charges | |
| HC ST EVAL ORAL&PHARYNGEAL SWLNG FUNCJ | 92610 | CPT | | | | both | | | 265 | | Corrections | Corrections | 212 | 80 | | | 77 | | 251.75 percent of total billed charges | |
| HC ST EVAL ORAL&PHARYNGEAL SWLNG FUNCJ | 92610 | CPT | | | | both | | | 265 | | UHC | Medicaid | 83.61 | 31.55 | | 126.42 | 77 | | 251.75 percent of total billed charges | |
| HC ST EVAL ORAL&PHARYNGEAL SWLNG FUNCJ | 92610 | CPT | | | | both | | | 265 | | Managed Care Inc | Managed Care Inc | 238.5 | 90 | | | 77 | | 251.75 percent of total billed charges | |
| HC ST EVAL ORAL&PHARYNGEAL SWLNG FUNCJ | 92610 | CPT | | | | both | | | 265 | | Horizon | MGD | 101.44 | 38.28 | | | 77 | | 251.75 percent of total billed charges | |
| HC ST EVAL ORAL&PHARYNGEAL SWLNG FUNCJ | 92610 | CPT | | | | both | | | 265 | | Horizon | Medicare Blue | 79.5 | 30 | | 21.72 | 77 | | 251.75 percent of total billed charges | |
| HC ST EVAL ORAL&PHARYNGEAL SWLNG FUNCJ | 92610 | CPT | | | | both | | | 265 | | Wellcare | Medicaid | 83.61 | 31.55 | | | 77 | | 251.75 percent of total billed charges | |
| HC ST EVAL ORAL&PHARYNGEAL SWLNG FUNCJ | 92610 | CPT | | | | both | | | 265 | | WellPoint | WellPoint | 85.28 | 32.18 | | 69.97 | 77 | | 251.75 percent of total billed charges | |
| HC ST EVAL ORAL&PHARYNGEAL SWLNG FUNCJ | 92610 | CPT | | | | both | | | 265 | | Horizon | NJ Health | 168.74 | | | 11.17 | 77 | | 251.75 fee schedule | |
| HC ST EVAL ORAL&PHARYNGEAL SWLNG FUNCJ | 92610 | CPT | | | | both | | | 265 | | Multiplan | Multiplan | 212 | 80 | | | 77 | | 251.75 percent of total billed charges | |
| HC ST EVAL ORAL&PHARYNGEAL SWLNG FUNCJ | 92610 | CPT | | | | both | | | 265 | | Three Rivers | Three Rivers | 251.75 | 95 | | | 77 | | 251.75 percent of total billed charges | |
| HC ST MOTION FLUOR EVAL SWLNG FUNCJ C/V REC | 92611 | CPT | | | | both | | | 999 | | Amerihealth | HMO/PPO | 77 | | | | 77 | | 949.05 fee schedule | |
| HC ST MOTION FLUOR EVAL SWLNG FUNCJ C/V REC | 92611 | CPT | | | | both | | | 999 | | Americare | Americare | 749.25 | 75 | | | 77 | | 949.05 percent of total billed charges | |
| HC ST MOTION FLUOR EVAL SWLNG FUNCJ C/V REC | 92611 | CPT | | | | both | | | 999 | | Corrections | Corrections | 799.2 | 80 | | | 77 | | 949.05 percent of total billed charges | |
| HC ST MOTION FLUOR EVAL SWLNG FUNCJ C/V REC | 92611 | CPT | | | | both | | | 999 | | Aetna | Medicare | 307.69 | 30.8 | | 100.05 | 77 | | 949.05 percent of total billed charges | |
| HC ST MOTION FLUOR EVAL SWLNG FUNCJ C/V REC | 92611 | CPT | | | | both | | | 999 | | First Health | First Health | 699.3 | 70 | | | 77 | | 949.05 percent of total billed charges | |
| HC ST MOTION FLUOR EVAL SWLNG FUNCJ C/V REC | 92611 | CPT | | | | both | | | 999 | | Multiplan | Multiplan | 799.2 | 80 | | | 77 | | 949.05 percent of total billed charges | |
| HC ST MOTION FLUOR EVAL SWLNG FUNCJ C/V REC | 92611 | CPT | | | | both | | | 999 | | Aetna | Better Health | 315.18 | 31.55 | | | 77 | | 949.05 percent of total billed charges | |
| HC ST MOTION FLUOR EVAL SWLNG FUNCJ C/V REC | 92611 | CPT | | | | both | | | 999 | | Horizon | NJ Health | 96.63 | | | 60 | 77 | | 949.05 fee schedule | |
| HC ST MOTION FLUOR EVAL SWLNG FUNCJ C/V REC | 92611 | CPT | | | | both | | | 999 | | Horizon | MGD | 382.42 | 38.28 | | | 77 | | 949.05 percent of total billed charges | |
| HC ST MOTION FLUOR EVAL SWLNG FUNCJ C/V REC | 92611 | CPT | | | | both | | | 999 | | Qualcare | Qualcare | 749.25 | 75 | | | 77 | | 949.05 percent of total billed charges | |
| HC ST MOTION FLUOR EVAL SWLNG FUNCJ C/V REC | 92611 | CPT | | | | both | | | 999 | | Horizon | Indemnity | 382.42 | 38.28 | | | 77 | | 949.05 percent of total billed charges | |
| HC ST MOTION FLUOR EVAL SWLNG FUNCJ C/V REC | 92611 | CPT | | | | both | | | 999 | | Wellcare | Medicaid | 315.18 | 31.55 | | | 77 | | 949.05 percent of total billed charges | |
| HC ST MOTION FLUOR EVAL SWLNG FUNCJ C/V REC | 92611 | CPT | | | | both | | | 999 | | Consumer | Consumer | 949.05 | 95 | | | 77 | | 949.05 percent of total billed charges | |
| HC ST MOTION FLUOR EVAL SWLNG FUNCJ C/V REC | 92611 | CPT | | | | both | | | 999 | | Horizon | Medicare Blue | 299.7 | 30 | | | 77 | | 949.05 percent of total billed charges | |
| HC ST MOTION FLUOR EVAL SWLNG FUNCJ C/V REC | 92611 | CPT | | | | both | | | 999 | | First Trenton | First Trenton | 899.1 | 90 | | | 77 | | 949.05 percent of total billed charges | |
| HC ST MOTION FLUOR EVAL SWLNG FUNCJ C/V REC | 92611 | CPT | | | | both | | | 999 | | UHC | Medicaid | 315.18 | 31.55 | | 288.23 | 77 | | 949.05 percent of total billed charges | |
| HC ST MOTION FLUOR EVAL SWLNG FUNCJ C/V REC | 92611 | CPT | | | | both | | | 999 | | Horizon | PPO | 382.42 | 38.28 | | | 77 | | 949.05 percent of total billed charges | |
| HC ST MOTION FLUOR EVAL SWLNG FUNCJ C/V REC | 92611 | CPT | | | | both | | | 999 | | WellPoint | WellPoint | 321.48 | 32.18 | | 112.71 | 77 | | 949.05 percent of total billed charges | |
| HC ST MOTION FLUOR EVAL SWLNG FUNCJ C/V REC | 92611 | CPT | | | | both | | | 999 | | Managed Care Inc | Managed Care Inc | 899.1 | 90 | | | 77 | | 949.05 percent of total billed charges | |
| HC ST MOTION FLUOR EVAL SWLNG FUNCJ C/V REC | 92611 | CPT | | | | both | | | 999 | | Three Rivers | Three Rivers | 949.05 | 95 | | | 77 | | 949.05 percent of total billed charges | |
| HC ST FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC | 92612 | CPT | | | | both | | | 958 | | Corrections | Corrections | 766.4 | 80 | | | 287.4 | | 910.1 percent of total billed charges | |
| HC ST FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC | 92612 | CPT | | | | both | | | 958 | | UHC | Medicaid | 302.25 | 31.55 | | | 287.4 | | 910.1 percent of total billed charges | |
| HC ST FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC | 92612 | CPT | | | | both | | | 958 | | Consumer | Consumer | 910.1 | 95 | | | 287.4 | | 910.1 percent of total billed charges | |
| HC ST FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC | 92612 | CPT | | | | both | | | 958 | | Aetna | Better Health | 302.25 | 31.55 | | | 287.4 | | 910.1 percent of total billed charges | |
| HC ST FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC | 92612 | CPT | | | | both | | | 958 | | Americare | Americare | 718.5 | 75 | | | 287.4 | | 910.1 percent of total billed charges | |
| HC ST FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC | 92612 | CPT | | | | both | | | 958 | | Amerihealth | HMO/PPO | 300 | | | | 287.4 | | 910.1 fee schedule | |
| HC ST FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC | 92612 | CPT | | | | both | | | 958 | | Aetna | Medicare | 295.08 | 30.8 | | | 287.4 | | 910.1 percent of total billed charges | |
| HC ST FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC | 92612 | CPT | | | | both | | | 958 | | WellPoint | WellPoint | 308.28 | 32.18 | | | 287.4 | | 910.1 percent of total billed charges | |
| HC ST FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC | 92612 | CPT | | | | both | | | 958 | | Horizon | Medicare Blue | 287.4 | 30 | | | 287.4 | | 910.1 percent of total billed charges | |
| HC ST FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC | 92612 | CPT | | | | both | | | 958 | | First Health | First Health | 670.6 | 70 | | | 287.4 | | 910.1 percent of total billed charges | |
| HC ST FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC | 92612 | CPT | | | | both | | | 958 | | Wellcare | Medicaid | 302.25 | 31.55 | | | 287.4 | | 910.1 percent of total billed charges | |
| HC ST FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC | 92612 | CPT | | | | both | | | 958 | | Horizon | MGD | 366.72 | 38.28 | | | 287.4 | | 910.1 percent of total billed charges | |
| HC ST FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC | 92612 | CPT | | | | both | | | 958 | | First Trenton | First Trenton | 862.2 | 90 | | | 287.4 | | 910.1 percent of total billed charges | |
| HC ST FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC | 92612 | CPT | | | | both | | | 958 | | Multiplan | Multiplan | 766.4 | 80 | | | 287.4 | | 910.1 percent of total billed charges | |
| HC ST FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC | 92612 | CPT | | | | both | | | 958 | | Horizon | Indemnity | 366.72 | 38.28 | | | 287.4 | | 910.1 percent of total billed charges | |
| HC ST FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC | 92612 | CPT | | | | both | | | 958 | | Qualcare | Qualcare | 718.5 | 75 | | | 287.4 | | 910.1 percent of total billed charges | |
| HC ST FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC | 92612 | CPT | | | | both | | | 958 | | Horizon | PPO | 366.72 | 38.28 | | | 287.4 | | 910.1 percent of total billed charges | |
| HC ST FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC | 92612 | CPT | | | | both | | | 958 | | Managed Care Inc | Managed Care Inc | 862.2 | 90 | | | 287.4 | | 910.1 percent of total billed charges | |
| HC ST FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC | 92612 | CPT | | | | both | | | 958 | | Three Rivers | Three Rivers | 910.1 | 95 | | | 287.4 | | 910.1 percent of total billed charges | |
| HC ST FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V REC | 92616 | CPT | | | | both | | | 1076 | | Amerihealth | HMO/PPO | 300 | | | | 192.08 | | 1022.2 fee schedule | |
| HC ST FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V REC | 92616 | CPT | | | | both | | | 1076 | | Aetna | Medicare | 331.41 | 30.8 | | | 192.08 | | 1022.2 percent of total billed charges | |
| HC ST FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V REC | 92616 | CPT | | | | both | | | 1076 | | First Trenton | First Trenton | 968.4 | 90 | | | 192.08 | | 1022.2 percent of total billed charges | |
| HC ST FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V REC | 92616 | CPT | | | | both | | | 1076 | | Horizon | Indemnity | 411.89 | 38.28 | | | 192.08 | | 1022.2 percent of total billed charges | |
| HC ST FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V REC | 92616 | CPT | | | | both | | | 1076 | | Aetna | Better Health | 339.48 | 31.55 | | | 192.08 | | 1022.2 percent of total billed charges | |
| HC ST FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V REC | 92616 | CPT | | | | both | | | 1076 | | Corrections | Corrections | 860.8 | 80 | | | 192.08 | | 1022.2 percent of total billed charges | |
| HC ST FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V REC | 92616 | CPT | | | | both | | | 1076 | | Horizon | PPO | 411.89 | 38.28 | | | 192.08 | | 1022.2 percent of total billed charges | |
| HC ST FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V REC | 92616 | CPT | | | | both | | | 1076 | | Americare | Americare | 807 | 75 | | | 192.08 | | 1022.2 percent of total billed charges | |
| HC ST FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V REC | 92616 | CPT | | | | both | | | 1076 | | First Health | First Health | 753.2 | 70 | | | 192.08 | | 1022.2 percent of total billed charges | |
| HC ST FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V REC | 92616 | CPT | | | | both | | | 1076 | | Consumer | Consumer | 1022.2 | 95 | | | 192.08 | | 1022.2 percent of total billed charges | |
| HC ST FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V REC | 92616 | CPT | | | | both | | | 1076 | | Managed Care Inc | Managed Care Inc | 968.4 | 90 | | | 192.08 | | 1022.2 percent of total billed charges | |
| HC ST FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V REC | 92616 | CPT | | | | both | | | 1076 | | Horizon | Medicare Blue | 322.8 | 30 | | | 192.08 | | 1022.2 percent of total billed charges | |
| HC ST FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V REC | 92616 | CPT | | | | both | | | 1076 | | WellPoint | WellPoint | 346.26 | 32.18 | | | 192.08 | | 1022.2 percent of total billed charges | |
| HC ST FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V REC | 92616 | CPT | | | | both | | | 1076 | | Horizon | MGD | 411.89 | 38.28 | | | 192.08 | | 1022.2 percent of total billed charges | |
| HC ST FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V REC | 92616 | CPT | | | | both | | | 1076 | | UHC | Medicaid | 339.48 | 31.55 | | | 192.08 | | 1022.2 percent of total billed charges | |
| HC ST FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V REC | 92616 | CPT | | | | both | | | 1076 | | Multiplan | Multiplan | 860.8 | 80 | | | 192.08 | | 1022.2 percent of total billed charges | |
| HC ST FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V REC | 92616 | CPT | | | | both | | | 1076 | | Wellcare | Medicaid | 339.48 | 31.55 | | | 192.08 | | 1022.2 percent of total billed charges | |
| HC ST FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V REC | 92616 | CPT | | | | both | | | 1076 | | Horizon | NJ Health | 192.08 | | | | 192.08 | | 1022.2 fee schedule | |
| HC ST FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V REC | 92616 | CPT | | | | both | | | 1076 | | Qualcare | Qualcare | 807 | 75 | | | 192.08 | | 1022.2 percent of total billed charges | |
| HC ST FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V REC | 92616 | CPT | | | | both | | | 1076 | | Three Rivers | Three Rivers | 1022.2 | 95 | | | 192.08 | | 1022.2 percent of total billed charges | |
| HC EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN | 92620 | CPT | | | | outpatient | | | 532 | | 205.45 Americare | Americare | 399 | 75 | | | 25 | | 505.4 percent of total billed charges | |
| HC EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN | 92620 | CPT | | | | outpatient | | | 532 | | 205.45 Aetna | Better Health | 167.85 | 31.55 | | | 25 | | 505.4 percent of total billed charges | |
| HC EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN | 92620 | CPT | | | | outpatient | | | 532 | | 205.45 First Health | First Health | 372.4 | 70 | | | 25 | | 505.4 percent of total billed charges | |
| HC EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN | 92620 | CPT | | | | outpatient | | | 532 | | 205.45 Amerihealth | HMO/PPO | 25 | | | | 25 | | 505.4 fee schedule | |
| HC EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN | 92620 | CPT | | | | outpatient | | | 532 | | 205.45 Aetna | Medicare | 178.65 | | | | 25 | | 505.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN | 92620 | CPT | | | | outpatient | | | 532 | | 205.45 Corrections | Corrections | 425.6 | 80 | | | 25 | | 505.4 percent of total billed charges | |
| HC EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN | 92620 | CPT | | | | outpatient | | | 532 | | 205.45 Horizon | MGD | 345.69 | | | | 25 | | 505.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN | 92620 | CPT | | | | outpatient | | | 532 | | 205.45 UHC | Medicare | 178.65 | | | | 25 | | 505.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN | 92620 | CPT | | | | outpatient | | | 532 | | 205.45 Horizon | Medicare Blue | 178.65 | | | | 25 | | 505.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN | 92620 | CPT | | | | outpatient | | | 532 | | 205.45 Consumer | Consumer | 505.4 | 95 | | | 25 | | 505.4 percent of total billed charges | |
| HC EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN | 92620 | CPT | | | | outpatient | | | 532 | | 205.45 Multiplan | Multiplan | 425.6 | 80 | | | 25 | | 505.4 percent of total billed charges | |
| HC EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN | 92620 | CPT | | | | outpatient | | | 532 | | 205.45 Horizon | Indemnity | 345.69 | | | | 25 | | 505.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN | 92620 | CPT | | | | outpatient | | | 532 | | 205.45 Qualcare | Qualcare | 399 | 75 | | | 25 | | 505.4 percent of total billed charges | |
| HC EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN | 92620 | CPT | | | | outpatient | | | 532 | | 205.45 Horizon | PPO | 345.69 | | | | 25 | | 505.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN | 92620 | CPT | | | | outpatient | | | 532 | | 205.45 UHC | Medicaid | 167.85 | 31.55 | | | 25 | | 505.4 percent of total billed charges | |
| HC EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN | 92620 | CPT | | | | outpatient | | | 532 | | 205.45 Wellcare | Medicaid | 167.85 | 31.55 | | | 25 | | 505.4 percent of total billed charges | |
| HC EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN | 92620 | CPT | | | | outpatient | | | 532 | | 205.45 First Trenton | First Trenton | 478.8 | 90 | | | 25 | | 505.4 percent of total billed charges | |
| HC EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN | 92620 | CPT | | | | outpatient | | | 532 | | 205.45 Wellcare | Medicare | 178.65 | | | | 25 | | 505.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN | 92620 | CPT | | | | outpatient | | | 532 | | 205.45 Horizon | NJ Health | 281.88 | | | | 25 | | 505.4 fee schedule | |
| HC EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN | 92620 | CPT | | | | outpatient | | | 532 | | 205.45 WellPoint | WellPoint | 171.2 | 32.18 | | | 25 | | 505.4 percent of total billed charges | |
| HC EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN | 92620 | CPT | | | | outpatient | | | 532 | | 205.45 Managed Care Inc | Managed Care Inc | 478.8 | 90 | | | 25 | | 505.4 percent of total billed charges | |
| HC EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN | 92620 | CPT | | | | outpatient | | | 532 | | 205.45 Three Rivers | Three Rivers | 505.4 | 95 | | | 25 | | 505.4 percent of total billed charges | |
| HC DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60 | 92622 | CPT | | | | outpatient | | | 554 | | 205.45 First Trenton | First Trenton | 498.6 | 90 | | | 174.79 | | 526.3 percent of total billed charges | |
| HC DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60 | 92622 | CPT | | | | outpatient | | | 554 | | 205.45 Aetna | Better Health | 174.79 | 31.55 | | 174.79 | 174.79 | | 526.3 percent of total billed charges | |
| HC DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60 | 92622 | CPT | | | | outpatient | | | 554 | | 205.45 First Health | First Health | 387.8 | 70 | | | 174.79 | | 526.3 percent of total billed charges | |
| HC DX ALY PRGRMG&VERIF AUD OI

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60 | 92622 | CPT | | | | outpatient | | | 554 | 205.45 | Horizon | PPO | 345.69 | | | | 174.79 | 526.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60 | 92622 | CPT | | | | outpatient | | | 554 | 205.45 | UHC | Medicaid | 174.79 | 31.55 | | | 165.67 | 174.79 | 526.3 | percent of total billed charges |
| HC DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60 | 92622 | CPT | | | | outpatient | | | 554 | 205.45 | Horizon | MGD | 345.69 | | | | 178.97 | 174.79 | 526.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60 | 92622 | CPT | | | | outpatient | | | 554 | 205.45 | WellPoint | WellPoint | 178.28 | 32.18 | | | 175.41 | 174.79 | 526.3 | percent of total billed charges |
| HC DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60 | 92622 | CPT | | | | outpatient | | | 554 | 205.45 | Consumer | Consumer | 526.3 | 95 | | | | 174.79 | 526.3 | percent of total billed charges |
| HC DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60 | 92622 | CPT | | | | outpatient | | | 554 | 205.45 | Wellcare | Medicare | 178.65 | | | | | 174.79 | 526.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60 | 92622 | CPT | | | | outpatient | | | 554 | 205.45 | Multiplan | Multiplan | 443.2 | 80 | | | | 174.79 | 526.3 | percent of total billed charges |
| HC DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60 | 92622 | CPT | | | | outpatient | | | 554 | 205.45 | Managed Care Inc | Managed Care Inc | 498.6 | 90 | | | | 174.79 | 526.3 | percent of total billed charges |
| HC DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60 | 92622 | CPT | | | | outpatient | | | 554 | 205.45 | Qualcare | Qualcare | 415.5 | 75 | | | | 174.79 | 526.3 | percent of total billed charges |
| HC DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60 | 92622 | CPT | | | | outpatient | | | 554 | 205.45 | Three Rivers | Three Rivers | 526.3 | 95 | | | | 174.79 | 526.3 | percent of total billed charges |
| HC DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL | 92623 | CPT | | | | outpatient | | | 58.11 | | WellPoint | WellPoint | 18.7 | 32.18 | | | | 17.43 | 55.2 | percent of total billed charges |
| HC DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL | 92623 | CPT | | | | outpatient | | | 58.11 | | Wellcare | Medicaid | 18.33 | 31.55 | | | | 17.43 | 55.2 | percent of total billed charges |
| HC DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL | 92623 | CPT | | | | outpatient | | | 58.11 | | First Health | First Health | 40.68 | 70 | | | | 17.43 | 55.2 | percent of total billed charges |
| HC DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL | 92623 | CPT | | | | outpatient | | | 58.11 | | Americare | Americare | 43.58 | 75 | | | | 17.43 | 55.2 | percent of total billed charges |
| HC DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL | 92623 | CPT | | | | outpatient | | | 58.11 | | Aetna | Medicare | 17.9 | 30.8 | | | | 17.43 | 55.2 | percent of total billed charges |
| HC DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL | 92623 | CPT | | | | outpatient | | | 58.11 | | Amerihealth | HMO/PPO | 37.77 | 65 | | | | 17.43 | 55.2 | percent of total billed charges |
| HC DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL | 92623 | CPT | | | | outpatient | | | 58.11 | | Aetna | Better Health | 18.33 | 31.55 | | | | 17.43 | 55.2 | percent of total billed charges |
| HC DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL | 92623 | CPT | | | | outpatient | | | 58.11 | | Corrections | Corrections | 46.49 | 80 | | | | 17.43 | 55.2 | percent of total billed charges |
| HC DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL | 92623 | CPT | | | | outpatient | | | 58.11 | | Horizon | MGD | 22.24 | 38.28 | | | | 17.43 | 55.2 | percent of total billed charges |
| HC DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL | 92623 | CPT | | | | outpatient | | | 58.11 | | Multiplan | Multiplan | 46.49 | 80 | | | | 17.43 | 55.2 | percent of total billed charges |
| HC DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL | 92623 | CPT | | | | outpatient | | | 58.11 | | Horizon | Indemnity | 22.24 | 38.28 | | | | 17.43 | 55.2 | percent of total billed charges |
| HC DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL | 92623 | CPT | | | | outpatient | | | 58.11 | | Consumer | Consumer | 55.2 | 95 | | | | 17.43 | 55.2 | percent of total billed charges |
| HC DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL | 92623 | CPT | | | | outpatient | | | 58.11 | | UHC | Medicaid | 18.33 | 31.55 | | | | 17.43 | 55.2 | percent of total billed charges |
| HC DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL | 92623 | CPT | | | | outpatient | | | 58.11 | | Qualcare | Qualcare | 43.58 | 75 | | | | 17.43 | 55.2 | percent of total billed charges |
| HC DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL | 92623 | CPT | | | | outpatient | | | 58.11 | | Horizon | Medicare Blue | 17.43 | 30 | | | | 17.43 | 55.2 | percent of total billed charges |
| HC DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL | 92623 | CPT | | | | outpatient | | | 58.11 | | First Trenton | First Trenton | 52.3 | 90 | | | | 17.43 | 55.2 | percent of total billed charges |
| HC DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL | 92623 | CPT | | | | outpatient | | | 58.11 | | Horizon | PPO | 22.24 | 38.28 | | | | 17.43 | 55.2 | percent of total billed charges |
| HC DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL | 92623 | CPT | | | | outpatient | | | 58.11 | | Managed Care Inc | Managed Care Inc | 52.3 | 90 | | | | 17.43 | 55.2 | percent of total billed charges |
| HC DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL | 92623 | CPT | | | | outpatient | | | 58.11 | | Three Rivers | Three Rivers | 55.2 | 95 | | | | 17.43 | 55.2 | percent of total billed charges |
| HC ASSESSMENT TINNITUS | 92625 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | Indemnity | 345.69 | | | | | 25 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASSESSMENT TINNITUS | 92625 | CPT | | | | outpatient | | | 532 | 205.45 | Multiplan | Multiplan | 425.6 | 80 | | | | 25 | 505.4 | percent of total billed charges |
| HC ASSESSMENT TINNITUS | 92625 | CPT | | | | outpatient | | | 532 | 205.45 | Amerihealth | HMO/PPO | 25 | | | | | 25 | 505.4 | fee schedule |
| HC ASSESSMENT TINNITUS | 92625 | CPT | | | | outpatient | | | 532 | 205.45 | Consumer | Consumer | 505.4 | 95 | | | | 25 | 505.4 | percent of total billed charges |
| HC ASSESSMENT TINNITUS | 92625 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | Medicare Blue | 178.65 | | | | | 25 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASSESSMENT TINNITUS | 92625 | CPT | | | | outpatient | | | 532 | 205.45 | Americare | Americare | 399 | 75 | | | | 25 | 505.4 | percent of total billed charges |
| HC ASSESSMENT TINNITUS | 92625 | CPT | | | | outpatient | | | 532 | 205.45 | First Health | First Health | 372.4 | 70 | | | | 25 | 505.4 | percent of total billed charges |
| HC ASSESSMENT TINNITUS | 92625 | CPT | | | | outpatient | | | 532 | 205.45 | Aetna | Better Health | 167.85 | 31.55 | | | | 25 | 505.4 | percent of total billed charges |
| HC ASSESSMENT TINNITUS | 92625 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | PPO | 345.69 | | | | | 25 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASSESSMENT TINNITUS | 92625 | CPT | | | | outpatient | | | 532 | 205.45 | Wellcare | Medicaid | 167.85 | 31.55 | | | | 25 | 505.4 | percent of total billed charges |
| HC ASSESSMENT TINNITUS | 92625 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | MGD | 345.69 | | | | | 25 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASSESSMENT TINNITUS | 92625 | CPT | | | | outpatient | | | 532 | 205.45 | Corrections | Corrections | 425.6 | 80 | | | | 25 | 505.4 | percent of total billed charges |
| HC ASSESSMENT TINNITUS | 92625 | CPT | | | | outpatient | | | 532 | 205.45 | UHC | Medicare | 178.65 | | | | | 25 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASSESSMENT TINNITUS | 92625 | CPT | | | | outpatient | | | 532 | 205.45 | Aetna | Medicare | 178.65 | | | | | 25 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASSESSMENT TINNITUS | 92625 | CPT | | | | outpatient | | | 532 | 205.45 | Three Rivers | Three Rivers | 505.4 | 95 | | | | 25 | 505.4 | percent of total billed charges |
| HC ASSESSMENT TINNITUS | 92625 | CPT | | | | outpatient | | | 532 | 205.45 | First Trenton | First Trenton | 478.8 | 90 | | | | 25 | 505.4 | percent of total billed charges |
| HC ASSESSMENT TINNITUS | 92625 | CPT | | | | outpatient | | | 532 | 205.45 | WellPoint | WellPoint | 171.2 | 32.18 | | | | 25 | 505.4 | percent of total billed charges |
| HC ASSESSMENT TINNITUS | 92625 | CPT | | | | outpatient | | | 532 | 205.45 | Qualcare | Qualcare | 399 | 75 | | | | 25 | 505.4 | percent of total billed charges |
| HC ASSESSMENT TINNITUS | 92625 | CPT | | | | outpatient | | | 532 | 205.45 | UHC | Medicaid | 167.85 | 31.55 | | | | 25 | 505.4 | percent of total billed charges |
| HC ASSESSMENT TINNITUS | 92625 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | NJ Health | 64.65 | | | | | 25 | 505.4 | fee schedule |
| HC ASSESSMENT TINNITUS | 92625 | CPT | | | | outpatient | | | 532 | 205.45 | Wellcare | Medicare | 178.65 | | | | | 25 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ASSESSMENT TINNITUS | 92625 | CPT | | | | outpatient | | | 532 | 205.45 | Managed Care Inc | Managed Care Inc | 478.8 | 90 | | | | 25 | 505.4 | percent of total billed charges |
| HC EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR | 92626 | CPT | | | | outpatient | | | 532 | 205.45 | First Health | First Health | 372.4 | 70 | | | | 25 | 505.4 | percent of total billed charges |
| HC EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR | 92626 | CPT | | | | outpatient | | | 532 | 205.45 | Americare | Americare | 399 | 75 | | | | 25 | 505.4 | percent of total billed charges |
| HC EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR | 92626 | CPT | | | | outpatient | | | 532 | 205.45 | Aetna | Better Health | 167.85 | 31.55 | | 104.2 | | 25 | 505.4 | percent of total billed charges |
| HC EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR | 92626 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | Indemnity | 345.69 | | | 114.96 | | 25 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR | 92626 | CPT | | | | outpatient | | | 532 | 205.45 | First Trenton | First Trenton | 478.8 | 90 | | | | 25 | 505.4 | percent of total billed charges |
| HC EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR | 92626 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | MGD | 345.69 | | | 116.67 | | 25 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR | 92626 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | Medicare Blue | 178.65 | | | 88.82 | | 25 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR | 92626 | CPT | | | | outpatient | | | 532 | 205.45 | Aetna | Medicare | 178.65 | | | 92.38 | | 25 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR | 92626 | CPT | | | | outpatient | | | 532 | 205.45 | Managed Care Inc | Managed Care Inc | 478.8 | 90 | | | | 25 | 505.4 | percent of total billed charges |
| HC EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR | 92626 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | NJ Health | 118 | | | 161.27 | | 25 | 505.4 | fee schedule |
| HC EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR | 92626 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | PPO | 345.69 | | | 123.36 | | 25 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR | 92626 | CPT | | | | outpatient | | | 532 | 205.45 | Multiplan | Multiplan | 425.6 | 80 | | | | 25 | 505.4 | percent of total billed charges |
| HC EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR | 92626 | CPT | | | | outpatient | | | 532 | 205.45 | Three Rivers | Three Rivers | 505.4 | 95 | | | | 25 | 505.4 | percent of total billed charges |
| HC EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR | 92626 | CPT | | | | outpatient | | | 532 | 205.45 | Amerihealth | HMO/PPO | 25 | | | 80.85 | | 25 | 505.4 | fee schedule |
| HC EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR | 92626 | CPT | | | | outpatient | | | 532 | 205.45 | UHC | Medicaid | 167.85 | 31.55 | | 86.45 | | 25 | 505.4 | percent of total billed charges |
| HC EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR | 92626 | CPT | | | | outpatient | | | 532 | 205.45 | Qualcare | Qualcare | 399 | 75 | | | | 25 | 505.4 | percent of total billed charges |
| HC EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR | 92626 | CPT | | | | outpatient | | | 532 | 205.45 | WellPoint | WellPoint | 171.2 | 32.18 | | 126.3 | | 25 | 505.4 | percent of total billed charges |
| HC EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR | 92626 | CPT | | | | outpatient | | | 532 | 205.45 | Consumer | Consumer | 505.4 | 95 | | | | 25 | 505.4 | percent of total billed charges |
| HC EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR | 92626 | CPT | | | | outpatient | | | 532 | 205.45 | UHC | Medicare | 178.65 | | | 74.96 | | 25 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR | 92626 | CPT | | | | outpatient | | | 532 | 205.45 | Corrections | Corrections | 425.6 | 80 | | | | 25 | 505.4 | percent of total billed charges |
| HC EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR | 92626 | CPT | | | | outpatient | | | 532 | 205.45 | Wellcare | Medicare | 178.65 | | | | | 25 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR | 92626 | CPT | | | | outpatient | | | 532 | 205.45 | Wellcare | Medicaid | 167.85 | 31.55 | | 117.66 | | 25 | 505.4 | percent of total billed charges |
| HC ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR | 92640 | CPT | | | | outpatient | | | 532 | 205.45 | Aetna | Better Health | 167.85 | 31.55 | | | | 25 | 505.4 | percent of total billed charges |
| HC ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR | 92640 | CPT | | | | outpatient | | | 532 | 205.45 | Aetna | Medicare | 178.65 | | | | | 25 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR | 92640 | CPT | | | | outpatient | | | 532 | 205.45 | UHC | Medicare | 178.65 | | | | | 25 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR | 92640 | CPT | | | | outpatient | | | 532 | 205.45 | Multiplan | Multiplan | 425.6 | 80 | | | | 25 | 505.4 | percent of total billed charges |
| HC ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR | 92640 | CPT | | | | outpatient | | | 532 | 205.45 | Consumer | Consumer | 505.4 | 95 | | | | 25 | 505.4 | percent of total billed charges |
| HC ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR | 92640 | CPT | | | | outpatient | | | 532 | 205.45 | Americare | Americare | 399 | 75 | | | | 25 | 505.4 | percent of total billed charges |
| HC ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR | 92640 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | Indemnity | 345.69 | | | | | 25 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR | 92640 | CPT | | | | outpatient | | | 532 | 205.45 | Qualcare | Qualcare | 399 | 75 | | | | 25 | 505.4 | percent of total billed charges |
| HC ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR | 92640 | CPT | | | | outpatient | | | 532 | 205.45 | First Health | First Health | 372.4 | 70 | | | | 25 | 505.4 | percent of total billed charges |
| HC ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR | 92640 | CPT | | | | outpatient | | | 532 | 205.45 | Amerihealth | HMO/PPO | 25 | | | | | 25 | 505.4 | fee schedule |
| HC ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR | 92640 | CPT | | | | outpatient | | | 532 | 205.45 | Wellcare | Medicaid | 167.85 | 31.55 | | | | 25 | 505.4 | percent of total billed charges |
| HC ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR | 92640 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | Medicare Blue | 178.65 | | | | | 25 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR | 92640 | CPT | | | | outpatient | | | 532 | 205.45 | Corrections | Corrections | 425.6 | 80 | | | | 25 | 505.4 | percent of total billed charges |
| HC ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR | 92640 | CPT | | | | outpatient | | | 532 | 205.45 | Three Rivers | Three Rivers | 505.4 | 95 | | | | 25 | 505.4 | percent of total billed charges |
| HC ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR | 92640 | CPT | | | | outpatient | | | 532 | 205.45 | First Trenton | First Trenton | 478.8 | 90 | | | | 25 | 505.4 | percent of total billed charges |
| HC ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR | 92640 | CPT | | | | outpatient | | | 532 | 205.45 | Wellcare | Medicare | 178.65 | | | | | 25 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR | 92640 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | MGD | 345.69 | | | | | 25 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR | 92640 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | PPO | 345.69 | | | | | 25 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR | 92640 | CPT | | | | outpatient | | | 532 | 205.45 | Managed Care Inc | Managed Care Inc | 478.8 | 90 | | | | 25 | 505.4 | percent of total billed charges |
| HC ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR | 92640 | CPT | | | | outpatient | | | 532 | 205.45 | UHC | Medicaid | 167.85 | 31.55 | | | | 25 | 505.4 | percent of total billed charges |
| HC ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR | 92640 | CPT | | | | outpatient | | | 532 | 205.45 | WellPoint | WellPoint | 171.2 | 32.18 | | | | 25 | 505.4 | percent of total billed charges |
| HC AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS | 92650 | CPT | | | | both | | | 30.61 | | Horizon | MGD | 11.72 | 38.28 | | | | 9.18 | 40.51 | percent of total billed charges |
| HC AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS | 92650 | CPT | | | | both | | | 30.61 | | Aetna | Medicare | 9.43 | 30.8 | | | | 9.18 | 40.51 | percent of total billed charges |
| HC AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS | 92650 | CPT | | | | both | | | 30.61 | | Aetna | Better Health | 9.66 | 31.55 | | | | 9.18 | 40.51 | percent of total billed charges |
| HC AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS | 92650 | CPT | | | | both | | | 30.61 | | First Trenton | First Trenton | 27.55 | 90 | | | | 9.18 | 40.51 | percent of total billed charges |
| HC AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS | 92650 | CPT | | | | both | | | 30.61 | | First Health | First Health | 21.43 | 70 | | | | 9.18 | 40.51 | percent of total billed charges |
| HC AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS | 92650 | CPT | | | | both | | | 30.61 | | Consumer | Consumer | 29.08 | 95 | | | | 9.18 | 40.51 | percent of total billed charges |
| HC AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS | 92650 | CPT | | | | both | | | 30.61 | | Americare | Americare | 22.96 | 75 | | | | 9.18 | 40.51 | percent of total billed charges |
| HC AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS | 92650 | CPT | | | | both | | | 30.61 | | Corrections | Corrections | 24.49 | 80 | | | | 9.18 | 40.51 | percent of total billed charges |
| HC AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS | 92650 | CPT | | | | both | | | 30.61 | | UHC | Medicaid | 9.66 | 31.55 | | | | 9.18 | 40.51 | percent of total billed charges |
| HC AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS | 92650 | CPT | | | | both | | | 30.61 | | Amerihealth | HMO/PPO | 19.9 | 65 | | | | 9.18 | 40.51 | percent of total billed charges |
| HC AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS | 92650 | CPT | | | | both | | | 30.61 | | Horizon | Medicare Blue | 9.18 | 30 | | | | 9.18 | 40.51 | percent of total billed charges |
| HC AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS | 92650 | CPT | | | | both | | | 30.61 | | Horizon | Indemnity | 11.72 | 38.28 | | | | 9.18 | 40.51 | percent of total billed charges |
| HC AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS | 92650 | CPT | | | | both | | | 30.61 | | Wellcare | Medicaid | 9.66 | 31.55 | | | | 9.18 | 40.51 | percent of total billed charges |
| HC AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS | 92650 | CPT | | | | both | | | 30.61 | | Multiplan | Multiplan | 24.49 | 80 | | | | 9.18 | 40.51 | percent of total billed charges |
| HC AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS | 92650 | CPT | | | | both | | | 30.61 | | WellPoint | WellPoint | 9.85 | 32.18 | | | | 9.18 | 40.51 | percent of total billed charges |
| HC AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS | 92650 | CPT | | | | both | | | 30.61 | | Qualcare | Qualcare | 22.96 | 75 | | | | 9.18 | 40.51 | percent of total billed charges |
| HC AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS | 92650 | CPT | | | | both | | | 30.61 | | Horizon | NJ Health | 40.51 | | | | | 9.18 | 40.51 | fee schedule |
| HC AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS | 92650 | CPT | | | | both | | | 30.61 | | Horizon | PPO | 11.72 | 38.28 | | | | 9.18 | 40.51 | percent of total billed charges |
| HC AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS | 92650 | CPT | | | | both | | | 30.61 | | Managed Care Inc | Managed Care Inc | 27.55 | 90 | | | | 9.18 | 40.51 | percent of total billed charges |
| HC AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS | 92650 | CPT | | | | both | | | 30.61 | | Three Rivers | Three Rivers | 29.08 | 95 | | | | 9.18 | 40.51 | percent of total billed charges |
| HC AEP HEARING STATUS DETER BROADBAND STIMULI I&R | 92651 | CPT | | | | both | | | 532 | 412.82 | UHC | Medicare | 358.97 | | | | | 127.03 | 694.61 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AEP HEARING STATUS DETER BROADBAND STIMULI I&R | 92651 | CPT | | | | both | | | 532 | 412.82 | Aetna | Medicare | 358.97 | | | | | 127.03 | 694.61 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AEP HEARING STATUS DETER BROADBAND STIMULI I&R | 92651 | CPT | | | | both | | | 532 | 412.82 | First Health | First Health | 372.4 | 70 | | | | 127.03 | 694.61 | percent of total billed charges |
| HC AEP HEARING STATUS DETER BROADBAND STIMULI I&R | 92651 | CPT | | | | both | | | 532 | 412.82 | Wellcare | Medicaid | 167.85 | 31.55 | | | | 127.03 | 694.61 | percent of total billed charges |
| HC AEP HEARING STATUS DETER BROADBAND STIMULI I&R | 92651 | CPT | | | | both | | | 532 | 412.82 | Horizon | NJ Health | 127.03 | | | 90.59 | | 127.03 | 694.61 | fee schedule |
| HC AEP HEARING STATUS DETER BROADBAND STIMULI I&R | 92651 | CPT | | | | both | | | 532 | 412.82 | Aetna | Better Health | 167.85 | 31.55 | | | | 127.03 | 694.61 | percent of total billed charges |
| HC AEP HEARING STATUS DETER BROADBAND STIMULI I&R | 92651 | CPT | | | | both | | | 532 | 412.82 | Horizon | MGD | 694.61 | | | | | 127.03 | 694.61 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AEP HEARING STATUS DETER BROADBAND STIMULI I&R | 92651 | CPT | | | | both | | | 532 | 412.82 | Amerihealth | HMO/PPO | 345.8 | 65 | | | | 127.03 | 694.61 | percent of total billed charges |
| HC AEP HEARING STATUS DETER BROADBAND STIMULI I&R | 92651 | CPT | | | | both | | | 532 | 412.82 | Horizon | Medicare Blue | 358.97 | | | | | 127.03 | 694.61 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AEP HEARING STATUS DETER BROADBAND STIMULI I&R | 92651 | CPT | | | | both | | | 532 | 412.82 | Consumer | Consumer | 505.4 | 95 | | | | 127.03 | 694.61 | percent of total billed charges |
| HC AEP HEARING STATUS DETER BROADBAND STIMULI I&R | 92651 | CPT | | | | both | | | 532 | 412.82 | Horizon | PPO | 694.61 | | | | | 127.03 | 694.61 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AEP HEARING STATUS DETER BROADBAND STIMULI I&R | 92651 | CPT | | | | both | | | 532 | 412.82 | Multiplan | Multiplan | 425.6 | 80 | | | | 127.03 | 694.61 | percent of total billed charges |
| HC AEP HEARING STATUS DETER BROADBAND STIMULI I&R | 92651 | CPT | | | | both | | | 532 | 412.82 | Wellcare | Medicare | 358.97 | | | | | 127.03 | 694.61 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AEP HEARING STATUS DETER BROADBAND STIMULI I&R | 92651 | CPT | | | | both | | | 532 | 412.82 | Americare | Americare | 399 | 75 | | | | 127.03 | 694.61 | percent of total billed charges |
| HC AEP HEARING STATUS DETER BROADBAND STIMULI I&R | 92651 | CPT | | | | both | | | 532 | 412.82 | WellPoint | WellPoint | 171.2 | 32.18 | | | | 127.03 | 694.61 | percent of total billed charges |
| HC AEP HEARING STATUS DETER BROADBAND STIMULI I&R | 92651 | CPT | | | | both | | | 532 | 412.82 | Qualcare | Qualcare | 399 | 75 | | | | 127.03 | 694.61 | percent of total billed charges |
| HC AEP HEARING STATUS DETER BROADBAND STIMULI I&R | 92651 | CPT | | | | both | | | 532 | 412.82 | Corrections | Corrections | 425.6 | 80 | | | | 127.03 | 694.61 | percent of total billed charges |
| HC AEP HEARING STATUS DETER BROADBAND STIMULI I&R | 92651 | CPT | | | | both | | | 532 | 412.82 | First Trenton | First Trenton | 478.8 | 90 | | | | 127.03 | 694.61 | percent of total billed charges |
| HC AEP HEARING STATUS DETER BROADBAND STIMULI I&R | 92651 | CPT | | | | both | | | 532 | 412.82 | Horizon | Indemnity | 694.61 | | | 181.05 | | 127.03 | 694.61 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AEP HEARING STATUS DETER BROADBAND STIMULI I&R | 92651 | CPT | | | | both | | | 532 | 412.82 | Three Rivers | Three Rivers | 505.4 | 95 | | | | 127.03 | 694.61 | percent of total billed charges |
| HC AEP HEARING STATUS DETER BROADBAND STIMULI I&R | 92651 | CPT | | | | both | | | 532 | 412.82 | Managed Care Inc | Managed Care Inc | 478.8 | 90 | | | | 127.03 | 694.61 | percent of total billed charges |
| HC AEP HEARING STATUS DETER BROADBAND STIMULI I&R | 92651 | CPT | | | | both | | | 532 | 412.82 | UHC | Medicaid | 167.85 | 31.55 | | 146.68 | | 127.03 | 694.61 | percent of total billed charges |
| HC AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R | 92652 | CPT | | | | both | | | 1110 | 412.82 | Horizon | PPO | 694.61 | | | 5.97 | | 166.54 | 1054.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R | 92652 | CPT | | | | both | | | 1110 | 412.82 | Horizon | NJ Health | 166.54 | | | 119.83 | | 166.54 | 1054.5 | fee schedule |
| HC AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R | 92652 | CPT | | | | both | | | 1110 | 412.82 | Horizon | Indemnity | 694.61 | | | 348.14 | | 166.54 | 1054.5 | other

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R | 92652 | CPT | | | | both | | | 1110 | 412.82 | Amerihealth | HMO/PPO | 721.5 | 65 | | | 166.54 | 1054.5 | percent of total billed charges | |
| HC AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R | 92652 | CPT | | | | both | | | 1110 | 412.82 | WellPoint | WellPoint | 357.2 | 32.18 | | 243.46 | 166.54 | 1054.5 | percent of total billed charges | |
| HC AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R | 92652 | CPT | | | | both | | | 1110 | 412.82 | First Health | First Health | 777 | 70 | | | 166.54 | 1054.5 | percent of total billed charges | |
| HC AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R | 92652 | CPT | | | | both | | | 1110 | 412.82 | First Trenton | First Trenton | 999 | 90 | | | 166.54 | 1054.5 | percent of total billed charges | |
| HC AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R | 92652 | CPT | | | | both | | | 1110 | 412.82 | Wellcare | Medicaid | 350.21 | 31.55 | | | 166.54 | 1054.5 | percent of total billed charges | |
| HC AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R | 92652 | CPT | | | | both | | | 1110 | 412.82 | Three Rivers | Three Rivers | 1054.5 | 95 | | | 166.54 | 1054.5 | percent of total billed charges | |
| HC AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R | 92652 | CPT | | | | both | | | 1110 | 412.82 | Horizon | Medicare Blue | 358.97 | | | | 166.54 | 1054.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R | 92652 | CPT | | | | both | | | 1110 | 412.82 | Managed Care Inc | Managed Care Inc | 999 | 90 | | | 166.54 | 1054.5 | percent of total billed charges | |
| HC AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R | 92652 | CPT | | | | both | | | 1110 | 412.82 | Wellcare | Medicare | 358.97 | | | | 166.54 | 1054.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R | 92652 | CPT | | | | both | | | 1110 | 412.82 | Qualcare | Qualcare | 832.5 | 75 | | | 166.54 | 1054.5 | percent of total billed charges | |
| HC AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT | 92653 | CPT | | | | both | | | 1023 | 412.82 | UHC | Medicare | 358.97 | | | | 122.96 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT | 92653 | CPT | | | | both | | | 1023 | 412.82 | Aetna | Medicare | 358.97 | | | | 122.96 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT | 92653 | CPT | | | | both | | | 1023 | 412.82 | First Trenton | First Trenton | 920.7 | 90 | | | 122.96 | 971.85 | percent of total billed charges | |
| HC AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT | 92653 | CPT | | | | both | | | 1023 | 412.82 | Aetna | Better Health | 322.76 | 31.55 | | 174.05 | 122.96 | 971.85 | percent of total billed charges | |
| HC AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT | 92653 | CPT | | | | both | | | 1023 | 412.82 | Americare | Americare | 767.25 | 75 | | | 122.96 | 971.85 | percent of total billed charges | |
| HC AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT | 92653 | CPT | | | | both | | | 1023 | 412.82 | Corrections | Corrections | 818.4 | 80 | | | 122.96 | 971.85 | percent of total billed charges | |
| HC AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT | 92653 | CPT | | | | both | | | 1023 | 412.82 | Horizon | Indemnity | 694.61 | | | | 122.96 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT | 92653 | CPT | | | | both | | | 1023 | 412.82 | Amerihealth | HMO/PPO | 664.95 | 65 | | | 122.96 | 971.85 | percent of total billed charges | |
| HC AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT | 92653 | CPT | | | | both | | | 1023 | 412.82 | Horizon | PPO | 694.61 | | | 33.02 | 122.96 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT | 92653 | CPT | | | | both | | | 1023 | 412.82 | Horizon | MGD | 694.61 | | | | 122.96 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT | 92653 | CPT | | | | both | | | 1023 | 412.82 | Managed Care Inc | Managed Care Inc | 920.7 | 90 | | | 122.96 | 971.85 | percent of total billed charges | |
| HC AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT | 92653 | CPT | | | | both | | | 1023 | 412.82 | Consumer | Consumer | 971.85 | 95 | | | 122.96 | 971.85 | percent of total billed charges | |
| HC AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT | 92653 | CPT | | | | both | | | 1023 | 412.82 | WellPoint | WellPoint | 329.2 | 32.18 | | 243.46 | 122.96 | 971.85 | percent of total billed charges | |
| HC AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT | 92653 | CPT | | | | both | | | 1023 | 412.82 | First Health | First Health | 716.1 | 70 | | | 122.96 | 971.85 | percent of total billed charges | |
| HC AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT | 92653 | CPT | | | | both | | | 1023 | 412.82 | UHC | Medicaid | 322.76 | 31.55 | | 273.43 | 122.96 | 971.85 | percent of total billed charges | |
| HC AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT | 92653 | CPT | | | | both | | | 1023 | 412.82 | Wellcare | Medicaid | 322.76 | 31.55 | | | 122.96 | 971.85 | percent of total billed charges | |
| HC AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT | 92653 | CPT | | | | both | | | 1023 | 412.82 | Three Rivers | Three Rivers | 971.85 | 95 | | | 122.96 | 971.85 | percent of total billed charges | |
| HC AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT | 92653 | CPT | | | | both | | | 1023 | 412.82 | Horizon | Medicare Blue | 358.97 | | | | 122.96 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT | 92653 | CPT | | | | both | | | 1023 | 412.82 | Wellcare | Medicare | 358.97 | | | | 122.96 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT | 92653 | CPT | | | | both | | | 1023 | 412.82 | Horizon | NJ Health | 122.96 | | | 132.24 | 122.96 | 971.85 | fee schedule | |
| HC AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT | 92653 | CPT | | | | both | | | 1023 | 412.82 | Multiplan | Multiplan | 818.4 | 80 | | | 122.96 | 971.85 | percent of total billed charges | |
| HC AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT | 92653 | CPT | | | | both | | | 1023 | 412.82 | Qualcare | Qualcare | 767.25 | 75 | | | 122.96 | 971.85 | percent of total billed charges | |
| HC PRQ CARDIAC ANIOPLAST 1 ART | 92920 | CPT | | | | both | | | 19512 | 7517.39 | Horizon | Medicare Blue | 6536.86 | | | | 447.23 | 18536.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ CARDIAC ANIOPLAST 1 ART | 92920 | CPT | | | | both | | | 19512 | 7517.39 | Aetna | Medicare | 6536.86 | | | | 447.23 | 18536.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ CARDIAC ANIOPLAST 1 ART | 92920 | CPT | | | | both | | | 19512 | 7517.39 | Aetna | Better Health | 6156.04 | 31.55 | | | 447.23 | 18536.4 | percent of total billed charges | |
| HC PRQ CARDIAC ANIOPLAST 1 ART | 92920 | CPT | | | | both | | | 19512 | 7517.39 | Corrections | Corrections | 15609.6 | 80 | | | 447.23 | 18536.4 | percent of total billed charges | |
| HC PRQ CARDIAC ANIOPLAST 1 ART | 92920 | CPT | | | | both | | | 19512 | 7517.39 | UHC | Medicare | 6536.86 | | | | 447.23 | 18536.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ CARDIAC ANIOPLAST 1 ART | 92920 | CPT | | | | both | | | 19512 | 7517.39 | First Trenton | First Trenton | 17560.8 | 90 | | | 447.23 | 18536.4 | percent of total billed charges | |
| HC PRQ CARDIAC ANIOPLAST 1 ART | 92920 | CPT | | | | both | | | 19512 | 7517.39 | Horizon | MGD | 12648.82 | | | | 447.23 | 18536.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ CARDIAC ANIOPLAST 1 ART | 92920 | CPT | | | | both | | | 19512 | 7517.39 | First Health | First Health | 13658.4 | 70 | | | 447.23 | 18536.4 | percent of total billed charges | |
| HC PRQ CARDIAC ANIOPLAST 1 ART | 92920 | CPT | | | | both | | | 19512 | 7517.39 | Consumer | Consumer | 18536.4 | 95 | | | 447.23 | 18536.4 | percent of total billed charges | |
| HC PRQ CARDIAC ANIOPLAST 1 ART | 92920 | CPT | | | | both | | | 19512 | 7517.39 | Americare | Americare | 14634 | 75 | | | 447.23 | 18536.4 | percent of total billed charges | |
| HC PRQ CARDIAC ANIOPLAST 1 ART | 92920 | CPT | | | | both | | | 19512 | 7517.39 | Horizon | PPO | 12648.82 | | | | 447.23 | 18536.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ CARDIAC ANIOPLAST 1 ART | 92920 | CPT | | | | both | | | 19512 | 7517.39 | Horizon | NJ Health | 447.23 | | | | 447.23 | 18536.4 | fee schedule | |
| HC PRQ CARDIAC ANIOPLAST 1 ART | 92920 | CPT | | | | both | | | 19512 | 7517.39 | Horizon | Indemnity | 12648.82 | | | | 447.23 | 18536.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ CARDIAC ANIOPLAST 1 ART | 92920 | CPT | | | | both | | | 19512 | 7517.39 | Amerihealth | HMO/PPO | 2000 | | | | 447.23 | 18536.4 | fee schedule | |
| HC PRQ CARDIAC ANIOPLAST 1 ART | 92920 | CPT | | | | both | | | 19512 | 7517.39 | UHC | Medicaid | 6156.04 | 31.55 | | | 447.23 | 18536.4 | percent of total billed charges | |
| HC PRQ CARDIAC ANIOPLAST 1 ART | 92920 | CPT | | | | both | | | 19512 | 7517.39 | Managed Care Inc | Managed Care Inc | 17560.8 | 90 | | | 447.23 | 18536.4 | percent of total billed charges | |
| HC PRQ CARDIAC ANIOPLAST 1 ART | 92920 | CPT | | | | both | | | 19512 | 7517.39 | Multiplan | Multiplan | 15609.6 | 80 | | | 447.23 | 18536.4 | percent of total billed charges | |
| HC PRQ CARDIAC ANIOPLAST 1 ART | 92920 | CPT | | | | both | | | 19512 | 7517.39 | United | Oxford | 4702 | | | | 447.23 | 18536.4 | case rate | |
| HC PRQ CARDIAC ANIOPLAST 1 ART | 92920 | CPT | | | | both | | | 19512 | 7517.39 | United | Commercial\|PPO | 4702 | | | | 447.23 | 18536.4 | case rate | |
| HC PRQ CARDIAC ANIOPLAST 1 ART | 92920 | CPT | | | | both | | | 19512 | 7517.39 | Three Rivers | Three Rivers | 18536.4 | 95 | | | 447.23 | 18536.4 | percent of total billed charges | |
| HC PRQ CARDIAC ANIOPLAST 1 ART | 92920 | CPT | | | | both | | | 19512 | 7517.39 | Qualcare | Qualcare | 14634 | 75 | | | 447.23 | 18536.4 | percent of total billed charges | |
| HC PRQ CARDIAC ANIOPLAST 1 ART | 92920 | CPT | | | | both | | | 19512 | 7517.39 | Wellcare | Medicaid | 6156.04 | 31.55 | | | 447.23 | 18536.4 | percent of total billed charges | |
| HC PRQ CARDIAC ANIOPLAST 1 ART | 92920 | CPT | | | | both | | | 19512 | 7517.39 | WellPoint | WellPoint | 6278.96 | 32.18 | | | 447.23 | 18536.4 | percent of total billed charges | |
| HC PRQ CARDIAC ANIOPLAST 1 ART | 92920 | CPT | | | | both | | | 19512 | 7517.39 | Wellcare | Medicare | 6536.86 | | | | 447.23 | 18536.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ CARD ANGIO/ATHRECT 1 ART | 92924 | CPT | | | | both | | | 37198 | 14469 | Horizon | Medicare Blue | 12581.74 | | | | 531.75 | 35338.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ CARD ANGIO/ATHRECT 1 ART | 92924 | CPT | | | | both | | | 37198 | 14469 | First Health | First Health | 26038.6 | 70 | | | 531.75 | 35338.1 | percent of total billed charges | |
| HC PRQ CARD ANGIO/ATHRECT 1 ART | 92924 | CPT | | | | both | | | 37198 | 14469 | Wellcare | Medicare | 12581.74 | | | | 531.75 | 35338.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ CARD ANGIO/ATHRECT 1 ART | 92924 | CPT | | | | both | | | 37198 | 14469 | Multiplan | Multiplan | 29758.4 | 80 | | | 531.75 | 35338.1 | percent of total billed charges | |
| HC PRQ CARD ANGIO/ATHRECT 1 ART | 92924 | CPT | | | | both | | | 37198 | 14469 | Americare | Americare | 27898.5 | 75 | | | 531.75 | 35338.1 | percent of total billed charges | |
| HC PRQ CARD ANGIO/ATHRECT 1 ART | 92924 | CPT | | | | both | | | 37198 | 14469 | Aetna | Better Health | 11735.97 | 31.55 | | | 531.75 | 35338.1 | percent of total billed charges | |
| HC PRQ CARD ANGIO/ATHRECT 1 ART | 92924 | CPT | | | | both | | | 37198 | 14469 | Horizon | MGD | 24345.67 | | | | 531.75 | 35338.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ CARD ANGIO/ATHRECT 1 ART | 92924 | CPT | | | | both | | | 37198 | 14469 | Aetna | Medicare | 12581.74 | | | | 531.75 | 35338.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ CARD ANGIO/ATHRECT 1 ART | 92924 | CPT | | | | both | | | 37198 | 14469 | Amerihealth | HMO/PPO | 3500 | | | | 531.75 | 35338.1 | fee schedule | |
| HC PRQ CARD ANGIO/ATHRECT 1 ART | 92924 | CPT | | | | both | | | 37198 | 14469 | Three Rivers | Three Rivers | 35338.1 | 95 | | | 531.75 | 35338.1 | percent of total billed charges | |
| HC PRQ CARD ANGIO/ATHRECT 1 ART | 92924 | CPT | | | | both | | | 37198 | 14469 | WellPoint | WellPoint | 11970.32 | 32.18 | | | 531.75 | 35338.1 | percent of total billed charges | |
| HC PRQ CARD ANGIO/ATHRECT 1 ART | 92924 | CPT | | | | both | | | 37198 | 14469 | Qualcare | Qualcare | 27898.5 | 75 | | | 531.75 | 35338.1 | percent of total billed charges | |
| HC PRQ CARD ANGIO/ATHRECT 1 ART | 92924 | CPT | | | | both | | | 37198 | 14469 | UHC | Medicaid | 11735.97 | 31.55 | | | 531.75 | 35338.1 | percent of total billed charges | |
| HC PRQ CARD ANGIO/ATHRECT 1 ART | 92924 | CPT | | | | both | | | 37198 | 14469 | Consumer | Consumer | 35338.1 | 95 | | | 531.75 | 35338.1 | percent of total billed charges | |
| HC PRQ CARD ANGIO/ATHRECT 1 ART | 92924 | CPT | | | | both | | | 37198 | 14469 | UHC | Medicare | 12581.74 | | | | 531.75 | 35338.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ CARD ANGIO/ATHRECT 1 ART | 92924 | CPT | | | | both | | | 37198 | 14469 | Corrections | Corrections | 29758.4 | 80 | | | 531.75 | 35338.1 | percent of total billed charges | |
| HC PRQ CARD ANGIO/ATHRECT 1 ART | 92924 | CPT | | | | both | | | 37198 | 14469 | United | Commercial\|PPO | 5843 | | | | 531.75 | 35338.1 | case rate | |
| HC PRQ CARD ANGIO/ATHRECT 1 ART | 92924 | CPT | | | | both | | | 37198 | 14469 | First Trenton | First Trenton | 33478.2 | 90 | | | 531.75 | 35338.1 | percent of total billed charges | |
| HC PRQ CARD ANGIO/ATHRECT 1 ART | 92924 | CPT | | | | both | | | 37198 | 14469 | Wellcare | Medicaid | 11735.97 | 31.55 | | | 531.75 | 35338.1 | percent of total billed charges | |
| HC PRQ CARD ANGIO/ATHRECT 1 ART | 92924 | CPT | | | | both | | | 37198 | 14469 | Horizon | Indemnity | 24345.67 | | | | 531.75 | 35338.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ CARD ANGIO/ATHRECT 1 ART | 92924 | CPT | | | | both | | | 37198 | 14469 | Horizon | NJ Health | 531.75 | | | | 531.75 | 35338.1 | fee schedule | |
| HC PRQ CARD ANGIO/ATHRECT 1 ART | 92924 | CPT | | | | both | | | 37198 | 14469 | Horizon | PPO | 24345.67 | | | | 531.75 | 35338.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ CARD ANGIO/ATHRECT 1 ART | 92924 | CPT | | | | both | | | 37198 | 14469 | Managed Care Inc | Managed Care Inc | 33478.2 | 90 | | | 531.75 | 35338.1 | percent of total billed charges | |
| HC PRQ CARD ANGIO/ATHRECT 1 ART | 92924 | CPT | | | | both | | | 37198 | 14469 | United | Oxford | 5843 | | | | 531.75 | 35338.1 | case rate | |
| HC PRQ CARD STEND W/ANGIO 1 VSL | 92928 | CPT | | | | both | | | 29632 | 14469 | Americare | Americare | 22224 | 75 | | | 496.74 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STEND W/ANGIO 1 VSL | 92928 | CPT | | | | both | | | 29632 | 14469 | Aetna | Medicare | 12581.74 | | | | 496.74 | 28150.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ CARD STEND W/ANGIO 1 VSL | 92928 | CPT | | | | both | | | 29632 | 14469 | First Trenton | First Trenton | 26668.8 | 90 | | | 496.74 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STEND W/ANGIO 1 VSL | 92928 | CPT | | | | both | | | 29632 | 14469 | First Health | First Health | 20742.4 | 70 | | | 496.74 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STEND W/ANGIO 1 VSL | 92928 | CPT | | | | both | | | 29632 | 14469 | Amerihealth | HMO/PPO | 2000 | | | | 496.74 | 28150.4 | fee schedule | |
| HC PRQ CARD STEND W/ANGIO 1 VSL | 92928 | CPT | | | | both | | | 29632 | 14469 | Corrections | Corrections | 23705.6 | 80 | | | 496.74 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STEND W/ANGIO 1 VSL | 92928 | CPT | | | | both | | | 29632 | 14469 | Qualcare | Qualcare | 22224 | 75 | | | 496.74 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STEND W/ANGIO 1 VSL | 92928 | CPT | | | | both | | | 29632 | 14469 | Aetna | Better Health | 9348.9 | 31.55 | | | 496.74 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STEND W/ANGIO 1 VSL | 92928 | CPT | | | | both | | | 29632 | 14469 | Managed Care Inc | Managed Care Inc | 26668.8 | 90 | | | 496.74 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STEND W/ANGIO 1 VSL | 92928 | CPT | | | | both | | | 29632 | 14469 | Horizon | MGD | 24345.67 | | | | 496.74 | 28150.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ CARD STEND W/ANGIO 1 VSL | 92928 | CPT | | | | both | | | 29632 | 14469 | UHC | Medicaid | 9348.9 | 31.55 | | | 496.74 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STEND W/ANGIO 1 VSL | 92928 | CPT | | | | both | | | 29632 | 14469 | Horizon | Medicare Blue | 12581.74 | | | | 496.74 | 28150.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ CARD STEND W/ANGIO 1 VSL | 92928 | CPT | | | | both | | | 29632 | 14469 | Wellcare | Medicare | 12581.74 | | | | 496.74 | 28150.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ CARD STEND W/ANGIO 1 VSL | 92928 | CPT | | | | both | | | 29632 | 14469 | Consumer | Consumer | 28150.4 | 95 | | | 496.74 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STEND W/ANGIO 1 VSL | 92928 | CPT | | | | both | | | 29632 | 14469 | United | Commercial\|PPO | 4702 | | | | 496.74 | 28150.4 | case rate | |
| HC PRQ CARD STEND W/ANGIO 1 VSL | 92928 | CPT | | | | both | | | 29632 | 14469 | Multiplan | Multiplan | 23705.6 | 80 | | | 496.74 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STEND W/ANGIO 1 VSL | 92928 | CPT | | | | both | | | 29632 | 14469 | WellPoint | WellPoint | 9535.58 | 32.18 | | | 496.74 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STEND W/ANGIO 1 VSL | 92928 | CPT | | | | both | | | 29632 | 14469 | Horizon | Indemnity | 24345.67 | | | | 496.74 | 28150.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ CARD STEND W/ANGIO 1 VSL | 92928 | CPT | | | | both | | | 29632 | 14469 | Three Rivers | Three Rivers | 28150.4 | 95 | | | 496.74 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STEND W/ANGIO 1 VSL | 92928 | CPT | | | | both | | | 29632 | 14469 | Horizon | NJ Health | 496.74 | | | | 496.74 | 28150.4 | fee schedule | |
| HC PRQ CARD STEND W/ANGIO 1 VSL | 92928 | CPT | | | | both | | | 29632 | 14469 | UHC | Medicare | 12581.74 | | | 8646.68 | 496.74 | 28150.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ CARD STEND W/ANGIO 1 VSL | 92928 | CPT | | | | both | | | 29632 | 14469 | Horizon | PPO | 24345.67 | | | | 496.74 | 28150.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ CARD STEND W/ANGIO 1 VSL | 92928 | CPT | | | | both | | | 29632 | 14469 | Wellcare | Medicaid | 9348.9 | 31.55 | | | 496.74 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STEND W/ANGIO 1 VSL | 92928 | CPT | | | | both | | | 29632 | 14469 | United | Oxford | 4702 | | | | 496.74 | 28150.4 | case rate | |
| HC PRQ CARD STENT W/ANGIO ADDL | 92929 | CPT | | | | inpatient | | | 29632 | | Corrections | Corrections | 23705.6 | 80 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT W/ANGIO ADDL | 92929 | CPT | | | | inpatient | | | 29632 | | Horizon | Medicare Blue | 8889.6 | 30 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT W/ANGIO ADDL | 92929 | CPT | | | | inpatient | | | 29632 | | Aetna | Better Health | 9348.9 | 31.55 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT W/ANGIO ADDL | 92929 | CPT | | | | inpatient | | | 29632 | | Americare | Americare | 22224 | 75 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT W/ANGIO ADDL | 92929 | CPT | | | | inpatient | | | 29632 | | Aetna | Medicare | 9126.66 | 30.8 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT W/ANGIO ADDL | 92929 | CPT | | | | inpatient | | | 29632 | | Horizon | Indemnity | 11343.13 | 38.28 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT W/ANGIO ADDL | 92929 | CPT | | | | inpatient | | | 29632 | | Amerihealth | HMO/PPO | 2000 | | | | 2000 | 28150.4 | fee schedule | |
| HC PRQ CARD STENT W/ANGIO ADDL | 92929 | CPT | | | | inpatient | | | 29632 | | Consumer | Consumer | 28150.4 | 95 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT W/ANGIO ADDL | 92929 | CPT | | | | inpatient | | | 29632 | | Managed Care Inc | Managed Care Inc | 26668.8 | 90 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT W/ANGIO ADDL | 92929 | CPT | | | | inpatient | | | 29632 | | Multiplan | Multiplan | 23705.6 | 80 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT W/ANGIO ADDL | 92929 | CPT | | | | inpatient | | | 29632 | | First Health | First Health | 20742.4 | 70 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT W/ANGIO ADDL | 92929 | CPT | | | | inpatient | | | 29632 | | Horizon | MGD | 11343.13 | 38.28 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT W/ANGIO ADDL | 92929 | CPT | | | | inpatient | | | 29632 | | First Trenton | First Trenton | 26668.8 | 90 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT W/ANGIO ADDL | 92929 | CPT | | | | inpatient | | | 29632 | | Qualcare | Qualcare | 22224 | 75 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT W/ANGIO ADDL | 92929 | CPT | | | | inpatient | | | 29632 | | Wellcare | Medicaid | 9348.9 | 31.55 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT W/ANGIO ADDL | 92929 | CPT | | | | inpatient | | | 29632 | | United | Oxford | 4702 | | | | 2000 | 28150.4 | case rate | |
| HC PRQ CARD STENT W/ANGIO ADDL | 92929 | CPT | | | | inpatient | | | 29632 | | United | Commercial\|PPO | 4702 | | | | 2000 | 28150.4 | case rate | |
| HC PRQ CARD STENT W/ANGIO ADDL | 92929 | CPT | | | | inpatient | | | 29632 | | Horizon | PPO | 11343.13 | 38.28 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT W/ANGIO ADDL | 92929 | CPT | | | | inpatient | | | 29632 | | WellPoint | WellPoint | 9535.58 | 32.18 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT W/ANGIO ADDL | 92929 | CPT | | | | inpatient | | | 29632 | | Three Rivers | Three Rivers | 28150.4 | 95 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT W/ANGIO ADDL | 92929 | CPT | | | | inpatient | | | 29632 | | UHC | Medicaid | 9348.9 | 31.55 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT/ATH/ANGIO | 92933 | CPT | | | | both | | | 29632 | 23062.62 | Consumer | Consumer | 28150.4 | 95 | | | 555.46 | 38805.36 | percent of total billed charges | |
| HC PRQ CARD STENT/ATH/ANGIO | 92933 | CPT | | | | both | | | 29632 | 23062.62 | Corrections | Corrections | 23705.6 | 80 | | | 555.46 | 38805.36 | percent of total billed charges | |
| HC PRQ CARD STENT/ATH/ANGIO | 92933 | CPT | | | | both | | | 29632 | 23062.62 | Aetna | Medicare | 20054.45 | | | | 555.46 | 38805.36 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ CARD STENT/ATH/ANGIO | 92933 | CPT | | | | both | | | 29632 | 23062.62 | Multiplan | Multiplan | 23705.6 | 80 | | | 555.46 | 38805.36 | percent of total billed charges | |
| HC PRQ CARD STENT/ATH/ANGIO | 92933 | CPT | | | | both | | | 29632 | 23062.62 | Aetna | Better Health | 9348.9 | 31.55 | | | 555.46 | 38805.36 | percent of total billed charges | |
| HC PRQ CARD STENT/ATH/ANGIO | 92933 | CPT | | | | both | | | 29632 | 23062.62 | First Trenton | First Trenton | 26668.8 | 90 | | | 555.46 | 38805.36 | percent of total billed charges | |
| HC PRQ CARD STENT/ATH/ANGIO | 92933 | CPT | | | | both | | | 29632 | 23062.62 | Americare | Americare | 22224 | 75 | | | 555.46 | 38805.36 | percent of total billed charges | |
| HC PRQ CARD STENT/ATH/ANGIO | 92933 | CPT | | | | both | | | 29632 | 23062.62 | First Health | First Health | 20742.4 | 70 | | | 555.46 | 38805.36 | percent of total billed charges | |
| HC PRQ CARD STENT/ATH/ANGIO | 92933 | CPT | | | | both | | | 29632 | 23062.62 | Horizon | Medicare Blue | 20054.45 | | | | 555.46 | 38805.36 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ CARD STENT/ATH/ANGIO | 92933 | CPT | | | | both | | | 29632 | 23062.62 | Horizon | NJ Health | 555.46 | | | | 555.46 | 38805.36 | fee schedule | |
| HC PRQ CARD STENT/ATH/ANGIO | 92933 | CPT | | | | both | | | 29632 | 23062.62 | UHC | Medicare | 20054.45 | | | | 555.46 | 38805.36 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ CARD STENT/ATH/ANGIO | 92933 | CPT | | | | both | | | 29632 | 23062.62 | Qualcare | Qualcare | 22224 | 75 | | | 555.46 | 38805.36 | percent of total billed charges | |
| HC PRQ CARD STENT/ATH/ANGIO | 92933 | CPT | | | | both | | | 29632 | 23062.62 | Horizon | MGD | 38805.36 | | | | 555.46 | 38805.36 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ CARD STENT/ATH/ANGIO | 92933 | CPT | | | | both | | | 29632 | 23062.62 | Three Rivers | Three Rivers | 28150.4 | 95 | | | 555.46 | 38805.36 | percent of total billed charges | |
| HC PRQ CARD STENT/ATH/ANGIO | 92933 | CPT | | | | both | | | 29632 | 23062.62 | Amerihealth | HMO/PPO | 2000 | | | | 555.46 | 38805.36 | fee schedule | |
| HC PRQ CARD STENT/ATH/ANGIO | 92933 | CPT | | | | both | | | 29632 | 23062.62 | Horizon | Indemnity | 38805.36 | | | | 555.46 | 38805.36 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ CARD STENT/ATH/ANGIO | 92933 | CPT | | | | both | | | 29632 | 23062.62 | Horizon | PPO | 38805.36 | | | | 555.46 | 38805.36 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PRQ CARD STENT/ATH/ANGIO | 92933 | CPT | | | | both | | | 29632 | 23062.62 | Managed Care Inc | Managed Care Inc | 26668.8 | 90 | | | 555.46 | 38805.36 | percent of total billed charges | |
| HC PRQ CARD STENT/ATH/ANGIO | 92933 | CPT | | | | both | | | 29632 | 23062.62 | WellPoint | WellPoint | 9535.58 | 32.18 | | | 555.46 | 38805.36 | percent of total billed charges | |
| HC PRQ CARD STENT/ATH/ANGIO | 92933 | CPT | | | | both | | | 29632 | 23062.62 | UHC | Medicaid | 9348.9 | 31.55 | | | 555.46 | 38805.36 | percent of total billed charges | |
| HC PRQ CARD STENT/ATH/ANGIO | 92933 | CPT | | | | both | | | 29632 | 23062.62 | United | Oxford | 4702 | | | | 555.46 | 38805.36 | case rate | |
| HC PRQ CARD STENT/ATH/ANGIO | 92933 | CPT | | | | both | | | 29632 | 23062.62 | United | Commercial\|PPO | 4702 | | | | 555.46 | 38805.36 | case rate | |
| HC PRQ CARD STENT/ATH/ANGIO | 92933 | CPT | | | | both | | | 29632 | 23062.62 | Well

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC PRQ CARD STENT/ATH/ANGIO | 92933 | CPT | | | | both | | | 29632 | 23062.62 | Wellcare | Medicaid | 9348.9 | 31.55 | | | 555.46 | 38805.36 | percent of total billed charges | |
| HC PRQ CARD STENT/ATH/ANGIO | 92934 | CPT | | | | inpatient | | | 29632 | | Horizon | MGD | 11343.13 | 38.28 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT/ATH/ANGIO | 92934 | CPT | | | | inpatient | | | 29632 | | Aetna | Better Health | 9348.9 | 31.55 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT/ATH/ANGIO | 92934 | CPT | | | | inpatient | | | 29632 | | Consumer | Consumer | 28150.4 | 95 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT/ATH/ANGIO | 92934 | CPT | | | | inpatient | | | 29632 | | Corrections | Corrections | 23705.6 | 80 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT/ATH/ANGIO | 92934 | CPT | | | | inpatient | | | 29632 | | Multiplan | Multiplan | 23705.6 | 80 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT/ATH/ANGIO | 92934 | CPT | | | | inpatient | | | 29632 | | Amerihealth | HMO/PPO | 2000 | | | | 2000 | 28150.4 | fee schedule | |
| HC PRQ CARD STENT/ATH/ANGIO | 92934 | CPT | | | | inpatient | | | 29632 | | Horizon | Indemnity | 11343.13 | 38.28 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT/ATH/ANGIO | 92934 | CPT | | | | inpatient | | | 29632 | | Aetna | Medicare | 9126.66 | 30.8 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT/ATH/ANGIO | 92934 | CPT | | | | inpatient | | | 29632 | | Qualcare | Qualcare | 22224 | 75 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT/ATH/ANGIO | 92934 | CPT | | | | inpatient | | | 29632 | | Americare | Americare | 22224 | 75 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT/ATH/ANGIO | 92934 | CPT | | | | inpatient | | | 29632 | | Horizon | Medicare Blue | 8889.6 | 30 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT/ATH/ANGIO | 92934 | CPT | | | | inpatient | | | 29632 | | UHC | Medicaid | 9348.9 | 31.55 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT/ATH/ANGIO | 92934 | CPT | | | | inpatient | | | 29632 | | First Health | First Health | 20742.4 | 70 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT/ATH/ANGIO | 92934 | CPT | | | | inpatient | | | 29632 | | First Trenton | First Trenton | 26668.8 | 90 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT/ATH/ANGIO | 92934 | CPT | | | | inpatient | | | 29632 | | Horizon | PPO | 11343.13 | 38.28 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT/ATH/ANGIO | 92934 | CPT | | | | inpatient | | | 29632 | | United | Commercial/PPO | 4702 | | | | 2000 | 28150.4 | case rate | |
| HC PRQ CARD STENT/ATH/ANGIO | 92934 | CPT | | | | inpatient | | | 29632 | | Wellcare | Medicaid | 9348.9 | 31.55 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT/ATH/ANGIO | 92934 | CPT | | | | inpatient | | | 29632 | | Managed Care Inc | Managed Care Inc | 26668.8 | 90 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT/ATH/ANGIO | 92934 | CPT | | | | inpatient | | | 29632 | | Three Rivers | Three Rivers | 28150.4 | 95 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT/ATH/ANGIO | 92934 | CPT | | | | inpatient | | | 29632 | | WellPoint | WellPoint | 9535.58 | 32.18 | | | 2000 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD STENT/ATH/ANGIO | 92934 | CPT | | | | inpatient | | | 29632 | | United | Oxford | 4702 | | | | 2000 | 28150.4 | case rate | |
| HC PRQ CARD REVASC MI 1 VSL | 92941 | CPT | | | | inpatient | | | 29632 | | Aetna | Medicare | 9126.66 | 30.8 | | | 951.5 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD REVASC MI 1 VSL | 92941 | CPT | | | | inpatient | | | 29632 | | Americare | Americare | 22224 | 75 | | | 951.5 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD REVASC MI 1 VSL | 92941 | CPT | | | | inpatient | | | 29632 | | Horizon | Medicare Blue | 8889.6 | 30 | | | 951.5 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD REVASC MI 1 VSL | 92941 | CPT | | | | inpatient | | | 29632 | | Aetna | Better Health | 9348.9 | 31.55 | | | 951.5 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD REVASC MI 1 VSL | 92941 | CPT | | | | inpatient | | | 29632 | | Consumer | Consumer | 28150.4 | 95 | | | 951.5 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD REVASC MI 1 VSL | 92941 | CPT | | | | inpatient | | | 29632 | | First Trenton | First Trenton | 26668.8 | 90 | | | 951.5 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD REVASC MI 1 VSL | 92941 | CPT | | | | inpatient | | | 29632 | | Horizon | MGD | 11343.13 | 38.28 | | | 951.5 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD REVASC MI 1 VSL | 92941 | CPT | | | | inpatient | | | 29632 | | Amerihealth | HMO/PPO | 2000 | | | | 951.5 | 28150.4 | fee schedule | |
| HC PRQ CARD REVASC MI 1 VSL | 92941 | CPT | | | | inpatient | | | 29632 | | First Health | First Health | 20742.4 | 70 | | | 951.5 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD REVASC MI 1 VSL | 92941 | CPT | | | | inpatient | | | 29632 | | Horizon | Indemnity | 11343.13 | 38.28 | | | 951.5 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD REVASC MI 1 VSL | 92941 | CPT | | | | inpatient | | | 29632 | | Multiplan | Multiplan | 23705.6 | 80 | | | 951.5 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD REVASC MI 1 VSL | 92941 | CPT | | | | inpatient | | | 29632 | | United | Commercial/PPO | 4702 | | | | 951.5 | 28150.4 | case rate | |
| HC PRQ CARD REVASC MI 1 VSL | 92941 | CPT | | | | inpatient | | | 29632 | | Corrections | Corrections | 23705.6 | 80 | | | 951.5 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD REVASC MI 1 VSL | 92941 | CPT | | | | inpatient | | | 29632 | | Horizon | PPO | 11343.13 | 38.28 | | | 951.5 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD REVASC MI 1 VSL | 92941 | CPT | | | | inpatient | | | 29632 | | Qualcare | Qualcare | 22224 | 75 | | | 951.5 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD REVASC MI 1 VSL | 92941 | CPT | | | | inpatient | | | 29632 | | Managed Care Inc | Managed Care Inc | 26668.8 | 90 | | | 951.5 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD REVASC MI 1 VSL | 92941 | CPT | | | | inpatient | | | 29632 | | Three Rivers | Three Rivers | 28150.4 | 95 | | | 951.5 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD REVASC MI 1 VSL | 92941 | CPT | | | | inpatient | | | 29632 | | UHC | Medicaid | 9348.9 | 31.55 | | | 951.5 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD REVASC MI 1 VSL | 92941 | CPT | | | | inpatient | | | 29632 | | Horizon | NJ Health | 951.5 | | | | 951.5 | 28150.4 | fee schedule | |
| HC PRQ CARD REVASC MI 1 VSL | 92941 | CPT | | | | inpatient | | | 29632 | | Wellcare | Medicaid | 9348.9 | 31.55 | | | 951.5 | 28150.4 | percent of total billed charges | |
| HC PRQ CARD REVASC MI 1 VSL | 92941 | CPT | | | | inpatient | | | 29632 | | United | Oxford | 4702 | | | | 951.5 | 28150.4 | case rate | |
| HC PRQ CARD REVASC MI 1 VSL | 92941 | CPT | | | | inpatient | | | 29632 | | WellPoint | WellPoint | 9535.58 | 32.18 | | | 951.5 | 28150.4 | percent of total billed charges | |
| HC HEART/LUNG RESUSCITATION CPR | 92960 | CPT | | | | both | | | 1375 | | 412.82 Wellcare | Medicare | 358.97 | | | | 116 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HEART/LUNG RESUSCITATION CPR | 92960 | CPT | | | | both | | | 1375 | | 412.82 Aetna | Medicare | 358.97 | | | | 116 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HEART/LUNG RESUSCITATION CPR | 92960 | CPT | | | | both | | | 1375 | | 412.82 Amerihealth | HMO/PPO | 116 | | | | 116 | 1782 | fee schedule | |
| HC HEART/LUNG RESUSCITATION CPR | 92960 | CPT | | | | both | | | 1375 | | 412.82 Consumer | Consumer | 1306.25 | 95 | | | 116 | 1782 | percent of total billed charges | |
| HC HEART/LUNG RESUSCITATION CPR | 92960 | CPT | | | | both | | | 1375 | | 412.82 Horizon | PPO | 694.61 | | | 265.43 | 116 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HEART/LUNG RESUSCITATION CPR | 92960 | CPT | | | | both | | | 1375 | | 412.82 Americare | Americare | 1031.25 | 75 | | | 116 | 1782 | percent of total billed charges | |
| HC HEART/LUNG RESUSCITATION CPR | 92960 | CPT | | | | both | | | 1375 | | 412.82 First Health | First Health | 962.5 | 70 | | | 116 | 1782 | percent of total billed charges | |
| HC HEART/LUNG RESUSCITATION CPR | 92960 | CPT | | | | both | | | 1375 | | 412.82 Aetna | Better Health | 433.81 | 31.55 | | 376.11 | 116 | 1782 | percent of total billed charges | |
| HC HEART/LUNG RESUSCITATION CPR | 92960 | CPT | | | | both | | | 1375 | | 412.82 UHC | Medicaid | 433.81 | 31.55 | | 279.71 | 116 | 1782 | percent of total billed charges | |
| HC HEART/LUNG RESUSCITATION CPR | 92960 | CPT | | | | both | | | 1375 | | 412.82 Horizon | Medicare Blue | 358.97 | | | 187.71 | 116 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HEART/LUNG RESUSCITATION CPR | 92960 | CPT | | | | both | | | 1375 | | 412.82 Horizon | MGD | 694.61 | | | 379.56 | 116 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HEART/LUNG RESUSCITATION CPR | 92960 | CPT | | | | both | | | 1375 | | 412.82 Horizon | Indemnity | 694.61 | | | | 116 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HEART/LUNG RESUSCITATION CPR | 92960 | CPT | | | | both | | | 1375 | | 412.82 UHC | Medicare | 358.97 | | | 183.42 | 116 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC HEART/LUNG RESUSCITATION CPR | 92960 | CPT | | | | both | | | 1375 | | 412.82 Corrections | Corrections | 1100 | 80 | | 299 | 116 | 1782 | percent of total billed charges | |
| HC HEART/LUNG RESUSCITATION CPR | 92960 | CPT | | | | both | | | 1375 | | 412.82 Multiplan | Multiplan | 1100 | 80 | | | 116 | 1782 | percent of total billed charges | |
| HC HEART/LUNG RESUSCITATION CPR | 92960 | CPT | | | | both | | | 1375 | | 412.82 Horizon | NJ Health | 135.2 | | | 99.37 | 116 | 1782 | fee schedule | |
| HC HEART/LUNG RESUSCITATION CPR | 92960 | CPT | | | | both | | | 1375 | | 412.82 United | Commercial/PPO | 1782 | | | | 116 | 1782 | case rate | |
| HC HEART/LUNG RESUSCITATION CPR | 92960 | CPT | | | | both | | | 1375 | | 412.82 First Trenton | First Trenton | 1237.5 | 90 | | | 116 | 1782 | percent of total billed charges | |
| HC HEART/LUNG RESUSCITATION CPR | 92960 | CPT | | | | both | | | 1375 | | 412.82 Qualcare | Qualcare | 1031.25 | 75 | | | 116 | 1782 | percent of total billed charges | |
| HC HEART/LUNG RESUSCITATION CPR | 92960 | CPT | | | | both | | | 1375 | | 412.82 Managed Care Inc | Managed Care Inc | 1237.5 | 90 | | | 116 | 1782 | percent of total billed charges | |
| HC HEART/LUNG RESUSCITATION CPR | 92960 | CPT | | | | both | | | 1375 | | 412.82 United | Oxford | 1782 | | | | 116 | 1782 | case rate | |
| HC HEART/LUNG RESUSCITATION CPR | 92960 | CPT | | | | both | | | 1375 | | 412.82 Three Rivers | Three Rivers | 1306.25 | 95 | | | 116 | 1782 | percent of total billed charges | |
| HC HEART/LUNG RESUSCITATION CPR | 92960 | CPT | | | | both | | | 1375 | | 412.82 Wellcare | Medicaid | 433.81 | 31.55 | | | 116 | 1782 | percent of total billed charges | |
| HC HEART/LUNG RESUSCITATION CPR | 92960 | CPT | | | | both | | | 1375 | | 412.82 WellPoint | WellPoint | 442.48 | 32.18 | | 280.7 | 116 | 1782 | percent of total billed charges | |
| HC CARDIOVERSION, ELECTIVE, EXTERNAL | 92960 | CPT | | | | both | | | 2353 | | 855.98 First Health | First Health | 1647.1 | 70 | | | 125 | 2235.35 | percent of total billed charges | |
| HC CARDIOVERSION, ELECTIVE, EXTERNAL | 92960 | CPT | | | | both | | | 2353 | | 855.98 Americare | Americare | 1764.75 | 75 | | | 125 | 2235.35 | percent of total billed charges | |
| HC CARDIOVERSION, ELECTIVE, EXTERNAL | 92960 | CPT | | | | both | | | 2353 | | 855.98 Aetna | Better Health | 742.37 | 31.55 | | | 125 | 2235.35 | percent of total billed charges | |
| HC CARDIOVERSION, ELECTIVE, EXTERNAL | 92960 | CPT | | | | both | | | 2353 | | 855.98 First Trenton | First Trenton | 2117.7 | 90 | | | 125 | 2235.35 | percent of total billed charges | |
| HC CARDIOVERSION, ELECTIVE, EXTERNAL | 92960 | CPT | | | | both | | | 2353 | | 855.98 Amerihealth | HMO/PPO | 125 | | | | 125 | 2235.35 | fee schedule | |
| HC CARDIOVERSION, ELECTIVE, EXTERNAL | 92960 | CPT | | | | both | | | 2353 | | 855.98 Aetna | Medicare | 744.33 | | | | 125 | 2235.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CARDIOVERSION, ELECTIVE, EXTERNAL | 92960 | CPT | | | | both | | | 2353 | | 855.98 Horizon | NJ Health | 1351.98 | | | 279.75 | 125 | 2235.35 | fee schedule | |
| HC CARDIOVERSION, ELECTIVE, EXTERNAL | 92960 | CPT | | | | both | | | 2353 | | 855.98 Corrections | Corrections | 1882.4 | 80 | | | 125 | 2235.35 | percent of total billed charges | |
| HC CARDIOVERSION, ELECTIVE, EXTERNAL | 92960 | CPT | | | | both | | | 2353 | | 855.98 Horizon | Indemnity | 1440.28 | | | | 125 | 2235.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CARDIOVERSION, ELECTIVE, EXTERNAL | 92960 | CPT | | | | both | | | 2353 | | 855.98 Consumer | Consumer | 2235.35 | 95 | | | 125 | 2235.35 | percent of total billed charges | |
| HC CARDIOVERSION, ELECTIVE, EXTERNAL | 92960 | CPT | | | | both | | | 2353 | | 855.98 UHC | Medicare | 744.33 | | | | 125 | 2235.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CARDIOVERSION, ELECTIVE, EXTERNAL | 92960 | CPT | | | | both | | | 2353 | | 855.98 Horizon | Medicare Blue | 744.33 | | | 212.06 | 125 | 2235.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CARDIOVERSION, ELECTIVE, EXTERNAL | 92960 | CPT | | | | both | | | 2353 | | 855.98 United | Commercial/PPO | 1817 | | | | 125 | 2235.35 | case rate | |
| HC CARDIOVERSION, ELECTIVE, EXTERNAL | 92960 | CPT | | | | both | | | 2353 | | 855.98 Horizon | MGD | 1440.28 | | | | 125 | 2235.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CARDIOVERSION, ELECTIVE, EXTERNAL | 92960 | CPT | | | | both | | | 2353 | | 855.98 United | Oxford | 1817 | | | | 125 | 2235.35 | case rate | |
| HC CARDIOVERSION, ELECTIVE, EXTERNAL | 92960 | CPT | | | | both | | | 2353 | | 855.98 Horizon | PPO | 1440.28 | | | | 125 | 2235.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CARDIOVERSION, ELECTIVE, EXTERNAL | 92960 | CPT | | | | both | | | 2353 | | 855.98 Wellcare | Medicaid | 742.37 | 31.55 | | | 125 | 2235.35 | percent of total billed charges | |
| HC CARDIOVERSION, ELECTIVE, EXTERNAL | 92960 | CPT | | | | both | | | 2353 | | 855.98 Multiplan | Multiplan | 1882.4 | 80 | | | 125 | 2235.35 | percent of total billed charges | |
| HC CARDIOVERSION, ELECTIVE, EXTERNAL | 92960 | CPT | | | | both | | | 2353 | | 855.98 Managed Care Inc | Managed Care Inc | 2117.7 | 90 | | | 125 | 2235.35 | percent of total billed charges | |
| HC CARDIOVERSION, ELECTIVE, EXTERNAL | 92960 | CPT | | | | both | | | 2353 | | 855.98 Qualcare | Qualcare | 1764.75 | 75 | | | 125 | 2235.35 | percent of total billed charges | |
| HC CARDIOVERSION, ELECTIVE, EXTERNAL | 92960 | CPT | | | | both | | | 2353 | | 855.98 Three Rivers | Three Rivers | 2235.35 | 95 | | | 125 | 2235.35 | percent of total billed charges | |
| HC CARDIOVERSION, ELECTIVE, EXTERNAL | 92960 | CPT | | | | both | | | 2353 | | 855.98 UHC | Medicaid | 742.37 | 31.55 | | 622.49 | 125 | 2235.35 | percent of total billed charges | |
| HC CARDIOVERSION, ELECTIVE, EXTERNAL | 92960 | CPT | | | | both | | | 2353 | | 855.98 Wellcare | Medicare | 744.33 | | | 105.56 | 125 | 2235.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CARDIOVERSION, ELECTIVE, EXTERNAL | 92960 | CPT | | | | both | | | 2353 | | 855.98 WellPoint | WellPoint | 757.2 | 32.18 | | 526.94 | 125 | 2235.35 | percent of total billed charges | |
| HC CARDIOVERSION ELECTIVE INTERNAL | 92961 | CPT | | | | outpatient | | 1891.31 | | | 855.98 Aetna | Medicare | 744.33 | | | | 125 | 1817 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CARDIOVERSION ELECTIVE INTERNAL | 92961 | CPT | | | | outpatient | | 1891.31 | | | 855.98 Consumer | Consumer | 1796.74 | 95 | | | 125 | 1817 | percent of total billed charges | |
| HC CARDIOVERSION ELECTIVE INTERNAL | 92961 | CPT | | | | outpatient | | 1891.31 | | | 855.98 First Trenton | First Trenton | 1702.18 | 90 | | | 125 | 1817 | percent of total billed charges | |
| HC CARDIOVERSION ELECTIVE INTERNAL | 92961 | CPT | | | | outpatient | | 1891.31 | | | 855.98 Aetna | Better Health | 596.71 | 31.55 | | | 125 | 1817 | percent of total billed charges | |
| HC CARDIOVERSION ELECTIVE INTERNAL | 92961 | CPT | | | | outpatient | | 1891.31 | | | 855.98 Americare | Americare | 1418.48 | 75 | | | 125 | 1817 | percent of total billed charges | |
| HC CARDIOVERSION ELECTIVE INTERNAL | 92961 | CPT | | | | outpatient | | 1891.31 | | | 855.98 First Health | First Health | 1323.92 | 70 | | | 125 | 1817 | percent of total billed charges | |
| HC CARDIOVERSION ELECTIVE INTERNAL | 92961 | CPT | | | | outpatient | | 1891.31 | | | 855.98 UHC | Medicare | 744.33 | | | | 125 | 1817 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CARDIOVERSION ELECTIVE INTERNAL | 92961 | CPT | | | | outpatient | | 1891.31 | | | 855.98 Corrections | Corrections | 1513.05 | 80 | | | 125 | 1817 | percent of total billed charges | |
| HC CARDIOVERSION ELECTIVE INTERNAL | 92961 | CPT | | | | outpatient | | 1891.31 | | | 855.98 Horizon | MGD | 1440.28 | | | | 125 | 1817 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CARDIOVERSION ELECTIVE INTERNAL | 92961 | CPT | | | | outpatient | | 1891.31 | | | 855.98 Horizon | Indemnity | 1440.28 | | | | 125 | 1817 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CARDIOVERSION ELECTIVE INTERNAL | 92961 | CPT | | | | outpatient | | 1891.31 | | | 855.98 Managed Care Inc | Managed Care Inc | 1702.18 | 90 | | | 125 | 1817 | percent of total billed charges | |
| HC CARDIOVERSION ELECTIVE INTERNAL | 92961 | CPT | | | | outpatient | | 1891.31 | | | 855.98 Horizon | PPO | 1440.28 | | | | 125 | 1817 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CARDIOVERSION ELECTIVE INTERNAL | 92961 | CPT | | | | outpatient | | 1891.31 | | | 855.98 Amerihealth | HMO/PPO | 125 | | | | 125 | 1817 | fee schedule | |
| HC CARDIOVERSION ELECTIVE INTERNAL | 92961 | CPT | | | | outpatient | | 1891.31 | | | 855.98 Multiplan | Multiplan | 1513.05 | 80 | | | 125 | 1817 | percent of total billed charges | |
| HC CARDIOVERSION ELECTIVE INTERNAL | 92961 | CPT | | | | outpatient | | 1891.31 | | | 855.98 Horizon | Medicare Blue | 744.33 | | | | 125 | 1817 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CARDIOVERSION ELECTIVE INTERNAL | 92961 | CPT | | | | outpatient | | 1891.31 | | | 855.98 Horizon | NJ Health | 298.64 | | | | 125 | 1817 | fee schedule | |
| HC CARDIOVERSION ELECTIVE INTERNAL | 92961 | CPT | | | | outpatient | | 1891.31 | | | 855.98 WellPoint | WellPoint | 608.62 | 32.18 | | | 125 | 1817 | percent of total billed charges | |
| HC CARDIOVERSION ELECTIVE INTERNAL | 92961 | CPT | | | | outpatient | | 1891.31 | | | 855.98 Qualcare | Qualcare | 1418.48 | 75 | | | 125 | 1817 | percent of total billed charges | |
| HC CARDIOVERSION ELECTIVE INTERNAL | 92961 | CPT | | | | outpatient | | 1891.31 | | | 855.98 Three Rivers | Three Rivers | 1796.74 | 95 | | | 125 | 1817 | percent of total billed charges | |
| HC CARDIOVERSION ELECTIVE INTERNAL | 92961 | CPT | | | | outpatient | | 1891.31 | | | 855.98 Wellcare | Medicare | 744.33 | | | | 125 | 1817 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CARDIOVERSION ELECTIVE INTERNAL | 92961 | CPT | | | | outpatient | | 1891.31 | | | 855.98 UHC | Medicaid | 596.71 | 31.55 | | | 125 | 1817 | percent of total billed charges | |
| HC CARDIOVERSION ELECTIVE INTERNAL | 92961 | CPT | | | | outpatient | | 1891.31 | | | 855.98 United | Commercial/PPO | 1817 | | | | 125 | 1817 | case rate | |
| HC CARDIOVERSION ELECTIVE INTERNAL | 92961 | CPT | | | | outpatient | | 1891.31 | | | 855.98 United | Oxford | 1817 | | | | 125 | 1817 | case rate | |
| HC CARDIOVERSION ELECTIVE INTERNAL | 92961 | CPT | | | | outpatient | | 1891.31 | | | 855.98 Wellcare | Medicaid | 596.71 | 31.55 | | | 125 | 1817 | percent of total billed charges | |
| HC PERC THROMBECTOMY ANGIOJET | 92973 | CPT | | | | inpatient | | 15296 | | | Aetna | Better Health | 4825.89 | 31.55 | | | 214.02 | 14531.2 | percent of total billed charges | |
| HC PERC THROMBECTOMY ANGIOJET | 92973 | CPT | | | | inpatient | | 15296 | | | First Trenton | First Trenton | 13766.4 | 90 | | | 214.02 | 14531.2 | percent of total billed charges | |
| HC PERC THROMBECTOMY ANGIOJET | 92973 | CPT | | | | inpatient | | 15296 | | | Americare | Americare | 11472 | 75 | | | 214.02 | 14531.2 | percent of total billed charges | |
| HC PERC THROMBECTOMY ANGIOJET | 92973 | CPT | | | | inpatient | | 15296 | | | Aetna | Medicare | 4711.17 | 30.8 | | | 214.02 | 14531.2 | percent of total billed charges | |
| HC PERC THROMBECTOMY ANGIOJET | 92973 | CPT | | | | inpatient | | 15296 | | | WellPoint | WellPoint | 4922.25 | 32.18 | | | 214.02 | 14531.2 | percent of total billed charges | |
| HC PERC THROMBECTOMY ANGIOJET | 92973 | CPT | | | | inpatient | | 15296 | | | Corrections | Corrections | 12236.8 | 80 | | | 214.02 | 14531.2 | percent of total billed charges | |
| HC PERC THROMBECTOMY ANGIOJET | 92973 | CPT | | | | inpatient | | 15296 | | | Amerihealth | HMO/PPO | 2000 | | | | 214.02 | 14531.2 | fee schedule | |
| HC PERC THROMBECTOMY ANGIOJET | 92973 | CPT | | | | inpatient | | 15296 | | | Consumer | Consumer | 14531.2 | 95 | | | 214.02 | 14531.2 | percent of total billed charges | |
| HC PERC THROMBECTOMY ANGIOJET | 92973 | CPT | | | | inpatient | | 15296 | | | Horizon | MGD | 5855.31 | 38.28 | | | 214.02 | 14531.2 | percent of total billed charges | |
| HC PERC THROMBECTOMY ANGIOJET | 92973 | CPT | | | | inpatient | | 15296 | | | Horizon | Indemnity | 5855.31 | 38.28 | | | 214.02 | 14531.2 | percent of total billed charges | |
| HC PERC THROMBECTOMY ANGIOJET | 92973 | CPT | | | | inpatient | | 15296 | | | First Health | First Health | 10707.2 | 70 | | | 214.02 | 14531.2 | percent of total billed charges | |
| HC PERC THROMBECTOMY ANGIOJET | 92973 | CPT | | | | inpatient | | 15296 | | | Horizon | Medicare Blue | 4588.8 | 30 | | | 214.02 | 14531.2 | percent of total billed charges | |
| HC PERC THROMBECTOMY ANGIOJET | 92973 | CPT | | | | inpatient | | 15296 | | | UHC | Medicaid | 4825.89 | 31.55 | | | 214.02 | 14531.2 | percent of total billed charges | |
| HC PERC THROMBECTOMY ANGIOJET | 92973 | CPT | | | | inpatient | | 15296 | | | Horizon | NJ Health | 214.02 | | | | 214.02 | 14531.2 | fee schedule | |
| HC PERC THROMBECTOMY ANGIOJET | 92973 | CPT | | | | inpatient | | 15296 | | | Multiplan | Multiplan | 12236.8 | 80 | | | 214.02 | 14531.2 | percent of total billed charges | |
| HC PERC THROMBECTOMY ANGIOJET | 92973 | CPT | | | | inpatient | | 15296 | | | Horizon | PPO | 5855.31 | 38.28 | | | 214.02 | 14531.2 | percent of total billed charges | |
| HC PERC THROMBECTOMY ANGIOJET | 92973 | CPT | | | | inpatient | | 15296 | | | United | Commercial/PPO | 1782 | | | | 214.02 | 14531.2 | case rate | |
| HC PERC THROMBECTOMY ANGIOJET | 92973 | CPT | | | | inpatient | | 15296 | | | Managed Care Inc | Managed Care Inc | 13766.4 | 90 | | | 214.02 | 14531.2 | percent of total billed charges | |
| HC PERC THROMBECTOMY ANGIOJET | 92973 | CPT | | | | inpatient | | 15296 | | | Qualcare | Qualcare | 11472 | 75 | | | 214.02 | 14531.2 | percent of total billed charges | |
| HC PERC THROMBECTOMY ANGIOJET | 92973 | CPT | | | | inpatient | | 15296 | | | Three Rivers | Three Rivers | 14531.2 | 95 | | | 214.02 | 14531.2 | percent of total billed charges | |
| HC PERC THROMBECTOMY ANGIOJET | 92973 | CPT | | | | inpatient | | 15296 | | | United | Oxford | 1782 | | | | 214.02 | 14531.2 | case rate | |
| HC PERC THROMBECTOMY ANGIOJET | 92973 | CPT | | | | inpatient | | 15296 | | | Wellcare | Medicaid | 4825.89 | 31.55 | | | 214.02 | 14531.2 | percent of total billed charges | |
| HC IVUS | 92978 | CPT | | | | both | | 2372 | | | Consumer | Consumer | 2253.4 | 95 | | | 711.6 | 6031.71 | percent of total billed charges | |
| HC IVUS | 92978 | CPT | | | | both | | 2372 | | | Horizon | Medicare Blue | 711.6 | 30 | | | 711.6 | 6031.71 | percent of total billed charges | |
| HC IVUS | 92978 | CPT | | | | both | | 2372 | | | Horizon | MGD | 908 | 38.28 | | | 711.6 | 6031.71 | percent of total billed charges | |
| HC IVUS | 92978 | CPT | | | | both | | 2372 | | | UHC | Medicaid | 748.37 | 31.55 | | | 711.6 | 6031.71 | percent of total billed charges | |
| HC IVUS | 92978 | CPT | | | | both | | 2372 | | | Aetna | Better Health | 748.37 | 31.55 | | | 711.6 | 6031.71 | percent of total billed charges | |
| HC IVUS | 92978 | CPT | | | | both | | 2372 | | | United | Oxford | 1782 | | | | 711.6 | 6031.71 | case rate | |
| HC IVUS | 92978 | CPT | | | | both | | 2372 | | | Aetna | Medicare | 730.58 | 30.8 | | | 711.6 | 6031.71 | percent of total billed charges | |
| HC IVUS | 92978 | CPT | | | | both | | 2372 | | | First Health | First Health | 1660.4 | 70 | | | 711.6 | 6031.71 | percent of total billed charges | |
| HC IVUS | 92978 | CPT | | | | both | | 2372 | | | Corrections | Corrections | 1897.6 | 80 | | | 711.6 | 6031.71 | percent of total billed charges | |
| HC IVUS | 92978 | CPT | | | | both | | 2372 | | | WellPoint | WellPoint | 763.31 | 32.18 | | | 711.6 | 6031.71 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC IVUS | 92978 | CPT | | | | both | | | 2372 | | Wellcare | Medicaid | 748.37 | 31.55 | | | 711.6 | 6031.71 | percent of total billed charges | |
| HC IVUS | 92978 | CPT | | | | both | | | 2372 | | Horizon | PPO | 908 | 38.28 | | | 711.6 | 6031.71 | percent of total billed charges | |
| HC IVUS | 92978 | CPT | | | | both | | | 2372 | | Amerihealth | HMO/PPO | 1541.8 | 65 | | | 711.6 | 6031.71 | percent of total billed charges | |
| HC IVUS | 92978 | CPT | | | | both | | | 2372 | | Three Rivers | Three Rivers | 2253.4 | 95 | | | 711.6 | 6031.71 | percent of total billed charges | |
| HC IVUS | 92978 | CPT | | | | both | | | 2372 | | Americare | Americare | 1779 | 75 | | | 711.6 | 6031.71 | percent of total billed charges | |
| HC IVUS | 92978 | CPT | | | | both | | | 2372 | | United | Commercial/PPO | 1782 | | | | 711.6 | 6031.71 | case rate | |
| HC IVUS | 92978 | CPT | | | | both | | | 2372 | | First Trenton | First Trenton | 2134.8 | 90 | | | 711.6 | 6031.71 | percent of total billed charges | |
| HC IVUS | 92978 | CPT | | | | both | | | 2372 | | Horizon | Indemnity | 908 | 38.28 | | | 711.6 | 6031.71 | percent of total billed charges | |
| HC IVUS | 92978 | CPT | | | | both | | | 2372 | | Horizon | NJ Health | 6031.71 | | | | 711.6 | 6031.71 | fee schedule | |
| HC IVUS | 92978 | CPT | | | | both | | | 2372 | | Multiplan | Multiplan | 1897.6 | 80 | | | 711.6 | 6031.71 | percent of total billed charges | |
| HC IVUS | 92978 | CPT | | | | both | | | 2372 | | Managed Care Inc | Managed Care Inc | 2134.8 | 90 | | | 711.6 | 6031.71 | percent of total billed charges | |
| HC IVUS | 92978 | CPT | | | | both | | | 2372 | | Qualcare | Qualcare | 1779 | 75 | | | 711.6 | 6031.71 | percent of total billed charges | |
| HC IVUS ADDITIONAL VESSEL | 92979 | CPT | | | | inpatient | | | 975 | | First Trenton | First Trenton | 877.5 | 90 | | | 292.5 | 1782 | percent of total billed charges | |
| HC IVUS ADDITIONAL VESSEL | 92979 | CPT | | | | inpatient | | | 975 | | Aetna | Medicare | 300.3 | 30.8 | | | 292.5 | 1782 | percent of total billed charges | |
| HC IVUS ADDITIONAL VESSEL | 92979 | CPT | | | | inpatient | | | 975 | | UHC | Medicaid | 307.61 | 31.55 | | | 292.5 | 1782 | percent of total billed charges | |
| HC IVUS ADDITIONAL VESSEL | 92979 | CPT | | | | inpatient | | | 975 | | Aetna | Better Health | 307.61 | 31.55 | | | 292.5 | 1782 | percent of total billed charges | |
| HC IVUS ADDITIONAL VESSEL | 92979 | CPT | | | | inpatient | | | 975 | | Horizon | Medicare Blue | 292.5 | 30 | | | 292.5 | 1782 | percent of total billed charges | |
| HC IVUS ADDITIONAL VESSEL | 92979 | CPT | | | | inpatient | | | 975 | | Amerihealth | HMO/PPO | 633.75 | 65 | | | 292.5 | 1782 | percent of total billed charges | |
| HC IVUS ADDITIONAL VESSEL | 92979 | CPT | | | | inpatient | | | 975 | | First Health | First Health | 682.5 | 70 | | | 292.5 | 1782 | percent of total billed charges | |
| HC IVUS ADDITIONAL VESSEL | 92979 | CPT | | | | inpatient | | | 975 | | Corrections | Corrections | 780 | 80 | | | 292.5 | 1782 | percent of total billed charges | |
| HC IVUS ADDITIONAL VESSEL | 92979 | CPT | | | | inpatient | | | 975 | | United | Oxford | 1782 | | | | 292.5 | 1782 | case rate | |
| HC IVUS ADDITIONAL VESSEL | 92979 | CPT | | | | inpatient | | | 975 | | Horizon | MGD | 373.23 | 38.28 | | | 292.5 | 1782 | percent of total billed charges | |
| HC IVUS ADDITIONAL VESSEL | 92979 | CPT | | | | inpatient | | | 975 | | United | Commercial/PPO | 1782 | | | | 292.5 | 1782 | case rate | |
| HC IVUS ADDITIONAL VESSEL | 92979 | CPT | | | | inpatient | | | 975 | | Americare | Americare | 731.25 | 75 | | | 292.5 | 1782 | percent of total billed charges | |
| HC IVUS ADDITIONAL VESSEL | 92979 | CPT | | | | inpatient | | | 975 | | Wellcare | Medicaid | 307.61 | 31.55 | | | 292.5 | 1782 | percent of total billed charges | |
| HC IVUS ADDITIONAL VESSEL | 92979 | CPT | | | | inpatient | | | 975 | | Consumer | Consumer | 926.25 | 95 | | | 292.5 | 1782 | percent of total billed charges | |
| HC IVUS ADDITIONAL VESSEL | 92979 | CPT | | | | inpatient | | | 975 | | Multiplan | Multiplan | 780 | 80 | | | 292.5 | 1782 | percent of total billed charges | |
| HC IVUS ADDITIONAL VESSEL | 92979 | CPT | | | | inpatient | | | 975 | | Horizon | Indemnity | 373.23 | 38.28 | | | 292.5 | 1782 | percent of total billed charges | |
| HC IVUS ADDITIONAL VESSEL | 92979 | CPT | | | | inpatient | | | 975 | | WellPoint | WellPoint | 313.76 | 32.18 | | | 292.5 | 1782 | percent of total billed charges | |
| HC IVUS ADDITIONAL VESSEL | 92979 | CPT | | | | inpatient | | | 975 | | Horizon | PPO | 373.23 | 38.28 | | | 292.5 | 1782 | percent of total billed charges | |
| HC IVUS ADDITIONAL VESSEL | 92979 | CPT | | | | inpatient | | | 975 | | Qualcare | Qualcare | 731.25 | 75 | | | 292.5 | 1782 | percent of total billed charges | |
| HC IVUS ADDITIONAL VESSEL | 92979 | CPT | | | | inpatient | | | 975 | | Managed Care Inc | Managed Care Inc | 877.5 | 90 | | | 292.5 | 1782 | percent of total billed charges | |
| HC IVUS ADDITIONAL VESSEL | 92979 | CPT | | | | inpatient | | | 975 | | Three Rivers | Three Rivers | 926.25 | 95 | | | 292.5 | 1782 | percent of total billed charges | |
| HC VALVULOPLASTY AORTIC | 92986 | CPT | | | | inpatient | | | 19659 | | 7517.39 Qualcare | Qualcare | 14744.25 | 75 | | | 1135.25 | 18676.05 | percent of total billed charges | |
| HC VALVULOPLASTY AORTIC | 92986 | CPT | | | | inpatient | | | 19659 | | 7517.39 Amerihealth | HMO/PPO | 1400 | | | | 1135.25 | 18676.05 | fee schedule | |
| HC VALVULOPLASTY AORTIC | 92986 | CPT | | | | inpatient | | | 19659 | | 7517.39 Aetna | Better Health | 6202.41 | 31.55 | | | 1135.25 | 18676.05 | percent of total billed charges | |
| HC VALVULOPLASTY AORTIC | 92986 | CPT | | | | inpatient | | | 19659 | | 7517.39 Horizon | MGD | 12648.82 | | | | 1135.25 | 18676.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VALVULOPLASTY AORTIC | 92986 | CPT | | | | inpatient | | | 19659 | | 7517.39 Corrections | Corrections | 15727.2 | 80 | | | 1135.25 | 18676.05 | percent of total billed charges | |
| HC VALVULOPLASTY AORTIC | 92986 | CPT | | | | inpatient | | | 19659 | | 7517.39 Three Rivers | Three Rivers | 18676.05 | 95 | | | 1135.25 | 18676.05 | percent of total billed charges | |
| HC VALVULOPLASTY AORTIC | 92986 | CPT | | | | inpatient | | | 19659 | | 7517.39 First Health | First Health | 13761.3 | 70 | | | 1135.25 | 18676.05 | percent of total billed charges | |
| HC VALVULOPLASTY AORTIC | 92986 | CPT | | | | inpatient | | | 19659 | | 7517.39 WellPoint | WellPoint | 6326.27 | 32.18 | | | 1135.25 | 18676.05 | percent of total billed charges | |
| HC VALVULOPLASTY AORTIC | 92986 | CPT | | | | inpatient | | | 19659 | | 7517.39 UHC | Medicaid | 6202.41 | 31.55 | | | 1135.25 | 18676.05 | percent of total billed charges | |
| HC VALVULOPLASTY AORTIC | 92986 | CPT | | | | inpatient | | | 19659 | | 7517.39 Horizon | Indemnity | 12648.82 | | | | 1135.25 | 18676.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VALVULOPLASTY AORTIC | 92986 | CPT | | | | inpatient | | | 19659 | | 7517.39 Aetna | Medicare | 6536.86 | | | | 1135.25 | 18676.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VALVULOPLASTY AORTIC | 92986 | CPT | | | | inpatient | | | 19659 | | 7517.39 Horizon | PPO | 12648.82 | | | | 1135.25 | 18676.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VALVULOPLASTY AORTIC | 92986 | CPT | | | | inpatient | | | 19659 | | 7517.39 First Trenton | First Trenton | 17693.1 | 90 | | | 1135.25 | 18676.05 | percent of total billed charges | |
| HC VALVULOPLASTY AORTIC | 92986 | CPT | | | | inpatient | | | 19659 | | 7517.39 UHC | Medicare | 6536.86 | | | | 1135.25 | 18676.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VALVULOPLASTY AORTIC | 92986 | CPT | | | | inpatient | | | 19659 | | 7517.39 Horizon | Medicare Blue | 6536.86 | | | | 1135.25 | 18676.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VALVULOPLASTY AORTIC | 92986 | CPT | | | | inpatient | | | 19659 | | 7517.39 United | Commercial/PPO | 4702 | | | | 1135.25 | 18676.05 | case rate | |
| HC VALVULOPLASTY AORTIC | 92986 | CPT | | | | inpatient | | | 19659 | | 7517.39 Americare | Americare | 14744.25 | 75 | | | 1135.25 | 18676.05 | percent of total billed charges | |
| HC VALVULOPLASTY AORTIC | 92986 | CPT | | | | inpatient | | | 19659 | | 7517.39 Horizon | NJ Health | 1135.25 | | | | 1135.25 | 18676.05 | fee schedule | |
| HC VALVULOPLASTY AORTIC | 92986 | CPT | | | | inpatient | | | 19659 | | 7517.39 Multiplan | Multiplan | 15727.2 | 80 | | | 1135.25 | 18676.05 | percent of total billed charges | |
| HC VALVULOPLASTY AORTIC | 92986 | CPT | | | | inpatient | | | 19659 | | 7517.39 Managed Care Inc | Managed Care Inc | 17693.1 | 90 | | | 1135.25 | 18676.05 | percent of total billed charges | |
| HC VALVULOPLASTY AORTIC | 92986 | CPT | | | | inpatient | | | 19659 | | 7517.39 Consumer | Consumer | 18676.05 | 95 | | | 1135.25 | 18676.05 | percent of total billed charges | |
| HC VALVULOPLASTY AORTIC | 92986 | CPT | | | | inpatient | | | 19659 | | 7517.39 Wellcare | Medicare | 6536.86 | | | | 1135.25 | 18676.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VALVULOPLASTY AORTIC | 92986 | CPT | | | | inpatient | | | 19659 | | 7517.39 Wellcare | Medicaid | 6202.41 | 31.55 | | | 1135.25 | 18676.05 | percent of total billed charges | |
| HC VALVULOPLASTY AORTIC | 92986 | CPT | | | | inpatient | | | 19659 | | 7517.39 United | Oxford | 4702 | | | | 1135.25 | 18676.05 | case rate | |
| HC ECG ROUTINE ECG W/LEAST 12 LDS W/I&R | 93000 | CPT | | | | outpatient | | | 16.07 | | Consumer | Consumer | 15.27 | 95 | | | 4.82 | 229.68 | percent of total billed charges | |
| HC ECG ROUTINE ECG W/LEAST 12 LDS W/I&R | 93000 | CPT | | | | outpatient | | | 16.07 | | First Trenton | First Trenton | 14.46 | 90 | | | 4.82 | 229.68 | percent of total billed charges | |
| HC ECG ROUTINE ECG W/LEAST 12 LDS W/I&R | 93000 | CPT | | | | outpatient | | | 16.07 | | Horizon | MGD | 6.15 | 38.28 | | | 4.82 | 229.68 | percent of total billed charges | |
| HC ECG ROUTINE ECG W/LEAST 12 LDS W/I&R | 93000 | CPT | | | | outpatient | | | 16.07 | | First Health | First Health | 11.25 | 70 | | | 4.82 | 229.68 | percent of total billed charges | |
| HC ECG ROUTINE ECG W/LEAST 12 LDS W/I&R | 93000 | CPT | | | | outpatient | | | 16.07 | | Aetna | Better Health | 5.07 | 31.55 | | | 4.82 | 229.68 | percent of total billed charges | |
| HC ECG ROUTINE ECG W/LEAST 12 LDS W/I&R | 93000 | CPT | | | | outpatient | | | 16.07 | | Horizon | Medicare Blue | 4.82 | 30 | | | 4.82 | 229.68 | percent of total billed charges | |
| HC ECG ROUTINE ECG W/LEAST 12 LDS W/I&R | 93000 | CPT | | | | outpatient | | | 16.07 | | Aetna | Medicare | 4.95 | 30.8 | | | 4.82 | 229.68 | percent of total billed charges | |
| HC ECG ROUTINE ECG W/LEAST 12 LDS W/I&R | 93000 | CPT | | | | outpatient | | | 16.07 | | Multiplan | Multiplan | 12.86 | 80 | | | 4.82 | 229.68 | percent of total billed charges | |
| HC ECG ROUTINE ECG W/LEAST 12 LDS W/I&R | 93000 | CPT | | | | outpatient | | | 16.07 | | Corrections | Corrections | 12.86 | 80 | | | 4.82 | 229.68 | percent of total billed charges | |
| HC ECG ROUTINE ECG W/LEAST 12 LDS W/I&R | 93000 | CPT | | | | outpatient | | | 16.07 | | Horizon | Indemnity | 6.15 | 38.28 | | | 4.82 | 229.68 | percent of total billed charges | |
| HC ECG ROUTINE ECG W/LEAST 12 LDS W/I&R | 93000 | CPT | | | | outpatient | | | 16.07 | | Americare | Americare | 12.05 | 75 | | | 4.82 | 229.68 | percent of total billed charges | |
| HC ECG ROUTINE ECG W/LEAST 12 LDS W/I&R | 93000 | CPT | | | | outpatient | | | 16.07 | | Three Rivers | Three Rivers | 15.27 | 95 | | | 4.82 | 229.68 | percent of total billed charges | |
| HC ECG ROUTINE ECG W/LEAST 12 LDS W/I&R | 93000 | CPT | | | | outpatient | | | 16.07 | | WellPoint | WellPoint | 5.17 | 32.18 | | | 4.82 | 229.68 | percent of total billed charges | |
| HC ECG ROUTINE ECG W/LEAST 12 LDS W/I&R | 93000 | CPT | | | | outpatient | | | 16.07 | | Managed Care Inc | Managed Care Inc | 14.46 | 90 | | | 4.82 | 229.68 | percent of total billed charges | |
| HC ECG ROUTINE ECG W/LEAST 12 LDS W/I&R | 93000 | CPT | | | | outpatient | | | 16.07 | | Amerihealth | HMO/PPO | 30 | | | | 4.82 | 229.68 | fee schedule | |
| HC ECG ROUTINE ECG W/LEAST 12 LDS W/I&R | 93000 | CPT | | | | outpatient | | | 16.07 | | Qualcare | Qualcare | 12.05 | 75 | | | 4.82 | 229.68 | percent of total billed charges | |
| HC ECG ROUTINE ECG W/LEAST 12 LDS W/I&R | 93000 | CPT | | | | outpatient | | | 16.07 | | Horizon | NJ Health | 229.68 | | | | 4.82 | 229.68 | fee schedule | |
| HC ECG ROUTINE ECG W/LEAST 12 LDS W/I&R | 93000 | CPT | | | | outpatient | | | 16.07 | | Horizon | PPO | 6.15 | 38.28 | | | 4.82 | 229.68 | percent of total billed charges | |
| HC ECG ROUTINE ECG W/LEAST 12 LDS W/I&R | 93000 | CPT | | | | outpatient | | | 16.07 | | Wellcare | Medicaid | 5.07 | 31.55 | | | 4.82 | 229.68 | percent of total billed charges | |
| HC ECG ROUTINE ECG W/LEAST 12 LDS W/I&R | 93000 | CPT | | | | outpatient | | | 16.07 | | UHC | Medicaid | 5.07 | 31.55 | | | 4.82 | 229.68 | percent of total billed charges | |
| HC ROUTINE ECG, 12+ LEADS, TRACING ONLY | 93005 | CPT | | | | both | | | 217 | | 80.45 Americare | Americare | 162.75 | 75 | | | 30 | 206.15 | percent of total billed charges | |
| HC ROUTINE ECG, 12+ LEADS, TRACING ONLY | 93005 | CPT | | | | both | | | 217 | | 80.45 Amerihealth | HMO/PPO | 30 | | | 25.01 | 30 | 206.15 | fee schedule | |
| HC ROUTINE ECG, 12+ LEADS, TRACING ONLY | 93005 | CPT | | | | both | | | 217 | | 80.45 WellPoint | WellPoint | 69.83 | 32.18 | | 46.51 | 30 | 206.15 | percent of total billed charges | |
| HC ROUTINE ECG, 12+ LEADS, TRACING ONLY | 93005 | CPT | | | | both | | | 217 | | 80.45 First Health | First Health | 151.9 | 70 | | | 30 | 206.15 | percent of total billed charges | |
| HC ROUTINE ECG, 12+ LEADS, TRACING ONLY | 93005 | CPT | | | | both | | | 217 | | 80.45 Corrections | Corrections | 173.6 | 80 | | 45.62 | 30 | 206.15 | percent of total billed charges | |
| HC ROUTINE ECG, 12+ LEADS, TRACING ONLY | 93005 | CPT | | | | both | | | 217 | | 80.45 First Trenton | First Trenton | 195.3 | 90 | | | 30 | 206.15 | percent of total billed charges | |
| HC ROUTINE ECG, 12+ LEADS, TRACING ONLY | 93005 | CPT | | | | both | | | 217 | | 80.45 Aetna | Better Health | 68.46 | 31.55 | | 58.37 | 30 | 206.15 | percent of total billed charges | |
| HC ROUTINE ECG, 12+ LEADS, TRACING ONLY | 93005 | CPT | | | | both | | | 217 | | 80.45 Aetna | Medicare | 69.96 | | | 32.38 | 30 | 206.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ROUTINE ECG, 12+ LEADS, TRACING ONLY | 93005 | CPT | | | | both | | | 217 | | 80.45 Horizon | MGD | 135.37 | | | 56.23 | 30 | 206.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ROUTINE ECG, 12+ LEADS, TRACING ONLY | 93005 | CPT | | | | both | | | 217 | | 80.45 Horizon | Indemnity | 135.37 | | | 57.39 | 30 | 206.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ROUTINE ECG, 12+ LEADS, TRACING ONLY | 93005 | CPT | | | | both | | | 217 | | 80.45 Horizon | PPO | 135.37 | | | 63.93 | 30 | 206.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ROUTINE ECG, 12+ LEADS, TRACING ONLY | 93005 | CPT | | | | both | | | 217 | | 80.45 Multiplan | Multiplan | 173.6 | 80 | | | 30 | 206.15 | percent of total billed charges | |
| HC ROUTINE ECG, 12+ LEADS, TRACING ONLY | 93005 | CPT | | | | both | | | 217 | | 80.45 UHC | Medicaid | 68.46 | 31.55 | | 58.75 | 30 | 206.15 | percent of total billed charges | |
| HC ROUTINE ECG, 12+ LEADS, TRACING ONLY | 93005 | CPT | | | | both | | | 217 | | 80.45 Horizon | Medicare Blue | 69.96 | | | 30.24 | 30 | 206.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ROUTINE ECG, 12+ LEADS, TRACING ONLY | 93005 | CPT | | | | both | | | 217 | | 80.45 Consumer | Consumer | 206.15 | 95 | | | 30 | 206.15 | percent of total billed charges | |
| HC ROUTINE ECG, 12+ LEADS, TRACING ONLY | 93005 | CPT | | | | both | | | 217 | | 80.45 Managed Care Inc | Managed Care Inc | 195.3 | 90 | | | 30 | 206.15 | percent of total billed charges | |
| HC ROUTINE ECG, 12+ LEADS, TRACING ONLY | 93005 | CPT | | | | both | | | 217 | | 80.45 Qualcare | Qualcare | 162.75 | 75 | | | 30 | 206.15 | percent of total billed charges | |
| HC ROUTINE ECG, 12+ LEADS, TRACING ONLY | 93005 | CPT | | | | both | | | 217 | | 80.45 Horizon | NJ Health | 159.21 | | | 20.96 | 30 | 206.15 | fee schedule | |
| HC ROUTINE ECG, 12+ LEADS, TRACING ONLY | 93005 | CPT | | | | both | | | 217 | | 80.45 Wellcare | Medicaid | 68.46 | 31.55 | | 57.16 | 30 | 206.15 | percent of total billed charges | |
| HC ROUTINE ECG, 12+ LEADS, TRACING ONLY | 93005 | CPT | | | | both | | | 217 | | 80.45 Three Rivers | Three Rivers | 206.15 | 95 | | | 30 | 206.15 | percent of total billed charges | |
| HC ROUTINE ECG, 12+ LEADS, TRACING ONLY | 93005 | CPT | | | | both | | | 217 | | 80.45 UHC | Medicare | 69.96 | | | 32.11 | 30 | 206.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ROUTINE ECG, 12+ LEADS, TRACING ONLY | 93005 | CPT | | | | both | | | 217 | | 80.45 Wellcare | Medicare | 69.96 | | | 30.63 | 30 | 206.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CARDIOVASCULAR STRESS TEST W CONTINUOUS ECG, TRACING ONLY | 93017 | CPT | | | | both | | | 1149 | | 412.82 Aetna | Medicare | 358.97 | | | | 150 | 1091.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CARDIOVASCULAR STRESS TEST W CONTINUOUS ECG, TRACING ONLY | 93017 | CPT | | | | both | | | 1149 | | 412.82 Amerihealth | HMO/PPO | 150 | | | | 150 | 1091.55 | fee schedule | |
| HC CARDIOVASCULAR STRESS TEST W CONTINUOUS ECG, TRACING ONLY | 93017 | CPT | | | | both | | | 1149 | | 412.82 Americare | Americare | 861.75 | 75 | | | 150 | 1091.55 | percent of total billed charges | |
| HC CARDIOVASCULAR STRESS TEST W CONTINUOUS ECG, TRACING ONLY | 93017 | CPT | | | | both | | | 1149 | | 412.82 First Health | First Health | 804.3 | 70 | | | 150 | 1091.55 | percent of total billed charges | |
| HC CARDIOVASCULAR STRESS TEST W CONTINUOUS ECG, TRACING ONLY | 93017 | CPT | | | | both | | | 1149 | | 412.82 Aetna | Better Health | 362.51 | 31.55 | | | 150 | 1091.55 | percent of total billed charges | |
| HC CARDIOVASCULAR STRESS TEST W CONTINUOUS ECG, TRACING ONLY | 93017 | CPT | | | | both | | | 1149 | | 412.82 First Trenton | First Trenton | 1034.1 | 90 | | | 150 | 1091.55 | percent of total billed charges | |
| HC CARDIOVASCULAR STRESS TEST W CONTINUOUS ECG, TRACING ONLY | 93017 | CPT | | | | both | | | 1149 | | 412.82 UHC | Medicare | 358.97 | | | | 150 | 1091.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CARDIOVASCULAR STRESS TEST W CONTINUOUS ECG, TRACING ONLY | 93017 | CPT | | | | both | | | 1149 | | 412.82 Corrections | Corrections | 919.2 | 80 | | | 150 | 1091.55 | percent of total billed charges | |
| HC CARDIOVASCULAR STRESS TEST W CONTINUOUS ECG, TRACING ONLY | 93017 | CPT | | | | both | | | 1149 | | 412.82 Horizon | MGD | 694.61 | | | 477.31 | 150 | 1091.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CARDIOVASCULAR STRESS TEST W CONTINUOUS ECG, TRACING ONLY | 93017 | CPT | | | | both | | | 1149 | | 412.82 Wellcare | Medicaid | 362.51 | 31.55 | | | 150 | 1091.55 | percent of total billed charges | |
| HC CARDIOVASCULAR STRESS TEST W CONTINUOUS ECG, TRACING ONLY | 93017 | CPT | | | | both | | | 1149 | | 412.82 Wellcare | Medicare | 358.97 | | | 40.97 | 150 | 1091.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CARDIOVASCULAR STRESS TEST W CONTINUOUS ECG, TRACING ONLY | 93017 | CPT | | | | both | | | 1149 | | 412.82 Horizon | Indemnity | 694.61 | | | 357.11 | 150 | 1091.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CARDIOVASCULAR STRESS TEST W CONTINUOUS ECG, TRACING ONLY | 93017 | CPT | | | | both | | | 1149 | | 412.82 Consumer | Consumer | 1091.55 | 95 | | | 150 | 1091.55 | percent of total billed charges | |
| HC CARDIOVASCULAR STRESS TEST W CONTINUOUS ECG, TRACING ONLY | 93017 | CPT | | | | both | | | 1149 | | 412.82 Managed Care Inc | Managed Care Inc | 1034.1 | 90 | | | 150 | 1091.55 | percent of total billed charges | |
| HC CARDIOVASCULAR STRESS TEST W CONTINUOUS ECG, TRACING ONLY | 93017 | CPT | | | | both | | | 1149 | | 412.82 WellPoint | WellPoint | 369.75 | 32.18 | | 357.8 | 150 | 1091.55 | percent of total billed charges | |
| HC CARDIOVASCULAR STRESS TEST W CONTINUOUS ECG, TRACING ONLY | 93017 | CPT | | | | both | | | 1149 | | 412.82 Multiplan | Multiplan | 919.2 | 80 | | | 150 | 1091.55 | percent of total billed charges | |
| HC CARDIOVASCULAR STRESS TEST W CONTINUOUS ECG, TRACING ONLY | 93017 | CPT | | | | both | | | 1149 | | 412.82 Horizon | Medicare Blue | 358.97 | | | 351.79 | 150 | 1091.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CARDIOVASCULAR STRESS TEST W CONTINUOUS ECG, TRACING ONLY | 93017 | CPT | | | | both | | | 1149 | | 412.82 Three Rivers | Three Rivers | 1091.55 | 95 | | | 150 | 1091.55 | percent of total billed charges | |
| HC CARDIOVASCULAR STRESS TEST W CONTINUOUS ECG, TRACING ONLY | 93017 | CPT | | | | both | | | 1149 | | 412.82 Horizon | NJ Health | 798.66 | | | | 150 | 1091.55 | fee schedule | |
| HC CARDIOVASCULAR STRESS TEST W CONTINUOUS ECG, TRACING ONLY | 93017 | CPT | | | | both | | | 1149 | | 412.82 Qualcare | Qualcare | 861.75 | 75 | | | 150 | 1091.55 | percent of total billed charges | |
| HC CARDIOVASCULAR STRESS TEST W CONTINUOUS ECG, TRACING ONLY | 93017 | CPT | | | | both | | | 1149 | | 412.82 Horizon | PPO | 694.61 | | | 516.28 | 150 | 1091.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CARDIOVASCULAR STRESS TEST W CONTINUOUS ECG, TRACING ONLY | 93017 | CPT | | | | both | | | 1149 | | 412.82 UHC | Medicaid | 362.51 | 31.55 | | 230.37 | 150 | 1091.55 | percent of total billed charges | |
| HC STRESS EKG (MUSE PRO FEE) | 93018 | CPT | | | | both | | | 45.35 | | Americare | Americare | 34.01 | 75 | | | 13.61 | 49.59 | percent of total billed charges | |
| HC STRESS EKG (MUSE PRO FEE) | 93018 | CPT | | | | both | | | 45.35 | | Aetna | Better Health | 14.31 | 31.55 | | | 13.61 | 49.59 | percent of total billed charges | |
| HC STRESS EKG (MUSE PRO FEE) | 93018 | CPT | | | | both | | | 45.35 | | Amerihealth | HMO/PPO | 29.48 | 65 | | | 13.61 | 49.59 | percent of total billed charges | |
| HC STRESS EKG (MUSE PRO FEE) | 93018 | CPT | | | | both | | | 45.35 | | First Health | First Health | 31.75 | 70 | | | 13.61 | 49.59 | percent of total billed charges | |
| HC STRESS EKG (MUSE PRO FEE) | 93018 | CPT | | | | both | | | 45.35 | | Aetna | Medicare | 13.97 | 30.8 | | | 13.61 | 49.59 | percent of total billed charges | |
| HC STRESS EKG (MUSE PRO FEE) | 93018 | CPT | | | | both | | | 45.35 | | WellPoint | WellPoint | 14.59 | 32.18 | | | 13.61 | 49.59 | percent of total billed charges | |
| HC STRESS EKG (MUSE PRO FEE) | 93018 | CPT | | | | both | | | 45.35 | | Corrections | Corrections | 36.28 | 80 | | | 13.61 | 49.59 | percent of total billed charges | |
| HC STRESS EKG (MUSE PRO FEE) | 93018 | CPT | | | | both | | | 45.35 | | Consumer | Consumer | 43.08 | 95 | | | 13.61 | 49.59 | percent of total billed charges | |
| HC STRESS EKG (MUSE PRO FEE) | 93018 | CPT | | | | both | | | 45.35 | | Horizon | MGD | 17.36 | 38.28 | | | 13.61 | 49.59 | percent of total billed charges | |
| HC STRESS EKG (MUSE PRO FEE) | 93018 | CPT | | | | both | | | 45.35 | | Horizon | Medicare Blue | 13.61 | 30 | | | 13.61 | 49.59 | percent of total billed charges | |
| HC STRESS EKG (MUSE PRO FEE) | 93018 | CPT | | | | both | | | 45.35 | | Horizon | Indemnity | 17.36 | 38.28 | | | 13.61 | 49.59 | percent of total billed charges | |
| HC STRESS EKG (MUSE PRO FEE) | 93018 | CPT | | | | both | | | 45.35 | | UHC | Medicaid | 14.31 | 31.55 | | | 13.61 | 49.59 | percent of total billed charges | |
| HC STRESS EKG (MUSE PRO FEE) | 93018 | CPT | | | | both | | | 45.35 | | Horizon | PPO | 17.36 | 38.28 | | | 13.61 | 49.59 | percent of total billed charges | |
| HC STRESS EKG (MUSE PRO FEE) | 93018 | CPT | | | | both | | | 45.35 | | Multiplan | Multiplan | 36.28 | 80 | | | 13.61 | 49.59 | percent of total billed charges | |
| HC STRESS EKG (MUSE PRO FEE) | 93018 | CPT | | | | both | | | 45.35 | | First Trenton | First Trenton | 40.82 | 90 | | | 13.61 | 49.59 | percent of total billed charges | |
| HC STRESS EKG (MUSE PRO FEE) | 93018 | CPT | | | | both | | | 45.35 | | Wellcare | Medicaid | 14.31 | 31.55 | | | 13.61 | 49.59 | percent of total billed charges | |
| HC STRESS EKG (MUSE PRO FEE) | 93018 | CPT | | | | both | | | 45.35 | | Three Rivers | Three Rivers | 43.08 | 95 | | | 13.61 | 49.59 | percent of total billed charges | |
| HC STRESS EKG (MUSE PRO FEE) | 93018 | CPT | | | | both | | | 45.35 | | Qualcare | Qualcare | 34.01 | 75 | | | 13.61 | 49.59 | percent of total billed charges | |
| HC STRESS EKG (MUSE PRO FEE) | 93018 | CPT | | | | both | | | 45.35 | | Horizon | NJ Health | 49.59 | | | | 13.61 | 49.59 | fee schedule | |
| HC STRESS EKG (MUSE PRO FEE) | 93018 | CPT | | | | both | | | 45.35 | | Managed Care Inc | Managed Care Inc | 40.82 | 90 | | | 13.61 | 49.59 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING UP TO 48 HRS | 93225 | CPT | | | | outpatient | | | 705 | | 168 Multiplan | Multiplan | 564 | 80 | | | 45 | 669.75 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING UP TO 48 HRS | 93225 | CPT | | | | outpatient | | | 705 | | 168 First Health | First Health | 493.5 | 70 | | | 45 | 669.75 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING UP TO 48 HRS | 93225 | CPT | | | | outpatient | | | 705 | | 168 Aetna | Better Health | 222.43 | 31.55 | | | 45 | 669.75 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING UP TO 48 HRS | 93225 | CPT | | | | outpatient | | | 705 | | 168 Amerihealth | HMO/PPO | 45 | | | | 45 | 669.75 | fee schedule | |
| HC EXTERNAL ECG RECORDING UP TO 48 HRS | 93225 | CPT | | | | outpatient | | | 705 | | 168 Qualcare | Qualcare | 528.75 | 75 | | | 45 | 669.75 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING UP TO 48 HRS | 93225 | CPT | | | | outpatient | | | 705 | | 168 Corrections | Corrections | 564 | 80 | | | 45 | 669.75 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING UP TO 48 HRS | 93225 | CPT | | | | outpatient | | | 705 | | 168 Americare | Americare | 528.75 | 75 | | | 45 | 669.75 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC EXTERNAL ECG RECORDING UP TO 48 HRS | 93225 | CPT | | | | outpatient | | | 705 | 168 | UHC | Medicaid | 222.43 | 31.55 | | | 45 | 669.75 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING UP TO 48 HRS | 93225 | CPT | | | | outpatient | | | 705 | 168 | Aetna | Medicare | 146.09 | | | | 45 | 669.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTERNAL ECG RECORDING UP TO 48 HRS | 93225 | CPT | | | | outpatient | | | 705 | 168 | First Trenton | First Trenton | 634.5 | 90 | | | 45 | 669.75 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING UP TO 48 HRS | 93225 | CPT | | | | outpatient | | | 705 | 168 | Consumer | Consumer | 669.75 | 95 | | | 45 | 669.75 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING UP TO 48 HRS | 93225 | CPT | | | | outpatient | | | 705 | 168 | Horizon | Indemnity | 282.68 | | | | 45 | 669.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTERNAL ECG RECORDING UP TO 48 HRS | 93225 | CPT | | | | outpatient | | | 705 | 168 | Wellcare | Medicare | 146.09 | | | | 45 | 669.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTERNAL ECG RECORDING UP TO 48 HRS | 93225 | CPT | | | | outpatient | | | 705 | 168 | Horizon | MGD | 282.68 | | | | 45 | 669.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTERNAL ECG RECORDING UP TO 48 HRS | 93225 | CPT | | | | outpatient | | | 705 | 168 | Horizon | Medicare Blue | 146.09 | | | | 45 | 669.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTERNAL ECG RECORDING UP TO 48 HRS | 93225 | CPT | | | | outpatient | | | 705 | 168 | UHC | Medicare | 146.09 | | | | 45 | 669.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTERNAL ECG RECORDING UP TO 48 HRS | 93225 | CPT | | | | outpatient | | | 705 | 168 | Three Rivers | Three Rivers | 669.75 | 95 | | | 45 | 669.75 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING UP TO 48 HRS | 93225 | CPT | | | | outpatient | | | 705 | 168 | Wellcare | Medicaid | 222.43 | 31.55 | | | 45 | 669.75 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING UP TO 48 HRS | 93225 | CPT | | | | outpatient | | | 705 | 168 | Horizon | NJ Health | 438.48 | | | | 45 | 669.75 | fee schedule | |
| HC EXTERNAL ECG RECORDING UP TO 48 HRS | 93225 | CPT | | | | outpatient | | | 705 | 168 | Horizon | PPO | 282.68 | | | | 45 | 669.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTERNAL ECG RECORDING UP TO 48 HRS | 93225 | CPT | | | | outpatient | | | 705 | 168 | Managed Care Inc | Managed Care Inc | 634.5 | 90 | | | 45 | 669.75 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING UP TO 48 HRS | 93225 | CPT | | | | outpatient | | | 705 | 168 | WellPoint | WellPoint | 226.87 | 32.18 | | | 45 | 669.75 | percent of total billed charges | |
| HC EXT ECG>48 HR<7D SCAN ALYS R&I | 93241 | CPT | | | | outpatient | | | 916.12 | | Horizon | MGD | 350.69 | 38.28 | | | 274.84 | 870.31 | percent of total billed charges | |
| HC EXT ECG>48 HR<7D SCAN ALYS R&I | 93241 | CPT | | | | outpatient | | | 916.12 | | Aetna | Better Health | 289.04 | 31.55 | | | 274.84 | 870.31 | percent of total billed charges | |
| HC EXT ECG>48 HR<7D SCAN ALYS R&I | 93241 | CPT | | | | outpatient | | | 916.12 | | Amerihealth | HMO/PPO | 595.48 | 65 | | | 274.84 | 870.31 | percent of total billed charges | |
| HC EXT ECG>48 HR<7D SCAN ALYS R&I | 93241 | CPT | | | | outpatient | | | 916.12 | | Aetna | Medicare | 282.16 | 30.8 | | | 274.84 | 870.31 | percent of total billed charges | |
| HC EXT ECG>48 HR<7D SCAN ALYS R&I | 93241 | CPT | | | | outpatient | | | 916.12 | | First Health | First Health | 641.28 | 70 | | | 274.84 | 870.31 | percent of total billed charges | |
| HC EXT ECG>48 HR<7D SCAN ALYS R&I | 93241 | CPT | | | | outpatient | | | 916.12 | | Consumer | Consumer | 870.31 | 95 | | | 274.84 | 870.31 | percent of total billed charges | |
| HC EXT ECG>48 HR<7D SCAN ALYS R&I | 93241 | CPT | | | | outpatient | | | 916.12 | | Corrections | Corrections | 732.9 | 80 | | | 274.84 | 870.31 | percent of total billed charges | |
| HC EXT ECG>48 HR<7D SCAN ALYS R&I | 93241 | CPT | | | | outpatient | | | 916.12 | | Americare | Americare | 687.09 | 75 | | | 274.84 | 870.31 | percent of total billed charges | |
| HC EXT ECG>48 HR<7D SCAN ALYS R&I | 93241 | CPT | | | | outpatient | | | 916.12 | | Horizon | PPO | 350.69 | 38.28 | | | 274.84 | 870.31 | percent of total billed charges | |
| HC EXT ECG>48 HR<7D SCAN ALYS R&I | 93241 | CPT | | | | outpatient | | | 916.12 | | Horizon | Indemnity | 350.69 | 38.28 | | | 274.84 | 870.31 | percent of total billed charges | |
| HC EXT ECG>48 HR<7D SCAN ALYS R&I | 93241 | CPT | | | | outpatient | | | 916.12 | | Horizon | Medicare Blue | 274.84 | 30 | | | 274.84 | 870.31 | percent of total billed charges | |
| HC EXT ECG>48 HR<7D SCAN ALYS R&I | 93241 | CPT | | | | outpatient | | | 916.12 | | First Trenton | First Trenton | 824.51 | 90 | | | 274.84 | 870.31 | percent of total billed charges | |
| HC EXT ECG>48 HR<7D SCAN ALYS R&I | 93241 | CPT | | | | outpatient | | | 916.12 | | Three Rivers | Three Rivers | 870.31 | 95 | | | 274.84 | 870.31 | percent of total billed charges | |
| HC EXT ECG>48 HR<7D SCAN ALYS R&I | 93241 | CPT | | | | outpatient | | | 916.12 | | Multiplan | Multiplan | 732.9 | 80 | | | 274.84 | 870.31 | percent of total billed charges | |
| HC EXT ECG>48 HR<7D SCAN ALYS R&I | 93241 | CPT | | | | outpatient | | | 916.12 | | Wellcare | Medicaid | 289.04 | 31.55 | | | 274.84 | 870.31 | percent of total billed charges | |
| HC EXT ECG>48 HR<7D SCAN ALYS R&I | 93241 | CPT | | | | outpatient | | | 916.12 | | Managed Care Inc | Managed Care Inc | 824.51 | 90 | | | 274.84 | 870.31 | percent of total billed charges | |
| HC EXT ECG>48 HR<7D SCAN ALYS R&I | 93241 | CPT | | | | outpatient | | | 916.12 | | UHC | Medicaid | 289.04 | 31.55 | | | 274.84 | 870.31 | percent of total billed charges | |
| HC EXT ECG>48 HR<7D SCAN ALYS R&I | 93241 | CPT | | | | outpatient | | | 916.12 | | Qualcare | Qualcare | 687.09 | 75 | | | 274.84 | 870.31 | percent of total billed charges | |
| HC EXT ECG>48 HR<7D SCAN ALYS R&I | 93241 | CPT | | | | outpatient | | | 916.12 | | WellPoint | WellPoint | 294.81 | 32.18 | | | 274.84 | 870.31 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING >48 HRS TO <7 DAYS | 93242 | CPT | | | | outpatient | | | 128 | | 52.74 Aetna | Medicare | 45.86 | | | | 22.73 | 121.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTERNAL ECG RECORDING >48 HRS TO <7 DAYS | 93242 | CPT | | | | outpatient | | | 128 | | 52.74 Aetna | Better Health | 40.38 | 31.55 | | | 22.73 | 121.6 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING >48 HRS TO <7 DAYS | 93242 | CPT | | | | outpatient | | | 128 | | 52.74 Americare | Americare | 96 | 75 | | | 22.73 | 121.6 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING >48 HRS TO <7 DAYS | 93242 | CPT | | | | outpatient | | | 128 | | 52.74 Corrections | Corrections | 102.4 | 80 | | | 22.73 | 121.6 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING >48 HRS TO <7 DAYS | 93242 | CPT | | | | outpatient | | | 128 | | 52.74 Wellcare | Medicaid | 40.38 | 31.55 | | 25.14 | 22.73 | 121.6 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING >48 HRS TO <7 DAYS | 93242 | CPT | | | | outpatient | | | 128 | | 52.74 First Health | First Health | 89.6 | 70 | | | 22.73 | 121.6 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING >48 HRS TO <7 DAYS | 93242 | CPT | | | | outpatient | | | 128 | | 52.74 Consumer | Consumer | 121.6 | 95 | | | 22.73 | 121.6 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING >48 HRS TO <7 DAYS | 93242 | CPT | | | | outpatient | | | 128 | | 52.74 Amerihealth | HMO/PPO | 83.2 | 65 | | | 22.73 | 121.6 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING >48 HRS TO <7 DAYS | 93242 | CPT | | | | outpatient | | | 128 | | 52.74 Horizon | MGD | 88.74 | | | | 22.73 | 121.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTERNAL ECG RECORDING >48 HRS TO <7 DAYS | 93242 | CPT | | | | outpatient | | | 128 | | 52.74 Three Rivers | Three Rivers | 121.6 | 95 | | | 22.73 | 121.6 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING >48 HRS TO <7 DAYS | 93242 | CPT | | | | outpatient | | | 128 | | 52.74 Horizon | Indemnity | 88.74 | | | 42.6 | 22.73 | 121.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTERNAL ECG RECORDING >48 HRS TO <7 DAYS | 93242 | CPT | | | | outpatient | | | 128 | | 52.74 First Trenton | First Trenton | 115.2 | 90 | | | 22.73 | 121.6 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING >48 HRS TO <7 DAYS | 93242 | CPT | | | | outpatient | | | 128 | | 52.74 Horizon | PPO | 88.74 | | | 42.6 | 22.73 | 121.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTERNAL ECG RECORDING >48 HRS TO <7 DAYS | 93242 | CPT | | | | outpatient | | | 128 | | 52.74 Horizon | Medicare Blue | 45.86 | | | | 22.73 | 121.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTERNAL ECG RECORDING >48 HRS TO <7 DAYS | 93242 | CPT | | | | outpatient | | | 128 | | 52.74 Multiplan | Multiplan | 102.4 | 80 | | | 22.73 | 121.6 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING >48 HRS TO <7 DAYS | 93242 | CPT | | | | outpatient | | | 128 | | 52.74 Qualcare | Qualcare | 96 | 75 | | | 22.73 | 121.6 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING >48 HRS TO <7 DAYS | 93242 | CPT | | | | outpatient | | | 128 | | 52.74 WellPoint | WellPoint | 41.19 | 32.18 | | 24.9 | 22.73 | 121.6 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING >48 HRS TO <7 DAYS | 93242 | CPT | | | | outpatient | | | 128 | | 52.74 UHC | Medicare | 45.86 | | | | 22.73 | 121.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTERNAL ECG RECORDING >48 HRS TO <7 DAYS | 93242 | CPT | | | | outpatient | | | 128 | | 52.74 Horizon | NJ Health | 22.73 | | | 14.05 | 22.73 | 121.6 | fee schedule | |
| HC EXTERNAL ECG RECORDING >48 HRS TO <7 DAYS | 93242 | CPT | | | | outpatient | | | 128 | | 52.74 Managed Care Inc | Managed Care Inc | 115.2 | 90 | | | 22.73 | 121.6 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING >48 HRS TO <7 DAYS | 93242 | CPT | | | | outpatient | | | 128 | | 52.74 UHC | Medicaid | 40.38 | 31.55 | | 31.03 | 22.73 | 121.6 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING >48 HRS TO <7 DAYS | 93242 | CPT | | | | outpatient | | | 128 | | 52.74 Wellcare | Medicare | 45.86 | | | | 22.73 | 121.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTERNAL ECG RECORDING >7 DAYS TO <15 DAYS | 93246 | CPT | | | | outpatient | | | 218 | | 52.74 Horizon | Medicare Blue | 45.86 | | | | 22.73 | 207.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTERNAL ECG RECORDING >7 DAYS TO <15 DAYS | 93246 | CPT | | | | outpatient | | | 218 | | 52.74 First Health | First Health | 152.6 | 70 | | | 22.73 | 207.1 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING >7 DAYS TO <15 DAYS | 93246 | CPT | | | | outpatient | | | 218 | | 52.74 Aetna | Medicare | 45.86 | | | | 22.73 | 207.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTERNAL ECG RECORDING >7 DAYS TO <15 DAYS | 93246 | CPT | | | | outpatient | | | 218 | | 52.74 First Trenton | First Trenton | 196.2 | 90 | | | 22.73 | 207.1 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING >7 DAYS TO <15 DAYS | 93246 | CPT | | | | outpatient | | | 218 | | 52.74 Aetna | Better Health | 68.78 | 31.55 | | | 22.73 | 207.1 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING >7 DAYS TO <15 DAYS | 93246 | CPT | | | | outpatient | | | 218 | | 52.74 UHC | Medicaid | 68.78 | 31.55 | | | 22.73 | 207.1 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING >7 DAYS TO <15 DAYS | 93246 | CPT | | | | outpatient | | | 218 | | 52.74 Consumer | Consumer | 207.1 | 95 | | | 22.73 | 207.1 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING >7 DAYS TO <15 DAYS | 93246 | CPT | | | | outpatient | | | 218 | | 52.74 Amerihealth | HMO/PPO | 141.7 | 65 | | | 22.73 | 207.1 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING >7 DAYS TO <15 DAYS | 93246 | CPT | | | | outpatient | | | 218 | | 52.74 Americare | Americare | 163.5 | 75 | | | 22.73 | 207.1 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING >7 DAYS TO <15 DAYS | 93246 | CPT | | | | outpatient | | | 218 | | 52.74 UHC | Medicare | 45.86 | | | | 22.73 | 207.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTERNAL ECG RECORDING >7 DAYS TO <15 DAYS | 93246 | CPT | | | | outpatient | | | 218 | | 52.74 Horizon | NJ Health | 22.73 | | | | 22.73 | 207.1 | fee schedule | |
| HC EXTERNAL ECG RECORDING >7 DAYS TO <15 DAYS | 93246 | CPT | | | | outpatient | | | 218 | | 52.74 Horizon | Indemnity | 88.74 | | | | 22.73 | 207.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTERNAL ECG RECORDING >7 DAYS TO <15 DAYS | 93246 | CPT | | | | outpatient | | | 218 | | 52.74 Horizon | MGD | 88.74 | | | | 22.73 | 207.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTERNAL ECG RECORDING >7 DAYS TO <15 DAYS | 93246 | CPT | | | | outpatient | | | 218 | | 52.74 Wellcare | Medicaid | 68.78 | 31.55 | | | 22.73 | 207.1 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING >7 DAYS TO <15 DAYS | 93246 | CPT | | | | outpatient | | | 218 | | 52.74 Multiplan | Multiplan | 174.4 | 80 | | | 22.73 | 207.1 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING >7 DAYS TO <15 DAYS | 93246 | CPT | | | | outpatient | | | 218 | | 52.74 Corrections | Corrections | 174.4 | 80 | | | 22.73 | 207.1 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING >7 DAYS TO <15 DAYS | 93246 | CPT | | | | outpatient | | | 218 | | 52.74 Qualcare | Qualcare | 163.5 | 75 | | | 22.73 | 207.1 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING >7 DAYS TO <15 DAYS | 93246 | CPT | | | | outpatient | | | 218 | | 52.74 Wellcare | Medicare | 45.86 | | | | 22.73 | 207.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTERNAL ECG RECORDING >7 DAYS TO <15 DAYS | 93246 | CPT | | | | outpatient | | | 218 | | 52.74 Managed Care Inc | Managed Care Inc | 196.2 | 90 | | | 22.73 | 207.1 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING >7 DAYS TO <15 DAYS | 93246 | CPT | | | | outpatient | | | 218 | | 52.74 Horizon | PPO | 88.74 | | | | 22.73 | 207.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTERNAL ECG RECORDING >7 DAYS TO <15 DAYS | 93246 | CPT | | | | outpatient | | | 218 | | 52.74 Three Rivers | Three Rivers | 207.1 | 95 | | | 22.73 | 207.1 | percent of total billed charges | |
| HC EXTERNAL ECG RECORDING >7 DAYS TO <15 DAYS | 93246 | CPT | | | | outpatient | | | 218 | | 52.74 WellPoint | WellPoint | 70.15 | 32.18 | | | 22.73 | 207.1 | percent of total billed charges | |
| HC INTERROGATION EVAL | 93261 | CPT | | | | both | | | 157 | | 49.6 Consumer | Consumer | 149.15 | 95 | | | 38 | 149.15 | percent of total billed charges | |
| HC INTERROGATION EVAL | 93261 | CPT | | | | both | | | 157 | | 49.6 Americare | Americare | 117.75 | 75 | | | 38 | 149.15 | percent of total billed charges | |
| HC INTERROGATION EVAL | 93261 | CPT | | | | both | | | 157 | | 49.6 Amerihealth | HMO/PPO | 38 | | | | 38 | 149.15 | fee schedule | |
| HC INTERROGATION EVAL | 93261 | CPT | | | | both | | | 157 | | 49.6 Aetna | Medicare | 43.13 | | | | 38 | 149.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERROGATION EVAL | 93261 | CPT | | | | both | | | 157 | | 49.6 Aetna | Better Health | 49.53 | 31.55 | | | 38 | 149.15 | percent of total billed charges | |
| HC INTERROGATION EVAL | 93261 | CPT | | | | both | | | 157 | | 49.6 Multiplan | Multiplan | 125.6 | 80 | | | 38 | 149.15 | percent of total billed charges | |
| HC INTERROGATION EVAL | 93261 | CPT | | | | both | | | 157 | | 49.6 UHC | Medicaid | 49.53 | 31.55 | | | 38 | 149.15 | percent of total billed charges | |
| HC INTERROGATION EVAL | 93261 | CPT | | | | both | | | 157 | | 49.6 First Trenton | First Trenton | 141.3 | 90 | | | 38 | 149.15 | percent of total billed charges | |
| HC INTERROGATION EVAL | 93261 | CPT | | | | both | | | 157 | | 49.6 Corrections | Corrections | 125.6 | 80 | | | 38 | 149.15 | percent of total billed charges | |
| HC INTERROGATION EVAL | 93261 | CPT | | | | both | | | 157 | | 49.6 Three Rivers | Three Rivers | 149.15 | 95 | | | 38 | 149.15 | percent of total billed charges | |
| HC INTERROGATION EVAL | 93261 | CPT | | | | both | | | 157 | | 49.6 First Health | First Health | 109.9 | 70 | | | 38 | 149.15 | percent of total billed charges | |
| HC INTERROGATION EVAL | 93261 | CPT | | | | both | | | 157 | | 49.6 Horizon | MGD | 83.46 | | | | 38 | 149.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERROGATION EVAL | 93261 | CPT | | | | both | | | 157 | | 49.6 Wellcare | Medicare | 43.13 | | | | 38 | 149.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERROGATION EVAL | 93261 | CPT | | | | both | | | 157 | | 49.6 Qualcare | Qualcare | 117.75 | 75 | | | 38 | 149.15 | percent of total billed charges | |
| HC INTERROGATION EVAL | 93261 | CPT | | | | both | | | 157 | | 49.6 Horizon | Indemnity | 83.46 | | | | 38 | 149.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERROGATION EVAL | 93261 | CPT | | | | both | | | 157 | | 49.6 Horizon | PPO | 83.46 | | | | 38 | 149.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERROGATION EVAL | 93261 | CPT | | | | both | | | 157 | | 49.6 Horizon | Medicare Blue | 43.13 | | | | 38 | 149.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERROGATION EVAL | 93261 | CPT | | | | both | | | 157 | | 49.6 Managed Care Inc | Managed Care Inc | 141.3 | 90 | | | 38 | 149.15 | percent of total billed charges | |
| HC INTERROGATION EVAL | 93261 | CPT | | | | both | | | 157 | | 49.6 Wellcare | Medicaid | 49.53 | 31.55 | | | 38 | 149.15 | percent of total billed charges | |
| HC INTERROGATION EVAL | 93261 | CPT | | | | both | | | 157 | | 49.6 UHC | Medicare | 43.13 | | | | 38 | 149.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERROGATION EVAL | 93261 | CPT | | | | both | | | 157 | | 49.6 Horizon | NJ Health | 90.33 | | | | 38 | 149.15 | fee schedule | |
| HC INTERROGATION EVAL | 93261 | CPT | | | | both | | | 157 | | 49.6 WellPoint | WellPoint | 50.52 | 32.18 | | | 38 | 149.15 | percent of total billed charges | |
| HC EXTERNAL PT ACTIVATD ECG RECORDING TO 30 DAYS, 24-HR ATTNDED | 93270 | CPT | | | | outpatient | | | 132 | | 49.6 Americare | Americare | 99 | 75 | | | 35 | 221.85 | percent of total billed charges | |
| HC EXTERNAL PT ACTIVATD ECG RECORDING TO 30 DAYS, 24-HR ATTNDED | 93270 | CPT | | | | outpatient | | | 132 | | 49.6 First Trenton | First Trenton | 118.8 | 90 | | | 35 | 221.85 | percent of total billed charges | |
| HC EXTERNAL PT ACTIVATD ECG RECORDING TO 30 DAYS, 24-HR ATTNDED | 93270 | CPT | | | | outpatient | | | 132 | | 49.6 First Health | First Health | 92.4 | 70 | | | 35 | 221.85 | percent of total billed charges | |
| HC EXTERNAL PT ACTIVATD ECG RECORDING TO 30 DAYS, 24-HR ATTNDED | 93270 | CPT | | | | outpatient | | | 132 | | 49.6 Aetna | Medicare | 43.13 | | | | 35 | 221.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTERNAL PT ACTIVATD ECG RECORDING TO 30 DAYS, 24-HR ATTNDED | 93270 | CPT | | | | outpatient | | | 132 | | 49.6 Corrections | Corrections | 105.6 | 80 | | | 35 | 221.85 | percent of total billed charges | |
| HC EXTERNAL PT ACTIVATD ECG RECORDING TO 30 DAYS, 24-HR ATTNDED | 93270 | CPT | | | | outpatient | | | 132 | | 49.6 Amerihealth | HMO/PPO | 35 | | | | 35 | 221.85 | fee schedule | |
| HC EXTERNAL PT ACTIVATD ECG RECORDING TO 30 DAYS, 24-HR ATTNDED | 93270 | CPT | | | | outpatient | | | 132 | | 49.6 Aetna | Better Health | 41.65 | 31.55 | | | 35 | 221.85 | percent of total billed charges | |
| HC EXTERNAL PT ACTIVATD ECG RECORDING TO 30 DAYS, 24-HR ATTNDED | 93270 | CPT | | | | outpatient | | | 132 | | 49.6 Horizon | MGD | 83.46 | | | | 35 | 221.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTERNAL PT ACTIVATD ECG RECORDING TO 30 DAYS, 24-HR ATTNDED | 93270 | CPT | | | | outpatient | | | 132 | | 49.6 Consumer | Consumer | 126.4 | 95 | | | 35 | 221.85 | percent of total billed charges | |
| HC EXTERNAL PT ACTIVATD ECG RECORDING TO 30 DAYS, 24-HR ATTNDED | 93270 | CPT | | | | outpatient | | | 132 | | 49.6 Horizon | Medicare Blue | 43.13 | | | | 35 | 221.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTERNAL PT ACTIVATD ECG RECORDING TO 30 DAYS, 24-HR ATTNDED | 93270 | CPT | | | | outpatient | | | 132 | | 49.6 Multiplan | Multiplan | 105.6 | 80 | | | 35 | 221.85 | percent of total billed charges | |
| HC EXTERNAL PT ACTIVATD ECG RECORDING TO 30 DAYS, 24-HR ATTNDED | 93270 | CPT | | | | outpatient | | | 132 | | 49.6 Horizon | Indemnity | 83.46 | | | | 35 | 221.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTERNAL PT ACTIVATD ECG RECORDING TO 30 DAYS, 24-HR ATTNDED | 93270 | CPT | | | | outpatient | | | 132 | | 49.6 Horizon | NJ Health | 221.85 | | | | 35 | 221.85 | fee schedule | |
| HC EXTERNAL PT ACTIVATD ECG RECORDING TO 30 DAYS, 24-HR ATTNDED | 93270 | CPT | | | | outpatient | | | 132 | | 49.6 Managed Care Inc | Managed Care Inc | 118.8 | 90 | | | 35 | 221.85 | percent of total billed charges | |
| HC EXTERNAL PT ACTIVATD ECG RECORDING TO 30 DAYS, 24-HR ATTNDED | 93270 | CPT | | | | outpatient | | | 132 | | 49.6 Horizon | PPO | 83.46 | | | | 35 | 221.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTERNAL PT ACTIVATD ECG RECORDING TO 30 DAYS, 24-HR ATTNDED | 93270 | CPT | | | | outpatient | | | 132 | | 49.6 UHC | Medicaid | 41.65 | 31.55 | | | 35 | 221.85 | percent of total billed charges | |
| HC EXTERNAL PT ACTIVATD ECG RECORDING TO 30 DAYS, 24-HR ATTNDED | 93270 | CPT | | | | outpatient | | | 132 | | 49.6 Three Rivers | Three Rivers | 126.4 | 95 | | | 35 | 221.85 | percent of total billed charges | |
| HC EXTERNAL PT ACTIVATD ECG RECORDING TO 30 DAYS, 24-HR ATTNDED | 93270 | CPT | | | | outpatient | | | 132 | | 49.6 WellPoint | WellPoint | 42.48 | 32.18 | | | 35 | 221.85 | percent of total billed charges | |
| HC EXTERNAL PT ACTIVATD ECG RECORDING TO 30 DAYS, 24-HR ATTNDED | 93270 | CPT | | | | outpatient | | | 132 | | 49.6 Qualcare | Qualcare | 99 | 75 | | | 35 | 221.85 | percent of total billed charges | |
| HC EXTERNAL PT ACTIVATD ECG RECORDING TO 30 DAYS, 24-HR ATTNDED | 93270 | CPT | | | | outpatient | | | 132 | | 49.6 Wellcare | Medicaid | 41.65 | 31.55 | | | 35 | 221.85 | percent of total billed charges | |
| HC EXTERNAL PT ACTIVATD ECG RECORDING TO 30 DAYS, 24-HR ATTNDED | 93270 | CPT | | | | outpatient | | | 132 | | 49.6 UHC | Medicare | 43.13 | | | | 35 | 221.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXTERNAL PT ACTIVATD ECG RECORDING TO 30 DAYS, 24-HR ATTNDED | 93270 | CPT | | | | outpatient | | | 132 | | 49.6 Wellcare | Medicare | 43.13 | | | | 35 | 221.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON | 93286 | CPT | | | | outpatient | | | 244 | | First Health | First Health | 170.8 | 70 | | | 60 | 231.8 | percent of total billed charges | |
| HC PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON | 93286 | CPT | | | | outpatient | | | 244 | | Horizon | Indemnity | 93.4 | 38.28 | | | 60 | 231.8 | percent of total billed charges | |
| HC PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON | 93286 | CPT | | | | outpatient | | | 244 | | Aetna | Better Health | 76.98 | 31.55 | | | 60 | 231.8 | percent of total billed charges | |
| HC PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON | 93286 | CPT | | | | outpatient | | | 244 | | Aetna | Medicare | 75.15 | 30.8 | | | 60 | 231.8 | percent of total billed charges | |
| HC PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON | 93286 | CPT | | | | outpatient | | | 244 | | UHC | Medicaid | 76.98 | 31.55 | | | 60 | 231.8 | percent of total billed charges | |
| HC PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON | 93286 | CPT | | | | outpatient | | | 244 | | First Trenton | First Trenton | 219.6 | 90 | | | 60 | 231.8 | percent of total billed charges | |
| HC PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON | 93286 | CPT | | | | outpatient | | | 244 | | Corrections | Corrections | 195.2 | 80 | | | 60 | 231.8 | percent of total billed charges | |
| HC PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON | 93286 | CPT | | | | outpatient | | | 244 | | Americare | Americare | 183 | 75 | | | 60 | 231.8 | percent of total billed charges | |
| HC PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON | 93286 | CPT | | | | outpatient | | | 244 | | Multiplan | Multiplan | 195.2 | 80 | | | 60 | 231.8 | percent of total billed charges | |
| HC PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON | 93286 | CPT | | | | outpatient | | | 244 | | Horizon | Medicare Blue | 73.2 | 30 | | | 60 | 231.8 | percent of total billed charges | |
| HC PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON | 93286 | CPT | | | | outpatient | | | 244 | | Consumer | Consumer | 231.8 | 95 | | | 60 | 231.8 | percent of total billed charges | |
| HC PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON | 93286 | CPT | | | | outpatient | | | 244 | | Horizon | MGD | 93.4 | 38.28 | | | 60 | 231.8 | percent of total billed charges | |
| HC PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON | 93286 | CPT | | | | outpatient | | | 244 | | WellPoint | WellPoint | 78.52 | 32.18 | | | 60 | 231.8 | percent of total billed charges | |
| HC PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON | 93286 | CPT | | | | outpatient | | | 244 | | Managed Care Inc | Managed Care Inc | 219.6 | 90 | | | 60 | 231.8 | percent of total billed charges | |
| HC PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON | 93286 | CPT | | | | outpatient | | | 244 | | Qualcare | Qualcare | 183 | 75 | | | 60 | 231.8 | percent of total billed charges | |
| HC PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON | 93286 | CPT | | | | outpatient | | | 244 | | Amerihealth | HMO/PPO | 60 | | | | 60 | 231.8 | fee schedule | |
| HC PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON | 93286 | CPT | | | | outpatient | | | 244 | | Three Rivers | Three Rivers | 231.8 | 95 | | | 60 | 231.8 | percent of total billed charges | |
| HC PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON | 93286 | CPT | | | | outpatient | | | 244 | | Horizon | PPO | 93.4 | 38.28 | | | 60 | 231.8 | percent of total billed charges | |
| HC PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON | 93286 | CPT | | | | outpatient | | | 244 | | Wellcare | Medicaid | 76.98 | 31.55 | | | 60 | 231.8 | percent of total billed charges | |
| HC REPROGRAMMING PER-PROCEDURE ICD | 93287 | CPT | | | | inpatient | | | 244 | | Aetna | Medicare | 75.15 | 30.8 | | | 51.34 | 231.8 | percent of total billed charges | |
| HC REPROGRAMM

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC REPROGRAMMING PER-PROCEDURE ICD | 93287 | CPT | | | | inpatient | | | 244 | | Amerihealth | HMO/PPO | 60 | | | | 51.34 | | 231.8 fee schedule | |
| HC REPROGRAMMING PER-PROCEDURE ICD | 93287 | CPT | | | | inpatient | | | 244 | | Horizon | MGD | 93.4 | 38.28 | | | 51.34 | | 231.8 percent of total billed charges | |
| HC REPROGRAMMING PER-PROCEDURE ICD | 93287 | CPT | | | | inpatient | | | 244 | | Horizon | Indemnity | 93.4 | 38.28 | | | 51.34 | | 231.8 percent of total billed charges | |
| HC REPROGRAMMING PER-PROCEDURE ICD | 93287 | CPT | | | | inpatient | | | 244 | | WellPoint | WellPoint | 78.52 | 32.18 | | | 51.34 | | 231.8 percent of total billed charges | |
| HC REPROGRAMMING PER-PROCEDURE ICD | 93287 | CPT | | | | inpatient | | | 244 | | Horizon | NJ Health | 51.34 | | | | 51.34 | | 231.8 fee schedule | |
| HC REPROGRAMMING PER-PROCEDURE ICD | 93287 | CPT | | | | inpatient | | | 244 | | Wellcare | Medicaid | 76.98 | 31.55 | | | 51.34 | | 231.8 percent of total billed charges | |
| HC REPROGRAMMING PER-PROCEDURE ICD | 93287 | CPT | | | | inpatient | | | 244 | | Multiplan | Multiplan | 195.2 | 80 | | | 51.34 | | 231.8 percent of total billed charges | |
| HC REPROGRAMMING PER-PROCEDURE ICD | 93287 | CPT | | | | inpatient | | | 244 | | UHC | Medicaid | 76.98 | 31.55 | | | 51.34 | | 231.8 percent of total billed charges | |
| HC REPROGRAMMING PER-PROCEDURE ICD | 93287 | CPT | | | | inpatient | | | 244 | | Horizon | Medicare Blue | 73.2 | 30 | | | 51.34 | | 231.8 percent of total billed charges | |
| HC REPROGRAMMING PER-PROCEDURE ICD | 93287 | CPT | | | | inpatient | | | 244 | | Horizon | PPO | 93.4 | 38.28 | | | 51.34 | | 231.8 percent of total billed charges | |
| HC REPROGRAMMING PER-PROCEDURE ICD | 93287 | CPT | | | | inpatient | | | 244 | | Qualcare | Qualcare | 183 | 75 | | | 51.34 | | 231.8 percent of total billed charges | |
| HC REPROGRAMMING PER-PROCEDURE ICD | 93287 | CPT | | | | inpatient | | | 244 | | Managed Care Inc | Managed Care Inc | 219.6 | 90 | | | 51.34 | | 231.8 percent of total billed charges | |
| HC REPROGRAMMING PER-PROCEDURE ICD | 93287 | CPT | | | | inpatient | | | 244 | | Three Rivers | Three Rivers | 231.8 | 95 | | | 51.34 | | 231.8 percent of total billed charges | |
| HC PM DEVICE EVAL IN PERSON | 93288 | CPT | | | | both | | | 151 | 49.6 | Horizon | MGD | 83.46 | | | 47.94 | 38 | | 143.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PM DEVICE EVAL IN PERSON | 93288 | CPT | | | | both | | | 151 | 49.6 | Aetna | Better Health | 47.64 | 31.55 | | | 38 | | 143.45 percent of total billed charges | |
| HC PM DEVICE EVAL IN PERSON | 93288 | CPT | | | | both | | | 151 | 49.6 | Aetna | Medicare | 43.13 | | | 13.97 | 38 | | 143.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PM DEVICE EVAL IN PERSON | 93288 | CPT | | | | both | | | 151 | 49.6 | Consumer | Consumer | 143.45 | 95 | | | 38 | | 143.45 percent of total billed charges | |
| HC PM DEVICE EVAL IN PERSON | 93288 | CPT | | | | both | | | 151 | 49.6 | Corrections | Corrections | 120.8 | 80 | | | 38 | | 143.45 percent of total billed charges | |
| HC PM DEVICE EVAL IN PERSON | 93288 | CPT | | | | both | | | 151 | 49.6 | Horizon | Medicare Blue | 43.13 | | | 16.5 | 38 | | 143.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PM DEVICE EVAL IN PERSON | 93288 | CPT | | | | both | | | 151 | 49.6 | First Health | First Health | 105.7 | 70 | | | 38 | | 143.45 percent of total billed charges | |
| HC PM DEVICE EVAL IN PERSON | 93288 | CPT | | | | both | | | 151 | 49.6 | Americare | Americare | 113.25 | 75 | | | 38 | | 143.45 percent of total billed charges | |
| HC PM DEVICE EVAL IN PERSON | 93288 | CPT | | | | both | | | 151 | 49.6 | Horizon | NJ Health | 56.17 | | | 9.12 | 38 | | 143.45 fee schedule | |
| HC PM DEVICE EVAL IN PERSON | 93288 | CPT | | | | both | | | 151 | 49.6 | Amerihealth | HMO/PPO | 38 | | | 10.36 | 38 | | 143.45 fee schedule | |
| HC PM DEVICE EVAL IN PERSON | 93288 | CPT | | | | both | | | 151 | 49.6 | First Trenton | First Trenton | 135.9 | 90 | | | 38 | | 143.45 percent of total billed charges | |
| HC PM DEVICE EVAL IN PERSON | 93288 | CPT | | | | both | | | 151 | 49.6 | Wellcare | Medicaid | 47.64 | 31.55 | | | 38 | | 143.45 percent of total billed charges | |
| HC PM DEVICE EVAL IN PERSON | 93288 | CPT | | | | both | | | 151 | 49.6 | Horizon | Indemnity | 83.46 | | | 29.1 | 38 | | 143.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PM DEVICE EVAL IN PERSON | 93288 | CPT | | | | both | | | 151 | 49.6 | Horizon | PPO | 83.46 | | | 47.19 | 38 | | 143.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PM DEVICE EVAL IN PERSON | 93288 | CPT | | | | both | | | 151 | 49.6 | Managed Care Inc | Managed Care Inc | 135.9 | 90 | | | 38 | | 143.45 percent of total billed charges | |
| HC PM DEVICE EVAL IN PERSON | 93288 | CPT | | | | both | | | 151 | 49.6 | Wellcare | Medicare | 43.13 | | | 18.26 | 38 | | 143.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PM DEVICE EVAL IN PERSON | 93288 | CPT | | | | both | | | 151 | 49.6 | Multiplan | Multiplan | 120.8 | 80 | | | 38 | | 143.45 percent of total billed charges | |
| HC PM DEVICE EVAL IN PERSON | 93288 | CPT | | | | both | | | 151 | 49.6 | UHC | Medicare | 43.13 | | | 20.22 | 38 | | 143.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PM DEVICE EVAL IN PERSON | 93288 | CPT | | | | both | | | 151 | 49.6 | Three Rivers | Three Rivers | 143.45 | 95 | | | 38 | | 143.45 percent of total billed charges | |
| HC PM DEVICE EVAL IN PERSON | 93288 | CPT | | | | both | | | 151 | 49.6 | UHC | Medicaid | 47.64 | 31.55 | | 27.93 | 38 | | 143.45 percent of total billed charges | |
| HC PM DEVICE EVAL IN PERSON | 93288 | CPT | | | | both | | | 151 | 49.6 | Qualcare | Qualcare | 113.25 | 75 | | | 38 | | 143.45 percent of total billed charges | |
| HC PM DEVICE EVAL IN PERSON | 93288 | CPT | | | | both | | | 151 | 49.6 | WellPoint | WellPoint | 48.59 | 32.18 | | 22.51 | 38 | | 143.45 percent of total billed charges | |
| HC INTERRO DEV EVAL HEART | 93289 | CPT | | | | both | | | 151 | 49.6 | First Trenton | First Trenton | 135.9 | 90 | | | 38 | | 143.45 percent of total billed charges | |
| HC INTERRO DEV EVAL HEART | 93289 | CPT | | | | both | | | 151 | 49.6 | Aetna | Medicare | 43.13 | | | 9.11 | 38 | | 143.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERRO DEV EVAL HEART | 93289 | CPT | | | | both | | | 151 | 49.6 | Amerihealth | HMO/PPO | 38 | | | 14 | 38 | | 143.45 fee schedule | |
| HC INTERRO DEV EVAL HEART | 93289 | CPT | | | | both | | | 151 | 49.6 | Horizon | Indemnity | 83.46 | | | | 38 | | 143.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERRO DEV EVAL HEART | 93289 | CPT | | | | both | | | 151 | 49.6 | Corrections | Corrections | 120.8 | 80 | | | 38 | | 143.45 percent of total billed charges | |
| HC INTERRO DEV EVAL HEART | 93289 | CPT | | | | both | | | 151 | 49.6 | Horizon | MGD | 83.46 | | | 35.29 | 38 | | 143.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERRO DEV EVAL HEART | 93289 | CPT | | | | both | | | 151 | 49.6 | Consumer | Consumer | 143.45 | 95 | | | 38 | | 143.45 percent of total billed charges | |
| HC INTERRO DEV EVAL HEART | 93289 | CPT | | | | both | | | 151 | 49.6 | Aetna | Better Health | 47.64 | 31.55 | | | 38 | | 143.45 percent of total billed charges | |
| HC INTERRO DEV EVAL HEART | 93289 | CPT | | | | both | | | 151 | 49.6 | Managed Care Inc | Managed Care Inc | 135.9 | 90 | | | 38 | | 143.45 percent of total billed charges | |
| HC INTERRO DEV EVAL HEART | 93289 | CPT | | | | both | | | 151 | 49.6 | Wellcare | Medicare | 43.13 | | | 18.76 | 38 | | 143.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERRO DEV EVAL HEART | 93289 | CPT | | | | both | | | 151 | 49.6 | Horizon | NJ Health | 97.64 | | | 15.13 | 38 | | 143.45 fee schedule | |
| HC INTERRO DEV EVAL HEART | 93289 | CPT | | | | both | | | 151 | 49.6 | Wellcare | Medicaid | 47.64 | 31.55 | | | 38 | | 143.45 percent of total billed charges | |
| HC INTERRO DEV EVAL HEART | 93289 | CPT | | | | both | | | 151 | 49.6 | UHC | Medicaid | 47.64 | 31.55 | | 37.69 | 38 | | 143.45 percent of total billed charges | |
| HC INTERRO DEV EVAL HEART | 93289 | CPT | | | | both | | | 151 | 49.6 | Americare | Americare | 113.25 | 75 | | | 38 | | 143.45 percent of total billed charges | |
| HC INTERRO DEV EVAL HEART | 93289 | CPT | | | | both | | | 151 | 49.6 | First Health | First Health | 105.7 | 70 | | | 38 | | 143.45 percent of total billed charges | |
| HC INTERRO DEV EVAL HEART | 93289 | CPT | | | | both | | | 151 | 49.6 | WellPoint | WellPoint | 48.59 | 32.18 | | 37.86 | 38 | | 143.45 percent of total billed charges | |
| HC INTERRO DEV EVAL HEART | 93289 | CPT | | | | both | | | 151 | 49.6 | Multiplan | Multiplan | 120.8 | 80 | | | 38 | | 143.45 percent of total billed charges | |
| HC INTERRO DEV EVAL HEART | 93289 | CPT | | | | both | | | 151 | 49.6 | Horizon | Medicare Blue | 43.13 | | | 30.08 | 38 | | 143.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERRO DEV EVAL HEART | 93289 | CPT | | | | both | | | 151 | 49.6 | UHC | Medicare | 43.13 | | | 18.85 | 38 | | 143.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERRO DEV EVAL HEART | 93289 | CPT | | | | both | | | 151 | 49.6 | Horizon | PPO | 83.46 | | | 59.54 | 38 | | 143.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERRO DEV EVAL HEART | 93289 | CPT | | | | both | | | 151 | 49.6 | Qualcare | Qualcare | 113.25 | 75 | | | 38 | | 143.45 percent of total billed charges | |
| HC INTERRO DEV EVAL HEART | 93289 | CPT | | | | both | | | 151 | 49.6 | Three Rivers | Three Rivers | 143.45 | 95 | | | 38 | | 143.45 percent of total billed charges | |
| HC INTERR DEV EVAL ICPMS PHYS IN | 93290 | CPT | | | | outpatient | | | 244 | 49.6 | Aetna | Medicare | 43.13 | | | | 43 | | 231.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERR DEV EVAL ICPMS PHYS IN | 93290 | CPT | | | | outpatient | | | 244 | 49.6 | Aetna | Better Health | 76.98 | 31.55 | | | 43 | | 231.8 percent of total billed charges | |
| HC INTERR DEV EVAL ICPMS PHYS IN | 93290 | CPT | | | | outpatient | | | 244 | 49.6 | Qualcare | Qualcare | 183 | 75 | | | 43 | | 231.8 percent of total billed charges | |
| HC INTERR DEV EVAL ICPMS PHYS IN | 93290 | CPT | | | | outpatient | | | 244 | 49.6 | Amerihealth | HMO/PPO | 43 | | | | 43 | | 231.8 fee schedule | |
| HC INTERR DEV EVAL ICPMS PHYS IN | 93290 | CPT | | | | outpatient | | | 244 | 49.6 | First Trenton | First Trenton | 219.6 | 90 | | | 43 | | 231.8 percent of total billed charges | |
| HC INTERR DEV EVAL ICPMS PHYS IN | 93290 | CPT | | | | outpatient | | | 244 | 49.6 | Wellcare | Medicare | 43.13 | | | | 43 | | 231.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERR DEV EVAL ICPMS PHYS IN | 93290 | CPT | | | | outpatient | | | 244 | 49.6 | Americare | Americare | 183 | 75 | | | 43 | | 231.8 percent of total billed charges | |
| HC INTERR DEV EVAL ICPMS PHYS IN | 93290 | CPT | | | | outpatient | | | 244 | 49.6 | UHC | Medicaid | 76.98 | 31.55 | | | 43 | | 231.8 percent of total billed charges | |
| HC INTERR DEV EVAL ICPMS PHYS IN | 93290 | CPT | | | | outpatient | | | 244 | 49.6 | Horizon | MGD | 83.46 | | | | 43 | | 231.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERR DEV EVAL ICPMS PHYS IN | 93290 | CPT | | | | outpatient | | | 244 | 49.6 | Consumer | Consumer | 231.8 | 95 | | | 43 | | 231.8 percent of total billed charges | |
| HC INTERR DEV EVAL ICPMS PHYS IN | 93290 | CPT | | | | outpatient | | | 244 | 49.6 | UHC | Medicare | 43.13 | | | | 43 | | 231.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERR DEV EVAL ICPMS PHYS IN | 93290 | CPT | | | | outpatient | | | 244 | 49.6 | First Health | First Health | 170.8 | 70 | | | 43 | | 231.8 percent of total billed charges | |
| HC INTERR DEV EVAL ICPMS PHYS IN | 93290 | CPT | | | | outpatient | | | 244 | 49.6 | Managed Care Inc | Managed Care Inc | 219.6 | 90 | | | 43 | | 231.8 percent of total billed charges | |
| HC INTERR DEV EVAL ICPMS PHYS IN | 93290 | CPT | | | | outpatient | | | 244 | 49.6 | WellPoint | WellPoint | 78.52 | 32.18 | | | 43 | | 231.8 percent of total billed charges | |
| HC INTERR DEV EVAL ICPMS PHYS IN | 93290 | CPT | | | | outpatient | | | 244 | 49.6 | Multiplan | Multiplan | 195.2 | 80 | | | 43 | | 231.8 percent of total billed charges | |
| HC INTERR DEV EVAL ICPMS PHYS IN | 93290 | CPT | | | | outpatient | | | 244 | 49.6 | Wellcare | Medicaid | 76.98 | 31.55 | | | 43 | | 231.8 percent of total billed charges | |
| HC INTERR DEV EVAL ICPMS PHYS IN | 93290 | CPT | | | | outpatient | | | 244 | 49.6 | Three Rivers | Three Rivers | 231.8 | 95 | | | 43 | | 231.8 percent of total billed charges | |
| HC INTERR DEV EVAL ICPMS PHYS IN | 93290 | CPT | | | | outpatient | | | 244 | 49.6 | Corrections | Corrections | 195.2 | 80 | | | 43 | | 231.8 percent of total billed charges | |
| HC INTERR DEV EVAL ICPMS PHYS IN | 93290 | CPT | | | | outpatient | | | 244 | 49.6 | Horizon | Indemnity | 83.46 | | | | 43 | | 231.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERR DEV EVAL ICPMS PHYS IN | 93290 | CPT | | | | outpatient | | | 244 | 49.6 | Horizon | Medicare Blue | 43.13 | | | | 43 | | 231.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERR DEV EVAL ICPMS PHYS IN | 93290 | CPT | | | | outpatient | | | 244 | 49.6 | Horizon | NJ Health | 44.66 | | | | 43 | | 231.8 fee schedule | |
| HC INTERR DEV EVAL ICPMS PHYS IN | 93290 | CPT | | | | outpatient | | | 244 | 49.6 | Horizon | PPO | 83.46 | | | | 43 | | 231.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERROG DEVICE EVAL IN PERSON, PER PT ENC; SUBQ CARD RHYTM MNTR SYST | 93291 | CPT | | | | both | | | 244 | 39.16 | UHC | Medicaid | 76.98 | 31.55 | | 32.25 | 34.05 | | 231.8 percent of total billed charges | |
| HC INTERROG DEVICE EVAL IN PERSON, PER PT ENC; SUBQ CARD RHYTM MNTR SYST | 93291 | CPT | | | | both | | | 244 | 39.16 | Amerihealth | HMO/PPO | 43 | | | | 34.05 | | 231.8 fee schedule | |
| HC INTERROG DEVICE EVAL IN PERSON, PER PT ENC; SUBQ CARD RHYTM MNTR SYST | 93291 | CPT | | | | both | | | 244 | 39.16 | Aetna | Better Health | 76.98 | 31.55 | | 29.34 | 34.05 | | 231.8 percent of total billed charges | |
| HC INTERROG DEVICE EVAL IN PERSON, PER PT ENC; SUBQ CARD RHYTM MNTR SYST | 93291 | CPT | | | | both | | | 244 | 39.16 | Consumer | Consumer | 231.8 | 95 | | | 34.05 | | 231.8 percent of total billed charges | |
| HC INTERROG DEVICE EVAL IN PERSON, PER PT ENC; SUBQ CARD RHYTM MNTR SYST | 93291 | CPT | | | | both | | | 244 | 39.16 | First Trenton | First Trenton | 219.6 | 90 | | | 34.05 | | 231.8 percent of total billed charges | |
| HC INTERROG DEVICE EVAL IN PERSON, PER PT ENC; SUBQ CARD RHYTM MNTR SYST | 93291 | CPT | | | | both | | | 244 | 39.16 | Horizon | MGD | 65.89 | | | 31.27 | 34.05 | | 231.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERROG DEVICE EVAL IN PERSON, PER PT ENC; SUBQ CARD RHYTM MNTR SYST | 93291 | CPT | | | | both | | | 244 | 39.16 | Multiplan | Multiplan | 195.2 | 80 | | | 34.05 | | 231.8 percent of total billed charges | |
| HC INTERROG DEVICE EVAL IN PERSON, PER PT ENC; SUBQ CARD RHYTM MNTR SYST | 93291 | CPT | | | | both | | | 244 | 39.16 | Aetna | Medicare | 34.05 | | | 14.98 | 34.05 | | 231.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERROG DEVICE EVAL IN PERSON, PER PT ENC; SUBQ CARD RHYTM MNTR SYST | 93291 | CPT | | | | both | | | 244 | 39.16 | WellPoint | WellPoint | 78.52 | 32.18 | | 25.51 | 34.05 | | 231.8 percent of total billed charges | |
| HC INTERROG DEVICE EVAL IN PERSON, PER PT ENC; SUBQ CARD RHYTM MNTR SYST | 93291 | CPT | | | | both | | | 244 | 39.16 | First Health | First Health | 170.8 | 70 | | | 34.05 | | 231.8 percent of total billed charges | |
| HC INTERROG DEVICE EVAL IN PERSON, PER PT ENC; SUBQ CARD RHYTM MNTR SYST | 93291 | CPT | | | | both | | | 244 | 39.16 | Americare | Americare | 183 | 75 | | | 34.05 | | 231.8 percent of total billed charges | |
| HC INTERROG DEVICE EVAL IN PERSON, PER PT ENC; SUBQ CARD RHYTM MNTR SYST | 93291 | CPT | | | | both | | | 244 | 39.16 | Corrections | Corrections | 195.2 | 80 | | | 34.05 | | 231.8 percent of total billed charges | |
| HC INTERROG DEVICE EVAL IN PERSON, PER PT ENC; SUBQ CARD RHYTM MNTR SYST | 93291 | CPT | | | | both | | | 244 | 39.16 | Managed Care Inc | Managed Care Inc | 219.6 | 90 | | | 34.05 | | 231.8 percent of total billed charges | |
| HC INTERROG DEVICE EVAL IN PERSON, PER PT ENC; SUBQ CARD RHYTM MNTR SYST | 93291 | CPT | | | | both | | | 244 | 39.16 | Horizon | PPO | 65.89 | | | 51.85 | 34.05 | | 231.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERROG DEVICE EVAL IN PERSON, PER PT ENC; SUBQ CARD RHYTM MNTR SYST | 93291 | CPT | | | | both | | | 244 | 39.16 | Qualcare | Qualcare | 183 | 75 | | | 34.05 | | 231.8 percent of total billed charges | |
| HC INTERROG DEVICE EVAL IN PERSON, PER PT ENC; SUBQ CARD RHYTM MNTR SYST | 93291 | CPT | | | | both | | | 244 | 39.16 | Wellcare | Medicaid | 76.98 | 31.55 | | 54.44 | 34.05 | | 231.8 percent of total billed charges | |
| HC INTERROG DEVICE EVAL IN PERSON, PER PT ENC; SUBQ CARD RHYTM MNTR SYST | 93291 | CPT | | | | both | | | 244 | 39.16 | Horizon | Medicare Blue | 34.05 | | | 18.97 | 34.05 | | 231.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERROG DEVICE EVAL IN PERSON, PER PT ENC; SUBQ CARD RHYTM MNTR SYST | 93291 | CPT | | | | both | | | 244 | 39.16 | UHC | Medicare | 34.05 | | | 24.63 | 34.05 | | 231.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERROG DEVICE EVAL IN PERSON, PER PT ENC; SUBQ CARD RHYTM MNTR SYST | 93291 | CPT | | | | both | | | 244 | 39.16 | Horizon | NJ Health | 52.98 | | | 8 | 34.05 | | 231.8 fee schedule | |
| HC INTERROG DEVICE EVAL IN PERSON, PER PT ENC; SUBQ CARD RHYTM MNTR SYST | 93291 | CPT | | | | both | | | 244 | 39.16 | Horizon | Indemnity | 65.89 | | | 30.97 | 34.05 | | 231.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTERROG DEVICE EVAL IN PERSON, PER PT ENC; SUBQ CARD RHYTM MNTR SYST | 93291 | CPT | | | | both | | | 244 | 39.16 | Three Rivers | Three Rivers | 231.8 | 95 | | | 34.05 | | 231.8 percent of total billed charges | |
| HC INTERROG DEVICE EVAL IN PERSON, PER PT ENC; SUBQ CARD RHYTM MNTR SYST | 93291 | CPT | | | | both | | | 244 | 39.16 | Wellcare | Medicare | 34.05 | | | 3.64 | 34.05 | | 231.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CRT-D FOLLOW UP REMOTE | 93296 | CPT | | | | outpatient | | | 244 | 49.6 | Americare | Americare | 183 | 75 | | | 43 | | 231.8 percent of total billed charges | |
| HC CRT-D FOLLOW UP REMOTE | 93296 | CPT | | | | outpatient | | | 244 | 49.6 | Aetna | Better Health | 76.98 | 31.55 | | | 43 | | 231.8 percent of total billed charges | |
| HC CRT-D FOLLOW UP REMOTE | 93296 | CPT | | | | outpatient | | | 244 | 49.6 | Horizon | Indemnity | 83.46 | | | | 43 | | 231.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CRT-D FOLLOW UP REMOTE | 93296 | CPT | | | | outpatient | | | 244 | 49.6 | UHC | Medicaid | 76.98 | 31.55 | | | 43 | | 231.8 percent of total billed charges | |
| HC CRT-D FOLLOW UP REMOTE | 93296 | CPT | | | | outpatient | | | 244 | 49.6 | Aetna | Medicare | 43.13 | | | | 43 | | 231.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CRT-D FOLLOW UP REMOTE | 93296 | CPT | | | | outpatient | | | 244 | 49.6 | Corrections | Corrections | 195.2 | 80 | | | 43 | | 231.8 percent of total billed charges | |
| HC CRT-D FOLLOW UP REMOTE | 93296 | CPT | | | | outpatient | | | 244 | 49.6 | UHC | Medicare | 43.13 | | | | 43 | | 231.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CRT-D FOLLOW UP REMOTE | 93296 | CPT | | | | outpatient | | | 244 | 49.6 | First Health | First Health | 170.8 | 70 | | | 43 | | 231.8 percent of total billed charges | |
| HC CRT-D FOLLOW UP REMOTE | 93296 | CPT | | | | outpatient | | | 244 | 49.6 | Amerihealth | HMO/PPO | 43 | | | | 43 | | 231.8 fee schedule | |
| HC CRT-D FOLLOW UP REMOTE | 93296 | CPT | | | | outpatient | | | 244 | 49.6 | Consumer | Consumer | 231.8 | 95 | | | 43 | | 231.8 percent of total billed charges | |
| HC CRT-D FOLLOW UP REMOTE | 93296 | CPT | | | | outpatient | | | 244 | 49.6 | Multiplan | Multiplan | 195.2 | 80 | | | 43 | | 231.8 percent of total billed charges | |
| HC CRT-D FOLLOW UP REMOTE | 93296 | CPT | | | | outpatient | | | 244 | 49.6 | Horizon | Medicare Blue | 43.13 | | | | 43 | | 231.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CRT-D FOLLOW UP REMOTE | 93296 | CPT | | | | outpatient | | | 244 | 49.6 | First Trenton | First Trenton | 219.6 | 90 | | | 43 | | 231.8 percent of total billed charges | |
| HC CRT-D FOLLOW UP REMOTE | 93296 | CPT | | | | outpatient | | | 244 | 49.6 | Horizon | PPO | 83.46 | | | | 43 | | 231.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CRT-D FOLLOW UP REMOTE | 93296 | CPT | | | | outpatient | | | 244 | 49.6 | Qualcare | Qualcare | 183 | 75 | | | 43 | | 231.8 percent of total billed charges | |
| HC CRT-D FOLLOW UP REMOTE | 93296 | CPT | | | | outpatient | | | 244 | 49.6 | Horizon | NJ Health | 45.78 | | | | 43 | | 231.8 fee schedule | |
| HC CRT-D FOLLOW UP REMOTE | 93296 | CPT | | | | outpatient | | | 244 | 49.6 | Horizon | MGD | 83.46 | | | | 43 | | 231.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CRT-D FOLLOW UP REMOTE | 93296 | CPT | | | | outpatient | | | 244 | 49.6 | Wellcare | Medicare | 43.13 | | | | 43 | | 231.8 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CRT-D FOLLOW UP REMOTE | 93296 | CPT | | | | outpatient | | | 244 | 49.6 | Managed Care Inc | Managed Care Inc | 219.6 | 90 | | | 43 | | 231.8 percent of total billed charges | |
| HC CRT-D FOLLOW UP REMOTE | 93296 | CPT | | | | outpatient | | | 244 | 49.6 | Three Rivers | Three Rivers | 231.8 | 95 | | | 43 | | 231.8 percent of total billed charges | |
| HC CRT-D FOLLOW UP REMOTE | 93296 | CPT | | | | outpatient | | | 244 | 49.6 | WellPoint | WellPoint | 78.52 | 32.18 | | | 43 | | 231.8 percent of total billed charges | |
| HC CRT-D FOLLOW UP REMOTE | 93296 | CPT | | | | outpatient | | | 244 | 49.6 | Wellcare | Medicaid | 76.98 | 31.55 | | | 43 | | 231.8 percent of total billed charges | |
| HC TRANS ECHO.CONG.ANOMOLY COM. | 93303 | CPT | | | | both | | | 2792 | 725.57 | UHC | Medicaid | 880.88 | 31.55 | | 844.36 | 160 | | 2652.4 percent of total billed charges | |
| HC TRANS ECHO.CONG.ANOMOLY COM. | 93303 | CPT | | | | both | | | 2792 | 725.57 | First Trenton | First Trenton | 2512.8 | 90 | | | 160 | | 2652.4 percent of total billed charges | |
| HC TRANS ECHO.CONG.ANOMOLY COM. | 93303 | CPT | | | | both | | | 2792 | 725.57 | Aetna | Better Health | 880.88 | 31.55 | | | 160 | | 2652.4 percent of total billed charges | |
| HC TRANS ECHO.CONG.ANOMOLY COM. | 93303 | CPT | | | | both | | | 2792 | 725.57 | Horizon | PPO | 1220.85 | | | 929.1 | 160 | | 2652.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANS ECHO.CONG.ANOMOLY COM. | 93303 | CPT | | | | both | | | 2792 | 725.57 | Horizon | Medicare Blue | 630.93 | | | | 160 | | 2652.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANS ECHO.CONG.ANOMOLY COM. | 93303 | CPT | | | | both | | | 2792 | 725.57 | Horizon | Indemnity | 1220.85 | | | 1198.2 | 160 | | 2652.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANS ECHO.CONG.ANOMOLY COM. | 93303 | CPT | | | | both | | | 2792 | 725.57 | Consumer | Consumer | 2652.4 | 95 | | | 160 | | 2652.4 percent of total billed charges | |
| HC TRANS ECHO.CONG.ANOMOLY COM. | 93303 | CPT | | | | both | | | 2792 | 725.57 | Aetna | Medicare | 630.93 | | | | 160 | | 2652.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANS ECHO.CONG.ANOMOLY COM. | 93303 | CPT | | | | both | | | 2792 | 725.57 | Horizon | MGD | 1220.85 | | | 1138.12 | 160 | | 2652.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANS ECHO.CONG.ANOMOLY COM. | 93303 | CPT | | | | both | | | 2792 | 725.57 | Managed Care Inc | Managed Care Inc | 2512.8 | 90 | | | 160 | | 2652.4 percent of total billed charges | |
| HC TRANS ECHO.CONG.ANOMOLY COM. | 93303 | CPT | | | | both | | | 2792 | 725.57 | First Health | First Health | 1954.4 | 70 | | | 160 | | 2652.4 percent of total billed charges | |
| HC TRANS ECHO.CONG.ANOMOLY COM. | 93303 | CPT | | | | both | | | 2792 | 725.57 | Wellcare | Medicaid | 880.88 | 31.55 | | 826.72 | 160 | | 2652.4 percent of total billed charges | |
| HC TRANS ECHO.CONG.ANOMOLY COM. | 93303 | CPT | | | | both | | | 2792 | 725.57 | Horizon | NJ Health | 736.02 | | | 629.64 | 160 | | 2652.4 fee schedule | |
| HC TRANS ECHO.CONG.ANOMOLY COM. | 93303 | CPT | | | | both | | | 2792 | 725.57 | Multiplan | Multiplan | 2233.6 | 80 | | | 160 | | 2652.4 percent of total billed charges | |
| HC TRANS ECHO.CONG.ANOMOLY COM. | 93303 | CPT | | | | both | | | 2792 | 725.57 | Corrections | Corrections | 2233.6 | 80 | | | 160 | | 2652.4 percent of total billed charges | |
| HC TRANS ECHO.CONG.ANOMOLY COM. | 93303 | CPT | | | | both | | | 2792 | 725.57 | Americare | Americare | 2094 | 75 | | | 160 | | 2652.4 percent of total billed charges | |
| HC TRANS ECHO.CONG.ANOMOLY COM. | 93303 | CPT | | | | both | | | 2792 | 725.57 | Three Rivers | Three Rivers | 2652.4 | 95 | | | 160 | | 2652.4 percent of total billed charges | |
| HC TRANS ECHO.CONG.ANOMOLY COM. | 93303 | CPT | | | | both | | | 2792 | 725.57 | UHC | Medicare | 630.93 | | | | 160 | | 2652.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANS ECHO.CONG.ANOMOLY COM. | 93303 | CPT | | | | both | | | 2792 | 725.57 | Wellcare | Medicare | 630.93 | | | | 160 | | 2652.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANS ECHO.CONG.ANOMOLY COM. | 93303 | CPT | | | | both | | | 2792 | 725.57 | Amerihealth | HMO/PPO | 160 | | | | 160 | | 2652.4 fee schedule | |
| HC TRANS ECHO.CONG.ANOMOLY COM. | 93303 | CPT | | | | both | | | 2792 | 725.57 | WellPoint | WellPoint | 898.47 | 32.18 | | 844.77 | 160 | | 2652.4 percent of total billed charges | |
| HC TRANS ECHO.CONG.ANOMOLY COM. | 93303 | CPT | | | | both | | | 2792 | 725.57 | Qualcare | Qualcare | 2094 | 75 | | | 160 | | 2652.4 percent of total billed charges | |
| HC TTE CONG.ANOM.F/U OR LIMITED | 93304 | CPT | | | | both | | | 2039 | 725.57 | Corrections | Corrections | 1631.2 | 80 | | | 80 | | 1937.05 percent of total billed charges | |
| HC TTE CONG.ANOM.F/U OR LIMITED | 93304 | CPT | | | | both | | | 2039 | 725.57 | Aetna | Medicare | 630.93 | | | | 80 | | 1937.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TTE CONG.ANOM.F/U OR LIMITED | 93304 | CPT | | | | both | | | 2039 | 725.57 | Americare | Americare | 1529.25 | 75 | | | 80 | | 1937.05 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC TTE CONG.ANOM.F/U OR LIMITED | 93304 | CPT | | | | both | | | 2039 | | 725.57 Horizon | Indemnity | 1220.85 | | | | 80 | 80 | 1937.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TTE CONG.ANOM.F/U OR LIMITED | 93304 | CPT | | | | both | | | 2039 | | 725.57 Multiplan | Multiplan | 1631.2 | 80 | | | 80 | 80 | 1937.05 percent of total billed charges | |
| HC TTE CONG.ANOM.F/U OR LIMITED | 93304 | CPT | | | | both | | | 2039 | | 725.57 Amerihealth | HMO/PPO | 80 | | | | 80 | 80 | 1937.05 fee schedule | |
| HC TTE CONG.ANOM.F/U OR LIMITED | 93304 | CPT | | | | both | | | 2039 | | 725.57 Aetna | Better Health | 643.3 | 31.55 | | | 80 | 80 | 1937.05 percent of total billed charges | |
| HC TTE CONG.ANOM.F/U OR LIMITED | 93304 | CPT | | | | both | | | 2039 | | 725.57 First Health | First Health | 1427.3 | 70 | | | 80 | 80 | 1937.05 percent of total billed charges | |
| HC TTE CONG.ANOM.F/U OR LIMITED | 93304 | CPT | | | | both | | | 2039 | | 725.57 Qualcare | Qualcare | 1529.25 | 75 | | | 80 | 80 | 1937.05 percent of total billed charges | |
| HC TTE CONG.ANOM.F/U OR LIMITED | 93304 | CPT | | | | both | | | 2039 | | 725.57 First Trenton | First Trenton | 1835.1 | 90 | | | 80 | 80 | 1937.05 percent of total billed charges | |
| HC TTE CONG.ANOM.F/U OR LIMITED | 93304 | CPT | | | | both | | | 2039 | | 725.57 Wellcare | Medicare | 630.93 | | | | 80 | 80 | 1937.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TTE CONG.ANOM.F/U OR LIMITED | 93304 | CPT | | | | both | | | 2039 | | 725.57 Horizon | PPO | 1220.85 | | | | 80 | 80 | 1937.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TTE CONG.ANOM.F/U OR LIMITED | 93304 | CPT | | | | both | | | 2039 | | 725.57 Consumer | Consumer | 1937.05 | 95 | | | 80 | 80 | 1937.05 percent of total billed charges | |
| HC TTE CONG.ANOM.F/U OR LIMITED | 93304 | CPT | | | | both | | | 2039 | | 725.57 Horizon | MGD | 1220.85 | | | | 80 | 80 | 1937.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TTE CONG.ANOM.F/U OR LIMITED | 93304 | CPT | | | | both | | | 2039 | | 725.57 Wellcare | Medicaid | 643.3 | 31.55 | | | 80 | 80 | 1937.05 percent of total billed charges | |
| HC TTE CONG.ANOM.F/U OR LIMITED | 93304 | CPT | | | | both | | | 2039 | | 725.57 Horizon | Medicare Blue | 630.93 | | | | 80 | 80 | 1937.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TTE CONG.ANOM.F/U OR LIMITED | 93304 | CPT | | | | both | | | 2039 | | 725.57 Horizon | NJ Health | 375.84 | | | | 80 | 80 | 1937.05 fee schedule | |
| HC TTE CONG.ANOM.F/U OR LIMITED | 93304 | CPT | | | | both | | | 2039 | | 725.57 UHC | Medicaid | 643.3 | 31.55 | | | 80 | 80 | 1937.05 percent of total billed charges | |
| HC TTE CONG.ANOM.F/U OR LIMITED | 93304 | CPT | | | | both | | | 2039 | | 725.57 Managed Care Inc | Managed Care Inc | 1835.1 | 90 | | | 80 | 80 | 1937.05 percent of total billed charges | |
| HC TTE CONG.ANOM.F/U OR LIMITED | 93304 | CPT | | | | both | | | 2039 | | 725.57 UHC | Medicare | 630.93 | | | | 80 | 80 | 1937.05 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TTE CONG.ANOM.F/U OR LIMITED | 93304 | CPT | | | | both | | | 2039 | | 725.57 Three Rivers | Three Rivers | 1937.05 | 95 | | | 80 | 80 | 1937.05 percent of total billed charges | |
| HC TTE CONG.ANOM.F/U OR LIMITED | 93304 | CPT | | | | both | | | 2039 | | 725.57 WellPoint | WellPoint | 656.15 | 32.18 | | | 80 | 80 | 1937.05 percent of total billed charges | |
| HC TRANS. ECHO. (TTE) COMPLETE | 93306 | CPT | | | | both | | | 1950 | | 725.57 WellPoint | WellPoint | 627.51 | 32.18 | | | 265 | 265 | 1852.5 percent of total billed charges | |
| HC TRANS. ECHO. (TTE) COMPLETE | 93306 | CPT | | | | both | | | 1950 | | 725.57 Aetna | Medicare | 630.93 | | | 272.24 | 265 | 265 | 1852.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANS. ECHO. (TTE) COMPLETE | 93306 | CPT | | | | both | | | 1950 | | 725.57 First Health | First Health | 1365 | 70 | | | 265 | 265 | 1852.5 percent of total billed charges | |
| HC TRANS. ECHO. (TTE) COMPLETE | 93306 | CPT | | | | both | | | 1950 | | 725.57 Amerihealth | HMO/PPO | 265 | | | 250.65 | 265 | 265 | 1852.5 fee schedule | |
| HC TRANS. ECHO. (TTE) COMPLETE | 93306 | CPT | | | | both | | | 1950 | | 725.57 Aetna | Better Health | 615.23 | 31.55 | | 577.15 | 265 | 265 | 1852.5 percent of total billed charges | |
| HC TRANS. ECHO. (TTE) COMPLETE | 93306 | CPT | | | | both | | | 1950 | | 725.57 Americare | Americare | 1462.5 | 75 | | | 265 | 265 | 1852.5 percent of total billed charges | |
| HC TRANS. ECHO. (TTE) COMPLETE | 93306 | CPT | | | | both | | | 1950 | | 725.57 Consumer | Consumer | 1852.5 | 95 | | | 265 | 265 | 1852.5 percent of total billed charges | |
| HC TRANS. ECHO. (TTE) COMPLETE | 93306 | CPT | | | | both | | | 1950 | | 725.57 Multiplan | Multiplan | 1560 | 80 | | | 265 | 265 | 1852.5 percent of total billed charges | |
| HC TRANS. ECHO. (TTE) COMPLETE | 93306 | CPT | | | | both | | | 1950 | | 725.57 Horizon | NJ Health | 1545.12 | | | 167.7 | 265 | 265 | 1852.5 fee schedule | |
| HC TRANS. ECHO. (TTE) COMPLETE | 93306 | CPT | | | | both | | | 1950 | | 725.57 Horizon | Indemnity | 1220.85 | | | 481.06 | 265 | 265 | 1852.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANS. ECHO. (TTE) COMPLETE | 93306 | CPT | | | | both | | | 1950 | | 725.57 Horizon | MGD | 1220.85 | | | 565.67 | 265 | 265 | 1852.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANS. ECHO. (TTE) COMPLETE | 93306 | CPT | | | | both | | | 1950 | | 725.57 Corrections | Corrections | 1560 | 80 | | 304.19 | 265 | 265 | 1852.5 percent of total billed charges | |
| HC TRANS. ECHO. (TTE) COMPLETE | 93306 | CPT | | | | both | | | 1950 | | 725.57 First Trenton | First Trenton | 1755 | 90 | | | 265 | 265 | 1852.5 percent of total billed charges | |
| HC TRANS. ECHO. (TTE) COMPLETE | 93306 | CPT | | | | both | | | 1950 | | 725.57 UHC | Medicaid | 615.23 | 31.55 | | 529.81 | 265 | 265 | 1852.5 percent of total billed charges | |
| HC TRANS. ECHO. (TTE) COMPLETE | 93306 | CPT | | | | both | | | 1950 | | 725.57 Horizon | PPO | 1220.85 | | | 491.85 | 265 | 265 | 1852.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANS. ECHO. (TTE) COMPLETE | 93306 | CPT | | | | both | | | 1950 | | 725.57 Qualcare | Qualcare | 1462.5 | 75 | | | 265 | 265 | 1852.5 percent of total billed charges | |
| HC TRANS. ECHO. (TTE) COMPLETE | 93306 | CPT | | | | both | | | 1950 | | 725.57 Horizon | Medicare Blue | 630.93 | | | 267.28 | 265 | 265 | 1852.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANS. ECHO. (TTE) COMPLETE | 93306 | CPT | | | | both | | | 1950 | | 725.57 UHC | Medicare | 630.93 | | | 305.7 | 265 | 265 | 1852.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANS. ECHO. (TTE) COMPLETE | 93306 | CPT | | | | both | | | 1950 | | 725.57 Managed Care Inc | Managed Care Inc | 1755 | 90 | | | 265 | 265 | 1852.5 percent of total billed charges | |
| HC TRANS. ECHO. (TTE) COMPLETE | 93306 | CPT | | | | both | | | 1950 | | 725.57 Three Rivers | Three Rivers | 1852.5 | 95 | | | 265 | 265 | 1852.5 percent of total billed charges | |
| HC TRANS. ECHO. (TTE) COMPLETE | 93306 | CPT | | | | both | | | 1950 | | 725.57 Wellcare | Medicaid | 615.23 | 31.55 | | 607.4 | 265 | 265 | 1852.5 percent of total billed charges | |
| HC TRANS. ECHO. (TTE) COMPLETE | 93306 | CPT | | | | both | | | 1950 | | 725.57 Wellcare | Medicare | 630.93 | | | 323.48 | 265 | 265 | 1852.5 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP | 93307 | CPT | | | | outpatient | | | 2118 | | 322.28 Americare | Americare | 1588.5 | 75 | | | 150 | 150 | 2012.1 percent of total billed charges | |
| HC ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP | 93307 | CPT | | | | outpatient | | | 2118 | | 322.28 Multiplan | Multiplan | 1694.4 | 80 | | | 150 | 150 | 2012.1 percent of total billed charges | |
| HC ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP | 93307 | CPT | | | | outpatient | | | 2118 | | 322.28 Aetna | Better Health | 668.23 | 31.55 | | | 150 | 150 | 2012.1 percent of total billed charges | |
| HC ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP | 93307 | CPT | | | | outpatient | | | 2118 | | 322.28 Three Rivers | Three Rivers | 2012.1 | 95 | | | 150 | 150 | 2012.1 percent of total billed charges | |
| HC ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP | 93307 | CPT | | | | outpatient | | | 2118 | | 322.28 Consumer | Consumer | 2012.1 | 95 | | | 150 | 150 | 2012.1 percent of total billed charges | |
| HC ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP | 93307 | CPT | | | | outpatient | | | 2118 | | 322.28 Aetna | Medicare | 280.24 | | | | 150 | 150 | 2012.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP | 93307 | CPT | | | | outpatient | | | 2118 | | 322.28 Amerihealth | HMO/PPO | 150 | | | | 150 | 150 | 2012.1 fee schedule | |
| HC ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP | 93307 | CPT | | | | outpatient | | | 2118 | | 322.28 Corrections | Corrections | 1694.4 | 80 | | | 150 | 150 | 2012.1 percent of total billed charges | |
| HC ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP | 93307 | CPT | | | | outpatient | | | 2118 | | 322.28 Horizon | Medicare Blue | 280.24 | | | | 150 | 150 | 2012.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP | 93307 | CPT | | | | outpatient | | | 2118 | | 322.28 Wellcare | Medicare | 280.24 | | | | 150 | 150 | 2012.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP | 93307 | CPT | | | | outpatient | | | 2118 | | 322.28 First Health | First Health | 1482.6 | 70 | | | 150 | 150 | 2012.1 percent of total billed charges | |
| HC ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP | 93307 | CPT | | | | outpatient | | | 2118 | | 322.28 UHC | Medicaid | 668.23 | 31.55 | | | 150 | 150 | 2012.1 percent of total billed charges | |
| HC ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP | 93307 | CPT | | | | outpatient | | | 2118 | | 322.28 UHC | Medicare | 280.24 | | | | 150 | 150 | 2012.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP | 93307 | CPT | | | | outpatient | | | 2118 | | 322.28 Qualcare | Qualcare | 1588.5 | 75 | | | 150 | 150 | 2012.1 percent of total billed charges | |
| HC ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP | 93307 | CPT | | | | outpatient | | | 2118 | | 322.28 Horizon | MGD | 542.26 | | | | 150 | 150 | 2012.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP | 93307 | CPT | | | | outpatient | | | 2118 | | 322.28 First Trenton | First Trenton | 1906.2 | 90 | | | 150 | 150 | 2012.1 percent of total billed charges | |
| HC ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP | 93307 | CPT | | | | outpatient | | | 2118 | | 322.28 Wellcare | Medicaid | 668.23 | 31.55 | | | 150 | 150 | 2012.1 percent of total billed charges | |
| HC ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP | 93307 | CPT | | | | outpatient | | | 2118 | | 322.28 Horizon | Indemnity | 542.26 | | | | 150 | 150 | 2012.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP | 93307 | CPT | | | | outpatient | | | 2118 | | 322.28 Horizon | NJ Health | 850.86 | | | | 150 | 150 | 2012.1 fee schedule | |
| HC ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP | 93307 | CPT | | | | outpatient | | | 2118 | | 322.28 Horizon | PPO | 542.26 | | | | 150 | 150 | 2012.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP | 93307 | CPT | | | | outpatient | | | 2118 | | 322.28 Managed Care Inc | Managed Care Inc | 1906.2 | 90 | | | 150 | 150 | 2012.1 percent of total billed charges | |
| HC ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP | 93307 | CPT | | | | outpatient | | | 2118 | | 322.28 WellPoint | WellPoint | 681.57 | 32.18 | | | 150 | 150 | 2012.1 percent of total billed charges | |
| HC TRANSTHORACIC ECHO, RT W 2D, W/WO MMODE, FOLLOWUP OR LIMITED | 93308 | CPT | | | | both | | | 1449 | | 322.28 Aetna | Better Health | 457.16 | 31.55 | | 356.79 | 75 | 75 | 1376.55 percent of total billed charges | |
| HC TRANSTHORACIC ECHO, RT W 2D, W/WO MMODE, FOLLOWUP OR LIMITED | 93308 | CPT | | | | both | | | 1449 | | 322.28 Amerihealth | HMO/PPO | 75 | | | | 75 | 75 | 1376.55 fee schedule | |
| HC TRANSTHORACIC ECHO, RT W 2D, W/WO MMODE, FOLLOWUP OR LIMITED | 93308 | CPT | | | | both | | | 1449 | | 322.28 Wellcare | Medicare | 280.24 | | | 217.9 | 75 | 75 | 1376.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSTHORACIC ECHO, RT W 2D, W/WO MMODE, FOLLOWUP OR LIMITED | 93308 | CPT | | | | both | | | 1449 | | 322.28 Americare | Americare | 1086.75 | 75 | | | 75 | 75 | 1376.55 percent of total billed charges | |
| HC TRANSTHORACIC ECHO, RT W 2D, W/WO MMODE, FOLLOWUP OR LIMITED | 93308 | CPT | | | | both | | | 1449 | | 322.28 Three Rivers | Three Rivers | 1376.55 | 95 | | | 75 | 75 | 1376.55 percent of total billed charges | |
| HC TRANSTHORACIC ECHO, RT W 2D, W/WO MMODE, FOLLOWUP OR LIMITED | 93308 | CPT | | | | both | | | 1449 | | 322.28 Aetna | Medicare | 280.24 | | | 57.99 | 75 | 75 | 1376.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSTHORACIC ECHO, RT W 2D, W/WO MMODE, FOLLOWUP OR LIMITED | 93308 | CPT | | | | both | | | 1449 | | 322.28 Horizon | PPO | 542.26 | | | 347.77 | 75 | 75 | 1376.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSTHORACIC ECHO, RT W 2D, W/WO MMODE, FOLLOWUP OR LIMITED | 93308 | CPT | | | | both | | | 1449 | | 322.28 Horizon | MGD | 542.26 | | | 310.94 | 75 | 75 | 1376.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSTHORACIC ECHO, RT W 2D, W/WO MMODE, FOLLOWUP OR LIMITED | 93308 | CPT | | | | both | | | 1449 | | 322.28 First Trenton | First Trenton | 1304.1 | 90 | | | 75 | 75 | 1376.55 percent of total billed charges | |
| HC TRANSTHORACIC ECHO, RT W 2D, W/WO MMODE, FOLLOWUP OR LIMITED | 93308 | CPT | | | | both | | | 1449 | | 322.28 First Health | First Health | 1014.3 | 70 | | | 75 | 75 | 1376.55 percent of total billed charges | |
| HC TRANSTHORACIC ECHO, RT W 2D, W/WO MMODE, FOLLOWUP OR LIMITED | 93308 | CPT | | | | both | | | 1449 | | 322.28 Multiplan | Multiplan | 1159.2 | 80 | | | 75 | 75 | 1376.55 percent of total billed charges | |
| HC TRANSTHORACIC ECHO, RT W 2D, W/WO MMODE, FOLLOWUP OR LIMITED | 93308 | CPT | | | | both | | | 1449 | | 322.28 Consumer | Consumer | 1376.55 | 95 | | | 75 | 75 | 1376.55 percent of total billed charges | |
| HC TRANSTHORACIC ECHO, RT W 2D, W/WO MMODE, FOLLOWUP OR LIMITED | 93308 | CPT | | | | both | | | 1449 | | 322.28 WellPoint | WellPoint | 466.29 | 32.18 | | 245.3 | 75 | 75 | 1376.55 percent of total billed charges | |
| HC TRANSTHORACIC ECHO, RT W 2D, W/WO MMODE, FOLLOWUP OR LIMITED | 93308 | CPT | | | | both | | | 1449 | | 322.28 Wellcare | Medicaid | 457.16 | 31.55 | | 360.3 | 75 | 75 | 1376.55 percent of total billed charges | |
| HC TRANSTHORACIC ECHO, RT W 2D, W/WO MMODE, FOLLOWUP OR LIMITED | 93308 | CPT | | | | both | | | 1449 | | 322.28 Qualcare | Qualcare | 1086.75 | 75 | | | 75 | 75 | 1376.55 percent of total billed charges | |
| HC TRANSTHORACIC ECHO, RT W 2D, W/WO MMODE, FOLLOWUP OR LIMITED | 93308 | CPT | | | | both | | | 1449 | | 322.28 UHC | Medicare | 280.24 | | | 303.32 | 75 | 75 | 1376.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSTHORACIC ECHO, RT W 2D, W/WO MMODE, FOLLOWUP OR LIMITED | 93308 | CPT | | | | both | | | 1449 | | 322.28 Horizon | Indemnity | 542.26 | | | | 75 | 75 | 1376.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSTHORACIC ECHO, RT W 2D, W/WO MMODE, FOLLOWUP OR LIMITED | 93308 | CPT | | | | both | | | 1449 | | 322.28 Corrections | Corrections | 1159.2 | 80 | | 205.33 | 75 | 75 | 1376.55 percent of total billed charges | |
| HC TRANSTHORACIC ECHO, RT W 2D, W/WO MMODE, FOLLOWUP OR LIMITED | 93308 | CPT | | | | both | | | 1449 | | 322.28 Horizon | NJ Health | 1177.11 | | | 60.97 | 75 | 75 | 1376.55 fee schedule | |
| HC TRANSTHORACIC ECHO, RT W 2D, W/WO MMODE, FOLLOWUP OR LIMITED | 93308 | CPT | | | | both | | | 1449 | | 322.28 Horizon | Medicare Blue | 280.24 | | | 123.19 | 75 | 75 | 1376.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSTHORACIC ECHO, RT W 2D, W/WO MMODE, FOLLOWUP OR LIMITED | 93308 | CPT | | | | both | | | 1449 | | 322.28 Managed Care Inc | Managed Care Inc | 1304.1 | 90 | | | 75 | 75 | 1376.55 percent of total billed charges | |
| HC TRANSTHORACIC ECHO, RT W 2D, W/WO MMODE, FOLLOWUP OR LIMITED | 93308 | CPT | | | | both | | | 1449 | | 322.28 UHC | Medicaid | 457.16 | 31.55 | | 294.5 | 75 | 75 | 1376.55 percent of total billed charges | |
| HC TRANSESOPHAG.ECHO. (TEE) | 93312 | CPT | | | | both | | | 2715 | | 725.57 Consumer | Consumer | 2579.25 | 95 | | | 225 | 225 | 2579.25 percent of total billed charges | |
| HC TRANSESOPHAG.ECHO. (TEE) | 93312 | CPT | | | | both | | | 2715 | | 725.57 Americare | Americare | 2036.25 | 75 | | | 225 | 225 | 2579.25 percent of total billed charges | |
| HC TRANSESOPHAG.ECHO. (TEE) | 93312 | CPT | | | | both | | | 2715 | | 725.57 UHC | Medicare | 630.93 | | | 223.53 | 225 | 225 | 2579.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSESOPHAG.ECHO. (TEE) | 93312 | CPT | | | | both | | | 2715 | | 725.57 Corrections | Corrections | 2172 | 80 | | | 225 | 225 | 2579.25 percent of total billed charges | |
| HC TRANSESOPHAG.ECHO. (TEE) | 93312 | CPT | | | | both | | | 2715 | | 725.57 Horizon | Medicare Blue | 630.93 | | | 393.22 | 225 | 225 | 2579.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSESOPHAG.ECHO. (TEE) | 93312 | CPT | | | | both | | | 2715 | | 725.57 Amerihealth | HMO/PPO | 225 | | | | 225 | 225 | 2579.25 fee schedule | |
| HC TRANSESOPHAG.ECHO. (TEE) | 93312 | CPT | | | | both | | | 2715 | | 725.57 Aetna | Medicare | 630.93 | | | | 225 | 225 | 2579.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSESOPHAG.ECHO. (TEE) | 93312 | CPT | | | | both | | | 2715 | | 725.57 Aetna | Better Health | 856.58 | 31.55 | | | 225 | 225 | 2579.25 percent of total billed charges | |
| HC TRANSESOPHAG.ECHO. (TEE) | 93312 | CPT | | | | both | | | 2715 | | 725.57 First Health | First Health | 1900.5 | 70 | | | 225 | 225 | 2579.25 percent of total billed charges | |
| HC TRANSESOPHAG.ECHO. (TEE) | 93312 | CPT | | | | both | | | 2715 | | 725.57 Horizon | MGD | 1220.85 | | | 297.07 | 225 | 225 | 2579.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSESOPHAG.ECHO. (TEE) | 93312 | CPT | | | | both | | | 2715 | | 725.57 UHC | Medicaid | 856.58 | 31.55 | | 796.88 | 225 | 225 | 2579.25 percent of total billed charges | |
| HC TRANSESOPHAG.ECHO. (TEE) | 93312 | CPT | | | | both | | | 2715 | | 725.57 Wellcare | Medicare | 630.93 | | | 83.62 | 225 | 225 | 2579.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSESOPHAG.ECHO. (TEE) | 93312 | CPT | | | | both | | | 2715 | | 725.57 Multiplan | Multiplan | 2172 | 80 | | | 225 | 225 | 2579.25 percent of total billed charges | |
| HC TRANSESOPHAG.ECHO. (TEE) | 93312 | CPT | | | | both | | | 2715 | | 725.57 Horizon | NJ Health | 1477.26 | | | 581.15 | 225 | 225 | 2579.25 fee schedule | |
| HC TRANSESOPHAG.ECHO. (TEE) | 93312 | CPT | | | | both | | | 2715 | | 725.57 WellPoint | WellPoint | 873.69 | 32.18 | | 692.1 | 225 | 225 | 2579.25 percent of total billed charges | |
| HC TRANSESOPHAG.ECHO. (TEE) | 93312 | CPT | | | | both | | | 2715 | | 725.57 First Trenton | First Trenton | 2443.5 | 90 | | | 225 | 225 | 2579.25 percent of total billed charges | |
| HC TRANSESOPHAG.ECHO. (TEE) | 93312 | CPT | | | | both | | | 2715 | | 725.57 Qualcare | Qualcare | 2036.25 | 75 | | | 225 | 225 | 2579.25 percent of total billed charges | |
| HC TRANSESOPHAG.ECHO. (TEE) | 93312 | CPT | | | | both | | | 2715 | | 725.57 Three Rivers | Three Rivers | 2579.25 | 95 | | | 225 | 225 | 2579.25 percent of total billed charges | |
| HC TRANSESOPHAG.ECHO. (TEE) | 93312 | CPT | | | | both | | | 2715 | | 725.57 Horizon | Indemnity | 1220.85 | | | | 225 | 225 | 2579.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSESOPHAG.ECHO. (TEE) | 93312 | CPT | | | | both | | | 2715 | | 725.57 Wellcare | Medicaid | 856.58 | 31.55 | | 119.55 | 225 | 225 | 2579.25 percent of total billed charges | |
| HC TRANSESOPHAG.ECHO. (TEE) | 93312 | CPT | | | | both | | | 2715 | | 725.57 Horizon | PPO | 1220.85 | | | 1083.79 | 225 | 225 | 2579.25 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSESOPHAG.ECHO. (TEE) | 93312 | CPT | | | | both | | | 2715 | | 725.57 Managed Care Inc | Managed Care Inc | 2443.5 | 90 | | | 225 | 225 | 2579.25 percent of total billed charges | |
| HC TRANSESOPH ECHO TEE CONGENITAL CARDIAC ANOM PROBE PLCMT | 93315 | CPT | | | | outpatient | | | 2011 | | 725.57 Aetna | Better Health | 634.47 | 31.55 | | | 235 | 235 | 1910.45 percent of total billed charges | |
| HC TRANSESOPH ECHO TEE CONGENITAL CARDIAC ANOM PROBE PLCMT | 93315 | CPT | | | | outpatient | | | 2011 | | 725.57 UHC | Medicare | 630.93 | | | | 235 | 235 | 1910.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSESOPH ECHO TEE CONGENITAL CARDIAC ANOM PROBE PLCMT | 93315 | CPT | | | | outpatient | | | 2011 | | 725.57 Amerihealth | HMO/PPO | 235 | | | | 235 | 235 | 1910.45 fee schedule | |
| HC TRANSESOPH ECHO TEE CONGENITAL CARDIAC ANOM PROBE PLCMT | 93315 | CPT | | | | outpatient | | | 2011 | | 725.57 Aetna | Medicare | 630.93 | | | | 235 | 235 | 1910.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSESOPH ECHO TEE CONGENITAL CARDIAC ANOM PROBE PLCMT | 93315 | CPT | | | | outpatient | | | 2011 | | 725.57 Corrections | Corrections | 1608.8 | 80 | | | 235 | 235 | 1910.45 percent of total billed charges | |
| HC TRANSESOPH ECHO TEE CONGENITAL CARDIAC ANOM PROBE PLCMT | 93315 | CPT | | | | outpatient | | | 2011 | | 725.57 Americare | Americare | 1508.25 | 75 | | | 235 | 235 | 1910.45 percent of total billed charges | |
| HC TRANSESOPH ECHO TEE CONGENITAL CARDIAC ANOM PROBE PLCMT | 93315 | CPT | | | | outpatient | | | 2011 | | 725.57 Multiplan | Multiplan | 1608.8 | 80 | | | 235 | 235 | 1910.45 percent of total billed charges | |
| HC TRANSESOPH ECHO TEE CONGENITAL CARDIAC ANOM PROBE PLCMT | 93315 | CPT | | | | outpatient | | | 2011 | | 725.57 First Trenton | First Trenton | 1809.9 | 90 | | | 235 | 235 | 1910.45 percent of total billed charges | |
| HC TRANSESOPH ECHO TEE CONGENITAL CARDIAC ANOM PROBE PLCMT | 93315 | CPT | | | | outpatient | | | 2011 | | 725.57 Consumer | Consumer | 1910.45 | 95 | | | 235 | 235 | 1910.45 percent of total billed charges | |
| HC TRANSESOPH ECHO TEE CONGENITAL CARDIAC ANOM PROBE PLCMT | 93315 | CPT | | | | outpatient | | | 2011 | | 725.57 Qualcare | Qualcare | 1508.25 | 75 | | | 235 | 235 | 1910.45 percent of total billed charges | |
| HC TRANSESOPH ECHO TEE CONGENITAL CARDIAC ANOM PROBE PLCMT | 93315 | CPT | | | | outpatient | | | 2011 | | 725.57 First Health | First Health | 1407.7 | 70 | | | 235 | 235 | 1910.45 percent of total billed charges | |
| HC TRANSESOPH ECHO TEE CONGENITAL CARDIAC ANOM PROBE PLCMT | 93315 | CPT | | | | outpatient | | | 2011 | | 725.57 Horizon | MGD | 1220.85 | | | | 235 | 235 | 1910.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSESOPH ECHO TEE CONGENITAL CARDIAC ANOM PROBE PLCMT | 93315 | CPT | | | | outpatient | | | 2011 | | 725.57 Wellcare | Medicare | 630.93 | | | | 235 | 235 | 1910.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSESOPH ECHO TEE CONGENITAL CARDIAC ANOM PROBE PLCMT | 93315 | CPT | | | | outpatient | | | 2011 | | 725.57 Three Rivers | Three Rivers | 1910.45 | 95 | | | 235 | 235 | 1910.45 percent of total billed charges | |
| HC TRANSESOPH ECHO TEE CONGENITAL CARDIAC ANOM PROBE PLCMT | 93315 | CPT | | | | outpatient | | | 2011 | | 725.57 UHC | Medicaid | 634.47 | 31.55 | | | 235 | 235 | 1910.45 percent of total billed charges | |
| HC TRANSESOPH ECHO TEE CONGENITAL CARDIAC ANOM PROBE PLCMT | 93315 | CPT | | | | outpatient | | | 2011 | | 725.57 Horizon | Indemnity | 1220.85 | | | | 235 | 235 | 1910.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSESOPH ECHO TEE CONGENITAL CARDIAC ANOM PROBE PLCMT | 93315 | CPT | | | | outpatient | | | 2011 | | 725.57 Horizon | Medicare Blue | 630.93 | | | | 235 | 235 | 1910.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSESOPH ECHO TEE CONGENITAL CARDIAC ANOM PROBE PLCMT | 93315 | CPT | | | | outpatient | | | 2011 | | 725.57 WellPoint | WellPoint | 647.14 | 32.18 | | | 235 | 235 | 1910.45 percent of total billed charges | |
| HC TRANSESOPH ECHO TEE CONGENITAL CARDIAC ANOM PROBE PLCMT | 93315 | CPT | | | | outpatient | | | 2011 | | 725.57 Wellcare | Medicaid | 634.47 | 31.55 | | | 235 | 235 | 1910.45 percent of total billed charges | |
| HC TRANSESOPH ECHO TEE CONGENITAL CARDIAC ANOM PROBE PLCMT | 93315 | CPT | | | | outpatient | | | 2011 | | 725.57 Horizon | NJ Health | 318.42 | | | | 235 | 235 | 1910.45 fee schedule | |
| HC TRANSESOPH ECHO TEE CONGENITAL CARDIAC ANOM PROBE PLCMT | 93315 | CPT | | | | outpatient | | | 2011 | | 725.57 Horizon | PPO | 1220.85 | | | | 235 | 235 | 1910.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSESOPH ECHO TEE CONGENITAL CARDIAC ANOM PROBE PLCMT | 93315 | CPT | | | | outpatient | | | 2011 | | 725.57 Managed Care Inc | Managed Care Inc | 1809.9 | 90 | | | 235 | 235 | 1910.45 percent of total billed charges | |
| HC ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY | 93316 | CPT | | | | outpatient | | | 806.32 | | 725.57 First Trenton | First Trenton | 725.69 | 90 | | | 61.54 | 1220.85 | 1220.85 percent of total billed charges | |
| HC ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY | 93316 | CPT | | | | outpatient | | | 806.32 | | 725.57 Horizon | MGD | 1220.85 | | | | 61.54 | 1220.85 | 1220.85 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY | 93316 | CPT | | | | outpatient | | | 806.32 | | 725.57 Multiplan | Multiplan | 645.06 | 80 | | | 61.54 | 1220.85 | 1220.85 percent of total billed charges | |
| HC ECHO TRANSESOPHAG CONGEN PRO

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
| HC ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY | 93316 | CPT | | | | outpatient | | | 806.32 | 725.57 | WellPoint | WellPoint | 259.47 | 32.18 | | | 61.54 | 1220.85 | percent of total billed charges | |
| HC ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY | 93316 | CPT | | | | outpatient | | | 806.32 | 725.57 | Three Rivers | Three Rivers | 766 | 95 | | | 61.54 | 1220.85 | percent of total billed charges | |
| HC ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY | 93316 | CPT | | | | outpatient | | | 806.32 | 725.57 | UHC | Medicaid | 254.39 | 31.55 | | | 61.54 | 1220.85 | percent of total billed charges | |
| HC 3D ECHO IMG&PST-PXESSING TEE/TTE CGEN CAR ANOMAL | 93319 | CPT | | | | outpatient | | | 76.05 | | Amerihealth | HMO/PPO | 49.43 | 65 | | | 22.82 | 72.25 | percent of total billed charges | |
| HC 3D ECHO IMG&PST-PXESSING TEE/TTE CGEN CAR ANOMAL | 93319 | CPT | | | | outpatient | | | 76.05 | | Corrections | Corrections | 60.84 | 80 | | | 22.82 | 72.25 | percent of total billed charges | |
| HC 3D ECHO IMG&PST-PXESSING TEE/TTE CGEN CAR ANOMAL | 93319 | CPT | | | | outpatient | | | 76.05 | | WellPoint | WellPoint | 24.47 | 32.18 | | | 22.82 | 72.25 | percent of total billed charges | |
| HC 3D ECHO IMG&PST-PXESSING TEE/TTE CGEN CAR ANOMAL | 93319 | CPT | | | | outpatient | | | 76.05 | | UHC | Medicaid | 23.99 | 31.55 | | | 22.82 | 72.25 | percent of total billed charges | |
| HC 3D ECHO IMG&PST-PXESSING TEE/TTE CGEN CAR ANOMAL | 93319 | CPT | | | | outpatient | | | 76.05 | | Horizon | Medicare Blue | 22.82 | 30 | | | 22.82 | 72.25 | percent of total billed charges | |
| HC 3D ECHO IMG&PST-PXESSING TEE/TTE CGEN CAR ANOMAL | 93319 | CPT | | | | outpatient | | | 76.05 | | Americare | Americare | 57.04 | 75 | | | 22.82 | 72.25 | percent of total billed charges | |
| HC 3D ECHO IMG&PST-PXESSING TEE/TTE CGEN CAR ANOMAL | 93319 | CPT | | | | outpatient | | | 76.05 | | Aetna | Medicare | 23.42 | 30.8 | | | 22.82 | 72.25 | percent of total billed charges | |
| HC 3D ECHO IMG&PST-PXESSING TEE/TTE CGEN CAR ANOMAL | 93319 | CPT | | | | outpatient | | | 76.05 | | Aetna | Better Health | 23.99 | 31.55 | | | 22.82 | 72.25 | percent of total billed charges | |
| HC 3D ECHO IMG&PST-PXESSING TEE/TTE CGEN CAR ANOMAL | 93319 | CPT | | | | outpatient | | | 76.05 | | Multiplan | Multiplan | 60.84 | 80 | | | 22.82 | 72.25 | percent of total billed charges | |
| HC 3D ECHO IMG&PST-PXESSING TEE/TTE CGEN CAR ANOMAL | 93319 | CPT | | | | outpatient | | | 76.05 | | Horizon | NJ Health | 53.75 | | | | 22.82 | 72.25 | fee schedule | |
| HC 3D ECHO IMG&PST-PXESSING TEE/TTE CGEN CAR ANOMAL | 93319 | CPT | | | | outpatient | | | 76.05 | | Consumer | Consumer | 72.25 | 95 | | | 22.82 | 72.25 | percent of total billed charges | |
| HC 3D ECHO IMG&PST-PXESSING TEE/TTE CGEN CAR ANOMAL | 93319 | CPT | | | | outpatient | | | 76.05 | | Horizon | Indemnity | 29.11 | 38.28 | | | 22.82 | 72.25 | percent of total billed charges | |
| HC 3D ECHO IMG&PST-PXESSING TEE/TTE CGEN CAR ANOMAL | 93319 | CPT | | | | outpatient | | | 76.05 | | Wellcare | Medicaid | 23.99 | 31.55 | | | 22.82 | 72.25 | percent of total billed charges | |
| HC 3D ECHO IMG&PST-PXESSING TEE/TTE CGEN CAR ANOMAL | 93319 | CPT | | | | outpatient | | | 76.05 | | First Trenton | First Trenton | 68.45 | 90 | | | 22.82 | 72.25 | percent of total billed charges | |
| HC 3D ECHO IMG&PST-PXESSING TEE/TTE CGEN CAR ANOMAL | 93319 | CPT | | | | outpatient | | | 76.05 | | First Health | First Health | 53.24 | 70 | | | 22.82 | 72.25 | percent of total billed charges | |
| HC 3D ECHO IMG&PST-PXESSING TEE/TTE CGEN CAR ANOMAL | 93319 | CPT | | | | outpatient | | | 76.05 | | Horizon | MGD | 29.11 | 38.28 | | | 22.82 | 72.25 | percent of total billed charges | |
| HC 3D ECHO IMG&PST-PXESSING TEE/TTE CGEN CAR ANOMAL | 93319 | CPT | | | | outpatient | | | 76.05 | | Qualcare | Qualcare | 57.04 | 75 | | | 22.82 | 72.25 | percent of total billed charges | |
| HC 3D ECHO IMG&PST-PXESSING TEE/TTE CGEN CAR ANOMAL | 93319 | CPT | | | | outpatient | | | 76.05 | | Horizon | PPO | 29.11 | 38.28 | | | 22.82 | 72.25 | percent of total billed charges | |
| HC 3D ECHO IMG&PST-PXESSING TEE/TTE CGEN CAR ANOMAL | 93319 | CPT | | | | outpatient | | | 76.05 | | Managed Care Inc | Managed Care Inc | 68.45 | 90 | | | 22.82 | 72.25 | percent of total billed charges | |
| HC 3D ECHO IMG&PST-PXESSING TEE/TTE CGEN CAR ANOMAL | 93319 | CPT | | | | outpatient | | | 76.05 | | Three Rivers | Three Rivers | 72.25 | 95 | | | 22.82 | 72.25 | percent of total billed charges | |
| HC DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY | 93320 | CPT | | | | outpatient | | | 874 | | Multiplan | Multiplan | 699.2 | 80 | | | 100 | 830.3 | percent of total billed charges | |
| HC DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY | 93320 | CPT | | | | outpatient | | | 874 | | Corrections | Corrections | 699.2 | 80 | | | 100 | 830.3 | percent of total billed charges | |
| HC DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY | 93320 | CPT | | | | outpatient | | | 874 | | First Trenton | First Trenton | 786.6 | 90 | | | 100 | 830.3 | percent of total billed charges | |
| HC DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY | 93320 | CPT | | | | outpatient | | | 874 | | First Health | First Health | 611.8 | 70 | | | 100 | 830.3 | percent of total billed charges | |
| HC DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY | 93320 | CPT | | | | outpatient | | | 874 | | Horizon | Medicare Blue | 262.2 | 30 | | | 100 | 830.3 | percent of total billed charges | |
| HC DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY | 93320 | CPT | | | | outpatient | | | 874 | | Aetna | Medicare | 269.19 | 30.8 | | | 100 | 830.3 | percent of total billed charges | |
| HC DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY | 93320 | CPT | | | | outpatient | | | 874 | | Americare | Americare | 655.5 | 75 | | | 100 | 830.3 | percent of total billed charges | |
| HC DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY | 93320 | CPT | | | | outpatient | | | 874 | | Aetna | Better Health | 275.75 | 31.55 | | | 100 | 830.3 | percent of total billed charges | |
| HC DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY | 93320 | CPT | | | | outpatient | | | 874 | | Qualcare | Qualcare | 655.5 | 75 | | | 100 | 830.3 | percent of total billed charges | |
| HC DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY | 93320 | CPT | | | | outpatient | | | 874 | | Consumer | Consumer | 830.3 | 95 | | | 100 | 830.3 | percent of total billed charges | |
| HC DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY | 93320 | CPT | | | | outpatient | | | 874 | | Horizon | Indemnity | 334.57 | 38.28 | | | 100 | 830.3 | percent of total billed charges | |
| HC DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY | 93320 | CPT | | | | outpatient | | | 874 | | WellPoint | WellPoint | 281.25 | 32.18 | | | 100 | 830.3 | percent of total billed charges | |
| HC DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY | 93320 | CPT | | | | outpatient | | | 874 | | Amerihealth | HMO/PPO | 100 | | | | 100 | 830.3 | fee schedule | |
| HC DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY | 93320 | CPT | | | | outpatient | | | 874 | | Horizon | MGD | 334.57 | 38.28 | | | 100 | 830.3 | percent of total billed charges | |
| HC DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY | 93320 | CPT | | | | outpatient | | | 874 | | Horizon | PPO | 334.57 | 38.28 | | | 100 | 830.3 | percent of total billed charges | |
| HC DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY | 93320 | CPT | | | | outpatient | | | 874 | | Horizon | NJ Health | 631.62 | | | | 100 | 830.3 | fee schedule | |
| HC DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY | 93320 | CPT | | | | outpatient | | | 874 | | UHC | Medicaid | 275.75 | 31.55 | | | 100 | 830.3 | percent of total billed charges | |
| HC DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY | 93320 | CPT | | | | outpatient | | | 874 | | Wellcare | Medicaid | 275.75 | 31.55 | | | 100 | 830.3 | percent of total billed charges | |
| HC DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY | 93320 | CPT | | | | outpatient | | | 874 | | Managed Care Inc | Managed Care Inc | 786.6 | 90 | | | 100 | 830.3 | percent of total billed charges | |
| HC DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY | 93320 | CPT | | | | outpatient | | | 874 | | Three Rivers | Three Rivers | 830.3 | 95 | | | 100 | 830.3 | percent of total billed charges | |
| HC DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD | 93321 | CPT | | | | outpatient | | | 87.46 | | First Trenton | First Trenton | 78.71 | 90 | | | 26.24 | 266.22 | percent of total billed charges | |
| HC DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD | 93321 | CPT | | | | outpatient | | | 87.46 | | Consumer | Consumer | 83.09 | 95 | | | 26.24 | 266.22 | percent of total billed charges | |
| HC DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD | 93321 | CPT | | | | outpatient | | | 87.46 | | First Health | First Health | 61.22 | 70 | | | 26.24 | 266.22 | percent of total billed charges | |
| HC DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD | 93321 | CPT | | | | outpatient | | | 87.46 | | Horizon | Indemnity | 33.48 | 38.28 | | | 26.24 | 266.22 | percent of total billed charges | |
| HC DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD | 93321 | CPT | | | | outpatient | | | 87.46 | | Aetna | Medicare | 26.94 | 30.8 | | | 26.24 | 266.22 | percent of total billed charges | |
| HC DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD | 93321 | CPT | | | | outpatient | | | 87.46 | | Corrections | Corrections | 69.97 | 80 | | | 26.24 | 266.22 | percent of total billed charges | |
| HC DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD | 93321 | CPT | | | | outpatient | | | 87.46 | | Aetna | Better Health | 27.59 | 31.55 | | | 26.24 | 266.22 | percent of total billed charges | |
| HC DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD | 93321 | CPT | | | | outpatient | | | 87.46 | | Americare | Americare | 65.6 | 75 | | | 26.24 | 266.22 | percent of total billed charges | |
| HC DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD | 93321 | CPT | | | | outpatient | | | 87.46 | | Managed Care Inc | Managed Care Inc | 78.71 | 90 | | | 26.24 | 266.22 | percent of total billed charges | |
| HC DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD | 93321 | CPT | | | | outpatient | | | 87.46 | | Horizon | NJ Health | 266.22 | | | | 26.24 | 266.22 | fee schedule | |
| HC DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD | 93321 | CPT | | | | outpatient | | | 87.46 | | Multiplan | Multiplan | 69.97 | 80 | | | 26.24 | 266.22 | percent of total billed charges | |
| HC DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD | 93321 | CPT | | | | outpatient | | | 87.46 | | Amerihealth | HMO/PPO | 50 | | | | 26.24 | 266.22 | fee schedule | |
| HC DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD | 93321 | CPT | | | | outpatient | | | 87.46 | | Horizon | MGD | 33.48 | 38.28 | | | 26.24 | 266.22 | percent of total billed charges | |
| HC DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD | 93321 | CPT | | | | outpatient | | | 87.46 | | Horizon | Medicare Blue | 26.24 | 30 | | | 26.24 | 266.22 | percent of total billed charges | |
| HC DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD | 93321 | CPT | | | | outpatient | | | 87.46 | | Horizon | PPO | 33.48 | 38.28 | | | 26.24 | 266.22 | percent of total billed charges | |
| HC DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD | 93321 | CPT | | | | outpatient | | | 87.46 | | Qualcare | Qualcare | 65.6 | 75 | | | 26.24 | 266.22 | percent of total billed charges | |
| HC DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD | 93321 | CPT | | | | outpatient | | | 87.46 | | Three Rivers | Three Rivers | 83.09 | 95 | | | 26.24 | 266.22 | percent of total billed charges | |
| HC DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD | 93321 | CPT | | | | outpatient | | | 87.46 | | WellPoint | WellPoint | 28.14 | 32.18 | | | 26.24 | 266.22 | percent of total billed charges | |
| HC DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD | 93321 | CPT | | | | outpatient | | | 87.46 | | UHC | Medicaid | 27.59 | 31.55 | | | 26.24 | 266.22 | percent of total billed charges | |
| HC DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD | 93321 | CPT | | | | outpatient | | | 87.46 | | Wellcare | Medicaid | 27.59 | 31.55 | | | 26.24 | 266.22 | percent of total billed charges | |
| HC DOPPLER ECHOCARD COLOR FLOW VELOCITY MAPPING | 93325 | CPT | | | | outpatient | | | 1341 | | Aetna | Better Health | 423.09 | 31.55 | | | 115 | 1273.95 | percent of total billed charges | |
| HC DOPPLER ECHOCARD COLOR FLOW VELOCITY MAPPING | 93325 | CPT | | | | outpatient | | | 1341 | | First Trenton | First Trenton | 1206.9 | 90 | | | 115 | 1273.95 | percent of total billed charges | |
| HC DOPPLER ECHOCARD COLOR FLOW VELOCITY MAPPING | 93325 | CPT | | | | outpatient | | | 1341 | | Americare | Americare | 1005.75 | 75 | | | 115 | 1273.95 | percent of total billed charges | |
| HC DOPPLER ECHOCARD COLOR FLOW VELOCITY MAPPING | 93325 | CPT | | | | outpatient | | | 1341 | | Horizon | MGD | 513.33 | 38.28 | | | 115 | 1273.95 | percent of total billed charges | |
| HC DOPPLER ECHOCARD COLOR FLOW VELOCITY MAPPING | 93325 | CPT | | | | outpatient | | | 1341 | | WellPoint | WellPoint | 431.63 | 32.18 | | | 115 | 1273.95 | percent of total billed charges | |
| HC DOPPLER ECHOCARD COLOR FLOW VELOCITY MAPPING | 93325 | CPT | | | | outpatient | | | 1341 | | Corrections | Corrections | 1072.8 | 80 | | | 115 | 1273.95 | percent of total billed charges | |
| HC DOPPLER ECHOCARD COLOR FLOW VELOCITY MAPPING | 93325 | CPT | | | | outpatient | | | 1341 | | Aetna | Medicare | 413.03 | 30.8 | | | 115 | 1273.95 | percent of total billed charges | |
| HC DOPPLER ECHOCARD COLOR FLOW VELOCITY MAPPING | 93325 | CPT | | | | outpatient | | | 1341 | | Amerihealth | HMO/PPO | 115 | | | | 115 | 1273.95 | fee schedule | |
| HC DOPPLER ECHOCARD COLOR FLOW VELOCITY MAPPING | 93325 | CPT | | | | outpatient | | | 1341 | | Consumer | Consumer | 1273.95 | 95 | | | 115 | 1273.95 | percent of total billed charges | |
| HC DOPPLER ECHOCARD COLOR FLOW VELOCITY MAPPING | 93325 | CPT | | | | outpatient | | | 1341 | | Horizon | NJ Health | 516.78 | | | | 115 | 1273.95 | fee schedule | |
| HC DOPPLER ECHOCARD COLOR FLOW VELOCITY MAPPING | 93325 | CPT | | | | outpatient | | | 1341 | | First Health | First Health | 938.7 | 70 | | | 115 | 1273.95 | percent of total billed charges | |
| HC DOPPLER ECHOCARD COLOR FLOW VELOCITY MAPPING | 93325 | CPT | | | | outpatient | | | 1341 | | Horizon | PPO | 513.33 | 38.28 | | | 115 | 1273.95 | percent of total billed charges | |
| HC DOPPLER ECHOCARD COLOR FLOW VELOCITY MAPPING | 93325 | CPT | | | | outpatient | | | 1341 | | UHC | Medicaid | 423.09 | 31.55 | | | 115 | 1273.95 | percent of total billed charges | |
| HC DOPPLER ECHOCARD COLOR FLOW VELOCITY MAPPING | 93325 | CPT | | | | outpatient | | | 1341 | | Horizon | Indemnity | 513.33 | 38.28 | | | 115 | 1273.95 | percent of total billed charges | |
| HC DOPPLER ECHOCARD COLOR FLOW VELOCITY MAPPING | 93325 | CPT | | | | outpatient | | | 1341 | | Multiplan | Multiplan | 1072.8 | 80 | | | 115 | 1273.95 | percent of total billed charges | |
| HC DOPPLER ECHOCARD COLOR FLOW VELOCITY MAPPING | 93325 | CPT | | | | outpatient | | | 1341 | | Three Rivers | Three Rivers | 1273.95 | 95 | | | 115 | 1273.95 | percent of total billed charges | |
| HC DOPPLER ECHOCARD COLOR FLOW VELOCITY MAPPING | 93325 | CPT | | | | outpatient | | | 1341 | | Qualcare | Qualcare | 1005.75 | 75 | | | 115 | 1273.95 | percent of total billed charges | |
| HC DOPPLER ECHOCARD COLOR FLOW VELOCITY MAPPING | 93325 | CPT | | | | outpatient | | | 1341 | | Managed Care Inc | Managed Care Inc | 1206.9 | 90 | | | 115 | 1273.95 | percent of total billed charges | |
| HC DOPPLER ECHOCARD COLOR FLOW VELOCITY MAPPING | 93325 | CPT | | | | outpatient | | | 1341 | | Wellcare | Medicaid | 423.09 | 31.55 | | | 115 | 1273.95 | percent of total billed charges | |
| HC DOPPLER ECHOCARD COLOR FLOW VELOCITY MAPPING | 93325 | CPT | | | | outpatient | | | 1341 | | Horizon | Medicare Blue | 402.3 | 30 | | | 115 | 1273.95 | percent of total billed charges | |
| HC STRESS TEST (WITH IMAGING) | 93350 | CPT | | | | both | | | 2642 | 725.57 | Aetna | Medicare | 630.93 | | | 197.01 | 150 | 2509.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STRESS TEST (WITH IMAGING) | 93350 | CPT | | | | both | | | 2642 | 725.57 | Americare | Americare | 1981.5 | 75 | | | 150 | 2509.9 | percent of total billed charges | |
| HC STRESS TEST (WITH IMAGING) | 93350 | CPT | | | | both | | | 2642 | 725.57 | Horizon | MGD | 1220.85 | | | 452.6 | 150 | 2509.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STRESS TEST (WITH IMAGING) | 93350 | CPT | | | | both | | | 2642 | 725.57 | Wellcare | Medicaid | 833.55 | 31.55 | | 750.78 | 150 | 2509.9 | percent of total billed charges | |
| HC STRESS TEST (WITH IMAGING) | 93350 | CPT | | | | both | | | 2642 | 725.57 | Aetna | Better Health | 833.55 | 31.55 | | 594.69 | 150 | 2509.9 | percent of total billed charges | |
| HC STRESS TEST (WITH IMAGING) | 93350 | CPT | | | | both | | | 2642 | 725.57 | UHC | Medicare | 630.93 | | | 368.13 | 150 | 2509.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STRESS TEST (WITH IMAGING) | 93350 | CPT | | | | both | | | 2642 | 725.57 | Amerihealth | HMO/PPO | 150 | | | 441.9 | 150 | 2509.9 | fee schedule | |
| HC STRESS TEST (WITH IMAGING) | 93350 | CPT | | | | both | | | 2642 | 725.57 | Consumer | Consumer | 2509.9 | 95 | | | 150 | 2509.9 | percent of total billed charges | |
| HC STRESS TEST (WITH IMAGING) | 93350 | CPT | | | | both | | | 2642 | 725.57 | Corrections | Corrections | 2113.6 | 80 | | | 150 | 2509.9 | percent of total billed charges | |
| HC STRESS TEST (WITH IMAGING) | 93350 | CPT | | | | both | | | 2642 | 725.57 | Wellcare | Medicare | 630.93 | | | 565.66 | 150 | 2509.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STRESS TEST (WITH IMAGING) | 93350 | CPT | | | | both | | | 2642 | 725.57 | Horizon | NJ Health | 1299.78 | | | 440.67 | 150 | 2509.9 | fee schedule | |
| HC STRESS TEST (WITH IMAGING) | 93350 | CPT | | | | both | | | 2642 | 725.57 | Three Rivers | Three Rivers | 2509.9 | 95 | | | 150 | 2509.9 | percent of total billed charges | |
| HC STRESS TEST (WITH IMAGING) | 93350 | CPT | | | | both | | | 2642 | 725.57 | First Health | First Health | 1849.4 | 70 | | | 150 | 2509.9 | percent of total billed charges | |
| HC STRESS TEST (WITH IMAGING) | 93350 | CPT | | | | both | | | 2642 | 725.57 | First Trenton | First Trenton | 2377.8 | 90 | | | 150 | 2509.9 | percent of total billed charges | |
| HC STRESS TEST (WITH IMAGING) | 93350 | CPT | | | | both | | | 2642 | 725.57 | Qualcare | Qualcare | 1981.5 | 75 | | | 150 | 2509.9 | percent of total billed charges | |
| HC STRESS TEST (WITH IMAGING) | 93350 | CPT | | | | both | | | 2642 | 725.57 | Horizon | Medicare Blue | 630.93 | | | 334.79 | 150 | 2509.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STRESS TEST (WITH IMAGING) | 93350 | CPT | | | | both | | | 2642 | 725.57 | Horizon | Indemnity | 1220.85 | | | 761.9 | 150 | 2509.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STRESS TEST (WITH IMAGING) | 93350 | CPT | | | | both | | | 2642 | 725.57 | Horizon | PPO | 1220.85 | | | 570.12 | 150 | 2509.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC STRESS TEST (WITH IMAGING) | 93350 | CPT | | | | both | | | 2642 | 725.57 | WellPoint | WellPoint | 892.2 | 32.18 | | 585.32 | 150 | 2509.9 | percent of total billed charges | |
| HC STRESS TEST (WITH IMAGING) | 93350 | CPT | | | | both | | | 2642 | 725.57 | Managed Care Inc | Managed Care Inc | 2377.8 | 90 | | | 150 | 2509.9 | percent of total billed charges | |
| HC STRESS TEST (WITH IMAGING) | 93350 | CPT | | | | both | | | 2642 | 725.57 | Multiplan | Multiplan | 2113.6 | 80 | | | 150 | 2509.9 | percent of total billed charges | |
| HC STRESS TEST (WITH IMAGING) | 93350 | CPT | | | | both | | | 2642 | 725.57 | UHC | Medicaid | 833.55 | 31.55 | | 609.73 | 150 | 2509.9 | percent of total billed charges | |
| HC ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG | 93351 | CPT | | | | outpatient | | | 2642 | 725.57 | Aetna | Better Health | 833.55 | 31.55 | | | 150 | 2509.9 | percent of total billed charges | |
| HC ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG | 93351 | CPT | | | | outpatient | | | 2642 | 725.57 | Multiplan | Multiplan | 2113.6 | 80 | | | 150 | 2509.9 | percent of total billed charges | |
| HC ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG | 93351 | CPT | | | | outpatient | | | 2642 | 725.57 | Americare | Americare | 1981.5 | 75 | | | 150 | 2509.9 | percent of total billed charges | |
| HC ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG | 93351 | CPT | | | | outpatient | | | 2642 | 725.57 | First Trenton | First Trenton | 2377.8 | 90 | | | 150 | 2509.9 | percent of total billed charges | |
| HC ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG | 93351 | CPT | | | | outpatient | | | 2642 | 725.57 | Horizon | Medicare Blue | 630.93 | | | | 150 | 2509.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG | 93351 | CPT | | | | outpatient | | | 2642 | 725.57 | Aetna | Medicare | 630.93 | | | | 150 | 2509.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG | 93351 | CPT | | | | outpatient | | | 2642 | 725.57 | Horizon | MGD | 1220.85 | | | | 150 | 2509.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG | 93351 | CPT | | | | outpatient | | | 2642 | 725.57 | Corrections | Corrections | 2113.6 | 80 | | | 150 | 2509.9 | percent of total billed charges | |
| HC ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG | 93351 | CPT | | | | outpatient | | | 2642 | 725.57 | Amerihealth | HMO/PPO | 150 | | | | 150 | 2509.9 | fee schedule | |
| HC ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG | 93351 | CPT | | | | outpatient | | | 2642 | 725.57 | Qualcare | Qualcare | 1981.5 | 75 | | | 150 | 2509.9 | percent of total billed charges | |
| HC ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG | 93351 | CPT | | | | outpatient | | | 2642 | 725.57 | UHC | Medicaid | 833.55 | 31.55 | | | 150 | 2509.9 | percent of total billed charges | |
| HC ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG | 93351 | CPT | | | | outpatient | | | 2642 | 725.57 | Horizon | NJ Health | 364.1 | | | | 150 | 2509.9 | fee schedule | |
| HC ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG | 93351 | CPT | | | | outpatient | | | 2642 | 725.57 | UHC | Medicare | 630.93 | | | | 150 | 2509.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG | 93351 | CPT | | | | outpatient | | | 2642 | 725.57 | Consumer | Consumer | 2509.9 | 95 | | | 150 | 2509.9 | percent of total billed charges | |
| HC ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG | 93351 | CPT | | | | outpatient | | | 2642 | 725.57 | Wellcare | Medicaid | 833.55 | 31.55 | | | 150 | 2509.9 | percent of total billed charges | |
| HC ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG | 93351 | CPT | | | | outpatient | | | 2642 | 725.57 | Horizon | Indemnity | 1220.85 | | | | 150 | 2509.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG | 93351 | CPT | | | | outpatient | | | 2642 | 725.57 | Wellcare | Medicare | 630.93 | | | | 150 | 2509.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG | 93351 | CPT | | | | outpatient | | | 2642 | 725.57 | First Health | First Health | 1849.4 | 70 | | | 150 | 2509.9 | percent of total billed charges | |
| HC ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG | 93351 | CPT | | | | outpatient | | | 2642 | 725.57 | Managed Care Inc | Managed Care Inc | 2377.8 | 90 | | | 150 | 2509.9 | percent of total billed charges | |
| HC ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG | 93351 | CPT | | | | outpatient | | | 2642 | 725.57 | Horizon | PPO | 1220.85 | | | | 150 | 2509.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG | 93351 | CPT | | | | outpatient | | | 2642 | 725.57 | Three Rivers | Three Rivers | 2509.9 | 95 | | | 150 | 2509.9 | percent of total billed charges | |
| HC ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG | 93351 | CPT | | | | outpatient | | | 2642 | 725.57 | WellPoint | WellPoint | 892.2 | 32.18 | | | 150 | 2509.9 | percent of total billed charges | |
| HC USE OF ECHO CONTRAST AGENT DURING STRESS ECHO | 93352 | CPT | | | | outpatient | | | 121.38 | | Corrections | Corrections | 97.1 | 80 | | | 36.41 | 115.31 | percent of total billed charges | |
| HC USE OF ECHO CONTRAST AGENT DURING STRESS ECHO | 93352 | CPT | | | | outpatient | | | 121.38 | | Amerihealth | HMO/PPO | 78.9 | 65 | | | 36.41 | 115.31 | percent of total billed charges | |
| HC USE OF ECHO CONTRAST AGENT DURING STRESS ECHO | 93352 | CPT | | | | outpatient | | | 121.38 | | Aetna | Better Health | 38.3 | 31.55 | | | 36.41 | 115.31 | percent of total billed charges | |
| HC USE OF ECHO CONTRAST AGENT DURING STRESS ECHO | 93352 | CPT | | | | outpatient | | | 121.38 | | Aetna | Medicare | 37.39 | 30.8 | | | 36.41 | 115.31 | percent of total billed charges | |
| HC USE OF ECHO CONTRAST AGENT DURING STRESS ECHO | 93352 | CPT | | | | outpatient | | | 121.38 | | First Trenton | First Trenton | 109.24 | 90 | | | 36.41 | 115.31 | percent of total billed charges | |
| HC USE OF ECHO CONTRAST AGENT DURING STRESS ECHO | 93352 | CPT | | | | outpatient | | | 121.38 | | Americare | Americare | 91.04 | 75 | | | 36.41 | 115.31 | percent of total billed charges | |
| HC USE OF ECHO CONTRAST AGENT DURING STRESS ECHO | 93352 | CPT | | | | outpatient | | | 121.38 | | First Health | First Health | 84.97 | 70 | | | 36.41 | 115.31 | percent of total billed charges | |
| HC USE OF ECHO CONTRAST AGENT DURING STRESS ECHO | 93352 | CPT | | | | outpatient | | | 121.38 | | Horizon | MGD | 46.46 | 38.28 | | | 36.41 | 115.31 | percent of total billed charges | |
| HC USE OF ECHO CONTRAST AGENT DURING STRESS ECHO | 93352 | CPT | | | | outpatient | | | 121.38 | | UHC | Medicaid | 38.3 | 31.55 | | | 36.41 | 115.31 | percent of total billed charges | |
| HC USE OF ECHO CONTRAST AGENT DURING STRESS ECHO | 93352 | CPT | | | | outpatient | | | 121.38 | | Horizon | Indemnity | 46.46 | 38.28 | | | 36.41 | 115.31 | percent of total billed charges | |
| HC USE OF ECHO CONTRAST AGENT DURING STRESS ECHO | 93352 | CPT | | | | outpatient | | | 121.38 | | Wellcare | Medicaid | 38.3 | 31.55 | | | 36.41 | 115.31 | percent of total billed charges | |
| HC USE OF ECHO CONTRAST AGENT DURING STRESS ECHO | 93352 | CPT | | | | outpatient | | | 121.38 | | Consumer | Consumer | 115.31 | 95 | | | 36.41 | 115.31 | percent of total billed charges | |
| HC USE OF ECHO CONTRAST AGENT DURING STRESS ECHO | 93352 | CPT | | | | outpatient | | | 121.38 | | Horizon | PPO | 46.46 | 38.28 | | | 36.41 | 115.31 | percent of total billed charges | |
| HC USE OF ECHO CONTRAST AGENT DURING STRESS ECHO | 93352 | CP

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC ECHO TEE GUID TCAT ICARVESSEL | 93355 | CPT | | | | both | | | 727.16 | | Horizon | MGD | 278.36 | 38.28 | | | 218.15 | 690.8 | percent of total billed charges | |
| HC ECHO TEE GUID TCAT ICARVESSEL | 93355 | CPT | | | | both | | | 727.16 | | Consumer | Consumer | 690.8 | 95 | | | 218.15 | 690.8 | percent of total billed charges | |
| HC ECHO TEE GUID TCAT ICARVESSEL | 93355 | CPT | | | | both | | | 727.16 | | First Trenton | First Trenton | 654.44 | 90 | | | 218.15 | 690.8 | percent of total billed charges | |
| HC ECHO TEE GUID TCAT ICARVESSEL | 93355 | CPT | | | | both | | | 727.16 | | WellPoint | WellPoint | 234 | 32.18 | | | 218.15 | 690.8 | percent of total billed charges | |
| HC ECHO TEE GUID TCAT ICARVESSEL | 93355 | CPT | | | | both | | | 727.16 | | Horizon | Medicare Blue | 218.15 | 30 | | | 218.15 | 690.8 | percent of total billed charges | |
| HC ECHO TEE GUID TCAT ICARVESSEL | 93355 | CPT | | | | both | | | 727.16 | | Aetna | Medicare | 223.97 | 30.8 | | | 218.15 | 690.8 | percent of total billed charges | |
| HC ECHO TEE GUID TCAT ICARVESSEL | 93355 | CPT | | | | both | | | 727.16 | | Amerihealth | HMO/PPO | 225 | | | | 218.15 | 690.8 | fee schedule | |
| HC ECHO TEE GUID TCAT ICARVESSEL | 93355 | CPT | | | | both | | | 727.16 | | Corrections | Corrections | 581.73 | 80 | | | 218.15 | 690.8 | percent of total billed charges | |
| HC ECHO TEE GUID TCAT ICARVESSEL | 93355 | CPT | | | | both | | | 727.16 | | Multiplan | Multiplan | 581.73 | 80 | | | 218.15 | 690.8 | percent of total billed charges | |
| HC ECHO TEE GUID TCAT ICARVESSEL | 93355 | CPT | | | | both | | | 727.16 | | First Health | First Health | 509.01 | 70 | | | 218.15 | 690.8 | percent of total billed charges | |
| HC ECHO TEE GUID TCAT ICARVESSEL | 93355 | CPT | | | | both | | | 727.16 | | Horizon | Indemnity | 278.36 | 38.28 | | | 218.15 | 690.8 | percent of total billed charges | |
| HC ECHO TEE GUID TCAT ICARVESSEL | 93355 | CPT | | | | both | | | 727.16 | | Horizon | NJ Health | 322.39 | | | | 218.15 | 690.8 | fee schedule | |
| HC ECHO TEE GUID TCAT ICARVESSEL | 93355 | CPT | | | | both | | | 727.16 | | Qualcare | Qualcare | 545.37 | 75 | | | 218.15 | 690.8 | percent of total billed charges | |
| HC ECHO TEE GUID TCAT ICARVESSEL | 93355 | CPT | | | | both | | | 727.16 | | Three Rivers | Three Rivers | 690.8 | 95 | | | 218.15 | 690.8 | percent of total billed charges | |
| HC ECHO TEE GUID TCAT ICARVESSEL | 93355 | CPT | | | | both | | | 727.16 | | Horizon | PPO | 278.36 | 38.28 | | | 218.15 | 690.8 | percent of total billed charges | |
| HC ECHO TEE GUID TCAT ICARVESSEL | 93355 | CPT | | | | both | | | 727.16 | | Wellcare | Medicaid | 229.42 | 31.55 | | | 218.15 | 690.8 | percent of total billed charges | |
| HC ECHO TEE GUID TCAT ICARVESSEL | 93355 | CPT | | | | both | | | 727.16 | | UHC | Medicaid | 229.42 | 31.55 | | | 218.15 | 690.8 | percent of total billed charges | |
| HC ECHO TEE GUID TCAT ICARVESSEL | 93355 | CPT | | | | both | | | 727.16 | | Managed Care Inc | Managed Care Inc | 654.44 | 90 | | | 218.15 | 690.8 | percent of total billed charges | |
| HC MYOCRD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH | 93356 | CPT | | | | outpatient | | | 37.54 | | Aetna | Medicare | 11.56 | 30.8 | | | 11.26 | 61.47 | percent of total billed charges | |
| HC MYOCRD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH | 93356 | CPT | | | | outpatient | | | 37.54 | | Amerihealth | HMO/PPO | 24.4 | 65 | | | 11.26 | 61.47 | percent of total billed charges | |
| HC MYOCRD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH | 93356 | CPT | | | | outpatient | | | 37.54 | | Aetna | Better Health | 11.84 | 31.55 | | | 11.26 | 61.47 | percent of total billed charges | |
| HC MYOCRD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH | 93356 | CPT | | | | outpatient | | | 37.54 | | First Trenton | First Trenton | 33.79 | 90 | | | 11.26 | 61.47 | percent of total billed charges | |
| HC MYOCRD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH | 93356 | CPT | | | | outpatient | | | 37.54 | | WellPoint | WellPoint | 12.08 | 32.18 | | | 11.26 | 61.47 | percent of total billed charges | |
| HC MYOCRD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH | 93356 | CPT | | | | outpatient | | | 37.54 | | Managed Care Inc | Managed Care Inc | 33.79 | 90 | | | 11.26 | 61.47 | percent of total billed charges | |
| HC MYOCRD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH | 93356 | CPT | | | | outpatient | | | 37.54 | | Consumer | Consumer | 35.66 | 95 | | | 11.26 | 61.47 | percent of total billed charges | |
| HC MYOCRD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH | 93356 | CPT | | | | outpatient | | | 37.54 | | Americare | Americare | 28.16 | 75 | | | 11.26 | 61.47 | percent of total billed charges | |
| HC MYOCRD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH | 93356 | CPT | | | | outpatient | | | 37.54 | | First Health | First Health | 26.28 | 70 | | | 11.26 | 61.47 | percent of total billed charges | |
| HC MYOCRD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH | 93356 | CPT | | | | outpatient | | | 37.54 | | Horizon | Indemnity | 14.37 | 38.28 | | | 11.26 | 61.47 | percent of total billed charges | |
| HC MYOCRD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH | 93356 | CPT | | | | outpatient | | | 37.54 | | Corrections | Corrections | 30.03 | 80 | | | 11.26 | 61.47 | percent of total billed charges | |
| HC MYOCRD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH | 93356 | CPT | | | | outpatient | | | 37.54 | | Horizon | MGD | 14.37 | 38.28 | | | 11.26 | 61.47 | percent of total billed charges | |
| HC MYOCRD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH | 93356 | CPT | | | | outpatient | | | 37.54 | | Horizon | Medicare Blue | 11.26 | 30 | | | 11.26 | 61.47 | percent of total billed charges | |
| HC MYOCRD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH | 93356 | CPT | | | | outpatient | | | 37.54 | | Multiplan | Multiplan | 30.03 | 80 | | | 11.26 | 61.47 | percent of total billed charges | |
| HC MYOCRD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH | 93356 | CPT | | | | outpatient | | | 37.54 | | Horizon | NJ Health | 61.47 | | | | 11.26 | 61.47 | fee schedule | |
| HC MYOCRD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH | 93356 | CPT | | | | outpatient | | | 37.54 | | Horizon | PPO | 14.37 | 38.28 | | | 11.26 | 61.47 | percent of total billed charges | |
| HC MYOCRD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH | 93356 | CPT | | | | outpatient | | | 37.54 | | Three Rivers | Three Rivers | 35.66 | 95 | | | 11.26 | 61.47 | percent of total billed charges | |
| HC MYOCRD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH | 93356 | CPT | | | | outpatient | | | 37.54 | | Qualcare | Qualcare | 28.16 | 75 | | | 11.26 | 61.47 | percent of total billed charges | |
| HC MYOCRD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH | 93356 | CPT | | | | outpatient | | | 37.54 | | UHC | Medicaid | 11.84 | 31.55 | | | 11.26 | 61.47 | percent of total billed charges | |
| HC MYOCRD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH | 93356 | CPT | | | | outpatient | | | 37.54 | | Wellcare | Medicaid | 11.84 | 31.55 | | | 11.26 | 61.47 | percent of total billed charges | |
| HC RIGHT HEART CATH | 93451 | CPT | | | | both | | | 14402 | 4285.74 | Aetna | Medicare | 3726.73 | | | | 1108.18 | 13681.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RIGHT HEART CATH | 93451 | CPT | | | | both | | | 14402 | 4285.74 | First Health | First Health | 10081.4 | 70 | | | 1108.18 | 13681.9 | percent of total billed charges | |
| HC RIGHT HEART CATH | 93451 | CPT | | | | both | | | 14402 | 4285.74 | Americare | Americare | 10801.5 | 75 | | | 1108.18 | 13681.9 | percent of total billed charges | |
| HC RIGHT HEART CATH | 93451 | CPT | | | | both | | | 14402 | 4285.74 | First Trenton | First Trenton | 12961.8 | 90 | | | 1108.18 | 13681.9 | percent of total billed charges | |
| HC RIGHT HEART CATH | 93451 | CPT | | | | both | | | 14402 | 4285.74 | Corrections | Corrections | 11521.6 | 80 | | | 1108.18 | 13681.9 | percent of total billed charges | |
| HC RIGHT HEART CATH | 93451 | CPT | | | | both | | | 14402 | 4285.74 | Aetna | Better Health | 4543.83 | 31.55 | | | 1108.18 | 13681.9 | percent of total billed charges | |
| HC RIGHT HEART CATH | 93451 | CPT | | | | both | | | 14402 | 4285.74 | Horizon | Indemnity | 7211.22 | | | | 1108.18 | 13681.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RIGHT HEART CATH | 93451 | CPT | | | | both | | | 14402 | 4285.74 | UHC | Medicaid | 4543.83 | 31.55 | | | 1108.18 | 13681.9 | percent of total billed charges | |
| HC RIGHT HEART CATH | 93451 | CPT | | | | both | | | 14402 | 4285.74 | Horizon | MGD | 7211.22 | | | | 1108.18 | 13681.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RIGHT HEART CATH | 93451 | CPT | | | | both | | | 14402 | 4285.74 | Horizon | Medicare Blue | 3726.73 | | | | 1108.18 | 13681.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RIGHT HEART CATH | 93451 | CPT | | | | both | | | 14402 | 4285.74 | Consumer | Consumer | 13681.9 | 95 | | | 1108.18 | 13681.9 | percent of total billed charges | |
| HC RIGHT HEART CATH | 93451 | CPT | | | | both | | | 14402 | 4285.74 | Wellcare | Medicare | 3726.73 | | | | 1108.18 | 13681.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RIGHT HEART CATH | 93451 | CPT | | | | both | | | 14402 | 4285.74 | Horizon | PPO | 7211.22 | | | | 1108.18 | 13681.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RIGHT HEART CATH | 93451 | CPT | | | | both | | | 14402 | 4285.74 | Amerihealth | HMO/PPO | 1800 | | | | 1108.18 | 13681.9 | fee schedule | |
| HC RIGHT HEART CATH | 93451 | CPT | | | | both | | | 14402 | 4285.74 | Multiplan | Multiplan | 11521.6 | 80 | | | 1108.18 | 13681.9 | percent of total billed charges | |
| HC RIGHT HEART CATH | 93451 | CPT | | | | both | | | 14402 | 4285.74 | UHC | Medicare | 3726.73 | | | | 1108.18 | 13681.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RIGHT HEART CATH | 93451 | CPT | | | | both | | | 14402 | 4285.74 | WellPoint | WellPoint | 4634.56 | 32.18 | | | 1108.18 | 13681.9 | percent of total billed charges | |
| HC RIGHT HEART CATH | 93451 | CPT | | | | both | | | 14402 | 4285.74 | United | Oxford | 6362 | | | | 1108.18 | 13681.9 | case rate | |
| HC RIGHT HEART CATH | 93451 | CPT | | | | both | | | 14402 | 4285.74 | Horizon | NJ Health | 1108.18 | | | | 1108.18 | 13681.9 | fee schedule | |
| HC RIGHT HEART CATH | 93451 | CPT | | | | both | | | 14402 | 4285.74 | United | CommercialPPO | 6362 | | | | 1108.18 | 13681.9 | case rate | |
| HC RIGHT HEART CATH | 93451 | CPT | | | | both | | | 14402 | 4285.74 | Qualcare | Qualcare | 10801.5 | 75 | | | 1108.18 | 13681.9 | percent of total billed charges | |
| HC RIGHT HEART CATH | 93451 | CPT | | | | both | | | 14402 | 4285.74 | Wellcare | Medicaid | 4543.83 | 31.55 | | | 1108.18 | 13681.9 | percent of total billed charges | |
| HC RIGHT HEART CATH | 93451 | CPT | | | | both | | | 14402 | 4285.74 | Managed Care Inc | Managed Care Inc | 12961.8 | 90 | | | 1108.18 | 13681.9 | percent of total billed charges | |
| HC RIGHT HEART CATH | 93451 | CPT | | | | both | | | 14402 | 4285.74 | Three Rivers | Three Rivers | 13681.9 | 95 | | | 1108.18 | 13681.9 | percent of total billed charges | |
| HC L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I | 93452 | CPT | | | | outpatient | | | 14402 | 4285.74 | Corrections | Corrections | 11521.6 | 80 | | | 1222.42 | 13681.9 | percent of total billed charges | |
| HC L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I | 93452 | CPT | | | | outpatient | | | 14402 | 4285.74 | Americare | Americare | 10801.5 | 75 | | | 1222.42 | 13681.9 | percent of total billed charges | |
| HC L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I | 93452 | CPT | | | | outpatient | | | 14402 | 4285.74 | Amerihealth | HMO/PPO | 2000 | | | | 1222.42 | 13681.9 | fee schedule | |
| HC L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I | 93452 | CPT | | | | outpatient | | | 14402 | 4285.74 | Consumer | Consumer | 13681.9 | 95 | | | 1222.42 | 13681.9 | percent of total billed charges | |
| HC L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I | 93452 | CPT | | | | outpatient | | | 14402 | 4285.74 | First Trenton | First Trenton | 12961.8 | 90 | | | 1222.42 | 13681.9 | percent of total billed charges | |
| HC L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I | 93452 | CPT | | | | outpatient | | | 14402 | 4285.74 | Aetna | Better Health | 4543.83 | 31.55 | | | 1222.42 | 13681.9 | percent of total billed charges | |
| HC L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I | 93452 | CPT | | | | outpatient | | | 14402 | 4285.74 | UHC | Medicare | 3726.73 | | | | 1222.42 | 13681.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I | 93452 | CPT | | | | outpatient | | | 14402 | 4285.74 | Horizon | MGD | 7211.22 | | | | 1222.42 | 13681.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I | 93452 | CPT | | | | outpatient | | | 14402 | 4285.74 | Horizon | PPO | 7211.22 | | | | 1222.42 | 13681.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I | 93452 | CPT | | | | outpatient | | | 14402 | 4285.74 | Horizon | Medicare Blue | 3726.73 | | | | 1222.42 | 13681.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I | 93452 | CPT | | | | outpatient | | | 14402 | 4285.74 | Horizon | Indemnity | 7211.22 | | | | 1222.42 | 13681.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I | 93452 | CPT | | | | outpatient | | | 14402 | 4285.74 | First Health | First Health | 10081.4 | 70 | | | 1222.42 | 13681.9 | percent of total billed charges | |
| HC L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I | 93452 | CPT | | | | outpatient | | | 14402 | 4285.74 | Horizon | NJ Health | 1222.42 | | | | 1222.42 | 13681.9 | fee schedule | |
| HC L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I | 93452 | CPT | | | | outpatient | | | 14402 | 4285.74 | Aetna | Medicare | 3726.73 | | | | 1222.42 | 13681.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I | 93452 | CPT | | | | outpatient | | | 14402 | 4285.74 | UHC | Medicaid | 4543.83 | 31.55 | | | 1222.42 | 13681.9 | percent of total billed charges | |
| HC L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I | 93452 | CPT | | | | outpatient | | | 14402 | 4285.74 | Multiplan | Multiplan | 11521.6 | 80 | | | 1222.42 | 13681.9 | percent of total billed charges | |
| HC L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I | 93452 | CPT | | | | outpatient | | | 14402 | 4285.74 | Wellcare | Medicare | 3726.73 | | | | 1222.42 | 13681.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I | 93452 | CPT | | | | outpatient | | | 14402 | 4285.74 | Qualcare | Qualcare | 10801.5 | 75 | | | 1222.42 | 13681.9 | percent of total billed charges | |
| HC L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I | 93452 | CPT | | | | outpatient | | | 14402 | 4285.74 | United | CommercialPPO | 6362 | | | | 1222.42 | 13681.9 | case rate | |
| HC L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I | 93452 | CPT | | | | outpatient | | | 14402 | 4285.74 | Managed Care Inc | Managed Care Inc | 12961.8 | 90 | | | 1222.42 | 13681.9 | percent of total billed charges | |
| HC L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I | 93452 | CPT | | | | outpatient | | | 14402 | 4285.74 | United | Oxford | 6362 | | | | 1222.42 | 13681.9 | case rate | |
| HC L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I | 93452 | CPT | | | | outpatient | | | 14402 | 4285.74 | WellPoint | WellPoint | 4634.56 | 32.18 | | | 1222.42 | 13681.9 | percent of total billed charges | |
| HC L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I | 93452 | CPT | | | | outpatient | | | 14402 | 4285.74 | Wellcare | Medicaid | 4543.83 | 31.55 | | | 1222.42 | 13681.9 | percent of total billed charges | |
| HC L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I | 93452 | CPT | | | | outpatient | | | 14402 | 4285.74 | Three Rivers | Three Rivers | 13681.9 | 95 | | | 1222.42 | 13681.9 | percent of total billed charges | |
| HC R&I HRT CATH W/VENTRICLGRPHY | 93453 | CPT | | | | outpatient | | | 14402 | 4285.74 | Aetna | Medicare | 3726.73 | | | | 1599.62 | 13681.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC R&I HRT CATH W/VENTRICLGRPHY | 93453 | CPT | | | | outpatient | | | 14402 | 4285.74 | Qualcare | Qualcare | 10801.5 | 75 | | | 1599.62 | 13681.9 | percent of total billed charges | |
| HC R&I HRT CATH W/VENTRICLGRPHY | 93453 | CPT | | | | outpatient | | | 14402 | 4285.74 | Horizon | MGD | 7211.22 | | | | 1599.62 | 13681.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC R&I HRT CATH W/VENTRICLGRPHY | 93453 | CPT | | | | outpatient | | | 14402 | 4285.74 | Aetna | Better Health | 4543.83 | 31.55 | | | 1599.62 | 13681.9 | percent of total billed charges | |
| HC R&I HRT CATH W/VENTRICLGRPHY | 93453 | CPT | | | | outpatient | | | 14402 | 4285.74 | Horizon | Medicare Blue | 3726.73 | | | | 1599.62 | 13681.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC R&I HRT CATH W/VENTRICLGRPHY | 93453 | CPT | | | | outpatient | | | 14402 | 4285.74 | Corrections | Corrections | 11521.6 | 80 | | | 1599.62 | 13681.9 | percent of total billed charges | |
| HC R&I HRT CATH W/VENTRICLGRPHY | 93453 | CPT | | | | outpatient | | | 14402 | 4285.74 | WellPoint | WellPoint | 4634.56 | 32.18 | | | 1599.62 | 13681.9 | percent of total billed charges | |
| HC R&I HRT CATH W/VENTRICLGRPHY | 93453 | CPT | | | | outpatient | | | 14402 | 4285.74 | First Health | First Health | 10081.4 | 70 | | | 1599.62 | 13681.9 | percent of total billed charges | |
| HC R&I HRT CATH W/VENTRICLGRPHY | 93453 | CPT | | | | outpatient | | | 14402 | 4285.74 | Americare | Americare | 10801.5 | 75 | | | 1599.62 | 13681.9 | percent of total billed charges | |
| HC R&I HRT CATH W/VENTRICLGRPHY | 93453 | CPT | | | | outpatient | | | 14402 | 4285.74 | United | CommercialPPO | 6362 | | | | 1599.62 | 13681.9 | case rate | |
| HC R&I HRT CATH W/VENTRICLGRPHY | 93453 | CPT | | | | outpatient | | | 14402 | 4285.74 | Horizon | PPO | 7211.22 | | | | 1599.62 | 13681.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC R&I HRT CATH W/VENTRICLGRPHY | 93453 | CPT | | | | outpatient | | | 14402 | 4285.74 | Amerihealth | HMO/PPO | 2200 | | | | 1599.62 | 13681.9 | fee schedule | |
| HC R&I HRT CATH W/VENTRICLGRPHY | 93453 | CPT | | | | outpatient | | | 14402 | 4285.74 | Multiplan | Multiplan | 11521.6 | 80 | | | 1599.62 | 13681.9 | percent of total billed charges | |
| HC R&I HRT CATH W/VENTRICLGRPHY | 93453 | CPT | | | | outpatient | | | 14402 | 4285.74 | First Trenton | First Trenton | 12961.8 | 90 | | | 1599.62 | 13681.9 | percent of total billed charges | |
| HC R&I HRT CATH W/VENTRICLGRPHY | 93453 | CPT | | | | outpatient | | | 14402 | 4285.74 | UHC | Medicaid | 4543.83 | 31.55 | | | 1599.62 | 13681.9 | percent of total billed charges | |
| HC R&I HRT CATH W/VENTRICLGRPHY | 93453 | CPT | | | | outpatient | | | 14402 | 4285.74 | Three Rivers | Three Rivers | 13681.9 | 95 | | | 1599.62 | 13681.9 | percent of total billed charges | |
| HC R&I HRT CATH W/VENTRICLGRPHY | 93453 | CPT | | | | outpatient | | | 14402 | 4285.74 | Consumer | Consumer | 13681.9 | 95 | | | 1599.62 | 13681.9 | percent of total billed charges | |
| HC R&I HRT CATH W/VENTRICLGRPHY | 93453 | CPT | | | | outpatient | | | 14402 | 4285.74 | Horizon | NJ Health | 1599.62 | | | | 1599.62 | 13681.9 | fee schedule | |
| HC R&I HRT CATH W/VENTRICLGRPHY | 93453 | CPT | | | | outpatient | | | 14402 | 4285.74 | Wellcare | Medicaid | 4543.83 | 31.55 | | | 1599.62 | 13681.9 | percent of total billed charges | |
| HC R&I HRT CATH W/VENTRICLGRPHY | 93453 | CPT | | | | outpatient | | | 14402 | 4285.74 | Horizon | Indemnity | 7211.22 | | | | 1599.62 | 13681.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC R&I HRT CATH W/VENTRICLGRPHY | 93453 | CPT | | | | outpatient | | | 14402 | 4285.74 | United | Oxford | 6362 | | | | 1599.62 | 13681.9 | case rate | |
| HC R&I HRT CATH W/VENTRICLGRPHY | 93453 | CPT | | | | outpatient | | | 14402 | 4285.74 | Managed Care Inc | Managed Care Inc | 12961.8 | 90 | | | 1599.62 | 13681.9 | percent of total billed charges | |
| HC R&I HRT CATH W/VENTRICLGRPHY | 93453 | CPT | | | | outpatient | | | 14402 | 4285.74 | Wellcare | Medicare | 3726.73 | | | | 1599.62 | 13681.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC R&I HRT CATH W/VENTRICLGRPHY | 93453 | CPT | | | | outpatient | | | 14402 | 4285.74 | UHC | Medicare | 3726.73 | | | | 1599.62 | 13681.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORONARY ARTERY ANGIO S&I | 93454 | CPT | | | | both | | | 14402 | 4285.74 | Corrections | Corrections | 11521.6 | 80 | | | 1261.18 | 13681.9 | percent of total billed charges | |
| HC CORONARY ARTERY ANGIO S&I | 93454 | CPT | | | | both | | | 14402 | 4285.74 | Aetna | Better Health | 4543.83 | 31.55 | | 3115.89 | 1261.18 | 13681.9 | percent of total billed charges | |
| HC CORONARY ARTERY ANGIO S&I | 93454 | CPT | | | | both | | | 14402 | 4285.74 | Amerihealth | HMO/PPO | 2000 | | | | 1261.18 | 13681.9 | fee schedule | |
| HC CORONARY ARTERY ANGIO S&I | 93454 | CPT | | | | both | | | 14402 | 4285.74 | Aetna | Medicare | 3726.73 | | | | 1261.18 | 13681.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORONARY ARTERY ANGIO S&I | 93454 | CPT | | | | both | | | 14402 | 4285.74 | First Trenton | First Trenton | 12961.8 | 90 | | | 1261.18 | 13681.9 | percent of total billed charges | |
| HC CORONARY ARTERY ANGIO S&I | 93454 | CPT | | | | both | | | 14402 | 4285.74 | Horizon | Indemnity | 7211.22 | | | 5455.17 | 1261.18 | 13681.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORONARY ARTERY ANGIO S&I | 93454 | CPT | | | | both | | | 14402 | 4285.74 | First Health | First Health | 10081.4 | 70 | | | 1261.18 | 13681.9 | percent of total billed charges | |
| HC CORONARY ARTERY ANGIO S&I | 93454 | CPT | | | | both | | | 14402 | 4285.74 | Horizon | Medicare Blue | 3726.73 | | | | 1261.18 | 13681.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORONARY ARTERY ANGIO S&I | 93454 | CPT | | | | both | | | 14402 | 4285.74 | Horizon | NJ Health | 1261.18 | | | 4336.18 | 1261.18 | 13681.9 | fee schedule | |
| HC CORONARY ARTERY ANGIO S&I | 93454 | CPT | | | | both | | | 14402 | 4285.74 | Horizon | MGD | 7211.22 | | | | 1261.18 | 13681.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORONARY ARTERY ANGIO S&I | 93454 | CPT | | | | both | | | 14402 | 4285.74 | Three Rivers | Three Rivers | 13681.9 | 95 | | | 1261.18 | 13681.9 | percent of total billed charges | |
| HC CORONARY ARTERY ANGIO S&I | 93454 | CPT | | | | both | | | 14402 | 4285.74 | Americare | Americare | 10801.5 | 75 | | | 1261.18 | 13681.9 | percent of total billed charges | |
| HC CORONARY ARTERY ANGIO S&I | 93454 | CPT | | | | both | | | 14402 | 4285.74 | Managed Care Inc | Managed Care Inc | 12961.8 | 90 | | | 1261.18 | 13681.9 | percent of total billed charges | |
| HC CORONARY ARTERY ANGIO S&I | 93454 | CPT | | | | both | | | 14402 | 4285.74 | Horizon | PPO | 7211.22 | | | | 1261.18 | 13681.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORONARY ARTERY ANGIO S&I | 93454 | CPT | | | | both | | | 14402 | 4285.74 | Wellcare | Medicare | 3726.73 | | | | 1261.18 | 13681.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORONARY ARTERY ANGIO S&I | 93454 | CPT | | | | both | | | 14402 | 4285.74 | Multiplan | Multiplan | 11521.6 | 80 | | | 1261.18 | 13681.9 | percent of total billed charges | |
| HC CORONARY ARTERY ANGIO S&I | 93454 | CPT | | | | both | | | 14402 | 4285.74 | Qualcare | Qualcare | 10801.5 | 75 | | | 1261.18 | 13681.9 | percent of total billed charges | |
| HC CORONARY ARTERY ANGIO S&I | 93454 | CPT | | | | both | | | 14402 | 4285.74 | Consumer | Consumer | 13681.9 | 95 | | | 1261.18 | 13681.9 | percent of total billed charges | |
| HC CORONARY ARTERY ANGIO S&I | 93454 | CPT | | | | both | | | 14402 | 4285.74 | WellPoint | WellPoint | 4634.56 | 32.18 | | 302.3 | 1261.18 | 13681.9 | percent of total billed charges | |
| HC CORONARY ARTERY ANGIO S&I | 93454 | CPT | | | | both | | | 14402 | 4285.74 | UHC | Medicaid | 4543.83 | 31.55 | | 1203.87 | 1261.18 | 13681.9 | percent of total billed charges | |
| HC CORONARY ARTERY ANGIO S&I | 93454 | CPT | | | | both | | | 14402 | 4285.74 | United | CommercialPPO | 6362 | | | | 1261.18 | 13681.9 | case rate | |
| HC CORONARY ARTERY ANGIO S&I | 93454 | CPT | | | | both | | | 14402 | 4285.74 | United | Oxford | 6362 | | | | 1261.18 | 13681.9 | case rate | |
| HC CORONARY ARTERY ANGIO S&I | 93454 | CPT | | | | both | | | 14402 | 4285.74 | UHC | Medicare | 3726.73 | | | 2306.62 | 1261.18 | 13681.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORONARY ARTERY ANGIO S&I | 93454 | CPT | | | | both | | | 14402 | 4285.74 | Wellcare | Medicaid | 4543.83 | 31.55 | | | 1261.18 | 13681.9 | percent of total billed charges | |
| HC CORONARY ART/GRFT ANGIO S&I | 93455 | CPT | | | | both | | | 14402 | 4285.74 | Aetna | Better Health | 4543.83 | 31.55 | | | 1471.7 | 13681.9 | percent of total billed charges | |
| HC CORONARY ART/GRFT ANGIO S&I | 93455 | CPT | | | | both | | | 14402 | 4285.74 | Consumer | Consumer | 13681.9 | 95 | | | 1471.7 | 13681.9 | percent of total billed charges | |
| HC CORONARY ART/GRFT ANGIO S&I | 93455 | CPT | | | | both | | | 14402 | 4285.74 | UHC | Medicaid | 4543.83 | 31.55 | | | 1471.7 | 13681.9 | percent of total billed charges | |
| HC CORONARY ART/GRFT ANGIO S&I | 93455 | CPT | | | | both | | | 14402 | 4285.74 | Aetna | Medicare | 3726.73 | | | | 1471.7 | 13681.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORONARY ART/GRFT ANGIO S&I | 93455 | CPT | | | | both | | | 14402 | 4285.74 | First Health | First Health | 10081.4 | 70 | | | 1471.7 | 13681.9 | percent of total billed charges | |
| HC CORONARY ART/GRFT ANGIO S&I | 93455 | CPT | | | | both | | | 14402 | 4285.74 | Americare | Americare | 10801.5 | 75 | | | 1471.7 | 13681.9 | percent of total billed charges | |
| HC CORONARY ART/GRFT ANGIO S&I | 93455 | CPT | | | | both | | | 14402 | 4285.74 | First Trenton | First Trenton | 12961.8 | 90 | | | 1471.7 | 13681.9 | percent of total billed charges | |
| HC CORONARY ART/GRFT ANGIO S&I | 93455 | CPT | | | | both | | | 14402 | 4285.74 | Amerihealth | HMO/PPO | 2000 | | | | 1471.7 | 13681.9 | fee schedule | |
| HC CORONARY ART/GRFT ANGIO S&I | 93455 | CPT | | | | both | | | 14402 | 4285.74 | Corrections | Corrections | 11521.6 | 80 | | | 1471.7 | 13681.9 | percent of total billed charges | |
| HC CORONARY ART/GRFT ANGIO S&I | 93455 | CPT | | | | both | | | 14402 | 4285.74 | Horizon | MGD | 7211.22 | | | | 1471.7 | 13681.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORONARY ART/GRFT ANGIO S&I | 93455 | CPT | | | | both | | | 14402 | 4285.74 | United | CommercialPPO | 6362 | | | | 1471.7 | 13681.9 | case rate | |
| HC CORONARY ART/GRFT ANGIO S&I | 93455 | CPT | | | | both | | | 14402 | 4285.74 | UHC | Medicare | 3726.73 | | | | 1471.7 | 13681.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CORONARY ART/GRFT ANGIO S&I | 93455 | CPT | | | | both | | | 14

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC CORONARY ART/GRFT ANGIO S&I | 93455 | CPT | | | | both | | | 14402 | | 4285.74 Horizon | PPO | 7211.22 | | | | 1471.7 | | 13681.9 | other |
| HC CORONARY ART/GRFT ANGIO S&I | 93455 | CPT | | | | both | | | 14402 | | 4285.74 United | Oxford | 6362 | | | | 1471.7 | | 13681.9 | case rate |
| HC CORONARY ART/GRFT ANGIO S&I | 93455 | CPT | | | | both | | | 14402 | | 4285.74 Qualcare | Qualcare | 10801.5 | 75 | | | 1471.7 | | 13681.9 | percent of total billed charges |
| HC CORONARY ART/GRFT ANGIO S&I | 93455 | CPT | | | | both | | | 14402 | | 4285.74 Horizon | Medicare Blue | 3726.73 | | | | 1471.7 | | 13681.9 | other |
| HC CORONARY ART/GRFT ANGIO S&I | 93455 | CPT | | | | both | | | 14402 | | 4285.74 WellPoint | WellPoint | 4634.56 | 32.18 | | | 1471.7 | | 13681.9 | percent of total billed charges |
| HC CORONARY ART/GRFT ANGIO S&I | 93455 | CPT | | | | both | | | 14402 | | 4285.74 Horizon | NJ Health | 1471.7 | | | | 1471.7 | | 13681.9 | fee schedule |
| HC CORONARY ART/GRFT ANGIO S&I | 93455 | CPT | | | | both | | | 14402 | | 4285.74 Wellcare | Medicaid | 4543.83 | 31.55 | | | 1471.7 | | 13681.9 | percent of total billed charges |
| HC CORONARY ART/GRFT ANGIO S&I | 93455 | CPT | | | | both | | | 14402 | | 4285.74 Managed Care Inc | Managed Care Inc | 12961.8 | 90 | | | 1471.7 | | 13681.9 | percent of total billed charges |
| HC CORONARY ART/GRFT ANGIO S&I | 93455 | CPT | | | | both | | | 14402 | | 4285.74 Wellcare | Medicare | 3726.73 | | | | 1471.7 | | 13681.9 | other |
| HC CORONARY ART/GRFT ANGIO S&I | 93455 | CPT | | | | both | | | 14402 | | 4285.74 Three Rivers | Three Rivers | 13681.9 | 95 | | | 1471.7 | | 13681.9 | percent of total billed charges |
| HC R HRT CORONARY ARTERY ANGIO | 93456 | CPT | | | | both | | | 14402 | | 4285.74 Americare | Americare | 10801.5 | 75 | | | 1577.64 | | 13681.9 | percent of total billed charges |
| HC R HRT CORONARY ARTERY ANGIO | 93456 | CPT | | | | both | | | 14402 | | 4285.74 First Trenton | First Trenton | 12961.8 | 90 | | | 1577.64 | | 13681.9 | percent of total billed charges |
| HC R HRT CORONARY ARTERY ANGIO | 93456 | CPT | | | | both | | | 14402 | | 4285.74 Aetna | Medicare | 3726.73 | | | | 1577.64 | | 13681.9 | other |
| HC R HRT CORONARY ARTERY ANGIO | 93456 | CPT | | | | both | | | 14402 | | 4285.74 First Health | First Health | 10081.4 | 70 | | | 1577.64 | | 13681.9 | percent of total billed charges |
| HC R HRT CORONARY ARTERY ANGIO | 93456 | CPT | | | | both | | | 14402 | | 4285.74 Multiplan | Multiplan | 11521.6 | 80 | | | 1577.64 | | 13681.9 | percent of total billed charges |
| HC R HRT CORONARY ARTERY ANGIO | 93456 | CPT | | | | both | | | 14402 | | 4285.74 Horizon | Indemnity | 7211.22 | | | | 1577.64 | | 13681.9 | other |
| HC R HRT CORONARY ARTERY ANGIO | 93456 | CPT | | | | both | | | 14402 | | 4285.74 Corrections | Corrections | 11521.6 | 80 | | | 1577.64 | | 13681.9 | percent of total billed charges |
| HC R HRT CORONARY ARTERY ANGIO | 93456 | CPT | | | | both | | | 14402 | | 4285.74 Aetna | Better Health | 4543.83 | 31.55 | | | 1577.64 | | 13681.9 | percent of total billed charges |
| HC R HRT CORONARY ARTERY ANGIO | 93456 | CPT | | | | both | | | 14402 | | 4285.74 Consumer | Consumer | 13681.9 | 95 | | | 1577.64 | | 13681.9 | percent of total billed charges |
| HC R HRT CORONARY ARTERY ANGIO | 93456 | CPT | | | | both | | | 14402 | | 4285.74 Managed Care Inc | Managed Care Inc | 12961.8 | 90 | | | 1577.64 | | 13681.9 | percent of total billed charges |
| HC R HRT CORONARY ARTERY ANGIO | 93456 | CPT | | | | both | | | 14402 | | 4285.74 Horizon | MGD | 7211.22 | | | | 1577.64 | | 13681.9 | other |
| HC R HRT CORONARY ARTERY ANGIO | 93456 | CPT | | | | both | | | 14402 | | 4285.74 Horizon | Medicare Blue | 3726.73 | | | | 1577.64 | | 13681.9 | other |
| HC R HRT CORONARY ARTERY ANGIO | 93456 | CPT | | | | both | | | 14402 | | 4285.74 Qualcare | Qualcare | 10801.5 | 75 | | | 1577.64 | | 13681.9 | percent of total billed charges |
| HC R HRT CORONARY ARTERY ANGIO | 93456 | CPT | | | | both | | | 14402 | | 4285.74 Horizon | PPO | 7211.22 | | | | 1577.64 | | 13681.9 | other |
| HC R HRT CORONARY ARTERY ANGIO | 93456 | CPT | | | | both | | | 14402 | | 4285.74 WellPoint | WellPoint | 4634.56 | 32.18 | | | 1577.64 | | 13681.9 | percent of total billed charges |
| HC R HRT CORONARY ARTERY ANGIO | 93456 | CPT | | | | both | | | 14402 | | 4285.74 Amerihealth | HMO/PPO | 2000 | | | | 1577.64 | | 13681.9 | fee schedule |
| HC R HRT CORONARY ARTERY ANGIO | 93456 | CPT | | | | both | | | 14402 | | 4285.74 Horizon | NJ Health | 1577.64 | | | | 1577.64 | | 13681.9 | fee schedule |
| HC R HRT CORONARY ARTERY ANGIO | 93456 | CPT | | | | both | | | 14402 | | 4285.74 Wellcare | Medicare | 3726.73 | | | | 1577.64 | | 13681.9 | other |
| HC R HRT CORONARY ARTERY ANGIO | 93456 | CPT | | | | both | | | 14402 | | 4285.74 Three Rivers | Three Rivers | 13681.9 | 95 | | | 1577.64 | | 13681.9 | percent of total billed charges |
| HC R HRT CORONARY ARTERY ANGIO | 93456 | CPT | | | | both | | | 14402 | | 4285.74 United | Oxford | 6362 | | | | 1577.64 | | 13681.9 | case rate |
| HC R HRT CORONARY ARTERY ANGIO | 93456 | CPT | | | | both | | | 14402 | | 4285.74 UHC | Medicaid | 4543.83 | 31.55 | | | 1577.64 | | 13681.9 | percent of total billed charges |
| HC R HRT CORONARY ARTERY ANGIO | 93456 | CPT | | | | both | | | 14402 | | 4285.74 Wellcare | Medicaid | 4543.83 | 31.55 | | | 1577.64 | | 13681.9 | percent of total billed charges |
| HC R HRT CORONARY ARTERY ANGIO | 93456 | CPT | | | | both | | | 14402 | | 4285.74 UHC | Medicare | 3726.73 | | | | 1577.64 | | 13681.9 | other |
| HC R HRT CORONARY ARTERY ANGIO | 93456 | CPT | | | | both | | | 14402 | | 4285.74 United | Commercial/PPO | 6362 | | | | 1577.64 | | 13681.9 | case rate |
| HC R HRT ART/GRFT ANGIO | 93457 | CPT | | | | outpatient | | | 14402 | | 4285.74 Aetna | Better Health | 4543.83 | 31.55 | | | 1788.19 | | 13681.9 | percent of total billed charges |
| HC R HRT ART/GRFT ANGIO | 93457 | CPT | | | | outpatient | | | 14402 | | 4285.74 Aetna | Medicare | 3726.73 | | | | 1788.19 | | 13681.9 | other |
| HC R HRT ART/GRFT ANGIO | 93457 | CPT | | | | outpatient | | | 14402 | | 4285.74 Horizon | MGD | 7211.22 | | | | 1788.19 | | 13681.9 | other |
| HC R HRT ART/GRFT ANGIO | 93457 | CPT | | | | outpatient | | | 14402 | | 4285.74 Wellcare | Medicaid | 4543.83 | 31.55 | | | 1788.19 | | 13681.9 | percent of total billed charges |
| HC R HRT ART/GRFT ANGIO | 93457 | CPT | | | | outpatient | | | 14402 | | 4285.74 Horizon | Indemnity | 7211.22 | | | | 1788.19 | | 13681.9 | other |
| HC R HRT ART/GRFT ANGIO | 93457 | CPT | | | | outpatient | | | 14402 | | 4285.74 Multiplan | Multiplan | 11521.6 | 80 | | | 1788.19 | | 13681.9 | percent of total billed charges |
| HC R HRT ART/GRFT ANGIO | 93457 | CPT | | | | outpatient | | | 14402 | | 4285.74 UHC | Medicare | 3726.73 | | | | 1788.19 | | 13681.9 | other |
| HC R HRT ART/GRFT ANGIO | 93457 | CPT | | | | outpatient | | | 14402 | | 4285.74 Americare | Americare | 10801.5 | 75 | | | 1788.19 | | 13681.9 | percent of total billed charges |
| HC R HRT ART/GRFT ANGIO | 93457 | CPT | | | | outpatient | | | 14402 | | 4285.74 First Health | First Health | 10081.4 | 70 | | | 1788.19 | | 13681.9 | percent of total billed charges |
| HC R HRT ART/GRFT ANGIO | 93457 | CPT | | | | outpatient | | | 14402 | | 4285.74 Consumer | Consumer | 13681.9 | 95 | | | 1788.19 | | 13681.9 | percent of total billed charges |
| HC R HRT ART/GRFT ANGIO | 93457 | CPT | | | | outpatient | | | 14402 | | 4285.74 Horizon | PPO | 7211.22 | | | | 1788.19 | | 13681.9 | other |
| HC R HRT ART/GRFT ANGIO | 93457 | CPT | | | | outpatient | | | 14402 | | 4285.74 Amerihealth | HMO/PPO | 2000 | | | | 1788.19 | | 13681.9 | fee schedule |
| HC R HRT ART/GRFT ANGIO | 93457 | CPT | | | | outpatient | | | 14402 | | 4285.74 United | Commercial/PPO | 6362 | | | | 1788.19 | | 13681.9 | case rate |
| HC R HRT ART/GRFT ANGIO | 93457 | CPT | | | | outpatient | | | 14402 | | 4285.74 Qualcare | Qualcare | 10801.5 | 75 | | | 1788.19 | | 13681.9 | percent of total billed charges |
| HC R HRT ART/GRFT ANGIO | 93457 | CPT | | | | outpatient | | | 14402 | | 4285.74 UHC | Medicaid | 4543.83 | 31.55 | | | 1788.19 | | 13681.9 | percent of total billed charges |
| HC R HRT ART/GRFT ANGIO | 93457 | CPT | | | | outpatient | | | 14402 | | 4285.74 Horizon | Medicare Blue | 3726.73 | | | | 1788.19 | | 13681.9 | other |
| HC R HRT ART/GRFT ANGIO | 93457 | CPT | | | | outpatient | | | 14402 | | 4285.74 First Trenton | First Trenton | 12961.8 | 90 | | | 1788.19 | | 13681.9 | percent of total billed charges |
| HC R HRT ART/GRFT ANGIO | 93457 | CPT | | | | outpatient | | | 14402 | | 4285.74 Corrections | Corrections | 11521.6 | 80 | | | 1788.19 | | 13681.9 | percent of total billed charges |
| HC R HRT ART/GRFT ANGIO | 93457 | CPT | | | | outpatient | | | 14402 | | 4285.74 United | Oxford | 6362 | | | | 1788.19 | | 13681.9 | case rate |
| HC R HRT ART/GRFT ANGIO | 93457 | CPT | | | | outpatient | | | 14402 | | 4285.74 Horizon | NJ Health | 1788.19 | | | | 1788.19 | | 13681.9 | fee schedule |
| HC R HRT ART/GRFT ANGIO | 93457 | CPT | | | | outpatient | | | 14402 | | 4285.74 Managed Care Inc | Managed Care Inc | 12961.8 | 90 | | | 1788.19 | | 13681.9 | percent of total billed charges |
| HC R HRT ART/GRFT ANGIO | 93457 | CPT | | | | outpatient | | | 14402 | | 4285.74 WellPoint | WellPoint | 4634.56 | 32.18 | | | 1788.19 | | 13681.9 | percent of total billed charges |
| HC R HRT ART/GRFT ANGIO | 93457 | CPT | | | | outpatient | | | 14402 | | 4285.74 Three Rivers | Three Rivers | 13681.9 | 95 | | | 1788.19 | | 13681.9 | percent of total billed charges |
| HC R HRT ART/GRFT ANGIO | 93457 | CPT | | | | outpatient | | | 14402 | | 4285.74 Wellcare | Medicare | 3726.73 | | | | 1788.19 | | 13681.9 | other |
| HC L HRT ARTERY/VENTRICLE ANGIO | 93458 | CPT | | | | both | | | 14402 | | 4285.74 Aetna | Better Health | 4543.83 | 31.55 | | | 1521.6 | | 13681.9 | percent of total billed charges |
| HC L HRT ARTERY/VENTRICLE ANGIO | 93458 | CPT | | | | both | | | 14402 | | 4285.74 Consumer | Consumer | 13681.9 | 95 | | | 1521.6 | | 13681.9 | percent of total billed charges |
| HC L HRT ARTERY/VENTRICLE ANGIO | 93458 | CPT | | | | both | | | 14402 | | 4285.74 First Trenton | First Trenton | 12961.8 | 90 | | | 1521.6 | | 13681.9 | percent of total billed charges |
| HC L HRT ARTERY/VENTRICLE ANGIO | 93458 | CPT | | | | both | | | 14402 | | 4285.74 Horizon | MGD | 7211.22 | | | | 1521.6 | | 13681.9 | other |
| HC L HRT ARTERY/VENTRICLE ANGIO | 93458 | CPT | | | | both | | | 14402 | | 4285.74 Multiplan | Multiplan | 11521.6 | 80 | | | 1521.6 | | 13681.9 | percent of total billed charges |
| HC L HRT ARTERY/VENTRICLE ANGIO | 93458 | CPT | | | | both | | | 14402 | | 4285.74 Americare | Americare | 10801.5 | 75 | | | 1521.6 | | 13681.9 | percent of total billed charges |
| HC L HRT ARTERY/VENTRICLE ANGIO | 93458 | CPT | | | | both | | | 14402 | | 4285.74 Amerihealth | HMO/PPO | 2000 | | | | 1521.6 | | 13681.9 | fee schedule |
| HC L HRT ARTERY/VENTRICLE ANGIO | 93458 | CPT | | | | both | | | 14402 | | 4285.74 Aetna | Medicare | 3726.73 | | | | 1521.6 | | 13681.9 | other |
| HC L HRT ARTERY/VENTRICLE ANGIO | 93458 | CPT | | | | both | | | 14402 | | 4285.74 Horizon | PPO | 7211.22 | | | | 1521.6 | | 13681.9 | other |
| HC L HRT ARTERY/VENTRICLE ANGIO | 93458 | CPT | | | | both | | | 14402 | | 4285.74 Corrections | Corrections | 11521.6 | 80 | | | 1521.6 | | 13681.9 | percent of total billed charges |
| HC L HRT ARTERY/VENTRICLE ANGIO | 93458 | CPT | | | | both | | | 14402 | | 4285.74 Horizon | Medicare Blue | 3726.73 | | | | 1521.6 | | 13681.9 | other |
| HC L HRT ARTERY/VENTRICLE ANGIO | 93458 | CPT | | | | both | | | 14402 | | 4285.74 UHC | Medicare | 3726.73 | | | 2652.84 | 1521.6 | | 13681.9 | other |
| HC L HRT ARTERY/VENTRICLE ANGIO | 93458 | CPT | | | | both | | | 14402 | | 4285.74 Qualcare | Qualcare | 10801.5 | 75 | | | 1521.6 | | 13681.9 | percent of total billed charges |
| HC L HRT ARTERY/VENTRICLE ANGIO | 93458 | CPT | | | | both | | | 14402 | | 4285.74 Three Rivers | Three Rivers | 13681.9 | 95 | | | 1521.6 | | 13681.9 | percent of total billed charges |
| HC L HRT ARTERY/VENTRICLE ANGIO | 93458 | CPT | | | | both | | | 14402 | | 4285.74 First Health | First Health | 10081.4 | 70 | | | 1521.6 | | 13681.9 | percent of total billed charges |
| HC L HRT ARTERY/VENTRICLE ANGIO | 93458 | CPT | | | | both | | | 14402 | | 4285.74 Horizon | NJ Health | 1521.6 | | | | 1521.6 | | 13681.9 | fee schedule |
| HC L HRT ARTERY/VENTRICLE ANGIO | 93458 | CPT | | | | both | | | 14402 | | 4285.74 Wellcare | Medicare | 3726.73 | | | | 1521.6 | | 13681.9 | other |
| HC L HRT ARTERY/VENTRICLE ANGIO | 93458 | CPT | | | | both | | | 14402 | | 4285.74 UHC | Medicaid | 4543.83 | 31.55 | | 3442.32 | 1521.6 | | 13681.9 | percent of total billed charges |
| HC L HRT ARTERY/VENTRICLE ANGIO | 93458 | CPT | | | | both | | | 14402 | | 4285.74 Managed Care Inc | Managed Care Inc | 12961.8 | 90 | | | 1521.6 | | 13681.9 | percent of total billed charges |
| HC L HRT ARTERY/VENTRICLE ANGIO | 93458 | CPT | | | | both | | | 14402 | | 4285.74 WellPoint | WellPoint | 4634.56 | 32.18 | | 4446.12 | 1521.6 | | 13681.9 | percent of total billed charges |
| HC L HRT ARTERY/VENTRICLE ANGIO | 93458 | CPT | | | | both | | | 14402 | | 4285.74 Horizon | Indemnity | 7211.22 | | | | 1521.6 | | 13681.9 | other |
| HC L HRT ARTERY/VENTRICLE ANGIO | 93458 | CPT | | | | both | | | 14402 | | 4285.74 United | Oxford | 6362 | | | | 1521.6 | | 13681.9 | case rate |
| HC L HRT ARTERY/VENTRICLE ANGIO | 93458 | CPT | | | | both | | | 14402 | | 4285.74 United | Commercial/PPO | 6362 | | | | 1521.6 | | 13681.9 | case rate |
| HC L HRT ARTERY/VENTRICLE ANGIO | 93458 | CPT | | | | both | | | 14402 | | 4285.74 Wellcare | Medicaid | 4543.83 | 31.55 | | | 1521.6 | | 13681.9 | percent of total billed charges |
| HC L HRT ART/GRFT ANGIO | 93459 | CPT | | | | both | | | 14402 | | 4285.74 Horizon | MGD | 7211.22 | | | | 1679.8 | | 13681.9 | other |
| HC L HRT ART/GRFT ANGIO | 93459 | CPT | | | | both | | | 14402 | | 4285.74 Aetna | Better Health | 4543.83 | 31.55 | | | 1679.8 | | 13681.9 | percent of total billed charges |
| HC L HRT ART/GRFT ANGIO | 93459 | CPT | | | | both | | | 14402 | | 4285.74 Amerihealth | HMO/PPO | 2000 | | | | 1679.8 | | 13681.9 | fee schedule |
| HC L HRT ART/GRFT ANGIO | 93459 | CPT | | | | both | | | 14402 | | 4285.74 Aetna | Medicare | 3726.73 | | | | 1679.8 | | 13681.9 | other |
| HC L HRT ART/GRFT ANGIO | 93459 | CPT | | | | both | | | 14402 | | 4285.74 UHC | Medicare | 3726.73 | | | | 1679.8 | | 13681.9 | other |
| HC L HRT ART/GRFT ANGIO | 93459 | CPT | | | | both | | | 14402 | | 4285.74 Qualcare | Qualcare | 10801.5 | 75 | | | 1679.8 | | 13681.9 | percent of total billed charges |
| HC L HRT ART/GRFT ANGIO | 93459 | CPT | | | | both | | | 14402 | | 4285.74 Americare | Americare | 10801.5 | 75 | | | 1679.8 | | 13681.9 | percent of total billed charges |
| HC L HRT ART/GRFT ANGIO | 93459 | CPT | | | | both | | | 14402 | | 4285.74 Multiplan | Multiplan | 11521.6 | 80 | | | 1679.8 | | 13681.9 | percent of total billed charges |
| HC L HRT ART/GRFT ANGIO | 93459 | CPT | | | | both | | | 14402 | | 4285.74 UHC | Medicaid | 4543.83 | 31.55 | | | 1679.8 | | 13681.9 | percent of total billed charges |
| HC L HRT ART/GRFT ANGIO | 93459 | CPT | | | | both | | | 14402 | | 4285.74 Corrections | Corrections | 11521.6 | 80 | | | 1679.8 | | 13681.9 | percent of total billed charges |
| HC L HRT ART/GRFT ANGIO | 93459 | CPT | | | | both | | | 14402 | | 4285.74 Horizon | Indemnity | 7211.22 | | | | 1679.8 | | 13681.9 | other |
| HC L HRT ART/GRFT ANGIO | 93459 | CPT | | | | both | | | 14402 | | 4285.74 Consumer | Consumer | 13681.9 | 95 | | | 1679.8 | | 13681.9 | percent of total billed charges |
| HC L HRT ART/GRFT ANGIO | 93459 | CPT | | | | both | | | 14402 | | 4285.74 Horizon | Medicare Blue | 3726.73 | | | | 1679.8 | | 13681.9 | other |
| HC L HRT ART/GRFT ANGIO | 93459 | CPT | | | | both | | | 14402 | | 4285.74 First Trenton | First Trenton | 12961.8 | 90 | | | 1679.8 | | 13681.9 | percent of total billed charges |
| HC L HRT ART/GRFT ANGIO | 93459 | CPT | | | | both | | | 14402 | | 4285.74 United | Commercial/PPO | 6362 | | | | 1679.8 | | 13681.9 | case rate |
| HC L HRT ART/GRFT ANGIO | 93459 | CPT | | | | both | | | 14402 | | 4285.74 First Health | First Health | 10081.4 | 70 | | | 1679.8 | | 13681.9 | percent of total billed charges |
| HC L HRT ART/GRFT ANGIO | 93459 | CPT | | | | both | | | 14402 | | 4285.74 Three Rivers | Three Rivers | 13681.9 | 95 | | | 1679.8 | | 13681.9 | percent of total billed charges |
| HC L HRT ART/GRFT ANGIO | 93459 | CPT | | | | both | | | 14402 | | 4285.74 Horizon | NJ Health | 1679.8 | | | | 1679.8 | | 13681.9 | fee schedule |
| HC L HRT ART/GRFT ANGIO | 93459 | CPT | | | | both | | | 14402 | | 4285.74 Wellcare | Medicaid | 4543.83 | 31.55 | | | 1679.8 | | 13681.9 | percent of total billed charges |
| HC L HRT ART/GRFT ANGIO | 93459 | CPT | | | | both | | | 14402 | | 4285.74 Horizon | PPO | 7211.22 | | | | 1679.8 | | 13681.9 | other |
| HC L HRT ART/GRFT ANGIO | 93459 | CPT | | | | both | | | 14402 | | 4285.74 United | Oxford | 6362 | | | | 1679.8 | | 13681.9 | case rate |
| HC L HRT ART/GRFT ANGIO | 93459 | CPT | | | | both | | | 14402 | | 4285.74 Managed Care Inc | Managed Care Inc | 12961.8 | 90 | | | 1679.8 | | 13681.9 | percent of total billed charges |
| HC L HRT ART/GRFT ANGIO | 93459 | CPT | | | | both | | | 14402 | | 4285.74 Wellcare | Medicare | 3726.73 | | | | 1679.8 | | 13681.9 | other |
| HC L HRT ART/GRFT ANGIO | 93459 | CPT | | | | both | | | 14402 | | 4285.74 WellPoint | WellPoint | 4634.56 | 32.18 | | | 1679.8 | | 13681.9 | percent of total billed charges |
| HC R&I HRT ART/VENTRICLE ANGIO | 93460 | CPT | | | | both | | | 14402 | | 4285.74 Aetna | Better Health | 4543.83 | 31.55 | | | 1902.64 | | 13681.9 | percent of total billed charges |
| HC R&I HRT ART/VENTRICLE ANGIO | 93460 | CPT | | | | both | | | 14402 | | 4285.74 First Trenton | First Trenton | 12961.8 | 90 | | | 1902.64 | | 13681.9 | percent of total billed charges |
| HC R&I HRT ART/VENTRICLE ANGIO | 93460 | CPT | | | | both | | | 14402 | | 4285.74 Aetna | Medicare | 3726.73 | | | 2377.21 | 1902.64 | | 13681.9 | other |
| HC R&I HRT ART/VENTRICLE ANGIO | 93460 | CPT | | | | both | | | 14402 | | 4285.74 Americare | Americare | 10801.5 | 75 | | | 1902.64 | | 13681.9 | percent of total billed charges |
| HC R&I HRT ART/VENTRICLE ANGIO | 93460 | CPT | | | | both | | | 14402 | | 4285.74 Horizon | Medicare Blue | 3726.73 | | | | 1902.64 | | 13681.9 | other |
| HC R&I HRT ART/VENTRICLE ANGIO | 93460 | CPT | | | | both | | | 14402 | | 4285.74 Horizon | Indemnity | 7211.22 | | | | 1902.64 | | 13681.9 | other |
| HC R&I HRT ART/VENTRICLE ANGIO | 93460 | CPT | | | | both | | | 14402 | | 4285.74 Horizon | PPO | 7211.22 | | | | 1902.64 | | 13681.9 | other |
| HC R&I HRT ART/VENTRICLE ANGIO | 93460 | CPT | | | | both | | | 14402 | | 4285.74 UHC | Medicaid | 4543.83 | 31.55 | | 4140.31 | 1902.64 | | 13681.9 | percent of total billed charges |
| HC R&I HRT ART/VENTRICLE ANGIO | 93460 | CPT | | | | both | | | 14402 | | 4285.74 First Health | First Health | 10081.4 | 70 | | | 1902.64 | | 13681.9 | percent of total billed charges |
| HC R&I HRT ART/VENTRICLE ANGIO | 93460 | CPT | | | | both | | | 14402 | | 4285.74 Managed Care Inc | Managed Care Inc | 12961.8 | 90 | | | 1902.64 | | 13681.9 | percent of total billed charges |
| HC R&I HRT ART/VENTRICLE ANGIO | 93460 | CPT | | | | both | | | 14402 | | 4285.74 Consumer | Consumer | 13681.9 | 95 | | | 1902.64 | | 13681.9 | percent of total billed charges |
| HC R&I HRT ART/VENTRICLE ANGIO | 93460 | CPT | | | | both | | | 14402 | | 4285.74 Amerihealth | HMO/PPO | 2000 | | | | 1902.64 | | 13681.9 | fee schedule |
| HC R&I HRT ART/VENTRICLE ANGIO | 93460 | CPT | | | | both | | | 14402 | | 4285.74 Multiplan | Multiplan | 11521.6 | 80 | | | 1902.64 | | 13681.9 | percent of total billed charges |
| HC R&I HRT ART/VENTRICLE ANGIO | 93460 | CPT | | | | both | | | 14402 | | 4285.74 UHC | Medicare | 3726.73 | | | | 1902.64 | | 13681.9 | other |
| HC R&I HRT ART/VENTRICLE ANGIO | 93460 | CPT | | | | both | | | 14402 | | 4285.74 Corrections | Corrections | 11521.6 | 80 | | | 1902.64 | | 13681.9 | percent of total billed charges |
| HC R&I HRT ART/VENTRICLE ANGIO | 93460 | CPT | | | | both | | | 14402 | | 4285.74 Horizon | MGD | 7211.22 | | | 3802.94 | 1902.64 | | 13681.9 | other |
| HC R&I HRT ART/VENTRICLE ANGIO | 93460 | CPT | | | | both | | | 14402 | | 4285.74 Horizon | NJ Health | 1902.64 | | | | 1902.64 | | 13681.9 | fee schedule |
| HC R&I HRT ART/VENTRICLE ANGIO | 93460 | CPT | | | | both | | | 14402 | | 4285.74 United | Oxford | 6362 | | | | 1902.64 | | 13681.9 | case rate |
| HC R&I HRT ART/VENTRICLE ANGIO | 93460 | CPT | | | | both | | | 14402 | | 4285.74 Qualcare | Qualcare | 10801.5 | 75 | | | 1902.64 | | 13681.9 | percent of total billed charges |
| HC R&I HRT ART/VENTRICLE ANGIO | 93460 | CPT | | | | both | | | 14402 | | 4285.74 United | Commercial/PPO | 6362 | | | | 1902.64 | | 13681.9 | case rate |
| HC R&I HRT ART/VENTRICLE ANGIO | 93460 | CPT | | | | both | | | 14402 | | 4285.74 Three Rivers | Three Rivers | 13681.9 | 95 | | | 1902.64 | | 13681.9 | percent of total billed charges |
| HC R&I HRT ART/VENTRICLE ANGIO | 93460 | CPT | | | | both | | | 14402 | | 4285.74 WellPoint | WellPoint | 4634.56 | 32.18 | | | 1902.64 | | 13681.9 | percent of total billed charges |
| HC R&I HRT ART/VENTRICLE ANGIO | 93460 | CPT | | | | both | | | 14402 | | 4285.74 Wellcare | Medicaid | 4543.83 | 31.55 | | | 1902.64 | | 13681.9 | percent of total billed charges |
| HC R&I HRT ART/VENTRICLE ANGIO | 93460 | CPT | | | | both | | | 14402 | | 4285.74 Wellcare | Medicare | 3726.73 | | | | 1902.64 | | 13681.9 | other |
| HC R&L HRT ART/VENTRICLE ANGIO | 93461 | CPT | | | | both | | | 14402 | | 4285.74 Consumer | Consumer | 13681.9 | 95 | | | 2000 | | 13681.9 | percent of total billed charges |
| HC R&L HRT ART/VENTRICLE ANGIO | 93461 | CPT | | | | both | | | 14402 | | 4285.74 First Trenton | First Trenton | 12961.8 | 90 | | | 2000 | | 13681.9 | percent of total billed charges |
| HC R&L HRT ART/VENTRICLE ANGIO | 93461 | CPT | | | | both | | | 14402 | | 4285.74 Corrections | Corrections | 11521.6 | 80 | | | 2000 | | 13681.9 | percent of total billed charges |
| HC R&L HRT ART/VENTRICLE ANGIO | 93461 | CPT | | | | both | | | 14402 | | 4285.74 Americare | Americare | 10801.5 | 75 | | | 2000 | | 13681.9 | percent of total billed charges |
| HC R&L HRT ART/VENTRICLE ANGIO | 93461 | CPT | | | | both | | | 14402 | | 4285.74 Amerihealth | HMO/PPO | 2000 | | | 1199.43 | 2000 | | 13681.9 | fee schedule |
| HC R&L HRT ART/VENTRICLE ANGIO | 93461 | CPT | | | | both | | | 14402 | | 4285.74 UHC | Medicare | 3726.73 | | | | 2000 | | 13681.9 | other |
| HC R&L HRT ART/VENTRICLE ANGIO | 93461 | CPT | | | | both | | | 14402 | | 4285.74 Aetna | Better Health | 4543.83 | 31.55 | | | 2000 | | 13681.9 | percent of total billed charges |
| HC R&L HRT ART/VENTRICLE ANGIO | 93461 | CPT | | | | both | | | 14402 | | 4285.74 Aetna | Medicare | 3726.73 | | | | 2000 | | 13681.9 | other |
| HC R&L HRT ART/VENTRICLE ANGIO | 93461 | CPT | | | | both | | | 14402 | | 4285.74 Horizon | Indemnity | 7211.22 | | | | 2000 | | 13681.9 | other |
| HC R&L HRT ART/VENTRICLE ANGIO | 93461 | CPT | | | | both | | | 14402 | | 4285.74 Managed Care Inc | Managed Care Inc | 12961.8 | 90 | | | 2000 | | 13681.9 | percent of total billed charges |
| HC R&L HRT ART/VENTRICLE ANGIO | 93461 | CPT | | | | both | | | 14402 | | 4285.74 Horizon | Medicare Blue | 3726.73 | | | | 2000 | | 13681.9 | other |
| HC R&L HRT ART/VENTRICLE ANGIO | 93461 | CPT | | | | both | | | 14402 | | 4285.74 Horizon | MGD | 7211.22 | | | | 2000 | | 13681.9 | other |
| HC R&L HRT ART/VENTRICLE ANGIO | 93461 | CPT | | | | both | | | 14402 | | 4285.74 First Health | First Health | 10081.4 | 70 | | | 2000 | | 13681.9 | percent of total billed charges |
| HC R&L HRT ART/VENTRICLE ANGIO | 93461 | CPT | | | | both | | | 14402 | | 4285.74 WellPoint | WellPoint | 4634.56 | 32.18 | | | 2000 | | 13681.9 | percent of total billed charges |
| HC R&L HRT ART/VENTRICLE ANGIO | 93461 | CPT | | | | both | | | 14402 | | 4285.74 Horizon | PPO | 7211.22 | | | | 2000 | | 13681.9 | other |
| HC R&L HRT ART/VENTRICLE ANGIO | 93461 | CPT | | | | both | | | 14402 | | 4285.74 Horizon | NJ Health | 2059.89 | | | | 2000 | | 13681.9 | fee schedule |
| HC R&L HRT ART/VENTRICLE ANGIO | 93461 | CPT | | | | both | | | 14402 | | 4285.74 Multiplan | Multiplan | 11521.6 | 80 | | | 2000 | | 13681.9 | percent of total billed charges |
| HC R&L HRT ART/VENTRICLE ANGIO | 93461 | CPT | | | | both | | | 14402 | | 4285.74 Three Rivers | Three Rivers | 13681.9 | 95 | | | 2000 | | 13681.9 | percent of total billed charges |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC R&L HRT ART/VENTRICLE ANGIO | 93461 | CPT | | | | both | | | 14402 | 4285.74 | Qualcare | Qualcare | 10801.5 | 75 | | | 2000 | 13681.9 | percent of total billed charges | |
| HC R&L HRT ART/VENTRICLE ANGIO | 93461 | CPT | | | | both | | | 14402 | 4285.74 | UHC | Medicaid | 4543.83 | 31.55 | | | 2000 | 13681.9 | percent of total billed charges | |
| HC R&L HRT ART/VENTRICLE ANGIO | 93461 | CPT | | | | both | | | 14402 | 4285.74 | Wellcare | Medicare | 3726.73 | | | | 2000 | 13681.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC R&L HRT ART/VENTRICLE ANGIO | 93461 | CPT | | | | both | | | 14402 | 4285.74 | United | CommercialPPO | 6362 | | | | 2000 | 13681.9 | case rate | |
| HC R&L HRT ART/VENTRICLE ANGIO | 93461 | CPT | | | | both | | | 14402 | 4285.74 | United | Oxford | 6362 | | | | 2000 | 13681.9 | case rate | |
| HC R&L HRT ART/VENTRICLE ANGIO | 93461 | CPT | | | | both | | | 14402 | 4285.74 | Wellcare | Medicaid | 4543.83 | 31.55 | | | 2000 | 13681.9 | percent of total billed charges | |
| HC LEFT HEART CATH BY TRANSEPTAL PUNCTURE | 93462 | CPT | | | | outpatient | | | 14402 | | Horizon | Indemnity | 5513.09 | 38.28 | | | 282.04 | 13681.9 | percent of total billed charges | |
| HC LEFT HEART CATH BY TRANSEPTAL PUNCTURE | 93462 | CPT | | | | outpatient | | | 14402 | | Corrections | Corrections | 11521.6 | 80 | | | 282.04 | 13681.9 | percent of total billed charges | |
| HC LEFT HEART CATH BY TRANSEPTAL PUNCTURE | 93462 | CPT | | | | outpatient | | | 14402 | | Aetna | Medicare | 4435.82 | 30.8 | | | 282.04 | 13681.9 | percent of total billed charges | |
| HC LEFT HEART CATH BY TRANSEPTAL PUNCTURE | 93462 | CPT | | | | outpatient | | | 14402 | | Aetna | Better Health | 4543.83 | 31.55 | | | 282.04 | 13681.9 | percent of total billed charges | |
| HC LEFT HEART CATH BY TRANSEPTAL PUNCTURE | 93462 | CPT | | | | outpatient | | | 14402 | | Amerihealth | HMO/PPO | 2000 | | | | 282.04 | 13681.9 | fee schedule | |
| HC LEFT HEART CATH BY TRANSEPTAL PUNCTURE | 93462 | CPT | | | | outpatient | | | 14402 | | Americare | Americare | 10801.5 | 75 | | | 282.04 | 13681.9 | percent of total billed charges | |
| HC LEFT HEART CATH BY TRANSEPTAL PUNCTURE | 93462 | CPT | | | | outpatient | | | 14402 | | WellPoint | WellPoint | 4634.56 | 32.18 | | | 282.04 | 13681.9 | percent of total billed charges | |
| HC LEFT HEART CATH BY TRANSEPTAL PUNCTURE | 93462 | CPT | | | | outpatient | | | 14402 | | First Health | First Health | 10081.4 | 70 | | | 282.04 | 13681.9 | percent of total billed charges | |
| HC LEFT HEART CATH BY TRANSEPTAL PUNCTURE | 93462 | CPT | | | | outpatient | | | 14402 | | Horizon | MGD | 5513.09 | 38.28 | | | 282.04 | 13681.9 | percent of total billed charges | |
| HC LEFT HEART CATH BY TRANSEPTAL PUNCTURE | 93462 | CPT | | | | outpatient | | | 14402 | | Consumer | Consumer | 13681.9 | 95 | | | 282.04 | 13681.9 | percent of total billed charges | |
| HC LEFT HEART CATH BY TRANSEPTAL PUNCTURE | 93462 | CPT | | | | outpatient | | | 14402 | | First Trenton | First Trenton | 12961.8 | 90 | | | 282.04 | 13681.9 | percent of total billed charges | |
| HC LEFT HEART CATH BY TRANSEPTAL PUNCTURE | 93462 | CPT | | | | outpatient | | | 14402 | | Multiplan | Multiplan | 11521.6 | 80 | | | 282.04 | 13681.9 | percent of total billed charges | |
| HC LEFT HEART CATH BY TRANSEPTAL PUNCTURE | 93462 | CPT | | | | outpatient | | | 14402 | | UHC | Medicaid | 4543.83 | 31.55 | | | 282.04 | 13681.9 | percent of total billed charges | |
| HC LEFT HEART CATH BY TRANSEPTAL PUNCTURE | 93462 | CPT | | | | outpatient | | | 14402 | | Horizon | Medicare Blue | 4320.6 | 30 | | | 282.04 | 13681.9 | percent of total billed charges | |
| HC LEFT HEART CATH BY TRANSEPTAL PUNCTURE | 93462 | CPT | | | | outpatient | | | 14402 | | Horizon | NJ Health | 282.04 | | | | 282.04 | 13681.9 | fee schedule | |
| HC LEFT HEART CATH BY TRANSEPTAL PUNCTURE | 93462 | CPT | | | | outpatient | | | 14402 | | Qualcare | Qualcare | 10801.5 | 75 | | | 282.04 | 13681.9 | percent of total billed charges | |
| HC LEFT HEART CATH BY TRANSEPTAL PUNCTURE | 93462 | CPT | | | | outpatient | | | 14402 | | United | CommercialPPO | 1782 | | | | 282.04 | 13681.9 | case rate | |
| HC LEFT HEART CATH BY TRANSEPTAL PUNCTURE | 93462 | CPT | | | | outpatient | | | 14402 | | United | Oxford | 1782 | | | | 282.04 | 13681.9 | case rate | |
| HC LEFT HEART CATH BY TRANSEPTAL PUNCTURE | 93462 | CPT | | | | outpatient | | | 14402 | | Horizon | PPO | 5513.09 | 38.28 | | | 282.04 | 13681.9 | percent of total billed charges | |
| HC LEFT HEART CATH BY TRANSEPTAL PUNCTURE | 93462 | CPT | | | | outpatient | | | 14402 | | Wellcare | Medicaid | 4543.83 | 31.55 | | | 282.04 | 13681.9 | percent of total billed charges | |
| HC LEFT HEART CATH BY TRANSEPTAL PUNCTURE | 93462 | CPT | | | | outpatient | | | 14402 | | Managed Care Inc | Managed Care Inc | 12961.8 | 90 | | | 282.04 | 13681.9 | percent of total billed charges | |
| HC LEFT HEART CATH BY TRANSEPTAL PUNCTURE | 93462 | CPT | | | | outpatient | | | 14402 | | Three Rivers | Three Rivers | 13681.9 | 95 | | | 282.04 | 13681.9 | percent of total billed charges | |
| HC SWAN-GANZ INSERTION | 93503 | CPT | | | | inpatient | | | 5971 | 2106.37 | Corrections | Corrections | 4776.8 | 80 | | | 347.39 | 5672.45 | percent of total billed charges | |
| HC SWAN-GANZ INSERTION | 93503 | CPT | | | | inpatient | | | 5971 | 2106.37 | Aetna | Medicare | 1831.63 | | | | 347.39 | 5672.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SWAN-GANZ INSERTION | 93503 | CPT | | | | inpatient | | | 5971 | 2106.37 | Americare | Americare | 4478.25 | 75 | | | 347.39 | 5672.45 | percent of total billed charges | |
| HC SWAN-GANZ INSERTION | 93503 | CPT | | | | inpatient | | | 5971 | 2106.37 | Horizon | MGD | 3544.2 | | | | 347.39 | 5672.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SWAN-GANZ INSERTION | 93503 | CPT | | | | inpatient | | | 5971 | 2106.37 | Aetna | Better Health | 1883.85 | 31.55 | | | 347.39 | 5672.45 | percent of total billed charges | |
| HC SWAN-GANZ INSERTION | 93503 | CPT | | | | inpatient | | | 5971 | 2106.37 | Amerihealth | HMO/PPO | 550 | | | | 347.39 | 5672.45 | fee schedule | |
| HC SWAN-GANZ INSERTION | 93503 | CPT | | | | inpatient | | | 5971 | 2106.37 | UHC | Medicare | 1831.63 | | | | 347.39 | 5672.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SWAN-GANZ INSERTION | 93503 | CPT | | | | inpatient | | | 5971 | 2106.37 | First Health | First Health | 4179.7 | 70 | | | 347.39 | 5672.45 | percent of total billed charges | |
| HC SWAN-GANZ INSERTION | 93503 | CPT | | | | inpatient | | | 5971 | 2106.37 | Horizon | PPO | 3544.2 | | | | 347.39 | 5672.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SWAN-GANZ INSERTION | 93503 | CPT | | | | inpatient | | | 5971 | 2106.37 | Horizon | Medicare Blue | 1831.63 | | | | 347.39 | 5672.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SWAN-GANZ INSERTION | 93503 | CPT | | | | inpatient | | | 5971 | 2106.37 | Horizon | Indemnity | 3544.2 | | | | 347.39 | 5672.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SWAN-GANZ INSERTION | 93503 | CPT | | | | inpatient | | | 5971 | 2106.37 | Multiplan | Multiplan | 4776.8 | 80 | | | 347.39 | 5672.45 | percent of total billed charges | |
| HC SWAN-GANZ INSERTION | 93503 | CPT | | | | inpatient | | | 5971 | 2106.37 | Consumer | Consumer | 5672.45 | 95 | | | 347.39 | 5672.45 | percent of total billed charges | |
| HC SWAN-GANZ INSERTION | 93503 | CPT | | | | inpatient | | | 5971 | 2106.37 | Qualcare | Qualcare | 4478.25 | 75 | | | 347.39 | 5672.45 | percent of total billed charges | |
| HC SWAN-GANZ INSERTION | 93503 | CPT | | | | inpatient | | | 5971 | 2106.37 | Wellcare | Medicaid | 1883.85 | 31.55 | | | 347.39 | 5672.45 | percent of total billed charges | |
| HC SWAN-GANZ INSERTION | 93503 | CPT | | | | inpatient | | | 5971 | 2106.37 | UHC | Medicaid | 1883.85 | 31.55 | | | 347.39 | 5672.45 | percent of total billed charges | |
| HC SWAN-GANZ INSERTION | 93503 | CPT | | | | inpatient | | | 5971 | 2106.37 | Wellcare | Medicare | 1831.63 | | | | 347.39 | 5672.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SWAN-GANZ INSERTION | 93503 | CPT | | | | inpatient | | | 5971 | 2106.37 | United | CommercialPPO | 1817 | | | | 347.39 | 5672.45 | case rate | |
| HC SWAN-GANZ INSERTION | 93503 | CPT | | | | inpatient | | | 5971 | 2106.37 | First Trenton | First Trenton | 5373.9 | 90 | | | 347.39 | 5672.45 | percent of total billed charges | |
| HC SWAN-GANZ INSERTION | 93503 | CPT | | | | inpatient | | | 5971 | 2106.37 | WellPoint | WellPoint | 1921.47 | 32.18 | | | 347.39 | 5672.45 | percent of total billed charges | |
| HC SWAN-GANZ INSERTION | 93503 | CPT | | | | inpatient | | | 5971 | 2106.37 | Horizon | NJ Health | 347.39 | | | | 347.39 | 5672.45 | fee schedule | |
| HC SWAN-GANZ INSERTION | 93503 | CPT | | | | inpatient | | | 5971 | 2106.37 | Managed Care Inc | Managed Care Inc | 5373.9 | 90 | | | 347.39 | 5672.45 | percent of total billed charges | |
| HC SWAN-GANZ INSERTION | 93503 | CPT | | | | inpatient | | | 5971 | 2106.37 | Three Rivers | Three Rivers | 5672.45 | 95 | | | 347.39 | 5672.45 | percent of total billed charges | |
| HC SWAN-GANZ INSERTION | 93503 | CPT | | | | inpatient | | | 5971 | 2106.37 | United | Oxford | 1817 | | | | 347.39 | 5672.45 | case rate | |
| HC ENDOMYOCARDIAL BIOPSY | 93505 | CPT | | | | both | | | 5883 | 4192.26 | Amerihealth | HMO/PPO | 800 | | | | 800 | 7053.93 | fee schedule | |
| HC ENDOMYOCARDIAL BIOPSY | 93505 | CPT | | | | both | | | 5883 | 4192.26 | Multiplan | Multiplan | 4706.4 | 80 | | | 800 | 7053.93 | percent of total billed charges | |
| HC ENDOMYOCARDIAL BIOPSY | 93505 | CPT | | | | both | | | 5883 | 4192.26 | Aetna | Better Health | 1856.09 | 31.55 | | | 800 | 7053.93 | percent of total billed charges | |
| HC ENDOMYOCARDIAL BIOPSY | 93505 | CPT | | | | both | | | 5883 | 4192.26 | Wellcare | Medicaid | 1856.09 | 31.55 | | | 800 | 7053.93 | percent of total billed charges | |
| HC ENDOMYOCARDIAL BIOPSY | 93505 | CPT | | | | both | | | 5883 | 4192.26 | First Health | First Health | 4118.1 | 70 | | | 800 | 7053.93 | percent of total billed charges | |
| HC ENDOMYOCARDIAL BIOPSY | 93505 | CPT | | | | both | | | 5883 | 4192.26 | Aetna | Medicare | 3645.44 | | | | 800 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOMYOCARDIAL BIOPSY | 93505 | CPT | | | | both | | | 5883 | 4192.26 | UHC | Medicare | 3645.44 | | | | 800 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOMYOCARDIAL BIOPSY | 93505 | CPT | | | | both | | | 5883 | 4192.26 | Americare | Americare | 4412.25 | 75 | | | 800 | 7053.93 | percent of total billed charges | |
| HC ENDOMYOCARDIAL BIOPSY | 93505 | CPT | | | | both | | | 5883 | 4192.26 | Horizon | Indemnity | 7053.93 | | | | 800 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOMYOCARDIAL BIOPSY | 93505 | CPT | | | | both | | | 5883 | 4192.26 | Quality | Quality | 4412.25 | 75 | | | 800 | 7053.93 | percent of total billed charges | |
| HC ENDOMYOCARDIAL BIOPSY | 93505 | CPT | | | | both | | | 5883 | 4192.26 | Horizon | MGD | 7053.93 | | | | 800 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOMYOCARDIAL BIOPSY | 93505 | CPT | | | | both | | | 5883 | 4192.26 | Consumer | Consumer | 5588.85 | 95 | | | 800 | 7053.93 | percent of total billed charges | |
| HC ENDOMYOCARDIAL BIOPSY | 93505 | CPT | | | | both | | | 5883 | 4192.26 | First Trenton | First Trenton | 5294.7 | 90 | | | 800 | 7053.93 | percent of total billed charges | |
| HC ENDOMYOCARDIAL BIOPSY | 93505 | CPT | | | | both | | | 5883 | 4192.26 | Corrections | Corrections | 4706.4 | 80 | | | 800 | 7053.93 | percent of total billed charges | |
| HC ENDOMYOCARDIAL BIOPSY | 93505 | CPT | | | | both | | | 5883 | 4192.26 | Horizon | PPO | 7053.93 | | | | 800 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOMYOCARDIAL BIOPSY | 93505 | CPT | | | | both | | | 5883 | 4192.26 | Horizon | Medicare Blue | 3645.44 | | | | 800 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDOMYOCARDIAL BIOPSY | 93505 | CPT | | | | both | | | 5883 | 4192.26 | United | CommercialPPO | 3492 | | | | 800 | 7053.93 | case rate | |
| HC ENDOMYOCARDIAL BIOPSY | 93505 | CPT | | | | both | | | 5883 | 4192.26 | Horizon | NJ Health | 4256.91 | | | | 800 | 7053.93 | fee schedule | |
| HC ENDOMYOCARDIAL BIOPSY | 93505 | CPT | | | | both | | | 5883 | 4192.26 | UHC | Medicaid | 1856.09 | 31.55 | | | 800 | 7053.93 | percent of total billed charges | |
| HC ENDOMYOCARDIAL BIOPSY | 93505 | CPT | | | | both | | | 5883 | 4192.26 | United | Oxford | 3492 | | | | 800 | 7053.93 | case rate | |
| HC ENDOMYOCARDIAL BIOPSY | 93505 | CPT | | | | both | | | 5883 | 4192.26 | Managed Care Inc | Managed Care Inc | 5294.7 | 90 | | | 800 | 7053.93 | percent of total billed charges | |
| HC ENDOMYOCARDIAL BIOPSY | 93505 | CPT | | | | both | | | 5883 | 4192.26 | WellPoint | WellPoint | 1893.15 | 32.18 | | | 800 | 7053.93 | percent of total billed charges | |
| HC ENDOMYOCARDIAL BIOPSY | 93505 | CPT | | | | both | | | 5883 | 4192.26 | Three Rivers | Three Rivers | 5588.85 | 95 | | | 800 | 7053.93 | percent of total billed charges | |
| HC ENDOMYOCARDIAL BIOPSY | 93505 | CPT | | | | both | | | 5883 | 4192.26 | Wellcare | Medicare | 3645.44 | | | | 800 | 7053.93 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRAVASCULAR DOPPLER | 93571 | CPT | | | | both | | | 2372 | | WellPoint | WellPoint | 763.31 | 32.18 | | | 413.29 | 2253.4 | percent of total billed charges | |
| HC INTRAVASCULAR DOPPLER | 93571 | CPT | | | | both | | | 2372 | | Corrections | Corrections | 1897.6 | 80 | | | 413.29 | 2253.4 | percent of total billed charges | |
| HC INTRAVASCULAR DOPPLER | 93571 | CPT | | | | both | | | 2372 | | Amerihealth | HMO/PPO | 1541.8 | 65 | | | 413.29 | 2253.4 | percent of total billed charges | |
| HC INTRAVASCULAR DOPPLER | 93571 | CPT | | | | both | | | 2372 | | Horizon | Indemnity | 908 | 38.28 | | | 413.29 | 2253.4 | percent of total billed charges | |
| HC INTRAVASCULAR DOPPLER | 93571 | CPT | | | | both | | | 2372 | | Aetna | Medicare | 730.58 | 30.8 | | | 413.29 | 2253.4 | percent of total billed charges | |
| HC INTRAVASCULAR DOPPLER | 93571 | CPT | | | | both | | | 2372 | | Americare | Americare | 1779 | 75 | | | 413.29 | 2253.4 | percent of total billed charges | |
| HC INTRAVASCULAR DOPPLER | 93571 | CPT | | | | both | | | 2372 | | Aetna | Better Health | 748.37 | 31.55 | | | 413.29 | 2253.4 | percent of total billed charges | |
| HC INTRAVASCULAR DOPPLER | 93571 | CPT | | | | both | | | 2372 | | Horizon | MGD | 908 | 38.28 | | | 413.29 | 2253.4 | percent of total billed charges | |
| HC INTRAVASCULAR DOPPLER | 93571 | CPT | | | | both | | | 2372 | | First Health | First Health | 1660.4 | 70 | | | 413.29 | 2253.4 | percent of total billed charges | |
| HC INTRAVASCULAR DOPPLER | 93571 | CPT | | | | both | | | 2372 | | First Trenton | First Trenton | 2134.8 | 90 | | | 413.29 | 2253.4 | percent of total billed charges | |
| HC INTRAVASCULAR DOPPLER | 93571 | CPT | | | | both | | | 2372 | | Consumer | Consumer | 2253.4 | 95 | | | 413.29 | 2253.4 | percent of total billed charges | |
| HC INTRAVASCULAR DOPPLER | 93571 | CPT | | | | both | | | 2372 | | United | CommercialPPO | 1782 | | | | 413.29 | 2253.4 | case rate | |
| HC INTRAVASCULAR DOPPLER | 93571 | CPT | | | | both | | | 2372 | | Multiplan | Multiplan | 1897.6 | 80 | | | 413.29 | 2253.4 | percent of total billed charges | |
| HC INTRAVASCULAR DOPPLER | 93571 | CPT | | | | both | | | 2372 | | Horizon | NJ Health | 413.29 | | | | 413.29 | 2253.4 | fee schedule | |
| HC INTRAVASCULAR DOPPLER | 93571 | CPT | | | | both | | | 2372 | | Horizon | Medicare Blue | 711.6 | 30 | | | 413.29 | 2253.4 | percent of total billed charges | |
| HC INTRAVASCULAR DOPPLER | 93571 | CPT | | | | both | | | 2372 | | Horizon | PPO | 908 | 38.28 | | | 413.29 | 2253.4 | percent of total billed charges | |
| HC INTRAVASCULAR DOPPLER | 93571 | CPT | | | | both | | | 2372 | | Qualcare | Qualcare | 1779 | 75 | | | 413.29 | 2253.4 | percent of total billed charges | |
| HC INTRAVASCULAR DOPPLER | 93571 | CPT | | | | both | | | 2372 | | Managed Care Inc | Managed Care Inc | 2134.8 | 90 | | | 413.29 | 2253.4 | percent of total billed charges | |
| HC INTRAVASCULAR DOPPLER | 93571 | CPT | | | | both | | | 2372 | | UHC | Medicaid | 748.37 | 31.55 | | 198.21 | 413.29 | 2253.4 | percent of total billed charges | |
| HC INTRAVASCULAR DOPPLER | 93571 | CPT | | | | both | | | 2372 | | Three Rivers | Three Rivers | 2253.4 | 95 | | | 413.29 | 2253.4 | percent of total billed charges | |
| HC INTRAVASCULAR DOPPLER | 93571 | CPT | | | | both | | | 2372 | | Wellcare | Medicaid | 748.37 | 31.55 | | | 413.29 | 2253.4 | percent of total billed charges | |
| HC INTRAVASCULAR DOPPLER | 93571 | CPT | | | | both | | | 2372 | | United | Oxford | 1782 | | | | 413.29 | 2253.4 | case rate | |
| HC ADDITION VESSEL INTRAV. DOPPLE | 93572 | CPT | | | | both | | | 1900 | | Aetna | Better Health | 599.45 | 31.55 | | | 570 | 1805 | percent of total billed charges | |
| HC ADDITION VESSEL INTRAV. DOPPLE | 93572 | CPT | | | | both | | | 1900 | | UHC | Medicaid | 599.45 | 31.55 | | | 570 | 1805 | percent of total billed charges | |
| HC ADDITION VESSEL INTRAV. DOPPLE | 93572 | CPT | | | | both | | | 1900 | | Amerihealth | HMO/PPO | 1235 | 65 | | | 570 | 1805 | percent of total billed charges | |
| HC ADDITION VESSEL INTRAV. DOPPLE | 93572 | CPT | | | | both | | | 1900 | | Consumer | Consumer | 1805 | 95 | | | 570 | 1805 | percent of total billed charges | |
| HC ADDITION VESSEL INTRAV. DOPPLE | 93572 | CPT | | | | both | | | 1900 | | First Health | First Health | 1330 | 70 | | | 570 | 1805 | percent of total billed charges | |
| HC ADDITION VESSEL INTRAV. DOPPLE | 93572 | CPT | | | | both | | | 1900 | | Horizon | Indemnity | 727.32 | 38.28 | | | 570 | 1805 | percent of total billed charges | |
| HC ADDITION VESSEL INTRAV. DOPPLE | 93572 | CPT | | | | both | | | 1900 | | Aetna | Medicare | 585.2 | 30.8 | | | 570 | 1805 | percent of total billed charges | |
| HC ADDITION VESSEL INTRAV. DOPPLE | 93572 | CPT | | | | both | | | 1900 | | Americare | Americare | 1425 | 75 | | | 570 | 1805 | percent of total billed charges | |
| HC ADDITION VESSEL INTRAV. DOPPLE | 93572 | CPT | | | | both | | | 1900 | | United | Oxford | 1782 | | | | 570 | 1805 | case rate | |
| HC ADDITION VESSEL INTRAV. DOPPLE | 93572 | CPT | | | | both | | | 1900 | | United | CommercialPPO | 1782 | | | | 570 | 1805 | case rate | |
| HC ADDITION VESSEL INTRAV. DOPPLE | 93572 | CPT | | | | both | | | 1900 | | Qualcare | Qualcare | 1425 | 75 | | | 570 | 1805 | percent of total billed charges | |
| HC ADDITION VESSEL INTRAV. DOPPLE | 93572 | CPT | | | | both | | | 1900 | | Corrections | Corrections | 1520 | 80 | | | 570 | 1805 | percent of total billed charges | |
| HC ADDITION VESSEL INTRAV. DOPPLE | 93572 | CPT | | | | both | | | 1900 | | Horizon | Medicare Blue | 570 | 30 | | | 570 | 1805 | percent of total billed charges | |
| HC ADDITION VESSEL INTRAV. DOPPLE | 93572 | CPT | | | | both | | | 1900 | | Horizon | MGD | 727.32 | 38.28 | | | 570 | 1805 | percent of total billed charges | |
| HC ADDITION VESSEL INTRAV. DOPPLE | 93572 | CPT | | | | both | | | 1900 | | WellPoint | WellPoint | 611.42 | 32.18 | | | 570 | 1805 | percent of total billed charges | |
| HC ADDITION VESSEL INTRAV. DOPPLE | 93572 | CPT | | | | both | | | 1900 | | First Trenton | First Trenton | 1710 | 90 | | | 570 | 1805 | percent of total billed charges | |
| HC ADDITION VESSEL INTRAV. DOPPLE | 93572 | CPT | | | | both | | | 1900 | | Multiplan | Multiplan | 1520 | 80 | | | 570 | 1805 | percent of total billed charges | |
| HC ADDITION VESSEL INTRAV. DOPPLE | 93572 | CPT | | | | both | | | 1900 | | Horizon | PPO | 727.32 | 38.28 | | | 570 | 1805 | percent of total billed charges | |
| HC ADDITION VESSEL INTRAV. DOPPLE | 93572 | CPT | | | | both | | | 1900 | | Wellcare | Medicaid | 599.45 | 31.55 | | | 570 | 1805 | percent of total billed charges | |
| HC ADDITION VESSEL INTRAV. DOPPLE | 93572 | CPT | | | | both | | | 1900 | | Managed Care Inc | Managed Care Inc | 1710 | 90 | | | 570 | 1805 | percent of total billed charges | |
| HC ADDITION VESSEL INTRAV. DOPPLE | 93572 | CPT | | | | both | | | 1900 | | Three Rivers | Three Rivers | 1805 | 95 | | | 570 | 1805 | percent of total billed charges | |
| HC CLOSURE OF ATRIAL DEFECT | 93580 | CPT | | | | both | | | 62519 | 23062.62 | Aetna | Better Health | 19724.74 | 31.55 | | | 1800 | 59393.05 | percent of total billed charges | |
| HC CLOSURE OF ATRIAL DEFECT | 93580 | CPT | | | | both | | | 62519 | 23062.62 | Americare | Americare | 46889.25 | 75 | | | 1800 | 59393.05 | percent of total billed charges | |
| HC CLOSURE OF ATRIAL DEFECT | 93580 | CPT | | | | both | | | 62519 | 23062.62 | Consumer | Consumer | 59393.05 | 95 | | | 1800 | 59393.05 | percent of total billed charges | |
| HC CLOSURE OF ATRIAL DEFECT | 93580 | CPT | | | | both | | | 62519 | 23062.62 | Amerihealth | HMO/PPO | 1800 | | | | 1800 | 59393.05 | fee schedule | |
| HC CLOSURE OF ATRIAL DEFECT | 93580 | CPT | | | | both | | | 62519 | 23062.62 | Aetna | Medicare | 20054.45 | | | | 1800 | 59393.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOSURE OF ATRIAL DEFECT | 93580 | CPT | | | | both | | | 62519 | 23062.62 | Horizon | MGD | 38805.36 | | | | 1800 | 59393.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOSURE OF ATRIAL DEFECT | 93580 | CPT | | | | both | | | 62519 | 23062.62 | Corrections | Corrections | 50015.2 | 80 | | | 1800 | 59393.05 | percent of total billed charges | |
| HC CLOSURE OF ATRIAL DEFECT | 93580 | CPT | | | | both | | | 62519 | 23062.62 | Horizon | Medicare Blue | 20054.45 | | | | 1800 | 59393.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOSURE OF ATRIAL DEFECT | 93580 | CPT | | | | both | | | 62519 | 23062.62 | Multiplan | Multiplan | 50015.2 | 80 | | | 1800 | 59393.05 | percent of total billed charges | |
| HC CLOSURE OF ATRIAL DEFECT | 93580 | CPT | | | | both | | | 62519 | 23062.62 | UHC | Medicaid | 19724.74 | 31.55 | | 3007.55 | 1800 | 59393.05 | percent of total billed charges | |
| HC CLOSURE OF ATRIAL DEFECT | 93580 | CPT | | | | both | | | 62519 | 23062.62 | First Trenton | First Trenton | 56267.1 | 90 | | | 1800 | 59393.05 | percent of total billed charges | |
| HC CLOSURE OF ATRIAL DEFECT | 93580 | CPT | | | | both | | | 62519 | 23062.62 | Wellcare | Medicaid | 19724.74 | 31.55 | | | 1800 | 59393.05 | percent of total billed charges | |
| HC CLOSURE OF ATRIAL DEFECT | 93580 | CPT | | | | both | | | 62519 | 23062.62 | First Health | First Health | 43763.3 | 70 | | | 1800 | 59393.05 | percent of total billed charges | |
| HC CLOSURE OF ATRIAL DEFECT | 93580 | CPT | | | | both | | | 62519 | 23062.62 | Wellcare | Medicare | 20054.45 | | | | 1800 | 59393.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOSURE OF ATRIAL DEFECT | 93580 | CPT | | | | both | | | 62519 | 23062.62 | Horizon | Indemnity | 38805.36 | | | | 1800 | 59393.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOSURE OF ATRIAL DEFECT | 93580 | CPT | | | | both | | | 62519 | 23062.62 | Qualcare | Qualcare | 46889.25 | 75 | | | 1800 | 59393.05 | percent of total billed charges | |
| HC CLOSURE OF ATRIAL DEFECT | 93580 | CPT | | | | both | | | 62519 | 23062.62 | Horizon | NJ Health | 1847.88 | | | | 1800 | 59393.05 | fee schedule | |
| HC CLOSURE OF ATRIAL DEFECT | 93580 | CPT | | | | both | | | 62519 | 23062.62 | UHC | Medicare | 20054.45 | | | 10315.75 | 1800 | 59393.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOSURE OF ATRIAL DEFECT | 93580 | CPT | | | | both | | | 62519 | 23062.62 | Horizon | PPO | 38805.36 | | | | 1800 | 59393.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CLOSURE OF ATRIAL DEFECT | 93580 | CPT | | | | both | | | 62519 | 23062.62 | Managed Care Inc | Managed Care Inc | 56267.1 | 90 | | | 1800 | 59393.05 | percent of total billed charges | |
| HC CLOSURE OF ATRIAL DEFECT | 93580 | CPT | | | | both | | | 62519 | 23062.62 | United | CommercialPPO | 6197 | | | | 1800 | 59393.05 | case rate | |
| HC CLOSURE OF ATRIAL DEFECT | 93580 | CPT | | | | both | | | 62519 | 23062.62 | Three Rivers | Three Rivers | 59393.05 | 95 | | | 1800 | 59393.05 | percent of total billed charges | |
| HC CLOSURE OF ATRIAL DEFECT | 93580 | CPT | | | | both | | | 62519 | 23062.62 | WellPoint | WellPoint | 20118.61 | 32.18 | | | 1800 | 59393.05 | percent of total billed charges | |
| HC CLOSURE OF ATRIAL DEFECT | 93580 | CPT | | | | both | | | 62519 | 23062.62 | United | Oxford | 6197 | | | | 1800 | 59393.05 | case rate | |
| HC RT HRT CATH W/IMGNG GUID | 93593 | CPT | | | | both | | | 11103 | 4285.74 | Consumer | Consumer | 10547.85 | 95 | | | 159.34 | 10547.85 | percent of total billed charges | |
| HC RT HRT CATH W/IMGNG GUID | 93593 | CPT | | | | both | | | 11103 | 4285.74 | Americare | Americare | 8327.25 | 75 | | | 159.34 | 10547.85 | percent of total billed charges | |
| HC RT HRT CATH W/IMGNG GUID | 93593 | CPT | | | | both | | | 11103 | 4285.74 | First Health | First Health | 7772.1 | 70 | | | 159.34 | 10547.85 | percent of total billed charges | |
| HC RT HRT CATH W/IMGNG GUID | 93593 | CPT | | | | both | | | 11103 | 4285.74 | First Trenton | First Trenton | 9992.7 | 90 | | | 159.34 | 10547.85 | percent of total billed charges | |
| HC RT HRT CATH W/IMGNG GUID | 93593 | CPT | | | | both | | | 11103 | 4285.74 | Aetna | Better Health | 3503 | 31.55 | | | 159.34 | 10547.85 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC RT HRT CATH W/IMGNG GUID | 93593 | CPT | | | | both | | | 11103 | | 4285.74 | Aetna | Medicare | 3726.73 | | | 159.34 | | 10547.85 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RT HRT CATH W/IMGNG GUID | 93593 | CPT | | | | both | | | 11103 | | 4285.74 | UHC | Medicaid | 3503 | 31.55 | | 159.34 | | 10547.85 percent of total billed charges | |
| HC RT HRT CATH W/IMGNG GUID | 93593 | CPT | | | | both | | | 11103 | | 4285.74 | UHC | Medicare | 3726.73 | | | 159.34 | | 10547.85 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RT HRT CATH W/IMGNG GUID | 93593 | CPT | | | | both | | | 11103 | | 4285.74 | Corrections | Corrections | 8882.4 | 80 | | 159.34 | | 10547.85 percent of total billed charges | |
| HC RT HRT CATH W/IMGNG GUID | 93593 | CPT | | | | both | | | 11103 | | 4285.74 | Three Rivers | Three Rivers | 10547.85 | 95 | | 159.34 | | 10547.85 percent of total billed charges | |
| HC RT HRT CATH W/IMGNG GUID | 93593 | CPT | | | | both | | | 11103 | | 4285.74 | United | Commercial\|PPO | 6362 | | | 159.34 | | 10547.85 case rate | |
| HC RT HRT CATH W/IMGNG GUID | 93593 | CPT | | | | both | | | 11103 | | 4285.74 | Managed Care Inc | Managed Care Inc | 9992.7 | 90 | | 159.34 | | 10547.85 percent of total billed charges | |
| HC RT HRT CATH W/IMGNG GUID | 93593 | CPT | | | | both | | | 11103 | | 4285.74 | Wellcare | Medicare | 3726.73 | | | 159.34 | | 10547.85 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RT HRT CATH W/IMGNG GUID | 93593 | CPT | | | | both | | | 11103 | | 4285.74 | Amerihealth | HMO\|PPO | 7216.95 | 65 | | 159.34 | | 10547.85 percent of total billed charges | |
| HC RT HRT CATH W/IMGNG GUID | 93593 | CPT | | | | both | | | 11103 | | 4285.74 | Wellcare | Medicaid | 3503 | 31.55 | | 159.34 | | 10547.85 percent of total billed charges | |
| HC RT HRT CATH W/IMGNG GUID | 93593 | CPT | | | | both | | | 11103 | | 4285.74 | Horizon | MGD | 7211.22 | | | 159.34 | | 10547.85 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RT HRT CATH W/IMGNG GUID | 93593 | CPT | | | | both | | | 11103 | | 4285.74 | Horizon | Indemnity | 7211.22 | | | 159.34 | | 10547.85 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RT HRT CATH W/IMGNG GUID | 93593 | CPT | | | | both | | | 11103 | | 4285.74 | Multiplan | Multiplan | 8882.4 | 80 | | 159.34 | | 10547.85 percent of total billed charges | |
| HC RT HRT CATH W/IMGNG GUID | 93593 | CPT | | | | both | | | 11103 | | 4285.74 | Horizon | Medicare Blue | 3726.73 | | | 159.34 | | 10547.85 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RT HRT CATH W/IMGNG GUID | 93593 | CPT | | | | both | | | 11103 | | 4285.74 | Qualcare | Qualcare | 8327.25 | 75 | | 159.34 | | 10547.85 percent of total billed charges | |
| HC RT HRT CATH W/IMGNG GUID | 93593 | CPT | | | | both | | | 11103 | | 4285.74 | Horizon | NJ Health | 159.34 | | | 159.34 | | 10547.85 fee schedule | |
| HC RT HRT CATH W/IMGNG GUID | 93593 | CPT | | | | both | | | 11103 | | 4285.74 | Horizon | PPO | 7211.22 | | | 159.34 | | 10547.85 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RT HRT CATH W/IMGNG GUID | 93593 | CPT | | | | both | | | 11103 | | 4285.74 | United | Oxford | 6362 | | | 159.34 | | 10547.85 case rate | |
| HC RT HRT CATH W/IMGNG GUID | 93593 | CPT | | | | both | | | 11103 | | 4285.74 | WellPoint | WellPoint | 3572.95 | 32.18 | | 159.34 | | 10547.85 percent of total billed charges | |
| HC RIGHT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECT | 93594 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | First Trenton | First Trenton | 9891.67 | 90 | | 251.4 | | 10441.2 percent of total billed charges | |
| HC RIGHT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECT | 93594 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Aetna | Better Health | 3467.58 | 31.55 | | 251.4 | | 10441.2 percent of total billed charges | |
| HC RIGHT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECT | 93594 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Amerihealth | HMO\|PPO | 7143.98 | 65 | | 251.4 | | 10441.2 percent of total billed charges | |
| HC RIGHT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECT | 93594 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Americare | Americare | 8243.06 | 75 | | 251.4 | | 10441.2 percent of total billed charges | |
| HC RIGHT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECT | 93594 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Corrections | Corrections | 8792.59 | 80 | | 251.4 | | 10441.2 percent of total billed charges | |
| HC RIGHT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECT | 93594 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Horizon | Medicare Blue | 3726.73 | | | 251.4 | | 10441.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RIGHT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECT | 93594 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Aetna | Medicare | 3726.73 | | | 251.4 | | 10441.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RIGHT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECT | 93594 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Consumer | Consumer | 10441.2 | 95 | | 251.4 | | 10441.2 percent of total billed charges | |
| HC RIGHT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECT | 93594 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Managed Care Inc | Managed Care Inc | 9891.67 | 90 | | 251.4 | | 10441.2 percent of total billed charges | |
| HC RIGHT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECT | 93594 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | First Health | First Health | 7693.52 | 70 | | 251.4 | | 10441.2 percent of total billed charges | |
| HC RIGHT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECT | 93594 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Multiplan | Multiplan | 8792.59 | 80 | | 251.4 | | 10441.2 percent of total billed charges | |
| HC RIGHT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECT | 93594 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | United | Oxford | 6362 | | | 251.4 | | 10441.2 case rate | |
| HC RIGHT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECT | 93594 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Horizon | Indemnity | 7211.22 | | | 251.4 | | 10441.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RIGHT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECT | 93594 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | UHC | Medicare | 3726.73 | | | 251.4 | | 10441.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RIGHT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECT | 93594 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Wellcare | Medicare | 3726.73 | | | 251.4 | | 10441.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RIGHT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECT | 93594 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Horizon | MGD | 7211.22 | | | 251.4 | | 10441.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RIGHT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECT | 93594 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Three Rivers | Three Rivers | 10441.2 | 95 | | 251.4 | | 10441.2 percent of total billed charges | |
| HC RIGHT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECT | 93594 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Wellcare | Medicaid | 3467.58 | 31.55 | | 251.4 | | 10441.2 percent of total billed charges | |
| HC RIGHT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECT | 93594 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Qualcare | Qualcare | 8243.06 | 75 | | 251.4 | | 10441.2 percent of total billed charges | |
| HC RIGHT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECT | 93594 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Horizon | NJ Health | 251.4 | | | 251.4 | | 10441.2 fee schedule | |
| HC RIGHT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECT | 93594 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | UHC | Medicaid | 3467.58 | 31.55 | | 251.4 | | 10441.2 percent of total billed charges | |
| HC RIGHT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECT | 93594 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Horizon | PPO | 7211.22 | | | 251.4 | | 10441.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RIGHT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECT | 93594 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | United | Commercial\|PPO | 6362 | | | 251.4 | | 10441.2 case rate | |
| HC RIGHT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECT | 93594 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | WellPoint | WellPoint | 3536.82 | 32.18 | | 251.4 | | 10441.2 percent of total billed charges | |
| HC LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL OR ABNORMAL NATIVE CONNECT | 93595 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Aetna | Better Health | 3467.58 | 31.55 | | 226.87 | | 10441.2 percent of total billed charges | |
| HC LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL OR ABNORMAL NATIVE CONNECT | 93595 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | UHC | Medicare | 3726.73 | | | 226.87 | | 10441.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL OR ABNORMAL NATIVE CONNECT | 93595 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | First Health | First Health | 7693.52 | 70 | | 226.87 | | 10441.2 percent of total billed charges | |
| HC LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL OR ABNORMAL NATIVE CONNECT | 93595 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Aetna | Medicare | 3726.73 | | | 226.87 | | 10441.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL OR ABNORMAL NATIVE CONNECT | 93595 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Corrections | Corrections | 8792.59 | 80 | | 226.87 | | 10441.2 percent of total billed charges | |
| HC LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL OR ABNORMAL NATIVE CONNECT | 93595 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Americare | Americare | 8243.06 | 75 | | 226.87 | | 10441.2 percent of total billed charges | |
| HC LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL OR ABNORMAL NATIVE CONNECT | 93595 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | UHC | Medicaid | 3467.58 | 31.55 | | 226.87 | | 10441.2 percent of total billed charges | |
| HC LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL OR ABNORMAL NATIVE CONNECT | 93595 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | First Trenton | First Trenton | 9891.67 | 90 | | 226.87 | | 10441.2 percent of total billed charges | |
| HC LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL OR ABNORMAL NATIVE CONNECT | 93595 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Consumer | Consumer | 10441.2 | 95 | | 226.87 | | 10441.2 percent of total billed charges | |
| HC LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL OR ABNORMAL NATIVE CONNECT | 93595 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Amerihealth | HMO\|PPO | 7143.98 | 65 | | 226.87 | | 10441.2 percent of total billed charges | |
| HC LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL OR ABNORMAL NATIVE CONNECT | 93595 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Horizon | Indemnity | 7211.22 | | | 226.87 | | 10441.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL OR ABNORMAL NATIVE CONNECT | 93595 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Horizon | MGD | 7211.22 | | | 226.87 | | 10441.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL OR ABNORMAL NATIVE CONNECT | 93595 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Horizon | PPO | 7211.22 | | | 226.87 | | 10441.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL OR ABNORMAL NATIVE CONNECT | 93595 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Multiplan | Multiplan | 8792.59 | 80 | | 226.87 | | 10441.2 percent of total billed charges | |
| HC LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL OR ABNORMAL NATIVE CONNECT | 93595 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | United | Commercial\|PPO | 6362 | | | 226.87 | | 10441.2 case rate | |
| HC LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL OR ABNORMAL NATIVE CONNECT | 93595 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Managed Care Inc | Managed Care Inc | 9891.67 | 90 | | 226.87 | | 10441.2 percent of total billed charges | |
| HC LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL OR ABNORMAL NATIVE CONNECT | 93595 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Horizon | NJ Health | 226.87 | | | 226.87 | | 10441.2 fee schedule | |
| HC LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL OR ABNORMAL NATIVE CONNECT | 93595 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Qualcare | Qualcare | 8243.06 | 75 | | 226.87 | | 10441.2 percent of total billed charges | |
| HC LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL OR ABNORMAL NATIVE CONNECT | 93595 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Horizon | Medicare Blue | 3726.73 | | | 226.87 | | 10441.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL OR ABNORMAL NATIVE CONNECT | 93595 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Wellcare | Medicare | 3726.73 | | | 226.87 | | 10441.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL OR ABNORMAL NATIVE CONNECT | 93595 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Wellcare | Medicaid | 3467.58 | 31.55 | | 226.87 | | 10441.2 percent of total billed charges | |
| HC LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL OR ABNORMAL NATIVE CONNECT | 93595 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Three Rivers | Three Rivers | 10441.2 | 95 | | 226.87 | | 10441.2 percent of total billed charges | |
| HC LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL OR ABNORMAL NATIVE CONNECT | 93595 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | WellPoint | WellPoint | 3536.82 | 32.18 | | 226.87 | | 10441.2 percent of total billed charges | |
| HC LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL OR ABNORMAL NATIVE CONNECT | 93595 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | United | Oxford | 6362 | | | 226.87 | | 10441.2 case rate | |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL NATIVE CONNECT | 93596 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Aetna | Better Health | 3467.58 | 31.55 | | 274.02 | | 10441.2 percent of total billed charges | |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL NATIVE CONNECT | 93596 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Amerihealth | HMO\|PPO | 7143.98 | 65 | | 274.02 | | 10441.2 percent of total billed charges | |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL NATIVE CONNECT | 93596 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | First Trenton | First Trenton | 9891.67 | 90 | | 274.02 | | 10441.2 percent of total billed charges | |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL NATIVE CONNECT | 93596 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Aetna | Medicare | 3726.73 | | | 274.02 | | 10441.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL NATIVE CONNECT | 93596 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Horizon | Indemnity | 7211.22 | | | 274.02 | | 10441.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL NATIVE CONNECT | 93596 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Consumer | Consumer | 10441.2 | 95 | | 274.02 | | 10441.2 percent of total billed charges | |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL NATIVE CONNECT | 93596 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Horizon | PPO | 7211.22 | | | 274.02 | | 10441.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL NATIVE CONNECT | 93596 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Americare | Americare | 8243.06 | 75 | | 274.02 | | 10441.2 percent of total billed charges | |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL NATIVE CONNECT | 93596 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | First Health | First Health | 7693.52 | 70 | | 274.02 | | 10441.2 percent of total billed charges | |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL NATIVE CONNECT | 93596 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Corrections | Corrections | 8792.59 | 80 | | 274.02 | | 10441.2 percent of total billed charges | |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL NATIVE CONNECT | 93596 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | UHC | Medicare | 3726.73 | | | 274.02 | | 10441.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL NATIVE CONNECT | 93596 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Horizon | MGD | 7211.22 | | | 274.02 | | 10441.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL NATIVE CONNECT | 93596 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Horizon | Medicare Blue | 3726.73 | | | 274.02 | | 10441.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL NATIVE CONNECT | 93596 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Horizon | NJ Health | 274.02 | | | 274.02 | | 10441.2 fee schedule | |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL NATIVE CONNECT | 93596 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | UHC | Medicaid | 3467.58 | 31.55 | | 274.02 | | 10441.2 percent of total billed charges | |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL NATIVE CONNECT | 93596 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Managed Care Inc | Managed Care Inc | 9891.67 | 90 | | 274.02 | | 10441.2 percent of total billed charges | |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL NATIVE CONNECT | 93596 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Three Rivers | Three Rivers | 10441.2 | 95 | | 274.02 | | 10441.2 percent of total billed charges | |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL NATIVE CONNECT | 93596 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | United | Commercial\|PPO | 6362 | | | 274.02 | | 10441.2 case rate | |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL NATIVE CONNECT | 93596 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Multiplan | Multiplan | 8792.59 | 80 | | 274.02 | | 10441.2 percent of total billed charges | |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL NATIVE CONNECT | 93596 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Oxford | Oxford | 6362 | | | 274.02 | | 10441.2 case rate | |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL NATIVE CONNECT | 93596 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Wellcare | Medicaid | 3467.58 | 31.55 | | 274.02 | | 10441.2 percent of total billed charges | |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL NATIVE CONNECT | 93596 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | WellPoint | WellPoint | 3536.82 | 32.18 | | 274.02 | | 10441.2 percent of total billed charges | |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL NATIVE CONNECT | 93596 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Qualcare | Qualcare | 8243.06 | 75 | | 274.02 | | 10441.2 percent of total billed charges | |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH NORMAL NATIVE CONNECT | 93596 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Wellcare | Medicare | 3726.73 | | | 274.02 | | 10441.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECTIONS | 93597 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Corrections | Corrections | 8792.59 | 80 | | 366.12 | | 10441.2 percent of total billed charges | |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECTIONS | 93597 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Amerihealth | HMO\|PPO | 7143.98 | 65 | | 366.12 | | 10441.2 percent of total billed charges | |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECTIONS | 93597 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | UHC | Medicare | 3726.73 | | | 366.12 | | 10441.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECTIONS | 93597 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Aetna | Medicare | 3726.73 | | | 366.12 | | 10441.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECTIONS | 93597 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Aetna | Better Health | 3467.58 | 31.55 | | 366.12 | | 10441.2 percent of total billed charges | |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECTIONS | 93597 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | First Health | First Health | 7693.52 | 70 | | 366.12 | | 10441.2 percent of total billed charges | |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECTIONS | 93597 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Americare | Americare | 8243.06 | 75 | | 366.12 | | 10441.2 percent of total billed charges | |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECTIONS | 93597 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Horizon | Medicare Blue | 3726.73 | | | 366.12 | | 10441.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECTIONS | 93597 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Horizon | PPO | 7211.22 | | | 366.12 | | 10441.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECTIONS | 93597 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Horizon | MGD | 7211.22 | | | 366.12 | | 10441.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECTIONS | 93597 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Horizon | Indemnity | 7211.22 | | | 366.12 | | 10441.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECTIONS | 93597 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Multiplan | Multiplan | 8792.59 | 80 | | 366.12 | | 10441.2 percent of total billed charges | |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECTIONS | 93597 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Consumer | Consumer | 10441.2 | 95 | | 366.12 | | 10441.2 percent of total billed charges | |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECTIONS | 93597 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Qualcare | Qualcare | 8243.06 | 75 | | 366.12 | | 10441.2 percent of total billed charges | |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECTIONS | 93597 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | United | Commercial\|PPO | 6362 | | | 366.12 | | 10441.2 case rate | |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECTIONS | 93597 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | UHC | Medicaid | 3467.58 | 31.55 | | 366.12 | | 10441.2 percent of total billed charges | |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECTIONS | 93597 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Wellcare | Medicare | 3726.73 | | | 366.12 | | 10441.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RIGHT LEFT HEART CATH CONGEN HEART INC IMAGE GUIDE TO ADVANCE CATH ABNORMAL NATIVE CONNECTIONS | 93597 | CPT | | | | outpatient | | | 10990.74 | | 4285.74 | Well

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC 3D CARDIAC MAPPING | 93613 | CPT | | | | outpatient | | | 16868 | | Horizon | Indemnity | 6457.07 | 38.28 | | | 1782 | 16024.6 | percent of total billed charges | |
| HC 3D CARDIAC MAPPING | 93613 | CPT | | | | outpatient | | | 16868 | | First Health | First Health | 11807.6 | 70 | | | 1782 | 16024.6 | percent of total billed charges | |
| HC 3D CARDIAC MAPPING | 93613 | CPT | | | | outpatient | | | 16868 | | Horizon | NJ Health | 5253.93 | | | | 1782 | 16024.6 | fee schedule | |
| HC 3D CARDIAC MAPPING | 93613 | CPT | | | | outpatient | | | 16868 | | United | CommercialPPO | 1782 | | | | 1782 | 16024.6 | case rate | |
| HC 3D CARDIAC MAPPING | 93613 | CPT | | | | outpatient | | | 16868 | | Horizon | PPO | 6457.07 | 38.28 | | | 1782 | 16024.6 | percent of total billed charges | |
| HC 3D CARDIAC MAPPING | 93613 | CPT | | | | outpatient | | | 16868 | | Multiplan | Multiplan | 13494.4 | 80 | | | 1782 | 16024.6 | percent of total billed charges | |
| HC 3D CARDIAC MAPPING | 93613 | CPT | | | | outpatient | | | 16868 | | Managed Care Inc | Managed Care Inc | 15181.2 | 90 | | | 1782 | 16024.6 | percent of total billed charges | |
| HC 3D CARDIAC MAPPING | 93613 | CPT | | | | outpatient | | | 16868 | | United | Oxford | 1782 | | | | 1782 | 16024.6 | case rate | |
| HC 3D CARDIAC MAPPING | 93613 | CPT | | | | outpatient | | | 16868 | | Three Rivers | Three Rivers | 16024.6 | 95 | | | 1782 | 16024.6 | percent of total billed charges | |
| HC 3D CARDIAC MAPPING | 93613 | CPT | | | | outpatient | | | 16868 | | Qualcare | Qualcare | 12651 | 75 | | | 1782 | 16024.6 | percent of total billed charges | |
| HC 3D CARDIAC MAPPING | 93613 | CPT | | | | outpatient | | | 16868 | | Wellcare | Medicaid | 5321.85 | 31.55 | | | 1782 | 16024.6 | percent of total billed charges | |
| HC COMPREH.ELECTROPHYSIOLOGHY EVA | 93619 | CPT | | | | outpatient | | | 22275 | | 9822.33 First Trenton | First Trenton | 20047.5 | 90 | | | 1000 | 21161.25 | percent of total billed charges | |
| HC COMPREH.ELECTROPHYSIOLOGHY EVA | 93619 | CPT | | | | outpatient | | | 22275 | | 9822.33 Aetna | Better Health | 7027.76 | 31.55 | | | 1000 | 21161.25 | percent of total billed charges | |
| HC COMPREH.ELECTROPHYSIOLOGHY EVA | 93619 | CPT | | | | outpatient | | | 22275 | | 9822.33 Aetna | Medicare | 8541.16 | | | | 1000 | 21161.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COMPREH.ELECTROPHYSIOLOGHY EVA | 93619 | CPT | | | | outpatient | | | 22275 | | 9822.33 First Health | First Health | 15592.5 | 70 | | | 1000 | 21161.25 | percent of total billed charges | |
| HC COMPREH.ELECTROPHYSIOLOGHY EVA | 93619 | CPT | | | | outpatient | | | 22275 | | 9822.33 UHC | Medicare | 8541.16 | | | | 1000 | 21161.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COMPREH.ELECTROPHYSIOLOGHY EVA | 93619 | CPT | | | | outpatient | | | 22275 | | 9822.33 Corrections | Corrections | 17820 | 80 | | | 1000 | 21161.25 | percent of total billed charges | |
| HC COMPREH.ELECTROPHYSIOLOGHY EVA | 93619 | CPT | | | | outpatient | | | 22275 | | 9822.33 Americare | Americare | 16706.25 | 75 | | | 1000 | 21161.25 | percent of total billed charges | |
| HC COMPREH.ELECTROPHYSIOLOGHY EVA | 93619 | CPT | | | | outpatient | | | 22275 | | 9822.33 Consumer | Consumer | 21161.25 | 95 | | | 1000 | 21161.25 | percent of total billed charges | |
| HC COMPREH.ELECTROPHYSIOLOGHY EVA | 93619 | CPT | | | | outpatient | | | 22275 | | 9822.33 Horizon | Indemnity | 16527.14 | | | | 1000 | 21161.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COMPREH.ELECTROPHYSIOLOGHY EVA | 93619 | CPT | | | | outpatient | | | 22275 | | 9822.33 Horizon | Medicare Blue | 8541.16 | | | | 1000 | 21161.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COMPREH.ELECTROPHYSIOLOGHY EVA | 93619 | CPT | | | | outpatient | | | 22275 | | 9822.33 Horizon | MGD | 16527.14 | | | | 1000 | 21161.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COMPREH.ELECTROPHYSIOLOGHY EVA | 93619 | CPT | | | | outpatient | | | 22275 | | 9822.33 Multiplan | Multiplan | 17820 | 80 | | | 1000 | 21161.25 | percent of total billed charges | |
| HC COMPREH.ELECTROPHYSIOLOGHY EVA | 93619 | CPT | | | | outpatient | | | 22275 | | 9822.33 Horizon | PPO | 16527.14 | | | | 1000 | 21161.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COMPREH.ELECTROPHYSIOLOGHY EVA | 93619 | CPT | | | | outpatient | | | 22275 | | 9822.33 Horizon | NJ Health | 1068.12 | | | | 1000 | 21161.25 | fee schedule | |
| HC COMPREH.ELECTROPHYSIOLOGHY EVA | 93619 | CPT | | | | outpatient | | | 22275 | | 9822.33 Amerihealth | HMO/PPO | 1000 | | | | 1000 | 21161.25 | fee schedule | |
| HC COMPREH.ELECTROPHYSIOLOGHY EVA | 93619 | CPT | | | | outpatient | | | 22275 | | 9822.33 Qualcare | Qualcare | 16706.25 | 75 | | | 1000 | 21161.25 | percent of total billed charges | |
| HC COMPREH.ELECTROPHYSIOLOGHY EVA | 93619 | CPT | | | | outpatient | | | 22275 | | 9822.33 Managed Care Inc | Managed Care Inc | 20047.5 | 90 | | | 1000 | 21161.25 | percent of total billed charges | |
| HC COMPREH.ELECTROPHYSIOLOGHY EVA | 93619 | CPT | | | | outpatient | | | 22275 | | 9822.33 Three Rivers | Three Rivers | 21161.25 | 95 | | | 1000 | 21161.25 | percent of total billed charges | |
| HC COMPREH.ELECTROPHYSIOLOGHY EVA | 93619 | CPT | | | | outpatient | | | 22275 | | 9822.33 WellPoint | WellPoint | 7168.1 | 32.18 | | | 1000 | 21161.25 | percent of total billed charges | |
| HC COMPREH.ELECTROPHYSIOLOGHY EVA | 93619 | CPT | | | | outpatient | | | 22275 | | 9822.33 Wellcare | Medicare | 8541.16 | | | | 1000 | 21161.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COMPREH.ELECTROPHYSIOLOGHY EVA | 93619 | CPT | | | | outpatient | | | 22275 | | 9822.33 UHC | Medicaid | 7027.76 | 31.55 | | | 1000 | 21161.25 | percent of total billed charges | |
| HC COMPREH.ELECTROPHYSIOLOGHY EVA | 93619 | CPT | | | | outpatient | | | 22275 | | 9822.33 United | CommercialPPO | 4702 | | | | 1000 | 21161.25 | case rate | |
| HC COMPREH.ELECTROPHYSIOLOGHY EVA | 93619 | CPT | | | | outpatient | | | 22275 | | 9822.33 United | Oxford | 4702 | | | | 1000 | 21161.25 | case rate | |
| HC COMPREH.ELECTROPHYSIOLOGHY EVA | 93619 | CPT | | | | outpatient | | | 22275 | | 9822.33 Wellcare | Medicaid | 7027.76 | 31.55 | | | 1000 | 21161.25 | percent of total billed charges | |
| HC ADD.INDUCTION OR ATTEMP.INDUC. | 93620 | CPT | | | | both | | | 8639 | | 9822.33 Horizon | MGD | 16527.14 | | | | 1300 | 16527.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADD.INDUCTION OR ATTEMP.INDUC. | 93620 | CPT | | | | both | | | 8639 | | 9822.33 Aetna | Medicare | 8541.16 | | | | 1300 | 16527.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADD.INDUCTION OR ATTEMP.INDUC. | 93620 | CPT | | | | both | | | 8639 | | 9822.33 Horizon | PPO | 16527.14 | | | | 1300 | 16527.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADD.INDUCTION OR ATTEMP.INDUC. | 93620 | CPT | | | | both | | | 8639 | | 9822.33 Multiplan | Multiplan | 6911.2 | 80 | | | 1300 | 16527.14 | percent of total billed charges | |
| HC ADD.INDUCTION OR ATTEMP.INDUC. | 93620 | CPT | | | | both | | | 8639 | | 9822.33 First Health | First Health | 6047.3 | 70 | | | 1300 | 16527.14 | percent of total billed charges | |
| HC ADD.INDUCTION OR ATTEMP.INDUC. | 93620 | CPT | | | | both | | | 8639 | | 9822.33 Aetna | Better Health | 2725.6 | 31.55 | | | 1300 | 16527.14 | percent of total billed charges | |
| HC ADD.INDUCTION OR ATTEMP.INDUC. | 93620 | CPT | | | | both | | | 8639 | | 9822.33 Amerihealth | HMO/PPO | 1300 | | | | 1300 | 16527.14 | fee schedule | |
| HC ADD.INDUCTION OR ATTEMP.INDUC. | 93620 | CPT | | | | both | | | 8639 | | 9822.33 Horizon | Indemnity | 16527.14 | | | | 1300 | 16527.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADD.INDUCTION OR ATTEMP.INDUC. | 93620 | CPT | | | | both | | | 8639 | | 9822.33 UHC | Medicaid | 2725.6 | 31.55 | | | 1300 | 16527.14 | percent of total billed charges | |
| HC ADD.INDUCTION OR ATTEMP.INDUC. | 93620 | CPT | | | | both | | | 8639 | | 9822.33 Corrections | Corrections | 6911.2 | 80 | | | 1300 | 16527.14 | percent of total billed charges | |
| HC ADD.INDUCTION OR ATTEMP.INDUC. | 93620 | CPT | | | | both | | | 8639 | | 9822.33 Wellcare | Medicare | 8541.16 | | | | 1300 | 16527.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADD.INDUCTION OR ATTEMP.INDUC. | 93620 | CPT | | | | both | | | 8639 | | 9822.33 Qualcare | Qualcare | 6479.25 | 75 | | | 1300 | 16527.14 | percent of total billed charges | |
| HC ADD.INDUCTION OR ATTEMP.INDUC. | 93620 | CPT | | | | both | | | 8639 | | 9822.33 UHC | Medicare | 8541.16 | | | | 1300 | 16527.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADD.INDUCTION OR ATTEMP.INDUC. | 93620 | CPT | | | | both | | | 8639 | | 9822.33 Americare | Americare | 6479.25 | 75 | | | 1300 | 16527.14 | percent of total billed charges | |
| HC ADD.INDUCTION OR ATTEMP.INDUC. | 93620 | CPT | | | | both | | | 8639 | | 9822.33 Horizon | Medicare Blue | 8541.16 | | | | 1300 | 16527.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADD.INDUCTION OR ATTEMP.INDUC. | 93620 | CPT | | | | both | | | 8639 | | 9822.33 United | CommercialPPO | 4702 | | | | 1300 | 16527.14 | case rate | |
| HC ADD.INDUCTION OR ATTEMP.INDUC. | 93620 | CPT | | | | both | | | 8639 | | 9822.33 WellPoint | WellPoint | 2780.03 | 32.18 | | | 1300 | 16527.14 | percent of total billed charges | |
| HC ADD.INDUCTION OR ATTEMP.INDUC. | 93620 | CPT | | | | both | | | 8639 | | 9822.33 Consumer | Consumer | 8207.05 | 95 | | | 1300 | 16527.14 | percent of total billed charges | |
| HC ADD.INDUCTION OR ATTEMP.INDUC. | 93620 | CPT | | | | both | | | 8639 | | 9822.33 United | Oxford | 4702 | | | | 1300 | 16527.14 | case rate | |
| HC ADD.INDUCTION OR ATTEMP.INDUC. | 93620 | CPT | | | | both | | | 8639 | | 9822.33 Wellcare | Medicaid | 2725.6 | 31.55 | | | 1300 | 16527.14 | percent of total billed charges | |
| HC ADD.INDUCTION OR ATTEMP.INDUC. | 93620 | CPT | | | | both | | | 8639 | | 9822.33 First Trenton | First Trenton | 7775.1 | 90 | | | 1300 | 16527.14 | percent of total billed charges | |
| HC ADD.INDUCTION OR ATTEMP.INDUC. | 93620 | CPT | | | | both | | | 8639 | | 9822.33 Horizon | NJ Health | 7190.55 | | | | 1300 | 16527.14 | fee schedule | |
| HC ADD.INDUCTION OR ATTEMP.INDUC. | 93620 | CPT | | | | both | | | 8639 | | 9822.33 Managed Care Inc | Managed Care Inc | 7775.1 | 90 | | | 1300 | 16527.14 | percent of total billed charges | |
| HC ADD.INDUCTION OR ATTEMP.INDUC. | 93620 | CPT | | | | both | | | 8639 | | 9822.33 Three Rivers | Three Rivers | 8207.05 | 95 | | | 1300 | 16527.14 | percent of total billed charges | |
| HC ADD.LF.ATR.RECORD.FROM COR SIN | 93621 | CPT | | | | both | | | 11850 | | Multiplan | Multiplan | 9480 | 80 | | | 1400 | 11257.5 | percent of total billed charges | |
| HC ADD.LF.ATR.RECORD.FROM COR SIN | 93621 | CPT | | | | both | | | 11850 | | First Health | First Health | 8295 | 70 | | | 1400 | 11257.5 | percent of total billed charges | |
| HC ADD.LF.ATR.RECORD.FROM COR SIN | 93621 | CPT | | | | both | | | 11850 | | Aetna | Medicare | 3649.8 | 30.8 | | | 1400 | 11257.5 | percent of total billed charges | |
| HC ADD.LF.ATR.RECORD.FROM COR SIN | 93621 | CPT | | | | both | | | 11850 | | First Trenton | First Trenton | 10665 | 90 | | | 1400 | 11257.5 | percent of total billed charges | |
| HC ADD.LF.ATR.RECORD.FROM COR SIN | 93621 | CPT | | | | both | | | 11850 | | Aetna | Better Health | 3738.68 | 31.55 | | | 1400 | 11257.5 | percent of total billed charges | |
| HC ADD.LF.ATR.RECORD.FROM COR SIN | 93621 | CPT | | | | both | | | 11850 | | Amerihealth | HMO/PPO | 1400 | | | | 1400 | 11257.5 | fee schedule | |
| HC ADD.LF.ATR.RECORD.FROM COR SIN | 93621 | CPT | | | | both | | | 11850 | | WellPoint | WellPoint | 3813.33 | 32.18 | | | 1400 | 11257.5 | percent of total billed charges | |
| HC ADD.LF.ATR.RECORD.FROM COR SIN | 93621 | CPT | | | | both | | | 11850 | | Corrections | Corrections | 9480 | 80 | | | 1400 | 11257.5 | percent of total billed charges | |
| HC ADD.LF.ATR.RECORD.FROM COR SIN | 93621 | CPT | | | | both | | | 11850 | | Qualcare | Qualcare | 8887.5 | 75 | | | 1400 | 11257.5 | percent of total billed charges | |
| HC ADD.LF.ATR.RECORD.FROM COR SIN | 93621 | CPT | | | | both | | | 11850 | | Horizon | Indemnity | 4536.18 | 38.28 | | | 1400 | 11257.5 | percent of total billed charges | |
| HC ADD.LF.ATR.RECORD.FROM COR SIN | 93621 | CPT | | | | both | | | 11850 | | UHC | Medicaid | 3738.68 | 31.55 | | | 1400 | 11257.5 | percent of total billed charges | |
| HC ADD.LF.ATR.RECORD.FROM COR SIN | 93621 | CPT | | | | both | | | 11850 | | Horizon | NJ Health | 6115.23 | | | | 1400 | 11257.5 | fee schedule | |
| HC ADD.LF.ATR.RECORD.FROM COR SIN | 93621 | CPT | | | | both | | | 11850 | | Americare | Americare | 8887.5 | 75 | | | 1400 | 11257.5 | percent of total billed charges | |
| HC ADD.LF.ATR.RECORD.FROM COR SIN | 93621 | CPT | | | | both | | | 11850 | | Horizon | PPO | 4536.18 | 38.28 | | | 1400 | 11257.5 | percent of total billed charges | |
| HC ADD.LF.ATR.RECORD.FROM COR SIN | 93621 | CPT | | | | both | | | 11850 | | Wellcare | Medicaid | 3738.68 | 31.55 | | | 1400 | 11257.5 | percent of total billed charges | |
| HC ADD.LF.ATR.RECORD.FROM COR SIN | 93621 | CPT | | | | both | | | 11850 | | Horizon | MGD | 4536.18 | 38.28 | | | 1400 | 11257.5 | percent of total billed charges | |
| HC ADD.LF.ATR.RECORD.FROM COR SIN | 93621 | CPT | | | | both | | | 11850 | | Consumer | Consumer | 11257.5 | 95 | | | 1400 | 11257.5 | percent of total billed charges | |
| HC ADD.LF.ATR.RECORD.FROM COR SIN | 93621 | CPT | | | | both | | | 11850 | | Three Rivers | Three Rivers | 11257.5 | 95 | | | 1400 | 11257.5 | percent of total billed charges | |
| HC ADD.LF.ATR.RECORD.FROM COR SIN | 93621 | CPT | | | | both | | | 11850 | | Horizon | Medicare Blue | 3555 | 30 | | | 1400 | 11257.5 | percent of total billed charges | |
| HC ADD.LF.ATR.RECORD.FROM COR SIN | 93621 | CPT | | | | both | | | 11850 | | Managed Care Inc | Managed Care Inc | 10665 | 90 | | | 1400 | 11257.5 | percent of total billed charges | |
| HC ADD.LF.ATR.RECORD.FROM COR SIN | 93621 | CPT | | | | both | | | 11850 | | United | Oxford | 1782 | | | | 1400 | 11257.5 | case rate | |
| HC ADD.LF.ATR.RECORD.FROM COR SIN | 93621 | CPT | | | | both | | | 11850 | | United | CommercialPPO | 1782 | | | | 1400 | 11257.5 | case rate | |
| HC ELECTROPHYSIOL EVAL INDUC ARRHYTH W/LEFT VENTR PACING & REC | 93622 | CPT | | | | outpatient | | | 18594 | | Wellcare | Medicaid | 5866.41 | 31.55 | | | 332.91 | 17664.3 | percent of total billed charges | |
| HC ELECTROPHYSIOL EVAL INDUC ARRHYTH W/LEFT VENTR PACING & REC | 93622 | CPT | | | | outpatient | | | 18594 | | Aetna | Medicare | 5726.95 | 30.8 | | | 332.91 | 17664.3 | percent of total billed charges | |
| HC ELECTROPHYSIOL EVAL INDUC ARRHYTH W/LEFT VENTR PACING & REC | 93622 | CPT | | | | outpatient | | | 18594 | | Aetna | Better Health | 5866.41 | 31.55 | | | 332.91 | 17664.3 | percent of total billed charges | |
| HC ELECTROPHYSIOL EVAL INDUC ARRHYTH W/LEFT VENTR PACING & REC | 93622 | CPT | | | | outpatient | | | 18594 | | UHC | Medicaid | 5866.41 | 31.55 | | | 332.91 | 17664.3 | percent of total billed charges | |
| HC ELECTROPHYSIOL EVAL INDUC ARRHYTH W/LEFT VENTR PACING & REC | 93622 | CPT | | | | outpatient | | | 18594 | | Americare | Americare | 13945.5 | 75 | | | 332.91 | 17664.3 | percent of total billed charges | |
| HC ELECTROPHYSIOL EVAL INDUC ARRHYTH W/LEFT VENTR PACING & REC | 93622 | CPT | | | | outpatient | | | 18594 | | Amerihealth | HMO/PPO | 1400 | | | | 332.91 | 17664.3 | fee schedule | |
| HC ELECTROPHYSIOL EVAL INDUC ARRHYTH W/LEFT VENTR PACING & REC | 93622 | CPT | | | | outpatient | | | 18594 | | Consumer | Consumer | 17664.3 | 95 | | | 332.91 | 17664.3 | percent of total billed charges | |
| HC ELECTROPHYSIOL EVAL INDUC ARRHYTH W/LEFT VENTR PACING & REC | 93622 | CPT | | | | outpatient | | | 18594 | | First Health | First Health | 13015.8 | 70 | | | 332.91 | 17664.3 | percent of total billed charges | |
| HC ELECTROPHYSIOL EVAL INDUC ARRHYTH W/LEFT VENTR PACING & REC | 93622 | CPT | | | | outpatient | | | 18594 | | First Trenton | First Trenton | 16734.6 | 90 | | | 332.91 | 17664.3 | percent of total billed charges | |
| HC ELECTROPHYSIOL EVAL INDUC ARRHYTH W/LEFT VENTR PACING & REC | 93622 | CPT | | | | outpatient | | | 18594 | | Horizon | MGD | 7117.78 | 38.28 | | | 332.91 | 17664.3 | percent of total billed charges | |
| HC ELECTROPHYSIOL EVAL INDUC ARRHYTH W/LEFT VENTR PACING & REC | 93622 | CPT | | | | outpatient | | | 18594 | | Horizon | Indemnity | 7117.78 | 38.28 | | | 332.91 | 17664.3 | percent of total billed charges | |
| HC ELECTROPHYSIOL EVAL INDUC ARRHYTH W/LEFT VENTR PACING & REC | 93622 | CPT | | | | outpatient | | | 18594 | | United | CommercialPPO | 1782 | | | | 332.91 | 17664.3 | case rate | |
| HC ELECTROPHYSIOL EVAL INDUC ARRHYTH W/LEFT VENTR PACING & REC | 93622 | CPT | | | | outpatient | | | 18594 | | Horizon | PPO | 7117.78 | 38.28 | | | 332.91 | 17664.3 | percent of total billed charges | |
| HC ELECTROPHYSIOL EVAL INDUC ARRHYTH W/LEFT VENTR PACING & REC | 93622 | CPT | | | | outpatient | | | 18594 | | Corrections | Corrections | 14875.2 | 80 | | | 332.91 | 17664.3 | percent of total billed charges | |
| HC ELECTROPHYSIOL EVAL INDUC ARRHYTH W/LEFT VENTR PACING & REC | 93622 | CPT | | | | outpatient | | | 18594 | | Managed Care Inc | Managed Care Inc | 16734.6 | 90 | | | 332.91 | 17664.3 | percent of total billed charges | |
| HC ELECTROPHYSIOL EVAL INDUC ARRHYTH W/LEFT VENTR PACING & REC | 93622 | CPT | | | | outpatient | | | 18594 | | Horizon | Medicare Blue | 5578.2 | 30 | | | 332.91 | 17664.3 | percent of total billed charges | |
| HC ELECTROPHYSIOL EVAL INDUC ARRHYTH W/LEFT VENTR PACING & REC | 93622 | CPT | | | | outpatient | | | 18594 | | Three Rivers | Three Rivers | 17664.3 | 95 | | | 332.91 | 17664.3 | percent of total billed charges | |
| HC ELECTROPHYSIOL EVAL INDUC ARRHYTH W/LEFT VENTR PACING & REC | 93622 | CPT | | | | outpatient | | | 18594 | | Horizon | NJ Health | 332.91 | | | | 332.91 | 17664.3 | fee schedule | |
| HC ELECTROPHYSIOL EVAL INDUC ARRHYTH W/LEFT VENTR PACING & REC | 93622 | CPT | | | | outpatient | | | 18594 | | Multiplan | Multiplan | 14875.2 | 80 | | | 332.91 | 17664.3 | percent of total billed charges | |
| HC ELECTROPHYSIOL EVAL INDUC ARRHYTH W/LEFT VENTR PACING & REC | 93622 | CPT | | | | outpatient | | | 18594 | | United | Oxford | 1782 | | | | 332.91 | 17664.3 | case rate | |
| HC ELECTROPHYSIOL EVAL INDUC ARRHYTH W/LEFT VENTR PACING & REC | 93622 | CPT | | | | outpatient | | | 18594 | | Qualcare | Qualcare | 13945.5 | 75 | | | 332.91 | 17664.3 | percent of total billed charges | |
| HC ELECTROPHYSIOL EVAL INDUC ARRHYTH W/LEFT VENTR PACING & REC | 93622 | CPT | | | | outpatient | | | 18594 | | WellPoint | WellPoint | 5983.55 | 32.18 | | | 332.91 | 17664.3 | percent of total billed charges | |
| HC PROG.STIMU.AND PACING AFTER IV | 93623 | CPT | | | | both | | | 3522 | | Americare | Americare | 2641.5 | 75 | | | 260 | 5948.19 | percent of total billed charges | |
| HC PROG.STIMU.AND PACING AFTER IV | 93623 | CPT | | | | both | | | 3522 | | Multiplan | Multiplan | 2817.6 | 80 | | | 260 | 5948.19 | percent of total billed charges | |
| HC PROG.STIMU.AND PACING AFTER IV | 93623 | CPT | | | | both | | | 3522 | | Aetna | Medicare | 1084.78 | 30.8 | | | 260 | 5948.19 | percent of total billed charges | |
| HC PROG.STIMU.AND PACING AFTER IV | 93623 | CPT | | | | both | | | 3522 | | Aetna | Better Health | 1111.19 | 31.55 | | | 260 | 5948.19 | percent of total billed charges | |
| HC PROG.STIMU.AND PACING AFTER IV | 93623 | CPT | | | | both | | | 3522 | | Amerihealth | HMO/PPO | 260 | | | | 260 | 5948.19 | fee schedule | |
| HC PROG.STIMU.AND PACING AFTER IV | 93623 | CPT | | | | both | | | 3522 | | Consumer | Consumer | 3345.9 | 95 | | | 260 | 5948.19 | percent of total billed charges | |
| HC PROG.STIMU.AND PACING AFTER IV | 93623 | CPT | | | | both | | | 3522 | | Horizon | MGD | 1348.22 | 38.28 | | | 260 | 5948.19 | percent of total billed charges | |
| HC PROG.STIMU.AND PACING AFTER IV | 93623 | CPT | | | | both | | | 3522 | | First Health | First Health | 2465.4 | 70 | | | 260 | 5948.19 | percent of total billed charges | |
| HC PROG.STIMU.AND PACING AFTER IV | 93623 | CPT | | | | both | | | 3522 | | First Trenton | First Trenton | 3169.8 | 90 | | | 260 | 5948.19 | percent of total billed charges | |
| HC PROG.STIMU.AND PACING AFTER IV | 93623 | CPT | | | | both | | | 3522 | | Qualcare | Qualcare | 2641.5 | 75 | | | 260 | 5948.19 | percent of total billed charges | |
| HC PROG.STIMU.AND PACING AFTER IV | 93623 | CPT | | | | both | | | 3522 | | UHC | Medicaid | 1111.19 | 31.55 | | | 260 | 5948.19 | percent of total billed charges | |
| HC PROG.STIMU.AND PACING AFTER IV | 93623 | CPT | | | | both | | | 3522 | | Horizon | Indemnity | 1348.22 | 38.28 | | | 260 | 5948.19 | percent of total billed charges | |
| HC PROG.STIMU.AND PACING AFTER IV | 93623 | CPT | | | | both | | | 3522 | | United | CommercialPPO | 1782 | | | | 260 | 5948.19 | case rate | |
| HC PROG.STIMU.AND PACING AFTER IV | 93623 | CPT | | | | both | | | 3522 | | Corrections | Corrections | 2817.6 | 80 | | | 260 | 5948.19 | percent of total billed charges | |
| HC PROG.STIMU.AND PACING AFTER IV | 93623 | CPT | | | | both | | | 3522 | | United | Oxford | 1782 | | | | 260 | 5948.19 | case rate | |
| HC PROG.STIMU.AND PACING AFTER IV | 93623 | CPT | | | | both | | | 3522 | | Horizon | Medicare Blue | 1056.6 | 30 | | | 260 | 5948.19 | percent of total billed charges | |
| HC PROG.STIMU.AND PACING AFTER IV | 93623 | CPT | | | | both | | | 3522 | | WellPoint | WellPoint | 1133.38 | 32.18 | | | 260 | 5948.19 | percent of total billed charges | |
| HC PROG.STIMU.AND PACING AFTER IV | 93623 | CPT | | | | both | | | 3522 | | Horizon | NJ Health | 5948.19 | | | | 260 | 5948.19 | fee schedule | |
| HC PROG.STIMU.AND PACING AFTER IV | 93623 | CPT | | | | both | | | 3522 | | Horizon | PPO | 1348.22 | 38.28 | | | 260 | 5948.19 | percent of total billed charges | |
| HC PROG.STIMU.AND PACING AFTER IV | 93623 | CPT | | | | both | | | 3522 | | Managed Care Inc | Managed Care Inc | 3169.8 | 90 | | | 260 | 5948.19 | percent of total billed charges | |
| HC PROG.STIMU.AND PACING AFTER IV | 93623 | CPT | | | | both | | | 3522 | | Three Rivers | Three Rivers | 3345.9 | 95 | | | 260 | 5948.19 | percent of total billed charges | |
| HC PROG.STIMU.AND PACING AFTER IV | 93623 | CPT | | | | both | | | 3522 | | Wellcare | Medicaid | 1111.19 | 31.55 | | | 260 | 5948.19 | percent of total billed charges | |
| HC ELECTROPHYSIOL FOLLOWUP INDUC ARRHYTH W PACING & REC | 93624 | CPT | | | | outpatient | | | 19111 | | 9822.33 Aetna | Better Health | 6029.52 | 31.55 | | | 350 | 18155.45 | percent of total billed charges | |
| HC ELECTROPHYSIOL FOLLOWUP INDUC ARRHYTH W PACING & REC | 93624 | CPT | | | | outpatient | | | 19111 | | 9822.33 UHC | Medicaid | 6029.52 | 31.55 | | | 350 | 18155.45 | percent of total billed charges | |
| HC ELECTROPHYSIOL FOLLOWUP INDUC ARRHYTH W PACING & REC | 93624 | CPT | | | | outpatient | | | 19111 | | 9822.33 Aetna | Medicare | 8541.16 | | | | 350 | 18155.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTROPHYSIOL FOLLOWUP INDUC ARRHYTH W PACING & REC | 93624 | CPT | | | | outpatient | | | 19111 | | 9822.33 Corrections | Corrections | 15288.8 | 80 | | | 350 | 18155.45 | percent of total billed charges | |
| HC ELECTROPHYSIOL FOLLOWUP INDUC ARRHYTH W PACING & REC | 93624 | CPT | | | | outpatient | | | 19111 | | 9822.33 Consumer | Consumer | 18155.45 | 95 | | | 350 | 18155.45 | percent of total billed charges | |
| HC ELECTROPHYSIOL FOLLOWUP INDUC ARRHYTH W PACING & REC | 93624 | CPT | | | | outpatient | | | 19111 | | 9822.33 Amerihealth | HMO/PPO | 350 | | | | 350 | 18155.45 | fee schedule | |
| HC ELECTROPHYSIOL FOLLOWUP INDUC ARRHYTH W PACING & REC | 93624 | CPT | | | | outpatient | | | 19111 | | 9822.33 Americare | Americare | 14333.25 | 75 | | | 350 | 18155.45 | percent of total billed charges | |
| HC ELECTROPHYSIOL FOLLOWUP INDUC ARRHYTH W PACING & REC | 93624 | CPT | | | | outpatient | | | 19111 | | 9822.33 First Trenton | First Trenton | 17199.9 | 90 | | | 350 | 18155.45 | percent of total billed charges | |
| HC ELECTROPHYSIOL FOLLOWUP INDUC ARRHYTH W PACING & REC | 93624 | CPT | | | | outpatient | | | 19111 | | 9822.33 Wellcare | Medicare | 8541.16 | | | | 350 | 18155.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTROPHYSIOL FOLLOWUP INDUC ARRHYTH W PACING & REC | 93624 | CPT | | | | outpatient | | | 19111 | | 9822.33 UHC | Medicare | 8541.16 | | | | 350 | 18155.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTROPHYSIOL FOLLOWUP INDUC ARRHYTH W PACING & REC | 93624 | CPT | | | | outpatient | | | 19111 | | 9822.33 Horizon | MGD | 16527.14 | | | | 350 | 18155.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTROPHYSIOL FOLLOWUP INDUC ARRHYTH W PACING & REC | 93624 | CPT | | | | outpatient | | | 19111 | | 9822.33 Horizon | PPO | 16527.14 | | | | 350 | 18155.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTROPHYSIOL FOLLOWUP INDUC ARRHYTH W PACING & REC | 93624 | CPT | | | | outpatient | | | 19111 | | 9822.33 Horizon | Medicare Blue | 8541.16 | | | | 350 | 18155.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTROPHYSIOL FOLLOWUP INDUC ARRHYTH W PACING & REC | 93624 | CPT | | | | outpatient | | | 19111 | | 9822.33 First Health | First Health | 13377.7 | 70 | | | 350 | 18155.45 | percent of total billed charges | |
| HC ELECTROPHYSIOL FOLLOWUP INDUC ARRHYTH W PACING & REC | 93624 | CPT | | | | outpatient | | | 19111 | | 9822.33 Horizon | NJ Health | 460.67 | | | | 350 | 18155.45 | fee schedule | |
| HC ELECTROPHYSIOL FOLLOWUP INDUC ARRHYTH W PACING & REC | 93624 | CPT | | | | outpatient | | | 19111 | | 9822.33 Managed Care Inc | Managed Care Inc | 17199.9 | 90 | | | 350 | 18155.45 | percent of total billed charges | |
| HC ELECTROPHYSIOL FOLLOWUP INDUC ARRHYTH W PACING & REC | 93624 | CPT | | | | outpatient | | | 19111 | | 9822.33 United | Oxford | 4702 | | | | 350 | 18155.45 | case rate | |
| HC ELECTROPHYSIOL FOLLOWUP INDUC ARRHYTH W PACING & REC | 93624 | CPT | | | | outpatient | | | 19111 | | 9822.33 Horizon | Indemnity | 16527.14 | | | | 350 | 18155.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTROPHYSIOL FOLLOWUP INDUC ARRHYTH W PACING & REC | 93624 | CPT | | | | outpatient | | | 19111 | | 9822.33 Multiplan | Multiplan | 15288.8 | 80 | | | 350 | 18155.45 | percent of total billed charges | |
| HC ELECTROPHYSIOL FOLLOWUP INDUC ARRHYTH W PACING & REC | 93624 | CPT | | | | outpatient | | | 19111 | | 9822.33 WellPoint | WellPoint | 6149.92 | 32.18 | | | 350 | 18155.45 | percent of total billed charges | |
| HC ELECTROPHYSIOL FOLLOWUP INDUC ARRHYTH W PACING & REC | 93624 | CPT | | | | outpatient | | | 19111 | | 9822.33 Qualcare | Qualcare | 14333.25 | 75 | | | 350 | 18155.45 | percent of total billed charges | |
| HC ELECTROPHYSIOL FOLLOWUP INDUC ARRHYTH W PACING & REC | 93624 | CPT | | | | outpatient | | | 19111 | | 9822.33 United | CommercialPPO | 4

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC ELECTROPHYSIOL FOLLOWUP INDUC ARRHYTH W PACING & REC | 93624 | CPT | | | | outpatient | | | 19111 | | 98223.33 | Wellcare | Medicaid | 6029.52 | 31.55 | | | 350 | 18155.45 | percent of total billed charges | |
| HC NIPS NON-INVASIVE PHYSIOLOGY STUDY | 93642 | CPT | | | | outpatient | | | 4690 | | 1565.3 | Horizon | Medicare Blue | 1361.13 | | | | 750 | 17048.52 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NIPS NON-INVASIVE PHYSIOLOGY STUDY | 93642 | CPT | | | | outpatient | | | 4690 | | 1565.3 | Aetna | Better Health | 1479.7 | 31.55 | | | 750 | 17048.52 | percent of total billed charges | |
| HC NIPS NON-INVASIVE PHYSIOLOGY STUDY | 93642 | CPT | | | | outpatient | | | 4690 | | 1565.3 | Amerihealth | HMO/PPO | 750 | | | | 750 | 17048.52 | fee schedule | |
| HC NIPS NON-INVASIVE PHYSIOLOGY STUDY | 93642 | CPT | | | | outpatient | | | 4690 | | 1565.3 | Corrections | Corrections | 3752 | 80 | | | 750 | 17048.52 | percent of total billed charges | |
| HC NIPS NON-INVASIVE PHYSIOLOGY STUDY | 93642 | CPT | | | | outpatient | | | 4690 | | 1565.3 | Aetna | Medicare | 1361.13 | | | | 750 | 17048.52 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NIPS NON-INVASIVE PHYSIOLOGY STUDY | 93642 | CPT | | | | outpatient | | | 4690 | | 1565.3 | First Health | First Health | 3283 | 70 | | | 750 | 17048.52 | percent of total billed charges | |
| HC NIPS NON-INVASIVE PHYSIOLOGY STUDY | 93642 | CPT | | | | outpatient | | | 4690 | | 1565.3 | Horizon | PPO | 2633.79 | | | | 750 | 17048.52 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NIPS NON-INVASIVE PHYSIOLOGY STUDY | 93642 | CPT | | | | outpatient | | | 4690 | | 1565.3 | Consumer | Consumer | 4455.5 | 95 | | | 750 | 17048.52 | percent of total billed charges | |
| HC NIPS NON-INVASIVE PHYSIOLOGY STUDY | 93642 | CPT | | | | outpatient | | | 4690 | | 1565.3 | Multiplan | Multiplan | 3752 | 80 | | | 750 | 17048.52 | percent of total billed charges | |
| HC NIPS NON-INVASIVE PHYSIOLOGY STUDY | 93642 | CPT | | | | outpatient | | | 4690 | | 1565.3 | Horizon | Indemnity | 2633.79 | | | | 750 | 17048.52 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NIPS NON-INVASIVE PHYSIOLOGY STUDY | 93642 | CPT | | | | outpatient | | | 4690 | | 1565.3 | Horizon | MGD | 2633.79 | | | | 750 | 17048.52 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NIPS NON-INVASIVE PHYSIOLOGY STUDY | 93642 | CPT | | | | outpatient | | | 4690 | | 1565.3 | United | Commercial/PPO | 2493 | | | | 750 | 17048.52 | case rate | |
| HC NIPS NON-INVASIVE PHYSIOLOGY STUDY | 93642 | CPT | | | | outpatient | | | 4690 | | 1565.3 | Americare | Americare | 3517.5 | 75 | | | 750 | 17048.52 | percent of total billed charges | |
| HC NIPS NON-INVASIVE PHYSIOLOGY STUDY | 93642 | CPT | | | | outpatient | | | 4690 | | 1565.3 | Wellcare | Medicare | 1361.13 | | | | 750 | 17048.52 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NIPS NON-INVASIVE PHYSIOLOGY STUDY | 93642 | CPT | | | | outpatient | | | 4690 | | 1565.3 | WellPoint | WellPoint | 1509.24 | 32.18 | | | 750 | 17048.52 | percent of total billed charges | |
| HC NIPS NON-INVASIVE PHYSIOLOGY STUDY | 93642 | CPT | | | | outpatient | | | 4690 | | 1565.3 | First Trenton | First Trenton | 4221 | 90 | | | 750 | 17048.52 | percent of total billed charges | |
| HC NIPS NON-INVASIVE PHYSIOLOGY STUDY | 93642 | CPT | | | | outpatient | | | 4690 | | 1565.3 | Qualcare | Qualcare | 3517.5 | 75 | | | 750 | 17048.52 | percent of total billed charges | |
| HC NIPS NON-INVASIVE PHYSIOLOGY STUDY | 93642 | CPT | | | | outpatient | | | 4690 | | 1565.3 | UHC | Medicare | 1361.13 | | | | 750 | 17048.52 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NIPS NON-INVASIVE PHYSIOLOGY STUDY | 93642 | CPT | | | | outpatient | | | 4690 | | 1565.3 | UHC | Medicaid | 1479.7 | 31.55 | | | 750 | 17048.52 | percent of total billed charges | |
| HC NIPS NON-INVASIVE PHYSIOLOGY STUDY | 93642 | CPT | | | | outpatient | | | 4690 | | 1565.3 | Horizon | NJ Health | 17048.52 | | | | 750 | 17048.52 | fee schedule | |
| HC NIPS NON-INVASIVE PHYSIOLOGY STUDY | 93642 | CPT | | | | outpatient | | | 4690 | | 1565.3 | Wellcare | Medicaid | 1479.7 | 31.55 | | | 750 | 17048.52 | percent of total billed charges | |
| HC NIPS NON-INVASIVE PHYSIOLOGY STUDY | 93642 | CPT | | | | outpatient | | | 4690 | | 1565.3 | Managed Care Inc | Managed Care Inc | 4221 | 90 | | | 750 | 17048.52 | percent of total billed charges | |
| HC NIPS NON-INVASIVE PHYSIOLOGY STUDY | 93642 | CPT | | | | outpatient | | | 4690 | | 1565.3 | United | Oxford | 2493 | | | | 750 | 17048.52 | case rate | |
| HC NIPS NON-INVASIVE PHYSIOLOGY STUDY | 93642 | CPT | | | | outpatient | | | 4690 | | 1565.3 | Three Rivers | Three Rivers | 4455.5 | 95 | | | 750 | 17048.52 | percent of total billed charges | |
| HC ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION | 93650 | CPT | | | | outpatient | | | 14038 | | 9822.33 | First Health | First Health | 9826.6 | 70 | | | 2000 | 16527.14 | percent of total billed charges | |
| HC ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION | 93650 | CPT | | | | outpatient | | | 14038 | | 9822.33 | Horizon | Medicare Blue | 8541.16 | | | | 2000 | 16527.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION | 93650 | CPT | | | | outpatient | | | 14038 | | 9822.33 | Amerihealth | HMO/PPO | 2000 | | | | 2000 | 16527.14 | fee schedule | |
| HC ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION | 93650 | CPT | | | | outpatient | | | 14038 | | 9822.33 | Aetna | Better Health | 4428.99 | 31.55 | | | 2000 | 16527.14 | percent of total billed charges | |
| HC ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION | 93650 | CPT | | | | outpatient | | | 14038 | | 9822.33 | Corrections | Corrections | 11230.4 | 80 | | | 2000 | 16527.14 | percent of total billed charges | |
| HC ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION | 93650 | CPT | | | | outpatient | | | 14038 | | 9822.33 | UHC | Medicare | 8541.16 | | | | 2000 | 16527.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION | 93650 | CPT | | | | outpatient | | | 14038 | | 9822.33 | Americare | Americare | 10528.5 | 75 | | | 2000 | 16527.14 | percent of total billed charges | |
| HC ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION | 93650 | CPT | | | | outpatient | | | 14038 | | 9822.33 | Aetna | Medicare | 8541.16 | | | | 2000 | 16527.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION | 93650 | CPT | | | | outpatient | | | 14038 | | 9822.33 | Multiplan | Multiplan | 11230.4 | 80 | | | 2000 | 16527.14 | percent of total billed charges | |
| HC ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION | 93650 | CPT | | | | outpatient | | | 14038 | | 9822.33 | Consumer | Consumer | 13336.1 | 95 | | | 2000 | 16527.14 | percent of total billed charges | |
| HC ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION | 93650 | CPT | | | | outpatient | | | 14038 | | 9822.33 | United | Oxford | 4702 | | | | 2000 | 16527.14 | case rate | |
| HC ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION | 93650 | CPT | | | | outpatient | | | 14038 | | 9822.33 | Horizon | MGD | 16527.14 | | | | 2000 | 16527.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION | 93650 | CPT | | | | outpatient | | | 14038 | | 9822.33 | Horizon | Indemnity | 16527.14 | | | | 2000 | 16527.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION | 93650 | CPT | | | | outpatient | | | 14038 | | 9822.33 | First Trenton | First Trenton | 12634.2 | 90 | | | 2000 | 16527.14 | percent of total billed charges | |
| HC ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION | 93650 | CPT | | | | outpatient | | | 14038 | | 9822.33 | Qualcare | Qualcare | 10528.5 | 75 | | | 2000 | 16527.14 | percent of total billed charges | |
| HC ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION | 93650 | CPT | | | | outpatient | | | 14038 | | 9822.33 | Wellcare | Medicaid | 4428.99 | 31.55 | | | 2000 | 16527.14 | percent of total billed charges | |
| HC ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION | 93650 | CPT | | | | outpatient | | | 14038 | | 9822.33 | Horizon | PPO | 16527.14 | | | | 2000 | 16527.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION | 93650 | CPT | | | | outpatient | | | 14038 | | 9822.33 | Horizon | NJ Health | 8714.79 | | | | 2000 | 16527.14 | fee schedule | |
| HC ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION | 93650 | CPT | | | | outpatient | | | 14038 | | 9822.33 | UHC | Medicaid | 4428.99 | 31.55 | | | 2000 | 16527.14 | percent of total billed charges | |
| HC ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION | 93650 | CPT | | | | outpatient | | | 14038 | | 9822.33 | Managed Care Inc | Managed Care Inc | 12634.2 | 90 | | | 2000 | 16527.14 | percent of total billed charges | |
| HC ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION | 93650 | CPT | | | | outpatient | | | 14038 | | 9822.33 | United | Commercial/PPO | 4702 | | | | 2000 | 16527.14 | case rate | |
| HC ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION | 93650 | CPT | | | | outpatient | | | 14038 | | 9822.33 | Three Rivers | Three Rivers | 13336.1 | 95 | | | 2000 | 16527.14 | percent of total billed charges | |
| HC ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION | 93650 | CPT | | | | outpatient | | | 14038 | | 9822.33 | WellPoint | WellPoint | 4517.43 | 32.18 | | | 2000 | 16527.14 | percent of total billed charges | |
| HC ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION | 93650 | CPT | | | | outpatient | | | 14038 | | 9822.33 | Wellcare | Medicare | 8541.16 | | | | 2000 | 16527.14 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EP & ABLATE SUPRA ARRHYT | 93653 | CPT | | | | both | | | 54043 | | 31237.13 | Americare | Americare | 40532.25 | 75 | | | 1158.24 | 52559.86 | percent of total billed charges | |
| HC EP & ABLATE SUPRA ARRHYT | 93653 | CPT | | | | both | | | 54043 | | 31237.13 | First Health | First Health | 37830.1 | 70 | | | 1158.24 | 52559.86 | percent of total billed charges | |
| HC EP & ABLATE SUPRA ARRHYT | 93653 | CPT | | | | both | | | 54043 | | 31237.13 | Horizon | Indemnity | 52559.86 | | | | 1158.24 | 52559.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EP & ABLATE SUPRA ARRHYT | 93653 | CPT | | | | both | | | 54043 | | 31237.13 | Horizon | PPO | 52559.86 | | | | 1158.24 | 52559.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EP & ABLATE SUPRA ARRHYT | 93653 | CPT | | | | both | | | 54043 | | 31237.13 | Amerihealth | HMO/PPO | 2000 | | | | 1158.24 | 52559.86 | fee schedule | |
| HC EP & ABLATE SUPRA ARRHYT | 93653 | CPT | | | | both | | | 54043 | | 31237.13 | Aetna | Better Health | 17050.57 | 31.55 | | | 1158.24 | 52559.86 | percent of total billed charges | |
| HC EP & ABLATE SUPRA ARRHYT | 93653 | CPT | | | | both | | | 54043 | | 31237.13 | First Trenton | First Trenton | 48638.7 | 90 | | | 1158.24 | 52559.86 | percent of total billed charges | |
| HC EP & ABLATE SUPRA ARRHYT | 93653 | CPT | | | | both | | | 54043 | | 31237.13 | Aetna | Medicare | 27162.72 | | | | 1158.24 | 52559.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EP & ABLATE SUPRA ARRHYT | 93653 | CPT | | | | both | | | 54043 | | 31237.13 | UHC | Medicaid | 17050.57 | 31.55 | | | 1158.24 | 52559.86 | percent of total billed charges | |
| HC EP & ABLATE SUPRA ARRHYT | 93653 | CPT | | | | both | | | 54043 | | 31237.13 | Horizon | Medicare Blue | 27162.72 | | | | 1158.24 | 52559.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EP & ABLATE SUPRA ARRHYT | 93653 | CPT | | | | both | | | 54043 | | 31237.13 | Horizon | NJ Health | 1158.24 | | | 562.61 | 1158.24 | 52559.86 | fee schedule | |
| HC EP & ABLATE SUPRA ARRHYT | 93653 | CPT | | | | both | | | 54043 | | 31237.13 | WellPoint | WellPoint | 17391.04 | 32.18 | | | 1158.24 | 52559.86 | percent of total billed charges | |
| HC EP & ABLATE SUPRA ARRHYT | 93653 | CPT | | | | both | | | 54043 | | 31237.13 | UHC | Medicare | 27162.72 | | | | 1158.24 | 52559.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EP & ABLATE SUPRA ARRHYT | 93653 | CPT | | | | both | | | 54043 | | 31237.13 | Consumer | Consumer | 51340.85 | 95 | | | 1158.24 | 52559.86 | percent of total billed charges | |
| HC EP & ABLATE SUPRA ARRHYT | 93653 | CPT | | | | both | | | 54043 | | 31237.13 | Managed Care Inc | Managed Care Inc | 48638.7 | 90 | | | 1158.24 | 52559.86 | percent of total billed charges | |
| HC EP & ABLATE SUPRA ARRHYT | 93653 | CPT | | | | both | | | 54043 | | 31237.13 | Corrections | Corrections | 43234.4 | 80 | | | 1158.24 | 52559.86 | percent of total billed charges | |
| HC EP & ABLATE SUPRA ARRHYT | 93653 | CPT | | | | both | | | 54043 | | 31237.13 | United | Commercial/PPO | 6197 | | | | 1158.24 | 52559.86 | case rate | |
| HC EP & ABLATE SUPRA ARRHYT | 93653 | CPT | | | | both | | | 54043 | | 31237.13 | Multiplan | Multiplan | 43234.4 | 80 | | | 1158.24 | 52559.86 | percent of total billed charges | |
| HC EP & ABLATE SUPRA ARRHYT | 93653 | CPT | | | | both | | | 54043 | | 31237.13 | Three Rivers | Three Rivers | 51340.85 | 95 | | | 1158.24 | 52559.86 | percent of total billed charges | |
| HC EP & ABLATE SUPRA ARRHYT | 93653 | CPT | | | | both | | | 54043 | | 31237.13 | Horizon | MGD | 52559.86 | | | | 1158.24 | 52559.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EP & ABLATE SUPRA ARRHYT | 93653 | CPT | | | | both | | | 54043 | | 31237.13 | Wellcare | Medicare | 27162.72 | | | | 1158.24 | 52559.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EP & ABLATE SUPRA ARRHYT | 93653 | CPT | | | | both | | | 54043 | | 31237.13 | United | Oxford | 6197 | | | | 1158.24 | 52559.86 | case rate | |
| HC EP & ABLATE SUPRA ARRHYT | 93653 | CPT | | | | both | | | 54043 | | 31237.13 | Qualcare | Qualcare | 40532.25 | 75 | | | 1158.24 | 52559.86 | percent of total billed charges | |
| HC EP & ABLATE SUPRA ARRHYT | 93653 | CPT | | | | both | | | 54043 | | 31237.13 | Wellcare | Medicaid | 17050.57 | 31.55 | | | 1158.24 | 52559.86 | percent of total billed charges | |
| HC EP & ABLATE VENTRIC TACHY | 93654 | CPT | | | | both | | | 54043 | | 31237.13 | Aetna | Medicare | 27162.72 | | | | 1545.9 | 52559.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EP & ABLATE VENTRIC TACHY | 93654 | CPT | | | | both | | | 54043 | | 31237.13 | UHC | Medicare | 27162.72 | | | | 1545.9 | 52559.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EP & ABLATE VENTRIC TACHY | 93654 | CPT | | | | both | | | 54043 | | 31237.13 | Horizon | MGD | 52559.86 | | | | 1545.9 | 52559.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EP & ABLATE VENTRIC TACHY | 93654 | CPT | | | | both | | | 54043 | | 31237.13 | Corrections | Corrections | 43234.4 | 80 | | | 1545.9 | 52559.86 | percent of total billed charges | |
| HC EP & ABLATE VENTRIC TACHY | 93654 | CPT | | | | both | | | 54043 | | 31237.13 | Americare | Americare | 40532.25 | 75 | | | 1545.9 | 52559.86 | percent of total billed charges | |
| HC EP & ABLATE VENTRIC TACHY | 93654 | CPT | | | | both | | | 54043 | | 31237.13 | Amerihealth | HMO/PPO | 2000 | | | | 1545.9 | 52559.86 | fee schedule | |
| HC EP & ABLATE VENTRIC TACHY | 93654 | CPT | | | | both | | | 54043 | | 31237.13 | First Health | First Health | 37830.1 | 70 | | | 1545.9 | 52559.86 | percent of total billed charges | |
| HC EP & ABLATE VENTRIC TACHY | 93654 | CPT | | | | both | | | 54043 | | 31237.13 | Aetna | Better Health | 17050.57 | 31.55 | | | 1545.9 | 52559.86 | percent of total billed charges | |
| HC EP & ABLATE VENTRIC TACHY | 93654 | CPT | | | | both | | | 54043 | | 31237.13 | Horizon | Medicare Blue | 27162.72 | | | | 1545.9 | 52559.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EP & ABLATE VENTRIC TACHY | 93654 | CPT | | | | both | | | 54043 | | 31237.13 | Horizon | Indemnity | 52559.86 | | | | 1545.9 | 52559.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EP & ABLATE VENTRIC TACHY | 93654 | CPT | | | | both | | | 54043 | | 31237.13 | Multiplan | Multiplan | 43234.4 | 80 | | | 1545.9 | 52559.86 | percent of total billed charges | |
| HC EP & ABLATE VENTRIC TACHY | 93654 | CPT | | | | both | | | 54043 | | 31237.13 | Horizon | PPO | 52559.86 | | | | 1545.9 | 52559.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EP & ABLATE VENTRIC TACHY | 93654 | CPT | | | | both | | | 54043 | | 31237.13 | Qualcare | Qualcare | 40532.25 | 75 | | | 1545.9 | 52559.86 | percent of total billed charges | |
| HC EP & ABLATE VENTRIC TACHY | 93654 | CPT | | | | both | | | 54043 | | 31237.13 | United | Commercial/PPO | 6197 | | | | 1545.9 | 52559.86 | case rate | |
| HC EP & ABLATE VENTRIC TACHY | 93654 | CPT | | | | both | | | 54043 | | 31237.13 | UHC | Medicaid | 17050.57 | 31.55 | | | 1545.9 | 52559.86 | percent of total billed charges | |
| HC EP & ABLATE VENTRIC TACHY | 93654 | CPT | | | | both | | | 54043 | | 31237.13 | Consumer | Consumer | 51340.85 | 95 | | | 1545.9 | 52559.86 | percent of total billed charges | |
| HC EP & ABLATE VENTRIC TACHY | 93654 | CPT | | | | both | | | 54043 | | 31237.13 | Wellcare | Medicaid | 17050.57 | 31.55 | | | 1545.9 | 52559.86 | percent of total billed charges | |
| HC EP & ABLATE VENTRIC TACHY | 93654 | CPT | | | | both | | | 54043 | | 31237.13 | Wellcare | Medicare | 27162.72 | | | | 1545.9 | 52559.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EP & ABLATE VENTRIC TACHY | 93654 | CPT | | | | both | | | 54043 | | 31237.13 | First Trenton | First Trenton | 48638.7 | 90 | | | 1545.9 | 52559.86 | percent of total billed charges | |
| HC EP & ABLATE VENTRIC TACHY | 93654 | CPT | | | | both | | | 54043 | | 31237.13 | WellPoint | WellPoint | 17391.04 | 32.18 | | | 1545.9 | 52559.86 | percent of total billed charges | |
| HC EP & ABLATE VENTRIC TACHY | 93654 | CPT | | | | both | | | 54043 | | 31237.13 | Horizon | NJ Health | 1545.9 | | | | 1545.9 | 52559.86 | fee schedule | |
| HC EP & ABLATE VENTRIC TACHY | 93654 | CPT | | | | both | | | 54043 | | 31237.13 | Managed Care Inc | Managed Care Inc | 48638.7 | 90 | | | 1545.9 | 52559.86 | percent of total billed charges | |
| HC EP & ABLATE VENTRIC TACHY | 93654 | CPT | | | | both | | | 54043 | | 31237.13 | Three Rivers | Three Rivers | 51340.85 | 95 | | | 1545.9 | 52559.86 | percent of total billed charges | |
| HC EP & ABLATE VENTRIC TACHY | 93654 | CPT | | | | both | | | 54043 | | 31237.13 | United | Oxford | 6197 | | | | 1545.9 | 52559.86 | case rate | |
| HC INTRACARDIAC ABLATION DISCRETE | 93655 | CPT | | | | both | | | 986.88 | | | First Trenton | First Trenton | 888.19 | 90 | | | 296.06 | 2000 | percent of total billed charges | |
| HC INTRACARDIAC ABLATION DISCRETE | 93655 | CPT | | | | both | | | 986.88 | | | Aetna | Medicare | 303.96 | 30.8 | | | 296.06 | 2000 | percent of total billed charges | |
| HC INTRACARDIAC ABLATION DISCRETE | 93655 | CPT | | | | both | | | 986.88 | | | Horizon | Indemnity | 377.78 | 38.28 | | | 296.06 | 2000 | percent of total billed charges | |
| HC INTRACARDIAC ABLATION DISCRETE | 93655 | CPT | | | | both | | | 986.88 | | | Corrections | Corrections | 789.5 | 80 | | | 296.06 | 2000 | percent of total billed charges | |
| HC INTRACARDIAC ABLATION DISCRETE | 93655 | CPT | | | | both | | | 986.88 | | | Americare | Americare | 740.16 | 75 | | | 296.06 | 2000 | percent of total billed charges | |
| HC INTRACARDIAC ABLATION DISCRETE | 93655 | CPT | | | | both | | | 986.88 | | | First Health | First Health | 690.82 | 70 | | | 296.06 | 2000 | percent of total billed charges | |
| HC INTRACARDIAC ABLATION DISCRETE | 93655 | CPT | | | | both | | | 986.88 | | | Multiplan | Multiplan | 789.5 | 80 | | | 296.06 | 2000 | percent of total billed charges | |
| HC INTRACARDIAC ABLATION DISCRETE | 93655 | CPT | | | | both | | | 986.88 | | | Aetna | Better Health | 311.36 | 31.55 | | | 296.06 | 2000 | percent of total billed charges | |
| HC INTRACARDIAC ABLATION DISCRETE | 93655 | CPT | | | | both | | | 986.88 | | | Horizon | PPO | 377.78 | 38.28 | | | 296.06 | 2000 | percent of total billed charges | |
| HC INTRACARDIAC ABLATION DISCRETE | 93655 | CPT | | | | both | | | 986.88 | | | Horizon | MGD | 377.78 | 38.28 | | | 296.06 | 2000 | percent of total billed charges | |
| HC INTRACARDIAC ABLATION DISCRETE | 93655 | CPT | | | | both | | | 986.88 | | | Qualcare | Qualcare | 740.16 | 75 | | | 296.06 | 2000 | percent of total billed charges | |
| HC INTRACARDIAC ABLATION DISCRETE | 93655 | CPT | | | | both | | | 986.88 | | | WellPoint | WellPoint | 317.58 | 32.18 | | | 296.06 | 2000 | percent of total billed charges | |
| HC INTRACARDIAC ABLATION DISCRETE | 93655 | CPT | | | | both | | | 986.88 | | | Amerihealth | HMO/PPO | 2000 | | | | 296.06 | 2000 | fee schedule | |
| HC INTRACARDIAC ABLATION DISCRETE | 93655 | CPT | | | | both | | | 986.88 | | | UHC | Medicaid | 311.36 | 31.55 | | | 296.06 | 2000 | percent of total billed charges | |
| HC INTRACARDIAC ABLATION DISCRETE | 93655 | CPT | | | | both | | | 986.88 | | | Managed Care Inc | Managed Care Inc | 888.19 | 90 | | | 296.06 | 2000 | percent of total billed charges | |
| HC INTRACARDIAC ABLATION DISCRETE | 93655 | CPT | | | | both | | | 986.88 | | | Consumer | Consumer | 937.54 | 95 | | | 296.06 | 2000 | percent of total billed charges | |
| HC INTRACARDIAC ABLATION DISCRETE | 93655 | CPT | | | | both | | | 986.88 | | | United | Commercial/PPO | 1782 | | | | 296.06 | 2000 | case rate | |
| HC INTRACARDIAC ABLATION DISCRETE | 93655 | CPT | | | | both | | | 986.88 | | | Horizon | Medicare Blue | 296.06 | 30 | | | 296.06 | 2000 | percent of total billed charges | |
| HC INTRACARDIAC ABLATION DISCRETE | 93655 | CPT | | | | both | | | 986.88 | | | Horizon | NJ Health | 579.16 | | | | 296.06 | 2000 | fee schedule | |
| HC INTRACARDIAC ABLATION DISCRETE | 93655 | CPT | | | | both | | | 986.88 | | | Three Rivers | Three Rivers | 937.54 | 95 | | | 296.06 | 2000 | percent of total billed charges | |
| HC INTRACARDIAC ABLATION DISCRETE | 93655 | CPT | | | | both | | | 986.88 | | | United | Oxford | 1782 | | | | 296.06 | 2000 | case rate | |
| HC INTRACARDIAC ABLATION DISCRETE | 93655 | CPT | | | | both | | | 986.88 | | | Wellcare | Medicaid | 311.36 | 31.55 | | | 296.06 | 2000 | percent of total billed charges | |
| HC TX ATRIAL FIB PULM VEIN ISOL | 93656 | CPT | | | | both | | | 52982 | | 31237.13 | Aetna | Better Health | 16715.82 | 31.55 | | | 1546.29 | 52559.86 | percent of total billed charges | |
| HC TX ATRIAL FIB PULM VEIN ISOL | 93656 | CPT | | | | both | | | 52982 | | 31237.13 | Multiplan | Multiplan | 42385.6 | 80 | | | 1546.29 | 52559.86 | percent of total billed charges | |
| HC TX ATRIAL FIB PULM VEIN ISOL | 93656 | CPT | | | | both | | | 52982 | | 31237.13 | Wellcare | Medicaid | 16715.82 | 31.55 | | 2269.14 | 1546.29 | 52559.86 | percent of total billed charges | |
| HC TX ATRIAL FIB PULM VEIN ISOL | 93656 | CPT | | | | both | | | 52982 | | 31237.13 | First Trenton | First Trenton | 47683.8 | 90 | | | 1546.29 | 52559.86 | percent of total billed charges | |
| HC TX ATRIAL FIB PULM VEIN ISOL | 93656 | CPT | | | | both | | | 52982 | | 31237.13 | First Health | First Health | 37087.4 | 70 | | | 1546.29 | 52559.86 | percent of total billed charges | |
| HC TX ATRIAL FIB PULM VEIN ISOL | 93656 | CPT | | | | both | | | 52982 | | 31237.13 | Consumer | Consumer | 50332.9 | 95 | | | 1546.29 | 52559.86 | percent of total billed charges | |
| HC TX ATRIAL FIB PULM VEIN ISOL | 93656 | CPT | | | | both | | | 52982 | | 31237.13 | Aetna | Medicare | 27162.72 | | | | 1546.29 | 52559.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TX ATRIAL FIB PULM VEIN ISOL | 93656 | CPT | | | | both | | | 52982 | | 31237.13 | Corrections | Corrections | 42385.6 | 80 | | | 1546.29 | 52559.86 | percent of total billed charges | |
| HC TX ATRIAL FIB PULM VEIN ISOL | 93656 | CPT | | | | both | | | 52982 | | 31237.13 | Americare | Americare | 39736.5 | 75 | | | 1546.29 | 52559.86 | percent of total billed charges | |
| HC TX ATRIAL FIB PULM VEIN ISOL | 93656 | CPT | | | | both | | | 52982 | | 31237.13 | Qualcare | Qualcare | 39736.5 | 75 | | | 1546.29 | 52559.86 | percent of total billed charges | |
| HC TX ATRIAL FIB PULM VEIN ISOL | 93656 | CPT | | | | both | | | 52982 | | 31237.13 | Horizon | MGD | 52559.86 | | | | 1546.29 | 52559.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TX ATRIAL FIB PULM VEIN ISOL | 93656 | CPT | | | | both | | | 52982 | | 31237.13 | Horizon | Indemnity | 52559.86 | | | 20496.15 | 1546.29 | 52559.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TX ATRIAL FIB PULM VEIN ISOL | 93656 | CPT | | | | both | | | 52982 | | 31237.13 | UHC | Medicare | 27162.72 | | | | 1546.29 | 52559.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TX ATRIAL FIB PULM VEIN ISOL | 93656 | CPT | | | | both | | | 52982 | | 31237.13 | Horizon | PPO | 52559.86 | | | | 1546.29 | 52559.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TX ATRIAL FIB PULM VEIN ISOL | 93656 | CPT | | | | both | | | 52982 | | 31237.13 | Amerihealth | HMO/PPO | 2000 | | | | 1546.29 | 52559.86 | fee schedule | |
| HC TX ATRIAL FIB PULM VEIN ISOL | 93656 | CPT | | | | both | | | 52982 | | 31237.13 | Horizon | NJ Health | 1546.29 | | | | 1546.29 | 52559.86 | fee schedule | |
| HC TX ATRIAL FIB PULM VEIN ISOL | 93656 | CPT | | | | both | | | 52982 | | 31237.13 | Horizon | Medicare Blue | 27162.72 | | | 10019.66 | 1546.29 | 52559.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TX ATRIAL FIB PULM VEIN ISOL | 93656 | CPT | | | | both | | | 52982 | | 31237.13 | UHC | Medicaid | 16715.82 | 31.55 | | | 1546.29 | 52559.86 | percent of total billed charges | |
| HC TX ATRIAL FIB PULM VEIN ISOL | 93656 | CPT | | | | both | | | 52982 | | 31237.13 | United | Commercial/PPO | 6197 | | | 3181.13 | 1546.29 | 52559.86 | case rate | |
| HC TX ATRIAL FIB PULM VEIN ISOL | 93656 | CPT | | | | both | | | 52982 | | 31237.13 | Managed Care Inc | Managed Care Inc | 47683.8 | 90 | | | 1546.29 | 52559.86 | percent of total billed charges | |
| HC TX ATRIAL FIB PULM VEIN ISOL | 93656 | CPT | | | | both | | | 52982 | | 31237.13 | United | Oxford | 6197 | | | | 1546.29 | 52559.86 | case rate | |
| HC TX ATRIAL FIB PULM VEIN ISOL | 93656 | CPT | | | | both | | | 52982 | | 31237.13 | WellPoint | WellPoint | 17049.61 | 32.18 | | 13417.1 | 1546.29 | 52559.86 | percent of total billed charges | |
| HC TX ATRIAL FIB PULM VEIN ISOL | 93656 | CPT | | | | both | | | 52982 | | 31237.13 | Three Rivers | Three Rivers | 50332.9 | 95 | | | 1546.29 | 52559.86 | percent of total billed charges | |
| HC TX ATRIAL FIB PULM VEIN ISOL | 93656 | CPT | | | | both | | | 52982 | | 31237.13 | Wellcare | Medicare | 27162.72 | | | | 1546.29 | 52559.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRACARDIAC CATHETER ABLATION | 93657 | CPT | | | | both | | | 47685 | | | Qualcare | Qualcare | 35763.75 | 75 | | | 579.63 | 45300.75 | percent of total billed charges | |
| HC INTRACARDIAC CATHETER ABLATION | 93657 | CPT | | | | both | | | 47685 | | | Aetna | Better Health | 15044.62 | 31.55 | | | 579.63 | 45300.75 | percent of total billed charges | |
| HC INTRACARDIAC CATHETER ABLATION | 93657 | CPT | | | | both | | | 47685 | | | Americare | Americare | 35763.75 | 75 | | | 579.63 | 45300.75 | percent of

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC INTRACARDIAC CATHETER ABLATION | 93657 | CPT | | | | both | | | 47685 | | Amerihealth | HMO/PPO | 2000 | | | | 579.63 | 45300.75 | fee schedule | |
| HC INTRACARDIAC CATHETER ABLATION | 93657 | CPT | | | | both | | | 47685 | | Consumer | Consumer | 45300.75 | 95 | | | 579.63 | 45300.75 | percent of total billed charges | |
| HC INTRACARDIAC CATHETER ABLATION | 93657 | CPT | | | | both | | | 47685 | | WellPoint | WellPoint | 15345.03 | 32.18 | | | 579.63 | 45300.75 | percent of total billed charges | |
| HC INTRACARDIAC CATHETER ABLATION | 93657 | CPT | | | | both | | | 47685 | | UHC | Medicaid | 15044.62 | 31.55 | | | 579.63 | 45300.75 | percent of total billed charges | |
| HC INTRACARDIAC CATHETER ABLATION | 93657 | CPT | | | | both | | | 47685 | | Horizon | PPO | 18253.82 | 38.28 | | | 579.63 | 45300.75 | percent of total billed charges | |
| HC INTRACARDIAC CATHETER ABLATION | 93657 | CPT | | | | both | | | 47685 | | Multiplan | Multiplan | 38148 | 80 | | | 579.63 | 45300.75 | percent of total billed charges | |
| HC INTRACARDIAC CATHETER ABLATION | 93657 | CPT | | | | both | | | 47685 | | Horizon | MGD | 18253.82 | 38.28 | | | 579.63 | 45300.75 | percent of total billed charges | |
| HC INTRACARDIAC CATHETER ABLATION | 93657 | CPT | | | | both | | | 47685 | | Horizon | Medicare Blue | 14305.5 | 30 | | | 579.63 | 45300.75 | percent of total billed charges | |
| HC INTRACARDIAC CATHETER ABLATION | 93657 | CPT | | | | both | | | 47685 | | First Health | First Health | 33379.5 | 70 | | | 579.63 | 45300.75 | percent of total billed charges | |
| HC INTRACARDIAC CATHETER ABLATION | 93657 | CPT | | | | both | | | 47685 | | Corrections | Corrections | 38148 | 80 | | | 579.63 | 45300.75 | percent of total billed charges | |
| HC INTRACARDIAC CATHETER ABLATION | 93657 | CPT | | | | both | | | 47685 | | United | Oxford | 1782 | | | | 579.63 | 45300.75 | case rate | |
| HC INTRACARDIAC CATHETER ABLATION | 93657 | CPT | | | | both | | | 47685 | | United | Commercial/PPO | 1782 | | | | 579.63 | 45300.75 | case rate | |
| HC INTRACARDIAC CATHETER ABLATION | 93657 | CPT | | | | both | | | 47685 | | Wellcare | Medicaid | 15044.62 | 31.55 | | | 579.63 | 45300.75 | percent of total billed charges | |
| HC INTRACARDIAC CATHETER ABLATION | 93657 | CPT | | | | both | | | 47685 | | Three Rivers | Three Rivers | 45300.75 | 95 | | | 579.63 | 45300.75 | percent of total billed charges | |
| HC INTRACARDIAC CATHETER ABLATION | 93657 | CPT | | | | both | | | 47685 | | Managed Care Inc | Managed Care Inc | 42916.5 | 90 | | | 579.63 | 45300.75 | percent of total billed charges | |
| HC INTRACARDIAC CATHETER ABLATION | 93657 | CPT | | | | both | | | 47685 | | Horizon | Indemnity | 18253.82 | 38.28 | | | 579.63 | 45300.75 | percent of total billed charges | |
| HC INTRACARDIAC CATHETER ABLATION | 93657 | CPT | | | | both | | | 47685 | | Horizon | NJ Health | 579.63 | | | | 579.63 | 45300.75 | fee schedule | |
| HC TILT TABLE | 93660 | CPT | | | | both | | | 2353 | 704.94 | Aetna | Better Health | 742.37 | 31.55 | | | 150 | 2235.35 | percent of total billed charges | |
| HC TILT TABLE | 93660 | CPT | | | | both | | | 2353 | 704.94 | Aetna | Medicare | 612.99 | | | | 150 | 2235.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TILT TABLE | 93660 | CPT | | | | both | | | 2353 | 704.94 | Corrections | Corrections | 1882.4 | 80 | | | 150 | 2235.35 | percent of total billed charges | |
| HC TILT TABLE | 93660 | CPT | | | | both | | | 2353 | 704.94 | Amerihealth | HMO/PPO | 150 | | | | 150 | 2235.35 | fee schedule | |
| HC TILT TABLE | 93660 | CPT | | | | both | | | 2353 | 704.94 | First Health | First Health | 1647.1 | 70 | | | 150 | 2235.35 | percent of total billed charges | |
| HC TILT TABLE | 93660 | CPT | | | | both | | | 2353 | 704.94 | Horizon | Medicare Blue | 612.99 | | | | 150 | 2235.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TILT TABLE | 93660 | CPT | | | | both | | | 2353 | 704.94 | Americare | Americare | 1764.75 | 75 | | | 150 | 2235.35 | percent of total billed charges | |
| HC TILT TABLE | 93660 | CPT | | | | both | | | 2353 | 704.94 | Horizon | PPO | 1186.14 | | | | 150 | 2235.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TILT TABLE | 93660 | CPT | | | | both | | | 2353 | 704.94 | UHC | Medicare | 612.99 | | | | 150 | 2235.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TILT TABLE | 93660 | CPT | | | | both | | | 2353 | 704.94 | Wellcare | Medicaid | 742.37 | 31.55 | | | 150 | 2235.35 | percent of total billed charges | |
| HC TILT TABLE | 93660 | CPT | | | | both | | | 2353 | 704.94 | Horizon | Indemnity | 1186.14 | | | | 150 | 2235.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TILT TABLE | 93660 | CPT | | | | both | | | 2353 | 704.94 | Horizon | MGD | 1186.14 | | | | 150 | 2235.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TILT TABLE | 93660 | CPT | | | | both | | | 2353 | 704.94 | Wellcare | Medicare | 612.99 | | | | 150 | 2235.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TILT TABLE | 93660 | CPT | | | | both | | | 2353 | 704.94 | Multiplan | Multiplan | 1882.4 | 80 | | | 150 | 2235.35 | percent of total billed charges | |
| HC TILT TABLE | 93660 | CPT | | | | both | | | 2353 | 704.94 | Consumer | Consumer | 2235.35 | 95 | | | 150 | 2235.35 | percent of total billed charges | |
| HC TILT TABLE | 93660 | CPT | | | | both | | | 2353 | 704.94 | WellPoint | WellPoint | 757.2 | 32.18 | | | 150 | 2235.35 | percent of total billed charges | |
| HC TILT TABLE | 93660 | CPT | | | | both | | | 2353 | 704.94 | United | Commercial/PPO | 1782 | | | | 150 | 2235.35 | case rate | |
| HC TILT TABLE | 93660 | CPT | | | | both | | | 2353 | 704.94 | Qualcare | Qualcare | 1764.75 | 75 | | | 150 | 2235.35 | percent of total billed charges | |
| HC TILT TABLE | 93660 | CPT | | | | both | | | 2353 | 704.94 | First Trenton | First Trenton | 2117.7 | 90 | | | 150 | 2235.35 | percent of total billed charges | |
| HC TILT TABLE | 93660 | CPT | | | | both | | | 2353 | 704.94 | UHC | Medicaid | 742.37 | 31.55 | | | 150 | 2235.35 | percent of total billed charges | |
| HC TILT TABLE | 93660 | CPT | | | | both | | | 2353 | 704.94 | Horizon | NJ Health | 1498.14 | | | | 150 | 2235.35 | fee schedule | |
| HC TILT TABLE | 93660 | CPT | | | | both | | | 2353 | 704.94 | United | Oxford | 1782 | | | | 150 | 2235.35 | case rate | |
| HC TILT TABLE | 93660 | CPT | | | | both | | | 2353 | 704.94 | Managed Care Inc | Managed Care Inc | 2117.7 | 90 | | | 150 | 2235.35 | percent of total billed charges | |
| HC TILT TABLE | 93660 | CPT | | | | both | | | 2353 | 704.94 | Three Rivers | Three Rivers | 2235.35 | 95 | | | 150 | 2235.35 | percent of total billed charges | |
| HC INTRACARDIAC ECHOCARDIOGRAPHY( | 93662 | CPT | | | | both | | | 39646 | | Corrections | Corrections | 31716.8 | 80 | | | 459.36 | 37663.7 | percent of total billed charges | |
| HC INTRACARDIAC ECHOCARDIOGRAPHY( | 93662 | CPT | | | | both | | | 39646 | | Americare | Americare | 29734.5 | 75 | | | 459.36 | 37663.7 | percent of total billed charges | |
| HC INTRACARDIAC ECHOCARDIOGRAPHY( | 93662 | CPT | | | | both | | | 39646 | | Amerihealth | HMO/PPO | 1400 | | | | 459.36 | 37663.7 | fee schedule | |
| HC INTRACARDIAC ECHOCARDIOGRAPHY( | 93662 | CPT | | | | both | | | 39646 | | Consumer | Consumer | 37663.7 | 95 | | | 459.36 | 37663.7 | percent of total billed charges | |
| HC INTRACARDIAC ECHOCARDIOGRAPHY( | 93662 | CPT | | | | both | | | 39646 | | Aetna | Medicare | 12210.97 | 30.8 | | | 459.36 | 37663.7 | percent of total billed charges | |
| HC INTRACARDIAC ECHOCARDIOGRAPHY( | 93662 | CPT | | | | both | | | 39646 | | Horizon | MGD | 15176.49 | 38.28 | | | 459.36 | 37663.7 | percent of total billed charges | |
| HC INTRACARDIAC ECHOCARDIOGRAPHY( | 93662 | CPT | | | | both | | | 39646 | | United | Oxford | 1782 | | | | 459.36 | 37663.7 | case rate | |
| HC INTRACARDIAC ECHOCARDIOGRAPHY( | 93662 | CPT | | | | both | | | 39646 | | Aetna | Better Health | 12508.31 | 31.55 | | | 459.36 | 37663.7 | percent of total billed charges | |
| HC INTRACARDIAC ECHOCARDIOGRAPHY( | 93662 | CPT | | | | both | | | 39646 | | United | Commercial/PPO | 1782 | | | | 459.36 | 37663.7 | case rate | |
| HC INTRACARDIAC ECHOCARDIOGRAPHY( | 93662 | CPT | | | | both | | | 39646 | | UHC | Medicaid | 12508.31 | 31.55 | | | 459.36 | 37663.7 | percent of total billed charges | |
| HC INTRACARDIAC ECHOCARDIOGRAPHY( | 93662 | CPT | | | | both | | | 39646 | | Wellcare | Medicaid | 12508.31 | 31.55 | | | 459.36 | 37663.7 | percent of total billed charges | |
| HC INTRACARDIAC ECHOCARDIOGRAPHY( | 93662 | CPT | | | | both | | | 39646 | | First Health | First Health | 27752.2 | 70 | | | 459.36 | 37663.7 | percent of total billed charges | |
| HC INTRACARDIAC ECHOCARDIOGRAPHY( | 93662 | CPT | | | | both | | | 39646 | | First Trenton | First Trenton | 35681.4 | 90 | | | 459.36 | 37663.7 | percent of total billed charges | |
| HC INTRACARDIAC ECHOCARDIOGRAPHY( | 93662 | CPT | | | | both | | | 39646 | | Horizon | Indemnity | 15176.49 | 38.28 | | | 459.36 | 37663.7 | percent of total billed charges | |
| HC INTRACARDIAC ECHOCARDIOGRAPHY( | 93662 | CPT | | | | both | | | 39646 | | WellPoint | WellPoint | 12758.08 | 32.18 | | | 459.36 | 37663.7 | percent of total billed charges | |
| HC INTRACARDIAC ECHOCARDIOGRAPHY( | 93662 | CPT | | | | both | | | 39646 | | Horizon | Medicare Blue | 11893.8 | 30 | | | 459.36 | 37663.7 | percent of total billed charges | |
| HC INTRACARDIAC ECHOCARDIOGRAPHY( | 93662 | CPT | | | | both | | | 39646 | | Horizon | NJ Health | 459.36 | | | 412.73 | 459.36 | 37663.7 | fee schedule | |
| HC INTRACARDIAC ECHOCARDIOGRAPHY( | 93662 | CPT | | | | both | | | 39646 | | Multiplan | Multiplan | 31716.8 | 80 | | | 459.36 | 37663.7 | percent of total billed charges | |
| HC INTRACARDIAC ECHOCARDIOGRAPHY( | 93662 | CPT | | | | both | | | 39646 | | Horizon | PPO | 15176.49 | 38.28 | | | 459.36 | 37663.7 | percent of total billed charges | |
| HC INTRACARDIAC ECHOCARDIOGRAPHY( | 93662 | CPT | | | | both | | | 39646 | | Qualcare | Qualcare | 29734.5 | 75 | | | 459.36 | 37663.7 | percent of total billed charges | |
| HC INTRACARDIAC ECHOCARDIOGRAPHY( | 93662 | CPT | | | | both | | | 39646 | | Managed Care Inc | Managed Care Inc | 35681.4 | 90 | | | 459.36 | 37663.7 | percent of total billed charges | |
| HC INTRACARDIAC ECHOCARDIOGRAPHY( | 93662 | CPT | | | | both | | | 39646 | | Three Rivers | Three Rivers | 37663.7 | 95 | | | 459.36 | 37663.7 | percent of total billed charges | |
| HC ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM | 93724 | CPT | | | | outpatient | | | 1102 | 392.84 | Aetna | Medicare | 341.6 | | | | 341.6 | 1046.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM | 93724 | CPT | | | | outpatient | | | 1102 | 392.84 | Americare | Americare | 826.5 | 75 | | | 341.6 | 1046.9 | percent of total billed charges | |
| HC ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM | 93724 | CPT | | | | outpatient | | | 1102 | 392.84 | Horizon | PPO | 661 | | | | 341.6 | 1046.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM | 93724 | CPT | | | | outpatient | | | 1102 | 392.84 | First Health | First Health | 771.4 | 70 | | | 341.6 | 1046.9 | percent of total billed charges | |
| HC ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM | 93724 | CPT | | | | outpatient | | | 1102 | 392.84 | Horizon | Medicare Blue | 341.6 | | | | 341.6 | 1046.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM | 93724 | CPT | | | | outpatient | | | 1102 | 392.84 | Corrections | Corrections | 881.6 | 80 | | | 341.6 | 1046.9 | percent of total billed charges | |
| HC ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM | 93724 | CPT | | | | outpatient | | | 1102 | 392.84 | Amerihealth | HMO/PPO | 450 | | | | 341.6 | 1046.9 | fee schedule | |
| HC ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM | 93724 | CPT | | | | outpatient | | | 1102 | 392.84 | Aetna | Better Health | 347.68 | 31.55 | | | 341.6 | 1046.9 | percent of total billed charges | |
| HC ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM | 93724 | CPT | | | | outpatient | | | 1102 | 392.84 | Wellcare | Medicaid | 347.68 | 31.55 | | | 341.6 | 1046.9 | percent of total billed charges | |
| HC ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM | 93724 | CPT | | | | outpatient | | | 1102 | 392.84 | Consumer | Consumer | 1046.9 | 95 | | | 341.6 | 1046.9 | percent of total billed charges | |
| HC ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM | 93724 | CPT | | | | outpatient | | | 1102 | 392.84 | WellPoint | WellPoint | 354.62 | 32.18 | | | 341.6 | 1046.9 | percent of total billed charges | |
| HC ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM | 93724 | CPT | | | | outpatient | | | 1102 | 392.84 | Wellcare | Medicare | 341.6 | | | | 341.6 | 1046.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM | 93724 | CPT | | | | outpatient | | | 1102 | 392.84 | Multiplan | Multiplan | 881.6 | 80 | | | 341.6 | 1046.9 | percent of total billed charges | |
| HC ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM | 93724 | CPT | | | | outpatient | | | 1102 | 392.84 | Horizon | Indemnity | 661 | | | | 341.6 | 1046.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM | 93724 | CPT | | | | outpatient | | | 1102 | 392.84 | Horizon | MGD | 661 | | | | 341.6 | 1046.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM | 93724 | CPT | | | | outpatient | | | 1102 | 392.84 | UHC | Medicare | 341.6 | | | | 341.6 | 1046.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM | 93724 | CPT | | | | outpatient | | | 1102 | 392.84 | Qualcare | Qualcare | 826.5 | 75 | | | 341.6 | 1046.9 | percent of total billed charges | |
| HC ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM | 93724 | CPT | | | | outpatient | | | 1102 | 392.84 | First Trenton | First Trenton | 991.8 | 90 | | | 341.6 | 1046.9 | percent of total billed charges | |
| HC ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM | 93724 | CPT | | | | outpatient | | | 1102 | 392.84 | UHC | Medicaid | 347.68 | 31.55 | | | 341.6 | 1046.9 | percent of total billed charges | |
| HC ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM | 93724 | CPT | | | | outpatient | | | 1102 | 392.84 | Horizon | NJ Health | 439.81 | | | | 341.6 | 1046.9 | fee schedule | |
| HC ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM | 93724 | CPT | | | | outpatient | | | 1102 | 392.84 | Managed Care Inc | Managed Care Inc | 991.8 | 90 | | | 341.6 | 1046.9 | percent of total billed charges | |
| HC ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM | 93724 | CPT | | | | outpatient | | | 1102 | 392.84 | Three Rivers | Three Rivers | 1046.9 | 95 | | | 341.6 | 1046.9 | percent of total billed charges | |
| HC INTER VAD IN PERSON | 93750 | CPT | | | | outpatient | | | 365 | 127.32 | Aetna | Medicare | 110.71 | | | | 21.88 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTER VAD IN PERSON | 93750 | CPT | | | | outpatient | | | 365 | 127.32 | First Health | First Health | 299.5 | 70 | | | 21.88 | 1782 | percent of total billed charges | |
| HC INTER VAD IN PERSON | 93750 | CPT | | | | outpatient | | | 365 | 127.32 | Horizon | PPO | 214.22 | | | | 21.88 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTER VAD IN PERSON | 93750 | CPT | | | | outpatient | | | 365 | 127.32 | First Trenton | First Trenton | 328.5 | 90 | | | 21.88 | 1782 | percent of total billed charges | |
| HC INTER VAD IN PERSON | 93750 | CPT | | | | outpatient | | | 365 | 127.32 | Americare | Americare | 273.75 | 75 | | | 21.88 | 1782 | percent of total billed charges | |
| HC INTER VAD IN PERSON | 93750 | CPT | | | | outpatient | | | 365 | 127.32 | Aetna | Better Health | 115.16 | 31.55 | | | 21.88 | 1782 | percent of total billed charges | |
| HC INTER VAD IN PERSON | 93750 | CPT | | | | outpatient | | | 365 | 127.32 | Consumer | Consumer | 346.75 | 95 | | | 21.88 | 1782 | percent of total billed charges | |
| HC INTER VAD IN PERSON | 93750 | CPT | | | | outpatient | | | 365 | 127.32 | UHC | Medicaid | 115.16 | 31.55 | | | 21.88 | 1782 | percent of total billed charges | |
| HC INTER VAD IN PERSON | 93750 | CPT | | | | outpatient | | | 365 | 127.32 | Amerihealth | HMO/PPO | 21.88 | | | | 21.88 | 1782 | fee schedule | |
| HC INTER VAD IN PERSON | 93750 | CPT | | | | outpatient | | | 365 | 127.32 | Multiplan | Multiplan | 292 | 80 | | | 21.88 | 1782 | percent of total billed charges | |
| HC INTER VAD IN PERSON | 93750 | CPT | | | | outpatient | | | 365 | 127.32 | Corrections | Corrections | 292 | 80 | | | 21.88 | 1782 | percent of total billed charges | |
| HC INTER VAD IN PERSON | 93750 | CPT | | | | outpatient | | | 365 | 127.32 | Horizon | Indemnity | 214.22 | | | | 21.88 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTER VAD IN PERSON | 93750 | CPT | | | | outpatient | | | 365 | 127.32 | Horizon | MGD | 214.22 | | | | 21.88 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTER VAD IN PERSON | 93750 | CPT | | | | outpatient | | | 365 | 127.32 | Qualcare | Qualcare | 273.75 | 75 | | | 21.88 | 1782 | percent of total billed charges | |
| HC INTER VAD IN PERSON | 93750 | CPT | | | | outpatient | | | 365 | 127.32 | Horizon | NJ Health | 78.33 | | | | 21.88 | 1782 | fee schedule | |
| HC INTER VAD IN PERSON | 93750 | CPT | | | | outpatient | | | 365 | 127.32 | United | Commercial/PPO | 1782 | | | | 21.88 | 1782 | case rate | |
| HC INTER VAD IN PERSON | 93750 | CPT | | | | outpatient | | | 365 | 127.32 | Three Rivers | Three Rivers | 346.75 | 95 | | | 21.88 | 1782 | percent of total billed charges | |
| HC INTER VAD IN PERSON | 93750 | CPT | | | | outpatient | | | 365 | 127.32 | Horizon | Medicare Blue | 110.71 | | | | 21.88 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTER VAD IN PERSON | 93750 | CPT | | | | outpatient | | | 365 | 127.32 | UHC | Medicare | 110.71 | | | | 21.88 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTER VAD IN PERSON | 93750 | CPT | | | | outpatient | | | 365 | 127.32 | United | Oxford | 1782 | | | | 21.88 | 1782 | case rate | |
| HC INTER VAD IN PERSON | 93750 | CPT | | | | outpatient | | | 365 | 127.32 | Wellcare | Medicaid | 115.16 | 31.55 | | | 21.88 | 1782 | percent of total billed charges | |
| HC INTER VAD IN PERSON | 93750 | CPT | | | | outpatient | | | 365 | 127.32 | Managed Care Inc | Managed Care Inc | 328.5 | 90 | | | 21.88 | 1782 | percent of total billed charges | |
| HC INTER VAD IN PERSON | 93750 | CPT | | | | outpatient | | | 365 | 127.32 | Wellcare | Medicare | 110.71 | | | | 21.88 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTER VAD IN PERSON | 93750 | CPT | | | | outpatient | | | 365 | 127.32 | WellPoint | WellPoint | 117.46 | 32.18 | | | 21.88 | 1782 | percent of total billed charges | |
| HC PT OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING | 93798 | CPT | | | | outpatient | | | 408 | 173.79 | Aetna | Better Health | 128.72 | 31.55 | | | 128.72 | 387.6 | percent of total billed charges | |
| HC PT OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING | 93798 | CPT | | | | outpatient | | | 408 | 173.79 | Amerihealth | HMO/PPO | 265.2 | 65 | | | 128.72 | 387.6 | percent of total billed charges | |
| HC PT OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING | 93798 | CPT | | | | outpatient | | | 408 | 173.79 | Corrections | Corrections | 326.4 | 80 | | | 128.72 | 387.6 | percent of total billed charges | |
| HC PT OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING | 93798 | CPT | | | | outpatient | | | 408 | 173.79 | Consumer | Consumer | 387.6 | 95 | | | 128.72 | 387.6 | percent of total billed charges | |
| HC PT OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING | 93798 | CPT | | | | outpatient | | | 408 | 173.79 | Wellcare | Medicare | 151.12 | | | 148.1 | 128.72 | 387.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PT OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING | 93798 | CPT | | | | outpatient | | | 408 | 173.79 | Aetna | Medicare | 151.12 | | | | 128.72 | 387.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PT OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING | 93798 | CPT | | | | outpatient | | | 408 | 173.79 | Americare | Americare | 306 | 75 | | | 128.72 | 387.6 | percent of total billed charges | |
| HC PT OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING | 93798 | CPT | | | | outpatient | | | 408 | 173.79 | First Health | First Health | 285.6 | 70 | | | 128.72 | 387.6 | percent of total billed charges | |
| HC PT OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING | 93798 | CPT | | | | outpatient | | | 408 | 173.79 | WellPoint | WellPoint | 131.29 | 32.18 | | 130.17 | 128.72 | 387.6 | percent of total billed charges | |
| HC PT OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING | 93798 | CPT | | | | outpatient | | | 408 | 173.79 | Horizon | Medicare Blue | 151.12 | | | | 128.72 | 387.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PT OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING | 93798 | CPT | | | | outpatient | | | 408 | 173.79 | Horizon | Indemnity | 292.42 | | | | 128.72 | 387.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PT OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING | 93798 | CPT | | | | outpatient | | | 408 | 173.79 | Horizon | PPO | 292.42 | | | 277.6 | 128.72 | 387.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PT OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING | 93798 | CPT | | | | outpatient | | | 408 | 173.79 | First Trenton | First Trenton | 367.2 | 90 | | | 128.72 | 387.6 | percent of total billed charges | |
| HC PT OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING | 93798 | CPT | | | | outpatient | | | 408 | 173.79 | Horizon | MGD | 292.42 | | | 278.12 | 128.72 | 387.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PT OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING | 93798 | CPT | | | | outpatient | | | 408 | 173.79 | Managed Care Inc | Managed Care Inc | 367.2 | 90 | | | 128.72 | 387.6 | percent of total billed charges | |
| HC PT OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING | 93798 | CPT | | | | outpatient | | | 408 | 173.79 | Wellcare | Medicaid | 128.72 | 31.55 | | | 128.72 | 387.6 | percent of total billed charges | |
| HC PT OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING | 93798 | CPT | | | | outpatient | | | 408 | 173.79 | Three Rivers | Three Rivers | 387.6 | 95 | | | 128.72 | 387.6 | percent of total billed charges | |
| HC PT OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING | 93798 | CPT | | | | outpatient | | | 408 | 173.79 | Horizon | NJ Health | 177.48 | | | 94.13 | 128.72 | 387.6 | fee schedule | |
| HC PT OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING | 93798 | CPT | | | | outpatient | | | 408 | 173.79 | UHC | Medicaid | 128.72 | 31.55 | | 124.26 | 128.72 | 387.6 | percent of total billed charges | |
| HC PT OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING | 93798 | CPT | | | | outpatient | | | 408 | 173.79 | Multiplan | Multiplan | 326.4 | 80 | | | 128.72 | 387.6 | percent of total billed charges | |
| HC PT OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING | 93798 | CPT | | | | outpatient | | | 408 | 173.79 | UHC | Medicare | 151.12 | | | 134.52 | 128.72 | 387.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PT OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING | 93798 | CPT | | | | outpatient | | | 408 | 173.79 | Qualcare | Qualcare | 306 | 75 | | | 128.72 | 387.6 | percent of total billed charges | |
| HC CPT 93799 USED FOR INSERT ICM | 93799 | CPT | | | | both | | | 6442 | 205.45 | Aetna | Better Health | 2032.45 | 31.55 | | | 178.65 | 6119.9 | percent of total billed charges | |
| HC CPT 93799 USED FOR INSERT ICM | 93799 | CPT | | | | both | | | 6442 | 205.45 | First Trenton | First Trenton | 5797.8 | 90 | | | 178.65 | 6119.9 | percent of total billed charges | |
| HC CPT 93799 USED FOR INSERT ICM | 93799 | CPT | | | | both | | | 6442 | 205.45 | Consumer | Consumer | 6119.9 | 95 | | | 178.65 | 6119.9 | percent of total billed charges | |
| HC CPT 93799 USED FOR INSERT ICM | 93799 | CPT | | | | both | | | 6442 | 205.45 | Aetna | Medicare | 178.65 | | | | 178.65 | 6119.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CPT 93799 USED FOR INSERT ICM | 93799 | CPT | | | | both | | | 6442 | 205.45 | UHC | Medicaid | 2032.45 | 31.55 | | | 178.65 | 6119.9 | percent of total billed charges | |
| HC CPT 93799 USED FOR INSERT ICM | 93799 | CPT | | | | both | | | 6442 | 205.45 | First Health | First Health | 4509.4 | 70 | | | 178.65 | 6119.9 | percent of total billed charges | |
| HC CPT 93799 USED FOR INSERT ICM | 93799 | CPT | | | | both | | | 6442 | 205.45 | Americare | Americare | 4831.5 | 75 | | | 178.65 | 6119.9 | percent of total billed charges | |
| HC CPT 93799 USED FOR INSERT ICM | 93799 | CPT | | | | both | | | 6442 | 205.45 | Amerihealth | HMO/PPO | 4187.3 | 65 | | | 178.65 | 6119.9 | percent of total billed charges | |
| HC CPT 93799 USED FOR INSERT ICM | 93799 | CPT | | | | both | | | 6442 | 205.45 | UHC | Medicare | 178.65 | | | | 178.65 | 6119.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CPT 93799 USED FOR INSERT ICM | 93799 | CPT | | | | both | | | 6442 | 205.45 | Horizon | Medicare Blue | 178.65 | | | | 178.65 | 6119.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CPT 93799 USED FOR INSERT ICM | 93799 | CPT | | | | both | | | 6442 | 205.45 | Corrections | Corrections | 5153.6 | 80 | | | 178.65 | 6119.9 | percent of total billed charges | |
| HC CPT 93799 USED FOR INSERT ICM | 93799 | CPT | | | | both | | | 6442 | 205.45 | Multiplan | Multiplan | 5153.6 | 80 | | | 178.65 | 6119.9 | percent of total billed charges | |
| HC CPT 93799 USED FOR INSERT ICM | 93799 | CPT | | | | both | | | 6442 | 205.45 | Wellcare | Medicare | 178.65 | | | | 178.65 | 6119.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CPT 93799 USED FOR INSERT ICM | 93799 | CPT | | | | both | | | 6442 | 205.45 | United | Commercial/PPO | 1782 | | | | 178.65 | 6119.9 | case rate | |
| HC CPT 93799 USED FOR INSERT ICM | 93799 | CPT | | | | both | | | 6442 | 205.45 | Horizon | MGD | 345.69 | | | 91.38 | 178.65 | 6119.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CPT 93799 USED FOR INSERT ICM | 93799 | CPT | | | | both | | | 6442 | 205.45 | Qualcare | Qualcare | 4831.5 | 75 | | | 178.65 | 6119.9 | percent of total billed charges | |
| HC CPT 93799 USED FOR INSERT ICM | 93799 | CPT | | | | both | | | 6442 | 205.45 | Horizon | Indemnity | 345.69 | | | | 178.65 | 6119.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC CPT 93799 USED FOR INSERT ICM | 93799 | CPT | | | | both | | | 6442 | | 205.45 Horizon | PPO | 345.69 | | | | 178.65 | 6119.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CPT 93799 USED FOR INSERT ICM | 93799 | CPT | | | | both | | | 6442 | | 205.45 Managed Care Inc | Managed Care Inc | 5797.8 | 90 | | | 178.65 | 6119.9 | percent of total billed charges | |
| HC CPT 93799 USED FOR INSERT ICM | 93799 | CPT | | | | both | | | 6442 | | 205.45 Wellcare | Medicaid | 2032.45 | 31.55 | | | 178.65 | 6119.9 | percent of total billed charges | |
| HC CPT 93799 USED FOR INSERT ICM | 93799 | CPT | | | | both | | | 6442 | | 205.45 Three Rivers | Three Rivers | 6119.9 | 95 | | | 178.65 | 6119.9 | percent of total billed charges | |
| HC CPT 93799 USED FOR INSERT ICM | 93799 | CPT | | | | both | | | 6442 | | 205.45 United | Oxford | 1782 | | | | 178.65 | 6119.9 | case rate | |
| HC CPT 93799 USED FOR INSERT ICM | 93799 | CPT | | | | both | | | 6442 | | 205.45 WellPoint | WellPoint | 2073.04 | 32.18 | | | 178.65 | 6119.9 | percent of total billed charges | |
| HC DUPLEX EXTRACRANIAL CEREBROVA | 93880 | CPT | | | | both | | | 1290 | | 322.28 Consumer | Consumer | 1225.5 | 95 | | | 185 | 1225.5 | percent of total billed charges | |
| HC DUPLEX EXTRACRANIAL CEREBROVA | 93880 | CPT | | | | both | | | 1290 | | 322.28 First Trenton | First Trenton | 1161 | 90 | | | 185 | 1225.5 | percent of total billed charges | |
| HC DUPLEX EXTRACRANIAL CEREBROVA | 93880 | CPT | | | | both | | | 1290 | | 322.28 Qualcare | Qualcare | 967.5 | 75 | | | 185 | 1225.5 | percent of total billed charges | |
| HC DUPLEX EXTRACRANIAL CEREBROVA | 93880 | CPT | | | | both | | | 1290 | | 322.28 First Health | First Health | 903 | 70 | | | 185 | 1225.5 | percent of total billed charges | |
| HC DUPLEX EXTRACRANIAL CEREBROVA | 93880 | CPT | | | | both | | | 1290 | | 322.28 Aetna | Better Health | 407 | 31.55 | | 242.36 | 185 | 1225.5 | percent of total billed charges | |
| HC DUPLEX EXTRACRANIAL CEREBROVA | 93880 | CPT | | | | both | | | 1290 | | 322.28 Aetna | Medicare | 280.24 | | | 124.96 | 185 | 1225.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX EXTRACRANIAL CEREBROVA | 93880 | CPT | | | | both | | | 1290 | | 322.28 Americare | Americare | 967.5 | 75 | | | 185 | 1225.5 | percent of total billed charges | |
| HC DUPLEX EXTRACRANIAL CEREBROVA | 93880 | CPT | | | | both | | | 1290 | | 322.28 Horizon | Medicare Blue | 280.24 | | | 144.23 | 185 | 1225.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX EXTRACRANIAL CEREBROVA | 93880 | CPT | | | | both | | | 1290 | | 322.28 Horizon | PPO | 542.26 | | | | 185 | 1225.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX EXTRACRANIAL CEREBROVA | 93880 | CPT | | | | both | | | 1290 | | 322.28 Horizon | NJ Health | 973.53 | | | 674.53 | 185 | 1225.5 | fee schedule | |
| HC DUPLEX EXTRACRANIAL CEREBROVA | 93880 | CPT | | | | both | | | 1290 | | 322.28 UHC | Medicaid | 407 | 31.55 | | 264.36 | 185 | 1225.5 | percent of total billed charges | |
| HC DUPLEX EXTRACRANIAL CEREBROVA | 93880 | CPT | | | | both | | | 1290 | | 322.28 UHC | Medicare | 280.24 | | | 128.56 | 185 | 1225.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX EXTRACRANIAL CEREBROVA | 93880 | CPT | | | | both | | | 1290 | | 322.28 Amerihealth | HMO/PPO | 185 | | | 123.09 | 185 | 1225.5 | fee schedule | |
| HC DUPLEX EXTRACRANIAL CEREBROVA | 93880 | CPT | | | | both | | | 1290 | | 322.28 Corrections | Corrections | 1032 | 80 | | 260.49 | 185 | 1225.5 | percent of total billed charges | |
| HC DUPLEX EXTRACRANIAL CEREBROVA | 93880 | CPT | | | | both | | | 1290 | | 322.28 Managed Care Inc | Managed Care Inc | 1161 | 90 | | | 185 | 1225.5 | percent of total billed charges | |
| HC DUPLEX EXTRACRANIAL CEREBROVA | 93880 | CPT | | | | both | | | 1290 | | 322.28 Wellcare | Medicaid | 407 | 31.55 | | | 185 | 1225.5 | percent of total billed charges | |
| HC DUPLEX EXTRACRANIAL CEREBROVA | 93880 | CPT | | | | both | | | 1290 | | 322.28 Multiplan | Multiplan | 1032 | 80 | | | 185 | 1225.5 | percent of total billed charges | |
| HC DUPLEX EXTRACRANIAL CEREBROVA | 93880 | CPT | | | | both | | | 1290 | | 322.28 Horizon | Indemnity | 542.26 | | | 471.43 | 185 | 1225.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX EXTRACRANIAL CEREBROVA | 93880 | CPT | | | | both | | | 1290 | | 322.28 Three Rivers | Three Rivers | 1225.5 | 95 | | | 185 | 1225.5 | percent of total billed charges | |
| HC DUPLEX EXTRACRANIAL CEREBROVA | 93880 | CPT | | | | both | | | 1290 | | 322.28 Horizon | MGD | 542.26 | | | 484 | 185 | 1225.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX EXTRACRANIAL CEREBROVA | 93880 | CPT | | | | both | | | 1290 | | 322.28 Wellcare | Medicare | 280.24 | | | | 185 | 1225.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX EXTRACRANIAL CEREBROVA | 93880 | CPT | | | | both | | | 1290 | | 322.28 WellPoint | WellPoint | 415.12 | 32.18 | | 128.58 | 185 | 1225.5 | percent of total billed charges | |
| HC DUPLEX SCAN EXTRACRANIAL ART UNILAT OR LMTD STUDY | 93882 | CPT | | | | inpatient | | | 1622 | | 144.6 Aetna | Medicare | 125.74 | | | | 125.74 | 1540.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN EXTRACRANIAL ART UNILAT OR LMTD STUDY | 93882 | CPT | | | | inpatient | | | 1622 | | 144.6 UHC | Medicaid | 511.74 | 31.55 | | | 125.74 | 1540.9 | percent of total billed charges | |
| HC DUPLEX SCAN EXTRACRANIAL ART UNILAT OR LMTD STUDY | 93882 | CPT | | | | inpatient | | | 1622 | | 144.6 Americare | Americare | 1216.5 | 75 | | | 125.74 | 1540.9 | percent of total billed charges | |
| HC DUPLEX SCAN EXTRACRANIAL ART UNILAT OR LMTD STUDY | 93882 | CPT | | | | inpatient | | | 1622 | | 144.6 Aetna | Better Health | 511.74 | 31.55 | | | 125.74 | 1540.9 | percent of total billed charges | |
| HC DUPLEX SCAN EXTRACRANIAL ART UNILAT OR LMTD STUDY | 93882 | CPT | | | | inpatient | | | 1622 | | 144.6 Corrections | Corrections | 1297.6 | 80 | | | 125.74 | 1540.9 | percent of total billed charges | |
| HC DUPLEX SCAN EXTRACRANIAL ART UNILAT OR LMTD STUDY | 93882 | CPT | | | | inpatient | | | 1622 | | 144.6 First Trenton | First Trenton | 1459.8 | 90 | | | 125.74 | 1540.9 | percent of total billed charges | |
| HC DUPLEX SCAN EXTRACRANIAL ART UNILAT OR LMTD STUDY | 93882 | CPT | | | | inpatient | | | 1622 | | 144.6 Amerihealth | HMO/PPO | 160 | | | | 125.74 | 1540.9 | fee schedule | |
| HC DUPLEX SCAN EXTRACRANIAL ART UNILAT OR LMTD STUDY | 93882 | CPT | | | | inpatient | | | 1622 | | 144.6 First Health | First Health | 1135.4 | 70 | | | 125.74 | 1540.9 | percent of total billed charges | |
| HC DUPLEX SCAN EXTRACRANIAL ART UNILAT OR LMTD STUDY | 93882 | CPT | | | | inpatient | | | 1622 | | 144.6 Horizon | MGD | 243.31 | | | | 125.74 | 1540.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN EXTRACRANIAL ART UNILAT OR LMTD STUDY | 93882 | CPT | | | | inpatient | | | 1622 | | 144.6 UHC | Medicare | 125.74 | | | | 125.74 | 1540.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN EXTRACRANIAL ART UNILAT OR LMTD STUDY | 93882 | CPT | | | | inpatient | | | 1622 | | 144.6 Horizon | Indemnity | 243.31 | | | | 125.74 | 1540.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN EXTRACRANIAL ART UNILAT OR LMTD STUDY | 93882 | CPT | | | | inpatient | | | 1622 | | 144.6 Consumer | Consumer | 1540.9 | 95 | | | 125.74 | 1540.9 | percent of total billed charges | |
| HC DUPLEX SCAN EXTRACRANIAL ART UNILAT OR LMTD STUDY | 93882 | CPT | | | | inpatient | | | 1622 | | 144.6 Horizon | PPO | 243.31 | | | | 125.74 | 1540.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN EXTRACRANIAL ART UNILAT OR LMTD STUDY | 93882 | CPT | | | | inpatient | | | 1622 | | 144.6 Horizon | Medicare Blue | 125.74 | | | | 125.74 | 1540.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN EXTRACRANIAL ART UNILAT OR LMTD STUDY | 93882 | CPT | | | | inpatient | | | 1622 | | 144.6 Managed Care Inc | Managed Care Inc | 1459.8 | 90 | | | 125.74 | 1540.9 | percent of total billed charges | |
| HC DUPLEX SCAN EXTRACRANIAL ART UNILAT OR LMTD STUDY | 93882 | CPT | | | | inpatient | | | 1622 | | 144.6 Horizon | NJ Health | 251.55 | | | | 125.74 | 1540.9 | fee schedule | |
| HC DUPLEX SCAN EXTRACRANIAL ART UNILAT OR LMTD STUDY | 93882 | CPT | | | | inpatient | | | 1622 | | 144.6 Wellcare | Medicare | 125.74 | | | | 125.74 | 1540.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN EXTRACRANIAL ART UNILAT OR LMTD STUDY | 93882 | CPT | | | | inpatient | | | 1622 | | 144.6 Multiplan | Multiplan | 1297.6 | 80 | | | 125.74 | 1540.9 | percent of total billed charges | |
| HC DUPLEX SCAN EXTRACRANIAL ART UNILAT OR LMTD STUDY | 93882 | CPT | | | | inpatient | | | 1622 | | 144.6 WellPoint | WellPoint | 521.96 | 32.18 | | | 125.74 | 1540.9 | percent of total billed charges | |
| HC DUPLEX SCAN EXTRACRANIAL ART UNILAT OR LMTD STUDY | 93882 | CPT | | | | inpatient | | | 1622 | | 144.6 Three Rivers | Three Rivers | 1540.9 | 95 | | | 125.74 | 1540.9 | percent of total billed charges | |
| HC DUPLEX SCAN EXTRACRANIAL ART UNILAT OR LMTD STUDY | 93882 | CPT | | | | inpatient | | | 1622 | | 144.6 Qualcare | Qualcare | 1216.5 | 75 | | | 125.74 | 1540.9 | percent of total billed charges | |
| HC DUPLEX SCAN EXTRACRANIAL ART UNILAT OR LMTD STUDY | 93882 | CPT | | | | inpatient | | | 1622 | | 144.6 Wellcare | Medicaid | 511.74 | 31.55 | | | 125.74 | 1540.9 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER-COMPLETE | 93886 | CPT | | | | inpatient | | | 1905 | | 322.28 Corrections | Corrections | 1524 | 80 | | | 200 | 1809.75 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER-COMPLETE | 93886 | CPT | | | | inpatient | | | 1905 | | 322.28 Horizon | Indemnity | 542.26 | | | | 200 | 1809.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCRANIAL DOPPLER-COMPLETE | 93886 | CPT | | | | inpatient | | | 1905 | | 322.28 Multiplan | Multiplan | 1524 | 80 | | | 200 | 1809.75 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER-COMPLETE | 93886 | CPT | | | | inpatient | | | 1905 | | 322.28 Amerihealth | HMO/PPO | 200 | | | | 200 | 1809.75 | fee schedule | |
| HC TRANSCRANIAL DOPPLER-COMPLETE | 93886 | CPT | | | | inpatient | | | 1905 | | 322.28 Aetna | Better Health | 601.03 | 31.55 | | | 200 | 1809.75 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER-COMPLETE | 93886 | CPT | | | | inpatient | | | 1905 | | 322.28 Horizon | Medicare Blue | 280.24 | | | | 200 | 1809.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCRANIAL DOPPLER-COMPLETE | 93886 | CPT | | | | inpatient | | | 1905 | | 322.28 Americare | Americare | 1428.75 | 75 | | | 200 | 1809.75 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER-COMPLETE | 93886 | CPT | | | | inpatient | | | 1905 | | 322.28 First Health | First Health | 1333.5 | 70 | | | 200 | 1809.75 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER-COMPLETE | 93886 | CPT | | | | inpatient | | | 1905 | | 322.28 First Trenton | First Trenton | 1714.5 | 90 | | | 200 | 1809.75 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER-COMPLETE | 93886 | CPT | | | | inpatient | | | 1905 | | 322.28 Horizon | PPO | 542.26 | | | | 200 | 1809.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCRANIAL DOPPLER-COMPLETE | 93886 | CPT | | | | inpatient | | | 1905 | | 322.28 Wellcare | Medicaid | 601.03 | 31.55 | | | 200 | 1809.75 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER-COMPLETE | 93886 | CPT | | | | inpatient | | | 1905 | | 322.28 Horizon | MGD | 542.26 | | | | 200 | 1809.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCRANIAL DOPPLER-COMPLETE | 93886 | CPT | | | | inpatient | | | 1905 | | 322.28 Aetna | Medicare | 280.24 | | | | 200 | 1809.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCRANIAL DOPPLER-COMPLETE | 93886 | CPT | | | | inpatient | | | 1905 | | 322.28 UHC | Medicare | 280.24 | | | | 200 | 1809.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCRANIAL DOPPLER-COMPLETE | 93886 | CPT | | | | inpatient | | | 1905 | | 322.28 Consumer | Consumer | 1809.75 | 95 | | | 200 | 1809.75 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER-COMPLETE | 93886 | CPT | | | | inpatient | | | 1905 | | 322.28 Three Rivers | Three Rivers | 1809.75 | 95 | | | 200 | 1809.75 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER-COMPLETE | 93886 | CPT | | | | inpatient | | | 1905 | | 322.28 Horizon | NJ Health | 767.34 | | | | 200 | 1809.75 | fee schedule | |
| HC TRANSCRANIAL DOPPLER-COMPLETE | 93886 | CPT | | | | inpatient | | | 1905 | | 322.28 WellPoint | WellPoint | 613.03 | 32.18 | | | 200 | 1809.75 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER-COMPLETE | 93886 | CPT | | | | inpatient | | | 1905 | | 322.28 Qualcare | Qualcare | 1428.75 | 75 | | | 200 | 1809.75 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER-COMPLETE | 93886 | CPT | | | | inpatient | | | 1905 | | 322.28 UHC | Medicaid | 601.03 | 31.55 | | | 200 | 1809.75 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER-COMPLETE | 93886 | CPT | | | | inpatient | | | 1905 | | 322.28 Managed Care Inc | Managed Care Inc | 1714.5 | 90 | | | 200 | 1809.75 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER-COMPLETE | 93886 | CPT | | | | inpatient | | | 1905 | | 322.28 Wellcare | Medicare | 280.24 | | | | 200 | 1809.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCRANIAL DOPPLER-LIMITED | 93888 | CPT | | | | inpatient | | | 1283 | | 144.6 Aetna | Medicare | 125.74 | | | | 125.74 | 1218.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCRANIAL DOPPLER-LIMITED | 93888 | CPT | | | | inpatient | | | 1283 | | 144.6 First Trenton | First Trenton | 1154.7 | 90 | | | 125.74 | 1218.85 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER-LIMITED | 93888 | CPT | | | | inpatient | | | 1283 | | 144.6 Aetna | Better Health | 404.79 | 31.55 | | | 125.74 | 1218.85 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER-LIMITED | 93888 | CPT | | | | inpatient | | | 1283 | | 144.6 Horizon | Indemnity | 243.31 | | | | 125.74 | 1218.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCRANIAL DOPPLER-LIMITED | 93888 | CPT | | | | inpatient | | | 1283 | | 144.6 Americare | Americare | 962.25 | 75 | | | 125.74 | 1218.85 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER-LIMITED | 93888 | CPT | | | | inpatient | | | 1283 | | 144.6 Amerihealth | HMO/PPO | 140 | | | | 125.74 | 1218.85 | fee schedule | |
| HC TRANSCRANIAL DOPPLER-LIMITED | 93888 | CPT | | | | inpatient | | | 1283 | | 144.6 Corrections | Corrections | 1026.4 | 80 | | | 125.74 | 1218.85 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER-LIMITED | 93888 | CPT | | | | inpatient | | | 1283 | | 144.6 Horizon | Medicare Blue | 125.74 | | | | 125.74 | 1218.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCRANIAL DOPPLER-LIMITED | 93888 | CPT | | | | inpatient | | | 1283 | | 144.6 Consumer | Consumer | 1218.85 | 95 | | | 125.74 | 1218.85 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER-LIMITED | 93888 | CPT | | | | inpatient | | | 1283 | | 144.6 Horizon | MGD | 243.31 | | | | 125.74 | 1218.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCRANIAL DOPPLER-LIMITED | 93888 | CPT | | | | inpatient | | | 1283 | | 144.6 Multiplan | Multiplan | 1026.4 | 80 | | | 125.74 | 1218.85 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER-LIMITED | 93888 | CPT | | | | inpatient | | | 1283 | | 144.6 Horizon | PPO | 243.31 | | | | 125.74 | 1218.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCRANIAL DOPPLER-LIMITED | 93888 | CPT | | | | inpatient | | | 1283 | | 144.6 Wellcare | Medicaid | 404.79 | 31.55 | | | 125.74 | 1218.85 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER-LIMITED | 93888 | CPT | | | | inpatient | | | 1283 | | 144.6 First Health | First Health | 898.1 | 70 | | | 125.74 | 1218.85 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER-LIMITED | 93888 | CPT | | | | inpatient | | | 1283 | | 144.6 Qualcare | Qualcare | 962.25 | 75 | | | 125.74 | 1218.85 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER-LIMITED | 93888 | CPT | | | | inpatient | | | 1283 | | 144.6 UHC | Medicare | 125.74 | | | | 125.74 | 1218.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCRANIAL DOPPLER-LIMITED | 93888 | CPT | | | | inpatient | | | 1283 | | 144.6 Horizon | NJ Health | 357.57 | | | | 125.74 | 1218.85 | fee schedule | |
| HC TRANSCRANIAL DOPPLER-LIMITED | 93888 | CPT | | | | inpatient | | | 1283 | | 144.6 WellPoint | WellPoint | 412.87 | 32.18 | | | 125.74 | 1218.85 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER-LIMITED | 93888 | CPT | | | | inpatient | | | 1283 | | 144.6 Wellcare | Medicare | 125.74 | | | | 125.74 | 1218.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCRANIAL DOPPLER-LIMITED | 93888 | CPT | | | | inpatient | | | 1283 | | 144.6 Managed Care Inc | Managed Care Inc | 1154.7 | 90 | | | 125.74 | 1218.85 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER-LIMITED | 93888 | CPT | | | | inpatient | | | 1283 | | 144.6 Three Rivers | Three Rivers | 1218.85 | 95 | | | 125.74 | 1218.85 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER-LIMITED | 93888 | CPT | | | | inpatient | | | 1283 | | 144.6 UHC | Medicaid | 404.79 | 31.55 | | | 125.74 | 1218.85 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART, VASOREACTIVITY | 93890 | CPT | | | | outpatient | | | 786 | | 322.28 Corrections | Corrections | 628.8 | 80 | | | 75 | 746.7 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART, VASOREACTIVITY | 93890 | CPT | | | | outpatient | | | 786 | | 322.28 Consumer | Consumer | 746.7 | 95 | | | 75 | 746.7 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART, VASOREACTIVITY | 93890 | CPT | | | | outpatient | | | 786 | | 322.28 First Health | First Health | 550.2 | 70 | | | 75 | 746.7 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART, VASOREACTIVITY | 93890 | CPT | | | | outpatient | | | 786 | | 322.28 Americare | Americare | 589.5 | 75 | | | 75 | 746.7 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART, VASOREACTIVITY | 93890 | CPT | | | | outpatient | | | 786 | | 322.28 First Trenton | First Trenton | 707.4 | 90 | | | 75 | 746.7 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART, VASOREACTIVITY | 93890 | CPT | | | | outpatient | | | 786 | | 322.28 Aetna | Medicare | 280.24 | | | | 75 | 746.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART, VASOREACTIVITY | 93890 | CPT | | | | outpatient | | | 786 | | 322.28 Amerihealth | HMO/PPO | 75 | | | | 75 | 746.7 | fee schedule | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART, VASOREACTIVITY | 93890 | CPT | | | | outpatient | | | 786 | | 322.28 Aetna | Better Health | 247.98 | 31.55 | | | 75 | 746.7 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART, VASOREACTIVITY | 93890 | CPT | | | | outpatient | | | 786 | | 322.28 Horizon | PPO | 542.26 | | | | 75 | 746.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART, VASOREACTIVITY | 93890 | CPT | | | | outpatient | | | 786 | | 322.28 Horizon | MGD | 542.26 | | | | 75 | 746.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART, VASOREACTIVITY | 93890 | CPT | | | | outpatient | | | 786 | | 322.28 UHC | Medicare | 280.24 | | | | 75 | 746.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART, VASOREACTIVITY | 93890 | CPT | | | | outpatient | | | 786 | | 322.28 Horizon | Medicare Blue | 280.24 | | | | 75 | 746.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART, VASOREACTIVITY | 93890 | CPT | | | | outpatient | | | 786 | | 322.28 Horizon | NJ Health | 378.45 | | | | 75 | 746.7 | fee schedule | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART, VASOREACTIVITY | 93890 | CPT | | | | outpatient | | | 786 | | 322.28 Multiplan | Multiplan | 628.8 | 80 | | | 75 | 746.7 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART, VASOREACTIVITY | 93890 | CPT | | | | outpatient | | | 786 | | 322.28 Horizon | Indemnity | 542.26 | | | | 75 | 746.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART, VASOREACTIVITY | 93890 | CPT | | | | outpatient | | | 786 | | 322.28 Qualcare | Qualcare | 589.5 | 75 | | | 75 | 746.7 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART, VASOREACTIVITY | 93890 | CPT | | | | outpatient | | | 786 | | 322.28 WellPoint | WellPoint | 252.93 | 32.18 | | | 75 | 746.7 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART, VASOREACTIVITY | 93890 | CPT | | | | outpatient | | | 786 | | 322.28 Wellcare | Medicare | 280.24 | | | | 75 | 746.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART, VASOREACTIVITY | 93890 | CPT | | | | outpatient | | | 786 | | 322.28 Managed Care Inc | Managed Care Inc | 707.4 | 90 | | | 75 | 746.7 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART, VASOREACTIVITY | 93890 | CPT | | | | outpatient | | | 786 | | 322.28 UHC | Medicaid | 247.98 | 31.55 | | | 75 | 746.7 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART, VASOREACTIVITY | 93890 | CPT | | | | outpatient | | | 786 | | 322.28 Three Rivers | Three Rivers | 746.7 | 95 | | | 75 | 746.7 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART, VASOREACTIVITY | 93890 | CPT | | | | outpatient | | | 786 | | 322.28 Wellcare | Medicaid | 247.98 | 31.55 | | | 75 | 746.7 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART EMBOLI W/O INJ | 93892 | CPT | | | | inpatient | | | 650 | | 144.6 Americare | Americare | 487.5 | 75 | | | 75 | 617.5 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART EMBOLI W/O INJ | 93892 | CPT | | | | inpatient | | | 650 | | 144.6 First Health | First Health | 455 | 70 | | | 75 | 617.5 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART EMBOLI W/O INJ | 93892 | CPT | | | | inpatient | | | 650 | | 144.6 First Trenton | First Trenton | 585 | 90 | | | 75 | 617.5 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART EMBOLI W/O INJ | 93892 | CPT | | | | inpatient | | | 650 | | 144.6 Aetna | Better Health | 205.08 | 31.55 | | | 75 | 617.5 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART EMBOLI W/O INJ | 93892 | CPT | | | | inpatient | | | 650 | | 144.6 Horizon | Medicare Blue | 125.74 | | | | 75 | 617.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART EMBOLI W/O INJ | 93892 | CPT | | | | inpatient | | | 650 | | 144.6 UHC | Medicaid | 205.08 | 31.55 | | | 75 | 617.5 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART EMBOLI W/O INJ | 93892 | CPT | | | | inpatient | | | 650 | | 144.6 Amerihealth | HMO/PPO | 75 | | | | 75 | 617.5 | fee schedule | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART EMBOLI W/O INJ | 93892 | CPT | | | | inpatient | | | 650 | | 144.6 Aetna | Medicare | 125.74 | | | | 75 | 617.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART EMBOLI W/O INJ | 93892 | CPT | | | | inpatient | | | 650 | | 144.6 Horizon | PPO | 243.31 | | | | 75 | 617.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART EMBOLI W/O INJ | 93892 | CPT | | | | inpatient | | | 650 | | 144.6 Multiplan | Multiplan | 520 | 80 | | | 75 | 617.5 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART EMBOLI W/O INJ | 93892 | CPT | | | | inpatient | | | 650 | | 144.6 Horizon | Indemnity | 243.31 | | | | 75 | 617.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART EMBOLI W/O INJ | 93892 | CPT | | | | inpatient | | | 650 | | 144.6 Consumer | Consumer | 617.5 | 95 | | | 75 | 617.5 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART EMBOLI W/O INJ | 93892 | CPT | | | | inpatient | | | 650 | | 144.6 Managed Care Inc | Managed Care Inc | 585 | 90 | | | 75 | 617.5 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART EMBOLI W/O INJ | 93892 | CPT | | | | inpatient | | | 650 | | 144.6 UHC | Medicare | 125.74 | | | | 75 | 617.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART EMBOLI W/O INJ | 93892 | CPT | | | | inpatient | | | 650 | | 144.6 Wellcare | Medicaid | 205.08 | 31.55 | | | 75 | 617.5 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART EMBOLI W/O INJ | 93892 | CPT | | | | inpatient | | | 650 | | 144.6 Corrections | Corrections | 520 | 80 | | | 75 | 617.5 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART EMBOLI W/O INJ | 93892 | CPT | | | | inpatient | | | 650 | | 144.6 Wellcare | Medicare | 125.74 | | | | 75 | 617.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART EMBOLI W/O INJ | 93892 | CPT | | | | inpatient | | | 650 | | 144.6 Qualcare | Qualcare | 487.5 | 75 | | | 75 | 617.5 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART EMBOLI W/O INJ | 93892 | CPT | | | | inpatient | | | 650 | | 144.6 WellPoint | WellPoint | 209.17 | 32.18 | | | 75 | 617.5 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART EMBOLI W/O INJ | 93892 | CPT | | | | inpatient | | | 650 | | 144.6 Horizon | NJ Health | 365.11 | | | | 75 | 617.5 | fee schedule | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART EMBOLI W/O INJ | 93892 | CPT | | | | inpatient | | | 650 | | 144.6 Horizon | MGD | 243.31 | | | | 75 | 617.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCRANIAL DOP

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART EMBOLI W INJ | 93893 | CPT | | | | outpatient | | | 650 | 144.6 | Horizon | PPO | 243.31 | | | | 75 | 617.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART EMBOLI W INJ | 93893 | CPT | | | | outpatient | | | 650 | 144.6 | Multiplan | Multiplan | 520 | 80 | | | 75 | 617.5 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART EMBOLI W INJ | 93893 | CPT | | | | outpatient | | | 650 | 144.6 | Consumer | Consumer | 617.5 | 95 | | | 75 | 617.5 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART EMBOLI W INJ | 93893 | CPT | | | | outpatient | | | 650 | 144.6 | First Trenton | First Trenton | 585 | 90 | | | 75 | 617.5 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART EMBOLI W INJ | 93893 | CPT | | | | outpatient | | | 650 | 144.6 | UHC | Medicare | 125.74 | | | | 75 | 617.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART EMBOLI W INJ | 93893 | CPT | | | | outpatient | | | 650 | 144.6 | Qualcare | Qualcare | 487.5 | 75 | | | 75 | 617.5 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART EMBOLI W INJ | 93893 | CPT | | | | outpatient | | | 650 | 144.6 | WellPoint | WellPoint | 209.17 | 32.18 | | | 75 | 617.5 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART EMBOLI W INJ | 93893 | CPT | | | | outpatient | | | 650 | 144.6 | Horizon | MGD | 243.31 | | | | 75 | 617.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART EMBOLI W INJ | 93893 | CPT | | | | outpatient | | | 650 | 144.6 | Wellcare | Medicare | 125.74 | | | | 75 | 617.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART EMBOLI W INJ | 93893 | CPT | | | | outpatient | | | 650 | 144.6 | Horizon | NJ Health | 357.96 | | | | 75 | 617.5 | fee schedule | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART EMBOLI W INJ | 93893 | CPT | | | | outpatient | | | 650 | 144.6 | Managed Care Inc | Managed Care Inc | 585 | 90 | | | 75 | 617.5 | percent of total billed charges | |
| HC TRANSCRANIAL DOPPLER INTRACRANIAL ART EMBOLI W INJ | 93893 | CPT | | | | outpatient | | | 650 | 144.6 | Three Rivers | Three Rivers | 617.5 | 95 | | | 75 | 617.5 | percent of total billed charges | |
| HC ANKLE PRESS W/WAVE SING BIL | 93922 | CPT | | | | both | | | 536 | 168 | Amerihealth | HMO/PPO | 85 | | | 120.25 | 85 | 574.2 | fee schedule | |
| HC ANKLE PRESS W/WAVE SING BIL | 93922 | CPT | | | | both | | | 536 | 168 | Americare | Americare | 402 | 75 | | | 85 | 574.2 | percent of total billed charges | |
| HC ANKLE PRESS W/WAVE SING BIL | 93922 | CPT | | | | both | | | 536 | 168 | Corrections | Corrections | 428.8 | 80 | | 129.3 | 85 | 574.2 | percent of total billed charges | |
| HC ANKLE PRESS W/WAVE SING BIL | 93922 | CPT | | | | both | | | 536 | 168 | Aetna | Better Health | 169.11 | 31.55 | | 120.3 | 85 | 574.2 | percent of total billed charges | |
| HC ANKLE PRESS W/WAVE SING BIL | 93922 | CPT | | | | both | | | 536 | 168 | Consumer | Consumer | 509.2 | 95 | | | 85 | 574.2 | percent of total billed charges | |
| HC ANKLE PRESS W/WAVE SING BIL | 93922 | CPT | | | | both | | | 536 | 168 | Aetna | Medicare | 146.09 | | | 99.33 | 85 | 574.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANKLE PRESS W/WAVE SING BIL | 93922 | CPT | | | | both | | | 536 | 168 | Horizon | MGD | 282.68 | | | 203.27 | 85 | 574.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANKLE PRESS W/WAVE SING BIL | 93922 | CPT | | | | both | | | 536 | 168 | Horizon | Medicare Blue | 146.09 | | | 84.4 | 85 | 574.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANKLE PRESS W/WAVE SING BIL | 93922 | CPT | | | | both | | | 536 | 168 | Wellcare | Medicare | 146.09 | | | 59.95 | 85 | 574.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANKLE PRESS W/WAVE SING BIL | 93922 | CPT | | | | both | | | 536 | 168 | Horizon | PPO | 282.68 | | | 152.74 | 85 | 574.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANKLE PRESS W/WAVE SING BIL | 93922 | CPT | | | | both | | | 536 | 168 | First Health | First Health | 375.2 | 70 | | | 85 | 574.2 | percent of total billed charges | |
| HC ANKLE PRESS W/WAVE SING BIL | 93922 | CPT | | | | both | | | 536 | 168 | UHC | Medicaid | 169.11 | 31.55 | | 71.32 | 85 | 574.2 | percent of total billed charges | |
| HC ANKLE PRESS W/WAVE SING BIL | 93922 | CPT | | | | both | | | 536 | 168 | First Trenton | First Trenton | 482.4 | 90 | | | 85 | 574.2 | percent of total billed charges | |
| HC ANKLE PRESS W/WAVE SING BIL | 93922 | CPT | | | | both | | | 536 | 168 | WellPoint | WellPoint | 172.48 | 32.18 | | 67.37 | 85 | 574.2 | percent of total billed charges | |
| HC ANKLE PRESS W/WAVE SING BIL | 93922 | CPT | | | | both | | | 536 | 168 | Horizon | NJ Health | 574.2 | | | 98.43 | 85 | 574.2 | fee schedule | |
| HC ANKLE PRESS W/WAVE SING BIL | 93922 | CPT | | | | both | | | 536 | 168 | Horizon | Indemnity | 282.68 | | | 112.75 | 85 | 574.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANKLE PRESS W/WAVE SING BIL | 93922 | CPT | | | | both | | | 536 | 168 | Wellcare | Medicaid | 169.11 | 31.55 | | 102.51 | 85 | 574.2 | percent of total billed charges | |
| HC ANKLE PRESS W/WAVE SING BIL | 93922 | CPT | | | | both | | | 536 | 168 | Managed Care Inc | Managed Care Inc | 482.4 | 90 | | | 85 | 574.2 | percent of total billed charges | |
| HC ANKLE PRESS W/WAVE SING BIL | 93922 | CPT | | | | both | | | 536 | 168 | Multiplan | Multiplan | 428.8 | 80 | | | 85 | 574.2 | percent of total billed charges | |
| HC ANKLE PRESS W/WAVE SING BIL | 93922 | CPT | | | | both | | | 536 | 168 | Three Rivers | Three Rivers | 509.2 | 95 | | | 85 | 574.2 | percent of total billed charges | |
| HC ANKLE PRESS W/WAVE SING BIL | 93922 | CPT | | | | both | | | 536 | 168 | Qualcare | Qualcare | 402 | 75 | | | 85 | 574.2 | percent of total billed charges | |
| HC ANKLE PRESS W/WAVE SING BIL | 93922 | CPT | | | | both | | | 536 | 168 | UHC | Medicare | 146.09 | | | 88.12 | 85 | 574.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NONINVASIVE PHYS STUDY, EXTREMITY ARTERIES, COMPLETE BILAT, 3+ LEVELS | 93923 | CPT | | | | both | | | 1005 | 205.45 | Consumer | Consumer | 954.75 | 95 | | | 140 | 964.75 | percent of total billed charges | |
| HC NONINVASIVE PHYS STUDY, EXTREMITY ARTERIES, COMPLETE BILAT, 3+ LEVELS | 93923 | CPT | | | | both | | | 1005 | 205.45 | First Trenton | First Trenton | 904.5 | 90 | | | 140 | 964.75 | percent of total billed charges | |
| HC NONINVASIVE PHYS STUDY, EXTREMITY ARTERIES, COMPLETE BILAT, 3+ LEVELS | 93923 | CPT | | | | both | | | 1005 | 205.45 | Horizon | MGD | 345.69 | | | 236.45 | 140 | 964.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NONINVASIVE PHYS STUDY, EXTREMITY ARTERIES, COMPLETE BILAT, 3+ LEVELS | 93923 | CPT | | | | both | | | 1005 | 205.45 | Multiplan | Multiplan | 804 | 80 | | | 140 | 964.75 | percent of total billed charges | |
| HC NONINVASIVE PHYS STUDY, EXTREMITY ARTERIES, COMPLETE BILAT, 3+ LEVELS | 93923 | CPT | | | | both | | | 1005 | 205.45 | Aetna | Better Health | 317.08 | 31.55 | | | 140 | 964.75 | percent of total billed charges | |
| HC NONINVASIVE PHYS STUDY, EXTREMITY ARTERIES, COMPLETE BILAT, 3+ LEVELS | 93923 | CPT | | | | both | | | 1005 | 205.45 | Americare | Americare | 753.75 | 75 | | | 140 | 964.75 | percent of total billed charges | |
| HC NONINVASIVE PHYS STUDY, EXTREMITY ARTERIES, COMPLETE BILAT, 3+ LEVELS | 93923 | CPT | | | | both | | | 1005 | 205.45 | Aetna | Medicare | 178.65 | | | 107.21 | 140 | 964.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NONINVASIVE PHYS STUDY, EXTREMITY ARTERIES, COMPLETE BILAT, 3+ LEVELS | 93923 | CPT | | | | both | | | 1005 | 205.45 | Corrections | Corrections | 804 | 80 | | | 140 | 964.75 | percent of total billed charges | |
| HC NONINVASIVE PHYS STUDY, EXTREMITY ARTERIES, COMPLETE BILAT, 3+ LEVELS | 93923 | CPT | | | | both | | | 1005 | 205.45 | First Health | First Health | 703.5 | 70 | | | 140 | 964.75 | percent of total billed charges | |
| HC NONINVASIVE PHYS STUDY, EXTREMITY ARTERIES, COMPLETE BILAT, 3+ LEVELS | 93923 | CPT | | | | both | | | 1005 | 205.45 | Horizon | Indemnity | 345.69 | | | 177.9 | 140 | 964.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NONINVASIVE PHYS STUDY, EXTREMITY ARTERIES, COMPLETE BILAT, 3+ LEVELS | 93923 | CPT | | | | both | | | 1005 | 205.45 | Wellcare | Medicare | 178.65 | | | | 140 | 964.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NONINVASIVE PHYS STUDY, EXTREMITY ARTERIES, COMPLETE BILAT, 3+ LEVELS | 93923 | CPT | | | | both | | | 1005 | 205.45 | Qualcare | Qualcare | 753.75 | 75 | | | 140 | 964.75 | percent of total billed charges | |
| HC NONINVASIVE PHYS STUDY, EXTREMITY ARTERIES, COMPLETE BILAT, 3+ LEVELS | 93923 | CPT | | | | both | | | 1005 | 205.45 | Horizon | PPO | 345.69 | | | | 140 | 964.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NONINVASIVE PHYS STUDY, EXTREMITY ARTERIES, COMPLETE BILAT, 3+ LEVELS | 93923 | CPT | | | | both | | | 1005 | 205.45 | Three Rivers | Three Rivers | 954.75 | 95 | | | 140 | 964.75 | percent of total billed charges | |
| HC NONINVASIVE PHYS STUDY, EXTREMITY ARTERIES, COMPLETE BILAT, 3+ LEVELS | 93923 | CPT | | | | both | | | 1005 | 205.45 | Amerihealth | HMO/PPO | 140 | | | 72.58 | 140 | 964.75 | fee schedule | |
| HC NONINVASIVE PHYS STUDY, EXTREMITY ARTERIES, COMPLETE BILAT, 3+ LEVELS | 93923 | CPT | | | | both | | | 1005 | 205.45 | Managed Care Inc | Managed Care Inc | 904.5 | 90 | | | 140 | 964.75 | percent of total billed charges | |
| HC NONINVASIVE PHYS STUDY, EXTREMITY ARTERIES, COMPLETE BILAT, 3+ LEVELS | 93923 | CPT | | | | both | | | 1005 | 205.45 | Horizon | NJ Health | 715.14 | | | 20.89 | 140 | 964.75 | fee schedule | |
| HC NONINVASIVE PHYS STUDY, EXTREMITY ARTERIES, COMPLETE BILAT, 3+ LEVELS | 93923 | CPT | | | | both | | | 1005 | 205.45 | WellPoint | WellPoint | 323.41 | 32.18 | | 100.1 | 140 | 964.75 | percent of total billed charges | |
| HC NONINVASIVE PHYS STUDY, EXTREMITY ARTERIES, COMPLETE BILAT, 3+ LEVELS | 93923 | CPT | | | | both | | | 1005 | 205.45 | Horizon | Medicare Blue | 178.65 | | | 175.79 | 140 | 964.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NONINVASIVE PHYS STUDY, EXTREMITY ARTERIES, COMPLETE BILAT, 3+ LEVELS | 93923 | CPT | | | | both | | | 1005 | 205.45 | UHC | Medicaid | 317.08 | 31.55 | | 121.94 | 140 | 964.75 | percent of total billed charges | |
| HC NONINVASIVE PHYS STUDY, EXTREMITY ARTERIES, COMPLETE BILAT, 3+ LEVELS | 93923 | CPT | | | | both | | | 1005 | 205.45 | UHC | Medicare | 178.65 | | | 118.72 | 140 | 964.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NONINVASIVE PHYS STUDY, EXTREMITY ARTERIES, COMPLETE BILAT, 3+ LEVELS | 93923 | CPT | | | | both | | | 1005 | 205.45 | Wellcare | Medicaid | 317.08 | 31.55 | | 93.35 | 140 | 964.75 | percent of total billed charges | |
| HC POST-EXCERCISE PRESS LE BIL | 93924 | CPT | | | | outpatient | | | 1089 | 205.45 | Aetna | Better Health | 343.58 | 31.55 | | | 145 | 1034.55 | percent of total billed charges | |
| HC POST-EXCERCISE PRESS LE BIL | 93924 | CPT | | | | outpatient | | | 1089 | 205.45 | Horizon | PPO | 345.69 | | | | 145 | 1034.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC POST-EXCERCISE PRESS LE BIL | 93924 | CPT | | | | outpatient | | | 1089 | 205.45 | Amerihealth | HMO/PPO | 145 | | | | 145 | 1034.55 | fee schedule | |
| HC POST-EXCERCISE PRESS LE BIL | 93924 | CPT | | | | outpatient | | | 1089 | 205.45 | Aetna | Medicare | 178.65 | | | | 145 | 1034.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC POST-EXCERCISE PRESS LE BIL | 93924 | CPT | | | | outpatient | | | 1089 | 205.45 | Corrections | Corrections | 871.2 | 80 | | | 145 | 1034.55 | percent of total billed charges | |
| HC POST-EXCERCISE PRESS LE BIL | 93924 | CPT | | | | outpatient | | | 1089 | 205.45 | First Trenton | First Trenton | 980.1 | 90 | | | 145 | 1034.55 | percent of total billed charges | |
| HC POST-EXCERCISE PRESS LE BIL | 93924 | CPT | | | | outpatient | | | 1089 | 205.45 | First Health | First Health | 762.3 | 70 | | | 145 | 1034.55 | percent of total billed charges | |
| HC POST-EXCERCISE PRESS LE BIL | 93924 | CPT | | | | outpatient | | | 1089 | 205.45 | Americare | Americare | 816.75 | 75 | | | 145 | 1034.55 | percent of total billed charges | |
| HC POST-EXCERCISE PRESS LE BIL | 93924 | CPT | | | | outpatient | | | 1089 | 205.45 | Horizon | Medicare Blue | 178.65 | | | | 145 | 1034.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC POST-EXCERCISE PRESS LE BIL | 93924 | CPT | | | | outpatient | | | 1089 | 205.45 | UHC | Medicare | 178.65 | | | 217.64 | 145 | 1034.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC POST-EXCERCISE PRESS LE BIL | 93924 | CPT | | | | outpatient | | | 1089 | 205.45 | Horizon | Indemnity | 345.69 | | | | 145 | 1034.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC POST-EXCERCISE PRESS LE BIL | 93924 | CPT | | | | outpatient | | | 1089 | 205.45 | Horizon | MGD | 345.69 | | | | 145 | 1034.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC POST-EXCERCISE PRESS LE BIL | 93924 | CPT | | | | outpatient | | | 1089 | 205.45 | WellPoint | WellPoint | 350.44 | 32.18 | | | 145 | 1034.55 | percent of total billed charges | |
| HC POST-EXCERCISE PRESS LE BIL | 93924 | CPT | | | | outpatient | | | 1089 | 205.45 | Managed Care Inc | Managed Care Inc | 980.1 | 90 | | | 145 | 1034.55 | percent of total billed charges | |
| HC POST-EXCERCISE PRESS LE BIL | 93924 | CPT | | | | outpatient | | | 1089 | 205.45 | Wellcare | Medicare | 178.65 | | | | 145 | 1034.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC POST-EXCERCISE PRESS LE BIL | 93924 | CPT | | | | outpatient | | | 1089 | 205.45 | Consumer | Consumer | 1034.55 | 95 | | | 145 | 1034.55 | percent of total billed charges | |
| HC POST-EXCERCISE PRESS LE BIL | 93924 | CPT | | | | outpatient | | | 1089 | 205.45 | UHC | Medicaid | 343.58 | 31.55 | | | 145 | 1034.55 | percent of total billed charges | |
| HC POST-EXCERCISE PRESS LE BIL | 93924 | CPT | | | | outpatient | | | 1089 | 205.45 | Multiplan | Multiplan | 871.2 | 80 | | | 145 | 1034.55 | percent of total billed charges | |
| HC POST-EXCERCISE PRESS LE BIL | 93924 | CPT | | | | outpatient | | | 1089 | 205.45 | Wellcare | Medicaid | 343.58 | 31.55 | | | 145 | 1034.55 | percent of total billed charges | |
| HC POST-EXCERCISE PRESS LE BIL | 93924 | CPT | | | | outpatient | | | 1089 | 205.45 | Horizon | NJ Health | 856.08 | | | | 145 | 1034.55 | fee schedule | |
| HC POST-EXCERCISE PRESS LE BIL | 93924 | CPT | | | | outpatient | | | 1089 | 205.45 | Qualcare | Qualcare | 816.75 | 75 | | | 145 | 1034.55 | percent of total billed charges | |
| HC POST-EXCERCISE PRESS LE BIL | 93924 | CPT | | | | outpatient | | | 1089 | 205.45 | Three Rivers | Three Rivers | 1034.55 | 95 | | | 145 | 1034.55 | percent of total billed charges | |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT COMPLETE BILAT | 93925 | CPT | | | | both | | | 853 | 322.28 | Aetna | Better Health | 269.12 | 31.55 | | | 175 | 936.99 | percent of total billed charges | |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT COMPLETE BILAT | 93925 | CPT | | | | both | | | 853 | 322.28 | Corrections | Corrections | 682.4 | 80 | | 260.49 | 175 | 936.99 | percent of total billed charges | |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT COMPLETE BILAT | 93925 | CPT | | | | both | | | 853 | 322.28 | Amerihealth | HMO/PPO | 175 | | | | 175 | 936.99 | fee schedule | |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT COMPLETE BILAT | 93925 | CPT | | | | both | | | 853 | 322.28 | Americare | Americare | 639.75 | 75 | | | 175 | 936.99 | percent of total billed charges | |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT COMPLETE BILAT | 93925 | CPT | | | | both | | | 853 | 322.28 | Horizon | MGD | 542.26 | | | 411.23 | 175 | 936.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT COMPLETE BILAT | 93925 | CPT | | | | both | | | 853 | 322.28 | Aetna | Medicare | 280.24 | | | 123.73 | 175 | 936.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT COMPLETE BILAT | 93925 | CPT | | | | both | | | 853 | 322.28 | First Health | First Health | 597.1 | 70 | | | 175 | 936.99 | percent of total billed charges | |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT COMPLETE BILAT | 93925 | CPT | | | | both | | | 853 | 322.28 | Consumer | Consumer | 810.35 | 95 | | | 175 | 936.99 | percent of total billed charges | |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT COMPLETE BILAT | 93925 | CPT | | | | both | | | 853 | 322.28 | UHC | Medicaid | 269.12 | 31.55 | | 240.12 | 175 | 936.99 | percent of total billed charges | |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT COMPLETE BILAT | 93925 | CPT | | | | both | | | 853 | 322.28 | Horizon | PPO | 542.26 | | | | 175 | 936.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT COMPLETE BILAT | 93925 | CPT | | | | both | | | 853 | 322.28 | Horizon | NJ Health | 936.99 | | | 637.09 | 175 | 936.99 | fee schedule | |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT COMPLETE BILAT | 93925 | CPT | | | | both | | | 853 | 322.28 | Horizon | Medicare Blue | 280.24 | | | 145.95 | 175 | 936.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT COMPLETE BILAT | 93925 | CPT | | | | both | | | 853 | 322.28 | First Trenton | First Trenton | 767.7 | 90 | | | 175 | 936.99 | percent of total billed charges | |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT COMPLETE BILAT | 93925 | CPT | | | | both | | | 853 | 322.28 | Three Rivers | Three Rivers | 810.35 | 95 | | | 175 | 936.99 | percent of total billed charges | |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT COMPLETE BILAT | 93925 | CPT | | | | both | | | 853 | 322.28 | Horizon | Indemnity | 542.26 | | | | 175 | 936.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT COMPLETE BILAT | 93925 | CPT | | | | both | | | 853 | 322.28 | Multiplan | Multiplan | 682.4 | 80 | | | 175 | 936.99 | percent of total billed charges | |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT COMPLETE BILAT | 93925 | CPT | | | | both | | | 853 | 322.28 | Managed Care Inc | Managed Care Inc | 767.7 | 90 | | | 175 | 936.99 | percent of total billed charges | |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT COMPLETE BILAT | 93925 | CPT | | | | both | | | 853 | 322.28 | UHC | Medicare | 280.24 | | | 158.64 | 175 | 936.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT COMPLETE BILAT | 93925 | CPT | | | | both | | | 853 | 322.28 | WellPoint | WellPoint | 274.5 | 32.18 | | 192.41 | 175 | 936.99 | percent of total billed charges | |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT COMPLETE BILAT | 93925 | CPT | | | | both | | | 853 | 322.28 | Qualcare | Qualcare | 639.75 | 75 | | | 175 | 936.99 | percent of total billed charges | |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT COMPLETE BILAT | 93925 | CPT | | | | both | | | 853 | 322.28 | Wellcare | Medicaid | 269.12 | 31.55 | | 254.82 | 175 | 936.99 | percent of total billed charges | |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT COMPLETE BILAT | 93925 | CPT | | | | both | | | 853 | 322.28 | Wellcare | Medicare | 280.24 | | | 83.25 | 175 | 936.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93926 | CPT | | | | both | | | 390 | 144.6 | First Trenton | First Trenton | 361 | 90 | | | 123.05 | 571.59 | percent of total billed charges | |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93926 | CPT | | | | both | | | 390 | 144.6 | Aetna | Medicare | 125.74 | | | 85.25 | 123.05 | 571.59 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93926 | CPT | | | | both | | | 390 | 144.6 | Amerihealth | HMO/PPO | 125 | | | | 123.05 | 571.59 | fee schedule | |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93926 | CPT | | | | both | | | 390 | 144.6 | Consumer | Consumer | 370.5 | 95 | | | 123.05 | 571.59 | percent of total billed charges | |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93926 | CPT | | | | both | | | 390 | 144.6 | Aetna | Better Health | 123.05 | 31.55 | | 110.64 | 123.05 | 571.59 | percent of total billed charges | |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93926 | CPT | | | | both | | | 390 | 144.6 | Horizon | PPO | 243.31 | | | 142.86 | 123.05 | 571.59 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93926 | CPT | | | | both | | | 390 | 144.6 | Horizon | MGD | 243.31 | | | 173.05 | 123.05 | 571.59 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93926 | CPT | | | | both | | | 390 | 144.6 | Americare | Americare | 292.5 | 75 | | | 123.05 | 571.59 | percent of total billed charges | |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93926 | CPT | | | | both | | | 390 | 144.6 | Managed Care Inc | Managed Care Inc | 351 | 90 | | | 123.05 | 571.59 | percent of total billed charges | |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93926 | CPT | | | | both | | | 390 | 144.6 | Wellcare | Medicare | 125.74 | | | 72.98 | 123.05 | 571.59 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93926 | CPT | | | | both | | | 390 | 144.6 | First Health | First Health | 273 | 70 | | | 123.05 | 571.59 | percent of total billed charges | |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93926 | CPT | | | | both | | | 390 | 144.6 | UHC | Medicare | 125.74 | | | 85.13 | 123.05 | 571.59 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93926 | CPT | | | | both | | | 390 | 144.6 | Corrections | Corrections | 312 | 80 | | 118.92 | 123.05 | 571.59 | percent of total billed charges | |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93926 | CPT | | | | both | | | 390 | 144.6 | Horizon | Indemnity | 243.31 | | | 80.37 | 123.05 | 571.59 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93926 | CPT | | | | both | | | 390 | 144.6 | Horizon | Medicare Blue | 125.74 | | | 76.38 | 123.05 | 571.59 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93926 | CPT | | | | both | | | 390 | 144.6 | Horizon | NJ Health | 571.59 | | | 140.73 | 123.05 | 571.59 | fee schedule | |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93926 | CPT | | | | both | | | 390 | 144.6 | Wellcare | Medicaid | 123.05 | 31.55 | | 75.79 | 123.05 | 571.59 | percent of total billed charges | |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93926 | CPT | | | | both | | | 390 | 144.6 | Multiplan | Multiplan | 312 | 80 | | | 123.05 | 571.59 | percent of total billed charges | |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93926 | CPT | | | | both | | | 390 | 144.6 | Qualcare | Qualcare | 292.5 | 75 | | | 123.05 | 571.59 | percent of total billed charges | |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93926 | CPT | | | | both | | | 390 | 144.6 | Three Rivers | Three Rivers | 370.5 | 95 | | | 123.05 | 571.59 | percent of total billed charges | |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93926 | CPT | | | | both | | | 390 | 144.6 | WellPoint | WellPoint | 125.5 | 32.18 | | 110.07 | 123.05 | 571.59 | percent of total billed charges | |
| HC DUPLEX SCAN LOWER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93926 | CPT | | | | both | | | 390 | 144.6 | UHC | Medicaid | 123.05 | 31.55 | | 92.51 | 123.05 | 571.59 | percent of total billed charges | |
| HC DUPLEX ARTERIAL UE COMP BIL | 93930 | CPT | | | | both | | | 1798 | 322.28 | Americare | Americare | 1348.5 | 75 | | | 175 | 2698.74 | percent of total billed charges | |
| HC DUPLEX ARTERIAL UE COMP BIL | 93930 | CPT | | | | both | | | 1798 | 322.28 | UHC | Medicare | 280.24 | | | | 175 | 2698.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX ARTERIAL UE COMP BIL | 93930 | CPT | | | | both | | | 1798 | 322.28 | Multiplan | Multiplan | 1438.4 | 80 | | | 175 | 2698.74 | percent of total billed charges | |
| HC DUPLEX ARTERIAL UE COMP BIL | 93930 | CPT | | | | both | | | 1798 | 322.28 | Amerihealth | HMO/PPO | 175 | | | | 175 | 2698.74 | fee schedule | |
| HC DUPLEX ARTERIAL UE COMP BIL | 93930 | CPT | | | | both | | | 1798 | 322.28 | Wellcare | Medicaid | 567.27 | 31.55 | | | 175 | 2698.74 | percent of total billed charges | |
| HC DUPLEX ARTERIAL UE COMP BIL | 93930 | CPT | | | | both | | | 1798 | 322.28 | Aetna | Better Health | 567.27 | 31.55 | | | 175 | 2698.74 | percent of total billed charges | |
| HC DUPLEX ARTERIAL UE COMP BIL | 93930 | CPT | | | | both | | | 1798 | 322.28 | Aetna | Medicare | 280.24 | | | | 175 | 2698.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX ARTERIAL UE COMP BIL | 93930 | CPT | | | | both | | | 1798 | 322.28 | First Health | First Health | 1258.6 | 70 | | | 175 | 2698.74 | percent of total billed charges | |
| HC DUPLEX ARTERIAL UE COMP BIL | 93930 | CPT | | | | both | | | 1798 | 322.28 | Consumer | Consumer | 1708.1 | 95 | | | 175 | 2698.74 | percent of total billed charges | |
| HC DUPLEX ARTERIAL UE COMP BIL | 93930 | CPT | | | | both | | | 1798 | 322.28 | Horizon | MGD | 542.26 | | | | 175 | 2698.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX ARTERIAL UE COMP BI

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC DUPLEX SCAN UPPER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93931 | CPT | | | | both | | | 1201 | | 144.6 Horizon | MGD | 243.31 | | | 232.31 | 125 | 1140.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN UPPER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93931 | CPT | | | | both | | | 1201 | | 144.6 Amerihealth | HMO/PPO | 125 | | | | 125 | 1140.95 | fee schedule | |
| HC DUPLEX SCAN UPPER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93931 | CPT | | | | both | | | 1201 | | 144.6 Americare | Americare | 900.75 | 75 | | | 125 | 1140.95 | percent of total billed charges | |
| HC DUPLEX SCAN UPPER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93931 | CPT | | | | both | | | 1201 | | 144.6 Multiplan | Multiplan | 960.8 | 80 | | | 125 | 1140.95 | percent of total billed charges | |
| HC DUPLEX SCAN UPPER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93931 | CPT | | | | both | | | 1201 | | 144.6 Wellcare | Medicare | 125.74 | | | | 125 | 1140.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN UPPER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93931 | CPT | | | | both | | | 1201 | | 144.6 Horizon | PPO | 243.31 | | | | 125 | 1140.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN UPPER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93931 | CPT | | | | both | | | 1201 | | 144.6 Corrections | Corrections | 960.8 | 80 | | | 125 | 1140.95 | percent of total billed charges | |
| HC DUPLEX SCAN UPPER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93931 | CPT | | | | both | | | 1201 | | 144.6 Horizon | Medicare Blue | 125.74 | | | 36.88 | 125 | 1140.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN UPPER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93931 | CPT | | | | both | | | 1201 | | 144.6 Horizon | NJ Health | 657.72 | | | 50.52 | 125 | 1140.95 | fee schedule | |
| HC DUPLEX SCAN UPPER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93931 | CPT | | | | both | | | 1201 | | 144.6 First Health | First Health | 840.7 | 70 | | | 125 | 1140.95 | percent of total billed charges | |
| HC DUPLEX SCAN UPPER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93931 | CPT | | | | both | | | 1201 | | 144.6 First Trenton | First Trenton | 1080.9 | 90 | | | 125 | 1140.95 | percent of total billed charges | |
| HC DUPLEX SCAN UPPER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93931 | CPT | | | | both | | | 1201 | | 144.6 UHC | Medicaid | 378.92 | 31.55 | | 128.56 | 125 | 1140.95 | percent of total billed charges | |
| HC DUPLEX SCAN UPPER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93931 | CPT | | | | both | | | 1201 | | 144.6 Three Rivers | Three Rivers | 1140.95 | 95 | | | 125 | 1140.95 | percent of total billed charges | |
| HC DUPLEX SCAN UPPER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93931 | CPT | | | | both | | | 1201 | | 144.6 Qualcare | Qualcare | 900.75 | 75 | | | 125 | 1140.95 | percent of total billed charges | |
| HC DUPLEX SCAN UPPER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93931 | CPT | | | | both | | | 1201 | | 144.6 Horizon | Indemnity | 243.31 | | | | 125 | 1140.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN UPPER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93931 | CPT | | | | both | | | 1201 | | 144.6 Wellcare | Medicaid | 378.92 | 31.55 | | | 125 | 1140.95 | percent of total billed charges | |
| HC DUPLEX SCAN UPPER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93931 | CPT | | | | both | | | 1201 | | 144.6 Managed Care Inc | Managed Care Inc | 1080.9 | 90 | | | 125 | 1140.95 | percent of total billed charges | |
| HC DUPLEX SCAN UPPER EXTREMITY ARTERY/BYPASS GRAFT UNILAT/LIMITED | 93931 | CPT | | | | both | | | 1201 | | 144.6 WellPoint | WellPoint | 386.48 | 32.18 | | 72.1 | 125 | 1140.95 | percent of total billed charges | |
| HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BILAT | 93970 | CPT | | | | both | | | 855 | | 322.28 Aetna | Better Health | 269.75 | 31.55 | | 406.42 | 185 | 1177.11 | percent of total billed charges | |
| HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BILAT | 93970 | CPT | | | | both | | | 855 | | 322.28 First Health | First Health | 598.5 | 70 | | | 185 | 1177.11 | percent of total billed charges | |
| HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BILAT | 93970 | CPT | | | | both | | | 855 | | 322.28 Corrections | Corrections | 684 | 80 | | 240.17 | 185 | 1177.11 | percent of total billed charges | |
| HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BILAT | 93970 | CPT | | | | both | | | 855 | | 322.28 Americare | Americare | 641.25 | 75 | | | 185 | 1177.11 | percent of total billed charges | |
| HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BILAT | 93970 | CPT | | | | both | | | 855 | | 322.28 Horizon | PPO | 542.26 | | | 385.81 | 185 | 1177.11 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BILAT | 93970 | CPT | | | | both | | | 855 | | 322.28 Amerihealth | HMO/PPO | 185 | | | 223.85 | 185 | 1177.11 | fee schedule | |
| HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BILAT | 93970 | CPT | | | | both | | | 855 | | 322.28 Aetna | Medicare | 280.24 | | | 208.14 | 185 | 1177.11 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BILAT | 93970 | CPT | | | | both | | | 855 | | 322.28 Horizon | Indemnity | 542.26 | | | 183.32 | 185 | 1177.11 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BILAT | 93970 | CPT | | | | both | | | 855 | | 322.28 First Trenton | First Trenton | 769.5 | 90 | | | 185 | 1177.11 | percent of total billed charges | |
| HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BILAT | 93970 | CPT | | | | both | | | 855 | | 322.28 UHC | Medicaid | 269.75 | 31.55 | | 258.07 | 185 | 1177.11 | percent of total billed charges | |
| HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BILAT | 93970 | CPT | | | | both | | | 855 | | 322.28 Horizon | MGD | 542.26 | | | 307.67 | 185 | 1177.11 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BILAT | 93970 | CPT | | | | both | | | 855 | | 322.28 Consumer | Consumer | 812.25 | 95 | | | 185 | 1177.11 | percent of total billed charges | |
| HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BILAT | 93970 | CPT | | | | both | | | 855 | | 322.28 Three Rivers | Three Rivers | 812.25 | 95 | | | 185 | 1177.11 | percent of total billed charges | |
| HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BILAT | 93970 | CPT | | | | both | | | 855 | | 322.28 Wellcare | Medicare | 280.24 | | | 171.99 | 185 | 1177.11 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BILAT | 93970 | CPT | | | | both | | | 855 | | 322.28 UHC | Medicare | 280.24 | | | 200.57 | 185 | 1177.11 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BILAT | 93970 | CPT | | | | both | | | 855 | | 322.28 WellPoint | WellPoint | 275.14 | 32.18 | | 272.31 | 185 | 1177.11 | percent of total billed charges | |
| HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BILAT | 93970 | CPT | | | | both | | | 855 | | 322.28 Managed Care Inc | Managed Care Inc | 769.5 | 90 | | | 185 | 1177.11 | percent of total billed charges | |
| HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BILAT | 93970 | CPT | | | | both | | | 855 | | 322.28 Horizon | Medicare Blue | 280.24 | | | 164.9 | 185 | 1177.11 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BILAT | 93970 | CPT | | | | both | | | 855 | | 322.28 Horizon | NJ Health | 1177.11 | | | 119.04 | 185 | 1177.11 | fee schedule | |
| HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BILAT | 93970 | CPT | | | | both | | | 855 | | 322.28 Wellcare | Medicaid | 269.75 | 31.55 | | 278.58 | 185 | 1177.11 | percent of total billed charges | |
| HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BILAT | 93970 | CPT | | | | both | | | 855 | | 322.28 Multiplan | Multiplan | 684 | 80 | | | 185 | 1177.11 | percent of total billed charges | |
| HC DUPLEX SCAN EXTREMITY VEINS COMPLETE BILAT | 93970 | CPT | | | | both | | | 855 | | 322.28 Qualcare | Qualcare | 641.25 | 75 | | | 185 | 1177.11 | percent of total billed charges | |
| HC DUPLEX SCAN EXTREMITY VEINS UNILAT/LIMITED | 93971 | CPT | | | | both | | | 390 | | 144.6 Qualcare | Qualcare | 292.5 | 75 | | | 123.05 | 1137.96 | percent of total billed charges | |
| HC DUPLEX SCAN EXTREMITY VEINS UNILAT/LIMITED | 93971 | CPT | | | | both | | | 390 | | 144.6 Multiplan | Multiplan | 312 | 80 | | | 123.05 | 1137.96 | percent of total billed charges | |
| HC DUPLEX SCAN EXTREMITY VEINS UNILAT/LIMITED | 93971 | CPT | | | | both | | | 390 | | 144.6 First Trenton | First Trenton | 351 | 90 | | | 123.05 | 1137.96 | percent of total billed charges | |
| HC DUPLEX SCAN EXTREMITY VEINS UNILAT/LIMITED | 93971 | CPT | | | | both | | | 390 | | 144.6 Corrections | Corrections | 312 | 80 | | 223.8 | 123.05 | 1137.96 | percent of total billed charges | |
| HC DUPLEX SCAN EXTREMITY VEINS UNILAT/LIMITED | 93971 | CPT | | | | both | | | 390 | | 144.6 Americare | Americare | 292.5 | 75 | | | 123.05 | 1137.96 | percent of total billed charges | |
| HC DUPLEX SCAN EXTREMITY VEINS UNILAT/LIMITED | 93971 | CPT | | | | both | | | 390 | | 144.6 Consumer | Consumer | 370.5 | 95 | | | 123.05 | 1137.96 | percent of total billed charges | |
| HC DUPLEX SCAN EXTREMITY VEINS UNILAT/LIMITED | 93971 | CPT | | | | both | | | 390 | | 144.6 Aetna | Better Health | 123.05 | 31.55 | | 308.85 | 123.05 | 1137.96 | percent of total billed charges | |
| HC DUPLEX SCAN EXTREMITY VEINS UNILAT/LIMITED | 93971 | CPT | | | | both | | | 390 | | 144.6 Amerihealth | HMO/PPO | 130 | | | | 123.05 | 1137.96 | fee schedule | |
| HC DUPLEX SCAN EXTREMITY VEINS UNILAT/LIMITED | 93971 | CPT | | | | both | | | 390 | | 144.6 Horizon | Indemnity | 243.31 | | | 267.79 | 123.05 | 1137.96 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN EXTREMITY VEINS UNILAT/LIMITED | 93971 | CPT | | | | both | | | 390 | | 144.6 UHC | Medicaid | 123.05 | 31.55 | | 199.62 | 123.05 | 1137.96 | percent of total billed charges | |
| HC DUPLEX SCAN EXTREMITY VEINS UNILAT/LIMITED | 93971 | CPT | | | | both | | | 390 | | 144.6 Aetna | Medicare | 125.74 | | | 230.2 | 123.05 | 1137.96 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN EXTREMITY VEINS UNILAT/LIMITED | 93971 | CPT | | | | both | | | 390 | | 144.6 Horizon | NJ Health | 1137.96 | | | 63.37 | 123.05 | 1137.96 | fee schedule | |
| HC DUPLEX SCAN EXTREMITY VEINS UNILAT/LIMITED | 93971 | CPT | | | | both | | | 390 | | 144.6 Managed Care Inc | Managed Care Inc | 351 | 90 | | | 123.05 | 1137.96 | percent of total billed charges | |
| HC DUPLEX SCAN EXTREMITY VEINS UNILAT/LIMITED | 93971 | CPT | | | | both | | | 390 | | 144.6 Horizon | Medicare Blue | 125.74 | | | 97.17 | 123.05 | 1137.96 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN EXTREMITY VEINS UNILAT/LIMITED | 93971 | CPT | | | | both | | | 390 | | 144.6 Wellcare | Medicaid | 123.05 | 31.55 | | 216.43 | 123.05 | 1137.96 | percent of total billed charges | |
| HC DUPLEX SCAN EXTREMITY VEINS UNILAT/LIMITED | 93971 | CPT | | | | both | | | 390 | | 144.6 First Health | First Health | 273 | 70 | | | 123.05 | 1137.96 | percent of total billed charges | |
| HC DUPLEX SCAN EXTREMITY VEINS UNILAT/LIMITED | 93971 | CPT | | | | both | | | 390 | | 144.6 Three Rivers | Three Rivers | 370.5 | 95 | | | 123.05 | 1137.96 | percent of total billed charges | |
| HC DUPLEX SCAN EXTREMITY VEINS UNILAT/LIMITED | 93971 | CPT | | | | both | | | 390 | | 144.6 Horizon | MGD | 243.31 | | | 204.32 | 123.05 | 1137.96 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN EXTREMITY VEINS UNILAT/LIMITED | 93971 | CPT | | | | both | | | 390 | | 144.6 Horizon | PPO | 243.31 | | | 155.45 | 123.05 | 1137.96 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN EXTREMITY VEINS UNILAT/LIMITED | 93971 | CPT | | | | both | | | 390 | | 144.6 UHC | Medicare | 125.74 | | | 101.44 | 123.05 | 1137.96 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN EXTREMITY VEINS UNILAT/LIMITED | 93971 | CPT | | | | both | | | 390 | | 144.6 WellPoint | WellPoint | 125.5 | 32.18 | | 164.01 | 123.05 | 1137.96 | percent of total billed charges | |
| HC DUPLEX SCAN EXTREMITY VEINS UNILAT/LIMITED | 93971 | CPT | | | | both | | | 390 | | 144.6 Wellcare | Medicare | 125.74 | | | 191.58 | 123.05 | 1137.96 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN ARTERIAL INFLOW ABD/PEL/SCROT/RPR ORGN COMPLETE | 93975 | CPT | | | | both | | | 1390.5 | | 322.28 Horizon | PPO | 542.26 | | | 382.24 | 225 | 1320.98 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN ARTERIAL INFLOW ABD/PEL/SCROT/RPR ORGN COMPLETE | 93975 | CPT | | | | both | | | 1390.5 | | 322.28 First Health | First Health | 973.35 | 70 | | | 225 | 1320.98 | percent of total billed charges | |
| HC DUPLEX SCAN ARTERIAL INFLOW ABD/PEL/SCROT/RPR ORGN COMPLETE | 93975 | CPT | | | | both | | | 1390.5 | | 322.28 Corrections | Corrections | 1112.4 | 80 | | 111.38 | 225 | 1320.98 | percent of total billed charges | |
| HC DUPLEX SCAN ARTERIAL INFLOW ABD/PEL/SCROT/RPR ORGN COMPLETE | 93975 | CPT | | | | both | | | 1390.5 | | 322.28 Horizon | Medicare Blue | 280.24 | | | 212.91 | 225 | 1320.98 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN ARTERIAL INFLOW ABD/PEL/SCROT/RPR ORGN COMPLETE | 93975 | CPT | | | | both | | | 1390.5 | | 322.28 Aetna | Better Health | 438.7 | 31.55 | | 201.15 | 225 | 1320.98 | percent of total billed charges | |
| HC DUPLEX SCAN ARTERIAL INFLOW ABD/PEL/SCROT/RPR ORGN COMPLETE | 93975 | CPT | | | | both | | | 1390.5 | | 322.28 Consumer | Consumer | 1320.98 | 95 | | | 225 | 1320.98 | percent of total billed charges | |
| HC DUPLEX SCAN ARTERIAL INFLOW ABD/PEL/SCROT/RPR ORGN COMPLETE | 93975 | CPT | | | | both | | | 1390.5 | | 322.28 Aetna | Medicare | 280.24 | | | 180.27 | 225 | 1320.98 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN ARTERIAL INFLOW ABD/PEL/SCROT/RPR ORGN COMPLETE | 93975 | CPT | | | | both | | | 1390.5 | | 322.28 Horizon | NJ Health | 845.64 | | | 183.09 | 225 | 1320.98 | fee schedule | |
| HC DUPLEX SCAN ARTERIAL INFLOW ABD/PEL/SCROT/RPR ORGN COMPLETE | 93975 | CPT | | | | both | | | 1390.5 | | 322.28 UHC | Medicaid | 438.7 | 31.55 | | 248.6 | 225 | 1320.98 | percent of total billed charges | |
| HC DUPLEX SCAN ARTERIAL INFLOW ABD/PEL/SCROT/RPR ORGN COMPLETE | 93975 | CPT | | | | both | | | 1390.5 | | 322.28 Three Rivers | Three Rivers | 1320.98 | 95 | | | 225 | 1320.98 | percent of total billed charges | |
| HC DUPLEX SCAN ARTERIAL INFLOW ABD/PEL/SCROT/RPR ORGN COMPLETE | 93975 | CPT | | | | both | | | 1390.5 | | 322.28 Horizon | Indemnity | 542.26 | | | 408.66 | 225 | 1320.98 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN ARTERIAL INFLOW ABD/PEL/SCROT/RPR ORGN COMPLETE | 93975 | CPT | | | | both | | | 1390.5 | | 322.28 Qualcare | Qualcare | 1042.88 | 75 | | | 225 | 1320.98 | percent of total billed charges | |
| HC DUPLEX SCAN ARTERIAL INFLOW ABD/PEL/SCROT/RPR ORGN COMPLETE | 93975 | CPT | | | | both | | | 1390.5 | | 322.28 Americare | Americare | 1042.88 | 75 | | | 225 | 1320.98 | percent of total billed charges | |
| HC DUPLEX SCAN ARTERIAL INFLOW ABD/PEL/SCROT/RPR ORGN COMPLETE | 93975 | CPT | | | | both | | | 1390.5 | | 322.28 First Trenton | First Trenton | 1251.45 | 90 | | | 225 | 1320.98 | percent of total billed charges | |
| HC DUPLEX SCAN ARTERIAL INFLOW ABD/PEL/SCROT/RPR ORGN COMPLETE | 93975 | CPT | | | | both | | | 1390.5 | | 322.28 Horizon | MGD | 542.26 | | | 307.83 | 225 | 1320.98 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN ARTERIAL INFLOW ABD/PEL/SCROT/RPR ORGN COMPLETE | 93975 | CPT | | | | both | | | 1390.5 | | 322.28 Multiplan | Multiplan | 1112.4 | 80 | | | 225 | 1320.98 | percent of total billed charges | |
| HC DUPLEX SCAN ARTERIAL INFLOW ABD/PEL/SCROT/RPR ORGN COMPLETE | 93975 | CPT | | | | both | | | 1390.5 | | 322.28 Amerihealth | HMO/PPO | 225 | | | 193.66 | 225 | 1320.98 | fee schedule | |
| HC DUPLEX SCAN ARTERIAL INFLOW ABD/PEL/SCROT/RPR ORGN COMPLETE | 93975 | CPT | | | | both | | | 1390.5 | | 322.28 Wellcare | Medicare | 280.24 | | | 71.3 | 225 | 1320.98 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN ARTERIAL INFLOW ABD/PEL/SCROT/RPR ORGN COMPLETE | 93975 | CPT | | | | both | | | 1390.5 | | 322.28 Wellcare | Medicaid | 438.7 | 31.55 | | 197.08 | 225 | 1320.98 | percent of total billed charges | |
| HC DUPLEX SCAN ARTERIAL INFLOW ABD/PEL/SCROT/RPR ORGN COMPLETE | 93975 | CPT | | | | both | | | 1390.5 | | 322.28 UHC | Medicare | 280.24 | | | 151.23 | 225 | 1320.98 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN ARTERIAL INFLOW ABD/PEL/SCROT/RPR ORGN COMPLETE | 93975 | CPT | | | | both | | | 1390.5 | | 322.28 WellPoint | WellPoint | 447.46 | 32.18 | | 176.08 | 225 | 1320.98 | percent of total billed charges | |
| HC DUPLEX SCAN ARTERIAL INFLOW ABD/PEL/SCROT/RPR ORGN COMPLETE | 93975 | CPT | | | | both | | | 1390.5 | | 322.28 Managed Care Inc | Managed Care Inc | 1251.45 | 90 | | | 225 | 1320.98 | percent of total billed charges | |
| HC DUPLEX SCAN ARTL FLOW ABD/PEL/SCROT&/RPR ORGN LTD | 93976 | CPT | | | | outpatient | | | 898 | | 144.6 Aetna | Medicare | 125.74 | | | | 125.74 | 853.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN ARTL FLOW ABD/PEL/SCROT&/RPR ORGN LTD | 93976 | CPT | | | | outpatient | | | 898 | | 144.6 Americare | Americare | 673.5 | 75 | | | 125.74 | 853.1 | percent of total billed charges | |
| HC DUPLEX SCAN ARTL FLOW ABD/PEL/SCROT&/RPR ORGN LTD | 93976 | CPT | | | | outpatient | | | 898 | | 144.6 Horizon | Medicare Blue | 125.74 | | | | 125.74 | 853.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN ARTL FLOW ABD/PEL/SCROT&/RPR ORGN LTD | 93976 | CPT | | | | outpatient | | | 898 | | 144.6 Consumer | Consumer | 853.1 | 95 | | | 125.74 | 853.1 | percent of total billed charges | |
| HC DUPLEX SCAN ARTL FLOW ABD/PEL/SCROT&/RPR ORGN LTD | 93976 | CPT | | | | outpatient | | | 898 | | 144.6 Amerihealth | HMO/PPO | 160 | | | | 125.74 | 853.1 | fee schedule | |
| HC DUPLEX SCAN ARTL FLOW ABD/PEL/SCROT&/RPR ORGN LTD | 93976 | CPT | | | | outpatient | | | 898 | | 144.6 Corrections | Corrections | 718.4 | 80 | | | 125.74 | 853.1 | percent of total billed charges | |
| HC DUPLEX SCAN ARTL FLOW ABD/PEL/SCROT&/RPR ORGN LTD | 93976 | CPT | | | | outpatient | | | 898 | | 144.6 Aetna | Better Health | 283.32 | 31.55 | | | 125.74 | 853.1 | percent of total billed charges | |
| HC DUPLEX SCAN ARTL FLOW ABD/PEL/SCROT&/RPR ORGN LTD | 93976 | CPT | | | | outpatient | | | 898 | | 144.6 First Health | First Health | 628.6 | 70 | | | 125.74 | 853.1 | percent of total billed charges | |
| HC DUPLEX SCAN ARTL FLOW ABD/PEL/SCROT&/RPR ORGN LTD | 93976 | CPT | | | | outpatient | | | 898 | | 144.6 Horizon | MGD | 243.31 | | | | 125.74 | 853.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN ARTL FLOW ABD/PEL/SCROT&/RPR ORGN LTD | 93976 | CPT | | | | outpatient | | | 898 | | 144.6 First Trenton | First Trenton | 808.2 | 90 | | | 125.74 | 853.1 | percent of total billed charges | |
| HC DUPLEX SCAN ARTL FLOW ABD/PEL/SCROT&/RPR ORGN LTD | 93976 | CPT | | | | outpatient | | | 898 | | 144.6 Horizon | PPO | 243.31 | | | | 125.74 | 853.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN ARTL FLOW ABD/PEL/SCROT&/RPR ORGN LTD | 93976 | CPT | | | | outpatient | | | 898 | | 144.6 Horizon | Indemnity | 243.31 | | | | 125.74 | 853.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN ARTL FLOW ABD/PEL/SCROT&/RPR ORGN LTD | 93976 | CPT | | | | outpatient | | | 898 | | 144.6 UHC | Medicare | 125.74 | | | | 125.74 | 853.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN ARTL FLOW ABD/PEL/SCROT&/RPR ORGN LTD | 93976 | CPT | | | | outpatient | | | 898 | | 144.6 Horizon | NJ Health | 743.85 | | | | 125.74 | 853.1 | fee schedule | |
| HC DUPLEX SCAN ARTL FLOW ABD/PEL/SCROT&/RPR ORGN LTD | 93976 | CPT | | | | outpatient | | | 898 | | 144.6 WellPoint | WellPoint | 286.98 | 32.18 | | | 125.74 | 853.1 | percent of total billed charges | |
| HC DUPLEX SCAN ARTL FLOW ABD/PEL/SCROT&/RPR ORGN LTD | 93976 | CPT | | | | outpatient | | | 898 | | 144.6 Multiplan | Multiplan | 718.4 | 80 | | | 125.74 | 853.1 | percent of total billed charges | |
| HC DUPLEX SCAN ARTL FLOW ABD/PEL/SCROT&/RPR ORGN LTD | 93976 | CPT | | | | outpatient | | | 898 | | 144.6 Managed Care Inc | Managed Care Inc | 808.2 | 90 | | | 125.74 | 853.1 | percent of total billed charges | |
| HC DUPLEX SCAN ARTL FLOW ABD/PEL/SCROT&/RPR ORGN LTD | 93976 | CPT | | | | outpatient | | | 898 | | 144.6 UHC | Medicaid | 283.32 | 31.55 | | | 125.74 | 853.1 | percent of total billed charges | |
| HC DUPLEX SCAN ARTL FLOW ABD/PEL/SCROT&/RPR ORGN LTD | 93976 | CPT | | | | outpatient | | | 898 | | 144.6 Three Rivers | Three Rivers | 853.1 | 95 | | | 125.74 | 853.1 | percent of total billed charges | |
| HC DUPLEX SCAN ARTL FLOW ABD/PEL/SCROT&/RPR ORGN LTD | 93976 | CPT | | | | outpatient | | | 898 | | 144.6 Qualcare | Qualcare | 673.5 | 75 | | | 125.74 | 853.1 | percent of total billed charges | |
| HC DUPLEX SCAN ARTL FLOW ABD/PEL/SCROT&/RPR ORGN LTD | 93976 | CPT | | | | outpatient | | | 898 | | 144.6 Wellcare | Medicaid | 283.32 | 31.55 | | | 125.74 | 853.1 | percent of total billed charges | |
| HC DUPLEX SCAN ARTL FLOW ABD/PEL/SCROT&/RPR ORGN LTD | 93976 | CPT | | | | outpatient | | | 898 | | 144.6 Wellcare | Medicare | 125.74 | | | | 125.74 | 853.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN AORTA IVC ILIAC VASCULATURE/BPG COMPLETE | 93978 | CPT | | | | both | | | 1347 | | 322.28 Horizon | Indemnity | 542.26 | | | | 180 | 1279.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN AORTA IVC ILIAC VASCULATURE/BPG COMPLETE | 93978 | CPT | | | | both | | | 1347 | | 322.28 Consumer | Consumer | 1279.65 | 95 | | | 180 | 1279.65 | percent of total billed charges | |
| HC DUPLEX SCAN AORTA IVC ILIAC VASCULATURE/BPG COMPLETE | 93978 | CPT | | | | both | | | 1347 | | 322.28 Aetna | Medicare | 280.24 | | | 148.55 | 180 | 1279.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN AORTA IVC ILIAC VASCULATURE/BPG COMPLETE | 93978 | CPT | | | | both | | | 1347 | | 322.28 Horizon | Medicare Blue | 280.24 | | | 220.93 | 180 | 1279.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN AORTA IVC ILIAC VASCULATURE/BPG COMPLETE | 93978 | CPT | | | | both | | | 1347 | | 322.28 Horizon | MGD | 542.26 | | | 462.77 | 180 | 1279.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN AORTA IVC ILIAC VASCULATURE/BPG COMPLETE | 93978 | CPT | | | | both | | | 1347 | | 322.28 Aetna | Better Health | 424.98 | 31.55 | | | 180 | 1279.65 | percent of total billed charges | |
| HC DUPLEX SCAN AORTA IVC ILIAC VASCULATURE/BPG COMPLETE | 93978 | CPT | | | | both | | | 1347 | | 322.28 Amerihealth | HMO/PPO | 180 | | | | 180 | 1279.65 | fee schedule | |
| HC DUPLEX SCAN AORTA IVC ILIAC VASCULATURE/BPG COMPLETE | 93978 | CPT | | | | both | | | 1347 | | 322.28 Horizon | PPO | 542.26 | | | 521.53 | 180 | 1279.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN AORTA IVC ILIAC VASCULATURE/BPG COMPLETE | 93978 | CPT | | | | both | | | 1347 | | 322.28 Wellcare | Medicaid | 424.98 | 31.55 | | | 180 | 1279.65 | percent of total billed charges | |
| HC DUPLEX SCAN AORTA IVC ILIAC VASCULATURE/BPG COMPLETE | 93978 | CPT | | | | both | | | 1347 | | 322.28 Corrections | Corrections | 1077.6 | 80 | | | 180 | 1279.65 | percent of total billed charges | |
| HC DUPLEX SCAN AORTA IVC ILIAC VASCULATURE/BPG COMPLETE | 93978 | CPT | | | | both | | | 1347 | | 322.28 First Health | First Health | 942.9 | 70 | | | 180 | 1279.65 | percent of total billed charges | |
| HC DUPLEX SCAN AORTA IVC ILIAC VASCULATURE/BPG COMPLETE | 93978 | CPT | | | | both | | | 1347 | | 322.28 UHC | Medicare | 280.24 | | | 200.22 | 180 | 1279.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN AORTA IVC ILIAC VASCULATURE/BPG COMPLETE | 93978 | CPT | | | | both | | | 1347 | | 322.28 Multiplan | Multiplan | 1077.6 | 80 | | | 180 | 1279.65 | percent of total billed charges | |
| HC DUPLEX SCAN AORTA IVC ILIAC VASCULATURE/BPG COMPLETE | 93978 | CPT | | | | both | | | 1347 | | 322.28 Americare | Americare | 1010.25 | 75 | | | 180 | 1279.65 | percent of total billed charges | |
| HC DUPLEX SCAN AORTA IVC ILIAC VASCULATURE/BPG COMPLETE | 93978 | CPT | | | | both | | | 1347 | | 322.28 Qualcare | Qualcare | 1010.25 | 75 | | | 180 | 1279.65 | percent of total billed charges | |
| HC DUPLEX SCAN AORTA IVC ILIAC VASCULATURE/BPG COMPLETE | 93978 | CPT | | | | both | | | 1347 | | 322.28 First Trenton | First Trenton | 1212.3 | 90 | | | 180 | 1279.65 | percent of total billed charges | |
| HC DUPLEX SCAN AORTA IVC ILIAC VASCULATURE/BPG COMPLETE | 93978 | CPT | | | | both | | | 1347 | | 322.28 UHC | Medicaid | 424.98 | 31.55 | | 236.75 | 180 | 1279.65 | percent of total billed charges | |
| HC DUPLEX SCAN AORTA IVC ILIAC VASCULATURE/BPG COMPLETE | 93978 | CPT | | | | both | | | 1347 | | 322.28 Three Rivers | Three Rivers | 1279.65 | 95 | | | 180 | 1279.65 | percent of total billed charges | |
| HC DUPLEX SCAN AORTA IVC ILIAC VASCULATURE/BPG COMPLETE | 93978 | CPT | | | | both | | | 1347 | | 322.28 Horizon | NJ Health | 1044 | | | 144.54 | 180 | 1279.65 | fee schedule | |
| HC DUPLEX SCAN AORTA IVC ILIAC VASCULATURE/BPG COMPLETE | 93978 | CPT | | | | both | | | 1347 | | 322.28 WellPoint | WellPoint | 433.46 | 32.18 | | 207.68 | 180 | 1279.65 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC DUPLEX SCAN AORTA IVC ILIAC VASCULATURE/BPG UNILAT/LIMITED | 93979 | CPT | | | | both | | | 1167 | 144.6 | WellPoint | | 375.54 | 32.18 | | 104.86 | 125 | | 1108.65 percent of total billed charges | |
| HC DUPLEX SCAN AORTA IVC ILIAC VASCULATURE/BPG UNILAT/LIMITED | 93979 | CPT | | | | both | | | 1167 | 144.6 | Three Rivers | Three Rivers | 1108.65 | 95 | | | 125 | | 1108.65 percent of total billed charges | |
| HC PENILE VASCULAR STUDY | 93980 | CPT | | | | outpatient | | | 1591 | 144.6 | Aetna | Medicare | 125.74 | | | | 125.74 | | 1511.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PENILE VASCULAR STUDY | 93980 | CPT | | | | outpatient | | | 1591 | 144.6 | Corrections | Corrections | 1272.8 | 80 | | | 125.74 | | 1511.45 percent of total billed charges | |
| HC PENILE VASCULAR STUDY | 93980 | CPT | | | | outpatient | | | 1591 | 144.6 | Americare | Americare | 1193.25 | 75 | | | 125.74 | | 1511.45 percent of total billed charges | |
| HC PENILE VASCULAR STUDY | 93980 | CPT | | | | outpatient | | | 1591 | 144.6 | First Health | First Health | 1113.7 | 70 | | | 125.74 | | 1511.45 percent of total billed charges | |
| HC PENILE VASCULAR STUDY | 93980 | CPT | | | | outpatient | | | 1591 | 144.6 | Horizon | Medicare Blue | 125.74 | | | 167.05 | 125.74 | | 1511.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PENILE VASCULAR STUDY | 93980 | CPT | | | | outpatient | | | 1591 | 144.6 | First Trenton | First Trenton | 1431.9 | 90 | | | 125.74 | | 1511.45 percent of total billed charges | |
| HC PENILE VASCULAR STUDY | 93980 | CPT | | | | outpatient | | | 1591 | 144.6 | Multiplan | Multiplan | 1272.8 | 80 | | | 125.74 | | 1511.45 percent of total billed charges | |
| HC PENILE VASCULAR STUDY | 93980 | CPT | | | | outpatient | | | 1591 | 144.6 | Aetna | Better Health | 501.96 | 31.55 | | | 125.74 | | 1511.45 percent of total billed charges | |
| HC PENILE VASCULAR STUDY | 93980 | CPT | | | | outpatient | | | 1591 | 144.6 | Consumer | Consumer | 1511.45 | 95 | | | 125.74 | | 1511.45 percent of total billed charges | |
| HC PENILE VASCULAR STUDY | 93980 | CPT | | | | outpatient | | | 1591 | 144.6 | Horizon | Indemnity | 243.31 | | | | 125.74 | | 1511.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PENILE VASCULAR STUDY | 93980 | CPT | | | | outpatient | | | 1591 | 144.6 | Qualcare | Qualcare | 1193.25 | 75 | | | 125.74 | | 1511.45 percent of total billed charges | |
| HC PENILE VASCULAR STUDY | 93980 | CPT | | | | outpatient | | | 1591 | 144.6 | Horizon | MGD | 243.31 | | | 291.05 | 125.74 | | 1511.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PENILE VASCULAR STUDY | 93980 | CPT | | | | outpatient | | | 1591 | 144.6 | Managed Care Inc | Managed Care Inc | 1431.9 | 90 | | | 125.74 | | 1511.45 percent of total billed charges | |
| HC PENILE VASCULAR STUDY | 93980 | CPT | | | | outpatient | | | 1591 | 144.6 | Amerihealth | HMO/PPO | 250 | | | | 125.74 | | 1511.45 fee schedule | |
| HC PENILE VASCULAR STUDY | 93980 | CPT | | | | outpatient | | | 1591 | 144.6 | Horizon | NJ Health | 245.97 | | | 70.9 | 125.74 | | 1511.45 fee schedule | |
| HC PENILE VASCULAR STUDY | 93980 | CPT | | | | outpatient | | | 1591 | 144.6 | Three Rivers | Three Rivers | 1511.45 | 95 | | | 125.74 | | 1511.45 percent of total billed charges | |
| HC PENILE VASCULAR STUDY | 93980 | CPT | | | | outpatient | | | 1591 | 144.6 | Horizon | PPO | 243.31 | | | | 125.74 | | 1511.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PENILE VASCULAR STUDY | 93980 | CPT | | | | outpatient | | | 1591 | 144.6 | UHC | Medicare | 125.74 | | | 119.1 | 125.74 | | 1511.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PENILE VASCULAR STUDY | 93980 | CPT | | | | outpatient | | | 1591 | 144.6 | UHC | Medicaid | 501.96 | 31.55 | | 126.14 | 125.74 | | 1511.45 percent of total billed charges | |
| HC PENILE VASCULAR STUDY | 93980 | CPT | | | | outpatient | | | 1591 | 144.6 | Wellcare | Medicare | 125.74 | | | | 125.74 | | 1511.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PENILE VASCULAR STUDY | 93980 | CPT | | | | outpatient | | | 1591 | 144.6 | Wellcare | Medicaid | 501.96 | 31.55 | | 110.64 | 125.74 | | 1511.45 percent of total billed charges | |
| HC PENILE VASCULAR STUDY | 93980 | CPT | | | | outpatient | | | 1591 | 144.6 | WellPoint | WellPoint | 511.98 | 32.18 | | | 125.74 | | 1511.45 percent of total billed charges | |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL BI STD | 93985 | CPT | | | | outpatient | | | 873.05 | 322.28 | Consumer | Consumer | 829.4 | 95 | | | 275.45 | | 829.4 percent of total billed charges | |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL BI STD | 93985 | CPT | | | | outpatient | | | 873.05 | 322.28 | Aetna | Better Health | 275.45 | 31.55 | | | 275.45 | | 829.4 percent of total billed charges | |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL BI STD | 93985 | CPT | | | | outpatient | | | 873.05 | 322.28 | UHC | Medicaid | 275.45 | 31.55 | | | 275.45 | | 829.4 percent of total billed charges | |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL BI STD | 93985 | CPT | | | | outpatient | | | 873.05 | 322.28 | Americare | Americare | 654.79 | 75 | | | 275.45 | | 829.4 percent of total billed charges | |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL BI STD | 93985 | CPT | | | | outpatient | | | 873.05 | 322.28 | First Health | First Health | 611.14 | 70 | | | 275.45 | | 829.4 percent of total billed charges | |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL BI STD | 93985 | CPT | | | | outpatient | | | 873.05 | 322.28 | Aetna | Medicare | 280.24 | | | | 275.45 | | 829.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL BI STD | 93985 | CPT | | | | outpatient | | | 873.05 | 322.28 | Horizon | Medicare Blue | 280.24 | | | | 275.45 | | 829.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL BI STD | 93985 | CPT | | | | outpatient | | | 873.05 | 322.28 | Amerihealth | HMO/PPO | 567.48 | 65 | | | 275.45 | | 829.4 percent of total billed charges | |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL BI STD | 93985 | CPT | | | | outpatient | | | 873.05 | 322.28 | Corrections | Corrections | 698.44 | 80 | | | 275.45 | | 829.4 percent of total billed charges | |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL BI STD | 93985 | CPT | | | | outpatient | | | 873.05 | 322.28 | Horizon | MGD | 542.26 | | | | 275.45 | | 829.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL BI STD | 93985 | CPT | | | | outpatient | | | 873.05 | 322.28 | UHC | Medicare | 280.24 | | | | 275.45 | | 829.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL BI STD | 93985 | CPT | | | | outpatient | | | 873.05 | 322.28 | Multiplan | Multiplan | 698.44 | 80 | | | 275.45 | | 829.4 percent of total billed charges | |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL BI STD | 93985 | CPT | | | | outpatient | | | 873.05 | 322.28 | Three Rivers | Three Rivers | 829.4 | 95 | | | 275.45 | | 829.4 percent of total billed charges | |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL BI STD | 93985 | CPT | | | | outpatient | | | 873.05 | 322.28 | Qualcare | Qualcare | 654.79 | 75 | | | 275.45 | | 829.4 percent of total billed charges | |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL BI STD | 93985 | CPT | | | | outpatient | | | 873.05 | 322.28 | Wellcare | Medicare | 280.24 | | | | 275.45 | | 829.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL BI STD | 93985 | CPT | | | | outpatient | | | 873.05 | 322.28 | First Trenton | First Trenton | 785.75 | 90 | | | 275.45 | | 829.4 percent of total billed charges | |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL BI STD | 93985 | CPT | | | | outpatient | | | 873.05 | 322.28 | Wellcare | Medicaid | 275.45 | 31.55 | | | 275.45 | | 829.4 percent of total billed charges | |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL BI STD | 93985 | CPT | | | | outpatient | | | 873.05 | 322.28 | Horizon | Indemnity | 542.26 | | | | 275.45 | | 829.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL BI STD | 93985 | CPT | | | | outpatient | | | 873.05 | 322.28 | Horizon | NJ Health | 415.2 | | | | 275.45 | | 829.4 fee schedule | |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL BI STD | 93985 | CPT | | | | outpatient | | | 873.05 | 322.28 | Horizon | PPO | 542.26 | | | | 275.45 | | 829.4 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL BI STD | 93985 | CPT | | | | outpatient | | | 873.05 | 322.28 | Managed Care Inc | Managed Care Inc | 785.75 | 90 | | | 275.45 | | 829.4 percent of total billed charges | |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL BI STD | 93985 | CPT | | | | outpatient | | | 873.05 | 322.28 | WellPoint | WellPoint | 280.95 | 32.18 | | | 275.45 | | 829.4 percent of total billed charges | |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL UNI STD | 93986 | CPT | | | | outpatient | | | 513.08 | 144.6 | Aetna | Medicare | 125.74 | | | | 125.74 | | 487.43 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL UNI STD | 93986 | CPT | | | | outpatient | | | 513.08 | 144.6 | First Trenton | First Trenton | 461.77 | 90 | | | 125.74 | | 487.43 percent of total billed charges | |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL UNI STD | 93986 | CPT | | | | outpatient | | | 513.08 | 144.6 | Americare | Americare | 384.81 | 75 | | | 125.74 | | 487.43 percent of total billed charges | |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL UNI STD | 93986 | CPT | | | | outpatient | | | 513.08 | 144.6 | Aetna | Better Health | 161.88 | 31.55 | | | 125.74 | | 487.43 percent of total billed charges | |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL UNI STD | 93986 | CPT | | | | outpatient | | | 513.08 | 144.6 | Horizon | MGD | 243.31 | | | | 125.74 | | 487.43 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL UNI STD | 93986 | CPT | | | | outpatient | | | 513.08 | 144.6 | Horizon | Indemnity | 243.31 | | | | 125.74 | | 487.43 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL UNI STD | 93986 | CPT | | | | outpatient | | | 513.08 | 144.6 | Consumer | Consumer | 487.43 | 95 | | | 125.74 | | 487.43 percent of total billed charges | |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL UNI STD | 93986 | CPT | | | | outpatient | | | 513.08 | 144.6 | Amerihealth | HMO/PPO | 333.5 | 65 | | | 125.74 | | 487.43 percent of total billed charges | |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL UNI STD | 93986 | CPT | | | | outpatient | | | 513.08 | 144.6 | UHC | Medicare | 125.74 | | | | 125.74 | | 487.43 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL UNI STD | 93986 | CPT | | | | outpatient | | | 513.08 | 144.6 | Horizon | Medicare Blue | 125.74 | | | | 125.74 | | 487.43 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL UNI STD | 93986 | CPT | | | | outpatient | | | 513.08 | 144.6 | Corrections | Corrections | 410.46 | 80 | | | 125.74 | | 487.43 percent of total billed charges | |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL UNI STD | 93986 | CPT | | | | outpatient | | | 513.08 | 144.6 | UHC | Medicaid | 161.88 | 31.55 | | | 125.74 | | 487.43 percent of total billed charges | |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL UNI STD | 93986 | CPT | | | | outpatient | | | 513.08 | 144.6 | First Health | First Health | 359.16 | 70 | | | 125.74 | | 487.43 percent of total billed charges | |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL UNI STD | 93986 | CPT | | | | outpatient | | | 513.08 | 144.6 | Horizon | NJ Health | 240.38 | | | | 125.74 | | 487.43 fee schedule | |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL UNI STD | 93986 | CPT | | | | outpatient | | | 513.08 | 144.6 | Horizon | PPO | 243.31 | | | | 125.74 | | 487.43 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL UNI STD | 93986 | CPT | | | | outpatient | | | 513.08 | 144.6 | Wellcare | Medicaid | 161.88 | 31.55 | | | 125.74 | | 487.43 percent of total billed charges | |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL UNI STD | 93986 | CPT | | | | outpatient | | | 513.08 | 144.6 | Multiplan | Multiplan | 410.46 | 80 | | | 125.74 | | 487.43 percent of total billed charges | |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL UNI STD | 93986 | CPT | | | | outpatient | | | 513.08 | 144.6 | Managed Care Inc | Managed Care Inc | 461.77 | 90 | | | 125.74 | | 487.43 percent of total billed charges | |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL UNI STD | 93986 | CPT | | | | outpatient | | | 513.08 | 144.6 | WellPoint | WellPoint | 165.11 | 32.18 | | | 125.74 | | 487.43 percent of total billed charges | |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL UNI STD | 93986 | CPT | | | | outpatient | | | 513.08 | 144.6 | Three Rivers | Three Rivers | 487.43 | 95 | | | 125.74 | | 487.43 percent of total billed charges | |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL UNI STD | 93986 | CPT | | | | outpatient | | | 513.08 | 144.6 | Qualcare | Qualcare | 384.81 | 75 | | | 125.74 | | 487.43 percent of total billed charges | |
| HC DUPLEX SCAN ARTL INFL&VEN O/F HIEMO COMPL UNI STD | 93986 | CPT | | | | outpatient | | | 513.08 | 144.6 | Wellcare | Medicare | 125.74 | | | | 125.74 | | 487.43 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SHUNT | 93990 | CPT | | | | both | | | 390 | 144.6 | Consumer | Consumer | 370.5 | 95 | | | 110 | | 819.54 percent of total billed charges | |
| HC DUPLEX SHUNT | 93990 | CPT | | | | both | | | 390 | 144.6 | First Health | First Health | 273 | 70 | | | 110 | | 819.54 percent of total billed charges | |
| HC DUPLEX SHUNT | 93990 | CPT | | | | both | | | 390 | 144.6 | First Trenton | First Trenton | 351 | 90 | | | 110 | | 819.54 percent of total billed charges | |
| HC DUPLEX SHUNT | 93990 | CPT | | | | both | | | 390 | 144.6 | Aetna | Better Health | 123.05 | 31.55 | | 110.64 | 110 | | 819.54 percent of total billed charges | |
| HC DUPLEX SHUNT | 93990 | CPT | | | | both | | | 390 | 144.6 | Corrections | Corrections | 312 | 80 | | 52.79 | 110 | | 819.54 percent of total billed charges | |
| HC DUPLEX SHUNT | 93990 | CPT | | | | both | | | 390 | 144.6 | Aetna | Medicare | 125.74 | | | 83.23 | 110 | | 819.54 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SHUNT | 93990 | CPT | | | | both | | | 390 | 144.6 | Horizon | Indemnity | 243.31 | | | | 110 | | 819.54 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SHUNT | 93990 | CPT | | | | both | | | 390 | 144.6 | Americare | Americare | 292.5 | 75 | | | 110 | | 819.54 percent of total billed charges | |
| HC DUPLEX SHUNT | 93990 | CPT | | | | both | | | 390 | 144.6 | UHC | Medicaid | 123.05 | 31.55 | | 119.43 | 110 | | 819.54 percent of total billed charges | |
| HC DUPLEX SHUNT | 93990 | CPT | | | | both | | | 390 | 144.6 | Horizon | MGD | 243.31 | | | 230.24 | 110 | | 819.54 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SHUNT | 93990 | CPT | | | | both | | | 390 | 144.6 | Managed Care Inc | Managed Care Inc | 351 | 90 | | | 110 | | 819.54 percent of total billed charges | |
| HC DUPLEX SHUNT | 93990 | CPT | | | | both | | | 390 | 144.6 | Horizon | Medicare Blue | 125.74 | | | 66.51 | 110 | | 819.54 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SHUNT | 93990 | CPT | | | | both | | | 390 | 144.6 | Multiplan | Multiplan | 312 | 80 | | | 110 | | 819.54 percent of total billed charges | |
| HC DUPLEX SHUNT | 93990 | CPT | | | | both | | | 390 | 144.6 | Amerihealth | HMO/PPO | 110 | | | | 110 | | 819.54 fee schedule | |
| HC DUPLEX SHUNT | 93990 | CPT | | | | both | | | 390 | 144.6 | WellPoint | WellPoint | 125.5 | 32.18 | | 166.84 | 110 | | 819.54 percent of total billed charges | |
| HC DUPLEX SHUNT | 93990 | CPT | | | | both | | | 390 | 144.6 | Horizon | NJ Health | 819.54 | | | 284.39 | 110 | | 819.54 fee schedule | |
| HC DUPLEX SHUNT | 93990 | CPT | | | | both | | | 390 | 144.6 | Qualcare | Qualcare | 292.5 | 75 | | | 110 | | 819.54 percent of total billed charges | |
| HC DUPLEX SHUNT | 93990 | CPT | | | | both | | | 390 | 144.6 | Horizon | PPO | 243.31 | | | 230.24 | 110 | | 819.54 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SHUNT | 93990 | CPT | | | | both | | | 390 | 144.6 | Three Rivers | Three Rivers | 370.5 | 95 | | | 110 | | 819.54 percent of total billed charges | |
| HC DUPLEX SHUNT | 93990 | CPT | | | | both | | | 390 | 144.6 | UHC | Medicare | 125.74 | | | 69.31 | 110 | | 819.54 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DUPLEX SHUNT | 93990 | CPT | | | | both | | | 390 | 144.6 | Wellcare | Medicaid | 123.05 | 31.55 | | 110.64 | 110 | | 819.54 percent of total billed charges | |
| HC DUPLEX SHUNT | 93990 | CPT | | | | both | | | 390 | 144.6 | Wellcare | Medicare | 125.74 | | | | 110 | | 819.54 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENTILATION ASSIST & MGMT INPATIENT/OBS, 1ST DAY | 94002 | CPT | | | | both | | | 1982 | 824.21 | First Trenton | First Trenton | 1783.8 | 90 | | | 17.33 | | 1882.9 percent of total billed charges | |
| HC VENTILATION ASSIST & MGMT INPATIENT/OBS, 1ST DAY | 94002 | CPT | | | | both | | | 1982 | 824.21 | Amerihealth | HMO/PPO | 17.33 | | | | 17.33 | | 1882.9 fee schedule | |
| HC VENTILATION ASSIST & MGMT INPATIENT/OBS, 1ST DAY | 94002 | CPT | | | | both | | | 1982 | 824.21 | Consumer | Consumer | 1882.9 | 95 | | | 17.33 | | 1882.9 percent of total billed charges | |
| HC VENTILATION ASSIST & MGMT INPATIENT/OBS, 1ST DAY | 94002 | CPT | | | | both | | | 1982 | 824.21 | Aetna | Medicare | 716.7 | | | | 17.33 | | 1882.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENTILATION ASSIST & MGMT INPATIENT/OBS, 1ST DAY | 94002 | CPT | | | | both | | | 1982 | 824.21 | Aetna | Better Health | 625.32 | 31.55 | | | 17.33 | | 1882.9 percent of total billed charges | |
| HC VENTILATION ASSIST & MGMT INPATIENT/OBS, 1ST DAY | 94002 | CPT | | | | both | | | 1982 | 824.21 | Americare | Americare | 1486.5 | 75 | | | 17.33 | | 1882.9 percent of total billed charges | |
| HC VENTILATION ASSIST & MGMT INPATIENT/OBS, 1ST DAY | 94002 | CPT | | | | both | | | 1982 | 824.21 | Horizon | MGD | 1386.81 | | | | 17.33 | | 1882.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENTILATION ASSIST & MGMT INPATIENT/OBS, 1ST DAY | 94002 | CPT | | | | both | | | 1982 | 824.21 | Horizon | Medicare Blue | 716.7 | | | | 17.33 | | 1882.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENTILATION ASSIST & MGMT INPATIENT/OBS, 1ST DAY | 94002 | CPT | | | | both | | | 1982 | 824.21 | Horizon | Indemnity | 1386.81 | | | | 17.33 | | 1882.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENTILATION ASSIST & MGMT INPATIENT/OBS, 1ST DAY | 94002 | CPT | | | | both | | | 1982 | 824.21 | Horizon | NJ Health | 128.18 | | | 129.27 | 17.33 | | 1882.9 fee schedule | |
| HC VENTILATION ASSIST & MGMT INPATIENT/OBS, 1ST DAY | 94002 | CPT | | | | both | | | 1982 | 824.21 | First Health | First Health | 1387.4 | 70 | | | 17.33 | | 1882.9 percent of total billed charges | |
| HC VENTILATION ASSIST & MGMT INPATIENT/OBS, 1ST DAY | 94002 | CPT | | | | both | | | 1982 | 824.21 | UHC | Medicaid | 625.32 | 31.55 | | 376.92 | 17.33 | | 1882.9 percent of total billed charges | |
| HC VENTILATION ASSIST & MGMT INPATIENT/OBS, 1ST DAY | 94002 | CPT | | | | both | | | 1982 | 824.21 | Multiplan | Multiplan | 1585.6 | 80 | | | 17.33 | | 1882.9 percent of total billed charges | |
| HC VENTILATION ASSIST & MGMT INPATIENT/OBS, 1ST DAY | 94002 | CPT | | | | both | | | 1982 | 824.21 | Corrections | Corrections | 1585.6 | 80 | | 530.84 | 17.33 | | 1882.9 percent of total billed charges | |
| HC VENTILATION ASSIST & MGMT INPATIENT/OBS, 1ST DAY | 94002 | CPT | | | | both | | | 1982 | 824.21 | UHC | Medicare | 716.7 | | | 304.26 | 17.33 | | 1882.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENTILATION ASSIST & MGMT INPATIENT/OBS, 1ST DAY | 94002 | CPT | | | | both | | | 1982 | 824.21 | Wellcare | Medicaid | 625.32 | 31.55 | | | 17.33 | | 1882.9 percent of total billed charges | |
| HC VENTILATION ASSIST & MGMT INPATIENT/OBS, 1ST DAY | 94002 | CPT | | | | both | | | 1982 | 824.21 | Horizon | PPO | 1386.81 | | | | 17.33 | | 1882.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENTILATION ASSIST & MGMT INPATIENT/OBS, 1ST DAY | 94002 | CPT | | | | both | | | 1982 | 824.21 | Three Rivers | Three Rivers | 1882.9 | 95 | | | 17.33 | | 1882.9 percent of total billed charges | |
| HC VENTILATION ASSIST & MGMT INPATIENT/OBS, 1ST DAY | 94002 | CPT | | | | both | | | 1982 | 824.21 | Qualcare | Qualcare | 1486.5 | 75 | | | 17.33 | | 1882.9 percent of total billed charges | |
| HC VENTILATION ASSIST & MGMT INPATIENT/OBS, 1ST DAY | 94002 | CPT | | | | both | | | 1982 | 824.21 | WellPoint | WellPoint | 637.81 | 32.18 | | 435.09 | 17.33 | | 1882.9 percent of total billed charges | |
| HC VENTILATION ASSIST & MGMT INPATIENT/OBS, 1ST DAY | 94002 | CPT | | | | both | | | 1982 | 824.21 | Managed Care Inc | Managed Care Inc | 1783.8 | 90 | | | 17.33 | | 1882.9 percent of total billed charges | |
| HC VENTILATION ASSIST & MGMT INPATIENT/OBS, 1ST DAY | 94002 | CPT | | | | both | | | 1982 | 824.21 | Wellcare | Medicare | 716.7 | | | | 17.33 | | 1882.9 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENTILATOR-DAY SUBSEQUENT X- | 94003 | CPT | | | | both | | | 999 | 824.21 | Corrections | Corrections | 799.2 | 80 | | | 17.33 | | 1386.81 percent of total billed charges | |
| HC VENTILATOR-DAY SUBSEQUENT X- | 94003 | CPT | | | | both | | | 999 | 824.21 | Horizon | Medicare Blue | 716.7 | | | | 17.33 | | 1386.81 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENTILATOR-DAY SUBSEQUENT X- | 94003 | CPT | | | | both | | | 999 | 824.21 | Aetna | Better Health | 315.18 | 31.55 | | | 17.33 | | 1386.81 percent of total billed charges | |
| HC VENTILATOR-DAY SUBSEQUENT X- | 94003 | CPT | | | | both | | | 999 | 824.21 | Americare | Americare | 749.25 | 75 | | | 17.33 | | 1386.81 percent of total billed charges | |
| HC VENTILATOR-DAY SUBSEQUENT X- | 94003 | CPT | | | | both | | | 999 | 824.21 | Consumer | Consumer | 949.05 | 95 | | | 17.33 | | 1386.81 percent of total billed charges | |
| HC VENTILATOR-DAY SUBSEQUENT X- | 94003 | CPT | | | | both | | | 999 | 824.21 | Amerihealth | HMO/PPO | 17.33 | | | | 17.33 | | 1386.81 fee schedule | |
| HC VENTILATOR-DAY SUBSEQUENT X- | 94003 | CPT | | | | both | | | 999 | 824.21 | Aetna | Medicare | 716.7 | | | | 17.33 | | 1386.81 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENTILATOR-DAY SUBSEQUENT X- | 94003 | CPT | | | | both | | | 999 | 824.21 | Horizon | MGD | 1386.81 | | | | 17.33 | | 1386.81 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENTILATOR-DAY SUBSEQUENT X- | 94003 | CPT | | | | both | | | 999 | 824.21 | Horizon | Indemnity | 1386.81 | | | | 17.33 | | 1386.81 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENTILATOR-DAY SUBSEQUENT X- | 94003 | CPT | | | | both | | | 999 | 824.21 | UHC | Medicare | 716.7 | | | | 17.33 | | 1386.81 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENTILATOR-DAY SUBSEQUENT X- | 94003 | CPT | | | | both | | | 999 | 824.21 | Multiplan | Multiplan | 799.2 | 80 | | | 17.33 | | 1386.81 percent of total billed charges | |
| HC VENTILATOR-DAY SUBSEQUENT X- | 94003 | CPT | | | | both | | | 999 | 824.21 | UHC | Medicaid | 315.18 | 31.55 | | | 17.33 | | 1386.81 percent of total billed charges | |
| HC VENTILATOR-DAY SUBSEQUENT X- | 94003 | CPT | | | | both | | | 999 | 824.21 | First Trenton | First Trenton | 898.1 | 90 | | | 17.33 | | 1386.81 percent of total billed charges | |
| HC VENTILATOR-DAY SUBSEQUENT X- | 94003 | CPT | | | | both | | | 999 | 824.21 | Wellcare | Medicaid | 315.18 | 31.55 | | | 17.33 | | 1386.81 percent of total billed charges | |
| HC VENTILATOR-DAY SUBSEQUENT X- | 94003 | CPT | | | | both | | | 999 | 824.21 | First Health | First Health | 699.3 | 70 | | | 17.33 | | 1386.81 percent of total billed charges | |
| HC VENTILATOR-DAY SUBSEQUENT X- | 94003 | CPT | | | | both | | | 999 | 824.21 | Wellcare | Medicare | 716.7 | | | | 17.33 | | 1386.81 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENTILATOR-DAY SUBSEQUENT X- | 94003 | CPT | | | | both | | | 999 | 824.21 | Horizon | PPO | 1386.81 | | | | 17.33 | | 1386.81 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VENTILATOR-DAY SUBSEQUENT X- | 94003 | CPT | | | | both | | | 999 | 824.21 | Qualcare | Qualcare | 749.25 | 75 | | | 17.33 | | 1386.81 percent of total billed charges | |
| HC VENTILATOR-DAY SUBSEQUENT X- | 94003 | CPT | | | | both | | | 999 | 824.21 | Horizon | NJ Health | 92.42 | | | | 17.33 | | 1386.81 fee schedule | |
| HC VENTILATOR-DAY SUBSEQUENT X- | 94003 | CPT | | | | both | | | 999 | 824.21 | WellPoint | WellPoint | 321.48 | 32.18 | | | 17.33 | | 1386.81 percent of total billed charges | |
| HC VENTILATOR-DAY SUBSEQUENT X- | 94003 | CPT | | | | both | | | 999 | 824.21 | Managed Care Inc | Managed Care Inc | 899.1 | 90 | | | 17.33 | | 1386.81 percent of total billed charges | |
| HC VENTILATOR-DAY SUBSEQUENT X- | 94003 | CPT | | | | both | | | 999 | 824.21 | Three Rivers | Three Rivers | 949.05 | 95 | | | 17.33 | | 1386.81 percent of total billed charges | |
| HC SPIROMETRY W VITAL CAPACITY EXPIRATORY FLOW W/WO MAX VOLUN VENTILATION | 94010 | CPT | | | | both | | | 566 | 205.45 | Aetna | Medicare | 178.65 | | | 48.81 | 27 | | 537.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPIROMETRY W VITAL CAPACITY EXPIRATORY FLOW W/WO MAX VOLUN VENTILATION | 94010 | CPT | | | | both | | | 566 | 205.45 | Aetna | Better Health | 178.57 | 31.55 | | | 27 | | 537.7 percent of total billed charges | |
| HC SPIROMETRY W VITAL CAPACITY EXPIRATORY FLOW W/WO MAX VOLUN VENTILATION | 94010 | CPT | | | | both | | | 566 | 205.45 | Amerihealth | HMO/PPO | 27 | | | 75.06 | 27 | | 537.7 fee schedule | |
| HC SPIROMETRY W VITAL CAPACITY EXPIRATORY FLOW W/WO MAX VOLUN VENTILATION | 94010 | CPT | | | | both | | | 566 | 205.45 | Horizon | NJ Health | 414.99 | | | 172.4 | 27 | | 537.7 fee schedule | |
| HC SPIROMETRY W VITAL CAPACITY EXPIRATORY FLOW W/WO MAX VOLUN VENTILATION | 94010 | CPT | | | | both | | | 566 | 205.45 | First Health | First Health | 396.2 | 70 | | | 27 | | 537.7 percent of total billed charges | |
| HC SPIROMETRY W VITAL CAPACITY EXPIRATORY FLOW W/WO MAX VOLUN VENTILATION | 94010 | CPT | | | | both | | | 566 | 205.45 |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC SPIROMETRY W VITAL CAPACITY EXPIRATORY FLOW W/WO MAX VOLUN VENTILATION | 94010 | CPT | | | | both | | | 566 | | 205.45 Three Rivers | Three Rivers | 537.7 | 95 | | | 27 | 537.7 | percent of total billed charges | |
| HC SPIROMETRY W VITAL CAPACITY EXPIRATORY FLOW W/WO MAX VOLUN VENTILATION | 94010 | CPT | | | | both | | | 566 | | 205.45 UHC | Medicaid | 178.57 | 31.55 | | 157.78 | 27 | 537.7 | percent of total billed charges | |
| HC SPIROMETRY W VITAL CAPACITY EXPIRATORY FLOW W/WO MAX VOLUN VENTILATION | 94010 | CPT | | | | both | | | 566 | | 205.45 Wellcare | Medicaid | 178.57 | 31.55 | | 137.2 | 27 | 537.7 | percent of total billed charges | |
| HC SPIROMETRY W VITAL CAPACITY EXPIRATORY FLOW W/WO MAX VOLUN VENTILATION | 94010 | CPT | | | | both | | | 566 | | 205.45 Horizon | Indemnity | 345.69 | | | 112.3 | 27 | 537.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPIROMETRY W VITAL CAPACITY EXPIRATORY FLOW W/WO MAX VOLUN VENTILATION | 94010 | CPT | | | | both | | | 566 | | 205.45 WellPoint | WellPoint | 182.14 | 32.18 | | 122.82 | 27 | 537.7 | percent of total billed charges | |
| HC SPIROMETRY W VITAL CAPACITY EXPIRATORY FLOW W/WO MAX VOLUN VENTILATION | 94010 | CPT | | | | both | | | 566 | | 205.45 Wellcare | Medicare | 178.65 | | | 89.33 | 27 | 537.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPIROMETRY W VITAL CAPACITY EXPIRATORY FLOW W/WO MAX VOLUN VENTILATION | 94010 | CPT | | | | both | | | 566 | | 205.45 Horizon | Medicare Blue | 178.65 | | | 64.06 | 27 | 537.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPIROMETRY W VITAL CAPACITY EXPIRATORY FLOW W/WO MAX VOLUN VENTILATION | 94010 | CPT | | | | both | | | 566 | | 205.45 UHC | Medicare | 178.65 | | | 70.14 | 27 | 537.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PATIENT RECORDED SPIROMETRY | 94014 | CPT | | | | outpatient | | | 750 | | 524.04 Aetna | Better Health | 236.63 | 31.55 | | | 27 | 881.76 | percent of total billed charges | |
| HC PATIENT RECORDED SPIROMETRY | 94014 | CPT | | | | outpatient | | | 750 | | 524.04 Americare | Americare | 562.5 | 75 | | | 27 | 881.76 | percent of total billed charges | |
| HC PATIENT RECORDED SPIROMETRY | 94014 | CPT | | | | outpatient | | | 750 | | 524.04 Horizon | MGD | 881.76 | | | | 27 | 881.76 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PATIENT RECORDED SPIROMETRY | 94014 | CPT | | | | outpatient | | | 750 | | 524.04 Horizon | Medicare Blue | 455.69 | | | | 27 | 881.76 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PATIENT RECORDED SPIROMETRY | 94014 | CPT | | | | outpatient | | | 750 | | 524.04 Corrections | Corrections | 600 | 80 | | | 27 | 881.76 | percent of total billed charges | |
| HC PATIENT RECORDED SPIROMETRY | 94014 | CPT | | | | outpatient | | | 750 | | 524.04 UHC | Medicare | 455.69 | | | | 27 | 881.76 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PATIENT RECORDED SPIROMETRY | 94014 | CPT | | | | outpatient | | | 750 | | 524.04 Amerihealth | HMO/PPO | 27 | | | | 27 | 881.76 | fee schedule | |
| HC PATIENT RECORDED SPIROMETRY | 94014 | CPT | | | | outpatient | | | 750 | | 524.04 Aetna | Medicare | 455.69 | | | | 27 | 881.76 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PATIENT RECORDED SPIROMETRY | 94014 | CPT | | | | outpatient | | | 750 | | 524.04 Consumer | Consumer | 712.5 | 95 | | | 27 | 881.76 | percent of total billed charges | |
| HC PATIENT RECORDED SPIROMETRY | 94014 | CPT | | | | outpatient | | | 750 | | 524.04 Three Rivers | Three Rivers | 712.5 | 95 | | | 27 | 881.76 | percent of total billed charges | |
| HC PATIENT RECORDED SPIROMETRY | 94014 | CPT | | | | outpatient | | | 750 | | 524.04 Multiplan | Multiplan | 600 | 80 | | | 27 | 881.76 | percent of total billed charges | |
| HC PATIENT RECORDED SPIROMETRY | 94014 | CPT | | | | outpatient | | | 750 | | 524.04 Wellcare | Medicaid | 236.63 | 31.55 | | | 27 | 881.76 | percent of total billed charges | |
| HC PATIENT RECORDED SPIROMETRY | 94014 | CPT | | | | outpatient | | | 750 | | 524.04 Horizon | PPO | 881.76 | | | | 27 | 881.76 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PATIENT RECORDED SPIROMETRY | 94014 | CPT | | | | outpatient | | | 750 | | 524.04 First Health | First Health | 525 | 70 | | | 27 | 881.76 | percent of total billed charges | |
| HC PATIENT RECORDED SPIROMETRY | 94014 | CPT | | | | outpatient | | | 750 | | 524.04 First Trenton | First Trenton | 675 | 90 | | | 27 | 881.76 | percent of total billed charges | |
| HC PATIENT RECORDED SPIROMETRY | 94014 | CPT | | | | outpatient | | | 750 | | 524.04 Qualcare | Qualcare | 562.5 | 75 | | | 27 | 881.76 | percent of total billed charges | |
| HC PATIENT RECORDED SPIROMETRY | 94014 | CPT | | | | outpatient | | | 750 | | 524.04 Wellcare | Medicare | 455.69 | | | | 27 | 881.76 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PATIENT RECORDED SPIROMETRY | 94014 | CPT | | | | outpatient | | | 750 | | 524.04 UHC | Medicaid | 236.63 | 31.55 | | | 27 | 881.76 | percent of total billed charges | |
| HC PATIENT RECORDED SPIROMETRY | 94014 | CPT | | | | outpatient | | | 750 | | 524.04 Horizon | Indemnity | 881.76 | | | | 27 | 881.76 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PATIENT RECORDED SPIROMETRY | 94014 | CPT | | | | outpatient | | | 750 | | 524.04 WellPoint | WellPoint | 241.35 | 32.18 | | | 27 | 881.76 | percent of total billed charges | |
| HC PATIENT RECORDED SPIROMETRY | 94014 | CPT | | | | outpatient | | | 750 | | 524.04 Horizon | NJ Health | 318.42 | | | | 27 | 881.76 | fee schedule | |
| HC PATIENT RECORDED SPIROMETRY | 94014 | CPT | | | | outpatient | | | 750 | | 524.04 Managed Care Inc | Managed Care Inc | 675 | 90 | | | 27 | 881.76 | percent of total billed charges | |
| HC BRONCHODILATION RESPONSE, SPIROMTRY, PRE&POST BRNCDILAT ADMIN | 94060 | CPT | | | | outpatient | | | 1023 | | 412.82 Horizon | MGD | 694.61 | | | 231.2 | 49 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCHODILATION RESPONSE, SPIROMTRY, PRE&POST BRNCDILAT ADMIN | 94060 | CPT | | | | outpatient | | | 1023 | | 412.82 Multiplan | Multiplan | 818.4 | 80 | | | 49 | 971.85 | percent of total billed charges | |
| HC BRONCHODILATION RESPONSE, SPIROMTRY, PRE&POST BRNCDILAT ADMIN | 94060 | CPT | | | | outpatient | | | 1023 | | 412.82 Aetna | Better Health | 322.76 | 31.55 | | 242.03 | 49 | 971.85 | percent of total billed charges | |
| HC BRONCHODILATION RESPONSE, SPIROMTRY, PRE&POST BRNCDILAT ADMIN | 94060 | CPT | | | | outpatient | | | 1023 | | 412.82 Aetna | Medicare | 358.97 | | | 80.77 | 49 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCHODILATION RESPONSE, SPIROMTRY, PRE&POST BRNCDILAT ADMIN | 94060 | CPT | | | | outpatient | | | 1023 | | 412.82 Consumer | Consumer | 971.85 | 95 | | | 49 | 971.85 | percent of total billed charges | |
| HC BRONCHODILATION RESPONSE, SPIROMTRY, PRE&POST BRNCDILAT ADMIN | 94060 | CPT | | | | outpatient | | | 1023 | | 412.82 Amerihealth | HMO/PPO | 49 | | | 157.63 | 49 | 971.85 | fee schedule | |
| HC BRONCHODILATION RESPONSE, SPIROMTRY, PRE&POST BRNCDILAT ADMIN | 94060 | CPT | | | | outpatient | | | 1023 | | 412.82 Americare | Americare | 767.25 | 75 | | | 49 | 971.85 | percent of total billed charges | |
| HC BRONCHODILATION RESPONSE, SPIROMTRY, PRE&POST BRNCDILAT ADMIN | 94060 | CPT | | | | outpatient | | | 1023 | | 412.82 Horizon | NJ Health | 566.37 | | | 272.01 | 49 | 971.85 | fee schedule | |
| HC BRONCHODILATION RESPONSE, SPIROMTRY, PRE&POST BRNCDILAT ADMIN | 94060 | CPT | | | | outpatient | | | 1023 | | 412.82 Qualcare | Qualcare | 767.25 | 75 | | | 49 | 971.85 | percent of total billed charges | |
| HC BRONCHODILATION RESPONSE, SPIROMTRY, PRE&POST BRNCDILAT ADMIN | 94060 | CPT | | | | outpatient | | | 1023 | | 412.82 First Health | First Health | 716.1 | 70 | | | 49 | 971.85 | percent of total billed charges | |
| HC BRONCHODILATION RESPONSE, SPIROMTRY, PRE&POST BRNCDILAT ADMIN | 94060 | CPT | | | | outpatient | | | 1023 | | 412.82 Horizon | PPO | 694.61 | | | 186.38 | 49 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCHODILATION RESPONSE, SPIROMTRY, PRE&POST BRNCDILAT ADMIN | 94060 | CPT | | | | outpatient | | | 1023 | | 412.82 Corrections | Corrections | 818.4 | 80 | | 203.53 | 49 | 971.85 | percent of total billed charges | |
| HC BRONCHODILATION RESPONSE, SPIROMTRY, PRE&POST BRNCDILAT ADMIN | 94060 | CPT | | | | outpatient | | | 1023 | | 412.82 First Trenton | First Trenton | 920.7 | 90 | | | 49 | 971.85 | percent of total billed charges | |
| HC BRONCHODILATION RESPONSE, SPIROMTRY, PRE&POST BRNCDILAT ADMIN | 94060 | CPT | | | | outpatient | | | 1023 | | 412.82 Horizon | Indemnity | 694.61 | | | 258.57 | 49 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCHODILATION RESPONSE, SPIROMTRY, PRE&POST BRNCDILAT ADMIN | 94060 | CPT | | | | outpatient | | | 1023 | | 412.82 Three Rivers | Three Rivers | 971.85 | 95 | | | 49 | 971.85 | percent of total billed charges | |
| HC BRONCHODILATION RESPONSE, SPIROMTRY, PRE&POST BRNCDILAT ADMIN | 94060 | CPT | | | | outpatient | | | 1023 | | 412.82 Horizon | Medicare Blue | 358.97 | | | 125.81 | 49 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCHODILATION RESPONSE, SPIROMTRY, PRE&POST BRNCDILAT ADMIN | 94060 | CPT | | | | outpatient | | | 1023 | | 412.82 WellPoint | WellPoint | 329.2 | 32.18 | | 133.65 | 49 | 971.85 | percent of total billed charges | |
| HC BRONCHODILATION RESPONSE, SPIROMTRY, PRE&POST BRNCDILAT ADMIN | 94060 | CPT | | | | outpatient | | | 1023 | | 412.82 UHC | Medicaid | 322.76 | 31.55 | | 164.86 | 49 | 971.85 | percent of total billed charges | |
| HC BRONCHODILATION RESPONSE, SPIROMTRY, PRE&POST BRNCDILAT ADMIN | 94060 | CPT | | | | outpatient | | | 1023 | | 412.82 UHC | Medicare | 358.97 | | | 127.28 | 49 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRONCHODILATION RESPONSE, SPIROMTRY, PRE&POST BRNCDILAT ADMIN | 94060 | CPT | | | | outpatient | | | 1023 | | 412.82 Wellcare | Medicaid | 322.76 | 31.55 | | 192.01 | 49 | 971.85 | percent of total billed charges | |
| HC BRONCHODILATION RESPONSE, SPIROMTRY, PRE&POST BRNCDILAT ADMIN | 94060 | CPT | | | | outpatient | | | 1023 | | 412.82 Managed Care Inc | Managed Care Inc | 920.7 | 90 | | | 49 | 971.85 | percent of total billed charges | |
| HC BRONCHODILATION RESPONSE, SPIROMTRY, PRE&POST BRNCDILAT ADMIN | 94060 | CPT | | | | outpatient | | | 1023 | | 412.82 Wellcare | Medicare | 358.97 | | | 126.98 | 49 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC METHACHOLINE CHALLENGE | 94070 | CPT | | | | outpatient | | | 1007 | | 412.82 Aetna | Better Health | 317.71 | 31.55 | | | 49 | 1169.28 | percent of total billed charges | |
| HC METHACHOLINE CHALLENGE | 94070 | CPT | | | | outpatient | | | 1007 | | 412.82 Corrections | Corrections | 805.6 | 80 | | | 49 | 1169.28 | percent of total billed charges | |
| HC METHACHOLINE CHALLENGE | 94070 | CPT | | | | outpatient | | | 1007 | | 412.82 First Trenton | First Trenton | 906.3 | 90 | | | 49 | 1169.28 | percent of total billed charges | |
| HC METHACHOLINE CHALLENGE | 94070 | CPT | | | | outpatient | | | 1007 | | 412.82 Horizon | NJ Health | 1169.28 | | | 463.48 | 49 | 1169.28 | fee schedule | |
| HC METHACHOLINE CHALLENGE | 94070 | CPT | | | | outpatient | | | 1007 | | 412.82 Aetna | Medicare | 358.97 | | | | 49 | 1169.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC METHACHOLINE CHALLENGE | 94070 | CPT | | | | outpatient | | | 1007 | | 412.82 Consumer | Consumer | 956.65 | 95 | | | 49 | 1169.28 | percent of total billed charges | |
| HC METHACHOLINE CHALLENGE | 94070 | CPT | | | | outpatient | | | 1007 | | 412.82 Americare | Americare | 755.25 | 75 | | | 49 | 1169.28 | percent of total billed charges | |
| HC METHACHOLINE CHALLENGE | 94070 | CPT | | | | outpatient | | | 1007 | | 412.82 Multiplan | Multiplan | 805.6 | 80 | | | 49 | 1169.28 | percent of total billed charges | |
| HC METHACHOLINE CHALLENGE | 94070 | CPT | | | | outpatient | | | 1007 | | 412.82 Horizon | PPO | 694.61 | | | | 49 | 1169.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC METHACHOLINE CHALLENGE | 94070 | CPT | | | | outpatient | | | 1007 | | 412.82 Horizon | Medicare Blue | 358.97 | | | | 49 | 1169.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC METHACHOLINE CHALLENGE | 94070 | CPT | | | | outpatient | | | 1007 | | 412.82 Managed Care Inc | Managed Care Inc | 906.3 | 90 | | | 49 | 1169.28 | percent of total billed charges | |
| HC METHACHOLINE CHALLENGE | 94070 | CPT | | | | outpatient | | | 1007 | | 412.82 Qualcare | Qualcare | 755.25 | 75 | | | 49 | 1169.28 | percent of total billed charges | |
| HC METHACHOLINE CHALLENGE | 94070 | CPT | | | | outpatient | | | 1007 | | 412.82 First Health | First Health | 704.9 | 70 | | | 49 | 1169.28 | percent of total billed charges | |
| HC METHACHOLINE CHALLENGE | 94070 | CPT | | | | outpatient | | | 1007 | | 412.82 Wellcare | Medicaid | 317.71 | 31.55 | | | 49 | 1169.28 | percent of total billed charges | |
| HC METHACHOLINE CHALLENGE | 94070 | CPT | | | | outpatient | | | 1007 | | 412.82 Amerihealth | HMO/PPO | 49 | | | | 49 | 1169.28 | fee schedule | |
| HC METHACHOLINE CHALLENGE | 94070 | CPT | | | | outpatient | | | 1007 | | 412.82 UHC | Medicaid | 317.71 | 31.55 | | 211.52 | 49 | 1169.28 | percent of total billed charges | |
| HC METHACHOLINE CHALLENGE | 94070 | CPT | | | | outpatient | | | 1007 | | 412.82 WellPoint | WellPoint | 324.05 | 32.18 | | | 49 | 1169.28 | percent of total billed charges | |
| HC METHACHOLINE CHALLENGE | 94070 | CPT | | | | outpatient | | | 1007 | | 412.82 UHC | Medicare | 358.97 | | | 301.92 | 49 | 1169.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC METHACHOLINE CHALLENGE | 94070 | CPT | | | | outpatient | | | 1007 | | 412.82 Three Rivers | Three Rivers | 956.65 | 95 | | | 49 | 1169.28 | percent of total billed charges | |
| HC METHACHOLINE CHALLENGE | 94070 | CPT | | | | outpatient | | | 1007 | | 412.82 Wellcare | Medicare | 358.97 | | | | 49 | 1169.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC METHACHOLINE CHALLENGE | 94070 | CPT | | | | outpatient | | | 1007 | | 412.82 Horizon | MGD | 694.61 | | | | 49 | 1169.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC METHACHOLINE CHALLENGE | 94070 | CPT | | | | outpatient | | | 1007 | | 412.82 Horizon | Indemnity | 694.61 | | | | 49 | 1169.28 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VITAL CAPACITY | 94150 | CPT | | | | inpatient | | | 566 | | 205.45 Corrections | Corrections | 452.8 | 80 | | | 11 | 537.7 | percent of total billed charges | |
| HC VITAL CAPACITY | 94150 | CPT | | | | inpatient | | | 566 | | 205.45 Horizon | Indemnity | 345.69 | | | | 11 | 537.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VITAL CAPACITY | 94150 | CPT | | | | inpatient | | | 566 | | 205.45 First Health | First Health | 396.2 | 70 | | | 11 | 537.7 | percent of total billed charges | |
| HC VITAL CAPACITY | 94150 | CPT | | | | inpatient | | | 566 | | 205.45 Americare | Americare | 424.5 | 75 | | | 11 | 537.7 | percent of total billed charges | |
| HC VITAL CAPACITY | 94150 | CPT | | | | inpatient | | | 566 | | 205.45 Aetna | Better Health | 178.57 | 31.55 | | | 11 | 537.7 | percent of total billed charges | |
| HC VITAL CAPACITY | 94150 | CPT | | | | inpatient | | | 566 | | 205.45 UHC | Medicare | 178.65 | | | | 11 | 537.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VITAL CAPACITY | 94150 | CPT | | | | inpatient | | | 566 | | 205.45 Horizon | MGD | 345.69 | | | | 11 | 537.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VITAL CAPACITY | 94150 | CPT | | | | inpatient | | | 566 | | 205.45 Aetna | Medicare | 178.65 | | | | 11 | 537.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VITAL CAPACITY | 94150 | CPT | | | | inpatient | | | 566 | | 205.45 Horizon | PPO | 345.69 | | | | 11 | 537.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VITAL CAPACITY | 94150 | CPT | | | | inpatient | | | 566 | | 205.45 Wellcare | Medicaid | 178.57 | 31.55 | | | 11 | 537.7 | percent of total billed charges | |
| HC VITAL CAPACITY | 94150 | CPT | | | | inpatient | | | 566 | | 205.45 Multiplan | Multiplan | 452.8 | 80 | | | 11 | 537.7 | percent of total billed charges | |
| HC VITAL CAPACITY | 94150 | CPT | | | | inpatient | | | 566 | | 205.45 Amerihealth | HMO/PPO | 11 | | | | 11 | 537.7 | fee schedule | |
| HC VITAL CAPACITY | 94150 | CPT | | | | inpatient | | | 566 | | 205.45 Consumer | Consumer | 537.7 | 95 | | | 11 | 537.7 | percent of total billed charges | |
| HC VITAL CAPACITY | 94150 | CPT | | | | inpatient | | | 566 | | 205.45 Horizon | Medicare Blue | 178.65 | | | | 11 | 537.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VITAL CAPACITY | 94150 | CPT | | | | inpatient | | | 566 | | 205.45 Qualcare | Qualcare | 424.5 | 75 | | | 11 | 537.7 | percent of total billed charges | |
| HC VITAL CAPACITY | 94150 | CPT | | | | inpatient | | | 566 | | 205.45 Wellcare | Medicare | 178.65 | | | | 11 | 537.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VITAL CAPACITY | 94150 | CPT | | | | inpatient | | | 566 | | 205.45 UHC | Medicaid | 178.57 | 31.55 | | | 11 | 537.7 | percent of total billed charges | |
| HC VITAL CAPACITY | 94150 | CPT | | | | inpatient | | | 566 | | 205.45 First Trenton | First Trenton | 509.4 | 90 | | | 11 | 537.7 | percent of total billed charges | |
| HC VITAL CAPACITY | 94150 | CPT | | | | inpatient | | | 566 | | 205.45 WellPoint | WellPoint | 182.14 | 32.18 | | | 11 | 537.7 | percent of total billed charges | |
| HC VITAL CAPACITY | 94150 | CPT | | | | inpatient | | | 566 | | 205.45 Horizon | NJ Health | 169.65 | | | | 11 | 537.7 | fee schedule | |
| HC VITAL CAPACITY | 94150 | CPT | | | | inpatient | | | 566 | | 205.45 Managed Care Inc | Managed Care Inc | 509.4 | 90 | | | 11 | 537.7 | percent of total billed charges | |
| HC VITAL CAPACITY | 94150 | CPT | | | | inpatient | | | 566 | | 205.45 Three Rivers | Three Rivers | 537.7 | 95 | | | 11 | 537.7 | percent of total billed charges | |
| HC FLOW VOLUME LOOP | 94375 | CPT | | | | outpatient | | | 1023 | | 412.82 Consumer | Consumer | 971.85 | 95 | | | 29 | 971.85 | percent of total billed charges | |
| HC FLOW VOLUME LOOP | 94375 | CPT | | | | outpatient | | | 1023 | | 412.82 Amerihealth | HMO/PPO | 29 | | | | 29 | 971.85 | fee schedule | |
| HC FLOW VOLUME LOOP | 94375 | CPT | | | | outpatient | | | 1023 | | 412.82 Aetna | Medicare | 358.97 | | | | 29 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FLOW VOLUME LOOP | 94375 | CPT | | | | outpatient | | | 1023 | | 412.82 First Trenton | First Trenton | 920.7 | 90 | | | 29 | 971.85 | percent of total billed charges | |
| HC FLOW VOLUME LOOP | 94375 | CPT | | | | outpatient | | | 1023 | | 412.82 Americare | Americare | 767.25 | 75 | | | 29 | 971.85 | percent of total billed charges | |
| HC FLOW VOLUME LOOP | 94375 | CPT | | | | outpatient | | | 1023 | | 412.82 Aetna | Better Health | 322.76 | 31.55 | | | 29 | 971.85 | percent of total billed charges | |
| HC FLOW VOLUME LOOP | 94375 | CPT | | | | outpatient | | | 1023 | | 412.82 Corrections | Corrections | 818.4 | 80 | | | 29 | 971.85 | percent of total billed charges | |
| HC FLOW VOLUME LOOP | 94375 | CPT | | | | outpatient | | | 1023 | | 412.82 UHC | Medicare | 358.97 | | | | 29 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FLOW VOLUME LOOP | 94375 | CPT | | | | outpatient | | | 1023 | | 412.82 Horizon | Indemnity | 694.61 | | | | 29 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FLOW VOLUME LOOP | 94375 | CPT | | | | outpatient | | | 1023 | | 412.82 First Health | First Health | 716.1 | 70 | | | 29 | 971.85 | percent of total billed charges | |
| HC FLOW VOLUME LOOP | 94375 | CPT | | | | outpatient | | | 1023 | | 412.82 Horizon | PPO | 694.61 | | | | 29 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FLOW VOLUME LOOP | 94375 | CPT | | | | outpatient | | | 1023 | | 412.82 Managed Care Inc | Managed Care Inc | 920.7 | 90 | | | 29 | 971.85 | percent of total billed charges | |
| HC FLOW VOLUME LOOP | 94375 | CPT | | | | outpatient | | | 1023 | | 412.82 Multiplan | Multiplan | 818.4 | 80 | | | 29 | 971.85 | percent of total billed charges | |
| HC FLOW VOLUME LOOP | 94375 | CPT | | | | outpatient | | | 1023 | | 412.82 Horizon | MGD | 694.61 | | | 153.12 | 29 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FLOW VOLUME LOOP | 94375 | CPT | | | | outpatient | | | 1023 | | 412.82 UHC | Medicaid | 322.76 | 31.55 | | 85.47 | 29 | 971.85 | percent of total billed charges | |
| HC FLOW VOLUME LOOP | 94375 | CPT | | | | outpatient | | | 1023 | | 412.82 Wellcare | Medicare | 358.97 | | | | 29 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FLOW VOLUME LOOP | 94375 | CPT | | | | outpatient | | | 1023 | | 412.82 Horizon | NJ Health | 140.94 | | | | 29 | 971.85 | fee schedule | |
| HC FLOW VOLUME LOOP | 94375 | CPT | | | | outpatient | | | 1023 | | 412.82 Horizon | Medicare Blue | 358.97 | | | | 29 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC FLOW VOLUME LOOP | 94375 | CPT | | | | outpatient | | | 1023 | | 412.82 WellPoint | WellPoint | 329.2 | 32.18 | | | 29 | 971.85 | percent of total billed charges | |
| HC FLOW VOLUME LOOP | 94375 | CPT | | | | outpatient | | | 1023 | | 412.82 Wellcare | Medicaid | 322.76 | 31.55 | | | 29 | 971.85 | percent of total billed charges | |
| HC FLOW VOLUME LOOP | 94375 | CPT | | | | outpatient | | | 1023 | | 412.82 Qualcare | Qualcare | 767.25 | 75 | | | 29 | 971.85 | percent of total billed charges | |
| HC FLOW VOLUME LOOP | 94375 | CPT | | | | outpatient | | | 1023 | | 412.82 Three Rivers | Three Rivers | 971.85 | 95 | | | 29 | 971.85 | percent of total billed charges | |
| HC PULMON STRESS TEST 6-MIN.WALK | 94618 | CPT | | | | outpatient | | | 484 | | 168 Amerihealth | HMO/PPO | 314.6 | 65 | | | 41.68 | 459.8 | percent of total billed charges | |
| HC PULMON STRESS TEST 6-MIN.WALK | 94618 | CPT | | | | outpatient | | | 484 | | 168 Horizon | MGD | 282.68 | | | | 41.68 | 459.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PULMON STRESS TEST 6-MIN.WALK | 94618 | CPT | | | | outpatient | | | 484 | | 168 UHC | Medicare | 146.09 | | | 51.93 | 41.68 | 459.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PULMON STRESS TEST 6-MIN.WALK | 94618 | CPT | | | | outpatient | | | 484 | | 168 First Health | First Health | 338.8 | 70 | | | 41.68 | 459.8 | percent of total billed charges | |
| HC PULMON STRESS TEST 6-MIN.WALK | 94618 | CPT | | | | outpatient | | | 484 | | 168 Corrections | Corrections | 387.2 | 80 | | | 41.68 | 459.8 | percent of total billed charges | |
| HC PULMON STRESS TEST 6-MIN.WALK | 94618 | CPT | | | | outpatient | | | 484 | | 168 Horizon | Indemnity | 282.68 | | | 80.46 | 41.68 | 459.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PULMON STRESS TEST 6-MIN.WALK | 94618 | CPT | | | | outpatient | | | 484 | | 168 Americare | Americare | 363 | 75 | | | 41.68 | 459.8 | percent of total billed charges | |
| HC PULMON STRESS TEST 6-MIN.WALK | 94618 | CPT | | | | outpatient | | | 484 | | 168 Aetna | Better Health | 152.7 | 31.55 | | | 41.68 | 459.8 | percent of total billed charges | |
| HC PULMON STRESS TEST 6-MIN.WALK | 94618 | CPT | | | | outpatient | | | 484 | | 168 Multiplan | Multiplan | 387.2 | 80 | | | 41.68 | 459.8 | percent of total billed charges | |
| HC PULMON STRESS TEST 6-MIN.WALK | 94618 | CPT | | | | outpatient | | | 484 | | 168 Horizon | NJ Health | 411.68 | | | 164.69 | 41.68 | 459.8 | fee schedule | |
| HC PULMON STRESS TEST 6-MIN.WALK | 94618 | CPT | | | | outpatient | | | 484 | | 168 Wellcare | Medicaid | 152.7 | 31.55 | | | 41.68 | 459.8 | percent of total billed charges | |
| HC PULMON STRESS TEST 6-MIN.WALK | 94618 | CPT | | | | outpatient | | | 484 | | 168 Horizon | Medicare Blue | 146.09 | | | 81.51 | 41.68 | 459.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PULMON STRESS TEST 6-MIN.WALK | 94618 | CPT | | | | outpatient | | | 484 | | 168 Horizon | PPO | 282.68 | | | | 41.68 | 459.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PULMON STRESS TEST 6-MIN.WALK | 94618 | CPT | | | | outpatient | | | 484 | | 168 Wellcare | Medicare | 146.09 | | | 82.87 | 41.68 | 459.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PULMON STRESS TEST 6-MIN.WALK | 94618 | CPT | | | | outpatient | | | 484 | | 168 Consumer | Consumer | 459.8 | 95 | | | 41.68 | 459.8 | percent of total billed charges | |
| HC PULMON STRESS TEST 6-MIN.WALK | 94618 | CPT | | | | outpatient | | | 484 | | 168 Aetna | Medicare | 146.09 | | | 45.13 | 41.68 | 459.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PULMON STRESS TEST 6-MIN.WALK | 94618 | CPT | | | | outpatient | | | 484 | | 168 Qualcare | Qualcare | 363 | 75 | | | 41.68 | 459.8 | percent of total billed charges | |
| HC PULMON STRESS TEST 6-MIN.WALK | 94618 | CPT | | | | outpatient | | | 484 | | 168 First Trenton | First Trenton | 435.6 | 90 | | | 41.68 | 459.8 | percent of total billed charges | |
| HC PULMON STRESS TEST 6-MIN.WALK | 94618 | CPT | | | | outpatient | | | 484 | | 168 UHC | Medicaid | 152.7 | 31.55 | | 137.62 | 41.68 | 459.8 | percent of total billed charges | |
| HC PULMON STRESS TEST 6-MIN.WALK | 94618 | CPT | | | | outpatient | | | 484 | | 168 Managed Care Inc | Managed Care Inc | 435.6 | 90 | | | 41.68 | 459.8 | percent of total billed charges | |
| HC PULMON STRESS TEST 6-MIN.WALK | 94618 | CPT | | | | outpatient | | | 484 | | 168 WellPoint | WellPoint | 155.75 | 32.18 | | 79.71 | 41.68 | 459.8 | percent of total billed charges | |
| HC PULMON STRESS TEST 6-MIN.WALK | 94618 | CPT | | | | outpatient | | | 484 | | 168 Three Rivers | Three Rivers | 459.8 | 95 | | | 41.68 | 459.8 | percent of total billed charges | |
| HC CARDIOPULMONARY EXERCISE TESTING | 94621 | CPT | | | | outpatient | | | 1074 | | 412.82 Consumer | Consumer | 1020.3 | 95 | | | 125 | 1560.78 | percent of total billed charges | |
| HC CARDIOPULMONARY EXERCISE TESTING | 94621 | CPT | | | | outpatient | | | 1074 | | 412.82 Amerihealth | HMO/PPO | 125 | | | | 125 | 1560.78 | fee schedule | |
| HC CARDIOPULMONARY EXERCISE TESTING | 94621 | CPT | | | | outpatient | | | 1074 | | 412.82 UHC | Medicare | 358.97 | | | | 125 | 1560.78 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CARDIOPULMONARY EXERCISE TESTING | 94621 | CPT | | | | outpatient | | | 1074 | | 412.82 Aetna | Better Health | 338.85 | 31.55 | | | 125 | 1560.78 | percent of total billed charges | |
| HC CARDIOPULMONARY EXERCISE TESTING | 94621 | CPT | | | | outpatient | | | 1074 | | 412.82 Corrections | Corrections | 859.2 | 80 | | | 125 | 1560.78 | percent of total billed charges | |
| HC CARDIOPULMONARY EXERCISE TESTING | 94621 | CPT | | | | outpatient | | | 1074 | | 412.82 First Trenton | First Trenton | 966.6 | 90 | | | 125 | 1560.78 | percent of total billed charges | |
| HC CARDIOPULMONARY EXERCISE TESTING | 94621 | CPT | | | | outpatient | | | 1074 | | 412.82 Americare | Americare | 805.5 | 75 | | | 125 | 1560.78 | percent of total billed charges | |
| HC CARDIOPULMONARY EXERCISE TESTING | 94621 | CPT | | | | outpatient | | | 1074 | | 412.82 Aetna | Medicare | 358.97 | | | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC CARDIOPULMONARY EXERCISE TESTING | 94621 | CPT | | | | outpatient | | | 1074 | 412.82 | Horizon | NJ Health | 1560.78 | | | | 125 | 1560.78 | fee schedule | |
| HC CARDIOPULMONARY EXERCISE TESTING | 94621 | CPT | | | | outpatient | | | 1074 | 412.82 | UHC | Medicaid | 338.85 | 31.55 | | | 125 | 1560.78 | percent of total billed charges | |
| HC CARDIOPULMONARY EXERCISE TESTING | 94621 | CPT | | | | outpatient | | | 1074 | 412.82 | Qualcare | Qualcare | 805.5 | 75 | | | 125 | 1560.78 | percent of total billed charges | |
| HC CARDIOPULMONARY EXERCISE TESTING | 94621 | CPT | | | | outpatient | | | 1074 | 412.82 | Multiplan | Multiplan | 859.2 | 80 | | | 125 | 1560.78 | percent of total billed charges | |
| HC CARDIOPULMONARY EXERCISE TESTING | 94621 | CPT | | | | outpatient | | | 1074 | 412.82 | Horizon | Indemnity | 694.61 | | | | 125 | 1560.78 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CARDIOPULMONARY EXERCISE TESTING | 94621 | CPT | | | | outpatient | | | 1074 | 412.82 | First Health | First Health | 751.8 | 70 | | | 125 | 1560.78 | percent of total billed charges | |
| HC CARDIOPULMONARY EXERCISE TESTING | 94621 | CPT | | | | outpatient | | | 1074 | 412.82 | Wellcare | Medicare | 358.97 | | | | 125 | 1560.78 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CARDIOPULMONARY EXERCISE TESTING | 94621 | CPT | | | | outpatient | | | 1074 | 412.82 | Horizon | MGD | 694.61 | | | | 125 | 1560.78 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CARDIOPULMONARY EXERCISE TESTING | 94621 | CPT | | | | outpatient | | | 1074 | 412.82 | Managed Care Inc | Managed Care Inc | 986.6 | 90 | | | 125 | 1560.78 | percent of total billed charges | |
| HC CARDIOPULMONARY EXERCISE TESTING | 94621 | CPT | | | | outpatient | | | 1074 | 412.82 | Horizon | Medicare Blue | 358.97 | | | | 125 | 1560.78 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CARDIOPULMONARY EXERCISE TESTING | 94621 | CPT | | | | outpatient | | | 1074 | 412.82 | Three Rivers | Three Rivers | 1020.3 | 95 | | | 125 | 1560.78 | percent of total billed charges | |
| HC CARDIOPULMONARY EXERCISE TESTING | 94621 | CPT | | | | outpatient | | | 1074 | 412.82 | Horizon | PPO | 694.61 | | | | 125 | 1560.78 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CARDIOPULMONARY EXERCISE TESTING | 94621 | CPT | | | | outpatient | | | 1074 | 412.82 | Wellcare | Medicaid | 338.85 | 31.55 | | | 125 | 1560.78 | percent of total billed charges | |
| HC CARDIOPULMONARY EXERCISE TESTING | 94621 | CPT | | | | outpatient | | | 1074 | 412.82 | WellPoint | WellPoint | 345.61 | 32.18 | | | 125 | 1560.78 | percent of total billed charges | |
| HC INHALATION TREATMENT, PRESSURIZED/NONPRESSURIZED | 94640 | CPT | | | | both | | | 651 | 280.52 | Amerihealth | HMO/PPO | 16 | | | 49.06 | 16 | 618.45 | fee schedule | |
| HC INHALATION TREATMENT, PRESSURIZED/NONPRESSURIZED | 94640 | CPT | | | | both | | | 651 | 280.52 | Americare | Americare | 488.25 | 75 | | | 16 | 618.45 | percent of total billed charges | |
| HC INHALATION TREATMENT, PRESSURIZED/NONPRESSURIZED | 94640 | CPT | | | | both | | | 651 | 280.52 | Multiplan | Multiplan | 520.8 | 80 | | | 16 | 618.45 | percent of total billed charges | |
| HC INHALATION TREATMENT, PRESSURIZED/NONPRESSURIZED | 94640 | CPT | | | | both | | | 651 | 280.52 | Aetna | Medicare | 243.93 | | | 76.84 | 16 | 618.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INHALATION TREATMENT, PRESSURIZED/NONPRESSURIZED | 94640 | CPT | | | | both | | | 651 | 280.52 | Wellcare | Medicare | 243.93 | | | 62.9 | 16 | 618.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INHALATION TREATMENT, PRESSURIZED/NONPRESSURIZED | 94640 | CPT | | | | both | | | 651 | 280.52 | Corrections | Corrections | 520.8 | 80 | | 146.42 | 16 | 618.45 | percent of total billed charges | |
| HC INHALATION TREATMENT, PRESSURIZED/NONPRESSURIZED | 94640 | CPT | | | | both | | | 651 | 280.52 | First Health | First Health | 455.7 | 70 | | | 16 | 618.45 | percent of total billed charges | |
| HC INHALATION TREATMENT, PRESSURIZED/NONPRESSURIZED | 94640 | CPT | | | | both | | | 651 | 280.52 | Aetna | Better Health | 205.39 | 31.55 | | 144.13 | 16 | 618.45 | percent of total billed charges | |
| HC INHALATION TREATMENT, PRESSURIZED/NONPRESSURIZED | 94640 | CPT | | | | both | | | 651 | 280.52 | Horizon | Indemnity | 472 | | | 110.69 | 16 | 618.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INHALATION TREATMENT, PRESSURIZED/NONPRESSURIZED | 94640 | CPT | | | | both | | | 651 | 280.52 | Three Rivers | Three Rivers | 618.45 | 95 | | | 16 | 618.45 | percent of total billed charges | |
| HC INHALATION TREATMENT, PRESSURIZED/NONPRESSURIZED | 94640 | CPT | | | | both | | | 651 | 280.52 | Horizon | NJ Health | 96.57 | | | 45.94 | 16 | 618.45 | fee schedule | |
| HC INHALATION TREATMENT, PRESSURIZED/NONPRESSURIZED | 94640 | CPT | | | | both | | | 651 | 280.52 | Consumer | Consumer | 618.45 | 95 | | | 16 | 618.45 | percent of total billed charges | |
| HC INHALATION TREATMENT, PRESSURIZED/NONPRESSURIZED | 94640 | CPT | | | | both | | | 651 | 280.52 | WellPoint | WellPoint | 209.49 | 32.18 | | 120.83 | 16 | 618.45 | percent of total billed charges | |
| HC INHALATION TREATMENT, PRESSURIZED/NONPRESSURIZED | 94640 | CPT | | | | both | | | 651 | 280.52 | UHC | Medicaid | 205.39 | 31.55 | | 172.18 | 16 | 618.45 | percent of total billed charges | |
| HC INHALATION TREATMENT, PRESSURIZED/NONPRESSURIZED | 94640 | CPT | | | | both | | | 651 | 280.52 | Horizon | PPO | 472 | | | 134.67 | 16 | 618.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INHALATION TREATMENT, PRESSURIZED/NONPRESSURIZED | 94640 | CPT | | | | both | | | 651 | 280.52 | Qualcare | Qualcare | 488.25 | 75 | | | 16 | 618.45 | percent of total billed charges | |
| HC INHALATION TREATMENT, PRESSURIZED/NONPRESSURIZED | 94640 | CPT | | | | both | | | 651 | 280.52 | Wellcare | Medicaid | 205.39 | 31.55 | | 166.71 | 16 | 618.45 | percent of total billed charges | |
| HC INHALATION TREATMENT, PRESSURIZED/NONPRESSURIZED | 94640 | CPT | | | | both | | | 651 | 280.52 | First Trenton | First Trenton | 585.9 | 90 | | | 16 | 618.45 | percent of total billed charges | |
| HC INHALATION TREATMENT, PRESSURIZED/NONPRESSURIZED | 94640 | CPT | | | | both | | | 651 | 280.52 | UHC | Medicare | 243.93 | | | 85.73 | 16 | 618.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INHALATION TREATMENT, PRESSURIZED/NONPRESSURIZED | 94640 | CPT | | | | both | | | 651 | 280.52 | Horizon | Medicare Blue | 243.93 | | | 64.26 | 16 | 618.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INHALATION TREATMENT, PRESSURIZED/NONPRESSURIZED | 94640 | CPT | | | | both | | | 651 | 280.52 | Horizon | MGD | 472 | | | 149.49 | 16 | 618.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INHALATION TREATMENT, PRESSURIZED/NONPRESSURIZED | 94640 | CPT | | | | both | | | 651 | 280.52 | Managed Care Inc | Managed Care Inc | 585.9 | 90 | | | 16 | 618.45 | percent of total billed charges | |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED 1ST HR | 94644 | CPT | | | | both | | | 467 | 168 | Corrections | Corrections | 373.6 | 80 | | | 5.04 | 443.65 | percent of total billed charges | |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED 1ST HR | 94644 | CPT | | | | both | | | 467 | 168 | Aetna | Better Health | 147.34 | 31.55 | | 126.1 | 5.04 | 443.65 | percent of total billed charges | |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED 1ST HR | 94644 | CPT | | | | both | | | 467 | 168 | Aetna | Medicare | 146.09 | | | 70.21 | 5.04 | 443.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED 1ST HR | 94644 | CPT | | | | both | | | 467 | 168 | Americare | Americare | 350.25 | 75 | | | 5.04 | 443.65 | percent of total billed charges | |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED 1ST HR | 94644 | CPT | | | | both | | | 467 | 168 | UHC | Medicare | 146.09 | | | 49.49 | 5.04 | 443.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED 1ST HR | 94644 | CPT | | | | both | | | 467 | 168 | First Trenton | First Trenton | 420.3 | 90 | | | 5.04 | 443.65 | percent of total billed charges | |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED 1ST HR | 94644 | CPT | | | | both | | | 467 | 168 | First Health | First Health | 326.9 | 70 | | | 5.04 | 443.65 | percent of total billed charges | |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED 1ST HR | 94644 | CPT | | | | both | | | 467 | 168 | Horizon | Medicare Blue | 146.09 | | | 46.61 | 5.04 | 443.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED 1ST HR | 94644 | CPT | | | | both | | | 467 | 168 | Consumer | Consumer | 443.65 | 95 | | | 5.04 | 443.65 | percent of total billed charges | |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED 1ST HR | 94644 | CPT | | | | both | | | 467 | 168 | Horizon | Indemnity | 282.68 | | | | 5.04 | 443.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED 1ST HR | 94644 | CPT | | | | both | | | 467 | 168 | Horizon | NJ Health | 39.15 | | | 21.16 | 5.04 | 443.65 | fee schedule | |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED 1ST HR | 94644 | CPT | | | | both | | | 467 | 168 | Amerihealth | HMO/PPO | 5.04 | | | | 5.04 | 443.65 | fee schedule | |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED 1ST HR | 94644 | CPT | | | | both | | | 467 | 168 | Horizon | PPO | 282.68 | | | 91.29 | 5.04 | 443.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED 1ST HR | 94644 | CPT | | | | both | | | 467 | 168 | Managed Care Inc | Managed Care Inc | 420.3 | 90 | | | 5.04 | 443.65 | percent of total billed charges | |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED 1ST HR | 94644 | CPT | | | | both | | | 467 | 168 | Multiplan | Multiplan | 373.6 | 80 | | | 5.04 | 443.65 | percent of total billed charges | |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED 1ST HR | 94644 | CPT | | | | both | | | 467 | 168 | UHC | Medicaid | 147.34 | 31.55 | | 113.11 | 5.04 | 443.65 | percent of total billed charges | |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED 1ST HR | 94644 | CPT | | | | both | | | 467 | 168 | Wellcare | Medicaid | 147.34 | 31.55 | | 117.25 | 5.04 | 443.65 | percent of total billed charges | |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED 1ST HR | 94644 | CPT | | | | both | | | 467 | 168 | Horizon | MGD | 282.68 | | | 104.55 | 5.04 | 443.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED 1ST HR | 94644 | CPT | | | | both | | | 467 | 168 | Qualcare | Qualcare | 350.25 | 75 | | | 5.04 | 443.65 | percent of total billed charges | |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED 1ST HR | 94644 | CPT | | | | both | | | 467 | 168 | Wellcare | Medicare | 146.09 | | | 45.21 | 5.04 | 443.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED 1ST HR | 94644 | CPT | | | | both | | | 467 | 168 | WellPoint | WellPoint | 150.28 | 32.18 | | 94.35 | 5.04 | 443.65 | percent of total billed charges | |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED 1ST HR | 94644 | CPT | | | | both | | | 467 | 168 | Three Rivers | Three Rivers | 443.65 | 95 | | | 5.04 | 443.65 | percent of total billed charges | |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED EA ADDL HR | 94645 | CPT | | | | both | | | 155 | | Consumer | Consumer | 147.25 | 95 | | | 46.5 | 147.25 | percent of total billed charges | |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED EA ADDL HR | 94645 | CPT | | | | both | | | 155 | | First Health | First Health | 108.5 | 70 | | | 46.5 | 147.25 | percent of total billed charges | |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED EA ADDL HR | 94645 | CPT | | | | both | | | 155 | | UHC | Medicaid | 48.9 | 31.55 | | 67.82 | 46.5 | 147.25 | percent of total billed charges | |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED EA ADDL HR | 94645 | CPT | | | | both | | | 155 | | Amerihealth | HMO/PPO | 100.75 | 65 | | | 46.5 | 147.25 | percent of total billed charges | |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED EA ADDL HR | 94645 | CPT | | | | both | | | 155 | | Americare | Americare | 116.25 | 75 | | | 46.5 | 147.25 | percent of total billed charges | |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED EA ADDL HR | 94645 | CPT | | | | both | | | 155 | | Aetna | Medicare | 47.74 | 30.8 | | | 46.5 | 147.25 | percent of total billed charges | |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED EA ADDL HR | 94645 | CPT | | | | both | | | 155 | | Aetna | Better Health | 48.9 | 31.55 | | 68.65 | 46.5 | 147.25 | percent of total billed charges | |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED EA ADDL HR | 94645 | CPT | | | | both | | | 155 | | Qualcare | Qualcare | 116.25 | 75 | | | 46.5 | 147.25 | percent of total billed charges | |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED EA ADDL HR | 94645 | CPT | | | | both | | | 155 | | Corrections | Corrections | 124 | 80 | | | 46.5 | 147.25 | percent of total billed charges | |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED EA ADDL HR | 94645 | CPT | | | | both | | | 155 | | Horizon | Medicare Blue | 46.5 | 30 | | | 46.5 | 147.25 | percent of total billed charges | |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED EA ADDL HR | 94645 | CPT | | | | both | | | 155 | | Horizon | Indemnity | 59.33 | 38.28 | | | 46.5 | 147.25 | percent of total billed charges | |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED EA ADDL HR | 94645 | CPT | | | | both | | | 155 | | Multiplan | Multiplan | 124 | 80 | | | 46.5 | 147.25 | percent of total billed charges | |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED EA ADDL HR | 94645 | CPT | | | | both | | | 155 | | Three Rivers | Three Rivers | 147.25 | 95 | | | 46.5 | 147.25 | percent of total billed charges | |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED EA ADDL HR | 94645 | CPT | | | | both | | | 155 | | First Trenton | First Trenton | 139.5 | 90 | | | 46.5 | 147.25 | percent of total billed charges | |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED EA ADDL HR | 94645 | CPT | | | | both | | | 155 | | Horizon | MGD | 59.33 | 38.28 | | 61.18 | 46.5 | 147.25 | percent of total billed charges | |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED EA ADDL HR | 94645 | CPT | | | | both | | | 155 | | Horizon | PPO | 59.33 | 38.28 | | 53.44 | 46.5 | 147.25 | percent of total billed charges | |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED EA ADDL HR | 94645 | CPT | | | | both | | | 155 | | Managed Care Inc | Managed Care Inc | 139.5 | 90 | | | 46.5 | 147.25 | percent of total billed charges | |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED EA ADDL HR | 94645 | CPT | | | | both | | | 155 | | Wellcare | Medicaid | 48.9 | 31.55 | | 68.86 | 46.5 | 147.25 | percent of total billed charges | |
| HC CONTINUOUS INHALATION TREATMENT W AEROSOL MED EA ADDL HR | 94645 | CPT | | | | both | | | 155 | | WellPoint | WellPoint | 49.88 | 32.18 | | 19.07 | 46.5 | 147.25 | percent of total billed charges | |
| HC CPAP VENTILATION INITIATION AND MGMT | 94660 | CPT | | | | both | | | 754 | 280.52 | First Health | First Health | 527.8 | 70 | | | 60 | 716.3 | percent of total billed charges | |
| HC CPAP VENTILATION INITIATION AND MGMT | 94660 | CPT | | | | both | | | 754 | 280.52 | Americare | Americare | 565.5 | 75 | | | 60 | 716.3 | percent of total billed charges | |
| HC CPAP VENTILATION INITIATION AND MGMT | 94660 | CPT | | | | both | | | 754 | 280.52 | Corrections | Corrections | 603.2 | 80 | | | 60 | 716.3 | percent of total billed charges | |
| HC CPAP VENTILATION INITIATION AND MGMT | 94660 | CPT | | | | both | | | 754 | 280.52 | Consumer | Consumer | 716.3 | 95 | | | 60 | 716.3 | percent of total billed charges | |
| HC CPAP VENTILATION INITIATION AND MGMT | 94660 | CPT | | | | both | | | 754 | 280.52 | Aetna | Medicare | 243.93 | | | 105.53 | 60 | 716.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CPAP VENTILATION INITIATION AND MGMT | 94660 | CPT | | | | both | | | 754 | 280.52 | Aetna | Better Health | 237.89 | 31.55 | | 196.08 | 60 | 716.3 | percent of total billed charges | |
| HC CPAP VENTILATION INITIATION AND MGMT | 94660 | CPT | | | | both | | | 754 | 280.52 | First Trenton | First Trenton | 678.6 | 90 | | | 60 | 716.3 | percent of total billed charges | |
| HC CPAP VENTILATION INITIATION AND MGMT | 94660 | CPT | | | | both | | | 754 | 280.52 | Horizon | NJ Health | 143.55 | | | 23.52 | 60 | 716.3 | fee schedule | |
| HC CPAP VENTILATION INITIATION AND MGMT | 94660 | CPT | | | | both | | | 754 | 280.52 | Wellcare | Medicare | 243.93 | | | | 60 | 716.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CPAP VENTILATION INITIATION AND MGMT | 94660 | CPT | | | | both | | | 754 | 280.52 | Wellcare | Medicaid | 237.89 | 31.55 | | 61.32 | 60 | 716.3 | percent of total billed charges | |
| HC CPAP VENTILATION INITIATION AND MGMT | 94660 | CPT | | | | both | | | 754 | 280.52 | Horizon | MGD | 472 | | | 78.35 | 60 | 716.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CPAP VENTILATION INITIATION AND MGMT | 94660 | CPT | | | | both | | | 754 | 280.52 | Horizon | PPO | 472 | | | 157.34 | 60 | 716.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CPAP VENTILATION INITIATION AND MGMT | 94660 | CPT | | | | both | | | 754 | 280.52 | Amerihealth | HMO/PPO | 60 | | | | 60 | 716.3 | fee schedule | |
| HC CPAP VENTILATION INITIATION AND MGMT | 94660 | CPT | | | | both | | | 754 | 280.52 | Multiplan | Multiplan | 603.2 | 80 | | | 60 | 716.3 | percent of total billed charges | |
| HC CPAP VENTILATION INITIATION AND MGMT | 94660 | CPT | | | | both | | | 754 | 280.52 | Managed Care Inc | Managed Care Inc | 678.6 | 90 | | | 60 | 716.3 | percent of total billed charges | |
| HC CPAP VENTILATION INITIATION AND MGMT | 94660 | CPT | | | | both | | | 754 | 280.52 | Qualcare | Qualcare | 565.5 | 75 | | | 60 | 716.3 | percent of total billed charges | |
| HC CPAP VENTILATION INITIATION AND MGMT | 94660 | CPT | | | | both | | | 754 | 280.52 | WellPoint | WellPoint | 242.64 | 32.18 | | 164.6 | 60 | 716.3 | percent of total billed charges | |
| HC CPAP VENTILATION INITIATION AND MGMT | 94660 | CPT | | | | both | | | 754 | 280.52 | Three Rivers | Three Rivers | 716.3 | 95 | | | 60 | 716.3 | percent of total billed charges | |
| HC CPAP VENTILATION INITIATION AND MGMT | 94660 | CPT | | | | both | | | 754 | 280.52 | Horizon | Indemnity | 472 | | | | 60 | 716.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CPAP VENTILATION INITIATION AND MGMT | 94660 | CPT | | | | both | | | 754 | 280.52 | UHC | Medicaid | 237.89 | 31.55 | | 207.68 | 60 | 716.3 | percent of total billed charges | |
| HC CPAP VENTILATION INITIATION AND MGMT | 94660 | CPT | | | | both | | | 754 | 280.52 | Horizon | Medicare Blue | 243.93 | | | 75.86 | 60 | 716.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CPAP VENTILATION INITIATION AND MGMT | 94660 | CPT | | | | both | | | 754 | 280.52 | UHC | Medicare | 243.93 | | | 90.27 | 60 | 716.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEMO/EVAL OF PT UTILIZ AEROSOL/NEBULIZER/INHALER/PPB DEVICE | 94664 | CPT | | | | both | | | 788 | 280.52 | Americare | Americare | 591 | 75 | | | 16 | 748.6 | percent of total billed charges | |
| HC DEMO/EVAL OF PT UTILIZ AEROSOL/NEBULIZER/INHALER/PPB DEVICE | 94664 | CPT | | | | both | | | 788 | 280.52 | Horizon | Indemnity | 472 | | | | 16 | 748.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEMO/EVAL OF PT UTILIZ AEROSOL/NEBULIZER/INHALER/PPB DEVICE | 94664 | CPT | | | | both | | | 788 | 280.52 | Aetna | Better Health | 248.61 | 31.55 | | | 16 | 748.6 | percent of total billed charges | |
| HC DEMO/EVAL OF PT UTILIZ AEROSOL/NEBULIZER/INHALER/PPB DEVICE | 94664 | CPT | | | | both | | | 788 | 280.52 | Consumer | Consumer | 748.6 | 95 | | | 16 | 748.6 | percent of total billed charges | |
| HC DEMO/EVAL OF PT UTILIZ AEROSOL/NEBULIZER/INHALER/PPB DEVICE | 94664 | CPT | | | | both | | | 788 | 280.52 | Aetna | Medicare | 243.93 | | | | 16 | 748.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEMO/EVAL OF PT UTILIZ AEROSOL/NEBULIZER/INHALER/PPB DEVICE | 94664 | CPT | | | | both | | | 788 | 280.52 | Horizon | Medicare Blue | 243.93 | | | | 16 | 748.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEMO/EVAL OF PT UTILIZ AEROSOL/NEBULIZER/INHALER/PPB DEVICE | 94664 | CPT | | | | both | | | 788 | 280.52 | Corrections | Corrections | 630.4 | 80 | | | 16 | 748.6 | percent of total billed charges | |
| HC DEMO/EVAL OF PT UTILIZ AEROSOL/NEBULIZER/INHALER/PPB DEVICE | 94664 | CPT | | | | both | | | 788 | 280.52 | Amerihealth | HMO/PPO | 16 | | | | 16 | 748.6 | fee schedule | |
| HC DEMO/EVAL OF PT UTILIZ AEROSOL/NEBULIZER/INHALER/PPB DEVICE | 94664 | CPT | | | | both | | | 788 | 280.52 | Horizon | MGD | 472 | | | 215.78 | 16 | 748.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEMO/EVAL OF PT UTILIZ AEROSOL/NEBULIZER/INHALER/PPB DEVICE | 94664 | CPT | | | | both | | | 788 | 280.52 | UHC | Medicaid | 248.61 | 31.55 | | 167.62 | 16 | 748.6 | percent of total billed charges | |
| HC DEMO/EVAL OF PT UTILIZ AEROSOL/NEBULIZER/INHALER/PPB DEVICE | 94664 | CPT | | | | both | | | 788 | 280.52 | Multiplan | Multiplan | 630.4 | 80 | | | 16 | 748.6 | percent of total billed charges | |
| HC DEMO/EVAL OF PT UTILIZ AEROSOL/NEBULIZER/INHALER/PPB DEVICE | 94664 | CPT | | | | both | | | 788 | 280.52 | First Trenton | First Trenton | 709.2 | 90 | | | 16 | 748.6 | percent of total billed charges | |
| HC DEMO/EVAL OF PT UTILIZ AEROSOL/NEBULIZER/INHALER/PPB DEVICE | 94664 | CPT | | | | both | | | 788 | 280.52 | Horizon | NJ Health | 167.04 | | | 41.03 | 16 | 748.6 | fee schedule | |
| HC DEMO/EVAL OF PT UTILIZ AEROSOL/NEBULIZER/INHALER/PPB DEVICE | 94664 | CPT | | | | both | | | 788 | 280.52 | First Health | First Health | 551.6 | 70 | | | 16 | 748.6 | percent of total billed charges | |
| HC DEMO/EVAL OF PT UTILIZ AEROSOL/NEBULIZER/INHALER/PPB DEVICE | 94664 | CPT | | | | both | | | 788 | 280.52 | Wellcare | Medicaid | 248.61 | 31.55 | | 213.04 | 16 | 748.6 | percent of total billed charges | |
| HC DEMO/EVAL OF PT UTILIZ AEROSOL/NEBULIZER/INHALER/PPB DEVICE | 94664 | CPT | | | | both | | | 788 | 280.52 | Managed Care Inc | Managed Care Inc | 709.2 | 90 | | | 16 | 748.6 | percent of total billed charges | |
| HC DEMO/EVAL OF PT UTILIZ AEROSOL/NEBULIZER/INHALER/PPB DEVICE | 94664 | CPT | | | | both | | | 788 | 280.52 | UHC | Medicare | 243.93 | | | 57.98 | 16 | 748.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEMO/EVAL OF PT UTILIZ AEROSOL/NEBULIZER/INHALER/PPB DEVICE | 94664 | CPT | | | | both | | | 788 | 280.52 | Horizon | PPO | 472 | | | 195.03 | 16 | 748.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEMO/EVAL OF PT UTILIZ AEROSOL/NEBULIZER/INHALER/PPB DEVICE | 94664 | CPT | | | | both | | | 788 | 280.52 | Qualcare | Qualcare | 591 | 75 | | | 16 | 748.6 | percent of total billed charges | |
| HC DEMO/EVAL OF PT UTILIZ AEROSOL/NEBULIZER/INHALER/PPB DEVICE | 94664 | CPT | | | | both | | | 788 | 280.52 | Three Rivers | Three Rivers | 748.6 | 95 | | | 16 | 748.6 | percent of total billed charges | |
| HC DEMO/EVAL OF PT UTILIZ AEROSOL/NEBULIZER/INHALER/PPB DEVICE | 94664 | CPT | | | | both | | | 788 | 280.52 | Wellcare | Medicare | 243.93 | | | 52.41 | 16 | 748.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DEMO/EVAL OF PT UTILIZ AEROSOL/NEBULIZER/INHALER/PPB DEVICE | 94664 | CPT | | | | both | | | 788 | 280.52 | WellPoint | WellPoint | 253.58 | 32.18 | | 235.37 | 16 | 748.6 | percent of total billed charges | |
| HC RT CHEST PERCUSSION INITIAL | 94667 | CPT | | | | both | | | 505 | 168 | Aetna | Medicare | 146.09 | | | | 15 | 479.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RT CHEST PERCUSSION INITIAL | 94667 | CPT | | | | both | | | 505 | 168 | Amerihealth | HMO/PPO | 15 | | | | 15 | 479.75 | fee schedule | |
| HC RT CHEST PERCUSSION INITIAL | 94667 | CPT | | | | both | | | 505 | 168 | Consumer | Consumer | 479.75 | 95 | | | 15 | 479.75 | percent of total billed charges | |
| HC RT CHEST PERCUSSION INITIAL | 94667 | CPT | | | | both | | | 505 | 168 | Corrections | Corrections | 404 | 80 | | | 15 | 479.75 | percent of total billed charges | |
| HC RT CHEST PERCUSSION INITIAL | 94667 | CPT | | | | both | | | 505 | 168 | Horizon | MGD | 282.68 | | | | 15 | 479.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RT CHEST PERCUSSION INITIAL | 94667 | CPT | | | | both | | | 505 | 168 | Aetna | Better Health | 159.33 | 31.55 | | | 15 | 479.75 | percent of total billed charges | |
| HC RT CHEST PERCUSSION INITIAL | 94667 | CPT | | | | both | | | 505 | 168 | Americare | Americare | 378.75 | 75 | | | 15 | 479.75 | percent of total billed charges | |
| HC RT CHEST PERCUSSION INITIAL | 94667 | CPT | | | | both | | | 505 | 168 | First Trenton | First Trenton | 454.5 | 90 | | | 15 | 479.75 | percent of total billed charges | |
| HC RT CHEST PERCUSSION INITIAL | 94667 | CPT | | | | both | | | 505 | 168 | Multiplan | Multiplan | 404 | 80 | | | 15 | 479.75 | percent of total billed charges | |
| HC RT CHEST PERCUSSION INITIAL | 94667 | CPT | | | | both | | | 505 | 168 | First Health | First Health | 353.5 | 70 | | | 15 | 479.75 | percent of total billed charges | |
| HC RT CHEST PERCUSSION INITIAL | 94667 | CPT | | | | both | | | 505 | 168 | Qualcare | Qualcare | 378.75 | 75 | | | 15 | 479.75 | percent of total billed charges | |
| HC RT CHEST PERCUSSION INITIAL | 94667 | CPT | | | | both | | | 505 | 168 | Horizon | PPO | 282.68 | | | | 15 | 479.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RT CHEST PERCUSSION INITIAL | 94667 | CPT | | | | both | | | 505 | 168 | Horizon | Indemnity | 282.68 | | | | 15 | 479.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RT CHEST PERCUSSION INITIAL | 94667 | CPT | | | | both | | | 505 | 168 | Horizon | NJ Health | 203.58 | | | | 15 | 479.75 | fee schedule | |
| HC RT CHEST PERCUSSION INITIAL | 94667 | CPT | | | | both | | | 505 | 168 | Horizon | Medicare Blue | 146.09 | | | | 15 | 479.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RT CHEST PERCUSSION INITIAL | 94667 | CPT | | | | both | | | 505 | 168 | UHC | Medicaid | 159.33 | 31.55 | | | 15 | 479.75 | percent of total billed charges | |
| HC RT CHEST PERCUSSION INITIAL | 94667 | CPT | | | | both | | | 505 | 168 | UHC | Medicare | 146.09 | | | | 15 | 479.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RT CHEST PERCUSSION INITIAL | 94667 | CPT | | | | both | | | 505 | 168 | Managed Care Inc | Managed Care Inc | 454.5 | 90 | | | 15 | 479.75 | percent of total billed charges | |
| HC RT CHEST PERCUSSION INITIAL | 94667 | CPT | | | | both | | | 505 | 168 | Wellcare | Medicaid | 159.33 | 31.55 | | | 15 | 479.75 | percent of total billed charges | |
| HC RT CHEST PERCUSSION INITIAL | 94667 | CPT | | | | both | | | 505 | 168 | WellPoint | WellPoint | 162.51 | 32.18 | | | 15 | 479.75 | percent of total billed charges | |
| HC RT CHEST PERCUSSION INITIAL | 94667 | CPT | | | | both | | | 505 | 168 | Three

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC RT CHEST PERCUSSION SUBSEQUENT | 94668 | CPT | | | | both | | | 247 | 168 | UHC | Medicare | 146.09 | | | | 15 | 282.68 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RT CHEST PERCUSSION SUBSEQUENT | 94668 | CPT | | | | both | | | 247 | 168 | Aetna | Better Health | 77.93 | 31.55 | | | 15 | 282.68 | percent of total billed charges | |
| HC RT CHEST PERCUSSION SUBSEQUENT | 94668 | CPT | | | | both | | | 247 | 168 | Americare | Americare | 185.25 | 75 | | | 15 | 282.68 | percent of total billed charges | |
| HC RT CHEST PERCUSSION SUBSEQUENT | 94668 | CPT | | | | both | | | 247 | 168 | Qualcare | Qualcare | 185.25 | 75 | | | 15 | 282.68 | percent of total billed charges | |
| HC RT CHEST PERCUSSION SUBSEQUENT | 94668 | CPT | | | | both | | | 247 | 168 | Managed Care Inc | Managed Care Inc | 222.3 | 90 | | | 15 | 282.68 | percent of total billed charges | |
| HC RT CHEST PERCUSSION SUBSEQUENT | 94668 | CPT | | | | both | | | 247 | 168 | Corrections | Corrections | 197.6 | 80 | | | 15 | 282.68 | percent of total billed charges | |
| HC RT CHEST PERCUSSION SUBSEQUENT | 94668 | CPT | | | | both | | | 247 | 168 | Amerihealth | HMO/PPO | 15 | | | | 15 | 282.68 | fee schedule | |
| HC RT CHEST PERCUSSION SUBSEQUENT | 94668 | CPT | | | | both | | | 247 | 168 | Horizon | Indemnity | 282.68 | | | | 15 | 282.68 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RT CHEST PERCUSSION SUBSEQUENT | 94668 | CPT | | | | both | | | 247 | 168 | Wellcare | Medicare | 146.09 | | | | 15 | 282.68 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RT CHEST PERCUSSION SUBSEQUENT | 94668 | CPT | | | | both | | | 247 | 168 | Horizon | MGD | 282.68 | | | | 15 | 282.68 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RT CHEST PERCUSSION SUBSEQUENT | 94668 | CPT | | | | both | | | 247 | 168 | UHC | Medicaid | 77.93 | 31.55 | | | 15 | 282.68 | percent of total billed charges | |
| HC RT CHEST PERCUSSION SUBSEQUENT | 94668 | CPT | | | | both | | | 247 | 168 | Horizon | Medicare Blue | 146.09 | | | | 15 | 282.68 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RT CHEST PERCUSSION SUBSEQUENT | 94668 | CPT | | | | both | | | 247 | 168 | Three Rivers | Three Rivers | 234.65 | 95 | | | 15 | 282.68 | percent of total billed charges | |
| HC RT CHEST PERCUSSION SUBSEQUENT | 94668 | CPT | | | | both | | | 247 | 168 | Horizon | PPO | 282.68 | | | | 15 | 282.68 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RT CHEST PERCUSSION SUBSEQUENT | 94668 | CPT | | | | both | | | 247 | 168 | Wellcare | Medicaid | 77.93 | 31.55 | | | 15 | 282.68 | percent of total billed charges | |
| HC RT CHEST PERCUSSION SUBSEQUENT | 94668 | CPT | | | | both | | | 247 | 168 | Horizon | NJ Health | 109.62 | | | | 15 | 282.68 | fee schedule | |
| HC RT CHEST PERCUSSION SUBSEQUENT | 94668 | CPT | | | | both | | | 247 | 168 | WellPoint | WellPoint | 79.48 | 32.18 | | | 15 | 282.68 | percent of total billed charges | |
| HC EXHALED AIR ANALYSIS 02/CO2 | 94681 | CPT | | | | inpatient | | | 959 | 412.82 | Corrections | Corrections | 767.2 | 80 | | | 54 | 911.05 | percent of total billed charges | |
| HC EXHALED AIR ANALYSIS 02/CO2 | 94681 | CPT | | | | inpatient | | | 959 | 412.82 | Americare | Americare | 719.25 | 75 | | | 54 | 911.05 | percent of total billed charges | |
| HC EXHALED AIR ANALYSIS 02/CO2 | 94681 | CPT | | | | inpatient | | | 959 | 412.82 | Aetna | Better Health | 302.56 | 31.55 | | | 54 | 911.05 | percent of total billed charges | |
| HC EXHALED AIR ANALYSIS 02/CO2 | 94681 | CPT | | | | inpatient | | | 959 | 412.82 | Three Rivers | Three Rivers | 911.05 | 95 | | | 54 | 911.05 | percent of total billed charges | |
| HC EXHALED AIR ANALYSIS 02/CO2 | 94681 | CPT | | | | inpatient | | | 959 | 412.82 | First Health | First Health | 671.3 | 70 | | | 54 | 911.05 | percent of total billed charges | |
| HC EXHALED AIR ANALYSIS 02/CO2 | 94681 | CPT | | | | inpatient | | | 959 | 412.82 | Amerihealth | HMO/PPO | 54 | | | | 54 | 911.05 | fee schedule | |
| HC EXHALED AIR ANALYSIS 02/CO2 | 94681 | CPT | | | | inpatient | | | 959 | 412.82 | Aetna | Medicare | 358.97 | | | | 54 | 911.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXHALED AIR ANALYSIS 02/CO2 | 94681 | CPT | | | | inpatient | | | 959 | 412.82 | First Trenton | First Trenton | 863.1 | 90 | | | 54 | 911.05 | percent of total billed charges | |
| HC EXHALED AIR ANALYSIS 02/CO2 | 94681 | CPT | | | | inpatient | | | 959 | 412.82 | UHC | Medicaid | 302.56 | 31.55 | | | 54 | 911.05 | percent of total billed charges | |
| HC EXHALED AIR ANALYSIS 02/CO2 | 94681 | CPT | | | | inpatient | | | 959 | 412.82 | Horizon | Medicare Blue | 358.97 | | | | 54 | 911.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXHALED AIR ANALYSIS 02/CO2 | 94681 | CPT | | | | inpatient | | | 959 | 412.82 | Consumer | Consumer | 911.05 | 95 | | | 54 | 911.05 | percent of total billed charges | |
| HC EXHALED AIR ANALYSIS 02/CO2 | 94681 | CPT | | | | inpatient | | | 959 | 412.82 | Horizon | NJ Health | 234.9 | | | | 54 | 911.05 | fee schedule | |
| HC EXHALED AIR ANALYSIS 02/CO2 | 94681 | CPT | | | | inpatient | | | 959 | 412.82 | Horizon | Indemnity | 694.61 | | | | 54 | 911.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXHALED AIR ANALYSIS 02/CO2 | 94681 | CPT | | | | inpatient | | | 959 | 412.82 | UHC | Medicare | 358.97 | | | | 54 | 911.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXHALED AIR ANALYSIS 02/CO2 | 94681 | CPT | | | | inpatient | | | 959 | 412.82 | Horizon | MGD | 694.61 | | | | 54 | 911.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXHALED AIR ANALYSIS 02/CO2 | 94681 | CPT | | | | inpatient | | | 959 | 412.82 | Managed Care Inc | Managed Care Inc | 863.1 | 90 | | | 54 | 911.05 | percent of total billed charges | |
| HC EXHALED AIR ANALYSIS 02/CO2 | 94681 | CPT | | | | inpatient | | | 959 | 412.82 | WellPoint | WellPoint | 308.61 | 32.18 | | | 54 | 911.05 | percent of total billed charges | |
| HC EXHALED AIR ANALYSIS 02/CO2 | 94681 | CPT | | | | inpatient | | | 959 | 412.82 | Wellcare | Medicare | 358.97 | | | | 54 | 911.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXHALED AIR ANALYSIS 02/CO2 | 94681 | CPT | | | | inpatient | | | 959 | 412.82 | Horizon | PPO | 694.61 | | | | 54 | 911.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EXHALED AIR ANALYSIS 02/CO2 | 94681 | CPT | | | | inpatient | | | 959 | 412.82 | Multiplan | Multiplan | 767.2 | 80 | | | 54 | 911.05 | percent of total billed charges | |
| HC EXHALED AIR ANALYSIS 02/CO2 | 94681 | CPT | | | | inpatient | | | 959 | 412.82 | Qualcare | Qualcare | 719.25 | 75 | | | 54 | 911.05 | percent of total billed charges | |
| HC EXHALED AIR ANALYSIS 02/CO2 | 94681 | CPT | | | | inpatient | | | 959 | 412.82 | Wellcare | Medicaid | 302.56 | 31.55 | | | 54 | 911.05 | percent of total billed charges | |
| HC PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST | 94726 | CPT | | | | outpatient | | | 1023 | 412.82 | First Trenton | First Trenton | 920.7 | 90 | | | 27 | 971.85 | percent of total billed charges | |
| HC PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST | 94726 | CPT | | | | outpatient | | | 1023 | 412.82 | Aetna | Medicare | 358.97 | | | | 27 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST | 94726 | CPT | | | | outpatient | | | 1023 | 412.82 | Multiplan | Multiplan | 818.4 | 80 | | | 27 | 971.85 | percent of total billed charges | |
| HC PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST | 94726 | CPT | | | | outpatient | | | 1023 | 412.82 | Horizon | Medicare Blue | 358.97 | | | | 27 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST | 94726 | CPT | | | | outpatient | | | 1023 | 412.82 | Americare | Americare | 767.25 | 75 | | | 27 | 971.85 | percent of total billed charges | |
| HC PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST | 94726 | CPT | | | | outpatient | | | 1023 | 412.82 | Aetna | Better Health | 322.76 | 31.55 | | | 27 | 971.85 | percent of total billed charges | |
| HC PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST | 94726 | CPT | | | | outpatient | | | 1023 | 412.82 | Corrections | Corrections | 818.4 | 80 | | | 27 | 971.85 | percent of total billed charges | |
| HC PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST | 94726 | CPT | | | | outpatient | | | 1023 | 412.82 | Consumer | Consumer | 971.85 | 95 | | | 27 | 971.85 | percent of total billed charges | |
| HC PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST | 94726 | CPT | | | | outpatient | | | 1023 | 412.82 | Horizon | NJ Health | 81.41 | | | | 27 | 971.85 | fee schedule | |
| HC PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST | 94726 | CPT | | | | outpatient | | | 1023 | 412.82 | First Health | First Health | 716.1 | 70 | | | 27 | 971.85 | percent of total billed charges | |
| HC PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST | 94726 | CPT | | | | outpatient | | | 1023 | 412.82 | Qualcare | Qualcare | 767.25 | 75 | | | 27 | 971.85 | percent of total billed charges | |
| HC PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST | 94726 | CPT | | | | outpatient | | | 1023 | 412.82 | Wellcare | Medicaid | 322.76 | 31.55 | | | 27 | 971.85 | percent of total billed charges | |
| HC PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST | 94726 | CPT | | | | outpatient | | | 1023 | 412.82 | Amerihealth | HMO/PPO | 27 | | | | 27 | 971.85 | fee schedule | |
| HC PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST | 94726 | CPT | | | | outpatient | | | 1023 | 412.82 | Horizon | PPO | 694.61 | | | | 27 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST | 94726 | CPT | | | | outpatient | | | 1023 | 412.82 | Wellcare | Medicare | 358.97 | | | | 27 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST | 94726 | CPT | | | | outpatient | | | 1023 | 412.82 | Horizon | MGD | 694.61 | | | | 27 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST | 94726 | CPT | | | | outpatient | | | 1023 | 412.82 | Managed Care Inc | Managed Care Inc | 920.7 | 90 | | | 27 | 971.85 | percent of total billed charges | |
| HC PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST | 94726 | CPT | | | | outpatient | | | 1023 | 412.82 | WellPoint | WellPoint | 329.2 | 32.18 | | | 27 | 971.85 | percent of total billed charges | |
| HC PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST | 94726 | CPT | | | | outpatient | | | 1023 | 412.82 | Horizon | Indemnity | 694.61 | | | | 27 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST | 94726 | CPT | | | | outpatient | | | 1023 | 412.82 | UHC | Medicare | 358.97 | | | | 27 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST | 94726 | CPT | | | | outpatient | | | 1023 | 412.82 | Three Rivers | Three Rivers | 971.85 | 95 | | | 27 | 971.85 | percent of total billed charges | |
| HC PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST | 94726 | CPT | | | | outpatient | | | 1023 | 412.82 | UHC | Medicaid | 322.76 | 31.55 | | | 27 | 971.85 | percent of total billed charges | |
| HC PULMONARY FUNCT TEST BY GAS | 94727 | CPT | | | | both | | | 566 | 205.45 | First Health | First Health | 396.2 | 70 | | | 27 | 537.7 | percent of total billed charges | |
| HC PULMONARY FUNCT TEST BY GAS | 94727 | CPT | | | | both | | | 566 | 205.45 | Wellcare | Medicaid | 178.57 | 31.55 | | 155.6 | 27 | 537.7 | percent of total billed charges | |
| HC PULMONARY FUNCT TEST BY GAS | 94727 | CPT | | | | both | | | 566 | 205.45 | Corrections | Corrections | 452.8 | 80 | | 174.67 | 27 | 537.7 | percent of total billed charges | |
| HC PULMONARY FUNCT TEST BY GAS | 94727 | CPT | | | | both | | | 566 | 205.45 | UHC | Medicare | 178.65 | | | 80.4 | 27 | 537.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PULMONARY FUNCT TEST BY GAS | 94727 | CPT | | | | both | | | 566 | 205.45 | Amerihealth | HMO/PPO | 27 | | | 116.61 | 27 | 537.7 | fee schedule | |
| HC PULMONARY FUNCT TEST BY GAS | 94727 | CPT | | | | both | | | 566 | 205.45 | Horizon | Medicare Blue | 178.65 | | | 89.54 | 27 | 537.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PULMONARY FUNCT TEST BY GAS | 94727 | CPT | | | | both | | | 566 | 205.45 | Aetna | Better Health | 178.57 | 31.55 | | 208.92 | 27 | 537.7 | percent of total billed charges | |
| HC PULMONARY FUNCT TEST BY GAS | 94727 | CPT | | | | both | | | 566 | 205.45 | Aetna | Medicare | 178.65 | | | 59.32 | 27 | 537.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PULMONARY FUNCT TEST BY GAS | 94727 | CPT | | | | both | | | 566 | 205.45 | Horizon | Indemnity | 345.69 | | | 155.63 | 27 | 537.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PULMONARY FUNCT TEST BY GAS | 94727 | CPT | | | | both | | | 566 | 205.45 | Americare | Americare | 424.5 | 75 | | | 27 | 537.7 | percent of total billed charges | |
| HC PULMONARY FUNCT TEST BY GAS | 94727 | CPT | | | | both | | | 566 | 205.45 | First Trenton | First Trenton | 509.4 | 90 | | | 27 | 537.7 | percent of total billed charges | |
| HC PULMONARY FUNCT TEST BY GAS | 94727 | CPT | | | | both | | | 566 | 205.45 | Horizon | MGD | 345.69 | | | 157.45 | 27 | 537.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PULMONARY FUNCT TEST BY GAS | 94727 | CPT | | | | both | | | 566 | 205.45 | Consumer | Consumer | 537.7 | 95 | | | 27 | 537.7 | percent of total billed charges | |
| HC PULMONARY FUNCT TEST BY GAS | 94727 | CPT | | | | both | | | 566 | 205.45 | Horizon | NJ Health | 63.55 | | | 192.09 | 27 | 537.7 | fee schedule | |
| HC PULMONARY FUNCT TEST BY GAS | 94727 | CPT | | | | both | | | 566 | 205.45 | Managed Care Inc | Managed Care Inc | 509.4 | 90 | | | 27 | 537.7 | percent of total billed charges | |
| HC PULMONARY FUNCT TEST BY GAS | 94727 | CPT | | | | both | | | 566 | 205.45 | WellPoint | WellPoint | 182.14 | 32.18 | | 123.47 | 27 | 537.7 | percent of total billed charges | |
| HC PULMONARY FUNCT TEST BY GAS | 94727 | CPT | | | | both | | | 566 | 205.45 | Multiplan | Multiplan | 452.8 | 80 | | | 27 | 537.7 | percent of total billed charges | |
| HC PULMONARY FUNCT TEST BY GAS | 94727 | CPT | | | | both | | | 566 | 205.45 | Wellcare | Medicare | 178.65 | | | 104.51 | 27 | 537.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PULMONARY FUNCT TEST BY GAS | 94727 | CPT | | | | both | | | 566 | 205.45 | Horizon | PPO | 345.69 | | | 142.57 | 27 | 537.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PULMONARY FUNCT TEST BY GAS | 94727 | CPT | | | | both | | | 566 | 205.45 | Qualcare | Qualcare | 424.5 | 75 | | | 27 | 537.7 | percent of total billed charges | |
| HC PULMONARY FUNCT TEST BY GAS | 94727 | CPT | | | | both | | | 566 | 205.45 | Three Rivers | Three Rivers | 537.7 | 95 | | | 27 | 537.7 | percent of total billed charges | |
| HC PULMONARY FUNCT TEST BY GAS | 94727 | CPT | | | | both | | | 566 | 205.45 | UHC | Medicaid | 178.57 | 31.55 | | 150.57 | 27 | 537.7 | percent of total billed charges | |
| HC CARBON MON DIFF CAP | 94729 | CPT | | | | both | | | 383 | | Horizon | Indemnity | 146.61 | 38.28 | | 105.17 | 30 | 363.85 | percent of total billed charges | |
| HC CARBON MON DIFF CAP | 94729 | CPT | | | | both | | | 383 | | Amerihealth | HMO/PPO | 30 | | | 78.84 | 30 | 363.85 | fee schedule | |
| HC CARBON MON DIFF CAP | 94729 | CPT | | | | both | | | 383 | | Horizon | NJ Health | 81.51 | | | 129.38 | 30 | 363.85 | fee schedule | |
| HC CARBON MON DIFF CAP | 94729 | CPT | | | | both | | | 383 | | Aetna | Medicare | 117.96 | 30.8 | | 40.1 | 30 | 363.85 | percent of total billed charges | |
| HC CARBON MON DIFF CAP | 94729 | CPT | | | | both | | | 383 | | First Health | First Health | 268.1 | 70 | | | 30 | 363.85 | percent of total billed charges | |
| HC CARBON MON DIFF CAP | 94729 | CPT | | | | both | | | 383 | | Corrections | Corrections | 306.4 | 80 | | 118.09 | 30 | 363.85 | percent of total billed charges | |
| HC CARBON MON DIFF CAP | 94729 | CPT | | | | both | | | 383 | | Aetna | Better Health | 120.84 | 31.55 | | 141.18 | 30 | 363.85 | percent of total billed charges | |
| HC CARBON MON DIFF CAP | 94729 | CPT | | | | both | | | 383 | | First Trenton | First Trenton | 344.7 | 90 | | | 30 | 363.85 | percent of total billed charges | |
| HC CARBON MON DIFF CAP | 94729 | CPT | | | | both | | | 383 | | Horizon | MGD | 146.61 | 38.28 | | 106.44 | 30 | 363.85 | percent of total billed charges | |
| HC CARBON MON DIFF CAP | 94729 | CPT | | | | both | | | 383 | | Multiplan | Multiplan | 306.4 | 80 | | | 30 | 363.85 | percent of total billed charges | |
| HC CARBON MON DIFF CAP | 94729 | CPT | | | | both | | | 383 | | Americare | Americare | 287.25 | 75 | | | 30 | 363.85 | percent of total billed charges | |
| HC CARBON MON DIFF CAP | 94729 | CPT | | | | both | | | 383 | | Horizon | Medicare Blue | 114.9 | 30 | | 60.52 | 30 | 363.85 | percent of total billed charges | |
| HC CARBON MON DIFF CAP | 94729 | CPT | | | | both | | | 383 | | WellPoint | WellPoint | 123.25 | 32.18 | | 83.46 | 30 | 363.85 | percent of total billed charges | |
| HC CARBON MON DIFF CAP | 94729 | CPT | | | | both | | | 383 | | Qualcare | Qualcare | 287.25 | 75 | | | 30 | 363.85 | percent of total billed charges | |
| HC CARBON MON DIFF CAP | 94729 | CPT | | | | both | | | 383 | | Consumer | Consumer | 363.85 | 95 | | | 30 | 363.85 | percent of total billed charges | |
| HC CARBON MON DIFF CAP | 94729 | CPT | | | | both | | | 383 | | Horizon | PPO | 146.61 | 38.28 | | 96.37 | 30 | 363.85 | percent of total billed charges | |
| HC CARBON MON DIFF CAP | 94729 | CPT | | | | both | | | 383 | | UHC | Medicaid | 120.84 | 31.55 | | 101.29 | 30 | 363.85 | percent of total billed charges | |
| HC CARBON MON DIFF CAP | 94729 | CPT | | | | both | | | 383 | | Managed Care Inc | Managed Care Inc | 344.7 | 90 | | | 30 | 363.85 | percent of total billed charges | |
| HC CARBON MON DIFF CAP | 94729 | CPT | | | | both | | | 383 | | Three Rivers | Three Rivers | 363.85 | 95 | | | 30 | 363.85 | percent of total billed charges | |
| HC CARBON MON DIFF CAP | 94729 | CPT | | | | both | | | 383 | | Wellcare | Medicaid | 120.84 | 31.55 | | 105.15 | 30 | 363.85 | percent of total billed charges | |
| HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION | 94760 | CPT | | | | both | | | 285 | | Horizon | Indemnity | 109.1 | 38.28 | | | 10 | 270.75 | percent of total billed charges | |
| HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION | 94760 | CPT | | | | both | | | 285 | | Aetna | Better Health | 89.92 | 31.55 | | | 10 | 270.75 | percent of total billed charges | |
| HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION | 94760 | CPT | | | | both | | | 285 | | Corrections | Corrections | 228 | 80 | | | 10 | 270.75 | percent of total billed charges | |
| HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION | 94760 | CPT | | | | both | | | 285 | | Americare | Americare | 213.75 | 75 | | | 10 | 270.75 | percent of total billed charges | |
| HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION | 94760 | CPT | | | | both | | | 285 | | Horizon | Medicare Blue | 85.5 | 30 | | | 10 | 270.75 | percent of total billed charges | |
| HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION | 94760 | CPT | | | | both | | | 285 | | Amerihealth | HMO/PPO | 10 | | | | 10 | 270.75 | fee schedule | |
| HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION | 94760 | CPT | | | | both | | | 285 | | Aetna | Medicare | 87.78 | 30.8 | | | 10 | 270.75 | percent of total billed charges | |
| HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION | 94760 | CPT | | | | both | | | 285 | | Horizon | MGD | 109.1 | 38.28 | | | 10 | 270.75 | percent of total billed charges | |
| HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION | 94760 | CPT | | | | both | | | 285 | | Multiplan | Multiplan | 228 | 80 | | | 10 | 270.75 | percent of total billed charges | |
| HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION | 94760 | CPT | | | | both | | | 285 | | UHC | Medicaid | 89.92 | 31.55 | | | 10 | 270.75 | percent of total billed charges | |
| HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION | 94760 | CPT | | | | both | | | 285 | | Horizon | NJ Health | 130.5 | | | | 10 | 270.75 | fee schedule | |
| HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION | 94760 | CPT | | | | both | | | 285 | | Consumer | Consumer | 270.75 | 95 | | | 10 | 270.75 | percent of total billed charges | |
| HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION | 94760 | CPT | | | | both | | | 285 | | Qualcare | Qualcare | 213.75 | 75 | | | 10 | 270.75 | percent of total billed charges | |
| HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION | 94760 | CPT | | | | both | | | 285 | | Wellcare | Medicaid | 89.92 | 31.55 | | | 10 | 270.75 | percent of total billed charges | |
| HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION | 94760 | CPT | | | | both | | | 285 | | First Health | First Health | 199.5 | 70 | | | 10 | 270.75 | percent of total billed charges | |
| HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION | 94760 | CPT | | | | both | | | 285 | | WellPoint | WellPoint | 91.71 | 32.18 | | | 10 | 270.75 | percent of total billed charges | |
| HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION | 94760 | CPT | | | | both | | | 285 | | First Trenton | First Trenton | 256.5 | 90 | | | 10 | 270.75 | percent of total billed charges | |
| HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION | 94760 | CPT | | | | both | | | 285 | | Horizon | PPO | 109.1 | 38.28 | | | 10 | 270.75 | percent of total billed charges | |
| HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION | 94760 | CPT | | | | both | | | 285 | | Managed Care Inc | Managed Care Inc | 256.5 | 90 | | | 10 | 270.75 | percent of total billed charges | |
| HC NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETERMINATION | 94760 | CPT | | | | both | | | 285 | | Three Rivers | Three Rivers | 270.75 | 95 | | | 10 | 270.75 | percent of total billed charges | |
| HC PULSE OXIMETRY-CONTIN.(PER DAY | 94761 | CPT | | | | both | | | 383 | | Corrections | Corrections | 306.4 | 80 | | | 26 | 363.85 | percent of total billed charges | |
| HC PULSE OXIMETRY-CONTIN.(PER DAY | 94761 | CPT | | | | both | | | 383 | | Americare | Americare | 287.25 | 75 | | | 26 | 363.85 | percent of total billed charges | |
| HC PULSE OXIMETRY-CONTIN.(PER DAY | 94761 | CPT | | | | both | | | 383 | | First Health | First Health | 268.1 | 70 | | | 26 | 363.85 | percent of total billed charges | |
| HC PULSE OXIMETRY-CONTIN.(PER DAY | 94761 | CPT | | | | both | | | 383 | | Aetna | Medicare | 117.96 | 30.8 | | | 26 | 363.85 | percent of total billed charges | |
| HC PULSE OXIMETRY-CONTIN.(PER DAY | 94761 | CPT | | | | both | | | 383 | | First Trenton | First Trenton | 344.7 | 90 | | | 26 | 363.85 | percent of total billed charges | |
| HC PULSE OXIMETRY-CONTIN.(PER DAY | 94761 | CPT | | | | both | | | 383 | | Horizon | Indemnity | 146.61 | 38.28 | | | 26 | 363.85 | percent of total billed charges | |
| HC PULSE OXIMETRY-CONTIN.(PER DAY | 94761 | CPT | | | | both | | | 383 | | Aetna | Better Health | 120.84 | 31.55 | | | 26 | 363.85 | percent of total billed charges | |
| HC PULSE OXIMETRY-CONTIN.(PER DAY | 94761 | CPT | | | | both | | | 383 | | Horizon | MGD | 146.61 | 38.28 | | | 26 | 363.85 | percent of total billed charges | |
| HC PULSE OXIMETRY-CONTIN.(PER DAY | 94761 | CPT | | | | both | | | 383 | | UHC | Medicaid | 120.84 | 31.55 | | | 26 | 363.85 | percent of total billed charges | |
| HC PULSE OXIMETRY-CONTIN.(PER DAY | 94761 | CPT | | | | both | | | 383 | | Consumer | Consumer | 363.85 | 95 | | | 26 | 363.85 | percent of total billed charges | |
| HC PULSE OXIMETRY-CONTIN.(PER DAY | 94761 | CPT | | | | both | | | 383 | | Amerihealth | HMO/PPO | 26 | | | | 26 | 363.85 | fee schedule | |
| HC PULSE OXIMETRY-CONTIN.(PER DAY | 94761 | CPT | | | | both | | | 383 | | WellPoint | WellPoint | 123.25 | 32.18 | | 114.58 | 26 | 363.85 | percent of total billed charges | |
| HC PULSE OXIMETRY-CONTIN.(PER DAY | 94761 | CPT | | | | both | | | 383 | | Horizon | NJ Health | 73.08 | | | | 26 | 363.85 | fee schedule | |
| HC PULSE OXIMETRY-CONTIN.(PER DAY | 94761 | CPT | | | | both | | | 383 | | Multiplan | Multiplan | 306.4 | 80 | | | 26 | 363.85 | percent of total billed charges | |
| HC PULSE OXIMETRY-CONTIN.(PER DAY | 94761 | CPT | | | | both | | | 383 | | Wellcare | Medicaid | 120.84 | 31.55 | | | 26 | 363.85 | percent of total billed charges | |
| HC PULSE OXIMETRY-CONTIN.(PER DAY | 94761 | CPT | | | | both | | | 383 | | Horizon | Medicare Blue | 114.9 | 30 | | | 26 | 363.85 | percent of total billed charges | |
| HC PULSE OXIMETRY-CONTIN.(PER DAY | 94761 | CPT | | | | both | | | 383 | | Horizon | PPO | 146.61 | 38.28 | | | 26 | 363.85 | percent of total billed charges | |
| HC PULSE OXIMETRY-CONTIN.(PER DAY | 94761 | CPT | | | | both | | | 383 | | Qualcare | Qualcare | 287.25 | 75 | | | 26 | 363.85 | percent of total billed charges | |
| HC PULSE OXIMETRY-CONTIN.(PER DAY | 94761 | CPT | | | | both | | | 383 | | Managed Care Inc | Managed Care Inc | 344.7 | 90 | | | 26 | 363.85 | percent of total billed charges | |
| HC PULSE OXIMETRY-CONTIN.(PER DAY | 94761 | CPT | | | | both | | | 383 | | Three Rivers | Three Rivers | 363.85 | 95 | | | 26 | 363.85 | percent of total billed charges | |
| HC PULMONARY MISC | 94799 | CPT | | | | both | | | 554 | 205.45 | Amerihealth | HMO/PPO | 360.1 | 65 | | | 174.79 | 526.3 | percent of total billed charges | |
| HC PULMONARY MISC | 94799 | CPT | | | | both | | | 554 | 205.45 | Horizon | MGD | 345.69 | | | | 174.79 | 526.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PULMONARY MISC | 94799 | CPT | | | | both | | | 554 | 205.45 | Corrections | Corrections | 443.2 | 80 | | | 174.79 | 526.3 | percent of total billed charges | |
| HC PULMONARY MISC | 94799 | CPT | | | | both | | | 554 | 205.45 | UHC | Medicare | 178.65 | | | | 174.79 | 526.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PULMONARY MISC | 94799 | CPT | | | | both | | | 554 | 205.45 | Aetna | Better Health | 174.79 | 31.55 | | | 174.79 | 526.3 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC PULMONARY MISC | 94799 | CPT | | | | both | | | 554 | 205.45 | Horizon | PPO | 345.69 | | | | 174.79 | 526.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PULMONARY MISC | 94799 | CPT | | | | both | | | 554 | 205.45 | Americare | Americare | 415.5 | 75 | | | 174.79 | 526.3 | percent of total billed charges | |
| HC PULMONARY MISC | 94799 | CPT | | | | both | | | 554 | 205.45 | WellPoint | WellPoint | 178.28 | 32.18 | | | 174.79 | 526.3 | percent of total billed charges | |
| HC PULMONARY MISC | 94799 | CPT | | | | both | | | 554 | 205.45 | First Health | First Health | 387.8 | 70 | | | 174.79 | 526.3 | percent of total billed charges | |
| HC PULMONARY MISC | 94799 | CPT | | | | both | | | 554 | 205.45 | Horizon | Indemnity | 345.69 | | | | 174.79 | 526.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PULMONARY MISC | 94799 | CPT | | | | both | | | 554 | 205.45 | Aetna | Medicare | 178.65 | | | | 174.79 | 526.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PULMONARY MISC | 94799 | CPT | | | | both | | | 554 | 205.45 | First Trenton | First Trenton | 498.6 | 90 | | | 174.79 | 526.3 | percent of total billed charges | |
| HC PULMONARY MISC | 94799 | CPT | | | | both | | | 554 | 205.45 | Horizon | Medicare Blue | 178.65 | | | | 174.79 | 526.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PULMONARY MISC | 94799 | CPT | | | | both | | | 554 | 205.45 | UHC | Medicaid | 174.79 | 31.55 | | | 174.79 | 526.3 | percent of total billed charges | |
| HC PULMONARY MISC | 94799 | CPT | | | | both | | | 554 | 205.45 | Consumer | Consumer | 526.3 | 95 | | | 174.79 | 526.3 | percent of total billed charges | |
| HC PULMONARY MISC | 94799 | CPT | | | | both | | | 554 | 205.45 | Managed Care Inc | Managed Care Inc | 498.6 | 90 | | | 174.79 | 526.3 | percent of total billed charges | |
| HC PULMONARY MISC | 94799 | CPT | | | | both | | | 554 | 205.45 | Multiplan | Multiplan | 443.2 | 80 | | | 174.79 | 526.3 | percent of total billed charges | |
| HC PULMONARY MISC | 94799 | CPT | | | | both | | | 554 | 205.45 | Three Rivers | Three Rivers | 526.3 | 95 | | | 174.79 | 526.3 | percent of total billed charges | |
| HC PULMONARY MISC | 94799 | CPT | | | | both | | | 554 | 205.45 | Wellcare | Medicaid | 174.79 | 31.55 | | | 174.79 | 526.3 | percent of total billed charges | |
| HC PULMONARY MISC | 94799 | CPT | | | | both | | | 554 | 205.45 | Wellcare | Medicare | 178.65 | | | | 174.79 | 526.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PULMONARY MISC | 94799 | CPT | | | | both | | | 554 | 205.45 | Qualcare | Qualcare | 415.5 | 75 | | | 174.79 | 526.3 | percent of total billed charges | |
| HC PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS, ALLERGY SKIN TEST | 95004 | CPT | | | | outpatient | | | 3406 | 1375.11 | Americare | Americare | 2554.5 | 75 | | | 13.05 | 3235.7 | percent of total billed charges | |
| HC PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS, ALLERGY SKIN TEST | 95004 | CPT | | | | outpatient | | | 3406 | 1375.11 | Aetna | Better Health | 1074.59 | 31.55 | | | 13.05 | 3235.7 | percent of total billed charges | |
| HC PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS, ALLERGY SKIN TEST | 95004 | CPT | | | | outpatient | | | 3406 | 1375.11 | First Trenton | First Trenton | 3065.4 | 90 | | | 13.05 | 3235.7 | percent of total billed charges | |
| HC PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS, ALLERGY SKIN TEST | 95004 | CPT | | | | outpatient | | | 3406 | 1375.11 | Amerihealth | HMO/PPO | 2213.9 | 65 | | | 13.05 | 3235.7 | percent of total billed charges | |
| HC PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS, ALLERGY SKIN TEST | 95004 | CPT | | | | outpatient | | | 3406 | 1375.11 | Horizon | Medicare Blue | 1195.75 | | | | 13.05 | 3235.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS, ALLERGY SKIN TEST | 95004 | CPT | | | | outpatient | | | 3406 | 1375.11 | Aetna | Medicare | 1195.75 | | | | 13.05 | 3235.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS, ALLERGY SKIN TEST | 95004 | CPT | | | | outpatient | | | 3406 | 1375.11 | Managed Care Inc | Managed Care Inc | 3065.4 | 90 | | | 13.05 | 3235.7 | percent of total billed charges | |
| HC PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS, ALLERGY SKIN TEST | 95004 | CPT | | | | outpatient | | | 3406 | 1375.11 | First Health | First Health | 2384.2 | 70 | | | 13.05 | 3235.7 | percent of total billed charges | |
| HC PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS, ALLERGY SKIN TEST | 95004 | CPT | | | | outpatient | | | 3406 | 1375.11 | Wellcare | Medicare | 1195.75 | | | | 13.05 | 3235.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS, ALLERGY SKIN TEST | 95004 | CPT | | | | outpatient | | | 3406 | 1375.11 | Consumer | Consumer | 3235.7 | 95 | | | 13.05 | 3235.7 | percent of total billed charges | |
| HC PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS, ALLERGY SKIN TEST | 95004 | CPT | | | | outpatient | | | 3406 | 1375.11 | UHC | Medicare | 1195.75 | | | 501.47 | 13.05 | 3235.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS, ALLERGY SKIN TEST | 95004 | CPT | | | | outpatient | | | 3406 | 1375.11 | Corrections | Corrections | 2724.8 | 80 | | | 13.05 | 3235.7 | percent of total billed charges | |
| HC PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS, ALLERGY SKIN TEST | 95004 | CPT | | | | outpatient | | | 3406 | 1375.11 | Horizon | Indemnity | 2313.78 | | | | 13.05 | 3235.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS, ALLERGY SKIN TEST | 95004 | CPT | | | | outpatient | | | 3406 | 1375.11 | Horizon | NJ Health | 13.05 | | | 35.08 | 13.05 | 3235.7 | fee schedule | |
| HC PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS, ALLERGY SKIN TEST | 95004 | CPT | | | | outpatient | | | 3406 | 1375.11 | WellPoint | WellPoint | 1096.05 | 32.18 | | | 13.05 | 3235.7 | percent of total billed charges | |
| HC PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS, ALLERGY SKIN TEST | 95004 | CPT | | | | outpatient | | | 3406 | 1375.11 | Horizon | MGD | 2313.78 | | | | 13.05 | 3235.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS, ALLERGY SKIN TEST | 95004 | CPT | | | | outpatient | | | 3406 | 1375.11 | Multiplan | Multiplan | 2724.8 | 80 | | | 13.05 | 3235.7 | percent of total billed charges | |
| HC PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS, ALLERGY SKIN TEST | 95004 | CPT | | | | outpatient | | | 3406 | 1375.11 | UHC | Medicaid | 1074.59 | 31.55 | | 1036.14 | 13.05 | 3235.7 | percent of total billed charges | |
| HC PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS, ALLERGY SKIN TEST | 95004 | CPT | | | | outpatient | | | 3406 | 1375.11 | Qualcare | Qualcare | 2554.5 | 75 | | | 13.05 | 3235.7 | percent of total billed charges | |
| HC PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS, ALLERGY SKIN TEST | 95004 | CPT | | | | outpatient | | | 3406 | 1375.11 | Horizon | PPO | 2313.78 | | | | 13.05 | 3235.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS, ALLERGY SKIN TEST | 95004 | CPT | | | | outpatient | | | 3406 | 1375.11 | Three Rivers | Three Rivers | 3235.7 | 95 | | | 13.05 | 3235.7 | percent of total billed charges | |
| HC PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS, ALLERGY SKIN TEST | 95004 | CPT | | | | outpatient | | | 3406 | 1375.11 | Wellcare | Medicaid | 1074.59 | 31.55 | | | 13.05 | 3235.7 | percent of total billed charges | |
| HC ALLG TEST PQ&IC DR IMM REACT I&R | 95018 | CPT | | | | outpatient | | | 124 | 52.74 | First Trenton | First Trenton | 111.6 | 90 | | | 25.06 | 117.8 | percent of total billed charges | |
| HC ALLG TEST PQ&IC DR IMM REACT I&R | 95018 | CPT | | | | outpatient | | | 124 | 52.74 | Aetna | Medicare | 45.86 | | | | 25.06 | 117.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ALLG TEST PQ&IC DR IMM REACT I&R | 95018 | CPT | | | | outpatient | | | 124 | 52.74 | First Health | First Health | 86.8 | 70 | | | 25.06 | 117.8 | percent of total billed charges | |
| HC ALLG TEST PQ&IC DR IMM REACT I&R | 95018 | CPT | | | | outpatient | | | 124 | 52.74 | Horizon | Medicare Blue | 45.86 | | | | 25.06 | 117.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ALLG TEST PQ&IC DR IMM REACT I&R | 95018 | CPT | | | | outpatient | | | 124 | 52.74 | Corrections | Corrections | 99.2 | 80 | | | 25.06 | 117.8 | percent of total billed charges | |
| HC ALLG TEST PQ&IC DR IMM REACT I&R | 95018 | CPT | | | | outpatient | | | 124 | 52.74 | Americare | Americare | 93 | 75 | | | 25.06 | 117.8 | percent of total billed charges | |
| HC ALLG TEST PQ&IC DR IMM REACT I&R | 95018 | CPT | | | | outpatient | | | 124 | 52.74 | Horizon | Indemnity | 88.74 | | | | 25.06 | 117.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ALLG TEST PQ&IC DR IMM REACT I&R | 95018 | CPT | | | | outpatient | | | 124 | 52.74 | Aetna | Better Health | 39.12 | 31.55 | | | 25.06 | 117.8 | percent of total billed charges | |
| HC ALLG TEST PQ&IC DR IMM REACT I&R | 95018 | CPT | | | | outpatient | | | 124 | 52.74 | Horizon | NJ Health | 25.06 | | | | 25.06 | 117.8 | fee schedule | |
| HC ALLG TEST PQ&IC DR IMM REACT I&R | 95018 | CPT | | | | outpatient | | | 124 | 52.74 | Amerihealth | HMO/PPO | 80.6 | 65 | | | 25.06 | 117.8 | percent of total billed charges | |
| HC ALLG TEST PQ&IC DR IMM REACT I&R | 95018 | CPT | | | | outpatient | | | 124 | 52.74 | UHC | Medicare | 45.86 | | | | 25.06 | 117.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ALLG TEST PQ&IC DR IMM REACT I&R | 95018 | CPT | | | | outpatient | | | 124 | 52.74 | Wellcare | Medicare | 45.86 | | | | 25.06 | 117.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ALLG TEST PQ&IC DR IMM REACT I&R | 95018 | CPT | | | | outpatient | | | 124 | 52.74 | Horizon | PPO | 88.74 | | | | 25.06 | 117.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ALLG TEST PQ&IC DR IMM REACT I&R | 95018 | CPT | | | | outpatient | | | 124 | 52.74 | Consumer | Consumer | 117.8 | 95 | | | 25.06 | 117.8 | percent of total billed charges | |
| HC ALLG TEST PQ&IC DR IMM REACT I&R | 95018 | CPT | | | | outpatient | | | 124 | 52.74 | UHC | Medicaid | 39.12 | 31.55 | | | 25.06 | 117.8 | percent of total billed charges | |
| HC ALLG TEST PQ&IC DR IMM REACT I&R | 95018 | CPT | | | | outpatient | | | 124 | 52.74 | Horizon | MGD | 88.74 | | | | 25.06 | 117.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ALLG TEST PQ&IC DR IMM REACT I&R | 95018 | CPT | | | | outpatient | | | 124 | 52.74 | Managed Care Inc | Managed Care Inc | 111.6 | 90 | | | 25.06 | 117.8 | percent of total billed charges | |
| HC ALLG TEST PQ&IC DR IMM REACT I&R | 95018 | CPT | | | | outpatient | | | 124 | 52.74 | Multiplan | Multiplan | 99.2 | 80 | | | 25.06 | 117.8 | percent of total billed charges | |
| HC ALLG TEST PQ&IC DR IMM REACT I&R | 95018 | CPT | | | | outpatient | | | 124 | 52.74 | Wellcare | Medicaid | 39.12 | 31.55 | | | 25.06 | 117.8 | percent of total billed charges | |
| HC ALLG TEST PQ&IC DR IMM REACT I&R | 95018 | CPT | | | | outpatient | | | 124 | 52.74 | Qualcare | Qualcare | 93 | 75 | | | 25.06 | 117.8 | percent of total billed charges | |
| HC ALLG TEST PQ&IC DR IMM REACT I&R | 95018 | CPT | | | | outpatient | | | 124 | 52.74 | WellPoint | WellPoint | 39.9 | 32.18 | | | 25.06 | 117.8 | percent of total billed charges | |
| HC ALLG TEST PQ&IC DR IMM REACT I&R | 95018 | CPT | | | | outpatient | | | 124 | 52.74 | Three Rivers | Three Rivers | 117.8 | 95 | | | 25.06 | 117.8 | percent of total billed charges | |
| HC IC TSTS W ALLG XTRCS DLYD W READ | 95028 | CPT | | | | outpatient | | | 132 | 52.74 | Horizon | Medicare Blue | 45.86 | | | | 14.93 | 153.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IC TSTS W ALLG XTRCS DLYD W READ | 95028 | CPT | | | | outpatient | | | 132 | 52.74 | Amerihealth | HMO/PPO | 14.93 | | | | 14.93 | 153.99 | fee schedule | |
| HC IC TSTS W ALLG XTRCS DLYD W READ | 95028 | CPT | | | | outpatient | | | 132 | 52.74 | Aetna | Medicare | 45.86 | | | | 14.93 | 153.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IC TSTS W ALLG XTRCS DLYD W READ | 95028 | CPT | | | | outpatient | | | 132 | 52.74 | First Health | First Health | 92.4 | 70 | | | 14.93 | 153.99 | percent of total billed charges | |
| HC IC TSTS W ALLG XTRCS DLYD W READ | 95028 | CPT | | | | outpatient | | | 132 | 52.74 | Aetna | Better Health | 41.65 | 31.55 | | | 14.93 | 153.99 | percent of total billed charges | |
| HC IC TSTS W ALLG XTRCS DLYD W READ | 95028 | CPT | | | | outpatient | | | 132 | 52.74 | First Trenton | First Trenton | 118.8 | 90 | | | 14.93 | 153.99 | percent of total billed charges | |
| HC IC TSTS W ALLG XTRCS DLYD W READ | 95028 | CPT | | | | outpatient | | | 132 | 52.74 | Corrections | Corrections | 105.6 | 80 | | | 14.93 | 153.99 | percent of total billed charges | |
| HC IC TSTS W ALLG XTRCS DLYD W READ | 95028 | CPT | | | | outpatient | | | 132 | 52.74 | Horizon | Indemnity | 88.74 | | | | 14.93 | 153.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IC TSTS W ALLG XTRCS DLYD W READ | 95028 | CPT | | | | outpatient | | | 132 | 52.74 | Americare | Americare | 99 | 75 | | | 14.93 | 153.99 | percent of total billed charges | |
| HC IC TSTS W ALLG XTRCS DLYD W READ | 95028 | CPT | | | | outpatient | | | 132 | 52.74 | Wellcare | Medicaid | 41.65 | 31.55 | | | 14.93 | 153.99 | percent of total billed charges | |
| HC IC TSTS W ALLG XTRCS DLYD W READ | 95028 | CPT | | | | outpatient | | | 132 | 52.74 | Horizon | MGD | 88.74 | | | | 14.93 | 153.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IC TSTS W ALLG XTRCS DLYD W READ | 95028 | CPT | | | | outpatient | | | 132 | 52.74 | Multiplan | Multiplan | 105.6 | 80 | | | 14.93 | 153.99 | percent of total billed charges | |
| HC IC TSTS W ALLG XTRCS DLYD W READ | 95028 | CPT | | | | outpatient | | | 132 | 52.74 | Consumer | Consumer | 125.4 | 95 | | | 14.93 | 153.99 | percent of total billed charges | |
| HC IC TSTS W ALLG XTRCS DLYD W READ | 95028 | CPT | | | | outpatient | | | 132 | 52.74 | Managed Care Inc | Managed Care Inc | 118.8 | 90 | | | 14.93 | 153.99 | percent of total billed charges | |
| HC IC TSTS W ALLG XTRCS DLYD W READ | 95028 | CPT | | | | outpatient | | | 132 | 52.74 | Horizon | NJ Health | 153.99 | | | | 14.93 | 153.99 | fee schedule | |
| HC IC TSTS W ALLG XTRCS DLYD W READ | 95028 | CPT | | | | outpatient | | | 132 | 52.74 | Horizon | PPO | 88.74 | | | | 14.93 | 153.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IC TSTS W ALLG XTRCS DLYD W READ | 95028 | CPT | | | | outpatient | | | 132 | 52.74 | Three Rivers | Three Rivers | 125.4 | 95 | | | 14.93 | 153.99 | percent of total billed charges | |
| HC IC TSTS W ALLG XTRCS DLYD W READ | 95028 | CPT | | | | outpatient | | | 132 | 52.74 | Wellcare | Medicare | 45.86 | | | | 14.93 | 153.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IC TSTS W ALLG XTRCS DLYD W READ | 95028 | CPT | | | | outpatient | | | 132 | 52.74 | Qualcare | Qualcare | 99 | 75 | | | 14.93 | 153.99 | percent of total billed charges | |
| HC IC TSTS W ALLG XTRCS DLYD W READ | 95028 | CPT | | | | outpatient | | | 132 | 52.74 | UHC | Medicaid | 41.65 | 31.55 | | | 14.93 | 153.99 | percent of total billed charges | |
| HC IC TSTS W ALLG XTRCS DLYD W READ | 95028 | CPT | | | | outpatient | | | 132 | 52.74 | UHC | Medicare | 45.86 | | | | 14.93 | 153.99 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IC TSTS W ALLG XTRCS DLYD W READ | 95028 | CPT | | | | outpatient | | | 132 | 52.74 | WellPoint | WellPoint | 42.48 | 32.18 | | | 14.93 | 153.99 | percent of total billed charges | |
| HC PATCH/APP TEST(SPEC NUMBER) | 95044 | CPT | | | | outpatient | | | 3406 | 1375.11 | Aetna | Better Health | 1074.59 | 31.55 | | | 8.43 | 3235.7 | percent of total billed charges | |
| HC PATCH/APP TEST(SPEC NUMBER) | 95044 | CPT | | | | outpatient | | | 3406 | 1375.11 | Horizon | MGD | 2313.78 | | | | 8.43 | 3235.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PATCH/APP TEST(SPEC NUMBER) | 95044 | CPT | | | | outpatient | | | 3406 | 1375.11 | Americare | Americare | 2554.5 | 75 | | | 8.43 | 3235.7 | percent of total billed charges | |
| HC PATCH/APP TEST(SPEC NUMBER) | 95044 | CPT | | | | outpatient | | | 3406 | 1375.11 | Aetna | Medicare | 1195.75 | | | | 8.43 | 3235.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PATCH/APP TEST(SPEC NUMBER) | 95044 | CPT | | | | outpatient | | | 3406 | 1375.11 | Amerihealth | HMO/PPO | 2213.9 | 65 | | | 8.43 | 3235.7 | percent of total billed charges | |
| HC PATCH/APP TEST(SPEC NUMBER) | 95044 | CPT | | | | outpatient | | | 3406 | 1375.11 | First Health | First Health | 2384.2 | 70 | | | 8.43 | 3235.7 | percent of total billed charges | |
| HC PATCH/APP TEST(SPEC NUMBER) | 95044 | CPT | | | | outpatient | | | 3406 | 1375.11 | UHC | Medicare | 1195.75 | | | | 8.43 | 3235.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PATCH/APP TEST(SPEC NUMBER) | 95044 | CPT | | | | outpatient | | | 3406 | 1375.11 | Horizon | Medicare Blue | 1195.75 | | | | 8.43 | 3235.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PATCH/APP TEST(SPEC NUMBER) | 95044 | CPT | | | | outpatient | | | 3406 | 1375.11 | Consumer | Consumer | 3235.7 | 95 | | | 8.43 | 3235.7 | percent of total billed charges | |
| HC PATCH/APP TEST(SPEC NUMBER) | 95044 | CPT | | | | outpatient | | | 3406 | 1375.11 | Multiplan | Multiplan | 2724.8 | 80 | | | 8.43 | 3235.7 | percent of total billed charges | |
| HC PATCH/APP TEST(SPEC NUMBER) | 95044 | CPT | | | | outpatient | | | 3406 | 1375.11 | Three Rivers | Three Rivers | 3235.7 | 95 | | | 8.43 | 3235.7 | percent of total billed charges | |
| HC PATCH/APP TEST(SPEC NUMBER) | 95044 | CPT | | | | outpatient | | | 3406 | 1375.11 | UHC | Medicaid | 1074.59 | 31.55 | | 1100.98 | 8.43 | 3235.7 | percent of total billed charges | |
| HC PATCH/APP TEST(SPEC NUMBER) | 95044 | CPT | | | | outpatient | | | 3406 | 1375.11 | Corrections | Corrections | 2724.8 | 80 | | | 8.43 | 3235.7 | percent of total billed charges | |
| HC PATCH/APP TEST(SPEC NUMBER) | 95044 | CPT | | | | outpatient | | | 3406 | 1375.11 | Qualcare | Qualcare | 2554.5 | 75 | | | 8.43 | 3235.7 | percent of total billed charges | |
| HC PATCH/APP TEST(SPEC NUMBER) | 95044 | CPT | | | | outpatient | | | 3406 | 1375.11 | Wellcare | Medicaid | 1074.59 | 31.55 | | | 8.43 | 3235.7 | percent of total billed charges | |
| HC PATCH/APP TEST(SPEC NUMBER) | 95044 | CPT | | | | outpatient | | | 3406 | 1375.11 | First Trenton | First Trenton | 3065.4 | 90 | | | 8.43 | 3235.7 | percent of total billed charges | |
| HC PATCH/APP TEST(SPEC NUMBER) | 95044 | CPT | | | | outpatient | | | 3406 | 1375.11 | Wellcare | Medicare | 1195.75 | | | | 8.43 | 3235.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PATCH/APP TEST(SPEC NUMBER) | 95044 | CPT | | | | outpatient | | | 3406 | 1375.11 | Horizon | Indemnity | 2313.78 | | | | 8.43 | 3235.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PATCH/APP TEST(SPEC NUMBER) | 95044 | CPT | | | | outpatient | | | 3406 | 1375.11 | WellPoint | WellPoint | 1096.05 | 32.18 | | | 8.43 | 3235.7 | percent of total billed charges | |
| HC PATCH/APP TEST(SPEC NUMBER) | 95044 | CPT | | | | outpatient | | | 3406 | 1375.11 | Horizon | NJ Health | 8.43 | | | | 8.43 | 3235.7 | fee schedule | |
| HC PATCH/APP TEST(SPEC NUMBER) | 95044 | CPT | | | | outpatient | | | 3406 | 1375.11 | Horizon | PPO | 2313.78 | | | | 8.43 | 3235.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PATCH/APP TEST(SPEC NUMBER) | 95044 | CPT | | | | outpatient | | | 3406 | 1375.11 | Managed Care Inc | Managed Care Inc | 3065.4 | 90 | | | 8.43 | 3235.7 | percent of total billed charges | |
| HC OPHTHALMIC MUCOUS MEMBRANE TESTS | 95060 | CPT | | | | outpatient | | | 430.85 | 168 | Consumer | Consumer | 409.31 | 95 | | | 7.31 | 409.31 | percent of total billed charges | |
| HC OPHTHALMIC MUCOUS MEMBRANE TESTS | 95060 | CPT | | | | outpatient | | | 430.85 | 168 | Horizon | Medicare Blue | 146.09 | | | | 7.31 | 409.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPHTHALMIC MUCOUS MEMBRANE TESTS | 95060 | CPT | | | | outpatient | | | 430.85 | 168 | Amerihealth | HMO/PPO | 280.05 | 65 | | | 7.31 | 409.31 | percent of total billed charges | |
| HC OPHTHALMIC MUCOUS MEMBRANE TESTS | 95060 | CPT | | | | outpatient | | | 430.85 | 168 | Aetna | Medicare | 146.09 | | | | 7.31 | 409.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPHTHALMIC MUCOUS MEMBRANE TESTS | 95060 | CPT | | | | outpatient | | | 430.85 | 168 | Aetna | Better Health | 135.93 | 31.55 | | | 7.31 | 409.31 | percent of total billed charges | |
| HC OPHTHALMIC MUCOUS MEMBRANE TESTS | 95060 | CPT | | | | outpatient | | | 430.85 | 168 | Horizon | Indemnity | 282.68 | | | | 7.31 | 409.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPHTHALMIC MUCOUS MEMBRANE TESTS | 95060 | CPT | | | | outpatient | | | 430.85 | 168 | Managed Care Inc | Managed Care Inc | 387.77 | 90 | | | 7.31 | 409.31 | percent of total billed charges | |
| HC OPHTHALMIC MUCOUS MEMBRANE TESTS | 95060 | CPT | | | | outpatient | | | 430.85 | 168 | Americare | Americare | 323.14 | 75 | | | 7.31 | 409.31 | percent of total billed charges | |
| HC OPHTHALMIC MUCOUS MEMBRANE TESTS | 95060 | CPT | | | | outpatient | | | 430.85 | 168 | Corrections | Corrections | 344.68 | 80 | | | 7.31 | 409.31 | percent of total billed charges | |
| HC OPHTHALMIC MUCOUS MEMBRANE TESTS | 95060 | CPT | | | | outpatient | | | 430.85 | 168 | Horizon | PPO | 282.68 | | | | 7.31 | 409.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPHTHALMIC MUCOUS MEMBRANE TESTS | 95060 | CPT | | | | outpatient | | | 430.85 | 168 | Multiplan | Multiplan | 344.68 | 80 | | | 7.31 | 409.31 | percent of total billed charges | |
| HC OPHTHALMIC MUCOUS MEMBRANE TESTS | 95060 | CPT | | | | outpatient | | | 430.85 | 168 | First Trenton | First Trenton | 387.77 | 90 | | | 7.31 | 409.31 | percent of total billed charges | |
| HC OPHTHALMIC MUCOUS MEMBRANE TESTS | 95060 | CPT | | | | outpatient | | | 430.85 | 168 | First Health | First Health | 301.6 | 70 | | | 7.31 | 409.31 | percent of total billed charges | |
| HC OPHTHALMIC MUCOUS MEMBRANE TESTS | 95060 | CPT | | | | outpatient | | | 430.85 | 168 | WellPoint | WellPoint | 138.65 | 32.18 | | | 7.31 | 409.31 | percent of total billed charges | |
| HC OPHTHALMIC MUCOUS MEMBRANE TESTS | 95060 | CPT | | | | outpatient | | | 430.85 | 168 | UHC | Medicare | 146.09 | | | | 7.31 | 409.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPHTHALMIC MUCOUS MEMBRANE TESTS | 95060 | CPT | | | | outpatient | | | 430.85 | 168 | Horizon | MGD | 282.68 | | | | 7.31 | 409.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC OPHTHALMIC MUCOUS MEMBRANE TESTS | 95060 | CPT | | | | outpatient | | | 430.85 | 168 | Horizon | NJ Health | 7.31 | | | | 7.31 | 409.31 | fee schedule | |
| HC OPHTHALMIC MUCOUS MEMBRANE TESTS | 95060 | CPT | | | | outpatient | | | 430.85 | 168 | Three Rivers | Three Rivers | 409.31 | 95 | | | 7.31 | 409.31 | percent of total billed charges | |
| HC OPHTHALMIC MUCOUS MEMBRANE TESTS | 95060 | CPT | | | | outpatient | | | 430.85 | 168 | Qualcare | Qualcare | 323.14 | 75 | | | 7.31 | 409.31 | percent of total billed charges | |
| HC OPHTHALMIC MUCOUS MEMBRANE TESTS | 95060 | CPT | | | | outpatient | | | 430.85 | 168 | Wellcare | Medicaid | 135.93 | 31.55 | | | 7.31 | 409.31 | percent of total billed charges | |
| HC OPHTHALMIC MUCOUS MEMBRANE TESTS | 95060 | CPT | | | | outpatient | | | 430.85 | 168 | UHC | Medicaid | 135.93 | 31.55 | | | 7.31 | 409.31 | percent of total billed charges | |
| HC OPHTHALMIC MUCOUS MEMBRANE TESTS | 95060 | CPT | | | | outpatient | | | 430.85 | 168 | Wellcare | Medicare | 146.09 | | | | 7.31 | 409.31 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INGEST CHALL TEST INITIAL 120 MIN | 95076 | CPT | | | | outpatient | | | 1762 | 704.94 | First Trenton | First Trenton | 1585.8 | 90 | | | 171.37 | 1673.9 | percent of total billed charges | |
| HC INGEST CHALL TEST INITIAL 120 MIN | 95076 | CPT | | | | outpatient | | | 1762 | 704.94 | Consumer | Consumer | 1673.9 | 95 | | | 171.37 | 1673.9 | percent of total billed charges | |
| HC INGEST CHALL TEST INITIAL 120 MIN | 95076 | CPT | | | | outpatient | | | 1762 | 704.94 | Horizon | Medicare Blue | 612.99 | | | | 171.37 | 1673.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INGEST CHALL TEST INITIAL 120 MIN | 95076 | CPT | | | | outpatient | | | 1762 | 704.94 | Aetna | Better Health | 555.91 | 31.55 | | | 171.37 | 1673.9 | percent of total billed charges | |
| HC INGEST CHALL TEST INITIAL 120 MIN | 95076 | CPT | | | | outpatient | | | 1762 | 704.94 | Aetna | Medicare | 612.99 | | | | 171.37 | 1673.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INGEST CHALL TEST INITIAL 120 MIN | 95076 | CPT | | | | outpatient | | | 1762 | 704.94 | Horizon | MGD | 1186.14 | | | | 171.37 | 1673.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INGEST CHALL TEST INITIAL 120 MIN | 95076 | CPT | | | | outpatient | | | 1762 | 704.94 | UHC | Medicare | 612.99 | | | | 171.37 | 1673.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INGEST CHALL TEST INITIAL 120 MIN | 95076 | CPT | | | | outpatient | | | 1762 | 704.94 | Amerihealth | HMO/PPO | 1145.3 | 65 | | | 171.37 | 1673.9 | percent of total billed charges | |
| HC INGEST CHALL TEST INITIAL 120 MIN | 95076 | CPT | | | | outpatient | | | 1762 | 704.94 | Horizon | NJ Health | 171.37 | | | | 171.37 | 1673.9 | fee schedule | |
| HC INGEST CHALL TEST INITIAL 120 MIN | 95076 | CPT | | | | outpatient | | | 1762 | 704.94 | First Health | First Health | 1233.4 | 70 | | | 171.37 | 1673.9 | percent of total billed charges | |
| HC INGEST CHALL TEST INITIAL 120 MIN | 95076 | CPT | | | | outpatient | | | 1762 | 704.94 | Americare | Americare | 1321.5 | 75 | | | 171.37 | 1673.9 | percent of total billed charges | |
| HC INGEST CHALL TEST INITIAL 120 MIN | 95076 | CPT | | | | outpatient | | | 1762 | 704.94 | Horizon | Indemnity | 1186.14 | | | | 171.37 | 1673.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INGEST CHALL TEST INITIAL 120 MIN | 95076 | CPT | | | | outpatient | | | 1762 | 704.94 | Managed Care Inc | Managed Care Inc | 1585.8 | 90 | | | 171.37 | 1673.9 | percent of total billed charges | |
| HC INGEST CHALL TEST INITIAL 120 MIN | 95076 | CPT | | | | outpatient | | | 1762 | 704.94 | Horizon | PPO | 1186.14 | | | | 171.37 | 1673.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INGEST CHALL TEST INITIAL 120 MIN | 95076 | CPT | | | | outpatient | | | 1762 | 704.94 | Three Rivers | Three Riv

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC IMMUNOTHERAPY INJECTIONS | 95117 | CPT | | | | outpatient | | | 155 | 62.48 | Consumer | Consumer | 147.25 | 95 | | | 48.9 | 147.25 | percent of total billed charges | |
| HC IMMUNOTHERAPY INJECTIONS | 95117 | CPT | | | | outpatient | | | 155 | 62.48 | Wellcare | Medicaid | 48.9 | 31.55 | | | 48.9 | 147.25 | percent of total billed charges | |
| HC IMMUNOTHERAPY INJECTIONS | 95117 | CPT | | | | outpatient | | | 155 | 62.48 | Aetna | Better Health | 48.9 | 31.55 | | | 48.9 | 147.25 | percent of total billed charges | |
| HC IMMUNOTHERAPY INJECTIONS | 95117 | CPT | | | | outpatient | | | 155 | 62.48 | Americare | Americare | 116.25 | 75 | | | 48.9 | 147.25 | percent of total billed charges | |
| HC IMMUNOTHERAPY INJECTIONS | 95117 | CPT | | | | outpatient | | | 155 | 62.48 | First Health | First Health | 108.5 | 70 | | | 48.9 | 147.25 | percent of total billed charges | |
| HC IMMUNOTHERAPY INJECTIONS | 95117 | CPT | | | | outpatient | | | 155 | 62.48 | Horizon | Medicare Blue | 54.33 | | | | 48.9 | 147.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMMUNOTHERAPY INJECTIONS | 95117 | CPT | | | | outpatient | | | 155 | 62.48 | Aetna | Medicare | 54.33 | | | | 48.9 | 147.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMMUNOTHERAPY INJECTIONS | 95117 | CPT | | | | outpatient | | | 155 | 62.48 | Horizon | MGD | 105.13 | | | | 48.9 | 147.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMMUNOTHERAPY INJECTIONS | 95117 | CPT | | | | outpatient | | | 155 | 62.48 | Corrections | Corrections | 124 | 80 | | | 48.9 | 147.25 | percent of total billed charges | |
| HC IMMUNOTHERAPY INJECTIONS | 95117 | CPT | | | | outpatient | | | 155 | 62.48 | UHC | Medicare | 54.33 | | | | 48.9 | 147.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMMUNOTHERAPY INJECTIONS | 95117 | CPT | | | | outpatient | | | 155 | 62.48 | Amerihealth | HMO/PPO | 100.75 | 65 | | | 48.9 | 147.25 | percent of total billed charges | |
| HC IMMUNOTHERAPY INJECTIONS | 95117 | CPT | | | | outpatient | | | 155 | 62.48 | UHC | Medicaid | 48.9 | 31.55 | | | 48.9 | 147.25 | percent of total billed charges | |
| HC IMMUNOTHERAPY INJECTIONS | 95117 | CPT | | | | outpatient | | | 155 | 62.48 | First Trenton | First Trenton | 139.5 | 90 | | | 48.9 | 147.25 | percent of total billed charges | |
| HC IMMUNOTHERAPY INJECTIONS | 95117 | CPT | | | | outpatient | | | 155 | 62.48 | Wellcare | Medicare | 54.33 | | | | 48.9 | 147.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMMUNOTHERAPY INJECTIONS | 95117 | CPT | | | | outpatient | | | 155 | 62.48 | Multiplan | Multiplan | 124 | 80 | | | 48.9 | 147.25 | percent of total billed charges | |
| HC IMMUNOTHERAPY INJECTIONS | 95117 | CPT | | | | outpatient | | | 155 | 62.48 | Horizon | Indemnity | 105.13 | | | | 48.9 | 147.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMMUNOTHERAPY INJECTIONS | 95117 | CPT | | | | outpatient | | | 155 | 62.48 | Qualcare | Qualcare | 116.25 | 75 | | | 48.9 | 147.25 | percent of total billed charges | |
| HC IMMUNOTHERAPY INJECTIONS | 95117 | CPT | | | | outpatient | | | 155 | 62.48 | Horizon | NJ Health | 101.79 | | | | 48.9 | 147.25 | fee schedule | |
| HC IMMUNOTHERAPY INJECTIONS | 95117 | CPT | | | | outpatient | | | 155 | 62.48 | Horizon | PPO | 105.13 | | | | 48.9 | 147.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IMMUNOTHERAPY INJECTIONS | 95117 | CPT | | | | outpatient | | | 155 | 62.48 | Managed Care Inc | Managed Care Inc | 139.5 | 90 | | | 48.9 | 147.25 | percent of total billed charges | |
| HC IMMUNOTHERAPY INJECTIONS | 95117 | CPT | | | | outpatient | | | 155 | 62.48 | WellPoint | WellPoint | 49.88 | 32.18 | | | 48.9 | 147.25 | percent of total billed charges | |
| HC IMMUNOTHERAPY INJECTIONS | 95117 | CPT | | | | outpatient | | | 155 | 62.48 | Three Rivers | Three Rivers | 147.25 | 95 | | | 48.9 | 147.25 | percent of total billed charges | |
| HC AMB GLUCS MONITOR PLACEMENT | 95249 | CPT | | | | outpatient | | | 211 | 80.45 | First Health | First Health | 147.7 | 70 | | | 45.52 | 200.45 | percent of total billed charges | |
| HC AMB GLUCS MONITOR PLACEMENT | 95249 | CPT | | | | outpatient | | | 211 | 80.45 | Horizon | Indemnity | 135.37 | | | | 45.52 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMB GLUCS MONITOR PLACEMENT | 95249 | CPT | | | | outpatient | | | 211 | 80.45 | Corrections | Corrections | 168.8 | 80 | | | 45.52 | 200.45 | percent of total billed charges | |
| HC AMB GLUCS MONITOR PLACEMENT | 95249 | CPT | | | | outpatient | | | 211 | 80.45 | Aetna | Better Health | 66.57 | 31.55 | | | 45.52 | 200.45 | percent of total billed charges | |
| HC AMB GLUCS MONITOR PLACEMENT | 95249 | CPT | | | | outpatient | | | 211 | 80.45 | First Trenton | First Trenton | 189.9 | 90 | | | 45.52 | 200.45 | percent of total billed charges | |
| HC AMB GLUCS MONITOR PLACEMENT | 95249 | CPT | | | | outpatient | | | 211 | 80.45 | Horizon | Medicare Blue | 69.96 | | | | 45.52 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMB GLUCS MONITOR PLACEMENT | 95249 | CPT | | | | outpatient | | | 211 | 80.45 | Amerihealth | HMO/PPO | 137.15 | 65 | | | 45.52 | 200.45 | percent of total billed charges | |
| HC AMB GLUCS MONITOR PLACEMENT | 95249 | CPT | | | | outpatient | | | 211 | 80.45 | Americare | Americare | 158.25 | 75 | | | 45.52 | 200.45 | percent of total billed charges | |
| HC AMB GLUCS MONITOR PLACEMENT | 95249 | CPT | | | | outpatient | | | 211 | 80.45 | Horizon | MGD | 135.37 | | | | 45.52 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMB GLUCS MONITOR PLACEMENT | 95249 | CPT | | | | outpatient | | | 211 | 80.45 | Horizon | PPO | 135.37 | | | | 45.52 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMB GLUCS MONITOR PLACEMENT | 95249 | CPT | | | | outpatient | | | 211 | 80.45 | Horizon | NJ Health | 45.52 | | | 20.46 | 45.52 | 200.45 | fee schedule | |
| HC AMB GLUCS MONITOR PLACEMENT | 95249 | CPT | | | | outpatient | | | 211 | 80.45 | Aetna | Medicare | 69.96 | | | | 45.52 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMB GLUCS MONITOR PLACEMENT | 95249 | CPT | | | | outpatient | | | 211 | 80.45 | Managed Care Inc | Managed Care Inc | 189.9 | 90 | | | 45.52 | 200.45 | percent of total billed charges | |
| HC AMB GLUCS MONITOR PLACEMENT | 95249 | CPT | | | | outpatient | | | 211 | 80.45 | UHC | Medicare | 69.96 | | | 65.45 | 45.52 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMB GLUCS MONITOR PLACEMENT | 95249 | CPT | | | | outpatient | | | 211 | 80.45 | Multiplan | Multiplan | 168.8 | 80 | | | 45.52 | 200.45 | percent of total billed charges | |
| HC AMB GLUCS MONITOR PLACEMENT | 95249 | CPT | | | | outpatient | | | 211 | 80.45 | Consumer | Consumer | 200.45 | 95 | | | 45.52 | 200.45 | percent of total billed charges | |
| HC AMB GLUCS MONITOR PLACEMENT | 95249 | CPT | | | | outpatient | | | 211 | 80.45 | Three Rivers | Three Rivers | 200.45 | 95 | | | 45.52 | 200.45 | percent of total billed charges | |
| HC AMB GLUCS MONITOR PLACEMENT | 95249 | CPT | | | | outpatient | | | 211 | 80.45 | UHC | Medicaid | 66.57 | 31.55 | | | 45.52 | 200.45 | percent of total billed charges | |
| HC AMB GLUCS MONITOR PLACEMENT | 95249 | CPT | | | | outpatient | | | 211 | 80.45 | Qualcare | Qualcare | 158.25 | 75 | | | 45.52 | 200.45 | percent of total billed charges | |
| HC AMB GLUCS MONITOR PLACEMENT | 95249 | CPT | | | | outpatient | | | 211 | 80.45 | Wellcare | Medicaid | 66.57 | 31.55 | | | 45.52 | 200.45 | percent of total billed charges | |
| HC AMB GLUCS MONITOR PLACEMENT | 95249 | CPT | | | | outpatient | | | 211 | 80.45 | Wellcare | Medicare | 69.96 | | | | 45.52 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC AMB GLUCS MONITOR PLACEMENT | 95249 | CPT | | | | outpatient | | | 211 | 80.45 | WellPoint | WellPoint | 67.9 | 32.18 | | 66.32 | 45.52 | 200.45 | percent of total billed charges | |
| HC CONT GLU MNTR PHY/QHP EQUIP | 95250 | CPT | | | | outpatient | | | 442 | 173.86 | Aetna | Better Health | 139.45 | 31.55 | | | 72.98 | 419.9 | percent of total billed charges | |
| HC CONT GLU MNTR PHY/QHP EQUIP | 95250 | CPT | | | | outpatient | | | 442 | 173.86 | Amerihealth | HMO/PPO | 72.98 | | | | 72.98 | 419.9 | fee schedule | |
| HC CONT GLU MNTR PHY/QHP EQUIP | 95250 | CPT | | | | outpatient | | | 442 | 173.86 | Corrections | Corrections | 353.6 | 80 | | | 72.98 | 419.9 | percent of total billed charges | |
| HC CONT GLU MNTR PHY/QHP EQUIP | 95250 | CPT | | | | outpatient | | | 442 | 173.86 | Horizon | NJ Health | 233.1 | | | 132.89 | 72.98 | 419.9 | fee schedule | |
| HC CONT GLU MNTR PHY/QHP EQUIP | 95250 | CPT | | | | outpatient | | | 442 | 173.86 | Wellcare | Medicare | 151.18 | | | | 72.98 | 419.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONT GLU MNTR PHY/QHP EQUIP | 95250 | CPT | | | | outpatient | | | 442 | 173.86 | First Health | First Health | 309.4 | 70 | | | 72.98 | 419.9 | percent of total billed charges | |
| HC CONT GLU MNTR PHY/QHP EQUIP | 95250 | CPT | | | | outpatient | | | 442 | 173.86 | Multiplan | Multiplan | 353.6 | 80 | | | 72.98 | 419.9 | percent of total billed charges | |
| HC CONT GLU MNTR PHY/QHP EQUIP | 95250 | CPT | | | | outpatient | | | 442 | 173.86 | Aetna | Medicare | 151.18 | | | | 72.98 | 419.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONT GLU MNTR PHY/QHP EQUIP | 95250 | CPT | | | | outpatient | | | 442 | 173.86 | Americare | Americare | 331.5 | 75 | | | 72.98 | 419.9 | percent of total billed charges | |
| HC CONT GLU MNTR PHY/QHP EQUIP | 95250 | CPT | | | | outpatient | | | 442 | 173.86 | Horizon | Indemnity | 292.53 | | | | 72.98 | 419.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONT GLU MNTR PHY/QHP EQUIP | 95250 | CPT | | | | outpatient | | | 442 | 173.86 | Qualcare | Qualcare | 331.5 | 75 | | | 72.98 | 419.9 | percent of total billed charges | |
| HC CONT GLU MNTR PHY/QHP EQUIP | 95250 | CPT | | | | outpatient | | | 442 | 173.86 | Three Rivers | Three Rivers | 419.9 | 95 | | | 72.98 | 419.9 | percent of total billed charges | |
| HC CONT GLU MNTR PHY/QHP EQUIP | 95250 | CPT | | | | outpatient | | | 442 | 173.86 | Consumer | Consumer | 419.9 | 95 | | | 72.98 | 419.9 | percent of total billed charges | |
| HC CONT GLU MNTR PHY/QHP EQUIP | 95250 | CPT | | | | outpatient | | | 442 | 173.86 | Wellcare | Medicaid | 139.45 | 31.55 | | | 72.98 | 419.9 | percent of total billed charges | |
| HC CONT GLU MNTR PHY/QHP EQUIP | 95250 | CPT | | | | outpatient | | | 442 | 173.86 | UHC | Medicare | 151.18 | | | 134.79 | 72.98 | 419.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONT GLU MNTR PHY/QHP EQUIP | 95250 | CPT | | | | outpatient | | | 442 | 173.86 | First Trenton | First Trenton | 397.8 | 90 | | | 72.98 | 419.9 | percent of total billed charges | |
| HC CONT GLU MNTR PHY/QHP EQUIP | 95250 | CPT | | | | outpatient | | | 442 | 173.86 | UHC | Medicaid | 139.45 | 31.55 | | 133.86 | 72.98 | 419.9 | percent of total billed charges | |
| HC CONT GLU MNTR PHY/QHP EQUIP | 95250 | CPT | | | | outpatient | | | 442 | 173.86 | Horizon | Medicare Blue | 151.18 | | | 133.64 | 72.98 | 419.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONT GLU MNTR PHY/QHP EQUIP | 95250 | CPT | | | | outpatient | | | 442 | 173.86 | Horizon | MGD | 292.53 | | | | 72.98 | 419.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONT GLU MNTR PHY/QHP EQUIP | 95250 | CPT | | | | outpatient | | | 442 | 173.86 | Horizon | PPO | 292.53 | | | | 72.98 | 419.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CONT GLU MNTR PHY/QHP EQUIP | 95250 | CPT | | | | outpatient | | | 442 | 173.86 | Managed Care Inc | Managed Care Inc | 397.8 | 90 | | | 72.98 | 419.9 | percent of total billed charges | |
| HC CONT GLU MNTR PHY/QHP EQUIP | 95250 | CPT | | | | outpatient | | | 442 | 173.86 | WellPoint | WellPoint | 142.24 | 32.18 | | 140.09 | 72.98 | 419.9 | percent of total billed charges | |
| HC EEG CONT REC W/VID EEG TECH | 95700 | CPT | | | | both | | | 1016 | 205.45 | Horizon | Medicare Blue | 178.65 | | | | 178.65 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG CONT REC W/VID EEG TECH | 95700 | CPT | | | | both | | | 1016 | 205.45 | First Trenton | First Trenton | 914.4 | 90 | | | 178.65 | 965.2 | percent of total billed charges | |
| HC EEG CONT REC W/VID EEG TECH | 95700 | CPT | | | | both | | | 1016 | 205.45 | Consumer | Consumer | 965.2 | 95 | | | 178.65 | 965.2 | percent of total billed charges | |
| HC EEG CONT REC W/VID EEG TECH | 95700 | CPT | | | | both | | | 1016 | 205.45 | Aetna | Medicare | 178.65 | | | | 178.65 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG CONT REC W/VID EEG TECH | 95700 | CPT | | | | both | | | 1016 | 205.45 | WellPoint | WellPoint | 326.95 | 32.18 | | 313.66 | 178.65 | 965.2 | percent of total billed charges | |
| HC EEG CONT REC W/VID EEG TECH | 95700 | CPT | | | | both | | | 1016 | 205.45 | Corrections | Corrections | 812.8 | 80 | | 193.25 | 178.65 | 965.2 | percent of total billed charges | |
| HC EEG CONT REC W/VID EEG TECH | 95700 | CPT | | | | both | | | 1016 | 205.45 | Amerihealth | HMO/PPO | 660.4 | 65 | | | 178.65 | 965.2 | percent of total billed charges | |
| HC EEG CONT REC W/VID EEG TECH | 95700 | CPT | | | | both | | | 1016 | 205.45 | Aetna | Better Health | 320.55 | 31.55 | | 320.55 | 178.65 | 965.2 | percent of total billed charges | |
| HC EEG CONT REC W/VID EEG TECH | 95700 | CPT | | | | both | | | 1016 | 205.45 | Horizon | PPO | 345.69 | | | 226.62 | 178.65 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG CONT REC W/VID EEG TECH | 95700 | CPT | | | | both | | | 1016 | 205.45 | Managed Care Inc | Managed Care Inc | 914.4 | 90 | | | 178.65 | 965.2 | percent of total billed charges | |
| HC EEG CONT REC W/VID EEG TECH | 95700 | CPT | | | | both | | | 1016 | 205.45 | Horizon | Indemnity | 345.69 | | | | 178.65 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG CONT REC W/VID EEG TECH | 95700 | CPT | | | | both | | | 1016 | 205.45 | Americare | Americare | 762 | 75 | | | 178.65 | 965.2 | percent of total billed charges | |
| HC EEG CONT REC W/VID EEG TECH | 95700 | CPT | | | | both | | | 1016 | 205.45 | First Health | First Health | 711.2 | 70 | | | 178.65 | 965.2 | percent of total billed charges | |
| HC EEG CONT REC W/VID EEG TECH | 95700 | CPT | | | | both | | | 1016 | 205.45 | UHC | Medicare | 178.65 | | | 77.99 | 178.65 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG CONT REC W/VID EEG TECH | 95700 | CPT | | | | both | | | 1016 | 205.45 | Three Rivers | Three Rivers | 965.2 | 95 | | | 178.65 | 965.2 | percent of total billed charges | |
| HC EEG CONT REC W/VID EEG TECH | 95700 | CPT | | | | both | | | 1016 | 205.45 | UHC | Medicaid | 320.55 | 31.55 | | 210.14 | 178.65 | 965.2 | percent of total billed charges | |
| HC EEG CONT REC W/VID EEG TECH | 95700 | CPT | | | | both | | | 1016 | 205.45 | Multiplan | Multiplan | 812.8 | 80 | | | 178.65 | 965.2 | percent of total billed charges | |
| HC EEG CONT REC W/VID EEG TECH | 95700 | CPT | | | | both | | | 1016 | 205.45 | Horizon | MGD | 345.69 | | | | 178.65 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG CONT REC W/VID EEG TECH | 95700 | CPT | | | | both | | | 1016 | 205.45 | Wellcare | Medicaid | 320.55 | 31.55 | | | 178.65 | 965.2 | percent of total billed charges | |
| HC EEG CONT REC W/VID EEG TECH | 95700 | CPT | | | | both | | | 1016 | 205.45 | Qualcare | Qualcare | 762 | 75 | | | 178.65 | 965.2 | percent of total billed charges | |
| HC EEG CONT REC W/VID EEG TECH | 95700 | CPT | | | | both | | | 1016 | 205.45 | Wellcare | Medicare | 178.65 | | | | 178.65 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VID 2-12 HR UNMNTR | 95705 | CPT | | | | inpatient | | | 1016 | 412.82 | UHC | Medicare | 358.97 | | | | 320.55 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VID 2-12 HR UNMNTR | 95705 | CPT | | | | inpatient | | | 1016 | 412.82 | First Health | First Health | 711.2 | 70 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VID 2-12 HR UNMNTR | 95705 | CPT | | | | inpatient | | | 1016 | 412.82 | Corrections | Corrections | 812.8 | 80 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VID 2-12 HR UNMNTR | 95705 | CPT | | | | inpatient | | | 1016 | 412.82 | Aetna | Medicare | 358.97 | | | | 320.55 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VID 2-12 HR UNMNTR | 95705 | CPT | | | | inpatient | | | 1016 | 412.82 | Amerihealth | HMO/PPO | 660.4 | 65 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VID 2-12 HR UNMNTR | 95705 | CPT | | | | inpatient | | | 1016 | 412.82 | UHC | Medicaid | 320.55 | 31.55 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VID 2-12 HR UNMNTR | 95705 | CPT | | | | inpatient | | | 1016 | 412.82 | Aetna | Better Health | 320.55 | 31.55 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VID 2-12 HR UNMNTR | 95705 | CPT | | | | inpatient | | | 1016 | 412.82 | Americare | Americare | 762 | 75 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VID 2-12 HR UNMNTR | 95705 | CPT | | | | inpatient | | | 1016 | 412.82 | Horizon | Indemnity | 694.61 | | | | 320.55 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VID 2-12 HR UNMNTR | 95705 | CPT | | | | inpatient | | | 1016 | 412.82 | Horizon | Medicare Blue | 358.97 | | | | 320.55 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VID 2-12 HR UNMNTR | 95705 | CPT | | | | inpatient | | | 1016 | 412.82 | Horizon | PPO | 694.61 | | | | 320.55 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VID 2-12 HR UNMNTR | 95705 | CPT | | | | inpatient | | | 1016 | 412.82 | First Trenton | First Trenton | 914.4 | 90 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VID 2-12 HR UNMNTR | 95705 | CPT | | | | inpatient | | | 1016 | 412.82 | Multiplan | Multiplan | 812.8 | 80 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VID 2-12 HR UNMNTR | 95705 | CPT | | | | inpatient | | | 1016 | 412.82 | Horizon | MGD | 694.61 | | | | 320.55 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VID 2-12 HR UNMNTR | 95705 | CPT | | | | inpatient | | | 1016 | 412.82 | Consumer | Consumer | 965.2 | 95 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VID 2-12 HR UNMNTR | 95705 | CPT | | | | inpatient | | | 1016 | 412.82 | Managed Care Inc | Managed Care Inc | 914.4 | 90 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VID 2-12 HR UNMNTR | 95705 | CPT | | | | inpatient | | | 1016 | 412.82 | Qualcare | Qualcare | 762 | 75 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VID 2-12 HR UNMNTR | 95705 | CPT | | | | inpatient | | | 1016 | 412.82 | Wellcare | Medicare | 358.97 | | | | 320.55 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VID 2-12 HR UNMNTR | 95705 | CPT | | | | inpatient | | | 1016 | 412.82 | Three Rivers | Three Rivers | 965.2 | 95 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VID 2-12 HR UNMNTR | 95705 | CPT | | | | inpatient | | | 1016 | 412.82 | WellPoint | WellPoint | 326.95 | 32.18 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VID 2-12 HR UNMNTR | 95705 | CPT | | | | inpatient | | | 1016 | 412.82 | Wellcare | Medicaid | 320.55 | 31.55 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR | 95706 | CPT | | | | outpatient | | | 1016 | 412.82 | UHC | Medicare | 358.97 | | | | 320.55 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR | 95706 | CPT | | | | outpatient | | | 1016 | 412.82 | Amerihealth | HMO/PPO | 660.4 | 65 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR | 95706 | CPT | | | | outpatient | | | 1016 | 412.82 | Aetna | Better Health | 320.55 | 31.55 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR | 95706 | CPT | | | | outpatient | | | 1016 | 412.82 | Aetna | Medicare | 358.97 | | | | 320.55 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR | 95706 | CPT | | | | outpatient | | | 1016 | 412.82 | Horizon | Indemnity | 694.61 | | | | 320.55 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR | 95706 | CPT | | | | outpatient | | | 1016 | 412.82 | Multiplan | Multiplan | 812.8 | 80 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR | 95706 | CPT | | | | outpatient | | | 1016 | 412.82 | Corrections | Corrections | 812.8 | 80 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR | 95706 | CPT | | | | outpatient | | | 1016 | 412.82 | Americare | Americare | 762 | 75 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR | 95706 | CPT | | | | outpatient | | | 1016 | 412.82 | Wellcare | Medicaid | 320.55 | 31.55 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR | 95706 | CPT | | | | outpatient | | | 1016 | 412.82 | Qualcare | Qualcare | 762 | 75 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR | 95706 | CPT | | | | outpatient | | | 1016 | 412.82 | First Health | First Health | 711.2 | 70 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR | 95706 | CPT | | | | outpatient | | | 1016 | 412.82 | Consumer | Consumer | 965.2 | 95 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR | 95706 | CPT | | | | outpatient | | | 1016 | 412.82 | First Trenton | First Trenton | 914.4 | 90 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR | 95706 | CPT | | | | outpatient | | | 1016 | 412.82 | Horizon | Medicare Blue | 358.97 | | | | 320.55 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR | 95706 | CPT | | | | outpatient | | | 1016 | 412.82 | Three Rivers | Three Rivers | 965.2 | 95 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR | 95706 | CPT | | | | outpatient | | | 1016 | 412.82 | Horizon | MGD | 694.61 | | | | 320.55 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR | 95706 | CPT | | | | outpatient | | | 1016 | 412.82 | Wellcare | Medicare | 358.97 | | | | 320.55 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR | 95706 | CPT | | | | outpatient | | | 1016 | 412.82 | Horizon | PPO | 694.61 | | | | 320.55 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR | 95706 | CPT | | | | outpatient | | | 1016 | 412.82 | Managed Care Inc | Managed Care Inc | 914.4 | 90 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR | 95706 | CPT | | | | outpatient | | | 1016 | 412.82 | UHC | Medicaid | 320.55 | 31.55 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR | 95706 | CPT | | | | outpatient | | | 1016 | 412.82 | WellPoint | WellPoint | 326.95 | 32.18 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR | 95707 | CPT | | | | outpatient | | | 1016 | 412.82 | Wellcare | Medicare | 358.97 | | | | 320.55 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR | 95707 | CPT | | | | outpatient | | | 1016 | 412.82 | Aetna | Better Health | 320.55 | 31.55 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR | 95707 | CPT | | | | outpatient | | | 1016 | 412.82 | First Health | First Health | 711.2 | 70 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR | 95707 | CPT | | | | outpatient | | | 1016 | 412.82 | Multiplan | Multiplan | 812.8 | 80 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR | 95707 | CPT | | | | outpatient | | | 1016 | 412.82 | Horizon | Indemnity | 694.61 | | | | 320.55 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR | 95707 | CPT | | | | outpatient | | | 1016 | 412.82 | Aetna | Medicare | 358.97 | | | | 320.55 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR | 95707 | CPT | | | | outpatient | | | 1016 | 412.82 | Horizon | MGD | 694.61 | | | | 320.55 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR | 95707 | CPT | | | | outpatient | | | 1016 | 412.82 | Americare | Americare | 762 | 75 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR | 95707 | CPT | | | | outpatient | | | 1016 | 412.82 | WellPoint | WellPoint | 326.95 | 32.18 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR | 95707 | CPT | | | | outpatient | | | 1016 | 412.82 | First Trenton | First Trenton | 914.4 | 90 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR | 95707 | CPT | | | | outpatient | | | 1016 | 412.82 | Three Rivers | Three Rivers | 965.2 | 95 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR | 95707 | CPT | | | | outpatient | | | 1016 | 412.82 | Qualcare | Qualcare | 762 | 75 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR | 95707 | CPT | | | | outpatient | | | 1016 | 412.82 | Horizon | Medicare Blue | 358.97 | | | | 320.55 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR | 95707 | CPT | | | | outpatient | | | 1016 | 412.82 | Amerihealth | HMO/PPO | 660.4 | 65 | | | 320.55 | 965.2 | percent of total billed charges

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR | 95707 | CPT | | | | outpatient | | | 1016 | 412.82 | Wellcare | Medicaid | 320.55 | 31.55 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR | 95707 | CPT | | | | outpatient | | | 1016 | 412.82 | Corrections | Corrections | 812.8 | 80 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC EEG W/O VID EA 12-26HR UNMNTR | 95708 | CPT | | | | both | | | 1948 | 704.94 | Americare | Americare | 1461 | 75 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID EA 12-26HR UNMNTR | 95708 | CPT | | | | both | | | 1948 | 704.94 | Aetna | Better Health | 614.59 | 31.55 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID EA 12-26HR UNMNTR | 95708 | CPT | | | | both | | | 1948 | 704.94 | Amerihealth | HMO/PPO | 1266.2 | 65 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID EA 12-26HR UNMNTR | 95708 | CPT | | | | both | | | 1948 | 704.94 | First Trenton | First Trenton | 1753.2 | 90 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID EA 12-26HR UNMNTR | 95708 | CPT | | | | both | | | 1948 | 704.94 | Consumer | Consumer | 1850.6 | 95 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID EA 12-26HR UNMNTR | 95708 | CPT | | | | both | | | 1948 | 704.94 | UHC | Medicare | 612.99 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VID EA 12-26HR UNMNTR | 95708 | CPT | | | | both | | | 1948 | 704.94 | Aetna | Medicare | 612.99 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VID EA 12-26HR UNMNTR | 95708 | CPT | | | | both | | | 1948 | 704.94 | First Health | First Health | 1363.6 | 70 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID EA 12-26HR UNMNTR | 95708 | CPT | | | | both | | | 1948 | 704.94 | Managed Care Inc | Managed Care Inc | 1753.2 | 90 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID EA 12-26HR UNMNTR | 95708 | CPT | | | | both | | | 1948 | 704.94 | Wellcare | Medicare | 612.99 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VID EA 12-26HR UNMNTR | 95708 | CPT | | | | both | | | 1948 | 704.94 | Horizon | MGD | 1186.14 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VID EA 12-26HR UNMNTR | 95708 | CPT | | | | both | | | 1948 | 704.94 | Horizon | Medicare Blue | 612.99 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VID EA 12-26HR UNMNTR | 95708 | CPT | | | | both | | | 1948 | 704.94 | Corrections | Corrections | 1558.4 | 80 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID EA 12-26HR UNMNTR | 95708 | CPT | | | | both | | | 1948 | 704.94 | Wellcare | Medicaid | 614.59 | 31.55 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID EA 12-26HR UNMNTR | 95708 | CPT | | | | both | | | 1948 | 704.94 | Multiplan | Multiplan | 1558.4 | 80 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID EA 12-26HR UNMNTR | 95708 | CPT | | | | both | | | 1948 | 704.94 | Horizon | PPO | 1186.14 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VID EA 12-26HR UNMNTR | 95708 | CPT | | | | both | | | 1948 | 704.94 | Three Rivers | Three Rivers | 1850.6 | 95 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID EA 12-26HR UNMNTR | 95708 | CPT | | | | both | | | 1948 | 704.94 | WellPoint | WellPoint | 626.87 | 32.18 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID EA 12-26HR UNMNTR | 95708 | CPT | | | | both | | | 1948 | 704.94 | Qualcare | Qualcare | 1461 | 75 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID EA 12-26HR UNMNTR | 95708 | CPT | | | | both | | | 1948 | 704.94 | Horizon | Indemnity | 1186.14 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VID EA 12-26HR UNMNTR | 95708 | CPT | | | | both | | | 1948 | 704.94 | UHC | Medicaid | 614.59 | 31.55 | | 594.91 | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR | 95709 | CPT | | | | outpatient | | | 1948 | 704.94 | Americare | Americare | 1461 | 75 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR | 95709 | CPT | | | | outpatient | | | 1948 | 704.94 | Aetna | Better Health | 614.59 | 31.55 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR | 95709 | CPT | | | | outpatient | | | 1948 | 704.94 | First Trenton | First Trenton | 1753.2 | 90 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR | 95709 | CPT | | | | outpatient | | | 1948 | 704.94 | Consumer | Consumer | 1850.6 | 95 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR | 95709 | CPT | | | | outpatient | | | 1948 | 704.94 | Horizon | Indemnity | 1186.14 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR | 95709 | CPT | | | | outpatient | | | 1948 | 704.94 | Aetna | Medicare | 612.99 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR | 95709 | CPT | | | | outpatient | | | 1948 | 704.94 | Amerihealth | HMO/PPO | 1266.2 | 65 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR | 95709 | CPT | | | | outpatient | | | 1948 | 704.94 | First Health | First Health | 1363.6 | 70 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR | 95709 | CPT | | | | outpatient | | | 1948 | 704.94 | Managed Care Inc | Managed Care Inc | 1753.2 | 90 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR | 95709 | CPT | | | | outpatient | | | 1948 | 704.94 | Horizon | MGD | 1186.14 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR | 95709 | CPT | | | | outpatient | | | 1948 | 704.94 | Multiplan | Multiplan | 1558.4 | 80 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR | 95709 | CPT | | | | outpatient | | | 1948 | 704.94 | Corrections | Corrections | 1558.4 | 80 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR | 95709 | CPT | | | | outpatient | | | 1948 | 704.94 | UHC | Medicare | 612.99 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR | 95709 | CPT | | | | outpatient | | | 1948 | 704.94 | Horizon | PPO | 1186.14 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR | 95709 | CPT | | | | outpatient | | | 1948 | 704.94 | Qualcare | Qualcare | 1461 | 75 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR | 95709 | CPT | | | | outpatient | | | 1948 | 704.94 | Three Rivers | Three Rivers | 1850.6 | 95 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR | 95709 | CPT | | | | outpatient | | | 1948 | 704.94 | Wellcare | Medicare | 612.99 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR | 95709 | CPT | | | | outpatient | | | 1948 | 704.94 | Horizon | Medicare Blue | 612.99 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR | 95709 | CPT | | | | outpatient | | | 1948 | 704.94 | UHC | Medicaid | 614.59 | 31.55 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR | 95709 | CPT | | | | outpatient | | | 1948 | 704.94 | Wellcare | Medicaid | 614.59 | 31.55 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR | 95709 | CPT | | | | outpatient | | | 1948 | 704.94 | WellPoint | WellPoint | 626.87 | 32.18 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID EA 12-26HR CONT | 95710 | CPT | | | | inpatient | | | 1948 | 704.94 | Aetna | Medicare | 612.99 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VID EA 12-26HR CONT | 95710 | CPT | | | | inpatient | | | 1948 | 704.94 | Corrections | Corrections | 1558.4 | 80 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID EA 12-26HR CONT | 95710 | CPT | | | | inpatient | | | 1948 | 704.94 | Horizon | Indemnity | 1186.14 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VID EA 12-26HR CONT | 95710 | CPT | | | | inpatient | | | 1948 | 704.94 | Aetna | Better Health | 614.59 | 31.55 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID EA 12-26HR CONT | 95710 | CPT | | | | inpatient | | | 1948 | 704.94 | Horizon | MGD | 1186.14 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VID EA 12-26HR CONT | 95710 | CPT | | | | inpatient | | | 1948 | 704.94 | Americare | Americare | 1461 | 75 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID EA 12-26HR CONT | 95710 | CPT | | | | inpatient | | | 1948 | 704.94 | First Trenton | First Trenton | 1753.2 | 90 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID EA 12-26HR CONT | 95710 | CPT | | | | inpatient | | | 1948 | 704.94 | Amerihealth | HMO/PPO | 1266.2 | 65 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID EA 12-26HR CONT | 95710 | CPT | | | | inpatient | | | 1948 | 704.94 | UHC | Medicaid | 614.59 | 31.55 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID EA 12-26HR CONT | 95710 | CPT | | | | inpatient | | | 1948 | 704.94 | Consumer | Consumer | 1850.6 | 95 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID EA 12-26HR CONT | 95710 | CPT | | | | inpatient | | | 1948 | 704.94 | Horizon | Medicare Blue | 612.99 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VID EA 12-26HR CONT | 95710 | CPT | | | | inpatient | | | 1948 | 704.94 | Horizon | PPO | 1186.14 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VID EA 12-26HR CONT | 95710 | CPT | | | | inpatient | | | 1948 | 704.94 | Wellcare | Medicaid | 614.59 | 31.55 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID EA 12-26HR CONT | 95710 | CPT | | | | inpatient | | | 1948 | 704.94 | Three Rivers | Three Rivers | 1850.6 | 95 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID EA 12-26HR CONT | 95710 | CPT | | | | inpatient | | | 1948 | 704.94 | Managed Care Inc | Managed Care Inc | 1753.2 | 90 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID EA 12-26HR CONT | 95710 | CPT | | | | inpatient | | | 1948 | 704.94 | First Health | First Health | 1363.6 | 70 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID EA 12-26HR CONT | 95710 | CPT | | | | inpatient | | | 1948 | 704.94 | UHC | Medicare | 612.99 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG W/O VID EA 12-26HR CONT | 95710 | CPT | | | | inpatient | | | 1948 | 704.94 | Multiplan | Multiplan | 1558.4 | 80 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID EA 12-26HR CONT | 95710 | CPT | | | | inpatient | | | 1948 | 704.94 | WellPoint | WellPoint | 626.87 | 32.18 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID EA 12-26HR CONT | 95710 | CPT | | | | inpatient | | | 1948 | 704.94 | Qualcare | Qualcare | 1461 | 75 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC EEG W/O VID EA 12-26HR CONT | 95710 | CPT | | | | inpatient | | | 1948 | 704.94 | Wellcare | Medicare | 612.99 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG 2-12HR UNMONITORED | 95711 | CPT | | | | both | | | 1016 | 412.82 | UHC | Medicaid | 320.55 | 31.55 | | 306.74 | 320.55 | 965.2 | percent of total billed charges | |
| HC VEEG 2-12HR UNMONITORED | 95711 | CPT | | | | both | | | 1016 | 412.82 | Amerihealth | HMO/PPO | 660.4 | 65 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC VEEG 2-12HR UNMONITORED | 95711 | CPT | | | | both | | | 1016 | 412.82 | First Health | First Health | 711.2 | 70 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC VEEG 2-12HR UNMONITORED | 95711 | CPT | | | | both | | | 1016 | 412.82 | Aetna | Medicare | 358.97 | | | | 320.55 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG 2-12HR UNMONITORED | 95711 | CPT | | | | both | | | 1016 | 412.82 | Aetna | Better Health | 320.55 | 31.55 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC VEEG 2-12HR UNMONITORED | 95711 | CPT | | | | both | | | 1016 | 412.82 | Americare | Americare | 762 | 75 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC VEEG 2-12HR UNMONITORED | 95711 | CPT | | | | both | | | 1016 | 412.82 | Corrections | Corrections | 812.8 | 80 | | 307.77 | 320.55 | 965.2 | percent of total billed charges | |
| HC VEEG 2-12HR UNMONITORED | 95711 | CPT | | | | both | | | 1016 | 412.82 | Three Rivers | Three Rivers | 965.2 | 95 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC VEEG 2-12HR UNMONITORED | 95711 | CPT | | | | both | | | 1016 | 412.82 | Wellcare | Medicare | 358.97 | | | | 320.55 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG 2-12HR UNMONITORED | 95711 | CPT | | | | both | | | 1016 | 412.82 | Horizon | PPO | 694.61 | | | 174.74 | 320.55 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG 2-12HR UNMONITORED | 95711 | CPT | | | | both | | | 1016 | 412.82 | Horizon | Indemnity | 694.61 | | | | 320.55 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG 2-12HR UNMONITORED | 95711 | CPT | | | | both | | | 1016 | 412.82 | First Trenton | First Trenton | 914.4 | 90 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC VEEG 2-12HR UNMONITORED | 95711 | CPT | | | | both | | | 1016 | 412.82 | Consumer | Consumer | 965.2 | 95 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC VEEG 2-12HR UNMONITORED | 95711 | CPT | | | | both | | | 1016 | 412.82 | Multiplan | Multiplan | 812.8 | 80 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC VEEG 2-12HR UNMONITORED | 95711 | CPT | | | | both | | | 1016 | 412.82 | Horizon | Medicare Blue | 358.97 | | | | 320.55 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG 2-12HR UNMONITORED | 95711 | CPT | | | | both | | | 1016 | 412.82 | Horizon | MGD | 694.61 | | | | 320.55 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG 2-12HR UNMONITORED | 95711 | CPT | | | | both | | | 1016 | 412.82 | UHC | Medicare | 358.97 | | | | 320.55 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG 2-12HR UNMONITORED | 95711 | CPT | | | | both | | | 1016 | 412.82 | Qualcare | Qualcare | 762 | 75 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC VEEG 2-12HR UNMONITORED | 95711 | CPT | | | | both | | | 1016 | 412.82 | Wellcare | Medicaid | 320.55 | 31.55 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC VEEG 2-12HR UNMONITORED | 95711 | CPT | | | | both | | | 1016 | 412.82 | Managed Care Inc | Managed Care Inc | 914.4 | 90 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC VEEG 2-12HR UNMONITORED | 95711 | CPT | | | | both | | | 1016 | 412.82 | WellPoint | WellPoint | 326.95 | 32.18 | | 313.66 | 320.55 | 965.2 | percent of total billed charges | |
| HC VEEG 2-12 HR INTMT MNTR | 95712 | CPT | | | | both | | | 1016 | 412.82 | Amerihealth | HMO/PPO | 660.4 | 65 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC VEEG 2-12 HR INTMT MNTR | 95712 | CPT | | | | both | | | 1016 | 412.82 | Horizon | Medicare Blue | 358.97 | | | | 320.55 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG 2-12 HR INTMT MNTR | 95712 | CPT | | | | both | | | 1016 | 412.82 | Aetna | Better Health | 320.55 | 31.55 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC VEEG 2-12 HR INTMT MNTR | 95712 | CPT | | | | both | | | 1016 | 412.82 | First Health | First Health | 711.2 | 70 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC VEEG 2-12 HR INTMT MNTR | 95712 | CPT | | | | both | | | 1016 | 412.82 | First Trenton | First Trenton | 914.4 | 90 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC VEEG 2-12 HR INTMT MNTR | 95712 | CPT | | | | both | | | 1016 | 412.82 | UHC | Medicare | 358.97 | | | 77.99 | 320.55 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG 2-12 HR INTMT MNTR | 95712 | CPT | | | | both | | | 1016 | 412.82 | Consumer | Consumer | 965.2 | 95 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC VEEG 2-12 HR INTMT MNTR | 95712 | CPT | | | | both | | | 1016 | 412.82 | Three Rivers | Three Rivers | 965.2 | 95 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC VEEG 2-12 HR INTMT MNTR | 95712 | CPT | | | | both | | | 1016 | 412.82 | Qualcare | Qualcare | 762 | 75 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC VEEG 2-12 HR INTMT MNTR | 95712 | CPT | | | | both | | | 1016 | 412.82 | Wellcare | Medicaid | 320.55 | 31.55 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC VEEG 2-12 HR INTMT MNTR | 95712 | CPT | | | | both | | | 1016 | 412.82 | Aetna | Medicare | 358.97 | | | | 320.55 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG 2-12 HR INTMT MNTR | 95712 | CPT | | | | both | | | 1016 | 412.82 | Wellcare | Medicare | 358.97 | | | | 320.55 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG 2-12 HR INTMT MNTR | 95712 | CPT | | | | both | | | 1016 | 412.82 | Horizon | Indemnity | 694.61 | | | | 320.55 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG 2-12 HR INTMT MNTR | 95712 | CPT | | | | both | | | 1016 | 412.82 | Corrections | Corrections | 812.8 | 80 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC VEEG 2-12 HR INTMT MNTR | 95712 | CPT | | | | both | | | 1016 | 412.82 | Horizon | PPO | 694.61 | | | | 320.55 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG 2-12 HR INTMT MNTR | 95712 | CPT | | | | both | | | 1016 | 412.82 | Americare | Americare | 762 | 75 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC VEEG 2-12 HR INTMT MNTR | 95712 | CPT | | | | both | | | 1016 | 412.82 | Managed Care Inc | Managed Care Inc | 914.4 | 90 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC VEEG 2-12 HR INTMT MNTR | 95712 | CPT | | | | both | | | 1016 | 412.82 | UHC | Medicaid | 320.55 | 31.55 | | 136.42 | 320.55 | 965.2 | percent of total billed charges | |
| HC VEEG 2-12 HR INTMT MNTR | 95712 | CPT | | | | both | | | 1016 | 412.82 | WellPoint | WellPoint | 326.95 | 32.18 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC VEEG 2-12 HR INTMT MNTR | 95712 | CPT | | | | both | | | 1016 | 412.82 | Horizon | MGD | 694.61 | | | | 320.55 | 965.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG 2-12 HR INTMT MNTR | 95712 | CPT | | | | both | | | 1016 | 412.82 | Multiplan | Multiplan | 812.8 | 80 | | | 320.55 | 965.2 | percent of total billed charges | |
| HC VEEG 2-12 HR CONT MNTR | 95713 | CPT | | | | both | | | 1948 | 704.94 | Horizon | MGD | 1186.14 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG 2-12 HR CONT MNTR | 95713 | CPT | | | | both | | | 1948 | 704.94 | Aetna | Medicare | 612.99 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG 2-12 HR CONT MNTR | 95713 | CPT | | | | both | | | 1948 | 704.94 | First Health | First Health | 1363.6 | 70 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG 2-12 HR CONT MNTR | 95713 | CPT | | | | both | | | 1948 | 704.94 | Americare | Americare | 1461 | 75 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG 2-12 HR CONT MNTR | 95713 | CPT | | | | both | | | 1948 | 704.94 | Aetna | Better Health | 614.59 | 31.55 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG 2-12 HR CONT MNTR | 95713 | CPT | | | | both | | | 1948 | 704.94 | Wellcare | Medicaid | 614.59 | 31.55 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG 2-12 HR CONT MNTR | 95713 | CPT | | | | both | | | 1948 | 704.94 | Horizon | PPO | 1186.14 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG 2-12 HR CONT MNTR | 95713 | CPT | | | | both | | | 1948 | 704.94 | Consumer | Consumer | 1850.6 | 95 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG 2-12 HR CONT MNTR | 95713 | CPT | | | | both | | | 1948 | 704.94 | UHC | Medicaid | 614.59 | 31.55 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG 2-12 HR CONT MNTR | 95713 | CPT | | | | both | | | 1948 | 704.94 | Amerihealth | HMO/PPO | 1266.2 | 65 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG 2-12 HR CONT MNTR | 95713 | CPT | | | | both | | | 1948 | 704.94 | WellPoint | WellPoint | 626.87 | 32.18 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG 2-12 HR CONT MNTR | 95713 | CPT | | | | both | | | 1948 | 704.94 | Three Rivers | Three Rivers | 1850.6 | 95 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG 2-12 HR CONT MNTR | 95713 | CPT | | | | both | | | 1948 | 704.94 | UHC | Medicare | 612.99 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG 2-12 HR CONT MNTR | 95713 | CPT | | | | both | | | 1948 | 704.94 | Horizon | Medicare Blue | 612.99 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG 2-12 HR CONT MNTR | 95713 | CPT | | | | both | | | 1948 | 704.94 | Wellcare | Medicare | 612.99 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG 2-12 HR CONT MNTR | 95713 | CPT | | | | both | | | 1948 | 704.94 | Corrections | Corrections | 1558.4 | 80 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG 2-12 HR CONT MNTR | 95713 | CPT | | | | both | | | 1948 | 704.94 | Multiplan | Multiplan | 1558.4 | 80 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG 2-12 HR CONT MNTR | 95713 | CPT | | | | both | | | 1948 | 704.94 | First Trenton | First Trenton | 1753.2 | 90 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG 2-12 HR CONT MNTR | 95713 | CPT | | | | both | | | 1948 | 704.94 | Qualcare | Qualcare | 1461 | 75 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG 2-12 HR CONT MNTR | 95713 | CPT | | | | both | | | 1948 | 704.94 | Horizon | Indemnity | 1186.14 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG 2-12 HR CONT MNTR | 95713 | CPT | | | | both | | | 1948 | 704.94 | Managed Care Inc | Managed Care Inc | 1753.2 | 90 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG EA 12-26 HR UNMNTR | 95714 | CPT | | | | both | | | 1948 | 704.94 | Aetna | Medicare | 612.99 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG EA 12-26 HR UNMNTR | 95714 | CPT | | | | both | | | 1948 | 704.94 | First Health | First Health | 1363.6 | 70 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG EA 12-26 HR UNMNTR | 95714 | CPT | | | | both | | | 1948 | 704.94 | Americare | Americare | 1461 | 75 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG EA 12-26 HR UNMNTR | 95714 | CPT | | | | both | | | 1948 | 704.94 | WellPoint | WellPoint | 626.87 | 32.18 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG EA 12-26 HR UNMNTR | 95714 | CPT | | | | both | | | 1948 | 704.94 | Aetna | Better Health | 614.59 | 31.55 | | 614.59 | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG EA 12-26 HR UNMNTR | 95714 | CPT | | | | both | | | 1948 | 704.94 | Horizon | Indemnity | 1186.14 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG EA 12-26 HR UNMNTR | 95714 | CPT | | | | both | | | 1948 | 704.94 | Wellcare | Medicaid | 614.59 | 31.55 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG EA 12-26 HR UNMNTR | 95714 | CPT | | | | both | | | 1948 | 704.94 | Horizon | MGD | 1186.14 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG EA 12-26 HR UNMNTR | 95714 | CPT | | | | both | | | 1948 | 704.94 | Consumer | Consumer | 1850.6 | 95 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG EA 12-26 HR UNMNTR | 95714 | CPT | | | | both | | | 1948 | 704.94 | First Trenton | First Trenton | 1753.2 | 90 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG EA 12-26 HR UNMNTR | 95714 | CPT | | | | both | | | 1948 | 704.94 | Horizon | Medicare Blue | 612.99 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG EA 12-26 HR UNMNTR | 95714 | CPT | | | | both | | | 1948 | 704.94 | Horizon | PPO | 1186.14 | | | 473.19 | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG EA 12-26 HR UNMNTR | 95714 | CPT | | | | both | | | 1948 | 704.94 | Amerihealth | HMO/PPO | 1266.2 | 65 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG EA 12-26 HR UNMNTR | 95714 | CPT | | | | both | | | 1948 | 704.94 | Managed Care Inc | Managed Care Inc | 1753.2 | 90 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG EA 12-26 HR UNMNTR | 95714 | CPT | | | | both | | | 1948 | 704.94 | Corrections | Corrections | 1558.4 | 80 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG EA 12-26 HR UNMNTR | 95714 | CPT | | | | both | | | 1948 | 704.94 | UHC | Medicare | 612.99 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG EA 12-26 HR UNMNTR | 95714 | CPT | | | | both | | | 1948 | 704.94 | Multiplan | Multiplan | 1558.4 | 80 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG EA 12-26 HR UNMNTR | 95714 | CPT | | | | both | | | 1948 | 704.94 | Three Rivers | Three Rivers | 1850.6 | 95 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG EA 12-26 HR UNMNTR | 95714 | CPT | | | | both | | | 1948 | 704.94 | UHC | Medicaid | 614.59

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC VEEG EA 12-26 HR UNINMTR | 95714 | CPT | | | | both | | | 1948 | | 704.94 Qualcare | Qualcare | 1461 | 75 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR | 95715 | CPT | | | | inpatient | | | 1948 | | 704.94 Amerihealth | HMO/PPO | 1266.2 | 65 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR | 95715 | CPT | | | | inpatient | | | 1948 | | 704.94 Consumer | Consumer | 1850.6 | 95 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR | 95715 | CPT | | | | inpatient | | | 1948 | | 704.94 UHC | Medicaid | 614.59 | 31.55 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR | 95715 | CPT | | | | inpatient | | | 1948 | | 704.94 Aetna | Better Health | 614.59 | 31.55 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR | 95715 | CPT | | | | inpatient | | | 1948 | | 704.94 Americare | Americare | 1461 | 75 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR | 95715 | CPT | | | | inpatient | | | 1948 | | 704.94 Corrections | Corrections | 1558.4 | 80 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR | 95715 | CPT | | | | inpatient | | | 1948 | | 704.94 First Trenton | First Trenton | 1753.2 | 90 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR | 95715 | CPT | | | | inpatient | | | 1948 | | 704.94 Aetna | Medicare | 612.99 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR | 95715 | CPT | | | | inpatient | | | 1948 | | 704.94 UHC | Medicare | 612.99 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR | 95715 | CPT | | | | inpatient | | | 1948 | | 704.94 Horizon | Medicare Blue | 612.99 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR | 95715 | CPT | | | | inpatient | | | 1948 | | 704.94 Horizon | Indemnity | 1186.14 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR | 95715 | CPT | | | | inpatient | | | 1948 | | 704.94 WellPoint | WellPoint | 626.87 | 32.18 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR | 95715 | CPT | | | | inpatient | | | 1948 | | 704.94 Multiplan | Multiplan | 1558.4 | 80 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR | 95715 | CPT | | | | inpatient | | | 1948 | | 704.94 First Health | First Health | 1363.6 | 70 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR | 95715 | CPT | | | | inpatient | | | 1948 | | 704.94 Horizon | PPO | 1186.14 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR | 95715 | CPT | | | | inpatient | | | 1948 | | 704.94 Horizon | MGD | 1186.14 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR | 95715 | CPT | | | | inpatient | | | 1948 | | 704.94 Qualcare | Qualcare | 1461 | 75 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR | 95715 | CPT | | | | inpatient | | | 1948 | | 704.94 Wellcare | Medicaid | 614.59 | 31.55 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR | 95715 | CPT | | | | inpatient | | | 1948 | | 704.94 Managed Care Inc | Managed Care Inc | 1753.2 | 90 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR | 95715 | CPT | | | | inpatient | | | 1948 | | 704.94 Three Rivers | Three Rivers | 1850.6 | 95 | | | 612.99 | 1850.6 | percent of total billed charges | |
| HC VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR | 95715 | CPT | | | | inpatient | | | 1948 | | 704.94 Wellcare | Medicare | 612.99 | | | | 612.99 | 1850.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG EA 12-26HR CONT MNTR | 95716 | CPT | | | | inpatient | | | 3646 | | 1375.11 Amerihealth | HMO/PPO | 2369.9 | 65 | | | 1150.31 | 3463.7 | percent of total billed charges | |
| HC VEEG EA 12-26HR CONT MNTR | 95716 | CPT | | | | inpatient | | | 3646 | | 1375.11 UHC | Medicare | 1195.75 | | | | 1150.31 | 3463.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG EA 12-26HR CONT MNTR | 95716 | CPT | | | | inpatient | | | 3646 | | 1375.11 Americare | Americare | 2734.5 | 75 | | | 1150.31 | 3463.7 | percent of total billed charges | |
| HC VEEG EA 12-26HR CONT MNTR | 95716 | CPT | | | | inpatient | | | 3646 | | 1375.11 Horizon | MGD | 2313.78 | | | | 1150.31 | 3463.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG EA 12-26HR CONT MNTR | 95716 | CPT | | | | inpatient | | | 3646 | | 1375.11 Aetna | Better Health | 1150.31 | 31.55 | | | 1150.31 | 3463.7 | percent of total billed charges | |
| HC VEEG EA 12-26HR CONT MNTR | 95716 | CPT | | | | inpatient | | | 3646 | | 1375.11 First Health | First Health | 2922.2 | 70 | | | 1150.31 | 3463.7 | percent of total billed charges | |
| HC VEEG EA 12-26HR CONT MNTR | 95716 | CPT | | | | inpatient | | | 3646 | | 1375.11 Corrections | Corrections | 2916.8 | 80 | | | 1150.31 | 3463.7 | percent of total billed charges | |
| HC VEEG EA 12-26HR CONT MNTR | 95716 | CPT | | | | inpatient | | | 3646 | | 1375.11 Horizon | PPO | 2313.78 | | | | 1150.31 | 3463.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG EA 12-26HR CONT MNTR | 95716 | CPT | | | | inpatient | | | 3646 | | 1375.11 Horizon | Medicare Blue | 1195.75 | | | | 1150.31 | 3463.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG EA 12-26HR CONT MNTR | 95716 | CPT | | | | inpatient | | | 3646 | | 1375.11 WellPoint | WellPoint | 1173.28 | 32.18 | | | 1150.31 | 3463.7 | percent of total billed charges | |
| HC VEEG EA 12-26HR CONT MNTR | 95716 | CPT | | | | inpatient | | | 3646 | | 1375.11 First Trenton | First Trenton | 3281.4 | 90 | | | 1150.31 | 3463.7 | percent of total billed charges | |
| HC VEEG EA 12-26HR CONT MNTR | 95716 | CPT | | | | inpatient | | | 3646 | | 1375.11 Aetna | Medicare | 1195.75 | | | | 1150.31 | 3463.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG EA 12-26HR CONT MNTR | 95716 | CPT | | | | inpatient | | | 3646 | | 1375.11 Horizon | Indemnity | 2313.78 | | | | 1150.31 | 3463.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VEEG EA 12-26HR CONT MNTR | 95716 | CPT | | | | inpatient | | | 3646 | | 1375.11 Multiplan | Multiplan | 2916.8 | 80 | | | 1150.31 | 3463.7 | percent of total billed charges | |
| HC VEEG EA 12-26HR CONT MNTR | 95716 | CPT | | | | inpatient | | | 3646 | | 1375.11 Managed Care Inc | Managed Care Inc | 3281.4 | 90 | | | 1150.31 | 3463.7 | percent of total billed charges | |
| HC VEEG EA 12-26HR CONT MNTR | 95716 | CPT | | | | inpatient | | | 3646 | | 1375.11 Consumer | Consumer | 3463.7 | 95 | | | 1150.31 | 3463.7 | percent of total billed charges | |
| HC VEEG EA 12-26HR CONT MNTR | 95716 | CPT | | | | inpatient | | | 3646 | | 1375.11 UHC | Medicaid | 1150.31 | 31.55 | | | 1150.31 | 3463.7 | percent of total billed charges | |
| HC VEEG EA 12-26HR CONT MNTR | 95716 | CPT | | | | inpatient | | | 3646 | | 1375.11 Qualcare | Qualcare | 2734.5 | 75 | | | 1150.31 | 3463.7 | percent of total billed charges | |
| HC VEEG EA 12-26HR CONT MNTR | 95716 | CPT | | | | inpatient | | | 3646 | | 1375.11 Three Rivers | Three Rivers | 3463.7 | 95 | | | 1150.31 | 3463.7 | percent of total billed charges | |
| HC VEEG EA 12-26HR CONT MNTR | 95716 | CPT | | | | inpatient | | | 3646 | | 1375.11 Wellcare | Medicaid | 1150.31 | 31.55 | | | 1150.31 | 3463.7 | percent of total billed charges | |
| HC VEEG EA 12-26HR CONT MNTR | 95716 | CPT | | | | inpatient | | | 3646 | | 1375.11 Wellcare | Medicare | 1195.75 | | | | 1150.31 | 3463.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SLEEP STUDY UNATTENDED SIMULTANEOUS RECORD | 95800 | CPT | | | | outpatient | | | 574 | | 205.45 UHC | Medicare | 178.65 | | | | 178.65 | 545.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SLEEP STUDY UNATTENDED SIMULTANEOUS RECORD | 95800 | CPT | | | | outpatient | | | 574 | | 205.45 Amerihealth | HMO/PPO | 373.1 | 65 | | | 178.65 | 545.3 | percent of total billed charges | |
| HC SLEEP STUDY UNATTENDED SIMULTANEOUS RECORD | 95800 | CPT | | | | outpatient | | | 574 | | 205.45 Consumer | Consumer | 545.3 | 95 | | | 178.65 | 545.3 | percent of total billed charges | |
| HC SLEEP STUDY UNATTENDED SIMULTANEOUS RECORD | 95800 | CPT | | | | outpatient | | | 574 | | 205.45 Corrections | Corrections | 459.2 | 80 | | | 178.65 | 545.3 | percent of total billed charges | |
| HC SLEEP STUDY UNATTENDED SIMULTANEOUS RECORD | 95800 | CPT | | | | outpatient | | | 574 | | 205.45 Horizon | MGD | 345.69 | | | | 178.65 | 545.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SLEEP STUDY UNATTENDED SIMULTANEOUS RECORD | 95800 | CPT | | | | outpatient | | | 574 | | 205.45 Aetna | Better Health | 181.1 | 31.55 | | | 178.65 | 545.3 | percent of total billed charges | |
| HC SLEEP STUDY UNATTENDED SIMULTANEOUS RECORD | 95800 | CPT | | | | outpatient | | | 574 | | 205.45 Horizon | PPO | 345.69 | | | | 178.65 | 545.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SLEEP STUDY UNATTENDED SIMULTANEOUS RECORD | 95800 | CPT | | | | outpatient | | | 574 | | 205.45 Americare | Americare | 430.5 | 75 | | | 178.65 | 545.3 | percent of total billed charges | |
| HC SLEEP STUDY UNATTENDED SIMULTANEOUS RECORD | 95800 | CPT | | | | outpatient | | | 574 | | 205.45 Wellcare | Medicare | 178.65 | | | | 178.65 | 545.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SLEEP STUDY UNATTENDED SIMULTANEOUS RECORD | 95800 | CPT | | | | outpatient | | | 574 | | 205.45 Horizon | Medicare Blue | 178.65 | | | | 178.65 | 545.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SLEEP STUDY UNATTENDED SIMULTANEOUS RECORD | 95800 | CPT | | | | outpatient | | | 574 | | 205.45 First Health | First Health | 401.8 | 70 | | | 178.65 | 545.3 | percent of total billed charges | |
| HC SLEEP STUDY UNATTENDED SIMULTANEOUS RECORD | 95800 | CPT | | | | outpatient | | | 574 | | 205.45 Horizon | Indemnity | 345.69 | | | | 178.65 | 545.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SLEEP STUDY UNATTENDED SIMULTANEOUS RECORD | 95800 | CPT | | | | outpatient | | | 574 | | 205.45 WellPoint | WellPoint | 184.71 | 32.18 | | | 178.65 | 545.3 | percent of total billed charges | |
| HC SLEEP STUDY UNATTENDED SIMULTANEOUS RECORD | 95800 | CPT | | | | outpatient | | | 574 | | 205.45 Aetna | Medicare | 178.65 | | | | 178.65 | 545.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SLEEP STUDY UNATTENDED SIMULTANEOUS RECORD | 95800 | CPT | | | | outpatient | | | 574 | | 205.45 First Trenton | First Trenton | 516.6 | 90 | | | 178.65 | 545.3 | percent of total billed charges | |
| HC SLEEP STUDY UNATTENDED SIMULTANEOUS RECORD | 95800 | CPT | | | | outpatient | | | 574 | | 205.45 Multiplan | Multiplan | 459.2 | 80 | | | 178.65 | 545.3 | percent of total billed charges | |
| HC SLEEP STUDY UNATTENDED SIMULTANEOUS RECORD | 95800 | CPT | | | | outpatient | | | 574 | | 205.45 Horizon | NJ Health | 297.31 | | | | 178.65 | 545.3 | fee schedule | |
| HC SLEEP STUDY UNATTENDED SIMULTANEOUS RECORD | 95800 | CPT | | | | outpatient | | | 574 | | 205.45 Wellcare | Medicaid | 181.1 | 31.55 | | | 178.65 | 545.3 | percent of total billed charges | |
| HC SLEEP STUDY UNATTENDED SIMULTANEOUS RECORD | 95800 | CPT | | | | outpatient | | | 574 | | 205.45 Managed Care Inc | Managed Care Inc | 516.6 | 90 | | | 178.65 | 545.3 | percent of total billed charges | |
| HC SLEEP STUDY UNATTENDED SIMULTANEOUS RECORD | 95800 | CPT | | | | outpatient | | | 574 | | 205.45 Qualcare | Qualcare | 430.5 | 75 | | | 178.65 | 545.3 | percent of total billed charges | |
| HC SLEEP STUDY UNATTENDED SIMULTANEOUS RECORD | 95800 | CPT | | | | outpatient | | | 574 | | 205.45 Three Rivers | Three Rivers | 545.3 | 95 | | | 178.65 | 545.3 | percent of total billed charges | |
| HC SLEEP STUDY UNATTENDED SIMULTANEOUS RECORD | 95800 | CPT | | | | outpatient | | | 574 | | 205.45 UHC | Medicaid | 181.1 | 31.55 | | | 178.65 | 545.3 | percent of total billed charges | |
| HC POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND | 95810 | CPT | | | | outpatient | | | 3038.35 | | 1375.11 First Health | First Health | 2126.85 | 70 | | | 380 | 3928.05 | percent of total billed charges | |
| HC POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND | 95810 | CPT | | | | outpatient | | | 3038.35 | | 1375.11 Aetna | Medicare | 1195.75 | | | | 380 | 3928.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND | 95810 | CPT | | | | outpatient | | | 3038.35 | | 1375.11 Consumer | Consumer | 2886.43 | 95 | | | 380 | 3928.05 | percent of total billed charges | |
| HC POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND | 95810 | CPT | | | | outpatient | | | 3038.35 | | 1375.11 Horizon | PPO | 2313.78 | | | | 380 | 3928.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND | 95810 | CPT | | | | outpatient | | | 3038.35 | | 1375.11 Aetna | Better Health | 958.6 | 31.55 | | | 380 | 3928.05 | percent of total billed charges | |
| HC POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND | 95810 | CPT | | | | outpatient | | | 3038.35 | | 1375.11 Horizon | Medicare Blue | 1195.75 | | | | 380 | 3928.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND | 95810 | CPT | | | | outpatient | | | 3038.35 | | 1375.11 Corrections | Corrections | 2430.68 | 80 | | | 380 | 3928.05 | percent of total billed charges | |
| HC POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND | 95810 | CPT | | | | outpatient | | | 3038.35 | | 1375.11 Horizon | MGD | 2313.78 | | | | 380 | 3928.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND | 95810 | CPT | | | | outpatient | | | 3038.35 | | 1375.11 Wellcare | Medicare | 1195.75 | | | | 380 | 3928.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND | 95810 | CPT | | | | outpatient | | | 3038.35 | | 1375.11 Americare | Americare | 2276.76 | 75 | | | 380 | 3928.05 | percent of total billed charges | |
| HC POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND | 95810 | CPT | | | | outpatient | | | 3038.35 | | 1375.11 First Trenton | First Trenton | 2734.52 | 90 | | | 380 | 3928.05 | percent of total billed charges | |
| HC POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND | 95810 | CPT | | | | outpatient | | | 3038.35 | | 1375.11 WellPoint | WellPoint | 977.74 | 32.18 | | | 380 | 3928.05 | percent of total billed charges | |
| HC POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND | 95810 | CPT | | | | outpatient | | | 3038.35 | | 1375.11 Horizon | Indemnity | 2313.78 | | | | 380 | 3928.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND | 95810 | CPT | | | | outpatient | | | 3038.35 | | 1375.11 Multiplan | Multiplan | 2430.68 | 80 | | | 380 | 3928.05 | percent of total billed charges | |
| HC POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND | 95810 | CPT | | | | outpatient | | | 3038.35 | | 1375.11 Horizon | NJ Health | 3928.05 | | | | 380 | 3928.05 | fee schedule | |
| HC POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND | 95810 | CPT | | | | outpatient | | | 3038.35 | | 1375.11 UHC | Medicaid | 958.6 | 31.55 | | | 380 | 3928.05 | percent of total billed charges | |
| HC POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND | 95810 | CPT | | | | outpatient | | | 3038.35 | | 1375.11 UHC | Medicare | 1195.75 | | | | 380 | 3928.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND | 95810 | CPT | | | | outpatient | | | 3038.35 | | 1375.11 Amerihealth | HMO/PPO | 380 | | | | 380 | 3928.05 | fee schedule | |
| HC POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND | 95810 | CPT | | | | outpatient | | | 3038.35 | | 1375.11 Managed Care Inc | Managed Care Inc | 2734.52 | 90 | | | 380 | 3928.05 | percent of total billed charges | |
| HC POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND | 95810 | CPT | | | | outpatient | | | 3038.35 | | 1375.11 Qualcare | Qualcare | 2278.76 | 75 | | | 380 | 3928.05 | percent of total billed charges | |
| HC POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND | 95810 | CPT | | | | outpatient | | | 3038.35 | | 1375.11 Three Rivers | Three Rivers | 2886.43 | 95 | | | 380 | 3928.05 | percent of total billed charges | |
| HC POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND | 95810 | CPT | | | | outpatient | | | 3038.35 | | 1375.11 Wellcare | Medicaid | 958.6 | 31.55 | | | 380 | 3928.05 | percent of total billed charges | |
| HC EEG EXTND MONTORING 41-60 MIN | 95812 | CPT | | | | both | | | 819 | | 412.82 Horizon | MGD | 694.61 | | | 81.73 | 100 | 778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG EXTND MONTORING 41-60 MIN | 95812 | CPT | | | | both | | | 819 | | 412.82 Aetna | Better Health | 258.39 | 31.55 | | | 100 | 778.05 | percent of total billed charges | |
| HC EEG EXTND MONTORING 41-60 MIN | 95812 | CPT | | | | both | | | 819 | | 412.82 Americare | Americare | 614.25 | 75 | | | 100 | 778.05 | percent of total billed charges | |
| HC EEG EXTND MONTORING 41-60 MIN | 95812 | CPT | | | | both | | | 819 | | 412.82 First Trenton | First Trenton | 737.1 | 90 | | | 100 | 778.05 | percent of total billed charges | |
| HC EEG EXTND MONTORING 41-60 MIN | 95812 | CPT | | | | both | | | 819 | | 412.82 Aetna | Medicare | 358.97 | | | | 100 | 778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG EXTND MONTORING 41-60 MIN | 95812 | CPT | | | | both | | | 819 | | 412.82 Horizon | Medicare Blue | 358.97 | | | | 100 | 778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG EXTND MONTORING 41-60 MIN | 95812 | CPT | | | | both | | | 819 | | 412.82 Multiplan | Multiplan | 655.2 | 80 | | | 100 | 778.05 | percent of total billed charges | |
| HC EEG EXTND MONTORING 41-60 MIN | 95812 | CPT | | | | both | | | 819 | | 412.82 UHC | Medicaid | 258.39 | 31.55 | | | 100 | 778.05 | percent of total billed charges | |
| HC EEG EXTND MONTORING 41-60 MIN | 95812 | CPT | | | | both | | | 819 | | 412.82 Consumer | Consumer | 778.05 | 95 | | | 100 | 778.05 | percent of total billed charges | |
| HC EEG EXTND MONTORING 41-60 MIN | 95812 | CPT | | | | both | | | 819 | | 412.82 Amerihealth | HMO/PPO | 100 | | | | 100 | 778.05 | fee schedule | |
| HC EEG EXTND MONTORING 41-60 MIN | 95812 | CPT | | | | both | | | 819 | | 412.82 Three Rivers | Three Rivers | 778.05 | 95 | | | 100 | 778.05 | percent of total billed charges | |
| HC EEG EXTND MONTORING 41-60 MIN | 95812 | CPT | | | | both | | | 819 | | 412.82 Horizon | Indemnity | 694.61 | | | | 100 | 778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG EXTND MONTORING 41-60 MIN | 95812 | CPT | | | | both | | | 819 | | 412.82 Corrections | Corrections | 655.2 | 80 | | | 100 | 778.05 | percent of total billed charges | |
| HC EEG EXTND MONTORING 41-60 MIN | 95812 | CPT | | | | both | | | 819 | | 412.82 First Health | First Health | 573.3 | 70 | | | 100 | 778.05 | percent of total billed charges | |
| HC EEG EXTND MONTORING 41-60 MIN | 95812 | CPT | | | | both | | | 819 | | 412.82 Qualcare | Qualcare | 614.25 | 75 | | | 100 | 778.05 | percent of total billed charges | |
| HC EEG EXTND MONTORING 41-60 MIN | 95812 | CPT | | | | both | | | 819 | | 412.82 Horizon | PPO | 694.61 | | | | 100 | 778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG EXTND MONTORING 41-60 MIN | 95812 | CPT | | | | both | | | 819 | | 412.82 Horizon | NJ Health | 649.89 | | | | 100 | 778.05 | fee schedule | |
| HC EEG EXTND MONTORING 41-60 MIN | 95812 | CPT | | | | both | | | 819 | | 412.82 Wellcare | Medicaid | 258.39 | 31.55 | | | 100 | 778.05 | percent of total billed charges | |
| HC EEG EXTND MONTORING 41-60 MIN | 95812 | CPT | | | | both | | | 819 | | 412.82 Wellcare | Medicare | 358.97 | | | | 100 | 778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG EXTND MONTORING 41-60 MIN | 95812 | CPT | | | | both | | | 819 | | 412.82 Managed Care Inc | Managed Care Inc | 737.1 | 90 | | | 100 | 778.05 | percent of total billed charges | |
| HC EEG EXTND MONTORING 41-60 MIN | 95812 | CPT | | | | both | | | 819 | | 412.82 WellPoint | WellPoint | 263.55 | 32.18 | | | 100 | 778.05 | percent of total billed charges | |
| HC EEG EXTND MONTORING 41-60 MIN | 95812 | CPT | | | | both | | | 819 | | 412.82 UHC | Medicare | 358.97 | | | | 100 | 778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG EXTENDED MONITORING>1HR | 95813 | CPT | | | | both | | | 819 | | 412.82 Horizon | MGD | 694.61 | | | | 125 | 778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG EXTENDED MONITORING>1HR | 95813 | CPT | | | | both | | | 819 | | 412.82 First Trenton | First Trenton | 737.1 | 90 | | | 125 | 778.05 | percent of total billed charges | |
| HC EEG EXTENDED MONITORING>1HR | 95813 | CPT | | | | both | | | 819 | | 412.82 Corrections | Corrections | 655.2 | 80 | | 60.66 | 125 | 778.05 | percent of total billed charges | |
| HC EEG EXTENDED MONITORING>1HR | 95813 | CPT | | | | both | | | 819 | | 412.82 First Health | First Health | 573.3 | 70 | | | 125 | 778.05 | percent of total billed charges | |
| HC EEG EXTENDED MONITORING>1HR | 95813 | CPT | | | | both | | | 819 | | 412.82 Aetna | Medicare | 358.97 | | | | 125 | 778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG EXTENDED MONITORING>1HR | 95813 | CPT | | | | both | | | 819 | | 412.82 Aetna | Better Health | 258.39 | 31.55 | | 229.32 | 125 | 778.05 | percent of total billed charges | |
| HC EEG EXTENDED MONITORING>1HR | 95813 | CPT | | | | both | | | 819 | | 412.82 Americare | Americare | 614.25 | 75 | | | 125 | 778.05 | percent of total billed charges | |
| HC EEG EXTENDED MONITORING>1HR | 95813 | CPT | | | | both | | | 819 | | 412.82 Consumer | Consumer | 778.05 | 95 | | | 125 | 778.05 | percent of total billed charges | |
| HC EEG EXTENDED MONITORING>1HR | 95813 | CPT | | | | both | | | 819 | | 412.82 Horizon | PPO | 694.61 | | | | 125 | 778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG EXTENDED MONITORING>1HR | 95813 | CPT | | | | both | | | 819 | | 412.82 Horizon | NJ Health | 281.88 | | | | 125 | 778.05 | fee schedule | |
| HC EEG EXTENDED MONITORING>1HR | 95813 | CPT | | | | both | | | 819 | | 412.82 Three Rivers | Three Rivers | 778.05 | 95 | | | 125 | 778.05 | percent of total billed charges | |
| HC EEG EXTENDED MONITORING>1HR | 95813 | CPT | | | | both | | | 819 | | 412.82 Wellcare | Medicaid | 258.39 | 31.55 | | | 125 | 778.05 | percent of total billed charges | |
| HC EEG EXTENDED MONITORING>1HR | 95813 | CPT | | | | both | | | 819 | | 412.82 UHC | Medicare | 358.97 | | | | 125 | 778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG EXTENDED MONITORING>1HR | 95813 | CPT | | | | both | | | 819 | | 412.82 Multiplan | Multiplan | 655.2 | 80 | | | 125 | 778.05 | percent of total billed charges | |
| HC EEG EXTENDED MONITORING>1HR | 95813 | CPT | | | | both | | | 819 | | 412.82 Amerihealth | HMO/PPO | 125 | | | | 125 | 778.05 | fee schedule | |
| HC EEG EXTENDED MONITORING>1HR | 95813 | CPT | | | | both | | | 819 | | 412.82 Horizon | Medicare Blue | 358.97 | | | | 125 | 778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG EXTENDED MONITORING>1HR | 95813 | CPT | | | | both | | | 819 | | 412.82 WellPoint | WellPoint | 263.55 | 32.18 | | | 125 | 778.05 | percent of total billed charges | |
| HC EEG EXTENDED MONITORING>1HR | 95813 | CPT | | | | both | | | 819 | | 412.82 Managed Care Inc | Managed Care Inc | 737.1 | 90 | | | 125 | 778.05 | percent of total billed charges | |
| HC EEG EXTENDED MONITORING>1HR | 95813 | CPT | | | | both | | | 819 | | 412.82 Horizon | Indemnity | 694.61 | | | | 125 | 778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG EXTENDED MONITORING>1HR | 95813 | CPT | | | | both | | | 819 | | 412.82 Qualcare | Qualcare | 614.25 | 75 | | | 125 | 778.05 | percent of total billed charges | |
| HC EEG EXTENDED MONITORING>1HR | 95813 | CPT | | | | both | | | 819 | | 412.82 Wellcare | Medicare | 358.97 | | | | 125 | 778.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG EXTENDED MONITORING>1HR | 95813 | CPT | | | | both | | | 819 | | 412.82 UHC | Medicaid | 258.39 | 31.55 | | | 125 | 778.05 | percent of total billed charges | |
| HC EEG AWAKE/DROWSY | 95816 | CPT | | | | both | | | 1038 | | 412.82 Horizon | Indemnity | 694.61 | | | 332.04 | 71 | 986.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG AWAKE/DROWSY | 95816 | CPT | | | | both | | | 1038 | | 412.82 Consumer | Consumer | 986.1 | 95 | | | 71 | 986.1 | percent of total billed charges | |
| HC EEG AWAKE/DROWSY | 95816 | CPT | | | | both | | | 1038 | | 412.82 Americare | Americare | 778.5 | 75 | | | 71 | 986.1 | percent of total billed charges | |
| HC EEG AWAKE/DROWSY | 95816 | CPT | | | | both | | | 1038 | | 412.82 Aetna | Medicare | 358.97 | | | 244.36 | 71 | 986.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG AWAKE/DROWSY | 95816 | CPT | | | | both | | | 1038 | | 412.82 Aetna | Better Health | 327.49 | 31.55 | | 426.04 | 71 | 986.1 | percent of total billed charges | |
| HC EEG AWAKE/DROWSY | 95816 | CPT | | | | both | | | 1038 | | 412.82 Corrections | Corrections | 830.4 | 80 | | 201.39 | 71 | 986.1 | percent of total billed charges | |
| HC EEG AWAKE/DROWSY | 95816 | CPT | | | | both | | | 1038 | | 412.82 Horizon | MGD | 694.61 | | | | 71 | 986.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG AWAKE/DROWSY | 95816 | CPT | | | | both | | | 1038 | | 412.82 First Trenton | First Trenton | 934.2 | 90 | | | 71 | 986.1 | percent of total billed charges | |
| HC EEG AWAKE/DROWSY | 95816 | CPT | | | | both | | | 1038 | | 412.82 Amerihealth | HMO/PPO | 71 | | | 403.69 | 71 | 986.1 | fee schedule | |
| HC EEG AWAKE/DROWSY | 95816 | CPT | | | | both | | | 1038 | | 412.82 First Health | First Health | 726.6 | 70 | | | 71 | 986.1 | percent of total billed charges | |
| HC EEG AWAKE/DROWSY | 95816 | CPT | | | | both | | | 1038 | | 412.82 WellPoint | WellPoint | 334.03 | 32.18 | | 145.96 | 71 | 986.1 | percent of total billed charges | |
| HC EEG AWAKE/DROWSY | 95816 | CPT | | | | both | | | 1038 | | 412.82 UHC | Medicare | 358.97 | | | 116.53 | 71 | 986.1 | other | Payer-specific negotiated charge calculated as a percent

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC EEG AWAKE/DROWSY | 95816 | CPT | | | | both | | | 1038 | | 412.82 Multiplan | Multiplan | 830.4 | | | | 71 | 986.1 | percent of total billed charges | |
| HC EEG AWAKE/DROWSY | 95816 | CPT | | | | both | | | 1038 | | 412.82 Managed Care Inc | Managed Care Inc | 934.2 | | | | 71 | 986.1 | percent of total billed charges | |
| HC EEG AWAKE/DROWSY | 95816 | CPT | | | | both | | | 1038 | | 412.82 Qualcare | Qualcare | 778.5 | | | | 71 | 986.1 | percent of total billed charges | |
| HC EEG AWAKE/DROWSY | 95816 | CPT | | | | both | | | 1038 | | 412.82 UHC | Medicaid | 327.49 | 31.55 | | 253.98 | 71 | 986.1 | percent of total billed charges | |
| HC EEG AWAKE/DROWSY | 95816 | CPT | | | | both | | | 1038 | | 412.82 Wellcare | Medicare | 358.97 | | | | 71 | 986.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG AWAKE/ASLEEP | 95819 | CPT | | | | both | | | 1038 | | 412.82 Corrections | Corrections | 830.4 | 80 | | 166.51 | 115 | 986.1 | percent of total billed charges | |
| HC EEG AWAKE/ASLEEP | 95819 | CPT | | | | both | | | 1038 | | 412.82 Aetna | Medicare | 358.97 | | | | 115 | 986.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG AWAKE/ASLEEP | 95819 | CPT | | | | both | | | 1038 | | 412.82 Consumer | Consumer | 986.1 | 95 | | | 115 | 986.1 | percent of total billed charges | |
| HC EEG AWAKE/ASLEEP | 95819 | CPT | | | | both | | | 1038 | | 412.82 Americare | Americare | 778.5 | 75 | | | 115 | 986.1 | percent of total billed charges | |
| HC EEG AWAKE/ASLEEP | 95819 | CPT | | | | both | | | 1038 | | 412.82 Amerihealth | HMO/PPO | 115 | | | 258.93 | 115 | 986.1 | fee schedule | |
| HC EEG AWAKE/ASLEEP | 95819 | CPT | | | | both | | | 1038 | | 412.82 WellPoint | WellPoint | 334.03 | 32.18 | | 268.24 | 115 | 986.1 | percent of total billed charges | |
| HC EEG AWAKE/ASLEEP | 95819 | CPT | | | | both | | | 1038 | | 412.82 First Health | First Health | 726.6 | 70 | | | 115 | 986.1 | percent of total billed charges | |
| HC EEG AWAKE/ASLEEP | 95819 | CPT | | | | both | | | 1038 | | 412.82 Aetna | Better Health | 327.49 | 31.55 | | 315.66 | 115 | 986.1 | percent of total billed charges | |
| HC EEG AWAKE/ASLEEP | 95819 | CPT | | | | both | | | 1038 | | 412.82 First Trenton | First Trenton | 934.2 | 90 | | | 115 | 986.1 | percent of total billed charges | |
| HC EEG AWAKE/ASLEEP | 95819 | CPT | | | | both | | | 1038 | | 412.82 Horizon | NJ Health | 629.01 | | | 75.38 | 115 | 986.1 | fee schedule | |
| HC EEG AWAKE/ASLEEP | 95819 | CPT | | | | both | | | 1038 | | 412.82 Horizon | Medicare Blue | 358.97 | | | | 115 | 986.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG AWAKE/ASLEEP | 95819 | CPT | | | | both | | | 1038 | | 412.82 Horizon | PPO | 694.61 | | | 190.48 | 115 | 986.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG AWAKE/ASLEEP | 95819 | CPT | | | | both | | | 1038 | | 412.82 Horizon | Indemnity | 694.61 | | | 668.04 | 115 | 986.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG AWAKE/ASLEEP | 95819 | CPT | | | | both | | | 1038 | | 412.82 UHC | Medicare | 358.97 | | | 180.3 | 115 | 986.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG AWAKE/ASLEEP | 95819 | CPT | | | | both | | | 1038 | | 412.82 Multiplan | Multiplan | 830.4 | 80 | | | 115 | 986.1 | percent of total billed charges | |
| HC EEG AWAKE/ASLEEP | 95819 | CPT | | | | both | | | 1038 | | 412.82 Horizon | MGD | 694.61 | | | 507.51 | 115 | 986.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EEG AWAKE/ASLEEP | 95819 | CPT | | | | both | | | 1038 | | 412.82 Qualcare | Qualcare | 778.5 | 75 | | | 115 | 986.1 | percent of total billed charges | |
| HC EEG AWAKE/ASLEEP | 95819 | CPT | | | | both | | | 1038 | | 412.82 UHC | Medicaid | 327.49 | 31.55 | | 287.07 | 115 | 986.1 | percent of total billed charges | |
| HC EEG AWAKE/ASLEEP | 95819 | CPT | | | | both | | | 1038 | | 412.82 Wellcare | Medicaid | 327.49 | 31.55 | | 294.75 | 115 | 986.1 | percent of total billed charges | |
| HC EEG AWAKE/ASLEEP | 95819 | CPT | | | | both | | | 1038 | | 412.82 Managed Care Inc | Managed Care Inc | 934.2 | 90 | | | 115 | 986.1 | percent of total billed charges | |
| HC EEG AWAKE/ASLEEP | 95819 | CPT | | | | both | | | 1038 | | 412.82 Three Rivers | Three Rivers | 986.1 | 95 | | | 115 | 986.1 | percent of total billed charges | |
| HC EEG AWAKE/ASLEEP | 95819 | CPT | | | | both | | | 1038 | | 412.82 Wellcare | Medicare | 358.97 | | | | 115 | 986.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COMA OR SLEEP ONLY | 95822 | CPT | | | | inpatient | | | 1048 | | 412.82 Aetna | Better Health | 330.64 | 31.55 | | | 115 | 995.6 | percent of total billed charges | |
| HC COMA OR SLEEP ONLY | 95822 | CPT | | | | inpatient | | | 1048 | | 412.82 First Health | First Health | 733.6 | 70 | | | 115 | 995.6 | percent of total billed charges | |
| HC COMA OR SLEEP ONLY | 95822 | CPT | | | | inpatient | | | 1048 | | 412.82 Americare | Americare | 786 | 75 | | | 115 | 995.6 | percent of total billed charges | |
| HC COMA OR SLEEP ONLY | 95822 | CPT | | | | inpatient | | | 1048 | | 412.82 Multiplan | Multiplan | 838.4 | 80 | | | 115 | 995.6 | percent of total billed charges | |
| HC COMA OR SLEEP ONLY | 95822 | CPT | | | | inpatient | | | 1048 | | 412.82 UHC | Medicare | 358.97 | | | | 115 | 995.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COMA OR SLEEP ONLY | 95822 | CPT | | | | inpatient | | | 1048 | | 412.82 Amerihealth | HMO/PPO | 115 | | | | 115 | 995.6 | fee schedule | |
| HC COMA OR SLEEP ONLY | 95822 | CPT | | | | inpatient | | | 1048 | | 412.82 Wellcare | Medicaid | 330.64 | 31.55 | | | 115 | 995.6 | percent of total billed charges | |
| HC COMA OR SLEEP ONLY | 95822 | CPT | | | | inpatient | | | 1048 | | 412.82 Aetna | Medicare | 358.97 | | | | 115 | 995.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COMA OR SLEEP ONLY | 95822 | CPT | | | | inpatient | | | 1048 | | 412.82 Horizon | MGD | 694.61 | | | | 115 | 995.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COMA OR SLEEP ONLY | 95822 | CPT | | | | inpatient | | | 1048 | | 412.82 First Trenton | First Trenton | 943.2 | 90 | | | 115 | 995.6 | percent of total billed charges | |
| HC COMA OR SLEEP ONLY | 95822 | CPT | | | | inpatient | | | 1048 | | 412.82 Consumer | Consumer | 995.6 | 95 | | | 115 | 995.6 | percent of total billed charges | |
| HC COMA OR SLEEP ONLY | 95822 | CPT | | | | inpatient | | | 1048 | | 412.82 Qualcare | Qualcare | 786 | 75 | | | 115 | 995.6 | percent of total billed charges | |
| HC COMA OR SLEEP ONLY | 95822 | CPT | | | | inpatient | | | 1048 | | 412.82 Horizon | PPO | 694.61 | | | | 115 | 995.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COMA OR SLEEP ONLY | 95822 | CPT | | | | inpatient | | | 1048 | | 412.82 Horizon | Indemnity | 694.61 | | | | 115 | 995.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COMA OR SLEEP ONLY | 95822 | CPT | | | | inpatient | | | 1048 | | 412.82 Horizon | Medicare Blue | 358.97 | | | | 115 | 995.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COMA OR SLEEP ONLY | 95822 | CPT | | | | inpatient | | | 1048 | | 412.82 Corrections | Corrections | 838.4 | 80 | | | 115 | 995.6 | percent of total billed charges | |
| HC COMA OR SLEEP ONLY | 95822 | CPT | | | | inpatient | | | 1048 | | 412.82 WellPoint | WellPoint | 337.25 | 32.18 | | | 115 | 995.6 | percent of total billed charges | |
| HC COMA OR SLEEP ONLY | 95822 | CPT | | | | inpatient | | | 1048 | | 412.82 Managed Care Inc | Managed Care Inc | 943.2 | 90 | | | 115 | 995.6 | percent of total billed charges | |
| HC COMA OR SLEEP ONLY | 95822 | CPT | | | | inpatient | | | 1048 | | 412.82 UHC | Medicaid | 330.64 | 31.55 | | | 115 | 995.6 | percent of total billed charges | |
| HC COMA OR SLEEP ONLY | 95822 | CPT | | | | inpatient | | | 1048 | | 412.82 Three Rivers | Three Rivers | 995.6 | 95 | | | 115 | 995.6 | percent of total billed charges | |
| HC COMA OR SLEEP ONLY | 95822 | CPT | | | | inpatient | | | 1048 | | 412.82 Horizon | NJ Health | 610.74 | | | | 115 | 995.6 | fee schedule | |
| HC COMA OR SLEEP ONLY | 95822 | CPT | | | | inpatient | | | 1048 | | 412.82 Wellcare | Medicare | 358.97 | | | | 115 | 995.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELECTROCORTICOGRAM SURGERY SPX | 95829 | CPT | | | | outpatient | | | 2466 | | First Trenton | First Trenton | 2219.4 | 90 | | 227.07 | | 2342.7 | percent of total billed charges | |
| HC ELECTROCORTICOGRAM SURGERY SPX | 95829 | CPT | | | | outpatient | | | 2466 | | Aetna | Medicare | 759.53 | 30.8 | | 227.07 | | 2342.7 | percent of total billed charges | |
| HC ELECTROCORTICOGRAM SURGERY SPX | 95829 | CPT | | | | outpatient | | | 2466 | | Amerihealth | HMO/PPO | 1602.9 | 65 | | 227.07 | | 2342.7 | percent of total billed charges | |
| HC ELECTROCORTICOGRAM SURGERY SPX | 95829 | CPT | | | | outpatient | | | 2466 | | Corrections | Corrections | 1972.8 | 80 | | 227.07 | | 2342.7 | percent of total billed charges | |
| HC ELECTROCORTICOGRAM SURGERY SPX | 95829 | CPT | | | | outpatient | | | 2466 | | Americare | Americare | 1849.5 | 75 | | 227.07 | | 2342.7 | percent of total billed charges | |
| HC ELECTROCORTICOGRAM SURGERY SPX | 95829 | CPT | | | | outpatient | | | 2466 | | First Health | First Health | 1726.2 | 70 | | 227.07 | | 2342.7 | percent of total billed charges | |
| HC ELECTROCORTICOGRAM SURGERY SPX | 95829 | CPT | | | | outpatient | | | 2466 | | Horizon | Indemnity | 943.98 | 38.28 | | 227.07 | | 2342.7 | percent of total billed charges | |
| HC ELECTROCORTICOGRAM SURGERY SPX | 95829 | CPT | | | | outpatient | | | 2466 | | Aetna | Better Health | 778.02 | 31.55 | | 227.07 | | 2342.7 | percent of total billed charges | |
| HC ELECTROCORTICOGRAM SURGERY SPX | 95829 | CPT | | | | outpatient | | | 2466 | | Horizon | PPO | 943.98 | 38.28 | | 227.07 | | 2342.7 | percent of total billed charges | |
| HC ELECTROCORTICOGRAM SURGERY SPX | 95829 | CPT | | | | outpatient | | | 2466 | | Horizon | MGD | 943.98 | 38.28 | | 227.07 | | 2342.7 | percent of total billed charges | |
| HC ELECTROCORTICOGRAM SURGERY SPX | 95829 | CPT | | | | outpatient | | | 2466 | | Multiplan | Multiplan | 1972.8 | 80 | | 227.07 | | 2342.7 | percent of total billed charges | |
| HC ELECTROCORTICOGRAM SURGERY SPX | 95829 | CPT | | | | outpatient | | | 2466 | | Consumer | Consumer | 2342.7 | 95 | | 227.07 | | 2342.7 | percent of total billed charges | |
| HC ELECTROCORTICOGRAM SURGERY SPX | 95829 | CPT | | | | outpatient | | | 2466 | | Managed Care Inc | Managed Care Inc | 2219.4 | 90 | | 227.07 | | 2342.7 | percent of total billed charges | |
| HC ELECTROCORTICOGRAM SURGERY SPX | 95829 | CPT | | | | outpatient | | | 2466 | | UHC | Medicaid | 778.02 | 31.55 | | 227.07 | | 2342.7 | percent of total billed charges | |
| HC ELECTROCORTICOGRAM SURGERY SPX | 95829 | CPT | | | | outpatient | | | 2466 | | Qualcare | Qualcare | 1849.5 | 75 | | 227.07 | | 2342.7 | percent of total billed charges | |
| HC ELECTROCORTICOGRAM SURGERY SPX | 95829 | CPT | | | | outpatient | | | 2466 | | Horizon | Medicare Blue | 739.8 | 30 | | 227.07 | | 2342.7 | percent of total billed charges | |
| HC ELECTROCORTICOGRAM SURGERY SPX | 95829 | CPT | | | | outpatient | | | 2466 | | WellPoint | WellPoint | 793.56 | 32.18 | | 227.07 | | 2342.7 | percent of total billed charges | |
| HC ELECTROCORTICOGRAM SURGERY SPX | 95829 | CPT | | | | outpatient | | | 2466 | | Horizon | NJ Health | 227.07 | | | 227.07 | | 2342.7 | fee schedule | |
| HC ELECTROCORTICOGRAM SURGERY SPX | 95829 | CPT | | | | outpatient | | | 2466 | | Three Rivers | Three Rivers | 2342.7 | 95 | | 227.07 | | 2342.7 | percent of total billed charges | |
| HC ELECTROCORTICOGRAM SURGERY SPX | 95829 | CPT | | | | outpatient | | | 2466 | | Wellcare | Medicaid | 778.02 | 31.55 | | 227.07 | | 2342.7 | percent of total billed charges | |
| HC PT ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI | 95851 | CPT | | | | both | | | 116 | | Aetna | Medicare | 35.73 | 30.8 | | | 34.8 | 110.2 | percent of total billed charges | |
| HC PT ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI | 95851 | CPT | | | | both | | | 116 | | Corrections | Corrections | 92.8 | 80 | | | 34.8 | 110.2 | percent of total billed charges | |
| HC PT ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI | 95851 | CPT | | | | both | | | 116 | | Horizon | Medicare Blue | 34.8 | 30 | | | 34.8 | 110.2 | percent of total billed charges | |
| HC PT ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI | 95851 | CPT | | | | both | | | 116 | | First Health | First Health | 81.2 | 70 | | | 34.8 | 110.2 | percent of total billed charges | |
| HC PT ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI | 95851 | CPT | | | | both | | | 116 | | Americare | Americare | 87 | 75 | | | 34.8 | 110.2 | percent of total billed charges | |
| HC PT ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI | 95851 | CPT | | | | both | | | 116 | | Aetna | Better Health | 36.6 | 31.55 | | | 34.8 | 110.2 | percent of total billed charges | |
| HC PT ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI | 95851 | CPT | | | | both | | | 116 | | WellPoint | WellPoint | 37.33 | 32.18 | | | 34.8 | 110.2 | percent of total billed charges | |
| HC PT ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI | 95851 | CPT | | | | both | | | 116 | | UHC | Medicaid | 36.6 | 31.55 | | | 34.8 | 110.2 | percent of total billed charges | |
| HC PT ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI | 95851 | CPT | | | | both | | | 116 | | Amerihealth | HMO/PPO | 75.4 | 65 | | | 34.8 | 110.2 | percent of total billed charges | |
| HC PT ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI | 95851 | CPT | | | | both | | | 116 | | Horizon | Indemnity | 44.4 | 38.28 | | | 34.8 | 110.2 | percent of total billed charges | |
| HC PT ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI | 95851 | CPT | | | | both | | | 116 | | Wellcare | Medicaid | 36.6 | 31.55 | | | 34.8 | 110.2 | percent of total billed charges | |
| HC PT ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI | 95851 | CPT | | | | both | | | 116 | | Consumer | Consumer | 110.2 | 95 | | | 34.8 | 110.2 | percent of total billed charges | |
| HC PT ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI | 95851 | CPT | | | | both | | | 116 | | Horizon | MGD | 44.4 | 38.28 | | | 34.8 | 110.2 | percent of total billed charges | |
| HC PT ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI | 95851 | CPT | | | | both | | | 116 | | First Trenton | First Trenton | 104.4 | 90 | | | 34.8 | 110.2 | percent of total billed charges | |
| HC PT ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI | 95851 | CPT | | | | both | | | 116 | | Multiplan | Multiplan | 92.8 | 80 | | | 34.8 | 110.2 | percent of total billed charges | |
| HC PT ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI | 95851 | CPT | | | | both | | | 116 | | Horizon | NJ Health | 88.74 | | | | 34.8 | 110.2 | fee schedule | |
| HC PT ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI | 95851 | CPT | | | | both | | | 116 | | Qualcare | Qualcare | 87 | 75 | | | 34.8 | 110.2 | percent of total billed charges | |
| HC PT ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI | 95851 | CPT | | | | both | | | 116 | | Horizon | PPO | 44.4 | 38.28 | | | 34.8 | 110.2 | percent of total billed charges | |
| HC PT ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI | 95851 | CPT | | | | both | | | 116 | | Managed Care Inc | Managed Care Inc | 104.4 | 90 | | | 34.8 | 110.2 | percent of total billed charges | |
| HC PT ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI | 95851 | CPT | | | | both | | | 116 | | Three Rivers | Three Rivers | 110.2 | 95 | | | 34.8 | 110.2 | percent of total billed charges | |
| HC OT ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID | 95852 | CPT | | | | outpatient | | | 162 | | Consumer | Consumer | 153.9 | 95 | | | 26.1 | 153.9 | percent of total billed charges | |
| HC OT ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID | 95852 | CPT | | | | outpatient | | | 162 | | Aetna | Better Health | 51.11 | 31.55 | | | 26.1 | 153.9 | percent of total billed charges | |
| HC OT ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID | 95852 | CPT | | | | outpatient | | | 162 | | Amerihealth | HMO/PPO | 105.3 | 65 | | | 26.1 | 153.9 | percent of total billed charges | |
| HC OT ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID | 95852 | CPT | | | | outpatient | | | 162 | | Aetna | Medicare | 49.9 | 30.8 | | | 26.1 | 153.9 | percent of total billed charges | |
| HC OT ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID | 95852 | CPT | | | | outpatient | | | 162 | | Americare | Americare | 121.5 | 75 | | | 26.1 | 153.9 | percent of total billed charges | |
| HC OT ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID | 95852 | CPT | | | | outpatient | | | 162 | | WellPoint | WellPoint | 52.13 | 32.18 | | | 26.1 | 153.9 | percent of total billed charges | |
| HC OT ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID | 95852 | CPT | | | | outpatient | | | 162 | | First Trenton | First Trenton | 145.8 | 90 | | | 26.1 | 153.9 | percent of total billed charges | |
| HC OT ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID | 95852 | CPT | | | | outpatient | | | 162 | | First Health | First Health | 113.4 | 70 | | | 26.1 | 153.9 | percent of total billed charges | |
| HC OT ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID | 95852 | CPT | | | | outpatient | | | 162 | | Corrections | Corrections | 129.6 | 80 | | | 26.1 | 153.9 | percent of total billed charges | |
| HC OT ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID | 95852 | CPT | | | | outpatient | | | 162 | | Horizon | Medicare Blue | 48.6 | 30 | | | 26.1 | 153.9 | percent of total billed charges | |
| HC OT ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID | 95852 | CPT | | | | outpatient | | | 162 | | Horizon | Indemnity | 62.01 | 38.28 | | | 26.1 | 153.9 | percent of total billed charges | |
| HC OT ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID | 95852 | CPT | | | | outpatient | | | 162 | | Horizon | MGD | 62.01 | 38.28 | | | 26.1 | 153.9 | percent of total billed charges | |
| HC OT ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID | 95852 | CPT | | | | outpatient | | | 162 | | Multiplan | Multiplan | 129.6 | 80 | | | 26.1 | 153.9 | percent of total billed charges | |
| HC OT ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID | 95852 | CPT | | | | outpatient | | | 162 | | Wellcare | Medicaid | 51.11 | 31.55 | | | 26.1 | 153.9 | percent of total billed charges | |
| HC OT ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID | 95852 | CPT | | | | outpatient | | | 162 | | Managed Care Inc | Managed Care Inc | 145.8 | 90 | | | 26.1 | 153.9 | percent of total billed charges | |
| HC OT ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID | 95852 | CPT | | | | outpatient | | | 162 | | Horizon | PPO | 62.01 | 38.28 | | | 26.1 | 153.9 | percent of total billed charges | |
| HC OT ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID | 95852 | CPT | | | | outpatient | | | 162 | | Horizon | NJ Health | 26.1 | | | | 26.1 | 153.9 | fee schedule | |
| HC OT ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID | 95852 | CPT | | | | outpatient | | | 162 | | UHC | Medicaid | 51.11 | 31.55 | | | 26.1 | 153.9 | percent of total billed charges | |
| HC OT ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID | 95852 | CPT | | | | outpatient | | | 162 | | Qualcare | Qualcare | 121.5 | 75 | | | 26.1 | 153.9 | percent of total billed charges | |
| HC OT ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID | 95852 | CPT | | | | outpatient | | | 162 | | Three Rivers | Three Rivers | 153.9 | 95 | | | 26.1 | 153.9 | percent of total billed charges | |
| HC CHOLINESTERASE INHIBITOR CHALLENGE TEST | 95857 | CPT | | | | outpatient | | | 1058.67 | | 412.82 Horizon | Medicare Blue | 358.97 | | | | 60 | 1005.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHOLINESTERASE INHIBITOR CHALLENGE TEST | 95857 | CPT | | | | outpatient | | | 1058.67 | | 412.82 Corrections | Corrections | 846.94 | 80 | | | 60 | 1005.74 | percent of total billed charges | |
| HC CHOLINESTERASE INHIBITOR CHALLENGE TEST | 95857 | CPT | | | | outpatient | | | 1058.67 | | 412.82 Aetna | Better Health | 334.01 | 31.55 | | | 60 | 1005.74 | percent of total billed charges | |
| HC CHOLINESTERASE INHIBITOR CHALLENGE TEST | 95857 | CPT | | | | outpatient | | | 1058.67 | | 412.82 Three Rivers | Three Rivers | 1005.74 | 95 | | | 60 | 1005.74 | percent of total billed charges | |
| HC CHOLINESTERASE INHIBITOR CHALLENGE TEST | 95857 | CPT | | | | outpatient | | | 1058.67 | | 412.82 UHC | Medicare | 358.97 | | | | 60 | 1005.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHOLINESTERASE INHIBITOR CHALLENGE TEST | 95857 | CPT | | | | outpatient | | | 1058.67 | | 412.82 Multiplan | Multiplan | 846.94 | 80 | | | 60 | 1005.74 | percent of total billed charges | |
| HC CHOLINESTERASE INHIBITOR CHALLENGE TEST | 95857 | CPT | | | | outpatient | | | 1058.67 | | 412.82 Aetna | Medicare | 358.97 | | | | 60 | 1005.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHOLINESTERASE INHIBITOR CHALLENGE TEST | 95857 | CPT | | | | outpatient | | | 1058.67 | | 412.82 Amerihealth | HMO/PPO | 60 | | | | 60 | 1005.74 | fee schedule | |
| HC CHOLINESTERASE INHIBITOR CHALLENGE TEST | 95857 | CPT | | | | outpatient | | | 1058.67 | | 412.82 Americare | Americare | 794 | 75 | | | 60 | 1005.74 | percent of total billed charges | |
| HC CHOLINESTERASE INHIBITOR CHALLENGE TEST | 95857 | CPT | | | | outpatient | | | 1058.67 | | 412.82 First Trenton | First Trenton | 952.8 | 90 | | | 60 | 1005.74 | percent of total billed charges | |
| HC CHOLINESTERASE INHIBITOR CHALLENGE TEST | 95857 | CPT | | | | outpatient | | | 1058.67 | | 412.82 Consumer | Consumer | 1005.74 | 95 | | | 60 | 1005.74 | percent of total billed charges | |
| HC CHOLINESTERASE INHIBITOR CHALLENGE TEST | 95857 | CPT | | | | outpatient | | | 1058.67 | | 412.82 UHC | Medicaid | 334.01 | 31.55 | | | 60 | 1005.74 | percent of total billed charges | |
| HC CHOLINESTERASE INHIBITOR CHALLENGE TEST | 95857 | CPT | | | | outpatient | | | 1058.67 | | 412.82 Horizon | MGD | 694.61 | | | | 60 | 1005.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHOLINESTERASE INHIBITOR CHALLENGE TEST | 95857 | CPT | | | | outpatient | | | 1058.67 | | 412.82 Qualcare | Qualcare | 794 | 75 | | | 60 | 1005.74 | percent of total billed charges | |
| HC CHOLINESTERASE INHIBITOR CHALLENGE TEST | 95857 | CPT | | | | outpatient | | | 1058.67 | | 412.82 First Health | First Health | 741.07 | 70 | | | 60 | 1005.74 | percent of total billed charges | |
| HC CHOLINESTERASE INHIBITOR CHALLENGE TEST | 95857 | CPT | | | | outpatient | | | 1058.67 | | 412.82 Horizon | Indemnity | 694.61 | | | | 60 | 1005.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHOLINESTERASE INHIBITOR CHALLENGE TEST | 95857 | CPT | | | | outpatient | | | 1058.67 | | 412.82 Wellcare | Medicaid | 334.01 | 31.55 | | | 60 | 1005.74 | percent of total billed charges | |
| HC CHOLINESTERASE INHIBITOR CHALLENGE TEST | 95857 | CPT | | | | outpatient | | | 1058.67 | | 412.82 Horizon | NJ Health | 61.52 | | | | 60 | 1005.74 | fee schedule | |
| HC CHOLINESTERASE INHIBITOR CHALLENGE TEST | 95857 | CPT | | | | outpatient | | | 1058.67 | | 412.82 Wellcare | Medicare | 358.97 | | | | 60 | 1005.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHOLINESTERASE INHIBITOR CHALLENGE TEST | 95857 | CPT | | | | outpatient | | | 1058.67 | | 412.82 Horizon | PPO | 694.61 | | | | 60 | 1005.74 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHOLINESTERASE INHIBITOR CHALLENGE TEST | 95857 | CPT | | | | outpatient | | | 1058.67 | | 412.82 Managed Care Inc | Managed Care Inc | 952.8 | 90 | | | 60 | 1005.74 | percent of total billed charges | |
| HC CHOLINESTERASE INHIBITOR CHALLENGE TEST | 95857 | CPT | | | | outpatient | | | 1058.67 | | 412.82 WellPoint | WellPoint | 340.68 | 32.18 | | | 60 | 1005.74 | percent of total billed charges | |
| HC EMG 1 EXTREMITY | 95860 | CPT | | | | outpatient | | | 438 | | 168 Aetna | Better Health | 138.19 | 31.55 | | | 70 | 482.85 | percent of total billed charges | |
| HC EMG 1 EXTREMITY | 95860 | CPT | | | | outpatient | | | 438 | | 168 Aetna | Medicare | 146.09 | | | | 70 | 482.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EMG 1 EXTREMITY | 95860 | CPT | | | | outpatient | | | 438 | | 168 Corrections | Corrections | 350.4 | 80 | | | 70 | 482.85 | percent of total billed charges | |
| HC EMG 1 EXTREMITY | 95860 | CPT | | | | outpatient | | | 438 | | 168 Americare | Americare | 328.5 | 75 | | | 70 | 482.85 | percent of total billed charges | |
| HC EMG 1 EXTREMITY | 95860 | CPT | | | | outpatient | | | 438 | | 168 First Health | First Health | 306.6 | 70 | | | 70 | 482.85 | percent of total billed charges | |
| HC EMG 1 EXTREMITY | 95860 | CPT | | | | outpatient | | | 438 | | 168 Horizon | MGD | 282.68 | | | | 70 | 482.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EMG 1 EXTREMITY | 95860 | CPT | | | | outpatient | | | 438 | | 168 Qualcare | Qualcare | 328.5 | 75 | | | 70 | 482.85 | percent of total billed charges | |
| HC EMG 1 EXTREMITY | 95860 | CPT | | | | outpatient | | | 438 | | 168 Three Rivers | Three Rivers | 416.1 | 95 | | | 70 | 482.85 | percent of total billed charges | |
| HC EMG 1 EXTREMITY | 95860 | CPT | | | | outpatient | | | 438 | | 168 Consumer | Consumer | 416.1 | 95 | | | 70 | 482.85 | percent of total billed charges | |
| HC EMG 1 EXTREMITY | 95860 | CPT | | | | outpatient | | | 438 | | 168 Horizon | PPO | 282.68 | | | | 70 | 482.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EMG 1 EXTREMITY | 95860 | CPT | | | | outpatient | | | 438 | | 168 First Trenton | First Trenton | 394.2 | 90 | | | 70 | 482.85 | percent of total billed charges | |
| HC EMG 1 EXTREMITY | 95860 | CPT | | | | outpatient | | | 438 | | 168 Amerihealth | HMO/PPO | 70 | | | | 70 | 482.85 | fee schedule | |
| HC EMG 1 EXTREMITY | 95860 | CPT | | | | outpatient | | | 438 | | 168 Multiplan | Multiplan | 350.4 | 80 | | | 70 | 482.85 | percent of total billed charges | |
| HC EMG 1 EXTREMITY | 95860 | CPT | | | | outpatient | | | 438 | | 168 WellPoint | WellPoint | 140.95 | 32.18 | | 38.61 | 70 | 482.85 | percent of total billed charges | |
| HC EMG 1 EXTREMITY | 95860 | CPT | | | | outpatient | | | 438 | | 168 UHC | Medicaid | 138.19 | 31.55 | | | 70 | 482.85 | percent of total billed charges | |
| HC EMG 1 EXTREMITY | 95860 | CPT | | | | outpatient | | | 438 | | 168 Horizon | Indemnity | 282.68 | | | | 70 | 482.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EMG 1 EXTREMITY | 95860 | CPT | | | | outpatient | | | 438 | | 168 Horizon | Medicare Blue | 146.09 | | | | 70 | 482.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC EMG 1 EXTREMITY | 95860 | CPT | | | | outpatient | | | 438 | 168 | UHC | Medicare | 146.09 | | | | 70 | 482.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EMG 1 EXTREMITY | 95860 | CPT | | | | outpatient | | | 438 | 168 | Horizon | NJ Health | 482.85 | | | | 70 | 482.85 | fee schedule | |
| HC EMG 1 EXTREMITY | 95860 | CPT | | | | outpatient | | | 438 | 168 | Wellcare | Medicaid | 138.19 | 31.55 | | | 70 | 482.85 | percent of total billed charges | |
| HC EMG 1 EXTREMITY | 95860 | CPT | | | | outpatient | | | 438 | 168 | Managed Care Inc | Managed Care Inc | 394.2 | 90 | | | 70 | 482.85 | percent of total billed charges | |
| HC EMG 1 EXTREMITY | 95860 | CPT | | | | outpatient | | | 438 | 168 | Wellcare | Medicare | 146.09 | | | | 70 | 482.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEEDLE EMG 2 EXTREMITIES W/WO RELATED PARASPINAL AREAS | 95861 | CPT | | | | both | | | 434 | 168 | Horizon | Indemnity | 282.68 | | | | 120 | 535.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEEDLE EMG 2 EXTREMITIES W/WO RELATED PARASPINAL AREAS | 95861 | CPT | | | | both | | | 434 | 168 | Multiplan | Multiplan | 347.2 | 80 | | | 120 | 535.05 | percent of total billed charges | |
| HC NEEDLE EMG 2 EXTREMITIES W/WO RELATED PARASPINAL AREAS | 95861 | CPT | | | | both | | | 434 | 168 | UHC | Medicaid | 136.93 | 31.55 | | | 120 | 535.05 | percent of total billed charges | |
| HC NEEDLE EMG 2 EXTREMITIES W/WO RELATED PARASPINAL AREAS | 95861 | CPT | | | | both | | | 434 | 168 | Aetna | Better Health | 136.93 | 31.55 | | | 120 | 535.05 | percent of total billed charges | |
| HC NEEDLE EMG 2 EXTREMITIES W/WO RELATED PARASPINAL AREAS | 95861 | CPT | | | | both | | | 434 | 168 | Amerihealth | HMO/PPO | 120 | | | 164.29 | 120 | 535.05 | fee schedule | |
| HC NEEDLE EMG 2 EXTREMITIES W/WO RELATED PARASPINAL AREAS | 95861 | CPT | | | | both | | | 434 | 168 | Americare | Americare | 325.5 | 75 | | | 120 | 535.05 | percent of total billed charges | |
| HC NEEDLE EMG 2 EXTREMITIES W/WO RELATED PARASPINAL AREAS | 95861 | CPT | | | | both | | | 434 | 168 | First Health | First Health | 303.8 | 70 | | | 120 | 535.05 | percent of total billed charges | |
| HC NEEDLE EMG 2 EXTREMITIES W/WO RELATED PARASPINAL AREAS | 95861 | CPT | | | | both | | | 434 | 168 | Aetna | Medicare | 146.09 | | | | 120 | 535.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEEDLE EMG 2 EXTREMITIES W/WO RELATED PARASPINAL AREAS | 95861 | CPT | | | | both | | | 434 | 168 | Horizon | Medicare Blue | 146.09 | | | | 120 | 535.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEEDLE EMG 2 EXTREMITIES W/WO RELATED PARASPINAL AREAS | 95861 | CPT | | | | both | | | 434 | 168 | Qualcare | Qualcare | 325.5 | 75 | | | 120 | 535.05 | percent of total billed charges | |
| HC NEEDLE EMG 2 EXTREMITIES W/WO RELATED PARASPINAL AREAS | 95861 | CPT | | | | both | | | 434 | 168 | UHC | Medicare | 146.09 | | | | 120 | 535.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEEDLE EMG 2 EXTREMITIES W/WO RELATED PARASPINAL AREAS | 95861 | CPT | | | | both | | | 434 | 168 | Consumer | Consumer | 412.3 | 95 | | | 120 | 535.05 | percent of total billed charges | |
| HC NEEDLE EMG 2 EXTREMITIES W/WO RELATED PARASPINAL AREAS | 95861 | CPT | | | | both | | | 434 | 168 | Horizon | PPO | 282.68 | | | 261.36 | 120 | 535.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEEDLE EMG 2 EXTREMITIES W/WO RELATED PARASPINAL AREAS | 95861 | CPT | | | | both | | | 434 | 168 | Wellcare | Medicaid | 136.93 | 31.55 | | | 120 | 535.05 | percent of total billed charges | |
| HC NEEDLE EMG 2 EXTREMITIES W/WO RELATED PARASPINAL AREAS | 95861 | CPT | | | | both | | | 434 | 168 | Wellcare | Medicare | 146.09 | | | | 120 | 535.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEEDLE EMG 2 EXTREMITIES W/WO RELATED PARASPINAL AREAS | 95861 | CPT | | | | both | | | 434 | 168 | Corrections | Corrections | 347.2 | 80 | | | 120 | 535.05 | percent of total billed charges | |
| HC NEEDLE EMG 2 EXTREMITIES W/WO RELATED PARASPINAL AREAS | 95861 | CPT | | | | both | | | 434 | 168 | WellPoint | WellPoint | 139.66 | 32.18 | | | 120 | 535.05 | percent of total billed charges | |
| HC NEEDLE EMG 2 EXTREMITIES W/WO RELATED PARASPINAL AREAS | 95861 | CPT | | | | both | | | 434 | 168 | First Trenton | First Trenton | 390.6 | 90 | | | 120 | 535.05 | percent of total billed charges | |
| HC NEEDLE EMG 2 EXTREMITIES W/WO RELATED PARASPINAL AREAS | 95861 | CPT | | | | both | | | 434 | 168 | Horizon | MGD | 282.68 | | | 271.87 | 120 | 535.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEEDLE EMG 2 EXTREMITIES W/WO RELATED PARASPINAL AREAS | 95861 | CPT | | | | both | | | 434 | 168 | Horizon | NJ Health | 535.05 | | | | 120 | 535.05 | fee schedule | |
| HC NEEDLE EMG 2 EXTREMITIES W/WO RELATED PARASPINAL AREAS | 95861 | CPT | | | | both | | | 434 | 168 | Managed Care Inc | Managed Care Inc | 390.6 | 90 | | | 120 | 535.05 | percent of total billed charges | |
| HC NEEDLE EMG 2 EXTREMITIES W/WO RELATED PARASPINAL AREAS | 95861 | CPT | | | | both | | | 434 | 168 | Three Rivers | Three Rivers | 412.3 | 95 | | | 120 | 535.05 | percent of total billed charges | |
| HC EMG W OR W/O PARASPINAL 3 EXTREMITIES | 95863 | CPT | | | | inpatient | | | 545 | 205.45 | Americare | Americare | 408.75 | 75 | | | 165 | 517.75 | percent of total billed charges | |
| HC EMG W OR W/O PARASPINAL 3 EXTREMITIES | 95863 | CPT | | | | inpatient | | | 545 | 205.45 | First Health | First Health | 381.5 | 70 | | | 165 | 517.75 | percent of total billed charges | |
| HC EMG W OR W/O PARASPINAL 3 EXTREMITIES | 95863 | CPT | | | | inpatient | | | 545 | 205.45 | Horizon | Indemnity | 345.69 | | | | 165 | 517.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EMG W OR W/O PARASPINAL 3 EXTREMITIES | 95863 | CPT | | | | inpatient | | | 545 | 205.45 | Aetna | Better Health | 171.95 | 31.55 | | | 165 | 517.75 | percent of total billed charges | |
| HC EMG W OR W/O PARASPINAL 3 EXTREMITIES | 95863 | CPT | | | | inpatient | | | 545 | 205.45 | Aetna | Medicare | 178.65 | | | | 165 | 517.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EMG W OR W/O PARASPINAL 3 EXTREMITIES | 95863 | CPT | | | | inpatient | | | 545 | 205.45 | Amerihealth | HMO/PPO | 165 | | | | 165 | 517.75 | fee schedule | |
| HC EMG W OR W/O PARASPINAL 3 EXTREMITIES | 95863 | CPT | | | | inpatient | | | 545 | 205.45 | Horizon | Medicare Blue | 178.65 | | | | 165 | 517.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EMG W OR W/O PARASPINAL 3 EXTREMITIES | 95863 | CPT | | | | inpatient | | | 545 | 205.45 | Corrections | Corrections | 436 | 80 | | | 165 | 517.75 | percent of total billed charges | |
| HC EMG W OR W/O PARASPINAL 3 EXTREMITIES | 95863 | CPT | | | | inpatient | | | 545 | 205.45 | Consumer | Consumer | 517.75 | 95 | | | 165 | 517.75 | percent of total billed charges | |
| HC EMG W OR W/O PARASPINAL 3 EXTREMITIES | 95863 | CPT | | | | inpatient | | | 545 | 205.45 | First Trenton | First Trenton | 490.5 | 90 | | | 165 | 517.75 | percent of total billed charges | |
| HC EMG W OR W/O PARASPINAL 3 EXTREMITIES | 95863 | CPT | | | | inpatient | | | 545 | 205.45 | Horizon | PPO | 345.69 | | | | 165 | 517.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EMG W OR W/O PARASPINAL 3 EXTREMITIES | 95863 | CPT | | | | inpatient | | | 545 | 205.45 | Multiplan | Multiplan | 436 | 80 | | | 165 | 517.75 | percent of total billed charges | |
| HC EMG W OR W/O PARASPINAL 3 EXTREMITIES | 95863 | CPT | | | | inpatient | | | 545 | 205.45 | Wellcare | Medicaid | 171.95 | 31.55 | | | 165 | 517.75 | percent of total billed charges | |
| HC EMG W OR W/O PARASPINAL 3 EXTREMITIES | 95863 | CPT | | | | inpatient | | | 545 | 205.45 | Horizon | MGD | 345.69 | | | | 165 | 517.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EMG W OR W/O PARASPINAL 3 EXTREMITIES | 95863 | CPT | | | | inpatient | | | 545 | 205.45 | UHC | Medicare | 178.65 | | | | 165 | 517.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EMG W OR W/O PARASPINAL 3 EXTREMITIES | 95863 | CPT | | | | inpatient | | | 545 | 205.45 | Horizon | NJ Health | 341.91 | | | | 165 | 517.75 | fee schedule | |
| HC EMG W OR W/O PARASPINAL 3 EXTREMITIES | 95863 | CPT | | | | inpatient | | | 545 | 205.45 | WellPoint | WellPoint | 175.38 | 32.18 | | | 165 | 517.75 | percent of total billed charges | |
| HC EMG W OR W/O PARASPINAL 3 EXTREMITIES | 95863 | CPT | | | | inpatient | | | 545 | 205.45 | Managed Care Inc | Managed Care Inc | 490.5 | 90 | | | 165 | 517.75 | percent of total billed charges | |
| HC EMG W OR W/O PARASPINAL 3 EXTREMITIES | 95863 | CPT | | | | inpatient | | | 545 | 205.45 | Wellcare | Medicare | 178.65 | | | | 165 | 517.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EMG W OR W/O PARASPINAL 3 EXTREMITIES | 95863 | CPT | | | | inpatient | | | 545 | 205.45 | Qualcare | Qualcare | 408.75 | 75 | | | 165 | 517.75 | percent of total billed charges | |
| HC EMG W OR W/O PARASPINAL 3 EXTREMITIES | 95863 | CPT | | | | inpatient | | | 545 | 205.45 | UHC | Medicaid | 171.95 | 31.55 | | | 165 | 517.75 | percent of total billed charges | |
| HC EMG W OR W/O PARASPINAL 3 EXTREMITIES | 95863 | CPT | | | | inpatient | | | 545 | 205.45 | Three Rivers | Three Rivers | 517.75 | 95 | | | 165 | 517.75 | percent of total billed charges | |
| HC EMG W OR W/O PARASPINAL 4EXTRE | 95864 | CPT | | | | inpatient | | | 1032 | 205.45 | Aetna | Better Health | 325.6 | 31.55 | | | 178.65 | 980.4 | percent of total billed charges | |
| HC EMG W OR W/O PARASPINAL 4EXTRE | 95864 | CPT | | | | inpatient | | | 1032 | 205.45 | Corrections | Corrections | 825.6 | 80 | | | 178.65 | 980.4 | percent of total billed charges | |
| HC EMG W OR W/O PARASPINAL 4EXTRE | 95864 | CPT | | | | inpatient | | | 1032 | 205.45 | Horizon | PPO | 345.69 | | | | 178.65 | 980.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EMG W OR W/O PARASPINAL 4EXTRE | 95864 | CPT | | | | inpatient | | | 1032 | 205.45 | Aetna | Medicare | 178.65 | | | | 178.65 | 980.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EMG W OR W/O PARASPINAL 4EXTRE | 95864 | CPT | | | | inpatient | | | 1032 | 205.45 | First Health | First Health | 722.4 | 70 | | | 178.65 | 980.4 | percent of total billed charges | |
| HC EMG W OR W/O PARASPINAL 4EXTRE | 95864 | CPT | | | | inpatient | | | 1032 | 205.45 | Americare | Americare | 774 | 75 | | | 178.65 | 980.4 | percent of total billed charges | |
| HC EMG W OR W/O PARASPINAL 4EXTRE | 95864 | CPT | | | | inpatient | | | 1032 | 205.45 | Amerihealth | HMO/PPO | 200 | | | | 178.65 | 980.4 | fee schedule | |
| HC EMG W OR W/O PARASPINAL 4EXTRE | 95864 | CPT | | | | inpatient | | | 1032 | 205.45 | Horizon | Medicare Blue | 178.65 | | | | 178.65 | 980.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EMG W OR W/O PARASPINAL 4EXTRE | 95864 | CPT | | | | inpatient | | | 1032 | 205.45 | UHC | Medicare | 178.65 | | | | 178.65 | 980.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EMG W OR W/O PARASPINAL 4EXTRE | 95864 | CPT | | | | inpatient | | | 1032 | 205.45 | Horizon | Indemnity | 345.69 | | | | 178.65 | 980.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EMG W OR W/O PARASPINAL 4EXTRE | 95864 | CPT | | | | inpatient | | | 1032 | 205.45 | WellPoint | WellPoint | 332.1 | 32.18 | | | 178.65 | 980.4 | percent of total billed charges | |
| HC EMG W OR W/O PARASPINAL 4EXTRE | 95864 | CPT | | | | inpatient | | | 1032 | 205.45 | Wellcare | Medicaid | 325.6 | 31.55 | | | 178.65 | 980.4 | percent of total billed charges | |
| HC EMG W OR W/O PARASPINAL 4EXTRE | 95864 | CPT | | | | inpatient | | | 1032 | 205.45 | Wellcare | Medicare | 178.65 | | | | 178.65 | 980.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EMG W OR W/O PARASPINAL 4EXTRE | 95864 | CPT | | | | inpatient | | | 1032 | 205.45 | Consumer | Consumer | 980.4 | 95 | | | 178.65 | 980.4 | percent of total billed charges | |
| HC EMG W OR W/O PARASPINAL 4EXTRE | 95864 | CPT | | | | inpatient | | | 1032 | 205.45 | Horizon | MGD | 345.69 | | | | 178.65 | 980.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC EMG W OR W/O PARASPINAL 4EXTRE | 95864 | CPT | | | | inpatient | | | 1032 | 205.45 | Multiplan | Multiplan | 825.6 | 80 | | | 178.65 | 980.4 | percent of total billed charges | |
| HC EMG W OR W/O PARASPINAL 4EXTRE | 95864 | CPT | | | | inpatient | | | 1032 | 205.45 | UHC | Medicaid | 325.6 | 31.55 | | | 178.65 | 980.4 | percent of total billed charges | |
| HC EMG W OR W/O PARASPINAL 4EXTRE | 95864 | CPT | | | | inpatient | | | 1032 | 205.45 | First Trenton | First Trenton | 928.8 | 90 | | | 178.65 | 980.4 | percent of total billed charges | |
| HC EMG W OR W/O PARASPINAL 4EXTRE | 95864 | CPT | | | | inpatient | | | 1032 | 205.45 | Qualcare | Qualcare | 774 | 75 | | | 178.65 | 980.4 | percent of total billed charges | |
| HC EMG W OR W/O PARASPINAL 4EXTRE | 95864 | CPT | | | | inpatient | | | 1032 | 205.45 | Horizon | NJ Health | 548.1 | | | | 178.65 | 980.4 | fee schedule | |
| HC EMG W OR W/O PARASPINAL 4EXTRE | 95864 | CPT | | | | inpatient | | | 1032 | 205.45 | Managed Care Inc | Managed Care Inc | 928.8 | 90 | | | 178.65 | 980.4 | percent of total billed charges | |
| HC EMG W OR W/O PARASPINAL 4EXTRE | 95864 | CPT | | | | inpatient | | | 1032 | 205.45 | Three Rivers | Three Rivers | 980.4 | 95 | | | 178.65 | 980.4 | percent of total billed charges | |
| HC NEEDLE EMG CRANIAL NRV MUSCLE UNILAT | 95867 | CPT | | | | outpatient | | | 1038 | 412.82 | Horizon | MGD | 694.61 | | | | 60 | 986.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEEDLE EMG CRANIAL NRV MUSCLE UNILAT | 95867 | CPT | | | | outpatient | | | 1038 | 412.82 | Corrections | Corrections | 830.4 | 80 | | | 60 | 986.1 | percent of total billed charges | |
| HC NEEDLE EMG CRANIAL NRV MUSCLE UNILAT | 95867 | CPT | | | | outpatient | | | 1038 | 412.82 | Aetna | Medicare | 358.97 | | | | 60 | 986.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEEDLE EMG CRANIAL NRV MUSCLE UNILAT | 95867 | CPT | | | | outpatient | | | 1038 | 412.82 | Americare | Americare | 778.5 | 75 | | | 60 | 986.1 | percent of total billed charges | |
| HC NEEDLE EMG CRANIAL NRV MUSCLE UNILAT | 95867 | CPT | | | | outpatient | | | 1038 | 412.82 | UHC | Medicaid | 327.49 | 31.55 | | | 60 | 986.1 | percent of total billed charges | |
| HC NEEDLE EMG CRANIAL NRV MUSCLE UNILAT | 95867 | CPT | | | | outpatient | | | 1038 | 412.82 | First Trenton | First Trenton | 934.2 | 90 | | | 60 | 986.1 | percent of total billed charges | |
| HC NEEDLE EMG CRANIAL NRV MUSCLE UNILAT | 95867 | CPT | | | | outpatient | | | 1038 | 412.82 | Aetna | Better Health | 327.49 | 31.55 | | | 60 | 986.1 | percent of total billed charges | |
| HC NEEDLE EMG CRANIAL NRV MUSCLE UNILAT | 95867 | CPT | | | | outpatient | | | 1038 | 412.82 | Horizon | Indemnity | 694.61 | | | | 60 | 986.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEEDLE EMG CRANIAL NRV MUSCLE UNILAT | 95867 | CPT | | | | outpatient | | | 1038 | 412.82 | Consumer | Consumer | 986.1 | 95 | | | 60 | 986.1 | percent of total billed charges | |
| HC NEEDLE EMG CRANIAL NRV MUSCLE UNILAT | 95867 | CPT | | | | outpatient | | | 1038 | 412.82 | Horizon | PPO | 694.61 | | | | 60 | 986.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEEDLE EMG CRANIAL NRV MUSCLE UNILAT | 95867 | CPT | | | | outpatient | | | 1038 | 412.82 | Multiplan | Multiplan | 830.4 | 80 | | | 60 | 986.1 | percent of total billed charges | |
| HC NEEDLE EMG CRANIAL NRV MUSCLE UNILAT | 95867 | CPT | | | | outpatient | | | 1038 | 412.82 | Amerihealth | HMO/PPO | 60 | | | | 60 | 986.1 | fee schedule | |
| HC NEEDLE EMG CRANIAL NRV MUSCLE UNILAT | 95867 | CPT | | | | outpatient | | | 1038 | 412.82 | First Health | First Health | 726.6 | 70 | | | 60 | 986.1 | percent of total billed charges | |
| HC NEEDLE EMG CRANIAL NRV MUSCLE UNILAT | 95867 | CPT | | | | outpatient | | | 1038 | 412.82 | Horizon | NJ Health | 66.32 | | | | 60 | 986.1 | fee schedule | |
| HC NEEDLE EMG CRANIAL NRV MUSCLE UNILAT | 95867 | CPT | | | | outpatient | | | 1038 | 412.82 | Qualcare | Qualcare | 778.5 | 75 | | | 60 | 986.1 | percent of total billed charges | |
| HC NEEDLE EMG CRANIAL NRV MUSCLE UNILAT | 95867 | CPT | | | | outpatient | | | 1038 | 412.82 | Horizon | Medicare Blue | 358.97 | | | | 60 | 986.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEEDLE EMG CRANIAL NRV MUSCLE UNILAT | 95867 | CPT | | | | outpatient | | | 1038 | 412.82 | WellPoint | WellPoint | 334.03 | 32.18 | | | 60 | 986.1 | percent of total billed charges | |
| HC NEEDLE EMG CRANIAL NRV MUSCLE UNILAT | 95867 | CPT | | | | outpatient | | | 1038 | 412.82 | Wellcare | Medicaid | 327.49 | 31.55 | | | 60 | 986.1 | percent of total billed charges | |
| HC NEEDLE EMG CRANIAL NRV MUSCLE UNILAT | 95867 | CPT | | | | outpatient | | | 1038 | 412.82 | Managed Care Inc | Managed Care Inc | 934.2 | 90 | | | 60 | 986.1 | percent of total billed charges | |
| HC NEEDLE EMG CRANIAL NRV MUSCLE UNILAT | 95867 | CPT | | | | outpatient | | | 1038 | 412.82 | UHC | Medicare | 358.97 | | | | 60 | 986.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEEDLE EMG CRANIAL NRV MUSCLE UNILAT | 95867 | CPT | | | | outpatient | | | 1038 | 412.82 | Three Rivers | Three Rivers | 986.1 | 95 | | | 60 | 986.1 | percent of total billed charges | |
| HC NEEDLE EMG CRANIAL NRV MUSCLE UNILAT | 95867 | CPT | | | | outpatient | | | 1038 | 412.82 | Wellcare | Medicare | 358.97 | | | | 60 | 986.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEEDLE EMG CRANIAL NRV MUSCLE BILAT | 95868 | CPT | | | | outpatient | | | 1038 | 412.82 | Multiplan | Multiplan | 830.4 | 80 | | | 130 | 986.1 | percent of total billed charges | |
| HC NEEDLE EMG CRANIAL NRV MUSCLE BILAT | 95868 | CPT | | | | outpatient | | | 1038 | 412.82 | Horizon | MGD | 694.61 | | | | 130 | 986.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEEDLE EMG CRANIAL NRV MUSCLE BILAT | 95868 | CPT | | | | outpatient | | | 1038 | 412.82 | Horizon | Indemnity | 694.61 | | | | 130 | 986.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEEDLE EMG CRANIAL NRV MUSCLE BILAT | 95868 | CPT | | | | outpatient | | | 1038 | 412.82 | Aetna | Medicare | 358.97 | | | | 130 | 986.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEEDLE EMG CRANIAL NRV MUSCLE BILAT | 95868 | CPT | | | | outpatient | | | 1038 | 412.82 | Americare | Americare | 778.5 | 75 | | | 130 | 986.1 | percent of total billed charges | |
| HC NEEDLE EMG CRANIAL NRV MUSCLE BILAT | 95868 | CPT | | | | outpatient | | | 1038 | 412.82 | First Health | First Health | 726.6 | 70 | | | 130 | 986.1 | percent of total billed charges | |
| HC NEEDLE EMG CRANIAL NRV MUSCLE BILAT | 95868 | CPT | | | | outpatient | | | 1038 | 412.82 | Wellcare | Medicare | 358.97 | | | | 130 | 986.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEEDLE EMG CRANIAL NRV MUSCLE BILAT | 95868 | CPT | | | | outpatient | | | 1038 | 412.82 | Aetna | Better Health | 327.49 | 31.55 | | | 130 | 986.1 | percent of total billed charges | |
| HC NEEDLE EMG CRANIAL NRV MUSCLE BILAT | 95868 | CPT | | | | outpatient | | | 1038 | 412.82 | Qualcare | Qualcare | 778.5 | 75 | | | 130 | 986.1 | percent of total billed charges | |
| HC NEEDLE EMG CRANIAL NRV MUSCLE BILAT | 95868 | CPT | | | | outpatient | | | 1038 | 412.82 | UHC | Medicaid | 327.49 | 31.55 | | | 130 | 986.1 | percent of total billed charges | |
| HC NEEDLE EMG CRANIAL NRV MUSCLE BILAT | 95868 | CPT | | | | outpatient | | | 1038 | 412.82 | Horizon | Medicare Blue | 358.97 | | | | 130 | 986.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEEDLE EMG CRANIAL NRV MUSCLE BILAT | 95868 | CPT | | | | outpatient | | | 1038 | 412.82 | Corrections | Corrections | 830.4 | 80 | | | 130 | 986.1 | percent of total billed charges | |
| HC NEEDLE EMG CRANIAL NRV MUSCLE BILAT | 95868 | CPT | | | | outpatient | | | 1038 | 412.82 | Amerihealth | HMO/PPO | 130 | | | | 130 | 986.1 | fee schedule | |
| HC NEEDLE EMG CRANIAL NRV MUSCLE BILAT | 95868 | CPT | | | | outpatient | | | 1038 | 412.82 | Three Rivers | Three Rivers | 986.1 | 95 | | | 130 | 986.1 | percent of total billed charges | |
| HC NEEDLE EMG CRANIAL NRV MUSCLE BILAT | 95868 | CPT | | | | outpatient | | | 1038 | 412.82 | WellPoint | WellPoint | 334.03 | 32.18 | | | 130 | 986.1 | percent of total billed charges | |
| HC NEEDLE EMG CRANIAL NRV MUSCLE BILAT | 95868 | CPT | | | | outpatient | | | 1038 | 412.82 | Consumer | Consumer | 986.1 | 95 | | | 130 | 986.1 | percent of total billed charges | |
| HC NEEDLE EMG CRANIAL NRV MUSCLE BILAT | 95868 | CPT | | | | outpatient | | | 1038 | 412.82 | Wellcare | Medicaid | 327.49 | 31.55 | | | 130 | 986.1 | percent of total billed charges | |
| HC NEEDLE EMG CRANIAL NRV MUSCLE BILAT | 95868 | CPT | | | | outpatient | | | 1038 | 412.82 | UHC | Medicare | 358.97 | | | | 130 | 986.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEEDLE EMG CRANIAL NRV MUSCLE BILAT | 95868 | CPT | | | | outpatient | | | 1038 | 412.82 | Horizon | PPO | 694.61 | | | | 130 | 986.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEEDLE EMG CRANIAL NRV MUSCLE BILAT | 95868 | CPT | | | | outpatient | | | 1038 | 412.82 | First Trenton | First Trenton | 934.2 | 90 | | | 130 | 986.1 | percent of total billed charges | |
| HC NEEDLE EMG CRANIAL NRV MUSCLE BILAT | 95868 | CPT | | | | outpatient | | | 1038 | 412.82 | Horizon | NJ Health | 334.08 | | | | 130 | 986.1 | fee schedule | |
| HC NEEDLE EMG CRANIAL NRV MUSCLE BILAT | 95868 | CPT | | | | outpatient | | | 1038 | 412.82 | Managed Care Inc | Managed Care Inc | 934.2 | 90 | | | 130 | 986.1 | percent of total billed charges | |
| HC NEEDLE EMG THORACIC PARASPINAL MUSC EXCL T1&T12 | 95869 | CPT | | | | outpatient | | | 912.13 | 412.82 | Americare | Americare | 684.1 | 75 | | | 30 | 866.52 | percent of total billed charges | |
| HC NEEDLE EMG THORACIC PARASPINAL MUSC EXCL T1&T12 | 95869 | CPT | | | | outpatient | | | 912.13 | 412.82 | First Health | First Health | 638.49 | 70 | | | 30 | 866.52 | percent of total billed charges | |
| HC NEEDLE EMG THORACIC PARASPINAL MUSC EXCL T1&T12 | 95869 | CPT | | | | outpatient | | | 912.13 | 412.82 | First Trenton | First Trenton | 820.92 | 90 | | | 30 | 866.52 | percent of total billed charges | |
| HC NEEDLE EMG THORACIC PARASPINAL MUSC EXCL T1&T12 | 95869 | CPT | | | | outpatient | | | 912.13 | 412.82 | Aetna | Medicare | 358.97 | | | | 30 | 866.52 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEEDLE EMG THORACIC PARASPINAL MUSC EXCL T1&T12 | 95869 | CPT | | | | outpatient | | | 912.13 | 412.82 | Amerihealth | HMO/PPO | 30 | | | | 30 | 866.52 | fee schedule | |
| HC NEEDLE EMG THORACIC PARASPINAL MUSC EXCL T1&T12 | 95869 | CPT | | | | outpatient | | | 912.13 | 412.82 | Aetna | Better Health | 287.78 | 31.55 | | | 30 | 866.52 | percent of total billed charges | |
| HC NEEDLE EMG THORACIC PARASPINAL MUSC EXCL T1&T12 | 95869 | CPT | | | | outpatient | | | 912.13 | 412.82 | UHC | Medicaid | 287.78 | 31.55 | | | 30 | 866.52 | percent of total billed charges | |
| HC NEEDLE EMG THORACIC PARASPINAL MUSC EXCL T1&T12 | 95869 | CPT | | | | outpatient | | | 912.13 | 412.82 | Multiplan | Multiplan | 729.7 | 80 | | | 30 | 866.52 | percent of total billed charges | |
| HC NEEDLE EMG THORACIC PARASPINAL MUSC EXCL T1&T12 | 95869 | CPT | | | | outpatient | | | 912.13 | 412.82 | Horizon | PPO | 694.61 | | | | 30 | 866.52 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEEDLE EMG THORACIC PARASPINAL MUSC EXCL T1&T12 | 95869 | CPT | | | | outpatient | | | 912.13 | 412.82 | Horizon | Medicare Blue | 358.97 | | | | 30 | 866.52 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEEDLE EMG THORACIC PARASPINAL MUSC EXCL T1&T12 | 95869 | CPT | | | | outpatient | | | 912.13 | 412.82 | UHC | Medicare | 358.97 | | | | 30 | 866.52 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEEDLE EMG THORACIC PARASPINAL MUSC EXCL T1&T12 | 95869 | CPT | | | | outpatient | | | 912.13 | 412.82 | Corrections | Corrections | 729.7 | 80 | | | 30 | 866.52 | percent of total billed charges | |
| HC NEEDLE EMG THORACIC PARASPINAL MUSC EXCL T1&T12 | 95869 | CPT | | | | outpatient | | | 912.13 | 412.82 | Wellcare | Medicare | 358.97 | | | | 30 | 866.52 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEEDLE EMG THORACIC PARASPINAL MUSC EXCL T1&T12 | 95869 | CPT | | | | outpatient | | | 912.13 | 412.82 | Consumer | Consumer | 866.52 | 95 | | | 30 | 866.52 | percent of total billed charges | |
| HC NEEDLE EMG THORACIC PARASPINAL MUSC EXCL T1&T12 | 95869 | CPT | | | | outpatient | | | 912.13 | 412.82 | WellPoint | WellPoint | 293.52 | 32.18 | | | 30 | 866.52 | percent of total billed charges | |
| HC NEEDLE EMG THORACIC PARASPINAL MUSC EXCL T1&T12 | 95869 | CPT | | | | outpatient | | | 912.13 | 412.82 | Horizon | MGD | 694.61 | | | | 30 | 866.52 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEEDLE EMG THORACIC PARASPINAL MUSC EXCL T1&T12 | 95869 | CPT | | | | outpatient | | | 912.13 | 412.82 | Qualcare | Qualcare | 684.1 | 75 | | | 30 | 866.52 | percent of total billed charges | |
| HC NEEDLE EMG THORACIC PARASPINAL MUSC EXCL T1&T12 | 95869 | CPT | | | | outpatient | | | 912.13 | 412.82 | Horizon | Indemnity | 694.61 | | | | 30 | 866.52 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEEDLE EMG THORACIC PARASPINAL MUSC EXCL T1&T12 | 95869 | CPT | | | | outpatient | | | 912.13 | 412.82 | Wellcare | Medicaid | 287.78 | 31.55 | | | 30 | 866.52 | percent of total billed charges | |
| HC NEEDLE EMG THORACIC PARASPINAL MUSC EXCL T1&T12 | 95869 | CPT | | | | outpatient | | | 912.13 | 412.82 | Horizon | NJ Health | 94.74 | | | | 30 | 866.52 | fee schedule | |
| HC NEEDLE EMG THORACIC PARASPINAL MUSC EXCL T1&T12 | 95869 | CPT | | | | outpatient | | | 912.13 | 412.82 | Managed Care Inc | Managed Care Inc | 820.92 | 90 | | | 30 | 866.52 | percent of total billed charges | |
| HC NEEDLE EMG THORACIC PARASPINAL MUSC EXCL T1&T12 | 95869 | CPT | | | | outpatient | | | 912.13 | 412.82 | Three Rivers | Three Rivers | 866.52 | 95 | | | 30 | 866.52 | percent of total billed charges | |
| HC NEEDLE EMG LTD STUDY 1 EXTREMITY OR NON-LIMB MUSC | 95870 | CPT | | | | outpatient | | | 442 | 168 | Corrections | Corrections | 353.6 | 80 | | | 70 | 419.9 | percent of total billed charges | |
| HC NEEDLE EMG LTD STUDY 1 EXTREMITY OR NON-LIMB MUSC | 95870 | CPT | | | | outpatient | | | 442 | 168 | Amerihealth | HMO/PPO | 70 | | | | 70 | 419.9 | fee schedule | |
| HC NEEDLE EMG LTD STUDY 1 EX

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC NEEDLE EMG LTD STUDY 1 EXTREMITY OR NON-LIMB MUSC | 95870 | CPT | | | | outpatient | | | 442 | 168 | UHC | Medicare | 146.09 | | | | 70 | 419.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEEDLE EMG LTD STUDY 1 EXTREMITY OR NON-LIMB MUSC | 95870 | CPT | | | | outpatient | | | 442 | 168 | Horizon | Indemnity | 282.68 | | | | 70 | 419.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEEDLE EMG LTD STUDY 1 EXTREMITY OR NON-LIMB MUSC | 95870 | CPT | | | | outpatient | | | 442 | 168 | UHC | Medicaid | 139.45 | 31.55 | | | 70 | 419.9 | percent of total billed charges | |
| HC NEEDLE EMG LTD STUDY 1 EXTREMITY OR NON-LIMB MUSC | 95870 | CPT | | | | outpatient | | | 442 | 168 | Horizon | NJ Health | 135.72 | | | | 70 | 419.9 | fee schedule | |
| HC NEEDLE EMG LTD STUDY 1 EXTREMITY OR NON-LIMB MUSC | 95870 | CPT | | | | outpatient | | | 442 | 168 | Managed Care Inc | Managed Care Inc | 397.8 | 90 | | | 70 | 419.9 | percent of total billed charges | |
| HC NEEDLE EMG LTD STUDY 1 EXTREMITY OR NON-LIMB MUSC | 95870 | CPT | | | | outpatient | | | 442 | 168 | WellPoint | WellPoint | 142.24 | 32.18 | | | 70 | 419.9 | percent of total billed charges | |
| HC NEEDLE EMG LTD STUDY 1 EXTREMITY OR NON-LIMB MUSC | 95870 | CPT | | | | outpatient | | | 442 | 168 | Wellcare | Medicaid | 139.45 | 31.55 | | | 70 | 419.9 | percent of total billed charges | |
| HC NEEDLE EMG LTD STUDY 1 EXTREMITY OR NON-LIMB MUSC | 95870 | CPT | | | | outpatient | | | 442 | 168 | Horizon | MGD | 282.68 | | | | 70 | 419.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEEDLE EMG LTD STUDY 1 EXTREMITY OR NON-LIMB MUSC | 95870 | CPT | | | | outpatient | | | 442 | 168 | Wellcare | Medicare | 146.09 | | | | 70 | 419.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEEDLE EMG LTD STUDY 1 EXTREMITY OR NON-LIMB MUSC | 95870 | CPT | | | | outpatient | | | 442 | 168 | Multiplan | Multiplan | 353.6 | 80 | | | 70 | 419.9 | percent of total billed charges | |
| HC NEEDLE EMG LTD STUDY 1 EXTREMITY OR NON-LIMB MUSC | 95870 | CPT | | | | outpatient | | | 442 | 168 | Three Rivers | Three Rivers | 419.9 | 95 | | | 70 | 419.9 | percent of total billed charges | |
| HC NEEDLE EMG GUID W/CHEMODENERVATION | 95874 | CPT | | | | outpatient | | | 250 | | Americare | Americare | 187.5 | 75 | | | 75 | 237.5 | percent of total billed charges | |
| HC NEEDLE EMG GUID W/CHEMODENERVATION | 95874 | CPT | | | | outpatient | | | 250 | | Amerihealth | HMO/PPO | 162.5 | 65 | | | 75 | 237.5 | percent of total billed charges | |
| HC NEEDLE EMG GUID W/CHEMODENERVATION | 95874 | CPT | | | | outpatient | | | 250 | | Aetna | Better Health | 78.88 | 31.55 | | | 75 | 237.5 | percent of total billed charges | |
| HC NEEDLE EMG GUID W/CHEMODENERVATION | 95874 | CPT | | | | outpatient | | | 250 | | First Trenton | First Trenton | 225 | 90 | | | 75 | 237.5 | percent of total billed charges | |
| HC NEEDLE EMG GUID W/CHEMODENERVATION | 95874 | CPT | | | | outpatient | | | 250 | | Aetna | Medicare | 77 | 30.8 | | | 75 | 237.5 | percent of total billed charges | |
| HC NEEDLE EMG GUID W/CHEMODENERVATION | 95874 | CPT | | | | outpatient | | | 250 | | Corrections | Corrections | 200 | 80 | | | 75 | 237.5 | percent of total billed charges | |
| HC NEEDLE EMG GUID W/CHEMODENERVATION | 95874 | CPT | | | | outpatient | | | 250 | | Consumer | Consumer | 237.5 | 95 | | | 75 | 237.5 | percent of total billed charges | |
| HC NEEDLE EMG GUID W/CHEMODENERVATION | 95874 | CPT | | | | outpatient | | | 250 | | Horizon | Indemnity | 95.7 | 38.28 | | | 75 | 237.5 | percent of total billed charges | |
| HC NEEDLE EMG GUID W/CHEMODENERVATION | 95874 | CPT | | | | outpatient | | | 250 | | Horizon | MGD | 95.7 | 38.28 | | | 75 | 237.5 | percent of total billed charges | |
| HC NEEDLE EMG GUID W/CHEMODENERVATION | 95874 | CPT | | | | outpatient | | | 250 | | First Health | First Health | 175 | 70 | | | 75 | 237.5 | percent of total billed charges | |
| HC NEEDLE EMG GUID W/CHEMODENERVATION | 95874 | CPT | | | | outpatient | | | 250 | | Horizon | NJ Health | 96.57 | | | | 75 | 237.5 | fee schedule | |
| HC NEEDLE EMG GUID W/CHEMODENERVATION | 95874 | CPT | | | | outpatient | | | 250 | | Horizon | PPO | 95.7 | 38.28 | | | 75 | 237.5 | percent of total billed charges | |
| HC NEEDLE EMG GUID W/CHEMODENERVATION | 95874 | CPT | | | | outpatient | | | 250 | | UHC | Medicaid | 78.88 | 31.55 | | | 75 | 237.5 | percent of total billed charges | |
| HC NEEDLE EMG GUID W/CHEMODENERVATION | 95874 | CPT | | | | outpatient | | | 250 | | Horizon | Medicare Blue | 75 | 30 | | | 75 | 237.5 | percent of total billed charges | |
| HC NEEDLE EMG GUID W/CHEMODENERVATION | 95874 | CPT | | | | outpatient | | | 250 | | Multiplan | Multiplan | 200 | 80 | | | 75 | 237.5 | percent of total billed charges | |
| HC NEEDLE EMG GUID W/CHEMODENERVATION | 95874 | CPT | | | | outpatient | | | 250 | | Managed Care Inc | Managed Care Inc | 225 | 90 | | | 75 | 237.5 | percent of total billed charges | |
| HC NEEDLE EMG GUID W/CHEMODENERVATION | 95874 | CPT | | | | outpatient | | | 250 | | WellPoint | WellPoint | 80.45 | 32.18 | | | 75 | 237.5 | percent of total billed charges | |
| HC NEEDLE EMG GUID W/CHEMODENERVATION | 95874 | CPT | | | | outpatient | | | 250 | | Three Rivers | Three Rivers | 237.5 | 95 | | | 75 | 237.5 | percent of total billed charges | |
| HC NEEDLE EMG GUID W/CHEMODENERVATION | 95874 | CPT | | | | outpatient | | | 250 | | Qualcare | Qualcare | 187.5 | 75 | | | 75 | 237.5 | percent of total billed charges | |
| HC NEEDLE EMG GUID W/CHEMODENERVATION | 95874 | CPT | | | | outpatient | | | 250 | | Wellcare | Medicaid | 78.88 | 31.55 | | | 75 | 237.5 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA LIMITED | 95885 | CPT | | | | outpatient | | | 395 | | Aetna | Medicare | 121.66 | 30.8 | | | 70 | 375.25 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA LIMITED | 95885 | CPT | | | | outpatient | | | 395 | | First Health | First Health | 276.5 | 70 | | | 70 | 375.25 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA LIMITED | 95885 | CPT | | | | outpatient | | | 395 | | Amerihealth | HMO/PPO | 70 | | | 110.36 | 70 | 375.25 | fee schedule | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA LIMITED | 95885 | CPT | | | | outpatient | | | 395 | | Corrections | Corrections | 316 | 80 | | | 70 | 375.25 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA LIMITED | 95885 | CPT | | | | outpatient | | | 395 | | Horizon | MGD | 151.21 | 38.28 | | | 70 | 375.25 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA LIMITED | 95885 | CPT | | | | outpatient | | | 395 | | First Trenton | First Trenton | 355.5 | 90 | | | 70 | 375.25 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA LIMITED | 95885 | CPT | | | | outpatient | | | 395 | | Aetna | Better Health | 124.62 | 31.55 | | | 70 | 375.25 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA LIMITED | 95885 | CPT | | | | outpatient | | | 395 | | Horizon | Indemnity | 151.21 | 38.28 | | | 70 | 375.25 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA LIMITED | 95885 | CPT | | | | outpatient | | | 395 | | Horizon | NJ Health | 84.07 | | | 78.36 | 70 | 375.25 | fee schedule | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA LIMITED | 95885 | CPT | | | | outpatient | | | 395 | | Horizon | Medicare Blue | 118.5 | 30 | | | 70 | 375.25 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA LIMITED | 95885 | CPT | | | | outpatient | | | 395 | | Consumer | Consumer | 375.25 | 95 | | | 70 | 375.25 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA LIMITED | 95885 | CPT | | | | outpatient | | | 395 | | WellPoint | WellPoint | 127.11 | 32.18 | | | 70 | 375.25 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA LIMITED | 95885 | CPT | | | | outpatient | | | 395 | | Americare | Americare | 296.25 | 75 | | | 70 | 375.25 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA LIMITED | 95885 | CPT | | | | outpatient | | | 395 | | Horizon | PPO | 151.21 | 38.28 | | | 70 | 375.25 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA LIMITED | 95885 | CPT | | | | outpatient | | | 395 | | UHC | Medicaid | 124.62 | 31.55 | | 132.22 | 70 | 375.25 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA LIMITED | 95885 | CPT | | | | outpatient | | | 395 | | Multiplan | Multiplan | 316 | 80 | | | 70 | 375.25 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA LIMITED | 95885 | CPT | | | | outpatient | | | 395 | | Wellcare | Medicaid | 124.62 | 31.55 | | | 70 | 375.25 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA LIMITED | 95885 | CPT | | | | outpatient | | | 395 | | Qualcare | Qualcare | 296.25 | 75 | | | 70 | 375.25 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA LIMITED | 95885 | CPT | | | | outpatient | | | 395 | | Managed Care Inc | Managed Care Inc | 355.5 | 90 | | | 70 | 375.25 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA LIMITED | 95885 | CPT | | | | outpatient | | | 395 | | Three Rivers | Three Rivers | 375.25 | 95 | | | 70 | 375.25 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA COMPLETE | 95886 | CPT | | | | both | | | 3738 | | Amerihealth | HMO/PPO | 70 | | | | 70 | 3551.1 | fee schedule | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA COMPLETE | 95886 | CPT | | | | both | | | 3738 | | Americare | Americare | 2803.5 | 75 | | | 70 | 3551.1 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA COMPLETE | 95886 | CPT | | | | both | | | 3738 | | Corrections | Corrections | 2990.4 | 80 | | | 70 | 3551.1 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA COMPLETE | 95886 | CPT | | | | both | | | 3738 | | Aetna | Medicare | 1151.3 | 30.8 | | | 70 | 3551.1 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA COMPLETE | 95886 | CPT | | | | both | | | 3738 | | First Trenton | First Trenton | 3364.2 | 90 | | | 70 | 3551.1 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA COMPLETE | 95886 | CPT | | | | both | | | 3738 | | First Health | First Health | 2616.6 | 70 | | | 70 | 3551.1 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA COMPLETE | 95886 | CPT | | | | both | | | 3738 | | Multiplan | Multiplan | 2990.4 | 80 | | | 70 | 3551.1 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA COMPLETE | 95886 | CPT | | | | both | | | 3738 | | Aetna | Better Health | 1179.34 | 31.55 | | | 70 | 3551.1 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA COMPLETE | 95886 | CPT | | | | both | | | 3738 | | Horizon | Indemnity | 1430.91 | 38.28 | | | 70 | 3551.1 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA COMPLETE | 95886 | CPT | | | | both | | | 3738 | | Consumer | Consumer | 3551.1 | 95 | | | 70 | 3551.1 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA COMPLETE | 95886 | CPT | | | | both | | | 3738 | | Horizon | Medicare Blue | 1121.4 | 30 | | | 70 | 3551.1 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA COMPLETE | 95886 | CPT | | | | both | | | 3738 | | WellPoint | WellPoint | 1202.89 | 32.18 | | | 70 | 3551.1 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA COMPLETE | 95886 | CPT | | | | both | | | 3738 | | Horizon | PPO | 1430.91 | 38.28 | | | 70 | 3551.1 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA COMPLETE | 95886 | CPT | | | | both | | | 3738 | | Horizon | MGD | 1430.91 | 38.28 | | | 70 | 3551.1 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA COMPLETE | 95886 | CPT | | | | both | | | 3738 | | Qualcare | Qualcare | 2803.5 | 75 | | | 70 | 3551.1 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA COMPLETE | 95886 | CPT | | | | both | | | 3738 | | Wellcare | Medicaid | 1179.34 | 31.55 | | | 70 | 3551.1 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA COMPLETE | 95886 | CPT | | | | both | | | 3738 | | Managed Care Inc | Managed Care Inc | 3364.2 | 90 | | | 70 | 3551.1 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA COMPLETE | 95886 | CPT | | | | both | | | 3738 | | Horizon | NJ Health | 129.35 | | | | 70 | 3551.1 | fee schedule | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA COMPLETE | 95886 | CPT | | | | both | | | 3738 | | Three Rivers | Three Rivers | 3551.1 | 95 | | | 70 | 3551.1 | percent of total billed charges | |
| HC NEEDLE EMG EA EXTREMITY W/PARASPINAL AREA COMPLETE | 95886 | CPT | | | | both | | | 3738 | | UHC | Medicaid | 1179.34 | 31.55 | | | 70 | 3551.1 | percent of total billed charges | |
| HC NEEDLE EMG NONEXTREMITY MUSCLES W/NERVE CONDUCTION | 95887 | CPT | | | | outpatient | | | 286.88 | | Multiplan | Multiplan | 229.5 | 80 | | | 70 | 272.54 | percent of total billed charges | |
| HC NEEDLE EMG NONEXTREMITY MUSCLES W/NERVE CONDUCTION | 95887 | CPT | | | | outpatient | | | 286.88 | | First Trenton | First Trenton | 258.19 | 90 | | | 70 | 272.54 | percent of total billed charges | |
| HC NEEDLE EMG NONEXTREMITY MUSCLES W/NERVE CONDUCTION | 95887 | CPT | | | | outpatient | | | 286.88 | | Consumer | Consumer | 272.54 | 95 | | | 70 | 272.54 | percent of total billed charges | |
| HC NEEDLE EMG NONEXTREMITY MUSCLES W/NERVE CONDUCTION | 95887 | CPT | | | | outpatient | | | 286.88 | | Aetna | Medicare | 88.36 | 30.8 | | | 70 | 272.54 | percent of total billed charges | |
| HC NEEDLE EMG NONEXTREMITY MUSCLES W/NERVE CONDUCTION | 95887 | CPT | | | | outpatient | | | 286.88 | | Americare | Americare | 215.16 | 75 | | | 70 | 272.54 | percent of total billed charges | |
| HC NEEDLE EMG NONEXTREMITY MUSCLES W/NERVE CONDUCTION | 95887 | CPT | | | | outpatient | | | 286.88 | | Horizon | Indemnity | 109.82 | 38.28 | | | 70 | 272.54 | percent of total billed charges | |
| HC NEEDLE EMG NONEXTREMITY MUSCLES W/NERVE CONDUCTION | 95887 | CPT | | | | outpatient | | | 286.88 | | Aetna | Better Health | 90.51 | 31.55 | | | 70 | 272.54 | percent of total billed charges | |
| HC NEEDLE EMG NONEXTREMITY MUSCLES W/NERVE CONDUCTION | 95887 | CPT | | | | outpatient | | | 286.88 | | UHC | Medicaid | 90.51 | 31.55 | | | 70 | 272.54 | percent of total billed charges | |
| HC NEEDLE EMG NONEXTREMITY MUSCLES W/NERVE CONDUCTION | 95887 | CPT | | | | outpatient | | | 286.88 | | Qualcare | Qualcare | 215.16 | 75 | | | 70 | 272.54 | percent of total billed charges | |
| HC NEEDLE EMG NONEXTREMITY MUSCLES W/NERVE CONDUCTION | 95887 | CPT | | | | outpatient | | | 286.88 | | Horizon | PPO | 109.82 | 38.28 | | | 70 | 272.54 | percent of total billed charges | |
| HC NEEDLE EMG NONEXTREMITY MUSCLES W/NERVE CONDUCTION | 95887 | CPT | | | | outpatient | | | 286.88 | | Corrections | Corrections | 229.5 | 80 | | | 70 | 272.54 | percent of total billed charges | |
| HC NEEDLE EMG NONEXTREMITY MUSCLES W/NERVE CONDUCTION | 95887 | CPT | | | | outpatient | | | 286.88 | | Amerihealth | HMO/PPO | 70 | | | | 70 | 272.54 | fee schedule | |
| HC NEEDLE EMG NONEXTREMITY MUSCLES W/NERVE CONDUCTION | 95887 | CPT | | | | outpatient | | | 286.88 | | Three Rivers | Three Rivers | 272.54 | 95 | | | 70 | 272.54 | percent of total billed charges | |
| HC NEEDLE EMG NONEXTREMITY MUSCLES W/NERVE CONDUCTION | 95887 | CPT | | | | outpatient | | | 286.88 | | Managed Care Inc | Managed Care Inc | 258.19 | 90 | | | 70 | 272.54 | percent of total billed charges | |
| HC NEEDLE EMG NONEXTREMITY MUSCLES W/NERVE CONDUCTION | 95887 | CPT | | | | outpatient | | | 286.88 | | Horizon | Medicare Blue | 86.06 | 30 | | | 70 | 272.54 | percent of total billed charges | |
| HC NEEDLE EMG NONEXTREMITY MUSCLES W/NERVE CONDUCTION | 95887 | CPT | | | | outpatient | | | 286.88 | | First Health | First Health | 200.82 | 70 | | | 70 | 272.54 | percent of total billed charges | |
| HC NEEDLE EMG NONEXTREMITY MUSCLES W/NERVE CONDUCTION | 95887 | CPT | | | | outpatient | | | 286.88 | | Horizon | NJ Health | 88.82 | | | | 70 | 272.54 | fee schedule | |
| HC NEEDLE EMG NONEXTREMITY MUSCLES W/NERVE CONDUCTION | 95887 | CPT | | | | outpatient | | | 286.88 | | Horizon | MGD | 109.82 | 38.28 | | | 70 | 272.54 | percent of total billed charges | |
| HC NEEDLE EMG NONEXTREMITY MUSCLES W/NERVE CONDUCTION | 95887 | CPT | | | | outpatient | | | 286.88 | | WellPoint | WellPoint | 92.32 | 32.18 | | | 70 | 272.54 | percent of total billed charges | |
| HC NEEDLE EMG NONEXTREMITY MUSCLES W/NERVE CONDUCTION | 95887 | CPT | | | | outpatient | | | 286.88 | | Wellcare | Medicaid | 90.51 | 31.55 | | | 70 | 272.54 | percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 1-2 STUDIES | 95907 | CPT | | | | outpatient | | | 532 | 205.45 | Corrections | Corrections | 425.6 | 80 | | | 30 | 505.4 | percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 1-2 STUDIES | 95907 | CPT | | | | outpatient | | | 532 | 205.45 | First Health | First Health | 372.4 | 70 | | | 30 | 505.4 | percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 1-2 STUDIES | 95907 | CPT | | | | outpatient | | | 532 | 205.45 | UHC | Medicare | 178.65 | | | | 30 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION STUDIES 1-2 STUDIES | 95907 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | PPO | 345.69 | | | | 30 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION STUDIES 1-2 STUDIES | 95907 | CPT | | | | outpatient | | | 532 | 205.45 | First Trenton | First Trenton | 478.8 | 90 | | | 30 | 505.4 | percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 1-2 STUDIES | 95907 | CPT | | | | outpatient | | | 532 | 205.45 | Aetna | Better Health | 167.85 | 31.55 | | | 30 | 505.4 | percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 1-2 STUDIES | 95907 | CPT | | | | outpatient | | | 532 | 205.45 | Americare | Americare | 399 | 75 | | | 30 | 505.4 | percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 1-2 STUDIES | 95907 | CPT | | | | outpatient | | | 532 | 205.45 | Aetna | Medicare | 178.65 | | | | 30 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION STUDIES 1-2 STUDIES | 95907 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | Indemnity | 345.69 | | | | 30 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION STUDIES 1-2 STUDIES | 95907 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | Medicare Blue | 178.65 | | | | 30 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION STUDIES 1-2 STUDIES | 95907 | CPT | | | | outpatient | | | 532 | 205.45 | Amerihealth | HMO/PPO | 30 | | | | 30 | 505.4 | fee schedule | |
| HC NERVE CONDUCTION STUDIES 1-2 STUDIES | 95907 | CPT | | | | outpatient | | | 532 | 205.45 | WellPoint | WellPoint | 171.2 | 32.18 | | | 30 | 505.4 | percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 1-2 STUDIES | 95907 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | NJ Health | 139.71 | | | 139.71 | 30 | 505.4 | fee schedule | |
| HC NERVE CONDUCTION STUDIES 1-2 STUDIES | 95907 | CPT | | | | outpatient | | | 532 | 205.45 | Consumer | Consumer | 505.4 | 95 | | | 30 | 505.4 | percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 1-2 STUDIES | 95907 | CPT | | | | outpatient | | | 532 | 205.45 | Managed Care Inc | Managed Care Inc | 478.8 | 90 | | | 30 | 505.4 | percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 1-2 STUDIES | 95907 | CPT | | | | outpatient | | | 532 | 205.45 | Horizon | MGD | 345.69 | | | | 30 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION STUDIES 1-2 STUDIES | 95907 | CPT | | | | outpatient | | | 532 | 205.45 | Three Rivers | Three Rivers | 505.4 | 95 | | | 30 | 505.4 | percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 1-2 STUDIES | 95907 | CPT | | | | outpatient | | | 532 | 205.45 | Multiplan | Multiplan | 425.6 | 80 | | | 30 | 505.4 | percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 1-2 STUDIES | 95907 | CPT | | | | outpatient | | | 532 | 205.45 | Wellcare | Medicare | 178.65 | | | | 30 | 505.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION STUDIES 1-2 STUDIES | 95907 | CPT | | | | outpatient | | | 532 | 205.45 | Wellcare | Medicaid | 167.85 | 31.55 | | | 30 | 505.4 | percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 1-2 STUDIES | 95907 | CPT | | | | outpatient | | | 532 | 205.45 | Qualcare | Qualcare | 399 | 75 | | | 30 | 505.4 | percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 1-2 STUDIES | 95907 | CPT | | | | outpatient | | | 532 | 205.45 | UHC | Medicaid | 167.85 | 31.55 | | 65.02 | 30 | 505.4 | percent of total billed charges | |
| HC NERVE CONDUCTION 3-4 STUDIES | 95908 | CPT | | | | outpatient | | | 1036 | 412.82 | UHC | Medicare | 358.97 | | | | 90 | 984.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION 3-4 STUDIES | 95908 | CPT | | | | outpatient | | | 1036 | 412.82 | Amerihealth | HMO/PPO | 90 | | | | 90 | 984.2 | fee schedule | |
| HC NERVE CONDUCTION 3-4 STUDIES | 95908 | CPT | | | | outpatient | | | 1036 | 412.82 | Aetna | Medicare | 358.97 | | | | 90 | 984.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION 3-4 STUDIES | 95908 | CPT | | | | outpatient | | | 1036 | 412.82 | Corrections | Corrections | 828.8 | 80 | | | 90 | 984.2 | percent of total billed charges | |
| HC NERVE CONDUCTION 3-4 STUDIES | 95908 | CPT | | | | outpatient | | | 1036 | 412.82 | First Trenton | First Trenton | 932.4 | 90 | | | 90 | 984.2 | percent of total billed charges | |
| HC NERVE CONDUCTION 3-4 STUDIES | 95908 | CPT | | | | outpatient | | | 1036 | 412.82 | Horizon | PPO | 694.61 | | | | 90 | 984.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION 3-4 STUDIES | 95908 | CPT | | | | outpatient | | | 1036 | 412.82 | Consumer | Consumer | 984.2 | 95 | | | 90 | 984.2 | percent of total billed charges | |
| HC NERVE CONDUCTION 3-4 STUDIES | 95908 | CPT | | | | outpatient | | | 1036 | 412.82 | Aetna | Better Health | 326.86 | 31.55 | | | 90 | 984.2 | percent of total billed charges | |
| HC NERVE CONDUCTION 3-4 STUDIES | 95908 | CPT | | | | outpatient | | | 1036 | 412.82 | Americare | Americare | 777 | 75 | | | 90 | 984.2 | percent of total billed charges | |
| HC NERVE CONDUCTION 3-4 STUDIES | 95908 | CPT | | | | outpatient | | | 1036 | 412.82 | First Health | First Health | 725.2 | 70 | | | 90 | 984.2 | percent of total billed charges | |
| HC NERVE CONDUCTION 3-4 STUDIES | 95908 | CPT | | | | outpatient | | | 1036 | 412.82 | Horizon | NJ Health | 172.31 | | | | 90 | 984.2 | fee schedule | |
| HC NERVE CONDUCTION 3-4 STUDIES | 95908 | CPT | | | | outpatient | | | 1036 | 412.82 | Horizon | Medicare Blue | 358.97 | | | | 90 | 984.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION 3-4 STUDIES | 95908 | CPT | | | | outpatient | | | 1036 | 412.82 | Horizon | MGD | 694.61 | | | | 90 | 984.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION 3-4 STUDIES | 95908 | CPT | | | | outpatient | | | 1036 | 412.82 | UHC | Medicaid | 326.86 | 31.55 | | | 90 | 984.2 | percent of total billed charges | |
| HC NERVE CONDUCTION 3-4 STUDIES | 95908 | CPT | | | | outpatient | | | 1036 | 412.82 | Managed Care Inc | Managed Care Inc | 932.4 | 90 | | | 90 | 984.2 | percent of total billed charges | |
| HC NERVE CONDUCTION 3-4 STUDIES | 95908 | CPT | | | | outpatient | | | 1036 | 412.82 | Horizon | Indemnity | 694.61 | | | | 90 | 984.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION 3-4 STUDIES | 95908 | CPT | | | | outpatient | | | 1036 | 412.82 | Three Rivers | Three Rivers | 984.2 | 95 | | | 90 | 984.2 | percent of total billed charges | |
| HC NERVE CONDUCTION 3-4 STUDIES | 95908 | CPT | | | | outpatient | | | 1036 | 412.82 | Wellcare | Medicaid | 326.86 | 31.55 | | | 90 | 984.2 | percent of total billed charges | |
| HC NERVE CONDUCTION 3-4 STUDIES | 95908 | CPT | | | | outpatient | | | 1036 | 412.82 | WellPoint | WellPoint | 333.38 | 32.18 | | | 90 | 984.2 | percent of total billed charges | |
| HC NERVE CONDUCTION 3-4 STUDIES | 95908 | CPT | | | | outpatient | | | 1036 | 412.82 | Wellcare | Medicare | 358.97 | | | | 90 | 984.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION 3-4 STUDIES | 95908 | CPT | | | | outpatient | | | 1036 | 412.82 | Multiplan | Multiplan | 828.8 | 80 | | | 90 | 984.2 | percent of total billed charges | |
| HC NERVE CONDUCTION 3-4 STUDIES | 95908 | CPT | | | | outpatient | | | 1036 | 412.82 | Qualcare | Qualcare | 777 | 75 | | | 90 | 984.2 | percent of total billed charges | |
| HC NERVE CONDUCTION 5-6 STUDIES | 95909 | CPT | | | | outpatient | | | 1036 | 412.82 | First Health | First Health | 725.2 | 70 | | | 150 | 984.2 | percent of total billed charges | |
| HC NERVE CONDUCTION 5-6 STUDIES | 95909 | CPT | | | | outpatient | | | 1036 | 412.82 | First Trenton | First Trenton | 932.4 | 90 | | | 150 | 984.2 | percent of total billed charges | |
| HC NERVE CONDUCTION 5-6 STUDIES | 95909 | CPT | | | | outpatient | | | 1036 | 412.82 | Aetna | Medicare | 358.97 | | | | 150 | 984.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION 5-6 STUDIES | 95909 | CPT | | | | outpatient | | | 1036 | 412.82 | Americare | Americare | 777 | 75 | | | 150 | 984.2 | percent of total billed charges | |
| HC NERVE CONDUCTION 5-6 STUDIES | 95909 | CPT | | | | outpatient | | | 1036 | 412.82 | UHC | Medicare | 358.97 | | | | 150 | 984.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION 5-6 STUDIES | 95909 | CPT | | | | outpatient | | | 1036 | 412.82 | Amerihealth | HMO/PPO | 150 | | | 260.98 | 150 | 984.2 | fee schedule | |
| HC NERVE CONDUCTION 5-6 STUDIES | 95909 | CPT | | | | outpatient | | | 1036 | 412.82 | Aetna | Better Health | 326.86 | 31.55 | | | 150 | 984.2 | percent of total billed charges | |
| HC NERVE CONDUCTION 5-6 STUDIES | 95909 | CPT | | | | outpatient | | | 1036 | 412.82 | Horizon | Medicare Blue | 358.97 | | | | 150 | 984.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION 5-6 STUDIES | 95909 | CPT | | | | outpatient | | | 1036 | 412.82 | Horizon | Indemnity | 694.61 | | | | 150 | 984.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION 5-6 STUDIES | 95909 | CPT | | | | outpatient | | | 1036 | 412.82 | Horizon | NJ Health | 206.42 | | | 206.42 | 150 | 984.2 | fee schedule | |
| HC NERVE CONDUCTION 5-6 STUDIES | 95909 | CPT | | | | outpatient | | | 1036 | 412.82 | Corrections | Corrections |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC NERVE CONDUCTION 5-6 STUDIES | 95909 | CPT | | | | outpatient | | | 1036 | | 412.82 UHC | Medicaid | 326.86 | 31.55 | | 322.76 | 150 | | 984.2 percent of total billed charges | |
| HC NERVE CONDUCTION 5-6 STUDIES | 95909 | CPT | | | | outpatient | | | 1036 | | 412.82 Consumer | Consumer | 984.2 | 95 | | | 150 | | 984.2 percent of total billed charges | |
| HC NERVE CONDUCTION 5-6 STUDIES | 95909 | CPT | | | | outpatient | | | 1036 | | 412.82 Wellcare | Medicare | 358.97 | | | | 150 | | 984.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION 5-6 STUDIES | 95909 | CPT | | | | outpatient | | | 1036 | | 412.82 Qualcare | Qualcare | 777 | 75 | | | 150 | | 984.2 percent of total billed charges | |
| HC NERVE CONDUCTION 5-6 STUDIES | 95909 | CPT | | | | outpatient | | | 1036 | | 412.82 Horizon | MGD | 694.61 | | | | 150 | | 984.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION 5-6 STUDIES | 95909 | CPT | | | | outpatient | | | 1036 | | 412.82 Three Rivers | Three Rivers | 984.2 | 95 | | | 150 | | 984.2 percent of total billed charges | |
| HC NERVE CONDUCTION 5-6 STUDIES | 95909 | CPT | | | | outpatient | | | 1036 | | 412.82 Horizon | PPO | 694.61 | | | | 150 | | 984.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION 5-6 STUDIES | 95909 | CPT | | | | outpatient | | | 1036 | | 412.82 Wellcare | Medicaid | 326.86 | 31.55 | | | 150 | | 984.2 percent of total billed charges | |
| HC NERVE CONDUCTION 5-6 STUDIES | 95909 | CPT | | | | outpatient | | | 1036 | | 412.82 WellPoint | WellPoint | 333.38 | 32.18 | | 186.64 | 150 | | 984.2 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 7-8 STUDIES | 95910 | CPT | | | | both | | | 1036 | | 412.82 First Health | First Health | 725.2 | 70 | | | 210 | | 984.2 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 7-8 STUDIES | 95910 | CPT | | | | both | | | 1036 | | 412.82 Corrections | Corrections | 828.8 | 80 | | | 210 | | 984.2 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 7-8 STUDIES | 95910 | CPT | | | | both | | | 1036 | | 412.82 First Trenton | First Trenton | 932.4 | 90 | | | 210 | | 984.2 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 7-8 STUDIES | 95910 | CPT | | | | both | | | 1036 | | 412.82 Americare | Americare | 777 | 75 | | | 210 | | 984.2 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 7-8 STUDIES | 95910 | CPT | | | | both | | | 1036 | | 412.82 Consumer | Consumer | 984.2 | 95 | | | 210 | | 984.2 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 7-8 STUDIES | 95910 | CPT | | | | both | | | 1036 | | 412.82 Aetna | Better Health | 326.86 | 31.55 | | | 210 | | 984.2 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 7-8 STUDIES | 95910 | CPT | | | | both | | | 1036 | | 412.82 UHC | Medicare | 358.97 | | | | 210 | | 984.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION STUDIES 7-8 STUDIES | 95910 | CPT | | | | both | | | 1036 | | 412.82 Amerihealth | HMO/PPO | 210 | | | | 210 | | 984.2 fee schedule | |
| HC NERVE CONDUCTION STUDIES 7-8 STUDIES | 95910 | CPT | | | | both | | | 1036 | | 412.82 Multiplan | Multiplan | 828.8 | 80 | | | 210 | | 984.2 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 7-8 STUDIES | 95910 | CPT | | | | both | | | 1036 | | 412.82 Horizon | Medicare Blue | 358.97 | | | | 210 | | 984.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION STUDIES 7-8 STUDIES | 95910 | CPT | | | | both | | | 1036 | | 412.82 Managed Care Inc | Managed Care Inc | 932.4 | 90 | | | 210 | | 984.2 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 7-8 STUDIES | 95910 | CPT | | | | both | | | 1036 | | 412.82 Wellcare | Medicaid | 326.86 | 31.55 | | 312.66 | 210 | | 984.2 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 7-8 STUDIES | 95910 | CPT | | | | both | | | 1036 | | 412.82 Horizon | Indemnity | 694.61 | | | | 210 | | 984.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION STUDIES 7-8 STUDIES | 95910 | CPT | | | | both | | | 1036 | | 412.82 Aetna | Medicare | 358.97 | | | 323.6 | 210 | | 984.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION STUDIES 7-8 STUDIES | 95910 | CPT | | | | both | | | 1036 | | 412.82 Qualcare | Qualcare | 777 | 75 | | | 210 | | 984.2 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 7-8 STUDIES | 95910 | CPT | | | | both | | | 1036 | | 412.82 Horizon | NJ Health | 271.52 | | | 235.55 | 210 | | 984.2 fee schedule | |
| HC NERVE CONDUCTION STUDIES 7-8 STUDIES | 95910 | CPT | | | | both | | | 1036 | | 412.82 Horizon | MGD | 694.61 | | | 668.04 | 210 | | 984.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION STUDIES 7-8 STUDIES | 95910 | CPT | | | | both | | | 1036 | | 412.82 Horizon | PPO | 694.61 | | | | 210 | | 984.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION STUDIES 7-8 STUDIES | 95910 | CPT | | | | both | | | 1036 | | 412.82 UHC | Medicaid | 326.86 | 31.55 | | 315.85 | 210 | | 984.2 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 7-8 STUDIES | 95910 | CPT | | | | both | | | 1036 | | 412.82 WellPoint | WellPoint | 333.38 | 32.18 | | | 210 | | 984.2 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 7-8 STUDIES | 95910 | CPT | | | | both | | | 1036 | | 412.82 Three Rivers | Three Rivers | 984.2 | 95 | | | 210 | | 984.2 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 7-8 STUDIES | 95910 | CPT | | | | both | | | 1036 | | 412.82 Wellcare | Medicare | 358.97 | | | | 210 | | 984.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION STUDIES 9-10 STUDIES | 95911 | CPT | | | | both | | | 1866 | | 704.94 Horizon | Indemnity | 1186.14 | | | | 270 | | 1772.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION STUDIES 9-10 STUDIES | 95911 | CPT | | | | both | | | 1866 | | 704.94 Aetna | Better Health | 588.72 | 31.55 | | | 270 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 9-10 STUDIES | 95911 | CPT | | | | both | | | 1866 | | 704.94 Americare | Americare | 1399.5 | 75 | | | 270 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 9-10 STUDIES | 95911 | CPT | | | | both | | | 1866 | | 704.94 Amerihealth | HMO/PPO | 270 | | | | 270 | | 1772.7 fee schedule | |
| HC NERVE CONDUCTION STUDIES 9-10 STUDIES | 95911 | CPT | | | | both | | | 1866 | | 704.94 Multiplan | Multiplan | 1492.8 | 80 | | | 270 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 9-10 STUDIES | 95911 | CPT | | | | both | | | 1866 | | 704.94 Consumer | Consumer | 1772.7 | 95 | | | 270 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 9-10 STUDIES | 95911 | CPT | | | | both | | | 1866 | | 704.94 Aetna | Medicare | 612.99 | | | | 270 | | 1772.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION STUDIES 9-10 STUDIES | 95911 | CPT | | | | both | | | 1866 | | 704.94 First Health | First Health | 1306.2 | 70 | | | 270 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 9-10 STUDIES | 95911 | CPT | | | | both | | | 1866 | | 704.94 Horizon | NJ Health | 328.21 | | | 288.91 | 270 | | 1772.7 fee schedule | |
| HC NERVE CONDUCTION STUDIES 9-10 STUDIES | 95911 | CPT | | | | both | | | 1866 | | 704.94 Horizon | Medicare Blue | 612.99 | | | | 270 | | 1772.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION STUDIES 9-10 STUDIES | 95911 | CPT | | | | both | | | 1866 | | 704.94 First Trenton | First Trenton | 1679.4 | 90 | | | 270 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 9-10 STUDIES | 95911 | CPT | | | | both | | | 1866 | | 704.94 Horizon | PPO | 1186.14 | | | 1119.93 | 270 | | 1772.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION STUDIES 9-10 STUDIES | 95911 | CPT | | | | both | | | 1866 | | 704.94 Qualcare | Qualcare | 1399.5 | 75 | | | 270 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 9-10 STUDIES | 95911 | CPT | | | | both | | | 1866 | | 704.94 UHC | Medicaid | 588.72 | 31.55 | | 540.96 | 270 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 9-10 STUDIES | 95911 | CPT | | | | both | | | 1866 | | 704.94 Corrections | Corrections | 1492.8 | 80 | | | 270 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 9-10 STUDIES | 95911 | CPT | | | | both | | | 1866 | | 704.94 Wellcare | Medicare | 612.99 | | | | 270 | | 1772.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION STUDIES 9-10 STUDIES | 95911 | CPT | | | | both | | | 1866 | | 704.94 Wellcare | Medicaid | 588.72 | 31.55 | | | 270 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 9-10 STUDIES | 95911 | CPT | | | | both | | | 1866 | | 704.94 Horizon | MGD | 1186.14 | | | 1140.77 | 270 | | 1772.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION STUDIES 9-10 STUDIES | 95911 | CPT | | | | both | | | 1866 | | 704.94 WellPoint | WellPoint | 600.48 | 32.18 | | 284.28 | 270 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 9-10 STUDIES | 95911 | CPT | | | | both | | | 1866 | | 704.94 Managed Care Inc | Managed Care Inc | 1679.4 | 90 | | | 270 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 9-10 STUDIES | 95911 | CPT | | | | both | | | 1866 | | 704.94 Three Rivers | Three Rivers | 1772.7 | 95 | | | 270 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 9-10 STUDIES | 95911 | CPT | | | | both | | | 1866 | | 704.94 UHC | Medicare | 612.99 | | | 528.16 | 270 | | 1772.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION STUDIES 11-12 STUDIES | 95912 | CPT | | | | both | | | 1866 | | 704.94 First Health | First Health | 1306.2 | 70 | | | 330 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 11-12 STUDIES | 95912 | CPT | | | | both | | | 1866 | | 704.94 Aetna | Medicare | 612.99 | | | | 330 | | 1772.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION STUDIES 11-12 STUDIES | 95912 | CPT | | | | both | | | 1866 | | 704.94 Americare | Americare | 1399.5 | 75 | | | 330 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 11-12 STUDIES | 95912 | CPT | | | | both | | | 1866 | | 704.94 Amerihealth | HMO/PPO | 330 | | | | 330 | | 1772.7 fee schedule | |
| HC NERVE CONDUCTION STUDIES 11-12 STUDIES | 95912 | CPT | | | | both | | | 1866 | | 704.94 Aetna | Better Health | 588.72 | 31.55 | | | 330 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 11-12 STUDIES | 95912 | CPT | | | | both | | | 1866 | | 704.94 Horizon | MGD | 1186.14 | | | | 330 | | 1772.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION STUDIES 11-12 STUDIES | 95912 | CPT | | | | both | | | 1866 | | 704.94 Corrections | Corrections | 1492.8 | 80 | | | 330 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 11-12 STUDIES | 95912 | CPT | | | | both | | | 1866 | | 704.94 First Trenton | First Trenton | 1679.4 | 90 | | | 330 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 11-12 STUDIES | 95912 | CPT | | | | both | | | 1866 | | 704.94 Multiplan | Multiplan | 1492.8 | 80 | | | 330 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 11-12 STUDIES | 95912 | CPT | | | | both | | | 1866 | | 704.94 Wellcare | Medicaid | 588.72 | 31.55 | | | 330 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 11-12 STUDIES | 95912 | CPT | | | | both | | | 1866 | | 704.94 Consumer | Consumer | 1772.7 | 95 | | | 330 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 11-12 STUDIES | 95912 | CPT | | | | both | | | 1866 | | 704.94 Horizon | Medicare Blue | 612.99 | | | | 330 | | 1772.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION STUDIES 11-12 STUDIES | 95912 | CPT | | | | both | | | 1866 | | 704.94 UHC | Medicare | 612.99 | | | | 330 | | 1772.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION STUDIES 11-12 STUDIES | 95912 | CPT | | | | both | | | 1866 | | 704.94 Horizon | PPO | 1186.14 | | | | 330 | | 1772.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION STUDIES 11-12 STUDIES | 95912 | CPT | | | | both | | | 1866 | | 704.94 Horizon | Indemnity | 1186.14 | | | | 330 | | 1772.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION STUDIES 11-12 STUDIES | 95912 | CPT | | | | both | | | 1866 | | 704.94 WellPoint | WellPoint | 600.48 | 32.18 | | | 330 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 11-12 STUDIES | 95912 | CPT | | | | both | | | 1866 | | 704.94 Qualcare | Qualcare | 1399.5 | 75 | | | 330 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 11-12 STUDIES | 95912 | CPT | | | | both | | | 1866 | | 704.94 Horizon | NJ Health | 383.85 | | | | 330 | | 1772.7 fee schedule | |
| HC NERVE CONDUCTION STUDIES 11-12 STUDIES | 95912 | CPT | | | | both | | | 1866 | | 704.94 Wellcare | Medicare | 612.99 | | | | 330 | | 1772.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION STUDIES 11-12 STUDIES | 95912 | CPT | | | | both | | | 1866 | | 704.94 UHC | Medicaid | 588.72 | 31.55 | | 555.91 | 330 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 11-12 STUDIES | 95912 | CPT | | | | both | | | 1866 | | 704.94 Managed Care Inc | Managed Care Inc | 1679.4 | 90 | | | 330 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION STUDIES 11-12 STUDIES | 95912 | CPT | | | | both | | | 1866 | | 704.94 Three Rivers | Three Rivers | 1772.7 | 95 | | | 330 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION 13 OR MORE | 95913 | CPT | | | | outpatient | | | 1866 | | 704.94 Aetna | Medicare | 612.99 | | | | 390 | | 1772.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION 13 OR MORE | 95913 | CPT | | | | outpatient | | | 1866 | | 704.94 Aetna | Better Health | 588.72 | 31.55 | | | 390 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION 13 OR MORE | 95913 | CPT | | | | outpatient | | | 1866 | | 704.94 Amerihealth | HMO/PPO | 390 | | | | 390 | | 1772.7 fee schedule | |
| HC NERVE CONDUCTION 13 OR MORE | 95913 | CPT | | | | outpatient | | | 1866 | | 704.94 Multiplan | Multiplan | 1492.8 | 80 | | | 390 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION 13 OR MORE | 95913 | CPT | | | | outpatient | | | 1866 | | 704.94 First Trenton | First Trenton | 1679.4 | 90 | | | 390 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION 13 OR MORE | 95913 | CPT | | | | outpatient | | | 1866 | | 704.94 Consumer | Consumer | 1772.7 | 95 | | | 390 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION 13 OR MORE | 95913 | CPT | | | | outpatient | | | 1866 | | 704.94 First Health | First Health | 1306.2 | 70 | | | 390 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION 13 OR MORE | 95913 | CPT | | | | outpatient | | | 1866 | | 704.94 Americare | Americare | 1399.5 | 75 | | | 390 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION 13 OR MORE | 95913 | CPT | | | | outpatient | | | 1866 | | 704.94 Horizon | MGD | 1186.14 | | | | 390 | | 1772.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION 13 OR MORE | 95913 | CPT | | | | outpatient | | | 1866 | | 704.94 UHC | Medicaid | 588.72 | 31.55 | | 537.97 | 390 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION 13 OR MORE | 95913 | CPT | | | | outpatient | | | 1866 | | 704.94 Horizon | Indemnity | 1186.14 | | | | 390 | | 1772.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION 13 OR MORE | 95913 | CPT | | | | outpatient | | | 1866 | | 704.94 Qualcare | Qualcare | 1399.5 | 75 | | | 390 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION 13 OR MORE | 95913 | CPT | | | | outpatient | | | 1866 | | 704.94 Horizon | PPO | 1186.14 | | | | 390 | | 1772.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION 13 OR MORE | 95913 | CPT | | | | outpatient | | | 1866 | | 704.94 Corrections | Corrections | 1492.8 | 80 | | | 390 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION 13 OR MORE | 95913 | CPT | | | | outpatient | | | 1866 | | 704.94 Wellcare | Medicaid | 588.72 | 31.55 | | | 390 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION 13 OR MORE | 95913 | CPT | | | | outpatient | | | 1866 | | 704.94 Three Rivers | Three Rivers | 1772.7 | 95 | | | 390 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION 13 OR MORE | 95913 | CPT | | | | outpatient | | | 1866 | | 704.94 Managed Care Inc | Managed Care Inc | 1679.4 | 90 | | | 390 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION 13 OR MORE | 95913 | CPT | | | | outpatient | | | 1866 | | 704.94 Wellcare | Medicare | 612.99 | | | | 390 | | 1772.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION 13 OR MORE | 95913 | CPT | | | | outpatient | | | 1866 | | 704.94 UHC | Medicare | 612.99 | | | | 390 | | 1772.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION 13 OR MORE | 95913 | CPT | | | | outpatient | | | 1866 | | 704.94 Horizon | Medicare Blue | 612.99 | | | | 390 | | 1772.7 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NERVE CONDUCTION 13 OR MORE | 95913 | CPT | | | | outpatient | | | 1866 | | 704.94 WellPoint | WellPoint | 600.48 | 32.18 | | | 390 | | 1772.7 percent of total billed charges | |
| HC NERVE CONDUCTION 13 OR MORE | 95913 | CPT | | | | outpatient | | | 1866 | | 704.94 Horizon | NJ Health | 444.38 | | | | 390 | | 1772.7 fee schedule | |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS | 95925 | CPT | | | | outpatient | | | 1036 | | 412.82 Amerihealth | HMO/PPO | 100 | | | | 100 | | 1787.85 fee schedule | |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS | 95925 | CPT | | | | outpatient | | | 1036 | | 412.82 Aetna | Medicare | 358.97 | | | | 100 | | 1787.85 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS | 95925 | CPT | | | | outpatient | | | 1036 | | 412.82 Corrections | Corrections | 828.8 | 80 | | | 100 | | 1787.85 percent of total billed charges | |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS | 95925 | CPT | | | | outpatient | | | 1036 | | 412.82 Qualcare | Qualcare | 777 | 75 | | | 100 | | 1787.85 percent of total billed charges | |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS | 95925 | CPT | | | | outpatient | | | 1036 | | 412.82 UHC | Medicaid | 326.86 | 31.55 | | | 100 | | 1787.85 percent of total billed charges | |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS | 95925 | CPT | | | | outpatient | | | 1036 | | 412.82 Consumer | Consumer | 984.2 | 95 | | | 100 | | 1787.85 percent of total billed charges | |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS | 95925 | CPT | | | | outpatient | | | 1036 | | 412.82 Aetna | Better Health | 326.86 | 31.55 | | | 100 | | 1787.85 percent of total billed charges | |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS | 95925 | CPT | | | | outpatient | | | 1036 | | 412.82 First Trenton | First Trenton | 932.4 | 90 | | | 100 | | 1787.85 percent of total billed charges | |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS | 95925 | CPT | | | | outpatient | | | 1036 | | 412.82 First Health | First Health | 725.2 | 70 | | | 100 | | 1787.85 percent of total billed charges | |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS | 95925 | CPT | | | | outpatient | | | 1036 | | 412.82 Americare | Americare | 777 | 75 | | | 100 | | 1787.85 percent of total billed charges | |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS | 95925 | CPT | | | | outpatient | | | 1036 | | 412.82 Horizon | Medicare Blue | 358.97 | | | | 100 | | 1787.85 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS | 95925 | CPT | | | | outpatient | | | 1036 | | 412.82 UHC | Medicare | 358.97 | | | | 100 | | 1787.85 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS | 95925 | CPT | | | | outpatient | | | 1036 | | 412.82 Wellcare | Medicaid | 326.86 | 31.55 | | | 100 | | 1787.85 percent of total billed charges | |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS | 95925 | CPT | | | | outpatient | | | 1036 | | 412.82 Horizon | NJ Health | 1787.85 | | | | 100 | | 1787.85 fee schedule | |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS | 95925 | CPT | | | | outpatient | | | 1036 | | 412.82 Wellcare | Medicare | 358.97 | | | | 100 | | 1787.85 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS | 95925 | CPT | | | | outpatient | | | 1036 | | 412.82 Horizon | Indemnity | 694.61 | | | | 100 | | 1787.85 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS | 95925 | CPT | | | | outpatient | | | 1036 | | 412.82 Horizon | MGD | 694.61 | | | | 100 | | 1787.85 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS | 95925 | CPT | | | | outpatient | | | 1036 | | 412.82 WellPoint | WellPoint | 333.38 | 32.18 | | | 100 | | 1787.85 percent of total billed charges | |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS | 95925 | CPT | | | | outpatient | | | 1036 | | 412.82 Multiplan | Multiplan | 828.8 | 80 | | | 100 | | 1787.85 percent of total billed charges | |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS | 95925 | CPT | | | | outpatient | | | 1036 | | 412.82 Horizon | PPO | 694.61 | | | | 100 | | 1787.85 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS | 95925 | CPT | | | | outpatient | | | 1036 | | 412.82 Three Rivers | Three Rivers | 984.2 | 95 | | | 100 | | 1787.85 percent of total billed charges | |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY UPPER LIMBS | 95925 | CPT | | | | outpatient | | | 1036 | | 412.82 Managed Care Inc | Managed Care Inc | 932.4 | 90 | | | 100 | | 1787.85 percent of total billed charges | |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS | 95926 | CPT | | | | outpatient | | | 517 | | 412.82 Americare | Americare | 387.75 | 75 | | | 100 | | 1743.48 percent of total billed charges | |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS | 95926 | CPT | | | | outpatient | | | 517 | | 412.82 First Trenton | First Trenton | 465.3 | 90 | | | 100 | | 1743.48 percent of total billed charges | |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS | 95926 | CPT | | | | outpatient | | | 517 | | 412.82 Aetna | Medicare | 358.97 | | | | 100 | | 1743.48 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS | 95926 | CPT | | | | outpatient | | | 517 | | 412.82 First Health | First Health | 361.9 | 70 | | | 100 | | 1743.48 percent of total billed charges | |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS | 95926 | CPT | | | | outpatient | | | 517 | | 412.82 Amerihealth | HMO/PPO | 100 | | | | 100 | | 1743.48 fee schedule | |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS | 95926 | CPT | | | | outpatient | | | 517 | | 412.82 Horizon | Indemnity | 694.61 | | | | 100 | | 1743.48 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS | 95926 | CPT | | | | outpatient | | | 517 | | 412.82 Horizon | PPO | 694.61 | | | | 100 | | 1743.48 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS | 95926 | CPT | | | | outpatient | | | 517 | | 412.82 Aetna | Better Health | 163.11 | 31.55 | | | 100 | | 1743.48 percent of total billed charges | |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS | 95926 | CPT | | | | outpatient | | | 517 | | 412.82 Corrections | Corrections | 413.6 | 80 | | | 100 | | 1743.48 percent of total billed charges | |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS | 95926 | CPT | | | | outpatient | | | 517 | | 412.82 Managed Care Inc | Managed Care Inc | 465.3 | 90 | | | 100 | | 1743.48 percent of total billed charges | |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS | 95926 | CPT | | | | outpatient | | | 517 | | 412.82 Horizon | MGD | 694.61 | | | | 100 | | 1743.48 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS | 95926 | CPT | | | | outpatient | | | 517 | | 412.82 Horizon | Medicare Blue | 358.97 | | | | 100 | | 1743.48 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS | 95926 | CPT | | | | outpatient | | | 517 | | 412.82 UHC | Medicaid | 163.11 | 31.55 | | | 100 | | 1743.48 percent of total billed charges | |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS | 95926 | CPT | | | | outpatient | | | 517 | | 412.82 Consumer | Consumer | 491.15 | 95 | | | 100 | | 1743.48 percent of total billed charges | |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS | 95926 | CPT | | | | outpatient | | | 517 | | 412.82 Wellcare | Medicare | 358.97 | | | | 100 | | 1743.48 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS | 95926 | CPT | | | | outpatient | | | 517 | | 412.82 Multiplan | Multiplan | 413.6 | 80 | | | 100 | | 1743.48 percent of total billed charges | |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS | 95926 | CPT | | | | outpatient | | | 517 | | 412.82 UHC | Medicare | 358.97 | | | | 100 | | 1743.48 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS | 95926 | CPT | | | | outpatient | | | 517 | | 412.82 Horizon | NJ Health | 1743.48 | | | | 100 | | 1743.48 fee schedule | |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENTIAL STUDY LOWER LIMBS | 95926 | CPT | | | | outpatient | | | 517 | | 412.82 WellPoint | WellPoint | 166.37 | 32.18 | | | 100 | | 1743.48 percent of total billed charges | |
| HC SHORT-LATENCY SOMATOSENS EVOKED POTENT

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC VISUAL EVOKED POTENTIAL (VEP) CNS XCEPT GLAUCOMA | 95930 | CPT | | | | outpatient | | | 1023 | 412.82 | Aetna | Medicare | 358.97 | | | | 40 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VISUAL EVOKED POTENTIAL (VEP) CNS XCEPT GLAUCOMA | 95930 | CPT | | | | outpatient | | | 1023 | 412.82 | First Trenton | First Trenton | 920.7 | 90 | | | 40 | 971.85 | percent of total billed charges | |
| HC VISUAL EVOKED POTENTIAL (VEP) CNS XCEPT GLAUCOMA | 95930 | CPT | | | | outpatient | | | 1023 | 412.82 | Americare | Americare | 767.25 | 75 | | | 40 | 971.85 | percent of total billed charges | |
| HC VISUAL EVOKED POTENTIAL (VEP) CNS XCEPT GLAUCOMA | 95930 | CPT | | | | outpatient | | | 1023 | 412.82 | Horizon | Indemnity | 694.61 | | | | 40 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VISUAL EVOKED POTENTIAL (VEP) CNS XCEPT GLAUCOMA | 95930 | CPT | | | | outpatient | | | 1023 | 412.82 | Consumer | Consumer | 971.85 | 95 | | | 40 | 971.85 | percent of total billed charges | |
| HC VISUAL EVOKED POTENTIAL (VEP) CNS XCEPT GLAUCOMA | 95930 | CPT | | | | outpatient | | | 1023 | 412.82 | Three Rivers | Three Rivers | 971.85 | 95 | | | 40 | 971.85 | percent of total billed charges | |
| HC VISUAL EVOKED POTENTIAL (VEP) CNS XCEPT GLAUCOMA | 95930 | CPT | | | | outpatient | | | 1023 | 412.82 | Horizon | Medicare Blue | 358.97 | | | | 40 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VISUAL EVOKED POTENTIAL (VEP) CNS XCEPT GLAUCOMA | 95930 | CPT | | | | outpatient | | | 1023 | 412.82 | Horizon | MGD | 694.61 | | | | 40 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VISUAL EVOKED POTENTIAL (VEP) CNS XCEPT GLAUCOMA | 95930 | CPT | | | | outpatient | | | 1023 | 412.82 | UHC | Medicare | 358.97 | | | | 40 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VISUAL EVOKED POTENTIAL (VEP) CNS XCEPT GLAUCOMA | 95930 | CPT | | | | outpatient | | | 1023 | 412.82 | Wellcare | Medicare | 358.97 | | | | 40 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VISUAL EVOKED POTENTIAL (VEP) CNS XCEPT GLAUCOMA | 95930 | CPT | | | | outpatient | | | 1023 | 412.82 | Wellcare | Medicaid | 322.76 | 31.55 | | | 40 | 971.85 | percent of total billed charges | |
| HC VISUAL EVOKED POTENTIAL (VEP) CNS XCEPT GLAUCOMA | 95930 | CPT | | | | outpatient | | | 1023 | 412.82 | Horizon | NJ Health | 448.92 | | | | 40 | 971.85 | fee schedule | |
| HC VISUAL EVOKED POTENTIAL (VEP) CNS XCEPT GLAUCOMA | 95930 | CPT | | | | outpatient | | | 1023 | 412.82 | Horizon | PPO | 694.61 | | | | 40 | 971.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VISUAL EVOKED POTENTIAL (VEP) CNS XCEPT GLAUCOMA | 95930 | CPT | | | | outpatient | | | 1023 | 412.82 | Managed Care Inc | Managed Care Inc | 920.7 | 90 | | | 40 | 971.85 | percent of total billed charges | |
| HC VISUAL EVOKED POTENTIAL (VEP) CNS XCEPT GLAUCOMA | 95930 | CPT | | | | outpatient | | | 1023 | 412.82 | UHC | Medicaid | 322.76 | 31.55 | | | 40 | 971.85 | percent of total billed charges | |
| HC NEUROMUSCULAR JUNCTION TESTING EA NERVE, ANY 1 METHOD | 95937 | CPT | | | | outpatient | | | 204 | 205.45 | Consumer | Consumer | 193.8 | 95 | | | 55 | 345.69 | percent of total billed charges | |
| HC NEUROMUSCULAR JUNCTION TESTING EA NERVE, ANY 1 METHOD | 95937 | CPT | | | | outpatient | | | 204 | 205.45 | Aetna | Better Health | 64.36 | 31.55 | | | 55 | 345.69 | percent of total billed charges | |
| HC NEUROMUSCULAR JUNCTION TESTING EA NERVE, ANY 1 METHOD | 95937 | CPT | | | | outpatient | | | 204 | 205.45 | Aetna | Medicare | 178.65 | | | | 55 | 345.69 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEUROMUSCULAR JUNCTION TESTING EA NERVE, ANY 1 METHOD | 95937 | CPT | | | | outpatient | | | 204 | 205.45 | Qualcare | Qualcare | 153 | 75 | | | 55 | 345.69 | percent of total billed charges | |
| HC NEUROMUSCULAR JUNCTION TESTING EA NERVE, ANY 1 METHOD | 95937 | CPT | | | | outpatient | | | 204 | 205.45 | Americare | Americare | 153 | 75 | | | 55 | 345.69 | percent of total billed charges | |
| HC NEUROMUSCULAR JUNCTION TESTING EA NERVE, ANY 1 METHOD | 95937 | CPT | | | | outpatient | | | 204 | 205.45 | Amerihealth | HMO/PPO | 55 | | | | 55 | 345.69 | fee schedule | |
| HC NEUROMUSCULAR JUNCTION TESTING EA NERVE, ANY 1 METHOD | 95937 | CPT | | | | outpatient | | | 204 | 205.45 | Horizon | MGD | 345.69 | | | | 55 | 345.69 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEUROMUSCULAR JUNCTION TESTING EA NERVE, ANY 1 METHOD | 95937 | CPT | | | | outpatient | | | 204 | 205.45 | Corrections | Corrections | 163.2 | 80 | | | 55 | 345.69 | percent of total billed charges | |
| HC NEUROMUSCULAR JUNCTION TESTING EA NERVE, ANY 1 METHOD | 95937 | CPT | | | | outpatient | | | 204 | 205.45 | Multiplan | Multiplan | 163.2 | 80 | | | 55 | 345.69 | percent of total billed charges | |
| HC NEUROMUSCULAR JUNCTION TESTING EA NERVE, ANY 1 METHOD | 95937 | CPT | | | | outpatient | | | 204 | 205.45 | Horizon | Medicare Blue | 178.65 | | | | 55 | 345.69 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEUROMUSCULAR JUNCTION TESTING EA NERVE, ANY 1 METHOD | 95937 | CPT | | | | outpatient | | | 204 | 205.45 | UHC | Medicaid | 64.36 | 31.55 | | | 55 | 345.69 | percent of total billed charges | |
| HC NEUROMUSCULAR JUNCTION TESTING EA NERVE, ANY 1 METHOD | 95937 | CPT | | | | outpatient | | | 204 | 205.45 | First Health | First Health | 142.8 | 70 | | | 55 | 345.69 | percent of total billed charges | |
| HC NEUROMUSCULAR JUNCTION TESTING EA NERVE, ANY 1 METHOD | 95937 | CPT | | | | outpatient | | | 204 | 205.45 | First Trenton | First Trenton | 183.6 | 90 | | | 55 | 345.69 | percent of total billed charges | |
| HC NEUROMUSCULAR JUNCTION TESTING EA NERVE, ANY 1 METHOD | 95937 | CPT | | | | outpatient | | | 204 | 205.45 | Three Rivers | Three Rivers | 193.8 | 95 | | | 55 | 345.69 | percent of total billed charges | |
| HC NEUROMUSCULAR JUNCTION TESTING EA NERVE, ANY 1 METHOD | 95937 | CPT | | | | outpatient | | | 204 | 205.45 | WellPoint | WellPoint | 65.65 | 32.18 | | | 55 | 345.69 | percent of total billed charges | |
| HC NEUROMUSCULAR JUNCTION TESTING EA NERVE, ANY 1 METHOD | 95937 | CPT | | | | outpatient | | | 204 | 205.45 | Horizon | Indemnity | 345.69 | | | | 55 | 345.69 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEUROMUSCULAR JUNCTION TESTING EA NERVE, ANY 1 METHOD | 95937 | CPT | | | | outpatient | | | 204 | 205.45 | Horizon | NJ Health | 91.35 | | | | 55 | 345.69 | fee schedule | |
| HC NEUROMUSCULAR JUNCTION TESTING EA NERVE, ANY 1 METHOD | 95937 | CPT | | | | outpatient | | | 204 | 205.45 | UHC | Medicare | 178.65 | | | | 55 | 345.69 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEUROMUSCULAR JUNCTION TESTING EA NERVE, ANY 1 METHOD | 95937 | CPT | | | | outpatient | | | 204 | 205.45 | Horizon | PPO | 345.69 | | | | 55 | 345.69 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEUROMUSCULAR JUNCTION TESTING EA NERVE, ANY 1 METHOD | 95937 | CPT | | | | outpatient | | | 204 | 205.45 | Wellcare | Medicaid | 64.36 | 31.55 | | | 55 | 345.69 | percent of total billed charges | |
| HC NEUROMUSCULAR JUNCTION TESTING EA NERVE, ANY 1 METHOD | 95937 | CPT | | | | outpatient | | | 204 | 205.45 | Managed Care Inc | Managed Care Inc | 183.6 | 90 | | | 55 | 345.69 | percent of total billed charges | |
| HC NEUROMUSCULAR JUNCTION TESTING EA NERVE, ANY 1 METHOD | 95937 | CPT | | | | outpatient | | | 204 | 205.45 | Wellcare | Medicare | 178.65 | | | | 55 | 345.69 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IONM 1:1 IN OR W/ATTENDANCE EA 15 MIN | 95940 | CPT | | | | outpatient | | | 217 | | Americare | Americare | 162.75 | 75 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM 1:1 IN OR W/ATTENDANCE EA 15 MIN | 95940 | CPT | | | | outpatient | | | 217 | | WellPoint | WellPoint | 69.83 | 32.18 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM 1:1 IN OR W/ATTENDANCE EA 15 MIN | 95940 | CPT | | | | outpatient | | | 217 | | First Trenton | First Trenton | 195.3 | 90 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM 1:1 IN OR W/ATTENDANCE EA 15 MIN | 95940 | CPT | | | | outpatient | | | 217 | | First Health | First Health | 151.9 | 70 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM 1:1 IN OR W/ATTENDANCE EA 15 MIN | 95940 | CPT | | | | outpatient | | | 217 | | Horizon | Indemnity | 83.07 | 38.28 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM 1:1 IN OR W/ATTENDANCE EA 15 MIN | 95940 | CPT | | | | outpatient | | | 217 | | Consumer | Consumer | 206.15 | 95 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM 1:1 IN OR W/ATTENDANCE EA 15 MIN | 95940 | CPT | | | | outpatient | | | 217 | | Aetna | Medicare | 66.84 | 30.8 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM 1:1 IN OR W/ATTENDANCE EA 15 MIN | 95940 | CPT | | | | outpatient | | | 217 | | Aetna | Better Health | 68.46 | 31.55 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM 1:1 IN OR W/ATTENDANCE EA 15 MIN | 95940 | CPT | | | | outpatient | | | 217 | | Managed Care Inc | Managed Care Inc | 195.3 | 90 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM 1:1 IN OR W/ATTENDANCE EA 15 MIN | 95940 | CPT | | | | outpatient | | | 217 | | Corrections | Corrections | 173.6 | 80 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM 1:1 IN OR W/ATTENDANCE EA 15 MIN | 95940 | CPT | | | | outpatient | | | 217 | | Horizon | MGD | 83.07 | 38.28 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM 1:1 IN OR W/ATTENDANCE EA 15 MIN | 95940 | CPT | | | | outpatient | | | 217 | | Horizon | Medicare Blue | 65.1 | 30 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM 1:1 IN OR W/ATTENDANCE EA 15 MIN | 95940 | CPT | | | | outpatient | | | 217 | | Horizon | PPO | 83.07 | 38.28 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM 1:1 IN OR W/ATTENDANCE EA 15 MIN | 95940 | CPT | | | | outpatient | | | 217 | | Amerihealth | HMO/PPO | 141.05 | 65 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM 1:1 IN OR W/ATTENDANCE EA 15 MIN | 95940 | CPT | | | | outpatient | | | 217 | | UHC | Medicaid | 68.46 | 31.55 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM 1:1 IN OR W/ATTENDANCE EA 15 MIN | 95940 | CPT | | | | outpatient | | | 217 | | Multiplan | Multiplan | 173.6 | 80 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM 1:1 IN OR W/ATTENDANCE EA 15 MIN | 95940 | CPT | | | | outpatient | | | 217 | | Qualcare | Qualcare | 162.75 | 75 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM 1:1 IN OR W/ATTENDANCE EA 15 MIN | 95940 | CPT | | | | outpatient | | | 217 | | Three Rivers | Three Rivers | 206.15 | 95 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM 1:1 IN OR W/ATTENDANCE EA 15 MIN | 95940 | CPT | | | | outpatient | | | 217 | | Wellcare | Medicaid | 68.46 | 31.55 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM REMOTE/NEARBY >1 PATIENT IN OR PER HOUR | 95941 | CPT | | | | outpatient | | | 217 | | Americare | Americare | 162.75 | 75 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM REMOTE/NEARBY >1 PATIENT IN OR PER HOUR | 95941 | CPT | | | | outpatient | | | 217 | | Corrections | Corrections | 173.6 | 80 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM REMOTE/NEARBY >1 PATIENT IN OR PER HOUR | 95941 | CPT | | | | outpatient | | | 217 | | First Trenton | First Trenton | 195.3 | 90 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM REMOTE/NEARBY >1 PATIENT IN OR PER HOUR | 95941 | CPT | | | | outpatient | | | 217 | | Aetna | Better Health | 68.46 | 31.55 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM REMOTE/NEARBY >1 PATIENT IN OR PER HOUR | 95941 | CPT | | | | outpatient | | | 217 | | Horizon | Indemnity | 83.07 | 38.28 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM REMOTE/NEARBY >1 PATIENT IN OR PER HOUR | 95941 | CPT | | | | outpatient | | | 217 | | Consumer | Consumer | 206.15 | 95 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM REMOTE/NEARBY >1 PATIENT IN OR PER HOUR | 95941 | CPT | | | | outpatient | | | 217 | | Aetna | Medicare | 66.84 | 30.8 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM REMOTE/NEARBY >1 PATIENT IN OR PER HOUR | 95941 | CPT | | | | outpatient | | | 217 | | Amerihealth | HMO/PPO | 141.05 | 65 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM REMOTE/NEARBY >1 PATIENT IN OR PER HOUR | 95941 | CPT | | | | outpatient | | | 217 | | Horizon | PPO | 83.07 | 38.28 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM REMOTE/NEARBY >1 PATIENT IN OR PER HOUR | 95941 | CPT | | | | outpatient | | | 217 | | Three Rivers | Three Rivers | 206.15 | 95 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM REMOTE/NEARBY >1 PATIENT IN OR PER HOUR | 95941 | CPT | | | | outpatient | | | 217 | | Horizon | MGD | 83.07 | 38.28 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM REMOTE/NEARBY >1 PATIENT IN OR PER HOUR | 95941 | CPT | | | | outpatient | | | 217 | | Horizon | Medicare Blue | 65.1 | 30 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM REMOTE/NEARBY >1 PATIENT IN OR PER HOUR | 95941 | CPT | | | | outpatient | | | 217 | | Managed Care Inc | Managed Care Inc | 195.3 | 90 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM REMOTE/NEARBY >1 PATIENT IN OR PER HOUR | 95941 | CPT | | | | outpatient | | | 217 | | First Health | First Health | 151.9 | 70 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM REMOTE/NEARBY >1 PATIENT IN OR PER HOUR | 95941 | CPT | | | | outpatient | | | 217 | | UHC | Medicaid | 68.46 | 31.55 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM REMOTE/NEARBY >1 PATIENT IN OR PER HOUR | 95941 | CPT | | | | outpatient | | | 217 | | WellPoint | WellPoint | 69.83 | 32.18 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM REMOTE/NEARBY >1 PATIENT IN OR PER HOUR | 95941 | CPT | | | | outpatient | | | 217 | | Multiplan | Multiplan | 173.6 | 80 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM REMOTE/NEARBY >1 PATIENT IN OR PER HOUR | 95941 | CPT | | | | outpatient | | | 217 | | Qualcare | Qualcare | 162.75 | 75 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC IONM REMOTE/NEARBY >1 PATIENT IN OR PER HOUR | 95941 | CPT | | | | outpatient | | | 217 | | Wellcare | Medicaid | 68.46 | 31.55 | | | 65.1 | 206.15 | percent of total billed charges | |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR W/O PRGRMG | 95970 | CPT | | | | outpatient | | | 437 | 168 | First Trenton | First Trenton | 393.3 | 90 | | | 40 | 415.15 | percent of total billed charges | |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR W/O PRGRMG | 95970 | CPT | | | | outpatient | | | 437 | 168 | Aetna | Medicare | 146.09 | | | | 40 | 415.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR W/O PRGRMG | 95970 | CPT | | | | outpatient | | | 437 | 168 | UHC | Medicaid | 137.87 | 31.55 | | | 40 | 415.15 | percent of total billed charges | |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR W/O PRGRMG | 95970 | CPT | | | | outpatient | | | 437 | 168 | Aetna | Better Health | 137.87 | 31.55 | | | 40 | 415.15 | percent of total billed charges | |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR W/O PRGRMG | 95970 | CPT | | | | outpatient | | | 437 | 168 | Horizon | Medicare Blue | 146.09 | | | 30.66 | 40 | 415.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR W/O PRGRMG | 95970 | CPT | | | | outpatient | | | 437 | 168 | Americare | Americare | 327.75 | 75 | | | 40 | 415.15 | percent of total billed charges | |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR W/O PRGRMG | 95970 | CPT | | | | outpatient | | | 437 | 168 | Amerihealth | HMO/PPO | 40 | | | | 40 | 415.15 | fee schedule | |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR W/O PRGRMG | 95970 | CPT | | | | outpatient | | | 437 | 168 | Consumer | Consumer | 415.15 | 95 | | | 40 | 415.15 | percent of total billed charges | |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR W/O PRGRMG | 95970 | CPT | | | | outpatient | | | 437 | 168 | Managed Care Inc | Managed Care Inc | 393.3 | 90 | | | 40 | 415.15 | percent of total billed charges | |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR W/O PRGRMG | 95970 | CPT | | | | outpatient | | | 437 | 168 | Multiplan | Multiplan | 349.6 | 80 | | | 40 | 415.15 | percent of total billed charges | |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR W/O PRGRMG | 95970 | CPT | | | | outpatient | | | 437 | 168 | First Health | First Health | 305.9 | 70 | | | 40 | 415.15 | percent of total billed charges | |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR W/O PRGRMG | 95970 | CPT | | | | outpatient | | | 437 | 168 | Wellcare | Medicare | 146.09 | | | | 40 | 415.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR W/O PRGRMG | 95970 | CPT | | | | outpatient | | | 437 | 168 | Horizon | MGD | 282.68 | | | | 40 | 415.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR W/O PRGRMG | 95970 | CPT | | | | outpatient | | | 437 | 168 | Three Rivers | Three Rivers | 415.15 | 95 | | | 40 | 415.15 | percent of total billed charges | |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR W/O PRGRMG | 95970 | CPT | | | | outpatient | | | 437 | 168 | Wellcare | Medicaid | 137.87 | 31.55 | | | 40 | 415.15 | percent of total billed charges | |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR W/O PRGRMG | 95970 | CPT | | | | outpatient | | | 437 | 168 | Corrections | Corrections | 349.6 | 80 | | | 40 | 415.15 | percent of total billed charges | |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR W/O PRGRMG | 95970 | CPT | | | | outpatient | | | 437 | 168 | Qualcare | Qualcare | 327.75 | 75 | | | 40 | 415.15 | percent of total billed charges | |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR W/O PRGRMG | 95970 | CPT | | | | outpatient | | | 437 | 168 | Horizon | Indemnity | 282.68 | | | | 40 | 415.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR W/O PRGRMG | 95970 | CPT | | | | outpatient | | | 437 | 168 | UHC | Medicare | 146.09 | | | 69.73 | 40 | 415.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR W/O PRGRMG | 95970 | CPT | | | | outpatient | | | 437 | 168 | Horizon | PPO | 282.68 | | | | 40 | 415.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR W/O PRGRMG | 95970 | CPT | | | | outpatient | | | 437 | 168 | WellPoint | WellPoint | 140.63 | 32.18 | | 136.45 | 40 | 415.15 | percent of total billed charges | |
| HC ANALY SIMPL SP/PN NPGT W/PRGRM | 95971 | CPT | | | | outpatient | | | 487 | 127.32 | UHC | Medicaid | 153.65 | 31.55 | | | 100 | 462.65 | percent of total billed charges | |
| HC ANALY SIMPL SP/PN NPGT W/PRGRM | 95971 | CPT | | | | outpatient | | | 487 | 127.32 | First Health | First Health | 340.9 | 70 | | | 100 | 462.65 | percent of total billed charges | |
| HC ANALY SIMPL SP/PN NPGT W/PRGRM | 95971 | CPT | | | | outpatient | | | 487 | 127.32 | Consumer | Consumer | 462.65 | 95 | | | 100 | 462.65 | percent of total billed charges | |
| HC ANALY SIMPL SP/PN NPGT W/PRGRM | 95971 | CPT | | | | outpatient | | | 487 | 127.32 | Aetna | Medicare | 110.71 | | | | 100 | 462.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALY SIMPL SP/PN NPGT W/PRGRM | 95971 | CPT | | | | outpatient | | | 487 | 127.32 | First Trenton | First Trenton | 438.3 | 90 | | | 100 | 462.65 | percent of total billed charges | |
| HC ANALY SIMPL SP/PN NPGT W/PRGRM | 95971 | CPT | | | | outpatient | | | 487 | 127.32 | Aetna | Better Health | 153.65 | 31.55 | | | 100 | 462.65 | percent of total billed charges | |
| HC ANALY SIMPL SP/PN NPGT W/PRGRM | 95971 | CPT | | | | outpatient | | | 487 | 127.32 | Americare | Americare | 365.25 | 75 | | | 100 | 462.65 | percent of total billed charges | |
| HC ANALY SIMPL SP/PN NPGT W/PRGRM | 95971 | CPT | | | | outpatient | | | 487 | 127.32 | Multiplan | Multiplan | 389.6 | 80 | | | 100 | 462.65 | percent of total billed charges | |
| HC ANALY SIMPL SP/PN NPGT W/PRGRM | 95971 | CPT | | | | outpatient | | | 487 | 127.32 | UHC | Medicare | 110.71 | | | | 100 | 462.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALY SIMPL SP/PN NPGT W/PRGRM | 95971 | CPT | | | | outpatient | | | 487 | 127.32 | Horizon | Medicare Blue | 110.71 | | | | 100 | 462.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALY SIMPL SP/PN NPGT W/PRGRM | 95971 | CPT | | | | outpatient | | | 487 | 127.32 | Horizon | Indemnity | 214.22 | | | | 100 | 462.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALY SIMPL SP/PN NPGT W/PRGRM | 95971 | CPT | | | | outpatient | | | 487 | 127.32 | Corrections | Corrections | 389.6 | 80 | | | 100 | 462.65 | percent of total billed charges | |
| HC ANALY SIMPL SP/PN NPGT W/PRGRM | 95971 | CPT | | | | outpatient | | | 487 | 127.32 | Wellcare | Medicare | 110.71 | | | | 100 | 462.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALY SIMPL SP/PN NPGT W/PRGRM | 95971 | CPT | | | | outpatient | | | 487 | 127.32 | Amerihealth | HMO/PPO | 100 | | | | 100 | 462.65 | fee schedule | |
| HC ANALY SIMPL SP/PN NPGT W/PRGRM | 95971 | CPT | | | | outpatient | | | 487 | 127.32 | Managed Care Inc | Managed Care Inc | 438.3 | 90 | | | 100 | 462.65 | percent of total billed charges | |
| HC ANALY SIMPL SP/PN NPGT W/PRGRM | 95971 | CPT | | | | outpatient | | | 487 | 127.32 | Qualcare | Qualcare | 365.25 | 75 | | | 100 | 462.65 | percent of total billed charges | |
| HC ANALY SIMPL SP/PN NPGT W/PRGRM | 95971 | CPT | | | | outpatient | | | 487 | 127.32 | Three Rivers | Three Rivers | 462.65 | 95 | | | 100 | 462.65 | percent of total billed charges | |
| HC ANALY SIMPL SP/PN NPGT W/PRGRM | 95971 | CPT | | | | outpatient | | | 487 | 127.32 | Wellcare | Medicaid | 153.65 | 31.55 | | | 100 | 462.65 | percent of total billed charges | |
| HC ANALY SIMPL SP/PN NPGT W/PRGRM | 95971 | CPT | | | | outpatient | | | 487 | 127.32 | Horizon | MGD | 214.22 | | | | 100 | 462.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALY SIMPL SP/PN NPGT W/PRGRM | 95971 | CPT | | | | outpatient | | | 487 | 127.32 | Horizon | PPO | 214.22 | | | | 100 | 462.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ANALY SIMPL SP/PN NPGT W/PRGRM | 95971 | CPT | | | | outpatient | | | 487 | 127.32 | WellPoint | WellPoint | 156.72 | 32.18 | | | 100 | 462.65 | percent of total billed charges | |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR COMPLEX PRGRMG | 95972 | CPT | | | | outpatient | | | 487 | 127.32 | UHC | Medicare | 110.71 | | | | 75 | 462.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR COMPLEX PRGRMG | 95972 | CPT | | | | outpatient | | | 487 | 127.32 | Aetna | Better Health | 153.65 | 31.55 | | | 75 | 462.65 | percent of total billed charges | |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR COMPLEX PRGRMG | 95972 | CPT | | | | outpatient | | | 487 | 127.32 | Horizon | Indemnity | 214.22 | | | | 75 | 462.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR COMPLEX PRGRMG | 95972 | CPT | | | | outpatient | | | 487 | 127.32 | Multiplan | Multiplan | 389.6 | 80 | | | 75 | 462.65 | percent of total billed charges | |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR COMPLEX PRGRMG | 95972 | CPT | | | | outpatient | | | 487 | 127.32 | Horizon | MGD | 214.22 | | | | 75 | 462.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR COMPLEX PRGRMG | 95972 | CPT | | | | outpatient | | | 487 | 127.32 | Amerihealth | HMO/PPO | 75 | | | | 75 | 462.65 | fee schedule | |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR COMPLEX PRGRMG | 95972 | CPT | | | | outpatient | | | 487 | 127.32 | Americare | Americare | 365.25 | 75 | | | 75 | 462.65 | percent of total billed charges | |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR COMPLEX PRGRMG | 95972 | CPT | | | | outpatient | | | 487 | 127.32 | Aetna | Medicare | 110.71 | | | | 75 | 462.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR COMPLEX PRGRMG | 95972 | CPT | | | | outpatient | | | 487 | 127.32 | UHC | Medicaid | 153.65 | 31.55 | | | 75 | 462.65 | percent of total billed charges | |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR COMPLEX PRGRMG | 95972 | CPT | | | | outpatient | | | 487 | 127.32 | First Health | First Health | 340.9 | 70 | | | 75 | 462.65 | percent of total billed charges | |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR COMPLEX PRGRMG | 95972 | CPT | | | | outpatient | | | 487 | 127.32 | Wellcare | Medicaid | 153.65 | 31.55 | | | 75 | 462.65 | percent of total billed charges | |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR COMPLEX PRGRMG | 95972 | CPT | | | | outpatient | | | 487 | 127.32 | Qualcare | Qualcare | 365.25 | 75 | | | 75 | 462.65 | percent of total billed charges | |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR COMPLEX PRGRMG | 95972 | CPT | | | | outpatient | | | 487 | 127.32 | First Trenton | First Trenton | 438.3 | 90 | | | 75 | 462.65 | percent of total billed charges | |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR COMPLEX PRGRMG | 95972 | CPT | | | | outpatient | | | 487 | 127.32 | Consumer | Consumer | 462.65 | 95 | | | 75 | 462.65 | percent of total billed charges | |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR COMPLEX PRGRMG | 95972 | CPT | | | | outpatient | | | 487 | 127.32 | Horizon | Medicare Blue | 110.71 | | | | 75 | 462.65 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ELEC ANLYS IMPLANTED NEUROSTIM PULSE GEN/TRANSMITR COMPLEX PRGRMG | 95972 | CPT | | | | outpatient | | | 487 | 127.32 | Corrections | Cor

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC VNS ADJUSTMENT | 99576 | CPT | | | | outpatient | | | 130 | 49.6 | Multiplan | Multiplan | 104 | | | | 41.02 | 123.5 | percent of total billed charges | |
| HC VNS ADJUSTMENT | 99576 | CPT | | | | outpatient | | | 130 | 49.6 | Horizon | PPO | 83.46 | | | | 41.02 | 123.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VNS ADJUSTMENT | 99576 | CPT | | | | outpatient | | | 130 | 49.6 | Wellcare | Medicaid | 41.02 | 31.55 | | | 41.02 | 123.5 | percent of total billed charges | |
| HC VNS ADJUSTMENT | 99576 | CPT | | | | outpatient | | | 130 | 49.6 | Horizon | Indemnity | 83.46 | | | | 41.02 | 123.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VNS ADJUSTMENT | 99576 | CPT | | | | outpatient | | | 130 | 49.6 | Qualicare | Qualicare | 97.5 | 75 | | | 41.02 | 123.5 | percent of total billed charges | |
| HC VNS ADJUSTMENT | 99576 | CPT | | | | outpatient | | | 130 | 49.6 | First Health | First Health | 91 | 70 | | | 41.02 | 123.5 | percent of total billed charges | |
| HC VNS ADJUSTMENT | 99576 | CPT | | | | outpatient | | | 130 | 49.6 | UHC | Medicare | 43.13 | | | 42.43 | 41.02 | 123.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VNS ADJUSTMENT | 99576 | CPT | | | | outpatient | | | 130 | 49.6 | Managed Care Inc | Managed Care Inc | 117 | 90 | | | 41.02 | 123.5 | percent of total billed charges | |
| HC VNS ADJUSTMENT | 99576 | CPT | | | | outpatient | | | 130 | 49.6 | Wellcare | Medicare | 43.13 | 65 | | | 41.02 | 123.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VNS ADJUSTMENT | 99576 | CPT | | | | outpatient | | | 130 | 49.6 | Horizon | MGD | 83.46 | | | | 41.02 | 123.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC VNS ADJUSTMENT | 99576 | CPT | | | | outpatient | | | 130 | 49.6 | WellPoint | WellPoint | 41.83 | 32.18 | | 535.94 | 41.02 | 123.5 | percent of total billed charges | |
| HC VNS ADJUSTMENT | 99576 | CPT | | | | outpatient | | | 130 | 49.6 | UHC | Medicaid | 41.02 | 31.55 | | 39.64 | 41.02 | 123.5 | percent of total billed charges | |
| HC VNS ADJUSTMENT | 99576 | CPT | | | | outpatient | | | 130 | 49.6 | Three Rivers | Three Rivers | 123.5 | 95 | | | 41.02 | 123.5 | percent of total billed charges | |
| HC ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN | 95984 | CPT | | | | outpatient | | | 250 | | Americare | Americare | 187.5 | 75 | | | 64.34 | 237.5 | percent of total billed charges | |
| HC ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN | 95984 | CPT | | | | outpatient | | | 250 | | First Trenton | First Trenton | 225 | 90 | | | 64.34 | 237.5 | percent of total billed charges | |
| HC ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN | 95984 | CPT | | | | outpatient | | | 250 | | Consumer | Consumer | 237.5 | 95 | | | 64.34 | 237.5 | percent of total billed charges | |
| HC ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN | 95984 | CPT | | | | outpatient | | | 250 | | Amerihealth | HMO/PPO | 162.5 | 65 | | | 64.34 | 237.5 | percent of total billed charges | |
| HC ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN | 95984 | CPT | | | | outpatient | | | 250 | | Horizon | Indemnity | 95.7 | 38.28 | | | 64.34 | 237.5 | percent of total billed charges | |
| HC ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN | 95984 | CPT | | | | outpatient | | | 250 | | Aetna | Medicare | 77 | 30.8 | | | 64.34 | 237.5 | percent of total billed charges | |
| HC ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN | 95984 | CPT | | | | outpatient | | | 250 | | WellPoint | WellPoint | 80.45 | 32.18 | | | 64.34 | 237.5 | percent of total billed charges | |
| HC ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN | 95984 | CPT | | | | outpatient | | | 250 | | Aetna | Better Health | 78.88 | 31.55 | | | 64.34 | 237.5 | percent of total billed charges | |
| HC ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN | 95984 | CPT | | | | outpatient | | | 250 | | Horizon | NJ Health | 64.34 | | | | 64.34 | 237.5 | fee schedule | |
| HC ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN | 95984 | CPT | | | | outpatient | | | 250 | | Multiplan | Multiplan | 200 | 80 | | | 64.34 | 237.5 | percent of total billed charges | |
| HC ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN | 95984 | CPT | | | | outpatient | | | 250 | | Corrections | Corrections | 200 | 80 | | | 64.34 | 237.5 | percent of total billed charges | |
| HC ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN | 95984 | CPT | | | | outpatient | | | 250 | | First Health | First Health | 175 | 70 | | | 64.34 | 237.5 | percent of total billed charges | |
| HC ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN | 95984 | CPT | | | | outpatient | | | 250 | | Horizon | PPO | 95.7 | 38.28 | | | 64.34 | 237.5 | percent of total billed charges | |
| HC ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN | 95984 | CPT | | | | outpatient | | | 250 | | Qualicare | Qualicare | 187.5 | 75 | | | 64.34 | 237.5 | percent of total billed charges | |
| HC ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN | 95984 | CPT | | | | outpatient | | | 250 | | Horizon | MGD | 95.7 | 38.28 | | | 64.34 | 237.5 | percent of total billed charges | |
| HC ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN | 95984 | CPT | | | | outpatient | | | 250 | | Horizon | Medicare Blue | 75 | 30 | | | 64.34 | 237.5 | percent of total billed charges | |
| HC ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN | 95984 | CPT | | | | outpatient | | | 250 | | Managed Care Inc | Managed Care Inc | 225 | 90 | | | 64.34 | 237.5 | percent of total billed charges | |
| HC ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN | 95984 | CPT | | | | outpatient | | | 250 | | Wellcare | Medicaid | 78.88 | 31.55 | | | 64.34 | 237.5 | percent of total billed charges | |
| HC ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN | 95984 | CPT | | | | outpatient | | | 250 | | Three Rivers | Three Rivers | 237.5 | 95 | | | 64.34 | 237.5 | percent of total billed charges | |
| HC ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN | 95984 | CPT | | | | outpatient | | | 250 | | UHC | Medicaid | 78.88 | 31.55 | | | 64.34 | 237.5 | percent of total billed charges | |
| HC SPN/BRAIN PUMP REFIL & MAINT | 95991 | CPT | | | | outpatient | | | 1045 | 389.55 | Aetna | Medicare | 338.74 | | | | 100 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPN/BRAIN PUMP REFIL & MAINT | 95991 | CPT | | | | outpatient | | | 1045 | 389.55 | Aetna | Better Health | 329.7 | 31.55 | | | 100 | 1782 | percent of total billed charges | |
| HC SPN/BRAIN PUMP REFIL & MAINT | 95991 | CPT | | | | outpatient | | | 1045 | 389.55 | Three Rivers | Three Rivers | 992.75 | 95 | | | 100 | 1782 | percent of total billed charges | |
| HC SPN/BRAIN PUMP REFIL & MAINT | 95991 | CPT | | | | outpatient | | | 1045 | 389.55 | Corrections | Corrections | 836 | 80 | | | 100 | 1782 | percent of total billed charges | |
| HC SPN/BRAIN PUMP REFIL & MAINT | 95991 | CPT | | | | outpatient | | | 1045 | 389.55 | Americare | Americare | 783.75 | 75 | | | 100 | 1782 | percent of total billed charges | |
| HC SPN/BRAIN PUMP REFIL & MAINT | 95991 | CPT | | | | outpatient | | | 1045 | 389.55 | First Health | First Health | 731.5 | 70 | | | 100 | 1782 | percent of total billed charges | |
| HC SPN/BRAIN PUMP REFIL & MAINT | 95991 | CPT | | | | outpatient | | | 1045 | 389.55 | First Trenton | First Trenton | 940.5 | 90 | | | 100 | 1782 | percent of total billed charges | |
| HC SPN/BRAIN PUMP REFIL & MAINT | 95991 | CPT | | | | outpatient | | | 1045 | 389.55 | Consumer | Consumer | 992.75 | 95 | | | 100 | 1782 | percent of total billed charges | |
| HC SPN/BRAIN PUMP REFIL & MAINT | 95991 | CPT | | | | outpatient | | | 1045 | 389.55 | Amerihealth | HMO/PPO | 100 | | | | 100 | 1782 | fee schedule | |
| HC SPN/BRAIN PUMP REFIL & MAINT | 95991 | CPT | | | | outpatient | | | 1045 | 389.55 | UHC | Medicare | 338.74 | | | | 100 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPN/BRAIN PUMP REFIL & MAINT | 95991 | CPT | | | | outpatient | | | 1045 | 389.55 | UHC | Medicaid | 329.7 | 31.55 | | | 100 | 1782 | percent of total billed charges | |
| HC SPN/BRAIN PUMP REFIL & MAINT | 95991 | CPT | | | | outpatient | | | 1045 | 389.55 | Horizon | PPO | 655.46 | | | | 100 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPN/BRAIN PUMP REFIL & MAINT | 95991 | CPT | | | | outpatient | | | 1045 | 389.55 | Horizon | MGD | 655.46 | | | | 100 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPN/BRAIN PUMP REFIL & MAINT | 95991 | CPT | | | | outpatient | | | 1045 | 389.55 | Multiplan | Multiplan | 836 | 80 | | | 100 | 1782 | percent of total billed charges | |
| HC SPN/BRAIN PUMP REFIL & MAINT | 95991 | CPT | | | | outpatient | | | 1045 | 389.55 | Horizon | Indemnity | 655.46 | | | | 100 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPN/BRAIN PUMP REFIL & MAINT | 95991 | CPT | | | | outpatient | | | 1045 | 389.55 | Horizon | NJ Health | 344.52 | | | | 100 | 1782 | fee schedule | |
| HC SPN/BRAIN PUMP REFIL & MAINT | 95991 | CPT | | | | outpatient | | | 1045 | 389.55 | United | Commercial/PPO | 1782 | | | | 100 | 1782 | case rate | |
| HC SPN/BRAIN PUMP REFIL & MAINT | 95991 | CPT | | | | outpatient | | | 1045 | 389.55 | WellPoint | WellPoint | 336.28 | 32.18 | | | 100 | 1782 | percent of total billed charges | |
| HC SPN/BRAIN PUMP REFIL & MAINT | 95991 | CPT | | | | outpatient | | | 1045 | 389.55 | Horizon | Medicare Blue | 338.74 | | | | 100 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SPN/BRAIN PUMP REFIL & MAINT | 95991 | CPT | | | | outpatient | | | 1045 | 389.55 | Qualicare | Qualicare | 783.75 | 75 | | | 100 | 1782 | percent of total billed charges | |
| HC SPN/BRAIN PUMP REFIL & MAINT | 95991 | CPT | | | | outpatient | | | 1045 | 389.55 | United | Oxford | 1782 | | | | 100 | 1782 | case rate | |
| HC SPN/BRAIN PUMP REFIL & MAINT | 95991 | CPT | | | | outpatient | | | 1045 | 389.55 | Wellcare | Medicaid | 329.7 | 31.55 | | | 100 | 1782 | percent of total billed charges | |
| HC SPN/BRAIN PUMP REFIL & MAINT | 95991 | CPT | | | | outpatient | | | 1045 | 389.55 | Managed Care Inc | Managed Care Inc | 940.5 | 90 | | | 100 | 1782 | percent of total billed charges | |
| HC SPN/BRAIN PUMP REFIL & MAINT | 95991 | CPT | | | | outpatient | | | 1045 | 389.55 | Wellcare | Medicare | 338.74 | | | | 100 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX | 95999 | CPT | | | | outpatient | | | 557 | 205.45 | Amerihealth | HMO/PPO | 362.05 | 65 | | | 175.73 | 529.15 | percent of total billed charges | |
| HC UNLISTED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX | 95999 | CPT | | | | outpatient | | | 557 | 205.45 | First Trenton | First Trenton | 501.3 | 90 | | | 175.73 | 529.15 | percent of total billed charges | |
| HC UNLISTED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX | 95999 | CPT | | | | outpatient | | | 557 | 205.45 | Americare | Americare | 417.75 | 75 | | | 175.73 | 529.15 | percent of total billed charges | |
| HC UNLISTED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX | 95999 | CPT | | | | outpatient | | | 557 | 205.45 | Aetna | Better Health | 175.73 | 31.55 | | | 175.73 | 529.15 | percent of total billed charges | |
| HC UNLISTED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX | 95999 | CPT | | | | outpatient | | | 557 | 205.45 | Aetna | Medicare | 178.65 | | | | 175.73 | 529.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX | 95999 | CPT | | | | outpatient | | | 557 | 205.45 | UHC | Medicaid | 175.73 | 31.55 | | | 175.73 | 529.15 | percent of total billed charges | |
| HC UNLISTED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX | 95999 | CPT | | | | outpatient | | | 557 | 205.45 | Corrections | Corrections | 445.6 | 80 | | | 175.73 | 529.15 | percent of total billed charges | |
| HC UNLISTED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX | 95999 | CPT | | | | outpatient | | | 557 | 205.45 | First Health | First Health | 389.9 | 70 | | | 175.73 | 529.15 | percent of total billed charges | |
| HC UNLISTED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX | 95999 | CPT | | | | outpatient | | | 557 | 205.45 | Multiplan | Multiplan | 445.6 | 80 | | | 175.73 | 529.15 | percent of total billed charges | |
| HC UNLISTED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX | 95999 | CPT | | | | outpatient | | | 557 | 205.45 | Horizon | Medicare Blue | 178.65 | | | | 175.73 | 529.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX | 95999 | CPT | | | | outpatient | | | 557 | 205.45 | Consumer | Consumer | 529.15 | 95 | | | 175.73 | 529.15 | percent of total billed charges | |
| HC UNLISTED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX | 95999 | CPT | | | | outpatient | | | 557 | 205.45 | UHC | Medicare | 178.65 | | | | 175.73 | 529.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX | 95999 | CPT | | | | outpatient | | | 557 | 205.45 | Horizon | MGD | 345.69 | | | | 175.73 | 529.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX | 95999 | CPT | | | | outpatient | | | 557 | 205.45 | Wellcare | Medicaid | 175.73 | 31.55 | | | 175.73 | 529.15 | percent of total billed charges | |
| HC UNLISTED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX | 95999 | CPT | | | | outpatient | | | 557 | 205.45 | Horizon | Indemnity | 345.69 | | | | 175.73 | 529.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX | 95999 | CPT | | | | outpatient | | | 557 | 205.45 | Qualicare | Qualicare | 417.75 | 75 | | | 175.73 | 529.15 | percent of total billed charges | |
| HC UNLISTED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX | 95999 | CPT | | | | outpatient | | | 557 | 205.45 | Managed Care Inc | Managed Care Inc | 501.3 | 90 | | | 175.73 | 529.15 | percent of total billed charges | |
| HC UNLISTED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX | 95999 | CPT | | | | outpatient | | | 557 | 205.45 | Horizon | PPO | 345.69 | | | | 175.73 | 529.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX | 95999 | CPT | | | | outpatient | | | 557 | 205.45 | Three Rivers | Three Rivers | 529.15 | 95 | | | 175.73 | 529.15 | percent of total billed charges | |
| HC UNLISTED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX | 95999 | CPT | | | | outpatient | | | 557 | 205.45 | Wellcare | Medicare | 178.65 | | | | 175.73 | 529.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED NEUROLOGICAL/NEUROMUSCULAR DIAGNOSTIC PX | 95999 | CPT | | | | outpatient | | | 557 | 205.45 | WellPoint | WellPoint | 179.24 | 32.18 | | | 175.73 | 529.15 | percent of total billed charges | |
| HC GENETIC COUNSELING EACH 30 MIN | 96040 | CPT | | | | outpatient | | | 60.28 | | Aetna | Better Health | 19.02 | 31.55 | | | 18.08 | 120.06 | percent of total billed charges | |
| HC GENETIC COUNSELING EACH 30 MIN | 96040 | CPT | | | | outpatient | | | 60.28 | | Aetna | Medicare | 18.57 | 30.8 | | | 18.08 | 120.06 | percent of total billed charges | |
| HC GENETIC COUNSELING EACH 30 MIN | 96040 | CPT | | | | outpatient | | | 60.28 | | Consumer | Consumer | 57.27 | 95 | | | 18.08 | 120.06 | percent of total billed charges | |
| HC GENETIC COUNSELING EACH 30 MIN | 96040 | CPT | | | | outpatient | | | 60.28 | | First Health | First Health | 42.2 | 70 | | | 18.08 | 120.06 | percent of total billed charges | |
| HC GENETIC COUNSELING EACH 30 MIN | 96040 | CPT | | | | outpatient | | | 60.28 | | Amerihealth | HMO/PPO | 39.18 | 65 | | | 18.08 | 120.06 | percent of total billed charges | |
| HC GENETIC COUNSELING EACH 30 MIN | 96040 | CPT | | | | outpatient | | | 60.28 | | Horizon | MGD | 23.08 | 38.28 | | | 18.08 | 120.06 | percent of total billed charges | |
| HC GENETIC COUNSELING EACH 30 MIN | 96040 | CPT | | | | outpatient | | | 60.28 | | Americare | Americare | 45.21 | 75 | | | 18.08 | 120.06 | percent of total billed charges | |
| HC GENETIC COUNSELING EACH 30 MIN | 96040 | CPT | | | | outpatient | | | 60.28 | | Horizon | PPO | 23.08 | 38.28 | | | 18.08 | 120.06 | percent of total billed charges | |
| HC GENETIC COUNSELING EACH 30 MIN | 96040 | CPT | | | | outpatient | | | 60.28 | | Corrections | Corrections | 48.22 | 80 | | | 18.08 | 120.06 | percent of total billed charges | |
| HC GENETIC COUNSELING EACH 30 MIN | 96040 | CPT | | | | outpatient | | | 60.28 | | Wellcare | Medicaid | 19.02 | 31.55 | | | 18.08 | 120.06 | percent of total billed charges | |
| HC GENETIC COUNSELING EACH 30 MIN | 96040 | CPT | | | | outpatient | | | 60.28 | | Horizon | Indemnity | 23.08 | 38.28 | | | 18.08 | 120.06 | percent of total billed charges | |
| HC GENETIC COUNSELING EACH 30 MIN | 96040 | CPT | | | | outpatient | | | 60.28 | | Three Rivers | Three Rivers | 57.27 | 95 | | | 18.08 | 120.06 | percent of total billed charges | |
| HC GENETIC COUNSELING EACH 30 MIN | 96040 | CPT | | | | outpatient | | | 60.28 | | Qualicare | Qualicare | 45.21 | 75 | | | 18.08 | 120.06 | percent of total billed charges | |
| HC GENETIC COUNSELING EACH 30 MIN | 96040 | CPT | | | | outpatient | | | 60.28 | | Multiplan | Multiplan | 48.22 | 80 | | | 18.08 | 120.06 | percent of total billed charges | |
| HC GENETIC COUNSELING EACH 30 MIN | 96040 | CPT | | | | outpatient | | | 60.28 | | First Trenton | First Trenton | 54.25 | 90 | | | 18.08 | 120.06 | percent of total billed charges | |
| HC GENETIC COUNSELING EACH 30 MIN | 96040 | CPT | | | | outpatient | | | 60.28 | | UHC | Medicaid | 19.02 | 31.55 | | | 18.08 | 120.06 | percent of total billed charges | |
| HC GENETIC COUNSELING EACH 30 MIN | 96040 | CPT | | | | outpatient | | | 60.28 | | Horizon | Medicare Blue | 18.08 | 30 | | | 18.08 | 120.06 | percent of total billed charges | |
| HC GENETIC COUNSELING EACH 30 MIN | 96040 | CPT | | | | outpatient | | | 60.28 | | Horizon | NJ Health | 120.06 | | | | 18.08 | 120.06 | fee schedule | |
| HC GENETIC COUNSELING EACH 30 MIN | 96040 | CPT | | | | outpatient | | | 60.28 | | Managed Care Inc | Managed Care Inc | 54.25 | 90 | | | 18.08 | 120.06 | percent of total billed charges | |
| HC GENETIC COUNSELING EACH 30 MIN | 96040 | CPT | | | | outpatient | | | 60.28 | | WellPoint | WellPoint | 19.4 | 32.18 | | | 18.08 | 120.06 | percent of total billed charges | |
| HC ST DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM | 96110 | CPT | | | | both | | | 938 | | First Health | First Health | 656.6 | 70 | | | 7.28 | 891.1 | percent of total billed charges | |
| HC ST DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM | 96110 | CPT | | | | both | | | 938 | | Aetna | Better Health | 295.94 | 31.55 | | | 7.28 | 891.1 | percent of total billed charges | |
| HC ST DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM | 96110 | CPT | | | | both | | | 938 | | WellPoint | WellPoint | 301.85 | 32.18 | | | 7.28 | 891.1 | percent of total billed charges | |
| HC ST DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM | 96110 | CPT | | | | both | | | 938 | | Aetna | Medicare | 288.9 | 30.8 | | | 7.28 | 891.1 | percent of total billed charges | |
| HC ST DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM | 96110 | CPT | | | | both | | | 938 | | UHC | Medicaid | 295.94 | 31.55 | | | 7.28 | 891.1 | percent of total billed charges | |
| HC ST DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM | 96110 | CPT | | | | both | | | 938 | | Corrections | Corrections | 750.4 | 80 | | | 7.28 | 891.1 | percent of total billed charges | |
| HC ST DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM | 96110 | CPT | | | | both | | | 938 | | Amerihealth | HMO/PPO | 15.62 | | | | 7.28 | 891.1 | fee schedule | |
| HC ST DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM | 96110 | CPT | | | | both | | | 938 | | Wellcare | Medicaid | 295.94 | 31.55 | | | 7.28 | 891.1 | percent of total billed charges | |
| HC ST DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM | 96110 | CPT | | | | both | | | 938 | | Horizon | Medicare Blue | 281.4 | 30 | | | 7.28 | 891.1 | percent of total billed charges | |
| HC ST DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM | 96110 | CPT | | | | both | | | 938 | | Americare | Americare | 703.5 | 75 | | | 7.28 | 891.1 | percent of total billed charges | |
| HC ST DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM | 96110 | CPT | | | | both | | | 938 | | Horizon | MGD | 359.07 | 38.28 | | | 7.28 | 891.1 | percent of total billed charges | |
| HC ST DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM | 96110 | CPT | | | | both | | | 938 | | Consumer | Consumer | 891.1 | 95 | | | 7.28 | 891.1 | percent of total billed charges | |
| HC ST DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM | 96110 | CPT | | | | both | | | 938 | | Multiplan | Multiplan | 750.4 | 80 | | | 7.28 | 891.1 | percent of total billed charges | |
| HC ST DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM | 96110 | CPT | | | | both | | | 938 | | First Trenton | First Trenton | 844.2 | 90 | | | 7.28 | 891.1 | percent of total billed charges | |
| HC ST DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM | 96110 | CPT | | | | both | | | 938 | | Qualicare | Qualicare | 703.5 | 75 | | | 7.28 | 891.1 | percent of total billed charges | |
| HC ST DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM | 96110 | CPT | | | | both | | | 938 | | Horizon | Indemnity | 359.07 | 38.28 | | | 7.28 | 891.1 | percent of total billed charges | |
| HC ST DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM | 96110 | CPT | | | | both | | | 938 | | Horizon | NJ Health | 7.28 | | | | 7.28 | 891.1 | fee schedule | |
| HC ST DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM | 96110 | CPT | | | | both | | | 938 | | Horizon | PPO | 359.07 | 38.28 | | | 7.28 | 891.1 | percent of total billed charges | |
| HC ST DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM | 96110 | CPT | | | | both | | | 938 | | Managed Care Inc | Managed Care Inc | 844.2 | 90 | | | 7.28 | 891.1 | percent of total billed charges | |
| HC ST DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM | 96110 | CPT | | | | both | | | 938 | | Three Rivers | Three Rivers | 891.1 | 95 | | | 7.28 | 891.1 | percent of total billed charges | |
| HC BRIEF EMOTIONAL/BEHAV ASSMT | 96127 | CPT | | | | both | | | 143 | 52.74 | Aetna | Better Health | 45.12 | 31.55 | | 34.67 | 3.02 | 135.85 | percent of total billed charges | |
| HC BRIEF EMOTIONAL/BEHAV ASSMT | 96127 | CPT | | | | both | | | 143 | 52.74 | Corrections | Corrections | 114.4 | 80 | | | 3.02 | 135.85 | percent of total billed charges | |
| HC BRIEF EMOTIONAL/BEHAV ASSMT | 96127 | CPT | | | | both | | | 143 | 52.74 | Americare | Americare | 107.25 | 75 | | | 3.02 | 135.85 | percent of total billed charges | |
| HC BRIEF EMOTIONAL/BEHAV ASSMT | 96127 | CPT | | | | both | | | 143 | 52.74 | Aetna | Medicare | 45.86 | | | 23.24 | 3.02 | 135.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRIEF EMOTIONAL/BEHAV ASSMT | 96127 | CPT | | | | both | | | 143 | 52.74 | Wellcare | Medicare | 45.86 | | | | 3.02 | 135.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRIEF EMOTIONAL/BEHAV ASSMT | 96127 | CPT | | | | both | | | 143 | 52.74 | Multiplan | Multiplan | 114.4 | 80 | | | 3.02 | 135.85 | percent of total billed charges | |
| HC BRIEF EMOTIONAL/BEHAV ASSMT | 96127 | CPT | | | | both | | | 143 | 52.74 | First Trenton | First Trenton | 128.7 | 90 | | | 3.02 | 135.85 | percent of total billed charges | |
| HC BRIEF EMOTIONAL/BEHAV ASSMT | 96127 | CPT | | | | both | | | 143 | 52.74 | Horizon | PPO | 88.74 | | | 32.7 | 3.02 | 135.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRIEF EMOTIONAL/BEHAV ASSMT | 96127 | CPT | | | | both | | | 143 | 52.74 | Amerihealth | HMO/PPO | 15.82 | | | | 3.02 | 135.85 | fee schedule | |
| HC BRIEF EMOTIONAL/BEHAV ASSMT | 96127 | CPT | | | | both | | | 143 | 52.74 | Horizon | Indemnity | 88.74 | | | 48.57 | 3.02 | 135.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRIEF EMOTIONAL/BEHAV ASSMT | 96127 | CPT | | | | both | | | 143 | 52.74 | Horizon | Medicare Blue | 45.86 | | | | 3.02 | 135.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRIEF EMOTIONAL/BEHAV ASSMT | 96127 | CPT | | | | both | | | 143 | 52.74 | Consumer | Consumer | 135.85 | 95 | | | 3.02 | 135.85 | percent of total billed charges | |
| HC BRIEF EMOTIONAL/BEHAV ASSMT | 96127 | CPT | | | | both | | | 143 | 52.74 | Horizon | MGD | 88.74 | | | 64.79 | 3.02 | 135.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRIEF EMOTIONAL/BEHAV ASSMT | 96127 | CPT | | | | both | | | 143 | 52.74 | Qualicare | Qualicare | 107.25 | 75 | | | 3.02 | 135.85 | percent of total billed charges | |
| HC BRIEF EMOTIONAL/BEHAV ASSMT | 96127 | CPT | | | | both | | | 143 | 52.74 | Horizon | NJ Health | 3.02 | | | 16.41 | 3.02 | 135.85 | fee schedule | |
| HC BRIEF EMOTIONAL/BEHAV ASSMT | 96127 | CPT | | | | both | | | 143 | 52.74 | First Health | First Health | 100.1 | 70 | | | 3.02 | 135.85 | percent of total billed charges | |
| HC BRIEF EMOTIONAL/BEHAV ASSMT | 96127 | CPT | | | | both | | | 143 | 52.74 | UHC | Medicaid | 45.12 | 31.55 | | 25.83 | 3.02 | 135.85 | percent of total billed charges | |
| HC BRIEF EMOTIONAL/BEHAV ASSMT | 96127 | CPT | | | | both | | | 143 | 52.74 | Wellcare | Medicaid | 45.12 | 31.55 | | 39.05 | 3.02 | 135.85 | percent of total billed charges | |
| HC BRIEF EMOTIONAL/BEHAV ASSMT | 96127 | CPT | | | | both | | | 143 | 52.74 | Managed Care Inc | Managed Care Inc | 128.7 | 90 | | | 3.02 | 135.85 | percent of total billed charges | |
| HC BRIEF EMOTIONAL/BEHAV ASSMT | 96127 | CPT | | | | both | | | 143 | 52.74 | UHC | Medicare | 45.86 | | | 28.41 | 3.02 | 135.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BRIEF EMOTIONAL/BEHAV ASSMT | 96127 | CPT | | | | both | | | 143 | 52.74 | Three Rivers | Three Rivers | 135.85 | 95 | | | 3.02 | 135.85 | percent of total billed charges | |
| HC BRIEF EMOTIONAL/BEHAV ASSMT | 96127 | CPT | | | | both | | | 143 | 52.74 | WellPoint | WellPoint | 46.02 | 32.18 | | 32.24 | 3.02 | 135.85 | percent of total billed charges | |
| HC PT-FOCUSED HLTH RISK ASSMT W SCORE & DOCUMNT, PER STND INSTRM | 96160 | CPT | | | | both | | | 109 | 37.74 | Americare | Americare | 81.75 | 75 | | | 8.01 | 103.55 | percent of total billed charges | |
| HC PT-FOCUSED HLTH RISK ASSMT W SCORE & DOCUMNT, PER STND INSTRM | 96160 | CPT | | | | both | | | 109 | 37.74 | First Health | First Health | 76.3 | 70 | | | 8.01 | 103.55 | percent of total billed charges | |
| HC PT-FOCUSED HLTH RISK ASSMT W SCORE & DOCUMNT, PER STND INSTRM | 96160 | CPT | | | | both | | | 109 | 37.74 | Horizon | PPO | 63.51 | | | 34.33 | 8.01 | 103.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PT-FOCUSED HLTH RISK ASSMT W SCORE & DOCUMNT, PER STND INSTRM | 96160 | CPT | | | | both | | | 109 | 37.74 | Aetna | Better Health | 34.39 | 31.55 | | 27.71 | 8.01 | 103.55 | percent of total billed charges | |
| HC PT-FOCUSED HLTH RISK ASSMT W SCORE & DOCUMNT, PER STND INST

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC PT-FOCUSED HLTH RISK ASSMT W SCORE & DOCUMNT, PER STND INSTRM | 96160 | CPT | | | | both | | | 109 | 37.74 | Amerihealth | HMO/PPO | 70.85 | 65 | | | 13.38 | 8.01 | 103.55 | percent of total billed charges | |
| HC PT-FOCUSED HLTH RISK ASSMT W SCORE & DOCUMNT, PER STND INSTRM | 96160 | CPT | | | | both | | | 109 | 37.74 | Wellcare | Medicaid | 34.39 | 31.55 | | | 28.18 | 8.01 | 103.55 | percent of total billed charges | |
| HC PT-FOCUSED HLTH RISK ASSMT W SCORE & DOCUMNT, PER STND INSTRM | 96160 | CPT | | | | both | | | 109 | 37.74 | Multiplan | Multiplan | 87.2 | 80 | | | | 8.01 | 103.55 | percent of total billed charges | |
| HC PT-FOCUSED HLTH RISK ASSMT W SCORE & DOCUMNT, PER STND INSTRM | 96160 | CPT | | | | both | | | 109 | 37.74 | Aetna | Medicare | 32.82 | | | | 9.56 | 8.01 | 103.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PT-FOCUSED HLTH RISK ASSMT W SCORE & DOCUMNT, PER STND INSTRM | 96160 | CPT | | | | both | | | 109 | 37.74 | Consumer | Consumer | 103.55 | 95 | | | | 8.01 | 103.55 | percent of total billed charges | |
| HC PT-FOCUSED HLTH RISK ASSMT W SCORE & DOCUMNT, PER STND INSTRM | 96160 | CPT | | | | both | | | 109 | 37.74 | Managed Care Inc | Managed Care Inc | 98.1 | 90 | | | | 8.01 | 103.55 | percent of total billed charges | |
| HC PT-FOCUSED HLTH RISK ASSMT W SCORE & DOCUMNT, PER STND INSTRM | 96160 | CPT | | | | both | | | 109 | 37.74 | Qualcare | Qualcare | 81.75 | 75 | | | | 8.01 | 103.55 | percent of total billed charges | |
| HC PT-FOCUSED HLTH RISK ASSMT W SCORE & DOCUMNT, PER STND INSTRM | 96160 | CPT | | | | both | | | 109 | 37.74 | Corrections | Corrections | 87.2 | 80 | | | 30.2 | 8.01 | 103.55 | percent of total billed charges | |
| HC PT-FOCUSED HLTH RISK ASSMT W SCORE & DOCUMNT, PER STND INSTRM | 96160 | CPT | | | | both | | | 109 | 37.74 | Horizon | MGD | 83.51 | | | | 36.22 | 8.01 | 103.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PT-FOCUSED HLTH RISK ASSMT W SCORE & DOCUMNT, PER STND INSTRM | 96160 | CPT | | | | both | | | 109 | 37.74 | Wellcare | Medicare | 32.82 | | | | 18.11 | 8.01 | 103.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PT-FOCUSED HLTH RISK ASSMT W SCORE & DOCUMNT, PER STND INSTRM | 96160 | CPT | | | | both | | | 109 | 37.74 | Horizon | Medicare Blue | 32.82 | | | | 27.07 | 8.01 | 103.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PT-FOCUSED HLTH RISK ASSMT W SCORE & DOCUMNT, PER STND INSTRM | 96160 | CPT | | | | both | | | 109 | 37.74 | Three Rivers | Three Rivers | 103.55 | 95 | | | | 8.01 | 103.55 | percent of total billed charges | |
| HC PT-FOCUSED HLTH RISK ASSMT W SCORE & DOCUMNT, PER STND INSTRM | 96160 | CPT | | | | both | | | 109 | 37.74 | UHC | Medicare | 32.82 | | | | 24.92 | 8.01 | 103.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PT-FOCUSED HLTH RISK ASSMT W SCORE & DOCUMNT, PER STND INSTRM | 96160 | CPT | | | | both | | | 109 | 37.74 | WellPoint | WellPoint | 35.08 | 32.18 | | | 25.36 | 8.01 | 103.55 | percent of total billed charges | |
| HC IV HYDRATION INITIAL 31 MIN-1 HOUR | 96360 | CPT | | | | both | | | 754 | 281.9 | Horizon | Medicare Blue | 245.13 | | | | 58.45 | 237.89 | 716.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV HYDRATION INITIAL 31 MIN-1 HOUR | 96360 | CPT | | | | both | | | 754 | 281.9 | Aetna | Medicare | 245.13 | | | | 129.06 | 237.89 | 716.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV HYDRATION INITIAL 31 MIN-1 HOUR | 96360 | CPT | | | | both | | | 754 | 281.9 | First Trenton | First Trenton | 678.6 | 90 | | | | 237.89 | 716.3 | percent of total billed charges | |
| HC IV HYDRATION INITIAL 31 MIN-1 HOUR | 96360 | CPT | | | | both | | | 754 | 281.9 | Aetna | Better Health | 237.89 | 31.55 | | | 120.93 | 237.89 | 716.3 | percent of total billed charges | |
| HC IV HYDRATION INITIAL 31 MIN-1 HOUR | 96360 | CPT | | | | both | | | 754 | 281.9 | Americare | Americare | 565.5 | 75 | | | | 237.89 | 716.3 | percent of total billed charges | |
| HC IV HYDRATION INITIAL 31 MIN-1 HOUR | 96360 | CPT | | | | both | | | 754 | 281.9 | Horizon | PPO | 474.33 | | | | 212.37 | 237.89 | 716.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV HYDRATION INITIAL 31 MIN-1 HOUR | 96360 | CPT | | | | both | | | 754 | 281.9 | Amerihealth | HMO/PPO | 490.1 | 65 | | | 137.04 | 237.89 | 716.3 | percent of total billed charges | |
| HC IV HYDRATION INITIAL 31 MIN-1 HOUR | 96360 | CPT | | | | both | | | 754 | 281.9 | Consumer | Consumer | 716.3 | 95 | | | | 237.89 | 716.3 | percent of total billed charges | |
| HC IV HYDRATION INITIAL 31 MIN-1 HOUR | 96360 | CPT | | | | both | | | 754 | 281.9 | UHC | Medicare | 245.13 | | | | 76.28 | 237.89 | 716.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV HYDRATION INITIAL 31 MIN-1 HOUR | 96360 | CPT | | | | both | | | 754 | 281.9 | First Health | First Health | 527.8 | 70 | | | | 237.89 | 716.3 | percent of total billed charges | |
| HC IV HYDRATION INITIAL 31 MIN-1 HOUR | 96360 | CPT | | | | both | | | 754 | 281.9 | Managed Care Inc | Managed Care Inc | 678.6 | 90 | | | | 237.89 | 716.3 | percent of total billed charges | |
| HC IV HYDRATION INITIAL 31 MIN-1 HOUR | 96360 | CPT | | | | both | | | 754 | 281.9 | Corrections | Corrections | 603.2 | 80 | | | | 237.89 | 716.3 | percent of total billed charges | |
| HC IV HYDRATION INITIAL 31 MIN-1 HOUR | 96360 | CPT | | | | both | | | 754 | 281.9 | Horizon | Indemnity | 474.33 | | | | 102.35 | 237.89 | 716.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV HYDRATION INITIAL 31 MIN-1 HOUR | 96360 | CPT | | | | both | | | 754 | 281.9 | Three Rivers | Three Rivers | 716.3 | 95 | | | | 237.89 | 716.3 | percent of total billed charges | |
| HC IV HYDRATION INITIAL 31 MIN-1 HOUR | 96360 | CPT | | | | both | | | 754 | 281.9 | Horizon | MGD | 474.33 | | | | 127.18 | 237.89 | 716.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV HYDRATION INITIAL 31 MIN-1 HOUR | 96360 | CPT | | | | both | | | 754 | 281.9 | Horizon | NJ Health | 368.01 | | | | 43.95 | 237.89 | 716.3 | fee schedule | |
| HC IV HYDRATION INITIAL 31 MIN-1 HOUR | 96360 | CPT | | | | both | | | 754 | 281.9 | Multiplan | Multiplan | 609.2 | 80 | | | | 237.89 | 716.3 | percent of total billed charges | |
| HC IV HYDRATION INITIAL 31 MIN-1 HOUR | 96360 | CPT | | | | both | | | 754 | 281.9 | UHC | Medicaid | 237.89 | 31.55 | | | 161.43 | 237.89 | 716.3 | percent of total billed charges | |
| HC IV HYDRATION INITIAL 31 MIN-1 HOUR | 96360 | CPT | | | | both | | | 754 | 281.9 | Qualcare | Qualcare | 565.5 | 75 | | | | 237.89 | 716.3 | percent of total billed charges | |
| HC IV HYDRATION INITIAL 31 MIN-1 HOUR | 96360 | CPT | | | | both | | | 754 | 281.9 | WellPoint | WellPoint | 242.64 | 32.18 | | | 121.06 | 237.89 | 716.3 | percent of total billed charges | |
| HC IV HYDRATION INITIAL 31 MIN-1 HOUR | 96360 | CPT | | | | both | | | 754 | 281.9 | Wellcare | Medicare | 245.13 | | | | 17.54 | 237.89 | 716.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV HYDRATION INITIAL 31 MIN-1 HOUR | 96360 | CPT | | | | both | | | 754 | 281.9 | Wellcare | Medicaid | 237.89 | 31.55 | | | 155.14 | 237.89 | 716.3 | percent of total billed charges | |
| HC IV HYDRATION EACH ADDITIONAL HOUR | 96361 | CPT | | | | both | | | 217 | 62.48 | Amerihealth | HMO/PPO | 141.05 | 65 | | | 27.1 | 54.33 | 206.15 | percent of total billed charges | |
| HC IV HYDRATION EACH ADDITIONAL HOUR | 96361 | CPT | | | | both | | | 217 | 62.48 | Americare | Americare | 162.75 | 75 | | | | 54.33 | 206.15 | percent of total billed charges | |
| HC IV HYDRATION EACH ADDITIONAL HOUR | 96361 | CPT | | | | both | | | 217 | 62.48 | Consumer | Consumer | 206.15 | 95 | | | | 54.33 | 206.15 | percent of total billed charges | |
| HC IV HYDRATION EACH ADDITIONAL HOUR | 96361 | CPT | | | | both | | | 217 | 62.48 | First Trenton | First Trenton | 195.3 | 90 | | | | 54.33 | 206.15 | percent of total billed charges | |
| HC IV HYDRATION EACH ADDITIONAL HOUR | 96361 | CPT | | | | both | | | 217 | 62.48 | Horizon | NJ Health | 151.38 | | | | 14.07 | 54.33 | 206.15 | fee schedule | |
| HC IV HYDRATION EACH ADDITIONAL HOUR | 96361 | CPT | | | | both | | | 217 | 62.48 | Aetna | Better Health | 68.46 | 31.55 | | | 60.9 | 54.33 | 206.15 | percent of total billed charges | |
| HC IV HYDRATION EACH ADDITIONAL HOUR | 96361 | CPT | | | | both | | | 217 | 62.48 | Horizon | Indemnity | 105.13 | | | | 55 | 54.33 | 206.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV HYDRATION EACH ADDITIONAL HOUR | 96361 | CPT | | | | both | | | 217 | 62.48 | Horizon | Medicare Blue | 54.33 | | | | 19.36 | 54.33 | 206.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV HYDRATION EACH ADDITIONAL HOUR | 96361 | CPT | | | | both | | | 217 | 62.48 | UHC | Medicare | 54.33 | | | | 26.64 | 54.33 | 206.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV HYDRATION EACH ADDITIONAL HOUR | 96361 | CPT | | | | both | | | 217 | 62.48 | Corrections | Corrections | 173.6 | 80 | | | 38.58 | 54.33 | 206.15 | percent of total billed charges | |
| HC IV HYDRATION EACH ADDITIONAL HOUR | 96361 | CPT | | | | both | | | 217 | 62.48 | Horizon | MGD | 105.13 | | | | 51.92 | 54.33 | 206.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV HYDRATION EACH ADDITIONAL HOUR | 96361 | CPT | | | | both | | | 217 | 62.48 | Managed Care Inc | Managed Care Inc | 195.3 | 90 | | | | 54.33 | 206.15 | percent of total billed charges | |
| HC IV HYDRATION EACH ADDITIONAL HOUR | 96361 | CPT | | | | both | | | 217 | 62.48 | Multiplan | Multiplan | 173.6 | 80 | | | | 54.33 | 206.15 | percent of total billed charges | |
| HC IV HYDRATION EACH ADDITIONAL HOUR | 96361 | CPT | | | | both | | | 217 | 62.48 | Aetna | Medicare | 54.33 | | | | 22.96 | 54.33 | 206.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV HYDRATION EACH ADDITIONAL HOUR | 96361 | CPT | | | | both | | | 217 | 62.48 | Qualcare | Qualcare | 162.75 | 75 | | | | 54.33 | 206.15 | percent of total billed charges | |
| HC IV HYDRATION EACH ADDITIONAL HOUR | 96361 | CPT | | | | both | | | 217 | 62.48 | Horizon | PPO | 105.13 | | | | 59.3 | 54.33 | 206.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV HYDRATION EACH ADDITIONAL HOUR | 96361 | CPT | | | | both | | | 217 | 62.48 | UHC | Medicaid | 68.46 | 31.55 | | | 51.47 | 54.33 | 206.15 | percent of total billed charges | |
| HC IV HYDRATION EACH ADDITIONAL HOUR | 96361 | CPT | | | | both | | | 217 | 62.48 | Wellcare | Medicaid | 68.46 | 31.55 | | | 49.23 | 54.33 | 206.15 | percent of total billed charges | |
| HC IV HYDRATION EACH ADDITIONAL HOUR | 96361 | CPT | | | | both | | | 217 | 62.48 | WellPoint | WellPoint | 69.83 | 32.18 | | | 49.59 | 54.33 | 206.15 | percent of total billed charges | |
| HC IV HYDRATION EACH ADDITIONAL HOUR | 96361 | CPT | | | | both | | | 217 | 62.48 | Three Rivers | Three Rivers | 206.15 | 95 | | | | 54.33 | 206.15 | percent of total billed charges | |
| HC IV HYDRATION EACH ADDITIONAL HOUR | 96361 | CPT | | | | both | | | 217 | 62.48 | First Health | First Health | 151.9 | 70 | | | | 54.33 | 206.15 | percent of total billed charges | |
| HC IV HYDRATION EACH ADDITIONAL HOUR | 96361 | CPT | | | | both | | | 217 | 62.48 | Wellcare | Medicare | 54.33 | | | | 36.65 | 54.33 | 206.15 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV THER/PROPH/DIAG INF INIT<=1 | 96365 | CPT | | | | both | | | 813 | 281.9 | Americare | Americare | 609.75 | 75 | | | | 97.25 | 772.35 | percent of total billed charges | |
| HC IV THER/PROPH/DIAG INF INIT<=1 | 96365 | CPT | | | | both | | | 813 | 281.9 | Amerihealth | HMO/PPO | 528.45 | 65 | | | 75.39 | 97.25 | 772.35 | percent of total billed charges | |
| HC IV THER/PROPH/DIAG INF INIT<=1 | 96365 | CPT | | | | both | | | 813 | 281.9 | Corrections | Corrections | 650.4 | 80 | | | 150.64 | 97.25 | 772.35 | percent of total billed charges | |
| HC IV THER/PROPH/DIAG INF INIT<=1 | 96365 | CPT | | | | both | | | 813 | 281.9 | First Health | First Health | 569.1 | 70 | | | | 97.25 | 772.35 | percent of total billed charges | |
| HC IV THER/PROPH/DIAG INF INIT<=1 | 96365 | CPT | | | | both | | | 813 | 281.9 | Horizon | Indemnity | 474.33 | | | | 153.56 | 97.25 | 772.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV THER/PROPH/DIAG INF INIT<=1 | 96365 | CPT | | | | both | | | 813 | 281.9 | UHC | Medicaid | 256.5 | 31.55 | | | 182.25 | 97.25 | 772.35 | percent of total billed charges | |
| HC IV THER/PROPH/DIAG INF INIT<=1 | 96365 | CPT | | | | both | | | 813 | 281.9 | Aetna | Better Health | 256.5 | 31.55 | | | 207.11 | 97.25 | 772.35 | percent of total billed charges | |
| HC IV THER/PROPH/DIAG INF INIT<=1 | 96365 | CPT | | | | both | | | 813 | 281.9 | Horizon | NJ Health | 97.25 | | | | 34.36 | 97.25 | 772.35 | fee schedule | |
| HC IV THER/PROPH/DIAG INF INIT<=1 | 96365 | CPT | | | | both | | | 813 | 281.9 | Horizon | PPO | 474.33 | | | | 163.67 | 97.25 | 772.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV THER/PROPH/DIAG INF INIT<=1 | 96365 | CPT | | | | both | | | 813 | 281.9 | Horizon | Medicare Blue | 245.13 | | | | 70.79 | 97.25 | 772.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV THER/PROPH/DIAG INF INIT<=1 | 96365 | CPT | | | | both | | | 813 | 281.9 | Qualcare | Qualcare | 609.75 | 75 | | | | 97.25 | 772.35 | percent of total billed charges | |
| HC IV THER/PROPH/DIAG INF INIT<=1 | 96365 | CPT | | | | both | | | 813 | 281.9 | Three Rivers | Three Rivers | 772.35 | 95 | | | | 97.25 | 772.35 | percent of total billed charges | |
| HC IV THER/PROPH/DIAG INF INIT<=1 | 96365 | CPT | | | | both | | | 813 | 281.9 | Horizon | MGD | 474.33 | | | | 169.79 | 97.25 | 772.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV THER/PROPH/DIAG INF INIT<=1 | 96365 | CPT | | | | both | | | 813 | 281.9 | Wellcare | Medicaid | 256.5 | 31.55 | | | 187.3 | 97.25 | 772.35 | percent of total billed charges | |
| HC IV THER/PROPH/DIAG INF INIT<=1 | 96365 | CPT | | | | both | | | 813 | 281.9 | Aetna | Medicare | 245.13 | | | | 117.71 | 97.25 | 772.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV THER/PROPH/DIAG INF INIT<=1 | 96365 | CPT | | | | both | | | 813 | 281.9 | WellPoint | WellPoint | 261.62 | 32.18 | | | 155.47 | 97.25 | 772.35 | percent of total billed charges | |
| HC IV THER/PROPH/DIAG INF INIT<=1 | 96365 | CPT | | | | both | | | 813 | 281.9 | Multiplan | Multiplan | 650.4 | 80 | | | | 97.25 | 772.35 | percent of total billed charges | |
| HC IV THER/PROPH/DIAG INF INIT<=1 | 96365 | CPT | | | | both | | | 813 | 281.9 | Consumer | Consumer | 772.35 | 95 | | | | 97.25 | 772.35 | percent of total billed charges | |
| HC IV THER/PROPH/DIAG INF INIT<=1 | 96365 | CPT | | | | both | | | 813 | 281.9 | First Trenton | First Trenton | 731.7 | 90 | | | | 97.25 | 772.35 | percent of total billed charges | |
| HC IV THER/PROPH/DIAG INF INIT<=1 | 96365 | CPT | | | | both | | | 813 | 281.9 | Managed Care Inc | Managed Care Inc | 731.7 | 90 | | | | 97.25 | 772.35 | percent of total billed charges | |
| HC IV THER/PROPH/DIAG INF INIT<=1 | 96365 | CPT | | | | both | | | 813 | 281.9 | UHC | Medicare | 245.13 | | | | 102.28 | 97.25 | 772.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV THER/PROPH/DIAG INF INIT<=1 | 96365 | CPT | | | | both | | | 813 | 281.9 | Wellcare | Medicare | 245.13 | | | | 80.04 | 97.25 | 772.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV THER/PROPH/DIAG INF EA ADD | 96366 | CPT | | | | both | | | 259 | 62.48 | Corrections | Corrections | 207.2 | 80 | | | 49.81 | 31.48 | 246.05 | percent of total billed charges | |
| HC IV THER/PROPH/DIAG INF EA ADD | 96366 | CPT | | | | both | | | 259 | 62.48 | Horizon | Medicare Blue | 54.33 | | | | 34.83 | 31.48 | 246.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV THER/PROPH/DIAG INF EA ADD | 96366 | CPT | | | | both | | | 259 | 62.48 | First Health | First Health | 181.3 | 70 | | | | 31.48 | 246.05 | percent of total billed charges | |
| HC IV THER/PROPH/DIAG INF EA ADD | 96366 | CPT | | | | both | | | 259 | 62.48 | Aetna | Medicare | 54.33 | | | | 38.07 | 31.48 | 246.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV THER/PROPH/DIAG INF EA ADD | 96366 | CPT | | | | both | | | 259 | 62.48 | Consumer | Consumer | 246.05 | 95 | | | | 31.48 | 246.05 | percent of total billed charges | |
| HC IV THER/PROPH/DIAG INF EA ADD | 96366 | CPT | | | | both | | | 259 | 62.48 | Aetna | Better Health | 81.71 | 31.55 | | | 69.62 | 31.48 | 246.05 | percent of total billed charges | |
| HC IV THER/PROPH/DIAG INF EA ADD | 96366 | CPT | | | | both | | | 259 | 62.48 | UHC | Medicare | 54.33 | | | | 34.48 | 31.48 | 246.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV THER/PROPH/DIAG INF EA ADD | 96366 | CPT | | | | both | | | 259 | 62.48 | First Trenton | First Trenton | 233.1 | 90 | | | | 31.48 | 246.05 | percent of total billed charges | |
| HC IV THER/PROPH/DIAG INF EA ADD | 96366 | CPT | | | | both | | | 259 | 62.48 | UHC | Medicaid | 81.71 | 31.55 | | | 62.75 | 31.48 | 246.05 | percent of total billed charges | |
| HC IV THER/PROPH/DIAG INF EA ADD | 96366 | CPT | | | | both | | | 259 | 62.48 | WellPoint | WellPoint | 83.35 | 32.18 | | | 52.15 | 31.48 | 246.05 | percent of total billed charges | |
| HC IV THER/PROPH/DIAG INF EA ADD | 96366 | CPT | | | | both | | | 259 | 62.48 | Horizon | PPO | 105.13 | | | | 56.23 | 31.48 | 246.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV THER/PROPH/DIAG INF EA ADD | 96366 | CPT | | | | both | | | 259 | 62.48 | Horizon | MGD | 105.13 | | | | 56.74 | 31.48 | 246.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV THER/PROPH/DIAG INF EA ADD | 96366 | CPT | | | | both | | | 259 | 62.48 | Three Rivers | Three Rivers | 246.05 | 95 | | | | 31.48 | 246.05 | percent of total billed charges | |
| HC IV THER/PROPH/DIAG INF EA ADD | 96366 | CPT | | | | both | | | 259 | 62.48 | Americare | Americare | 194.25 | 75 | | | | 31.48 | 246.05 | percent of total billed charges | |
| HC IV THER/PROPH/DIAG INF EA ADD | 96366 | CPT | | | | both | | | 259 | 62.48 | Multiplan | Multiplan | 207.2 | 80 | | | | 31.48 | 246.05 | percent of total billed charges | |
| HC IV THER/PROPH/DIAG INF EA ADD | 96366 | CPT | | | | both | | | 259 | 62.48 | Horizon | Indemnity | 105.13 | | | | 50.71 | 31.48 | 246.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV THER/PROPH/DIAG INF EA ADD | 96366 | CPT | | | | both | | | 259 | 62.48 | Wellcare | Medicare | 54.33 | | | | 27.71 | 31.48 | 246.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV THER/PROPH/DIAG INF EA ADD | 96366 | CPT | | | | both | | | 259 | 62.48 | Amerihealth | HMO/PPO | 168.35 | 65 | | | 25.33 | 31.48 | 246.05 | percent of total billed charges | |
| HC IV THER/PROPH/DIAG INF EA ADD | 96366 | CPT | | | | both | | | 259 | 62.48 | Qualcare | Qualcare | 194.25 | 75 | | | | 31.48 | 246.05 | percent of total billed charges | |
| HC IV THER/PROPH/DIAG INF EA ADD | 96366 | CPT | | | | both | | | 259 | 62.48 | Horizon | NJ Health | 31.48 | | | | 10.53 | 31.48 | 246.05 | fee schedule | |
| HC IV THER/PROPH/DIAG INF EA ADD | 96366 | CPT | | | | both | | | 259 | 62.48 | Wellcare | Medicaid | 81.71 | 31.55 | | | 63.51 | 31.48 | 246.05 | percent of total billed charges | |
| HC IV THER/PROPH/DIAG INF EA ADD | 96366 | CPT | | | | both | | | 259 | 62.48 | Managed Care Inc | Managed Care Inc | 233.1 | 90 | | | | 31.48 | 246.05 | percent of total billed charges | |
| HC IV INF TX/PROPH/DG ADDL SEQ<=1 | 96367 | CPT | | | | both | | | 248 | 92.66 | First Health | First Health | 173.6 | 70 | | | | 46.98 | 235.6 | percent of total billed charges | |
| HC IV INF TX/PROPH/DG ADDL SEQ<=1 | 96367 | CPT | | | | both | | | 248 | 92.66 | Horizon | MGD | 155.9 | | | | 66.51 | 46.98 | 235.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV INF TX/PROPH/DG ADDL SEQ<=1 | 96367 | CPT | | | | both | | | 248 | 92.66 | Aetna | Better Health | 78.24 | 31.55 | | | 55.47 | 46.98 | 235.6 | percent of total billed charges | |
| HC IV INF TX/PROPH/DG ADDL SEQ<=1 | 96367 | CPT | | | | both | | | 248 | 92.66 | Aetna | Medicare | 80.57 | | | | 33.89 | 46.98 | 235.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV INF TX/PROPH/DG ADDL SEQ<=1 | 96367 | CPT | | | | both | | | 248 | 92.66 | Horizon | Medicare Blue | 80.57 | | | | 34.8 | 46.98 | 235.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV INF TX/PROPH/DG ADDL SEQ<=1 | 96367 | CPT | | | | both | | | 248 | 92.66 | First Trenton | First Trenton | 223.2 | 90 | | | | 46.98 | 235.6 | percent of total billed charges | |
| HC IV INF TX/PROPH/DG ADDL SEQ<=1 | 96367 | CPT | | | | both | | | 248 | 92.66 | Amerihealth | HMO/PPO | 161.2 | 65 | | | 17.54 | 46.98 | 235.6 | percent of total billed charges | |
| HC IV INF TX/PROPH/DG ADDL SEQ<=1 | 96367 | CPT | | | | both | | | 248 | 92.66 | Horizon | PPO | 155.9 | | | | 56.26 | 46.98 | 235.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV INF TX/PROPH/DG ADDL SEQ<=1 | 96367 | CPT | | | | both | | | 248 | 92.66 | Horizon | Indemnity | 155.9 | | | | 53.33 | 46.98 | 235.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV INF TX/PROPH/DG ADDL SEQ<=1 | 96367 | CPT | | | | both | | | 248 | 92.66 | Managed Care Inc | Managed Care Inc | 223.2 | 90 | | | | 46.98 | 235.6 | percent of total billed charges | |
| HC IV INF TX/PROPH/DG ADDL SEQ<=1 | 96367 | CPT | | | | both | | | 248 | 92.66 | Corrections | Corrections | 198.4 | 80 | | | 41.66 | 46.98 | 235.6 | percent of total billed charges | |
| HC IV INF TX/PROPH/DG ADDL SEQ<=1 | 96367 | CPT | | | | both | | | 248 | 92.66 | Americare | Americare | 186 | 75 | | | | 46.98 | 235.6 | percent of total billed charges | |
| HC IV INF TX/PROPH/DG ADDL SEQ<=1 | 96367 | CPT | | | | both | | | 248 | 92.66 | WellPoint | WellPoint | 79.81 | 32.18 | | | 51.02 | 46.98 | 235.6 | percent of total billed charges | |
| HC IV INF TX/PROPH/DG ADDL SEQ<=1 | 96367 | CPT | | | | both | | | 248 | 92.66 | UHC | Medicaid | 78.24 | 31.55 | | | 62.12 | 46.98 | 235.6 | percent of total billed charges | |
| HC IV INF TX/PROPH/DG ADDL SEQ<=1 | 96367 | CPT | | | | both | | | 248 | 92.66 | Consumer | Consumer | 235.6 | 95 | | | | 46.98 | 235.6 | percent of total billed charges | |
| HC IV INF TX/PROPH/DG ADDL SEQ<=1 | 96367 | CPT | | | | both | | | 248 | 92.66 | Multiplan | Multiplan | 198.4 | 80 | | | | 46.98 | 235.6 | percent of total billed charges | |
| HC IV INF TX/PROPH/DG ADDL SEQ<=1 | 96367 | CPT | | | | both | | | 248 | 92.66 | Horizon | NJ Health | 46.98 | | | | 13.15 | 46.98 | 235.6 | fee schedule | |
| HC IV INF TX/PROPH/DG ADDL SEQ<=1 | 96367 | CPT | | | | both | | | 248 | 92.66 | UHC | Medicare | 80.57 | | | | 26.4 | 46.98 | 235.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV INF TX/PROPH/DG ADDL SEQ<=1 | 96367 | CPT | | | | both | | | 248 | 92.66 | Three Rivers | Three Rivers | 235.6 | 95 | | | | 46.98 | 235.6 | percent of total billed charges | |
| HC IV INF TX/PROPH/DG ADDL SEQ<=1 | 96367 | CPT | | | | both | | | 248 | 92.66 | Qualcare | Qualcare | 186 | 75 | | | | 46.98 | 235.6 | percent of total billed charges | |
| HC IV INF TX/PROPH/DG ADDL SEQ<=1 | 96367 | CPT | | | | both | | | 248 | 92.66 | Wellcare | Medicare | 80.57 | | | | | 46.98 | 235.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV INF TX/PROPH/DG ADDL SEQ<=1 | 96367 | CPT | | | | both | | | 248 | 92.66 | Wellcare | Medicaid | 78.24 | 31.55 | | | 55.48 | 46.98 | 235.6 | percent of total billed charges | |
| HC IV CONCURRENT INFUSION | 96368 | CPT | | | | outpatient | | | 152 | | Horizon | Indemnity | 58.19 | 38.28 | | | 19.38 | 29.23 | 144.4 | percent of total billed charges | |
| HC IV CONCURRENT INFUSION | 96368 | CPT | | | | outpatient | | | 152 | | Aetna | Better Health | 47.96 | 31.55 | | | 23.12 | 29.23 | 144.4 | percent of total billed charges | |
| HC IV CONCURRENT INFUSION | 96368 | CPT | | | | outpatient | | | 152 | | Amerihealth | HMO/PPO | 98.8 | 65 | | | | 29.23 | 144.4 | percent of total billed charges | |
| HC IV CONCURRENT INFUSION | 96368 | CPT | | | | outpatient | | | 152 | | Aetna | Medicare | 46.82 | 30.8 | | | 18.81 | 29.23 | 144.4 | percent of total billed charges | |
| HC IV CONCURRENT INFUSION | 96368 | CPT | | | | outpatient | | | 152 | | Consumer | Consumer | 144.4 | 95 | | | | 29.23 | 144.4 | percent of total billed charges | |
| HC IV CONCURRENT INFUSION | 96368 | CPT | | | | outpatient | | | 152 | | Wellcare | Medicaid | 47.96 | 31.55 | | | 19.1 | 29.23 | 144.4 | percent of total billed charges | |
| HC IV CONCURRENT INFUSION | 96368 | CPT | | | | outpatient | | | 152 | | Horizon | NJ Health | 29.23 | | | | 3.83 | 29.23 | 144.4 | fee schedule | |
| HC IV CONCURRENT INFUSION | 96368 | CPT | | | | outpatient | | | 152 | | Americare | Americare | 114 | 75 | | | | 29.23 | 144.4 | percent of total billed charges | |
| HC IV CONCURRENT INFUSION | 96368 | CPT | | | | outpatient | | | 152 | | Horizon | MGD | 58.19 | 38.28 | | | 23.14 | 29.23 | 144.4 | percent of total billed charges | |
| HC IV CONCURRENT INFUSION | 96368 | CPT | | | | outpatient | | | 152 | | First Trenton | First Trenton | 136.8 | 90 | | | | 29.23 | 144.4 | percent of total billed charges | |
| HC IV CONCURRENT INFUSION | 96368 | CPT | | | | outpatient | | | 152 | | Multiplan | Multiplan | 121.6 | 80 | | | | 29.23 | 144.4 | percent of total billed charges | |
| HC IV CONCURRENT INFUSION | 96368 | CPT | | | | outpatient | | | 152 | | Managed Care Inc | Managed Care Inc | 136.8 | 90 | | | | 29.23 | 144.4 | percent of total billed charges | |
| HC IV CONCURRENT INFUSION | 96368 | CPT | | | | outpatient | | | 152 | | Corrections | Corrections | 121.6 | 80 | | | 22 | 29.23 | 144.4 | percent of total billed charges | |
| HC IV CONCURRENT INFUSION | 96368 | CPT | | | | outpatient | | | 152 | | Three Rivers | Three Rivers | 144.4 | 95 | | | | 29.23 | 144.4 | percent of total billed charges | |
| HC IV CONCURRENT INFUSION | 96368 | CPT | | | | outpatient | | | 152 | | Qualcare | Qualcare | 114 | 75 | | | | 29.23 | 144.4 | percent of total billed charges | |
| HC IV CONCURRENT INFUSION | 96368 | CPT | | | | outpatient | | | 152 | | WellPoint | WellPoint | 48.91 | 32.18 | | | 26.75 | 29.23 | 144.4 | percent of total billed charges | |
| HC IV CONCURRENT INFUSION | 96368 | CPT | | | | outpatient | | | 152 | | UHC | Medicaid | 47.96 | 31.55 | | | 24.47 | 29.23 | 144.4 | percent of total billed charges | |
| HC IV CONCURRENT INFUSION | 96368 | CPT | | | | outpatient | | | 152 | | First Health | First Health | 106.4 | 70 | | | | 29.23 | 144.4 | percent of total billed charges | |
| HC IV CONCURRENT INFUSION | 96368 | CPT | | | | outpatient | | | 152 | | Horizon | Medicare Blue | 45.6 | 30 | | | 11.6 | 29.

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP | 96369 | CPT | | | | outpatient | | | 501.79 | | 281.9 | First Trenton | First Trenton | 451.61 | 90 | | | 158.31 | 476.7 | percent of total billed charges | |
| HC SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP | 96369 | CPT | | | | outpatient | | | 501.79 | | 281.9 | Corrections | Corrections | 401.43 | 80 | | | 158.31 | 476.7 | percent of total billed charges | |
| HC SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP | 96369 | CPT | | | | outpatient | | | 501.79 | | 281.9 | Aetna | Medicare | 245.13 | | | | 158.31 | 476.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP | 96369 | CPT | | | | outpatient | | | 501.79 | | 281.9 | Americare | Americare | 376.34 | 75 | | | 158.31 | 476.7 | percent of total billed charges | |
| HC SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP | 96369 | CPT | | | | outpatient | | | 501.79 | | 281.9 | Horizon | Indemnity | 474.33 | | | | 158.31 | 476.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP | 96369 | CPT | | | | outpatient | | | 501.79 | | 281.9 | Horizon | NJ Health | 231.82 | | | | 158.31 | 476.7 | fee schedule | |
| HC SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP | 96369 | CPT | | | | outpatient | | | 501.79 | | 281.9 | Horizon | PPO | 474.33 | | | | 158.31 | 476.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP | 96369 | CPT | | | | outpatient | | | 501.79 | | 281.9 | Amerihealth | HMO/PPO | 326.16 | 65 | | | 158.31 | 476.7 | percent of total billed charges | |
| HC SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP | 96369 | CPT | | | | outpatient | | | 501.79 | | 281.9 | Managed Care Inc | Managed Care Inc | 451.61 | 90 | | | 158.31 | 476.7 | percent of total billed charges | |
| HC SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP | 96369 | CPT | | | | outpatient | | | 501.79 | | 281.9 | Horizon | Medicare Blue | 245.13 | | | | 158.31 | 476.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP | 96369 | CPT | | | | outpatient | | | 501.79 | | 281.9 | First Health | First Health | 351.25 | 70 | | | 158.31 | 476.7 | percent of total billed charges | |
| HC SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP | 96369 | CPT | | | | outpatient | | | 501.79 | | 281.9 | Multiplan | Multiplan | 401.43 | 80 | | | 158.31 | 476.7 | percent of total billed charges | |
| HC SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP | 96369 | CPT | | | | outpatient | | | 501.79 | | 281.9 | WellPoint | WellPoint | 161.48 | 32.18 | | | 158.31 | 476.7 | percent of total billed charges | |
| HC SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP | 96369 | CPT | | | | outpatient | | | 501.79 | | 281.9 | Three Rivers | Three Rivers | 476.7 | 95 | | | 158.31 | 476.7 | percent of total billed charges | |
| HC SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP | 96369 | CPT | | | | outpatient | | | 501.79 | | 281.9 | Horizon | MGD | 474.33 | | | | 158.31 | 476.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP | 96369 | CPT | | | | outpatient | | | 501.79 | | 281.9 | Qualcare | Qualcare | 376.34 | 75 | | | 158.31 | 476.7 | percent of total billed charges | |
| HC SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP | 96369 | CPT | | | | outpatient | | | 501.79 | | 281.9 | Wellcare | Medicaid | 158.31 | 31.55 | | | 158.31 | 476.7 | percent of total billed charges | |
| HC SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP | 96369 | CPT | | | | outpatient | | | 501.79 | | 281.9 | Wellcare | Medicare | 245.13 | | | | 158.31 | 476.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUBCUTANEOUS INFUSION EA ADDL HR | 96370 | CPT | | | | outpatient | | | 55 | | 62.48 | Amerihealth | HMO/PPO | 35.75 | 65 | | | 17.35 | 105.13 | percent of total billed charges | |
| HC SUBCUTANEOUS INFUSION EA ADDL HR | 96370 | CPT | | | | outpatient | | | 55 | | 62.48 | First Health | First Health | 38.5 | 70 | | | 17.35 | 105.13 | percent of total billed charges | |
| HC SUBCUTANEOUS INFUSION EA ADDL HR | 96370 | CPT | | | | outpatient | | | 55 | | 62.48 | Americare | Americare | 41.25 | 75 | | | 17.35 | 105.13 | percent of total billed charges | |
| HC SUBCUTANEOUS INFUSION EA ADDL HR | 96370 | CPT | | | | outpatient | | | 55 | | 62.48 | Horizon | MGD | 105.13 | | | | 17.35 | 105.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUBCUTANEOUS INFUSION EA ADDL HR | 96370 | CPT | | | | outpatient | | | 55 | | 62.48 | Aetna | Medicare | 54.33 | | | | 17.35 | 105.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUBCUTANEOUS INFUSION EA ADDL HR | 96370 | CPT | | | | outpatient | | | 55 | | 62.48 | Aetna | Better Health | 17.35 | 31.55 | | | 17.35 | 105.13 | percent of total billed charges | |
| HC SUBCUTANEOUS INFUSION EA ADDL HR | 96370 | CPT | | | | outpatient | | | 55 | | 62.48 | Corrections | Corrections | 44 | 80 | | | 17.35 | 105.13 | percent of total billed charges | |
| HC SUBCUTANEOUS INFUSION EA ADDL HR | 96370 | CPT | | | | outpatient | | | 55 | | 62.48 | Horizon | PPO | 105.13 | | | | 17.35 | 105.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUBCUTANEOUS INFUSION EA ADDL HR | 96370 | CPT | | | | outpatient | | | 55 | | 62.48 | Horizon | Medicare Blue | 54.33 | | | | 17.35 | 105.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUBCUTANEOUS INFUSION EA ADDL HR | 96370 | CPT | | | | outpatient | | | 55 | | 62.48 | Wellcare | Medicare | 54.33 | | | | 17.35 | 105.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUBCUTANEOUS INFUSION EA ADDL HR | 96370 | CPT | | | | outpatient | | | 55 | | 62.48 | Consumer | Consumer | 52.25 | 95 | | | 17.35 | 105.13 | percent of total billed charges | |
| HC SUBCUTANEOUS INFUSION EA ADDL HR | 96370 | CPT | | | | outpatient | | | 55 | | 62.48 | UHC | Medicaid | 17.35 | 31.55 | | | 17.35 | 105.13 | percent of total billed charges | |
| HC SUBCUTANEOUS INFUSION EA ADDL HR | 96370 | CPT | | | | outpatient | | | 55 | | 62.48 | Wellcare | Medicaid | 17.35 | 31.55 | | | 17.35 | 105.13 | percent of total billed charges | |
| HC SUBCUTANEOUS INFUSION EA ADDL HR | 96370 | CPT | | | | outpatient | | | 55 | | 62.48 | UHC | Medicare | 54.33 | | | | 17.35 | 105.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUBCUTANEOUS INFUSION EA ADDL HR | 96370 | CPT | | | | outpatient | | | 55 | | 62.48 | Horizon | Indemnity | 105.13 | | | | 17.35 | 105.13 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUBCUTANEOUS INFUSION EA ADDL HR | 96370 | CPT | | | | outpatient | | | 55 | | 62.48 | WellPoint | WellPoint | 17.7 | 32.18 | | | 17.35 | 105.13 | percent of total billed charges | |
| HC SUBCUTANEOUS INFUSION EA ADDL HR | 96370 | CPT | | | | outpatient | | | 55 | | 62.48 | Multiplan | Multiplan | 44 | 80 | | | 17.35 | 105.13 | percent of total billed charges | |
| HC SUBCUTANEOUS INFUSION EA ADDL HR | 96370 | CPT | | | | outpatient | | | 55 | | 62.48 | First Trenton | First Trenton | 49.5 | 90 | | | 17.35 | 105.13 | percent of total billed charges | |
| HC SUBCUTANEOUS INFUSION EA ADDL HR | 96370 | CPT | | | | outpatient | | | 55 | | 62.48 | Qualcare | Qualcare | 41.25 | 75 | | | 17.35 | 105.13 | percent of total billed charges | |
| HC SUBCUTANEOUS INFUSION EA ADDL HR | 96370 | CPT | | | | outpatient | | | 55 | | 62.48 | Horizon | NJ Health | 22.21 | | | | 17.35 | 105.13 | fee schedule | |
| HC SUBCUTANEOUS INFUSION EA ADDL HR | 96370 | CPT | | | | outpatient | | | 55 | | 62.48 | Managed Care Inc | Managed Care Inc | 49.5 | 90 | | | 17.35 | 105.13 | percent of total billed charges | |
| HC SUBCUTANEOUS INFUSION EA ADDL HR | 96370 | CPT | | | | outpatient | | | 55 | | 62.48 | Three Rivers | Three Rivers | 52.25 | 95 | | | 17.35 | 105.13 | percent of total billed charges | |
| HC SUBQ/IM INJECTION | 96372 | CPT | | | | both | | | 192 | | 92.66 | Americare | Americare | 144 | 75 | | | 7.97 | 182.4 | percent of total billed charges | |
| HC SUBQ/IM INJECTION | 96372 | CPT | | | | both | | | 192 | | 92.66 | Consumer | Consumer | 182.4 | 95 | | | 7.97 | 182.4 | percent of total billed charges | |
| HC SUBQ/IM INJECTION | 96372 | CPT | | | | both | | | 192 | | 92.66 | First Health | First Health | 134.4 | 70 | | | 7.97 | 182.4 | percent of total billed charges | |
| HC SUBQ/IM INJECTION | 96372 | CPT | | | | both | | | 192 | | 92.66 | Corrections | Corrections | 153.6 | 80 | | 37.86 | 7.97 | 182.4 | percent of total billed charges | |
| HC SUBQ/IM INJECTION | 96372 | CPT | | | | both | | | 192 | | 92.66 | First Trenton | First Trenton | 172.8 | 90 | | | 7.97 | 182.4 | percent of total billed charges | |
| HC SUBQ/IM INJECTION | 96372 | CPT | | | | both | | | 192 | | 92.66 | Horizon | PPO | 155.9 | | | 46.93 | 7.97 | 182.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUBQ/IM INJECTION | 96372 | CPT | | | | both | | | 192 | | 92.66 | Aetna | Better Health | 60.58 | 31.55 | | 47.42 | 7.97 | 182.4 | percent of total billed charges | |
| HC SUBQ/IM INJECTION | 96372 | CPT | | | | both | | | 192 | | 92.66 | Multiplan | Multiplan | 153.6 | 80 | | | 7.97 | 182.4 | percent of total billed charges | |
| HC SUBQ/IM INJECTION | 96372 | CPT | | | | both | | | 192 | | 92.66 | Amerihealth | HMO/PPO | 124.8 | 65 | | 22.26 | 7.97 | 182.4 | percent of total billed charges | |
| HC SUBQ/IM INJECTION | 96372 | CPT | | | | both | | | 192 | | 92.66 | Horizon | MGD | 155.9 | | | 56.04 | 7.97 | 182.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUBQ/IM INJECTION | 96372 | CPT | | | | both | | | 192 | | 92.66 | Aetna | Medicare | 80.57 | | | 37.75 | 7.97 | 182.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUBQ/IM INJECTION | 96372 | CPT | | | | both | | | 192 | | 92.66 | Horizon | Indemnity | 155.9 | | | 36 | 7.97 | 182.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUBQ/IM INJECTION | 96372 | CPT | | | | both | | | 192 | | 92.66 | Horizon | NJ Health | 7.97 | | | 15.27 | 7.97 | 182.4 | fee schedule | |
| HC SUBQ/IM INJECTION | 96372 | CPT | | | | both | | | 192 | | 92.66 | Wellcare | Medicare | 80.57 | | | 25.58 | 7.97 | 182.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUBQ/IM INJECTION | 96372 | CPT | | | | both | | | 192 | | 92.66 | Horizon | Medicare Blue | 80.57 | | | 25.26 | 7.97 | 182.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUBQ/IM INJECTION | 96372 | CPT | | | | both | | | 192 | | 92.66 | Qualcare | Qualcare | 144 | 75 | | | 7.97 | 182.4 | percent of total billed charges | |
| HC SUBQ/IM INJECTION | 96372 | CPT | | | | both | | | 192 | | 92.66 | UHC | Medicare | 80.57 | | | 26.38 | 7.97 | 182.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC SUBQ/IM INJECTION | 96372 | CPT | | | | both | | | 192 | | 92.66 | Three Rivers | Three Rivers | 182.4 | 95 | | | 7.97 | 182.4 | percent of total billed charges | |
| HC SUBQ/IM INJECTION | 96372 | CPT | | | | both | | | 192 | | 92.66 | Managed Care Inc | Managed Care Inc | 172.8 | 90 | | | 7.97 | 182.4 | percent of total billed charges | |
| HC SUBQ/IM INJECTION | 96372 | CPT | | | | both | | | 192 | | 92.66 | Wellcare | Medicaid | 60.58 | 31.55 | | 49.37 | 7.97 | 182.4 | percent of total billed charges | |
| HC SUBQ/IM INJECTION | 96372 | CPT | | | | both | | | 192 | | 92.66 | UHC | Medicaid | 60.58 | 31.55 | | 47.53 | 7.97 | 182.4 | percent of total billed charges | |
| HC SUBQ/IM INJECTION | 96372 | CPT | | | | both | | | 192 | | 92.66 | WellPoint | WellPoint | 61.79 | 32.18 | | 45.61 | 7.97 | 182.4 | percent of total billed charges | |
| HC INTRA ARTERTIAL INJ | 96373 | CPT | | | | outpatient | | | 781 | | 281.9 | Americare | Americare | 585.75 | 75 | | | 8.28 | 741.95 | percent of total billed charges | |
| HC INTRA ARTERTIAL INJ | 96373 | CPT | | | | outpatient | | | 781 | | 281.9 | First Health | First Health | 546.7 | 70 | | | 8.28 | 741.95 | percent of total billed charges | |
| HC INTRA ARTERTIAL INJ | 96373 | CPT | | | | outpatient | | | 781 | | 281.9 | First Trenton | First Trenton | 702.9 | 90 | | | 8.28 | 741.95 | percent of total billed charges | |
| HC INTRA ARTERTIAL INJ | 96373 | CPT | | | | outpatient | | | 781 | | 281.9 | Aetna | Better Health | 246.41 | 31.55 | | | 8.28 | 741.95 | percent of total billed charges | |
| HC INTRA ARTERTIAL INJ | 96373 | CPT | | | | outpatient | | | 781 | | 281.9 | Aetna | Medicare | 245.13 | | | | 8.28 | 741.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRA ARTERTIAL INJ | 96373 | CPT | | | | outpatient | | | 781 | | 281.9 | UHC | Medicaid | 246.41 | 31.55 | | 198.86 | 8.28 | 741.95 | percent of total billed charges | |
| HC INTRA ARTERTIAL INJ | 96373 | CPT | | | | outpatient | | | 781 | | 281.9 | UHC | Medicare | 245.13 | | | | 8.28 | 741.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRA ARTERTIAL INJ | 96373 | CPT | | | | outpatient | | | 781 | | 281.9 | Corrections | Corrections | 624.8 | 80 | | | 8.28 | 741.95 | percent of total billed charges | |
| HC INTRA ARTERTIAL INJ | 96373 | CPT | | | | outpatient | | | 781 | | 281.9 | Consumer | Consumer | 741.95 | 95 | | | 8.28 | 741.95 | percent of total billed charges | |
| HC INTRA ARTERTIAL INJ | 96373 | CPT | | | | outpatient | | | 781 | | 281.9 | Wellcare | Medicare | 245.13 | | | | 8.28 | 741.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRA ARTERTIAL INJ | 96373 | CPT | | | | outpatient | | | 781 | | 281.9 | Horizon | MGD | 474.33 | | | | 8.28 | 741.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRA ARTERTIAL INJ | 96373 | CPT | | | | outpatient | | | 781 | | 281.9 | Amerihealth | HMO/PPO | 507.65 | 65 | | | 8.28 | 741.95 | percent of total billed charges | |
| HC INTRA ARTERTIAL INJ | 96373 | CPT | | | | outpatient | | | 781 | | 281.9 | Horizon | NJ Health | 8.28 | | | | 8.28 | 741.95 | fee schedule | |
| HC INTRA ARTERTIAL INJ | 96373 | CPT | | | | outpatient | | | 781 | | 281.9 | Wellcare | Medicaid | 246.41 | 31.55 | | | 8.28 | 741.95 | percent of total billed charges | |
| HC INTRA ARTERTIAL INJ | 96373 | CPT | | | | outpatient | | | 781 | | 281.9 | Managed Care Inc | Managed Care Inc | 702.9 | 90 | | | 8.28 | 741.95 | percent of total billed charges | |
| HC INTRA ARTERTIAL INJ | 96373 | CPT | | | | outpatient | | | 781 | | 281.9 | Horizon | Indemnity | 474.33 | | | | 8.28 | 741.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRA ARTERTIAL INJ | 96373 | CPT | | | | outpatient | | | 781 | | 281.9 | Three Rivers | Three Rivers | 741.95 | 95 | | | 8.28 | 741.95 | percent of total billed charges | |
| HC INTRA ARTERTIAL INJ | 96373 | CPT | | | | outpatient | | | 781 | | 281.9 | Multiplan | Multiplan | 624.8 | 80 | | | 8.28 | 741.95 | percent of total billed charges | |
| HC INTRA ARTERTIAL INJ | 96373 | CPT | | | | outpatient | | | 781 | | 281.9 | Horizon | Medicare Blue | 245.13 | | | | 8.28 | 741.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRA ARTERTIAL INJ | 96373 | CPT | | | | outpatient | | | 781 | | 281.9 | Qualcare | Qualcare | 585.75 | 75 | | | 8.28 | 741.95 | percent of total billed charges | |
| HC INTRA ARTERTIAL INJ | 96373 | CPT | | | | outpatient | | | 781 | | 281.9 | Horizon | PPO | 474.33 | | | | 8.28 | 741.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRA ARTERTIAL INJ | 96373 | CPT | | | | outpatient | | | 781 | | 281.9 | WellPoint | WellPoint | 251.33 | 32.18 | | | 8.28 | 741.95 | percent of total billed charges | |
| HC IV PUSH INJECTION, 1ST PUSH OF INITIAL DRUG | 96374 | CPT | | | | both | | | 750 | | 281.9 | Consumer | Consumer | 712.5 | 95 | | | 25.3 | 712.5 | percent of total billed charges | |
| HC IV PUSH INJECTION, 1ST PUSH OF INITIAL DRUG | 96374 | CPT | | | | both | | | 750 | | 281.9 | Amerihealth | HMO/PPO | 487.5 | 65 | | 95.69 | 25.3 | 712.5 | percent of total billed charges | |
| HC IV PUSH INJECTION, 1ST PUSH OF INITIAL DRUG | 96374 | CPT | | | | both | | | 750 | | 281.9 | Multiplan | Multiplan | 600 | 80 | | | 25.3 | 712.5 | percent of total billed charges | |
| HC IV PUSH INJECTION, 1ST PUSH OF INITIAL DRUG | 96374 | CPT | | | | both | | | 750 | | 281.9 | Managed Care Inc | Managed Care Inc | 675 | 90 | | | 25.3 | 712.5 | percent of total billed charges | |
| HC IV PUSH INJECTION, 1ST PUSH OF INITIAL DRUG | 96374 | CPT | | | | both | | | 750 | | 281.9 | Aetna | Medicare | 245.13 | | | 106.51 | 25.3 | 712.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV PUSH INJECTION, 1ST PUSH OF INITIAL DRUG | 96374 | CPT | | | | both | | | 750 | | 281.9 | First Health | First Health | 525 | 70 | | | 25.3 | 712.5 | percent of total billed charges | |
| HC IV PUSH INJECTION, 1ST PUSH OF INITIAL DRUG | 96374 | CPT | | | | both | | | 750 | | 281.9 | Aetna | Better Health | 236.63 | 31.55 | | 191.17 | 25.3 | 712.5 | percent of total billed charges | |
| HC IV PUSH INJECTION, 1ST PUSH OF INITIAL DRUG | 96374 | CPT | | | | both | | | 750 | | 281.9 | First Trenton | First Trenton | 675 | 90 | | | 25.3 | 712.5 | percent of total billed charges | |
| HC IV PUSH INJECTION, 1ST PUSH OF INITIAL DRUG | 96374 | CPT | | | | both | | | 750 | | 281.9 | Horizon | Indemnity | 474.33 | | | 166.91 | 25.3 | 712.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV PUSH INJECTION, 1ST PUSH OF INITIAL DRUG | 96374 | CPT | | | | both | | | 750 | | 281.9 | Horizon | Medicare Blue | 245.13 | | | 86.02 | 25.3 | 712.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV PUSH INJECTION, 1ST PUSH OF INITIAL DRUG | 96374 | CPT | | | | both | | | 750 | | 281.9 | Qualcare | Qualcare | 562.5 | 75 | | | 25.3 | 712.5 | percent of total billed charges | |
| HC IV PUSH INJECTION, 1ST PUSH OF INITIAL DRUG | 96374 | CPT | | | | both | | | 750 | | 281.9 | UHC | Medicaid | 236.63 | 31.55 | | 194.07 | 25.3 | 712.5 | percent of total billed charges | |
| HC IV PUSH INJECTION, 1ST PUSH OF INITIAL DRUG | 96374 | CPT | | | | both | | | 750 | | 281.9 | Americare | Americare | 562.5 | 75 | | | 25.3 | 712.5 | percent of total billed charges | |
| HC IV PUSH INJECTION, 1ST PUSH OF INITIAL DRUG | 96374 | CPT | | | | both | | | 750 | | 281.9 | Horizon | MGD | 474.33 | | | 174.97 | 25.3 | 712.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV PUSH INJECTION, 1ST PUSH OF INITIAL DRUG | 96374 | CPT | | | | both | | | 750 | | 281.9 | UHC | Medicare | 245.13 | | | 90.7 | 25.3 | 712.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV PUSH INJECTION, 1ST PUSH OF INITIAL DRUG | 96374 | CPT | | | | both | | | 750 | | 281.9 | Three Rivers | Three Rivers | 712.5 | 95 | | | 25.3 | 712.5 | percent of total billed charges | |
| HC IV PUSH INJECTION, 1ST PUSH OF INITIAL DRUG | 96374 | CPT | | | | both | | | 750 | | 281.9 | Corrections | Corrections | 600 | 80 | | 141.43 | 25.3 | 712.5 | percent of total billed charges | |
| HC IV PUSH INJECTION, 1ST PUSH OF INITIAL DRUG | 96374 | CPT | | | | both | | | 750 | | 281.9 | Horizon | NJ Health | 25.3 | | | 49.89 | 25.3 | 712.5 | fee schedule | |
| HC IV PUSH INJECTION, 1ST PUSH OF INITIAL DRUG | 96374 | CPT | | | | both | | | 750 | | 281.9 | Wellcare | Medicaid | 236.63 | 31.55 | | 190.15 | 25.3 | 712.5 | percent of total billed charges | |
| HC IV PUSH INJECTION, 1ST PUSH OF INITIAL DRUG | 96374 | CPT | | | | both | | | 750 | | 281.9 | WellPoint | WellPoint | 241.35 | 32.18 | | 157.67 | 25.3 | 712.5 | percent of total billed charges | |
| HC IV PUSH INJECTION, 1ST PUSH OF INITIAL DRUG | 96374 | CPT | | | | both | | | 750 | | 281.9 | Horizon | PPO | 474.33 | | | 158.62 | 25.3 | 712.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV PUSH INJECTION, 1ST PUSH OF INITIAL DRUG | 96374 | CPT | | | | both | | | 750 | | 281.9 | Wellcare | Medicare | 245.13 | | | 103.3 | 25.3 | 712.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV PUSH INJECTION 1ST PUSH OF EA SUBSEQUENT DRUG | 96375 | CPT | | | | both | | | 196 | | 62.48 | Aetna | Better Health | 61.84 | 31.55 | | 51.06 | 11.73 | 186.2 | percent of total billed charges | |
| HC IV PUSH INJECTION 1ST PUSH OF EA SUBSEQUENT DRUG | 96375 | CPT | | | | both | | | 196 | | 62.48 | Horizon | NJ Health | 11.73 | | | 11.73 | 11.73 | 186.2 | fee schedule | |
| HC IV PUSH INJECTION 1ST PUSH OF EA SUBSEQUENT DRUG | 96375 | CPT | | | | both | | | 196 | | 62.48 | Aetna | Medicare | 54.33 | | | 26.38 | 11.73 | 186.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV PUSH INJECTION 1ST PUSH OF EA SUBSEQUENT DRUG | 96375 | CPT | | | | both | | | 196 | | 62.48 | Horizon | Indemnity | 105.13 | | | 50.2 | 11.73 | 186.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV PUSH INJECTION 1ST PUSH OF EA SUBSEQUENT DRUG | 96375 | CPT | | | | both | | | 196 | | 62.48 | Multiplan | Multiplan | 156.8 | 80 | | | 11.73 | 186.2 | percent of total billed charges | |
| HC IV PUSH INJECTION 1ST PUSH OF EA SUBSEQUENT DRUG | 96375 | CPT | | | | both | | | 196 | | 62.48 | Horizon | Medicare Blue | 54.33 | | | 26.49 | 11.73 | 186.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV PUSH INJECTION 1ST PUSH OF EA SUBSEQUENT DRUG | 96375 | CPT | | | | both | | | 196 | | 62.48 | Americare | Americare | 147 | 75 | | | 11.73 | 186.2 | percent of total billed charges | |
| HC IV PUSH INJECTION 1ST PUSH OF EA SUBSEQUENT DRUG | 96375 | CPT | | | | both | | | 196 | | 62.48 | Consumer | Consumer | 186.2 | 95 | | | 11.73 | 186.2 | percent of total billed charges | |
| HC IV PUSH INJECTION 1ST PUSH OF EA SUBSEQUENT DRUG | 96375 | CPT | | | | both | | | 196 | | 62.48 | Amerihealth | HMO/PPO | 127.4 | 65 | | 18.46 | 11.73 | 186.2 | percent of total billed charges | |
| HC IV PUSH INJECTION 1ST PUSH OF EA SUBSEQUENT DRUG | 96375 | CPT | | | | both | | | 196 | | 62.48 | UHC | Medicaid | 61.84 | 31.55 | | 54.82 | 11.73 | 186.2 | percent of total billed charges | |
| HC IV PUSH INJECTION 1ST PUSH OF EA SUBSEQUENT DRUG | 96375 | CPT | | | | both | | | 196 | | 62.48 | Corrections | Corrections | 156.8 | 80 | | 44.25 | 11.73 | 186.2 | percent of total billed charges | |
| HC IV PUSH INJECTION 1ST PUSH OF EA SUBSEQUENT DRUG | 96375 | CPT | | | | both | | | 196 | | 62.48 | WellPoint | WellPoint | 63.07 | 32.18 | | 46.17 | 11.73 | 186.2 | percent of total billed charges | |
| HC IV PUSH INJECTION 1ST PUSH OF EA SUBSEQUENT DRUG | 96375 | CPT | | | | both | | | 196 | | 62.48 | Qualcare | Qualcare | 147 | 75 | | | 11.73 | 186.2 | percent of total billed charges | |
| HC IV PUSH INJECTION 1ST PUSH OF EA SUBSEQUENT DRUG | 96375 | CPT | | | | both | | | 196 | | 62.48 | First Health | First Health | 137.2 | 70 | | | 11.73 | 186.2 | percent of total billed charges | |
| HC IV PUSH INJECTION 1ST PUSH OF EA SUBSEQUENT DRUG | 96375 | CPT | | | | both | | | 196 | | 62.48 | Horizon | MGD | 105.13 | | | 46.29 | 11.73 | 186.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV PUSH INJECTION 1ST PUSH OF EA SUBSEQUENT DRUG | 96375 | CPT | | | | both | | | 196 | | 62.48 | Wellcare | Medicare | 54.33 | | | 31.79 | 11.73 | 186.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV PUSH INJECTION 1ST PUSH OF EA SUBSEQUENT DRUG | 96375 | CPT | | | | both | | | 196 | | 62.48 | First Trenton | First Trenton | 176.4 | 90 | | | 11.73 | 186.2 | percent of total billed charges | |
| HC IV PUSH INJECTION 1ST PUSH OF EA SUBSEQUENT DRUG | 96375 | CPT | | | | both | | | 196 | | 62.48 | Horizon | PPO | 105.13 | | | 47.59 | 11.73 | 186.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV PUSH INJECTION 1ST PUSH OF EA SUBSEQUENT DRUG | 96375 | CPT | | | | both | | | 196 | | 62.48 | Managed Care Inc | Managed Care Inc | 176.4 | 90 | | | 11.73 | 186.2 | percent of total billed charges | |
| HC IV PUSH INJECTION 1ST PUSH OF EA SUBSEQUENT DRUG | 96375 | CPT | | | | both | | | 196 | | 62.48 | Three Rivers | Three Rivers | 186.2 | 95 | | | 11.73 | 186.2 | percent of total billed charges | |
| HC IV PUSH INJECTION 1ST PUSH OF EA SUBSEQUENT DRUG | 96375 | CPT | | | | both | | | 196 | | 62.48 | UHC | Medicare | 54.33 | | | 27.12 | 11.73 | 186.2 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IV PUSH INJECTION 1ST PUSH OF EA SUBSEQUENT DRUG | 96375 | CPT | | | | both | | | 196 | | 62.48 | Wellcare | Medicaid | 61.84 | 31.55 | | 52.65 | 11.73 | 186.2 | percent of total billed charges | |
| HC IV PUSH INJECTION EA ADDL SEQUENTIAL PUSH OF SAME DRUG | 96376 | CPT | | | | both | | | 219 | | | Aetna | Medicare | 67.45 | 30.8 | | 32.66 | 6.04 | 208.05 | percent of total billed charges | |
| HC IV PUSH INJECTION EA ADDL SEQUENTIAL PUSH OF SAME DRUG | 96376 | CPT | | | | both | | | 219 | | | Aetna | Better Health | 69.09 | 31.55 | | 54.58 | 6.04 | 208.05 | percent of total billed charges | |
| HC IV PUSH INJECTION EA ADDL SEQUENTIAL PUSH OF SAME DRUG | 96376 | CPT | | | | both | | | 219 | | | Amerihealth | HMO/PPO | 142.35 | 65 | | | 6.04 | 208.05 | percent of total billed charges | |
| HC IV PUSH INJECTION EA ADDL SEQUENTIAL PUSH OF SAME DRUG | 96376 | CPT | | | | both | | | 219 | | | Corrections | Corrections | 175.2 | 80 | | 43.26 | 6.04 | 208.05 | percent of total billed charges | |
| HC IV PUSH INJECTION EA ADDL SEQUENTIAL PUSH OF SAME DRUG | 96376 | CPT | | | | both | | | 219 | | | Consumer | Consumer | 208.05 | 95 | | | 6.04 | 208.05 | percent of total billed charges | |
| HC IV PUSH INJECTION EA ADDL SEQUENTIAL PUSH OF SAME DRUG | 96376 | CPT | | | | both | | | 219 | | | First Trenton | First Trenton | 197.1 | 90 | | | 6.04 | 208.05 | percent of total billed charges | |
| HC IV PUSH INJECTION EA ADDL SEQUENTIAL PUSH OF SAME DRUG | 96376 | CPT | | | | both | | | 219 | | | UHC | Medicaid | 69.09 | 31.55 | | 55.79 | 6.04 | 208.05 | percent of total billed charges | |
| HC IV PUSH INJECTION EA ADDL SEQUENTIAL PUSH OF SAME DRUG | 96376 | CPT | | | | both | | | 219 | | | Horizon | Indemnity | 83.83 | 38.28 | | 49.09 | 6.04 | 208.05 | percent of total billed charges | |
| HC IV PUSH INJECTION EA ADDL SEQUENTIAL PUSH OF SAME DRUG | 96376 | CPT | | | | both | | | 219 | | | Three Rivers | Three Rivers | 208.05 | 95 | | | 6.04 | 208.05 | percent of total billed charges | |
| HC IV PUSH INJECTION EA ADDL SEQUENTIAL PUSH OF SAME DRUG | 96376 | CPT | | | | both | | | 219 | | | Americare | Americare | 164.25 | 75 | | | 6.04 | 208.05 | percent of total billed charges | |
| HC IV PUSH INJECTION EA ADDL SEQUENTIAL PUSH OF SAME DRUG | 96376 | CPT | | | | both | | | 219 | | | Multiplan | Multiplan | 175.2 | 80 | | | 6.04 | 208.05 | percent of total billed charges | |
| HC IV PUSH INJECTION EA ADDL SEQUENTIAL PUSH OF SAME DRUG | 96376 | CPT | | | | both | | | 219 | | | First Health | First Health | 153.3 | 70

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC APPL ON-BODY INJECTOR | 96377 | CPT | | | | both | | | 155 | 62.48 | First Trenton | First Trenton | 90 | 139.5 | | | 7.97 | 147.25 | percent of total billed charges | |
| HC APPL ON-BODY INJECTOR | 96377 | CPT | | | | both | | | 155 | 62.48 | Horizon | NJ Health | | 7.97 | | 18.99 | 7.97 | 147.25 | fee schedule | |
| HC APPL ON-BODY INJECTOR | 96377 | CPT | | | | both | | | 155 | 62.48 | Wellcare | Medicaid | 48.9 | 31.55 | | | 7.97 | 147.25 | percent of total billed charges | |
| HC APPL ON-BODY INJECTOR | 96377 | CPT | | | | both | | | 155 | 62.48 | Americare | Americare | 116.25 | 75 | | | 7.97 | 147.25 | percent of total billed charges | |
| HC APPL ON-BODY INJECTOR | 96377 | CPT | | | | both | | | 155 | 62.48 | Horizon | Indemnity | 105.13 | | | 43.42 | 7.97 | 147.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPL ON-BODY INJECTOR | 96377 | CPT | | | | both | | | 155 | 62.48 | Aetna | Better Health | 48.9 | 31.55 | | 45.53 | 7.97 | 147.25 | percent of total billed charges | |
| HC APPL ON-BODY INJECTOR | 96377 | CPT | | | | both | | | 155 | 62.48 | First Health | First Health | 108.5 | 70 | | | 7.97 | 147.25 | percent of total billed charges | |
| HC APPL ON-BODY INJECTOR | 96377 | CPT | | | | both | | | 155 | 62.48 | Amerihealth | HMO/PPO | 100.75 | 65 | | | 7.97 | 147.25 | percent of total billed charges | |
| HC APPL ON-BODY INJECTOR | 96377 | CPT | | | | both | | | 155 | 62.48 | Managed Care Inc | Managed Care Inc | 139.5 | 90 | | | 7.97 | 147.25 | percent of total billed charges | |
| HC APPL ON-BODY INJECTOR | 96377 | CPT | | | | both | | | 155 | 62.48 | Aetna | Medicare | 54.33 | | | | 7.97 | 147.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPL ON-BODY INJECTOR | 96377 | CPT | | | | both | | | 155 | 62.48 | Horizon | Medicare Blue | 54.33 | | | | 7.97 | 147.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPL ON-BODY INJECTOR | 96377 | CPT | | | | both | | | 155 | 62.48 | Consumer | Consumer | 147.25 | 95 | | | 7.97 | 147.25 | percent of total billed charges | |
| HC APPL ON-BODY INJECTOR | 96377 | CPT | | | | both | | | 155 | 62.48 | Horizon | PPO | 105.13 | | | | 7.97 | 147.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPL ON-BODY INJECTOR | 96377 | CPT | | | | both | | | 155 | 62.48 | Corrections | Corrections | 124 | 80 | | | 7.97 | 147.25 | percent of total billed charges | |
| HC APPL ON-BODY INJECTOR | 96377 | CPT | | | | both | | | 155 | 62.48 | UHC | Medicare | 54.33 | | | 5.21 | 7.97 | 147.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPL ON-BODY INJECTOR | 96377 | CPT | | | | both | | | 155 | 62.48 | Multiplan | Multiplan | 124 | 80 | | | 7.97 | 147.25 | percent of total billed charges | |
| HC APPL ON-BODY INJECTOR | 96377 | CPT | | | | both | | | 155 | 62.48 | WellPoint | WellPoint | 49.88 | 32.18 | | | 7.97 | 147.25 | percent of total billed charges | |
| HC APPL ON-BODY INJECTOR | 96377 | CPT | | | | both | | | 155 | 62.48 | Horizon | MGD | 105.13 | | | 51.54 | 7.97 | 147.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPL ON-BODY INJECTOR | 96377 | CPT | | | | both | | | 155 | 62.48 | Wellcare | Medicare | 54.33 | | | | 7.97 | 147.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC APPL ON-BODY INJECTOR | 96377 | CPT | | | | both | | | 155 | 62.48 | Qualcare | Qualcare | 116.25 | 75 | | | 7.97 | 147.25 | percent of total billed charges | |
| HC APPL ON-BODY INJECTOR | 96377 | CPT | | | | both | | | 155 | 62.48 | Three Rivers | Three Rivers | 147.25 | 95 | | | 7.97 | 147.25 | percent of total billed charges | |
| HC APPL ON-BODY INJECTOR | 96377 | CPT | | | | both | | | 155 | 62.48 | UHC | Medicaid | 48.9 | 31.55 | | 44.47 | 7.97 | 147.25 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO | 96401 | CPT | | | | outpatient | | | 492 | 92.66 | Horizon | Indemnity | 155.9 | | | | 5 | 467.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO | 96401 | CPT | | | | outpatient | | | 492 | 92.66 | Aetna | Better Health | 155.23 | 31.55 | | | 5 | 467.4 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO | 96401 | CPT | | | | outpatient | | | 492 | 92.66 | Americare | Americare | 369 | 75 | | | 5 | 467.4 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO | 96401 | CPT | | | | outpatient | | | 492 | 92.66 | Horizon | Medicare Blue | 80.57 | | | 72.89 | 5 | 467.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO | 96401 | CPT | | | | outpatient | | | 492 | 92.66 | Horizon | NJ Health | 200.97 | | | 4.62 | 5 | 467.4 | fee schedule | |
| HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO | 96401 | CPT | | | | outpatient | | | 492 | 92.66 | Consumer | Consumer | 467.4 | 95 | | | 5 | 467.4 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO | 96401 | CPT | | | | outpatient | | | 492 | 92.66 | Aetna | Medicare | 80.57 | | | 62.1 | 5 | 467.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO | 96401 | CPT | | | | outpatient | | | 492 | 92.66 | Multiplan | Multiplan | 393.6 | 80 | | | 5 | 467.4 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO | 96401 | CPT | | | | outpatient | | | 492 | 92.66 | Horizon | PPO | 155.9 | | | 719.55 | 5 | 467.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO | 96401 | CPT | | | | outpatient | | | 492 | 92.66 | First Health | First Health | 344.4 | 70 | | | 5 | 467.4 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO | 96401 | CPT | | | | outpatient | | | 492 | 92.66 | Amerihealth | HMO/PPO | 5 | | | | 5 | 467.4 | fee schedule | |
| HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO | 96401 | CPT | | | | outpatient | | | 492 | 92.66 | Horizon | MGD | 155.9 | | | 63.77 | 5 | 467.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO | 96401 | CPT | | | | outpatient | | | 492 | 92.66 | UHC | Medicaid | 155.23 | 31.55 | | 35.14 | 5 | 467.4 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO | 96401 | CPT | | | | outpatient | | | 492 | 92.66 | Corrections | Corrections | 393.6 | 80 | | | 5 | 467.4 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO | 96401 | CPT | | | | outpatient | | | 492 | 92.66 | First Trenton | First Trenton | 442.8 | 90 | | | 5 | 467.4 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO | 96401 | CPT | | | | outpatient | | | 492 | 92.66 | Qualcare | Qualcare | 369 | 75 | | | 5 | 467.4 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO | 96401 | CPT | | | | outpatient | | | 492 | 92.66 | UHC | Medicare | 80.57 | | | 21.92 | 5 | 467.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO | 96401 | CPT | | | | outpatient | | | 492 | 92.66 | Three Rivers | Three Rivers | 467.4 | 95 | | | 5 | 467.4 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO | 96401 | CPT | | | | outpatient | | | 492 | 92.66 | WellPoint | WellPoint | 158.33 | 32.18 | | 324.53 | 5 | 467.4 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO | 96401 | CPT | | | | outpatient | | | 492 | 92.66 | Managed Care Inc | Managed Care Inc | 442.8 | 90 | | | 5 | 467.4 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO | 96401 | CPT | | | | outpatient | | | 492 | 92.66 | Wellcare | Medicare | 80.57 | | | 68.68 | 5 | 467.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMOTHERAPY ADMIN SUBQ/IM NONHORMONAL ANTI-NEO | 96401 | CPT | | | | outpatient | | | 492 | 92.66 | Wellcare | Medicaid | 155.23 | 31.55 | | 522.43 | 5 | 467.4 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMIN SUBQ/IM HORMONAL ANTI-NEO | 96402 | CPT | | | | outpatient | | | 309 | 92.66 | Aetna | Medicare | 80.57 | | | 25.67 | 5 | 293.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMOTHERAPY ADMIN SUBQ/IM HORMONAL ANTI-NEO | 96402 | CPT | | | | outpatient | | | 309 | 92.66 | Aetna | Better Health | 97.49 | 31.55 | | 74.66 | 5 | 293.55 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMIN SUBQ/IM HORMONAL ANTI-NEO | 96402 | CPT | | | | outpatient | | | 309 | 92.66 | Multiplan | Multiplan | 247.2 | 80 | | | 5 | 293.55 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMIN SUBQ/IM HORMONAL ANTI-NEO | 96402 | CPT | | | | outpatient | | | 309 | 92.66 | Horizon | MGD | 155.9 | | | 60.42 | 5 | 293.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMOTHERAPY ADMIN SUBQ/IM HORMONAL ANTI-NEO | 96402 | CPT | | | | outpatient | | | 309 | 92.66 | First Health | First Health | 216.3 | 70 | | | 5 | 293.55 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMIN SUBQ/IM HORMONAL ANTI-NEO | 96402 | CPT | | | | outpatient | | | 309 | 92.66 | Amerihealth | HMO/PPO | 5 | | | 35.38 | 5 | 293.55 | fee schedule | |
| HC CHEMOTHERAPY ADMIN SUBQ/IM HORMONAL ANTI-NEO | 96402 | CPT | | | | outpatient | | | 309 | 92.66 | UHC | Medicaid | 97.49 | 31.55 | | 29.29 | 5 | 293.55 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMIN SUBQ/IM HORMONAL ANTI-NEO | 96402 | CPT | | | | outpatient | | | 309 | 92.66 | Horizon | NJ Health | 164.43 | | | 24.67 | 5 | 293.55 | fee schedule | |
| HC CHEMOTHERAPY ADMIN SUBQ/IM HORMONAL ANTI-NEO | 96402 | CPT | | | | outpatient | | | 309 | 92.66 | Consumer | Consumer | 293.55 | 95 | | | 5 | 293.55 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMIN SUBQ/IM HORMONAL ANTI-NEO | 96402 | CPT | | | | outpatient | | | 309 | 92.66 | Americare | Americare | 231.75 | 75 | | | 5 | 293.55 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMIN SUBQ/IM HORMONAL ANTI-NEO | 96402 | CPT | | | | outpatient | | | 309 | 92.66 | Qualcare | Qualcare | 231.75 | 75 | | | 5 | 293.55 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMIN SUBQ/IM HORMONAL ANTI-NEO | 96402 | CPT | | | | outpatient | | | 309 | 92.66 | Wellcare | Medicare | 80.57 | | | 29.96 | 5 | 293.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMOTHERAPY ADMIN SUBQ/IM HORMONAL ANTI-NEO | 96402 | CPT | | | | outpatient | | | 309 | 92.66 | Three Rivers | Three Rivers | 293.55 | 95 | | | 5 | 293.55 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMIN SUBQ/IM HORMONAL ANTI-NEO | 96402 | CPT | | | | outpatient | | | 309 | 92.66 | First Trenton | First Trenton | 278.1 | 90 | | | 5 | 293.55 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMIN SUBQ/IM HORMONAL ANTI-NEO | 96402 | CPT | | | | outpatient | | | 309 | 92.66 | Corrections | Corrections | 247.2 | 80 | | 4.57 | 5 | 293.55 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMIN SUBQ/IM HORMONAL ANTI-NEO | 96402 | CPT | | | | outpatient | | | 309 | 92.66 | Wellcare | Medicaid | 97.49 | 31.55 | | 70.25 | 5 | 293.55 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMIN SUBQ/IM HORMONAL ANTI-NEO | 96402 | CPT | | | | outpatient | | | 309 | 92.66 | UHC | Medicare | 80.57 | | | 25.11 | 5 | 293.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMOTHERAPY ADMIN SUBQ/IM HORMONAL ANTI-NEO | 96402 | CPT | | | | outpatient | | | 309 | 92.66 | Horizon | Indemnity | 155.9 | | | 76.44 | 5 | 293.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMOTHERAPY ADMIN SUBQ/IM HORMONAL ANTI-NEO | 96402 | CPT | | | | outpatient | | | 309 | 92.66 | Horizon | Medicare Blue | 80.57 | | | | 5 | 293.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMOTHERAPY ADMIN SUBQ/IM HORMONAL ANTI-NEO | 96402 | CPT | | | | outpatient | | | 309 | 92.66 | Horizon | PPO | 155.9 | | | 66.21 | 5 | 293.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMOTHERAPY ADMIN SUBQ/IM HORMONAL ANTI-NEO | 96402 | CPT | | | | outpatient | | | 309 | 92.66 | WellPoint | WellPoint | 99.44 | 32.18 | | 31.11 | 5 | 293.55 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMIN SUBQ/IM HORMONAL ANTI-NEO | 96402 | CPT | | | | outpatient | | | 309 | 92.66 | Managed Care Inc | Managed Care Inc | 278.1 | 90 | | | 5 | 293.55 | percent of total billed charges | |
| HC CHEMO ADMIN INTRALESIONAL <7 | 96405 | CPT | | | | outpatient | | | 95.01 | 92.66 | Aetna | Better Health | 29.98 | 31.55 | | | 29.98 | 155.9 | percent of total billed charges | |
| HC CHEMO ADMIN INTRALESIONAL <7 | 96405 | CPT | | | | outpatient | | | 95.01 | 92.66 | Horizon | Indemnity | 155.9 | | | | 29.98 | 155.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO ADMIN INTRALESIONAL <7 | 96405 | CPT | | | | outpatient | | | 95.01 | 92.66 | Americare | Americare | 71.26 | 75 | | | 29.98 | 155.9 | percent of total billed charges | |
| HC CHEMO ADMIN INTRALESIONAL <7 | 96405 | CPT | | | | outpatient | | | 95.01 | 92.66 | First Trenton | First Trenton | 85.51 | 90 | | | 29.98 | 155.9 | percent of total billed charges | |
| HC CHEMO ADMIN INTRALESIONAL <7 | 96405 | CPT | | | | outpatient | | | 95.01 | 92.66 | Corrections | Corrections | 76.01 | 80 | | | 29.98 | 155.9 | percent of total billed charges | |
| HC CHEMO ADMIN INTRALESIONAL <7 | 96405 | CPT | | | | outpatient | | | 95.01 | 92.66 | Horizon | Medicare Blue | 80.57 | | | | 29.98 | 155.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO ADMIN INTRALESIONAL <7 | 96405 | CPT | | | | outpatient | | | 95.01 | 92.66 | Aetna | Medicare | 80.57 | | | | 29.98 | 155.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO ADMIN INTRALESIONAL <7 | 96405 | CPT | | | | outpatient | | | 95.01 | 92.66 | Amerihealth | HMO/PPO | 37 | | | | 29.98 | 155.9 | fee schedule | |
| HC CHEMO ADMIN INTRALESIONAL <7 | 96405 | CPT | | | | outpatient | | | 95.01 | 92.66 | Multiplan | Multiplan | 76.01 | 80 | | | 29.98 | 155.9 | percent of total billed charges | |
| HC CHEMO ADMIN INTRALESIONAL <7 | 96405 | CPT | | | | outpatient | | | 95.01 | 92.66 | Horizon | PPO | 155.9 | | | | 29.98 | 155.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO ADMIN INTRALESIONAL <7 | 96405 | CPT | | | | outpatient | | | 95.01 | 92.66 | Consumer | Consumer | 90.26 | 95 | | | 29.98 | 155.9 | percent of total billed charges | |
| HC CHEMO ADMIN INTRALESIONAL <7 | 96405 | CPT | | | | outpatient | | | 95.01 | 92.66 | Horizon | MGD | 155.9 | | | | 29.98 | 155.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO ADMIN INTRALESIONAL <7 | 96405 | CPT | | | | outpatient | | | 95.01 | 92.66 | Qualcare | Qualcare | 71.26 | 75 | | | 29.98 | 155.9 | percent of total billed charges | |
| HC CHEMO ADMIN INTRALESIONAL <7 | 96405 | CPT | | | | outpatient | | | 95.01 | 92.66 | UHC | Medicare | 80.57 | | | | 29.98 | 155.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO ADMIN INTRALESIONAL <7 | 96405 | CPT | | | | outpatient | | | 95.01 | 92.66 | Wellcare | Medicaid | 29.98 | 31.55 | | | 29.98 | 155.9 | percent of total billed charges | |
| HC CHEMO ADMIN INTRALESIONAL <7 | 96405 | CPT | | | | outpatient | | | 95.01 | 92.66 | First Health | First Health | 66.51 | 70 | | | 29.98 | 155.9 | percent of total billed charges | |
| HC CHEMO ADMIN INTRALESIONAL <7 | 96405 | CPT | | | | outpatient | | | 95.01 | 92.66 | WellPoint | WellPoint | 30.57 | 32.18 | | | 29.98 | 155.9 | percent of total billed charges | |
| HC CHEMO ADMIN INTRALESIONAL <7 | 96405 | CPT | | | | outpatient | | | 95.01 | 92.66 | Horizon | NJ Health | 127.55 | | | | 29.98 | 155.9 | fee schedule | |
| HC CHEMO ADMIN INTRALESIONAL <7 | 96405 | CPT | | | | outpatient | | | 95.01 | 92.66 | Wellcare | Medicare | 80.57 | | | | 29.98 | 155.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO ADMIN INTRALESIONAL <7 | 96405 | CPT | | | | outpatient | | | 95.01 | 92.66 | Managed Care Inc | Managed Care Inc | 85.51 | 90 | | | 29.98 | 155.9 | percent of total billed charges | |
| HC CHEMO ADMIN INTRALESIONAL <7 | 96405 | CPT | | | | outpatient | | | 95.01 | 92.66 | Three Rivers | Three Rivers | 90.26 | 95 | | | 29.98 | 155.9 | percent of total billed charges | |
| HC CHEMO ADMIN INTRALESIONAL <7 | 96405 | CPT | | | | outpatient | | | 95.01 | 92.66 | UHC | Medicaid | 29.98 | 31.55 | | | 29.98 | 155.9 | percent of total billed charges | |
| HC CHEMO IV PUSH | 96409 | CPT | | | | outpatient | | | 984.17 | 445.43 | Horizon | PPO | 749.48 | | | | 27 | 934.96 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO IV PUSH | 96409 | CPT | | | | outpatient | | | 984.17 | 445.43 | Americare | Americare | 738.13 | 75 | | | 27 | 934.96 | percent of total billed charges | |
| HC CHEMO IV PUSH | 96409 | CPT | | | | outpatient | | | 984.17 | 445.43 | Horizon | Medicare Blue | 387.33 | | | | 27 | 934.96 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO IV PUSH | 96409 | CPT | | | | outpatient | | | 984.17 | 445.43 | Amerihealth | HMO/PPO | 27 | | | | 27 | 934.96 | fee schedule | |
| HC CHEMO IV PUSH | 96409 | CPT | | | | outpatient | | | 984.17 | 445.43 | Consumer | Consumer | 934.96 | 95 | | | 27 | 934.96 | percent of total billed charges | |
| HC CHEMO IV PUSH | 96409 | CPT | | | | outpatient | | | 984.17 | 445.43 | Corrections | Corrections | 787.34 | 80 | | | 27 | 934.96 | percent of total billed charges | |
| HC CHEMO IV PUSH | 96409 | CPT | | | | outpatient | | | 984.17 | 445.43 | Aetna | Medicare | 387.33 | | | | 27 | 934.96 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO IV PUSH | 96409 | CPT | | | | outpatient | | | 984.17 | 445.43 | Aetna | Better Health | 310.51 | 31.55 | | | 27 | 934.96 | percent of total billed charges | |
| HC CHEMO IV PUSH | 96409 | CPT | | | | outpatient | | | 984.17 | 445.43 | First Health | First Health | 688.92 | 70 | | | 27 | 934.96 | percent of total billed charges | |
| HC CHEMO IV PUSH | 96409 | CPT | | | | outpatient | | | 984.17 | 445.43 | First Trenton | First Trenton | 885.75 | 90 | | | 27 | 934.96 | percent of total billed charges | |
| HC CHEMO IV PUSH | 96409 | CPT | | | | outpatient | | | 984.17 | 445.43 | Multiplan | Multiplan | 787.34 | 80 | | | 27 | 934.96 | percent of total billed charges | |
| HC CHEMO IV PUSH | 96409 | CPT | | | | outpatient | | | 984.17 | 445.43 | Horizon | MGD | 749.48 | | | | 27 | 934.96 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO IV PUSH | 96409 | CPT | | | | outpatient | | | 984.17 | 445.43 | Wellcare | Medicaid | 310.51 | 31.55 | | | 27 | 934.96 | percent of total billed charges | |
| HC CHEMO IV PUSH | 96409 | CPT | | | | outpatient | | | 984.17 | 445.43 | Horizon | Indemnity | 749.48 | | | | 27 | 934.96 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO IV PUSH | 96409 | CPT | | | | outpatient | | | 984.17 | 445.43 | Qualcare | Qualcare | 738.13 | 75 | | | 27 | 934.96 | percent of total billed charges | |
| HC CHEMO IV PUSH | 96409 | CPT | | | | outpatient | | | 984.17 | 445.43 | UHC | Medicare | 387.33 | | | | 27 | 934.96 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO IV PUSH | 96409 | CPT | | | | outpatient | | | 984.17 | 445.43 | WellPoint | WellPoint | 316.71 | 32.18 | | 346.66 | 27 | 934.96 | percent of total billed charges | |
| HC CHEMO IV PUSH | 96409 | CPT | | | | outpatient | | | 984.17 | 445.43 | Managed Care Inc | Managed Care Inc | 885.75 | 90 | | | 27 | 934.96 | percent of total billed charges | |
| HC CHEMO IV PUSH | 96409 | CPT | | | | outpatient | | | 984.17 | 445.43 | Wellcare | Medicare | 387.33 | | | | 27 | 934.96 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO IV PUSH | 96409 | CPT | | | | outpatient | | | 984.17 | 445.43 | Horizon | NJ Health | 524.61 | | | | 27 | 934.96 | fee schedule | |
| HC CHEMO IV PUSH | 96409 | CPT | | | | outpatient | | | 984.17 | 445.43 | Three Rivers | Three Rivers | 934.96 | 95 | | | 27 | 934.96 | percent of total billed charges | |
| HC CHEMO IV PUSH | 96409 | CPT | | | | outpatient | | | 984.17 | 445.43 | UHC | Medicaid | 310.51 | 31.55 | | 209.53 | 27 | 934.96 | percent of total billed charges | |
| HC CHEMO IV EA ADD DRUG | 96411 | CPT | | | | outpatient | | | 380 | 92.66 | Consumer | Consumer | 361 | 95 | | | 52 | 850.86 | percent of total billed charges | |
| HC CHEMO IV EA ADD DRUG | 96411 | CPT | | | | outpatient | | | 380 | 92.66 | UHC | Medicare | 80.57 | | | | 52 | 850.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO IV EA ADD DRUG | 96411 | CPT | | | | outpatient | | | 380 | 92.66 | First Health | First Health | 266 | 70 | | | 52 | 850.86 | percent of total billed charges | |
| HC CHEMO IV EA ADD DRUG | 96411 | CPT | | | | outpatient | | | 380 | 92.66 | Three Rivers | Three Rivers | 361 | 95 | | | 52 | 850.86 | percent of total billed charges | |
| HC CHEMO IV EA ADD DRUG | 96411 | CPT | | | | outpatient | | | 380 | 92.66 | Aetna | Better Health | 119.89 | 31.55 | | | 52 | 850.86 | percent of total billed charges | |
| HC CHEMO IV EA ADD DRUG | 96411 | CPT | | | | outpatient | | | 380 | 92.66 | Americare | Americare | 285 | 75 | | | 52 | 850.86 | percent of total billed charges | |
| HC CHEMO IV EA ADD DRUG | 96411 | CPT | | | | outpatient | | | 380 | 92.66 | Qualcare | Qualcare | 285 | 75 | | | 52 | 850.86 | percent of total billed charges | |
| HC CHEMO IV EA ADD DRUG | 96411 | CPT | | | | outpatient | | | 380 | 92.66 | Corrections | Corrections | 304 | 80 | | | 52 | 850.86 | percent of total billed charges | |
| HC CHEMO IV EA ADD DRUG | 96411 | CPT | | | | outpatient | | | 380 | 92.66 | Horizon | Indemnity | 155.9 | | | 35.91 | 52 | 850.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO IV EA ADD DRUG | 96411 | CPT | | | | outpatient | | | 380 | 92.66 | Amerihealth | HMO/PPO | 52 | | | | 52 | 850.86 | fee schedule | |
| HC CHEMO IV EA ADD DRUG | 96411 | CPT | | | | outpatient | | | 380 | 92.66 | Multiplan | Multiplan | 304 | 80 | | | 52 | 850.86 | percent of total billed charges | |
| HC CHEMO IV EA ADD DRUG | 96411 | CPT | | | | outpatient | | | 380 | 92.66 | First Trenton | First Trenton | 342 | 90 | | | 52 | 850.86 | percent of total billed charges | |
| HC CHEMO IV EA ADD DRUG | 96411 | CPT | | | | outpatient | | | 380 | 92.66 | Aetna | Medicare | 80.57 | | | | 52 | 850.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO IV EA ADD DRUG | 96411 | CPT | | | | outpatient | | | 380 | 92.66 | Managed Care Inc | Managed Care Inc | 342 | 90 | | | 52 | 850.86 | percent of total billed charges | |
| HC CHEMO IV EA ADD DRUG | 96411 | CPT | | | | outpatient | | | 380 | 92.66 | UHC | Medicaid | 119.89 | 31.55 | | 77.18 | 52 | 850.86 | percent of total billed charges | |
| HC CHEMO IV EA ADD DRUG | 96411 | CPT | | | | outpatient | | | 380 | 92.66 | Wellcare | Medicare | 80.57 | | | | 52 | 850.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO IV EA ADD DRUG | 96411 | CPT | | | | outpatient | | | 380 | 92.66 | Horizon | Medicare Blue | 80.57 | | | | 52 | 850.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO IV EA ADD DRUG | 96411 | CPT | | | | outpatient | | | 380 | 92.66 | WellPoint | WellPoint | 122.28 | 32.18 | | 90.31 | 52 | 850.86 | percent of total billed charges | |
| HC CHEMO IV EA ADD DRUG | 96411 | CPT | | | | outpatient | | | 380 | 92.66 | Wellcare | Medicaid | 119.89 | 31.55 | | | 52 | 850.86 | percent of total billed charges | |
| HC CHEMO IV EA ADD DRUG | 96411 | CPT | | | | outpatient | | | 380 | 92.66 | Horizon | MGD | 155.9 | | | | 52 | 850.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO IV EA ADD DRUG | 96411 | CPT | | | | outpatient | | | 380 | 92.66 | Horizon | NJ Health | 850.86 | | | 44.22 | 52 | 850.86 | fee schedule | |
| HC CHEMO IV EA ADD DRUG | 96411 | CPT | | | | outpatient | | | 380 | 92.66 | Horizon | PPO | 155.9 | | | | 52 | 850.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMOTHERAPY ADMIN IV INFUSION UP 1 HR OF 1ST DRUG | 96413 | CPT | | | | both | | | 1215 | 445.43 | Horizon | MGD | 749.48 | | | 367.53 | 27 | 1154.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMOTHERAPY ADMIN IV INFUSION UP 1 HR OF 1ST DRUG | 96413 | CPT | | | | both | | | 1215 | 445.43 | Wellcare | Medicare | 387.33 | | | 234.5 | 27 | 1154.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMOTHERAPY ADMIN IV INFUSION UP 1 HR OF 1ST DRUG | 96413 | CPT | | | | both | | | 1215 | 445.43 | Americare | Americare | 911.25 | 75 | | | 27 | 1154.25 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMIN IV INFUSION UP 1 HR OF 1ST DRUG | 96413 | CPT | | | | both | | | 1215 | 445.43 | Consumer | Consumer | 1154.25 | 95 | | | 27 | 1154.25 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMIN IV INFUSION UP 1 HR OF 1ST DRUG | 96413 | CPT | | | | both | | | 1215 | 445.43 | Aetna | Medicare | 387.33 | | | 269.88 | 27 | 1154.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMOTHERAPY ADMIN IV INFUSION UP 1 HR OF 1ST DRUG | 96413 | CPT | | | | both | | | 1215 | 445.43 | Amerihealth | HMO/PPO | 27 | | | 60.86 | 27 | 1154.25 | fee schedule | |
| HC CHEMOTHERAPY ADMIN IV INFUSION UP 1 HR OF 1ST DRUG | 96413 | CPT | | | | both | | | 1215 | 445.43 | Aetna | Better Health | 383.33 | 31.55 | | 247.69 | 27 | 1154.25 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMIN IV INFUSION UP 1 HR OF 1ST DRUG | 96413 | CPT | | | | both | | | 1215 | 445.43 | Corrections | Corrections | 972 | 80 | | 330.66 | 27 | 1154.25 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMIN IV INFUSION UP 1 HR OF 1ST DRUG | 96413 | CPT | | | | both | | | 1215 | 445.43 | Horizon | NJ Health | 571.59 | | | 140.78 | 27 | 1154.25 | fee schedule | |
| HC CHEMOTHERAPY ADMIN IV INFUSION UP 1 HR OF 1ST DRUG | 96413 | CPT | | | | both | | | 1215 | 445.43 | Horizon | Indemnity | 749.48 | | | 296.54 | 27 | 1154.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMOTHERAPY ADMIN IV INFUSION UP 1 HR OF 1ST DRUG | 96413 | CPT | | | | both | | | 1215 | 445.43 | First Trenton | First Trenton | 1093.5 | 90 | | | 27 | 1154.25 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC CHEMOTHERAPY ADMIN IV INFUSION UP 1 HR OF 1ST DRUG | 96413 | CPT | | | | both | | | 1215 | | 445.43 | UHC | Medicaid | 383.33 | 31.55 | | 336.88 | 27 | 1154.25 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMIN IV INFUSION UP 1 HR OF 1ST DRUG | 96413 | CPT | | | | both | | | 1215 | | 445.43 | Wellcare | Medicaid | 383.33 | 31.55 | | 292.7 | 27 | 1154.25 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMIN IV INFUSION UP 1 HR OF 1ST DRUG | 96413 | CPT | | | | both | | | 1215 | | 445.43 | Managed Care Inc | Managed Care Inc | 1093.5 | 90 | | | 27 | 1154.25 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMIN IV INFUSION UP 1 HR OF 1ST DRUG | 96413 | CPT | | | | both | | | 1215 | | 445.43 | Qualcare | Qualcare | 911.25 | 75 | | | 27 | 1154.25 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMIN IV INFUSION UP 1 HR OF 1ST DRUG | 96413 | CPT | | | | both | | | 1215 | | 445.43 | Three Rivers | Three Rivers | 1154.25 | 95 | | | 27 | 1154.25 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMIN IV INFUSION UP 1 HR OF 1ST DRUG | 96413 | CPT | | | | both | | | 1215 | | 445.43 | WellPoint | WellPoint | 390.99 | 32.18 | | 330.65 | 27 | 1154.25 | percent of total billed charges | |
| HC CHEMO EA ADDL HR | 96415 | CPT | | | | outpatient | | | 248 | | 92.66 | First Trenton | First Trenton | 223.2 | 90 | | | 27 | 362.79 | percent of total billed charges | |
| HC CHEMO EA ADDL HR | 96415 | CPT | | | | outpatient | | | 248 | | 92.66 | First Health | First Health | 173.6 | 70 | | | 27 | 362.79 | percent of total billed charges | |
| HC CHEMO EA ADDL HR | 96415 | CPT | | | | outpatient | | | 248 | | 92.66 | Multiplan | Multiplan | 198.4 | 80 | | | 27 | 362.79 | percent of total billed charges | |
| HC CHEMO EA ADDL HR | 96415 | CPT | | | | outpatient | | | 248 | | 92.66 | Aetna | Medicare | 80.57 | | | 17.38 | 27 | 362.79 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO EA ADDL HR | 96415 | CPT | | | | outpatient | | | 248 | | 92.66 | Americare | Americare | 186 | 75 | | | 27 | 362.79 | percent of total billed charges | |
| HC CHEMO EA ADDL HR | 96415 | CPT | | | | outpatient | | | 248 | | 92.66 | Aetna | Better Health | 78.24 | 31.55 | | | 27 | 362.79 | percent of total billed charges | |
| HC CHEMO EA ADDL HR | 96415 | CPT | | | | outpatient | | | 248 | | 92.66 | Corrections | Corrections | 198.4 | 80 | | 74.04 | 27 | 362.79 | percent of total billed charges | |
| HC CHEMO EA ADDL HR | 96415 | CPT | | | | outpatient | | | 248 | | 92.66 | Amerihealth | HMO/PPO | 27 | | | 7.62 | 27 | 362.79 | fee schedule | |
| HC CHEMO EA ADDL HR | 96415 | CPT | | | | outpatient | | | 248 | | 92.66 | Managed Care Inc | Managed Care Inc | 223.2 | 90 | | | 27 | 362.79 | percent of total billed charges | |
| HC CHEMO EA ADDL HR | 96415 | CPT | | | | outpatient | | | 248 | | 92.66 | Horizon | Medicare Blue | 80.57 | | | 14.48 | 27 | 362.79 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO EA ADDL HR | 96415 | CPT | | | | outpatient | | | 248 | | 92.66 | Qualcare | Qualcare | 186 | 75 | | | 27 | 362.79 | percent of total billed charges | |
| HC CHEMO EA ADDL HR | 96415 | CPT | | | | outpatient | | | 248 | | 92.66 | Horizon | PPO | 155.9 | | | | 27 | 362.79 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO EA ADDL HR | 96415 | CPT | | | | outpatient | | | 248 | | 92.66 | Horizon | NJ Health | 362.79 | | | 17.43 | 27 | 362.79 | fee schedule | |
| HC CHEMO EA ADDL HR | 96415 | CPT | | | | outpatient | | | 248 | | 92.66 | UHC | Medicaid | 78.24 | 31.55 | | 69.3 | 27 | 362.79 | percent of total billed charges | |
| HC CHEMO EA ADDL HR | 96415 | CPT | | | | outpatient | | | 248 | | 92.66 | Wellcare | Medicare | 80.57 | | | 12.21 | 27 | 362.79 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO EA ADDL HR | 96415 | CPT | | | | outpatient | | | 248 | | 92.66 | Consumer | Consumer | 235.6 | 95 | | | 27 | 362.79 | percent of total billed charges | |
| HC CHEMO EA ADDL HR | 96415 | CPT | | | | outpatient | | | 248 | | 92.66 | Wellcare | Medicaid | 78.24 | 31.55 | | 57.95 | 27 | 362.79 | percent of total billed charges | |
| HC CHEMO EA ADDL HR | 96415 | CPT | | | | outpatient | | | 248 | | 92.66 | UHC | Medicare | 80.57 | | | 32.6 | 27 | 362.79 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO EA ADDL HR | 96415 | CPT | | | | outpatient | | | 248 | | 92.66 | Horizon | Indemnity | 155.9 | | | 43.58 | 27 | 362.79 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO EA ADDL HR | 96415 | CPT | | | | outpatient | | | 248 | | 92.66 | WellPoint | WellPoint | 79.81 | 32.18 | | 39.38 | 27 | 362.79 | percent of total billed charges | |
| HC CHEMO EA ADDL HR | 96415 | CPT | | | | outpatient | | | 248 | | 92.66 | Horizon | MGD | 155.9 | | | 24.88 | 27 | 362.79 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO EA ADDL HR | 96415 | CPT | | | | outpatient | | | 248 | | 92.66 | Three Rivers | Three Rivers | 235.6 | 95 | | | 27 | 362.79 | percent of total billed charges | |
| HC CHEMO INFUSION > 8HRS | 96416 | CPT | | | | outpatient | | | 1290 | | 445.43 | Amerihealth | HMO/PPO | 51 | | | | 51 | 1225.5 | fee schedule | |
| HC CHEMO INFUSION > 8HRS | 96416 | CPT | | | | outpatient | | | 1290 | | 445.43 | Aetna | Medicare | 387.33 | | | | 51 | 1225.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO INFUSION > 8HRS | 96416 | CPT | | | | outpatient | | | 1290 | | 445.43 | Horizon | NJ Health | 448.92 | | | 18.39 | 51 | 1225.5 | fee schedule | |
| HC CHEMO INFUSION > 8HRS | 96416 | CPT | | | | outpatient | | | 1290 | | 445.43 | Consumer | Consumer | 1225.5 | 95 | | | 51 | 1225.5 | percent of total billed charges | |
| HC CHEMO INFUSION > 8HRS | 96416 | CPT | | | | outpatient | | | 1290 | | 445.43 | UHC | Medicaid | 407 | 31.55 | | | 51 | 1225.5 | percent of total billed charges | |
| HC CHEMO INFUSION > 8HRS | 96416 | CPT | | | | outpatient | | | 1290 | | 445.43 | Americare | Americare | 967.5 | 75 | | | 51 | 1225.5 | percent of total billed charges | |
| HC CHEMO INFUSION > 8HRS | 96416 | CPT | | | | outpatient | | | 1290 | | 445.43 | UHC | Medicare | 387.33 | | | | 51 | 1225.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO INFUSION > 8HRS | 96416 | CPT | | | | outpatient | | | 1290 | | 445.43 | Aetna | Better Health | 407 | 31.55 | | | 51 | 1225.5 | percent of total billed charges | |
| HC CHEMO INFUSION > 8HRS | 96416 | CPT | | | | outpatient | | | 1290 | | 445.43 | First Health | First Health | 903 | 70 | | | 51 | 1225.5 | percent of total billed charges | |
| HC CHEMO INFUSION > 8HRS | 96416 | CPT | | | | outpatient | | | 1290 | | 445.43 | Wellcare | Medicaid | 407 | 31.55 | | | 51 | 1225.5 | percent of total billed charges | |
| HC CHEMO INFUSION > 8HRS | 96416 | CPT | | | | outpatient | | | 1290 | | 445.43 | Horizon | MGD | 749.48 | | | | 51 | 1225.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO INFUSION > 8HRS | 96416 | CPT | | | | outpatient | | | 1290 | | 445.43 | Corrections | Corrections | 1032 | 80 | | | 51 | 1225.5 | percent of total billed charges | |
| HC CHEMO INFUSION > 8HRS | 96416 | CPT | | | | outpatient | | | 1290 | | 445.43 | First Trenton | First Trenton | 1161 | 90 | | | 51 | 1225.5 | percent of total billed charges | |
| HC CHEMO INFUSION > 8HRS | 96416 | CPT | | | | outpatient | | | 1290 | | 445.43 | Multiplan | Multiplan | 1032 | 80 | | | 51 | 1225.5 | percent of total billed charges | |
| HC CHEMO INFUSION > 8HRS | 96416 | CPT | | | | outpatient | | | 1290 | | 445.43 | Managed Care Inc | Managed Care Inc | 1161 | 90 | | | 51 | 1225.5 | percent of total billed charges | |
| HC CHEMO INFUSION > 8HRS | 96416 | CPT | | | | outpatient | | | 1290 | | 445.43 | Horizon | Indemnity | 749.48 | | | | 51 | 1225.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO INFUSION > 8HRS | 96416 | CPT | | | | outpatient | | | 1290 | | 445.43 | Three Rivers | Three Rivers | 1225.5 | 95 | | | 51 | 1225.5 | percent of total billed charges | |
| HC CHEMO INFUSION > 8HRS | 96416 | CPT | | | | outpatient | | | 1290 | | 445.43 | Qualcare | Qualcare | 967.5 | 75 | | | 51 | 1225.5 | percent of total billed charges | |
| HC CHEMO INFUSION > 8HRS | 96416 | CPT | | | | outpatient | | | 1290 | | 445.43 | Horizon | Medicare Blue | 387.33 | | | 41.72 | 51 | 1225.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO INFUSION > 8HRS | 96416 | CPT | | | | outpatient | | | 1290 | | 445.43 | Wellcare | Medicare | 387.33 | | | | 51 | 1225.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO INFUSION > 8HRS | 96416 | CPT | | | | outpatient | | | 1290 | | 445.43 | Horizon | PPO | 749.48 | | | | 51 | 1225.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO INFUSION > 8HRS | 96416 | CPT | | | | outpatient | | | 1290 | | 445.43 | WellPoint | WellPoint | 415.12 | 32.18 | | | 51 | 1225.5 | percent of total billed charges | |
| HC CHEMO EA ADDL INF | 96417 | CPT | | | | both | | | 248 | | 92.66 | Multiplan | Multiplan | 198.4 | 80 | | | 27 | 589.86 | percent of total billed charges | |
| HC CHEMO EA ADDL INF | 96417 | CPT | | | | both | | | 248 | | 92.66 | Aetna | Medicare | 80.57 | | | 15.53 | 27 | 589.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO EA ADDL INF | 96417 | CPT | | | | both | | | 248 | | 92.66 | Aetna | Better Health | 78.24 | 31.55 | | 46.88 | 27 | 589.86 | percent of total billed charges | |
| HC CHEMO EA ADDL INF | 96417 | CPT | | | | both | | | 248 | | 92.66 | Amerihealth | HMO/PPO | 27 | | | | 27 | 589.86 | fee schedule | |
| HC CHEMO EA ADDL INF | 96417 | CPT | | | | both | | | 248 | | 92.66 | Corrections | Corrections | 198.4 | 80 | | | 27 | 589.86 | percent of total billed charges | |
| HC CHEMO EA ADDL INF | 96417 | CPT | | | | both | | | 248 | | 92.66 | Americare | Americare | 186 | 75 | | | 27 | 589.86 | percent of total billed charges | |
| HC CHEMO EA ADDL INF | 96417 | CPT | | | | both | | | 248 | | 92.66 | UHC | Medicaid | 78.24 | 31.55 | | 82.42 | 27 | 589.86 | percent of total billed charges | |
| HC CHEMO EA ADDL INF | 96417 | CPT | | | | both | | | 248 | | 92.66 | Horizon | Indemnity | 155.9 | | | 64.13 | 27 | 589.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO EA ADDL INF | 96417 | CPT | | | | both | | | 248 | | 92.66 | Qualcare | Qualcare | 186 | 75 | | | 27 | 589.86 | percent of total billed charges | |
| HC CHEMO EA ADDL INF | 96417 | CPT | | | | both | | | 248 | | 92.66 | First Trenton | First Trenton | 223.2 | 90 | | | 27 | 589.86 | percent of total billed charges | |
| HC CHEMO EA ADDL INF | 96417 | CPT | | | | both | | | 248 | | 92.66 | Consumer | Consumer | 235.6 | 95 | | | 27 | 589.86 | percent of total billed charges | |
| HC CHEMO EA ADDL INF | 96417 | CPT | | | | both | | | 248 | | 92.66 | Horizon | Medicare Blue | 80.57 | | | | 27 | 589.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO EA ADDL INF | 96417 | CPT | | | | both | | | 248 | | 92.66 | Horizon | NJ Health | 589.86 | | | 45.04 | 27 | 589.86 | fee schedule | |
| HC CHEMO EA ADDL INF | 96417 | CPT | | | | both | | | 248 | | 92.66 | Managed Care Inc | Managed Care Inc | 223.2 | 90 | | | 27 | 589.86 | percent of total billed charges | |
| HC CHEMO EA ADDL INF | 96417 | CPT | | | | both | | | 248 | | 92.66 | Wellcare | Medicare | 80.57 | | | 22.26 | 27 | 589.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO EA ADDL INF | 96417 | CPT | | | | both | | | 248 | | 92.66 | Three Rivers | Three Rivers | 235.6 | 95 | | | 27 | 589.86 | percent of total billed charges | |
| HC CHEMO EA ADDL INF | 96417 | CPT | | | | both | | | 248 | | 92.66 | Horizon | PPO | 155.9 | | | 118.69 | 27 | 589.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO EA ADDL INF | 96417 | CPT | | | | both | | | 248 | | 92.66 | First Health | First Health | 173.6 | 70 | | | 27 | 589.86 | percent of total billed charges | |
| HC CHEMO EA ADDL INF | 96417 | CPT | | | | both | | | 248 | | 92.66 | Horizon | MGD | 155.9 | | | 68.15 | 27 | 589.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO EA ADDL INF | 96417 | CPT | | | | both | | | 248 | | 92.66 | UHC | Medicare | 80.57 | | | 25.03 | 27 | 589.86 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO EA ADDL INF | 96417 | CPT | | | | both | | | 248 | | 92.66 | Wellcare | Medicaid | 78.24 | 31.55 | | 74.74 | 27 | 589.86 | percent of total billed charges | |
| HC CHEMO EA ADDL INF | 96417 | CPT | | | | both | | | 248 | | 92.66 | WellPoint | WellPoint | 79.81 | 32.18 | | 63.1 | 27 | 589.86 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMINISTRATION IN | 96420 | CPT | | | | outpatient | | | 1266 | | 445.43 | Americare | Americare | 949.5 | 75 | | | 44 | 1202.7 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMINISTRATION IN | 96420 | CPT | | | | outpatient | | | 1266 | | 445.43 | Amerihealth | HMO/PPO | 44 | | | | 44 | 1202.7 | fee schedule | |
| HC CHEMOTHERAPY ADMINISTRATION IN | 96420 | CPT | | | | outpatient | | | 1266 | | 445.43 | Horizon | Medicare Blue | 387.33 | | | | 44 | 1202.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMOTHERAPY ADMINISTRATION IN | 96420 | CPT | | | | outpatient | | | 1266 | | 445.43 | Multiplan | Multiplan | 1012.8 | 80 | | | 44 | 1202.7 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMINISTRATION IN | 96420 | CPT | | | | outpatient | | | 1266 | | 445.43 | Aetna | Better Health | 399.42 | 31.55 | | | 44 | 1202.7 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMINISTRATION IN | 96420 | CPT | | | | outpatient | | | 1266 | | 445.43 | First Trenton | First Trenton | 1139.4 | 90 | | | 44 | 1202.7 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMINISTRATION IN | 96420 | CPT | | | | outpatient | | | 1266 | | 445.43 | Horizon | Indemnity | 749.48 | | | | 44 | 1202.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMOTHERAPY ADMINISTRATION IN | 96420 | CPT | | | | outpatient | | | 1266 | | 445.43 | Corrections | Corrections | 1012.8 | 80 | | | 44 | 1202.7 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMINISTRATION IN | 96420 | CPT | | | | outpatient | | | 1266 | | 445.43 | Consumer | Consumer | 1202.7 | 95 | | | 44 | 1202.7 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMINISTRATION IN | 96420 | CPT | | | | outpatient | | | 1266 | | 445.43 | Horizon | MGD | 749.48 | | | | 44 | 1202.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMOTHERAPY ADMINISTRATION IN | 96420 | CPT | | | | outpatient | | | 1266 | | 445.43 | UHC | Medicare | 387.33 | | | | 44 | 1202.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMOTHERAPY ADMINISTRATION IN | 96420 | CPT | | | | outpatient | | | 1266 | | 445.43 | Qualcare | Qualcare | 949.5 | 75 | | | 44 | 1202.7 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMINISTRATION IN | 96420 | CPT | | | | outpatient | | | 1266 | | 445.43 | Aetna | Medicare | 387.33 | | | | 44 | 1202.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMOTHERAPY ADMINISTRATION IN | 96420 | CPT | | | | outpatient | | | 1266 | | 445.43 | Horizon | NJ Health | 300.15 | | | | 44 | 1202.7 | fee schedule | |
| HC CHEMOTHERAPY ADMINISTRATION IN | 96420 | CPT | | | | outpatient | | | 1266 | | 445.43 | Horizon | PPO | 749.48 | | | | 44 | 1202.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMOTHERAPY ADMINISTRATION IN | 96420 | CPT | | | | outpatient | | | 1266 | | 445.43 | Managed Care Inc | Managed Care Inc | 1139.4 | 90 | | | 44 | 1202.7 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMINISTRATION IN | 96420 | CPT | | | | outpatient | | | 1266 | | 445.43 | First Health | First Health | 886.2 | 70 | | | 44 | 1202.7 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMINISTRATION IN | 96420 | CPT | | | | outpatient | | | 1266 | | 445.43 | Three Rivers | Three Rivers | 1202.7 | 95 | | | 44 | 1202.7 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMINISTRATION IN | 96420 | CPT | | | | outpatient | | | 1266 | | 445.43 | UHC | Medicaid | 399.42 | 31.55 | | | 44 | 1202.7 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMINISTRATION IN | 96420 | CPT | | | | outpatient | | | 1266 | | 445.43 | Wellcare | Medicaid | 399.42 | 31.55 | | | 44 | 1202.7 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMINISTRATION IN | 96420 | CPT | | | | outpatient | | | 1266 | | 445.43 | WellPoint | WellPoint | 407.4 | 32.18 | | | 44 | 1202.7 | percent of total billed charges | |
| HC CHEMOTHERAPY ADMINISTRATION IN | 96420 | CPT | | | | outpatient | | | 1266 | | 445.43 | Wellcare | Medicare | 387.33 | | | | 44 | 1202.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO ADM INTR-ARTRL 1H | 96422 | CPT | | | | outpatient | | | 788 | | 445.43 | UHC | Medicare | 387.33 | | | | 40 | 749.48 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO ADM INTR-ARTRL 1H | 96422 | CPT | | | | outpatient | | | 788 | | 445.43 | Americare | Americare | 591 | 75 | | | 40 | 749.48 | percent of total billed charges | |
| HC CHEMO ADM INTR-ARTRL 1H | 96422 | CPT | | | | outpatient | | | 788 | | 445.43 | Consumer | Consumer | 748.6 | 95 | | | 40 | 749.48 | percent of total billed charges | |
| HC CHEMO ADM INTR-ARTRL 1H | 96422 | CPT | | | | outpatient | | | 788 | | 445.43 | Corrections | Corrections | 630.4 | 80 | | | 40 | 749.48 | percent of total billed charges | |
| HC CHEMO ADM INTR-ARTRL 1H | 96422 | CPT | | | | outpatient | | | 788 | | 445.43 | Amerihealth | HMO/PPO | 40 | | | | 40 | 749.48 | fee schedule | |
| HC CHEMO ADM INTR-ARTRL 1H | 96422 | CPT | | | | outpatient | | | 788 | | 445.43 | Aetna | Medicare | 387.33 | | | | 40 | 749.48 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO ADM INTR-ARTRL 1H | 96422 | CPT | | | | outpatient | | | 788 | | 445.43 | Aetna | Better Health | 248.61 | 31.55 | | | 40 | 749.48 | percent of total billed charges | |
| HC CHEMO ADM INTR-ARTRL 1H | 96422 | CPT | | | | outpatient | | | 788 | | 445.43 | First Trenton | First Trenton | 709.2 | 90 | | | 40 | 749.48 | percent of total billed charges | |
| HC CHEMO ADM INTR-ARTRL 1H | 96422 | CPT | | | | outpatient | | | 788 | | 445.43 | First Health | First Health | 551.6 | 70 | | | 40 | 749.48 | percent of total billed charges | |
| HC CHEMO ADM INTR-ARTRL 1H | 96422 | CPT | | | | outpatient | | | 788 | | 445.43 | Horizon | MGD | 749.48 | | | | 40 | 749.48 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO ADM INTR-ARTRL 1H | 96422 | CPT | | | | outpatient | | | 788 | | 445.43 | Horizon | Medicare Blue | 387.33 | | | | 40 | 749.48 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO ADM INTR-ARTRL 1H | 96422 | CPT | | | | outpatient | | | 788 | | 445.43 | Horizon | PPO | 749.48 | | | | 40 | 749.48 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO ADM INTR-ARTRL 1H | 96422 | CPT | | | | outpatient | | | 788 | | 445.43 | Horizon | Indemnity | 749.48 | | | | 40 | 749.48 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO ADM INTR-ARTRL 1H | 96422 | CPT | | | | outpatient | | | 788 | | 445.43 | Multiplan | Multiplan | 630.4 | 80 | | | 40 | 749.48 | percent of total billed charges | |
| HC CHEMO ADM INTR-ARTRL 1H | 96422 | CPT | | | | outpatient | | | 788 | | 445.43 | Wellcare | Medicare | 387.33 | | | | 40 | 749.48 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO ADM INTR-ARTRL 1H | 96422 | CPT | | | | outpatient | | | 788 | | 445.43 | Horizon | NJ Health | 265.49 | | | | 40 | 749.48 | fee schedule | |
| HC CHEMO ADM INTR-ARTRL 1H | 96422 | CPT | | | | outpatient | | | 788 | | 445.43 | UHC | Medicaid | 248.61 | 31.55 | | | 40 | 749.48 | percent of total billed charges | |
| HC CHEMO ADM INTR-ARTRL 1H | 96422 | CPT | | | | outpatient | | | 788 | | 445.43 | Qualcare | Qualcare | 591 | 75 | | | 40 | 749.48 | percent of total billed charges | |
| HC CHEMO ADM INTR-ARTRL 1H | 96422 | CPT | | | | outpatient | | | 788 | | 445.43 | Wellcare | Medicaid | 248.61 | 31.55 | | | 40 | 749.48 | percent of total billed charges | |
| HC CHEMO ADM INTR-ARTRL 1H | 96422 | CPT | | | | outpatient | | | 788 | | 445.43 | WellPoint | WellPoint | 253.58 | 32.18 | | | 40 | 749.48 | percent of total billed charges | |
| HC CHEMO ADM INTR-ARTRL 1H | 96422 | CPT | | | | outpatient | | | 788 | | 445.43 | Managed Care Inc | Managed Care Inc | 709.2 | 90 | | | 40 | 749.48 | percent of total billed charges | |
| HC CHEMO ADM INTR-ARTRL 1H | 96422 | CPT | | | | outpatient | | | 788 | | 445.43 | Three Rivers | Three Rivers | 748.6 | 95 | | | 40 | 749.48 | percent of total billed charges | |
| HC CHEMO ADMIN INTRAARTERIAL INFUSION EA ADDL HR | 96423 | CPT | | | | outpatient | | | 230 | | 62.48 | First Health | First Health | 161 | 70 | | | 24 | 218.5 | percent of total billed charges | |
| HC CHEMO ADMIN INTRAARTERIAL INFUSION EA ADDL HR | 96423 | CPT | | | | outpatient | | | 230 | | 62.48 | Consumer | Consumer | 218.5 | 95 | | | 24 | 218.5 | percent of total billed charges | |
| HC CHEMO ADMIN INTRAARTERIAL INFUSION EA ADDL HR | 96423 | CPT | | | | outpatient | | | 230 | | 62.48 | First Trenton | First Trenton | 207 | 90 | | | 24 | 218.5 | percent of total billed charges | |
| HC CHEMO ADMIN INTRAARTERIAL INFUSION EA ADDL HR | 96423 | CPT | | | | outpatient | | | 230 | | 62.48 | Aetna | Medicare | 54.33 | | | | 24 | 218.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO ADMIN INTRAARTERIAL INFUSION EA ADDL HR | 96423 | CPT | | | | outpatient | | | 230 | | 62.48 | Aetna | Better Health | 72.57 | 31.55 | | | 24 | 218.5 | percent of total billed charges | |
| HC CHEMO ADMIN INTRAARTERIAL INFUSION EA ADDL HR | 96423 | CPT | | | | outpatient | | | 230 | | 62.48 | Horizon | PPO | 105.13 | | | | 24 | 218.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO ADMIN INTRAARTERIAL INFUSION EA ADDL HR | 96423 | CPT | | | | outpatient | | | 230 | | 62.48 | Three Rivers | Three Rivers | 218.5 | 95 | | | 24 | 218.5 | percent of total billed charges | |
| HC CHEMO ADMIN INTRAARTERIAL INFUSION EA ADDL HR | 96423 | CPT | | | | outpatient | | | 230 | | 62.48 | Americare | Americare | 172.5 | 75 | | | 24 | 218.5 | percent of total billed charges | |
| HC CHEMO ADMIN INTRAARTERIAL INFUSION EA ADDL HR | 96423 | CPT | | | | outpatient | | | 230 | | 62.48 | Multiplan | Multiplan | 184 | 80 | | | 24 | 218.5 | percent of total billed charges | |
| HC CHEMO ADMIN INTRAARTERIAL INFUSION EA ADDL HR | 96423 | CPT | | | | outpatient | | | 230 | | 62.48 | Horizon | NJ Health | 119.9 | | | | 24 | 218.5 | fee schedule | |
| HC CHEMO ADMIN INTRAARTERIAL INFUSION EA ADDL HR | 96423 | CPT | | | | outpatient | | | 230 | | 62.48 | Horizon | Indemnity | 105.13 | | | | 24 | 218.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO ADMIN INTRAARTERIAL INFUSION EA ADDL HR | 96423 | CPT | | | | outpatient | | | 230 | | 62.48 | Amerihealth | HMO/PPO | 24 | | | | 24 | 218.5 | fee schedule | |
| HC CHEMO ADMIN INTRAARTERIAL INFUSION EA ADDL HR | 96423 | CPT | | | | outpatient | | | 230 | | 62.48 | Corrections | Corrections | 184 | 80 | | | 24 | 218.5 | percent of total billed charges | |
| HC CHEMO ADMIN INTRAARTERIAL INFUSION EA ADDL HR | 96423 | CPT | | | | outpatient | | | 230 | | 62.48 | Horizon | MGD | 105.13 | | | | 24 | 218.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO ADMIN INTRAARTERIAL INFUSION EA ADDL HR | 96423 | CPT | | | | outpatient | | | 230 | | 62.48 | UHC | Medicaid | 72.57 | 31.55 | | | 24 | 218.5 | percent of total billed charges | |
| HC CHEMO ADMIN INTRAARTERIAL INFUSION EA ADDL HR | 96423 | CPT | | | | outpatient | | | 230 | | 62.48 | UHC | Medicare | 54.33 | | | | 24 | 218.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO ADMIN INTRAARTERIAL INFUSION EA ADDL HR | 96423 | CPT | | | | outpatient | | | 230 | | 62.48 | Qualcare | Qualcare | 172.5 | 75 | | | 24 | 218.5 | percent of total billed charges | |
| HC CHEMO ADMIN INTRAARTERIAL INFUSION EA ADDL HR | 96423 | CPT | | | | outpatient | | | 230 | | 62.48 | Horizon | Medicare Blue | 54.33 | | | | 24 | 218.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO ADMIN INTRAARTERIAL INFUSION EA ADDL HR | 96423 | CPT | | | | outpatient | | | 230 | | 62.48 | WellPoint | WellPoint | 74.01 | 32.18 | | | 24 | 218.5 | percent of total billed charges | |
| HC CHEMO ADMIN INTRAARTERIAL INFUSION EA ADDL HR | 96423 | CPT | | | | outpatient | | | 230 | | 62.48 | Managed Care Inc | Managed Care Inc | 207 | 90 | | | 24 | 218.5 | percent of total billed charges | |
| HC CHEMO ADMIN INTRAARTERIAL INFUSION EA ADDL HR | 96423 | CPT | | | | outpatient | | | 230 | | 62.48 | Wellcare | Medicaid | 72.57 | 31.55 | | | 24 | 218.5 | percent of total billed charges | |
| HC CHEMO ADMIN INTRAARTERIAL INFUSION EA ADDL HR | 96423 | CPT | | | | outpatient | | | 230 | | 62.48 | Wellcare | Medicare | 54.33 | | | | 24 | 218.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO ADMN PLEURAL CAVITY REQUIRING & W THORACENTESIS | 96440 | CPT | | | | outpatient | | | 451.91 | | 445.43 | Aetna | Medicare | 387.33 | | | | 87 | 1027.22 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO ADMN PLEURAL CAVITY REQUIRING & W THORACENTESIS | 96440 | CPT | | | | outpatient | | | 451.91 | | 445.43 | Amerihealth | HMO/PPO | 87 | | | | 87 | 1027.22 | fee schedule | |
| HC CHEMO ADMN PLEURAL CAVITY REQUIRING & W THORACENTESIS | 96440 | CPT | | | | outpatient | | | 451.91 | | 445.43 | Aetna | Better Health | 142.58 | 31.55 | | | 87 | 1027.22 | percent of total billed charges | |
| HC CHEMO ADMN PLEURAL CAVITY REQUIRING & W THORACENTESIS | 96440 | CPT | | | | outpatient | | | 451.91 | | 445.43 | Horizon | PPO | 749.48 | | | | 87 | 1027.22 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO ADMN PLEURAL CAVITY REQUIRING & W THORACENTESIS | 96440 | CPT | | | | outpatient | | | 451.91 | | 445.43 | Americare | Americare | 338.93 | 75 | | | 87 | 1027.22 | percent of total billed charges | |
| HC CHEMO ADMN PLEURAL CAVITY REQUIRING & W THORACENTESIS | 96440 | CPT | | | | outpatient | | | 451.91 | | 445.43 | First Health | First Health | 316.34 | 70 | | | 87 | 1027.22 | percent of total billed charges | |
| HC CHEMO ADMN PLEURAL CAVITY REQUIRING & W THORACENTESIS | 96440 | CPT | | | | outpatient | | | 451.91 | | 445.43 | Corrections | Corrections | 361.53 | 80 | | | 87 | 1027.22 | percent of total billed charges | |
| HC CHEMO ADMN PLEURAL CAVITY REQUIRING & W THORACENTESIS | 96440 | CPT | | | | outpatient | | | 451.91 | | 445.43 | First Trenton | First Trenton | 406.72 | 90 | | | 87 | 1027.22 | percent of total billed charges | |
| HC CHEMO ADMN PLEURAL CAVITY REQUIRING & W THORACENTESIS | 96440 | CPT | | | | outpatient | | | 451.91 | | 445.43 | Horizon | MGD | 749.48 | | | | 87 | 1027.22 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO ADMN PLEURAL CAVITY REQUIRING & W THORACENTESIS | 96440 | CPT | | | | outpatient | | | 451.91 | | 445.43 | Horizon | Indemnity | 749.48 | | | | 87 | 1027.22 | other

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC CHEMO ADMN PLEURAL CAVITY REQUIRING & W THORACENTESIS | 96440 | CPT | | | | outpatient | | | 451.91 | | 445.43 | Horizon | Medicare Blue | 387.33 | | | | 87 | 1027.22 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO ADMN PLEURAL CAVITY REQUIRING & W THORACENTESIS | 96440 | CPT | | | | outpatient | | | 451.91 | | 445.43 | UHC | Medicare | 387.33 | | | | 87 | 1027.22 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO ADMN PLEURAL CAVITY REQUIRING & W THORACENTESIS | 96440 | CPT | | | | outpatient | | | 451.91 | | 445.43 | Consumer | Consumer | 429.91 | 95 | | | 87 | 1027.22 | percent of total billed charges | |
| HC CHEMO ADMN PLEURAL CAVITY REQUIRING & W THORACENTESIS | 96440 | CPT | | | | outpatient | | | 451.91 | | 445.43 | Wellcare | Medicare | 387.33 | | | | 87 | 1027.22 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO ADMN PLEURAL CAVITY REQUIRING & W THORACENTESIS | 96440 | CPT | | | | outpatient | | | 451.91 | | 445.43 | Multiplan | Multiplan | 361.53 | 80 | | | 87 | 1027.22 | percent of total billed charges | |
| HC CHEMO ADMN PLEURAL CAVITY REQUIRING & W THORACENTESIS | 96440 | CPT | | | | outpatient | | | 451.91 | | 445.43 | Managed Care Inc | Managed Care Inc | 406.72 | 90 | | | 87 | 1027.22 | percent of total billed charges | |
| HC CHEMO ADMN PLEURAL CAVITY REQUIRING & W THORACENTESIS | 96440 | CPT | | | | outpatient | | | 451.91 | | 445.43 | Horizon | NJ Health | 1027.22 | | | | 87 | 1027.22 | fee schedule | |
| HC CHEMO ADMN PLEURAL CAVITY REQUIRING & W THORACENTESIS | 96440 | CPT | | | | outpatient | | | 451.91 | | 445.43 | UHC | Medicaid | 142.58 | 31.55 | | | 87 | 1027.22 | percent of total billed charges | |
| HC CHEMO ADMN PLEURAL CAVITY REQUIRING & W THORACENTESIS | 96440 | CPT | | | | outpatient | | | 451.91 | | 445.43 | Qualcare | Qualcare | 338.93 | 75 | | | 87 | 1027.22 | percent of total billed charges | |
| HC CHEMO ADMN PLEURAL CAVITY REQUIRING & W THORACENTESIS | 96440 | CPT | | | | outpatient | | | 451.91 | | 445.43 | WellPoint | WellPoint | 145.42 | 32.18 | | | 87 | 1027.22 | percent of total billed charges | |
| HC CHEMO ADMN PLEURAL CAVITY REQUIRING & W THORACENTESIS | 96440 | CPT | | | | outpatient | | | 451.91 | | 445.43 | Wellcare | Medicaid | 142.58 | 31.55 | | | 87 | 1027.22 | percent of total billed charges | |
| HC CHEMO ADMN PLEURAL CAVITY REQUIRING & W THORACENTESIS | 96440 | CPT | | | | outpatient | | | 451.91 | | 445.43 | Three Rivers | Three Rivers | 429.31 | 95 | | | 87 | 1027.22 | percent of total billed charges | |
| HC CHEMO INTO PERITONEAL CAVITY | 96446 | CPT | | | | outpatient | | | 1215 | | 445.43 | Aetna | Better Health | 383.33 | 31.55 | | | 105 | 1154.25 | percent of total billed charges | |
| HC CHEMO INTO PERITONEAL CAVITY | 96446 | CPT | | | | outpatient | | | 1215 | | 445.43 | Americare | Americare | 911.25 | 75 | | | 105 | 1154.25 | percent of total billed charges | |
| HC CHEMO INTO PERITONEAL CAVITY | 96446 | CPT | | | | outpatient | | | 1215 | | 445.43 | Consumer | Consumer | 1154.25 | 95 | | | 105 | 1154.25 | percent of total billed charges | |
| HC CHEMO INTO PERITONEAL CAVITY | 96446 | CPT | | | | outpatient | | | 1215 | | 445.43 | Wellcare | Medicare | 387.33 | | | | 105 | 1154.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO INTO PERITONEAL CAVITY | 96446 | CPT | | | | outpatient | | | 1215 | | 445.43 | Multiplan | Multiplan | 972 | 80 | | | 105 | 1154.25 | percent of total billed charges | |
| HC CHEMO INTO PERITONEAL CAVITY | 96446 | CPT | | | | outpatient | | | 1215 | | 445.43 | Amerihealth | HMO/PPO | 105 | | | | 105 | 1154.25 | fee schedule | |
| HC CHEMO INTO PERITONEAL CAVITY | 96446 | CPT | | | | outpatient | | | 1215 | | 445.43 | Wellcare | Medicaid | 383.33 | 31.55 | | 268.76 | 105 | 1154.25 | percent of total billed charges | |
| HC CHEMO INTO PERITONEAL CAVITY | 96446 | CPT | | | | outpatient | | | 1215 | | 445.43 | Horizon | MGD | 749.48 | | | | 105 | 1154.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO INTO PERITONEAL CAVITY | 96446 | CPT | | | | outpatient | | | 1215 | | 445.43 | Aetna | Medicare | 387.33 | | | | 105 | 1154.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO INTO PERITONEAL CAVITY | 96446 | CPT | | | | outpatient | | | 1215 | | 445.43 | First Trenton | First Trenton | 1093.5 | 90 | | | 105 | 1154.25 | percent of total billed charges | |
| HC CHEMO INTO PERITONEAL CAVITY | 96446 | CPT | | | | outpatient | | | 1215 | | 445.43 | Corrections | Corrections | 972 | 80 | | 368.69 | 105 | 1154.25 | percent of total billed charges | |
| HC CHEMO INTO PERITONEAL CAVITY | 96446 | CPT | | | | outpatient | | | 1215 | | 445.43 | Horizon | Indemnity | 749.48 | | | | 105 | 1154.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO INTO PERITONEAL CAVITY | 96446 | CPT | | | | outpatient | | | 1215 | | 445.43 | Qualcare | Qualcare | 911.25 | 75 | | | 105 | 1154.25 | percent of total billed charges | |
| HC CHEMO INTO PERITONEAL CAVITY | 96446 | CPT | | | | outpatient | | | 1215 | | 445.43 | Horizon | Medicare Blue | 387.33 | | | | 105 | 1154.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO INTO PERITONEAL CAVITY | 96446 | CPT | | | | outpatient | | | 1215 | | 445.43 | WellPoint | WellPoint | 390.99 | 32.18 | | 364.13 | 105 | 1154.25 | percent of total billed charges | |
| HC CHEMO INTO PERITONEAL CAVITY | 96446 | CPT | | | | outpatient | | | 1215 | | 445.43 | UHC | Medicare | 387.33 | | | 314.19 | 105 | 1154.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO INTO PERITONEAL CAVITY | 96446 | CPT | | | | outpatient | | | 1215 | | 445.43 | Horizon | PPO | 749.48 | | | | 105 | 1154.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO INTO PERITONEAL CAVITY | 96446 | CPT | | | | outpatient | | | 1215 | | 445.43 | Managed Care Inc | Managed Care Inc | 1093.5 | 90 | | | 105 | 1154.25 | percent of total billed charges | |
| HC CHEMO INTO PERITONEAL CAVITY | 96446 | CPT | | | | outpatient | | | 1215 | | 445.43 | First Health | First Health | 893.5 | 70 | | | 105 | 1154.25 | percent of total billed charges | |
| HC CHEMO INTO PERITONEAL CAVITY | 96446 | CPT | | | | outpatient | | | 1215 | | 445.43 | Three Rivers | Three Rivers | 1154.25 | 95 | | | 105 | 1154.25 | percent of total billed charges | |
| HC CHEMO INTO PERITONEAL CAVITY | 96446 | CPT | | | | outpatient | | | 1215 | | 445.43 | Horizon | NJ Health | 258.18 | | | 230.23 | 105 | 1154.25 | fee schedule | |
| HC CHEMO INTO PERITONEAL CAVITY | 96446 | CPT | | | | outpatient | | | 1215 | | 445.43 | UHC | Medicaid | 383.33 | 31.55 | | 358.99 | 105 | 1154.25 | percent of total billed charges | |
| HC INTRATHECAL ADM-CNS+SPINAL PUNCTURE | 96450 | CPT | | | | outpatient | | | 1219 | | 445.43 | Horizon | Medicare Blue | 387.33 | | | | 78 | 1158.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRATHECAL ADM-CNS+SPINAL PUNCTURE | 96450 | CPT | | | | outpatient | | | 1219 | | 445.43 | First Health | First Health | 853.3 | 70 | | | 78 | 1158.05 | percent of total billed charges | |
| HC INTRATHECAL ADM-CNS+SPINAL PUNCTURE | 96450 | CPT | | | | outpatient | | | 1219 | | 445.43 | Amerihealth | HMO/PPO | 78 | | | | 78 | 1158.05 | fee schedule | |
| HC INTRATHECAL ADM-CNS+SPINAL PUNCTURE | 96450 | CPT | | | | outpatient | | | 1219 | | 445.43 | Aetna | Medicare | 387.33 | | | | 78 | 1158.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRATHECAL ADM-CNS+SPINAL PUNCTURE | 96450 | CPT | | | | outpatient | | | 1219 | | 445.43 | First Trenton | First Trenton | 1097.1 | 90 | | | 78 | 1158.05 | percent of total billed charges | |
| HC INTRATHECAL ADM-CNS+SPINAL PUNCTURE | 96450 | CPT | | | | outpatient | | | 1219 | | 445.43 | Horizon | Indemnity | 749.48 | | | | 78 | 1158.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRATHECAL ADM-CNS+SPINAL PUNCTURE | 96450 | CPT | | | | outpatient | | | 1219 | | 445.43 | Wellcare | Medicaid | 384.59 | 31.55 | | | 78 | 1158.05 | percent of total billed charges | |
| HC INTRATHECAL ADM-CNS+SPINAL PUNCTURE | 96450 | CPT | | | | outpatient | | | 1219 | | 445.43 | Aetna | Better Health | 384.59 | 31.55 | | | 78 | 1158.05 | percent of total billed charges | |
| HC INTRATHECAL ADM-CNS+SPINAL PUNCTURE | 96450 | CPT | | | | outpatient | | | 1219 | | 445.43 | Managed Care Inc | Managed Care Inc | 1097.1 | 90 | | | 78 | 1158.05 | percent of total billed charges | |
| HC INTRATHECAL ADM-CNS+SPINAL PUNCTURE | 96450 | CPT | | | | outpatient | | | 1219 | | 445.43 | Multiplan | Multiplan | 975.2 | 80 | | | 78 | 1158.05 | percent of total billed charges | |
| HC INTRATHECAL ADM-CNS+SPINAL PUNCTURE | 96450 | CPT | | | | outpatient | | | 1219 | | 445.43 | Wellcare | Medicare | 387.33 | | | | 78 | 1158.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRATHECAL ADM-CNS+SPINAL PUNCTURE | 96450 | CPT | | | | outpatient | | | 1219 | | 445.43 | Corrections | Corrections | 975.2 | 80 | | | 78 | 1158.05 | percent of total billed charges | |
| HC INTRATHECAL ADM-CNS+SPINAL PUNCTURE | 96450 | CPT | | | | outpatient | | | 1219 | | 445.43 | WellPoint | WellPoint | 392.27 | 32.18 | | | 78 | 1158.05 | percent of total billed charges | |
| HC INTRATHECAL ADM-CNS+SPINAL PUNCTURE | 96450 | CPT | | | | outpatient | | | 1219 | | 445.43 | Horizon | PPO | 749.48 | | | | 78 | 1158.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRATHECAL ADM-CNS+SPINAL PUNCTURE | 96450 | CPT | | | | outpatient | | | 1219 | | 445.43 | Americare | Americare | 914.25 | 75 | | | 78 | 1158.05 | percent of total billed charges | |
| HC INTRATHECAL ADM-CNS+SPINAL PUNCTURE | 96450 | CPT | | | | outpatient | | | 1219 | | 445.43 | Qualcare | Qualcare | 914.25 | 75 | | | 78 | 1158.05 | percent of total billed charges | |
| HC INTRATHECAL ADM-CNS+SPINAL PUNCTURE | 96450 | CPT | | | | outpatient | | | 1219 | | 445.43 | Horizon | MGD | 749.48 | | | | 78 | 1158.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRATHECAL ADM-CNS+SPINAL PUNCTURE | 96450 | CPT | | | | outpatient | | | 1219 | | 445.43 | UHC | Medicaid | 384.59 | 31.55 | | | 78 | 1158.05 | percent of total billed charges | |
| HC INTRATHECAL ADM-CNS+SPINAL PUNCTURE | 96450 | CPT | | | | outpatient | | | 1219 | | 445.43 | Consumer | Consumer | 1158.05 | 95 | | | 78 | 1158.05 | percent of total billed charges | |
| HC INTRATHECAL ADM-CNS+SPINAL PUNCTURE | 96450 | CPT | | | | outpatient | | | 1219 | | 445.43 | UHC | Medicare | 387.33 | | | | 78 | 1158.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INTRATHECAL ADM-CNS+SPINAL PUNCTURE | 96450 | CPT | | | | outpatient | | | 1219 | | 445.43 | Horizon | NJ Health | 1030.95 | | | | 78 | 1158.05 | fee schedule | |
| HC INTRATHECAL ADM-CNS+SPINAL PUNCTURE | 96450 | CPT | | | | outpatient | | | 1219 | | 445.43 | Three Rivers | Three Rivers | 1158.05 | 95 | | | 78 | 1158.05 | percent of total billed charges | |
| HC IRRIGATN OF IMPLNTD VENOUS ACCESS DEVC FOR DRUG DELIVERY SYST | 96523 | CPT | | | | outpatient | | | 211 | | 80.45 | Horizon | PPO | 135.37 | | | 103.96 | 25 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IRRIGATN OF IMPLNTD VENOUS ACCESS DEVC FOR DRUG DELIVERY SYST | 96523 | CPT | | | | outpatient | | | 211 | | 80.45 | First Trenton | First Trenton | 189.9 | 90 | | | 25 | 200.45 | percent of total billed charges | |
| HC IRRIGATN OF IMPLNTD VENOUS ACCESS DEVC FOR DRUG DELIVERY SYST | 96523 | CPT | | | | outpatient | | | 211 | | 80.45 | Consumer | Consumer | 200.45 | 95 | | | 25 | 200.45 | percent of total billed charges | |
| HC IRRIGATN OF IMPLNTD VENOUS ACCESS DEVC FOR DRUG DELIVERY SYST | 96523 | CPT | | | | outpatient | | | 211 | | 80.45 | Aetna | Better Health | 66.57 | 31.55 | | 73.76 | 25 | 200.45 | percent of total billed charges | |
| HC IRRIGATN OF IMPLNTD VENOUS ACCESS DEVC FOR DRUG DELIVERY SYST | 96523 | CPT | | | | outpatient | | | 211 | | 80.45 | Aetna | Medicare | 69.96 | | | | 25 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IRRIGATN OF IMPLNTD VENOUS ACCESS DEVC FOR DRUG DELIVERY SYST | 96523 | CPT | | | | outpatient | | | 211 | | 80.45 | Horizon | MGD | 135.37 | | | 66.74 | 25 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IRRIGATN OF IMPLNTD VENOUS ACCESS DEVC FOR DRUG DELIVERY SYST | 96523 | CPT | | | | outpatient | | | 211 | | 80.45 | Americare | Americare | 158.25 | 75 | | | 25 | 200.45 | percent of total billed charges | |
| HC IRRIGATN OF IMPLNTD VENOUS ACCESS DEVC FOR DRUG DELIVERY SYST | 96523 | CPT | | | | outpatient | | | 211 | | 80.45 | Amerihealth | HMO/PPO | 25 | | | | 25 | 200.45 | fee schedule | |
| HC IRRIGATN OF IMPLNTD VENOUS ACCESS DEVC FOR DRUG DELIVERY SYST | 96523 | CPT | | | | outpatient | | | 211 | | 80.45 | Corrections | Corrections | 168.8 | 80 | | | 25 | 200.45 | percent of total billed charges | |
| HC IRRIGATN OF IMPLNTD VENOUS ACCESS DEVC FOR DRUG DELIVERY SYST | 96523 | CPT | | | | outpatient | | | 211 | | 80.45 | Managed Care Inc | Managed Care Inc | 189.9 | 90 | | | 25 | 200.45 | percent of total billed charges | |
| HC IRRIGATN OF IMPLNTD VENOUS ACCESS DEVC FOR DRUG DELIVERY SYST | 96523 | CPT | | | | outpatient | | | 211 | | 80.45 | Horizon | NJ Health | 180.09 | | | 31.02 | 25 | 200.45 | fee schedule | |
| HC IRRIGATN OF IMPLNTD VENOUS ACCESS DEVC FOR DRUG DELIVERY SYST | 96523 | CPT | | | | outpatient | | | 211 | | 80.45 | First Health | First Health | 147.7 | 70 | | | 25 | 200.45 | percent of total billed charges | |
| HC IRRIGATN OF IMPLNTD VENOUS ACCESS DEVC FOR DRUG DELIVERY SYST | 96523 | CPT | | | | outpatient | | | 211 | | 80.45 | WellPoint | WellPoint | 67.9 | 32.18 | | | 25 | 200.45 | percent of total billed charges | |
| HC IRRIGATN OF IMPLNTD VENOUS ACCESS DEVC FOR DRUG DELIVERY SYST | 96523 | CPT | | | | outpatient | | | 211 | | 80.45 | Wellcare | Medicare | 69.96 | | | | 25 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IRRIGATN OF IMPLNTD VENOUS ACCESS DEVC FOR DRUG DELIVERY SYST | 96523 | CPT | | | | outpatient | | | 211 | | 80.45 | Horizon | Indemnity | 135.37 | | | | 25 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IRRIGATN OF IMPLNTD VENOUS ACCESS DEVC FOR DRUG DELIVERY SYST | 96523 | CPT | | | | outpatient | | | 211 | | 80.45 | Wellcare | Medicaid | 66.57 | 31.55 | | | 25 | 200.45 | percent of total billed charges | |
| HC IRRIGATN OF IMPLNTD VENOUS ACCESS DEVC FOR DRUG DELIVERY SYST | 96523 | CPT | | | | outpatient | | | 211 | | 80.45 | Three Rivers | Three Rivers | 200.45 | 95 | | | 25 | 200.45 | percent of total billed charges | |
| HC IRRIGATN OF IMPLNTD VENOUS ACCESS DEVC FOR DRUG DELIVERY SYST | 96523 | CPT | | | | outpatient | | | 211 | | 80.45 | Horizon | Medicare Blue | 69.96 | | | | 25 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC IRRIGATN OF IMPLNTD VENOUS ACCESS DEVC FOR DRUG DELIVERY SYST | 96523 | CPT | | | | outpatient | | | 211 | | 80.45 | Multiplan | Multiplan | 168.8 | 80 | | | 25 | 200.45 | percent of total billed charges | |
| HC IRRIGATN OF IMPLNTD VENOUS ACCESS DEVC FOR DRUG DELIVERY SYST | 96523 | CPT | | | | outpatient | | | 211 | | 80.45 | Qualcare | Qualcare | 158.25 | 75 | | | 25 | 200.45 | percent of total billed charges | |
| HC IRRIGATN OF IMPLNTD VENOUS ACCESS DEVC FOR DRUG DELIVERY SYST | 96523 | CPT | | | | outpatient | | | 211 | | 80.45 | UHC | Medicaid | 66.57 | 31.55 | | 13.23 | 25 | 200.45 | percent of total billed charges | |
| HC IRRIGATN OF IMPLNTD VENOUS ACCESS DEVC FOR DRUG DELIVERY SYST | 96523 | CPT | | | | outpatient | | | 211 | | 80.45 | UHC | Medicare | 69.96 | | | 46.82 | 25 | 200.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO INJECTN SUBARACHND/INTRAVENTR RESERVOIR SING/MULT AGENT | 96542 | CPT | | | | outpatient | | | 984.17 | | 445.43 | Americare | Americare | 736.13 | 75 | | | 98 | 934.96 | percent of total billed charges | |
| HC CHEMO INJECTN SUBARACHND/INTRAVENTR RESERVOIR SING/MULT AGENT | 96542 | CPT | | | | outpatient | | | 984.17 | | 445.43 | Aetna | Better Health | 310.51 | 31.55 | | | 98 | 934.96 | percent of total billed charges | |
| HC CHEMO INJECTN SUBARACHND/INTRAVENTR RESERVOIR SING/MULT AGENT | 96542 | CPT | | | | outpatient | | | 984.17 | | 445.43 | Corrections | Corrections | 787.34 | 80 | | | 98 | 934.96 | percent of total billed charges | |
| HC CHEMO INJECTN SUBARACHND/INTRAVENTR RESERVOIR SING/MULT AGENT | 96542 | CPT | | | | outpatient | | | 984.17 | | 445.43 | Horizon | PPO | 749.48 | | | | 98 | 934.96 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO INJECTN SUBARACHND/INTRAVENTR RESERVOIR SING/MULT AGENT | 96542 | CPT | | | | outpatient | | | 984.17 | | 445.43 | Amerihealth | HMO/PPO | 98 | | | | 98 | 934.96 | fee schedule | |
| HC CHEMO INJECTN SUBARACHND/INTRAVENTR RESERVOIR SING/MULT AGENT | 96542 | CPT | | | | outpatient | | | 984.17 | | 445.43 | First Health | First Health | 688.92 | 70 | | | 98 | 934.96 | percent of total billed charges | |
| HC CHEMO INJECTN SUBARACHND/INTRAVENTR RESERVOIR SING/MULT AGENT | 96542 | CPT | | | | outpatient | | | 984.17 | | 445.43 | First Trenton | First Trenton | 885.75 | 90 | | | 98 | 934.96 | percent of total billed charges | |
| HC CHEMO INJECTN SUBARACHND/INTRAVENTR RESERVOIR SING/MULT AGENT | 96542 | CPT | | | | outpatient | | | 984.17 | | 445.43 | Aetna | Medicare | 387.33 | | | | 98 | 934.96 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO INJECTN SUBARACHND/INTRAVENTR RESERVOIR SING/MULT AGENT | 96542 | CPT | | | | outpatient | | | 984.17 | | 445.43 | Horizon | Indemnity | 749.48 | | | | 98 | 934.96 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO INJECTN SUBARACHND/INTRAVENTR RESERVOIR SING/MULT AGENT | 96542 | CPT | | | | outpatient | | | 984.17 | | 445.43 | Consumer | Consumer | 934.96 | 95 | | | 98 | 934.96 | percent of total billed charges | |
| HC CHEMO INJECTN SUBARACHND/INTRAVENTR RESERVOIR SING/MULT AGENT | 96542 | CPT | | | | outpatient | | | 984.17 | | 445.43 | UHC | Medicaid | 310.51 | 31.55 | | | 98 | 934.96 | percent of total billed charges | |
| HC CHEMO INJECTN SUBARACHND/INTRAVENTR RESERVOIR SING/MULT AGENT | 96542 | CPT | | | | outpatient | | | 984.17 | | 445.43 | WellPoint | WellPoint | 316.71 | 32.18 | | | 98 | 934.96 | percent of total billed charges | |
| HC CHEMO INJECTN SUBARACHND/INTRAVENTR RESERVOIR SING/MULT AGENT | 96542 | CPT | | | | outpatient | | | 984.17 | | 445.43 | UHC | Medicare | 387.33 | | | | 98 | 934.96 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO INJECTN SUBARACHND/INTRAVENTR RESERVOIR SING/MULT AGENT | 96542 | CPT | | | | outpatient | | | 984.17 | | 445.43 | Horizon | Medicare Blue | 387.33 | | | | 98 | 934.96 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO INJECTN SUBARACHND/INTRAVENTR RESERVOIR SING/MULT AGENT | 96542 | CPT | | | | outpatient | | | 984.17 | | 445.43 | Managed Care Inc | Managed Care Inc | 885.75 | 90 | | | 98 | 934.96 | percent of total billed charges | |
| HC CHEMO INJECTN SUBARACHND/INTRAVENTR RESERVOIR SING/MULT AGENT | 96542 | CPT | | | | outpatient | | | 984.17 | | 445.43 | Horizon | MGD | 749.48 | | | | 98 | 934.96 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO INJECTN SUBARACHND/INTRAVENTR RESERVOIR SING/MULT AGENT | 96542 | CPT | | | | outpatient | | | 984.17 | | 445.43 | Three Rivers | Three Rivers | 934.96 | 95 | | | 98 | 934.96 | percent of total billed charges | |
| HC CHEMO INJECTN SUBARACHND/INTRAVENTR RESERVOIR SING/MULT AGENT | 96542 | CPT | | | | outpatient | | | 984.17 | | 445.43 | Horizon | NJ Health | 196.19 | | | | 98 | 934.96 | fee schedule | |
| HC CHEMO INJECTN SUBARACHND/INTRAVENTR RESERVOIR SING/MULT AGENT | 96542 | CPT | | | | outpatient | | | 984.17 | | 445.43 | Wellcare | Medicare | 387.33 | | | | 98 | 934.96 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CHEMO INJECTN SUBARACHND/INTRAVENTR RESERVOIR SING/MULT AGENT | 96542 | CPT | | | | outpatient | | | 984.17 | | 445.43 | Multiplan | Multiplan | 787.34 | 80 | | | 98 | 934.96 | percent of total billed charges | |
| HC CHEMO INJECTN SUBARACHND/INTRAVENTR RESERVOIR SING/MULT AGENT | 96542 | CPT | | | | outpatient | | | 984.17 | | 445.43 | Qualcare | Qualcare | 738.13 | 75 | | | 98 | 934.96 | percent of total billed charges | |
| HC CHEMO INJECTN SUBARACHND/INTRAVENTR RESERVOIR SING/MULT AGENT | 96542 | CPT | | | | outpatient | | | 984.17 | | 445.43 | Wellcare | Medicaid | 310.51 | 31.55 | | | 98 | 934.96 | percent of total billed charges | |
| HC UNLISTED CHEMOTHERAPY PROCEDURE | 96549 | CPT | | | | outpatient | | | 155 | | 62.48 | Aetna | Medicare | 54.33 | | | | 48.9 | 147.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED CHEMOTHERAPY PROCEDURE | 96549 | CPT | | | | outpatient | | | 155 | | 62.48 | Horizon | PPO | 105.13 | | | | 48.9 | 147.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED CHEMOTHERAPY PROCEDURE | 96549 | CPT | | | | outpatient | | | 155 | | 62.48 | First Trenton | First Trenton | 139.5 | 90 | | | 48.9 | 147.25 | percent of total billed charges | |
| HC UNLISTED CHEMOTHERAPY PROCEDURE | 96549 | CPT | | | | outpatient | | | 155 | | 62.48 | Aetna | Better Health | 48.9 | 31.55 | | | 48.9 | 147.25 | percent of total billed charges | |
| HC UNLISTED CHEMOTHERAPY PROCEDURE | 96549 | CPT | | | | outpatient | | | 155 | | 62.48 | Americare | Americare | 116.25 | 75 | | | 48.9 | 147.25 | percent of total billed charges | |
| HC UNLISTED CHEMOTHERAPY PROCEDURE | 96549 | CPT | | | | outpatient | | | 155 | | 62.48 | Consumer | Consumer | 147.25 | 95 | | | 48.9 | 147.25 | percent of total billed charges | |
| HC UNLISTED CHEMOTHERAPY PROCEDURE | 96549 | CPT | | | | outpatient | | | 155 | | 62.48 | UHC | Medicaid | 48.9 | 31.55 | | | 48.9 | 147.25 | percent of total billed charges | |
| HC UNLISTED CHEMOTHERAPY PROCEDURE | 96549 | CPT | | | | outpatient | | | 155 | | 62.48 | Amerihealth | HMO/PPO | 100.75 | 65 | | | 48.9 | 147.25 | percent of total billed charges | |
| HC UNLISTED CHEMOTHERAPY PROCEDURE | 96549 | CPT | | | | outpatient | | | 155 | | 62.48 | Horizon | MGD | 105.13 | | | | 48.9 | 147.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED CHEMOTHERAPY PROCEDURE | 96549 | CPT | | | | outpatient | | | 155 | | 62.48 | WellPoint | WellPoint | 49.88 | 32.18 | | | 48.9 | 147.25 | percent of total billed charges | |
| HC UNLISTED CHEMOTHERAPY PROCEDURE | 96549 | CPT | | | | outpatient | | | 155 | | 62.48 | Horizon | Indemnity | 105.13 | | | | 48.9 | 147.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED CHEMOTHERAPY PROCEDURE | 96549 | CPT | | | | outpatient | | | 155 | | 62.48 | First Health | First Health | 108.5 | 70 | | | 48.9 | 147.25 | percent of total billed charges | |
| HC UNLISTED CHEMOTHERAPY PROCEDURE | 96549 | CPT | | | | outpatient | | | 155 | | 62.48 | Managed Care Inc | Managed Care Inc | 139.5 | 90 | | | 48.9 | 147.25 | percent of total billed charges | |
| HC UNLISTED CHEMOTHERAPY PROCEDURE | 96549 | CPT | | | | outpatient | | | 155 | | 62.48 | Corrections | Corrections | 124 | 80 | | | 48.9 | 147.25 | percent of total billed charges | |
| HC UNLISTED CHEMOTHERAPY PROCEDURE | 96549 | CPT | | | | outpatient | | | 155 | | 62.48 | UHC | Medicare | 54.33 | | | | 48.9 | 147.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED CHEMOTHERAPY PROCEDURE | 96549 | CPT | | | | outpatient | | | 155 | | 62.48 | Horizon | Medicare Blue | 54.33 | | | | 48.9 | 147.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNLISTED CHEMOTHERAPY PROCEDURE | 96549 | CPT | | | | outpatient | | | 155 | | 62.48 | Multiplan | Multiplan | 124 | 80 | | | 48.9 | 147.25 | percent of total billed charges | |
| HC UNLISTED CHEMOTHERAPY PROCEDURE | 96549 | CPT | | | | outpatient | | | 155 | | 62.48 | Qualcare | Qualcare | 116.25 | 75 | | | 48.9 | 147.25 | percent of total billed charges | |
| HC UNLISTED CHEMOTHERAPY PROCEDURE | 96549 | CPT | | | | outpatient | | | 155 | | 62.48 | Three Rivers | Three Rivers | 147.25 | 95 | | | 48.9 | 147.25 | percent of total billed charges | |
| HC UNLISTED CHEMOTHERAPY PROCEDURE | 96549 | CPT | | | | outpatient | | | 155 | | 62.48 | Wellcare | Medicaid | 48.9 | 31.55 | | | 48.9 | 147.25 | percent of total billed charges | |
| HC UNLISTED CHEMOTHERAPY PROCEDURE | 96549 | CPT | | | | outpatient | | | 155 | | 62.48 | Wellcare | Medicare | 54.33 | | | | 48.9 | 147.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PT HOT OR COLD PACKS THERAPY | 97010 | CPT | | | | outpatient | | | 260 | | | Corrections | Corrections | 208 | 80 | | | 13.49 | 247 | percent of total billed charges | |
| HC PT HOT OR COLD PACKS THERAPY | 97010 | CPT | | | | outpatient | | | 260 | | | Aetna | Better Health | 82.03 | 31.55 | | | 13.49 | 247 | percent of total billed charges | |
| HC PT HOT OR COLD PACKS THERAPY | 97010 | CPT | | | | outpatient | | | 260 | | | Americare | Americare | 195 | 75 | | | 13.49 | 247 | percent of total billed charges | |
| HC PT HOT OR COLD PACKS THERAPY | 97010 | CPT | | | | outpatient | | | 260 | | | First Trenton | First Trenton | 234 | 90 | | | 13.49 | 247 | percent of total billed charges | |
| HC PT HOT OR COLD PACKS THERAPY | 97010 | CPT | | | | outpatient | | | 260 | | | Aetna | Medicare | 80.08 | 30.8 | | | 13.49 | 247 | percent of total billed charges | |
| HC PT HOT OR COLD PACKS THERAPY | 97010 | CPT | | | | outpatient | | | 260 | | | First Health | First Health | 182 | 70 | | | 13.49 | 247 | percent of total billed charges | |
| HC PT HOT OR COLD PACKS THERAPY | 97010 | CPT | | | | outpatient | | | 260 | | | Consumer | Consumer | 247 | 95 | | | 13.49 | 247 | percent of total billed charges | |
| HC PT HOT OR COLD PACKS THERAPY | 97010 | CPT | | | | outpatient | | | 260 | | | UHC | Medicaid | 82.03 | 31.55 | | | 13.49 | 247 | percent of total billed charges | |
| HC PT HOT OR COLD PACKS THERAPY | 97010 | CPT | | | | outpatient | | | 260 | | | Horizon | MGD | 99.53 | 38.28 | | | 13.49 | 247 | percent of total billed charges | |
| HC PT HOT OR COLD PACKS THERAPY | 97010 | CPT | | | | outpatient | | | 260 | | | Wellcare | Medicaid | 82.03 | 31.55 | | | 13.49 | 247 | percent of total billed charges | |
| HC PT HOT OR COLD PACKS THERAPY | 97010 | CPT | | | | outpatient | | | 260 | | | Amerihealth | HMO/PPO | 169 | 65 | | | 13.49 | 247 | percent of total billed charges | |
| HC PT HOT OR COLD PACKS THERAPY | 97010 | CPT | | | | outpatient | | | 260 | | | Horizon | PPO | 99.53 | 38.28 | | | 13.49 | 247 | percent of total billed charges | |
| HC PT HOT OR COLD PACKS THERAPY | 97010 | CPT | | | | outpatient | | | 260 | | | Horizon | Indemnity | 99.53 | 38.28 | | | 13.49 | 247 | percent of total billed charges | |
| HC PT HOT OR COLD PACKS THERAPY | 97010 | CPT | | | | outpatient | | | 260 | | | WellPoint | WellPoint | 83.67 | 32.18 | | | 13.49 | 247 | percent of total billed charges | |
| HC PT HOT OR CO

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC TRACTION MECHANICAL | 97012 | CPT | | | | both | | | 103 | | Qualcare | Qualcare | 77.25 | 75 | | | 15 | 97.85 | percent of total billed charges | |
| HC TRACTION MECHANICAL | 97012 | CPT | | | | both | | | 103 | | UHC | Medicaid | 32.5 | 31.55 | | | 15 | 97.85 | percent of total billed charges | |
| HC TRACTION MECHANICAL | 97012 | CPT | | | | both | | | 103 | | Managed Care Inc | Managed Care Inc | 92.7 | 90 | | | 15 | 97.85 | percent of total billed charges | |
| HC TRACTION MECHANICAL | 97012 | CPT | | | | both | | | 103 | | Consumer | Consumer | 97.85 | 95 | | | 15 | 97.85 | percent of total billed charges | |
| HC TRACTION MECHANICAL | 97012 | CPT | | | | both | | | 103 | | Multiplan | Multiplan | 82.4 | 80 | | | 15 | 97.85 | percent of total billed charges | |
| HC TRACTION MECHANICAL | 97012 | CPT | | | | both | | | 103 | | First Health | First Health | 72.1 | 70 | | | 15 | 97.85 | percent of total billed charges | |
| HC TRACTION MECHANICAL | 97012 | CPT | | | | both | | | 103 | | Horizon | PPO | 39.43 | 38.28 | | | 15 | 97.85 | percent of total billed charges | |
| HC TRACTION MECHANICAL | 97012 | CPT | | | | both | | | 103 | | Horizon | MGD | 39.43 | 38.28 | | 39.43 | 15 | 97.85 | percent of total billed charges | |
| HC TRACTION MECHANICAL | 97012 | CPT | | | | both | | | 103 | | Three Rivers | Three Rivers | 97.85 | 95 | | | 15 | 97.85 | percent of total billed charges | |
| HC TRACTION MECHANICAL | 97012 | CPT | | | | both | | | 103 | | WellPoint | WellPoint | 33.15 | 32.18 | | | 15 | 97.85 | percent of total billed charges | |
| HC TRACTION MECHANICAL | 97012 | CPT | | | | both | | | 103 | | Corrections | Corrections | 82.4 | 80 | | | 15 | 97.85 | percent of total billed charges | |
| HC TRACTION MECHANICAL | 97012 | CPT | | | | both | | | 103 | | Wellcare | Medicaid | 32.5 | 31.55 | | | 15 | 97.85 | percent of total billed charges | |
| HC ELECTRIC STIMULATION THERAPY (UNATTENDED) | 97014 | CPT | | | | outpatient | | | 13.74 | | Consumer | Consumer | 13.05 | 95 | | | 4.12 | 15 | percent of total billed charges | |
| HC ELECTRIC STIMULATION THERAPY (UNATTENDED) | 97014 | CPT | | | | outpatient | | | 13.74 | | First Trenton | First Trenton | 12.37 | 90 | | | 4.12 | 15 | percent of total billed charges | |
| HC ELECTRIC STIMULATION THERAPY (UNATTENDED) | 97014 | CPT | | | | outpatient | | | 13.74 | | Americare | Americare | 10.31 | 75 | | | 4.12 | 15 | percent of total billed charges | |
| HC ELECTRIC STIMULATION THERAPY (UNATTENDED) | 97014 | CPT | | | | outpatient | | | 13.74 | | Aetna | Better Health | 4.33 | 31.55 | | | 4.12 | 15 | percent of total billed charges | |
| HC ELECTRIC STIMULATION THERAPY (UNATTENDED) | 97014 | CPT | | | | outpatient | | | 13.74 | | Aetna | Medicare | 4.23 | 30.8 | | | 4.12 | 15 | percent of total billed charges | |
| HC ELECTRIC STIMULATION THERAPY (UNATTENDED) | 97014 | CPT | | | | outpatient | | | 13.74 | | Corrections | Corrections | 10.99 | 80 | | | 4.12 | 15 | percent of total billed charges | |
| HC ELECTRIC STIMULATION THERAPY (UNATTENDED) | 97014 | CPT | | | | outpatient | | | 13.74 | | Horizon | Indemnity | 5.26 | 38.28 | | | 4.12 | 15 | percent of total billed charges | |
| HC ELECTRIC STIMULATION THERAPY (UNATTENDED) | 97014 | CPT | | | | outpatient | | | 13.74 | | Amerihealth | HMO/PPO | 15 | | | | 4.12 | 15 | fee schedule | |
| HC ELECTRIC STIMULATION THERAPY (UNATTENDED) | 97014 | CPT | | | | outpatient | | | 13.74 | | Horizon | MGD | 5.26 | 38.28 | | | 4.12 | 15 | percent of total billed charges | |
| HC ELECTRIC STIMULATION THERAPY (UNATTENDED) | 97014 | CPT | | | | outpatient | | | 13.74 | | Horizon | NJ Health | 12.63 | | | | 4.12 | 15 | fee schedule | |
| HC ELECTRIC STIMULATION THERAPY (UNATTENDED) | 97014 | CPT | | | | outpatient | | | 13.74 | | Horizon | Medicare Blue | 4.12 | 30 | | | 4.12 | 15 | percent of total billed charges | |
| HC ELECTRIC STIMULATION THERAPY (UNATTENDED) | 97014 | CPT | | | | outpatient | | | 13.74 | | First Health | First Health | 9.62 | 70 | | | 4.12 | 15 | percent of total billed charges | |
| HC ELECTRIC STIMULATION THERAPY (UNATTENDED) | 97014 | CPT | | | | outpatient | | | 13.74 | | Multiplan | Multiplan | 10.99 | 80 | | | 4.12 | 15 | percent of total billed charges | |
| HC ELECTRIC STIMULATION THERAPY (UNATTENDED) | 97014 | CPT | | | | outpatient | | | 13.74 | | UHC | Medicaid | 4.33 | 31.55 | | | 4.12 | 15 | percent of total billed charges | |
| HC ELECTRIC STIMULATION THERAPY (UNATTENDED) | 97014 | CPT | | | | outpatient | | | 13.74 | | Qualcare | Qualcare | 10.31 | 75 | | | 4.12 | 15 | percent of total billed charges | |
| HC ELECTRIC STIMULATION THERAPY (UNATTENDED) | 97014 | CPT | | | | outpatient | | | 13.74 | | Wellcare | Medicaid | 4.33 | 31.55 | | | 4.12 | 15 | percent of total billed charges | |
| HC ELECTRIC STIMULATION THERAPY (UNATTENDED) | 97014 | CPT | | | | outpatient | | | 13.74 | | Horizon | PPO | 5.26 | 38.28 | | | 4.12 | 15 | percent of total billed charges | |
| HC ELECTRIC STIMULATION THERAPY (UNATTENDED) | 97014 | CPT | | | | outpatient | | | 13.74 | | WellPoint | WellPoint | 4.42 | 32.18 | | | 4.12 | 15 | percent of total billed charges | |
| HC ELECTRIC STIMULATION THERAPY (UNATTENDED) | 97014 | CPT | | | | outpatient | | | 13.74 | | Managed Care Inc | Managed Care Inc | 12.37 | 90 | | | 4.12 | 15 | percent of total billed charges | |
| HC ELECTRIC STIMULATION THERAPY (UNATTENDED) | 97014 | CPT | | | | outpatient | | | 13.74 | | Three Rivers | Three Rivers | 13.05 | 95 | | | 4.12 | 15 | percent of total billed charges | |
| HC PT APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES | 97016 | CPT | | | | outpatient | | | 133 | | Corrections | Corrections | 106.4 | 80 | | | 18 | 126.35 | percent of total billed charges | |
| HC PT APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES | 97016 | CPT | | | | outpatient | | | 133 | | Multiplan | Multiplan | 106.4 | 80 | | | 18 | 126.35 | percent of total billed charges | |
| HC PT APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES | 97016 | CPT | | | | outpatient | | | 133 | | Horizon | MGD | 50.91 | 38.28 | | | 18 | 126.35 | percent of total billed charges | |
| HC PT APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES | 97016 | CPT | | | | outpatient | | | 133 | | Aetna | Better Health | 41.96 | 31.55 | | | 18 | 126.35 | percent of total billed charges | |
| HC PT APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES | 97016 | CPT | | | | outpatient | | | 133 | | Horizon | Indemnity | 50.91 | 38.28 | | | 18 | 126.35 | percent of total billed charges | |
| HC PT APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES | 97016 | CPT | | | | outpatient | | | 133 | | Qualcare | Qualcare | 99.75 | 75 | | | 18 | 126.35 | percent of total billed charges | |
| HC PT APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES | 97016 | CPT | | | | outpatient | | | 133 | | Amerihealth | HMO/PPO | 18 | | | | 18 | 126.35 | fee schedule | |
| HC PT APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES | 97016 | CPT | | | | outpatient | | | 133 | | Aetna | Medicare | 40.96 | 30.8 | | | 18 | 126.35 | percent of total billed charges | |
| HC PT APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES | 97016 | CPT | | | | outpatient | | | 133 | | First Trenton | First Trenton | 119.7 | 90 | | | 18 | 126.35 | percent of total billed charges | |
| HC PT APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES | 97016 | CPT | | | | outpatient | | | 133 | | Americare | Americare | 99.75 | 75 | | | 18 | 126.35 | percent of total billed charges | |
| HC PT APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES | 97016 | CPT | | | | outpatient | | | 133 | | UHC | Medicaid | 41.96 | 31.55 | | | 18 | 126.35 | percent of total billed charges | |
| HC PT APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES | 97016 | CPT | | | | outpatient | | | 133 | | Horizon | Medicare Blue | 39.9 | 30 | | | 18 | 126.35 | percent of total billed charges | |
| HC PT APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES | 97016 | CPT | | | | outpatient | | | 133 | | Horizon | PPO | 50.91 | 38.28 | | | 18 | 126.35 | percent of total billed charges | |
| HC PT APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES | 97016 | CPT | | | | outpatient | | | 133 | | Consumer | Consumer | 126.35 | 95 | | | 18 | 126.35 | percent of total billed charges | |
| HC PT APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES | 97016 | CPT | | | | outpatient | | | 133 | | First Health | First Health | 93.1 | 70 | | | 18 | 126.35 | percent of total billed charges | |
| HC PT APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES | 97016 | CPT | | | | outpatient | | | 133 | | Managed Care Inc | Managed Care Inc | 119.7 | 90 | | | 18 | 126.35 | percent of total billed charges | |
| HC PT APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES | 97016 | CPT | | | | outpatient | | | 133 | | WellPoint | WellPoint | 42.8 | 32.18 | | | 18 | 126.35 | percent of total billed charges | |
| HC PT APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES | 97016 | CPT | | | | outpatient | | | 133 | | Three Rivers | Three Rivers | 126.35 | 95 | | | 18 | 126.35 | percent of total billed charges | |
| HC PT APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES | 97016 | CPT | | | | outpatient | | | 133 | | Wellcare | Medicaid | 41.96 | 31.55 | | | 18 | 126.35 | percent of total billed charges | |
| HC PT PARAFFIN | 97018 | CPT | | | | outpatient | | | 116 | | Amerihealth | HMO/PPO | 18 | | | | 18 | 110.2 | fee schedule | |
| HC PT PARAFFIN | 97018 | CPT | | | | outpatient | | | 116 | | UHC | Medicaid | 36.6 | 31.55 | | | 18 | 110.2 | percent of total billed charges | |
| HC PT PARAFFIN | 97018 | CPT | | | | outpatient | | | 116 | | Aetna | Better Health | 36.6 | 31.55 | | | 18 | 110.2 | percent of total billed charges | |
| HC PT PARAFFIN | 97018 | CPT | | | | outpatient | | | 116 | | Consumer | Consumer | 110.2 | 95 | | | 18 | 110.2 | percent of total billed charges | |
| HC PT PARAFFIN | 97018 | CPT | | | | outpatient | | | 116 | | Americare | Americare | 87 | 75 | | | 18 | 110.2 | percent of total billed charges | |
| HC PT PARAFFIN | 97018 | CPT | | | | outpatient | | | 116 | | Horizon | MGD | 44.4 | 38.28 | | | 18 | 110.2 | percent of total billed charges | |
| HC PT PARAFFIN | 97018 | CPT | | | | outpatient | | | 116 | | Aetna | Medicare | 35.73 | 30.8 | | | 18 | 110.2 | percent of total billed charges | |
| HC PT PARAFFIN | 97018 | CPT | | | | outpatient | | | 116 | | First Health | First Health | 81.2 | 70 | | | 18 | 110.2 | percent of total billed charges | |
| HC PT PARAFFIN | 97018 | CPT | | | | outpatient | | | 116 | | Wellcare | Medicaid | 36.6 | 31.55 | | | 18 | 110.2 | percent of total billed charges | |
| HC PT PARAFFIN | 97018 | CPT | | | | outpatient | | | 116 | | Horizon | Indemnity | 44.4 | 38.28 | | | 18 | 110.2 | percent of total billed charges | |
| HC PT PARAFFIN | 97018 | CPT | | | | outpatient | | | 116 | | Corrections | Corrections | 92.8 | 80 | | | 18 | 110.2 | percent of total billed charges | |
| HC PT PARAFFIN | 97018 | CPT | | | | outpatient | | | 116 | | First Trenton | First Trenton | 104.4 | 90 | | | 18 | 110.2 | percent of total billed charges | |
| HC PT PARAFFIN | 97018 | CPT | | | | outpatient | | | 116 | | Multiplan | Multiplan | 92.8 | 80 | | | 18 | 110.2 | percent of total billed charges | |
| HC PT PARAFFIN | 97018 | CPT | | | | outpatient | | | 116 | | Horizon | PPO | 44.4 | 38.28 | | | 18 | 110.2 | percent of total billed charges | |
| HC PT PARAFFIN | 97018 | CPT | | | | outpatient | | | 116 | | Horizon | Medicare Blue | 34.8 | 30 | | | 18 | 110.2 | percent of total billed charges | |
| HC PT PARAFFIN | 97018 | CPT | | | | outpatient | | | 116 | | Three Rivers | Three Rivers | 110.2 | 95 | | | 18 | 110.2 | percent of total billed charges | |
| HC PT PARAFFIN | 97018 | CPT | | | | outpatient | | | 116 | | Qualcare | Qualcare | 87 | 75 | | | 18 | 110.2 | percent of total billed charges | |
| HC PT PARAFFIN | 97018 | CPT | | | | outpatient | | | 116 | | Managed Care Inc | Managed Care Inc | 104.4 | 90 | | | 18 | 110.2 | percent of total billed charges | |
| HC PT PARAFFIN | 97018 | CPT | | | | outpatient | | | 116 | | WellPoint | WellPoint | 37.33 | 32.18 | | | 18 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ESTIM EA 15 MIN | 97032 | CPT | | | | outpatient | | | 162 | | First Trenton | First Trenton | 145.8 | 90 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ESTIM EA 15 MIN | 97032 | CPT | | | | outpatient | | | 162 | | Americare | Americare | 121.5 | 75 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ESTIM EA 15 MIN | 97032 | CPT | | | | outpatient | | | 162 | | Amerihealth | HMO/PPO | 16 | | | | 16 | 153.9 | fee schedule | |
| HC PT APPL MODALITY 1+ AREAS ESTIM EA 15 MIN | 97032 | CPT | | | | outpatient | | | 162 | | Aetna | Medicare | 49.9 | 30.8 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ESTIM EA 15 MIN | 97032 | CPT | | | | outpatient | | | 162 | | Corrections | Corrections | 129.6 | 80 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ESTIM EA 15 MIN | 97032 | CPT | | | | outpatient | | | 162 | | Consumer | Consumer | 153.9 | 95 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ESTIM EA 15 MIN | 97032 | CPT | | | | outpatient | | | 162 | | Aetna | Better Health | 51.11 | 31.55 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ESTIM EA 15 MIN | 97032 | CPT | | | | outpatient | | | 162 | | Horizon | MGD | 62.01 | 38.28 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ESTIM EA 15 MIN | 97032 | CPT | | | | outpatient | | | 162 | | Horizon | NJ Health | 17.3 | | | | 16 | 153.9 | fee schedule | |
| HC PT APPL MODALITY 1+ AREAS ESTIM EA 15 MIN | 97032 | CPT | | | | outpatient | | | 162 | | Multiplan | Multiplan | 129.6 | 80 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ESTIM EA 15 MIN | 97032 | CPT | | | | outpatient | | | 162 | | First Health | First Health | 113.4 | 70 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ESTIM EA 15 MIN | 97032 | CPT | | | | outpatient | | | 162 | | Horizon | Indemnity | 62.01 | 38.28 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ESTIM EA 15 MIN | 97032 | CPT | | | | outpatient | | | 162 | | UHC | Medicaid | 51.11 | 31.55 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ESTIM EA 15 MIN | 97032 | CPT | | | | outpatient | | | 162 | | Qualcare | Qualcare | 121.5 | 75 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ESTIM EA 15 MIN | 97032 | CPT | | | | outpatient | | | 162 | | Horizon | PPO | 62.01 | 38.28 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ESTIM EA 15 MIN | 97032 | CPT | | | | outpatient | | | 162 | | Horizon | Medicare Blue | 48.6 | 30 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ESTIM EA 15 MIN | 97032 | CPT | | | | outpatient | | | 162 | | Managed Care Inc | Managed Care Inc | 145.8 | 90 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ESTIM EA 15 MIN | 97032 | CPT | | | | outpatient | | | 162 | | Wellcare | Medicaid | 51.11 | 31.55 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ESTIM EA 15 MIN | 97032 | CPT | | | | outpatient | | | 162 | | WellPoint | WellPoint | 52.13 | 32.18 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ESTIM EA 15 MIN | 97032 | CPT | | | | outpatient | | | 162 | | Three Rivers | Three Rivers | 153.9 | 95 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT IONTOPHORESIS EA 15 MIN | 97033 | CPT | | | | outpatient | | | 162 | | Americare | Americare | 121.5 | 75 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT IONTOPHORESIS EA 15 MIN | 97033 | CPT | | | | outpatient | | | 162 | | Aetna | Medicare | 49.9 | 30.8 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT IONTOPHORESIS EA 15 MIN | 97033 | CPT | | | | outpatient | | | 162 | | Aetna | Better Health | 51.11 | 31.55 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT IONTOPHORESIS EA 15 MIN | 97033 | CPT | | | | outpatient | | | 162 | | Corrections | Corrections | 129.6 | 80 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT IONTOPHORESIS EA 15 MIN | 97033 | CPT | | | | outpatient | | | 162 | | First Trenton | First Trenton | 145.8 | 90 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT IONTOPHORESIS EA 15 MIN | 97033 | CPT | | | | outpatient | | | 162 | | Consumer | Consumer | 153.9 | 95 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT IONTOPHORESIS EA 15 MIN | 97033 | CPT | | | | outpatient | | | 162 | | First Health | First Health | 113.4 | 70 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT IONTOPHORESIS EA 15 MIN | 97033 | CPT | | | | outpatient | | | 162 | | Multiplan | Multiplan | 129.6 | 80 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT IONTOPHORESIS EA 15 MIN | 97033 | CPT | | | | outpatient | | | 162 | | Amerihealth | HMO/PPO | 16 | | | | 16 | 153.9 | fee schedule | |
| HC PT IONTOPHORESIS EA 15 MIN | 97033 | CPT | | | | outpatient | | | 162 | | Horizon | MGD | 62.01 | 38.28 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT IONTOPHORESIS EA 15 MIN | 97033 | CPT | | | | outpatient | | | 162 | | WellPoint | WellPoint | 52.13 | 32.18 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT IONTOPHORESIS EA 15 MIN | 97033 | CPT | | | | outpatient | | | 162 | | Horizon | Medicare Blue | 48.6 | 30 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT IONTOPHORESIS EA 15 MIN | 97033 | CPT | | | | outpatient | | | 162 | | Horizon | Indemnity | 62.01 | 38.28 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT IONTOPHORESIS EA 15 MIN | 97033 | CPT | | | | outpatient | | | 162 | | Wellcare | Medicaid | 51.11 | 31.55 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT IONTOPHORESIS EA 15 MIN | 97033 | CPT | | | | outpatient | | | 162 | | UHC | Medicaid | 51.11 | 31.55 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT IONTOPHORESIS EA 15 MIN | 97033 | CPT | | | | outpatient | | | 162 | | Qualcare | Qualcare | 121.5 | 75 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT IONTOPHORESIS EA 15 MIN | 97033 | CPT | | | | outpatient | | | 162 | | Horizon | PPO | 62.01 | 38.28 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT IONTOPHORESIS EA 15 MIN | 97033 | CPT | | | | outpatient | | | 162 | | Managed Care Inc | Managed Care Inc | 145.8 | 90 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT IONTOPHORESIS EA 15 MIN | 97033 | CPT | | | | outpatient | | | 162 | | Three Rivers | Three Rivers | 153.9 | 95 | | | 16 | 153.9 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN | 97034 | CPT | | | | outpatient | | | 116 | | Corrections | Corrections | 92.8 | 80 | | | 16 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN | 97034 | CPT | | | | outpatient | | | 116 | | Multiplan | Multiplan | 92.8 | 80 | | | 16 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN | 97034 | CPT | | | | outpatient | | | 116 | | Aetna | Medicare | 35.73 | 30.8 | | | 16 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN | 97034 | CPT | | | | outpatient | | | 116 | | First Trenton | First Trenton | 104.4 | 90 | | | 16 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN | 97034 | CPT | | | | outpatient | | | 116 | | Aetna | Better Health | 36.6 | 31.55 | | | 16 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN | 97034 | CPT | | | | outpatient | | | 116 | | Americare | Americare | 87 | 75 | | | 16 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN | 97034 | CPT | | | | outpatient | | | 116 | | First Health | First Health | 81.2 | 70 | | | 16 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN | 97034 | CPT | | | | outpatient | | | 116 | | Horizon | Indemnity | 44.4 | 38.28 | | | 16 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN | 97034 | CPT | | | | outpatient | | | 116 | | WellPoint | WellPoint | 37.33 | 32.18 | | | 16 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN | 97034 | CPT | | | | outpatient | | | 116 | | Qualcare | Qualcare | 87 | 75 | | | 16 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN | 97034 | CPT | | | | outpatient | | | 116 | | Amerihealth | HMO/PPO | 16 | | | | 16 | 110.2 | fee schedule | |
| HC PT APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN | 97034 | CPT | | | | outpatient | | | 116 | | Horizon | PPO | 44.4 | 38.28 | | | 16 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN | 97034 | CPT | | | | outpatient | | | 116 | | Horizon | Medicare Blue | 34.8 | 30 | | | 16 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN | 97034 | CPT | | | | outpatient | | | 116 | | Consumer | Consumer | 110.2 | 95 | | | 16 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN | 97034 | CPT | | | | outpatient | | | 116 | | Horizon | MGD | 44.4 | 38.28 | | | 16 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN | 97034 | CPT | | | | outpatient | | | 116 | | Managed Care Inc | Managed Care Inc | 104.4 | 90 | | | 16 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN | 97034 | CPT | | | | outpatient | | | 116 | | UHC | Medicaid | 36.6 | 31.55 | | | 16 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN | 97034 | CPT | | | | outpatient | | | 116 | | Three Rivers | Three Rivers | 110.2 | 95 | | | 16 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN | 97034 | CPT | | | | outpatient | | | 116 | | Wellcare | Medicaid | 36.6 | 31.55 | | | 16 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN | 97035 | CPT | | | | outpatient | | | 116 | | Aetna | Medicare | 35.73 | 30.8 | | | 13.73 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN | 97035 | CPT | | | | outpatient | | | 116 | | Horizon | Indemnity | 44.4 | 38.28 | | | 13.73 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN | 97035 | CPT | | | | outpatient | | | 116 | | Aetna | Better Health | 36.6 | 31.55 | | 10.48 | 13.73 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN | 97035 | CPT | | | | outpatient | | | 116 | | Corrections | Corrections | 92.8 | 80 | | | 13.73 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN | 97035 | CPT | | | | outpatient | | | 116 | | Consumer | Consumer | 110.2 | 95 | | | 13.73 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN | 97035 | CPT | | | | outpatient | | | 116 | | First Trenton | First Trenton | 104.4 | 90 | | | 13.73 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN | 97035 | CPT | | | | outpatient | | | 116 | | Amerihealth | HMO/PPO | 16 | | | | 13.73 | 110.2 | fee schedule | |
| HC PT APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN | 97035 | CPT | | | | outpatient | | | 116 | | Americare | Americare | 87 | 75 | | | 13.73 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN | 97035 | CPT | | | | outpatient | | | 116 | | Horizon | MGD | 44.4 | 38.28 | | | 13.73 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN | 97035 | CPT | | | | outpatient | | | 116 | | Horizon | PPO | 44.4 | 38.28 | | | 13.73 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN | 97035 | CPT | | | | outpatient | | | 116 | | First Health | First Health | 81.2 | 70 | | | 13.73 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN | 97035 | CPT | | | | outpatient | | | 116 | | Horizon | NJ Health | 13.73 | | | 25.16 | 13.73 | 110.2 | fee schedule | |
| HC PT APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN | 97035 | CPT | | | | outpatient | | | 116 | | UHC | Medicaid | 36.6 | 31.55 | | | 13.73 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN | 97035 | CPT | | | | outpatient | | | 116 | | Horizon | Medicare Blue | 34.8 | 30 | | 15.2 | 13.73 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN | 97035 | CPT | | | | outpatient | | | 116 | | Wellcare | Medicaid | 36.6 | 31.55 | | | 13.73 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN | 97035 | CPT | | | | outpatient | | | 116 | | Multiplan | Multiplan | 92.8 | 80 | | | 13.73 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN | 97035 | CPT | | | | outpatient | | | 116 | | WellPoint | WellPoint | 37.33 | 32.18 | | | 13.73 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN | 97035 | CPT | | | | outpatient | | | 116 | | Three Rivers | Three Rivers | 110.2 | 95 | | | 13.73 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN | 97035 | CPT | | | | outpatient | | | 116 | | Qualcare | Qualcare | 87 | 75 | | | 13.73 | 110.2 | percent of total billed charges | |
| HC PT APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN | 97035 | CPT | | | | outpatient | | | 116 | | Managed Care Inc | Managed Care Inc | 104.4 | 90 | | | 13.73 | 110.2 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC UNLISTED MODALITY, SPECIFY TYPE&TIME IF CONSTANT ATTENDANCE | 97039 | CPT | | | | both | | | 285 | | UHC | Medicaid | 89.92 | 31.55 | | | 14.98 | | 270.75 percent of total billed charges | |
| HC UNLISTED MODALITY, SPECIFY TYPE&TIME IF CONSTANT ATTENDANCE | 97039 | CPT | | | | both | | | 285 | | Americare | Americare | 213.75 | 75 | | | 14.98 | | 270.75 percent of total billed charges | |
| HC UNLISTED MODALITY, SPECIFY TYPE&TIME IF CONSTANT ATTENDANCE | 97039 | CPT | | | | both | | | 285 | | Consumer | Consumer | 270.75 | 95 | | | 14.98 | | 270.75 percent of total billed charges | |
| HC UNLISTED MODALITY, SPECIFY TYPE&TIME IF CONSTANT ATTENDANCE | 97039 | CPT | | | | both | | | 285 | | Aetna | Medicare | 87.78 | 30.8 | | | 14.98 | | 270.75 percent of total billed charges | |
| HC UNLISTED MODALITY, SPECIFY TYPE&TIME IF CONSTANT ATTENDANCE | 97039 | CPT | | | | both | | | 285 | | Aetna | Better Health | 89.92 | 31.55 | | | 14.98 | | 270.75 percent of total billed charges | |
| HC UNLISTED MODALITY, SPECIFY TYPE&TIME IF CONSTANT ATTENDANCE | 97039 | CPT | | | | both | | | 285 | | Amerihealth | HMO/PPO | 15 | | | | 14.98 | | 270.75 fee schedule | |
| HC UNLISTED MODALITY, SPECIFY TYPE&TIME IF CONSTANT ATTENDANCE | 97039 | CPT | | | | both | | | 285 | | First Health | First Health | 199.5 | 70 | | | 14.98 | | 270.75 percent of total billed charges | |
| HC UNLISTED MODALITY, SPECIFY TYPE&TIME IF CONSTANT ATTENDANCE | 97039 | CPT | | | | both | | | 285 | | Corrections | Corrections | 228 | 80 | | | 14.98 | | 270.75 percent of total billed charges | |
| HC UNLISTED MODALITY, SPECIFY TYPE&TIME IF CONSTANT ATTENDANCE | 97039 | CPT | | | | both | | | 285 | | Horizon | Indemnity | 109.1 | 38.28 | | | 14.98 | | 270.75 percent of total billed charges | |
| HC UNLISTED MODALITY, SPECIFY TYPE&TIME IF CONSTANT ATTENDANCE | 97039 | CPT | | | | both | | | 285 | | First Trenton | First Trenton | 256.5 | 90 | | | 14.98 | | 270.75 percent of total billed charges | |
| HC UNLISTED MODALITY, SPECIFY TYPE&TIME IF CONSTANT ATTENDANCE | 97039 | CPT | | | | both | | | 285 | | Multiplan | Multiplan | 228 | 80 | | | 14.98 | | 270.75 percent of total billed charges | |
| HC UNLISTED MODALITY, SPECIFY TYPE&TIME IF CONSTANT ATTENDANCE | 97039 | CPT | | | | both | | | 285 | | Horizon | MGD | 109.1 | 38.28 | | | 14.98 | | 270.75 percent of total billed charges | |
| HC UNLISTED MODALITY, SPECIFY TYPE&TIME IF CONSTANT ATTENDANCE | 97039 | CPT | | | | both | | | 285 | | Horizon | Medicare Blue | 85.5 | 30 | | | 14.98 | | 270.75 percent of total billed charges | |
| HC UNLISTED MODALITY, SPECIFY TYPE&TIME IF CONSTANT ATTENDANCE | 97039 | CPT | | | | both | | | 285 | | Horizon | NJ Health | 14.98 | | | | 14.98 | | 270.75 fee schedule | |
| HC UNLISTED MODALITY, SPECIFY TYPE&TIME IF CONSTANT ATTENDANCE | 97039 | CPT | | | | both | | | 285 | | Qualcare | Qualcare | 213.75 | 75 | | | 14.98 | | 270.75 percent of total billed charges | |
| HC UNLISTED MODALITY, SPECIFY TYPE&TIME IF CONSTANT ATTENDANCE | 97039 | CPT | | | | both | | | 285 | | Wellcare | Medicaid | 89.92 | 31.55 | | | 14.98 | | 270.75 percent of total billed charges | |
| HC UNLISTED MODALITY, SPECIFY TYPE&TIME IF CONSTANT ATTENDANCE | 97039 | CPT | | | | both | | | 285 | | WellPoint | WellPoint | 91.71 | 32.18 | | | 14.98 | | 270.75 percent of total billed charges | |
| HC UNLISTED MODALITY, SPECIFY TYPE&TIME IF CONSTANT ATTENDANCE | 97039 | CPT | | | | both | | | 285 | | Horizon | PPO | 109.1 | 38.28 | | | 14.98 | | 270.75 percent of total billed charges | |
| HC UNLISTED MODALITY, SPECIFY TYPE&TIME IF CONSTANT ATTENDANCE | 97039 | CPT | | | | both | | | 285 | | Managed Care Inc | Managed Care Inc | 256.5 | 90 | | | 14.98 | | 270.75 percent of total billed charges | |
| HC UNLISTED MODALITY, SPECIFY TYPE&TIME IF CONSTANT ATTENDANCE | 97039 | CPT | | | | both | | | 285 | | Three Rivers | Three Rivers | 270.75 | 95 | | | 14.98 | | 270.75 percent of total billed charges | |
| HC PT THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES | 97110 | CPT | | | | both | | | 162 | | Consumer | Consumer | 153.9 | 95 | | | 15.5 | | 153.9 percent of total billed charges | |
| HC PT THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES | 97110 | CPT | | | | both | | | 162 | | Americare | Americare | 121.5 | 75 | | | 15.5 | | 153.9 percent of total billed charges | |
| HC PT THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES | 97110 | CPT | | | | both | | | 162 | | Aetna | Medicare | 49.9 | 30.8 | | 31.2 | 15.5 | | 153.9 percent of total billed charges | |
| HC PT THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES | 97110 | CPT | | | | both | | | 162 | | Amerihealth | HMO/PPO | 30 | | | 29.6 | 15.5 | | 153.9 fee schedule | |
| HC PT THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES | 97110 | CPT | | | | both | | | 162 | | Aetna | Better Health | 51.11 | 31.55 | | 22.6 | 15.5 | | 153.9 percent of total billed charges | |
| HC PT THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES | 97110 | CPT | | | | both | | | 162 | | Horizon | NJ Health | 15.5 | | | 29.18 | 15.5 | | 153.9 fee schedule | |
| HC PT THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES | 97110 | CPT | | | | both | | | 162 | | Qualcare | Qualcare | 121.5 | 75 | | | 15.5 | | 153.9 percent of total billed charges | |
| HC PT THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES | 97110 | CPT | | | | both | | | 162 | | Wellcare | Medicaid | 51.11 | 31.55 | | 41.25 | 15.5 | | 153.9 percent of total billed charges | |
| HC PT THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES | 97110 | CPT | | | | both | | | 162 | | Corrections | Corrections | 129.6 | 80 | | | 15.5 | | 153.9 percent of total billed charges | |
| HC PT THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES | 97110 | CPT | | | | both | | | 162 | | Horizon | MGD | 62.01 | 38.28 | | 53.69 | 15.5 | | 153.9 percent of total billed charges | |
| HC PT THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES | 97110 | CPT | | | | both | | | 162 | | Horizon | Indemnity | 62.01 | 38.28 | | 23.7 | 15.5 | | 153.9 percent of total billed charges | |
| HC PT THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES | 97110 | CPT | | | | both | | | 162 | | First Health | First Health | 113.4 | 70 | | | 15.5 | | 153.9 percent of total billed charges | |
| HC PT THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES | 97110 | CPT | | | | both | | | 162 | | Multiplan | Multiplan | 129.6 | 80 | | | 15.5 | | 153.9 percent of total billed charges | |
| HC PT THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES | 97110 | CPT | | | | both | | | 162 | | First Trenton | First Trenton | 145.8 | 90 | | | 15.5 | | 153.9 percent of total billed charges | |
| HC PT THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES | 97110 | CPT | | | | both | | | 162 | | Horizon | PPO | 62.01 | 38.28 | | 55.11 | 15.5 | | 153.9 percent of total billed charges | |
| HC PT THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES | 97110 | CPT | | | | both | | | 162 | | Horizon | Medicare Blue | 48.6 | 30 | | 26.1 | 15.5 | | 153.9 percent of total billed charges | |
| HC PT THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES | 97110 | CPT | | | | both | | | 162 | | Three Rivers | Three Rivers | 153.9 | 95 | | | 15.5 | | 153.9 percent of total billed charges | |
| HC PT THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES | 97110 | CPT | | | | both | | | 162 | | Managed Care Inc | Managed Care Inc | 145.8 | 90 | | | 15.5 | | 153.9 percent of total billed charges | |
| HC PT THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES | 97110 | CPT | | | | both | | | 162 | | UHC | Medicaid | 51.11 | 31.55 | | 45.53 | 15.5 | | 153.9 percent of total billed charges | |
| HC PT THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES | 97110 | CPT | | | | both | | | 162 | | WellPoint | WellPoint | 52.13 | 32.18 | | 40.71 | 15.5 | | 153.9 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA | 97112 | CPT | | | | both | | | 211 | | Corrections | Corrections | 168.8 | 80 | | | 14.64 | | 200.45 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA | 97112 | CPT | | | | both | | | 211 | | UHC | Medicaid | 66.57 | 31.55 | | 54.58 | 14.64 | | 200.45 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA | 97112 | CPT | | | | both | | | 211 | | First Trenton | First Trenton | 189.9 | 90 | | | 14.64 | | 200.45 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA | 97112 | CPT | | | | both | | | 211 | | Aetna | Better Health | 66.57 | 31.55 | | | 14.64 | | 200.45 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA | 97112 | CPT | | | | both | | | 211 | | Horizon | Indemnity | 80.77 | 38.28 | | | 14.64 | | 200.45 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA | 97112 | CPT | | | | both | | | 211 | | Aetna | Medicare | 64.99 | 30.8 | | | 14.64 | | 200.45 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA | 97112 | CPT | | | | both | | | 211 | | Amerihealth | HMO/PPO | 18 | | | | 14.64 | | 200.45 fee schedule | |
| HC PT THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA | 97112 | CPT | | | | both | | | 211 | | Americare | Americare | 158.25 | 75 | | | 14.64 | | 200.45 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA | 97112 | CPT | | | | both | | | 211 | | WellPoint | WellPoint | 67.9 | 32.18 | | 39.27 | 14.64 | | 200.45 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA | 97112 | CPT | | | | both | | | 211 | | Consumer | Consumer | 200.45 | 95 | | | 14.64 | | 200.45 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA | 97112 | CPT | | | | both | | | 211 | | Horizon | PPO | 80.77 | 38.28 | | | 14.64 | | 200.45 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA | 97112 | CPT | | | | both | | | 211 | | Horizon | Medicare Blue | 63.3 | 30 | | | 14.64 | | 200.45 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA | 97112 | CPT | | | | both | | | 211 | | Multiplan | Multiplan | 168.8 | 80 | | | 14.64 | | 200.45 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA | 97112 | CPT | | | | both | | | 211 | | Wellcare | Medicaid | 66.57 | 31.55 | | | 14.64 | | 200.45 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA | 97112 | CPT | | | | both | | | 211 | | First Health | First Health | 147.7 | 70 | | | 14.64 | | 200.45 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA | 97112 | CPT | | | | both | | | 211 | | Qualcare | Qualcare | 158.25 | 75 | | | 14.64 | | 200.45 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA | 97112 | CPT | | | | both | | | 211 | | Managed Care Inc | Managed Care Inc | 189.9 | 90 | | | 14.64 | | 200.45 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA | 97112 | CPT | | | | both | | | 211 | | Horizon | MGD | 80.77 | 38.28 | | 61.78 | 14.64 | | 200.45 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA | 97112 | CPT | | | | both | | | 211 | | Three Rivers | Three Rivers | 200.45 | 95 | | | 14.64 | | 200.45 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA | 97112 | CPT | | | | both | | | 211 | | Horizon | NJ Health | 14.64 | | | 37.1 | 14.64 | | 200.45 fee schedule | |
| HC PT THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR | 97116 | CPT | | | | both | | | 313 | | Horizon | Indemnity | 119.82 | 38.28 | | | 15 | | 297.35 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR | 97116 | CPT | | | | both | | | 313 | | Amerihealth | HMO/PPO | 15 | | | | 15 | | 297.35 fee schedule | |
| HC PT THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR | 97116 | CPT | | | | both | | | 313 | | First Trenton | First Trenton | 281.7 | 90 | | | 15 | | 297.35 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR | 97116 | CPT | | | | both | | | 313 | | Corrections | Corrections | 250.4 | 80 | | | 15 | | 297.35 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR | 97116 | CPT | | | | both | | | 313 | | Americare | Americare | 234.75 | 75 | | | 15 | | 297.35 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR | 97116 | CPT | | | | both | | | 313 | | Aetna | Better Health | 98.75 | 31.55 | | 82.19 | 15 | | 297.35 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR | 97116 | CPT | | | | both | | | 313 | | Managed Care Inc | Managed Care Inc | 281.7 | 90 | | | 15 | | 297.35 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR | 97116 | CPT | | | | both | | | 313 | | Aetna | Medicare | 96.4 | 30.8 | | | 15 | | 297.35 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR | 97116 | CPT | | | | both | | | 313 | | Multiplan | Multiplan | 250.4 | 80 | | | 15 | | 297.35 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR | 97116 | CPT | | | | both | | | 313 | | Horizon | Medicare Blue | 93.9 | 30 | | 37.72 | 15 | | 297.35 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR | 97116 | CPT | | | | both | | | 313 | | Consumer | Consumer | 297.35 | 95 | | | 15 | | 297.35 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR | 97116 | CPT | | | | both | | | 313 | | WellPoint | WellPoint | 100.72 | 32.18 | | | 15 | | 297.35 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR | 97116 | CPT | | | | both | | | 313 | | Qualcare | Qualcare | 234.75 | 75 | | | 15 | | 297.35 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR | 97116 | CPT | | | | both | | | 313 | | First Health | First Health | 219.1 | 70 | | | 15 | | 297.35 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR | 97116 | CPT | | | | both | | | 313 | | Horizon | PPO | 119.82 | 38.28 | | 115.99 | 15 | | 297.35 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR | 97116 | CPT | | | | both | | | 313 | | Horizon | MGD | 119.82 | 38.28 | | | 15 | | 297.35 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR | 97116 | CPT | | | | both | | | 313 | | Three Rivers | Three Rivers | 297.35 | 95 | | | 15 | | 297.35 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR | 97116 | CPT | | | | both | | | 313 | | Wellcare | Medicaid | 98.75 | 31.55 | | | 15 | | 297.35 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR | 97116 | CPT | | | | both | | | 313 | | UHC | Medicaid | 98.75 | 31.55 | | 100.56 | 15 | | 297.35 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MINUTES MASSAGE | 97124 | CPT | | | | both | | | 211 | | Amerihealth | HMO/PPO | 15 | | | | 12.35 | | 200.45 fee schedule | |
| HC PT THER PX 1/> AREAS EACH 15 MINUTES MASSAGE | 97124 | CPT | | | | both | | | 211 | | First Health | First Health | 147.7 | 70 | | | 12.35 | | 200.45 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MINUTES MASSAGE | 97124 | CPT | | | | both | | | 211 | | Multiplan | Multiplan | 168.8 | 80 | | | 12.35 | | 200.45 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MINUTES MASSAGE | 97124 | CPT | | | | both | | | 211 | | Aetna | Medicare | 64.99 | 30.8 | | | 12.35 | | 200.45 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MINUTES MASSAGE | 97124 | CPT | | | | both | | | 211 | | First Trenton | First Trenton | 189.9 | 90 | | | 12.35 | | 200.45 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MINUTES MASSAGE | 97124 | CPT | | | | both | | | 211 | | Horizon | MGD | 80.77 | 38.28 | | | 12.35 | | 200.45 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MINUTES MASSAGE | 97124 | CPT | | | | both | | | 211 | | Corrections | Corrections | 168.8 | 80 | | | 12.35 | | 200.45 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MINUTES MASSAGE | 97124 | CPT | | | | both | | | 211 | | Aetna | Better Health | 66.57 | 31.55 | | | 12.35 | | 200.45 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MINUTES MASSAGE | 97124 | CPT | | | | both | | | 211 | | Horizon | Indemnity | 80.77 | 38.28 | | | 12.35 | | 200.45 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MINUTES MASSAGE | 97124 | CPT | | | | both | | | 211 | | UHC | Medicaid | 66.57 | 31.55 | | | 12.35 | | 200.45 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MINUTES MASSAGE | 97124 | CPT | | | | both | | | 211 | | Qualcare | Qualcare | 158.25 | 75 | | | 12.35 | | 200.45 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MINUTES MASSAGE | 97124 | CPT | | | | both | | | 211 | | Americare | Americare | 158.25 | 75 | | | 12.35 | | 200.45 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MINUTES MASSAGE | 97124 | CPT | | | | both | | | 211 | | Horizon | NJ Health | 12.35 | | | | 12.35 | | 200.45 fee schedule | |
| HC PT THER PX 1/> AREAS EACH 15 MINUTES MASSAGE | 97124 | CPT | | | | both | | | 211 | | WellPoint | WellPoint | 67.9 | 32.18 | | | 12.35 | | 200.45 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MINUTES MASSAGE | 97124 | CPT | | | | both | | | 211 | | Horizon | PPO | 80.77 | 38.28 | | | 12.35 | | 200.45 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MINUTES MASSAGE | 97124 | CPT | | | | both | | | 211 | | Consumer | Consumer | 200.45 | 95 | | | 12.35 | | 200.45 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MINUTES MASSAGE | 97124 | CPT | | | | both | | | 211 | | Managed Care Inc | Managed Care Inc | 189.9 | 90 | | | 12.35 | | 200.45 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MINUTES MASSAGE | 97124 | CPT | | | | both | | | 211 | | Horizon | Medicare Blue | 63.3 | 30 | | | 12.35 | | 200.45 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MINUTES MASSAGE | 97124 | CPT | | | | both | | | 211 | | Three Rivers | Three Rivers | 200.45 | 95 | | | 12.35 | | 200.45 percent of total billed charges | |
| HC PT THER PX 1/> AREAS EACH 15 MINUTES MASSAGE | 97124 | CPT | | | | both | | | 211 | | Wellcare | Medicaid | 66.57 | 31.55 | | | 12.35 | | 200.45 percent of total billed charges | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT 1ST 15 MINUTES | 97129 | CPT | | | | both | | | 190 | | Wellcare | Medicaid | 59.95 | 31.55 | | | 22.5 | | 180.5 percent of total billed charges | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT 1ST 15 MINUTES | 97129 | CPT | | | | both | | | 190 | | Aetna | Better Health | 59.95 | 31.55 | | | 22.5 | | 180.5 percent of total billed charges | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT 1ST 15 MINUTES | 97129 | CPT | | | | both | | | 190 | | Americare | Americare | 142.5 | 75 | | | 22.5 | | 180.5 percent of total billed charges | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT 1ST 15 MINUTES | 97129 | CPT | | | | both | | | 190 | | Aetna | Medicare | 58.52 | 30.8 | | | 22.5 | | 180.5 percent of total billed charges | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT 1ST 15 MINUTES | 97129 | CPT | | | | both | | | 190 | | Horizon | Medicare Blue | .57 | 30 | | | 22.5 | | 180.5 percent of total billed charges | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT 1ST 15 MINUTES | 97129 | CPT | | | | both | | | 190 | | First Health | First Health | 133 | 70 | | | 22.5 | | 180.5 percent of total billed charges | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT 1ST 15 MINUTES | 97129 | CPT | | | | both | | | 190 | | UHC | Medicaid | 59.95 | 31.55 | | | 22.5 | | 180.5 percent of total billed charges | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT 1ST 15 MINUTES | 97129 | CPT | | | | both | | | 190 | | Consumer | Consumer | 180.5 | 95 | | | 22.5 | | 180.5 percent of total billed charges | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT 1ST 15 MINUTES | 97129 | CPT | | | | both | | | 190 | | Amerihealth | HMO/PPO | 123.5 | 65 | | | 22.5 | | 180.5 percent of total billed charges | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT 1ST 15 MINUTES | 97129 | CPT | | | | both | | | 190 | | First Trenton | First Trenton | 171 | 90 | | | 22.5 | | 180.5 percent of total billed charges | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT 1ST 15 MINUTES | 97129 | CPT | | | | both | | | 190 | | Horizon | Indemnity | 72.73 | 38.28 | | | 22.5 | | 180.5 percent of total billed charges | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT 1ST 15 MINUTES | 97129 | CPT | | | | both | | | 190 | | Corrections | Corrections | 152 | 80 | | | 22.5 | | 180.5 percent of total billed charges | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT 1ST 15 MINUTES | 97129 | CPT | | | | both | | | 190 | | Multiplan | Multiplan | 152 | 80 | | | 22.5 | | 180.5 percent of total billed charges | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT 1ST 15 MINUTES | 97129 | CPT | | | | both | | | 190 | | Horizon | MGD | 72.73 | 38.28 | | | 22.5 | | 180.5 percent of total billed charges | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT 1ST 15 MINUTES | 97129 | CPT | | | | both | | | 190 | | Qualcare | Qualcare | 142.5 | 75 | | | 22.5 | | 180.5 percent of total billed charges | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT 1ST 15 MINUTES | 97129 | CPT | | | | both | | | 190 | | WellPoint | WellPoint | 61.14 | 32.18 | | | 22.5 | | 180.5 percent of total billed charges | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT 1ST 15 MINUTES | 97129 | CPT | | | | both | | | 190 | | Horizon | NJ Health | 34.48 | | | | 22.5 | | 180.5 fee schedule | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT 1ST 15 MINUTES | 97129 | CPT | | | | both | | | 190 | | Horizon | PPO | 72.73 | 38.28 | | | 22.5 | | 180.5 percent of total billed charges | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT 1ST 15 MINUTES | 97129 | CPT | | | | both | | | 190 | | Managed Care Inc | Managed Care Inc | 171 | 90 | | | 22.5 | | 180.5 percent of total billed charges | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT 1ST 15 MINUTES | 97129 | CPT | | | | both | | | 190 | | Three Rivers | Three Rivers | 180.5 | 95 | | | 22.5 | | 180.5 percent of total billed charges | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT EACH ADD 15 MINUTES | 97130 | CPT | | | | outpatient | | | 75 | | Consumer | Consumer | 71.25 | 95 | | | 20.87 | | 71.25 percent of total billed charges | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT EACH ADD 15 MINUTES | 97130 | CPT | | | | outpatient | | | 75 | | First Trenton | First Trenton | 67.5 | 90 | | | 20.87 | | 71.25 percent of total billed charges | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT EACH ADD 15 MINUTES | 97130 | CPT | | | | outpatient | | | 75 | | Aetna | Medicare | 23.1 | 30.8 | | | 20.87 | | 71.25 percent of total billed charges | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT EACH ADD 15 MINUTES | 97130 | CPT | | | | outpatient | | | 75 | | Horizon | Indemnity | 28.71 | 38.28 | | | 20.87 | | 71.25 percent of total billed charges | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT EACH ADD 15 MINUTES | 97130 | CPT | | | | outpatient | | | 75 | | Aetna | Better Health | 23.66 | 31.55 | | | 20.87 | | 71.25 percent of total billed charges | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT EACH ADD 15 MINUTES | 97130 | CPT | | | | outpatient | | | 75 | | Americare | Americare | 56.25 | 75 | | | 20.87 | | 71.25 percent of total billed charges | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT EACH ADD 15 MINUTES | 97130 | CPT | | | | outpatient | | | 75 | | First Health | First Health | 52.5 | 70 | | | 20.87 | | 71.25 percent of total billed charges | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT EACH ADD 15 MINUTES | 97130 | CPT | | | | outpatient | | | 75 | | Horizon | NJ Health | 32.94 | | | | 20.87 | | 71.25 fee schedule | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT EACH ADD 15 MINUTES | 97130 | CPT | | | | outpatient | | | 75 | | Amerihealth | HMO/PPO | 48.75 | 65 | | | 20.87 | | 71.25 percent of total billed charges | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT EACH ADD 15 MINUTES | 97130 | CPT | | | | outpatient | | | 75 | | Horizon | MGD | 28.71 | 38.28 | | | 20.87 | | 71.25 percent of total billed charges | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT EACH ADD 15 MINUTES | 97130 | CPT | | | | outpatient | | | 75 | | Multiplan | Multiplan | 60 | 80 | | | 20.87 | | 71.25 percent of total billed charges | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT EACH ADD 15 MINUTES | 97130 | CPT | | | | outpatient | | | 75 | | Managed Care Inc | Managed Care Inc | 67.5 | 90 | | | 20.87 | | 71.25 percent of total billed charges | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT EACH ADD 15 MINUTES | 97130 | CPT | | | | outpatient | | | 75 | | Corrections | Corrections | 60 | 80 | | | 20.87 | | 71.25 percent of total billed charges | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT EACH ADD 15 MINUTES | 97130 | CPT | | | | outpatient | | | 75 | | Horizon | PPO | 28.71 | 38.28 | | | 20.87 | | 71.25 percent of total billed charges | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT EACH ADD 15 MINUTES | 97130 | CPT | | | | outpatient | | | 75 | | Qualcare | Qualcare | 56.25 | 75 | | | 20.87 | | 71.25 percent of total billed charges | |
| HC SLP THERAPEUTIC INTERVENTIONS FOCUS ON COG FUNCTION AND COMPENSATORY STRAT EACH ADD 15 MINUTES | 97130 | CPT | | | | outpatient | | | 75 | | Three Rivers | Three Rivers | 71.25 | 

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC PT MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES | 97140 | CPT | | | | both | | | 211 | | Horizon | PPO | 80.77 | 38.28 | | 80.77 | 12.06 | | 200.45 percent of total billed charges | |
| HC PT MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES | 97140 | CPT | | | | both | | | 211 | | First Trenton | First Trenton | 189.9 | 90 | | | 12.06 | | 200.45 percent of total billed charges | |
| HC PT MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES | 97140 | CPT | | | | both | | | 211 | | Amerihealth | HMO/PPO | 15 | | | | 12.06 | | 200.45 fee schedule | |
| HC PT MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES | 97140 | CPT | | | | both | | | 211 | | Horizon | Medicare Blue | 63.3 | 30 | | | 12.06 | | 200.45 percent of total billed charges | |
| HC PT MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES | 97140 | CPT | | | | both | | | 211 | | Three Rivers | Three Rivers | 200.45 | 95 | | | 12.06 | | 200.45 percent of total billed charges | |
| HC PT MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES | 97140 | CPT | | | | both | | | 211 | | Wellcare | Medicaid | 66.57 | 31.55 | | | 12.06 | | 200.45 percent of total billed charges | |
| HC PT MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES | 97140 | CPT | | | | both | | | 211 | | Horizon | MGD | 80.77 | 38.28 | | 78.09 | 12.06 | | 200.45 percent of total billed charges | |
| HC PT MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES | 97140 | CPT | | | | both | | | 211 | | Qualcare | Qualcare | 158.25 | 75 | | | 12.06 | | 200.45 percent of total billed charges | |
| HC PT MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES | 97140 | CPT | | | | both | | | 211 | | UHC | Medicaid | 66.57 | 31.55 | | 60.2 | 12.06 | | 200.45 percent of total billed charges | |
| HC PT MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES | 97140 | CPT | | | | both | | | 211 | | WellPoint | WellPoint | 67.9 | 32.18 | | 67.9 | 12.06 | | 200.45 percent of total billed charges | |
| HC PT MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES | 97140 | CPT | | | | both | | | 211 | | Managed Care Inc | Managed Care Inc | 189.9 | 90 | | | 12.06 | | 200.45 percent of total billed charges | |
| HC PT THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS | 97150 | CPT | | | | both | | | 211 | | UHC | Medicaid | 66.57 | 31.55 | | 58.19 | 8 | | 200.45 percent of total billed charges | |
| HC PT THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS | 97150 | CPT | | | | both | | | 211 | | Corrections | Corrections | 168.8 | 80 | | | 8 | | 200.45 percent of total billed charges | |
| HC PT THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS | 97150 | CPT | | | | both | | | 211 | | Aetna | Better Health | 66.57 | 31.55 | | 33.73 | 8 | | 200.45 percent of total billed charges | |
| HC PT THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS | 97150 | CPT | | | | both | | | 211 | | Horizon | Medicare Blue | 63.3 | 30 | | 32.4 | 8 | | 200.45 percent of total billed charges | |
| HC PT THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS | 97150 | CPT | | | | both | | | 211 | | Amerihealth | HMO/PPO | 8 | | | 35.07 | 8 | | 200.45 fee schedule | |
| HC PT THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS | 97150 | CPT | | | | both | | | 211 | | First Trenton | First Trenton | 189.9 | 90 | | | 8 | | 200.45 percent of total billed charges | |
| HC PT THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS | 97150 | CPT | | | | both | | | 211 | | Aetna | Medicare | 64.99 | 30.8 | | 52.21 | 8 | | 200.45 percent of total billed charges | |
| HC PT THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS | 97150 | CPT | | | | both | | | 211 | | First Health | First Health | 147.7 | 70 | | | 8 | | 200.45 percent of total billed charges | |
| HC PT THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS | 97150 | CPT | | | | both | | | 211 | | Horizon | MGD | 80.77 | 38.28 | | 67.51 | 8 | | 200.45 percent of total billed charges | |
| HC PT THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS | 97150 | CPT | | | | both | | | 211 | | Horizon | Indemnity | 80.77 | 38.28 | | 30.79 | 8 | | 200.45 percent of total billed charges | |
| HC PT THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS | 97150 | CPT | | | | both | | | 211 | | Americare | Americare | 158.25 | 75 | | | 8 | | 200.45 percent of total billed charges | |
| HC PT THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS | 97150 | CPT | | | | both | | | 211 | | Managed Care Inc | Managed Care Inc | 189.9 | 90 | | | 8 | | 200.45 percent of total billed charges | |
| HC PT THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS | 97150 | CPT | | | | both | | | 211 | | Multiplan | Multiplan | 168.8 | 80 | | | 8 | | 200.45 percent of total billed charges | |
| HC PT THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS | 97150 | CPT | | | | both | | | 211 | | Horizon | PPO | 80.77 | 38.28 | | 64.46 | 8 | | 200.45 percent of total billed charges | |
| HC PT THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS | 97150 | CPT | | | | both | | | 211 | | Consumer | Consumer | 200.45 | 95 | | | 8 | | 200.45 percent of total billed charges | |
| HC PT THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS | 97150 | CPT | | | | both | | | 211 | | Three Rivers | Three Rivers | 200.45 | 95 | | | 8 | | 200.45 percent of total billed charges | |
| HC PT THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS | 97150 | CPT | | | | both | | | 211 | | Qualcare | Qualcare | 158.25 | 75 | | | 8 | | 200.45 percent of total billed charges | |
| HC PT THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS | 97150 | CPT | | | | both | | | 211 | | Wellcare | Medicaid | 66.57 | 31.55 | | 52.48 | 8 | | 200.45 percent of total billed charges | |
| HC PT THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS | 97150 | CPT | | | | both | | | 211 | | WellPoint | WellPoint | 67.9 | 32.18 | | 49.11 | 8 | | 200.45 percent of total billed charges | |
| HC PT EVALUATION LOW COMPLEX 20 MINS | 97161 | CPT | | | | both | | | 211 | | Aetna | Better Health | 66.57 | 31.55 | | 46.98 | | 32.34 | 200.45 percent of total billed charges | |
| HC PT EVALUATION LOW COMPLEX 20 MINS | 97161 | CPT | | | | both | | | 211 | | Horizon | MGD | 80.77 | 38.28 | | 60.02 | | 32.34 | 200.45 percent of total billed charges | |
| HC PT EVALUATION LOW COMPLEX 20 MINS | 97161 | CPT | | | | both | | | 211 | | Aetna | Medicare | 64.99 | 30.8 | | 22.72 | | 32.34 | 200.45 percent of total billed charges | |
| HC PT EVALUATION LOW COMPLEX 20 MINS | 97161 | CPT | | | | both | | | 211 | | Americare | Americare | 158.25 | 75 | | | | 32.34 | 200.45 percent of total billed charges | |
| HC PT EVALUATION LOW COMPLEX 20 MINS | 97161 | CPT | | | | both | | | 211 | | Multiplan | Multiplan | 168.8 | 80 | | | | 32.34 | 200.45 percent of total billed charges | |
| HC PT EVALUATION LOW COMPLEX 20 MINS | 97161 | CPT | | | | both | | | 211 | | Horizon | Medicare Blue | 63.3 | 30 | | 23.85 | | 32.34 | 200.45 percent of total billed charges | |
| HC PT EVALUATION LOW COMPLEX 20 MINS | 97161 | CPT | | | | both | | | 211 | | Amerihealth | HMO/PPO | 40 | | | | | 32.34 | 200.45 fee schedule | |
| HC PT EVALUATION LOW COMPLEX 20 MINS | 97161 | CPT | | | | both | | | 211 | | Consumer | Consumer | 200.45 | 95 | | | | 32.34 | 200.45 percent of total billed charges | |
| HC PT EVALUATION LOW COMPLEX 20 MINS | 97161 | CPT | | | | both | | | 211 | | Corrections | Corrections | 168.8 | 80 | | | | 32.34 | 200.45 percent of total billed charges | |
| HC PT EVALUATION LOW COMPLEX 20 MINS | 97161 | CPT | | | | both | | | 211 | | Horizon | PPO | 80.77 | 38.28 | | 43.46 | | 32.34 | 200.45 percent of total billed charges | |
| HC PT EVALUATION LOW COMPLEX 20 MINS | 97161 | CPT | | | | both | | | 211 | | First Trenton | First Trenton | 189.9 | 90 | | | | 32.34 | 200.45 percent of total billed charges | |
| HC PT EVALUATION LOW COMPLEX 20 MINS | 97161 | CPT | | | | both | | | 211 | | UHC | Medicaid | 66.57 | 31.55 | | 48.58 | | 32.34 | 200.45 percent of total billed charges | |
| HC PT EVALUATION LOW COMPLEX 20 MINS | 97161 | CPT | | | | both | | | 211 | | Qualcare | Qualcare | 158.25 | 75 | | | | 32.34 | 200.45 percent of total billed charges | |
| HC PT EVALUATION LOW COMPLEX 20 MINS | 97161 | CPT | | | | both | | | 211 | | WellPoint | WellPoint | 67.9 | 32.18 | | 37.61 | | 32.34 | 200.45 percent of total billed charges | |
| HC PT EVALUATION LOW COMPLEX 20 MINS | 97161 | CPT | | | | both | | | 211 | | First Health | First Health | 147.7 | 70 | | | | 32.34 | 200.45 percent of total billed charges | |
| HC PT EVALUATION LOW COMPLEX 20 MINS | 97161 | CPT | | | | both | | | 211 | | Wellcare | Medicaid | 66.57 | 31.55 | | 39.04 | | 32.34 | 200.45 percent of total billed charges | |
| HC PT EVALUATION LOW COMPLEX 20 MINS | 97161 | CPT | | | | both | | | 211 | | Horizon | NJ Health | 32.34 | | | 9.97 | | 32.34 | 200.45 fee schedule | |
| HC PT EVALUATION LOW COMPLEX 20 MINS | 97161 | CPT | | | | both | | | 211 | | Horizon | Indemnity | 80.77 | 38.28 | | 37.1 | | 32.34 | 200.45 percent of total billed charges | |
| HC PT EVALUATION LOW COMPLEX 20 MINS | 97161 | CPT | | | | both | | | 211 | | Managed Care Inc | Managed Care Inc | 189.9 | 90 | | | | 32.34 | 200.45 percent of total billed charges | |
| HC PT EVALUATION LOW COMPLEX 20 MINS | 97161 | CPT | | | | both | | | 211 | | Three Rivers | Three Rivers | 200.45 | 95 | | | | 32.34 | 200.45 percent of total billed charges | |
| HC PT EVALUATION MOD COMPLEX 30 MINS | 97162 | CPT | | | | both | | | 383 | | Americare | Americare | 287.25 | 75 | | | | 32.34 | 363.85 percent of total billed charges | |
| HC PT EVALUATION MOD COMPLEX 30 MINS | 97162 | CPT | | | | both | | | 383 | | Aetna | Better Health | 120.84 | 31.55 | | 120.84 | | 32.34 | 363.85 percent of total billed charges | |
| HC PT EVALUATION MOD COMPLEX 30 MINS | 97162 | CPT | | | | both | | | 383 | | Amerihealth | HMO/PPO | 50 | | | | | 32.34 | 363.85 fee schedule | |
| HC PT EVALUATION MOD COMPLEX 30 MINS | 97162 | CPT | | | | both | | | 383 | | Multiplan | Multiplan | 306.4 | 80 | | | | 32.34 | 363.85 percent of total billed charges | |
| HC PT EVALUATION MOD COMPLEX 30 MINS | 97162 | CPT | | | | both | | | 383 | | First Trenton | First Trenton | 344.7 | 90 | | | | 32.34 | 363.85 percent of total billed charges | |
| HC PT EVALUATION MOD COMPLEX 30 MINS | 97162 | CPT | | | | both | | | 383 | | Aetna | Medicare | 117.96 | 30.8 | | | | 32.34 | 363.85 percent of total billed charges | |
| HC PT EVALUATION MOD COMPLEX 30 MINS | 97162 | CPT | | | | both | | | 383 | | Horizon | Medicare Blue | 114.9 | 30 | | 109.88 | | 32.34 | 363.85 percent of total billed charges | |
| HC PT EVALUATION MOD COMPLEX 30 MINS | 97162 | CPT | | | | both | | | 383 | | Corrections | Corrections | 306.4 | 80 | | | | 32.34 | 363.85 percent of total billed charges | |
| HC PT EVALUATION MOD COMPLEX 30 MINS | 97162 | CPT | | | | both | | | 383 | | Horizon | Indemnity | 146.61 | 38.28 | | | | 32.34 | 363.85 percent of total billed charges | |
| HC PT EVALUATION MOD COMPLEX 30 MINS | 97162 | CPT | | | | both | | | 383 | | Consumer | Consumer | 363.85 | 95 | | | | 32.34 | 363.85 percent of total billed charges | |
| HC PT EVALUATION MOD COMPLEX 30 MINS | 97162 | CPT | | | | both | | | 383 | | UHC | Medicaid | 120.84 | 31.55 | | 76.04 | | 32.34 | 363.85 percent of total billed charges | |
| HC PT EVALUATION MOD COMPLEX 30 MINS | 97162 | CPT | | | | both | | | 383 | | Qualcare | Qualcare | 287.25 | 75 | | | | 32.34 | 363.85 percent of total billed charges | |
| HC PT EVALUATION MOD COMPLEX 30 MINS | 97162 | CPT | | | | both | | | 383 | | Managed Care Inc | Managed Care Inc | 344.7 | 90 | | | | 32.34 | 363.85 percent of total billed charges | |
| HC PT EVALUATION MOD COMPLEX 30 MINS | 97162 | CPT | | | | both | | | 383 | | First Health | First Health | 268.1 | 70 | | | | 32.34 | 363.85 percent of total billed charges | |
| HC PT EVALUATION MOD COMPLEX 30 MINS | 97162 | CPT | | | | both | | | 383 | | Horizon | NJ Health | 32.34 | | | 10.14 | | 32.34 | 363.85 fee schedule | |
| HC PT EVALUATION MOD COMPLEX 30 MINS | 97162 | CPT | | | | both | | | 383 | | Horizon | PPO | 146.61 | 38.28 | | 142.02 | | 32.34 | 363.85 percent of total billed charges | |
| HC PT EVALUATION MOD COMPLEX 30 MINS | 97162 | CPT | | | | both | | | 383 | | Three Rivers | Three Rivers | 363.85 | 95 | | | | 32.34 | 363.85 percent of total billed charges | |
| HC PT EVALUATION MOD COMPLEX 30 MINS | 97162 | CPT | | | | both | | | 383 | | Horizon | MGD | 146.61 | 38.28 | | 142.02 | | 32.34 | 363.85 percent of total billed charges | |
| HC PT EVALUATION MOD COMPLEX 30 MINS | 97162 | CPT | | | | both | | | 383 | | WellPoint | WellPoint | 123.25 | 32.18 | | 63.3 | | 32.34 | 363.85 percent of total billed charges | |
| HC PT EVALUATION MOD COMPLEX 30 MINS | 97162 | CPT | | | | both | | | 383 | | Wellcare | Medicaid | 120.84 | 31.55 | | | | 32.34 | 363.85 percent of total billed charges | |
| HC PT EVALUATION HIGH COMPLEX 45 MINS | 97163 | CPT | | | | both | | | 750 | | First Health | First Health | 525 | 70 | | | | 32.34 | 712.5 percent of total billed charges | |
| HC PT EVALUATION HIGH COMPLEX 45 MINS | 97163 | CPT | | | | both | | | 750 | | Aetna | Medicare | 231 | 30.8 | | | | 32.34 | 712.5 percent of total billed charges | |
| HC PT EVALUATION HIGH COMPLEX 45 MINS | 97163 | CPT | | | | both | | | 750 | | Consumer | Consumer | 712.5 | 95 | | | | 32.34 | 712.5 percent of total billed charges | |
| HC PT EVALUATION HIGH COMPLEX 45 MINS | 97163 | CPT | | | | both | | | 750 | | Americare | Americare | 562.5 | 75 | | | | 32.34 | 712.5 percent of total billed charges | |
| HC PT EVALUATION HIGH COMPLEX 45 MINS | 97163 | CPT | | | | both | | | 750 | | Aetna | Better Health | 236.63 | 31.55 | | | | 32.34 | 712.5 percent of total billed charges | |
| HC PT EVALUATION HIGH COMPLEX 45 MINS | 97163 | CPT | | | | both | | | 750 | | WellPoint | WellPoint | 241.35 | 32.18 | | | | 32.34 | 712.5 percent of total billed charges | |
| HC PT EVALUATION HIGH COMPLEX 45 MINS | 97163 | CPT | | | | both | | | 750 | | Horizon | MGD | 287.1 | 38.28 | | | | 32.34 | 712.5 percent of total billed charges | |
| HC PT EVALUATION HIGH COMPLEX 45 MINS | 97163 | CPT | | | | both | | | 750 | | Multiplan | Multiplan | 600 | 80 | | | | 32.34 | 712.5 percent of total billed charges | |
| HC PT EVALUATION HIGH COMPLEX 45 MINS | 97163 | CPT | | | | both | | | 750 | | Horizon | Indemnity | 287.1 | 38.28 | | | | 32.34 | 712.5 percent of total billed charges | |
| HC PT EVALUATION HIGH COMPLEX 45 MINS | 97163 | CPT | | | | both | | | 750 | | UHC | Medicaid | 236.63 | 31.55 | | | | 32.34 | 712.5 percent of total billed charges | |
| HC PT EVALUATION HIGH COMPLEX 45 MINS | 97163 | CPT | | | | both | | | 750 | | Corrections | Corrections | 600 | 80 | | | | 32.34 | 712.5 percent of total billed charges | |
| HC PT EVALUATION HIGH COMPLEX 45 MINS | 97163 | CPT | | | | both | | | 750 | | Amerihealth | HMO/PPO | 60 | | | | | 32.34 | 712.5 fee schedule | |
| HC PT EVALUATION HIGH COMPLEX 45 MINS | 97163 | CPT | | | | both | | | 750 | | Horizon | PPO | 287.1 | 38.28 | | 278.68 | | 32.34 | 712.5 percent of total billed charges | |
| HC PT EVALUATION HIGH COMPLEX 45 MINS | 97163 | CPT | | | | both | | | 750 | | Wellcare | Medicaid | 236.63 | 31.55 | | | | 32.34 | 712.5 percent of total billed charges | |
| HC PT EVALUATION HIGH COMPLEX 45 MINS | 97163 | CPT | | | | both | | | 750 | | Qualcare | Qualcare | 562.5 | 75 | | | | 32.34 | 712.5 percent of total billed charges | |
| HC PT EVALUATION HIGH COMPLEX 45 MINS | 97163 | CPT | | | | both | | | 750 | | Three Rivers | Three Rivers | 712.5 | 95 | | | | 32.34 | 712.5 percent of total billed charges | |
| HC PT EVALUATION HIGH COMPLEX 45 MINS | 97163 | CPT | | | | both | | | 750 | | First Trenton | First Trenton | 675 | 90 | | | | 32.34 | 712.5 percent of total billed charges | |
| HC PT EVALUATION HIGH COMPLEX 45 MINS | 97163 | CPT | | | | both | | | 750 | | Horizon | Medicare Blue | 225 | 30 | | | | 32.34 | 712.5 percent of total billed charges | |
| HC PT EVALUATION HIGH COMPLEX 45 MINS | 97163 | CPT | | | | both | | | 750 | | Horizon | NJ Health | 32.34 | | | | | 32.34 | 712.5 fee schedule | |
| HC PT EVALUATION HIGH COMPLEX 45 MINS | 97163 | CPT | | | | both | | | 750 | | Managed Care Inc | Managed Care Inc | 675 | 90 | | | | 32.34 | 712.5 percent of total billed charges | |
| HC PT RE-EVALUATION | 97164 | CPT | | | | both | | | 211 | | First Trenton | First Trenton | 189.9 | 90 | | | | 21.98 | 200.45 percent of total billed charges | |
| HC PT RE-EVALUATION | 97164 | CPT | | | | both | | | 211 | | Horizon | Indemnity | 80.77 | 38.28 | | | | 21.98 | 200.45 percent of total billed charges | |
| HC PT RE-EVALUATION | 97164 | CPT | | | | both | | | 211 | | Aetna | Medicare | 64.99 | 30.8 | | | | 21.98 | 200.45 percent of total billed charges | |
| HC PT RE-EVALUATION | 97164 | CPT | | | | both | | | 211 | | Consumer | Consumer | 200.45 | 95 | | | | 21.98 | 200.45 percent of total billed charges | |
| HC PT RE-EVALUATION | 97164 | CPT | | | | both | | | 211 | | Americare | Americare | 158.25 | 75 | | | | 21.98 | 200.45 percent of total billed charges | |
| HC PT RE-EVALUATION | 97164 | CPT | | | | both | | | 211 | | Amerihealth | HMO/PPO | 25 | | | | | 21.98 | 200.45 fee schedule | |
| HC PT RE-EVALUATION | 97164 | CPT | | | | both | | | 211 | | Aetna | Better Health | 66.57 | 31.55 | | | | 21.98 | 200.45 percent of total billed charges | |
| HC PT RE-EVALUATION | 97164 | CPT | | | | both | | | 211 | | First Health | First Health | 147.7 | 70 | | | | 21.98 | 200.45 percent of total billed charges | |
| HC PT RE-EVALUATION | 97164 | CPT | | | | both | | | 211 | | Horizon | MGD | 80.77 | 38.28 | | 78.09 | | 21.98 | 200.45 percent of total billed charges | |
| HC PT RE-EVALUATION | 97164 | CPT | | | | both | | | 211 | | UHC | Medicaid | 66.57 | 31.55 | | 46.14 | | 21.98 | 200.45 percent of total billed charges | |
| HC PT RE-EVALUATION | 97164 | CPT | | | | both | | | 211 | | Horizon | NJ Health | 21.98 | | | 17.57 | | 21.98 | 200.45 fee schedule | |
| HC PT RE-EVALUATION | 97164 | CPT | | | | both | | | 211 | | WellPoint | WellPoint | 67.9 | 32.18 | | 61.39 | | 21.98 | 200.45 percent of total billed charges | |
| HC PT RE-EVALUATION | 97164 | CPT | | | | both | | | 211 | | Horizon | PPO | 80.77 | 38.28 | | | | 21.98 | 200.45 percent of total billed charges | |
| HC PT RE-EVALUATION | 97164 | CPT | | | | both | | | 211 | | Corrections | Corrections | 168.8 | 80 | | | | 21.98 | 200.45 percent of total billed charges | |
| HC PT RE-EVALUATION | 97164 | CPT | | | | both | | | 211 | | Managed Care Inc | Managed Care Inc | 189.9 | 90 | | | | 21.98 | 200.45 percent of total billed charges | |
| HC PT RE-EVALUATION | 97164 | CPT | | | | both | | | 211 | | Multiplan | Multiplan | 168.8 | 80 | | | | 21.98 | 200.45 percent of total billed charges | |
| HC PT RE-EVALUATION | 97164 | CPT | | | | both | | | 211 | | Three Rivers | Three Rivers | 200.45 | 95 | | | | 21.98 | 200.45 percent of total billed charges | |
| HC PT RE-EVALUATION | 97164 | CPT | | | | both | | | 211 | | Horizon | Medicare Blue | 63.3 | 30 | | | | 21.98 | 200.45 percent of total billed charges | |
| HC PT RE-EVALUATION | 97164 | CPT | | | | both | | | 211 | | Qualcare | Qualcare | 158.25 | 75 | | | | 21.98 | 200.45 percent of total billed charges | |
| HC PT RE-EVALUATION | 97164 | CPT | | | | both | | | 211 | | Wellcare | Medicaid | 66.57 | 31.55 | | | | 21.98 | 200.45 percent of total billed charges | |
| HC OT EVAL LOW COMPLEX 30 MINS | 97165 | CPT | | | | both | | | 211 | | Aetna | Better Health | 66.57 | 31.55 | | 46.12 | | 31.35 | 200.45 percent of total billed charges | |
| HC OT EVAL LOW COMPLEX 30 MINS | 97165 | CPT | | | | both | | | 211 | | Consumer | Consumer | 200.45 | 95 | | | | 31.35 | 200.45 percent of total billed charges | |
| HC OT EVAL LOW COMPLEX 30 MINS | 97165 | CPT | | | | both | | | 211 | | Aetna | Medicare | 64.99 | 30.8 | | 72.89 | | 31.35 | 200.45 percent of total billed charges | |
| HC OT EVAL LOW COMPLEX 30 MINS | 97165 | CPT | | | | both | | | 211 | | Corrections | Corrections | 168.8 | 80 | | | | 31.35 | 200.45 percent of total billed charges | |
| HC OT EVAL LOW COMPLEX 30 MINS | 97165 | CPT | | | | both | | | 211 | | Horizon | Medicare Blue | 63.3 | 30 | | 24.93 | | 31.35 | 200.45 percent of total billed charges | |
| HC OT EVAL LOW COMPLEX 30 MINS | 97165 | CPT | | | | both | | | 211 | | Multiplan | Multiplan | 168.8 | 80 | | | | 31.35 | 200.45 percent of total billed charges | |
| HC OT EVAL LOW COMPLEX 30 MINS | 97165 | CPT | | | | both | | | 211 | | Americare | Americare | 158.25 | 75 | | | | 31.35 | 200.45 percent of total billed charges | |
| HC OT EVAL LOW COMPLEX 30 MINS | 97165 | CPT | | | | both | | | 211 | | First Trenton | First Trenton | 189.9 | 90 | | | | 31.35 | 200.45 percent of total billed charges | |
| HC OT EVAL LOW COMPLEX 30 MINS | 97165 | CPT | | | | both | | | 211 | | Wellcare | Medicaid | 66.57 | 31.55 | | 34.97 | | 31.35 | 200.45 percent of total billed charges | |
| HC OT EVAL LOW COMPLEX 30 MINS | 97165 | CPT | | | | both | | | 211 | | First Health | First Health | 147.7 | 70 | | | | 31.35 | 200.45 percent of total billed charges | |
| HC OT EVAL LOW COMPLEX 30 MINS | 97165 | CPT | | | | both | | | 211 | | Amerihealth | HMO/PPO | 40 | | | | | 31.35 | 200.45 fee schedule | |
| HC OT EVAL LOW COMPLEX 30 MINS | 97165 | CPT | | | | both | | | 211 | | Horizon | Indemnity | 80.77 | 38.28 | | | | 31.35 | 200.45 percent of total billed charges | |
| HC OT EVAL LOW COMPLEX 30 MINS | 97165 | CPT | | | | both | | | 211 | | Horizon | MGD | 80.77 | 38.28 | | 60.49 | | 31.35 | 200.45 percent of total billed charges | |
| HC OT EVAL LOW COMPLEX 30 MINS | 97165 | CPT | | | | both | | | 211 | | Qualcare | Qualcare | 158.25 | 75 | | | | 31.35 | 200.45 percent of total billed charges | |
| HC OT EVAL LOW COMPLEX 30 MINS | 97165 | CPT | | | | both | | | 211 | | Horizon | NJ Health | 31.35 | | | 9.63 | | 31.35 | 200.45 fee schedule | |
| HC OT EVAL LOW COMPLEX 30 MINS | 97165 | CPT | | | | both | | | 211 | | Managed Care Inc | Managed Care Inc | 189.9 | 90 | | | | 31.35 | 200.45 percent of total billed charges | |
| HC OT EVAL LOW COMPLEX 30 MINS | 97165 | CPT | | | | both | | | 211 | | UHC | Medicaid | 66.57 | 31.55 | | 43.52 | | 31.35 | 200.45 percent of total billed charges | |
| HC OT EVAL LOW COMPLEX 30 MINS | 97165 | CPT | | | | both | | | 211 | | Horizon | PPO | 80.77 | 38.28 | | 61.31 | | 31.35 | 200.45 percent of total billed charges | |
| HC OT EVAL LOW COMPLEX 30 MINS | 97165 | CPT | | | | both | | | 211 | | Three Rivers | Three Rivers | 200.45 | 95 | | | | 31.35 | 200.45 percent of total billed charges | |
| HC OT EVAL LOW COMPLEX 30 MINS | 97165 | CPT | | | | both | | | 211 | | WellPoint | WellPoint | 67.9 | 32.18 | | 39 | | 31.35 | 200.45 percent of total billed charges | |
| HC OT EVAL MOD COMPLEX 45 MINS | 97166 | CPT | | | | both | | | 425 | | First Trenton | First Trenton | 382.5 | 90 | | | | 31.35 | 403.75 percent of total billed charges | |
| HC OT EVAL MOD COMPLEX 45 MINS | 97166 | CPT | | | | both | | | 425 | | Corrections | Corrections | 340 | 80 | | | | 31.35 | 403.75 percent of total billed charges | |
| HC OT EVAL MOD COMPLEX 45 MINS | 97166 | CPT | | | | both | | | 425 | | Aetna | Better Health | 134.09 | 31.55 | | | | 31.35 | 403.75 percent of total billed charges | |
| HC OT EVAL MOD COMPLEX 45 MINS | 97166 | CPT | | | | both | | | 425 | | Consumer | Consumer | 403.75 | 95 | | | | 31.35 | 403.75 percent of total billed charges | |
| HC OT EVAL MOD COMPLEX 45 MINS | 97166 | CPT | | | | both | | | 425 | | UHC | Medicaid | 134.09 | 31.55 | | | | 31.35 | 403.75 percent of total billed charges | |
| HC OT EVAL MOD COMPLEX 45 MINS | 97166 | CPT | | | | both | | | 425 | | Aetna | Medicare | 130.9 | 30.8 | | | | 31.35 | 403.75 percent of total billed charges | |
| HC OT EVAL MOD COMPLEX 45 MINS | 97166 | CPT | | | | both | | | 425 | | Amerihealth | HMO/PPO | 50 | | | | | 31.35 | 403.75 fee schedule | |
| HC OT EVAL MOD COMPLEX 45 MINS | 97166 | CPT | | | | both | | | 425 | | Americare | Americare | 318.75 | 75 | | | | 31.35 | 403.75 percent of total billed charges | |
| HC OT EVAL MOD COMPLEX 45 MINS | 97166 | CPT | | | | both | | | 425 | | Managed Care Inc | Managed Care Inc | 382.5 | 90 | | | | 31.35 | 403.75 percent of total billed charges | |
| HC OT EVAL MOD COMPLEX 45 MINS | 97166 | CPT | | | | both | | | 425 | | Horizon | Indemnity | 162.69 | 38.28 | | | | 31.35 | 403.75 percent of total billed charges | |
| HC OT EVAL MOD COMPLEX 45 MINS | 97166 | CPT | | | | both | | | 425 | | Horizon | NJ Health | 31.35 | | | 47.36 | | 31.35 | 403.75 fee schedule | |
| HC OT EVAL MOD COMPLEX 45 MINS | 97166 | CPT | | | | both | | | 425 | | Multiplan | Multiplan | 340 | 80 | | | | 31.35 | 403.75 percent of total billed charges | |
| HC OT EVAL MOD COMPLEX 45 MINS | 97166 | CPT | | | | both | | | 425 | | WellPoint | WellPoint | 136.77 | 32.18 | | | | 31.35 | 403.75 percent of total billed charges | |
| HC OT EVAL MOD COMPLEX 45 MINS | 97166 | CPT | | | | both | | | 425 | | Horizon | Medicare Blue | 127.5 | 30 | | | | 31.35 | 403.75 percent of total billed charges | |
| HC OT EVAL MOD COMPLEX 45 MINS | 97166 | CPT | | | | both | | | 425 | | First Health | First Health | 297.5 | 70 | | | | 31.35 | 403.75 percent of total billed charges | |
| HC OT EVAL MOD COMPLEX 45 MINS | 97166 | CPT | | | | both | | | 425 | | Qualcare | Qualcare | 318.75 | 75 | | | | 31.35 | 403.75 percent of total billed charges | |
| HC OT EVAL MOD COMPLEX 45 MINS | 97166 | CPT | | | | both | | | 425 | | Three Rivers | Three Rivers | 403.75 | 95 | | | | 31.35 | 403.75 percent of total billed charges | |
| HC OT EVAL MOD COMPLEX 45 MINS | 97166 | CPT | | | | both | | | 425 | | Horizon | PPO | 162.69 | 38.28 | | | | 31.35 | 403.75 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC OT EVAL MOD COMPLEX 45 MINS | 97166 | CPT | | | | both | | | 425 | | Horizon | MGD | 162.69 | 38.28 | | 144.32 | 31.35 | | 403.75 percent of total billed charges | |
| HC OT EVAL MOD COMPLEX 45 MINS | 97166 | CPT | | | | both | | | 425 | | Wellcare | Medicaid | 134.09 | 31.55 | | | 31.35 | | 403.75 percent of total billed charges | |
| HC OT EVAL HIGH COMPLEX 60 MINS | 97167 | CPT | | | | both | | | 750 | | Consumer | Consumer | 712.5 | 95 | | | 31.35 | | 712.5 percent of total billed charges | |
| HC OT EVAL HIGH COMPLEX 60 MINS | 97167 | CPT | | | | both | | | 750 | | Americare | Americare | 562.5 | 75 | | | 31.35 | | 712.5 percent of total billed charges | |
| HC OT EVAL HIGH COMPLEX 60 MINS | 97167 | CPT | | | | both | | | 750 | | Aetna | Medicare | 231 | 30.8 | | | 31.35 | | 712.5 percent of total billed charges | |
| HC OT EVAL HIGH COMPLEX 60 MINS | 97167 | CPT | | | | both | | | 750 | | Wellcare | Medicaid | 236.63 | 31.55 | | | 31.35 | | 712.5 percent of total billed charges | |
| HC OT EVAL HIGH COMPLEX 60 MINS | 97167 | CPT | | | | both | | | 750 | | Aetna | Better Health | 236.63 | 31.55 | | | 31.35 | | 712.5 percent of total billed charges | |
| HC OT EVAL HIGH COMPLEX 60 MINS | 97167 | CPT | | | | both | | | 750 | | Horizon | Medicare Blue | 225 | 30 | | | 31.35 | | 712.5 percent of total billed charges | |
| HC OT EVAL HIGH COMPLEX 60 MINS | 97167 | CPT | | | | both | | | 750 | | Horizon | MGD | 287.1 | 38.28 | | | 31.35 | | 712.5 percent of total billed charges | |
| HC OT EVAL HIGH COMPLEX 60 MINS | 97167 | CPT | | | | both | | | 750 | | Amerihealth | HMO/PPO | 60 | | | | 31.35 | | 712.5 fee schedule | |
| HC OT EVAL HIGH COMPLEX 60 MINS | 97167 | CPT | | | | both | | | 750 | | Corrections | Corrections | 600 | 80 | | | 31.35 | | 712.5 percent of total billed charges | |
| HC OT EVAL HIGH COMPLEX 60 MINS | 97167 | CPT | | | | both | | | 750 | | Multiplan | Multiplan | 600 | 80 | | | 31.35 | | 712.5 percent of total billed charges | |
| HC OT EVAL HIGH COMPLEX 60 MINS | 97167 | CPT | | | | both | | | 750 | | First Health | First Health | 525 | 70 | | | 31.35 | | 712.5 percent of total billed charges | |
| HC OT EVAL HIGH COMPLEX 60 MINS | 97167 | CPT | | | | both | | | 750 | | Qualcare | Qualcare | 562.5 | 75 | | | 31.35 | | 712.5 percent of total billed charges | |
| HC OT EVAL HIGH COMPLEX 60 MINS | 97167 | CPT | | | | both | | | 750 | | Horizon | NJ Health | 31.35 | | | | 31.35 | | 712.5 fee schedule | |
| HC OT EVAL HIGH COMPLEX 60 MINS | 97167 | CPT | | | | both | | | 750 | | First Trenton | First Trenton | 675 | 90 | | | 31.35 | | 712.5 percent of total billed charges | |
| HC OT EVAL HIGH COMPLEX 60 MINS | 97167 | CPT | | | | both | | | 750 | | UHC | Medicaid | 236.63 | 31.55 | | | 31.35 | | 712.5 percent of total billed charges | |
| HC OT EVAL HIGH COMPLEX 60 MINS | 97167 | CPT | | | | both | | | 750 | | Horizon | Indemnity | 287.1 | 38.28 | | | 31.35 | | 712.5 percent of total billed charges | |
| HC OT EVAL HIGH COMPLEX 60 MINS | 97167 | CPT | | | | both | | | 750 | | WellPoint | WellPoint | 241.35 | 32.18 | | | 31.35 | | 712.5 percent of total billed charges | |
| HC OT EVAL HIGH COMPLEX 60 MINS | 97167 | CPT | | | | both | | | 750 | | Horizon | PPO | 287.1 | 38.28 | | | 31.35 | | 712.5 percent of total billed charges | |
| HC OT EVAL HIGH COMPLEX 60 MINS | 97167 | CPT | | | | both | | | 750 | | Managed Care Inc | Managed Care Inc | 675 | 90 | | | 31.35 | | 712.5 percent of total billed charges | |
| HC OT EVAL HIGH COMPLEX 60 MINS | 97167 | CPT | | | | both | | | 750 | | Three Rivers | Three Rivers | 712.5 | 95 | | | 31.35 | | 712.5 percent of total billed charges | |
| HC OT RE-EVALUATION | 97168 | CPT | | | | both | | | 211 | | Corrections | Corrections | 168.8 | 80 | | | 20.72 | | 200.45 percent of total billed charges | |
| HC OT RE-EVALUATION | 97168 | CPT | | | | both | | | 211 | | Horizon | MGD | 80.77 | 38.28 | | | 20.72 | | 200.45 percent of total billed charges | |
| HC OT RE-EVALUATION | 97168 | CPT | | | | both | | | 211 | | Aetna | Medicare | 64.99 | 30.8 | | | 20.72 | | 200.45 percent of total billed charges | |
| HC OT RE-EVALUATION | 97168 | CPT | | | | both | | | 211 | | First Trenton | First Trenton | 189.9 | 90 | | | 20.72 | | 200.45 percent of total billed charges | |
| HC OT RE-EVALUATION | 97168 | CPT | | | | both | | | 211 | | Horizon | Indemnity | 80.77 | 38.28 | | | 20.72 | | 200.45 percent of total billed charges | |
| HC OT RE-EVALUATION | 97168 | CPT | | | | both | | | 211 | | UHC | Medicaid | 66.57 | 31.55 | | | 20.72 | | 200.45 percent of total billed charges | |
| HC OT RE-EVALUATION | 97168 | CPT | | | | both | | | 211 | | Aetna | Better Health | 66.57 | 31.55 | | | 20.72 | | 200.45 percent of total billed charges | |
| HC OT RE-EVALUATION | 97168 | CPT | | | | both | | | 211 | | Amerihealth | HMO/PPO | 25 | | | | 20.72 | | 200.45 fee schedule | |
| HC OT RE-EVALUATION | 97168 | CPT | | | | both | | | 211 | | Multiplan | Multiplan | 168.8 | 80 | | | 20.72 | | 200.45 percent of total billed charges | |
| HC OT RE-EVALUATION | 97168 | CPT | | | | both | | | 211 | | WellPoint | WellPoint | 67.9 | 32.18 | | | 20.72 | | 200.45 percent of total billed charges | |
| HC OT RE-EVALUATION | 97168 | CPT | | | | both | | | 211 | | Americare | Americare | 158.25 | 75 | | | 20.72 | | 200.45 percent of total billed charges | |
| HC OT RE-EVALUATION | 97168 | CPT | | | | both | | | 211 | | Horizon | NJ Health | 20.72 | | | | 20.72 | | 200.45 fee schedule | |
| HC OT RE-EVALUATION | 97168 | CPT | | | | both | | | 211 | | Qualcare | Qualcare | 158.25 | 75 | | | 20.72 | | 200.45 percent of total billed charges | |
| HC OT RE-EVALUATION | 97168 | CPT | | | | both | | | 211 | | First Health | First Health | 147.7 | 70 | | | 20.72 | | 200.45 percent of total billed charges | |
| HC OT RE-EVALUATION | 97168 | CPT | | | | both | | | 211 | | Consumer | Consumer | 200.45 | 95 | | | 20.72 | | 200.45 percent of total billed charges | |
| HC OT RE-EVALUATION | 97168 | CPT | | | | both | | | 211 | | Horizon | PPO | 80.77 | 38.28 | | | 20.72 | | 200.45 percent of total billed charges | |
| HC OT RE-EVALUATION | 97168 | CPT | | | | both | | | 211 | | Horizon | Medicare Blue | 63.3 | 30 | | | 20.72 | | 200.45 percent of total billed charges | |
| HC OT RE-EVALUATION | 97168 | CPT | | | | both | | | 211 | | Managed Care Inc | Managed Care Inc | 189.9 | 90 | | | 20.72 | | 200.45 percent of total billed charges | |
| HC OT RE-EVALUATION | 97168 | CPT | | | | both | | | 211 | | Wellcare | Medicaid | 66.57 | 31.55 | | | 20.72 | | 200.45 percent of total billed charges | |
| HC OT RE-EVALUATION | 97168 | CPT | | | | both | | | 211 | | Three Rivers | Three Rivers | 200.45 | 95 | | | 20.72 | | 200.45 percent of total billed charges | |
| HC PT THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN | 97530 | CPT | | | | both | | | 211 | | Consumer | Consumer | 200.45 | 95 | | | | 17 | 200.45 percent of total billed charges | |
| HC PT THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN | 97530 | CPT | | | | both | | | 211 | | Aetna | Better Health | 66.57 | 31.55 | | 48.65 | | 17 | 200.45 percent of total billed charges | |
| HC PT THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN | 97530 | CPT | | | | both | | | 211 | | Horizon | Indemnity | 80.77 | 38.28 | | | | 17 | 200.45 percent of total billed charges | |
| HC PT THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN | 97530 | CPT | | | | both | | | 211 | | Wellcare | Medicaid | 66.57 | 31.55 | | | | 17 | 200.45 percent of total billed charges | |
| HC PT THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN | 97530 | CPT | | | | both | | | 211 | | Americare | Americare | 158.25 | 75 | | | | 17 | 200.45 percent of total billed charges | |
| HC PT THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN | 97530 | CPT | | | | both | | | 211 | | Horizon | MGD | 80.77 | 38.28 | | 64.17 | | 17 | 200.45 percent of total billed charges | |
| HC PT THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN | 97530 | CPT | | | | both | | | 211 | | Horizon | NJ Health | 36.1 | | | 10.53 | | 17 | 200.45 fee schedule | |
| HC PT THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN | 97530 | CPT | | | | both | | | 211 | | Multiplan | Multiplan | 168.8 | 80 | | | | 17 | 200.45 percent of total billed charges | |
| HC PT THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN | 97530 | CPT | | | | both | | | 211 | | Corrections | Corrections | 168.8 | 80 | | | | 17 | 200.45 percent of total billed charges | |
| HC PT THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN | 97530 | CPT | | | | both | | | 211 | | Aetna | Medicare | 64.99 | 30.8 | | | | 17 | 200.45 percent of total billed charges | |
| HC PT THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN | 97530 | CPT | | | | both | | | 211 | | First Trenton | First Trenton | 189.9 | 90 | | | | 17 | 200.45 percent of total billed charges | |
| HC PT THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN | 97530 | CPT | | | | both | | | 211 | | Qualcare | Qualcare | 158.25 | 75 | | | | 17 | 200.45 percent of total billed charges | |
| HC PT THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN | 97530 | CPT | | | | both | | | 211 | | Horizon | PPO | 80.77 | 38.28 | | | | 17 | 200.45 percent of total billed charges | |
| HC PT THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN | 97530 | CPT | | | | both | | | 211 | | Amerihealth | HMO/PPO | 17 | | | | | 17 | 200.45 fee schedule | |
| HC PT THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN | 97530 | CPT | | | | both | | | 211 | | Managed Care Inc | Managed Care Inc | 189.9 | 90 | | | | 17 | 200.45 percent of total billed charges | |
| HC PT THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN | 97530 | CPT | | | | both | | | 211 | | WellPoint | WellPoint | 67.9 | 32.18 | | 55.84 | | 17 | 200.45 percent of total billed charges | |
| HC PT THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN | 97530 | CPT | | | | both | | | 211 | | Three Rivers | Three Rivers | 200.45 | 95 | | | | 17 | 200.45 percent of total billed charges | |
| HC PT THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN | 97530 | CPT | | | | both | | | 211 | | First Health | First Health | 147.7 | 70 | | | | 17 | 200.45 percent of total billed charges | |
| HC PT THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN | 97530 | CPT | | | | both | | | 211 | | UHC | Medicaid | 66.57 | 31.55 | | 42.31 | | 17 | 200.45 percent of total billed charges | |
| HC PT THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN | 97530 | CPT | | | | both | | | 211 | | Horizon | Medicare Blue | 63.3 | 30 | | 22.78 | | 17 | 200.45 percent of total billed charges | |
| HC PT SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES | 97535 | CPT | | | | both | | | 211 | | Consumer | Consumer | 200.45 | 95 | | | | 15 | 200.45 percent of total billed charges | |
| HC PT SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES | 97535 | CPT | | | | both | | | 211 | | First Trenton | First Trenton | 189.9 | 90 | | | | 15 | 200.45 percent of total billed charges | |
| HC PT SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES | 97535 | CPT | | | | both | | | 211 | | Multiplan | Multiplan | 168.8 | 80 | | | | 15 | 200.45 percent of total billed charges | |
| HC PT SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES | 97535 | CPT | | | | both | | | 211 | | Aetna | Medicare | 64.99 | 30.8 | | | | 15 | 200.45 percent of total billed charges | |
| HC PT SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES | 97535 | CPT | | | | both | | | 211 | | Aetna | Better Health | 66.57 | 31.55 | | 55.34 | | 15 | 200.45 percent of total billed charges | |
| HC PT SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES | 97535 | CPT | | | | both | | | 211 | | Corrections | Corrections | 168.8 | 80 | | | | 15 | 200.45 percent of total billed charges | |
| HC PT SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES | 97535 | CPT | | | | both | | | 211 | | Americare | Americare | 158.25 | 75 | | | | 15 | 200.45 percent of total billed charges | |
| HC PT SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES | 97535 | CPT | | | | both | | | 211 | | Amerihealth | HMO/PPO | 15 | | | | | 15 | 200.45 fee schedule | |
| HC PT SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES | 97535 | CPT | | | | both | | | 211 | | Horizon | Medicare Blue | 63.3 | 30 | | | | 15 | 200.45 percent of total billed charges | |
| HC PT SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES | 97535 | CPT | | | | both | | | 211 | | Horizon | Indemnity | 80.77 | 38.28 | | | | 15 | 200.45 percent of total billed charges | |
| HC PT SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES | 97535 | CPT | | | | both | | | 211 | | Qualcare | Qualcare | 158.25 | 75 | | | | 15 | 200.45 percent of total billed charges | |
| HC PT SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES | 97535 | CPT | | | | both | | | 211 | | First Health | First Health | 147.7 | 70 | | | | 15 | 200.45 percent of total billed charges | |
| HC PT SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES | 97535 | CPT | | | | both | | | 211 | | UHC | Medicaid | 66.57 | 31.55 | | 41.9 | | 15 | 200.45 percent of total billed charges | |
| HC PT SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES | 97535 | CPT | | | | both | | | 211 | | WellPoint | WellPoint | 67.9 | 32.18 | | | | 15 | 200.45 percent of total billed charges | |
| HC PT SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES | 97535 | CPT | | | | both | | | 211 | | Horizon | MGD | 80.77 | 38.28 | | | | 15 | 200.45 percent of total billed charges | |
| HC PT SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES | 97535 | CPT | | | | both | | | 211 | | Horizon | PPO | 80.77 | 38.28 | | | | 15 | 200.45 percent of total billed charges | |
| HC PT SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES | 97535 | CPT | | | | both | | | 211 | | Wellcare | Medicaid | 66.57 | 31.55 | | | | 15 | 200.45 percent of total billed charges | |
| HC PT SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES | 97535 | CPT | | | | both | | | 211 | | Managed Care Inc | Managed Care Inc | 189.9 | 90 | | | | 15 | 200.45 percent of total billed charges | |
| HC PT SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES | 97535 | CPT | | | | both | | | 211 | | Three Rivers | Three Rivers | 200.45 | 95 | | | | 15 | 200.45 percent of total billed charges | |
| HC OT COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN | 97537 | CPT | | | | inpatient | | | 364 | | Aetna | Medicare | 112.11 | 30.8 | | | | 15 | 345.8 percent of total billed charges | |
| HC OT COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN | 97537 | CPT | | | | inpatient | | | 364 | | Consumer | Consumer | 345.8 | 95 | | | | 15 | 345.8 percent of total billed charges | |
| HC OT COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN | 97537 | CPT | | | | inpatient | | | 364 | | First Trenton | First Trenton | 327.6 | 90 | | | | 15 | 345.8 percent of total billed charges | |
| HC OT COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN | 97537 | CPT | | | | inpatient | | | 364 | | First Health | First Health | 254.8 | 70 | | | | 15 | 345.8 percent of total billed charges | |
| HC OT COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN | 97537 | CPT | | | | inpatient | | | 364 | | Americare | Americare | 273 | 75 | | | | 15 | 345.8 percent of total billed charges | |
| HC OT COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN | 97537 | CPT | | | | inpatient | | | 364 | | Aetna | Better Health | 114.84 | 31.55 | | | | 15 | 345.8 percent of total billed charges | |
| HC OT COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN | 97537 | CPT | | | | inpatient | | | 364 | | Horizon | Medicare Blue | 109.2 | 30 | | | | 15 | 345.8 percent of total billed charges | |
| HC OT COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN | 97537 | CPT | | | | inpatient | | | 364 | | Multiplan | Multiplan | 291.2 | 80 | | | | 15 | 345.8 percent of total billed charges | |
| HC OT COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN | 97537 | CPT | | | | inpatient | | | 364 | | Amerihealth | HMO/PPO | 15 | | | | | 15 | 345.8 fee schedule | |
| HC OT COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN | 97537 | CPT | | | | inpatient | | | 364 | | Corrections | Corrections | 291.2 | 80 | | | | 15 | 345.8 percent of total billed charges | |
| HC OT COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN | 97537 | CPT | | | | inpatient | | | 364 | | Horizon | Indemnity | 139.34 | 38.28 | | | | 15 | 345.8 percent of total billed charges | |
| HC OT COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN | 97537 | CPT | | | | inpatient | | | 364 | | Three Rivers | Three Rivers | 345.8 | 95 | | | | 15 | 345.8 percent of total billed charges | |
| HC OT COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN | 97537 | CPT | | | | inpatient | | | 364 | | Horizon | MGD | 139.34 | 38.28 | | | | 15 | 345.8 percent of total billed charges | |
| HC OT COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN | 97537 | CPT | | | | inpatient | | | 364 | | WellPoint | WellPoint | 117.14 | 32.18 | | | | 15 | 345.8 percent of total billed charges | |
| HC OT COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN | 97537 | CPT | | | | inpatient | | | 364 | | Horizon | PPO | 139.34 | 38.28 | | | | 15 | 345.8 percent of total billed charges | |
| HC OT COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN | 97537 | CPT | | | | inpatient | | | 364 | | Qualcare | Qualcare | 273 | 75 | | | | 15 | 345.8 percent of total billed charges | |
| HC OT COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN | 97537 | CPT | | | | inpatient | | | 364 | | Managed Care Inc | Managed Care Inc | 327.6 | 90 | | | | 15 | 345.8 percent of total billed charges | |
| HC OT COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN | 97537 | CPT | | | | inpatient | | | 364 | | Wellcare | Medicaid | 114.84 | 31.55 | | | | 15 | 345.8 percent of total billed charges | |
| HC OT COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN | 97537 | CPT | | | | inpatient | | | 364 | | UHC | Medicaid | 114.84 | 31.55 | | | | 15 | 345.8 percent of total billed charges | |
| HC PT WHEELCHAIR MGMT EA 15 MIN | 97542 | CPT | | | | both | | | 162 | | Horizon | Indemnity | 62.01 | 38.28 | | | | 13 | 153.9 percent of total billed charges | |
| HC PT WHEELCHAIR MGMT EA 15 MIN | 97542 | CPT | | | | both | | | 162 | | Qualcare | Qualcare | 121.5 | 75 | | | | 13 | 153.9 percent of total billed charges | |
| HC PT WHEELCHAIR MGMT EA 15 MIN | 97542 | CPT | | | | both | | | 162 | | Amerihealth | HMO/PPO | 13 | | | | | 13 | 153.9 fee schedule | |
| HC PT WHEELCHAIR MGMT EA 15 MIN | 97542 | CPT | | | | both | | | 162 | | Aetna | Better Health | 51.11 | 31.55 | | | | 13 | 153.9 percent of total billed charges | |
| HC PT WHEELCHAIR MGMT EA 15 MIN | 97542 | CPT | | | | both | | | 162 | | First Trenton | First Trenton | 145.8 | 90 | | | | 13 | 153.9 percent of total billed charges | |
| HC PT WHEELCHAIR MGMT EA 15 MIN | 97542 | CPT | | | | both | | | 162 | | Americare | Americare | 121.5 | 75 | | | | 13 | 153.9 percent of total billed charges | |
| HC PT WHEELCHAIR MGMT EA 15 MIN | 97542 | CPT | | | | both | | | 162 | | Aetna | Medicare | 49.9 | 30.8 | | | | 13 | 153.9 percent of total billed charges | |
| HC PT WHEELCHAIR MGMT EA 15 MIN | 97542 | CPT | | | | both | | | 162 | | Consumer | Consumer | 153.9 | 95 | | | | 13 | 153.9 percent of total billed charges | |
| HC PT WHEELCHAIR MGMT EA 15 MIN | 97542 | CPT | | | | both | | | 162 | | Horizon | PPO | 62.01 | 38.28 | | | | 13 | 153.9 percent of total billed charges | |
| HC PT WHEELCHAIR MGMT EA 15 MIN | 97542 | CPT | | | | both | | | 162 | | Multiplan | Multiplan | 129.6 | 80 | | | | 13 | 153.9 percent of total billed charges | |
| HC PT WHEELCHAIR MGMT EA 15 MIN | 97542 | CPT | | | | both | | | 162 | | First Health | First Health | 113.4 | 70 | | | | 13 | 153.9 percent of total billed charges | |
| HC PT WHEELCHAIR MGMT EA 15 MIN | 97542 | CPT | | | | both | | | 162 | | Horizon | Medicare Blue | 48.6 | 30 | | | | 13 | 153.9 percent of total billed charges | |
| HC PT WHEELCHAIR MGMT EA 15 MIN | 97542 | CPT | | | | both | | | 162 | | Managed Care Inc | Managed Care Inc | 145.8 | 90 | | | | 13 | 153.9 percent of total billed charges | |
| HC PT WHEELCHAIR MGMT EA 15 MIN | 97542 | CPT | | | | both | | | 162 | | Corrections | Corrections | 129.6 | 80 | | | | 13 | 153.9 percent of total billed charges | |
| HC PT WHEELCHAIR MGMT EA 15 MIN | 97542 | CPT | | | | both | | | 162 | | Horizon | MGD | 62.01 | 38.28 | | | | 13 | 153.9 percent of total billed charges | |
| HC PT WHEELCHAIR MGMT EA 15 MIN | 97542 | CPT | | | | both | | | 162 | | Three Rivers | Three Rivers | 153.9 | 95 | | | | 13 | 153.9 percent of total billed charges | |
| HC PT WHEELCHAIR MGMT EA 15 MIN | 97542 | CPT | | | | both | | | 162 | | Wellcare | Medicaid | 51.11 | 31.55 | | | | 13 | 153.9 percent of total billed charges | |
| HC PT WHEELCHAIR MGMT EA 15 MIN | 97542 | CPT | | | | both | | | 162 | | WellPoint | WellPoint | 52.13 | 32.18 | | | | 13 | 153.9 percent of total billed charges | |
| HC PT WHEELCHAIR MGMT EA 15 MIN | 97542 | CPT | | | | both | | | 162 | | UHC | Medicaid | 51.11 | 31.55 | | | | 13 | 153.9 percent of total billed charges | |
| HC PT WORK HARDENING/CONDITIONING 1ST 2 HR | 97545 | CPT | | | | outpatient | | | 409 | | Americare | Americare | 306.75 | 75 | | | | 62 | 388.55 percent of total billed charges | |
| HC PT WORK HARDENING/CONDITIONING 1ST 2 HR | 97545 | CPT | | | | outpatient | | | 409 | | UHC | Medicaid | 129.04 | 31.55 | | | | 62 | 388.55 percent of total billed charges | |
| HC PT WORK HARDENING/CONDITIONING 1ST 2 HR | 97545 | CPT | | | | outpatient | | | 409 | | Consumer | Consumer | 388.55 | 95 | | | | 62 | 388.55 percent of total billed charges | |
| HC PT WORK HARDENING/CONDITIONING 1ST 2 HR | 97545 | CPT | | | | outpatient | | | 409 | | Aetna | Better Health | 129.04 | 31.55 | | | | 62 | 388.55 percent of total billed charges | |
| HC PT WORK HARDENING/CONDITIONING 1ST 2 HR | 97545 | CPT | | | | outpatient | | | 409 | | Horizon | MGD | 156.57 | 38.28 | | | | 62 | 388.55 percent of total billed charges | |
| HC PT WORK HARDENING/CONDITIONING 1ST 2 HR | 97545 | CPT | | | | outpatient | | | 409 | | Amerihealth | HMO/PPO | 62 | | | | | 62 | 388.55 fee schedule | |
| HC PT WORK HARDENING/CONDITIONING 1ST 2 HR | 97545 | CPT | | | | outpatient | | | 409 | | Aetna | Medicare | 125.97 | 30.8 | | | | 62 | 388.55 percent of total billed charges | |
| HC PT WORK HARDENING/CONDITIONING 1ST 2 HR | 97545 | CPT | | | | outpatient | | | 409 | | First Health | First Health | 286.3 | 70 | | | | 62 | 388.55 percent of total billed charges | |
| HC PT WORK HARDENING/CONDITIONING 1ST 2 HR | 97545 | CPT | | | | outpatient | | | 409 | | First Trenton | First Trenton | 368.1 | 90 | | | | 62 | 388.55 percent of total billed charges | |
| HC PT WORK HARDENING/CONDITIONING 1ST 2 HR | 97545 | CPT | | | | outpatient | | | 409 | | Horizon | Indemnity | 156.57 | 38.28 | | | | 62 | 388.55 percent of total billed charges | |
| HC PT WORK HARDENING/CONDITIONING 1ST 2 HR | 97545 | CPT | | | | outpatient | | | 409 | | Corrections | Corrections | 327.2 | 80 | | | | 62 | 388.55 percent of total billed charges | |
| HC PT WORK HARDENING/CONDITIONING 1ST 2 HR | 97545 | CPT | | | | outpatient | | | 409 | | Wellcare | Medicaid | 129.04 | 31.55 | | | | 62 | 388.55 percent of total billed charges | |
| HC PT WORK HARDENING/CONDITIONING 1ST 2 HR | 97545 | CPT | | | | outpatient | | | 409 | | Multiplan | Multiplan | 327.2 | 80 | | | | 62 | 388.55 percent of total billed charges | |
| HC PT WORK HARDENING/CONDITIONING 1ST 2 HR | 97545 | CPT | | | | outpatient | | | 409 | | Horizon | PPO | 156.57 | 38.28 | | | | 62 | 388.55 percent of total billed charges | |
| HC PT WORK HARDENING/CONDITIONING 1ST 2 HR | 97545 | CPT | | | | outpatient | | | 409 | | Horizon | Medicare Blue | 122.7 | 30 | | | | 62 | 388.55 percent of total billed charges | |
| HC PT WORK HARDENING/CONDITIONING 1ST 2 HR | 97545 | CPT | | | | outpatient | | | 409 | | Managed Care Inc | Managed Care Inc | 368.1 | 90 | | | | 62 | 388.55 percent of total billed charges | |
| HC PT WORK HARDENING/CONDITIONING 1ST 2 HR | 97545 | CPT | | | | outpatient | | | 409 | | Qualcare | Qualcare | 306.75 | 75 | | | | 62 | 388.55 percent of total billed charges | |
| HC PT WORK HARDENING/CONDITIONING 1ST 2 HR | 97545 | CPT | | | | outpatient | | | 409 | | Three Rivers | Three Rivers | 388.55 | 95 | | | | 62 | 388.55 percent of total billed charges | |
| HC PT WORK HARDENING/CONDITIONING 1ST 2 HR | 97545 | CPT | | | | outpatient | | | 409 | | WellPoint | WellPoint | 131.62 | 32.18 | | | | 62 | 388.55 percent of total billed charges | |
| HC PT WORK HARDENING/CONDITIONING EACH HOUR | 97546 | CPT | | | | inpatient | | | 175 | | Aetna | Medicare | 53.9 | 30.8 | | | | 31 | 166.25 percent of total billed charges | |
| HC PT WORK HARDENING/CONDITIONING EACH HOUR | 97546 | CPT | | | | inpatient | | | 175 | | Horizon | Indemnity | 66.99 | 38.28 | | | | 31 | 166.25 percent of total billed charges | |
| HC PT WORK HARDENING/CONDITIONING EACH HOUR | 97546 | CPT | | | | inpatient | | | 175 | | Aetna | Better Health | 55.21 | 31.55 | | | | 31 | 166.25 percent of total billed charges | |
| HC PT WORK HARDENING/CONDITIONING EACH HOUR | 97546 | CPT | | | | inpatient | | | 175 | | Corrections | Corrections | 140 | 80 | | | | 31 | 166.25 percent of total billed charges | |
| HC PT WORK HARDENING/CONDITIONING EACH HOUR | 97546 | CPT | | | | inpatient | | | 175 | | Consumer | Consumer | 166.25 | 95 | | | | 31 | 166.25 percent of total billed charges | |
| HC PT WORK HARDENING/CONDITIONING EACH HOUR | 97546 | CPT | | | | inpatient | | | 175 | | Americare | Americare | 131.25 | 75 | | | | 31 | 166.25 percent of total billed charges | |
| HC PT WORK HARDENING/CONDITIONING EACH HOUR | 97546 | CPT | | | | inpatient | | | 175 | | Amerihealth | HMO/PPO | 31 | | | | | 31 | 166.25 fee schedule | |
| HC PT WORK HARDENING/CONDITIONING EACH HOUR | 97546 | CPT | | | | inpatient | | | 175 | | First Trenton | First Trenton | 157.5 | 90 | | | | 31 | 166.25 percent of total billed charges | |
| HC PT WORK HARDENING/CONDITIONING EACH HOUR | 97546 | CPT | | | | inpatient | | | 175 | | Horizon | MGD | 66.99 | 38.28 | | | | 31 | 166.25 percent of total billed charges | |
| HC PT WORK HARDENING/CONDITIONING EACH HOUR | 97546 | CPT | | | | inpatient | | | 175 | | Multiplan | Multiplan | 140 | 80 | | | | 31 | 166.25 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC PT WORK HARDENING/CONDITIONING EACH HOUR | 97546 | CPT | | | | inpatient | | | 175 | | First Health | First Health | 70 | | | | 31 | 166.25 | percent of total billed charges | |
| HC PT WORK HARDENING/CONDITIONING EACH HOUR | 97546 | CPT | | | | inpatient | | | 175 | | WellPoint | WellPoint | 56.32 | 32.18 | | | 31 | 166.25 | percent of total billed charges | |
| HC PT WORK HARDENING/CONDITIONING EACH HOUR | 97546 | CPT | | | | inpatient | | | 175 | | Wellcare | Medicaid | 55.21 | 31.55 | | | 31 | 166.25 | percent of total billed charges | |
| HC PT WORK HARDENING/CONDITIONING EACH HOUR | 97546 | CPT | | | | inpatient | | | 175 | | Horizon | Medicare Blue | 52.5 | 30 | | | 31 | 166.25 | percent of total billed charges | |
| HC PT WORK HARDENING/CONDITIONING EACH HOUR | 97546 | CPT | | | | inpatient | | | 175 | | Horizon | PPO | 66.99 | 38.28 | | | 31 | 166.25 | percent of total billed charges | |
| HC PT WORK HARDENING/CONDITIONING EACH HOUR | 97546 | CPT | | | | inpatient | | | 175 | | Qualcare | Qualcare | 131.25 | 75 | | | 31 | 166.25 | percent of total billed charges | |
| HC PT WORK HARDENING/CONDITIONING EACH HOUR | 97546 | CPT | | | | inpatient | | | 175 | | Managed Care Inc | Managed Care Inc | 157.5 | 90 | | | 31 | 166.25 | percent of total billed charges | |
| HC PT WORK HARDENING/CONDITIONING EACH HOUR | 97546 | CPT | | | | inpatient | | | 175 | | Three Rivers | Three Rivers | 166.25 | 95 | | | 31 | 166.25 | percent of total billed charges | |
| HC PT WORK HARDENING/CONDITIONING EACH HOUR | 97546 | CPT | | | | inpatient | | | 175 | | UHC | Medicaid | 55.21 | 31.55 | | | 31 | 166.25 | percent of total billed charges | |
| HC PT DEBRIDEMENT OPEN WOUND 20 SQ CM/< | 97597 | CPT | | | | both | | | 712 | | 263.3 First Trenton | First Trenton | 640.8 | 90 | | | 25 | 1782 | percent of total billed charges | |
| HC PT DEBRIDEMENT OPEN WOUND 20 SQ CM/< | 97597 | CPT | | | | both | | | 712 | | 263.3 Aetna | Medicare | 228.96 | | | 87.5 | 25 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PT DEBRIDEMENT OPEN WOUND 20 SQ CM/< | 97597 | CPT | | | | both | | | 712 | | 263.3 Amerihealth | HMO/PPO | 25 | | | | 25 | 1782 | fee schedule | |
| HC PT DEBRIDEMENT OPEN WOUND 20 SQ CM/< | 97597 | CPT | | | | both | | | 712 | | 263.3 Corrections | Corrections | 589.6 | 80 | | | 25 | 1782 | percent of total billed charges | |
| HC PT DEBRIDEMENT OPEN WOUND 20 SQ CM/< | 97597 | CPT | | | | both | | | 712 | | 263.3 UHC | Medicaid | 224.64 | 31.55 | | 190.43 | 25 | 1782 | percent of total billed charges | |
| HC PT DEBRIDEMENT OPEN WOUND 20 SQ CM/< | 97597 | CPT | | | | both | | | 712 | | 263.3 Americare | Americare | 534 | 75 | | | 25 | 1782 | percent of total billed charges | |
| HC PT DEBRIDEMENT OPEN WOUND 20 SQ CM/< | 97597 | CPT | | | | both | | | 712 | | 263.3 First Health | First Health | 498.4 | 70 | | | 25 | 1782 | percent of total billed charges | |
| HC PT DEBRIDEMENT OPEN WOUND 20 SQ CM/< | 97597 | CPT | | | | both | | | 712 | | 263.3 Aetna | Better Health | 224.64 | 31.55 | | | 25 | 1782 | percent of total billed charges | |
| HC PT DEBRIDEMENT OPEN WOUND 20 SQ CM/< | 97597 | CPT | | | | both | | | 712 | | 263.3 Horizon | PPO | 443.04 | | | 375.67 | 25 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PT DEBRIDEMENT OPEN WOUND 20 SQ CM/< | 97597 | CPT | | | | both | | | 712 | | 263.3 Multiplan | Multiplan | 569.6 | 80 | | | 25 | 1782 | percent of total billed charges | |
| HC PT DEBRIDEMENT OPEN WOUND 20 SQ CM/< | 97597 | CPT | | | | both | | | 712 | | 263.3 Horizon | MGD | 443.04 | | | 393.98 | 25 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PT DEBRIDEMENT OPEN WOUND 20 SQ CM/< | 97597 | CPT | | | | both | | | 712 | | 263.3 Horizon | Medicare Blue | 228.96 | | | | 25 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PT DEBRIDEMENT OPEN WOUND 20 SQ CM/< | 97597 | CPT | | | | both | | | 712 | | 263.3 Managed Care Inc | Managed Care Inc | 640.8 | 90 | | | 25 | 1782 | percent of total billed charges | |
| HC PT DEBRIDEMENT OPEN WOUND 20 SQ CM/< | 97597 | CPT | | | | both | | | 712 | | 263.3 Consumer | Consumer | 676.4 | 95 | | | 25 | 1782 | percent of total billed charges | |
| HC PT DEBRIDEMENT OPEN WOUND 20 SQ CM/< | 97597 | CPT | | | | both | | | 712 | | 263.3 Horizon | NJ Health | 848.25 | | | 29.83 | 25 | 1782 | fee schedule | |
| HC PT DEBRIDEMENT OPEN WOUND 20 SQ CM/< | 97597 | CPT | | | | both | | | 712 | | 263.3 Horizon | Indemnity | 443.04 | | | 410.03 | 25 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PT DEBRIDEMENT OPEN WOUND 20 SQ CM/< | 97597 | CPT | | | | both | | | 712 | | 263.3 United | Commercial/PPO | 1782 | | | | 25 | 1782 | case rate | |
| HC PT DEBRIDEMENT OPEN WOUND 20 SQ CM/< | 97597 | CPT | | | | both | | | 712 | | 263.3 Qualcare | Qualcare | 534 | 75 | | | 25 | 1782 | percent of total billed charges | |
| HC PT DEBRIDEMENT OPEN WOUND 20 SQ CM/< | 97597 | CPT | | | | both | | | 712 | | 263.3 Wellcare | Medicare | 228.96 | | | | 25 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PT DEBRIDEMENT OPEN WOUND 20 SQ CM/< | 97597 | CPT | | | | both | | | 712 | | 263.3 WellPoint | WellPoint | 229.12 | 32.18 | | 175.29 | 25 | 1782 | percent of total billed charges | |
| HC PT DEBRIDEMENT OPEN WOUND 20 SQ CM/< | 97597 | CPT | | | | both | | | 712 | | 263.3 United | Oxford | 1782 | | | | 25 | 1782 | case rate | |
| HC PT DEBRIDEMENT OPEN WOUND 20 SQ CM/< | 97597 | CPT | | | | both | | | 712 | | 263.3 Three Rivers | Three Rivers | 676.4 | 95 | | | 25 | 1782 | percent of total billed charges | |
| HC PT DEBRIDEMENT OPEN WOUND 20 SQ CM/< | 97597 | CPT | | | | both | | | 712 | | 263.3 Wellcare | Medicaid | 224.64 | 31.55 | | 143.57 | 25 | 1782 | percent of total billed charges | |
| HC PT DEBRIDEMENT OPEN WOUND 20 SQ CM/< | 97597 | CPT | | | | both | | | 712 | | 263.3 UHC | Medicare | 228.96 | | | 150.94 | 25 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PT DEBRIDE OPEN WOUND, PER SESSION, EA ADDL 20 SQ CM | 97598 | CPT | | | | outpatient | | | 493 | | Horizon | Indemnity | 188.72 | 38.28 | | | 25 | 1782 | percent of total billed charges | |
| HC PT DEBRIDE OPEN WOUND, PER SESSION, EA ADDL 20 SQ CM | 97598 | CPT | | | | outpatient | | | 493 | | Corrections | Corrections | 394.4 | 80 | | | 25 | 1782 | percent of total billed charges | |
| HC PT DEBRIDE OPEN WOUND, PER SESSION, EA ADDL 20 SQ CM | 97598 | CPT | | | | outpatient | | | 493 | | Americare | Americare | 369.75 | 75 | | | 25 | 1782 | percent of total billed charges | |
| HC PT DEBRIDE OPEN WOUND, PER SESSION, EA ADDL 20 SQ CM | 97598 | CPT | | | | outpatient | | | 493 | | Amerihealth | HMO/PPO | 25 | | | | 25 | 1782 | fee schedule | |
| HC PT DEBRIDE OPEN WOUND, PER SESSION, EA ADDL 20 SQ CM | 97598 | CPT | | | | outpatient | | | 493 | | First Trenton | First Trenton | 443.7 | 90 | | | 25 | 1782 | percent of total billed charges | |
| HC PT DEBRIDE OPEN WOUND, PER SESSION, EA ADDL 20 SQ CM | 97598 | CPT | | | | outpatient | | | 493 | | Aetna | Better Health | 155.54 | 31.55 | | | 25 | 1782 | percent of total billed charges | |
| HC PT DEBRIDE OPEN WOUND, PER SESSION, EA ADDL 20 SQ CM | 97598 | CPT | | | | outpatient | | | 493 | | Consumer | Consumer | 468.35 | 95 | | | 25 | 1782 | percent of total billed charges | |
| HC PT DEBRIDE OPEN WOUND, PER SESSION, EA ADDL 20 SQ CM | 97598 | CPT | | | | outpatient | | | 493 | | Aetna | Medicare | 151.84 | 30.8 | | | 25 | 1782 | percent of total billed charges | |
| HC PT DEBRIDE OPEN WOUND, PER SESSION, EA ADDL 20 SQ CM | 97598 | CPT | | | | outpatient | | | 493 | | WellPoint | WellPoint | 158.65 | 32.18 | | | 25 | 1782 | percent of total billed charges | |
| HC PT DEBRIDE OPEN WOUND, PER SESSION, EA ADDL 20 SQ CM | 97598 | CPT | | | | outpatient | | | 493 | | Horizon | Medicare Blue | 147.9 | 30 | | | 25 | 1782 | percent of total billed charges | |
| HC PT DEBRIDE OPEN WOUND, PER SESSION, EA ADDL 20 SQ CM | 97598 | CPT | | | | outpatient | | | 493 | | Multiplan | Multiplan | 394.4 | 80 | | | 25 | 1782 | percent of total billed charges | |
| HC PT DEBRIDE OPEN WOUND, PER SESSION, EA ADDL 20 SQ CM | 97598 | CPT | | | | outpatient | | | 493 | | First Health | First Health | 345.1 | 70 | | | 25 | 1782 | percent of total billed charges | |
| HC PT DEBRIDE OPEN WOUND, PER SESSION, EA ADDL 20 SQ CM | 97598 | CPT | | | | outpatient | | | 493 | | Horizon | PPO | 188.72 | 38.28 | | | 25 | 1782 | percent of total billed charges | |
| HC PT DEBRIDE OPEN WOUND, PER SESSION, EA ADDL 20 SQ CM | 97598 | CPT | | | | outpatient | | | 493 | | Horizon | MGD | 188.72 | 38.28 | | | 25 | 1782 | percent of total billed charges | |
| HC PT DEBRIDE OPEN WOUND, PER SESSION, EA ADDL 20 SQ CM | 97598 | CPT | | | | outpatient | | | 493 | | Horizon | NJ Health | 1044 | | | | 25 | 1782 | fee schedule | |
| HC PT DEBRIDE OPEN WOUND, PER SESSION, EA ADDL 20 SQ CM | 97598 | CPT | | | | outpatient | | | 493 | | Wellcare | Medicaid | 155.54 | 31.55 | | | 25 | 1782 | percent of total billed charges | |
| HC PT DEBRIDE OPEN WOUND, PER SESSION, EA ADDL 20 SQ CM | 97598 | CPT | | | | outpatient | | | 493 | | Managed Care Inc | Managed Care Inc | 443.7 | 90 | | | 25 | 1782 | percent of total billed charges | |
| HC PT DEBRIDE OPEN WOUND, PER SESSION, EA ADDL 20 SQ CM | 97598 | CPT | | | | outpatient | | | 493 | | UHC | Medicaid | 155.54 | 31.55 | | | 25 | 1782 | percent of total billed charges | |
| HC PT DEBRIDE OPEN WOUND, PER SESSION, EA ADDL 20 SQ CM | 97598 | CPT | | | | outpatient | | | 493 | | Qualcare | Qualcare | 369.75 | 75 | | | 25 | 1782 | percent of total billed charges | |
| HC PT DEBRIDE OPEN WOUND, PER SESSION, EA ADDL 20 SQ CM | 97598 | CPT | | | | outpatient | | | 493 | | United | Commercial/PPO | 1782 | | | | 25 | 1782 | case rate | |
| HC PT DEBRIDE OPEN WOUND, PER SESSION, EA ADDL 20 SQ CM | 97598 | CPT | | | | outpatient | | | 493 | | Three Rivers | Three Rivers | 468.35 | 95 | | | 25 | 1782 | percent of total billed charges | |
| HC PT DEBRIDE OPEN WOUND, PER SESSION, EA ADDL 20 SQ CM | 97598 | CPT | | | | outpatient | | | 493 | | United | Oxford | 1782 | | | | 25 | 1782 | case rate | |
| HC RMVL DEVITAL TISS NON-SLCTV DBRDMT WO ANES, PER SESSION | 97602 | CPT | | | | outpatient | | | 725 | | 263.3 Aetna | Better Health | 228.74 | 31.55 | | | 25 | 688.75 | percent of total billed charges | |
| HC RMVL DEVITAL TISS NON-SLCTV DBRDMT WO ANES, PER SESSION | 97602 | CPT | | | | outpatient | | | 725 | | 263.3 Aetna | Medicare | 228.96 | | | | 25 | 688.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL DEVITAL TISS NON-SLCTV DBRDMT WO ANES, PER SESSION | 97602 | CPT | | | | outpatient | | | 725 | | 263.3 Consumer | Consumer | 688.75 | 95 | | | 25 | 688.75 | percent of total billed charges | |
| HC RMVL DEVITAL TISS NON-SLCTV DBRDMT WO ANES, PER SESSION | 97602 | CPT | | | | outpatient | | | 725 | | 263.3 Horizon | MGD | 443.04 | | | 160.02 | 25 | 688.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL DEVITAL TISS NON-SLCTV DBRDMT WO ANES, PER SESSION | 97602 | CPT | | | | outpatient | | | 725 | | 263.3 Horizon | Medicare Blue | 228.96 | | | 52.88 | 25 | 688.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL DEVITAL TISS NON-SLCTV DBRDMT WO ANES, PER SESSION | 97602 | CPT | | | | outpatient | | | 725 | | 263.3 Americare | Americare | 543.75 | 75 | | | 25 | 688.75 | percent of total billed charges | |
| HC RMVL DEVITAL TISS NON-SLCTV DBRDMT WO ANES, PER SESSION | 97602 | CPT | | | | outpatient | | | 725 | | 263.3 First Health | First Health | 507.5 | 70 | | | 25 | 688.75 | percent of total billed charges | |
| HC RMVL DEVITAL TISS NON-SLCTV DBRDMT WO ANES, PER SESSION | 97602 | CPT | | | | outpatient | | | 725 | | 263.3 Corrections | Corrections | 580 | 80 | | 127.8 | 25 | 688.75 | percent of total billed charges | |
| HC RMVL DEVITAL TISS NON-SLCTV DBRDMT WO ANES, PER SESSION | 97602 | CPT | | | | outpatient | | | 725 | | 263.3 Multiplan | Multiplan | 580 | 80 | | | 25 | 688.75 | percent of total billed charges | |
| HC RMVL DEVITAL TISS NON-SLCTV DBRDMT WO ANES, PER SESSION | 97602 | CPT | | | | outpatient | | | 725 | | 263.3 Amerihealth | HMO/PPO | 25 | | | | 25 | 688.75 | fee schedule | |
| HC RMVL DEVITAL TISS NON-SLCTV DBRDMT WO ANES, PER SESSION | 97602 | CPT | | | | outpatient | | | 725 | | 263.3 First Trenton | First Trenton | 652.5 | 90 | | | 25 | 688.75 | percent of total billed charges | |
| HC RMVL DEVITAL TISS NON-SLCTV DBRDMT WO ANES, PER SESSION | 97602 | CPT | | | | outpatient | | | 725 | | 263.3 WellPoint | WellPoint | 233.31 | 32.18 | | 181.84 | 25 | 688.75 | percent of total billed charges | |
| HC RMVL DEVITAL TISS NON-SLCTV DBRDMT WO ANES, PER SESSION | 97602 | CPT | | | | outpatient | | | 725 | | 263.3 Horizon | PPO | 443.04 | | | 162.99 | 25 | 688.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL DEVITAL TISS NON-SLCTV DBRDMT WO ANES, PER SESSION | 97602 | CPT | | | | outpatient | | | 725 | | 263.3 Horizon | Indemnity | 443.04 | | | 243.46 | 25 | 688.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL DEVITAL TISS NON-SLCTV DBRDMT WO ANES, PER SESSION | 97602 | CPT | | | | outpatient | | | 725 | | 263.3 Qualcare | Qualcare | 543.75 | 75 | | | 25 | 688.75 | percent of total billed charges | |
| HC RMVL DEVITAL TISS NON-SLCTV DBRDMT WO ANES, PER SESSION | 97602 | CPT | | | | outpatient | | | 725 | | 263.3 Horizon | NJ Health | 200.97 | | | 41.23 | 25 | 688.75 | fee schedule | |
| HC RMVL DEVITAL TISS NON-SLCTV DBRDMT WO ANES, PER SESSION | 97602 | CPT | | | | outpatient | | | 725 | | 263.3 Wellcare | Medicaid | 228.74 | 31.55 | | 78.68 | 25 | 688.75 | percent of total billed charges | |
| HC RMVL DEVITAL TISS NON-SLCTV DBRDMT WO ANES, PER SESSION | 97602 | CPT | | | | outpatient | | | 725 | | 263.3 UHC | Medicaid | 228.74 | 31.55 | | 188.93 | 25 | 688.75 | percent of total billed charges | |
| HC RMVL DEVITAL TISS NON-SLCTV DBRDMT WO ANES, PER SESSION | 97602 | CPT | | | | outpatient | | | 725 | | 263.3 Managed Care Inc | Managed Care Inc | 652.5 | 90 | | | 25 | 688.75 | percent of total billed charges | |
| HC RMVL DEVITAL TISS NON-SLCTV DBRDMT WO ANES, PER SESSION | 97602 | CPT | | | | outpatient | | | 725 | | 263.3 Wellcare | Medicare | 228.96 | | | | 25 | 688.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RMVL DEVITAL TISS NON-SLCTV DBRDMT WO ANES, PER SESSION | 97602 | CPT | | | | outpatient | | | 725 | | 263.3 Three Rivers | Three Rivers | 688.75 | 95 | | | 25 | 688.75 | percent of total billed charges | |
| HC RMVL DEVITAL TISS NON-SLCTV DBRDMT WO ANES, PER SESSION | 97602 | CPT | | | | outpatient | | | 725 | | 263.3 UHC | Medicare | 228.96 | | | 108.33 | 25 | 688.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM | 97605 | CPT | | | | outpatient | | | 718 | | 263.3 Horizon | MGD | 443.04 | | | | 25 | 682.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM | 97605 | CPT | | | | outpatient | | | 718 | | 263.3 Americare | Americare | 538.5 | 75 | | | 25 | 682.1 | percent of total billed charges | |
| HC NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM | 97605 | CPT | | | | outpatient | | | 718 | | 263.3 Horizon | PPO | 443.04 | | | | 25 | 682.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM | 97605 | CPT | | | | outpatient | | | 718 | | 263.3 Multiplan | Multiplan | 574.4 | 80 | | | 25 | 682.1 | percent of total billed charges | |
| HC NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM | 97605 | CPT | | | | outpatient | | | 718 | | 263.3 Aetna | Better Health | 226.53 | 31.55 | | | 25 | 682.1 | percent of total billed charges | |
| HC NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM | 97605 | CPT | | | | outpatient | | | 718 | | 263.3 Consumer | Consumer | 682.1 | 95 | | | 25 | 682.1 | percent of total billed charges | |
| HC NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM | 97605 | CPT | | | | outpatient | | | 718 | | 263.3 Amerihealth | HMO/PPO | 25 | | | | 25 | 682.1 | fee schedule | |
| HC NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM | 97605 | CPT | | | | outpatient | | | 718 | | 263.3 Aetna | Medicare | 228.96 | | | | 25 | 682.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM | 97605 | CPT | | | | outpatient | | | 718 | | 263.3 UHC | Medicaid | 226.53 | 31.55 | | | 25 | 682.1 | percent of total billed charges | |
| HC NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM | 97605 | CPT | | | | outpatient | | | 718 | | 263.3 Three Rivers | Three Rivers | 682.1 | 95 | | | 25 | 682.1 | percent of total billed charges | |
| HC NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM | 97605 | CPT | | | | outpatient | | | 718 | | 263.3 UHC | Medicare | 228.96 | | | 100.64 | 25 | 682.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM | 97605 | CPT | | | | outpatient | | | 718 | | 263.3 Wellcare | Medicaid | 226.53 | 31.55 | | | 25 | 682.1 | percent of total billed charges | |
| HC NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM | 97605 | CPT | | | | outpatient | | | 718 | | 263.3 Horizon | NJ Health | 571.59 | | | 46.37 | 25 | 682.1 | fee schedule | |
| HC NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM | 97605 | CPT | | | | outpatient | | | 718 | | 263.3 Corrections | Corrections | 574.4 | 80 | | | 25 | 682.1 | percent of total billed charges | |
| HC NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM | 97605 | CPT | | | | outpatient | | | 718 | | 263.3 First Health | First Health | 502.6 | 70 | | | 25 | 682.1 | percent of total billed charges | |
| HC NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM | 97605 | CPT | | | | outpatient | | | 718 | | 263.3 Horizon | Medicare Blue | 228.96 | | | | 25 | 682.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM | 97605 | CPT | | | | outpatient | | | 718 | | 263.3 Wellcare | Medicare | 228.96 | | | | 25 | 682.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM | 97605 | CPT | | | | outpatient | | | 718 | | 263.3 First Trenton | First Trenton | 646.2 | 90 | | | 25 | 682.1 | percent of total billed charges | |
| HC NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM | 97605 | CPT | | | | outpatient | | | 718 | | 263.3 WellPoint | WellPoint | 231.05 | 32.18 | | 105.26 | 25 | 682.1 | percent of total billed charges | |
| HC NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM | 97605 | CPT | | | | outpatient | | | 718 | | 263.3 Horizon | Indemnity | 443.04 | | | | 25 | 682.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM | 97605 | CPT | | | | outpatient | | | 718 | | 263.3 Qualcare | Qualcare | 538.5 | 75 | | | 25 | 682.1 | percent of total billed charges | |
| HC NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM | 97605 | CPT | | | | outpatient | | | 718 | | 263.3 Managed Care Inc | Managed Care Inc | 646.2 | 90 | | | 25 | 682.1 | percent of total billed charges | |
| HC NEG PRESS WND THER DME >50S C | 97606 | CPT | | | | outpatient | | | 1360 | | 524.43 First Trenton | First Trenton | 1224 | 90 | | | 25 | 1292 | percent of total billed charges | |
| HC NEG PRESS WND THER DME >50S C | 97606 | CPT | | | | outpatient | | | 1360 | | 524.43 Multiplan | Multiplan | 1088 | 80 | | | 25 | 1292 | percent of total billed charges | |
| HC NEG PRESS WND THER DME >50S C | 97606 | CPT | | | | outpatient | | | 1360 | | 524.43 Aetna | Medicare | 456.03 | | | | 25 | 1292 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEG PRESS WND THER DME >50S C | 97606 | CPT | | | | outpatient | | | 1360 | | 524.43 Aetna | Better Health | 429.08 | 31.55 | | | 25 | 1292 | percent of total billed charges | |
| HC NEG PRESS WND THER DME >50S C | 97606 | CPT | | | | outpatient | | | 1360 | | 524.43 UHC | Medicare | 456.03 | | | 109.63 | 25 | 1292 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEG PRESS WND THER DME >50S C | 97606 | CPT | | | | outpatient | | | 1360 | | 524.43 First Health | First Health | 952 | 70 | | | 25 | 1292 | percent of total billed charges | |
| HC NEG PRESS WND THER DME >50S C | 97606 | CPT | | | | outpatient | | | 1360 | | 524.43 Americare | Americare | 1020 | 75 | | | 25 | 1292 | percent of total billed charges | |
| HC NEG PRESS WND THER DME >50S C | 97606 | CPT | | | | outpatient | | | 1360 | | 524.43 Consumer | Consumer | 1292 | 95 | | | 25 | 1292 | percent of total billed charges | |
| HC NEG PRESS WND THER DME >50S C | 97606 | CPT | | | | outpatient | | | 1360 | | 524.43 Managed Care Inc | Managed Care Inc | 1224 | 90 | | | 25 | 1292 | percent of total billed charges | |
| HC NEG PRESS WND THER DME >50S C | 97606 | CPT | | | | outpatient | | | 1360 | | 524.43 Qualcare | Qualcare | 1020 | 75 | | | 25 | 1292 | percent of total billed charges | |
| HC NEG PRESS WND THER DME >50S C | 97606 | CPT | | | | outpatient | | | 1360 | | 524.43 Amerihealth | HMO/PPO | 25 | | | | 25 | 1292 | fee schedule | |
| HC NEG PRESS WND THER DME >50S C | 97606 | CPT | | | | outpatient | | | 1360 | | 524.43 Horizon | MGD | 882.42 | | | | 25 | 1292 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEG PRESS WND THER DME >50S C | 97606 | CPT | | | | outpatient | | | 1360 | | 524.43 Wellcare | Medicare | 456.03 | | | | 25 | 1292 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEG PRESS WND THER DME >50S C | 97606 | CPT | | | | outpatient | | | 1360 | | 524.43 Horizon | Indemnity | 882.42 | | | | 25 | 1292 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEG PRESS WND THER DME >50S C | 97606 | CPT | | | | outpatient | | | 1360 | | 524.43 Corrections | Corrections | 1088 | 80 | | | 25 | 1292 | percent of total billed charges | |
| HC NEG PRESS WND THER DME >50S C | 97606 | CPT | | | | outpatient | | | 1360 | | 524.43 UHC | Medicaid | 429.08 | 31.55 | | | 25 | 1292 | percent of total billed charges | |
| HC NEG PRESS WND THER DME >50S C | 97606 | CPT | | | | outpatient | | | 1360 | | 524.43 Horizon | PPO | 882.42 | | | | 25 | 1292 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEG PRESS WND THER DME >50S C | 97606 | CPT | | | | outpatient | | | 1360 | | 524.43 Three Rivers | Three Rivers | 1292 | 95 | | | 25 | 1292 | percent of total billed charges | |
| HC NEG PRESS WND THER DME >50S C | 97606 | CPT | | | | outpatient | | | 1360 | | 524.43 Horizon | Medicare Blue | 456.03 | | | | 25 | 1292 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEG PRESS WND THER DME >50S C | 97606 | CPT | | | | outpatient | | | 1360 | | 524.43 Wellcare | Medicaid | 429.08 | 31.55 | | | 25 | 1292 | percent of total billed charges | |
| HC NEG PRESS WND THER DME >50S C | 97606 | CPT | | | | outpatient | | | 1360 | | 524.43 WellPoint | WellPoint | 437.65 | 32.18 | | | 25 | 1292 | percent of total billed charges | |
| HC NEG PRESS WND THER DME >50S C | 97606 | CPT | | | | outpatient | | | 1360 | | 524.43 Horizon | NJ Health | 401.94 | | | | 25 | 1292 | fee schedule | |
| HC NEGATIVE PRESSURE WOUND THERAPY NON DME <= 50 SQ CM | 97607 | CPT | | | | outpatient | | | 1360 | | 524.43 First Trenton | First Trenton | 1224 | 90 | | | 25 | 1292 | percent of total billed charges | |
| HC NEGATIVE PRESSURE WOUND THERAPY NON DME <= 50 SQ CM | 97607 | CPT | | | | outpatient | | | 1360 | | 524.43 Aetna | Better Health | 429.08 | 31.55 | | | 25 | 1292 | percent of total billed charges | |
| HC NEGATIVE PRESSURE WOUND THERAPY NON DME <= 50 SQ CM | 97607 | CPT | | | | outpatient | | | 1360 | | 524.43 Aetna | Medicare | 456.03 | | | | 25 | 1292 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEGATIVE PRESSURE WOUND THERAPY NON DME <= 50 SQ CM | 97607 | CPT | | | | outpatient | | | 1360 | | 524.43 Amerihealth | HMO/PPO | 25 | | | | 25 | 1292 | fee schedule | |
| HC NEGATIVE PRESSURE WOUND THERAPY NON DME <= 50 SQ CM | 97607 | CPT | | | | outpatient | | | 1360 | | 524.43 Qualcare | Qualcare | 1020 | 75 | | | 25 | 1292 | percent of total billed charges | |
| HC NEGATIVE PRESSURE WOUND THERAPY NON DME <= 50 SQ CM | 97607 | CPT | | | | outpatient | | | 1360 | | 524.43 Horizon | Medicare Blue | 456.03 | | | | 25 | 1292 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEGATIVE PRESSURE WOUND THERAPY NON DME <= 50 SQ CM | 97607 | CPT | | | | outpatient | | | 1360 | | 524.43 Consumer | Consumer | 1292 | 95 | | | 25 | 1292 | percent of total billed charges | |
| HC NEGATIVE PRESSURE WOUND THERAPY NON DME <= 50 SQ CM | 97607 | CPT | | | | outpatient | | | 1360 | | 524.43 First Health | First Health | 952 | 70 | | | 25 | 1292 | percent of total billed charges | |
| HC NEGATIVE PRESSURE WOUND THERAPY NON DME <= 50 SQ CM | 97607 | CPT | | | | outpatient | | | 1360 | | 524.43 Horizon | Indemnity | 882.42 | | | | 25 | 1292 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEGATIVE PRESSURE WOUND THERAPY NON DME <= 50 SQ CM | 97607 | CPT | | | | outpatient | | | 1360 | | 524.43 UHC | Medicaid | 429.08 | 31.55 | | 415.27 | 25 | 1292 | percent of total billed charges | |
| HC NEGATIVE PRESSURE WOUND THERAPY NON DME <= 50 SQ CM | 97607 | CPT | | | | outpatient | | | 1360 | | 524.43 Americare | Americare | 1020 | 75 | | | 25 | 1292 | percent of total billed charges | |
| HC NEGATIVE PRESSURE WOUND THERAPY NON DME <= 50 SQ CM | 97607 | CPT | | | | outpatient | | | 1360 | | 524.43 Wellcare | Medicaid | 429.08 | 31.55 | | | 25 | 1292 | percent of total billed charges | |
| HC NEGATIVE PRESSURE WOUND THERAPY NON DME <= 50 SQ CM | 97607 | CPT | | | | outpatient | | | 1360 | | 524.43 Horizon | PPO | 882.42 | | | | 25 | 1292 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEGATIVE PRESSURE WOUND THERAPY NON DME <= 50 SQ CM | 97607 | CPT | | | | outpatient | | | 1360 | | 524.43 Wellcare | Medicare | 456.03 | | | | 25 | 1292 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEGATIVE PRESSURE WOUND THERAPY NON DME <= 50 SQ CM | 97607 | CPT | | | | outpatient | | | 1360 | | 524.43 Corrections | Corrections | 1088 | 80 | | | 25 | 1292 | percent of total billed charges | |
| HC NEGATIVE PRESSURE WOUND THERAPY NON DME <= 50 SQ CM | 97607 | CPT | | | | outpatient | | | 1360 | | 524.43 Managed Care Inc | Managed Care Inc | 1224 | 90 | | | 25 | 1292 | percent of total billed charges | |
| HC NEGATIVE PRESSURE WOUND THERAPY NON DME <= 50 SQ CM | 97607 | CPT | | | | outpatient | | | 1360 | | 524.43 Horizon | MGD | 882.42 | | | | 25 | 1292 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEGATIVE PRESSURE WOUND THERAPY NON DME <= 50 SQ CM | 97607 | CPT | | | | outpatient | | | 1360 | | 524.43 UHC | Medicare | 456.03 | | | | 25 | 1292 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC NEGATIVE PRESSURE WOUND THERAPY NON DME <= 50 SQ CM | 97607 | CPT | | | | outpatient | | | 1360 | | 524.43 Horizon | NJ Health | 64.13 | | | | 25 | 1292 | f

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC OT ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN | 97755 | CPT | | | | outpatient | | | 200 | | Corrections | Corrections | 160 | 80 | | | 15 | | 190 percent of total billed charges | |
| HC OT ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN | 97755 | CPT | | | | outpatient | | | 200 | | Amerihealth | HMO/PPO | 15 | | | | 15 | | 190 fee schedule | |
| HC OT ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN | 97755 | CPT | | | | outpatient | | | 200 | | Americare | Americare | 150 | 75 | | | 15 | | 190 percent of total billed charges | |
| HC OT ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN | 97755 | CPT | | | | outpatient | | | 200 | | Horizon | NJ Health | 39.49 | | | | 15 | | 190 fee schedule | |
| HC OT ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN | 97755 | CPT | | | | outpatient | | | 200 | | Horizon | Indemnity | 76.56 | 38.28 | | | 15 | | 190 percent of total billed charges | |
| HC OT ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN | 97755 | CPT | | | | outpatient | | | 200 | | Horizon | Medicare Blue | 60 | 30 | | | 15 | | 190 percent of total billed charges | |
| HC OT ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN | 97755 | CPT | | | | outpatient | | | 200 | | Consumer | Consumer | 190 | 95 | | | 15 | | 190 percent of total billed charges | |
| HC OT ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN | 97755 | CPT | | | | outpatient | | | 200 | | Horizon | PPO | 76.56 | 38.28 | | | 15 | | 190 percent of total billed charges | |
| HC OT ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN | 97755 | CPT | | | | outpatient | | | 200 | | UHC | Medicaid | 63.1 | 31.55 | | | 15 | | 190 percent of total billed charges | |
| HC OT ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN | 97755 | CPT | | | | outpatient | | | 200 | | Wellcare | Medicaid | 63.1 | 31.55 | | | 15 | | 190 percent of total billed charges | |
| HC OT ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN | 97755 | CPT | | | | outpatient | | | 200 | | Multiplan | Multiplan | 160 | 80 | | | 15 | | 190 percent of total billed charges | |
| HC OT ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN | 97755 | CPT | | | | outpatient | | | 200 | | Managed Care Inc | Managed Care Inc | 180 | 90 | | | 15 | | 190 percent of total billed charges | |
| HC OT ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN | 97755 | CPT | | | | outpatient | | | 200 | | WellPoint | WellPoint | 64.36 | 32.18 | | | 15 | | 190 percent of total billed charges | |
| HC OT ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN | 97755 | CPT | | | | outpatient | | | 200 | | Three Rivers | Three Rivers | 190 | 95 | | | 15 | | 190 percent of total billed charges | |
| HC OT ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN | 97755 | CPT | | | | outpatient | | | 200 | | Qualcare | Qualcare | 150 | 75 | | | 15 | | 190 percent of total billed charges | |
| HC PT ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS | 97760 | CPT | | | | both | | | 162 | | Horizon | NJ Health | 33.98 | | | 21.31 | 12 | | 153.9 fee schedule | |
| HC PT ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS | 97760 | CPT | | | | both | | | 162 | | Horizon | MGD | 62.01 | 38.28 | | 40.14 | 12 | | 153.9 percent of total billed charges | |
| HC PT ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS | 97760 | CPT | | | | both | | | 162 | | Amerihealth | HMO/PPO | 12 | | | | 12 | | 153.9 fee schedule | |
| HC PT ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS | 97760 | CPT | | | | both | | | 162 | | Corrections | Corrections | 129.6 | 80 | | | 12 | | 153.9 percent of total billed charges | |
| HC PT ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS | 97760 | CPT | | | | both | | | 162 | | First Trenton | First Trenton | 145.8 | 90 | | | 12 | | 153.9 percent of total billed charges | |
| HC PT ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS | 97760 | CPT | | | | both | | | 162 | | Aetna | Medicare | 49.9 | 30.8 | | 21.48 | 12 | | 153.9 percent of total billed charges | |
| HC PT ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS | 97760 | CPT | | | | both | | | 162 | | Aetna | Better Health | 51.11 | 31.55 | | | 12 | | 153.9 percent of total billed charges | |
| HC PT ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS | 97760 | CPT | | | | both | | | 162 | | Consumer | Consumer | 153.9 | 95 | | | 12 | | 153.9 percent of total billed charges | |
| HC PT ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS | 97760 | CPT | | | | both | | | 162 | | First Health | First Health | 113.4 | 70 | | | 12 | | 153.9 percent of total billed charges | |
| HC PT ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS | 97760 | CPT | | | | both | | | 162 | | UHC | Medicaid | 51.11 | 31.55 | | 29.41 | 12 | | 153.9 percent of total billed charges | |
| HC PT ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS | 97760 | CPT | | | | both | | | 162 | | Horizon | Indemnity | 62.01 | 38.28 | | 30.05 | 12 | | 153.9 percent of total billed charges | |
| HC PT ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS | 97760 | CPT | | | | both | | | 162 | | WellPoint | WellPoint | 52.13 | 32.18 | | | 12 | | 153.9 percent of total billed charges | |
| HC PT ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS | 97760 | CPT | | | | both | | | 162 | | Wellcare | Medicaid | 51.11 | 31.55 | | | 12 | | 153.9 percent of total billed charges | |
| HC PT ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS | 97760 | CPT | | | | both | | | 162 | | Americare | Americare | 121.5 | 75 | | | 12 | | 153.9 percent of total billed charges | |
| HC PT ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS | 97760 | CPT | | | | both | | | 162 | | Horizon | Medicare Blue | 48.6 | 30 | | 27.01 | 12 | | 153.9 percent of total billed charges | |
| HC PT ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS | 97760 | CPT | | | | both | | | 162 | | Horizon | PPO | 62.01 | 38.28 | | | 12 | | 153.9 percent of total billed charges | |
| HC PT ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS | 97760 | CPT | | | | both | | | 162 | | Managed Care Inc | Managed Care Inc | 145.8 | 90 | | | 12 | | 153.9 percent of total billed charges | |
| HC PT ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS | 97760 | CPT | | | | both | | | 162 | | Multiplan | Multiplan | 129.6 | 80 | | | 12 | | 153.9 percent of total billed charges | |
| HC PT ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS | 97760 | CPT | | | | both | | | 162 | | Qualcare | Qualcare | 121.5 | 75 | | | 12 | | 153.9 percent of total billed charges | |
| HC PT ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS | 97760 | CPT | | | | both | | | 162 | | Three Rivers | Three Rivers | 153.9 | 95 | | | 12 | | 153.9 percent of total billed charges | |
| HC PT PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS | 97761 | CPT | | | | inpatient | | | 211 | | First Health | First Health | 147.7 | 70 | | | 15 | | 200.45 percent of total billed charges | |
| HC PT PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS | 97761 | CPT | | | | inpatient | | | 211 | | Horizon | Indemnity | 80.77 | 38.28 | | | 15 | | 200.45 percent of total billed charges | |
| HC PT PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS | 97761 | CPT | | | | inpatient | | | 211 | | First Trenton | First Trenton | 189.9 | 90 | | | 15 | | 200.45 percent of total billed charges | |
| HC PT PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS | 97761 | CPT | | | | inpatient | | | 211 | | WellPoint | WellPoint | 67.9 | 32.18 | | | 15 | | 200.45 percent of total billed charges | |
| HC PT PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS | 97761 | CPT | | | | inpatient | | | 211 | | Aetna | Better Health | 66.57 | 31.55 | | | 15 | | 200.45 percent of total billed charges | |
| HC PT PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS | 97761 | CPT | | | | inpatient | | | 211 | | Americare | Americare | 158.25 | 75 | | | 15 | | 200.45 percent of total billed charges | |
| HC PT PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS | 97761 | CPT | | | | inpatient | | | 211 | | Aetna | Medicare | 64.99 | 30.8 | | | 15 | | 200.45 percent of total billed charges | |
| HC PT PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS | 97761 | CPT | | | | inpatient | | | 211 | | Horizon | PPO | 80.77 | 38.28 | | | 15 | | 200.45 percent of total billed charges | |
| HC PT PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS | 97761 | CPT | | | | inpatient | | | 211 | | Multiplan | Multiplan | 168.8 | 80 | | | 15 | | 200.45 percent of total billed charges | |
| HC PT PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS | 97761 | CPT | | | | inpatient | | | 211 | | Amerihealth | HMO/PPO | 15 | | | | 15 | | 200.45 fee schedule | |
| HC PT PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS | 97761 | CPT | | | | inpatient | | | 211 | | Horizon | NJ Health | 30.95 | | | | 15 | | 200.45 fee schedule | |
| HC PT PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS | 97761 | CPT | | | | inpatient | | | 211 | | Three Rivers | Three Rivers | 200.45 | 95 | | | 15 | | 200.45 percent of total billed charges | |
| HC PT PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS | 97761 | CPT | | | | inpatient | | | 211 | | Consumer | Consumer | 200.45 | 95 | | | 15 | | 200.45 percent of total billed charges | |
| HC PT PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS | 97761 | CPT | | | | inpatient | | | 211 | | Corrections | Corrections | 168.8 | 80 | | | 15 | | 200.45 percent of total billed charges | |
| HC PT PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS | 97761 | CPT | | | | inpatient | | | 211 | | Qualcare | Qualcare | 158.25 | 75 | | | 15 | | 200.45 percent of total billed charges | |
| HC PT PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS | 97761 | CPT | | | | inpatient | | | 211 | | Managed Care Inc | Managed Care Inc | 189.9 | 90 | | | 15 | | 200.45 percent of total billed charges | |
| HC PT PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS | 97761 | CPT | | | | inpatient | | | 211 | | Horizon | Medicare Blue | 63.3 | 30 | | | 15 | | 200.45 percent of total billed charges | |
| HC PT PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS | 97761 | CPT | | | | inpatient | | | 211 | | Horizon | MGD | 80.77 | 38.28 | | | 15 | | 200.45 percent of total billed charges | |
| HC PT PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS | 97761 | CPT | | | | inpatient | | | 211 | | Wellcare | Medicaid | 66.57 | 31.55 | | | 15 | | 200.45 percent of total billed charges | |
| HC PT PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS | 97761 | CPT | | | | inpatient | | | 211 | | UHC | Medicaid | 66.57 | 31.55 | | | 15 | | 200.45 percent of total billed charges | |
| HC PT ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN | 97763 | CPT | | | | both | | | 162 | | Aetna | Better Health | 51.11 | 31.55 | | | 29.41 | | 153.9 percent of total billed charges | |
| HC PT ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN | 97763 | CPT | | | | both | | | 162 | | Aetna | Medicare | 49.9 | 30.8 | | | 29.41 | | 153.9 percent of total billed charges | |
| HC PT ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN | 97763 | CPT | | | | both | | | 162 | | Consumer | Consumer | 153.9 | 95 | | | 29.41 | | 153.9 percent of total billed charges | |
| HC PT ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN | 97763 | CPT | | | | both | | | 162 | | Horizon | Medicare Blue | 48.6 | 30 | | | 29.41 | | 153.9 percent of total billed charges | |
| HC PT ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN | 97763 | CPT | | | | both | | | 162 | | Corrections | Corrections | 129.6 | 80 | | | 29.41 | | 153.9 percent of total billed charges | |
| HC PT ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN | 97763 | CPT | | | | both | | | 162 | | Americare | Americare | 121.5 | 75 | | | 29.41 | | 153.9 percent of total billed charges | |
| HC PT ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN | 97763 | CPT | | | | both | | | 162 | | Amerihealth | HMO/PPO | 105.3 | 65 | | | 29.41 | | 153.9 percent of total billed charges | |
| HC PT ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN | 97763 | CPT | | | | both | | | 162 | | First Trenton | First Trenton | 145.8 | 90 | | | 29.41 | | 153.9 percent of total billed charges | |
| HC PT ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN | 97763 | CPT | | | | both | | | 162 | | WellPoint | WellPoint | 52.13 | 32.18 | | | 29.41 | | 153.9 percent of total billed charges | |
| HC PT ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN | 97763 | CPT | | | | both | | | 162 | | Horizon | MGD | 62.01 | 38.28 | | | 29.41 | | 153.9 percent of total billed charges | |
| HC PT ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN | 97763 | CPT | | | | both | | | 162 | | UHC | Medicaid | 51.11 | 31.55 | | | 29.41 | | 153.9 percent of total billed charges | |
| HC PT ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN | 97763 | CPT | | | | both | | | 162 | | Horizon | NJ Health | 29.41 | | | 19.24 | 29.41 | | 153.9 fee schedule | |
| HC PT ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN | 97763 | CPT | | | | both | | | 162 | | First Health | First Health | 113.4 | 70 | | | 29.41 | | 153.9 percent of total billed charges | |
| HC PT ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN | 97763 | CPT | | | | both | | | 162 | | Horizon | Indemnity | 62.01 | 38.28 | | | 29.41 | | 153.9 percent of total billed charges | |
| HC PT ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN | 97763 | CPT | | | | both | | | 162 | | Wellcare | Medicaid | 51.11 | 31.55 | | | 29.41 | | 153.9 percent of total billed charges | |
| HC PT ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN | 97763 | CPT | | | | both | | | 162 | | Horizon | PPO | 62.01 | 38.28 | | | 29.41 | | 153.9 percent of total billed charges | |
| HC PT ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN | 97763 | CPT | | | | both | | | 162 | | Multiplan | Multiplan | 129.6 | 80 | | | 29.41 | | 153.9 percent of total billed charges | |
| HC PT ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN | 97763 | CPT | | | | both | | | 162 | | Managed Care Inc | Managed Care Inc | 145.8 | 90 | | | 29.41 | | 153.9 percent of total billed charges | |
| HC PT ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN | 97763 | CPT | | | | both | | | 162 | | Qualcare | Qualcare | 121.5 | 75 | | | 29.41 | | 153.9 percent of total billed charges | |
| HC PT ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN | 97763 | CPT | | | | both | | | 162 | | Three Rivers | Three Rivers | 153.9 | 95 | | | 29.41 | | 153.9 percent of total billed charges | |
| HC COMPREH/INT. NUTRI ASSES-O/P | 97802 | CPT | | | | outpatient | | | 475 | | Horizon | MGD | 181.83 | 38.28 | | 146 | 57.42 | | 451.25 percent of total billed charges | |
| HC COMPREH/INT. NUTRI ASSES-O/P | 97802 | CPT | | | | outpatient | | | 475 | | Aetna | Medicare | 146.3 | 30.8 | | 35.46 | 57.42 | | 451.25 percent of total billed charges | |
| HC COMPREH/INT. NUTRI ASSES-O/P | 97802 | CPT | | | | outpatient | | | 475 | | Consumer | Consumer | 451.25 | 95 | | | 57.42 | | 451.25 percent of total billed charges | |
| HC COMPREH/INT. NUTRI ASSES-O/P | 97802 | CPT | | | | outpatient | | | 475 | | Wellcare | Medicaid | 149.86 | 31.55 | | 98.59 | 57.42 | | 451.25 percent of total billed charges | |
| HC COMPREH/INT. NUTRI ASSES-O/P | 97802 | CPT | | | | outpatient | | | 475 | | Multiplan | Multiplan | 380 | 80 | | | 57.42 | | 451.25 percent of total billed charges | |
| HC COMPREH/INT. NUTRI ASSES-O/P | 97802 | CPT | | | | outpatient | | | 475 | | First Trenton | First Trenton | 427.5 | 90 | | | 57.42 | | 451.25 percent of total billed charges | |
| HC COMPREH/INT. NUTRI ASSES-O/P | 97802 | CPT | | | | outpatient | | | 475 | | Aetna | Better Health | 149.86 | 31.55 | | | 57.42 | | 451.25 percent of total billed charges | |
| HC COMPREH/INT. NUTRI ASSES-O/P | 97802 | CPT | | | | outpatient | | | 475 | | Americare | Americare | 356.25 | 75 | | | 57.42 | | 451.25 percent of total billed charges | |
| HC COMPREH/INT. NUTRI ASSES-O/P | 97802 | CPT | | | | outpatient | | | 475 | | Horizon | NJ Health | 57.42 | | | 40.92 | 57.42 | | 451.25 fee schedule | |
| HC COMPREH/INT. NUTRI ASSES-O/P | 97802 | CPT | | | | outpatient | | | 475 | | Horizon | Indemnity | 181.83 | 38.28 | | 122.34 | 57.42 | | 451.25 percent of total billed charges | |
| HC COMPREH/INT. NUTRI ASSES-O/P | 97802 | CPT | | | | outpatient | | | 475 | | Corrections | Corrections | 380 | 80 | | | 57.42 | | 451.25 percent of total billed charges | |
| HC COMPREH/INT. NUTRI ASSES-O/P | 97802 | CPT | | | | outpatient | | | 475 | | Horizon | Medicare Blue | 142.5 | 30 | | 34.41 | 57.42 | | 451.25 percent of total billed charges | |
| HC COMPREH/INT. NUTRI ASSES-O/P | 97802 | CPT | | | | outpatient | | | 475 | | Qualcare | Qualcare | 356.25 | 75 | | | 57.42 | | 451.25 percent of total billed charges | |
| HC COMPREH/INT. NUTRI ASSES-O/P | 97802 | CPT | | | | outpatient | | | 475 | | Managed Care Inc | Managed Care Inc | 427.5 | 90 | | | 57.42 | | 451.25 percent of total billed charges | |
| HC COMPREH/INT. NUTRI ASSES-O/P | 97802 | CPT | | | | outpatient | | | 475 | | Amerihealth | HMO/PPO | 308.75 | 65 | | 28.26 | 57.42 | | 451.25 percent of total billed charges | |
| HC COMPREH/INT. NUTRI ASSES-O/P | 97802 | CPT | | | | outpatient | | | 475 | | UHC | Medicaid | 149.86 | 31.55 | | 118.92 | 57.42 | | 451.25 percent of total billed charges | |
| HC COMPREH/INT. NUTRI ASSES-O/P | 97802 | CPT | | | | outpatient | | | 475 | | Horizon | PPO | 181.83 | 38.28 | | 142.9 | 57.42 | | 451.25 percent of total billed charges | |
| HC COMPREH/INT. NUTRI ASSES-O/P | 97802 | CPT | | | | outpatient | | | 475 | | First Health | First Health | 332.5 | 70 | | | 57.42 | | 451.25 percent of total billed charges | |
| HC COMPREH/INT. NUTRI ASSES-O/P | 97802 | CPT | | | | outpatient | | | 475 | | WellPoint | WellPoint | 152.86 | 32.18 | | 106.15 | 57.42 | | 451.25 percent of total billed charges | |
| HC COMPREH/INT. NUTRI ASSES-O/P | 97802 | CPT | | | | outpatient | | | 475 | | Three Rivers | Three Rivers | 451.25 | 95 | | | 57.42 | | 451.25 percent of total billed charges | |
| HC FOLLOW-UP CONSULT OP | 97803 | CPT | | | | both | | | 360 | | Three Rivers | Three Rivers | 342 | 95 | | | 46.98 | | 342 percent of total billed charges | |
| HC FOLLOW-UP CONSULT OP | 97803 | CPT | | | | both | | | 360 | | Consumer | Consumer | 342 | 95 | | | 46.98 | | 342 percent of total billed charges | |
| HC FOLLOW-UP CONSULT OP | 97803 | CPT | | | | both | | | 360 | | Multiplan | Multiplan | 288 | 80 | | | 46.98 | | 342 percent of total billed charges | |
| HC FOLLOW-UP CONSULT OP | 97803 | CPT | | | | both | | | 360 | | Horizon | NJ Health | 46.98 | | | 39.03 | 46.98 | | 342 fee schedule | |
| HC FOLLOW-UP CONSULT OP | 97803 | CPT | | | | both | | | 360 | | First Health | First Health | 252 | 70 | | | 46.98 | | 342 percent of total billed charges | |
| HC FOLLOW-UP CONSULT OP | 97803 | CPT | | | | both | | | 360 | | Aetna | Medicare | 110.88 | 30.8 | | 31.87 | 46.98 | | 342 percent of total billed charges | |
| HC FOLLOW-UP CONSULT OP | 97803 | CPT | | | | both | | | 360 | | Aetna | Better Health | 113.58 | 31.55 | | | 46.98 | | 342 percent of total billed charges | |
| HC FOLLOW-UP CONSULT OP | 97803 | CPT | | | | both | | | 360 | | Horizon | Indemnity | 137.81 | 38.28 | | 100.24 | 46.98 | | 342 percent of total billed charges | |
| HC FOLLOW-UP CONSULT OP | 97803 | CPT | | | | both | | | 360 | | Qualcare | Qualcare | 270 | 75 | | | 46.98 | | 342 percent of total billed charges | |
| HC FOLLOW-UP CONSULT OP | 97803 | CPT | | | | both | | | 360 | | Corrections | Corrections | 288 | 80 | | | 46.98 | | 342 percent of total billed charges | |
| HC FOLLOW-UP CONSULT OP | 97803 | CPT | | | | both | | | 360 | | First Trenton | First Trenton | 324 | 90 | | | 46.98 | | 342 percent of total billed charges | |
| HC FOLLOW-UP CONSULT OP | 97803 | CPT | | | | both | | | 360 | | Wellcare | Medicaid | 113.58 | 31.55 | | 86.55 | 46.98 | | 342 percent of total billed charges | |
| HC FOLLOW-UP CONSULT OP | 97803 | CPT | | | | both | | | 360 | | Horizon | PPO | 137.81 | 38.28 | | 161.64 | 46.98 | | 342 percent of total billed charges | |
| HC FOLLOW-UP CONSULT OP | 97803 | CPT | | | | both | | | 360 | | Americare | Americare | 270 | 75 | | | 46.98 | | 342 percent of total billed charges | |
| HC FOLLOW-UP CONSULT OP | 97803 | CPT | | | | both | | | 360 | | Managed Care Inc | Managed Care Inc | 324 | 90 | | | 46.98 | | 342 percent of total billed charges | |
| HC FOLLOW-UP CONSULT OP | 97803 | CPT | | | | both | | | 360 | | Horizon | Medicare Blue | 108 | 30 | | 31.31 | 46.98 | | 342 percent of total billed charges | |
| HC FOLLOW-UP CONSULT OP | 97803 | CPT | | | | both | | | 360 | | Horizon | MGD | 137.81 | 38.28 | | 151.55 | 46.98 | | 342 percent of total billed charges | |
| HC FOLLOW-UP CONSULT OP | 97803 | CPT | | | | both | | | 360 | | UHC | Medicaid | 113.58 | 31.55 | | 100.75 | 46.98 | | 342 percent of total billed charges | |
| HC FOLLOW-UP CONSULT OP | 97803 | CPT | | | | both | | | 360 | | Amerihealth | HMO/PPO | 234 | 65 | | 25.3 | 46.98 | | 342 percent of total billed charges | |
| HC FOLLOW-UP CONSULT OP | 97803 | CPT | | | | both | | | 360 | | WellPoint | WellPoint | 115.85 | 32.18 | | 97.58 | 46.98 | | 342 percent of total billed charges | |
| BKR CHG HANDLING/CONVEYANCE OF SPECIMEN | 99000 | CPT | | | | outpatient | | | 190 | | Aetna | Better Health | 59.95 | 31.55 | | | 4.66 | | 180.5 percent of total billed charges | |
| BKR CHG HANDLING/CONVEYANCE OF SPECIMEN | 99000 | CPT | | | | outpatient | | | 190 | | Horizon | Medicare Blue | 57 | 30 | | | 4.66 | | 180.5 percent of total billed charges | |
| BKR CHG HANDLING/CONVEYANCE OF SPECIMEN | 99000 | CPT | | | | outpatient | | | 190 | | Aetna | Medicare | 58.52 | 30.8 | | | 4.66 | | 180.5 percent of total billed charges | |
| BKR CHG HANDLING/CONVEYANCE OF SPECIMEN | 99000 | CPT | | | | outpatient | | | 190 | | Amerihealth | HMO/PPO | 123.5 | 65 | | | 4.66 | | 180.5 percent of total billed charges | |
| BKR CHG HANDLING/CONVEYANCE OF SPECIMEN | 99000 | CPT | | | | outpatient | | | 190 | | Corrections | Corrections | 152 | 80 | | | 4.66 | | 180.5 percent of total billed charges | |
| BKR CHG HANDLING/CONVEYANCE OF SPECIMEN | 99000 | CPT | | | | outpatient | | | 190 | | First Trenton | First Trenton | 171 | 90 | | | 4.66 | | 180.5 percent of total billed charges | |
| BKR CHG HANDLING/CONVEYANCE OF SPECIMEN | 99000 | CPT | | | | outpatient | | | 190 | | Horizon | MGD | 72.73 | 38.28 | | | 4.66 | | 180.5 percent of total billed charges | |
| BKR CHG HANDLING/CONVEYANCE OF SPECIMEN | 99000 | CPT | | | | outpatient | | | 190 | | UHC | Medicaid | 59.95 | 31.55 | | | 4.66 | | 180.5 percent of total billed charges | |
| BKR CHG HANDLING/CONVEYANCE OF SPECIMEN | 99000 | CPT | | | | outpatient | | | 190 | | Americare | Americare | 142.5 | 75 | | | 4.66 | | 180.5 percent of total billed charges | |
| BKR CHG HANDLING/CONVEYANCE OF SPECIMEN | 99000 | CPT | | | | outpatient | | | 190 | | Wellcare | Medicaid | 59.95 | 31.55 | | | 4.66 | | 180.5 percent of total billed charges | |
| BKR CHG HANDLING/CONVEYANCE OF SPECIMEN | 99000 | CPT | | | | outpatient | | | 190 | | Consumer | Consumer | 180.5 | 95 | | | 4.66 | | 180.5 percent of total billed charges | |
| BKR CHG HANDLING/CONVEYANCE OF SPECIMEN | 99000 | CPT | | | | outpatient | | | 190 | | First Health | First Health | 133 | 70 | | | 4.66 | | 180.5 percent of total billed charges | |
| BKR CHG HANDLING/CONVEYANCE OF SPECIMEN | 99000 | CPT | | | | outpatient | | | 190 | | Horizon | NJ Health | 4.66 | | | | 4.66 | | 180.5 fee schedule | |
| BKR CHG HANDLING/CONVEYANCE OF SPECIMEN | 99000 | CPT | | | | outpatient | | | 190 | | Horizon | PPO | 72.73 | 38.28 | | | 4.66 | | 180.5 percent of total billed charges | |
| BKR CHG HANDLING/CONVEYANCE OF SPECIMEN | 99000 | CPT | | | | outpatient | | | 190 | | WellPoint | WellPoint | 61.14 | 32.18 | | | 4.66 | | 180.5 percent of total billed charges | |
| BKR CHG HANDLING/CONVEYANCE OF SPECIMEN | 99000 | CPT | | | | outpatient | | | 190 | | Managed Care Inc | Managed Care Inc | 171 | 90 | | | 4.66 | | 180.5 percent of total billed charges | |
| BKR CHG HANDLING/CONVEYANCE OF SPECIMEN | 99000 | CPT | | | | outpatient | | | 190 | | Horizon | Indemnity | 72.73 | 38.28 | | | 4.66 | | 180.5 percent of total billed charges | |
| BKR CHG HANDLING/CONVEYANCE OF SPECIMEN | 99000 | CPT | | | | outpatient | | | 190 | | Three Rivers | Three Rivers | 180.5 | 95 | | | 4.66 | | 180.5 percent of total billed charges | |
| BKR CHG HANDLING/CONVEYANCE OF SPECIMEN | 99000 | CPT | | | | outpatient | | | 190 | | Multiplan | Multiplan | 152 | 80 | | | 4.66 | | 180.5 percent of total billed charges | |
| BKR CHG HANDLING/CONVEYANCE OF SPECIMEN | 99000 | CPT | | | | outpatient | | | 190 | | Qualcare | Qualcare | 142.5 | 75 | | | 4.66 | | 180.5 percent of total billed charges | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | 99001 | CPT | | | | inpatient | | | 175 | | Americare | Americare | 131.25 | 75 | | | 17.1 | | 166.25 percent of total billed charges | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | 99001 | CPT | | | | inpatient | | | 175 | | Aetna | Medicare | 53.9 | 30.8 | | | 17.1 | | 166.25 percent of total billed charges | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | 99001 | CPT | | | | inpatient | | | 175 | | Corrections | Corrections | 140 | 80 | | | 17.1 | | 166.25 percent of total billed charges | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | 99001 | CPT | | | | inpatient | | | 175 | | Consumer | Consumer | 166.25 | 95 | | | 17.1 | | 166.25 percent of total billed charges | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | 99001 | CPT | | | | inpatient | | | 175 | | First Trenton | First Trenton | 157.5 | 90 | | | 17.1 | | 166.25 percent of total billed charges | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | 99001 | CPT | | | | inpatient | | | 175 | | Aetna | Better Health | 55.21 | 31.55 | | | 17.1 | | 166.25 percent of total billed charges | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | 99001 | CPT | | | | inpatient | | | 175 | | Amerihealth | HMO/PPO | 113.75 | 65 | | | 17.1 | | 166.25 percent of total billed charges | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | 99001 | CPT | | | | inpatient | | | 175 | | First Health | First Health | 122.5 | 70 | | | 17.1 | | 166.25 percent of total billed charges | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | 99001 | CPT | | | | inpatient | | | 175 | | Horizon | Indemnity | 66.99 | 38.28 | | | 17.1 | | 166.25 percent of total billed charges | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | 99001 | CPT | | | | inpatient | | | 175 | | WellPoint | WellPoint | 56.32 | 32.18 | | | 17.1 | | 166.25 percent of total billed charges | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | 99001 | CPT | | | | inpatient | | | 175 | | Horizon | Medicare Blue | 52.5 | 30 | | | 17.1 | | 166.25 percent of total billed charges | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | 99001 | CPT | | | | inpatient | | | 175 | | Wellcare | Medicaid | 55.21 | 31.55 | | | 17.1 | | 166.25 percent of total billed charges | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | 99001 | CPT | | | | inpatient | | | 175 | | Horizon | PPO | 66.99 | 38.28 | | | 17.1 | | 166.25 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG TISSUE PREP FOR DRUG ANAL | 99001 | CPT | | | | inpatient | | | 175 | | Horizon | MCD | 38.28 | | | | 17.1 | 166.25 | percent of total billed charges | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | 99001 | CPT | | | | inpatient | | | 175 | | Three Rivers | Three Rivers | 95 | | | | 17.1 | 166.25 | percent of total billed charges | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | 99001 | CPT | | | | inpatient | | | 175 | | Horizon | NJ Health | 68.6 | | | | 17.1 | 166.25 | fee schedule | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | 99001 | CPT | | | | inpatient | | | 175 | | Multiplan | Multiplan | 140 | 80 | | | 17.1 | 166.25 | percent of total billed charges | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | 99001 | CPT | | | | inpatient | | | 175 | | Managed Care Inc | Managed Care Inc | 197.5 | 90 | | | 17.1 | 166.25 | percent of total billed charges | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | 99001 | CPT | | | | inpatient | | | 175 | | Qualcare | Qualcare | 131.25 | 75 | | | 17.1 | 166.25 | percent of total billed charges | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | 99001 | CPT | | | | inpatient | | | 175 | | UHC | Medicaid | 55.21 | 31.55 | | | 17.1 | 166.25 | percent of total billed charges | |
| HC VAGINAL DILATORS | 99070 | CPT | | | | outpatient | | | 419 | | Amerihealth | HMO/PPO | 272.35 | 65 | | | 125.7 | 398.05 | percent of total billed charges | |
| HC VAGINAL DILATORS | 99070 | CPT | | | | outpatient | | | 419 | | Aetna | Better Health | 132.19 | 31.55 | | | 125.7 | 398.05 | percent of total billed charges | |
| HC VAGINAL DILATORS | 99070 | CPT | | | | outpatient | | | 419 | | First Trenton | First Trenton | 377.1 | 90 | | | 125.7 | 398.05 | percent of total billed charges | |
| HC VAGINAL DILATORS | 99070 | CPT | | | | outpatient | | | 419 | | First Health | First Health | 293.3 | 70 | | | 125.7 | 398.05 | percent of total billed charges | |
| HC VAGINAL DILATORS | 99070 | CPT | | | | outpatient | | | 419 | | Americare | Americare | 314.25 | 75 | | | 125.7 | 398.05 | percent of total billed charges | |
| HC VAGINAL DILATORS | 99070 | CPT | | | | outpatient | | | 419 | | Consumer | Consumer | 398.05 | 95 | | | 125.7 | 398.05 | percent of total billed charges | |
| HC VAGINAL DILATORS | 99070 | CPT | | | | outpatient | | | 419 | | Qualcare | Qualcare | 314.25 | 75 | | | 125.7 | 398.05 | percent of total billed charges | |
| HC VAGINAL DILATORS | 99070 | CPT | | | | outpatient | | | 419 | | Aetna | Medicare | 129.05 | 30.8 | | | 125.7 | 398.05 | percent of total billed charges | |
| HC VAGINAL DILATORS | 99070 | CPT | | | | outpatient | | | 419 | | Horizon | Indemnity | 160.39 | 38.28 | | 0.95 | 125.7 | 398.05 | percent of total billed charges | |
| HC VAGINAL DILATORS | 99070 | CPT | | | | outpatient | | | 419 | | Corrections | Corrections | 335.2 | 80 | | | 125.7 | 398.05 | percent of total billed charges | |
| HC VAGINAL DILATORS | 99070 | CPT | | | | outpatient | | | 419 | | UHC | Medicaid | 132.19 | 31.55 | | 58.83 | 125.7 | 398.05 | percent of total billed charges | |
| HC VAGINAL DILATORS | 99070 | CPT | | | | outpatient | | | 419 | | Wellcare | Medicaid | 132.19 | 31.55 | | | 125.7 | 398.05 | percent of total billed charges | |
| HC VAGINAL DILATORS | 99070 | CPT | | | | outpatient | | | 419 | | Horizon | PPO | 160.39 | 38.28 | | | 125.7 | 398.05 | percent of total billed charges | |
| HC VAGINAL DILATORS | 99070 | CPT | | | | outpatient | | | 419 | | Horizon | Medicare Blue | 125.7 | 30 | | | 125.7 | 398.05 | percent of total billed charges | |
| HC VAGINAL DILATORS | 99070 | CPT | | | | outpatient | | | 419 | | Multiplan | Multiplan | 335.2 | 80 | | | 125.7 | 398.05 | percent of total billed charges | |
| HC VAGINAL DILATORS | 99070 | CPT | | | | outpatient | | | 419 | | Horizon | MGD | 160.39 | 38.28 | | | 125.7 | 398.05 | percent of total billed charges | |
| HC VAGINAL DILATORS | 99070 | CPT | | | | outpatient | | | 419 | | Three Rivers | Three Rivers | 398.05 | 95 | | | 125.7 | 398.05 | percent of total billed charges | |
| HC VAGINAL DILATORS | 99070 | CPT | | | | outpatient | | | 419 | | Horizon | NJ Health | 281.88 | | | | 125.7 | 398.05 | fee schedule | |
| HC VAGINAL DILATORS | 99070 | CPT | | | | outpatient | | | 419 | | WellPoint | WellPoint | 134.83 | 32.18 | | 48.27 | 125.7 | 398.05 | percent of total billed charges | |
| HC VAGINAL DILATORS | 99070 | CPT | | | | outpatient | | | 419 | | Managed Care Inc | Managed Care Inc | 377.1 | 90 | | | 125.7 | 398.05 | percent of total billed charges | |
| HC PHYS/QHP EDUCATION SVCS RENDERED PTS GRP SETTING | 99078 | CPT | | | | outpatient | | | 250 | | Americare | Americare | 187.5 | 75 | | | 75 | 237.5 | percent of total billed charges | |
| HC PHYS/QHP EDUCATION SVCS RENDERED PTS GRP SETTING | 99078 | CPT | | | | outpatient | | | 250 | | Aetna | Medicare | 77 | 30.8 | | | 75 | 237.5 | percent of total billed charges | |
| HC PHYS/QHP EDUCATION SVCS RENDERED PTS GRP SETTING | 99078 | CPT | | | | outpatient | | | 250 | | Amerihealth | HMO/PPO | 162.5 | 65 | | | 75 | 237.5 | percent of total billed charges | |
| HC PHYS/QHP EDUCATION SVCS RENDERED PTS GRP SETTING | 99078 | CPT | | | | outpatient | | | 250 | | Corrections | Corrections | 200 | 80 | | | 75 | 237.5 | percent of total billed charges | |
| HC PHYS/QHP EDUCATION SVCS RENDERED PTS GRP SETTING | 99078 | CPT | | | | outpatient | | | 250 | | First Trenton | First Trenton | 225 | 90 | | | 75 | 237.5 | percent of total billed charges | |
| HC PHYS/QHP EDUCATION SVCS RENDERED PTS GRP SETTING | 99078 | CPT | | | | outpatient | | | 250 | | First Health | First Health | 175 | 70 | | | 75 | 237.5 | percent of total billed charges | |
| HC PHYS/QHP EDUCATION SVCS RENDERED PTS GRP SETTING | 99078 | CPT | | | | outpatient | | | 250 | | Horizon | Indemnity | 95.7 | 38.28 | | | 75 | 237.5 | percent of total billed charges | |
| HC PHYS/QHP EDUCATION SVCS RENDERED PTS GRP SETTING | 99078 | CPT | | | | outpatient | | | 250 | | Aetna | Better Health | 78.88 | 31.55 | | | 75 | 237.5 | percent of total billed charges | |
| HC PHYS/QHP EDUCATION SVCS RENDERED PTS GRP SETTING | 99078 | CPT | | | | outpatient | | | 250 | | Horizon | PPO | 95.7 | 38.28 | | | 75 | 237.5 | percent of total billed charges | |
| HC PHYS/QHP EDUCATION SVCS RENDERED PTS GRP SETTING | 99078 | CPT | | | | outpatient | | | 250 | | Horizon | MGD | 95.7 | 38.28 | | | 75 | 237.5 | percent of total billed charges | |
| HC PHYS/QHP EDUCATION SVCS RENDERED PTS GRP SETTING | 99078 | CPT | | | | outpatient | | | 250 | | Multiplan | Multiplan | 200 | 80 | | | 75 | 237.5 | percent of total billed charges | |
| HC PHYS/QHP EDUCATION SVCS RENDERED PTS GRP SETTING | 99078 | CPT | | | | outpatient | | | 250 | | Consumer | Consumer | 237.5 | 95 | | | 75 | 237.5 | percent of total billed charges | |
| HC PHYS/QHP EDUCATION SVCS RENDERED PTS GRP SETTING | 99078 | CPT | | | | outpatient | | | 250 | | Managed Care Inc | Managed Care Inc | 225 | 90 | | | 75 | 237.5 | percent of total billed charges | |
| HC PHYS/QHP EDUCATION SVCS RENDERED PTS GRP SETTING | 99078 | CPT | | | | outpatient | | | 250 | | UHC | Medicaid | 78.88 | 31.55 | | | 75 | 237.5 | percent of total billed charges | |
| HC PHYS/QHP EDUCATION SVCS RENDERED PTS GRP SETTING | 99078 | CPT | | | | outpatient | | | 250 | | Qualcare | Qualcare | 187.5 | 75 | | | 75 | 237.5 | percent of total billed charges | |
| HC PHYS/QHP EDUCATION SVCS RENDERED PTS GRP SETTING | 99078 | CPT | | | | outpatient | | | 250 | | Horizon | Medicare Blue | 75 | 30 | | | 75 | 237.5 | percent of total billed charges | |
| HC PHYS/QHP EDUCATION SVCS RENDERED PTS GRP SETTING | 99078 | CPT | | | | outpatient | | | 250 | | WellPoint | WellPoint | 80.45 | 32.18 | | | 75 | 237.5 | percent of total billed charges | |
| HC PHYS/QHP EDUCATION SVCS RENDERED PTS GRP SETTING | 99078 | CPT | | | | outpatient | | | 250 | | Three Rivers | Three Rivers | 237.5 | 95 | | | 75 | 237.5 | percent of total billed charges | |
| HC PHYS/QHP EDUCATION SVCS RENDERED PTS GRP SETTING | 99078 | CPT | | | | outpatient | | | 250 | | Wellcare | Medicaid | 78.88 | 31.55 | | | 75 | 237.5 | percent of total billed charges | |
| HC MOD SED SAME MD/ QHP<5YR 1ST15M | 99151 | CPT | | | | outpatient | | | 834 | | Aetna | Medicare | 256.87 | 30.8 | | | 118.47 | 792.3 | percent of total billed charges | |
| HC MOD SED SAME MD/ QHP<5YR 1ST15M | 99151 | CPT | | | | outpatient | | | 834 | | Amerihealth | HMO/PPO | 542.1 | 65 | | | 118.47 | 792.3 | percent of total billed charges | |
| HC MOD SED SAME MD/ QHP<5YR 1ST15M | 99151 | CPT | | | | outpatient | | | 834 | | Aetna | Better Health | 263.13 | 31.55 | | | 118.47 | 792.3 | percent of total billed charges | |
| HC MOD SED SAME MD/ QHP<5YR 1ST15M | 99151 | CPT | | | | outpatient | | | 834 | | First Health | First Health | 583.8 | 70 | | | 118.47 | 792.3 | percent of total billed charges | |
| HC MOD SED SAME MD/ QHP<5YR 1ST15M | 99151 | CPT | | | | outpatient | | | 834 | | Americare | Americare | 625.5 | 75 | | | 118.47 | 792.3 | percent of total billed charges | |
| HC MOD SED SAME MD/ QHP<5YR 1ST15M | 99151 | CPT | | | | outpatient | | | 834 | | Corrections | Corrections | 667.2 | 80 | | | 118.47 | 792.3 | percent of total billed charges | |
| HC MOD SED SAME MD/ QHP<5YR 1ST15M | 99151 | CPT | | | | outpatient | | | 834 | | UHC | Medicaid | 263.13 | 31.55 | | 42.11 | 118.47 | 792.3 | percent of total billed charges | |
| HC MOD SED SAME MD/ QHP<5YR 1ST15M | 99151 | CPT | | | | outpatient | | | 834 | | Horizon | NJ Health | 118.47 | | | 27.29 | 118.47 | 792.3 | fee schedule | |
| HC MOD SED SAME MD/ QHP<5YR 1ST15M | 99151 | CPT | | | | outpatient | | | 834 | | Horizon | Medicare Blue | 250.2 | 30 | | | 118.47 | 792.3 | percent of total billed charges | |
| HC MOD SED SAME MD/ QHP<5YR 1ST15M | 99151 | CPT | | | | outpatient | | | 834 | | Horizon | Indemnity | 319.26 | 38.28 | | | 118.47 | 792.3 | percent of total billed charges | |
| HC MOD SED SAME MD/ QHP<5YR 1ST15M | 99151 | CPT | | | | outpatient | | | 834 | | WellPoint | WellPoint | 268.38 | 32.18 | | | 118.47 | 792.3 | percent of total billed charges | |
| HC MOD SED SAME MD/ QHP<5YR 1ST15M | 99151 | CPT | | | | outpatient | | | 834 | | Horizon | PPO | 319.26 | 38.28 | | | 118.47 | 792.3 | percent of total billed charges | |
| HC MOD SED SAME MD/ QHP<5YR 1ST15M | 99151 | CPT | | | | outpatient | | | 834 | | Consumer | Consumer | 792.3 | 95 | | | 118.47 | 792.3 | percent of total billed charges | |
| HC MOD SED SAME MD/ QHP<5YR 1ST15M | 99151 | CPT | | | | outpatient | | | 834 | | First Trenton | First Trenton | 750.6 | 90 | | | 118.47 | 792.3 | percent of total billed charges | |
| HC MOD SED SAME MD/ QHP<5YR 1ST15M | 99151 | CPT | | | | outpatient | | | 834 | | Horizon | MGD | 319.26 | 38.28 | | 79.48 | 118.47 | 792.3 | percent of total billed charges | |
| HC MOD SED SAME MD/ QHP<5YR 1ST15M | 99151 | CPT | | | | outpatient | | | 834 | | Three Rivers | Three Rivers | 792.3 | 95 | | | 118.47 | 792.3 | percent of total billed charges | |
| HC MOD SED SAME MD/ QHP<5YR 1ST15M | 99151 | CPT | | | | outpatient | | | 834 | | Wellcare | Medicaid | 263.13 | 31.55 | | 103.62 | 118.47 | 792.3 | percent of total billed charges | |
| HC MOD SED SAME MD/ QHP<5YR 1ST15M | 99151 | CPT | | | | outpatient | | | 834 | | Qualcare | Qualcare | 625.5 | 75 | | | 118.47 | 792.3 | percent of total billed charges | |
| HC MOD SED SAME MD/ QHP<5YR 1ST15M | 99151 | CPT | | | | outpatient | | | 834 | | Multiplan | Multiplan | 667.2 | 80 | | | 118.47 | 792.3 | percent of total billed charges | |
| HC MOD SED SAME MD/ QHP<5YR 1ST15M | 99151 | CPT | | | | outpatient | | | 834 | | Managed Care Inc | Managed Care Inc | 750.6 | 90 | | | 118.47 | 792.3 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS | 99152 | CPT | | | | outpatient | | | 299 | | Consumer | Consumer | 284.05 | 95 | | | 78.8 | 284.05 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS | 99152 | CPT | | | | outpatient | | | 299 | | UHC | Medicaid | 94.33 | 31.55 | | 63.33 | 78.8 | 284.05 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS | 99152 | CPT | | | | outpatient | | | 299 | | Aetna | Better Health | 94.33 | 31.55 | | 80.26 | 78.8 | 284.05 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS | 99152 | CPT | | | | outpatient | | | 299 | | First Trenton | First Trenton | 269.1 | 90 | | | 78.8 | 284.05 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS | 99152 | CPT | | | | outpatient | | | 299 | | Aetna | Medicare | 92.09 | 30.8 | | | 78.8 | 284.05 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS | 99152 | CPT | | | | outpatient | | | 299 | | Americare | Americare | 224.25 | 75 | | | 78.8 | 284.05 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS | 99152 | CPT | | | | outpatient | | | 299 | | Amerihealth | HMO/PPO | 194.35 | 65 | | | 78.8 | 284.05 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS | 99152 | CPT | | | | outpatient | | | 299 | | Horizon | PPO | 114.46 | 38.28 | | | 78.8 | 284.05 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS | 99152 | CPT | | | | outpatient | | | 299 | | First Health | First Health | 209.3 | 70 | | | 78.8 | 284.05 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS | 99152 | CPT | | | | outpatient | | | 299 | | Horizon | Medicare Blue | 89.7 | 30 | | | 78.8 | 284.05 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS | 99152 | CPT | | | | outpatient | | | 299 | | Corrections | Corrections | 239.2 | 80 | | 88.09 | 78.8 | 284.05 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS | 99152 | CPT | | | | outpatient | | | 299 | | Managed Care Inc | Managed Care Inc | 269.1 | 90 | | | 78.8 | 284.05 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS | 99152 | CPT | | | | outpatient | | | 299 | | Horizon | Indemnity | 114.46 | 38.28 | | 54.44 | 78.8 | 284.05 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS | 99152 | CPT | | | | outpatient | | | 299 | | Three Rivers | Three Rivers | 284.05 | 95 | | | 78.8 | 284.05 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS | 99152 | CPT | | | | outpatient | | | 299 | | Horizon | NJ Health | 78.8 | | | 18.94 | 78.8 | 284.05 | fee schedule | |
| HC MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS | 99152 | CPT | | | | outpatient | | | 299 | | Horizon | MGD | 114.46 | 38.28 | | 53.27 | 78.8 | 284.05 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS | 99152 | CPT | | | | outpatient | | | 299 | | Multiplan | Multiplan | 239.2 | 80 | | | 78.8 | 284.05 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS | 99152 | CPT | | | | outpatient | | | 299 | | Qualcare | Qualcare | 224.25 | 75 | | | 78.8 | 284.05 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS | 99152 | CPT | | | | outpatient | | | 299 | | Wellcare | Medicaid | 94.33 | 31.55 | | | 78.8 | 284.05 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS | 99152 | CPT | | | | outpatient | | | 299 | | WellPoint | WellPoint | 96.22 | 32.18 | | 74.89 | 78.8 | 284.05 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP EACH ADDL 15 MINS | 99153 | CPT | | | | outpatient | | | 362 | | Aetna | Better Health | 114.21 | 31.55 | | | 16.83 | 343.9 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP EACH ADDL 15 MINS | 99153 | CPT | | | | outpatient | | | 362 | | Aetna | Medicare | 111.5 | 30.8 | | | 16.83 | 343.9 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP EACH ADDL 15 MINS | 99153 | CPT | | | | outpatient | | | 362 | | Corrections | Corrections | 289.6 | 80 | | | 16.83 | 343.9 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP EACH ADDL 15 MINS | 99153 | CPT | | | | outpatient | | | 362 | | Horizon | Indemnity | 138.57 | 38.28 | | | 16.83 | 343.9 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP EACH ADDL 15 MINS | 99153 | CPT | | | | outpatient | | | 362 | | Amerihealth | HMO/PPO | 235.3 | 65 | | | 16.83 | 343.9 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP EACH ADDL 15 MINS | 99153 | CPT | | | | outpatient | | | 362 | | Consumer | Consumer | 343.9 | 95 | | | 16.83 | 343.9 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP EACH ADDL 15 MINS | 99153 | CPT | | | | outpatient | | | 362 | | Americare | Americare | 271.5 | 75 | | | 16.83 | 343.9 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP EACH ADDL 15 MINS | 99153 | CPT | | | | outpatient | | | 362 | | First Health | First Health | 253.4 | 70 | | | 16.83 | 343.9 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP EACH ADDL 15 MINS | 99153 | CPT | | | | outpatient | | | 362 | | Horizon | Medicare Blue | 108.6 | 30 | | | 16.83 | 343.9 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP EACH ADDL 15 MINS | 99153 | CPT | | | | outpatient | | | 362 | | Horizon | MGD | 138.57 | 38.28 | | | 16.83 | 343.9 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP EACH ADDL 15 MINS | 99153 | CPT | | | | outpatient | | | 362 | | Multiplan | Multiplan | 289.6 | 80 | | | 16.83 | 343.9 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP EACH ADDL 15 MINS | 99153 | CPT | | | | outpatient | | | 362 | | First Trenton | First Trenton | 325.8 | 90 | | | 16.83 | 343.9 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP EACH ADDL 15 MINS | 99153 | CPT | | | | outpatient | | | 362 | | UHC | Medicaid | 114.21 | 31.55 | | 82.32 | 16.83 | 343.9 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP EACH ADDL 15 MINS | 99153 | CPT | | | | outpatient | | | 362 | | Horizon | NJ Health | 16.83 | | | | 16.83 | 343.9 | fee schedule | |
| HC MOD SED SAME PHYS/QHP EACH ADDL 15 MINS | 99153 | CPT | | | | outpatient | | | 362 | | Qualcare | Qualcare | 271.5 | 75 | | | 16.83 | 343.9 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP EACH ADDL 15 MINS | 99153 | CPT | | | | outpatient | | | 362 | | Horizon | PPO | 138.57 | 38.28 | | | 16.83 | 343.9 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP EACH ADDL 15 MINS | 99153 | CPT | | | | outpatient | | | 362 | | Wellcare | Medicaid | 114.21 | 31.55 | | | 16.83 | 343.9 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP EACH ADDL 15 MINS | 99153 | CPT | | | | outpatient | | | 362 | | Managed Care Inc | Managed Care Inc | 325.8 | 90 | | | 16.83 | 343.9 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP EACH ADDL 15 MINS | 99153 | CPT | | | | outpatient | | | 362 | | WellPoint | WellPoint | 116.49 | 32.18 | | 29.81 | 16.83 | 343.9 | percent of total billed charges | |
| HC MOD SED SAME PHYS/QHP EACH ADDL 15 MINS | 99153 | CPT | | | | outpatient | | | 362 | | Three Rivers | Three Rivers | 343.9 | 95 | | | 16.83 | 343.9 | percent of total billed charges | |
| HC MOD SED OTHPHYS/QHP<5YR 1ST15MIN | 99155 | CPT | | | | outpatient | | | 299 | | Aetna | Better Health | 94.33 | 31.55 | | | 89.7 | 284.05 | percent of total billed charges | |
| HC MOD SED OTHPHYS/QHP<5YR 1ST15MIN | 99155 | CPT | | | | outpatient | | | 299 | | Americare | Americare | 224.25 | 75 | | | 89.7 | 284.05 | percent of total billed charges | |
| HC MOD SED OTHPHYS/QHP<5YR 1ST15MIN | 99155 | CPT | | | | outpatient | | | 299 | | Corrections | Corrections | 239.2 | 80 | | | 89.7 | 284.05 | percent of total billed charges | |
| HC MOD SED OTHPHYS/QHP<5YR 1ST15MIN | 99155 | CPT | | | | outpatient | | | 299 | | Aetna | Medicare | 92.09 | 30.8 | | | 89.7 | 284.05 | percent of total billed charges | |
| HC MOD SED OTHPHYS/QHP<5YR 1ST15MIN | 99155 | CPT | | | | outpatient | | | 299 | | First Health | First Health | 209.3 | 70 | | | 89.7 | 284.05 | percent of total billed charges | |
| HC MOD SED OTHPHYS/QHP<5YR 1ST15MIN | 99155 | CPT | | | | outpatient | | | 299 | | Horizon | Indemnity | 114.46 | 38.28 | | | 89.7 | 284.05 | percent of total billed charges | |
| HC MOD SED OTHPHYS/QHP<5YR 1ST15MIN | 99155 | CPT | | | | outpatient | | | 299 | | Consumer | Consumer | 284.05 | 95 | | | 89.7 | 284.05 | percent of total billed charges | |
| HC MOD SED OTHPHYS/QHP<5YR 1ST15MIN | 99155 | CPT | | | | outpatient | | | 299 | | First Trenton | First Trenton | 269.1 | 90 | | | 89.7 | 284.05 | percent of total billed charges | |
| HC MOD SED OTHPHYS/QHP<5YR 1ST15MIN | 99155 | CPT | | | | outpatient | | | 299 | | Multiplan | Multiplan | 239.2 | 80 | | | 89.7 | 284.05 | percent of total billed charges | |
| HC MOD SED OTHPHYS/QHP<5YR 1ST15MIN | 99155 | CPT | | | | outpatient | | | 299 | | Horizon | PPO | 114.46 | 38.28 | | | 89.7 | 284.05 | percent of total billed charges | |
| HC MOD SED OTHPHYS/QHP<5YR 1ST15MIN | 99155 | CPT | | | | outpatient | | | 299 | | Horizon | Medicare Blue | 89.7 | 30 | | | 89.7 | 284.05 | percent of total billed charges | |
| HC MOD SED OTHPHYS/QHP<5YR 1ST15MIN | 99155 | CPT | | | | outpatient | | | 299 | | Amerihealth | HMO/PPO | 194.35 | 65 | | | 89.7 | 284.05 | percent of total billed charges | |
| HC MOD SED OTHPHYS/QHP<5YR 1ST15MIN | 99155 | CPT | | | | outpatient | | | 299 | | Qualcare | Qualcare | 224.25 | 75 | | | 89.7 | 284.05 | percent of total billed charges | |
| HC MOD SED OTHPHYS/QHP<5YR 1ST15MIN | 99155 | CPT | | | | outpatient | | | 299 | | Managed Care Inc | Managed Care Inc | 269.1 | 90 | | | 89.7 | 284.05 | percent of total billed charges | |
| HC MOD SED OTHPHYS/QHP<5YR 1ST15MIN | 99155 | CPT | | | | outpatient | | | 299 | | Horizon | NJ Health | 142.92 | | | | 89.7 | 284.05 | fee schedule | |
| HC MOD SED OTHPHYS/QHP<5YR 1ST15MIN | 99155 | CPT | | | | outpatient | | | 299 | | Horizon | MGD | 114.46 | 38.28 | | | 89.7 | 284.05 | percent of total billed charges | |
| HC MOD SED OTHPHYS/QHP<5YR 1ST15MIN | 99155 | CPT | | | | outpatient | | | 299 | | Three Rivers | Three Rivers | 284.05 | 95 | | | 89.7 | 284.05 | percent of total billed charges | |
| HC MOD SED OTHPHYS/QHP<5YR 1ST15MIN | 99155 | CPT | | | | outpatient | | | 299 | | WellPoint | WellPoint | 96.22 | 32.18 | | | 89.7 | 284.05 | percent of total billed charges | |
| HC MOD SED OTHPHYS/QHP<5YR 1ST15MIN | 99155 | CPT | | | | outpatient | | | 299 | | Wellcare | Medicaid | 94.33 | 31.55 | | | 89.7 | 284.05 | percent of total billed charges | |
| HC MOD SED OTHPHYS/QHP<5YR 1ST15MIN | 99155 | CPT | | | | outpatient | | | 299 | | UHC | Medicaid | 94.33 | 31.55 | | | 89.7 | 284.05 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5/> YRS | 99156 | CPT | | | | outpatient | | | 287 | | First Health | First Health | 200.9 | 70 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5/> YRS | 99156 | CPT | | | | outpatient | | | 287 | | Aetna | Better Health | 90.55 | 31.55 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5/> YRS | 99156 | CPT | | | | outpatient | | | 287 | | First Trenton | First Trenton | 258.3 | 90 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5/> YRS | 99156 | CPT | | | | outpatient | | | 287 | | Americare | Americare | 215.25 | 75 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5/> YRS | 99156 | CPT | | | | outpatient | | | 287 | | Aetna | Medicare | 88.4 | 30.8 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5/> YRS | 99156 | CPT | | | | outpatient | | | 287 | | Corrections | Corrections | 229.6 | 80 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5/> YRS | 99156 | CPT | | | | outpatient | | | 287 | | WellPoint | WellPoint | 92.36 | 32.18 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5/> YRS | 99156 | CPT | | | | outpatient | | | 287 | | Amerihealth | HMO/PPO | 186.55 | 65 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5/> YRS | 99156 | CPT | | | | outpatient | | | 287 | | Horizon | MGD | 109.86 | 38.28 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5/> YRS | 99156 | CPT | | | | outpatient | | | 287 | | Horizon | Medicare Blue | 86.1 | 30 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5/> YRS | 99156 | CPT | | | | outpatient | | | 287 | | Horizon | Indemnity | 109.86 | 38.28 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5/> YRS | 99156 | CPT | | | | outpatient | | | 287 | | Consumer | Consumer | 272.65 | 95 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5/> YRS | 99156 | CPT | | | | outpatient | | | 287 | | UHC | Medicaid | 90.55 | 31.55 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5/> YRS | 99156 | CPT | | | | outpatient | | | 287 | | Multiplan | Multiplan | 229.6 | 80 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5/> YRS | 99156 | CPT | | | | outpatient | | | 287 | | Horizon | PPO | 109.86 | 38.28 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5/> YRS | 99156 | CPT | | | | outpatient | | | 287 | | Horizon | NJ Health | 116.85 | | | | 86.1 | 272.65 | fee schedule | |
| HC MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5/> YRS | 99156 | CPT | | | | outpatient | | | 287 | | Wellcare | Medicaid | 90.55 | 31.55 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5/> YRS | 99156 | CPT | | | | outpatient | | | 287 | | Qualcare | Qualcare | 215.25 | 75 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5/> YRS | 99156 | CPT | | | | outpatient | | | 287 | | Managed Care Inc | Managed Care Inc | 258.3 | 90 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5/> YRS | 99156 | CPT | | | | outpatient | | | 287 | | Three Rivers | Three Rivers | 272.65 | 95 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/PHP EA, 15M | 99157 | CPT | | | | outpatient | | | 287 | | Aetna | Medicare | 88.4 | 30.8 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/PHP EA, 15M | 99157 | CPT | | | | outpatient | | | 287 | | Aetna | Better Health | 90.55 | 31.55 | | | 86.1 | 272.65 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC MOD SED OTHER PHYS/PHP EA. 15M | 99157 | CPT | | | | outpatient | | | 287 | | First Trenton | First Trenton | 258.3 | 90 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/PHP EA. 15M | 99157 | CPT | | | | outpatient | | | 287 | | Amerihealth | HMO/PPO | 186.55 | 65 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/PHP EA. 15M | 99157 | CPT | | | | outpatient | | | 287 | | First Health | First Health | 200.9 | 70 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/PHP EA. 15M | 99157 | CPT | | | | outpatient | | | 287 | | Corrections | Corrections | 229.6 | 80 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/PHP EA. 15M | 99157 | CPT | | | | outpatient | | | 287 | | Americare | Americare | 215.25 | 75 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/PHP EA. 15M | 99157 | CPT | | | | outpatient | | | 287 | | Horizon | Indemnity | 109.86 | 38.28 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/PHP EA. 15M | 99157 | CPT | | | | outpatient | | | 287 | | Horizon | MGD | 109.86 | 38.28 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/PHP EA. 15M | 99157 | CPT | | | | outpatient | | | 287 | | Consumer | Consumer | 272.65 | 95 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/PHP EA. 15M | 99157 | CPT | | | | outpatient | | | 287 | | Horizon | PPO | 109.86 | 38.28 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/PHP EA. 15M | 99157 | CPT | | | | outpatient | | | 287 | | Multiplan | Multiplan | 229.6 | 80 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/PHP EA. 15M | 99157 | CPT | | | | outpatient | | | 287 | | UHC | Medicaid | 90.55 | 31.55 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/PHP EA. 15M | 99157 | CPT | | | | outpatient | | | 287 | | Horizon | Medicare Blue | 86.1 | 30 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/PHP EA. 15M | 99157 | CPT | | | | outpatient | | | 287 | | Managed Care Inc | Managed Care Inc | 298.3 | 90 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/PHP EA. 15M | 99157 | CPT | | | | outpatient | | | 287 | | Qualcare | Qualcare | 215.25 | 75 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/PHP EA. 15M | 99157 | CPT | | | | outpatient | | | 287 | | WellPoint | WellPoint | 92.36 | 32.18 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/PHP EA. 15M | 99157 | CPT | | | | outpatient | | | 287 | | Horizon | NJ Health | 88.58 | | | | 86.1 | 272.65 | fee schedule | |
| HC MOD SED OTHER PHYS/PHP EA. 15M | 99157 | CPT | | | | outpatient | | | 287 | | Three Rivers | Three Rivers | 272.65 | 95 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC MOD SED OTHER PHYS/PHP EA. 15M | 99157 | CPT | | | | outpatient | | | 287 | | Wellcare | Medicaid | 90.55 | 31.55 | | | 86.1 | 272.65 | percent of total billed charges | |
| HC PHLEBOTOMY THERAPEUTIC | 99195 | CPT | | | | outpatient | | | 424 | 168 | Consumer | Consumer | 402.8 | 95 | | | | 1 | 402.8 | percent of total billed charges | |
| HC PHLEBOTOMY THERAPEUTIC | 99195 | CPT | | | | outpatient | | | 424 | 168 | Americare | Americare | 318 | 75 | | | | 1 | 402.8 | percent of total billed charges | |
| HC PHLEBOTOMY THERAPEUTIC | 99195 | CPT | | | | outpatient | | | 424 | 168 | Horizon | Medicare Blue | 146.09 | | | | | 1 | 402.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PHLEBOTOMY THERAPEUTIC | 99195 | CPT | | | | outpatient | | | 424 | 168 | Three Rivers | Three Rivers | 402.8 | 95 | | | | 1 | 402.8 | percent of total billed charges | |
| HC PHLEBOTOMY THERAPEUTIC | 99195 | CPT | | | | outpatient | | | 424 | 168 | Corrections | Corrections | 339.2 | 80 | | | | 1 | 402.8 | percent of total billed charges | |
| HC PHLEBOTOMY THERAPEUTIC | 99195 | CPT | | | | outpatient | | | 424 | 168 | Multiplan | Multiplan | 339.2 | 80 | | | | 1 | 402.8 | percent of total billed charges | |
| HC PHLEBOTOMY THERAPEUTIC | 99195 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Better Health | 133.77 | 31.55 | | | | 1 | 402.8 | percent of total billed charges | |
| HC PHLEBOTOMY THERAPEUTIC | 99195 | CPT | | | | outpatient | | | 424 | 168 | First Trenton | First Trenton | 381.6 | 90 | | | | 1 | 402.8 | percent of total billed charges | |
| HC PHLEBOTOMY THERAPEUTIC | 99195 | CPT | | | | outpatient | | | 424 | 168 | Horizon | NJ Health | 135.72 | | | 24.8 | | 1 | 402.8 | fee schedule | |
| HC PHLEBOTOMY THERAPEUTIC | 99195 | CPT | | | | outpatient | | | 424 | 168 | Wellcare | Medicare | 146.09 | | | | | 1 | 402.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PHLEBOTOMY THERAPEUTIC | 99195 | CPT | | | | outpatient | | | 424 | 168 | UHC | Medicare | 146.09 | | | | | 1 | 402.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PHLEBOTOMY THERAPEUTIC | 99195 | CPT | | | | outpatient | | | 424 | 168 | UHC | Medicaid | 133.77 | 31.55 | | | | 1 | 402.8 | percent of total billed charges | |
| HC PHLEBOTOMY THERAPEUTIC | 99195 | CPT | | | | outpatient | | | 424 | 168 | Aetna | Medicare | 146.09 | | | | | 1 | 402.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PHLEBOTOMY THERAPEUTIC | 99195 | CPT | | | | outpatient | | | 424 | 168 | Qualcare | Qualcare | 318 | 75 | | | | 1 | 402.8 | percent of total billed charges | |
| HC PHLEBOTOMY THERAPEUTIC | 99195 | CPT | | | | outpatient | | | 424 | 168 | Amerihealth | HMO/PPO | 1 | | | | | 1 | 402.8 | fee schedule | |
| HC PHLEBOTOMY THERAPEUTIC | 99195 | CPT | | | | outpatient | | | 424 | 168 | Horizon | Indemnity | 282.68 | | | | | 1 | 402.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PHLEBOTOMY THERAPEUTIC | 99195 | CPT | | | | outpatient | | | 424 | 168 | First Health | First Health | 296.8 | 70 | | | | 1 | 402.8 | percent of total billed charges | |
| HC PHLEBOTOMY THERAPEUTIC | 99195 | CPT | | | | outpatient | | | 424 | 168 | Horizon | PPO | 282.68 | | | | | 1 | 402.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PHLEBOTOMY THERAPEUTIC | 99195 | CPT | | | | outpatient | | | 424 | 168 | Horizon | MGD | 282.68 | | | | | 1 | 402.8 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PHLEBOTOMY THERAPEUTIC | 99195 | CPT | | | | outpatient | | | 424 | 168 | Managed Care Inc | Managed Care Inc | 381.6 | 90 | | | | 1 | 402.8 | percent of total billed charges | |
| HC PHLEBOTOMY THERAPEUTIC | 99195 | CPT | | | | outpatient | | | 424 | 168 | Wellcare | Medicaid | 133.77 | 31.55 | | | | 1 | 402.8 | percent of total billed charges | |
| HC PHLEBOTOMY THERAPEUTIC | 99195 | CPT | | | | outpatient | | | 424 | 168 | WellPoint | WellPoint | 136.44 | 32.18 | | 70.45 | | 1 | 402.8 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 2 | 99202 | CPT | | | | outpatient | | | 210 | | Aetna | Better Health | 66.26 | 31.55 | | | | 42 | 199.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 2 | 99202 | CPT | | | | outpatient | | | 210 | | Aetna | Medicare | 64.68 | 30.8 | | | | 42 | 199.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 2 | 99202 | CPT | | | | outpatient | | | 210 | | First Trenton | First Trenton | 189 | 90 | | | | 42 | 199.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 2 | 99202 | CPT | | | | outpatient | | | 210 | | Amerihealth | HMO/PPO | 136.5 | 65 | | | | 42 | 199.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 2 | 99202 | CPT | | | | outpatient | | | 210 | | First Health | First Health | 147 | 70 | | | | 42 | 199.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 2 | 99202 | CPT | | | | outpatient | | | 210 | | Horizon | MGD | 80.39 | 38.28 | | | | 42 | 199.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 2 | 99202 | CPT | | | | outpatient | | | 210 | | Horizon | PPO | 80.39 | 38.28 | | | | 42 | 199.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 2 | 99202 | CPT | | | | outpatient | | | 210 | | Americare | Americare | 157.5 | 75 | | | | 42 | 199.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 2 | 99202 | CPT | | | | outpatient | | | 210 | | Wellcare | Medicaid | 66.26 | 31.55 | | 85.04 | | 42 | 199.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 2 | 99202 | CPT | | | | outpatient | | | 210 | | Corrections | Corrections | 168 | 80 | | 92.8 | | 42 | 199.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 2 | 99202 | CPT | | | | outpatient | | | 210 | | Managed Care Inc | Managed Care Inc | 189 | 90 | | | | 42 | 199.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 2 | 99202 | CPT | | | | outpatient | | | 210 | | Consumer | Consumer | 199.5 | 95 | | | | 42 | 199.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 2 | 99202 | CPT | | | | outpatient | | | 210 | | WellPoint | WellPoint | 67.58 | 32.18 | | 125.79 | | 42 | 199.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 2 | 99202 | CPT | | | | outpatient | | | 210 | | Horizon | Indemnity | 80.39 | 38.28 | | | | 42 | 199.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 2 | 99202 | CPT | | | | outpatient | | | 210 | | UHC | Medicaid | 66.26 | 31.55 | | 70.12 | | 42 | 199.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 2 | 99202 | CPT | | | | outpatient | | | 210 | | Horizon | Medicare Blue | 63 | 30 | | 96.99 | | 42 | 199.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 2 | 99202 | CPT | | | | outpatient | | | 210 | | Multiplan | Multiplan | 168 | 80 | | | | 42 | 199.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 2 | 99202 | CPT | | | | outpatient | | | 210 | | Horizon | NJ Health | 42 | | | 26.78 | | 42 | 199.5 | fee schedule | |
| HC NEW OUTPATIENT LEVEL 2 | 99202 | CPT | | | | outpatient | | | 210 | | Qualcare | Qualcare | 157.5 | 75 | | | | 42 | 199.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 2 | 99202 | CPT | | | | outpatient | | | 210 | | Three Rivers | Three Rivers | 199.5 | 95 | | | | 42 | 199.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 3 | 99203 | CPT | | | | outpatient | | | 300 | | Horizon | Medicare Blue | 90 | 30 | | 118.52 | 61.14 | | 285 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 3 | 99203 | CPT | | | | outpatient | | | 300 | | Consumer | Consumer | 285 | 95 | | | 61.14 | | 285 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 3 | 99203 | CPT | | | | outpatient | | | 300 | | First Trenton | First Trenton | 270 | 90 | | | 61.14 | | 285 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 3 | 99203 | CPT | | | | outpatient | | | 300 | | Amerihealth | HMO/PPO | 195 | 65 | | | 61.14 | | 285 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 3 | 99203 | CPT | | | | outpatient | | | 300 | | Aetna | Better Health | 94.65 | 31.55 | | | 61.14 | | 285 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 3 | 99203 | CPT | | | | outpatient | | | 300 | | Aetna | Medicare | 92.4 | 30.8 | | | 61.14 | | 285 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 3 | 99203 | CPT | | | | outpatient | | | 300 | | Horizon | PPO | 114.84 | 38.28 | | | 61.14 | | 285 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 3 | 99203 | CPT | | | | outpatient | | | 300 | | Americare | Americare | 225 | 75 | | | 61.14 | | 285 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 3 | 99203 | CPT | | | | outpatient | | | 300 | | Horizon | NJ Health | 61.14 | | | 13.26 | 61.14 | | 285 | fee schedule | |
| HC NEW OUTPATIENT LEVEL 3 | 99203 | CPT | | | | outpatient | | | 300 | | Corrections | Corrections | 240 | 80 | | | 61.14 | | 285 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 3 | 99203 | CPT | | | | outpatient | | | 300 | | Managed Care Inc | Managed Care Inc | 270 | 90 | | | 61.14 | | 285 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 3 | 99203 | CPT | | | | outpatient | | | 300 | | Horizon | Indemnity | 114.84 | 38.28 | | | 61.14 | | 285 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 3 | 99203 | CPT | | | | outpatient | | | 300 | | First Health | First Health | 210 | 70 | | | 61.14 | | 285 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 3 | 99203 | CPT | | | | outpatient | | | 300 | | Horizon | MGD | 114.84 | 38.28 | | | 61.14 | | 285 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 3 | 99203 | CPT | | | | outpatient | | | 300 | | Three Rivers | Three Rivers | 285 | 95 | | | 61.14 | | 285 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 3 | 99203 | CPT | | | | outpatient | | | 300 | | Multiplan | Multiplan | 240 | 80 | | | 61.14 | | 285 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 3 | 99203 | CPT | | | | outpatient | | | 300 | | Wellcare | Medicaid | 94.65 | 31.55 | | | 61.14 | | 285 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 3 | 99203 | CPT | | | | outpatient | | | 300 | | WellPoint | WellPoint | 96.54 | 32.18 | | 98.11 | 61.14 | | 285 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 3 | 99203 | CPT | | | | outpatient | | | 300 | | UHC | Medicaid | 94.65 | 31.55 | | | 61.14 | | 285 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 3 | 99203 | CPT | | | | outpatient | | | 300 | | Qualcare | Qualcare | 225 | 75 | | | 61.14 | | 285 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 4 | 99204 | CPT | | | | outpatient | | | 460 | | First Trenton | First Trenton | 414 | 90 | | | 92.31 | | 437 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 4 | 99204 | CPT | | | | outpatient | | | 460 | | Aetna | Medicare | 141.68 | 30.8 | | | 92.31 | | 437 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 4 | 99204 | CPT | | | | outpatient | | | 460 | | UHC | Medicaid | 145.13 | 31.55 | | | 92.31 | | 437 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 4 | 99204 | CPT | | | | outpatient | | | 460 | | Aetna | Better Health | 145.13 | 31.55 | | | 92.31 | | 437 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 4 | 99204 | CPT | | | | outpatient | | | 460 | | Horizon | Medicare Blue | 138 | 30 | | | 92.31 | | 437 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 4 | 99204 | CPT | | | | outpatient | | | 460 | | Americare | Americare | 345 | 75 | | | 92.31 | | 437 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 4 | 99204 | CPT | | | | outpatient | | | 460 | | First Health | First Health | 322 | 70 | | | 92.31 | | 437 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 4 | 99204 | CPT | | | | outpatient | | | 460 | | Corrections | Corrections | 368 | 80 | | | 92.31 | | 437 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 4 | 99204 | CPT | | | | outpatient | | | 460 | | WellPoint | WellPoint | 148.03 | 32.18 | | | 92.31 | | 437 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 4 | 99204 | CPT | | | | outpatient | | | 460 | | Amerihealth | HMO/PPO | 299 | 65 | | | 92.31 | | 437 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 4 | 99204 | CPT | | | | outpatient | | | 460 | | Wellcare | Medicaid | 145.13 | 31.55 | | | 92.31 | | 437 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 4 | 99204 | CPT | | | | outpatient | | | 460 | | Consumer | Consumer | 437 | 95 | | | 92.31 | | 437 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 4 | 99204 | CPT | | | | outpatient | | | 460 | | Horizon | MGD | 176.09 | 38.28 | | | 92.31 | | 437 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 4 | 99204 | CPT | | | | outpatient | | | 460 | | Horizon | Indemnity | 176.09 | 38.28 | | | 92.31 | | 437 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 4 | 99204 | CPT | | | | outpatient | | | 460 | | Multiplan | Multiplan | 368 | 80 | | | 92.31 | | 437 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 4 | 99204 | CPT | | | | outpatient | | | 460 | | Horizon | NJ Health | 92.31 | | | | 92.31 | | 437 | fee schedule | |
| HC NEW OUTPATIENT LEVEL 4 | 99204 | CPT | | | | outpatient | | | 460 | | Qualcare | Qualcare | 345 | 75 | | | 92.31 | | 437 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 4 | 99204 | CPT | | | | outpatient | | | 460 | | Horizon | PPO | 176.09 | 38.28 | | | 92.31 | | 437 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 4 | 99204 | CPT | | | | outpatient | | | 460 | | Managed Care Inc | Managed Care Inc | 414 | 90 | | | 92.31 | | 437 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 4 | 99204 | CPT | | | | outpatient | | | 460 | | Three Rivers | Three Rivers | 437 | 95 | | | 92.31 | | 437 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 5 | 99205 | CPT | | | | outpatient | | | 570 | | Corrections | Corrections | 456 | 80 | | | 115.6 | | 541.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 5 | 99205 | CPT | | | | outpatient | | | 570 | | Horizon | MGD | 218.2 | 38.28 | | | 115.6 | | 541.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 5 | 99205 | CPT | | | | outpatient | | | 570 | | Aetna | Medicare | 175.56 | 30.8 | | | 115.6 | | 541.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 5 | 99205 | CPT | | | | outpatient | | | 570 | | Americare | Americare | 427.5 | 75 | | | 115.6 | | 541.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 5 | 99205 | CPT | | | | outpatient | | | 570 | | Aetna | Better Health | 179.84 | 31.55 | | | 115.6 | | 541.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 5 | 99205 | CPT | | | | outpatient | | | 570 | | Horizon | Medicare Blue | 171 | 30 | | | 115.6 | | 541.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 5 | 99205 | CPT | | | | outpatient | | | 570 | | First Health | First Health | 399 | 70 | | | 115.6 | | 541.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 5 | 99205 | CPT | | | | outpatient | | | 570 | | Consumer | Consumer | 541.5 | 95 | | | 115.6 | | 541.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 5 | 99205 | CPT | | | | outpatient | | | 570 | | WellPoint | WellPoint | 183.43 | 32.18 | | | 115.6 | | 541.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 5 | 99205 | CPT | | | | outpatient | | | 570 | | Wellcare | Medicaid | 179.84 | 31.55 | | | 115.6 | | 541.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 5 | 99205 | CPT | | | | outpatient | | | 570 | | UHC | Medicaid | 179.84 | 31.55 | | | 115.6 | | 541.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 5 | 99205 | CPT | | | | outpatient | | | 570 | | First Trenton | First Trenton | 513 | 90 | | | 115.6 | | 541.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 5 | 99205 | CPT | | | | outpatient | | | 570 | | Amerihealth | HMO/PPO | 370.5 | 65 | | | 115.6 | | 541.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 5 | 99205 | CPT | | | | outpatient | | | 570 | | Horizon | NJ Health | 115.6 | | | | 115.6 | | 541.5 | fee schedule | |
| HC NEW OUTPATIENT LEVEL 5 | 99205 | CPT | | | | outpatient | | | 570 | | Horizon | Indemnity | 218.2 | 38.28 | | | 115.6 | | 541.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 5 | 99205 | CPT | | | | outpatient | | | 570 | | Horizon | PPO | 218.2 | 38.28 | | | 115.6 | | 541.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 5 | 99205 | CPT | | | | outpatient | | | 570 | | Multiplan | Multiplan | 456 | 80 | | | 115.6 | | 541.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 5 | 99205 | CPT | | | | outpatient | | | 570 | | Managed Care Inc | Managed Care Inc | 513 | 90 | | | 115.6 | | 541.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 5 | 99205 | CPT | | | | outpatient | | | 570 | | Qualcare | Qualcare | 427.5 | 75 | | | 115.6 | | 541.5 | percent of total billed charges | |
| HC NEW OUTPATIENT LEVEL 5 | 99205 | CPT | | | | outpatient | | | 570 | | Three Rivers | Three Rivers | 541.5 | 95 | | | 115.6 | | 541.5 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 1 | 99211 | CPT | | | | outpatient | | | 478 | | Aetna | Better Health | 150.81 | 31.55 | | | | 16 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 1 | 99211 | CPT | | | | outpatient | | | 478 | | First Trenton | First Trenton | 430.2 | 90 | | | | 16 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 1 | 99211 | CPT | | | | outpatient | | | 478 | | Aetna | Medicare | 147.22 | 30.8 | | | | 16 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 1 | 99211 | CPT | | | | outpatient | | | 478 | | Americare | Americare | 398.5 | 75 | | | | 16 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 1 | 99211 | CPT | | | | outpatient | | | 478 | | First Health | First Health | 334.6 | 70 | | | | 16 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 1 | 99211 | CPT | | | | outpatient | | | 478 | | Horizon | PPO | 182.98 | 38.28 | | | | 16 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 1 | 99211 | CPT | | | | outpatient | | | 478 | | Consumer | Consumer | 454.1 | 95 | | | | 16 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 1 | 99211 | CPT | | | | outpatient | | | 478 | | Amerihealth | HMO/PPO | 310.7 | 65 | | | | 16 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 1 | 99211 | CPT | | | | outpatient | | | 478 | | Wellcare | Medicaid | 150.81 | 31.55 | | | | 16 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 1 | 99211 | CPT | | | | outpatient | | | 478 | | Managed Care Inc | Managed Care Inc | 430.2 | 90 | | | | 16 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 1 | 99211 | CPT | | | | outpatient | | | 478 | | WellPoint | WellPoint | 153.82 | 32.18 | | 89.51 | | 16 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 1 | 99211 | CPT | | | | outpatient | | | 478 | | Horizon | NJ Health | 16 | | | 40 | | 16 | 454.1 | fee schedule | |
| HC ESTABLISHED PATIENT LEVEL 1 | 99211 | CPT | | | | outpatient | | | 478 | | Corrections | Corrections | 382.4 | 80 | | | | 16 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 1 | 99211 | CPT | | | | outpatient | | | 478 | | UHC | Medicaid | 150.81 | 31.55 | | | | 16 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 1 | 99211 | CPT | | | | outpatient | | | 478 | | Horizon | Medicare Blue | 143.4 | 30 | | 123.09 | | 16 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 1 | 99211 | CPT | | | | outpatient | | | 478 | | Horizon | Indemnity | 182.98 | 38.28 | | | | 16 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 1 | 99211 | CPT | | | | outpatient | | | 478 | | Horizon | MGD | 182.98 | 38.28 | | | | 16 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 1 | 99211 | CPT | | | | outpatient | | | 478 | | Three Rivers | Three Rivers | 454.1 | 95 | | | | 16 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 1 | 99211 | CPT | | | | outpatient | | | 478 | | Multiplan | Multiplan | 382.4 | 80 | | | | 16 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 1 | 99211 | CPT | | | | outpatient | | | 478 | | Qualcare | Qualcare | 358.5 | 75 | | | | 16 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 2 | 99212 | CPT | | | | both | | | 478 | | Consumer | Consumer | 454.1 | 95 | | | | 49.06 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 2 | 99212 | CPT | | | | both | | | 478 | | Horizon | Medicare Blue | 143.4 | 30 | | 81.82 | | 49.06 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 2 | 99212 | CPT | | | | both | | | 478 | | Horizon | MGD | 182.98 | 38.28 | | 174.61 | | 49.06 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 2 | 99212 | CPT | | | | both | | | 478 | | Aetna | Medicare | 147.22 | 30.8 | | 47.71 | | 49.06 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 2 | 99212 | CPT | | | | both | | | 478 | | Americare | Americare | 358.5 | 75 | | | | 49.06 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 2 | 99212 | CPT | | | | both | | | 478 | | Horizon | NJ Health | 49.06 | | | 51.31 | | 49.06 | 454.1 | fee schedule | |
| HC ESTABLISHED PATIENT LEVEL 2 | 99212 | CPT | | | | both | | | 478 | | Amerihealth | HMO/PPO | 310.7 | 65 | | 53.79 | | 49.06 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 2 | 99212 | CPT | | | | both | | | 478 | | Aetna | Better Health | 150.81 | 31.55 | | 131.78 | | 49.06 | 454.1 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 | Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC ESTABLISHED PATIENT LEVEL 2 | 99212 | CPT | | | | both | | | 478 | | Horizon | Indemnity | 182.98 | 38.28 | | 254.35 | 49.06 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 2 | 99212 | CPT | | | | both | | | 478 | | Multiplan | Multiplan | 382.4 | 80 | | | 49.06 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 2 | 99212 | CPT | | | | both | | | 478 | | Horizon | PPO | 182.98 | 38.28 | | 161.83 | 49.06 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 2 | 99212 | CPT | | | | both | | | 478 | | First Health | First Health | 334.6 | 70 | | | 49.06 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 2 | 99212 | CPT | | | | both | | | 478 | | Three Rivers | Three Rivers | 454.1 | 95 | | | 49.06 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 2 | 99212 | CPT | | | | both | | | 478 | | Qualcare | Qualcare | 358.5 | 75 | | | 49.06 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 2 | 99212 | CPT | | | | both | | | 478 | | WellPoint | WellPoint | 153.82 | 32.18 | | 105.54 | 49.06 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 2 | 99212 | CPT | | | | both | | | 478 | | Corrections | Corrections | 382.4 | 80 | | 137.59 | 49.06 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 2 | 99212 | CPT | | | | both | | | 478 | | UHC | Medicaid | 150.81 | 31.55 | | 114.11 | 49.06 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 2 | 99212 | CPT | | | | both | | | 478 | | First Trenton | First Trenton | 430.2 | 90 | | | 49.06 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 2 | 99212 | CPT | | | | both | | | 478 | | Managed Care Inc | Managed Care Inc | 430.2 | 90 | | | 49.06 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 2 | 99212 | CPT | | | | both | | | 478 | | Wellcare | Medicaid | 150.81 | 31.55 | | 96.54 | 49.06 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 3 | 99213 | CPT | | | | outpatient | | | 478 | | Aetna | Better Health | 150.81 | 31.55 | | | 81.6 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 3 | 99213 | CPT | | | | outpatient | | | 478 | | Amerihealth | HMO/PPO | 310.7 | 65 | | | 81.6 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 3 | 99213 | CPT | | | | outpatient | | | 478 | | Aetna | Medicare | 147.22 | 30.8 | | | 81.6 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 3 | 99213 | CPT | | | | outpatient | | | 478 | | First Trenton | First Trenton | 430.2 | 90 | | | 81.6 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 3 | 99213 | CPT | | | | outpatient | | | 478 | | Corrections | Corrections | 382.4 | 80 | | | 81.6 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 3 | 99213 | CPT | | | | outpatient | | | 478 | | Consumer | Consumer | 454.1 | 95 | | | 81.6 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 3 | 99213 | CPT | | | | outpatient | | | 478 | | Americare | Americare | 358.5 | 75 | | | 81.6 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 3 | 99213 | CPT | | | | outpatient | | | 478 | | Horizon | Indemnity | 182.98 | 38.28 | | | 81.6 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 3 | 99213 | CPT | | | | outpatient | | | 478 | | Horizon | MGD | 182.98 | 38.28 | | 241.39 | 81.6 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 3 | 99213 | CPT | | | | outpatient | | | 478 | | First Health | First Health | 334.6 | 70 | | | 81.6 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 3 | 99213 | CPT | | | | outpatient | | | 478 | | WellPoint | WellPoint | 153.82 | 32.18 | | 115.39 | 81.6 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 3 | 99213 | CPT | | | | outpatient | | | 478 | | Horizon | PPO | 182.98 | 38.28 | | | 81.6 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 3 | 99213 | CPT | | | | outpatient | | | 478 | | Horizon | NJ Health | 81.6 | | | 83.46 | 81.6 | 454.1 | fee schedule | |
| HC ESTABLISHED PATIENT LEVEL 3 | 99213 | CPT | | | | outpatient | | | 478 | | Managed Care Inc | Managed Care Inc | 430.2 | 90 | | | 81.6 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 3 | 99213 | CPT | | | | outpatient | | | 478 | | Horizon | Medicare Blue | 143.4 | 30 | | 85.61 | 81.6 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 3 | 99213 | CPT | | | | outpatient | | | 478 | | Three Rivers | Three Rivers | 454.1 | 95 | | | 81.6 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 3 | 99213 | CPT | | | | outpatient | | | 478 | | Multiplan | Multiplan | 382.4 | 80 | | | 81.6 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 3 | 99213 | CPT | | | | outpatient | | | 478 | | UHC | Medicaid | 150.81 | 31.55 | | | 81.6 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 3 | 99213 | CPT | | | | outpatient | | | 478 | | Qualcare | Qualcare | 358.5 | 75 | | | 81.6 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 3 | 99213 | CPT | | | | outpatient | | | 478 | | Wellcare | Medicaid | 150.81 | 31.55 | | 135.4 | 81.6 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 4 | 99214 | CPT | | | | outpatient | | | 478 | | Americare | Americare | 358.5 | 75 | | | 119.85 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 4 | 99214 | CPT | | | | outpatient | | | 478 | | Aetna | Medicare | 147.22 | 30.8 | | | 119.85 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 4 | 99214 | CPT | | | | outpatient | | | 478 | | WellPoint | WellPoint | 153.82 | 32.18 | | 153.05 | 119.85 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 4 | 99214 | CPT | | | | outpatient | | | 478 | | Aetna | Better Health | 150.81 | 31.55 | | | 119.85 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 4 | 99214 | CPT | | | | outpatient | | | 478 | | Corrections | Corrections | 382.4 | 80 | | | 119.85 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 4 | 99214 | CPT | | | | outpatient | | | 478 | | First Trenton | First Trenton | 430.2 | 90 | | | 119.85 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 4 | 99214 | CPT | | | | outpatient | | | 478 | | Consumer | Consumer | 454.1 | 95 | | | 119.85 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 4 | 99214 | CPT | | | | outpatient | | | 478 | | Amerihealth | HMO/PPO | 310.7 | 65 | | | 119.85 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 4 | 99214 | CPT | | | | outpatient | | | 478 | | Horizon | Indemnity | 182.98 | 38.28 | | | 119.85 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 4 | 99214 | CPT | | | | outpatient | | | 478 | | Horizon | MGD | 182.98 | 38.28 | | | 119.85 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 4 | 99214 | CPT | | | | outpatient | | | 478 | | Three Rivers | Three Rivers | 454.1 | 95 | | | 119.85 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 4 | 99214 | CPT | | | | outpatient | | | 478 | | Horizon | Medicare Blue | 143.4 | 30 | | 126.23 | 119.85 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 4 | 99214 | CPT | | | | outpatient | | | 478 | | Horizon | PPO | 182.98 | 38.28 | | | 119.85 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 4 | 99214 | CPT | | | | outpatient | | | 478 | | First Health | First Health | 334.6 | 70 | | | 119.85 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 4 | 99214 | CPT | | | | outpatient | | | 478 | | Horizon | NJ Health | 119.85 | | | 136.99 | 119.85 | 454.1 | fee schedule | |
| HC ESTABLISHED PATIENT LEVEL 4 | 99214 | CPT | | | | outpatient | | | 478 | | Multiplan | Multiplan | 382.4 | 80 | | | 119.85 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 4 | 99214 | CPT | | | | outpatient | | | 478 | | Managed Care Inc | Managed Care Inc | 430.2 | 90 | | | 119.85 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 4 | 99214 | CPT | | | | outpatient | | | 478 | | Qualcare | Qualcare | 358.5 | 75 | | | 119.85 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 4 | 99214 | CPT | | | | outpatient | | | 478 | | UHC | Medicaid | 150.81 | 31.55 | | | 119.85 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 4 | 99214 | CPT | | | | outpatient | | | 478 | | Wellcare | Medicaid | 150.81 | 31.55 | | | 119.85 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 5 | 99215 | CPT | | | | outpatient | | | 478 | | Americare | Americare | 358.5 | 75 | | | 143.4 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 5 | 99215 | CPT | | | | outpatient | | | 478 | | First Health | First Health | 334.6 | 70 | | | 143.4 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 5 | 99215 | CPT | | | | outpatient | | | 478 | | Aetna | Medicare | 147.22 | 30.8 | | | 143.4 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 5 | 99215 | CPT | | | | outpatient | | | 478 | | Multiplan | Multiplan | 382.4 | 80 | | | 143.4 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 5 | 99215 | CPT | | | | outpatient | | | 478 | | Horizon | Medicare Blue | 143.4 | 30 | | | 143.4 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 5 | 99215 | CPT | | | | outpatient | | | 478 | | Consumer | Consumer | 454.1 | 95 | | | 143.4 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 5 | 99215 | CPT | | | | outpatient | | | 478 | | Horizon | MGD | 182.98 | 38.28 | | | 143.4 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 5 | 99215 | CPT | | | | outpatient | | | 478 | | Aetna | Better Health | 150.81 | 31.55 | | | 143.4 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 5 | 99215 | CPT | | | | outpatient | | | 478 | | UHC | Medicaid | 150.81 | 31.55 | | | 143.4 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 5 | 99215 | CPT | | | | outpatient | | | 478 | | Horizon | PPO | 182.98 | 38.28 | | | 143.4 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 5 | 99215 | CPT | | | | outpatient | | | 478 | | Wellcare | Medicaid | 150.81 | 31.55 | | | 143.4 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 5 | 99215 | CPT | | | | outpatient | | | 478 | | Amerihealth | HMO/PPO | 310.7 | 65 | | | 143.4 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 5 | 99215 | CPT | | | | outpatient | | | 478 | | Corrections | Corrections | 382.4 | 80 | | | 143.4 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 5 | 99215 | CPT | | | | outpatient | | | 478 | | Horizon | Indemnity | 182.98 | 38.28 | | | 143.4 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 5 | 99215 | CPT | | | | outpatient | | | 478 | | Three Rivers | Three Rivers | 454.1 | 95 | | | 143.4 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 5 | 99215 | CPT | | | | outpatient | | | 478 | | Qualcare | Qualcare | 358.5 | 75 | | | 143.4 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 5 | 99215 | CPT | | | | outpatient | | | 478 | | First Trenton | First Trenton | 430.2 | 90 | | | 143.4 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 5 | 99215 | CPT | | | | outpatient | | | 478 | | Horizon | NJ Health | 161.06 | | | | 143.4 | 454.1 | fee schedule | |
| HC ESTABLISHED PATIENT LEVEL 5 | 99215 | CPT | | | | outpatient | | | 478 | | Managed Care Inc | Managed Care Inc | 430.2 | 90 | | | 143.4 | 454.1 | percent of total billed charges | |
| HC ESTABLISHED PATIENT LEVEL 5 | 99215 | CPT | | | | outpatient | | | 478 | | WellPoint | WellPoint | 153.82 | 32.18 | | | 143.4 | 454.1 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES | 99243 | CPT | | | | outpatient | | | 340 | | Horizon | MGD | 130.15 | 38.28 | | | 64.7 | 323 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES | 99243 | CPT | | | | outpatient | | | 340 | | Americare | Americare | 255 | 75 | | | 64.7 | 323 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES | 99243 | CPT | | | | outpatient | | | 340 | | Aetna | Better Health | 107.27 | 31.55 | | | 64.7 | 323 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES | 99243 | CPT | | | | outpatient | | | 340 | | Aetna | Medicare | 30.8 | 104.72 | | | 64.7 | 323 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES | 99243 | CPT | | | | outpatient | | | 340 | | UHC | Medicaid | 107.27 | 31.55 | | | 64.7 | 323 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES | 99243 | CPT | | | | outpatient | | | 340 | | Wellcare | Medicaid | 107.27 | 31.55 | | | 64.7 | 323 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES | 99243 | CPT | | | | outpatient | | | 340 | | First Health | First Health | 238 | 70 | | | 64.7 | 323 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES | 99243 | CPT | | | | outpatient | | | 340 | | Corrections | Corrections | 272 | 80 | | | 64.7 | 323 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES | 99243 | CPT | | | | outpatient | | | 340 | | Amerihealth | HMO/PPO | 221 | 65 | | | 64.7 | 323 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES | 99243 | CPT | | | | outpatient | | | 340 | | Consumer | Consumer | 323 | 95 | | | 64.7 | 323 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES | 99243 | CPT | | | | outpatient | | | 340 | | Horizon | Indemnity | 130.15 | 38.28 | | | 64.7 | 323 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES | 99243 | CPT | | | | outpatient | | | 340 | | WellPoint | WellPoint | 109.41 | 32.18 | | | 64.7 | 323 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES | 99243 | CPT | | | | outpatient | | | 340 | | Multiplan | Multiplan | 272 | 80 | | | 64.7 | 323 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES | 99243 | CPT | | | | outpatient | | | 340 | | First Trenton | First Trenton | 306 | 90 | | | 64.7 | 323 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES | 99243 | CPT | | | | outpatient | | | 340 | | Horizon | Medicare Blue | 102 | 30 | | | 64.7 | 323 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES | 99243 | CPT | | | | outpatient | | | 340 | | Horizon | NJ Health | 64.7 | | | | 64.7 | 323 | fee schedule | |
| HC OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES | 99243 | CPT | | | | outpatient | | | 340 | | Qualcare | Qualcare | 255 | 75 | | | 64.7 | 323 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES | 99243 | CPT | | | | outpatient | | | 340 | | Horizon | PPO | 130.15 | 38.28 | | | 64.7 | 323 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES | 99243 | CPT | | | | outpatient | | | 340 | | Managed Care Inc | Managed Care Inc | 306 | 90 | | | 64.7 | 323 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES | 99243 | CPT | | | | outpatient | | | 340 | | Three Rivers | Three Rivers | 323 | 95 | | | 64.7 | 323 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES | 99244 | CPT | | | | outpatient | | | 510 | | Americare | Americare | 382.5 | 75 | | | 91.1 | 484.5 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES | 99244 | CPT | | | | outpatient | | | 510 | | Amerihealth | HMO/PPO | 331.5 | 65 | | | 91.1 | 484.5 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES | 99244 | CPT | | | | outpatient | | | 510 | | Aetna | Medicare | 157.08 | 30.8 | | | 91.1 | 484.5 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES | 99244 | CPT | | | | outpatient | | | 510 | | Aetna | Better Health | 160.91 | 31.55 | | | 91.1 | 484.5 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES | 99244 | CPT | | | | outpatient | | | 510 | | First Trenton | First Trenton | 459 | 90 | | | 91.1 | 484.5 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES | 99244 | CPT | | | | outpatient | | | 510 | | Horizon | Indemnity | 195.23 | 38.28 | | | 91.1 | 484.5 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES | 99244 | CPT | | | | outpatient | | | 510 | | First Health | First Health | 357 | 70 | | | 91.1 | 484.5 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES | 99244 | CPT | | | | outpatient | | | 510 | | Corrections | Corrections | 408 | 80 | | | 91.1 | 484.5 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES | 99244 | CPT | | | | outpatient | | | 510 | | Horizon | MGD | 195.23 | 38.28 | | | 91.1 | 484.5 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES | 99244 | CPT | | | | outpatient | | | 510 | | Multiplan | Multiplan | 408 | 80 | | | 91.1 | 484.5 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES | 99244 | CPT | | | | outpatient | | | 510 | | UHC | Medicaid | 160.91 | 31.55 | | | 91.1 | 484.5 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES | 99244 | CPT | | | | outpatient | | | 510 | | Consumer | Consumer | 484.5 | 95 | | | 91.1 | 484.5 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES | 99244 | CPT | | | | outpatient | | | 510 | | Qualcare | Qualcare | 382.5 | 75 | | | 91.1 | 484.5 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES | 99244 | CPT | | | | outpatient | | | 510 | | WellPoint | WellPoint | 164.12 | 32.18 | | | 91.1 | 484.5 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES | 99244 | CPT | | | | outpatient | | | 510 | | Horizon | Medicare Blue | 153 | 30 | | | 91.1 | 484.5 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES | 99244 | CPT | | | | outpatient | | | 510 | | Horizon | NJ Health | 91.1 | | | | 91.1 | 484.5 | fee schedule | |
| HC OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES | 99244 | CPT | | | | outpatient | | | 510 | | Horizon | PPO | 195.23 | 38.28 | | | 91.1 | 484.5 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES | 99244 | CPT | | | | outpatient | | | 510 | | Managed Care Inc | Managed Care Inc | 459 | 90 | | | 91.1 | 484.5 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES | 99244 | CPT | | | | outpatient | | | 510 | | Three Rivers | Three Rivers | 484.5 | 95 | | | 91.1 | 484.5 | percent of total billed charges | |
| HC OFFICE/OP CONSLTJ NEW/EST PT MOD MDM 40 MINUTES | 99244 | CPT | | | | outpatient | | | 510 | | Wellcare | Medicaid | 160.91 | 31.55 | | | 91.1 | 484.5 | percent of total billed charges | |
| HC ED VISIT LEVEL I | 99281 | CPT | | | | both | | | 748 | 116.77 | Aetna | Medicare | 101.54 | | | 118.88 | 41.76 | 710.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED VISIT LEVEL I | 99281 | CPT | | | | both | | | 748 | 116.77 | Horizon | Indemnity | 196.48 | | | 125.2 | 41.76 | 710.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED VISIT LEVEL I | 99281 | CPT | | | | both | | | 748 | 116.77 | UHC | Medicaid | 235.99 | 31.55 | | 147.91 | 41.76 | 710.6 | percent of total billed charges | |
| HC ED VISIT LEVEL I | 99281 | CPT | | | | both | | | 748 | 116.77 | Corrections | Corrections | 598.4 | 80 | | 145.2 | 41.76 | 710.6 | percent of total billed charges | |
| HC ED VISIT LEVEL I | 99281 | CPT | | | | both | | | 748 | 116.77 | Amerihealth | HMO/PPO | 70 | | | 138.58 | 41.76 | 710.6 | fee schedule | |
| HC ED VISIT LEVEL I | 99281 | CPT | | | | both | | | 748 | 116.77 | Horizon | PPO | 196.48 | | | 164.75 | 41.76 | 710.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED VISIT LEVEL I | 99281 | CPT | | | | both | | | 748 | 116.77 | Aetna | Better Health | 235.99 | 31.55 | | 169.98 | 41.76 | 710.6 | percent of total billed charges | |
| HC ED VISIT LEVEL I | 99281 | CPT | | | | both | | | 748 | 116.77 | Americare | Americare | 561 | 75 | | | 41.76 | 710.6 | percent of total billed charges | |
| HC ED VISIT LEVEL I | 99281 | CPT | | | | both | | | 748 | 116.77 | First Health | First Health | 523.6 | 70 | | | 41.76 | 710.6 | percent of total billed charges | |
| HC ED VISIT LEVEL I | 99281 | CPT | | | | both | | | 748 | 116.77 | Horizon | MGD | 196.48 | | | 64.2 | 41.76 | 710.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED VISIT LEVEL I | 99281 | CPT | | | | both | | | 748 | 116.77 | UHC | Medicare | 101.54 | | | 83.92 | 41.76 | 710.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED VISIT LEVEL I | 99281 | CPT | | | | both | | | 748 | 116.77 | Wellcare | Medicare | 101.54 | | | 100.86 | 41.76 | 710.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED VISIT LEVEL I | 99281 | CPT | | | | both | | | 748 | 116.77 | First Trenton | First Trenton | 673.2 | 90 | | | 41.76 | 710.6 | percent of total billed charges | |
| HC ED VISIT LEVEL I | 99281 | CPT | | | | both | | | 748 | 116.77 | Consumer | Consumer | 710.6 | 95 | | | 41.76 | 710.6 | percent of total billed charges | |
| HC ED VISIT LEVEL I | 99281 | CPT | | | | both | | | 748 | 116.77 | Horizon | Medicare Blue | 101.54 | | | 95 | 41.76 | 710.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED VISIT LEVEL I | 99281 | CPT | | | | both | | | 748 | 116.77 | Three Rivers | Three Rivers | 710.6 | 95 | | | 41.76 | 710.6 | percent of total billed charges | |
| HC ED VISIT LEVEL I | 99281 | CPT | | | | both | | | 748 | 116.77 | Multiplan | Multiplan | 598.4 | 80 | | | 41.76 | 710.6 | percent of total billed charges | |
| HC ED VISIT LEVEL I | 99281 | CPT | | | | both | | | 748 | 116.77 | Horizon | NJ Health | 41.76 | | | 129.64 | 41.76 | 710.6 | fee schedule | $239 All-Inclusive Case Rate |
| HC ED VISIT LEVEL I | 99281 | CPT | | | | both | | | 748 | 116.77 | Qualcare | Qualcare | 561 | 75 | | | 41.76 | 710.6 | percent of total billed charges | |
| HC ED VISIT LEVEL I | 99281 | CPT | | | | both | | | 748 | 116.77 | Wellcare | Medicaid | 235.99 | 31.55 | | 214.25 | 41.76 | 710.6 | percent of total billed charges | |
| HC ED VISIT LEVEL I | 99281 | CPT | | | | both | | | 748 | 116.77 | Managed Care Inc | Managed Care Inc | 673.2 | 90 | | | 41.76 | 710.6 | percent of total billed charges | |
| HC ED VISIT LEVEL I | 99281 | CPT | | | | both | | | 748 | 116.77 | WellPoint | WellPoint | 240.71 | 32.18 | | 180.8 | 41.76 | 710.6 | percent of total billed charges | |
| HC ED VISIT LEVEL II | 99282 | CPT | | | | outpatient | | | 961 | 215.11 | Aetna | Better Health | 303.2 | 31.55 | | 198.38 | 61.34 | 912.95 | percent of total billed charges | |
| HC ED VISIT LEVEL II | 99282 | CPT | | | | outpatient | | | 961 | 215.11 | UHC | Medicaid | 303.2 | 31.55 | | 190.51 | 61.34 | 912.95 | percent of total billed charges | |
| HC ED VISIT LEVEL II | 99282 | CPT | | | | outpatient | | | 961 | 215.11 | Aetna | Medicare | 187.05 | | | 123.46 | 61.34 | 912.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED VISIT LEVEL II | 99282 | CPT | | | | outpatient | | | 961 | 215.11 | Horizon | NJ Health | 61.34 | | | 158.89 | 61.34 | 912.95 | fee schedule | $239 All-Inclusive Case Rate |
| HC ED VISIT LEVEL II | 99282 | CPT | | | | outpatient | | | 961 | 215.11 | Amerihealth | HMO/PPO | 100 | | | 148.57 | 61.34 | 912.95 | fee schedule | |
| HC ED VISIT LEVEL II | 99282 | CPT | | | | outpatient | | | 961 | 215.11 | Horizon | Indemnity | 361.94 | | | 301.68 | 61.34 | 912.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED VISIT LEVEL II | 99282 | CPT | | | | outpatient | | | 961 | 215.11 | Americare | Americare | 720.75 | 75 | | | 61.34 | 912.95 | percent of total billed charges | |
| HC ED VISIT LEVEL II | 99282 | CPT | | | | outpatient | | | 961 | 215.11 | First Health | First Health | 672.7 | 70 | | | 61.34 | 912.95 | percent of total billed charges | |
| HC ED VISIT LEVEL II | 99282 | CPT | | | | outpatient | | | 961 | 215.11 | Corrections | Corrections | 768.8 | 80 | | 278.05 | 61.34 | 912.95 | percent of total billed charges | |
| HC ED VISIT LEVEL II | 99282 | CPT | | | | outpatient | | | 961 | 215.11 | Horizon | PPO | 361.94 | | | 236.7 | 61.34 | 912.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED VISIT LEVEL II | 99282 | CPT | | | | outpatient | | | 961 | 215.11 | Consumer | Consumer | 912.95 | 95 | | | 61.34 | 912.95 | percent of total billed charges | |
| HC ED VISIT LEVEL II | 99282 | CPT | | | | outpatient | | | 961 | 215.11 | Wellcare | Medicaid | 303.2 | 31.55 | | 283.69 | 61.34 | 912.95 | percent of total billed charges | |
| HC ED VISIT LEVEL II | 99282 | CPT | | | | outpatient | | | 961 | 215.11 | Horizon | MGD | 361.94 | | | 272.79 | 61.34 | 912.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED VISIT LEVEL II | 99282 | CPT | | | | outpatient | | | 961 | 215.11 | Multiplan | Multiplan | 768.8 | 80 | | | 61.34 | 912.95 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC ED VISIT LEVEL II | 99282 | CPT | | | | outpatient | | | 961 | 215.11 | UHC | Medicare | 187.05 | | | 145.15 | 61.34 | 912.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED VISIT LEVEL II | 99282 | CPT | | | | outpatient | | | 961 | 215.11 | First Trenton | First Trenton | 864.9 | 90 | | | 61.34 | 912.95 | percent of total billed charges | |
| HC ED VISIT LEVEL II | 99282 | CPT | | | | outpatient | | | 961 | 215.11 | Qualcare | Qualcare | 720.75 | 75 | | | 61.34 | 912.95 | percent of total billed charges | |
| HC ED VISIT LEVEL II | 99282 | CPT | | | | outpatient | | | 961 | 215.11 | Horizon | Medicare Blue | 187.05 | | | 185.95 | 61.34 | 912.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED VISIT LEVEL II | 99282 | CPT | | | | outpatient | | | 961 | 215.11 | Wellcare | Medicare | 187.05 | | | 77.32 | 61.34 | 912.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED VISIT LEVEL II | 99282 | CPT | | | | outpatient | | | 961 | 215.11 | Managed Care Inc | Managed Care Inc | 864.9 | 90 | | | 61.34 | 912.95 | percent of total billed charges | |
| HC ED VISIT LEVEL II | 99282 | CPT | | | | outpatient | | | 961 | 215.11 | WellPoint | WellPoint | 309.25 | 32.18 | | 267.84 | 61.34 | 912.95 | percent of total billed charges | |
| HC ED VISIT LEVEL II | 99282 | CPT | | | | outpatient | | | 961 | 215.11 | Three Rivers | Three Rivers | 912.95 | 95 | | | 61.34 | 912.95 | percent of total billed charges | |
| HC ED VISIT LEVEL III | 99283 | CPT | | | | both | | | 1398 | 375.26 | UHC | Medicare | 326.31 | | | 217.04 | 61.34 | 1328.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED VISIT LEVEL III | 99283 | CPT | | | | both | | | 1398 | 375.26 | Corrections | Corrections | 1118.4 | 80 | | 318.9 | 61.34 | 1328.1 | percent of total billed charges | |
| HC ED VISIT LEVEL III | 99283 | CPT | | | | both | | | 1398 | 375.26 | Americare | Americare | 1048.5 | 75 | | | 61.34 | 1328.1 | percent of total billed charges | |
| HC ED VISIT LEVEL III | 99283 | CPT | | | | both | | | 1398 | 375.26 | Aetna | Better Health | 441.07 | 31.55 | | 353.32 | 61.34 | 1328.1 | percent of total billed charges | |
| HC ED VISIT LEVEL III | 99283 | CPT | | | | both | | | 1398 | 375.26 | Aetna | Medicare | 326.31 | | | 268.02 | 61.34 | 1328.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED VISIT LEVEL III | 99283 | CPT | | | | both | | | 1398 | 375.26 | UHC | Medicaid | 441.07 | 31.55 | | 366.99 | 61.34 | 1328.1 | percent of total billed charges | |
| HC ED VISIT LEVEL III | 99283 | CPT | | | | both | | | 1398 | 375.26 | Horizon | NJ Health | 61.34 | | | 507.18 | 61.34 | 1328.1 | fee schedule | $774 All-Inclusive Case Rate |
| HC ED VISIT LEVEL III | 99283 | CPT | | | | both | | | 1398 | 375.26 | First Health | First Health | 978.6 | 70 | | | 61.34 | 1328.1 | percent of total billed charges | |
| HC ED VISIT LEVEL III | 99283 | CPT | | | | both | | | 1398 | 375.26 | Wellcare | Medicaid | 441.07 | 31.55 | | 365.31 | 61.34 | 1328.1 | percent of total billed charges | |
| HC ED VISIT LEVEL III | 99283 | CPT | | | | both | | | 1398 | 375.26 | Wellcare | Medicare | 326.31 | | | 164.73 | 61.34 | 1328.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED VISIT LEVEL III | 99283 | CPT | | | | both | | | 1398 | 375.26 | Horizon | Medicare Blue | 326.31 | | | 221.77 | 61.34 | 1328.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED VISIT LEVEL III | 99283 | CPT | | | | both | | | 1398 | 375.26 | Consumer | Consumer | 1328.1 | 95 | | | 61.34 | 1328.1 | percent of total billed charges | |
| HC ED VISIT LEVEL III | 99283 | CPT | | | | both | | | 1398 | 375.26 | Amerihealth | HMO/PPO | 150 | | | 184.6 | 61.34 | 1328.1 | fee schedule | |
| HC ED VISIT LEVEL III | 99283 | CPT | | | | both | | | 1398 | 375.26 | Multiplan | Multiplan | 1118.4 | 80 | | | 61.34 | 1328.1 | percent of total billed charges | |
| HC ED VISIT LEVEL III | 99283 | CPT | | | | both | | | 1398 | 375.26 | First Trenton | First Trenton | 1258.2 | 90 | | | 61.34 | 1328.1 | percent of total billed charges | |
| HC ED VISIT LEVEL III | 99283 | CPT | | | | both | | | 1398 | 375.26 | Horizon | Indemnity | 631.41 | | | 323.65 | 61.34 | 1328.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED VISIT LEVEL III | 99283 | CPT | | | | both | | | 1398 | 375.26 | Horizon | MGD | 631.41 | | | 345.56 | 61.34 | 1328.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED VISIT LEVEL III | 99283 | CPT | | | | both | | | 1398 | 375.26 | Qualcare | Qualcare | 1048.5 | 75 | | | 61.34 | 1328.1 | percent of total billed charges | |
| HC ED VISIT LEVEL III | 99283 | CPT | | | | both | | | 1398 | 375.26 | Horizon | PPO | 631.41 | | | 324.67 | 61.34 | 1328.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED VISIT LEVEL III | 99283 | CPT | | | | both | | | 1398 | 375.26 | Three Rivers | Three Rivers | 1328.1 | 95 | | | 61.34 | 1328.1 | percent of total billed charges | |
| HC ED VISIT LEVEL III | 99283 | CPT | | | | both | | | 1398 | 375.26 | Managed Care Inc | Managed Care Inc | 1258.2 | 90 | | | 61.34 | 1328.1 | percent of total billed charges | |
| HC ED VISIT LEVEL III | 99283 | CPT | | | | both | | | 1398 | 375.26 | WellPoint | WellPoint | 449.88 | 32.18 | | 351.43 | 61.34 | 1328.1 | percent of total billed charges | |
| HC ED VISIT LEVEL IV | 99284 | CPT | | | | both | | | 2255 | 582.52 | Americare | Americare | 1691.25 | 75 | | | 84.3 | 2142.25 | percent of total billed charges | |
| HC ED VISIT LEVEL IV | 99284 | CPT | | | | both | | | 2255 | 582.52 | Aetna | Better Health | 711.45 | 31.55 | | 572.56 | 84.3 | 2142.25 | percent of total billed charges | |
| HC ED VISIT LEVEL IV | 99284 | CPT | | | | both | | | 2255 | 582.52 | First Trenton | First Trenton | 2029.5 | 90 | | | 84.3 | 2142.25 | percent of total billed charges | |
| HC ED VISIT LEVEL IV | 99284 | CPT | | | | both | | | 2255 | 582.52 | Amerihealth | HMO/PPO | 225 | | | 272.05 | 84.3 | 2142.25 | fee schedule | |
| HC ED VISIT LEVEL IV | 99284 | CPT | | | | both | | | 2255 | 582.52 | Corrections | Corrections | 1804 | 80 | | 543.11 | 84.3 | 2142.25 | percent of total billed charges | |
| HC ED VISIT LEVEL IV | 99284 | CPT | | | | both | | | 2255 | 582.52 | Wellcare | Medicaid | 711.45 | 31.55 | | 594.58 | 84.3 | 2142.25 | percent of total billed charges | |
| HC ED VISIT LEVEL IV | 99284 | CPT | | | | both | | | 2255 | 582.52 | Multiplan | Multiplan | 1804 | 80 | | | 84.3 | 2142.25 | percent of total billed charges | |
| HC ED VISIT LEVEL IV | 99284 | CPT | | | | both | | | 2255 | 582.52 | Consumer | Consumer | 2142.25 | 95 | | | 84.3 | 2142.25 | percent of total billed charges | |
| HC ED VISIT LEVEL IV | 99284 | CPT | | | | both | | | 2255 | 582.52 | Horizon | PPO | 980.15 | | | 564.36 | 84.3 | 2142.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED VISIT LEVEL IV | 99284 | CPT | | | | both | | | 2255 | 582.52 | Aetna | Medicare | 506.54 | | | 319.9 | 84.3 | 2142.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED VISIT LEVEL IV | 99284 | CPT | | | | both | | | 2255 | 582.52 | Horizon | Indemnity | 980.15 | | | 526.14 | 84.3 | 2142.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED VISIT LEVEL IV | 99284 | CPT | | | | both | | | 2255 | 582.52 | First Health | First Health | 1578.5 | 70 | | | 84.3 | 2142.25 | percent of total billed charges | |
| HC ED VISIT LEVEL IV | 99284 | CPT | | | | both | | | 2255 | 582.52 | UHC | Medicare | 506.54 | | | 317.63 | 84.3 | 2142.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED VISIT LEVEL IV | 99284 | CPT | | | | both | | | 2255 | 582.52 | WellPoint | WellPoint | 725.66 | 32.18 | | 538.62 | 84.3 | 2142.25 | percent of total billed charges | |
| HC ED VISIT LEVEL IV | 99284 | CPT | | | | both | | | 2255 | 582.52 | Qualcare | Qualcare | 1691.25 | 75 | | | 84.3 | 2142.25 | percent of total billed charges | |
| HC ED VISIT LEVEL IV | 99284 | CPT | | | | both | | | 2255 | 582.52 | Horizon | MGD | 980.15 | | | 586.11 | 84.3 | 2142.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED VISIT LEVEL IV | 99284 | CPT | | | | both | | | 2255 | 582.52 | Wellcare | Medicare | 506.54 | | | 202.77 | 84.3 | 2142.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED VISIT LEVEL IV | 99284 | CPT | | | | both | | | 2255 | 582.52 | UHC | Medicaid | 711.45 | 31.55 | | 565.14 | 84.3 | 2142.25 | percent of total billed charges | |
| HC ED VISIT LEVEL IV | 99284 | CPT | | | | both | | | 2255 | 582.52 | Horizon | Medicare Blue | 506.54 | | | 310.98 | 84.3 | 2142.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED VISIT LEVEL IV | 99284 | CPT | | | | both | | | 2255 | 582.52 | Horizon | NJ Health | 84.3 | | | 333.77 | 84.3 | 2142.25 | fee schedule | $774 All-Inclusive Case Rate |
| HC ED VISIT LEVEL IV | 99284 | CPT | | | | both | | | 2255 | 582.52 | Three Rivers | Three Rivers | 2142.25 | 95 | | | 84.3 | 2142.25 | percent of total billed charges | |
| HC ED VISIT LEVEL IV | 99284 | CPT | | | | both | | | 2255 | 582.52 | Managed Care Inc | Managed Care Inc | 2029.5 | 90 | | | 84.3 | 2142.25 | percent of total billed charges | |
| HC ED VISIT LEVEL V | 99285 | CPT | | | | both | | | 5394 | 844.79 | Aetna | Better Health | 1701.81 | 31.55 | | 1393.51 | 84.3 | 5124.3 | percent of total billed charges | |
| HC ED VISIT LEVEL V | 99285 | CPT | | | | both | | | 5394 | 844.79 | First Trenton | First Trenton | 4854.6 | 90 | | | 84.3 | 5124.3 | percent of total billed charges | |
| HC ED VISIT LEVEL V | 99285 | CPT | | | | both | | | 5394 | 844.79 | Aetna | Medicare | 734.6 | | | 752.58 | 84.3 | 5124.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED VISIT LEVEL V | 99285 | CPT | | | | both | | | 5394 | 844.79 | First Health | First Health | 3775.8 | 70 | | | 84.3 | 5124.3 | percent of total billed charges | |
| HC ED VISIT LEVEL V | 99285 | CPT | | | | both | | | 5394 | 844.79 | Americare | Americare | 4045.5 | 75 | | | 84.3 | 5124.3 | percent of total billed charges | |
| HC ED VISIT LEVEL V | 99285 | CPT | | | | both | | | 5394 | 844.79 | Horizon | NJ Health | 84.3 | | | 262.98 | 84.3 | 5124.3 | fee schedule | $774 All-Inclusive Case Rate |
| HC ED VISIT LEVEL V | 99285 | CPT | | | | both | | | 5394 | 844.79 | WellPoint | WellPoint | 1735.79 | 32.18 | | 1061.94 | 84.3 | 5124.3 | percent of total billed charges | |
| HC ED VISIT LEVEL V | 99285 | CPT | | | | both | | | 5394 | 844.79 | Corrections | Corrections | 4315.2 | 80 | | 1013.98 | 84.3 | 5124.3 | percent of total billed charges | |
| HC ED VISIT LEVEL V | 99285 | CPT | | | | both | | | 5394 | 844.79 | Amerihealth | HMO/PPO | 300 | | | 418.52 | 84.3 | 5124.3 | fee schedule | |
| HC ED VISIT LEVEL V | 99285 | CPT | | | | both | | | 5394 | 844.79 | Horizon | Indemnity | 1421.45 | | | 1049.34 | 84.3 | 5124.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED VISIT LEVEL V | 99285 | CPT | | | | both | | | 5394 | 844.79 | Horizon | PPO | 1421.45 | | | 1077.29 | 84.3 | 5124.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED VISIT LEVEL V | 99285 | CPT | | | | both | | | 5394 | 844.79 | Qualcare | Qualcare | 4045.5 | 75 | | | 84.3 | 5124.3 | percent of total billed charges | |
| HC ED VISIT LEVEL V | 99285 | CPT | | | | both | | | 5394 | 844.79 | Consumer | Consumer | 5124.3 | 95 | | | 84.3 | 5124.3 | percent of total billed charges | |
| HC ED VISIT LEVEL V | 99285 | CPT | | | | both | | | 5394 | 844.79 | UHC | Medicare | 734.6 | | | 678.78 | 84.3 | 5124.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED VISIT LEVEL V | 99285 | CPT | | | | both | | | 5394 | 844.79 | Multiplan | Multiplan | 4315.2 | 80 | | | 84.3 | 5124.3 | percent of total billed charges | |
| HC ED VISIT LEVEL V | 99285 | CPT | | | | both | | | 5394 | 844.79 | Horizon | Medicare Blue | 734.6 | | | 555.25 | 84.3 | 5124.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED VISIT LEVEL V | 99285 | CPT | | | | both | | | 5394 | 844.79 | Wellcare | Medicaid | 1701.81 | 31.55 | | 1369.75 | 84.3 | 5124.3 | percent of total billed charges | |
| HC ED VISIT LEVEL V | 99285 | CPT | | | | both | | | 5394 | 844.79 | Horizon | MGD | 1421.45 | | | 1109.76 | 84.3 | 5124.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED VISIT LEVEL V | 99285 | CPT | | | | both | | | 5394 | 844.79 | Managed Care Inc | Managed Care Inc | 4854.6 | 90 | | | 84.3 | 5124.3 | percent of total billed charges | |
| HC ED VISIT LEVEL V | 99285 | CPT | | | | both | | | 5394 | 844.79 | Wellcare | Medicare | 734.6 | | | 665.18 | 84.3 | 5124.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED VISIT LEVEL V | 99285 | CPT | | | | both | | | 5394 | 844.79 | Three Rivers | Three Rivers | 5124.3 | 95 | | | 84.3 | 5124.3 | percent of total billed charges | |
| HC ED VISIT LEVEL V | 99285 | CPT | | | | both | | | 5394 | 844.79 | UHC | Medicaid | 1701.81 | 31.55 | | 1387.52 | 84.3 | 5124.3 | percent of total billed charges | |
| HC ED CRITICAL CARE 30-74MIN | 99291 | CPT | | | | both | | | 6141 | 1167.09 | Corrections | Corrections | 4912.8 | 80 | | 1564.53 | 313.2 | 5833.95 | percent of total billed charges | |
| HC ED CRITICAL CARE 30-74MIN | 99291 | CPT | | | | both | | | 6141 | 1167.09 | Horizon | MGD | 1963.75 | | | 1399.71 | 313.2 | 5833.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED CRITICAL CARE 30-74MIN | 99291 | CPT | | | | both | | | 6141 | 1167.09 | Americare | Americare | 4605.75 | 75 | | | 313.2 | 5833.95 | percent of total billed charges | |
| HC ED CRITICAL CARE 30-74MIN | 99291 | CPT | | | | both | | | 6141 | 1167.09 | Aetna | Better Health | 1937.49 | 31.55 | | 1574.69 | 313.2 | 5833.95 | percent of total billed charges | |
| HC ED CRITICAL CARE 30-74MIN | 99291 | CPT | | | | both | | | 6141 | 1167.09 | Horizon | Medicare Blue | 1014.86 | | | 660.6 | 313.2 | 5833.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED CRITICAL CARE 30-74MIN | 99291 | CPT | | | | both | | | 6141 | 1167.09 | Aetna | Medicare | 1014.86 | | | 637.18 | 313.2 | 5833.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED CRITICAL CARE 30-74MIN | 99291 | CPT | | | | both | | | 6141 | 1167.09 | Consumer | Consumer | 5833.95 | 95 | | | 313.2 | 5833.95 | percent of total billed charges | |
| HC ED CRITICAL CARE 30-74MIN | 99291 | CPT | | | | both | | | 6141 | 1167.09 | Amerihealth | HMO/PPO | 1000 | | | | 313.2 | 5833.95 | fee schedule | |
| HC ED CRITICAL CARE 30-74MIN | 99291 | CPT | | | | both | | | 6141 | 1167.09 | Multiplan | Multiplan | 4912.8 | 80 | | | 313.2 | 5833.95 | percent of total billed charges | |
| HC ED CRITICAL CARE 30-74MIN | 99291 | CPT | | | | both | | | 6141 | 1167.09 | Horizon | NJ Health | 313.2 | | | 289.62 | 313.2 | 5833.95 | fee schedule | $774 All-Inclusive Case Rate |
| HC ED CRITICAL CARE 30-74MIN | 99291 | CPT | | | | both | | | 6141 | 1167.09 | Horizon | Indemnity | 1963.75 | | | 1057.94 | 313.2 | 5833.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED CRITICAL CARE 30-74MIN | 99291 | CPT | | | | both | | | 6141 | 1167.09 | UHC | Medicare | 1014.86 | | | 725.49 | 313.2 | 5833.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED CRITICAL CARE 30-74MIN | 99291 | CPT | | | | both | | | 6141 | 1167.09 | Qualcare | Qualcare | 4605.75 | 75 | | | 313.2 | 5833.95 | percent of total billed charges | |
| HC ED CRITICAL CARE 30-74MIN | 99291 | CPT | | | | both | | | 6141 | 1167.09 | First Health | First Health | 4298.7 | 70 | | | 313.2 | 5833.95 | percent of total billed charges | |
| HC ED CRITICAL CARE 30-74MIN | 99291 | CPT | | | | both | | | 6141 | 1167.09 | First Trenton | First Trenton | 5526.9 | 90 | | | 313.2 | 5833.95 | percent of total billed charges | |
| HC ED CRITICAL CARE 30-74MIN | 99291 | CPT | | | | both | | | 6141 | 1167.09 | WellPoint | WellPoint | 1976.17 | 32.18 | | 1342.37 | 313.2 | 5833.95 | percent of total billed charges | |
| HC ED CRITICAL CARE 30-74MIN | 99291 | CPT | | | | both | | | 6141 | 1167.09 | Three Rivers | Three Rivers | 5833.95 | 95 | | | 313.2 | 5833.95 | percent of total billed charges | |
| HC ED CRITICAL CARE 30-74MIN | 99291 | CPT | | | | both | | | 6141 | 1167.09 | UHC | Medicaid | 1937.49 | 31.55 | | 1611.36 | 313.2 | 5833.95 | percent of total billed charges | |
| HC ED CRITICAL CARE 30-74MIN | 99291 | CPT | | | | both | | | 6141 | 1167.09 | Horizon | PPO | 1963.75 | | | 1090.95 | 313.2 | 5833.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ED CRITICAL CARE 30-74MIN | 99291 | CPT | | | | both | | | 6141 | 1167.09 | Wellcare | Medicaid | 1937.49 | 31.55 | | 1663.25 | 313.2 | 5833.95 | percent of total billed charges | |
| HC ED CRITICAL CARE 30-74MIN | 99291 | CPT | | | | both | | | 6141 | 1167.09 | Managed Care Inc | Managed Care Inc | 5526.9 | 90 | | | 313.2 | 5833.95 | percent of total billed charges | |
| HC ED CRITICAL CARE 30-74MIN | 99291 | CPT | | | | both | | | 6141 | 1167.09 | Wellcare | Medicare | 1014.86 | | | 632.42 | 313.2 | 5833.95 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CRITICAL CARE ILL/INJ PT ADD 3 | 99292 | CPT | | | | outpatient | | | 869 | | First Trenton | First Trenton | 782.1 | 90 | | | 86.39 | 825.55 | percent of total billed charges | |
| HC CRITICAL CARE ILL/INJ PT ADD 3 | 99292 | CPT | | | | outpatient | | | 869 | | Aetna | Medicare | 267.65 | 30.8 | | | 86.39 | 825.55 | percent of total billed charges | |
| HC CRITICAL CARE ILL/INJ PT ADD 3 | 99292 | CPT | | | | outpatient | | | 869 | | Horizon | Medicare Blue | 260.7 | 30 | | | 86.39 | 825.55 | percent of total billed charges | |
| HC CRITICAL CARE ILL/INJ PT ADD 3 | 99292 | CPT | | | | outpatient | | | 869 | | Aetna | Better Health | 274.17 | 31.55 | | | 86.39 | 825.55 | percent of total billed charges | |
| HC CRITICAL CARE ILL/INJ PT ADD 3 | 99292 | CPT | | | | outpatient | | | 869 | | Americare | Americare | 651.75 | 75 | | | 86.39 | 825.55 | percent of total billed charges | |
| HC CRITICAL CARE ILL/INJ PT ADD 3 | 99292 | CPT | | | | outpatient | | | 869 | | Consumer | Consumer | 825.55 | 95 | | | 86.39 | 825.55 | percent of total billed charges | |
| HC CRITICAL CARE ILL/INJ PT ADD 3 | 99292 | CPT | | | | outpatient | | | 869 | | Amerihealth | HMO/PPO | 564.85 | 65 | | | 86.39 | 825.55 | percent of total billed charges | |
| HC CRITICAL CARE ILL/INJ PT ADD 3 | 99292 | CPT | | | | outpatient | | | 869 | | WellPoint | WellPoint | 279.64 | 32.18 | | | 86.39 | 825.55 | percent of total billed charges | |
| HC CRITICAL CARE ILL/INJ PT ADD 3 | 99292 | CPT | | | | outpatient | | | 869 | | Horizon | Indemnity | 332.65 | 38.28 | | | 86.39 | 825.55 | percent of total billed charges | |
| HC CRITICAL CARE ILL/INJ PT ADD 3 | 99292 | CPT | | | | outpatient | | | 869 | | Corrections | Corrections | 695.2 | 80 | | 233.3 | 86.39 | 825.55 | percent of total billed charges | |
| HC CRITICAL CARE ILL/INJ PT ADD 3 | 99292 | CPT | | | | outpatient | | | 869 | | Multiplan | Multiplan | 695.2 | 80 | | | 86.39 | 825.55 | percent of total billed charges | |
| HC CRITICAL CARE ILL/INJ PT ADD 3 | 99292 | CPT | | | | outpatient | | | 869 | | First Health | First Health | 608.3 | 70 | | | 86.39 | 825.55 | percent of total billed charges | |
| HC CRITICAL CARE ILL/INJ PT ADD 3 | 99292 | CPT | | | | outpatient | | | 869 | | Horizon | PPO | 332.65 | 38.28 | | | 86.39 | 825.55 | percent of total billed charges | |
| HC CRITICAL CARE ILL/INJ PT ADD 3 | 99292 | CPT | | | | outpatient | | | 869 | | Horizon | MGD | 332.65 | 38.28 | | | 86.39 | 825.55 | percent of total billed charges | |
| HC CRITICAL CARE ILL/INJ PT ADD 3 | 99292 | CPT | | | | outpatient | | | 869 | | Qualcare | Qualcare | 651.75 | 75 | | | 86.39 | 825.55 | percent of total billed charges | |
| HC CRITICAL CARE ILL/INJ PT ADD 3 | 99292 | CPT | | | | outpatient | | | 869 | | Horizon | NJ Health | 86.39 | | | | 86.39 | 825.55 | fee schedule | $774 All-Inclusive Case Rate |
| HC CRITICAL CARE ILL/INJ PT ADD 3 | 99292 | CPT | | | | outpatient | | | 869 | | Managed Care Inc | Managed Care Inc | 782.1 | 90 | | | 86.39 | 825.55 | percent of total billed charges | |
| HC CRITICAL CARE ILL/INJ PT ADD 3 | 99292 | CPT | | | | outpatient | | | 869 | | Wellcare | Medicaid | 274.17 | 31.55 | | | 86.39 | 825.55 | percent of total billed charges | |
| HC CRITICAL CARE ILL/INJ PT ADD 3 | 99292 | CPT | | | | outpatient | | | 869 | | UHC | Medicaid | 274.17 | 31.55 | | | 86.39 | 825.55 | percent of total billed charges | |
| HC CRITICAL CARE ILL/INJ PT ADD 3 | 99292 | CPT | | | | outpatient | | | 869 | | Three Rivers | Three Rivers | 825.55 | 95 | | | 86.39 | 825.55 | percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS | 99385 | CPT | | | | outpatient | | | 370 | | Aetna | Medicare | 113.96 | 30.8 | | | 84.3 | 351.5 | percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS | 99385 | CPT | | | | outpatient | | | 370 | | Horizon | MGD | 141.64 | 38.28 | | | 84.3 | 351.5 | percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS | 99385 | CPT | | | | outpatient | | | 370 | | Americare | Americare | 277.5 | 75 | | | 84.3 | 351.5 | percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS | 99385 | CPT | | | | outpatient | | | 370 | | Corrections | Corrections | 296 | 80 | | | 84.3 | 351.5 | percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS | 99385 | CPT | | | | outpatient | | | 370 | | Amerihealth | HMO/PPO | 240.5 | 65 | | | 84.3 | 351.5 | percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS | 99385 | CPT | | | | outpatient | | | 370 | | First Health | First Health | 259 | 70 | | | 84.3 | 351.5 | percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS | 99385 | CPT | | | | outpatient | | | 370 | | Aetna | Better Health | 116.74 | 31.55 | | | 84.3 | 351.5 | percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS | 99385 | CPT | | | | outpatient | | | 370 | | First Trenton | First Trenton | 333 | 90 | | | 84.3 | 351.5 | percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS | 99385 | CPT | | | | outpatient | | | 370 | | Multiplan | Multiplan | 296 | 80 | | | 84.3 | 351.5 | percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS | 99385 | CPT | | | | outpatient | | | 370 | | UHC | Medicaid | 116.74 | 31.55 | | | 84.3 | 351.5 | percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS | 99385 | CPT | | | | outpatient | | | 370 | | Consumer | Consumer | 351.5 | 95 | | | 84.3 | 351.5 | percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS | 99385 | CPT | | | | outpatient | | | 370 | | WellPoint | WellPoint | 119.07 | 32.18 | | | 84.3 | 351.5 | percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS | 99385 | CPT | | | | outpatient | | | 370 | | Qualcare | Qualcare | 277.5 | 75 | | | 84.3 | 351.5 | percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS | 99385 | CPT | | | | outpatient | | | 370 | | Wellcare | Medicaid | 116.74 | 31.55 | | | 84.3 | 351.5 | percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS | 99385 | CPT | | | | outpatient | | | 370 | | Horizon | Medicare Blue | 111 | 30 | | | 84.3 | 351.5 | percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS | 99385 | CPT | | | | outpatient | | | 370 | | Horizon | Indemnity | 141.64 | 38.28 | | | 84.3 | 351.5 | percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS | 99385 | CPT | | | | outpatient | | | 370 | | Horizon | NJ Health | 84.3 | | | | 84.3 | 351.5 | fee schedule | |
| HC INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS | 99385 | CPT | | | | outpatient | | | 370 | | Horizon | PPO | 141.64 | 38.28 | | | 84.3 | 351.5 | percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS | 99385 | CPT | | | | outpatient | | | 370 | | Managed Care Inc | Managed Care Inc | 333 | 90 | | | 84.3 | 351.5 | percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS | 99385 | CPT | | | | outpatient | | | 370 | | Three Rivers | Three Rivers | 351.5 | 95 | | | 84.3 | 351.5 | percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS | 99386 | CPT | | | | outpatient | | | 420 | | Americare | Americare | 315 | 75 | | | 84.3 | 399 | percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS | 99386 | CPT | | | | outpatient | | | 420 | | Aetna | Medicare | 129.36 | 30.8 | | | 84.3 | 399 | percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS | 99386 | CPT | | | | outpatient | | | 420 | | Aetna | Better Health | 132.51 | 31.55 | | | 84.3 | 399 | percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS | 99386 | CPT | | | | outpatient | | | 420 | | Amerihealth | HMO/PPO | 273 | 65 | | | 84.3 | 399 | percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS | 99386 | CPT | | | | outpatient | | | 420 | | Wellcare | Medicaid | 132.51 | 31.55 | | | 84.3 | 399 | percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS | 99386 | CPT | | | | outpatient | | | 420 | | Consumer | Consumer | 399 | 95 | | | 84.3 | 399 | percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS | 99386 | CPT | | | | outpatient | | | 420 | | Horizon | Medicare Blue | 126 | 30 | | | 84.3 | 399 | percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS | 99386 | CPT | | | | outpatient | | | 420 | | First Trenton | First Trenton | 378 | 90 | | | 84.3 | 399 | percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS | 99386 | CPT | | | | outpatient | | | 420 | | Horizon | MGD | 160.78 | 38.28 | | | 84.3 | 399 | percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS | 99386 | CPT | | | | outpatient | | | 420 | | Multiplan | Multiplan | 336 | 80 | | | 84.3 | 399 | percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS | 99386 | CPT | | | | outpatient | | | 420 | | Horizon | PPO | 160.78 | 38.28 | | | 84.3 | 399 | percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS | 99386 | CPT | | | | outpatient | | | 420 | | Corrections | Corrections | 336 | 80 | | | 84.3 | 399 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS | 99386 | CPT | | | | outpatient | | | 420 | | Three Rivers | Three Rivers | 399 | 95 | | | 84.3 | | 399 percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS | 99386 | CPT | | | | outpatient | | | 420 | | First Health | First Health | 294 | 70 | | | 84.3 | | 399 percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS | 99386 | CPT | | | | outpatient | | | 420 | | Horizon | NJ Health | 84.3 | | | | 84.3 | | 399 fee schedule | |
| HC INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS | 99386 | CPT | | | | outpatient | | | 420 | | Qualcare | Qualcare | 315 | 75 | | | 84.3 | | 399 percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS | 99386 | CPT | | | | outpatient | | | 420 | | Horizon | Indemnity | 160.78 | 38.28 | | | 84.3 | | 399 percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS | 99386 | CPT | | | | outpatient | | | 420 | | UHC | Medicaid | 132.51 | 31.55 | | | 84.3 | | 399 percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS | 99386 | CPT | | | | outpatient | | | 420 | | Managed Care Inc | Managed Care Inc | 378 | 90 | | | 84.3 | | 399 percent of total billed charges | |
| HC INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS | 99386 | CPT | | | | outpatient | | | 420 | | WellPoint | WellPoint | 135.16 | 32.18 | | | 84.3 | | 399 percent of total billed charges | |
| HC BEHAV CHNG SMOKING 3-10 MIN | 99406 | CPT | | | | outpatient | | | 109 | | 37.74 Aetna | Better Health | 34.39 | 31.55 | | | 8.12 | | 103.55 percent of total billed charges | |
| HC BEHAV CHNG SMOKING 3-10 MIN | 99406 | CPT | | | | outpatient | | | 109 | | 37.74 Amerihealth | HMO/PPO | 70.85 | 65 | | | 8.12 | | 103.55 percent of total billed charges | |
| HC BEHAV CHNG SMOKING 3-10 MIN | 99406 | CPT | | | | outpatient | | | 109 | | 37.74 UHC | Medicaid | 34.39 | 31.55 | | | 8.12 | | 103.55 percent of total billed charges | |
| HC BEHAV CHNG SMOKING 3-10 MIN | 99406 | CPT | | | | outpatient | | | 109 | | 37.74 Americare | Americare | 81.75 | 75 | | | 8.12 | | 103.55 percent of total billed charges | |
| HC BEHAV CHNG SMOKING 3-10 MIN | 99406 | CPT | | | | outpatient | | | 109 | | 37.74 Corrections | Corrections | 87.2 | 80 | | | 8.12 | | 103.55 percent of total billed charges | |
| HC BEHAV CHNG SMOKING 3-10 MIN | 99406 | CPT | | | | outpatient | | | 109 | | 37.74 UHC | Medicare | 32.82 | | | | 8.12 | | 103.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BEHAV CHNG SMOKING 3-10 MIN | 99406 | CPT | | | | outpatient | | | 109 | | 37.74 First Health | First Health | 76.3 | 70 | | | 8.12 | | 103.55 percent of total billed charges | |
| HC BEHAV CHNG SMOKING 3-10 MIN | 99406 | CPT | | | | outpatient | | | 109 | | 37.74 Aetna | Medicare | 32.82 | | | | 8.12 | | 103.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BEHAV CHNG SMOKING 3-10 MIN | 99406 | CPT | | | | outpatient | | | 109 | | 37.74 Consumer | Consumer | 103.55 | 95 | | | 8.12 | | 103.55 percent of total billed charges | |
| HC BEHAV CHNG SMOKING 3-10 MIN | 99406 | CPT | | | | outpatient | | | 109 | | 37.74 Horizon | Indemnity | 63.51 | | | | 8.12 | | 103.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BEHAV CHNG SMOKING 3-10 MIN | 99406 | CPT | | | | outpatient | | | 109 | | 37.74 Horizon | Medicare Blue | 32.82 | | | | 8.12 | | 103.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BEHAV CHNG SMOKING 3-10 MIN | 99406 | CPT | | | | outpatient | | | 109 | | 37.74 First Trenton | First Trenton | 98.1 | 90 | | | 8.12 | | 103.55 percent of total billed charges | |
| HC BEHAV CHNG SMOKING 3-10 MIN | 99406 | CPT | | | | outpatient | | | 109 | | 37.74 Horizon | PPO | 63.51 | | | | 8.12 | | 103.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BEHAV CHNG SMOKING 3-10 MIN | 99406 | CPT | | | | outpatient | | | 109 | | 37.74 Multiplan | Multiplan | 87.2 | 80 | | | 8.12 | | 103.55 percent of total billed charges | |
| HC BEHAV CHNG SMOKING 3-10 MIN | 99406 | CPT | | | | outpatient | | | 109 | | 37.74 Horizon | NJ Health | 8.12 | | | | 8.12 | | 103.55 fee schedule | |
| HC BEHAV CHNG SMOKING 3-10 MIN | 99406 | CPT | | | | outpatient | | | 109 | | 37.74 Horizon | MGD | 63.51 | | | | 8.12 | | 103.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BEHAV CHNG SMOKING 3-10 MIN | 99406 | CPT | | | | outpatient | | | 109 | | 37.74 Wellcare | Medicare | 32.82 | | | | 8.12 | | 103.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BEHAV CHNG SMOKING 3-10 MIN | 99406 | CPT | | | | outpatient | | | 109 | | 37.74 Qualcare | Qualcare | 81.75 | 75 | | | 8.12 | | 103.55 percent of total billed charges | |
| HC BEHAV CHNG SMOKING 3-10 MIN | 99406 | CPT | | | | outpatient | | | 109 | | 37.74 Three Rivers | Three Rivers | 103.55 | 95 | | | 8.12 | | 103.55 percent of total billed charges | |
| HC BEHAV CHNG SMOKING 3-10 MIN | 99406 | CPT | | | | outpatient | | | 109 | | 37.74 Managed Care Inc | Managed Care Inc | 98.1 | 90 | | | 8.12 | | 103.55 percent of total billed charges | |
| HC BEHAV CHNG SMOKING 3-10 MIN | 99406 | CPT | | | | outpatient | | | 109 | | 37.74 WellPoint | WellPoint | 35.08 | 32.18 | | | 8.12 | | 103.55 percent of total billed charges | |
| HC BEHAV CHNG SMOKING 3-10 MIN | 99406 | CPT | | | | outpatient | | | 109 | | 37.74 Wellcare | Medicaid | 34.39 | 31.55 | | | 8.12 | | 103.55 percent of total billed charges | |
| HC BEHAV CHNG SMOKING >10 MIN | 99407 | CPT | | | | outpatient | | | 109 | | 37.74 Aetna | Better Health | 34.39 | 31.55 | | | 15.56 | | 103.55 percent of total billed charges | |
| HC BEHAV CHNG SMOKING >10 MIN | 99407 | CPT | | | | outpatient | | | 109 | | 37.74 Consumer | Consumer | 103.55 | 95 | | | 15.56 | | 103.55 percent of total billed charges | |
| HC BEHAV CHNG SMOKING >10 MIN | 99407 | CPT | | | | outpatient | | | 109 | | 37.74 Multiplan | Multiplan | 87.2 | 80 | | | 15.56 | | 103.55 percent of total billed charges | |
| HC BEHAV CHNG SMOKING >10 MIN | 99407 | CPT | | | | outpatient | | | 109 | | 37.74 Wellcare | Medicare | 32.82 | | | | 15.56 | | 103.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BEHAV CHNG SMOKING >10 MIN | 99407 | CPT | | | | outpatient | | | 109 | | 37.74 First Health | First Health | 76.3 | 70 | | | 15.56 | | 103.55 percent of total billed charges | |
| HC BEHAV CHNG SMOKING >10 MIN | 99407 | CPT | | | | outpatient | | | 109 | | 37.74 Americare | Americare | 81.75 | 75 | | | 15.56 | | 103.55 percent of total billed charges | |
| HC BEHAV CHNG SMOKING >10 MIN | 99407 | CPT | | | | outpatient | | | 109 | | 37.74 Aetna | Medicare | 32.82 | | | | 15.56 | | 103.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BEHAV CHNG SMOKING >10 MIN | 99407 | CPT | | | | outpatient | | | 109 | | 37.74 Horizon | MGD | 63.51 | | | | 15.56 | | 103.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BEHAV CHNG SMOKING >10 MIN | 99407 | CPT | | | | outpatient | | | 109 | | 37.74 Horizon | PPO | 63.51 | | | | 15.56 | | 103.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BEHAV CHNG SMOKING >10 MIN | 99407 | CPT | | | | outpatient | | | 109 | | 37.74 First Trenton | First Trenton | 98.1 | 90 | | | 15.56 | | 103.55 percent of total billed charges | |
| HC BEHAV CHNG SMOKING >10 MIN | 99407 | CPT | | | | outpatient | | | 109 | | 37.74 Qualcare | Qualcare | 81.75 | 75 | | | 15.56 | | 103.55 percent of total billed charges | |
| HC BEHAV CHNG SMOKING >10 MIN | 99407 | CPT | | | | outpatient | | | 109 | | 37.74 UHC | Medicaid | 34.39 | 31.55 | | | 15.56 | | 103.55 percent of total billed charges | |
| HC BEHAV CHNG SMOKING >10 MIN | 99407 | CPT | | | | outpatient | | | 109 | | 37.74 Amerihealth | HMO/PPO | 70.85 | 65 | | | 15.56 | | 103.55 percent of total billed charges | |
| HC BEHAV CHNG SMOKING >10 MIN | 99407 | CPT | | | | outpatient | | | 109 | | 37.74 Three Rivers | Three Rivers | 103.55 | 95 | | | 15.56 | | 103.55 percent of total billed charges | |
| HC BEHAV CHNG SMOKING >10 MIN | 99407 | CPT | | | | outpatient | | | 109 | | 37.74 Wellcare | Medicaid | 34.39 | 31.55 | | | 15.56 | | 103.55 percent of total billed charges | |
| HC BEHAV CHNG SMOKING >10 MIN | 99407 | CPT | | | | outpatient | | | 109 | | 37.74 UHC | Medicare | 32.82 | | | | 15.56 | | 103.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BEHAV CHNG SMOKING >10 MIN | 99407 | CPT | | | | outpatient | | | 109 | | 37.74 Corrections | Corrections | 87.2 | 80 | | | 15.56 | | 103.55 percent of total billed charges | |
| HC BEHAV CHNG SMOKING >10 MIN | 99407 | CPT | | | | outpatient | | | 109 | | 37.74 Horizon | Indemnity | 63.51 | | | | 15.56 | | 103.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BEHAV CHNG SMOKING >10 MIN | 99407 | CPT | | | | outpatient | | | 109 | | 37.74 WellPoint | WellPoint | 35.08 | 32.18 | | | 15.56 | | 103.55 percent of total billed charges | |
| HC BEHAV CHNG SMOKING >10 MIN | 99407 | CPT | | | | outpatient | | | 109 | | 37.74 Horizon | Medicare Blue | 32.82 | | | | 15.56 | | 103.55 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC BEHAV CHNG SMOKING >10 MIN | 99407 | CPT | | | | outpatient | | | 109 | | 37.74 Horizon | NJ Health | 15.56 | | | | 15.56 | | 103.55 fee schedule | |
| HC BEHAV CHNG SMOKING >10 MIN | 99407 | CPT | | | | outpatient | | | 109 | | 37.74 Managed Care Inc | Managed Care Inc | 98.1 | 90 | | | 15.56 | | 103.55 percent of total billed charges | |
| HC ADVANCED CARE PLAN 30 MIN | 99497 | CPT | | | | outpatient | | | 301 | | 117.23 First Health | First Health | 210.7 | 70 | | | 94.97 | | 285.95 percent of total billed charges | |
| HC ADVANCED CARE PLAN 30 MIN | 99497 | CPT | | | | outpatient | | | 301 | | 117.23 Amerihealth | HMO/PPO | 195.65 | 65 | | | 94.97 | | 285.95 percent of total billed charges | |
| HC ADVANCED CARE PLAN 30 MIN | 99497 | CPT | | | | outpatient | | | 301 | | 117.23 Horizon | MGD | 197.25 | | | | 94.97 | | 285.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADVANCED CARE PLAN 30 MIN | 99497 | CPT | | | | outpatient | | | 301 | | 117.23 Americare | Americare | 225.75 | 75 | | | 94.97 | | 285.95 percent of total billed charges | |
| HC ADVANCED CARE PLAN 30 MIN | 99497 | CPT | | | | outpatient | | | 301 | | 117.23 Horizon | PPO | 197.25 | | | | 94.97 | | 285.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADVANCED CARE PLAN 30 MIN | 99497 | CPT | | | | outpatient | | | 301 | | 117.23 Aetna | Medicare | 101.94 | | | | 94.97 | | 285.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADVANCED CARE PLAN 30 MIN | 99497 | CPT | | | | outpatient | | | 301 | | 117.23 Aetna | Better Health | 94.97 | 31.55 | | | 94.97 | | 285.95 percent of total billed charges | |
| HC ADVANCED CARE PLAN 30 MIN | 99497 | CPT | | | | outpatient | | | 301 | | 117.23 Consumer | Consumer | 285.95 | 95 | | | 94.97 | | 285.95 percent of total billed charges | |
| HC ADVANCED CARE PLAN 30 MIN | 99497 | CPT | | | | outpatient | | | 301 | | 117.23 WellPoint | WellPoint | 96.86 | 32.18 | | | 94.97 | | 285.95 percent of total billed charges | |
| HC ADVANCED CARE PLAN 30 MIN | 99497 | CPT | | | | outpatient | | | 301 | | 117.23 Horizon | Medicare Blue | 101.94 | | | | 94.97 | | 285.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADVANCED CARE PLAN 30 MIN | 99497 | CPT | | | | outpatient | | | 301 | | 117.23 UHC | Medicaid | 94.97 | 31.55 | | | 94.97 | | 285.95 percent of total billed charges | |
| HC ADVANCED CARE PLAN 30 MIN | 99497 | CPT | | | | outpatient | | | 301 | | 117.23 Three Rivers | Three Rivers | 285.95 | 95 | | | 94.97 | | 285.95 percent of total billed charges | |
| HC ADVANCED CARE PLAN 30 MIN | 99497 | CPT | | | | outpatient | | | 301 | | 117.23 UHC | Medicare | 101.94 | | | | 94.97 | | 285.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADVANCED CARE PLAN 30 MIN | 99497 | CPT | | | | outpatient | | | 301 | | 117.23 Wellcare | Medicaid | 94.97 | 31.55 | | | 94.97 | | 285.95 percent of total billed charges | |
| HC ADVANCED CARE PLAN 30 MIN | 99497 | CPT | | | | outpatient | | | 301 | | 117.23 Wellcare | Medicare | 101.94 | | | | 94.97 | | 285.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADVANCED CARE PLAN 30 MIN | 99497 | CPT | | | | outpatient | | | 301 | | 117.23 Corrections | Corrections | 240.8 | 80 | | | 94.97 | | 285.95 percent of total billed charges | |
| HC ADVANCED CARE PLAN 30 MIN | 99497 | CPT | | | | outpatient | | | 301 | | 117.23 Multiplan | Multiplan | 240.8 | 80 | | | 94.97 | | 285.95 percent of total billed charges | |
| HC ADVANCED CARE PLAN 30 MIN | 99497 | CPT | | | | outpatient | | | 301 | | 117.23 First Trenton | First Trenton | 270.9 | 90 | | | 94.97 | | 285.95 percent of total billed charges | |
| HC ADVANCED CARE PLAN 30 MIN | 99497 | CPT | | | | outpatient | | | 301 | | 117.23 Qualcare | Qualcare | 225.75 | 75 | | | 94.97 | | 285.95 percent of total billed charges | |
| HC ADVANCED CARE PLAN 30 MIN | 99497 | CPT | | | | outpatient | | | 301 | | 117.23 Horizon | Indemnity | 197.25 | | | | 94.97 | | 285.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADVANCED CARE PLAN 30 MIN | 99497 | CPT | | | | outpatient | | | 301 | | 117.23 Managed Care Inc | Managed Care Inc | 270.9 | 90 | | | 94.97 | | 285.95 percent of total billed charges | |
| HC AMBULANCE MILEAGE BLS | A0425 | HCPCS | | | | outpatient | | | 28 | | 10.28 First Health | First Health | 19.6 | 70 | | | 4 | | 26.6 percent of total billed charges | |
| HC AMBULANCE MILEAGE BLS | A0425 | HCPCS | | | | outpatient | | | 28 | | 10.28 Aetna | Medicare | 8.94 | | | | 4 | | 26.6 fee schedule | |
| HC AMBULANCE MILEAGE BLS | A0425 | HCPCS | | | | outpatient | | | 28 | | 10.28 Horizon | Medicare Blue | 8.4 | 30 | | | 4 | | 26.6 percent of total billed charges | |
| HC AMBULANCE MILEAGE BLS | A0425 | HCPCS | | | | outpatient | | | 28 | | 10.28 Americare | Americare | 21 | 75 | | | 4 | | 26.6 percent of total billed charges | |
| HC AMBULANCE MILEAGE BLS | A0425 | HCPCS | | | | outpatient | | | 28 | | 10.28 WellPoint | WellPoint | 9.01 | 32.18 | | | 4 | | 26.6 percent of total billed charges | |
| HC AMBULANCE MILEAGE BLS | A0425 | HCPCS | | | | outpatient | | | 28 | | 10.28 Aetna | Better Health | 8.83 | 31.55 | | | 4 | | 26.6 percent of total billed charges | |
| HC AMBULANCE MILEAGE BLS | A0425 | HCPCS | | | | outpatient | | | 28 | | 10.28 Amerihealth | HMO/PPO | 18.2 | 65 | | | 4 | | 26.6 percent of total billed charges | |
| HC AMBULANCE MILEAGE BLS | A0425 | HCPCS | | | | outpatient | | | 28 | | 10.28 Amerihealth | Medicare | 8.94 | | | | 4 | | 26.6 fee schedule | |
| HC AMBULANCE MILEAGE BLS | A0425 | HCPCS | | | | outpatient | | | 28 | | 10.28 Wellcare | Medicaid | 8.83 | 31.55 | | | 4 | | 26.6 percent of total billed charges | |
| HC AMBULANCE MILEAGE BLS | A0425 | HCPCS | | | | outpatient | | | 28 | | 10.28 UHC | Medicaid | 8.83 | 31.55 | | | 4 | | 26.6 percent of total billed charges | |
| HC AMBULANCE MILEAGE BLS | A0425 | HCPCS | | | | outpatient | | | 28 | | 10.28 Multiplan | Multiplan | 22.4 | 80 | | | 4 | | 26.6 percent of total billed charges | |
| HC AMBULANCE MILEAGE BLS | A0425 | HCPCS | | | | outpatient | | | 28 | | 10.28 Horizon | MGD | 10.72 | 38.28 | | | 4 | | 26.6 percent of total billed charges | |
| HC AMBULANCE MILEAGE BLS | A0425 | HCPCS | | | | outpatient | | | 28 | | 10.28 Qualcare | Qualcare | 21 | 75 | | | 4 | | 26.6 percent of total billed charges | |
| HC AMBULANCE MILEAGE BLS | A0425 | HCPCS | | | | outpatient | | | 28 | | 10.28 Horizon | Indemnity | 10.72 | 38.28 | | | 4 | | 26.6 percent of total billed charges | |
| HC AMBULANCE MILEAGE BLS | A0425 | HCPCS | | | | outpatient | | | 28 | | 10.28 UHC | Medicare | 8.94 | | | | 4 | | 26.6 fee schedule | |
| HC AMBULANCE MILEAGE BLS | A0425 | HCPCS | | | | outpatient | | | 28 | | 10.28 Consumer | Consumer | 26.6 | 95 | | | 4 | | 26.6 percent of total billed charges | |
| HC AMBULANCE MILEAGE BLS | A0425 | HCPCS | | | | outpatient | | | 28 | | 10.28 Wellcare | Medicare | 8.94 | | | | 4 | | 26.6 fee schedule | |
| HC AMBULANCE MILEAGE BLS | A0425 | HCPCS | | | | outpatient | | | 28 | | 10.28 Horizon | PPO | 10.72 | 38.28 | | | 4 | | 26.6 percent of total billed charges | |
| HC AMBULANCE MILEAGE BLS | A0425 | HCPCS | | | | outpatient | | | 28 | | 10.28 Corrections | Corrections | 22.4 | 80 | | | 4 | | 26.6 percent of total billed charges | |
| HC AMBULANCE MILEAGE BLS | A0425 | HCPCS | | | | outpatient | | | 28 | | 10.28 Three Rivers | Three Rivers | 26.6 | 95 | | | 4 | | 26.6 percent of total billed charges | |
| HC AMBULANCE MILEAGE BLS | A0425 | HCPCS | | | | outpatient | | | 28 | | 10.28 First Trenton | First Trenton | 25.2 | 90 | | | 4 | | 26.6 percent of total billed charges | |
| HC AMBULANCE MILEAGE BLS | A0425 | HCPCS | | | | outpatient | | | 28 | | 10.28 Horizon | NJ Health | 4 | | | | 4 | | 26.6 fee schedule | |
| HC AMBULANCE MILEAGE BLS | A0425 | HCPCS | | | | outpatient | | | 28 | | 10.28 Managed Care Inc | Managed Care Inc | 25.2 | 90 | | | 4 | | 26.6 percent of total billed charges | |
| HC ALS LEVEL 1 TREAT & TRANSPORT | A0427 | HCPCS | | | | outpatient | | | 2733 | | 680.29 UHC | Medicaid | 862.26 | 31.55 | | | 335 | | 2596.35 percent of total billed charges | |
| HC ALS LEVEL 1 TREAT & TRANSPORT | A0427 | HCPCS | | | | outpatient | | | 2733 | | 680.29 Amerihealth | HMO/PPO | 1776.45 | 65 | | | 335 | | 2596.35 percent of total billed charges | |
| HC ALS LEVEL 1 TREAT & TRANSPORT | A0427 | HCPCS | | | | outpatient | | | 2733 | | 680.29 Horizon | MGD | 1046.19 | 38.28 | | | 335 | | 2596.35 percent of total billed charges | |
| HC ALS LEVEL 1 TREAT & TRANSPORT | A0427 | HCPCS | | | | outpatient | | | 2733 | | 680.29 Aetna | Medicare | 591.56 | | | | 335 | | 2596.35 fee schedule | |
| HC ALS LEVEL 1 TREAT & TRANSPORT | A0427 | HCPCS | | | | outpatient | | | 2733 | | 680.29 First Health | First Health | 1913.1 | 70 | | | 335 | | 2596.35 percent of total billed charges | |
| HC ALS LEVEL 1 TREAT & TRANSPORT | A0427 | HCPCS | | | | outpatient | | | 2733 | | 680.29 Amerihealth | Medicare | 591.56 | | | | 335 | | 2596.35 fee schedule | |
| HC ALS LEVEL 1 TREAT & TRANSPORT | A0427 | HCPCS | | | | outpatient | | | 2733 | | 680.29 WellPoint | WellPoint | 879.48 | 32.18 | | | 335 | | 2596.35 percent of total billed charges | |
| HC ALS LEVEL 1 TREAT & TRANSPORT | A0427 | HCPCS | | | | outpatient | | | 2733 | | 680.29 Aetna | Better Health | 862.26 | 31.55 | | | 335 | | 2596.35 percent of total billed charges | |
| HC ALS LEVEL 1 TREAT & TRANSPORT | A0427 | HCPCS | | | | outpatient | | | 2733 | | 680.29 Wellcare | Medicare | 591.56 | | | | 335 | | 2596.35 fee schedule | |
| HC ALS LEVEL 1 TREAT & TRANSPORT | A0427 | HCPCS | | | | outpatient | | | 2733 | | 680.29 Multiplan | Multiplan | 2186.4 | 80 | | | 335 | | 2596.35 percent of total billed charges | |
| HC ALS LEVEL 1 TREAT & TRANSPORT | A0427 | HCPCS | | | | outpatient | | | 2733 | | 680.29 Consumer | Consumer | 2596.35 | 95 | | | 335 | | 2596.35 percent of total billed charges | |
| HC ALS LEVEL 1 TREAT & TRANSPORT | A0427 | HCPCS | | | | outpatient | | | 2733 | | 680.29 Wellcare | Medicaid | 862.26 | 31.55 | | | 335 | | 2596.35 percent of total billed charges | |
| HC ALS LEVEL 1 TREAT & TRANSPORT | A0427 | HCPCS | | | | outpatient | | | 2733 | | 680.29 Americare | Americare | 2049.75 | 75 | | | 335 | | 2596.35 percent of total billed charges | |
| HC ALS LEVEL 1 TREAT & TRANSPORT | A0427 | HCPCS | | | | outpatient | | | 2733 | | 680.29 Qualcare | Qualcare | 2049.75 | 75 | | | 335 | | 2596.35 percent of total billed charges | |
| HC ALS LEVEL 1 TREAT & TRANSPORT | A0427 | HCPCS | | | | outpatient | | | 2733 | | 680.29 Corrections | Corrections | 2186.4 | 80 | | | 335 | | 2596.35 percent of total billed charges | |
| HC ALS LEVEL 1 TREAT & TRANSPORT | A0427 | HCPCS | | | | outpatient | | | 2733 | | 680.29 UHC | Medicare | 591.56 | | | | 335 | | 2596.35 fee schedule | |
| HC ALS LEVEL 1 TREAT & TRANSPORT | A0427 | HCPCS | | | | outpatient | | | 2733 | | 680.29 Horizon | Indemnity | 1046.19 | 38.28 | | | 335 | | 2596.35 percent of total billed charges | |
| HC ALS LEVEL 1 TREAT & TRANSPORT | A0427 | HCPCS | | | | outpatient | | | 2733 | | 680.29 First Trenton | First Trenton | 2459.7 | 90 | | | 335 | | 2596.35 percent of total billed charges | |
| HC ALS LEVEL 1 TREAT & TRANSPORT | A0427 | HCPCS | | | | outpatient | | | 2733 | | 680.29 Horizon | PPO | 1046.19 | 38.28 | | | 335 | | 2596.35 percent of total billed charges | |
| HC ALS LEVEL 1 TREAT & TRANSPORT | A0427 | HCPCS | | | | outpatient | | | 2733 | | 680.29 Horizon | Medicare Blue | 819.9 | 30 | | | 335 | | 2596.35 percent of total billed charges | |
| HC ALS LEVEL 1 TREAT & TRANSPORT | A0427 | HCPCS | | | | outpatient | | | 2733 | | 680.29 Three Rivers | Three Rivers | 2596.35 | 95 | | | 335 | | 2596.35 percent of total billed charges | |
| HC ALS LEVEL 1 TREAT & TRANSPORT | A0427 | HCPCS | | | | outpatient | | | 2733 | | 680.29 Horizon | NJ Health | 335 | | | | 335 | | 2596.35 fee schedule | |
| HC ALS LEVEL 1 TREAT & TRANSPORT | A0427 | HCPCS | | | | outpatient | | | 2733 | | 680.29 Managed Care Inc | Managed Care Inc | 2459.7 | 90 | | | 335 | | 2596.35 percent of total billed charges | |
| HC BLS-NON EMERGENT TRANSPORT | A0428 | HCPCS | | | | outpatient | | | 1040 | | 358.05 Amerihealth | HMO/PPO | 676 | 65 | | | 175 | | 988 percent of total billed charges | |
| HC BLS-NON EMERGENT TRANSPORT | A0428 | HCPCS | | | | outpatient | | | 1040 | | 358.05 Aetna | Better Health | 328.12 | 31.55 | | | 175 | | 988 percent of total billed charges | |
| HC BLS-NON EMERGENT TRANSPORT | A0428 | HCPCS | | | | outpatient | | | 1040 | | 358.05 Americare | Americare | 780 | 75 | | | 175 | | 988 percent of total billed charges | |
| HC BLS-NON EMERGENT TRANSPORT | A0428 | HCPCS | | | | outpatient | | | 1040 | | 358.05 WellPoint | WellPoint | 334.67 | 32.18 | | | 175 | | 988 percent of total billed charges | |
| HC BLS-NON EMERGENT TRANSPORT | A0428 | HCPCS | | | | outpatient | | | 1040 | | 358.05 Horizon | Medicare Blue | 312 | 30 | | | 175 | | 988 percent of total billed charges | |
| HC BLS-NON EMERGENT TRANSPORT | A0428 | HCPCS | | | | outpatient | | | 1040 | | 358.05 Aetna | Medicare | 311.35 | | | | 175 | | 988 fee schedule | |
| HC BLS-NON EMERGENT TRANSPORT | A0428 | HCPCS | | | | outpatient | | | 1040 | | 358.05 Corrections | Corrections | 832 | 80 | | | 175 | | 988 percent of total billed charges | |
| HC BLS-NON EMERGENT TRANSPORT | A0428 | HCPCS | | | | outpatient | | | 1040 | | 358.05 UHC | Medicaid | 328.12 | 31.55 | | | 175 | | 988 percent of total billed charges | |
| HC BLS-NON EMERGENT TRANSPORT | A0428 | HCPCS | | | | outpatient | | | 1040 | | 358.05 Multiplan | Multiplan | 832 | 80 | | | 175 | | 988 percent of total billed charges | |
| HC BLS-NON EMERGENT TRANSPORT | A0428 | HCPCS | | | | outpatient | | | 1040 | | 358.05 Amerihealth | Medicare | 311.35 | | | | 175 | | 988 fee schedule | |
| HC BLS-NON EMERGENT TRANSPORT | A0428 | HCPCS | | | | outpatient | | | 1040 | | 358.05 Consumer | Consumer | 988 | 95 | | | 175 | | 988 percent of total billed charges | |
| HC BLS-NON EMERGENT TRANSPORT | A0428 | HCPCS | | | | outpatient | | | 1040 | | 358.05 First Health | First Health | 728 | 70 | | | 175 | | 988 percent of total billed charges | |
| HC BLS-NON EMERGENT TRANSPORT | A0428 | HCPCS | | | | outpatient | | | 1040 | | 358.05 Wellcare | Medicaid | 328.12 | 31.55 | | | 175 | | 988 percent of total billed charges | |
| HC BLS-NON EMERGENT TRANSPORT | A0428 | HCPCS | | | | outpatient | | | 1040 | | 358.05 Horizon | Indemnity | 398.11 | 38.28 | | | 175 | | 988 percent of total billed charges | |
| HC BLS-NON EMERGENT TRANSPORT | A0428 | HCPCS | | | | outpatient | | | 1040 | | 358.05 Horizon | MGD | 398.11 | 38.28 | | | 175 | | 988 percent of total billed charges | |
| HC BLS-NON EMERGENT TRANSPORT | A0428 | HCPCS | | | | outpatient | | | 1040 | | 358.05 Qualcare | Qualcare | 780 | 75 | | | 175 | | 988 percent of total billed charges | |
| HC BLS-NON EMERGENT TRANSPORT | A0428 | HCPCS | | | | outpatient | | | 1040 | | 358.05 First Trenton | First Trenton | 936 | 90 | | | 175 | | 988 percent of total billed charges | |
| HC BLS-NON EMERGENT TRANSPORT | A0428 | HCPCS | | | | outpatient | | | 1040 | | 358.05 Wellcare | Medicare | 311.35 | | | | 175 | | 988 fee schedule | |
| HC BLS-NON EMERGENT TRANSPORT | A0428 | HCPCS | | | | outpatient | | | 1040 | | 358.05 Horizon | NJ Health | 175 | | | | 175 | | 988 fee schedule | |
| HC BLS-NON EMERGENT TRANSPORT | A0428 | HCPCS | | | | outpatient | | | 1040 | | 358.05 UHC | Medicare | 311.35 | | | | 175 | | 988 fee schedule | |
| HC BLS-NON EMERGENT TRANSPORT | A0428 | HCPCS | | | | outpatient | | | 1040 | | 358.05 Horizon | PPO | 398.11 | 38.28 | | | 175 | | 988 percent of total billed charges | |
| HC BLS-NON EMERGENT TRANSPORT | A0428 | HCPCS | | | | outpatient | | | 1040 | | 358.05 Managed Care Inc | Managed Care Inc | 936 | 90 | | | 175 | | 988 percent of total billed charges | |
| HC BLS-NON EMERGENT TRANSPORT | A0428 | HCPCS | | | | outpatient | | | 1040 | | 358.05 Three Rivers | Three Rivers | 988 | 95 | | | 175 | | 988 percent of total billed charges | |
| HC PRONOUNCEMENT | A0429 | HCPCS | | | | outpatient | | | 1040 | | 572.87 WellPoint | WellPoint | 334.67 | 32.18 | | | 280 | | 988 percent of total billed charges | |
| HC PRONOUNCEMENT | A0429 | HCPCS | | | | outpatient | | | 1040 | | 572.87 Horizon | Medicare Blue | 312 | 30 | | | 280 | | 988 percent of total billed charges | |
| HC PRONOUNCEMENT | A0429 | HCPCS | | | | outpatient | | | 1040 | | 572.87 Aetna | Medicare | 498.15 | | | | 280 | | 988 fee schedule | |
| HC PRONOUNCEMENT | A0429 | HCPCS | | | | outpatient | | | 1040 | | 572.87 Amerihealth | Medicare | 498.15 | | | | 280 | | 988 fee schedule | |
| HC PRONOUNCEMENT | A0429 | HCPCS | | | | outpatient | | | 1040 | | 572.87 First Health | First Health | 728 | 70 | | | 280 | | 988 percent of total billed charges | |
| HC PRONOUNCEMENT | A0429 | HCPCS | | | | outpatient | | | 1040 | | 572.87 Amerihealth | HMO/PPO | 676 | 65 | | | 280 | | 988 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC PRONOUNCEMENT | A0429 | HCPCS | | | | outpatient | | | 1040 | 572.87 | Aetna | Better Health | 328.12 | 31.55 | | | 280 | 988 | percent of total billed charges | |
| HC PRONOUNCEMENT | A0429 | HCPCS | | | | outpatient | | | 1040 | 572.87 | Americare | Americare | 780 | 75 | | | 280 | 988 | percent of total billed charges | |
| HC PRONOUNCEMENT | A0429 | HCPCS | | | | outpatient | | | 1040 | 572.87 | UHC | Medicaid | 328.12 | 31.55 | | | 280 | 988 | percent of total billed charges | |
| HC PRONOUNCEMENT | A0429 | HCPCS | | | | outpatient | | | 1040 | 572.87 | Wellcare | Medicaid | 328.12 | 31.55 | | | 280 | 988 | percent of total billed charges | |
| HC PRONOUNCEMENT | A0429 | HCPCS | | | | outpatient | | | 1040 | 572.87 | Horizon | Indemnity | 398.11 | 38.28 | | | 280 | 988 | percent of total billed charges | |
| HC PRONOUNCEMENT | A0429 | HCPCS | | | | outpatient | | | 1040 | 572.87 | Consumer | Consumer | 988 | 95 | | | 280 | 988 | percent of total billed charges | |
| HC PRONOUNCEMENT | A0429 | HCPCS | | | | outpatient | | | 1040 | 572.87 | Multiplan | Multiplan | 832 | 80 | | | 280 | 988 | percent of total billed charges | |
| HC PRONOUNCEMENT | A0429 | HCPCS | | | | outpatient | | | 1040 | 572.87 | Horizon | MGD | 398.11 | 38.28 | | | 280 | 988 | percent of total billed charges | |
| HC PRONOUNCEMENT | A0429 | HCPCS | | | | outpatient | | | 1040 | 572.87 | Qualcare | Qualcare | 780 | 75 | | | 280 | 988 | percent of total billed charges | |
| HC PRONOUNCEMENT | A0429 | HCPCS | | | | outpatient | | | 1040 | 572.87 | Corrections | Corrections | 832 | 80 | | | 280 | 988 | percent of total billed charges | |
| HC PRONOUNCEMENT | A0429 | HCPCS | | | | outpatient | | | 1040 | 572.87 | UHC | Medicare | 498.15 | | | | 280 | 988 | fee schedule | |
| HC PRONOUNCEMENT | A0429 | HCPCS | | | | outpatient | | | 1040 | 572.87 | Horizon | PPO | 398.11 | 38.28 | | | 280 | 988 | percent of total billed charges | |
| HC PRONOUNCEMENT | A0429 | HCPCS | | | | outpatient | | | 1040 | 572.87 | Wellcare | Medicare | 498.15 | | | | 280 | 988 | fee schedule | |
| HC PRONOUNCEMENT | A0429 | HCPCS | | | | outpatient | | | 1040 | 572.87 | First Trenton | First Trenton | 936 | 90 | | | 280 | 988 | percent of total billed charges | |
| HC PRONOUNCEMENT | A0429 | HCPCS | | | | outpatient | | | 1040 | 572.87 | Three Rivers | Three Rivers | 988 | 95 | | | 280 | 988 | percent of total billed charges | |
| HC PRONOUNCEMENT | A0429 | HCPCS | | | | outpatient | | | 1040 | 572.87 | Horizon | NJ Health | 280 | | | | 280 | 988 | fee schedule | |
| HC PRONOUNCEMENT | A0429 | HCPCS | | | | outpatient | | | 1040 | 572.87 | Managed Care Inc | Managed Care Inc | 936 | 90 | | | 280 | 988 | percent of total billed charges | |
| HC ALS LEVEL 2 TREAT & TRANSPORT | A0433 | HCPCS | | | | outpatient | | | 3717 | 984.63 | Managed Care Inc | Managed Care Inc | 3345.3 | 90 | | | 395 | 3531.15 | percent of total billed charges | |
| HC ALS LEVEL 2 TREAT & TRANSPORT | A0433 | HCPCS | | | | outpatient | | | 3717 | 984.63 | Aetna | Medicare | 856.2 | | | | 395 | 3531.15 | fee schedule | |
| HC ALS LEVEL 2 TREAT & TRANSPORT | A0433 | HCPCS | | | | outpatient | | | 3717 | 984.63 | Aetna | Better Health | 1172.71 | 31.55 | | | 395 | 3531.15 | percent of total billed charges | |
| HC ALS LEVEL 2 TREAT & TRANSPORT | A0433 | HCPCS | | | | outpatient | | | 3717 | 984.63 | UHC | Medicare | 856.2 | | | | 395 | 3531.15 | fee schedule | |
| HC ALS LEVEL 2 TREAT & TRANSPORT | A0433 | HCPCS | | | | outpatient | | | 3717 | 984.63 | Amerihealth | HMO/PPO | 2416.05 | 65 | | | 395 | 3531.15 | percent of total billed charges | |
| HC ALS LEVEL 2 TREAT & TRANSPORT | A0433 | HCPCS | | | | outpatient | | | 3717 | 984.63 | First Trenton | First Trenton | 3345.3 | 90 | | | 395 | 3531.15 | percent of total billed charges | |
| HC ALS LEVEL 2 TREAT & TRANSPORT | A0433 | HCPCS | | | | outpatient | | | 3717 | 984.63 | Consumer | Consumer | 3531.15 | 95 | | | 395 | 3531.15 | percent of total billed charges | |
| HC ALS LEVEL 2 TREAT & TRANSPORT | A0433 | HCPCS | | | | outpatient | | | 3717 | 984.63 | Amerihealth | Medicare | 856.2 | | | | 395 | 3531.15 | fee schedule | |
| HC ALS LEVEL 2 TREAT & TRANSPORT | A0433 | HCPCS | | | | outpatient | | | 3717 | 984.63 | Horizon | Indemnity | 1422.87 | 38.28 | | | 395 | 3531.15 | percent of total billed charges | |
| HC ALS LEVEL 2 TREAT & TRANSPORT | A0433 | HCPCS | | | | outpatient | | | 3717 | 984.63 | Americare | Americare | 2787.75 | 75 | | | 395 | 3531.15 | percent of total billed charges | |
| HC ALS LEVEL 2 TREAT & TRANSPORT | A0433 | HCPCS | | | | outpatient | | | 3717 | 984.63 | First Health | First Health | 2601.9 | 70 | | | 395 | 3531.15 | percent of total billed charges | |
| HC ALS LEVEL 2 TREAT & TRANSPORT | A0433 | HCPCS | | | | outpatient | | | 3717 | 984.63 | Wellcare | Medicare | 856.2 | | | | 395 | 3531.15 | fee schedule | |
| HC ALS LEVEL 2 TREAT & TRANSPORT | A0433 | HCPCS | | | | outpatient | | | 3717 | 984.63 | Multiplan | Multiplan | 2973.6 | 80 | | | 395 | 3531.15 | percent of total billed charges | |
| HC ALS LEVEL 2 TREAT & TRANSPORT | A0433 | HCPCS | | | | outpatient | | | 3717 | 984.63 | Horizon | MGD | 1422.87 | 38.28 | | | 395 | 3531.15 | percent of total billed charges | |
| HC ALS LEVEL 2 TREAT & TRANSPORT | A0433 | HCPCS | | | | outpatient | | | 3717 | 984.63 | Corrections | Corrections | 2973.6 | 80 | | | 395 | 3531.15 | percent of total billed charges | |
| HC ALS LEVEL 2 TREAT & TRANSPORT | A0433 | HCPCS | | | | outpatient | | | 3717 | 984.63 | WellPoint | WellPoint | 1196.13 | 32.18 | | | 395 | 3531.15 | percent of total billed charges | |
| HC ALS LEVEL 2 TREAT & TRANSPORT | A0433 | HCPCS | | | | outpatient | | | 3717 | 984.63 | Qualcare | Qualcare | 2787.75 | 75 | | | 395 | 3531.15 | percent of total billed charges | |
| HC ALS LEVEL 2 TREAT & TRANSPORT | A0433 | HCPCS | | | | outpatient | | | 3717 | 984.63 | Horizon | PPO | 1422.87 | 38.28 | | | 395 | 3531.15 | percent of total billed charges | |
| HC ALS LEVEL 2 TREAT & TRANSPORT | A0433 | HCPCS | | | | outpatient | | | 3717 | 984.63 | Horizon | Medicare Blue | 1115.1 | 30 | | | 395 | 3531.15 | percent of total billed charges | |
| HC ALS LEVEL 2 TREAT & TRANSPORT | A0433 | HCPCS | | | | outpatient | | | 3717 | 984.63 | Three Rivers | Three Rivers | 3531.15 | 95 | | | 395 | 3531.15 | percent of total billed charges | |
| HC ALS LEVEL 2 TREAT & TRANSPORT | A0433 | HCPCS | | | | outpatient | | | 3717 | 984.63 | Horizon | NJ Health | 395 | | | | 395 | 3531.15 | fee schedule | |
| HC ALS LEVEL 2 TREAT & TRANSPORT | A0433 | HCPCS | | | | outpatient | | | 3717 | 984.63 | Wellcare | Medicaid | 1172.71 | 31.55 | | | 395 | 3531.15 | percent of total billed charges | |
| HC ALS LEVEL 2 TREAT & TRANSPORT | A0433 | HCPCS | | | | outpatient | | | 3717 | 984.63 | UHC | Medicaid | 1172.71 | 31.55 | | | 395 | 3531.15 | percent of total billed charges | |
| HC SPECIALTY CARE TRANSPORT | A0434 | HCPCS | | | | outpatient | | | 3826 | 1163.66 | Consumer | Consumer | 3634.7 | 95 | | | 575 | 3634.7 | percent of total billed charges | |
| HC SPECIALTY CARE TRANSPORT | A0434 | HCPCS | | | | outpatient | | | 3826 | 1163.66 | Aetna | Medicare | 1011.88 | | | | 575 | 3634.7 | fee schedule | |
| HC SPECIALTY CARE TRANSPORT | A0434 | HCPCS | | | | outpatient | | | 3826 | 1163.66 | Amerihealth | Medicare | 1011.88 | | | | 575 | 3634.7 | fee schedule | |
| HC SPECIALTY CARE TRANSPORT | A0434 | HCPCS | | | | outpatient | | | 3826 | 1163.66 | Wellcare | Medicare | 1011.88 | | | | 575 | 3634.7 | fee schedule | |
| HC SPECIALTY CARE TRANSPORT | A0434 | HCPCS | | | | outpatient | | | 3826 | 1163.66 | Aetna | Better Health | 1207.1 | 31.55 | | | 575 | 3634.7 | percent of total billed charges | |
| HC SPECIALTY CARE TRANSPORT | A0434 | HCPCS | | | | outpatient | | | 3826 | 1163.66 | Americare | Americare | 2869.5 | 75 | | | 575 | 3634.7 | percent of total billed charges | |
| HC SPECIALTY CARE TRANSPORT | A0434 | HCPCS | | | | outpatient | | | 3826 | 1163.66 | Amerihealth | HMO/PPO | 2486.9 | 65 | | | 575 | 3634.7 | percent of total billed charges | |
| HC SPECIALTY CARE TRANSPORT | A0434 | HCPCS | | | | outpatient | | | 3826 | 1163.66 | First Health | First Health | 2678.2 | 70 | | | 575 | 3634.7 | percent of total billed charges | |
| HC SPECIALTY CARE TRANSPORT | A0434 | HCPCS | | | | outpatient | | | 3826 | 1163.66 | Corrections | Corrections | 3060.8 | 80 | | | 575 | 3634.7 | percent of total billed charges | |
| HC SPECIALTY CARE TRANSPORT | A0434 | HCPCS | | | | outpatient | | | 3826 | 1163.66 | First Trenton | First Trenton | 3443.4 | 90 | | | 575 | 3634.7 | percent of total billed charges | |
| HC SPECIALTY CARE TRANSPORT | A0434 | HCPCS | | | | outpatient | | | 3826 | 1163.66 | Horizon | Indemnity | 1464.59 | 38.28 | | | 575 | 3634.7 | percent of total billed charges | |
| HC SPECIALTY CARE TRANSPORT | A0434 | HCPCS | | | | outpatient | | | 3826 | 1163.66 | Horizon | Medicare Blue | 1147.8 | 30 | | | 575 | 3634.7 | percent of total billed charges | |
| HC SPECIALTY CARE TRANSPORT | A0434 | HCPCS | | | | outpatient | | | 3826 | 1163.66 | Horizon | NJ Health | 575 | | | | 575 | 3634.7 | fee schedule | |
| HC SPECIALTY CARE TRANSPORT | A0434 | HCPCS | | | | outpatient | | | 3826 | 1163.66 | Horizon | MGD | 1464.59 | 38.28 | | | 575 | 3634.7 | percent of total billed charges | |
| HC SPECIALTY CARE TRANSPORT | A0434 | HCPCS | | | | outpatient | | | 3826 | 1163.66 | Multiplan | Multiplan | 3060.8 | 80 | | | 575 | 3634.7 | percent of total billed charges | |
| HC SPECIALTY CARE TRANSPORT | A0434 | HCPCS | | | | outpatient | | | 3826 | 1163.66 | Wellcare | Medicaid | 1207.1 | 31.55 | | | 575 | 3634.7 | percent of total billed charges | |
| HC SPECIALTY CARE TRANSPORT | A0434 | HCPCS | | | | outpatient | | | 3826 | 1163.66 | Managed Care Inc | Managed Care Inc | 3443.4 | 90 | | | 575 | 3634.7 | percent of total billed charges | |
| HC SPECIALTY CARE TRANSPORT | A0434 | HCPCS | | | | outpatient | | | 3826 | 1163.66 | Horizon | PPO | 1464.59 | 38.28 | | | 575 | 3634.7 | percent of total billed charges | |
| HC SPECIALTY CARE TRANSPORT | A0434 | HCPCS | | | | outpatient | | | 3826 | 1163.66 | Qualcare | Qualcare | 2869.5 | 75 | | | 575 | 3634.7 | percent of total billed charges | |
| HC SPECIALTY CARE TRANSPORT | A0434 | HCPCS | | | | outpatient | | | 3826 | 1163.66 | Three Rivers | Three Rivers | 3634.7 | 95 | | | 575 | 3634.7 | percent of total billed charges | |
| HC SPECIALTY CARE TRANSPORT | A0434 | HCPCS | | | | outpatient | | | 3826 | 1163.66 | WellPoint | WellPoint | 1231.21 | 32.18 | | | 575 | 3634.7 | percent of total billed charges | |
| HC SPECIALTY CARE TRANSPORT | A0434 | HCPCS | | | | outpatient | | | 3826 | 1163.66 | UHC | Medicaid | 1207.1 | 31.55 | | | 575 | 3634.7 | percent of total billed charges | |
| HC SPECIALTY CARE TRANSPORT | A0434 | HCPCS | | | | outpatient | | | 3826 | 1163.66 | UHC | Medicare | 1011.88 | | | | 575 | 3634.7 | fee schedule | |
| HC BLS TREAT NO TRANSPORT | A0998 | HCPCS | | | | outpatient | | | 274 | | First Trenton | First Trenton | 246.6 | 90 | | | 82.2 | 260.3 | percent of total billed charges | |
| HC BLS TREAT NO TRANSPORT | A0998 | HCPCS | | | | outpatient | | | 274 | | Consumer | Consumer | 260.3 | 95 | | | 82.2 | 260.3 | percent of total billed charges | |
| HC BLS TREAT NO TRANSPORT | A0998 | HCPCS | | | | outpatient | | | 274 | | First Health | First Health | 191.8 | 70 | | | 82.2 | 260.3 | percent of total billed charges | |
| HC BLS TREAT NO TRANSPORT | A0998 | HCPCS | | | | outpatient | | | 274 | | Aetna | Better Health | 86.45 | 31.55 | | | 82.2 | 260.3 | percent of total billed charges | |
| HC BLS TREAT NO TRANSPORT | A0998 | HCPCS | | | | outpatient | | | 274 | | Amerihealth | HMO/PPO | 178.1 | 65 | | | 82.2 | 260.3 | percent of total billed charges | |
| HC BLS TREAT NO TRANSPORT | A0998 | HCPCS | | | | outpatient | | | 274 | | Americare | Americare | 205.5 | 75 | | | 82.2 | 260.3 | percent of total billed charges | |
| HC BLS TREAT NO TRANSPORT | A0998 | HCPCS | | | | outpatient | | | 274 | | Aetna | Medicare | 84.39 | 30.8 | | | 82.2 | 260.3 | percent of total billed charges | |
| HC BLS TREAT NO TRANSPORT | A0998 | HCPCS | | | | outpatient | | | 274 | | Horizon | Medicare Blue | 82.2 | 30 | | | 82.2 | 260.3 | percent of total billed charges | |
| HC BLS TREAT NO TRANSPORT | A0998 | HCPCS | | | | outpatient | | | 274 | | Horizon | NJ Health | 95 | | | | 82.2 | 260.3 | fee schedule | |
| HC BLS TREAT NO TRANSPORT | A0998 | HCPCS | | | | outpatient | | | 274 | | Multiplan | Multiplan | 219.2 | 80 | | | 82.2 | 260.3 | percent of total billed charges | |
| HC BLS TREAT NO TRANSPORT | A0998 | HCPCS | | | | outpatient | | | 274 | | Wellcare | Medicaid | 86.45 | 31.55 | | | 82.2 | 260.3 | percent of total billed charges | |
| HC BLS TREAT NO TRANSPORT | A0998 | HCPCS | | | | outpatient | | | 274 | | Qualcare | Qualcare | 205.5 | 75 | | | 82.2 | 260.3 | percent of total billed charges | |
| HC BLS TREAT NO TRANSPORT | A0998 | HCPCS | | | | outpatient | | | 274 | | Corrections | Corrections | 219.2 | 80 | | | 82.2 | 260.3 | percent of total billed charges | |
| HC BLS TREAT NO TRANSPORT | A0998 | HCPCS | | | | outpatient | | | 274 | | Horizon | MGD | 104.89 | 38.28 | | | 82.2 | 260.3 | percent of total billed charges | |
| HC BLS TREAT NO TRANSPORT | A0998 | HCPCS | | | | outpatient | | | 274 | | Horizon | PPO | 104.89 | 38.28 | | | 82.2 | 260.3 | percent of total billed charges | |
| HC BLS TREAT NO TRANSPORT | A0998 | HCPCS | | | | outpatient | | | 274 | | UHC | Medicaid | 86.45 | 31.55 | | | 82.2 | 260.3 | percent of total billed charges | |
| HC BLS TREAT NO TRANSPORT | A0998 | HCPCS | | | | outpatient | | | 274 | | Horizon | Indemnity | 104.89 | 38.28 | | | 82.2 | 260.3 | percent of total billed charges | |
| HC BLS TREAT NO TRANSPORT | A0998 | HCPCS | | | | outpatient | | | 274 | | Managed Care Inc | Managed Care Inc | 246.6 | 90 | | | 82.2 | 260.3 | percent of total billed charges | |
| HC BLS TREAT NO TRANSPORT | A0998 | HCPCS | | | | outpatient | | | 274 | | WellPoint | WellPoint | 88.17 | 32.18 | | | 82.2 | 260.3 | percent of total billed charges | |
| HC BLS TREAT NO TRANSPORT | A0998 | HCPCS | | | | outpatient | | | 274 | | Three Rivers | Three Rivers | 260.3 | 95 | | | 82.2 | 260.3 | percent of total billed charges | |
| HC RESCUE & VEHICLE EXTRICATION | A0999 | HCPCS | | | | outpatient | | | 1968 | | UHC | Medicaid | 620.9 | 31.55 | | | 590.4 | 1869.6 | percent of total billed charges | |
| HC RESCUE & VEHICLE EXTRICATION | A0999 | HCPCS | | | | outpatient | | | 1968 | | Aetna | Better Health | 620.9 | 31.55 | | | 590.4 | 1869.6 | percent of total billed charges | |
| HC RESCUE & VEHICLE EXTRICATION | A0999 | HCPCS | | | | outpatient | | | 1968 | | Americare | Americare | 1476 | 75 | | | 590.4 | 1869.6 | percent of total billed charges | |
| HC RESCUE & VEHICLE EXTRICATION | A0999 | HCPCS | | | | outpatient | | | 1968 | | Corrections | Corrections | 1574.4 | 80 | | | 590.4 | 1869.6 | percent of total billed charges | |
| HC RESCUE & VEHICLE EXTRICATION | A0999 | HCPCS | | | | outpatient | | | 1968 | | Horizon | Indemnity | 753.35 | 38.28 | | | 590.4 | 1869.6 | percent of total billed charges | |
| HC RESCUE & VEHICLE EXTRICATION | A0999 | HCPCS | | | | outpatient | | | 1968 | | First Health | First Health | 1377.6 | 70 | | | 590.4 | 1869.6 | percent of total billed charges | |
| HC RESCUE & VEHICLE EXTRICATION | A0999 | HCPCS | | | | outpatient | | | 1968 | | Consumer | Consumer | 1869.6 | 95 | | | 590.4 | 1869.6 | percent of total billed charges | |
| HC RESCUE & VEHICLE EXTRICATION | A0999 | HCPCS | | | | outpatient | | | 1968 | | Aetna | Medicare | 606.14 | 30.8 | | | 590.4 | 1869.6 | percent of total billed charges | |
| HC RESCUE & VEHICLE EXTRICATION | A0999 | HCPCS | | | | outpatient | | | 1968 | | Wellcare | Medicaid | 620.9 | 31.55 | | | 590.4 | 1869.6 | percent of total billed charges | |
| HC RESCUE & VEHICLE EXTRICATION | A0999 | HCPCS | | | | outpatient | | | 1968 | | WellPoint | WellPoint | 633.3 | 32.18 | | | 590.4 | 1869.6 | percent of total billed charges | |
| HC RESCUE & VEHICLE EXTRICATION | A0999 | HCPCS | | | | outpatient | | | 1968 | | First Trenton | First Trenton | 1771.2 | 90 | | | 590.4 | 1869.6 | percent of total billed charges | |
| HC RESCUE & VEHICLE EXTRICATION | A0999 | HCPCS | | | | outpatient | | | 1968 | | Amerihealth | HMO/PPO | 1279.2 | 65 | | | 590.4 | 1869.6 | percent of total billed charges | |
| HC RESCUE & VEHICLE EXTRICATION | A0999 | HCPCS | | | | outpatient | | | 1968 | | Horizon | Medicare Blue | 590.4 | 30 | | | 590.4 | 1869.6 | percent of total billed charges | |
| HC RESCUE & VEHICLE EXTRICATION | A0999 | HCPCS | | | | outpatient | | | 1968 | | Horizon | MGD | 753.35 | 38.28 | | | 590.4 | 1869.6 | percent of total billed charges | |
| HC RESCUE & VEHICLE EXTRICATION | A0999 | HCPCS | | | | outpatient | | | 1968 | | Horizon | PPO | 753.35 | 38.28 | | | 590.4 | 1869.6 | percent of total billed charges | |
| HC RESCUE & VEHICLE EXTRICATION | A0999 | HCPCS | | | | outpatient | | | 1968 | | Multiplan | Multiplan | 1574.4 | 80 | | | 590.4 | 1869.6 | percent of total billed charges | |
| HC RESCUE & VEHICLE EXTRICATION | A0999 | HCPCS | | | | outpatient | | | 1968 | | Managed Care Inc | Managed Care Inc | 1771.2 | 90 | | | 590.4 | 1869.6 | percent of total billed charges | |
| HC RESCUE & VEHICLE EXTRICATION | A0999 | HCPCS | | | | outpatient | | | 1968 | | Qualcare | Qualcare | 1476 | 75 | | | 590.4 | 1869.6 | percent of total billed charges | |
| HC RESCUE & VEHICLE EXTRICATION | A0999 | HCPCS | | | | outpatient | | | 1968 | | Three Rivers | Three Rivers | 1869.6 | 95 | | | 590.4 | 1869.6 | percent of total billed charges | |
| INSERTION TRAY WO DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4312 | HCPCS | | | | outpatient | | | 1850 | 28.3 | Amerihealth | HMO/PPO | 1202.5 | 65 | | | 24.61 | 1757.5 | percent of total billed charges | |
| INSERTION TRAY WO DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4312 | HCPCS | | | | outpatient | | | 1850 | 28.3 | Aetna | Better Health | 583.68 | 31.55 | | | 24.61 | 1757.5 | percent of total billed charges | |
| INSERTION TRAY WO DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4312 | HCPCS | | | | outpatient | | | 1850 | 28.3 | First Trenton | First Trenton | 1665 | 90 | | | 24.61 | 1757.5 | percent of total billed charges | |
| INSERTION TRAY WO DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4312 | HCPCS | | | | outpatient | | | 1850 | 28.3 | Amerihealth | Medicare | 24.61 | | | | 24.61 | 1757.5 | fee schedule | |
| INSERTION TRAY WO DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4312 | HCPCS | | | | outpatient | | | 1850 | 28.3 | Americare | Americare | 1387.5 | 75 | | | 24.61 | 1757.5 | percent of total billed charges | |
| INSERTION TRAY WO DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4312 | HCPCS | | | | outpatient | | | 1850 | 28.3 | Consumer | Consumer | 1757.5 | 95 | | | 24.61 | 1757.5 | percent of total billed charges | |
| INSERTION TRAY WO DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4312 | HCPCS | | | | outpatient | | | 1850 | 28.3 | Aetna | Medicare | 24.61 | | | | 24.61 | 1757.5 | fee schedule | |
| INSERTION TRAY WO DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4312 | HCPCS | | | | outpatient | | | 1850 | 28.3 | Horizon | MGD | 708.18 | 38.28 | | | 24.61 | 1757.5 | percent of total billed charges | |
| INSERTION TRAY WO DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4312 | HCPCS | | | | outpatient | | | 1850 | 28.3 | Qualcare | Qualcare | 1387.5 | 75 | | | 24.61 | 1757.5 | percent of total billed charges | |
| INSERTION TRAY WO DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4312 | HCPCS | | | | outpatient | | | 1850 | 28.3 | Corrections | Corrections | 1480 | 80 | | | 24.61 | 1757.5 | percent of total billed charges | |
| INSERTION TRAY WO DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4312 | HCPCS | | | | outpatient | | | 1850 | 28.3 | Managed Care Inc | Managed Care Inc | 1665 | 90 | | | 24.61 | 1757.5 | percent of total billed charges | |
| INSERTION TRAY WO DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4312 | HCPCS | | | | outpatient | | | 1850 | 28.3 | First Health | First Health | 1295 | 70 | | | 24.61 | 1757.5 | percent of total billed charges | |
| INSERTION TRAY WO DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4312 | HCPCS | | | | outpatient | | | 1850 | 28.3 | Multiplan | Multiplan | 1480 | 80 | | | 24.61 | 1757.5 | percent of total billed charges | |
| INSERTION TRAY WO DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4312 | HCPCS | | | | outpatient | | | 1850 | 28.3 | Horizon | Medicare Blue | 555 | 30 | | | 24.61 | 1757.5 | percent of total billed charges | |
| INSERTION TRAY WO DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4312 | HCPCS | | | | outpatient | | | 1850 | 28.3 | Horizon | Indemnity | 708.18 | 38.28 | | | 24.61 | 1757.5 | percent of total billed charges | |
| INSERTION TRAY WO DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4312 | HCPCS | | | | outpatient | | | 1850 | 28.3 | UHC | Medicaid | 583.68 | 31.55 | | | 24.61 | 1757.5 | percent of total billed charges | |
| INSERTION TRAY WO DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4312 | HCPCS | | | | outpatient | | | 1850 | 28.3 | Wellcare | Medicare | 24.61 | | | | 24.61 | 1757.5 | fee schedule | |
| INSERTION TRAY WO DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4312 | HCPCS | | | | outpatient | | | 1850 | 28.3 | UHC | Medicare | 24.61 | | | | 24.61 | 1757.5 | fee schedule | |
| INSERTION TRAY WO DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4312 | HCPCS | | | | outpatient | | | 1850 | 28.3 | Horizon | PPO | 708.18 | 38.28 | | | 24.61 | 1757.5 | percent of total billed charges | |
| INSERTION TRAY WO DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4312 | HCPCS | | | | outpatient | | | 1850 | 28.3 | WellPoint | WellPoint | 595.33 | 32.18 | | | 24.61 | 1757.5 | percent of total billed charges | |
| INSERTION TRAY WO DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4312 | HCPCS | | | | outpatient | | | 1850 | 28.3 | Three Rivers | Three Rivers | 1757.5 | 95 | | | 24.61 | 1757.5 | percent of total billed charges | |
| INSERTION TRAY WO DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4312 | HCPCS | | | | outpatient | | | 1850 | 28.3 | Wellcare | Medicaid | 583.68 | 31.55 | | | 24.61 | 1757.5 | percent of total billed charges | |
| AMB SUP TRAY CATHETER URETHRAL | A4314 | HCPCS | | | | outpatient | | | 65.01 | 39.66 | Amerihealth | Medicare | 34.49 | | | | 19.5 | 61.76 | fee schedule | |
| AMB SUP TRAY CATHETER URETHRAL | A4314 | HCPCS | | | | outpatient | | | 65.01 | 39.66 | Amerihealth | HMO/PPO | 42.26 | 65 | | | 19.5 | 61.76 | percent of total billed charges | |
| AMB SUP TRAY CATHETER URETHRAL | A4314 | HCPCS | | | | outpatient | | | 65.01 | 39.66 | Horizon | Indemnity | 24.89 | 38.28 | | | 19.5 | 61.76 | percent of total billed charges | |
| AMB SUP TRAY CATHETER URETHRAL | A4314 | HCPCS | | | | outpatient | | | 65.01 | 39.66 | WellPoint | WellPoint | 20.92 | 32.18 | | | 19.5 | 61.76 | percent of total billed charges | |
| AMB SUP TRAY CATHETER URETHRAL | A4314 | HCPCS | | | | outpatient | | | 65.01 | 39.66 | First Trenton | First Trenton | 58.51 | 90 | | | 19.5 | 61.76 | percent of total billed charges | |
| AMB SUP TRAY CATHETER URETHRAL | A4314 | HCPCS | | | | outpatient | | | 65.01 | 39.66 | Aetna | Better Health | 20.51 | 31.55 | | | 19.5 | 61.76 | percent of total billed charges | |
| AMB SUP TRAY CATHETER URETHRAL | A4314 | HCPCS | | | | outpatient | | | 65.01 | 39.66 | Aetna | Medicare | 34.49 | | | | 19.5 | 61.76 | fee schedule | |
| AMB SUP TRAY CATHETER URETHRAL | A4314 | HCPCS | | | | outpatient | | | 65.01 | 39.66 | First Health | First Health | 45.51 | 70 | | | 19.5 | 61.76 | percent of total billed charges | |
| AMB SUP TRAY CATHETER URETHRAL | A4314 | HCPCS | | | | outpatient | | | 65.01 | 39.66 | Corrections | Corrections | 52.01 | 80 | | | 19.5 | 61.76 | percent of total billed charges | |
| AMB SUP TRAY CATHETER URETHRAL | A4314 | HCPCS | | | | outpatient | | | 65.01 | 39.66 | Consumer | Consumer | 61.76 | 95 | | | 19.5 | 61.76 | percent of total billed charges | |
| AMB SUP TRAY CATHETER URETHRAL | A4314 | HCPCS | | | | outpatient | | | 65.01 | 39.66 | Americare | Americare | 48.76 | 75 | | | 19.5 | 61.76 | percent of total billed charges | |
| AMB SUP TRAY CATHETER URETHRAL | A4314 | HCPCS | | | | outpatient | | | 65.01 | 39.66 | Multiplan | Multiplan | 52.01 | 80 | | | 19.5 | 61.76 | percent of total billed charges | |
| AMB SUP TRAY CATHETER URETHRAL | A4314 | HCPCS | | | | outpatient | | | 65.01 | 39.66 | Horizon | PPO | 24.89 | 38.28 | | | 19.5 | 61.76 | percent of total billed charges | |
| AMB SUP TRAY CATHETER URETHRAL | A4314 | HCPCS | | | | outpatient | | | 65.01 | 39.66 | Horizon | Medicare Blue | 19.5 | 30 | | | 19.5 | 61.76 | percent of total billed charges | |
| AMB SUP TRAY CATHETER URETHRAL | A4314 | HCPCS | | | | outpatient | | | 65.01 | 39.66 | Horizon | MGD | 24.89 | 38.28 | | | 19.5 | 61.76 | percent of total billed charges | |
| AMB SUP TRAY CATHETER URETHRAL | A4314 | HCPCS | | | | outpatient | | | 65.01 | 39.66 | Qualcare | Qualcare | 48.76 | 75 | | | 19.5 | 61.76 | percent of total billed charges | |
| AMB SUP TRAY CATHETER URETHRAL | A4314 | HCPCS | | | | outpatient | | | 65.01 | 39.66 | Managed Care Inc | Managed Care Inc | 58.51 | 90 | | | 19.5 | 61.76 | percent of total billed charges | |
| AMB SUP TRAY CATHETER URETHRAL | A4314 | HCPCS | | | | outpatient | | | 65.01 | 39.66 | Wellcare | Medicaid | 20.51 | 31.55 | | | 19.5 | 61.76 | percent of total billed charges | |
| AMB SUP TRAY CATHETER URETHRAL | A4314 | HCPCS | | | | outpatient | | | 65.01 | 39.66 | UHC | Medicaid | 20.51 | 31.55 | | | 19.5 | 61.76 | percent of total billed charges | |
| AMB SUP TRAY CATHETER URETHRAL | A4314 | HCPCS | | | | outpatient | | | 65.01 | 39.66 | UHC | Medicare | 34.49 | | | | 19.5 | 61.76 | fee schedule | |
| AMB SUP TRAY CATHETER URETHRAL | A4314 | HCPCS | | | | outpatient | | | 65.01 | 39.66 | Three Rivers | Three Rivers | 61.76 | 95 | | | 19.5 | 61.76 | percent of total billed charges | |
| AMB SUP TRAY CATHETER URETHRAL | A4314 | HCPCS | | | | outpatient | | | 65.01 | 39.66 | Wellcare | Medicare | 34.49 | | | | 19.5 | 61.76 | fee schedule | |
| INSERTION TRAY W DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4315 | HCPCS | | | | outpatient | | | 2550 | 41.39 | Corrections | Corrections | 2040 | 80 | | | 35.99 | 2422.5 | percent of total billed charges | |
| INSERTION TRAY W DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4315 | HCPCS | | | | outpatient | | | 2550 | 41.39 | First Health | First Health | 1785 | 70 | | | 35.99 | 2422.5 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| INSERTION TRAY W DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4315 | HCPCS | | | | outpatient | | | 2550 | 41.39 | Americare | Americare | 1912.5 | 75 | | | 35.99 | | 2422.5 percent of total billed charges | |
| INSERTION TRAY W DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4315 | HCPCS | | | | outpatient | | | 2550 | 41.39 | Aetna | Medicare | 35.99 | | | | 35.99 | | 2422.5 fee schedule | |
| INSERTION TRAY W DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4315 | HCPCS | | | | outpatient | | | 2550 | 41.39 | Horizon | MGD | 976.14 | 38.28 | | | 35.99 | | 2422.5 percent of total billed charges | |
| INSERTION TRAY W DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4315 | HCPCS | | | | outpatient | | | 2550 | 41.39 | Aetna | Better Health | 804.53 | 31.55 | | | 35.99 | | 2422.5 percent of total billed charges | |
| INSERTION TRAY W DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4315 | HCPCS | | | | outpatient | | | 2550 | 41.39 | Amerihealth | HMO/PPO | 1657.5 | 65 | | | 35.99 | | 2422.5 percent of total billed charges | |
| INSERTION TRAY W DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4315 | HCPCS | | | | outpatient | | | 2550 | 41.39 | Amerihealth | Medicare | 35.99 | | | | 35.99 | | 2422.5 fee schedule | |
| INSERTION TRAY W DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4315 | HCPCS | | | | outpatient | | | 2550 | 41.39 | Wellcare | Medicare | 35.99 | | | | 35.99 | | 2422.5 fee schedule | |
| INSERTION TRAY W DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4315 | HCPCS | | | | outpatient | | | 2550 | 41.39 | Wellcare | Medicaid | 804.53 | 31.55 | | | 35.99 | | 2422.5 percent of total billed charges | |
| INSERTION TRAY W DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4315 | HCPCS | | | | outpatient | | | 2550 | 41.39 | Consumer | Consumer | 2422.5 | 95 | | | 35.99 | | 2422.5 percent of total billed charges | |
| INSERTION TRAY W DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4315 | HCPCS | | | | outpatient | | | 2550 | 41.39 | First Trenton | First Trenton | 2295 | 90 | | | 35.99 | | 2422.5 percent of total billed charges | |
| INSERTION TRAY W DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4315 | HCPCS | | | | outpatient | | | 2550 | 41.39 | UHC | Medicare | 35.99 | | | | 35.99 | | 2422.5 fee schedule | |
| INSERTION TRAY W DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4315 | HCPCS | | | | outpatient | | | 2550 | 41.39 | UHC | Medicaid | 804.53 | 31.55 | | | 35.99 | | 2422.5 percent of total billed charges | |
| INSERTION TRAY W DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4315 | HCPCS | | | | outpatient | | | 2550 | 41.39 | Horizon | Indemnity | 976.14 | 38.28 | | | 35.99 | | 2422.5 percent of total billed charges | |
| INSERTION TRAY W DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4315 | HCPCS | | | | outpatient | | | 2550 | 41.39 | Managed Care Inc | Managed Care Inc | 2295 | 90 | | | 35.99 | | 2422.5 percent of total billed charges | |
| INSERTION TRAY W DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4315 | HCPCS | | | | outpatient | | | 2550 | 41.39 | WellPoint | WellPoint | 820.59 | 32.18 | | | 35.99 | | 2422.5 percent of total billed charges | |
| INSERTION TRAY W DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4315 | HCPCS | | | | outpatient | | | 2550 | 41.39 | Horizon | Medicare Blue | 765 | 30 | | | 35.99 | | 2422.5 percent of total billed charges | |
| INSERTION TRAY W DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4315 | HCPCS | | | | outpatient | | | 2550 | 41.39 | Multiplan | Multiplan | 2040 | 80 | | | 35.99 | | 2422.5 percent of total billed charges | |
| INSERTION TRAY W DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4315 | HCPCS | | | | outpatient | | | 2550 | 41.39 | Horizon | PPO | 976.14 | 38.28 | | | 35.99 | | 2422.5 percent of total billed charges | |
| INSERTION TRAY W DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4315 | HCPCS | | | | outpatient | | | 2550 | 41.39 | Qualcare | Qualcare | 1912.5 | 75 | | | 35.99 | | 2422.5 percent of total billed charges | |
| INSERTION TRAY W DRAINAGE BAG W INDWELLING CATH FOLEY TYPE TWO-WAY ALL SILICONE | A4315 | HCPCS | | | | outpatient | | | 2550 | 41.39 | Three Rivers | Three Rivers | 2422.5 | 95 | | | 35.99 | | 2422.5 percent of total billed charges | |
| AMB SUP CATHETER FOLEY TIEMANN | A4338 | HCPCS | | | | outpatient | | | 590.81 | 19.25 | UHC | Medicare | 16.74 | | | | 10.08 | | 561.27 fee schedule | |
| AMB SUP CATHETER FOLEY TIEMANN | A4338 | HCPCS | | | | outpatient | | | 590.81 | 19.25 | Aetna | Medicare | 16.74 | | | | 10.08 | | 561.27 fee schedule | |
| AMB SUP CATHETER FOLEY TIEMANN | A4338 | HCPCS | | | | outpatient | | | 590.81 | 19.25 | Aetna | Better Health | 186.4 | 31.55 | | | 10.08 | | 561.27 percent of total billed charges | |
| AMB SUP CATHETER FOLEY TIEMANN | A4338 | HCPCS | | | | outpatient | | | 590.81 | 19.25 | Amerihealth | HMO/PPO | 384.03 | 65 | | | 10.08 | | 561.27 percent of total billed charges | |
| AMB SUP CATHETER FOLEY TIEMANN | A4338 | HCPCS | | | | outpatient | | | 590.81 | 19.25 | Amerihealth | Medicare | 16.74 | | | | 10.08 | | 561.27 fee schedule | |
| AMB SUP CATHETER FOLEY TIEMANN | A4338 | HCPCS | | | | outpatient | | | 590.81 | 19.25 | First Health | First Health | 413.57 | 70 | | | 10.08 | | 561.27 percent of total billed charges | |
| AMB SUP CATHETER FOLEY TIEMANN | A4338 | HCPCS | | | | outpatient | | | 590.81 | 19.25 | Americare | Americare | 443.11 | 75 | | | 10.08 | | 561.27 percent of total billed charges | |
| AMB SUP CATHETER FOLEY TIEMANN | A4338 | HCPCS | | | | outpatient | | | 590.81 | 19.25 | Corrections | Corrections | 472.65 | 80 | | | 10.08 | | 561.27 percent of total billed charges | |
| AMB SUP CATHETER FOLEY TIEMANN | A4338 | HCPCS | | | | outpatient | | | 590.81 | 19.25 | Wellcare | Medicare | 16.74 | | | | 10.08 | | 561.27 fee schedule | |
| AMB SUP CATHETER FOLEY TIEMANN | A4338 | HCPCS | | | | outpatient | | | 590.81 | 19.25 | UHC | Medicaid | 186.4 | 31.55 | | | 10.08 | | 561.27 percent of total billed charges | |
| AMB SUP CATHETER FOLEY TIEMANN | A4338 | HCPCS | | | | outpatient | | | 590.81 | 19.25 | Horizon | Medicare Blue | 177.24 | 30 | | | 10.08 | | 561.27 percent of total billed charges | |
| AMB SUP CATHETER FOLEY TIEMANN | A4338 | HCPCS | | | | outpatient | | | 590.81 | 19.25 | Horizon | Indemnity | 226.16 | 38.28 | | | 10.08 | | 561.27 percent of total billed charges | |
| AMB SUP CATHETER FOLEY TIEMANN | A4338 | HCPCS | | | | outpatient | | | 590.81 | 19.25 | WellPoint | WellPoint | 190.12 | 32.18 | | | 10.08 | | 561.27 percent of total billed charges | |
| AMB SUP CATHETER FOLEY TIEMANN | A4338 | HCPCS | | | | outpatient | | | 590.81 | 19.25 | First Trenton | First Trenton | 531.73 | 90 | | | 10.08 | | 561.27 percent of total billed charges | |
| AMB SUP CATHETER FOLEY TIEMANN | A4338 | HCPCS | | | | outpatient | | | 590.81 | 19.25 | Consumer | Consumer | 561.27 | 95 | | | 10.08 | | 561.27 percent of total billed charges | |
| AMB SUP CATHETER FOLEY TIEMANN | A4338 | HCPCS | | | | outpatient | | | 590.81 | 19.25 | Multiplan | Multiplan | 472.65 | 80 | | | 10.08 | | 561.27 percent of total billed charges | |
| AMB SUP CATHETER FOLEY TIEMANN | A4338 | HCPCS | | | | outpatient | | | 590.81 | 19.25 | Wellcare | Medicaid | 186.4 | 31.55 | | | 10.08 | | 561.27 percent of total billed charges | |
| AMB SUP CATHETER FOLEY TIEMANN | A4338 | HCPCS | | | | outpatient | | | 590.81 | 19.25 | Horizon | MGD | 226.16 | 38.28 | | | 10.08 | | 561.27 percent of total billed charges | |
| AMB SUP CATHETER FOLEY TIEMANN | A4338 | HCPCS | | | | outpatient | | | 590.81 | 19.25 | Qualcare | Qualcare | 443.11 | 75 | | | 10.08 | | 561.27 percent of total billed charges | |
| AMB SUP CATHETER FOLEY TIEMANN | A4338 | HCPCS | | | | outpatient | | | 590.81 | 19.25 | Horizon | PPO | 226.16 | 38.28 | | | 10.08 | | 561.27 percent of total billed charges | |
| AMB SUP CATHETER FOLEY TIEMANN | A4338 | HCPCS | | | | outpatient | | | 590.81 | 19.25 | Managed Care Inc | Managed Care Inc | 531.73 | 90 | | | 10.08 | | 561.27 percent of total billed charges | |
| AMB SUP CATHETER FOLEY TIEMANN | A4338 | HCPCS | | | | outpatient | | | 590.81 | 19.25 | Three Rivers | Three Rivers | 561.27 | 95 | | | 10.08 | | 561.27 percent of total billed charges | |
| AMB SUP BAG DRAIN DOVER | A4358 | HCPCS | | | | outpatient | | | 4.76 | 10.41 | Americare | Americare | 3.57 | 75 | | | 1.43 | | 9.05 percent of total billed charges | |
| AMB SUP BAG DRAIN DOVER | A4358 | HCPCS | | | | outpatient | | | 4.76 | 10.41 | Aetna | Better Health | 1.5 | 31.55 | | | 1.43 | | 9.05 percent of total billed charges | |
| AMB SUP BAG DRAIN DOVER | A4358 | HCPCS | | | | outpatient | | | 4.76 | 10.41 | Amerihealth | HMO/PPO | 3.09 | 65 | | | 1.43 | | 9.05 percent of total billed charges | |
| AMB SUP BAG DRAIN DOVER | A4358 | HCPCS | | | | outpatient | | | 4.76 | 10.41 | UHC | Medicaid | 1.5 | 31.55 | | | 1.43 | | 9.05 percent of total billed charges | |
| AMB SUP BAG DRAIN DOVER | A4358 | HCPCS | | | | outpatient | | | 4.76 | 10.41 | Amerihealth | Medicare | 9.05 | | | | 1.43 | | 9.05 fee schedule | |
| AMB SUP BAG DRAIN DOVER | A4358 | HCPCS | | | | outpatient | | | 4.76 | 10.41 | First Health | First Health | 3.33 | 70 | | | 1.43 | | 9.05 percent of total billed charges | |
| AMB SUP BAG DRAIN DOVER | A4358 | HCPCS | | | | outpatient | | | 4.76 | 10.41 | Multiplan | Multiplan | 3.81 | 80 | | | 1.43 | | 9.05 percent of total billed charges | |
| AMB SUP BAG DRAIN DOVER | A4358 | HCPCS | | | | outpatient | | | 4.76 | 10.41 | Aetna | Medicare | 9.05 | | | | 1.43 | | 9.05 fee schedule | |
| AMB SUP BAG DRAIN DOVER | A4358 | HCPCS | | | | outpatient | | | 4.76 | 10.41 | Horizon | MGD | 1.82 | 38.28 | | | 1.43 | | 9.05 percent of total billed charges | |
| AMB SUP BAG DRAIN DOVER | A4358 | HCPCS | | | | outpatient | | | 4.76 | 10.41 | Horizon | Indemnity | 1.82 | 38.28 | | | 1.43 | | 9.05 percent of total billed charges | |
| AMB SUP BAG DRAIN DOVER | A4358 | HCPCS | | | | outpatient | | | 4.76 | 10.41 | Horizon | Medicare Blue | 1.43 | 30 | | | 1.43 | | 9.05 percent of total billed charges | |
| AMB SUP BAG DRAIN DOVER | A4358 | HCPCS | | | | outpatient | | | 4.76 | 10.41 | Consumer | Consumer | 4.52 | 95 | | | 1.43 | | 9.05 percent of total billed charges | |
| AMB SUP BAG DRAIN DOVER | A4358 | HCPCS | | | | outpatient | | | 4.76 | 10.41 | UHC | Medicare | 9.05 | | | | 1.43 | | 9.05 fee schedule | |
| AMB SUP BAG DRAIN DOVER | A4358 | HCPCS | | | | outpatient | | | 4.76 | 10.41 | Horizon | PPO | 1.82 | 38.28 | | | 1.43 | | 9.05 percent of total billed charges | |
| AMB SUP BAG DRAIN DOVER | A4358 | HCPCS | | | | outpatient | | | 4.76 | 10.41 | Qualcare | Qualcare | 3.57 | 75 | | | 1.43 | | 9.05 percent of total billed charges | |
| AMB SUP BAG DRAIN DOVER | A4358 | HCPCS | | | | outpatient | | | 4.76 | 10.41 | Corrections | Corrections | 3.81 | 80 | | | 1.43 | | 9.05 percent of total billed charges | |
| AMB SUP BAG DRAIN DOVER | A4358 | HCPCS | | | | outpatient | | | 4.76 | 10.41 | Wellcare | Medicaid | 1.5 | 31.55 | | | 1.43 | | 9.05 percent of total billed charges | |
| AMB SUP BAG DRAIN DOVER | A4358 | HCPCS | | | | outpatient | | | 4.76 | 10.41 | Three Rivers | Three Rivers | 4.52 | 95 | | | 1.43 | | 9.05 percent of total billed charges | |
| AMB SUP BAG DRAIN DOVER | A4358 | HCPCS | | | | outpatient | | | 4.76 | 10.41 | Wellcare | Medicare | 9.05 | | | | 1.43 | | 9.05 fee schedule | |
| AMB SUP BAG DRAIN DOVER | A4358 | HCPCS | | | | outpatient | | | 4.76 | 10.41 | First Trenton | First Trenton | 4.28 | 90 | | | 1.43 | | 9.05 percent of total billed charges | |
| AMB SUP BAG DRAIN DOVER | A4358 | HCPCS | | | | outpatient | | | 4.76 | 10.41 | WellPoint | WellPoint | 1.53 | 32.18 | | | 1.43 | | 9.05 percent of total billed charges | |
| AMB SUP BAG DRAIN DOVER | A4358 | HCPCS | | | | outpatient | | | 4.76 | 10.41 | Managed Care Inc | Managed Care Inc | 4.28 | 90 | | | 1.43 | | 9.05 percent of total billed charges | |
| AMB SUP ADHESIVE SKIN CLOSE HISTOACRYL | A4364 | HCPCS | | | | outpatient | | | 122.1 | 4.61 | Amerihealth | HMO/PPO | 79.37 | 65 | | | 4.01 | | 116 percent of total billed charges | |
| AMB SUP ADHESIVE SKIN CLOSE HISTOACRYL | A4364 | HCPCS | | | | outpatient | | | 122.1 | 4.61 | Americare | Americare | 91.58 | 75 | | | 4.01 | | 116 percent of total billed charges | |
| AMB SUP ADHESIVE SKIN CLOSE HISTOACRYL | A4364 | HCPCS | | | | outpatient | | | 122.1 | 4.61 | Amerihealth | Medicare | 4.01 | | | | 4.01 | | 116 fee schedule | |
| AMB SUP ADHESIVE SKIN CLOSE HISTOACRYL | A4364 | HCPCS | | | | outpatient | | | 122.1 | 4.61 | Aetna | Better Health | 38.52 | 31.55 | | | 4.01 | | 116 percent of total billed charges | |
| AMB SUP ADHESIVE SKIN CLOSE HISTOACRYL | A4364 | HCPCS | | | | outpatient | | | 122.1 | 4.61 | Aetna | Medicare | 4.01 | | | | 4.01 | | 116 fee schedule | |
| AMB SUP ADHESIVE SKIN CLOSE HISTOACRYL | A4364 | HCPCS | | | | outpatient | | | 122.1 | 4.61 | Consumer | Consumer | 116 | 95 | | | 4.01 | | 116 percent of total billed charges | |
| AMB SUP ADHESIVE SKIN CLOSE HISTOACRYL | A4364 | HCPCS | | | | outpatient | | | 122.1 | 4.61 | First Health | First Health | 85.47 | 70 | | | 4.01 | | 116 percent of total billed charges | |
| AMB SUP ADHESIVE SKIN CLOSE HISTOACRYL | A4364 | HCPCS | | | | outpatient | | | 122.1 | 4.61 | UHC | Medicare | 4.01 | | | | 4.01 | | 116 fee schedule | |
| AMB SUP ADHESIVE SKIN CLOSE HISTOACRYL | A4364 | HCPCS | | | | outpatient | | | 122.1 | 4.61 | Multiplan | Multiplan | 97.68 | 80 | | | 4.01 | | 116 percent of total billed charges | |
| AMB SUP ADHESIVE SKIN CLOSE HISTOACRYL | A4364 | HCPCS | | | | outpatient | | | 122.1 | 4.61 | Horizon | MGD | 46.74 | 38.28 | | | 4.01 | | 116 percent of total billed charges | |
| AMB SUP ADHESIVE SKIN CLOSE HISTOACRYL | A4364 | HCPCS | | | | outpatient | | | 122.1 | 4.61 | First Trenton | First Trenton | 109.89 | 90 | | | 4.01 | | 116 percent of total billed charges | |
| AMB SUP ADHESIVE SKIN CLOSE HISTOACRYL | A4364 | HCPCS | | | | outpatient | | | 122.1 | 4.61 | Wellcare | Medicare | 4.01 | | | | 4.01 | | 116 fee schedule | |
| AMB SUP ADHESIVE SKIN CLOSE HISTOACRYL | A4364 | HCPCS | | | | outpatient | | | 122.1 | 4.61 | Corrections | Corrections | 97.68 | 80 | | | 4.01 | | 116 percent of total billed charges | |
| AMB SUP ADHESIVE SKIN CLOSE HISTOACRYL | A4364 | HCPCS | | | | outpatient | | | 122.1 | 4.61 | Wellcare | Medicaid | 38.52 | 31.55 | | | 4.01 | | 116 percent of total billed charges | |
| AMB SUP ADHESIVE SKIN CLOSE HISTOACRYL | A4364 | HCPCS | | | | outpatient | | | 122.1 | 4.61 | UHC | Medicaid | 38.52 | 31.55 | | | 4.01 | | 116 percent of total billed charges | |
| AMB SUP ADHESIVE SKIN CLOSE HISTOACRYL | A4364 | HCPCS | | | | outpatient | | | 122.1 | 4.61 | WellPoint | WellPoint | 39.29 | 32.18 | | | 4.01 | | 116 percent of total billed charges | |
| AMB SUP ADHESIVE SKIN CLOSE HISTOACRYL | A4364 | HCPCS | | | | outpatient | | | 122.1 | 4.61 | Qualcare | Qualcare | 91.58 | 75 | | | 4.01 | | 116 percent of total billed charges | |
| AMB SUP ADHESIVE SKIN CLOSE HISTOACRYL | A4364 | HCPCS | | | | outpatient | | | 122.1 | 4.61 | Horizon | PPO | 46.74 | 38.28 | | | 4.01 | | 116 percent of total billed charges | |
| AMB SUP ADHESIVE SKIN CLOSE HISTOACRYL | A4364 | HCPCS | | | | outpatient | | | 122.1 | 4.61 | Horizon | Indemnity | 46.74 | 38.28 | | | 4.01 | | 116 percent of total billed charges | |
| AMB SUP ADHESIVE SKIN CLOSE HISTOACRYL | A4364 | HCPCS | | | | outpatient | | | 122.1 | 4.61 | Managed Care Inc | Managed Care Inc | 109.89 | 90 | | | 4.01 | | 116 percent of total billed charges | |
| AMB SUP ADHESIVE SKIN CLOSE HISTOACRYL | A4364 | HCPCS | | | | outpatient | | | 122.1 | 4.61 | Horizon | Medicare Blue | 36.63 | 30 | | | 4.01 | | 116 percent of total billed charges | |
| AMB SUP ADHESIVE SKIN CLOSE HISTOACRYL | A4364 | HCPCS | | | | outpatient | | | 122.1 | 4.61 | Three Rivers | Three Rivers | 116 | 95 | | | 4.01 | | 116 percent of total billed charges | |
| AMB SUP PESSARY RUBBER | A4561 | HCPCS | | | | outpatient | | | 187.5 | 31.95 | Aetna | Better Health | 59.16 | 31.55 | | | 27.78 | | 178.13 percent of total billed charges | |
| AMB SUP PESSARY RUBBER | A4561 | HCPCS | | | | outpatient | | | 187.5 | 31.95 | UHC | Medicare | 27.78 | | | | 27.78 | | 178.13 fee schedule | |
| AMB SUP PESSARY RUBBER | A4561 | HCPCS | | | | outpatient | | | 187.5 | 31.95 | Amerihealth | HMO/PPO | 121.88 | 65 | | | 27.78 | | 178.13 percent of total billed charges | |
| AMB SUP PESSARY RUBBER | A4561 | HCPCS | | | | outpatient | | | 187.5 | 31.95 | Horizon | Medicare Blue | 56.25 | 30 | | | 27.78 | | 178.13 percent of total billed charges | |
| AMB SUP PESSARY RUBBER | A4561 | HCPCS | | | | outpatient | | | 187.5 | 31.95 | Aetna | Medicare | 27.78 | | | | 27.78 | | 178.13 fee schedule | |
| AMB SUP PESSARY RUBBER | A4561 | HCPCS | | | | outpatient | | | 187.5 | 31.95 | Wellcare | Medicaid | 59.16 | 31.55 | | | 27.78 | | 178.13 percent of total billed charges | |
| AMB SUP PESSARY RUBBER | A4561 | HCPCS | | | | outpatient | | | 187.5 | 31.95 | First Health | First Health | 131.25 | 70 | | | 27.78 | | 178.13 percent of total billed charges | |
| AMB SUP PESSARY RUBBER | A4561 | HCPCS | | | | outpatient | | | 187.5 | 31.95 | Americare | Americare | 140.63 | 75 | | | 27.78 | | 178.13 percent of total billed charges | |
| AMB SUP PESSARY RUBBER | A4561 | HCPCS | | | | outpatient | | | 187.5 | 31.95 | Amerihealth | Medicare | 27.78 | | | | 27.78 | | 178.13 fee schedule | |
| AMB SUP PESSARY RUBBER | A4561 | HCPCS | | | | outpatient | | | 187.5 | 31.95 | Wellcare | Medicare | 27.78 | | | | 27.78 | | 178.13 fee schedule | |
| AMB SUP PESSARY RUBBER | A4561 | HCPCS | | | | outpatient | | | 187.5 | 31.95 | Horizon | MGD | 71.78 | 38.28 | | | 27.78 | | 178.13 percent of total billed charges | |
| AMB SUP PESSARY RUBBER | A4561 | HCPCS | | | | outpatient | | | 187.5 | 31.95 | Corrections | Corrections | 150 | 80 | | | 27.78 | | 178.13 percent of total billed charges | |
| AMB SUP PESSARY RUBBER | A4561 | HCPCS | | | | outpatient | | | 187.5 | 31.95 | Multiplan | Multiplan | 150 | 80 | | | 27.78 | | 178.13 percent of total billed charges | |
| AMB SUP PESSARY RUBBER | A4561 | HCPCS | | | | outpatient | | | 187.5 | 31.95 | Consumer | Consumer | 178.13 | 95 | | | 27.78 | | 178.13 percent of total billed charges | |
| AMB SUP PESSARY RUBBER | A4561 | HCPCS | | | | outpatient | | | 187.5 | 31.95 | Qualcare | Qualcare | 140.63 | 75 | | | 27.78 | | 178.13 percent of total billed charges | |
| AMB SUP PESSARY RUBBER | A4561 | HCPCS | | | | outpatient | | | 187.5 | 31.95 | WellPoint | WellPoint | 60.34 | 32.18 | | | 27.78 | | 178.13 percent of total billed charges | |
| AMB SUP PESSARY RUBBER | A4561 | HCPCS | | | | outpatient | | | 187.5 | 31.95 | UHC | Medicaid | 59.16 | 31.55 | | | 27.78 | | 178.13 percent of total billed charges | |
| AMB SUP PESSARY RUBBER | A4561 | HCPCS | | | | outpatient | | | 187.5 | 31.95 | First Trenton | First Trenton | 168.75 | 90 | | | 27.78 | | 178.13 percent of total billed charges | |
| AMB SUP PESSARY RUBBER | A4561 | HCPCS | | | | outpatient | | | 187.5 | 31.95 | Horizon | Indemnity | 71.78 | 38.28 | | | 27.78 | | 178.13 percent of total billed charges | |
| AMB SUP PESSARY RUBBER | A4561 | HCPCS | | | | outpatient | | | 187.5 | 31.95 | Horizon | PPO | 71.78 | 38.28 | | | 27.78 | | 178.13 percent of total billed charges | |
| AMB SUP PESSARY RUBBER | A4561 | HCPCS | | | | outpatient | | | 187.5 | 31.95 | Managed Care Inc | Managed Care Inc | 168.75 | 90 | | | 27.78 | | 178.13 percent of total billed charges | |
| AMB SUP PESSARY RUBBER | A4561 | HCPCS | | | | outpatient | | | 187.5 | 31.95 | Three Rivers | Three Rivers | 178.13 | 95 | | | 27.78 | | 178.13 percent of total billed charges | |
| AMB SUP PESSARY NON RUBBER | A4562 | HCPCS | | | | outpatient | | | 200.82 | 79.47 | Aetna | Better Health | 63.36 | 31.55 | | | 60.25 | | 190.78 percent of total billed charges | |
| AMB SUP PESSARY NON RUBBER | A4562 | HCPCS | | | | outpatient | | | 200.82 | 79.47 | Americare | Americare | 150.62 | 75 | | | 60.25 | | 190.78 percent of total billed charges | |
| AMB SUP PESSARY NON RUBBER | A4562 | HCPCS | | | | outpatient | | | 200.82 | 79.47 | Amerihealth | HMO/PPO | 130.53 | 65 | | | 60.25 | | 190.78 percent of total billed charges | |
| AMB SUP PESSARY NON RUBBER | A4562 | HCPCS | | | | outpatient | | | 200.82 | 79.47 | Aetna | Medicare | 69.1 | | | | 60.25 | | 190.78 fee schedule | |
| AMB SUP PESSARY NON RUBBER | A4562 | HCPCS | | | | outpatient | | | 200.82 | 79.47 | First Health | First Health | 140.57 | 70 | | | 60.25 | | 190.78 percent of total billed charges | |
| AMB SUP PESSARY NON RUBBER | A4562 | HCPCS | | | | outpatient | | | 200.82 | 79.47 | Consumer | Consumer | 190.78 | 95 | | | 60.25 | | 190.78 percent of total billed charges | |
| AMB SUP PESSARY NON RUBBER | A4562 | HCPCS | | | | outpatient | | | 200.82 | 79.47 | Corrections | Corrections | 160.66 | 80 | | | 60.25 | | 190.78 percent of total billed charges | |
| AMB SUP PESSARY NON RUBBER | A4562 | HCPCS | | | | outpatient | | | 200.82 | 79.47 | Amerihealth | Medicare | 69.1 | | | | 60.25 | | 190.78 fee schedule | |
| AMB SUP PESSARY NON RUBBER | A4562 | HCPCS | | | | outpatient | | | 200.82 | 79.47 | Horizon | Indemnity | 76.87 | 38.28 | | | 60.25 | | 190.78 percent of total billed charges | |
| AMB SUP PESSARY NON RUBBER | A4562 | HCPCS | | | | outpatient | | | 200.82 | 79.47 | First Trenton | First Trenton | 180.74 | 90 | | | 60.25 | | 190.78 percent of total billed charges | |
| AMB SUP PESSARY NON RUBBER | A4562 | HCPCS | | | | outpatient | | | 200.82 | 79.47 | Horizon | MGD | 76.87 | 38.28 | | | 60.25 | | 190.78 percent of total billed charges | |
| AMB SUP PESSARY NON RUBBER | A4562 | HCPCS | | | | outpatient | | | 200.82 | 79.47 | UHC | Medicaid | 63.36 | 31.55 | | | 60.25 | | 190.78 percent of total billed charges | |
| AMB SUP PESSARY NON RUBBER | A4562 | HCPCS | | | | outpatient | | | 200.82 | 79.47 | Wellcare | Medicaid | 63.36 | 31.55 | | | 60.25 | | 190.78 percent of total billed charges | |
| AMB SUP PESSARY NON RUBBER | A4562 | HCPCS | | | | outpatient | | | 200.82 | 79.47 | Horizon | Medicare Blue | 60.25 | 30 | | | 60.25 | | 190.78 percent of total billed charges | |
| AMB SUP PESSARY NON RUBBER | A4562 | HCPCS | | | | outpatient | | | 200.82 | 79.47 | Wellcare | Medicare | 69.1 | | | | 60.25 | | 190.78 fee schedule | |
| AMB SUP PESSARY NON RUBBER | A4562 | HCPCS | | | | outpatient | | | 200.82 | 79.47 | Horizon | PPO | 76.87 | 38.28 | | | 60.25 | | 190.78 percent of total billed charges | |
| AMB SUP PESSARY NON RUBBER | A4562 | HCPCS | | | | outpatient | | | 200.82 | 79.47 | Multiplan | Multiplan | 160.66 | 80 | | | 60.25 | | 190.78 percent of total billed charges | |
| AMB SUP PESSARY NON RUBBER | A4562 | HCPCS | | | | outpatient | | | 200.82 | 79.47 | Managed Care Inc | Managed Care Inc | 180.74 | 90 | | | 60.25 | | 190.78 percent of total billed charges | |
| AMB SUP PESSARY NON RUBBER | A4562 | HCPCS | | | | outpatient | | | 200.82 | 79.47 | WellPoint | WellPoint | 64.62 | 32.18 | | | 60.25 | | 190.78 percent of total billed charges | |
| AMB SUP PESSARY NON RUBBER | A4562 | HCPCS | | | | outpatient | | | 200.82 | 79.47 | Three Rivers | Three Rivers | 190.78 | 95 | | | 60.25 | | 190.78 percent of total billed charges | |
| AMB SUP PESSARY NON RUBBER | A4562 | HCPCS | | | | outpatient | | | 200.82 | 79.47 | Qualcare | Qualcare | 150.62 | 75 | | | 60.25 | | 190.78 percent of total billed charges | |
| AMB SUP PESSARY NON RUBBER | A4562 | HCPCS | | | | outpatient | | | 200.82 | 79.47 | UHC | Medicare | 69.1 | | | | 60.25 | | 190.78 fee schedule | |
| AMB SUP SLING SHOULDER | A4565 | HCPCS | | | | outpatient | | | 151.02 | 12.09 | First Health | First Health | 105.71 | 70 | | | 5.81 | | 143.47 percent of total billed charges | |
| AMB SUP SLING SHOULDER | A4565 | HCPCS | | | | outpatient | | | 151.02 | 12.09 | Amerihealth | HMO/PPO | 98.16 | 65 | | | 5.81 | | 143.47 percent of total billed charges | |
| AMB SUP SLING SHOULDER | A4565 | HCPCS | | | | outpatient | | | 151.02 | 12.09 | UHC | Medicare | 10.51 | | | | 5.81 | | 143.47 fee schedule | |
| AMB SUP SLING SHOULDER | A4565 | HCPCS | | | | outpatient | | | 151.02 | 12.09 | Aetna | Better Health | 47.65 | 31.55 | | 17.98 | 5.81 | | 143.47 percent of total billed charges | |
| AMB SUP SLING SHOULDER | A4565 | HCPCS | | | | outpatient | | | 151.02 | 12.09 | Aetna | Medicare | 10.51 | | | | 5.81 | | 143.47 fee schedule | |
| AMB SUP SLING SHOULDER | A4565 | HCPCS | | | | outpatient | | | 151.02 | 12.09 | Consumer | Consumer | 143.47 | 95 | | | 5.81 | | 143.47 percent of total billed charges | |
| AMB SUP SLING SHOULDER | A4565 | HCPCS | | | | outpatient | | | 151.02 | 12.09 | Amerihealth | Medicare | 10.51 | | | | 5.81 | | 143.47 fee schedule | |
| AMB SUP SLING SHOULDER | A4565 | HCPCS | | | | outpatient | | | 151.02 | 12.09 | Horizon | Medicare Blue | 45.31 | 30 | | | 5.81 | | 143.47 percent of total billed charges | |
| AMB SUP SLING SHOULDER | A4565 | HCPCS | | | | outpatient | | | 151.02 | 12.09 | First Trenton | First Trenton | 135.92 | 90 | | | 5.81 | | 143.47 percent of total billed charges | |
| AMB SUP SLING SHOULDER | A4565 | HCPCS | | | | outpatient | | | 151.02 | 12.09 | Horizon | Indemnity | 57.81 | 38.28 | | | 5.81 | | 143.47 percent of total billed charges | |
| AMB SUP SLING SHOULDER | A4565 | HCPCS | | | | outpatient | | | 151.02 | 12.09 | Wellcare | Medicare | 10.51 | | | | 5.81 | | 143.47 fee schedule | |
| AMB SUP SLING SHOULDER | A4565 | HCPCS | | | | outpatient | | | 151.02 | 12.09 | Americare | Americare | 113.27 | 75 | | | 5.81 | | 143.47 percent of total billed charges | |
| AMB SUP SLING SHOULDER | A4565 | HCPCS | | | | outpatient | | | 151.02 | 12.09 | Horizon | MGD | 57.81 | 38.28 | | | 5.81 | | 143.47 percent of total billed charges | |
| AMB SUP SLING SHOULDER | A4565 | HCPCS | | | | outpatient | | | 151.02 | 12.09 | Corrections | Corrections | 120.82 | 80 | | | 5.81 | | 143.47 percent of total billed charges | |
| AMB SUP SLING SHOULDER | A4565 | HCPCS | | | | outpatient | | | 151.02 | 12.09 | Managed Care Inc | Managed Care Inc | 135.92 | 90 | | | 5.81 | | 143.47 percent of total billed charges | |
| AMB SUP SLING SHOULDER | A4565 | HCPCS | | | | outpatient | | | 151.02 | 12.09 | Wellcare | Medicaid | 47.65 | 31.55 | | | 5.81 | | 143.47 percent of total billed charges | |
| AMB SUP SLING SHOULDER | A4565 | HCPCS | | | | outpatient | | | 151.02 | 12.09 | Three Rivers | Three Rivers | 143.47 | 95 | | | 5.81 | | 143.47 percent of total billed charges | |
| AMB SUP SLING SHOULDER | A4565 | HCPCS | | | | outpatient | | | 151.02 | 12.09 | Multiplan | Multiplan | 120.82 | 80 | | | 5.81 | | 143.47 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
| AMB SUP SLING SHOULDER | A4565 | HCPCS | | | | outpatient | | | 151.02 | 12.09 | UHC | Medicaid | 47.65 | 31.55 | | 17.22 | 5.81 | 143.47 | 143.47 percent of total billed charges | |
| AMB SUP SLING SHOULDER | A4565 | HCPCS | | | | outpatient | | | 151.02 | 12.09 | Horizon | PPO | 57.81 | 38.28 | | 14 | 5.81 | 143.47 | 143.47 percent of total billed charges | |
| AMB SUP SLING SHOULDER | A4565 | HCPCS | | | | outpatient | | | 151.02 | 12.09 | WellPoint | WellPoint | 48.6 | 32.18 | | 18.34 | 5.81 | 143.47 | 143.47 percent of total billed charges | |
| AMB SUP SLING SHOULDER | A4565 | HCPCS | | | | outpatient | | | 151.02 | 12.09 | Qualcare | Qualcare | 113.27 | 75 | | | 5.81 | 143.47 | 143.47 percent of total billed charges | |
| HC RTX IMPLANTABLE TISSUE MARKER, ANY TYPE, EACH | A4648 | HCPCS | | | | outpatient | | | 652 | | Amerihealth | HMO/PPO | 423.8 | 65 | | | 195.6 | 619.4 | percent of total billed charges | |
| HC RTX IMPLANTABLE TISSUE MARKER, ANY TYPE, EACH | A4648 | HCPCS | | | | outpatient | | | 652 | | Americare | Americare | 489 | 75 | | | 195.6 | 619.4 | percent of total billed charges | |
| HC RTX IMPLANTABLE TISSUE MARKER, ANY TYPE, EACH | A4648 | HCPCS | | | | outpatient | | | 652 | | First Trenton | First Trenton | 586.8 | 90 | | | 195.6 | 619.4 | percent of total billed charges | |
| HC RTX IMPLANTABLE TISSUE MARKER, ANY TYPE, EACH | A4648 | HCPCS | | | | outpatient | | | 652 | | Aetna | Medicare | 200.82 | 30.8 | | | 195.6 | 619.4 | percent of total billed charges | |
| HC RTX IMPLANTABLE TISSUE MARKER, ANY TYPE, EACH | A4648 | HCPCS | | | | outpatient | | | 652 | | Corrections | Corrections | 521.6 | 80 | | | 195.6 | 619.4 | percent of total billed charges | |
| HC RTX IMPLANTABLE TISSUE MARKER, ANY TYPE, EACH | A4648 | HCPCS | | | | outpatient | | | 652 | | Consumer | Consumer | 619.4 | 95 | | | 195.6 | 619.4 | percent of total billed charges | |
| HC RTX IMPLANTABLE TISSUE MARKER, ANY TYPE, EACH | A4648 | HCPCS | | | | outpatient | | | 652 | | First Health | First Health | 456.4 | 70 | | | 195.6 | 619.4 | percent of total billed charges | |
| HC RTX IMPLANTABLE TISSUE MARKER, ANY TYPE, EACH | A4648 | HCPCS | | | | outpatient | | | 652 | | Aetna | Better Health | 205.71 | 31.55 | | | 195.6 | 619.4 | percent of total billed charges | |
| HC RTX IMPLANTABLE TISSUE MARKER, ANY TYPE, EACH | A4648 | HCPCS | | | | outpatient | | | 652 | | Multiplan | Multiplan | 521.6 | 80 | | | 195.6 | 619.4 | percent of total billed charges | |
| HC RTX IMPLANTABLE TISSUE MARKER, ANY TYPE, EACH | A4648 | HCPCS | | | | outpatient | | | 652 | | Horizon | MGD | 249.59 | 38.28 | | | 195.6 | 619.4 | percent of total billed charges | |
| HC RTX IMPLANTABLE TISSUE MARKER, ANY TYPE, EACH | A4648 | HCPCS | | | | outpatient | | | 652 | | Horizon | Indemnity | 249.59 | 38.28 | | | 195.6 | 619.4 | percent of total billed charges | |
| HC RTX IMPLANTABLE TISSUE MARKER, ANY TYPE, EACH | A4648 | HCPCS | | | | outpatient | | | 652 | | WellPoint | WellPoint | 209.81 | 32.18 | | | 195.6 | 619.4 | percent of total billed charges | |
| HC RTX IMPLANTABLE TISSUE MARKER, ANY TYPE, EACH | A4648 | HCPCS | | | | outpatient | | | 652 | | Horizon | Medicare Blue | 195.6 | 30 | | | 195.6 | 619.4 | percent of total billed charges | |
| HC RTX IMPLANTABLE TISSUE MARKER, ANY TYPE, EACH | A4648 | HCPCS | | | | outpatient | | | 652 | | Wellcare | Medicaid | 205.71 | 31.55 | | | 195.6 | 619.4 | percent of total billed charges | |
| HC RTX IMPLANTABLE TISSUE MARKER, ANY TYPE, EACH | A4648 | HCPCS | | | | outpatient | | | 652 | | UHC | Medicaid | 205.71 | 31.55 | | | 195.6 | 619.4 | percent of total billed charges | |
| HC RTX IMPLANTABLE TISSUE MARKER, ANY TYPE, EACH | A4648 | HCPCS | | | | outpatient | | | 652 | | Qualcare | Qualcare | 489 | 75 | | | 195.6 | 619.4 | percent of total billed charges | |
| HC RTX IMPLANTABLE TISSUE MARKER, ANY TYPE, EACH | A4648 | HCPCS | | | | outpatient | | | 652 | | Horizon | PPO | 249.59 | 38.28 | | | 195.6 | 619.4 | percent of total billed charges | |
| HC RTX IMPLANTABLE TISSUE MARKER, ANY TYPE, EACH | A4648 | HCPCS | | | | outpatient | | | 652 | | Managed Care Inc | Managed Care Inc | 586.8 | 90 | | | 195.6 | 619.4 | percent of total billed charges | |
| HC RTX IMPLANTABLE TISSUE MARKER, ANY TYPE, EACH | A4648 | HCPCS | | | | outpatient | | | 652 | | Three Rivers | Three Rivers | 619.4 | 95 | | | 195.6 | 619.4 | percent of total billed charges | |
| AMB SUP KIT SEALANT HEMOSTAT FIBRIN | A6024 | HCPCS | | | | outpatient | | | 491.09 | 9.71 | Corrections | Corrections | 392.87 | 80 | | | 8.44 | 466.54 | percent of total billed charges | |
| AMB SUP KIT SEALANT HEMOSTAT FIBRIN | A6024 | HCPCS | | | | outpatient | | | 491.09 | 9.71 | Horizon | MGD | 187.99 | 38.28 | | | 8.44 | 466.54 | percent of total billed charges | |
| AMB SUP KIT SEALANT HEMOSTAT FIBRIN | A6024 | HCPCS | | | | outpatient | | | 491.09 | 9.71 | Americare | Americare | 368.32 | 75 | | | 8.44 | 466.54 | percent of total billed charges | |
| AMB SUP KIT SEALANT HEMOSTAT FIBRIN | A6024 | HCPCS | | | | outpatient | | | 491.09 | 9.71 | Aetna | Better Health | 154.94 | 31.55 | | | 8.44 | 466.54 | percent of total billed charges | |
| AMB SUP KIT SEALANT HEMOSTAT FIBRIN | A6024 | HCPCS | | | | outpatient | | | 491.09 | 9.71 | Consumer | Consumer | 466.54 | 95 | | | 8.44 | 466.54 | percent of total billed charges | |
| AMB SUP KIT SEALANT HEMOSTAT FIBRIN | A6024 | HCPCS | | | | outpatient | | | 491.09 | 9.71 | Amerihealth | Medicare | 8.44 | | | | 8.44 | 466.54 | fee schedule | |
| AMB SUP KIT SEALANT HEMOSTAT FIBRIN | A6024 | HCPCS | | | | outpatient | | | 491.09 | 9.71 | Aetna | Medicare | 8.44 | | | | 8.44 | 466.54 | fee schedule | |
| AMB SUP KIT SEALANT HEMOSTAT FIBRIN | A6024 | HCPCS | | | | outpatient | | | 491.09 | 9.71 | First Health | First Health | 343.76 | 70 | | | 8.44 | 466.54 | percent of total billed charges | |
| AMB SUP KIT SEALANT HEMOSTAT FIBRIN | A6024 | HCPCS | | | | outpatient | | | 491.09 | 9.71 | Wellcare | Medicare | 8.44 | | | | 8.44 | 466.54 | fee schedule | |
| AMB SUP KIT SEALANT HEMOSTAT FIBRIN | A6024 | HCPCS | | | | outpatient | | | 491.09 | 9.71 | Horizon | PPO | 187.99 | 38.28 | | | 8.44 | 466.54 | percent of total billed charges | |
| AMB SUP KIT SEALANT HEMOSTAT FIBRIN | A6024 | HCPCS | | | | outpatient | | | 491.09 | 9.71 | Horizon | Indemnity | 187.99 | 38.28 | | | 8.44 | 466.54 | percent of total billed charges | |
| AMB SUP KIT SEALANT HEMOSTAT FIBRIN | A6024 | HCPCS | | | | outpatient | | | 491.09 | 9.71 | Amerihealth | HMO/PPO | 319.21 | 65 | | | 8.44 | 466.54 | percent of total billed charges | |
| AMB SUP KIT SEALANT HEMOSTAT FIBRIN | A6024 | HCPCS | | | | outpatient | | | 491.09 | 9.71 | First Trenton | First Trenton | 441.98 | 90 | | | 8.44 | 466.54 | percent of total billed charges | |
| AMB SUP KIT SEALANT HEMOSTAT FIBRIN | A6024 | HCPCS | | | | outpatient | | | 491.09 | 9.71 | Multiplan | Multiplan | 392.87 | 80 | | | 8.44 | 466.54 | percent of total billed charges | |
| AMB SUP KIT SEALANT HEMOSTAT FIBRIN | A6024 | HCPCS | | | | outpatient | | | 491.09 | 9.71 | UHC | Medicaid | 154.94 | 31.55 | | | 8.44 | 466.54 | percent of total billed charges | |
| AMB SUP KIT SEALANT HEMOSTAT FIBRIN | A6024 | HCPCS | | | | outpatient | | | 491.09 | 9.71 | Horizon | Medicare Blue | 147.33 | 30 | | | 8.44 | 466.54 | percent of total billed charges | |
| AMB SUP KIT SEALANT HEMOSTAT FIBRIN | A6024 | HCPCS | | | | outpatient | | | 491.09 | 9.71 | Managed Care Inc | Managed Care Inc | 441.98 | 90 | | | 8.44 | 466.54 | percent of total billed charges | |
| AMB SUP KIT SEALANT HEMOSTAT FIBRIN | A6024 | HCPCS | | | | outpatient | | | 491.09 | 9.71 | Qualcare | Qualcare | 368.32 | 75 | | | 8.44 | 466.54 | percent of total billed charges | |
| AMB SUP KIT SEALANT HEMOSTAT FIBRIN | A6024 | HCPCS | | | | outpatient | | | 491.09 | 9.71 | WellPoint | WellPoint | 158.03 | 32.18 | | | 8.44 | 466.54 | percent of total billed charges | |
| AMB SUP KIT SEALANT HEMOSTAT FIBRIN | A6024 | HCPCS | | | | outpatient | | | 491.09 | 9.71 | Three Rivers | Three Rivers | 466.54 | 95 | | | 8.44 | 466.54 | percent of total billed charges | |
| AMB SUP KIT SEALANT HEMOSTAT FIBRIN | A6024 | HCPCS | | | | outpatient | | | 491.09 | 9.71 | UHC | Medicare | 8.44 | | | | 8.44 | 466.54 | fee schedule | |
| AMB SUP KIT SEALANT HEMOSTAT FIBRIN | A6024 | HCPCS | | | | outpatient | | | 491.09 | 9.71 | Wellcare | Medicaid | 154.94 | 31.55 | | | 8.44 | 466.54 | percent of total billed charges | |
| AMB SUP BANDAGE MOLLELAST | A6445 | HCPCS | | | | outpatient | | | 21.75 | 0.49 | Aetna | Better Health | 6.86 | 31.55 | | | 0.43 | 20.66 | percent of total billed charges | |
| AMB SUP BANDAGE MOLLELAST | A6445 | HCPCS | | | | outpatient | | | 21.75 | 0.49 | UHC | Medicaid | 6.86 | 31.55 | | | 0.43 | 20.66 | percent of total billed charges | |
| AMB SUP BANDAGE MOLLELAST | A6445 | HCPCS | | | | outpatient | | | 21.75 | 0.49 | Horizon | MGD | 8.33 | 38.28 | | | 0.43 | 20.66 | percent of total billed charges | |
| AMB SUP BANDAGE MOLLELAST | A6445 | HCPCS | | | | outpatient | | | 21.75 | 0.49 | Amerihealth | Medicare | 0.43 | | | | 0.43 | 20.66 | fee schedule | |
| AMB SUP BANDAGE MOLLELAST | A6445 | HCPCS | | | | outpatient | | | 21.75 | 0.49 | Aetna | Medicare | 0.43 | | | | 0.43 | 20.66 | fee schedule | |
| AMB SUP BANDAGE MOLLELAST | A6445 | HCPCS | | | | outpatient | | | 21.75 | 0.49 | First Health | First Health | 15.23 | 70 | | | 0.43 | 20.66 | percent of total billed charges | |
| AMB SUP BANDAGE MOLLELAST | A6445 | HCPCS | | | | outpatient | | | 21.75 | 0.49 | Americare | Americare | 16.31 | 75 | | | 0.43 | 20.66 | percent of total billed charges | |
| AMB SUP BANDAGE MOLLELAST | A6445 | HCPCS | | | | outpatient | | | 21.75 | 0.49 | Amerihealth | HMO/PPO | 14.14 | 65 | | | 0.43 | 20.66 | percent of total billed charges | |
| AMB SUP BANDAGE MOLLELAST | A6445 | HCPCS | | | | outpatient | | | 21.75 | 0.49 | Consumer | Consumer | 20.66 | 95 | | | 0.43 | 20.66 | percent of total billed charges | |
| AMB SUP BANDAGE MOLLELAST | A6445 | HCPCS | | | | outpatient | | | 21.75 | 0.49 | WellPoint | WellPoint | 7 | 32.18 | | | 0.43 | 20.66 | percent of total billed charges | |
| AMB SUP BANDAGE MOLLELAST | A6445 | HCPCS | | | | outpatient | | | 21.75 | 0.49 | Horizon | Indemnity | 8.33 | 38.28 | | | 0.43 | 20.66 | percent of total billed charges | |
| AMB SUP BANDAGE MOLLELAST | A6445 | HCPCS | | | | outpatient | | | 21.75 | 0.49 | Wellcare | Medicaid | 6.86 | 31.55 | | | 0.43 | 20.66 | percent of total billed charges | |
| AMB SUP BANDAGE MOLLELAST | A6445 | HCPCS | | | | outpatient | | | 21.75 | 0.49 | Corrections | Corrections | 17.4 | 80 | | | 0.43 | 20.66 | percent of total billed charges | |
| AMB SUP BANDAGE MOLLELAST | A6445 | HCPCS | | | | outpatient | | | 21.75 | 0.49 | Wellcare | Medicare | 0.43 | | | | 0.43 | 20.66 | fee schedule | |
| AMB SUP BANDAGE MOLLELAST | A6445 | HCPCS | | | | outpatient | | | 21.75 | 0.49 | Horizon | PPO | 8.33 | 38.28 | | | 0.43 | 20.66 | percent of total billed charges | |
| AMB SUP BANDAGE MOLLELAST | A6445 | HCPCS | | | | outpatient | | | 21.75 | 0.49 | Multiplan | Multiplan | 17.4 | 80 | | | 0.43 | 20.66 | percent of total billed charges | |
| AMB SUP BANDAGE MOLLELAST | A6445 | HCPCS | | | | outpatient | | | 21.75 | 0.49 | First Trenton | First Trenton | 19.58 | 90 | | | 0.43 | 20.66 | percent of total billed charges | |
| AMB SUP BANDAGE MOLLELAST | A6445 | HCPCS | | | | outpatient | | | 21.75 | 0.49 | Qualcare | Qualcare | 16.31 | 75 | | | 0.43 | 20.66 | percent of total billed charges | |
| AMB SUP BANDAGE MOLLELAST | A6445 | HCPCS | | | | outpatient | | | 21.75 | 0.49 | Three Rivers | Three Rivers | 20.66 | 95 | | | 0.43 | 20.66 | percent of total billed charges | |
| AMB SUP BANDAGE MOLLELAST | A6445 | HCPCS | | | | outpatient | | | 21.75 | 0.49 | UHC | Medicare | 0.43 | | | | 0.43 | 20.66 | fee schedule | |
| AMB SUP BANDAGE MOLLELAST | A6445 | HCPCS | | | | outpatient | | | 21.75 | 0.49 | Horizon | Medicare Blue | 6.53 | 30 | | | 0.43 | 20.66 | percent of total billed charges | |
| AMB SUP BANDAGE MOLLELAST | A6445 | HCPCS | | | | outpatient | | | 21.75 | 0.49 | Managed Care Inc | Managed Care Inc | 19.58 | 90 | | | 0.43 | 20.66 | percent of total billed charges | |
| AMB SUP BANDAGE COMPRESSION | A6449 | HCPCS | | | | outpatient | | | 16.99 | 2.75 | Americare | Americare | 12.74 | 75 | | | 2.39 | 16.14 | percent of total billed charges | |
| AMB SUP BANDAGE COMPRESSION | A6449 | HCPCS | | | | outpatient | | | 16.99 | 2.75 | Aetna | Medicare | 2.39 | | | | 2.39 | 16.14 | fee schedule | |
| AMB SUP BANDAGE COMPRESSION | A6449 | HCPCS | | | | outpatient | | | 16.99 | 2.75 | Aetna | Better Health | 5.36 | 31.55 | | | 2.39 | 16.14 | percent of total billed charges | |
| AMB SUP BANDAGE COMPRESSION | A6449 | HCPCS | | | | outpatient | | | 16.99 | 2.75 | Multiplan | Multiplan | 13.59 | 80 | | | 2.39 | 16.14 | percent of total billed charges | |
| AMB SUP BANDAGE COMPRESSION | A6449 | HCPCS | | | | outpatient | | | 16.99 | 2.75 | Horizon | Medicare Blue | 5.1 | 30 | | | 2.39 | 16.14 | percent of total billed charges | |
| AMB SUP BANDAGE COMPRESSION | A6449 | HCPCS | | | | outpatient | | | 16.99 | 2.75 | Amerihealth | Medicare | 2.39 | | | | 2.39 | 16.14 | fee schedule | |
| AMB SUP BANDAGE COMPRESSION | A6449 | HCPCS | | | | outpatient | | | 16.99 | 2.75 | Wellcare | Medicare | 2.39 | | | | 2.39 | 16.14 | fee schedule | |
| AMB SUP BANDAGE COMPRESSION | A6449 | HCPCS | | | | outpatient | | | 16.99 | 2.75 | Consumer | Consumer | 16.14 | 95 | | | 2.39 | 16.14 | percent of total billed charges | |
| AMB SUP BANDAGE COMPRESSION | A6449 | HCPCS | | | | outpatient | | | 16.99 | 2.75 | Horizon | MGD | 6.5 | 38.28 | | | 2.39 | 16.14 | percent of total billed charges | |
| AMB SUP BANDAGE COMPRESSION | A6449 | HCPCS | | | | outpatient | | | 16.99 | 2.75 | Amerihealth | HMO/PPO | 11.04 | 65 | | | 2.39 | 16.14 | percent of total billed charges | |
| AMB SUP BANDAGE COMPRESSION | A6449 | HCPCS | | | | outpatient | | | 16.99 | 2.75 | Wellcare | Medicaid | 5.36 | 31.55 | | | 2.39 | 16.14 | percent of total billed charges | |
| AMB SUP BANDAGE COMPRESSION | A6449 | HCPCS | | | | outpatient | | | 16.99 | 2.75 | First Health | First Health | 11.89 | 70 | | | 2.39 | 16.14 | percent of total billed charges | |
| AMB SUP BANDAGE COMPRESSION | A6449 | HCPCS | | | | outpatient | | | 16.99 | 2.75 | Horizon | PPO | 6.5 | 38.28 | | | 2.39 | 16.14 | percent of total billed charges | |
| AMB SUP BANDAGE COMPRESSION | A6449 | HCPCS | | | | outpatient | | | 16.99 | 2.75 | Corrections | Corrections | 13.59 | 80 | | | 2.39 | 16.14 | percent of total billed charges | |
| AMB SUP BANDAGE COMPRESSION | A6449 | HCPCS | | | | outpatient | | | 16.99 | 2.75 | Three Rivers | Three Rivers | 16.14 | 95 | | | 2.39 | 16.14 | percent of total billed charges | |
| AMB SUP BANDAGE COMPRESSION | A6449 | HCPCS | | | | outpatient | | | 16.99 | 2.75 | Horizon | Indemnity | 6.5 | 38.28 | | | 2.39 | 16.14 | percent of total billed charges | |
| AMB SUP BANDAGE COMPRESSION | A6449 | HCPCS | | | | outpatient | | | 16.99 | 2.75 | UHC | Medicaid | 5.36 | 31.55 | | | 2.39 | 16.14 | percent of total billed charges | |
| AMB SUP BANDAGE COMPRESSION | A6449 | HCPCS | | | | outpatient | | | 16.99 | 2.75 | First Trenton | First Trenton | 15.29 | 90 | | | 2.39 | 16.14 | percent of total billed charges | |
| AMB SUP BANDAGE COMPRESSION | A6449 | HCPCS | | | | outpatient | | | 16.99 | 2.75 | Qualcare | Qualcare | 12.74 | 75 | | | 2.39 | 16.14 | percent of total billed charges | |
| AMB SUP BANDAGE COMPRESSION | A6449 | HCPCS | | | | outpatient | | | 16.99 | 2.75 | Managed Care Inc | Managed Care Inc | 15.29 | 90 | | | 2.39 | 16.14 | percent of total billed charges | |
| AMB SUP BANDAGE COMPRESSION | A6449 | HCPCS | | | | outpatient | | | 16.99 | 2.75 | UHC | Medicare | 2.39 | | | | 2.39 | 16.14 | fee schedule | |
| AMB SUP BANDAGE COMPRESSION | A6449 | HCPCS | | | | outpatient | | | 16.99 | 2.75 | WellPoint | WellPoint | 5.47 | 32.18 | | | 2.39 | 16.14 | percent of total billed charges | |
| AMB SUP BANDAGE TUBULAR SURGITUBE | A6457 | HCPCS | | | | outpatient | | | 22.53 | 1.78 | Corrections | Corrections | 18.02 | 80 | | | 1.2 | 21.4 | percent of total billed charges | |
| AMB SUP BANDAGE TUBULAR SURGITUBE | A6457 | HCPCS | | | | outpatient | | | 22.53 | 1.78 | Amerihealth | HMO/PPO | 14.64 | 65 | | | 1.2 | 21.4 | percent of total billed charges | |
| AMB SUP BANDAGE TUBULAR SURGITUBE | A6457 | HCPCS | | | | outpatient | | | 22.53 | 1.78 | Aetna | Medicare | 1.55 | | | | 1.2 | 21.4 | fee schedule | |
| AMB SUP BANDAGE TUBULAR SURGITUBE | A6457 | HCPCS | | | | outpatient | | | 22.53 | 1.78 | Americare | Americare | 16.9 | 75 | | | 1.2 | 21.4 | percent of total billed charges | |
| AMB SUP BANDAGE TUBULAR SURGITUBE | A6457 | HCPCS | | | | outpatient | | | 22.53 | 1.78 | Consumer | Consumer | 21.4 | 95 | | | 1.2 | 21.4 | percent of total billed charges | |
| AMB SUP BANDAGE TUBULAR SURGITUBE | A6457 | HCPCS | | | | outpatient | | | 22.53 | 1.78 | Horizon | Medicare Blue | 6.76 | 30 | | | 1.2 | 21.4 | percent of total billed charges | |
| AMB SUP BANDAGE TUBULAR SURGITUBE | A6457 | HCPCS | | | | outpatient | | | 22.53 | 1.78 | Aetna | Better Health | 7.11 | 31.55 | | | 1.2 | 21.4 | percent of total billed charges | |
| AMB SUP BANDAGE TUBULAR SURGITUBE | A6457 | HCPCS | | | | outpatient | | | 22.53 | 1.78 | First Trenton | First Trenton | 20.28 | 90 | | | 1.2 | 21.4 | percent of total billed charges | |
| AMB SUP BANDAGE TUBULAR SURGITUBE | A6457 | HCPCS | | | | outpatient | | | 22.53 | 1.78 | WellPoint | WellPoint | 7.25 | 32.18 | | | 1.2 | 21.4 | percent of total billed charges | |
| AMB SUP BANDAGE TUBULAR SURGITUBE | A6457 | HCPCS | | | | outpatient | | | 22.53 | 1.78 | Multiplan | Multiplan | 18.02 | 80 | | | 1.2 | 21.4 | percent of total billed charges | |
| AMB SUP BANDAGE TUBULAR SURGITUBE | A6457 | HCPCS | | | | outpatient | | | 22.53 | 1.78 | First Health | First Health | 15.77 | 70 | | | 1.2 | 21.4 | percent of total billed charges | |
| AMB SUP BANDAGE TUBULAR SURGITUBE | A6457 | HCPCS | | | | outpatient | | | 22.53 | 1.78 | Amerihealth | Medicare | 1.55 | | | | 1.2 | 21.4 | fee schedule | |
| AMB SUP BANDAGE TUBULAR SURGITUBE | A6457 | HCPCS | | | | outpatient | | | 22.53 | 1.78 | Horizon | MGD | 8.62 | 38.28 | | | 1.2 | 21.4 | percent of total billed charges | |
| AMB SUP BANDAGE TUBULAR SURGITUBE | A6457 | HCPCS | | | | outpatient | | | 22.53 | 1.78 | Qualcare | Qualcare | 16.9 | 75 | | | 1.2 | 21.4 | percent of total billed charges | |
| AMB SUP BANDAGE TUBULAR SURGITUBE | A6457 | HCPCS | | | | outpatient | | | 22.53 | 1.78 | UHC | Medicare | 1.55 | | | | 1.2 | 21.4 | fee schedule | |
| AMB SUP BANDAGE TUBULAR SURGITUBE | A6457 | HCPCS | | | | outpatient | | | 22.53 | 1.78 | Horizon | Indemnity | 8.62 | 38.28 | | | 1.2 | 21.4 | percent of total billed charges | |
| AMB SUP BANDAGE TUBULAR SURGITUBE | A6457 | HCPCS | | | | outpatient | | | 22.53 | 1.78 | Horizon | NJ Health | 1.2 | | | | 1.2 | 21.4 | fee schedule | |
| AMB SUP BANDAGE TUBULAR SURGITUBE | A6457 | HCPCS | | | | outpatient | | | 22.53 | 1.78 | Wellcare | Medicare | 1.55 | | | | 1.2 | 21.4 | fee schedule | |
| AMB SUP BANDAGE TUBULAR SURGITUBE | A6457 | HCPCS | | | | outpatient | | | 22.53 | 1.78 | Three Rivers | Three Rivers | 21.4 | 95 | | | 1.2 | 21.4 | percent of total billed charges | |
| AMB SUP BANDAGE TUBULAR SURGITUBE | A6457 | HCPCS | | | | outpatient | | | 22.53 | 1.78 | UHC | Medicaid | 7.11 | 31.55 | | | 1.2 | 21.4 | percent of total billed charges | |
| AMB SUP BANDAGE TUBULAR SURGITUBE | A6457 | HCPCS | | | | outpatient | | | 22.53 | 1.78 | Wellcare | Medicaid | 7.11 | 31.55 | | | 1.2 | 21.4 | percent of total billed charges | |
| AMB SUP BANDAGE TUBULAR SURGITUBE | A6457 | HCPCS | | | | outpatient | | | 22.53 | 1.78 | Horizon | PPO | 8.62 | 38.28 | | | 1.2 | 21.4 | percent of total billed charges | |
| AMB SUP BANDAGE TUBULAR SURGITUBE | A6457 | HCPCS | | | | outpatient | | | 22.53 | 1.78 | Managed Care Inc | Managed Care Inc | 20.28 | 90 | | | 1.2 | 21.4 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLOW HME | A7504 | HCPCS | | | | outpatient | | | 11.19 | 1.07 | Aetna | Medicare | 0.93 | | | | 0.93 | 10.63 | fee schedule | |
| AMB SUP PROVOX XTRAFLOW HME | A7504 | HCPCS | | | | outpatient | | | 11.19 | 1.07 | Aetna | Better Health | 3.53 | 31.55 | | | 0.93 | 10.63 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLOW HME | A7504 | HCPCS | | | | outpatient | | | 11.19 | 1.07 | Consumer | Consumer | 10.63 | 95 | | | 0.93 | 10.63 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLOW HME | A7504 | HCPCS | | | | outpatient | | | 11.19 | 1.07 | Americare | Americare | 8.39 | 75 | | | 0.93 | 10.63 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLOW HME | A7504 | HCPCS | | | | outpatient | | | 11.19 | 1.07 | Amerihealth | HMO/PPO | 7.27 | 65 | | | 0.93 | 10.63 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLOW HME | A7504 | HCPCS | | | | outpatient | | | 11.19 | 1.07 | UHC | Medicare | 0.93 | | | | 0.93 | 10.63 | fee schedule | |
| AMB SUP PROVOX XTRAFLOW HME | A7504 | HCPCS | | | | outpatient | | | 11.19 | 1.07 | First Health | First Health | 7.83 | 70 | | | 0.93 | 10.63 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLOW HME | A7504 | HCPCS | | | | outpatient | | | 11.19 | 1.07 | First Trenton | First Trenton | 10.07 | 90 | | | 0.93 | 10.63 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLOW HME | A7504 | HCPCS | | | | outpatient | | | 11.19 | 1.07 | Horizon | Medicare Blue | 3.36 | 30 | | | 0.93 | 10.63 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLOW HME | A7504 | HCPCS | | | | outpatient | | | 11.19 | 1.07 | WellPoint | WellPoint | 3.6 | 32.18 | | | 0.93 | 10.63 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLOW HME | A7504 | HCPCS | | | | outpatient | | | 11.19 | 1.07 | Corrections | Corrections | 8.95 | 80 | | | 0.93 | 10.63 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLOW HME | A7504 | HCPCS | | | | outpatient | | | 11.19 | 1.07 | Amerihealth | Medicare | 0.93 | | | | 0.93 | 10.63 | fee schedule | |
| AMB SUP PROVOX XTRAFLOW HME | A7504 | HCPCS | | | | outpatient | | | 11.19 | 1.07 | Horizon | MGD | 4.28 | 38.28 | | | 0.93 | 10.63 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLOW HME | A7504 | HCPCS | | | | outpatient | | | 11.19 | 1.07 | Horizon | Indemnity | 4.28 | 38.28 | | | 0.93 | 10.63 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLOW HME | A7504 | HCPCS | | | | outpatient | | | 11.19 | 1.07 | Three Rivers | Three Rivers | 10.63 | 95 | | | 0.93 | 10.63 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLOW HME | A7504 | HCPCS | | | | outpatient | | | 11.19 | 1.07 | Horizon | PPO | 4.28 | 38.28 | | | 0.93 | 10.63 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLOW HME | A7504 | HCPCS | | | | outpatient | | | 11.19 | 1.07 | Wellcare | Medicare | 0.93 | | | | 0.93 | 10.63 | fee schedule | |
| AMB SUP PROVOX XTRAFLOW HME | A7504 | HCPCS | | | | outpatient | | | 11.19 | 1.07 | Managed Care Inc | Managed Care Inc | 10.07 | 90 | | | 0.93 | 10.63 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLOW HME | A7504 | HCPCS | | | | outpatient | | | 11.19 | 1.07 | Wellcare | Medicaid | 3.53 | 31.55 | | | 0.93 | 10.63 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLOW HME | A7504 | HCPCS | | | | outpatient | | | 11.19 | 1.07 | Multiplan | Multiplan | 8.95 | 80 | | | 0.93 | 10.63 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLOW HME | A7504 | HCPCS | | | | outpatient | | | 11.19 | 1.07 | Qualcare | Qualcare | 8.39 | 75 | | | 0.93 | 10.63 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLOW HME | A7504 | HCPCS | | | | outpatient | | | 11.19 | 1.07 | UHC | Medicaid | 3.53 | 31.55 | | | 0.93 | 10.63 | percent of total billed charges | |
| AMB SUP TUBE ET | A7521 | HCPCS | | | | outpatient | | | 43.65 | 73.82 | Aetna | Better Health | 13.77 | 31.55 | | | 13.1 | 64.19 | percent of total billed charges | |
| AMB SUP TUBE ET | A7521 | HCPCS | | | | outpatient | | | 43.65 | 73.82 | Amerihealth | Medicare | 64.19 | | | | 13.1 | 64.19 | fee schedule | |
| AMB SUP TUBE ET | A7521 | HCPCS | | | | outpatient | | | 43.65 | 73.82 | Corrections | Corrections | 34.92 | 80 | | | 13.1 | 64.19 | percent of total billed charges | |
| AMB SUP TUBE ET | A7521 | HCPCS | | | | outpatient | | | 43.65 | 73.82 | Amerihealth | HMO/PPO | 28.37 | 65 | | | 13.1 | 64.19 | percent of total billed charges | |
| AMB SUP TUBE ET | A7521 | HCPCS | | | | outpatient | | | 43.65 | 73.82 | First Health | First Health | 30.56 | 70 | | | 13.1 | 64.19 | percent of total billed charges | |
| AMB SUP TUBE ET | A7521 | HCPCS | | | | outpatient | | | 43.65 | 73.82 | Aetna | Medicare | 64.19 | | | | 13.1 | 64.19 | fee schedule | |
| AMB SUP TUBE ET | A7521 | HCPCS | | | | outpatient | | | 43.65 | 73.82 | Horizon | MGD | 16.71 | 38.28 | | | 13.1 | 64.19 | percent of total billed charges | |
| AMB SUP TUBE ET | A7521 | HCPCS | | | | outpatient | | | 43.65 | 73.82 | Americare | Americare | 32.74 | 75 | | | 13.1 | 64.19 | percent of total billed charges | |
| AMB SUP TUBE ET | A7521 | HCPCS | | | | outpatient | | | 43.65 | 73.82 | Wellcare | Medicaid | 13.77 | 31.55 | | | 13.1 | 64.19 | percent of total billed charges | |
| AMB SUP TUBE ET | A7521 | HCPCS | | | | outpatient | | | 43.65 | 73.82 | UHC | Medicaid | 13.77 | 31.55 | | | 13.1 | 64.19 | percent of total billed charges | |
| AMB SUP TUBE ET | A7521 | HCPCS | | | | outpatient | | | 43.65 | 73.82 | Wellcare | Medicare | 64.19 | | | | 13.1 | 64.19 | fee schedule | |
| AMB SUP TUBE ET | A7521 | HCPCS | | | | outpatient | | | 43.65 | 73.82 | Horizon | Indemnity | 16.71 | 38.28 | | | 13.1 | 64.19 | percent of total billed charges | |
| AMB SUP TUBE ET | A7521 | HCPCS | | | | outpatient | | | 43.65 | 73.82 | UHC | Medicare | 64.19 | | | | 13.1 | 64.19 | fee schedule | |
| AMB SUP TUBE ET | A7521 | HCPCS | | | | outpatient | | | 43.65 | 73.82 | First Trenton | First Trenton | 39.29 | 90 | | | 13.1 | 64.19 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
| AMB SUP TUBE ET | A7521 | HCPCS | | | | outpatient | | | 43.65 | 73.82 | Consumer | Consumer | 41.47 | 95 | | | 13.1 | 13.1 | 64.19 | percent of total billed charges | |
| AMB SUP TUBE ET | A7521 | HCPCS | | | | outpatient | | | 43.65 | 73.82 | WellPoint | WellPoint | 14.05 | 32.18 | | | 13.1 | 13.1 | 64.19 | percent of total billed charges | |
| AMB SUP TUBE ET | A7521 | HCPCS | | | | outpatient | | | 43.65 | 73.82 | Multiplan | Multiplan | 34.92 | 80 | | | 13.1 | 13.1 | 64.19 | percent of total billed charges | |
| AMB SUP TUBE ET | A7521 | HCPCS | | | | outpatient | | | 43.65 | 73.82 | Horizon | PPO | 16.71 | 38.28 | | | 13.1 | 13.1 | 64.19 | percent of total billed charges | |
| AMB SUP TUBE ET | A7521 | HCPCS | | | | outpatient | | | 43.65 | 73.82 | Horizon | Medicare Blue | 13.1 | 30 | | | 13.1 | 13.1 | 64.19 | percent of total billed charges | |
| AMB SUP TUBE ET | A7521 | HCPCS | | | | outpatient | | | 43.65 | 73.82 | Managed Care Inc | Managed Care Inc | 39.29 | 90 | | | 13.1 | 13.1 | 64.19 | percent of total billed charges | |
| AMB SUP TUBE ET | A7521 | HCPCS | | | | outpatient | | | 43.65 | 73.82 | Qualcare | Qualcare | 32.74 | 75 | | | 13.1 | 13.1 | 64.19 | percent of total billed charges | |
| AMB SUP TUBE ET | A7521 | HCPCS | | | | outpatient | | | 43.65 | 73.82 | Three Rivers | Three Rivers | 41.47 | 95 | | | 13.1 | 13.1 | 64.19 | percent of total billed charges | |
| HC RP TC-99M SESTAMIBI, DIAGNOSTIC | A9500 | HCPCS | | | | both | | | 938 | | Consumer | Consumer | 891.1 | 95 | | | 108.89 | 108.89 | 891.1 | percent of total billed charges | |
| HC RP TC-99M SESTAMIBI, DIAGNOSTIC | A9500 | HCPCS | | | | both | | | 938 | | Americare | Americare | 703.5 | 75 | | | 108.89 | 108.89 | 891.1 | percent of total billed charges | |
| HC RP TC-99M SESTAMIBI, DIAGNOSTIC | A9500 | HCPCS | | | | both | | | 938 | | Aetna | Medicare | 288.9 | 30.8 | | | 108.89 | 108.89 | 891.1 | percent of total billed charges | |
| HC RP TC-99M SESTAMIBI, DIAGNOSTIC | A9500 | HCPCS | | | | both | | | 938 | | Aetna | Better Health | 295.94 | 31.55 | | | 108.89 | 108.89 | 891.1 | percent of total billed charges | |
| HC RP TC-99M SESTAMIBI, DIAGNOSTIC | A9500 | HCPCS | | | | both | | | 938 | | First Health | First Health | 656.6 | 70 | | | 108.89 | 108.89 | 891.1 | percent of total billed charges | |
| HC RP TC-99M SESTAMIBI, DIAGNOSTIC | A9500 | HCPCS | | | | both | | | 938 | | Amerihealth | HMO/PPO | 108.89 | | | | 108.89 | 108.89 | 891.1 | fee schedule | |
| HC RP TC-99M SESTAMIBI, DIAGNOSTIC | A9500 | HCPCS | | | | both | | | 938 | | First Trenton | First Trenton | 844.2 | 90 | | | 108.89 | 108.89 | 891.1 | percent of total billed charges | |
| HC RP TC-99M SESTAMIBI, DIAGNOSTIC | A9500 | HCPCS | | | | both | | | 938 | | Multiplan | Multiplan | 750.4 | 80 | | | 108.89 | 108.89 | 891.1 | percent of total billed charges | |
| HC RP TC-99M SESTAMIBI, DIAGNOSTIC | A9500 | HCPCS | | | | both | | | 938 | | Corrections | Corrections | 750.4 | 80 | | | 108.89 | 108.89 | 891.1 | percent of total billed charges | |
| HC RP TC-99M SESTAMIBI, DIAGNOSTIC | A9500 | HCPCS | | | | both | | | 938 | | Horizon | Indemnity | 359.07 | 38.28 | | | 108.89 | 108.89 | 891.1 | percent of total billed charges | |
| HC RP TC-99M SESTAMIBI, DIAGNOSTIC | A9500 | HCPCS | | | | both | | | 938 | | Qualcare | Qualcare | 703.5 | 75 | | | 108.89 | 108.89 | 891.1 | percent of total billed charges | |
| HC RP TC-99M SESTAMIBI, DIAGNOSTIC | A9500 | HCPCS | | | | both | | | 938 | | Horizon | NJ Health | 448.92 | | | 118.27 | 108.89 | 108.89 | 891.1 | fee schedule | |
| HC RP TC-99M SESTAMIBI, DIAGNOSTIC | A9500 | HCPCS | | | | both | | | 938 | | Horizon | Medicare Blue | 281.4 | 30 | | | 108.89 | 108.89 | 891.1 | percent of total billed charges | |
| HC RP TC-99M SESTAMIBI, DIAGNOSTIC | A9500 | HCPCS | | | | both | | | 938 | | Horizon | MGD | 359.07 | 38.28 | | 328.84 | 108.89 | 108.89 | 891.1 | percent of total billed charges | |
| HC RP TC-99M SESTAMIBI, DIAGNOSTIC | A9500 | HCPCS | | | | both | | | 938 | | Horizon | PPO | 359.07 | 38.28 | | | 108.89 | 108.89 | 891.1 | percent of total billed charges | |
| HC RP TC-99M SESTAMIBI, DIAGNOSTIC | A9500 | HCPCS | | | | both | | | 938 | | Managed Care Inc | Managed Care Inc | 844.2 | 90 | | | 108.89 | 108.89 | 891.1 | percent of total billed charges | |
| HC RP TC-99M SESTAMIBI, DIAGNOSTIC | A9500 | HCPCS | | | | both | | | 938 | | Three Rivers | Three Rivers | 891.1 | 95 | | | 108.89 | 108.89 | 891.1 | percent of total billed charges | |
| HC RP TC-99M SESTAMIBI, DIAGNOSTIC | A9500 | HCPCS | | | | both | | | 938 | | UHC | Medicaid | 295.94 | 31.55 | | 286.29 | 108.89 | 108.89 | 891.1 | percent of total billed charges | |
| HC RP TC-99M SESTAMIBI, DIAGNOSTIC | A9500 | HCPCS | | | | both | | | 938 | | Wellcare | Medicaid | 295.94 | 31.55 | | | 108.89 | 108.89 | 891.1 | percent of total billed charges | |
| HC RP TC-99M SESTAMIBI, DIAGNOSTIC | A9500 | HCPCS | | | | both | | | 938 | | WellPoint | WellPoint | 301.85 | 32.18 | | | 108.89 | 108.89 | 891.1 | percent of total billed charges | |
| HC RC TC-99M TETROFOSMIN, DIAGNOSTIC | A9502 | HCPCS | | | | both | | | 5136 | | Aetna | Medicare | 1581.89 | 30.8 | | | 99.41 | 99.41 | 4879.2 | percent of total billed charges | |
| HC RC TC-99M TETROFOSMIN, DIAGNOSTIC | A9502 | HCPCS | | | | both | | | 5136 | | Aetna | Better Health | 1620.41 | 31.55 | | 94.29 | 99.41 | 99.41 | 4879.2 | percent of total billed charges | |
| HC RC TC-99M TETROFOSMIN, DIAGNOSTIC | A9502 | HCPCS | | | | both | | | 5136 | | Consumer | Consumer | 4879.2 | 95 | | | 99.41 | 99.41 | 4879.2 | percent of total billed charges | |
| HC RC TC-99M TETROFOSMIN, DIAGNOSTIC | A9502 | HCPCS | | | | both | | | 5136 | | Corrections | Corrections | 4108.8 | 80 | | 53.69 | 99.41 | 99.41 | 4879.2 | percent of total billed charges | |
| HC RC TC-99M TETROFOSMIN, DIAGNOSTIC | A9502 | HCPCS | | | | both | | | 5136 | | Americare | Americare | 3852 | 75 | | | 99.41 | 99.41 | 4879.2 | percent of total billed charges | |
| HC RC TC-99M TETROFOSMIN, DIAGNOSTIC | A9502 | HCPCS | | | | both | | | 5136 | | Horizon | Medicare Blue | 1540.8 | 30 | | 43.05 | 99.41 | 99.41 | 4879.2 | percent of total billed charges | |
| HC RC TC-99M TETROFOSMIN, DIAGNOSTIC | A9502 | HCPCS | | | | both | | | 5136 | | WellPoint | WellPoint | 1652.76 | 32.18 | | 63.78 | 99.41 | 99.41 | 4879.2 | percent of total billed charges | |
| HC RC TC-99M TETROFOSMIN, DIAGNOSTIC | A9502 | HCPCS | | | | both | | | 5136 | | Multiplan | Multiplan | 4108.8 | 80 | | | 99.41 | 99.41 | 4879.2 | percent of total billed charges | |
| HC RC TC-99M TETROFOSMIN, DIAGNOSTIC | A9502 | HCPCS | | | | both | | | 5136 | | Amerihealth | HMO/PPO | 99.41 | | | | 99.41 | 99.41 | 4879.2 | fee schedule | |
| HC RC TC-99M TETROFOSMIN, DIAGNOSTIC | A9502 | HCPCS | | | | both | | | 5136 | | First Trenton | First Trenton | 4622.4 | 90 | | | 99.41 | 99.41 | 4879.2 | percent of total billed charges | |
| HC RC TC-99M TETROFOSMIN, DIAGNOSTIC | A9502 | HCPCS | | | | both | | | 5136 | | Horizon | MGD | 1966.06 | 38.28 | | 69.66 | 99.41 | 99.41 | 4879.2 | percent of total billed charges | |
| HC RC TC-99M TETROFOSMIN, DIAGNOSTIC | A9502 | HCPCS | | | | both | | | 5136 | | First Health | First Health | 3595.2 | 70 | | | 99.41 | 99.41 | 4879.2 | percent of total billed charges | |
| HC RC TC-99M TETROFOSMIN, DIAGNOSTIC | A9502 | HCPCS | | | | both | | | 5136 | | Horizon | NJ Health | 495.9 | | | 15.63 | 99.41 | 99.41 | 4879.2 | fee schedule | |
| HC RC TC-99M TETROFOSMIN, DIAGNOSTIC | A9502 | HCPCS | | | | both | | | 5136 | | Horizon | PPO | 1966.06 | 38.28 | | 89.49 | 99.41 | 99.41 | 4879.2 | percent of total billed charges | |
| HC RC TC-99M TETROFOSMIN, DIAGNOSTIC | A9502 | HCPCS | | | | both | | | 5136 | | UHC | Medicaid | 1620.41 | 31.55 | | 95.09 | 99.41 | 99.41 | 4879.2 | percent of total billed charges | |
| HC RC TC-99M TETROFOSMIN, DIAGNOSTIC | A9502 | HCPCS | | | | both | | | 5136 | | Qualcare | Qualcare | 3852 | 75 | | | 99.41 | 99.41 | 4879.2 | percent of total billed charges | |
| HC RC TC-99M TETROFOSMIN, DIAGNOSTIC | A9502 | HCPCS | | | | both | | | 5136 | | Horizon | Indemnity | 1966.06 | 38.28 | | 113.36 | 99.41 | 99.41 | 4879.2 | percent of total billed charges | |
| HC RC TC-99M TETROFOSMIN, DIAGNOSTIC | A9502 | HCPCS | | | | both | | | 5136 | | Three Rivers | Three Rivers | 4879.2 | 95 | | | 99.41 | 99.41 | 4879.2 | percent of total billed charges | |
| HC RC TC-99M TETROFOSMIN, DIAGNOSTIC | A9502 | HCPCS | | | | both | | | 5136 | | Managed Care Inc | Managed Care Inc | 4622.4 | 90 | | | 99.41 | 99.41 | 4879.2 | percent of total billed charges | |
| HC RC TC-99M TETROFOSMIN, DIAGNOSTIC | A9502 | HCPCS | | | | both | | | 5136 | | Wellcare | Medicaid | 1620.41 | 31.55 | | | 99.41 | 99.41 | 4879.2 | percent of total billed charges | |
| HC RP TC-99M MDP MEDRONATE, DIAGNOSTIC | A9503 | HCPCS | | | | both | | | 659 | | First Health | First Health | 461.3 | 70 | | | 167.04 | 167.04 | 626.05 | percent of total billed charges | |
| HC RP TC-99M MDP MEDRONATE, DIAGNOSTIC | A9503 | HCPCS | | | | both | | | 659 | | Consumer | Consumer | 626.05 | 95 | | | 167.04 | 167.04 | 626.05 | percent of total billed charges | |
| HC RP TC-99M MDP MEDRONATE, DIAGNOSTIC | A9503 | HCPCS | | | | both | | | 659 | | Aetna | Better Health | 207.91 | 31.55 | | | 167.04 | 167.04 | 626.05 | percent of total billed charges | |
| HC RP TC-99M MDP MEDRONATE, DIAGNOSTIC | A9503 | HCPCS | | | | both | | | 659 | | First Trenton | First Trenton | 593.1 | 90 | | | 167.04 | 167.04 | 626.05 | percent of total billed charges | |
| HC RP TC-99M MDP MEDRONATE, DIAGNOSTIC | A9503 | HCPCS | | | | both | | | 659 | | Aetna | Medicare | 202.97 | 30.8 | | | 167.04 | 167.04 | 626.05 | percent of total billed charges | |
| HC RP TC-99M MDP MEDRONATE, DIAGNOSTIC | A9503 | HCPCS | | | | both | | | 659 | | Americare | Americare | 494.25 | 75 | | | 167.04 | 167.04 | 626.05 | percent of total billed charges | |
| HC RP TC-99M MDP MEDRONATE, DIAGNOSTIC | A9503 | HCPCS | | | | both | | | 659 | | Horizon | Medicare Blue | 197.7 | 30 | | | 167.04 | 167.04 | 626.05 | percent of total billed charges | |
| HC RP TC-99M MDP MEDRONATE, DIAGNOSTIC | A9503 | HCPCS | | | | both | | | 659 | | Amerihealth | HMO/PPO | 428.35 | 65 | | | 167.04 | 167.04 | 626.05 | percent of total billed charges | |
| HC RP TC-99M MDP MEDRONATE, DIAGNOSTIC | A9503 | HCPCS | | | | both | | | 659 | | UHC | Medicaid | 207.91 | 31.55 | | 200.43 | 167.04 | 167.04 | 626.05 | percent of total billed charges | |
| HC RP TC-99M MDP MEDRONATE, DIAGNOSTIC | A9503 | HCPCS | | | | both | | | 659 | | Corrections | Corrections | 527.2 | 80 | | 201.03 | 167.04 | 167.04 | 626.05 | percent of total billed charges | |
| HC RP TC-99M MDP MEDRONATE, DIAGNOSTIC | A9503 | HCPCS | | | | both | | | 659 | | Horizon | PPO | 252.27 | 38.28 | | | 167.04 | 167.04 | 626.05 | percent of total billed charges | |
| HC RP TC-99M MDP MEDRONATE, DIAGNOSTIC | A9503 | HCPCS | | | | both | | | 659 | | Horizon | NJ Health | 167.04 | | | 17.1 | 167.04 | 167.04 | 626.05 | fee schedule | |
| HC RP TC-99M MDP MEDRONATE, DIAGNOSTIC | A9503 | HCPCS | | | | both | | | 659 | | Horizon | MGD | 252.27 | 38.28 | | 146.89 | 167.04 | 167.04 | 626.05 | percent of total billed charges | |
| HC RP TC-99M MDP MEDRONATE, DIAGNOSTIC | A9503 | HCPCS | | | | both | | | 659 | | Horizon | Indemnity | 252.27 | 38.28 | | | 167.04 | 167.04 | 626.05 | percent of total billed charges | |
| HC RP TC-99M MDP MEDRONATE, DIAGNOSTIC | A9503 | HCPCS | | | | both | | | 659 | | Multiplan | Multiplan | 527.2 | 80 | | | 167.04 | 167.04 | 626.05 | percent of total billed charges | |
| HC RP TC-99M MDP MEDRONATE, DIAGNOSTIC | A9503 | HCPCS | | | | both | | | 659 | | Managed Care Inc | Managed Care Inc | 593.1 | 90 | | | 167.04 | 167.04 | 626.05 | percent of total billed charges | |
| HC RP TC-99M MDP MEDRONATE, DIAGNOSTIC | A9503 | HCPCS | | | | both | | | 659 | | Qualcare | Qualcare | 494.25 | 75 | | | 167.04 | 167.04 | 626.05 | percent of total billed charges | |
| HC RP TC-99M MDP MEDRONATE, DIAGNOSTIC | A9503 | HCPCS | | | | both | | | 659 | | WellPoint | WellPoint | 212.07 | 32.18 | | 148.8 | 167.04 | 167.04 | 626.05 | percent of total billed charges | |
| HC RP TC-99M MDP MEDRONATE, DIAGNOSTIC | A9503 | HCPCS | | | | both | | | 659 | | Three Rivers | Three Rivers | 626.05 | 95 | | | 167.04 | 167.04 | 626.05 | percent of total billed charges | |
| HC RP TC-99M MDP MEDRONATE, DIAGNOSTIC | A9503 | HCPCS | | | | both | | | 659 | | Wellcare | Medicaid | 207.91 | 31.55 | | 198.79 | 167.04 | 167.04 | 626.05 | percent of total billed charges | |
| HC RP TL-201 THALLIUM, DIAGNOSTIC | A9505 | HCPCS | | | | both | | | 250 | | Aetna | Medicare | 77 | 30.8 | | | 29.73 | 29.73 | 237.5 | percent of total billed charges | |
| HC RP TL-201 THALLIUM, DIAGNOSTIC | A9505 | HCPCS | | | | both | | | 250 | | WellPoint | WellPoint | 80.45 | 32.18 | | | 29.73 | 29.73 | 237.5 | percent of total billed charges | |
| HC RP TL-201 THALLIUM, DIAGNOSTIC | A9505 | HCPCS | | | | both | | | 250 | | Aetna | Better Health | 78.88 | 31.55 | | | 29.73 | 29.73 | 237.5 | percent of total billed charges | |
| HC RP TL-201 THALLIUM, DIAGNOSTIC | A9505 | HCPCS | | | | both | | | 250 | | Horizon | Indemnity | 95.7 | 38.28 | | | 29.73 | 29.73 | 237.5 | percent of total billed charges | |
| HC RP TL-201 THALLIUM, DIAGNOSTIC | A9505 | HCPCS | | | | both | | | 250 | | Consumer | Consumer | 237.5 | 95 | | | 29.73 | 29.73 | 237.5 | percent of total billed charges | |
| HC RP TL-201 THALLIUM, DIAGNOSTIC | A9505 | HCPCS | | | | both | | | 250 | | First Trenton | First Trenton | 225 | 90 | | | 29.73 | 29.73 | 237.5 | percent of total billed charges | |
| HC RP TL-201 THALLIUM, DIAGNOSTIC | A9505 | HCPCS | | | | both | | | 250 | | Amerihealth | HMO/PPO | 29.73 | | | | 29.73 | 29.73 | 237.5 | fee schedule | |
| HC RP TL-201 THALLIUM, DIAGNOSTIC | A9505 | HCPCS | | | | both | | | 250 | | Americare | Americare | 187.5 | 75 | | | 29.73 | 29.73 | 237.5 | percent of total billed charges | |
| HC RP TL-201 THALLIUM, DIAGNOSTIC | A9505 | HCPCS | | | | both | | | 250 | | Corrections | Corrections | 200 | 80 | | | 29.73 | 29.73 | 237.5 | percent of total billed charges | |
| HC RP TL-201 THALLIUM, DIAGNOSTIC | A9505 | HCPCS | | | | both | | | 250 | | Horizon | PPO | 95.7 | 38.28 | | | 29.73 | 29.73 | 237.5 | percent of total billed charges | |
| HC RP TL-201 THALLIUM, DIAGNOSTIC | A9505 | HCPCS | | | | both | | | 250 | | First Health | First Health | 175 | 70 | | | 29.73 | 29.73 | 237.5 | percent of total billed charges | |
| HC RP TL-201 THALLIUM, DIAGNOSTIC | A9505 | HCPCS | | | | both | | | 250 | | Multiplan | Multiplan | 200 | 80 | | | 29.73 | 29.73 | 237.5 | percent of total billed charges | |
| HC RP TL-201 THALLIUM, DIAGNOSTIC | A9505 | HCPCS | | | | both | | | 250 | | Horizon | MGD | 95.7 | 38.28 | | | 29.73 | 29.73 | 237.5 | percent of total billed charges | |
| HC RP TL-201 THALLIUM, DIAGNOSTIC | A9505 | HCPCS | | | | both | | | 250 | | Managed Care Inc | Managed Care Inc | 225 | 90 | | | 29.73 | 29.73 | 237.5 | percent of total billed charges | |
| HC RP TL-201 THALLIUM, DIAGNOSTIC | A9505 | HCPCS | | | | both | | | 250 | | Wellcare | Medicaid | 78.88 | 31.55 | | | 29.73 | 29.73 | 237.5 | percent of total billed charges | |
| HC RP TL-201 THALLIUM, DIAGNOSTIC | A9505 | HCPCS | | | | both | | | 250 | | Horizon | Medicare Blue | 75 | 30 | | | 29.73 | 29.73 | 237.5 | percent of total billed charges | |
| HC RP TL-201 THALLIUM, DIAGNOSTIC | A9505 | HCPCS | | | | both | | | 250 | | Horizon | NJ Health | 122.67 | | | | 29.73 | 29.73 | 237.5 | fee schedule | |
| HC RP TL-201 THALLIUM, DIAGNOSTIC | A9505 | HCPCS | | | | both | | | 250 | | UHC | Medicaid | 78.88 | 31.55 | | | 29.73 | 29.73 | 237.5 | percent of total billed charges | |
| HC RP TL-201 THALLIUM, DIAGNOSTIC | A9505 | HCPCS | | | | both | | | 250 | | Qualcare | Qualcare | 187.5 | 75 | | | 29.73 | 29.73 | 237.5 | percent of total billed charges | |
| HC RP TL-201 THALLIUM, DIAGNOSTIC | A9505 | HCPCS | | | | both | | | 250 | | Three Rivers | Three Rivers | 237.5 | 95 | | | 29.73 | 29.73 | 237.5 | percent of total billed charges | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9509 | HCPCS | | | | outpatient | | | 897 | | Aetna | Medicare | 276.28 | 30.8 | | | 241.63 | 241.63 | 1844.67 | percent of total billed charges | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9509 | HCPCS | | | | outpatient | | | 897 | | Aetna | Better Health | 283 | 31.55 | | | 241.63 | 241.63 | 1844.67 | percent of total billed charges | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9509 | HCPCS | | | | outpatient | | | 897 | | Americare | Americare | 672.75 | 75 | | | 241.63 | 241.63 | 1844.67 | percent of total billed charges | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9509 | HCPCS | | | | outpatient | | | 897 | | Horizon | Indemnity | 343.37 | 38.28 | | | 241.63 | 241.63 | 1844.67 | percent of total billed charges | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9509 | HCPCS | | | | outpatient | | | 897 | | Horizon | MGD | 343.37 | 38.28 | | | 241.63 | 241.63 | 1844.67 | percent of total billed charges | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9509 | HCPCS | | | | outpatient | | | 897 | | Consumer | Consumer | 852.15 | 95 | | | 241.63 | 241.63 | 1844.67 | percent of total billed charges | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9509 | HCPCS | | | | outpatient | | | 897 | | First Trenton | First Trenton | 807.3 | 90 | | | 241.63 | 241.63 | 1844.67 | percent of total billed charges | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9509 | HCPCS | | | | outpatient | | | 897 | | Corrections | Corrections | 717.6 | 80 | | | 241.63 | 241.63 | 1844.67 | percent of total billed charges | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9509 | HCPCS | | | | outpatient | | | 897 | | WellPoint | WellPoint | 288.65 | 32.18 | | | 241.63 | 241.63 | 1844.67 | percent of total billed charges | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9509 | HCPCS | | | | outpatient | | | 897 | | First Health | First Health | 627.9 | 70 | | | 241.63 | 241.63 | 1844.67 | percent of total billed charges | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9509 | HCPCS | | | | outpatient | | | 897 | | Amerihealth | HMO/PPO | 1844.67 | | | | 241.63 | 241.63 | 1844.67 | fee schedule | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9509 | HCPCS | | | | outpatient | | | 897 | | Multiplan | Multiplan | 717.6 | 80 | | | 241.63 | 241.63 | 1844.67 | percent of total billed charges | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9509 | HCPCS | | | | outpatient | | | 897 | | Horizon | PPO | 343.37 | 38.28 | | | 241.63 | 241.63 | 1844.67 | percent of total billed charges | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9509 | HCPCS | | | | outpatient | | | 897 | | Horizon | Medicare Blue | 269.1 | 30 | | | 241.63 | 241.63 | 1844.67 | percent of total billed charges | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9509 | HCPCS | | | | outpatient | | | 897 | | UHC | Medicaid | 283 | 31.55 | | 273.7 | 241.63 | 241.63 | 1844.67 | percent of total billed charges | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9509 | HCPCS | | | | outpatient | | | 897 | | Horizon | NJ Health | 241.63 | | | 5.45 | 241.63 | 241.63 | 1844.67 | fee schedule | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9509 | HCPCS | | | | outpatient | | | 897 | | Managed Care Inc | Managed Care Inc | 807.3 | 90 | | | 241.63 | 241.63 | 1844.67 | percent of total billed charges | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9509 | HCPCS | | | | outpatient | | | 897 | | Wellcare | Medicaid | 283 | 31.55 | | | 241.63 | 241.63 | 1844.67 | percent of total billed charges | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9509 | HCPCS | | | | outpatient | | | 897 | | Three Rivers | Three Rivers | 852.15 | 95 | | | 241.63 | 241.63 | 1844.67 | percent of total billed charges | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9509 | HCPCS | | | | outpatient | | | 897 | | Qualcare | Qualcare | 672.75 | 75 | | | 241.63 | 241.63 | 1844.67 | percent of total billed charges | |
| HC RP TC-99M PERTECHNETATE, DIAGNOSTIC | A9512 | HCPCS | | | | both | | | 68 | | Aetna | Better Health | 21.45 | 31.55 | | | 2.61 | 2.61 | 64.6 | percent of total billed charges | |
| HC RP TC-99M PERTECHNETATE, DIAGNOSTIC | A9512 | HCPCS | | | | both | | | 68 | | Consumer | Consumer | 64.6 | 95 | | | 2.61 | 2.61 | 64.6 | percent of total billed charges | |
| HC RP TC-99M PERTECHNETATE, DIAGNOSTIC | A9512 | HCPCS | | | | both | | | 68 | | Aetna | Medicare | 20.94 | 30.8 | | | 2.61 | 2.61 | 64.6 | percent of total billed charges | |
| HC RP TC-99M PERTECHNETATE, DIAGNOSTIC | A9512 | HCPCS | | | | both | | | 68 | | First Trenton | First Trenton | 61.2 | 90 | | | 2.61 | 2.61 | 64.6 | percent of total billed charges | |
| HC RP TC-99M PERTECHNETATE, DIAGNOSTIC | A9512 | HCPCS | | | | both | | | 68 | | Corrections | Corrections | 54.4 | 80 | | | 2.61 | 2.61 | 64.6 | percent of total billed charges | |
| HC RP TC-99M PERTECHNETATE, DIAGNOSTIC | A9512 | HCPCS | | | | both | | | 68 | | First Health | First Health | 47.6 | 70 | | | 2.61 | 2.61 | 64.6 | percent of total billed charges | |
| HC RP TC-99M PERTECHNETATE, DIAGNOSTIC | A9512 | HCPCS | | | | both | | | 68 | | Americare | Americare | 51 | 75 | | | 2.61 | 2.61 | 64.6 | percent of total billed charges | |
| HC RP TC-99M PERTECHNETATE, DIAGNOSTIC | A9512 | HCPCS | | | | both | | | 68 | | Horizon | Medicare Blue | 20.4 | 30 | | | 2.61 | 2.61 | 64.6 | percent of total billed charges | |
| HC RP TC-99M PERTECHNETATE, DIAGNOSTIC | A9512 | HCPCS | | | | both | | | 68 | | WellPoint | WellPoint | 21.88 | 32.18 | | | 2.61 | 2.61 | 64.6 | percent of total billed charges | |
| HC RP TC-99M PERTECHNETATE, DIAGNOSTIC | A9512 | HCPCS | | | | both | | | 68 | | Horizon | Indemnity | 26.03 | 38.28 | | 56.15 | 2.61 | 2.61 | 64.6 | percent of total billed charges | |
| HC RP TC-99M PERTECHNETATE, DIAGNOSTIC | A9512 | HCPCS | | | | both | | | 68 | | Amerihealth | HMO/PPO | 25.07 | | | | 2.61 | 2.61 | 64.6 | fee schedule | |
| HC RP TC-99M PERTECHNETATE, DIAGNOSTIC | A9512 | HCPCS | | | | both | | | 68 | | Horizon | PPO | 26.03 | 38.28 | | | 2.61 | 2.61 | 64.6 | percent of total billed charges | |
| HC RP TC-99M PERTECHNETATE, DIAGNOSTIC | A9512 | HCPCS | | | | both | | | 68 | | Horizon | NJ Health | 2.61 | | | 8.3 | 2.61 | 2.61 | 64.6 | fee schedule | |
| HC RP TC-99M PERTECHNETATE, DIAGNOSTIC | A9512 | HCPCS | | | | both | | | 68 | | Multiplan | Multiplan | 54.4 | 80 | | | 2.61 | 2.61 | 64.6 | percent of total billed charges | |
| HC RP TC-99M PERTECHNETATE, DIAGNOSTIC | A9512 | HCPCS | | | | both | | | 68 | | Horizon | MGD | 26.03 | 38.28 | | 22.02 | 2.61 | 2.61 | 64.6 | percent of total billed charges | |
| HC RP TC-99M PERTECHNETATE, DIAGNOSTIC | A9512 | HCPCS | | | | both | | | 68 | | Three Rivers | Three Rivers | 64.6 | 95 | | | 2.61 | 2.61 | 64.6 | percent of total billed charges | |
| HC RP TC-99M PERTECHNETATE, DIAGNOSTIC | A9512 | HCPCS | | | | both | | | 68 | | Managed Care Inc | Managed Care Inc | 61.2 | 90 | | | 2.61 | 2.61 | 64.6 | percent of total billed charges | |
| HC RP TC-99M PERTECHNETATE, DIAGNOSTIC | A9512 | HCPCS | | | | both | | | 68 | | Qualcare | Qualcare | 51 | 75 | | | 2.61 | 2.61 | 64.6 | percent of total billed charges | |
| HC RP TC-99M PERTECHNETATE, DIAGNOSTIC | A9512 | HCPCS | | | | both | | | 68 | | UHC | Medicaid | 21.45 | 31.55 | | | 2.61 | 2.61 | 64.6 | percent of total billed charges | |
| HC RP TC-99M PERTECHNETATE, DIAGNOSTIC | A9512 | HCPCS | | | | both | | | 68 | | Wellcare | Medicaid | 21.45 | 31.55 | | | 2.61 | 2.61 | 64.6 | percent of total billed charges | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9516 | HCPCS | | | | outpatient | | | 425 | | Americare | Americare | 318.75 | 75 | | | 2.61 | 2.61 | 403.75 | percent of total billed charges | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9516 | HCPCS | | | | outpatient | | | 425 | | First Health | First Health | 297.5 | 70 | | | 2.61 | 2.61 | 403.75 | percent of total billed charges | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9516 | HCPCS | | | | outpatient | | | 425 | | Aetna | Medicare | 130.9 | 30.8 | | | 2.61 | 2.61 | 403.75 | percent of total billed charges | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9516 | HCPCS | | | | outpatient | | | 425 | | Aetna | Better Health | 134.09 | 31.55 | | | 2.61 | 2.61 | 403.75 | percent of total billed charges | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9516 | HCPCS | | | | outpatient | | | 425 | | Corrections | Corrections | 340 | 80 | | 109.85 | 2.61 | 2.61 | 403.75 | percent of total billed charges | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9516 | HCPCS | | | | outpatient | | | 425 | | Amerihealth | HMO/PPO | 184.47 | | | | 2.61 | 2.61 | 403.75 | fee schedule | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9516 | HCPCS | | | | outpatient | | | 425 | | WellPoint | WellPoint | 136.77 | 32.18 | | | 2.61 | 2.61 | 403.75 | percent of total billed charges | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9516 | HCPCS | | | | outpatient | | | 425 | | Horizon | Indemnity | 162.69 | 38.28 | | | 2.61 | 2.61 | 403.75 | percent of total billed charges | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9516 | HCPCS | | | | outpatient | | | 425 | | Consumer | Consumer | 403.75 | 95 | | | 2.61 | 2.61 | 403.75 | percent of total billed charges | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9516 | HCPCS | | | | outpatient | | | 425 | | Horizon | NJ Health | 2.61 | | | 33.39 | 2.61 | 2.61 | 403.75 | fee schedule | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9516 | HCPCS | | | | outpatient | | | 425 | | Horizon | MGD | 162.69 | 38.28 | | 178.92 | 2.61 | 2.61 | 403.75 | percent of total billed charges | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9516 | HCPCS | | | | outpatient | | | 425 | | Multiplan | Multiplan | 340 | 80 | | | 2.61 | 2.61 | 403.75 | percent of total billed charges | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9516 | HCPCS | | | | outpatient | | | 425 | | First Trenton | First Trenton | 382.5 | 90 | | | 2.61 | 2.61 | 403.75 | percent of total billed charges | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9516 | HCPCS | | | | outpatient | | | 425 | | Qualcare | Qualcare | 318.75 | 75 | | | 2.61 | 2.61 | 403.75 | percent of total billed charges | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9516 | HCPCS | | | | outpatient | | | 425 | | Wellcare | Medicaid | 134.09 | 31.55 | | | 2.61 | 2.61 | 403.75 | percent of total billed charges | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9516 | HCPCS | | | | outpatient | | | 425 | | UHC | Medicaid | 134.09 | 31.55 | | 131.85 | 2.61 | 2.61 | 403.75 | percent of total billed charges | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9516 | HCPCS | | | | outpatient | | | 425 | | Horizon | Medicare Blue | 127.5 | 30 | | | 2.61 | 2.61 | 403.75 | percent of total billed charges | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9516 | HCPCS | | | | outpatient | | | 425 | | Horizon | PPO | 162.69 | 38.28 | | | 2.61 | 2.61 | 403.75 | percent of total billed charges | |
| HC RP I-123 IODINE, DIAGNOSTIC | A9516 | HCPCS | | | | outpatient | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC RP I-131 IODINE CAPSULE, THERAPEUTIC, INITIAL 6 MCI | A9517 | HCPCS | | | | outpatient | | | 480 | 29.46 | Amerihealth | Medicare | 25.62 | | | | 19.88 | | 456 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RP I-131 IODINE CAPSULE, THERAPEUTIC, INITIAL 6 MCI | A9517 | HCPCS | | | | outpatient | | | 480 | 29.46 | Aetna | Better Health | 151.44 | 31.55 | | | 19.88 | | 456 percent of total billed charges | |
| HC RP I-131 IODINE CAPSULE, THERAPEUTIC, INITIAL 6 MCI | A9517 | HCPCS | | | | outpatient | | | 480 | 29.46 | Americare | Americare | 360 | 75 | | | 19.88 | | 456 percent of total billed charges | |
| HC RP I-131 IODINE CAPSULE, THERAPEUTIC, INITIAL 6 MCI | A9517 | HCPCS | | | | outpatient | | | 480 | 29.46 | Amerihealth | HMO/PPO | 36.41 | | | | 19.88 | | 456 fee schedule | |
| HC RP I-131 IODINE CAPSULE, THERAPEUTIC, INITIAL 6 MCI | A9517 | HCPCS | | | | outpatient | | | 480 | 29.46 | Horizon | Medicare Blue | 25.62 | | | | 19.88 | | 456 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RP I-131 IODINE CAPSULE, THERAPEUTIC, INITIAL 6 MCI | A9517 | HCPCS | | | | outpatient | | | 480 | 29.46 | Consumer | Consumer | 456 | 95 | | | 19.88 | | 456 percent of total billed charges | |
| HC RP I-131 IODINE CAPSULE, THERAPEUTIC, INITIAL 6 MCI | A9517 | HCPCS | | | | outpatient | | | 480 | 29.46 | Aetna | Medicare | 25.62 | | | | 19.88 | | 456 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RP I-131 IODINE CAPSULE, THERAPEUTIC, INITIAL 6 MCI | A9517 | HCPCS | | | | outpatient | | | 480 | 29.46 | Horizon | MGD | 49.57 | | | 38.18 | 19.88 | | 456 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RP I-131 IODINE CAPSULE, THERAPEUTIC, INITIAL 6 MCI | A9517 | HCPCS | | | | outpatient | | | 480 | 29.46 | Horizon | NJ Health | 54.81 | | | 3.82 | 19.88 | | 456 fee schedule | |
| HC RP I-131 IODINE CAPSULE, THERAPEUTIC, INITIAL 6 MCI | A9517 | HCPCS | | | | outpatient | | | 480 | 29.46 | Multiplan | Multiplan | 384 | 80 | | | 19.88 | | 456 percent of total billed charges | |
| HC RP I-131 IODINE CAPSULE, THERAPEUTIC, INITIAL 6 MCI | A9517 | HCPCS | | | | outpatient | | | 480 | 29.46 | First Trenton | First Trenton | 432 | 90 | | | 19.88 | | 456 percent of total billed charges | |
| HC RP I-131 IODINE CAPSULE, THERAPEUTIC, INITIAL 6 MCI | A9517 | HCPCS | | | | outpatient | | | 480 | 29.46 | First Health | First Health | 336 | 70 | | | 19.88 | | 456 percent of total billed charges | |
| HC RP I-131 IODINE CAPSULE, THERAPEUTIC, INITIAL 6 MCI | A9517 | HCPCS | | | | outpatient | | | 480 | 29.46 | UHC | Medicare | 25.62 | | | | 19.88 | | 456 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RP I-131 IODINE CAPSULE, THERAPEUTIC, INITIAL 6 MCI | A9517 | HCPCS | | | | outpatient | | | 480 | 29.46 | Corrections | Corrections | 384 | 80 | | | 19.88 | | 456 percent of total billed charges | |
| HC RP I-131 IODINE CAPSULE, THERAPEUTIC, INITIAL 6 MCI | A9517 | HCPCS | | | | outpatient | | | 480 | 29.46 | United | Oxford | 53.35 | | | | 19.88 | | 456 fee schedule | |
| HC RP I-131 IODINE CAPSULE, THERAPEUTIC, INITIAL 6 MCI | A9517 | HCPCS | | | | outpatient | | | 480 | 29.46 | UHC | Medicaid | 151.44 | 31.55 | | | 19.88 | | 456 percent of total billed charges | |
| HC RP I-131 IODINE CAPSULE, THERAPEUTIC, INITIAL 6 MCI | A9517 | HCPCS | | | | outpatient | | | 480 | 29.46 | Managed Care Inc | Managed Care Inc | 432 | 90 | | | 19.88 | | 456 percent of total billed charges | |
| HC RP I-131 IODINE CAPSULE, THERAPEUTIC, INITIAL 6 MCI | A9517 | HCPCS | | | | outpatient | | | 480 | 29.46 | Qualcare | Qualcare | 360 | 75 | | | 19.88 | | 456 percent of total billed charges | |
| HC RP I-131 IODINE CAPSULE, THERAPEUTIC, INITIAL 6 MCI | A9517 | HCPCS | | | | outpatient | | | 480 | 29.46 | Wellcare | Medicaid | 151.44 | 31.55 | | | 19.88 | | 456 percent of total billed charges | |
| HC RP I-131 IODINE CAPSULE, THERAPEUTIC, INITIAL 6 MCI | A9517 | HCPCS | | | | outpatient | | | 480 | 29.46 | Horizon | Indemnity | 49.57 | | | 37.57 | 19.88 | | 456 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RP I-131 IODINE CAPSULE, THERAPEUTIC, INITIAL 6 MCI | A9517 | HCPCS | | | | outpatient | | | 480 | 29.46 | Three Rivers | Three Rivers | 456 | 95 | | | 19.88 | | 456 percent of total billed charges | |
| HC RP I-131 IODINE CAPSULE, THERAPEUTIC, INITIAL 6 MCI | A9517 | HCPCS | | | | outpatient | | | 480 | 29.46 | Horizon | PPO | 49.57 | | | | 19.88 | | 456 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RP I-131 IODINE CAPSULE, THERAPEUTIC, INITIAL 6 MCI | A9517 | HCPCS | | | | outpatient | | | 480 | 29.46 | United | CommercialPPO | 53.35 | | | | 19.88 | | 456 fee schedule | |
| HC RP I-131 IODINE CAPSULE, THERAPEUTIC, INITIAL 6 MCI | A9517 | HCPCS | | | | outpatient | | | 480 | 29.46 | Wellcare | Medicare | 25.62 | | | | 19.88 | | 456 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RP I-131 IODINE CAPSULE, THERAPEUTIC, INITIAL 6 MCI | A9517 | HCPCS | | | | outpatient | | | 480 | 29.46 | WellPoint | WellPoint | 154.46 | 32.18 | | | 19.88 | | 456 percent of total billed charges | |
| HC RP TC-99M EXAMETAZIME (CERETEC), DIAGNOSTIC | A9521 | HCPCS | | | | inpatient | | | 2796 | | Horizon | Indemnity | 1070.31 | 38.28 | | | 838.8 | | 2656.2 percent of total billed charges | |
| HC RP TC-99M EXAMETAZIME (CERETEC), DIAGNOSTIC | A9521 | HCPCS | | | | inpatient | | | 2796 | | WellPoint | WellPoint | 899.75 | 32.18 | | | 838.8 | | 2656.2 percent of total billed charges | |
| HC RP TC-99M EXAMETAZIME (CERETEC), DIAGNOSTIC | A9521 | HCPCS | | | | inpatient | | | 2796 | | Aetna | Medicare | 861.17 | 30.8 | | | 838.8 | | 2656.2 percent of total billed charges | |
| HC RP TC-99M EXAMETAZIME (CERETEC), DIAGNOSTIC | A9521 | HCPCS | | | | inpatient | | | 2796 | | First Health | First Health | 1957.2 | 70 | | | 838.8 | | 2656.2 percent of total billed charges | |
| HC RP TC-99M EXAMETAZIME (CERETEC), DIAGNOSTIC | A9521 | HCPCS | | | | inpatient | | | 2796 | | Americare | Americare | 2097 | 75 | | | 838.8 | | 2656.2 percent of total billed charges | |
| HC RP TC-99M EXAMETAZIME (CERETEC), DIAGNOSTIC | A9521 | HCPCS | | | | inpatient | | | 2796 | | Aetna | Better Health | 882.14 | 31.55 | | | 838.8 | | 2656.2 percent of total billed charges | |
| HC RP TC-99M EXAMETAZIME (CERETEC), DIAGNOSTIC | A9521 | HCPCS | | | | inpatient | | | 2796 | | Corrections | Corrections | 2236.8 | 80 | | | 838.8 | | 2656.2 percent of total billed charges | |
| HC RP TC-99M EXAMETAZIME (CERETEC), DIAGNOSTIC | A9521 | HCPCS | | | | inpatient | | | 2796 | | Multiplan | Multiplan | 2236.8 | 80 | | | 838.8 | | 2656.2 percent of total billed charges | |
| HC RP TC-99M EXAMETAZIME (CERETEC), DIAGNOSTIC | A9521 | HCPCS | | | | inpatient | | | 2796 | | Horizon | PPO | 1070.31 | 38.28 | | | 838.8 | | 2656.2 percent of total billed charges | |
| HC RP TC-99M EXAMETAZIME (CERETEC), DIAGNOSTIC | A9521 | HCPCS | | | | inpatient | | | 2796 | | Consumer | Consumer | 2656.2 | 95 | | | 838.8 | | 2656.2 percent of total billed charges | |
| HC RP TC-99M EXAMETAZIME (CERETEC), DIAGNOSTIC | A9521 | HCPCS | | | | inpatient | | | 2796 | | Horizon | MGD | 1070.31 | 38.28 | | | 838.8 | | 2656.2 percent of total billed charges | |
| HC RP TC-99M EXAMETAZIME (CERETEC), DIAGNOSTIC | A9521 | HCPCS | | | | inpatient | | | 2796 | | Wellcare | Medicaid | 882.14 | 31.55 | | | 838.8 | | 2656.2 percent of total billed charges | |
| HC RP TC-99M EXAMETAZIME (CERETEC), DIAGNOSTIC | A9521 | HCPCS | | | | inpatient | | | 2796 | | Amerihealth | HMO/PPO | 1485.09 | | | | 838.8 | | 2656.2 fee schedule | |
| HC RP TC-99M EXAMETAZIME (CERETEC), DIAGNOSTIC | A9521 | HCPCS | | | | inpatient | | | 2796 | | First Trenton | First Trenton | 2516.4 | 90 | | | 838.8 | | 2656.2 percent of total billed charges | |
| HC RP TC-99M EXAMETAZIME (CERETEC), DIAGNOSTIC | A9521 | HCPCS | | | | inpatient | | | 2796 | | Three Rivers | Three Rivers | 2656.2 | 95 | | | 838.8 | | 2656.2 percent of total billed charges | |
| HC RP TC-99M EXAMETAZIME (CERETEC), DIAGNOSTIC | A9521 | HCPCS | | | | inpatient | | | 2796 | | Qualcare | Qualcare | 2097 | 75 | | | 838.8 | | 2656.2 percent of total billed charges | |
| HC RP TC-99M EXAMETAZIME (CERETEC), DIAGNOSTIC | A9521 | HCPCS | | | | inpatient | | | 2796 | | Horizon | Medicare Blue | 838.8 | 30 | | | 838.8 | | 2656.2 percent of total billed charges | |
| HC RP TC-99M EXAMETAZIME (CERETEC), DIAGNOSTIC | A9521 | HCPCS | | | | inpatient | | | 2796 | | UHC | Medicaid | 882.14 | 31.55 | | | 838.8 | | 2656.2 percent of total billed charges | |
| HC RP TC-99M EXAMETAZIME (CERETEC), DIAGNOSTIC | A9521 | HCPCS | | | | inpatient | | | 2796 | | Horizon | NJ Health | 2095.83 | | | | 838.8 | | 2656.2 fee schedule | |
| HC RP TC-99M EXAMETAZIME (CERETEC), DIAGNOSTIC | A9521 | HCPCS | | | | inpatient | | | 2796 | | Managed Care Inc | Managed Care Inc | 2516.4 | 90 | | | 838.8 | | 2656.2 percent of total billed charges | |
| HC RP I-131 IODINE CAPSULE, DIAGNOSTIC | A9528 | HCPCS | | | | outpatient | | | 309 | | Amerihealth | HMO/PPO | 5.5 | | | | 5.5 | | 293.55 fee schedule | |
| HC RP I-131 IODINE CAPSULE, DIAGNOSTIC | A9528 | HCPCS | | | | outpatient | | | 309 | | Qualcare | Qualcare | 231.75 | 75 | | | 5.5 | | 293.55 percent of total billed charges | |
| HC RP I-131 IODINE CAPSULE, DIAGNOSTIC | A9528 | HCPCS | | | | outpatient | | | 309 | | UHC | Medicaid | 97.49 | 31.55 | | | 5.5 | | 293.55 percent of total billed charges | |
| HC RP I-131 IODINE CAPSULE, DIAGNOSTIC | A9528 | HCPCS | | | | outpatient | | | 309 | | Consumer | Consumer | 293.55 | 95 | | | 5.5 | | 293.55 percent of total billed charges | |
| HC RP I-131 IODINE CAPSULE, DIAGNOSTIC | A9528 | HCPCS | | | | outpatient | | | 309 | | WellPoint | WellPoint | 99.44 | 32.18 | | | 5.5 | | 293.55 percent of total billed charges | |
| HC RP I-131 IODINE CAPSULE, DIAGNOSTIC | A9528 | HCPCS | | | | outpatient | | | 309 | | Aetna | Medicare | 95.17 | 30.8 | | | 5.5 | | 293.55 percent of total billed charges | |
| HC RP I-131 IODINE CAPSULE, DIAGNOSTIC | A9528 | HCPCS | | | | outpatient | | | 309 | | Aetna | Better Health | 97.49 | 31.55 | | | 5.5 | | 293.55 percent of total billed charges | |
| HC RP I-131 IODINE CAPSULE, DIAGNOSTIC | A9528 | HCPCS | | | | outpatient | | | 309 | | Americare | Americare | 231.75 | 75 | | | 5.5 | | 293.55 percent of total billed charges | |
| HC RP I-131 IODINE CAPSULE, DIAGNOSTIC | A9528 | HCPCS | | | | outpatient | | | 309 | | First Health | First Health | 216.3 | 70 | | | 5.5 | | 293.55 percent of total billed charges | |
| HC RP I-131 IODINE CAPSULE, DIAGNOSTIC | A9528 | HCPCS | | | | outpatient | | | 309 | | Horizon | Medicare Blue | 92.7 | 30 | | | 5.5 | | 293.55 percent of total billed charges | |
| HC RP I-131 IODINE CAPSULE, DIAGNOSTIC | A9528 | HCPCS | | | | outpatient | | | 309 | | Horizon | Indemnity | 118.29 | 38.28 | | | 5.5 | | 293.55 percent of total billed charges | |
| HC RP I-131 IODINE CAPSULE, DIAGNOSTIC | A9528 | HCPCS | | | | outpatient | | | 309 | | Corrections | Corrections | 247.2 | 80 | | | 5.5 | | 293.55 percent of total billed charges | |
| HC RP I-131 IODINE CAPSULE, DIAGNOSTIC | A9528 | HCPCS | | | | outpatient | | | 309 | | Multiplan | Multiplan | 247.2 | 80 | | | 5.5 | | 293.55 percent of total billed charges | |
| HC RP I-131 IODINE CAPSULE, DIAGNOSTIC | A9528 | HCPCS | | | | outpatient | | | 309 | | Horizon | MGD | 118.29 | 38.28 | | | 5.5 | | 293.55 percent of total billed charges | |
| HC RP I-131 IODINE CAPSULE, DIAGNOSTIC | A9528 | HCPCS | | | | outpatient | | | 309 | | Wellcare | Medicaid | 97.49 | 31.55 | | | 5.5 | | 293.55 percent of total billed charges | |
| HC RP I-131 IODINE CAPSULE, DIAGNOSTIC | A9528 | HCPCS | | | | outpatient | | | 309 | | First Trenton | First Trenton | 278.1 | 90 | | | 5.5 | | 293.55 percent of total billed charges | |
| HC RP I-131 IODINE CAPSULE, DIAGNOSTIC | A9528 | HCPCS | | | | outpatient | | | 309 | | Horizon | PPO | 118.29 | 38.28 | | | 5.5 | | 293.55 percent of total billed charges | |
| HC RP I-131 IODINE CAPSULE, DIAGNOSTIC | A9528 | HCPCS | | | | outpatient | | | 309 | | Horizon | NJ Health | 39.15 | | | | 5.5 | | 293.55 fee schedule | |
| HC RP I-131 IODINE CAPSULE, DIAGNOSTIC | A9528 | HCPCS | | | | outpatient | | | 309 | | Three Rivers | Three Rivers | 293.55 | 95 | | | 5.5 | | 293.55 percent of total billed charges | |
| HC RP I-131 IODINE CAPSULE, DIAGNOSTIC | A9528 | HCPCS | | | | outpatient | | | 309 | | Managed Care Inc | Managed Care Inc | 278.1 | 90 | | | 5.5 | | 293.55 percent of total billed charges | |
| HC RP TC-99M MEBROFENIN, DIAGNOSTIC | A9537 | HCPCS | | | | both | | | 158 | | Aetna | Medicare | 48.66 | 30.8 | | | 47.4 | | 150.1 percent of total billed charges | |
| HC RP TC-99M MEBROFENIN, DIAGNOSTIC | A9537 | HCPCS | | | | both | | | 158 | | Amerihealth | HMO/PPO | 102.7 | 65 | | | 47.4 | | 150.1 percent of total billed charges | |
| HC RP TC-99M MEBROFENIN, DIAGNOSTIC | A9537 | HCPCS | | | | both | | | 158 | | Americare | Americare | 118.5 | 75 | | | 47.4 | | 150.1 percent of total billed charges | |
| HC RP TC-99M MEBROFENIN, DIAGNOSTIC | A9537 | HCPCS | | | | both | | | 158 | | Corrections | Corrections | 126.4 | 80 | | | 47.4 | | 150.1 percent of total billed charges | |
| HC RP TC-99M MEBROFENIN, DIAGNOSTIC | A9537 | HCPCS | | | | both | | | 158 | | First Trenton | First Trenton | 142.2 | 90 | | | 47.4 | | 150.1 percent of total billed charges | |
| HC RP TC-99M MEBROFENIN, DIAGNOSTIC | A9537 | HCPCS | | | | both | | | 158 | | Aetna | Better Health | 49.85 | 31.55 | | | 47.4 | | 150.1 percent of total billed charges | |
| HC RP TC-99M MEBROFENIN, DIAGNOSTIC | A9537 | HCPCS | | | | both | | | 158 | | Horizon | Medicare Blue | 47.4 | 30 | | 37.14 | 47.4 | | 150.1 percent of total billed charges | |
| HC RP TC-99M MEBROFENIN, DIAGNOSTIC | A9537 | HCPCS | | | | both | | | 158 | | Horizon | Indemnity | 60.48 | 38.28 | | 62.17 | 47.4 | | 150.1 percent of total billed charges | |
| HC RP TC-99M MEBROFENIN, DIAGNOSTIC | A9537 | HCPCS | | | | both | | | 158 | | Horizon | MGD | 60.48 | 38.28 | | | 47.4 | | 150.1 percent of total billed charges | |
| HC RP TC-99M MEBROFENIN, DIAGNOSTIC | A9537 | HCPCS | | | | both | | | 158 | | First Health | First Health | 110.6 | 70 | | | 47.4 | | 150.1 percent of total billed charges | |
| HC RP TC-99M MEBROFENIN, DIAGNOSTIC | A9537 | HCPCS | | | | both | | | 158 | | Horizon | NJ Health | 125.28 | | | 3.28 | 47.4 | | 150.1 fee schedule | |
| HC RP TC-99M MEBROFENIN, DIAGNOSTIC | A9537 | HCPCS | | | | both | | | 158 | | Consumer | Consumer | 150.1 | 95 | | | 47.4 | | 150.1 percent of total billed charges | |
| HC RP TC-99M MEBROFENIN, DIAGNOSTIC | A9537 | HCPCS | | | | both | | | 158 | | Horizon | PPO | 60.48 | 38.28 | | | 47.4 | | 150.1 percent of total billed charges | |
| HC RP TC-99M MEBROFENIN, DIAGNOSTIC | A9537 | HCPCS | | | | both | | | 158 | | Multiplan | Multiplan | 126.4 | 80 | | | 47.4 | | 150.1 percent of total billed charges | |
| HC RP TC-99M MEBROFENIN, DIAGNOSTIC | A9537 | HCPCS | | | | both | | | 158 | | WellPoint | WellPoint | 50.84 | 32.18 | | 25.79 | 47.4 | | 150.1 percent of total billed charges | |
| HC RP TC-99M MEBROFENIN, DIAGNOSTIC | A9537 | HCPCS | | | | both | | | 158 | | Three Rivers | Three Rivers | 150.1 | 95 | | | 47.4 | | 150.1 percent of total billed charges | |
| HC RP TC-99M MEBROFENIN, DIAGNOSTIC | A9537 | HCPCS | | | | both | | | 158 | | UHC | Medicaid | 49.85 | 31.55 | | 39.15 | 47.4 | | 150.1 percent of total billed charges | |
| HC RP TC-99M MEBROFENIN, DIAGNOSTIC | A9537 | HCPCS | | | | both | | | 158 | | Qualcare | Qualcare | 118.5 | 75 | | | 47.4 | | 150.1 percent of total billed charges | |
| HC RP TC-99M MEBROFENIN, DIAGNOSTIC | A9537 | HCPCS | | | | both | | | 158 | | Managed Care Inc | Managed Care Inc | 142.2 | 90 | | | 47.4 | | 150.1 percent of total billed charges | |
| HC RP TC-99M MEBROFENIN, DIAGNOSTIC | A9537 | HCPCS | | | | both | | | 158 | | Wellcare | Medicaid | 49.85 | 31.55 | | | 47.4 | | 150.1 percent of total billed charges | |
| HC RP TC-99M PYP PYROPHOSPHATE, DIAGNOSTIC | A9538 | HCPCS | | | | both | | | 100 | | Amerihealth | HMO/PPO | 65 | 65 | | | 30 | | 95 percent of total billed charges | |
| HC RP TC-99M PYP PYROPHOSPHATE, DIAGNOSTIC | A9538 | HCPCS | | | | both | | | 100 | | First Trenton | First Trenton | 90 | 90 | | | 30 | | 95 percent of total billed charges | |
| HC RP TC-99M PYP PYROPHOSPHATE, DIAGNOSTIC | A9538 | HCPCS | | | | both | | | 100 | | Consumer | Consumer | 95 | 95 | | | 30 | | 95 percent of total billed charges | |
| HC RP TC-99M PYP PYROPHOSPHATE, DIAGNOSTIC | A9538 | HCPCS | | | | both | | | 100 | | Aetna | Medicare | 30.8 | 30.8 | | | 30 | | 95 percent of total billed charges | |
| HC RP TC-99M PYP PYROPHOSPHATE, DIAGNOSTIC | A9538 | HCPCS | | | | both | | | 100 | | Aetna | Better Health | 31.55 | 31.55 | | | 30 | | 95 percent of total billed charges | |
| HC RP TC-99M PYP PYROPHOSPHATE, DIAGNOSTIC | A9538 | HCPCS | | | | both | | | 100 | | Managed Care Inc | Managed Care Inc | 90 | 90 | | | 30 | | 95 percent of total billed charges | |
| HC RP TC-99M PYP PYROPHOSPHATE, DIAGNOSTIC | A9538 | HCPCS | | | | both | | | 100 | | Americare | Americare | 75 | 75 | | | 30 | | 95 percent of total billed charges | |
| HC RP TC-99M PYP PYROPHOSPHATE, DIAGNOSTIC | A9538 | HCPCS | | | | both | | | 100 | | First Health | First Health | 70 | 70 | | | 30 | | 95 percent of total billed charges | |
| HC RP TC-99M PYP PYROPHOSPHATE, DIAGNOSTIC | A9538 | HCPCS | | | | both | | | 100 | | Multiplan | Multiplan | 80 | 80 | | | 30 | | 95 percent of total billed charges | |
| HC RP TC-99M PYP PYROPHOSPHATE, DIAGNOSTIC | A9538 | HCPCS | | | | both | | | 100 | | UHC | Medicaid | 31.55 | 31.55 | | 28.4 | 30 | | 95 percent of total billed charges | |
| HC RP TC-99M PYP PYROPHOSPHATE, DIAGNOSTIC | A9538 | HCPCS | | | | both | | | 100 | | Corrections | Corrections | 80 | 80 | | | 30 | | 95 percent of total billed charges | |
| HC RP TC-99M PYP PYROPHOSPHATE, DIAGNOSTIC | A9538 | HCPCS | | | | both | | | 100 | | Horizon | MGD | 38.28 | 38.28 | | | 30 | | 95 percent of total billed charges | |
| HC RP TC-99M PYP PYROPHOSPHATE, DIAGNOSTIC | A9538 | HCPCS | | | | both | | | 100 | | Horizon | Medicare Blue | 30 | 30 | | | 30 | | 95 percent of total billed charges | |
| HC RP TC-99M PYP PYROPHOSPHATE, DIAGNOSTIC | A9538 | HCPCS | | | | both | | | 100 | | WellPoint | WellPoint | 32.18 | 32.18 | | | 30 | | 95 percent of total billed charges | |
| HC RP TC-99M PYP PYROPHOSPHATE, DIAGNOSTIC | A9538 | HCPCS | | | | both | | | 100 | | Horizon | PPO | 38.28 | 38.28 | | | 30 | | 95 percent of total billed charges | |
| HC RP TC-99M PYP PYROPHOSPHATE, DIAGNOSTIC | A9538 | HCPCS | | | | both | | | 100 | | Wellcare | Medicaid | 31.55 | 31.55 | | | 30 | | 95 percent of total billed charges | |
| HC RP TC-99M PYP PYROPHOSPHATE, DIAGNOSTIC | A9538 | HCPCS | | | | both | | | 100 | | Qualcare | Qualcare | 75 | 75 | | | 30 | | 95 percent of total billed charges | |
| HC RP TC-99M PYP PYROPHOSPHATE, DIAGNOSTIC | A9538 | HCPCS | | | | both | | | 100 | | Horizon | Indemnity | 38.28 | 38.28 | | | 30 | | 95 percent of total billed charges | |
| HC RP TC-99M PYP PYROPHOSPHATE, DIAGNOSTIC | A9538 | HCPCS | | | | both | | | 100 | | Three Rivers | Three Rivers | 95 | 95 | | | 30 | | 95 percent of total billed charges | |
| HC RP TC-99M PYP PYROPHOSPHATE, DIAGNOSTIC | A9538 | HCPCS | | | | both | | | 100 | | Horizon | NJ Health | 60.03 | | | | 30 | | 95 fee schedule | |
| HC RP TC-99M DTPA PENTETATE, DIAGNOSTIC | A9539 | HCPCS | | | | inpatient | | | 331 | | Amerihealth | HMO/PPO | 215.15 | 65 | | | 46.98 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE, DIAGNOSTIC | A9539 | HCPCS | | | | inpatient | | | 331 | | Americare | Americare | 248.25 | 75 | | | 46.98 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE, DIAGNOSTIC | A9539 | HCPCS | | | | inpatient | | | 331 | | WellPoint | WellPoint | 106.52 | 32.18 | | | 46.98 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE, DIAGNOSTIC | A9539 | HCPCS | | | | inpatient | | | 331 | | First Trenton | First Trenton | 297.9 | 90 | | | 46.98 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE, DIAGNOSTIC | A9539 | HCPCS | | | | inpatient | | | 331 | | Aetna | Better Health | 104.43 | 31.55 | | | 46.98 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE, DIAGNOSTIC | A9539 | HCPCS | | | | inpatient | | | 331 | | Horizon | Indemnity | 126.71 | 38.28 | | | 46.98 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE, DIAGNOSTIC | A9539 | HCPCS | | | | inpatient | | | 331 | | Corrections | Corrections | 264.8 | 80 | | | 46.98 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE, DIAGNOSTIC | A9539 | HCPCS | | | | inpatient | | | 331 | | Aetna | Medicare | 101.95 | 30.8 | | | 46.98 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE, DIAGNOSTIC | A9539 | HCPCS | | | | inpatient | | | 331 | | First Health | First Health | 231.7 | 70 | | | 46.98 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE, DIAGNOSTIC | A9539 | HCPCS | | | | inpatient | | | 331 | | Horizon | PPO | 126.71 | 38.28 | | | 46.98 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE, DIAGNOSTIC | A9539 | HCPCS | | | | inpatient | | | 331 | | Consumer | Consumer | 314.45 | 95 | | | 46.98 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE, DIAGNOSTIC | A9539 | HCPCS | | | | inpatient | | | 331 | | Horizon | MGD | 126.71 | 38.28 | | | 46.98 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE, DIAGNOSTIC | A9539 | HCPCS | | | | inpatient | | | 331 | | Multiplan | Multiplan | 264.8 | 80 | | | 46.98 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE, DIAGNOSTIC | A9539 | HCPCS | | | | inpatient | | | 331 | | Managed Care Inc | Managed Care Inc | 297.9 | 90 | | | 46.98 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE, DIAGNOSTIC | A9539 | HCPCS | | | | inpatient | | | 331 | | Horizon | Medicare Blue | 99.3 | 30 | | | 46.98 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE, DIAGNOSTIC | A9539 | HCPCS | | | | inpatient | | | 331 | | UHC | Medicaid | 104.43 | 31.55 | | | 46.98 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE, DIAGNOSTIC | A9539 | HCPCS | | | | inpatient | | | 331 | | Qualcare | Qualcare | 248.25 | 75 | | | 46.98 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE, DIAGNOSTIC | A9539 | HCPCS | | | | inpatient | | | 331 | | Horizon | NJ Health | 46.98 | | | | 46.98 | | 314.45 fee schedule | |
| HC RP TC-99M DTPA PENTETATE, DIAGNOSTIC | A9539 | HCPCS | | | | inpatient | | | 331 | | Three Rivers | Three Rivers | 314.45 | 95 | | | 46.98 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE, DIAGNOSTIC | A9539 | HCPCS | | | | inpatient | | | 331 | | Wellcare | Medicaid | 104.43 | 31.55 | | | 46.98 | | 314.45 percent of total billed charges | |
| HC RP TC-99M MAA, DIAGNOSTIC | A9540 | HCPCS | | | | both | | | 454 | | Multiplan | Multiplan | 363.2 | 80 | | | 52.2 | | 431.3 percent of total billed charges | |
| HC RP TC-99M MAA, DIAGNOSTIC | A9540 | HCPCS | | | | both | | | 454 | | Amerihealth | HMO/PPO | 295.1 | 65 | | | 52.2 | | 431.3 percent of total billed charges | |
| HC RP TC-99M MAA, DIAGNOSTIC | A9540 | HCPCS | | | | both | | | 454 | | UHC | Medicaid | 143.24 | 31.55 | | | 52.2 | | 431.3 percent of total billed charges | |
| HC RP TC-99M MAA, DIAGNOSTIC | A9540 | HCPCS | | | | both | | | 454 | | Aetna | Better Health | 143.24 | 31.55 | | | 52.2 | | 431.3 percent of total billed charges | |
| HC RP TC-99M MAA, DIAGNOSTIC | A9540 | HCPCS | | | | both | | | 454 | | Americare | Americare | 340.5 | 75 | | | 52.2 | | 431.3 percent of total billed charges | |
| HC RP TC-99M MAA, DIAGNOSTIC | A9540 | HCPCS | | | | both | | | 454 | | Consumer | Consumer | 431.3 | 95 | | | 52.2 | | 431.3 percent of total billed charges | |
| HC RP TC-99M MAA, DIAGNOSTIC | A9540 | HCPCS | | | | both | | | 454 | | Wellcare | Medicaid | 143.24 | 31.55 | | 51.36 | 52.2 | | 431.3 percent of total billed charges | |
| HC RP TC-99M MAA, DIAGNOSTIC | A9540 | HCPCS | | | | both | | | 454 | | Aetna | Medicare | 139.83 | 30.8 | | 125.2 | 52.2 | | 431.3 percent of total billed charges | |
| HC RP TC-99M MAA, DIAGNOSTIC | A9540 | HCPCS | | | | both | | | 454 | | Qualcare | Qualcare | 340.5 | 75 | | | 52.2 | | 431.3 percent of total billed charges | |
| HC RP TC-99M MAA, DIAGNOSTIC | A9540 | HCPCS | | | | both | | | 454 | | Corrections | Corrections | 363.2 | 80 | | | 52.2 | | 431.3 percent of total billed charges | |
| HC RP TC-99M MAA, DIAGNOSTIC | A9540 | HCPCS | | | | both | | | 454 | | Horizon | Medicare Blue | 136.2 | 30 | | 62.58 | 52.2 | | 431.3 percent of total billed charges | |
| HC RP TC-99M MAA, DIAGNOSTIC | A9540 | HCPCS | | | | both | | | 454 | | Horizon | Indemnity | 173.79 | 38.28 | | 447 | 52.2 | | 431.3 percent of total billed charges | |
| HC RP TC-99M MAA, DIAGNOSTIC | A9540 | HCPCS | | | | both | | | 454 | | Horizon | MGD | 173.79 | 38.28 | | 217.57 | 52.2 | | 431.3 percent of total billed charges | |
| HC RP TC-99M MAA, DIAGNOSTIC | A9540 | HCPCS | | | | both | | | 454 | | First Trenton | First Trenton | 408.6 | 90 | | | 52.2 | | 431.3 percent of total billed charges | |
| HC RP TC-99M MAA, DIAGNOSTIC | A9540 | HCPCS | | | | both | | | 454 | | First Health | First Health | 317.8 | 70 | | | 52.2 | | 431.3 percent of total billed charges | |
| HC RP TC-99M MAA, DIAGNOSTIC | A9540 | HCPCS | | | | both | | | 454 | | Managed Care Inc | Managed Care Inc | 408.6 | 90 | | | 52.2 | | 431.3 percent of total billed charges | |
| HC RP TC-99M MAA, DIAGNOSTIC | A9540 | HCPCS | | | | both | | | 454 | | Horizon | NJ Health | 52.2 | | | 25.86 | 52.2 | | 431.3 fee schedule | |
| HC RP TC-99M MAA, DIAGNOSTIC | A9540 | HCPCS | | | | both | | | 454 | | WellPoint | WellPoint | 146.1 | 32.18 | | 127.86 | 52.2 | | 431.3 percent of total billed charges | |
| HC RP TC-99M MAA, DIAGNOSTIC | A9540 | HCPCS | | | | both | | | 454 | | Horizon | PPO | 173.79 | 38.28 | | | 52.2 | | 431.3 percent of total billed charges | |
| HC RP TC-99M MAA, DIAGNOSTIC | A9540 | HCPCS | | | | both | | | 454 | | Three Rivers | Three Rivers | 431.3 | 95 | | | 52.2 | | 431.3 percent of total billed charges | |
| HC RP TC-99M SULFUR COLLOID, DIAGNOSTIC | A9541 | HCPCS | | | | both | | | 201 | | Wellcare | Medicaid | 63.42 | 31.55 | | | 60.3 | | 232.29 percent of total billed charges | |
| HC RP TC-99M SULFUR COLLOID, DIAGNOSTIC | A9541 | HCPCS | | | | both | | | 201 | | First Health | First Health | 140.

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC RP TC-99M SULFUR COLLOID, DIAGNOSTIC | A9541 | HCPCS | | | | both | | | 201 | | Aetna | Medicare | 61.91 | 30.8 | | | 60.3 | | 232.29 percent of total billed charges | |
| HC RP TC-99M SULFUR COLLOID, DIAGNOSTIC | A9541 | HCPCS | | | | both | | | 201 | | Horizon | Medicare Blue | 60.3 | 30 | | 50.36 | 60.3 | | 232.29 percent of total billed charges | |
| HC RP TC-99M SULFUR COLLOID, DIAGNOSTIC | A9541 | HCPCS | | | | both | | | 201 | | Aetna | Better Health | 63.42 | 31.55 | | | 60.3 | | 232.29 percent of total billed charges | |
| HC RP TC-99M SULFUR COLLOID, DIAGNOSTIC | A9541 | HCPCS | | | | both | | | 201 | | Horizon | NJ Health | 232.29 | | | 7.21 | 60.3 | | 232.29 fee schedule | |
| HC RP TC-99M SULFUR COLLOID, DIAGNOSTIC | A9541 | HCPCS | | | | both | | | 201 | | Corrections | Corrections | 160.8 | 80 | | | 60.3 | | 232.29 percent of total billed charges | |
| HC RP TC-99M SULFUR COLLOID, DIAGNOSTIC | A9541 | HCPCS | | | | both | | | 201 | | Horizon | PPO | 76.94 | 38.28 | | 100.42 | 60.3 | | 232.29 percent of total billed charges | |
| HC RP TC-99M SULFUR COLLOID, DIAGNOSTIC | A9541 | HCPCS | | | | both | | | 201 | | Amerihealth | HMO/PPO | 130.65 | 65 | | 39.35 | 60.3 | | 232.29 percent of total billed charges | |
| HC RP TC-99M SULFUR COLLOID, DIAGNOSTIC | A9541 | HCPCS | | | | both | | | 201 | | Horizon | MGD | 76.94 | 38.28 | | 95.58 | 60.3 | | 232.29 percent of total billed charges | |
| HC RP TC-99M SULFUR COLLOID, DIAGNOSTIC | A9541 | HCPCS | | | | both | | | 201 | | Consumer | Consumer | 190.95 | 95 | | | 60.3 | | 232.29 percent of total billed charges | |
| HC RP TC-99M SULFUR COLLOID, DIAGNOSTIC | A9541 | HCPCS | | | | both | | | 201 | | WellPoint | WellPoint | 64.68 | 32.18 | | 59.61 | 60.3 | | 232.29 percent of total billed charges | |
| HC RP TC-99M SULFUR COLLOID, DIAGNOSTIC | A9541 | HCPCS | | | | both | | | 201 | | First Trenton | First Trenton | 180.9 | 90 | | | 60.3 | | 232.29 percent of total billed charges | |
| HC RP TC-99M SULFUR COLLOID, DIAGNOSTIC | A9541 | HCPCS | | | | both | | | 201 | | Multiplan | Multiplan | 160.8 | 80 | | | 60.3 | | 232.29 percent of total billed charges | |
| HC RP TC-99M SULFUR COLLOID, DIAGNOSTIC | A9541 | HCPCS | | | | both | | | 201 | | Horizon | Indemnity | 76.94 | 38.28 | | 58.86 | 60.3 | | 232.29 percent of total billed charges | |
| HC RP TC-99M SULFUR COLLOID, DIAGNOSTIC | A9541 | HCPCS | | | | both | | | 201 | | Qualcare | Qualcare | 150.75 | 75 | | | 60.3 | | 232.29 percent of total billed charges | |
| HC RP TC-99M SULFUR COLLOID, DIAGNOSTIC | A9541 | HCPCS | | | | both | | | 201 | | Managed Care Inc | Managed Care Inc | 180.9 | 90 | | | 60.3 | | 232.29 percent of total billed charges | |
| HC RP TC-99M SULFUR COLLOID, DIAGNOSTIC | A9541 | HCPCS | | | | both | | | 201 | | UHC | Medicaid | 63.42 | 31.55 | | 48.26 | 60.3 | | 232.29 percent of total billed charges | |
| HC RP TC-99M SULFUR COLLOID, DIAGNOSTIC | A9541 | HCPCS | | | | both | | | 201 | | Three Rivers | Three Rivers | 190.95 | 95 | | | 60.3 | | 232.29 percent of total billed charges | |
| HC RP IN-111 INDIUM DTPA PENTETATE, DIAGNOSTIC | A9548 | HCPCS | | | | inpatient | | | 5325 | | Aetna | Medicare | 1640.1 | 30.8 | | | 1597.5 | | 5058.75 percent of total billed charges | |
| HC RP IN-111 INDIUM DTPA PENTETATE, DIAGNOSTIC | A9548 | HCPCS | | | | inpatient | | | 5325 | | Horizon | Medicare Blue | 1597.5 | 30 | | | 1597.5 | | 5058.75 percent of total billed charges | |
| HC RP IN-111 INDIUM DTPA PENTETATE, DIAGNOSTIC | A9548 | HCPCS | | | | inpatient | | | 5325 | | First Health | First Health | 3727.5 | 70 | | | 1597.5 | | 5058.75 percent of total billed charges | |
| HC RP IN-111 INDIUM DTPA PENTETATE, DIAGNOSTIC | A9548 | HCPCS | | | | inpatient | | | 5325 | | Americare | Americare | 3993.75 | 75 | | | 1597.5 | | 5058.75 percent of total billed charges | |
| HC RP IN-111 INDIUM DTPA PENTETATE, DIAGNOSTIC | A9548 | HCPCS | | | | inpatient | | | 5325 | | UHC | Medicaid | 1680.04 | 31.55 | | | 1597.5 | | 5058.75 percent of total billed charges | |
| HC RP IN-111 INDIUM DTPA PENTETATE, DIAGNOSTIC | A9548 | HCPCS | | | | inpatient | | | 5325 | | Aetna | Better Health | 1680.04 | 31.55 | | | 1597.5 | | 5058.75 percent of total billed charges | |
| HC RP IN-111 INDIUM DTPA PENTETATE, DIAGNOSTIC | A9548 | HCPCS | | | | inpatient | | | 5325 | | Consumer | Consumer | 5058.75 | 95 | | | 1597.5 | | 5058.75 percent of total billed charges | |
| HC RP IN-111 INDIUM DTPA PENTETATE, DIAGNOSTIC | A9548 | HCPCS | | | | inpatient | | | 5325 | | Horizon | MGD | 2038.41 | 38.28 | | | 1597.5 | | 5058.75 percent of total billed charges | |
| HC RP IN-111 INDIUM DTPA PENTETATE, DIAGNOSTIC | A9548 | HCPCS | | | | inpatient | | | 5325 | | Wellcare | Medicaid | 1680.04 | 31.55 | | | 1597.5 | | 5058.75 percent of total billed charges | |
| HC RP IN-111 INDIUM DTPA PENTETATE, DIAGNOSTIC | A9548 | HCPCS | | | | inpatient | | | 5325 | | Multiplan | Multiplan | 4260 | 80 | | | 1597.5 | | 5058.75 percent of total billed charges | |
| HC RP IN-111 INDIUM DTPA PENTETATE, DIAGNOSTIC | A9548 | HCPCS | | | | inpatient | | | 5325 | | Horizon | PPO | 2038.41 | 38.28 | | | 1597.5 | | 5058.75 percent of total billed charges | |
| HC RP IN-111 INDIUM DTPA PENTETATE, DIAGNOSTIC | A9548 | HCPCS | | | | inpatient | | | 5325 | | Amerihealth | HMO/PPO | 3461.25 | 65 | | | 1597.5 | | 5058.75 percent of total billed charges | |
| HC RP IN-111 INDIUM DTPA PENTETATE, DIAGNOSTIC | A9548 | HCPCS | | | | inpatient | | | 5325 | | Corrections | Corrections | 4260 | 80 | | | 1597.5 | | 5058.75 percent of total billed charges | |
| HC RP IN-111 INDIUM DTPA PENTETATE, DIAGNOSTIC | A9548 | HCPCS | | | | inpatient | | | 5325 | | Horizon | Indemnity | 2038.41 | 38.28 | | | 1597.5 | | 5058.75 percent of total billed charges | |
| HC RP IN-111 INDIUM DTPA PENTETATE, DIAGNOSTIC | A9548 | HCPCS | | | | inpatient | | | 5325 | | Three Rivers | Three Rivers | 5058.75 | 95 | | | 1597.5 | | 5058.75 percent of total billed charges | |
| HC RP IN-111 INDIUM DTPA PENTETATE, DIAGNOSTIC | A9548 | HCPCS | | | | inpatient | | | 5325 | | Qualcare | Qualcare | 3993.75 | 75 | | | 1597.5 | | 5058.75 percent of total billed charges | |
| HC RP IN-111 INDIUM DTPA PENTETATE, DIAGNOSTIC | A9548 | HCPCS | | | | inpatient | | | 5325 | | First Trenton | First Trenton | 4792.5 | 90 | | | 1597.5 | | 5058.75 percent of total billed charges | |
| HC RP IN-111 INDIUM DTPA PENTETATE, DIAGNOSTIC | A9548 | HCPCS | | | | inpatient | | | 5325 | | Horizon | NJ Health | 1873.98 | | | | 1597.5 | | 5058.75 fee schedule | |
| HC RP IN-111 INDIUM DTPA PENTETATE, DIAGNOSTIC | A9548 | HCPCS | | | | inpatient | | | 5325 | | Managed Care Inc | Managed Care Inc | 4792.5 | 90 | | | 1597.5 | | 5058.75 percent of total billed charges | |
| HC RP IN-111 INDIUM DTPA PENTETATE, DIAGNOSTIC | A9548 | HCPCS | | | | inpatient | | | 5325 | | WellPoint | WellPoint | 1713.59 | 32.18 | | | 1597.5 | | 5058.75 percent of total billed charges | |
| HC RP GA-67 GALLIUM CITRATE, DIAGNOSTIC | A9556 | HCPCS | | | | both | | | 1565 | | Horizon | PPO | 599.08 | 38.28 | | 136.01 | 200.97 | | 1486.75 percent of total billed charges | |
| HC RP GA-67 GALLIUM CITRATE, DIAGNOSTIC | A9556 | HCPCS | | | | both | | | 1565 | | Horizon | Medicare Blue | 469.5 | 30 | | | 200.97 | | 1486.75 percent of total billed charges | |
| HC RP GA-67 GALLIUM CITRATE, DIAGNOSTIC | A9556 | HCPCS | | | | both | | | 1565 | | Aetna | Better Health | 493.76 | 31.55 | | | 200.97 | | 1486.75 percent of total billed charges | |
| HC RP GA-67 GALLIUM CITRATE, DIAGNOSTIC | A9556 | HCPCS | | | | both | | | 1565 | | First Health | First Health | 1095.5 | 70 | | | 200.97 | | 1486.75 percent of total billed charges | |
| HC RP GA-67 GALLIUM CITRATE, DIAGNOSTIC | A9556 | HCPCS | | | | both | | | 1565 | | Americare | Americare | 1173.75 | 75 | | | 200.97 | | 1486.75 percent of total billed charges | |
| HC RP GA-67 GALLIUM CITRATE, DIAGNOSTIC | A9556 | HCPCS | | | | both | | | 1565 | | Aetna | Medicare | 482.02 | 30.8 | | | 200.97 | | 1486.75 percent of total billed charges | |
| HC RP GA-67 GALLIUM CITRATE, DIAGNOSTIC | A9556 | HCPCS | | | | both | | | 1565 | | Amerihealth | HMO/PPO | 1017.25 | 65 | | | 200.97 | | 1486.75 percent of total billed charges | |
| HC RP GA-67 GALLIUM CITRATE, DIAGNOSTIC | A9556 | HCPCS | | | | both | | | 1565 | | Consumer | Consumer | 1486.75 | 95 | | | 200.97 | | 1486.75 percent of total billed charges | |
| HC RP GA-67 GALLIUM CITRATE, DIAGNOSTIC | A9556 | HCPCS | | | | both | | | 1565 | | Horizon | Indemnity | 599.08 | 38.28 | | | 200.97 | | 1486.75 percent of total billed charges | |
| HC RP GA-67 GALLIUM CITRATE, DIAGNOSTIC | A9556 | HCPCS | | | | both | | | 1565 | | Horizon | MGD | 599.08 | 38.28 | | | 200.97 | | 1486.75 percent of total billed charges | |
| HC RP GA-67 GALLIUM CITRATE, DIAGNOSTIC | A9556 | HCPCS | | | | both | | | 1565 | | Multiplan | Multiplan | 1252 | 80 | | | 200.97 | | 1486.75 percent of total billed charges | |
| HC RP GA-67 GALLIUM CITRATE, DIAGNOSTIC | A9556 | HCPCS | | | | both | | | 1565 | | Three Rivers | Three Rivers | 1486.75 | 95 | | | 200.97 | | 1486.75 percent of total billed charges | |
| HC RP GA-67 GALLIUM CITRATE, DIAGNOSTIC | A9556 | HCPCS | | | | both | | | 1565 | | Qualcare | Qualcare | 1173.75 | 75 | | | 200.97 | | 1486.75 percent of total billed charges | |
| HC RP GA-67 GALLIUM CITRATE, DIAGNOSTIC | A9556 | HCPCS | | | | both | | | 1565 | | UHC | Medicaid | 493.76 | 31.55 | | | 200.97 | | 1486.75 percent of total billed charges | |
| HC RP GA-67 GALLIUM CITRATE, DIAGNOSTIC | A9556 | HCPCS | | | | both | | | 1565 | | Wellcare | Medicaid | 493.76 | 31.55 | | 91.61 | 200.97 | | 1486.75 percent of total billed charges | |
| HC RP GA-67 GALLIUM CITRATE, DIAGNOSTIC | A9556 | HCPCS | | | | both | | | 1565 | | Corrections | Corrections | 1252 | 80 | | | 200.97 | | 1486.75 percent of total billed charges | |
| HC RP GA-67 GALLIUM CITRATE, DIAGNOSTIC | A9556 | HCPCS | | | | both | | | 1565 | | First Trenton | First Trenton | 1408.5 | 90 | | | 200.97 | | 1486.75 percent of total billed charges | |
| HC RP GA-67 GALLIUM CITRATE, DIAGNOSTIC | A9556 | HCPCS | | | | both | | | 1565 | | Horizon | NJ Health | 200.97 | | | | 200.97 | | 1486.75 fee schedule | |
| HC RP GA-67 GALLIUM CITRATE, DIAGNOSTIC | A9556 | HCPCS | | | | both | | | 1565 | | Managed Care Inc | Managed Care Inc | 1408.5 | 90 | | | 200.97 | | 1486.75 percent of total billed charges | |
| HC RP GA-67 GALLIUM CITRATE, DIAGNOSTIC | A9556 | HCPCS | | | | both | | | 1565 | | WellPoint | WellPoint | 503.62 | 32.18 | | | 200.97 | | 1486.75 percent of total billed charges | |
| HC RP TC-99M RBC IN VIVO, DIAGNOSTIC | A9560 | HCPCS | | | | both | | | 365 | | Aetna | Better Health | 115.16 | 31.55 | | | 109.5 | | 346.75 percent of total billed charges | |
| HC RP TC-99M RBC IN VIVO, DIAGNOSTIC | A9560 | HCPCS | | | | both | | | 365 | | First Trenton | First Trenton | 328.5 | 90 | | | 109.5 | | 346.75 percent of total billed charges | |
| HC RP TC-99M RBC IN VIVO, DIAGNOSTIC | A9560 | HCPCS | | | | both | | | 365 | | WellPoint | WellPoint | 117.46 | 32.18 | | | 109.5 | | 346.75 percent of total billed charges | |
| HC RP TC-99M RBC IN VIVO, DIAGNOSTIC | A9560 | HCPCS | | | | both | | | 365 | | Horizon | Indemnity | 139.72 | 38.28 | | | 109.5 | | 346.75 percent of total billed charges | |
| HC RP TC-99M RBC IN VIVO, DIAGNOSTIC | A9560 | HCPCS | | | | both | | | 365 | | Amerihealth | HMO/PPO | 237.25 | 65 | | | 109.5 | | 346.75 percent of total billed charges | |
| HC RP TC-99M RBC IN VIVO, DIAGNOSTIC | A9560 | HCPCS | | | | both | | | 365 | | Aetna | Medicare | 112.42 | 30.8 | | | 109.5 | | 346.75 percent of total billed charges | |
| HC RP TC-99M RBC IN VIVO, DIAGNOSTIC | A9560 | HCPCS | | | | both | | | 365 | | Consumer | Consumer | 346.75 | 95 | | | 109.5 | | 346.75 percent of total billed charges | |
| HC RP TC-99M RBC IN VIVO, DIAGNOSTIC | A9560 | HCPCS | | | | both | | | 365 | | Americare | Americare | 273.75 | 75 | | | 109.5 | | 346.75 percent of total billed charges | |
| HC RP TC-99M RBC IN VIVO, DIAGNOSTIC | A9560 | HCPCS | | | | both | | | 365 | | First Health | First Health | 255.5 | 70 | | | 109.5 | | 346.75 percent of total billed charges | |
| HC RP TC-99M RBC IN VIVO, DIAGNOSTIC | A9560 | HCPCS | | | | both | | | 365 | | Horizon | MGD | 139.72 | 38.28 | | | 109.5 | | 346.75 percent of total billed charges | |
| HC RP TC-99M RBC IN VIVO, DIAGNOSTIC | A9560 | HCPCS | | | | both | | | 365 | | Corrections | Corrections | 292 | 80 | | | 109.5 | | 346.75 percent of total billed charges | |
| HC RP TC-99M RBC IN VIVO, DIAGNOSTIC | A9560 | HCPCS | | | | both | | | 365 | | Managed Care Inc | Managed Care Inc | 328.5 | 90 | | | 109.5 | | 346.75 percent of total billed charges | |
| HC RP TC-99M RBC IN VIVO, DIAGNOSTIC | A9560 | HCPCS | | | | both | | | 365 | | Multiplan | Multiplan | 292 | 80 | | | 109.5 | | 346.75 percent of total billed charges | |
| HC RP TC-99M RBC IN VIVO, DIAGNOSTIC | A9560 | HCPCS | | | | both | | | 365 | | Horizon | PPO | 139.72 | 38.28 | | | 109.5 | | 346.75 percent of total billed charges | |
| HC RP TC-99M RBC IN VIVO, DIAGNOSTIC | A9560 | HCPCS | | | | both | | | 365 | | Horizon | NJ Health | 289.71 | | | | 109.5 | | 346.75 fee schedule | |
| HC RP TC-99M RBC IN VIVO, DIAGNOSTIC | A9560 | HCPCS | | | | both | | | 365 | | UHC | Medicaid | 115.16 | 31.55 | | | 109.5 | | 346.75 percent of total billed charges | |
| HC RP TC-99M RBC IN VIVO, DIAGNOSTIC | A9560 | HCPCS | | | | both | | | 365 | | Horizon | Medicare Blue | 109.5 | 30 | | | 109.5 | | 346.75 percent of total billed charges | |
| HC RP TC-99M RBC IN VIVO, DIAGNOSTIC | A9560 | HCPCS | | | | both | | | 365 | | Qualcare | Qualcare | 273.75 | 75 | | | 109.5 | | 346.75 percent of total billed charges | |
| HC RP TC-99M RBC IN VIVO, DIAGNOSTIC | A9560 | HCPCS | | | | both | | | 365 | | Three Rivers | Three Rivers | 346.75 | 95 | | | 109.5 | | 346.75 percent of total billed charges | |
| HC RP TC-99M RBC IN VIVO, DIAGNOSTIC | A9560 | HCPCS | | | | both | | | 365 | | Wellcare | Medicaid | 115.16 | 31.55 | | | 109.5 | | 346.75 percent of total billed charges | |
| HC RP TC-99M MAG3 MERTIATIDE, DIAGNOSTIC | A9562 | HCPCS | | | | both | | | 787 | | Consumer | Consumer | 747.65 | 95 | | | 236.1 | | 747.65 percent of total billed charges | |
| HC RP TC-99M MAG3 MERTIATIDE, DIAGNOSTIC | A9562 | HCPCS | | | | both | | | 787 | | Americare | Americare | 590.25 | 75 | | | 236.1 | | 747.65 percent of total billed charges | |
| HC RP TC-99M MAG3 MERTIATIDE, DIAGNOSTIC | A9562 | HCPCS | | | | both | | | 787 | | Aetna | Better Health | 248.3 | 31.55 | | | 236.1 | | 747.65 percent of total billed charges | |
| HC RP TC-99M MAG3 MERTIATIDE, DIAGNOSTIC | A9562 | HCPCS | | | | both | | | 787 | | Aetna | Medicare | 242.4 | 30.8 | | | 236.1 | | 747.65 percent of total billed charges | |
| HC RP TC-99M MAG3 MERTIATIDE, DIAGNOSTIC | A9562 | HCPCS | | | | both | | | 787 | | Horizon | NJ Health | 357.57 | | | 52.71 | 236.1 | | 747.65 fee schedule | |
| HC RP TC-99M MAG3 MERTIATIDE, DIAGNOSTIC | A9562 | HCPCS | | | | both | | | 787 | | Amerihealth | HMO/PPO | 511.55 | 65 | | | 236.1 | | 747.65 percent of total billed charges | |
| HC RP TC-99M MAG3 MERTIATIDE, DIAGNOSTIC | A9562 | HCPCS | | | | both | | | 787 | | First Health | First Health | 550.9 | 70 | | | 236.1 | | 747.65 percent of total billed charges | |
| HC RP TC-99M MAG3 MERTIATIDE, DIAGNOSTIC | A9562 | HCPCS | | | | both | | | 787 | | Corrections | Corrections | 629.6 | 80 | | | 236.1 | | 747.65 percent of total billed charges | |
| HC RP TC-99M MAG3 MERTIATIDE, DIAGNOSTIC | A9562 | HCPCS | | | | both | | | 787 | | UHC | Medicaid | 248.3 | 31.55 | | 164.3 | 236.1 | | 747.65 percent of total billed charges | |
| HC RP TC-99M MAG3 MERTIATIDE, DIAGNOSTIC | A9562 | HCPCS | | | | both | | | 787 | | Horizon | Medicare Blue | 236.1 | 30 | | | 236.1 | | 747.65 percent of total billed charges | |
| HC RP TC-99M MAG3 MERTIATIDE, DIAGNOSTIC | A9562 | HCPCS | | | | both | | | 787 | | Wellcare | Medicaid | 248.3 | 31.55 | | | 236.1 | | 747.65 percent of total billed charges | |
| HC RP TC-99M MAG3 MERTIATIDE, DIAGNOSTIC | A9562 | HCPCS | | | | both | | | 787 | | First Trenton | First Trenton | 708.3 | 90 | | | 236.1 | | 747.65 percent of total billed charges | |
| HC RP TC-99M MAG3 MERTIATIDE, DIAGNOSTIC | A9562 | HCPCS | | | | both | | | 787 | | Horizon | Indemnity | 301.26 | 38.28 | | | 236.1 | | 747.65 percent of total billed charges | |
| HC RP TC-99M MAG3 MERTIATIDE, DIAGNOSTIC | A9562 | HCPCS | | | | both | | | 787 | | Managed Care Inc | Managed Care Inc | 708.3 | 90 | | | 236.1 | | 747.65 percent of total billed charges | |
| HC RP TC-99M MAG3 MERTIATIDE, DIAGNOSTIC | A9562 | HCPCS | | | | both | | | 787 | | WellPoint | WellPoint | 253.26 | 32.18 | | 227.2 | 236.1 | | 747.65 percent of total billed charges | |
| HC RP TC-99M MAG3 MERTIATIDE, DIAGNOSTIC | A9562 | HCPCS | | | | both | | | 787 | | Horizon | MGD | 301.26 | 38.28 | | 383.38 | 236.1 | | 747.65 percent of total billed charges | |
| HC RP TC-99M MAG3 MERTIATIDE, DIAGNOSTIC | A9562 | HCPCS | | | | both | | | 787 | | Multiplan | Multiplan | 629.6 | 80 | | | 236.1 | | 747.65 percent of total billed charges | |
| HC RP TC-99M MAG3 MERTIATIDE, DIAGNOSTIC | A9562 | HCPCS | | | | both | | | 787 | | Horizon | PPO | 301.26 | 38.28 | | | 236.1 | | 747.65 percent of total billed charges | |
| HC RP TC-99M MAG3 MERTIATIDE, DIAGNOSTIC | A9562 | HCPCS | | | | both | | | 787 | | Qualcare | Qualcare | 590.25 | 75 | | | 236.1 | | 747.65 percent of total billed charges | |
| HC RP TC-99M MAG3 MERTIATIDE, DIAGNOSTIC | A9562 | HCPCS | | | | both | | | 787 | | Three Rivers | Three Rivers | 747.65 | 95 | | | 236.1 | | 747.65 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE AEROSOL, DIAGNOSTIC | A9567 | HCPCS | | | | both | | | 331 | | Aetna | Better Health | 104.43 | 31.55 | | | 57.42 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE AEROSOL, DIAGNOSTIC | A9567 | HCPCS | | | | both | | | 331 | | Corrections | Corrections | 264.8 | 80 | | | 57.42 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE AEROSOL, DIAGNOSTIC | A9567 | HCPCS | | | | both | | | 331 | | Aetna | Medicare | 101.95 | 30.8 | | | 57.42 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE AEROSOL, DIAGNOSTIC | A9567 | HCPCS | | | | both | | | 331 | | Amerihealth | HMO/PPO | 215.15 | 65 | | | 57.42 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE AEROSOL, DIAGNOSTIC | A9567 | HCPCS | | | | both | | | 331 | | First Health | First Health | 231.7 | 70 | | | 57.42 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE AEROSOL, DIAGNOSTIC | A9567 | HCPCS | | | | both | | | 331 | | Americare | Americare | 248.25 | 75 | | | 57.42 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE AEROSOL, DIAGNOSTIC | A9567 | HCPCS | | | | both | | | 331 | | Horizon | Medicare Blue | 99.3 | 30 | | 39.08 | 57.42 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE AEROSOL, DIAGNOSTIC | A9567 | HCPCS | | | | both | | | 331 | | Multiplan | Multiplan | 264.8 | 80 | | | 57.42 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE AEROSOL, DIAGNOSTIC | A9567 | HCPCS | | | | both | | | 331 | | Horizon | Indemnity | 126.71 | 38.28 | | | 57.42 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE AEROSOL, DIAGNOSTIC | A9567 | HCPCS | | | | both | | | 331 | | Horizon | MGD | 126.71 | 38.28 | | | 57.42 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE AEROSOL, DIAGNOSTIC | A9567 | HCPCS | | | | both | | | 331 | | UHC | Medicaid | 104.43 | 31.55 | | | 57.42 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE AEROSOL, DIAGNOSTIC | A9567 | HCPCS | | | | both | | | 331 | | Qualcare | Qualcare | 248.25 | 75 | | | 57.42 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE AEROSOL, DIAGNOSTIC | A9567 | HCPCS | | | | both | | | 331 | | Consumer | Consumer | 314.45 | 95 | | | 57.42 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE AEROSOL, DIAGNOSTIC | A9567 | HCPCS | | | | both | | | 331 | | Wellcare | Medicaid | 104.43 | 31.55 | | 88.9 | 57.42 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE AEROSOL, DIAGNOSTIC | A9567 | HCPCS | | | | both | | | 331 | | First Trenton | First Trenton | 297.9 | 90 | | | 57.42 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE AEROSOL, DIAGNOSTIC | A9567 | HCPCS | | | | both | | | 331 | | Horizon | NJ Health | 57.42 | | | | 57.42 | | 314.45 fee schedule | |
| HC RP TC-99M DTPA PENTETATE AEROSOL, DIAGNOSTIC | A9567 | HCPCS | | | | both | | | 331 | | Horizon | PPO | 126.71 | 38.28 | | | 57.42 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE AEROSOL, DIAGNOSTIC | A9567 | HCPCS | | | | both | | | 331 | | Managed Care Inc | Managed Care Inc | 297.9 | 90 | | | 57.42 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE AEROSOL, DIAGNOSTIC | A9567 | HCPCS | | | | both | | | 331 | | Three Rivers | Three Rivers | 314.45 | 95 | | | 57.42 | | 314.45 percent of total billed charges | |
| HC RP TC-99M DTPA PENTETATE AEROSOL, DIAGNOSTIC | A9567 | HCPCS | | | | both | | | 331 | | WellPoint | WellPoint | 106.52 | 32.18 | | 93.27 | 57.42 | | 314.45 percent of total billed charges | |
| HC RP IN-111 INDIUM WBC, DIAGNOSTIC | A9570 | HCPCS | | | | both | | | 5802 | | Consumer | Consumer | 5511.9 | 95 | | | 1740.6 | | 5511.9 percent of total billed charges | |
| HC RP IN-111 INDIUM WBC, DIAGNOSTIC | A9570 | HCPCS | | | | both | | | 5802 | | Amerihealth | HMO/PPO | 3647.78 | | | | 1740.6 | | 5511.9 fee schedule | |
| HC RP IN-111 INDIUM WBC, DIAGNOSTIC | A9570 | HCPCS | | | | both | | | 5802 | | Horizon | MGD | 2221.01 | 38.28 | | | 1740.6 | | 5511.9 percent of total billed charges | |
| HC RP IN-111 INDIUM WBC, DIAGNOSTIC | A9570 | HCPCS | | | | both | | | 5802 | | Corrections | Corrections | 4641.6 | 80 | | | 1740.6 | | 5511.9 percent of total billed charges | |
| HC RP IN-111 INDIUM WBC, DIAGNOSTIC | A9570 | HCPCS | | | | both | | | 5802 | | Aetna | Medicare | 1787.02 | 30.8 | | | 1740.6 | | 5511.9 percent of total billed charges | |
| HC RP IN-111 INDIUM WBC, DIAGNOSTIC | A9570 | HCPCS | | | | both | | | 5802 | | First Trenton | First Trenton | 5221.8 | 90 | | | 1740.6 | | 5511.9 percent of total billed charges | |
| HC RP IN-111 INDIUM WBC, DIAGNOSTIC | A9570 | HCPCS | | | | both | | | 5802 | | WellPoint | WellPoint | 1867.08 | 32.18 | | | 1740.6 | | 5511.9 percent of total billed charges | |
| HC RP IN-111 INDIUM WBC, DIAGNOSTIC | A9570 | HCPCS | | | | both | | | 5802 | | Aetna | Better Health | 1830.53 | 31.55 | | | 1740.6 | | 5511.9 percent of total billed charges | |
| HC RP IN-111 INDIUM WBC, DIAGNOSTIC | A9570 | HCPCS | | | | both | | | 5802 | | Horizon | Medicare Blue | 1740.6 | 30 | | | 1740.6 | | 5511.9 percent of total billed charges | |
| HC RP IN-111 INDIUM WBC, DIAGNOSTIC | A9570 | HCPCS | | | | both | | | 5802 | | First Health | First Health | 4061.4 | 70 | | | 1740.6 | | 5511.9 percent of total billed charges | |
| HC RP IN-111 INDIUM WBC, DIAGNOSTIC | A9570 | HCPCS | | | | both | | | 5802 | | Americare | Americare | 4351.5 | 75 | | | 1740.6 | | 5511.9 percent of total billed charges | |
| HC RP IN-111 INDIUM WBC, DIAGNOSTIC | A9570 | HCPCS | | | | both | | | 5802 | | Horizon | Indemnity | 2221.01 | 38.28 | | | 1740.6 | | 5511.9 percent of total billed charges | |
| HC RP IN-111 INDIUM WBC, DIAGNOSTIC | A9570 | HCPCS | | | | both | | | 5802 | | Wellcare | Medicaid | 1830.53 | 31.55 | | | 1740.6 | | 5511.9 percent of total billed charges | |
| HC RP IN-111 INDIUM WBC, DIAGNOSTIC | A9570 | HCPCS | | | | both | | | 5802 | | Horizon | PPO | 2221.01 | 38.28 | | | 1740.6 | | 5511.9 percent of total billed charges | |
| HC RP IN-111 INDIUM WBC, DIAGNOSTIC | A9570 | HCPCS | | | | both | | | 5802 | | Multiplan | Multiplan | 4641.6 | 80 | | | 1740.6 | | 5511.9 percent of total billed charges | |
| HC RP IN-111 INDIUM WBC, DIAGNOSTIC | A9570 | HCPCS | | | | both | | | 5802 | | Managed Care Inc | Managed Care Inc | 5221.8 | 90 | | | 1740.6 | | 5511.9 percent of total billed charges | |
| HC RP IN-111 INDIUM WBC, DIAGNOSTIC | A9570 | HCPCS | | | | both | | | 5802 | | Qualcare | Qualcare | 4351.5 | 75 | | | 1740.6 | | 5511.9 percent of total billed charges | |
| HC RP IN-111 INDIUM WBC, DIAGNOSTIC | A9570 | HCPCS | | | | both | | | 5802 | | Three Rivers | Three Rivers | 5511.9 | 95 | | | 1740.6 | | 5511.9 percent of total billed charges | |
| HC RP IN-111 INDIUM WBC, DIAGNOSTIC | A9570 | HCPCS | | | | both | | | 5802 | | UHC | Medicaid | 1830.53 | 31.55 | | | 1740.6 | | 5511.9 percent of total billed charges | |
| HC RP RA-223 RADIUM DICHLORIDE, THERAPEUTIC | A9606 | HCPCS | | | | outpatient | | | 493 | | 228.11 Americare | Americare | 369.75 | 75 | | | 126.36 | | 468.35 percent of total billed charges | |
| HC RP RA-223 RADIUM DICHLORIDE, THERAPEUTIC | A9606 | HCPCS | | | | outpatient | | | 493 | | 228.11 UHC | Medicaid | 155.54 | 31.55 | | | 126.36 | | 468.35 percent of total billed charges | |
| HC RP RA-223 RADIUM DICHLORIDE, THERAPEUTIC | A9606 | HCPCS | | | | outpatient | | | 493 | | 228.11 Horizon | MGD | 383.83 | | | | 126.36 | | 468.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RP RA-223 RADIUM DICHLORIDE, THERAPEUTIC | A9606 | HCPCS | | | | outpatient | | | 493 | | 228.11 Consumer | Consumer | 468.35 | 95 | | | 126.36 | | 468.35 percent of total billed charges | |
| HC RP RA-223 RADIUM DICHLORIDE, THERAPEUTIC | A9606 | HCPCS | | | | outpatient | | | 493 | | 228.11 Aetna | Medicare | 198.36 | | | | 126.36 | | 468.35 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RP RA-223 RADIUM DICHLORIDE, THERAPEUTIC | A9606 | HCPCS | | | | outpatient | | | 493 | | 228.11 Amerihealth | HMO/PPO | 126.36 | | | | 126.36 | | 468.35 fee schedule | |
| HC RP RA-223 RADIUM DICHLORIDE, THERAPEUTIC | A9606 | HCPCS | | | | outpatient | | | 493 | | 228.11 First Trenton | First Trenton | 443.7 | 90 | | | 126.36 | | 468.35 percent of total billed charges | |
| HC RP RA-223 RADIUM DICHLORIDE, THERAPEUTIC | A9606 | HCPCS | | | | outpatient | | | 493 | | 228.11 Aetna | Better Health | 155.54 | 31.55 | | | 126.36 | | 468.35 percent of total billed charges | |
| HC RP RA-223 RADIUM DICHLORIDE, THERAPEUTIC | A9606 | HCPCS | | | | outpatient | | | 493 | | 228.11 Three Rivers | Three Rivers | 468.35 | 95 | | | 126.36 | | 468.35 percent of total billed charges | |
| HC RP RA-223 RADIUM DICHLORIDE, THERAPEUTIC | A9606 | HCPCS | | | | outpatient | | | 493 | | 228.11 Amerihealth | Medicare | 198.36 | | | | 126.36 | | 468.35 other | Payer-specific negotiated charge calculated as a percent

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC RP RA-223 RADIUM DICHLORIDE, THERAPEUTIC | A9606 | HCPCS | | | | outpatient | | | 493 | 228.11 | Multiplan | Multiplan | 394.4 | 80 | | | 126.36 | 468.35 | percent of total billed charges | |
| HC RP RA-223 RADIUM DICHLORIDE, THERAPEUTIC | A9606 | HCPCS | | | | outpatient | | | 493 | 228.11 | First Health | First Health | 345.1 | 70 | | | 126.36 | 468.35 | percent of total billed charges | |
| HC RP RA-223 RADIUM DICHLORIDE, THERAPEUTIC | A9606 | HCPCS | | | | outpatient | | | 493 | 228.11 | Managed Care Inc | Managed Care Inc | 443.7 | 90 | | | 126.36 | 468.35 | percent of total billed charges | |
| HC RP RA-223 RADIUM DICHLORIDE, THERAPEUTIC | A9606 | HCPCS | | | | outpatient | | | 493 | 228.11 | Wellcare | Medicare | 198.36 | | | | 126.36 | 468.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RP RA-223 RADIUM DICHLORIDE, THERAPEUTIC | A9606 | HCPCS | | | | outpatient | | | 493 | 228.11 | United | Commercial\|PPO | 402.9 | | | | 126.36 | 468.35 | fee schedule | |
| HC RP RA-223 RADIUM DICHLORIDE, THERAPEUTIC | A9606 | HCPCS | | | | outpatient | | | 493 | 228.11 | Horizon | Indemnity | 383.83 | | | | 126.36 | 468.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RP RA-223 RADIUM DICHLORIDE, THERAPEUTIC | A9606 | HCPCS | | | | outpatient | | | 493 | 228.11 | UHC | Medicare | 198.36 | | | | 126.36 | 468.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RP RA-223 RADIUM DICHLORIDE, THERAPEUTIC | A9606 | HCPCS | | | | outpatient | | | 493 | 228.11 | Horizon | Medicare Blue | 198.36 | | | | 126.36 | 468.35 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RP RA-223 RADIUM DICHLORIDE, THERAPEUTIC | A9606 | HCPCS | | | | outpatient | | | 493 | 228.11 | Qualcare | Qualcare | 369.75 | 75 | | | 126.36 | 468.35 | percent of total billed charges | |
| HC RP RA-223 RADIUM DICHLORIDE, THERAPEUTIC | A9606 | HCPCS | | | | outpatient | | | 493 | 228.11 | Wellcare | Medicaid | 155.54 | 31.55 | | | 126.36 | 468.35 | percent of total billed charges | |
| HC RP RA-223 RADIUM DICHLORIDE, THERAPEUTIC | A9606 | HCPCS | | | | outpatient | | | 493 | 228.11 | WellPoint | WellPoint | 158.65 | 32.18 | | | 126.36 | 468.35 | percent of total billed charges | |
| HC RP RA-223 RADIUM DICHLORIDE, THERAPEUTIC | A9606 | HCPCS | | | | outpatient | | | 493 | 228.11 | United | Oxford | 402.9 | | | | 126.36 | 468.35 | fee schedule | |
| HC RTX BRACHYTHERAPY NEEDLE | C1715 | HCPCS | | | | both | | | 798 | | Americare | Americare | 598.5 | 75 | | | 239.4 | 758.1 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY NEEDLE | C1715 | HCPCS | | | | both | | | 798 | | UHC | Medicaid | 251.77 | 31.55 | | | 239.4 | 758.1 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY NEEDLE | C1715 | HCPCS | | | | both | | | 798 | | First Trenton | First Trenton | 718.2 | 90 | | | 239.4 | 758.1 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY NEEDLE | C1715 | HCPCS | | | | both | | | 798 | | Aetna | Better Health | 251.77 | 31.55 | | | 239.4 | 758.1 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY NEEDLE | C1715 | HCPCS | | | | both | | | 798 | | Aetna | Medicare | 245.78 | 30.8 | | | 239.4 | 758.1 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY NEEDLE | C1715 | HCPCS | | | | both | | | 798 | | First Health | First Health | 558.6 | 70 | | | 239.4 | 758.1 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY NEEDLE | C1715 | HCPCS | | | | both | | | 798 | | Amerihealth | HMO\|PPO | 518.7 | 65 | | | 239.4 | 758.1 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY NEEDLE | C1715 | HCPCS | | | | both | | | 798 | | WellPoint | WellPoint | 256.8 | 32.18 | | | 239.4 | 758.1 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY NEEDLE | C1715 | HCPCS | | | | both | | | 798 | | Consumer | Consumer | 758.1 | 95 | | | 239.4 | 758.1 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY NEEDLE | C1715 | HCPCS | | | | both | | | 798 | | Horizon | MGD | 305.47 | 38.28 | | | 239.4 | 758.1 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY NEEDLE | C1715 | HCPCS | | | | both | | | 798 | | Managed Care Inc | Managed Care Inc | 718.2 | 90 | | | 239.4 | 758.1 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY NEEDLE | C1715 | HCPCS | | | | both | | | 798 | | Horizon | PPO | 305.47 | 38.28 | | | 239.4 | 758.1 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY NEEDLE | C1715 | HCPCS | | | | both | | | 798 | | Multiplan | Multiplan | 638.4 | 80 | | | 239.4 | 758.1 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY NEEDLE | C1715 | HCPCS | | | | both | | | 798 | | Three Rivers | Three Rivers | 758.1 | 95 | | | 239.4 | 758.1 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY NEEDLE | C1715 | HCPCS | | | | both | | | 798 | | Corrections | Corrections | 638.4 | 80 | | | 239.4 | 758.1 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY NEEDLE | C1715 | HCPCS | | | | both | | | 798 | | Horizon | NJ Health | 319.2 | 40 | | | 239.4 | 758.1 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY NEEDLE | C1715 | HCPCS | | | | both | | | 798 | | Horizon | Indemnity | 305.47 | 38.28 | | | 239.4 | 758.1 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY NEEDLE | C1715 | HCPCS | | | | both | | | 798 | | Wellcare | Medicaid | 251.77 | 31.55 | | | 239.4 | 758.1 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY NEEDLE | C1715 | HCPCS | | | | both | | | 798 | | Horizon | Medicare Blue | 239.4 | 30 | | | 239.4 | 758.1 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY NEEDLE | C1715 | HCPCS | | | | both | | | 798 | | Qualcare | Qualcare | 319.2 | 40 | | | 239.4 | 758.1 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY SOURCE, NONSTRANDED,HDR IR-192, PER SOURCE | C1717 | HCPCS | | | | both | | | 2599 | 478.96 | Aetna | Better Health | 807.36 | 31.55 | | | 416.49 | 2431.05 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY SOURCE, NONSTRANDED,HDR IR-192, PER SOURCE | C1717 | HCPCS | | | | both | | | 2599 | 478.96 | First Trenton | First Trenton | 2303.1 | 90 | | | 416.49 | 2431.05 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY SOURCE, NONSTRANDED,HDR IR-192, PER SOURCE | C1717 | HCPCS | | | | both | | | 2599 | 478.96 | Horizon | Indemnity | 805.91 | | | 16.73 | 416.49 | 2431.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX BRACHYTHERAPY SOURCE, NONSTRANDED,HDR IR-192, PER SOURCE | C1717 | HCPCS | | | | both | | | 2599 | 478.96 | Aetna | Medicare | 416.49 | | | | 416.49 | 2431.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX BRACHYTHERAPY SOURCE, NONSTRANDED,HDR IR-192, PER SOURCE | C1717 | HCPCS | | | | both | | | 2599 | 478.96 | Amerihealth | Medicare | 416.49 | | | | 416.49 | 2431.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX BRACHYTHERAPY SOURCE, NONSTRANDED,HDR IR-192, PER SOURCE | C1717 | HCPCS | | | | both | | | 2599 | 478.96 | Corrections | Corrections | 2047.2 | 80 | | | 416.49 | 2431.05 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY SOURCE, NONSTRANDED,HDR IR-192, PER SOURCE | C1717 | HCPCS | | | | both | | | 2599 | 478.96 | Horizon | MGD | 805.91 | | | | 416.49 | 2431.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX BRACHYTHERAPY SOURCE, NONSTRANDED,HDR IR-192, PER SOURCE | C1717 | HCPCS | | | | both | | | 2599 | 478.96 | Amerihealth | HMO\|PPO | 1663.35 | 65 | | | 416.49 | 2431.05 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY SOURCE, NONSTRANDED,HDR IR-192, PER SOURCE | C1717 | HCPCS | | | | both | | | 2599 | 478.96 | Americare | Americare | 1919.25 | 75 | | | 416.49 | 2431.05 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY SOURCE, NONSTRANDED,HDR IR-192, PER SOURCE | C1717 | HCPCS | | | | both | | | 2599 | 478.96 | Managed Care Inc | Managed Care Inc | 2303.1 | 90 | | | 416.49 | 2431.05 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY SOURCE, NONSTRANDED,HDR IR-192, PER SOURCE | C1717 | HCPCS | | | | both | | | 2599 | 478.96 | Horizon | Medicare Blue | 416.49 | | | | 416.49 | 2431.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX BRACHYTHERAPY SOURCE, NONSTRANDED,HDR IR-192, PER SOURCE | C1717 | HCPCS | | | | both | | | 2599 | 478.96 | Consumer | Consumer | 2431.05 | 95 | | | 416.49 | 2431.05 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY SOURCE, NONSTRANDED,HDR IR-192, PER SOURCE | C1717 | HCPCS | | | | both | | | 2599 | 478.96 | Wellcare | Medicaid | 807.36 | 31.55 | | | 416.49 | 2431.05 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY SOURCE, NONSTRANDED,HDR IR-192, PER SOURCE | C1717 | HCPCS | | | | both | | | 2599 | 478.96 | Horizon | PPO | 805.91 | | | | 416.49 | 2431.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX BRACHYTHERAPY SOURCE, NONSTRANDED,HDR IR-192, PER SOURCE | C1717 | HCPCS | | | | both | | | 2599 | 478.96 | Wellcare | Medicare | 416.49 | | | | 416.49 | 2431.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX BRACHYTHERAPY SOURCE, NONSTRANDED,HDR IR-192, PER SOURCE | C1717 | HCPCS | | | | both | | | 2599 | 478.96 | Multiplan | Multiplan | 2047.2 | 80 | | | 416.49 | 2431.05 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY SOURCE, NONSTRANDED,HDR IR-192, PER SOURCE | C1717 | HCPCS | | | | both | | | 2599 | 478.96 | Three Rivers | Three Rivers | 2431.05 | 95 | | | 416.49 | 2431.05 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY SOURCE, NONSTRANDED,HDR IR-192, PER SOURCE | C1717 | HCPCS | | | | both | | | 2599 | 478.96 | First Health | First Health | 1791.3 | 70 | | | 416.49 | 2431.05 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY SOURCE, NONSTRANDED,HDR IR-192, PER SOURCE | C1717 | HCPCS | | | | both | | | 2599 | 478.96 | UHC | Medicaid | 807.36 | 31.55 | | | 416.49 | 2431.05 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY SOURCE, NONSTRANDED,HDR IR-192, PER SOURCE | C1717 | HCPCS | | | | both | | | 2599 | 478.96 | Qualcare | Qualcare | 1023.6 | 40 | | | 416.49 | 2431.05 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY SOURCE, NONSTRANDED,HDR IR-192, PER SOURCE | C1717 | HCPCS | | | | both | | | 2599 | 478.96 | UHC | Medicare | 416.49 | | | 478.72 | 416.49 | 2431.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX BRACHYTHERAPY SOURCE, NONSTRANDED,HDR IR-192, PER SOURCE | C1717 | HCPCS | | | | both | | | 2599 | 478.96 | Horizon | NJ Health | 1023.6 | 40 | | | 416.49 | 2431.05 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY SOURCE, NONSTRANDED,HDR IR-192, PER SOURCE | C1717 | HCPCS | | | | both | | | 2599 | 478.96 | WellPoint | WellPoint | 823.49 | 32.18 | | | 416.49 | 2431.05 | percent of total billed charges | |
| AMB SUP CATHETER URODYNAMIC | C1726 | HCPCS | | | | both | | | 245.5 | | Corrections | Corrections | 196.4 | 80 | | 237.27 | 73.65 | 233.23 | percent of total billed charges | |
| AMB SUP CATHETER URODYNAMIC | C1726 | HCPCS | | | | both | | | 245.5 | | Amerihealth | HMO\|PPO | 159.58 | 65 | | | 73.65 | 233.23 | percent of total billed charges | |
| AMB SUP CATHETER URODYNAMIC | C1726 | HCPCS | | | | both | | | 245.5 | | Americare | Americare | 184.13 | 75 | | | 73.65 | 233.23 | percent of total billed charges | |
| AMB SUP CATHETER URODYNAMIC | C1726 | HCPCS | | | | both | | | 245.5 | | Horizon | PPO | 93.98 | 38.28 | | 406.38 | 73.65 | 233.23 | percent of total billed charges | |
| AMB SUP CATHETER URODYNAMIC | C1726 | HCPCS | | | | both | | | 245.5 | | Aetna | Medicare | 75.61 | 30.8 | | | 73.65 | 233.23 | percent of total billed charges | |
| AMB SUP CATHETER URODYNAMIC | C1726 | HCPCS | | | | both | | | 245.5 | | Consumer | Consumer | 233.23 | 95 | | | 73.65 | 233.23 | percent of total billed charges | |
| AMB SUP CATHETER URODYNAMIC | C1726 | HCPCS | | | | both | | | 245.5 | | UHC | Medicaid | 77.46 | 31.55 | | 241.96 | 73.65 | 233.23 | percent of total billed charges | |
| AMB SUP CATHETER URODYNAMIC | C1726 | HCPCS | | | | both | | | 245.5 | | Aetna | Better Health | 77.46 | 31.55 | | 488.11 | 73.65 | 233.23 | percent of total billed charges | |
| AMB SUP CATHETER URODYNAMIC | C1726 | HCPCS | | | | both | | | 245.5 | | Horizon | Medicare Blue | 73.65 | 30 | | 313.57 | 73.65 | 233.23 | percent of total billed charges | |
| AMB SUP CATHETER URODYNAMIC | C1726 | HCPCS | | | | both | | | 245.5 | | Multiplan | Multiplan | 196.4 | 80 | | | 73.65 | 233.23 | percent of total billed charges | |
| AMB SUP CATHETER URODYNAMIC | C1726 | HCPCS | | | | both | | | 245.5 | | First Trenton | First Trenton | 220.95 | 90 | | | 73.65 | 233.23 | percent of total billed charges | |
| AMB SUP CATHETER URODYNAMIC | C1726 | HCPCS | | | | both | | | 245.5 | | Horizon | MGD | 93.98 | 38.28 | | | 73.65 | 233.23 | percent of total billed charges | |
| AMB SUP CATHETER URODYNAMIC | C1726 | HCPCS | | | | both | | | 245.5 | | WellPoint | WellPoint | 79 | 32.18 | | 229.68 | 73.65 | 233.23 | percent of total billed charges | |
| AMB SUP CATHETER URODYNAMIC | C1726 | HCPCS | | | | both | | | 245.5 | | First Health | First Health | 171.85 | 70 | | | 73.65 | 233.23 | percent of total billed charges | |
| AMB SUP CATHETER URODYNAMIC | C1726 | HCPCS | | | | both | | | 245.5 | | Managed Care Inc | Managed Care Inc | 220.95 | 90 | | | 73.65 | 233.23 | percent of total billed charges | |
| AMB SUP CATHETER URODYNAMIC | C1726 | HCPCS | | | | both | | | 245.5 | | Qualcare | Qualcare | 98.2 | 40 | | | 73.65 | 233.23 | percent of total billed charges | |
| AMB SUP CATHETER URODYNAMIC | C1726 | HCPCS | | | | both | | | 245.5 | | Three Rivers | Three Rivers | 233.23 | 95 | | | 73.65 | 233.23 | percent of total billed charges | |
| AMB SUP CATHETER URODYNAMIC | C1726 | HCPCS | | | | both | | | 245.5 | | Horizon | Indemnity | 93.98 | 38.28 | | | 73.65 | 233.23 | percent of total billed charges | |
| AMB SUP CATHETER URODYNAMIC | C1726 | HCPCS | | | | both | | | 245.5 | | Wellcare | Medicaid | 77.46 | 31.55 | | 237.71 | 73.65 | 233.23 | percent of total billed charges | |
| AMB SUP CATHETER URODYNAMIC | C1726 | HCPCS | | | | both | | | 245.5 | | Horizon | NJ Health | 98.2 | 40 | | 158.43 | 73.65 | 233.23 | percent of total billed charges | |
| HC RTX CATHETER, BRACHYTHERAPY SEED ADMIN | C1728 | HCPCS | | | | outpatient | | | 3455 | | Consumer | Consumer | 3282.25 | 95 | | | 1036.5 | 3282.25 | percent of total billed charges | |
| HC RTX CATHETER, BRACHYTHERAPY SEED ADMIN | C1728 | HCPCS | | | | outpatient | | | 3455 | | Aetna | Medicare | 1064.14 | 30.8 | | | 1036.5 | 3282.25 | percent of total billed charges | |
| HC RTX CATHETER, BRACHYTHERAPY SEED ADMIN | C1728 | HCPCS | | | | outpatient | | | 3455 | | First Trenton | First Trenton | 3109.5 | 90 | | | 1036.5 | 3282.25 | percent of total billed charges | |
| HC RTX CATHETER, BRACHYTHERAPY SEED ADMIN | C1728 | HCPCS | | | | outpatient | | | 3455 | | Horizon | MGD | 1322.57 | 38.28 | | | 1036.5 | 3282.25 | percent of total billed charges | |
| HC RTX CATHETER, BRACHYTHERAPY SEED ADMIN | C1728 | HCPCS | | | | outpatient | | | 3455 | | Aetna | Better Health | 1090.05 | 31.55 | | | 1036.5 | 3282.25 | percent of total billed charges | |
| HC RTX CATHETER, BRACHYTHERAPY SEED ADMIN | C1728 | HCPCS | | | | outpatient | | | 3455 | | First Health | First Health | 2418.5 | 70 | | | 1036.5 | 3282.25 | percent of total billed charges | |
| HC RTX CATHETER, BRACHYTHERAPY SEED ADMIN | C1728 | HCPCS | | | | outpatient | | | 3455 | | Amerihealth | HMO\|PPO | 2245.75 | 65 | | | 1036.5 | 3282.25 | percent of total billed charges | |
| HC RTX CATHETER, BRACHYTHERAPY SEED ADMIN | C1728 | HCPCS | | | | outpatient | | | 3455 | | Horizon | PPO | 1322.57 | 38.28 | | | 1036.5 | 3282.25 | percent of total billed charges | |
| HC RTX CATHETER, BRACHYTHERAPY SEED ADMIN | C1728 | HCPCS | | | | outpatient | | | 3455 | | Corrections | Corrections | 2764 | 80 | | | 1036.5 | 3282.25 | percent of total billed charges | |
| HC RTX CATHETER, BRACHYTHERAPY SEED ADMIN | C1728 | HCPCS | | | | outpatient | | | 3455 | | Horizon | Medicare Blue | 1036.5 | 30 | | | 1036.5 | 3282.25 | percent of total billed charges | |
| HC RTX CATHETER, BRACHYTHERAPY SEED ADMIN | C1728 | HCPCS | | | | outpatient | | | 3455 | | Managed Care Inc | Managed Care Inc | 3109.5 | 90 | | | 1036.5 | 3282.25 | percent of total billed charges | |
| HC RTX CATHETER, BRACHYTHERAPY SEED ADMIN | C1728 | HCPCS | | | | outpatient | | | 3455 | | UHC | Medicaid | 1090.05 | 31.55 | | | 1036.5 | 3282.25 | percent of total billed charges | |
| HC RTX CATHETER, BRACHYTHERAPY SEED ADMIN | C1728 | HCPCS | | | | outpatient | | | 3455 | | Americare | Americare | 2591.25 | 75 | | | 1036.5 | 3282.25 | percent of total billed charges | |
| HC RTX CATHETER, BRACHYTHERAPY SEED ADMIN | C1728 | HCPCS | | | | outpatient | | | 3455 | | Wellcare | Medicaid | 1090.05 | 31.55 | | | 1036.5 | 3282.25 | percent of total billed charges | |
| HC RTX CATHETER, BRACHYTHERAPY SEED ADMIN | C1728 | HCPCS | | | | outpatient | | | 3455 | | Horizon | Indemnity | 1322.57 | 38.28 | | | 1036.5 | 3282.25 | percent of total billed charges | |
| HC RTX CATHETER, BRACHYTHERAPY SEED ADMIN | C1728 | HCPCS | | | | outpatient | | | 3455 | | WellPoint | WellPoint | 1111.82 | 32.18 | | | 1036.5 | 3282.25 | percent of total billed charges | |
| HC RTX CATHETER, BRACHYTHERAPY SEED ADMIN | C1728 | HCPCS | | | | outpatient | | | 3455 | | Three Rivers | Three Rivers | 3282.25 | 95 | | | 1036.5 | 3282.25 | percent of total billed charges | |
| HC RTX CATHETER, BRACHYTHERAPY SEED ADMIN | C1728 | HCPCS | | | | outpatient | | | 3455 | | Multiplan | Multiplan | 2764 | 80 | | | 1036.5 | 3282.25 | percent of total billed charges | |
| HC RTX CATHETER, BRACHYTHERAPY SEED ADMIN | C1728 | HCPCS | | | | outpatient | | | 3455 | | Qualcare | Qualcare | 2591.25 | 75 | | | 1036.5 | 3282.25 | percent of total billed charges | |
| AMB SUP CATHETER CECOSTOMY | C1729 | HCPCS | | | | both | | | 505.47 | | Aetna | Better Health | 159.48 | 31.55 | | 13.47 | 151.64 | 480.2 | percent of total billed charges | |
| AMB SUP CATHETER CECOSTOMY | C1729 | HCPCS | | | | both | | | 505.47 | | Aetna | Medicare | 155.68 | 30.8 | | 26.86 | 151.64 | 480.2 | percent of total billed charges | |
| AMB SUP CATHETER CECOSTOMY | C1729 | HCPCS | | | | both | | | 505.47 | | Horizon | Medicare Blue | 151.64 | 30 | | 37.01 | 151.64 | 480.2 | percent of total billed charges | |
| AMB SUP CATHETER CECOSTOMY | C1729 | HCPCS | | | | both | | | 505.47 | | WellPoint | WellPoint | 162.66 | 32.18 | | 37.89 | 151.64 | 480.2 | percent of total billed charges | |
| AMB SUP CATHETER CECOSTOMY | C1729 | HCPCS | | | | both | | | 505.47 | | Consumer | Consumer | 480.2 | 95 | | | 151.64 | 480.2 | percent of total billed charges | |
| AMB SUP CATHETER CECOSTOMY | C1729 | HCPCS | | | | both | | | 505.47 | | Amerihealth | HMO\|PPO | 328.56 | 65 | | | 151.64 | 480.2 | percent of total billed charges | |
| AMB SUP CATHETER CECOSTOMY | C1729 | HCPCS | | | | both | | | 505.47 | | UHC | Medicaid | 159.48 | 31.55 | | 24.44 | 151.64 | 480.2 | percent of total billed charges | |
| AMB SUP CATHETER CECOSTOMY | C1729 | HCPCS | | | | both | | | 505.47 | | Americare | Americare | 379.1 | 75 | | | 151.64 | 480.2 | percent of total billed charges | |
| AMB SUP CATHETER CECOSTOMY | C1729 | HCPCS | | | | both | | | 505.47 | | Corrections | Corrections | 404.38 | 80 | | 49.76 | 151.64 | 480.2 | percent of total billed charges | |
| AMB SUP CATHETER CECOSTOMY | C1729 | HCPCS | | | | both | | | 505.47 | | Horizon | Indemnity | 193.49 | 38.28 | | 38.57 | 151.64 | 480.2 | percent of total billed charges | |
| AMB SUP CATHETER CECOSTOMY | C1729 | HCPCS | | | | both | | | 505.47 | | Horizon | MGD | 193.49 | 38.28 | | 119.05 | 151.64 | 480.2 | percent of total billed charges | |
| AMB SUP CATHETER CECOSTOMY | C1729 | HCPCS | | | | both | | | 505.47 | | Horizon | NJ Health | 202.19 | 40 | | 34.8 | 151.64 | 480.2 | percent of total billed charges | |
| AMB SUP CATHETER CECOSTOMY | C1729 | HCPCS | | | | both | | | 505.47 | | First Trenton | First Trenton | 454.92 | 90 | | | 151.64 | 480.2 | percent of total billed charges | |
| AMB SUP CATHETER CECOSTOMY | C1729 | HCPCS | | | | both | | | 505.47 | | Multiplan | Multiplan | 404.38 | 80 | | | 151.64 | 480.2 | percent of total billed charges | |
| AMB SUP CATHETER CECOSTOMY | C1729 | HCPCS | | | | both | | | 505.47 | | First Health | First Health | 353.83 | 70 | | | 151.64 | 480.2 | percent of total billed charges | |
| AMB SUP CATHETER CECOSTOMY | C1729 | HCPCS | | | | both | | | 505.47 | | Horizon | PPO | 193.49 | 38.28 | | 56.57 | 151.64 | 480.2 | percent of total billed charges | |
| AMB SUP CATHETER CECOSTOMY | C1729 | HCPCS | | | | both | | | 505.47 | | Managed Care Inc | Managed Care Inc | 454.92 | 90 | | | 151.64 | 480.2 | percent of total billed charges | |
| AMB SUP CATHETER CECOSTOMY | C1729 | HCPCS | | | | both | | | 505.47 | | Qualcare | Qualcare | 202.19 | 40 | | | 151.64 | 480.2 | percent of total billed charges | |
| AMB SUP CATHETER CECOSTOMY | C1729 | HCPCS | | | | both | | | 505.47 | | Three Rivers | Three Rivers | 480.2 | 95 | | | 151.64 | 480.2 | percent of total billed charges | |
| AMB SUP CATHETER CECOSTOMY | C1729 | HCPCS | | | | both | | | 505.47 | | Wellcare | Medicaid | 159.48 | 31.55 | | 24.66 | 151.64 | 480.2 | percent of total billed charges | |
| AMB SUP BIOPSY MAX CORE | C1819 | HCPCS | | | | outpatient | | | 267.96 | | Aetna | Medicare | 82.53 | 30.8 | | | 80.39 | 254.56 | percent of total billed charges | |
| AMB SUP BIOPSY MAX CORE | C1819 | HCPCS | | | | outpatient | | | 267.96 | | Wellcare | Medicaid | 84.54 | 31.55 | | | 80.39 | 254.56 | percent of total billed charges | |
| AMB SUP BIOPSY MAX CORE | C1819 | HCPCS | | | | outpatient | | | 267.96 | | Aetna | Better Health | 84.54 | 31.55 | | | 80.39 | 254.56 | percent of total billed charges | |
| AMB SUP BIOPSY MAX CORE | C1819 | HCPCS | | | | outpatient | | | 267.96 | | Americare | Americare | 200.97 | 75 | | | 80.39 | 254.56 | percent of total billed charges | |
| AMB SUP BIOPSY MAX CORE | C1819 | HCPCS | | | | outpatient | | | 267.96 | | WellPoint | WellPoint | 86.23 | 32.18 | | | 80.39 | 254.56 | percent of total billed charges | |
| AMB SUP BIOPSY MAX CORE | C1819 | HCPCS | | | | outpatient | | | 267.96 | | Amerihealth | HMO\|PPO | 174.17 | 65 | | | 80.39 | 254.56 | percent of total billed charges | |
| AMB SUP BIOPSY MAX CORE | C1819 | HCPCS | | | | outpatient | | | 267.96 | | First Health | First Health | 187.57 | 70 | | | 80.39 | 254.56 | percent of total billed charges | |
| AMB SUP BIOPSY MAX CORE | C1819 | HCPCS | | | | outpatient | | | 267.96 | | Corrections | Corrections | 214.37 | 80 | | | 80.39 | 254.56 | percent of total billed charges | |
| AMB SUP BIOPSY MAX CORE | C1819 | HCPCS | | | | outpatient | | | 267.96 | | Horizon | MGD | 102.58 | 38.28 | | | 80.39 | 254.56 | percent of total billed charges | |
| AMB SUP BIOPSY MAX CORE | C1819 | HCPCS | | | | outpatient | | | 267.96 | | Multiplan | Multiplan | 214.37 | 80 | | | 80.39 | 254.56 | percent of total billed charges | |
| AMB SUP BIOPSY MAX CORE | C1819 | HCPCS | | | | outpatient | | | 267.96 | | Horizon | Indemnity | 102.58 | 38.28 | | | 80.39 | 254.56 | percent of total billed charges | |
| AMB SUP BIOPSY MAX CORE | C1819 | HCPCS | | | | outpatient | | | 267.96 | | Consumer | Consumer | 254.56 | 95 | | | 80.39 | 254.56 | percent of total billed charges | |
| AMB SUP BIOPSY MAX CORE | C1819 | HCPCS | | | | outpatient | | | 267.96 | | UHC | Medicaid | 84.54 | 31.55 | | | 80.39 | 254.56 | percent of total billed charges | |
| AMB SUP BIOPSY MAX CORE | C1819 | HCPCS | | | | outpatient | | | 267.96 | | Qualcare | Qualcare | 200.97 | 75 | | | 80.39 | 254.56 | percent of total billed charges | |
| AMB SUP BIOPSY MAX CORE | C1819 | HCPCS | | | | outpatient | | | 267.96 | | Horizon | Medicare Blue | 80.39 | 30 | | | 80.39 | 254.56 | percent of total billed charges | |
| AMB SUP BIOPSY MAX CORE | C1819 | HCPCS | | | | outpatient | | | 267.96 | | First Trenton | First Trenton | 241.16 | 90 | | | 80.39 | 254.56 | percent of total billed charges | |
| AMB SUP BIOPSY MAX CORE | C1819 | HCPCS | | | | outpatient | | | 267.96 | | Horizon | PPO | 102.58 | 38.28 | | | 80.39 | 254.56 | percent of total billed charges | |
| AMB SUP BIOPSY MAX CORE | C1819 | HCPCS | | | | outpatient | | | 267.96 | | Managed Care Inc | Managed Care Inc | 241.16 | 90 | | | 80.39 | 254.56 | percent of total billed charges | |
| AMB SUP BIOPSY MAX CORE | C1819 | HCPCS | | | | outpatient | | | 267.96 | | Three Rivers | Three Rivers | 254.56 | 95 | | | 80.39 | 254.56 | percent of total billed charges | |
| AMB SUP STENT LACRIMAL | C1876 | HCPCS | | | | both | | | 630 | | First Health | First Health | 441 | 70 | | | 189 | 598.5 | percent of total billed charges | |
| AMB SUP STENT LACRIMAL | C1876 | HCPCS | | | | both | | | 630 | | Aetna | Medicare | 194.04 | 30.8 | | | 189 | 598.5 | percent of total billed charges | |
| AMB SUP STENT LACRIMAL | C1876 | HCPCS | | | | both | | | 630 | | Horizon | NJ Health | 252 | 40 | | 321.88 | 189 | 598.5 | percent of total billed charges | |
| AMB SUP STENT LACRIMAL | C1876 | HCPCS | | | | both | | | 630 | | Americare | Americare | 472.5 | 75 | | | 189 | 598.5 | percent of total billed charges | |
| AMB SUP STENT LACRIMAL | C1876 | HCPCS | | | | both | | | 630 | | WellPoint | WellPoint | 202.73 | 32.18 | | 651.65 | 189 | 598.5 | percent of total billed charges | |
| AMB SUP STENT LACRIMAL | C1876 | HCPCS | | | | both | | | 630 | | Aetna | Better Health | 198.77 | 31.55 | | 1550.99 | 189 | 598.5 | percent of total billed charges | |
| AMB SUP STENT LACRIMAL | C1876 | HCPCS | | | | both | | | 630 | | Horizon | Indemnity | 241.16 | 38.28 | | | 189 | 598.5 | percent of total billed charges | |
| AMB SUP STENT LACRIMAL | C1876 | HCPCS | | | | both | | | 630 | | Horizon | Medicare Blue | 189 | 30 | | 838.53 | 189 | 598.5 | percent of total billed charges | |
| AMB SUP STENT LACRIMAL | C1876 | HCPCS | | | | both | | | 630 | | UHC | Medicaid | 198.77 | 31.55 | | 1437.76 | 189 | 598.5 | percent of total billed charges | |
| AMB SUP STENT LACRIMAL | C1876 | HCPCS | | | | both | | | 630 | | Amerihealth | HMO\|PPO | 409.5 | 65 | | | 189 | 598.5 | percent of total billed charges | |
| AMB SUP STENT LACRIMAL | C1876 | HCPCS | | | | both | | | 630 | | Wellcare | Medicaid | 198.77 | 31.55 | | | 189 | 598.5 | percent of total billed charges | |
| AMB SUP STENT LACRIMAL | C1876 | HCPCS | | | | both | | | 630 | | First Trenton | First Trenton | 567 | 90 | | | 189 | 598.5 | percent of total billed charges | |
| AMB SUP STENT LACRIMAL | C1876 | HCPCS | | | | both | | | 630 | | Consumer | Consumer | 598.5 | 95 | | | 189 | 598.5 | percent of total billed charges | |
| AMB SUP STENT LACRIMAL | C1876 | HCPCS | | | | both | | | 630 | | Horizon | PPO | 241.16 | 38.28 | | 2179.4 | 189 | 598.5 | percent of total billed charges | |
| AMB SUP STENT LACRIMAL | C1876 | HCPCS | | | | both | | | 630 | | Multiplan | Multiplan | 504 | 80 | | | 189 | 598.5 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
| AMB SUP STENT LACRIMAL | C1876 | HCPCS | | | | both | | | 630 | | Managed Care Inc | Managed Care Inc | 567 | 90 | | | 189 | 598.5 | percent of total billed charges | |
| AMB SUP STENT LACRIMAL | C1876 | HCPCS | | | | both | | | 630 | | Corrections | Corrections | 504 | 80 | | | 189 | 598.5 | percent of total billed charges | |
| AMB SUP STENT LACRIMAL | C1876 | HCPCS | | | | both | | | 630 | | Three Rivers | Three Rivers | 598.5 | 95 | | | 189 | 598.5 | percent of total billed charges | |
| AMB SUP STENT LACRIMAL | C1876 | HCPCS | | | | both | | | 630 | | Qualcare | Qualcare | 252 | 40 | | | 189 | 598.5 | percent of total billed charges | |
| AMB SUP STENT LACRIMAL | C1876 | HCPCS | | | | both | | | 630 | | Horizon | MGD | 241.16 | 38.28 | | | 189 | 598.5 | percent of total billed charges | |
| AMB SUP CATHETER INTRAUTERINE | C1887 | HCPCS | | | | both | | | 148.2 | | Corrections | Corrections | 118.56 | 80 | | 17.51 | 44.46 | 140.79 | percent of total billed charges | |
| AMB SUP CATHETER INTRAUTERINE | C1887 | HCPCS | | | | both | | | 148.2 | | Consumer | Consumer | 140.79 | 95 | | | 44.46 | 140.79 | percent of total billed charges | |
| AMB SUP CATHETER INTRAUTERINE | C1887 | HCPCS | | | | both | | | 148.2 | | Aetna | Better Health | 46.76 | 31.55 | | 33.87 | 44.46 | 140.79 | percent of total billed charges | |
| AMB SUP CATHETER INTRAUTERINE | C1887 | HCPCS | | | | both | | | 148.2 | | Managed Care Inc | Managed Care Inc | 133.38 | 90 | | | 44.46 | 140.79 | percent of total billed charges | |
| AMB SUP CATHETER INTRAUTERINE | C1887 | HCPCS | | | | both | | | 148.2 | | Horizon | NJ Health | 59.28 | 40 | | 122.19 | 44.46 | 140.79 | percent of total billed charges | |
| AMB SUP CATHETER INTRAUTERINE | C1887 | HCPCS | | | | both | | | 148.2 | | Americare | Americare | 111.15 | 75 | | | 44.46 | 140.79 | percent of total billed charges | |
| AMB SUP CATHETER INTRAUTERINE | C1887 | HCPCS | | | | both | | | 148.2 | | Aetna | Medicare | 45.65 | 30.8 | | 333.32 | 44.46 | 140.79 | percent of total billed charges | |
| AMB SUP CATHETER INTRAUTERINE | C1887 | HCPCS | | | | both | | | 148.2 | | Amerihealth | HMO/PPO | 96.33 | 65 | | 13.04 | 44.46 | 140.79 | percent of total billed charges | |
| AMB SUP CATHETER INTRAUTERINE | C1887 | HCPCS | | | | both | | | 148.2 | | Horizon | PPO | 56.73 | 38.28 | | 76 | 44.46 | 140.79 | percent of total billed charges | |
| AMB SUP CATHETER INTRAUTERINE | C1887 | HCPCS | | | | both | | | 148.2 | | Horizon | Medicare Blue | 44.46 | 30 | | 290.9 | 44.46 | 140.79 | percent of total billed charges | |
| AMB SUP CATHETER INTRAUTERINE | C1887 | HCPCS | | | | both | | | 148.2 | | First Trenton | First Trenton | 133.38 | 90 | | | 44.46 | 140.79 | percent of total billed charges | |
| AMB SUP CATHETER INTRAUTERINE | C1887 | HCPCS | | | | both | | | 148.2 | | Horizon | Indemnity | 56.73 | 38.28 | | 555 | 44.46 | 140.79 | percent of total billed charges | |
| AMB SUP CATHETER INTRAUTERINE | C1887 | HCPCS | | | | both | | | 148.2 | | First Health | First Health | 103.74 | 70 | | | 44.46 | 140.79 | percent of total billed charges | |
| AMB SUP CATHETER INTRAUTERINE | C1887 | HCPCS | | | | both | | | 148.2 | | Horizon | MGD | 56.73 | 38.28 | | 344 | 44.46 | 140.79 | percent of total billed charges | |
| AMB SUP CATHETER INTRAUTERINE | C1887 | HCPCS | | | | both | | | 148.2 | | Three Rivers | Three Rivers | 140.79 | 95 | | | 44.46 | 140.79 | percent of total billed charges | |
| AMB SUP CATHETER INTRAUTERINE | C1887 | HCPCS | | | | both | | | 148.2 | | Multiplan | Multiplan | 118.56 | 80 | | | 44.46 | 140.79 | percent of total billed charges | |
| AMB SUP CATHETER INTRAUTERINE | C1887 | HCPCS | | | | both | | | 148.2 | | Wellcare | Medicaid | 46.76 | 31.55 | | 120.51 | 44.46 | 140.79 | percent of total billed charges | |
| AMB SUP CATHETER INTRAUTERINE | C1887 | HCPCS | | | | both | | | 148.2 | | Qualcare | Qualcare | 59.28 | 40 | | | 44.46 | 140.79 | percent of total billed charges | |
| AMB SUP CATHETER INTRAUTERINE | C1887 | HCPCS | | | | both | | | 148.2 | | WellPoint | WellPoint | 47.69 | 32.18 | | 66.3 | 44.46 | 140.79 | percent of total billed charges | |
| AMB SUP CATHETER INTRAUTERINE | C1887 | HCPCS | | | | both | | | 148.2 | | UHC | Medicaid | 46.76 | 31.55 | | 153.72 | 44.46 | 140.79 | percent of total billed charges | |
| HC RTX IMPLANTABLE/INSERTABLE DEVICE, NOS | C1889 | HCPCS | | | | both | | | 9795 | | Aetna | Better Health | 3090.32 | 31.55 | | | 2938.5 | 9305.25 | percent of total billed charges | |
| HC RTX IMPLANTABLE/INSERTABLE DEVICE, NOS | C1889 | HCPCS | | | | both | | | 9795 | | Americare | Americare | 7346.25 | 75 | | | 2938.5 | 9305.25 | percent of total billed charges | |
| HC RTX IMPLANTABLE/INSERTABLE DEVICE, NOS | C1889 | HCPCS | | | | both | | | 9795 | | Horizon | Indemnity | 3749.53 | 38.28 | | | 2938.5 | 9305.25 | percent of total billed charges | |
| HC RTX IMPLANTABLE/INSERTABLE DEVICE, NOS | C1889 | HCPCS | | | | both | | | 9795 | | WellPoint | WellPoint | 3152.03 | 32.18 | | 136.8 | 2938.5 | 9305.25 | percent of total billed charges | |
| HC RTX IMPLANTABLE/INSERTABLE DEVICE, NOS | C1889 | HCPCS | | | | both | | | 9795 | | Aetna | Medicare | 3016.86 | 30.8 | | | 2938.5 | 9305.25 | percent of total billed charges | |
| HC RTX IMPLANTABLE/INSERTABLE DEVICE, NOS | C1889 | HCPCS | | | | both | | | 9795 | | Wellcare | Medicaid | 3090.32 | 31.55 | | | 2938.5 | 9305.25 | percent of total billed charges | |
| HC RTX IMPLANTABLE/INSERTABLE DEVICE, NOS | C1889 | HCPCS | | | | both | | | 9795 | | Consumer | Consumer | 9305.25 | 95 | | | 2938.5 | 9305.25 | percent of total billed charges | |
| HC RTX IMPLANTABLE/INSERTABLE DEVICE, NOS | C1889 | HCPCS | | | | both | | | 9795 | | Horizon | MGD | 3749.53 | 38.28 | | 273.8 | 2938.5 | 9305.25 | percent of total billed charges | |
| HC RTX IMPLANTABLE/INSERTABLE DEVICE, NOS | C1889 | HCPCS | | | | both | | | 9795 | | Horizon | Medicare Blue | 2938.5 | 30 | | | 2938.5 | 9305.25 | percent of total billed charges | |
| HC RTX IMPLANTABLE/INSERTABLE DEVICE, NOS | C1889 | HCPCS | | | | both | | | 9795 | | Corrections | Corrections | 7836 | 80 | | 112.02 | 2938.5 | 9305.25 | percent of total billed charges | |
| HC RTX IMPLANTABLE/INSERTABLE DEVICE, NOS | C1889 | HCPCS | | | | both | | | 9795 | | First Health | First Health | 6856.5 | 70 | | | 2938.5 | 9305.25 | percent of total billed charges | |
| HC RTX IMPLANTABLE/INSERTABLE DEVICE, NOS | C1889 | HCPCS | | | | both | | | 9795 | | Horizon | NJ Health | 3918 | 40 | | 18.73 | 2938.5 | 9305.25 | percent of total billed charges | |
| HC RTX IMPLANTABLE/INSERTABLE DEVICE, NOS | C1889 | HCPCS | | | | both | | | 9795 | | Amerihealth | HMO/PPO | 6366.75 | 65 | | | 2938.5 | 9305.25 | percent of total billed charges | |
| HC RTX IMPLANTABLE/INSERTABLE DEVICE, NOS | C1889 | HCPCS | | | | both | | | 9795 | | First Trenton | First Trenton | 8815.5 | 90 | | | 2938.5 | 9305.25 | percent of total billed charges | |
| HC RTX IMPLANTABLE/INSERTABLE DEVICE, NOS | C1889 | HCPCS | | | | both | | | 9795 | | Horizon | PPO | 3749.53 | 38.28 | | 93.12 | 2938.5 | 9305.25 | percent of total billed charges | |
| HC RTX IMPLANTABLE/INSERTABLE DEVICE, NOS | C1889 | HCPCS | | | | both | | | 9795 | | Managed Care Inc | Managed Care Inc | 8815.5 | 90 | | | 2938.5 | 9305.25 | percent of total billed charges | |
| HC RTX IMPLANTABLE/INSERTABLE DEVICE, NOS | C1889 | HCPCS | | | | both | | | 9795 | | Multiplan | Multiplan | 7836 | 80 | | | 2938.5 | 9305.25 | percent of total billed charges | |
| HC RTX IMPLANTABLE/INSERTABLE DEVICE, NOS | C1889 | HCPCS | | | | both | | | 9795 | | Three Rivers | Three Rivers | 9305.25 | 95 | | | 2938.5 | 9305.25 | percent of total billed charges | |
| HC RTX IMPLANTABLE/INSERTABLE DEVICE, NOS | C1889 | HCPCS | | | | both | | | 9795 | | UHC | Medicaid | 3090.32 | 31.55 | | 63.32 | 2938.5 | 9305.25 | percent of total billed charges | |
| HC RTX IMPLANTABLE/INSERTABLE DEVICE, NOS | C1889 | HCPCS | | | | both | | | 9795 | | Qualcare | Qualcare | 3918 | 40 | | | 2938.5 | 9305.25 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY SOURCE, STRANDED, C-131, PER SOURCE | C2642 | HCPCS | | | | inpatient | | | 220 | | 134.61 Aetna | Medicare | 117.05 | | | | 69.41 | 226.49 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX BRACHYTHERAPY SOURCE, STRANDED, C-131, PER SOURCE | C2642 | HCPCS | | | | inpatient | | | 220 | | 134.61 Aetna | Better Health | 69.41 | 31.55 | | | 69.41 | 226.49 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY SOURCE, STRANDED, C-131, PER SOURCE | C2642 | HCPCS | | | | inpatient | | | 220 | | 134.61 Americare | Americare | 165 | 75 | | | 69.41 | 226.49 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY SOURCE, STRANDED, C-131, PER SOURCE | C2642 | HCPCS | | | | inpatient | | | 220 | | 134.61 First Trenton | First Trenton | 198 | 90 | | | 69.41 | 226.49 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY SOURCE, STRANDED, C-131, PER SOURCE | C2642 | HCPCS | | | | inpatient | | | 220 | | 134.61 Corrections | Corrections | 176 | 80 | | | 69.41 | 226.49 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY SOURCE, STRANDED, C-131, PER SOURCE | C2642 | HCPCS | | | | inpatient | | | 220 | | 134.61 Amerihealth | Medicare | 117.05 | | | | 69.41 | 226.49 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX BRACHYTHERAPY SOURCE, STRANDED, C-131, PER SOURCE | C2642 | HCPCS | | | | inpatient | | | 220 | | 134.61 Consumer | Consumer | 209 | 95 | | | 69.41 | 226.49 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY SOURCE, STRANDED, C-131, PER SOURCE | C2642 | HCPCS | | | | inpatient | | | 220 | | 134.61 Horizon | Indemnity | 226.49 | | | | 69.41 | 226.49 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX BRACHYTHERAPY SOURCE, STRANDED, C-131, PER SOURCE | C2642 | HCPCS | | | | inpatient | | | 220 | | 134.61 Horizon | MGD | 226.49 | | | | 69.41 | 226.49 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX BRACHYTHERAPY SOURCE, STRANDED, C-131, PER SOURCE | C2642 | HCPCS | | | | inpatient | | | 220 | | 134.61 Wellcare | Medicaid | 69.41 | 31.55 | | | 69.41 | 226.49 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY SOURCE, STRANDED, C-131, PER SOURCE | C2642 | HCPCS | | | | inpatient | | | 220 | | 134.61 Amerihealth | HMO/PPO | 143 | 65 | | | 69.41 | 226.49 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY SOURCE, STRANDED, C-131, PER SOURCE | C2642 | HCPCS | | | | inpatient | | | 220 | | 134.61 Managed Care Inc | Managed Care Inc | 198 | 90 | | | 69.41 | 226.49 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY SOURCE, STRANDED, C-131, PER SOURCE | C2642 | HCPCS | | | | inpatient | | | 220 | | 134.61 Three Rivers | Three Rivers | 209 | 95 | | | 69.41 | 226.49 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY SOURCE, STRANDED, C-131, PER SOURCE | C2642 | HCPCS | | | | inpatient | | | 220 | | 134.61 First Health | First Health | 154 | 70 | | | 69.41 | 226.49 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY SOURCE, STRANDED, C-131, PER SOURCE | C2642 | HCPCS | | | | inpatient | | | 220 | | 134.61 Multiplan | Multiplan | 176 | 80 | | | 69.41 | 226.49 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY SOURCE, STRANDED, C-131, PER SOURCE | C2642 | HCPCS | | | | inpatient | | | 220 | | 134.61 Horizon | PPO | 226.49 | | | | 69.41 | 226.49 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX BRACHYTHERAPY SOURCE, STRANDED, C-131, PER SOURCE | C2642 | HCPCS | | | | inpatient | | | 220 | | 134.61 Qualcare | Qualcare | 165 | 75 | | | 69.41 | 226.49 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY SOURCE, STRANDED, C-131, PER SOURCE | C2642 | HCPCS | | | | inpatient | | | 220 | | 134.61 Horizon | Medicare Blue | 117.05 | | | | 69.41 | 226.49 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX BRACHYTHERAPY SOURCE, STRANDED, C-131, PER SOURCE | C2642 | HCPCS | | | | inpatient | | | 220 | | 134.61 Wellcare | Medicare | 117.05 | | | | 69.41 | 226.49 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX BRACHYTHERAPY SOURCE, STRANDED, C-131, PER SOURCE | C2642 | HCPCS | | | | inpatient | | | 220 | | 134.61 UHC | Medicaid | 69.41 | 31.55 | | | 69.41 | 226.49 | percent of total billed charges | |
| HC RTX BRACHYTHERAPY SOURCE, STRANDED, C-131, PER SOURCE | C2642 | HCPCS | | | | inpatient | | | 220 | | 134.61 UHC | Medicare | 117.05 | | | | 69.41 | 226.49 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC RTX BRACHYTHERAPY SOURCE, STRANDED, C-131, PER SOURCE | C2642 | HCPCS | | | | inpatient | | | 220 | | 134.61 WellPoint | WellPoint | 70.8 | 32.18 | | | 69.41 | 226.49 | percent of total billed charges | |
| HC 2D TTE W OR W/O FOL W/CON,FU | C8924 | HCPCS | | | | outpatient | | | 562.09 | | 505.8 Amerihealth | Medicare | 439.83 | | | | 75 | 851.07 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC 2D TTE W OR W/O FOL W/CON,FU | C8924 | HCPCS | | | | outpatient | | | 562.09 | | 505.8 Aetna | Better Health | 177.34 | 31.55 | | | 75 | 851.07 | percent of total billed charges | |
| HC 2D TTE W OR W/O FOL W/CON,FU | C8924 | HCPCS | | | | outpatient | | | 562.09 | | 505.8 Americare | Americare | 421.57 | 75 | | | 75 | 851.07 | percent of total billed charges | |
| HC 2D TTE W OR W/O FOL W/CON,FU | C8924 | HCPCS | | | | outpatient | | | 562.09 | | 505.8 First Trenton | First Trenton | 505.88 | 90 | | | 75 | 851.07 | percent of total billed charges | |
| HC 2D TTE W OR W/O FOL W/CON,FU | C8924 | HCPCS | | | | outpatient | | | 562.09 | | 505.8 Aetna | Medicare | 439.83 | | | | 75 | 851.07 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC 2D TTE W OR W/O FOL W/CON,FU | C8924 | HCPCS | | | | outpatient | | | 562.09 | | 505.8 First Health | First Health | 393.46 | 70 | | | 75 | 851.07 | percent of total billed charges | |
| HC 2D TTE W OR W/O FOL W/CON,FU | C8924 | HCPCS | | | | outpatient | | | 562.09 | | 505.8 Multiplan | Multiplan | 449.67 | 80 | | | 75 | 851.07 | percent of total billed charges | |
| HC 2D TTE W OR W/O FOL W/CON,FU | C8924 | HCPCS | | | | outpatient | | | 562.09 | | 505.8 Horizon | Indemnity | 851.07 | | | | 75 | 851.07 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC 2D TTE W OR W/O FOL W/CON,FU | C8924 | HCPCS | | | | outpatient | | | 562.09 | | 505.8 Corrections | Corrections | 449.67 | 80 | | | 75 | 851.07 | percent of total billed charges | |
| HC 2D TTE W OR W/O FOL W/CON,FU | C8924 | HCPCS | | | | outpatient | | | 562.09 | | 505.8 Amerihealth | HMO/PPO | 75 | | | | 75 | 851.07 | fee schedule | |
| HC 2D TTE W OR W/O FOL W/CON,FU | C8924 | HCPCS | | | | outpatient | | | 562.09 | | 505.8 Consumer | Consumer | 533.99 | 95 | | | 75 | 851.07 | percent of total billed charges | |
| HC 2D TTE W OR W/O FOL W/CON,FU | C8924 | HCPCS | | | | outpatient | | | 562.09 | | 505.8 Managed Care Inc | Managed Care Inc | 505.88 | 90 | | | 75 | 851.07 | percent of total billed charges | |
| HC 2D TTE W OR W/O FOL W/CON,FU | C8924 | HCPCS | | | | outpatient | | | 562.09 | | 505.8 Horizon | MGD | 851.07 | | | | 75 | 851.07 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC 2D TTE W OR W/O FOL W/CON,FU | C8924 | HCPCS | | | | outpatient | | | 562.09 | | 505.8 Horizon | Medicare Blue | 439.83 | | | | 75 | 851.07 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC 2D TTE W OR W/O FOL W/CON,FU | C8924 | HCPCS | | | | outpatient | | | 562.09 | | 505.8 Qualcare | Qualcare | 421.57 | 75 | | | 75 | 851.07 | percent of total billed charges | |
| HC 2D TTE W OR W/O FOL W/CON,FU | C8924 | HCPCS | | | | outpatient | | | 562.09 | | 505.8 Horizon | PPO | 851.07 | | | | 75 | 851.07 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC 2D TTE W OR W/O FOL W/CON,FU | C8924 | HCPCS | | | | outpatient | | | 562.09 | | 505.8 Three Rivers | Three Rivers | 533.99 | 95 | | | 75 | 851.07 | percent of total billed charges | |
| HC 2D TTE W OR W/O FOL W/CON,FU | C8924 | HCPCS | | | | outpatient | | | 562.09 | | 505.8 Wellcare | Medicaid | 177.34 | 31.55 | | | 75 | 851.07 | percent of total billed charges | |
| HC 2D TTE W OR W/O FOL W/CON,FU | C8924 | HCPCS | | | | outpatient | | | 562.09 | | 505.8 Wellcare | Medicare | 439.83 | | | | 75 | 851.07 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC 2D TTE W OR W/O FOL W/CON,FU | C8924 | HCPCS | | | | outpatient | | | 562.09 | | 505.8 UHC | Medicaid | 177.34 | 31.55 | | | 75 | 851.07 | percent of total billed charges | |
| HC 2D TTE W OR W/O FOL W/CON,FU | C8924 | HCPCS | | | | outpatient | | | 562.09 | | 505.8 UHC | Medicare | 439.83 | | | | 75 | 851.07 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC 2D TTE W OR W/O FOL W/CON,FU | C8924 | HCPCS | | | | outpatient | | | 562.09 | | 505.8 WellPoint | WellPoint | 180.88 | 32.18 | | | 75 | 851.07 | percent of total billed charges | |
| HC TTE W OR W/O FOL W/CON,STRES | C8928 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 Aetna | Better Health | 369.22 | 31.55 | | | 150 | 1771.92 | percent of total billed charges | |
| HC TTE W OR W/O FOL W/CON,STRES | C8928 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 Horizon | MGD | 1771.92 | | | | 150 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TTE W OR W/O FOL W/CON,STRES | C8928 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 Aetna | Medicare | 915.72 | | | | 150 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TTE W OR W/O FOL W/CON,STRES | C8928 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 Amerihealth | Medicare | 915.72 | | | | 150 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TTE W OR W/O FOL W/CON,STRES | C8928 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 Horizon | Indemnity | 1771.92 | | | | 150 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TTE W OR W/O FOL W/CON,STRES | C8928 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 UHC | Medicare | 915.72 | | | | 150 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TTE W OR W/O FOL W/CON,STRES | C8928 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 Multiplan | Multiplan | 936.21 | 80 | | | 150 | 1771.92 | percent of total billed charges | |
| HC TTE W OR W/O FOL W/CON,STRES | C8928 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 Americare | Americare | 877.7 | 75 | | | 150 | 1771.92 | percent of total billed charges | |
| HC TTE W OR W/O FOL W/CON,STRES | C8928 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 First Health | First Health | 819.18 | 70 | | | 150 | 1771.92 | percent of total billed charges | |
| HC TTE W OR W/O FOL W/CON,STRES | C8928 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 Horizon | PPO | 1771.92 | | | | 150 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TTE W OR W/O FOL W/CON,STRES | C8928 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 Consumer | Consumer | 1111.75 | 95 | | | 150 | 1771.92 | percent of total billed charges | |
| HC TTE W OR W/O FOL W/CON,STRES | C8928 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 Wellcare | Medicaid | 369.22 | 31.55 | | | 150 | 1771.92 | percent of total billed charges | |
| HC TTE W OR W/O FOL W/CON,STRES | C8928 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 First Trenton | First Trenton | 1053.23 | 90 | | | 150 | 1771.92 | percent of total billed charges | |
| HC TTE W OR W/O FOL W/CON,STRES | C8928 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 UHC | Medicaid | 369.22 | 31.55 | | | 150 | 1771.92 | percent of total billed charges | |
| HC TTE W OR W/O FOL W/CON,STRES | C8928 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 Qualcare | Qualcare | 877.7 | 75 | | | 150 | 1771.92 | percent of total billed charges | |
| HC TTE W OR W/O FOL W/CON,STRES | C8928 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 Amerihealth | HMO/PPO | 150 | | | | 150 | 1771.92 | fee schedule | |
| HC TTE W OR W/O FOL W/CON,STRES | C8928 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 Managed Care Inc | Managed Care Inc | 1053.23 | 90 | | | 150 | 1771.92 | percent of total billed charges | |
| HC TTE W OR W/O FOL W/CON,STRES | C8928 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 WellPoint | WellPoint | 376.59 | 32.18 | | | 150 | 1771.92 | percent of total billed charges | |
| HC TTE W OR W/O FOL W/CON,STRES | C8928 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 Corrections | Corrections | 936.21 | 80 | | | 150 | 1771.92 | percent of total billed charges | |
| HC TTE W OR W/O FOL W/CON,STRES | C8928 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 Horizon | Medicare Blue | 915.72 | | | | 150 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TTE W OR W/O FOL W/CON,STRES | C8928 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 Three Rivers | Three Rivers | 1111.75 | 95 | | | 150 | 1771.92 | percent of total billed charges | |
| HC TTE W OR W/O FOL W/CON,STRES | C8928 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 Wellcare | Medicare | 915.72 | | | | 150 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TTE W OR W/O FOL W/CON,DOPPLER | C8929 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 First Health | First Health | 819.18 | 70 | | | 116.46 | 1771.92 | percent of total billed charges | |
| HC TTE W OR W/O FOL W/CON,DOPPLER | C8929 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 Aetna | Medicare | 915.72 | | | | 116.46 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TTE W OR W/O FOL W/CON,DOPPLER | C8929 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 UHC | Medicare | 915.72 | | | | 116.46 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TTE W OR W/O FOL W/CON,DOPPLER | C8929 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 Aetna | Better Health | 369.22 | 31.55 | | | 116.46 | 1771.92 | percent of total billed charges | |
| HC TTE W OR W/O FOL W/CON,DOPPLER | C8929 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 Amerihealth | HMO/PPO | 116.46 | | | | 116.46 | 1771.92 | fee schedule | |
| HC TTE W OR W/O FOL W/CON,DOPPLER | C8929 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 Americare | Americare | 877.7 | 75 | | | 116.46 | 1771.92 | percent of total billed charges | |
| HC TTE W OR W/O FOL W/CON,DOPPLER | C8929 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 Amerihealth | Medicare | 915.72 | | | | 116.46 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TTE W OR W/O FOL W/CON,DOPPLER | C8929 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 Corrections | Corrections | 936.21 | 80 | | | 116.46 | 1771.92 | percent of total billed charges | |
| HC TTE W OR W/O FOL W/CON,DOPPLER | C8929 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 Wellcare | Medicare | 915.72 | | | | 116.46 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TTE W OR W/O FOL W/CON,DOPPLER | C8929 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 Horizon | MGD | 1771.92 | | | | 116.46 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TTE W OR W/O FOL W/CON,DOPPLER | C8929 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 First Trenton | First Trenton | 1053.23 | 90 | | | 116.46 | 1771.92 | percent of total billed charges | |
| HC TTE W OR W/O FOL W/CON,DOPPLER | C8929 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 Horizon | Indemnity | 1771.92 | | | | 116.46 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TTE W OR W/O FOL W/CON,DOPPLER | C8929 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 UHC | Medicaid | 369.22 | 31.55 | | | 116.46 | 1771.92 | percent of total billed charges | |
| HC TTE W OR W/O FOL W/CON,DOPPLER | C8929 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 Consumer | Consumer | 1111.75 | 95 | | | 116.46 | 1771.92 | percent of total billed charges | |
| HC TTE W OR W/O FOL W/CON,DOPPLER | C8929 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 Managed Care Inc | Managed Care Inc | 1053.23 | 90 | | | 116.46 | 1771.92 | percent of total billed charges | |
| HC TTE W OR W/O FOL W/CON,DOPPLER | C8929 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 Horizon | Medicare Blue | 915.72 | | | | 116.46 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TTE W OR W/O FOL W/CON,DOPPLER | C8929 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 Wellcare | Medicaid | 369.22 | 31.55 | | | 116.46 | 1771.92 | percent of total billed charges | |
| HC TTE W OR W/O FOL W/CON,DOPPLER | C8929 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 Multiplan | Multiplan | 936.21 | 80 | | | 116.46 | 1771.92 | percent of total billed charges | |
| HC TTE W OR W/O FOL W/CON,DOPPLER | C8929 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 Horizon | PPO | 1771.92 | | | | 116.46 | 1771.92 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TTE W OR W/O FOL W/CON,DOPPLER | C8929 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 Three Rivers | Three Rivers | 1111.75 | 95 | | | 116.46 | 1771.92 | percent of total billed charges | |
| HC TTE W OR W/O FOL W/CON,DOPPLER | C8929 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 WellPoint | WellPoint | 376.59 | 32.18 | | | 116.46 | 1771.92 | percent of total billed charges | |
| HC TTE W OR W/O FOL W/CON,DOPPLER | C8929 | HCPCS | | | | outpatient | | | 1170.26 | | 1053.08 Qualcare | Qualcare | 877.7 | 75 | | | 116.46 | 1771.92 | percent of total billed charges | |
| HC PROLONGED IV INF REQUIRING PUMP | c8957 | HCPCS | | | | outpatient | | | 248 | | 445.43 Multiplan | Multiplan | 198.4 | 80 | | | 51 | 749.48 | percent of total billed charges | |
| HC PROLONGED IV INF REQUIRING PUMP | c8957 | HCPCS | | | | outpatient | | | 248 | | 445.43 Horizon | Medicare Blue | 387.33 | | | 119.96 | 51 | 749.48 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PROLONGED IV INF REQUIRING PUMP | c8957 | HCPCS | | | | outpatient | | | 248 | | 445.43 Aetna | Medicare | 387.33 | | | | 51 | 749.48 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PROLONGED IV INF REQUIRING PUMP | c8957 | HCPCS | | | | outpatient | | | 248 | | 445.43 Aetna | Better Health | 78.24 | 31.55 | | | 51 | 749.48 | percent of total billed charges | |
| HC PROLONGED IV INF REQUIRING PUMP | c8957 | HCPCS | | | | outpatient | | | 248 | | 445.43 Corrections | Corrections | 198.4 | 80 | | | 51 | 749.48 | percent of total billed charges | |
| HC PROLONGED IV INF REQUIRING PUMP | c8957 | HCPCS | | | | outpatient | | | 248 | | 445.43 Amerihealth | Medicare | 387.33 | | | | 51 | 749.48 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PROLONGED IV INF REQUIRING PUMP | c8957 | HCPCS | | | | outpatient | | | 248 | | 445.43 Americare | Americare | 186 | 75 | | | 51 | 749.48 | percent of total billed charges | |
| HC PROLONGED IV INF REQUIRING PUMP | c8957 | HCPCS | | | | outpatient | | | 248 | | 445.43 Consumer | Consumer | 235.6 | 95 | | | 51 | 749.48 | percent of total billed charges | |
| HC PROLONGED IV INF REQUIRING PUMP | c8957 | HCPCS | | | | outpatient | | | 248 | | 445.43 Qualcare | Qualcare | 186 | 75 | | | 51 | 749.48 | perc

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC PROLONGED IV INF REQUIRING PUMP | c8957 | HCPCS | | | | outpatient | | | 248 | 445.43 | Managed Care Inc | Managed Care Inc | 223.2 | 90 | | | 51 | 749.48 | percent of total billed charges | |
| HC PROLONGED IV INF REQUIRING PUMP | c8957 | HCPCS | | | | outpatient | | | 248 | 445.43 | Horizon | PPO | 749.48 | | | | 51 | 749.48 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PROLONGED IV INF REQUIRING PUMP | c8957 | HCPCS | | | | outpatient | | | 248 | 445.43 | Three Rivers | Three Rivers | 235.6 | 95 | | | 51 | 749.48 | percent of total billed charges | |
| HC PROLONGED IV INF REQUIRING PUMP | c8957 | HCPCS | | | | outpatient | | | 248 | 445.43 | UHC | Medicaid | 78.24 | 31.55 | | 218.66 | 51 | 749.48 | percent of total billed charges | |
| HC PROLONGED IV INF REQUIRING PUMP | c8957 | HCPCS | | | | outpatient | | | 248 | 445.43 | Wellcare | Medicaid | 78.24 | 31.55 | | 154.82 | 51 | 749.48 | percent of total billed charges | |
| HC PROLONGED IV INF REQUIRING PUMP | c8957 | HCPCS | | | | outpatient | | | 248 | 445.43 | Wellcare | Medicare | 387.33 | | | | 51 | 749.48 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PROLONGED IV INF REQUIRING PUMP | c8957 | HCPCS | | | | outpatient | | | 248 | 445.43 | WellPoint | WellPoint | 79.81 | 32.18 | | 199.74 | 51 | 749.48 | percent of total billed charges | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT SINGLE BRANCH | C9600 | HCPCS | | | | both | | | 36905 | 14469 | Wellcare | Medicare | 12581.74 | | | | 2000 | 35059.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT SINGLE BRANCH | C9600 | HCPCS | | | | both | | | 36905 | 14469 | Aetna | Medicare | 12581.74 | | | | 2000 | 35059.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT SINGLE BRANCH | C9600 | HCPCS | | | | both | | | 36905 | 14469 | Amerihealth | Medicare | 12581.74 | | | | 2000 | 35059.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT SINGLE BRANCH | C9600 | HCPCS | | | | both | | | 36905 | 14469 | Aetna | Better Health | 11643.53 | 31.55 | | | 2000 | 35059.75 | percent of total billed charges | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT SINGLE BRANCH | C9600 | HCPCS | | | | both | | | 36905 | 14469 | Horizon | MGD | 24345.67 | | | | 2000 | 35059.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT SINGLE BRANCH | C9600 | HCPCS | | | | both | | | 36905 | 14469 | Multiplan | Multiplan | 29524 | 80 | | | 2000 | 35059.75 | percent of total billed charges | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT SINGLE BRANCH | C9600 | HCPCS | | | | both | | | 36905 | 14469 | Americare | Americare | 27678.75 | 75 | | | 2000 | 35059.75 | percent of total billed charges | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT SINGLE BRANCH | C9600 | HCPCS | | | | both | | | 36905 | 14469 | First Health | First Health | 25833.5 | 70 | | | 2000 | 35059.75 | percent of total billed charges | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT SINGLE BRANCH | C9600 | HCPCS | | | | both | | | 36905 | 14469 | United | Commercial/PPO | 5843 | | | | 2000 | 35059.75 | case rate | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT SINGLE BRANCH | C9600 | HCPCS | | | | both | | | 36905 | 14469 | Corrections | Corrections | 29524 | 80 | | | 2000 | 35059.75 | percent of total billed charges | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT SINGLE BRANCH | C9600 | HCPCS | | | | both | | | 36905 | 14469 | Horizon | Indemnity | 24345.67 | | | | 2000 | 35059.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT SINGLE BRANCH | C9600 | HCPCS | | | | both | | | 36905 | 14469 | Amerihealth | HMO/PPO | 2000 | | | | 2000 | 35059.75 | fee schedule | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT SINGLE BRANCH | C9600 | HCPCS | | | | both | | | 36905 | 14469 | Consumer | Consumer | 35059.75 | 95 | | | 2000 | 35059.75 | percent of total billed charges | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT SINGLE BRANCH | C9600 | HCPCS | | | | both | | | 36905 | 14469 | Qualcare | Qualcare | 27678.75 | 75 | | | 2000 | 35059.75 | percent of total billed charges | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT SINGLE BRANCH | C9600 | HCPCS | | | | both | | | 36905 | 14469 | Wellcare | Medicaid | 11643.53 | 31.55 | | | 2000 | 35059.75 | percent of total billed charges | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT SINGLE BRANCH | C9600 | HCPCS | | | | both | | | 36905 | 14469 | UHC | Medicaid | 11643.53 | 31.55 | | 8821.22 | 2000 | 35059.75 | percent of total billed charges | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT SINGLE BRANCH | C9600 | HCPCS | | | | both | | | 36905 | 14469 | First Trenton | First Trenton | 33214.5 | 90 | | | 2000 | 35059.75 | percent of total billed charges | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT SINGLE BRANCH | C9600 | HCPCS | | | | both | | | 36905 | 14469 | Horizon | PPO | 24345.67 | | | | 2000 | 35059.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT SINGLE BRANCH | C9600 | HCPCS | | | | both | | | 36905 | 14469 | Horizon | Medicare Blue | 12581.74 | | | | 2000 | 35059.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT SINGLE BRANCH | C9600 | HCPCS | | | | both | | | 36905 | 14469 | UHC | Medicare | 12581.74 | | | 4632.8 | 2000 | 35059.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT SINGLE BRANCH | C9600 | HCPCS | | | | both | | | 36905 | 14469 | Managed Care Inc | Managed Care Inc | 33214.5 | 90 | | | 2000 | 35059.75 | percent of total billed charges | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT SINGLE BRANCH | C9600 | HCPCS | | | | both | | | 36905 | 14469 | WellPoint | WellPoint | 11876.03 | 32.18 | | | 2000 | 35059.75 | percent of total billed charges | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT SINGLE BRANCH | C9600 | HCPCS | | | | both | | | 36905 | 14469 | Three Rivers | Three Rivers | 35059.75 | 95 | | | 2000 | 35059.75 | percent of total billed charges | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT SINGLE BRANCH | C9600 | HCPCS | | | | both | | | 36905 | 14469 | United | Oxford | 5843 | | | | 2000 | 35059.75 | case rate | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT, EA ADDL BRANCH | C9601 | HCPCS | | | | both | | | 36164 | | Horizon | Indemnity | 13843.58 | 38.28 | | | 1782 | 34356.8 | percent of total billed charges | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT, EA ADDL BRANCH | C9601 | HCPCS | | | | both | | | 36164 | | Aetna | Better Health | 11409.74 | 31.55 | | | 1782 | 34356.8 | percent of total billed charges | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT, EA ADDL BRANCH | C9601 | HCPCS | | | | both | | | 36164 | | Consumer | Consumer | 34355.8 | 95 | | | 1782 | 34356.8 | percent of total billed charges | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT, EA ADDL BRANCH | C9601 | HCPCS | | | | both | | | 36164 | | First Trenton | First Trenton | 32547.6 | 90 | | | 1782 | 34356.8 | percent of total billed charges | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT, EA ADDL BRANCH | C9601 | HCPCS | | | | both | | | 36164 | | Americare | Americare | 27123 | 75 | | | 1782 | 34356.8 | percent of total billed charges | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT, EA ADDL BRANCH | C9601 | HCPCS | | | | both | | | 36164 | | Multiplan | Multiplan | 28931.2 | 80 | | | 1782 | 34356.8 | percent of total billed charges | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT, EA ADDL BRANCH | C9601 | HCPCS | | | | both | | | 36164 | | WellPoint | WellPoint | 11637.58 | 32.18 | | | 1782 | 34356.8 | percent of total billed charges | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT, EA ADDL BRANCH | C9601 | HCPCS | | | | both | | | 36164 | | Aetna | Medicare | 11138.51 | 30.8 | | | 1782 | 34356.8 | percent of total billed charges | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT, EA ADDL BRANCH | C9601 | HCPCS | | | | both | | | 36164 | | Amerihealth | HMO/PPO | 2000 | | | | 1782 | 34356.8 | fee schedule | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT, EA ADDL BRANCH | C9601 | HCPCS | | | | both | | | 36164 | | First Health | First Health | 25314.8 | 70 | | | 1782 | 34356.8 | percent of total billed charges | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT, EA ADDL BRANCH | C9601 | HCPCS | | | | both | | | 36164 | | Corrections | Corrections | 28931.2 | 80 | | | 1782 | 34356.8 | percent of total billed charges | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT, EA ADDL BRANCH | C9601 | HCPCS | | | | both | | | 36164 | | Horizon | MGD | 13843.58 | 38.28 | | | 1782 | 34356.8 | percent of total billed charges | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT, EA ADDL BRANCH | C9601 | HCPCS | | | | both | | | 36164 | | Qualcare | Qualcare | 27123 | 75 | | | 1782 | 34356.8 | percent of total billed charges | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT, EA ADDL BRANCH | C9601 | HCPCS | | | | both | | | 36164 | | United | Commercial/PPO | 1782 | | | | 1782 | 34356.8 | case rate | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT, EA ADDL BRANCH | C9601 | HCPCS | | | | both | | | 36164 | | Horizon | Medicare Blue | 10849.2 | 30 | | | 1782 | 34356.8 | percent of total billed charges | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT, EA ADDL BRANCH | C9601 | HCPCS | | | | both | | | 36164 | | Horizon | PPO | 13843.58 | 38.28 | | | 1782 | 34356.8 | percent of total billed charges | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT, EA ADDL BRANCH | C9601 | HCPCS | | | | both | | | 36164 | | Three Rivers | Three Rivers | 34355.8 | 95 | | | 1782 | 34356.8 | percent of total billed charges | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT, EA ADDL BRANCH | C9601 | HCPCS | | | | both | | | 36164 | | Managed Care Inc | Managed Care Inc | 32547.6 | 90 | | | 1782 | 34356.8 | percent of total billed charges | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT, EA ADDL BRANCH | C9601 | HCPCS | | | | both | | | 36164 | | Wellcare | Medicaid | 11409.74 | 31.55 | | | 1782 | 34356.8 | percent of total billed charges | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT, EA ADDL BRANCH | C9601 | HCPCS | | | | both | | | 36164 | | UHC | Medicaid | 11409.74 | 31.55 | | | 1782 | 34356.8 | percent of total billed charges | |
| HC PERQ PLCMT DRUG-ELUTING CORONARY STENT, EA ADDL BRANCH | C9601 | HCPCS | | | | both | | | 36164 | | United | Oxford | 1782 | | | | 1782 | 34356.8 | case rate | |
| HC PERQ CORONARY ATHERECTOMY W DRUG-ELUTING STENT, SINGLE BRANCH | C9602 | HCPCS | | | | both | | | 36905 | 23062.62 | Horizon | MGD | 35805.36 | | | | 2000 | 38805.36 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ CORONARY ATHERECTOMY W DRUG-ELUTING STENT, SINGLE BRANCH | C9602 | HCPCS | | | | both | | | 36905 | 23062.62 | Consumer | Consumer | 35059.75 | 95 | | | 2000 | 38805.36 | percent of total billed charges | |
| HC PERQ CORONARY ATHERECTOMY W DRUG-ELUTING STENT, SINGLE BRANCH | C9602 | HCPCS | | | | both | | | 36905 | 23062.62 | Americare | Americare | 27678.75 | 75 | | | 2000 | 38805.36 | percent of total billed charges | |
| HC PERQ CORONARY ATHERECTOMY W DRUG-ELUTING STENT, SINGLE BRANCH | C9602 | HCPCS | | | | both | | | 36905 | 23062.62 | Aetna | Medicare | 20054.45 | | | | 2000 | 38805.36 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ CORONARY ATHERECTOMY W DRUG-ELUTING STENT, SINGLE BRANCH | C9602 | HCPCS | | | | both | | | 36905 | 23062.62 | UHC | Medicaid | 11643.53 | 31.55 | | | 2000 | 38805.36 | percent of total billed charges | |
| HC PERQ CORONARY ATHERECTOMY W DRUG-ELUTING STENT, SINGLE BRANCH | C9602 | HCPCS | | | | both | | | 36905 | 23062.62 | Corrections | Corrections | 29524 | 80 | | | 2000 | 38805.36 | percent of total billed charges | |
| HC PERQ CORONARY ATHERECTOMY W DRUG-ELUTING STENT, SINGLE BRANCH | C9602 | HCPCS | | | | both | | | 36905 | 23062.62 | Amerihealth | Medicare | 20054.45 | | | | 2000 | 38805.36 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ CORONARY ATHERECTOMY W DRUG-ELUTING STENT, SINGLE BRANCH | C9602 | HCPCS | | | | both | | | 36905 | 23062.62 | Aetna | Better Health | 11643.53 | 31.55 | | | 2000 | 38805.36 | percent of total billed charges | |
| HC PERQ CORONARY ATHERECTOMY W DRUG-ELUTING STENT, SINGLE BRANCH | C9602 | HCPCS | | | | both | | | 36905 | 23062.62 | United | Commercial/PPO | 5843 | | | | 2000 | 38805.36 | case rate | |
| HC PERQ CORONARY ATHERECTOMY W DRUG-ELUTING STENT, SINGLE BRANCH | C9602 | HCPCS | | | | both | | | 36905 | 23062.62 | First Trenton | First Trenton | 33214.5 | 90 | | | 2000 | 38805.36 | percent of total billed charges | |
| HC PERQ CORONARY ATHERECTOMY W DRUG-ELUTING STENT, SINGLE BRANCH | C9602 | HCPCS | | | | both | | | 36905 | 23062.62 | Three Rivers | Three Rivers | 35059.75 | 95 | | | 2000 | 38805.36 | percent of total billed charges | |
| HC PERQ CORONARY ATHERECTOMY W DRUG-ELUTING STENT, SINGLE BRANCH | C9602 | HCPCS | | | | both | | | 36905 | 23062.62 | Amerihealth | HMO/PPO | 2000 | | | | 2000 | 38805.36 | fee schedule | |
| HC PERQ CORONARY ATHERECTOMY W DRUG-ELUTING STENT, SINGLE BRANCH | C9602 | HCPCS | | | | both | | | 36905 | 23062.62 | Horizon | Indemnity | 38805.36 | | | | 2000 | 38805.36 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ CORONARY ATHERECTOMY W DRUG-ELUTING STENT, SINGLE BRANCH | C9602 | HCPCS | | | | both | | | 36905 | 23062.62 | WellPoint | WellPoint | 11876.03 | 32.18 | | | 2000 | 38805.36 | percent of total billed charges | |
| HC PERQ CORONARY ATHERECTOMY W DRUG-ELUTING STENT, SINGLE BRANCH | C9602 | HCPCS | | | | both | | | 36905 | 23062.62 | Wellcare | Medicare | 20054.45 | | | | 2000 | 38805.36 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ CORONARY ATHERECTOMY W DRUG-ELUTING STENT, SINGLE BRANCH | C9602 | HCPCS | | | | both | | | 36905 | 23062.62 | Multiplan | Multiplan | 29524 | 80 | | | 2000 | 38805.36 | percent of total billed charges | |
| HC PERQ CORONARY ATHERECTOMY W DRUG-ELUTING STENT, SINGLE BRANCH | C9602 | HCPCS | | | | both | | | 36905 | 23062.62 | Horizon | Medicare Blue | 20054.45 | | | | 2000 | 38805.36 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ CORONARY ATHERECTOMY W DRUG-ELUTING STENT, SINGLE BRANCH | C9602 | HCPCS | | | | both | | | 36905 | 23062.62 | Horizon | PPO | 38805.36 | | | | 2000 | 38805.36 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ CORONARY ATHERECTOMY W DRUG-ELUTING STENT, SINGLE BRANCH | C9602 | HCPCS | | | | both | | | 36905 | 23062.62 | UHC | Medicare | 20054.45 | | | | 2000 | 38805.36 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ CORONARY ATHERECTOMY W DRUG-ELUTING STENT, SINGLE BRANCH | C9602 | HCPCS | | | | both | | | 36905 | 23062.62 | First Health | First Health | 25833.5 | 70 | | | 2000 | 38805.36 | percent of total billed charges | |
| HC PERQ CORONARY ATHERECTOMY W DRUG-ELUTING STENT, SINGLE BRANCH | C9602 | HCPCS | | | | both | | | 36905 | 23062.62 | Wellcare | Medicaid | 11643.53 | 31.55 | | | 2000 | 38805.36 | percent of total billed charges | |
| HC PERQ CORONARY ATHERECTOMY W DRUG-ELUTING STENT, SINGLE BRANCH | C9602 | HCPCS | | | | both | | | 36905 | 23062.62 | Managed Care Inc | Managed Care Inc | 33214.5 | 90 | | | 2000 | 38805.36 | percent of total billed charges | |
| HC PERQ CORONARY ATHERECTOMY W DRUG-ELUTING STENT, SINGLE BRANCH | C9602 | HCPCS | | | | both | | | 36905 | 23062.62 | Qualcare | Qualcare | 27678.75 | 75 | | | 2000 | 38805.36 | percent of total billed charges | |
| HC PERQ CORONARY ATHERECTOMY W DRUG-ELUTING STENT, SINGLE BRANCH | C9602 | HCPCS | | | | both | | | 36905 | 23062.62 | United | Oxford | 5843 | | | | 2000 | 38805.36 | case rate | |
| HC PERQ TRANSLUM REVASC CABG, SINGLE VESSEL | C9604 | HCPCS | | | | inpatient | | | 36890 | 14469 | Corrections | Corrections | 29512 | 80 | | | 2000 | 35045.5 | percent of total billed charges | |
| HC PERQ TRANSLUM REVASC CABG, SINGLE VESSEL | C9604 | HCPCS | | | | inpatient | | | 36890 | 14469 | Aetna | Medicare | 12581.74 | | | | 2000 | 35045.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ TRANSLUM REVASC CABG, SINGLE VESSEL | C9604 | HCPCS | | | | inpatient | | | 36890 | 14469 | Wellcare | Medicare | 12581.74 | | | | 2000 | 35045.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ TRANSLUM REVASC CABG, SINGLE VESSEL | C9604 | HCPCS | | | | inpatient | | | 36890 | 14469 | Amerihealth | Medicare | 12581.74 | | | | 2000 | 35045.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ TRANSLUM REVASC CABG, SINGLE VESSEL | C9604 | HCPCS | | | | inpatient | | | 36890 | 14469 | Consumer | Consumer | 35045.5 | 95 | | | 2000 | 35045.5 | percent of total billed charges | |
| HC PERQ TRANSLUM REVASC CABG, SINGLE VESSEL | C9604 | HCPCS | | | | inpatient | | | 36890 | 14469 | Aetna | Better Health | 11638.8 | 31.55 | | | 2000 | 35045.5 | percent of total billed charges | |
| HC PERQ TRANSLUM REVASC CABG, SINGLE VESSEL | C9604 | HCPCS | | | | inpatient | | | 36890 | 14469 | Horizon | Medicare Blue | 12581.74 | | | | 2000 | 35045.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ TRANSLUM REVASC CABG, SINGLE VESSEL | C9604 | HCPCS | | | | inpatient | | | 36890 | 14469 | Americare | Americare | 27667.5 | 75 | | | 2000 | 35045.5 | percent of total billed charges | |
| HC PERQ TRANSLUM REVASC CABG, SINGLE VESSEL | C9604 | HCPCS | | | | inpatient | | | 36890 | 14469 | Horizon | Indemnity | 24345.67 | | | | 2000 | 35045.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ TRANSLUM REVASC CABG, SINGLE VESSEL | C9604 | HCPCS | | | | inpatient | | | 36890 | 14469 | First Health | First Health | 25823 | 70 | | | 2000 | 35045.5 | percent of total billed charges | |
| HC PERQ TRANSLUM REVASC CABG, SINGLE VESSEL | C9604 | HCPCS | | | | inpatient | | | 36890 | 14469 | UHC | Medicare | 12581.74 | | | | 2000 | 35045.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ TRANSLUM REVASC CABG, SINGLE VESSEL | C9604 | HCPCS | | | | inpatient | | | 36890 | 14469 | Amerihealth | HMO/PPO | 2000 | | | | 2000 | 35045.5 | fee schedule | |
| HC PERQ TRANSLUM REVASC CABG, SINGLE VESSEL | C9604 | HCPCS | | | | inpatient | | | 36890 | 14469 | First Trenton | First Trenton | 33201 | 90 | | | 2000 | 35045.5 | percent of total billed charges | |
| HC PERQ TRANSLUM REVASC CABG, SINGLE VESSEL | C9604 | HCPCS | | | | inpatient | | | 36890 | 14469 | Multiplan | Multiplan | 29512 | 80 | | | 2000 | 35045.5 | percent of total billed charges | |
| HC PERQ TRANSLUM REVASC CABG, SINGLE VESSEL | C9604 | HCPCS | | | | inpatient | | | 36890 | 14469 | Horizon | PPO | 24345.67 | | | | 2000 | 35045.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ TRANSLUM REVASC CABG, SINGLE VESSEL | C9604 | HCPCS | | | | inpatient | | | 36890 | 14469 | UHC | Medicaid | 11638.8 | 31.55 | | | 2000 | 35045.5 | percent of total billed charges | |
| HC PERQ TRANSLUM REVASC CABG, SINGLE VESSEL | C9604 | HCPCS | | | | inpatient | | | 36890 | 14469 | Managed Care Inc | Managed Care Inc | 33201 | 90 | | | 2000 | 35045.5 | percent of total billed charges | |
| HC PERQ TRANSLUM REVASC CABG, SINGLE VESSEL | C9604 | HCPCS | | | | inpatient | | | 36890 | 14469 | Horizon | MGD | 24345.67 | | | | 2000 | 35045.5 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC PERQ TRANSLUM REVASC CABG, SINGLE VESSEL | C9604 | HCPCS | | | | inpatient | | | 36890 | 14469 | WellPoint | WellPoint | 11871.2 | 32.18 | | | 2000 | 35045.5 | percent of total billed charges | |
| HC PERQ TRANSLUM REVASC CABG, SINGLE VESSEL | C9604 | HCPCS | | | | inpatient | | | 36890 | 14469 | United | Commercial/PPO | 5843 | | | | 2000 | 35045.5 | case rate | |
| HC PERQ TRANSLUM REVASC CABG, SINGLE VESSEL | C9604 | HCPCS | | | | inpatient | | | 36890 | 14469 | Three Rivers | Three Rivers | 35045.5 | 95 | | | 2000 | 35045.5 | percent of total billed charges | |
| HC PERQ TRANSLUM REVASC CABG, SINGLE VESSEL | C9604 | HCPCS | | | | inpatient | | | 36890 | 14469 | Qualcare | Qualcare | 27667.5 | 75 | | | 2000 | 35045.5 | percent of total billed charges | |
| HC PERQ TRANSLUM REVASC CABG, SINGLE VESSEL | C9604 | HCPCS | | | | inpatient | | | 36890 | 14469 | United | Oxford | 5843 | | | | 2000 | 35045.5 | case rate | |
| HC PERQ TRANSLUM REVASC CABG, SINGLE VESSEL | C9604 | HCPCS | | | | inpatient | | | 36890 | 14469 | Wellcare | Medicaid | 11638.8 | 31.55 | | | 2000 | 35045.5 | percent of total billed charges | |
| HC REVASC ENDO OPN/PERQ LOW EXT W INTRAVASC LITHO | C9764 | HCPCS | | | | both | | | 38919 | 14469 | Amerihealth | Medicare | 12581.74 | | | | 4702 | 36973.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REVASC ENDO OPN/PERQ LOW EXT W INTRAVASC LITHO | C9764 | HCPCS | | | | both | | | 38919 | 14469 | Aetna | Medicare | 12581.74 | | | | 4702 | 36973.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REVASC ENDO OPN/PERQ LOW EXT W INTRAVASC LITHO | C9764 | HCPCS | | | | both | | | 38919 | 14469 | Americare | Americare | 29189.25 | 75 | | | 4702 | 36973.05 | percent of total billed charges | |
| HC REVASC ENDO OPN/PERQ LOW EXT W INTRAVASC LITHO | C9764 | HCPCS | | | | both | | | 38919 | 14469 | First Trenton | First Trenton | 35027.1 | 90 | | | 4702 | 36973.05 | percent of total billed charges | |
| HC REVASC ENDO OPN/PERQ LOW EXT W INTRAVASC LITHO | C9764 | HCPCS | | | | both | | | 38919 | 14469 | Consumer | Consumer | 36973.05 | 95 | | | 4702 | 36973.05 | percent of total billed charges | |
| HC REVASC ENDO OPN/PERQ LOW EXT W INTRAVASC LITHO | C9764 | HCPCS | | | | both | | | 38919 | 14469 | Aetna | Better Health | 12278.94 | 31.55 | | | 4702 | 36973.05 | percent of total billed charges | |
| HC REVASC ENDO OPN/PERQ LOW EXT W INTRAVASC LITHO | C9764 | HCPCS | | | | both | | | 38919 | 14469 | Corrections | Corrections | 31135.2 | 80 | | | 4702 | 36973.05 | percent of total billed charges | |
| HC REVASC ENDO OPN/PERQ LOW EXT W INTRAVASC LITHO | C9764 | HCPCS | | | | both | | | 38919 | 14469 | Horizon | Indemnity | 24345.67 | | | | 4702 | 36973.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REVASC ENDO OPN/PERQ LOW EXT W INTRAVASC LITHO | C9764 | HCPCS | | | | both | | | 38919 | 14469 | Horizon | Medicare Blue | 12581.74 | | | | 4702 | 36973.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REVASC ENDO OPN/PERQ LOW EXT W INTRAVASC LITHO | C9764 | HCPCS | | | | both | | | 38919 | 14469 | First Health | First Health | 27243.3 | 70 | | | 4702 | 36973.05 | percent of total billed charges | |
| HC REVASC ENDO OPN/PERQ LOW EXT W INTRAVASC LITHO | C9764 | HCPCS | | | | both | | | 38919 | 14469 | Amerihealth | HMO/PPO | 25297.35 | 65 | | | 4702 | 36973.05 | percent of total billed charges | |
| HC REVASC ENDO OPN/PERQ LOW EXT W INTRAVASC LITHO | C9764 | HCPCS | | | | both | | | 38919 | 14469 | Managed Care Inc | Managed Care Inc | 35027.1 | 90 | | | 4702 | 36973.05 | percent of total billed charges | |
| HC REVASC ENDO OPN/PERQ LOW EXT W INTRAVASC LITHO | C9764 | HCPCS | | | | both | | | 38919 | 14469 | United | Oxford | 4702 | | | | 4702 | 36973.05 | case rate | |
| HC REVASC ENDO OPN/PERQ LOW EXT W INTRAVASC LITHO | C9764 | HCPCS | | | | both | | | 38919 | 14469 | Horizon | PPO | 24345.67 | | | | 4702 | 36973.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REVASC ENDO OPN/PERQ LOW EXT W INTRAVASC LITHO | C9764 | HCPCS | | | | both | | | 38919 | 14469 | Multiplan | Multiplan | 31135.2 | 80 | | | 4702 | 36973.05 | percent of total billed charges | |
| HC REVASC ENDO OPN/PERQ LOW EXT W INTRAVASC LITHO | C9764 | HCPCS | | | | both | | | 38919 | 14469 | UHC | Medicaid | 12278.94 | 31.55 | | | 4702 | 36973.05 | percent of total billed charges | |
| HC REVASC ENDO OPN/PERQ LOW EXT W INTRAVASC LITHO | C9764 | HCPCS | | | | both | | | 38919 | 14469 | Wellcare | Medicaid | 12278.94 | 31.55 | | | 4702 | 36973.05 | percent of total billed charges | |
| HC REVASC ENDO OPN/PERQ LOW EXT W INTRAVASC LITHO | C9764 | HCPCS | | | | both | | | 38919 | 14469 | Horizon | MGD | 24345.67 | | | | 4702 | 36973.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REVASC ENDO OPN/PERQ LOW EXT W INTRAVASC LITHO | C9764 | HCPCS | | | | both | | | 38919 | 14469 | Qualcare | Qualcare | 29189.25 | 75 | | | 4702 | 36973.05 | percent of total billed charges | |
| HC REVASC ENDO OPN/PERQ LOW EXT W INTRAVASC LITHO | C9764 | HCPCS | | | | both | | | 38919 | 14469 | Three Rivers | Three Rivers | 36973.05 | 95 | | | 4702 | 36973.05 | percent of total billed charges | |
| HC REVASC ENDO OPN/PERQ LOW EXT W INTRAVASC LITHO | C9764 | HCPCS | | | | both | | | 38919 | 14469 | Wellcare | Medicare | 12581.74 | | | | 4702 | 36973.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC REVASC ENDO OPN/PERQ LOW EXT W INTRAVASC LITHO | C9764 | HCPCS | | | | both | | | 38919 | 14469 | WellPoint | WellPoint | 12524.13 | 32.18 | | | 4702 | 36973.05 | percent of total billed charges | |
| HC REVASC ENDO OPN/PERQ LOW EXT W INTRAVASC LITHO | C9764 | HCPCS | | | | both | | | 38919 | 14469 | United | Commercial/PPO | 4702 | | | | 4702 | 36973.05 | case rate | |
| HC REVASC ENDO OPN/PERQ LOW EXT W INTRAVASC LITHO | C9764 | HCPCS | | | | both | | | 38919 | 14469 | UHC | Medicare | 12581.74 | | | | 4702 | 36973.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDO SLEEVE GASTROPLASTY W EGD | C9784 | HCPCS | | | | outpatient | | | 33108 | 13538.55 | First Trenton | First Trenton | 29797.2 | 90 | | | 4702 | 31452.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDO SLEEVE GASTROPLASTY W EGD | C9784 | HCPCS | | | | outpatient | | | 33108 | 13538.55 | Amerihealth | Medicare | 11772.65 | | | | 4702 | 31452.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ENDO SLEEVE GASTROPLASTY W EGD | C9784 | HCPCS | | | | outpatient | | | 33108 | 13538.55 | UHC | Medicaid | 10445.57 | 31.55 | | | 4702 | 31452.6 | percent of total billed charges | |
| HC ENDO SLEEVE GASTROPLASTY W EGD | C9784 | HCPCS | | | | outpatient | | | 33108 | 13538.55 | Consumer | Consumer | 31492.6 | 95 | | | 4702 | 31452.6 | percent of total billed charges | |
| HC ENDO SLEEVE GASTROPLASTY W EGD | C9784 | HCPCS | | | | outpatient | | | 33108 | 13538.55 | Amerihealth | HMO/PPO | 21520.2 | 65 | | | 4702 | 31452.6 | percent of total billed charges | |
| HC ENDO SLEEVE GASTROPLASTY W EGD | C9784 | HCPCS | | | | outpatient | | | 33108 | 13538.55 | Aetna | Better Health | 10445.57 | 31.55 | | | 4702 | 31452.6 | percent of total billed charges | |
| HC ENDO SLEEVE GASTROPLASTY W EGD | C9784 | HCPCS | | | | outpatient | | | 33108 | 13538.55 | First Health | First Health | 23175.6 | 70 | | | 4702 | 31452.6 | percent of total billed charges | |
| HC ENDO SLEEVE GASTROPLASTY W EGD | C9784 | HCPCS | | | | outpatient | | | 33108 | 13538.55 | Aetna | Medicare | 11772.65 | | | | 4

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC ADMIN VACCINE INFLUENZA | G0008 | HCPCS | | | | outpatient | | | 160 | 62.48 | Aetna | Better Health | 50.48 | 31.55 | | 42.16 | 50.48 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE INFLUENZA | G0008 | HCPCS | | | | outpatient | | | 160 | 62.48 | Americare | Americare | 120 | 75 | | | 50.48 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE INFLUENZA | G0008 | HCPCS | | | | outpatient | | | 160 | 62.48 | Horizon | PPO | 105.13 | | | 47.87 | 50.48 | 152 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADMIN VACCINE INFLUENZA | G0008 | HCPCS | | | | outpatient | | | 160 | 62.48 | UHC | Medicare | 54.33 | | | 28.03 | 50.48 | 152 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADMIN VACCINE INFLUENZA | G0008 | HCPCS | | | | outpatient | | | 160 | 62.48 | Amerihealth | HMO/PPO | 104 | 65 | | 24.22 | 50.48 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE INFLUENZA | G0008 | HCPCS | | | | outpatient | | | 160 | 62.48 | First Trenton | First Trenton | 144 | 90 | | | 50.48 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE INFLUENZA | G0008 | HCPCS | | | | outpatient | | | 160 | 62.48 | Consumer | Consumer | 152 | 95 | | | 50.48 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE INFLUENZA | G0008 | HCPCS | | | | outpatient | | | 160 | 62.48 | Aetna | Medicare | 54.33 | | | 2.47 | 50.48 | 152 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADMIN VACCINE INFLUENZA | G0008 | HCPCS | | | | outpatient | | | 160 | 62.48 | Amerihealth | Medicare | 54.33 | | | 76.63 | 50.48 | 152 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADMIN VACCINE INFLUENZA | G0008 | HCPCS | | | | outpatient | | | 160 | 62.48 | Managed Care Inc | Managed Care Inc | 144 | 90 | | | 50.48 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE INFLUENZA | G0008 | HCPCS | | | | outpatient | | | 160 | 62.48 | Wellcare | Medicare | 54.33 | | | 28.44 | 50.48 | 152 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADMIN VACCINE INFLUENZA | G0008 | HCPCS | | | | outpatient | | | 160 | 62.48 | Wellcare | Medicaid | 50.48 | 31.55 | | 43.96 | 50.48 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE INFLUENZA | G0008 | HCPCS | | | | outpatient | | | 160 | 62.48 | Corrections | Corrections | 128 | 80 | | | 50.48 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE INFLUENZA | G0008 | HCPCS | | | | outpatient | | | 160 | 62.48 | Three Rivers | Three Rivers | 152 | 95 | | | 50.48 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE INFLUENZA | G0008 | HCPCS | | | | outpatient | | | 160 | 62.48 | First Health | First Health | 112 | 70 | | | 50.48 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE INFLUENZA | G0008 | HCPCS | | | | outpatient | | | 160 | 62.48 | WellPoint | WellPoint | 51.49 | 32.18 | | 34.42 | 50.48 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE INFLUENZA | G0008 | HCPCS | | | | outpatient | | | 160 | 62.48 | Horizon | Medicare Blue | 54.33 | | | 41.97 | 50.48 | 152 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADMIN VACCINE INFLUENZA | G0008 | HCPCS | | | | outpatient | | | 160 | 62.48 | UHC | Medicaid | 50.48 | 31.55 | | 41.84 | 50.48 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE INFLUENZA | G0008 | HCPCS | | | | outpatient | | | 160 | 62.48 | Horizon | Indemnity | 105.13 | | | 45.93 | 50.48 | 152 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADMIN VACCINE INFLUENZA | G0008 | HCPCS | | | | outpatient | | | 160 | 62.48 | Horizon | MGD | 105.13 | | | 52.16 | 50.48 | 152 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADMIN VACCINE INFLUENZA | G0008 | HCPCS | | | | outpatient | | | 160 | 62.48 | Multiplan | Multiplan | 128 | 80 | | | 50.48 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE INFLUENZA | G0008 | HCPCS | | | | outpatient | | | 160 | 62.48 | Qualcare | Qualcare | 120 | 75 | | | 50.48 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE PNEUMOCOCCAL | G0009 | HCPCS | | | | outpatient | | | 160 | 62.48 | UHC | Medicare | 54.33 | | | | 35.13 | 152 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADMIN VACCINE PNEUMOCOCCAL | G0009 | HCPCS | | | | outpatient | | | 160 | 62.48 | Horizon | PPO | 105.13 | | | | 35.13 | 152 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADMIN VACCINE PNEUMOCOCCAL | G0009 | HCPCS | | | | outpatient | | | 160 | 62.48 | Amerihealth | Medicare | 54.33 | | | | 35.13 | 152 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADMIN VACCINE PNEUMOCOCCAL | G0009 | HCPCS | | | | outpatient | | | 160 | 62.48 | Aetna | Better Health | 50.48 | 31.55 | | | 35.13 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE PNEUMOCOCCAL | G0009 | HCPCS | | | | outpatient | | | 160 | 62.48 | Americare | Americare | 120 | 75 | | | 35.13 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE PNEUMOCOCCAL | G0009 | HCPCS | | | | outpatient | | | 160 | 62.48 | Aetna | Medicare | 54.33 | | | | 35.13 | 152 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADMIN VACCINE PNEUMOCOCCAL | G0009 | HCPCS | | | | outpatient | | | 160 | 62.48 | Corrections | Corrections | 128 | 80 | | | 35.13 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE PNEUMOCOCCAL | G0009 | HCPCS | | | | outpatient | | | 160 | 62.48 | Amerihealth | HMO/PPO | 104 | 65 | | | 35.13 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE PNEUMOCOCCAL | G0009 | HCPCS | | | | outpatient | | | 160 | 62.48 | First Trenton | First Trenton | 144 | 90 | | | 35.13 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE PNEUMOCOCCAL | G0009 | HCPCS | | | | outpatient | | | 160 | 62.48 | WellPoint | WellPoint | 51.49 | 32.18 | | | 35.13 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE PNEUMOCOCCAL | G0009 | HCPCS | | | | outpatient | | | 160 | 62.48 | Horizon | Indemnity | 105.13 | | | | 35.13 | 152 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADMIN VACCINE PNEUMOCOCCAL | G0009 | HCPCS | | | | outpatient | | | 160 | 62.48 | Consumer | Consumer | 152 | 95 | | | 35.13 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE PNEUMOCOCCAL | G0009 | HCPCS | | | | outpatient | | | 160 | 62.48 | Horizon | NJ Health | 35.13 | | | | 35.13 | 152 | fee schedule | |
| HC ADMIN VACCINE PNEUMOCOCCAL | G0009 | HCPCS | | | | outpatient | | | 160 | 62.48 | Horizon | MGD | 105.13 | | | | 35.13 | 152 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADMIN VACCINE PNEUMOCOCCAL | G0009 | HCPCS | | | | outpatient | | | 160 | 62.48 | UHC | Medicaid | 50.48 | 31.55 | | | 35.13 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE PNEUMOCOCCAL | G0009 | HCPCS | | | | outpatient | | | 160 | 62.48 | First Health | First Health | 112 | 70 | | | 35.13 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE PNEUMOCOCCAL | G0009 | HCPCS | | | | outpatient | | | 160 | 62.48 | Managed Care Inc | Managed Care Inc | 144 | 90 | | | 35.13 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE PNEUMOCOCCAL | G0009 | HCPCS | | | | outpatient | | | 160 | 62.48 | Wellcare | Medicaid | 50.48 | 31.55 | | | 35.13 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE PNEUMOCOCCAL | G0009 | HCPCS | | | | outpatient | | | 160 | 62.48 | Three Rivers | Three Rivers | 152 | 95 | | | 35.13 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE PNEUMOCOCCAL | G0009 | HCPCS | | | | outpatient | | | 160 | 62.48 | Horizon | Medicare Blue | 54.33 | | | | 35.13 | 152 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADMIN VACCINE PNEUMOCOCCAL | G0009 | HCPCS | | | | outpatient | | | 160 | 62.48 | Wellcare | Medicare | 54.33 | | | | 35.13 | 152 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADMIN VACCINE PNEUMOCOCCAL | G0009 | HCPCS | | | | outpatient | | | 160 | 62.48 | Multiplan | Multiplan | 128 | 80 | | | 35.13 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE PNEUMOCOCCAL | G0009 | HCPCS | | | | outpatient | | | 160 | 62.48 | Qualcare | Qualcare | 120 | 75 | | | 35.13 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE HEPATITIS B | G0010 | HCPCS | | | | outpatient | | | 160 | 62.48 | First Trenton | First Trenton | 144 | 90 | | | 50.48 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE HEPATITIS B | G0010 | HCPCS | | | | outpatient | | | 160 | 62.48 | First Health | First Health | 112 | 70 | | | 50.48 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE HEPATITIS B | G0010 | HCPCS | | | | outpatient | | | 160 | 62.48 | Aetna | Better Health | 50.48 | 31.55 | | | 50.48 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE HEPATITIS B | G0010 | HCPCS | | | | outpatient | | | 160 | 62.48 | Amerihealth | HMO/PPO | 104 | 65 | | | 50.48 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE HEPATITIS B | G0010 | HCPCS | | | | outpatient | | | 160 | 62.48 | Amerihealth | Medicare | 54.33 | | | | 50.48 | 152 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADMIN VACCINE HEPATITIS B | G0010 | HCPCS | | | | outpatient | | | 160 | 62.48 | Horizon | PPO | 105.13 | | | | 50.48 | 152 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADMIN VACCINE HEPATITIS B | G0010 | HCPCS | | | | outpatient | | | 160 | 62.48 | Consumer | Consumer | 152 | 95 | | | 50.48 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE HEPATITIS B | G0010 | HCPCS | | | | outpatient | | | 160 | 62.48 | Horizon | Indemnity | 105.13 | | | | 50.48 | 152 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADMIN VACCINE HEPATITIS B | G0010 | HCPCS | | | | outpatient | | | 160 | 62.48 | UHC | Medicare | 54.33 | | | | 50.48 | 152 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADMIN VACCINE HEPATITIS B | G0010 | HCPCS | | | | outpatient | | | 160 | 62.48 | Wellcare | Medicaid | 50.48 | 31.55 | | | 50.48 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE HEPATITIS B | G0010 | HCPCS | | | | outpatient | | | 160 | 62.48 | Aetna | Medicare | 54.33 | | | | 50.48 | 152 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADMIN VACCINE HEPATITIS B | G0010 | HCPCS | | | | outpatient | | | 160 | 62.48 | Multiplan | Multiplan | 128 | 80 | | | 50.48 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE HEPATITIS B | G0010 | HCPCS | | | | outpatient | | | 160 | 62.48 | Qualcare | Qualcare | 120 | 75 | | | 50.48 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE HEPATITIS B | G0010 | HCPCS | | | | outpatient | | | 160 | 62.48 | UHC | Medicaid | 50.48 | 31.55 | | | 50.48 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE HEPATITIS B | G0010 | HCPCS | | | | outpatient | | | 160 | 62.48 | Corrections | Corrections | 128 | 80 | | | 50.48 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE HEPATITIS B | G0010 | HCPCS | | | | outpatient | | | 160 | 62.48 | Horizon | Medicare Blue | 54.33 | | | | 50.48 | 152 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADMIN VACCINE HEPATITIS B | G0010 | HCPCS | | | | outpatient | | | 160 | 62.48 | Americare | Americare | 120 | 75 | | | 50.48 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE HEPATITIS B | G0010 | HCPCS | | | | outpatient | | | 160 | 62.48 | Wellcare | Medicare | 54.33 | | | | 50.48 | 152 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADMIN VACCINE HEPATITIS B | G0010 | HCPCS | | | | outpatient | | | 160 | 62.48 | Managed Care Inc | Managed Care Inc | 144 | 90 | | | 50.48 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE HEPATITIS B | G0010 | HCPCS | | | | outpatient | | | 160 | 62.48 | WellPoint | WellPoint | 51.49 | 32.18 | | | 50.48 | 152 | percent of total billed charges | |
| HC ADMIN VACCINE HEPATITIS B | G0010 | HCPCS | | | | outpatient | | | 160 | 62.48 | Horizon | MGD | 105.13 | | | | 50.48 | 152 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC ADMIN VACCINE HEPATITIS B | G0010 | HCPCS | | | | outpatient | | | 160 | 62.48 | Three Rivers | Three Rivers | 152 | 95 | | | 50.48 | 152 | percent of total billed charges | |
| HC CANCER SCREEN CERVICAL/VAGINAL | G0101 | HCPCS | | | | outpatient | | | 295 | 117.23 | Amerihealth | Medicare | 101.94 | | | | 93.07 | 280.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CANCER SCREEN CERVICAL/VAGINAL | G0101 | HCPCS | | | | outpatient | | | 295 | 117.23 | Corrections | Corrections | 236 | 80 | | | 93.07 | 280.25 | percent of total billed charges | |
| HC CANCER SCREEN CERVICAL/VAGINAL | G0101 | HCPCS | | | | outpatient | | | 295 | 117.23 | Aetna | Medicare | 101.94 | | | | 93.07 | 280.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CANCER SCREEN CERVICAL/VAGINAL | G0101 | HCPCS | | | | outpatient | | | 295 | 117.23 | Horizon | Medicare Blue | 101.94 | | | | 93.07 | 280.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CANCER SCREEN CERVICAL/VAGINAL | G0101 | HCPCS | | | | outpatient | | | 295 | 117.23 | Americare | Americare | 221.25 | 75 | | | 93.07 | 280.25 | percent of total billed charges | |
| HC CANCER SCREEN CERVICAL/VAGINAL | G0101 | HCPCS | | | | outpatient | | | 295 | 117.23 | Consumer | Consumer | 280.25 | 95 | | | 93.07 | 280.25 | percent of total billed charges | |
| HC CANCER SCREEN CERVICAL/VAGINAL | G0101 | HCPCS | | | | outpatient | | | 295 | 117.23 | Aetna | Better Health | 93.07 | 31.55 | | | 93.07 | 280.25 | percent of total billed charges | |
| HC CANCER SCREEN CERVICAL/VAGINAL | G0101 | HCPCS | | | | outpatient | | | 295 | 117.23 | Wellcare | Medicaid | 93.07 | 31.55 | | | 93.07 | 280.25 | percent of total billed charges | |
| HC CANCER SCREEN CERVICAL/VAGINAL | G0101 | HCPCS | | | | outpatient | | | 295 | 117.23 | Horizon | MGD | 197.25 | | | | 93.07 | 280.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CANCER SCREEN CERVICAL/VAGINAL | G0101 | HCPCS | | | | outpatient | | | 295 | 117.23 | Horizon | Indemnity | 197.25 | | | | 93.07 | 280.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CANCER SCREEN CERVICAL/VAGINAL | G0101 | HCPCS | | | | outpatient | | | 295 | 117.23 | First Health | First Health | 206.5 | 70 | | | 93.07 | 280.25 | percent of total billed charges | |
| HC CANCER SCREEN CERVICAL/VAGINAL | G0101 | HCPCS | | | | outpatient | | | 295 | 117.23 | UHC | Medicare | 101.94 | | | | 93.07 | 280.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CANCER SCREEN CERVICAL/VAGINAL | G0101 | HCPCS | | | | outpatient | | | 295 | 117.23 | UHC | Medicaid | 93.07 | 31.55 | | | 93.07 | 280.25 | percent of total billed charges | |
| HC CANCER SCREEN CERVICAL/VAGINAL | G0101 | HCPCS | | | | outpatient | | | 295 | 117.23 | First Trenton | First Trenton | 265.5 | 90 | | | 93.07 | 280.25 | percent of total billed charges | |
| HC CANCER SCREEN CERVICAL/VAGINAL | G0101 | HCPCS | | | | outpatient | | | 295 | 117.23 | Amerihealth | HMO/PPO | 191.75 | 65 | | | 93.07 | 280.25 | percent of total billed charges | |
| HC CANCER SCREEN CERVICAL/VAGINAL | G0101 | HCPCS | | | | outpatient | | | 295 | 117.23 | Wellcare | Medicare | 101.94 | | | | 93.07 | 280.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CANCER SCREEN CERVICAL/VAGINAL | G0101 | HCPCS | | | | outpatient | | | 295 | 117.23 | Multiplan | Multiplan | 236 | 80 | | | 93.07 | 280.25 | percent of total billed charges | |
| HC CANCER SCREEN CERVICAL/VAGINAL | G0101 | HCPCS | | | | outpatient | | | 295 | 117.23 | Horizon | PPO | 197.25 | | | | 93.07 | 280.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC CANCER SCREEN CERVICAL/VAGINAL | G0101 | HCPCS | | | | outpatient | | | 295 | 117.23 | Qualcare | Qualcare | 221.25 | 75 | | | 93.07 | 280.25 | percent of total billed charges | |
| HC CANCER SCREEN CERVICAL/VAGINAL | G0101 | HCPCS | | | | outpatient | | | 295 | 117.23 | Horizon | NJ Health | 133.11 | | | | 93.07 | 280.25 | fee schedule | |
| HC CANCER SCREEN CERVICAL/VAGINAL | G0101 | HCPCS | | | | outpatient | | | 295 | 117.23 | WellPoint | WellPoint | 94.93 | 32.18 | | | 93.07 | 280.25 | percent of total billed charges | |
| HC CANCER SCREEN CERVICAL/VAGINAL | G0101 | HCPCS | | | | outpatient | | | 295 | 117.23 | Managed Care Inc | Managed Care Inc | 265.5 | 90 | | | 93.07 | 280.25 | percent of total billed charges | |
| HC CANCER SCREEN CERVICAL/VAGINAL | G0101 | HCPCS | | | | outpatient | | | 295 | 117.23 | Three Rivers | Three Rivers | 280.25 | 95 | | | 93.07 | 280.25 | percent of total billed charges | |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON HI RISK PT | G0105 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | Multiplan | Multiplan | 2118.4 | 80 | | | 481.98 | 2515.6 | percent of total billed charges | |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON HI RISK PT | G0105 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | Consumer | Consumer | 2515.6 | 95 | | | 481.98 | 2515.6 | percent of total billed charges | |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON HI RISK PT | G0105 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | Americare | Americare | 1986 | 75 | | | 481.98 | 2515.6 | percent of total billed charges | |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON HI RISK PT | G0105 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | Horizon | MGD | 2022.6 | | | | 481.98 | 2515.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON HI RISK PT | G0105 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | Aetna | Medicare | 1045.27 | | | | 481.98 | 2515.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON HI RISK PT | G0105 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | Aetna | Better Health | 835.44 | 31.55 | | | 481.98 | 2515.6 | percent of total billed charges | |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON HI RISK PT | G0105 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | Amerihealth | HMO/PPO | 550 | | | | 481.98 | 2515.6 | fee schedule | |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON HI RISK PT | G0105 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | Wellcare | Medicare | 1045.27 | | | | 481.98 | 2515.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON HI RISK PT | G0105 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | Qualcare | Qualcare | 1986 | 75 | | | 481.98 | 2515.6 | percent of total billed charges | |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON HI RISK PT | G0105 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | First Health | First Health | 1853.6 | 70 | | | 481.98 | 2515.6 | percent of total billed charges | |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON HI RISK PT | G0105 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | First Trenton | First Trenton | 2383.2 | 90 | | | 481.98 | 2515.6 | percent of total billed charges | |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON HI RISK PT | G0105 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | UHC | Medicaid | 835.44 | 31.55 | | | 481.98 | 2515.6 | percent of total billed charges | |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON HI RISK PT | G0105 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | Corrections | Corrections | 2118.4 | 80 | | | 481.98 | 2515.6 | percent of total billed charges | |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON HI RISK PT | G0105 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | UHC | Medicare | 1045.27 | | | 849.23 | 481.98 | 2515.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON HI RISK PT | G0105 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | Amerihealth | Medicare | 1045.27 | | | | 481.98 | 2515.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON HI RISK PT | G0105 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | Horizon | PPO | 2022.6 | | | | 481.98 | 2515.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON HI RISK PT | G0105 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | Horizon | Medicare Blue | 1045.27 | | | | 481.98 | 2515.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON HI RISK PT | G0105 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | WellPoint | WellPoint | 852.13 | 32.18 | | | 481.98 | 2515.6 | percent of total billed charges | |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON HI RISK PT | G0105 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | Horizon | Indemnity | 2022.6 | | | | 481.98 | 2515.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON HI RISK PT | G0105 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | Horizon | NJ Health | 181.98 | | | | 481.98 | 2515.6 | fee schedule | |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON HI RISK PT | G0105 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | United | Commercial\|PPO | 1817 | | | | 481.98 | 2515.6 | case rate | |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON HI RISK PT | G0105 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | Managed Care Inc | Managed Care Inc | 2383.2 | 90 | | | 481.98 | 2515.6 | percent of total billed charges | |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON HI RISK PT | G0105 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | United | Oxford | 1817 | | | | 481.98 | 2515.6 | case rate | |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON HI RISK PT | G0105 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | Three Rivers | Three Rivers | 2515.6 | 95 | | | 481.98 | 2515.6 | percent of total billed charges | |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON HI RISK PT | G0105 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | Wellcare | Medicaid | 835.44 | 31.55 | | | 481.98 | 2515.6 | percent of total billed charges | |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON NON-HI RISK PT | G0121 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | Amerihealth | Medicare | 1045.27 | | | | 550 | 2515.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON NON-HI RISK PT | G0121 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | Horizon | Medicare Blue | 1045.27 | | | 863.45 | 550 | 2515.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON NON-HI RISK PT | G0121 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | Aetna | Medicare | 1045.27 | | | | 550 | 2515.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON NON-HI RISK PT | G0121 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | Amerihealth | HMO/PPO | 550 | | | | 550 | 2515.6 | fee schedule | |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON NON-HI RISK PT | G0121 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | Horizon | Indemnity | 2022.6 | | | | 550 | 2515.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON NON-HI RISK PT | G0121 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | Horizon | NJ Health | 2500.38 | | | 1490.25 | 550 | 2515.6 | fee schedule | |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON NON-HI RISK PT | G0121 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | Aetna | Better Health | 835.44 | 31.55 | | | 550 | 2515.6 | percent of total billed charges | |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON NON-HI RISK PT | G0121 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | First Trenton | First Trenton | 2383.2 | 90 | | | 550 | 2515.6 | percent of total billed charges | |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON NON-HI RISK PT | G0121 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | First Health | First Health | 1853.6 | 70 | | | 550 | 2515.6 | percent of total billed charges | |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON NON-HI RISK PT | G0121 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | UHC | Medicaid | 835.44 | 31.55 | | 627.72 | 550 | 2515.6 | percent of total billed charges | |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON NON-HI RISK PT | G0121 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | Corrections | Corrections | 2118.4 | 80 | | | 550 | 2515.6 | percent of total billed charges | |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON NON-HI RISK PT | G0121 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | UHC | Medicare | 1045.27 | | | 571.9 | 550 | 2515.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON NON-HI RISK PT | G0121 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | Horizon | MGD | 2022.6 | | | 1620.07 | 550 | 2515.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON NON-HI RISK PT | G0121 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | Horizon | PPO | 2022.6 | | | 1627.75 | 550 | 2515.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON NON-HI RISK PT | G0121 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | Americare | Americare | 1986 | 75 | | | 550 | 2515.6 | percent of total billed charges | |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON NON-HI RISK PT | G0121 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | United | Oxford | 1817 | | | | 550 | 2515.6 | case rate | |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON NON-HI RISK PT | G0121 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | Multiplan | Multiplan | 2118.4 | 80 | | | 550 | 2515.6 | percent of total billed charges | |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON NON-HI RISK PT | G0121 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | Managed Care Inc | Managed Care Inc | 2383.2 | 90 | | | 550 | 2515.6 | percent of total billed charges | |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON NON-HI RISK PT | G0121 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | Consumer | Consumer | 2515.6 | 95 | | | 550 | 2515.6 | percent of total billed charges | |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON NON-HI RISK PT | G0121 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | Wellcare | Medicaid | 835.44 | 31.55 | | | 550 | 2515.6 | percent of total billed charges | |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON NON-HI RISK PT | G0121 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | United | Commercial\|PPO | 1817 | | | | 550 | 2515.6 | case rate | |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON NON-HI RISK PT | G0121 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | Wellcare | Medicare | 1045.27 | | | | 550 | 2515.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON NON-HI RISK PT | G0121 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | Three Rivers | Three Rivers | 2515.6 | 95 | | | 550 | 2515.6 | percent of total billed charges | |
| HC COLORECTAL CANCER SCREEN; COLONOSCOPY ON NON-HI RISK PT | G0121 | HCPCS | | | | outpatient | | | 2648 | 1202.06 | WellPo

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC TRIM DYSTROPHIC NAILS ANY # | G0127 | HCPCS | | | | outpatient | | | 218 | 80.45 | First Trenton | First Trenton | 196.2 | 90 | | | 18.27 | 1782 | percent of total billed charges | |
| HC TRIM DYSTROPHIC NAILS ANY # | G0127 | HCPCS | | | | outpatient | | | 218 | 80.45 | Amerihealth | HMO/PPO | 141.7 | 65 | | | 18.27 | 1782 | percent of total billed charges | |
| HC TRIM DYSTROPHIC NAILS ANY # | G0127 | HCPCS | | | | outpatient | | | 218 | 80.45 | Horizon | Indemnity | 135.37 | | | | 18.27 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRIM DYSTROPHIC NAILS ANY # | G0127 | HCPCS | | | | outpatient | | | 218 | 80.45 | First Health | First Health | 152.6 | 70 | | | 18.27 | 1782 | percent of total billed charges | |
| HC TRIM DYSTROPHIC NAILS ANY # | G0127 | HCPCS | | | | outpatient | | | 218 | 80.45 | Horizon | MGD | 135.37 | | | 87.95 | 18.27 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRIM DYSTROPHIC NAILS ANY # | G0127 | HCPCS | | | | outpatient | | | 218 | 80.45 | Corrections | Corrections | 174.4 | 80 | | | 18.27 | 1782 | percent of total billed charges | |
| HC TRIM DYSTROPHIC NAILS ANY # | G0127 | HCPCS | | | | outpatient | | | 218 | 80.45 | United | Oxford | 1782 | | | | 18.27 | 1782 | case rate | |
| HC TRIM DYSTROPHIC NAILS ANY # | G0127 | HCPCS | | | | outpatient | | | 218 | 80.45 | Horizon | NJ Health | 18.27 | | | 10.47 | 18.27 | 1782 | fee schedule | |
| HC TRIM DYSTROPHIC NAILS ANY # | G0127 | HCPCS | | | | outpatient | | | 218 | 80.45 | Multiplan | Multiplan | 174.4 | 80 | | | 18.27 | 1782 | percent of total billed charges | |
| HC TRIM DYSTROPHIC NAILS ANY # | G0127 | HCPCS | | | | outpatient | | | 218 | 80.45 | Three Rivers | Three Rivers | 207.1 | 95 | | | 18.27 | 1782 | percent of total billed charges | |
| HC TRIM DYSTROPHIC NAILS ANY # | G0127 | HCPCS | | | | outpatient | | | 218 | 80.45 | Horizon | PPO | 135.37 | | | 45.26 | 18.27 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRIM DYSTROPHIC NAILS ANY # | G0127 | HCPCS | | | | outpatient | | | 218 | 80.45 | UHC | Medicaid | 68.78 | 31.55 | | 68.1 | 18.27 | 1782 | percent of total billed charges | |
| HC TRIM DYSTROPHIC NAILS ANY # | G0127 | HCPCS | | | | outpatient | | | 218 | 80.45 | Qualcare | Qualcare | 163.5 | 75 | | | 18.27 | 1782 | percent of total billed charges | |
| HC TRIM DYSTROPHIC NAILS ANY # | G0127 | HCPCS | | | | outpatient | | | 218 | 80.45 | UHC | Medicare | 69.96 | | | 60.05 | 18.27 | 1782 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC TRIM DYSTROPHIC NAILS ANY # | G0127 | HCPCS | | | | outpatient | | | 218 | 80.45 | Managed Care Inc | Managed Care Inc | 196.2 | 90 | | | 18.27 | 1782 | percent of total billed charges | |
| HC TRIM DYSTROPHIC NAILS ANY # | G0127 | HCPCS | | | | outpatient | | | 218 | 80.45 | United | Commercial/PPO | 1782 | | | | 18.27 | 1782 | case rate | |
| HC TRIM DYSTROPHIC NAILS ANY # | G0127 | HCPCS | | | | outpatient | | | 218 | 80.45 | Wellcare | Medicaid | 68.78 | 31.55 | | | 18.27 | 1782 | percent of total billed charges | |
| HC UNSCHEDULED EMERGENCY DIALYSIS TX FOR AN ESRD PT IN A HOD NOT CERTIFIED AS ESRD FACILITY | G0257 | HCPCS | | | | outpatient | | | 2400 | 919.08 | First Trenton | First Trenton | 2160 | 90 | | | 135 | 2280 | percent of total billed charges | |
| HC UNSCHEDULED EMERGENCY DIALYSIS TX FOR AN ESRD PT IN A HOD NOT CERTIFIED AS ESRD FACILITY | G0257 | HCPCS | | | | outpatient | | | 2400 | 919.08 | Managed Care Inc | Managed Care Inc | 2160 | 90 | | | 135 | 2280 | percent of total billed charges | |
| HC UNSCHEDULED EMERGENCY DIALYSIS TX FOR AN ESRD PT IN A HOD NOT CERTIFIED AS ESRD FACILITY | G0257 | HCPCS | | | | outpatient | | | 2400 | 919.08 | Horizon | MGD | 1546.45 | | | | 135 | 2280 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNSCHEDULED EMERGENCY DIALYSIS TX FOR AN ESRD PT IN A HOD NOT CERTIFIED AS ESRD FACILITY | G0257 | HCPCS | | | | outpatient | | | 2400 | 919.08 | Consumer | Consumer | 2280 | 95 | | | 135 | 2280 | percent of total billed charges | |
| HC UNSCHEDULED EMERGENCY DIALYSIS TX FOR AN ESRD PT IN A HOD NOT CERTIFIED AS ESRD FACILITY | G0257 | HCPCS | | | | outpatient | | | 2400 | 919.08 | Americare | Americare | 1800 | 75 | | | 135 | 2280 | percent of total billed charges | |
| HC UNSCHEDULED EMERGENCY DIALYSIS TX FOR AN ESRD PT IN A HOD NOT CERTIFIED AS ESRD FACILITY | G0257 | HCPCS | | | | outpatient | | | 2400 | 919.08 | Multiplan | Multiplan | 1920 | 80 | | | 135 | 2280 | percent of total billed charges | |
| HC UNSCHEDULED EMERGENCY DIALYSIS TX FOR AN ESRD PT IN A HOD NOT CERTIFIED AS ESRD FACILITY | G0257 | HCPCS | | | | outpatient | | | 2400 | 919.08 | Corrections | Corrections | 1920 | 80 | | 425.3 | 135 | 2280 | percent of total billed charges | |
| HC UNSCHEDULED EMERGENCY DIALYSIS TX FOR AN ESRD PT IN A HOD NOT CERTIFIED AS ESRD FACILITY | G0257 | HCPCS | | | | outpatient | | | 2400 | 919.08 | Aetna | Better Health | 757.2 | 31.55 | | 697.71 | 135 | 2280 | percent of total billed charges | |
| HC UNSCHEDULED EMERGENCY DIALYSIS TX FOR AN ESRD PT IN A HOD NOT CERTIFIED AS ESRD FACILITY | G0257 | HCPCS | | | | outpatient | | | 2400 | 919.08 | Three Rivers | Three Rivers | 2280 | 95 | | | 135 | 2280 | percent of total billed charges | |
| HC UNSCHEDULED EMERGENCY DIALYSIS TX FOR AN ESRD PT IN A HOD NOT CERTIFIED AS ESRD FACILITY | G0257 | HCPCS | | | | outpatient | | | 2400 | 919.08 | Wellcare | Medicare | 799.2 | | | | 135 | 2280 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNSCHEDULED EMERGENCY DIALYSIS TX FOR AN ESRD PT IN A HOD NOT CERTIFIED AS ESRD FACILITY | G0257 | HCPCS | | | | outpatient | | | 2400 | 919.08 | WellPoint | WellPoint | 772.32 | 32.18 | | 333.4 | 135 | 2280 | percent of total billed charges | |
| HC UNSCHEDULED EMERGENCY DIALYSIS TX FOR AN ESRD PT IN A HOD NOT CERTIFIED AS ESRD FACILITY | G0257 | HCPCS | | | | outpatient | | | 2400 | 919.08 | Horizon | Medicare Blue | 799.2 | | | 267.81 | 135 | 2280 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNSCHEDULED EMERGENCY DIALYSIS TX FOR AN ESRD PT IN A HOD NOT CERTIFIED AS ESRD FACILITY | G0257 | HCPCS | | | | outpatient | | | 2400 | 919.08 | Amerihealth | HMO/PPO | 135 | | | | 135 | 2280 | fee schedule | |
| HC UNSCHEDULED EMERGENCY DIALYSIS TX FOR AN ESRD PT IN A HOD NOT CERTIFIED AS ESRD FACILITY | G0257 | HCPCS | | | | outpatient | | | 2400 | 919.08 | Qualcare | Qualcare | 1800 | 75 | | | 135 | 2280 | percent of total billed charges | |
| HC UNSCHEDULED EMERGENCY DIALYSIS TX FOR AN ESRD PT IN A HOD NOT CERTIFIED AS ESRD FACILITY | G0257 | HCPCS | | | | outpatient | | | 2400 | 919.08 | Horizon | Indemnity | 1546.45 | | | | 135 | 2280 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNSCHEDULED EMERGENCY DIALYSIS TX FOR AN ESRD PT IN A HOD NOT CERTIFIED AS ESRD FACILITY | G0257 | HCPCS | | | | outpatient | | | 2400 | 919.08 | Aetna | Medicare | 799.2 | | | 319.5 | 135 | 2280 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNSCHEDULED EMERGENCY DIALYSIS TX FOR AN ESRD PT IN A HOD NOT CERTIFIED AS ESRD FACILITY | G0257 | HCPCS | | | | outpatient | | | 2400 | 919.08 | UHC | Medicaid | 757.2 | 31.55 | | 599.61 | 135 | 2280 | percent of total billed charges | |
| HC UNSCHEDULED EMERGENCY DIALYSIS TX FOR AN ESRD PT IN A HOD NOT CERTIFIED AS ESRD FACILITY | G0257 | HCPCS | | | | outpatient | | | 2400 | 919.08 | Horizon | PPO | 1546.45 | | | 576.34 | 135 | 2280 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNSCHEDULED EMERGENCY DIALYSIS TX FOR AN ESRD PT IN A HOD NOT CERTIFIED AS ESRD FACILITY | G0257 | HCPCS | | | | outpatient | | | 2400 | 919.08 | Amerihealth | Medicare | 799.2 | | | | 135 | 2280 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNSCHEDULED EMERGENCY DIALYSIS TX FOR AN ESRD PT IN A HOD NOT CERTIFIED AS ESRD FACILITY | G0257 | HCPCS | | | | outpatient | | | 2400 | 919.08 | First Health | First Health | 1680 | 70 | | | 135 | 2280 | percent of total billed charges | |
| HC UNSCHEDULED EMERGENCY DIALYSIS TX FOR AN ESRD PT IN A HOD NOT CERTIFIED AS ESRD FACILITY | G0257 | HCPCS | | | | outpatient | | | 2400 | 919.08 | UHC | Medicare | 799.2 | | | 313.56 | 135 | 2280 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC UNSCHEDULED EMERGENCY DIALYSIS TX FOR AN ESRD PT IN A HOD NOT CERTIFIED AS ESRD FACILITY | G0257 | HCPCS | | | | outpatient | | | 2400 | 919.08 | Wellcare | Medicaid | 757.2 | 31.55 | | 454.85 | 135 | 2280 | percent of total billed charges | |
| HC PLACEMENT OF OCCLUSIVE DEVICE | G0269 | HCPCS | | | | inpatient | | | 994 | | Corrections | Corrections | 795.2 | 80 | | | 298.2 | 1782 | percent of total billed charges | |
| HC PLACEMENT OF OCCLUSIVE DEVICE | G0269 | HCPCS | | | | inpatient | | | 994 | | Aetna | Better Health | 313.61 | 31.55 | | | 298.2 | 1782 | percent of total billed charges | |
| HC PLACEMENT OF OCCLUSIVE DEVICE | G0269 | HCPCS | | | | inpatient | | | 994 | | Aetna | Medicare | 306.15 | 30.8 | | | 298.2 | 1782 | percent of total billed charges | |
| HC PLACEMENT OF OCCLUSIVE DEVICE | G0269 | HCPCS | | | | inpatient | | | 994 | | Horizon | MGD | 380.5 | 38.28 | | | 298.2 | 1782 | percent of total billed charges | |
| HC PLACEMENT OF OCCLUSIVE DEVICE | G0269 | HCPCS | | | | inpatient | | | 994 | | Americare | Americare | 745.5 | 75 | | | 298.2 | 1782 | percent of total billed charges | |
| HC PLACEMENT OF OCCLUSIVE DEVICE | G0269 | HCPCS | | | | inpatient | | | 994 | | Consumer | Consumer | 944.3 | 95 | | | 298.2 | 1782 | percent of total billed charges | |
| HC PLACEMENT OF OCCLUSIVE DEVICE | G0269 | HCPCS | | | | inpatient | | | 994 | | United | Commercial/PPO | 1782 | | | | 298.2 | 1782 | case rate | |
| HC PLACEMENT OF OCCLUSIVE DEVICE | G0269 | HCPCS | | | | inpatient | | | 994 | | Amerihealth | HMO/PPO | 300 | | | | 298.2 | 1782 | fee schedule | |
| HC PLACEMENT OF OCCLUSIVE DEVICE | G0269 | HCPCS | | | | inpatient | | | 994 | | First Trenton | First Trenton | 894.6 | 90 | | | 298.2 | 1782 | percent of total billed charges | |
| HC PLACEMENT OF OCCLUSIVE DEVICE | G0269 | HCPCS | | | | inpatient | | | 994 | | WellPoint | WellPoint | 319.87 | 32.18 | | | 298.2 | 1782 | percent of total billed charges | |
| HC PLACEMENT OF OCCLUSIVE DEVICE | G0269 | HCPCS | | | | inpatient | | | 994 | | Multiplan | Multiplan | 795.2 | 80 | | | 298.2 | 1782 | percent of total billed charges | |
| HC PLACEMENT OF OCCLUSIVE DEVICE | G0269 | HCPCS | | | | inpatient | | | 994 | | First Health | First Health | 695.8 | 70 | | | 298.2 | 1782 | percent of total billed charges | |
| HC PLACEMENT OF OCCLUSIVE DEVICE | G0269 | HCPCS | | | | inpatient | | | 994 | | Horizon | Indemnity | 380.5 | 38.28 | | | 298.2 | 1782 | percent of total billed charges | |
| HC PLACEMENT OF OCCLUSIVE DEVICE | G0269 | HCPCS | | | | inpatient | | | 994 | | Wellcare | Medicaid | 313.61 | 31.55 | | | 298.2 | 1782 | percent of total billed charges | |
| HC PLACEMENT OF OCCLUSIVE DEVICE | G0269 | HCPCS | | | | inpatient | | | 994 | | Horizon | Medicare Blue | 298.2 | 30 | | | 298.2 | 1782 | percent of total billed charges | |
| HC PLACEMENT OF OCCLUSIVE DEVICE | G0269 | HCPCS | | | | inpatient | | | 994 | | Qualcare | Qualcare | 745.5 | 75 | | | 298.2 | 1782 | percent of total billed charges | |
| HC PLACEMENT OF OCCLUSIVE DEVICE | G0269 | HCPCS | | | | inpatient | | | 994 | | Horizon | PPO | 380.5 | 38.28 | | | 298.2 | 1782 | percent of total billed charges | |
| HC PLACEMENT OF OCCLUSIVE DEVICE | G0269 | HCPCS | | | | inpatient | | | 994 | | UHC | Medicaid | 313.61 | 31.55 | | | 298.2 | 1782 | percent of total billed charges | |
| HC PLACEMENT OF OCCLUSIVE DEVICE | G0269 | HCPCS | | | | inpatient | | | 994 | | Horizon | NJ Health | 758.52 | | | | 298.2 | 1782 | fee schedule | |
| HC PLACEMENT OF OCCLUSIVE DEVICE | G0269 | HCPCS | | | | inpatient | | | 994 | | Three Rivers | Three Rivers | 944.3 | 95 | | | 298.2 | 1782 | percent of total billed charges | |
| HC PLACEMENT OF OCCLUSIVE DEVICE | G0269 | HCPCS | | | | inpatient | | | 994 | | Managed Care Inc | Managed Care Inc | 894.6 | 90 | | | 298.2 | 1782 | percent of total billed charges | |
| HC PLACEMENT OF OCCLUSIVE DEVICE | G0269 | HCPCS | | | | inpatient | | | 994 | | United | Oxford | 1782 | | | | 298.2 | 1782 | case rate | |
| HC PT ELEC STIM OTHER THAN WOUND | G0283 | HCPCS | | | | both | | | 110 | | Consumer | Consumer | 104.5 | 95 | | | 12.97 | 104.5 | percent of total billed charges | |
| HC PT ELEC STIM OTHER THAN WOUND | G0283 | HCPCS | | | | both | | | 110 | | Americare | Americare | 82.5 | 75 | | | 12.97 | 104.5 | percent of total billed charges | |
| HC PT ELEC STIM OTHER THAN WOUND | G0283 | HCPCS | | | | both | | | 110 | | Horizon | Medicare Blue | 33 | 30 | | | 12.97 | 104.5 | percent of total billed charges | |
| HC PT ELEC STIM OTHER THAN WOUND | G0283 | HCPCS | | | | both | | | 110 | | Aetna | Better Health | 34.71 | 31.55 | | | 12.97 | 104.5 | percent of total billed charges | |
| HC PT ELEC STIM OTHER THAN WOUND | G0283 | HCPCS | | | | both | | | 110 | | Aetna | Medicare | 33.88 | 30.8 | | | 12.97 | 104.5 | percent of total billed charges | |
| HC PT ELEC STIM OTHER THAN WOUND | G0283 | HCPCS | | | | both | | | 110 | | First Trenton | First Trenton | 99 | 90 | | | 12.97 | 104.5 | percent of total billed charges | |
| HC PT ELEC STIM OTHER THAN WOUND | G0283 | HCPCS | | | | both | | | 110 | | Multiplan | Multiplan | 88 | 80 | | | 12.97 | 104.5 | percent of total billed charges | |
| HC PT ELEC STIM OTHER THAN WOUND | G0283 | HCPCS | | | | both | | | 110 | | Amerihealth | HMO/PPO | 15 | | | | 12.97 | 104.5 | fee schedule | |
| HC PT ELEC STIM OTHER THAN WOUND | G0283 | HCPCS | | | | both | | | 110 | | Corrections | Corrections | 88 | 80 | | | 12.97 | 104.5 | percent of total billed charges | |
| HC PT ELEC STIM OTHER THAN WOUND | G0283 | HCPCS | | | | both | | | 110 | | Horizon | Indemnity | 42.11 | 38.28 | | | 12.97 | 104.5 | percent of total billed charges | |
| HC PT ELEC STIM OTHER THAN WOUND | G0283 | HCPCS | | | | both | | | 110 | | Managed Care Inc | Managed Care Inc | 99 | 90 | | | 12.97 | 104.5 | percent of total billed charges | |
| HC PT ELEC STIM OTHER THAN WOUND | G0283 | HCPCS | | | | both | | | 110 | | Horizon | PPO | 42.11 | 38.28 | | | 12.97 | 104.5 | percent of total billed charges | |
| HC PT ELEC STIM OTHER THAN WOUND | G0283 | HCPCS | | | | both | | | 110 | | First Health | First Health | 77 | 70 | | | 12.97 | 104.5 | percent of total billed charges | |
| HC PT ELEC STIM OTHER THAN WOUND | G0283 | HCPCS | | | | both | | | 110 | | Qualcare | Qualcare | 82.5 | 75 | | | 12.97 | 104.5 | percent of total billed charges | |
| HC PT ELEC STIM OTHER THAN WOUND | G0283 | HCPCS | | | | both | | | 110 | | Horizon | NJ Health | 12.97 | | | | 12.97 | 104.5 | fee schedule | |
| HC PT ELEC STIM OTHER THAN WOUND | G0283 | HCPCS | | | | both | | | 110 | | UHC | Medicaid | 34.71 | 31.55 | | | 12.97 | 104.5 | percent of total billed charges | |
| HC PT ELEC STIM OTHER THAN WOUND | G0283 | HCPCS | | | | both | | | 110 | | Horizon | MGD | 42.11 | 38.28 | | 42.87 | 12.97 | 104.5 | percent of total billed charges | |
| HC PT ELEC STIM OTHER THAN WOUND | G0283 | HCPCS | | | | both | | | 110 | | WellPoint | WellPoint | 35.4 | 32.18 | | | 12.97 | 104.5 | percent of total billed charges | |
| HC PT ELEC STIM OTHER THAN WOUND | G0283 | HCPCS | | | | both | | | 110 | | Three Rivers | Three Rivers | 104.5 | 95 | | | 12.97 | 104.5 | percent of total billed charges | |
| HC PT ELEC STIM OTHER THAN WOUND | G0283 | HCPCS | | | | both | | | 110 | | Wellcare | Medicaid | 34.71 | 31.55 | | | 12.97 | 104.5 | percent of total billed charges | |
| HC OBSERVATION CARVE-OUT - RESPIRATORY | G0378 | HCPCS | | | | both | | | 688 | | Americare | Americare | 516 | 75 | | | 206.4 | 653.6 | percent of total billed charges | |
| HC OBSERVATION CARVE-OUT - RESPIRATORY | G0378 | HCPCS | | | | both | | | 688 | | Aetna | Medicare | 211.9 | 30.8 | | 96.8 | 206.4 | 653.6 | percent of total billed charges | |
| HC OBSERVATION CARVE-OUT - RESPIRATORY | G0378 | HCPCS | | | | both | | | 688 | | Aetna | Better Health | 217.06 | 31.55 | | 173.57 | 206.4 | 653.6 | percent of total billed charges | |
| HC OBSERVATION CARVE-OUT - RESPIRATORY | G0378 | HCPCS | | | | both | | | 688 | | First Health | First Health | 481.6 | 70 | | | 206.4 | 653.6 | percent of total billed charges | |
| HC OBSERVATION CARVE-OUT - RESPIRATORY | G0378 | HCPCS | | | | both | | | 688 | | Consumer | Consumer | 653.6 | 95 | | | 206.4 | 653.6 | percent of total billed charges | |
| HC OBSERVATION CARVE-OUT - RESPIRATORY | G0378 | HCPCS | | | | both | | | 688 | | First Trenton | First Trenton | 619.2 | 90 | | | 206.4 | 653.6 | percent of total billed charges | |
| HC OBSERVATION CARVE-OUT - RESPIRATORY | G0378 | HCPCS | | | | both | | | 688 | | Corrections | Corrections | 550.4 | 80 | | 127.11 | 206.4 | 653.6 | percent of total billed charges | |
| HC OBSERVATION CARVE-OUT - RESPIRATORY | G0378 | HCPCS | | | | both | | | 688 | | WellPoint | WellPoint | 221.4 | 32.18 | | 133.92 | 206.4 | 653.6 | percent of total billed charges | |
| HC OBSERVATION CARVE-OUT - RESPIRATORY | G0378 | HCPCS | | | | both | | | 688 | | Amerihealth | HMO/PPO | 447.2 | 65 | | 67.32 | 206.4 | 653.6 | percent of total billed charges | |
| HC OBSERVATION CARVE-OUT - RESPIRATORY | G0378 | HCPCS | | | | both | | | 688 | | Horizon | PPO | 263.37 | 38.28 | | 138.11 | 206.4 | 653.6 | percent of total billed charges | |
| HC OBSERVATION CARVE-OUT - RESPIRATORY | G0378 | HCPCS | | | | both | | | 688 | | Horizon | Medicare Blue | 206.4 | 30 | | 71.07 | 206.4 | 653.6 | percent of total billed charges | |
| HC OBSERVATION CARVE-OUT - RESPIRATORY | G0378 | HCPCS | | | | both | | | 688 | | Managed Care Inc | Managed Care Inc | 619.2 | 90 | | | 206.4 | 653.6 | percent of total billed charges | |
| HC OBSERVATION CARVE-OUT - RESPIRATORY | G0378 | HCPCS | | | | both | | | 688 | | Horizon | MGD | 263.37 | 38.28 | | 144.83 | 206.4 | 653.6 | percent of total billed charges | |
| HC OBSERVATION CARVE-OUT - RESPIRATORY | G0378 | HCPCS | | | | both | | | 688 | | Horizon | Indemnity | 263.37 | 38.28 | | 145.71 | 206.4 | 653.6 | percent of total billed charges | |
| HC OBSERVATION CARVE-OUT - RESPIRATORY | G0378 | HCPCS | | | | both | | | 688 | | Three Rivers | Three Rivers | 653.6 | 95 | | | 206.4 | 653.6 | percent of total billed charges | |
| HC OBSERVATION CARVE-OUT - RESPIRATORY | G0378 | HCPCS | | | | both | | | 688 | | Multiplan | Multiplan | 550.4 | 80 | | | 206.4 | 653.6 | percent of total billed charges | |
| HC OBSERVATION CARVE-OUT - RESPIRATORY | G0378 | HCPCS | | | | both | | | 688 | | Wellcare | Medicaid | 217.06 | 31.55 | | 174.19 | 206.4 | 653.6 | percent of total billed charges | |
| HC OBSERVATION CARVE-OUT - RESPIRATORY | G0378 | HCPCS | | | | both | | | 688 | | UHC | Medicaid | 217.06 | 31.55 | | 177.01 | 206.4 | 653.6 | percent of total billed charges | |
| HC OBSERVATION CARVE-OUT - RESPIRATORY | G0378 | HCPCS | | | | both | | | 688 | | Qualcare | Qualcare | 516 | 75 | | | 206.4 | 653.6 | percent of total billed charges | |
| HC DIRECT REFER TO HOSPITAL OBSERVATION | G0379 | HCPCS | | | | outpatient | | | 4369 | 844.79 | Consumer | Consumer | 4150.55 | 95 | | | 734.6 | 4150.55 | percent of total billed charges | |
| HC DIRECT REFER TO HOSPITAL OBSERVATION | G0379 | HCPCS | | | | outpatient | | | 4369 | 844.79 | Horizon | Indemnity | 1421.45 | | | 1252.2 | 734.6 | 4150.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DIRECT REFER TO HOSPITAL OBSERVATION | G0379 | HCPCS | | | | outpatient | | | 4369 | 844.79 | Aetna | Medicare | 734.6 | | | | 734.6 | 4150.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DIRECT REFER TO HOSPITAL OBSERVATION | G0379 | HCPCS | | | | outpatient | | | 4369 | 844.79 | Aetna | Better Health | 1378.42 | 31.55 | | 538.03 | 734.6 | 4150.55 | percent of total billed charges | |
| HC DIRECT REFER TO HOSPITAL OBSERVATION | G0379 | HCPCS | | | | outpatient | | | 4369 | 844.79 | First Health | First Health | 3058.3 | 70 | | | 734.6 | 4150.55 | percent of total billed charges | |
| HC DIRECT REFER TO HOSPITAL OBSERVATION | G0379 | HCPCS | | | | outpatient | | | 4369 | 844.79 | Wellcare | Medicaid | 1378.42 | 31.55 | | | 734.6 | 4150.55 | percent of total billed charges | |
| HC DIRECT REFER TO HOSPITAL OBSERVATION | G0379 | HCPCS | | | | outpatient | | | 4369 | 844.79 | Amerihealth | HMO/PPO | 2839.85 | 65 | | | 734.6 | 4150.55 | percent of total billed charges | |
| HC DIRECT REFER TO HOSPITAL OBSERVATION | G0379 | HCPCS | | | | outpatient | | | 4369 | 844.79 | Americare | Americare | 3276.75 | 75 | | | 734.6 | 4150.55 | percent of total billed charges | |
| HC DIRECT REFER TO HOSPITAL OBSERVATION | G0379 | HCPCS | | | | outpatient | | | 4369 | 844.79 | Corrections | Corrections | 3495.2 | 80 | | | 734.6 | 4150.55 | percent of total billed charges | |
| HC DIRECT REFER TO HOSPITAL OBSERVATION | G0379 | HCPCS | | | | outpatient | | | 4369 | 844.79 | Horizon | Medicare Blue | 734.6 | | | | 734.6 | 4150.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DIRECT REFER TO HOSPITAL OBSERVATION | G0379 | HCPCS | | | | outpatient | | | 4369 | 844.79 | UHC | Medicaid | 1378.42 | 31.55 | | 1368.98 | 734.6 | 4150.55 | percent of total billed charges | |
| HC DIRECT REFER TO HOSPITAL OBSERVATION | G0379 | HCPCS | | | | outpatient | | | 4369 | 844.79 | Amerihealth | Medicare | 734.6 | | | | 734.6 | 4150.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DIRECT REFER TO HOSPITAL OBSERVATION | G0379 | HCPCS | | | | outpatient | | | 4369 | 844.79 | First Trenton | First Trenton | 3932.1 | 90 | | | 734.6 | 4150.55 | percent of total billed charges | |
| HC DIRECT REFER TO HOSPITAL OBSERVATION | G0379 | HCPCS | | | | outpatient | | | 4369 | 844.79 | Horizon | MGD | 1421.45 | | | | 734.6 | 4150.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DIRECT REFER TO HOSPITAL OBSERVATION | G0379 | HCPCS | | | | outpatient | | | 4369 | 844.79 | Multiplan | Multiplan | 3495.2 | 80 | | | 734.6 | 4150.55 | percent of total billed charges | |
| HC DIRECT REFER TO HOSPITAL OBSERVATION | G0379 | HCPCS | | | | outpatient | | | 4369 | 844.79 | UHC | Medicare | 734.6 | | | 771.93 | 734.6 | 4150.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DIRECT REFER TO HOSPITAL OBSERVATION | G0379 | HCPCS | | | | outpatient | | | 4369 | 844.79 | Horizon | PPO | 1421.45 | | | | 734.6 | 4150.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DIRECT REFER TO HOSPITAL OBSERVATION | G0379 | HCPCS | | | | outpatient | | | 4369 | 844.79 | Qualcare | Qualcare | 3276.75 | 75 | | | 734.6 | 4150.55 | percent of total billed charges | |
| HC DIRECT REFER TO HOSPITAL OBSERVATION | G0379 | HCPCS | | | | outpatient | | | 4369 | 844.79 | Managed Care Inc | Managed Care Inc | 3932.1 | 90 | | | 734.6 | 4150.55 | percent of total billed charges | |
| HC DIRECT REFER TO HOSPITAL OBSERVATION | G0379 | HCPCS | | | | outpatient | | | 4369 | 844.79 | Wellcare | Medicare | 734.6 | | | 411.56 | 734.6 | 4150.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC DIRECT REFER TO HOSPITAL OBSERVATION | G0379 | HCPCS | | | | outpatient | | | 4369 | 844.79 | Three Rivers | Three Rivers | 4150.55 | 95 | | | 734.6 | 4150.55 | percent of total billed charges | |
| HC DIRECT REFER TO HOSPITAL OBSERVATION | G0379 | HCPCS | | | | outpatient | | | 4369 | 844.79 | WellPoint | WellPoint | 1405.94 | 32.18 | | 812.37 | 734.6 | 4150.55 | percent of total billed charges | |
| HC LEVEL I HOSP TYPE B ED VISIT | G0380 | HCPCS | | | | both | | | 319 | 98.66 | Multiplan | Multiplan | 255.2 | 80 | | | 70 | 303.05 | percent of total billed charges | |
| HC LEVEL I HOSP TYPE B ED VISIT | G0380 | HCPCS | | | | both | | | 319 | 98.66 | UHC | Medicare | 85.79 | | | | 70 | 303.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL I HOSP TYPE B ED VISIT | G0380 | HCPCS | | | | both | | | 319 | 98.66 | Amerihealth | Medicare | 85.79 | | | | 70 | 303.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL I HOSP TYPE B ED VISIT | G0380 | HCPCS | | | | both | | | 319 | 98.66 | First Health | First Health | 223.3 | 70 | | | 70 | 303.05 | percent of total billed charges | |
| HC LEVEL I HOSP TYPE B ED VISIT | G0380 | HCPCS | | | | both | | | 319 | 98.66 | Aetna | Medicare | 85.79 | | | | 70 | 303.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL I HOSP TYPE B ED VISIT | G0380 | HCPCS | | | | both | | | 319 | 98.66 | Aetna | Better Health | 100.64 | 31.55 | | | 70 | 303.05 | percent of total billed charges | |
| HC LEVEL I HOSP TYPE B ED VISIT | G0380 | HCPCS | | | | both | | | 319 | 98.66 | Americare | Americare | 239.25 | 75 | | | 70 | 303.05 | percent of total billed charges | |
| HC LEVEL I HOSP TYPE B ED VISIT | G0380 | HCPCS | | | | both | | | 319 | 98.66 | Amerihealth | HMO/PPO | 70 | | | | 70 | 303.05 | fee schedule | |
| HC LEVEL I HOSP TYPE B ED VISIT | G0380 | HCPCS | | | | both | | | 319 | 98.66 | Qualcare | Qualcare | 239.25 | 75 | | | 70 | 303.05 | percent of total billed charges | |
| HC LEVEL I HOSP TYPE B ED VISIT | G0380 | HCPCS | | | | both | | | 319 | 98.66 | Horizon | MGD | 166 | | | | 70 | 303.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL I HOSP TYPE B ED VISIT | G0380 | HCPCS | | | | both | | | 319 | 98.66 | Wellcare | Medicaid | 100.64 | 31.55 | | | 70 | 303.05 | percent of total billed charges | |
| HC LEVEL I HOSP TYPE B ED VISIT | G0380 | HCPCS | | | | both | | | 319 | 98.66 | First Trenton | First Trenton | 287.1 | 90 | | | 70 | 303.05 | percent of total billed charges | |
| HC LEVEL I HOSP TYPE B ED VISIT | G0380 | HCPCS | | | | both | | | 319 | 98.66 | Corrections | Corrections | 255.2 | 80 | | | 70 | 303.05 | percent of total billed charges | |
| HC LEVEL I HOSP TYPE B ED VISIT | G0380 | HCPCS | | | | both | | | 319 | 98.66 | Horizon | PPO | 166 | | | | 70 | 303.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL I HOSP TYPE B ED VISIT | G0380 | HCPCS | | | | both | | | 319 | 98.66 | Consumer | Consumer | 303.05 | 95 | | | 70 | 303.05 | percent of total billed charges | |
| HC LEVEL I HOSP TYPE B ED VISIT | G0380 | HCPCS | | | | both | | | 319 | 98.66 | Horizon | Indemnity | 166 | | | | 70 | 303.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL I HOSP TYPE B ED VISIT | G0380 | HCPCS | | | | both | | | 319 | 98.66 | Managed Care Inc | Managed Care Inc | 287.1 | 90 | | | 70 | 303.05 | percent of total billed charges | |
| HC LEVEL I HOSP TYPE B ED VISIT | G0380 | HCPCS | | | | both | | | 319 | 98.66 | UHC | Medicaid | 100.64 | 31.55 | | | 70 | 303.05 | percent of total billed charges | |
| HC LEVEL I HOSP TYPE B ED VISIT | G0380 | HCPCS | | | | both | | | 319 | 98.66 | Horizon | Medicare Blue | 85.79 | | | | 70 | 303.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL I HOSP TYPE B ED VISIT | G0380 | HCPCS | | | | both | | | 319 | 98.66 | Three Rivers | Three Rivers | 303.05 | 95 | | | 70 |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC LEVEL II HOSP TYPE B ED VISIT | G0381 | HCPCS | | | | outpatient | | | 380 | 160.2 | Aetna | Better Health | 119.89 | 31.55 | | | 100 | | 361 percent of total billed charges | |
| HC LEVEL II HOSP TYPE B ED VISIT | G0381 | HCPCS | | | | outpatient | | | 380 | 160.2 | Qualcare | Qualcare | 285 | 75 | | | 100 | | 361 percent of total billed charges | |
| HC LEVEL II HOSP TYPE B ED VISIT | G0381 | HCPCS | | | | outpatient | | | 380 | 160.2 | First Trenton | First Trenton | 342 | 90 | | | 100 | | 361 percent of total billed charges | |
| HC LEVEL II HOSP TYPE B ED VISIT | G0381 | HCPCS | | | | outpatient | | | 380 | 160.2 | Amerihealth | Medicare | 139.3 | | | | 100 | | 361 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL II HOSP TYPE B ED VISIT | G0381 | HCPCS | | | | outpatient | | | 380 | 160.2 | Amerihealth | HMO/PPO | 100 | | | | 100 | | 361 fee schedule | |
| HC LEVEL II HOSP TYPE B ED VISIT | G0381 | HCPCS | | | | outpatient | | | 380 | 160.2 | Multiplan | Multiplan | 304 | 80 | | | 100 | | 361 percent of total billed charges | |
| HC LEVEL II HOSP TYPE B ED VISIT | G0381 | HCPCS | | | | outpatient | | | 380 | 160.2 | UHC | Medicaid | 119.89 | 31.55 | | | 100 | | 361 percent of total billed charges | |
| HC LEVEL II HOSP TYPE B ED VISIT | G0381 | HCPCS | | | | outpatient | | | 380 | 160.2 | Corrections | Corrections | 304 | 80 | | | 100 | | 361 percent of total billed charges | |
| HC LEVEL II HOSP TYPE B ED VISIT | G0381 | HCPCS | | | | outpatient | | | 380 | 160.2 | Horizon | Medicare Blue | 139.3 | | | | 100 | | 361 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL II HOSP TYPE B ED VISIT | G0381 | HCPCS | | | | outpatient | | | 380 | 160.2 | Wellcare | Medicare | 139.3 | | | | 100 | | 361 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL II HOSP TYPE B ED VISIT | G0381 | HCPCS | | | | outpatient | | | 380 | 160.2 | Horizon | Indemnity | 269.55 | | | | 100 | | 361 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL II HOSP TYPE B ED VISIT | G0381 | HCPCS | | | | outpatient | | | 380 | 160.2 | First Health | First Health | 266 | 70 | | | 100 | | 361 percent of total billed charges | |
| HC LEVEL II HOSP TYPE B ED VISIT | G0381 | HCPCS | | | | outpatient | | | 380 | 160.2 | Horizon | PPO | 269.55 | | | | 100 | | 361 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL II HOSP TYPE B ED VISIT | G0381 | HCPCS | | | | outpatient | | | 380 | 160.2 | WellPoint | WellPoint | 122.28 | 32.18 | | | 100 | | 361 percent of total billed charges | |
| HC LEVEL II HOSP TYPE B ED VISIT | G0381 | HCPCS | | | | outpatient | | | 380 | 160.2 | Managed Care Inc | Managed Care Inc | 342 | 90 | | | 100 | | 361 percent of total billed charges | |
| HC LEVEL II HOSP TYPE B ED VISIT | G0381 | HCPCS | | | | outpatient | | | 380 | 160.2 | Horizon | MGD | 269.55 | | | | 100 | | 361 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL II HOSP TYPE B ED VISIT | G0381 | HCPCS | | | | outpatient | | | 380 | 160.2 | UHC | Medicare | 139.3 | | | | 100 | | 361 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL II HOSP TYPE B ED VISIT | G0381 | HCPCS | | | | outpatient | | | 380 | 160.2 | Wellcare | Medicaid | 119.89 | 31.55 | | | 100 | | 361 percent of total billed charges | |
| HC LEVEL III HOSP TYPE B ED VISIT | G0382 | HCPCS | | | | both | | | 498 | 263.07 | First Trenton | First Trenton | 448.2 | 90 | | | 150 | | 473.1 percent of total billed charges | |
| HC LEVEL III HOSP TYPE B ED VISIT | G0382 | HCPCS | | | | both | | | 498 | 263.07 | Aetna | Better Health | 157.12 | 31.55 | | | 150 | | 473.1 percent of total billed charges | |
| HC LEVEL III HOSP TYPE B ED VISIT | G0382 | HCPCS | | | | both | | | 498 | 263.07 | Consumer | Consumer | 473.1 | 95 | | | 150 | | 473.1 percent of total billed charges | |
| HC LEVEL III HOSP TYPE B ED VISIT | G0382 | HCPCS | | | | both | | | 498 | 263.07 | Horizon | PPO | 442.65 | | | | 150 | | 473.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL III HOSP TYPE B ED VISIT | G0382 | HCPCS | | | | both | | | 498 | 263.07 | Amerihealth | Medicare | 228.76 | | | | 150 | | 473.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL III HOSP TYPE B ED VISIT | G0382 | HCPCS | | | | both | | | 498 | 263.07 | WellPoint | WellPoint | 160.26 | 32.18 | | | 150 | | 473.1 percent of total billed charges | |
| HC LEVEL III HOSP TYPE B ED VISIT | G0382 | HCPCS | | | | both | | | 498 | 263.07 | Aetna | Medicare | 228.76 | | | | 150 | | 473.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL III HOSP TYPE B ED VISIT | G0382 | HCPCS | | | | both | | | 498 | 263.07 | Amerihealth | HMO/PPO | 150 | | | | 150 | | 473.1 fee schedule | |
| HC LEVEL III HOSP TYPE B ED VISIT | G0382 | HCPCS | | | | both | | | 498 | 263.07 | Managed Care Inc | Managed Care Inc | 448.2 | 90 | | | 150 | | 473.1 percent of total billed charges | |
| HC LEVEL III HOSP TYPE B ED VISIT | G0382 | HCPCS | | | | both | | | 498 | 263.07 | Horizon | Indemnity | 442.65 | | | | 150 | | 473.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL III HOSP TYPE B ED VISIT | G0382 | HCPCS | | | | both | | | 498 | 263.07 | Corrections | Corrections | 398.4 | 80 | | | 150 | | 473.1 percent of total billed charges | |
| HC LEVEL III HOSP TYPE B ED VISIT | G0382 | HCPCS | | | | both | | | 498 | 263.07 | First Health | First Health | 348.6 | 70 | | | 150 | | 473.1 percent of total billed charges | |
| HC LEVEL III HOSP TYPE B ED VISIT | G0382 | HCPCS | | | | both | | | 498 | 263.07 | Qualcare | Qualcare | 373.5 | 75 | | | 150 | | 473.1 percent of total billed charges | |
| HC LEVEL III HOSP TYPE B ED VISIT | G0382 | HCPCS | | | | both | | | 498 | 263.07 | Horizon | Medicare Blue | 228.76 | | | | 150 | | 473.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL III HOSP TYPE B ED VISIT | G0382 | HCPCS | | | | both | | | 498 | 263.07 | Americare | Americare | 373.5 | 75 | | | 150 | | 473.1 percent of total billed charges | |
| HC LEVEL III HOSP TYPE B ED VISIT | G0382 | HCPCS | | | | both | | | 498 | 263.07 | Wellcare | Medicaid | 157.12 | 31.55 | | | 150 | | 473.1 percent of total billed charges | |
| HC LEVEL III HOSP TYPE B ED VISIT | G0382 | HCPCS | | | | both | | | 498 | 263.07 | UHC | Medicare | 228.76 | | | | 150 | | 473.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL III HOSP TYPE B ED VISIT | G0382 | HCPCS | | | | both | | | 498 | 263.07 | Wellcare | Medicare | 228.76 | | | | 150 | | 473.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL III HOSP TYPE B ED VISIT | G0382 | HCPCS | | | | both | | | 498 | 263.07 | Horizon | MGD | 442.65 | | | | 150 | | 473.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL III HOSP TYPE B ED VISIT | G0382 | HCPCS | | | | both | | | 498 | 263.07 | Multiplan | Multiplan | 398.4 | 80 | | | 150 | | 473.1 percent of total billed charges | |
| HC LEVEL III HOSP TYPE B ED VISIT | G0382 | HCPCS | | | | both | | | 498 | 263.07 | Three Rivers | Three Rivers | 473.1 | 95 | | | 150 | | 473.1 percent of total billed charges | |
| HC LEVEL III HOSP TYPE B ED VISIT | G0382 | HCPCS | | | | both | | | 498 | 263.07 | UHC | Medicaid | 157.12 | 31.55 | | 52.32 | 150 | | 473.1 percent of total billed charges | |
| HC LEVEL IV HOSP TYPE B ED VISIT | G0383 | HCPCS | | | | both | | | 625 | 387.42 | Corrections | Corrections | 500 | 80 | | | 197.19 | | 651.88 percent of total billed charges | |
| HC LEVEL IV HOSP TYPE B ED VISIT | G0383 | HCPCS | | | | both | | | 625 | 387.42 | Amerihealth | Medicare | 336.89 | | | | 197.19 | | 651.88 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL IV HOSP TYPE B ED VISIT | G0383 | HCPCS | | | | both | | | 625 | 387.42 | Aetna | Medicare | 336.89 | | | | 197.19 | | 651.88 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL IV HOSP TYPE B ED VISIT | G0383 | HCPCS | | | | both | | | 625 | 387.42 | Americare | Americare | 468.75 | 75 | | | 197.19 | | 651.88 percent of total billed charges | |
| HC LEVEL IV HOSP TYPE B ED VISIT | G0383 | HCPCS | | | | both | | | 625 | 387.42 | First Health | First Health | 437.5 | 70 | | | 197.19 | | 651.88 percent of total billed charges | |
| HC LEVEL IV HOSP TYPE B ED VISIT | G0383 | HCPCS | | | | both | | | 625 | 387.42 | UHC | Medicare | 336.89 | | | | 197.19 | | 651.88 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL IV HOSP TYPE B ED VISIT | G0383 | HCPCS | | | | both | | | 625 | 387.42 | Aetna | Better Health | 197.19 | 31.55 | | | 197.19 | | 651.88 percent of total billed charges | |
| HC LEVEL IV HOSP TYPE B ED VISIT | G0383 | HCPCS | | | | both | | | 625 | 387.42 | Amerihealth | HMO/PPO | 225 | | | | 197.19 | | 651.88 fee schedule | |
| HC LEVEL IV HOSP TYPE B ED VISIT | G0383 | HCPCS | | | | both | | | 625 | 387.42 | Horizon | Indemnity | 651.88 | | | | 197.19 | | 651.88 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL IV HOSP TYPE B ED VISIT | G0383 | HCPCS | | | | both | | | 625 | 387.42 | First Trenton | First Trenton | 562.5 | 90 | | | 197.19 | | 651.88 percent of total billed charges | |
| HC LEVEL IV HOSP TYPE B ED VISIT | G0383 | HCPCS | | | | both | | | 625 | 387.42 | Horizon | Medicare Blue | 336.89 | | | 93.01 | 197.19 | | 651.88 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL IV HOSP TYPE B ED VISIT | G0383 | HCPCS | | | | both | | | 625 | 387.42 | Wellcare | Medicaid | 197.19 | 31.55 | | | 197.19 | | 651.88 percent of total billed charges | |
| HC LEVEL IV HOSP TYPE B ED VISIT | G0383 | HCPCS | | | | both | | | 625 | 387.42 | Multiplan | Multiplan | 500 | 80 | | | 197.19 | | 651.88 percent of total billed charges | |
| HC LEVEL IV HOSP TYPE B ED VISIT | G0383 | HCPCS | | | | both | | | 625 | 387.42 | Managed Care Inc | Managed Care Inc | 562.5 | 90 | | | 197.19 | | 651.88 percent of total billed charges | |
| HC LEVEL IV HOSP TYPE B ED VISIT | G0383 | HCPCS | | | | both | | | 625 | 387.42 | Consumer | Consumer | 593.75 | 95 | | | 197.19 | | 651.88 percent of total billed charges | |
| HC LEVEL IV HOSP TYPE B ED VISIT | G0383 | HCPCS | | | | both | | | 625 | 387.42 | Three Rivers | Three Rivers | 593.75 | 95 | | | 197.19 | | 651.88 percent of total billed charges | |
| HC LEVEL IV HOSP TYPE B ED VISIT | G0383 | HCPCS | | | | both | | | 625 | 387.42 | Horizon | PPO | 651.88 | | | | 197.19 | | 651.88 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL IV HOSP TYPE B ED VISIT | G0383 | HCPCS | | | | both | | | 625 | 387.42 | Wellcare | Medicare | 336.89 | | | | 197.19 | | 651.88 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL IV HOSP TYPE B ED VISIT | G0383 | HCPCS | | | | both | | | 625 | 387.42 | Horizon | MGD | 651.88 | | | | 197.19 | | 651.88 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL IV HOSP TYPE B ED VISIT | G0383 | HCPCS | | | | both | | | 625 | 387.42 | Qualcare | Qualcare | 468.75 | 75 | | | 197.19 | | 651.88 percent of total billed charges | |
| HC LEVEL IV HOSP TYPE B ED VISIT | G0383 | HCPCS | | | | both | | | 625 | 387.42 | UHC | Medicaid | 197.19 | 31.55 | | | 197.19 | | 651.88 percent of total billed charges | |
| HC LEVEL IV HOSP TYPE B ED VISIT | G0383 | HCPCS | | | | both | | | 625 | 387.42 | WellPoint | WellPoint | 201.13 | 32.18 | | | 197.19 | | 651.88 percent of total billed charges | |
| HC LEVEL V HOSP TYPE B ED VISIT | G0384 | HCPCS | | | | outpatient | | | 813 | 501.32 | Aetna | Better Health | 256.5 | 31.55 | | | 256.5 | | 843.52 percent of total billed charges | |
| HC LEVEL V HOSP TYPE B ED VISIT | G0384 | HCPCS | | | | outpatient | | | 813 | 501.32 | Corrections | Corrections | 650.4 | 80 | | | 256.5 | | 843.52 percent of total billed charges | |
| HC LEVEL V HOSP TYPE B ED VISIT | G0384 | HCPCS | | | | outpatient | | | 813 | 501.32 | UHC | Medicaid | 256.5 | 31.55 | | | 256.5 | | 843.52 percent of total billed charges | |
| HC LEVEL V HOSP TYPE B ED VISIT | G0384 | HCPCS | | | | outpatient | | | 813 | 501.32 | First Trenton | First Trenton | 731.7 | 90 | | | 256.5 | | 843.52 percent of total billed charges | |
| HC LEVEL V HOSP TYPE B ED VISIT | G0384 | HCPCS | | | | outpatient | | | 813 | 501.32 | Wellcare | Medicare | 435.93 | | | | 256.5 | | 843.52 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL V HOSP TYPE B ED VISIT | G0384 | HCPCS | | | | outpatient | | | 813 | 501.32 | Multiplan | Multiplan | 650.4 | 80 | | | 256.5 | | 843.52 percent of total billed charges | |
| HC LEVEL V HOSP TYPE B ED VISIT | G0384 | HCPCS | | | | outpatient | | | 813 | 501.32 | Amerihealth | HMO/PPO | 300 | | | | 256.5 | | 843.52 fee schedule | |
| HC LEVEL V HOSP TYPE B ED VISIT | G0384 | HCPCS | | | | outpatient | | | 813 | 501.32 | First Health | First Health | 569.1 | 70 | | | 256.5 | | 843.52 percent of total billed charges | |
| HC LEVEL V HOSP TYPE B ED VISIT | G0384 | HCPCS | | | | outpatient | | | 813 | 501.32 | Aetna | Medicare | 435.93 | | | | 256.5 | | 843.52 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL V HOSP TYPE B ED VISIT | G0384 | HCPCS | | | | outpatient | | | 813 | 501.32 | Qualcare | Qualcare | 609.75 | 75 | | | 256.5 | | 843.52 percent of total billed charges | |
| HC LEVEL V HOSP TYPE B ED VISIT | G0384 | HCPCS | | | | outpatient | | | 813 | 501.32 | WellPoint | WellPoint | 261.62 | 32.18 | | | 256.5 | | 843.52 percent of total billed charges | |
| HC LEVEL V HOSP TYPE B ED VISIT | G0384 | HCPCS | | | | outpatient | | | 813 | 501.32 | Horizon | MGD | 843.52 | | | | 256.5 | | 843.52 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL V HOSP TYPE B ED VISIT | G0384 | HCPCS | | | | outpatient | | | 813 | 501.32 | Americare | Americare | 609.75 | 75 | | | 256.5 | | 843.52 percent of total billed charges | |
| HC LEVEL V HOSP TYPE B ED VISIT | G0384 | HCPCS | | | | outpatient | | | 813 | 501.32 | Three Rivers | Three Rivers | 772.35 | 95 | | | 256.5 | | 843.52 percent of total billed charges | |
| HC LEVEL V HOSP TYPE B ED VISIT | G0384 | HCPCS | | | | outpatient | | | 813 | 501.32 | Amerihealth | Medicare | 435.93 | | | | 256.5 | | 843.52 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL V HOSP TYPE B ED VISIT | G0384 | HCPCS | | | | outpatient | | | 813 | 501.32 | Horizon | PPO | 843.52 | | | | 256.5 | | 843.52 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL V HOSP TYPE B ED VISIT | G0384 | HCPCS | | | | outpatient | | | 813 | 501.32 | Consumer | Consumer | 772.35 | 95 | | | 256.5 | | 843.52 percent of total billed charges | |
| HC LEVEL V HOSP TYPE B ED VISIT | G0384 | HCPCS | | | | outpatient | | | 813 | 501.32 | Managed Care Inc | Managed Care Inc | 731.7 | 90 | | | 256.5 | | 843.52 percent of total billed charges | |
| HC LEVEL V HOSP TYPE B ED VISIT | G0384 | HCPCS | | | | outpatient | | | 813 | 501.32 | Horizon | Indemnity | 843.52 | | | | 256.5 | | 843.52 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL V HOSP TYPE B ED VISIT | G0384 | HCPCS | | | | outpatient | | | 813 | 501.32 | Horizon | Medicare Blue | 435.93 | | | | 256.5 | | 843.52 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL V HOSP TYPE B ED VISIT | G0384 | HCPCS | | | | outpatient | | | 813 | 501.32 | UHC | Medicare | 435.93 | | | | 256.5 | | 843.52 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL V HOSP TYPE B ED VISIT | G0384 | HCPCS | | | | outpatient | | | 813 | 501.32 | Wellcare | Medicaid | 256.5 | 31.55 | | | 256.5 | | 843.52 percent of total billed charges | |
| HC LEVEL 3 TRAUMA ACTIVATION >30MI | G0390 | HCPCS | | | | both | | | 24076 | 1800.68 | Americare | Americare | 18057 | 75 | | | 1565.81 | | 22872.2 percent of total billed charges | |
| HC LEVEL 3 TRAUMA ACTIVATION >30MI | G0390 | HCPCS | | | | both | | | 24076 | 1800.68 | Consumer | Consumer | 22872.2 | 95 | | | 1565.81 | | 22872.2 percent of total billed charges | |
| HC LEVEL 3 TRAUMA ACTIVATION >30MI | G0390 | HCPCS | | | | both | | | 24076 | 1800.68 | Aetna | Better Health | 7595.98 | 31.55 | | 2338.47 | 1565.81 | | 22872.2 percent of total billed charges | |
| HC LEVEL 3 TRAUMA ACTIVATION >30MI | G0390 | HCPCS | | | | both | | | 24076 | 1800.68 | Amerihealth | HMO/PPO | 15649.4 | 65 | | 216.39 | 1565.81 | | 22872.2 percent of total billed charges | |
| HC LEVEL 3 TRAUMA ACTIVATION >30MI | G0390 | HCPCS | | | | both | | | 24076 | 1800.68 | Amerihealth | Medicare | 1565.81 | | | | 1565.81 | | 22872.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL 3 TRAUMA ACTIVATION >30MI | G0390 | HCPCS | | | | both | | | 24076 | 1800.68 | Horizon | Indemnity | 3029.84 | | | 1026.57 | 1565.81 | | 22872.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL 3 TRAUMA ACTIVATION >30MI | G0390 | HCPCS | | | | both | | | 24076 | 1800.68 | UHC | Medicare | 1565.81 | | | 847.97 | 1565.81 | | 22872.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL 3 TRAUMA ACTIVATION >30MI | G0390 | HCPCS | | | | both | | | 24076 | 1800.68 | Corrections | Corrections | 19260.8 | 80 | | 1469.63 | 1565.81 | | 22872.2 percent of total billed charges | |
| HC LEVEL 3 TRAUMA ACTIVATION >30MI | G0390 | HCPCS | | | | both | | | 24076 | 1800.68 | Horizon | MGD | 3029.84 | | | 1753.99 | 1565.81 | | 22872.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL 3 TRAUMA ACTIVATION >30MI | G0390 | HCPCS | | | | both | | | 24076 | 1800.68 | Three Rivers | Three Rivers | 22872.2 | 95 | | | 1565.81 | | 22872.2 percent of total billed charges | |
| HC LEVEL 3 TRAUMA ACTIVATION >30MI | G0390 | HCPCS | | | | both | | | 24076 | 1800.68 | Aetna | Medicare | 1565.81 | | | 614.97 | 1565.81 | | 22872.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL 3 TRAUMA ACTIVATION >30MI | G0390 | HCPCS | | | | both | | | 24076 | 1800.68 | First Health | First Health | 16853.2 | 70 | | | 1565.81 | | 22872.2 percent of total billed charges | |
| HC LEVEL 3 TRAUMA ACTIVATION >30MI | G0390 | HCPCS | | | | both | | | 24076 | 1800.68 | Multiplan | Multiplan | 19260.8 | 80 | | | 1565.81 | | 22872.2 percent of total billed charges | |
| HC LEVEL 3 TRAUMA ACTIVATION >30MI | G0390 | HCPCS | | | | both | | | 24076 | 1800.68 | Horizon | Medicare Blue | 1565.81 | | | 913.29 | 1565.81 | | 22872.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL 3 TRAUMA ACTIVATION >30MI | G0390 | HCPCS | | | | both | | | 24076 | 1800.68 | First Trenton | First Trenton | 21668.4 | 90 | | | 1565.81 | | 22872.2 percent of total billed charges | |
| HC LEVEL 3 TRAUMA ACTIVATION >30MI | G0390 | HCPCS | | | | both | | | 24076 | 1800.68 | Horizon | PPO | 3029.84 | | | 1419.07 | 1565.81 | | 22872.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL 3 TRAUMA ACTIVATION >30MI | G0390 | HCPCS | | | | both | | | 24076 | 1800.68 | Qualcare | Qualcare | 18057 | 75 | | | 1565.81 | | 22872.2 percent of total billed charges | |
| HC LEVEL 3 TRAUMA ACTIVATION >30MI | G0390 | HCPCS | | | | both | | | 24076 | 1800.68 | WellPoint | WellPoint | 7747.66 | 32.18 | | 1854.55 | 1565.81 | | 22872.2 percent of total billed charges | |
| HC LEVEL 3 TRAUMA ACTIVATION >30MI | G0390 | HCPCS | | | | both | | | 24076 | 1800.68 | Managed Care Inc | Managed Care Inc | 21668.4 | 90 | | | 1565.81 | | 22872.2 percent of total billed charges | |
| HC LEVEL 3 TRAUMA ACTIVATION >30MI | G0390 | HCPCS | | | | both | | | 24076 | 1800.68 | UHC | Medicaid | 7595.98 | 31.55 | | 1981.99 | 1565.81 | | 22872.2 percent of total billed charges | |
| HC LEVEL 3 TRAUMA ACTIVATION >30MI | G0390 | HCPCS | | | | both | | | 24076 | 1800.68 | Wellcare | Medicare | 1565.81 | | | | 1565.81 | | 22872.2 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC LEVEL 3 TRAUMA ACTIVATION >30MI | G0390 | HCPCS | | | | both | | | 24076 | 1800.68 | Wellcare | Medicaid | 7595.98 | 31.55 | | 1143.93 | 1565.81 | | 22872.2 percent of total billed charges | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | G0480 | HCPCS | | | | both | | | 786 | 131.59 | First Trenton | First Trenton | 707.4 | 90 | | | 9.3 | | 746.7 percent of total billed charges | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | G0480 | HCPCS | | | | both | | | 786 | 131.59 | Aetna | Better Health | 247.98 | 31.55 | | 30.99 | 9.3 | | 746.7 percent of total billed charges | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | G0480 | HCPCS | | | | both | | | 786 | 131.59 | Corrections | Corrections | 628.8 | 80 | | 28.17 | 9.3 | | 746.7 percent of total billed charges | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | G0480 | HCPCS | | | | both | | | 786 | 131.59 | First Health | First Health | 550.2 | 70 | | | 9.3 | | 746.7 percent of total billed charges | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | G0480 | HCPCS | | | | both | | | 786 | 131.59 | Americare | Americare | 589.5 | 75 | | | 9.3 | | 746.7 percent of total billed charges | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | G0480 | HCPCS | | | | both | | | 786 | 131.59 | Amerihealth | HMO/PPO | 34.14 | | | 8.41 | 9.3 | | 746.7 fee schedule | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | G0480 | HCPCS | | | | both | | | 786 | 131.59 | Horizon | NJ Health | 125.34 | | | 9.05 | 9.3 | | 746.7 fee schedule | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | G0480 | HCPCS | | | | both | | | 786 | 131.59 | Aetna | Medicare | 114.43 | | | 21.48 | 9.3 | | 746.7 fee schedule | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | G0480 | HCPCS | | | | both | | | 786 | 131.59 | Horizon | PPO | 300.88 | 38.28 | | 26.22 | 9.3 | | 746.7 percent of total billed charges | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | G0480 | HCPCS | | | | both | | | 786 | 131.59 | Horizon | Medicare Blue | 235.8 | 30 | | 15.01 | 9.3 | | 746.7 percent of total billed charges | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | G0480 | HCPCS | | | | both | | | 786 | 131.59 | Wellcare | Medicaid | 91.54 | | | 31.85 | 9.3 | | 746.7 fee schedule | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | G0480 | HCPCS | | | | both | | | 786 | 131.59 | Consumer | Consumer | 746.7 | 95 | | | 9.3 | | 746.7 percent of total billed charges | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | G0480 | HCPCS | | | | both | | | 786 | 131.59 | Amerihealth | Medicare | 114.43 | | | | 9.3 | | 746.7 fee schedule | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | G0480 | HCPCS | | | | both | | | 786 | 131.59 | UHC | Medicaid | 91.54 | | | 33.92 | 9.3 | | 746.7 fee schedule | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | G0480 | HCPCS | | | | both | | | 786 | 131.59 | Multiplan | Multiplan | 628.8 | 80 | | | 9.3 | | 746.7 percent of total billed charges | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | G0480 | HCPCS | | | | both | | | 786 | 131.59 | Horizon | Indemnity | 300.88 | 38.28 | | 25.69 | 9.3 | | 746.7 percent of total billed charges | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | G0480 | HCPCS | | | | both | | | 786 | 131.59 | Managed Care Inc | Managed Care Inc | 707.4 | 90 | | | 9.3 | | 746.7 percent of total billed charges | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | G0480 | HCPCS | | | | both | | | 786 | 131.59 | UHC | Medicare | 114.43 | | | 16.57 | 9.3 | | 746.7 fee schedule | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | G0480 | HCPCS | | | | both | | | 786 | 131.59 | Qualcare | Qualcare | 589.5 | 75 | | | 9.3 | | 746.7 percent of total billed charges | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | G0480 | HCPCS | | | | both | | | 786 | 131.59 | Wellcare | Medicare | 114.43 | | | 15.18 | 9.3 | | 746.7 fee schedule | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | G0480 | HCPCS | | | | both | | | 786 | 131.59 | Horizon | MGD | 300.88 | 38.28 | | 28.84 | 9.3 | | 746.7 percent of total billed charges | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | G0480 | HCPCS | | | | both | | | 786 | 131.59 | WellPoint | WellPoint | 252.93 | 32.18 | | 29.78 | 9.3 | | 746.7 percent of total billed charges | |
| BKR CHG TISSUE PREP FOR DRUG ANAL | G0480 | HCPCS | | | | both | | | 786 | 131.59 | Three Rivers | Three Rivers | 746.7 | 95 | | | 9.3 | | 746.7 percent of total billed charges | |
| HC MOD SEDAT ENDO SERVICE >5YRS | G0500 | HCPCS | | | | outpatient | | | 18.71 | | Americare | Americare | 14.03 | 75 | | | 5.61 | | 90.46 percent of total billed charges | |
| HC MOD SEDAT ENDO SERVICE >5YRS | G0500 | HCPCS | | | | outpatient | | | 18.71 | | Aetna | Better Health | 5.9 | 31.55 | | | 5.61 | | 90.46 percent of total billed charges | |
| HC MOD SEDAT ENDO SERVICE >5YRS | G0500 | HCPCS | | | | outpatient | | | 18.71 | | Horizon | PPO | 7.16 | 38.28 | | | 5.61 | | 90.46 percent of total billed charges | |
| HC MOD SEDAT ENDO SERVICE >5YRS | G0500 | HCPCS | | | | outpatient | | | 18.71 | | Consumer | Consumer | 17.77 | 95 | | | 5.61 | | 90.46 percent of total billed charges | |
| HC MOD SEDAT ENDO SERVICE >5YRS | G0500 | HCPCS | | | | outpatient | | | 18.71 | | Amerihealth | HMO/PPO | 12.16 | 65 | | | 5.61 | | 90.46 percent of total billed charges | |
| HC MOD SEDAT ENDO SERVICE >5YRS | G0500 | HCPCS | | | | outpatient | | | 18.71 | | First Health | First Health | 13.1 | 70 | | | 5.61 | | 90.46 percent of total billed charges | |
| HC MOD SEDAT ENDO SERVICE >5YRS | G0500 | HCPCS | | | | outpatient | | | 18.71 | | Corrections | Corrections | 14.97 | 80 | | | 5.61 | | 90.46 percent of total billed charges | |
| HC MOD SEDAT ENDO SERVICE >5YRS | G0500 | HCPCS | | | | outpatient | | | 18.71 | | Aetna | Medicare | 5.76 | 30.8 | | | 5.61 | | 90.46 percent of total billed charges | |
| HC MOD SEDAT ENDO SERVICE >5YRS | G0500 | HCPCS | | | | outpatient | | | 18.71 | | Horizon | Medicare Blue | 5.61 | 30 | | | 5.61 | | 90.46 percent of total billed charges | |
| HC MOD SEDAT ENDO SERVICE >5YRS | G0500 | HCPCS | | | | outpatient | | | 18.71 | | Wellcare | Medicaid | 5.9 | 31.55 | | | 5.61 | | 90.46 percent of total billed charges | |
| HC MOD SEDAT ENDO SERVICE >5YRS | G0500 | HCPCS | | | | outpatient | | | 18.71 | | Three Rivers | Three Rivers | 17.77 | 95 | | | 5.61 | | 90.46 percent of total billed charges | |
| HC MOD SEDAT ENDO SERVICE >5YRS | G0500 | HCPCS | | | | outpatient | | | 18.71 | | Horizon | MGD | 7.16 | 38.28 | | | 5.61 | | 90.46 percent of total billed charges | |
| HC MOD SEDAT ENDO SERVICE >5YRS | G0500 | HCPCS | | | | outpatient | | | 18.71 | | Horizon | Indemnity | 7.16 | 38.28 | | | 5.61 | | 90.46 percent of total billed charges | |
| HC MOD SEDAT ENDO SERVICE >5YRS | G0500 | HCPCS | | | | outpatient | | | 18.71 | | Horizon | NJ Health | 90.46 | | | | 5.61 | | 90.46 fee schedule | |
| HC MOD SEDAT ENDO SERVICE >5YRS | G0500 | HCPCS | | | | outpatient | | | 18.71 | | First Trenton | First Trenton | 16.84 | 90 | | | 5.61 | | 90.46 percent of total billed charges | |
| HC MOD SEDAT ENDO SERVICE >5YRS | G0500 | HCPCS | | | | outpatient | | | 18.71 | | Multiplan | Multiplan | 14.97 | 80 | | | 5.61 | | 90.46 percent of total billed charges | |
| HC MOD SEDAT ENDO SERVICE >5YRS | G0500 | HCPCS | | | | outpatient | | | 18.71 | | UHC | Medicaid | 5.9 | 31.55 | | | 5.61 | | 90.46 percent of total billed charges | |
| HC MOD SEDAT ENDO SERVICE >5YRS | G0500 | HCPCS | | | | outpatient | | | 18.71 | | Qualcare | Qualcare | 14.03 | 75 | | | 

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HC MOD SEDAT ENDO SERVICE >5YRS | G0500 | HCPCS | | | | outpatient | | | 18.71 | | WellPoint | WellPoint | 6.02 | 32.18 | | | 5.61 | 90.46 | percent of total billed charges | |
| BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS | G0840 | HCPCS | | | | outpatient | | | 200 | | Aetna | Better Health | 63.1 | 31.55 | | | 60 | 190 | percent of total billed charges | |
| BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS | G0840 | HCPCS | | | | outpatient | | | 200 | | Amerihealth | HMO/PPO | 130 | 65 | | | 60 | 190 | percent of total billed charges | |
| BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS | G0840 | HCPCS | | | | outpatient | | | 200 | | First Trenton | First Trenton | 180 | 90 | | | 60 | 190 | percent of total billed charges | |
| BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS | G0840 | HCPCS | | | | outpatient | | | 200 | | Consumer | Consumer | 190 | 95 | | | 60 | 190 | percent of total billed charges | |
| BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS | G0840 | HCPCS | | | | outpatient | | | 200 | | Aetna | Medicare | 61.6 | 30.8 | | | 60 | 190 | percent of total billed charges | |
| BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS | G0840 | HCPCS | | | | outpatient | | | 200 | | Corrections | Corrections | 160 | 80 | | | 60 | 190 | percent of total billed charges | |
| BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS | G0840 | HCPCS | | | | outpatient | | | 200 | | UHC | Medicaid | 63.1 | 31.55 | | | 60 | 190 | percent of total billed charges | |
| BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS | G0840 | HCPCS | | | | outpatient | | | 200 | | Americare | Americare | 150 | 75 | | | 60 | 190 | percent of total billed charges | |
| BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS | G0840 | HCPCS | | | | outpatient | | | 200 | | WellPoint | WellPoint | 64.36 | 32.18 | | | 60 | 190 | percent of total billed charges | |
| BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS | G0840 | HCPCS | | | | outpatient | | | 200 | | Multiplan | Multiplan | 160 | 80 | | | 60 | 190 | percent of total billed charges | |
| BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS | G0840 | HCPCS | | | | outpatient | | | 200 | | Horizon | Indemnity | 76.56 | 38.28 | | | 60 | 190 | percent of total billed charges | |
| BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS | G0840 | HCPCS | | | | outpatient | | | 200 | | Horizon | MGD | 76.56 | 38.28 | | | 60 | 190 | percent of total billed charges | |
| BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS | G0840 | HCPCS | | | | outpatient | | | 200 | | First Health | First Health | 140 | 70 | | | 60 | 190 | percent of total billed charges | |
| BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS | G0840 | HCPCS | | | | outpatient | | | 200 | | Horizon | Medicare Blue | 60 | 30 | | | 60 | 190 | percent of total billed charges | |
| BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS | G0840 | HCPCS | | | | outpatient | | | 200 | | Horizon | PPO | 76.56 | 38.28 | | | 60 | 190 | percent of total billed charges | |
| BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS | G0840 | HCPCS | | | | outpatient | | | 200 | | Wellcare | Medicaid | 63.1 | 31.55 | | | 60 | 190 | percent of total billed charges | |
| BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS | G0840 | HCPCS | | | | outpatient | | | 200 | | Managed Care Inc | Managed Care Inc | 180 | 90 | | | 60 | 190 | percent of total billed charges | |
| BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS | G0840 | HCPCS | | | | outpatient | | | 200 | | Qualcare | Qualcare | 150 | 75 | | | 60 | 190 | percent of total billed charges | |
| BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS | G0840 | HCPCS | | | | outpatient | | | 200 | | Three Rivers | Three Rivers | 190 | 95 | | | 60 | 190 | percent of total billed charges | |
| HC INTERROGATION DEVICE EVAL REMOTE UP TO 30 DAYS | G2066 | HCPCS | | | | outpatient | | | 750 | | Wellcare | Medicaid | 236.63 | 31.55 | | | 225 | 712.5 | percent of total billed charges | |
| HC INTERROGATION DEVICE EVAL REMOTE UP TO 30 DAYS | G2066 | HCPCS | | | | outpatient | | | 750 | | Aetna | Better Health | 236.63 | 31.55 | | | 225 | 712.5 | percent of total billed charges | |
| HC INTERROGATION DEVICE EVAL REMOTE UP TO 30 DAYS | G2066 | HCPCS | | | | outpatient | | | 750 | | Horizon | Medicare Blue | 225 | 30 | | | 225 | 712.5 | percent of total billed charges | |
| HC INTERROGATION DEVICE EVAL REMOTE UP TO 30 DAYS | G2066 | HCPCS | | | | outpatient | | | 750 | | Consumer | Consumer | 712.5 | 95 | | | 225 | 712.5 | percent of total billed charges | |
| HC INTERROGATION DEVICE EVAL REMOTE UP TO 30 DAYS | G2066 | HCPCS | | | | outpatient | | | 750 | | Aetna | Medicare | 231 | 30.8 | | | 225 | 712.5 | percent of total billed charges | |
| HC INTERROGATION DEVICE EVAL REMOTE UP TO 30 DAYS | G2066 | HCPCS | | | | outpatient | | | 750 | | Corrections | Corrections | 600 | 80 | | | 225 | 712.5 | percent of total billed charges | |
| HC INTERROGATION DEVICE EVAL REMOTE UP TO 30 DAYS | G2066 | HCPCS | | | | outpatient | | | 750 | | WellPoint | WellPoint | 241.35 | 32.18 | | | 225 | 712.5 | percent of total billed charges | |
| HC INTERROGATION DEVICE EVAL REMOTE UP TO 30 DAYS | G2066 | HCPCS | | | | outpatient | | | 750 | | First Health | First Health | 525 | 70 | | | 225 | 712.5 | percent of total billed charges | |
| HC INTERROGATION DEVICE EVAL REMOTE UP TO 30 DAYS | G2066 | HCPCS | | | | outpatient | | | 750 | | Americare | Americare | 562.5 | 75 | | | 225 | 712.5 | percent of total billed charges | |
| HC INTERROGATION DEVICE EVAL REMOTE UP TO 30 DAYS | G2066 | HCPCS | | | | outpatient | | | 750 | | Amerihealth | HMO/PPO | 487.5 | 65 | | | 225 | 712.5 | percent of total billed charges | |
| HC INTERROGATION DEVICE EVAL REMOTE UP TO 30 DAYS | G2066 | HCPCS | | | | outpatient | | | 750 | | Horizon | MGD | 287.1 | 38.28 | | | 225 | 712.5 | percent of total billed charges | |
| HC INTERROGATION DEVICE EVAL REMOTE UP TO 30 DAYS | G2066 | HCPCS | | | | outpatient | | | 750 | | First Trenton | First Trenton | 675 | 90 | | | 225 | 712.5 | percent of total billed charges | |
| HC INTERROGATION DEVICE EVAL REMOTE UP TO 30 DAYS | G2066 | HCPCS | | | | outpatient | | | 750 | | Horizon | Indemnity | 287.1 | 38.28 | | | 225 | 712.5 | percent of total billed charges | |
| HC INTERROGATION DEVICE EVAL REMOTE UP TO 30 DAYS | G2066 | HCPCS | | | | outpatient | | | 750 | | Horizon | PPO | 287.1 | 38.28 | | | 225 | 712.5 | percent of total billed charges | |
| HC INTERROGATION DEVICE EVAL REMOTE UP TO 30 DAYS | G2066 | HCPCS | | | | outpatient | | | 750 | | Multiplan | Multiplan | 600 | 80 | | | 225 | 712.5 | percent of total billed charges | |
| HC INTERROGATION DEVICE EVAL REMOTE UP TO 30 DAYS | G2066 | HCPCS | | | | outpatient | | | 750 | | Managed Care Inc | Managed Care Inc | 675 | 90 | | | 225 | 712.5 | percent of total billed charges | |
| HC INTERROGATION DEVICE EVAL REMOTE UP TO 30 DAYS | G2066 | HCPCS | | | | outpatient | | | 750 | | Qualcare | Qualcare | 562.5 | 75 | | | 225 | 712.5 | percent of total billed charges | |
| HC INTERROGATION DEVICE EVAL REMOTE UP TO 30 DAYS | G2066 | HCPCS | | | | outpatient | | | 750 | | Three Rivers | Three Rivers | 712.5 | 95 | | | 225 | 712.5 | percent of total billed charges | |
| HC INTERROGATION DEVICE EVAL REMOTE UP TO 30 DAYS | G2066 | HCPCS | | | | outpatient | | | 750 | | UHC | Medicaid | 236.63 | 31.55 | | | 225 | 712.5 | percent of total billed charges | |
| ZZZ HC COMPLEX E/M VIST ADD ON | G2211 | HCPCS | | | | outpatient | | | 321.06 | | Aetna | Medicare | 98.89 | 30.8 | | | 22.55 | 305.01 | percent of total billed charges | |
| ZZZ HC COMPLEX E/M VIST ADD ON | G2211 | HCPCS | | | | outpatient | | | 321.06 | | Consumer | Consumer | 305.01 | 95 | | | 22.55 | 305.01 | percent of total billed charges | |
| ZZZ HC COMPLEX E/M VIST ADD ON | G2211 | HCPCS | | | | outpatient | | | 321.06 | | Amerihealth | HMO/PPO | 208.69 | 65 | | | 22.55 | 305.01 | percent of total billed charges | |
| ZZZ HC COMPLEX E/M VIST ADD ON | G2211 | HCPCS | | | | outpatient | | | 321.06 | | Americare | Americare | 240.8 | 75 | | | 22.55 | 305.01 | percent of total billed charges | |
| ZZZ HC COMPLEX E/M VIST ADD ON | G2211 | HCPCS | | | | outpatient | | | 321.06 | | First Trenton | First Trenton | 288.95 | 90 | | | 22.55 | 305.01 | percent of total billed charges | |
| ZZZ HC COMPLEX E/M VIST ADD ON | G2211 | HCPCS | | | | outpatient | | | 321.06 | | Corrections | Corrections | 256.85 | 80 | | | 22.55 | 305.01 | percent of total billed charges | |
| ZZZ HC COMPLEX E/M VIST ADD ON | G2211 | HCPCS | | | | outpatient | | | 321.06 | | Aetna | Better Health | 101.29 | 31.55 | | | 22.55 | 305.01 | percent of total billed charges | |
| ZZZ HC COMPLEX E/M VIST ADD ON | G2211 | HCPCS | | | | outpatient | | | 321.06 | | Three Rivers | Three Rivers | 305.01 | 95 | | | 22.55 | 305.01 | percent of total billed charges | |
| ZZZ HC COMPLEX E/M VIST ADD ON | G2211 | HCPCS | | | | outpatient | | | 321.06 | | First Health | First Health | 224.74 | 70 | | | 22.55 | 305.01 | percent of total billed charges | |
| ZZZ HC COMPLEX E/M VIST ADD ON | G2211 | HCPCS | | | | outpatient | | | 321.06 | | Horizon | Indemnity | 122.9 | 38.28 | | | 22.55 | 305.01 | percent of total billed charges | |
| ZZZ HC COMPLEX E/M VIST ADD ON | G2211 | HCPCS | | | | outpatient | | | 321.06 | | Multiplan | Multiplan | 256.85 | 80 | | | 22.55 | 305.01 | percent of total billed charges | |
| ZZZ HC COMPLEX E/M VIST ADD ON | G2211 | HCPCS | | | | outpatient | | | 321.06 | | Horizon | NJ Health | 22.55 | | | | 22.55 | 305.01 | fee schedule | |
| ZZZ HC COMPLEX E/M VIST ADD ON | G2211 | HCPCS | | | | outpatient | | | 321.06 | | Horizon | PPO | 122.9 | 38.28 | | | 22.55 | 305.01 | percent of total billed charges | |
| ZZZ HC COMPLEX E/M VIST ADD ON | G2211 | HCPCS | | | | outpatient | | | 321.06 | | Horizon | Medicare Blue | 96.32 | 30 | | | 22.55 | 305.01 | percent of total billed charges | |
| ZZZ HC COMPLEX E/M VIST ADD ON | G2211 | HCPCS | | | | outpatient | | | 321.06 | | Horizon | MGD | 122.9 | 38.28 | | | 22.55 | 305.01 | percent of total billed charges | |
| ZZZ HC COMPLEX E/M VIST ADD ON | G2211 | HCPCS | | | | outpatient | | | 321.06 | | Qualcare | Qualcare | 240.8 | 75 | | | 22.55 | 305.01 | percent of total billed charges | |
| ZZZ HC COMPLEX E/M VIST ADD ON | G2211 | HCPCS | | | | outpatient | | | 321.06 | | Managed Care Inc | Managed Care Inc | 288.95 | 90 | | | 22.55 | 305.01 | percent of total billed charges | |
| ZZZ HC COMPLEX E/M VIST ADD ON | G2211 | HCPCS | | | | outpatient | | | 321.06 | | UHC | Medicaid | 101.29 | 31.55 | | | 22.55 | 305.01 | percent of total billed charges | |
| ZZZ HC COMPLEX E/M VIST ADD ON | G2211 | HCPCS | | | | outpatient | | | 321.06 | | Wellcare | Medicaid | 101.29 | 31.55 | | | 22.55 | 305.01 | percent of total billed charges | |
| ZZZ HC COMPLEX E/M VIST ADD ON | G2211 | HCPCS | | | | outpatient | | | 321.06 | | WellPoint | WellPoint | 103.32 | 32.18 | | | 22.55 | 305.01 | percent of total billed charges | |
| HC PROLONG OUTPT/OFFICE CIS | G2212 | HCPCS | | | | outpatient | | | 203.14 | | Corrections | Corrections | 162.51 | 80 | | | 44.81 | 192.98 | percent of total billed charges | |
| HC PROLONG OUTPT/OFFICE CIS | G2212 | HCPCS | | | | outpatient | | | 203.14 | | First Trenton | First Trenton | 182.83 | 90 | | | 44.81 | 192.98 | percent of total billed charges | |
| HC PROLONG OUTPT/OFFICE CIS | G2212 | HCPCS | | | | outpatient | | | 203.14 | | Americare | Americare | 152.36 | 75 | | | 44.81 | 192.98 | percent of total billed charges | |
| HC PROLONG OUTPT/OFFICE CIS | G2212 | HCPCS | | | | outpatient | | | 203.14 | | Aetna | Medicare | 62.57 | 30.8 | | | 44.81 | 192.98 | percent of total billed charges | |
| HC PROLONG OUTPT/OFFICE CIS | G2212 | HCPCS | | | | outpatient | | | 203.14 | | Aetna | Better Health | 64.09 | 31.55 | | | 44.81 | 192.98 | percent of total billed charges | |
| HC PROLONG OUTPT/OFFICE CIS | G2212 | HCPCS | | | | outpatient | | | 203.14 | | Horizon | Indemnity | 77.76 | 38.28 | | | 44.81 | 192.98 | percent of total billed charges | |
| HC PROLONG OUTPT/OFFICE CIS | G2212 | HCPCS | | | | outpatient | | | 203.14 | | Amerihealth | HMO/PPO | 132.04 | 65 | | | 44.81 | 192.98 | percent of total billed charges | |
| HC PROLONG OUTPT/OFFICE CIS | G2212 | HCPCS | | | | outpatient | | | 203.14 | | First Health | First Health | 142.2 | 70 | | | 44.81 | 192.98 | percent of total billed charges | |
| HC PROLONG OUTPT/OFFICE CIS | G2212 | HCPCS | | | | outpatient | | | 203.14 | | WellPoint | WellPoint | 65.37 | 32.18 | | | 44.81 | 192.98 | percent of total billed charges | |
| HC PROLONG OUTPT/OFFICE CIS | G2212 | HCPCS | | | | outpatient | | | 203.14 | | Horizon | PPO | 77.76 | 38.28 | | | 44.81 | 192.98 | percent of total billed charges | |
| HC PROLONG OUTPT/OFFICE CIS | G2212 | HCPCS | | | | outpatient | | | 203.14 | | Consumer | Consumer | 192.98 | 95 | | | 44.81 | 192.98 | percent of total billed charges | |
| HC PROLONG OUTPT/OFFICE CIS | G2212 | HCPCS | | | | outpatient | | | 203.14 | | Horizon | MGD | 77.76 | 38.28 | | | 44.81 | 192.98 | percent of total billed charges | |
| HC PROLONG OUTPT/OFFICE CIS | G2212 | HCPCS | | | | outpatient | | | 203.14 | | Horizon | Medicare Blue | 60.94 | 30 | | | 44.81 | 192.98 | percent of total billed charges | |
| HC PROLONG OUTPT/OFFICE CIS | G2212 | HCPCS | | | | outpatient | | | 203.14 | | Managed Care Inc | Managed Care Inc | 182.83 | 90 | | | 44.81 | 192.98 | percent of total billed charges | |
| HC PROLONG OUTPT/OFFICE CIS | G2212 | HCPCS | | | | outpatient | | | 203.14 | | Multiplan | Multiplan | 162.51 | 80 | | | 44.81 | 192.98 | percent of total billed charges | |
| HC PROLONG OUTPT/OFFICE CIS | G2212 | HCPCS | | | | outpatient | | | 203.14 | | UHC | Medicaid | 64.09 | 31.55 | | | 44.81 | 192.98 | percent of total billed charges | |
| HC PROLONG OUTPT/OFFICE CIS | G2212 | HCPCS | | | | outpatient | | | 203.14 | | Horizon | NJ Health | 44.81 | | | | 44.81 | 192.98 | fee schedule | |
| HC PROLONG OUTPT/OFFICE CIS | G2212 | HCPCS | | | | outpatient | | | 203.14 | | Wellcare | Medicaid | 64.09 | 31.55 | | | 44.81 | 192.98 | percent of total billed charges | |
| HC PROLONG OUTPT/OFFICE CIS | G2212 | HCPCS | | | | outpatient | | | 203.14 | | Qualcare | Qualcare | 152.36 | 75 | | | 44.81 | 192.98 | percent of total billed charges | |
| HC PROLONG OUTPT/OFFICE CIS | G2212 | HCPCS | | | | outpatient | | | 203.14 | | Three Rivers | Three Rivers | 192.98 | 95 | | | 44.81 | 192.98 | percent of total billed charges | |
| BKR CHG RHIG RHOGAM | J2790 | HCPCS | | | | both | | | 183 | | 93.34 Amerihealth | Medicare | 81.16 | | | | 54.9 | 173.85 | fee schedule | |
| BKR CHG RHIG RHOGAM | J2790 | HCPCS | | | | both | | | 183 | | 93.34 Aetna | Better Health | 57.74 | 31.55 | | | 54.9 | 173.85 | percent of total billed charges | |
| BKR CHG RHIG RHOGAM | J2790 | HCPCS | | | | both | | | 183 | | 93.34 Aetna | Medicare | 81.16 | | | | 54.9 | 173.85 | fee schedule | |
| BKR CHG RHIG RHOGAM | J2790 | HCPCS | | | | both | | | 183 | | 93.34 Corrections | Corrections | 146.4 | 80 | | | 54.9 | 173.85 | percent of total billed charges | |
| BKR CHG RHIG RHOGAM | J2790 | HCPCS | | | | both | | | 183 | | 93.34 Amerihealth | HMO/PPO | 88.37 | | | | 54.9 | 173.85 | fee schedule | |
| BKR CHG RHIG RHOGAM | J2790 | HCPCS | | | | both | | | 183 | | 93.34 First Health | First Health | 128.1 | 70 | | | 54.9 | 173.85 | percent of total billed charges | |
| BKR CHG RHIG RHOGAM | J2790 | HCPCS | | | | both | | | 183 | | 93.34 Horizon | Indemnity | 70.05 | 38.28 | | | 54.9 | 173.85 | percent of total billed charges | |
| BKR CHG RHIG RHOGAM | J2790 | HCPCS | | | | both | | | 183 | | 93.34 First Trenton | First Trenton | 164.7 | 90 | | | 54.9 | 173.85 | percent of total billed charges | |
| BKR CHG RHIG RHOGAM | J2790 | HCPCS | | | | both | | | 183 | | 93.34 Horizon | MGD | 70.05 | 38.28 | | 65.29 | 54.9 | 173.85 | percent of total billed charges | |
| BKR CHG RHIG RHOGAM | J2790 | HCPCS | | | | both | | | 183 | | 93.34 Americare | Americare | 137.25 | 75 | | | 54.9 | 173.85 | percent of total billed charges | |
| BKR CHG RHIG RHOGAM | J2790 | HCPCS | | | | both | | | 183 | | 93.34 Managed Care Inc | Managed Care Inc | 164.7 | 90 | | | 54.9 | 173.85 | percent of total billed charges | |
| BKR CHG RHIG RHOGAM | J2790 | HCPCS | | | | both | | | 183 | | 93.34 Horizon | PPO | 70.05 | 38.28 | | 38.29 | 54.9 | 173.85 | percent of total billed charges | |
| BKR CHG RHIG RHOGAM | J2790 | HCPCS | | | | both | | | 183 | | 93.34 Three Rivers | Three Rivers | 173.85 | 95 | | | 54.9 | 173.85 | percent of total billed charges | |
| BKR CHG RHIG RHOGAM | J2790 | HCPCS | | | | both | | | 183 | | 93.34 Consumer | Consumer | 173.85 | 95 | | | 54.9 | 173.85 | percent of total billed charges | |
| BKR CHG RHIG RHOGAM | J2790 | HCPCS | | | | both | | | 183 | | 93.34 UHC | Medicaid | 57.74 | 31.55 | | 30.36 | 54.9 | 173.85 | percent of total billed charges | |
| BKR CHG RHIG RHOGAM | J2790 | HCPCS | | | | both | | | 183 | | 93.34 Multiplan | Multiplan | 146.4 | 80 | | | 54.9 | 173.85 | percent of total billed charges | |
| BKR CHG RHIG RHOGAM | J2790 | HCPCS | | | | both | | | 183 | | 93.34 Horizon | Medicare Blue | 54.9 | 30 | | | 54.9 | 173.85 | percent of total billed charges | |
| BKR CHG RHIG RHOGAM | J2790 | HCPCS | | | | both | | | 183 | | 93.34 Qualcare | Qualcare | 137.25 | 75 | | | 54.9 | 173.85 | percent of total billed charges | |
| BKR CHG RHIG RHOGAM | J2790 | HCPCS | | | | both | | | 183 | | 93.34 Wellcare | Medicaid | 57.74 | 31.55 | | | 54.9 | 173.85 | percent of total billed charges | |
| BKR CHG RHIG RHOGAM | J2790 | HCPCS | | | | both | | | 183 | | 93.34 UHC | Medicare | 81.16 | | | | 54.9 | 173.85 | fee schedule | |
| BKR CHG RHIG RHOGAM | J2790 | HCPCS | | | | both | | | 183 | | 93.34 Wellcare | Medicare | 81.16 | | | | 54.9 | 173.85 | fee schedule | |
| BKR CHG RHIG RHOGAM | J2790 | HCPCS | | | | both | | | 183 | | 93.34 WellPoint | WellPoint | 58.89 | 32.18 | | 46.3 | 54.9 | 173.85 | percent of total billed charges | |
| HC DRUGS UNCLASSIFIED INJECTION | J3490 | HCPCS | | | | both | | | 1979 | | Aetna | Better Health | 624.37 | 31.55 | | 4.65 | 593.7 | 1880.05 | percent of total billed charges | |
| HC DRUGS UNCLASSIFIED INJECTION | J3490 | HCPCS | | | | both | | | 1979 | | First Trenton | First Trenton | 1781.1 | 90 | | | 593.7 | 1880.05 | percent of total billed charges | |
| HC DRUGS UNCLASSIFIED INJECTION | J3490 | HCPCS | | | | both | | | 1979 | | Consumer | Consumer | 1880.05 | 95 | | | 593.7 | 1880.05 | percent of total billed charges | |
| HC DRUGS UNCLASSIFIED INJECTION | J3490 | HCPCS | | | | both | | | 1979 | | Three Rivers | Three Rivers | 1880.05 | 95 | | | 593.7 | 1880.05 | percent of total billed charges | |
| HC DRUGS UNCLASSIFIED INJECTION | J3490 | HCPCS | | | | both | | | 1979 | | Aetna | Medicare | 609.53 | 30.8 | | 3.01 | 593.7 | 1880.05 | percent of total billed charges | |
| HC DRUGS UNCLASSIFIED INJECTION | J3490 | HCPCS | | | | both | | | 1979 | | Corrections | Corrections | 1583.2 | 80 | | 6.65 | 593.7 | 1880.05 | percent of total billed charges | |
| HC DRUGS UNCLASSIFIED INJECTION | J3490 | HCPCS | | | | both | | | 1979 | | First Health | First Health | 1385.3 | 70 | | | 593.7 | 1880.05 | percent of total billed charges | |
| HC DRUGS UNCLASSIFIED INJECTION | J3490 | HCPCS | | | | both | | | 1979 | | Americare | Americare | 1484.25 | 75 | | | 593.7 | 1880.05 | percent of total billed charges | |
| HC DRUGS UNCLASSIFIED INJECTION | J3490 | HCPCS | | | | both | | | 1979 | | Horizon | Indemnity | 757.56 | 38.28 | | 14.04 | 593.7 | 1880.05 | percent of total billed charges | |
| HC DRUGS UNCLASSIFIED INJECTION | J3490 | HCPCS | | | | both | | | 1979 | | Horizon | Medicare Blue | 593.7 | 30 | | 4.63 | 593.7 | 1880.05 | percent of total billed charges | |
| HC DRUGS UNCLASSIFIED INJECTION | J3490 | HCPCS | | | | both | | | 1979 | | Multiplan | Multiplan | 1583.2 | 80 | | | 593.7 | 1880.05 | percent of total billed charges | |
| HC DRUGS UNCLASSIFIED INJECTION | J3490 | HCPCS | | | | both | | | 1979 | | UHC | Medicaid | 624.37 | 31.55 | | 6.38 | 593.7 | 1880.05 | percent of total billed charges | |
| HC DRUGS UNCLASSIFIED INJECTION | J3490 | HCPCS | | | | both | | | 1979 | | Amerihealth | HMO/PPO | 1286.35 | 65 | | 2.6 | 593.7 | 1880.05 | percent of total billed charges | |
| HC DRUGS UNCLASSIFIED INJECTION | J3490 | HCPCS | | | | both | | | 1979 | | Horizon | PPO | 757.56 | 38.28 | | 12.53 | 593.7 | 1880.05 | percent of total billed charges | |
| HC DRUGS UNCLASSIFIED INJECTION | J3490 | HCPCS | | | | both | | | 1979 | | Qualcare | Qualcare | 1484.25 | 75 | | | 593.7 | 1880.05 | percent of total billed charges | |
| HC DRUGS UNCLASSIFIED INJECTION | J3490 | HCPCS | | | | both | | | 1979 | | Wellcare | Medicaid | 624.37 | 31.55 | | 6.04 | 593.7 | 1880.05 | percent of total billed charges | |
| HC DRUGS UNCLASSIFIED INJECTION | J3490 | HCPCS | | | | both | | | 1979 | | Horizon | MGD | 757.56 | 38.28 | | 7.47 | 593.7 | 1880.05 | percent of total billed charges | |
| HC DRUGS UNCLASSIFIED INJECTION | J3490 | HCPCS | | | | both | | | 1979 | | Managed Care Inc | Managed Care Inc | 1781.1 | 90 | | | 593.7 | 1880.05 | percent of total billed charges | |
| HC DRUGS UNCLASSIFIED INJECTION | J3490 | HCPCS | | | | both | | | 1979 | | WellPoint | WellPoint | 636.84 | 32.18 | | 9.75 | 593.7 | 1880.05 | percent of total billed charges | |
| BKR CHG VON WILLEBRAND FACTOR COMPLEX | J7187 | HCPCS | | | | both | | | 22 | | 1.55 Americare | Americare | 16.5 | 75 | | | 1.13 | 20.9 | percent of total billed charges | |
| BKR CHG VON WILLEBRAND FACTOR COMPLEX | J7187 | HCPCS | | | | both | | | 22 | | 1.55 First Trenton | First Trenton | 19.8 | 90 | | | 1.13 | 20.9 | percent of total billed charges | |
| BKR CHG VON WILLEBRAND FACTOR COMPLEX | J7187 | HCPCS | | | | both | | | 22 | | 1.55 Horizon | Medicare Blue | 1.68 | | | | 1.13 | 20.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG VON WILLEBRAND FACTOR COMPLEX | J7187 | HCPCS | | | | both | | | 22 | | 1.55 Corrections | Corrections | 17.6 | 80 | | | 1.13 | 20.9 | percent of total billed charges | |
| BKR CHG VON WILLEBRAND FACTOR COMPLEX | J7187 | HCPCS | | | | both | | | 22 | | 1.55 Aetna | Better Health | 6.94 | 31.55 | | | 1.13 | 20.9 | percent of total billed charges | |
| BKR CHG VON WILLEBRAND FACTOR COMPLEX | J7187 | HCPCS | | | | both | | | 22 | | 1.55 Aetna | Medicare | 1.35 | | | | 1.13 | 20.9 | fee schedule | |
| BKR CHG VON WILLEBRAND FACTOR COMPLEX | J7187 | HCPCS | | | | both | | | 22 | | 1.55 Amerihealth | Medicare | 1.35 | | | | 1.13 | 20.9 | fee schedule | |
| BKR CHG VON WILLEBRAND FACTOR COMPLEX | J7187 | HCPCS | | | | both | | | 22 | | 1.55 Multiplan | Multiplan | 17.6 | 80 | | | 1.13 | 20.9 | percent of total billed charges | |
| BKR CHG VON WILLEBRAND FACTOR COMPLEX | J7187 | HCPCS | | | | both | | | 22 | | 1.55 Consumer | Consumer | 20.9 | 95 | | | 1.13 | 20.9 | percent of total billed charges | |
| BKR CHG VON WILLEBRAND FACTOR COMPLEX | J7187 | HCPCS | | | | both | | | 22 | | 1.55 Horizon | MGD | 3.25 | | | | 1.13 | 20.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG VON WILLEBRAND FACTOR COMPLEX | J7187 | HCPCS | | | | both | | | 22 | | 1.55 Horizon | Indemnity | 3.25 | | | | 1.13 | 20.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG VON WILLEBRAND FACTOR COMPLEX | J7187 | HCPCS | | | | both | | | 22 | | 1.55 Qualcare | Qualcare | 16.5 | 75 | | | 1.13 | 20.9 | percent of total billed charges | |
| BKR CHG VON WILLEBRAND FACTOR COMPLEX | J7187 | HCPCS | | | | both | | | 22 | | 1.55 United | Oxford | 3.38 | | | | 1.13 | 20.9 | fee schedule | |
| BKR CHG VON WILLEBRAND FACTOR COMPLEX | J7187 | HCPCS | | | | both | | | 22 | | 1.55 Amerihealth | HMO/PPO | 1.13 | | | | 1.13 | 20.9 | fee schedule | |
| BKR CHG VON WILLEBRAND FACTOR COMPLEX | J7187 | HCPCS | | | | both | | | 22 | | 1.55 Horizon | PPO | 3.25 | | | | 1.13 | 20.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG VON WILLEBRAND FACTOR COMPLEX | J7187 | HCPCS | | | | both | | | 22 | | 1.55 Managed Care Inc | Managed Care Inc | 19.8 | 90 | | | 1.13 | 20.9 | percent of total billed charges | |
| BKR CHG VON WILLEBRAND FACTOR COMPLEX | J7187 | HCPCS | | | | both | | | 22 | | 1.55 Wellcare | Medicaid | 6.94 | 31.55 | | | 1.13 | 20.9 | percent of total billed charges | |
| BKR CHG VON WILLEBRAND FACTOR COMPLEX | J7187 | HCPCS | | | | both | | | 22 | | 1.55 First Health | First Health | 15.4 | 70 | | | 1.13 | 20.9 | percent of total billed charges | |
| BKR CHG VON WILLEBRAND FACTOR COMPLEX | J7187 | HCPCS | | | | both | | | 22 | | 1.55 UHC | Medicare | 1.35 | | | 1.46 | 1.13 | 20.9 | fee schedule | |
| BKR CHG VON WILLEBRAND FACTOR COMPLEX | J7187 | HCPCS | | | | both | | | 22 | | 1.55 Three Rivers | Three Rivers | 20.9 | 95 | | | 1.13 | 20.9 | percent of total billed charges | |
| BKR CHG VON WILLEBRAND FACTOR COMPLEX | J7187 | HCPCS | | | | both | | | 22 | | 1.55 Wellcare | Medicare | 1.35 | | | | 1.13 | 20.9 | fee schedule | |
| BKR CHG VON WILLEBRAND FACTOR COMPLEX | J7187 | HCPCS | | | | both | | | 22 | | 1.55 UHC | Medicaid | 6.94 | 31.55 | | | 1.13 | 20.9 | percent of total billed charges | |
| BKR CHG VON WILLEBRAND FACTOR COMPLEX | J7187 | HCPCS | | | | both | | | 22 | | 1.55 WellPoint | WellPoint | 7.08 | 32.18 | | | 1.13 | 20.9 | percent of total billed charges | |
| BKR CHG VON WILLEBRAND FACTOR COMPLEX | J7187 | HCPCS | | | | both | | | 22 | | 1.55 United | Commercial\|PPO | 3.38 | | | | 1.13 | 20.9 | fee schedule | |
| BKR CHG FACTOR VIII (AHF RECOMBINANT) | J7192 | HCPCS | | | | both | | | 23 | | 1.74 Americare | Americare | 17.25 | 75 | | | 1.3 | 21.85 | percent of total billed charges | |
| BKR CHG FACTOR VIII (AHF RECOMBINANT) | J7192 | HCPCS | | | | both | | | 23 | | 1.74 First Trenton | First Trenton | 20.7 | 90 | | | 1.3 | 21.85 | percent of total billed charges | |
| BKR CHG FACTOR VIII (AHF RECOMBINANT) | J7192 | HCPCS | | | | both | | | 23 | | 1.74 Aetna | Better Health | 7.26 | 31.55 | | | 1.3 | 21.85 | percent of total billed charges | |
| BKR CHG FACTOR VIII (AHF RECOMBINANT) | J7192 | HCPCS | | | | both | | | 23 | | 1.74 Aetna | Medicare | 1.51 | | | | 1.3 | 21.85 | fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
| BKR CHG FACTOR VIII (AHF RECOMBINANT) | J7192 | HCPCS | | | | both | | | 23 | 1.74 | United | Oxford | 3.78 | | | | 1.3 | 21.85 | fee schedule | |
| BKR CHG FACTOR VIII (AHF RECOMBINANT) | J7192 | HCPCS | | | | both | | | 23 | 1.74 | Wellcare | Medicare | 1.51 | | | | 1.3 | 21.85 | fee schedule | |
| BKR CHG FACTOR VIII (AHF RECOMBINANT) | J7192 | HCPCS | | | | both | | | 23 | 1.74 | Consumer | Consumer | 21.85 | 95 | | | 1.3 | 21.85 | percent of total billed charges | |
| BKR CHG FACTOR VIII (AHF RECOMBINANT) | J7192 | HCPCS | | | | both | | | 23 | 1.74 | Amerihealth | Medicare | 1.51 | | | | 1.3 | 21.85 | fee schedule | |
| BKR CHG FACTOR VIII (AHF RECOMBINANT) | J7192 | HCPCS | | | | both | | | 23 | 1.74 | Amerihealth | HMO/PPO | 1.3 | | | | 1.3 | 21.85 | fee schedule | |
| BKR CHG FACTOR VIII (AHF RECOMBINANT) | J7192 | HCPCS | | | | both | | | 23 | 1.74 | Managed Care Inc | Managed Care Inc | 20.7 | 90 | | | 1.3 | 21.85 | percent of total billed charges | |
| BKR CHG FACTOR VIII (AHF RECOMBINANT) | J7192 | HCPCS | | | | both | | | 23 | 1.74 | Horizon | MGD | 3.6 | | | | 1.3 | 21.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FACTOR VIII (AHF RECOMBINANT) | J7192 | HCPCS | | | | both | | | 23 | 1.74 | Multiplan | Multiplan | 18.4 | 80 | | | 1.3 | 21.85 | percent of total billed charges | |
| BKR CHG FACTOR VIII (AHF RECOMBINANT) | J7192 | HCPCS | | | | both | | | 23 | 1.74 | Corrections | Corrections | 18.4 | 80 | | | 1.3 | 21.85 | percent of total billed charges | |
| BKR CHG FACTOR VIII (AHF RECOMBINANT) | J7192 | HCPCS | | | | both | | | 23 | 1.74 | First Health | First Health | 16.1 | 70 | | | 1.3 | 21.85 | percent of total billed charges | |
| BKR CHG FACTOR VIII (AHF RECOMBINANT) | J7192 | HCPCS | | | | both | | | 23 | 1.74 | Horizon | PPO | 3.6 | | | | 1.3 | 21.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FACTOR VIII (AHF RECOMBINANT) | J7192 | HCPCS | | | | both | | | 23 | 1.74 | Qualcare | Qualcare | 17.25 | 75 | | | 1.3 | 21.85 | percent of total billed charges | |
| BKR CHG FACTOR VIII (AHF RECOMBINANT) | J7192 | HCPCS | | | | both | | | 23 | 1.74 | Horizon | Medicare Blue | 1.86 | | | | 1.3 | 21.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FACTOR VIII (AHF RECOMBINANT) | J7192 | HCPCS | | | | both | | | 23 | 1.74 | Horizon | Indemnity | 3.6 | | | | 1.3 | 21.85 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FACTOR VIII (AHF RECOMBINANT) | J7192 | HCPCS | | | | both | | | 23 | 1.74 | WellPoint | WellPoint | 7.4 | 32.18 | | | 1.3 | 21.85 | percent of total billed charges | |
| BKR CHG FACTOR VIII (AHF RECOMBINANT) | J7192 | HCPCS | | | | both | | | 23 | 1.74 | UHC | Medicaid | 7.26 | 31.55 | | | 1.3 | 21.85 | percent of total billed charges | |
| BKR CHG FACTOR VIII (AHF RECOMBINANT) | J7192 | HCPCS | | | | both | | | 23 | 1.74 | UHC | Medicare | 1.51 | | | 0.78 | 1.3 | 21.85 | fee schedule | |
| BKR CHG FACTOR VIII (AHF RECOMBINANT) | J7192 | HCPCS | | | | both | | | 23 | 1.74 | Three Rivers | Three Rivers | 21.85 | 95 | | | 1.3 | 21.85 | percent of total billed charges | |
| BKR CHG FACTOR VIII (AHF RECOMBINANT) | J7192 | HCPCS | | | | both | | | 23 | 1.74 | United | CommercialPPO | 3.78 | | | | 1.3 | 21.85 | fee schedule | |
| BKR CHG FACTOR VIII (AHF RECOMBINANT) | J7192 | HCPCS | | | | both | | | 23 | 1.74 | Wellcare | Medicaid | 7.26 | 31.55 | | | 1.3 | 21.85 | percent of total billed charges | |
| BKR CHG FACTOR IX RECOMBINANT | J7195 | HCPCS | | | | outpatient | | | 22 | 2.01 | First Trenton | First Trenton | 19.8 | 90 | | | 1.64 | 20.9 | percent of total billed charges | |
| BKR CHG FACTOR IX RECOMBINANT | J7195 | HCPCS | | | | outpatient | | | 22 | 2.01 | Americare | Americare | 16.5 | 75 | | | 1.64 | 20.9 | percent of total billed charges | |
| BKR CHG FACTOR IX RECOMBINANT | J7195 | HCPCS | | | | outpatient | | | 22 | 2.01 | Amerihealth | HMO/PPO | 1.64 | | | | 1.64 | 20.9 | fee schedule | |
| BKR CHG FACTOR IX RECOMBINANT | J7195 | HCPCS | | | | outpatient | | | 22 | 2.01 | Consumer | Consumer | 20.9 | 95 | | | 1.64 | 20.9 | percent of total billed charges | |
| BKR CHG FACTOR IX RECOMBINANT | J7195 | HCPCS | | | | outpatient | | | 22 | 2.01 | Aetna | Medicare | 1.75 | | | | 1.64 | 20.9 | fee schedule | |
| BKR CHG FACTOR IX RECOMBINANT | J7195 | HCPCS | | | | outpatient | | | 22 | 2.01 | Horizon | MGD | 4.3 | | | | 1.64 | 20.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FACTOR IX RECOMBINANT | J7195 | HCPCS | | | | outpatient | | | 22 | 2.01 | UHC | Medicaid | 6.94 | 31.55 | | | 1.64 | 20.9 | percent of total billed charges | |
| BKR CHG FACTOR IX RECOMBINANT | J7195 | HCPCS | | | | outpatient | | | 22 | 2.01 | Aetna | Better Health | 6.94 | 31.55 | | | 1.64 | 20.9 | percent of total billed charges | |
| BKR CHG FACTOR IX RECOMBINANT | J7195 | HCPCS | | | | outpatient | | | 22 | 2.01 | Managed Care Inc | Managed Care Inc | 19.8 | 90 | | | 1.64 | 20.9 | percent of total billed charges | |
| BKR CHG FACTOR IX RECOMBINANT | J7195 | HCPCS | | | | outpatient | | | 22 | 2.01 | United | CommercialPPO | 4.38 | | | | 1.64 | 20.9 | fee schedule | |
| BKR CHG FACTOR IX RECOMBINANT | J7195 | HCPCS | | | | outpatient | | | 22 | 2.01 | Amerihealth | Medicare | 1.75 | | | | 1.64 | 20.9 | fee schedule | |
| BKR CHG FACTOR IX RECOMBINANT | J7195 | HCPCS | | | | outpatient | | | 22 | 2.01 | Horizon | Medicare Blue | 2.22 | | | | 1.64 | 20.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FACTOR IX RECOMBINANT | J7195 | HCPCS | | | | outpatient | | | 22 | 2.01 | Corrections | Corrections | 17.6 | 80 | | | 1.64 | 20.9 | percent of total billed charges | |
| BKR CHG FACTOR IX RECOMBINANT | J7195 | HCPCS | | | | outpatient | | | 22 | 2.01 | Multiplan | Multiplan | 17.6 | 80 | | | 1.64 | 20.9 | percent of total billed charges | |
| BKR CHG FACTOR IX RECOMBINANT | J7195 | HCPCS | | | | outpatient | | | 22 | 2.01 | UHC | Medicare | 1.75 | | | | 1.64 | 20.9 | fee schedule | |
| BKR CHG FACTOR IX RECOMBINANT | J7195 | HCPCS | | | | outpatient | | | 22 | 2.01 | United | Oxford | 4.38 | | | | 1.64 | 20.9 | fee schedule | |
| BKR CHG FACTOR IX RECOMBINANT | J7195 | HCPCS | | | | outpatient | | | 22 | 2.01 | Three Rivers | Three Rivers | 20.9 | 95 | | | 1.64 | 20.9 | percent of total billed charges | |
| BKR CHG FACTOR IX RECOMBINANT | J7195 | HCPCS | | | | outpatient | | | 22 | 2.01 | Qualcare | Qualcare | 16.5 | 75 | | | 1.64 | 20.9 | percent of total billed charges | |
| BKR CHG FACTOR IX RECOMBINANT | J7195 | HCPCS | | | | outpatient | | | 22 | 2.01 | First Health | First Health | 15.4 | 70 | | | 1.64 | 20.9 | percent of total billed charges | |
| BKR CHG FACTOR IX RECOMBINANT | J7195 | HCPCS | | | | outpatient | | | 22 | 2.01 | Wellcare | Medicare | 1.75 | | | | 1.64 | 20.9 | fee schedule | |
| BKR CHG FACTOR IX RECOMBINANT | J7195 | HCPCS | | | | outpatient | | | 22 | 2.01 | Horizon | PPO | 4.3 | | | | 1.64 | 20.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FACTOR IX RECOMBINANT | J7195 | HCPCS | | | | outpatient | | | 22 | 2.01 | Horizon | Indemnity | 4.3 | | | | 1.64 | 20.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FACTOR IX RECOMBINANT | J7195 | HCPCS | | | | outpatient | | | 22 | 2.01 | WellPoint | WellPoint | 7.08 | 32.18 | | | 1.64 | 20.9 | percent of total billed charges | |
| BKR CHG FACTOR IX RECOMBINANT | J7195 | HCPCS | | | | outpatient | | | 22 | 2.01 | Wellcare | Medicaid | 6.94 | 31.55 | | | 1.64 | 20.9 | percent of total billed charges | |
| AMB SUP COLLAR CERVICAL | L0172 | HCPCS | | | | outpatient | | | 13.38 | 162.44 | Americare | Americare | 10.04 | 75 | | | 4.01 | 178.37 | percent of total billed charges | |
| AMB SUP COLLAR CERVICAL | L0172 | HCPCS | | | | outpatient | | | 13.38 | 162.44 | Amerihealth | HMO/PPO | 8.7 | 65 | | | 4.01 | 178.37 | percent of total billed charges | |
| AMB SUP COLLAR CERVICAL | L0172 | HCPCS | | | | outpatient | | | 13.38 | 162.44 | Aetna | Medicare | 141.25 | | | | 4.01 | 178.37 | fee schedule | |
| AMB SUP COLLAR CERVICAL | L0172 | HCPCS | | | | outpatient | | | 13.38 | 162.44 | Aetna | Better Health | 4.22 | 31.55 | | | 4.01 | 178.37 | percent of total billed charges | |
| AMB SUP COLLAR CERVICAL | L0172 | HCPCS | | | | outpatient | | | 13.38 | 162.44 | Amerihealth | Medicare | 141.25 | | | | 4.01 | 178.37 | fee schedule | |
| AMB SUP COLLAR CERVICAL | L0172 | HCPCS | | | | outpatient | | | 13.38 | 162.44 | Corrections | Corrections | 10.7 | 80 | | | 4.01 | 178.37 | percent of total billed charges | |
| AMB SUP COLLAR CERVICAL | L0172 | HCPCS | | | | outpatient | | | 13.38 | 162.44 | UHC | Medicaid | 4.22 | 31.55 | | | 4.01 | 178.37 | percent of total billed charges | |
| AMB SUP COLLAR CERVICAL | L0172 | HCPCS | | | | outpatient | | | 13.38 | 162.44 | Consumer | Consumer | 12.71 | 95 | | | 4.01 | 178.37 | percent of total billed charges | |
| AMB SUP COLLAR CERVICAL | L0172 | HCPCS | | | | outpatient | | | 13.38 | 162.44 | Horizon | MGD | 5.12 | 38.28 | | | 4.01 | 178.37 | percent of total billed charges | |
| AMB SUP COLLAR CERVICAL | L0172 | HCPCS | | | | outpatient | | | 13.38 | 162.44 | Multiplan | Multiplan | 10.7 | 80 | | | 4.01 | 178.37 | percent of total billed charges | |
| AMB SUP COLLAR CERVICAL | L0172 | HCPCS | | | | outpatient | | | 13.38 | 162.44 | Horizon | Indemnity | 5.12 | 38.28 | | | 4.01 | 178.37 | percent of total billed charges | |
| AMB SUP COLLAR CERVICAL | L0172 | HCPCS | | | | outpatient | | | 13.38 | 162.44 | First Health | First Health | 9.37 | 70 | | | 4.01 | 178.37 | percent of total billed charges | |
| AMB SUP COLLAR CERVICAL | L0172 | HCPCS | | | | outpatient | | | 13.38 | 162.44 | First Trenton | First Trenton | 12.04 | 90 | | | 4.01 | 178.37 | percent of total billed charges | |
| AMB SUP COLLAR CERVICAL | L0172 | HCPCS | | | | outpatient | | | 13.38 | 162.44 | Horizon | Medicare Blue | 4.01 | 30 | | | 4.01 | 178.37 | percent of total billed charges | |
| AMB SUP COLLAR CERVICAL | L0172 | HCPCS | | | | outpatient | | | 13.38 | 162.44 | Horizon | NJ Health | 178.37 | | | | 4.01 | 178.37 | fee schedule | |
| AMB SUP COLLAR CERVICAL | L0172 | HCPCS | | | | outpatient | | | 13.38 | 162.44 | Qualcare | Qualcare | 10.04 | 75 | | | 4.01 | 178.37 | percent of total billed charges | |
| AMB SUP COLLAR CERVICAL | L0172 | HCPCS | | | | outpatient | | | 13.38 | 162.44 | Horizon | PPO | 5.12 | 38.28 | | | 4.01 | 178.37 | percent of total billed charges | |
| AMB SUP COLLAR CERVICAL | L0172 | HCPCS | | | | outpatient | | | 13.38 | 162.44 | Wellcare | Medicare | 141.25 | | | | 4.01 | 178.37 | fee schedule | |
| AMB SUP COLLAR CERVICAL | L0172 | HCPCS | | | | outpatient | | | 13.38 | 162.44 | Managed Care Inc | Managed Care Inc | 12.04 | 90 | | | 4.01 | 178.37 | percent of total billed charges | |
| AMB SUP COLLAR CERVICAL | L0172 | HCPCS | | | | outpatient | | | 13.38 | 162.44 | UHC | Medicare | 141.25 | | | | 4.01 | 178.37 | fee schedule | |
| AMB SUP COLLAR CERVICAL | L0172 | HCPCS | | | | outpatient | | | 13.38 | 162.44 | Three Rivers | Three Rivers | 12.71 | 95 | | | 4.01 | 178.37 | percent of total billed charges | |
| AMB SUP COLLAR CERVICAL | L0172 | HCPCS | | | | outpatient | | | 13.38 | 162.44 | WellPoint | WellPoint | 4.31 | 32.18 | | | 4.01 | 178.37 | percent of total billed charges | |
| AMB SUP COLLAR CERVICAL | L0172 | HCPCS | | | | outpatient | | | 13.38 | 162.44 | Wellcare | Medicaid | 4.22 | 31.55 | | | 4.01 | 178.37 | percent of total billed charges | |
| AMB SUP SUPPORT ORTHO KNEE | L1810 | HCPCS | | | | outpatient | | | 192.57 | 126.64 | Horizon | MGD | 73.72 | 38.28 | | | 9.29 | 182.94 | percent of total billed charges | |
| AMB SUP SUPPORT ORTHO KNEE | L1810 | HCPCS | | | | outpatient | | | 192.57 | 126.64 | Aetna | Better Health | 60.76 | 31.55 | | | 9.29 | 182.94 | percent of total billed charges | |
| AMB SUP SUPPORT ORTHO KNEE | L1810 | HCPCS | | | | outpatient | | | 192.57 | 126.64 | Americare | Americare | 144.43 | 75 | | | 9.29 | 182.94 | percent of total billed charges | |
| AMB SUP SUPPORT ORTHO KNEE | L1810 | HCPCS | | | | outpatient | | | 192.57 | 126.64 | Aetna | Medicare | 110.12 | | | | 9.29 | 182.94 | fee schedule | |
| AMB SUP SUPPORT ORTHO KNEE | L1810 | HCPCS | | | | outpatient | | | 192.57 | 126.64 | Wellcare | Medicare | 110.12 | | | | 9.29 | 182.94 | fee schedule | |
| AMB SUP SUPPORT ORTHO KNEE | L1810 | HCPCS | | | | outpatient | | | 192.57 | 126.64 | Amerihealth | Medicare | 110.12 | | | | 9.29 | 182.94 | fee schedule | |
| AMB SUP SUPPORT ORTHO KNEE | L1810 | HCPCS | | | | outpatient | | | 192.57 | 126.64 | Consumer | Consumer | 182.94 | 95 | | | 9.29 | 182.94 | percent of total billed charges | |
| AMB SUP SUPPORT ORTHO KNEE | L1810 | HCPCS | | | | outpatient | | | 192.57 | 126.64 | Amerihealth | HMO/PPO | 125.17 | 65 | | | 9.29 | 182.94 | percent of total billed charges | |
| AMB SUP SUPPORT ORTHO KNEE | L1810 | HCPCS | | | | outpatient | | | 192.57 | 126.64 | WellPoint | WellPoint | 61.97 | 32.18 | | | 9.29 | 182.94 | percent of total billed charges | |
| AMB SUP SUPPORT ORTHO KNEE | L1810 | HCPCS | | | | outpatient | | | 192.57 | 126.64 | Horizon | PPO | 73.72 | 38.28 | | | 9.29 | 182.94 | percent of total billed charges | |
| AMB SUP SUPPORT ORTHO KNEE | L1810 | HCPCS | | | | outpatient | | | 192.57 | 126.64 | Multiplan | Multiplan | 154.06 | 80 | | | 9.29 | 182.94 | percent of total billed charges | |
| AMB SUP SUPPORT ORTHO KNEE | L1810 | HCPCS | | | | outpatient | | | 192.57 | 126.64 | First Trenton | First Trenton | 173.31 | 90 | | | 9.29 | 182.94 | percent of total billed charges | |
| AMB SUP SUPPORT ORTHO KNEE | L1810 | HCPCS | | | | outpatient | | | 192.57 | 126.64 | Corrections | Corrections | 154.06 | 80 | | | 9.29 | 182.94 | percent of total billed charges | |
| AMB SUP SUPPORT ORTHO KNEE | L1810 | HCPCS | | | | outpatient | | | 192.57 | 126.64 | First Health | First Health | 134.8 | 70 | | | 9.29 | 182.94 | percent of total billed charges | |
| AMB SUP SUPPORT ORTHO KNEE | L1810 | HCPCS | | | | outpatient | | | 192.57 | 126.64 | Three Rivers | Three Rivers | 182.94 | 95 | | | 9.29 | 182.94 | percent of total billed charges | |
| AMB SUP SUPPORT ORTHO KNEE | L1810 | HCPCS | | | | outpatient | | | 192.57 | 126.64 | Qualcare | Qualcare | 144.43 | 75 | | | 9.29 | 182.94 | percent of total billed charges | |
| AMB SUP SUPPORT ORTHO KNEE | L1810 | HCPCS | | | | outpatient | | | 192.57 | 126.64 | Horizon | Indemnity | 73.72 | 38.28 | | | 9.29 | 182.94 | percent of total billed charges | |
| AMB SUP SUPPORT ORTHO KNEE | L1810 | HCPCS | | | | outpatient | | | 192.57 | 126.64 | Wellcare | Medicaid | 60.76 | 31.55 | | | 9.29 | 182.94 | percent of total billed charges | |
| AMB SUP SUPPORT ORTHO KNEE | L1810 | HCPCS | | | | outpatient | | | 192.57 | 126.64 | Horizon | Medicare Blue | 57.77 | 30 | | | 9.29 | 182.94 | percent of total billed charges | |
| AMB SUP SUPPORT ORTHO KNEE | L1810 | HCPCS | | | | outpatient | | | 192.57 | 126.64 | UHC | Medicaid | 60.76 | 31.55 | | | 9.29 | 182.94 | percent of total billed charges | |
| AMB SUP SUPPORT ORTHO KNEE | L1810 | HCPCS | | | | outpatient | | | 192.57 | 126.64 | Managed Care Inc | Managed Care Inc | 173.31 | 90 | | | 9.29 | 182.94 | percent of total billed charges | |
| AMB SUP SUPPORT ORTHO KNEE | L1810 | HCPCS | | | | outpatient | | | 192.57 | 126.64 | UHC | Medicare | 110.12 | | | | 9.29 | 182.94 | fee schedule | |
| AMB SUP IMMOBILIZER KNEE | L1830 | HCPCS | | | | both | | | 45.9 | 75.76 | Amerihealth | HMO/PPO | 29.84 | 65 | | | 13.77 | 65.88 | percent of total billed charges | |
| AMB SUP IMMOBILIZER KNEE | L1830 | HCPCS | | | | both | | | 45.9 | 75.76 | Amerihealth | Medicare | 65.88 | | | | 13.77 | 65.88 | fee schedule | |
| AMB SUP IMMOBILIZER KNEE | L1830 | HCPCS | | | | both | | | 45.9 | 75.76 | Aetna | Medicare | 65.88 | | | | 13.77 | 65.88 | fee schedule | |
| AMB SUP IMMOBILIZER KNEE | L1830 | HCPCS | | | | both | | | 45.9 | 75.76 | Horizon | NJ Health | 18.36 | 40 | | 47.01 | 13.77 | 65.88 | percent of total billed charges | |
| AMB SUP IMMOBILIZER KNEE | L1830 | HCPCS | | | | both | | | 45.9 | 75.76 | Americare | Americare | 34.43 | 75 | | | 13.77 | 65.88 | percent of total billed charges | |
| AMB SUP IMMOBILIZER KNEE | L1830 | HCPCS | | | | both | | | 45.9 | 75.76 | Aetna | Better Health | 14.48 | 31.55 | | | 13.77 | 65.88 | percent of total billed charges | |
| AMB SUP IMMOBILIZER KNEE | L1830 | HCPCS | | | | both | | | 45.9 | 75.76 | First Trenton | First Trenton | 41.31 | 90 | | | 13.77 | 65.88 | percent of total billed charges | |
| AMB SUP IMMOBILIZER KNEE | L1830 | HCPCS | | | | both | | | 45.9 | 75.76 | Wellcare | Medicare | 65.88 | | | | 13.77 | 65.88 | fee schedule | |
| AMB SUP IMMOBILIZER KNEE | L1830 | HCPCS | | | | both | | | 45.9 | 75.76 | First Health | First Health | 32.13 | 70 | | | 13.77 | 65.88 | percent of total billed charges | |
| AMB SUP IMMOBILIZER KNEE | L1830 | HCPCS | | | | both | | | 45.9 | 75.76 | WellPoint | WellPoint | 14.77 | 32.18 | | 87.41 | 13.77 | 65.88 | percent of total billed charges | |
| AMB SUP IMMOBILIZER KNEE | L1830 | HCPCS | | | | both | | | 45.9 | 75.76 | Corrections | Corrections | 36.72 | 80 | | | 13.77 | 65.88 | percent of total billed charges | |
| AMB SUP IMMOBILIZER KNEE | L1830 | HCPCS | | | | both | | | 45.9 | 75.76 | Consumer | Consumer | 43.61 | 95 | | | 13.77 | 65.88 | percent of total billed charges | |
| AMB SUP IMMOBILIZER KNEE | L1830 | HCPCS | | | | both | | | 45.9 | 75.76 | Horizon | PPO | 17.57 | 38.28 | | | 13.77 | 65.88 | percent of total billed charges | |
| AMB SUP IMMOBILIZER KNEE | L1830 | HCPCS | | | | both | | | 45.9 | 75.76 | Multiplan | Multiplan | 36.72 | 80 | | | 13.77 | 65.88 | percent of total billed charges | |
| AMB SUP IMMOBILIZER KNEE | L1830 | HCPCS | | | | both | | | 45.9 | 75.76 | Horizon | Indemnity | 17.57 | 38.28 | | | 13.77 | 65.88 | percent of total billed charges | |
| AMB SUP IMMOBILIZER KNEE | L1830 | HCPCS | | | | both | | | 45.9 | 75.76 | Horizon | MGD | 17.57 | 38.28 | | 70.9 | 13.77 | 65.88 | percent of total billed charges | |
| AMB SUP IMMOBILIZER KNEE | L1830 | HCPCS | | | | both | | | 45.9 | 75.76 | Managed Care Inc | Managed Care Inc | 41.31 | 90 | | | 13.77 | 65.88 | percent of total billed charges | |
| AMB SUP IMMOBILIZER KNEE | L1830 | HCPCS | | | | both | | | 45.9 | 75.76 | Qualcare | Qualcare | 18.36 | 40 | | | 13.77 | 65.88 | percent of total billed charges | |
| AMB SUP IMMOBILIZER KNEE | L1830 | HCPCS | | | | both | | | 45.9 | 75.76 | Horizon | Medicare Blue | 13.77 | 30 | | | 13.77 | 65.88 | percent of total billed charges | |
| AMB SUP IMMOBILIZER KNEE | L1830 | HCPCS | | | | both | | | 45.9 | 75.76 | UHC | Medicaid | 14.48 | 31.55 | | | 13.77 | 65.88 | percent of total billed charges | |
| AMB SUP IMMOBILIZER KNEE | L1830 | HCPCS | | | | both | | | 45.9 | 75.76 | Three Rivers | Three Rivers | 43.61 | 95 | | | 13.77 | 65.88 | percent of total billed charges | |
| AMB SUP IMMOBILIZER KNEE | L1830 | HCPCS | | | | both | | | 45.9 | 75.76 | UHC | Medicare | 65.88 | | | | 13.77 | 65.88 | fee schedule | |
| AMB SUP IMMOBILIZER KNEE | L1830 | HCPCS | | | | both | | | 45.9 | 75.76 | Wellcare | Medicaid | 14.48 | 31.55 | | | 13.77 | 65.88 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO ANKLE FOOT | L1930 | HCPCS | | | | both | | | 39 | 349.83 | Amerihealth | HMO/PPO | 25.35 | 65 | | | 4.28 | 304.2 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO ANKLE FOOT | L1930 | HCPCS | | | | both | | | 39 | 349.83 | Aetna | Medicare | 304.2 | | | | 4.28 | 304.2 | fee schedule | |
| AMB SUP SPLINT ORTHO ANKLE FOOT | L1930 | HCPCS | | | | both | | | 39 | 349.83 | Horizon | Medicare Blue | 11.7 | 30 | | | 4.28 | 304.2 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO ANKLE FOOT | L1930 | HCPCS | | | | both | | | 39 | 349.83 | Horizon | MGD | 14.93 | 38.28 | | | 4.28 | 304.2 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO ANKLE FOOT | L1930 | HCPCS | | | | both | | | 39 | 349.83 | Amerihealth | Medicare | 304.2 | | | | 4.28 | 304.2 | fee schedule | |
| AMB SUP SPLINT ORTHO ANKLE FOOT | L1930 | HCPCS | | | | both | | | 39 | 349.83 | Aetna | Better Health | 12.3 | 31.55 | | | 4.28 | 304.2 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO ANKLE FOOT | L1930 | HCPCS | | | | both | | | 39 | 349.83 | First Trenton | First Trenton | 35.1 | 90 | | | 4.28 | 304.2 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO ANKLE FOOT | L1930 | HCPCS | | | | both | | | 39 | 349.83 | Horizon | NJ Health | 15.6 | 40 | | | 4.28 | 304.2 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO ANKLE FOOT | L1930 | HCPCS | | | | both | | | 39 | 349.83 | First Health | First Health | 27.3 | 70 | | | 4.28 | 304.2 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO ANKLE FOOT | L1930 | HCPCS | | | | both | | | 39 | 349.83 | Corrections | Corrections | 31.2 | 80 | | | 4.28 | 304.2 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO ANKLE FOOT | L1930 | HCPCS | | | | both | | | 39 | 349.83 | Wellcare | Medicaid | 12.3 | 31.55 | | | 4.28 | 304.2 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO ANKLE FOOT | L1930 | HCPCS | | | | both | | | 39 | 349.83 | Americare | Americare | 29.25 | 75 | | | 4.28 | 304.2 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO ANKLE FOOT | L1930 | HCPCS | | | | both | | | 39 | 349.83 | UHC | Medicaid | 12.3 | 31.55 | | | 4.28 | 304.2 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO ANKLE FOOT | L1930 | HCPCS | | | | both | | | 39 | 349.83 | Consumer | Consumer | 37.05 | 95 | | | 4.28 | 304.2 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO ANKLE FOOT | L1930 | HCPCS | | | | both | | | 39 | 349.83 | Horizon | PPO | 14.93 | 38.28 | | | 4.28 | 304.2 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO ANKLE FOOT | L1930 | HCPCS | | | | both | | | 39 | 349.83 | Three Rivers | Three Rivers | 37.05 | 95 | | | 4.28 | 304.2 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO ANKLE FOOT | L1930 | HCPCS | | | | both | | | 39 | 349.83 | Horizon | Indemnity | 14.93 | 38.28 | | | 4.28 | 304.2 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO ANKLE FOOT | L1930 | HCPCS | | | | both | | | 39 | 349.83 | Managed Care Inc | Managed Care Inc | 35.1 | 90 | | | 4.28 | 304.2 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO ANKLE FOOT | L1930 | HCPCS | | | | both | | | 39 | 349.83 | Multiplan | Multiplan | 31.2 | 80 | | | 4.28 | 304.2 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO ANKLE FOOT | L1930 | HCPCS | | | | both | | | 39 | 349.83 | Wellcare | Medicare | 304.2 | | | | 4.28 | 304.2 | fee schedule | |
| AMB SUP SPLINT ORTHO ANKLE FOOT | L1930 | HCPCS | | | | both | | | 39 | 349.83 | Qualcare | Qualcare | 15.6 | 40 | | | 4.28 | 304.2 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO ANKLE FOOT | L1930 | HCPCS | | | | both | | | 39 | 349.83 | WellPoint | WellPoint | 12.55 | 32.18 | | | 4.28 | 304.2 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO ANKLE FOOT | L1930 | HCPCS | | | | both | | | 39 | 349.83 | UHC | Medicare | 304.2 | | | | 4.28 | 304.2 | fee schedule | |
| AMB SUP BRACE TIBIA SUPPORT | L2999 | HCPCS | | | | outpatient | | | 598.85 | | Aetna | Medicare | 30.8 | | | | 179.66 | 568.91 | percent of total billed charges | |
| AMB SUP BRACE TIBIA SUPPORT | L2999 | HCPCS | | | | outpatient | | | 598.85 | | Aetna | Better Health | 188.94 | 31.55 | | | 179.66 | 568.91 | percent of total billed charges | |
| AMB SUP BRACE TIBIA SUPPORT | L2999 | HCPCS | | | | outpatient | | | 598.85 | | Horizon | NJ Health | 239.54 | 40 | | 2.96 | 179.66 | 568.91 | percent of total billed charges | |
| AMB SUP BRACE TIBIA SUPPORT | L2999 | HCPCS | | | | outpatient | | | 598.85 | | First Health | First Health | 419.2 | 70 | | | 179.66 | 568.91 | percent of total billed charges | |
| AMB SUP BRACE TIBIA SUPPORT | L2999 | HCPCS | | | | outpatient | | | 598.85 | | Americare | Americare | 449.14 | 75 | | | 179.66 | 568.91 | percent of total billed charges | |
| AMB SUP BRACE TIBIA SUPPORT | L2999 | HCPCS | | | | outpatient | | | 598.85 | | Amerihealth | HMO/PPO | 389.25 | 65 | | | 179.66 | 568.91 | percent of total billed charges | |
| AMB SUP BRACE TIBIA SUPPORT | L2999 | HCPCS | | | | outpatient | | | 598.85 | | Horizon | Medicare Blue | 179.66 | 30 | | | 179.66 | 568.91 | percent of total billed charges | |
| AMB SUP BRACE TIBIA SUPPORT | L2999 | HCPCS | | | | outpatient | | | 598.85 | | Three Rivers | Three Rivers | 568.91 | 95 | | | 179.66 | 568.91 | percent of total billed charges | |
| AMB SUP BRACE TIBIA SUPPORT | L2999 | HCPCS | | | | outpatient | | | 598.85 | | Multiplan | Multiplan | 479.08 | 80 | | | 179.66 | 568.91 | percent of total billed charges | |
| AMB SUP BRACE TIBIA SUPPORT | L2999 | HCPCS | | | | outpatient | | | 598.85 | | Consumer | Consumer | 568.91 | 95 | | | 179.66 | 568.91 | percent of total billed charges | |
| AMB SUP BRACE TIBIA SUPPORT | L2999 | HCPCS | | | | outpatient | | | 598.85 | | WellPoint | WellPoint | 192.71 | 32.18 | | 18.68 | 179.66 | 568.91 | percent of total billed charges | |
| AMB SUP BRACE TIBIA SUPPORT | L2999 | HCPCS | | | | outpatient | | | 598.85 | | Corrections | Corrections | 479.08 | 80 | | | 179.66 | 568.91 | percent of total billed charges | |
| AMB SUP BRACE TIBIA SUPPORT | L2999 | HCPCS | | | | outpatient | | | 598.85 | | Horizon | MGD | 229.24 | 38.28 | | 36.2 | 179.66 | 568.91 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| AMB SUP BRACE TIBIA SUPPORT | L2999 | HCPCS | | | | outpatient | | | 598.85 | | First Trenton | First Trenton | 538.97 | 90 | | | 179.66 | 568.91 | percent of total billed charges | |
| AMB SUP BRACE TIBIA SUPPORT | L2999 | HCPCS | | | | outpatient | | | 598.85 | | UHC | Medicaid | 188.94 | 31.55 | | 20.74 | 179.66 | 568.91 | percent of total billed charges | |
| AMB SUP BRACE TIBIA SUPPORT | L2999 | HCPCS | | | | outpatient | | | 598.85 | | Horizon | Indemnity | 229.24 | 38.28 | | | 179.66 | 568.91 | percent of total billed charges | |
| AMB SUP BRACE TIBIA SUPPORT | L2999 | HCPCS | | | | outpatient | | | 598.85 | | Qualcare | Qualcare | 239.54 | 40 | | | 179.66 | 568.91 | percent of total billed charges | |
| AMB SUP BRACE TIBIA SUPPORT | L2999 | HCPCS | | | | outpatient | | | 598.85 | | Managed Care Inc | Managed Care Inc | 538.97 | 90 | | | 179.66 | 568.91 | percent of total billed charges | |
| AMB SUP BRACE TIBIA SUPPORT | L2999 | HCPCS | | | | outpatient | | | 598.85 | | Wellcare | Medicaid | 188.94 | 31.55 | | | 179.66 | 568.91 | percent of total billed charges | |
| AMB SUP BRACE TIBIA SUPPORT | L2999 | HCPCS | | | | outpatient | | | 598.85 | | Horizon | PPO | 229.24 | 38.28 | | 17.26 | 179.66 | 568.91 | percent of total billed charges | |
| AMB SUP SHOE POST OP | L3260 | HCPCS | | | | both | | | 70.52 | | Consumer | Consumer | 66.99 | 95 | | | 21.16 | 66.99 | percent of total billed charges | |
| AMB SUP SHOE POST OP | L3260 | HCPCS | | | | both | | | 70.52 | | WellPoint | WellPoint | 22.69 | 32.18 | | 39.71 | 21.16 | 66.99 | percent of total billed charges | |
| AMB SUP SHOE POST OP | L3260 | HCPCS | | | | both | | | 70.52 | | Corrections | Corrections | 56.42 | 80 | | | 21.16 | 66.99 | percent of total billed charges | |
| AMB SUP SHOE POST OP | L3260 | HCPCS | | | | both | | | 70.52 | | First Health | First Health | 49.36 | 70 | | | 21.16 | 66.99 | percent of total billed charges | |
| AMB SUP SHOE POST OP | L3260 | HCPCS | | | | both | | | 70.52 | | Aetna | Medicare | 21.72 | 30.8 | | | 21.16 | 66.99 | percent of total billed charges | |
| AMB SUP SHOE POST OP | L3260 | HCPCS | | | | both | | | 70.52 | | Aetna | Better Health | 22.25 | 31.55 | | | 21.16 | 66.99 | percent of total billed charges | |
| AMB SUP SHOE POST OP | L3260 | HCPCS | | | | both | | | 70.52 | | First Trenton | First Trenton | 63.47 | 90 | | | 21.16 | 66.99 | percent of total billed charges | |
| AMB SUP SHOE POST OP | L3260 | HCPCS | | | | both | | | 70.52 | | Americare | Americare | 52.89 | 75 | | | 21.16 | 66.99 | percent of total billed charges | |
| AMB SUP SHOE POST OP | L3260 | HCPCS | | | | both | | | 70.52 | | Amerihealth | HMO/PPO | 45.84 | 65 | | | 21.16 | 66.99 | percent of total billed charges | |
| AMB SUP SHOE POST OP | L3260 | HCPCS | | | | both | | | 70.52 | | Horizon | Medicare Blue | 21.16 | 30 | | | 21.16 | 66.99 | percent of total billed charges | |
| AMB SUP SHOE POST OP | L3260 | HCPCS | | | | both | | | 70.52 | | Horizon | Indemnity | 27 | 38.28 | | | 21.16 | 66.99 | percent of total billed charges | |
| AMB SUP SHOE POST OP | L3260 | HCPCS | | | | both | | | 70.52 | | Horizon | MGD | 27 | 38.28 | | | 21.16 | 66.99 | percent of total billed charges | |
| AMB SUP SHOE POST OP | L3260 | HCPCS | | | | both | | | 70.52 | | Horizon | NJ Hcad | 28.21 | 40 | | 8.5 | 21.16 | 66.99 | percent of total billed charges | |
| AMB SUP SHOE POST OP | L3260 | HCPCS | | | | both | | | 70.52 | | UHC | Medicaid | 22.25 | 31.55 | | 87.42 | 21.16 | 66.99 | percent of total billed charges | |
| AMB SUP SHOE POST OP | L3260 | HCPCS | | | | both | | | 70.52 | | Horizon | PPO | 27 | 38.28 | | | 21.16 | 66.99 | percent of total billed charges | |
| AMB SUP SHOE POST OP | L3260 | HCPCS | | | | both | | | 70.52 | | Wellcare | Medicaid | 22.25 | 31.55 | | | 21.16 | 66.99 | percent of total billed charges | |
| AMB SUP SHOE POST OP | L3260 | HCPCS | | | | both | | | 70.52 | | Multiplan | Multiplan | 56.42 | 80 | | | 21.16 | 66.99 | percent of total billed charges | |
| AMB SUP SHOE POST OP | L3260 | HCPCS | | | | both | | | 70.52 | | Managed Care Inc | Managed Care Inc | 63.47 | 90 | | | 21.16 | 66.99 | percent of total billed charges | |
| AMB SUP SHOE POST OP | L3260 | HCPCS | | | | both | | | 70.52 | | Qualcare | Qualcare | 28.21 | 40 | | | 21.16 | 66.99 | percent of total billed charges | |
| AMB SUP SHOE POST OP | L3260 | HCPCS | | | | both | | | 70.52 | | Three Rivers | Three Rivers | 66.99 | 95 | | | 21.16 | 66.99 | percent of total billed charges | |
| AMB SUP WEDGE HEEL | L3350 | HCPCS | | | | outpatient | | | 50.04 | | 30.82 Americare | Americare | 37.53 | 75 | | | 15.01 | 47.54 | percent of total billed charges | |
| AMB SUP WEDGE HEEL | L3350 | HCPCS | | | | outpatient | | | 50.04 | | 30.82 First Health | First Health | 35.03 | 70 | | | 15.01 | 47.54 | percent of total billed charges | |
| AMB SUP WEDGE HEEL | L3350 | HCPCS | | | | outpatient | | | 50.04 | | 30.82 Amerihealth | HMO/PPO | 32.53 | 65 | | | 15.01 | 47.54 | percent of total billed charges | |
| AMB SUP WEDGE HEEL | L3350 | HCPCS | | | | outpatient | | | 50.04 | | 30.82 Aetna | Medicare | 26.8 | | | | 15.01 | 47.54 | fee schedule | |
| AMB SUP WEDGE HEEL | L3350 | HCPCS | | | | outpatient | | | 50.04 | | 30.82 First Trenton | First Trenton | 45.04 | 90 | | | 15.01 | 47.54 | percent of total billed charges | |
| AMB SUP WEDGE HEEL | L3350 | HCPCS | | | | outpatient | | | 50.04 | | 30.82 Amerihealth | Medicare | 26.8 | | | | 15.01 | 47.54 | fee schedule | |
| AMB SUP WEDGE HEEL | L3350 | HCPCS | | | | outpatient | | | 50.04 | | 30.82 Horizon | Indemnity | 19.16 | 38.28 | | | 15.01 | 47.54 | percent of total billed charges | |
| AMB SUP WEDGE HEEL | L3350 | HCPCS | | | | outpatient | | | 50.04 | | 30.82 Aetna | Better Health | 15.79 | 31.55 | | | 15.01 | 47.54 | percent of total billed charges | |
| AMB SUP WEDGE HEEL | L3350 | HCPCS | | | | outpatient | | | 50.04 | | 30.82 Horizon | PPO | 19.16 | 38.28 | | | 15.01 | 47.54 | percent of total billed charges | |
| AMB SUP WEDGE HEEL | L3350 | HCPCS | | | | outpatient | | | 50.04 | | 30.82 UHC | Medicare | 26.8 | | | | 15.01 | 47.54 | fee schedule | |
| AMB SUP WEDGE HEEL | L3350 | HCPCS | | | | outpatient | | | 50.04 | | 30.82 Multiplan | Multiplan | 40.03 | 80 | | | 15.01 | 47.54 | percent of total billed charges | |
| AMB SUP WEDGE HEEL | L3350 | HCPCS | | | | outpatient | | | 50.04 | | 30.82 Corrections | Corrections | 40.03 | 80 | | | 15.01 | 47.54 | percent of total billed charges | |
| AMB SUP WEDGE HEEL | L3350 | HCPCS | | | | outpatient | | | 50.04 | | 30.82 Managed Care Inc | Managed Care Inc | 45.04 | 90 | | | 15.01 | 47.54 | percent of total billed charges | |
| AMB SUP WEDGE HEEL | L3350 | HCPCS | | | | outpatient | | | 50.04 | | 30.82 Horizon | MGD | 19.16 | 38.28 | | | 15.01 | 47.54 | percent of total billed charges | |
| AMB SUP WEDGE HEEL | L3350 | HCPCS | | | | outpatient | | | 50.04 | | 30.82 Qualcare | Qualcare | 37.53 | 75 | | | 15.01 | 47.54 | percent of total billed charges | |
| AMB SUP WEDGE HEEL | L3350 | HCPCS | | | | outpatient | | | 50.04 | | 30.82 Consumer | Consumer | 47.54 | 95 | | | 15.01 | 47.54 | percent of total billed charges | |
| AMB SUP WEDGE HEEL | L3350 | HCPCS | | | | outpatient | | | 50.04 | | 30.82 Wellcare | Medicare | 26.8 | | | | 15.01 | 47.54 | fee schedule | |
| AMB SUP WEDGE HEEL | L3350 | HCPCS | | | | outpatient | | | 50.04 | | 30.82 UHC | Medicaid | 15.79 | 31.55 | | | 15.01 | 47.54 | percent of total billed charges | |
| AMB SUP WEDGE HEEL | L3350 | HCPCS | | | | outpatient | | | 50.04 | | 30.82 Horizon | Medicare Blue | 15.01 | 30 | | | 15.01 | 47.54 | percent of total billed charges | |
| AMB SUP WEDGE HEEL | L3350 | HCPCS | | | | outpatient | | | 50.04 | | 30.82 WellPoint | WellPoint | 16.1 | 32.18 | | | 15.01 | 47.54 | percent of total billed charges | |
| AMB SUP WEDGE HEEL | L3350 | HCPCS | | | | outpatient | | | 50.04 | | 30.82 Horizon | NJ Health | 31.32 | | | | 15.01 | 47.54 | fee schedule | |
| AMB SUP WEDGE HEEL | L3350 | HCPCS | | | | outpatient | | | 50.04 | | 30.82 Three Rivers | Three Rivers | 47.54 | 95 | | | 15.01 | 47.54 | percent of total billed charges | |
| AMB SUP WEDGE HEEL | L3350 | HCPCS | | | | outpatient | | | 50.04 | | 30.82 Wellcare | Medicaid | 15.79 | 31.55 | | | 15.01 | 47.54 | percent of total billed charges | |
| AMB SUP CUP HEEL TULI | L3649 | HCPCS | | | | outpatient | | | 17.86 | | Horizon | MGD | 6.84 | 38.28 | | | 5.36 | 73.08 | percent of total billed charges | |
| AMB SUP CUP HEEL TULI | L3649 | HCPCS | | | | outpatient | | | 17.86 | | Multiplan | Multiplan | 14.29 | 80 | | | 5.36 | 73.08 | percent of total billed charges | |
| AMB SUP CUP HEEL TULI | L3649 | HCPCS | | | | outpatient | | | 17.86 | | Americare | Americare | 13.4 | 75 | | | 5.36 | 73.08 | percent of total billed charges | |
| AMB SUP CUP HEEL TULI | L3649 | HCPCS | | | | outpatient | | | 17.86 | | Corrections | Corrections | 14.29 | 80 | | | 5.36 | 73.08 | percent of total billed charges | |
| AMB SUP CUP HEEL TULI | L3649 | HCPCS | | | | outpatient | | | 17.86 | | Wellcare | Medicaid | 5.63 | 31.55 | | | 5.36 | 73.08 | percent of total billed charges | |
| AMB SUP CUP HEEL TULI | L3649 | HCPCS | | | | outpatient | | | 17.86 | | Amerihealth | HMO/PPO | 11.61 | 65 | | | 5.36 | 73.08 | percent of total billed charges | |
| AMB SUP CUP HEEL TULI | L3649 | HCPCS | | | | outpatient | | | 17.86 | | Aetna | Better Health | 5.63 | 31.55 | | | 5.36 | 73.08 | percent of total billed charges | |
| AMB SUP CUP HEEL TULI | L3649 | HCPCS | | | | outpatient | | | 17.86 | | First Health | First Health | 12.5 | 70 | | | 5.36 | 73.08 | percent of total billed charges | |
| AMB SUP CUP HEEL TULI | L3649 | HCPCS | | | | outpatient | | | 17.86 | | Consumer | Consumer | 16.97 | 95 | | | 5.36 | 73.08 | percent of total billed charges | |
| AMB SUP CUP HEEL TULI | L3649 | HCPCS | | | | outpatient | | | 17.86 | | Qualcare | Qualcare | 13.4 | 75 | | | 5.36 | 73.08 | percent of total billed charges | |
| AMB SUP CUP HEEL TULI | L3649 | HCPCS | | | | outpatient | | | 17.86 | | Aetna | Medicare | 5.5 | 30.8 | | | 5.36 | 73.08 | percent of total billed charges | |
| AMB SUP CUP HEEL TULI | L3649 | HCPCS | | | | outpatient | | | 17.86 | | First Trenton | First Trenton | 16.07 | 90 | | | 5.36 | 73.08 | percent of total billed charges | |
| AMB SUP CUP HEEL TULI | L3649 | HCPCS | | | | outpatient | | | 17.86 | | Horizon | Medicare Blue | 5.36 | 30 | | | 5.36 | 73.08 | percent of total billed charges | |
| AMB SUP CUP HEEL TULI | L3649 | HCPCS | | | | outpatient | | | 17.86 | | Horizon | Indemnity | 6.84 | 38.28 | | | 5.36 | 73.08 | percent of total billed charges | |
| AMB SUP CUP HEEL TULI | L3649 | HCPCS | | | | outpatient | | | 17.86 | | Horizon | NJ Health | 73.08 | | | | 5.36 | 73.08 | fee schedule | |
| AMB SUP CUP HEEL TULI | L3649 | HCPCS | | | | outpatient | | | 17.86 | | Horizon | PPO | 6.84 | 38.28 | | | 5.36 | 73.08 | percent of total billed charges | |
| AMB SUP CUP HEEL TULI | L3649 | HCPCS | | | | outpatient | | | 17.86 | | Managed Care Inc | Managed Care Inc | 16.07 | 90 | | | 5.36 | 73.08 | percent of total billed charges | |
| AMB SUP CUP HEEL TULI | L3649 | HCPCS | | | | outpatient | | | 17.86 | | Three Rivers | Three Rivers | 16.97 | 95 | | | 5.36 | 73.08 | percent of total billed charges | |
| AMB SUP CUP HEEL TULI | L3649 | HCPCS | | | | outpatient | | | 17.86 | | UHC | Medicaid | 5.63 | 31.55 | | | 5.36 | 73.08 | percent of total billed charges | |
| AMB SUP CUP HEEL TULI | L3649 | HCPCS | | | | outpatient | | | 17.86 | | WellPoint | WellPoint | 5.75 | 32.18 | | | 5.36 | 73.08 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO HUMERAL | L3670 | HCPCS | | | | both | | | 83.16 | | 186.67 Amerihealth | HMO/PPO | 54.05 | 65 | | | 24.95 | 162.32 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO HUMERAL | L3670 | HCPCS | | | | both | | | 83.16 | | 186.67 Wellcare | Medicare | 162.32 | | | | 24.95 | 162.32 | fee schedule | |
| AMB SUP SPLINT ORTHO HUMERAL | L3670 | HCPCS | | | | both | | | 83.16 | | 186.67 Americare | Americare | 62.37 | 75 | | | 24.95 | 162.32 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO HUMERAL | L3670 | HCPCS | | | | both | | | 83.16 | | 186.67 Aetna | Better Health | 26.24 | 31.55 | | | 24.95 | 162.32 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO HUMERAL | L3670 | HCPCS | | | | both | | | 83.16 | | 186.67 Aetna | Medicare | 162.32 | | | | 24.95 | 162.32 | fee schedule | |
| AMB SUP SPLINT ORTHO HUMERAL | L3670 | HCPCS | | | | both | | | 83.16 | | 186.67 UHC | Medicaid | 26.24 | 31.55 | | | 24.95 | 162.32 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO HUMERAL | L3670 | HCPCS | | | | both | | | 83.16 | | 186.67 Horizon | MGD | 31.83 | 38.28 | | | 24.95 | 162.32 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO HUMERAL | L3670 | HCPCS | | | | both | | | 83.16 | | 186.67 Amerihealth | Medicare | 162.32 | | | | 24.95 | 162.32 | fee schedule | |
| AMB SUP SPLINT ORTHO HUMERAL | L3670 | HCPCS | | | | both | | | 83.16 | | 186.67 Multiplan | Multiplan | 66.53 | 80 | | | 24.95 | 162.32 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO HUMERAL | L3670 | HCPCS | | | | both | | | 83.16 | | 186.67 WellPoint | WellPoint | 26.76 | 32.18 | | | 24.95 | 162.32 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO HUMERAL | L3670 | HCPCS | | | | both | | | 83.16 | | 186.67 Horizon | NJ Health | 33.26 | 40 | | | 24.95 | 162.32 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO HUMERAL | L3670 | HCPCS | | | | both | | | 83.16 | | 186.67 Consumer | Consumer | 79 | 95 | | | 24.95 | 162.32 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO HUMERAL | L3670 | HCPCS | | | | both | | | 83.16 | | 186.67 Corrections | Corrections | 66.53 | 80 | | | 24.95 | 162.32 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO HUMERAL | L3670 | HCPCS | | | | both | | | 83.16 | | 186.67 UHC | Medicare | 162.32 | | | | 24.95 | 162.32 | fee schedule | |
| AMB SUP SPLINT ORTHO HUMERAL | L3670 | HCPCS | | | | both | | | 83.16 | | 186.67 Wellcare | Medicaid | 26.24 | 31.55 | | | 24.95 | 162.32 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO HUMERAL | L3670 | HCPCS | | | | both | | | 83.16 | | 186.67 First Health | First Health | 58.21 | 70 | | | 24.95 | 162.32 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO HUMERAL | L3670 | HCPCS | | | | both | | | 83.16 | | 186.67 Qualcare | Qualcare | 33.26 | 40 | | | 24.95 | 162.32 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO HUMERAL | L3670 | HCPCS | | | | both | | | 83.16 | | 186.67 First Trenton | First Trenton | 74.84 | 90 | | | 24.95 | 162.32 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO HUMERAL | L3670 | HCPCS | | | | both | | | 83.16 | | 186.67 Horizon | Medicare Blue | 24.95 | 30 | | | 24.95 | 162.32 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO HUMERAL | L3670 | HCPCS | | | | both | | | 83.16 | | 186.67 Horizon | Indemnity | 31.83 | 38.28 | | | 24.95 | 162.32 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO HUMERAL | L3670 | HCPCS | | | | both | | | 83.16 | | 186.67 Horizon | PPO | 31.83 | 38.28 | | | 24.95 | 162.32 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO HUMERAL | L3670 | HCPCS | | | | both | | | 83.16 | | 186.67 Managed Care Inc | Managed Care Inc | 74.84 | 90 | | | 24.95 | 162.32 | percent of total billed charges | |
| AMB SUP SPLINT ORTHO HUMERAL | L3670 | HCPCS | | | | both | | | 83.16 | | 186.67 Three Rivers | Three Rivers | 79 | 95 | | | 24.95 | 162.32 | percent of total billed charges | |
| AMB SUP SO CAP DESIGN W/O JNTS CF | L3671 | HCPCS | | | | outpatient | | | 2826 | | 1104.15 Aetna | Better Health | 891.6 | 31.55 | | | 847.8 | 2684.7 | percent of total billed charges | |
| AMB SUP SO CAP DESIGN W/O JNTS CF | L3671 | HCPCS | | | | outpatient | | | 2826 | | 1104.15 Horizon | MGD | 1081.79 | 38.28 | | | 847.8 | 2684.7 | percent of total billed charges | |
| AMB SUP SO CAP DESIGN W/O JNTS CF | L3671 | HCPCS | | | | outpatient | | | 2826 | | 1104.15 Amerihealth | HMO/PPO | 1836.9 | 65 | | | 847.8 | 2684.7 | percent of total billed charges | |
| AMB SUP SO CAP DESIGN W/O JNTS CF | L3671 | HCPCS | | | | outpatient | | | 2826 | | 1104.15 Horizon | Medicare Blue | 847.8 | 30 | | | 847.8 | 2684.7 | percent of total billed charges | |
| AMB SUP SO CAP DESIGN W/O JNTS CF | L3671 | HCPCS | | | | outpatient | | | 2826 | | 1104.15 Aetna | Medicare | 960.13 | | | | 847.8 | 2684.7 | fee schedule | |
| AMB SUP SO CAP DESIGN W/O JNTS CF | L3671 | HCPCS | | | | outpatient | | | 2826 | | 1104.15 UHC | Medicare | 960.13 | | | | 847.8 | 2684.7 | fee schedule | |
| AMB SUP SO CAP DESIGN W/O JNTS CF | L3671 | HCPCS | | | | outpatient | | | 2826 | | 1104.15 First Health | First Health | 1978.2 | 70 | | | 847.8 | 2684.7 | percent of total billed charges | |
| AMB SUP SO CAP DESIGN W/O JNTS CF | L3671 | HCPCS | | | | outpatient | | | 2826 | | 1104.15 Americare | Americare | 2119.5 | 75 | | | 847.8 | 2684.7 | percent of total billed charges | |
| AMB SUP SO CAP DESIGN W/O JNTS CF | L3671 | HCPCS | | | | outpatient | | | 2826 | | 1104.15 Amerihealth | Medicare | 960.13 | | | | 847.8 | 2684.7 | fee schedule | |
| AMB SUP SO CAP DESIGN W/O JNTS CF | L3671 | HCPCS | | | | outpatient | | | 2826 | | 1104.15 Wellcare | Medicaid | 891.6 | 31.55 | | | 847.8 | 2684.7 | percent of total billed charges | |
| AMB SUP SO CAP DESIGN W/O JNTS CF | L3671 | HCPCS | | | | outpatient | | | 2826 | | 1104.15 Multiplan | Multiplan | 2260.8 | 80 | | | 847.8 | 2684.7 | percent of total billed charges | |
| AMB SUP SO CAP DESIGN W/O JNTS CF | L3671 | HCPCS | | | | outpatient | | | 2826 | | 1104.15 Wellcare | Medicare | 960.13 | | | | 847.8 | 2684.7 | fee schedule | |
| AMB SUP SO CAP DESIGN W/O JNTS CF | L3671 | HCPCS | | | | outpatient | | | 2826 | | 1104.15 Corrections | Corrections | 2260.8 | 80 | | | 847.8 | 2684.7 | percent of total billed charges | |
| AMB SUP SO CAP DESIGN W/O JNTS CF | L3671 | HCPCS | | | | outpatient | | | 2826 | | 1104.15 Qualcare | Qualcare | 2119.5 | 75 | | | 847.8 | 2684.7 | percent of total billed charges | |
| AMB SUP SO CAP DESIGN W/O JNTS CF | L3671 | HCPCS | | | | outpatient | | | 2826 | | 1104.15 Consumer | Consumer | 2684.7 | 95 | | | 847.8 | 2684.7 | percent of total billed charges | |
| AMB SUP SO CAP DESIGN W/O JNTS CF | L3671 | HCPCS | | | | outpatient | | | 2826 | | 1104.15 UHC | Medicaid | 891.6 | 31.55 | | | 847.8 | 2684.7 | percent of total billed charges | |
| AMB SUP SO CAP DESIGN W/O JNTS CF | L3671 | HCPCS | | | | outpatient | | | 2826 | | 1104.15 WellPoint | WellPoint | 909.41 | 32.18 | | | 847.8 | 2684.7 | percent of total billed charges | |
| AMB SUP SO CAP DESIGN W/O JNTS CF | L3671 | HCPCS | | | | outpatient | | | 2826 | | 1104.15 First Trenton | First Trenton | 2543.4 | 90 | | | 847.8 | 2684.7 | percent of total billed charges | |
| AMB SUP SO CAP DESIGN W/O JNTS CF | L3671 | HCPCS | | | | outpatient | | | 2826 | | 1104.15 Horizon | Indemnity | 1081.79 | 38.28 | | | 847.8 | 2684.7 | percent of total billed charges | |
| AMB SUP SO CAP DESIGN W/O JNTS CF | L3671 | HCPCS | | | | outpatient | | | 2826 | | 1104.15 Horizon | PPO | 1081.79 | 38.28 | | | 847.8 | 2684.7 | percent of total billed charges | |
| AMB SUP SO CAP DESIGN W/O JNTS CF | L3671 | HCPCS | | | | outpatient | | | 2826 | | 1104.15 Managed Care Inc | Managed Care Inc | 2543.4 | 90 | | | 847.8 | 2684.7 | percent of total billed charges | |
| AMB SUP SO CAP DESIGN W/O JNTS CF | L3671 | HCPCS | | | | outpatient | | | 2826 | | 1104.15 Three Rivers | Three Rivers | 2684.7 | 95 | | | 847.8 | 2684.7 | percent of total billed charges | |
| AMB SUP EO W/O JOINTS CF | L3702 | HCPCS | | | | outpatient | | | 906 | | 353.89 First Health | First Health | 634.2 | 70 | | | 271.8 | 860.7 | percent of total billed charges | |
| AMB SUP EO W/O JOINTS CF | L3702 | HCPCS | | | | outpatient | | | 906 | | 353.89 Americare | Americare | 679.5 | 75 | | | 271.8 | 860.7 | percent of total billed charges | |
| AMB SUP EO W/O JOINTS CF | L3702 | HCPCS | | | | outpatient | | | 906 | | 353.89 Amerihealth | Medicare | 307.73 | | | | 271.8 | 860.7 | fee schedule | |
| AMB SUP EO W/O JOINTS CF | L3702 | HCPCS | | | | outpatient | | | 906 | | 353.89 Aetna | Better Health | 285.84 | 31.55 | | | 271.8 | 860.7 | percent of total billed charges | |
| AMB SUP EO W/O JOINTS CF | L3702 | HCPCS | | | | outpatient | | | 906 | | 353.89 Horizon | MGD | 346.82 | 38.28 | | | 271.8 | 860.7 | percent of total billed charges | |
| AMB SUP EO W/O JOINTS CF | L3702 | HCPCS | | | | outpatient | | | 906 | | 353.89 Amerihealth | HMO/PPO | 588.9 | 65 | | | 271.8 | 860.7 | percent of total billed charges | |
| AMB SUP EO W/O JOINTS CF | L3702 | HCPCS | | | | outpatient | | | 906 | | 353.89 Aetna | Medicare | 307.73 | | | | 271.8 | 860.7 | fee schedule | |
| AMB SUP EO W/O JOINTS CF | L3702 | HCPCS | | | | outpatient | | | 906 | | 353.89 Corrections | Corrections | 724.8 | 80 | | | 271.8 | 860.7 | percent of total billed charges | |
| AMB SUP EO W/O JOINTS CF | L3702 | HCPCS | | | | outpatient | | | 906 | | 353.89 UHC | Medicare | 307.73 | | | | 271.8 | 860.7 | fee schedule | |
| AMB SUP EO W/O JOINTS CF | L3702 | HCPCS | | | | outpatient | | | 906 | | 353.89 Consumer | Consumer | 860.7 | 95 | | | 271.8 | 860.7 | percent of total billed charges | |
| AMB SUP EO W/O JOINTS CF | L3702 | HCPCS | | | | outpatient | | | 906 | | 353.89 First Trenton | First Trenton | 815.4 | 90 | | | 271.8 | 860.7 | percent of total billed charges | |
| AMB SUP EO W/O JOINTS CF | L3702 | HCPCS | | | | outpatient | | | 906 | | 353.89 Horizon | Medicare Blue | 271.8 | 30 | | | 271.8 | 860.7 | percent of total billed charges | |
| AMB SUP EO W/O JOINTS CF | L3702 | HCPCS | | | | outpatient | | | 906 | | 353.89 UHC | Medicaid | 285.84 | 31.55 | | | 271.8 | 860.7 | percent of total billed charges | |
| AMB SUP EO W/O JOINTS CF | L3702 | HCPCS | | | | outpatient | | | 906 | | 353.89 Multiplan | Multiplan | 724.8 | 80 | | | 271.8 | 860.7 | percent of total billed charges | |
| AMB SUP EO W/O JOINTS CF | L3702 | HCPCS | | | | outpatient | | | 906 | | 353.89 WellPoint | WellPoint | 291.55 | 32.18 | | | 271.8 | 860.7 | percent of total billed charges | |
| AMB SUP EO W/O JOINTS CF | L3702 | HCPCS | | | | outpatient | | | 906 | | 353.89 Wellcare | Medicare | 307.73 | | | | 271.8 | 860.7 | fee schedule | |
| AMB SUP EO W/O JOINTS CF | L3702 | HCPCS | | | | outpatient | | | 906 | | 353.89 Wellcare | Medicaid | 285.84 | 31.55 | | | 271.8 | 860.7 | percent of total billed charges | |
| AMB SUP EO W/O JOINTS CF | L3702 | HCPCS | | | | outpatient | | | 906 | | 353.89 Qualcare | Qualcare | 679.5 | 75 | | | 271.8 | 860.7 | percent of total billed charges | |
| AMB SUP EO W/O JOINTS CF | L3702 | HCPCS | | | | outpatient | | | 906 | | 353.89 Horizon | Indemnity | 346.82 | 38.28 | | | 271.8 | 860.7 | percent of total billed charges | |
| AMB SUP EO W/O JOINTS CF | L3702 | HCPCS | | | | outpatient | | | 906 | | 353.89 Horizon | PPO | 346.82 | 38.28 | | | 271.8 | 860.7 | percent of total billed charges | |
| AMB SUP EO W/O JOINTS CF | L3702 | HCPCS | | | | outpatient | | | 906 | | 353.89 Managed Care Inc | Managed Care Inc | 815.4 | 90 | | | 271.8 | 860.7 | percent of total billed charges | |
| AMB SUP EO W/O JOINTS CF | L3702 | HCPCS | | | | outpatient | | | 906 | | 353.89 Three Rivers | Three Rivers | 860.7 | 95 | | | 271.8 | 860.7 | percent of total billed charges | |
| AMB SUP PLATE PAD ELBOW | L3710 | HCPCS | | | | outpatient | | | 313.83 | | 153.05 Horizon | MGD | 120.13 | 38.28 | | | 6.03 | 298.14 | percent of total billed charges | |
| AMB SUP PLATE PAD ELBOW | L3710 | HCPCS | | | | outpatient | | | 313.83 | | 153.05 Aetna | Medicare | 133.09 | | | | 6.03 | 298.14 | fee schedule | |
| AMB SUP PLATE PAD ELBOW | L3710 | HCPCS | | | | outpatient | | | 313.83 | | 153.05 UHC | Medicaid | 99.01 | 31.55 | | | 6.03 | 298.14 | percent of total billed charges | |
| AMB SUP PLATE PAD ELBOW | L3710 | HCPCS | | | | outpatient | | | 313.83 | | 153.05 Aetna | Better Health | 99.01 | 31.55 | | | 6.03 | 298.14 | percent of total billed charges | |
| AMB SUP PLATE PAD ELBOW | L3710 | HCPCS | | | | outpatient | | | 313.83 | | 153.05 First Health | First Health | 219.68 | 70 | | | 6.03 | 298.14 | percent of total billed charges | |
| AMB SUP PLATE PAD ELBOW | L3710 | HCPCS | | | | outpatient | | | 313.83 | | 153.05 Consumer | Consumer | 298.14 | 95 | | | 6.03 | 298.14 | percent of total billed charges | |
| AMB SUP PLATE PAD ELBOW | L3710 | HCPCS | | | | outpatient | | | 313.83 | | 153.05 Horizon | NJ Health | 125.53 | 40 | | | 6.03 | 298.14 | percent of total billed charges | |
| AMB SUP PLATE PAD ELBOW | L3710 | HCPCS | | | | outpatient | | | 313.83 | | 153.05 Amerihealth | HMO/PPO | 203.99 | 65 | | | 6.03 | 298.14 | percent of total billed charges | |
| AMB SUP PLATE PAD ELBOW | L3710 | HCPCS | | | | outpatient | | | 313.83 | | 153.05 Wellcare | Medicare | 133.09 | | | | 6.03 | 298.14 | fee schedule | |
| AMB SUP PLATE PAD ELBOW | L3710 | HCPCS | | | | outpatient | | | 313.83 | | 153.05 Americare | Americare | 235.37 | 75 | | | 6.03 | 298.14 | percent of total billed charges | |
| AMB SUP PLATE PAD ELBOW | L3710 | HCPCS | | | | outpatient | | | 313.83 | | 153.05 Amerihealth | Medicare | 133.09 | | | | 6.03 | 298.14 | fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
| AMB SUP PLATE PAD ELBOW | L3710 | HCPCS | | | | outpatient | | | 313.83 | 153.05 | First Trenton | First Trenton | 282.45 | 90 | | | 6.03 | 298.14 | percent of total billed charges | |
| AMB SUP PLATE PAD ELBOW | L3710 | HCPCS | | | | outpatient | | | 313.83 | 153.05 | Corrections | Corrections | 251.06 | 80 | | | 6.03 | 298.14 | percent of total billed charges | |
| AMB SUP PLATE PAD ELBOW | L3710 | HCPCS | | | | outpatient | | | 313.83 | 153.05 | Horizon | Indemnity | 120.13 | 38.28 | | | 6.03 | 298.14 | percent of total billed charges | |
| AMB SUP PLATE PAD ELBOW | L3710 | HCPCS | | | | outpatient | | | 313.83 | 153.05 | Multiplan | Multiplan | 251.06 | 80 | | | 6.03 | 298.14 | percent of total billed charges | |
| AMB SUP PLATE PAD ELBOW | L3710 | HCPCS | | | | outpatient | | | 313.83 | 153.05 | Managed Care Inc | Managed Care Inc | 282.45 | 90 | | | 6.03 | 298.14 | percent of total billed charges | |
| AMB SUP PLATE PAD ELBOW | L3710 | HCPCS | | | | outpatient | | | 313.83 | 153.05 | WellPoint | WellPoint | 100.99 | 32.18 | | | 6.03 | 298.14 | percent of total billed charges | |
| AMB SUP PLATE PAD ELBOW | L3710 | HCPCS | | | | outpatient | | | 313.83 | 153.05 | Horizon | Medicare Blue | 94.15 | 30 | | | 6.03 | 298.14 | percent of total billed charges | |
| AMB SUP PLATE PAD ELBOW | L3710 | HCPCS | | | | outpatient | | | 313.83 | 153.05 | Qualcare | Qualcare | 125.53 | 40 | | | 6.03 | 298.14 | percent of total billed charges | |
| AMB SUP PLATE PAD ELBOW | L3710 | HCPCS | | | | outpatient | | | 313.83 | 153.05 | Horizon | PPO | 120.13 | 38.28 | | | 6.03 | 298.14 | percent of total billed charges | |
| AMB SUP PLATE PAD ELBOW | L3710 | HCPCS | | | | outpatient | | | 313.83 | 153.05 | UHC | Medicare | 133.09 | | | | 6.03 | 298.14 | fee schedule | |
| AMB SUP PLATE PAD ELBOW | L3710 | HCPCS | | | | outpatient | | | 313.83 | 153.05 | Three Rivers | Three Rivers | 298.14 | 95 | | | 6.03 | 298.14 | percent of total billed charges | |
| AMB SUP PLATE PAD ELBOW | L3710 | HCPCS | | | | outpatient | | | 313.83 | 153.05 | Wellcare | Medicaid | 99.01 | 31.55 | | | 6.03 | 298.14 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS FREE MOTION | L3720 | HCPCS | | | | outpatient | | | 2817 | 847.85 | Horizon | PPO | 1078.35 | 38.28 | | | 737.26 | 2676.15 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS FREE MOTION | L3720 | HCPCS | | | | outpatient | | | 2817 | 847.85 | Amerihealth | HMO/PPO | 1831.05 | 65 | | | 737.26 | 2676.15 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS FREE MOTION | L3720 | HCPCS | | | | outpatient | | | 2817 | 847.85 | UHC | Medicare | 737.26 | | | | 737.26 | 2676.15 | fee schedule | |
| AMB SUP FOREARM/ARM CUFFS FREE MOTION | L3720 | HCPCS | | | | outpatient | | | 2817 | 847.85 | Americare | Americare | 2112.75 | 75 | | | 737.26 | 2676.15 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS FREE MOTION | L3720 | HCPCS | | | | outpatient | | | 2817 | 847.85 | Amerihealth | Medicare | 737.26 | | | | 737.26 | 2676.15 | fee schedule | |
| AMB SUP FOREARM/ARM CUFFS FREE MOTION | L3720 | HCPCS | | | | outpatient | | | 2817 | 847.85 | Aetna | Medicare | 737.26 | | | | 737.26 | 2676.15 | fee schedule | |
| AMB SUP FOREARM/ARM CUFFS FREE MOTION | L3720 | HCPCS | | | | outpatient | | | 2817 | 847.85 | Aetna | Better Health | 888.76 | 31.55 | | | 737.26 | 2676.15 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS FREE MOTION | L3720 | HCPCS | | | | outpatient | | | 2817 | 847.85 | Consumer | Consumer | 2676.15 | 95 | | | 737.26 | 2676.15 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS FREE MOTION | L3720 | HCPCS | | | | outpatient | | | 2817 | 847.85 | Three Rivers | Three Rivers | 2676.15 | 95 | | | 737.26 | 2676.15 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS FREE MOTION | L3720 | HCPCS | | | | outpatient | | | 2817 | 847.85 | Horizon | Indemnity | 1078.35 | 38.28 | | | 737.26 | 2676.15 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS FREE MOTION | L3720 | HCPCS | | | | outpatient | | | 2817 | 847.85 | Wellcare | Medicare | 737.26 | | | | 737.26 | 2676.15 | fee schedule | |
| AMB SUP FOREARM/ARM CUFFS FREE MOTION | L3720 | HCPCS | | | | outpatient | | | 2817 | 847.85 | Horizon | MGD | 1078.35 | 38.28 | | | 737.26 | 2676.15 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS FREE MOTION | L3720 | HCPCS | | | | outpatient | | | 2817 | 847.85 | Corrections | Corrections | 2253.6 | 80 | | | 737.26 | 2676.15 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS FREE MOTION | L3720 | HCPCS | | | | outpatient | | | 2817 | 847.85 | Horizon | Medicare Blue | 845.1 | 30 | | | 737.26 | 2676.15 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS FREE MOTION | L3720 | HCPCS | | | | outpatient | | | 2817 | 847.85 | First Health | First Health | 1971.9 | 70 | | | 737.26 | 2676.15 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS FREE MOTION | L3720 | HCPCS | | | | outpatient | | | 2817 | 847.85 | Multiplan | Multiplan | 2253.6 | 80 | | | 737.26 | 2676.15 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS FREE MOTION | L3720 | HCPCS | | | | outpatient | | | 2817 | 847.85 | UHC | Medicaid | 888.76 | 31.55 | | | 737.26 | 2676.15 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS FREE MOTION | L3720 | HCPCS | | | | outpatient | | | 2817 | 847.85 | Qualcare | Qualcare | 2112.75 | 75 | | | 737.26 | 2676.15 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS FREE MOTION | L3720 | HCPCS | | | | outpatient | | | 2817 | 847.85 | Wellcare | Medicaid | 888.76 | 31.55 | | | 737.26 | 2676.15 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS FREE MOTION | L3720 | HCPCS | | | | outpatient | | | 2817 | 847.85 | First Trenton | First Trenton | 2535.3 | 90 | | | 737.26 | 2676.15 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS FREE MOTION | L3720 | HCPCS | | | | outpatient | | | 2817 | 847.85 | Managed Care Inc | Managed Care Inc | 2535.3 | 90 | | | 737.26 | 2676.15 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS FREE MOTION | L3720 | HCPCS | | | | outpatient | | | 2817 | 847.85 | WellPoint | WellPoint | 906.51 | 32.18 | | | 737.26 | 2676.15 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS EXT/FLEX A | L3730 | HCPCS | | | | outpatient | | | 3798 | 1329.02 | UHC | Medicaid | 1198.27 | 31.55 | | | 1139.4 | 3608.1 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS EXT/FLEX A | L3730 | HCPCS | | | | outpatient | | | 3798 | 1329.02 | Amerihealth | Medicare | 1155.67 | | | | 1139.4 | 3608.1 | fee schedule | |
| AMB SUP FOREARM/ARM CUFFS EXT/FLEX A | L3730 | HCPCS | | | | outpatient | | | 3798 | 1329.02 | Aetna | Better Health | 1198.27 | 31.55 | | | 1139.4 | 3608.1 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS EXT/FLEX A | L3730 | HCPCS | | | | outpatient | | | 3798 | 1329.02 | Corrections | Corrections | 3038.4 | 80 | | | 1139.4 | 3608.1 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS EXT/FLEX A | L3730 | HCPCS | | | | outpatient | | | 3798 | 1329.02 | Aetna | Medicare | 1155.67 | | | | 1139.4 | 3608.1 | fee schedule | |
| AMB SUP FOREARM/ARM CUFFS EXT/FLEX A | L3730 | HCPCS | | | | outpatient | | | 3798 | 1329.02 | Americare | Americare | 2848.5 | 75 | | | 1139.4 | 3608.1 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS EXT/FLEX A | L3730 | HCPCS | | | | outpatient | | | 3798 | 1329.02 | First Health | First Health | 2658.6 | 70 | | | 1139.4 | 3608.1 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS EXT/FLEX A | L3730 | HCPCS | | | | outpatient | | | 3798 | 1329.02 | Amerihealth | HMO/PPO | 2468.7 | 65 | | | 1139.4 | 3608.1 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS EXT/FLEX A | L3730 | HCPCS | | | | outpatient | | | 3798 | 1329.02 | Horizon | Indemnity | 1453.87 | 38.28 | | | 1139.4 | 3608.1 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS EXT/FLEX A | L3730 | HCPCS | | | | outpatient | | | 3798 | 1329.02 | Horizon | MGD | 1453.87 | 38.28 | | | 1139.4 | 3608.1 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS EXT/FLEX A | L3730 | HCPCS | | | | outpatient | | | 3798 | 1329.02 | Horizon | Medicare Blue | 1139.4 | 30 | | | 1139.4 | 3608.1 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS EXT/FLEX A | L3730 | HCPCS | | | | outpatient | | | 3798 | 1329.02 | Consumer | Consumer | 3608.1 | 95 | | | 1139.4 | 3608.1 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS EXT/FLEX A | L3730 | HCPCS | | | | outpatient | | | 3798 | 1329.02 | Multiplan | Multiplan | 3038.4 | 80 | | | 1139.4 | 3608.1 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS EXT/FLEX A | L3730 | HCPCS | | | | outpatient | | | 3798 | 1329.02 | Wellcare | Medicaid | 1198.27 | 31.55 | | | 1139.4 | 3608.1 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS EXT/FLEX A | L3730 | HCPCS | | | | outpatient | | | 3798 | 1329.02 | Wellcare | Medicare | 1155.67 | | | | 1139.4 | 3608.1 | fee schedule | |
| AMB SUP FOREARM/ARM CUFFS EXT/FLEX A | L3730 | HCPCS | | | | outpatient | | | 3798 | 1329.02 | First Trenton | First Trenton | 3418.2 | 90 | | | 1139.4 | 3608.1 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS EXT/FLEX A | L3730 | HCPCS | | | | outpatient | | | 3798 | 1329.02 | Qualcare | Qualcare | 2848.5 | 75 | | | 1139.4 | 3608.1 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS EXT/FLEX A | L3730 | HCPCS | | | | outpatient | | | 3798 | 1329.02 | Horizon | PPO | 1453.87 | 38.28 | | | 1139.4 | 3608.1 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS EXT/FLEX A | L3730 | HCPCS | | | | outpatient | | | 3798 | 1329.02 | WellPoint | WellPoint | 1222.2 | 32.18 | | | 1139.4 | 3608.1 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS EXT/FLEX A | L3730 | HCPCS | | | | outpatient | | | 3798 | 1329.02 | Managed Care Inc | Managed Care Inc | 3418.2 | 90 | | | 1139.4 | 3608.1 | percent of total billed charges | |
| AMB SUP FOREARM/ARM CUFFS EXT/FLEX A | L3730 | HCPCS | | | | outpatient | | | 3798 | 1329.02 | UHC | Medicare | 1155.67 | | | | 1139.4 | 3608.1 | fee schedule | |
| AMB SUP FOREARM/ARM CUFFS EXT/FLEX A | L3730 | HCPCS | | | | outpatient | | | 3798 | 1329.02 | Three Rivers | Three Rivers | 3608.1 | 95 | | | 1139.4 | 3608.1 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3763 | HCPCS | | | | both | | | 2418 | 869.95 | Horizon | MGD | 925.61 | 38.28 | | | 725.4 | 2297.1 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3763 | HCPCS | | | | both | | | 2418 | 869.95 | Aetna | Better Health | 762.88 | 31.55 | | | 725.4 | 2297.1 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3763 | HCPCS | | | | both | | | 2418 | 869.95 | Americare | Americare | 1813.5 | 75 | | | 725.4 | 2297.1 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3763 | HCPCS | | | | both | | | 2418 | 869.95 | Amerihealth | Medicare | 756.48 | | | | 725.4 | 2297.1 | fee schedule | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3763 | HCPCS | | | | both | | | 2418 | 869.95 | Aetna | Medicare | 756.48 | | | | 725.4 | 2297.1 | fee schedule | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3763 | HCPCS | | | | both | | | 2418 | 869.95 | Amerihealth | HMO/PPO | 1571.7 | 65 | | | 725.4 | 2297.1 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3763 | HCPCS | | | | both | | | 2418 | 869.95 | Consumer | Consumer | 2297.1 | 95 | | | 725.4 | 2297.1 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3763 | HCPCS | | | | both | | | 2418 | 869.95 | First Trenton | First Trenton | 2176.2 | 90 | | | 725.4 | 2297.1 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3763 | HCPCS | | | | both | | | 2418 | 869.95 | Wellcare | Medicare | 756.48 | | | | 725.4 | 2297.1 | fee schedule | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3763 | HCPCS | | | | both | | | 2418 | 869.95 | Horizon | Medicare Blue | 725.4 | 30 | | | 725.4 | 2297.1 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3763 | HCPCS | | | | both | | | 2418 | 869.95 | Corrections | Corrections | 1934.4 | 80 | | | 725.4 | 2297.1 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3763 | HCPCS | | | | both | | | 2418 | 869.95 | First Health | First Health | 1692.6 | 70 | | | 725.4 | 2297.1 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3763 | HCPCS | | | | both | | | 2418 | 869.95 | Horizon | Indemnity | 925.61 | 38.28 | | | 725.4 | 2297.1 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3763 | HCPCS | | | | both | | | 2418 | 869.95 | Multiplan | Multiplan | 1934.4 | 80 | | | 725.4 | 2297.1 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3763 | HCPCS | | | | both | | | 2418 | 869.95 | Horizon | PPO | 925.61 | 38.28 | | | 725.4 | 2297.1 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3763 | HCPCS | | | | both | | | 2418 | 869.95 | Managed Care Inc | Managed Care Inc | 2176.2 | 90 | | | 725.4 | 2297.1 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3763 | HCPCS | | | | both | | | 2418 | 869.95 | Horizon | NJ Health | 967.2 | 40 | | | 725.4 | 2297.1 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3763 | HCPCS | | | | both | | | 2418 | 869.95 | Qualcare | Qualcare | 967.2 | 40 | | | 725.4 | 2297.1 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3763 | HCPCS | | | | both | | | 2418 | 869.95 | Three Rivers | Three Rivers | 2297.1 | 95 | | | 725.4 | 2297.1 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3763 | HCPCS | | | | both | | | 2418 | 869.95 | WellPoint | WellPoint | 778.11 | 32.18 | | | 725.4 | 2297.1 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3763 | HCPCS | | | | both | | | 2418 | 869.95 | Wellcare | Medicaid | 762.88 | 31.55 | | | 725.4 | 2297.1 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3763 | HCPCS | | | | both | | | 2418 | 869.95 | UHC | Medicaid | 762.88 | 31.55 | | | 725.4 | 2297.1 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3763 | HCPCS | | | | both | | | 2418 | 869.95 | UHC | Medicare | 756.48 | | | | 725.4 | 2297.1 | fee schedule | |
| AMB SUP EWHO W/JOINT(S) CF | L3764 | HCPCS | | | | outpatient | | | 3042 | 914.69 | Horizon | MGD | 1164.48 | 38.28 | | | 795.38 | 2889.9 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3764 | HCPCS | | | | outpatient | | | 3042 | 914.69 | Americare | Americare | 2281.5 | 75 | | | 795.38 | 2889.9 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3764 | HCPCS | | | | outpatient | | | 3042 | 914.69 | UHC | Medicare | 795.38 | | | | 795.38 | 2889.9 | fee schedule | |
| AMB SUP EWHO W/JOINT(S) CF | L3764 | HCPCS | | | | outpatient | | | 3042 | 914.69 | Aetna | Medicare | 795.38 | | | | 795.38 | 2889.9 | fee schedule | |
| AMB SUP EWHO W/JOINT(S) CF | L3764 | HCPCS | | | | outpatient | | | 3042 | 914.69 | Consumer | Consumer | 2889.9 | 95 | | | 795.38 | 2889.9 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3764 | HCPCS | | | | outpatient | | | 3042 | 914.69 | Amerihealth | HMO/PPO | 1977.3 | 65 | | | 795.38 | 2889.9 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3764 | HCPCS | | | | outpatient | | | 3042 | 914.69 | Aetna | Better Health | 959.75 | 31.55 | | | 795.38 | 2889.9 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3764 | HCPCS | | | | outpatient | | | 3042 | 914.69 | Amerihealth | Medicare | 795.38 | | | | 795.38 | 2889.9 | fee schedule | |
| AMB SUP EWHO W/JOINT(S) CF | L3764 | HCPCS | | | | outpatient | | | 3042 | 914.69 | Corrections | Corrections | 2433.6 | 80 | | | 795.38 | 2889.9 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3764 | HCPCS | | | | outpatient | | | 3042 | 914.69 | Horizon | Medicare Blue | 912.6 | 30 | | | 795.38 | 2889.9 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3764 | HCPCS | | | | outpatient | | | 3042 | 914.69 | First Health | First Health | 2129.4 | 70 | | | 795.38 | 2889.9 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3764 | HCPCS | | | | outpatient | | | 3042 | 914.69 | First Trenton | First Trenton | 2737.8 | 90 | | | 795.38 | 2889.9 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3764 | HCPCS | | | | outpatient | | | 3042 | 914.69 | Wellcare | Medicare | 795.38 | | | | 795.38 | 2889.9 | fee schedule | |
| AMB SUP EWHO W/JOINT(S) CF | L3764 | HCPCS | | | | outpatient | | | 3042 | 914.69 | Horizon | Indemnity | 1164.48 | 38.28 | | | 795.38 | 2889.9 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3764 | HCPCS | | | | outpatient | | | 3042 | 914.69 | Wellcare | Medicaid | 959.75 | 31.55 | | | 795.38 | 2889.9 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3764 | HCPCS | | | | outpatient | | | 3042 | 914.69 | UHC | Medicaid | 959.75 | 31.55 | | | 795.38 | 2889.9 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3764 | HCPCS | | | | outpatient | | | 3042 | 914.69 | WellPoint | WellPoint | 978.92 | 32.18 | | | 795.38 | 2889.9 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3764 | HCPCS | | | | outpatient | | | 3042 | 914.69 | Three Rivers | Three Rivers | 2889.9 | 95 | | | 795.38 | 2889.9 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3764 | HCPCS | | | | outpatient | | | 3042 | 914.69 | Horizon | PPO | 1164.48 | 38.28 | | | 795.38 | 2889.9 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3764 | HCPCS | | | | outpatient | | | 3042 | 914.69 | Multiplan | Multiplan | 2433.6 | 80 | | | 795.38 | 2889.9 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3764 | HCPCS | | | | outpatient | | | 3042 | 914.69 | Managed Care Inc | Managed Care Inc | 2737.8 | 90 | | | 795.38 | 2889.9 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3764 | HCPCS | | | | outpatient | | | 3042 | 914.69 | Qualcare | Qualcare | 2281.5 | 75 | | | 795.38 | 2889.9 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3765 | HCPCS | | | | outpatient | | | 4020 | 1571.29 | Amerihealth | HMO/PPO | 2613 | 65 | | | 1206 | 3819 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3765 | HCPCS | | | | outpatient | | | 4020 | 1571.29 | First Health | First Health | 2814 | 70 | | | 1206 | 3819 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3765 | HCPCS | | | | outpatient | | | 4020 | 1571.29 | Americare | Americare | 3015 | 75 | | | 1206 | 3819 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3765 | HCPCS | | | | outpatient | | | 4020 | 1571.29 | Horizon | MGD | 1538.86 | 38.28 | | | 1206 | 3819 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3765 | HCPCS | | | | outpatient | | | 4020 | 1571.29 | Multiplan | Multiplan | 3216 | 80 | | | 1206 | 3819 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3765 | HCPCS | | | | outpatient | | | 4020 | 1571.29 | Aetna | Medicare | 1366.34 | | | | 1206 | 3819 | fee schedule | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3765 | HCPCS | | | | outpatient | | | 4020 | 1571.29 | Aetna | Better Health | 1268.31 | 31.55 | | | 1206 | 3819 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3765 | HCPCS | | | | outpatient | | | 4020 | 1571.29 | Amerihealth | Medicare | 1366.34 | | | | 1206 | 3819 | fee schedule | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3765 | HCPCS | | | | outpatient | | | 4020 | 1571.29 | Qualcare | Qualcare | 3015 | 75 | | | 1206 | 3819 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3765 | HCPCS | | | | outpatient | | | 4020 | 1571.29 | First Trenton | First Trenton | 3618 | 90 | | | 1206 | 3819 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3765 | HCPCS | | | | outpatient | | | 4020 | 1571.29 | Consumer | Consumer | 3819 | 95 | | | 1206 | 3819 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3765 | HCPCS | | | | outpatient | | | 4020 | 1571.29 | UHC | Medicaid | 1268.31 | 31.55 | | | 1206 | 3819 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3765 | HCPCS | | | | outpatient | | | 4020 | 1571.29 | Horizon | Medicare Blue | 1206 | 30 | | | 1206 | 3819 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3765 | HCPCS | | | | outpatient | | | 4020 | 1571.29 | Corrections | Corrections | 3216 | 80 | | | 1206 | 3819 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3765 | HCPCS | | | | outpatient | | | 4020 | 1571.29 | Wellcare | Medicare | 1366.34 | | | | 1206 | 3819 | fee schedule | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3765 | HCPCS | | | | outpatient | | | 4020 | 1571.29 | Wellcare | Medicaid | 1268.31 | 31.55 | | | 1206 | 3819 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3765 | HCPCS | | | | outpatient | | | 4020 | 1571.29 | Horizon | Indemnity | 1538.86 | 38.28 | | | 1206 | 3819 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3765 | HCPCS | | | | outpatient | | | 4020 | 1571.29 | UHC | Medicare | 1366.34 | | | | 1206 | 3819 | fee schedule | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3765 | HCPCS | | | | outpatient | | | 4020 | 1571.29 | WellPoint | WellPoint | 1293.64 | 32.18 | | | 1206 | 3819 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3765 | HCPCS | | | | outpatient | | | 4020 | 1571.29 | Horizon | PPO | 1538.86 | 38.28 | | | 1206 | 3819 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3765 | HCPCS | | | | outpatient | | | 4020 | 1571.29 | Managed Care Inc | Managed Care Inc | 3618 | 90 | | | 1206 | 3819 | percent of total billed charges | |
| AMB SUP EWHO RIGID W/O JNTS CF | L3765 | HCPCS | | | | outpatient | | | 4020 | 1571.29 | Three Rivers | Three Rivers | 3819 | 95 | | | 1206 | 3819 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3766 | HCPCS | | | | outpatient | | | 4257 | 1663.88 | Amerihealth | HMO/PPO | 2767.05 | 65 | | | 1277.1 | 4044.15 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3766 | HCPCS | | | | outpatient | | | 4257 | 1663.88 | Aetna | Better Health | 1343.08 | 31.55 | | | 1277.1 | 4044.15 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3766 | HCPCS | | | | outpatient | | | 4257 | 1663.88 | Consumer | Consumer | 4044.15 | 95 | | | 1277.1 | 4044.15 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3766 | HCPCS | | | | outpatient | | | 4257 | 1663.88 | UHC | Medicaid | 1343.08 | 31.55 | | | 1277.1 | 4044.15 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3766 | HCPCS | | | | outpatient | | | 4257 | 1663.88 | Americare | Americare | 3192.75 | 75 | | | 1277.1 | 4044.15 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3766 | HCPCS | | | | outpatient | | | 4257 | 1663.88 | Aetna | Medicare | 1446.85 | | | | 1277.1 | 4044.15 | fee schedule | |
| AMB SUP EWHO W/JOINT(S) CF | L3766 | HCPCS | | | | outpatient | | | 4257 | 1663.88 | Corrections | Corrections | 3405.6 | 80 | | | 1277.1 | 4044.15 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3766 | HCPCS | | | | outpatient | | | 4257 | 1663.88 | Amerihealth | Medicare | 1446.85 | | | | 1277.1 | 4044.15 | fee schedule | |
| AMB SUP EWHO W/JOINT(S) CF | L3766 | HCPCS | | | | outpatient | | | 4257 | 1663.88 | Horizon | Indemnity | 1629.58 | 38.28 | | | 1277.1 | 4044.15 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3766 | HCPCS | | | | outpatient | | | 4257 | 1663.88 | First Health | First Health | 2979.9 | 70 | | | 1277.1 | 4044.15 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3766 | HCPCS | | | | outpatient | | | 4257 | 1663.88 | Horizon | MGD | 1629.58 | 38.28 | | | 1277.1 | 4044.15 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3766 | HCPCS | | | | outpatient | | | 4257 | 1663.88 | First Trenton | First Trenton | 3831.3 | 90 | | | 1277.1 | 4044.15 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3766 | HCPCS | | | | outpatient | | | 4257 | 1663.88 | Multiplan | Multiplan | 3405.6 | 80 | | | 1277.1 | 4044.15 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3766 | HCPCS | | | | outpatient | | | 4257 | 1663.88 | Wellcare | Medicaid | 1343.08 | 31.55 | | | 1277.1 | 4044.15 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3766 | HCPCS | | | | outpatient | | | 4257 | 1663.88 | WellPoint | WellPoint | 1369.9 | 32.18 | | | 1277.1 | 4044.15 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3766 | HCPCS | | | | outpatient | | | 4257 | 1663.88 | Managed Care Inc | Managed Care Inc | 3831.3 | 90 | | | 1277.1 | 4044.15 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3766 | HCPCS | | | | outpatient | | | 4257 | 1663.88 | Horizon | Medicare Blue | 1277.1 | 30 | | | 1277.1 | 4044.15 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3766 | HCPCS | | | | outpatient | | | 4257 | 1663.88 | Horizon | PPO | 1629.58 | 38.28 | | | 1277.1 | 4044.15 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3766 | HCPCS | | | | outpatient | | | 4257 | 1663.88 | Qualcare | Qualcare | 3192.75 | 75 | | | 1277.1 | 4044.15 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3766 | HCPCS | | | | outpatient | | | 4257 | 1663.88 | Three Rivers | Three Rivers | 4044.15 | 95 | | | 1277.1 | 4044.15 | percent of total billed charges | |
| AMB SUP EWHO W/JOINT(S) CF | L3766 | HCPCS | | | | outpatient | | | 4257 | 1663.88 | UHC | Medicare | 1446.85 | | | | 1277.1 | 4044.15 | fee schedule | |
| AMB SUP EWHO W/JOINT(S) CF | L3766 | HCPCS | | | | outpatient | | | 4257 | 1663.88 | Wellcare | Medicare | 1446.85 | | | | 1277.1 | 4044.15 | fee schedule | |
| AMB SUP WHFO W/JOINT(S) CUSTOM FAB | L3806 | HCPCS | | | | outpatient | | | 1425 | 556.65 | Horizon | Medicare Blue | 427.5 | 30 | | | 427.5 | 1353.75 | percent of total billed charges | |
| AMB SUP WHFO W/JOINT(S) CUSTOM FAB | L3806 | HCPCS | | | | outpatient | | | 1425 | 556.65 | Aetna | Medicare | 484.04 | | | | 427.5 | 1353.75 | fee schedule | |
| AMB SUP WHFO W/JOINT(S) CUSTOM FAB | L3806 | HCPCS | | | | outpatient | | | 1425 | 556.65 | Americare | Americare | 1068.75 | 75 | | | 427.5 | 1353.75 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| AMB SUP WHFO W/JOINT(S) CUSTOM FAB | L3806 | HCPCS | | | | outpatient | | | 1425 | 556.65 | Aetna | Better Health | 449.59 | 31.55 | | | 427.5 | 1353.75 | percent of total billed charges | |
| AMB SUP WHFO W/JOINT(S) CUSTOM FAB | L3806 | HCPCS | | | | outpatient | | | 1425 | 556.65 | First Trenton | First Trenton | 1282.5 | 90 | | | 427.5 | 1353.75 | percent of total billed charges | |
| AMB SUP WHFO W/JOINT(S) CUSTOM FAB | L3806 | HCPCS | | | | outpatient | | | 1425 | 556.65 | Amerihealth | Medicare | 484.04 | | | | 427.5 | 1353.75 | fee schedule | |
| AMB SUP WHFO W/JOINT(S) CUSTOM FAB | L3806 | HCPCS | | | | outpatient | | | 1425 | 556.65 | Wellcare | Medicare | 484.04 | | | | 427.5 | 1353.75 | fee schedule | |
| AMB SUP WHFO W/JOINT(S) CUSTOM FAB | L3806 | HCPCS | | | | outpatient | | | 1425 | 556.65 | Corrections | Corrections | 1140 | 80 | | | 427.5 | 1353.75 | percent of total billed charges | |
| AMB SUP WHFO W/JOINT(S) CUSTOM FAB | L3806 | HCPCS | | | | outpatient | | | 1425 | 556.65 | UHC | Medicare | 484.04 | | | | 427.5 | 1353.75 | fee schedule | |
| AMB SUP WHFO W/JOINT(S) CUSTOM FAB | L3806 | HCPCS | | | | outpatient | | | 1425 | 556.65 | First Health | First Health | 997.5 | 70 | | | 427.5 | 1353.75 | percent of total billed charges | |
| AMB SUP WHFO W/JOINT(S) CUSTOM FAB | L3806 | HCPCS | | | | outpatient | | | 1425 | 556.65 | Horizon | MGD | 545.49 | 38.28 | | | 427.5 | 1353.75 | percent of total billed charges | |
| AMB SUP WHFO W/JOINT(S) CUSTOM FAB | L3806 | HCPCS | | | | outpatient | | | 1425 | 556.65 | Amerihealth | HMO/PPO | 926.25 | 65 | | | 427.5 | 1353.75 | percent of total billed charges | |
| AMB SUP WHFO W/JOINT(S) CUSTOM FAB | L3806 | HCPCS | | | | outpatient | | | 1425 | 556.65 | WellPoint | WellPoint | 458.57 | 32.18 | | | 427.5 | 1353.75 | percent of total billed charges | |
| AMB SUP WHFO W/JOINT(S) CUSTOM FAB | L3806 | HCPCS | | | | outpatient | | | 1425 | 556.65 | Consumer | Consumer | 1353.75 | 95 | | | 427.5 | 1353.75 | percent of total billed charges | |
| AMB SUP WHFO W/JOINT(S) CUSTOM FAB | L3806 | HCPCS | | | | outpatient | | | 1425 | 556.65 | Horizon | Indemnity | 545.49 | 38.28 | | | 427.5 | 1353.75 | percent of total billed charges | |
| AMB SUP WHFO W/JOINT(S) CUSTOM FAB | L3806 | HCPCS | | | | outpatient | | | 1425 | 556.65 | Horizon | PPO | 545.49 | 38.28 | | | 427.5 | 1353.75 | percent of total billed charges | |
| AMB SUP WHFO W/JOINT(S) CUSTOM FAB | L3806 | HCPCS | | | | outpatient | | | 1425 | 556.65 | Multiplan | Multiplan | 1140 | 80 | | | 427.5 | 1353.75 | percent of total billed charges | |
| AMB SUP WHFO W/JOINT(S) CUSTOM FAB | L3806 | HCPCS | | | | outpatient | | | 1425 | 556.65 | Managed Care Inc | Managed Care Inc | 1282.5 | 90 | | | 427.5 | 1353.75 | percent of total billed charges | |
| AMB SUP WHFO W/JOINT(S) CUSTOM FAB | L3806 | HCPCS | | | | outpatient | | | 1425 | 556.65 | Quälcare | Qualcare | 1068.75 | 75 | | | 427.5 | 1353.75 | percent of total billed charges | |
| AMB SUP WHFO W/JOINT(S) CUSTOM FAB | L3806 | HCPCS | | | | outpatient | | | 1425 | 556.65 | Three Rivers | Three Rivers | 1353.75 | 95 | | | 427.5 | 1353.75 | percent of total billed charges | |
| AMB SUP WHFO W/JOINT(S) CUSTOM FAB | L3806 | HCPCS | | | | outpatient | | | 1425 | 556.65 | UHC | Medicaid | 449.59 | 31.55 | | | 427.5 | 1353.75 | percent of total billed charges | |
| AMB SUP WHFO W/JOINT(S) CUSTOM FAB | L3806 | HCPCS | | | | outpatient | | | 1425 | 556.65 | Wellcare | Medicaid | 449.59 | 31.55 | | | 427.5 | 1353.75 | percent of total billed charges | |
| AMB SUP SUPPORT WRIST R-SOFT | L3807 | HCPCS | | | | outpatient | | | 195.81 | 306.36 | Amerihealth | HMO/PPO | 127.28 | 65 | | | 4.94 | 266.4 | percent of total billed charges | |
| AMB SUP SUPPORT WRIST R-SOFT | L3807 | HCPCS | | | | outpatient | | | 195.81 | 306.36 | Horizon | Indemnity | 74.96 | 38.28 | | | 4.94 | 266.4 | percent of total billed charges | |
| AMB SUP SUPPORT WRIST R-SOFT | L3807 | HCPCS | | | | outpatient | | | 195.81 | 306.36 | Aetna | Better Health | 61.78 | 31.55 | | | 4.94 | 266.4 | percent of total billed charges | |
| AMB SUP SUPPORT WRIST R-SOFT | L3807 | HCPCS | | | | outpatient | | | 195.81 | 306.36 | Horizon | MGD | 74.96 | 38.28 | | | 4.94 | 266.4 | percent of total billed charges | |
| AMB SUP SUPPORT WRIST R-SOFT | L3807 | HCPCS | | | | outpatient | | | 195.81 | 306.36 | Amerihealth | Medicare | 266.4 | | | | 4.94 | 266.4 | fee schedule | |
| AMB SUP SUPPORT WRIST R-SOFT | L3807 | HCPCS | | | | outpatient | | | 195.81 | 306.36 | Aetna | Medicare | 266.4 | | | | 4.94 | 266.4 | fee schedule | |
| AMB SUP SUPPORT WRIST R-SOFT | L3807 | HCPCS | | | | outpatient | | | 195.81 | 306.36 | Consumer | Consumer | 186.02 | 95 | | | 4.94 | 266.4 | percent of total billed charges | |
| AMB SUP SUPPORT WRIST R-SOFT | L3807 | HCPCS | | | | outpatient | | | 195.81 | 306.36 | Americare | Americare | 146.86 | 75 | | | 4.94 | 266.4 | percent of total billed charges | |
| AMB SUP SUPPORT WRIST R-SOFT | L3807 | HCPCS | | | | outpatient | | | 195.81 | 306.36 | Qualcare | Qualcare | 78.32 | 40 | | | 4.94 | 266.4 | percent of total billed charges | |
| AMB SUP SUPPORT WRIST R-SOFT | L3807 | HCPCS | | | | outpatient | | | 195.81 | 306.36 | Horizon | PPO | 74.96 | 38.28 | | | 4.94 | 266.4 | percent of total billed charges | |
| AMB SUP SUPPORT WRIST R-SOFT | L3807 | HCPCS | | | | outpatient | | | 195.81 | 306.36 | WellPoint | WellPoint | 63.01 | 32.18 | | | 4.94 | 266.4 | percent of total billed charges | |
| AMB SUP SUPPORT WRIST R-SOFT | L3807 | HCPCS | | | | outpatient | | | 195.81 | 306.36 | Horizon | NJ Health | 78.32 | 40 | | | 4.94 | 266.4 | percent of total billed charges | |
| AMB SUP SUPPORT WRIST R-SOFT | L3807 | HCPCS | | | | outpatient | | | 195.81 | 306.36 | First Health | First Health | 137.07 | 70 | | | 4.94 | 266.4 | percent of total billed charges | |
| AMB SUP SUPPORT WRIST R-SOFT | L3807 | HCPCS | | | | outpatient | | | 195.81 | 306.36 | Corrections | Corrections | 156.65 | 80 | | | 4.94 | 266.4 | percent of total billed charges | |
| AMB SUP SUPPORT WRIST R-SOFT | L3807 | HCPCS | | | | outpatient | | | 195.81 | 306.36 | Wellcare | Medicare | 266.4 | | | | 4.94 | 266.4 | fee schedule | |
| AMB SUP SUPPORT WRIST R-SOFT | L3807 | HCPCS | | | | outpatient | | | 195.81 | 306.36 | Three Rivers | Three Rivers | 186.02 | 95 | | | 4.94 | 266.4 | percent of total billed charges | |
| AMB SUP SUPPORT WRIST R-SOFT | L3807 | HCPCS | | | | outpatient | | | 195.81 | 306.36 | UHC | Medicaid | 61.78 | 31.55 | | | 4.94 | 266.4 | percent of total billed charges | |
| AMB SUP SUPPORT WRIST R-SOFT | L3807 | HCPCS | | | | outpatient | | | 195.81 | 306.36 | First Trenton | First Trenton | 176.23 | 90 | | | 4.94 | 266.4 | percent of total billed charges | |
| AMB SUP SUPPORT WRIST R-SOFT | L3807 | HCPCS | | | | outpatient | | | 195.81 | 306.36 | Multiplan | Multiplan | 156.65 | 80 | | | 4.94 | 266.4 | percent of total billed charges | |
| AMB SUP SUPPORT WRIST R-SOFT | L3807 | HCPCS | | | | outpatient | | | 195.81 | 306.36 | Horizon | Medicare Blue | 58.74 | 30 | | | 4.94 | 266.4 | percent of total billed charges | |
| AMB SUP SUPPORT WRIST R-SOFT | L3807 | HCPCS | | | | outpatient | | | 195.81 | 306.36 | UHC | Medicare | 266.4 | | | | 4.94 | 266.4 | fee schedule | |
| AMB SUP SUPPORT WRIST R-SOFT | L3807 | HCPCS | | | | outpatient | | | 195.81 | 306.36 | Managed Care Inc | Managed Care Inc | 176.23 | 90 | | | 4.94 | 266.4 | percent of total billed charges | |
| AMB SUP SUPPORT WRIST R-SOFT | L3807 | HCPCS | | | | outpatient | | | 195.81 | 306.36 | Wellcare | Medicaid | 61.78 | 31.55 | | | 4.94 | 266.4 | percent of total billed charges | |
| AMB SUP WHIFO, RIGID W/O JOINTS | L3808 | HCPCS | | | | outpatient | | | 1272 | 421.07 | Wellcare | Medicare | 366.15 | | | | 366.15 | 1208.4 | fee schedule | |
| AMB SUP WHIFO, RIGID W/O JOINTS | L3808 | HCPCS | | | | outpatient | | | 1272 | 421.07 | Horizon | MGD | 486.92 | 38.28 | | | 366.15 | 1208.4 | percent of total billed charges | |
| AMB SUP WHIFO, RIGID W/O JOINTS | L3808 | HCPCS | | | | outpatient | | | 1272 | 421.07 | Corrections | Corrections | 1017.6 | 80 | | | 366.15 | 1208.4 | percent of total billed charges | |
| AMB SUP WHIFO, RIGID W/O JOINTS | L3808 | HCPCS | | | | outpatient | | | 1272 | 421.07 | Aetna | Medicare | 366.15 | | | | 366.15 | 1208.4 | fee schedule | |
| AMB SUP WHIFO, RIGID W/O JOINTS | L3808 | HCPCS | | | | outpatient | | | 1272 | 421.07 | Americare | Americare | 954 | 75 | | | 366.15 | 1208.4 | percent of total billed charges | |
| AMB SUP WHIFO, RIGID W/O JOINTS | L3808 | HCPCS | | | | outpatient | | | 1272 | 421.07 | Amerihealth | Medicare | 366.15 | | | | 366.15 | 1208.4 | fee schedule | |
| AMB SUP WHIFO, RIGID W/O JOINTS | L3808 | HCPCS | | | | outpatient | | | 1272 | 421.07 | Horizon | Indemnity | 486.92 | 38.28 | | | 366.15 | 1208.4 | percent of total billed charges | |
| AMB SUP WHIFO, RIGID W/O JOINTS | L3808 | HCPCS | | | | outpatient | | | 1272 | 421.07 | Aetna | Better Health | 401.32 | 31.55 | | | 366.15 | 1208.4 | percent of total billed charges | |
| AMB SUP WHIFO, RIGID W/O JOINTS | L3808 | HCPCS | | | | outpatient | | | 1272 | 421.07 | Consumer | Consumer | 1208.4 | 95 | | | 366.15 | 1208.4 | percent of total billed charges | |
| AMB SUP WHIFO, RIGID W/O JOINTS | L3808 | HCPCS | | | | outpatient | | | 1272 | 421.07 | UHC | Medicaid | 401.32 | 31.55 | | | 366.15 | 1208.4 | percent of total billed charges | |
| AMB SUP WHIFO, RIGID W/O JOINTS | L3808 | HCPCS | | | | outpatient | | | 1272 | 421.07 | Three Rivers | Three Rivers | 1208.4 | 95 | | | 366.15 | 1208.4 | percent of total billed charges | |
| AMB SUP WHIFO, RIGID W/O JOINTS | L3808 | HCPCS | | | | outpatient | | | 1272 | 421.07 | Amerihealth | HMO/PPO | 826.8 | 65 | | | 366.15 | 1208.4 | percent of total billed charges | |
| AMB SUP WHIFO, RIGID W/O JOINTS | L3808 | HCPCS | | | | outpatient | | | 1272 | 421.07 | First Trenton | First Trenton | 1144.8 | 90 | | | 366.15 | 1208.4 | percent of total billed charges | |
| AMB SUP WHIFO, RIGID W/O JOINTS | L3808 | HCPCS | | | | outpatient | | | 1272 | 421.07 | Horizon | Medicare Blue | 381.6 | 30 | | | 366.15 | 1208.4 | percent of total billed charges | |
| AMB SUP WHIFO, RIGID W/O JOINTS | L3808 | HCPCS | | | | outpatient | | | 1272 | 421.07 | Wellcare | Medicaid | 401.32 | 31.55 | | | 366.15 | 1208.4 | percent of total billed charges | |
| AMB SUP WHIFO, RIGID W/O JOINTS | L3808 | HCPCS | | | | outpatient | | | 1272 | 421.07 | First Health | First Health | 890.4 | 70 | | | 366.15 | 1208.4 | percent of total billed charges | |
| AMB SUP WHIFO, RIGID W/O JOINTS | L3808 | HCPCS | | | | outpatient | | | 1272 | 421.07 | Horizon | PPO | 486.92 | 38.28 | | | 366.15 | 1208.4 | percent of total billed charges | |
| AMB SUP WHIFO, RIGID W/O JOINTS | L3808 | HCPCS | | | | outpatient | | | 1272 | 421.07 | WellPoint | WellPoint | 409.33 | 32.18 | | | 366.15 | 1208.4 | percent of total billed charges | |
| AMB SUP WHIFO, RIGID W/O JOINTS | L3808 | HCPCS | | | | outpatient | | | 1272 | 421.07 | Managed Care Inc | Managed Care Inc | 1144.8 | 90 | | | 366.15 | 1208.4 | percent of total billed charges | |
| AMB SUP WHIFO, RIGID W/O JOINTS | L3808 | HCPCS | | | | outpatient | | | 1272 | 421.07 | Multiplan | Multiplan | 1017.6 | 80 | | | 366.15 | 1208.4 | percent of total billed charges | |
| AMB SUP WHIFO, RIGID W/O JOINTS | L3808 | HCPCS | | | | outpatient | | | 1272 | 421.07 | Qualcare | Qualcare | 954 | 75 | | | 366.15 | 1208.4 | percent of total billed charges | |
| AMB SUP WHIFO, RIGID W/O JOINTS | L3808 | HCPCS | | | | outpatient | | | 1272 | 421.07 | UHC | Medicare | 366.15 | | | | 366.15 | 1208.4 | fee schedule | |
| AMB SUP WHFO W/O JOINTS PRE OTS | L3809 | HCPCS | | | | outpatient | | | 786 | 306.36 | Aetna | Medicare | 266.4 | | | | 235.8 | 746.7 | fee schedule | |
| AMB SUP WHFO W/O JOINTS PRE OTS | L3809 | HCPCS | | | | outpatient | | | 786 | 306.36 | Amerihealth | Medicare | 266.4 | | | | 235.8 | 746.7 | fee schedule | |
| AMB SUP WHFO W/O JOINTS PRE OTS | L3809 | HCPCS | | | | outpatient | | | 786 | 306.36 | Consumer | Consumer | 746.7 | 95 | | | 235.8 | 746.7 | percent of total billed charges | |
| AMB SUP WHFO W/O JOINTS PRE OTS | L3809 | HCPCS | | | | outpatient | | | 786 | 306.36 | Corrections | Corrections | 628.8 | 80 | | | 235.8 | 746.7 | percent of total billed charges | |
| AMB SUP WHFO W/O JOINTS PRE OTS | L3809 | HCPCS | | | | outpatient | | | 786 | 306.36 | UHC | Medicaid | 247.98 | 31.55 | | | 235.8 | 746.7 | percent of total billed charges | |
| AMB SUP WHFO W/O JOINTS PRE OTS | L3809 | HCPCS | | | | outpatient | | | 786 | 306.36 | Aetna | Better Health | 247.98 | 31.55 | | | 235.8 | 746.7 | percent of total billed charges | |
| AMB SUP WHFO W/O JOINTS PRE OTS | L3809 | HCPCS | | | | outpatient | | | 786 | 306.36 | Americare | Americare | 589.5 | 75 | | | 235.8 | 746.7 | percent of total billed charges | |
| AMB SUP WHFO W/O JOINTS PRE OTS | L3809 | HCPCS | | | | outpatient | | | 786 | 306.36 | Horizon | MGD | 300.88 | 38.28 | | | 235.8 | 746.7 | percent of total billed charges | |
| AMB SUP WHFO W/O JOINTS PRE OTS | L3809 | HCPCS | | | | outpatient | | | 786 | 306.36 | First Trenton | First Trenton | 707.4 | 90 | | | 235.8 | 746.7 | percent of total billed charges | |
| AMB SUP WHFO W/O JOINTS PRE OTS | L3809 | HCPCS | | | | outpatient | | | 786 | 306.36 | First Health | First Health | 550.2 | 70 | | | 235.8 | 746.7 | percent of total billed charges | |
| AMB SUP WHFO W/O JOINTS PRE OTS | L3809 | HCPCS | | | | outpatient | | | 786 | 306.36 | Horizon | Indemnity | 300.88 | 38.28 | | | 235.8 | 746.7 | percent of total billed charges | |
| AMB SUP WHFO W/O JOINTS PRE OTS | L3809 | HCPCS | | | | outpatient | | | 786 | 306.36 | Wellcare | Medicare | 266.4 | | | | 235.8 | 746.7 | fee schedule | |
| AMB SUP WHFO W/O JOINTS PRE OTS | L3809 | HCPCS | | | | outpatient | | | 786 | 306.36 | WellPoint | WellPoint | 252.93 | 32.18 | | | 235.8 | 746.7 | percent of total billed charges | |
| AMB SUP WHFO W/O JOINTS PRE OTS | L3809 | HCPCS | | | | outpatient | | | 786 | 306.36 | UHC | Medicare | 266.4 | | | | 235.8 | 746.7 | fee schedule | |
| AMB SUP WHFO W/O JOINTS PRE OTS | L3809 | HCPCS | | | | outpatient | | | 786 | 306.36 | Amerihealth | HMO/PPO | 510.9 | 65 | | | 235.8 | 746.7 | percent of total billed charges | |
| AMB SUP WHFO W/O JOINTS PRE OTS | L3809 | HCPCS | | | | outpatient | | | 786 | 306.36 | Wellcare | Medicaid | 247.98 | 31.55 | | | 235.8 | 746.7 | percent of total billed charges | |
| AMB SUP WHFO W/O JOINTS PRE OTS | L3809 | HCPCS | | | | outpatient | | | 786 | 306.36 | Horizon | PPO | 300.88 | 38.28 | | | 235.8 | 746.7 | percent of total billed charges | |
| AMB SUP WHFO W/O JOINTS PRE OTS | L3809 | HCPCS | | | | outpatient | | | 786 | 306.36 | Horizon | Medicare Blue | 235.8 | 30 | | | 235.8 | 746.7 | percent of total billed charges | |
| AMB SUP WHFO W/O JOINTS PRE OTS | L3809 | HCPCS | | | | outpatient | | | 786 | 306.36 | Managed Care Inc | Managed Care Inc | 707.4 | 90 | | | 235.8 | 746.7 | percent of total billed charges | |
| AMB SUP WHFO W/O JOINTS PRE OTS | L3809 | HCPCS | | | | outpatient | | | 786 | 306.36 | Multiplan | Multiplan | 628.8 | 80 | | | 235.8 | 746.7 | percent of total billed charges | |
| AMB SUP WHFO W/O JOINTS PRE OTS | L3809 | HCPCS | | | | outpatient | | | 786 | 306.36 | Three Rivers | Three Rivers | 746.7 | 95 | | | 235.8 | 746.7 | percent of total billed charges | |
| AMB SUP WHFO W/O JOINTS PRE OTS | L3809 | HCPCS | | | | outpatient | | | 786 | 306.36 | Qualcare | Qualcare | 589.5 | 75 | | | 235.8 | 746.7 | percent of total billed charges | |
| AMB SUP HINGE EXTENSION/FLEX WRIST/F | L3900 | HCPCS | | | | outpatient | | | 4179 | 2004.12 | Amerihealth | HMO/PPO | 2716.35 | 65 | | | 1253.7 | 3970.05 | percent of total billed charges | |
| AMB SUP HINGE EXTENSION/FLEX WRIST/F | L3900 | HCPCS | | | | outpatient | | | 4179 | 2004.12 | Amerihealth | Medicare | 1742.71 | | | | 1253.7 | 3970.05 | fee schedule | |
| AMB SUP HINGE EXTENSION/FLEX WRIST/F | L3900 | HCPCS | | | | outpatient | | | 4179 | 2004.12 | Aetna | Better Health | 1318.47 | 31.55 | | | 1253.7 | 3970.05 | percent of total billed charges | |
| AMB SUP HINGE EXTENSION/FLEX WRIST/F | L3900 | HCPCS | | | | outpatient | | | 4179 | 2004.12 | First Health | First Health | 2925.3 | 70 | | | 1253.7 | 3970.05 | percent of total billed charges | |
| AMB SUP HINGE EXTENSION/FLEX WRIST/F | L3900 | HCPCS | | | | outpatient | | | 4179 | 2004.12 | Multiplan | Multiplan | 3343.2 | 80 | | | 1253.7 | 3970.05 | percent of total billed charges | |
| AMB SUP HINGE EXTENSION/FLEX WRIST/F | L3900 | HCPCS | | | | outpatient | | | 4179 | 2004.12 | First Trenton | First Trenton | 3761.1 | 90 | | | 1253.7 | 3970.05 | percent of total billed charges | |
| AMB SUP HINGE EXTENSION/FLEX WRIST/F | L3900 | HCPCS | | | | outpatient | | | 4179 | 2004.12 | Aetna | Medicare | 1742.71 | | | | 1253.7 | 3970.05 | fee schedule | |
| AMB SUP HINGE EXTENSION/FLEX WRIST/F | L3900 | HCPCS | | | | outpatient | | | 4179 | 2004.12 | Horizon | Medicare Blue | 1253.7 | 30 | | | 1253.7 | 3970.05 | percent of total billed charges | |
| AMB SUP HINGE EXTENSION/FLEX WRIST/F | L3900 | HCPCS | | | | outpatient | | | 4179 | 2004.12 | Qualcare | Qualcare | 3134.25 | 75 | | | 1253.7 | 3970.05 | percent of total billed charges | |
| AMB SUP HINGE EXTENSION/FLEX WRIST/F | L3900 | HCPCS | | | | outpatient | | | 4179 | 2004.12 | Horizon | MGD | 1599.72 | 38.28 | | | 1253.7 | 3970.05 | percent of total billed charges | |
| AMB SUP HINGE EXTENSION/FLEX WRIST/F | L3900 | HCPCS | | | | outpatient | | | 4179 | 2004.12 | Americare | Americare | 3134.25 | 75 | | | 1253.7 | 3970.05 | percent of total billed charges | |
| AMB SUP HINGE EXTENSION/FLEX WRIST/F | L3900 | HCPCS | | | | outpatient | | | 4179 | 2004.12 | Wellcare | Medicaid | 1318.47 | 31.55 | | | 1253.7 | 3970.05 | percent of total billed charges | |
| AMB SUP HINGE EXTENSION/FLEX WRIST/F | L3900 | HCPCS | | | | outpatient | | | 4179 | 2004.12 | UHC | Medicare | 1742.71 | | | | 1253.7 | 3970.05 | fee schedule | |
| AMB SUP HINGE EXTENSION/FLEX WRIST/F | L3900 | HCPCS | | | | outpatient | | | 4179 | 2004.12 | UHC | Medicaid | 1318.47 | 31.55 | | | 1253.7 | 3970.05 | percent of total billed charges | |
| AMB SUP HINGE EXTENSION/FLEX WRIST/F | L3900 | HCPCS | | | | outpatient | | | 4179 | 2004.12 | Consumer | Consumer | 3970.05 | 95 | | | 1253.7 | 3970.05 | percent of total billed charges | |
| AMB SUP HINGE EXTENSION/FLEX WRIST/F | L3900 | HCPCS | | | | outpatient | | | 4179 | 2004.12 | Wellcare | Medicare | 1742.71 | | | | 1253.7 | 3970.05 | fee schedule | |
| AMB SUP HINGE EXTENSION/FLEX WRIST/F | L3900 | HCPCS | | | | outpatient | | | 4179 | 2004.12 | Horizon | Indemnity | 1599.72 | 38.28 | | | 1253.7 | 3970.05 | percent of total billed charges | |
| AMB SUP HINGE EXTENSION/FLEX WRIST/F | L3900 | HCPCS | | | | outpatient | | | 4179 | 2004.12 | WellPoint | WellPoint | 1344.8 | 32.18 | | | 1253.7 | 3970.05 | percent of total billed charges | |
| AMB SUP HINGE EXTENSION/FLEX WRIST/F | L3900 | HCPCS | | | | outpatient | | | 4179 | 2004.12 | Corrections | Corrections | 3343.2 | 80 | | | 1253.7 | 3970.05 | percent of total billed charges | |
| AMB SUP HINGE EXTENSION/FLEX WRIST/F | L3900 | HCPCS | | | | outpatient | | | 4179 | 2004.12 | Horizon | PPO | 1599.72 | 38.28 | | | 1253.7 | 3970.05 | percent of total billed charges | |
| AMB SUP HINGE EXTENSION/FLEX WRIST/F | L3900 | HCPCS | | | | outpatient | | | 4179 | 2004.12 | Managed Care Inc | Managed Care Inc | 3761.1 | 90 | | | 1253.7 | 3970.05 | percent of total billed charges | |
| AMB SUP HINGE EXTENSION/FLEX WRIST/F | L3900 | HCPCS | | | | outpatient | | | 4179 | 2004.12 | Three Rivers | Three Rivers | 3970.05 | 95 | | | 1253.7 | 3970.05 | percent of total billed charges | |
| AMB SUP WHO W/NONTORSION JNT(S) CF | L3905 | HCPCS | | | | outpatient | | | 3111 | 1215.24 | Amerihealth | Medicare | 1056.73 | | | | 933.3 | 2955.45 | fee schedule | |
| AMB SUP WHO W/NONTORSION JNT(S) CF | L3905 | HCPCS | | | | outpatient | | | 3111 | 1215.24 | First Health | First Health | 2177.7 | 70 | | | 933.3 | 2955.45 | percent of total billed charges | |
| AMB SUP WHO W/NONTORSION JNT(S) CF | L3905 | HCPCS | | | | outpatient | | | 3111 | 1215.24 | UHC | Medicare | 1056.73 | | | | 933.3 | 2955.45 | fee schedule | |
| AMB SUP WHO W/NONTORSION JNT(S) CF | L3905 | HCPCS | | | | outpatient | | | 3111 | 1215.24 | Aetna | Medicare | 1056.73 | | | | 933.3 | 2955.45 | fee schedule | |
| AMB SUP WHO W/NONTORSION JNT(S) CF | L3905 | HCPCS | | | | outpatient | | | 3111 | 1215.24 | First Trenton | First Trenton | 2799.9 | 90 | | | 933.3 | 2955.45 | percent of total billed charges | |
| AMB SUP WHO W/NONTORSION JNT(S) CF | L3905 | HCPCS | | | | outpatient | | | 3111 | 1215.24 | Americare | Americare | 2333.25 | 75 | | | 933.3 | 2955.45 | percent of total billed charges | |
| AMB SUP WHO W/NONTORSION JNT(S) CF | L3905 | HCPCS | | | | outpatient | | | 3111 | 1215.24 | Aetna | Better Health | 981.52 | 31.55 | | | 933.3 | 2955.45 | percent of total billed charges | |
| AMB SUP WHO W/NONTORSION JNT(S) CF | L3905 | HCPCS | | | | outpatient | | | 3111 | 1215.24 | Amerihealth | HMO/PPO | 2022.15 | 65 | | | 933.3 | 2955.45 | percent of total billed charges | |
| AMB SUP WHO W/NONTORSION JNT(S) CF | L3905 | HCPCS | | | | outpatient | | | 3111 | 1215.24 | Horizon | Indemnity | 1190.89 | 38.28 | | | 933.3 | 2955.45 | percent of total billed charges | |
| AMB SUP WHO W/NONTORSION JNT(S) CF | L3905 | HCPCS | | | | outpatient | | | 3111 | 1215.24 | Wellcare | Medicaid | 981.52 | 31.55 | | | 933.3 | 2955.45 | percent of total billed charges | |
| AMB SUP WHO W/NONTORSION JNT(S) CF | L3905 | HCPCS | | | | outpatient | | | 3111 | 1215.24 | WellPoint | WellPoint | 1001.12 | 32.18 | | | 933.3 | 2955.45 | percent of total billed charges | |
| AMB SUP WHO W/NONTORSION JNT(S) CF | L3905 | HCPCS | | | | outpatient | | | 3111 | 1215.24 | Corrections | Corrections | 2488.8 | 80 | | | 933.3 | 2955.45 | percent of total billed charges | |
| AMB SUP WHO W/NONTORSION JNT(S) CF | L3905 | HCPCS | | | | outpatient | | | 3111 | 1215.24 | Horizon | PPO | 1190.89 | 38.28 | | | 933.3 | 2955.45 | percent of total billed charges | |
| AMB SUP WHO W/NONTORSION JNT(S) CF | L3905 | HCPCS | | | | outpatient | | | 3111 | 1215.24 | Consumer | Consumer | 2955.45 | 95 | | | 933.3 | 2955.45 | percent of total billed charges | |
| AMB SUP WHO W/NONTORSION JNT(S) CF | L3905 | HCPCS | | | | outpatient | | | 3111 | 1215.24 | Managed Care Inc | Managed Care Inc | 2799.9 | 90 | | | 933.3 | 2955.45 | percent of total billed charges | |
| AMB SUP WHO W/NONTORSION JNT(S) CF | L3905 | HCPCS | | | | outpatient | | | 3111 | 1215.24 | Horizon | MGD | 1190.89 | 38.28 | | | 933.3 | 2955.45 | percent of total billed charges | |
| AMB SUP WHO W/NONTORSION JNT(S) CF | L3905 | HCPCS | | | | outpatient | | | 3111 | 1215.24 | Three Rivers | Three Rivers | 2955.45 | 95 | | | 933.3 | 2955.45 | percent of total billed charges | |
| AMB SUP WHO W/NONTORSION JNT(S) CF | L3905 | HCPCS | | | | outpatient | | | 3111 | 1215.24 | Wellcare | Medicare | 1056.73 | | | | 933.3 | 2955.45 | fee schedule | |
| AMB SUP WHO W/NONTORSION JNT(S) CF | L3905 | HCPCS | | | | outpatient | | | 3111 | 1215.24 | Horizon | Medicare Blue | 933.3 | 30 | | | 933.3 | 2955.45 | percent of total billed charges | |
| AMB SUP WHO W/NONTORSION JNT(S) CF | L3905 | HCPCS | | | | outpatient | | | 3111 | 1215.24 | Multiplan | Multiplan | 2488.8 | 80 | | | 933.3 | 2955.45 | percent of total billed charges | |
| AMB SUP WHO W/NONTORSION JNT(S) CF | L3905 | HCPCS | | | | outpatient | | | 3111 | 1215.24 | Qualcare | Qualcare | 2333.25 | 75 | | | 933.3 | 2955.45 | percent of total billed charges | |
| AMB SUP WHO W/NONTORSION JNT(S) CF | L3905 | HCPCS | | | | outpatient | | | 3111 | 1215.24 | UHC | Medicaid | 981.52 | 31.55 | | | 933.3 | 2955.45 | percent of total billed charges | |
| AMB SUP WHO W/O JOINTS CF | L3906 | HCPCS | | | | outpatient | | | 1320 | 494.86 | UHC | Medicare | 430.31 | | | | 396 | 1254 | fee schedule | |
| AMB SUP WHO W/O JOINTS CF | L3906 | HCPCS | | | | outpatient | | | 1320 | 494.86 | Aetna | Medicare | 430.31 | | | | 396 | 1254 | fee schedule | |
| AMB SUP WHO W/O JOINTS CF | L3906 | HCPCS | | | | outpatient | | | 1320 | 494.86 | Horizon | Medicare Blue | 396 | 30 | | | 396 | 1254 | percent of total billed charges | |
| AMB SUP WHO W/O JOINTS CF | L3906 | HCPCS | | | | outpatient | | | 1320 | 494.86 | Amerihealth | HMO/PPO | 858 | 65 | | | 396 | 1254 | percent of total billed charges | |
| AMB SUP WHO W/O JOINTS CF | L3906 | HCPCS | | | | outpatient | | | 1320 | 494.86 | Amerihealth | Medicare | 430.31 | | | | 396 | 1254 | fee schedule | |
| AMB SUP WHO W/O JOINTS CF | L3906 | HCPCS | | | | outpatient | | | 1320 | 494.86 | Aetna | Better Health | 416.46 | 31.55 | | | 396 | 1254 | percent of total billed charges | |
| AMB SUP WHO W/O JOINTS CF | L3906 | HCPCS | | | | outpatient | | | 1320 | 494.86 | Americare | Americare | 990 | 75 | | | 396 | 1254 | percent of total billed charges | |
| AMB SUP WHO W/O JOINTS CF | L3906 | HCPCS | | | | outpatient | | | 1320 | 494.86 | Multiplan | Multiplan | 1056 | 80 | | | 396 | 1254 | percent of total billed charges | |
| AMB SUP WHO W/O JOINTS CF | L3906 | HCPCS | | | | outpatient | | | 1320 | 494.86 | Horizon | NJD | 505.3 | 38.28 | | | 396 | 1254 | percent of total billed charges | |
| AMB SUP WHO W/O JOINTS CF | L3906 | HCPCS | | | | outpatient | | | 1320 | 494.86 | Consumer | Consumer | 1254 | 95 | | | 396 | 1254 | percent of total billed charges | |
| AMB SUP WHO W/O JOINTS CF | L3906 | HCPCS | | | | outpatient | | | 1320 | 494.86 | Wellcare | Medicare | 430.31 | | | | 396 | 1254 | fee schedule | |
| AMB SUP WHO W/O JOINTS CF | L3906 | HCPCS | | | | outpatient | | | 1320 | 494.86 | Qualcare | Qualcare | 990 | 75 | | | 396 | 1254 | percent of total billed charges | |
| AMB SUP WHO W/O JOINTS CF | L3906 | HCPCS | | | | outpatient | | | 1320 | 494.86 | Wellcare | Medicaid | 416.46 | 31.55 | | | 396 | 1254 | percent of total billed charges | |
| AMB SUP WHO W/O JOINTS CF | L3906 | HCPCS | | | | outpatient | | | 1320 | 494.86 | First Health | First Health | 924 | 70 | | | 396 | 1254 | percent of total billed charges | |
| AMB SUP WHO W/O JOINTS CF | L3906 | HCPCS | | | | outpatient | | | 1320 | 494.86 | Corrections | Corrections | 1056 | 80 | | | 396 | 1254 | percent of total billed charges | |
| AMB SUP WHO W/O JOINTS CF | L3906 | HCPCS | | | | outpatient | | | 1320 | 494.86 | First Trenton | First Trenton | 1188 | 90 | | | 396 | 1254 | percent of total billed charges | |
| AMB SUP WHO W/O JOINTS CF | L3906 | HCPCS | | | | outpatient | | | 1320 | 494.86 | UHC | Medicaid | 416.46 | 31.55 | | | 396 | 1254 | percent of total billed charges | |
| AMB SUP WHO W/O JOINTS CF | L3906 | HCPCS | | | | outpatient | | | 1320 | 494.86 | Horizon | Indemnity | 505.3 | 38.28 | | | 396 | 1254 | percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| AMB SUP WHO W/O JOINTS CF | L3906 | HCPCS | | | | outpatient | | | 1320 | 494.86 | WellPoint | WellPoint | 424.78 | 32.18 | | | | 396 | 1254 percent of total billed charges | |
| AMB SUP WHO W/O JOINTS CF | L3906 | HCPCS | | | | outpatient | | | 1320 | 494.86 | Horizon | PPO | 505.3 | 38.28 | | | | 396 | 1254 percent of total billed charges | |
| AMB SUP WHO W/O JOINTS CF | L3906 | HCPCS | | | | outpatient | | | 1320 | 494.86 | Managed Care Inc | Managed Care Inc | 1188 | 90 | | | | 396 | 1254 percent of total billed charges | |
| AMB SUP WHO W/O JOINTS CF | L3906 | HCPCS | | | | outpatient | | | 1320 | 494.86 | Three Rivers | Three Rivers | 1254 | 95 | | | | 396 | 1254 percent of total billed charges | |
| AMB SUP WHO COCK-UP NONMOLDE PRE OTS | L3908 | HCPCS | | | | both | | | 258 | 75.37 | Consumer | Consumer | 245.1 | 95 | | | | 65.54 | 245.1 percent of total billed charges | |
| AMB SUP WHO COCK-UP NONMOLDE PRE OTS | L3908 | HCPCS | | | | both | | | 258 | 75.37 | Amerihealth | Medicare | 65.54 | | | | | 65.54 | 245.1 fee schedule | |
| AMB SUP WHO COCK-UP NONMOLDE PRE OTS | L3908 | HCPCS | | | | both | | | 258 | 75.37 | Aetna | Medicare | 65.54 | | | | 28.66 | 65.54 | 245.1 fee schedule | |
| AMB SUP WHO COCK-UP NONMOLDE PRE OTS | L3908 | HCPCS | | | | both | | | 258 | 75.37 | Horizon | MGD | 98.76 | 38.28 | | | | 65.54 | 245.1 percent of total billed charges | |
| AMB SUP WHO COCK-UP NONMOLDE PRE OTS | L3908 | HCPCS | | | | both | | | 258 | 75.37 | First Health | First Health | 180.6 | 70 | | | | 65.54 | 245.1 percent of total billed charges | |
| AMB SUP WHO COCK-UP NONMOLDE PRE OTS | L3908 | HCPCS | | | | both | | | 258 | 75.37 | WellPoint | WellPoint | 83.02 | 32.18 | | | 67.13 | 65.54 | 245.1 percent of total billed charges | |
| AMB SUP WHO COCK-UP NONMOLDE PRE OTS | L3908 | HCPCS | | | | both | | | 258 | 75.37 | Amerihealth | HMO/PPO | 167.7 | 65 | | | | 65.54 | 245.1 percent of total billed charges | |
| AMB SUP WHO COCK-UP NONMOLDE PRE OTS | L3908 | HCPCS | | | | both | | | 258 | 75.37 | Aetna | Better Health | 81.4 | 31.55 | | | 65.94 | 65.54 | 245.1 percent of total billed charges | |
| AMB SUP WHO COCK-UP NONMOLDE PRE OTS | L3908 | HCPCS | | | | both | | | 258 | 75.37 | Managed Care Inc | Managed Care Inc | 232.2 | 90 | | | | 65.54 | 245.1 percent of total billed charges | |
| AMB SUP WHO COCK-UP NONMOLDE PRE OTS | L3908 | HCPCS | | | | both | | | 258 | 75.37 | UHC | Medicare | 65.54 | | | | 54.71 | 65.54 | 245.1 fee schedule | |
| AMB SUP WHO COCK-UP NONMOLDE PRE OTS | L3908 | HCPCS | | | | both | | | 258 | 75.37 | First Trenton | First Trenton | 232.2 | 90 | | | | 65.54 | 245.1 percent of total billed charges | |
| AMB SUP WHO COCK-UP NONMOLDE PRE OTS | L3908 | HCPCS | | | | both | | | 258 | 75.37 | Americare | Americare | 193.5 | 75 | | | | 65.54 | 245.1 percent of total billed charges | |
| AMB SUP WHO COCK-UP NONMOLDE PRE OTS | L3908 | HCPCS | | | | both | | | 258 | 75.37 | Horizon | Indemnity | 98.76 | 38.28 | | | 64.98 | 65.54 | 245.1 percent of total billed charges | |
| AMB SUP WHO COCK-UP NONMOLDE PRE OTS | L3908 | HCPCS | | | | both | | | 258 | 75.37 | Corrections | Corrections | 206.4 | 80 | | | 65.75 | 65.54 | 245.1 percent of total billed charges | |
| AMB SUP WHO COCK-UP NONMOLDE PRE OTS | L3908 | HCPCS | | | | both | | | 258 | 75.37 | Horizon | Medicare Blue | 77.4 | 30 | | | | 65.54 | 245.1 percent of total billed charges | |
| AMB SUP WHO COCK-UP NONMOLDE PRE OTS | L3908 | HCPCS | | | | both | | | 258 | 75.37 | Wellcare | Medicaid | 81.4 | 31.55 | | | 61.17 | 65.54 | 245.1 percent of total billed charges | |
| AMB SUP WHO COCK-UP NONMOLDE PRE OTS | L3908 | HCPCS | | | | both | | | 258 | 75.37 | UHC | Medicaid | 81.4 | 31.55 | | | 59.98 | 65.54 | 245.1 percent of total billed charges | |
| AMB SUP WHO COCK-UP NONMOLDE PRE OTS | L3908 | HCPCS | | | | both | | | 258 | 75.37 | Wellcare | Medicare | 65.54 | | | | | 65.54 | 245.1 fee schedule | |
| AMB SUP WHO COCK-UP NONMOLDE PRE OTS | L3908 | HCPCS | | | | both | | | 258 | 75.37 | Horizon | NJ Health | 103.2 | 40 | | | 14.13 | 65.54 | 245.1 percent of total billed charges | |
| AMB SUP WHO COCK-UP NONMOLDE PRE OTS | L3908 | HCPCS | | | | both | | | 258 | 75.37 | Horizon | PPO | 98.76 | 38.28 | | | | 65.54 | 245.1 percent of total billed charges | |
| AMB SUP WHO COCK-UP NONMOLDE PRE OTS | L3908 | HCPCS | | | | both | | | 258 | 75.37 | Multiplan | Multiplan | 206.4 | 80 | | | | 65.54 | 245.1 percent of total billed charges | |
| AMB SUP WHO COCK-UP NONMOLDE PRE OTS | L3908 | HCPCS | | | | both | | | 258 | 75.37 | Qualcare | Qualcare | 103.2 | 40 | | | | 65.54 | 245.1 percent of total billed charges | |
| AMB SUP WHO COCK-UP NONMOLDE PRE OTS | L3908 | HCPCS | | | | both | | | 258 | 75.37 | Three Rivers | Three Rivers | 245.1 | 95 | | | | 65.54 | 245.1 percent of total billed charges | |
| AMB SUP HFO FLEXION GLOVE PRE OTS | L3912 | HCPCS | | | | outpatient | | | 306 | 145.27 | Americare | Americare | 229.5 | 75 | | | | 91.8 | 290.7 percent of total billed charges | |
| AMB SUP HFO FLEXION GLOVE PRE OTS | L3912 | HCPCS | | | | outpatient | | | 306 | 145.27 | Amerihealth | Medicare | 126.32 | | | | | 91.8 | 290.7 fee schedule | |
| AMB SUP HFO FLEXION GLOVE PRE OTS | L3912 | HCPCS | | | | outpatient | | | 306 | 145.27 | Corrections | Corrections | 244.8 | 80 | | | | 91.8 | 290.7 percent of total billed charges | |
| AMB SUP HFO FLEXION GLOVE PRE OTS | L3912 | HCPCS | | | | outpatient | | | 306 | 145.27 | Aetna | Medicare | 126.32 | | | | | 91.8 | 290.7 fee schedule | |
| AMB SUP HFO FLEXION GLOVE PRE OTS | L3912 | HCPCS | | | | outpatient | | | 306 | 145.27 | Consumer | Consumer | 290.7 | 95 | | | | 91.8 | 290.7 percent of total billed charges | |
| AMB SUP HFO FLEXION GLOVE PRE OTS | L3912 | HCPCS | | | | outpatient | | | 306 | 145.27 | Aetna | Better Health | 96.54 | 31.55 | | | | 91.8 | 290.7 percent of total billed charges | |
| AMB SUP HFO FLEXION GLOVE PRE OTS | L3912 | HCPCS | | | | outpatient | | | 306 | 145.27 | Horizon | MGD | 117.14 | 38.28 | | | | 91.8 | 290.7 percent of total billed charges | |
| AMB SUP HFO FLEXION GLOVE PRE OTS | L3912 | HCPCS | | | | outpatient | | | 306 | 145.27 | UHC | Medicaid | 96.54 | 31.55 | | | | 91.8 | 290.7 percent of total billed charges | |
| AMB SUP HFO FLEXION GLOVE PRE OTS | L3912 | HCPCS | | | | outpatient | | | 306 | 145.27 | Amerihealth | HMO/PPO | 198.9 | 65 | | | | 91.8 | 290.7 percent of total billed charges | |
| AMB SUP HFO FLEXION GLOVE PRE OTS | L3912 | HCPCS | | | | outpatient | | | 306 | 145.27 | First Health | First Health | 214.2 | 70 | | | | 91.8 | 290.7 percent of total billed charges | |
| AMB SUP HFO FLEXION GLOVE PRE OTS | L3912 | HCPCS | | | | outpatient | | | 306 | 145.27 | Wellcare | Medicare | 126.32 | | | | | 91.8 | 290.7 fee schedule | |
| AMB SUP HFO FLEXION GLOVE PRE OTS | L3912 | HCPCS | | | | outpatient | | | 306 | 145.27 | First Trenton | First Trenton | 275.4 | 90 | | | | 91.8 | 290.7 percent of total billed charges | |
| AMB SUP HFO FLEXION GLOVE PRE OTS | L3912 | HCPCS | | | | outpatient | | | 306 | 145.27 | Horizon | Indemnity | 117.14 | 38.28 | | | | 91.8 | 290.7 percent of total billed charges | |
| AMB SUP HFO FLEXION GLOVE PRE OTS | L3912 | HCPCS | | | | outpatient | | | 306 | 145.27 | Wellcare | Medicaid | 96.54 | 31.55 | | | | 91.8 | 290.7 percent of total billed charges | |
| AMB SUP HFO FLEXION GLOVE PRE OTS | L3912 | HCPCS | | | | outpatient | | | 306 | 145.27 | Multiplan | Multiplan | 244.8 | 80 | | | | 91.8 | 290.7 percent of total billed charges | |
| AMB SUP HFO FLEXION GLOVE PRE OTS | L3912 | HCPCS | | | | outpatient | | | 306 | 145.27 | WellPoint | WellPoint | 98.47 | 32.18 | | | | 91.8 | 290.7 percent of total billed charges | |
| AMB SUP HFO FLEXION GLOVE PRE OTS | L3912 | HCPCS | | | | outpatient | | | 306 | 145.27 | Horizon | Medicare Blue | 91.8 | 30 | | | | 91.8 | 290.7 percent of total billed charges | |
| AMB SUP HFO FLEXION GLOVE PRE OTS | L3912 | HCPCS | | | | outpatient | | | 306 | 145.27 | UHC | Medicare | 126.32 | | | | | 91.8 | 290.7 fee schedule | |
| AMB SUP HFO FLEXION GLOVE PRE OTS | L3912 | HCPCS | | | | outpatient | | | 306 | 145.27 | Qualcare | Qualcare | 229.5 | 75 | | | | 91.8 | 290.7 percent of total billed charges | |
| AMB SUP HFO FLEXION GLOVE PRE OTS | L3912 | HCPCS | | | | outpatient | | | 306 | 145.27 | Horizon | PPO | 117.14 | 38.28 | | | | 91.8 | 290.7 percent of total billed charges | |
| AMB SUP HFO FLEXION GLOVE PRE OTS | L3912 | HCPCS | | | | outpatient | | | 306 | 145.27 | Three Rivers | Three Rivers | 290.7 | 95 | | | | 91.8 | 290.7 percent of total billed charges | |
| AMB SUP HFO FLEXION GLOVE PRE OTS | L3912 | HCPCS | | | | outpatient | | | 306 | 145.27 | Managed Care Inc | Managed Care Inc | 275.4 | 90 | | | | 91.8 | 290.7 percent of total billed charges | |
| AMB SUP HFO W/O JOINTS CF | L3913 | HCPCS | | | | outpatient | | | 849 | 331.89 | Amerihealth | HMO/PPO | 551.85 | 65 | | | | 254.7 | 806.55 percent of total billed charges | |
| AMB SUP HFO W/O JOINTS CF | L3913 | HCPCS | | | | outpatient | | | 849 | 331.89 | Amerihealth | Medicare | 288.6 | | | | | 254.7 | 806.55 fee schedule | |
| AMB SUP HFO W/O JOINTS CF | L3913 | HCPCS | | | | outpatient | | | 849 | 331.89 | Americare | Americare | 636.75 | 75 | | | | 254.7 | 806.55 percent of total billed charges | |
| AMB SUP HFO W/O JOINTS CF | L3913 | HCPCS | | | | outpatient | | | 849 | 331.89 | Wellcare | Medicare | 288.6 | | | | | 254.7 | 806.55 fee schedule | |
| AMB SUP HFO W/O JOINTS CF | L3913 | HCPCS | | | | outpatient | | | 849 | 331.89 | Aetna | Better Health | 267.86 | 31.55 | | | | 254.7 | 806.55 percent of total billed charges | |
| AMB SUP HFO W/O JOINTS CF | L3913 | HCPCS | | | | outpatient | | | 849 | 331.89 | Horizon | MGD | 325 | 38.28 | | | | 254.7 | 806.55 percent of total billed charges | |
| AMB SUP HFO W/O JOINTS CF | L3913 | HCPCS | | | | outpatient | | | 849 | 331.89 | Corrections | Corrections | 679.2 | 80 | | | | 254.7 | 806.55 percent of total billed charges | |
| AMB SUP HFO W/O JOINTS CF | L3913 | HCPCS | | | | outpatient | | | 849 | 331.89 | Aetna | Medicare | 288.6 | | | | | 254.7 | 806.55 fee schedule | |
| AMB SUP HFO W/O JOINTS CF | L3913 | HCPCS | | | | outpatient | | | 849 | 331.89 | First Health | First Health | 594.3 | 70 | | | | 254.7 | 806.55 percent of total billed charges | |
| AMB SUP HFO W/O JOINTS CF | L3913 | HCPCS | | | | outpatient | | | 849 | 331.89 | First Trenton | First Trenton | 764.1 | 90 | | | | 254.7 | 806.55 percent of total billed charges | |
| AMB SUP HFO W/O JOINTS CF | L3913 | HCPCS | | | | outpatient | | | 849 | 331.89 | Consumer | Consumer | 806.55 | 95 | | | | 254.7 | 806.55 percent of total billed charges | |
| AMB SUP HFO W/O JOINTS CF | L3913 | HCPCS | | | | outpatient | | | 849 | 331.89 | UHC | Medicaid | 267.86 | 31.55 | | | | 254.7 | 806.55 percent of total billed charges | |
| AMB SUP HFO W/O JOINTS CF | L3913 | HCPCS | | | | outpatient | | | 849 | 331.89 | Horizon | Medicare Blue | 254.7 | 30 | | | | 254.7 | 806.55 percent of total billed charges | |
| AMB SUP HFO W/O JOINTS CF | L3913 | HCPCS | | | | outpatient | | | 849 | 331.89 | Horizon | PPO | 325 | 38.28 | | | | 254.7 | 806.55 percent of total billed charges | |
| AMB SUP HFO W/O JOINTS CF | L3913 | HCPCS | | | | outpatient | | | 849 | 331.89 | Horizon | Indemnity | 325 | 38.28 | | | | 254.7 | 806.55 percent of total billed charges | |
| AMB SUP HFO W/O JOINTS CF | L3913 | HCPCS | | | | outpatient | | | 849 | 331.89 | Wellcare | Medicaid | 267.86 | 31.55 | | | | 254.7 | 806.55 percent of total billed charges | |
| AMB SUP HFO W/O JOINTS CF | L3913 | HCPCS | | | | outpatient | | | 849 | 331.89 | Multiplan | Multiplan | 679.2 | 80 | | | | 254.7 | 806.55 percent of total billed charges | |
| AMB SUP HFO W/O JOINTS CF | L3913 | HCPCS | | | | outpatient | | | 849 | 331.89 | Managed Care Inc | Managed Care Inc | 764.1 | 90 | | | | 254.7 | 806.55 percent of total billed charges | |
| AMB SUP HFO W/O JOINTS CF | L3913 | HCPCS | | | | outpatient | | | 849 | 331.89 | WellPoint | WellPoint | 273.21 | 32.18 | | | | 254.7 | 806.55 percent of total billed charges | |
| AMB SUP HFO W/O JOINTS CF | L3913 | HCPCS | | | | outpatient | | | 849 | 331.89 | Three Rivers | Three Rivers | 806.55 | 95 | | | | 254.7 | 806.55 percent of total billed charges | |
| AMB SUP HFO W/O JOINTS CF | L3913 | HCPCS | | | | outpatient | | | 849 | 331.89 | Qualcare | Qualcare | 636.75 | 75 | | | | 254.7 | 806.55 percent of total billed charges | |
| AMB SUP HFO W/O JOINTS CF | L3913 | HCPCS | | | | outpatient | | | 849 | 331.89 | UHC | Medicare | 288.6 | | | | | 254.7 | 806.55 fee schedule | |
| AMB SUP METACARP FX ORTHOSIS PRE CST | L3917 | HCPCS | | | | outpatient | | | 333 | 129.4 | Horizon | MGD | 127.47 | 38.28 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP METACARP FX ORTHOSIS PRE CST | L3917 | HCPCS | | | | outpatient | | | 333 | 129.4 | Aetna | Better Health | 105.06 | 31.55 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP METACARP FX ORTHOSIS PRE CST | L3917 | HCPCS | | | | outpatient | | | 333 | 129.4 | Aetna | Medicare | 112.52 | | | | | 99.9 | 316.35 fee schedule | |
| AMB SUP METACARP FX ORTHOSIS PRE CST | L3917 | HCPCS | | | | outpatient | | | 333 | 129.4 | Amerihealth | Medicare | 112.52 | | | | | 99.9 | 316.35 fee schedule | |
| AMB SUP METACARP FX ORTHOSIS PRE CST | L3917 | HCPCS | | | | outpatient | | | 333 | 129.4 | Americare | Americare | 249.75 | 75 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP METACARP FX ORTHOSIS PRE CST | L3917 | HCPCS | | | | outpatient | | | 333 | 129.4 | Consumer | Consumer | 316.35 | 95 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP METACARP FX ORTHOSIS PRE CST | L3917 | HCPCS | | | | outpatient | | | 333 | 129.4 | Corrections | Corrections | 266.4 | 80 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP METACARP FX ORTHOSIS PRE CST | L3917 | HCPCS | | | | outpatient | | | 333 | 129.4 | Amerihealth | HMO/PPO | 216.45 | 65 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP METACARP FX ORTHOSIS PRE CST | L3917 | HCPCS | | | | outpatient | | | 333 | 129.4 | First Trenton | First Trenton | 299.7 | 90 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP METACARP FX ORTHOSIS PRE CST | L3917 | HCPCS | | | | outpatient | | | 333 | 129.4 | UHC | Medicaid | 105.06 | 31.55 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP METACARP FX ORTHOSIS PRE CST | L3917 | HCPCS | | | | outpatient | | | 333 | 129.4 | Horizon | Medicare Blue | 99.9 | 30 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP METACARP FX ORTHOSIS PRE CST | L3917 | HCPCS | | | | outpatient | | | 333 | 129.4 | Wellcare | Medicaid | 105.06 | 31.55 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP METACARP FX ORTHOSIS PRE CST | L3917 | HCPCS | | | | outpatient | | | 333 | 129.4 | Horizon | Indemnity | 127.47 | 38.28 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP METACARP FX ORTHOSIS PRE CST | L3917 | HCPCS | | | | outpatient | | | 333 | 129.4 | First Health | First Health | 233.1 | 70 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP METACARP FX ORTHOSIS PRE CST | L3917 | HCPCS | | | | outpatient | | | 333 | 129.4 | Managed Care Inc | Managed Care Inc | 299.7 | 90 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP METACARP FX ORTHOSIS PRE CST | L3917 | HCPCS | | | | outpatient | | | 333 | 129.4 | Multiplan | Multiplan | 266.4 | 80 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP METACARP FX ORTHOSIS PRE CST | L3917 | HCPCS | | | | outpatient | | | 333 | 129.4 | Horizon | PPO | 127.47 | 38.28 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP METACARP FX ORTHOSIS PRE CST | L3917 | HCPCS | | | | outpatient | | | 333 | 129.4 | WellPoint | WellPoint | 107.16 | 32.18 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP METACARP FX ORTHOSIS PRE CST | L3917 | HCPCS | | | | outpatient | | | 333 | 129.4 | Three Rivers | Three Rivers | 316.35 | 95 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP METACARP FX ORTHOSIS PRE CST | L3917 | HCPCS | | | | outpatient | | | 333 | 129.4 | Qualcare | Qualcare | 249.75 | 75 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP METACARP FX ORTHOSIS PRE CST | L3917 | HCPCS | | | | outpatient | | | 333 | 129.4 | Wellcare | Medicare | 112.52 | | | | | 99.9 | 316.35 fee schedule | |
| AMB SUP METACARP FX ORTHOSIS PRE CST | L3917 | HCPCS | | | | outpatient | | | 333 | 129.4 | UHC | Medicare | 112.52 | | | | | 99.9 | 316.35 fee schedule | |
| AMB SUP METACARP FX ORTHOSIS PRE OTS | L3918 | HCPCS | | | | outpatient | | | 333 | 129.4 | Americare | Americare | 249.75 | 75 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP METACARP FX ORTHOSIS PRE OTS | L3918 | HCPCS | | | | outpatient | | | 333 | 129.4 | Amerihealth | HMO/PPO | 216.45 | 65 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP METACARP FX ORTHOSIS PRE OTS | L3918 | HCPCS | | | | outpatient | | | 333 | 129.4 | UHC | Medicare | 112.52 | | | | | 99.9 | 316.35 fee schedule | |
| AMB SUP METACARP FX ORTHOSIS PRE OTS | L3918 | HCPCS | | | | outpatient | | | 333 | 129.4 | First Trenton | First Trenton | 299.7 | 90 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP METACARP FX ORTHOSIS PRE OTS | L3918 | HCPCS | | | | outpatient | | | 333 | 129.4 | Aetna | Better Health | 105.06 | 31.55 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP METACARP FX ORTHOSIS PRE OTS | L3918 | HCPCS | | | | outpatient | | | 333 | 129.4 | Corrections | Corrections | 266.4 | 80 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP METACARP FX ORTHOSIS PRE OTS | L3918 | HCPCS | | | | outpatient | | | 333 | 129.4 | Amerihealth | Medicare | 112.52 | | | | | 99.9 | 316.35 fee schedule | |
| AMB SUP METACARP FX ORTHOSIS PRE OTS | L3918 | HCPCS | | | | outpatient | | | 333 | 129.4 | Aetna | Medicare | 112.52 | | | | | 99.9 | 316.35 fee schedule | |
| AMB SUP METACARP FX ORTHOSIS PRE OTS | L3918 | HCPCS | | | | outpatient | | | 333 | 129.4 | Consumer | Consumer | 316.35 | 95 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP METACARP FX ORTHOSIS PRE OTS | L3918 | HCPCS | | | | outpatient | | | 333 | 129.4 | Horizon | Indemnity | 127.47 | 38.28 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP METACARP FX ORTHOSIS PRE OTS | L3918 | HCPCS | | | | outpatient | | | 333 | 129.4 | Horizon | MGD | 127.47 | 38.28 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP METACARP FX ORTHOSIS PRE OTS | L3918 | HCPCS | | | | outpatient | | | 333 | 129.4 | Horizon | PPO | 127.47 | 38.28 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP METACARP FX ORTHOSIS PRE OTS | L3918 | HCPCS | | | | outpatient | | | 333 | 129.4 | Horizon | Medicare Blue | 99.9 | 30 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP METACARP FX ORTHOSIS PRE OTS | L3918 | HCPCS | | | | outpatient | | | 333 | 129.4 | Multiplan | Multiplan | 266.4 | 80 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP METACARP FX ORTHOSIS PRE OTS | L3918 | HCPCS | | | | outpatient | | | 333 | 129.4 | WellPoint | WellPoint | 107.16 | 32.18 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP METACARP FX ORTHOSIS PRE OTS | L3918 | HCPCS | | | | outpatient | | | 333 | 129.4 | First Health | First Health | 233.1 | 70 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP METACARP FX ORTHOSIS PRE OTS | L3918 | HCPCS | | | | outpatient | | | 333 | 129.4 | Wellcare | Medicaid | 105.06 | 31.55 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP METACARP FX ORTHOSIS PRE OTS | L3918 | HCPCS | | | | outpatient | | | 333 | 129.4 | Qualcare | Qualcare | 249.75 | 75 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP METACARP FX ORTHOSIS PRE OTS | L3918 | HCPCS | | | | outpatient | | | 333 | 129.4 | Wellcare | Medicare | 112.52 | | | | | 99.9 | 316.35 fee schedule | |
| AMB SUP METACARP FX ORTHOSIS PRE OTS | L3918 | HCPCS | | | | outpatient | | | 333 | 129.4 | Managed Care Inc | Managed Care Inc | 299.7 | 90 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP METACARP FX ORTHOSIS PRE OTS | L3918 | HCPCS | | | | outpatient | | | 333 | 129.4 | Three Rivers | Three Rivers | 316.35 | 95 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP METACARP FX ORTHOSIS PRE OTS | L3918 | HCPCS | | | | outpatient | | | 333 | 129.4 | UHC | Medicaid | 105.06 | 31.55 | | | | 99.9 | 316.35 percent of total billed charges | |
| AMB SUP HFO W/JOINT(S) CF | L3921 | HCPCS | | | | outpatient | | | 1008 | 393.59 | Aetna | Better Health | 318.02 | 31.55 | | | | 302.4 | 957.6 percent of total billed charges | |
| AMB SUP HFO W/JOINT(S) CF | L3921 | HCPCS | | | | outpatient | | | 1008 | 393.59 | Horizon | MGD | 385.86 | 38.28 | | | | 302.4 | 957.6 percent of total billed charges | |
| AMB SUP HFO W/JOINT(S) CF | L3921 | HCPCS | | | | outpatient | | | 1008 | 393.59 | Consumer | Consumer | 957.6 | 95 | | | | 302.4 | 957.6 percent of total billed charges | |
| AMB SUP HFO W/JOINT(S) CF | L3921 | HCPCS | | | | outpatient | | | 1008 | 393.59 | Americare | Americare | 756 | 75 | | | | 302.4 | 957.6 percent of total billed charges | |
| AMB SUP HFO W/JOINT(S) CF | L3921 | HCPCS | | | | outpatient | | | 1008 | 393.59 | Amerihealth | HMO/PPO | 656.2 | 65 | | | | 302.4 | 957.6 percent of total billed charges | |
| AMB SUP HFO W/JOINT(S) CF | L3921 | HCPCS | | | | outpatient | | | 1008 | 393.59 | Amerihealth | Medicare | 342.25 | | | | | 302.4 | 957.6 fee schedule | |
| AMB SUP HFO W/JOINT(S) CF | L3921 | HCPCS | | | | outpatient | | | 1008 | 393.59 | Aetna | Medicare | 342.25 | | | | | 302.4 | 957.6 fee schedule | |
| AMB SUP HFO W/JOINT(S) CF | L3921 | HCPCS | | | | outpatient | | | 1008 | 393.59 | Horizon | Medicare Blue | 302.4 | 30 | | | | 302.4 | 957.6 percent of total billed charges | |
| AMB SUP HFO W/JOINT(S) CF | L3921 | HCPCS | | | | outpatient | | | 1008 | 393.59 | Multiplan | Multiplan | 806.4 | 80 | | | | 302.4 | 957.6 percent of total billed charges | |
| AMB SUP HFO W/JOINT(S) CF | L3921 | HCPCS | | | | outpatient | | | 1008 | 393.59 | UHC | Medicare | 342.25 | | | | | 302.4 | 957.6 fee schedule | |
| AMB SUP HFO W/JOINT(S) CF | L3921 | HCPCS | | | | outpatient | | | 1008 | 393.59 | Corrections | Corrections | 806.4 | 80 | | | | 302.4 | 957.6 percent of total billed charges | |
| AMB SUP HFO W/JOINT(S) CF | L3921 | HCPCS | | | | outpatient | | | 1008 | 393.59 | Wellcare | Medicare | 342.25 | | | | | 302.4 | 957.6 fee schedule | |
| AMB SUP HFO W/JOINT(S) CF | L3921 | HCPCS | | | | outpatient | | | 1008 | 393.59 | Qualcare | Qualcare | 756 | 75 | | | | 302.4 | 957.6 percent of total billed charges | |
| AMB SUP HFO W/JOINT(S) CF | L3921 | HCPCS | | | | outpatient | | | 1008 | 393.59 | Wellcare | Medicaid | 318.02 | 31.55 | | | | 302.4 | 957.6 percent of total billed charges | |
| AMB SUP HFO W/JOINT(S) CF | L3921 | HCPCS | | | | outpatient | | | 1008 | 393.59 | First Health | First Health | 705.6 | 70 | | | | 302.4 | 957.6 percent of total billed charges | |
| AMB SUP HFO W/JOINT(S) CF | L3921 | HCPCS | | | | outpatient | | | 1008 | 393.59 | WellPoint | WellPoint | 324.37 | 32.18 | | | | 302.4 | 957.6 percent of total billed charges | |
| AMB SUP HFO W/JOINT(S) CF | L3921 | HCPCS | | | | outpatient | | | 1008 | 393.59 | First Trenton | First Trenton | 907.2 | 90 | | | | 302.4 | 957.6 percent of total billed charges | |
| AMB SUP HFO W/JOINT(S) CF | L3921 | HCPCS | | | | outpatient | | | 1008 | 393.59 | Horizon | Indemnity | 385.86 | 38.28 | | | | 302.4 | 957.6 percent of total billed charges | |
| AMB SUP HFO W/JOINT(S) CF | L3921 | HCPCS | | | | outpatient | | | 1008 | 393.59 | Managed Care Inc | Managed Care Inc | 907.2 | 90 | | | | 302.4 | 957.6 percent of total billed charges | |
| AMB SUP HFO W/JOINT(S) CF | L3921 | HCPCS | | | | outpatient | | | 1008 | 393.59 | Horizon | PPO | 385.86 | 38.28 | | | | 302.4 | 957.6 percent of total billed charges | |
| AMB SUP HFO W/JOINT(S) CF | L3921 | HCPCS | | | | outpatient | | | 1008 | 393.59 | UHC | Medicaid | 318.02 | 31.55 | | | | 302.4 | 957.6 percent of total billed charges | |
| AMB SUP HFO W/JOINT(S) CF | L3921 | HCPCS | | | | outpatient | | | 1008 | 393.59 | Three Rivers | Three Rivers | 957.6 | 95 | | | | 302.4 | 957.6 percent of total billed charges | |
| AMB SUP HFO WITHOUT JOINTS PRE CST | L3923 | HCPCS | | | | outpatient | | | 282 | 109.96 | Amerihealth | Medicare | 95.62 | | | | | 84.6 | 267.9 fee schedule | |
| AMB SUP HFO WITHOUT JOINTS PRE CST | L3923 | HCPCS | | | | outpatient | | | 282 | 109.96 | First Trenton | First Trenton | 253.8 | 90 | | | | 84.6 | 267.9 percent of total billed charges | |
| AMB SUP HFO WITHOUT JOINTS PRE CST | L3923 | HCPCS | | | | outpatient | | | 282 | 109.96 | WellPoint | WellPoint | 90.75 | 32.18 | | | | 84.6 | 267.9 percent of total billed charges | |
| AMB SUP HFO WITHOUT JOINTS PRE CST | L3923 | HCPCS | | | | outpatient | | | 282 | 109.96 | Multiplan | Multiplan | 225.6 | 80 | | | | 84.6 | 267.9 percent of total billed charges | |
| AMB SUP HFO WITHOUT JOINTS PRE CST | L3923 | HCPCS | | | | outpatient | | | 282 | 109.96 | Aetna | Medicare | 95.62 | | | | | 84.6 | 267.9 fee schedule | |
| AMB SUP HFO WITHOUT JOINTS PRE CST | L3923 | HCPCS | | | | outpatient | | | 282 | 109.96 | Amerihealth | HMO/PPO | 183.3 | 65 | | | | 84.6 | 267.9 percent of total billed charges | |
| AMB SUP HFO WITHOUT JOINTS PRE CST | L3923 | HCPCS | | | | outpatient | | | 282 | 109.96 | First Health | First Health | 197.4 | 70 | | | | 84.6 | 267.9 percent of total billed charges | |
| AMB SUP HFO WITHOUT JOINTS PRE CST | L3923 | HCPCS | | | | outpatient | | | 282 | 109.96 | Aetna | Better Health | 88.97 | 31.55 | | | | 84.6 | 267.9 percent of total billed charges | |
| AMB SUP HFO WITHOUT JOINTS PRE CST | L3923 | HCPCS | | | | outpatient | | | 282 | 109.96 | Horizon | Indemnity | 107.95 | 38.28 | | | | 84.6 | 267.9 percent of total billed charges | |
| AMB SUP HFO WITHOUT JOINTS PRE CST | L3923 | HCPCS | | | | outpatient | | | 282 | 109.96 | Managed Care Inc | Managed Care Inc | 253.8 | 90 | | | | 84.6 | 267.9 percent of total billed charges | |
| AMB SUP HFO WITHOUT JOINTS PRE CST | L3923 | HCPCS | | | | outpatient | | | 282 | 109.96 | Horizon | PPO | 107.95 | 38.28 | | | | 84.6 | 267.9 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| AMB SUP HFO WITHOUT JOINTS PRE CST | L3923 | HCPCS | | | | outpatient | | | 282 | 109.96 | Qualcare | Qualcare | 75 | | | | 84.6 | 267.9 | percent of total billed charges | |
| AMB SUP HFO WITHOUT JOINTS PRE CST | L3923 | HCPCS | | | | outpatient | | | 282 | 109.96 | Three Rivers | Three Rivers | 267.9 | | | | 84.6 | 267.9 | percent of total billed charges | |
| AMB SUP HFO WITHOUT JOINTS PRE CST | L3923 | HCPCS | | | | outpatient | | | 282 | 109.96 | Corrections | Corrections | 225.6 | | | | 84.6 | 267.9 | percent of total billed charges | |
| AMB SUP HFO WITHOUT JOINTS PRE CST | L3923 | HCPCS | | | | outpatient | | | 282 | 109.96 | Americare | Americare | 211.5 | | | | 84.6 | 267.9 | percent of total billed charges | |
| AMB SUP HFO WITHOUT JOINTS PRE CST | L3923 | HCPCS | | | | outpatient | | | 282 | 109.96 | Horizon | MGD | 107.95 | 38.28 | | | 84.6 | 267.9 | percent of total billed charges | |
| AMB SUP HFO WITHOUT JOINTS PRE CST | L3923 | HCPCS | | | | outpatient | | | 282 | 109.96 | UHC | Medicare | 95.62 | | | | 84.6 | 267.9 | fee schedule | |
| AMB SUP HFO WITHOUT JOINTS PRE CST | L3923 | HCPCS | | | | outpatient | | | 282 | 109.96 | UHC | Medicaid | 88.97 | 31.55 | | | 84.6 | 267.9 | percent of total billed charges | |
| AMB SUP HFO WITHOUT JOINTS PRE CST | L3923 | HCPCS | | | | outpatient | | | 282 | 109.96 | Consumer | Consumer | 267.9 | 95 | | | 84.6 | 267.9 | percent of total billed charges | |
| AMB SUP HFO WITHOUT JOINTS PRE CST | L3923 | HCPCS | | | | outpatient | | | 282 | 109.96 | Wellcare | Medicaid | 88.97 | 31.55 | | | 84.6 | 267.9 | percent of total billed charges | |
| AMB SUP HFO WITHOUT JOINTS PRE CST | L3923 | HCPCS | | | | outpatient | | | 282 | 109.96 | Horizon | Medicare Blue | 84.6 | 30 | | | 84.6 | 267.9 | percent of total billed charges | |
| AMB SUP HFO WITHOUT JOINTS PRE CST | L3923 | HCPCS | | | | outpatient | | | 282 | 109.96 | Wellcare | Medicare | 95.62 | | | | 84.6 | 267.9 | fee schedule | |
| AMB SUP HFO WITHOUT JOINTS PRE OTS | L3924 | HCPCS | | | | outpatient | | | 282 | 109.96 | Horizon | MGD | 107.95 | 38.28 | | | 84.6 | 267.9 | percent of total billed charges | |
| AMB SUP HFO WITHOUT JOINTS PRE OTS | L3924 | HCPCS | | | | outpatient | | | 282 | 109.96 | Consumer | Consumer | 267.9 | 95 | | | 84.6 | 267.9 | percent of total billed charges | |
| AMB SUP HFO WITHOUT JOINTS PRE OTS | L3924 | HCPCS | | | | outpatient | | | 282 | 109.96 | Aetna | Better Health | 88.97 | 31.55 | | | 84.6 | 267.9 | percent of total billed charges | |
| AMB SUP HFO WITHOUT JOINTS PRE OTS | L3924 | HCPCS | | | | outpatient | | | 282 | 109.96 | Aetna | Medicare | 95.62 | | | | 84.6 | 267.9 | fee schedule | |
| AMB SUP HFO WITHOUT JOINTS PRE OTS | L3924 | HCPCS | | | | outpatient | | | 282 | 109.96 | Americare | Americare | 211.5 | 75 | | | 84.6 | 267.9 | percent of total billed charges | |
| AMB SUP HFO WITHOUT JOINTS PRE OTS | L3924 | HCPCS | | | | outpatient | | | 282 | 109.96 | Horizon | Indemnity | 107.95 | 38.28 | | | 84.6 | 267.9 | percent of total billed charges | |
| AMB SUP HFO WITHOUT JOINTS PRE OTS | L3924 | HCPCS | | | | outpatient | | | 282 | 109.96 | Amerihealth | HMO/PPO | 183.3 | 65 | | | 84.6 | 267.9 | percent of total billed charges | |
| AMB SUP HFO WITHOUT JOINTS PRE OTS | L3924 | HCPCS | | | | outpatient | | | 282 | 109.96 | First Health | First Health | 197.4 | 70 | | | 84.6 | 267.9 | percent of total billed charges | |
| AMB SUP HFO WITHOUT JOINTS PRE OTS | L3924 | HCPCS | | | | outpatient | | | 282 | 109.96 | UHC | Medicaid | 88.97 | 31.55 | | | 84.6 | 267.9 | percent of total billed charges | |
| AMB SUP HFO WITHOUT JOINTS PRE OTS | L3924 | HCPCS | | | | outpatient | | | 282 | 109.96 | Corrections | Corrections | 225.6 | 80 | | | 84.6 | 267.9 | percent of total billed charges | |
| AMB SUP HFO WITHOUT JOINTS PRE OTS | L3924 | HCPCS | | | | outpatient | | | 282 | 109.96 | Amerihealth | Medicare | 95.62 | | | | 84.6 | 267.9 | fee schedule | |
| AMB SUP HFO WITHOUT JOINTS PRE OTS | L3924 | HCPCS | | | | outpatient | | | 282 | 109.96 | Multiplan | Multiplan | 225.6 | 80 | | | 84.6 | 267.9 | percent of total billed charges | |
| AMB SUP HFO WITHOUT JOINTS PRE OTS | L3924 | HCPCS | | | | outpatient | | | 282 | 109.96 | Wellcare | Medicaid | 88.97 | 31.55 | | | 84.6 | 267.9 | percent of total billed charges | |
| AMB SUP HFO WITHOUT JOINTS PRE OTS | L3924 | HCPCS | | | | outpatient | | | 282 | 109.96 | Horizon | Medicare Blue | 84.6 | 30 | | | 84.6 | 267.9 | percent of total billed charges | |
| AMB SUP HFO WITHOUT JOINTS PRE OTS | L3924 | HCPCS | | | | outpatient | | | 282 | 109.96 | First Trenton | First Trenton | 253.8 | 90 | | | 84.6 | 267.9 | percent of total billed charges | |
| AMB SUP HFO WITHOUT JOINTS PRE OTS | L3924 | HCPCS | | | | outpatient | | | 282 | 109.96 | Qualcare | Qualcare | 211.5 | 75 | | | 84.6 | 267.9 | percent of total billed charges | |
| AMB SUP HFO WITHOUT JOINTS PRE OTS | L3924 | HCPCS | | | | outpatient | | | 282 | 109.96 | Horizon | PPO | 107.95 | 38.28 | | | 84.6 | 267.9 | percent of total billed charges | |
| AMB SUP HFO WITHOUT JOINTS PRE OTS | L3924 | HCPCS | | | | outpatient | | | 282 | 109.96 | Wellcare | Medicare | 95.62 | | | | 84.6 | 267.9 | fee schedule | |
| AMB SUP HFO WITHOUT JOINTS PRE OTS | L3924 | HCPCS | | | | outpatient | | | 282 | 109.96 | Managed Care Inc | Managed Care Inc | 253.8 | 90 | | | 84.6 | 267.9 | percent of total billed charges | |
| AMB SUP HFO WITHOUT JOINTS PRE OTS | L3924 | HCPCS | | | | outpatient | | | 282 | 109.96 | UHC | Medicare | 95.62 | | | | 84.6 | 267.9 | fee schedule | |
| AMB SUP HFO WITHOUT JOINTS PRE OTS | L3924 | HCPCS | | | | outpatient | | | 282 | 109.96 | Three Rivers | Three Rivers | 267.9 | 95 | | | 84.6 | 267.9 | percent of total billed charges | |
| AMB SUP HFO WITHOUT JOINTS PRE OTS | L3924 | HCPCS | | | | outpatient | | | 282 | 109.96 | WellPoint | WellPoint | 90.75 | 32.18 | | | 84.6 | 267.9 | percent of total billed charges | |
| AMB SUP FO PIP DIP JNT/SPRNG PRE OTS | L3925 | HCPCS | | | | outpatient | | | 159 | 78.68 | Aetna | Medicare | 68.42 | | | | 47.7 | 151.05 | fee schedule | |
| AMB SUP FO PIP DIP JNT/SPRNG PRE OTS | L3925 | HCPCS | | | | outpatient | | | 159 | 78.68 | Amerihealth | Medicare | 68.42 | | | | 47.7 | 151.05 | fee schedule | |
| AMB SUP FO PIP DIP JNT/SPRNG PRE OTS | L3925 | HCPCS | | | | outpatient | | | 159 | 78.68 | Consumer | Consumer | 151.05 | 95 | | | 47.7 | 151.05 | percent of total billed charges | |
| AMB SUP FO PIP DIP JNT/SPRNG PRE OTS | L3925 | HCPCS | | | | outpatient | | | 159 | 78.68 | Horizon | MGD | 60.87 | 38.28 | | | 47.7 | 151.05 | percent of total billed charges | |
| AMB SUP FO PIP DIP JNT/SPRNG PRE OTS | L3925 | HCPCS | | | | outpatient | | | 159 | 78.68 | Aetna | Better Health | 50.16 | 31.55 | | | 47.7 | 151.05 | percent of total billed charges | |
| AMB SUP FO PIP DIP JNT/SPRNG PRE OTS | L3925 | HCPCS | | | | outpatient | | | 159 | 78.68 | First Trenton | First Trenton | 143.1 | 90 | | | 47.7 | 151.05 | percent of total billed charges | |
| AMB SUP FO PIP DIP JNT/SPRNG PRE OTS | L3925 | HCPCS | | | | outpatient | | | 159 | 78.68 | Americare | Americare | 119.25 | 75 | | | 47.7 | 151.05 | percent of total billed charges | |
| AMB SUP FO PIP DIP JNT/SPRNG PRE OTS | L3925 | HCPCS | | | | outpatient | | | 159 | 78.68 | Wellcare | Medicare | 68.42 | | | | 47.7 | 151.05 | fee schedule | |
| AMB SUP FO PIP DIP JNT/SPRNG PRE OTS | L3925 | HCPCS | | | | outpatient | | | 159 | 78.68 | Amerihealth | HMO/PPO | 103.35 | 65 | | | 47.7 | 151.05 | percent of total billed charges | |
| AMB SUP FO PIP DIP JNT/SPRNG PRE OTS | L3925 | HCPCS | | | | outpatient | | | 159 | 78.68 | First Health | First Health | 111.3 | 70 | | | 47.7 | 151.05 | percent of total billed charges | |
| AMB SUP FO PIP DIP JNT/SPRNG PRE OTS | L3925 | HCPCS | | | | outpatient | | | 159 | 78.68 | Corrections | Corrections | 127.2 | 80 | | | 47.7 | 151.05 | percent of total billed charges | |
| AMB SUP FO PIP DIP JNT/SPRNG PRE OTS | L3925 | HCPCS | | | | outpatient | | | 159 | 78.68 | Horizon | PPO | 60.87 | 38.28 | | | 47.7 | 151.05 | percent of total billed charges | |
| AMB SUP FO PIP DIP JNT/SPRNG PRE OTS | L3925 | HCPCS | | | | outpatient | | | 159 | 78.68 | Horizon | Medicare Blue | 47.7 | 30 | | | 47.7 | 151.05 | percent of total billed charges | |
| AMB SUP FO PIP DIP JNT/SPRNG PRE OTS | L3925 | HCPCS | | | | outpatient | | | 159 | 78.68 | Horizon | NJ Health | 63.6 | 40 | | | 47.7 | 151.05 | percent of total billed charges | |
| AMB SUP FO PIP DIP JNT/SPRNG PRE OTS | L3925 | HCPCS | | | | outpatient | | | 159 | 78.68 | Three Rivers | Three Rivers | 151.05 | 95 | | | 47.7 | 151.05 | percent of total billed charges | |
| AMB SUP FO PIP DIP JNT/SPRNG PRE OTS | L3925 | HCPCS | | | | outpatient | | | 159 | 78.68 | Managed Care Inc | Managed Care Inc | 143.1 | 90 | | | 47.7 | 151.05 | percent of total billed charges | |
| AMB SUP FO PIP DIP JNT/SPRNG PRE OTS | L3925 | HCPCS | | | | outpatient | | | 159 | 78.68 | Multiplan | Multiplan | 127.2 | 80 | | | 47.7 | 151.05 | percent of total billed charges | |
| AMB SUP FO PIP DIP JNT/SPRNG PRE OTS | L3925 | HCPCS | | | | outpatient | | | 159 | 78.68 | Wellcare | Medicaid | 50.16 | 31.55 | | | 47.7 | 151.05 | percent of total billed charges | |
| AMB SUP FO PIP DIP JNT/SPRNG PRE OTS | L3925 | HCPCS | | | | outpatient | | | 159 | 78.68 | Horizon | Indemnity | 60.87 | 38.28 | | | 47.7 | 151.05 | percent of total billed charges | |
| AMB SUP FO PIP DIP JNT/SPRNG PRE OTS | L3925 | HCPCS | | | | outpatient | | | 159 | 78.68 | WellPoint | WellPoint | 51.17 | 32.18 | | | 47.7 | 151.05 | percent of total billed charges | |
| AMB SUP FO PIP DIP JNT/SPRNG PRE OTS | L3925 | HCPCS | | | | outpatient | | | 159 | 78.68 | Qualcare | Qualcare | 63.6 | 40 | | | 47.7 | 151.05 | percent of total billed charges | |
| AMB SUP FO PIP DIP JNT/SPRNG PRE OTS | L3925 | HCPCS | | | | outpatient | | | 159 | 78.68 | UHC | Medicaid | 50.16 | 31.55 | | | 47.7 | 151.05 | percent of total billed charges | |
| AMB SUP FO PIP DIP JNT/SPRNG PRE OTS | L3925 | HCPCS | | | | outpatient | | | 159 | 78.68 | UHC | Medicare | 68.42 | | | | 47.7 | 151.05 | fee schedule | |
| AMB SUP FO PIP DIP NO JT SPR PRE OTS | L3927 | HCPCS | | | | outpatient | | | 111 | 42.87 | Aetna | Better Health | 35.02 | 31.55 | | 31.13 | 33.3 | 105.45 | percent of total billed charges | |
| AMB SUP FO PIP DIP NO JT SPR PRE OTS | L3927 | HCPCS | | | | outpatient | | | 111 | 42.87 | Corrections | Corrections | 88.8 | 80 | | | 33.3 | 105.45 | percent of total billed charges | |
| AMB SUP FO PIP DIP NO JT SPR PRE OTS | L3927 | HCPCS | | | | outpatient | | | 111 | 42.87 | Aetna | Medicare | 37.28 | | | 4.03 | 33.3 | 105.45 | fee schedule | |
| AMB SUP FO PIP DIP NO JT SPR PRE OTS | L3927 | HCPCS | | | | outpatient | | | 111 | 42.87 | Amerihealth | HMO/PPO | 72.15 | 65 | | | 33.3 | 105.45 | percent of total billed charges | |
| AMB SUP FO PIP DIP NO JT SPR PRE OTS | L3927 | HCPCS | | | | outpatient | | | 111 | 42.87 | Americare | Americare | 83.25 | 75 | | | 33.3 | 105.45 | percent of total billed charges | |
| AMB SUP FO PIP DIP NO JT SPR PRE OTS | L3927 | HCPCS | | | | outpatient | | | 111 | 42.87 | Consumer | Consumer | 105.45 | 95 | | | 33.3 | 105.45 | percent of total billed charges | |
| AMB SUP FO PIP DIP NO JT SPR PRE OTS | L3927 | HCPCS | | | | outpatient | | | 111 | 42.87 | First Trenton | First Trenton | 99.9 | 90 | | | 33.3 | 105.45 | percent of total billed charges | |
| AMB SUP FO PIP DIP NO JT SPR PRE OTS | L3927 | HCPCS | | | | outpatient | | | 111 | 42.87 | WellPoint | WellPoint | 35.72 | 32.18 | | 28.56 | 33.3 | 105.45 | percent of total billed charges | |
| AMB SUP FO PIP DIP NO JT SPR PRE OTS | L3927 | HCPCS | | | | outpatient | | | 111 | 42.87 | Horizon | MGD | 42.49 | 38.28 | | | 33.3 | 105.45 | percent of total billed charges | |
| AMB SUP FO PIP DIP NO JT SPR PRE OTS | L3927 | HCPCS | | | | outpatient | | | 111 | 42.87 | Amerihealth | Medicare | 37.28 | | | | 33.3 | 105.45 | fee schedule | |
| AMB SUP FO PIP DIP NO JT SPR PRE OTS | L3927 | HCPCS | | | | outpatient | | | 111 | 42.87 | Horizon | Indemnity | 42.49 | 38.28 | | | 33.3 | 105.45 | percent of total billed charges | |
| AMB SUP FO PIP DIP NO JT SPR PRE OTS | L3927 | HCPCS | | | | outpatient | | | 111 | 42.87 | First Health | First Health | 77.7 | 70 | | | 33.3 | 105.45 | percent of total billed charges | |
| AMB SUP FO PIP DIP NO JT SPR PRE OTS | L3927 | HCPCS | | | | outpatient | | | 111 | 42.87 | Horizon | PPO | 42.49 | 38.28 | | | 33.3 | 105.45 | percent of total billed charges | |
| AMB SUP FO PIP DIP NO JT SPR PRE OTS | L3927 | HCPCS | | | | outpatient | | | 111 | 42.87 | Multiplan | Multiplan | 88.8 | 80 | | | 33.3 | 105.45 | percent of total billed charges | |
| AMB SUP FO PIP DIP NO JT SPR PRE OTS | L3927 | HCPCS | | | | outpatient | | | 111 | 42.87 | Horizon | Medicare Blue | 33.3 | 30 | | | 33.3 | 105.45 | percent of total billed charges | |
| AMB SUP FO PIP DIP NO JT SPR PRE OTS | L3927 | HCPCS | | | | outpatient | | | 111 | 42.87 | Qualcare | Qualcare | 44.4 | 40 | | | 33.3 | 105.45 | percent of total billed charges | |
| AMB SUP FO PIP DIP NO JT SPR PRE OTS | L3927 | HCPCS | | | | outpatient | | | 111 | 42.87 | Managed Care Inc | Managed Care Inc | 99.9 | 90 | | | 33.3 | 105.45 | percent of total billed charges | |
| AMB SUP FO PIP DIP NO JT SPR PRE OTS | L3927 | HCPCS | | | | outpatient | | | 111 | 42.87 | UHC | Medicare | 37.28 | | | | 33.3 | 105.45 | fee schedule | |
| AMB SUP FO PIP DIP NO JT SPR PRE OTS | L3927 | HCPCS | | | | outpatient | | | 111 | 42.87 | Horizon | NJ Health | 44.4 | 40 | | 6.28 | 33.3 | 105.45 | percent of total billed charges | |
| AMB SUP FO PIP DIP NO JT SPR PRE OTS | L3927 | HCPCS | | | | outpatient | | | 111 | 42.87 | Three Rivers | Three Rivers | 105.45 | 95 | | | 33.3 | 105.45 | percent of total billed charges | |
| AMB SUP FO PIP DIP NO JT SPR PRE OTS | L3927 | HCPCS | | | | outpatient | | | 111 | 42.87 | Wellcare | Medicaid | 35.02 | 31.55 | | | 33.3 | 105.45 | percent of total billed charges | |
| AMB SUP FO PIP DIP NO JT SPR PRE OTS | L3927 | HCPCS | | | | outpatient | | | 111 | 42.87 | UHC | Medicaid | 35.02 | 31.55 | | 25.92 | 33.3 | 105.45 | percent of total billed charges | |
| AMB SUP FO PIP DIP NO JT SPR PRE OTS | L3927 | HCPCS | | | | outpatient | | | 111 | 42.87 | Wellcare | Medicare | 37.28 | | | | 33.3 | 105.45 | fee schedule | |
| AMB SUP HFO NONTORSION JNTS PRE CST | L3929 | HCPCS | | | | outpatient | | | 252 | 124.74 | Amerihealth | Medicare | 108.47 | | | | 75.6 | 239.4 | fee schedule | |
| AMB SUP HFO NONTORSION JNTS PRE CST | L3929 | HCPCS | | | | outpatient | | | 252 | 124.74 | Aetna | Better Health | 79.51 | 31.55 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP HFO NONTORSION JNTS PRE CST | L3929 | HCPCS | | | | outpatient | | | 252 | 124.74 | First Health | First Health | 176.4 | 70 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP HFO NONTORSION JNTS PRE CST | L3929 | HCPCS | | | | outpatient | | | 252 | 124.74 | Amerihealth | HMO/PPO | 163.8 | 65 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP HFO NONTORSION JNTS PRE CST | L3929 | HCPCS | | | | outpatient | | | 252 | 124.74 | Horizon | MGD | 96.47 | 38.28 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP HFO NONTORSION JNTS PRE CST | L3929 | HCPCS | | | | outpatient | | | 252 | 124.74 | Americare | Americare | 189 | 75 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP HFO NONTORSION JNTS PRE CST | L3929 | HCPCS | | | | outpatient | | | 252 | 124.74 | Aetna | Medicare | 108.47 | | | | 75.6 | 239.4 | fee schedule | |
| AMB SUP HFO NONTORSION JNTS PRE CST | L3929 | HCPCS | | | | outpatient | | | 252 | 124.74 | Multiplan | Multiplan | 201.6 | 80 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP HFO NONTORSION JNTS PRE CST | L3929 | HCPCS | | | | outpatient | | | 252 | 124.74 | Wellcare | Medicaid | 79.51 | 31.55 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP HFO NONTORSION JNTS PRE CST | L3929 | HCPCS | | | | outpatient | | | 252 | 124.74 | Horizon | Medicare Blue | 75.6 | 30 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP HFO NONTORSION JNTS PRE CST | L3929 | HCPCS | | | | outpatient | | | 252 | 124.74 | First Trenton | First Trenton | 226.8 | 90 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP HFO NONTORSION JNTS PRE CST | L3929 | HCPCS | | | | outpatient | | | 252 | 124.74 | Qualcare | Qualcare | 189 | 75 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP HFO NONTORSION JNTS PRE CST | L3929 | HCPCS | | | | outpatient | | | 252 | 124.74 | UHC | Medicaid | 79.51 | 31.55 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP HFO NONTORSION JNTS PRE CST | L3929 | HCPCS | | | | outpatient | | | 252 | 124.74 | Consumer | Consumer | 239.4 | 95 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP HFO NONTORSION JNTS PRE CST | L3929 | HCPCS | | | | outpatient | | | 252 | 124.74 | Corrections | Corrections | 201.6 | 80 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP HFO NONTORSION JNTS PRE CST | L3929 | HCPCS | | | | outpatient | | | 252 | 124.74 | Wellcare | Medicare | 108.47 | | | | 75.6 | 239.4 | fee schedule | |
| AMB SUP HFO NONTORSION JNTS PRE CST | L3929 | HCPCS | | | | outpatient | | | 252 | 124.74 | UHC | Medicare | 108.47 | | | | 75.6 | 239.4 | fee schedule | |
| AMB SUP HFO NONTORSION JNTS PRE CST | L3929 | HCPCS | | | | outpatient | | | 252 | 124.74 | Horizon | Indemnity | 96.47 | 38.28 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP HFO NONTORSION JNTS PRE CST | L3929 | HCPCS | | | | outpatient | | | 252 | 124.74 | WellPoint | WellPoint | 81.09 | 32.18 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP HFO NONTORSION JNTS PRE CST | L3929 | HCPCS | | | | outpatient | | | 252 | 124.74 | Horizon | PPO | 96.47 | 38.28 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP HFO NONTORSION JNTS PRE CST | L3929 | HCPCS | | | | outpatient | | | 252 | 124.74 | Managed Care Inc | Managed Care Inc | 226.8 | 90 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP HFO NONTORSION JNTS PRE CST | L3929 | HCPCS | | | | outpatient | | | 252 | 124.74 | Three Rivers | Three Rivers | 239.4 | 95 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP HFO NONTORSION JNTS PRE OTS | L3930 | HCPCS | | | | outpatient | | | 252 | 124.74 | Multiplan | Multiplan | 201.6 | 80 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP HFO NONTORSION JNTS PRE OTS | L3930 | HCPCS | | | | outpatient | | | 252 | 124.74 | Amerihealth | Medicare | 108.47 | | | | 75.6 | 239.4 | fee schedule | |
| AMB SUP HFO NONTORSION JNTS PRE OTS | L3930 | HCPCS | | | | outpatient | | | 252 | 124.74 | Aetna | Better Health | 79.51 | 31.55 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP HFO NONTORSION JNTS PRE OTS | L3930 | HCPCS | | | | outpatient | | | 252 | 124.74 | First Trenton | First Trenton | 226.8 | 90 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP HFO NONTORSION JNTS PRE OTS | L3930 | HCPCS | | | | outpatient | | | 252 | 124.74 | Amerihealth | HMO/PPO | 163.8 | 65 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP HFO NONTORSION JNTS PRE OTS | L3930 | HCPCS | | | | outpatient | | | 252 | 124.74 | Horizon | MGD | 96.47 | 38.28 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP HFO NONTORSION JNTS PRE OTS | L3930 | HCPCS | | | | outpatient | | | 252 | 124.74 | Americare | Americare | 189 | 75 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP HFO NONTORSION JNTS PRE OTS | L3930 | HCPCS | | | | outpatient | | | 252 | 124.74 | Aetna | Medicare | 108.47 | | | | 75.6 | 239.4 | fee schedule | |
| AMB SUP HFO NONTORSION JNTS PRE OTS | L3930 | HCPCS | | | | outpatient | | | 252 | 124.74 | Qualcare | Qualcare | 189 | 75 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP HFO NONTORSION JNTS PRE OTS | L3930 | HCPCS | | | | outpatient | | | 252 | 124.74 | First Health | First Health | 176.4 | 70 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP HFO NONTORSION JNTS PRE OTS | L3930 | HCPCS | | | | outpatient | | | 252 | 124.74 | Consumer | Consumer | 239.4 | 95 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP HFO NONTORSION JNTS PRE OTS | L3930 | HCPCS | | | | outpatient | | | 252 | 124.74 | Managed Care Inc | Managed Care Inc | 226.8 | 90 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP HFO NONTORSION JNTS PRE OTS | L3930 | HCPCS | | | | outpatient | | | 252 | 124.74 | Corrections | Corrections | 201.6 | 80 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP HFO NONTORSION JNTS PRE OTS | L3930 | HCPCS | | | | outpatient | | | 252 | 124.74 | UHC | Medicaid | 79.51 | 31.55 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP HFO NONTORSION JNTS PRE OTS | L3930 | HCPCS | | | | outpatient | | | 252 | 124.74 | Horizon | Medicare Blue | 75.6 | 30 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP HFO NONTORSION JNTS PRE OTS | L3930 | HCPCS | | | | outpatient | | | 252 | 124.74 | Horizon | Indemnity | 96.47 | 38.28 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP HFO NONTORSION JNTS PRE OTS | L3930 | HCPCS | | | | outpatient | | | 252 | 124.74 | Wellcare | Medicare | 108.47 | | | | 75.6 | 239.4 | fee schedule | |
| AMB SUP HFO NONTORSION JNTS PRE OTS | L3930 | HCPCS | | | | outpatient | | | 252 | 124.74 | UHC | Medicare | 108.47 | | | | 75.6 | 239.4 | fee schedule | |
| AMB SUP HFO NONTORSION JNTS PRE OTS | L3930 | HCPCS | | | | outpatient | | | 252 | 124.74 | Horizon | PPO | 96.47 | 38.28 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP HFO NONTORSION JNTS PRE OTS | L3930 | HCPCS | | | | outpatient | | | 252 | 124.74 | WellPoint | WellPoint | 81.09 | 32.18 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP HFO NONTORSION JNTS PRE OTS | L3930 | HCPCS | | | | outpatient | | | 252 | 124.74 | Three Rivers | Three Rivers | 239.4 | 95 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP HFO NONTORSION JNTS PRE OTS | L3930 | HCPCS | | | | outpatient | | | 252 | 124.74 | Wellcare | Medicaid | 79.51 | 31.55 | | | 75.6 | 239.4 | percent of total billed charges | |
| AMB SUP FO W/O JOINTS CF | L3933 | HCPCS | | | | outpatient | | | 669 | 261.44 | Consumer | Consumer | 635.55 | 95 | | | 200.7 | 635.55 | percent of total billed charges | |
| AMB SUP FO W/O JOINTS CF | L3933 | HCPCS | | | | outpatient | | | 669 | 261.44 | Aetna | Better Health | 211.07 | 31.55 | | | 200.7 | 635.55 | percent of total billed charges | |
| AMB SUP FO W/O JOINTS CF | L3933 | HCPCS | | | | outpatient | | | 669 | 261.44 | Multiplan | Multiplan | 535.2 | 80 | | | 200.7 | 635.55 | percent of total billed charges | |
| AMB SUP FO W/O JOINTS CF | L3933 | HCPCS | | | | outpatient | | | 669 | 261.44 | Amerihealth | Medicare | 227.34 | | | | 200.7 | 635.55 | fee schedule | |
| AMB SUP FO W/O JOINTS CF | L3933 | HCPCS | | | | outpatient | | | 669 | 261.44 | Amerihealth | HMO/PPO | 434.85 | 65 | | | 200.7 | 635.55 | percent of total billed charges | |
| AMB SUP FO W/O JOINTS CF | L3933 | HCPCS | | | | outpatient | | | 669 | 261.44 | Aetna | Medicare | 227.34 | | | | 200.7 | 635.55 | fee schedule | |
| AMB SUP FO W/O JOINTS CF | L3933 | HCPCS | | | | outpatient | | | 669 | 261.44 | Americare | Americare | 501.75 | 75 | | | 200.7 | 635.55 | percent of total billed charges | |
| AMB SUP FO W/O JOINTS CF | L3933 | HCPCS | | | | outpatient | | | 669 | 261.44 | Horizon | MGD | 256.09 | 38.28 | | | 200.7 | 635.55 | percent of total billed charges | |
| AMB SUP FO W/O JOINTS CF | L3933 | HCPCS | | | | outpatient | | | 669 | 261.44 | Corrections | Corrections | 535.2 | 80 | | | 200.7 | 635.55 | percent of total billed charges | |
| AMB SUP FO W/O JOINTS CF | L3933 | HCPCS | | | | outpatient | | | 669 | 261.44 | First Health | First Health | 468.3 | 70 | | | 200.7 | 635.55 | percent of total billed charges | |
| AMB SUP FO W/O JOINTS CF | L3933 | HCPCS | | | | outpatient | | | 669 | 261.44 | Wellcare | Medicare | 227.34 | | | | 200.7 | 635.55 | fee schedule | |
| AMB SUP FO W/O JOINTS CF | L3933 | HCPCS | | | | outpatient | | | 669 | 261.44 | First Trenton | First Trenton | 602.1 | 90 | | | 200.7 | 635.55 | percent of total billed charges | |
| AMB SUP FO W/O JOINTS CF | L3933 | HCPCS | | | | outpatient | | | 669 | 261.44 | Qualcare | Qualcare | 501.75 | 75 | | | 200.7 | 635.55 | percent of total billed charges | |
| AMB SUP FO W/O JOINTS CF | L3933 | HCPCS | | | | outpatient | | | 669 | 261.44 | Horizon | Indemnity | 256.09 | 38.28 | | | 200.7 | 635.55 | percent of total billed charges | |
| AMB SUP FO W/O JOINTS CF | L3933 | HCPCS | | | | outpatient | | | 669 | 261.44 | Managed Care Inc | Managed Care Inc | 602.1 | 90 | | | 200.7 | 635.55 | percent of total billed charges | |
| AMB SUP FO W/O JOINTS CF | L3933 | HCPCS | | | | outpatient | | | 669 | 261.44 | UHC | Medicaid | 211.07 | 31.55 | | | 200.7 | 635.55 | percent of total billed charges | |
| AMB SUP FO W/O JOINTS CF | L3933 | HCPCS | | | | outpatient | | | 669 | 261.44 | Horizon | Medicare Blue | 200.7 | 30 | | | 200.7 | 635.55 | percent of total billed charges | |
| AMB SUP FO W/O JOINTS CF | L3933 | HCPCS | | | | outpatient | | | 669 | 261.44 | UHC | Medicare | 227.34 | | | | 200.7 | 635.55 | fee schedule | |
| AMB SUP FO W/O JOINTS CF | L3933 | HCPCS | | | | outpatient | | | 669 | 261.44 | Horizon | PPO | 256.09 | 38.28 | | | 200.7 | 635.55 | percent of total billed charges | |
| AMB SUP FO W/O JOINTS CF | L3933 | HCPCS | | | | outpatient | | | 669 | 261.44 | WellPoint | WellPoint | 215.28 | 32.18 | | | 200.7 | 635.55 | percent of total billed charges | |
| AMB SUP FO W/O JOINTS CF | L3933 | HCPCS | | | | outpatient | | | 669 | 261.44 | Three Rivers | Three Rivers | 635.55 | 95 | | | 200.7 | 635.55 | percent of total billed charges | |
| AMB SUP FO W/O JOINTS CF | L3933 | HCPCS | | | | outpatient | | | 669 | 261.44 | Wellcare | Medicaid | 211.07 | 31.55 | | | 200.7 | 635.55 | percent of total billed charges | |
| AMB SUP FO NONTORSION JOINT CF | L3935 | HCPCS | | | | outpatient | | | 693 | 270.73 | Aetna | Better Health | 216.64 | 31.55 | | | 207.9 | 658.35 | percent of total billed charges | |
| AMB SUP FO NONTORSION JOINT CF | L3935 | HCPCS | | | | outpatient | | | 693 | 270.73 | Horizon | MGD | 265.28 | 38.28 | | | 207.9 | 658.35 | percent of total billed charges | |
| AMB SUP FO NONTORSION JOINT CF | L3935 | HCPCS | | | | outpatient | | | 693 | 270.73 | Aetna | Medicare | 235.42 | | | | 207.9 | 658.35 | fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| AMB SUP FO NONTORSION JOINT CF | L3935 | HCPCS | | | | outpatient | | | 693 | 270.73 | Amerihealth | HMO/PPO | 450.45 | 65 | | | 207.9 | | 658.35 percent of total billed charges | |
| AMB SUP FO NONTORSION JOINT CF | L3935 | HCPCS | | | | outpatient | | | 693 | 270.73 | Corrections | Corrections | 554.4 | 80 | | | 207.9 | | 658.35 percent of total billed charges | |
| AMB SUP FO NONTORSION JOINT CF | L3935 | HCPCS | | | | outpatient | | | 693 | 270.73 | First Health | First Health | 485.1 | 70 | | | 207.9 | | 658.35 percent of total billed charges | |
| AMB SUP FO NONTORSION JOINT CF | L3935 | HCPCS | | | | outpatient | | | 693 | 270.73 | Consumer | Consumer | 658.35 | 95 | | | 207.9 | | 658.35 percent of total billed charges | |
| AMB SUP FO NONTORSION JOINT CF | L3935 | HCPCS | | | | outpatient | | | 693 | 270.73 | Amerihealth | Medicare | 235.42 | | | | 207.9 | | 658.35 fee schedule | |
| AMB SUP FO NONTORSION JOINT CF | L3935 | HCPCS | | | | outpatient | | | 693 | 270.73 | Horizon | Medicare Blue | 207.9 | 30 | | | 207.9 | | 658.35 percent of total billed charges | |
| AMB SUP FO NONTORSION JOINT CF | L3935 | HCPCS | | | | outpatient | | | 693 | 270.73 | UHC | Medicaid | 218.64 | 31.55 | | | 207.9 | | 658.35 percent of total billed charges | |
| AMB SUP FO NONTORSION JOINT CF | L3935 | HCPCS | | | | outpatient | | | 693 | 270.73 | Americare | Americare | 519.75 | 75 | | | 207.9 | | 658.35 percent of total billed charges | |
| AMB SUP FO NONTORSION JOINT CF | L3935 | HCPCS | | | | outpatient | | | 693 | 270.73 | Horizon | Indemnity | 265.28 | 38.28 | | | 207.9 | | 658.35 percent of total billed charges | |
| AMB SUP FO NONTORSION JOINT CF | L3935 | HCPCS | | | | outpatient | | | 693 | 270.73 | WellPoint | WellPoint | 223.01 | 32.18 | | | 207.9 | | 658.35 percent of total billed charges | |
| AMB SUP FO NONTORSION JOINT CF | L3935 | HCPCS | | | | outpatient | | | 693 | 270.73 | Wellcare | Medicaid | 218.64 | 31.55 | | | 207.9 | | 658.35 percent of total billed charges | |
| AMB SUP FO NONTORSION JOINT CF | L3935 | HCPCS | | | | outpatient | | | 693 | 270.73 | Managed Care Inc | Managed Care Inc | 623.7 | 90 | | | 207.9 | | 658.35 percent of total billed charges | |
| AMB SUP FO NONTORSION JOINT CF | L3935 | HCPCS | | | | outpatient | | | 693 | 270.73 | First Trenton | First Trenton | 623.7 | 90 | | | 207.9 | | 658.35 percent of total billed charges | |
| AMB SUP FO NONTORSION JOINT CF | L3935 | HCPCS | | | | outpatient | | | 693 | 270.73 | UHC | Medicare | 235.42 | | | | 207.9 | | 658.35 fee schedule | |
| AMB SUP FO NONTORSION JOINT CF | L3935 | HCPCS | | | | outpatient | | | 693 | 270.73 | Wellcare | Medicare | 235.42 | | | | 207.9 | | 658.35 fee schedule | |
| AMB SUP FO NONTORSION JOINT CF | L3935 | HCPCS | | | | outpatient | | | 693 | 270.73 | Horizon | PPO | 265.28 | 38.28 | | | 207.9 | | 658.35 percent of total billed charges | |
| AMB SUP FO NONTORSION JOINT CF | L3935 | HCPCS | | | | outpatient | | | 693 | 270.73 | Multiplan | Multiplan | 554.4 | 80 | | | 207.9 | | 658.35 percent of total billed charges | |
| AMB SUP FO NONTORSION JOINT CF | L3935 | HCPCS | | | | outpatient | | | 693 | 270.73 | Qualcare | Qualcare | 519.75 | 75 | | | 207.9 | | 658.35 percent of total billed charges | |
| AMB SUP FO NONTORSION JOINT CF | L3935 | HCPCS | | | | outpatient | | | 693 | 270.73 | Three Rivers | Three Rivers | 658.35 | 95 | | | 207.9 | | 658.35 percent of total billed charges | |
| AMB SUP SEWHO CAP DESIGN W/O JNTS CF | L3961 | HCPCS | | | | outpatient | | | 5268 | 2058.85 | Aetna | Medicare | 1790.3 | | | | 1580.4 | | 5004.6 fee schedule | |
| AMB SUP SEWHO CAP DESIGN W/O JNTS CF | L3961 | HCPCS | | | | outpatient | | | 5268 | 2058.85 | Amerihealth | HMO/PPO | 3424.2 | 65 | | | 1580.4 | | 5004.6 percent of total billed charges | |
| AMB SUP SEWHO CAP DESIGN W/O JNTS CF | L3961 | HCPCS | | | | outpatient | | | 5268 | 2058.85 | Amerihealth | Medicare | 1790.3 | | | | 1580.4 | | 5004.6 fee schedule | |
| AMB SUP SEWHO CAP DESIGN W/O JNTS CF | L3961 | HCPCS | | | | outpatient | | | 5268 | 2058.85 | Consumer | Consumer | 5004.6 | 95 | | | 1580.4 | | 5004.6 percent of total billed charges | |
| AMB SUP SEWHO CAP DESIGN W/O JNTS CF | L3961 | HCPCS | | | | outpatient | | | 5268 | 2058.85 | Horizon | MGD | 2016.59 | 38.28 | | | 1580.4 | | 5004.6 percent of total billed charges | |
| AMB SUP SEWHO CAP DESIGN W/O JNTS CF | L3961 | HCPCS | | | | outpatient | | | 5268 | 2058.85 | Aetna | Better Health | 1662.05 | 31.55 | | | 1580.4 | | 5004.6 percent of total billed charges | |
| AMB SUP SEWHO CAP DESIGN W/O JNTS CF | L3961 | HCPCS | | | | outpatient | | | 5268 | 2058.85 | Americare | Americare | 3951 | 75 | | | 1580.4 | | 5004.6 percent of total billed charges | |
| AMB SUP SEWHO CAP DESIGN W/O JNTS CF | L3961 | HCPCS | | | | outpatient | | | 5268 | 2058.85 | First Health | First Health | 3687.6 | 70 | | | 1580.4 | | 5004.6 percent of total billed charges | |
| AMB SUP SEWHO CAP DESIGN W/O JNTS CF | L3961 | HCPCS | | | | outpatient | | | 5268 | 2058.85 | Wellcare | Medicaid | 1662.05 | 31.55 | | | 1580.4 | | 5004.6 percent of total billed charges | |
| AMB SUP SEWHO CAP DESIGN W/O JNTS CF | L3961 | HCPCS | | | | outpatient | | | 5268 | 2058.85 | Multiplan | Multiplan | 4214.4 | 80 | | | 1580.4 | | 5004.6 percent of total billed charges | |
| AMB SUP SEWHO CAP DESIGN W/O JNTS CF | L3961 | HCPCS | | | | outpatient | | | 5268 | 2058.85 | First Trenton | First Trenton | 4741.2 | 90 | | | 1580.4 | | 5004.6 percent of total billed charges | |
| AMB SUP SEWHO CAP DESIGN W/O JNTS CF | L3961 | HCPCS | | | | outpatient | | | 5268 | 2058.85 | Horizon | Indemnity | 2016.59 | 38.28 | | | 1580.4 | | 5004.6 percent of total billed charges | |
| AMB SUP SEWHO CAP DESIGN W/O JNTS CF | L3961 | HCPCS | | | | outpatient | | | 5268 | 2058.85 | Horizon | PPO | 2016.59 | 38.28 | | | 1580.4 | | 5004.6 percent of total billed charges | |
| AMB SUP SEWHO CAP DESIGN W/O JNTS CF | L3961 | HCPCS | | | | outpatient | | | 5268 | 2058.85 | Corrections | Corrections | 4214.4 | 80 | | | 1580.4 | | 5004.6 percent of total billed charges | |
| AMB SUP SEWHO CAP DESIGN W/O JNTS CF | L3961 | HCPCS | | | | outpatient | | | 5268 | 2058.85 | Managed Care Inc | Managed Care Inc | 4741.2 | 90 | | | 1580.4 | | 5004.6 percent of total billed charges | |
| AMB SUP SEWHO CAP DESIGN W/O JNTS CF | L3961 | HCPCS | | | | outpatient | | | 5268 | 2058.85 | Quality Care | Quality Care | 3951 | 75 | | | 1580.4 | | 5004.6 percent of total billed charges | |
| AMB SUP SEWHO CAP DESIGN W/O JNTS CF | L3961 | HCPCS | | | | outpatient | | | 5268 | 2058.85 | Three Rivers | Three Rivers | 5004.6 | 95 | | | 1580.4 | | 5004.6 percent of total billed charges | |
| AMB SUP SEWHO CAP DESIGN W/O JNTS CF | L3961 | HCPCS | | | | outpatient | | | 5268 | 2058.85 | Horizon | Medicare Blue | 1580.4 | 30 | | | 1580.4 | | 5004.6 percent of total billed charges | |
| AMB SUP SEWHO CAP DESIGN W/O JNTS CF | L3961 | HCPCS | | | | outpatient | | | 5268 | 2058.85 | Wellcare | Medicare | 1790.3 | | | | 1580.4 | | 5004.6 fee schedule | |
| AMB SUP SEWHO CAP DESIGN W/O JNTS CF | L3961 | HCPCS | | | | outpatient | | | 5268 | 2058.85 | UHC | Medicaid | 1662.05 | 31.55 | | | 1580.4 | | 5004.6 percent of total billed charges | |
| AMB SUP SEWHO CAP DESIGN W/O JNTS CF | L3961 | HCPCS | | | | outpatient | | | 5268 | 2058.85 | WellPoint | WellPoint | 1695.24 | 32.18 | | | 1580.4 | | 5004.6 percent of total billed charges | |
| AMB SUP SEWHO CAP DESIGN W/O JNTS CF | L3961 | HCPCS | | | | outpatient | | | 5268 | 2058.85 | UHC | Medicare | 1790.3 | | | | 1580.4 | | 5004.6 fee schedule | |
| AMB SUP SPLINT POSEY ARM ELBOW | L3999 | HCPCS | | | | both | | | 91.05 | | Amerihealth | HMO/PPO | 59.18 | 65 | | | 27.32 | | 86.5 percent of total billed charges | |
| AMB SUP SPLINT POSEY ARM ELBOW | L3999 | HCPCS | | | | both | | | 91.05 | | First Trenton | First Trenton | 81.95 | 90 | | | 27.32 | | 86.5 percent of total billed charges | |
| AMB SUP SPLINT POSEY ARM ELBOW | L3999 | HCPCS | | | | both | | | 91.05 | | Aetna | Medicare | 28.04 | 30.8 | | | 27.32 | | 86.5 percent of total billed charges | |
| AMB SUP SPLINT POSEY ARM ELBOW | L3999 | HCPCS | | | | both | | | 91.05 | | Horizon | MGD | 34.85 | 38.28 | | | 27.32 | | 86.5 percent of total billed charges | |
| AMB SUP SPLINT POSEY ARM ELBOW | L3999 | HCPCS | | | | both | | | 91.05 | | Corrections | Corrections | 72.84 | 80 | | | 27.32 | | 86.5 percent of total billed charges | |
| AMB SUP SPLINT POSEY ARM ELBOW | L3999 | HCPCS | | | | both | | | 91.05 | | Americare | Americare | 68.29 | 75 | | | 27.32 | | 86.5 percent of total billed charges | |
| AMB SUP SPLINT POSEY ARM ELBOW | L3999 | HCPCS | | | | both | | | 91.05 | | Aetna | Better Health | 28.73 | 31.55 | | | 27.32 | | 86.5 percent of total billed charges | |
| AMB SUP SPLINT POSEY ARM ELBOW | L3999 | HCPCS | | | | both | | | 91.05 | | Horizon | PPO | 34.85 | 38.28 | | | 27.32 | | 86.5 percent of total billed charges | |
| AMB SUP SPLINT POSEY ARM ELBOW | L3999 | HCPCS | | | | both | | | 91.05 | | Multiplan | Multiplan | 72.84 | 80 | | | 27.32 | | 86.5 percent of total billed charges | |
| AMB SUP SPLINT POSEY ARM ELBOW | L3999 | HCPCS | | | | both | | | 91.05 | | Horizon | Indemnity | 34.85 | 38.28 | | | 27.32 | | 86.5 percent of total billed charges | |
| AMB SUP SPLINT POSEY ARM ELBOW | L3999 | HCPCS | | | | both | | | 91.05 | | Consumer | Consumer | 86.5 | 95 | | | 27.32 | | 86.5 percent of total billed charges | |
| AMB SUP SPLINT POSEY ARM ELBOW | L3999 | HCPCS | | | | both | | | 91.05 | | Managed Care Inc | Managed Care Inc | 81.95 | 90 | | | 27.32 | | 86.5 percent of total billed charges | |
| AMB SUP SPLINT POSEY ARM ELBOW | L3999 | HCPCS | | | | both | | | 91.05 | | UHC | Medicaid | 28.73 | 31.55 | | | 27.32 | | 86.5 percent of total billed charges | |
| AMB SUP SPLINT POSEY ARM ELBOW | L3999 | HCPCS | | | | both | | | 91.05 | | Horizon | Medicare Blue | 27.32 | 30 | | | 27.32 | | 86.5 percent of total billed charges | |
| AMB SUP SPLINT POSEY ARM ELBOW | L3999 | HCPCS | | | | both | | | 91.05 | | First Health | First Health | 63.74 | 70 | | | 27.32 | | 86.5 percent of total billed charges | |
| AMB SUP SPLINT POSEY ARM ELBOW | L3999 | HCPCS | | | | both | | | 91.05 | | Three Rivers | Three Rivers | 86.5 | 95 | | | 27.32 | | 86.5 percent of total billed charges | |
| AMB SUP SPLINT POSEY ARM ELBOW | L3999 | HCPCS | | | | both | | | 91.05 | | Qualcare | Qualcare | 36.42 | 40 | | | 27.32 | | 86.5 percent of total billed charges | |
| AMB SUP SPLINT POSEY ARM ELBOW | L3999 | HCPCS | | | | both | | | 91.05 | | Wellcare | Medicaid | 28.73 | 31.55 | | | 27.32 | | 86.5 percent of total billed charges | |
| AMB SUP SPLINT POSEY ARM ELBOW | L3999 | HCPCS | | | | both | | | 91.05 | | Horizon | NJ Health | 36.42 | 40 | | | 27.32 | | 86.5 percent of total billed charges | |
| AMB SUP SPLINT POSEY ARM ELBOW | L3999 | HCPCS | | | | both | | | 91.05 | | WellPoint | WellPoint | 29.3 | 32.18 | | | 27.32 | | 86.5 percent of total billed charges | |
| AMB SUP STIRRUP ORTHO | L4350 | HCPCS | | | | outpatient | | | 41.11 | 113.09 | First Trenton | First Trenton | 37 | 90 | | | 12.33 | | 98.34 percent of total billed charges | |
| AMB SUP STIRRUP ORTHO | L4350 | HCPCS | | | | outpatient | | | 41.11 | 113.09 | Amerihealth | HMO/PPO | 26.72 | 65 | | | 12.33 | | 98.34 percent of total billed charges | |
| AMB SUP STIRRUP ORTHO | L4350 | HCPCS | | | | outpatient | | | 41.11 | 113.09 | Amerihealth | Medicare | 98.34 | | | | 12.33 | | 98.34 fee schedule | |
| AMB SUP STIRRUP ORTHO | L4350 | HCPCS | | | | outpatient | | | 41.11 | 113.09 | UHC | Medicaid | 12.97 | 31.55 | | 75.4 | 12.33 | | 98.34 percent of total billed charges | |
| AMB SUP STIRRUP ORTHO | L4350 | HCPCS | | | | outpatient | | | 41.11 | 113.09 | Aetna | Medicare | 98.34 | | | | 12.33 | | 98.34 fee schedule | |
| AMB SUP STIRRUP ORTHO | L4350 | HCPCS | | | | outpatient | | | 41.11 | 113.09 | Corrections | Corrections | 32.89 | 80 | | | 12.33 | | 98.34 percent of total billed charges | |
| AMB SUP STIRRUP ORTHO | L4350 | HCPCS | | | | outpatient | | | 41.11 | 113.09 | Horizon | MGD | 15.74 | 38.28 | | | 12.33 | | 98.34 percent of total billed charges | |
| AMB SUP STIRRUP ORTHO | L4350 | HCPCS | | | | outpatient | | | 41.11 | 113.09 | Aetna | Better Health | 12.97 | 31.55 | | | 12.33 | | 98.34 percent of total billed charges | |
| AMB SUP STIRRUP ORTHO | L4350 | HCPCS | | | | outpatient | | | 41.11 | 113.09 | Horizon | PPO | 15.74 | 38.28 | | | 12.33 | | 98.34 percent of total billed charges | |
| AMB SUP STIRRUP ORTHO | L4350 | HCPCS | | | | outpatient | | | 41.11 | 113.09 | Horizon | Indemnity | 15.74 | 38.28 | | | 12.33 | | 98.34 percent of total billed charges | |
| AMB SUP STIRRUP ORTHO | L4350 | HCPCS | | | | outpatient | | | 41.11 | 113.09 | First Health | First Health | 28.78 | 70 | | | 12.33 | | 98.34 percent of total billed charges | |
| AMB SUP STIRRUP ORTHO | L4350 | HCPCS | | | | outpatient | | | 41.11 | 113.09 | Consumer | Consumer | 39.05 | 95 | | | 12.33 | | 98.34 percent of total billed charges | |
| AMB SUP STIRRUP ORTHO | L4350 | HCPCS | | | | outpatient | | | 41.11 | 113.09 | Americare | Americare | 30.83 | 75 | | | 12.33 | | 98.34 percent of total billed charges | |
| AMB SUP STIRRUP ORTHO | L4350 | HCPCS | | | | outpatient | | | 41.11 | 113.09 | Multiplan | Multiplan | 32.89 | 80 | | | 12.33 | | 98.34 percent of total billed charges | |
| AMB SUP STIRRUP ORTHO | L4350 | HCPCS | | | | outpatient | | | 41.11 | 113.09 | WellPoint | WellPoint | 13.23 | 32.18 | | | 12.33 | | 98.34 percent of total billed charges | |
| AMB SUP STIRRUP ORTHO | L4350 | HCPCS | | | | outpatient | | | 41.11 | 113.09 | Horizon | Medicare Blue | 12.33 | 30 | | | 12.33 | | 98.34 percent of total billed charges | |
| AMB SUP STIRRUP ORTHO | L4350 | HCPCS | | | | outpatient | | | 41.11 | 113.09 | Managed Care Inc | Managed Care Inc | 37 | 90 | | | 12.33 | | 98.34 percent of total billed charges | |
| AMB SUP STIRRUP ORTHO | L4350 | HCPCS | | | | outpatient | | | 41.11 | 113.09 | Qualcare | Qualcare | 16.44 | 40 | | | 12.33 | | 98.34 percent of total billed charges | |
| AMB SUP STIRRUP ORTHO | L4350 | HCPCS | | | | outpatient | | | 41.11 | 113.09 | Horizon | NJ Health | 16.44 | 40 | | | 12.33 | | 98.34 percent of total billed charges | |
| AMB SUP STIRRUP ORTHO | L4350 | HCPCS | | | | outpatient | | | 41.11 | 113.09 | Wellcare | Medicaid | 12.97 | 31.55 | | | 12.33 | | 98.34 percent of total billed charges | |
| AMB SUP STIRRUP ORTHO | L4350 | HCPCS | | | | outpatient | | | 41.11 | 113.09 | Three Rivers | Three Rivers | 39.05 | 95 | | | 12.33 | | 98.34 percent of total billed charges | |
| AMB SUP STIRRUP ORTHO | L4350 | HCPCS | | | | outpatient | | | 41.11 | 113.09 | Wellcare | Medicare | 98.34 | | | | 12.33 | | 98.34 fee schedule | |
| AMB SUP STIRRUP ORTHO | L4350 | HCPCS | | | | outpatient | | | 41.11 | 113.09 | UHC | Medicare | 98.34 | | | | 12.33 | | 98.34 fee schedule | |
| AMB SUP BOOT WALKER PEDIATRIC | L4360 | HCPCS | | | | outpatient | | | 150.6 | 350.32 | Horizon | MGD | 57.65 | 38.28 | | | 22.44 | | 304.63 percent of total billed charges | |
| AMB SUP BOOT WALKER PEDIATRIC | L4360 | HCPCS | | | | outpatient | | | 150.6 | 350.32 | Aetna | Better Health | 47.51 | 31.55 | | | 22.44 | | 304.63 percent of total billed charges | |
| AMB SUP BOOT WALKER PEDIATRIC | L4360 | HCPCS | | | | outpatient | | | 150.6 | 350.32 | First Trenton | First Trenton | 135.54 | 90 | | | 22.44 | | 304.63 percent of total billed charges | |
| AMB SUP BOOT WALKER PEDIATRIC | L4360 | HCPCS | | | | outpatient | | | 150.6 | 350.32 | Amerihealth | HMO/PPO | 97.89 | 65 | | | 22.44 | | 304.63 percent of total billed charges | |
| AMB SUP BOOT WALKER PEDIATRIC | L4360 | HCPCS | | | | outpatient | | | 150.6 | 350.32 | Amerihealth | Medicare | 304.63 | | | | 22.44 | | 304.63 fee schedule | |
| AMB SUP BOOT WALKER PEDIATRIC | L4360 | HCPCS | | | | outpatient | | | 150.6 | 350.32 | Aetna | Medicare | 304.63 | | | | 22.44 | | 304.63 fee schedule | |
| AMB SUP BOOT WALKER PEDIATRIC | L4360 | HCPCS | | | | outpatient | | | 150.6 | 350.32 | Horizon | Indemnity | 57.65 | 38.28 | | | 22.44 | | 304.63 percent of total billed charges | |
| AMB SUP BOOT WALKER PEDIATRIC | L4360 | HCPCS | | | | outpatient | | | 150.6 | 350.32 | Americare | Americare | 112.95 | 75 | | | 22.44 | | 304.63 percent of total billed charges | |
| AMB SUP BOOT WALKER PEDIATRIC | L4360 | HCPCS | | | | outpatient | | | 150.6 | 350.32 | UHC | Medicaid | 47.51 | 31.55 | | | 22.44 | | 304.63 percent of total billed charges | |
| AMB SUP BOOT WALKER PEDIATRIC | L4360 | HCPCS | | | | outpatient | | | 150.6 | 350.32 | Consumer | Consumer | 143.07 | 95 | | | 22.44 | | 304.63 percent of total billed charges | |
| AMB SUP BOOT WALKER PEDIATRIC | L4360 | HCPCS | | | | outpatient | | | 150.6 | 350.32 | Horizon | PPO | 57.65 | 38.28 | | | 22.44 | | 304.63 percent of total billed charges | |
| AMB SUP BOOT WALKER PEDIATRIC | L4360 | HCPCS | | | | outpatient | | | 150.6 | 350.32 | Multiplan | Multiplan | 120.48 | 80 | | | 22.44 | | 304.63 percent of total billed charges | |
| AMB SUP BOOT WALKER PEDIATRIC | L4360 | HCPCS | | | | outpatient | | | 150.6 | 350.32 | First Health | First Health | 105.42 | 70 | | | 22.44 | | 304.63 percent of total billed charges | |
| AMB SUP BOOT WALKER PEDIATRIC | L4360 | HCPCS | | | | outpatient | | | 150.6 | 350.32 | Corrections | Corrections | 120.48 | 80 | | | 22.44 | | 304.63 percent of total billed charges | |
| AMB SUP BOOT WALKER PEDIATRIC | L4360 | HCPCS | | | | outpatient | | | 150.6 | 350.32 | Managed Care Inc | Managed Care Inc | 135.54 | 90 | | | 22.44 | | 304.63 percent of total billed charges | |
| AMB SUP BOOT WALKER PEDIATRIC | L4360 | HCPCS | | | | outpatient | | | 150.6 | 350.32 | Qualcare | Qualcare | 60.24 | 40 | | | 22.44 | | 304.63 percent of total billed charges | |
| AMB SUP BOOT WALKER PEDIATRIC | L4360 | HCPCS | | | | outpatient | | | 150.6 | 350.32 | Horizon | NJ Health | 60.24 | 40 | | | 22.44 | | 304.63 percent of total billed charges | |
| AMB SUP BOOT WALKER PEDIATRIC | L4360 | HCPCS | | | | outpatient | | | 150.6 | 350.32 | Horizon | Medicare Blue | 45.18 | 30 | | | 22.44 | | 304.63 percent of total billed charges | |
| AMB SUP BOOT WALKER PEDIATRIC | L4360 | HCPCS | | | | outpatient | | | 150.6 | 350.32 | Wellcare | Medicare | 304.63 | | | | 22.44 | | 304.63 fee schedule | |
| AMB SUP BOOT WALKER PEDIATRIC | L4360 | HCPCS | | | | outpatient | | | 150.6 | 350.32 | WellPoint | WellPoint | 48.46 | 32.18 | | | 22.44 | | 304.63 percent of total billed charges | |
| AMB SUP BOOT WALKER PEDIATRIC | L4360 | HCPCS | | | | outpatient | | | 150.6 | 350.32 | UHC | Medicare | 304.63 | | | | 22.44 | | 304.63 fee schedule | |
| AMB SUP BOOT WALKER PEDIATRIC | L4360 | HCPCS | | | | outpatient | | | 150.6 | 350.32 | Three Rivers | Three Rivers | 143.07 | 95 | | | 22.44 | | 304.63 percent of total billed charges | |
| AMB SUP BOOT WALKER PEDIATRIC | L4360 | HCPCS | | | | outpatient | | | 150.6 | 350.32 | Wellcare | Medicaid | 47.51 | 31.55 | | | 22.44 | | 304.63 percent of total billed charges | |
| AMB SUP BOOT WALKER RIGID | L4387 | HCPCS | | | | outpatient | | | 139.02 | 213.5 | UHC | Medicaid | 43.86 | 31.55 | | | 17.19 | | 185.65 percent of total billed charges | |
| AMB SUP BOOT WALKER RIGID | L4387 | HCPCS | | | | outpatient | | | 139.02 | 213.5 | Aetna | Better Health | 43.86 | 31.55 | | | 17.19 | | 185.65 percent of total billed charges | |
| AMB SUP BOOT WALKER RIGID | L4387 | HCPCS | | | | outpatient | | | 139.02 | 213.5 | Americare | Americare | 104.27 | 75 | | | 17.19 | | 185.65 percent of total billed charges | |
| AMB SUP BOOT WALKER RIGID | L4387 | HCPCS | | | | outpatient | | | 139.02 | 213.5 | Multiplan | Multiplan | 111.22 | 80 | | | 17.19 | | 185.65 percent of total billed charges | |
| AMB SUP BOOT WALKER RIGID | L4387 | HCPCS | | | | outpatient | | | 139.02 | 213.5 | Wellcare | Medicare | 185.65 | | | | 17.19 | | 185.65 fee schedule | |
| AMB SUP BOOT WALKER RIGID | L4387 | HCPCS | | | | outpatient | | | 139.02 | 213.5 | First Health | First Health | 97.31 | 70 | | | 17.19 | | 185.65 percent of total billed charges | |
| AMB SUP BOOT WALKER RIGID | L4387 | HCPCS | | | | outpatient | | | 139.02 | 213.5 | Consumer | Consumer | 132.07 | 95 | | | 17.19 | | 185.65 percent of total billed charges | |
| AMB SUP BOOT WALKER RIGID | L4387 | HCPCS | | | | outpatient | | | 139.02 | 213.5 | Aetna | Medicare | 185.65 | | | | 17.19 | | 185.65 fee schedule | |
| AMB SUP BOOT WALKER RIGID | L4387 | HCPCS | | | | outpatient | | | 139.02 | 213.5 | UHC | Medicare | 185.65 | | | | 17.19 | | 185.65 fee schedule | |
| AMB SUP BOOT WALKER RIGID | L4387 | HCPCS | | | | outpatient | | | 139.02 | 213.5 | Amerihealth | Medicare | 185.65 | | | | 17.19 | | 185.65 fee schedule | |
| AMB SUP BOOT WALKER RIGID | L4387 | HCPCS | | | | outpatient | | | 139.02 | 213.5 | Horizon | MGD | 53.22 | 38.28 | | | 17.19 | | 185.65 percent of total billed charges | |
| AMB SUP BOOT WALKER RIGID | L4387 | HCPCS | | | | outpatient | | | 139.02 | 213.5 | Qualcare | Qualcare | 104.27 | 75 | | | 17.19 | | 185.65 percent of total billed charges | |
| AMB SUP BOOT WALKER RIGID | L4387 | HCPCS | | | | outpatient | | | 139.02 | 213.5 | WellPoint | WellPoint | 44.74 | 32.18 | | | 17.19 | | 185.65 percent of total billed charges | |
| AMB SUP BOOT WALKER RIGID | L4387 | HCPCS | | | | outpatient | | | 139.02 | 213.5 | Horizon | PPO | 53.22 | 38.28 | | | 17.19 | | 185.65 percent of total billed charges | |
| AMB SUP BOOT WALKER RIGID | L4387 | HCPCS | | | | outpatient | | | 139.02 | 213.5 | Wellcare | Medicaid | 43.86 | 31.55 | | | 17.19 | | 185.65 percent of total billed charges | |
| AMB SUP BOOT WALKER RIGID | L4387 | HCPCS | | | | outpatient | | | 139.02 | 213.5 | Amerihealth | HMO/PPO | 90.36 | 65 | | | 17.19 | | 185.65 percent of total billed charges | |
| AMB SUP BOOT WALKER RIGID | L4387 | HCPCS | | | | outpatient | | | 139.02 | 213.5 | First Trenton | First Trenton | 125.12 | 90 | | | 17.19 | | 185.65 percent of total billed charges | |
| AMB SUP BOOT WALKER RIGID | L4387 | HCPCS | | | | outpatient | | | 139.02 | 213.5 | Corrections | Corrections | 111.22 | 80 | | | 17.19 | | 185.65 percent of total billed charges | |
| AMB SUP BOOT WALKER RIGID | L4387 | HCPCS | | | | outpatient | | | 139.02 | 213.5 | Three Rivers | Three Rivers | 132.07 | 95 | | | 17.19 | | 185.65 percent of total billed charges | |
| AMB SUP BOOT WALKER RIGID | L4387 | HCPCS | | | | outpatient | | | 139.02 | 213.5 | Horizon | Indemnity | 53.22 | 38.28 | | | 17.19 | | 185.65 percent of total billed charges | |
| AMB SUP BOOT WALKER RIGID | L4387 | HCPCS | | | | outpatient | | | 139.02 | 213.5 | Managed Care Inc | Managed Care Inc | 125.12 | 90 | | | 17.19 | | 185.65 percent of total billed charges | |
| AMB SUP BOOT WALKER RIGID | L4387 | HCPCS | | | | outpatient | | | 139.02 | 213.5 | Horizon | Medicare Blue | 41.71 | 30 | | | 17.19 | | 185.65 percent of total billed charges | |
| AMB SUP SPEAKING VALVE | L8501 | HCPCS | | | | both | | | 95.76 | 162.83 | Amerihealth | Medicare | 141.59 | | | | 28.73 | | 141.59 fee schedule | |
| AMB SUP SPEAKING VALVE | L8501 | HCPCS | | | | both | | | 95.76 | 162.83 | Aetna | Better Health | 30.21 | 31.55 | | | 28.73 | | 141.59 percent of total billed charges | |
| AMB SUP SPEAKING VALVE | L8501 | HCPCS | | | | both | | | 95.76 | 162.83 | Horizon | MGD | 36.66 | 38.28 | | | 28.73 | | 141.59 percent of total billed charges | |
| AMB SUP SPEAKING VALVE | L8501 | HCPCS | | | | both | | | 95.76 | 162.83 | Aetna | Medicare | 141.59 | | | | 28.73 | | 141.59 fee schedule | |
| AMB SUP SPEAKING VALVE | L8501 | HCPCS | | | | both | | | 95.76 | 162.83 | Horizon | Indemnity | 36.66 | 38.28 | | | 28.73 | | 141.59 percent of total billed charges | |
| AMB SUP SPEAKING VALVE | L8501 | HCPCS | | | | both | | | 95.76 | 162.83 | Corrections | Corrections | 76.61 | 80 | | | 28.73 | | 141.59 percent of total billed charges | |
| AMB SUP SPEAKING VALVE | L8501 | HCPCS | | | | both | | | 95.76 | 162.83 | First Health | First Health | 67.03 | 70 | | | 28.73 | | 141.59 percent of total billed charges | |
| AMB SUP SPEAKING VALVE | L8501 | HCPCS | | | | both | | | 95.76 | 162.83 | Consumer | Consumer | 90.97 | 95 | | | 28.73 | | 141.59 percent of total billed charges | |
| AMB SUP SPEAKING VALVE | L8501 | HCPCS | | | | both | | | 95.76 | 162.83 | First Trenton | First Trenton | 86.18 | 90 | | | 28.73 | | 141.59 percent of total billed charges | |
| AMB SUP SPEAKING VALVE | L8501 | HCPCS | | | | both | | | 95.76 | 162.83 | Horizon | Medicare Blue | 28.73 | 30 | | | 28.73 | | 141.59 percent of total billed charges | |
| AMB SUP SPEAKING VALVE | L8501 | HCPCS | | | | both | | | 95.76 | 162.83 | UHC | Medicaid | 30.21 | 31.55 | | | 28.73 | | 141.59 percent of total billed charges | |
| AMB SUP SPEAKING VALVE | L8501 | HCPCS | | | | both | | | 95.76 | 162.83 | Americare | Americare | 71.82 | 75 | | | 28.73 | | 141.59 percent of total billed charges | |
| AMB SUP SPEAKING VALVE | L8501 | HCPCS | | | | both | | | 95.76 | 162.83 | WellPoint | WellPoint | 30.82 | 32.18 | | | 28.73 | | 141.59 percent of total billed charges | |
| AMB SUP SPEAKING VALVE | L8501 | HCPCS | | | | both | | | 95.76 | 162.83 | Three Rivers | Three Rivers | 90.97 | 95 | | | 28.73 | | 141.59 percent of total billed charges | |
| AMB SUP SPEAKING VALVE | L8501 | HCPCS | | | | both | | | 95.76 | 162.83 | Horizon | NJ Health | 38.3 | 40 | | | 28.73 | | 141.59 percent of total billed charges | |
| AMB SUP SPEAKING VALVE | L8501 | HCPCS | | | | both | | | 95.76 | 162.83 | Amerihealth | HMO/PPO | 62.24 | 65 | | | 28.73 | | 141.59 percent of total billed charges | |
| AMB SUP SPEAKING VALVE | L8501 | HCPCS | | | | both | | | 95.76 | 162.83 | Horizon | PPO | 36.66 | 38.28 | | | 28.73 | | 141.59 percent of total billed charges | |
| AMB SUP SPEAKING VALVE | L8501 | HCPCS | | | | both | | | 95.76 | 162.83 | Multiplan | Multiplan | 76.61 | 80 | | | 28.73 | | 141.59 percent of total billed charges | |
| AMB SUP SPEAKING VALVE | L8501 | HCPCS | | | | both | | | 95.76 | 162.83 | Wellcare | Medicaid | 30.21 | 31.55 | | | 28.73 | | 141.59 percent of total billed charges | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
| AMB SUP SPEAKING VALVE | L8501 | HCPCS | | | | both | | | 95.76 | | 162.83 Qualcare | Qualcare | 40 | | | | 28.73 | 141.59 | percent of total billed charges | |
| AMB SUP SPEAKING VALVE | L8501 | HCPCS | | | | both | | | 95.76 | | 162.83 Managed Care Inc | Managed Care Inc | 86.18 | 90 | | | 28.73 | 141.59 | percent of total billed charges | |
| AMB SUP SPEAKING VALVE | L8501 | HCPCS | | | | both | | | 95.76 | | 162.83 UHC | Medicare | 141.59 | | | | 28.73 | 141.59 | fee schedule | |
| AMB SUP SPEAKING VALVE | L8501 | HCPCS | | | | both | | | 95.76 | | 162.83 Wellcare | Medicare | 141.59 | | | | 28.73 | 141.59 | fee schedule | |
| AMB SUP IMPLANT OPHTHALMIC OCULID | L8610 | HCPCS | | | | both | | | 1345 | | 788.97 Aetna | Medicare | 686.06 | | | 221.14 | 44.78 | 1277.75 | fee schedule | |
| AMB SUP IMPLANT OPHTHALMIC OCULID | L8610 | HCPCS | | | | both | | | 1345 | | 788.97 Americare | Americare | 1008.75 | 75 | | | 44.78 | 1277.75 | percent of total billed charges | |
| AMB SUP IMPLANT OPHTHALMIC OCULID | L8610 | HCPCS | | | | both | | | 1345 | | 788.97 Multiplan | Multiplan | 1076 | 80 | | | 44.78 | 1277.75 | percent of total billed charges | |
| AMB SUP IMPLANT OPHTHALMIC OCULID | L8610 | HCPCS | | | | both | | | 1345 | | 788.97 First Health | First Health | 941.5 | 70 | | | 44.78 | 1277.75 | percent of total billed charges | |
| AMB SUP IMPLANT OPHTHALMIC OCULID | L8610 | HCPCS | | | | both | | | 1345 | | 788.97 First Trenton | First Trenton | 1210.5 | 90 | | | 44.78 | 1277.75 | percent of total billed charges | |
| AMB SUP IMPLANT OPHTHALMIC OCULID | L8610 | HCPCS | | | | both | | | 1345 | | 788.97 Horizon | Indemnity | 514.87 | 38.28 | | 42.84 | 44.78 | 1277.75 | percent of total billed charges | |
| AMB SUP IMPLANT OPHTHALMIC OCULID | L8610 | HCPCS | | | | both | | | 1345 | | 788.97 WellPoint | WellPoint | 432.82 | 32.18 | | 240.67 | 44.78 | 1277.75 | percent of total billed charges | |
| AMB SUP IMPLANT OPHTHALMIC OCULID | L8610 | HCPCS | | | | both | | | 1345 | | 788.97 Aetna | Better Health | 424.35 | 31.55 | | | 44.78 | 1277.75 | percent of total billed charges | |
| AMB SUP IMPLANT OPHTHALMIC OCULID | L8610 | HCPCS | | | | both | | | 1345 | | 788.97 Amerihealth | Medicare | 686.06 | | | | 44.78 | 1277.75 | fee schedule | |
| AMB SUP IMPLANT OPHTHALMIC OCULID | L8610 | HCPCS | | | | both | | | 1345 | | 788.97 Amerihealth | HMO/PPO | 874.25 | 65 | | 172.32 | 44.78 | 1277.75 | percent of total billed charges | |
| AMB SUP IMPLANT OPHTHALMIC OCULID | L8610 | HCPCS | | | | both | | | 1345 | | 788.97 Qualcare | Qualcare | 538 | 40 | | | 44.78 | 1277.75 | percent of total billed charges | |
| AMB SUP IMPLANT OPHTHALMIC OCULID | L8610 | HCPCS | | | | both | | | 1345 | | 788.97 UHC | Medicare | 686.06 | | | 209.12 | 44.78 | 1277.75 | fee schedule | |
| AMB SUP IMPLANT OPHTHALMIC OCULID | L8610 | HCPCS | | | | both | | | 1345 | | 788.97 Horizon | MGD | 514.87 | 38.28 | | 344.55 | 44.78 | 1277.75 | percent of total billed charges | |
| AMB SUP IMPLANT OPHTHALMIC OCULID | L8610 | HCPCS | | | | both | | | 1345 | | 788.97 UHC | Medicaid | 424.35 | 31.55 | | 207.38 | 44.78 | 1277.75 | percent of total billed charges | |
| AMB SUP IMPLANT OPHTHALMIC OCULID | L8610 | HCPCS | | | | both | | | 1345 | | 788.97 Corrections | Corrections | 1076 | 80 | | 35.25 | 44.78 | 1277.75 | percent of total billed charges | |
| AMB SUP IMPLANT OPHTHALMIC OCULID | L8610 | HCPCS | | | | both | | | 1345 | | 788.97 Horizon | Medicare Blue | 403.5 | 30 | | 70.98 | 44.78 | 1277.75 | percent of total billed charges | |
| AMB SUP IMPLANT OPHTHALMIC OCULID | L8610 | HCPCS | | | | both | | | 1345 | | 788.97 Managed Care Inc | Managed Care Inc | 1210.5 | 90 | | | 44.78 | 1277.75 | percent of total billed charges | |
| AMB SUP IMPLANT OPHTHALMIC OCULID | L8610 | HCPCS | | | | both | | | 1345 | | 788.97 Consumer | Consumer | 1277.75 | 95 | | | 44.78 | 1277.75 | percent of total billed charges | |
| AMB SUP IMPLANT OPHTHALMIC OCULID | L8610 | HCPCS | | | | both | | | 1345 | | 788.97 Horizon | PPO | 514.87 | 38.28 | | 461.55 | 44.78 | 1277.75 | percent of total billed charges | |
| AMB SUP IMPLANT OPHTHALMIC OCULID | L8610 | HCPCS | | | | both | | | 1345 | | 788.97 Wellcare | Medicaid | 424.35 | 31.55 | | 65.71 | 44.78 | 1277.75 | percent of total billed charges | |
| AMB SUP IMPLANT OPHTHALMIC OCULID | L8610 | HCPCS | | | | both | | | 1345 | | 788.97 Three Rivers | Three Rivers | 1277.75 | 95 | | | 44.78 | 1277.75 | percent of total billed charges | |
| AMB SUP IMPLANT OPHTHALMIC OCULID | L8610 | HCPCS | | | | both | | | 1345 | | 788.97 Horizon | NJ Health | 538 | 40 | | 65.89 | 44.78 | 1277.75 | percent of total billed charges | |
| AMB SUP IMPLANT OPHTHALMIC OCULID | L8610 | HCPCS | | | | both | | | 1345 | | 788.97 Wellcare | Medicare | 686.06 | | | | 44.78 | 1277.75 | fee schedule | |
| AMB SUP PROVOX XTRAFLANGE | L8699 | HCPCS | | | | both | | | 1012.95 | | | Consumer | 962.3 | 95 | | | 40.67 | 962.3 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLANGE | L8699 | HCPCS | | | | both | | | 1012.95 | | | Aetna | 319.59 | 31.55 | | | 40.67 | 962.3 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLANGE | L8699 | HCPCS | | | | both | | | 1012.95 | | | Americare | 759.71 | 75 | | | 40.67 | 962.3 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLANGE | L8699 | HCPCS | | | | both | | | 1012.95 | | | First Trenton | 911.66 | 90 | | | 40.67 | 962.3 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLANGE | L8699 | HCPCS | | | | both | | | 1012.95 | | | Corrections | 810.36 | 80 | | | 40.67 | 962.3 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLANGE | L8699 | HCPCS | | | | both | | | 1012.95 | | | Amerihealth | 658.42 | 65 | | | 40.67 | 962.3 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLANGE | L8699 | HCPCS | | | | both | | | 1012.95 | | | Horizon | 405.18 | 40 | | | 40.67 | 962.3 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLANGE | L8699 | HCPCS | | | | both | | | 1012.95 | | | Aetna | 311.99 | 30.8 | | | 40.67 | 962.3 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLANGE | L8699 | HCPCS | | | | both | | | 1012.95 | | | First Health | 709.07 | 70 | | | 40.67 | 962.3 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLANGE | L8699 | HCPCS | | | | both | | | 1012.95 | | | Horizon | 387.76 | 38.28 | | | 40.67 | 962.3 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLANGE | L8699 | HCPCS | | | | both | | | 1012.95 | | | Multiplan | 810.36 | 80 | | | 40.67 | 962.3 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLANGE | L8699 | HCPCS | | | | both | | | 1012.95 | | | Horizon | Indemnity | 387.76 | 38.28 | | 217.67 | 40.67 | 962.3 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLANGE | L8699 | HCPCS | | | | both | | | 1012.95 | | | Horizon | Medicare Blue | 303.89 | 30 | | | 40.67 | 962.3 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLANGE | L8699 | HCPCS | | | | both | | | 1012.95 | | | UHC | Medicaid | 319.59 | 31.55 | | 413.6 | 40.67 | 962.3 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLANGE | L8699 | HCPCS | | | | both | | | 1012.95 | | | Qualcare | Qualcare | 405.18 | 40 | | | 40.67 | 962.3 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLANGE | L8699 | HCPCS | | | | both | | | 1012.95 | | | Managed Care Inc | Managed Care Inc | 911.66 | 90 | | | 40.67 | 962.3 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLANGE | L8699 | HCPCS | | | | both | | | 1012.95 | | | Horizon | MGD | 387.76 | 38.28 | | 276.53 | 40.67 | 962.3 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLANGE | L8699 | HCPCS | | | | both | | | 1012.95 | | | WellPoint | WellPoint | 325.97 | 32.18 | | | 40.67 | 962.3 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLANGE | L8699 | HCPCS | | | | both | | | 1012.95 | | | Three Rivers | Three Rivers | 962.3 | 95 | | | 40.67 | 962.3 | percent of total billed charges | |
| AMB SUP PROVOX XTRAFLANGE | L8699 | HCPCS | | | | both | | | 1012.95 | | | Wellcare | Medicaid | 319.59 | 31.55 | | | 40.67 | 962.3 | percent of total billed charges | |
| HC INJECTION OF BEBTELOVIMAB W MONITORING | M0222 | HCPCS | | | | outpatient | | | 1362 | | 483.83 Consumer | Consumer | 1293.9 | 95 | | | 420.72 | 1293.9 | percent of total billed charges | |
| HC INJECTION OF BEBTELOVIMAB W MONITORING | M0222 | HCPCS | | | | outpatient | | | 1362 | | 483.83 First Trenton | First Trenton | 1225.8 | 90 | | | 420.72 | 1293.9 | percent of total billed charges | |
| HC INJECTION OF BEBTELOVIMAB W MONITORING | M0222 | HCPCS | | | | outpatient | | | 1362 | | 483.83 Aetna | Medicare | 420.72 | | | | 420.72 | 1293.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION OF BEBTELOVIMAB W MONITORING | M0222 | HCPCS | | | | outpatient | | | 1362 | | 483.83 Aetna | Better Health | 429.71 | 31.55 | | | 420.72 | 1293.9 | percent of total billed charges | |
| HC INJECTION OF BEBTELOVIMAB W MONITORING | M0222 | HCPCS | | | | outpatient | | | 1362 | | 483.83 Americare | Americare | 1021.5 | 75 | | | 420.72 | 1293.9 | percent of total billed charges | |
| HC INJECTION OF BEBTELOVIMAB W MONITORING | M0222 | HCPCS | | | | outpatient | | | 1362 | | 483.83 Amerihealth | Medicare | 420.72 | | | | 420.72 | 1293.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION OF BEBTELOVIMAB W MONITORING | M0222 | HCPCS | | | | outpatient | | | 1362 | | 483.83 Horizon | MGD | 814.09 | | | | 420.72 | 1293.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION OF BEBTELOVIMAB W MONITORING | M0222 | HCPCS | | | | outpatient | | | 1362 | | 483.83 Amerihealth | HMO/PPO | 885.3 | 65 | | | 420.72 | 1293.9 | percent of total billed charges | |
| HC INJECTION OF BEBTELOVIMAB W MONITORING | M0222 | HCPCS | | | | outpatient | | | 1362 | | 483.83 UHC | Medicare | 420.72 | | | | 420.72 | 1293.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION OF BEBTELOVIMAB W MONITORING | M0222 | HCPCS | | | | outpatient | | | 1362 | | 483.83 Horizon | Medicare Blue | 420.72 | | | | 420.72 | 1293.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION OF BEBTELOVIMAB W MONITORING | M0222 | HCPCS | | | | outpatient | | | 1362 | | 483.83 Corrections | Corrections | 1089.6 | 80 | | | 420.72 | 1293.9 | percent of total billed charges | |
| HC INJECTION OF BEBTELOVIMAB W MONITORING | M0222 | HCPCS | | | | outpatient | | | 1362 | | 483.83 First Health | First Health | 953.4 | 70 | | | 420.72 | 1293.9 | percent of total billed charges | |
| HC INJECTION OF BEBTELOVIMAB W MONITORING | M0222 | HCPCS | | | | outpatient | | | 1362 | | 483.83 Multiplan | Multiplan | 1089.6 | 80 | | | 420.72 | 1293.9 | percent of total billed charges | |
| HC INJECTION OF BEBTELOVIMAB W MONITORING | M0222 | HCPCS | | | | outpatient | | | 1362 | | 483.83 Managed Care Inc | Managed Care Inc | 1225.8 | 90 | | | 420.72 | 1293.9 | percent of total billed charges | |
| HC INJECTION OF BEBTELOVIMAB W MONITORING | M0222 | HCPCS | | | | outpatient | | | 1362 | | 483.83 Horizon | PPO | 814.09 | | | | 420.72 | 1293.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION OF BEBTELOVIMAB W MONITORING | M0222 | HCPCS | | | | outpatient | | | 1362 | | 483.83 Horizon | Indemnity | 814.09 | | | | 420.72 | 1293.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION OF BEBTELOVIMAB W MONITORING | M0222 | HCPCS | | | | outpatient | | | 1362 | | 483.83 Qualcare | Qualcare | 1021.5 | 75 | | | 420.72 | 1293.9 | percent of total billed charges | |
| HC INJECTION OF BEBTELOVIMAB W MONITORING | M0222 | HCPCS | | | | outpatient | | | 1362 | | 483.83 Three Rivers | Three Rivers | 1293.9 | 95 | | | 420.72 | 1293.9 | percent of total billed charges | |
| HC INJECTION OF BEBTELOVIMAB W MONITORING | M0222 | HCPCS | | | | outpatient | | | 1362 | | 483.83 Wellcare | Medicare | 420.72 | | | | 420.72 | 1293.9 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| HC INJECTION OF BEBTELOVIMAB W MONITORING | M0222 | HCPCS | | | | outpatient | | | 1362 | | 483.83 Wellcare | Medicaid | 429.71 | 31.55 | | | 420.72 | 1293.9 | percent of total billed charges | |
| HC INJECTION OF BEBTELOVIMAB W MONITORING | M0222 | HCPCS | | | | outpatient | | | 1362 | | 483.83 UHC | Medicaid | 429.71 | 31.55 | | | 420.72 | 1293.9 | percent of total billed charges | |
| HC INJECTION OF BEBTELOVIMAB W MONITORING | M0222 | HCPCS | | | | outpatient | | | 1362 | | 483.83 WellPoint | WellPoint | 438.29 | 32.18 | | | 420.72 | 1293.9 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD FOR TRANSFUSION, PER UNIT | P9010 | HCPCS | | | | inpatient | | | 1791 | | 280.36 Multiplan | Multiplan | 1432.8 | 80 | | | 67.44 | 1701.45 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD FOR TRANSFUSION, PER UNIT | P9010 | HCPCS | | | | inpatient | | | 1791 | | 280.36 Aetna | Medicare | 243.79 | | | | 67.44 | 1701.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG WHOLE BLOOD FOR TRANSFUSION, PER UNIT | P9010 | HCPCS | | | | inpatient | | | 1791 | | 280.36 Amerihealth | Medicare | 243.79 | | | | 67.44 | 1701.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG WHOLE BLOOD FOR TRANSFUSION, PER UNIT | P9010 | HCPCS | | | | inpatient | | | 1791 | | 280.36 First Trenton | First Trenton | 1611.9 | 90 | | | 67.44 | 1701.45 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD FOR TRANSFUSION, PER UNIT | P9010 | HCPCS | | | | inpatient | | | 1791 | | 280.36 UHC | Medicare | 243.79 | | | | 67.44 | 1701.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG WHOLE BLOOD FOR TRANSFUSION, PER UNIT | P9010 | HCPCS | | | | inpatient | | | 1791 | | 280.36 Aetna | Better Health | 565.06 | 31.55 | | | 67.44 | 1701.45 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD FOR TRANSFUSION, PER UNIT | P9010 | HCPCS | | | | inpatient | | | 1791 | | 280.36 Consumer | Consumer | 1701.45 | 95 | | | 67.44 | 1701.45 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD FOR TRANSFUSION, PER UNIT | P9010 | HCPCS | | | | inpatient | | | 1791 | | 280.36 Americare | Americare | 1343.25 | 75 | | | 67.44 | 1701.45 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD FOR TRANSFUSION, PER UNIT | P9010 | HCPCS | | | | inpatient | | | 1791 | | 280.36 Qualcare | Qualcare | 1343.25 | 75 | | | 67.44 | 1701.45 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD FOR TRANSFUSION, PER UNIT | P9010 | HCPCS | | | | inpatient | | | 1791 | | 280.36 Horizon | MGD | 471.73 | | | | 67.44 | 1701.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG WHOLE BLOOD FOR TRANSFUSION, PER UNIT | P9010 | HCPCS | | | | inpatient | | | 1791 | | 280.36 First Health | First Health | 1253.7 | 70 | | | 67.44 | 1701.45 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD FOR TRANSFUSION, PER UNIT | P9010 | HCPCS | | | | inpatient | | | 1791 | | 280.36 Managed Care Inc | Managed Care Inc | 1611.9 | 90 | | | 67.44 | 1701.45 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD FOR TRANSFUSION, PER UNIT | P9010 | HCPCS | | | | inpatient | | | 1791 | | 280.36 Wellcare | Medicare | 243.79 | | | | 67.44 | 1701.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG WHOLE BLOOD FOR TRANSFUSION, PER UNIT | P9010 | HCPCS | | | | inpatient | | | 1791 | | 280.36 Horizon | PPO | 471.73 | | | | 67.44 | 1701.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG WHOLE BLOOD FOR TRANSFUSION, PER UNIT | P9010 | HCPCS | | | | inpatient | | | 1791 | | 280.36 Corrections | Corrections | 1432.8 | 80 | | | 67.44 | 1701.45 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD FOR TRANSFUSION, PER UNIT | P9010 | HCPCS | | | | inpatient | | | 1791 | | 280.36 Amerihealth | HMO/PPO | 164.99 | | | | 67.44 | 1701.45 | fee schedule | |
| BKR CHG WHOLE BLOOD FOR TRANSFUSION, PER UNIT | P9010 | HCPCS | | | | inpatient | | | 1791 | | 280.36 UHC | Medicaid | 565.06 | 31.55 | | | 67.44 | 1701.45 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD FOR TRANSFUSION, PER UNIT | P9010 | HCPCS | | | | inpatient | | | 1791 | | 280.36 WellPoint | WellPoint | 576.34 | 32.18 | | | 67.44 | 1701.45 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD FOR TRANSFUSION, PER UNIT | P9010 | HCPCS | | | | inpatient | | | 1791 | | 280.36 Wellcare | Medicaid | 565.06 | 31.55 | | | 67.44 | 1701.45 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD FOR TRANSFUSION, PER UNIT | P9010 | HCPCS | | | | inpatient | | | 1791 | | 280.36 Three Rivers | Three Rivers | 1701.45 | 95 | | | 67.44 | 1701.45 | percent of total billed charges | |
| BKR CHG WHOLE BLOOD FOR TRANSFUSION, PER UNIT | P9010 | HCPCS | | | | inpatient | | | 1791 | | 280.36 Horizon | Medicare Blue | 243.79 | | | | 67.44 | 1701.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG WHOLE BLOOD FOR TRANSFUSION, PER UNIT | P9010 | HCPCS | | | | inpatient | | | 1791 | | 280.36 Horizon | Indemnity | 471.73 | | | | 67.44 | 1701.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG WHOLE BLOOD FOR TRANSFUSION, PER UNIT | P9010 | HCPCS | | | | inpatient | | | 1791 | | 280.36 Horizon | NJ Health | 67.44 | | | | 67.44 | 1701.45 | fee schedule | |
| BKR CHG PEDIATRIC BLOOD UNITS/EA BAG | P9011 | HCPCS | | | | both | | | 479 | | 205.77 Consumer | Consumer | 455.05 | 95 | | | 17.35 | 455.05 | percent of total billed charges | |
| BKR CHG PEDIATRIC BLOOD UNITS/EA BAG | P9011 | HCPCS | | | | both | | | 479 | | 205.77 Amerihealth | HMO/PPO | 140.04 | | | | 17.35 | 455.05 | fee schedule | |
| BKR CHG PEDIATRIC BLOOD UNITS/EA BAG | P9011 | HCPCS | | | | both | | | 479 | | 205.77 Horizon | MGD | 346.23 | | | | 17.35 | 455.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PEDIATRIC BLOOD UNITS/EA BAG | P9011 | HCPCS | | | | both | | | 479 | | 205.77 Aetna | Better Health | 151.12 | 31.55 | | | 17.35 | 455.05 | percent of total billed charges | |
| BKR CHG PEDIATRIC BLOOD UNITS/EA BAG | P9011 | HCPCS | | | | both | | | 479 | | 205.77 First Health | First Health | 335.3 | 70 | | | 17.35 | 455.05 | percent of total billed charges | |
| BKR CHG PEDIATRIC BLOOD UNITS/EA BAG | P9011 | HCPCS | | | | both | | | 479 | | 205.77 Americare | Americare | 359.25 | 75 | | | 17.35 | 455.05 | percent of total billed charges | |
| BKR CHG PEDIATRIC BLOOD UNITS/EA BAG | P9011 | HCPCS | | | | both | | | 479 | | 205.77 UHC | Medicare | 178.93 | | | | 17.35 | 455.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PEDIATRIC BLOOD UNITS/EA BAG | P9011 | HCPCS | | | | both | | | 479 | | 205.77 Multiplan | Multiplan | 383.2 | 80 | | | 17.35 | 455.05 | percent of total billed charges | |
| BKR CHG PEDIATRIC BLOOD UNITS/EA BAG | P9011 | HCPCS | | | | both | | | 479 | | 205.77 Amerihealth | Medicare | 178.93 | | | | 17.35 | 455.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PEDIATRIC BLOOD UNITS/EA BAG | P9011 | HCPCS | | | | both | | | 479 | | 205.77 Aetna | Medicare | 178.93 | | | | 17.35 | 455.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PEDIATRIC BLOOD UNITS/EA BAG | P9011 | HCPCS | | | | both | | | 479 | | 205.77 First Trenton | First Trenton | 431.1 | 90 | | | 17.35 | 455.05 | percent of total billed charges | |
| BKR CHG PEDIATRIC BLOOD UNITS/EA BAG | P9011 | HCPCS | | | | both | | | 479 | | 205.77 Qualcare | Qualcare | 359.25 | 75 | | | 17.35 | 455.05 | percent of total billed charges | |
| BKR CHG PEDIATRIC BLOOD UNITS/EA BAG | P9011 | HCPCS | | | | both | | | 479 | | 205.77 Horizon | Indemnity | 346.23 | | | | 17.35 | 455.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PEDIATRIC BLOOD UNITS/EA BAG | P9011 | HCPCS | | | | both | | | 479 | | 205.77 Corrections | Corrections | 383.2 | 80 | | | 17.35 | 455.05 | percent of total billed charges | |
| BKR CHG PEDIATRIC BLOOD UNITS/EA BAG | P9011 | HCPCS | | | | both | | | 479 | | 205.77 Horizon | Medicare Blue | 178.93 | | | | 17.35 | 455.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PEDIATRIC BLOOD UNITS/EA BAG | P9011 | HCPCS | | | | both | | | 479 | | 205.77 Horizon | PPO | 346.23 | | | | 17.35 | 455.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PEDIATRIC BLOOD UNITS/EA BAG | P9011 | HCPCS | | | | both | | | 479 | | 205.77 UHC | Medicaid | 151.12 | 31.55 | | | 17.35 | 455.05 | percent of total billed charges | |
| BKR CHG PEDIATRIC BLOOD UNITS/EA BAG | P9011 | HCPCS | | | | both | | | 479 | | 205.77 Wellcare | Medicare | 178.93 | | | | 17.35 | 455.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PEDIATRIC BLOOD UNITS/EA BAG | P9011 | HCPCS | | | | both | | | 479 | | 205.77 Horizon | NJ Health | 96.41 | | | | 17.35 | 455.05 | fee schedule | |
| BKR CHG PEDIATRIC BLOOD UNITS/EA BAG | P9011 | HCPCS | | | | both | | | 479 | | 205.77 WellPoint | WellPoint | 154.14 | 32.18 | | | 17.35 | 455.05 | percent of total billed charges | |
| BKR CHG PEDIATRIC BLOOD UNITS/EA BAG | P9011 | HCPCS | | | | both | | | 479 | | 205.77 Wellcare | Medicaid | 151.12 | 31.55 | | | 17.35 | 455.05 | percent of total billed charges | |
| BKR CHG PEDIATRIC BLOOD UNITS/EA BAG | P9011 | HCPCS | | | | both | | | 479 | | 205.77 Managed Care Inc | Managed Care Inc | 431.1 | 90 | | | 17.35 | 455.05 | percent of total billed charges | |
| BKR CHG PEDIATRIC BLOOD UNITS/EA BAG | P9011 | HCPCS | | | | both | | | 479 | | 205.77 Three Rivers | Three Rivers | 455.05 | 95 | | | 17.35 | 455.05 | percent of total billed charges | |
| BKR CHG POOLED CRY OPPT (5) | P9012 | HCPCS | | | | both | | | 1200 | | 82.64 Multiplan | Multiplan | 960 | 80 | | | 56.26 | 1140 | percent of total billed charges | |
| BKR CHG POOLED CRY OPPT (5) | P9012 | HCPCS | | | | both | | | 1200 | | 82.64 Horizon | Medicare Blue | 71.86 | | | | 56.26 | 1140 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG POOLED CRY OPPT (5) | P9012 | HCPCS | | | | both | | | 1200 | | 82.64 Americare | Americare | 900 | 75 | | | 56.26 | 1140 | percent of total billed charges | |
| BKR CHG POOLED CRY OPPT (5) | P9012 | HCPCS | | | | both | | | 1200 | | 82.64 Aetna | Better Health | 378.6 | 31.55 | | | 56.26 | 1140 | percent of total billed charges | |
| BKR CHG POOLED CRY OPPT (5) | P9012 | HCPCS | | | | both | | | 1200 | | 82.64 Corrections | Corrections | 960 | 80 | | | 56.26 | 1140 | percent of total billed charges | |
| BKR CHG POOLED CRY OPPT (5) | P9012 | HCPCS | | | | both | | | 1200 | | 82.64 Amerihealth | Medicare | 71.86 | | | | 56.26 | 1140 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG POOLED CRY OPPT (5) | P9012 | HCPCS | | | | both | | | 1200 | | 82.64 First Trenton | First Trenton | 1080 | 90 | | | 56.26 | 1140 | percent of total billed charges | |
| BKR CHG POOLED CRY OPPT (5) | P9012 | HCPCS | | | | both | | | 1200 | | 82.64 Aetna | Medicare | 71.86 | | | | 56.26 | 1140 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG POOLED CRY OPPT (5) | P9012 | HCPCS | | | | both | | | 1200 | | 82.64 Qualcare | Qualcare | 900 | 75 | | | 56.26 | 1140 | percent of total billed charges | |
| BKR CHG POOLED CRY OPPT (5) | P9012 | HCPCS | | | | both | | | 1200 | | 82.64 Consumer | Consumer | 1140 | 95 | | | 56.26 | 1140 | percent of total billed charges | |
| BKR CHG POOLED CRY OPPT (5) | P9012 | HCPCS | | | | both | | | 1200 | | 82.64 Amerihealth | HMO/PPO | 56.26 | | | | 56.26 | 1140 | fee schedule | |
| BKR CHG POOLED CRY OPPT (5) | P9012 | HCPCS | | | | both | | | 1200 | | 82.64 Horizon | PPO | 135.05 | | | | 56.26 | 1140 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG POOLED CRY OPPT (5) | P9012 | HCPCS | | | | both | | | 1200 | | 82.64 Wellcare | Medicare | 71.86 | | | | 56.26 | 1140 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG POOLED CRY OPPT (5) | P9012 | HCPCS | | | | both | | | 1200 | | 82.64 Wellcare | Medicaid | 378.6 | 31.55 | | | 56.26 | 1140 | percent of total billed charges | |
| BKR CHG POOLED CRY OPPT (5) | P9012 | HCPCS | | | | both | | | 1200 | | 82.64 Managed Care Inc | Managed Care Inc | 1080 | 90 | | | 56.26 | 1140 | percent of total billed charges | |
| BKR CHG POOLED CRY OPPT (5) | P9012 | HCPCS | | | | both | | | 1200 | | 82.64 First Health | First Health | 840 | 70 | | | 56.26 | 1140 | percent of total billed charges | |
| BKR CHG POOLED CRY OPPT (5) | P9012 | HCPCS | | | | both | | | 1200 | | 82.64 Horizon | Indemnity | 139.05 | | | | 56.26 | 1140 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG POOLED CRY OPPT (5) | P9012 | HCPCS | | | | both | | | 1200 | | 82.64 WellPoint | WellPoint | 386.16 | 32.18 | | | 56.26 | 1140 | percent of total billed charges | |
| BKR CHG POOLED CRY OPPT (5) | P9012 | HCPCS | | | | both | | | 1200 | | 82.64 Three Rivers | Three Rivers | 1140 | 95 | | | 56.26 | 1140 | percent of total billed charges | |
| BKR CHG POOLED CRY OPPT (5) | P9012 | HCPCS | | | | both | | | 1200 | | 82.64 Horizon | MGD | 139.05 | | | | 56.26 | 1140 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG POOLED CRY OPPT (5) | P9012 | HCPCS | | | | both | | | 1200 | | 82.64 UHC | Medicaid | 378.6 | 31.55 | | | 56.26 | 1140 | percent of total billed charges | |
| BKR CHG POOLED CRY OPPT (5) | P9012 | HCPCS | | | | both | | | 1200 | | 82.64 UHC | Medicare | 71.86 | | | | 56.26 | 1140 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC LEUKOCYTE REDUCED | P9016 | HCPCS | | | | both | | | 1008 | | 249.61 Aetna | Better Health | 318.02 | 31.55 | | | 197.16 | 957.6 | percent of total billed charges | |
| BKR CHG RBC LEUKOCYTE REDUCED | P9016 | HCPCS | | | | both | | | 1008 | | 249.61 Amerihealth | HMO/PPO | 197.16 | | | | 197.16 | 957.6 | fee schedule | |
| BKR CHG RBC LEUKOCYTE REDUCED | P9016 | HCPCS | | | | both | | | 1008 | | 249.61 Aetna | Medicare | 217.05 | | | | 197.16 | 957.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC LEUKOCYTE REDUCED | P9016 | HCPCS | | | | both | | | 1008 | | 249.61 UHC | Medicare | 217.05 | | | 148.35 | 197.16 | 957.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC LEUKOCYTE REDUCED | P9016 | HCPCS | | | | both | | | 1008 | | 249.61 Corrections | Corrections | 806.4 | 80 | | 80.59 | 197.16 | 957.6 | percent of total billed charges | |
| BKR CHG RBC LEUKOCYTE REDUCED | P9016 | HCPCS | | | | both | | | 1008 | | 249.61 First Trenton | First Trenton | 907.2 | 90 | | | 197.16 | 957.6 | percent of total billed charges | |
| BKR CHG RBC LEUKOCYTE REDUCED | P9016 | HCPCS | | | | both | | | 1008 | | 249.61 Americare | Americare | 756 | 75 | | | 197.16 | 957.6 | percent of total billed charges | |
| BKR CHG RBC LEUKOCYTE REDUCED | P9016 | HCPCS | | | | both | | | 1008 | | 249.61 Amerihealth | Medicare | 217.05 | | | | 197.16 | 957.6 | other

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG RBC LEUKOCYTE REDUCED | P9016 | HCPCS | | | | both | | | 1008 | | 249.61 Wellcare | Medicare | 217.05 | | | 94.91 | 197.16 | | 957.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC LEUKOCYTE REDUCED | P9016 | HCPCS | | | | both | | | 1008 | | 249.61 UHC | Medicaid | 318.02 | 31.55 | | 253.28 | 197.16 | | 957.6 percent of total billed charges | |
| BKR CHG RBC LEUKOCYTE REDUCED | P9016 | HCPCS | | | | both | | | 1008 | | 249.61 Managed Care Inc | Managed Care Inc | 907.2 | 90 | | | 197.16 | | 957.6 percent of total billed charges | |
| BKR CHG RBC LEUKOCYTE REDUCED | P9016 | HCPCS | | | | both | | | 1008 | | 249.61 Horizon | MGD | 419.99 | | | 260.09 | 197.16 | | 957.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC LEUKOCYTE REDUCED | P9016 | HCPCS | | | | both | | | 1008 | | 249.61 Horizon | Indemnity | 419.99 | | | 211.17 | 197.16 | | 957.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC LEUKOCYTE REDUCED | P9016 | HCPCS | | | | both | | | 1008 | | 249.61 Qualcare | Qualcare | 756 | 75 | | | 197.16 | | 957.6 percent of total billed charges | |
| BKR CHG RBC LEUKOCYTE REDUCED | P9016 | HCPCS | | | | both | | | 1008 | | 249.61 Horizon | Medicare Blue | 217.05 | | | 257.65 | 197.16 | | 957.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC LEUKOCYTE REDUCED | P9016 | HCPCS | | | | both | | | 1008 | | 249.61 WellPoint | WellPoint | 324.37 | 32.18 | | 170.76 | 197.16 | | 957.6 percent of total billed charges | |
| BKR CHG RBC LEUKOCYTE REDUCED | P9016 | HCPCS | | | | both | | | 1008 | | 249.61 Three Rivers | Three Rivers | 957.6 | 95 | | | 197.16 | | 957.6 percent of total billed charges | |
| BKR CHG RBC LEUKOCYTE REDUCED | P9016 | HCPCS | | | | both | | | 1008 | | 249.61 Horizon | PPO | 419.99 | | | 152.6 | 197.16 | | 957.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC LEUKOCYTE REDUCED | P9016 | HCPCS | | | | both | | | 1008 | | 249.61 Wellcare | Medicaid | 318.02 | 31.55 | | 282.88 | 197.16 | | 957.6 percent of total billed charges | |
| BKR CHG FRESH FROZEN PLASMA | P9017 | HCPCS | | | | both | | | 268 | | 110.38 Americare | Americare | 201 | 75 | | | 78.23 | | 254.6 percent of total billed charges | |
| BKR CHG FRESH FROZEN PLASMA | P9017 | HCPCS | | | | both | | | 268 | | 110.38 Aetna | Better Health | 84.55 | 31.55 | | | 78.23 | | 254.6 percent of total billed charges | |
| BKR CHG FRESH FROZEN PLASMA | P9017 | HCPCS | | | | both | | | 268 | | 110.38 Amerihealth | Medicare | 95.98 | | | | 78.23 | | 254.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FRESH FROZEN PLASMA | P9017 | HCPCS | | | | both | | | 268 | | 110.38 First Trenton | First Trenton | 241.2 | 90 | | | 78.23 | | 254.6 percent of total billed charges | |
| BKR CHG FRESH FROZEN PLASMA | P9017 | HCPCS | | | | both | | | 268 | | 110.38 Qualcare | Qualcare | 201 | 75 | | | 78.23 | | 254.6 percent of total billed charges | |
| BKR CHG FRESH FROZEN PLASMA | P9017 | HCPCS | | | | both | | | 268 | | 110.38 Aetna | Medicare | 95.98 | | | | 78.23 | | 254.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FRESH FROZEN PLASMA | P9017 | HCPCS | | | | both | | | 268 | | 110.38 Consumer | Consumer | 254.6 | 95 | | | 78.23 | | 254.6 percent of total billed charges | |
| BKR CHG FRESH FROZEN PLASMA | P9017 | HCPCS | | | | both | | | 268 | | 110.38 Horizon | Indemnity | 185.72 | | | | 78.23 | | 254.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FRESH FROZEN PLASMA | P9017 | HCPCS | | | | both | | | 268 | | 110.38 Multiplan | Multiplan | 214.4 | 80 | | | 78.23 | | 254.6 percent of total billed charges | |
| BKR CHG FRESH FROZEN PLASMA | P9017 | HCPCS | | | | both | | | 268 | | 110.38 Horizon | Medicare Blue | 95.98 | | | | 78.23 | | 254.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FRESH FROZEN PLASMA | P9017 | HCPCS | | | | both | | | 268 | | 110.38 UHC | Medicare | 95.98 | | | 44.01 | 78.23 | | 254.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FRESH FROZEN PLASMA | P9017 | HCPCS | | | | both | | | 268 | | 110.38 Horizon | PPO | 185.72 | | | | 78.23 | | 254.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FRESH FROZEN PLASMA | P9017 | HCPCS | | | | both | | | 268 | | 110.38 Three Rivers | Three Rivers | 254.6 | 95 | | | 78.23 | | 254.6 percent of total billed charges | |
| BKR CHG FRESH FROZEN PLASMA | P9017 | HCPCS | | | | both | | | 268 | | 110.38 Amerihealth | HMO/PPO | 78.23 | | | | 78.23 | | 254.6 fee schedule | |
| BKR CHG FRESH FROZEN PLASMA | P9017 | HCPCS | | | | both | | | 268 | | 110.38 Corrections | Corrections | 214.4 | 80 | | | 78.23 | | 254.6 percent of total billed charges | |
| BKR CHG FRESH FROZEN PLASMA | P9017 | HCPCS | | | | both | | | 268 | | 110.38 Managed Care Inc | Managed Care Inc | 241.2 | 90 | | | 78.23 | | 254.6 percent of total billed charges | |
| BKR CHG FRESH FROZEN PLASMA | P9017 | HCPCS | | | | both | | | 268 | | 110.38 Wellcare | Medicare | 95.98 | | | | 78.23 | | 254.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FRESH FROZEN PLASMA | P9017 | HCPCS | | | | both | | | 268 | | 110.38 UHC | Medicaid | 84.55 | 31.55 | | 75.79 | 78.23 | | 254.6 percent of total billed charges | |
| BKR CHG FRESH FROZEN PLASMA | P9017 | HCPCS | | | | both | | | 268 | | 110.38 First Health | First Health | 187.6 | 70 | | | 78.23 | | 254.6 percent of total billed charges | |
| BKR CHG FRESH FROZEN PLASMA | P9017 | HCPCS | | | | both | | | 268 | | 110.38 WellPoint | WellPoint | 86.24 | 32.18 | | | 78.23 | | 254.6 percent of total billed charges | |
| BKR CHG FRESH FROZEN PLASMA | P9017 | HCPCS | | | | both | | | 268 | | 110.38 Horizon | MGD | 185.72 | | | | 78.23 | | 254.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG FRESH FROZEN PLASMA | P9017 | HCPCS | | | | both | | | 268 | | 110.38 Wellcare | Medicaid | 84.55 | 31.55 | | | 78.23 | | 254.6 percent of total billed charges | |
| BKR CHG RVPLT|REDUCED VOL PLATE.CONCEN | P9019 | HCPCS | | | | outpatient | | | 3911 | | 89.78 Aetna | Better Health | 1233.92 | 31.55 | | | 78.07 | | 3715.45 percent of total billed charges | |
| BKR CHG RVPLT|REDUCED VOL PLATE.CONCEN | P9019 | HCPCS | | | | outpatient | | | 3911 | | 89.78 Aetna | Medicare | 78.07 | | | | 78.07 | | 3715.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RVPLT|REDUCED VOL PLATE.CONCEN | P9019 | HCPCS | | | | outpatient | | | 3911 | | 89.78 Americare | Americare | 2933.25 | 75 | | | 78.07 | | 3715.45 percent of total billed charges | |
| BKR CHG RVPLT|REDUCED VOL PLATE.CONCEN | P9019 | HCPCS | | | | outpatient | | | 3911 | | 89.78 Amerihealth | HMO/PPO | 102.38 | | | | 78.07 | | 3715.45 fee schedule | |
| BKR CHG RVPLT|REDUCED VOL PLATE.CONCEN | P9019 | HCPCS | | | | outpatient | | | 3911 | | 89.78 Wellcare | Medicare | 78.07 | | | | 78.07 | | 3715.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RVPLT|REDUCED VOL PLATE.CONCEN | P9019 | HCPCS | | | | outpatient | | | 3911 | | 89.78 Amerihealth | Medicare | 78.07 | | | | 78.07 | | 3715.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RVPLT|REDUCED VOL PLATE.CONCEN | P9019 | HCPCS | | | | outpatient | | | 3911 | | 89.78 Qualcare | Qualcare | 2933.25 | 75 | | | 78.07 | | 3715.45 percent of total billed charges | |
| BKR CHG RVPLT|REDUCED VOL PLATE.CONCEN | P9019 | HCPCS | | | | outpatient | | | 3911 | | 89.78 UHC | Medicaid | 1233.92 | 31.55 | | | 78.07 | | 3715.45 percent of total billed charges | |
| BKR CHG RVPLT|REDUCED VOL PLATE.CONCEN | P9019 | HCPCS | | | | outpatient | | | 3911 | | 89.78 Consumer | Consumer | 3715.45 | 95 | | | 78.07 | | 3715.45 percent of total billed charges | |
| BKR CHG RVPLT|REDUCED VOL PLATE.CONCEN | P9019 | HCPCS | | | | outpatient | | | 3911 | | 89.78 First Trenton | First Trenton | 3519.9 | 90 | | | 78.07 | | 3715.45 percent of total billed charges | |
| BKR CHG RVPLT|REDUCED VOL PLATE.CONCEN | P9019 | HCPCS | | | | outpatient | | | 3911 | | 89.78 Multiplan | Multiplan | 3128.8 | 80 | | | 78.07 | | 3715.45 percent of total billed charges | |
| BKR CHG RVPLT|REDUCED VOL PLATE.CONCEN | P9019 | HCPCS | | | | outpatient | | | 3911 | | 89.78 First Health | First Health | 2737.7 | 70 | | | 78.07 | | 3715.45 percent of total billed charges | |
| BKR CHG RVPLT|REDUCED VOL PLATE.CONCEN | P9019 | HCPCS | | | | outpatient | | | 3911 | | 89.78 WellPoint | WellPoint | 1258.56 | 32.18 | | | 78.07 | | 3715.45 percent of total billed charges | |
| BKR CHG RVPLT|REDUCED VOL PLATE.CONCEN | P9019 | HCPCS | | | | outpatient | | | 3911 | | 89.78 Horizon | MGD | 151.07 | | | | 78.07 | | 3715.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RVPLT|REDUCED VOL PLATE.CONCEN | P9019 | HCPCS | | | | outpatient | | | 3911 | | 89.78 UHC | Medicare | 78.07 | | | | 78.07 | | 3715.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RVPLT|REDUCED VOL PLATE.CONCEN | P9019 | HCPCS | | | | outpatient | | | 3911 | | 89.78 Wellcare | Medicaid | 1233.92 | 31.55 | | | 78.07 | | 3715.45 percent of total billed charges | |
| BKR CHG RVPLT|REDUCED VOL PLATE.CONCEN | P9019 | HCPCS | | | | outpatient | | | 3911 | | 89.78 Corrections | Corrections | 3128.8 | 80 | | | 78.07 | | 3715.45 percent of total billed charges | |
| BKR CHG RVPLT|REDUCED VOL PLATE.CONCEN | P9019 | HCPCS | | | | outpatient | | | 3911 | | 89.78 Managed Care Inc | Managed Care Inc | 3519.9 | 90 | | | 78.07 | | 3715.45 percent of total billed charges | |
| BKR CHG RVPLT|REDUCED VOL PLATE.CONCEN | P9019 | HCPCS | | | | outpatient | | | 3911 | | 89.78 Three Rivers | Three Rivers | 3715.45 | 95 | | | 78.07 | | 3715.45 percent of total billed charges | |
| BKR CHG RVPLT|REDUCED VOL PLATE.CONCEN | P9019 | HCPCS | | | | outpatient | | | 3911 | | 89.78 Horizon | Indemnity | 151.07 | | | | 78.07 | | 3715.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RVPLT|REDUCED VOL PLATE.CONCEN | P9019 | HCPCS | | | | outpatient | | | 3911 | | 89.78 Horizon | Medicare Blue | 78.07 | | | | 78.07 | | 3715.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RVPLT|REDUCED VOL PLATE.CONCEN | P9019 | HCPCS | | | | outpatient | | | 3911 | | 89.78 Horizon | PPO | 151.07 | | | | 78.07 | | 3715.45 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELET RICH PLASMA | P9020 | HCPCS | | | | both | | | 2121 | | 757.56 Amerihealth | HMO/PPO | 139.72 | | | | 139.72 | | 2014.95 fee schedule | |
| BKR CHG PLATELET RICH PLASMA | P9020 | HCPCS | | | | both | | | 2121 | | 757.56 Aetna | Better Health | 669.18 | 31.55 | | | 139.72 | | 2014.95 percent of total billed charges | |
| BKR CHG PLATELET RICH PLASMA | P9020 | HCPCS | | | | both | | | 2121 | | 757.56 Amerihealth | Medicare | 658.75 | | | | 139.72 | | 2014.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELET RICH PLASMA | P9020 | HCPCS | | | | both | | | 2121 | | 757.56 Multiplan | Multiplan | 1696.8 | 80 | | | 139.72 | | 2014.95 percent of total billed charges | |
| BKR CHG PLATELET RICH PLASMA | P9020 | HCPCS | | | | both | | | 2121 | | 757.56 Aetna | Medicare | 658.75 | | | 222.84 | 139.72 | | 2014.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELET RICH PLASMA | P9020 | HCPCS | | | | both | | | 2121 | | 757.56 Consumer | Consumer | 2014.95 | 95 | | | 139.72 | | 2014.95 percent of total billed charges | |
| BKR CHG PLATELET RICH PLASMA | P9020 | HCPCS | | | | both | | | 2121 | | 757.56 Horizon | Medicare Blue | 658.75 | | | | 139.72 | | 2014.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELET RICH PLASMA | P9020 | HCPCS | | | | both | | | 2121 | | 757.56 Corrections | Corrections | 1696.8 | 80 | | | 139.72 | | 2014.95 percent of total billed charges | |
| BKR CHG PLATELET RICH PLASMA | P9020 | HCPCS | | | | both | | | 2121 | | 757.56 First Health | First Health | 1484.7 | 70 | | | 139.72 | | 2014.95 percent of total billed charges | |
| BKR CHG PLATELET RICH PLASMA | P9020 | HCPCS | | | | both | | | 2121 | | 757.56 Americare | Americare | 1590.75 | 75 | | | 139.72 | | 2014.95 percent of total billed charges | |
| BKR CHG PLATELET RICH PLASMA | P9020 | HCPCS | | | | both | | | 2121 | | 757.56 UHC | Medicare | 658.75 | | | | 139.72 | | 2014.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELET RICH PLASMA | P9020 | HCPCS | | | | both | | | 2121 | | 757.56 Qualcare | Qualcare | 1590.75 | 75 | | | 139.72 | | 2014.95 percent of total billed charges | |
| BKR CHG PLATELET RICH PLASMA | P9020 | HCPCS | | | | both | | | 2121 | | 757.56 Three Rivers | Three Rivers | 2014.95 | 95 | | | 139.72 | | 2014.95 percent of total billed charges | |
| BKR CHG PLATELET RICH PLASMA | P9020 | HCPCS | | | | both | | | 2121 | | 757.56 Horizon | MGD | 1274.68 | | | | 139.72 | | 2014.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELET RICH PLASMA | P9020 | HCPCS | | | | both | | | 2121 | | 757.56 Wellcare | Medicaid | 669.18 | 31.55 | | | 139.72 | | 2014.95 percent of total billed charges | |
| BKR CHG PLATELET RICH PLASMA | P9020 | HCPCS | | | | both | | | 2121 | | 757.56 First Trenton | First Trenton | 1908.9 | 90 | | | 139.72 | | 2014.95 percent of total billed charges | |
| BKR CHG PLATELET RICH PLASMA | P9020 | HCPCS | | | | both | | | 2121 | | 757.56 UHC | Medicaid | 669.18 | 31.55 | | | 139.72 | | 2014.95 percent of total billed charges | |
| BKR CHG PLATELET RICH PLASMA | P9020 | HCPCS | | | | both | | | 2121 | | 757.56 Horizon | Indemnity | 1274.68 | | | | 139.72 | | 2014.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELET RICH PLASMA | P9020 | HCPCS | | | | both | | | 2121 | | 757.56 Wellcare | Medicare | 658.75 | | | | 139.72 | | 2014.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELET RICH PLASMA | P9020 | HCPCS | | | | both | | | 2121 | | 757.56 Horizon | PPO | 1274.68 | | | | 139.72 | | 2014.95 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELET RICH PLASMA | P9020 | HCPCS | | | | both | | | 2121 | | 757.56 Managed Care Inc | Managed Care Inc | 1908.9 | 90 | | | 139.72 | | 2014.95 percent of total billed charges | |
| BKR CHG PLATELET RICH PLASMA | P9020 | HCPCS | | | | both | | | 2121 | | 757.56 WellPoint | WellPoint | 682.54 | 32.18 | | | 139.72 | | 2014.95 percent of total billed charges | |
| BKR CHG RED BLOOD CELLS EA(PACKED CELL) | P9021 | HCPCS | | | | outpatient | | | 1008 | | 188.44 Aetna | Better Health | 318.02 | 31.55 | | | 151.04 | | 957.6 percent of total billed charges | |
| BKR CHG RED BLOOD CELLS EA(PACKED CELL) | P9021 | HCPCS | | | | outpatient | | | 1008 | | 188.44 Amerihealth | Medicare | 163.86 | | | | 151.04 | | 957.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RED BLOOD CELLS EA(PACKED CELL) | P9021 | HCPCS | | | | outpatient | | | 1008 | | 188.44 First Health | First Health | 705.6 | 70 | | | 151.04 | | 957.6 percent of total billed charges | |
| BKR CHG RED BLOOD CELLS EA(PACKED CELL) | P9021 | HCPCS | | | | outpatient | | | 1008 | | 188.44 Aetna | Medicare | 163.86 | | | | 151.04 | | 957.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RED BLOOD CELLS EA(PACKED CELL) | P9021 | HCPCS | | | | outpatient | | | 1008 | | 188.44 Corrections | Corrections | 806.4 | 80 | | | 151.04 | | 957.6 percent of total billed charges | |
| BKR CHG RED BLOOD CELLS EA(PACKED CELL) | P9021 | HCPCS | | | | outpatient | | | 1008 | | 188.44 UHC | Medicare | 163.86 | | | | 151.04 | | 957.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RED BLOOD CELLS EA(PACKED CELL) | P9021 | HCPCS | | | | outpatient | | | 1008 | | 188.44 Horizon | MGD | 317.07 | | | | 151.04 | | 957.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RED BLOOD CELLS EA(PACKED CELL) | P9021 | HCPCS | | | | outpatient | | | 1008 | | 188.44 Americare | Americare | 756 | 75 | | | 151.04 | | 957.6 percent of total billed charges | |
| BKR CHG RED BLOOD CELLS EA(PACKED CELL) | P9021 | HCPCS | | | | outpatient | | | 1008 | | 188.44 Consumer | Consumer | 957.6 | 95 | | | 151.04 | | 957.6 percent of total billed charges | |
| BKR CHG RED BLOOD CELLS EA(PACKED CELL) | P9021 | HCPCS | | | | outpatient | | | 1008 | | 188.44 Horizon | Indemnity | 317.07 | | | | 151.04 | | 957.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RED BLOOD CELLS EA(PACKED CELL) | P9021 | HCPCS | | | | outpatient | | | 1008 | | 188.44 Multiplan | Multiplan | 806.4 | 80 | | | 151.04 | | 957.6 percent of total billed charges | |
| BKR CHG RED BLOOD CELLS EA(PACKED CELL) | P9021 | HCPCS | | | | outpatient | | | 1008 | | 188.44 Amerihealth | HMO/PPO | 151.04 | | | | 151.04 | | 957.6 fee schedule | |
| BKR CHG RED BLOOD CELLS EA(PACKED CELL) | P9021 | HCPCS | | | | outpatient | | | 1008 | | 188.44 Horizon | PPO | 317.07 | | | | 151.04 | | 957.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RED BLOOD CELLS EA(PACKED CELL) | P9021 | HCPCS | | | | outpatient | | | 1008 | | 188.44 Wellcare | Medicaid | 318.02 | 31.55 | | | 151.04 | | 957.6 percent of total billed charges | |
| BKR CHG RED BLOOD CELLS EA(PACKED CELL) | P9021 | HCPCS | | | | outpatient | | | 1008 | | 188.44 Qualcare | Qualcare | 756 | 75 | | | 151.04 | | 957.6 percent of total billed charges | |
| BKR CHG RED BLOOD CELLS EA(PACKED CELL) | P9021 | HCPCS | | | | outpatient | | | 1008 | | 188.44 Horizon | Medicare Blue | 163.86 | | | | 151.04 | | 957.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RED BLOOD CELLS EA(PACKED CELL) | P9021 | HCPCS | | | | outpatient | | | 1008 | | 188.44 First Trenton | First Trenton | 907.2 | 90 | | | 151.04 | | 957.6 percent of total billed charges | |
| BKR CHG RED BLOOD CELLS EA(PACKED CELL) | P9021 | HCPCS | | | | outpatient | | | 1008 | | 188.44 UHC | Medicaid | 318.02 | 31.55 | | | 151.04 | | 957.6 percent of total billed charges | |
| BKR CHG RED BLOOD CELLS EA(PACKED CELL) | P9021 | HCPCS | | | | outpatient | | | 1008 | | 188.44 Wellcare | Medicare | 163.86 | | | | 151.04 | | 957.6 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RED BLOOD CELLS EA(PACKED CELL) | P9021 | HCPCS | | | | outpatient | | | 1008 | | 188.44 Managed Care Inc | Managed Care Inc | 907.2 | 90 | | | 151.04 | | 957.6 percent of total billed charges | |
| BKR CHG RED BLOOD CELLS EA(PACKED CELL) | P9021 | HCPCS | | | | outpatient | | | 1008 | | 188.44 WellPoint | WellPoint | 324.37 | 32.18 | | | 151.04 | | 957.6 percent of total billed charges | |
| BKR CHG RED BLOOD CELLS EA(PACKED CELL) | P9021 | HCPCS | | | | outpatient | | | 1008 | | 188.44 Three Rivers | Three Rivers | 957.6 | 95 | | | 151.04 | | 957.6 percent of total billed charges | |
| BKR CHG WASHED RBCS | P9022 | HCPCS | | | | outpatient | | | 1245 | | 548.18 Amerihealth | Medicare | 476.68 | | | | 365.37 | | 1182.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG WASHED RBCS | P9022 | HCPCS | | | | outpatient | | | 1245 | | 548.18 Amerihealth | HMO/PPO | 365.37 | | | | 365.37 | | 1182.75 fee schedule | |
| BKR CHG WASHED RBCS | P9022 | HCPCS | | | | outpatient | | | 1245 | | 548.18 Aetna | Better Health | 392.8 | 31.55 | | | 365.37 | | 1182.75 percent of total billed charges | |
| BKR CHG WASHED RBCS | P9022 | HCPCS | | | | outpatient | | | 1245 | | 548.18 Horizon | Medicare Blue | 476.68 | | | | 365.37 | | 1182.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG WASHED RBCS | P9022 | HCPCS | | | | outpatient | | | 1245 | | 548.18 Americare | Americare | 933.75 | 75 | | | 365.37 | | 1182.75 percent of total billed charges | |
| BKR CHG WASHED RBCS | P9022 | HCPCS | | | | outpatient | | | 1245 | | 548.18 Horizon | PPO | 922.38 | | | | 365.37 | | 1182.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG WASHED RBCS | P9022 | HCPCS | | | | outpatient | | | 1245 | | 548.18 First Health | First Health | 871.5 | 70 | | | 365.37 | | 1182.75 percent of total billed charges | |
| BKR CHG WASHED RBCS | P9022 | HCPCS | | | | outpatient | | | 1245 | | 548.18 Aetna | Medicare | 476.68 | | | | 365.37 | | 1182.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG WASHED RBCS | P9022 | HCPCS | | | | outpatient | | | 1245 | | 548.18 Corrections | Corrections | 996 | 80 | | | 365.37 | | 1182.75 percent of total billed charges | |
| BKR CHG WASHED RBCS | P9022 | HCPCS | | | | outpatient | | | 1245 | | 548.18 Horizon | MGD | 922.38 | | | | 365.37 | | 1182.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG WASHED RBCS | P9022 | HCPCS | | | | outpatient | | | 1245 | | 548.18 UHC | Medicare | 476.68 | | | | 365.37 | | 1182.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG WASHED RBCS | P9022 | HCPCS | | | | outpatient | | | 1245 | | 548.18 Multiplan | Multiplan | 996 | 80 | | | 365.37 | | 1182.75 percent of total billed charges | |
| BKR CHG WASHED RBCS | P9022 | HCPCS | | | | outpatient | | | 1245 | | 548.18 Consumer | Consumer | 1182.75 | 95 | | | 365.37 | | 1182.75 percent of total billed charges | |
| BKR CHG WASHED RBCS | P9022 | HCPCS | | | | outpatient | | | 1245 | | 548.18 WellPoint | WellPoint | 400.64 | 32.18 | | | 365.37 | | 1182.75 percent of total billed charges | |
| BKR CHG WASHED RBCS | P9022 | HCPCS | | | | outpatient | | | 1245 | | 548.18 Wellcare | Medicare | 476.68 | | | | 365.37 | | 1182.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG WASHED RBCS | P9022 | HCPCS | | | | outpatient | | | 1245 | | 548.18 Wellcare | Medicaid | 392.8 | 31.55 | | | 365.37 | | 1182.75 percent of total billed charges | |
| BKR CHG WASHED RBCS | P9022 | HCPCS | | | | outpatient | | | 1245 | | 548.18 Horizon | Indemnity | 922.38 | | | | 365.37 | | 1182.75 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG WASHED RBCS | P9022 | HCPCS | | | | outpatient | | | 1245 | | 548.18 UHC | Medicaid | 392.8 | 31.55 | | | 365.37 | | 1182.75 percent of total billed charges | |
| BKR CHG WASHED RBCS | P9022 | HCPCS | | | | outpatient | | | 1245 | | 548.18 First Trenton | First Trenton | 1120.5 | 90 | | | 365.37 | | 1182.75 percent of total billed charges | |
| BKR CHG WASHED RBCS | P9022 | HCPCS | | | | outpatient | | | 1245 | | 548.18 Qualcare | Qualcare | 933.75 | 75 | | | 365.37 | | 1182.75 percent of total billed charges | |
| BKR CHG WASHED RBCS | P9022 | HCPCS | | | | outpatient | | | 1245 | | 548.18 Managed Care Inc | Managed Care Inc | 1120.5 | 90 | | | 365.37 | | 1182.75 percent of total billed charges | |
| BKR CHG WASHED RBCS | P9022 | HCPCS | | | | outpatient | | | 1245 | | 548.18 Three Rivers | Three Rivers | 1182.75 | 95 | | | 365.37 | | 1182.75 percent of total billed charges | |
| BKR CHG SD-PLASMA EACH UNIT | P9023 | HCPCS | | | | outpatient | | | 2038 | | 83.46 Horizon | Indemnity | 140.42 | | | | 70.9 | | 1936.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SD-PLASMA EACH UNIT | P9023 | HCPCS | | | | outpatient | | | 2038 | | 83.46 Aetna | Medicare | 72.57 | | | | 70.9 | | 1936.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SD-PLASMA EACH UNIT | P9023 | HCPCS | | | | outpatient | | | 2038 | | 83.46 Aetna | Better Health | 642.99 | 31.55 | | | 70.9 | | 1936.1 percent of total billed charges | |
| BKR CHG SD-PLASMA EACH UNIT | P9023 | HCPCS | | | | outpatient | | | 2038 | | 83.46 UHC | Medicare | 72.57 | | | | 70.9 | | 1936.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SD-PLASMA EACH UNIT | P9023 | HCPCS | | | | outpatient | | | 2038 | | 83.46 First Health | First Health | 1426.6 | 70 | | | 70.9 | | 1936.1 percent of total billed charges | |
| BKR CHG SD-PLASMA EACH UNIT | P9023 | HCPCS | | | | outpatient | | | 2038 | | 83.46 Americare | Americare | 1528.5 | 75 | | | 70.9 | | 1936.1 percent of total billed charges | |
| BKR CHG SD-PLASMA EACH UNIT | P9023 | HCPCS | | | | outpatient | | | 2038 | | 83.46 Corrections | Corrections | 1630.4 | 80 | | | 70.9 | | 1936.1 percent of total billed charges | |
| BKR CHG SD-PLASMA EACH UNIT | P9023 | HCPCS | | | | outpatient | | | 2038 | | 83.46 Amerihealth | Medicare | 72.57 | | | | 70.9 | | 1936.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SD-PLASMA EACH UNIT | P9023 | HCPCS | | | | outpatient | | | 2038 | | 83.46 Horizon | PPO | 140.42 | | | | 70.9 | | 1936.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SD-PLASMA EACH UNIT | P9023 | HCPCS | | | | outpatient | | | 2038 | | 83.46 First Trenton | First Trenton | 1834.2 | 90 | | | 70.9 | | 1936.1 percent of total billed charges | |
| BKR CHG SD-PLASMA EACH UNIT | P9023 | HCPCS | | | | outpatient | | | 2038 | | 83.46 Consumer | Consumer | 1936.1 | 95 | | | 70.9 | | 1936.1 percent of total billed charges | |
| BKR CHG SD-PLASMA EACH UNIT | P9023 | HCPCS | | | | outpatient | | | 2038 | | 83.46 Multiplan | Multiplan | 1630.4 | 80 | | | 70.9 | | 1936.1 percent of total billed charges | |
| BKR CHG SD-PLASMA EACH UNIT | P9023 | HCPCS | | | | outpatient | | | 2038 | | 83.46 Horizon | Medicare Blue | 72.57 | | | | 70.9 | | 1936.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SD-PLASMA EACH UNIT | P9023 | HCPCS | | | | outpatient | | | 2038 | | 83.46 Amerihealth | HMO/PPO | 70.9 | | | | 70.9 | | 1936.1 fee schedule | |
| BKR CHG SD-PLASMA EACH UNIT | P9023 | HCPCS | | | | outpatient | | | 2038 | | 83.46 Wellcare | Medicare | 72.57 | | | | 70.9 | | 1936.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SD-PLASMA EACH UNIT | P9023 | HCPCS | | | | outpatient | | | 2038 | | 83.46 Qualcare | Qualcare | 1528.5 | 75 | | | 70.9 | | 1936.1 percent of total billed charges | |
| BKR CHG SD-PLASMA EACH UNIT | P9023 | HCPCS | | | | outpatient | | | 2038 | | 83.46 UHC | Medicaid | 642.99 | 31.55 | | | 70.9 | | 1936.1 percent of total billed charges | |
| BKR CHG SD-PLASMA EACH UNIT | P9023 | HCPCS | | | | outpatient | | | 2038 | | 83.46 Horizon | MGD | 140.42 | | | | 70.9 | | 1936.1 other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SD-PLASMA EACH UNIT | P9023 | HCPCS | | | | outpatient | | | 2038 | | 83.46 Three Rivers | Three Rivers | 1936.1 | 95 | | | 70.9 | | 1936.1 percent of total billed charges | |
| BKR CHG SD-PLASMA EACH UNIT | P9023 | HCPCS | | | | outpatient | | | 2038 | | 83.46 Managed Care Inc | Managed Care Inc | 1834.2 | 90 | | | 70.9 | | 1936.1 percent of total billed charges | |
| BKR CHG SD-PLASMA EACH UNIT | P9023 | HCPCS | | | | outpatient | | | 2036 | | 83.46 WellPoint | WellPoint | 655.83 | 32.18 | | | 70.9 | | 1936.1 percent of total billed charges | |
| BKR CHG SD-PLASMA EACH UNIT | P9023 | HCPCS | | | | outpatient | | | 2038 | | 83.46 Wellcare | Medicaid | 642.99 | 31.55 | | | 70.9 | | 1936.1 percent of total billed charges | |
| BKR CHG PLATELET LEUKO FILTER | P9031 | HCPCS | | | | outpatient | | | 478 | | 180.67 Amerihealth | HMO/PPO | 133.4 | | | | 83.29 | | 454.1 fee schedule | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG PLATELET LEUKO FILTER | P9031 | HCPCS | | | | outpatient | | | 478 | 180.67 | Aetna | Better Health | 150.81 | 31.55 | | | 83.29 | 454.1 | percent of total billed charges | |
| BKR CHG PLATELET LEUKO FILTER | P9031 | HCPCS | | | | outpatient | | | 478 | 180.67 | Horizon | Medicare Blue | 157.1 | | | | 83.29 | 454.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELET LEUKO FILTER | P9031 | HCPCS | | | | outpatient | | | 478 | 180.67 | Horizon | Indemnity | 303.99 | | | | 83.29 | 454.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELET LEUKO FILTER | P9031 | HCPCS | | | | outpatient | | | 478 | 180.67 | Wellcare | Medicaid | 150.81 | 31.55 | | | 83.29 | 454.1 | percent of total billed charges | |
| BKR CHG PLATELET LEUKO FILTER | P9031 | HCPCS | | | | outpatient | | | 478 | 180.67 | Corrections | Corrections | 382.4 | 80 | | | 83.29 | 454.1 | percent of total billed charges | |
| BKR CHG PLATELET LEUKO FILTER | P9031 | HCPCS | | | | outpatient | | | 478 | 180.67 | Managed Care Inc | Managed Care Inc | 430.2 | 90 | | | 83.29 | 454.1 | percent of total billed charges | |
| BKR CHG PLATELET LEUKO FILTER | P9031 | HCPCS | | | | outpatient | | | 478 | 180.67 | Multiplan | Multiplan | 382.4 | 80 | | | 83.29 | 454.1 | percent of total billed charges | |
| BKR CHG PLATELET LEUKO FILTER | P9031 | HCPCS | | | | outpatient | | | 478 | 180.67 | Wellcare | Medicare | 157.1 | | | | 83.29 | 454.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELET LEUKO FILTER | P9031 | HCPCS | | | | outpatient | | | 478 | 180.67 | Americare | Americare | 358.5 | 75 | | | 83.29 | 454.1 | percent of total billed charges | |
| BKR CHG PLATELET LEUKO FILTER | P9031 | HCPCS | | | | outpatient | | | 478 | 180.67 | Horizon | PPO | 303.99 | | | | 83.29 | 454.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELET LEUKO FILTER | P9031 | HCPCS | | | | outpatient | | | 478 | 180.67 | Horizon | MGD | 303.99 | | | | 83.29 | 454.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELET LEUKO FILTER | P9031 | HCPCS | | | | outpatient | | | 478 | 180.67 | Qualcare | Qualcare | 358.5 | 75 | | | 83.29 | 454.1 | percent of total billed charges | |
| BKR CHG PLATELET LEUKO FILTER | P9031 | HCPCS | | | | outpatient | | | 478 | 180.67 | Consumer | Consumer | 454.1 | 95 | | | 83.29 | 454.1 | percent of total billed charges | |
| BKR CHG PLATELET LEUKO FILTER | P9031 | HCPCS | | | | outpatient | | | 478 | 180.67 | UHC | Medicaid | 150.81 | 31.55 | | | 83.29 | 454.1 | percent of total billed charges | |
| BKR CHG PLATELET LEUKO FILTER | P9031 | HCPCS | | | | outpatient | | | 478 | 180.67 | Three Rivers | Three Rivers | 454.1 | 95 | | | 83.29 | 454.1 | percent of total billed charges | |
| BKR CHG PLATELET LEUKO FILTER | P9031 | HCPCS | | | | outpatient | | | 478 | 180.67 | UHC | Medicare | 157.1 | | | | 83.29 | 454.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELET LEUKO FILTER | P9031 | HCPCS | | | | outpatient | | | 478 | 180.67 | WellPoint | WellPoint | 153.82 | 32.18 | | | 83.29 | 454.1 | percent of total billed charges | |
| BKR CHG PLATELETS IRRADIATED | P9032 | HCPCS | | | | outpatient | | | 649 | 184.09 | Horizon | MGD | 309.75 | | | | 160.08 | 616.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELETS IRRADIATED | P9032 | HCPCS | | | | outpatient | | | 649 | 184.09 | Amerihealth | Medicare | 160.08 | | | | 160.08 | 616.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELETS IRRADIATED | P9032 | HCPCS | | | | outpatient | | | 649 | 184.09 | Aetna | Medicare | 160.08 | | | | 160.08 | 616.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELETS IRRADIATED | P9032 | HCPCS | | | | outpatient | | | 649 | 184.09 | Consumer | Consumer | 616.55 | 95 | | | 160.08 | 616.55 | percent of total billed charges | |
| BKR CHG PLATELETS IRRADIATED | P9032 | HCPCS | | | | outpatient | | | 649 | 184.09 | UHC | Medicaid | 204.76 | 31.55 | | | 160.08 | 616.55 | percent of total billed charges | |
| BKR CHG PLATELETS IRRADIATED | P9032 | HCPCS | | | | outpatient | | | 649 | 184.09 | Americare | Americare | 486.75 | 75 | | | 160.08 | 616.55 | percent of total billed charges | |
| BKR CHG PLATELETS IRRADIATED | P9032 | HCPCS | | | | outpatient | | | 649 | 184.09 | Aetna | Better Health | 204.76 | 31.55 | | | 160.08 | 616.55 | percent of total billed charges | |
| BKR CHG PLATELETS IRRADIATED | P9032 | HCPCS | | | | outpatient | | | 649 | 184.09 | Corrections | Corrections | 519.2 | 80 | | | 160.08 | 616.55 | percent of total billed charges | |
| BKR CHG PLATELETS IRRADIATED | P9032 | HCPCS | | | | outpatient | | | 649 | 184.09 | Amerihealth | HMO/PPO | 177.62 | | | | 160.08 | 616.55 | fee schedule | |
| BKR CHG PLATELETS IRRADIATED | P9032 | HCPCS | | | | outpatient | | | 649 | 184.09 | Horizon | Indemnity | 309.75 | | | | 160.08 | 616.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELETS IRRADIATED | P9032 | HCPCS | | | | outpatient | | | 649 | 184.09 | Multiplan | Multiplan | 519.2 | 80 | | | 160.08 | 616.55 | percent of total billed charges | |
| BKR CHG PLATELETS IRRADIATED | P9032 | HCPCS | | | | outpatient | | | 649 | 184.09 | First Trenton | First Trenton | 584.1 | 90 | | | 160.08 | 616.55 | percent of total billed charges | |
| BKR CHG PLATELETS IRRADIATED | P9032 | HCPCS | | | | outpatient | | | 649 | 184.09 | First Health | First Health | 454.3 | 70 | | | 160.08 | 616.55 | percent of total billed charges | |
| BKR CHG PLATELETS IRRADIATED | P9032 | HCPCS | | | | outpatient | | | 649 | 184.09 | Wellcare | Medicare | 160.08 | | | | 160.08 | 616.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELETS IRRADIATED | P9032 | HCPCS | | | | outpatient | | | 649 | 184.09 | Qualcare | Qualcare | 486.75 | 75 | | | 160.08 | 616.55 | percent of total billed charges | |
| BKR CHG PLATELETS IRRADIATED | P9032 | HCPCS | | | | outpatient | | | 649 | 184.09 | Horizon | PPO | 309.75 | | | | 160.08 | 616.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELETS IRRADIATED | P9032 | HCPCS | | | | outpatient | | | 649 | 184.09 | Horizon | Medicare Blue | 160.08 | | | | 160.08 | 616.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELETS IRRADIATED | P9032 | HCPCS | | | | outpatient | | | 649 | 184.09 | Managed Care Inc | Managed Care Inc | 584.1 | 90 | | | 160.08 | 616.55 | percent of total billed charges | |
| BKR CHG PLATELETS IRRADIATED | P9032 | HCPCS | | | | outpatient | | | 649 | 184.09 | UHC | Medicare | 160.08 | | | | 160.08 | 616.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELETS IRRADIATED | P9032 | HCPCS | | | | outpatient | | | 649 | 184.09 | WellPoint | WellPoint | 208.85 | 32.18 | | | 160.08 | 616.55 | percent of total billed charges | |
| BKR CHG PLATELETS IRRADIATED | P9032 | HCPCS | | | | outpatient | | | 649 | 184.09 | Wellcare | Medicaid | 204.76 | 31.55 | | | 160.08 | 616.55 | percent of total billed charges | |
| BKR CHG PLATELETS IRRADIATED | P9032 | HCPCS | | | | outpatient | | | 649 | 184.09 | Three Rivers | Three Rivers | 616.55 | 95 | | | 160.08 | 616.55 | percent of total billed charges | |
| BKR CHG PLATELETS LEUKOREDUCED IRRAD | P9033 | HCPCS | | | | outpatient | | | 2134 | 318.35 | Multiplan | Multiplan | 1707.2 | 80 | | | 171.97 | 2027.3 | percent of total billed charges | |
| BKR CHG PLATELETS LEUKOREDUCED IRRAD | P9033 | HCPCS | | | | outpatient | | | 2134 | 318.35 | First Trenton | First Trenton | 1920.6 | 90 | | | 171.97 | 2027.3 | percent of total billed charges | |
| BKR CHG PLATELETS LEUKOREDUCED IRRAD | P9033 | HCPCS | | | | outpatient | | | 2134 | 318.35 | Consumer | Consumer | 2027.3 | 95 | | | 171.97 | 2027.3 | percent of total billed charges | |
| BKR CHG PLATELETS LEUKOREDUCED IRRAD | P9033 | HCPCS | | | | outpatient | | | 2134 | 318.35 | Aetna | Medicare | 276.83 | | | | 171.97 | 2027.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELETS LEUKOREDUCED IRRAD | P9033 | HCPCS | | | | outpatient | | | 2134 | 318.35 | Aetna | Better Health | 673.28 | 31.55 | | | 171.97 | 2027.3 | percent of total billed charges | |
| BKR CHG PLATELETS LEUKOREDUCED IRRAD | P9033 | HCPCS | | | | outpatient | | | 2134 | 318.35 | Amerihealth | HMO/PPO | 171.97 | | | | 171.97 | 2027.3 | fee schedule | |
| BKR CHG PLATELETS LEUKOREDUCED IRRAD | P9033 | HCPCS | | | | outpatient | | | 2134 | 318.35 | Americare | Americare | 1600.5 | 75 | | | 171.97 | 2027.3 | percent of total billed charges | |
| BKR CHG PLATELETS LEUKOREDUCED IRRAD | P9033 | HCPCS | | | | outpatient | | | 2134 | 318.35 | Horizon | MGD | 535.67 | | | | 171.97 | 2027.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELETS LEUKOREDUCED IRRAD | P9033 | HCPCS | | | | outpatient | | | 2134 | 318.35 | Qualcare | Qualcare | 1600.5 | 75 | | | 171.97 | 2027.3 | percent of total billed charges | |
| BKR CHG PLATELETS LEUKOREDUCED IRRAD | P9033 | HCPCS | | | | outpatient | | | 2134 | 318.35 | Horizon | Medicare Blue | 276.83 | | | | 171.97 | 2027.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELETS LEUKOREDUCED IRRAD | P9033 | HCPCS | | | | outpatient | | | 2134 | 318.35 | Corrections | Corrections | 1707.2 | 80 | | | 171.97 | 2027.3 | percent of total billed charges | |
| BKR CHG PLATELETS LEUKOREDUCED IRRAD | P9033 | HCPCS | | | | outpatient | | | 2134 | 318.35 | Amerihealth | Medicare | 276.83 | | | | 171.97 | 2027.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELETS LEUKOREDUCED IRRAD | P9033 | HCPCS | | | | outpatient | | | 2134 | 318.35 | Horizon | PPO | 535.67 | | | | 171.97 | 2027.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELETS LEUKOREDUCED IRRAD | P9033 | HCPCS | | | | outpatient | | | 2134 | 318.35 | Managed Care Inc | Managed Care Inc | 1920.6 | 90 | | | 171.97 | 2027.3 | percent of total billed charges | |
| BKR CHG PLATELETS LEUKOREDUCED IRRAD | P9033 | HCPCS | | | | outpatient | | | 2134 | 318.35 | Three Rivers | Three Rivers | 2027.3 | 95 | | | 171.97 | 2027.3 | percent of total billed charges | |
| BKR CHG PLATELETS LEUKOREDUCED IRRAD | P9033 | HCPCS | | | | outpatient | | | 2134 | 318.35 | First Health | First Health | 1493.8 | 70 | | | 171.97 | 2027.3 | percent of total billed charges | |
| BKR CHG PLATELETS LEUKOREDUCED IRRAD | P9033 | HCPCS | | | | outpatient | | | 2134 | 318.35 | UHC | Medicaid | 673.28 | 31.55 | | | 171.97 | 2027.3 | percent of total billed charges | |
| BKR CHG PLATELETS LEUKOREDUCED IRRAD | P9033 | HCPCS | | | | outpatient | | | 2134 | 318.35 | Horizon | Indemnity | 535.67 | | | | 171.97 | 2027.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELETS LEUKOREDUCED IRRAD | P9033 | HCPCS | | | | outpatient | | | 2134 | 318.35 | UHC | Medicare | 276.83 | | | | 171.97 | 2027.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELETS LEUKOREDUCED IRRAD | P9033 | HCPCS | | | | outpatient | | | 2134 | 318.35 | Wellcare | Medicaid | 673.28 | 31.55 | | | 171.97 | 2027.3 | percent of total billed charges | |
| BKR CHG PLATELETS LEUKOREDUCED IRRAD | P9033 | HCPCS | | | | outpatient | | | 2134 | 318.35 | Wellcare | Medicare | 276.83 | | | | 171.97 | 2027.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELETS LEUKOREDUCED IRRAD | P9033 | HCPCS | | | | outpatient | | | 2134 | 318.35 | WellPoint | WellPoint | 686.72 | 32.18 | | | 171.97 | 2027.3 | percent of total billed charges | |
| BKR CHG PLATELETS PHERESIS WASHED | P9034 | HCPCS | | | | outpatient | | | 2472 | 444.29 | Aetna | Medicare | 386.34 | | | | 386.34 | 2348.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELETS PHERESIS WASHED | P9034 | HCPCS | | | | outpatient | | | 2472 | 444.29 | First Trenton | First Trenton | 2224.8 | 90 | | | 386.34 | 2348.4 | percent of total billed charges | |
| BKR CHG PLATELETS PHERESIS WASHED | P9034 | HCPCS | | | | outpatient | | | 2472 | 444.29 | Horizon | Medicare Blue | 386.34 | | | | 386.34 | 2348.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELETS PHERESIS WASHED | P9034 | HCPCS | | | | outpatient | | | 2472 | 444.29 | First Health | First Health | 1730.4 | 70 | | | 386.34 | 2348.4 | percent of total billed charges | |
| BKR CHG PLATELETS PHERESIS WASHED | P9034 | HCPCS | | | | outpatient | | | 2472 | 444.29 | Americare | Americare | 1854 | 75 | | | 386.34 | 2348.4 | percent of total billed charges | |
| BKR CHG PLATELETS PHERESIS WASHED | P9034 | HCPCS | | | | outpatient | | | 2472 | 444.29 | Corrections | Corrections | 1977.6 | 80 | | | 386.34 | 2348.4 | percent of total billed charges | |
| BKR CHG PLATELETS PHERESIS WASHED | P9034 | HCPCS | | | | outpatient | | | 2472 | 444.29 | Aetna | Better Health | 779.92 | 31.55 | | | 386.34 | 2348.4 | percent of total billed charges | |
| BKR CHG PLATELETS PHERESIS WASHED | P9034 | HCPCS | | | | outpatient | | | 2472 | 444.29 | Consumer | Consumer | 2348.4 | 95 | | | 386.34 | 2348.4 | percent of total billed charges | |
| BKR CHG PLATELETS PHERESIS WASHED | P9034 | HCPCS | | | | outpatient | | | 2472 | 444.29 | Horizon | MGD | 747.57 | | | | 386.34 | 2348.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELETS PHERESIS WASHED | P9034 | HCPCS | | | | outpatient | | | 2472 | 444.29 | Managed Care Inc | Managed Care Inc | 2224.8 | 90 | | | 386.34 | 2348.4 | percent of total billed charges | |
| BKR CHG PLATELETS PHERESIS WASHED | P9034 | HCPCS | | | | outpatient | | | 2472 | 444.29 | Horizon | PPO | 747.57 | | | | 386.34 | 2348.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELETS PHERESIS WASHED | P9034 | HCPCS | | | | outpatient | | | 2472 | 444.29 | Multiplan | Multiplan | 1977.6 | 80 | | | 386.34 | 2348.4 | percent of total billed charges | |
| BKR CHG PLATELETS PHERESIS WASHED | P9034 | HCPCS | | | | outpatient | | | 2472 | 444.29 | Amerihealth | HMO/PPO | 437.23 | | | | 386.34 | 2348.4 | fee schedule | |
| BKR CHG PLATELETS PHERESIS WASHED | P9034 | HCPCS | | | | outpatient | | | 2472 | 444.29 | Three Rivers | Three Rivers | 2348.4 | 95 | | | 386.34 | 2348.4 | percent of total billed charges | |
| BKR CHG PLATELETS PHERESIS WASHED | P9034 | HCPCS | | | | outpatient | | | 2472 | 444.29 | WellPoint | WellPoint | 795.49 | 32.18 | | | 386.34 | 2348.4 | percent of total billed charges | |
| BKR CHG PLATELETS PHERESIS WASHED | P9034 | HCPCS | | | | outpatient | | | 2472 | 444.29 | Horizon | Indemnity | 747.57 | | | | 386.34 | 2348.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELETS PHERESIS WASHED | P9034 | HCPCS | | | | outpatient | | | 2472 | 444.29 | UHC | Medicare | 386.34 | | | | 386.34 | 2348.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELETS PHERESIS WASHED | P9034 | HCPCS | | | | outpatient | | | 2472 | 444.29 | Qualcare | Qualcare | 1854 | 75 | | | 386.34 | 2348.4 | percent of total billed charges | |
| BKR CHG PLATELETS PHERESIS WASHED | P9034 | HCPCS | | | | outpatient | | | 2472 | 444.29 | Amerihealth | Medicare | 386.34 | | | | 386.34 | 2348.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELETS PHERESIS WASHED | P9034 | HCPCS | | | | outpatient | | | 2472 | 444.29 | UHC | Medicaid | 779.92 | 31.55 | | | 386.34 | 2348.4 | percent of total billed charges | |
| BKR CHG PLATELETS PHERESIS WASHED | P9034 | HCPCS | | | | outpatient | | | 2472 | 444.29 | Wellcare | Medicare | 386.34 | | | | 386.34 | 2348.4 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELETS PHERESIS WASHED | P9034 | HCPCS | | | | outpatient | | | 2472 | 444.29 | Wellcare | Medicaid | 779.92 | 31.55 | | | 386.34 | 2348.4 | percent of total billed charges | |
| BKR CHG SINGLE DONOR PLT/LR/LVDS | P9035 | HCPCS | | | | both | | | 2419 | 652 | Aetna | Medicare | 566.96 | | | | 45.75 | 2298.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SINGLE DONOR PLT/LR/LVDS | P9035 | HCPCS | | | | both | | | 2419 | 652 | Amerihealth | HMO/PPO | 530.44 | | | | 45.75 | 2298.05 | fee schedule | |
| BKR CHG SINGLE DONOR PLT/LR/LVDS | P9035 | HCPCS | | | | both | | | 2419 | 652 | Horizon | Medicare Blue | 566.96 | | | | 45.75 | 2298.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SINGLE DONOR PLT/LR/LVDS | P9035 | HCPCS | | | | both | | | 2419 | 652 | First Trenton | First Trenton | 2177.1 | 90 | | | 45.75 | 2298.05 | percent of total billed charges | |
| BKR CHG SINGLE DONOR PLT/LR/LVDS | P9035 | HCPCS | | | | both | | | 2419 | 652 | Americare | Americare | 1814.25 | 75 | | | 45.75 | 2298.05 | percent of total billed charges | |
| BKR CHG SINGLE DONOR PLT/LR/LVDS | P9035 | HCPCS | | | | both | | | 2419 | 652 | First Health | First Health | 1693.3 | 70 | | | 45.75 | 2298.05 | percent of total billed charges | |
| BKR CHG SINGLE DONOR PLT/LR/LVDS | P9035 | HCPCS | | | | both | | | 2419 | 652 | Aetna | Better Health | 763.19 | 31.55 | | | 45.75 | 2298.05 | percent of total billed charges | |
| BKR CHG SINGLE DONOR PLT/LR/LVDS | P9035 | HCPCS | | | | both | | | 2419 | 652 | Corrections | Corrections | 1935.2 | 80 | | | 45.75 | 2298.05 | percent of total billed charges | |
| BKR CHG SINGLE DONOR PLT/LR/LVDS | P9035 | HCPCS | | | | both | | | 2419 | 652 | Horizon | MGD | 1097.07 | | | | 45.75 | 2298.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SINGLE DONOR PLT/LR/LVDS | P9035 | HCPCS | | | | both | | | 2419 | 652 | Amerihealth | Medicare | 566.96 | | | | 45.75 | 2298.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SINGLE DONOR PLT/LR/LVDS | P9035 | HCPCS | | | | both | | | 2419 | 652 | Consumer | Consumer | 2298.05 | 95 | | | 45.75 | 2298.05 | percent of total billed charges | |
| BKR CHG SINGLE DONOR PLT/LR/LVDS | P9035 | HCPCS | | | | both | | | 2419 | 652 | Managed Care Inc | Managed Care Inc | 2177.1 | 90 | | | 45.75 | 2298.05 | percent of total billed charges | |
| BKR CHG SINGLE DONOR PLT/LR/LVDS | P9035 | HCPCS | | | | both | | | 2419 | 652 | Multiplan | Multiplan | 1935.2 | 80 | | | 45.75 | 2298.05 | percent of total billed charges | |
| BKR CHG SINGLE DONOR PLT/LR/LVDS | P9035 | HCPCS | | | | both | | | 2419 | 652 | UHC | Medicare | 566.96 | | | | 45.75 | 2298.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SINGLE DONOR PLT/LR/LVDS | P9035 | HCPCS | | | | both | | | 2419 | 652 | WellPoint | WellPoint | 778.43 | 32.18 | | 225.3 | 45.75 | 2298.05 | percent of total billed charges | |
| BKR CHG SINGLE DONOR PLT/LR/LVDS | P9035 | HCPCS | | | | both | | | 2419 | 652 | Horizon | PPO | 1097.07 | | | | 45.75 | 2298.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SINGLE DONOR PLT/LR/LVDS | P9035 | HCPCS | | | | both | | | 2419 | 652 | Qualcare | Qualcare | 1814.25 | 75 | | | 45.75 | 2298.05 | percent of total billed charges | |
| BKR CHG SINGLE DONOR PLT/LR/LVDS | P9035 | HCPCS | | | | both | | | 2419 | 652 | Horizon | Indemnity | 1097.07 | | | | 45.75 | 2298.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SINGLE DONOR PLT/LR/LVDS | P9035 | HCPCS | | | | both | | | 2419 | 652 | Three Rivers | Three Rivers | 2298.05 | 95 | | | 45.75 | 2298.05 | percent of total billed charges | |
| BKR CHG SINGLE DONOR PLT/LR/LVDS | P9035 | HCPCS | | | | both | | | 2419 | 652 | Wellcare | Medicaid | 763.19 | 31.55 | | 395.99 | 45.75 | 2298.05 | percent of total billed charges | |
| BKR CHG SINGLE DONOR PLT/LR/LVDS | P9035 | HCPCS | | | | both | | | 2419 | 652 | UHC | Medicaid | 763.19 | 31.55 | | | 45.75 | 2298.05 | percent of total billed charges | |
| BKR CHG SINGLE DONOR PLT/LR/LVDS | P9035 | HCPCS | | | | both | | | 2419 | 652 | Wellcare | Medicare | 566.96 | | | | 45.75 | 2298.05 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELETS PHERESIS IRRAD | P9036 | HCPCS | | | | outpatient | | | 2358 | 772.94 | Amerihealth | Medicare | 672.12 | | | | 590.53 | 2240.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELETS PHERESIS IRRAD | P9036 | HCPCS | | | | outpatient | | | 2358 | 772.94 | First Health | First Health | 1650.6 | 70 | | | 590.53 | 2240.1 | percent of total billed charges | |
| BKR CHG PLATELETS PHERESIS IRRAD | P9036 | HCPCS | | | | outpatient | | | 2358 | 772.94 | Aetna | Medicare | 672.12 | | | | 590.53 | 2240.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELETS PHERESIS IRRAD | P9036 | HCPCS | | | | outpatient | | | 2358 | 772.94 | First Trenton | First Trenton | 2122.2 | 90 | | | 590.53 | 2240.1 | percent of total billed charges | |
| BKR CHG PLATELETS PHERESIS IRRAD | P9036 | HCPCS | | | | outpatient | | | 2358 | 772.94 | Horizon | Medicare Blue | 672.12 | | | | 590.53 | 2240.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELETS PHERESIS IRRAD | P9036 | HCPCS | | | | outpatient | | | 2358 | 772.94 | Corrections | Corrections | 1886.4 | 80 | | | 590.53 | 2240.1 | percent of total billed charges | |
| BKR CHG PLATELETS PHERESIS IRRAD | P9036 | HCPCS | | | | outpatient | | | 2358 | 772.94 | Aetna | Better Health | 743.95 | 31.55 | | | 590.53 | 2240.1 | percent of total billed charges | |
| BKR CHG PLATELETS PHERESIS IRRAD | P9036 | HCPCS | | | | outpatient | | | 2358 | 772.94 | Amerihealth | HMO/PPO | 590.53 | | | | 590.53 | 2240.1 | fee schedule | |
| BKR CHG PLATELETS PHERESIS IRRAD | P9036 | HCPCS | | | | outpatient | | | 2358 | 772.94 | UHC | Medicare | 672.12 | | | | 590.53 | 2240.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELETS PHERESIS IRRAD | P9036 | HCPCS | | | | outpatient | | | 2358 | 772.94 | Multiplan | Multiplan | 1886.4 | 80 | | | 590.53 | 2240.1 | percent of total billed charges | |
| BKR CHG PLATELETS PHERESIS IRRAD | P9036 | HCPCS | | | | outpatient | | | 2358 | 772.94 | Horizon | MGD | 1300.55 | | | | 590.53 | 2240.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELETS PHERESIS IRRAD | P9036 | HCPCS | | | | outpatient | | | 2358 | 772.94 | Managed Care Inc | Managed Care Inc | 2122.2 | 90 | | | 590.53 | 2240.1 | percent of total billed charges | |
| BKR CHG PLATELETS PHERESIS IRRAD | P9036 | HCPCS | | | | outpatient | | | 2358 | 772.94 | Americare | Americare | 1768.5 | 75 | | | 590.53 | 2240.1 | percent of total billed charges | |
| BKR CHG PLATELETS PHERESIS IRRAD | P9036 | HCPCS | | | | outpatient | | | 2358 | 772.94 | Horizon | Indemnity | 1300.55 | | | | 590.53 | 2240.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELETS PHERESIS IRRAD | P9036 | HCPCS | | | | outpatient | | | 2358 | 772.94 | Consumer | Consumer | 2240.1 | 95 | | | 590.53 | 2240.1 | percent of total billed charges | |
| BKR CHG PLATELETS PHERESIS IRRAD | P9036 | HCPCS | | | | outpatient | | | 2358 | 772.94 | Wellcare | Medicaid | 743.95 | 31.55 | | | 590.53 | 2240.1 | percent of total billed charges | |
| BKR CHG PLATELETS PHERESIS IRRAD | P9036 | HCPCS | | | | outpatient | | | 2358 | 772.94 | Qualcare | Qualcare | 1768.5 | 75 | | | 590.53 | 2240.1 | percent of total billed charges | |
| BKR CHG PLATELETS PHERESIS IRRAD | P9036 | HCPCS | | | | outpatient | | | 2358 | 772.94 | Three Rivers | Three Rivers | 2240.1 | 95 | | | 590.53 | 2240.1 | percent of total billed charges | |
| BKR CHG PLATELETS PHERESIS IRRAD | P9036 | HCPCS | | | | outpatient | | | 2358 | 772.94 | Horizon | PPO | 1300.55 | | | | 590.53 | 2240.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELETS PHERESIS IRRAD | P9036 | HCPCS | | | | outpatient | | | 2358 | 772.94 | Wellcare | Medicare | 672.12 | | | | 590.53 | 2240.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELETS PHERESIS IRRAD | P9036 | HCPCS | | | | outpatient | | | 2358 | 772.94 | UHC | Medicaid | 743.95 | 31.55 | | | 590.53 | 2240.1 | percent of total billed charges | |
| BKR CHG PLATELETS PHERESIS IRRAD | P9036 | HCPCS | | | | outpatient | | | 2358 | 772.94 | WellPoint | WellPoint | 758.8 | 32.18 | | | 590.53 | 2240.1 | percent of total billed charges | |
| BKR CHG SINGLE DONOR PLT/LR/IRR/LVDS | P9037 | HCPCS | | | | inpatient | | | 3985 | 928.28 | Aetna | Medicare | 807.2 | | | | 486.5 | 3785.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SINGLE DONOR PLT/LR/IRR/LVDS | P9037 | HCPCS | | | | inpatient | | | 3985 | 928.28 | First Trenton | First Trenton | 3586.5 | 90 | | | 486.5 | 3785.75 | percent of total billed charges | |
| BKR CHG SINGLE DONOR PLT/LR/IRR/LVDS | P9037 | HCPCS | | | | inpatient | | | 3985 | 928.28 | Americare | Americare | 2988.75 | 75 | | | 486.5 | 3785.75 | percent of total billed charges | |
| BKR CHG SINGLE DONOR PLT/LR/IRR/LVDS | P9037 | HCPCS | | | | inpatient | | | 3985 | 928.28 | Aetna | Better Health | 1257.27 | 31.55 | | | 486.5 | 3785.75 | percent of total billed charges | |
| BKR CHG SINGLE DONOR PLT/LR/IRR/LVDS | P9037 | HCPCS | | | | inpatient | | | 3985 | 928.28 | Horizon | Medicare Blue | 807.2 | | | | 486.5 | 3785.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SINGLE DONOR PLT/LR/IRR/LVDS | P9037 | HCPCS | | | | inpatient | | | 3985 | 928.28 | Amerihealth | HMO/PPO | 686.88 | | | | 486.5 | 3785.75 | fee schedule | |
| BKR CHG SINGLE DONOR PLT/LR/IRR/LVDS | P9037 | HCPCS | | | | inpatient | | | 3985 | 928.28 | Amerihealth | Medicare | 807.2 | | | | 486.5 | 3785.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SINGLE DONOR PLT/LR/IRR/LVDS | P9037 | HCPCS | | | | inpatient | | | 3985 | 928.28 | UHC | Medicaid | 1257.27 | 31.55 | | | 486.5 | 3785.75 | percent of total billed charges | |
| BKR CHG SINGLE DONOR PLT/LR/IRR/LVDS | P9037 | HCPCS | | | | inpatient | | | 3985 | 928.28 | Horizon | MGD | 1561.93 | | | | 486.5 | 3785.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SINGLE DONOR PLT/LR/IRR/LVDS | P9037 | HCPCS | | | | inpatient | | | 3985 | 928.28 | Horizon | PPO | 1561.93 | | | | 486.5 | 3785.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SINGLE DONOR PLT/LR/IRR/LVDS | P9037 | HCPCS | | | | inpatient | | | 3985 | 928.28 | Three Rivers | Three Rivers | 3785.75 | 95 | | | 486.5 | 3785.75 | percent of total billed charges | |
| BKR CHG SINGLE DONOR PLT/LR/IRR/LVDS | P9037 | HCPCS | | | | inpatient | | | 3985 | 928.28 | UHC | Medicare | 807.2 | | | | 486.5 | 3785.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG SINGLE DONOR PLT/LR/IRR/LVDS | P9037 | HCPCS | | | | inpatient | | | 3985 | 928.28 | Multiplan | Multiplan | 3188 | 80 | | | 486.5 | 3785.75 | percent of total billed charges | |
| BKR CHG SINGLE DONOR PLT/LR/IRR/LVDS | P9037 | HCPCS | | | | inpatient | | | 3985 | 928.28 | First Health | First Health | 2789.5 | 70 | | | 486.5 | 3785.75 | percent of total billed charges | |
| BKR CHG SINGLE DONOR PLT/LR/IRR/LVDS | P9037 | HCPCS | | | | inpatient | | | 3985 | 928.28 | Consumer | Consumer | 3785.75 | 95 

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG SINGLE DONOR PLTI/LRIRR/LVDS | P9037 | HCPCS | | | | inpatient | | | 3585 | 928.28 | Managed Care Inc | Managed Care Inc | 3586.5 | 90 | | | 486.5 | 3785.75 | percent of total billed charges | |
| BKR CHG RBC IRRAD | P9038 | HCPCS | | | | outpatient | | | 1008 | 299.16 | Aetna | Medicare | 260.14 | | | | 232.3 | 957.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC IRRAD | P9038 | HCPCS | | | | outpatient | | | 1008 | 299.16 | First Health | First Health | 705.6 | 70 | | | 232.3 | 957.6 | percent of total billed charges | |
| BKR CHG RBC IRRAD | P9038 | HCPCS | | | | outpatient | | | 1008 | 299.16 | First Trenton | First Trenton | 907.2 | 90 | | | 232.3 | 957.6 | percent of total billed charges | |
| BKR CHG RBC IRRAD | P9038 | HCPCS | | | | outpatient | | | 1008 | 299.16 | Aetna | Better Health | 318.02 | 31.55 | | | 232.3 | 957.6 | percent of total billed charges | |
| BKR CHG RBC IRRAD | P9038 | HCPCS | | | | outpatient | | | 1008 | 299.16 | Americare | Americare | 756 | 75 | | | 232.3 | 957.6 | percent of total billed charges | |
| BKR CHG RBC IRRAD | P9038 | HCPCS | | | | outpatient | | | 1008 | 299.16 | Horizon | Indemnity | 503.37 | | | | 232.3 | 957.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC IRRAD | P9038 | HCPCS | | | | outpatient | | | 1008 | 299.16 | Corrections | Corrections | 806.4 | 80 | | | 232.3 | 957.6 | percent of total billed charges | |
| BKR CHG RBC IRRAD | P9038 | HCPCS | | | | outpatient | | | 1008 | 299.16 | Consumer | Consumer | 957.6 | 95 | | | 232.3 | 957.6 | percent of total billed charges | |
| BKR CHG RBC IRRAD | P9038 | HCPCS | | | | outpatient | | | 1008 | 299.16 | Horizon | MGD | 503.37 | | | | 232.3 | 957.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC IRRAD | P9038 | HCPCS | | | | outpatient | | | 1008 | 299.16 | Multiplan | Multiplan | 806.4 | 80 | | | 232.3 | 957.6 | percent of total billed charges | |
| BKR CHG RBC IRRAD | P9038 | HCPCS | | | | outpatient | | | 1008 | 299.16 | Managed Care Inc | Managed Care Inc | 907.2 | 90 | | | 232.3 | 957.6 | percent of total billed charges | |
| BKR CHG RBC IRRAD | P9038 | HCPCS | | | | outpatient | | | 1008 | 299.16 | Horizon | PPO | 503.37 | | | | 232.3 | 957.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC IRRAD | P9038 | HCPCS | | | | outpatient | | | 1008 | 299.16 | Amerihealth | HMO/PPO | 232.3 | | | | 232.3 | 957.6 | fee schedule | |
| BKR CHG RBC IRRAD | P9038 | HCPCS | | | | outpatient | | | 1008 | 299.16 | UHC | Medicaid | 318.02 | 31.55 | | | 232.3 | 957.6 | percent of total billed charges | |
| BKR CHG RBC IRRAD | P9038 | HCPCS | | | | outpatient | | | 1008 | 299.16 | Wellcare | Medicaid | 260.14 | | | | 232.3 | 957.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC IRRAD | P9038 | HCPCS | | | | outpatient | | | 1008 | 299.16 | Horizon | Medicare Blue | 260.14 | | | | 232.3 | 957.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC IRRAD | P9038 | HCPCS | | | | outpatient | | | 1008 | 299.16 | UHC | Medicare | 260.14 | | | | 232.3 | 957.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC IRRAD | P9038 | HCPCS | | | | outpatient | | | 1008 | 299.16 | Qualcare | Qualcare | 756 | 75 | | | 232.3 | 957.6 | percent of total billed charges | |
| BKR CHG RBC IRRAD | P9038 | HCPCS | | | | outpatient | | | 1008 | 299.16 | Three Rivers | Three Rivers | 957.6 | 95 | | | 232.3 | 957.6 | percent of total billed charges | |
| BKR CHG RBC IRRAD | P9038 | HCPCS | | | | outpatient | | | 1008 | 299.16 | WellPoint | WellPoint | 324.37 | 32.18 | | | 232.3 | 957.6 | percent of total billed charges | |
| BKR CHG RBC IRRAD | P9038 | HCPCS | | | | outpatient | | | 1008 | 299.16 | Amerihealth | Medicare | 260.14 | | | | 232.3 | 957.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC IRRAD | P9038 | HCPCS | | | | outpatient | | | 1008 | 299.16 | Wellcare | Medicaid | 318.02 | 31.55 | | | 232.3 | 957.6 | percent of total billed charges | |
| BKR CHG RBC REJUVENATED DEGLYCEROLIZED | P9039 | HCPCS | | | | inpatient | | | 1975 | 429.46 | First Trenton | First Trenton | 1777.5 | 90 | | | 373.44 | 1876.25 | percent of total billed charges | |
| BKR CHG RBC REJUVENATED DEGLYCEROLIZED | P9039 | HCPCS | | | | inpatient | | | 1975 | 429.46 | Aetna | Better Health | 623.11 | 31.55 | | | 373.44 | 1876.25 | percent of total billed charges | |
| BKR CHG RBC REJUVENATED DEGLYCEROLIZED | P9039 | HCPCS | | | | inpatient | | | 1975 | 429.46 | Horizon | Indemnity | 722.61 | | | | 373.44 | 1876.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC REJUVENATED DEGLYCEROLIZED | P9039 | HCPCS | | | | inpatient | | | 1975 | 429.46 | Amerihealth | Medicare | 373.44 | | | | 373.44 | 1876.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC REJUVENATED DEGLYCEROLIZED | P9039 | HCPCS | | | | inpatient | | | 1975 | 429.46 | Amerihealth | HMO/PPO | 406.98 | | | | 373.44 | 1876.25 | fee schedule | |
| BKR CHG RBC REJUVENATED DEGLYCEROLIZED | P9039 | HCPCS | | | | inpatient | | | 1975 | 429.46 | Aetna | Medicare | 373.44 | | | | 373.44 | 1876.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC REJUVENATED DEGLYCEROLIZED | P9039 | HCPCS | | | | inpatient | | | 1975 | 429.46 | Multiplan | Multiplan | 1580 | 80 | | | 373.44 | 1876.25 | percent of total billed charges | |
| BKR CHG RBC REJUVENATED DEGLYCEROLIZED | P9039 | HCPCS | | | | inpatient | | | 1975 | 429.46 | Horizon | Medicare Blue | 373.44 | | | | 373.44 | 1876.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC REJUVENATED DEGLYCEROLIZED | P9039 | HCPCS | | | | inpatient | | | 1975 | 429.46 | UHC | Medicaid | 623.11 | 31.55 | | | 373.44 | 1876.25 | percent of total billed charges | |
| BKR CHG RBC REJUVENATED DEGLYCEROLIZED | P9039 | HCPCS | | | | inpatient | | | 1975 | 429.46 | Americare | Americare | 1481.25 | 75 | | | 373.44 | 1876.25 | percent of total billed charges | |
| BKR CHG RBC REJUVENATED DEGLYCEROLIZED | P9039 | HCPCS | | | | inpatient | | | 1975 | 429.46 | Horizon | PPO | 722.61 | | | | 373.44 | 1876.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC REJUVENATED DEGLYCEROLIZED | P9039 | HCPCS | | | | inpatient | | | 1975 | 429.46 | Consumer | Consumer | 1876.25 | 95 | | | 373.44 | 1876.25 | percent of total billed charges | |
| BKR CHG RBC REJUVENATED DEGLYCEROLIZED | P9039 | HCPCS | | | | inpatient | | | 1975 | 429.46 | First Health | First Health | 1382.5 | 70 | | | 373.44 | 1876.25 | percent of total billed charges | |
| BKR CHG RBC REJUVENATED DEGLYCEROLIZED | P9039 | HCPCS | | | | inpatient | | | 1975 | 429.46 | Horizon | MGD | 722.61 | | | | 373.44 | 1876.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC REJUVENATED DEGLYCEROLIZED | P9039 | HCPCS | | | | inpatient | | | 1975 | 429.46 | Qualcare | Qualcare | 1481.25 | 75 | | | 373.44 | 1876.25 | percent of total billed charges | |
| BKR CHG RBC REJUVENATED DEGLYCEROLIZED | P9039 | HCPCS | | | | inpatient | | | 1975 | 429.46 | Corrections | Corrections | 1980 | 80 | | | 373.44 | 1876.25 | percent of total billed charges | |
| BKR CHG RBC REJUVENATED DEGLYCEROLIZED | P9039 | HCPCS | | | | inpatient | | | 1975 | 429.46 | Wellcare | Medicaid | 623.11 | 31.55 | | | 373.44 | 1876.25 | percent of total billed charges | |
| BKR CHG RBC REJUVENATED DEGLYCEROLIZED | P9039 | HCPCS | | | | inpatient | | | 1975 | 429.46 | Three Rivers | Three Rivers | 1876.25 | 95 | | | 373.44 | 1876.25 | percent of total billed charges | |
| BKR CHG RBC REJUVENATED DEGLYCEROLIZED | P9039 | HCPCS | | | | inpatient | | | 1975 | 429.46 | Managed Care Inc | Managed Care Inc | 1777.5 | 90 | | | 373.44 | 1876.25 | percent of total billed charges | |
| BKR CHG RBC REJUVENATED DEGLYCEROLIZED | P9039 | HCPCS | | | | inpatient | | | 1975 | 429.46 | Wellcare | Medicare | 373.44 | | | | 373.44 | 1876.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC REJUVENATED DEGLYCEROLIZED | P9039 | HCPCS | | | | inpatient | | | 1975 | 429.46 | UHC | Medicare | 373.44 | | | | 373.44 | 1876.25 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC REJUVENATED DEGLYCEROLIZED | P9039 | HCPCS | | | | inpatient | | | 1975 | 429.46 | WellPoint | WellPoint | 635.56 | 32.18 | | | 373.44 | 1876.25 | percent of total billed charges | |
| BKR CHG RBC LEUKORED IRRAD | P9040 | HCPCS | | | | both | | | 1008 | 348.52 | Aetna | Better Health | 318.02 | 31.55 | | | 282.52 | 957.6 | percent of total billed charges | |
| BKR CHG RBC LEUKORED IRRAD | P9040 | HCPCS | | | | both | | | 1008 | 348.52 | Aetna | Medicare | 303.06 | | | | 282.52 | 957.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC LEUKORED IRRAD | P9040 | HCPCS | | | | both | | | 1008 | 348.52 | First Trenton | First Trenton | 907.2 | 90 | | | 282.52 | 957.6 | percent of total billed charges | |
| BKR CHG RBC LEUKORED IRRAD | P9040 | HCPCS | | | | both | | | 1008 | 348.52 | Amerihealth | Medicare | 303.06 | | | | 282.52 | 957.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC LEUKORED IRRAD | P9040 | HCPCS | | | | both | | | 1008 | 348.52 | First Health | First Health | 705.6 | 70 | | | 282.52 | 957.6 | percent of total billed charges | |
| BKR CHG RBC LEUKORED IRRAD | P9040 | HCPCS | | | | both | | | 1008 | 348.52 | Corrections | Corrections | 806.4 | 80 | | | 282.52 | 957.6 | percent of total billed charges | |
| BKR CHG RBC LEUKORED IRRAD | P9040 | HCPCS | | | | both | | | 1008 | 348.52 | Horizon | Indemnity | 586.42 | | | | 282.52 | 957.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC LEUKORED IRRAD | P9040 | HCPCS | | | | both | | | 1008 | 348.52 | Americare | Americare | 756 | 75 | | | 282.52 | 957.6 | percent of total billed charges | |
| BKR CHG RBC LEUKORED IRRAD | P9040 | HCPCS | | | | both | | | 1008 | 348.52 | Consumer | Consumer | 957.6 | 95 | | | 282.52 | 957.6 | percent of total billed charges | |
| BKR CHG RBC LEUKORED IRRAD | P9040 | HCPCS | | | | both | | | 1008 | 348.52 | Horizon | MGD | 586.42 | | | | 282.52 | 957.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC LEUKORED IRRAD | P9040 | HCPCS | | | | both | | | 1008 | 348.52 | Horizon | PPO | 586.42 | | | | 282.52 | 957.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC LEUKORED IRRAD | P9040 | HCPCS | | | | both | | | 1008 | 348.52 | Amerihealth | HMO/PPO | 282.52 | | | | 282.52 | 957.6 | fee schedule | |
| BKR CHG RBC LEUKORED IRRAD | P9040 | HCPCS | | | | both | | | 1008 | 348.52 | Horizon | Medicare Blue | 303.06 | | | | 282.52 | 957.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC LEUKORED IRRAD | P9040 | HCPCS | | | | both | | | 1008 | 348.52 | WellPoint | WellPoint | 324.37 | 32.18 | | 300.54 | 282.52 | 957.6 | percent of total billed charges | |
| BKR CHG RBC LEUKORED IRRAD | P9040 | HCPCS | | | | both | | | 1008 | 348.52 | UHC | Medicaid | 318.02 | 31.55 | | | 282.52 | 957.6 | percent of total billed charges | |
| BKR CHG RBC LEUKORED IRRAD | P9040 | HCPCS | | | | both | | | 1008 | 348.52 | UHC | Medicare | 303.06 | | | 121.02 | 282.52 | 957.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC LEUKORED IRRAD | P9040 | HCPCS | | | | both | | | 1008 | 348.52 | Three Rivers | Three Rivers | 957.6 | 95 | | | 282.52 | 957.6 | percent of total billed charges | |
| BKR CHG RBC LEUKORED IRRAD | P9040 | HCPCS | | | | both | | | 1008 | 348.52 | Managed Care Inc | Managed Care Inc | 907.2 | 90 | | | 282.52 | 957.6 | percent of total billed charges | |
| BKR CHG RBC LEUKORED IRRAD | P9040 | HCPCS | | | | both | | | 1008 | 348.52 | Multiplan | Multiplan | 806.4 | 80 | | | 282.52 | 957.6 | percent of total billed charges | |
| BKR CHG RBC LEUKORED IRRAD | P9040 | HCPCS | | | | both | | | 1008 | 348.52 | Wellcare | Medicare | 303.06 | | | | 282.52 | 957.6 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC LEUKORED IRRAD | P9040 | HCPCS | | | | both | | | 1008 | 348.52 | Wellcare | Medicaid | 318.02 | 31.55 | | | 282.52 | 957.6 | percent of total billed charges | |
| BKR CHG RBC LEUKORED IRRAD | P9040 | HCPCS | | | | both | | | 1008 | 348.52 | Qualcare | Qualcare | 756 | 75 | | | 282.52 | 957.6 | percent of total billed charges | |
| BKR CHG PLASMA CRYOPRECIPITATE REDUCED | P9044 | HCPCS | | | | outpatient | | | 231 | 95.45 | Amerihealth | Medicare | 83 | | | | 67.15 | 219.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLASMA CRYOPRECIPITATE REDUCED | P9044 | HCPCS | | | | outpatient | | | 231 | 95.45 | Horizon | PPO | 160.61 | | | | 67.15 | 219.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLASMA CRYOPRECIPITATE REDUCED | P9044 | HCPCS | | | | outpatient | | | 231 | 95.45 | Americare | Americare | 173.25 | 75 | | | 67.15 | 219.45 | percent of total billed charges | |
| BKR CHG PLASMA CRYOPRECIPITATE REDUCED | P9044 | HCPCS | | | | outpatient | | | 231 | 95.45 | Aetna | Better Health | 72.88 | 31.55 | | | 67.15 | 219.45 | percent of total billed charges | |
| BKR CHG PLASMA CRYOPRECIPITATE REDUCED | P9044 | HCPCS | | | | outpatient | | | 231 | 95.45 | First Trenton | First Trenton | 207.9 | 90 | | | 67.15 | 219.45 | percent of total billed charges | |
| BKR CHG PLASMA CRYOPRECIPITATE REDUCED | P9044 | HCPCS | | | | outpatient | | | 231 | 95.45 | Aetna | Medicare | 83 | | | | 67.15 | 219.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLASMA CRYOPRECIPITATE REDUCED | P9044 | HCPCS | | | | outpatient | | | 231 | 95.45 | Amerihealth | HMO/PPO | 67.15 | | | | 67.15 | 219.45 | fee schedule | |
| BKR CHG PLASMA CRYOPRECIPITATE REDUCED | P9044 | HCPCS | | | | outpatient | | | 231 | 95.45 | First Health | First Health | 161.7 | 70 | | | 67.15 | 219.45 | percent of total billed charges | |
| BKR CHG PLASMA CRYOPRECIPITATE REDUCED | P9044 | HCPCS | | | | outpatient | | | 231 | 95.45 | Horizon | Indemnity | 160.61 | | | | 67.15 | 219.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLASMA CRYOPRECIPITATE REDUCED | P9044 | HCPCS | | | | outpatient | | | 231 | 95.45 | WellPoint | WellPoint | 74.34 | 32.18 | | | 67.15 | 219.45 | percent of total billed charges | |
| BKR CHG PLASMA CRYOPRECIPITATE REDUCED | P9044 | HCPCS | | | | outpatient | | | 231 | 95.45 | Managed Care Inc | Managed Care Inc | 207.9 | 90 | | | 67.15 | 219.45 | percent of total billed charges | |
| BKR CHG PLASMA CRYOPRECIPITATE REDUCED | P9044 | HCPCS | | | | outpatient | | | 231 | 95.45 | Consumer | Consumer | 219.45 | 95 | | | 67.15 | 219.45 | percent of total billed charges | |
| BKR CHG PLASMA CRYOPRECIPITATE REDUCED | P9044 | HCPCS | | | | outpatient | | | 231 | 95.45 | UHC | Medicaid | 72.88 | 31.55 | | | 67.15 | 219.45 | percent of total billed charges | |
| BKR CHG PLASMA CRYOPRECIPITATE REDUCED | P9044 | HCPCS | | | | outpatient | | | 231 | 95.45 | Corrections | Corrections | 184.8 | 80 | | | 67.15 | 219.45 | percent of total billed charges | |
| BKR CHG PLASMA CRYOPRECIPITATE REDUCED | P9044 | HCPCS | | | | outpatient | | | 231 | 95.45 | Wellcare | Medicare | 83 | | | | 67.15 | 219.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLASMA CRYOPRECIPITATE REDUCED | P9044 | HCPCS | | | | outpatient | | | 231 | 95.45 | Horizon | Medicare Blue | 83 | | | | 67.15 | 219.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLASMA CRYOPRECIPITATE REDUCED | P9044 | HCPCS | | | | outpatient | | | 231 | 95.45 | UHC | Medicare | 83 | | | | 67.15 | 219.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLASMA CRYOPRECIPITATE REDUCED | P9044 | HCPCS | | | | outpatient | | | 231 | 95.45 | Horizon | MGD | 160.61 | | | | 67.15 | 219.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLASMA CRYOPRECIPITATE REDUCED | P9044 | HCPCS | | | | outpatient | | | 231 | 95.45 | Three Rivers | Three Rivers | 219.45 | 95 | | | 67.15 | 219.45 | percent of total billed charges | |
| BKR CHG PLASMA CRYOPRECIPITATE REDUCED | P9044 | HCPCS | | | | outpatient | | | 231 | 95.45 | Multiplan | Multiplan | 184.8 | 80 | | | 67.15 | 219.45 | percent of total billed charges | |
| BKR CHG PLASMA CRYOPRECIPITATE REDUCED | P9044 | HCPCS | | | | outpatient | | | 231 | 95.45 | Wellcare | Medicaid | 72.88 | 31.55 | | | 67.15 | 219.45 | percent of total billed charges | |
| BKR CHG PLASMA CRYOPRECIPITATE REDUCED | P9044 | HCPCS | | | | outpatient | | | 231 | 95.45 | Qualcare | Qualcare | 173.25 | 75 | | | 67.15 | 219.45 | percent of total billed charges | |
| BKR CHG GRANULOCYTE PHERESIS EA UNIT | P9050 | HCPCS | | | | outpatient | | | 5458 | | Aetna | Better Health | 1722 | 31.55 | | | 1637.4 | 5185.1 | percent of total billed charges | |
| BKR CHG GRANULOCYTE PHERESIS EA UNIT | P9050 | HCPCS | | | | outpatient | | | 5458 | | Horizon | Medicare Blue | 1637.4 | 30 | | | 1637.4 | 5185.1 | percent of total billed charges | |
| BKR CHG GRANULOCYTE PHERESIS EA UNIT | P9050 | HCPCS | | | | outpatient | | | 5458 | | Aetna | Medicare | 1681.06 | 30.8 | | | 1637.4 | 5185.1 | percent of total billed charges | |
| BKR CHG GRANULOCYTE PHERESIS EA UNIT | P9050 | HCPCS | | | | outpatient | | | 5458 | | Americare | Americare | 4093.5 | 75 | | | 1637.4 | 5185.1 | percent of total billed charges | |
| BKR CHG GRANULOCYTE PHERESIS EA UNIT | P9050 | HCPCS | | | | outpatient | | | 5458 | | Consumer | Consumer | 5185.1 | 95 | | | 1637.4 | 5185.1 | percent of total billed charges | |
| BKR CHG GRANULOCYTE PHERESIS EA UNIT | P9050 | HCPCS | | | | outpatient | | | 5458 | | Wellcare | Medicaid | 1722 | 31.55 | | | 1637.4 | 5185.1 | percent of total billed charges | |
| BKR CHG GRANULOCYTE PHERESIS EA UNIT | P9050 | HCPCS | | | | outpatient | | | 5458 | | Horizon | MGD | 2089.32 | 38.28 | | | 1637.4 | 5185.1 | percent of total billed charges | |
| BKR CHG GRANULOCYTE PHERESIS EA UNIT | P9050 | HCPCS | | | | outpatient | | | 5458 | | First Trenton | First Trenton | 4912.2 | 90 | | | 1637.4 | 5185.1 | percent of total billed charges | |
| BKR CHG GRANULOCYTE PHERESIS EA UNIT | P9050 | HCPCS | | | | outpatient | | | 5458 | | Amerihealth | HMO/PPO | 3547.7 | 65 | | | 1637.4 | 5185.1 | percent of total billed charges | |
| BKR CHG GRANULOCYTE PHERESIS EA UNIT | P9050 | HCPCS | | | | outpatient | | | 5458 | | Horizon | PPO | 2089.32 | 38.28 | | | 1637.4 | 5185.1 | percent of total billed charges | |
| BKR CHG GRANULOCYTE PHERESIS EA UNIT | P9050 | HCPCS | | | | outpatient | | | 5458 | | First Health | First Health | 3820.6 | 70 | | | 1637.4 | 5185.1 | percent of total billed charges | |
| BKR CHG GRANULOCYTE PHERESIS EA UNIT | P9050 | HCPCS | | | | outpatient | | | 5458 | | Managed Care Inc | Managed Care Inc | 4912.2 | 90 | | | 1637.4 | 5185.1 | percent of total billed charges | |
| BKR CHG GRANULOCYTE PHERESIS EA UNIT | P9050 | HCPCS | | | | outpatient | | | 5458 | | Corrections | Corrections | 4366.4 | 80 | | | 1637.4 | 5185.1 | percent of total billed charges | |
| BKR CHG GRANULOCYTE PHERESIS EA UNIT | P9050 | HCPCS | | | | outpatient | | | 5458 | | Three Rivers | Three Rivers | 5185.1 | 95 | | | 1637.4 | 5185.1 | percent of total billed charges | |
| BKR CHG GRANULOCYTE PHERESIS EA UNIT | P9050 | HCPCS | | | | outpatient | | | 5458 | | UHC | Medicaid | 1722 | 31.55 | | | 1637.4 | 5185.1 | percent of total billed charges | |
| BKR CHG GRANULOCYTE PHERESIS EA UNIT | P9050 | HCPCS | | | | outpatient | | | 5458 | | Horizon | Indemnity | 2089.32 | 38.28 | | | 1637.4 | 5185.1 | percent of total billed charges | |
| BKR CHG GRANULOCYTE PHERESIS EA UNIT | P9050 | HCPCS | | | | outpatient | | | 5458 | | WellPoint | WellPoint | 1756.38 | 32.18 | | | 1637.4 | 5185.1 | percent of total billed charges | |
| BKR CHG GRANULOCYTE PHERESIS EA UNIT | P9050 | HCPCS | | | | outpatient | | | 5458 | | Multiplan | Multiplan | 4366.4 | 80 | | | 1637.4 | 5185.1 | percent of total billed charges | |
| BKR CHG GRANULOCYTE PHERESIS EA UNIT | P9050 | HCPCS | | | | outpatient | | | 5458 | | Qualcare | Qualcare | 4093.5 | 75 | | | 1637.4 | 5185.1 | percent of total billed charges | |
| BKR CHG LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED | P9051 | HCPCS | | | | outpatient | | | 1806 | 230.87 | Aetna | Medicare | 200.76 | | | | 200.76 | 1715.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED | P9051 | HCPCS | | | | outpatient | | | 1806 | 230.87 | Amerihealth | HMO/PPO | 219.07 | | | | 200.76 | 1715.7 | fee schedule | |
| BKR CHG LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED | P9051 | HCPCS | | | | outpatient | | | 1806 | 230.87 | Consumer | Consumer | 1715.7 | 95 | | | 200.76 | 1715.7 | percent of total billed charges | |
| BKR CHG LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED | P9051 | HCPCS | | | | outpatient | | | 1806 | 230.87 | UHC | Medicaid | 569.79 | 31.55 | | | 200.76 | 1715.7 | percent of total billed charges | |
| BKR CHG LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED | P9051 | HCPCS | | | | outpatient | | | 1806 | 230.87 | Corrections | Corrections | 1444.8 | 80 | | | 200.76 | 1715.7 | percent of total billed charges | |
| BKR CHG LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED | P9051 | HCPCS | | | | outpatient | | | 1806 | 230.87 | Aetna | Better Health | 569.79 | 31.55 | | | 200.76 | 1715.7 | percent of total billed charges | |
| BKR CHG LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED | P9051 | HCPCS | | | | outpatient | | | 1806 | 230.87 | Americare | Americare | 1354.5 | 75 | | | 200.76 | 1715.7 | percent of total billed charges | |
| BKR CHG LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED | P9051 | HCPCS | | | | outpatient | | | 1806 | 230.87 | First Trenton | First Trenton | 1625.4 | 90 | | | 200.76 | 1715.7 | percent of total billed charges | |
| BKR CHG LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED | P9051 | HCPCS | | | | outpatient | | | 1806 | 230.87 | Horizon | MGD | 388.47 | | | | 200.76 | 1715.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED | P9051 | HCPCS | | | | outpatient | | | 1806 | 230.87 | Amerihealth | Medicare | 200.76 | | | | 200.76 | 1715.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED | P9051 | HCPCS | | | | outpatient | | | 1806 | 230.87 | Multiplan | Multiplan | 1444.8 | 80 | | | 200.76 | 1715.7 | percent of total billed charges | |
| BKR CHG LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED | P9051 | HCPCS | | | | outpatient | | | 1806 | 230.87 | UHC | Medicare | 200.76 | | | | 200.76 | 1715.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED | P9051 | HCPCS | | | | outpatient | | | 1806 | 230.87 | Qualcare | Qualcare | 1354.5 | 75 | | | 200.76 | 1715.7 | percent of total billed charges | |
| BKR CHG LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED | P9051 | HCPCS | | | | outpatient | | | 1806 | 230.87 | First Health | First Health | 1264.2 | 70 | | | 200.76 | 1715.7 | percent of total billed charges | |
| BKR CHG LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED | P9051 | HCPCS | | | | outpatient | | | 1806 | 230.87 | Three Rivers | Three Rivers | 1715.7 | 95 | | | 200.76 | 1715.7 | percent of total billed charges | |
| BKR CHG LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED | P9051 | HCPCS | | | | outpatient | | | 1806 | 230.87 | Horizon | PPO | 388.47 | | | | 200.76 | 1715.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED | P9051 | HCPCS | | | | outpatient | | | 1806 | 230.87 | Horizon | Indemnity | 388.47 | | | | 200.76 | 1715.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED | P9051 | HCPCS | | | | outpatient | | | 1806 | 230.87 | WellPoint | WellPoint | 581.17 | 32.18 | | | 200.76 | 1715.7 | percent of total billed charges | |
| BKR CHG LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED | P9051 | HCPCS | | | | outpatient | | | 1806 | 230.87 | Horizon | Medicare Blue | 200.76 | | | | 200.76 | 1715.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED | P9051 | HCPCS | | | | outpatient | | | 1806 | 230.87 | Managed Care Inc | Managed Care Inc | 1625.4 | 90 | | | 200.76 | 1715.7 | percent of total billed charges | |
| BKR CHG LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED | P9051 | HCPCS | | | | outpatient | | | 1806 | 230.87 | Wellcare | Medicaid | 569.79 | 31.55 | | | 200.76 | 1715.7 | percent of total billed charges | |
| BKR CHG LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED | P9051 | HCPCS | | | | outpatient | | | 1806 | 230.87 | Wellcare | Medicare | 200.76 | | | | 200.76 | 1715.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATE HLA MATCH LKORED PHER/AP | P9052 | HCPCS | | | | outpatient | | | 3318 | 994.81 | First Trenton | First Trenton | 2986.2 | 90 | | | 783.16 | 3152.1 | percent of total billed charges | |
| BKR CHG PLATE HLA MATCH LKORED PHER/AP | P9052 | HCPCS | | | | outpatient | | | 3318 | 994.81 | UHC | Medicaid | 1046.83 | 31.55 | | | 783.16 | 3152.1 | percent of total billed charges | |
| BKR CHG PLATE HLA MATCH LKORED PHER/AP | P9052 | HCPCS | | | | outpatient | | | 3318 | 994.81 | Aetna | Medicare | 865.05 | | | | 783.16 | 3152.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATE HLA MATCH LKORED PHER/AP | P9052 | HCPCS | | | | outpatient | | | 3318 | 994.81 | Americare | Americare | 2488.5 | 75 | | | 783.16 | 3152.1 | percent of total billed charges | |
| BKR CHG PLATE HLA MATCH LKORED PHER/AP | P9052 | HCPCS | | | | outpatient | | | 3318 | 994.81 | Corrections | Corrections | 2654.4 | 80 | | | 783.16 | 3152.1 | percent of total billed charges | |
| BKR CHG PLATE HLA MATCH LKORED PHER/AP | P9052 | HCPCS | | | | outpatient | | | 3318 | 994.81 | Amerihealth | HMO/PPO | 783.16 | | | | 783.16 | 3152.1 | fee schedule | |
| BKR CHG PLATE HLA MATCH LKORED PHER/AP | P9052 | HCPCS | | | | outpatient | | | 3318 | 994.81 | Horizon | MGD | 1673.87 | | | | 783.16 | 3152.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATE HLA MATCH LKORED PHER/AP | P9052 | HCPCS | | | | outpatient | | | 3318 | 994.81 | Aetna | Better Health | 1046.83 | 31.55 | | | 783.16 | 3152.1 | percent of total billed charges | |
| BKR CHG PLATE HLA MATCH LKORED PHER/AP | P9052 | HCPCS | | | | outpatient | | | 3318 | 994.81 | Managed Care Inc | Managed Care Inc | 2986.2 | 90 | | | 783.16 | 3152.1 | percent of total billed charges | |
| BKR CHG PLATE HLA MATCH LKORED PHER/AP | P9052 | HCPCS | | | | outpatient | | | 3318 | 994.81 | UHC | Medicare | 865.05 | | | | 783.16 | 3152.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATE HLA MATCH LKORED PHER/AP | P9052 | HCPCS | | | | outpatient | | | 3318 | 994.81 | Multiplan | Multiplan | 2654.4 | 80 | | | 783.16 | 3152.1 | percent of total billed

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
| BKR CHG PLATE HLA MATCH LKORED PHER/AP | P9052 | HCPCS | | | | outpatient | | | 3318 | 994.81 | WellPoint | WellPoint | 1067.73 | 32.18 | | | 783.16 | 3152.1 | percent of total billed charges | |
| BKR CHG PLATE HLA MATCH LKORED PHER/AP | P9052 | HCPCS | | | | outpatient | | | 3318 | 994.81 | Horizon | Medicare Blue | 865.05 | | | | 783.16 | 3152.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATE HLA MATCH LKORED PHER/AP | P9052 | HCPCS | | | | outpatient | | | 3318 | 994.81 | Horizon | Indemnity | 1673.87 | | | | 783.16 | 3152.1 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATE HLA MATCH LKORED PHER/AP | P9052 | HCPCS | | | | outpatient | | | 3318 | 994.81 | Wellcare | Medicaid | 1046.83 | 31.55 | | | 783.16 | 3152.1 | percent of total billed charges | |
| BKR CHG PLATELET LEUKORED IRRAD EA UN | P9053 | HCPCS | | | | both | | | 3460 | | 715.3 | Amerihealth | HMO/PPO | 656.64 | | | 622 | 3287 | fee schedule | |
| BKR CHG PLATELET LEUKORED IRRAD EA UN | P9053 | HCPCS | | | | both | | | 3460 | | 715.3 | Horizon | MGD | 1203.57 | | | 622 | 3287 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELET LEUKORED IRRAD EA UN | P9053 | HCPCS | | | | both | | | 3460 | | 715.3 | Consumer | Consumer | 3287 | 95 | | 622 | 3287 | percent of total billed charges | |
| BKR CHG PLATELET LEUKORED IRRAD EA UN | P9053 | HCPCS | | | | both | | | 3460 | | 715.3 | Aetna | Medicare | 622 | | | 622 | 3287 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELET LEUKORED IRRAD EA UN | P9053 | HCPCS | | | | both | | | 3460 | | 715.3 | UHC | Medicaid | 1091.63 | 31.55 | | 622 | 3287 | percent of total billed charges | |
| BKR CHG PLATELET LEUKORED IRRAD EA UN | P9053 | HCPCS | | | | both | | | 3460 | | 715.3 | First Trenton | First Trenton | 3114 | 90 | | 622 | 3287 | percent of total billed charges | |
| BKR CHG PLATELET LEUKORED IRRAD EA UN | P9053 | HCPCS | | | | both | | | 3460 | | 715.3 | Aetna | Better Health | 1091.63 | 31.55 | | 622 | 3287 | percent of total billed charges | |
| BKR CHG PLATELET LEUKORED IRRAD EA UN | P9053 | HCPCS | | | | both | | | 3460 | | 715.3 | Americare | Americare | 2595 | 75 | | 622 | 3287 | percent of total billed charges | |
| BKR CHG PLATELET LEUKORED IRRAD EA UN | P9053 | HCPCS | | | | both | | | 3460 | | 715.3 | Amerihealth | Medicare | 622 | | | 622 | 3287 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELET LEUKORED IRRAD EA UN | P9053 | HCPCS | | | | both | | | 3460 | | 715.3 | Horizon | PPO | 1203.57 | | | 622 | 3287 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELET LEUKORED IRRAD EA UN | P9053 | HCPCS | | | | both | | | 3460 | | 715.3 | Corrections | Corrections | 2768 | 80 | | 622 | 3287 | percent of total billed charges | |
| BKR CHG PLATELET LEUKORED IRRAD EA UN | P9053 | HCPCS | | | | both | | | 3460 | | 715.3 | Multiplan | Multiplan | 2768 | 80 | | 622 | 3287 | percent of total billed charges | |
| BKR CHG PLATELET LEUKORED IRRAD EA UN | P9053 | HCPCS | | | | both | | | 3460 | | 715.3 | First Health | First Health | 2422 | 70 | | 622 | 3287 | percent of total billed charges | |
| BKR CHG PLATELET LEUKORED IRRAD EA UN | P9053 | HCPCS | | | | both | | | 3460 | | 715.3 | Managed Care Inc | Managed Care Inc | 3114 | 90 | | 622 | 3287 | percent of total billed charges | |
| BKR CHG PLATELET LEUKORED IRRAD EA UN | P9053 | HCPCS | | | | both | | | 3460 | | 715.3 | Wellcare | Medicare | 622 | | | 622 | 3287 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELET LEUKORED IRRAD EA UN | P9053 | HCPCS | | | | both | | | 3460 | | 715.3 | Three Rivers | Three Rivers | 3287 | 95 | | 622 | 3287 | percent of total billed charges | |
| BKR CHG PLATELET LEUKORED IRRAD EA UN | P9053 | HCPCS | | | | both | | | 3460 | | 715.3 | Horizon | Indemnity | 1203.57 | | | 622 | 3287 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELET LEUKORED IRRAD EA UN | P9053 | HCPCS | | | | both | | | 3460 | | 715.3 | UHC | Medicare | 622 | | | 622 | 3287 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELET LEUKORED IRRAD EA UN | P9053 | HCPCS | | | | both | | | 3460 | | 715.3 | Horizon | Medicare Blue | 622 | | | 622 | 3287 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLATELET LEUKORED IRRAD EA UN | P9053 | HCPCS | | | | both | | | 3460 | | 715.3 | Qualicare | Qualicare | 2595 | 75 | | 622 | 3287 | percent of total billed charges | |
| BKR CHG PLATELET LEUKORED IRRAD EA UN | P9053 | HCPCS | | | | both | | | 3460 | | 715.3 | Wellcare | Medicaid | 1091.63 | 31.55 | | 622 | 3287 | percent of total billed charges | |
| BKR CHG PLATELET LEUKORED IRRAD EA UN | P9053 | HCPCS | | | | both | | | 3460 | | 715.3 | WellPoint | WellPoint | 1113.43 | 32.18 | | 622 | 3287 | percent of total billed charges | |
| BKR CHG RBC PHERESIS LEUKO REDUCE DEGLYC | P9054 | HCPCS | | | | outpatient | | | 2645 | | 297.08 | Aetna | Better Health | 834.5 | 31.55 | | 258.33 | 2512.75 | percent of total billed charges | |
| BKR CHG RBC PHERESIS LEUKO REDUCE DEGLYC | P9054 | HCPCS | | | | outpatient | | | 2645 | | 297.08 | Amerihealth | HMO/PPO | 292.38 | | | 258.33 | 2512.75 | fee schedule | |
| BKR CHG RBC PHERESIS LEUKO REDUCE DEGLYC | P9054 | HCPCS | | | | outpatient | | | 2645 | | 297.08 | Aetna | Medicare | 258.33 | | | 258.33 | 2512.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC PHERESIS LEUKO REDUCE DEGLYC | P9054 | HCPCS | | | | outpatient | | | 2645 | | 297.08 | Amerihealth | Medicare | 258.33 | | | 258.33 | 2512.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC PHERESIS LEUKO REDUCE DEGLYC | P9054 | HCPCS | | | | outpatient | | | 2645 | | 297.08 | Corrections | Corrections | 2116 | 80 | | 258.33 | 2512.75 | percent of total billed charges | |
| BKR CHG RBC PHERESIS LEUKO REDUCE DEGLYC | P9054 | HCPCS | | | | outpatient | | | 2645 | | 297.08 | First Health | First Health | 1851.5 | 70 | | 258.33 | 2512.75 | percent of total billed charges | |
| BKR CHG RBC PHERESIS LEUKO REDUCE DEGLYC | P9054 | HCPCS | | | | outpatient | | | 2645 | | 297.08 | Americare | Americare | 1983.75 | 75 | | 258.33 | 2512.75 | percent of total billed charges | |
| BKR CHG RBC PHERESIS LEUKO REDUCE DEGLYC | P9054 | HCPCS | | | | outpatient | | | 2645 | | 297.08 | Horizon | Medicare Blue | 258.33 | | | 258.33 | 2512.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC PHERESIS LEUKO REDUCE DEGLYC | P9054 | HCPCS | | | | outpatient | | | 2645 | | 297.08 | Multiplan | Multiplan | 2116 | 80 | | 258.33 | 2512.75 | percent of total billed charges | |
| BKR CHG RBC PHERESIS LEUKO REDUCE DEGLYC | P9054 | HCPCS | | | | outpatient | | | 2645 | | 297.08 | Horizon | MGD | 499.87 | | | 258.33 | 2512.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC PHERESIS LEUKO REDUCE DEGLYC | P9054 | HCPCS | | | | outpatient | | | 2645 | | 297.08 | Wellcare | Medicaid | 834.5 | 31.55 | | 258.33 | 2512.75 | percent of total billed charges | |
| BKR CHG RBC PHERESIS LEUKO REDUCE DEGLYC | P9054 | HCPCS | | | | outpatient | | | 2645 | | 297.08 | UHC | Medicare | 258.33 | | | 258.33 | 2512.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC PHERESIS LEUKO REDUCE DEGLYC | P9054 | HCPCS | | | | outpatient | | | 2645 | | 297.08 | Horizon | Indemnity | 499.87 | | | 258.33 | 2512.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC PHERESIS LEUKO REDUCE DEGLYC | P9054 | HCPCS | | | | outpatient | | | 2645 | | 297.08 | UHC | Medicaid | 834.5 | 31.55 | | 258.33 | 2512.75 | percent of total billed charges | |
| BKR CHG RBC PHERESIS LEUKO REDUCE DEGLYC | P9054 | HCPCS | | | | outpatient | | | 2645 | | 297.08 | Consumer | Consumer | 2512.75 | 95 | | 258.33 | 2512.75 | percent of total billed charges | |
| BKR CHG RBC PHERESIS LEUKO REDUCE DEGLYC | P9054 | HCPCS | | | | outpatient | | | 2645 | | 297.08 | Qualicare | Qualicare | 1983.75 | 75 | | 258.33 | 2512.75 | percent of total billed charges | |
| BKR CHG RBC PHERESIS LEUKO REDUCE DEGLYC | P9054 | HCPCS | | | | outpatient | | | 2645 | | 297.08 | First Trenton | First Trenton | 2380.5 | 90 | | 258.33 | 2512.75 | percent of total billed charges | |
| BKR CHG RBC PHERESIS LEUKO REDUCE DEGLYC | P9054 | HCPCS | | | | outpatient | | | 2645 | | 297.08 | Horizon | PPO | 499.87 | | | 258.33 | 2512.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC PHERESIS LEUKO REDUCE DEGLYC | P9054 | HCPCS | | | | outpatient | | | 2645 | | 297.08 | Managed Care Inc | Managed Care Inc | 2380.5 | 90 | | 258.33 | 2512.75 | percent of total billed charges | |
| BKR CHG RBC PHERESIS LEUKO REDUCE DEGLYC | P9054 | HCPCS | | | | outpatient | | | 2645 | | 297.08 | Wellcare | Medicare | 258.33 | | | 258.33 | 2512.75 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC PHERESIS LEUKO REDUCE DEGLYC | P9054 | HCPCS | | | | outpatient | | | 2645 | | 297.08 | Three Rivers | Three Rivers | 2512.75 | 95 | | 258.33 | 2512.75 | percent of total billed charges | |
| BKR CHG RBC PHERESIS LEUKO REDUCE DEGLYC | P9054 | HCPCS | | | | outpatient | | | 2645 | | 297.08 | WellPoint | WellPoint | 851.16 | 32.18 | | 258.33 | 2512.75 | percent of total billed charges | |
| BKR CHG WB LEUKO REDUCED IRRAD EA UNIT | P9056 | HCPCS | | | | outpatient | | | 1054 | | 126.98 | Corrections | Corrections | 843.2 | 80 | | 110.42 | 1001.3 | percent of total billed charges | |
| BKR CHG WB LEUKO REDUCED IRRAD EA UNIT | P9056 | HCPCS | | | | outpatient | | | 1054 | | 126.98 | Consumer | Consumer | 1001.3 | 95 | | 110.42 | 1001.3 | percent of total billed charges | |
| BKR CHG WB LEUKO REDUCED IRRAD EA UNIT | P9056 | HCPCS | | | | outpatient | | | 1054 | | 126.98 | Aetna | Better Health | 332.54 | 31.55 | | 110.42 | 1001.3 | percent of total billed charges | |
| BKR CHG WB LEUKO REDUCED IRRAD EA UNIT | P9056 | HCPCS | | | | outpatient | | | 1054 | | 126.98 | Aetna | Medicare | 110.42 | | | 110.42 | 1001.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG WB LEUKO REDUCED IRRAD EA UNIT | P9056 | HCPCS | | | | outpatient | | | 1054 | | 126.98 | First Trenton | First Trenton | 948.6 | 90 | | 110.42 | 1001.3 | percent of total billed charges | |
| BKR CHG WB LEUKO REDUCED IRRAD EA UNIT | P9056 | HCPCS | | | | outpatient | | | 1054 | | 126.98 | Multiplan | Multiplan | 843.2 | 80 | | 110.42 | 1001.3 | percent of total billed charges | |
| BKR CHG WB LEUKO REDUCED IRRAD EA UNIT | P9056 | HCPCS | | | | outpatient | | | 1054 | | 126.98 | First Health | First Health | 737.8 | 70 | | 110.42 | 1001.3 | percent of total billed charges | |
| BKR CHG WB LEUKO REDUCED IRRAD EA UNIT | P9056 | HCPCS | | | | outpatient | | | 1054 | | 126.98 | Amerihealth | Medicare | 110.42 | | | 110.42 | 1001.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG WB LEUKO REDUCED IRRAD EA UNIT | P9056 | HCPCS | | | | outpatient | | | 1054 | | 126.98 | Horizon | Indemnity | 213.66 | | | 110.42 | 1001.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG WB LEUKO REDUCED IRRAD EA UNIT | P9056 | HCPCS | | | | outpatient | | | 1054 | | 126.98 | Qualicare | Qualicare | 790.5 | 75 | | 110.42 | 1001.3 | percent of total billed charges | |
| BKR CHG WB LEUKO REDUCED IRRAD EA UNIT | P9056 | HCPCS | | | | outpatient | | | 1054 | | 126.98 | Amerihealth | HMO/PPO | 131.96 | | | 110.42 | 1001.3 | fee schedule | |
| BKR CHG WB LEUKO REDUCED IRRAD EA UNIT | P9056 | HCPCS | | | | outpatient | | | 1054 | | 126.98 | Americare | Americare | 790.5 | 75 | | 110.42 | 1001.3 | percent of total billed charges | |
| BKR CHG WB LEUKO REDUCED IRRAD EA UNIT | P9056 | HCPCS | | | | outpatient | | | 1054 | | 126.98 | Managed Care Inc | Managed Care Inc | 948.6 | 90 | | 110.42 | 1001.3 | percent of total billed charges | |
| BKR CHG WB LEUKO REDUCED IRRAD EA UNIT | P9056 | HCPCS | | | | outpatient | | | 1054 | | 126.98 | Horizon | MGD | 213.66 | | | 110.42 | 1001.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG WB LEUKO REDUCED IRRAD EA UNIT | P9056 | HCPCS | | | | outpatient | | | 1054 | | 126.98 | Horizon | Medicare Blue | 110.42 | | | 110.42 | 1001.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG WB LEUKO REDUCED IRRAD EA UNIT | P9056 | HCPCS | | | | outpatient | | | 1054 | | 126.98 | Horizon | PPO | 213.66 | | | 110.42 | 1001.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG WB LEUKO REDUCED IRRAD EA UNIT | P9056 | HCPCS | | | | outpatient | | | 1054 | | 126.98 | Wellcare | Medicaid | 332.54 | 31.55 | | 110.42 | 1001.3 | percent of total billed charges | |
| BKR CHG WB LEUKO REDUCED IRRAD EA UNIT | P9056 | HCPCS | | | | outpatient | | | 1054 | | 126.98 | Three Rivers | Three Rivers | 1001.3 | 95 | | 110.42 | 1001.3 | percent of total billed charges | |
| BKR CHG WB LEUKO REDUCED IRRAD EA UNIT | P9056 | HCPCS | | | | outpatient | | | 1054 | | 126.98 | UHC | Medicare | 110.42 | | | 110.42 | 1001.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG WB LEUKO REDUCED IRRAD EA UNIT | P9056 | HCPCS | | | | outpatient | | | 1054 | | 126.98 | UHC | Medicaid | 332.54 | 31.55 | | 110.42 | 1001.3 | percent of total billed charges | |
| BKR CHG WB LEUKO REDUCED IRRAD EA UNIT | P9056 | HCPCS | | | | outpatient | | | 1054 | | 126.98 | Wellcare | Medicare | 110.42 | | | 110.42 | 1001.3 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG WB LEUKO REDUCED IRRAD EA UNIT | P9056 | HCPCS | | | | outpatient | | | 1054 | | 126.98 | WellPoint | WellPoint | 339.18 | 32.18 | | 110.42 | 1001.3 | percent of total billed charges | |
| BKR CHG RBC WASHED LEUKOCYTES REDUCED | P9057 | HCPCS | | | | inpatient | | | 2071 | | 680.12 | Amerihealth | HMO/PPO | 220.11 | | | 220.11 | 1967.45 | fee schedule | |
| BKR CHG RBC WASHED LEUKOCYTES REDUCED | P9057 | HCPCS | | | | inpatient | | | 2071 | | 680.12 | Aetna | Medicare | 591.41 | | | 220.11 | 1967.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC WASHED LEUKOCYTES REDUCED | P9057 | HCPCS | | | | inpatient | | | 2071 | | 680.12 | Amerihealth | Medicare | 591.41 | | | 220.11 | 1967.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC WASHED LEUKOCYTES REDUCED | P9057 | HCPCS | | | | inpatient | | | 2071 | | 680.12 | First Health | First Health | 1449.7 | 70 | | 220.11 | 1967.45 | percent of total billed charges | |
| BKR CHG RBC WASHED LEUKOCYTES REDUCED | P9057 | HCPCS | | | | inpatient | | | 2071 | | 680.12 | Horizon | Medicare Blue | 591.41 | | | 220.11 | 1967.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC WASHED LEUKOCYTES REDUCED | P9057 | HCPCS | | | | inpatient | | | 2071 | | 680.12 | Aetna | Better Health | 653.4 | 31.55 | | 220.11 | 1967.45 | percent of total billed charges | |
| BKR CHG RBC WASHED LEUKOCYTES REDUCED | P9057 | HCPCS | | | | inpatient | | | 2071 | | 680.12 | Americare | Americare | 1553.25 | 75 | | 220.11 | 1967.45 | percent of total billed charges | |
| BKR CHG RBC WASHED LEUKOCYTES REDUCED | P9057 | HCPCS | | | | inpatient | | | 2071 | | 680.12 | Consumer | Consumer | 1967.45 | 95 | | 220.11 | 1967.45 | percent of total billed charges | |
| BKR CHG RBC WASHED LEUKOCYTES REDUCED | P9057 | HCPCS | | | | inpatient | | | 2071 | | 680.12 | Horizon | MGD | 1144.38 | | | 220.11 | 1967.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC WASHED LEUKOCYTES REDUCED | P9057 | HCPCS | | | | inpatient | | | 2071 | | 680.12 | Multiplan | Multiplan | 1656.8 | 80 | | 220.11 | 1967.45 | percent of total billed charges | |
| BKR CHG RBC WASHED LEUKOCYTES REDUCED | P9057 | HCPCS | | | | inpatient | | | 2071 | | 680.12 | UHC | Medicare | 591.41 | | | 220.11 | 1967.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC WASHED LEUKOCYTES REDUCED | P9057 | HCPCS | | | | inpatient | | | 2071 | | 680.12 | First Trenton | First Trenton | 1863.9 | 90 | | 220.11 | 1967.45 | percent of total billed charges | |
| BKR CHG RBC WASHED LEUKOCYTES REDUCED | P9057 | HCPCS | | | | inpatient | | | 2071 | | 680.12 | UHC | Medicaid | 653.4 | 31.55 | | 220.11 | 1967.45 | percent of total billed charges | |
| BKR CHG RBC WASHED LEUKOCYTES REDUCED | P9057 | HCPCS | | | | inpatient | | | 2071 | | 680.12 | Qualicare | Qualicare | 1553.25 | 75 | | 220.11 | 1967.45 | percent of total billed charges | |
| BKR CHG RBC WASHED LEUKOCYTES REDUCED | P9057 | HCPCS | | | | inpatient | | | 2071 | | 680.12 | Wellcare | Medicare | 591.41 | | | 220.11 | 1967.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC WASHED LEUKOCYTES REDUCED | P9057 | HCPCS | | | | inpatient | | | 2071 | | 680.12 | Corrections | Corrections | 1656.8 | 80 | | 220.11 | 1967.45 | percent of total billed charges | |
| BKR CHG RBC WASHED LEUKOCYTES REDUCED | P9057 | HCPCS | | | | inpatient | | | 2071 | | 680.12 | Wellcare | Medicaid | 653.4 | 31.55 | | 220.11 | 1967.45 | percent of total billed charges | |
| BKR CHG RBC WASHED LEUKOCYTES REDUCED | P9057 | HCPCS | | | | inpatient | | | 2071 | | 680.12 | Managed Care Inc | Managed Care Inc | 1863.9 | 90 | | 220.11 | 1967.45 | percent of total billed charges | |
| BKR CHG RBC WASHED LEUKOCYTES REDUCED | P9057 | HCPCS | | | | inpatient | | | 2071 | | 680.12 | Horizon | Indemnity | 1144.38 | | | 220.11 | 1967.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC WASHED LEUKOCYTES REDUCED | P9057 | HCPCS | | | | inpatient | | | 2071 | | 680.12 | Three Rivers | Three Rivers | 1967.45 | 95 | | 220.11 | 1967.45 | percent of total billed charges | |
| BKR CHG RBC WASHED LEUKOCYTES REDUCED | P9057 | HCPCS | | | | inpatient | | | 2071 | | 680.12 | Horizon | PPO | 1144.38 | | | 220.11 | 1967.45 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG RBC WASHED LEUKOCYTES REDUCED | P9057 | HCPCS | | | | inpatient | | | 2071 | | 680.12 | WellPoint | WellPoint | 666.45 | 32.18 | | 220.11 | 1967.45 | percent of total billed charges | |
| BKR CHG PLS PHER FRZ - 24 HR | P9059 | HCPCS | | | | outpatient | | | 286 | | 100.18 | Aetna | Medicare | 87.11 | | | 78.51 | 271.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLS PHER FRZ - 24 HR | P9059 | HCPCS | | | | outpatient | | | 286 | | 100.18 | Horizon | Indemnity | 168.56 | | | 78.51 | 271.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLS PHER FRZ - 24 HR | P9059 | HCPCS | | | | outpatient | | | 286 | | 100.18 | Amerihealth | Medicare | 87.11 | | | 78.51 | 271.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLS PHER FRZ - 24 HR | P9059 | HCPCS | | | | outpatient | | | 286 | | 100.18 | Consumer | Consumer | 271.7 | 95 | | 78.51 | 271.7 | percent of total billed charges | |
| BKR CHG PLS PHER FRZ - 24 HR | P9059 | HCPCS | | | | outpatient | | | 286 | | 100.18 | Americare | Americare | 214.5 | 75 | | 78.51 | 271.7 | percent of total billed charges | |
| BKR CHG PLS PHER FRZ - 24 HR | P9059 | HCPCS | | | | outpatient | | | 286 | | 100.18 | Aetna | Better Health | 90.23 | 31.55 | | 78.51 | 271.7 | percent of total billed charges | |
| BKR CHG PLS PHER FRZ - 24 HR | P9059 | HCPCS | | | | outpatient | | | 286 | | 100.18 | First Trenton | First Trenton | 257.4 | 90 | | 78.51 | 271.7 | percent of total billed charges | |
| BKR CHG PLS PHER FRZ - 24 HR | P9059 | HCPCS | | | | outpatient | | | 286 | | 100.18 | First Health | First Health | 200.2 | 70 | | 78.51 | 271.7 | percent of total billed charges | |
| BKR CHG PLS PHER FRZ - 24 HR | P9059 | HCPCS | | | | outpatient | | | 286 | | 100.18 | Amerihealth | HMO/PPO | 78.51 | | | 78.51 | 271.7 | fee schedule | |
| BKR CHG PLS PHER FRZ - 24 HR | P9059 | HCPCS | | | | outpatient | | | 286 | | 100.18 | Horizon | Medicare Blue | 87.11 | | | 78.51 | 271.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLS PHER FRZ - 24 HR | P9059 | HCPCS | | | | outpatient | | | 286 | | 100.18 | Qualicare | Qualicare | 214.5 | 75 | | 78.51 | 271.7 | percent of total billed charges | |
| BKR CHG PLS PHER FRZ - 24 HR | P9059 | HCPCS | | | | outpatient | | | 286 | | 100.18 | Corrections | Corrections | 228.8 | 80 | | 78.51 | 271.7 | percent of total billed charges | |
| BKR CHG PLS PHER FRZ - 24 HR | P9059 | HCPCS | | | | outpatient | | | 286 | | 100.18 | Horizon | MGD | 168.56 | | | 78.51 | 271.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLS PHER FRZ - 24 HR | P9059 | HCPCS | | | | outpatient | | | 286 | | 100.18 | Multiplan | Multiplan | 228.8 | 80 | | 78.51 | 271.7 | percent of total billed charges | |
| BKR CHG PLS PHER FRZ - 24 HR | P9059 | HCPCS | | | | outpatient | | | 286 | | 100.18 | Managed Care Inc | Managed Care Inc | 257.4 | 90 | | 78.51 | 271.7 | percent of total billed charges | |
| BKR CHG PLS PHER FRZ - 24 HR | P9059 | HCPCS | | | | outpatient | | | 286 | | 100.18 | Horizon | PPO | 168.56 | | | 78.51 | 271.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLS PHER FRZ - 24 HR | P9059 | HCPCS | | | | outpatient | | | 286 | | 100.18 | UHC | Medicare | 87.11 | | | 78.51 | 271.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLS PHER FRZ - 24 HR | P9059 | HCPCS | | | | outpatient | | | 286 | | 100.18 | Three Rivers | Three Rivers | 271.7 | 95 | | 78.51 | 271.7 | percent of total billed charges | |
| BKR CHG PLS PHER FRZ - 24 HR | P9059 | HCPCS | | | | outpatient | | | 286 | | 100.18 | UHC | Medicaid | 90.23 | 31.55 | | 78.51 | 271.7 | percent of total billed charges | |
| BKR CHG PLS PHER FRZ - 24 HR | P9059 | HCPCS | | | | outpatient | | | 286 | | 100.18 | Wellcare | Medicaid | 90.23 | 31.55 | | 78.51 | 271.7 | percent of total billed charges | |
| BKR CHG PLS PHER FRZ - 24 HR | P9059 | HCPCS | | | | outpatient | | | 286 | | 100.18 | WellPoint | WellPoint | 92.03 | 32.18 | | 78.51 | 271.7 | percent of total billed charges | |
| BKR CHG PLS PHER FRZ - 24 HR | P9059 | HCPCS | | | | outpatient | | | 286 | | 100.18 | Wellcare | Medicare | 87.11 | | | 78.51 | 271.7 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLTS APH ACD-A PASC LEURED | P9073 | HCPCS | | | | both | | | 1589 | | 760.98 | Consumer | Consumer | 1509.55 | 95 | | 412.36 | 1509.55 | percent of total billed charges | |
| BKR CHG PLTS APH ACD-A PASC LEURED | P9073 | HCPCS | | | | both | | | 1589 | | 760.98 | Amerihealth | HMO/PPO | 1032.85 | 65 | | 412.36 | 1509.55 | percent of total billed charges | |
| BKR CHG PLTS APH ACD-A PASC LEURED | P9073 | HCPCS | | | | both | | | 1589 | | 760.98 | WellPoint | WellPoint | 511.34 | 32.18 | | 412.36 | 1509.55 | percent of total billed charges | |
| BKR CHG PLTS APH ACD-A PASC LEURED | P9073 | HCPCS | | | | both | | | 1589 | | 760.98 | Aetna | Medicare | 661.72 | | | 412.36 | 1509.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLTS APH ACD-A PASC LEURED | P9073 | HCPCS | | | | both | | | 1589 | | 760.98 | First Health | First Health | 1112.3 | 70 | | 412.36 | 1509.55 | percent of total billed charges | |
| BKR CHG PLTS APH ACD-A PASC LEURED | P9073 | HCPCS | | | | both | | | 1589 | | 760.98 | Aetna | Better Health | 501.33 | 31.55 | | 412.36 | 1509.55 | percent of total billed charges | |
| BKR CHG PLTS APH ACD-A PASC LEURED | P9073 | HCPCS | | | | both | | | 1589 | | 760.98 | Amerihealth | Medicare | 661.72 | | | 412.36 | 1509.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLTS APH ACD-A PASC LEURED | P9073 | HCPCS | | | | both | | | 1589 | | 760.98 | Americare | Americare | 1191.75 | 75 | | 412.36 | 1509.55 | percent of total billed charges | |
| BKR CHG PLTS APH ACD-A PASC LEURED | P9073 | HCPCS | | | | both | | | 1589 | | 760.98 | First Trenton | First Trenton | 1430.1 | 90 | | 412.36 | 1509.55 | percent of total billed charges | |
| BKR CHG PLTS APH ACD-A PASC LEURED | P9073 | HCPCS | | | | both | | | 1589 | | 760.98 | Corrections | Corrections | 1271.2 | 80 | | 412.36 | 1509.55 | percent of total billed charges | |
| BKR CHG PLTS APH ACD-A PASC LEURED | P9073 | HCPCS | | | | both | | | 1589 | | 760.98 | Horizon | Indemnity | 1280.43 | | | 412.36 | 1509.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLTS APH ACD-A PASC LEURED | P9073 | HCPCS | | | | both | | | 1589 | | 760.98 | Multiplan | Multiplan | 1271.2 | 80 | | 412.36 | 1509.55 | percent of total billed charges | |
| BKR CHG PLTS APH ACD-A PASC LEURED | P9073 | HCPCS | | | | both | | | 1589 | | 760.98 | Three Rivers | Three Rivers | 1509.55 | 95 | | 412.36 | 1509.55 | percent of total billed charges | |
| BKR CHG PLTS APH ACD-A PASC LEURED | P9073 | HCPCS | | | | both | | | 1589 | | 760.98 | Qualicare | Qualicare | 1191.75 | 75 | | 412.36 | 1509.55 | percent of total billed charges | |
| BKR CHG PLTS APH ACD-A PASC LEURED | P9073 | HCPCS | | | | both | | | 1589 | | 760.98 | Horizon | Medicare Blue | 661.72 | | | 412.36 | 1509.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLTS APH ACD-A PASC LEURED | P9073 | HCPCS | | | | both | | | 1589 | | 760.98 | Horizon | MGD | 1280.43 | | | 412.36 | 1509.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLTS APH ACD-A PASC LEURED | P9073 | HCPCS | | | | both | | | 1589 | | 760.98 | UHC | Medicare | 661.72 | | | 412.36 | 1509.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLTS APH ACD-A PASC LEURED | P9073 | HCPCS | | | | both | | | 1589 | | 760.98 | Wellcare | Medicare | 661.72 | | | 412.36 | 1509.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLTS APH ACD-A PASC LEURED | P9073 | HCPCS | | | | both | | | 1589 | | 760.98 | Wellcare | Medicaid | 501.33 | 31.55 | | 412.36 | 1509.55 | percent of total billed charges | |
| BKR CHG PLTS APH ACD-A PASC LEURED | P9073 | HCPCS | | | | both | | | 1589 | | 760.98 | Horizon | PPO | 1280.43 | | | 412.36 | 1509.55 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG PLTS APH ACD-A PASC LEURED | P9073 | HCPCS | | | | both | | | 1589 | | 760.98 | Managed Care Inc | Managed Care Inc | 1430.1 | 90 | | 412.36 | 1509.55 | percent of total billed charges | |
| BKR CHG PLTS APH ACD-A PASC LEURED | P9073 | HCPCS | | | | both | | | 1589 | | 760.98 | UHC | Medicaid | 501.33 | 31.55 | | 412.36 | 1509.55 | percent of total billed charges | |
| BKR CHG CONVALESCENT PLASMA | P9099 | HCPCS | | | | outpatient | | | | | 43.13 | Horizon | Indemnity | 72.56 | | | 37.5 | 72.56 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CONVALESCENT PLASMA | P9099 | HCPCS | | | | outpatient | | | | | 43.13 | Horizon | Medicare Blue | 37.5 | | | 37.5 | 72.56 | other | Payer-specific negotiated charge calculated as a percent of the Medicare value |
| BKR CHG CONVALESCENT PLASMA | P9099 | HCPCS | | | | outpatient | | | | | 43.13 | Aetna | Medicare | 37.5 | | | 37.5 | 72.56 | other | Payer-specific negotiated charge

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BKR CHG WET MOUNTS/ W PREPARATIONS | Q0111 | HCPCS | | | | outpatient | | | | 20.42 | UHC | Medicaid | 2.4 | | | | 2.4 | 17.76 | fee schedule | |
| BKR CHG WET MOUNTS/ W PREPARATIONS | Q0111 | HCPCS | | | | outpatient | | | | 20.42 | UHC | Medicare | 17.76 | | | | 2.4 | 17.76 | fee schedule | |
| BKR CHG WET MOUNTS/ W PREPARATIONS | Q0111 | HCPCS | | | | outpatient | | | | 20.42 | Wellcare | Medicaid | 2.4 | | | | 2.4 | 17.76 | fee schedule | |
| BKR CHG WET MOUNTS/ W PREPARATIONS | Q0111 | HCPCS | | | | outpatient | | | | 20.42 | Wellcare | Medicare | 17.76 | | | | 2.4 | 17.76 | fee schedule | |
| BKR CHG FERN TEST | Q0114 | HCPCS | | | | outpatient | | | | 11.2 | Aetna | Medicare | 9.74 | | | | 9.6 | 18.82 | fee schedule | |
| BKR CHG FERN TEST | Q0114 | HCPCS | | | | outpatient | | | | 11.2 | Amerihealth | Medicare | 9.74 | | | | 9.6 | 18.82 | fee schedule | |
| BKR CHG FERN TEST | Q0114 | HCPCS | | | | outpatient | | | | 11.2 | UHC | Medicaid | 9.6 | | | | 9.6 | 18.82 | fee schedule | |
| BKR CHG FERN TEST | Q0114 | HCPCS | | | | outpatient | | | | 11.2 | Amerihealth | HMO/PPO | 10.2 | | | | 9.6 | 18.82 | fee schedule | |
| BKR CHG FERN TEST | Q0114 | HCPCS | | | | outpatient | | | | 11.2 | Wellcare | Medicaid | 9.6 | | | | 9.6 | 18.82 | fee schedule | |
| BKR CHG FERN TEST | Q0114 | HCPCS | | | | outpatient | | | | 11.2 | UHC | Medicare | 9.74 | | | | 9.6 | 18.82 | fee schedule | |
| BKR CHG FERN TEST | Q0114 | HCPCS | | | | outpatient | | | | 11.2 | Horizon | NJ Health | 18.82 | | | | 9.6 | 18.82 | fee schedule | |
| BKR CHG FERN TEST | Q0114 | HCPCS | | | | outpatient | | | | 11.2 | Wellcare | Medicare | 9.74 | | | | 9.6 | 18.82 | fee schedule | |
| HC TELEHEALTH FACILITY FEE | Q3014 | HCPCS | | | | both | | | 91 | | Horizon | Medicare Blue | 27.3 | 30 | | 24.34 | 27.3 | 86.45 | percent of total billed charges | |
| HC TELEHEALTH FACILITY FEE | Q3014 | HCPCS | | | | both | | | 91 | | Aetna | Medicare | 28.03 | 30.8 | | 29.86 | 27.3 | 86.45 | percent of total billed charges | |
| HC TELEHEALTH FACILITY FEE | Q3014 | HCPCS | | | | both | | | 91 | | Aetna | Better Health | 28.71 | 31.55 | | | 27.3 | 86.45 | percent of total billed charges | |
| HC TELEHEALTH FACILITY FEE | Q3014 | HCPCS | | | | both | | | 91 | | First Trenton | First Trenton | 81.9 | 90 | | | 27.3 | 86.45 | percent of total billed charges | |
| HC TELEHEALTH FACILITY FEE | Q3014 | HCPCS | | | | both | | | 91 | | Amerihealth | HMO/PPO | 59.15 | 65 | | 16.47 | 27.3 | 86.45 | percent of total billed charges | |
| HC TELEHEALTH FACILITY FEE | Q3014 | HCPCS | | | | both | | | 91 | | Horizon | Indemnity | 34.83 | 38.28 | | 39.32 | 27.3 | 86.45 | percent of total billed charges | |
| HC TELEHEALTH FACILITY FEE | Q3014 | HCPCS | | | | both | | | 91 | | Consumer | Consumer | 86.45 | 95 | | | 27.3 | 86.45 | percent of total billed charges | |
| HC TELEHEALTH FACILITY FEE | Q3014 | HCPCS | | | | both | | | 91 | | Americare | Americare | 68.25 | 75 | | | 27.3 | 86.45 | percent of total billed charges | |
| HC TELEHEALTH FACILITY FEE | Q3014 | HCPCS | | | | both | | | 91 | | First Health | First Health | 63.7 | 70 | | | 27.3 | 86.45 | percent of total billed charges | |
| HC TELEHEALTH FACILITY FEE | Q3014 | HCPCS | | | | both | | | 91 | | Corrections | Corrections | 72.8 | 80 | | | 27.3 | 86.45 | percent of total billed charges | |
| HC TELEHEALTH FACILITY FEE | Q3014 | HCPCS | | | | both | | | 91 | | UHC | Medicaid | 28.71 | 31.55 | | 25.85 | 27.3 | 86.45 | percent of total billed charges | |
| HC TELEHEALTH FACILITY FEE | Q3014 | HCPCS | | | | both | | | 91 | | Managed Care Inc | Managed Care Inc | 81.9 | 90 | | | 27.3 | 86.45 | percent of total billed charges | |
| HC TELEHEALTH FACILITY FEE | Q3014 | HCPCS | | | | both | | | 91 | | WellPoint | WellPoint | 29.28 | 32.18 | | 25.76 | 27.3 | 86.45 | percent of total billed charges | |
| HC TELEHEALTH FACILITY FEE | Q3014 | HCPCS | | | | both | | | 91 | | Horizon | MGD | 34.83 | 38.28 | | 27.6 | 27.3 | 86.45 | percent of total billed charges | |
| HC TELEHEALTH FACILITY FEE | Q3014 | HCPCS | | | | both | | | 91 | | Horizon | PPO | 34.83 | 38.28 | | 34.22 | 27.3 | 86.45 | percent of total billed charges | |
| HC TELEHEALTH FACILITY FEE | Q3014 | HCPCS | | | | both | | | 91 | | Multiplan | Multiplan | 72.8 | 80 | | | 27.3 | 86.45 | percent of total billed charges | |
| HC TELEHEALTH FACILITY FEE | Q3014 | HCPCS | | | | both | | | 91 | | Three Rivers | Three Rivers | 86.45 | 95 | | | 27.3 | 86.45 | percent of total billed charges | |
| HC TELEHEALTH FACILITY FEE | Q3014 | HCPCS | | | | both | | | 91 | | Qualcare | Qualcare | 68.25 | 75 | | | 27.3 | 86.45 | percent of total billed charges | |
| HC TELEHEALTH FACILITY FEE | Q3014 | HCPCS | | | | both | | | 91 | | Wellcare | Medicaid | 28.71 | 31.55 | | 24.93 | 27.3 | 86.45 | percent of total billed charges | |
| HC RTX LOCM 300-399MG/ML IODINE,1ML | Q9967 | HCPCS | | | | both | | | 2500 | 0.14 | Amerihealth | Medicare | 0.12 | | | | 0.12 | 2375 | fee schedule | |
| HC RTX LOCM 300-399MG/ML IODINE,1ML | Q9967 | HCPCS | | | | both | | | 2500 | 0.14 | Americare | Americare | 1875 | 75 | | | 0.12 | 2375 | percent of total billed charges | |
| HC RTX LOCM 300-399MG/ML IODINE,1ML | Q9967 | HCPCS | | | | both | | | 2500 | 0.14 | Aetna | Better Health | 788.75 | 31.55 | | | 0.12 | 2375 | percent of total billed charges | |
| HC RTX LOCM 300-399MG/ML IODINE,1ML | Q9967 | HCPCS | | | | both | | | 2500 | 0.14 | Aetna | Medicare | 0.12 | | | | 0.12 | 2375 | fee schedule | |
| HC RTX LOCM 300-399MG/ML IODINE,1ML | Q9967 | HCPCS | | | | both | | | 2500 | 0.14 | First Trenton | First Trenton | 2250 | 90 | | | 0.12 | 2375 | percent of total billed charges | |
| HC RTX LOCM 300-399MG/ML IODINE,1ML | Q9967 | HCPCS | | | | both | | | 2500 | 0.14 | Consumer | Consumer | 2375 | 95 | | | 0.12 | 2375 | percent of total billed charges | |
| HC RTX LOCM 300-399MG/ML IODINE,1ML | Q9967 | HCPCS | | | | both | | | 2500 | 0.14 | UHC | Medicare | 0.12 | | | | 0.12 | 2375 | fee schedule | |
| HC RTX LOCM 300-399MG/ML IODINE,1ML | Q9967 | HCPCS | | | | both | | | 2500 | 0.14 | Amerihealth | HMO/PPO | 1625 | 65 | | | 0.12 | 2375 | percent of total billed charges | |
| HC RTX LOCM 300-399MG/ML IODINE,1ML | Q9967 | HCPCS | | | | both | | | 2500 | 0.14 | Corrections | Corrections | 2000 | 80 | | | 0.12 | 2375 | percent of total billed charges | |
| HC RTX LOCM 300-399MG/ML IODINE,1ML | Q9967 | HCPCS | | | | both | | | 2500 | 0.14 | Horizon | MGD | 957 | 38.28 | | | 0.12 | 2375 | percent of total billed charges | |
| HC RTX LOCM 300-399MG/ML IODINE,1ML | Q9967 | HCPCS | | | | both | | | 2500 | 0.14 | First Health | First Health | 1750 | 70 | | | 0.12 | 2375 | percent of total billed charges | |
| HC RTX LOCM 300-399MG/ML IODINE,1ML | Q9967 | HCPCS | | | | both | | | 2500 | 0.14 | Horizon | Medicare Blue | 750 | 30 | | | 0.12 | 2375 | percent of total billed charges | |
| HC RTX LOCM 300-399MG/ML IODINE,1ML | Q9967 | HCPCS | | | | both | | | 2500 | 0.14 | Horizon | PPO | 957 | 38.28 | | | 0.12 | 2375 | percent of total billed charges | |
| HC RTX LOCM 300-399MG/ML IODINE,1ML | Q9967 | HCPCS | | | | both | | | 2500 | 0.14 | Horizon | Indemnity | 957 | 38.28 | | | 0.12 | 2375 | percent of total billed charges | |
| HC RTX LOCM 300-399MG/ML IODINE,1ML | Q9967 | HCPCS | | | | both | | | 2500 | 0.14 | Wellcare | Medicare | 0.12 | | | | 0.12 | 2375 | fee schedule | |
| HC RTX LOCM 300-399MG/ML IODINE,1ML | Q9967 | HCPCS | | | | both | | | 2500 | 0.14 | Multiplan | Multiplan | 2000 | 80 | | | 0.12 | 2375 | percent of total billed charges | |
| HC RTX LOCM 300-399MG/ML IODINE,1ML | Q9967 | HCPCS | | | | both | | | 2500 | 0.14 | Horizon | NJ Health | 1.1 | | | | 0.12 | 2375 | fee schedule | |
| HC RTX LOCM 300-399MG/ML IODINE,1ML | Q9967 | HCPCS | | | | both | | | 2500 | 0.14 | Qualcare | Qualcare | 1875 | 75 | | | 0.12 | 2375 | percent of total billed charges | |
| HC RTX LOCM 300-399MG/ML IODINE,1ML | Q9967 | HCPCS | | | | both | | | 2500 | 0.14 | Wellcare | Medicaid | 788.75 | 31.55 | | | 0.12 | 2375 | percent of total billed charges | |
| HC RTX LOCM 300-399MG/ML IODINE,1ML | Q9967 | HCPCS | | | | both | | | 2500 | 0.14 | Three Rivers | Three Rivers | 2375 | 95 | | | 0.12 | 2375 | percent of total billed charges | |
| HC RTX LOCM 300-399MG/ML IODINE,1ML | Q9967 | HCPCS | | | | both | | | 2500 | 0.14 | Managed Care Inc | Managed Care Inc | 2250 | 90 | | | 0.12 | 2375 | percent of total billed charges | |
| HC RTX LOCM 300-399MG/ML IODINE,1ML | Q9967 | HCPCS | | | | both | | | 2500 | 0.14 | UHC | Medicaid | 788.75 | 31.55 | | | 0.12 | 2375 | percent of total billed charges | |
| HC RTX LOCM 300-399MG/ML IODINE,1ML | Q9967 | HCPCS | | | | both | | | 2500 | 0.14 | WellPoint | WellPoint | 804.5 | 32.18 | | | 0.12 | 2375 | percent of total billed charges | |
| BKR CHG SARS-COV-2 RNA(CEPHEID) | U0002 | HCPCS | | | | both | | | 159 | 59.01 | Aetna | Better Health | 50.16 | 31.55 | | 17.37 | 35.1 | 151.05 | percent of total billed charges | |
| BKR CHG SARS-COV-2 RNA(CEPHEID) | U0002 | HCPCS | | | | both | | | 159 | 59.01 | Aetna | Medicare | 51.31 | | | 12.7 | 35.1 | 151.05 | fee schedule | |
| BKR CHG SARS-COV-2 RNA(CEPHEID) | U0002 | HCPCS | | | | both | | | 159 | 59.01 | UHC | Medicaid | 51.31 | | | 28.91 | 35.1 | 151.05 | fee schedule | |
| BKR CHG SARS-COV-2 RNA(CEPHEID) | U0002 | HCPCS | | | | both | | | 159 | 59.01 | Horizon | PPO | 60.87 | 38.28 | | 17.53 | 35.1 | 151.05 | percent of total billed charges | |
| BKR CHG SARS-COV-2 RNA(CEPHEID) | U0002 | HCPCS | | | | both | | | 159 | 59.01 | Horizon | Medicare Blue | 47.7 | 30 | | 20.63 | 35.1 | 151.05 | percent of total billed charges | |
| BKR CHG SARS-COV-2 RNA(CEPHEID) | U0002 | HCPCS | | | | both | | | 159 | 59.01 | Amerihealth | HMO/PPO | 103.35 | 65 | | | 35.1 | 151.05 | percent of total billed charges | |
| BKR CHG SARS-COV-2 RNA(CEPHEID) | U0002 | HCPCS | | | | both | | | 159 | 59.01 | Amerihealth | Medicare | 51.31 | | | | 35.1 | 151.05 | fee schedule | |
| BKR CHG SARS-COV-2 RNA(CEPHEID) | U0002 | HCPCS | | | | both | | | 159 | 59.01 | First Trenton | First Trenton | 143.1 | 90 | | | 35.1 | 151.05 | percent of total billed charges | |
| BKR CHG SARS-COV-2 RNA(CEPHEID) | U0002 | HCPCS | | | | both | | | 159 | 59.01 | Consumer | Consumer | 151.05 | 95 | | | 35.1 | 151.05 | percent of total billed charges | |
| BKR CHG SARS-COV-2 RNA(CEPHEID) | U0002 | HCPCS | | | | both | | | 159 | 59.01 | Americare | Americare | 119.25 | 75 | | | 35.1 | 151.05 | percent of total billed charges | |
| BKR CHG SARS-COV-2 RNA(CEPHEID) | U0002 | HCPCS | | | | both | | | 159 | 59.01 | Corrections | Corrections | 127.2 | 80 | | 23.4 | 35.1 | 151.05 | percent of total billed charges | |
| BKR CHG SARS-COV-2 RNA(CEPHEID) | U0002 | HCPCS | | | | both | | | 159 | 59.01 | Managed Care Inc | Managed Care Inc | 143.1 | 90 | | | 35.1 | 151.05 | percent of total billed charges | |
| BKR CHG SARS-COV-2 RNA(CEPHEID) | U0002 | HCPCS | | | | both | | | 159 | 59.01 | Wellcare | Medicare | 51.31 | | | 49.41 | 35.1 | 151.05 | fee schedule | |
| BKR CHG SARS-COV-2 RNA(CEPHEID) | U0002 | HCPCS | | | | both | | | 159 | 59.01 | Multiplan | Multiplan | 127.2 | 80 | | | 35.1 | 151.05 | percent of total billed charges | |
| BKR CHG SARS-COV-2 RNA(CEPHEID) | U0002 | HCPCS | | | | both | | | 159 | 59.01 | First Health | First Health | 111.3 | 70 | | | 35.1 | 151.05 | percent of total billed charges | |
| BKR CHG SARS-COV-2 RNA(CEPHEID) | U0002 | HCPCS | | | | both | | | 159 | 59.01 | Three Rivers | Three Rivers | 151.05 | 95 | | | 35.1 | 151.05 | percent of total billed charges | |
| BKR CHG SARS-COV-2 RNA(CEPHEID) | U0002 | HCPCS | | | | both | | | 159 | 59.01 | Horizon | Indemnity | 60.87 | 38.28 | | 26.11 | 35.1 | 151.05 | percent of total billed charges | |
| BKR CHG SARS-COV-2 RNA(CEPHEID) | U0002 | HCPCS | | | | both | | | 159 | 59.01 | UHC | Medicare | 51.31 | | | 18.83 | 35.1 | 151.05 | fee schedule | |
| BKR CHG SARS-COV-2 RNA(CEPHEID) | U0002 | HCPCS | | | | both | | | 159 | 59.01 | Horizon | MGD | 60.87 | 38.28 | | 31.08 | 35.1 | 151.05 | percent of total billed charges | |
| BKR CHG SARS-COV-2 RNA(CEPHEID) | U0002 | HCPCS | | | | both | | | 159 | 59.01 | Qualcare | Qualcare | 119.25 | 75 | | | 35.1 | 151.05 | percent of total billed charges | |
| BKR CHG SARS-COV-2 RNA(CEPHEID) | U0002 | HCPCS | | | | both | | | 159 | 59.01 | Horizon | NJ Health | 100.61 | | | 26.5 | 35.1 | 151.05 | fee schedule | |
| BKR CHG SARS-COV-2 RNA(CEPHEID) | U0002 | HCPCS | | | | both | | | 159 | 59.01 | WellPoint | WellPoint | 51.17 | 32.18 | | 13.77 | 35.1 | 151.05 | percent of total billed charges | |
| BKR CHG SARS-COV-2 RNA(CEPHEID) | U0002 | HCPCS | | | | both | | | 159 | 59.01 | Wellcare | Medicaid | 51.31 | | | 21.21 | 35.1 | 151.05 | fee schedule | |
| BKR CHG COVID-19 NAA, SALIVA | U0003 | HCPCS | | | | outpatient | | | 225 | | First Health | First Health | 157.5 | 70 | | | 67.5 | 213.75 | percent of total billed charges | |
| BKR CHG COVID-19 NAA, SALIVA | U0003 | HCPCS | | | | outpatient | | | 225 | | Aetna | Medicare | 69.3 | 30.8 | | | 67.5 | 213.75 | percent of total billed charges | |
| BKR CHG COVID-19 NAA, SALIVA | U0003 | HCPCS | | | | outpatient | | | 225 | | WellPoint | WellPoint | 72.41 | 32.18 | | | 67.5 | 213.75 | percent of total billed charges | |
| BKR CHG COVID-19 NAA, SALIVA | U0003 | HCPCS | | | | outpatient | | | 225 | | Americare | Americare | 168.75 | 75 | | | 67.5 | 213.75 | percent of total billed charges | |
| BKR CHG COVID-19 NAA, SALIVA | U0003 | HCPCS | | | | outpatient | | | 225 | | Aetna | Better Health | 70.99 | 31.55 | | | 67.5 | 213.75 | percent of total billed charges | |
| BKR CHG COVID-19 NAA, SALIVA | U0003 | HCPCS | | | | outpatient | | | 225 | | First Trenton | First Trenton | 202.5 | 90 | | | 67.5 | 213.75 | percent of total billed charges | |
| BKR CHG COVID-19 NAA, SALIVA | U0003 | HCPCS | | | | outpatient | | | 225 | | Corrections | Corrections | 180 | 80 | | | 67.5 | 213.75 | percent of total billed charges | |
| BKR CHG COVID-19 NAA, SALIVA | U0003 | HCPCS | | | | outpatient | | | 225 | | Horizon | Indemnity | 86.13 | 38.28 | | | 67.5 | 213.75 | percent of total billed charges | |
| BKR CHG COVID-19 NAA, SALIVA | U0003 | HCPCS | | | | outpatient | | | 225 | | Multiplan | Multiplan | 180 | 80 | | | 67.5 | 213.75 | percent of total billed charges | |
| BKR CHG COVID-19 NAA, SALIVA | U0003 | HCPCS | | | | outpatient | | | 225 | | Amerihealth | HMO/PPO | 146.25 | 65 | | | 67.5 | 213.75 | percent of total billed charges | |
| BKR CHG COVID-19 NAA, SALIVA | U0003 | HCPCS | | | | outpatient | | | 225 | | Consumer | Consumer | 213.75 | 95 | | | 67.5 | 213.75 | percent of total billed charges | |
| BKR CHG COVID-19 NAA, SALIVA | U0003 | HCPCS | | | | outpatient | | | 225 | | Horizon | PPO | 86.13 | 38.28 | | | 67.5 | 213.75 | percent of total billed charges | |
| BKR CHG COVID-19 NAA, SALIVA | U0003 | HCPCS | | | | outpatient | | | 225 | | Qualcare | Qualcare | 168.75 | 75 | | | 67.5 | 213.75 | percent of total billed charges | |
| BKR CHG COVID-19 NAA, SALIVA | U0003 | HCPCS | | | | outpatient | | | 225 | | Managed Care Inc | Managed Care Inc | 202.5 | 90 | | | 67.5 | 213.75 | percent of total billed charges | |
| BKR CHG COVID-19 NAA, SALIVA | U0003 | HCPCS | | | | outpatient | | | 225 | | Horizon | Medicare Blue | 67.5 | 30 | | | 67.5 | 213.75 | percent of total billed charges | |
| BKR CHG COVID-19 NAA, SALIVA | U0003 | HCPCS | | | | outpatient | | | 225 | | Horizon | MGD | 86.13 | 38.28 | | | 67.5 | 213.75 | percent of total billed charges | |
| BKR CHG COVID-19 NAA, SALIVA | U0003 | HCPCS | | | | outpatient | | | 225 | | Three Rivers | Three Rivers | 213.75 | 95 | | | 67.5 | 213.75 | percent of total billed charges | |
| BKR CHG COVID-19 NAA, SALIVA | U0003 | HCPCS | | | | outpatient | | | 225 | | UHC | Medicaid | 70.99 | 31.55 | | | 67.5 | 213.75 | percent of total billed charges | |
| BKR CHG COVID-19 NAA, SALIVA | U0003 | HCPCS | | | | outpatient | | | 225 | | Horizon | NJ Health | 147 | | | | 67.5 | 213.75 | fee schedule | |
| BKR CHG COVID-19 NAA, SALIVA | U0003 | HCPCS | | | | outpatient | | | 225 | | Wellcare | Medicaid | 70.99 | 31.55 | | | 67.5 | 213.75 | percent of total billed charges | |
| LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT | 0011 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 103184.16 | | | 63733.78 | 260411 | case rate | | |
| LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT | 0012 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 109255.54 | | | 48470.93 | 260411 | case rate | | |
| LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT | 0013 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 128418.5 | | | 31300.53 | 260411 | case rate | | |
| LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT | 0014 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 227836.18 | | | 154752.17 | 466145.35 | case rate | | |
| HEART &/OR LUNG TRANSPLANT | 0021 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 124668.71 | | | 63084.15 | 308373.74 | case rate | | |
| HEART &/OR LUNG TRANSPLANT | 0022 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 160706.49 | | | 32623.42 | 201178.6 | case rate | | |
| HEART &/OR LUNG TRANSPLANT | 0023 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 193118.43 | | | 67385.9 | 212982.12 | case rate | | |
| HEART &/OR LUNG TRANSPLANT | 0024 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 304477.89 | | | 44903.86 | 313612.23 | case rate | | |
| BONE MARROW TRANSPLANT | 0031 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 80920.3 | | | 49497.36 | 163162.38 | case rate | | |
| BONE MARROW TRANSPLANT | 0032 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 100004.96 | | | 25224.68 | 103005.11 | case rate | | |
| BONE MARROW TRANSPLANT | 0033 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 164464.53 | | | 18845.28 | 169398.47 | case rate | | |
| BONE MARROW TRANSPLANT | 0034 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 271004.84 | | | 45931.46 | 279134.99 | case rate | | |
| TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO | 0041 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 73079.18 | | | 26672.77 | 91994.11 | case rate | | |
| TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO | 0042 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 99425.84 | | | 20759.93 | 102408.62 | case rate | | |
| TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO | 0043 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 144230.51 | | | 137952 | 148557.43 | case rate | | |
| TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO | 0044 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 207512.38 | | | 19647 | 213737.75 | case rate | | |
| TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE | 0051 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 70194.26 | | | 67138 | 72300.09 | case rate | | |
| TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE | 0052 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 77993.67 | | | 23770.68 | 80333.48 | case rate | | |
| TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE | 0053 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 95450.67 | | | 10883.13 | 98314.19 | case rate | | |
| TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE | 0054 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 139413.78 | | | 17706.65 | 143596.19 | case rate | | |
| PANCREAS TRANSPLANT | 0061 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 84041.29 | | | 31931.26 | 111080.23 | case rate | | |
| PANCREAS TRANSPLANT | 0062 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 118164.04 | | | 21035.14 | 121708.96 | case rate | | |
| PANCREAS TRANSPLANT | 0063 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 132120.04 | | | 16592.82 | 136083.64 | case rate | | |
| PANCREAS TRANSPLANT | 0064 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 209655.29 | | | 23495.48 | 215326.95 | case rate | | |
| CRANIOTOMY FOR TRAUMA | 0201 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 27079.6 | | | 7997.58 | 27891.99 | case rate | | |
| CRANIOTOMY FOR TRAUMA | 0202 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 37568.59 | | | 11418.2 | 38695.65 | case rate | | |
| CRANIOTOMY FOR TRAUMA | 0203 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 45296.63 | | | 8227.9 | 50775.53 | case rate | | |
| CRANIOTOMY FOR TRAUMA | 0204 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 93914.21 | | | 9579.14 | 96731.64 | case rate | | |
| CRANIOTOMY EXCEPT FOR TRAUMA | 0211 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 29892.86 | | | 28591 | 30789.65 | case rate | | |
| CRANIOTOMY EXCEPT FOR TRAUMA | 0212 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 39162.54 | | | 37458 | 189020.06 | case rate | | |
| CRANIOTOMY EXCEPT FOR TRAUMA | 0213 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 60016.75 | | | 57404 | 61817.25 | case rate | | |
| CRANIOTOMY EXCEPT FOR TRAUMA | 0214 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 104929.68 | | | 100362 | 108077.57 | case rate | | |
| VENTRICULAR SHUNT PROCEDURES | 0221 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 17981.58 | | | 17199 | 179720.85 | case rate | | |
| VENTRICULAR SHUNT PROCEDURES | 0222 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 22853.65 | | | 21859 | 23539.26 | case rate | | |
| VENTRICULAR SHUNT PROCEDURES | 0223 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 38752.66 | | | 37066 | 39915.24 | case rate | | |
| VENTRICULAR SHUNT PROCEDURES | 0224 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 91895.86 | | | 87895 | 94652.74 | case rate | | |
| SPINAL PROCEDURES | 0231 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 20307.75 | | | 19424 | 327615.89 | case rate | | |
| SPINAL PROCEDURES | 0232 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 29096.78 | | | 27830 | 240298.72 | case rate | | |
| SPINAL PROCEDURES | 0233 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 56216.83 | | | 53769 | 297923.76 | case rate | | |
| SPINAL PROCEDURES | 0234 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 100405.51 | | | 62839.65 | 200776.83 | case rate | | |
| EXTRACRANIAL VASCULAR PROCEDURES | 0241 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 16267.09 | | | 15559 | 62255.17 | case rate | | |
| EXTRACRANIAL VASCULAR PROCEDURES | 0242 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 21461.95 | | | 20528 | 145765.26 | case rate | | |
| EXTRACRANIAL VASCULAR PROCEDURES | 0243 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 41990.96 | | | 19748 | 99635.58 | case rate | | |
| EXTRACRANIAL VASCULAR PROCEDURES | 0244 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 89132.37 | | | 19748 | 91806.34 | case rate | | |
| OTHER NERVOUS SYSTEM & RELATED PROCEDURES | 0261 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 18628.86 | | | 12982 | 77694.14 | case rate | | |
| OTHER NERVOUS SYSTEM & RELATED PROCEDURES | 0262 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 24591.9 | | | 12982 | 63616.52 | case rate | | |
| OTHER NERVOUS SYSTEM & RELATED PROCEDURES | 0263 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 35242.43 | | | 31679.68 | 93312.55 | case rate | | |
| OTHER NERVOUS SYSTEM & RELATED PROCEDURES | 0264 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 74219.04 | | | 41282.44 | 123207.51 | case rate | | |
| SPINAL DISORDERS & INJURIES | 0401 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 14180.4 | | | 13563 | 14605.81 | case rate | | |
| SPINAL DISORDERS & INJURIES | 0402 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 16089.24 | | | 15389 | 16571.92 | case rate | | |
| SPINAL DISORDERS & INJURIES | 0403 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 22964.05 | | | 21964 | 23652.97 | case rate | | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes | | | |
| SPINAL DISORDERS & INJURIES | 0404 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 59382.03 | | | | 56797 | 61163.49 | case rate | | | | | |
| NERVOUS SYSTEM MALIGNANCY | 0411 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10959.41 | | | | 10482 | 159953.89 | case rate | | | | | |
| NERVOUS SYSTEM MALIGNANCY | 0412 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12177.11 | | | | 11647 | 92910.77 | case rate | | | | | |
| NERVOUS SYSTEM MALIGNANCY | 0413 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 16632.58 | | | | 15908 | 65773.6 | case rate | | | | | |
| NERVOUS SYSTEM MALIGNANCY | 0414 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 29556.44 | | | | 28270 | 139535.84 | case rate | | | | | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS | 0421 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8628.76 | | | | 8253 | 69397.35 | case rate | | | | | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS | 0422 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10739.58 | | | | 10272 | 58806.95 | case rate | | | | | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS | 0423 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 16746.21 | | | | 16017 | 153921.62 | case rate | | | | | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS | 0424 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 45034.54 | | | | 26969.24 | 85468.24 | case rate | | | | | |
| MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES | 0431 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11334.67 | | | | 10841 | 11674.71 | case rate | | | | | |
| MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES | 0432 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 14525.07 | | | | 13893 | 71226.78 | case rate | | | | | |
| MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES | 0433 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 23216.44 | | | | 12635.96 | 40095.3 | case rate | | | | | |
| MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES | 0434 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 51806.66 | | | | 8226.72 | 53360.86 | case rate | | | | | |
| INTRACRANIAL HEMORRHAGE | 0441 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12314.52 | | | | 11778 | 72443.8 | case rate | | | | | |
| INTRACRANIAL HEMORRHAGE | 0442 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 15856.68 | | | | 11412.29 | 36623.67 | case rate | | | | | |
| INTRACRANIAL HEMORRHAGE | 0443 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 23415.64 | | | | 8299.96 | 27141.07 | case rate | | | | | |
| INTRACRANIAL HEMORRHAGE | 0444 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 48672.49 | | | | 19895.32 | 62836.38 | case rate | | | | | |
| CVA & PRECEREBRAL OCCLUSION W INFARCT | 0451 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10584.06 | | | | 10123 | 10901.58 | case rate | | | | | |
| CVA & PRECEREBRAL OCCLUSION W INFARCT | 0452 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12846.28 | | | | 12287 | 13231.67 | case rate | | | | | |
| CVA & PRECEREBRAL OCCLUSION W INFARCT | 0453 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 18522.94 | | | | 17717 | 370445.58 | case rate | | | | | |
| CVA & PRECEREBRAL OCCLUSION W INFARCT | 0454 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 38557.59 | | | | 36879 | 247179.56 | case rate | | | | | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT | 0461 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10367.91 | | | | 9917 | 174848.88 | case rate | | | | | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT | 0462 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11830.38 | | | | 11315 | 124592.26 | case rate | | | | | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT | 0463 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 16473.11 | | | | 15756 | 200180.02 | case rate | | | | | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT | 0464 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 40910.66 | | | | 34827.45 | 114836.61 | case rate | | | | | |
| TRANSIENT ISCHEMIA | 0471 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8659.17 | | | | 8282 | 195452.37 | case rate | | | | | |
| TRANSIENT ISCHEMIA | 0472 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9400 | | | | 8991 | 114945.83 | case rate | | | | | |
| TRANSIENT ISCHEMIA | 0473 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11740.33 | | | | 11229 | 92559.71 | case rate | | | | | |
| TRANSIENT ISCHEMIA | 0474 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 23337.25 | | | | 22321 | 148035.47 | case rate | | | | | |
| PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS | 0481 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8740.34 | | | | 8360 | 80444.14 | case rate | | | | | |
| PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS | 0482 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9812.47 | | | | 9385 | 64927.15 | case rate | | | | | |
| PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS | 0483 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13689.35 | | | | 13093 | 92973.18 | case rate | | | | | |
| PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS | 0484 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 33929.65 | | | | 32453 | 34947.54 | case rate | | | | | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM | 0491 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13215.53 | | | | 12640 | 13612 | case rate | | | | | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM | 0492 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 28890.41 | | | | 27633 | 132253.23 | case rate | | | | | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM | 0493 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 35827.64 | | | | 28359.46 | 87613.62 | case rate | | | | | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM | 0494 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 65912.7 | | | | 22269.44 | 68414.38 | case rate | | | | | |
| NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS | 0501 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9306.81 | | | | 8902 | 65820.41 | case rate | | | | | |
| NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS | 0502 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 17366.5 | | | | 16503.06 | 50361.94 | case rate | | | | | |
| NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS | 0503 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 28665.74 | | | | 27418 | 99943.74 | case rate | | | | | |
| NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS | 0504 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 59261.22 | | | | 20729.22 | 67462.61 | case rate | | | | | |
| VIRAL MENINGITIS | 0511 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8003.9 | | | | 7655 | 72057.63 | case rate | | | | | |
| VIRAL MENINGITIS | 0512 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11044.88 | | | | 10564 | 59372.55 | case rate | | | | | |
| VIRAL MENINGITIS | 0513 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 19358.48 | | | | 17783.42 | 63955.88 | case rate | | | | | |
| VIRAL MENINGITIS | 0514 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 39476.09 | | | | 12043.03 | 40660.37 | case rate | | | | | |
| NONTRAUMATIC STUPOR & COMA | 0521 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8042.2 | | | | 7692 | 50572.96 | case rate | | | | | |
| NONTRAUMATIC STUPOR & COMA | 0522 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9413.09 | | | | 9003 | 36577.64 | case rate | | | | | |
| NONTRAUMATIC STUPOR & COMA | 0523 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12685.2 | | | | 12133 | 13065.76 | case rate | | | | | |
| NONTRAUMATIC STUPOR & COMA | 0524 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 32484.32 | | | | 31070 | 33458.85 | case rate | | | | | |
| SEIZURE | 0531 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7527.03 | | | | 7199 | 7752.84 | case rate | | | | | |
| SEIZURE | 0532 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8935.32 | | | | 8546 | 9203.38 | case rate | | | | | |
| SEIZURE | 0533 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13362.26 | | | | 12781 | 59700.21 | case rate | | | | | |
| SEIZURE | 0534 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 33631.35 | | | | 9614.58 | 34640.29 | case rate | | | | | |
| MIGRAINE & OTHER HEADACHES | 0541 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8074.94 | | | | 7723 | 34431.48 | case rate | | | | | |
| MIGRAINE & OTHER HEADACHES | 0542 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9307.8 | | | | 8903 | 71199.48 | case rate | | | | | |
| MIGRAINE & OTHER HEADACHES | 0543 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11384.54 | | | | 10889 | 41835.01 | case rate | | | | | |
| MIGRAINE & OTHER HEADACHES | 0544 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 21512.17 | | | | 8925.97 | 31143.19 | case rate | | | | | |
| HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE | 0551 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9581.97 | | | | 9165 | 62083.54 | case rate | | | | | |
| HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE | 0552 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12777.94 | | | | 11383.94 | 35145.31 | case rate | | | | | |
| HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE | 0553 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 20430.89 | | | | 15425.85 | 48275.06 | case rate | | | | | |
| HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE | 0554 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 45988.74 | | | | 9857.89 | 47368.4 | case rate | | | | | |
| BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA | 0561 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9630.76 | | | | 9211 | 29493.19 | case rate | | | | | |
| BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA | 0562 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13076.42 | | | | 12507 | 54925.76 | case rate | | | | | |
| BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA | 0563 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 21636.57 | | | | 10557.14 | 32691.77 | case rate | | | | | |
| BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA | 0564 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 52748.39 | | | | 18534.64 | 61326.81 | case rate | | | | | |
| CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1 | 0571 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9491.3 | | | | 9078 | 66425.02 | case rate | | | | | |
| CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1 | 0572 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11919.89 | | | | 11401 | 45973.65 | case rate | | | | | |
| CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1 | 0573 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 16823.43 | | | | 16091 | 204845.26 | case rate | | | | | |
| CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1 | 0574 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 38541.44 | | | | 36864 | 118811.42 | case rate | | | | | |
| OTHER DISORDERS OF NERVOUS SYSTEM | 0581 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9001.24 | | | | 8609 | 48228.25 | case rate | | | | | |
| OTHER DISORDERS OF NERVOUS SYSTEM | 0582 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11166.95 | | | | 10681 | 61221.49 | case rate | | | | | |
| OTHER DISORDERS OF NERVOUS SYSTEM | 0583 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 15370.39 | | | | 14701 | 53755.55 | case rate | | | | | |
| OTHER DISORDERS OF NERVOUS SYSTEM | 0584 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 35469.07 | | | | 24182.91 | 72997.7 | case rate | | | | | |
| ORBITAL PROCEDURES | 0701 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13903.53 | | | | 13298 | 14320.64 | case rate | | | | | |
| ORBITAL PROCEDURES | 0702 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 19214.62 | | | | 16378 | 19791.06 | case rate | | | | | |
| ORBITAL PROCEDURES | 0703 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 31514.7 | | | | 30143 | 32460.14 | case rate | | | | | |
| ORBITAL PROCEDURES | 0704 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 78142.47 | | | | 74741 | 80486.74 | case rate | | | | | |
| EYE PROCEDURES EXCEPT ORBIT | 0731 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12024.82 | | | | 11501 | 12385.56 | case rate | | | | | |
| EYE PROCEDURES EXCEPT ORBIT | 0732 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 14213.76 | | | | 13595 | 14640.17 | case rate | | | | | |
| EYE PROCEDURES EXCEPT ORBIT | 0733 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 23755.74 | | | | 22722 | 24468.41 | case rate | | | | | |
| EYE PROCEDURES EXCEPT ORBIT | 0734 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 51367.9 | | | | 24837.26 | 89946.24 | case rate | | | | | |
| ACUTE MAJOR EYE INFECTIONS | 0801 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6249.14 | | | | 5977 | 60706.59 | case rate | | | | | |
| ACUTE MAJOR EYE INFECTIONS | 0802 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8572.17 | | | | 8199 | 130984.23 | case rate | | | | | |
| ACUTE MAJOR EYE INFECTIONS | 0803 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13987.75 | | | | 13379 | 67173.95 | case rate | | | | | |
| ACUTE MAJOR EYE INFECTIONS | 0804 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 23977.62 | | | | 13058.82 | 47998.11 | case rate | | | | | |
| EYE DISORDERS EXCEPT MAJOR INFECTIONS | 0821 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7285.94 | | | | 6969 | 93394.46 | case rate | | | | | |
| EYE DISORDERS EXCEPT MAJOR INFECTIONS | 0822 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9118.46 | | | | 8721 | 47190.67 | case rate | | | | | |
| EYE DISORDERS EXCEPT MAJOR INFECTIONS | 0823 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13117.59 | | | | 12547 | 176491.07 | case rate | | | | | |
| EYE DISORDERS EXCEPT MAJOR INFECTIONS | 0824 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 23682.73 | | | | 22652 | 85596.96 | case rate | | | | | |
| MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0891 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 23680.58 | | | | 22650 | 24391 | case rate | | | | | |
| MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0892 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 30796.56 | | | | 29456 | 31720.46 | case rate | | | | | |
| MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0893 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 51470.51 | | | | 49230 | 53014.63 | case rate | | | | | |
| MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0894 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 91864.65 | | | | 2090 | 94620.59 | case rate | | | | | |
| MAJOR LARYNX & TRACHEA PROCEDURES | 0901 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13721.28 | | | | 13124 | 174162.35 | case rate | | | | | |
| MAJOR LARYNX & TRACHEA PROCEDURES | 0902 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 35771.32 | | | | 22413.54 | 74909.04 | case rate | | | | | |
| MAJOR LARYNX & TRACHEA PROCEDURES | 0903 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 54785.93 | | | | 14399.42 | 56429.51 | case rate | | | | | |
| MAJOR LARYNX & TRACHEA PROCEDURES | 0904 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 106113.21 | | | | 45605.46 | 125836.58 | case rate | | | | | |
| OTHER MAJOR HEAD & NECK PROCEDURES | 0911 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 20962 | | | | 19189 | 20863.86 | case rate | | | | | |
| OTHER MAJOR HEAD & NECK PROCEDURES | 0912 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 30397.81 | | | | 29074 | 31309.74 | case rate | | | | | |
| OTHER MAJOR HEAD & NECK PROCEDURES | 0913 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 52131.06 | | | | 19114.58 | 57414.4 | case rate | | | | | |
| OTHER MAJOR HEAD & NECK PROCEDURES | 0914 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 82293.79 | | | | 10824.08 | 84762.6 | case rate | | | | | |
| FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0921 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 16567.55 | | | | 8122.78 | 27562.35 | case rate | | | | | |
| FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0922 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 23095 | | | | 19954.38 | 60788.51 | case rate | | | | | |
| FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0923 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 36487.84 | | | | 12046.57 | 37582.48 | case rate | | | | | |
| FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0924 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 72510.38 | | | | 69354 | 74685.69 | case rate | | | | | |
| SINUS & MASTOID PROCEDURES | 0931 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 16463.33 | | | | 15747 | 16957.23 | case rate | | | | | |
| SINUS & MASTOID PROCEDURES | 0932 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 20286.31 | | | | 19403 | 20894.9 | case rate | | | | | |
| SINUS & MASTOID PROCEDURES | 0933 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 34834.16 | | | | 33318 | 111571.72 | case rate | | | | | |
| SINUS & MASTOID PROCEDURES | 0934 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 66634.15 | | | | 25945.16 | 71519.33 | case rate | | | | | |
| CLEFT LIP & PALATE REPAIR | 0951 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11142.29 | | | | 6697.13 | 31143.19 | case rate | | | | | |
| CLEFT LIP & PALATE REPAIR | 0952 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12940.01 | | | | 12377 | 13328.21 | case rate | | | | | |
| CLEFT LIP & PALATE REPAIR | 0953 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 19832.67 | | | | 18969 | 20427.65 | case rate | | | | | |
| CLEFT LIP & PALATE REPAIR | 0954 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 40930.75 | | | | 39149 | 42158.67 | case rate | | | | | |
| TONSIL & ADENOID PROCEDURES | 0971 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6741 | | | | 6448 | 6943.23 | case rate | | | | | |
| TONSIL & ADENOID PROCEDURES | 0972 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10348 | | | | 9898 | 10658.44 | case rate | | | | | |
| TONSIL & ADENOID PROCEDURES | 0973 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 20108.19 | | | | 19233 | 20711.44 | case rate | | | | | |
| TONSIL & ADENOID PROCEDURES | 0974 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 67934.65 | | | | 35271.56 | 106216.06 | case rate | | | | | |
| OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES | 0981 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11816.3 | | | | 11302 | 170480.09 | case rate | | | | | |
| OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES | 0982 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 15578.91 | | | | 14901 | 95680.27 | case rate | | | | | |
| OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES | 0983 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 25072.36 | | | | 19703.98 | 61205.88 | case rate | | | | | |
| OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES | 0984 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 52294.83 | | | | 50018 | 53863.67 | case rate | | | | | |
| EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES | 1101 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9254.16 | | | | 8851 | 9531.78 | case rate | | | | | |
| EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES | 1102 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11881.68 | | | | 11364 | 12238.13 | case rate | | | | | |
| EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES | 1103 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 19211.48 | | | | 18375 | 19787.82 | case rate | | | | | |
| EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES | 1104 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 35152.38 | | | | 33622 | 36206.95 | case rate | | | | | |
| VERTIGO & OTHER LABYRINTH DISORDERS | 1111 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7546.58 | | | | 7218 | 7772.98 | case rate | | | | | |
| VERTIGO & OTHER LABYRINTH DISORDERS | 1112 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8367.68 | | | | 8003 | 8618.71 | case rate | | | | | |
| VERTIGO & OTHER LABYRINTH DISORDERS | 1113 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10487.83 | | | | 10031 | 10802.46 | case rate | | | | | |
| VERTIGO & OTHER LABYRINTH DISORDERS | 1114 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 21964.83 | | | | 21009 | 22623.77 | case rate | | | | | |
| INFECTIONS OF UPPER RESPIRATORY TRACT | 1131 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 4547.75 | | | | 4350 | 4684.18 | case rate | | | | | |
| INFECTIONS OF UPPER RESPIRATORY TRACT | 1132 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6626.02 | | | | 6338 | 6824.8 | case rate | | | | | |
| INFECTIONS OF UPPER RESPIRATORY TRACT | 1133 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10310.07 | | | | 9861 | 10619.37 | case rate | | | | | |
| INFECTIONS OF UPPER RESPIRATORY TRACT | 1134 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 21736.4 | | | | 20790 | 22388.49 | case rate | | | | | |
| DENTAL & ORAL DISEASES & INJURIES | 1141 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6570.41 | | | | 6284 | 6767.52 | case rate | | | | | |
| DENTAL & ORAL DISEASES & INJURIES | 1142 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9208.24 | | | | 8807 | 9484.49 | case rate | | | | | |
| DENTAL & ORAL DISEASES & INJURIES | 1143 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 15457.74 | | | | 14785 | 15921.47 | case rate | | | | | |
| DENTAL & ORAL DISEASES & INJURIES | 1144 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 32236.42 | | | | 30833 | 33203.51 | case rate | | | | | |
| OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES | 1151 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6750.32 | | | | 6456 | 6952.83 | case rate | | | | | |
| OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES | 1152 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8986.62 | | | | 8595 | 9256.22 | case rate | | | | | |
| OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES | 1153 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13425.85 | | | | 12841 | 13828.63 | case rate | | | | | |
| OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES | 1154 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 27553.87 | | | | 26354 | 28380.49 | case rate | | | | | |
| MAJOR RESPIRATORY & CHEST PROCEDURES | 1201 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 25642.96 | | | | 24527 | 26412.25 | case rate | | | | | |
| MAJOR RESPIRATORY & CHEST PROCEDURES | 1202 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 31060.42 | | | | 29708 | 31992.23 | case rate | | | | | |
| MAJOR RESPIRATORY & CHEST PROCEDURES | 1203 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 45229.52 | | | | 43260 | 46586.41 | case rate | | | | | |
| MAJOR RESPIRATORY & CHEST PROCEDURES | 1204 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 77994.39 | | | | 74599 | 80334.22 | case rate | | | | | |
| OTHER RESPIRATORY & CHEST PROCEDURES | 1211 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 17363.81 | | | | 16608 | 17884.72 | case rate | | | | | |
| OTHER RESPIRATORY & CHEST PROCEDURES | 1212 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 22491.75 | | | | 21513 | 23166.5 | case rate | | | | | |
| OTHER RESPIRATORY & CHEST PROCEDURES | 1213 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 35344.94 | | | | 33806 | 36405.29 | case rate | | | | | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| OTHER RESPIRATORY & CHEST PROCEDURES | 1214 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 67562.75 | | | | 64612 | 69579.33 | case rate | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS | 1301 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 39107.2 | | | | 37405 | 40280.42 | case rate | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS | 1302 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 43390.82 | | | | 41502 | 44692.54 | case rate | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS | 1303 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 53744.92 | | | | 51405 | 55357.27 | case rate | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS | 1304 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 73813.11 | | | | 70600 | 76027.5 | case rate | |
| CYSTIC FIBROSIS - PULMONARY DISEASE | 1311 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 19720.11 | | | | 18862 | 20311.71 | case rate | |
| CYSTIC FIBROSIS - PULMONARY DISEASE | 1312 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 24335.21 | | | | 23276 | 25065.27 | case rate | |
| CYSTIC FIBROSIS - PULMONARY DISEASE | 1313 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 31577.57 | | | | 30203 | 32524.9 | case rate | |
| CYSTIC FIBROSIS - PULMONARY DISEASE | 1314 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 40615.76 | | | | 38848 | 41834.23 | case rate | |
| BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD | 1321 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7804.17 | | | | 7464 | 8038.3 | case rate | |
| BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD | 1322 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8717.02 | | | | 8338 | 8978.53 | case rate | |
| BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD | 1323 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13473.74 | | | | 12887 | 13877.95 | case rate | |
| BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD | 1324 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 22432.11 | | | | 21456 | 23105.07 | case rate | |
| RESPIRATORY FAILURE | 1331 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 5800.88 | | | | 5548 | 5974.91 | case rate | |
| RESPIRATORY FAILURE | 1332 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10146.11 | | | | 9704 | 10450.49 | case rate | |
| RESPIRATORY FAILURE | 1333 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 15414.51 | | | | 14743 | 15876.95 | case rate | |
| RESPIRATORY FAILURE | 1334 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 28078.55 | | | | 26856 | 28920.91 | case rate | |
| PULMONARY EMBOLISM | 1341 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9220.17 | | | | 8819 | 9496.78 | case rate | |
| PULMONARY EMBOLISM | 1342 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11962.67 | | | | 11442 | 12321.55 | case rate | |
| PULMONARY EMBOLISM | 1343 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 17462.19 | | | | 16702 | 17986.06 | case rate | |
| PULMONARY EMBOLISM | 1344 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 30301.66 | | | | 28982 | 31210.71 | case rate | |
| MAJOR CHEST & RESPIRATORY TRAUMA | 1351 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9661.98 | | | | 9241 | 9951.84 | case rate | |
| MAJOR CHEST & RESPIRATORY TRAUMA | 1352 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12114.33 | | | | 11587 | 12477.76 | case rate | |
| MAJOR CHEST & RESPIRATORY TRAUMA | 1353 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 17680.59 | | | | 16911 | 18211.01 | case rate | |
| MAJOR CHEST & RESPIRATORY TRAUMA | 1354 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 33348.65 | | | | 31897 | 34349.11 | case rate | |
| RESPIRATORY MALIGNANCY | 1361 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9893.1 | | | | 9462 | 10189.89 | case rate | |
| RESPIRATORY MALIGNANCY | 1362 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12568.69 | | | | 12022 | 12945.75 | case rate | |
| RESPIRATORY MALIGNANCY | 1363 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 19010.22 | | | | 18183 | 19580.53 | case rate | |
| RESPIRATORY MALIGNANCY | 1364 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 30823.29 | | | | 29481 | 31747.99 | case rate | |
| MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS | 1371 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9045.19 | | | | 8651 | 9316.55 | case rate | |
| MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS | 1372 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11687.59 | | | | 11179 | 12038.22 | case rate | |
| MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS | 1373 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 17360.22 | | | | 16604 | 17881.03 | case rate | |
| MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS | 1374 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 29390.78 | | | | 28111 | 30272.5 | case rate | |
| BRONCHIOLITIS & RSV PNEUMONIA | 1381 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 4203.26 | | | | 4020 | 4329.36 | case rate | |
| BRONCHIOLITIS & RSV PNEUMONIA | 1382 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6362.15 | | | | 6085 | 6553.01 | case rate | |
| BRONCHIOLITIS & RSV PNEUMONIA | 1383 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 15228.5 | | | | 14566 | 15685.36 | case rate | |
| BRONCHIOLITIS & RSV PNEUMONIA | 1384 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 37861.6 | | | | 36213 | 38997.45 | case rate | |
| OTHER PNEUMONIA | 1391 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6177.48 | | | | 5909 | 6362.8 | case rate | |
| OTHER PNEUMONIA | 1392 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8676.66 | | | | 8299 | 8936.96 | case rate | |
| OTHER PNEUMONIA | 1393 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13633.21 | | | | 13040 | 14042.21 | case rate | |
| OTHER PNEUMONIA | 1394 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 26226.66 | | | | 25085 | 27013.46 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE | 1401 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7158.77 | | | | 6847 | 7373.53 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE | 1402 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8938.1 | | | | 8549 | 9206.24 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE | 1403 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12199.72 | | | | 11669 | 12565.71 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE | 1404 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 23702.55 | | | | 22671 | 24413.63 | case rate | |
| ASTHMA | 1411 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 5484.01 | | | | 5245 | 5648.53 | case rate | |
| ASTHMA | 1412 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7859.95 | | | | 7518 | 8095.75 | case rate | |
| ASTHMA | 1413 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11264.62 | | | | 10774 | 11602.56 | case rate | |
| ASTHMA | 1414 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 21297.91 | | | | 20371 | 21936.85 | case rate | |
| INTERSTITIAL & ALVEOLAR LUNG DISEASES | 1421 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9186.54 | | | | 8787 | 9462.14 | case rate | |
| INTERSTITIAL & ALVEOLAR LUNG DISEASES | 1422 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11172.51 | | | | 10686 | 11507.69 | case rate | |
| INTERSTITIAL & ALVEOLAR LUNG DISEASES | 1423 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 16166.37 | | | | 15463 | 16651.36 | case rate | |
| INTERSTITIAL & ALVEOLAR LUNG DISEASES | 1424 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 28610.04 | | | | 27365 | 29468.34 | case rate | |
| OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1431 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6829.07 | | | | 6532 | 7033.94 | case rate | |
| OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1432 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10024.68 | | | | 9588 | 10325.42 | case rate | |
| OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1433 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 15429.04 | | | | 14757 | 15891.91 | case rate | |
| OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1434 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 26293.03 | | | | 25148 | 27081.82 | case rate | |
| RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1441 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6689.16 | | | | 6398 | 6889.83 | case rate | |
| RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1442 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8103.86 | | | | 7748 | 8343.89 | case rate | |
| RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1443 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11450.19 | | | | 10952 | 11793.7 | case rate | |
| RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1444 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 20083.34 | | | | 19209 | 20685.84 | case rate | |
| MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY | 1601 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 42918.61 | | | | 41050 | 44206.17 | case rate | |
| MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY | 1602 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 50070.38 | | | | 47891 | 51572.49 | case rate | |
| MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY | 1603 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 75813.7 | | | | 72513 | 78088.11 | case rate | |
| MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY | 1604 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 168839.54 | | | | 161489 | 173904.73 | case rate | |
| CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT | 1611 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 58104.59 | | | | 55575 | 59847.73 | case rate | |
| CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT | 1612 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 75012.67 | | | | 71747 | 77263.26 | case rate | |
| CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT | 1613 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 120640.34 | | | | 115388 | 124259.55 | case rate | |
| CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT | 1614 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 289477.2 | | | | 276875 | 298161.52 | case rate | |
| CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX | 1621 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 62254.93 | | | | 59545 | 64122.58 | case rate | |
| CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX | 1622 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 69095.49 | | | | 66087 | 71168.35 | case rate | |
| CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX | 1623 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 91443.11 | | | | 87462 | 94186.4 | case rate | |
| CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX | 1624 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 143826.2 | | | | 137565 | 148140.99 | case rate | |
| CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX | 1631 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 51369.7 | | | | 49133 | 52910.79 | case rate | |
| CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX | 1632 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 58023.99 | | | | 56454 | 60794.71 | case rate | |
| CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX | 1633 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 75693.61 | | | | 72398 | 77964.42 | case rate | |
| CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX | 1634 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 121961.99 | | | | 116652 | 125620.85 | case rate | |
| CORONARY BYPASS W AMI OR COMPLEX PDX | 1651 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 53788.42 | | | | 51447 | 55402.07 | case rate | |
| CORONARY BYPASS W AMI OR COMPLEX PDX | 1652 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 57847.55 | | | | 55329 | 59582.98 | case rate | |
| CORONARY BYPASS W AMI OR COMPLEX PDX | 1653 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 73545.12 | | | | 70343 | 75751.47 | case rate | |
| CORONARY BYPASS W AMI OR COMPLEX PDX | 1654 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 109482.27 | | | | 104716 | 112766.74 | case rate | |
| CORONARY BYPASS W/O AMI OR COMPLEX PDX | 1661 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 44470.58 | | | | 42535 | 45804.7 | case rate | |
| CORONARY BYPASS W/O AMI OR COMPLEX PDX | 1662 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 50397.2 | | | | 48203 | 51909.12 | case rate | |
| CORONARY BYPASS W/O AMI OR COMPLEX PDX | 1663 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 62949.93 | | | | 60209 | 64838.43 | case rate | |
| CORONARY BYPASS W/O AMI OR COMPLEX PDX | 1664 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 95797.04 | | | | 91627 | 98670.95 | case rate | |
| OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES | 1671 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 41771.22 | | | | 39953 | 43024.36 | case rate | |
| OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES | 1672 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 46559.87 | | | | 44533 | 47956.67 | case rate | |
| OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES | 1673 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 63446.54 | | | | 60684 | 65349.94 | case rate | |
| OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES | 1674 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 111204.56 | | | | 106363 | 114540.7 | case rate | |
| MAJOR ABDOMINAL VASCULAR PROCEDURES | 1691 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 23932.33 | | | | 22890 | 24650.3 | case rate | |
| MAJOR ABDOMINAL VASCULAR PROCEDURES | 1692 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 31624.92 | | | | 30248 | 32573.67 | case rate | |
| MAJOR ABDOMINAL VASCULAR PROCEDURES | 1693 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 51243.14 | | | | 49012 | 52780.43 | case rate | |
| MAJOR ABDOMINAL VASCULAR PROCEDURES | 1694 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 93132.48 | | | | 89078 | 95926.45 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK | 1701 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 32750.25 | | | | 31324 | 33732.76 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK | 1702 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 34935.33 | | | | 33414 | 35983.39 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK | 1703 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 42903 | | | | 41035 | 44190.09 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK | 1704 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 68585.25 | | | | 65599 | 70642.81 | case rate | |
| PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK | 1711 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 22628.35 | | | | 21643 | 23307.2 | case rate | |
| PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK | 1712 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 25857.5 | | | | 24732 | 26633.23 | case rate | |
| PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK | 1713 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 32896.08 | | | | 31464 | 33882.96 | case rate | |
| PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK | 1714 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 54789.7 | | | | 52404 | 56433.39 | case rate | |
| PERCUTANEOUS CORONARY INTERVENTION W AMI | 1741 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 27086.95 | | | | 25899 | 27878.96 | case rate | |
| PERCUTANEOUS CORONARY INTERVENTION W AMI | 1742 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 29153.56 | | | | 27884 | 30028.17 | case rate | |
| PERCUTANEOUS CORONARY INTERVENTION W AMI | 1743 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 36847.31 | | | | 35243 | 37952.73 | case rate | |
| PERCUTANEOUS CORONARY INTERVENTION W AMI | 1744 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 59997.38 | | | | 57385 | 61797.3 | case rate | |
| PERCUTANEOUS CORONARY INTERVENTION W/O AMI | 1751 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 26909.99 | | | | 25738 | 27717.29 | case rate | |
| PERCUTANEOUS CORONARY INTERVENTION W/O AMI | 1752 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 29661.19 | | | | 28370 | 30551.03 | case rate | |
| PERCUTANEOUS CORONARY INTERVENTION W/O AMI | 1753 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 37649.4 | | | | 36010 | 38778.88 | case rate | |
| PERCUTANEOUS CORONARY INTERVENTION W/O AMI | 1754 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 70712.03 | | | | 67634 | 72833.39 | case rate | |
| CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT | 1761 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 21256.2 | | | | 20331 | 21893.89 | case rate | |
| CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT | 1762 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 40641.23 | | | | 38872 | 41860.47 | case rate | |
| CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT | 1763 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 42347.56 | | | | 40504 | 43617.99 | case rate | |
| CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT | 1764 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 67242.34 | | | | 64315 | 69259.61 | case rate | |
| CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT | 1771 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 17508.03 | | | | 16746 | 18033.27 | case rate | |
| CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT | 1772 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 22663.33 | | | | 21677 | 23343.23 | case rate | |
| CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT | 1773 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 32138.12 | | | | 30739 | 33102.26 | case rate | |
| CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT | 1774 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 64986.85 | | | | 62158 | 66936.46 | case rate | |
| OTHER CIRCULATORY SYSTEM PROCEDURES | 1801 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 16932.76 | | | | 16196 | 17440.74 | case rate | |
| OTHER CIRCULATORY SYSTEM PROCEDURES | 1802 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 21395.58 | | | | 20464 | 22037.45 | case rate | |
| OTHER CIRCULATORY SYSTEM PROCEDURES | 1803 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 32788.46 | | | | 31361 | 33772.11 | case rate | |
| OTHER CIRCULATORY SYSTEM PROCEDURES | 1804 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 57507.81 | | | | 55004 | 59233.04 | case rate | |
| LOWER EXTREMITY ARTERIAL PROCEDURES | 1811 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 21033.78 | | | | 20118 | 21664.79 | case rate | |
| LOWER EXTREMITY ARTERIAL PROCEDURES | 1812 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 28493.36 | | | | 27253 | 29348.16 | case rate | |
| LOWER EXTREMITY ARTERIAL PROCEDURES | 1813 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 47299.63 | | | | 45240 | 48718.62 | case rate | |
| LOWER EXTREMITY ARTERIAL PROCEDURES | 1814 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 84283.98 | | | | 80615 | 86812.5 | case rate | |
| OTHER PERIPHERAL VASCULAR PROCEDURES | 1821 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 26940.85 | | | | 25768 | 27749.08 | case rate | |
| OTHER PERIPHERAL VASCULAR PROCEDURES | 1822 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 31691.83 | | | | 30312 | 32642.58 | case rate | |
| OTHER PERIPHERAL VASCULAR PROCEDURES | 1823 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 43012.69 | | | | 41140 | 44303.07 | case rate | |
| OTHER PERIPHERAL VASCULAR PROCEDURES | 1824 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 76902.52 | | | | 73555 | 79209.6 | case rate | |
| ACUTE MYOCARDIAL INFARCTION | 1901 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11422.11 | | | | 10925 | 11764.77 | case rate | |
| ACUTE MYOCARDIAL INFARCTION | 1902 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12584.35 | | | | 12046 | 12972.18 | case rate | |
| ACUTE MYOCARDIAL INFARCTION | 1903 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 17159.32 | | | | 16412 | 17674.1 | case rate | |
| ACUTE MYOCARDIAL INFARCTION | 1904 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 31780.98 | | | | 30397 | 32734.41 | case rate | |
| CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE | 1911 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12654.35 | | | | 12103 | 13033.98 | case rate | |
| CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE | 1912 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 14552.79 | | | | 13919 | 14989.37 | case rate | |
| CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE | 1913 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 19270.41 | | | | 18431 | 19848.52 | case rate | |
| CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE | 1914 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 37726.08 | | | | 36084 | 38857.86 | case rate | |
| CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS | 1921 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13073.46 | | | | 12504 | 13465.66 | case rate | |
| CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS | 1922 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 16147.72 | | | | 15465 | 16632.15 | case rate | |
| CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS | 1923 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 23772.42 | | | | 22738 | 24485.59 | case rate | |
| CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS | 1924 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 45181.72 | | | | 43215 | 46537.17 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS | 1931 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13400.47 | | | | 12817 | 13802.48 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS | 1932 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 17408.74 | | | | 16661 | 17931 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS | 1933 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 26013.65 | | | | 24881 | 26794.06 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS | 1934 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 42853.22 | | | | 40988 | 44138.82 | case rate | |
| HEART FAILURE | 1941 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7256.53 | | | | 6941 | 7474.23 | case rate | |
| HEART FAILURE | 1942 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9318.11 | | | | 8912 | 9597.65 | case rate | |
| HEART FAILURE | 1943 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13897.43 | | | | 13292 | 14314.35 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes | | | | | |
| HEART FAILURE | 1944 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 26247.37 | | | | 25105 | 27034.79 | case rate | | | | | | | |
| CARDIAC ARREST & SHOCK | 1961 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7556.45 | | | | 7227 | 7783.14 | case rate | | | | | | | |
| CARDIAC ARREST & SHOCK | 1962 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8014.13 | | | | 7665 | 8254.55 | case rate | | | | | | | |
| CARDIAC ARREST & SHOCK | 1963 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 15209.93 | | | | 14548 | 15666.23 | case rate | | | | | | | |
| CARDIAC ARREST & SHOCK | 1964 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 38821.9 | | | | 37132 | 39986.56 | case rate | | | | | | | |
| PERIPHERAL & OTHER VASCULAR DISORDERS | 1971 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7232.31 | | | | 6917 | 7449.28 | case rate | | | | | | | |
| PERIPHERAL & OTHER VASCULAR DISORDERS | 1972 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9656.33 | | | | 9236 | 9946.02 | case rate | | | | | | | |
| PERIPHERAL & OTHER VASCULAR DISORDERS | 1973 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 14341.12 | | | | 13717 | 14771.35 | case rate | | | | | | | |
| PERIPHERAL & OTHER VASCULAR DISORDERS | 1974 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 30972.62 | | | | 29624 | 31901.8 | case rate | | | | | | | |
| ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS | 1981 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6679.92 | | | | 6389 | 6880.32 | case rate | | | | | | | |
| ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS | 1982 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7716.18 | | | | 7380 | 7947.67 | case rate | | | | | | | |
| ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS | 1983 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10526.57 | | | | 10068 | 10842.37 | case rate | | | | | | | |
| ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS | 1984 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 25299.28 | | | | 24198 | 26058.26 | case rate | | | | | | | |
| HYPERTENSION | 1991 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6872.93 | | | | 6574 | 7079.12 | case rate | | | | | | | |
| HYPERTENSION | 1992 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8070.99 | | | | 7720 | 8313.12 | case rate | | | | | | | |
| HYPERTENSION | 1993 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11314.67 | | | | 10822 | 11654.11 | case rate | | | | | | | |
| HYPERTENSION | 1994 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 25794.27 | | | | 24671 | 26568.1 | case rate | | | | | | | |
| CARDIAC STRUCTURAL & VALVULAR DISORDERS | 2001 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8248.3 | | | | 7889 | 8495.75 | case rate | | | | | | | |
| CARDIAC STRUCTURAL & VALVULAR DISORDERS | 2002 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9758.57 | | | | 9334 | 10051.33 | case rate | | | | | | | |
| CARDIAC STRUCTURAL & VALVULAR DISORDERS | 2003 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 14875.58 | | | | 14228 | 15321.85 | case rate | | | | | | | |
| CARDIAC STRUCTURAL & VALVULAR DISORDERS | 2004 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 31690.67 | | | | 30311 | 32641.39 | case rate | | | | | | | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS | 2011 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6164.39 | | | | 5896 | 6349.32 | case rate | | | | | | | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS | 2012 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7985.07 | | | | 7637 | 8224.62 | case rate | | | | | | | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS | 2013 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12264.2 | | | | 11730 | 12632.13 | case rate | | | | | | | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS | 2014 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 25446.63 | | | | 24339 | 26210.03 | case rate | | | | | | | |
| CHEST PAIN | 2031 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6893.92 | | | | 6594 | 7100.74 | case rate | | | | | | | |
| CHEST PAIN | 2032 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8017.62 | | | | 7669 | 8258.15 | case rate | | | | | | | |
| CHEST PAIN | 2033 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10008.35 | | | | 9573 | 10308.6 | case rate | | | | | | | |
| CHEST PAIN | 2034 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 18172.53 | | | | 17381 | 18717.71 | case rate | | | | | | | |
| SYNCOPE & COLLAPSE | 2041 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7664.88 | | | | 7331 | 7894.83 | case rate | | | | | | | |
| SYNCOPE & COLLAPSE | 2042 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8654.95 | | | | 8278 | 8914.6 | case rate | | | | | | | |
| SYNCOPE & COLLAPSE | 2043 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10919.95 | | | | 10445 | 11247.55 | case rate | | | | | | | |
| SYNCOPE & COLLAPSE | 2044 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 22386.73 | | | | 21412 | 23058.33 | case rate | | | | | | | |
| CARDIOMYOPATHY | 2051 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7432.59 | | | | 7109 | 7655.57 | case rate | | | | | | | |
| CARDIOMYOPATHY | 2052 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9462.42 | | | | 9050 | 9746.29 | case rate | | | | | | | |
| CARDIOMYOPATHY | 2053 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13659.94 | | | | 13065 | 14069.74 | case rate | | | | | | | |
| CARDIOMYOPATHY | 2054 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 33518.16 | | | | 32059 | 34523.7 | case rate | | | | | | | |
| MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE | 2061 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8477.1 | | | | 8108 | 8731.41 | case rate | | | | | | | |
| MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE | 2062 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9970.15 | | | | 9536 | 10269.25 | case rate | | | | | | | |
| MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE | 2063 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 16637.06 | | | | 15913 | 17136.17 | case rate | | | | | | | |
| MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE | 2064 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 31125.09 | | | | 29770 | 32058.84 | case rate | | | | | | | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES | 2071 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7374.38 | | | | 7053 | 7595.61 | case rate | | | | | | | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES | 2072 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9782.97 | | | | 9357 | 10076.46 | case rate | | | | | | | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES | 2073 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 14207.93 | | | | 13589 | 14634.17 | case rate | | | | | | | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES | 2074 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 27707.24 | | | | 26501 | 28538.46 | case rate | | | | | | | |
| MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2201 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 18883.49 | | | | 18061 | 19449.99 | case rate | | | | | | | |
| MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2202 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 28058.28 | | | | 26837 | 28900.03 | case rate | | | | | | | |
| MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2203 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 45497.42 | | | | 43517 | 46862.34 | case rate | | | | | | | |
| MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2204 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 90276.71 | | | | 86347 | 92985.01 | case rate | | | | | | | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES | 2211 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 18099.6 | | | | 18431 | 19847.69 | case rate | | | | | | | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES | 2212 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 24984.65 | | | | 23897 | 25734.19 | case rate | | | | | | | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES | 2213 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 40578.9 | | | | 38812 | 41796.27 | case rate | | | | | | | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES | 2214 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 80321 | | | | 76824 | 82730.63 | case rate | | | | | | | |
| OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2221 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 14337.35 | | | | 13713 | 14767.47 | case rate | | | | | | | |
| OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2222 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 18349.75 | | | | 17551 | 18900.24 | case rate | | | | | | | |
| OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2223 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 29737.43 | | | | 28443 | 30629.55 | case rate | | | | | | | |
| OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2224 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 72551.1 | | | | 69393 | 74727.63 | case rate | | | | | | | |
| OTHER SMALL & LARGE BOWEL PROCEDURES | 2231 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 15353.26 | | | | 14685 | 15813.86 | case rate | | | | | | | |
| OTHER SMALL & LARGE BOWEL PROCEDURES | 2232 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 20355.01 | | | | 19469 | 20965.66 | case rate | | | | | | | |
| OTHER SMALL & LARGE BOWEL PROCEDURES | 2233 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 34188.85 | | | | 32700 | 35214.52 | case rate | | | | | | | |
| OTHER SMALL & LARGE BOWEL PROCEDURES | 2234 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 70596.49 | | | | 67525 | 72716.44 | case rate | | | | | | | |
| PERITONEAL ADHESIOLYSIS | 2241 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 17297.08 | | | | 16544 | 17815.99 | case rate | | | | | | | |
| PERITONEAL ADHESIOLYSIS | 2242 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 22649.43 | | | | 21663 | 23328.91 | case rate | | | | | | | |
| PERITONEAL ADHESIOLYSIS | 2243 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 34289.3 | | | | 32797 | 35317.98 | case rate | | | | | | | |
| PERITONEAL ADHESIOLYSIS | 2244 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 62241.21 | | | | 59532 | 64108.45 | case rate | | | | | | | |
| APPENDECTOMY | 2251 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11818.54 | | | | 11304 | 12173.1 | case rate | | | | | | | |
| APPENDECTOMY | 2252 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 15718.11 | | | | 15034 | 16189.65 | case rate | | | | | | | |
| APPENDECTOMY | 2253 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 26968.25 | | | | 25803 | 27808.2 | case rate | | | | | | | |
| APPENDECTOMY | 2254 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 51388.89 | | | | 49152 | 52930.56 | case rate | | | | | | | |
| ANAL PROCEDURES | 2261 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9584.4 | | | | 9167 | 9871.93 | case rate | | | | | | | |
| ANAL PROCEDURES | 2262 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12977.41 | | | | 12412 | 13366.73 | case rate | | | | | | | |
| ANAL PROCEDURES | 2263 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 21154.5 | | | | 20234 | 21789.14 | case rate | | | | | | | |
| ANAL PROCEDURES | 2264 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 43293.59 | | | | 41409 | 44592.4 | case rate | | | | | | | |
| HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL | 2271 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 14897.28 | | | | 14249 | 15344.2 | case rate | | | | | | | |
| HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL | 2272 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 18923.94 | | | | 18100 | 19491.66 | case rate | | | | | | | |
| HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL | 2273 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 30707.77 | | | | 29371 | 31629 | case rate | | | | | | | |
| HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL | 2274 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 63216.75 | | | | 60465 | 65113.25 | case rate | | | | | | | |
| INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES | 2281 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11206.14 | | | | 10718 | 11542.32 | case rate | | | | | | | |
| INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES | 2282 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 14635.84 | | | | 13999 | 15074.92 | case rate | | | | | | | |
| INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES | 2283 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 22482.16 | | | | 21503 | 23158.62 | case rate | | | | | | | |
| INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES | 2284 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 50101.41 | | | | 47920 | 51604.45 | case rate | | | | | | | |
| OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES | 2291 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 15491.38 | | | | 14817 | 15956.12 | case rate | | | | | | | |
| OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES | 2292 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 21370.02 | | | | 20440 | 22011.12 | case rate | | | | | | | |
| OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES | 2293 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 34813.53 | | | | 33298 | 35857.94 | case rate | | | | | | | |
| OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES | 2294 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 72255.66 | | | | 69110 | 74423.33 | case rate | | | | | | | |
| DIGESTIVE MALIGNANCY | 2401 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9679.46 | | | | 9258 | 9969.84 | case rate | | | | | | | |
| DIGESTIVE MALIGNANCY | 2402 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12405.64 | | | | 11866 | 12777.81 | case rate | | | | | | | |
| DIGESTIVE MALIGNANCY | 2403 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 18274.77 | | | | 17479 | 18823.01 | case rate | | | | | | | |
| DIGESTIVE MALIGNANCY | 2404 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 33473.14 | | | | 32016 | 34477.33 | case rate | | | | | | | |
| PEPTIC ULCER & GASTRITIS | 2411 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8234.04 | | | | 7876 | 8481.06 | case rate | | | | | | | |
| PEPTIC ULCER & GASTRITIS | 2412 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10212.48 | | | | 9768 | 10518.85 | case rate | | | | | | | |
| PEPTIC ULCER & GASTRITIS | 2413 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 15346.89 | | | | 14679 | 15807.3 | case rate | | | | | | | |
| PEPTIC ULCER & GASTRITIS | 2414 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 35860.83 | | | | 34300 | 36936.65 | case rate | | | | | | | |
| MAJOR ESOPHAGEAL DISORDERS | 2421 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8122.29 | | | | 7769 | 8365.96 | case rate | | | | | | | |
| MAJOR ESOPHAGEAL DISORDERS | 2422 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10018.22 | | | | 9582 | 10318.77 | case rate | | | | | | | |
| MAJOR ESOPHAGEAL DISORDERS | 2423 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 14899.52 | | | | 14251 | 15346.51 | case rate | | | | | | | |
| MAJOR ESOPHAGEAL DISORDERS | 2424 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 34881.34 | | | | 33363 | 35927.78 | case rate | | | | | | | |
| OTHER ESOPHAGEAL DISORDERS | 2431 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7596.54 | | | | 7226 | 7783.24 | case rate | | | | | | | |
| OTHER ESOPHAGEAL DISORDERS | 2432 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9231.02 | | | | 8829 | 9507.95 | case rate | | | | | | | |
| OTHER ESOPHAGEAL DISORDERS | 2433 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13323.24 | | | | 12743 | 13722.94 | case rate | | | | | | | |
| OTHER ESOPHAGEAL DISORDERS | 2434 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 29327.73 | | | | 28051 | 30207.56 | case rate | | | | | | | |
| DIVERTICULITIS & DIVERTICULOSIS | 2441 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7058.85 | | | | 6752 | 7270.62 | case rate | | | | | | | |
| DIVERTICULITIS & DIVERTICULOSIS | 2442 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9237.03 | | | | 8835 | 9514.14 | case rate | | | | | | | |
| DIVERTICULITIS & DIVERTICULOSIS | 2443 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 14020.13 | | | | 13410 | 14440.73 | case rate | | | | | | | |
| DIVERTICULITIS & DIVERTICULOSIS | 2444 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 31822.51 | | | | 30437 | 32777.19 | case rate | | | | | | | |
| INFLAMMATORY BOWEL DISEASE | 2451 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8428.49 | | | | 8062 | 8681.34 | case rate | | | | | | | |
| INFLAMMATORY BOWEL DISEASE | 2452 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10117.06 | | | | 9677 | 10420.57 | case rate | | | | | | | |
| INFLAMMATORY BOWEL DISEASE | 2453 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 15229.22 | | | | 14566 | 15686.1 | case rate | | | | | | | |
| INFLAMMATORY BOWEL DISEASE | 2454 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 28963.91 | | | | 27693 | 29822.53 | case rate | | | | | | | |
| GASTROINTESTINAL VASCULAR INSUFFICIENCY | 2461 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8865.81 | | | | 8480 | 9131.78 | case rate | | | | | | | |
| GASTROINTESTINAL VASCULAR INSUFFICIENCY | 2462 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10647.38 | | | | 10184 | 10966.8 | case rate | | | | | | | |
| GASTROINTESTINAL VASCULAR INSUFFICIENCY | 2463 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 16094.26 | | | | 15394 | 16577.09 | case rate | | | | | | | |
| GASTROINTESTINAL VASCULAR INSUFFICIENCY | 2464 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 32551.95 | | | | 31135 | 33528.51 | case rate | | | | | | | |
| INTESTINAL OBSTRUCTION | 2471 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6842.61 | | | | 6545 | 7047.89 | case rate | | | | | | | |
| INTESTINAL OBSTRUCTION | 2472 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8800.52 | | | | 8417 | 9064.54 | case rate | | | | | | | |
| INTESTINAL OBSTRUCTION | 2473 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13952.77 | | | | 13345 | 14371.35 | case rate | | | | | | | |
| INTESTINAL OBSTRUCTION | 2474 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 31884.84 | | | | 30497 | 32841.39 | case rate | | | | | | | |
| MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS | 2481 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7462 | | | | 7137 | 7685.86 | case rate | | | | | | | |
| MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS | 2482 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10265.58 | | | | 9819 | 10573.55 | case rate | | | | | | | |
| MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS | 2483 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 15431.64 | | | | 14760 | 15894.59 | case rate | | | | | | | |
| MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS | 2484 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 32863.66 | | | | 31423 | 33839.27 | case rate | | | | | | | |
| OTHER GASTROENTERITIS, NAUSEA & VOMITING | 2491 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6164.12 | | | | 5896 | 6349.04 | case rate | | | | | | | |
| OTHER GASTROENTERITIS, NAUSEA & VOMITING | 2492 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7491.96 | | | | 7166 | 7716.72 | case rate | | | | | | | |
| OTHER GASTROENTERITIS, NAUSEA & VOMITING | 2493 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10831.33 | | | | 10169 | 10950.27 | case rate | | | | | | | |
| OTHER GASTROENTERITIS, NAUSEA & VOMITING | 2494 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 24302.75 | | | | 23245 | 25031.83 | case rate | | | | | | | |
| ABDOMINAL PAIN | 2511 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6999.03 | | | | 6694 | 7209 | case rate | | | | | | | |
| ABDOMINAL PAIN | 2512 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8677.02 | | | | 8299 | 8937.33 | case rate | | | | | | | |
| ABDOMINAL PAIN | 2513 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11724.99 | | | | 11215 | 12076.74 | case rate | | | | | | | |
| ABDOMINAL PAIN | 2514 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 22457.67 | | | | 21480 | 23131.4 | case rate | | | | | | | |
| MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE | 2521 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7620.57 | | | | 7289 | 7849.19 | case rate | | | | | | | |
| MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE | 2522 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10235.8 | | | | 9790 | 10542.87 | case rate | | | | | | | |
| MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE | 2523 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 15694.16 | | | | 15011 | 16164.98 | case rate | | | | | | | |
| MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE | 2524 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 35028.7 | | | | 33504 | 36079.56 | case rate | | | | | | | |
| OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE | 2531 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7696.09 | | | | 7361 | 7926.97 | case rate | | | | | | | |
| OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE | 2532 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9902.79 | | | | 9472 | 10199.87 | case rate | | | | | | | |
| OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE | 2533 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 14788.67 | | | | 14145 | 15232.33 | case rate | | | | | | | |
| OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE | 2534 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 30634.85 | | | | 29301 | 31553.9 | case rate | | | | | | | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES | 2541 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7219.22 | | | | 6905 | 7435.8 | case rate | | | | | | | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES | 2542 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9637.4 | | | | 9218 | 9926.52 | case rate | | | | | | | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES | 2543 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 14006.85 | | | | 13397 | 14427.06 | case rate | | | | | | | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES | 2544 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 30036.81 | | | | 28729 | 30937.91 | case rate | | | | | | | |
| MAJOR PANCREAS, LIVER & SHUNT PROCEDURES | 2601 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 22527.9 | | | | 21547 | 23203.74 | case rate | | | | | | | |
| MAJOR PANCREAS, LIVER & SHUNT PROCEDURES | 2602 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 29769.81 | | | | 28474 | 30662.9 | case rate | | | | | | | |
| MAJOR PANCREAS, LIVER & SHUNT PROCEDURES | 2603 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 46723.91 | | | | 44690 | 48125.63 | case rate | | | | | | | |
| MAJOR PANCREAS, LIVER & SHUNT PROCEDURES | 2604 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 94646.25 | | | | 90526 | 97485.64 | case rate | | | | | | | |
| MAJOR BILIARY TRACT PROCEDURES | 2611 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 18736.22 | | | | 17921 | 19298.31 | case rate | | | | | | | |
| MAJOR BILIARY TRACT PROCEDURES | 2612 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 26099.7 | | | | 24935 | 26851.79 | case rate | | | | | | | |
| MAJOR BILIARY TRACT PROCEDURES | 2613 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 39423.98 | | | | 37708 | 40606.7 | case rate | | | | | | | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes | | | | |
| MAJOR BILIARY TRACT PROCEDURES | 2614 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 72428.49 | | | | 69275 | 74801.34 | case rate | | | | | | |
| CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC | 2621 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 16331.4 | | | | 15620 | 16821.34 | case rate | | | | | | |
| CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC | 2622 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 21538.72 | | | | 20601 | 22184.88 | case rate | | | | | | |
| CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC | 2623 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 32239.65 | | | | 30836 | 33206.84 | case rate | | | | | | |
| CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC | 2624 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 65952.44 | | | | 63062 | 67910.41 | case rate | | | | | | |
| LAPAROSCOPIC CHOLECYSTECTOMY | 2631 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13952.5 | | | | 13345 | 14371.08 | case rate | | | | | | |
| LAPAROSCOPIC CHOLECYSTECTOMY | 2632 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 17656.37 | | | | 16888 | 18186.06 | case rate | | | | | | |
| LAPAROSCOPIC CHOLECYSTECTOMY | 2633 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 24052.87 | | | | 23006 | 24774.46 | case rate | | | | | | |
| LAPAROSCOPIC CHOLECYSTECTOMY | 2634 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 50974.44 | | | | 48755 | 52503.67 | case rate | | | | | | |
| OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES | 2641 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 18579.72 | | | | 17771 | 19137.11 | case rate | | | | | | |
| OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES | 2642 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 22757.05 | | | | 21766 | 23439.76 | case rate | | | | | | |
| OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES | 2643 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 35208.07 | | | | 33675 | 36264.31 | case rate | | | | | | |
| OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES | 2644 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 76468.43 | | | | 73139 | 78762.48 | case rate | | | | | | |
| HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS | 2791 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7216.44 | | | | 6902 | 7432.93 | case rate | | | | | | |
| HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS | 2792 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9132.27 | | | | 8735 | 9406.24 | case rate | | | | | | |
| HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS | 2793 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 15142.31 | | | | 14483 | 15596.58 | case rate | | | | | | |
| HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS | 2794 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 38187.53 | | | | 36525 | 39333.16 | case rate | | | | | | |
| ALCOHOLIC LIVER DISEASE | 2801 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7375.01 | | | | 7054 | 7596.26 | case rate | | | | | | |
| ALCOHOLIC LIVER DISEASE | 2802 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9240.98 | | | | 8839 | 9518.21 | case rate | | | | | | |
| ALCOHOLIC LIVER DISEASE | 2803 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 14724.45 | | | | 14083 | 15166.18 | case rate | | | | | | |
| ALCOHOLIC LIVER DISEASE | 2804 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 33226.4 | | | | 31780 | 34223.19 | case rate | | | | | | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS | 2811 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10866.76 | | | | 10394 | 11192.76 | case rate | | | | | | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS | 2812 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12890.32 | | | | 12329 | 13277.03 | case rate | | | | | | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS | 2813 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 17837.72 | | | | 17061 | 18372.85 | case rate | | | | | | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS | 2814 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 29072.48 | | | | 27807 | 29944.65 | case rate | | | | | | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY | 2821 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7517.07 | | | | 7190 | 7742.58 | case rate | | | | | | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY | 2822 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9714.17 | | | | 9291 | 10005.6 | case rate | | | | | | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY | 2823 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 16227.09 | | | | 15521 | 16713.9 | case rate | | | | | | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY | 2824 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 45157.68 | | | | 43192 | 46512.41 | case rate | | | | | | |
| OTHER DISORDERS OF THE LIVER | 2831 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9054.13 | | | | 7703 | 9295.75 | case rate | | | | | | |
| OTHER DISORDERS OF THE LIVER | 2832 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9538.83 | | | | 9124 | 9824.99 | case rate | | | | | | |
| OTHER DISORDERS OF THE LIVER | 2833 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 14377.89 | | | | 13752 | 14809.23 | case rate | | | | | | |
| OTHER DISORDERS OF THE LIVER | 2834 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 29388.63 | | | | 28109 | 30270.29 | case rate | | | | | | |
| DISORDERS OF GALLBLADDER & BILIARY TRACT | 2841 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8685.27 | | | | 8307 | 8945.83 | case rate | | | | | | |
| DISORDERS OF GALLBLADDER & BILIARY TRACT | 2842 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11584.9 | | | | 11081 | 11932.45 | case rate | | | | | | |
| DISORDERS OF GALLBLADDER & BILIARY TRACT | 2843 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 16694.55 | | | | 15968 | 17195.39 | case rate | | | | | | |
| DISORDERS OF GALLBLADDER & BILIARY TRACT | 2844 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 33053.57 | | | | 31615 | 34045.18 | case rate | | | | | | |
| HIP JOINT REPLACEMENT | 3011 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 22045.19 | | | | 21085 | 22706.55 | case rate | | | | | | |
| HIP JOINT REPLACEMENT | 3012 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 24072.43 | | | | 23024 | 24794.6 | case rate | | | | | | |
| HIP JOINT REPLACEMENT | 3013 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 32939.58 | | | | 31506 | 33927.77 | case rate | | | | | | |
| HIP JOINT REPLACEMENT | 3014 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 54586.56 | | | | 52210 | 56224.16 | case rate | | | | | | |
| KNEE JOINT REPLACEMENT | 3021 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 21039.34 | | | | 20123 | 21670.52 | case rate | | | | | | |
| KNEE JOINT REPLACEMENT | 3022 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 23394.47 | | | | 22376 | 24096.3 | case rate | | | | | | |
| KNEE JOINT REPLACEMENT | 3023 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 30085.33 | | | | 28776 | 30987.89 | case rate | | | | | | |
| KNEE JOINT REPLACEMENT | 3024 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 55316.62 | | | | 52908 | 56976.12 | case rate | | | | | | |
| DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK | 3031 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 64994.02 | | | | 62165 | 66943.84 | case rate | | | | | | |
| DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK | 3032 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 78209.55 | | | | 74805 | 80555.84 | case rate | | | | | | |
| DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK | 3033 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 114584.93 | | | | 109597 | 118022.48 | case rate | | | | | | |
| DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK | 3034 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 155654.78 | | | | 148878 | 160324.42 | case rate | | | | | | |
| DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK | 3041 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 39505.59 | | | | 37786 | 40690.76 | case rate | | | | | | |
| DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK | 3042 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 47316.4 | | | | 45257 | 48735.89 | case rate | | | | | | |
| DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK | 3043 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 71260.93 | | | | 68159 | 73398.76 | case rate | | | | | | |
| DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK | 3044 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 118685.22 | | | | 113518 | 122245.78 | case rate | | | | | | |
| AMPUTATION OF LOWER LIMB EXCEPT TOES | 3051 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 14814.05 | | | | 14169 | 15258.47 | case rate | | | | | | |
| AMPUTATION OF LOWER LIMB EXCEPT TOES | 3052 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 20282.45 | | | | 19399 | 20890.92 | case rate | | | | | | |
| AMPUTATION OF LOWER LIMB EXCEPT TOES | 3053 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 33190.08 | | | | 31745 | 34185.78 | case rate | | | | | | |
| AMPUTATION OF LOWER LIMB EXCEPT TOES | 3054 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 70293.27 | | | | 67144 | 72306.28 | case rate | | | | | | |
| HIP & FEMUR FRACTURE REPAIR | 3081 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 17957.9 | | | | 17176 | 18496.64 | case rate | | | | | | |
| HIP & FEMUR FRACTURE REPAIR | 3082 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 21157.46 | | | | 20236 | 21792.18 | case rate | | | | | | |
| HIP & FEMUR FRACTURE REPAIR | 3083 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 28242.95 | | | | 27013 | 29090.24 | case rate | | | | | | |
| HIP & FEMUR FRACTURE REPAIR | 3084 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 49370.89 | | | | 47222 | 50852.02 | case rate | | | | | | |
| OTHER SIGNIFICANT HIP & FEMUR SURGERY | 3091 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 18120.87 | | | | 17332 | 18664.5 | case rate | | | | | | |
| OTHER SIGNIFICANT HIP & FEMUR SURGERY | 3092 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 25759.74 | | | | 24638 | 26532.53 | case rate | | | | | | |
| OTHER SIGNIFICANT HIP & FEMUR SURGERY | 3093 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 37608.05 | | | | 35971 | 38736.29 | case rate | | | | | | |
| OTHER SIGNIFICANT HIP & FEMUR SURGERY | 3094 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 73535.25 | | | | 70334 | 75741.31 | case rate | | | | | | |
| INTERVERTEBRAL DISC EXCISION & DECOMPRESSION | 3101 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13503.16 | | | | 12915 | 13908.25 | case rate | | | | | | |
| INTERVERTEBRAL DISC EXCISION & DECOMPRESSION | 3102 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 17924.99 | | | | 17145 | 18462.74 | case rate | | | | | | |
| INTERVERTEBRAL DISC EXCISION & DECOMPRESSION | 3103 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 25937.23 | | | | 24808 | 26715.35 | case rate | | | | | | |
| INTERVERTEBRAL DISC EXCISION & DECOMPRESSION | 3104 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 55765.69 | | | | 53338 | 57438.66 | case rate | | | | | | |
| SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES | 3121 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 22262.6 | | | | 21293 | 22930.48 | case rate | | | | | | |
| SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES | 3122 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 31683.67 | | | | 30304 | 32634.18 | case rate | | | | | | |
| SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES | 3123 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 57132.28 | | | | 54645 | 58846.25 | case rate | | | | | | |
| SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES | 3124 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 118067.44 | | | | 112927 | 121609.46 | case rate | | | | | | |
| KNEE & LOWER LEG PROCEDURES EXCEPT FOOT | 3131 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 15856.41 | | | | 15166 | 16332.1 | case rate | | | | | | |
| KNEE & LOWER LEG PROCEDURES EXCEPT FOOT | 3132 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 21702.49 | | | | 20758 | 22353.56 | case rate | | | | | | |
| KNEE & LOWER LEG PROCEDURES EXCEPT FOOT | 3133 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 33218.97 | | | | 31773 | 34215.44 | case rate | | | | | | |
| KNEE & LOWER LEG PROCEDURES EXCEPT FOOT | 3134 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 67591.41 | | | | 64649 | 69619.15 | case rate | | | | | | |
| FOOT & TOE PROCEDURES | 3141 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 14502.11 | | | | 13871 | 14937.17 | case rate | | | | | | |
| FOOT & TOE PROCEDURES | 3142 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 16460.19 | | | | 15744 | 16954 | case rate | | | | | | |
| FOOT & TOE PROCEDURES | 3143 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 22954.64 | | | | 21955 | 23643.28 | case rate | | | | | | |
| FOOT & TOE PROCEDURES | 3144 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 49476.19 | | | | 47322 | 50960.48 | case rate | | | | | | |
| SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT | 3151 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13077.95 | | | | 12509 | 13470.29 | case rate | | | | | | |
| SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT | 3152 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 22122.6 | | | | 21160 | 22786.28 | case rate | | | | | | |
| SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT | 3153 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 31826.19 | | | | 30441 | 32780.98 | case rate | | | | | | |
| SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT | 3154 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 64389.43 | | | | 61586 | 66321.11 | case rate | | | | | | |
| HAND & WRIST PROCEDURES | 3161 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11387.32 | | | | 10892 | 11728.94 | case rate | | | | | | |
| HAND & WRIST PROCEDURES | 3162 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 16196.42 | | | | 15491 | 16682.31 | case rate | | | | | | |
| HAND & WRIST PROCEDURES | 3163 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 25985.48 | | | | 24854 | 26765.04 | case rate | | | | | | |
| HAND & WRIST PROCEDURES | 3164 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 49733.95 | | | | 47569 | 51225.97 | case rate | | | | | | |
| TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES | 3171 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12575.69 | | | | 12028 | 12962.96 | case rate | | | | | | |
| TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES | 3172 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 17642.38 | | | | 16874 | 18171.65 | case rate | | | | | | |
| TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES | 3173 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 30298.52 | | | | 28979 | 31207.48 | case rate | | | | | | |
| TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES | 3174 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 71409.81 | | | | 68301 | 73552.1 | case rate | | | | | | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES | 3201 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 14349.55 | | | | 13725 | 14780.04 | case rate | | | | | | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES | 3202 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 20068.38 | | | | 21098 | 22720.13 | case rate | | | | | | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES | 3203 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 31408.95 | | | | 30042 | 32351.22 | case rate | | | | | | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES | 3204 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 59288.75 | | | | 56708 | 61067.41 | case rate | | | | | | |
| CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP | 3211 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 23987.12 | | | | 22960 | 24694.73 | case rate | | | | | | |
| CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP | 3212 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 30572.52 | | | | 29242 | 31489.7 | case rate | | | | | | |
| CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP | 3213 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 51078.21 | | | | 48855 | 52610.56 | case rate | | | | | | |
| CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP | 3214 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 95829.6 | | | | 91658 | 98704.49 | case rate | | | | | | |
| SHOULDER & ELBOW JOINT REPLACEMENT | 3221 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 21526.88 | | | | 20590 | 22172.69 | case rate | | | | | | |
| SHOULDER & ELBOW JOINT REPLACEMENT | 3222 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 23464.34 | | | | 22443 | 24168.27 | case rate | | | | | | |
| SHOULDER & ELBOW JOINT REPLACEMENT | 3223 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 33153.31 | | | | 31710 | 34147.91 | case rate | | | | | | |
| SHOULDER & ELBOW JOINT REPLACEMENT | 3224 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 55600.4 | | | | 53180 | 57268.41 | case rate | | | | | | |
| FRACTURE OF FEMUR | 3401 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6723.96 | | | | 6431 | 6925.68 | case rate | | | | | | |
| FRACTURE OF FEMUR | 3402 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7964.8 | | | | 7618 | 8203.74 | case rate | | | | | | |
| FRACTURE OF FEMUR | 3403 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11946.43 | | | | 11426 | 12304.82 | case rate | | | | | | |
| FRACTURE OF FEMUR | 3404 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 27454.4 | | | | 26259 | 28278.03 | case rate | | | | | | |
| FRACTURE OF PELVIS OR DISLOCATION OF HIP | 3411 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6816.87 | | | | 6520 | 7021.38 | case rate | | | | | | |
| FRACTURE OF PELVIS OR DISLOCATION OF HIP | 3412 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8268.93 | | | | 7909 | 8517 | case rate | | | | | | |
| FRACTURE OF PELVIS OR DISLOCATION OF HIP | 3413 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11065.42 | | | | 10584 | 11397.38 | case rate | | | | | | |
| FRACTURE OF PELVIS OR DISLOCATION OF HIP | 3414 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 26232.67 | | | | 25091 | 27019.65 | case rate | | | | | | |
| FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK | 3421 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7118.68 | | | | 6809 | 7332.24 | case rate | | | | | | |
| FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK | 3422 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9203.04 | | | | 8802 | 9479.13 | case rate | | | | | | |
| FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK | 3423 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12568.96 | | | | 12022 | 12946.03 | case rate | | | | | | |
| FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK | 3424 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 28987.63 | | | | 27726 | 29857.26 | case rate | | | | | | |
| MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG | 3431 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11055.65 | | | | 10574 | 11387.32 | case rate | | | | | | |
| MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG | 3432 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13226.65 | | | | 12651 | 13623.45 | case rate | | | | | | |
| MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG | 3433 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 21095.21 | | | | 20177 | 21728.07 | case rate | | | | | | |
| MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG | 3434 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 35354.23 | | | | 33959 | 36569.36 | case rate | | | | | | |
| OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS | 3441 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10154.46 | | | | 9712 | 10459.09 | case rate | | | | | | |
| OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS | 3442 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12821.26 | | | | 12263 | 13205.9 | case rate | | | | | | |
| OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS | 3443 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 19158.83 | | | | 18325 | 19733.59 | case rate | | | | | | |
| OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS | 3444 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 35311.84 | | | | 33775 | 36371.2 | case rate | | | | | | |
| CONNECTIVE TISSUE DISORDERS | 3461 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9181.24 | | | | 8782 | 9456.68 | case rate | | | | | | |
| CONNECTIVE TISSUE DISORDERS | 3462 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12224.2 | | | | 11692 | 12590.93 | case rate | | | | | | |
| CONNECTIVE TISSUE DISORDERS | 3463 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 20548.2 | | | | 19654 | 21164.65 | case rate | | | | | | |
| CONNECTIVE TISSUE DISORDERS | 3464 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 50237.74 | | | | 48051 | 51744.87 | case rate | | | | | | |
| OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES | 3471 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8634.86 | | | | 8259 | 8893.91 | case rate | | | | | | |
| OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES | 3472 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10658.86 | | | | 10195 | 10978.63 | case rate | | | | | | |
| OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES | 3473 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 14822.47 | | | | 13986 | 15061.14 | case rate | | | | | | |
| OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES | 3474 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 34665.82 | | | | 33157 | 35705.79 | case rate | | | | | | |
| MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE | 3491 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7267.38 | | | | 6951 | 7485.4 | case rate | | | | | | |
| MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE | 3492 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10395.54 | | | | 9943 | 10707.41 | case rate | | | | | | |
| MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE | 3493 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 15848.25 | | | | 15158 | 16323.7 | case rate | | | | | | |
| MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE | 3494 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 32501.99 | | | | 31087 | 33477.05 | case rate | | | | | | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES | 3511 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7350.16 | | | | 7030 | 7570.66 | case rate | | | | | | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES | 3512 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8516.92 | | | | 8146 | 8772.43 | case rate | | | | | | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES | 3513 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13820.57 | | | | 13219 | 14235.19 | case rate | | | | | | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES | 3514 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 30597.72 | | | | 29266 | 31515.65 | case rate | | | | | | |
| SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES | 3611 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 19116.77 | | | | 18285 | 19690.27 | case rate | | | | | | |
| SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES | 3612 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 25647.72 | | | | 24531 | 26417.15 | case rate | | | | | | |
| SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES | 3613 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 36843.1 | | | | 35239 | 37948.39 | case rate | | | | | | |
| SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES | 3614 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 80917.43 | | | | 77395 | 83344.95 | case rate | | | | | | |
| MASTECTOMY PROCEDURES | 3621 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 18471.91 | | | | 17668 | 19026.07 | case rate | | | | | | |
| MASTECTOMY PROCEDURES | 3622 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 22574.54 | | | | 21592 | 23251.78 | case rate | | | | | | |
| MASTECTOMY PROCEDURES | 3623 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 27781.14 | | | | 26572 | 28614.57 | case rate | | | | | | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes | | |
| MASTECTOMY PROCEDURES | 3624 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 58503.17 | | | | 55956 | 60258.27 | case rate | | | | |
| BREAST PROCEDURES EXCEPT MASTECTOMY | 3631 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 14412.87 | | | | 13785 | 14845.26 | case rate | | | | |
| BREAST PROCEDURES EXCEPT MASTECTOMY | 3632 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 24319.25 | | | | 23261 | 25048.83 | case rate | | | | |
| BREAST PROCEDURES EXCEPT MASTECTOMY | 3633 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 31048.23 | | | | 29697 | 31979.68 | case rate | | | | |
| BREAST PROCEDURES EXCEPT MASTECTOMY | 3634 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 59803.69 | | | | 57197 | 61594.71 | case rate | | | | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES | 3641 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11640.51 | | | | 11134 | 11989.73 | case rate | | | | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES | 3642 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 16088.08 | | | | 15388 | 16570.72 | case rate | | | | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES | 3643 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 25006.44 | | | | 23918 | 25756.63 | case rate | | | | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES | 3644 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 48997.61 | | | | 46885 | 50467.54 | case rate | | | | |
| SKIN ULCERS | 3801 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7977.09 | | | | 7630 | 8216.4 | case rate | | | | |
| SKIN ULCERS | 3802 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9563.23 | | | | 9147 | 9850.13 | case rate | | | | |
| SKIN ULCERS | 3803 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13823.35 | | | | 13222 | 14238.05 | case rate | | | | |
| SKIN ULCERS | 3804 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 27134.93 | | | | 25954 | 27948.98 | case rate | | | | |
| MAJOR SKIN DISORDERS | 3811 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6417.76 | | | | 6138 | 6610.29 | case rate | | | | |
| MAJOR SKIN DISORDERS | 3812 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11310.36 | | | | 10818 | 11649.67 | case rate | | | | |
| MAJOR SKIN DISORDERS | 3813 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 20413.67 | | | | 19525 | 21026.08 | case rate | | | | |
| MAJOR SKIN DISORDERS | 3814 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 51197.52 | | | | 52795 | 56853.45 | case rate | | | | |
| MALIGNANT BREAST DISORDERS | 3821 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8705.89 | | | | 8327 | 8967.07 | case rate | | | | |
| MALIGNANT BREAST DISORDERS | 3822 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10326.84 | | | | 9877 | 10636.65 | case rate | | | | |
| MALIGNANT BREAST DISORDERS | 3823 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 16366.11 | | | | 15654 | 16857.09 | case rate | | | | |
| MALIGNANT BREAST DISORDERS | 3824 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 27527.59 | | | | 26329 | 28363.42 | case rate | | | | |
| CELLULITIS & OTHER SKIN INFECTIONS | 3831 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6297.58 | | | | 6023 | 6486.51 | case rate | | | | |
| CELLULITIS & OTHER SKIN INFECTIONS | 3832 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8381.58 | | | | 8017 | 8633.03 | case rate | | | | |
| CELLULITIS & OTHER SKIN INFECTIONS | 3833 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12868.43 | | | | 12308 | 13254.48 | case rate | | | | |
| CELLULITIS & OTHER SKIN INFECTIONS | 3834 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 30443.99 | | | | 29119 | 31357.31 | case rate | | | | |
| CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE | 3841 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8067.04 | | | | 7716 | 8309.05 | case rate | | | | |
| CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE | 3842 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9562.69 | | | | 9146 | 9849.57 | case rate | | | | |
| CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE | 3843 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 14011.43 | | | | 13401 | 14431.77 | case rate | | | | |
| CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE | 3844 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 35449.07 | | | | 33906 | 36512.54 | case rate | | | | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS | 3851 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6005.01 | | | | 5744 | 6185.16 | case rate | | | | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS | 3852 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7955.02 | | | | 7609 | 8193.67 | case rate | | | | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS | 3853 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12711.39 | | | | 12158 | 13092.73 | case rate | | | | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS | 3854 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 26097.95 | | | | 24962 | 26880.89 | case rate | | | | |
| PITUITARY & ADRENAL PROCEDURES | 4011 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 20020.76 | | | | 19914 | 21445.38 | case rate | | | | |
| PITUITARY & ADRENAL PROCEDURES | 4012 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 27992 | | | | 26773 | 28831.76 | case rate | | | | |
| PITUITARY & ADRENAL PROCEDURES | 4013 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 47116.48 | | | | 45065 | 48529.97 | case rate | | | | |
| PITUITARY & ADRENAL PROCEDURES | 4014 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 101944.48 | | | | 97506 | 105002.81 | case rate | | | | |
| PROCEDURES FOR OBESITY | 4031 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 18171.45 | | | | 17380 | 18716.59 | case rate | | | | |
| PROCEDURES FOR OBESITY | 4032 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 20180.66 | | | | 19302 | 20786.08 | case rate | | | | |
| PROCEDURES FOR OBESITY | 4033 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 30669.2 | | | | 29334 | 31589.28 | case rate | | | | |
| PROCEDURES FOR OBESITY | 4034 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 86347.9 | | | | 82589 | 88938.34 | case rate | | | | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES | 4041 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11600.15 | | | | 11095 | 11948.15 | case rate | | | | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES | 4042 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 15542.59 | | | | 14866 | 16008.87 | case rate | | | | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES | 4043 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 29576.35 | | | | 28289 | 30463.64 | case rate | | | | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES | 4044 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 70883.52 | | | | 67798 | 73010.03 | case rate | | | | |
| OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS | 4051 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 18040.33 | | | | 17255 | 18581.54 | case rate | | | | |
| OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS | 4052 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 22363.23 | | | | 21390 | 23034.13 | case rate | | | | |
| OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS | 4053 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 33227.21 | | | | 31781 | 34224.03 | case rate | | | | |
| OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS | 4054 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 75769.39 | | | | 72471 | 78042.47 | case rate | | | | |
| DIABETES | 4201 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 5855.32 | | | | 5600 | 6030.98 | case rate | | | | |
| DIABETES | 4202 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7566.67 | | | | 7237 | 7793.67 | case rate | | | | |
| DIABETES | 4203 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11354.58 | | | | 10860 | 11695.22 | case rate | | | | |
| DIABETES | 4204 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 27685.98 | | | | 26481 | 28516.56 | case rate | | | | |
| MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS | 4211 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7879.15 | | | | 7536 | 8115.52 | case rate | | | | |
| MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS | 4212 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8754.6 | | | | 8373 | 9017.24 | case rate | | | | |
| MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS | 4213 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13425.49 | | | | 12841 | 13828.25 | case rate | | | | |
| MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS | 4214 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 28466.18 | | | | 27227 | 29320.17 | case rate | | | | |
| HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS | 4221 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 4715.83 | | | | 4511 | 4857.3 | case rate | | | | |
| HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS | 4222 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6765.21 | | | | 6471 | 6968.17 | case rate | | | | |
| HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS | 4223 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9895.61 | | | | 9465 | 10192.48 | case rate | | | | |
| HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS | 4224 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 21431.99 | | | | 20499 | 22074.95 | case rate | | | | |
| INBORN ERRORS OF METABOLISM | 4231 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8604.82 | | | | 8230 | 8862.96 | case rate | | | | |
| INBORN ERRORS OF METABOLISM | 4232 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11216.28 | | | | 10728 | 11552.77 | case rate | | | | |
| INBORN ERRORS OF METABOLISM | 4233 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 17701.04 | | | | 16930 | 18232.07 | case rate | | | | |
| INBORN ERRORS OF METABOLISM | 4234 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 34298.27 | | | | 32805 | 35327.22 | case rate | | | | |
| OTHER ENDOCRINE DISORDERS | 4241 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7195.54 | | | | 6882 | 7411.41 | case rate | | | | |
| OTHER ENDOCRINE DISORDERS | 4242 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9778.84 | | | | 9353 | 10072.21 | case rate | | | | |
| OTHER ENDOCRINE DISORDERS | 4243 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 14823.91 | | | | 14179 | 15268.63 | case rate | | | | |
| OTHER ENDOCRINE DISORDERS | 4244 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 31416.4 | | | | 30049 | 32358.89 | case rate | | | | |
| ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED | 4251 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 5852.81 | | | | 5598 | 6028.39 | case rate | | | | |
| ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED | 4252 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7540.75 | | | | 7212 | 7766.97 | case rate | | | | |
| ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED | 4253 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11398.3 | | | | 10816 | 11647.55 | case rate | | | | |
| ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED | 4254 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 25368.52 | | | | 24264 | 26129.58 | case rate | | | | |
| KIDNEY TRANSPLANT | 4401 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 69843.58 | | | | 66803 | 71938.89 | case rate | | | | |
| KIDNEY TRANSPLANT | 4402 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 73081.43 | | | | 69900 | 75273.87 | case rate | | | | |
| KIDNEY TRANSPLANT | 4403 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 82638.38 | | | | 79041 | 85117.53 | case rate | | | | |
| KIDNEY TRANSPLANT | 4404 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 130828.16 | | | | 125133 | 134753 | case rate | | | | |
| MAJOR BLADDER PROCEDURES | 4411 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 20595.2 | | | | 19699 | 21213.06 | case rate | | | | |
| MAJOR BLADDER PROCEDURES | 4412 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 31923.5 | | | | 30534 | 32881.21 | case rate | | | | |
| MAJOR BLADDER PROCEDURES | 4413 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 43420.32 | | | | 41530 | 44722.93 | case rate | | | | |
| MAJOR BLADDER PROCEDURES | 4414 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 87391.07 | | | | 83587 | 90012.8 | case rate | | | | |
| KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY | 4421 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 18979.82 | | | | 18154 | 19549.21 | case rate | | | | |
| KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY | 4422 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 21989.23 | | | | 21032 | 22648.91 | case rate | | | | |
| KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY | 4423 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 33954.68 | | | | 32476 | 34973.32 | case rate | | | | |
| KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY | 4424 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 67557.59 | | | | 64617 | 69584.32 | case rate | | | | |
| KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY | 4431 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 16616.97 | | | | 15894 | 17115.48 | case rate | | | | |
| KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY | 4432 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 19520.82 | | | | 18671 | 20106.44 | case rate | | | | |
| KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY | 4433 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 28532.64 | | | | 27290 | 29388.62 | case rate | | | | |
| KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY | 4434 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 59316.38 | | | | 56734 | 61095.87 | case rate | | | | |
| RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY | 4441 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 15135.94 | | | | 14477 | 15590.02 | case rate | | | | |
| RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY | 4442 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 20423.26 | | | | 19534 | 21035.96 | case rate | | | | |
| RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY | 4443 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 32825.32 | | | | 31396 | 33810.08 | case rate | | | | |
| RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY | 4444 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 62093.14 | | | | 59390 | 63955.93 | case rate | | | | |
| OTHER BLADDER PROCEDURES | 4451 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13122.25 | | | | 12551 | 13515.92 | case rate | | | | |
| OTHER BLADDER PROCEDURES | 4452 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 17933.33 | | | | 17153 | 18471.33 | case rate | | | | |
| OTHER BLADDER PROCEDURES | 4453 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 23347.83 | | | | 22331 | 24048.26 | case rate | | | | |
| OTHER BLADDER PROCEDURES | 4454 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 48451.14 | | | | 46342 | 49904.67 | case rate | | | | |
| URETHRAL & TRANSURETHRAL PROCEDURES | 4461 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10047.1 | | | | 9610 | 10348.51 | case rate | | | | |
| URETHRAL & TRANSURETHRAL PROCEDURES | 4462 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12425.55 | | | | 11885 | 12798.32 | case rate | | | | |
| URETHRAL & TRANSURETHRAL PROCEDURES | 4463 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 20318.42 | | | | 19434 | 20927.97 | case rate | | | | |
| URETHRAL & TRANSURETHRAL PROCEDURES | 4464 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 43967.24 | | | | 42053 | 45286.26 | case rate | | | | |
| OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES | 4471 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 17050.88 | | | | 16309 | 17562.41 | case rate | | | | |
| OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES | 4472 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 21585.99 | | | | 20646 | 22233.57 | case rate | | | | |
| OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES | 4473 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 30848.4 | | | | 29505 | 31773.85 | case rate | | | | |
| OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES | 4474 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 70495.17 | | | | 67426 | 72610.03 | case rate | | | | |
| KIDNEY & URINARY TRACT MALIGNANCY | 4611 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7923.09 | | | | 7578 | 8160.78 | case rate | | | | |
| KIDNEY & URINARY TRACT MALIGNANCY | 4612 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10359.66 | | | | 9909 | 10670.45 | case rate | | | | |
| KIDNEY & URINARY TRACT MALIGNANCY | 4613 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 16016.15 | | | | 15319 | 16496.63 | case rate | | | | |
| KIDNEY & URINARY TRACT MALIGNANCY | 4614 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 29157.5 | | | | 27888 | 30032.23 | case rate | | | | |
| NEPHRITIS & NEPHROSIS | 4621 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6527.45 | | | | 6243 | 6723.27 | case rate | | | | |
| NEPHRITIS & NEPHROSIS | 4622 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9209.23 | | | | 8808 | 9485.51 | case rate | | | | |
| NEPHRITIS & NEPHROSIS | 4623 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 17014.74 | | | | 16274 | 17525.18 | case rate | | | | |
| NEPHRITIS & NEPHROSIS | 4624 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 34388.05 | | | | 32891 | 35419.69 | case rate | | | | |
| KIDNEY & URINARY TRACT INFECTIONS | 4631 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6307.98 | | | | 6033 | 6497.22 | case rate | | | | |
| KIDNEY & URINARY TRACT INFECTIONS | 4632 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7947.67 | | | | 7602 | 8186.1 | case rate | | | | |
| KIDNEY & URINARY TRACT INFECTIONS | 4633 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11038.79 | | | | 10558 | 11369.95 | case rate | | | | |
| KIDNEY & URINARY TRACT INFECTIONS | 4634 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 21593.34 | | | | 20653 | 22241.14 | case rate | | | | |
| URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION | 4651 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6939.3 | | | | 6637 | 7147.48 | case rate | | | | |
| URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION | 4652 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8309.92 | | | | 7948 | 8559.22 | case rate | | | | |
| URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION | 4653 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12735.34 | | | | 12181 | 13117.4 | case rate | | | | |
| URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION | 4654 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 27767.87 | | | | 26559 | 28600.91 | case rate | | | | |
| MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC | 4661 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6605.66 | | | | 6318 | 6803.83 | case rate | | | | |
| MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC | 4662 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9200.17 | | | | 8800 | 9476.18 | case rate | | | | |
| MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC | 4663 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 14014.66 | | | | 13404 | 14435 | case rate | | | | |
| MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC | 4664 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 24905.99 | | | | 23822 | 25653.17 | case rate | | | | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS | 4681 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6905.13 | | | | 6605 | 7112.28 | case rate | | | | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS | 4682 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9375.69 | | | | 8968 | 9656.96 | case rate | | | | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS | 4683 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13668.99 | | | | 13074 | 14079.06 | case rate | | | | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS | 4684 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 27533.42 | | | | 26335 | 28359.42 | case rate | | | | |
| ACUTE KIDNEY INJURY | 4691 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6538.48 | | | | 6254 | 6734.63 | case rate | | | | |
| ACUTE KIDNEY INJURY | 4692 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8737.29 | | | | 8357 | 8999.41 | case rate | | | | |
| ACUTE KIDNEY INJURY | 4693 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 14148.74 | | | | 13533 | 14573.2 | case rate | | | | |
| ACUTE KIDNEY INJURY | 4694 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 32099.74 | | | | 30702 | 33062.73 | case rate | | | | |
| CHRONIC KIDNEY DISEASE | 4701 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6949.52 | | | | 6647 | 7158.01 | case rate | | | | |
| CHRONIC KIDNEY DISEASE | 4702 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8847.78 | | | | 8463 | 9113.21 | case rate | | | | |
| CHRONIC KIDNEY DISEASE | 4703 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13027 | | | | 12460 | 13417.81 | case rate | | | | |
| CHRONIC KIDNEY DISEASE | 4704 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 27926.17 | | | | 26710 | 28763.96 | case rate | | | | |
| MAJOR MALE PELVIC PROCEDURES | 4801 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 17602.38 | | | | 16836 | 18130.45 | case rate | | | | |
| MAJOR MALE PELVIC PROCEDURES | 4802 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 19399.11 | | | | 18555 | 19981.08 | case rate | | | | |
| MAJOR MALE PELVIC PROCEDURES | 4803 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 31665.02 | | | | 30287 | 32614.97 | case rate | | | | |
| MAJOR MALE PELVIC PROCEDURES | 4804 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 70658.04 | | | | 67582 | 72777.78 | case rate | | | | |
| PENIS PROCEDURES | 4811 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11262.02 | | | | 10772 | 11599.88 | case rate | | | | |
| PENIS PROCEDURES | 4812 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 16352.35 | | | | 17553 | 18902.92 | case rate | | | | |
| PENIS PROCEDURES | 4813 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 25552.29 | | | | 24440 | 26318.86 | case rate | | | | |
| PENIS PROCEDURES | 4814 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 58973.05 | | | | 56406 | 60742.24 | case rate | | | | |
| TRANSURETHRAL PROSTATECTOMY | 4821 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9472.37 | | | | 9060 | 9756.54 | case rate | | | | |
| TRANSURETHRAL PROSTATECTOMY | 4822 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12361.24 | | | | 11823 | 12732.08 | case rate | | | | |
| TRANSURETHRAL PROSTATECTOMY | 4823 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 22501.44 | | | | 21522 | 23176.48 | case rate | | | | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TRANSURETHRAL PROSTATECTOMY | 4824 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 44912.02 | | | | 42957 | 46259.38 | case rate | |
| TESTES & SCROTAL PROCEDURES | 4831 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10025.12 | | | | 9589 | 10325.87 | case rate | |
| TESTES & SCROTAL PROCEDURES | 4832 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 18134.23 | | | | 17345 | 18678.26 | case rate | |
| TESTES & SCROTAL PROCEDURES | 4833 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 30441.66 | | | | 29116 | 31354.91 | case rate | |
| TESTES & SCROTAL PROCEDURES | 4834 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 85462.18 | | | | 81770 | 88056.95 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 4841 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13020.19 | | | | 12453 | 13410.8 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 4842 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 18580.16 | | | | 17771 | 19137.56 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 4843 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 23795.2 | | | | 22759 | 24509.06 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 4844 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 60279 | | | | 57655 | 62087.37 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM | 5001 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8056.19 | | | | 7705 | 8297.88 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM | 5002 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10246.3 | | | | 9800 | 10553.69 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM | 5003 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 16205.39 | | | | 15500 | 16691.55 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM | 5004 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 26587.56 | | | | 25430 | 27385.19 | case rate | |
| MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY | 5011 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6420.63 | | | | 6141 | 6613.25 | case rate | |
| MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY | 5012 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8823.93 | | | | 8440 | 9088.65 | case rate | |
| MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY | 5013 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13336.07 | | | | 12755 | 13736.15 | case rate | |
| MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY | 5014 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 33691.8 | | | | 32225 | 34702.55 | case rate | |
| PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS | 5101 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 17808.48 | | | | 17033 | 18342.73 | case rate | |
| PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS | 5102 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 22094.34 | | | | 21132 | 22757.17 | case rate | |
| PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS | 5103 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 39514.83 | | | | 37795 | 40700.27 | case rate | |
| PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS | 5104 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 91545.53 | | | | 87560 | 94291.9 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY | 5111 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 17966.07 | | | | 17184 | 18505.05 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY | 5112 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 22529.87 | | | | 21549 | 23205.77 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY | 5113 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 33821.76 | | | | 32349 | 34836.41 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY | 5114 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 72201.49 | | | | 69058 | 74367.53 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG | 5121 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 15972.2 | | | | 15277 | 16451.37 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG | 5122 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 18794.88 | | | | 17977 | 19358.73 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG | 5123 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 29531.86 | | | | 28246 | 30417.82 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG | 5124 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 60332.28 | | | | 57706 | 62142.25 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA | 5131 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12210.48 | | | | 11679 | 12576.79 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA | 5132 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 14334.84 | | | | 13711 | 14764.89 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA | 5133 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 23515.46 | | | | 22492 | 24220.92 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA | 5134 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 56856.76 | | | | 54382 | 58562.46 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 5141 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10056.96 | | | | 9619 | 10358.67 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 5142 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 14604.98 | | | | 13969 | 15043.13 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 5143 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 25294.88 | | | | 24194 | 26053.73 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 5144 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 70105.65 | | | | 67054 | 72208.82 | case rate | |
| DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES | 5171 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9676.95 | | | | 9256 | 9967.26 | case rate | |
| DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES | 5172 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12175.14 | | | | 11645 | 12540.39 | case rate | |
| DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES | 5173 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 22336.05 | | | | 21364 | 23006.13 | case rate | |
| DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES | 5174 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 52556.72 | | | | 50269 | 54133.42 | case rate | |
| OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 5181 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11514.49 | | | | 11013 | 11859.92 | case rate | |
| OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 5182 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 15869.59 | | | | 15179 | 16345.68 | case rate | |
| OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 5183 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 28971.49 | | | | 27710 | 29840.63 | case rate | |
| OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 5184 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 65959.88 | | | | 63088 | 67938.68 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA | 5191 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12764.04 | | | | 12208 | 13146.96 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA | 5192 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 15308.5 | | | | 14642 | 15767.76 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA | 5193 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 27633.87 | | | | 26431 | 28462.89 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA | 5194 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 68632.15 | | | | 65644 | 70691.11 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM MALIGNANCY | 5301 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7718.51 | | | | 7382 | 7950.07 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM MALIGNANCY | 5302 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9922.34 | | | | 9490 | 10220.01 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM MALIGNANCY | 5303 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 16755.36 | | | | 16026 | 17258.02 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM MALIGNANCY | 5304 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 30853.69 | | | | 29510 | 31779.3 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM INFECTIONS | 5311 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7020.29 | | | | 6715 | 7230.9 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM INFECTIONS | 5312 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9451.66 | | | | 9040 | 9735.21 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM INFECTIONS | 5313 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 14902.12 | | | | 14253 | 15349.18 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM INFECTIONS | 5314 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 28948.8 | | | | 27689 | 29817.26 | case rate | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS | 5321 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6101.25 | | | | 5836 | 6284.29 | case rate | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS | 5322 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7532.59 | | | | 7205 | 7758.57 | case rate | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS | 5323 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12382.59 | | | | 11844 | 12754.07 | case rate | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS | 5324 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 25355.69 | | | | 24252 | 26116.36 | case rate | |
| CESAREAN DELIVERY | 5401 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7776.72 | | | | 7438 | 8010.02 | case rate | |
| CESAREAN DELIVERY | 5402 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9296.4 | | | | 8892 | 9575.29 | case rate | |
| CESAREAN DELIVERY | 5403 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13327.28 | | | | 12747 | 13727.1 | case rate | |
| CESAREAN DELIVERY | 5404 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 37703.21 | | | | 36062 | 38834.31 | case rate | |
| VAGINAL DELIVERY W STERILIZATION &/OR D&C | 5411 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7408.64 | | | | 7086 | 7630.9 | case rate | |
| VAGINAL DELIVERY W STERILIZATION &/OR D&C | 5412 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8061.57 | | | | 7711 | 8303.42 | case rate | |
| VAGINAL DELIVERY W STERILIZATION &/OR D&C | 5413 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12002.49 | | | | 11480 | 12362.56 | case rate | |
| VAGINAL DELIVERY W STERILIZATION &/OR D&C | 5414 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 42249.35 | | | | 40410 | 43516.83 | case rate | |
| VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C | 5421 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 5492.8 | | | | 5254 | 5657.58 | case rate | |
| VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C | 5422 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6854.54 | | | | 6556 | 7060.18 | case rate | |
| VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C | 5423 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 14759.61 | | | | 14117 | 15202.4 | case rate | |
| VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C | 5424 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 49315.56 | | | | 47169 | 50795.03 | case rate | |
| D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES | 5441 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7758.78 | | | | 7421 | 7991.54 | case rate | |
| D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES | 5442 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9184.38 | | | | 8785 | 9459.91 | case rate | |
| D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES | 5443 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 15220.97 | | | | 14558 | 15677.6 | case rate | |
| D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES | 5444 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 42836.54 | | | | 40972 | 44121.64 | case rate | |
| ECTOPIC PREGNANCY PROCEDURE | 5451 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11107.85 | | | | 10624 | 11441.09 | case rate | |
| ECTOPIC PREGNANCY PROCEDURE | 5452 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12190.93 | | | | 11660 | 12556.66 | case rate | |
| ECTOPIC PREGNANCY PROCEDURE | 5453 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 14710.73 | | | | 14070 | 15152.05 | case rate | |
| ECTOPIC PREGNANCY PROCEDURE | 5454 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 26848.83 | | | | 25680 | 27654.29 | case rate | |
| OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES | 5461 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8473.6 | | | | 8105 | 8727.81 | case rate | |
| OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES | 5462 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11975.58 | | | | 11454 | 12334.85 | case rate | |
| OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES | 5463 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 22947.91 | | | | 21949 | 23636.35 | case rate | |
| OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES | 5464 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 62522.48 | | | | 59801 | 64398.15 | case rate | |
| VAGINAL DELIVERY | 5601 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 4587.93 | | | | 4388 | 4725.57 | case rate | |
| VAGINAL DELIVERY | 5602 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 5173.33 | | | | 4948 | 5328.53 | case rate | |
| VAGINAL DELIVERY | 5603 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7521.92 | | | | 7194 | 7747.58 | case rate | |
| VAGINAL DELIVERY | 5604 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 22429.6 | | | | 21453 | 23102.49 | case rate | |
| POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE | 5611 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 3598.22 | | | | 3442 | 3706.17 | case rate | |
| POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE | 5612 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 5789.94 | | | | 5538 | 5963.64 | case rate | |
| POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE | 5613 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9303.49 | | | | 8898 | 9582.59 | case rate | |
| POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE | 5614 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 24484.28 | | | | 23418 | 25218.81 | case rate | |
| PRETERM LABOR | 5631 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 4121.28 | | | | 3942 | 4244.92 | case rate | |
| PRETERM LABOR | 5632 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 5458.54 | | | | 5221 | 5622.3 | case rate | |
| PRETERM LABOR | 5633 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9345.82 | | | | 8939 | 9626.19 | case rate | |
| PRETERM LABOR | 5634 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 17230.71 | | | | 16481 | 17747.63 | case rate | |
| ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 5641 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 4363.8 | | | | 4174 | 4494.71 | case rate | |
| ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 5642 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 5094.13 | | | | 4872 | 5246.95 | case rate | |
| ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 5643 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7234.1 | | | | 6919 | 7451.12 | case rate | |
| ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 5644 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 30786.87 | | | | 29447 | 31710.48 | case rate | |
| FALSE LABOR | 5651 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 2024.99 | | | | 1937 | 2085.74 | case rate | |
| FALSE LABOR | 5652 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 2879.81 | | | | 2754 | 2966.2 | case rate | |
| FALSE LABOR | 5653 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 4578.33 | | | | 4379 | 4715.68 | case rate | |
| FALSE LABOR | 5654 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 5037.54 | | | | 4818 | 5188.67 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES | 5661 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 4042.27 | | | | 3866 | 4163.54 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES | 5662 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 5430.56 | | | | 5194 | 5593.48 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES | 5663 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8331.53 | | | | 7969 | 8581.48 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES | 5664 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 23884.88 | | | | 22854 | 24595.43 | case rate | |
| NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE | 5801 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 3426.55 | | | | 3277 | 3529.35 | case rate | |
| NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE | 5802 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 4410.8 | | | | 4219 | 4543.12 | case rate | |
| NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE | 5803 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7137.33 | | | | 6827 | 7351.45 | case rate | |
| NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE | 5804 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13475.18 | | | | 12889 | 13879.44 | case rate | |
| NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE | 5811 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 1365.87 | | | | 1306 | 1406.85 | case rate | |
| NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE | 5812 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 2169.3 | | | | 2075 | 2234.38 | case rate | |
| NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE | 5813 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 3743.24 | | | | 3580 | 3855.54 | case rate | |
| NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE | 5814 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7516.09 | | | | 7189 | 7741.57 | case rate | |
| NEONATE W ECMO | 5831 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 118519.48 | | | | 113360 | 122075.06 | case rate | |
| NEONATE W ECMO | 5832 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 131688.37 | | | | 125955 | 135639.02 | case rate | |
| NEONATE W ECMO | 5833 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 246888.91 | | | | 236141 | 254295.58 | case rate | |
| NEONATE W ECMO | 5834 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 369181.14 | | | | 353109 | 380256.57 | case rate | |
| NEONATE BWT <1500G W MAJOR PROCEDURE | 5881 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 116315.11 | | | | 111251 | 119804.56 | case rate | |
| NEONATE BWT <1500G W MAJOR PROCEDURE | 5882 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 129239.06 | | | | 123613 | 133116.23 | case rate | |
| NEONATE BWT <1500G W MAJOR PROCEDURE | 5883 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 263863.97 | | | | 252406 | 271810.79 | case rate | |
| NEONATE BWT <1500G W MAJOR PROCEDURE | 5884 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 353216.48 | | | | 337839 | 363812.97 | case rate | |
| NEONATE BWT <500G OR GA <24 WEEKS | 5891 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 204229.96 | | | | 195339 | 210356.86 | case rate | |
| NEONATE BWT <500G OR GA <24 WEEKS | 5892 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 143257.21 | | | | 137021 | 147554.93 | case rate | |
| NEONATE BWT <500G OR GA <24 WEEKS | 5893 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 102476.78 | | | | 98016 | 105551.08 | case rate | |
| NEONATE BWT <500G OR GA <24 WEEKS | 5894 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 3483.15 | | | | 3332 | 3587.64 | case rate | |
| NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE | 5911 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 121966.48 | | | | 116657 | 125625.47 | case rate | |
| NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE | 5912 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 169214.53 | | | | 161848 | 174290.97 | case rate | |
| NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE | 5913 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 210125.1 | | | | 200977 | 216428.85 | case rate | |
| NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE | 5914 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 296633.81 | | | | 283720 | 305532.82 | case rate | |
| NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE | 5931 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 37816.58 | | | | 36170 | 38951.08 | case rate | |
| NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE | 5932 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 128118.85 | | | | 122541 | 131962.42 | case rate | |
| NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE | 5933 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 170832.87 | | | | 163304 | 175751.86 | case rate | |
| NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE | 5934 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 243690.53 | | | | 233082 | 251001.25 | case rate | |
| NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6021 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 55615.11 | | | | 53194 | 57283.56 | case rate | |
| NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6022 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 102118.03 | | | | 97672 | 105181.57 | case rate | |
| NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6023 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 135563.36 | | | | 129662 | 139630.26 | case rate | |
| NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6024 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 187672.99 | | | | 179503 | 193303.18 | case rate | |
| NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION | 6031 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 32478.13 | | | | 31064 | 33452.47 | case rate | |
| NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION | 6032 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 74802.01 | | | | 71564 | 76940.07 | case rate | |
| NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION | 6033 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 110855.4 | | | | 106029 | 114181.06 | case rate | |
| NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION | 6034 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 193014.3 | | | | 184612 | 198804.73 | case rate | |
| NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6071 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 50698.2 | | | | 48491 | 52219.15 | case rate | |
| NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6072 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 79154.87 | | | | 75709 | 81529.52 | case rate | |
| NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6073 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 107200.14 | | | | 102533 | 110416.14 | case rate | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6074 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 149869.24 | | | | 143345 | 154365.32 | case rate | |
| NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION | 6081 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 34307.6 | | | | 32814 | 35336.83 | case rate | |
| NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION | 6082 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 64559.75 | | | | 61749 | 66496.54 | case rate | |
| NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION | 6083 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 95376.58 | | | | 91224 | 98237.88 | case rate | |
| NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION | 6084 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 139821.51 | | | | 133734 | 144016.16 | case rate | |
| NEONATE BWT 1500-2499G W MAJOR PROCEDURE | 6091 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 53313.79 | | | | 50993 | 54913.2 | case rate | |
| NEONATE BWT 1500-2499G W MAJOR PROCEDURE | 6092 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 69241.86 | | | | 66227 | 71319.12 | case rate | |
| NEONATE BWT 1500-2499G W MAJOR PROCEDURE | 6093 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 110464.72 | | | | 105656 | 113778.66 | case rate | |
| NEONATE BWT 1500-2499G W MAJOR PROCEDURE | 6094 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 204834.64 | | | | 195917 | 210979.68 | case rate | |
| NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY | 6111 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 29540.47 | | | | 28254 | 30426.68 | case rate | |
| NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY | 6112 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 47503.22 | | | | 45435 | 48928.32 | case rate | |
| NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY | 6113 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 76910.05 | | | | 73562 | 79217.35 | case rate | |
| NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY | 6114 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 120829.76 | | | | 115570 | 124454.65 | case rate | |
| NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND | 6121 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 35907.74 | | | | 34345 | 36984.97 | case rate | |
| NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND | 6122 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 54735.53 | | | | 52353 | 56377.6 | case rate | |
| NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND | 6123 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 75888.23 | | | | 72393 | 77958.88 | case rate | |
| NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND | 6124 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 116101.65 | | | | 111047 | 119584.7 | case rate | |
| NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION | 6131 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 30058.06 | | | | 28750 | 30959.8 | case rate | |
| NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION | 6132 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 46554.13 | | | | 44527 | 47950.75 | case rate | |
| NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION | 6133 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 77402.09 | | | | 74032 | 79724.15 | case rate | |
| NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION | 6134 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 103197.07 | | | | 98704 | 106292.98 | case rate | |
| NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION | 6141 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 19731.41 | | | | 18872 | 20323.35 | case rate | |
| NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION | 6142 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 38403.89 | | | | 37688 | 40586.01 | case rate | |
| NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION | 6143 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 64827.38 | | | | 61814 | 66586.2 | case rate | |
| NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION | 6144 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 69129.12 | | | | 66120 | 71202.99 | case rate | |
| NEONATE BWT 2000-2499G W MAJOR ANOMALY | 6211 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13811.15 | | | | 13210 | 14225.48 | case rate | |
| NEONATE BWT 2000-2499G W MAJOR ANOMALY | 6212 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 29889.9 | | | | 28589 | 30786.6 | case rate | |
| NEONATE BWT 2000-2499G W MAJOR ANOMALY | 6213 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 50343.3 | | | | 48152 | 51853.6 | case rate | |
| NEONATE BWT 2000-2499G W MAJOR ANOMALY | 6214 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 99542.44 | | | | 95209 | 102528.71 | case rate | |
| NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND | 6221 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 22330.4 | | | | 21358 | 23000.31 | case rate | |
| NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND | 6222 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 33099.14 | | | | 31658 | 34092.11 | case rate | |
| NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND | 6223 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 48256.87 | | | | 46156 | 49704.58 | case rate | |
| NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND | 6224 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 77189.97 | | | | 73830 | 79505.67 | case rate | |
| NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION | 6231 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 17701.04 | | | | 16930 | 18232.07 | case rate | |
| NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION | 6232 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 30789.3 | | | | 29449 | 31712.98 | case rate | |
| NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION | 6233 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 50072.89 | | | | 47893 | 51575.08 | case rate | |
| NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION | 6234 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 76154.52 | | | | 72839 | 78439.16 | case rate | |
| NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION | 6251 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 21060.59 | | | | 20144 | 21692.41 | case rate | |
| NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION | 6252 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 32910.61 | | | | 31478 | 33897.93 | case rate | |
| NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION | 6253 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 41078.73 | | | | 39290 | 42311.09 | case rate | |
| NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION | 6254 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 60715.79 | | | | 58073 | 62537.26 | case rate | |
| NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6261 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 2093.51 | | | | 2002 | 2156.32 | case rate | |
| NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6262 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 5178.62 | | | | 4953 | 5333.98 | case rate | |
| NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6263 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 15115.13 | | | | 14457 | 15568.58 | case rate | |
| NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6264 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 34012.71 | | | | 32532 | 35033.09 | case rate | |
| NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE | 6301 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 32061.75 | | | | 30656 | 33013.3 | case rate | |
| NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE | 6302 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 43573.96 | | | | 41677 | 44881.18 | case rate | |
| NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE | 6303 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 68565.16 | | | | 65580 | 70622.11 | case rate | |
| NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE | 6304 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 157236.89 | | | | 150392 | 161954 | case rate | |
| NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE | 6311 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 17996.11 | | | | 17213 | 18535.99 | case rate | |
| NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE | 6312 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 22291.12 | | | | 21321 | 22959.85 | case rate | |
| NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE | 6313 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 50100.87 | | | | 47920 | 51603.9 | case rate | |
| NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE | 6314 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 139590.2 | | | | 133513 | 143777.91 | case rate | |
| NEONATE BIRTHWT >2499G W MAJOR ANOMALY | 6331 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 3930.33 | | | | 3759 | 4048.24 | case rate | |
| NEONATE BIRTHWT >2499G W MAJOR ANOMALY | 6332 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11186.86 | | | | 10700 | 11522.47 | case rate | |
| NEONATE BIRTHWT >2499G W MAJOR ANOMALY | 6333 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 23757.71 | | | | 22723 | 24470.44 | case rate | |
| NEONATE BIRTHWT >2499G W MAJOR ANOMALY | 6334 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 71350.08 | | | | 68244 | 73490.58 | case rate | |
| NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND | 6341 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7503.8 | | | | 7177 | 7728.91 | case rate | |
| NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND | 6342 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13666.12 | | | | 13071 | 14076.1 | case rate | |
| NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND | 6343 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 30319.96 | | | | 29000 | 31229.56 | case rate | |
| NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND | 6344 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 75411.63 | | | | 72129 | 77673.98 | case rate | |
| NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION | 6361 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10155.98 | | | | 9714 | 10460.66 | case rate | |
| NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION | 6362 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 15148.86 | | | | 14489 | 15603.33 | case rate | |
| NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION | 6363 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 28521.34 | | | | 27280 | 29376.98 | case rate | |
| NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION | 6364 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 59446.07 | | | | 56858 | 61229.45 | case rate | |
| NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION | 6391 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 5872.18 | | | | 5617 | 6048.35 | case rate | |
| NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION | 6392 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9308.6 | | | | 8903 | 9587.86 | case rate | |
| NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION | 6393 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 18063.02 | | | | 17277 | 18604.91 | case rate | |
| NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION | 6394 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 48953.48 | | | | 46822 | 50422.08 | case rate | |
| NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6401 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 1486.77 | | | | 1422 | 1531.37 | case rate | |
| NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6402 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 2199.16 | | | | 2103 | 2265.13 | case rate | |
| NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6403 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 5346.52 | | | | 5114 | 5506.92 | case rate | |
| NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6404 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 26054.36 | | | | 24920 | 26835.99 | case rate | |
| SPLENECTOMY | 6501 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 18301.5 | | | | 17505 | 18850.55 | case rate | |
| SPLENECTOMY | 6502 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 26196.79 | | | | 25056 | 26982.69 | case rate | |
| SPLENECTOMY | 6503 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 35323.5 | | | | 33786 | 36383.21 | case rate | |
| SPLENECTOMY | 6504 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 70722.08 | | | | 67643 | 72843.74 | case rate | |
| OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS | 6511 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 14720.77 | | | | 14080 | 15162.39 | case rate | |
| OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS | 6512 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 20671.07 | | | | 19771 | 21291.2 | case rate | |
| OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS | 6513 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 36480.67 | | | | 34893 | 37575.09 | case rate | |
| OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS | 6514 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 76556.14 | | | | 73223 | 78852.82 | case rate | |
| MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL | 6601 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10770.98 | | | | 10302 | 11094.11 | case rate | |
| MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL | 6602 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11498.26 | | | | 10998 | 11843.21 | case rate | |
| MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL | 6603 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 18486.26 | | | | 17681 | 19040.85 | case rate | |
| MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL | 6604 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 48031.84 | | | | 45941 | 49472.8 | case rate | |
| COAGULATION & PLATELET DISORDERS | 6611 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13240.46 | | | | 12664 | 13637.67 | case rate | |
| COAGULATION & PLATELET DISORDERS | 6612 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 15576.85 | | | | 14899 | 16044.16 | case rate | |
| COAGULATION & PLATELET DISORDERS | 6613 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 29667.29 | | | | 28376 | 30557.31 | case rate | |
| COAGULATION & PLATELET DISORDERS | 6614 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 56585.45 | | | | 54122 | 58283.01 | case rate | |
| SICKLE CELL ANEMIA CRISIS | 6621 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8217 | | | | 7859 | 8463.51 | case rate | |
| SICKLE CELL ANEMIA CRISIS | 6622 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11255.74 | | | | 10766 | 11593.41 | case rate | |
| SICKLE CELL ANEMIA CRISIS | 6623 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 17440.67 | | | | 16681 | 17963.89 | case rate | |
| SICKLE CELL ANEMIA CRISIS | 6624 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 40977.56 | | | | 39194 | 42206.89 | case rate | |
| OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS | 6631 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6896.76 | | | | 6598 | 7105.72 | case rate | |
| OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS | 6632 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8709.48 | | | | 8330 | 8970.76 | case rate | |
| OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS | 6633 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12462.32 | | | | 11920 | 12836.19 | case rate | |
| OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS | 6634 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 23277.52 | | | | 22264 | 23975.85 | case rate | |
| MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6801 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 21531.19 | | | | 20594 | 22177.13 | case rate | |
| MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6802 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 29611.33 | | | | 28322 | 30499.67 | case rate | |
| MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6803 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 51146.73 | | | | 48920 | 52681.13 | case rate | |
| MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6804 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 102303.41 | | | | 97850 | 105372.51 | case rate | |
| OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6811 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 15888.24 | | | | 15005 | 16158.89 | case rate | |
| OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6812 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 21693.7 | | | | 20654 | 22241.51 | case rate | |
| OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6813 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 39685.51 | | | | 37958 | 40876.08 | case rate | |
| OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6814 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 96700.84 | | | | 92491 | 99601.87 | case rate | |
| ACUTE LEUKEMIA | 6901 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 18236.03 | | | | 17442 | 18783.11 | case rate | |
| ACUTE LEUKEMIA | 6902 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 30108.56 | | | | 28798 | 31011.82 | case rate | |
| ACUTE LEUKEMIA | 6903 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 57880.01 | | | | 55360 | 59616.41 | case rate | |
| ACUTE LEUKEMIA | 6904 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 110352.25 | | | | 105548 | 113682.82 | case rate | |
| LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA | 6911 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 15447.34 | | | | 14775 | 15910.76 | case rate | |
| LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA | 6912 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 17836.91 | | | | 17060 | 18372.02 | case rate | |
| LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA | 6913 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 27612.08 | | | | 26410 | 28440.44 | case rate | |
| LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA | 6914 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 58075.62 | | | | 55547 | 59817.89 | case rate | |
| RADIOTHERAPY | 6921 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10439.93 | | | | 9985 | 10753.13 | case rate | |
| RADIOTHERAPY | 6922 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 21825.19 | | | | 20875 | 22479.95 | case rate | |
| RADIOTHERAPY | 6923 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 31952.74 | | | | 30562 | 32911.32 | case rate | |
| RADIOTHERAPY | 6924 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 59108.57 | | | | 56535 | 60881.83 | case rate | |
| LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR | 6941 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9597.94 | | | | 9180 | 9885.88 | case rate | |
| LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR | 6942 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11309.91 | | | | 10818 | 11649.21 | case rate | |
| LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR | 6943 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 18198.63 | | | | 17406 | 18744.59 | case rate | |
| LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR | 6944 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 35226.46 | | | | 33693 | 36283.25 | case rate | |
| CHEMOTHERAPY FOR ACUTE LEUKEMIA | 6951 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8735.85 | | | | 8356 | 8997.93 | case rate | |
| CHEMOTHERAPY FOR ACUTE LEUKEMIA | 6952 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12737.85 | | | | 12183 | 13119.99 | case rate | |
| CHEMOTHERAPY FOR ACUTE LEUKEMIA | 6953 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 33215.19 | | | | 31769 | 34211.65 | case rate | |
| CHEMOTHERAPY FOR ACUTE LEUKEMIA | 6954 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 91614.23 | | | | 87626 | 94362.66 | case rate | |
| OTHER CHEMOTHERAPY | 6961 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11502.39 | | | | 11002 | 11847.46 | case rate | |
| OTHER CHEMOTHERAPY | 6962 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13682.18 | | | | 13087 | 14092.65 | case rate | |
| OTHER CHEMOTHERAPY | 6963 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 21469.39 | | | | 20535 | 22113.47 | case rate | |
| OTHER CHEMOTHERAPY | 6964 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 50657.39 | | | | 48452 | 52177.11 | case rate | |
| INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE | 7101 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 15326.26 | | | | 14659 | 15786.05 | case rate | |
| INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE | 7102 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 21583.66 | | | | 20644 | 22231.17 | case rate | |
| INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE | 7103 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 37063.1 | | | | 35450 | 38174.99 | case rate | |
| INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE | 7104 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 75739.17 | | | | 72442 | 78011.35 | case rate | |
| POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE | 7111 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 14715.48 | | | | 14075 | 15156.94 | case rate | |
| POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE | 7112 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 20361.11 | | | | 19475 | 20971.94 | case rate | |
| POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE | 7113 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 35898.7 | | | | 35254 | 37964.46 | case rate | |
| POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE | 7114 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 75861.15 | | | | 72559 | 78136.98 | case rate | |
| SEPTICEMIA & DISSEMINATED INFECTIONS | 7201 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7707.93 | | | | 7372 | 7939.17 | case rate | |
| SEPTICEMIA & DISSEMINATED INFECTIONS | 7202 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10345.67 | | | | 9895 | 10656.04 | case rate | |
| SEPTICEMIA & DISSEMINATED INFECTIONS | 7203 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 16921.01 | | | | 16184 | 17428.64 | case rate | |
| SEPTICEMIA & DISSEMINATED INFECTIONS | 7204 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 37296.3 | | | | 35673 | 38415.19 | case rate | |
| POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS | 7211 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8099.87 | | | | 7747 | 8342.87 | case rate | |
| POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS | 7212 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10749.36 | | | | 10281 | 11071.84 | case rate | |
| POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS | 7213 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 17994.05 | | | | 17211 | 18533.87 | case rate | |
| POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS | 7214 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 35131.48 | | | | 33602 | 36185.42 | case rate | |
| FEVER | 7221 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6230.4 | | | | 5959 | 6417.31 | case rate | |
| FEVER | 7222 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8355.66 | | | | 7992 | 8606.33 | case rate | |
| FEVER | 7223 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11375.48 | | | | 10880 | 11716.74 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes | | | | | |
| FEVER | 7224 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 21598.37 | | | | 20858 | 22246.32 | case rate | | | | | | | |
| VIRAL ILLNESS | 7231 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 5495.67 | | | | 5256 | 5660.54 | case rate | | | | | | | |
| VIRAL ILLNESS | 7232 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7443.35 | | | | 7119 | 7666.65 | case rate | | | | | | | |
| VIRAL ILLNESS | 7233 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12032.09 | | | | 11508 | 12393.05 | case rate | | | | | | | |
| VIRAL ILLNESS | 7234 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 4022.77 | | | | 3847 | 4143.6 | case rate | | | | | | | |
| OTHER INFECTIOUS & PARASITIC DISEASES | 7241 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9587.89 | | | | 9170 | 9875.53 | case rate | | | | | | | |
| OTHER INFECTIOUS & PARASITIC DISEASES | 7242 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11311.35 | | | | 10819 | 11650.69 | case rate | | | | | | | |
| OTHER INFECTIOUS & PARASITIC DISEASES | 7243 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 17828.48 | | | | 17052 | 18363.33 | case rate | | | | | | | |
| OTHER INFECTIOUS & PARASITIC DISEASES | 7244 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 41249.77 | | | | 39454 | 42487.26 | case rate | | | | | | | |
| MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE | 7401 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 18776.67 | | | | 17959 | 19339.97 | case rate | | | | | | | |
| MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE | 7402 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 22597.41 | | | | 21614 | 23275.33 | case rate | | | | | | | |
| MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE | 7403 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 37878.37 | | | | 36229 | 39014.72 | case rate | | | | | | | |
| MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE | 7404 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 76124.47 | | | | 72810 | 78498.2 | case rate | | | | | | | |
| SCHIZOPHRENIA | 7501 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8776.66 | | | | 8395 | 9039.96 | case rate | | | | | | | |
| SCHIZOPHRENIA | 7502 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10517.78 | | | | 10060 | 10833.31 | case rate | | | | | | | |
| SCHIZOPHRENIA | 7503 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 15344.11 | | | | 14676 | 15804.43 | case rate | | | | | | | |
| SCHIZOPHRENIA | 7504 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 30840.6 | | | | 29498 | 31765.82 | case rate | | | | | | | |
| MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES | 7511 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 5253.42 | | | | 5025 | 5411.02 | case rate | | | | | | | |
| MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES | 7512 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7283.43 | | | | 6966 | 7501.93 | case rate | | | | | | | |
| MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES | 7513 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12884.75 | | | | 12133 | 13065.29 | case rate | | | | | | | |
| MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES | 7514 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 24625.45 | | | | 23553 | 25364.21 | case rate | | | | | | | |
| DISORDERS OF PERSONALITY & IMPULSE CONTROL | 7521 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 4500.13 | | | | 4304 | 4635.13 | case rate | | | | | | | |
| DISORDERS OF PERSONALITY & IMPULSE CONTROL | 7522 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6388.88 | | | | 6111 | 6580.55 | case rate | | | | | | | |
| DISORDERS OF PERSONALITY & IMPULSE CONTROL | 7523 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11272.6 | | | | 10782 | 11610.78 | case rate | | | | | | | |
| DISORDERS OF PERSONALITY & IMPULSE CONTROL | 7524 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12095.41 | | | | 11569 | 12458.27 | case rate | | | | | | | |
| BIPOLAR DISORDERS | 7531 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 5714.6 | | | | 5466 | 5886.04 | case rate | | | | | | | |
| BIPOLAR DISORDERS | 7532 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7735.46 | | | | 7399 | 7967.52 | case rate | | | | | | | |
| BIPOLAR DISORDERS | 7533 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12577.57 | | | | 12030 | 12954.9 | case rate | | | | | | | |
| BIPOLAR DISORDERS | 7534 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 25256.67 | | | | 24157 | 26014.37 | case rate | | | | | | | |
| DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER | 7541 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 4202.09 | | | | 4019 | 4328.15 | case rate | | | | | | | |
| DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER | 7542 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 5628.32 | | | | 5383 | 5797.17 | case rate | | | | | | | |
| DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER | 7543 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8764.55 | | | | 8383 | 9027.49 | case rate | | | | | | | |
| DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER | 7544 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 18317.38 | | | | 17520 | 18866.9 | case rate | | | | | | | |
| ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES | 7551 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 3783.69 | | | | 3619 | 3897.2 | case rate | | | | | | | |
| ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES | 7552 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6203.13 | | | | 5933 | 6389.22 | case rate | | | | | | | |
| ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES | 7553 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8909.4 | | | | 8522 | 9176.68 | case rate | | | | | | | |
| ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES | 7554 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13443.43 | | | | 12858 | 13846.73 | case rate | | | | | | | |
| ACUTE ANXIETY & DELIRIUM STATES | 7561 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6139.72 | | | | 5872 | 6323.91 | case rate | | | | | | | |
| ACUTE ANXIETY & DELIRIUM STATES | 7562 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7741.74 | | | | 7405 | 7973.99 | case rate | | | | | | | |
| ACUTE ANXIETY & DELIRIUM STATES | 7563 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9452.01 | | | | 9041 | 9735.57 | case rate | | | | | | | |
| ACUTE ANXIETY & DELIRIUM STATES | 7564 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 24815.5 | | | | 23735 | 25559.97 | case rate | | | | | | | |
| ORGANIC MENTAL HEALTH DISTURBANCES | 7571 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9072.36 | | | | 8677 | 9344.53 | case rate | | | | | | | |
| ORGANIC MENTAL HEALTH DISTURBANCES | 7572 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10449.35 | | | | 9994 | 10762.83 | case rate | | | | | | | |
| ORGANIC MENTAL HEALTH DISTURBANCES | 7573 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13451.32 | | | | 12866 | 13854.86 | case rate | | | | | | | |
| ORGANIC MENTAL HEALTH DISTURBANCES | 7574 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 28488.69 | | | | 27248 | 29343.35 | case rate | | | | | | | |
| BEHAVIORAL DISORDERS | 7581 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 5992.19 | | | | 5731 | 6171.96 | case rate | | | | | | | |
| BEHAVIORAL DISORDERS | 7582 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7121.81 | | | | 6812 | 7335.46 | case rate | | | | | | | |
| BEHAVIORAL DISORDERS | 7583 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11939.89 | | | | 11420 | 12298.09 | case rate | | | | | | | |
| BEHAVIORAL DISORDERS | 7584 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 15779.55 | | | | 15093 | 16252.94 | case rate | | | | | | | |
| EATING DISORDERS | 7591 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 19090.22 | | | | 18259 | 19662.93 | case rate | | | | | | | |
| EATING DISORDERS | 7592 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 20049.17 | | | | 19176 | 20650.65 | case rate | | | | | | | |
| EATING DISORDERS | 7593 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 22466.55 | | | | 21488 | 23140.55 | case rate | | | | | | | |
| EATING DISORDERS | 7594 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 38931.32 | | | | 37236 | 40099.26 | case rate | | | | | | | |
| OTHER MENTAL HEALTH DISORDERS | 7601 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7473.39 | | | | 7148 | 7697.59 | case rate | | | | | | | |
| OTHER MENTAL HEALTH DISORDERS | 7602 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9706.1 | | | | 9284 | 9997.28 | case rate | | | | | | | |
| OTHER MENTAL HEALTH DISORDERS | 7603 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 14640.23 | | | | 14003 | 15079.44 | case rate | | | | | | | |
| OTHER MENTAL HEALTH DISORDERS | 7604 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 28224.02 | | | | 26995 | 29070.74 | case rate | | | | | | | |
| DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE | 7701 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 3344.94 | | | | 3199 | 3445.29 | case rate | | | | | | | |
| DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE | 7702 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 4385.59 | | | | 4195 | 4517.16 | case rate | | | | | | | |
| DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE | 7703 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9054.42 | | | | 8660 | 9326.05 | case rate | | | | | | | |
| DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE | 7704 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 27052.69 | | | | 25875 | 27864.27 | case rate | | | | | | | |
| ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY | 7721 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8395.21 | | | | 8030 | 8647.07 | case rate | | | | | | | |
| ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY | 7722 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9856.6 | | | | 9427 | 10152.3 | case rate | | | | | | | |
| ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY | 7723 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11585.89 | | | | 11082 | 11933.47 | case rate | | | | | | | |
| ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY | 7724 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 35940.92 | | | | 34376 | 37019.15 | case rate | | | | | | | |
| OPIOID ABUSE & DEPENDENCE | 7731 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 3970.16 | | | | 3797 | 4089.26 | case rate | | | | | | | |
| OPIOID ABUSE & DEPENDENCE | 7732 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 5076.91 | | | | 4856 | 5229.22 | case rate | | | | | | | |
| OPIOID ABUSE & DEPENDENCE | 7733 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10288 | | | | 9840 | 10596.64 | case rate | | | | | | | |
| OPIOID ABUSE & DEPENDENCE | 7734 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 32559.21 | | | | 31142 | 33535.99 | case rate | | | | | | | |
| COCAINE ABUSE & DEPENDENCE | 7741 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 5025.79 | | | | 4807 | 5176.56 | case rate | | | | | | | |
| COCAINE ABUSE & DEPENDENCE | 7742 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 5220.15 | | | | 4993 | 5376.75 | case rate | | | | | | | |
| COCAINE ABUSE & DEPENDENCE | 7743 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10053.02 | | | | 9615 | 10354.61 | case rate | | | | | | | |
| COCAINE ABUSE & DEPENDENCE | 7744 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 36786.33 | | | | 35185 | 37889.92 | case rate | | | | | | | |
| ALCOHOL ABUSE & DEPENDENCE | 7751 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 4875.65 | | | | 4663 | 5021.92 | case rate | | | | | | | |
| ALCOHOL ABUSE & DEPENDENCE | 7752 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6951.32 | | | | 6649 | 7159.86 | case rate | | | | | | | |
| ALCOHOL ABUSE & DEPENDENCE | 7753 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13235.08 | | | | 12659 | 13632.13 | case rate | | | | | | | |
| ALCOHOL ABUSE & DEPENDENCE | 7754 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 37919.63 | | | | 36269 | 39057.22 | case rate | | | | | | | |
| OTHER DRUG ABUSE & DEPENDENCE | 7761 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 4631.79 | | | | 4430 | 4770.74 | case rate | | | | | | | |
| OTHER DRUG ABUSE & DEPENDENCE | 7762 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6420.09 | | | | 6141 | 6612.69 | case rate | | | | | | | |
| OTHER DRUG ABUSE & DEPENDENCE | 7763 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11313.14 | | | | 10821 | 11652.53 | case rate | | | | | | | |
| OTHER DRUG ABUSE & DEPENDENCE | 7764 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 26093.65 | | | | 24958 | 26876.46 | case rate | | | | | | | |
| O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT | 7911 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13653.21 | | | | 13059 | 14062.81 | case rate | | | | | | | |
| O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT | 7912 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 20044.24 | | | | 19172 | 20645.57 | case rate | | | | | | | |
| O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT | 7913 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 32334 | | | | 30926 | 33304.02 | case rate | | | | | | | |
| O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT | 7914 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 70649.16 | | | | 67573 | 72768.63 | case rate | | | | | | | |
| ALLERGIC REACTIONS | 8111 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 4299.76 | | | | 4113 | 4428.75 | case rate | | | | | | | |
| ALLERGIC REACTIONS | 8112 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6209.78 | | | | 5938 | 6395.04 | case rate | | | | | | | |
| ALLERGIC REACTIONS | 8113 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13593.92 | | | | 13002 | 14001.74 | case rate | | | | | | | |
| ALLERGIC REACTIONS | 8114 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 32571.77 | | | | 31154 | 33548.92 | case rate | | | | | | | |
| POISONING OF MEDICINAL AGENTS | 8121 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 4926.06 | | | | 4712 | 5073.84 | case rate | | | | | | | |
| POISONING OF MEDICINAL AGENTS | 8122 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6274.53 | | | | 6001 | 6462.77 | case rate | | | | | | | |
| POISONING OF MEDICINAL AGENTS | 8123 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11135.92 | | | | 10651 | 11470 | case rate | | | | | | | |
| POISONING OF MEDICINAL AGENTS | 8124 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 26111.41 | | | | 24975 | 26894.75 | case rate | | | | | | | |
| OTHER COMPLICATIONS OF TREATMENT | 8131 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7155 | | | | 6844 | 7369.65 | case rate | | | | | | | |
| OTHER COMPLICATIONS OF TREATMENT | 8132 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9430.22 | | | | 9020 | 9713.13 | case rate | | | | | | | |
| OTHER COMPLICATIONS OF TREATMENT | 8133 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 14522.2 | | | | 13890 | 14957.87 | case rate | | | | | | | |
| OTHER COMPLICATIONS OF TREATMENT | 8134 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 31942.96 | | | | 30552 | 32901.25 | case rate | | | | | | | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES | 8151 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7009.79 | | | | 6705 | 7220.08 | case rate | | | | | | | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES | 8152 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7445.05 | | | | 7121 | 7668.4 | case rate | | | | | | | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES | 8153 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12677.13 | | | | 12125 | 13057.44 | case rate | | | | | | | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES | 8154 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 40481.32 | | | | 38719 | 41695.76 | case rate | | | | | | | |
| TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES | 8161 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7352.58 | | | | 7032 | 7573.16 | case rate | | | | | | | |
| TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES | 8162 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8169.56 | | | | 7814 | 8414.65 | case rate | | | | | | | |
| TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES | 8163 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11828.76 | | | | 11314 | 12183.62 | case rate | | | | | | | |
| TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES | 8164 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 27109.37 | | | | 25929 | 27922.65 | case rate | | | | | | | |
| EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT | 8411 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 69351.82 | | | | 66333 | 71432.37 | case rate | | | | | | | |
| EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT | 8412 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 70549.97 | | | | 67479 | 72666.47 | case rate | | | | | | | |
| EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT | 8413 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 108565.2 | | | | 103839 | 111822.16 | case rate | | | | | | | |
| EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT | 8414 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 280880.45 | | | | 268653 | 289306.86 | case rate | | | | | | | |
| BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS | 8421 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 21570.02 | | | | 20631 | 22217.12 | case rate | | | | | | | |
| BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS | 8422 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 32342.97 | | | | 30935 | 33313.26 | case rate | | | | | | | |
| BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS | 8423 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 61885.96 | | | | 59192 | 63742.54 | case rate | | | | | | | |
| BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS | 8424 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 147197.41 | | | | 140789 | 151613.33 | case rate | | | | | | | |
| EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT | 8431 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10800.03 | | | | 10139 | 10918.03 | case rate | | | | | | | |
| EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT | 8432 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 14623.82 | | | | 13987 | 15062.53 | case rate | | | | | | | |
| EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT | 8433 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 26706.76 | | | | 25544 | 27507.96 | case rate | | | | | | | |
| EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT | 8434 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 72049.56 | | | | 68913 | 74211.05 | case rate | | | | | | | |
| PARTIAL THICKNESS BURNS W/O SKIN GRAFT | 8441 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 7085.22 | | | | 6777 | 7297.78 | case rate | | | | | | | |
| PARTIAL THICKNESS BURNS W/O SKIN GRAFT | 8442 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10585.41 | | | | 10220 | 11005.97 | case rate | | | | | | | |
| PARTIAL THICKNESS BURNS W/O SKIN GRAFT | 8443 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 21753.53 | | | | 20807 | 22406.14 | case rate | | | | | | | |
| PARTIAL THICKNESS BURNS W/O SKIN GRAFT | 8444 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 61560.65 | | | | 58881 | 63407.47 | case rate | | | | | | | |
| PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE | 8501 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 21866.69 | | | | 20917 | 22524.75 | case rate | | | | | | | |
| PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE | 8502 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 27465.08 | | | | 26269 | 28289.03 | case rate | | | | | | | |
| PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE | 8503 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 37733.8 | | | | 36091 | 38865.81 | case rate | | | | | | | |
| PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE | 8504 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 68969.29 | | | | 65967 | 71038.37 | case rate | | | | | | | |
| REHABILITATION | 8601 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11983.57 | | | | 11462 | 12343.08 | case rate | | | | | | | |
| REHABILITATION | 8602 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 16232.92 | | | | 15526 | 16719.91 | case rate | | | | | | | |
| REHABILITATION | 8603 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 22354.08 | | | | 21381 | 23024.7 | case rate | | | | | | | |
| REHABILITATION | 8604 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 30113.76 | | | | 28803 | 31017.17 | case rate | | | | | | | |
| SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS | 8611 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 6152.82 | | | | 5885 | 6337.4 | case rate | | | | | | | |
| SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS | 8612 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 8047.22 | | | | 7697 | 8288.64 | case rate | | | | | | | |
| SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS | 8613 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11504.18 | | | | 11003 | 11849.31 | case rate | | | | | | | |
| SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS | 8614 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 24215.21 | | | | 23161 | 24941.67 | case rate | | | | | | | |
| OTHER AFTERCARE & CONVALESCENCE | 8621 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 5951.2 | | | | 5692 | 6129.74 | case rate | | | | | | | |
| OTHER AFTERCARE & CONVALESCENCE | 8622 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9248.33 | | | | 8846 | 9525.78 | case rate | | | | | | | |
| OTHER AFTERCARE & CONVALESCENCE | 8623 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13497.2 | | | | 12900 | 13891.82 | case rate | | | | | | | |
| OTHER AFTERCARE & CONVALESCENCE | 8624 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 22101.52 | | | | 21139 | 22764.57 | case rate | | | | | | | |
| NEONATAL AFTERCARE | 8631 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11059.41 | | | | 10578 | 11391.19 | case rate | | | | | | | |
| NEONATAL AFTERCARE | 8632 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 31260.43 | | | | 29900 | 32198.24 | case rate | | | | | | | |
| NEONATAL AFTERCARE | 8633 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 55961.75 | | | | 53525 | 57640.6 | case rate | | | | | | | |
| NEONATAL AFTERCARE | 8634 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 133698.38 | | | | 127878 | 137709.33 | case rate | | | | | | | |
| HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS | 8901 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13182.79 | | | | 12609 | 13578.27 | case rate | | | | | | | |
| HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS | 8902 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 15353.17 | | | | 14685 | 15813.77 | case rate | | | | | | | |
| HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS | 8903 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 24417.91 | | | | 23355 | 25150.45 | case rate | | | | | | | |
| HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS | 8904 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 49172.41 | | | | 47032 | 50647.58 | case rate | | | | | | | |
| HIV W MAJOR HIV RELATED CONDITION | 8921 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 10265.31 | | | | 9818 | 10573.27 | case rate | | | | | | | |
| HIV W MAJOR HIV RELATED CONDITION | 8922 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13576.7 | | | | 12986 | 13984 | case rate | | | | | | | |
| HIV W MAJOR HIV RELATED CONDITION | 8923 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 17789.74 | | | | 17015 | 18323.43 | case rate | | | | | | | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HIV W MAJOR HIV RELATED CONDITION | 8924 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 34526.98 | | | | 33024 | 35562.79 | case rate | |
| HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS | 8931 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 12216.76 | | | | 11685 | 12583.26 | case rate | |
| HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS | 8932 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 13890.79 | | | | 13286 | 14307.51 | case rate | |
| HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS | 8933 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 21189.12 | | | | 20267 | 21824.79 | case rate | |
| HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS | 8934 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 42518.77 | | | | 40668 | 43794.33 | case rate | |
| HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND | 8941 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 9415.06 | | | | 9005 | 9697.51 | case rate | |
| HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND | 8942 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11317.99 | | | | 10825 | 11657.53 | case rate | |
| HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND | 8943 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 16176.24 | | | | 15472 | 16661.53 | case rate | |
| HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND | 8944 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 23165.31 | | | | 22157 | 23860.27 | case rate | |
| CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | 9101 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 44134.96 | | | | 42214 | 45459.01 | case rate | |
| CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | 9102 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 52344.79 | | | | 50066 | 53915.13 | case rate | |
| CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | 9103 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 68274.48 | | | | 65302 | 70322.71 | case rate | |
| CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | 9104 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 141036.16 | | | | 134896 | 145267.24 | case rate | |
| EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA | 9111 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 24283.37 | | | | 23226 | 25011.87 | case rate | |
| EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA | 9112 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 31918.03 | | | | 30528 | 32875.57 | case rate | |
| EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA | 9113 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 43378.62 | | | | 41490 | 44679.98 | case rate | |
| EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA | 9114 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 103294.47 | | | | 98798 | 106393.3 | case rate | |
| MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA | 9121 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 29359.84 | | | | 28082 | 30240.64 | case rate | |
| MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA | 9122 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 32326.47 | | | | 30919 | 33296.26 | case rate | |
| MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA | 9123 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 53296.92 | | | | 50977 | 54895.83 | case rate | |
| MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA | 9124 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 102725.13 | | | | 98253 | 105806.88 | case rate | |
| MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE | 9301 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11167.85 | | | | 10682 | 11502.89 | case rate | |
| MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE | 9302 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 15024.46 | | | | 14370 | 15475.19 | case rate | |
| MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE | 9303 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 23671.07 | | | | 22641 | 24381.2 | case rate | |
| MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE | 9304 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 62665.71 | | | | 59938 | 64545.68 | case rate | |
| EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9501 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 21145.17 | | | | 20225 | 21779.53 | case rate | |
| EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9502 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 31049.21 | | | | 29698 | 31980.69 | case rate | |
| EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9503 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 46267.81 | | | | 46167 | 49715.84 | case rate | |
| EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9504 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 91956.85 | | | | 87954 | 94715.56 | case rate | |
| MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9511 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 15015.67 | | | | 14362 | 15466.14 | case rate | |
| MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9512 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 21448.32 | | | | 20515 | 22091.77 | case rate | |
| MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9513 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 35227.27 | | | | 33694 | 36284.09 | case rate | |
| MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9514 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 67333.91 | | | | 64403 | 69353.93 | case rate | |
| NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9521 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 11948.5 | | | | 11428 | 12306.96 | case rate | |
| NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9522 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 17780.32 | | | | 17006 | 18313.73 | case rate | |
| NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9523 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 30182.37 | | | | 28868 | 31087.84 | case rate | |
| NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9524 | APR-DRG | | | | inpatient | | | | | Aetna | Better Health | 57251.83 | | | | 54759 | 58969.38 | case rate | |
| LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT | 0011 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 165247.84 | | | | 63733.78 | 260411 | case rate | |
| LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT | 0012 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 111440.65 | | | | 48470.93 | 260411 | case rate | |
| LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT | 0013 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 130986.87 | | | | 31300.53 | 260411 | case rate | |
| LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT | 0014 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 232392.9 | | | | 154752.17 | 466145.35 | case rate | |
| HEART &/OR LUNG TRANSPLANT | 0021 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 1271622.68 | | | | 63084.15 | 308373.74 | case rate | |
| HEART &/OR LUNG TRANSPLANT | 0022 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 163920.62 | | | | 32623.42 | 201178.6 | case rate | |
| HEART &/OR LUNG TRANSPLANT | 0023 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 196980.8 | | | | 67385.9 | 212982.12 | case rate | |
| HEART &/OR LUNG TRANSPLANT | 0024 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 310567.45 | | | | 44903.86 | 313612.23 | case rate | |
| BONE MARROW TRANSPLANT | 0031 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 82338.71 | | | | 49497.36 | 163162.38 | case rate | |
| BONE MARROW TRANSPLANT | 0032 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 102005.06 | | | | 25224.68 | 103005.11 | case rate | |
| BONE MARROW TRANSPLANT | 0033 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 167753.82 | | | | 18845.28 | 169398.47 | case rate | |
| BONE MARROW TRANSPLANT | 0034 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 276424.94 | | | | 45931.46 | 279134.99 | case rate | |
| TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO | 0041 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 74540.76 | | | | 26672.77 | 91994.11 | case rate | |
| TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO | 0042 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 101414.36 | | | | 20759.93 | 102408.62 | case rate | |
| TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO | 0043 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 147115.12 | | | | 137952 | 148557.43 | case rate | |
| TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO | 0044 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 211692.63 | | | | 198478 | 213737.75 | case rate | |
| TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE | 0051 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 71598.15 | | | | 67138 | 72300.09 | case rate | |
| TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE | 0052 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 79553.54 | | | | 23770.68 | 80333.48 | case rate | |
| TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE | 0053 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 97359.68 | | | | 10883.13 | 98314.19 | case rate | |
| TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE | 0054 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 142202.08 | | | | 17708.65 | 143596.19 | case rate | |
| PANCREAS TRANSPLANT | 0061 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 85722.12 | | | | 31931.26 | 111080.23 | case rate | |
| PANCREAS TRANSPLANT | 0062 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 120527.32 | | | | 21035.14 | 121708.96 | case rate | |
| PANCREAS TRANSPLANT | 0063 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 134762.44 | | | | 16592.82 | 136083.64 | case rate | |
| PANCREAS TRANSPLANT | 0064 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 213236.4 | | | | 23495.48 | 215326.95 | case rate | |
| CRANIOTOMY FOR TRAUMA | 0201 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 27621.19 | | | | 7957.58 | 27891.99 | case rate | |
| CRANIOTOMY FOR TRAUMA | 0202 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 38319.96 | | | | 11418.2 | 38695.65 | case rate | |
| CRANIOTOMY FOR TRAUMA | 0203 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 50282.56 | | | | 8227.9 | 50775.53 | case rate | |
| CRANIOTOMY FOR TRAUMA | 0204 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 95762.49 | | | | 9579.14 | 96731.64 | case rate | |
| CRANIOTOMY EXCEPT FOR TRAUMA | 0211 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 30490.72 | | | | 28591 | 30789.65 | case rate | |
| CRANIOTOMY EXCEPT FOR TRAUMA | 0212 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 39945.79 | | | | 37458 | 189020.06 | case rate | |
| CRANIOTOMY EXCEPT FOR TRAUMA | 0213 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 61217.09 | | | | 57404 | 61817.25 | case rate | |
| CRANIOTOMY EXCEPT FOR TRAUMA | 0214 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 107028.27 | | | | 100362 | 108077.57 | case rate | |
| VENTRICULAR SHUNT PROCEDURES | 0221 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 18341.21 | | | | 17199 | 179720.85 | case rate | |
| VENTRICULAR SHUNT PROCEDURES | 0222 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 23310.72 | | | | 21859 | 23539.26 | case rate | |
| VENTRICULAR SHUNT PROCEDURES | 0223 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 36527.71 | | | | 37066 | 39915.24 | case rate | |
| VENTRICULAR SHUNT PROCEDURES | 0224 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 93733.78 | | | | 87895 | 94652.74 | case rate | |
| SPINAL PROCEDURES | 0231 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 20713.91 | | | | 19424 | 327615.89 | case rate | |
| SPINAL PROCEDURES | 0232 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 29678.72 | | | | 27830 | 240298.72 | case rate | |
| SPINAL PROCEDURES | 0233 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 57341.17 | | | | 53769 | 297823.76 | case rate | |
| SPINAL PROCEDURES | 0234 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 102413.62 | | | | 62839.65 | 200776.83 | case rate | |
| EXTRACRANIAL VASCULAR PROCEDURES | 0241 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 16592.43 | | | | 15559 | 62255.17 | case rate | |
| EXTRACRANIAL VASCULAR PROCEDURES | 0242 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 21891.19 | | | | 20528 | 145765.26 | case rate | |
| EXTRACRANIAL VASCULAR PROCEDURES | 0243 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 42830.78 | | | | 19748 | 99635.58 | case rate | |
| EXTRACRANIAL VASCULAR PROCEDURES | 0244 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 90915.02 | | | | 19748 | 91806.34 | case rate | |
| OTHER NERVOUS SYSTEM & RELATED PROCEDURES | 0261 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 19001.44 | | | | 12982 | 77694.14 | case rate | |
| OTHER NERVOUS SYSTEM & RELATED PROCEDURES | 0262 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 25083.74 | | | | 12982 | 63616.52 | case rate | |
| OTHER NERVOUS SYSTEM & RELATED PROCEDURES | 0263 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 35947.28 | | | | 31679.68 | 93312.55 | case rate | |
| OTHER NERVOUS SYSTEM & RELATED PROCEDURES | 0264 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 75703.42 | | | | 41282.44 | 123207.51 | case rate | |
| SPINAL DISORDERS & INJURIES | 0401 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 14464.01 | | | | 13563 | 14605.81 | case rate | |
| SPINAL DISORDERS & INJURIES | 0402 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 16411.02 | | | | 15389 | 16571.92 | case rate | |
| SPINAL DISORDERS & INJURIES | 0403 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 23423.33 | | | | 21964 | 23652.97 | case rate | |
| SPINAL DISORDERS & INJURIES | 0404 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 60569.67 | | | | 56797 | 61163.49 | case rate | |
| NERVOUS SYSTEM MALIGNANCY | 0411 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11178.6 | | | | 10482 | 159953.89 | case rate | |
| NERVOUS SYSTEM MALIGNANCY | 0412 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12420.65 | | | | 11647 | 92910.77 | case rate | |
| NERVOUS SYSTEM MALIGNANCY | 0413 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 16965.23 | | | | 15908 | 65773.6 | case rate | |
| NERVOUS SYSTEM MALIGNANCY | 0414 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 30147.57 | | | | 28270 | 139535.84 | case rate | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS | 0421 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8801.34 | | | | 8253 | 69397.35 | case rate | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS | 0422 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10964.37 | | | | 10272 | 58806.95 | case rate | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS | 0423 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 17081.13 | | | | 16017 | 153921.62 | case rate | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS | 0424 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 45935.23 | | | | 26969.24 | 85468.24 | case rate | |
| MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES | 0431 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11591.36 | | | | 10861 | 11674.71 | case rate | |
| MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES | 0432 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 14815.57 | | | | 13893 | 71226.78 | case rate | |
| MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES | 0433 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 23680.77 | | | | 12635.96 | 40095.3 | case rate | |
| MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES | 0434 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 52842.79 | | | | 8226.72 | 53360.86 | case rate | |
| INTRACRANIAL HEMORRHAGE | 0441 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12560.81 | | | | 11778 | 72443.8 | case rate | |
| INTRACRANIAL HEMORRHAGE | 0442 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 16173.81 | | | | 11412.29 | 36623.67 | case rate | |
| INTRACRANIAL HEMORRHAGE | 0443 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 23883.95 | | | | 8299.96 | 27141.07 | case rate | |
| INTRACRANIAL HEMORRHAGE | 0444 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 49645.94 | | | | 19895.32 | 62636.38 | case rate | |
| CVA & PRECEREBRAL OCCLUSION W INFARCT | 0451 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10795.74 | | | | 10123 | 10901.58 | case rate | |
| CVA & PRECEREBRAL OCCLUSION W INFARCT | 0452 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13103.21 | | | | 12287 | 13231.67 | case rate | |
| CVA & PRECEREBRAL OCCLUSION W INFARCT | 0453 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 18693.4 | | | | 17717 | 370445.58 | case rate | |
| CVA & PRECEREBRAL OCCLUSION W INFARCT | 0454 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 39328.74 | | | | 36879 | 247179.56 | case rate | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT | 0461 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10575.27 | | | | 9917 | 174848.88 | case rate | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT | 0462 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12066.99 | | | | 11315 | 124592.26 | case rate | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT | 0463 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 16802.57 | | | | 15756 | 209180.02 | case rate | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT | 0464 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 41728.87 | | | | 34827.45 | 114836.61 | case rate | |
| TRANSIENT ISCHEMIA | 0471 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8832.35 | | | | 8282 | 195452.37 | case rate | |
| TRANSIENT ISCHEMIA | 0472 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9588 | | | | 8991 | 114945.83 | case rate | |
| TRANSIENT ISCHEMIA | 0473 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11975.14 | | | | 11229 | 92559.71 | case rate | |
| TRANSIENT ISCHEMIA | 0474 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 23804 | | | | 22321 | 148035.47 | case rate | |
| PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS | 0481 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8915.15 | | | | 8360 | 80444.14 | case rate | |
| PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS | 0482 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10008.72 | | | | 9385 | 64927.15 | case rate | |
| PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS | 0483 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13963.14 | | | | 13093 | 92973.18 | case rate | |
| PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS | 0484 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 34608.24 | | | | 32453 | 349477.54 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM | 0491 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13479.84 | | | | 12640 | 13612 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM | 0492 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 29468.22 | | | | 27633 | 132253.23 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM | 0493 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 36544.19 | | | | 28399.46 | 87613.62 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM | 0494 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 67230.95 | | | | 22269.44 | 68414.38 | case rate | |
| NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS | 0501 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9492.95 | | | | 8902 | 65820.41 | case rate | |
| NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS | 0502 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 17713.83 | | | | 16503.06 | 50361.94 | case rate | |
| NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS | 0503 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 29239.05 | | | | 27418 | 99943.74 | case rate | |
| NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS | 0504 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 60446.44 | | | | 20729.22 | 67462.61 | case rate | |
| VIRAL MENINGITIS | 0511 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8163.98 | | | | 7655 | 72057.63 | case rate | |
| VIRAL MENINGITIS | 0512 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11265.78 | | | | 10564 | 59372.55 | case rate | |
| VIRAL MENINGITIS | 0513 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 19745.65 | | | | 17783.42 | 63865.88 | case rate | |
| VIRAL MENINGITIS | 0514 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 40265.61 | | | | 12043.03 | 40660.37 | case rate | |
| NONTRAUMATIC STUPOR & COMA | 0521 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8203.04 | | | | 7692 | 50572.96 | case rate | |
| NONTRAUMATIC STUPOR & COMA | 0522 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9801.35 | | | | 9003 | 36577.64 | case rate | |
| NONTRAUMATIC STUPOR & COMA | 0523 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12938.9 | | | | 12133 | 53065.76 | case rate | |
| NONTRAUMATIC STUPOR & COMA | 0524 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 33134.01 | | | | 31070 | 33458.85 | case rate | |
| SEIZURE | 0531 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7677.57 | | | | 7199 | 7752.84 | case rate | |
| SEIZURE | 0532 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9114.03 | | | | 8546 | 9203.38 | case rate | |
| SEIZURE | 0533 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13629.51 | | | | 12781 | 59700.21 | case rate | |
| SEIZURE | 0534 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 34303.98 | | | | 9614.58 | 34640.29 | case rate | |
| MIGRAINE & OTHER HEADACHES | 0541 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8236.44 | | | | 7723 | 34431.48 | case rate | |
| MIGRAINE & OTHER HEADACHES | 0542 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9493.96 | | | | 8903 | 71199.48 | case rate | |
| MIGRAINE & OTHER HEADACHES | 0543 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11612.23 | | | | 10889 | 41835.01 | case rate | |
| MIGRAINE & OTHER HEADACHES | 0544 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 21942.41 | | | | 8925.97 | 31143.19 | case rate | |
| HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE | 0551 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9773.61 | | | | 9165 | 62083.54 | case rate | |
| HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE | 0552 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13033.5 | | | | 11383.94 | 35145.31 | case rate | |
| HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE | 0553 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 20839.51 | | | | 15425.85 | 48275.06 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE | 0554 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 46908.51 | | | | 9857.89 | 47388.4 | case rate | |
| BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA | 0561 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9823.38 | | | | 9211 | 29493.19 | case rate | |
| BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA | 0562 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13337.95 | | | | 12507 | 54925.76 | case rate | |
| BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA | 0563 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 22069.3 | | | | 10557.14 | 32691.77 | case rate | |
| BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA | 0564 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 53803.36 | | | | 18534.64 | 61326.81 | case rate | |
| CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1 | 0571 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9681.13 | | | | 9078 | 66425.02 | case rate | |
| CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1 | 0572 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12158.29 | | | | 11401 | 45973.65 | case rate | |
| CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1 | 0573 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 17159.9 | | | | 16091 | 204845.26 | case rate | |
| CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1 | 0574 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 39312.27 | | | | 36864 | 118811.42 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM | 0581 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9181.26 | | | | 8609 | 48228.25 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM | 0582 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11390.29 | | | | 10681 | 61221.49 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM | 0583 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15077.8 | | | | 14701 | 53755.55 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM | 0584 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 36178.45 | | | | 24182.91 | 72997.7 | case rate | |
| ORBITAL PROCEDURES | 0701 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 14181.6 | | | | 13298 | 14320.64 | case rate | |
| ORBITAL PROCEDURES | 0702 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 19598.91 | | | | 18378 | 19791.06 | case rate | |
| ORBITAL PROCEDURES | 0703 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 32144.99 | | | | 30143 | 32460.14 | case rate | |
| ORBITAL PROCEDURES | 0704 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 79705.32 | | | | 74741 | 80486.74 | case rate | |
| EYE PROCEDURES EXCEPT ORBIT | 0731 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12265.32 | | | | 11501 | 12385.56 | case rate | |
| EYE PROCEDURES EXCEPT ORBIT | 0732 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 14498.04 | | | | 13595 | 14640.17 | case rate | |
| EYE PROCEDURES EXCEPT ORBIT | 0733 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 24230.85 | | | | 22722 | 24468.41 | case rate | |
| EYE PROCEDURES EXCEPT ORBIT | 0734 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 52395.26 | | | | 24837.26 | 89946.24 | case rate | |
| ACUTE MAJOR EYE INFECTIONS | 0801 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6374.12 | | | | 5977 | 60706.59 | case rate | |
| ACUTE MAJOR EYE INFECTIONS | 0802 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8743.61 | | | | 8199 | 130564.23 | case rate | |
| ACUTE MAJOR EYE INFECTIONS | 0803 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 14267.51 | | | | 13379 | 67173.95 | case rate | |
| ACUTE MAJOR EYE INFECTIONS | 0804 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 24457.17 | | | | 13058.82 | 47998.11 | case rate | |
| EYE DISORDERS EXCEPT MAJOR INFECTIONS | 0821 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7431.66 | | | | 6969 | 93394.46 | case rate | |
| EYE DISORDERS EXCEPT MAJOR INFECTIONS | 0822 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9300.83 | | | | 8721 | 47190.67 | case rate | |
| EYE DISORDERS EXCEPT MAJOR INFECTIONS | 0823 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13379.94 | | | | 12547 | 176491.07 | case rate | |
| EYE DISORDERS EXCEPT MAJOR INFECTIONS | 0824 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 24156.38 | | | | 22652 | 85596.96 | case rate | |
| MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0891 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 24154.19 | | | | 22650 | 24391 | case rate | |
| MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0892 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 31412.49 | | | | 29456 | 31720.46 | case rate | |
| MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0893 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 52499.92 | | | | 49230 | 53014.63 | case rate | |
| MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0894 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 93701.94 | | | | 2090 | 94620.59 | case rate | |
| MAJOR LARYNX & TRACHEA PROCEDURES | 0901 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13995.71 | | | | 13124 | 174162.35 | case rate | |
| MAJOR LARYNX & TRACHEA PROCEDURES | 0902 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 36486.75 | | | | 22413.54 | 74909.04 | case rate | |
| MAJOR LARYNX & TRACHEA PROCEDURES | 0903 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 55881.65 | | | | 14399.42 | 56429.51 | case rate | |
| MAJOR LARYNX & TRACHEA PROCEDURES | 0904 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 108235.47 | | | | 45605.46 | 125836.58 | case rate | |
| OTHER MAJOR HEAD & NECK PROCEDURES | 0911 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 20463.24 | | | | 19189 | 20963.86 | case rate | |
| OTHER MAJOR HEAD & NECK PROCEDURES | 0912 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 31005.77 | | | | 29074 | 31309.74 | case rate | |
| OTHER MAJOR HEAD & NECK PROCEDURES | 0913 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 53173.68 | | | | 19114.58 | 57414.4 | case rate | |
| OTHER MAJOR HEAD & NECK PROCEDURES | 0914 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 83939.67 | | | | 10824.08 | 84762.6 | case rate | |
| FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0921 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 16898.9 | | | | 8122.78 | 27962.35 | case rate | |
| FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0922 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 23556.9 | | | | 19954.38 | 60788.51 | case rate | |
| FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0923 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 37217.6 | | | | 12046.57 | 37582.48 | case rate | |
| FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0924 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 73960.59 | | | | 69354 | 74685.69 | case rate | |
| SINUS & MASTOID PROCEDURES | 0931 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 16792.6 | | | | 15747 | 16957.23 | case rate | |
| SINUS & MASTOID PROCEDURES | 0932 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 20892.04 | | | | 19403 | 20894.9 | case rate | |
| SINUS & MASTOID PROCEDURES | 0933 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 35530.84 | | | | 33318 | 111571.72 | case rate | |
| SINUS & MASTOID PROCEDURES | 0934 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 57664.83 | | | | 25345.16 | 71519.33 | case rate | |
| CLEFT LIP & PALATE REPAIR | 0951 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11365.14 | | | | 6897.13 | 31143.19 | case rate | |
| CLEFT LIP & PALATE REPAIR | 0952 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13198.81 | | | | 12377 | 13328.21 | case rate | |
| CLEFT LIP & PALATE REPAIR | 0953 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 20229.32 | | | | 18969 | 20427.65 | case rate | |
| CLEFT LIP & PALATE REPAIR | 0954 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 41749.37 | | | | 39149 | 42158.67 | case rate | |
| TONSIL & ADENOID PROCEDURES | 0971 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6875.82 | | | | 6448 | 6943.23 | case rate | |
| TONSIL & ADENOID PROCEDURES | 0972 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10554.96 | | | | 9898 | 10658.44 | case rate | |
| TONSIL & ADENOID PROCEDURES | 0973 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 20510.35 | | | | 19233 | 20711.44 | case rate | |
| TONSIL & ADENOID PROCEDURES | 0974 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 69293.34 | | | | 35271.56 | 99216.06 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES | 0981 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12052.63 | | | | 11302 | 170480.09 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES | 0982 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15890.49 | | | | 14901 | 95680.27 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES | 0983 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 25573.81 | | | | 19703.98 | 61205.88 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES | 0984 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 53340.73 | | | | 50018 | 53863.67 | case rate | |
| EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES | 1101 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9439.24 | | | | 8851 | 9531.78 | case rate | |
| EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES | 1102 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12119.31 | | | | 11364 | 12238.13 | case rate | |
| EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES | 1103 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 19595.71 | | | | 18375 | 19787.82 | case rate | |
| EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES | 1104 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 35855.43 | | | | 33622 | 36206.95 | case rate | |
| VERTIGO & OTHER LABYRINTH DISORDERS | 1111 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7697.51 | | | | 7218 | 7772.98 | case rate | |
| VERTIGO & OTHER LABYRINTH DISORDERS | 1112 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8535.03 | | | | 8003 | 8618.71 | case rate | |
| VERTIGO & OTHER LABYRINTH DISORDERS | 1113 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10997.59 | | | | 10031 | 10802.46 | case rate | |
| VERTIGO & OTHER LABYRINTH DISORDERS | 1114 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 22404.13 | | | | 21009 | 22623.77 | case rate | |
| INFECTIONS OF UPPER RESPIRATORY TRACT | 1131 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 4638.71 | | | | 4350 | 4684.18 | case rate | |
| INFECTIONS OF UPPER RESPIRATORY TRACT | 1132 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6758.54 | | | | 6338 | 6824.8 | case rate | |
| INFECTIONS OF UPPER RESPIRATORY TRACT | 1133 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10516.27 | | | | 9861 | 10619.37 | case rate | |
| INFECTIONS OF UPPER RESPIRATORY TRACT | 1134 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 22171.13 | | | | 20790 | 22388.49 | case rate | |
| DENTAL & ORAL DISEASES & INJURIES | 1141 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6701.82 | | | | 6284 | 6767.52 | case rate | |
| DENTAL & ORAL DISEASES & INJURIES | 1142 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9392.4 | | | | 8807 | 9484.49 | case rate | |
| DENTAL & ORAL DISEASES & INJURIES | 1143 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15766.89 | | | | 14785 | 15921.47 | case rate | |
| DENTAL & ORAL DISEASES & INJURIES | 1144 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 32881.15 | | | | 30833 | 33203.51 | case rate | |
| OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES | 1151 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6885.33 | | | | 6456 | 6952.83 | case rate | |
| OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES | 1152 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9166.35 | | | | 8595 | 9256.22 | case rate | |
| OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES | 1153 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13694.37 | | | | 12841 | 13828.63 | case rate | |
| OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES | 1154 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 28104.95 | | | | 26354 | 28380.49 | case rate | |
| MAJOR RESPIRATORY & CHEST PROCEDURES | 1201 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 26155.82 | | | | 24527 | 26412.25 | case rate | |
| MAJOR RESPIRATORY & CHEST PROCEDURES | 1202 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 31681.63 | | | | 29708 | 31992.23 | case rate | |
| MAJOR RESPIRATORY & CHEST PROCEDURES | 1203 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 46134.11 | | | | 43260 | 46586.41 | case rate | |
| MAJOR RESPIRATORY & CHEST PROCEDURES | 1204 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 79554.28 | | | | 74599 | 80334.22 | case rate | |
| OTHER RESPIRATORY & CHEST PROCEDURES | 1211 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 17711.09 | | | | 16608 | 17884.72 | case rate | |
| OTHER RESPIRATORY & CHEST PROCEDURES | 1212 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 22941.59 | | | | 21513 | 23186.5 | case rate | |
| OTHER RESPIRATORY & CHEST PROCEDURES | 1213 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 36051.84 | | | | 33806 | 36405.29 | case rate | |
| OTHER RESPIRATORY & CHEST PROCEDURES | 1214 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 68903.81 | | | | 64612 | 69579.33 | case rate | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS | 1301 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 39889.34 | | | | 37405 | 40280.42 | case rate | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS | 1302 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 44258.64 | | | | 41522 | 44862.54 | case rate | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS | 1303 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 54819.82 | | | | 51405 | 55357.27 | case rate | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS | 1304 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 75289.37 | | | | 70600 | 76027.5 | case rate | |
| CYSTIC FIBROSIS - PULMONARY DISEASE | 1311 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 20114.51 | | | | 18862 | 20311.71 | case rate | |
| CYSTIC FIBROSIS - PULMONARY DISEASE | 1312 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 24821.91 | | | | 23276 | 25065.27 | case rate | |
| CYSTIC FIBROSIS - PULMONARY DISEASE | 1313 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 32209.12 | | | | 30203 | 32524.9 | case rate | |
| CYSTIC FIBROSIS - PULMONARY DISEASE | 1314 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 41428.08 | | | | 38848 | 41834.23 | case rate | |
| BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD | 1321 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7960.25 | | | | 7464 | 8038.3 | case rate | |
| BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD | 1322 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8891.36 | | | | 8338 | 8978.53 | case rate | |
| BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD | 1323 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13743.21 | | | | 12887 | 13877.95 | case rate | |
| BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD | 1324 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 22880.75 | | | | 21456 | 23105.07 | case rate | |
| RESPIRATORY FAILURE | 1331 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 5916.9 | | | | 5548 | 5974.91 | case rate | |
| RESPIRATORY FAILURE | 1332 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10349.03 | | | | 9704 | 10450.49 | case rate | |
| RESPIRATORY FAILURE | 1333 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15722.8 | | | | 14743 | 15876.95 | case rate | |
| RESPIRATORY FAILURE | 1334 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 28640.12 | | | | 26856 | 28920.91 | case rate | |
| PULMONARY EMBOLISM | 1341 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9404.57 | | | | 8819 | 9496.78 | case rate | |
| PULMONARY EMBOLISM | 1342 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12201.92 | | | | 11442 | 12321.55 | case rate | |
| PULMONARY EMBOLISM | 1343 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 17811.43 | | | | 16702 | 17986.06 | case rate | |
| PULMONARY EMBOLISM | 1344 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 30907.69 | | | | 28962 | 31210.71 | case rate | |
| MAJOR CHEST & RESPIRATORY TRAUMA | 1351 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9855.22 | | | | 9241 | 9951.84 | case rate | |
| MAJOR CHEST & RESPIRATORY TRAUMA | 1352 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12356.62 | | | | 11587 | 12477.76 | case rate | |
| MAJOR CHEST & RESPIRATORY TRAUMA | 1353 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 18034.2 | | | | 16911 | 18211.01 | case rate | |
| MAJOR CHEST & RESPIRATORY TRAUMA | 1354 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 34015.62 | | | | 31897 | 34349.11 | case rate | |
| RESPIRATORY MALIGNANCY | 1361 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10090.96 | | | | 9462 | 10189.89 | case rate | |
| RESPIRATORY MALIGNANCY | 1362 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12820.06 | | | | 12022 | 12945.75 | case rate | |
| RESPIRATORY MALIGNANCY | 1363 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 19390.42 | | | | 18183 | 19580.53 | case rate | |
| RESPIRATORY MALIGNANCY | 1364 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 31439.76 | | | | 29481 | 31747.99 | case rate | |
| MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS | 1371 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9226.09 | | | | 8651 | 9316.55 | case rate | |
| MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS | 1372 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11921.34 | | | | 11179 | 12038.22 | case rate | |
| MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS | 1373 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 17707.42 | | | | 16604 | 17881.03 | case rate | |
| MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS | 1374 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 29978.6 | | | | 28111 | 30272.5 | case rate | |
| BRONCHIOLITIS & RSV PNEUMONIA | 1381 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 4287.33 | | | | 4020 | 4329.36 | case rate | |
| BRONCHIOLITIS & RSV PNEUMONIA | 1382 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6489.39 | | | | 6085 | 6553.01 | case rate | |
| BRONCHIOLITIS & RSV PNEUMONIA | 1383 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15533.07 | | | | 14566 | 15685.36 | case rate | |
| BRONCHIOLITIS & RSV PNEUMONIA | 1384 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 38618.83 | | | | 36213 | 38997.45 | case rate | |
| OTHER PNEUMONIA | 1391 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6301.03 | | | | 5909 | 6362.8 | case rate | |
| OTHER PNEUMONIA | 1392 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8850.19 | | | | 8299 | 8936.96 | case rate | |
| OTHER PNEUMONIA | 1393 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13955.87 | | | | 13040 | 14042.21 | case rate | |
| OTHER PNEUMONIA | 1394 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 26751.19 | | | | 25085 | 27013.46 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE | 1401 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7301.95 | | | | 6847 | 7373.53 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE | 1402 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9116.86 | | | | 8549 | 9206.24 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE | 1403 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12443.71 | | | | 11669 | 12565.71 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE | 1404 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 24176.6 | | | | 22671 | 24413.63 | case rate | |
| ASTHMA | 1411 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 5593.69 | | | | 5245 | 5648.53 | case rate | |
| ASTHMA | 1412 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8017.15 | | | | 7518 | 8095.75 | case rate | |
| ASTHMA | 1413 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11489.91 | | | | 10774 | 11602.56 | case rate | |
| ASTHMA | 1414 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 21723.87 | | | | 20371 | 21936.85 | case rate | |
| INTERSTITIAL & ALVEOLAR LUNG DISEASES | 1421 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9370.27 | | | | 8787 | 9462.14 | case rate | |
| INTERSTITIAL & ALVEOLAR LUNG DISEASES | 1422 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11395.96 | | | | 10686 | 11507.69 | case rate | |
| INTERSTITIAL & ALVEOLAR LUNG DISEASES | 1423 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 16489.7 | | | | 15463 | 16651.36 | case rate | |
| INTERSTITIAL & ALVEOLAR LUNG DISEASES | 1424 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 29182.24 | | | | 27365 | 29468.34 | case rate | |
| OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1431 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6965.65 | | | | 6532 | 7033.94 | case rate | |
| OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1432 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10225.17 | | | | 9588 | 10325.42 | case rate | |
| OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1433 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15737.62 | | | | 14757 | 15891.91 | case rate | |
| OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1434 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 26818.89 | | | | 25148 | 27081.82 | case rate | |
| RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1441 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6822.94 | | | | 6398 | 6889.83 | case rate | |
| RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1442 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8262.88 | | | | 7748 | 8343.89 | case rate | |
| RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1443 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11679.19 | | | | 10952 | 11793.7 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes | | | | | |
| RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1444 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 20485.01 | | | | 19209 | 20685.84 | case rate | | | | | | | |
| MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY | 1601 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 43776.98 | | | | 41050 | 44206.17 | case rate | | | | | | | |
| MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY | 1602 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 51071.79 | | | | 47891 | 51572.49 | case rate | | | | | | | |
| MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY | 1603 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 77329.97 | | | | 72513 | 78088.11 | case rate | | | | | | | |
| MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY | 1604 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 172216.33 | | | | 161489 | 173904.73 | case rate | | | | | | | |
| CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT | 1611 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 59266.68 | | | | 55575 | 59847.73 | case rate | | | | | | | |
| CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT | 1612 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 76513.13 | | | | 71747 | 77263.26 | case rate | | | | | | | |
| CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT | 1613 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 123053.15 | | | | 115388 | 124259.55 | case rate | | | | | | | |
| CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT | 1614 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 295266.74 | | | | 276875 | 298161.52 | case rate | | | | | | | |
| CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX | 1621 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 63500.03 | | | | 59545 | 64122.58 | case rate | | | | | | | |
| CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX | 1622 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 70477.4 | | | | 66087 | 71168.35 | case rate | | | | | | | |
| CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX | 1623 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 93271.97 | | | | 87462 | 94186.4 | case rate | | | | | | | |
| CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX | 1624 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 146702.72 | | | | 137595 | 148140.99 | case rate | | | | | | | |
| CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX | 1631 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 52397.09 | | | | 49133 | 52910.79 | case rate | | | | | | | |
| CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX | 1632 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 60204.47 | | | | 56454 | 60794.71 | case rate | | | | | | | |
| CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX | 1633 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 77207.48 | | | | 72398 | 77964.42 | case rate | | | | | | | |
| CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX | 1634 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 124401.23 | | | | 116652 | 125620.85 | case rate | | | | | | | |
| CORONARY BYPASS W AMI OR COMPLEX PDX | 1651 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 54864.19 | | | | 51447 | 55402.07 | case rate | | | | | | | |
| CORONARY BYPASS W AMI OR COMPLEX PDX | 1652 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 59004.5 | | | | 55329 | 59582.98 | case rate | | | | | | | |
| CORONARY BYPASS W AMI OR COMPLEX PDX | 1653 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 75016.02 | | | | 70343 | 75751.47 | case rate | | | | | | | |
| CORONARY BYPASS W AMI OR COMPLEX PDX | 1654 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 111671.92 | | | | 104716 | 112766.74 | case rate | | | | | | | |
| CORONARY BYPASS W/O AMI OR COMPLEX PDX | 1661 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 45359.99 | | | | 42535 | 45804.7 | case rate | | | | | | | |
| CORONARY BYPASS W/O AMI OR COMPLEX PDX | 1662 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 51405.14 | | | | 48203 | 51909.12 | case rate | | | | | | | |
| CORONARY BYPASS W/O AMI OR COMPLEX PDX | 1663 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 64208.93 | | | | 60209 | 64838.43 | case rate | | | | | | | |
| CORONARY BYPASS W/O AMI OR COMPLEX PDX | 1664 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 97712.98 | | | | 91627 | 98670.95 | case rate | | | | | | | |
| OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES | 1671 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 42606.64 | | | | 39953 | 43024.36 | case rate | | | | | | | |
| OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES | 1672 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 47491.07 | | | | 44533 | 47956.67 | case rate | | | | | | | |
| OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES | 1673 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 64715.47 | | | | 60684 | 65349.94 | case rate | | | | | | | |
| OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES | 1674 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 113428.65 | | | | 106363 | 114540.7 | case rate | | | | | | | |
| MAJOR ABDOMINAL VASCULAR PROCEDURES | 1691 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 24410.98 | | | | 22890 | 24650.3 | case rate | | | | | | | |
| MAJOR ABDOMINAL VASCULAR PROCEDURES | 1692 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 32257.42 | | | | 30248 | 32573.67 | case rate | | | | | | | |
| MAJOR ABDOMINAL VASCULAR PROCEDURES | 1693 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 52268 | | | | 49012 | 52780.43 | case rate | | | | | | | |
| MAJOR ABDOMINAL VASCULAR PROCEDURES | 1694 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 94995.13 | | | | 89078 | 95926.45 | case rate | | | | | | | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK | 1701 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 33405.26 | | | | 31324 | 33732.76 | case rate | | | | | | | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK | 1702 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 36634.04 | | | | 33414 | 36983.39 | case rate | | | | | | | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK | 1703 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 43761.06 | | | | 41035 | 44190.09 | case rate | | | | | | | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK | 1704 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 69956.96 | | | | 65599 | 70642.81 | case rate | | | | | | | |
| PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK | 1711 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 23080.92 | | | | 21643 | 23307.2 | case rate | | | | | | | |
| PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK | 1712 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 26374.65 | | | | 24732 | 26633.23 | case rate | | | | | | | |
| PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK | 1713 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 33554 | | | | 31464 | 33882.96 | case rate | | | | | | | |
| PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK | 1714 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 55885.49 | | | | 52404 | 56433.39 | case rate | | | | | | | |
| PERCUTANEOUS CORONARY INTERVENTION W AMI | 1741 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 27608.29 | | | | 25889 | 27878.96 | case rate | | | | | | | |
| PERCUTANEOUS CORONARY INTERVENTION W AMI | 1742 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 29736.63 | | | | 27884 | 30028.17 | case rate | | | | | | | |
| PERCUTANEOUS CORONARY INTERVENTION W AMI | 1743 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 37584.26 | | | | 35243 | 37952.73 | case rate | | | | | | | |
| PERCUTANEOUS CORONARY INTERVENTION W AMI | 1744 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 61197.33 | | | | 57385 | 61797.3 | case rate | | | | | | | |
| PERCUTANEOUS CORONARY INTERVENTION W/O AMI | 1751 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 27448.19 | | | | 25738 | 27717.29 | case rate | | | | | | | |
| PERCUTANEOUS CORONARY INTERVENTION W/O AMI | 1752 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 30254.41 | | | | 28370 | 30551.03 | case rate | | | | | | | |
| PERCUTANEOUS CORONARY INTERVENTION W/O AMI | 1753 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 38402.39 | | | | 36010 | 38778.88 | case rate | | | | | | | |
| PERCUTANEOUS CORONARY INTERVENTION W/O AMI | 1754 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 72126.27 | | | | 67634 | 72833.39 | case rate | | | | | | | |
| CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT | 1761 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 21681.32 | | | | 20331 | 21893.89 | case rate | | | | | | | |
| CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT | 1762 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 41454.05 | | | | 38872 | 41860.47 | case rate | | | | | | | |
| CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT | 1763 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 43194.51 | | | | 40504 | 43617.99 | case rate | | | | | | | |
| CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT | 1764 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 68587.19 | | | | 64315 | 69259.61 | case rate | | | | | | | |
| CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT | 1771 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 17858.19 | | | | 16746 | 18033.27 | case rate | | | | | | | |
| CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT | 1772 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 23116.6 | | | | 21677 | 23343.23 | case rate | | | | | | | |
| CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT | 1773 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 32780.88 | | | | 30739 | 33102.26 | case rate | | | | | | | |
| CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT | 1774 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 66286.59 | | | | 62158 | 66938.46 | case rate | | | | | | | |
| OTHER CIRCULATORY SYSTEM PROCEDURES | 1801 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 17271.42 | | | | 16196 | 17440.74 | case rate | | | | | | | |
| OTHER CIRCULATORY SYSTEM PROCEDURES | 1802 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 21823.49 | | | | 20464 | 22037.45 | case rate | | | | | | | |
| OTHER CIRCULATORY SYSTEM PROCEDURES | 1803 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 33444.23 | | | | 31361 | 33772.11 | case rate | | | | | | | |
| OTHER CIRCULATORY SYSTEM PROCEDURES | 1804 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 58657.97 | | | | 55004 | 59233.04 | case rate | | | | | | | |
| LOWER EXTREMITY ARTERIAL PROCEDURES | 1811 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 21454.46 | | | | 20118 | 21664.79 | case rate | | | | | | | |
| LOWER EXTREMITY ARTERIAL PROCEDURES | 1812 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 29063.23 | | | | 27253 | 29348.16 | case rate | | | | | | | |
| LOWER EXTREMITY ARTERIAL PROCEDURES | 1813 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 48245.62 | | | | 45240 | 48718.62 | case rate | | | | | | | |
| LOWER EXTREMITY ARTERIAL PROCEDURES | 1814 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 85969.66 | | | | 80615 | 86812.5 | case rate | | | | | | | |
| OTHER PERIPHERAL VASCULAR PROCEDURES | 1821 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 27479.67 | | | | 25768 | 27749.08 | case rate | | | | | | | |
| OTHER PERIPHERAL VASCULAR PROCEDURES | 1822 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 32325.67 | | | | 30312 | 32642.58 | case rate | | | | | | | |
| OTHER PERIPHERAL VASCULAR PROCEDURES | 1823 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 43872.94 | | | | 41140 | 44303.07 | case rate | | | | | | | |
| OTHER PERIPHERAL VASCULAR PROCEDURES | 1824 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 78440.57 | | | | 73555 | 79209.6 | case rate | | | | | | | |
| ACUTE MYOCARDIAL INFARCTION | 1901 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11650.55 | | | | 10925 | 11764.77 | case rate | | | | | | | |
| ACUTE MYOCARDIAL INFARCTION | 1902 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12846.24 | | | | 12046 | 12972.18 | case rate | | | | | | | |
| ACUTE MYOCARDIAL INFARCTION | 1903 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 17522.51 | | | | 16412 | 17674.1 | case rate | | | | | | | |
| ACUTE MYOCARDIAL INFARCTION | 1904 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 32416.6 | | | | 30397 | 32734.41 | case rate | | | | | | | |
| CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE | 1911 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12907.44 | | | | 12103 | 13033.98 | case rate | | | | | | | |
| CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE | 1912 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 14843.85 | | | | 13919 | 14989.37 | case rate | | | | | | | |
| CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE | 1913 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 19655.82 | | | | 18431 | 19848.52 | case rate | | | | | | | |
| CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE | 1914 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 38480.6 | | | | 36084 | 38857.86 | case rate | | | | | | | |
| CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS | 1921 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13334.93 | | | | 12504 | 13465.66 | case rate | | | | | | | |
| CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS | 1922 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 16470.67 | | | | 15445 | 16632.15 | case rate | | | | | | | |
| CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS | 1923 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 24247.87 | | | | 22738 | 24485.59 | case rate | | | | | | | |
| CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS | 1924 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 46085.35 | | | | 43215 | 46537.17 | case rate | | | | | | | |
| ACUTE & SUBACUTE ENDOCARDITIS | 1931 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13668.48 | | | | 12817 | 13802.48 | case rate | | | | | | | |
| ACUTE & SUBACUTE ENDOCARDITIS | 1932 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 17756.91 | | | | 16651 | 17931 | case rate | | | | | | | |
| ACUTE & SUBACUTE ENDOCARDITIS | 1933 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 26533.92 | | | | 24881 | 26794.06 | case rate | | | | | | | |
| ACUTE & SUBACUTE ENDOCARDITIS | 1934 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 43710.28 | | | | 40988 | 44138.82 | case rate | | | | | | | |
| HEART FAILURE | 1941 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7401.66 | | | | 6941 | 7474.23 | case rate | | | | | | | |
| HEART FAILURE | 1942 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9804.47 | | | | 8912 | 9597.65 | case rate | | | | | | | |
| HEART FAILURE | 1943 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 14175.38 | | | | 13292 | 14314.35 | case rate | | | | | | | |
| HEART FAILURE | 1944 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 26772.32 | | | | 25105 | 27034.79 | case rate | | | | | | | |
| CARDIAC ARREST & SHOCK | 1961 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7707.58 | | | | 7227 | 7783.14 | case rate | | | | | | | |
| CARDIAC ARREST & SHOCK | 1962 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8174.41 | | | | 7665 | 8254.55 | case rate | | | | | | | |
| CARDIAC ARREST & SHOCK | 1963 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15514.13 | | | | 14548 | 15666.23 | case rate | | | | | | | |
| CARDIAC ARREST & SHOCK | 1964 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 39598.34 | | | | 37132 | 39986.56 | case rate | | | | | | | |
| PERIPHERAL & OTHER VASCULAR DISORDERS | 1971 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7376.96 | | | | 6917 | 7449.28 | case rate | | | | | | | |
| PERIPHERAL & OTHER VASCULAR DISORDERS | 1972 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9849.46 | | | | 9236 | 9946.02 | case rate | | | | | | | |
| PERIPHERAL & OTHER VASCULAR DISORDERS | 1973 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 14627.94 | | | | 13717 | 14771.35 | case rate | | | | | | | |
| PERIPHERAL & OTHER VASCULAR DISORDERS | 1974 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 31592.07 | | | | 29624 | 31901.8 | case rate | | | | | | | |
| ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS | 1981 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6813.52 | | | | 6389 | 6880.32 | case rate | | | | | | | |
| ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS | 1982 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7870.5 | | | | 7380 | 7947.67 | case rate | | | | | | | |
| ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS | 1983 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10737.1 | | | | 10068 | 10842.37 | case rate | | | | | | | |
| ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS | 1984 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 25805.27 | | | | 24198 | 26058.26 | case rate | | | | | | | |
| HYPERTENSION | 1991 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7010.39 | | | | 6574 | 7079.12 | case rate | | | | | | | |
| HYPERTENSION | 1992 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8232.41 | | | | 7720 | 8313.12 | case rate | | | | | | | |
| HYPERTENSION | 1993 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11540.96 | | | | 10822 | 11654.11 | case rate | | | | | | | |
| HYPERTENSION | 1994 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 26310.16 | | | | 24671 | 26568.1 | case rate | | | | | | | |
| CARDIAC STRUCTURAL & VALVULAR DISORDERS | 2001 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8413.27 | | | | 7889 | 8495.75 | case rate | | | | | | | |
| CARDIAC STRUCTURAL & VALVULAR DISORDERS | 2002 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9953.74 | | | | 9334 | 10051.33 | case rate | | | | | | | |
| CARDIAC STRUCTURAL & VALVULAR DISORDERS | 2003 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15173.09 | | | | 14228 | 15321.85 | case rate | | | | | | | |
| CARDIAC STRUCTURAL & VALVULAR DISORDERS | 2004 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 32304.48 | | | | 30311 | 32641.39 | case rate | | | | | | | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS | 2011 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6287.68 | | | | 5896 | 6349.32 | case rate | | | | | | | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS | 2012 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8144.77 | | | | 7637 | 8224.62 | case rate | | | | | | | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS | 2013 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12509.48 | | | | 11730 | 12632.13 | case rate | | | | | | | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS | 2014 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 25955.56 | | | | 24339 | 26210.03 | case rate | | | | | | | |
| CHEST PAIN | 2031 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7031.8 | | | | 6594 | 7100.74 | case rate | | | | | | | |
| CHEST PAIN | 2032 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8177.97 | | | | 7669 | 8258.15 | case rate | | | | | | | |
| CHEST PAIN | 2033 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10208.52 | | | | 9573 | 10308.6 | case rate | | | | | | | |
| CHEST PAIN | 2034 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 18535.98 | | | | 17381 | 18717.71 | case rate | | | | | | | |
| SYNCOPE & COLLAPSE | 2041 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7818.18 | | | | 7331 | 7894.83 | case rate | | | | | | | |
| SYNCOPE & COLLAPSE | 2042 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8828.05 | | | | 8278 | 8914.6 | case rate | | | | | | | |
| SYNCOPE & COLLAPSE | 2043 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11138.35 | | | | 10445 | 11247.55 | case rate | | | | | | | |
| SYNCOPE & COLLAPSE | 2044 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 22834.46 | | | | 21412 | 23058.33 | case rate | | | | | | | |
| CARDIOMYOPATHY | 2051 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7581.24 | | | | 7109 | 7655.57 | case rate | | | | | | | |
| CARDIOMYOPATHY | 2052 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9651.67 | | | | 9050 | 9746.29 | case rate | | | | | | | |
| CARDIOMYOPATHY | 2053 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13933.14 | | | | 13065 | 14069.74 | case rate | | | | | | | |
| CARDIOMYOPATHY | 2054 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 34188.52 | | | | 32059 | 34523.7 | case rate | | | | | | | |
| MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE | 2061 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8646.64 | | | | 8108 | 8731.41 | case rate | | | | | | | |
| MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE | 2062 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10169.55 | | | | 9536 | 10269.25 | case rate | | | | | | | |
| MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE | 2063 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 16999.8 | | | | 15913 | 17136.17 | case rate | | | | | | | |
| MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE | 2064 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 31747.59 | | | | 29770 | 32058.84 | case rate | | | | | | | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES | 2071 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7521.87 | | | | 7053 | 7595.61 | case rate | | | | | | | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES | 2072 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9976.63 | | | | 9357 | 10076.46 | case rate | | | | | | | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES | 2073 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 14482.09 | | | | 13589 | 14634.17 | case rate | | | | | | | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES | 2074 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 28261.38 | | | | 26501 | 28538.46 | case rate | | | | | | | |
| MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2201 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 19261.16 | | | | 18061 | 19449.99 | case rate | | | | | | | |
| MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2202 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 28619.45 | | | | 26837 | 28900.03 | case rate | | | | | | | |
| MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2203 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 46407.37 | | | | 43517 | 46862.34 | case rate | | | | | | | |
| MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2204 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 92082.24 | | | | 86347 | 92985.01 | case rate | | | | | | | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES | 2211 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 19664.99 | | | | 18431 | 19847.69 | case rate | | | | | | | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES | 2212 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 25484.34 | | | | 23897 | 25734.19 | case rate | | | | | | | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES | 2213 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 41390.48 | | | | 38812 | 41796.27 | case rate | | | | | | | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES | 2214 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 81927.42 | | | | 76824 | 82730.63 | case rate | | | | | | | |
| OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2221 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 14624.1 | | | | 13713 | 14767.47 | case rate | | | | | | | |
| OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2222 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 18718.75 | | | | 17561 | 18900.24 | case rate | | | | | | | |
| OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2223 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 30332.18 | | | | 28443 | 30629.55 | case rate | | | | | | | |
| OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2224 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 74002.12 | | | | 69393 | 74727.63 | case rate | | | | | | | |
| OTHER SMALL & LARGE BOWEL PROCEDURES | 2231 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15660.33 | | | | 14685 | 15813.86 | case rate | | | | | | | |
| OTHER SMALL & LARGE BOWEL PROCEDURES | 2232 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 20762.11 | | | | 19469 | 20965.66 | case rate | | | | | | | |
| OTHER SMALL & LARGE BOWEL PROCEDURES | 2233 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 34872.63 | | | | 32700 | 35214.52 | case rate | | | | | | | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| OTHER SMALL & LARGE BOWEL PROCEDURES | 2234 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 72010.46 | | | | 67525 | 77216.44 | case rate | |
| PERITONEAL ADHESIOLYSIS | 2241 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 17643.02 | | | | 16544 | 17815.99 | case rate | |
| PERITONEAL ADHESIOLYSIS | 2242 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 23102.42 | | | | 21663 | 23328.91 | case rate | |
| PERITONEAL ADHESIOLYSIS | 2243 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 34975.09 | | | | 32797 | 35317.98 | case rate | |
| PERITONEAL ADHESIOLYSIS | 2244 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 63486.03 | | | | 59532 | 64108.45 | case rate | |
| APPENDECTOMY | 2251 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12054.91 | | | | 11304 | 12173.1 | case rate | |
| APPENDECTOMY | 2252 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 16032.47 | | | | 15034 | 16189.65 | case rate | |
| APPENDECTOMY | 2253 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 27538.22 | | | | 25823 | 27808.2 | case rate | |
| APPENDECTOMY | 2254 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 52416.67 | | | | 49152 | 52930.56 | case rate | |
| ANAL PROCEDURES | 2261 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9776.09 | | | | 9167 | 9871.93 | case rate | |
| ANAL PROCEDURES | 2262 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13236.96 | | | | 12412 | 13366.73 | case rate | |
| ANAL PROCEDURES | 2263 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 21577.59 | | | | 20234 | 21789.14 | case rate | |
| ANAL PROCEDURES | 2264 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 44159.46 | | | | 41409 | 44592.4 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL | 2271 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15195.23 | | | | 14249 | 15344.2 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL | 2272 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 19302.42 | | | | 18100 | 19491.66 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL | 2273 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 31321.93 | | | | 29371 | 31629 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL | 2274 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 64481.09 | | | | 60465 | 65113.25 | case rate | |
| INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES | 2281 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11430.26 | | | | 10718 | 11542.32 | case rate | |
| INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES | 2282 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 14928.56 | | | | 13999 | 15074.92 | case rate | |
| INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES | 2283 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 22931.8 | | | | 21503 | 23156.62 | case rate | |
| INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES | 2284 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 51103.44 | | | | 47920 | 51604.45 | case rate | |
| OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES | 2291 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15801.21 | | | | 14817 | 15956.12 | case rate | |
| OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES | 2292 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 21797.42 | | | | 20440 | 22011.12 | case rate | |
| OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES | 2293 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 35509.8 | | | | 33298 | 35857.94 | case rate | |
| OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES | 2294 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 73703.77 | | | | 69110 | 74423.33 | case rate | |
| DIGESTIVE MALIGNANCY | 2401 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9873.05 | | | | 9258 | 9969.84 | case rate | |
| DIGESTIVE MALIGNANCY | 2402 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12653.75 | | | | 11866 | 12777.81 | case rate | |
| DIGESTIVE MALIGNANCY | 2403 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 18640.27 | | | | 17479 | 18823.01 | case rate | |
| DIGESTIVE MALIGNANCY | 2404 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 34142.6 | | | | 32016 | 34477.33 | case rate | |
| PEPTIC ULCER & GASTRITIS | 2411 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8398.72 | | | | 7876 | 8481.06 | case rate | |
| PEPTIC ULCER & GASTRITIS | 2412 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10418.73 | | | | 9768 | 10518.85 | case rate | |
| PEPTIC ULCER & GASTRITIS | 2413 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15653.83 | | | | 14679 | 15807.3 | case rate | |
| PEPTIC ULCER & GASTRITIS | 2414 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 36578.05 | | | | 34300 | 36936.65 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS | 2421 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8284.74 | | | | 7769 | 8365.96 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS | 2422 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10218.58 | | | | 9582 | 10318.77 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS | 2423 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15197.51 | | | | 14251 | 15346.51 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS | 2424 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 35578.97 | | | | 33363 | 35927.78 | case rate | |
| OTHER ESOPHAGEAL DISORDERS | 2431 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7707.67 | | | | 7228 | 7783.24 | case rate | |
| OTHER ESOPHAGEAL DISORDERS | 2432 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9415.64 | | | | 8829 | 9507.95 | case rate | |
| OTHER ESOPHAGEAL DISORDERS | 2433 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13589.7 | | | | 12743 | 13722.94 | case rate | |
| OTHER ESOPHAGEAL DISORDERS | 2434 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 29914.28 | | | | 28051 | 30207.56 | case rate | |
| DIVERTICULITIS & DIVERTICULOSIS | 2441 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7200.03 | | | | 6752 | 7270.62 | case rate | |
| DIVERTICULITIS & DIVERTICULOSIS | 2442 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9421.77 | | | | 8835 | 9514.14 | case rate | |
| DIVERTICULITIS & DIVERTICULOSIS | 2443 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 14300.53 | | | | 13410 | 14440.73 | case rate | |
| DIVERTICULITIS & DIVERTICULOSIS | 2444 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 32458.96 | | | | 30437 | 32777.19 | case rate | |
| INFLAMMATORY BOWEL DISEASE | 2451 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8597.06 | | | | 8062 | 8681.34 | case rate | |
| INFLAMMATORY BOWEL DISEASE | 2452 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10319.4 | | | | 9677 | 10420.57 | case rate | |
| INFLAMMATORY BOWEL DISEASE | 2453 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15533.8 | | | | 14566 | 15686.1 | case rate | |
| INFLAMMATORY BOWEL DISEASE | 2454 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 29532.99 | | | | 27693 | 29822.53 | case rate | |
| GASTROINTESTINAL VASCULAR INSUFFICIENCY | 2461 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9043.13 | | | | 8480 | 9131.78 | case rate | |
| GASTROINTESTINAL VASCULAR INSUFFICIENCY | 2462 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10860.33 | | | | 10184 | 10966.8 | case rate | |
| GASTROINTESTINAL VASCULAR INSUFFICIENCY | 2463 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 16416.15 | | | | 15394 | 16577.09 | case rate | |
| GASTROINTESTINAL VASCULAR INSUFFICIENCY | 2464 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 33202.99 | | | | 31135 | 33528.51 | case rate | |
| INTESTINAL OBSTRUCTION | 2471 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6979.46 | | | | 6545 | 7047.89 | case rate | |
| INTESTINAL OBSTRUCTION | 2472 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8976.53 | | | | 8417 | 9064.54 | case rate | |
| INTESTINAL OBSTRUCTION | 2473 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 14231.83 | | | | 13345 | 14371.35 | case rate | |
| INTESTINAL OBSTRUCTION | 2474 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 32522.54 | | | | 30497 | 32841.39 | case rate | |
| MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS | 2481 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7611.24 | | | | 7137 | 7685.86 | case rate | |
| MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS | 2482 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10470.89 | | | | 9819 | 10573.55 | case rate | |
| MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS | 2483 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15740.27 | | | | 14760 | 15894.59 | case rate | |
| MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS | 2484 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 33510.73 | | | | 31423 | 33839.27 | case rate | |
| OTHER GASTROENTERITIS, NAUSEA & VOMITING | 2491 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6287.4 | | | | 5896 | 6349.04 | case rate | |
| OTHER GASTROENTERITIS, NAUSEA & VOMITING | 2492 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7641.8 | | | | 7166 | 7716.72 | case rate | |
| OTHER GASTROENTERITIS, NAUSEA & VOMITING | 2493 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10843.96 | | | | 10169 | 10950.27 | case rate | |
| OTHER GASTROENTERITIS, NAUSEA & VOMITING | 2494 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 24788.81 | | | | 23245 | 25031.83 | case rate | |
| ABDOMINAL PAIN | 2511 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7139.01 | | | | 6694 | 7209 | case rate | |
| ABDOMINAL PAIN | 2512 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8850.56 | | | | 8299 | 8937.33 | case rate | |
| ABDOMINAL PAIN | 2513 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11959.49 | | | | 11215 | 12076.74 | case rate | |
| ABDOMINAL PAIN | 2514 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 22906.82 | | | | 21480 | 23131.4 | case rate | |
| MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE | 2521 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7772.98 | | | | 7289 | 7849.19 | case rate | |
| MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE | 2522 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10440.52 | | | | 9790 | 10542.87 | case rate | |
| MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE | 2523 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 16008.04 | | | | 15011 | 16164.98 | case rate | |
| MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE | 2524 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 35729.27 | | | | 33504 | 36079.56 | case rate | |
| OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE | 2531 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7850.01 | | | | 7361 | 7926.97 | case rate | |
| OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE | 2532 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10100.85 | | | | 9472 | 10199.87 | case rate | |
| OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE | 2533 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15084.44 | | | | 14145 | 15232.33 | case rate | |
| OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE | 2534 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 31247.55 | | | | 29301 | 31553.9 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES | 2541 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7363.6 | | | | 6905 | 7435.8 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES | 2542 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9830.15 | | | | 9218 | 9926.52 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES | 2543 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 14286.99 | | | | 13397 | 14427.06 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES | 2544 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 30637.55 | | | | 28729 | 30937.91 | case rate | |
| MAJOR PANCREAS, LIVER & SHUNT PROCEDURES | 2601 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 22978.46 | | | | 21547 | 23203.74 | case rate | |
| MAJOR PANCREAS, LIVER & SHUNT PROCEDURES | 2602 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 30365.21 | | | | 28474 | 30662.9 | case rate | |
| MAJOR PANCREAS, LIVER & SHUNT PROCEDURES | 2603 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 47658.39 | | | | 44690 | 48125.63 | case rate | |
| MAJOR PANCREAS, LIVER & SHUNT PROCEDURES | 2604 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 96539.18 | | | | 90526 | 97485.64 | case rate | |
| MAJOR BILIARY TRACT PROCEDURES | 2611 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 19110.94 | | | | 17921 | 19298.31 | case rate | |
| MAJOR BILIARY TRACT PROCEDURES | 2612 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 26591.09 | | | | 24935 | 26851.79 | case rate | |
| MAJOR BILIARY TRACT PROCEDURES | 2613 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 40212.46 | | | | 37708 | 40606.7 | case rate | |
| MAJOR BILIARY TRACT PROCEDURES | 2614 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 73877.06 | | | | 69275 | 74601.34 | case rate | |
| CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC | 2621 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 16658.03 | | | | 15620 | 16821.34 | case rate | |
| CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC | 2622 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 21969.49 | | | | 20601 | 22184.88 | case rate | |
| CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC | 2623 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 32884.44 | | | | 30836 | 33206.84 | case rate | |
| CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC | 2624 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 67251.09 | | | | 63062 | 67910.41 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY | 2631 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 14231.55 | | | | 13345 | 14371.08 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY | 2632 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 18009.5 | | | | 16888 | 18186.06 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY | 2633 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 24533.93 | | | | 23006 | 24774.46 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY | 2634 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 51993.93 | | | | 48755 | 52503.67 | case rate | |
| OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES | 2641 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 18961.31 | | | | 17771 | 19137.11 | case rate | |
| OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES | 2642 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 23212.19 | | | | 21766 | 23439.76 | case rate | |
| OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES | 2643 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 35912.23 | | | | 33675 | 36264.31 | case rate | |
| OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES | 2644 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 77997.8 | | | | 73139 | 78762.48 | case rate | |
| HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS | 2791 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7360.77 | | | | 6902 | 7432.93 | case rate | |
| HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS | 2792 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9314.92 | | | | 8735 | 9406.24 | case rate | |
| HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS | 2793 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15445.16 | | | | 14483 | 15596.58 | case rate | |
| HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS | 2794 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 38951.28 | | | | 36525 | 39333.16 | case rate | |
| ALCOHOLIC LIVER DISEASE | 2801 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7522.51 | | | | 7054 | 7596.26 | case rate | |
| ALCOHOLIC LIVER DISEASE | 2802 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9425.8 | | | | 8839 | 9518.21 | case rate | |
| ALCOHOLIC LIVER DISEASE | 2803 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15018.94 | | | | 14083 | 15166.18 | case rate | |
| ALCOHOLIC LIVER DISEASE | 2804 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 33860.93 | | | | 31780 | 34223.19 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS | 2811 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11084.1 | | | | 10394 | 11192.76 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS | 2812 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13148.13 | | | | 12329 | 13277.03 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS | 2813 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 18194.47 | | | | 17061 | 18372.85 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS | 2814 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 29653.93 | | | | 27807 | 29944.65 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY | 2821 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7667.41 | | | | 7190 | 7742.58 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY | 2822 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9908.45 | | | | 9291 | 10005.6 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY | 2823 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 16551.63 | | | | 15521 | 16713.9 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY | 2824 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 46060.83 | | | | 43192 | 46512.41 | case rate | |
| OTHER DISORDERS OF THE LIVER | 2831 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8215.21 | | | | 7703 | 8295.75 | case rate | |
| OTHER DISORDERS OF THE LIVER | 2832 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9729.61 | | | | 9124 | 9824.99 | case rate | |
| OTHER DISORDERS OF THE LIVER | 2833 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 14665.45 | | | | 13752 | 14809.23 | case rate | |
| OTHER DISORDERS OF THE LIVER | 2834 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 29976.4 | | | | 28109 | 30270.29 | case rate | |
| DISORDERS OF GALLBLADDER & BILIARY TRACT | 2841 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8858.98 | | | | 8307 | 8945.83 | case rate | |
| DISORDERS OF GALLBLADDER & BILIARY TRACT | 2842 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11816.6 | | | | 11081 | 11932.45 | case rate | |
| DISORDERS OF GALLBLADDER & BILIARY TRACT | 2843 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 17028.44 | | | | 15968 | 17195.39 | case rate | |
| DISORDERS OF GALLBLADDER & BILIARY TRACT | 2844 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 33714.64 | | | | 31615 | 34045.18 | case rate | |
| HIP JOINT REPLACEMENT | 3011 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 22486.09 | | | | 21085 | 22706.55 | case rate | |
| HIP JOINT REPLACEMENT | 3012 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 24553.88 | | | | 23024 | 24794.6 | case rate | |
| HIP JOINT REPLACEMENT | 3013 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 33596.37 | | | | 31506 | 33927.77 | case rate | |
| HIP JOINT REPLACEMENT | 3014 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 55578.29 | | | | 52210 | 56224.16 | case rate | |
| KNEE JOINT REPLACEMENT | 3021 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 21460.13 | | | | 20123 | 21670.52 | case rate | |
| KNEE JOINT REPLACEMENT | 3022 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 23862.36 | | | | 22376 | 24096.3 | case rate | |
| KNEE JOINT REPLACEMENT | 3023 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 30687.04 | | | | 28776 | 30987.89 | case rate | |
| KNEE JOINT REPLACEMENT | 3024 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 56422.95 | | | | 52908 | 56976.12 | case rate | |
| DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK | 3031 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 66293.9 | | | | 62165 | 66943.84 | case rate | |
| DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK | 3032 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 79773.74 | | | | 74805 | 80555.84 | case rate | |
| DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK | 3033 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 116870.63 | | | | 109597 | 118022.48 | case rate | |
| DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK | 3034 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 158767.88 | | | | 148878 | 160324.42 | case rate | |
| DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK | 3041 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 40295.7 | | | | 37786 | 40690.76 | case rate | |
| DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK | 3042 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 48262.73 | | | | 45257 | 48735.89 | case rate | |
| DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK | 3043 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 72686.15 | | | | 68159 | 73398.76 | case rate | |
| DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK | 3044 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 121058.92 | | | | 113518 | 122245.78 | case rate | |
| AMPUTATION OF LOWER LIMB EXCEPT TOES | 3051 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15110.33 | | | | 14169 | 15258.47 | case rate | |
| AMPUTATION OF LOWER LIMB EXCEPT TOES | 3052 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 20688.1 | | | | 19399 | 20890.92 | case rate | |
| AMPUTATION OF LOWER LIMB EXCEPT TOES | 3053 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 33853.88 | | | | 31745 | 34185.78 | case rate | |
| AMPUTATION OF LOWER LIMB EXCEPT TOES | 3054 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 71604.28 | | | | 67144 | 72306.28 | case rate | |
| HIP & FEMUR FRACTURE REPAIR | 3081 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 18317.06 | | | | 17176 | 18496.64 | case rate | |
| HIP & FEMUR FRACTURE REPAIR | 3082 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 21580.61 | | | | 20236 | 21792.18 | case rate | |
| HIP & FEMUR FRACTURE REPAIR | 3083 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 28807.81 | | | | 27013 | 29090.24 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HIP & FEMUR FRACTURE REPAIR | 3084 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 50358.31 | | | | 47222 | 51852.02 | case rate | |
| OTHER SIGNIFICANT HIP & FEMUR SURGERY | 3091 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 18483.29 | | | | 17332 | 18664.5 | case rate | |
| OTHER SIGNIFICANT HIP & FEMUR SURGERY | 3092 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 26274.93 | | | | 24638 | 26532.53 | case rate | |
| OTHER SIGNIFICANT HIP & FEMUR SURGERY | 3093 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 38360.21 | | | | 35971 | 38736.29 | case rate | |
| OTHER SIGNIFICANT HIP & FEMUR SURGERY | 3094 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 75005.96 | | | | 70334 | 75741.31 | case rate | |
| INTERVERTEBRAL DISC EXCISION & DECOMPRESSION | 3101 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13773.22 | | | | 12915 | 13908.25 | case rate | |
| INTERVERTEBRAL DISC EXCISION & DECOMPRESSION | 3102 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 18283.49 | | | | 17145 | 18462.74 | case rate | |
| INTERVERTEBRAL DISC EXCISION & DECOMPRESSION | 3103 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 26455.97 | | | | 24808 | 26715.35 | case rate | |
| INTERVERTEBRAL DISC EXCISION & DECOMPRESSION | 3104 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 56981 | | | | 53338 | 57438.66 | case rate | |
| SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES | 3121 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 22707.85 | | | | 21293 | 22930.48 | case rate | |
| SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES | 3122 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 32317.34 | | | | 30304 | 32634.18 | case rate | |
| SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES | 3123 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 58274.93 | | | | 54645 | 58846.25 | case rate | |
| SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES | 3124 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 120428.79 | | | | 112927 | 121609.46 | case rate | |
| KNEE & LOWER LEG PROCEDURES EXCEPT FOOT | 3131 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 16173.54 | | | | 15166 | 16332.1 | case rate | |
| KNEE & LOWER LEG PROCEDURES EXCEPT FOOT | 3132 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 22136.54 | | | | 20758 | 22353.56 | case rate | |
| KNEE & LOWER LEG PROCEDURES EXCEPT FOOT | 3133 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 33883.25 | | | | 31773 | 34215.44 | case rate | |
| KNEE & LOWER LEG PROCEDURES EXCEPT FOOT | 3134 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 68943.24 | | | | 64649 | 69619.15 | case rate | |
| FOOT & TOE PROCEDURES | 3141 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 14792.15 | | | | 13871 | 14937.17 | case rate | |
| FOOT & TOE PROCEDURES | 3142 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 16789.39 | | | | 15744 | 16954 | case rate | |
| FOOT & TOE PROCEDURES | 3143 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 23413.73 | | | | 21955 | 23643.28 | case rate | |
| FOOT & TOE PROCEDURES | 3144 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 50465.71 | | | | 47322 | 50960.48 | case rate | |
| SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT | 3151 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13339.51 | | | | 12509 | 13470.29 | case rate | |
| SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT | 3152 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 22565.05 | | | | 21160 | 22786.28 | case rate | |
| SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT | 3153 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 32482.71 | | | | 30441 | 32780.98 | case rate | |
| SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT | 3154 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 65677.22 | | | | 61586 | 66321.11 | case rate | |
| HAND & WRIST PROCEDURES | 3161 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11615.07 | | | | 10892 | 11728.94 | case rate | |
| HAND & WRIST PROCEDURES | 3162 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 16520.35 | | | | 15491 | 16682.31 | case rate | |
| HAND & WRIST PROCEDURES | 3163 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 26305.19 | | | | 24854 | 26765.04 | case rate | |
| HAND & WRIST PROCEDURES | 3164 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 50728.63 | | | | 47569 | 51225.97 | case rate | |
| TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES | 3171 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12827.2 | | | | 12028 | 12952.96 | case rate | |
| TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES | 3172 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 17995.23 | | | | 16874 | 18171.65 | case rate | |
| TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES | 3173 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 30904.49 | | | | 28979 | 31207.48 | case rate | |
| TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES | 3174 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 72838.01 | | | | 68301 | 73552.1 | case rate | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES | 3201 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 14636.54 | | | | 13725 | 14780.04 | case rate | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES | 3202 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 22499.55 | | | | 21098 | 22720.13 | case rate | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES | 3203 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 32037.13 | | | | 30042 | 32351.22 | case rate | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES | 3204 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 60474.53 | | | | 56708 | 61067.41 | case rate | |
| CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP | 3211 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 24056.86 | | | | 22560 | 24294.73 | case rate | |
| CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP | 3212 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 31183.97 | | | | 29242 | 31489.7 | case rate | |
| CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP | 3213 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 52099.77 | | | | 48855 | 52610.56 | case rate | |
| CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP | 3214 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 97746.19 | | | | 91658 | 98704.49 | case rate | |
| SHOULDER & ELBOW JOINT REPLACEMENT | 3221 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 21957.42 | | | | 20590 | 22172.69 | case rate | |
| SHOULDER & ELBOW JOINT REPLACEMENT | 3222 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 23933.63 | | | | 22443 | 24168.27 | case rate | |
| SHOULDER & ELBOW JOINT REPLACEMENT | 3223 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 33816.38 | | | | 31710 | 34147.91 | case rate | |
| SHOULDER & ELBOW JOINT REPLACEMENT | 3224 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 56712.41 | | | | 53180 | 57268.41 | case rate | |
| FRACTURE OF FEMUR | 3401 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6858.44 | | | | 6431 | 6925.68 | case rate | |
| FRACTURE OF FEMUR | 3402 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8124.1 | | | | 7618 | 8203.74 | case rate | |
| FRACTURE OF FEMUR | 3403 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12185.36 | | | | 11426 | 12304.82 | case rate | |
| FRACTURE OF FEMUR | 3404 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 28003.49 | | | | 26259 | 28278.03 | case rate | |
| FRACTURE OF PELVIS OR DISLOCATION OF HIP | 3411 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6953.21 | | | | 6520 | 7021.38 | case rate | |
| FRACTURE OF PELVIS OR DISLOCATION OF HIP | 3412 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8434.31 | | | | 7909 | 8517 | case rate | |
| FRACTURE OF PELVIS OR DISLOCATION OF HIP | 3413 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11286.73 | | | | 10584 | 11397.38 | case rate | |
| FRACTURE OF PELVIS OR DISLOCATION OF HIP | 3414 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 26757.32 | | | | 25091 | 27019.65 | case rate | |
| FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK | 3421 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7261.05 | | | | 6809 | 7332.24 | case rate | |
| FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK | 3422 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9387.1 | | | | 8802 | 9479.13 | case rate | |
| FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK | 3423 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12820.34 | | | | 12022 | 12946.03 | case rate | |
| FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK | 3424 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 29967.38 | | | | 27726 | 29857.26 | case rate | |
| MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG | 3431 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11276.76 | | | | 10574 | 11387.32 | case rate | |
| MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG | 3432 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13491.18 | | | | 12651 | 13623.45 | case rate | |
| MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG | 3433 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 21517.11 | | | | 20177 | 21728.07 | case rate | |
| MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG | 3434 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 36214.31 | | | | 33959 | 36569.36 | case rate | |
| OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS | 3441 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10357.55 | | | | 9712 | 10459.09 | case rate | |
| OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS | 3442 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13077.69 | | | | 12263 | 13205.9 | case rate | |
| OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS | 3443 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 19542.01 | | | | 18325 | 19733.59 | case rate | |
| OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS | 3444 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 36018.08 | | | | 33775 | 36371.2 | case rate | |
| CONNECTIVE TISSUE DISORDERS | 3461 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9364.86 | | | | 8782 | 9456.68 | case rate | |
| CONNECTIVE TISSUE DISORDERS | 3462 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12468.68 | | | | 11692 | 12590.93 | case rate | |
| CONNECTIVE TISSUE DISORDERS | 3463 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 20959.16 | | | | 19654 | 21164.65 | case rate | |
| CONNECTIVE TISSUE DISORDERS | 3464 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 51242.49 | | | | 48051 | 51744.87 | case rate | |
| OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES | 3471 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8807.56 | | | | 8259 | 8893.91 | case rate | |
| OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES | 3472 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10872.04 | | | | 10195 | 10978.63 | case rate | |
| OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES | 3473 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 14914.92 | | | | 13986 | 15061.14 | case rate | |
| OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES | 3474 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 35359.14 | | | | 33157 | 35705.79 | case rate | |
| MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE | 3491 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7412.73 | | | | 6951 | 7485.4 | case rate | |
| MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE | 3492 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10603.45 | | | | 9943 | 10707.41 | case rate | |
| MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE | 3493 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 16165.22 | | | | 15158 | 16323.7 | case rate | |
| MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE | 3494 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 33152.03 | | | | 31087 | 33477.05 | case rate | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES | 3511 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7497.16 | | | | 7030 | 7570.66 | case rate | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES | 3512 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8687.26 | | | | 8146 | 8772.43 | case rate | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES | 3513 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 14096.98 | | | | 13219 | 14235.19 | case rate | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES | 3514 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 31209.67 | | | | 29266 | 31515.65 | case rate | |
| SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES | 3611 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 19499.11 | | | | 18285 | 19690.27 | case rate | |
| SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES | 3612 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 26160.67 | | | | 24531 | 26417.15 | case rate | |
| SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES | 3613 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 37579.96 | | | | 35239 | 37948.39 | case rate | |
| SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES | 3614 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 82535.78 | | | | 77395 | 83344.95 | case rate | |
| MASTECTOMY PROCEDURES | 3621 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 18841.35 | | | | 17668 | 19026.07 | case rate | |
| MASTECTOMY PROCEDURES | 3622 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 23026.03 | | | | 21592 | 23251.78 | case rate | |
| MASTECTOMY PROCEDURES | 3623 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 28336.76 | | | | 26572 | 28614.57 | case rate | |
| MASTECTOMY PROCEDURES | 3624 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 59673.23 | | | | 55956 | 60258.27 | case rate | |
| BREAST PROCEDURES EXCEPT MASTECTOMY | 3631 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 14701.13 | | | | 13785 | 14845.26 | case rate | |
| BREAST PROCEDURES EXCEPT MASTECTOMY | 3632 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 24805.64 | | | | 23261 | 25048.83 | case rate | |
| BREAST PROCEDURES EXCEPT MASTECTOMY | 3633 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 31669.19 | | | | 29697 | 31979.68 | case rate | |
| BREAST PROCEDURES EXCEPT MASTECTOMY | 3634 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 60996.7 | | | | 57197 | 61594.71 | case rate | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES | 3641 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11873.32 | | | | 11134 | 11989.73 | case rate | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES | 3642 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 16409.84 | | | | 15388 | 16570.72 | case rate | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES | 3643 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 25506.57 | | | | 23918 | 25756.63 | case rate | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES | 3644 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 49977.56 | | | | 46865 | 50467.54 | case rate | |
| SKIN ULCERS | 3801 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8136.63 | | | | 7630 | 8216.4 | case rate | |
| SKIN ULCERS | 3802 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9754.49 | | | | 9147 | 9850.13 | case rate | |
| SKIN ULCERS | 3803 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 14099.82 | | | | 13222 | 14238.05 | case rate | |
| SKIN ULCERS | 3804 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 27677.63 | | | | 25954 | 27948.98 | case rate | |
| MAJOR SKIN DISORDERS | 3811 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6546.12 | | | | 6138 | 6610.29 | case rate | |
| MAJOR SKIN DISORDERS | 3812 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11536.57 | | | | 10818 | 11649.67 | case rate | |
| MAJOR SKIN DISORDERS | 3813 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 20821.94 | | | | 19525 | 21026.08 | case rate | |
| MAJOR SKIN DISORDERS | 3814 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 56301.47 | | | | 52795 | 56853.45 | case rate | |
| MALIGNANT BREAST DISORDERS | 3821 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8880.01 | | | | 8327 | 8967.07 | case rate | |
| MALIGNANT BREAST DISORDERS | 3822 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10533.38 | | | | 9877 | 10636.65 | case rate | |
| MALIGNANT BREAST DISORDERS | 3823 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 16693.43 | | | | 15654 | 16857.09 | case rate | |
| MALIGNANT BREAST DISORDERS | 3824 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 26078.14 | | | | 26329 | 26353.42 | case rate | |
| CELLULITIS & OTHER SKIN INFECTIONS | 3831 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6423.53 | | | | 6023 | 6486.51 | case rate | |
| CELLULITIS & OTHER SKIN INFECTIONS | 3832 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8549.21 | | | | 8017 | 8633.03 | case rate | |
| CELLULITIS & OTHER SKIN INFECTIONS | 3833 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13125.8 | | | | 12308 | 13254.48 | case rate | |
| CELLULITIS & OTHER SKIN INFECTIONS | 3834 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 31052.87 | | | | 29119 | 31357.31 | case rate | |
| CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE | 3841 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8228.38 | | | | 7716 | 8309.05 | case rate | |
| CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE | 3842 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9753.94 | | | | 9146 | 9849.57 | case rate | |
| CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE | 3843 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 14291.66 | | | | 13401 | 14431.77 | case rate | |
| CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE | 3844 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 36158.05 | | | | 33906 | 36512.54 | case rate | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS | 3851 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6125.11 | | | | 5744 | 6185.16 | case rate | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS | 3852 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8114.12 | | | | 7609 | 8193.67 | case rate | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS | 3853 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12965.62 | | | | 12158 | 13092.73 | case rate | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS | 3854 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 26619.91 | | | | 24962 | 26880.89 | case rate | |
| PITUITARY & ADRENAL PROCEDURES | 4011 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 21237.18 | | | | 19914 | 21445.38 | case rate | |
| PITUITARY & ADRENAL PROCEDURES | 4012 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 28551.84 | | | | 26773 | 28831.76 | case rate | |
| PITUITARY & ADRENAL PROCEDURES | 4013 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 48058.81 | | | | 45065 | 48529.97 | case rate | |
| PITUITARY & ADRENAL PROCEDURES | 4014 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 103983.37 | | | | 97506 | 105002.81 | case rate | |
| PROCEDURES FOR OBESITY | 4031 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 18534.88 | | | | 17380 | 18716.59 | case rate | |
| PROCEDURES FOR OBESITY | 4032 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 20584.27 | | | | 19302 | 20786.08 | case rate | |
| PROCEDURES FOR OBESITY | 4033 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 31282.58 | | | | 29334 | 31589.28 | case rate | |
| PROCEDURES FOR OBESITY | 4034 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 88074.86 | | | | 82589 | 88938.34 | case rate | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES | 4041 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11832.15 | | | | 11095 | 11948.15 | case rate | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES | 4042 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15853.44 | | | | 14866 | 16008.87 | case rate | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES | 4043 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 30167.88 | | | | 28289 | 30463.64 | case rate | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES | 4044 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 72301.19 | | | | 67798 | 73010.03 | case rate | |
| OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS | 4051 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 18401.14 | | | | 17255 | 18581.54 | case rate | |
| OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS | 4052 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 22810.49 | | | | 21390 | 23034.13 | case rate | |
| OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS | 4053 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 33891.75 | | | | 31781 | 34224.03 | case rate | |
| OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS | 4054 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 77284.78 | | | | 72471 | 78042.47 | case rate | |
| DIABETES | 4201 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 5972.43 | | | | 5600 | 6030.98 | case rate | |
| DIABETES | 4202 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7718 | | | | 7237 | 7793.67 | case rate | |
| DIABETES | 4203 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11581.67 | | | | 10860 | 11695.22 | case rate | |
| DIABETES | 4204 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 28239.7 | | | | 26481 | 28516.56 | case rate | |
| MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS | 4211 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8036.73 | | | | 7536 | 8115.52 | case rate | |
| MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS | 4212 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8929.69 | | | | 8373 | 9017.24 | case rate | |
| MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS | 4213 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13694 | | | | 12841 | 13828.25 | case rate | |
| MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS | 4214 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 29035.5 | | | | 27227 | 29320.17 | case rate | |
| HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS | 4221 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 4810.15 | | | | 4511 | 4857.3 | case rate | |
| HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS | 4222 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6900.51 | | | | 6471 | 6968.17 | case rate | |
| HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS | 4223 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10093.52 | | | | 9465 | 10192.48 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS | 4224 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 21860.63 | | | | 20499 | 23074.95 | case rate | |
| INBORN ERRORS OF METABOLISM | 4231 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8776.92 | | | | 8230 | 8862.96 | case rate | |
| INBORN ERRORS OF METABOLISM | 4232 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11440.61 | | | | 10728 | 11552.77 | case rate | |
| INBORN ERRORS OF METABOLISM | 4233 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 18055.06 | | | | 16930 | 18232.07 | case rate | |
| INBORN ERRORS OF METABOLISM | 4234 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 34994.24 | | | | 32805 | 35327.22 | case rate | |
| OTHER ENDOCRINE DISORDERS | 4241 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7339.45 | | | | 6882 | 7411.41 | case rate | |
| OTHER ENDOCRINE DISORDERS | 4242 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9974.42 | | | | 9353 | 10072.21 | case rate | |
| OTHER ENDOCRINE DISORDERS | 4243 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15120.39 | | | | 14179 | 15268.63 | case rate | |
| OTHER ENDOCRINE DISORDERS | 4244 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 32044.73 | | | | 30049 | 32358.89 | case rate | |
| ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED | 4251 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 5969.87 | | | | 5598 | 6028.39 | case rate | |
| ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED | 4252 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7691.57 | | | | 7212 | 7766.97 | case rate | |
| ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED | 4253 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11534.47 | | | | 10816 | 11647.55 | case rate | |
| ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED | 4254 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 25875.89 | | | | 24264 | 26129.58 | case rate | |
| KIDNEY TRANSPLANT | 4401 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 71240.45 | | | | 66803 | 71938.89 | case rate | |
| KIDNEY TRANSPLANT | 4402 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 74543.06 | | | | 69900 | 75273.87 | case rate | |
| KIDNEY TRANSPLANT | 4403 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 84291.15 | | | | 79041 | 85117.53 | case rate | |
| KIDNEY TRANSPLANT | 4404 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 133444.72 | | | | 125133 | 134753 | case rate | |
| MAJOR BLADDER PROCEDURES | 4411 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 21007.1 | | | | 19699 | 21213.06 | case rate | |
| MAJOR BLADDER PROCEDURES | 4412 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 32561.97 | | | | 30534 | 32881.21 | case rate | |
| MAJOR BLADDER PROCEDURES | 4413 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 44288.73 | | | | 41530 | 44722.93 | case rate | |
| MAJOR BLADDER PROCEDURES | 4414 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 89138.89 | | | | 83587 | 90012.8 | case rate | |
| KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY | 4421 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 19359.42 | | | | 18154 | 19549.21 | case rate | |
| KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY | 4422 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 22429.01 | | | | 21032 | 22648.91 | case rate | |
| KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY | 4423 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 34633.77 | | | | 32476 | 34973.32 | case rate | |
| KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY | 4424 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 68908.74 | | | | 64617 | 69584.32 | case rate | |
| KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY | 4431 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 16949.31 | | | | 15894 | 17115.48 | case rate | |
| KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY | 4432 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 19911.24 | | | | 18671 | 20106.44 | case rate | |
| KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY | 4433 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 29103.29 | | | | 27290 | 29388.62 | case rate | |
| KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY | 4434 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 60502.71 | | | | 56734 | 61095.87 | case rate | |
| RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY | 4441 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15438.66 | | | | 14477 | 15590.02 | case rate | |
| RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY | 4442 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 20831.73 | | | | 19534 | 21035.96 | case rate | |
| RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY | 4443 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 33481.83 | | | | 31396 | 33810.08 | case rate | |
| RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY | 4444 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 63335 | | | | 59390 | 63955.93 | case rate | |
| OTHER BLADDER PROCEDURES | 4451 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13384.7 | | | | 12551 | 13515.92 | case rate | |
| OTHER BLADDER PROCEDURES | 4452 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 16292 | | | | 17153 | 18471.33 | case rate | |
| OTHER BLADDER PROCEDURES | 4453 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 23814.79 | | | | 22331 | 24048.26 | case rate | |
| OTHER BLADDER PROCEDURES | 4454 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 49420.16 | | | | 46342 | 49904.67 | case rate | |
| URETHRAL & TRANSURETHRAL PROCEDURES | 4461 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10248.04 | | | | 9610 | 10348.51 | case rate | |
| URETHRAL & TRANSURETHRAL PROCEDURES | 4462 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12674.06 | | | | 11885 | 12798.32 | case rate | |
| URETHRAL & TRANSURETHRAL PROCEDURES | 4463 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 20724.79 | | | | 19434 | 20927.97 | case rate | |
| URETHRAL & TRANSURETHRAL PROCEDURES | 4464 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 44846.58 | | | | 42053 | 45286.26 | case rate | |
| OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES | 4471 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 17391.9 | | | | 16309 | 17562.41 | case rate | |
| OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES | 4472 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 22017.71 | | | | 20646 | 22233.57 | case rate | |
| OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES | 4473 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 31465.37 | | | | 29505 | 31773.85 | case rate | |
| OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES | 4474 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 71905.07 | | | | 67426 | 72610.03 | case rate | |
| KIDNEY & URINARY TRACT MALIGNANCY | 4611 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8081.55 | | | | 7578 | 8160.78 | case rate | |
| KIDNEY & URINARY TRACT MALIGNANCY | 4612 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10566.85 | | | | 9909 | 10670.45 | case rate | |
| KIDNEY & URINARY TRACT MALIGNANCY | 4613 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 16336.47 | | | | 15319 | 16496.63 | case rate | |
| KIDNEY & URINARY TRACT MALIGNANCY | 4614 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 29740.65 | | | | 27888 | 30032.23 | case rate | |
| NEPHRITIS & NEPHROSIS | 4621 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6658 | | | | 6243 | 6723.27 | case rate | |
| NEPHRITIS & NEPHROSIS | 4622 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9393.41 | | | | 8808 | 9485.51 | case rate | |
| NEPHRITIS & NEPHROSIS | 4623 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 17355.03 | | | | 16274 | 17525.18 | case rate | |
| NEPHRITIS & NEPHROSIS | 4624 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 35075.81 | | | | 32891 | 35419.69 | case rate | |
| KIDNEY & URINARY TRACT INFECTIONS | 4631 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6434.14 | | | | 6033 | 6497.22 | case rate | |
| KIDNEY & URINARY TRACT INFECTIONS | 4632 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8106.62 | | | | 7602 | 8186.1 | case rate | |
| KIDNEY & URINARY TRACT INFECTIONS | 4633 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11259.57 | | | | 10558 | 11369.95 | case rate | |
| KIDNEY & URINARY TRACT INFECTIONS | 4634 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 22025.21 | | | | 20653 | 22241.14 | case rate | |
| URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION | 4651 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7078.09 | | | | 6637 | 7147.48 | case rate | |
| URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION | 4652 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8476.12 | | | | 7948 | 8559.22 | case rate | |
| URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION | 4653 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12990.05 | | | | 12181 | 13117.4 | case rate | |
| URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION | 4654 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 28323.23 | | | | 26559 | 28600.91 | case rate | |
| MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC | 4661 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6737.77 | | | | 6318 | 6803.83 | case rate | |
| MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC | 4662 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9384.17 | | | | 8800 | 9476.18 | case rate | |
| MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC | 4663 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 14294.85 | | | | 13404 | 14435 | case rate | |
| MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC | 4664 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 25404.11 | | | | 23822 | 25653.17 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS | 4681 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7043.23 | | | | 6605 | 7112.28 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS | 4682 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9563.2 | | | | 8968 | 9656.96 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS | 4683 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13942.37 | | | | 13074 | 14079.06 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS | 4684 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 28084.09 | | | | 26335 | 28359.42 | case rate | |
| ACUTE KIDNEY INJURY | 4691 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6669.25 | | | | 6254 | 6734.63 | case rate | |
| ACUTE KIDNEY INJURY | 4692 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8912.04 | | | | 8357 | 8999.41 | case rate | |
| ACUTE KIDNEY INJURY | 4693 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 14431.71 | | | | 13533 | 14573.2 | case rate | |
| ACUTE KIDNEY INJURY | 4694 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 32741.73 | | | | 30702 | 33062.73 | case rate | |
| CHRONIC KIDNEY DISEASE | 4701 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7088.51 | | | | 6647 | 7158.01 | case rate | |
| CHRONIC KIDNEY DISEASE | 4702 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9024.74 | | | | 8463 | 9113.21 | case rate | |
| CHRONIC KIDNEY DISEASE | 4703 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13287.54 | | | | 12460 | 13417.81 | case rate | |
| CHRONIC KIDNEY DISEASE | 4704 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 28484.69 | | | | 26710 | 28763.96 | case rate | |
| MAJOR MALE PELVIC PROCEDURES | 4801 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 17954.43 | | | | 16836 | 18130.45 | case rate | |
| MAJOR MALE PELVIC PROCEDURES | 4802 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 19787.09 | | | | 18555 | 19981.08 | case rate | |
| MAJOR MALE PELVIC PROCEDURES | 4803 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 32298.32 | | | | 30287 | 32614.97 | case rate | |
| MAJOR MALE PELVIC PROCEDURES | 4804 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 72071.2 | | | | 67582 | 72777.78 | case rate | |
| PENIS PROCEDURES | 4811 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11487.26 | | | | 10772 | 11599.88 | case rate | |
| PENIS PROCEDURES | 4812 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 18719.4 | | | | 17553 | 18902.92 | case rate | |
| PENIS PROCEDURES | 4813 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 26063.34 | | | | 24440 | 26318.86 | case rate | |
| PENIS PROCEDURES | 4814 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 60152.51 | | | | 56406 | 60742.24 | case rate | |
| TRANSURETHRAL PROSTATECTOMY | 4821 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9661.82 | | | | 9060 | 9756.54 | case rate | |
| TRANSURETHRAL PROSTATECTOMY | 4822 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12609.46 | | | | 11823 | 12732.08 | case rate | |
| TRANSURETHRAL PROSTATECTOMY | 4823 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 22951.47 | | | | 21522 | 23176.48 | case rate | |
| TRANSURETHRAL PROSTATECTOMY | 4824 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 45810.26 | | | | 42957 | 46259.38 | case rate | |
| TESTES & SCROTAL PROCEDURES | 4831 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10225.62 | | | | 9589 | 10325.87 | case rate | |
| TESTES & SCROTAL PROCEDURES | 4832 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 18486.91 | | | | 17345 | 18678.26 | case rate | |
| TESTES & SCROTAL PROCEDURES | 4833 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 31050.49 | | | | 29116 | 31354.91 | case rate | |
| TESTES & SCROTAL PROCEDURES | 4834 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 87202.02 | | | | 81770 | 88056.95 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 4841 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13280.59 | | | | 12453 | 13410.8 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 4842 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 18961.76 | | | | 17771 | 19137.56 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 4843 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 24271.1 | | | | 22759 | 24509.06 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 4844 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 61484.58 | | | | 57655 | 62087.37 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM | 5001 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8217.31 | | | | 7705 | 8297.88 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM | 5002 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10451.23 | | | | 9800 | 10553.69 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM | 5003 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 16529.5 | | | | 15500 | 16691.55 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM | 5004 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 27119.31 | | | | 25430 | 27385.19 | case rate | |
| MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY | 5011 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6549.04 | | | | 6141 | 6613.25 | case rate | |
| MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY | 5012 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9000.41 | | | | 8440 | 9088.65 | case rate | |
| MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY | 5013 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13602.79 | | | | 12755 | 13736.15 | case rate | |
| MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY | 5014 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 34365.64 | | | | 32225 | 34702.55 | case rate | |
| PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS | 5101 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 18164.65 | | | | 17033 | 18342.73 | case rate | |
| PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS | 5102 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 22536.23 | | | | 21132 | 22757.17 | case rate | |
| PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS | 5103 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 40305.13 | | | | 37795 | 40700.27 | case rate | |
| PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS | 5104 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 93376.44 | | | | 87560 | 94291.9 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY | 5111 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 18325.39 | | | | 17184 | 18505.05 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY | 5112 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 22980.47 | | | | 21549 | 23205.77 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY | 5113 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 34498.2 | | | | 32349 | 34836.41 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY | 5114 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 73645.52 | | | | 69058 | 74367.53 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG | 5121 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 16291.64 | | | | 15277 | 16451.37 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG | 5122 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 19170.78 | | | | 17977 | 19358.73 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG | 5123 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 30122.5 | | | | 28246 | 30417.82 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG | 5124 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 61538.93 | | | | 57706 | 62142.25 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA | 5131 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12454.69 | | | | 11679 | 12576.79 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA | 5132 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 14621.54 | | | | 13711 | 14764.89 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA | 5133 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 23985.77 | | | | 22492 | 24220.92 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA | 5134 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 57993.9 | | | | 54382 | 58562.46 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 5141 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10258.1 | | | | 9619 | 10358.67 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 5142 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 14897.08 | | | | 13969 | 15043.13 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 5143 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 25803.78 | | | | 24194 | 26053.73 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 5144 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 71507.76 | | | | 67054 | 72208.82 | case rate | |
| DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES | 5171 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9870.49 | | | | 9256 | 9967.26 | case rate | |
| DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES | 5172 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12418.64 | | | | 11645 | 12540.39 | case rate | |
| DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES | 5173 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 22782.77 | | | | 21364 | 23006.13 | case rate | |
| DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES | 5174 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 53607.85 | | | | 50269 | 54133.42 | case rate | |
| OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 5181 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11744.78 | | | | 11013 | 11859.92 | case rate | |
| OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 5182 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 16186.98 | | | | 15179 | 16345.68 | case rate | |
| OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 5183 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 26550.92 | | | | 27710 | 29840.63 | case rate | |
| OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 5184 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 67279.08 | | | | 63088 | 67938.68 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA | 5191 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13019.32 | | | | 12208 | 13146.96 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA | 5192 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15614.67 | | | | 14642 | 15767.76 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA | 5193 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 28186.55 | | | | 26431 | 28462.89 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA | 5194 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 70004.79 | | | | 65644 | 70691.11 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM MALIGNANCY | 5301 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7872.88 | | | | 7382 | 7950.07 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM MALIGNANCY | 5302 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10120.79 | | | | 9490 | 10220.01 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM MALIGNANCY | 5303 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 17090.47 | | | | 16026 | 17258.02 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM MALIGNANCY | 5304 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 31470.76 | | | | 29510 | 31779.3 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM INFECTIONS | 5311 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7160.7 | | | | 6715 | 7230.9 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM INFECTIONS | 5312 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9640.69 | | | | 9040 | 9735.21 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM INFECTIONS | 5313 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15200.16 | | | | 14253 | 15349.18 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM INFECTIONS | 5314 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 29527.78 | | | | 27689 | 29817.26 | case rate | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS | 5321 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6223.28 | | | | 5836 | 6284.29 | case rate | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS | 5322 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7683.24 | | | | 7205 | 7758.57 | case rate | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS | 5323 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12630.24 | | | | 11844 | 12754.07 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS | 5324 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 29862.8 | | | | 24252 | 26116.36 | case rate | |
| CESAREAN DELIVERY | 5401 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7932.25 | | | | 7438 | 8010.02 | case rate | |
| CESAREAN DELIVERY | 5402 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9482.33 | | | | 8892 | 9575.29 | case rate | |
| CESAREAN DELIVERY | 5403 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13593.83 | | | | 12747 | 13727.1 | case rate | |
| CESAREAN DELIVERY | 5404 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 38457.27 | | | | 36062 | 38834.31 | case rate | |
| VAGINAL DELIVERY W STERILIZATION &/OR D&C | 5411 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7556.81 | | | | 7086 | 7630.9 | case rate | |
| VAGINAL DELIVERY W STERILIZATION &/OR D&C | 5412 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8222.8 | | | | 7711 | 8303.42 | case rate | |
| VAGINAL DELIVERY W STERILIZATION &/OR D&C | 5413 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12242.54 | | | | 11480 | 12362.56 | case rate | |
| VAGINAL DELIVERY W STERILIZATION &/OR D&C | 5414 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 43094.34 | | | | 40410 | 43516.83 | case rate | |
| VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C | 5421 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 5602.66 | | | | 5254 | 5657.58 | case rate | |
| VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C | 5422 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6991.63 | | | | 6556 | 7060.18 | case rate | |
| VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C | 5423 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15054.8 | | | | 14117 | 15202.4 | case rate | |
| VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C | 5424 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 50301.87 | | | | 47169 | 50795.03 | case rate | |
| D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES | 5441 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7913.96 | | | | 7421 | 7991.54 | case rate | |
| D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES | 5442 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9368.07 | | | | 8785 | 9459.91 | case rate | |
| D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES | 5443 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15525.39 | | | | 14558 | 15677.6 | case rate | |
| D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES | 5444 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 43693.27 | | | | 40972 | 44121.64 | case rate | |
| ECTOPIC PREGNANCY PROCEDURE | 5451 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11330.01 | | | | 10624 | 11441.09 | case rate | |
| ECTOPIC PREGNANCY PROCEDURE | 5452 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12434.75 | | | | 11660 | 12556.66 | case rate | |
| ECTOPIC PREGNANCY PROCEDURE | 5453 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15004.94 | | | | 14070 | 15152.05 | case rate | |
| ECTOPIC PREGNANCY PROCEDURE | 5454 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 27385.81 | | | | 25680 | 27654.29 | case rate | |
| OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES | 5461 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8643.07 | | | | 8105 | 8727.81 | case rate | |
| OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES | 5462 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12215.09 | | | | 11454 | 12334.85 | case rate | |
| OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES | 5463 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 23406.87 | | | | 21949 | 23636.35 | case rate | |
| OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES | 5464 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 63772.93 | | | | 59801 | 64398.15 | case rate | |
| VAGINAL DELIVERY | 5601 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 4579.69 | | | | 4388 | 4725.57 | case rate | |
| VAGINAL DELIVERY | 5602 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 5276.8 | | | | 4948 | 5328.53 | case rate | |
| VAGINAL DELIVERY | 5603 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7672.36 | | | | 7194 | 7747.58 | case rate | |
| VAGINAL DELIVERY | 5604 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 22878.19 | | | | 21453 | 23102.49 | case rate | |
| POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE | 5611 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 3670.18 | | | | 3442 | 3706.17 | case rate | |
| POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE | 5612 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 5905.74 | | | | 5538 | 5963.64 | case rate | |
| POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE | 5613 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9489.56 | | | | 8898 | 9582.59 | case rate | |
| POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE | 5614 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 24973.97 | | | | 23418 | 25218.81 | case rate | |
| PRETERM LABOR | 5631 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 4203.71 | | | | 3942 | 4244.92 | case rate | |
| PRETERM LABOR | 5632 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 5567.71 | | | | 5221 | 5622.3 | case rate | |
| PRETERM LABOR | 5633 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9532.74 | | | | 8939 | 9626.19 | case rate | |
| PRETERM LABOR | 5634 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 17575.32 | | | | 16481 | 17747.63 | case rate | |
| ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 5641 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 4451.08 | | | | 4174 | 4494.71 | case rate | |
| ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 5642 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 5196.01 | | | | 4872 | 5246.95 | case rate | |
| ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 5643 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7378.78 | | | | 6919 | 7451.12 | case rate | |
| ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 5644 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 31402.61 | | | | 29447 | 31710.48 | case rate | |
| FALSE LABOR | 5651 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 2065.49 | | | | 1937 | 2085.74 | case rate | |
| FALSE LABOR | 5652 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 2937.41 | | | | 2754 | 2966.2 | case rate | |
| FALSE LABOR | 5653 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 4669.9 | | | | 4379 | 4715.68 | case rate | |
| FALSE LABOR | 5654 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 5138.29 | | | | 4818 | 5188.67 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES | 5661 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 4123.12 | | | | 3866 | 4163.54 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES | 5662 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 5539.17 | | | | 5194 | 5593.48 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES | 5663 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8498.16 | | | | 7969 | 8581.48 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES | 5664 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 24158.58 | | | | 22654 | 24395.43 | case rate | |
| NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE | 5801 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 3486.08 | | | | 3277 | 3529.35 | case rate | |
| NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE | 5802 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 4489.02 | | | | 4219 | 4543.12 | case rate | |
| NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE | 5803 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7280.08 | | | | 6827 | 7351.45 | case rate | |
| NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE | 5804 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13744.68 | | | | 12889 | 13879.44 | case rate | |
| NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE | 5811 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 1393.19 | | | | 1306 | 1406.85 | case rate | |
| NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE | 5812 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 2212.69 | | | | 2075 | 2234.38 | case rate | |
| NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE | 5813 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 3818.1 | | | | 3580 | 3855.54 | case rate | |
| NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE | 5814 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7666.41 | | | | 7189 | 7741.57 | case rate | |
| NEONATE W ECMO | 5831 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 120889.87 | | | | 113360 | 122075.06 | case rate | |
| NEONATE W ECMO | 5832 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 134322.14 | | | | 125955 | 135639.02 | case rate | |
| NEONATE W ECMO | 5833 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 251826.69 | | | | 236141 | 254295.58 | case rate | |
| NEONATE W ECMO | 5834 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 376564.76 | | | | 353109 | 380256.57 | case rate | |
| NEONATE BWT <1500G W MAJOR PROCEDURE | 5881 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 118641.41 | | | | 111251 | 119804.56 | case rate | |
| NEONATE BWT <1500G W MAJOR PROCEDURE | 5882 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 131823.84 | | | | 123613 | 133116.23 | case rate | |
| NEONATE BWT <1500G W MAJOR PROCEDURE | 5883 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 269171.85 | | | | 252406 | 271810.79 | case rate | |
| NEONATE BWT <1500G W MAJOR PROCEDURE | 5884 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 360280.81 | | | | 337839 | 363812.97 | case rate | |
| NEONATE BWT <500G OR GA <24 WEEKS | 5891 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 208314.56 | | | | 195339 | 210356.86 | case rate | |
| NEONATE BWT <500G OR GA <24 WEEKS | 5892 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 146122.35 | | | | 137021 | 147554.93 | case rate | |
| NEONATE BWT <500G OR GA <24 WEEKS | 5893 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 104526.32 | | | | 98016 | 105551.08 | case rate | |
| NEONATE BWT <500G OR GA <24 WEEKS | 5894 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 3552.81 | | | | 3332 | 3587.64 | case rate | |
| NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE | 5911 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 124405.81 | | | | 116657 | 125625.47 | case rate | |
| NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE | 5912 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 172588.82 | | | | 161848 | 174290.97 | case rate | |
| NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE | 5913 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 214327.6 | | | | 200977 | 216428.85 | case rate | |
| NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE | 5914 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 302566.49 | | | | 283720 | 305532.82 | case rate | |
| NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE | 5931 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 38572.91 | | | | 36170 | 38951.08 | case rate | |
| NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE | 5932 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 130681.23 | | | | 122541 | 131962.42 | case rate | |
| NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE | 5933 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 174045.53 | | | | 163204 | 175751.86 | case rate | |
| NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE | 5934 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 248564.34 | | | | 233082 | 251001.25 | case rate | |
| NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6021 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 56727.41 | | | | 53194 | 57283.56 | case rate | |
| NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6022 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 104160.39 | | | | 97672 | 105181.57 | case rate | |
| NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6023 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 138274.63 | | | | 129662 | 139630.26 | case rate | |
| NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6024 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 191426.45 | | | | 179503 | 193303.18 | case rate | |
| NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION | 6031 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 33127.69 | | | | 31064 | 33452.47 | case rate | |
| NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION | 6032 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 76094.05 | | | | 71354 | 76840.07 | case rate | |
| NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION | 6033 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 113072.51 | | | | 106029 | 114181.06 | case rate | |
| NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION | 6034 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 196874.59 | | | | 184612 | 198804.73 | case rate | |
| NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6071 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 51712.16 | | | | 48491 | 52219.15 | case rate | |
| NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6072 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 80737.97 | | | | 75709 | 81529.52 | case rate | |
| NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6073 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 109344.14 | | | | 102533 | 110416.14 | case rate | |
| NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6074 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 152866.62 | | | | 143345 | 154365.32 | case rate | |
| NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION | 6081 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 34563.75 | | | | 32814 | 35336.83 | case rate | |
| NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION | 6082 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 65850.95 | | | | 61749 | 66496.54 | case rate | |
| NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION | 6083 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 97284.11 | | | | 91224 | 98237.88 | case rate | |
| NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION | 6084 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 142617.94 | | | | 133734 | 144016.16 | case rate | |
| NEONATE BWT 1500-2499G W MAJOR PROCEDURE | 6091 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 54380.07 | | | | 50993 | 54913.2 | case rate | |
| NEONATE BWT 1500-2499G W MAJOR PROCEDURE | 6092 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 70626.7 | | | | 66227 | 71319.12 | case rate | |
| NEONATE BWT 1500-2499G W MAJOR PROCEDURE | 6093 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 112674.01 | | | | 105656 | 113778.66 | case rate | |
| NEONATE BWT 1500-2499G W MAJOR PROCEDURE | 6094 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 208931.33 | | | | 195917 | 210979.68 | case rate | |
| NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY | 6111 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 30131.28 | | | | 28254 | 30426.68 | case rate | |
| NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY | 6112 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 48453.28 | | | | 45435 | 48928.32 | case rate | |
| NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY | 6113 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 78448.25 | | | | 73562 | 79217.35 | case rate | |
| NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY | 6114 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 123246.36 | | | | 115570 | 124454.65 | case rate | |
| NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND | 6121 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 36825.89 | | | | 34345 | 36984.97 | case rate | |
| NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND | 6122 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 55830.24 | | | | 52353 | 56377.6 | case rate | |
| NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND | 6123 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 77201.99 | | | | 72393 | 77958.88 | case rate | |
| NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND | 6124 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 118423.68 | | | | 111047 | 119584.7 | case rate | |
| NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION | 6131 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 30659.22 | | | | 28750 | 30959.8 | case rate | |
| NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION | 6132 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 47485.21 | | | | 44527 | 47950.75 | case rate | |
| NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION | 6133 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 78950.13 | | | | 74032 | 79724.15 | case rate | |
| NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION | 6134 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 105261.01 | | | | 98704 | 106292.98 | case rate | |
| NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION | 6141 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 20126.04 | | | | 18872 | 20323.35 | case rate | |
| NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION | 6142 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 40191.97 | | | | 37688 | 40586.01 | case rate | |
| NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION | 6143 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 65919.93 | | | | 61814 | 66596.2 | case rate | |
| NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION | 6144 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 70511.7 | | | | 66120 | 71202.99 | case rate | |
| NEONATE BWT 2000-2499G W MAJOR ANOMALY | 6211 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 14087.37 | | | | 13210 | 14225.48 | case rate | |
| NEONATE BWT 2000-2499G W MAJOR ANOMALY | 6212 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 30487.7 | | | | 28589 | 30786.6 | case rate | |
| NEONATE BWT 2000-2499G W MAJOR ANOMALY | 6213 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 51350.17 | | | | 48152 | 51853.6 | case rate | |
| NEONATE BWT 2000-2499G W MAJOR ANOMALY | 6214 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 101533.29 | | | | 95209 | 102528.71 | case rate | |
| NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND | 6221 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 22777.01 | | | | 21358 | 23000.31 | case rate | |
| NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND | 6222 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 33761.12 | | | | 31658 | 34092.11 | case rate | |
| NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND | 6223 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 49222.01 | | | | 46156 | 49704.58 | case rate | |
| NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND | 6224 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 78733.77 | | | | 73830 | 79505.67 | case rate | |
| NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION | 6231 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 18055.06 | | | | 16930 | 18232.07 | case rate | |
| NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION | 6232 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 31405.09 | | | | 29449 | 31712.98 | case rate | |
| NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION | 6233 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 51074.35 | | | | 47893 | 51575.08 | case rate | |
| NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION | 6234 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 77677.61 | | | | 72839 | 78439.16 | case rate | |
| NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION | 6251 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 21481.8 | | | | 20144 | 21692.41 | case rate | |
| NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION | 6252 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 33568.82 | | | | 31478 | 33897.93 | case rate | |
| NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION | 6253 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 41900.3 | | | | 39290 | 42311.09 | case rate | |
| NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION | 6254 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 61930.11 | | | | 58073 | 62537.26 | case rate | |
| NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6261 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 2135.38 | | | | 2002 | 2156.32 | case rate | |
| NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6262 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 5282.19 | | | | 4953 | 5333.98 | case rate | |
| NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6263 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15417.43 | | | | 14457 | 15568.58 | case rate | |
| NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6264 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 34692.96 | | | | 32532 | 35033.09 | case rate | |
| NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE | 6301 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 32692.79 | | | | 30656 | 33013.3 | case rate | |
| NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE | 6302 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 44445.44 | | | | 41677 | 44881.18 | case rate | |
| NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE | 6303 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 69936.46 | | | | 65580 | 70622.11 | case rate | |
| NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE | 6304 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 160381.63 | | | | 150392 | 161954 | case rate | |
| NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE | 6311 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 18356.03 | | | | 17213 | 18535.99 | case rate | |
| NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE | 6312 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 22736.94 | | | | 21321 | 22969.85 | case rate | |
| NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE | 6313 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 51102.89 | | | | 47920 | 51603.9 | case rate | |
| NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE | 6314 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 142382 | | | | 133513 | 143777.91 | case rate | |
| NEONATE BIRTHWT >2499G W MAJOR ANOMALY | 6331 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 4008.94 | | | | 3759 | 4048.24 | case rate | |
| NEONATE BIRTHWT >2499G W MAJOR ANOMALY | 6332 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11410.6 | | | | 10700 | 11522.47 | case rate | |
| NEONATE BIRTHWT >2499G W MAJOR ANOMALY | 6333 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 24232.86 | | | | 22723 | 24470.44 | case rate | |
| NEONATE BIRTHWT >2499G W MAJOR ANOMALY | 6334 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 72777.08 | | | | 68244 | 73490.58 | case rate | |
| NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND | 6341 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7653.88 | | | | 7177 | 7728.91 | case rate | |
| NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND | 6342 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13939.44 | | | | 13071 | 14076.1 | case rate | |
| NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND | 6343 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 30926.36 | | | | 29000 | 31229.56 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| NEONATE, BIRTHWT >2499G W RESP DIST SYNDJOTH MAJ RESP COND | 6344 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 76919.86 | | | | 72129 | 77673.98 | case rate | |
| NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION | 6361 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10359.1 | | | | 9714 | 10460.66 | case rate | |
| NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION | 6362 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15451.84 | | | | 14489 | 15603.33 | case rate | |
| NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION | 6363 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 29091.77 | | | | 27280 | 29376.98 | case rate | |
| NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION | 6364 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 60834.99 | | | | 56958 | 61229.45 | case rate | |
| NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION | 6391 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 5989.62 | | | | 5617 | 6048.35 | case rate | |
| NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION | 6392 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9494.77 | | | | 8903 | 9587.86 | case rate | |
| NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION | 6393 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 18424.28 | | | | 17277 | 18604.91 | case rate | |
| NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION | 6394 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 49932.55 | | | | 46822 | 50422.08 | case rate | |
| NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6401 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 1516.51 | | | | 1422 | 1531.37 | case rate | |
| NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6402 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 2243.14 | | | | 2103 | 2265.13 | case rate | |
| NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6403 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 5453.45 | | | | 5114 | 5506.92 | case rate | |
| NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6404 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 26575.45 | | | | 24920 | 26835.99 | case rate | |
| SPLENECTOMY | 6501 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 18667.53 | | | | 17505 | 18850.55 | case rate | |
| SPLENECTOMY | 6502 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 26720.73 | | | | 25056 | 26982.69 | case rate | |
| SPLENECTOMY | 6503 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 36029.97 | | | | 33786 | 36383.21 | case rate | |
| SPLENECTOMY | 6504 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 72136.52 | | | | 67643 | 72843.74 | case rate | |
| OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS | 6511 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15015.19 | | | | 14080 | 15162.39 | case rate | |
| OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS | 6512 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 21084.49 | | | | 19771 | 21291.2 | case rate | |
| OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS | 6513 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 37210.28 | | | | 34893 | 37575.09 | case rate | |
| OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS | 6514 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 78087.26 | | | | 73223 | 78852.82 | case rate | |
| MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL | 6601 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10986.4 | | | | 10302 | 11094.11 | case rate | |
| MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL | 6602 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11728.23 | | | | 10998 | 11843.21 | case rate | |
| MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL | 6603 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 18855.99 | | | | 17681 | 19040.85 | case rate | |
| MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL | 6604 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 48992.48 | | | | 45941 | 49472.8 | case rate | |
| COAGULATION & PLATELET DISORDERS | 6611 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13505.27 | | | | 12664 | 13637.67 | case rate | |
| COAGULATION & PLATELET DISORDERS | 6612 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15888.39 | | | | 14899 | 16044.16 | case rate | |
| COAGULATION & PLATELET DISORDERS | 6613 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 30260.64 | | | | 28376 | 30557.31 | case rate | |
| COAGULATION & PLATELET DISORDERS | 6614 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 57717.16 | | | | 54122 | 58283.01 | case rate | |
| SICKLE CELL ANEMIA CRISIS | 6621 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8381.34 | | | | 7859 | 8463.51 | case rate | |
| SICKLE CELL ANEMIA CRISIS | 6622 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11480.85 | | | | 10766 | 11593.41 | case rate | |
| SICKLE CELL ANEMIA CRISIS | 6623 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 17789.48 | | | | 16681 | 17963.89 | case rate | |
| SICKLE CELL ANEMIA CRISIS | 6624 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 41797.11 | | | | 39194 | 42206.89 | case rate | |
| OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS | 6631 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7036.74 | | | | 6598 | 7105.72 | case rate | |
| OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS | 6632 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8883.67 | | | | 8330 | 8970.76 | case rate | |
| OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS | 6633 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12711.57 | | | | 11920 | 12836.19 | case rate | |
| OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS | 6634 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 23743.07 | | | | 22264 | 23975.85 | case rate | |
| MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6801 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 21961.81 | | | | 20594 | 22177.13 | case rate | |
| MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6802 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 30303.56 | | | | 28322 | 30499.67 | case rate | |
| MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6803 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 52169.66 | | | | 48920 | 52681.13 | case rate | |
| MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6804 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 104349.48 | | | | 97850 | 105372.51 | case rate | |
| OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6811 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 16002 | | | | 15005 | 16158.89 | case rate | |
| OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6812 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 22025.57 | | | | 20654 | 22241.51 | case rate | |
| OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6813 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 40479.22 | | | | 37958 | 40876.08 | case rate | |
| OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6814 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 98634.86 | | | | 92491 | 99601.87 | case rate | |
| ACUTE LEUKEMIA | 6901 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 18693.75 | | | | 17442 | 18783.11 | case rate | |
| ACUTE LEUKEMIA | 6902 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 30710.73 | | | | 28798 | 31011.82 | case rate | |
| ACUTE LEUKEMIA | 6903 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 59037.61 | | | | 55360 | 59616.41 | case rate | |
| ACUTE LEUKEMIA | 6904 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 112569.3 | | | | 105548 | 113662.82 | case rate | |
| LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA | 6911 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15758.29 | | | | 14775 | 15910.76 | case rate | |
| LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA | 6912 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 18193.65 | | | | 17060 | 18372.02 | case rate | |
| LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA | 6913 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 28164.32 | | | | 26410 | 28440.44 | case rate | |
| LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA | 6914 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 89237.13 | | | | 55547 | 59817.89 | case rate | |
| RADIOTHERAPY | 6921 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10648.73 | | | | 9985 | 10753.13 | case rate | |
| RADIOTHERAPY | 6922 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 22261.69 | | | | 20875 | 22479.95 | case rate | |
| RADIOTHERAPY | 6923 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 32591.79 | | | | 30562 | 32911.32 | case rate | |
| RADIOTHERAPY | 6924 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 60290.74 | | | | 56535 | 60881.83 | case rate | |
| LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR | 6941 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9789.9 | | | | 9180 | 9885.88 | case rate | |
| LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR | 6942 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11536.11 | | | | 10818 | 11649.21 | case rate | |
| LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR | 6943 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 18562.6 | | | | 17406 | 18744.59 | case rate | |
| LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR | 6944 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 35930.99 | | | | 33693 | 36283.25 | case rate | |
| CHEMOTHERAPY FOR ACUTE LEUKEMIA | 6951 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8910.57 | | | | 8356 | 8997.93 | case rate | |
| CHEMOTHERAPY FOR ACUTE LEUKEMIA | 6952 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12992.61 | | | | 12183 | 13119.99 | case rate | |
| CHEMOTHERAPY FOR ACUTE LEUKEMIA | 6953 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 33879.49 | | | | 31769 | 34211.65 | case rate | |
| CHEMOTHERAPY FOR ACUTE LEUKEMIA | 6954 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 93446.51 | | | | 87626 | 94362.66 | case rate | |
| OTHER CHEMOTHERAPY | 6961 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11732.44 | | | | 11002 | 11847.46 | case rate | |
| OTHER CHEMOTHERAPY | 6962 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13955.82 | | | | 13087 | 14092.65 | case rate | |
| OTHER CHEMOTHERAPY | 6963 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 21898.78 | | | | 20535 | 22113.47 | case rate | |
| OTHER CHEMOTHERAPY | 6964 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 51670.54 | | | | 48452 | 52177.11 | case rate | |
| INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE | 7101 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15632.79 | | | | 14659 | 15786.05 | case rate | |
| INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE | 7102 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 22015.33 | | | | 20644 | 22231.17 | case rate | |
| INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE | 7103 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 37804.36 | | | | 35450 | 38174.99 | case rate | |
| INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE | 7104 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 77253.95 | | | | 72442 | 78011.35 | case rate | |
| POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE | 7111 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15009.79 | | | | 14075 | 15156.94 | case rate | |
| POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE | 7112 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 20768.33 | | | | 19475 | 20971.94 | case rate | |
| POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE | 7113 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 37595.87 | | | | 35254 | 37964.46 | case rate | |
| POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE | 7114 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 77378.37 | | | | 72559 | 78136.98 | case rate | |
| SEPTICEMIA & DISSEMINATED INFECTIONS | 7201 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7862.09 | | | | 7372 | 7939.17 | case rate | |
| SEPTICEMIA & DISSEMINATED INFECTIONS | 7202 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10552.58 | | | | 9895 | 10656.04 | case rate | |
| SEPTICEMIA & DISSEMINATED INFECTIONS | 7203 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 17259.43 | | | | 16184 | 17428.64 | case rate | |
| SEPTICEMIA & DISSEMINATED INFECTIONS | 7204 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 38042.23 | | | | 35673 | 38415.19 | case rate | |
| POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS | 7211 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8261.87 | | | | 7747 | 8342.87 | case rate | |
| POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS | 7212 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10964.35 | | | | 10281 | 11071.84 | case rate | |
| POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS | 7213 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 18353.93 | | | | 17211 | 18533.87 | case rate | |
| POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS | 7214 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 35834.11 | | | | 33602 | 36185.42 | case rate | |
| FEVER | 7221 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6355.01 | | | | 5959 | 6417.31 | case rate | |
| FEVER | 7222 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8522.77 | | | | 7992 | 8606.33 | case rate | |
| FEVER | 7223 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11602.99 | | | | 10880 | 11716.74 | case rate | |
| FEVER | 7224 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 22030.34 | | | | 20658 | 22246.32 | case rate | |
| VIRAL ILLNESS | 7231 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 5605.58 | | | | 5256 | 5660.54 | case rate | |
| VIRAL ILLNESS | 7232 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7582.22 | | | | 7119 | 7666.65 | case rate | |
| VIRAL ILLNESS | 7233 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12272.73 | | | | 11508 | 12393.05 | case rate | |
| VIRAL ILLNESS | 7234 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 41032.33 | | | | 38476 | 41434.6 | case rate | |
| OTHER INFECTIOUS & PARASITIC DISEASES | 7241 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9779.65 | | | | 9170 | 9875.53 | case rate | |
| OTHER INFECTIOUS & PARASITIC DISEASES | 7242 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11537.58 | | | | 10819 | 11650.69 | case rate | |
| OTHER INFECTIOUS & PARASITIC DISEASES | 7243 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 18185.05 | | | | 17052 | 18363.33 | case rate | |
| OTHER INFECTIOUS & PARASITIC DISEASES | 7244 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 42074.77 | | | | 39454 | 42487.26 | case rate | |
| MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE | 7401 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 19152.2 | | | | 17969 | 19339.97 | case rate | |
| MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE | 7402 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 23049.36 | | | | 21614 | 23275.33 | case rate | |
| MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE | 7403 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 38635.94 | | | | 36229 | 39014.72 | case rate | |
| MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE | 7404 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 77646.96 | | | | 72810 | 78408.2 | case rate | |
| SCHIZOPHRENIA | 7501 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8952.19 | | | | 8395 | 9039.96 | case rate | |
| SCHIZOPHRENIA | 7502 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10728.14 | | | | 10060 | 10833.31 | case rate | |
| SCHIZOPHRENIA | 7503 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15650.99 | | | | 14676 | 15804.43 | case rate | |
| SCHIZOPHRENIA | 7504 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 31457.41 | | | | 29498 | 31765.82 | case rate | |
| MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES | 7511 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 5368.49 | | | | 5025 | 5411.02 | case rate | |
| MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES | 7512 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7429.1 | | | | 6966 | 7501.93 | case rate | |
| MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES | 7513 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12938.45 | | | | 12133 | 13065.29 | case rate | |
| MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES | 7514 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 25117.96 | | | | 23553 | 25364.21 | case rate | |
| DISORDERS OF PERSONALITY & IMPULSE CONTROL | 7521 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 4590.13 | | | | 4304 | 4635.13 | case rate | |
| DISORDERS OF PERSONALITY & IMPULSE CONTROL | 7522 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6516.66 | | | | 6111 | 6580.55 | case rate | |
| DISORDERS OF PERSONALITY & IMPULSE CONTROL | 7523 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11498.05 | | | | 10782 | 11610.78 | case rate | |
| DISORDERS OF PERSONALITY & IMPULSE CONTROL | 7524 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12337.32 | | | | 11569 | 12458.27 | case rate | |
| BIPOLAR DISORDERS | 7531 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 5828.89 | | | | 5466 | 5886.04 | case rate | |
| BIPOLAR DISORDERS | 7532 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7890.17 | | | | 7399 | 7967.52 | case rate | |
| BIPOLAR DISORDERS | 7533 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12829.12 | | | | 12030 | 12954.9 | case rate | |
| BIPOLAR DISORDERS | 7534 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 25761.8 | | | | 24157 | 26014.37 | case rate | |
| DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER | 7541 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 4286.13 | | | | 4019 | 4328.15 | case rate | |
| DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER | 7542 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 5740.89 | | | | 5383 | 5797.17 | case rate | |
| DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER | 7543 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8939.84 | | | | 8383 | 9027.49 | case rate | |
| DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER | 7544 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 18683.73 | | | | 17520 | 18866.9 | case rate | |
| ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES | 7551 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 3859.36 | | | | 3619 | 3897.2 | case rate | |
| ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES | 7552 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6327.19 | | | | 5933 | 6389.22 | case rate | |
| ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES | 7553 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9087.59 | | | | 8522 | 9176.68 | case rate | |
| ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES | 7554 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13712.3 | | | | 12858 | 13846.73 | case rate | |
| ACUTE ANXIETY & DELIRIUM STATES | 7561 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6262.51 | | | | 5872 | 6323.91 | case rate | |
| ACUTE ANXIETY & DELIRIUM STATES | 7562 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7896.57 | | | | 7405 | 7973.99 | case rate | |
| ACUTE ANXIETY & DELIRIUM STATES | 7563 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9641.05 | | | | 9041 | 9735.57 | case rate | |
| ACUTE ANXIETY & DELIRIUM STATES | 7564 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 25311.81 | | | | 23735 | 25559.97 | case rate | |
| ORGANIC MENTAL HEALTH DISTURBANCES | 7571 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9253.81 | | | | 8677 | 9344.53 | case rate | |
| ORGANIC MENTAL HEALTH DISTURBANCES | 7572 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10658.34 | | | | 9994 | 10762.83 | case rate | |
| ORGANIC MENTAL HEALTH DISTURBANCES | 7573 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13720.35 | | | | 12866 | 13854.86 | case rate | |
| ORGANIC MENTAL HEALTH DISTURBANCES | 7574 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 29058.46 | | | | 27248 | 29343.35 | case rate | |
| BEHAVIORAL DISORDERS | 7581 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6112.03 | | | | 5731 | 6171.96 | case rate | |
| BEHAVIORAL DISORDERS | 7582 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7264.25 | | | | 6812 | 7335.46 | case rate | |
| BEHAVIORAL DISORDERS | 7583 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12178.69 | | | | 11420 | 12298.09 | case rate | |
| BEHAVIORAL DISORDERS | 7584 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 16095.14 | | | | 15093 | 16252.94 | case rate | |
| EATING DISORDERS | 7591 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 19472.02 | | | | 18259 | 19662.93 | case rate | |
| EATING DISORDERS | 7592 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 20493.15 | | | | 19176 | 20692.65 | case rate | |
| EATING DISORDERS | 7593 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 22915.88 | | | | 21488 | 23140.55 | case rate | |
| EATING DISORDERS | 7594 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 39709.95 | | | | 37236 | 40099.26 | case rate | |
| OTHER MENTAL HEALTH DISORDERS | 7601 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7622.86 | | | | 7148 | 7697.59 | case rate | |
| OTHER MENTAL HEALTH DISORDERS | 7602 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9900.22 | | | | 9284 | 9997.28 | case rate | |
| OTHER MENTAL HEALTH DISORDERS | 7603 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 14933.03 | | | | 14003 | 15079.44 | case rate | |
| OTHER MENTAL HEALTH DISORDERS | 7604 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 28788.5 | | | | 26995 | 29070.74 | case rate | |
| DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE | 7701 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 3411.84 | | | | 3199 | 3445.29 | case rate | |
| DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE | 7702 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 4473.3 | | | | 4195 | 4517.16 | case rate | |
| DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE | 7703 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9235.51 | | | | 8660 | 9326.05 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE | 7704 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 27583.74 | | | | 25875 | 27864.27 | case rate | |
| ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY | 7721 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8563.11 | | | | 8030 | 8647.07 | case rate | |
| ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY | 7722 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10053.73 | | | | 9427 | 10152.3 | case rate | |
| ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY | 7723 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11817.61 | | | | 11082 | 11933.47 | case rate | |
| ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY | 7724 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 36659.74 | | | | 34376 | 37019.15 | case rate | |
| OPIOID ABUSE & DEPENDENCE | 7731 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 4049.56 | | | | 3797 | 4089.26 | case rate | |
| OPIOID ABUSE & DEPENDENCE | 7732 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 5178.45 | | | | 4856 | 5229.22 | case rate | |
| OPIOID ABUSE & DEPENDENCE | 7733 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10493.76 | | | | 9840 | 10596.64 | case rate | |
| OPIOID ABUSE & DEPENDENCE | 7734 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 33210.39 | | | | 31142 | 33535.99 | case rate | |
| COCAINE ABUSE & DEPENDENCE | 7741 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 5126.31 | | | | 4807 | 5176.56 | case rate | |
| COCAINE ABUSE & DEPENDENCE | 7742 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 5324.55 | | | | 4993 | 5376.75 | case rate | |
| COCAINE ABUSE & DEPENDENCE | 7743 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10254.08 | | | | 9615 | 10354.61 | case rate | |
| COCAINE ABUSE & DEPENDENCE | 7744 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 37522.06 | | | | 35185 | 37889.92 | case rate | |
| ALCOHOL ABUSE & DEPENDENCE | 7751 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 4973.16 | | | | 4663 | 5021.92 | case rate | |
| ALCOHOL ABUSE & DEPENDENCE | 7752 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7093.35 | | | | 6649 | 7159.86 | case rate | |
| ALCOHOL ABUSE & DEPENDENCE | 7753 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13499.78 | | | | 12659 | 13632.13 | case rate | |
| ALCOHOL ABUSE & DEPENDENCE | 7754 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 38678.02 | | | | 36269 | 39057.22 | case rate | |
| OTHER DRUG ABUSE & DEPENDENCE | 7761 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 4724.43 | | | | 4430 | 4770.74 | case rate | |
| OTHER DRUG ABUSE & DEPENDENCE | 7762 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6548.49 | | | | 6141 | 6612.69 | case rate | |
| OTHER DRUG ABUSE & DEPENDENCE | 7763 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11539.4 | | | | 10821 | 11652.53 | case rate | |
| OTHER DRUG ABUSE & DEPENDENCE | 7764 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 26615.52 | | | | 24958 | 26876.46 | case rate | |
| O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT | 7911 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13926.27 | | | | 13059 | 14062.81 | case rate | |
| O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT | 7912 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 20445.12 | | | | 19172 | 20645.57 | case rate | |
| O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT | 7913 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 32980.68 | | | | 30926 | 33304.02 | case rate | |
| O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT | 7914 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 72062.14 | | | | 67573 | 72768.63 | case rate | |
| ALLERGIC REACTIONS | 8111 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 4385.76 | | | | 4113 | 4428.75 | case rate | |
| ALLERGIC REACTIONS | 8112 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6332.96 | | | | 5938 | 6395.04 | case rate | |
| ALLERGIC REACTIONS | 8113 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13865.8 | | | | 13002 | 14001.74 | case rate | |
| ALLERGIC REACTIONS | 8114 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 33223.21 | | | | 31154 | 33548.92 | case rate | |
| POISONING OF MEDICINAL AGENTS | 8121 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 5024.58 | | | | 4712 | 5073.84 | case rate | |
| POISONING OF MEDICINAL AGENTS | 8122 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6400.02 | | | | 6001 | 6462.77 | case rate | |
| POISONING OF MEDICINAL AGENTS | 8123 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11358.64 | | | | 10651 | 11470 | case rate | |
| POISONING OF MEDICINAL AGENTS | 8124 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 26633.64 | | | | 24975 | 26894.75 | case rate | |
| OTHER COMPLICATIONS OF TREATMENT | 8131 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7298.1 | | | | 6844 | 7369.65 | case rate | |
| OTHER COMPLICATIONS OF TREATMENT | 8132 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9618.82 | | | | 9020 | 9713.13 | case rate | |
| OTHER COMPLICATIONS OF TREATMENT | 8133 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 14812.64 | | | | 13890 | 14957.87 | case rate | |
| OTHER COMPLICATIONS OF TREATMENT | 8134 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 32581.82 | | | | 30552 | 32901.25 | case rate | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES | 8151 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7149.99 | | | | 6705 | 7220.08 | case rate | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES | 8152 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7593.95 | | | | 7121 | 7668.4 | case rate | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES | 8153 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12930.67 | | | | 12125 | 13057.44 | case rate | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES | 8154 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 41290.95 | | | | 38719 | 41695.76 | case rate | |
| TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES | 8161 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7499.63 | | | | 7032 | 7573.16 | case rate | |
| TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES | 8162 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8332.95 | | | | 7814 | 8414.65 | case rate | |
| TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES | 8163 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12065.34 | | | | 11314 | 12183.62 | case rate | |
| TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES | 8164 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 27651.56 | | | | 25929 | 27922.65 | case rate | |
| EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT | 8411 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 70738.86 | | | | 66333 | 71432.37 | case rate | |
| EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT | 8412 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 71960.97 | | | | 67479 | 72666.47 | case rate | |
| EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT | 8413 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 110736.5 | | | | 103839 | 111822.16 | case rate | |
| EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT | 8414 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 286498.06 | | | | 268653 | 289306.86 | case rate | |
| BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS | 8421 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 22001.42 | | | | 20631 | 22217.12 | case rate | |
| BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS | 8422 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 32989.83 | | | | 30935 | 33313.26 | case rate | |
| BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS | 8423 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 63123.68 | | | | 59192 | 63742.54 | case rate | |
| BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS | 8424 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 150141.36 | | | | 140789 | 151613.33 | case rate | |
| EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT | 8431 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10812.03 | | | | 10139 | 10918.03 | case rate | |
| EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT | 8432 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 14916.3 | | | | 13987 | 15062.53 | case rate | |
| EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT | 8433 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 27240.9 | | | | 25544 | 27507.96 | case rate | |
| EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT | 8434 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 73480.55 | | | | 68913 | 74211.05 | case rate | |
| PARTIAL THICKNESS BURNS W/O SKIN GRAFT | 8441 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 7226.92 | | | | 6777 | 7297.78 | case rate | |
| PARTIAL THICKNESS BURNS W/O SKIN GRAFT | 8442 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10899.12 | | | | 10220 | 11005.97 | case rate | |
| PARTIAL THICKNESS BURNS W/O SKIN GRAFT | 8443 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 22188.6 | | | | 20807 | 22406.14 | case rate | |
| PARTIAL THICKNESS BURNS W/O SKIN GRAFT | 8444 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 62791.86 | | | | 58881 | 63407.47 | case rate | |
| PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE | 8501 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 22306.06 | | | | 20917 | 22524.75 | case rate | |
| PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE | 8502 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 28014.38 | | | | 26269 | 28289.03 | case rate | |
| PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE | 8503 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 38488.48 | | | | 36091 | 38865.81 | case rate | |
| PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE | 8504 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 70348.68 | | | | 65967 | 71038.37 | case rate | |
| REHABILITATION | 8601 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12223.24 | | | | 11462 | 12343.08 | case rate | |
| REHABILITATION | 8602 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 16557.58 | | | | 15526 | 16719.91 | case rate | |
| REHABILITATION | 8603 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 22801.16 | | | | 21381 | 23024.7 | case rate | |
| REHABILITATION | 8604 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 30716.04 | | | | 28803 | 31017.17 | case rate | |
| SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS | 8611 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6275.88 | | | | 5885 | 6337.4 | case rate | |
| SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS | 8612 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 8208.16 | | | | 7697 | 8288.64 | case rate | |
| SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS | 8613 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11734.26 | | | | 11003 | 11849.31 | case rate | |
| SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS | 8614 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 24699.51 | | | | 23161 | 24941.67 | case rate | |
| OTHER AFTERCARE & CONVALESCENCE | 8621 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 6070.22 | | | | 5692 | 6129.74 | case rate | |
| OTHER AFTERCARE & CONVALESCENCE | 8622 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9433.3 | | | | 8846 | 9525.78 | case rate | |
| OTHER AFTERCARE & CONVALESCENCE | 8623 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13756.94 | | | | 12900 | 13891.82 | case rate | |
| OTHER AFTERCARE & CONVALESCENCE | 8624 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 22543.55 | | | | 21139 | 22764.57 | case rate | |
| NEONATAL AFTERCARE | 8631 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11280.6 | | | | 10578 | 11391.19 | case rate | |
| NEONATAL AFTERCARE | 8632 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 31885.64 | | | | 29900 | 32198.24 | case rate | |
| NEONATAL AFTERCARE | 8633 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 57080.99 | | | | 53525 | 57646.6 | case rate | |
| NEONATAL AFTERCARE | 8634 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 136372.35 | | | | 127878 | 137709.33 | case rate | |
| HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS | 8901 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13446.45 | | | | 12609 | 13578.27 | case rate | |
| HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS | 8902 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15860.23 | | | | 14885 | 15813.77 | case rate | |
| HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS | 8903 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 24906.27 | | | | 23355 | 25150.45 | case rate | |
| HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS | 8904 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 50155.86 | | | | 47032 | 50647.58 | case rate | |
| HIV W MAJOR HIV RELATED CONDITION | 8921 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 10470.62 | | | | 9818 | 10573.27 | case rate | |
| HIV W MAJOR HIV RELATED CONDITION | 8922 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 13848.23 | | | | 12986 | 13984 | case rate | |
| HIV W MAJOR HIV RELATED CONDITION | 8923 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 18145.53 | | | | 17015 | 18323.43 | case rate | |
| HIV W MAJOR HIV RELATED CONDITION | 8924 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 35217.52 | | | | 33024 | 35562.79 | case rate | |
| HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS | 8931 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12461.1 | | | | 11685 | 12583.26 | case rate | |
| HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS | 8932 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 14168.61 | | | | 13286 | 14307.51 | case rate | |
| HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS | 8933 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 21612.9 | | | | 20267 | 21824.79 | case rate | |
| HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS | 8934 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 43369.15 | | | | 40668 | 43794.33 | case rate | |
| HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND | 8941 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 9803.36 | | | | 9005 | 9897.51 | case rate | |
| HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND | 8942 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11544.35 | | | | 10825 | 11657.53 | case rate | |
| HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND | 8943 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 16499.76 | | | | 15472 | 16661.53 | case rate | |
| HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND | 8944 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 23628.62 | | | | 22157 | 23860.27 | case rate | |
| CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | 9101 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 45017.66 | | | | 42214 | 45459.01 | case rate | |
| CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | 9102 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 53391.69 | | | | 50066 | 53915.13 | case rate | |
| CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | 9103 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 69639.97 | | | | 65302 | 70322.71 | case rate | |
| CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | 9104 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 143856.88 | | | | 134896 | 145267.24 | case rate | |
| EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA | 9111 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 24789.04 | | | | 23226 | 25011.87 | case rate | |
| EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA | 9112 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 32556.39 | | | | 30528 | 32875.57 | case rate | |
| EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA | 9113 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 44246.19 | | | | 41490 | 44679.98 | case rate | |
| EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA | 9114 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 105360.36 | | | | 98798 | 106393.3 | case rate | |
| MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA | 9121 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 28947.04 | | | | 28082 | 30240.64 | case rate | |
| MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA | 9122 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 32973 | | | | 30919 | 33296.26 | case rate | |
| MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA | 9123 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 54362.86 | | | | 50977 | 54895.83 | case rate | |
| MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA | 9124 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 104779.63 | | | | 98253 | 105806.88 | case rate | |
| MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE | 9301 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 11391.21 | | | | 10682 | 11502.89 | case rate | |
| MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE | 9302 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15324.95 | | | | 14370 | 15475.19 | case rate | |
| MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE | 9303 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 24144.49 | | | | 22641 | 24381.2 | case rate | |
| MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE | 9304 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 63919.02 | | | | 59938 | 64545.68 | case rate | |
| EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9501 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 21568.07 | | | | 20225 | 21779.53 | case rate | |
| EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9502 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 31670.19 | | | | 29698 | 31980.69 | case rate | |
| EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9503 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 49233.17 | | | | 46167 | 49715.84 | case rate | |
| EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9504 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 93795.99 | | | | 87954 | 94715.56 | case rate | |
| MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9511 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 15315.98 | | | | 14362 | 15466.14 | case rate | |
| MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9512 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 21677.29 | | | | 20515 | 22091.77 | case rate | |
| MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9513 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 35931.82 | | | | 33694 | 36284.09 | case rate | |
| MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9514 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 68680.59 | | | | 64403 | 69353.93 | case rate | |
| NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9521 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 12187.47 | | | | 11428 | 12306.96 | case rate | |
| NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9522 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 18135.93 | | | | 17006 | 18313.73 | case rate | |
| NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9523 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 30786.02 | | | | 28868 | 31087.84 | case rate | |
| NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9524 | APR-DRG | | | | inpatient | | | | | WellPoint | WellPoint | 58396.87 | | | | 54759 | 58969.38 | case rate | |
| LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT | 0011 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 260411 | | | | 63733.78 | 260411 | case rate | |
| LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT | 0012 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 260411 | | | | 48470.93 | 260411 | case rate | |
| LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT | 0013 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 260411 | | | | 31300.53 | 260411 | case rate | |
| LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT | 0014 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 260411 | | | | 154752.17 | 466145.35 | case rate | |
| HEART &/OR LUNG TRANSPLANT | 0021 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 119241 | | | | 63084.15 | 308373.74 | case rate | |
| HEART &/OR LUNG TRANSPLANT | 0022 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 153710 | | | | 32623.42 | 201178.6 | case rate | |
| HEART &/OR LUNG TRANSPLANT | 0023 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 184711 | | | | 67365.9 | 212982.12 | case rate | |
| HEART &/OR LUNG TRANSPLANT | 0024 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 291223 | | | | 44903.86 | 313612.23 | case rate | |
| BONE MARROW TRANSPLANT | 0031 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 77397 | | | | 49497.36 | 163162.38 | case rate | |
| BONE MARROW TRANSPLANT | 0032 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 95651 | | | | 25224.68 | 103005.11 | case rate | |
| BONE MARROW TRANSPLANT | 0033 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 157305 | | | | 18845.28 | 169398.47 | case rate | |
| BONE MARROW TRANSPLANT | 0034 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 259207 | | | | 45931.46 | 279134.99 | case rate | |
| TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO | 0041 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 69898 | | | | 26672.77 | 91994.11 | case rate | |
| TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO | 0042 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 95097 | | | | 20769.93 | 102409.62 | case rate | |
| TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO | 0043 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 137952 | | | | 13795 | 148557.43 | case rate | |
| TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO | 0044 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 198478 | | | | 19847.8 | 213737.75 | case rate | |
| TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE | 0051 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 67138 | | | | 67138 | 72300.09 | case rate | |
| TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE | 0052 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 74598 | | | | 23770.68 | 80333.48 | case rate | |
| TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE | 0053 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 91295 | | | | 10883.13 | 98314.19 | case rate | |
| TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE | 0054 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 133344 | | | | 17706.65 | 143596.19 | case rate | |
| PANCREAS TRANSPLANT | 0061 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 80363 | | | | 31931.26 | 111080.23 | case rate | |
| PANCREAS TRANSPLANT | 0062 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 113020 | | | | 21035.14 | 121708.96 | case rate | |
| PANCREAS TRANSPLANT | 0063 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 126368 | | | | 16592.82 | 136083.64 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PANCREAS TRANSPLANT | 0084 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 199954 | | | | 23495.48 | 215328.95 | case rate | |
| CRANIOTOMY FOR TRAUMA | 0201 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 25901 | | | | 7997.58 | 27891.99 | case rate | |
| CRANIOTOMY FOR TRAUMA | 0202 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 35933 | | | | 11418.2 | 38695.65 | case rate | |
| CRANIOTOMY FOR TRAUMA | 0203 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 47151 | | | | 8227.9 | 50775.53 | case rate | |
| CRANIOTOMY FOR TRAUMA | 0204 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 89826 | | | | 9579.14 | 96731.64 | case rate | |
| CRANIOTOMY EXCEPT FOR TRAUMA | 0211 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 28591 | | | | 28591 | 30789.65 | case rate | |
| CRANIOTOMY EXCEPT FOR TRAUMA | 0212 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 37458 | | | | 37458 | 189020.06 | case rate | |
| CRANIOTOMY EXCEPT FOR TRAUMA | 0213 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 57404 | | | | 57404 | 61817.25 | case rate | |
| CRANIOTOMY EXCEPT FOR TRAUMA | 0214 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 100362 | | | | 100362 | 108077.57 | case rate | |
| VENTRICULAR SHUNT PROCEDURES | 0221 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 17199 | | | | 17199 | 179720.85 | case rate | |
| VENTRICULAR SHUNT PROCEDURES | 0222 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 21859 | | | | 21859 | 23539.26 | case rate | |
| VENTRICULAR SHUNT PROCEDURES | 0223 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 37066 | | | | 37066 | 39915.24 | case rate | |
| VENTRICULAR SHUNT PROCEDURES | 0224 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 87895 | | | | 87895 | 94652.74 | case rate | |
| SPINAL PROCEDURES | 0231 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 19424 | | | | 19424 | 327615.89 | case rate | |
| SPINAL PROCEDURES | 0232 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 27830 | | | | 27830 | 240298.72 | case rate | |
| SPINAL PROCEDURES | 0233 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 53769 | | | | 53769 | 297923.76 | case rate | |
| SPINAL PROCEDURES | 0234 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 96034 | | | | 62839.65 | 200776.83 | case rate | |
| EXTRACRANIAL VASCULAR PROCEDURES | 0241 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 15559 | | | | 15559 | 62255.17 | case rate | |
| EXTRACRANIAL VASCULAR PROCEDURES | 0242 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 20528 | | | | 20528 | 145765.26 | case rate | |
| EXTRACRANIAL VASCULAR PROCEDURES | 0243 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 40163 | | | | 19748 | 99635.58 | case rate | |
| EXTRACRANIAL VASCULAR PROCEDURES | 0244 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 85252 | | | | 19748 | 91806.34 | case rate | |
| OTHER NERVOUS SYSTEM & RELATED PROCEDURES | 0261 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 17818 | | | | 12982 | 77694.14 | case rate | |
| OTHER NERVOUS SYSTEM & RELATED PROCEDURES | 0262 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 23521 | | | | 12982 | 63616.52 | case rate | |
| OTHER NERVOUS SYSTEM & RELATED PROCEDURES | 0263 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 33708 | | | | 31679.68 | 93312.55 | case rate | |
| OTHER NERVOUS SYSTEM & RELATED PROCEDURES | 0264 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 70988 | | | | 41282.44 | 123207.51 | case rate | |
| SPINAL DISORDERS & INJURIES | 0401 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13563 | | | | 13563 | 14605.81 | case rate | |
| SPINAL DISORDERS & INJURIES | 0402 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 15389 | | | | 15389 | 16571.92 | case rate | |
| SPINAL DISORDERS & INJURIES | 0403 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 21964 | | | | 21964 | 23652.97 | case rate | |
| SPINAL DISORDERS & INJURIES | 0404 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 56797 | | | | 56797 | 61163.49 | case rate | |
| NERVOUS SYSTEM MALIGNANCY | 0411 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10482 | | | | 10482 | 159563.89 | case rate | |
| NERVOUS SYSTEM MALIGNANCY | 0412 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11647 | | | | 11647 | 92910.77 | case rate | |
| NERVOUS SYSTEM MALIGNANCY | 0413 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 15908 | | | | 15908 | 65773.6 | case rate | |
| NERVOUS SYSTEM MALIGNANCY | 0414 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 28270 | | | | 28270 | 139535.84 | case rate | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS | 0421 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8253 | | | | 8253 | 69397.35 | case rate | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS | 0422 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10272 | | | | 10272 | 58806.95 | case rate | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS | 0423 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 16017 | | | | 16017 | 153921.62 | case rate | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS | 0424 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 43074 | | | | 26969.24 | 85468.24 | case rate | |
| MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES | 0431 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10841 | | | | 10841 | 11674.71 | case rate | |
| MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES | 0432 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13893 | | | | 13893 | 71226.78 | case rate | |
| MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES | 0433 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 22206 | | | | 12635.96 | 40095.3 | case rate | |
| MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES | 0434 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 49551 | | | | 8226.72 | 53360.86 | case rate | |
| INTRACRANIAL HEMORRHAGE | 0441 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11778 | | | | 11778 | 72443.8 | case rate | |
| INTRACRANIAL HEMORRHAGE | 0442 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 15166 | | | | 11412.29 | 36623.67 | case rate | |
| INTRACRANIAL HEMORRHAGE | 0443 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 22396 | | | | 8299.96 | 27141.07 | case rate | |
| INTRACRANIAL HEMORRHAGE | 0444 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 46554 | | | | 19895.32 | 62836.38 | case rate | |
| CVA & PRECEREBRAL OCCLUSION W INFARCT | 0451 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10123 | | | | 10123 | 10901.58 | case rate | |
| CVA & PRECEREBRAL OCCLUSION W INFARCT | 0452 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12287 | | | | 12287 | 13231.67 | case rate | |
| CVA & PRECEREBRAL OCCLUSION W INFARCT | 0453 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 17717 | | | | 17717 | 370445.58 | case rate | |
| CVA & PRECEREBRAL OCCLUSION W INFARCT | 0454 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 36879 | | | | 36879 | 247179.56 | case rate | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT | 0461 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9917 | | | | 9917 | 174848.88 | case rate | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT | 0462 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11315 | | | | 11315 | 124592.26 | case rate | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT | 0463 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 15756 | | | | 15756 | 200180.02 | case rate | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT | 0464 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 39130 | | | | 34827.45 | 114836.61 | case rate | |
| TRANSIENT ISCHEMIA | 0471 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8282 | | | | 8282 | 195452.37 | case rate | |
| TRANSIENT ISCHEMIA | 0472 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8991 | | | | 8991 | 114945.83 | case rate | |
| TRANSIENT ISCHEMIA | 0473 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11229 | | | | 11229 | 92559.71 | case rate | |
| TRANSIENT ISCHEMIA | 0474 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 22321 | | | | 22321 | 148035.47 | case rate | |
| PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS | 0481 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8360 | | | | 8360 | 80444.14 | case rate | |
| PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS | 0482 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9385 | | | | 9385 | 64927.15 | case rate | |
| PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS | 0483 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13093 | | | | 13093 | 92973.18 | case rate | |
| PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS | 0484 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 32453 | | | | 32453 | 34947.54 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM | 0491 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12640 | | | | 12640 | 13612 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM | 0492 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 27633 | | | | 27633 | 132253.23 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM | 0493 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 34268 | | | | 28359.46 | 87613.62 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM | 0494 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 63043 | | | | 22269.44 | 68414.38 | case rate | |
| NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS | 0501 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8902 | | | | 8902 | 65820.41 | case rate | |
| NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS | 0502 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 16610 | | | | 16503.06 | 50361.94 | case rate | |
| NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS | 0503 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 27418 | | | | 27418 | 99943.74 | case rate | |
| NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS | 0504 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 56681 | | | | 20729.22 | 67462.61 | case rate | |
| VIRAL MENINGITIS | 0511 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7655 | | | | 7655 | 72057.63 | case rate | |
| VIRAL MENINGITIS | 0512 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10564 | | | | 10564 | 59372.55 | case rate | |
| VIRAL MENINGITIS | 0513 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 18516 | | | | 17783.42 | 63865.88 | case rate | |
| VIRAL MENINGITIS | 0514 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 37758 | | | | 12043.03 | 40660.37 | case rate | |
| NONTRAUMATIC STUPOR & COMA | 0521 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7692 | | | | 7692 | 50572.96 | case rate | |
| NONTRAUMATIC STUPOR & COMA | 0522 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9003 | | | | 9003 | 36577.64 | case rate | |
| NONTRAUMATIC STUPOR & COMA | 0523 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12133 | | | | 12133 | 13065.76 | case rate | |
| NONTRAUMATIC STUPOR & COMA | 0524 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 31070 | | | | 31070 | 33458.85 | case rate | |
| SEIZURE | 0531 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7199 | | | | 7199 | 7752.84 | case rate | |
| SEIZURE | 0532 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8546 | | | | 8546 | 9203.38 | case rate | |
| SEIZURE | 0533 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12781 | | | | 12781 | 59700.21 | case rate | |
| SEIZURE | 0534 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 32167 | | | | 9614.58 | 34640.29 | case rate | |
| MIGRAINE & OTHER HEADACHES | 0541 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7723 | | | | 7723 | 34431.48 | case rate | |
| MIGRAINE & OTHER HEADACHES | 0542 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8903 | | | | 8903 | 71199.48 | case rate | |
| MIGRAINE & OTHER HEADACHES | 0543 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10889 | | | | 10889 | 41835.01 | case rate | |
| MIGRAINE & OTHER HEADACHES | 0544 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 20576 | | | | 8925.97 | 31143.19 | case rate | |
| HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE | 0551 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9165 | | | | 9165 | 62083.54 | case rate | |
| HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE | 0552 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12222 | | | | 11383.94 | 35145.31 | case rate | |
| HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE | 0553 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 19541 | | | | 15425.85 | 48275.06 | case rate | |
| HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE | 0554 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 43987 | | | | 9857.89 | 47368.4 | case rate | |
| BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA | 0561 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9211 | | | | 9211 | 29493.19 | case rate | |
| BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA | 0562 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12507 | | | | 12507 | 54925.76 | case rate | |
| BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA | 0563 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 20695 | | | | 10557.14 | 32691.77 | case rate | |
| BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA | 0564 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 50452 | | | | 18534.64 | 61326.81 | case rate | |
| CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1 | 0571 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9078 | | | | 9078 | 66425.02 | case rate | |
| CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1 | 0572 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11401 | | | | 11401 | 45973.65 | case rate | |
| CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1 | 0573 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 16091 | | | | 16091 | 204845.26 | case rate | |
| CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1 | 0574 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 36864 | | | | 36864 | 118811.42 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM | 0581 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8609 | | | | 8609 | 48228.25 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM | 0582 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10681 | | | | 10681 | 61221.49 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM | 0583 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14701 | | | | 14701 | 53755.55 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM | 0584 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 33925 | | | | 24182.91 | 72997.7 | case rate | |
| ORBITAL PROCEDURES | 0701 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13298 | | | | 13298 | 14320.64 | case rate | |
| ORBITAL PROCEDURES | 0702 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 18378 | | | | 18378 | 19791.06 | case rate | |
| ORBITAL PROCEDURES | 0703 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 30143 | | | | 30143 | 32460.14 | case rate | |
| ORBITAL PROCEDURES | 0704 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 74741 | | | | 74741 | 80486.74 | case rate | |
| EYE PROCEDURES EXCEPT ORBIT | 0731 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11501 | | | | 11501 | 12385.56 | case rate | |
| EYE PROCEDURES EXCEPT ORBIT | 0732 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13595 | | | | 13595 | 14640.17 | case rate | |
| EYE PROCEDURES EXCEPT ORBIT | 0733 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 22722 | | | | 22722 | 24468.41 | case rate | |
| EYE PROCEDURES EXCEPT ORBIT | 0734 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 49132 | | | | 24837.26 | 89946.24 | case rate | |
| ACUTE MAJOR EYE INFECTIONS | 0801 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 5977 | | | | 5977 | 60706.59 | case rate | |
| ACUTE MAJOR EYE INFECTIONS | 0802 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8199 | | | | 8199 | 130564.23 | case rate | |
| ACUTE MAJOR EYE INFECTIONS | 0803 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13379 | | | | 13379 | 67173.95 | case rate | |
| ACUTE MAJOR EYE INFECTIONS | 0804 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 22934 | | | | 13058.82 | 47988.11 | case rate | |
| EYE DISORDERS EXCEPT MAJOR INFECTIONS | 0821 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6969 | | | | 6969 | 93394.46 | case rate | |
| EYE DISORDERS EXCEPT MAJOR INFECTIONS | 0822 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8721 | | | | 8721 | 47190.67 | case rate | |
| EYE DISORDERS EXCEPT MAJOR INFECTIONS | 0823 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12547 | | | | 12547 | 176491.07 | case rate | |
| EYE DISORDERS EXCEPT MAJOR INFECTIONS | 0824 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 22652 | | | | 22652 | 85596.96 | case rate | |
| MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0891 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 22650 | | | | 22650 | 24391 | case rate | |
| MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0892 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 29456 | | | | 29456 | 31720.46 | case rate | |
| MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0893 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 49230 | | | | 49230 | 53014.63 | case rate | |
| MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0894 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 87865 | | | | 2090 | 94620.59 | case rate | |
| MAJOR LARYNX & TRACHEA PROCEDURES | 0901 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13124 | | | | 13124 | 174162.35 | case rate | |
| MAJOR LARYNX & TRACHEA PROCEDURES | 0902 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 34214 | | | | 22413.54 | 74909.04 | case rate | |
| MAJOR LARYNX & TRACHEA PROCEDURES | 0903 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 52401 | | | | 14399.42 | 56429.51 | case rate | |
| MAJOR LARYNX & TRACHEA PROCEDURES | 0904 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 101494 | | | | 45605.46 | 125836.58 | case rate | |
| OTHER MAJOR HEAD & NECK PROCEDURES | 0911 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 19189 | | | | 19189 | 20663.86 | case rate | |
| OTHER MAJOR HEAD & NECK PROCEDURES | 0912 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 29074 | | | | 29074 | 31309.74 | case rate | |
| OTHER MAJOR HEAD & NECK PROCEDURES | 0913 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 49862 | | | | 19114.58 | 57414.4 | case rate | |
| OTHER MAJOR HEAD & NECK PROCEDURES | 0914 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 78711 | | | | 10824.08 | 84762.6 | case rate | |
| FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0921 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 15846 | | | | 8122.78 | 27562.35 | case rate | |
| FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0922 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 22090 | | | | 19954.38 | 60788.51 | case rate | |
| FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0923 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 34899 | | | | 12946.57 | 37582.48 | case rate | |
| FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0924 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 69354 | | | | 69354 | 74685.69 | case rate | |
| SINUS & MASTOID PROCEDURES | 0931 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 15747 | | | | 15747 | 16957.23 | case rate | |
| SINUS & MASTOID PROCEDURES | 0932 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 19403 | | | | 19403 | 20894.9 | case rate | |
| SINUS & MASTOID PROCEDURES | 0933 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 33318 | | | | 33318 | 111571.72 | case rate | |
| SINUS & MASTOID PROCEDURES | 0934 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 54073 | | | | 25345.16 | 71519.33 | case rate | |
| CLEFT LIP & PALATE REPAIR | 0951 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10657 | | | | 6697.13 | 31143.19 | case rate | |
| CLEFT LIP & PALATE REPAIR | 0952 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12377 | | | | 12377 | 13328.21 | case rate | |
| CLEFT LIP & PALATE REPAIR | 0953 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 18969 | | | | 18969 | 20427.65 | case rate | |
| CLEFT LIP & PALATE REPAIR | 0954 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 39149 | | | | 39149 | 42158.67 | case rate | |
| TONSIL & ADENOID PROCEDURES | 0971 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6448 | | | | 6448 | 6943.23 | case rate | |
| TONSIL & ADENOID PROCEDURES | 0972 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9898 | | | | 9898 | 10658.44 | case rate | |
| TONSIL & ADENOID PROCEDURES | 0973 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 19233 | | | | 19233 | 20711.44 | case rate | |
| TONSIL & ADENOID PROCEDURES | 0974 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 64977 | | | | 35271.56 | 106216.06 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES | 0981 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11302 | | | | 11302 | 170480.09 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES | 0982 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14901 | | | | 14901 | 95680.27 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES | 0983 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 23981 | | | | 19703.98 | 61205.88 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES | 0984 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 50018 | | | | 50018 | 53863.67 | case rate | |
| EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES | 1101 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8851 | | | | 8851 | 9531.78 | case rate | |
| EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES | 1102 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11364 | | | | 11364 | 12238.13 | case rate | |
| EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES | 1103 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 18375 | | | | 18375 | 19787.82 | case rate | |
| EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES | 1104 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 33622 | | | | 33622 | 36206.95 | case rate | |
| VERTIGO & OTHER LABYRINTH DISORDERS | 1111 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7218 | | | | 7218 | 7772.98 | case rate | |
| VERTIGO & OTHER LABYRINTH DISORDERS | 1112 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8003 | | | | 8003 | 8618.71 | case rate | |
| VERTIGO & OTHER LABYRINTH DISORDERS | 1113 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10031 | | | | 10031 | 10802.46 | case rate | |
| VERTIGO & OTHER LABYRINTH DISORDERS | 1114 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 21009 | | | | 21009 | 22623.77 | case rate | |
| INFECTIONS OF UPPER RESPIRATORY TRACT | 1131 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 4350 | | | | 4350 | 4684.18 | case rate | |
| INFECTIONS OF UPPER RESPIRATORY TRACT | 1132 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6338 | | | | 6338 | 6824.8 | case rate | |
| INFECTIONS OF UPPER RESPIRATORY TRACT | 1133 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9861 | | | | 9861 | 10619.37 | case rate | |
| INFECTIONS OF UPPER RESPIRATORY TRACT | 1134 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 20790 | | | | 20790 | 22388.49 | case rate | |
| DENTAL & ORAL DISEASES & INJURIES | 1141 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6284 | | | | 6284 | 6767.52 | case rate | |
| DENTAL & ORAL DISEASES & INJURIES | 1142 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8807 | | | | 8807 | 9484.49 | case rate | |
| DENTAL & ORAL DISEASES & INJURIES | 1143 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14785 | | | | 14785 | 15921.47 | case rate | |
| DENTAL & ORAL DISEASES & INJURIES | 1144 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 30833 | | | | 30833 | 33203.51 | case rate | |
| OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES | 1151 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6456 | | | | 6456 | 6952.83 | case rate | |
| OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES | 1152 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8595 | | | | 8595 | 9256.22 | case rate | |
| OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES | 1153 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12841 | | | | 12841 | 13828.63 | case rate | |
| OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES | 1154 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 26354 | | | | 26354 | 28380.49 | case rate | |
| MAJOR RESPIRATORY & CHEST PROCEDURES | 1201 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 24527 | | | | 24527 | 26412.25 | case rate | |
| MAJOR RESPIRATORY & CHEST PROCEDURES | 1202 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 29708 | | | | 29708 | 31992.23 | case rate | |
| MAJOR RESPIRATORY & CHEST PROCEDURES | 1203 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 43260 | | | | 43260 | 46586.41 | case rate | |
| MAJOR RESPIRATORY & CHEST PROCEDURES | 1204 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 74599 | | | | 74599 | 80334.22 | case rate | |
| OTHER RESPIRATORY & CHEST PROCEDURES | 1211 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 16608 | | | | 16608 | 17884.72 | case rate | |
| OTHER RESPIRATORY & CHEST PROCEDURES | 1212 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 21513 | | | | 21513 | 23166.5 | case rate | |
| OTHER RESPIRATORY & CHEST PROCEDURES | 1213 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 33806 | | | | 33806 | 36405.29 | case rate | |
| OTHER RESPIRATORY & CHEST PROCEDURES | 1214 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 64612 | | | | 64612 | 69579.33 | case rate | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS | 1301 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 37405 | | | | 37405 | 40280.42 | case rate | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS | 1302 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 41922 | | | | 41922 | 44892.54 | case rate | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS | 1303 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 51405 | | | | 51405 | 55357.27 | case rate | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS | 1304 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 70600 | | | | 70600 | 76027.5 | case rate | |
| CYSTIC FIBROSIS - PULMONARY DISEASE | 1311 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 18862 | | | | 18862 | 20311.71 | case rate | |
| CYSTIC FIBROSIS - PULMONARY DISEASE | 1312 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 23276 | | | | 23276 | 25065.27 | case rate | |
| CYSTIC FIBROSIS - PULMONARY DISEASE | 1313 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 30203 | | | | 30203 | 32524.9 | case rate | |
| CYSTIC FIBROSIS - PULMONARY DISEASE | 1314 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 38848 | | | | 38848 | 41834.23 | case rate | |
| BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD | 1321 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7464 | | | | 7464 | 8038.3 | case rate | |
| BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD | 1322 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8338 | | | | 8338 | 8978.53 | case rate | |
| BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD | 1323 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12887 | | | | 12887 | 13877.95 | case rate | |
| BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD | 1324 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 21456 | | | | 21456 | 23105.07 | case rate | |
| RESPIRATORY FAILURE | 1331 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 5548 | | | | 5548 | 5974.91 | case rate | |
| RESPIRATORY FAILURE | 1332 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9704 | | | | 9704 | 10450.49 | case rate | |
| RESPIRATORY FAILURE | 1333 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14743 | | | | 14743 | 15876.95 | case rate | |
| RESPIRATORY FAILURE | 1334 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 26856 | | | | 26856 | 28920.91 | case rate | |
| PULMONARY EMBOLISM | 1341 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8819 | | | | 8819 | 9496.78 | case rate | |
| PULMONARY EMBOLISM | 1342 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11442 | | | | 11442 | 12321.55 | case rate | |
| PULMONARY EMBOLISM | 1343 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 16702 | | | | 16702 | 17986.06 | case rate | |
| PULMONARY EMBOLISM | 1344 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 28982 | | | | 28982 | 31210.71 | case rate | |
| MAJOR CHEST & RESPIRATORY TRAUMA | 1351 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9241 | | | | 9241 | 9951.84 | case rate | |
| MAJOR CHEST & RESPIRATORY TRAUMA | 1352 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11587 | | | | 11587 | 12477.76 | case rate | |
| MAJOR CHEST & RESPIRATORY TRAUMA | 1353 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 16911 | | | | 16911 | 18211.01 | case rate | |
| MAJOR CHEST & RESPIRATORY TRAUMA | 1354 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 31897 | | | | 31897 | 34349.11 | case rate | |
| RESPIRATORY MALIGNANCY | 1361 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9462 | | | | 9462 | 10189.89 | case rate | |
| RESPIRATORY MALIGNANCY | 1362 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12022 | | | | 12022 | 12945.75 | case rate | |
| RESPIRATORY MALIGNANCY | 1363 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 18183 | | | | 18183 | 19580.53 | case rate | |
| RESPIRATORY MALIGNANCY | 1364 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 29481 | | | | 29481 | 31747.99 | case rate | |
| MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS | 1371 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8651 | | | | 8651 | 9316.55 | case rate | |
| MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS | 1372 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11179 | | | | 11179 | 12038.22 | case rate | |
| MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS | 1373 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 16604 | | | | 16604 | 17881.03 | case rate | |
| MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS | 1374 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 28111 | | | | 28111 | 30272.5 | case rate | |
| BRONCHIOLITIS & RSV PNEUMONIA | 1381 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 4020 | | | | 4020 | 4329.36 | case rate | |
| BRONCHIOLITIS & RSV PNEUMONIA | 1382 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6085 | | | | 6085 | 6553.01 | case rate | |
| BRONCHIOLITIS & RSV PNEUMONIA | 1383 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14566 | | | | 14566 | 15685.36 | case rate | |
| BRONCHIOLITIS & RSV PNEUMONIA | 1384 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 36213 | | | | 36213 | 38997.45 | case rate | |
| OTHER PNEUMONIA | 1391 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 5909 | | | | 5909 | 6362.8 | case rate | |
| OTHER PNEUMONIA | 1392 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8299 | | | | 8299 | 8936.96 | case rate | |
| OTHER PNEUMONIA | 1393 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13040 | | | | 13040 | 14042.21 | case rate | |
| OTHER PNEUMONIA | 1394 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 25085 | | | | 25085 | 27013.46 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE | 1401 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6847 | | | | 6847 | 7373.53 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE | 1402 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8549 | | | | 8549 | 9206.24 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE | 1403 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11669 | | | | 11669 | 12565.71 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE | 1404 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 22671 | | | | 22671 | 24413.63 | case rate | |
| ASTHMA | 1411 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 5245 | | | | 5245 | 5648.53 | case rate | |
| ASTHMA | 1412 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7518 | | | | 7518 | 8095.75 | case rate | |
| ASTHMA | 1413 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10774 | | | | 10774 | 11602.56 | case rate | |
| ASTHMA | 1414 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 20371 | | | | 20371 | 21936.85 | case rate | |
| INTERSTITIAL & ALVEOLAR LUNG DISEASES | 1421 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8787 | | | | 8787 | 9462.14 | case rate | |
| INTERSTITIAL & ALVEOLAR LUNG DISEASES | 1422 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10686 | | | | 10686 | 11507.69 | case rate | |
| INTERSTITIAL & ALVEOLAR LUNG DISEASES | 1423 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 15463 | | | | 15463 | 16651.36 | case rate | |
| INTERSTITIAL & ALVEOLAR LUNG DISEASES | 1424 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 27365 | | | | 27365 | 29468.34 | case rate | |
| OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1431 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6532 | | | | 6532 | 7033.94 | case rate | |
| OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1432 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9588 | | | | 9588 | 10325.42 | case rate | |
| OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1433 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14757 | | | | 14757 | 15891.91 | case rate | |
| OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1434 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 25148 | | | | 25148 | 27081.82 | case rate | |
| RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1441 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6398 | | | | 6398 | 6889.83 | case rate | |
| RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1442 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7748 | | | | 7748 | 8343.89 | case rate | |
| RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1443 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10952 | | | | 10952 | 11793.7 | case rate | |
| RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1444 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 19209 | | | | 19209 | 20685.84 | case rate | |
| MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY | 1601 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 41050 | | | | 41050 | 44206.17 | case rate | |
| MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY | 1602 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 47891 | | | | 47891 | 51572.49 | case rate | |
| MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY | 1603 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 72513 | | | | 72513 | 78088.11 | case rate | |
| MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY | 1604 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 161489 | | | | 161489 | 173904.73 | case rate | |
| CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT | 1611 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 55575 | | | | 55575 | 59847.73 | case rate | |
| CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT | 1612 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 71747 | | | | 71747 | 77263.26 | case rate | |
| CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT | 1613 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 115388 | | | | 115388 | 124259.55 | case rate | |
| CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT | 1614 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 276875 | | | | 276875 | 298161.52 | case rate | |
| CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX | 1621 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 59545 | | | | 59545 | 64122.58 | case rate | |
| CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX | 1622 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 66087 | | | | 66087 | 71168.35 | case rate | |
| CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX | 1623 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 87462 | | | | 87462 | 94186.4 | case rate | |
| CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX | 1624 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 137565 | | | | 137565 | 148140.99 | case rate | |
| CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX | 1631 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 49133 | | | | 49133 | 52910.79 | case rate | |
| CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX | 1632 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 56454 | | | | 56454 | 60794.71 | case rate | |
| CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX | 1633 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 72398 | | | | 72398 | 77964.42 | case rate | |
| CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX | 1634 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 116652 | | | | 116652 | 125620.85 | case rate | |
| CORONARY BYPASS W AMI OR COMPLEX PDX | 1651 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 51447 | | | | 51447 | 55402.07 | case rate | |
| CORONARY BYPASS W AMI OR COMPLEX PDX | 1652 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 55329 | | | | 55329 | 59582.98 | case rate | |
| CORONARY BYPASS W AMI OR COMPLEX PDX | 1653 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 70343 | | | | 70343 | 75751.47 | case rate | |
| CORONARY BYPASS W AMI OR COMPLEX PDX | 1654 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 104716 | | | | 104716 | 112766.74 | case rate | |
| CORONARY BYPASS W/O AMI OR COMPLEX PDX | 1661 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 42535 | | | | 42535 | 45804.7 | case rate | |
| CORONARY BYPASS W/O AMI OR COMPLEX PDX | 1662 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 48203 | | | | 48203 | 51909.12 | case rate | |
| CORONARY BYPASS W/O AMI OR COMPLEX PDX | 1663 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 60209 | | | | 60209 | 64838.43 | case rate | |
| CORONARY BYPASS W/O AMI OR COMPLEX PDX | 1664 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 91627 | | | | 91627 | 98670.95 | case rate | |
| OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES | 1671 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 39953 | | | | 39953 | 43024.36 | case rate | |
| OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES | 1672 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 44533 | | | | 44533 | 47956.67 | case rate | |
| OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES | 1673 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 60684 | | | | 60684 | 65349.94 | case rate | |
| OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES | 1674 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 106363 | | | | 106363 | 114540.7 | case rate | |
| MAJOR ABDOMINAL VASCULAR PROCEDURES | 1691 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 22890 | | | | 22890 | 24650.3 | case rate | |
| MAJOR ABDOMINAL VASCULAR PROCEDURES | 1692 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 30248 | | | | 30248 | 32573.67 | case rate | |
| MAJOR ABDOMINAL VASCULAR PROCEDURES | 1693 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 49012 | | | | 49012 | 52780.43 | case rate | |
| MAJOR ABDOMINAL VASCULAR PROCEDURES | 1694 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 88078 | | | | 88078 | 94826.45 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK | 1701 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 31324 | | | | 31324 | 33732.76 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK | 1702 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 33414 | | | | 33414 | 35983.39 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK | 1703 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 41035 | | | | 41035 | 44190.09 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK | 1704 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 65599 | | | | 65599 | 70642.81 | case rate | |
| PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK | 1711 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 21643 | | | | 21643 | 23307.2 | case rate | |
| PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK | 1712 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 24732 | | | | 24732 | 26633.23 | case rate | |
| PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK | 1713 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 31464 | | | | 31464 | 33882.96 | case rate | |
| PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK | 1714 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 52404 | | | | 52404 | 56433.39 | case rate | |
| PERCUTANEOUS CORONARY INTERVENTION W AMI | 1741 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 25889 | | | | 25889 | 27878.96 | case rate | |
| PERCUTANEOUS CORONARY INTERVENTION W AMI | 1742 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 27884 | | | | 27884 | 30028.17 | case rate | |
| PERCUTANEOUS CORONARY INTERVENTION W AMI | 1743 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 35243 | | | | 35243 | 37952.73 | case rate | |
| PERCUTANEOUS CORONARY INTERVENTION W AMI | 1744 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 57385 | | | | 57385 | 61797.3 | case rate | |
| PERCUTANEOUS CORONARY INTERVENTION W/O AMI | 1751 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 25738 | | | | 25738 | 27717.29 | case rate | |
| PERCUTANEOUS CORONARY INTERVENTION W/O AMI | 1752 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 28370 | | | | 28370 | 30551.03 | case rate | |
| PERCUTANEOUS CORONARY INTERVENTION W/O AMI | 1753 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 36010 | | | | 36010 | 38778.88 | case rate | |
| PERCUTANEOUS CORONARY INTERVENTION W/O AMI | 1754 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 67634 | | | | 67634 | 72833.39 | case rate | |
| CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT | 1761 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 20331 | | | | 20331 | 21893.89 | case rate | |
| CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT | 1762 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 38872 | | | | 38872 | 41860.47 | case rate | |
| CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT | 1763 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 40504 | | | | 40504 | 43617.99 | case rate | |
| CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT | 1764 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 64315 | | | | 64315 | 69259.61 | case rate | |
| CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT | 1771 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 16746 | | | | 16746 | 18033.27 | case rate | |
| CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT | 1772 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 21677 | | | | 21677 | 23343.23 | case rate | |
| CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT | 1773 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 30739 | | | | 30739 | 33102.26 | case rate | |
| CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT | 1774 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 62158 | | | | 62158 | 66936.46 | case rate | |
| OTHER CIRCULATORY SYSTEM PROCEDURES | 1801 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 16196 | | | | 16196 | 17440.74 | case rate | |
| OTHER CIRCULATORY SYSTEM PROCEDURES | 1802 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 20464 | | | | 20464 | 22037.45 | case rate | |
| OTHER CIRCULATORY SYSTEM PROCEDURES | 1803 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 31361 | | | | 31361 | 33772.11 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| OTHER CIRCULATORY SYSTEM PROCEDURES | 1804 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 55004 | | | | 55004 | 59233.04 | case rate | |
| LOWER EXTREMITY ARTERIAL PROCEDURES | 1811 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 20118 | | | | 20118 | 21664.79 | case rate | |
| LOWER EXTREMITY ARTERIAL PROCEDURES | 1812 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 27253 | | | | 27253 | 29348.16 | case rate | |
| LOWER EXTREMITY ARTERIAL PROCEDURES | 1813 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 45240 | | | | 45240 | 48718.62 | case rate | |
| LOWER EXTREMITY ARTERIAL PROCEDURES | 1814 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 80615 | | | | 80615 | 86812.5 | case rate | |
| OTHER PERIPHERAL VASCULAR PROCEDURES | 1821 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 25768 | | | | 25768 | 27749.08 | case rate | |
| OTHER PERIPHERAL VASCULAR PROCEDURES | 1822 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 30312 | | | | 30312 | 32642.58 | case rate | |
| OTHER PERIPHERAL VASCULAR PROCEDURES | 1823 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 41140 | | | | 41140 | 44303.07 | case rate | |
| OTHER PERIPHERAL VASCULAR PROCEDURES | 1824 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 73555 | | | | 73555 | 79209.6 | case rate | |
| ACUTE MYOCARDIAL INFARCTION | 1901 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10925 | | | | 10925 | 11764.77 | case rate | |
| ACUTE MYOCARDIAL INFARCTION | 1902 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12046 | | | | 12046 | 12972.18 | case rate | |
| ACUTE MYOCARDIAL INFARCTION | 1903 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 16412 | | | | 16412 | 17674.1 | case rate | |
| ACUTE MYOCARDIAL INFARCTION | 1904 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 30397 | | | | 30397 | 32734.41 | case rate | |
| CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE | 1911 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12103 | | | | 12103 | 13033.98 | case rate | |
| CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE | 1912 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13919 | | | | 13919 | 14989.37 | case rate | |
| CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE | 1913 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 18431 | | | | 18431 | 19848.52 | case rate | |
| CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE | 1914 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 36084 | | | | 36084 | 38857.86 | case rate | |
| CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS | 1921 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12504 | | | | 12504 | 13465.66 | case rate | |
| CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS | 1922 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 15445 | | | | 15445 | 16632.15 | case rate | |
| CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS | 1923 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 22738 | | | | 22738 | 24485.59 | case rate | |
| CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS | 1924 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 43215 | | | | 43215 | 46537.17 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS | 1931 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12817 | | | | 12817 | 13802.48 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS | 1932 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 16651 | | | | 16651 | 17931 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS | 1933 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 24881 | | | | 24881 | 26794.06 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS | 1934 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 40988 | | | | 40988 | 44138.82 | case rate | |
| HEART FAILURE | 1941 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6941 | | | | 6941 | 7474.23 | case rate | |
| HEART FAILURE | 1942 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8912 | | | | 8912 | 9597.65 | case rate | |
| HEART FAILURE | 1943 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13292 | | | | 13292 | 14314.35 | case rate | |
| HEART FAILURE | 1944 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 25105 | | | | 25105 | 27034.79 | case rate | |
| CARDIAC ARREST & SHOCK | 1961 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7227 | | | | 7227 | 7783.14 | case rate | |
| CARDIAC ARREST & SHOCK | 1962 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7685 | | | | 7685 | 8254.55 | case rate | |
| CARDIAC ARREST & SHOCK | 1963 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14548 | | | | 14548 | 15666.23 | case rate | |
| CARDIAC ARREST & SHOCK | 1964 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 37132 | | | | 37132 | 39986.56 | case rate | |
| PERIPHERAL & OTHER VASCULAR DISORDERS | 1971 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6917 | | | | 6917 | 7449.28 | case rate | |
| PERIPHERAL & OTHER VASCULAR DISORDERS | 1972 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9236 | | | | 9236 | 9946.02 | case rate | |
| PERIPHERAL & OTHER VASCULAR DISORDERS | 1973 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13717 | | | | 13717 | 14771.35 | case rate | |
| PERIPHERAL & OTHER VASCULAR DISORDERS | 1974 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 29624 | | | | 29624 | 31901.8 | case rate | |
| ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS | 1981 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6389 | | | | 6389 | 6880.32 | case rate | |
| ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS | 1982 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7380 | | | | 7380 | 7947.67 | case rate | |
| ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS | 1983 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10068 | | | | 10068 | 10842.37 | case rate | |
| ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS | 1984 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 24198 | | | | 24198 | 26058.26 | case rate | |
| HYPERTENSION | 1991 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6574 | | | | 6574 | 7079.12 | case rate | |
| HYPERTENSION | 1992 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7720 | | | | 7720 | 8313.12 | case rate | |
| HYPERTENSION | 1993 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10822 | | | | 10822 | 11654.11 | case rate | |
| HYPERTENSION | 1994 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 24671 | | | | 24671 | 26568.1 | case rate | |
| CARDIAC STRUCTURAL & VALVULAR DISORDERS | 2001 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7889 | | | | 7889 | 8495.75 | case rate | |
| CARDIAC STRUCTURAL & VALVULAR DISORDERS | 2002 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9334 | | | | 9334 | 10051.33 | case rate | |
| CARDIAC STRUCTURAL & VALVULAR DISORDERS | 2003 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14228 | | | | 14228 | 15321.85 | case rate | |
| CARDIAC STRUCTURAL & VALVULAR DISORDERS | 2004 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 30311 | | | | 30311 | 32641.39 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS | 2011 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 5896 | | | | 5896 | 6349.32 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS | 2012 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7637 | | | | 7637 | 8224.62 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS | 2013 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11730 | | | | 11730 | 12632.13 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS | 2014 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 24339 | | | | 24339 | 26210.03 | case rate | |
| CHEST PAIN | 2031 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6594 | | | | 6594 | 7100.74 | case rate | |
| CHEST PAIN | 2032 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7669 | | | | 7669 | 8258.15 | case rate | |
| CHEST PAIN | 2033 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9573 | | | | 9573 | 10308.6 | case rate | |
| CHEST PAIN | 2034 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 17381 | | | | 17381 | 18717.71 | case rate | |
| SYNCOPE & COLLAPSE | 2041 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7331 | | | | 7331 | 7894.83 | case rate | |
| SYNCOPE & COLLAPSE | 2042 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8278 | | | | 8278 | 8914.6 | case rate | |
| SYNCOPE & COLLAPSE | 2043 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10445 | | | | 10445 | 11247.55 | case rate | |
| SYNCOPE & COLLAPSE | 2044 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 21412 | | | | 21412 | 23058.33 | case rate | |
| CARDIOMYOPATHY | 2051 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7109 | | | | 7109 | 7655.57 | case rate | |
| CARDIOMYOPATHY | 2052 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9050 | | | | 9050 | 9746.29 | case rate | |
| CARDIOMYOPATHY | 2053 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13065 | | | | 13065 | 14069.74 | case rate | |
| CARDIOMYOPATHY | 2054 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 32059 | | | | 32059 | 34523.7 | case rate | |
| MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE | 2061 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8108 | | | | 8108 | 8731.41 | case rate | |
| MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE | 2062 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9536 | | | | 9536 | 10269.25 | case rate | |
| MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE | 2063 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 15913 | | | | 15913 | 17136.17 | case rate | |
| MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE | 2064 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 29770 | | | | 29770 | 32058.84 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES | 2071 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7053 | | | | 7053 | 7595.61 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES | 2072 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9357 | | | | 9357 | 10076.46 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES | 2073 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13589 | | | | 13589 | 14634.17 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES | 2074 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 26501 | | | | 26501 | 28538.46 | case rate | |
| MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2201 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 18061 | | | | 18061 | 19449.99 | case rate | |
| MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2202 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 26837 | | | | 26837 | 28900.03 | case rate | |
| MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2203 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 43517 | | | | 43517 | 46862.34 | case rate | |
| MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2204 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 86347 | | | | 86347 | 92985.01 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES | 2211 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 18431 | | | | 18431 | 19847.69 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES | 2212 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 23897 | | | | 23897 | 25734.19 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES | 2213 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 38812 | | | | 38812 | 41796.27 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES | 2214 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 76824 | | | | 76824 | 82730.63 | case rate | |
| OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2221 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13713 | | | | 13713 | 14767.47 | case rate | |
| OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2222 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 17561 | | | | 17561 | 18900.24 | case rate | |
| OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2223 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 28443 | | | | 28443 | 30629.55 | case rate | |
| OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2224 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 69393 | | | | 69393 | 74727.63 | case rate | |
| OTHER SMALL & LARGE BOWEL PROCEDURES | 2231 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14685 | | | | 14685 | 15813.86 | case rate | |
| OTHER SMALL & LARGE BOWEL PROCEDURES | 2232 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 19469 | | | | 19469 | 20965.66 | case rate | |
| OTHER SMALL & LARGE BOWEL PROCEDURES | 2233 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 32700 | | | | 32700 | 35214.52 | case rate | |
| OTHER SMALL & LARGE BOWEL PROCEDURES | 2234 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 67525 | | | | 67525 | 72716.44 | case rate | |
| PERITONEAL ADHESIOLYSIS | 2241 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 16544 | | | | 16544 | 17815.99 | case rate | |
| PERITONEAL ADHESIOLYSIS | 2242 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 21663 | | | | 21663 | 23328.91 | case rate | |
| PERITONEAL ADHESIOLYSIS | 2243 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 32797 | | | | 32797 | 35317.98 | case rate | |
| PERITONEAL ADHESIOLYSIS | 2244 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 59532 | | | | 59532 | 64108.45 | case rate | |
| APPENDECTOMY | 2251 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11304 | | | | 11304 | 12173.1 | case rate | |
| APPENDECTOMY | 2252 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 15034 | | | | 15034 | 16189.65 | case rate | |
| APPENDECTOMY | 2253 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 25823 | | | | 25823 | 27808.2 | case rate | |
| APPENDECTOMY | 2254 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 49152 | | | | 49152 | 52930.56 | case rate | |
| ANAL PROCEDURES | 2261 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9167 | | | | 9167 | 9871.93 | case rate | |
| ANAL PROCEDURES | 2262 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12412 | | | | 12412 | 13366.73 | case rate | |
| ANAL PROCEDURES | 2263 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 20234 | | | | 20234 | 21789.14 | case rate | |
| ANAL PROCEDURES | 2264 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 41409 | | | | 41409 | 44592.4 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL | 2271 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14249 | | | | 14249 | 15344.2 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL | 2272 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 18100 | | | | 18100 | 19491.66 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL | 2273 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 29371 | | | | 29371 | 31629 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL | 2274 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 60465 | | | | 60465 | 65113.25 | case rate | |
| INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES | 2281 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10718 | | | | 10718 | 11542.32 | case rate | |
| INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES | 2282 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13999 | | | | 13999 | 15074.92 | case rate | |
| INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES | 2283 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 21503 | | | | 21503 | 23156.62 | case rate | |
| INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES | 2284 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 47920 | | | | 47920 | 51604.45 | case rate | |
| OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES | 2291 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14817 | | | | 14817 | 15956.12 | case rate | |
| OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES | 2292 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 20440 | | | | 20440 | 22011.12 | case rate | |
| OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES | 2293 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 33298 | | | | 33298 | 35857.94 | case rate | |
| OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES | 2294 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 69110 | | | | 69110 | 74423.33 | case rate | |
| DIGESTIVE MALIGNANCY | 2401 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9258 | | | | 9258 | 9969.84 | case rate | |
| DIGESTIVE MALIGNANCY | 2402 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11866 | | | | 11866 | 12777.81 | case rate | |
| DIGESTIVE MALIGNANCY | 2403 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 17479 | | | | 17479 | 18823.01 | case rate | |
| DIGESTIVE MALIGNANCY | 2404 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 32016 | | | | 32016 | 34477.33 | case rate | |
| PEPTIC ULCER & GASTRITIS | 2411 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7876 | | | | 7876 | 8481.06 | case rate | |
| PEPTIC ULCER & GASTRITIS | 2412 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9768 | | | | 9768 | 10518.85 | case rate | |
| PEPTIC ULCER & GASTRITIS | 2413 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14679 | | | | 14679 | 15807.3 | case rate | |
| PEPTIC ULCER & GASTRITIS | 2414 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 34300 | | | | 34300 | 36936.65 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS | 2421 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7769 | | | | 7769 | 8365.96 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS | 2422 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9582 | | | | 9582 | 10318.77 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS | 2423 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14251 | | | | 14251 | 15346.51 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS | 2424 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 33363 | | | | 33363 | 35927.78 | case rate | |
| OTHER ESOPHAGEAL DISORDERS | 2431 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7228 | | | | 7228 | 7783.24 | case rate | |
| OTHER ESOPHAGEAL DISORDERS | 2432 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8829 | | | | 8829 | 9507.95 | case rate | |
| OTHER ESOPHAGEAL DISORDERS | 2433 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12743 | | | | 12743 | 13722.94 | case rate | |
| OTHER ESOPHAGEAL DISORDERS | 2434 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 28051 | | | | 28051 | 30207.56 | case rate | |
| DIVERTICULITIS & DIVERTICULOSIS | 2441 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6752 | | | | 6752 | 7270.62 | case rate | |
| DIVERTICULITIS & DIVERTICULOSIS | 2442 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8835 | | | | 8835 | 9514.14 | case rate | |
| DIVERTICULITIS & DIVERTICULOSIS | 2443 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13410 | | | | 13410 | 14440.73 | case rate | |
| DIVERTICULITIS & DIVERTICULOSIS | 2444 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 30437 | | | | 30437 | 32777.19 | case rate | |
| INFLAMMATORY BOWEL DISEASE | 2451 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8062 | | | | 8062 | 8681.34 | case rate | |
| INFLAMMATORY BOWEL DISEASE | 2452 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9677 | | | | 9677 | 10420.57 | case rate | |
| INFLAMMATORY BOWEL DISEASE | 2453 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14566 | | | | 14566 | 15686.1 | case rate | |
| INFLAMMATORY BOWEL DISEASE | 2454 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 27693 | | | | 27693 | 29822.53 | case rate | |
| GASTROINTESTINAL VASCULAR INSUFFICIENCY | 2461 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8480 | | | | 8480 | 9131.78 | case rate | |
| GASTROINTESTINAL VASCULAR INSUFFICIENCY | 2462 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10184 | | | | 10184 | 10966.8 | case rate | |
| GASTROINTESTINAL VASCULAR INSUFFICIENCY | 2463 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 15394 | | | | 15394 | 16577.09 | case rate | |
| GASTROINTESTINAL VASCULAR INSUFFICIENCY | 2464 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 31135 | | | | 31135 | 33528.51 | case rate | |
| INTESTINAL OBSTRUCTION | 2471 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6545 | | | | 6545 | 7047.89 | case rate | |
| INTESTINAL OBSTRUCTION | 2472 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8417 | | | | 8417 | 9064.54 | case rate | |
| INTESTINAL OBSTRUCTION | 2473 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13345 | | | | 13345 | 14371.35 | case rate | |
| INTESTINAL OBSTRUCTION | 2474 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 30497 | | | | 30497 | 32841.39 | case rate | |
| MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS | 2481 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7137 | | | | 7137 | 7685.86 | case rate | |
| MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS | 2482 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9819 | | | | 9819 | 10573.55 | case rate | |
| MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS | 2483 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14760 | | | | 14760 | 15894.59 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS | 2484 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 31423 | | | | 31423 | 33839.27 | case rate | |
| OTHER GASTROENTERITIS, NAUSEA & VOMITING | 2491 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 5896 | | | | 5896 | 6349.04 | case rate | |
| OTHER GASTROENTERITIS, NAUSEA & VOMITING | 2492 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7166 | | | | 7166 | 7716.72 | case rate | |
| OTHER GASTROENTERITIS, NAUSEA & VOMITING | 2493 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10169 | | | | 10169 | 10950.27 | case rate | |
| OTHER GASTROENTERITIS, NAUSEA & VOMITING | 2494 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 23245 | | | | 23245 | 25031.83 | case rate | |
| ABDOMINAL PAIN | 2511 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6694 | | | | 6694 | 7209 | case rate | |
| ABDOMINAL PAIN | 2512 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8299 | | | | 8299 | 8937.33 | case rate | |
| ABDOMINAL PAIN | 2513 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11215 | | | | 11215 | 12076.74 | case rate | |
| ABDOMINAL PAIN | 2514 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 21480 | | | | 21480 | 23131.4 | case rate | |
| MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE | 2521 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7289 | | | | 7289 | 7849.19 | case rate | |
| MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE | 2522 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9790 | | | | 9790 | 10542.87 | case rate | |
| MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE | 2523 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 15011 | | | | 15011 | 16164.98 | case rate | |
| MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE | 2524 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 33924 | | | | 33924 | 36079.56 | case rate | |
| OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE | 2531 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7361 | | | | 7361 | 7926.97 | case rate | |
| OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE | 2532 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9472 | | | | 9472 | 10199.87 | case rate | |
| OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE | 2533 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14145 | | | | 14145 | 15232.33 | case rate | |
| OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE | 2534 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 29301 | | | | 29301 | 31553.9 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES | 2541 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6905 | | | | 6905 | 7435.8 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES | 2542 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9218 | | | | 9218 | 9926.52 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES | 2543 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13397 | | | | 13397 | 14427.06 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES | 2544 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 28729 | | | | 28729 | 30937.91 | case rate | |
| MAJOR PANCREAS, LIVER & SHUNT PROCEDURES | 2601 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 21547 | | | | 21547 | 23203.74 | case rate | |
| MAJOR PANCREAS, LIVER & SHUNT PROCEDURES | 2602 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 28474 | | | | 28474 | 30662.9 | case rate | |
| MAJOR PANCREAS, LIVER & SHUNT PROCEDURES | 2603 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 44690 | | | | 44690 | 48125.63 | case rate | |
| MAJOR PANCREAS, LIVER & SHUNT PROCEDURES | 2604 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 90526 | | | | 90526 | 97485.64 | case rate | |
| MAJOR BILIARY TRACT PROCEDURES | 2611 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 17921 | | | | 17921 | 19298.31 | case rate | |
| MAJOR BILIARY TRACT PROCEDURES | 2612 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 24935 | | | | 24935 | 26851.79 | case rate | |
| MAJOR BILIARY TRACT PROCEDURES | 2613 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 37708 | | | | 37708 | 40606.7 | case rate | |
| MAJOR BILIARY TRACT PROCEDURES | 2614 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 69275 | | | | 69275 | 74601.34 | case rate | |
| CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC | 2621 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 15620 | | | | 15620 | 16821.34 | case rate | |
| CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC | 2622 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 20661 | | | | 20661 | 22184.88 | case rate | |
| CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC | 2623 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 30836 | | | | 30836 | 33206.84 | case rate | |
| CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC | 2624 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 63062 | | | | 63062 | 67910.41 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY | 2631 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13345 | | | | 13345 | 14371.08 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY | 2632 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 16888 | | | | 16888 | 18186.06 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY | 2633 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 23006 | | | | 23006 | 24774.46 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY | 2634 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 48755 | | | | 48755 | 52503.67 | case rate | |
| OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES | 2641 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 17771 | | | | 17771 | 19137.11 | case rate | |
| OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES | 2642 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 21766 | | | | 21766 | 23439.76 | case rate | |
| OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES | 2643 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 33675 | | | | 33675 | 36264.31 | case rate | |
| OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES | 2644 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 73139 | | | | 73139 | 78762.48 | case rate | |
| HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS | 2791 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6902 | | | | 6902 | 7432.93 | case rate | |
| HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS | 2792 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8735 | | | | 8735 | 9406.24 | case rate | |
| HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS | 2793 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14483 | | | | 14483 | 15596.58 | case rate | |
| HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS | 2794 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 36525 | | | | 36525 | 39333.16 | case rate | |
| ALCOHOLIC LIVER DISEASE | 2801 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7054 | | | | 7054 | 7596.26 | case rate | |
| ALCOHOLIC LIVER DISEASE | 2802 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8839 | | | | 8839 | 9518.21 | case rate | |
| ALCOHOLIC LIVER DISEASE | 2803 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14083 | | | | 14083 | 15166.18 | case rate | |
| ALCOHOLIC LIVER DISEASE | 2804 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 31780 | | | | 31780 | 34223.19 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS | 2811 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10394 | | | | 10394 | 11192.76 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS | 2812 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12329 | | | | 12329 | 13277.03 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS | 2813 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 17061 | | | | 17061 | 18372.85 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS | 2814 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 27807 | | | | 27807 | 29944.65 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY | 2821 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7190 | | | | 7190 | 7742.58 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY | 2822 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9291 | | | | 9291 | 10005.6 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY | 2823 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 15521 | | | | 15521 | 16713.9 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY | 2824 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 43192 | | | | 43192 | 46512.41 | case rate | |
| OTHER DISORDERS OF THE LIVER | 2831 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7703 | | | | 7703 | 8295.75 | case rate | |
| OTHER DISORDERS OF THE LIVER | 2832 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9124 | | | | 9124 | 9824.99 | case rate | |
| OTHER DISORDERS OF THE LIVER | 2833 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13752 | | | | 13752 | 14809.23 | case rate | |
| OTHER DISORDERS OF THE LIVER | 2834 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 28109 | | | | 28109 | 30270.29 | case rate | |
| DISORDERS OF GALLBLADDER & BILIARY TRACT | 2841 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8307 | | | | 8307 | 8945.83 | case rate | |
| DISORDERS OF GALLBLADDER & BILIARY TRACT | 2842 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11081 | | | | 11081 | 11932.45 | case rate | |
| DISORDERS OF GALLBLADDER & BILIARY TRACT | 2843 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 15968 | | | | 15968 | 17195.39 | case rate | |
| DISORDERS OF GALLBLADDER & BILIARY TRACT | 2844 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 31615 | | | | 31615 | 34045.18 | case rate | |
| HIP JOINT REPLACEMENT | 3011 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 21085 | | | | 21085 | 22706.55 | case rate | |
| HIP JOINT REPLACEMENT | 3012 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 23024 | | | | 23024 | 24794.6 | case rate | |
| HIP JOINT REPLACEMENT | 3013 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 31506 | | | | 31506 | 33927.77 | case rate | |
| HIP JOINT REPLACEMENT | 3014 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 52210 | | | | 52210 | 56224.16 | case rate | |
| KNEE JOINT REPLACEMENT | 3021 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 20123 | | | | 20123 | 21670.52 | case rate | |
| KNEE JOINT REPLACEMENT | 3022 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 22376 | | | | 22376 | 24096.3 | case rate | |
| KNEE JOINT REPLACEMENT | 3023 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 28776 | | | | 28776 | 30987.89 | case rate | |
| KNEE JOINT REPLACEMENT | 3024 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 52908 | | | | 52908 | 56976.12 | case rate | |
| DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK | 3031 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 62165 | | | | 62165 | 66943.84 | case rate | |
| DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK | 3032 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 74805 | | | | 74805 | 80555.84 | case rate | |
| DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK | 3033 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 109597 | | | | 109597 | 118022.48 | case rate | |
| DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK | 3034 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 148878 | | | | 148878 | 160324.42 | case rate | |
| DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK | 3041 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 37786 | | | | 37786 | 40690.76 | case rate | |
| DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK | 3042 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 45257 | | | | 45257 | 48735.89 | case rate | |
| DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK | 3043 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 68159 | | | | 68159 | 73388.76 | case rate | |
| DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK | 3044 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 113518 | | | | 113518 | 122245.78 | case rate | |
| AMPUTATION OF LOWER LIMB EXCEPT TOES | 3051 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14169 | | | | 14169 | 15258.47 | case rate | |
| AMPUTATION OF LOWER LIMB EXCEPT TOES | 3052 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 19399 | | | | 19399 | 20890.92 | case rate | |
| AMPUTATION OF LOWER LIMB EXCEPT TOES | 3053 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 31745 | | | | 31745 | 34185.78 | case rate | |
| AMPUTATION OF LOWER LIMB EXCEPT TOES | 3054 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 67144 | | | | 67144 | 72306.28 | case rate | |
| HIP & FEMUR FRACTURE REPAIR | 3081 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 17176 | | | | 17176 | 18496.64 | case rate | |
| HIP & FEMUR FRACTURE REPAIR | 3082 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 20236 | | | | 20236 | 21792.18 | case rate | |
| HIP & FEMUR FRACTURE REPAIR | 3083 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 27013 | | | | 27013 | 29090.24 | case rate | |
| HIP & FEMUR FRACTURE REPAIR | 3084 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 47222 | | | | 47222 | 50852.02 | case rate | |
| OTHER SIGNIFICANT HIP & FEMUR SURGERY | 3091 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 17332 | | | | 17332 | 18664.5 | case rate | |
| OTHER SIGNIFICANT HIP & FEMUR SURGERY | 3092 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 24638 | | | | 24638 | 26532.53 | case rate | |
| OTHER SIGNIFICANT HIP & FEMUR SURGERY | 3093 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 35971 | | | | 35971 | 38736.29 | case rate | |
| OTHER SIGNIFICANT HIP & FEMUR SURGERY | 3094 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 70334 | | | | 70334 | 75741.31 | case rate | |
| INTERVERTEBRAL DISC EXCISION & DECOMPRESSION | 3101 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12915 | | | | 12915 | 13908.25 | case rate | |
| INTERVERTEBRAL DISC EXCISION & DECOMPRESSION | 3102 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 17145 | | | | 17145 | 18462.74 | case rate | |
| INTERVERTEBRAL DISC EXCISION & DECOMPRESSION | 3103 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 24808 | | | | 24808 | 26715.35 | case rate | |
| INTERVERTEBRAL DISC EXCISION & DECOMPRESSION | 3104 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 53338 | | | | 53338 | 57438.66 | case rate | |
| SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES | 3121 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 21293 | | | | 21293 | 22930.48 | case rate | |
| SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES | 3122 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 30304 | | | | 30304 | 32634.18 | case rate | |
| SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES | 3123 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 54645 | | | | 54645 | 58846.25 | case rate | |
| SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES | 3124 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 112927 | | | | 112927 | 121609.46 | case rate | |
| KNEE & LOWER LEG PROCEDURES EXCEPT FOOT | 3131 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 15166 | | | | 15166 | 16332.1 | case rate | |
| KNEE & LOWER LEG PROCEDURES EXCEPT FOOT | 3132 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 20758 | | | | 20758 | 22353.56 | case rate | |
| KNEE & LOWER LEG PROCEDURES EXCEPT FOOT | 3133 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 31773 | | | | 31773 | 34215.44 | case rate | |
| KNEE & LOWER LEG PROCEDURES EXCEPT FOOT | 3134 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 64649 | | | | 64649 | 69619.15 | case rate | |
| FOOT & TOE PROCEDURES | 3141 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13871 | | | | 13871 | 14937.17 | case rate | |
| FOOT & TOE PROCEDURES | 3142 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 15744 | | | | 15744 | 16954 | case rate | |
| FOOT & TOE PROCEDURES | 3143 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 21955 | | | | 21955 | 23643.28 | case rate | |
| FOOT & TOE PROCEDURES | 3144 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 47322 | | | | 47322 | 50960.48 | case rate | |
| SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT | 3151 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12509 | | | | 12509 | 13470.29 | case rate | |
| SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT | 3152 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 21160 | | | | 21160 | 22786.28 | case rate | |
| SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT | 3153 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 30441 | | | | 30441 | 32780.98 | case rate | |
| SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT | 3154 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 61586 | | | | 61586 | 66321.11 | case rate | |
| HAND & WRIST PROCEDURES | 3161 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10892 | | | | 10892 | 11728.94 | case rate | |
| HAND & WRIST PROCEDURES | 3162 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 15491 | | | | 15491 | 16682.31 | case rate | |
| HAND & WRIST PROCEDURES | 3163 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 24854 | | | | 24854 | 26765.04 | case rate | |
| HAND & WRIST PROCEDURES | 3164 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 47569 | | | | 47569 | 51225.97 | case rate | |
| TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES | 3171 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12028 | | | | 12028 | 12952.96 | case rate | |
| TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES | 3172 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 16874 | | | | 16874 | 18171.65 | case rate | |
| TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES | 3173 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 28979 | | | | 28979 | 31207.48 | case rate | |
| TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES | 3174 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 68301 | | | | 68301 | 73552.1 | case rate | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES | 3201 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13725 | | | | 13725 | 14780.04 | case rate | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES | 3202 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 21098 | | | | 21098 | 22720.13 | case rate | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES | 3203 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 30042 | | | | 30042 | 32351.22 | case rate | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES | 3204 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 56708 | | | | 56708 | 61057.41 | case rate | |
| CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP | 3211 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 22560 | | | | 22560 | 24294.73 | case rate | |
| CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP | 3212 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 29242 | | | | 29242 | 31489.7 | case rate | |
| CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP | 3213 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 48855 | | | | 48855 | 52610.56 | case rate | |
| CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP | 3214 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 91658 | | | | 91658 | 98704.49 | case rate | |
| SHOULDER & ELBOW JOINT REPLACEMENT | 3221 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 20590 | | | | 20590 | 22172.69 | case rate | |
| SHOULDER & ELBOW JOINT REPLACEMENT | 3222 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 22443 | | | | 22443 | 24168.27 | case rate | |
| SHOULDER & ELBOW JOINT REPLACEMENT | 3223 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 31710 | | | | 31710 | 34147.51 | case rate | |
| SHOULDER & ELBOW JOINT REPLACEMENT | 3224 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 53180 | | | | 53180 | 57268.41 | case rate | |
| FRACTURE OF FEMUR | 3401 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6431 | | | | 6431 | 6925.68 | case rate | |
| FRACTURE OF FEMUR | 3402 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7618 | | | | 7618 | 8203.74 | case rate | |
| FRACTURE OF FEMUR | 3403 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11426 | | | | 11426 | 12304.82 | case rate | |
| FRACTURE OF FEMUR | 3404 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 26259 | | | | 26259 | 28278.03 | case rate | |
| FRACTURE OF PELVIS OR DISLOCATION OF HIP | 3411 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6520 | | | | 6520 | 7021.38 | case rate | |
| FRACTURE OF PELVIS OR DISLOCATION OF HIP | 3412 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7909 | | | | 7909 | 8517 | case rate | |
| FRACTURE OF PELVIS OR DISLOCATION OF HIP | 3413 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10584 | | | | 10584 | 11397.38 | case rate | |
| FRACTURE OF PELVIS OR DISLOCATION OF HIP | 3414 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 25091 | | | | 25091 | 27019.65 | case rate | |
| FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK | 3421 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6809 | | | | 6809 | 7332.24 | case rate | |
| FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK | 3422 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8802 | | | | 8802 | 9479.13 | case rate | |
| FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK | 3423 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12022 | | | | 12022 | 12946.03 | case rate | |
| FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK | 3424 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 27726 | | | | 27726 | 29857.26 | case rate | |
| MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE DIT MUSCSKEL MALIG | 3431 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10574 | | | | 10574 | 11387.32 | case rate | |
| MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE DIT MUSCSKEL MALIG | 3432 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12651 | | | | 12651 | 13623.45 | case rate | |
| MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE DIT MUSCSKEL MALIG | 3433 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 20177 | | | | 20177 | 21728.07 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes | | |
| MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG | 3434 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 33959 | | | | 33959 | 36569.36 | case rate | | | | |
| OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS | 3441 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9712 | | | | 9712 | 10459.09 | case rate | | | | |
| OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS | 3442 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12263 | | | | 12263 | 13205.9 | case rate | | | | |
| OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS | 3443 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 18325 | | | | 18325 | 19733.59 | case rate | | | | |
| OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS | 3444 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 33775 | | | | 33775 | 36371.2 | case rate | | | | |
| CONNECTIVE TISSUE DISORDERS | 3461 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8782 | | | | 8782 | 9456.68 | case rate | | | | |
| CONNECTIVE TISSUE DISORDERS | 3462 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11692 | | | | 11692 | 12590.93 | case rate | | | | |
| CONNECTIVE TISSUE DISORDERS | 3463 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 19654 | | | | 19654 | 21164.65 | case rate | | | | |
| CONNECTIVE TISSUE DISORDERS | 3464 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 48051 | | | | 48051 | 51744.87 | case rate | | | | |
| OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES | 3471 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8259 | | | | 8259 | 8893.91 | case rate | | | | |
| OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES | 3472 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10195 | | | | 10195 | 10978.63 | case rate | | | | |
| OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES | 3473 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13986 | | | | 13986 | 15061.14 | case rate | | | | |
| OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES | 3474 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 33157 | | | | 33157 | 35705.79 | case rate | | | | |
| MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE | 3491 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6951 | | | | 6951 | 7485.4 | case rate | | | | |
| MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE | 3492 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9943 | | | | 9943 | 10707.41 | case rate | | | | |
| MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE | 3493 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 15158 | | | | 15158 | 16323.7 | case rate | | | | |
| MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE | 3494 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 31087 | | | | 31087 | 33477.05 | case rate | | | | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES | 3511 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7030 | | | | 7030 | 7570.66 | case rate | | | | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES | 3512 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8146 | | | | 8146 | 8772.43 | case rate | | | | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES | 3513 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13219 | | | | 13219 | 14235.19 | case rate | | | | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES | 3514 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 29266 | | | | 29266 | 31515.65 | case rate | | | | |
| SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES | 3611 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 18285 | | | | 18285 | 19690.27 | case rate | | | | |
| SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES | 3612 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 24531 | | | | 24531 | 26417.15 | case rate | | | | |
| SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES | 3613 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 35239 | | | | 35239 | 37948.39 | case rate | | | | |
| SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES | 3614 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 77395 | | | | 77395 | 83344.95 | case rate | | | | |
| MASTECTOMY PROCEDURES | 3621 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 17668 | | | | 17668 | 19026.07 | case rate | | | | |
| MASTECTOMY PROCEDURES | 3622 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 21592 | | | | 21592 | 23251.78 | case rate | | | | |
| MASTECTOMY PROCEDURES | 3623 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 26572 | | | | 26572 | 28614.57 | case rate | | | | |
| MASTECTOMY PROCEDURES | 3624 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 55956 | | | | 55956 | 60258.27 | case rate | | | | |
| BREAST PROCEDURES EXCEPT MASTECTOMY | 3631 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13785 | | | | 13785 | 14845.26 | case rate | | | | |
| BREAST PROCEDURES EXCEPT MASTECTOMY | 3632 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 23261 | | | | 23261 | 25048.83 | case rate | | | | |
| BREAST PROCEDURES EXCEPT MASTECTOMY | 3633 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 29697 | | | | 29697 | 31979.68 | case rate | | | | |
| BREAST PROCEDURES EXCEPT MASTECTOMY | 3634 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 57197 | | | | 57197 | 61594.71 | case rate | | | | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES | 3641 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11134 | | | | 11134 | 11989.73 | case rate | | | | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES | 3642 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 15388 | | | | 15388 | 16570.72 | case rate | | | | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES | 3643 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 23918 | | | | 23918 | 25756.63 | case rate | | | | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES | 3644 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 46865 | | | | 46865 | 50467.54 | case rate | | | | |
| SKIN ULCERS | 3801 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7630 | | | | 7630 | 8216.4 | case rate | | | | |
| SKIN ULCERS | 3802 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9147 | | | | 9147 | 9850.13 | case rate | | | | |
| SKIN ULCERS | 3803 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13222 | | | | 13222 | 14238.05 | case rate | | | | |
| SKIN ULCERS | 3804 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 25954 | | | | 25954 | 27948.98 | case rate | | | | |
| MAJOR SKIN DISORDERS | 3811 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6138 | | | | 6138 | 6610.29 | case rate | | | | |
| MAJOR SKIN DISORDERS | 3812 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10818 | | | | 10818 | 11649.67 | case rate | | | | |
| MAJOR SKIN DISORDERS | 3813 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 19525 | | | | 19525 | 21026.08 | case rate | | | | |
| MAJOR SKIN DISORDERS | 3814 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 52795 | | | | 52795 | 56853.45 | case rate | | | | |
| MALIGNANT BREAST DISORDERS | 3821 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8327 | | | | 8327 | 8967.07 | case rate | | | | |
| MALIGNANT BREAST DISORDERS | 3822 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9877 | | | | 9877 | 10636.65 | case rate | | | | |
| MALIGNANT BREAST DISORDERS | 3823 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 15654 | | | | 15654 | 16857.09 | case rate | | | | |
| MALIGNANT BREAST DISORDERS | 3824 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 26329 | | | | 26329 | 28353.42 | case rate | | | | |
| CELLULITIS & OTHER SKIN INFECTIONS | 3831 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6023 | | | | 6023 | 6486.51 | case rate | | | | |
| CELLULITIS & OTHER SKIN INFECTIONS | 3832 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8017 | | | | 8017 | 8633.03 | case rate | | | | |
| CELLULITIS & OTHER SKIN INFECTIONS | 3833 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12308 | | | | 12308 | 13254.48 | case rate | | | | |
| CELLULITIS & OTHER SKIN INFECTIONS | 3834 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 29119 | | | | 29119 | 31357.31 | case rate | | | | |
| CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE | 3841 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7716 | | | | 7716 | 8309.05 | case rate | | | | |
| CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE | 3842 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9146 | | | | 9146 | 9849.57 | case rate | | | | |
| CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE | 3843 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13401 | | | | 13401 | 14431.77 | case rate | | | | |
| CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE | 3844 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 33906 | | | | 33906 | 36512.54 | case rate | | | | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS | 3851 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 5744 | | | | 5744 | 6185.16 | case rate | | | | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS | 3852 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7609 | | | | 7609 | 8193.67 | case rate | | | | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS | 3853 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12158 | | | | 12158 | 13092.73 | case rate | | | | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS | 3854 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 24962 | | | | 24962 | 26880.89 | case rate | | | | |
| PITUITARY & ADRENAL PROCEDURES | 4011 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 19914 | | | | 19914 | 21445.38 | case rate | | | | |
| PITUITARY & ADRENAL PROCEDURES | 4012 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 26773 | | | | 26773 | 28831.76 | case rate | | | | |
| PITUITARY & ADRENAL PROCEDURES | 4013 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 45065 | | | | 45065 | 48529.97 | case rate | | | | |
| PITUITARY & ADRENAL PROCEDURES | 4014 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 97506 | | | | 97506 | 105002.81 | case rate | | | | |
| PROCEDURES FOR OBESITY | 4031 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 17380 | | | | 17380 | 18716.59 | case rate | | | | |
| PROCEDURES FOR OBESITY | 4032 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 19302 | | | | 19302 | 20786.08 | case rate | | | | |
| PROCEDURES FOR OBESITY | 4033 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 29334 | | | | 29334 | 31589.28 | case rate | | | | |
| PROCEDURES FOR OBESITY | 4034 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 82589 | | | | 82589 | 88938.34 | case rate | | | | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES | 4041 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11095 | | | | 11095 | 11948.15 | case rate | | | | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES | 4042 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14866 | | | | 14866 | 16008.87 | case rate | | | | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES | 4043 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 28289 | | | | 28289 | 30463.64 | case rate | | | | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES | 4044 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 67798 | | | | 67798 | 73010.03 | case rate | | | | |
| OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS | 4051 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 17255 | | | | 17255 | 18581.54 | case rate | | | | |
| OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS | 4052 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 21390 | | | | 21390 | 23034.13 | case rate | | | | |
| OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS | 4053 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 31781 | | | | 31781 | 34224.03 | case rate | | | | |
| OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS | 4054 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 72471 | | | | 72471 | 78042.47 | case rate | | | | |
| DIABETES | 4201 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 5600 | | | | 5600 | 6030.98 | case rate | | | | |
| DIABETES | 4202 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7237 | | | | 7237 | 7793.67 | case rate | | | | |
| DIABETES | 4203 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10860 | | | | 10860 | 11695.22 | case rate | | | | |
| DIABETES | 4204 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 26481 | | | | 26481 | 28516.56 | case rate | | | | |
| MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS | 4211 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7536 | | | | 7536 | 8115.52 | case rate | | | | |
| MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS | 4212 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8373 | | | | 8373 | 9017.24 | case rate | | | | |
| MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS | 4213 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12841 | | | | 12841 | 13828.25 | case rate | | | | |
| MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS | 4214 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 27227 | | | | 27227 | 29320.17 | case rate | | | | |
| HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS | 4221 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 4511 | | | | 4511 | 4857.3 | case rate | | | | |
| HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS | 4222 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6471 | | | | 6471 | 6968.17 | case rate | | | | |
| HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS | 4223 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9465 | | | | 9465 | 10192.48 | case rate | | | | |
| HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS | 4224 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 20499 | | | | 20499 | 22074.95 | case rate | | | | |
| INBORN ERRORS OF METABOLISM | 4231 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8230 | | | | 8230 | 8862.96 | case rate | | | | |
| INBORN ERRORS OF METABOLISM | 4232 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10728 | | | | 10728 | 11552.77 | case rate | | | | |
| INBORN ERRORS OF METABOLISM | 4233 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 16930 | | | | 16930 | 18232.07 | case rate | | | | |
| INBORN ERRORS OF METABOLISM | 4234 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 32805 | | | | 32805 | 35327.22 | case rate | | | | |
| OTHER ENDOCRINE DISORDERS | 4241 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6862 | | | | 6862 | 7411.41 | case rate | | | | |
| OTHER ENDOCRINE DISORDERS | 4242 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9353 | | | | 9353 | 10072.21 | case rate | | | | |
| OTHER ENDOCRINE DISORDERS | 4243 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14179 | | | | 14179 | 15268.63 | case rate | | | | |
| OTHER ENDOCRINE DISORDERS | 4244 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 30049 | | | | 30049 | 32358.89 | case rate | | | | |
| ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED | 4251 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 5598 | | | | 5598 | 6028.39 | case rate | | | | |
| ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED | 4252 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7212 | | | | 7212 | 7766.97 | case rate | | | | |
| ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED | 4253 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10816 | | | | 10816 | 11647.55 | case rate | | | | |
| ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED | 4254 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 24264 | | | | 24264 | 26129.58 | case rate | | | | |
| KIDNEY TRANSPLANT | 4401 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 66803 | | | | 66803 | 71938.89 | case rate | | | | |
| KIDNEY TRANSPLANT | 4402 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 69900 | | | | 69900 | 75273.87 | case rate | | | | |
| KIDNEY TRANSPLANT | 4403 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 79041 | | | | 79041 | 85117.53 | case rate | | | | |
| KIDNEY TRANSPLANT | 4404 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 125133 | | | | 125133 | 134753 | case rate | | | | |
| MAJOR BLADDER PROCEDURES | 4411 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 19699 | | | | 19699 | 21213.06 | case rate | | | | |
| MAJOR BLADDER PROCEDURES | 4412 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 30534 | | | | 30534 | 32881.21 | case rate | | | | |
| MAJOR BLADDER PROCEDURES | 4413 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 41530 | | | | 41530 | 44722.93 | case rate | | | | |
| MAJOR BLADDER PROCEDURES | 4414 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 83587 | | | | 83587 | 90012.8 | case rate | | | | |
| KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY | 4421 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 18154 | | | | 18154 | 19549.21 | case rate | | | | |
| KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY | 4422 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 21032 | | | | 21032 | 22648.91 | case rate | | | | |
| KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY | 4423 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 32476 | | | | 32476 | 34973.32 | case rate | | | | |
| KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY | 4424 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 64617 | | | | 64617 | 69584.32 | case rate | | | | |
| KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY | 4431 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 15894 | | | | 15894 | 17115.48 | case rate | | | | |
| KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY | 4432 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 18671 | | | | 18671 | 20106.44 | case rate | | | | |
| KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY | 4433 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 27290 | | | | 27290 | 29388.62 | case rate | | | | |
| KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY | 4434 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 56734 | | | | 56734 | 61095.87 | case rate | | | | |
| RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY | 4441 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14477 | | | | 14477 | 15590.02 | case rate | | | | |
| RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY | 4442 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 19534 | | | | 19534 | 21035.96 | case rate | | | | |
| RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY | 4443 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 31396 | | | | 31396 | 33810.08 | case rate | | | | |
| RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY | 4444 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 58390 | | | | 58390 | 62865.93 | case rate | | | | |
| OTHER BLADDER PROCEDURES | 4451 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12551 | | | | 12551 | 13515.92 | case rate | | | | |
| OTHER BLADDER PROCEDURES | 4452 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 17153 | | | | 17153 | 18471.33 | case rate | | | | |
| OTHER BLADDER PROCEDURES | 4453 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 22331 | | | | 22331 | 24048.26 | case rate | | | | |
| OTHER BLADDER PROCEDURES | 4454 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 46342 | | | | 46342 | 49904.67 | case rate | | | | |
| URETHRAL & TRANSURETHRAL PROCEDURES | 4461 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9610 | | | | 9610 | 10348.51 | case rate | | | | |
| URETHRAL & TRANSURETHRAL PROCEDURES | 4462 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11885 | | | | 11885 | 12798.32 | case rate | | | | |
| URETHRAL & TRANSURETHRAL PROCEDURES | 4463 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 19434 | | | | 19434 | 20927.57 | case rate | | | | |
| URETHRAL & TRANSURETHRAL PROCEDURES | 4464 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 42053 | | | | 42053 | 45286.26 | case rate | | | | |
| OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES | 4471 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 16309 | | | | 16309 | 17562.41 | case rate | | | | |
| OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES | 4472 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 20646 | | | | 20646 | 22233.57 | case rate | | | | |
| OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES | 4473 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 29505 | | | | 29505 | 31773.85 | case rate | | | | |
| OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES | 4474 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 67426 | | | | 67426 | 72610.03 | case rate | | | | |
| KIDNEY & URINARY TRACT MALIGNANCY | 4611 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7578 | | | | 7578 | 8160.78 | case rate | | | | |
| KIDNEY & URINARY TRACT MALIGNANCY | 4612 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9909 | | | | 9909 | 10670.45 | case rate | | | | |
| KIDNEY & URINARY TRACT MALIGNANCY | 4613 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 15319 | | | | 15319 | 16496.63 | case rate | | | | |
| KIDNEY & URINARY TRACT MALIGNANCY | 4614 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 27888 | | | | 27888 | 30032.23 | case rate | | | | |
| NEPHRITIS & NEPHROSIS | 4621 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6243 | | | | 6243 | 6723.27 | case rate | | | | |
| NEPHRITIS & NEPHROSIS | 4622 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8808 | | | | 8808 | 9485.51 | case rate | | | | |
| NEPHRITIS & NEPHROSIS | 4623 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 16274 | | | | 16274 | 17525.18 | case rate | | | | |
| NEPHRITIS & NEPHROSIS | 4624 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 32891 | | | | 32891 | 35419.69 | case rate | | | | |
| KIDNEY & URINARY TRACT INFECTIONS | 4631 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6033 | | | | 6033 | 6497.22 | case rate | | | | |
| KIDNEY & URINARY TRACT INFECTIONS | 4632 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7602 | | | | 7602 | 8186.1 | case rate | | | | |
| KIDNEY & URINARY TRACT INFECTIONS | 4633 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10558 | | | | 10558 | 11369.95 | case rate | | | | |
| KIDNEY & URINARY TRACT INFECTIONS | 4634 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 20653 | | | | 20653 | 22241.14 | case rate | | | | |
| URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION | 4651 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6637 | | | | 6637 | 7147.48 | case rate | | | | |
| URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION | 4652 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7948 | | | | 7948 | 8559.22 | case rate | | | | |
| URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION | 4653 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12181 | | | | 12181 | 13117.4 | case rate | | | | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION | 4654 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 26559 | | | | 26559 | 26600.91 | case rate | |
| MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC | 4661 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6318 | | | | 6318 | 6803.83 | case rate | |
| MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC | 4662 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8800 | | | | 8800 | 9476.18 | case rate | |
| MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC | 4663 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13404 | | | | 13404 | 14435 | case rate | |
| MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC | 4664 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 23822 | | | | 23822 | 25953.17 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS | 4681 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6605 | | | | 6605 | 7112.28 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS | 4682 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8968 | | | | 8968 | 9656.96 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS | 4683 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13074 | | | | 13074 | 14079.06 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS | 4684 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 26335 | | | | 26335 | 28359.42 | case rate | |
| ACUTE KIDNEY INJURY | 4691 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6254 | | | | 6254 | 6734.63 | case rate | |
| ACUTE KIDNEY INJURY | 4692 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8357 | | | | 8357 | 8999.41 | case rate | |
| ACUTE KIDNEY INJURY | 4693 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13533 | | | | 13533 | 14573.2 | case rate | |
| ACUTE KIDNEY INJURY | 4694 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 30702 | | | | 30702 | 33062.73 | case rate | |
| CHRONIC KIDNEY DISEASE | 4701 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6647 | | | | 6647 | 7158.01 | case rate | |
| CHRONIC KIDNEY DISEASE | 4702 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8463 | | | | 8463 | 9113.21 | case rate | |
| CHRONIC KIDNEY DISEASE | 4703 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12460 | | | | 12460 | 13417.81 | case rate | |
| CHRONIC KIDNEY DISEASE | 4704 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 26710 | | | | 26710 | 28763.96 | case rate | |
| MAJOR MALE PELVIC PROCEDURES | 4801 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 16836 | | | | 16836 | 18130.45 | case rate | |
| MAJOR MALE PELVIC PROCEDURES | 4802 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 18555 | | | | 18555 | 19981.08 | case rate | |
| MAJOR MALE PELVIC PROCEDURES | 4803 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 30287 | | | | 30287 | 32614.97 | case rate | |
| MAJOR MALE PELVIC PROCEDURES | 4804 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 67582 | | | | 67582 | 72777.78 | case rate | |
| PENIS PROCEDURES | 4811 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10772 | | | | 10772 | 11599.88 | case rate | |
| PENIS PROCEDURES | 4812 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 17553 | | | | 17553 | 18902.92 | case rate | |
| PENIS PROCEDURES | 4813 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 24440 | | | | 24440 | 26318.86 | case rate | |
| PENIS PROCEDURES | 4814 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 56406 | | | | 56406 | 60742.24 | case rate | |
| TRANSURETHRAL PROSTATECTOMY | 4821 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9060 | | | | 9060 | 9756.54 | case rate | |
| TRANSURETHRAL PROSTATECTOMY | 4822 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11823 | | | | 11823 | 12732.08 | case rate | |
| TRANSURETHRAL PROSTATECTOMY | 4823 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 21522 | | | | 21522 | 23176.48 | case rate | |
| TRANSURETHRAL PROSTATECTOMY | 4824 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 42957 | | | | 42957 | 46259.38 | case rate | |
| TESTES & SCROTAL PROCEDURES | 4831 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9589 | | | | 9589 | 10325.87 | case rate | |
| TESTES & SCROTAL PROCEDURES | 4832 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 17345 | | | | 17345 | 18678.26 | case rate | |
| TESTES & SCROTAL PROCEDURES | 4833 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 29116 | | | | 29116 | 31354.91 | case rate | |
| TESTES & SCROTAL PROCEDURES | 4834 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 81770 | | | | 81770 | 88056.95 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 4841 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12453 | | | | 12453 | 13410.8 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 4842 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 17771 | | | | 17771 | 19137.56 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 4843 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 22759 | | | | 22759 | 24509.06 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 4844 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 57655 | | | | 57655 | 62087.37 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM | 5001 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7705 | | | | 7705 | 8297.88 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM | 5002 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9800 | | | | 9800 | 10553.69 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM | 5003 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 15500 | | | | 15500 | 16691.55 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM | 5004 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 25430 | | | | 25430 | 27385.19 | case rate | |
| MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY | 5011 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6141 | | | | 6141 | 6613.25 | case rate | |
| MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY | 5012 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8440 | | | | 8440 | 9088.65 | case rate | |
| MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY | 5013 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12755 | | | | 12755 | 13736.15 | case rate | |
| MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY | 5014 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 32225 | | | | 32225 | 34702.55 | case rate | |
| PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS | 5101 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 17033 | | | | 17033 | 18342.73 | case rate | |
| PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS | 5102 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 21132 | | | | 21132 | 22757.17 | case rate | |
| PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS | 5103 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 37795 | | | | 37795 | 40700.27 | case rate | |
| PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS | 5104 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 87560 | | | | 87560 | 94291.9 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY | 5111 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 17184 | | | | 17184 | 18505.05 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY | 5112 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 21549 | | | | 21549 | 23205.77 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY | 5113 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 32349 | | | | 32349 | 34836.41 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY | 5114 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 69058 | | | | 69058 | 74367.53 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG | 5121 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 15277 | | | | 15277 | 16451.37 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG | 5122 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 17977 | | | | 17977 | 19358.73 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG | 5123 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 28246 | | | | 28246 | 30417.82 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG | 5124 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 57706 | | | | 57706 | 62142.25 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA | 5131 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11679 | | | | 11679 | 12576.79 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA | 5132 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13711 | | | | 13711 | 14764.89 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA | 5133 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 22492 | | | | 22492 | 24220.92 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA | 5134 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 54382 | | | | 54382 | 58562.46 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 5141 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9619 | | | | 9619 | 10358.67 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 5142 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13969 | | | | 13969 | 15043.13 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 5143 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 24194 | | | | 24194 | 26053.73 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 5144 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 67054 | | | | 67054 | 72208.82 | case rate | |
| DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES | 5171 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9256 | | | | 9256 | 9967.26 | case rate | |
| DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES | 5172 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11645 | | | | 11645 | 12540.39 | case rate | |
| DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES | 5173 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 21364 | | | | 21364 | 23006.13 | case rate | |
| DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES | 5174 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 50269 | | | | 50269 | 54133.42 | case rate | |
| OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 5181 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11013 | | | | 11013 | 11859.92 | case rate | |
| OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 5182 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 15179 | | | | 15179 | 16345.68 | case rate | |
| OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 5183 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 27710 | | | | 27710 | 29840.63 | case rate | |
| OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 5184 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 63088 | | | | 63088 | 67938.68 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA | 5191 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12208 | | | | 12208 | 13146.96 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA | 5192 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14642 | | | | 14642 | 15767.76 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA | 5193 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 26431 | | | | 26431 | 28462.89 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA | 5194 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 65644 | | | | 65644 | 70691.11 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM MALIGNANCY | 5301 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7382 | | | | 7382 | 7950.07 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM MALIGNANCY | 5302 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9490 | | | | 9490 | 10220.01 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM MALIGNANCY | 5303 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 16026 | | | | 16026 | 17258.02 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM MALIGNANCY | 5304 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 29510 | | | | 29510 | 31779.3 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM INFECTIONS | 5311 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6715 | | | | 6715 | 7230.9 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM INFECTIONS | 5312 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9040 | | | | 9040 | 9735.21 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM INFECTIONS | 5313 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14253 | | | | 14253 | 15349.18 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM INFECTIONS | 5314 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 27689 | | | | 27689 | 29817.26 | case rate | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS | 5321 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 5836 | | | | 5836 | 6284.29 | case rate | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS | 5322 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7205 | | | | 7205 | 7758.57 | case rate | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS | 5323 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11844 | | | | 11844 | 12754.07 | case rate | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS | 5324 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 24252 | | | | 24252 | 26116.36 | case rate | |
| CESAREAN DELIVERY | 5401 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7438 | | | | 7438 | 8010.02 | case rate | |
| CESAREAN DELIVERY | 5402 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8892 | | | | 8892 | 9575.29 | case rate | |
| CESAREAN DELIVERY | 5403 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12747 | | | | 12747 | 13727.1 | case rate | |
| CESAREAN DELIVERY | 5404 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 36062 | | | | 36062 | 38834.31 | case rate | |
| VAGINAL DELIVERY W STERILIZATION &/OR D&C | 5411 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7086 | | | | 7086 | 7630.9 | case rate | |
| VAGINAL DELIVERY W STERILIZATION &/OR D&C | 5412 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7711 | | | | 7711 | 8303.42 | case rate | |
| VAGINAL DELIVERY W STERILIZATION &/OR D&C | 5413 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11480 | | | | 11480 | 12362.56 | case rate | |
| VAGINAL DELIVERY W STERILIZATION &/OR D&C | 5414 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 40410 | | | | 40410 | 43516.83 | case rate | |
| VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C | 5421 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 5264 | | | | 5264 | 5667.58 | case rate | |
| VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C | 5422 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6556 | | | | 6556 | 7060.18 | case rate | |
| VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C | 5423 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14117 | | | | 14117 | 15202.4 | case rate | |
| VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C | 5424 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 47169 | | | | 47169 | 50795.03 | case rate | |
| D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES | 5441 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7421 | | | | 7421 | 7991.54 | case rate | |
| D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES | 5442 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8785 | | | | 8785 | 9459.91 | case rate | |
| D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES | 5443 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14558 | | | | 14558 | 15677.6 | case rate | |
| D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES | 5444 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 40972 | | | | 40972 | 44121.64 | case rate | |
| ECTOPIC PREGNANCY PROCEDURE | 5451 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10824 | | | | 10824 | 11441.09 | case rate | |
| ECTOPIC PREGNANCY PROCEDURE | 5452 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11660 | | | | 11660 | 12556.66 | case rate | |
| ECTOPIC PREGNANCY PROCEDURE | 5453 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14070 | | | | 14070 | 15152.05 | case rate | |
| ECTOPIC PREGNANCY PROCEDURE | 5454 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 25680 | | | | 25680 | 27654.29 | case rate | |
| OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES | 5461 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8105 | | | | 8105 | 8727.81 | case rate | |
| OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES | 5462 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11454 | | | | 11454 | 12334.85 | case rate | |
| OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES | 5463 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 21949 | | | | 21949 | 23636.35 | case rate | |
| OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES | 5464 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 59801 | | | | 59801 | 64398.15 | case rate | |
| VAGINAL DELIVERY | 5601 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 4388 | | | | 4388 | 4725.57 | case rate | |
| VAGINAL DELIVERY | 5602 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 4948 | | | | 4948 | 5328.53 | case rate | |
| VAGINAL DELIVERY | 5603 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7194 | | | | 7194 | 7747.58 | case rate | |
| VAGINAL DELIVERY | 5604 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 21453 | | | | 21453 | 23102.49 | case rate | |
| POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE | 5611 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 3442 | | | | 3442 | 3706.17 | case rate | |
| POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE | 5612 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 5538 | | | | 5538 | 5963.64 | case rate | |
| POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE | 5613 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8898 | | | | 8898 | 9582.59 | case rate | |
| POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE | 5614 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 23418 | | | | 23418 | 25218.81 | case rate | |
| PRETERM LABOR | 5631 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 3942 | | | | 3942 | 4244.92 | case rate | |
| PRETERM LABOR | 5632 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 5221 | | | | 5221 | 5622.3 | case rate | |
| PRETERM LABOR | 5633 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8939 | | | | 8939 | 9626.19 | case rate | |
| PRETERM LABOR | 5634 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 16481 | | | | 16481 | 17747.63 | case rate | |
| ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 5641 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 4174 | | | | 4174 | 4494.71 | case rate | |
| ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 5642 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 4872 | | | | 4872 | 5246.95 | case rate | |
| ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 5643 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6919 | | | | 6919 | 7451.12 | case rate | |
| ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 5644 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 29447 | | | | 29447 | 31710.48 | case rate | |
| FALSE LABOR | 5651 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 1937 | | | | 1937 | 2085.74 | case rate | |
| FALSE LABOR | 5652 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 2754 | | | | 2754 | 2966.2 | case rate | |
| FALSE LABOR | 5653 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 4379 | | | | 4379 | 4715.68 | case rate | |
| FALSE LABOR | 5654 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 4818 | | | | 4818 | 5188.67 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES | 5661 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 3866 | | | | 3866 | 4163.54 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES | 5662 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 5194 | | | | 5194 | 5593.48 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES | 5663 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7969 | | | | 7969 | 8581.48 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES | 5664 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 22654 | | | | 22654 | 24395.43 | case rate | |
| NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE | 5801 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 3277 | | | | 3277 | 3529.35 | case rate | |
| NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE | 5802 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 4219 | | | | 4219 | 4543.12 | case rate | |
| NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE | 5803 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6827 | | | | 6827 | 7351.45 | case rate | |
| NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE | 5804 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12889 | | | | 12889 | 13879.44 | case rate | |
| NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE | 5811 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 1306 | | | | 1306 | 1406.85 | case rate | |
| NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE | 5812 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 2075 | | | | 2075 | 2234.38 | case rate | |
| NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE | 5813 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 3580 | | | | 3580 | 3855.54 | case rate | |
| NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE | 5814 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7189 | | | | 7189 | 7741.57 | case rate | |
| NEONATE W ECMO | 5831 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 113360 | | | | 113360 | 122075.06 | case rate | |
| NEONATE W ECMO | 5832 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 125955 | | | | 125955 | 136039.02 | case rate | |
| NEONATE W ECMO | 5833 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 236141 | | | | 236141 | 254295.58 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes | | | | | |
| NEONATE W ECMO | 5834 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 353109 | | | | 353109 | 380256.57 | case rate | | | | | | | |
| NEONATE BWT <1500G W MAJOR PROCEDURE | 5881 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 111251 | | | | 111251 | 119804.56 | case rate | | | | | | | |
| NEONATE BWT <1500G W MAJOR PROCEDURE | 5882 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 123613 | | | | 123613 | 133116.23 | case rate | | | | | | | |
| NEONATE BWT <1500G W MAJOR PROCEDURE | 5883 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 252406 | | | | 252406 | 271810.79 | case rate | | | | | | | |
| NEONATE BWT <1500G W MAJOR PROCEDURE | 5884 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 337839 | | | | 337839 | 363812.97 | case rate | | | | | | | |
| NEONATE BWT <500G OR GA <24 WEEKS | 5891 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 195339 | | | | 195339 | 210356.86 | case rate | | | | | | | |
| NEONATE BWT <500G OR GA <24 WEEKS | 5892 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 137021 | | | | 137021 | 147554.93 | case rate | | | | | | | |
| NEONATE BWT <500G OR GA <24 WEEKS | 5893 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 98016 | | | | 98016 | 105551.08 | case rate | | | | | | | |
| NEONATE BWT <500G OR GA <24 WEEKS | 5894 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 3332 | | | | 3332 | 3587.64 | case rate | | | | | | | |
| NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE | 5911 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 116657 | | | | 116657 | 125625.47 | case rate | | | | | | | |
| NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE | 5912 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 161848 | | | | 161848 | 174290.97 | case rate | | | | | | | |
| NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE | 5913 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 200977 | | | | 200977 | 216428.85 | case rate | | | | | | | |
| NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE | 5914 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 283720 | | | | 283720 | 305532.82 | case rate | | | | | | | |
| NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE | 5931 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 36170 | | | | 36170 | 38951.08 | case rate | | | | | | | |
| NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE | 5932 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 122541 | | | | 122541 | 131962.42 | case rate | | | | | | | |
| NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE | 5933 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 163204 | | | | 163204 | 175751.86 | case rate | | | | | | | |
| NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE | 5934 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 233082 | | | | 233082 | 251001.25 | case rate | | | | | | | |
| NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6021 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 53194 | | | | 53194 | 57283.56 | case rate | | | | | | | |
| NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6022 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 97672 | | | | 97672 | 105181.57 | case rate | | | | | | | |
| NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6023 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 129662 | | | | 129662 | 139630.26 | case rate | | | | | | | |
| NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6024 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 179503 | | | | 179503 | 193303.18 | case rate | | | | | | | |
| NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION | 6031 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 31064 | | | | 31064 | 33452.47 | case rate | | | | | | | |
| NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION | 6032 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 71354 | | | | 71354 | 76840.07 | case rate | | | | | | | |
| NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION | 6033 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 106029 | | | | 106029 | 114181.06 | case rate | | | | | | | |
| NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION | 6034 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 184612 | | | | 184612 | 198804.73 | case rate | | | | | | | |
| NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6071 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 48491 | | | | 48491 | 52219.15 | case rate | | | | | | | |
| NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6072 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 75709 | | | | 75709 | 81529.52 | case rate | | | | | | | |
| NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6073 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 102533 | | | | 102533 | 110416.14 | case rate | | | | | | | |
| NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6074 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 143345 | | | | 143345 | 154365.32 | case rate | | | | | | | |
| NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION | 6081 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 32814 | | | | 32814 | 35336.83 | case rate | | | | | | | |
| NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION | 6082 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 61749 | | | | 61749 | 66496.54 | case rate | | | | | | | |
| NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION | 6083 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 91224 | | | | 91224 | 98237.88 | case rate | | | | | | | |
| NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION | 6084 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 133734 | | | | 133734 | 144016.16 | case rate | | | | | | | |
| NEONATE BWT 1500-2499G W MAJOR PROCEDURE | 6091 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 50993 | | | | 50993 | 54913.2 | case rate | | | | | | | |
| NEONATE BWT 1500-2499G W MAJOR PROCEDURE | 6092 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 66227 | | | | 66227 | 71319.12 | case rate | | | | | | | |
| NEONATE BWT 1500-2499G W MAJOR PROCEDURE | 6093 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 105656 | | | | 105656 | 113778.66 | case rate | | | | | | | |
| NEONATE BWT 1500-2499G W MAJOR PROCEDURE | 6094 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 195917 | | | | 195917 | 210979.68 | case rate | | | | | | | |
| NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY | 6111 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 28254 | | | | 28254 | 30426.68 | case rate | | | | | | | |
| NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY | 6112 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 45435 | | | | 45435 | 48928.32 | case rate | | | | | | | |
| NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY | 6113 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 73562 | | | | 73562 | 79217.35 | case rate | | | | | | | |
| NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY | 6114 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 115570 | | | | 115570 | 124454.65 | case rate | | | | | | | |
| NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND | 6121 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 34345 | | | | 34345 | 36984.97 | case rate | | | | | | | |
| NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND | 6122 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 52353 | | | | 52353 | 56377.6 | case rate | | | | | | | |
| NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND | 6123 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 72393 | | | | 72393 | 77958.88 | case rate | | | | | | | |
| NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND | 6124 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 111047 | | | | 111047 | 119584.7 | case rate | | | | | | | |
| NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION | 6131 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 28750 | | | | 28750 | 30958.8 | case rate | | | | | | | |
| NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION | 6132 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 44527 | | | | 44527 | 47950.75 | case rate | | | | | | | |
| NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION | 6133 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 74032 | | | | 74032 | 79724.15 | case rate | | | | | | | |
| NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION | 6134 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 98704 | | | | 98704 | 106292.98 | case rate | | | | | | | |
| NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION | 6141 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 18872 | | | | 18872 | 20323.35 | case rate | | | | | | | |
| NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION | 6142 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 37688 | | | | 37688 | 40586.01 | case rate | | | | | | | |
| NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION | 6143 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 61814 | | | | 61814 | 66566.2 | case rate | | | | | | | |
| NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION | 6144 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 66120 | | | | 66120 | 71202.99 | case rate | | | | | | | |
| NEONATE BWT 2000-2499G W MAJOR ANOMALY | 6211 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13210 | | | | 13210 | 14225.48 | case rate | | | | | | | |
| NEONATE BWT 2000-2499G W MAJOR ANOMALY | 6212 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 28589 | | | | 28589 | 30786.6 | case rate | | | | | | | |
| NEONATE BWT 2000-2499G W MAJOR ANOMALY | 6213 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 48152 | | | | 48152 | 51853.6 | case rate | | | | | | | |
| NEONATE BWT 2000-2499G W MAJOR ANOMALY | 6214 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 95209 | | | | 95209 | 102528.71 | case rate | | | | | | | |
| NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND | 6221 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 21358 | | | | 21358 | 23000.31 | case rate | | | | | | | |
| NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND | 6222 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 31658 | | | | 31658 | 34092.11 | case rate | | | | | | | |
| NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND | 6223 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 46156 | | | | 46156 | 49704.58 | case rate | | | | | | | |
| NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND | 6224 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 73830 | | | | 73830 | 79505.67 | case rate | | | | | | | |
| NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION | 6231 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 16930 | | | | 16930 | 18232.07 | case rate | | | | | | | |
| NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION | 6232 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 29449 | | | | 29449 | 31712.98 | case rate | | | | | | | |
| NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION | 6233 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 47893 | | | | 47893 | 51575.08 | case rate | | | | | | | |
| NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION | 6234 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 72839 | | | | 72839 | 78439.16 | case rate | | | | | | | |
| NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION | 6251 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 20144 | | | | 20144 | 21692.41 | case rate | | | | | | | |
| NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION | 6252 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 31478 | | | | 31478 | 33897.93 | case rate | | | | | | | |
| NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION | 6253 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 39290 | | | | 39290 | 42311.09 | case rate | | | | | | | |
| NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION | 6254 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 58073 | | | | 58073 | 62537.26 | case rate | | | | | | | |
| NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6261 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 2002 | | | | 2002 | 2156.32 | case rate | | | | | | | |
| NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6262 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 4953 | | | | 4953 | 5333.98 | case rate | | | | | | | |
| NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6263 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14457 | | | | 14457 | 15568.58 | case rate | | | | | | | |
| NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6264 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 32532 | | | | 32532 | 35033.09 | case rate | | | | | | | |
| NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE | 6301 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 30656 | | | | 30656 | 33013.3 | case rate | | | | | | | |
| NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE | 6302 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 41677 | | | | 41677 | 44881.18 | case rate | | | | | | | |
| NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE | 6303 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 65580 | | | | 65580 | 70622.11 | case rate | | | | | | | |
| NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE | 6304 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 150392 | | | | 150392 | 161954 | case rate | | | | | | | |
| NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE | 6311 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 17213 | | | | 17213 | 18535.99 | case rate | | | | | | | |
| NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE | 6312 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 21321 | | | | 21321 | 22959.85 | case rate | | | | | | | |
| NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE | 6313 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 47920 | | | | 47920 | 51603.9 | case rate | | | | | | | |
| NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE | 6314 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 133513 | | | | 133513 | 143777.91 | case rate | | | | | | | |
| NEONATE BIRTHWT >2499G W MAJOR ANOMALY | 6331 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 3759 | | | | 3759 | 4048.24 | case rate | | | | | | | |
| NEONATE BIRTHWT >2499G W MAJOR ANOMALY | 6332 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10700 | | | | 10700 | 11522.47 | case rate | | | | | | | |
| NEONATE BIRTHWT >2499G W MAJOR ANOMALY | 6333 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 22723 | | | | 22723 | 24470.44 | case rate | | | | | | | |
| NEONATE BIRTHWT >2499G W MAJOR ANOMALY | 6334 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 68244 | | | | 68244 | 73490.58 | case rate | | | | | | | |
| NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND | 6341 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7177 | | | | 7177 | 7728.91 | case rate | | | | | | | |
| NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND | 6342 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13071 | | | | 13071 | 14076.1 | case rate | | | | | | | |
| NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND | 6343 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 29000 | | | | 29000 | 31229.56 | case rate | | | | | | | |
| NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND | 6344 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 72129 | | | | 72129 | 77673.98 | case rate | | | | | | | |
| NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION | 6361 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9714 | | | | 9714 | 10460.66 | case rate | | | | | | | |
| NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION | 6362 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14489 | | | | 14489 | 15603.33 | case rate | | | | | | | |
| NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION | 6363 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 27280 | | | | 27280 | 29376.98 | case rate | | | | | | | |
| NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION | 6364 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 56858 | | | | 56858 | 61229.45 | case rate | | | | | | | |
| NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION | 6391 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 5617 | | | | 5617 | 6048.35 | case rate | | | | | | | |
| NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION | 6392 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8903 | | | | 8903 | 9587.86 | case rate | | | | | | | |
| NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION | 6393 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 17277 | | | | 17277 | 18604.91 | case rate | | | | | | | |
| NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION | 6394 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 46822 | | | | 46822 | 50422.08 | case rate | | | | | | | |
| NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6401 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 1422 | | | | 1422 | 1531.37 | case rate | | | | | | | |
| NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6402 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 2103 | | | | 2103 | 2265.13 | case rate | | | | | | | |
| NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6403 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 5114 | | | | 5114 | 5506.92 | case rate | | | | | | | |
| NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6404 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 24920 | | | | 24920 | 26835.99 | case rate | | | | | | | |
| SPLENECTOMY | 6501 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 17505 | | | | 17505 | 18850.55 | case rate | | | | | | | |
| SPLENECTOMY | 6502 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 25056 | | | | 25056 | 26982.69 | case rate | | | | | | | |
| SPLENECTOMY | 6503 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 33786 | | | | 33786 | 36383.21 | case rate | | | | | | | |
| SPLENECTOMY | 6504 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 67643 | | | | 67643 | 72843.74 | case rate | | | | | | | |
| OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS | 6511 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14080 | | | | 14080 | 15162.39 | case rate | | | | | | | |
| OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS | 6512 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 19771 | | | | 19771 | 21291.2 | case rate | | | | | | | |
| OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS | 6513 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 34893 | | | | 34893 | 37575.09 | case rate | | | | | | | |
| OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS | 6514 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 73223 | | | | 73223 | 78852.82 | case rate | | | | | | | |
| MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL | 6601 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10302 | | | | 10302 | 11094.11 | case rate | | | | | | | |
| MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL | 6602 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10998 | | | | 10998 | 11843.21 | case rate | | | | | | | |
| MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL | 6603 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 17681 | | | | 17681 | 19040.85 | case rate | | | | | | | |
| MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL | 6604 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 45941 | | | | 45941 | 49472.8 | case rate | | | | | | | |
| COAGULATION & PLATELET DISORDERS | 6611 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12664 | | | | 12664 | 13637.67 | case rate | | | | | | | |
| COAGULATION & PLATELET DISORDERS | 6612 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14899 | | | | 14899 | 16044.16 | case rate | | | | | | | |
| COAGULATION & PLATELET DISORDERS | 6613 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 28376 | | | | 28376 | 30557.31 | case rate | | | | | | | |
| COAGULATION & PLATELET DISORDERS | 6614 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 54122 | | | | 54122 | 58283.01 | case rate | | | | | | | |
| SICKLE CELL ANEMIA CRISIS | 6621 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7859 | | | | 7859 | 8463.51 | case rate | | | | | | | |
| SICKLE CELL ANEMIA CRISIS | 6622 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10766 | | | | 10766 | 11593.41 | case rate | | | | | | | |
| SICKLE CELL ANEMIA CRISIS | 6623 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 16681 | | | | 16681 | 17963.89 | case rate | | | | | | | |
| SICKLE CELL ANEMIA CRISIS | 6624 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 39194 | | | | 39194 | 42206.89 | case rate | | | | | | | |
| OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS | 6631 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6598 | | | | 6598 | 7105.72 | case rate | | | | | | | |
| OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS | 6632 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8330 | | | | 8330 | 8970.76 | case rate | | | | | | | |
| OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS | 6633 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11920 | | | | 11920 | 12836.19 | case rate | | | | | | | |
| OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS | 6634 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 22264 | | | | 22264 | 23975.85 | case rate | | | | | | | |
| MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6801 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 20594 | | | | 20594 | 22177.13 | case rate | | | | | | | |
| MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6802 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 28322 | | | | 28322 | 30499.67 | case rate | | | | | | | |
| MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6803 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 48920 | | | | 48920 | 52681.13 | case rate | | | | | | | |
| MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6804 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 97850 | | | | 97850 | 105372.51 | case rate | | | | | | | |
| OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6811 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 15005 | | | | 15005 | 16158.89 | case rate | | | | | | | |
| OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6812 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 20654 | | | | 20654 | 22241.51 | case rate | | | | | | | |
| OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6813 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 37958 | | | | 37958 | 40876.08 | case rate | | | | | | | |
| OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6814 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 92491 | | | | 92491 | 99601.87 | case rate | | | | | | | |
| ACUTE LEUKEMIA | 6901 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 17442 | | | | 17442 | 18783.11 | case rate | | | | | | | |
| ACUTE LEUKEMIA | 6902 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 28798 | | | | 28798 | 31011.82 | case rate | | | | | | | |
| ACUTE LEUKEMIA | 6903 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 55360 | | | | 55360 | 59616.41 | case rate | | | | | | | |
| ACUTE LEUKEMIA | 6904 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 105548 | | | | 105548 | 113662.82 | case rate | | | | | | | |
| LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA | 6911 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14775 | | | | 14775 | 15910.76 | case rate | | | | | | | |
| LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA | 6912 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 17060 | | | | 17060 | 18372.02 | case rate | | | | | | | |
| LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA | 6913 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 26410 | | | | 26410 | 28440.44 | case rate | | | | | | | |
| LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA | 6914 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 55547 | | | | 55547 | 59817.89 | case rate | | | | | | | |
| RADIOTHERAPY | 6921 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9985 | | | | 9985 | 10753.13 | case rate | | | | | | | |
| RADIOTHERAPY | 6922 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 20875 | | | | 20875 | 22479.95 | case rate | | | | | | | |
| RADIOTHERAPY | 6923 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 30562 | | | | 30562 | 32911.32 | case rate | | | | | | | |
| RADIOTHERAPY | 6924 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 56535 | | | | 56535 | 60881.83 | case rate | | | | | | | |
| LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR | 6941 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9180 | | | | 9180 | 9885.88 | case rate | | | | | | | |
| LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR | 6942 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10818 | | | | 10818 | 11649.21 | case rate | | | | | | | |
| LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR | 6943 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 17406 | | | | 17406 | 18744.59 | case rate | | | | | | | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
| LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR | 6944 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 33693 | | | | 33693 | 36263.25 | case rate | |
| CHEMOTHERAPY FOR ACUTE LEUKEMIA | 6951 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8356 | | | | 8356 | 8997.93 | case rate | |
| CHEMOTHERAPY FOR ACUTE LEUKEMIA | 6952 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12183 | | | | 12183 | 13119.99 | case rate | |
| CHEMOTHERAPY FOR ACUTE LEUKEMIA | 6953 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 31769 | | | | 31769 | 34211.65 | case rate | |
| CHEMOTHERAPY FOR ACUTE LEUKEMIA | 6954 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 87626 | | | | 87626 | 94362.66 | case rate | |
| OTHER CHEMOTHERAPY | 6961 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11002 | | | | 11002 | 11847.46 | case rate | |
| OTHER CHEMOTHERAPY | 6962 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13087 | | | | 13087 | 14092.65 | case rate | |
| OTHER CHEMOTHERAPY | 6963 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 20535 | | | | 20535 | 22113.47 | case rate | |
| OTHER CHEMOTHERAPY | 6964 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 48452 | | | | 48452 | 52177.11 | case rate | |
| INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE | 7101 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14659 | | | | 14659 | 15786.05 | case rate | |
| INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE | 7102 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 20644 | | | | 20644 | 22231.17 | case rate | |
| INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE | 7103 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 35450 | | | | 35450 | 38174.99 | case rate | |
| INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE | 7104 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 72442 | | | | 72442 | 78011.35 | case rate | |
| POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE | 7111 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14075 | | | | 14075 | 15156.94 | case rate | |
| POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE | 7112 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 19475 | | | | 19475 | 20971.94 | case rate | |
| POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE | 7113 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 35254 | | | | 35254 | 37964.46 | case rate | |
| POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE | 7114 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 72559 | | | | 72559 | 78136.98 | case rate | |
| SEPTICEMIA & DISSEMINATED INFECTIONS | 7201 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7372 | | | | 7372 | 7939.17 | case rate | |
| SEPTICEMIA & DISSEMINATED INFECTIONS | 7202 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9895 | | | | 9895 | 10656.04 | case rate | |
| SEPTICEMIA & DISSEMINATED INFECTIONS | 7203 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 16184 | | | | 16184 | 17428.64 | case rate | |
| SEPTICEMIA & DISSEMINATED INFECTIONS | 7204 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 35673 | | | | 35673 | 38415.19 | case rate | |
| POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS | 7211 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7747 | | | | 7747 | 8342.87 | case rate | |
| POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS | 7212 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10281 | | | | 10281 | 11071.84 | case rate | |
| POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS | 7213 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 17211 | | | | 17211 | 18533.87 | case rate | |
| POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS | 7214 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 33602 | | | | 33602 | 36185.42 | case rate | |
| FEVER | 7221 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 5959 | | | | 5959 | 6417.31 | case rate | |
| FEVER | 7222 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7992 | | | | 7992 | 8606.33 | case rate | |
| FEVER | 7223 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10880 | | | | 10880 | 11716.74 | case rate | |
| FEVER | 7224 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 20658 | | | | 20658 | 22246.32 | case rate | |
| VIRAL ILLNESS | 7231 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 5256 | | | | 5256 | 5660.54 | case rate | |
| VIRAL ILLNESS | 7232 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7119 | | | | 7119 | 7666.65 | case rate | |
| VIRAL ILLNESS | 7233 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11508 | | | | 11508 | 12393.05 | case rate | |
| VIRAL ILLNESS | 7234 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 38476 | | | | 38476 | 41434.6 | case rate | |
| OTHER INFECTIOUS & PARASITIC DISEASES | 7241 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9170 | | | | 9170 | 9875.53 | case rate | |
| OTHER INFECTIOUS & PARASITIC DISEASES | 7242 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10819 | | | | 10819 | 11650.69 | case rate | |
| OTHER INFECTIOUS & PARASITIC DISEASES | 7243 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 17052 | | | | 17052 | 18363.33 | case rate | |
| OTHER INFECTIOUS & PARASITIC DISEASES | 7244 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 39454 | | | | 39454 | 42487.26 | case rate | |
| MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE | 7401 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 17959 | | | | 17959 | 19339.97 | case rate | |
| MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE | 7402 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 21614 | | | | 21614 | 23275.33 | case rate | |
| MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE | 7403 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 36229 | | | | 36229 | 39014.72 | case rate | |
| MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE | 7404 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 72810 | | | | 72810 | 78408.2 | case rate | |
| SCHIZOPHRENIA | 7501 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8395 | | | | 8395 | 9039.96 | case rate | |
| SCHIZOPHRENIA | 7502 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10060 | | | | 10060 | 10833.31 | case rate | |
| SCHIZOPHRENIA | 7503 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14676 | | | | 14676 | 15804.43 | case rate | |
| SCHIZOPHRENIA | 7504 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 29498 | | | | 29498 | 31765.82 | case rate | |
| MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES | 7511 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 5025 | | | | 5025 | 5411.02 | case rate | |
| MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES | 7512 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6966 | | | | 6966 | 7501.93 | case rate | |
| MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES | 7513 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12133 | | | | 12133 | 13065.29 | case rate | |
| MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES | 7514 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 23553 | | | | 23553 | 25364.21 | case rate | |
| DISORDERS OF PERSONALITY & IMPULSE CONTROL | 7521 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 4304 | | | | 4304 | 4635.13 | case rate | |
| DISORDERS OF PERSONALITY & IMPULSE CONTROL | 7522 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6111 | | | | 6111 | 6580.55 | case rate | |
| DISORDERS OF PERSONALITY & IMPULSE CONTROL | 7523 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10782 | | | | 10782 | 11610.78 | case rate | |
| DISORDERS OF PERSONALITY & IMPULSE CONTROL | 7524 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11569 | | | | 11569 | 12458.27 | case rate | |
| BIPOLAR DISORDERS | 7531 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 5466 | | | | 5466 | 5886.04 | case rate | |
| BIPOLAR DISORDERS | 7532 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7399 | | | | 7399 | 7967.52 | case rate | |
| BIPOLAR DISORDERS | 7533 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12030 | | | | 12030 | 12954.9 | case rate | |
| BIPOLAR DISORDERS | 7534 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 24157 | | | | 24157 | 26014.37 | case rate | |
| DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER | 7541 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 4019 | | | | 4019 | 4328.15 | case rate | |
| DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER | 7542 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 5383 | | | | 5383 | 5797.17 | case rate | |
| DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER | 7543 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8383 | | | | 8383 | 9027.49 | case rate | |
| DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER | 7544 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 17520 | | | | 17520 | 18866.9 | case rate | |
| ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES | 7551 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 3619 | | | | 3619 | 3897.2 | case rate | |
| ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES | 7552 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 5933 | | | | 5933 | 6389.22 | case rate | |
| ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES | 7553 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8522 | | | | 8522 | 9176.68 | case rate | |
| ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES | 7554 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12858 | | | | 12858 | 13846.73 | case rate | |
| ACUTE ANXIETY & DELIRIUM STATES | 7561 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 5872 | | | | 5872 | 6323.91 | case rate | |
| ACUTE ANXIETY & DELIRIUM STATES | 7562 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7405 | | | | 7405 | 7973.99 | case rate | |
| ACUTE ANXIETY & DELIRIUM STATES | 7563 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9041 | | | | 9041 | 9735.57 | case rate | |
| ACUTE ANXIETY & DELIRIUM STATES | 7564 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 23735 | | | | 23735 | 25559.97 | case rate | |
| ORGANIC MENTAL HEALTH DISTURBANCES | 7571 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8677 | | | | 8677 | 9344.53 | case rate | |
| ORGANIC MENTAL HEALTH DISTURBANCES | 7572 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9994 | | | | 9994 | 10762.83 | case rate | |
| ORGANIC MENTAL HEALTH DISTURBANCES | 7573 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12866 | | | | 12866 | 13854.86 | case rate | |
| ORGANIC MENTAL HEALTH DISTURBANCES | 7574 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 27248 | | | | 27248 | 29343.35 | case rate | |
| BEHAVIORAL DISORDERS | 7581 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 5731 | | | | 5731 | 6171.96 | case rate | |
| BEHAVIORAL DISORDERS | 7582 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6812 | | | | 6812 | 7335.46 | case rate | |
| BEHAVIORAL DISORDERS | 7583 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11420 | | | | 11420 | 12298.09 | case rate | |
| BEHAVIORAL DISORDERS | 7584 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 15093 | | | | 15093 | 16252.94 | case rate | |
| EATING DISORDERS | 7591 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 18259 | | | | 18259 | 19662.93 | case rate | |
| EATING DISORDERS | 7592 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 19176 | | | | 19176 | 20650.65 | case rate | |
| EATING DISORDERS | 7593 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 21488 | | | | 21488 | 23140.55 | case rate | |
| EATING DISORDERS | 7594 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 37236 | | | | 37236 | 40099.26 | case rate | |
| OTHER MENTAL HEALTH DISORDERS | 7601 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7148 | | | | 7148 | 7697.59 | case rate | |
| OTHER MENTAL HEALTH DISORDERS | 7602 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9284 | | | | 9284 | 9997.28 | case rate | |
| OTHER MENTAL HEALTH DISORDERS | 7603 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14003 | | | | 14003 | 15079.44 | case rate | |
| OTHER MENTAL HEALTH DISORDERS | 7604 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 26995 | | | | 26995 | 29070.74 | case rate | |
| DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE | 7701 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 3199 | | | | 3199 | 3445.29 | case rate | |
| DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE | 7702 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 4195 | | | | 4195 | 4517.16 | case rate | |
| DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE | 7703 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8660 | | | | 8660 | 9326.05 | case rate | |
| DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE | 7704 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 25875 | | | | 25875 | 27864.27 | case rate | |
| ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY | 7721 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8030 | | | | 8030 | 8647.07 | case rate | |
| ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY | 7722 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9427 | | | | 9427 | 10152.3 | case rate | |
| ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY | 7723 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11082 | | | | 11082 | 11933.47 | case rate | |
| ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY | 7724 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 34376 | | | | 34376 | 37019.15 | case rate | |
| OPIOID ABUSE & DEPENDENCE | 7731 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 3797 | | | | 3797 | 4089.26 | case rate | |
| OPIOID ABUSE & DEPENDENCE | 7732 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 4896 | | | | 4896 | 5229.22 | case rate | |
| OPIOID ABUSE & DEPENDENCE | 7733 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9840 | | | | 9840 | 10596.64 | case rate | |
| OPIOID ABUSE & DEPENDENCE | 7734 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 31142 | | | | 31142 | 33535.99 | case rate | |
| COCAINE ABUSE & DEPENDENCE | 7741 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 4807 | | | | 4807 | 5176.56 | case rate | |
| COCAINE ABUSE & DEPENDENCE | 7742 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 4993 | | | | 4993 | 5376.75 | case rate | |
| COCAINE ABUSE & DEPENDENCE | 7743 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9615 | | | | 9615 | 10354.61 | case rate | |
| COCAINE ABUSE & DEPENDENCE | 7744 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 35185 | | | | 35185 | 37889.92 | case rate | |
| ALCOHOL ABUSE & DEPENDENCE | 7751 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 4663 | | | | 4663 | 5021.92 | case rate | |
| ALCOHOL ABUSE & DEPENDENCE | 7752 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6649 | | | | 6649 | 7159.86 | case rate | |
| ALCOHOL ABUSE & DEPENDENCE | 7753 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12659 | | | | 12659 | 13632.13 | case rate | |
| ALCOHOL ABUSE & DEPENDENCE | 7754 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 36269 | | | | 36269 | 39057.22 | case rate | |
| OTHER DRUG ABUSE & DEPENDENCE | 7761 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 4430 | | | | 4430 | 4770.74 | case rate | |
| OTHER DRUG ABUSE & DEPENDENCE | 7762 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6141 | | | | 6141 | 6612.69 | case rate | |
| OTHER DRUG ABUSE & DEPENDENCE | 7763 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10821 | | | | 10821 | 11652.53 | case rate | |
| OTHER DRUG ABUSE & DEPENDENCE | 7764 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 24958 | | | | 24958 | 26876.46 | case rate | |
| O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT | 7911 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13059 | | | | 13059 | 14062.81 | case rate | |
| O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT | 7912 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 19172 | | | | 19172 | 20645.57 | case rate | |
| O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT | 7913 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 30926 | | | | 30926 | 33304.02 | case rate | |
| O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT | 7914 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 67573 | | | | 67573 | 72768.63 | case rate | |
| ALLERGIC REACTIONS | 8111 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 4113 | | | | 4113 | 4428.75 | case rate | |
| ALLERGIC REACTIONS | 8112 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 5938 | | | | 5938 | 6395.04 | case rate | |
| ALLERGIC REACTIONS | 8113 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13002 | | | | 13002 | 14001.74 | case rate | |
| ALLERGIC REACTIONS | 8114 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 31154 | | | | 31154 | 33548.92 | case rate | |
| POISONING OF MEDICINAL AGENTS | 8121 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 4712 | | | | 4712 | 5073.84 | case rate | |
| POISONING OF MEDICINAL AGENTS | 8122 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6001 | | | | 6001 | 6462.77 | case rate | |
| POISONING OF MEDICINAL AGENTS | 8123 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10651 | | | | 10651 | 11470 | case rate | |
| POISONING OF MEDICINAL AGENTS | 8124 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 24975 | | | | 24975 | 26894.75 | case rate | |
| OTHER COMPLICATIONS OF TREATMENT | 8131 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6844 | | | | 6844 | 7369.65 | case rate | |
| OTHER COMPLICATIONS OF TREATMENT | 8132 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9020 | | | | 9020 | 9713.13 | case rate | |
| OTHER COMPLICATIONS OF TREATMENT | 8133 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13890 | | | | 13890 | 14957.87 | case rate | |
| OTHER COMPLICATIONS OF TREATMENT | 8134 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 30552 | | | | 30552 | 32901.25 | case rate | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES | 8151 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6705 | | | | 6705 | 7220.08 | case rate | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES | 8152 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7121 | | | | 7121 | 7668.4 | case rate | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES | 8153 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12125 | | | | 12125 | 13057.44 | case rate | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES | 8154 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 38719 | | | | 38719 | 41695.76 | case rate | |
| TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES | 8161 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7032 | | | | 7032 | 7573.16 | case rate | |
| TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES | 8162 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7814 | | | | 7814 | 8414.65 | case rate | |
| TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES | 8163 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11314 | | | | 11314 | 12183.62 | case rate | |
| TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES | 8164 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 25929 | | | | 25929 | 27922.65 | case rate | |
| EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT | 8411 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 66333 | | | | 66333 | 71432.37 | case rate | |
| EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT | 8412 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 67479 | | | | 67479 | 72666.47 | case rate | |
| EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT | 8413 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 103839 | | | | 103839 | 111822.16 | case rate | |
| EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT | 8414 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 268653 | | | | 268653 | 289306.86 | case rate | |
| BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS | 8421 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 20631 | | | | 20631 | 22217.12 | case rate | |
| BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS | 8422 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 30935 | | | | 30935 | 33313.26 | case rate | |
| BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS | 8423 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 59192 | | | | 59192 | 63742.54 | case rate | |
| BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS | 8424 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 140789 | | | | 140789 | 151613.33 | case rate | |
| EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT | 8431 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10139 | | | | 10139 | 10918.03 | case rate | |
| EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT | 8432 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13987 | | | | 13987 | 15062.53 | case rate | |
| EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT | 8433 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 25544 | | | | 25544 | 27507.96 | case rate | |
| EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT | 8434 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 68913 | | | | 68913 | 74211.05 | case rate | |
| PARTIAL THICKNESS BURNS W/O SKIN GRAFT | 8441 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 6777 | | | | 6777 | 7297.78 | case rate | |
| PARTIAL THICKNESS BURNS W/O SKIN GRAFT | 8442 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10220 | | | | 10220 | 11005.97 | case rate | |
| PARTIAL THICKNESS BURNS W/O SKIN GRAFT | 8443 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 20807 | | | | 20807 | 22406.14 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes | | | | | |
| PARTIAL THICKNESS BURNS W/O SKIN GRAFT | 8444 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 58881 | | | | 58881 | 63407.47 | case rate | | | | | | | |
| PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE | 8501 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 20917 | | | | 20917 | 22524.75 | case rate | | | | | | | |
| PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE | 8502 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 26269 | | | | 26269 | 28289.03 | case rate | | | | | | | |
| PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE | 8503 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 36091 | | | | 36091 | 38865.81 | case rate | | | | | | | |
| PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE | 8504 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 65967 | | | | 65967 | 71038.37 | case rate | | | | | | | |
| REHABILITATION | 8601 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11462 | | | | 11462 | 12343.08 | case rate | | | | | | | |
| REHABILITATION | 8602 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 15526 | | | | 15526 | 16719.91 | case rate | | | | | | | |
| REHABILITATION | 8603 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 21361 | | | | 21361 | 23024.7 | case rate | | | | | | | |
| REHABILITATION | 8604 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 28803 | | | | 28803 | 31017.17 | case rate | | | | | | | |
| SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS | 8611 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 5885 | | | | 5885 | 6337.4 | case rate | | | | | | | |
| SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS | 8612 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 7697 | | | | 7697 | 8288.64 | case rate | | | | | | | |
| SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS | 8613 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11003 | | | | 11003 | 11849.31 | case rate | | | | | | | |
| SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS | 8614 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 23161 | | | | 23161 | 24941.67 | case rate | | | | | | | |
| OTHER AFTERCARE & CONVALESCENCE | 8621 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 5692 | | | | 5692 | 6129.74 | case rate | | | | | | | |
| OTHER AFTERCARE & CONVALESCENCE | 8622 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 8846 | | | | 8846 | 9525.78 | case rate | | | | | | | |
| OTHER AFTERCARE & CONVALESCENCE | 8623 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12900 | | | | 12900 | 13891.82 | case rate | | | | | | | |
| OTHER AFTERCARE & CONVALESCENCE | 8624 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 21139 | | | | 21139 | 22764.57 | case rate | | | | | | | |
| NEONATAL AFTERCARE | 8631 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10578 | | | | 10578 | 11391.19 | case rate | | | | | | | |
| NEONATAL AFTERCARE | 8632 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 29900 | | | | 29900 | 32198.24 | case rate | | | | | | | |
| NEONATAL AFTERCARE | 8633 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 53525 | | | | 53525 | 57640.6 | case rate | | | | | | | |
| NEONATAL AFTERCARE | 8634 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 127878 | | | | 127878 | 137709.33 | case rate | | | | | | | |
| HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS | 8901 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12609 | | | | 12609 | 13578.27 | case rate | | | | | | | |
| HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS | 8902 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14985 | | | | 14985 | 15813.77 | case rate | | | | | | | |
| HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS | 8903 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 23355 | | | | 23355 | 25150.45 | case rate | | | | | | | |
| HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS | 8904 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 47032 | | | | 47032 | 50647.58 | case rate | | | | | | | |
| HIV W MAJOR HIV RELATED CONDITION | 8921 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9818 | | | | 9818 | 10573.27 | case rate | | | | | | | |
| HIV W MAJOR HIV RELATED CONDITION | 8922 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 12986 | | | | 12986 | 13984 | case rate | | | | | | | |
| HIV W MAJOR HIV RELATED CONDITION | 8923 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 17015 | | | | 17015 | 18323.43 | case rate | | | | | | | |
| HIV W MAJOR HIV RELATED CONDITION | 8924 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 33024 | | | | 33024 | 35562.79 | case rate | | | | | | | |
| HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS | 8931 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11685 | | | | 11685 | 12583.26 | case rate | | | | | | | |
| HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS | 8932 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 13286 | | | | 13286 | 14307.51 | case rate | | | | | | | |
| HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS | 8933 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 20267 | | | | 20267 | 21824.79 | case rate | | | | | | | |
| HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS | 8934 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 40668 | | | | 40668 | 43794.33 | case rate | | | | | | | |
| HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND | 8941 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 9005 | | | | 9005 | 9697.51 | case rate | | | | | | | |
| HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND | 8942 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10825 | | | | 10825 | 11657.53 | case rate | | | | | | | |
| HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND | 8943 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 15472 | | | | 15472 | 16661.53 | case rate | | | | | | | |
| HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND | 8944 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 22157 | | | | 22157 | 23860.27 | case rate | | | | | | | |
| CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | 9101 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 42214 | | | | 42214 | 45459.01 | case rate | | | | | | | |
| CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | 9102 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 50066 | | | | 50066 | 53915.13 | case rate | | | | | | | |
| CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | 9103 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 65302 | | | | 65302 | 70322.71 | case rate | | | | | | | |
| CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | 9104 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 134896 | | | | 134896 | 145267.24 | case rate | | | | | | | |
| EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA | 9111 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 23226 | | | | 23226 | 25011.87 | case rate | | | | | | | |
| EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA | 9112 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 30528 | | | | 30528 | 32875.57 | case rate | | | | | | | |
| EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA | 9113 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 41490 | | | | 41490 | 44679.98 | case rate | | | | | | | |
| EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA | 9114 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 98798 | | | | 98798 | 106393.3 | case rate | | | | | | | |
| MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA | 9121 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 28082 | | | | 28082 | 30240.64 | case rate | | | | | | | |
| MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA | 9122 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 30919 | | | | 30919 | 33296.26 | case rate | | | | | | | |
| MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA | 9123 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 50977 | | | | 50977 | 54895.83 | case rate | | | | | | | |
| MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA | 9124 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 98253 | | | | 98253 | 105806.88 | case rate | | | | | | | |
| MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE | 9301 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 10682 | | | | 10682 | 11502.89 | case rate | | | | | | | |
| MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE | 9302 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14370 | | | | 14370 | 15475.19 | case rate | | | | | | | |
| MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE | 9303 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 22641 | | | | 22641 | 24381.2 | case rate | | | | | | | |
| MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE | 9304 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 59938 | | | | 59938 | 64545.68 | case rate | | | | | | | |
| EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9501 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 20225 | | | | 20225 | 21779.53 | case rate | | | | | | | |
| EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9502 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 29698 | | | | 29698 | 31980.69 | case rate | | | | | | | |
| EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9503 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 46167 | | | | 46167 | 49715.84 | case rate | | | | | | | |
| EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9504 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 87954 | | | | 87954 | 94715.56 | case rate | | | | | | | |
| MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9511 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 14362 | | | | 14362 | 15466.14 | case rate | | | | | | | |
| MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9512 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 20515 | | | | 20515 | 22091.77 | case rate | | | | | | | |
| MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9513 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 33694 | | | | 33694 | 36284.09 | case rate | | | | | | | |
| MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9514 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 64403 | | | | 64403 | 69353.93 | case rate | | | | | | | |
| NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9521 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 11428 | | | | 11428 | 12306.96 | case rate | | | | | | | |
| NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9522 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 17006 | | | | 17006 | 18313.73 | case rate | | | | | | | |
| NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9523 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 28868 | | | | 28868 | 31087.84 | case rate | | | | | | | |
| NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9524 | APR-DRG | | | | inpatient | | | | | Horizon | NJ Health | 54759 | | | | 54759 | 58969.38 | case rate | | | | | | | |
| LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT | 0011 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 103184.16 | | | | 63733.78 | 260411 | case rate | | | | | | | |
| LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT | 0012 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 109255.54 | | | | 48470.93 | 260411 | case rate | | | | | | | |
| LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT | 0013 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 124118.5 | | | | 31300.53 | 260411 | case rate | | | | | | | |
| LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT | 0014 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 227836.18 | | | | 154752.17 | 466145.35 | case rate | | | | | | | |
| HEART &/OR LUNG TRANSPLANT | 0021 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 124668.71 | | | | 63084.15 | 308373.74 | case rate | | | | | | | |
| HEART &/OR LUNG TRANSPLANT | 0022 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 160706.49 | | | | 32623.42 | 201178.6 | case rate | | | | | | | |
| HEART &/OR LUNG TRANSPLANT | 0023 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 193118.43 | | | | 67385.9 | 212982.12 | case rate | | | | | | | |
| HEART &/OR LUNG TRANSPLANT | 0024 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 304477.89 | | | | 44903.86 | 313612.23 | case rate | | | | | | | |
| BONE MARROW TRANSPLANT | 0031 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 80920.3 | | | | 49497.36 | 163162.38 | case rate | | | | | | | |
| BONE MARROW TRANSPLANT | 0032 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 100004.96 | | | | 25224.68 | 103005.11 | case rate | | | | | | | |
| BONE MARROW TRANSPLANT | 0033 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 164464.53 | | | | 18845.28 | 169398.47 | case rate | | | | | | | |
| BONE MARROW TRANSPLANT | 0034 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 271004.84 | | | | 45931.46 | 279134.99 | case rate | | | | | | | |
| TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO | 0041 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 73079.18 | | | | 26672.77 | 91994.11 | case rate | | | | | | | |
| TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO | 0042 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 89425.84 | | | | 20759.93 | 102408.62 | case rate | | | | | | | |
| TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO | 0043 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 144239.51 | | | | 137952 | 148557.43 | case rate | | | | | | | |
| TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO | 0044 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 207512.38 | | | | 198478 | 213737.75 | case rate | | | | | | | |
| TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE | 0051 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 70194.26 | | | | 67138 | 72300.09 | case rate | | | | | | | |
| TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE | 0052 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 77993.67 | | | | 23770.68 | 80333.48 | case rate | | | | | | | |
| TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE | 0053 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 95450.67 | | | | 10883.13 | 98314.19 | case rate | | | | | | | |
| TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE | 0054 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 139413.78 | | | | 17706.65 | 143596.19 | case rate | | | | | | | |
| PANCREAS TRANSPLANT | 0061 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 84041.29 | | | | 31931.26 | 111080.23 | case rate | | | | | | | |
| PANCREAS TRANSPLANT | 0062 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 118164.04 | | | | 21035.14 | 121708.96 | case rate | | | | | | | |
| PANCREAS TRANSPLANT | 0063 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 132120.04 | | | | 16592.82 | 136083.64 | case rate | | | | | | | |
| PANCREAS TRANSPLANT | 0064 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 209055.29 | | | | 23495.48 | 215326.95 | case rate | | | | | | | |
| CRANIOTOMY FOR TRAUMA | 0201 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 27079.6 | | | | 7997.58 | 27891.99 | case rate | | | | | | | |
| CRANIOTOMY FOR TRAUMA | 0202 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 37568.59 | | | | 11418.2 | 38695.65 | case rate | | | | | | | |
| CRANIOTOMY FOR TRAUMA | 0203 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 49296.63 | | | | 8227.9 | 50775.53 | case rate | | | | | | | |
| CRANIOTOMY FOR TRAUMA | 0204 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 93914.21 | | | | 9579.14 | 96731.64 | case rate | | | | | | | |
| CRANIOTOMY EXCEPT FOR TRAUMA | 0211 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 29892.86 | | | | 28591 | 30789.65 | case rate | | | | | | | |
| CRANIOTOMY EXCEPT FOR TRAUMA | 0212 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 39162.54 | | | | 37458 | 189020.06 | case rate | | | | | | | |
| CRANIOTOMY EXCEPT FOR TRAUMA | 0213 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 60016.75 | | | | 57404 | 61817.25 | case rate | | | | | | | |
| CRANIOTOMY EXCEPT FOR TRAUMA | 0214 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 104929.68 | | | | 100362 | 108077.57 | case rate | | | | | | | |
| VENTRICULAR SHUNT PROCEDURES | 0221 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 17981.58 | | | | 17199 | 179720.85 | case rate | | | | | | | |
| VENTRICULAR SHUNT PROCEDURES | 0222 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 22853.65 | | | | 21859 | 23539.26 | case rate | | | | | | | |
| VENTRICULAR SHUNT PROCEDURES | 0223 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 38752.66 | | | | 37066 | 39915.24 | case rate | | | | | | | |
| VENTRICULAR SHUNT PROCEDURES | 0224 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 91895.86 | | | | 87895 | 94652.74 | case rate | | | | | | | |
| SPINAL PROCEDURES | 0231 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 20307.75 | | | | 19424 | 327615.89 | case rate | | | | | | | |
| SPINAL PROCEDURES | 0232 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 29096.78 | | | | 27830 | 240298.72 | case rate | | | | | | | |
| SPINAL PROCEDURES | 0233 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 56216.83 | | | | 53769 | 297923.76 | case rate | | | | | | | |
| SPINAL PROCEDURES | 0234 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 100405.51 | | | | 62839.65 | 200776.83 | case rate | | | | | | | |
| EXTRACRANIAL VASCULAR PROCEDURES | 0241 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 16267.09 | | | | 15509 | 62255.17 | case rate | | | | | | | |
| EXTRACRANIAL VASCULAR PROCEDURES | 0242 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 21461.95 | | | | 20528 | 145765.26 | case rate | | | | | | | |
| EXTRACRANIAL VASCULAR PROCEDURES | 0243 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 41990.96 | | | | 19748 | 99635.58 | case rate | | | | | | | |
| EXTRACRANIAL VASCULAR PROCEDURES | 0244 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 89132.37 | | | | 19748 | 91808.34 | case rate | | | | | | | |
| OTHER NERVOUS SYSTEM & RELATED PROCEDURES | 0261 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 18628.86 | | | | 12982 | 77694.14 | case rate | | | | | | | |
| OTHER NERVOUS SYSTEM & RELATED PROCEDURES | 0262 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 24591.9 | | | | 12982 | 63616.52 | case rate | | | | | | | |
| OTHER NERVOUS SYSTEM & RELATED PROCEDURES | 0263 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 35242.43 | | | | 31679.68 | 93312.55 | case rate | | | | | | | |
| OTHER NERVOUS SYSTEM & RELATED PROCEDURES | 0264 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 74219.04 | | | | 41282.44 | 123207.51 | case rate | | | | | | | |
| SPINAL DISORDERS & INJURIES | 0401 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 14180.4 | | | | 13563 | 14605.81 | case rate | | | | | | | |
| SPINAL DISORDERS & INJURIES | 0402 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 16089.24 | | | | 15389 | 16571.92 | case rate | | | | | | | |
| SPINAL DISORDERS & INJURIES | 0403 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 22964.05 | | | | 21964 | 23652.97 | case rate | | | | | | | |
| SPINAL DISORDERS & INJURIES | 0404 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 59382.03 | | | | 56797 | 61163.49 | case rate | | | | | | | |
| NERVOUS SYSTEM MALIGNANCY | 0411 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10969.41 | | | | 10482 | 159563.89 | case rate | | | | | | | |
| NERVOUS SYSTEM MALIGNANCY | 0412 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12177.11 | | | | 11647 | 92910.77 | case rate | | | | | | | |
| NERVOUS SYSTEM MALIGNANCY | 0413 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 16632.58 | | | | 15908 | 65773.6 | case rate | | | | | | | |
| NERVOUS SYSTEM MALIGNANCY | 0414 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 29556.44 | | | | 28270 | 139535.84 | case rate | | | | | | | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS | 0421 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8628.76 | | | | 8253 | 69397.35 | case rate | | | | | | | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS | 0422 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10739.58 | | | | 10272 | 58806.95 | case rate | | | | | | | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS | 0423 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 16746.21 | | | | 16017 | 153821.62 | case rate | | | | | | | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS | 0424 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 45034.54 | | | | 26969.24 | 85468.24 | case rate | | | | | | | |
| MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES | 0431 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11334.67 | | | | 10841 | 11674.71 | case rate | | | | | | | |
| MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES | 0432 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 14525.07 | | | | 13893 | 71226.78 | case rate | | | | | | | |
| MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES | 0433 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 23216.44 | | | | 12636.96 | 40096.3 | case rate | | | | | | | |
| MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES | 0434 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 51806.66 | | | | 8226.72 | 53360.86 | case rate | | | | | | | |
| INTRACRANIAL HEMORRHAGE | 0441 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12314.52 | | | | 11778 | 72443.8 | case rate | | | | | | | |
| INTRACRANIAL HEMORRHAGE | 0442 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 15856.68 | | | | 11412.29 | 36923.67 | case rate | | | | | | | |
| INTRACRANIAL HEMORRHAGE | 0443 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 23415.64 | | | | 8299.96 | 27141.07 | case rate | | | | | | | |
| INTRACRANIAL HEMORRHAGE | 0444 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 48672.49 | | | | 19895.32 | 62836.38 | case rate | | | | | | | |
| CVA & PRECEREBRAL OCCLUSION W INFARCT | 0451 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10584.06 | | | | 10123 | 10901.58 | case rate | | | | | | | |
| CVA & PRECEREBRAL OCCLUSION W INFARCT | 0452 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12846.28 | | | | 12287 | 13231.67 | case rate | | | | | | | |
| CVA & PRECEREBRAL OCCLUSION W INFARCT | 0453 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 18522.94 | | | | 17717 | 370445.58 | case rate | | | | | | | |
| CVA & PRECEREBRAL OCCLUSION W INFARCT | 0454 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 38557.59 | | | | 36879 | 247179.56 | case rate | | | | | | | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT | 0461 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10367.91 | | | | 9917 | 174848.88 | case rate | | | | | | | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT | 0462 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11830.38 | | | | 11315 | 124592.26 | case rate | | | | | | | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT | 0463 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 16473.11 | | | | 15756 | 200180.02 | case rate | | | | | | | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT | 0464 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 40910.66 | | | | 34827.45 | 114836.61 | case rate | | | | | | | |
| TRANSIENT ISCHEMIA | 0471 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8659.17 | | | | 8282 | 195452.37 | case rate | | | | | | | |
| TRANSIENT ISCHEMIA | 0472 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9400 | | | | 8991 | 114945.83 | case rate | | | | | | | |
| TRANSIENT ISCHEMIA | 0473 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11740.33 | | | | 11229 | 92559.71 | case rate | | | | | | | |
| TRANSIENT ISCHEMIA | 0474 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 23337.25 | | | | 22321 | 148035.47 | case rate | | | | | | | |
| PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS | 0481 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8740.34 | | | | 8360 | 80444.14 | case rate | | | | | | | |
| PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS | 0482 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9812.47 | | | | 9385 | 64927.15 | case rate | | | | | | | |
| PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS | 0483 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13689.35 | | | | 13093 | 92973.18 | case rate | | | | | | | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes | | |
| PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS | 0484 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 33926.65 | | | | 32453 | 34947.54 | case rate | | | | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM | 0491 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13215.53 | | | | 12640 | 13612 | case rate | | | | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM | 0492 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 28890.41 | | | | 27633 | 132253.23 | case rate | | | | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM | 0493 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 35827.64 | | | | 28359.46 | 87613.62 | case rate | | | | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM | 0494 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 65912.7 | | | | 22269.44 | 68414.38 | case rate | | | | |
| NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS | 0501 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9306.81 | | | | 8902 | 65820.41 | case rate | | | | |
| NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS | 0502 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 17366.5 | | | | 16503.06 | 50361.94 | case rate | | | | |
| NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS | 0503 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 28665.74 | | | | 27418 | 99943.74 | case rate | | | | |
| NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS | 0504 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 59261.22 | | | | 20729.22 | 67462.61 | case rate | | | | |
| VIRAL MENINGITIS | 0511 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8003.9 | | | | 7655 | 72057.63 | case rate | | | | |
| VIRAL MENINGITIS | 0512 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11044.88 | | | | 10564 | 59372.55 | case rate | | | | |
| VIRAL MENINGITIS | 0513 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 19358.48 | | | | 17783.42 | 63955.88 | case rate | | | | |
| VIRAL MENINGITIS | 0514 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 39476.09 | | | | 12043.03 | 40660.37 | case rate | | | | |
| NONTRAUMATIC STUPOR & COMA | 0521 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8042.2 | | | | 7692 | 50572.96 | case rate | | | | |
| NONTRAUMATIC STUPOR & COMA | 0522 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9413.09 | | | | 9003 | 36577.64 | case rate | | | | |
| NONTRAUMATIC STUPOR & COMA | 0523 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12686.2 | | | | 12133 | 13065.76 | case rate | | | | |
| NONTRAUMATIC STUPOR & COMA | 0524 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 32484.32 | | | | 31070 | 33458.85 | case rate | | | | |
| SEIZURE | 0531 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7527.03 | | | | 7199 | 7752.84 | case rate | | | | |
| SEIZURE | 0532 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8935.32 | | | | 8546 | 9203.38 | case rate | | | | |
| SEIZURE | 0533 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13362.26 | | | | 12781 | 59700.21 | case rate | | | | |
| SEIZURE | 0534 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 33631.35 | | | | 9614.58 | 34640.29 | case rate | | | | |
| MIGRAINE & OTHER HEADACHES | 0541 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8074.94 | | | | 7723 | 34431.48 | case rate | | | | |
| MIGRAINE & OTHER HEADACHES | 0542 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9307.8 | | | | 8903 | 71199.48 | case rate | | | | |
| MIGRAINE & OTHER HEADACHES | 0543 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11384.54 | | | | 10889 | 41835.01 | case rate | | | | |
| MIGRAINE & OTHER HEADACHES | 0544 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 21512.17 | | | | 8925.97 | 31143.19 | case rate | | | | |
| HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE | 0551 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9581.97 | | | | 9165 | 62083.54 | case rate | | | | |
| HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE | 0552 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12777.94 | | | | 11383.94 | 35145.31 | case rate | | | | |
| HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE | 0553 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 20430.89 | | | | 15425.85 | 48275.06 | case rate | | | | |
| HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE | 0554 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 45988.74 | | | | 9857.89 | 47368.4 | case rate | | | | |
| BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA | 0561 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9630.76 | | | | 9211 | 29453.19 | case rate | | | | |
| BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA | 0562 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13076.42 | | | | 12927 | 54925.76 | case rate | | | | |
| BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA | 0563 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 21636.57 | | | | 10557.14 | 32691.77 | case rate | | | | |
| BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA | 0564 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 52748.39 | | | | 18534.64 | 61326.81 | case rate | | | | |
| CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1 | 0571 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9491.3 | | | | 9078 | 66425.02 | case rate | | | | |
| CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1 | 0572 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11919.89 | | | | 11401 | 45973.65 | case rate | | | | |
| CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1 | 0573 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 16823.43 | | | | 16091 | 204845.26 | case rate | | | | |
| CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1 | 0574 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 38541.44 | | | | 36864 | 118811.42 | case rate | | | | |
| OTHER DISORDERS OF NERVOUS SYSTEM | 0581 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9001.24 | | | | 8609 | 48228.25 | case rate | | | | |
| OTHER DISORDERS OF NERVOUS SYSTEM | 0582 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11166.95 | | | | 10681 | 61221.49 | case rate | | | | |
| OTHER DISORDERS OF NERVOUS SYSTEM | 0583 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 15370.39 | | | | 14701 | 53755.55 | case rate | | | | |
| OTHER DISORDERS OF NERVOUS SYSTEM | 0584 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 35469.07 | | | | 24182.91 | 72997.7 | case rate | | | | |
| ORBITAL PROCEDURES | 0701 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13903.53 | | | | 13298 | 14320.64 | case rate | | | | |
| ORBITAL PROCEDURES | 0702 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 19214.62 | | | | 18378 | 19791.06 | case rate | | | | |
| ORBITAL PROCEDURES | 0703 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 31514.7 | | | | 30143 | 32460.14 | case rate | | | | |
| ORBITAL PROCEDURES | 0704 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 78142.47 | | | | 74741 | 80486.74 | case rate | | | | |
| EYE PROCEDURES EXCEPT ORBIT | 0731 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12024.82 | | | | 11501 | 12385.56 | case rate | | | | |
| EYE PROCEDURES EXCEPT ORBIT | 0732 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 14213.76 | | | | 13595 | 14640.17 | case rate | | | | |
| EYE PROCEDURES EXCEPT ORBIT | 0733 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 23755.74 | | | | 22722 | 24468.41 | case rate | | | | |
| EYE PROCEDURES EXCEPT ORBIT | 0734 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 51367.9 | | | | 24837.26 | 89946.24 | case rate | | | | |
| ACUTE MAJOR EYE INFECTIONS | 0801 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6249.14 | | | | 5977 | 60706.59 | case rate | | | | |
| ACUTE MAJOR EYE INFECTIONS | 0802 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8572.17 | | | | 8199 | 130564.23 | case rate | | | | |
| ACUTE MAJOR EYE INFECTIONS | 0803 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13987.75 | | | | 13379 | 67173.95 | case rate | | | | |
| ACUTE MAJOR EYE INFECTIONS | 0804 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 23977.62 | | | | 13058.82 | 47998.11 | case rate | | | | |
| EYE DISORDERS EXCEPT MAJOR INFECTIONS | 0821 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7285.94 | | | | 6969 | 93394.46 | case rate | | | | |
| EYE DISORDERS EXCEPT MAJOR INFECTIONS | 0822 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9118.46 | | | | 8721 | 47190.67 | case rate | | | | |
| EYE DISORDERS EXCEPT MAJOR INFECTIONS | 0823 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13117.59 | | | | 12547 | 176491.07 | case rate | | | | |
| EYE DISORDERS EXCEPT MAJOR INFECTIONS | 0824 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 23882.73 | | | | 22662 | 85598.96 | case rate | | | | |
| MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0891 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 23680.58 | | | | 22650 | 24391 | case rate | | | | |
| MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0892 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 30796.56 | | | | 29456 | 31720.46 | case rate | | | | |
| MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0893 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 51470.51 | | | | 49230 | 53014.63 | case rate | | | | |
| MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0894 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 91864.65 | | | | 2090 | 94620.59 | case rate | | | | |
| MAJOR LARYNX & TRACHEA PROCEDURES | 0901 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13721.28 | | | | 13124 | 174162.35 | case rate | | | | |
| MAJOR LARYNX & TRACHEA PROCEDURES | 0902 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 35771.32 | | | | 22413.54 | 74909.04 | case rate | | | | |
| MAJOR LARYNX & TRACHEA PROCEDURES | 0903 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 54785.93 | | | | 14399.42 | 56429.51 | case rate | | | | |
| MAJOR LARYNX & TRACHEA PROCEDURES | 0904 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 106113.21 | | | | 45605.46 | 125836.58 | case rate | | | | |
| OTHER MAJOR HEAD & NECK PROCEDURES | 0911 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 20062 | | | | 19189 | 20663.86 | case rate | | | | |
| OTHER MAJOR HEAD & NECK PROCEDURES | 0912 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 30397.81 | | | | 29074 | 31309.74 | case rate | | | | |
| OTHER MAJOR HEAD & NECK PROCEDURES | 0913 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 52131.06 | | | | 19114.58 | 574.14 | case rate | | | | |
| OTHER MAJOR HEAD & NECK PROCEDURES | 0914 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 82293.79 | | | | 10824.08 | 84762.6 | case rate | | | | |
| FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0921 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 16567.55 | | | | 8122.78 | 27562.35 | case rate | | | | |
| FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0922 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 23095 | | | | 19954.38 | 60788.51 | case rate | | | | |
| FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0923 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 36487.84 | | | | 12046.57 | 37582.48 | case rate | | | | |
| FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0924 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 72510.38 | | | | 69354 | 74685.69 | case rate | | | | |
| SINUS & MASTOID PROCEDURES | 0931 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 16463.33 | | | | 15747 | 16957.23 | case rate | | | | |
| SINUS & MASTOID PROCEDURES | 0932 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 20286.31 | | | | 19403 | 20894.9 | case rate | | | | |
| SINUS & MASTOID PROCEDURES | 0933 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 34834.16 | | | | 33318 | 111571.72 | case rate | | | | |
| SINUS & MASTOID PROCEDURES | 0934 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 56534.15 | | | | 25345.16 | 71519.33 | case rate | | | | |
| CLEFT LIP & PALATE REPAIR | 0951 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11142.29 | | | | 6697.13 | 31143.19 | case rate | | | | |
| CLEFT LIP & PALATE REPAIR | 0952 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12940.01 | | | | 12377 | 13328.21 | case rate | | | | |
| CLEFT LIP & PALATE REPAIR | 0953 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 19832.67 | | | | 18969 | 20427.65 | case rate | | | | |
| CLEFT LIP & PALATE REPAIR | 0954 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 40930.75 | | | | 39149 | 42158.67 | case rate | | | | |
| TONSIL & ADENOID PROCEDURES | 0971 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6741 | | | | 6448 | 6943.23 | case rate | | | | |
| TONSIL & ADENOID PROCEDURES | 0972 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10348 | | | | 9898 | 10658.44 | case rate | | | | |
| TONSIL & ADENOID PROCEDURES | 0973 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 20108.19 | | | | 19233 | 20711.44 | case rate | | | | |
| TONSIL & ADENOID PROCEDURES | 0974 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 67934.65 | | | | 35271.56 | 106216.06 | case rate | | | | |
| OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES | 0981 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11816.3 | | | | 11302 | 170480.09 | case rate | | | | |
| OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES | 0982 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 15578.91 | | | | 14901 | 95680.27 | case rate | | | | |
| OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES | 0983 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 25072.36 | | | | 19703.98 | 61205.88 | case rate | | | | |
| OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES | 0984 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 52294.83 | | | | 50018 | 53863.67 | case rate | | | | |
| EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES | 1101 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9254.16 | | | | 8851 | 9531.78 | case rate | | | | |
| EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES | 1102 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11881.68 | | | | 11364 | 12238.13 | case rate | | | | |
| EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES | 1103 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 19211.48 | | | | 18375 | 19787.82 | case rate | | | | |
| EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES | 1104 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 35152.38 | | | | 33622 | 36206.95 | case rate | | | | |
| VERTIGO & OTHER LABYRINTH DISORDERS | 1111 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7546.58 | | | | 7218 | 7772.98 | case rate | | | | |
| VERTIGO & OTHER LABYRINTH DISORDERS | 1112 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8367.68 | | | | 8003 | 8618.71 | case rate | | | | |
| VERTIGO & OTHER LABYRINTH DISORDERS | 1113 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10487.83 | | | | 10031 | 10802.46 | case rate | | | | |
| VERTIGO & OTHER LABYRINTH DISORDERS | 1114 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 21964.83 | | | | 21009 | 22623.77 | case rate | | | | |
| INFECTIONS OF UPPER RESPIRATORY TRACT | 1131 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 4547.75 | | | | 4350 | 4684.18 | case rate | | | | |
| INFECTIONS OF UPPER RESPIRATORY TRACT | 1132 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6826.02 | | | | 6338 | 6824.8 | case rate | | | | |
| INFECTIONS OF UPPER RESPIRATORY TRACT | 1133 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10310.07 | | | | 9861 | 10619.37 | case rate | | | | |
| INFECTIONS OF UPPER RESPIRATORY TRACT | 1134 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 21736.4 | | | | 20790 | 22388.49 | case rate | | | | |
| DENTAL & ORAL DISEASES & INJURIES | 1141 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6570.41 | | | | 6284 | 6767.52 | case rate | | | | |
| DENTAL & ORAL DISEASES & INJURIES | 1142 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9208.24 | | | | 8807 | 9484.49 | case rate | | | | |
| DENTAL & ORAL DISEASES & INJURIES | 1143 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 15457.74 | | | | 14785 | 15921.47 | case rate | | | | |
| DENTAL & ORAL DISEASES & INJURIES | 1144 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 32236.42 | | | | 30833 | 33203.51 | case rate | | | | |
| OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES | 1151 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6750.32 | | | | 6456 | 6952.83 | case rate | | | | |
| OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES | 1152 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8986.62 | | | | 8595 | 9256.22 | case rate | | | | |
| OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES | 1153 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13425.85 | | | | 12841 | 13828.63 | case rate | | | | |
| OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES | 1154 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 27553.87 | | | | 26364 | 28380.49 | case rate | | | | |
| MAJOR RESPIRATORY & CHEST PROCEDURES | 1201 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 25842.96 | | | | 24527 | 26412.25 | case rate | | | | |
| MAJOR RESPIRATORY & CHEST PROCEDURES | 1202 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 31060.42 | | | | 29708 | 31992.23 | case rate | | | | |
| MAJOR RESPIRATORY & CHEST PROCEDURES | 1203 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 45229.52 | | | | 43260 | 46586.41 | case rate | | | | |
| MAJOR RESPIRATORY & CHEST PROCEDURES | 1204 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 77994.39 | | | | 74599 | 80334.22 | case rate | | | | |
| OTHER RESPIRATORY & CHEST PROCEDURES | 1211 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 17363.81 | | | | 16608 | 17884.72 | case rate | | | | |
| OTHER RESPIRATORY & CHEST PROCEDURES | 1212 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 22491.75 | | | | 21513 | 23166.5 | case rate | | | | |
| OTHER RESPIRATORY & CHEST PROCEDURES | 1213 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 35344.94 | | | | 33806 | 36405.29 | case rate | | | | |
| OTHER RESPIRATORY & CHEST PROCEDURES | 1214 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 67552.75 | | | | 64612 | 69579.33 | case rate | | | | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS | 1301 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 39107.2 | | | | 37405 | 40280.42 | case rate | | | | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS | 1302 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 43390.82 | | | | 41502 | 44692.54 | case rate | | | | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS | 1303 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 53744.92 | | | | 51405 | 55357.27 | case rate | | | | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS | 1304 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 73813.11 | | | | 70600 | 76027.5 | case rate | | | | |
| CYSTIC FIBROSIS - PULMONARY DISEASE | 1311 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 19720.11 | | | | 18862 | 20311.71 | case rate | | | | |
| CYSTIC FIBROSIS - PULMONARY DISEASE | 1312 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 24335.21 | | | | 23276 | 25065.27 | case rate | | | | |
| CYSTIC FIBROSIS - PULMONARY DISEASE | 1313 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 31577.57 | | | | 30203 | 32524.9 | case rate | | | | |
| CYSTIC FIBROSIS - PULMONARY DISEASE | 1314 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 40815.76 | | | | 38848 | 41834.23 | case rate | | | | |
| BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD | 1321 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7804.17 | | | | 7464 | 8038.3 | case rate | | | | |
| BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD | 1322 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8717.02 | | | | 8338 | 8978.53 | case rate | | | | |
| BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD | 1323 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13473.74 | | | | 12887 | 13877.95 | case rate | | | | |
| BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD | 1324 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 22432.11 | | | | 21456 | 23105.07 | case rate | | | | |
| RESPIRATORY FAILURE | 1331 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 5800.88 | | | | 5548 | 5974.91 | case rate | | | | |
| RESPIRATORY FAILURE | 1332 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10146.11 | | | | 9704 | 10450.49 | case rate | | | | |
| RESPIRATORY FAILURE | 1333 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 15414.51 | | | | 14743 | 15876.95 | case rate | | | | |
| RESPIRATORY FAILURE | 1334 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 28078.55 | | | | 26856 | 28920.91 | case rate | | | | |
| PULMONARY EMBOLISM | 1341 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9220.17 | | | | 8819 | 9496.78 | case rate | | | | |
| PULMONARY EMBOLISM | 1342 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11962.67 | | | | 11442 | 12321.55 | case rate | | | | |
| PULMONARY EMBOLISM | 1343 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 17462.19 | | | | 16702 | 17986.06 | case rate | | | | |
| PULMONARY EMBOLISM | 1344 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 30301.66 | | | | 28982 | 31210.71 | case rate | | | | |
| MAJOR CHEST & RESPIRATORY TRAUMA | 1351 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9661.98 | | | | 9241 | 9951.84 | case rate | | | | |
| MAJOR CHEST & RESPIRATORY TRAUMA | 1352 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12114.33 | | | | 11587 | 12477.76 | case rate | | | | |
| MAJOR CHEST & RESPIRATORY TRAUMA | 1353 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 17680.59 | | | | 16911 | 18211.01 | case rate | | | | |
| MAJOR CHEST & RESPIRATORY TRAUMA | 1354 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 33348.65 | | | | 31897 | 34349.11 | case rate | | | | |
| RESPIRATORY MALIGNANCY | 1361 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9893.1 | | | | 9462 | 10189.89 | case rate | | | | |
| RESPIRATORY MALIGNANCY | 1362 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12588.69 | | | | 12022 | 12945.75 | case rate | | | | |
| RESPIRATORY MALIGNANCY | 1363 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 19010.22 | | | | 18183 | 19580.53 | case rate | | | | |
| RESPIRATORY MALIGNANCY | 1364 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 30823.29 | | | | 29481 | 31747.99 | case rate | | | | |
| MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS | 1371 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9045.19 | | | | 8651 | 9316.55 | case rate | | | | |
| MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS | 1372 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11687.59 | | | | 11179 | 12038.22 | case rate | | | | |
| MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS | 1373 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 17360.22 | | | | 16604 | 17881.03 | case rate | | | | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS | 1374 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 29360.78 | | | | 28111 | 30272.5 | case rate | |
| BRONCHIOLITIS & RSV PNEUMONIA | 1381 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 4203.26 | | | | 4020 | 4329.36 | case rate | |
| BRONCHIOLITIS & RSV PNEUMONIA | 1382 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6362.15 | | | | 6085 | 6553.01 | case rate | |
| BRONCHIOLITIS & RSV PNEUMONIA | 1383 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 15228.5 | | | | 14566 | 15685.36 | case rate | |
| BRONCHIOLITIS & RSV PNEUMONIA | 1384 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 37801.6 | | | | 36213 | 38997.45 | case rate | |
| OTHER PNEUMONIA | 1391 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6177.48 | | | | 5909 | 6362.8 | case rate | |
| OTHER PNEUMONIA | 1392 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8676.66 | | | | 8299 | 8936.96 | case rate | |
| OTHER PNEUMONIA | 1393 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13633.21 | | | | 13040 | 14042.21 | case rate | |
| OTHER PNEUMONIA | 1394 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 26226.66 | | | | 25085 | 27013.46 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE | 1401 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7158.77 | | | | 6847 | 7373.53 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE | 1402 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8938.1 | | | | 8549 | 9206.24 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE | 1403 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12199.72 | | | | 11669 | 12565.71 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE | 1404 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 23702.55 | | | | 22671 | 24413.63 | case rate | |
| ASTHMA | 1411 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 5484.01 | | | | 5245 | 5648.53 | case rate | |
| ASTHMA | 1412 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7859.95 | | | | 7518 | 8095.75 | case rate | |
| ASTHMA | 1413 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11264.62 | | | | 10774 | 11602.56 | case rate | |
| ASTHMA | 1414 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 21297.91 | | | | 20371 | 21936.85 | case rate | |
| INTERSTITIAL & ALVEOLAR LUNG DISEASES | 1421 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9186.54 | | | | 8787 | 9462.14 | case rate | |
| INTERSTITIAL & ALVEOLAR LUNG DISEASES | 1422 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11172.51 | | | | 10686 | 11507.69 | case rate | |
| INTERSTITIAL & ALVEOLAR LUNG DISEASES | 1423 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 16166.37 | | | | 15463 | 16651.36 | case rate | |
| INTERSTITIAL & ALVEOLAR LUNG DISEASES | 1424 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 28610.04 | | | | 27365 | 29468.34 | case rate | |
| OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1431 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6829.07 | | | | 6532 | 7033.94 | case rate | |
| OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1432 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10024.68 | | | | 9588 | 10325.42 | case rate | |
| OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1433 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 15429.04 | | | | 14757 | 15891.91 | case rate | |
| OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1434 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 26293.03 | | | | 25148 | 27081.82 | case rate | |
| RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1441 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6689.16 | | | | 6398 | 6889.83 | case rate | |
| RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1442 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8100.86 | | | | 7748 | 8343.89 | case rate | |
| RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1443 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11450.19 | | | | 10952 | 11793.7 | case rate | |
| RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1444 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 20083.34 | | | | 19209 | 20685.84 | case rate | |
| MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY | 1601 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 42918.61 | | | | 41050 | 44206.17 | case rate | |
| MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY | 1602 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 50070.38 | | | | 47891 | 51572.49 | case rate | |
| MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY | 1603 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 75813.7 | | | | 72513 | 78088.11 | case rate | |
| MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY | 1604 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 168839.54 | | | | 161489 | 173904.73 | case rate | |
| CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT | 1611 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 58104.59 | | | | 55575 | 59847.73 | case rate | |
| CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT | 1612 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 75012.87 | | | | 71747 | 77263.26 | case rate | |
| CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT | 1613 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 120640.34 | | | | 115388 | 124259.55 | case rate | |
| CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT | 1614 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 289477.2 | | | | 276875 | 298161.52 | case rate | |
| CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX | 1621 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 62254.93 | | | | 59545 | 64122.58 | case rate | |
| CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX | 1622 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 69095.49 | | | | 66087 | 71168.35 | case rate | |
| CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX | 1623 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 91443.11 | | | | 87462 | 94186.4 | case rate | |
| CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX | 1624 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 143826.2 | | | | 137565 | 148140.99 | case rate | |
| CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX | 1631 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 51369.7 | | | | 49133 | 52910.79 | case rate | |
| CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX | 1632 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 59023.99 | | | | 56454 | 60794.71 | case rate | |
| CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX | 1633 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 75693.61 | | | | 72398 | 77964.42 | case rate | |
| CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX | 1634 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 121961.99 | | | | 116652 | 125620.85 | case rate | |
| CORONARY BYPASS W AMI OR COMPLEX PDX | 1651 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 53788.42 | | | | 51447 | 55402.07 | case rate | |
| CORONARY BYPASS W AMI OR COMPLEX PDX | 1652 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 57847.55 | | | | 55329 | 59582.98 | case rate | |
| CORONARY BYPASS W AMI OR COMPLEX PDX | 1653 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 73545.12 | | | | 70343 | 75751.47 | case rate | |
| CORONARY BYPASS W AMI OR COMPLEX PDX | 1654 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 109482.27 | | | | 104716 | 112766.74 | case rate | |
| CORONARY BYPASS W/O AMI OR COMPLEX PDX | 1661 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 44470.58 | | | | 42535 | 45804.7 | case rate | |
| CORONARY BYPASS W/O AMI OR COMPLEX PDX | 1662 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 50397.2 | | | | 48203 | 51909.12 | case rate | |
| CORONARY BYPASS W/O AMI OR COMPLEX PDX | 1663 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 62949.93 | | | | 60209 | 64838.43 | case rate | |
| CORONARY BYPASS W/O AMI OR COMPLEX PDX | 1664 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 95797.04 | | | | 91627 | 98670.95 | case rate | |
| OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES | 1671 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 41771.22 | | | | 39953 | 43024.36 | case rate | |
| OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES | 1672 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 46559.87 | | | | 44533 | 47956.67 | case rate | |
| OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES | 1673 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 63446.54 | | | | 60684 | 65349.94 | case rate | |
| OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES | 1674 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 111204.56 | | | | 106363 | 114540.7 | case rate | |
| MAJOR ABDOMINAL VASCULAR PROCEDURES | 1691 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 23932.33 | | | | 22890 | 24650.3 | case rate | |
| MAJOR ABDOMINAL VASCULAR PROCEDURES | 1692 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 31624.92 | | | | 30248 | 32573.67 | case rate | |
| MAJOR ABDOMINAL VASCULAR PROCEDURES | 1693 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 51243.14 | | | | 49012 | 52780.43 | case rate | |
| MAJOR ABDOMINAL VASCULAR PROCEDURES | 1694 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 93132.48 | | | | 89078 | 95926.45 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK | 1701 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 32750.25 | | | | 31324 | 33732.76 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK | 1702 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 34935.33 | | | | 33414 | 35983.39 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK | 1703 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 42903 | | | | 41035 | 44190.09 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK | 1704 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 68585.25 | | | | 65599 | 70642.81 | case rate | |
| PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK | 1711 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 22628.35 | | | | 21643 | 23307.2 | case rate | |
| PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK | 1712 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 29857.5 | | | | 24732 | 29633.23 | case rate | |
| PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK | 1713 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 32896.08 | | | | 31464 | 33882.96 | case rate | |
| PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK | 1714 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 54789.7 | | | | 52404 | 56433.39 | case rate | |
| PERCUTANEOUS CORONARY INTERVENTION W AMI | 1741 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 27066.95 | | | | 25889 | 27878.96 | case rate | |
| PERCUTANEOUS CORONARY INTERVENTION W AMI | 1742 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 29153.56 | | | | 27884 | 30028.17 | case rate | |
| PERCUTANEOUS CORONARY INTERVENTION W AMI | 1743 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 36947.31 | | | | 35243 | 37952.73 | case rate | |
| PERCUTANEOUS CORONARY INTERVENTION W AMI | 1744 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 59997.38 | | | | 57385 | 61797.3 | case rate | |
| PERCUTANEOUS CORONARY INTERVENTION W/O AMI | 1751 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 26909.99 | | | | 25738 | 27717.29 | case rate | |
| PERCUTANEOUS CORONARY INTERVENTION W/O AMI | 1752 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 29661.19 | | | | 28370 | 30551.03 | case rate | |
| PERCUTANEOUS CORONARY INTERVENTION W/O AMI | 1753 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 37649.4 | | | | 36010 | 38778.88 | case rate | |
| PERCUTANEOUS CORONARY INTERVENTION W/O AMI | 1754 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 70712.03 | | | | 67634 | 72833.39 | case rate | |
| CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT | 1761 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 21256.2 | | | | 20331 | 21893.89 | case rate | |
| CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT | 1762 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 40841.23 | | | | 39072 | 41860.47 | case rate | |
| CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT | 1763 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 42347.56 | | | | 40504 | 43617.99 | case rate | |
| CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT | 1764 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 67242.34 | | | | 64315 | 69259.61 | case rate | |
| CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT | 1771 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 17508.03 | | | | 16746 | 18033.27 | case rate | |
| CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT | 1772 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 20863.33 | | | | 21677 | 23343.23 | case rate | |
| CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT | 1773 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 32138.12 | | | | 30739 | 33102.26 | case rate | |
| CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT | 1774 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 64986.85 | | | | 62158 | 66936.46 | case rate | |
| OTHER CIRCULATORY SYSTEM PROCEDURES | 1801 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 16932.76 | | | | 16196 | 17440.74 | case rate | |
| OTHER CIRCULATORY SYSTEM PROCEDURES | 1802 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 21395.58 | | | | 20464 | 22037.45 | case rate | |
| OTHER CIRCULATORY SYSTEM PROCEDURES | 1803 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 32788.46 | | | | 31361 | 33772.11 | case rate | |
| OTHER CIRCULATORY SYSTEM PROCEDURES | 1804 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 57507.81 | | | | 55004 | 59233.04 | case rate | |
| LOWER EXTREMITY ARTERIAL PROCEDURES | 1811 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 21033.78 | | | | 20118 | 21664.79 | case rate | |
| LOWER EXTREMITY ARTERIAL PROCEDURES | 1812 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 28483.36 | | | | 27253 | 29348.16 | case rate | |
| LOWER EXTREMITY ARTERIAL PROCEDURES | 1813 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 47299.63 | | | | 45240 | 48718.62 | case rate | |
| LOWER EXTREMITY ARTERIAL PROCEDURES | 1814 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 84283.98 | | | | 80615 | 86812.5 | case rate | |
| OTHER PERIPHERAL VASCULAR PROCEDURES | 1821 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 26940.85 | | | | 25768 | 27749.08 | case rate | |
| OTHER PERIPHERAL VASCULAR PROCEDURES | 1822 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 31691.83 | | | | 30312 | 32642.58 | case rate | |
| OTHER PERIPHERAL VASCULAR PROCEDURES | 1823 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 43012.69 | | | | 41140 | 44303.07 | case rate | |
| OTHER PERIPHERAL VASCULAR PROCEDURES | 1824 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 76902.52 | | | | 73555 | 79209.6 | case rate | |
| ACUTE MYOCARDIAL INFARCTION | 1901 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11422.11 | | | | 10925 | 11764.77 | case rate | |
| ACUTE MYOCARDIAL INFARCTION | 1902 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12594.35 | | | | 12046 | 12972.18 | case rate | |
| ACUTE MYOCARDIAL INFARCTION | 1903 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 17159.32 | | | | 16412 | 17674.1 | case rate | |
| ACUTE MYOCARDIAL INFARCTION | 1904 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 31780.98 | | | | 30397 | 32734.41 | case rate | |
| CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE | 1911 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12654.35 | | | | 12103 | 13033.98 | case rate | |
| CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE | 1912 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 14552.79 | | | | 13919 | 14989.37 | case rate | |
| CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE | 1913 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 19270.41 | | | | 18431 | 19848.52 | case rate | |
| CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE | 1914 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 37726.08 | | | | 36084 | 38857.86 | case rate | |
| CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS | 1921 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13073.46 | | | | 12504 | 13465.66 | case rate | |
| CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS | 1922 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 16147.72 | | | | 15445 | 16632.15 | case rate | |
| CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS | 1923 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 23772.42 | | | | 22738 | 24485.59 | case rate | |
| CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS | 1924 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 45181.72 | | | | 43215 | 46537.17 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS | 1931 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13400.47 | | | | 12817 | 13802.48 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS | 1932 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 17408.74 | | | | 16651 | 17931 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS | 1933 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 26013.65 | | | | 24881 | 26794.06 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS | 1934 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 42853.22 | | | | 40988 | 44138.82 | case rate | |
| HEART FAILURE | 1941 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7256.53 | | | | 6941 | 7474.23 | case rate | |
| HEART FAILURE | 1942 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9318.11 | | | | 8912 | 9597.65 | case rate | |
| HEART FAILURE | 1943 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13897.43 | | | | 13292 | 14314.35 | case rate | |
| HEART FAILURE | 1944 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 26247.37 | | | | 25105 | 27034.79 | case rate | |
| CARDIAC ARREST & SHOCK | 1961 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7556.45 | | | | 7227 | 7783.14 | case rate | |
| CARDIAC ARREST & SHOCK | 1962 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8014.13 | | | | 7665 | 8254.55 | case rate | |
| CARDIAC ARREST & SHOCK | 1963 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 15209.93 | | | | 14548 | 15666.23 | case rate | |
| CARDIAC ARREST & SHOCK | 1964 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 38821.9 | | | | 37132 | 39986.56 | case rate | |
| PERIPHERAL & OTHER VASCULAR DISORDERS | 1971 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7232.31 | | | | 6917 | 7449.28 | case rate | |
| PERIPHERAL & OTHER VASCULAR DISORDERS | 1972 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9656.33 | | | | 9236 | 9946.02 | case rate | |
| PERIPHERAL & OTHER VASCULAR DISORDERS | 1973 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 14341.12 | | | | 13717 | 14771.35 | case rate | |
| PERIPHERAL & OTHER VASCULAR DISORDERS | 1974 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 30972.62 | | | | 29624 | 31901.8 | case rate | |
| ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS | 1981 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6679.92 | | | | 6389 | 6880.32 | case rate | |
| ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS | 1982 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7716.18 | | | | 7380 | 7947.67 | case rate | |
| ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS | 1983 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10526.57 | | | | 10068 | 10842.37 | case rate | |
| ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS | 1984 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 25299.28 | | | | 24198 | 26058.26 | case rate | |
| HYPERTENSION | 1991 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6872.93 | | | | 6574 | 7079.12 | case rate | |
| HYPERTENSION | 1992 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8070.99 | | | | 7720 | 8313.12 | case rate | |
| HYPERTENSION | 1993 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11314.67 | | | | 10822 | 11654.11 | case rate | |
| HYPERTENSION | 1994 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 25794.27 | | | | 24671 | 26568.1 | case rate | |
| CARDIAC STRUCTURAL & VALVULAR DISORDERS | 2001 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8248.3 | | | | 7889 | 8495.75 | case rate | |
| CARDIAC STRUCTURAL & VALVULAR DISORDERS | 2002 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9758.57 | | | | 9334 | 10051.33 | case rate | |
| CARDIAC STRUCTURAL & VALVULAR DISORDERS | 2003 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 14875.58 | | | | 14228 | 15321.85 | case rate | |
| CARDIAC STRUCTURAL & VALVULAR DISORDERS | 2004 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 31690.67 | | | | 30311 | 32641.39 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS | 2011 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6164.39 | | | | 5896 | 6349.32 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS | 2012 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7985.07 | | | | 7637 | 8224.62 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS | 2013 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12264.2 | | | | 11730 | 12632.13 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS | 2014 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 25446.63 | | | | 24339 | 26210.03 | case rate | |
| CHEST PAIN | 2031 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6893.92 | | | | 6594 | 7100.74 | case rate | |
| CHEST PAIN | 2032 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8017.62 | | | | 7669 | 8258.15 | case rate | |
| CHEST PAIN | 2033 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10008.35 | | | | 9573 | 10308.6 | case rate | |
| CHEST PAIN | 2034 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 18172.53 | | | | 17381 | 18717.71 | case rate | |
| SYNCOPE & COLLAPSE | 2041 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7664.88 | | | | 7331 | 7894.83 | case rate | |
| SYNCOPE & COLLAPSE | 2042 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8654.95 | | | | 8278 | 8914.6 | case rate | |
| SYNCOPE & COLLAPSE | 2043 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10919.95 | | | | 10445 | 11247.55 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SYNCOPE & COLLAPSE | 2044 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 22386.73 | | | | 21412 | 23058.33 | case rate | |
| CARDIOMYOPATHY | 2051 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7432.59 | | | | 7109 | 7655.57 | case rate | |
| CARDIOMYOPATHY | 2052 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9462.42 | | | | 9050 | 9746.29 | case rate | |
| CARDIOMYOPATHY | 2053 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13659.94 | | | | 13065 | 14069.74 | case rate | |
| CARDIOMYOPATHY | 2054 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 33518.16 | | | | 32059 | 34523.7 | case rate | |
| MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE | 2061 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8477.1 | | | | 8108 | 8731.41 | case rate | |
| MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE | 2062 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9970.15 | | | | 9536 | 10269.25 | case rate | |
| MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE | 2063 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 16637.06 | | | | 15913 | 17136.17 | case rate | |
| MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE | 2064 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 31125.09 | | | | 29770 | 32058.84 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES | 2071 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7374.38 | | | | 7053 | 7595.61 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES | 2072 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9782.97 | | | | 9357 | 10076.46 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES | 2073 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 14207.93 | | | | 13589 | 14634.17 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES | 2074 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 27707.24 | | | | 26501 | 28538.46 | case rate | |
| MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2201 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 18883.49 | | | | 18061 | 19449.99 | case rate | |
| MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2202 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 28058.28 | | | | 26837 | 28900.03 | case rate | |
| MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2203 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 45497.42 | | | | 43517 | 46862.34 | case rate | |
| MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2204 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 90276.71 | | | | 86347 | 92985.01 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES | 2211 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 19269.6 | | | | 18431 | 19847.69 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES | 2212 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 24984.65 | | | | 23997 | 25734.19 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES | 2213 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 40578.9 | | | | 38812 | 41796.27 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES | 2214 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 80321 | | | | 76824 | 82730.63 | case rate | |
| OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2221 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 14337.35 | | | | 13713 | 14767.47 | case rate | |
| OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2222 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 18349.75 | | | | 17551 | 18900.24 | case rate | |
| OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2223 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 29737.43 | | | | 28443 | 30629.55 | case rate | |
| OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2224 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 72551.1 | | | | 69393 | 74727.63 | case rate | |
| OTHER SMALL & LARGE BOWEL PROCEDURES | 2231 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 15353.26 | | | | 14685 | 15813.86 | case rate | |
| OTHER SMALL & LARGE BOWEL PROCEDURES | 2232 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 20355.01 | | | | 19469 | 20965.66 | case rate | |
| OTHER SMALL & LARGE BOWEL PROCEDURES | 2233 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 34188.85 | | | | 32700 | 35214.52 | case rate | |
| OTHER SMALL & LARGE BOWEL PROCEDURES | 2234 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 70598.49 | | | | 67525 | 72716.44 | case rate | |
| PERITONEAL ADHESIOLYSIS | 2241 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 17297.08 | | | | 16544 | 17815.99 | case rate | |
| PERITONEAL ADHESIOLYSIS | 2242 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 22649.43 | | | | 21663 | 23328.91 | case rate | |
| PERITONEAL ADHESIOLYSIS | 2243 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 34289.3 | | | | 32797 | 35317.98 | case rate | |
| PERITONEAL ADHESIOLYSIS | 2244 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 62241.21 | | | | 59532 | 64108.45 | case rate | |
| APPENDECTOMY | 2251 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11818.54 | | | | 11304 | 12173.1 | case rate | |
| APPENDECTOMY | 2252 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 15718.11 | | | | 15034 | 16189.65 | case rate | |
| APPENDECTOMY | 2253 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 26998.25 | | | | 25823 | 27808.2 | case rate | |
| APPENDECTOMY | 2254 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 51388.89 | | | | 49152 | 52930.56 | case rate | |
| ANAL PROCEDURES | 2261 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9584.4 | | | | 9167 | 9871.93 | case rate | |
| ANAL PROCEDURES | 2262 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12977.41 | | | | 12412 | 13366.73 | case rate | |
| ANAL PROCEDURES | 2263 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 21154.5 | | | | 20234 | 21789.14 | case rate | |
| ANAL PROCEDURES | 2264 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 43293.59 | | | | 41409 | 44592.4 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL | 2271 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 14897.28 | | | | 14249 | 15344.2 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL | 2272 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 18923.94 | | | | 18100 | 19491.66 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL | 2273 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 30707.77 | | | | 29371 | 31629 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL | 2274 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 63216.75 | | | | 60465 | 65113.25 | case rate | |
| INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES | 2281 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11206.14 | | | | 10718 | 11542.32 | case rate | |
| INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES | 2282 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 14635.84 | | | | 13999 | 15074.92 | case rate | |
| INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES | 2283 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 22482.16 | | | | 21503 | 23156.62 | case rate | |
| INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES | 2284 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 50101.41 | | | | 47920 | 51604.45 | case rate | |
| OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES | 2291 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 15491.38 | | | | 14817 | 15956.12 | case rate | |
| OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES | 2292 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 21370.02 | | | | 20440 | 22011.12 | case rate | |
| OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES | 2293 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 34813.53 | | | | 33298 | 35857.94 | case rate | |
| OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES | 2294 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 72255.66 | | | | 69110 | 74423.33 | case rate | |
| DIGESTIVE MALIGNANCY | 2401 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9679.46 | | | | 9258 | 9969.84 | case rate | |
| DIGESTIVE MALIGNANCY | 2402 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12405.64 | | | | 11866 | 12777.81 | case rate | |
| DIGESTIVE MALIGNANCY | 2403 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 18274.77 | | | | 17479 | 18823.01 | case rate | |
| DIGESTIVE MALIGNANCY | 2404 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 33473.14 | | | | 32016 | 34477.33 | case rate | |
| PEPTIC ULCER & GASTRITIS | 2411 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8234.04 | | | | 7876 | 8481.06 | case rate | |
| PEPTIC ULCER & GASTRITIS | 2412 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10212.48 | | | | 9768 | 10518.85 | case rate | |
| PEPTIC ULCER & GASTRITIS | 2413 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 15346.89 | | | | 14679 | 15807.3 | case rate | |
| PEPTIC ULCER & GASTRITIS | 2414 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 35860.83 | | | | 34300 | 36936.65 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS | 2421 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8122.29 | | | | 7769 | 8365.96 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS | 2422 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10018.22 | | | | 9582 | 10318.77 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS | 2423 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 14899.52 | | | | 14251 | 15346.51 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS | 2424 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 34881.34 | | | | 33363 | 35927.78 | case rate | |
| OTHER ESOPHAGEAL DISORDERS | 2431 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7556.54 | | | | 7228 | 7783.24 | case rate | |
| OTHER ESOPHAGEAL DISORDERS | 2432 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9231.02 | | | | 8829 | 9507.95 | case rate | |
| OTHER ESOPHAGEAL DISORDERS | 2433 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13323.24 | | | | 12743 | 13722.94 | case rate | |
| OTHER ESOPHAGEAL DISORDERS | 2434 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 29327.73 | | | | 28051 | 30207.56 | case rate | |
| DIVERTICULITIS & DIVERTICULOSIS | 2441 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7058.85 | | | | 6752 | 7270.62 | case rate | |
| DIVERTICULITIS & DIVERTICULOSIS | 2442 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9237.03 | | | | 8835 | 9514.14 | case rate | |
| DIVERTICULITIS & DIVERTICULOSIS | 2443 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 14020.13 | | | | 13410 | 14440.73 | case rate | |
| DIVERTICULITIS & DIVERTICULOSIS | 2444 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 31822.51 | | | | 30437 | 32777.19 | case rate | |
| INFLAMMATORY BOWEL DISEASE | 2451 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8428.49 | | | | 8062 | 8681.34 | case rate | |
| INFLAMMATORY BOWEL DISEASE | 2452 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10117.06 | | | | 9677 | 10420.57 | case rate | |
| INFLAMMATORY BOWEL DISEASE | 2453 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 15229.22 | | | | 14566 | 15686.1 | case rate | |
| INFLAMMATORY BOWEL DISEASE | 2454 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 28953.91 | | | | 27693 | 29822.53 | case rate | |
| GASTROINTESTINAL VASCULAR INSUFFICIENCY | 2461 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8865.81 | | | | 8480 | 9131.78 | case rate | |
| GASTROINTESTINAL VASCULAR INSUFFICIENCY | 2462 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10647.38 | | | | 10184 | 10966.8 | case rate | |
| GASTROINTESTINAL VASCULAR INSUFFICIENCY | 2463 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 16094.26 | | | | 15394 | 16577.09 | case rate | |
| GASTROINTESTINAL VASCULAR INSUFFICIENCY | 2464 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 32551.95 | | | | 31135 | 33528.51 | case rate | |
| INTESTINAL OBSTRUCTION | 2471 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6842.61 | | | | 6545 | 7047.89 | case rate | |
| INTESTINAL OBSTRUCTION | 2472 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8800.52 | | | | 8417 | 9064.54 | case rate | |
| INTESTINAL OBSTRUCTION | 2473 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13952.77 | | | | 13345 | 14371.35 | case rate | |
| INTESTINAL OBSTRUCTION | 2474 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 31884.84 | | | | 30497 | 32841.39 | case rate | |
| MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS | 2481 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7462 | | | | 7137 | 7685.86 | case rate | |
| MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS | 2482 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10265.58 | | | | 9819 | 10573.55 | case rate | |
| MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS | 2483 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 15431.64 | | | | 14760 | 15894.59 | case rate | |
| MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS | 2484 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 32853.66 | | | | 31423 | 33839.27 | case rate | |
| OTHER GASTROENTERITIS, NAUSEA & VOMITING | 2491 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6164.12 | | | | 5896 | 6348.04 | case rate | |
| OTHER GASTROENTERITIS, NAUSEA & VOMITING | 2492 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7491.96 | | | | 7166 | 7716.72 | case rate | |
| OTHER GASTROENTERITIS, NAUSEA & VOMITING | 2493 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10631.33 | | | | 10169 | 10950.27 | case rate | |
| OTHER GASTROENTERITIS, NAUSEA & VOMITING | 2494 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 24302.75 | | | | 23245 | 25031.83 | case rate | |
| ABDOMINAL PAIN | 2511 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6999.03 | | | | 6694 | 7209 | case rate | |
| ABDOMINAL PAIN | 2512 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8677.02 | | | | 8299 | 8937.33 | case rate | |
| ABDOMINAL PAIN | 2513 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11724.99 | | | | 11215 | 12076.74 | case rate | |
| ABDOMINAL PAIN | 2514 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 22457.67 | | | | 21480 | 23131.4 | case rate | |
| MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE | 2521 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7620.57 | | | | 7289 | 7849.19 | case rate | |
| MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE | 2522 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10235.8 | | | | 9790 | 10542.87 | case rate | |
| MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE | 2523 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 15694.16 | | | | 15011 | 16164.98 | case rate | |
| MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE | 2524 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 35028.7 | | | | 33504 | 36079.56 | case rate | |
| OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE | 2531 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7696.09 | | | | 7361 | 7926.97 | case rate | |
| OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE | 2532 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9902.79 | | | | 9472 | 10199.87 | case rate | |
| OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE | 2533 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 14788.67 | | | | 14145 | 15232.33 | case rate | |
| OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE | 2534 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 30634.85 | | | | 29301 | 31553.9 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES | 2541 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7219.22 | | | | 6905 | 7436.8 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES | 2542 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9637.4 | | | | 9218 | 9926.52 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES | 2543 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 14006.85 | | | | 13397 | 14427.06 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES | 2544 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 30036.81 | | | | 28729 | 30937.91 | case rate | |
| MAJOR PANCREAS, LIVER & SHUNT PROCEDURES | 2601 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 22527.9 | | | | 21547 | 23203.74 | case rate | |
| MAJOR PANCREAS, LIVER & SHUNT PROCEDURES | 2602 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 29769.81 | | | | 28474 | 30662.9 | case rate | |
| MAJOR PANCREAS, LIVER & SHUNT PROCEDURES | 2603 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 46723.91 | | | | 44690 | 48125.63 | case rate | |
| MAJOR PANCREAS, LIVER & SHUNT PROCEDURES | 2604 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 94646.25 | | | | 90526 | 97485.64 | case rate | |
| MAJOR BILIARY TRACT PROCEDURES | 2611 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 18736.22 | | | | 17921 | 19298.31 | case rate | |
| MAJOR BILIARY TRACT PROCEDURES | 2612 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 26069.7 | | | | 24935 | 26851.79 | case rate | |
| MAJOR BILIARY TRACT PROCEDURES | 2613 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 39423.98 | | | | 37708 | 40606.7 | case rate | |
| MAJOR BILIARY TRACT PROCEDURES | 2614 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 72428.49 | | | | 69275 | 74601.34 | case rate | |
| CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC | 2621 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 16331.4 | | | | 15620 | 16821.34 | case rate | |
| CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC | 2622 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 21538.72 | | | | 20601 | 22184.88 | case rate | |
| CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC | 2623 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 32239.65 | | | | 30836 | 33206.84 | case rate | |
| CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC | 2624 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 65932.44 | | | | 63082 | 67910.41 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY | 2631 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13952.5 | | | | 13345 | 14371.08 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY | 2632 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 17656.37 | | | | 16888 | 18186.06 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY | 2633 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 24052.87 | | | | 23006 | 24774.46 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY | 2634 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 50974.44 | | | | 48755 | 52503.67 | case rate | |
| OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES | 2641 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 18579.72 | | | | 17771 | 19137.11 | case rate | |
| OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES | 2642 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 22757.05 | | | | 21766 | 23439.76 | case rate | |
| OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES | 2643 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 35268.07 | | | | 33675 | 36264.31 | case rate | |
| OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES | 2644 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 76468.43 | | | | 73139 | 78762.48 | case rate | |
| HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS | 2791 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7216.44 | | | | 6902 | 7432.93 | case rate | |
| HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS | 2792 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9132.27 | | | | 8735 | 9406.24 | case rate | |
| HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS | 2793 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 15142.31 | | | | 14483 | 15596.58 | case rate | |
| HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS | 2794 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 38187.53 | | | | 36525 | 39333.16 | case rate | |
| ALCOHOLIC LIVER DISEASE | 2801 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7375.01 | | | | 7054 | 7596.26 | case rate | |
| ALCOHOLIC LIVER DISEASE | 2802 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9240.98 | | | | 8839 | 9518.21 | case rate | |
| ALCOHOLIC LIVER DISEASE | 2803 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 14724.45 | | | | 14083 | 15166.18 | case rate | |
| ALCOHOLIC LIVER DISEASE | 2804 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 33226.4 | | | | 31780 | 34223.19 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS | 2811 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10866.76 | | | | 10394 | 11192.76 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS | 2812 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12890.32 | | | | 12329 | 13277.03 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS | 2813 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 17837.72 | | | | 17061 | 18372.85 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS | 2814 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 29072.48 | | | | 27807 | 29944.65 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY | 2821 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7517.07 | | | | 7190 | 7742.58 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY | 2822 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9714.17 | | | | 9291 | 10005.6 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY | 2823 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 16227.09 | | | | 15521 | 16713.9 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY | 2824 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 45157.68 | | | | 43192 | 46512.41 | case rate | |
| OTHER DISORDERS OF THE LIVER | 2831 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8054.13 | | | | 7703 | 8295.75 | case rate | |
| OTHER DISORDERS OF THE LIVER | 2832 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9538.83 | | | | 9124 | 9824.99 | case rate | |
| OTHER DISORDERS OF THE LIVER | 2833 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 14377.89 | | | | 13752 | 14809.23 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes | | | | | |
| OTHER DISORDERS OF THE LIVER | 2834 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 39388.63 | | | | 28109 | 39270.29 | case rate | | | | | | | |
| DISORDERS OF GALLBLADDER & BILIARY TRACT | 2841 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8685.27 | | | | 8307 | 8945.83 | case rate | | | | | | | |
| DISORDERS OF GALLBLADDER & BILIARY TRACT | 2842 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11584.9 | | | | 11081 | 11932.45 | case rate | | | | | | | |
| DISORDERS OF GALLBLADDER & BILIARY TRACT | 2843 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 16694.55 | | | | 15968 | 17195.39 | case rate | | | | | | | |
| DISORDERS OF GALLBLADDER & BILIARY TRACT | 2844 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 33053.57 | | | | 31615 | 34045.18 | case rate | | | | | | | |
| HIP JOINT REPLACEMENT | 3011 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 22045.19 | | | | 21085 | 22706.55 | case rate | | | | | | | |
| HIP JOINT REPLACEMENT | 3012 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 24072.43 | | | | 23024 | 24794.6 | case rate | | | | | | | |
| HIP JOINT REPLACEMENT | 3013 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 32939.58 | | | | 31506 | 33927.77 | case rate | | | | | | | |
| HIP JOINT REPLACEMENT | 3014 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 54586.56 | | | | 52210 | 56224.16 | case rate | | | | | | | |
| KNEE JOINT REPLACEMENT | 3021 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 21039.34 | | | | 20123 | 21670.52 | case rate | | | | | | | |
| KNEE JOINT REPLACEMENT | 3022 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 23394.47 | | | | 22376 | 24096.3 | case rate | | | | | | | |
| KNEE JOINT REPLACEMENT | 3023 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 30085.33 | | | | 28776 | 30987.89 | case rate | | | | | | | |
| KNEE JOINT REPLACEMENT | 3024 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 55316.62 | | | | 52908 | 56976.12 | case rate | | | | | | | |
| DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK | 3031 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 64994.02 | | | | 62165 | 66943.84 | case rate | | | | | | | |
| DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK | 3032 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 78209.55 | | | | 74805 | 80555.84 | case rate | | | | | | | |
| DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK | 3033 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 114594.93 | | | | 109597 | 118022.48 | case rate | | | | | | | |
| DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK | 3034 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 155654.78 | | | | 148878 | 160324.42 | case rate | | | | | | | |
| DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK | 3041 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 39505.59 | | | | 37786 | 40690.76 | case rate | | | | | | | |
| DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK | 3042 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 47316.4 | | | | 45257 | 48735.89 | case rate | | | | | | | |
| DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK | 3043 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 71260.93 | | | | 68159 | 73398.76 | case rate | | | | | | | |
| DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK | 3044 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 118685.22 | | | | 113518 | 122245.78 | case rate | | | | | | | |
| AMPUTATION OF LOWER LIMB EXCEPT TOES | 3051 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 14814.05 | | | | 14169 | 15258.47 | case rate | | | | | | | |
| AMPUTATION OF LOWER LIMB EXCEPT TOES | 3052 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 20282.45 | | | | 19399 | 20890.92 | case rate | | | | | | | |
| AMPUTATION OF LOWER LIMB EXCEPT TOES | 3053 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 33190.08 | | | | 31745 | 34185.78 | case rate | | | | | | | |
| AMPUTATION OF LOWER LIMB EXCEPT TOES | 3054 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 70200.27 | | | | 67144 | 72306.28 | case rate | | | | | | | |
| HIP & FEMUR FRACTURE REPAIR | 3081 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 17957.9 | | | | 17176 | 18496.64 | case rate | | | | | | | |
| HIP & FEMUR FRACTURE REPAIR | 3082 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 21157.46 | | | | 20236 | 21792.18 | case rate | | | | | | | |
| HIP & FEMUR FRACTURE REPAIR | 3083 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 28242.95 | | | | 27013 | 29090.24 | case rate | | | | | | | |
| HIP & FEMUR FRACTURE REPAIR | 3084 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 49370.89 | | | | 47222 | 50852.02 | case rate | | | | | | | |
| OTHER SIGNIFICANT HIP & FEMUR SURGERY | 3091 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 18120.87 | | | | 17332 | 18664.5 | case rate | | | | | | | |
| OTHER SIGNIFICANT HIP & FEMUR SURGERY | 3092 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 25759.74 | | | | 24638 | 26532.53 | case rate | | | | | | | |
| OTHER SIGNIFICANT HIP & FEMUR SURGERY | 3093 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 37608.05 | | | | 35971 | 38736.29 | case rate | | | | | | | |
| OTHER SIGNIFICANT HIP & FEMUR SURGERY | 3094 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 73535.25 | | | | 70334 | 75741.31 | case rate | | | | | | | |
| INTERVERTEBRAL DISC EXCISION & DECOMPRESSION | 3101 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13503.16 | | | | 12915 | 13908.25 | case rate | | | | | | | |
| INTERVERTEBRAL DISC EXCISION & DECOMPRESSION | 3102 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 17924.99 | | | | 17145 | 18462.74 | case rate | | | | | | | |
| INTERVERTEBRAL DISC EXCISION & DECOMPRESSION | 3103 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 25937.23 | | | | 24808 | 26715.35 | case rate | | | | | | | |
| INTERVERTEBRAL DISC EXCISION & DECOMPRESSION | 3104 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 55765.69 | | | | 53338 | 57438.66 | case rate | | | | | | | |
| SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES | 3121 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 22262.6 | | | | 21293 | 22930.48 | case rate | | | | | | | |
| SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES | 3122 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 31683.67 | | | | 30304 | 32634.18 | case rate | | | | | | | |
| SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES | 3123 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 57132.28 | | | | 54645 | 58846.25 | case rate | | | | | | | |
| SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES | 3124 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 118067.44 | | | | 112927 | 121609.46 | case rate | | | | | | | |
| KNEE & LOWER LEG PROCEDURES EXCEPT FOOT | 3131 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 15866.41 | | | | 15186 | 16332.1 | case rate | | | | | | | |
| KNEE & LOWER LEG PROCEDURES EXCEPT FOOT | 3132 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 21702.49 | | | | 20758 | 22353.56 | case rate | | | | | | | |
| KNEE & LOWER LEG PROCEDURES EXCEPT FOOT | 3133 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 33218.87 | | | | 31773 | 34215.44 | case rate | | | | | | | |
| KNEE & LOWER LEG PROCEDURES EXCEPT FOOT | 3134 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 67591.41 | | | | 64649 | 69619.15 | case rate | | | | | | | |
| FOOT & TOE PROCEDURES | 3141 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 14922.11 | | | | 13871 | 14937.17 | case rate | | | | | | | |
| FOOT & TOE PROCEDURES | 3142 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 16460.19 | | | | 15744 | 16954 | case rate | | | | | | | |
| FOOT & TOE PROCEDURES | 3143 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 22954.64 | | | | 21955 | 23643.28 | case rate | | | | | | | |
| FOOT & TOE PROCEDURES | 3144 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 49476.19 | | | | 47322 | 50960.48 | case rate | | | | | | | |
| SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT | 3151 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13077.95 | | | | 12509 | 13470.29 | case rate | | | | | | | |
| SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT | 3152 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 22122.6 | | | | 21160 | 22786.28 | case rate | | | | | | | |
| SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT | 3153 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 31826.19 | | | | 30441 | 32780.98 | case rate | | | | | | | |
| SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT | 3154 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 64389.43 | | | | 61586 | 66321.11 | case rate | | | | | | | |
| HAND & WRIST PROCEDURES | 3161 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11387.32 | | | | 10892 | 11728.84 | case rate | | | | | | | |
| HAND & WRIST PROCEDURES | 3162 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 16196.42 | | | | 15491 | 16682.31 | case rate | | | | | | | |
| HAND & WRIST PROCEDURES | 3163 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 25965.48 | | | | 24854 | 26765.04 | case rate | | | | | | | |
| HAND & WRIST PROCEDURES | 3164 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 49733.95 | | | | 47589 | 51225.97 | case rate | | | | | | | |
| TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES | 3171 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12575.69 | | | | 12028 | 12952.96 | case rate | | | | | | | |
| TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES | 3172 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 17642.38 | | | | 16874 | 18171.65 | case rate | | | | | | | |
| TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES | 3173 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 30298.52 | | | | 28979 | 31207.48 | case rate | | | | | | | |
| TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES | 3174 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 71409.81 | | | | 68301 | 73552.1 | case rate | | | | | | | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES | 3201 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 14349.55 | | | | 13725 | 14780.04 | case rate | | | | | | | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES | 3202 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 22058.38 | | | | 21098 | 22720.13 | case rate | | | | | | | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES | 3203 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 31408.95 | | | | 30042 | 32351.22 | case rate | | | | | | | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES | 3204 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 59288.75 | | | | 56708 | 61007.41 | case rate | | | | | | | |
| CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP | 3211 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 23587.12 | | | | 22560 | 24294.73 | case rate | | | | | | | |
| CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP | 3212 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 30572.52 | | | | 29242 | 31489.7 | case rate | | | | | | | |
| CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP | 3213 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 51078.21 | | | | 48855 | 52610.56 | case rate | | | | | | | |
| CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP | 3214 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 95829.6 | | | | 91658 | 98704.49 | case rate | | | | | | | |
| SHOULDER & ELBOW JOINT REPLACEMENT | 3221 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 21526.88 | | | | 20590 | 22172.69 | case rate | | | | | | | |
| SHOULDER & ELBOW JOINT REPLACEMENT | 3222 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 23464.34 | | | | 22443 | 24168.27 | case rate | | | | | | | |
| SHOULDER & ELBOW JOINT REPLACEMENT | 3223 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 33153.31 | | | | 31710 | 34147.51 | case rate | | | | | | | |
| SHOULDER & ELBOW JOINT REPLACEMENT | 3224 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 55600.4 | | | | 53180 | 57268.41 | case rate | | | | | | | |
| FRACTURE OF FEMUR | 3401 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6723.96 | | | | 6431 | 6925.68 | case rate | | | | | | | |
| FRACTURE OF FEMUR | 3402 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7964.8 | | | | 7618 | 8203.74 | case rate | | | | | | | |
| FRACTURE OF FEMUR | 3403 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11946.43 | | | | 11426 | 12304.82 | case rate | | | | | | | |
| FRACTURE OF FEMUR | 3404 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 27454.4 | | | | 26259 | 28278.03 | case rate | | | | | | | |
| FRACTURE OF PELVIS OR DISLOCATION OF HIP | 3411 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6816.87 | | | | 6520 | 7021.38 | case rate | | | | | | | |
| FRACTURE OF PELVIS OR DISLOCATION OF HIP | 3412 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8268.93 | | | | 7909 | 8517 case rate | | | | | | | | |
| FRACTURE OF PELVIS OR DISLOCATION OF HIP | 3413 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11065.42 | | | | 10584 | 11397.38 | case rate | | | | | | | |
| FRACTURE OF PELVIS OR DISLOCATION OF HIP | 3414 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 26232.67 | | | | 25091 | 27019.65 | case rate | | | | | | | |
| FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK | 3421 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7118.68 | | | | 6809 | 7332.24 | case rate | | | | | | | |
| FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK | 3422 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9203.04 | | | | 8802 | 9479.13 | case rate | | | | | | | |
| FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK | 3423 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12568.96 | | | | 12022 | 12946.03 | case rate | | | | | | | |
| FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK | 3424 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 28987.63 | | | | 27726 | 29857.26 | case rate | | | | | | | |
| MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE DIT MUSCSKEL MALIG | 3431 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11055.65 | | | | 10574 | 11387.32 | case rate | | | | | | | |
| MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE DIT MUSCSKEL MALIG | 3432 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13229.65 | | | | 12651 | 13623.45 | case rate | | | | | | | |
| MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE DIT MUSCSKEL MALIG | 3433 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 21095.21 | | | | 20177 | 21728.07 | case rate | | | | | | | |
| MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE DIT MUSCSKEL MALIG | 3434 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 35504.23 | | | | 33959 | 36569.36 | case rate | | | | | | | |
| OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS | 3441 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10154.46 | | | | 9712 | 10459.09 | case rate | | | | | | | |
| OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS | 3442 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12821.26 | | | | 12263 | 13205.9 | case rate | | | | | | | |
| OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS | 3443 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 19158.83 | | | | 18325 | 19733.59 | case rate | | | | | | | |
| OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS | 3444 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 35311.84 | | | | 33775 | 36371.2 | case rate | | | | | | | |
| CONNECTIVE TISSUE DISORDERS | 3461 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9181.24 | | | | 8782 | 9456.68 | case rate | | | | | | | |
| CONNECTIVE TISSUE DISORDERS | 3462 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12234.2 | | | | 11692 | 12590.93 | case rate | | | | | | | |
| CONNECTIVE TISSUE DISORDERS | 3463 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 20548.2 | | | | 19654 | 21164.65 | case rate | | | | | | | |
| CONNECTIVE TISSUE DISORDERS | 3464 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 50237.74 | | | | 48051 | 51744.87 | case rate | | | | | | | |
| OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES | 3471 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8634.86 | | | | 8259 | 8893.91 | case rate | | | | | | | |
| OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES | 3472 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10858.86 | | | | 10195 | 10978.63 | case rate | | | | | | | |
| OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES | 3473 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 14622.47 | | | | 13986 | 15061.14 | case rate | | | | | | | |
| OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES | 3474 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 34665.82 | | | | 33157 | 35705.79 | case rate | | | | | | | |
| MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE | 3491 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7267.38 | | | | 6951 | 7485.4 | case rate | | | | | | | |
| MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE | 3492 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10395.54 | | | | 9943 | 10707.41 | case rate | | | | | | | |
| MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE | 3493 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 15848.25 | | | | 15158 | 16323.7 | case rate | | | | | | | |
| MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE | 3494 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 32501.99 | | | | 31087 | 33477.05 | case rate | | | | | | | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES | 3511 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7350.16 | | | | 7030 | 7570.66 | case rate | | | | | | | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES | 3512 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8516.92 | | | | 8146 | 8772.43 | case rate | | | | | | | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES | 3513 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13820.57 | | | | 13219 | 14235.19 | case rate | | | | | | | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES | 3514 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 30997.72 | | | | 29266 | 31515.65 | case rate | | | | | | | |
| SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES | 3611 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 19116.77 | | | | 18285 | 19690.27 | case rate | | | | | | | |
| SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES | 3612 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 25647.72 | | | | 24531 | 26417.15 | case rate | | | | | | | |
| SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES | 3613 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 36843.1 | | | | 35239 | 37948.39 | case rate | | | | | | | |
| SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES | 3614 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 80917.43 | | | | 77395 | 83344.95 | case rate | | | | | | | |
| MASTECTOMY PROCEDURES | 3621 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 18471.91 | | | | 17668 | 19026.07 | case rate | | | | | | | |
| MASTECTOMY PROCEDURES | 3622 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 22574.54 | | | | 21592 | 23251.78 | case rate | | | | | | | |
| MASTECTOMY PROCEDURES | 3623 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 27781.14 | | | | 26572 | 28614.57 | case rate | | | | | | | |
| MASTECTOMY PROCEDURES | 3624 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 58503.17 | | | | 55956 | 60258.27 | case rate | | | | | | | |
| BREAST PROCEDURES EXCEPT MASTECTOMY | 3631 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 14412.87 | | | | 13785 | 14845.26 | case rate | | | | | | | |
| BREAST PROCEDURES EXCEPT MASTECTOMY | 3632 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 24319.25 | | | | 23261 | 25048.83 | case rate | | | | | | | |
| BREAST PROCEDURES EXCEPT MASTECTOMY | 3633 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 31048.23 | | | | 29697 | 31979.68 | case rate | | | | | | | |
| BREAST PROCEDURES EXCEPT MASTECTOMY | 3634 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 59800.69 | | | | 57197 | 61594.71 | case rate | | | | | | | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES | 3641 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11640.51 | | | | 11134 | 11989.73 | case rate | | | | | | | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES | 3642 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 16088.08 | | | | 15388 | 16570.72 | case rate | | | | | | | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES | 3643 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 25006.44 | | | | 23918 | 25756.63 | case rate | | | | | | | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES | 3644 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 48997.61 | | | | 46865 | 50467.54 | case rate | | | | | | | |
| SKIN ULCERS | 3801 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7977.09 | | | | 7630 | 8216.4 | case rate | | | | | | | |
| SKIN ULCERS | 3802 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9563.23 | | | | 9147 | 9850.13 | case rate | | | | | | | |
| SKIN ULCERS | 3803 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13823.35 | | | | 13222 | 14238.05 | case rate | | | | | | | |
| SKIN ULCERS | 3804 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 27134.93 | | | | 25954 | 27948.98 | case rate | | | | | | | |
| MAJOR SKIN DISORDERS | 3811 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6417.76 | | | | 6138 | 6610.29 | case rate | | | | | | | |
| MAJOR SKIN DISORDERS | 3812 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11310.36 | | | | 10818 | 11649.67 | case rate | | | | | | | |
| MAJOR SKIN DISORDERS | 3813 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 20413.67 | | | | 19525 | 21026.08 | case rate | | | | | | | |
| MAJOR SKIN DISORDERS | 3814 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 55197.52 | | | | 52795 | 56853.45 | case rate | | | | | | | |
| MALIGNANT BREAST DISORDERS | 3821 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8705.89 | | | | 8327 | 8967.07 | case rate | | | | | | | |
| MALIGNANT BREAST DISORDERS | 3822 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10326.84 | | | | 9877 | 10636.65 | case rate | | | | | | | |
| MALIGNANT BREAST DISORDERS | 3823 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 16366.11 | | | | 15654 | 16857.09 | case rate | | | | | | | |
| MALIGNANT BREAST DISORDERS | 3824 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 27527.59 | | | | 26329 | 28353.42 | case rate | | | | | | | |
| CELLULITIS & OTHER SKIN INFECTIONS | 3831 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6297.58 | | | | 6023 | 6486.51 | case rate | | | | | | | |
| CELLULITIS & OTHER SKIN INFECTIONS | 3832 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8381.58 | | | | 8017 | 8633.03 | case rate | | | | | | | |
| CELLULITIS & OTHER SKIN INFECTIONS | 3833 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12868.43 | | | | 12308 | 13254.48 | case rate | | | | | | | |
| CELLULITIS & OTHER SKIN INFECTIONS | 3834 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 30443.99 | | | | 29119 | 31357.31 | case rate | | | | | | | |
| CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE | 3841 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8067.04 | | | | 7716 | 8309.05 | case rate | | | | | | | |
| CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE | 3842 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9562.69 | | | | 9146 | 9849.57 | case rate | | | | | | | |
| CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE | 3843 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 14011.43 | | | | 13401 | 14431.77 | case rate | | | | | | | |
| CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE | 3844 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 35449.07 | | | | 33906 | 36512.54 | case rate | | | | | | | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS | 3851 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6005.01 | | | | 5744 | 6185.16 | case rate | | | | | | | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS | 3852 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7955.02 | | | | 7609 | 8193.67 | case rate | | | | | | | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS | 3853 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12711.39 | | | | 12158 | 13092.73 | case rate | | | | | | | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS | 3854 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 26997.95 | | | | 24962 | 26880.89 | case rate | |
| PITUITARY & ADRENAL PROCEDURES | 4011 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 20820.76 | | | | 19914 | 21445.38 | case rate | |
| PITUITARY & ADRENAL PROCEDURES | 4012 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 27992 | | | | 26773 | 28831.76 | case rate | |
| PITUITARY & ADRENAL PROCEDURES | 4013 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 47116.48 | | | | 45065 | 48529.97 | case rate | |
| PITUITARY & ADRENAL PROCEDURES | 4014 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 101944.48 | | | | 97506 | 105002.81 | case rate | |
| PROCEDURES FOR OBESITY | 4031 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 18171.45 | | | | 17380 | 18716.59 | case rate | |
| PROCEDURES FOR OBESITY | 4032 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 20180.66 | | | | 19302 | 20786.08 | case rate | |
| PROCEDURES FOR OBESITY | 4033 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 30669.2 | | | | 29334 | 31589.28 | case rate | |
| PROCEDURES FOR OBESITY | 4034 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 86347.9 | | | | 82589 | 88938.34 | case rate | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES | 4041 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11600.15 | | | | 11095 | 11948.15 | case rate | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES | 4042 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 15542.59 | | | | 14866 | 16008.87 | case rate | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES | 4043 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 29576.35 | | | | 28289 | 30463.64 | case rate | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES | 4044 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 70883.52 | | | | 67798 | 73010.03 | case rate | |
| OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS | 4051 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 18040.33 | | | | 17255 | 18581.54 | case rate | |
| OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS | 4052 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 22363.23 | | | | 21390 | 23034.13 | case rate | |
| OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS | 4053 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 33227.21 | | | | 31781 | 34224.03 | case rate | |
| OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS | 4054 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 75769.39 | | | | 72471 | 78042.47 | case rate | |
| DIABETES | 4201 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 5855.32 | | | | 5600 | 6030.98 | case rate | |
| DIABETES | 4202 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7566.67 | | | | 7237 | 7793.67 | case rate | |
| DIABETES | 4203 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11354.58 | | | | 10860 | 11695.22 | case rate | |
| DIABETES | 4204 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 27685.98 | | | | 26481 | 28516.56 | case rate | |
| MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS | 4211 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7879.15 | | | | 7536 | 8115.52 | case rate | |
| MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS | 4212 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8754.6 | | | | 8373 | 9017.24 | case rate | |
| MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS | 4213 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13425.49 | | | | 12841 | 13828.25 | case rate | |
| MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS | 4214 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 28466.18 | | | | 27227 | 29320.17 | case rate | |
| HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS | 4221 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 4715.83 | | | | 4511 | 4857.3 | case rate | |
| HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS | 4222 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6765.21 | | | | 6471 | 6968.17 | case rate | |
| HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS | 4223 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9855.61 | | | | 9485 | 10152.48 | case rate | |
| HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS | 4224 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 21431.99 | | | | 20499 | 22074.95 | case rate | |
| INBORN ERRORS OF METABOLISM | 4231 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8604.82 | | | | 8230 | 8862.96 | case rate | |
| INBORN ERRORS OF METABOLISM | 4232 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11216.28 | | | | 10728 | 11552.77 | case rate | |
| INBORN ERRORS OF METABOLISM | 4233 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 17701.04 | | | | 16930 | 18232.07 | case rate | |
| INBORN ERRORS OF METABOLISM | 4234 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 34298.27 | | | | 32805 | 35327.22 | case rate | |
| OTHER ENDOCRINE DISORDERS | 4241 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7195.54 | | | | 6882 | 7411.41 | case rate | |
| OTHER ENDOCRINE DISORDERS | 4242 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9778.84 | | | | 9353 | 10072.21 | case rate | |
| OTHER ENDOCRINE DISORDERS | 4243 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 14823.91 | | | | 14179 | 15268.63 | case rate | |
| OTHER ENDOCRINE DISORDERS | 4244 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 31416.4 | | | | 30049 | 32358.89 | case rate | |
| ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED | 4251 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 5852.81 | | | | 5598 | 6028.39 | case rate | |
| ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED | 4252 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7540.75 | | | | 7212 | 7766.97 | case rate | |
| ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED | 4253 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11308.3 | | | | 10816 | 11647.55 | case rate | |
| ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED | 4254 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 25368.52 | | | | 24264 | 26129.58 | case rate | |
| KIDNEY TRANSPLANT | 4401 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 69843.58 | | | | 66803 | 71938.89 | case rate | |
| KIDNEY TRANSPLANT | 4402 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 73081.43 | | | | 69900 | 75273.87 | case rate | |
| KIDNEY TRANSPLANT | 4403 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 82638.38 | | | | 79041 | 85117.53 | case rate | |
| KIDNEY TRANSPLANT | 4404 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 130828.16 | | | | 125133 | 134753 | case rate | |
| MAJOR BLADDER PROCEDURES | 4411 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 20595.2 | | | | 19699 | 21213.06 | case rate | |
| MAJOR BLADDER PROCEDURES | 4412 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 31923.5 | | | | 30534 | 32881.21 | case rate | |
| MAJOR BLADDER PROCEDURES | 4413 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 43420.32 | | | | 41530 | 44722.93 | case rate | |
| MAJOR BLADDER PROCEDURES | 4414 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 87391.07 | | | | 83587 | 90012.8 | case rate | |
| KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY | 4421 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 18979.82 | | | | 18154 | 19549.21 | case rate | |
| KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY | 4422 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 21989.23 | | | | 21032 | 22648.91 | case rate | |
| KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY | 4423 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 33954.68 | | | | 32476 | 34973.32 | case rate | |
| KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY | 4424 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 67557.59 | | | | 64617 | 69584.32 | case rate | |
| KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY | 4431 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 16616.97 | | | | 15894 | 17115.48 | case rate | |
| KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY | 4432 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 19520.82 | | | | 18671 | 20106.44 | case rate | |
| KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY | 4433 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 28532.64 | | | | 27290 | 29388.62 | case rate | |
| KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY | 4434 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 59316.38 | | | | 56734 | 61095.87 | case rate | |
| RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY | 4441 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 15135.94 | | | | 14477 | 15590.02 | case rate | |
| RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY | 4442 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 20423.26 | | | | 19534 | 21035.96 | case rate | |
| RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY | 4443 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 32825.32 | | | | 31396 | 33810.08 | case rate | |
| RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY | 4444 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 62093.14 | | | | 59390 | 63955.93 | case rate | |
| OTHER BLADDER PROCEDURES | 4451 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13122.25 | | | | 12551 | 13515.92 | case rate | |
| OTHER BLADDER PROCEDURES | 4452 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 17933.33 | | | | 17153 | 18471.33 | case rate | |
| OTHER BLADDER PROCEDURES | 4453 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 23347.83 | | | | 22331 | 24048.26 | case rate | |
| OTHER BLADDER PROCEDURES | 4454 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 48461.14 | | | | 46342 | 49904.67 | case rate | |
| URETHRAL & TRANSURETHRAL PROCEDURES | 4461 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10047.1 | | | | 9610 | 10348.51 | case rate | |
| URETHRAL & TRANSURETHRAL PROCEDURES | 4462 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12425.55 | | | | 11885 | 12798.32 | case rate | |
| URETHRAL & TRANSURETHRAL PROCEDURES | 4463 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 20318.42 | | | | 19434 | 20927.97 | case rate | |
| URETHRAL & TRANSURETHRAL PROCEDURES | 4464 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 43967.24 | | | | 42053 | 45286.26 | case rate | |
| OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES | 4471 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 17050.88 | | | | 16309 | 17562.41 | case rate | |
| OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES | 4472 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 21585.99 | | | | 20646 | 22233.57 | case rate | |
| OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES | 4473 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 30648.4 | | | | 29305 | 31773.85 | case rate | |
| OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES | 4474 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 70495.17 | | | | 67426 | 72610.03 | case rate | |
| KIDNEY & URINARY TRACT MALIGNANCY | 4611 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7923.09 | | | | 7578 | 8160.78 | case rate | |
| KIDNEY & URINARY TRACT MALIGNANCY | 4612 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10359.66 | | | | 9909 | 10670.45 | case rate | |
| KIDNEY & URINARY TRACT MALIGNANCY | 4613 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 16016.15 | | | | 15319 | 16496.63 | case rate | |
| KIDNEY & URINARY TRACT MALIGNANCY | 4614 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 29157.5 | | | | 27888 | 30032.23 | case rate | |
| NEPHRITIS & NEPHROSIS | 4621 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6527.45 | | | | 6243 | 6723.27 | case rate | |
| NEPHRITIS & NEPHROSIS | 4622 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9209.23 | | | | 8808 | 9485.51 | case rate | |
| NEPHRITIS & NEPHROSIS | 4623 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 17014.74 | | | | 16274 | 17525.18 | case rate | |
| NEPHRITIS & NEPHROSIS | 4624 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 34388.05 | | | | 32891 | 35419.69 | case rate | |
| KIDNEY & URINARY TRACT INFECTIONS | 4631 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6307.98 | | | | 6033 | 6497.22 | case rate | |
| KIDNEY & URINARY TRACT INFECTIONS | 4632 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7947.67 | | | | 7602 | 8186.1 | case rate | |
| KIDNEY & URINARY TRACT INFECTIONS | 4633 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11038.79 | | | | 10558 | 11369.95 | case rate | |
| KIDNEY & URINARY TRACT INFECTIONS | 4634 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 21593.34 | | | | 20653 | 22241.14 | case rate | |
| URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION | 4651 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6939.3 | | | | 6637 | 7147.48 | case rate | |
| URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION | 4652 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8309.92 | | | | 7948 | 8559.22 | case rate | |
| URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION | 4653 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12735.34 | | | | 12181 | 13117.4 | case rate | |
| URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION | 4654 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 27767.87 | | | | 26559 | 28600.91 | case rate | |
| MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC | 4661 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6605.66 | | | | 6318 | 6803.83 | case rate | |
| MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC | 4662 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9200.17 | | | | 8800 | 9476.18 | case rate | |
| MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC | 4663 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 14014.56 | | | | 13404 | 14435 | case rate | |
| MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC | 4664 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 24905.99 | | | | 23822 | 25653.17 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS | 4681 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6905.13 | | | | 6605 | 7112.28 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS | 4682 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9375.69 | | | | 8968 | 9656.96 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS | 4683 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13668.99 | | | | 13074 | 14079.06 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS | 4684 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 27533.42 | | | | 26335 | 28359.42 | case rate | |
| ACUTE KIDNEY INJURY | 4691 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6538.48 | | | | 6254 | 6734.63 | case rate | |
| ACUTE KIDNEY INJURY | 4692 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8737.29 | | | | 8357 | 8999.41 | case rate | |
| ACUTE KIDNEY INJURY | 4693 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 14148.74 | | | | 13533 | 14573.2 | case rate | |
| ACUTE KIDNEY INJURY | 4694 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 32099.74 | | | | 30702 | 33062.73 | case rate | |
| CHRONIC KIDNEY DISEASE | 4701 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6949.52 | | | | 6647 | 7158.01 | case rate | |
| CHRONIC KIDNEY DISEASE | 4702 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8847.78 | | | | 8463 | 9113.21 | case rate | |
| CHRONIC KIDNEY DISEASE | 4703 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13027 | | | | 12460 | 13417.81 | case rate | |
| CHRONIC KIDNEY DISEASE | 4704 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 27526.17 | | | | 26710 | 28763.96 | case rate | |
| MAJOR MALE PELVIC PROCEDURES | 4801 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 17822.38 | | | | 16836 | 18130.45 | case rate | |
| MAJOR MALE PELVIC PROCEDURES | 4802 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 19399.11 | | | | 18555 | 19981.08 | case rate | |
| MAJOR MALE PELVIC PROCEDURES | 4803 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 31665.02 | | | | 30287 | 32614.97 | case rate | |
| MAJOR MALE PELVIC PROCEDURES | 4804 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 70958.04 | | | | 67582 | 72777.78 | case rate | |
| PENIS PROCEDURES | 4811 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11262.02 | | | | 10772 | 11599.88 | case rate | |
| PENIS PROCEDURES | 4812 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 18352.35 | | | | 17553 | 18902.92 | case rate | |
| PENIS PROCEDURES | 4813 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 25552.29 | | | | 24440 | 26318.86 | case rate | |
| PENIS PROCEDURES | 4814 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 58973.05 | | | | 56406 | 60742.24 | case rate | |
| TRANSURETHRAL PROSTATECTOMY | 4821 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9472.37 | | | | 9060 | 9756.54 | case rate | |
| TRANSURETHRAL PROSTATECTOMY | 4822 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12361.24 | | | | 11823 | 12732.08 | case rate | |
| TRANSURETHRAL PROSTATECTOMY | 4823 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 22501.44 | | | | 21522 | 23176.48 | case rate | |
| TRANSURETHRAL PROSTATECTOMY | 4824 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 44912.02 | | | | 42957 | 46259.38 | case rate | |
| TESTES & SCROTAL PROCEDURES | 4831 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10025.12 | | | | 9589 | 10325.87 | case rate | |
| TESTES & SCROTAL PROCEDURES | 4832 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 18134.23 | | | | 17345 | 18678.26 | case rate | |
| TESTES & SCROTAL PROCEDURES | 4833 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 30441.66 | | | | 29116 | 31354.91 | case rate | |
| TESTES & SCROTAL PROCEDURES | 4834 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 85462.18 | | | | 81770 | 88056.95 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 4841 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13020.19 | | | | 12453 | 13410.8 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 4842 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 18580.16 | | | | 17771 | 19137.56 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 4843 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 23795.2 | | | | 22759 | 24509.06 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 4844 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 60279 | | | | 57655 | 62087.37 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM | 5001 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8056.19 | | | | 7705 | 8297.88 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM | 5002 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10246.3 | | | | 9800 | 10553.69 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM | 5003 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 16203.39 | | | | 15500 | 16691.55 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM | 5004 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 26587.56 | | | | 25430 | 27385.19 | case rate | |
| MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY | 5011 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6420.63 | | | | 6141 | 6613.25 | case rate | |
| MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY | 5012 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8823.93 | | | | 8440 | 9088.65 | case rate | |
| MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY | 5013 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13336.07 | | | | 12755 | 13736.15 | case rate | |
| MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY | 5014 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 33691.8 | | | | 32225 | 34702.55 | case rate | |
| PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS | 5101 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 17808.48 | | | | 17033 | 18342.73 | case rate | |
| PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS | 5102 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 22094.34 | | | | 21132 | 22757.17 | case rate | |
| PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS | 5103 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 39514.83 | | | | 37795 | 40700.27 | case rate | |
| PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS | 5104 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 91545.53 | | | | 87560 | 94291.9 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY | 5111 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 17966.07 | | | | 17184 | 18505.05 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY | 5112 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 22529.87 | | | | 21549 | 23205.77 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY | 5113 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 33821.76 | | | | 32349 | 34836.41 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY | 5114 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 72201.49 | | | | 69058 | 74367.53 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG | 5121 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 15972.2 | | | | 15277 | 16451.37 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG | 5122 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 18794.88 | | | | 17977 | 19358.73 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG | 5123 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 29531.86 | | | | 28246 | 30417.82 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG | 5124 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 60332.28 | | | | 57706 | 62142.25 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA | 5131 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12210.48 | | | | 11679 | 12576.79 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA | 5132 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 14334.84 | | | | 13711 | 14764.89 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA | 5133 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 23515.46 | | | | 22492 | 24220.92 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA | 5134 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 58856.76 | | | | 54382 | 58962.46 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 5141 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10056.96 | | | | 9619 | 10358.67 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 5142 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 14604.98 | | | | 13969 | 15043.13 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 5143 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 25294.88 | | | | 24194 | 26053.73 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 5144 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 70105.65 | | | | 67054 | 72208.82 | case rate | |
| DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES | 5171 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9676.95 | | | | 9256 | 9967.26 | case rate | |
| DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES | 5172 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12175.14 | | | | 11645 | 12540.39 | case rate | |
| DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES | 5173 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 22336.05 | | | | 21364 | 23006.13 | case rate | |
| DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES | 5174 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 52566.72 | | | | 50269 | 54133.42 | case rate | |
| OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 5181 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11514.49 | | | | 11013 | 11859.92 | case rate | |
| OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 5182 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 15869.59 | | | | 15179 | 16345.68 | case rate | |
| OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 5183 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 28971.49 | | | | 27710 | 29840.63 | case rate | |
| OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 5184 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 65959.88 | | | | 63088 | 67938.68 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA | 5191 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12764.04 | | | | 12208 | 13146.96 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA | 5192 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 15308.5 | | | | 14642 | 15767.76 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA | 5193 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 27633.87 | | | | 26431 | 28462.89 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA | 5194 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 68632.15 | | | | 65644 | 70691.11 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM MALIGNANCY | 5301 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7718.51 | | | | 7382 | 7950.07 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM MALIGNANCY | 5302 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9922.34 | | | | 9490 | 10220.01 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM MALIGNANCY | 5303 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 16755.36 | | | | 16026 | 17258.02 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM MALIGNANCY | 5304 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 30853.69 | | | | 29510 | 31779.3 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM INFECTIONS | 5311 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7020.29 | | | | 6715 | 7230.9 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM INFECTIONS | 5312 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9451.66 | | | | 9040 | 9735.21 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM INFECTIONS | 5313 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 14902.12 | | | | 14253 | 15349.18 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM INFECTIONS | 5314 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 28948.8 | | | | 27689 | 29817.26 | case rate | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS | 5321 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6101.25 | | | | 5836 | 6284.29 | case rate | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS | 5322 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7532.59 | | | | 7205 | 7758.57 | case rate | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS | 5323 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12382.59 | | | | 11844 | 12754.07 | case rate | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS | 5324 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 25355.69 | | | | 24252 | 26116.36 | case rate | |
| CESAREAN DELIVERY | 5401 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7776.72 | | | | 7438 | 8010.02 | case rate | |
| CESAREAN DELIVERY | 5402 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9296.4 | | | | 8892 | 9575.29 | case rate | |
| CESAREAN DELIVERY | 5403 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13327.28 | | | | 12747 | 13727.1 | case rate | |
| CESAREAN DELIVERY | 5404 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 37703.21 | | | | 36062 | 38834.31 | case rate | |
| VAGINAL DELIVERY W STERILIZATION &/OR D&C | 5411 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7408.64 | | | | 7086 | 7630.9 | case rate | |
| VAGINAL DELIVERY W STERILIZATION &/OR D&C | 5412 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8061.57 | | | | 7711 | 8303.42 | case rate | |
| VAGINAL DELIVERY W STERILIZATION &/OR D&C | 5413 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12002.49 | | | | 11480 | 12362.56 | case rate | |
| VAGINAL DELIVERY W STERILIZATION &/OR D&C | 5414 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 42249.35 | | | | 40410 | 43516.83 | case rate | |
| VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C | 5421 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 5492.8 | | | | 5254 | 5657.58 | case rate | |
| VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C | 5422 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6854.54 | | | | 6556 | 7060.18 | case rate | |
| VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C | 5423 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 14759.61 | | | | 14117 | 15202.4 | case rate | |
| VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C | 5424 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 49315.56 | | | | 47169 | 50795.03 | case rate | |
| D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES | 5441 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7758.78 | | | | 7421 | 7991.54 | case rate | |
| D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES | 5442 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9184.38 | | | | 8785 | 9459.91 | case rate | |
| D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES | 5443 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 15220.97 | | | | 14558 | 15677.6 | case rate | |
| D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES | 5444 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 42836.54 | | | | 40972 | 44121.64 | case rate | |
| ECTOPIC PREGNANCY PROCEDURE | 5451 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11107.85 | | | | 10624 | 11441.09 | case rate | |
| ECTOPIC PREGNANCY PROCEDURE | 5452 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12190.93 | | | | 11660 | 12556.66 | case rate | |
| ECTOPIC PREGNANCY PROCEDURE | 5453 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 14710.73 | | | | 14070 | 15152.05 | case rate | |
| ECTOPIC PREGNANCY PROCEDURE | 5454 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 26848.83 | | | | 25680 | 27654.29 | case rate | |
| OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES | 5461 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8473.6 | | | | 8105 | 8727.81 | case rate | |
| OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES | 5462 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11975.58 | | | | 11454 | 12334.85 | case rate | |
| OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES | 5463 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 22947.91 | | | | 21949 | 23636.35 | case rate | |
| OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES | 5464 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 62522.48 | | | | 59801 | 64398.15 | case rate | |
| VAGINAL DELIVERY | 5601 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 4587.93 | | | | 4388 | 4725.57 | case rate | |
| VAGINAL DELIVERY | 5602 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 5173.33 | | | | 4948 | 5328.53 | case rate | |
| VAGINAL DELIVERY | 5603 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7521.92 | | | | 7194 | 7747.58 | case rate | |
| VAGINAL DELIVERY | 5604 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 22429.6 | | | | 21453 | 23102.49 | case rate | |
| POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE | 5611 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 3598.22 | | | | 3442 | 3706.17 | case rate | |
| POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE | 5612 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 5789.94 | | | | 5538 | 5963.64 | case rate | |
| POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE | 5613 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9303.49 | | | | 8898 | 9582.59 | case rate | |
| POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE | 5614 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 24494.28 | | | | 23418 | 25218.81 | case rate | |
| PRETERM LABOR | 5631 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 4121.28 | | | | 3942 | 4244.92 | case rate | |
| PRETERM LABOR | 5632 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 5458.54 | | | | 5221 | 5622.3 | case rate | |
| PRETERM LABOR | 5633 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9345.82 | | | | 8939 | 9626.19 | case rate | |
| PRETERM LABOR | 5634 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 17230.71 | | | | 16481 | 17747.63 | case rate | |
| ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 5641 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 4363.8 | | | | 4174 | 4494.71 | case rate | |
| ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 5642 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 5094.13 | | | | 4872 | 5246.95 | case rate | |
| ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 5643 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7234.1 | | | | 6919 | 7451.12 | case rate | |
| ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 5644 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 30786.87 | | | | 29447 | 31710.48 | case rate | |
| FALSE LABOR | 5651 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 2024.99 | | | | 1937 | 2085.74 | case rate | |
| FALSE LABOR | 5652 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 2879.81 | | | | 2754 | 2966.2 | case rate | |
| FALSE LABOR | 5653 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 4578.33 | | | | 4379 | 4715.68 | case rate | |
| FALSE LABOR | 5654 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 5037.54 | | | | 4818 | 5188.67 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES | 5661 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 4042.27 | | | | 3866 | 4163.54 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES | 5662 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 5430.56 | | | | 5194 | 5593.48 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES | 5663 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8331.53 | | | | 7969 | 8581.48 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES | 5664 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 23684.88 | | | | 22654 | 24395.43 | case rate | |
| NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE | 5801 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 3426.55 | | | | 3277 | 3529.35 | case rate | |
| NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE | 5802 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 4410.8 | | | | 4219 | 4543.12 | case rate | |
| NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE | 5803 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7137.33 | | | | 6827 | 7351.45 | case rate | |
| NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE | 5804 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13475.18 | | | | 12889 | 13879.44 | case rate | |
| NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE | 5811 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 1365.87 | | | | 1306 | 1406.85 | case rate | |
| NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE | 5812 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 2189.3 | | | | 2075 | 2234.38 | case rate | |
| NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE | 5813 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 3743.24 | | | | 3580 | 3855.54 | case rate | |
| NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE | 5814 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7516.09 | | | | 7189 | 7741.57 | case rate | |
| NEONATE W ECMO | 5831 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 118519.48 | | | | 113360 | 122075.06 | case rate | |
| NEONATE W ECMO | 5832 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 131688.37 | | | | 125955 | 135639.02 | case rate | |
| NEONATE W ECMO | 5833 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 246888.91 | | | | 236141 | 254295.58 | case rate | |
| NEONATE W ECMO | 5834 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 369181.14 | | | | 353109 | 380256.57 | case rate | |
| NEONATE BWT <1500G W MAJOR PROCEDURE | 5881 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 116315.11 | | | | 111251 | 119804.56 | case rate | |
| NEONATE BWT <1500G W MAJOR PROCEDURE | 5882 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 129239.06 | | | | 123613 | 133116.23 | case rate | |
| NEONATE BWT <1500G W MAJOR PROCEDURE | 5883 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 263893.97 | | | | 252406 | 271810.79 | case rate | |
| NEONATE BWT <1500G W MAJOR PROCEDURE | 5884 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 353216.48 | | | | 337839 | 363812.97 | case rate | |
| NEONATE BWT <500G OR GA <24 WEEKS | 5891 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 204229.96 | | | | 195339 | 210356.86 | case rate | |
| NEONATE BWT <500G OR GA <24 WEEKS | 5892 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 143257.21 | | | | 137021 | 147564.93 | case rate | |
| NEONATE BWT <500G OR GA <24 WEEKS | 5893 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 102476.78 | | | | 98016 | 105551.08 | case rate | |
| NEONATE BWT <500G OR GA <24 WEEKS | 5894 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 3483.15 | | | | 3332 | 3587.64 | case rate | |
| NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE | 5911 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 121966.48 | | | | 116657 | 125625.47 | case rate | |
| NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE | 5912 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 169214.53 | | | | 161848 | 174290.97 | case rate | |
| NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE | 5913 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 210125.1 | | | | 200977 | 216428.85 | case rate | |
| NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE | 5914 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 296633.81 | | | | 283720 | 305532.82 | case rate | |
| NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE | 5931 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 37816.58 | | | | 36170 | 38951.08 | case rate | |
| NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE | 5932 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 128118.85 | | | | 122541 | 131962.42 | case rate | |
| NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE | 5933 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 170632.87 | | | | 163204 | 175751.86 | case rate | |
| NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE | 5934 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 243690.53 | | | | 233082 | 251001.25 | case rate | |
| NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6021 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 55615.11 | | | | 53194 | 57283.56 | case rate | |
| NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6022 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 102118.03 | | | | 97672 | 105181.57 | case rate | |
| NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6023 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 135563.36 | | | | 129662 | 139630.26 | case rate | |
| NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6024 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 187672.99 | | | | 179503 | 193303.18 | case rate | |
| NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION | 6031 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 32478.13 | | | | 31064 | 33452.47 | case rate | |
| NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION | 6032 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 74602.01 | | | | 71354 | 76840.07 | case rate | |
| NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION | 6033 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 110855.4 | | | | 106029 | 114181.06 | case rate | |
| NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION | 6034 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 193014.3 | | | | 184612 | 198804.73 | case rate | |
| NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6071 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 50698.2 | | | | 48491 | 52219.15 | case rate | |
| NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6072 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 79154.87 | | | | 75709 | 81529.52 | case rate | |
| NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6073 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 107200.14 | | | | 102533 | 110416.14 | case rate | |
| NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6074 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 148869.24 | | | | 143345 | 154365.32 | case rate | |
| NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION | 6081 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 34307.6 | | | | 32814 | 35336.83 | case rate | |
| NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION | 6082 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 64559.75 | | | | 61749 | 66496.54 | case rate | |
| NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION | 6083 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 95376.58 | | | | 91224 | 98237.88 | case rate | |
| NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION | 6084 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 139821.51 | | | | 133734 | 144016.16 | case rate | |
| NEONATE BWT 1500-2499G W MAJOR PROCEDURE | 6091 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 53313.79 | | | | 50993 | 54913.2 | case rate | |
| NEONATE BWT 1500-2499G W MAJOR PROCEDURE | 6092 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 69241.86 | | | | 66227 | 71319.12 | case rate | |
| NEONATE BWT 1500-2499G W MAJOR PROCEDURE | 6093 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 110464.72 | | | | 105656 | 113778.66 | case rate | |
| NEONATE BWT 1500-2499G W MAJOR PROCEDURE | 6094 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 204834.64 | | | | 195917 | 210979.68 | case rate | |
| NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY | 6111 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 29540.47 | | | | 28254 | 30426.68 | case rate | |
| NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY | 6112 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 47503.22 | | | | 45435 | 48928.32 | case rate | |
| NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY | 6113 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 76910.05 | | | | 73562 | 79217.35 | case rate | |
| NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY | 6114 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 120829.76 | | | | 115570 | 124454.65 | case rate | |
| NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND | 6121 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 35907.74 | | | | 34345 | 36984.97 | case rate | |
| NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND | 6122 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 54735.53 | | | | 52353 | 56377.6 | case rate | |
| NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND | 6123 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 75688.23 | | | | 72393 | 77958.88 | case rate | |
| NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND | 6124 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 116101.65 | | | | 111047 | 119584.7 | case rate | |
| NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION | 6131 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 30058.06 | | | | 28750 | 30959.8 | case rate | |
| NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION | 6132 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 46554.13 | | | | 44527 | 47950.75 | case rate | |
| NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION | 6133 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 77402.09 | | | | 74032 | 79724.15 | case rate | |
| NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION | 6134 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 103197.07 | | | | 98704 | 106292.98 | case rate | |
| NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION | 6141 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 19731.41 | | | | 18872 | 20323.35 | case rate | |
| NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION | 6142 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 39403.89 | | | | 37688 | 40586.01 | case rate | |
| NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION | 6143 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 64827.38 | | | | 61814 | 66596.2 | case rate | |
| NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION | 6144 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 69129.12 | | | | 66120 | 71202.99 | case rate | |
| NEONATE BWT 2000-2499G W MAJOR ANOMALY | 6211 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13811.15 | | | | 13210 | 14225.48 | case rate | |
| NEONATE BWT 2000-2499G W MAJOR ANOMALY | 6212 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 29899.9 | | | | 28589 | 30786.6 | case rate | |
| NEONATE BWT 2000-2499G W MAJOR ANOMALY | 6213 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 50343.3 | | | | 48152 | 51853.6 | case rate | |
| NEONATE BWT 2000-2499G W MAJOR ANOMALY | 6214 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 99542.44 | | | | 95209 | 102528.71 | case rate | |
| NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND | 6221 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 22330.4 | | | | 21358 | 23000.31 | case rate | |
| NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND | 6222 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 33099.14 | | | | 31658 | 34092.11 | case rate | |
| NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND | 6223 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 48256.87 | | | | 46156 | 49704.58 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND | 6224 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 77189.97 | | | | 73830 | 79505.67 | case rate | |
| NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION | 6231 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 17701.04 | | | | 16930 | 18232.07 | case rate | |
| NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION | 6232 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 30789.3 | | | | 29449 | 31712.98 | case rate | |
| NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION | 6233 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 50072.89 | | | | 47893 | 51575.08 | case rate | |
| NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION | 6234 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 76154.52 | | | | 72839 | 78439.16 | case rate | |
| NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION | 6251 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 21060.59 | | | | 20144 | 21692.41 | case rate | |
| NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION | 6252 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 32910.61 | | | | 31478 | 33897.93 | case rate | |
| NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION | 6253 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 41078.73 | | | | 39290 | 42311.09 | case rate | |
| NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION | 6254 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 60715.79 | | | | 58073 | 62537.26 | case rate | |
| NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6261 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 2093.51 | | | | 2002 | 2156.32 | case rate | |
| NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6262 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 5178.62 | | | | 4953 | 5333.98 | case rate | |
| NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6263 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 15115.13 | | | | 14457 | 15568.58 | case rate | |
| NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6264 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 34012.71 | | | | 32532 | 35033.09 | case rate | |
| NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE | 6301 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 32051.75 | | | | 30656 | 33013.3 | case rate | |
| NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE | 6302 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 43573.96 | | | | 41677 | 44881.18 | case rate | |
| NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE | 6303 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 68965.16 | | | | 65990 | 70922.11 | case rate | |
| NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE | 6304 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 157236.89 | | | | 150392 | 161954 | case rate | |
| NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE | 6311 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 17996.11 | | | | 17213 | 18535.99 | case rate | |
| NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE | 6312 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 22291.12 | | | | 21321 | 22959.85 | case rate | |
| NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE | 6313 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 50100.87 | | | | 47920 | 51603.9 | case rate | |
| NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE | 6314 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 139590.2 | | | | 133513 | 143777.91 | case rate | |
| NEONATE BIRTHWT >2499G W MAJOR ANOMALY | 6331 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 3930.33 | | | | 3759 | 4048.24 | case rate | |
| NEONATE BIRTHWT >2499G W MAJOR ANOMALY | 6332 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11186.86 | | | | 10700 | 11522.47 | case rate | |
| NEONATE BIRTHWT >2499G W MAJOR ANOMALY | 6333 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 23757.71 | | | | 22723 | 24470.44 | case rate | |
| NEONATE BIRTHWT >2499G W MAJOR ANOMALY | 6334 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 71350.08 | | | | 68244 | 73490.58 | case rate | |
| NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND | 6341 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7503.8 | | | | 7177 | 7728.91 | case rate | |
| NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND | 6342 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13666.12 | | | | 13071 | 14076.1 | case rate | |
| NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND | 6343 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 30319.96 | | | | 29000 | 31229.56 | case rate | |
| NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND | 6344 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 75411.63 | | | | 72129 | 77673.98 | case rate | |
| NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION | 6361 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10155.98 | | | | 9714 | 10460.66 | case rate | |
| NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION | 6362 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 15148.86 | | | | 14489 | 15603.33 | case rate | |
| NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION | 6363 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 28521.34 | | | | 27280 | 29376.98 | case rate | |
| NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION | 6364 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 59446.07 | | | | 56858 | 61229.45 | case rate | |
| NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION | 6391 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 5872.18 | | | | 5617 | 6048.35 | case rate | |
| NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION | 6392 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9308.6 | | | | 8903 | 9587.86 | case rate | |
| NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION | 6393 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 18063.02 | | | | 17277 | 18604.91 | case rate | |
| NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION | 6394 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 48953.48 | | | | 46822 | 50422.08 | case rate | |
| NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6401 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 1486.77 | | | | 1422 | 1531.37 | case rate | |
| NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6402 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 2199.16 | | | | 2103 | 2265.13 | case rate | |
| NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6403 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 5346.52 | | | | 5114 | 5506.92 | case rate | |
| NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6404 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 26054.36 | | | | 24920 | 26835.99 | case rate | |
| SPLENECTOMY | 6501 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 18301.5 | | | | 17505 | 18850.55 | case rate | |
| SPLENECTOMY | 6502 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 26196.79 | | | | 25056 | 26982.69 | case rate | |
| SPLENECTOMY | 6503 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 35323.5 | | | | 33786 | 36383.21 | case rate | |
| SPLENECTOMY | 6504 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 70722.08 | | | | 67643 | 72843.74 | case rate | |
| OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS | 6511 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 14720.77 | | | | 14080 | 15162.39 | case rate | |
| OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS | 6512 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 20671.07 | | | | 19771 | 21291.2 | case rate | |
| OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS | 6513 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 36480.67 | | | | 34893 | 37575.09 | case rate | |
| OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS | 6514 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 76556.14 | | | | 73223 | 78852.82 | case rate | |
| MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL | 6601 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10770.98 | | | | 10302 | 11094.11 | case rate | |
| MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL | 6602 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11498.26 | | | | 10998 | 11843.21 | case rate | |
| MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL | 6603 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 18486.26 | | | | 17681 | 19040.85 | case rate | |
| MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL | 6604 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 48031.84 | | | | 45941 | 49472.8 | case rate | |
| COAGULATION & PLATELET DISORDERS | 6611 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13240.46 | | | | 12664 | 13637.67 | case rate | |
| COAGULATION & PLATELET DISORDERS | 6612 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 15576.85 | | | | 14899 | 16044.16 | case rate | |
| COAGULATION & PLATELET DISORDERS | 6613 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 29667.29 | | | | 28376 | 30557.31 | case rate | |
| COAGULATION & PLATELET DISORDERS | 6614 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 56585.45 | | | | 54122 | 58283.01 | case rate | |
| SICKLE CELL ANEMIA CRISIS | 6621 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8217 | | | | 7859 | 8463.51 | case rate | |
| SICKLE CELL ANEMIA CRISIS | 6622 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11255.74 | | | | 10766 | 11593.41 | case rate | |
| SICKLE CELL ANEMIA CRISIS | 6623 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 17440.67 | | | | 16681 | 17963.89 | case rate | |
| SICKLE CELL ANEMIA CRISIS | 6624 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 40977.56 | | | | 39194 | 42206.89 | case rate | |
| OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS | 6631 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6898.76 | | | | 6598 | 7105.72 | case rate | |
| OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS | 6632 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8709.48 | | | | 8330 | 8970.76 | case rate | |
| OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS | 6633 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12462.32 | | | | 11920 | 12836.19 | case rate | |
| OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS | 6634 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 23277.52 | | | | 22264 | 23975.85 | case rate | |
| MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6801 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 21531.19 | | | | 20594 | 22177.13 | case rate | |
| MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6802 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 29611.33 | | | | 28322 | 30499.67 | case rate | |
| MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6803 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 51146.73 | | | | 48920 | 52681.13 | case rate | |
| MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6804 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 102303.41 | | | | 97850 | 105372.51 | case rate | |
| OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6811 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 15688.24 | | | | 15005 | 16158.89 | case rate | |
| OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6812 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 21593.7 | | | | 20654 | 22241.51 | case rate | |
| OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6813 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 39685.51 | | | | 37958 | 40876.08 | case rate | |
| OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6814 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 96700.84 | | | | 92491 | 99601.87 | case rate | |
| ACUTE LEUKEMIA | 6901 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 18236.03 | | | | 17442 | 18783.11 | case rate | |
| ACUTE LEUKEMIA | 6902 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 30108.56 | | | | 28798 | 31011.82 | case rate | |
| ACUTE LEUKEMIA | 6903 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 57880.01 | | | | 55360 | 59616.41 | case rate | |
| ACUTE LEUKEMIA | 6904 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 110352.25 | | | | 105548 | 113662.82 | case rate | |
| LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA | 6911 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 15447.34 | | | | 14775 | 15910.76 | case rate | |
| LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA | 6912 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 17836.91 | | | | 17060 | 18372.02 | case rate | |
| LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA | 6913 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 27612.08 | | | | 26410 | 28440.44 | case rate | |
| LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA | 6914 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 58075.62 | | | | 55547 | 59817.89 | case rate | |
| RADIOTHERAPY | 6921 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10439.93 | | | | 9985 | 10753.13 | case rate | |
| RADIOTHERAPY | 6922 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 21825.19 | | | | 20875 | 22479.95 | case rate | |
| RADIOTHERAPY | 6923 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 31952.74 | | | | 30562 | 32911.32 | case rate | |
| RADIOTHERAPY | 6924 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 59108.57 | | | | 56535 | 60881.83 | case rate | |
| LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR | 6941 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9597.94 | | | | 9180 | 9885.88 | case rate | |
| LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR | 6942 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11309.91 | | | | 10818 | 11649.21 | case rate | |
| LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR | 6943 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 18198.63 | | | | 17406 | 18744.59 | case rate | |
| LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR | 6944 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 35226.46 | | | | 33693 | 36283.25 | case rate | |
| CHEMOTHERAPY FOR ACUTE LEUKEMIA | 6951 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8735.85 | | | | 8356 | 8997.93 | case rate | |
| CHEMOTHERAPY FOR ACUTE LEUKEMIA | 6952 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12737.85 | | | | 12183 | 13119.99 | case rate | |
| CHEMOTHERAPY FOR ACUTE LEUKEMIA | 6953 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 33215.19 | | | | 31769 | 34211.65 | case rate | |
| CHEMOTHERAPY FOR ACUTE LEUKEMIA | 6954 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 91614.23 | | | | 87626 | 94362.66 | case rate | |
| OTHER CHEMOTHERAPY | 6961 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11502.39 | | | | 11002 | 11847.46 | case rate | |
| OTHER CHEMOTHERAPY | 6962 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13682.18 | | | | 13087 | 14092.65 | case rate | |
| OTHER CHEMOTHERAPY | 6963 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 21469.39 | | | | 20535 | 22113.47 | case rate | |
| OTHER CHEMOTHERAPY | 6964 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 50657.39 | | | | 48452 | 52177.11 | case rate | |
| INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE | 7101 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 15326.26 | | | | 14659 | 15786.05 | case rate | |
| INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE | 7102 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 21583.66 | | | | 20644 | 22231.17 | case rate | |
| INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE | 7103 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 37063.1 | | | | 35450 | 38174.99 | case rate | |
| INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE | 7104 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 75739.17 | | | | 72442 | 78011.35 | case rate | |
| POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE | 7111 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 14715.48 | | | | 14075 | 15156.94 | case rate | |
| POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE | 7112 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 20361.11 | | | | 19475 | 20971.94 | case rate | |
| POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE | 7113 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 36858.7 | | | | 35254 | 37964.46 | case rate | |
| POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE | 7114 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 75861.15 | | | | 72559 | 78136.98 | case rate | |
| SEPTICEMIA & DISSEMINATED INFECTIONS | 7201 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7707.93 | | | | 7372 | 7939.17 | case rate | |
| SEPTICEMIA & DISSEMINATED INFECTIONS | 7202 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10345.67 | | | | 9895 | 10656.04 | case rate | |
| SEPTICEMIA & DISSEMINATED INFECTIONS | 7203 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 16921.01 | | | | 16184 | 17428.64 | case rate | |
| SEPTICEMIA & DISSEMINATED INFECTIONS | 7204 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 37296.3 | | | | 35673 | 38415.19 | case rate | |
| POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS | 7211 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8099.87 | | | | 7747 | 8342.87 | case rate | |
| POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS | 7212 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10749.36 | | | | 10281 | 11071.84 | case rate | |
| POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS | 7213 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 17994.05 | | | | 17211 | 18533.87 | case rate | |
| POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS | 7214 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 35131.48 | | | | 33602 | 36185.42 | case rate | |
| FEVER | 7221 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6230.4 | | | | 5959 | 6417.31 | case rate | |
| FEVER | 7222 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8355.66 | | | | 7992 | 8606.33 | case rate | |
| FEVER | 7223 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11375.48 | | | | 10880 | 11716.74 | case rate | |
| FEVER | 7224 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 21598.37 | | | | 20658 | 22246.32 | case rate | |
| VIRAL ILLNESS | 7231 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 5495.67 | | | | 5256 | 5660.54 | case rate | |
| VIRAL ILLNESS | 7232 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7443.35 | | | | 7119 | 7666.65 | case rate | |
| VIRAL ILLNESS | 7233 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12032.09 | | | | 11508 | 12393.05 | case rate | |
| VIRAL ILLNESS | 7234 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 40227.77 | | | | 38476 | 41434.9 | case rate | |
| OTHER INFECTIOUS & PARASITIC DISEASES | 7241 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9587.89 | | | | 9170 | 9875.53 | case rate | |
| OTHER INFECTIOUS & PARASITIC DISEASES | 7242 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11311.35 | | | | 10819 | 11650.69 | case rate | |
| OTHER INFECTIOUS & PARASITIC DISEASES | 7243 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 17826.48 | | | | 17052 | 18363.33 | case rate | |
| OTHER INFECTIOUS & PARASITIC DISEASES | 7244 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 41249.77 | | | | 39454 | 42487.26 | case rate | |
| MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE | 7401 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 18776.67 | | | | 17959 | 19339.97 | case rate | |
| MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE | 7402 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 22597.41 | | | | 21614 | 23275.33 | case rate | |
| MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE | 7403 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 37878.37 | | | | 36229 | 39014.72 | case rate | |
| MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE | 7404 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 76124.47 | | | | 72810 | 78408.2 | case rate | |
| SCHIZOPHRENIA | 7501 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8776.66 | | | | 8395 | 9039.96 | case rate | |
| SCHIZOPHRENIA | 7502 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10517.78 | | | | 10060 | 10833.31 | case rate | |
| SCHIZOPHRENIA | 7503 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 15344.11 | | | | 14676 | 15804.43 | case rate | |
| SCHIZOPHRENIA | 7504 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 30840.6 | | | | 29498 | 31765.82 | case rate | |
| MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES | 7511 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 5253.42 | | | | 5025 | 5411.02 | case rate | |
| MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES | 7512 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7283.43 | | | | 6966 | 7501.93 | case rate | |
| MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES | 7513 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12884.75 | | | | 12133 | 13065.29 | case rate | |
| MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES | 7514 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 24625.45 | | | | 23553 | 25364.21 | case rate | |
| DISORDERS OF PERSONALITY & IMPULSE CONTROL | 7521 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 4500.13 | | | | 4304 | 4635.13 | case rate | |
| DISORDERS OF PERSONALITY & IMPULSE CONTROL | 7522 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6388.88 | | | | 6111 | 6580.55 | case rate | |
| DISORDERS OF PERSONALITY & IMPULSE CONTROL | 7523 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11272.6 | | | | 10782 | 11610.78 | case rate | |
| DISORDERS OF PERSONALITY & IMPULSE CONTROL | 7524 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12095.41 | | | | 11569 | 12458.27 | case rate | |
| BIPOLAR DISORDERS | 7531 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 5714.6 | | | | 5466 | 5886.04 | case rate | |
| BIPOLAR DISORDERS | 7532 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7735.46 | | | | 7399 | 7967.52 | case rate | |
| BIPOLAR DISORDERS | 7533 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12577.57 | | | | 12030 | 12954.9 | case rate | |
| BIPOLAR DISORDERS | 7534 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 25256.67 | | | | 24157 | 26014.37 | case rate | |
| DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER | 7541 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 4202.09 | | | | 4019 | 4328.15 | case rate | |
| DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER | 7542 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 5628.32 | | | | 5383 | 5797.17 | case rate | |
| DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER | 7543 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8764.55 | | | | 8383 | 9027.49 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER | 7544 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 18317.38 | | | | 17520 | 18866.9 | case rate | |
| ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES | 7551 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 3783.69 | | | | 3619 | 3897.2 | case rate | |
| ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES | 7552 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6203.13 | | | | 5933 | 6389.22 | case rate | |
| ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES | 7553 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8999.4 | | | | 8522 | 9176.68 | case rate | |
| ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES | 7554 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13443.43 | | | | 12858 | 13846.73 | case rate | |
| ACUTE ANXIETY & DELIRIUM STATES | 7561 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6139.72 | | | | 5872 | 6323.91 | case rate | |
| ACUTE ANXIETY & DELIRIUM STATES | 7562 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7741.74 | | | | 7405 | 7973.99 | case rate | |
| ACUTE ANXIETY & DELIRIUM STATES | 7563 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9452.01 | | | | 9041 | 9735.57 | case rate | |
| ACUTE ANXIETY & DELIRIUM STATES | 7564 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 24815.5 | | | | 23735 | 25559.97 | case rate | |
| ORGANIC MENTAL HEALTH DISTURBANCES | 7571 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9072.36 | | | | 8677 | 9344.53 | case rate | |
| ORGANIC MENTAL HEALTH DISTURBANCES | 7572 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10449.35 | | | | 9994 | 10762.83 | case rate | |
| ORGANIC MENTAL HEALTH DISTURBANCES | 7573 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13451.32 | | | | 12866 | 13854.86 | case rate | |
| ORGANIC MENTAL HEALTH DISTURBANCES | 7574 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 28488.69 | | | | 27248 | 29343.35 | case rate | |
| BEHAVIORAL DISORDERS | 7581 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 5992.19 | | | | 5731 | 6171.96 | case rate | |
| BEHAVIORAL DISORDERS | 7582 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7121.81 | | | | 6812 | 7335.46 | case rate | |
| BEHAVIORAL DISORDERS | 7583 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11809.89 | | | | 11420 | 12298.09 | case rate | |
| BEHAVIORAL DISORDERS | 7584 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 15779.55 | | | | 15093 | 16252.94 | case rate | |
| EATING DISORDERS | 7591 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 19090.22 | | | | 18259 | 19662.93 | case rate | |
| EATING DISORDERS | 7592 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 20049.17 | | | | 19176 | 20650.65 | case rate | |
| EATING DISORDERS | 7593 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 22466.55 | | | | 21488 | 23140.55 | case rate | |
| EATING DISORDERS | 7594 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 38931.32 | | | | 37236 | 40099.26 | case rate | |
| OTHER MENTAL HEALTH DISORDERS | 7601 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7473.39 | | | | 7148 | 7697.59 | case rate | |
| OTHER MENTAL HEALTH DISORDERS | 7602 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9706.1 | | | | 9284 | 9997.28 | case rate | |
| OTHER MENTAL HEALTH DISORDERS | 7603 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 14640.23 | | | | 14003 | 15079.44 | case rate | |
| OTHER MENTAL HEALTH DISORDERS | 7604 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 28224.02 | | | | 26995 | 29070.74 | case rate | |
| DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE | 7701 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 3344.94 | | | | 3199 | 3445.29 | case rate | |
| DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE | 7702 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 4385.59 | | | | 4195 | 4517.16 | case rate | |
| DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE | 7703 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9054.42 | | | | 8660 | 9326.05 | case rate | |
| DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE | 7704 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 27052.69 | | | | 25875 | 27864.27 | case rate | |
| ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY | 7721 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8395.21 | | | | 8030 | 8647.07 | case rate | |
| ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY | 7722 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9856.6 | | | | 9427 | 10152.3 | case rate | |
| ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY | 7723 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11585.89 | | | | 11082 | 11933.47 | case rate | |
| ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY | 7724 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 35940.92 | | | | 34376 | 37019.15 | case rate | |
| OPIOID ABUSE & DEPENDENCE | 7731 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 3970.16 | | | | 3797 | 4089.26 | case rate | |
| OPIOID ABUSE & DEPENDENCE | 7732 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 5076.91 | | | | 4856 | 5229.22 | case rate | |
| OPIOID ABUSE & DEPENDENCE | 7733 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10288 | | | | 9840 | 10596.64 | case rate | |
| OPIOID ABUSE & DEPENDENCE | 7734 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 32559.21 | | | | 31142 | 33535.99 | case rate | |
| COCAINE ABUSE & DEPENDENCE | 7741 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 5025.79 | | | | 4807 | 5176.56 | case rate | |
| COCAINE ABUSE & DEPENDENCE | 7742 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 5220.15 | | | | 4993 | 5376.75 | case rate | |
| COCAINE ABUSE & DEPENDENCE | 7743 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10053.02 | | | | 9615 | 10354.61 | case rate | |
| COCAINE ABUSE & DEPENDENCE | 7744 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 36786.33 | | | | 35185 | 37889.92 | case rate | |
| ALCOHOL ABUSE & DEPENDENCE | 7751 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 4875.65 | | | | 4663 | 5021.92 | case rate | |
| ALCOHOL ABUSE & DEPENDENCE | 7752 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6951.32 | | | | 6649 | 7159.86 | case rate | |
| ALCOHOL ABUSE & DEPENDENCE | 7753 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13235.08 | | | | 12659 | 13632.13 | case rate | |
| ALCOHOL ABUSE & DEPENDENCE | 7754 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 37919.63 | | | | 36269 | 39057.22 | case rate | |
| OTHER DRUG ABUSE & DEPENDENCE | 7761 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 4631.79 | | | | 4430 | 4770.74 | case rate | |
| OTHER DRUG ABUSE & DEPENDENCE | 7762 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6420.09 | | | | 6141 | 6612.69 | case rate | |
| OTHER DRUG ABUSE & DEPENDENCE | 7763 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11313.14 | | | | 10821 | 11652.53 | case rate | |
| OTHER DRUG ABUSE & DEPENDENCE | 7764 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 26093.65 | | | | 24958 | 26876.46 | case rate | |
| O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT | 7911 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13653.21 | | | | 13059 | 14062.81 | case rate | |
| O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT | 7912 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 20044.24 | | | | 19172 | 20645.57 | case rate | |
| O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT | 7913 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 32334 | | | | 30926 | 33304.02 | case rate | |
| O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT | 7914 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 70649.16 | | | | 67573 | 72768.63 | case rate | |
| ALLERGIC REACTIONS | 8111 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 4299.76 | | | | 4113 | 4428.75 | case rate | |
| ALLERGIC REACTIONS | 8112 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6208.78 | | | | 5938 | 6395.04 | case rate | |
| ALLERGIC REACTIONS | 8113 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13593.92 | | | | 13002 | 14001.74 | case rate | |
| ALLERGIC REACTIONS | 8114 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 32571.77 | | | | 31154 | 33548.92 | case rate | |
| POISONING OF MEDICINAL AGENTS | 8121 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 4926.06 | | | | 4712 | 5073.84 | case rate | |
| POISONING OF MEDICINAL AGENTS | 8122 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6274.53 | | | | 6001 | 6462.77 | case rate | |
| POISONING OF MEDICINAL AGENTS | 8123 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11135.92 | | | | 10651 | 11470 | case rate | |
| POISONING OF MEDICINAL AGENTS | 8124 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 26111.41 | | | | 24975 | 26894.75 | case rate | |
| OTHER COMPLICATIONS OF TREATMENT | 8131 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7155 | | | | 6844 | 7369.65 | case rate | |
| OTHER COMPLICATIONS OF TREATMENT | 8132 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9430.22 | | | | 9020 | 9713.13 | case rate | |
| OTHER COMPLICATIONS OF TREATMENT | 8133 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 14522.2 | | | | 13890 | 14957.87 | case rate | |
| OTHER COMPLICATIONS OF TREATMENT | 8134 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 31942.96 | | | | 30552 | 32901.25 | case rate | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES | 8151 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7009.79 | | | | 6705 | 7220.08 | case rate | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES | 8152 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7445.05 | | | | 7121 | 7668.4 | case rate | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES | 8153 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12677.13 | | | | 12125 | 13057.44 | case rate | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES | 8154 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 40481.32 | | | | 38719 | 41695.76 | case rate | |
| TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES | 8161 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7352.58 | | | | 7032 | 7573.16 | case rate | |
| TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES | 8162 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8169.56 | | | | 7814 | 8414.65 | case rate | |
| TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES | 8163 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11826.76 | | | | 11314 | 12183.62 | case rate | |
| TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES | 8164 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 27109.37 | | | | 25929 | 27922.65 | case rate | |
| EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT | 8411 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 69351.82 | | | | 66333 | 71432.37 | case rate | |
| EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT | 8412 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 70549.97 | | | | 67479 | 72666.47 | case rate | |
| EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT | 8413 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 108595.2 | | | | 103839 | 111822.16 | case rate | |
| EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT | 8414 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 280880.45 | | | | 268653 | 289306.86 | case rate | |
| BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS | 8421 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 21570.02 | | | | 20631 | 22217.12 | case rate | |
| BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS | 8422 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 32342.97 | | | | 30935 | 33313.26 | case rate | |
| BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS | 8423 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 61885.96 | | | | 59192 | 63742.54 | case rate | |
| BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS | 8424 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 147197.41 | | | | 140789 | 151613.33 | case rate | |
| EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT | 8431 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10600.03 | | | | 10139 | 10918.03 | case rate | |
| EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT | 8432 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 14623.82 | | | | 13987 | 15062.53 | case rate | |
| EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT | 8433 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 26706.76 | | | | 25544 | 27507.96 | case rate | |
| EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT | 8434 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 72049.56 | | | | 68913 | 74211.05 | case rate | |
| PARTIAL THICKNESS BURNS W/O SKIN GRAFT | 8441 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 7085.22 | | | | 6777 | 7297.78 | case rate | |
| PARTIAL THICKNESS BURNS W/O SKIN GRAFT | 8442 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10885.41 | | | | 10220 | 11005.97 | case rate | |
| PARTIAL THICKNESS BURNS W/O SKIN GRAFT | 8443 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 21753.53 | | | | 20807 | 22406.14 | case rate | |
| PARTIAL THICKNESS BURNS W/O SKIN GRAFT | 8444 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 61560.65 | | | | 58881 | 63407.47 | case rate | |
| PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE | 8501 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 21868.69 | | | | 20917 | 22524.75 | case rate | |
| PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE | 8502 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 27485.08 | | | | 26289 | 28289.03 | case rate | |
| PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE | 8503 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 37733.8 | | | | 36091 | 38865.81 | case rate | |
| PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE | 8504 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 68969.29 | | | | 65967 | 71038.37 | case rate | |
| REHABILITATION | 8601 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11983.57 | | | | 11462 | 12343.08 | case rate | |
| REHABILITATION | 8602 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 16232.92 | | | | 15526 | 16719.91 | case rate | |
| REHABILITATION | 8603 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 22354.08 | | | | 21381 | 23024.7 | case rate | |
| REHABILITATION | 8604 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 30113.76 | | | | 28803 | 31017.17 | case rate | |
| SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS | 8611 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 6152.82 | | | | 5885 | 6337.4 | case rate | |
| SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS | 8612 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 8047.22 | | | | 7697 | 8288.64 | case rate | |
| SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS | 8613 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11504.18 | | | | 11003 | 11849.31 | case rate | |
| SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS | 8614 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 24215.21 | | | | 23161 | 24941.67 | case rate | |
| OTHER AFTERCARE & CONVALESCENCE | 8621 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 5991.2 | | | | 5692 | 6125.74 | case rate | |
| OTHER AFTERCARE & CONVALESCENCE | 8622 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9248.33 | | | | 8846 | 9525.78 | case rate | |
| OTHER AFTERCARE & CONVALESCENCE | 8623 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13487.2 | | | | 12900 | 13891.82 | case rate | |
| OTHER AFTERCARE & CONVALESCENCE | 8624 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 22101.52 | | | | 21139 | 22764.57 | case rate | |
| NEONATAL AFTERCARE | 8631 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11059.41 | | | | 10578 | 11391.19 | case rate | |
| NEONATAL AFTERCARE | 8632 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 31260.43 | | | | 29900 | 32198.24 | case rate | |
| NEONATAL AFTERCARE | 8633 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 55961.75 | | | | 53525 | 57640.6 | case rate | |
| NEONATAL AFTERCARE | 8634 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 139898.38 | | | | 127878 | 137709.33 | case rate | |
| HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS | 8901 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13182.79 | | | | 12609 | 13578.27 | case rate | |
| HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS | 8902 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 15353.17 | | | | 14685 | 15813.77 | case rate | |
| HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS | 8903 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 24417.91 | | | | 23355 | 25150.45 | case rate | |
| HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS | 8904 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 49172.41 | | | | 47032 | 50647.58 | case rate | |
| HIV W MAJOR HIV RELATED CONDITION | 8921 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 10265.31 | | | | 9818 | 10573.27 | case rate | |
| HIV W MAJOR HIV RELATED CONDITION | 8922 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13576.7 | | | | 12986 | 13984 | case rate | |
| HIV W MAJOR HIV RELATED CONDITION | 8923 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 17789.74 | | | | 17015 | 18323.43 | case rate | |
| HIV W MAJOR HIV RELATED CONDITION | 8924 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 34526.98 | | | | 33024 | 35562.79 | case rate | |
| HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS | 8931 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 12216.76 | | | | 11685 | 12583.26 | case rate | |
| HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS | 8932 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 13890.79 | | | | 13286 | 14307.51 | case rate | |
| HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS | 8933 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 21189.12 | | | | 20267 | 21824.79 | case rate | |
| HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS | 8934 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 42518.77 | | | | 40668 | 43794.33 | case rate | |
| HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND | 8941 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 9415.06 | | | | 9005 | 9697.51 | case rate | |
| HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND | 8942 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11317.99 | | | | 10825 | 11657.53 | case rate | |
| HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND | 8943 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 16176.24 | | | | 15472 | 16661.53 | case rate | |
| HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND | 8944 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 23165.31 | | | | 22157 | 23860.27 | case rate | |
| CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | 9101 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 44134.96 | | | | 42214 | 45459.01 | case rate | |
| CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | 9102 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 52344.79 | | | | 50066 | 53915.13 | case rate | |
| CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | 9103 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 68274.48 | | | | 65302 | 70322.71 | case rate | |
| CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | 9104 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 141036.16 | | | | 134896 | 145267.24 | case rate | |
| EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA | 9111 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 24283.37 | | | | 23226 | 25011.87 | case rate | |
| EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA | 9112 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 31918.03 | | | | 30528 | 32875.57 | case rate | |
| EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA | 9113 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 43378.62 | | | | 41490 | 44679.98 | case rate | |
| EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA | 9114 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 103294.47 | | | | 98798 | 106393.3 | case rate | |
| MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA | 9121 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 29359.84 | | | | 28082 | 30240.64 | case rate | |
| MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA | 9122 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 32326.47 | | | | 30919 | 33296.26 | case rate | |
| MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA | 9123 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 53296.92 | | | | 50977 | 54895.83 | case rate | |
| MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA | 9124 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 102725.13 | | | | 98253 | 105806.88 | case rate | |
| MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE | 9301 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11167.85 | | | | 10682 | 11502.89 | case rate | |
| MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE | 9302 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 15024.46 | | | | 14370 | 15475.19 | case rate | |
| MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE | 9303 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 23671.07 | | | | 22641 | 24381.2 | case rate | |
| MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE | 9304 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 62665.71 | | | | 59938 | 64545.68 | case rate | |
| EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9501 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 21145.17 | | | | 20225 | 21779.53 | case rate | |
| EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9502 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 31049.21 | | | | 29698 | 31980.69 | case rate | |
| EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9503 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 48267.81 | | | | 46167 | 49715.84 | case rate | |
| EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9504 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 91956.85 | | | | 87954 | 94715.56 | case rate | |
| MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9511 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 15015.67 | | | | 14362 | 15466.14 | case rate | |
| MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9512 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 21448.32 | | | | 20515 | 22091.77 | case rate | |
| MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9513 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 35227.27 | | | | 33694 | 36284.09 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9514 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 67333.91 | | | | 64403 | 69263.93 | case rate | |
| NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9521 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 11948.5 | | | | 11428 | 12306.96 | case rate | |
| NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9522 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 17780.32 | | | | 17006 | 18313.73 | case rate | |
| NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9523 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 30182.37 | | | | 28868 | 31087.84 | case rate | |
| NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9524 | APR-DRG | | | | inpatient | | | | | UHC | Medicaid | 57251.83 | | | | 54759 | 58969.38 | case rate | |
| LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT | 0011 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 106279.68 | | | | 63733.78 | 260411 | case rate | |
| LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT | 0012 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 112533.21 | | | | 48470.93 | 260411 | case rate | |
| LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT | 0013 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 132271.06 | | | | 31300.53 | 260411 | case rate | |
| LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT | 0014 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 234671.27 | | | | 154752.17 | 466145.35 | case rate | |
| HEART &/OR LUNG TRANSPLANT | 0021 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 128408.77 | | | | 63084.15 | 308373.74 | case rate | |
| HEART &/OR LUNG TRANSPLANT | 0022 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 165527.68 | | | | 32623.42 | 201178.6 | case rate | |
| HEART &/OR LUNG TRANSPLANT | 0023 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 198911.98 | | | | 67385.9 | 212982.12 | case rate | |
| HEART &/OR LUNG TRANSPLANT | 0024 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 313612.23 | | | | 44903.86 | 313612.23 | case rate | |
| BONE MARROW TRANSPLANT | 0031 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 83347.91 | | | | 49497.36 | 163162.38 | case rate | |
| BONE MARROW TRANSPLANT | 0032 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 103005.11 | | | | 25224.68 | 103005.11 | case rate | |
| BONE MARROW TRANSPLANT | 0033 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 169398.47 | | | | 18845.28 | 169398.47 | case rate | |
| BONE MARROW TRANSPLANT | 0034 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 279134.99 | | | | 45931.46 | 279134.99 | case rate | |
| TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO | 0041 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 75271.56 | | | | 26672.77 | 91994.11 | case rate | |
| TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO | 0042 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 102408.62 | | | | 20759.93 | 102408.62 | case rate | |
| TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO | 0043 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 148557.43 | | | | 137952 | 148557.43 | case rate | |
| TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO | 0044 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 213737.75 | | | | 198478 | 213737.75 | case rate | |
| TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE | 0051 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 72300.09 | | | | 67138 | 72300.09 | case rate | |
| TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE | 0052 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 80333.48 | | | | 23770.68 | 80333.48 | case rate | |
| TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE | 0053 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 98314.19 | | | | 10883.13 | 98314.19 | case rate | |
| TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE | 0054 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 143596.19 | | | | 17706.65 | 143596.19 | case rate | |
| PANCREAS TRANSPLANT | 0061 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 86562.53 | | | | 31931.26 | 111080.23 | case rate | |
| PANCREAS TRANSPLANT | 0062 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 121708.96 | | | | 21035.14 | 121708.96 | case rate | |
| PANCREAS TRANSPLANT | 0063 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 136083.64 | | | | 16592.82 | 136083.64 | case rate | |
| PANCREAS TRANSPLANT | 0064 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 215326.95 | | | | 23495.48 | 215326.95 | case rate | |
| CRANIOTOMY FOR TRAUMA | 0201 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 27891.99 | | | | 7997.58 | 27891.99 | case rate | |
| CRANIOTOMY FOR TRAUMA | 0202 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 38895.65 | | | | 11418.2 | 38895.65 | case rate | |
| CRANIOTOMY FOR TRAUMA | 0203 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 50775.53 | | | | 8227.9 | 50775.53 | case rate | |
| CRANIOTOMY FOR TRAUMA | 0204 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 96731.64 | | | | 9579.14 | 96731.64 | case rate | |
| CRANIOTOMY EXCEPT FOR TRAUMA | 0211 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 30789.65 | | | | 28591 | 30789.65 | case rate | |
| CRANIOTOMY EXCEPT FOR TRAUMA | 0212 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 40337.42 | | | | 37458 | 189020.06 | case rate | |
| CRANIOTOMY EXCEPT FOR TRAUMA | 0213 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 61817.25 | | | | 57404 | 61817.25 | case rate | |
| CRANIOTOMY EXCEPT FOR TRAUMA | 0214 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 108077.57 | | | | 100362 | 108077.57 | case rate | |
| VENTRICULAR SHUNT PROCEDURES | 0221 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 18521.03 | | | | 17199 | 179720.85 | case rate | |
| VENTRICULAR SHUNT PROCEDURES | 0222 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 23539.26 | | | | 21859 | 23539.26 | case rate | |
| VENTRICULAR SHUNT PROCEDURES | 0223 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 39915.24 | | | | 37066 | 39915.24 | case rate | |
| VENTRICULAR SHUNT PROCEDURES | 0224 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 94652.74 | | | | 87895 | 94652.74 | case rate | |
| SPINAL PROCEDURES | 0231 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 20916.98 | | | | 19424 | 327615.89 | case rate | |
| SPINAL PROCEDURES | 0232 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 29969.68 | | | | 27830 | 240298.72 | case rate | |
| SPINAL PROCEDURES | 0233 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 57903.33 | | | | 53769 | 297923.76 | case rate | |
| SPINAL PROCEDURES | 0234 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 103417.68 | | | | 62839.65 | 200776.83 | case rate | |
| EXTRACRANIAL VASCULAR PROCEDURES | 0241 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 16755.1 | | | | 15559 | 62255.17 | case rate | |
| EXTRACRANIAL VASCULAR PROCEDURES | 0242 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 22105.81 | | | | 20528 | 145765.26 | case rate | |
| EXTRACRANIAL VASCULAR PROCEDURES | 0243 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 43250.69 | | | | 19748 | 99635.58 | case rate | |
| EXTRACRANIAL VASCULAR PROCEDURES | 0244 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 91806.34 | | | | 19748 | 91806.34 | case rate | |
| OTHER NERVOUS SYSTEM & RELATED PROCEDURES | 0261 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 19187.73 | | | | 12982 | 77694.14 | case rate | |
| OTHER NERVOUS SYSTEM & RELATED PROCEDURES | 0262 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 25329.66 | | | | 12982 | 63616.52 | case rate | |
| OTHER NERVOUS SYSTEM & RELATED PROCEDURES | 0263 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 36299.7 | | | | 31679.68 | 93312.55 | case rate | |
| OTHER NERVOUS SYSTEM & RELATED PROCEDURES | 0264 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 76445.61 | | | | 41282.44 | 123207.51 | case rate | |
| SPINAL DISORDERS & INJURIES | 0401 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14605.81 | | | | 13963 | 14605.81 | case rate | |
| SPINAL DISORDERS & INJURIES | 0402 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 16571.92 | | | | 15389 | 16571.92 | case rate | |
| SPINAL DISORDERS & INJURIES | 0403 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 23652.97 | | | | 21964 | 23652.97 | case rate | |
| SPINAL DISORDERS & INJURIES | 0404 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 61163.49 | | | | 56797 | 611163.49 | case rate | |
| NERVOUS SYSTEM MALIGNANCY | 0411 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11288.19 | | | | 10482 | 159563.89 | case rate | |
| NERVOUS SYSTEM MALIGNANCY | 0412 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12542.42 | | | | 11647 | 92910.77 | case rate | |
| NERVOUS SYSTEM MALIGNANCY | 0413 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 17131.56 | | | | 15908 | 65773.6 | case rate | |
| NERVOUS SYSTEM MALIGNANCY | 0414 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 30443.13 | | | | 28270 | 139535.84 | case rate | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS | 0421 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8887.62 | | | | 8253 | 69397.35 | case rate | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS | 0422 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11061.77 | | | | 10272 | 58806.95 | case rate | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS | 0423 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 17248.6 | | | | 16017 | 153921.62 | case rate | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS | 0424 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 46385.58 | | | | 26969.24 | 85468.24 | case rate | |
| MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES | 0431 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11674.71 | | | | 10841 | 11674.71 | case rate | |
| MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES | 0432 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14960.82 | | | | 13893 | 71226.78 | case rate | |
| MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES | 0433 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 23912.93 | | | | 12635.96 | 40096.3 | case rate | |
| MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES | 0434 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 53360.86 | | | | 8226.72 | 53360.86 | case rate | |
| INTRACRANIAL HEMORRHAGE | 0441 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12683.96 | | | | 11778 | 72443.8 | case rate | |
| INTRACRANIAL HEMORRHAGE | 0442 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 16332.38 | | | | 11412.29 | 36923.67 | case rate | |
| INTRACRANIAL HEMORRHAGE | 0443 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 24118.11 | | | | 8289.96 | 27141.07 | case rate | |
| INTRACRANIAL HEMORRHAGE | 0444 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 50132.66 | | | | 19895.32 | 62836.38 | case rate | |
| CVA & PRECEREBRAL OCCLUSION W INFARCT | 0451 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10901.58 | | | | 10123 | 10901.58 | case rate | |
| CVA & PRECEREBRAL OCCLUSION W INFARCT | 0452 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13231.67 | | | | 12287 | 13231.67 | case rate | |
| CVA & PRECEREBRAL OCCLUSION W INFARCT | 0453 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 19078.63 | | | | 17717 | 370445.58 | case rate | |
| CVA & PRECEREBRAL OCCLUSION W INFARCT | 0454 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 39714.32 | | | | 36879 | 247179.56 | case rate | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT | 0461 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10678.95 | | | | 9917 | 174848.88 | case rate | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT | 0462 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12185.29 | | | | 11315 | 124592.26 | case rate | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT | 0463 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 16997.3 | | | | 15756 | 200180.02 | case rate | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT | 0464 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 42137.98 | | | | 34827.45 | 114836.61 | case rate | |
| TRANSIENT ISCHEMIA | 0471 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8918.95 | | | | 8282 | 195452.37 | case rate | |
| TRANSIENT ISCHEMIA | 0472 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9682 | | | | 8991 | 116945.83 | case rate | |
| TRANSIENT ISCHEMIA | 0473 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12092.54 | | | | 11229 | 92559.71 | case rate | |
| TRANSIENT ISCHEMIA | 0474 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 24037.37 | | | | 22321 | 148035.47 | case rate | |
| PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS | 0481 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9002.55 | | | | 8360 | 80444.14 | case rate | |
| PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS | 0482 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10106.84 | | | | 9385 | 64927.15 | case rate | |
| PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS | 0483 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14100.03 | | | | 13093 | 92973.18 | case rate | |
| PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS | 0484 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 34947.54 | | | | 32453 | 34947.54 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM | 0491 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13612 | | | | 12640 | 13612 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM | 0492 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 29757.12 | | | | 27633 | 132253.23 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM | 0493 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 36902.47 | | | | 28359.46 | 87613.62 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM | 0494 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 67890.08 | | | | 22269.44 | 68414.38 | case rate | |
| NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS | 0501 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9586.01 | | | | 8902 | 65820.41 | case rate | |
| NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS | 0502 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 17897.5 | | | | 16503.06 | 50361.94 | case rate | |
| NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS | 0503 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 29525.71 | | | | 27418 | 99943.74 | case rate | |
| NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS | 0504 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 61039.06 | | | | 20729.22 | 67462.61 | case rate | |
| VIRAL MENINGITIS | 0511 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8244.02 | | | | 7655 | 72057.63 | case rate | |
| VIRAL MENINGITIS | 0512 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11376.23 | | | | 10564 | 59372.55 | case rate | |
| VIRAL MENINGITIS | 0513 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 19939.23 | | | | 17783.42 | 63955.88 | case rate | |
| VIRAL MENINGITIS | 0514 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 40660.37 | | | | 12043.03 | 40660.37 | case rate | |
| NONTRAUMATIC STUPOR & COMA | 0521 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8283.47 | | | | 7692 | 55572.96 | case rate | |
| NONTRAUMATIC STUPOR & COMA | 0522 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9695.48 | | | | 9003 | 36577.64 | case rate | |
| NONTRAUMATIC STUPOR & COMA | 0523 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13065.76 | | | | 12133 | 13065.76 | case rate | |
| NONTRAUMATIC STUPOR & COMA | 0524 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 33458.85 | | | | 31070 | 33458.85 | case rate | |
| SEIZURE | 0531 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7752.84 | | | | 7199 | 7752.84 | case rate | |
| SEIZURE | 0532 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9203.38 | | | | 8546 | 9203.38 | case rate | |
| SEIZURE | 0533 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13763.13 | | | | 12781 | 59700.21 | case rate | |
| SEIZURE | 0534 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 34640.29 | | | | 9614.58 | 34640.29 | case rate | |
| MIGRAINE & OTHER HEADACHES | 0541 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8317.19 | | | | 7723 | 34431.48 | case rate | |
| MIGRAINE & OTHER HEADACHES | 0542 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9587.03 | | | | 8903 | 71199.48 | case rate | |
| MIGRAINE & OTHER HEADACHES | 0543 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11726.08 | | | | 10889 | 41835.01 | case rate | |
| MIGRAINE & OTHER HEADACHES | 0544 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 22157.54 | | | | 8925.97 | 31143.19 | case rate | |
| HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE | 0551 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9869.43 | | | | 9165 | 62083.54 | case rate | |
| HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE | 0552 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13161.28 | | | | 11383.94 | 35145.31 | case rate | |
| HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE | 0553 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 21043.82 | | | | 15425.85 | 49275.06 | case rate | |
| HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE | 0554 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 47368.4 | | | | 9857.89 | 47368.4 | case rate | |
| BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA | 0561 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9919.68 | | | | 9211 | 29493.19 | case rate | |
| BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA | 0562 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13468.71 | | | | 12507 | 54925.76 | case rate | |
| BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA | 0563 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 22285.67 | | | | 10557.14 | 32691.77 | case rate | |
| BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA | 0564 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 54330.84 | | | | 18534.64 | 61326.81 | case rate | |
| CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1 | 0571 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9776.04 | | | | 9078 | 66425.02 | case rate | |
| CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1 | 0572 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12277.49 | | | | 11401 | 45973.65 | case rate | |
| CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1 | 0573 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 17328.13 | | | | 16091 | 204845.26 | case rate | |
| CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1 | 0574 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 39897.68 | | | | 36864 | 118811.42 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM | 0581 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9271.28 | | | | 8609 | 48228.25 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM | 0582 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11501.96 | | | | 10681 | 61221.49 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM | 0583 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15831.5 | | | | 14701 | 53755.55 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM | 0584 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 36533.14 | | | | 24182.91 | 72997.7 | case rate | |
| ORBITAL PROCEDURES | 0701 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14320.64 | | | | 13298 | 14320.64 | case rate | |
| ORBITAL PROCEDURES | 0702 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 19791.06 | | | | 18378 | 19791.06 | case rate | |
| ORBITAL PROCEDURES | 0703 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 32460.14 | | | | 30143 | 32460.14 | case rate | |
| ORBITAL PROCEDURES | 0704 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 80486.74 | | | | 74741 | 80486.74 | case rate | |
| EYE PROCEDURES EXCEPT ORBIT | 0731 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12385.56 | | | | 11501 | 12385.56 | case rate | |
| EYE PROCEDURES EXCEPT ORBIT | 0732 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14640.17 | | | | 13595 | 14640.17 | case rate | |
| EYE PROCEDURES EXCEPT ORBIT | 0733 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 24468.41 | | | | 22722 | 24468.41 | case rate | |
| EYE PROCEDURES EXCEPT ORBIT | 0734 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 52908.94 | | | | 24837.26 | 89946.24 | case rate | |
| ACUTE MAJOR EYE INFECTIONS | 0801 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 6436.61 | | | | 5977 | 60706.59 | case rate | |
| ACUTE MAJOR EYE INFECTIONS | 0802 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8829.34 | | | | 8199 | 130564.23 | case rate | |
| ACUTE MAJOR EYE INFECTIONS | 0803 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14407.38 | | | | 13379 | 67173.95 | case rate | |
| ACUTE MAJOR EYE INFECTIONS | 0804 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 24696.95 | | | | 13058.82 | 47998.11 | case rate | |
| EYE DISORDERS EXCEPT MAJOR INFECTIONS | 0821 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7504.52 | | | | 6969 | 93394.46 | case rate | |
| EYE DISORDERS EXCEPT MAJOR INFECTIONS | 0822 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9362.01 | | | | 8721 | 47190.67 | case rate | |
| EYE DISORDERS EXCEPT MAJOR INFECTIONS | 0823 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13511.12 | | | | 12547 | 176491.07 | case rate | |
| EYE DISORDERS EXCEPT MAJOR INFECTIONS | 0824 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 24393.21 | | | | 22652 | 85596.96 | case rate | |
| MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0891 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 24391 | | | | 22650 | 24391 | case rate | |
| MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0892 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 31720.46 | | | | 29456 | 31720.46 | case rate | |
| MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0893 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 53014.63 | | | | 49230 | 53014.63 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0894 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 94620.09 | | | | 2090 | 94620.09 | case rate | |
| MAJOR LARYNX & TRACHEA PROCEDURES | 0901 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14132.92 | | | | 13124 | 174162.35 | case rate | |
| MAJOR LARYNX & TRACHEA PROCEDURES | 0902 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 36844.46 | | | | 22413.54 | 74909.04 | case rate | |
| MAJOR LARYNX & TRACHEA PROCEDURES | 0903 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 56429.51 | | | | 14399.42 | 56429.51 | case rate | |
| MAJOR LARYNX & TRACHEA PROCEDURES | 0904 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 109296.61 | | | | 45605.46 | 129306.58 | case rate | |
| OTHER MAJOR HEAD & NECK PROCEDURES | 0911 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 20863.86 | | | | 19189 | 20863.86 | case rate | |
| OTHER MAJOR HEAD & NECK PROCEDURES | 0912 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 31309.74 | | | | 29074 | 31309.74 | case rate | |
| OTHER MAJOR HEAD & NECK PROCEDURES | 0913 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 53694.99 | | | | 19114.58 | 57414.4 | case rate | |
| OTHER MAJOR HEAD & NECK PROCEDURES | 0914 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 84762.6 | | | | 10824.08 | 84762.6 | case rate | |
| FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0921 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 17064.58 | | | | 8122.78 | 27562.35 | case rate | |
| FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0922 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 23787.85 | | | | 19954.38 | 60788.51 | case rate | |
| FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0923 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 37582.48 | | | | 12046.57 | 37582.48 | case rate | |
| FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES | 0924 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 74885.69 | | | | 69354 | 74885.69 | case rate | |
| SINUS & MASTOID PROCEDURES | 0931 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 16957.23 | | | | 15747 | 16957.23 | case rate | |
| SINUS & MASTOID PROCEDURES | 0932 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 20894.9 | | | | 19403 | 20894.9 | case rate | |
| SINUS & MASTOID PROCEDURES | 0933 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 35879.18 | | | | 33318 | 111571.72 | case rate | |
| SINUS & MASTOID PROCEDURES | 0934 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 58230.17 | | | | 25345.16 | 71519.33 | case rate | |
| CLEFT LIP & PALATE REPAIR | 0951 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11476.56 | | | | 6697.13 | 31143.19 | case rate | |
| CLEFT LIP & PALATE REPAIR | 0952 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13328.21 | | | | 12377 | 13328.21 | case rate | |
| CLEFT LIP & PALATE REPAIR | 0953 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 20427.65 | | | | 18969 | 20427.65 | case rate | |
| CLEFT LIP & PALATE REPAIR | 0954 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 42158.67 | | | | 39149 | 42158.67 | case rate | |
| TONSIL & ADENOID PROCEDURES | 0971 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 6943.23 | | | | 6448 | 6943.23 | case rate | |
| TONSIL & ADENOID PROCEDURES | 0972 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10658.44 | | | | 9898 | 10658.44 | case rate | |
| TONSIL & ADENOID PROCEDURES | 0973 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 20711.44 | | | | 19233 | 20711.44 | case rate | |
| TONSIL & ADENOID PROCEDURES | 0974 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 69972.69 | | | | 35271.56 | 106216.06 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES | 0981 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12170.79 | | | | 11302 | 170480.09 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES | 0982 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 16046.28 | | | | 14901 | 95680.27 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES | 0983 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 25824.53 | | | | 19703.98 | 61205.88 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES | 0984 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 53863.67 | | | | 50018 | 53863.67 | case rate | |
| EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES | 1101 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9531.78 | | | | 8851 | 9531.78 | case rate | |
| EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES | 1102 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12238.13 | | | | 11364 | 12238.13 | case rate | |
| EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES | 1103 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 19787.82 | | | | 18375 | 19787.82 | case rate | |
| EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES | 1104 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 36206.95 | | | | 33622 | 36206.95 | case rate | |
| VERTIGO & OTHER LABYRINTH DISORDERS | 1111 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7772.98 | | | | 7218 | 7772.98 | case rate | |
| VERTIGO & OTHER LABYRINTH DISORDERS | 1112 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8618.71 | | | | 8003 | 8618.71 | case rate | |
| VERTIGO & OTHER LABYRINTH DISORDERS | 1113 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10802.46 | | | | 10031 | 10802.46 | case rate | |
| VERTIGO & OTHER LABYRINTH DISORDERS | 1114 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 22623.77 | | | | 21009 | 22623.77 | case rate | |
| INFECTIONS OF UPPER RESPIRATORY TRACT | 1131 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 4684.18 | | | | 4350 | 4684.18 | case rate | |
| INFECTIONS OF UPPER RESPIRATORY TRACT | 1132 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 6824.8 | | | | 6338 | 6824.8 | case rate | |
| INFECTIONS OF UPPER RESPIRATORY TRACT | 1133 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10619.37 | | | | 9861 | 10619.37 | case rate | |
| INFECTIONS OF UPPER RESPIRATORY TRACT | 1134 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 22388.49 | | | | 20790 | 22388.49 | case rate | |
| DENTAL & ORAL DISEASES & INJURIES | 1141 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 6767.52 | | | | 6284 | 6767.52 | case rate | |
| DENTAL & ORAL DISEASES & INJURIES | 1142 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9484.49 | | | | 8807 | 9484.49 | case rate | |
| DENTAL & ORAL DISEASES & INJURIES | 1143 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15921.47 | | | | 14785 | 15921.47 | case rate | |
| DENTAL & ORAL DISEASES & INJURIES | 1144 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 33203.51 | | | | 30833 | 33203.51 | case rate | |
| OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES | 1151 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 6952.83 | | | | 6456 | 6952.83 | case rate | |
| OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES | 1152 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9256.22 | | | | 8595 | 9256.22 | case rate | |
| OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES | 1153 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13828.63 | | | | 12841 | 13828.63 | case rate | |
| OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES | 1154 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 28380.49 | | | | 26354 | 28380.49 | case rate | |
| MAJOR RESPIRATORY & CHEST PROCEDURES | 1201 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 26412.25 | | | | 24527 | 26412.25 | case rate | |
| MAJOR RESPIRATORY & CHEST PROCEDURES | 1202 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 31992.23 | | | | 29708 | 31992.23 | case rate | |
| MAJOR RESPIRATORY & CHEST PROCEDURES | 1203 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 46586.41 | | | | 43260 | 46586.41 | case rate | |
| MAJOR RESPIRATORY & CHEST PROCEDURES | 1204 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 80334.22 | | | | 74599 | 80334.22 | case rate | |
| OTHER RESPIRATORY & CHEST PROCEDURES | 1211 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 17884.72 | | | | 16608 | 17884.72 | case rate | |
| OTHER RESPIRATORY & CHEST PROCEDURES | 1212 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 23166.5 | | | | 21513 | 23166.5 | case rate | |
| OTHER RESPIRATORY & CHEST PROCEDURES | 1213 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 36405.29 | | | | 33806 | 36405.29 | case rate | |
| OTHER RESPIRATORY & CHEST PROCEDURES | 1214 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 69579.33 | | | | 64612 | 69579.33 | case rate | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS | 1301 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 40280.42 | | | | 37405 | 40280.42 | case rate | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS | 1302 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 44692.54 | | | | 41502 | 44692.54 | case rate | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS | 1303 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 55357.27 | | | | 51405 | 55357.27 | case rate | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS | 1304 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 76027.5 | | | | 70600 | 76027.5 | case rate | |
| CYSTIC FIBROSIS - PULMONARY DISEASE | 1311 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 20311.71 | | | | 18862 | 20311.71 | case rate | |
| CYSTIC FIBROSIS - PULMONARY DISEASE | 1312 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 25065.27 | | | | 23276 | 25065.27 | case rate | |
| CYSTIC FIBROSIS - PULMONARY DISEASE | 1313 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 32524.9 | | | | 30203 | 32524.9 | case rate | |
| CYSTIC FIBROSIS - PULMONARY DISEASE | 1314 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 41834.23 | | | | 38848 | 41834.23 | case rate | |
| BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD | 1321 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8038.3 | | | | 7464 | 8038.3 | case rate | |
| BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD | 1322 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8978.53 | | | | 8338 | 8978.53 | case rate | |
| BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD | 1323 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13877.95 | | | | 12887 | 13877.95 | case rate | |
| BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD | 1324 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 23105.07 | | | | 21456 | 23105.07 | case rate | |
| RESPIRATORY FAILURE | 1331 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 5974.91 | | | | 5548 | 5974.91 | case rate | |
| RESPIRATORY FAILURE | 1332 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10450.49 | | | | 9704 | 10450.49 | case rate | |
| RESPIRATORY FAILURE | 1333 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15876.95 | | | | 14743 | 15876.95 | case rate | |
| RESPIRATORY FAILURE | 1334 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 28920.91 | | | | 26856 | 28920.91 | case rate | |
| PULMONARY EMBOLISM | 1341 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9496.78 | | | | 8819 | 9496.78 | case rate | |
| PULMONARY EMBOLISM | 1342 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12321.55 | | | | 11442 | 12321.55 | case rate | |
| PULMONARY EMBOLISM | 1343 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 17986.06 | | | | 16702 | 17986.06 | case rate | |
| PULMONARY EMBOLISM | 1344 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 31210.71 | | | | 28982 | 31210.71 | case rate | |
| MAJOR CHEST & RESPIRATORY TRAUMA | 1351 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9951.84 | | | | 9241 | 9951.84 | case rate | |
| MAJOR CHEST & RESPIRATORY TRAUMA | 1352 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12477.76 | | | | 11587 | 12477.76 | case rate | |
| MAJOR CHEST & RESPIRATORY TRAUMA | 1353 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 18211.01 | | | | 16911 | 18211.01 | case rate | |
| MAJOR CHEST & RESPIRATORY TRAUMA | 1354 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 34349.11 | | | | 31897 | 34349.11 | case rate | |
| RESPIRATORY MALIGNANCY | 1361 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10189.89 | | | | 9462 | 10189.89 | case rate | |
| RESPIRATORY MALIGNANCY | 1362 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12945.75 | | | | 12022 | 12945.75 | case rate | |
| RESPIRATORY MALIGNANCY | 1363 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 19580.53 | | | | 18183 | 19580.53 | case rate | |
| RESPIRATORY MALIGNANCY | 1364 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 31747.99 | | | | 29481 | 31747.99 | case rate | |
| MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS | 1371 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9316.55 | | | | 8651 | 9316.55 | case rate | |
| MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS | 1372 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12038.22 | | | | 11179 | 12038.22 | case rate | |
| MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS | 1373 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 17881.03 | | | | 16604 | 17881.03 | case rate | |
| MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS | 1374 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 30272.5 | | | | 28111 | 30272.5 | case rate | |
| BRONCHIOLITIS & RSV PNEUMONIA | 1381 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 4329.36 | | | | 4020 | 4329.36 | case rate | |
| BRONCHIOLITIS & RSV PNEUMONIA | 1382 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 6553.01 | | | | 6085 | 6553.01 | case rate | |
| BRONCHIOLITIS & RSV PNEUMONIA | 1383 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15685.36 | | | | 14566 | 15685.36 | case rate | |
| BRONCHIOLITIS & RSV PNEUMONIA | 1384 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 38997.45 | | | | 36213 | 38997.45 | case rate | |
| OTHER PNEUMONIA | 1391 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 6362.8 | | | | 5909 | 6362.8 | case rate | |
| OTHER PNEUMONIA | 1392 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8936.96 | | | | 8299 | 8936.96 | case rate | |
| OTHER PNEUMONIA | 1393 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14042.21 | | | | 13040 | 14042.21 | case rate | |
| OTHER PNEUMONIA | 1394 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 27013.46 | | | | 25085 | 27013.46 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE | 1401 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7373.53 | | | | 6847 | 7373.53 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE | 1402 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9206.24 | | | | 8549 | 9206.24 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE | 1403 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12565.71 | | | | 11669 | 12565.71 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE | 1404 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 24413.63 | | | | 22671 | 24413.63 | case rate | |
| ASTHMA | 1411 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 5648.53 | | | | 5245 | 5648.53 | case rate | |
| ASTHMA | 1412 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8095.75 | | | | 7518 | 8095.75 | case rate | |
| ASTHMA | 1413 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11602.56 | | | | 10774 | 11602.56 | case rate | |
| ASTHMA | 1414 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 21936.85 | | | | 20371 | 21936.85 | case rate | |
| INTERSTITIAL & ALVEOLAR LUNG DISEASES | 1421 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9462.14 | | | | 8787 | 9462.14 | case rate | |
| INTERSTITIAL & ALVEOLAR LUNG DISEASES | 1422 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11507.69 | | | | 10686 | 11507.69 | case rate | |
| INTERSTITIAL & ALVEOLAR LUNG DISEASES | 1423 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 16951.36 | | | | 15463 | 16951.36 | case rate | |
| INTERSTITIAL & ALVEOLAR LUNG DISEASES | 1424 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 29468.34 | | | | 27365 | 29468.34 | case rate | |
| OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1431 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7033.94 | | | | 6532 | 7033.94 | case rate | |
| OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1432 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10325.42 | | | | 9588 | 10325.42 | case rate | |
| OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1433 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15891.91 | | | | 14757 | 15891.91 | case rate | |
| OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1434 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 27081.82 | | | | 25148 | 27081.82 | case rate | |
| RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1441 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 6889.83 | | | | 6398 | 6889.83 | case rate | |
| RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1442 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8343.89 | | | | 7748 | 8343.89 | case rate | |
| RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1443 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11793.7 | | | | 10952 | 11793.7 | case rate | |
| RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES | 1444 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 20885.84 | | | | 19209 | 20885.84 | case rate | |
| MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY | 1601 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 44206.17 | | | | 41050 | 44206.17 | case rate | |
| MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY | 1602 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 51572.49 | | | | 47891 | 51572.49 | case rate | |
| MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY | 1603 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 78088.11 | | | | 72513 | 78088.11 | case rate | |
| MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY | 1604 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 173904.73 | | | | 161489 | 173904.73 | case rate | |
| CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT | 1611 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 59847.73 | | | | 55575 | 59847.73 | case rate | |
| CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT | 1612 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 77263.26 | | | | 71747 | 77263.26 | case rate | |
| CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT | 1613 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 124259.55 | | | | 115388 | 124259.55 | case rate | |
| CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT | 1614 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 298161.52 | | | | 276875 | 298161.52 | case rate | |
| CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX | 1621 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 64122.58 | | | | 59545 | 64122.58 | case rate | |
| CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX | 1622 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 71168.35 | | | | 66087 | 71168.35 | case rate | |
| CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX | 1623 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 94186.4 | | | | 87462 | 94186.4 | case rate | |
| CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX | 1624 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 148140.99 | | | | 137565 | 148140.99 | case rate | |
| CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX | 1631 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 52910.79 | | | | 49133 | 52910.79 | case rate | |
| CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX | 1632 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 60794.71 | | | | 56454 | 60794.71 | case rate | |
| CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX | 1633 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 77964.42 | | | | 72398 | 77964.42 | case rate | |
| CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX | 1634 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 125620.85 | | | | 116652 | 125620.85 | case rate | |
| CORONARY BYPASS W AMI OR COMPLEX PDX | 1651 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 55402.07 | | | | 51447 | 55402.07 | case rate | |
| CORONARY BYPASS W AMI OR COMPLEX PDX | 1652 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 59582.98 | | | | 55329 | 59582.98 | case rate | |
| CORONARY BYPASS W AMI OR COMPLEX PDX | 1653 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 75751.47 | | | | 70343 | 75751.47 | case rate | |
| CORONARY BYPASS W AMI OR COMPLEX PDX | 1654 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 112766.74 | | | | 104716 | 112766.74 | case rate | |
| CORONARY BYPASS W/O AMI OR COMPLEX PDX | 1661 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 45804.7 | | | | 42535 | 45804.7 | case rate | |
| CORONARY BYPASS W/O AMI OR COMPLEX PDX | 1662 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 51909.12 | | | | 48203 | 51909.12 | case rate | |
| CORONARY BYPASS W/O AMI OR COMPLEX PDX | 1663 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 64838.43 | | | | 60209 | 64838.43 | case rate | |
| CORONARY BYPASS W/O AMI OR COMPLEX PDX | 1664 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 98670.95 | | | | 91627 | 98670.95 | case rate | |
| OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES | 1671 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 43024.36 | | | | 39953 | 43024.36 | case rate | |
| OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES | 1672 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 47566.67 | | | | 44333 | 47566.67 | case rate | |
| OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES | 1673 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 65349.94 | | | | 60684 | 65349.94 | case rate | |
| OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES | 1674 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 114540.7 | | | | 106363 | 114540.7 | case rate | |
| MAJOR ABDOMINAL VASCULAR PROCEDURES | 1691 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 24650.3 | | | | 22890 | 24650.3 | case rate | |
| MAJOR ABDOMINAL VASCULAR PROCEDURES | 1692 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 32573.67 | | | | 30248 | 32573.67 | case rate | |
| MAJOR ABDOMINAL VASCULAR PROCEDURES | 1693 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 52780.43 | | | | 49012 | 52780.43 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MAJOR ABDOMINAL VASCULAR PROCEDURES | 1684 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 95926.45 | | | | 89078 | 95926.45 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK | 1701 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 33732.76 | | | | 31324 | 33732.76 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK | 1702 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 35983.39 | | | | 33414 | 35983.39 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK | 1703 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 44190.09 | | | | 41035 | 44190.09 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK | 1704 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 70642.81 | | | | 65599 | 70642.81 | case rate | |
| PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK | 1711 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 23307.2 | | | | 21643 | 23307.2 | case rate | |
| PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK | 1712 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 26633.23 | | | | 24732 | 26633.23 | case rate | |
| PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK | 1713 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 33882.96 | | | | 31464 | 33882.96 | case rate | |
| PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK | 1714 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 56433.39 | | | | 52404 | 56433.39 | case rate | |
| PERCUTANEOUS CORONARY INTERVENTION W AMI | 1741 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 27878.96 | | | | 25889 | 27878.96 | case rate | |
| PERCUTANEOUS CORONARY INTERVENTION W AMI | 1742 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 30028.17 | | | | 27884 | 30028.17 | case rate | |
| PERCUTANEOUS CORONARY INTERVENTION W AMI | 1743 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 37952.73 | | | | 35243 | 37952.73 | case rate | |
| PERCUTANEOUS CORONARY INTERVENTION W AMI | 1744 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 61797.3 | | | | 57385 | 61797.3 | case rate | |
| PERCUTANEOUS CORONARY INTERVENTION W/O AMI | 1751 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 27717.29 | | | | 25738 | 27717.29 | case rate | |
| PERCUTANEOUS CORONARY INTERVENTION W/O AMI | 1752 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 30551.03 | | | | 28370 | 30551.03 | case rate | |
| PERCUTANEOUS CORONARY INTERVENTION W/O AMI | 1753 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 38778.88 | | | | 36010 | 38778.88 | case rate | |
| PERCUTANEOUS CORONARY INTERVENTION W/O AMI | 1754 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 72833.39 | | | | 67634 | 72833.39 | case rate | |
| CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT | 1761 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 21893.89 | | | | 20331 | 21893.89 | case rate | |
| CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT | 1762 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 41860.47 | | | | 38872 | 41860.47 | case rate | |
| CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT | 1763 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 43617.99 | | | | 40504 | 43617.99 | case rate | |
| CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT | 1764 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 69259.61 | | | | 64315 | 69259.61 | case rate | |
| CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT | 1771 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 18033.27 | | | | 16746 | 18033.27 | case rate | |
| CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT | 1772 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 23343.23 | | | | 21677 | 23343.23 | case rate | |
| CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT | 1773 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 33102.26 | | | | 30739 | 33102.26 | case rate | |
| CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT | 1774 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 66936.46 | | | | 62158 | 66936.46 | case rate | |
| OTHER CIRCULATORY SYSTEM PROCEDURES | 1801 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 17440.74 | | | | 16196 | 17440.74 | case rate | |
| OTHER CIRCULATORY SYSTEM PROCEDURES | 1802 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 22037.45 | | | | 20464 | 22037.45 | case rate | |
| OTHER CIRCULATORY SYSTEM PROCEDURES | 1803 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 33772.11 | | | | 31361 | 33772.11 | case rate | |
| OTHER CIRCULATORY SYSTEM PROCEDURES | 1804 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 59233.04 | | | | 55004 | 59233.04 | case rate | |
| LOWER EXTREMITY ARTERIAL PROCEDURES | 1811 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 21664.79 | | | | 20118 | 21664.79 | case rate | |
| LOWER EXTREMITY ARTERIAL PROCEDURES | 1812 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 29348.16 | | | | 27253 | 29348.16 | case rate | |
| LOWER EXTREMITY ARTERIAL PROCEDURES | 1813 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 48718.62 | | | | 45240 | 48718.62 | case rate | |
| LOWER EXTREMITY ARTERIAL PROCEDURES | 1814 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 86812.5 | | | | 80615 | 86812.5 | case rate | |
| OTHER PERIPHERAL VASCULAR PROCEDURES | 1821 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 27749.08 | | | | 25768 | 27749.08 | case rate | |
| OTHER PERIPHERAL VASCULAR PROCEDURES | 1822 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 32942.58 | | | | 30312 | 32942.58 | case rate | |
| OTHER PERIPHERAL VASCULAR PROCEDURES | 1823 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 44303.07 | | | | 41140 | 44303.07 | case rate | |
| OTHER PERIPHERAL VASCULAR PROCEDURES | 1824 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 79209.6 | | | | 73555 | 79209.6 | case rate | |
| ACUTE MYOCARDIAL INFARCTION | 1901 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11764.77 | | | | 10925 | 11764.77 | case rate | |
| ACUTE MYOCARDIAL INFARCTION | 1902 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12972.18 | | | | 12046 | 12972.18 | case rate | |
| ACUTE MYOCARDIAL INFARCTION | 1903 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 17674.1 | | | | 16412 | 17674.1 | case rate | |
| ACUTE MYOCARDIAL INFARCTION | 1904 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 32734.41 | | | | 30397 | 32734.41 | case rate | |
| CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE | 1911 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13033.98 | | | | 12103 | 13033.98 | case rate | |
| CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE | 1912 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14989.37 | | | | 13919 | 14989.37 | case rate | |
| CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE | 1913 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 19848.52 | | | | 18431 | 19848.52 | case rate | |
| CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE | 1914 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 38857.86 | | | | 36084 | 38857.86 | case rate | |
| CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS | 1921 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13465.66 | | | | 12504 | 13465.66 | case rate | |
| CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS | 1922 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 16632.15 | | | | 15445 | 16632.15 | case rate | |
| CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS | 1923 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 24485.59 | | | | 22738 | 24485.59 | case rate | |
| CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS | 1924 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 46537.17 | | | | 43215 | 46537.17 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS | 1931 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13802.48 | | | | 12817 | 13802.48 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS | 1932 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 17931 | | | | 16651 | 17931 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS | 1933 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 26794.06 | | | | 24881 | 26794.06 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS | 1934 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 44138.82 | | | | 40988 | 44138.82 | case rate | |
| HEART FAILURE | 1941 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7474.23 | | | | 6941 | 7474.23 | case rate | |
| HEART FAILURE | 1942 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9597.65 | | | | 8912 | 9597.65 | case rate | |
| HEART FAILURE | 1943 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14314.35 | | | | 13292 | 14314.35 | case rate | |
| HEART FAILURE | 1944 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 27034.79 | | | | 25105 | 27034.79 | case rate | |
| CARDIAC ARREST & SHOCK | 1961 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7783.14 | | | | 7227 | 7783.14 | case rate | |
| CARDIAC ARREST & SHOCK | 1962 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8254.55 | | | | 7665 | 8254.55 | case rate | |
| CARDIAC ARREST & SHOCK | 1963 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15666.23 | | | | 14548 | 15666.23 | case rate | |
| CARDIAC ARREST & SHOCK | 1964 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 35986.56 | | | | 33132 | 35986.56 | case rate | |
| PERIPHERAL & OTHER VASCULAR DISORDERS | 1971 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7449.28 | | | | 6917 | 7449.28 | case rate | |
| PERIPHERAL & OTHER VASCULAR DISORDERS | 1972 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9946.02 | | | | 9236 | 9946.02 | case rate | |
| PERIPHERAL & OTHER VASCULAR DISORDERS | 1973 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14771.35 | | | | 13717 | 14771.35 | case rate | |
| PERIPHERAL & OTHER VASCULAR DISORDERS | 1974 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 31901.8 | | | | 29624 | 31901.8 | case rate | |
| ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS | 1981 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 6880.32 | | | | 6389 | 6880.32 | case rate | |
| ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS | 1982 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7947.67 | | | | 7380 | 7947.67 | case rate | |
| ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS | 1983 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10842.37 | | | | 10068 | 10842.37 | case rate | |
| ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS | 1984 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 26058.26 | | | | 24198 | 26058.26 | case rate | |
| HYPERTENSION | 1991 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7079.12 | | | | 6574 | 7079.12 | case rate | |
| HYPERTENSION | 1992 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8313.12 | | | | 7720 | 8313.12 | case rate | |
| HYPERTENSION | 1993 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11654.11 | | | | 10822 | 11654.11 | case rate | |
| HYPERTENSION | 1994 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 26568.1 | | | | 24671 | 26568.1 | case rate | |
| CARDIAC STRUCTURAL & VALVULAR DISORDERS | 2001 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8495.75 | | | | 7889 | 8495.75 | case rate | |
| CARDIAC STRUCTURAL & VALVULAR DISORDERS | 2002 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10051.33 | | | | 9334 | 10051.33 | case rate | |
| CARDIAC STRUCTURAL & VALVULAR DISORDERS | 2003 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15321.85 | | | | 14228 | 15321.85 | case rate | |
| CARDIAC STRUCTURAL & VALVULAR DISORDERS | 2004 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 32641.39 | | | | 30311 | 32641.39 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS | 2011 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 6349.32 | | | | 5896 | 6349.32 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS | 2012 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8224.62 | | | | 7637 | 8224.62 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS | 2013 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12832.13 | | | | 11730 | 12832.13 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS | 2014 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 26210.03 | | | | 24339 | 26210.03 | case rate | |
| CHEST PAIN | 2031 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7100.74 | | | | 6594 | 7100.74 | case rate | |
| CHEST PAIN | 2032 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8258.15 | | | | 7669 | 8258.15 | case rate | |
| CHEST PAIN | 2033 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10308.6 | | | | 9573 | 10308.6 | case rate | |
| CHEST PAIN | 2034 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 18717.71 | | | | 17381 | 18717.71 | case rate | |
| SYNCOPE & COLLAPSE | 2041 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7894.83 | | | | 7331 | 7894.83 | case rate | |
| SYNCOPE & COLLAPSE | 2042 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8914.6 | | | | 8278 | 8914.6 | case rate | |
| SYNCOPE & COLLAPSE | 2043 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11247.55 | | | | 10445 | 11247.55 | case rate | |
| SYNCOPE & COLLAPSE | 2044 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 23058.33 | | | | 21412 | 23058.33 | case rate | |
| CARDIOMYOPATHY | 2051 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7655.57 | | | | 7109 | 7655.57 | case rate | |
| CARDIOMYOPATHY | 2052 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9746.29 | | | | 9050 | 9746.29 | case rate | |
| CARDIOMYOPATHY | 2053 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14069.74 | | | | 13065 | 14069.74 | case rate | |
| CARDIOMYOPATHY | 2054 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 34523.7 | | | | 32059 | 34523.7 | case rate | |
| MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE | 2061 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8731.41 | | | | 8108 | 8731.41 | case rate | |
| MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE | 2062 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10269.25 | | | | 9536 | 10269.25 | case rate | |
| MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE | 2063 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 17136.17 | | | | 15913 | 17136.17 | case rate | |
| MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE | 2064 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 32058.84 | | | | 29770 | 32058.84 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES | 2071 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7595.61 | | | | 7053 | 7595.61 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES | 2072 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10076.46 | | | | 9357 | 10076.46 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES | 2073 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14634.17 | | | | 13589 | 14634.17 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES | 2074 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 28538.46 | | | | 26501 | 28538.46 | case rate | |
| MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2201 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 19449.99 | | | | 18061 | 19449.99 | case rate | |
| MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2202 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 28900.03 | | | | 26837 | 28900.03 | case rate | |
| MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2203 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 46862.34 | | | | 43517 | 46862.34 | case rate | |
| MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2204 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 92985.01 | | | | 86347 | 92985.01 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES | 2211 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 19847.69 | | | | 18431 | 19847.69 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES | 2212 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 25734.19 | | | | 23897 | 25734.19 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES | 2213 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 41796.27 | | | | 38812 | 41796.27 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES | 2214 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 82730.63 | | | | 76824 | 82730.63 | case rate | |
| OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2221 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14767.47 | | | | 13713 | 14767.47 | case rate | |
| OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2222 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 18900.24 | | | | 17551 | 18900.24 | case rate | |
| OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2223 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 30629.55 | | | | 28443 | 30629.55 | case rate | |
| OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES | 2224 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 74727.63 | | | | 69393 | 74727.63 | case rate | |
| OTHER SMALL & LARGE BOWEL PROCEDURES | 2231 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15813.86 | | | | 14685 | 15813.86 | case rate | |
| OTHER SMALL & LARGE BOWEL PROCEDURES | 2232 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 20965.66 | | | | 19469 | 20965.66 | case rate | |
| OTHER SMALL & LARGE BOWEL PROCEDURES | 2233 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 35214.52 | | | | 32700 | 35214.52 | case rate | |
| OTHER SMALL & LARGE BOWEL PROCEDURES | 2234 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 72716.44 | | | | 67525 | 72716.44 | case rate | |
| PERITONEAL ADHESIOLYSIS | 2241 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 17815.99 | | | | 16544 | 17815.99 | case rate | |
| PERITONEAL ADHESIOLYSIS | 2242 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 23328.91 | | | | 21663 | 23328.91 | case rate | |
| PERITONEAL ADHESIOLYSIS | 2243 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 35317.98 | | | | 32787 | 35317.98 | case rate | |
| PERITONEAL ADHESIOLYSIS | 2244 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 64108.45 | | | | 59532 | 64108.45 | case rate | |
| APPENDECTOMY | 2251 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12173.1 | | | | 11304 | 12173.1 | case rate | |
| APPENDECTOMY | 2252 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 16189.65 | | | | 15034 | 16189.65 | case rate | |
| APPENDECTOMY | 2253 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 27698.2 | | | | 25823 | 27698.2 | case rate | |
| APPENDECTOMY | 2254 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 52930.56 | | | | 49152 | 52930.56 | case rate | |
| ANAL PROCEDURES | 2261 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9871.93 | | | | 9167 | 9871.93 | case rate | |
| ANAL PROCEDURES | 2262 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13366.73 | | | | 12412 | 13366.73 | case rate | |
| ANAL PROCEDURES | 2263 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 21789.14 | | | | 20234 | 21789.14 | case rate | |
| ANAL PROCEDURES | 2264 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 44592.4 | | | | 41409 | 44592.4 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL | 2271 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15344.2 | | | | 14249 | 15344.2 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL | 2272 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 19491.66 | | | | 18100 | 19491.66 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL | 2273 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 31629 | | | | 29371 | 31629 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL | 2274 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 65113.25 | | | | 60465 | 65113.25 | case rate | |
| INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES | 2281 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11542.32 | | | | 10718 | 11542.32 | case rate | |
| INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES | 2282 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15074.92 | | | | 13999 | 15074.92 | case rate | |
| INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES | 2283 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 23156.62 | | | | 21503 | 23156.62 | case rate | |
| INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES | 2284 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 51604.45 | | | | 47920 | 51604.45 | case rate | |
| OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES | 2291 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15956.12 | | | | 14817 | 15956.12 | case rate | |
| OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES | 2292 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 22011.12 | | | | 20440 | 22011.12 | case rate | |
| OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES | 2293 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 35857.94 | | | | 33298 | 35857.94 | case rate | |
| OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES | 2294 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 74423.33 | | | | 69110 | 74423.33 | case rate | |
| DIGESTIVE MALIGNANCY | 2401 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9969.84 | | | | 9258 | 9969.84 | case rate | |
| DIGESTIVE MALIGNANCY | 2402 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12777.81 | | | | 11866 | 12777.81 | case rate | |
| DIGESTIVE MALIGNANCY | 2403 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 18823.01 | | | | 17479 | 18823.01 | case rate | |
| DIGESTIVE MALIGNANCY | 2404 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 34477.33 | | | | 32016 | 34477.33 | case rate | |
| PEPTIC ULCER & GASTRITIS | 2411 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8481.06 | | | | 7876 | 8481.06 | case rate | |
| PEPTIC ULCER & GASTRITIS | 2412 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10518.85 | | | | 9768 | 10518.85 | case rate | |
| PEPTIC ULCER & GASTRITIS | 2413 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15807.3 | | | | 14679 | 15807.3 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PEPTIC ULCER & GASTRITIS | 2414 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 36936.65 | | | | 34320 | 36936.65 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS | 2421 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8365.96 | | | | 7769 | 8365.96 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS | 2422 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10318.77 | | | | 9582 | 10318.77 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS | 2423 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15346.51 | | | | 14251 | 15346.51 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS | 2424 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 35927.78 | | | | 33363 | 35927.78 | case rate | |
| OTHER ESOPHAGEAL DISORDERS | 2431 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7783.24 | | | | 7228 | 7783.24 | case rate | |
| OTHER ESOPHAGEAL DISORDERS | 2432 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9507.95 | | | | 8829 | 9507.95 | case rate | |
| OTHER ESOPHAGEAL DISORDERS | 2433 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13722.94 | | | | 12743 | 13722.94 | case rate | |
| OTHER ESOPHAGEAL DISORDERS | 2434 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 30207.56 | | | | 28051 | 30207.56 | case rate | |
| DIVERTICULITIS & DIVERTICULOSIS | 2441 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7270.62 | | | | 6752 | 7270.62 | case rate | |
| DIVERTICULITIS & DIVERTICULOSIS | 2442 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9514.14 | | | | 8835 | 9514.14 | case rate | |
| DIVERTICULITIS & DIVERTICULOSIS | 2443 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14440.73 | | | | 13410 | 14440.73 | case rate | |
| DIVERTICULITIS & DIVERTICULOSIS | 2444 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 32777.19 | | | | 30437 | 32777.19 | case rate | |
| INFLAMMATORY BOWEL DISEASE | 2451 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8681.34 | | | | 8062 | 8681.34 | case rate | |
| INFLAMMATORY BOWEL DISEASE | 2452 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10420.57 | | | | 9677 | 10420.57 | case rate | |
| INFLAMMATORY BOWEL DISEASE | 2453 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15886.1 | | | | 14566 | 15886.1 | case rate | |
| INFLAMMATORY BOWEL DISEASE | 2454 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 29822.53 | | | | 27693 | 29822.53 | case rate | |
| GASTROINTESTINAL VASCULAR INSUFFICIENCY | 2461 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9131.78 | | | | 8480 | 9131.78 | case rate | |
| GASTROINTESTINAL VASCULAR INSUFFICIENCY | 2462 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10966.8 | | | | 10184 | 10966.8 | case rate | |
| GASTROINTESTINAL VASCULAR INSUFFICIENCY | 2463 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 16577.09 | | | | 15394 | 16577.09 | case rate | |
| GASTROINTESTINAL VASCULAR INSUFFICIENCY | 2464 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 33528.51 | | | | 31135 | 33528.51 | case rate | |
| INTESTINAL OBSTRUCTION | 2471 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7047.89 | | | | 6545 | 7047.89 | case rate | |
| INTESTINAL OBSTRUCTION | 2472 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9064.54 | | | | 8417 | 9064.54 | case rate | |
| INTESTINAL OBSTRUCTION | 2473 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14371.35 | | | | 13345 | 14371.35 | case rate | |
| INTESTINAL OBSTRUCTION | 2474 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 32841.39 | | | | 30497 | 32841.39 | case rate | |
| MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS | 2481 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7685.86 | | | | 7137 | 7685.86 | case rate | |
| MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS | 2482 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10573.55 | | | | 9819 | 10573.55 | case rate | |
| MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS | 2483 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15894.59 | | | | 14760 | 15894.59 | case rate | |
| MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS | 2484 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 33839.27 | | | | 31423 | 33839.27 | case rate | |
| OTHER GASTROENTERITIS, NAUSEA & VOMITING | 2491 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 6349.04 | | | | 5896 | 6349.04 | case rate | |
| OTHER GASTROENTERITIS, NAUSEA & VOMITING | 2492 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7716.72 | | | | 7166 | 7716.72 | case rate | |
| OTHER GASTROENTERITIS, NAUSEA & VOMITING | 2493 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10950.27 | | | | 10169 | 10950.27 | case rate | |
| OTHER GASTROENTERITIS, NAUSEA & VOMITING | 2494 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 25031.83 | | | | 23245 | 25031.83 | case rate | |
| ABDOMINAL PAIN | 2511 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7209 | | | | 6694 | 7209 | case rate | |
| ABDOMINAL PAIN | 2512 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8937.33 | | | | 8299 | 8937.33 | case rate | |
| ABDOMINAL PAIN | 2513 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12076.74 | | | | 11215 | 12076.74 | case rate | |
| ABDOMINAL PAIN | 2514 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 23131.4 | | | | 21480 | 23131.4 | case rate | |
| MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE | 2521 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7849.19 | | | | 7289 | 7849.19 | case rate | |
| MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE | 2522 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10542.87 | | | | 9790 | 10542.87 | case rate | |
| MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE | 2523 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 16164.98 | | | | 15011 | 16164.98 | case rate | |
| MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE | 2524 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 36079.56 | | | | 33504 | 36079.56 | case rate | |
| OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE | 2531 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7926.97 | | | | 7361 | 7926.97 | case rate | |
| OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE | 2532 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10199.87 | | | | 9472 | 10199.87 | case rate | |
| OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE | 2533 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15232.33 | | | | 14145 | 15232.33 | case rate | |
| OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE | 2534 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 31553.9 | | | | 29301 | 31553.9 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES | 2541 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7435.8 | | | | 6905 | 7435.8 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES | 2542 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9926.52 | | | | 9218 | 9926.52 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES | 2543 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14427.06 | | | | 13397 | 14427.06 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES | 2544 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 30937.91 | | | | 28729 | 30937.91 | case rate | |
| MAJOR PANCREAS, LIVER & SHUNT PROCEDURES | 2601 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 23203.74 | | | | 21547 | 23203.74 | case rate | |
| MAJOR PANCREAS, LIVER & SHUNT PROCEDURES | 2602 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 30662.9 | | | | 28474 | 30662.9 | case rate | |
| MAJOR PANCREAS, LIVER & SHUNT PROCEDURES | 2603 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 48125.63 | | | | 44690 | 48125.63 | case rate | |
| MAJOR PANCREAS, LIVER & SHUNT PROCEDURES | 2604 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 97485.64 | | | | 90526 | 97485.64 | case rate | |
| MAJOR BILIARY TRACT PROCEDURES | 2611 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 19298.31 | | | | 17921 | 19298.31 | case rate | |
| MAJOR BILIARY TRACT PROCEDURES | 2612 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 26851.79 | | | | 24935 | 26851.79 | case rate | |
| MAJOR BILIARY TRACT PROCEDURES | 2613 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 40606.7 | | | | 37708 | 40606.7 | case rate | |
| MAJOR BILIARY TRACT PROCEDURES | 2614 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 74801.34 | | | | 69275 | 74801.34 | case rate | |
| CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC | 2621 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 16821.34 | | | | 15620 | 16821.34 | case rate | |
| CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC | 2622 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 22184.88 | | | | 20601 | 22184.88 | case rate | |
| CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC | 2623 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 33206.84 | | | | 30836 | 33206.84 | case rate | |
| CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC | 2624 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 67910.41 | | | | 63062 | 67910.41 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY | 2631 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14371.08 | | | | 13345 | 14371.08 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY | 2632 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 18186.06 | | | | 16888 | 18186.06 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY | 2633 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 24774.46 | | | | 23006 | 24774.46 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY | 2634 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 52503.67 | | | | 48755 | 52503.67 | case rate | |
| OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES | 2641 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 19137.11 | | | | 17771 | 19137.11 | case rate | |
| OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES | 2642 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 23439.76 | | | | 21766 | 23439.76 | case rate | |
| OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES | 2643 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 36264.31 | | | | 33675 | 36264.31 | case rate | |
| OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES | 2644 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 78762.48 | | | | 73139 | 78762.48 | case rate | |
| HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS | 2791 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7432.93 | | | | 6902 | 7432.93 | case rate | |
| HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS | 2792 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9406.24 | | | | 8735 | 9406.24 | case rate | |
| HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS | 2793 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15596.58 | | | | 14483 | 15596.58 | case rate | |
| HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS | 2794 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 39333.16 | | | | 36525 | 39333.16 | case rate | |
| ALCOHOLIC LIVER DISEASE | 2801 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7596.26 | | | | 7054 | 7596.26 | case rate | |
| ALCOHOLIC LIVER DISEASE | 2802 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9518.21 | | | | 8839 | 9518.21 | case rate | |
| ALCOHOLIC LIVER DISEASE | 2803 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15166.18 | | | | 14083 | 15166.18 | case rate | |
| ALCOHOLIC LIVER DISEASE | 2804 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 34223.19 | | | | 31780 | 34223.19 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS | 2811 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11192.76 | | | | 10394 | 11192.76 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS | 2812 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13277.03 | | | | 12329 | 13277.03 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS | 2813 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 18372.85 | | | | 17061 | 18372.85 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS | 2814 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 29944.65 | | | | 27807 | 29944.65 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY | 2821 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7742.58 | | | | 7190 | 7742.58 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY | 2822 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10005.6 | | | | 9291 | 10005.6 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY | 2823 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 16713.9 | | | | 15521 | 16713.9 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY | 2824 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 46512.41 | | | | 43192 | 46512.41 | case rate | |
| OTHER DISORDERS OF THE LIVER | 2831 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8295.75 | | | | 7703 | 8295.75 | case rate | |
| OTHER DISORDERS OF THE LIVER | 2832 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9824.99 | | | | 9124 | 9824.99 | case rate | |
| OTHER DISORDERS OF THE LIVER | 2833 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14809.23 | | | | 13752 | 14809.23 | case rate | |
| OTHER DISORDERS OF THE LIVER | 2834 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 30270.29 | | | | 28109 | 30270.29 | case rate | |
| DISORDERS OF GALLBLADDER & BILIARY TRACT | 2841 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8945.83 | | | | 8307 | 8945.83 | case rate | |
| DISORDERS OF GALLBLADDER & BILIARY TRACT | 2842 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11932.45 | | | | 11081 | 11932.45 | case rate | |
| DISORDERS OF GALLBLADDER & BILIARY TRACT | 2843 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 17195.39 | | | | 15968 | 17195.39 | case rate | |
| DISORDERS OF GALLBLADDER & BILIARY TRACT | 2844 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 34045.18 | | | | 31615 | 34045.18 | case rate | |
| HIP JOINT REPLACEMENT | 3011 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 22706.55 | | | | 21085 | 22706.55 | case rate | |
| HIP JOINT REPLACEMENT | 3012 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 24794.6 | | | | 23024 | 24794.6 | case rate | |
| HIP JOINT REPLACEMENT | 3013 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 33927.77 | | | | 31506 | 33927.77 | case rate | |
| HIP JOINT REPLACEMENT | 3014 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 56224.16 | | | | 52210 | 56224.16 | case rate | |
| KNEE JOINT REPLACEMENT | 3021 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 21670.52 | | | | 20123 | 21670.52 | case rate | |
| KNEE JOINT REPLACEMENT | 3022 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 24096.3 | | | | 22376 | 24096.3 | case rate | |
| KNEE JOINT REPLACEMENT | 3023 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 30987.89 | | | | 28776 | 30987.89 | case rate | |
| KNEE JOINT REPLACEMENT | 3024 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 56976.12 | | | | 52908 | 56976.12 | case rate | |
| DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK | 3031 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 66943.84 | | | | 62165 | 66943.84 | case rate | |
| DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK | 3032 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 80555.84 | | | | 74805 | 80555.84 | case rate | |
| DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK | 3033 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 118022.48 | | | | 109597 | 118022.48 | case rate | |
| DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK | 3034 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 160324.42 | | | | 148878 | 160324.42 | case rate | |
| DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK | 3041 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 40690.76 | | | | 37786 | 40690.76 | case rate | |
| DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK | 3042 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 48735.89 | | | | 45257 | 48735.89 | case rate | |
| DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK | 3043 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 73398.76 | | | | 68159 | 73398.76 | case rate | |
| DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK | 3044 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 122245.78 | | | | 113518 | 122245.78 | case rate | |
| AMPUTATION OF LOWER LIMB EXCEPT TOES | 3051 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15258.47 | | | | 14169 | 15258.47 | case rate | |
| AMPUTATION OF LOWER LIMB EXCEPT TOES | 3052 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 20890.92 | | | | 19399 | 20890.92 | case rate | |
| AMPUTATION OF LOWER LIMB EXCEPT TOES | 3053 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 34185.78 | | | | 31745 | 34185.78 | case rate | |
| AMPUTATION OF LOWER LIMB EXCEPT TOES | 3054 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 72306.28 | | | | 67144 | 72306.28 | case rate | |
| HIP & FEMUR FRACTURE REPAIR | 3081 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 18496.64 | | | | 17176 | 18496.64 | case rate | |
| HIP & FEMUR FRACTURE REPAIR | 3082 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 21792.18 | | | | 20236 | 21792.18 | case rate | |
| HIP & FEMUR FRACTURE REPAIR | 3083 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 29090.24 | | | | 27013 | 29090.24 | case rate | |
| HIP & FEMUR FRACTURE REPAIR | 3084 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 50852.02 | | | | 47222 | 50852.02 | case rate | |
| OTHER SIGNIFICANT HIP & FEMUR SURGERY | 3091 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 18664.5 | | | | 17332 | 18664.5 | case rate | |
| OTHER SIGNIFICANT HIP & FEMUR SURGERY | 3092 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 26532.53 | | | | 24638 | 26532.53 | case rate | |
| OTHER SIGNIFICANT HIP & FEMUR SURGERY | 3093 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 38736.29 | | | | 35971 | 38736.29 | case rate | |
| OTHER SIGNIFICANT HIP & FEMUR SURGERY | 3094 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 75741.31 | | | | 70334 | 75741.31 | case rate | |
| INTERVERTEBRAL DISC EXCISION & DECOMPRESSION | 3101 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13908.25 | | | | 12915 | 13908.25 | case rate | |
| INTERVERTEBRAL DISC EXCISION & DECOMPRESSION | 3102 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 18462.74 | | | | 17145 | 18462.74 | case rate | |
| INTERVERTEBRAL DISC EXCISION & DECOMPRESSION | 3103 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 26715.35 | | | | 24808 | 26715.35 | case rate | |
| INTERVERTEBRAL DISC EXCISION & DECOMPRESSION | 3104 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 57438.66 | | | | 53338 | 57438.66 | case rate | |
| SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES | 3121 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 22930.48 | | | | 21293 | 22930.48 | case rate | |
| SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES | 3122 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 32634.18 | | | | 30304 | 32634.18 | case rate | |
| SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES | 3123 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 58946.25 | | | | 54645 | 58946.25 | case rate | |
| SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES | 3124 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 121609.46 | | | | 112927 | 121609.46 | case rate | |
| KNEE & LOWER LEG PROCEDURES EXCEPT FOOT | 3131 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 16332.1 | | | | 15166 | 16332.1 | case rate | |
| KNEE & LOWER LEG PROCEDURES EXCEPT FOOT | 3132 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 22353.56 | | | | 20758 | 22353.56 | case rate | |
| KNEE & LOWER LEG PROCEDURES EXCEPT FOOT | 3133 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 34215.44 | | | | 31773 | 34215.44 | case rate | |
| KNEE & LOWER LEG PROCEDURES EXCEPT FOOT | 3134 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 69619.15 | | | | 64649 | 69619.15 | case rate | |
| FOOT & TOE PROCEDURES | 3141 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14937.17 | | | | 13871 | 14937.17 | case rate | |
| FOOT & TOE PROCEDURES | 3142 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 16954 | | | | 15744 | 16954 | case rate | |
| FOOT & TOE PROCEDURES | 3143 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 23643.28 | | | | 21955 | 23643.28 | case rate | |
| FOOT & TOE PROCEDURES | 3144 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 50960.48 | | | | 47322 | 50960.48 | case rate | |
| SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT | 3151 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13470.29 | | | | 12509 | 13470.29 | case rate | |
| SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT | 3152 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 22786.28 | | | | 21160 | 22786.28 | case rate | |
| SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT | 3153 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 32780.98 | | | | 30441 | 32780.98 | case rate | |
| SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT | 3154 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 66321.11 | | | | 61586 | 66321.11 | case rate | |
| HAND & WRIST PROCEDURES | 3161 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11728.94 | | | | 10892 | 11728.94 | case rate | |
| HAND & WRIST PROCEDURES | 3162 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 16682.31 | | | | 15491 | 16682.31 | case rate | |
| HAND & WRIST PROCEDURES | 3163 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 26765.04 | | | | 24854 | 26765.04 | case rate | |
| HAND & WRIST PROCEDURES | 3164 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 51225.97 | | | | 47569 | 51225.97 | case rate | |
| TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES | 3171 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12952.96 | | | | 12028 | 12952.96 | case rate | |
| TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES | 3172 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 18171.65 | | | | 16874 | 18171.65 | case rate | |
| TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES | 3173 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 31207.48 | | | | 28979 | 31207.48 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes | | |
| TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES | 3174 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 73552.1 | | | | 68301 | 73552.1 | case rate | | | | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES | 3201 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14780.04 | | | | 13725 | 14780.04 | case rate | | | | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES | 3202 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 22720.13 | | | | 21098 | 22720.13 | case rate | | | | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES | 3203 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 32351.22 | | | | 30042 | 32351.22 | case rate | | | | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES | 3204 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 61067.41 | | | | 56708 | 61067.41 | case rate | | | | |
| CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP | 3211 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 24294.73 | | | | 22560 | 24294.73 | case rate | | | | |
| CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP | 3212 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 31489.7 | | | | 29242 | 31489.7 | case rate | | | | |
| CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP | 3213 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 52610.56 | | | | 48855 | 52610.56 | case rate | | | | |
| CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP | 3214 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 98704.49 | | | | 91658 | 98704.49 | case rate | | | | |
| SHOULDER & ELBOW JOINT REPLACEMENT | 3221 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 22172.69 | | | | 20590 | 22172.69 | case rate | | | | |
| SHOULDER & ELBOW JOINT REPLACEMENT | 3222 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 24168.27 | | | | 22443 | 24168.27 | case rate | | | | |
| SHOULDER & ELBOW JOINT REPLACEMENT | 3223 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 34147.91 | | | | 31710 | 34147.91 | case rate | | | | |
| SHOULDER & ELBOW JOINT REPLACEMENT | 3224 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 57268.41 | | | | 53180 | 57268.41 | case rate | | | | |
| FRACTURE OF FEMUR | 3401 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 6925.68 | | | | 6431 | 6925.68 | case rate | | | | |
| FRACTURE OF FEMUR | 3402 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8203.74 | | | | 7618 | 8203.74 | case rate | | | | |
| FRACTURE OF FEMUR | 3403 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12304.82 | | | | 11426 | 12304.82 | case rate | | | | |
| FRACTURE OF FEMUR | 3404 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 28278.03 | | | | 26259 | 28278.03 | case rate | | | | |
| FRACTURE OF PELVIS OR DISLOCATION OF HIP | 3411 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7021.38 | | | | 6520 | 7021.38 | case rate | | | | |
| FRACTURE OF PELVIS OR DISLOCATION OF HIP | 3412 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8517 | | | | 7909 | 8517 | case rate | | | | |
| FRACTURE OF PELVIS OR DISLOCATION OF HIP | 3413 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11397.38 | | | | 10584 | 11397.38 | case rate | | | | |
| FRACTURE OF PELVIS OR DISLOCATION OF HIP | 3414 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 27019.65 | | | | 25091 | 27019.65 | case rate | | | | |
| FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK | 3421 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7332.24 | | | | 6809 | 7332.24 | case rate | | | | |
| FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK | 3422 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9479.13 | | | | 8802 | 9479.13 | case rate | | | | |
| FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK | 3423 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12946.03 | | | | 12022 | 12946.03 | case rate | | | | |
| FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK | 3424 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 29857.26 | | | | 27726 | 29857.26 | case rate | | | | |
| MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG | 3431 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11387.32 | | | | 10574 | 11387.32 | case rate | | | | |
| MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG | 3432 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13623.45 | | | | 12651 | 13623.45 | case rate | | | | |
| MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG | 3433 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 21728.07 | | | | 20177 | 21728.07 | case rate | | | | |
| MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG | 3434 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 36569.36 | | | | 33959 | 36569.36 | case rate | | | | |
| OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS | 3441 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10459.09 | | | | 9712 | 10459.09 | case rate | | | | |
| OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS | 3442 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13205.9 | | | | 12263 | 13205.9 | case rate | | | | |
| OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS | 3443 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 19733.59 | | | | 18325 | 19733.59 | case rate | | | | |
| OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS | 3444 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 36371.2 | | | | 33775 | 36371.2 | case rate | | | | |
| CONNECTIVE TISSUE DISORDERS | 3461 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9456.68 | | | | 8782 | 9456.68 | case rate | | | | |
| CONNECTIVE TISSUE DISORDERS | 3462 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12590.93 | | | | 11692 | 12590.93 | case rate | | | | |
| CONNECTIVE TISSUE DISORDERS | 3463 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 21164.65 | | | | 19654 | 21164.65 | case rate | | | | |
| CONNECTIVE TISSUE DISORDERS | 3464 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 51744.87 | | | | 48051 | 51744.87 | case rate | | | | |
| OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES | 3471 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8893.91 | | | | 8259 | 8893.91 | case rate | | | | |
| OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES | 3472 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10978.63 | | | | 10195 | 10978.63 | case rate | | | | |
| OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES | 3473 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15061.14 | | | | 13986 | 15061.14 | case rate | | | | |
| OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES | 3474 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 35705.79 | | | | 33157 | 35705.79 | case rate | | | | |
| MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE | 3491 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7486.4 | | | | 6951 | 7486.4 | case rate | | | | |
| MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE | 3492 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10707.41 | | | | 9943 | 10707.41 | case rate | | | | |
| MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE | 3493 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 16323.7 | | | | 15158 | 16323.7 | case rate | | | | |
| MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE | 3494 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 33477.05 | | | | 31087 | 33477.05 | case rate | | | | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES | 3511 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7570.66 | | | | 7030 | 7570.66 | case rate | | | | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES | 3512 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8772.43 | | | | 8146 | 8772.43 | case rate | | | | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES | 3513 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14235.19 | | | | 13219 | 14235.19 | case rate | | | | |
| OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES | 3514 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 31515.65 | | | | 29266 | 31515.65 | case rate | | | | |
| SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES | 3611 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 19690.27 | | | | 18285 | 19690.27 | case rate | | | | |
| SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES | 3612 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 26417.15 | | | | 24531 | 26417.15 | case rate | | | | |
| SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES | 3613 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 37948.39 | | | | 35239 | 37948.39 | case rate | | | | |
| SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES | 3614 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 83344.95 | | | | 77395 | 83344.95 | case rate | | | | |
| MASTECTOMY PROCEDURES | 3621 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 19026.07 | | | | 17668 | 19026.07 | case rate | | | | |
| MASTECTOMY PROCEDURES | 3622 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 23251.78 | | | | 21592 | 23251.78 | case rate | | | | |
| MASTECTOMY PROCEDURES | 3623 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 28614.57 | | | | 26572 | 28614.57 | case rate | | | | |
| MASTECTOMY PROCEDURES | 3624 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 60258.27 | | | | 55956 | 60258.27 | case rate | | | | |
| BREAST PROCEDURES EXCEPT MASTECTOMY | 3631 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14845.26 | | | | 13785 | 14845.26 | case rate | | | | |
| BREAST PROCEDURES EXCEPT MASTECTOMY | 3632 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 25048.83 | | | | 23261 | 25048.83 | case rate | | | | |
| BREAST PROCEDURES EXCEPT MASTECTOMY | 3633 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 31979.68 | | | | 29697 | 31979.68 | case rate | | | | |
| BREAST PROCEDURES EXCEPT MASTECTOMY | 3634 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 61594.71 | | | | 57197 | 61594.71 | case rate | | | | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES | 3641 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11989.73 | | | | 11134 | 11989.73 | case rate | | | | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES | 3642 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 16570.72 | | | | 15388 | 16570.72 | case rate | | | | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES | 3643 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 25756.63 | | | | 23918 | 25756.63 | case rate | | | | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES | 3644 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 50467.54 | | | | 46865 | 50467.54 | case rate | | | | |
| SKIN ULCERS | 3801 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8216.4 | | | | 7630 | 8216.4 | case rate | | | | |
| SKIN ULCERS | 3802 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9850.13 | | | | 9147 | 9850.13 | case rate | | | | |
| SKIN ULCERS | 3803 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14238.05 | | | | 13222 | 14238.05 | case rate | | | | |
| SKIN ULCERS | 3804 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 27948.98 | | | | 25954 | 27948.98 | case rate | | | | |
| MAJOR SKIN DISORDERS | 3811 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 6610.29 | | | | 6138 | 6610.29 | case rate | | | | |
| MAJOR SKIN DISORDERS | 3812 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11649.67 | | | | 10818 | 11649.67 | case rate | | | | |
| MAJOR SKIN DISORDERS | 3813 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 21026.08 | | | | 19525 | 21026.08 | case rate | | | | |
| MAJOR SKIN DISORDERS | 3814 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 56853.45 | | | | 52795 | 56853.45 | case rate | | | | |
| MALIGNANT BREAST DISORDERS | 3821 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8967.07 | | | | 8327 | 8967.07 | case rate | | | | |
| MALIGNANT BREAST DISORDERS | 3822 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10636.65 | | | | 9877 | 10636.65 | case rate | | | | |
| MALIGNANT BREAST DISORDERS | 3823 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 16857.09 | | | | 15654 | 16857.09 | case rate | | | | |
| MALIGNANT BREAST DISORDERS | 3824 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 28353.42 | | | | 26329 | 28353.42 | case rate | | | | |
| CELLULITIS & OTHER SKIN INFECTIONS | 3831 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 6486.51 | | | | 6023 | 6486.51 | case rate | | | | |
| CELLULITIS & OTHER SKIN INFECTIONS | 3832 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8633.03 | | | | 8017 | 8633.03 | case rate | | | | |
| CELLULITIS & OTHER SKIN INFECTIONS | 3833 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13254.48 | | | | 12308 | 13254.48 | case rate | | | | |
| CELLULITIS & OTHER SKIN INFECTIONS | 3834 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 31357.31 | | | | 29119 | 31357.31 | case rate | | | | |
| CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE | 3841 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8309.05 | | | | 7716 | 8309.05 | case rate | | | | |
| CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE | 3842 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9849.57 | | | | 9146 | 9849.57 | case rate | | | | |
| CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE | 3843 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14431.77 | | | | 13401 | 14431.77 | case rate | | | | |
| CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE | 3844 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 36512.54 | | | | 33906 | 36512.54 | case rate | | | | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS | 3851 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 6185.16 | | | | 5744 | 6185.16 | case rate | | | | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS | 3852 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8193.67 | | | | 7609 | 8193.67 | case rate | | | | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS | 3853 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13092.73 | | | | 12158 | 13092.73 | case rate | | | | |
| OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS | 3854 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 26880.89 | | | | 24962 | 26880.89 | case rate | | | | |
| PITUITARY & ADRENAL PROCEDURES | 4011 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 21445.38 | | | | 19914 | 21445.38 | case rate | | | | |
| PITUITARY & ADRENAL PROCEDURES | 4012 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 28831.76 | | | | 26773 | 28831.76 | case rate | | | | |
| PITUITARY & ADRENAL PROCEDURES | 4013 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 48529.97 | | | | 45065 | 48529.97 | case rate | | | | |
| PITUITARY & ADRENAL PROCEDURES | 4014 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 105002.81 | | | | 97506 | 105002.81 | case rate | | | | |
| PROCEDURES FOR OBESITY | 4031 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 18716.59 | | | | 17380 | 18716.59 | case rate | | | | |
| PROCEDURES FOR OBESITY | 4032 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 20786.08 | | | | 19302 | 20786.08 | case rate | | | | |
| PROCEDURES FOR OBESITY | 4033 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 31589.28 | | | | 29334 | 31589.28 | case rate | | | | |
| PROCEDURES FOR OBESITY | 4034 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 88938.34 | | | | 82589 | 88938.34 | case rate | | | | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES | 4041 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11948.15 | | | | 11095 | 11948.15 | case rate | | | | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES | 4042 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 16008.87 | | | | 14866 | 16008.87 | case rate | | | | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES | 4043 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 30463.64 | | | | 28289 | 30463.64 | case rate | | | | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES | 4044 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 73010.03 | | | | 67798 | 73010.03 | case rate | | | | |
| OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS | 4051 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 18581.54 | | | | 17255 | 18581.54 | case rate | | | | |
| OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS | 4052 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 23034.13 | | | | 21390 | 23034.13 | case rate | | | | |
| OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS | 4053 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 34224.03 | | | | 31781 | 34224.03 | case rate | | | | |
| OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS | 4054 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 78042.47 | | | | 72471 | 78042.47 | case rate | | | | |
| DIABETES | 4201 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 6030.98 | | | | 5600 | 6030.98 | case rate | | | | |
| DIABETES | 4202 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7793.67 | | | | 7237 | 7793.67 | case rate | | | | |
| DIABETES | 4203 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11695.22 | | | | 10860 | 11695.22 | case rate | | | | |
| DIABETES | 4204 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 28516.56 | | | | 26481 | 28516.56 | case rate | | | | |
| MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS | 4211 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8115.52 | | | | 7536 | 8115.52 | case rate | | | | |
| MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS | 4212 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9017.24 | | | | 8373 | 9017.24 | case rate | | | | |
| MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS | 4213 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13828.25 | | | | 12841 | 13828.25 | case rate | | | | |
| MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS | 4214 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 29320.17 | | | | 27227 | 29320.17 | case rate | | | | |
| HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS | 4221 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 4857.3 | | | | 4511 | 4857.3 | case rate | | | | |
| HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS | 4222 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 6968.17 | | | | 6471 | 6968.17 | case rate | | | | |
| HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS | 4223 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10192.48 | | | | 9465 | 10192.48 | case rate | | | | |
| HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS | 4224 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 22074.95 | | | | 20499 | 22074.95 | case rate | | | | |
| INBORN ERRORS OF METABOLISM | 4231 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8862.96 | | | | 8230 | 8862.96 | case rate | | | | |
| INBORN ERRORS OF METABOLISM | 4232 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11552.77 | | | | 10728 | 11552.77 | case rate | | | | |
| INBORN ERRORS OF METABOLISM | 4233 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 18232.07 | | | | 16930 | 18232.07 | case rate | | | | |
| INBORN ERRORS OF METABOLISM | 4234 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 35327.22 | | | | 32805 | 35327.22 | case rate | | | | |
| OTHER ENDOCRINE DISORDERS | 4241 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7411.41 | | | | 6882 | 7411.41 | case rate | | | | |
| OTHER ENDOCRINE DISORDERS | 4242 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10072.21 | | | | 9353 | 10072.21 | case rate | | | | |
| OTHER ENDOCRINE DISORDERS | 4243 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15268.63 | | | | 14179 | 15268.63 | case rate | | | | |
| OTHER ENDOCRINE DISORDERS | 4244 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 32358.89 | | | | 30049 | 32358.89 | case rate | | | | |
| ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED | 4251 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 6028.39 | | | | 5598 | 6028.39 | case rate | | | | |
| ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED | 4252 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7766.97 | | | | 7212 | 7766.97 | case rate | | | | |
| ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED | 4253 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11647.55 | | | | 10816 | 11647.55 | case rate | | | | |
| ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED | 4254 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 26129.58 | | | | 24264 | 26129.58 | case rate | | | | |
| KIDNEY TRANSPLANT | 4401 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 71938.89 | | | | 66803 | 71938.89 | case rate | | | | |
| KIDNEY TRANSPLANT | 4402 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 75273.87 | | | | 69900 | 75273.87 | case rate | | | | |
| KIDNEY TRANSPLANT | 4403 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 85117.53 | | | | 79041 | 85117.53 | case rate | | | | |
| KIDNEY TRANSPLANT | 4404 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 134753 | | | | 125133 | 134753 | case rate | | | | |
| MAJOR BLADDER PROCEDURES | 4411 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 21213.06 | | | | 19699 | 21213.06 | case rate | | | | |
| MAJOR BLADDER PROCEDURES | 4412 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 32881.21 | | | | 30534 | 32881.21 | case rate | | | | |
| MAJOR BLADDER PROCEDURES | 4413 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 44722.93 | | | | 41530 | 44722.93 | case rate | | | | |
| MAJOR BLADDER PROCEDURES | 4414 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 90012.8 | | | | 83587 | 90012.8 | case rate | | | | |
| KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY | 4421 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 19549.21 | | | | 18154 | 19549.21 | case rate | | | | |
| KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY | 4422 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 22648.91 | | | | 21032 | 22648.91 | case rate | | | | |
| KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY | 4423 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 34973.32 | | | | 32476 | 34973.32 | case rate | | | | |
| KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY | 4424 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 69584.32 | | | | 64617 | 69584.32 | case rate | | | | |
| KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY | 4431 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 17115.48 | | | | 15894 | 17115.48 | case rate | | | | |
| KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY | 4432 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 20106.44 | | | | 18671 | 20106.44 | case rate | | | | |
| KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY | 4433 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 29388.62 | | | | 27290 | 29388.62 | case rate | | | | |
| KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY | 4434 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 61095.87 | | | | 56734 | 61095.87 | case rate | | | | |
| RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY | 4441 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15590.02 | | | | 14477 | 15590.02 | case rate | | | | |
| RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY | 4442 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 21035.96 | | | | 19534 | 21035.96 | case rate | | | | |
| RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY | 4443 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 33810.08 | | | | 31396 | 33810.08 | case rate | | | | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY | 4444 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 63965.93 | | | | 59390 | 63965.93 | case rate | |
| OTHER BLADDER PROCEDURES | 4451 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13515.92 | | | | 12551 | 13515.92 | case rate | |
| OTHER BLADDER PROCEDURES | 4452 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 18471.33 | | | | 17153 | 18471.33 | case rate | |
| OTHER BLADDER PROCEDURES | 4453 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 24048.26 | | | | 22331 | 24048.26 | case rate | |
| OTHER BLADDER PROCEDURES | 4454 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 49564.67 | | | | 46342 | 49904.67 | case rate | |
| URETHRAL & TRANSURETHRAL PROCEDURES | 4461 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10348.51 | | | | 9610 | 10348.51 | case rate | |
| URETHRAL & TRANSURETHRAL PROCEDURES | 4462 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12798.32 | | | | 11885 | 12798.32 | case rate | |
| URETHRAL & TRANSURETHRAL PROCEDURES | 4463 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 20927.97 | | | | 19434 | 20927.97 | case rate | |
| URETHRAL & TRANSURETHRAL PROCEDURES | 4464 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 45286.26 | | | | 42053 | 45286.26 | case rate | |
| OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES | 4471 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 17562.41 | | | | 16309 | 17562.41 | case rate | |
| OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES | 4472 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 22233.57 | | | | 20646 | 22233.57 | case rate | |
| OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES | 4473 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 31773.85 | | | | 29505 | 31773.85 | case rate | |
| OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES | 4474 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 72610.03 | | | | 67426 | 72610.03 | case rate | |
| KIDNEY & URINARY TRACT MALIGNANCY | 4611 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8160.78 | | | | 7578 | 8160.78 | case rate | |
| KIDNEY & URINARY TRACT MALIGNANCY | 4612 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10670.45 | | | | 9909 | 10670.45 | case rate | |
| KIDNEY & URINARY TRACT MALIGNANCY | 4613 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 16496.63 | | | | 15319 | 16496.63 | case rate | |
| KIDNEY & URINARY TRACT MALIGNANCY | 4614 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 30032.23 | | | | 27888 | 30032.23 | case rate | |
| NEPHRITIS & NEPHROSIS | 4621 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 6723.27 | | | | 6243 | 6723.27 | case rate | |
| NEPHRITIS & NEPHROSIS | 4622 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9485.51 | | | | 8808 | 9485.51 | case rate | |
| NEPHRITIS & NEPHROSIS | 4623 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 17525.18 | | | | 16274 | 17525.18 | case rate | |
| NEPHRITIS & NEPHROSIS | 4624 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 35419.69 | | | | 32891 | 35419.69 | case rate | |
| KIDNEY & URINARY TRACT INFECTIONS | 4631 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 6497.22 | | | | 6033 | 6497.22 | case rate | |
| KIDNEY & URINARY TRACT INFECTIONS | 4632 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8186.1 | | | | 7602 | 8186.1 | case rate | |
| KIDNEY & URINARY TRACT INFECTIONS | 4633 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11369.95 | | | | 10558 | 11369.95 | case rate | |
| KIDNEY & URINARY TRACT INFECTIONS | 4634 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 22241.14 | | | | 20653 | 22241.14 | case rate | |
| URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION | 4651 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7147.48 | | | | 6637 | 7147.48 | case rate | |
| URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION | 4652 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8559.22 | | | | 7948 | 8559.22 | case rate | |
| URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION | 4653 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13117.4 | | | | 12181 | 13117.4 | case rate | |
| URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION | 4654 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 28600.91 | | | | 26559 | 28600.91 | case rate | |
| MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC | 4661 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 6803.83 | | | | 6318 | 6803.83 | case rate | |
| MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC | 4662 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9476.18 | | | | 8800 | 9476.18 | case rate | |
| MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC | 4663 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14435 | | | | 13404 | 14435 | case rate | |
| MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC | 4664 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 25663.17 | | | | 23822 | 25663.17 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS | 4681 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7112.28 | | | | 6605 | 7112.28 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS | 4682 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9656.96 | | | | 8968 | 9656.96 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS | 4683 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14079.06 | | | | 13074 | 14079.06 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS | 4684 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 28359.42 | | | | 26335 | 28359.42 | case rate | |
| ACUTE KIDNEY INJURY | 4691 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 6734.63 | | | | 6254 | 6734.63 | case rate | |
| ACUTE KIDNEY INJURY | 4692 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8999.41 | | | | 8357 | 8999.41 | case rate | |
| ACUTE KIDNEY INJURY | 4693 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14573.2 | | | | 13533 | 14573.2 | case rate | |
| ACUTE KIDNEY INJURY | 4694 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 33062.73 | | | | 30702 | 33062.73 | case rate | |
| CHRONIC KIDNEY DISEASE | 4701 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7158.01 | | | | 6647 | 7158.01 | case rate | |
| CHRONIC KIDNEY DISEASE | 4702 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9113.21 | | | | 8463 | 9113.21 | case rate | |
| CHRONIC KIDNEY DISEASE | 4703 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13417.81 | | | | 12460 | 13417.81 | case rate | |
| CHRONIC KIDNEY DISEASE | 4704 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 28763.96 | | | | 26710 | 28763.96 | case rate | |
| MAJOR MALE PELVIC PROCEDURES | 4801 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 18130.45 | | | | 16836 | 18130.45 | case rate | |
| MAJOR MALE PELVIC PROCEDURES | 4802 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 19981.08 | | | | 18555 | 19981.08 | case rate | |
| MAJOR MALE PELVIC PROCEDURES | 4803 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 32614.97 | | | | 30287 | 32614.97 | case rate | |
| MAJOR MALE PELVIC PROCEDURES | 4804 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 72777.78 | | | | 67582 | 72777.78 | case rate | |
| PENIS PROCEDURES | 4811 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11599.88 | | | | 10772 | 11599.88 | case rate | |
| PENIS PROCEDURES | 4812 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 18902.92 | | | | 17553 | 18902.92 | case rate | |
| PENIS PROCEDURES | 4813 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 26318.86 | | | | 24440 | 26318.86 | case rate | |
| PENIS PROCEDURES | 4814 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 60742.24 | | | | 56406 | 60742.24 | case rate | |
| TRANSURETHRAL PROSTATECTOMY | 4821 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9756.54 | | | | 9060 | 9756.54 | case rate | |
| TRANSURETHRAL PROSTATECTOMY | 4822 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12732.08 | | | | 11823 | 12732.08 | case rate | |
| TRANSURETHRAL PROSTATECTOMY | 4823 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 23176.48 | | | | 21522 | 23176.48 | case rate | |
| TRANSURETHRAL PROSTATECTOMY | 4824 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 46259.38 | | | | 42957 | 46259.38 | case rate | |
| TESTES & SCROTAL PROCEDURES | 4831 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10325.87 | | | | 9589 | 10325.87 | case rate | |
| TESTES & SCROTAL PROCEDURES | 4832 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 18678.26 | | | | 17345 | 18678.26 | case rate | |
| TESTES & SCROTAL PROCEDURES | 4833 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 31354.91 | | | | 29116 | 31354.91 | case rate | |
| TESTES & SCROTAL PROCEDURES | 4834 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 88056.95 | | | | 81770 | 88056.95 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 4841 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13410.8 | | | | 12453 | 13410.8 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 4842 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 19137.56 | | | | 17771 | 19137.56 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 4843 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 24509.06 | | | | 22759 | 24509.06 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 4844 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 62087.37 | | | | 57655 | 62087.37 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM | 5001 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8297.88 | | | | 7705 | 8297.88 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM | 5002 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10553.69 | | | | 9800 | 10553.69 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM | 5003 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 16691.55 | | | | 15500 | 16691.55 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM | 5004 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 27385.19 | | | | 25430 | 27385.19 | case rate | |
| MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY | 5011 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 6613.25 | | | | 6141 | 6613.25 | case rate | |
| MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY | 5012 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9088.65 | | | | 8440 | 9088.65 | case rate | |
| MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY | 5013 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13736.15 | | | | 12755 | 13736.15 | case rate | |
| MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY | 5014 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 34702.55 | | | | 32225 | 34702.55 | case rate | |
| PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS | 5101 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 18342.73 | | | | 17033 | 18342.73 | case rate | |
| PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS | 5102 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 22757.17 | | | | 21132 | 22757.17 | case rate | |
| PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS | 5103 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 40700.27 | | | | 37795 | 40700.27 | case rate | |
| PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS | 5104 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 94291.9 | | | | 87560 | 94291.9 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY | 5111 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 18505.05 | | | | 17184 | 18505.05 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY | 5112 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 23205.77 | | | | 21549 | 23205.77 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY | 5113 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 34836.41 | | | | 32349 | 34836.41 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY | 5114 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 74367.53 | | | | 69058 | 74367.53 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG | 5121 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 16451.37 | | | | 15277 | 16451.37 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG | 5122 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 19358.73 | | | | 17977 | 19358.73 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG | 5123 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 30417.82 | | | | 28246 | 30417.82 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG | 5124 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 62142.25 | | | | 57706 | 62142.25 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA | 5131 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12576.79 | | | | 11679 | 12576.79 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA | 5132 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14764.89 | | | | 13711 | 14764.89 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA | 5133 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 24220.92 | | | | 22492 | 24220.92 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA | 5134 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 58562.46 | | | | 54382 | 58562.46 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 5141 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10358.67 | | | | 9619 | 10358.67 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 5142 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15043.13 | | | | 13969 | 15043.13 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 5143 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 26053.73 | | | | 24194 | 26053.73 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 5144 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 72208.82 | | | | 67054 | 72208.82 | case rate | |
| DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES | 5171 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9967.26 | | | | 9256 | 9967.26 | case rate | |
| DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES | 5172 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12540.39 | | | | 11645 | 12540.39 | case rate | |
| DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES | 5173 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 23006.13 | | | | 21364 | 23006.13 | case rate | |
| DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES | 5174 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 54133.42 | | | | 50269 | 54133.42 | case rate | |
| OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 5181 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11859.92 | | | | 11013 | 11859.92 | case rate | |
| OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 5182 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 16345.68 | | | | 15179 | 16345.68 | case rate | |
| OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 5183 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 29840.63 | | | | 27710 | 29840.63 | case rate | |
| OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES | 5184 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 67938.68 | | | | 63088 | 67938.68 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA | 5191 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13146.96 | | | | 12208 | 13146.96 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA | 5192 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15767.76 | | | | 14642 | 15767.76 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA | 5193 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 28462.89 | | | | 26431 | 28462.89 | case rate | |
| UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA | 5194 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 70691.11 | | | | 65644 | 70691.11 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM MALIGNANCY | 5301 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7950.07 | | | | 7382 | 7950.07 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM MALIGNANCY | 5302 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10220.01 | | | | 9490 | 10220.01 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM MALIGNANCY | 5303 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 17258.02 | | | | 16026 | 17258.02 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM MALIGNANCY | 5304 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 31779.3 | | | | 29510 | 31779.3 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM INFECTIONS | 5311 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7230.9 | | | | 6715 | 7230.9 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM INFECTIONS | 5312 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9735.21 | | | | 9040 | 9735.21 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM INFECTIONS | 5313 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15349.18 | | | | 14253 | 15349.18 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM INFECTIONS | 5314 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 29817.26 | | | | 27689 | 29817.26 | case rate | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS | 5321 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 6284.29 | | | | 5836 | 6284.29 | case rate | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS | 5322 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7758.57 | | | | 7205 | 7758.57 | case rate | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS | 5323 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12754.07 | | | | 11844 | 12754.07 | case rate | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS | 5324 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 26116.36 | | | | 24252 | 26116.36 | case rate | |
| CESAREAN DELIVERY | 5401 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8010.02 | | | | 7438 | 8010.02 | case rate | |
| CESAREAN DELIVERY | 5402 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9575.29 | | | | 8892 | 9575.29 | case rate | |
| CESAREAN DELIVERY | 5403 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13727.1 | | | | 12747 | 13727.1 | case rate | |
| CESAREAN DELIVERY | 5404 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 38834.31 | | | | 36062 | 38834.31 | case rate | |
| VAGINAL DELIVERY W STERILIZATION &/OR D&C | 5411 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7630.9 | | | | 7086 | 7630.9 | case rate | |
| VAGINAL DELIVERY W STERILIZATION &/OR D&C | 5412 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8303.42 | | | | 7711 | 8303.42 | case rate | |
| VAGINAL DELIVERY W STERILIZATION &/OR D&C | 5413 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12362.56 | | | | 11480 | 12362.56 | case rate | |
| VAGINAL DELIVERY W STERILIZATION &/OR D&C | 5414 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 43516.83 | | | | 40410 | 43516.83 | case rate | |
| VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C | 5421 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 5657.58 | | | | 5254 | 5657.58 | case rate | |
| VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C | 5422 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7060.18 | | | | 6556 | 7060.18 | case rate | |
| VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C | 5423 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15202.4 | | | | 14117 | 15202.4 | case rate | |
| VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C | 5424 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 50795.03 | | | | 47169 | 50795.03 | case rate | |
| D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES | 5441 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7991.54 | | | | 7421 | 7991.54 | case rate | |
| D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES | 5442 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9459.91 | | | | 8785 | 9459.91 | case rate | |
| D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES | 5443 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15677.6 | | | | 14558 | 15677.6 | case rate | |
| D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES | 5444 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 44121.64 | | | | 40972 | 44121.64 | case rate | |
| ECTOPIC PREGNANCY PROCEDURE | 5451 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11441.09 | | | | 10624 | 11441.09 | case rate | |
| ECTOPIC PREGNANCY PROCEDURE | 5452 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12556.66 | | | | 11660 | 12556.66 | case rate | |
| ECTOPIC PREGNANCY PROCEDURE | 5453 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15152.05 | | | | 14070 | 15152.05 | case rate | |
| ECTOPIC PREGNANCY PROCEDURE | 5454 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 27654.29 | | | | 25680 | 27654.29 | case rate | |
| OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES | 5461 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8727.81 | | | | 8105 | 8727.81 | case rate | |
| OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES | 5462 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12334.85 | | | | 11454 | 12334.85 | case rate | |
| OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES | 5463 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 23636.35 | | | | 21949 | 23636.35 | case rate | |
| OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES | 5464 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 64398.15 | | | | 59801 | 64398.15 | case rate | |
| VAGINAL DELIVERY | 5601 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 4725.57 | | | | 4388 | 4725.57 | case rate | |
| VAGINAL DELIVERY | 5602 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 5328.53 | | | | 4948 | 5328.53 | case rate | |
| VAGINAL DELIVERY | 5603 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7747.58 | | | | 7194 | 7747.58 | case rate | |
| VAGINAL DELIVERY | 5604 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 23102.49 | | | | 21453 | 23102.49 | case rate | |
| POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE | 5611 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 3706.17 | | | | 3442 | 3706.17 | case rate | |
| POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE | 5612 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 5963.64 | | | | 5538 | 5963.64 | case rate | |
| POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE | 5613 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9582.59 | | | | 8898 | 9582.59 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes | | |
| POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE | 5614 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 25218.81 | | | | 23418 | 25218.81 | case rate | | | | |
| PRETERM LABOR | 5631 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 4244.92 | | | | 3942 | 4244.92 | case rate | | | | |
| PRETERM LABOR | 5632 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 5622.3 | | | | 5221 | 5622.3 | case rate | | | | |
| PRETERM LABOR | 5633 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9626.19 | | | | 8939 | 9626.19 | case rate | | | | |
| PRETERM LABOR | 5634 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 17747.63 | | | | 16481 | 17747.63 | case rate | | | | |
| ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 5641 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 4494.71 | | | | 4174 | 4494.71 | case rate | | | | |
| ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 5642 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 5246.95 | | | | 4872 | 5246.95 | case rate | | | | |
| ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 5643 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7451.12 | | | | 6919 | 7451.12 | case rate | | | | |
| ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 5644 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 31710.48 | | | | 29447 | 31710.48 | case rate | | | | |
| FALSE LABOR | 5651 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 2085.74 | | | | 1937 | 2085.74 | case rate | | | | |
| FALSE LABOR | 5652 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 2966.2 | | | | 2754 | 2966.2 | case rate | | | | |
| FALSE LABOR | 5653 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 4715.68 | | | | 4379 | 4715.68 | case rate | | | | |
| FALSE LABOR | 5654 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 5188.67 | | | | 4818 | 5188.67 | case rate | | | | |
| OTHER ANTEPARTUM DIAGNOSES | 5661 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 4163.54 | | | | 3866 | 4163.54 | case rate | | | | |
| OTHER ANTEPARTUM DIAGNOSES | 5662 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 5593.48 | | | | 5194 | 5593.48 | case rate | | | | |
| OTHER ANTEPARTUM DIAGNOSES | 5663 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8581.48 | | | | 7969 | 8581.48 | case rate | | | | |
| OTHER ANTEPARTUM DIAGNOSES | 5664 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 24395.43 | | | | 22654 | 24395.43 | case rate | | | | |
| NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE | 5801 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 3529.35 | | | | 3277 | 3529.35 | case rate | | | | |
| NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE | 5802 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 4543.12 | | | | 4219 | 4543.12 | case rate | | | | |
| NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE | 5803 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7351.45 | | | | 6827 | 7351.45 | case rate | | | | |
| NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE | 5804 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13879.44 | | | | 12889 | 13879.44 | case rate | | | | |
| NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE | 5811 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 1406.85 | | | | 1306 | 1406.85 | case rate | | | | |
| NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE | 5812 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 2234.38 | | | | 2075 | 2234.38 | case rate | | | | |
| NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE | 5813 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 3855.54 | | | | 3580 | 3855.54 | case rate | | | | |
| NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE | 5814 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7741.57 | | | | 7189 | 7741.57 | case rate | | | | |
| NEONATE W ECMO | 5831 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 122075.06 | | | | 113360 | 122075.06 | case rate | | | | |
| NEONATE W ECMO | 5832 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 135639.02 | | | | 125955 | 135639.02 | case rate | | | | |
| NEONATE W ECMO | 5833 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 254295.58 | | | | 236141 | 254295.58 | case rate | | | | |
| NEONATE W ECMO | 5834 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 380256.57 | | | | 353109 | 380256.57 | case rate | | | | |
| NEONATE BWT <1500G W MAJOR PROCEDURE | 5881 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 119804.56 | | | | 111251 | 119804.56 | case rate | | | | |
| NEONATE BWT <1500G W MAJOR PROCEDURE | 5882 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 133116.23 | | | | 123613 | 133116.23 | case rate | | | | |
| NEONATE BWT <1500G W MAJOR PROCEDURE | 5883 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 271810.79 | | | | 252406 | 271810.79 | case rate | | | | |
| NEONATE BWT <1500G W MAJOR PROCEDURE | 5884 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 363812.97 | | | | 337839 | 363812.97 | case rate | | | | |
| NEONATE BWT <500G OR GA <24 WEEKS | 5891 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 210356.86 | | | | 195339 | 210356.86 | case rate | | | | |
| NEONATE BWT <500G OR GA <24 WEEKS | 5892 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 147564.93 | | | | 137021 | 147564.93 | case rate | | | | |
| NEONATE BWT <500G OR GA <24 WEEKS | 5893 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 105551.08 | | | | 98016 | 105551.08 | case rate | | | | |
| NEONATE BWT <500G OR GA <24 WEEKS | 5894 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 3587.64 | | | | 3332 | 3587.64 | case rate | | | | |
| NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE | 5911 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 125625.47 | | | | 116657 | 125625.47 | case rate | | | | |
| NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE | 5912 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 174290.97 | | | | 161848 | 174290.97 | case rate | | | | |
| NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE | 5913 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 216428.85 | | | | 200977 | 216428.85 | case rate | | | | |
| NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE | 5914 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 305532.82 | | | | 283720 | 305532.82 | case rate | | | | |
| NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE | 5931 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 38961.08 | | | | 36170 | 38961.08 | case rate | | | | |
| NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE | 5932 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 131962.42 | | | | 122541 | 131962.42 | case rate | | | | |
| NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE | 5933 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 175751.86 | | | | 163204 | 175751.86 | case rate | | | | |
| NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE | 5934 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 251001.25 | | | | 233082 | 251001.25 | case rate | | | | |
| NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6021 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 57283.56 | | | | 53194 | 57283.56 | case rate | | | | |
| NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6022 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 105181.57 | | | | 97672 | 105181.57 | case rate | | | | |
| NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6023 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 139630.26 | | | | 129662 | 139630.26 | case rate | | | | |
| NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6024 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 193303.18 | | | | 179503 | 193303.18 | case rate | | | | |
| NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION | 6031 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 33452.47 | | | | 31064 | 33452.47 | case rate | | | | |
| NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION | 6032 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 76840.07 | | | | 71354 | 76840.07 | case rate | | | | |
| NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION | 6033 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 114181.06 | | | | 106029 | 114181.06 | case rate | | | | |
| NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION | 6034 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 199804.73 | | | | 184612 | 199804.73 | case rate | | | | |
| NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6071 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 52219.15 | | | | 48491 | 52219.15 | case rate | | | | |
| NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6072 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 81529.52 | | | | 75709 | 81529.52 | case rate | | | | |
| NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6073 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 110416.14 | | | | 102533 | 110416.14 | case rate | | | | |
| NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM | 6074 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 154365.32 | | | | 143345 | 154365.32 | case rate | | | | |
| NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION | 6081 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 35336.83 | | | | 32814 | 35336.83 | case rate | | | | |
| NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION | 6082 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 66496.54 | | | | 61749 | 66496.54 | case rate | | | | |
| NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION | 6083 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 98237.88 | | | | 91224 | 98237.88 | case rate | | | | |
| NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION | 6084 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 144016.16 | | | | 133734 | 144016.16 | case rate | | | | |
| NEONATE BWT 1500-2499G W MAJOR PROCEDURE | 6091 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 54913.2 | | | | 50993 | 54913.2 | case rate | | | | |
| NEONATE BWT 1500-2499G W MAJOR PROCEDURE | 6092 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 71319.12 | | | | 66227 | 71319.12 | case rate | | | | |
| NEONATE BWT 1500-2499G W MAJOR PROCEDURE | 6093 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 113778.66 | | | | 105656 | 113778.66 | case rate | | | | |
| NEONATE BWT 1500-2499G W MAJOR PROCEDURE | 6094 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 210979.68 | | | | 195917 | 210979.68 | case rate | | | | |
| NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY | 6111 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 30426.68 | | | | 28254 | 30426.68 | case rate | | | | |
| NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY | 6112 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 48928.32 | | | | 45435 | 48928.32 | case rate | | | | |
| NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY | 6113 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 79217.35 | | | | 73562 | 79217.35 | case rate | | | | |
| NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY | 6114 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 124454.65 | | | | 115570 | 124454.65 | case rate | | | | |
| NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND | 6121 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 36984.97 | | | | 34345 | 36984.97 | case rate | | | | |
| NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND | 6122 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 56377.6 | | | | 52353 | 56377.6 | case rate | | | | |
| NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND | 6123 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 77958.88 | | | | 72393 | 77958.88 | case rate | | | | |
| NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND | 6124 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 119584.7 | | | | 111047 | 119584.7 | case rate | | | | |
| NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION | 6131 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 30959.8 | | | | 28750 | 30959.8 | case rate | | | | |
| NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION | 6132 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 47950.75 | | | | 44527 | 47950.75 | case rate | | | | |
| NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION | 6133 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 79724.15 | | | | 74032 | 79724.15 | case rate | | | | |
| NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION | 6134 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 106292.98 | | | | 98704 | 106292.98 | case rate | | | | |
| NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION | 6141 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 20323.35 | | | | 18872 | 20323.35 | case rate | | | | |
| NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION | 6142 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 40586.01 | | | | 37688 | 40586.01 | case rate | | | | |
| NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION | 6143 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 66596.2 | | | | 61814 | 66596.2 | case rate | | | | |
| NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION | 6144 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 71202.99 | | | | 66120 | 71202.99 | case rate | | | | |
| NEONATE BWT 2000-2499G W MAJOR ANOMALY | 6211 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14225.48 | | | | 13210 | 14225.48 | case rate | | | | |
| NEONATE BWT 2000-2499G W MAJOR ANOMALY | 6212 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 30786.6 | | | | 28589 | 30786.6 | case rate | | | | |
| NEONATE BWT 2000-2499G W MAJOR ANOMALY | 6213 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 51853.6 | | | | 48152 | 51853.6 | case rate | | | | |
| NEONATE BWT 2000-2499G W MAJOR ANOMALY | 6214 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 102528.71 | | | | 95209 | 102528.71 | case rate | | | | |
| NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND | 6221 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 23000.31 | | | | 21358 | 23000.31 | case rate | | | | |
| NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND | 6222 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 34092.11 | | | | 31658 | 34092.11 | case rate | | | | |
| NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND | 6223 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 49704.58 | | | | 46156 | 49704.58 | case rate | | | | |
| NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND | 6224 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 79505.67 | | | | 73830 | 79505.67 | case rate | | | | |
| NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION | 6231 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 18232.07 | | | | 16930 | 18232.07 | case rate | | | | |
| NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION | 6232 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 31712.98 | | | | 29449 | 31712.98 | case rate | | | | |
| NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION | 6233 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 51575.08 | | | | 47893 | 51575.08 | case rate | | | | |
| NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION | 6234 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 78439.16 | | | | 72839 | 78439.16 | case rate | | | | |
| NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION | 6251 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 21692.41 | | | | 20144 | 21692.41 | case rate | | | | |
| NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION | 6252 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 33897.93 | | | | 31478 | 33897.93 | case rate | | | | |
| NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION | 6253 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 42311.09 | | | | 39290 | 42311.09 | case rate | | | | |
| NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION | 6254 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 62537.26 | | | | 58073 | 62537.26 | case rate | | | | |
| NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6261 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 2156.32 | | | | 2002 | 2156.32 | case rate | | | | |
| NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6262 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 5333.98 | | | | 4953 | 5333.98 | case rate | | | | |
| NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6263 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15568.58 | | | | 14457 | 15568.58 | case rate | | | | |
| NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6264 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 35033.09 | | | | 32532 | 35033.09 | case rate | | | | |
| NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE | 6301 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 33013.3 | | | | 30656 | 33013.3 | case rate | | | | |
| NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE | 6302 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 44881.18 | | | | 41677 | 44881.18 | case rate | | | | |
| NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE | 6303 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 70622.11 | | | | 65580 | 70622.11 | case rate | | | | |
| NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE | 6304 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 161954 | | | | 150392 | 161954 | case rate | | | | |
| NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE | 6311 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 18535.99 | | | | 17213 | 18535.99 | case rate | | | | |
| NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE | 6312 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 22959.85 | | | | 21321 | 22959.85 | case rate | | | | |
| NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE | 6313 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 51603.9 | | | | 47920 | 51603.9 | case rate | | | | |
| NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE | 6314 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 143777.91 | | | | 133513 | 143777.91 | case rate | | | | |
| NEONATE BIRTHWT >2499G W MAJOR ANOMALY | 6331 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 4048.24 | | | | 3759 | 4048.24 | case rate | | | | |
| NEONATE BIRTHWT >2499G W MAJOR ANOMALY | 6332 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11522.47 | | | | 10700 | 11522.47 | case rate | | | | |
| NEONATE BIRTHWT >2499G W MAJOR ANOMALY | 6333 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 24470.44 | | | | 22723 | 24470.44 | case rate | | | | |
| NEONATE BIRTHWT >2499G W MAJOR ANOMALY | 6334 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 73490.58 | | | | 68244 | 73490.58 | case rate | | | | |
| NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND | 6341 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7728.91 | | | | 7177 | 7728.91 | case rate | | | | |
| NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND | 6342 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14076.1 | | | | 13071 | 14076.1 | case rate | | | | |
| NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND | 6343 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 31229.56 | | | | 29000 | 31229.56 | case rate | | | | |
| NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND | 6344 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 77673.98 | | | | 72129 | 77673.98 | case rate | | | | |
| NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION | 6361 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10460.66 | | | | 9714 | 10460.66 | case rate | | | | |
| NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION | 6362 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15603.33 | | | | 14489 | 15603.33 | case rate | | | | |
| NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION | 6363 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 29376.98 | | | | 27280 | 29376.98 | case rate | | | | |
| NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION | 6364 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 61229.45 | | | | 56858 | 61229.45 | case rate | | | | |
| NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION | 6391 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 6048.35 | | | | 5617 | 6048.35 | case rate | | | | |
| NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION | 6392 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9587.86 | | | | 8903 | 9587.86 | case rate | | | | |
| NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION | 6393 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 18604.91 | | | | 17277 | 18604.91 | case rate | | | | |
| NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION | 6394 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 50422.08 | | | | 46822 | 50422.08 | case rate | | | | |
| NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6401 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 1531.37 | | | | 1422 | 1531.37 | case rate | | | | |
| NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6402 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 2265.13 | | | | 2103 | 2265.13 | case rate | | | | |
| NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6403 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 5506.92 | | | | 5114 | 5506.92 | case rate | | | | |
| NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM | 6404 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 26835.99 | | | | 24920 | 26835.99 | case rate | | | | |
| SPLENECTOMY | 6501 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 18850.55 | | | | 17505 | 18850.55 | case rate | | | | |
| SPLENECTOMY | 6502 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 26982.69 | | | | 25056 | 26982.69 | case rate | | | | |
| SPLENECTOMY | 6503 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 36383.21 | | | | 33786 | 36383.21 | case rate | | | | |
| SPLENECTOMY | 6504 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 72843.74 | | | | 67643 | 72843.74 | case rate | | | | |
| OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS | 6511 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15162.39 | | | | 14080 | 15162.39 | case rate | | | | |
| OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS | 6512 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 21291.2 | | | | 19771 | 21291.2 | case rate | | | | |
| OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS | 6513 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 37575.09 | | | | 34893 | 37575.09 | case rate | | | | |
| OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS | 6514 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 78852.82 | | | | 73223 | 78852.82 | case rate | | | | |
| MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL | 6601 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11094.11 | | | | 10302 | 11094.11 | case rate | | | | |
| MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL | 6602 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11843.21 | | | | 10998 | 11843.21 | case rate | | | | |
| MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL | 6603 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 19040.85 | | | | 17681 | 19040.85 | case rate | | | | |
| MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL | 6604 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 49472.8 | | | | 45941 | 49472.8 | case rate | | | | |
| COAGULATION & PLATELET DISORDERS | 6611 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13637.67 | | | | 12664 | 13637.67 | case rate | | | | |
| COAGULATION & PLATELET DISORDERS | 6612 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 16044.16 | | | | 14899 | 16044.16 | case rate | | | | |
| COAGULATION & PLATELET DISORDERS | 6613 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 30557.31 | | | | 28376 | 30557.31 | case rate | | | | |
| COAGULATION & PLATELET DISORDERS | 6614 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 58283.01 | | | | 54122 | 58283.01 | case rate | | | | |
| SICKLE CELL ANEMIA CRISIS | 6621 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8463.51 | | | | 7859 | 8463.51 | case rate | | | | |
| SICKLE CELL ANEMIA CRISIS | 6622 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11593.41 | | | | 10766 | 11593.41 | case rate | | | | |
| SICKLE CELL ANEMIA CRISIS | 6623 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 17963.89 | | | | 16681 | 17963.89 | case rate | | | | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SICKLE CELL ANEMIA CRISIS | 6624 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 42206.89 | | | | 39194 | 42206.89 | case rate | |
| OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS | 6631 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7105.72 | | | | 6598 | 7105.72 | case rate | |
| OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS | 6632 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8970.76 | | | | 8330 | 8970.76 | case rate | |
| OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS | 6633 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12836.19 | | | | 11920 | 12836.19 | case rate | |
| OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS | 6634 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 23975.85 | | | | 22264 | 23975.85 | case rate | |
| MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6801 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 22177.13 | | | | 20594 | 22177.13 | case rate | |
| MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6802 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 30499.67 | | | | 28322 | 30499.67 | case rate | |
| MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6803 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 52681.13 | | | | 48920 | 52681.13 | case rate | |
| MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6804 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 105372.51 | | | | 97850 | 105372.51 | case rate | |
| OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6811 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 16158.89 | | | | 15005 | 16158.89 | case rate | |
| OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6812 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 22241.51 | | | | 20654 | 22241.51 | case rate | |
| OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6813 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 40876.08 | | | | 37958 | 40876.08 | case rate | |
| OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS | 6814 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 99601.87 | | | | 92491 | 99601.87 | case rate | |
| ACUTE LEUKEMIA | 6901 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 18783.11 | | | | 17442 | 18783.11 | case rate | |
| ACUTE LEUKEMIA | 6902 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 31011.82 | | | | 28798 | 31011.82 | case rate | |
| ACUTE LEUKEMIA | 6903 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 59616.41 | | | | 55360 | 59616.41 | case rate | |
| ACUTE LEUKEMIA | 6904 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 113662.82 | | | | 105548 | 113662.82 | case rate | |
| LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA | 6911 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15910.76 | | | | 14775 | 15910.76 | case rate | |
| LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA | 6912 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 18372.02 | | | | 17060 | 18372.02 | case rate | |
| LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA | 6913 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 28440.44 | | | | 26410 | 28440.44 | case rate | |
| LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA | 6914 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 59817.89 | | | | 55547 | 59817.89 | case rate | |
| RADIOTHERAPY | 6921 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10753.13 | | | | 9985 | 10753.13 | case rate | |
| RADIOTHERAPY | 6922 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 22479.95 | | | | 20875 | 22479.95 | case rate | |
| RADIOTHERAPY | 6923 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 32911.32 | | | | 30562 | 32911.32 | case rate | |
| RADIOTHERAPY | 6924 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 60881.83 | | | | 56535 | 60881.83 | case rate | |
| LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR | 6941 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9885.88 | | | | 9180 | 9885.88 | case rate | |
| LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR | 6942 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11649.21 | | | | 10818 | 11649.21 | case rate | |
| LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR | 6943 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 18744.59 | | | | 17406 | 18744.59 | case rate | |
| LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR | 6944 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 36283.25 | | | | 33693 | 36283.25 | case rate | |
| CHEMOTHERAPY FOR ACUTE LEUKEMIA | 6951 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8997.93 | | | | 8356 | 8997.93 | case rate | |
| CHEMOTHERAPY FOR ACUTE LEUKEMIA | 6952 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13119.99 | | | | 12183 | 13119.99 | case rate | |
| CHEMOTHERAPY FOR ACUTE LEUKEMIA | 6953 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 34211.65 | | | | 31769 | 34211.65 | case rate | |
| CHEMOTHERAPY FOR ACUTE LEUKEMIA | 6954 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 94362.66 | | | | 87626 | 94362.66 | case rate | |
| OTHER CHEMOTHERAPY | 6961 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11847.46 | | | | 11002 | 11847.46 | case rate | |
| OTHER CHEMOTHERAPY | 6962 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14092.65 | | | | 13087 | 14092.65 | case rate | |
| OTHER CHEMOTHERAPY | 6963 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 22113.47 | | | | 20535 | 22113.47 | case rate | |
| OTHER CHEMOTHERAPY | 6964 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 52177.11 | | | | 48452 | 52177.11 | case rate | |
| INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE | 7101 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15786.05 | | | | 14659 | 15786.05 | case rate | |
| INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE | 7102 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 22231.17 | | | | 20644 | 22231.17 | case rate | |
| INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE | 7103 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 38174.99 | | | | 35450 | 38174.99 | case rate | |
| INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE | 7104 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 78011.35 | | | | 72442 | 78011.35 | case rate | |
| POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE | 7111 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15156.94 | | | | 14075 | 15156.94 | case rate | |
| POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE | 7112 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 20971.94 | | | | 19475 | 20971.94 | case rate | |
| POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE | 7113 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 37964.46 | | | | 35254 | 37964.46 | case rate | |
| POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE | 7114 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 78136.98 | | | | 72559 | 78136.98 | case rate | |
| SEPTICEMIA & DISSEMINATED INFECTIONS | 7201 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7939.17 | | | | 7372 | 7939.17 | case rate | |
| SEPTICEMIA & DISSEMINATED INFECTIONS | 7202 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10656.04 | | | | 9895 | 10656.04 | case rate | |
| SEPTICEMIA & DISSEMINATED INFECTIONS | 7203 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 17428.64 | | | | 16184 | 17428.64 | case rate | |
| SEPTICEMIA & DISSEMINATED INFECTIONS | 7204 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 38415.19 | | | | 35673 | 38415.19 | case rate | |
| POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS | 7211 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8342.87 | | | | 7747 | 8342.87 | case rate | |
| POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS | 7212 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11071.84 | | | | 10281 | 11071.84 | case rate | |
| POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS | 7213 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 18533.87 | | | | 17211 | 18533.87 | case rate | |
| POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS | 7214 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 36185.42 | | | | 33602 | 36185.42 | case rate | |
| FEVER | 7221 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 6417.31 | | | | 5959 | 6417.31 | case rate | |
| FEVER | 7222 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8606.33 | | | | 7992 | 8606.33 | case rate | |
| FEVER | 7223 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11716.74 | | | | 10880 | 11716.74 | case rate | |
| FEVER | 7224 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 22246.32 | | | | 20658 | 22246.32 | case rate | |
| VIRAL ILLNESS | 7231 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 5860.54 | | | | 5256 | 5860.54 | case rate | |
| VIRAL ILLNESS | 7232 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7666.65 | | | | 7119 | 7666.65 | case rate | |
| VIRAL ILLNESS | 7233 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12393.05 | | | | 11508 | 12393.05 | case rate | |
| VIRAL ILLNESS | 7234 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 41434.6 | | | | 38476 | 41434.6 | case rate | |
| OTHER INFECTIOUS & PARASITIC DISEASES | 7241 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9875.53 | | | | 9170 | 9875.53 | case rate | |
| OTHER INFECTIOUS & PARASITIC DISEASES | 7242 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11650.69 | | | | 10819 | 11650.69 | case rate | |
| OTHER INFECTIOUS & PARASITIC DISEASES | 7243 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 18363.33 | | | | 17052 | 18363.33 | case rate | |
| OTHER INFECTIOUS & PARASITIC DISEASES | 7244 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 42487.26 | | | | 39454 | 42487.26 | case rate | |
| MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE | 7401 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 19339.97 | | | | 17959 | 19339.97 | case rate | |
| MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE | 7402 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 23275.33 | | | | 21614 | 23275.33 | case rate | |
| MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE | 7403 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 39014.72 | | | | 36229 | 39014.72 | case rate | |
| MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE | 7404 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 78408.2 | | | | 72810 | 78408.2 | case rate | |
| SCHIZOPHRENIA | 7501 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9039.96 | | | | 8395 | 9039.96 | case rate | |
| SCHIZOPHRENIA | 7502 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10833.31 | | | | 10060 | 10833.31 | case rate | |
| SCHIZOPHRENIA | 7503 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15804.43 | | | | 14676 | 15804.43 | case rate | |
| SCHIZOPHRENIA | 7504 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 31765.82 | | | | 29498 | 31765.82 | case rate | |
| MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES | 7511 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 5411.02 | | | | 5025 | 5411.02 | case rate | |
| MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES | 7512 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7501.93 | | | | 6966 | 7501.93 | case rate | |
| MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES | 7513 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13065.29 | | | | 12133 | 13065.29 | case rate | |
| MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES | 7514 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 25364.21 | | | | 23553 | 25364.21 | case rate | |
| DISORDERS OF PERSONALITY & IMPULSE CONTROL | 7521 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 4635.13 | | | | 4304 | 4635.13 | case rate | |
| DISORDERS OF PERSONALITY & IMPULSE CONTROL | 7522 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 6580.55 | | | | 6111 | 6580.55 | case rate | |
| DISORDERS OF PERSONALITY & IMPULSE CONTROL | 7523 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11610.78 | | | | 10782 | 11610.78 | case rate | |
| DISORDERS OF PERSONALITY & IMPULSE CONTROL | 7524 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12458.27 | | | | 11569 | 12458.27 | case rate | |
| BIPOLAR DISORDERS | 7531 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 5886.04 | | | | 5466 | 5886.04 | case rate | |
| BIPOLAR DISORDERS | 7532 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7967.52 | | | | 7399 | 7967.52 | case rate | |
| BIPOLAR DISORDERS | 7533 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12954.9 | | | | 12030 | 12954.9 | case rate | |
| BIPOLAR DISORDERS | 7534 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 26014.37 | | | | 24157 | 26014.37 | case rate | |
| DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER | 7541 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 4328.15 | | | | 4019 | 4328.15 | case rate | |
| DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER | 7542 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 5797.17 | | | | 5383 | 5797.17 | case rate | |
| DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER | 7543 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9027.49 | | | | 8383 | 9027.49 | case rate | |
| DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER | 7544 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 18866.9 | | | | 17520 | 18866.9 | case rate | |
| ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES | 7551 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 3897.2 | | | | 3619 | 3897.2 | case rate | |
| ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES | 7552 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 6389.22 | | | | 5933 | 6389.22 | case rate | |
| ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES | 7553 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9176.68 | | | | 8522 | 9176.68 | case rate | |
| ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES | 7554 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13846.73 | | | | 12858 | 13846.73 | case rate | |
| ACUTE ANXIETY & DELIRIUM STATES | 7561 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 6323.91 | | | | 5872 | 6323.91 | case rate | |
| ACUTE ANXIETY & DELIRIUM STATES | 7562 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7973.99 | | | | 7405 | 7973.99 | case rate | |
| ACUTE ANXIETY & DELIRIUM STATES | 7563 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9735.57 | | | | 9041 | 9735.57 | case rate | |
| ACUTE ANXIETY & DELIRIUM STATES | 7564 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 25559.97 | | | | 23735 | 25559.97 | case rate | |
| ORGANIC MENTAL HEALTH DISTURBANCES | 7571 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9344.53 | | | | 8677 | 9344.53 | case rate | |
| ORGANIC MENTAL HEALTH DISTURBANCES | 7572 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10762.83 | | | | 9994 | 10762.83 | case rate | |
| ORGANIC MENTAL HEALTH DISTURBANCES | 7573 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13854.86 | | | | 12866 | 13854.86 | case rate | |
| ORGANIC MENTAL HEALTH DISTURBANCES | 7574 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 29343.35 | | | | 27248 | 29343.35 | case rate | |
| BEHAVIORAL DISORDERS | 7581 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 6171.96 | | | | 5731 | 6171.96 | case rate | |
| BEHAVIORAL DISORDERS | 7582 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7335.46 | | | | 6812 | 7335.46 | case rate | |
| BEHAVIORAL DISORDERS | 7583 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12298.09 | | | | 11420 | 12298.09 | case rate | |
| BEHAVIORAL DISORDERS | 7584 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 16252.94 | | | | 15093 | 16252.94 | case rate | |
| EATING DISORDERS | 7591 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 19862.93 | | | | 18259 | 19862.93 | case rate | |
| EATING DISORDERS | 7592 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 20650.65 | | | | 19176 | 20650.65 | case rate | |
| EATING DISORDERS | 7593 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 23140.55 | | | | 21488 | 23140.55 | case rate | |
| EATING DISORDERS | 7594 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 40099.26 | | | | 37236 | 40099.26 | case rate | |
| OTHER MENTAL HEALTH DISORDERS | 7601 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7697.59 | | | | 7148 | 7697.59 | case rate | |
| OTHER MENTAL HEALTH DISORDERS | 7602 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9997.28 | | | | 9284 | 9997.28 | case rate | |
| OTHER MENTAL HEALTH DISORDERS | 7603 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15079.44 | | | | 14003 | 15079.44 | case rate | |
| OTHER MENTAL HEALTH DISORDERS | 7604 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 29070.74 | | | | 26995 | 29070.74 | case rate | |
| DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE | 7701 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 3445.29 | | | | 3199 | 3445.29 | case rate | |
| DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE | 7702 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 4517.16 | | | | 4195 | 4517.16 | case rate | |
| DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE | 7703 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9326.05 | | | | 8660 | 9326.05 | case rate | |
| DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE | 7704 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 27864.27 | | | | 25875 | 27864.27 | case rate | |
| ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY | 7721 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8647.07 | | | | 8030 | 8647.07 | case rate | |
| ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY | 7722 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10152.3 | | | | 9427 | 10152.3 | case rate | |
| ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY | 7723 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11933.47 | | | | 11082 | 11933.47 | case rate | |
| ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY | 7724 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 37019.15 | | | | 34376 | 37019.15 | case rate | |
| OPIOID ABUSE & DEPENDENCE | 7731 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 4089.26 | | | | 3797 | 4089.26 | case rate | |
| OPIOID ABUSE & DEPENDENCE | 7732 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 5229.22 | | | | 4856 | 5229.22 | case rate | |
| OPIOID ABUSE & DEPENDENCE | 7733 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10596.64 | | | | 9840 | 10596.64 | case rate | |
| OPIOID ABUSE & DEPENDENCE | 7734 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 33535.99 | | | | 31142 | 33535.99 | case rate | |
| COCAINE ABUSE & DEPENDENCE | 7741 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 5176.56 | | | | 4807 | 5176.56 | case rate | |
| COCAINE ABUSE & DEPENDENCE | 7742 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 5376.75 | | | | 4993 | 5376.75 | case rate | |
| COCAINE ABUSE & DEPENDENCE | 7743 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10354.61 | | | | 9615 | 10354.61 | case rate | |
| COCAINE ABUSE & DEPENDENCE | 7744 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 37889.92 | | | | 35185 | 37889.92 | case rate | |
| ALCOHOL ABUSE & DEPENDENCE | 7751 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 5021.92 | | | | 4663 | 5021.92 | case rate | |
| ALCOHOL ABUSE & DEPENDENCE | 7752 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7159.86 | | | | 6649 | 7159.86 | case rate | |
| ALCOHOL ABUSE & DEPENDENCE | 7753 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13832.13 | | | | 12659 | 13832.13 | case rate | |
| ALCOHOL ABUSE & DEPENDENCE | 7754 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 39057.22 | | | | 36269 | 39057.22 | case rate | |
| OTHER DRUG ABUSE & DEPENDENCE | 7761 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 4770.74 | | | | 4430 | 4770.74 | case rate | |
| OTHER DRUG ABUSE & DEPENDENCE | 7762 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 6612.69 | | | | 6141 | 6612.69 | case rate | |
| OTHER DRUG ABUSE & DEPENDENCE | 7763 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11652.53 | | | | 10821 | 11652.53 | case rate | |
| OTHER DRUG ABUSE & DEPENDENCE | 7764 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 26876.46 | | | | 24958 | 26876.46 | case rate | |
| O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT | 7911 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14062.81 | | | | 13059 | 14062.81 | case rate | |
| O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT | 7912 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 20645.57 | | | | 19172 | 20645.57 | case rate | |
| O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT | 7913 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 33304.02 | | | | 30926 | 33304.02 | case rate | |
| O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT | 7914 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 72768.63 | | | | 67573 | 72768.63 | case rate | |
| ALLERGIC REACTIONS | 8111 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 4428.75 | | | | 4113 | 4428.75 | case rate | |
| ALLERGIC REACTIONS | 8112 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 6395.04 | | | | 5938 | 6395.04 | case rate | |
| ALLERGIC REACTIONS | 8113 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14001.74 | | | | 13002 | 14001.74 | case rate | |
| ALLERGIC REACTIONS | 8114 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 33548.92 | | | | 31154 | 33548.92 | case rate | |
| POISONING OF MEDICINAL AGENTS | 8121 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 5073.84 | | | | 4712 | 5073.84 | case rate | |
| POISONING OF MEDICINAL AGENTS | 8122 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 6462.77 | | | | 6001 | 6462.77 | case rate | |
| POISONING OF MEDICINAL AGENTS | 8123 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11470 | | | | 10651 | 11470 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
| POISONING OF MEDICINAL AGENTS | 8124 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 26894.75 | | | | 24975 | 26894.75 | case rate | | |
| OTHER COMPLICATIONS OF TREATMENT | 8131 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7369.65 | | | | 6844 | 7369.65 | case rate | | |
| OTHER COMPLICATIONS OF TREATMENT | 8132 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9713.13 | | | | 9020 | 9713.13 | case rate | | |
| OTHER COMPLICATIONS OF TREATMENT | 8133 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14957.87 | | | | 13890 | 14957.87 | case rate | | |
| OTHER COMPLICATIONS OF TREATMENT | 8134 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 32901.25 | | | | 30552 | 32901.25 | case rate | | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES | 8151 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7220.08 | | | | 6705 | 7220.08 | case rate | | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES | 8152 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7668.4 | | | | 7121 | 7668.4 | case rate | | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES | 8153 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13057.44 | | | | 12125 | 13057.44 | case rate | | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES | 8154 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 41685.76 | | | | 38719 | 41685.76 | case rate | | |
| TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES | 8161 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7573.16 | | | | 7032 | 7573.16 | case rate | | |
| TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES | 8162 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8414.65 | | | | 7814 | 8414.65 | case rate | | |
| TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES | 8163 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12183.62 | | | | 11314 | 12183.62 | case rate | | |
| TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES | 8164 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 27922.65 | | | | 25929 | 27922.65 | case rate | | |
| EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT | 8411 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 71432.37 | | | | 66333 | 71432.37 | case rate | | |
| EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT | 8412 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 72666.47 | | | | 67479 | 72666.47 | case rate | | |
| EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT | 8413 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 111822.16 | | | | 103839 | 111822.16 | case rate | | |
| EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT | 8414 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 289306.86 | | | | 268653 | 289306.86 | case rate | | |
| BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS | 8421 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 22217.12 | | | | 20631 | 22217.12 | case rate | | |
| BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS | 8422 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 33313.26 | | | | 30935 | 33313.26 | case rate | | |
| BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS | 8423 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 63742.54 | | | | 59192 | 63742.54 | case rate | | |
| BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS | 8424 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 151613.33 | | | | 140789 | 151613.33 | case rate | | |
| EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT | 8431 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10918.03 | | | | 10139 | 10918.03 | case rate | | |
| EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT | 8432 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15062.53 | | | | 13987 | 15062.53 | case rate | | |
| EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT | 8433 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 27507.96 | | | | 25544 | 27507.96 | case rate | | |
| EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT | 8434 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 74211.05 | | | | 68913 | 74211.05 | case rate | | |
| PARTIAL THICKNESS BURNS W/O SKIN GRAFT | 8441 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 7297.78 | | | | 6777 | 7297.78 | case rate | | |
| PARTIAL THICKNESS BURNS W/O SKIN GRAFT | 8442 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11005.97 | | | | 10220 | 11005.97 | case rate | | |
| PARTIAL THICKNESS BURNS W/O SKIN GRAFT | 8443 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 22406.14 | | | | 20807 | 22406.14 | case rate | | |
| PARTIAL THICKNESS BURNS W/O SKIN GRAFT | 8444 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 63407.47 | | | | 58881 | 63407.47 | case rate | | |
| PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE | 8501 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 22524.75 | | | | 20917 | 22524.75 | case rate | | |
| PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE | 8502 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 28289.03 | | | | 26269 | 28289.03 | case rate | | |
| PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE | 8503 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 38865.81 | | | | 36091 | 38865.81 | case rate | | |
| PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE | 8504 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 71038.37 | | | | 65967 | 71038.37 | case rate | | |
| REHABILITATION | 8601 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12343.08 | | | | 11462 | 12343.08 | case rate | | |
| REHABILITATION | 8602 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 16719.91 | | | | 15526 | 16719.91 | case rate | | |
| REHABILITATION | 8603 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 23024.7 | | | | 21381 | 23024.7 | case rate | | |
| REHABILITATION | 8604 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 31017.17 | | | | 28803 | 31017.17 | case rate | | |
| SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS | 8611 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 6337.4 | | | | 5885 | 6337.4 | case rate | | |
| SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS | 8612 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 8288.64 | | | | 7697 | 8288.64 | case rate | | |
| SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS | 8613 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11849.31 | | | | 11003 | 11849.31 | case rate | | |
| SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS | 8614 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 24941.67 | | | | 23161 | 24941.67 | case rate | | |
| OTHER AFTERCARE & CONVALESCENCE | 8621 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 6129.74 | | | | 5692 | 6129.74 | case rate | | |
| OTHER AFTERCARE & CONVALESCENCE | 8622 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9525.78 | | | | 8846 | 9525.78 | case rate | | |
| OTHER AFTERCARE & CONVALESCENCE | 8623 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13891.82 | | | | 12900 | 13891.82 | case rate | | |
| OTHER AFTERCARE & CONVALESCENCE | 8624 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 22764.57 | | | | 21139 | 22764.57 | case rate | | |
| NEONATAL AFTERCARE | 8631 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11391.19 | | | | 10578 | 11391.19 | case rate | | |
| NEONATAL AFTERCARE | 8632 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 32198.24 | | | | 29900 | 32198.24 | case rate | | |
| NEONATAL AFTERCARE | 8633 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 57640.6 | | | | 53525 | 57640.6 | case rate | | |
| NEONATAL AFTERCARE | 8634 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 137709.33 | | | | 127878 | 137709.33 | case rate | | |
| HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS | 8901 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13578.27 | | | | 12609 | 13578.27 | case rate | | |
| HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS | 8902 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15813.77 | | | | 14685 | 15813.77 | case rate | | |
| HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS | 8903 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 25150.45 | | | | 23355 | 25150.45 | case rate | | |
| HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS | 8904 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 50647.58 | | | | 47032 | 50647.58 | case rate | | |
| HIV W MAJOR HIV RELATED CONDITION | 8921 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 10573.27 | | | | 9818 | 10573.27 | case rate | | |
| HIV W MAJOR HIV RELATED CONDITION | 8922 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 13984 | | | | 12986 | 13984 | case rate | | |
| HIV W MAJOR HIV RELATED CONDITION | 8923 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 18323.43 | | | | 17015 | 18323.43 | case rate | | |
| HIV W MAJOR HIV RELATED CONDITION | 8924 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 35562.79 | | | | 33024 | 35562.79 | case rate | | |
| HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS | 8931 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12583.26 | | | | 11685 | 12583.26 | case rate | | |
| HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS | 8932 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 14307.51 | | | | 13286 | 14307.51 | case rate | | |
| HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS | 8933 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 21824.79 | | | | 20267 | 21824.79 | case rate | | |
| HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS | 8934 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 43794.33 | | | | 40668 | 43794.33 | case rate | | |
| HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND | 8941 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 9697.51 | | | | 9005 | 9697.51 | case rate | | |
| HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND | 8942 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11657.53 | | | | 10825 | 11657.53 | case rate | | |
| HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND | 8943 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 16661.53 | | | | 15472 | 16661.53 | case rate | | |
| HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND | 8944 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 23860.27 | | | | 22157 | 23860.27 | case rate | | |
| CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | 9101 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 45459.01 | | | | 42214 | 45459.01 | case rate | | |
| CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | 9102 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 53915.13 | | | | 50066 | 53915.13 | case rate | | |
| CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | 9103 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 70322.71 | | | | 65302 | 70322.71 | case rate | | |
| CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | 9104 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 145267.24 | | | | 134896 | 145267.24 | case rate | | |
| EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA | 9111 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 25011.87 | | | | 23226 | 25011.87 | case rate | | |
| EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA | 9112 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 32875.57 | | | | 30528 | 32875.57 | case rate | | |
| EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA | 9113 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 44679.98 | | | | 41490 | 44679.98 | case rate | | |
| EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA | 9114 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 106393.3 | | | | 98798 | 106393.3 | case rate | | |
| MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA | 9121 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 30240.64 | | | | 28082 | 30240.64 | case rate | | |
| MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA | 9122 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 33296.26 | | | | 30919 | 33296.26 | case rate | | |
| MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA | 9123 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 54895.83 | | | | 50977 | 54895.83 | case rate | | |
| MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA | 9124 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 105806.88 | | | | 98253 | 105806.88 | case rate | | |
| MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE | 9301 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 11502.89 | | | | 10682 | 11502.89 | case rate | | |
| MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE | 9302 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15475.19 | | | | 14370 | 15475.19 | case rate | | |
| MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE | 9303 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 24381.2 | | | | 22641 | 24381.2 | case rate | | |
| MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE | 9304 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 64545.68 | | | | 59938 | 64545.68 | case rate | | |
| EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9501 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 21779.53 | | | | 20225 | 21779.53 | case rate | | |
| EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9502 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 31980.69 | | | | 29698 | 31980.69 | case rate | | |
| EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9503 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 49715.84 | | | | 46167 | 49715.84 | case rate | | |
| EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9504 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 94715.56 | | | | 87954 | 94715.56 | case rate | | |
| MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9511 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 15466.14 | | | | 14362 | 15466.14 | case rate | | |
| MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9512 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 22091.77 | | | | 20515 | 22091.77 | case rate | | |
| MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9513 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 36284.09 | | | | 33694 | 36284.09 | case rate | | |
| MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9514 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 69353.93 | | | | 64403 | 69353.93 | case rate | | |
| NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9521 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 12306.96 | | | | 11428 | 12306.96 | case rate | | |
| NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9522 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 18313.73 | | | | 17006 | 18313.73 | case rate | | |
| NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9523 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 31087.84 | | | | 28868 | 31087.84 | case rate | | |
| NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS | 9524 | APR-DRG | | | | inpatient | | | | | Wellcare | Medicaid | 58969.38 | | | | 54759 | 58969.38 | case rate | | |
| HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC | 001 | MS-DRG | | | | inpatient | | | | 400195.63 | Aetna | Commercial | 483621.54 | | | | 332710.44 | 1030198.27 | case rate | | |
| HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC | 002 | MS-DRG | | | | inpatient | | | | 140127.09 | Aetna | Commercial | 161465.86 | | | | 111081.44 | 523579.26 | case rate | | |
| ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R. | 003 | MS-DRG | | | | inpatient | | | | 306824.15 | Aetna | Commercial | 300319 | | | | 253139.77 | 713726.68 | case rate | | Case Rate for Days 1-50; Days 51-999 receive per diem at $7,703 |
| TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R. | 004 | MS-DRG | | | | inpatient | | | | 205623.09 | Aetna | Commercial | 242597.97 | | | | 166896.78 | 446428.73 | case rate | | |
| LUNG TRANSPLANT | 007 | MS-DRG | | | | inpatient | | | | 190914.73 | Aetna | Commercial | 224378.23 | | | | 154362.39 | 415463.56 | case rate | | |
| SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT | 008 | MS-DRG | | | | inpatient | | | | 85193.89 | Aetna | Commercial | 93418.25 | | | | 64267.66 | 204747.74 | case rate | | |
| PANCREAS TRANSPLANT | 010 | MS-DRG | | | | inpatient | | | | 120286.33 | Aetna | Commercial | 136888.44 | | | | 76104.35 | 176073.7 | case rate | | |
| TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC | 011 | MS-DRG | | | | inpatient | | | | 84567.41 | Aetna | Commercial | 92642.21 | | | | 63733.78 | 260411 | case rate | | |
| TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC | 012 | MS-DRG | | | | inpatient | | | | 66957.36 | Aetna | Commercial | 70456.43 | | | | 49470.93 | 260411 | case rate | | |
| TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC | 013 | MS-DRG | | | | inpatient | | | | 46508.91 | Aetna | Commercial | 45497.85 | | | | 31300.53 | 260411 | case rate | | |
| ALLOGENEIC BONE MARROW TRANSPLANT | 014 | MS-DRG | | | | inpatient | | | | 191372.12 | Aetna | Commercial | 224944.8 | | | | 154752.17 | 466145.35 | case rate | | |
| AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY | 016 | MS-DRG | | | | inpatient | | | | 93437.89 | Aetna | Commercial | 103630.37 | | | | 71293.15 | 259082.38 | case rate | | |
| AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC | 017 | MS-DRG | | | | inpatient | | | | 93437.89 | Aetna | Commercial | 103630.37 | | | | 71293.15 | 170893.57 | case rate | | |
| CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY | 018 | MS-DRG | | | | inpatient | | | | 532483.55 | Aetna | Commercial | 647491.06 | | | | 445445.49 | 654354.79 | case rate | | |
| SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS | 019 | MS-DRG | | | | inpatient | | | | 119652.92 | Aetna | Commercial | 136103.81 | | | | 93633.46 | 137546.58 | case rate | | |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC | 020 | MS-DRG | | | | inpatient | | | | 121507.41 | Aetna | Commercial | 138401.03 | | | | 95213.84 | 406659.68 | case rate | | |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC | 021 | MS-DRG | | | | inpatient | | | | 83805.11 | Aetna | Commercial | 91697.91 | | | | 63084.15 | 308373.74 | case rate | | |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC | 022 | MS-DRG | | | | inpatient | | | | 48061.24 | Aetna | Commercial | 47420.78 | | | | 32623.42 | 201178.6 | case rate | | |
| CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL | 023 | MS-DRG | | | | inpatient | | | | 88852.96 | Aetna | Commercial | 97950.86 | | | | 67385.9 | 212982.12 | case rate | | |
| CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC | 024 | MS-DRG | | | | inpatient | | | | 62471.61 | Aetna | Commercial | 65271.39 | | | | 44903.86 | 313612.23 | case rate | | |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC | 025 | MS-DRG | | | | inpatient | | | | 71766.2 | Aetna | Commercial | 76784.92 | | | | 52824.66 | 166852.44 | case rate | | |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC | 026 | MS-DRG | | | | inpatient | | | | 52172.15 | Aetna | Commercial | 52513.1 | | | | 36126.72 | 117633.41 | case rate | | |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC | 027 | MS-DRG | | | | inpatient | | | | 43983.59 | Aetna | Commercial | 42369.66 | | | | 29148.47 | 93839.14 | case rate | | |
| SPINAL PROCEDURES W MCC | 028 | MS-DRG | | | | inpatient | | | | 94042.19 | Aetna | Commercial | 104378.94 | | | | 71808.14 | 209654.82 | case rate | | |
| SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS | 029 | MS-DRG | | | | inpatient | | | | 56303.85 | Aetna | Commercial | 57631.18 | | | | 39647.73 | 123094.39 | case rate | | |
| SPINAL PROCEDURES W/O CC/MCC | 030 | MS-DRG | | | | inpatient | | | | 40823.9 | Aetna | Commercial | 38207.89 | | | | 26285.36 | 84867.53 | case rate | | |
| VENTRICULAR SHUNT PROCEDURES W MCC | 031 | MS-DRG | | | | inpatient | | | | 67861.81 | Aetna | Commercial | 71948.41 | | | | 49497.36 | 163162.38 | case rate | | |
| VENTRICULAR SHUNT PROCEDURES W CC | 032 | MS-DRG | | | | inpatient | | | | 35379.26 | Aetna | Commercial | 36666.12 | | | | 25224.68 | 103005.11 | case rate | | |
| VENTRICULAR SHUNT PROCEDURES W/O CC/MCC | 033 | MS-DRG | | | | inpatient | | | | 31893.41 | Aetna | Commercial | 27393.14 | | | | 18845.28 | 169398.47 | case rate | | |
| CAROTID ARTERY STENT PROCEDURE W MCC | 034 | MS-DRG | | | | inpatient | | | | 63677.44 | Aetna | Commercial | 66765.09 | | | | 45931.46 | 279134.99 | case rate | | |
| CAROTID ARTERY STENT PROCEDURE W CC | 035 | MS-DRG | | | | inpatient | | | | 41308.59 | Aetna | Commercial | 39056.04 | | | | 26868.85 | 86607.24 | case rate | | |
| CAROTID ARTERY STENT PROCEDURE W/O CC/MCC | 036 | MS-DRG | | | | inpatient | | | | 35186.57 | Aetna | Commercial | 31472.49 | | | | 21651.7 | 67326.08 | case rate | | |
| EXTRACRANIAL PROCEDURES W MCC | 037 | MS-DRG | | | | inpatient | | | | 55807.66 | Aetna | Commercial | 57016.53 | | | | 39224.88 | 125204.67 | case rate | | |
| EXTRACRANIAL PROCEDURES W CC | 038 | MS-DRG | | | | inpatient | | | | 32112.4 | Aetna | Commercial | 27664.41 | | | | 19031.9 | 65208 | case rate | | |
| EXTRACRANIAL PROCEDURES W/O CC/MCC | 039 | MS-DRG | | | | inpatient | | | | 25555.18 | Aetna | Commercial | 19541.76 | | | | 13443.87 | 44171.53 | case rate | | |
| PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC | 040 | MS-DRG | | | | inpatient | | | | 62061.35 | Aetna | Commercial | 64763.18 | | | | 44554.23 | 153227.3 | case rate | | |
| PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM | 041 | MS-DRG | | | | inpatient | | | | 41078.51 | Aetna | Commercial | 38771.04 | | | | 26672.77 | 91994.11 | case rate | | |
| PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC | 042 | MS-DRG | | | | inpatient | | | | 34140.13 | Aetna | Commercial | 30176.23 | | | | 20759.93 | 102408.62 | case rate | | |
| SPINAL DISORDERS & INJURIES W CC/MCC | 052 | MS-DRG | | | | inpatient | | | | 37673.08 | Aetna | Commercial | 34552.61 | | | | 23770.68 | 80333.48 | case rate | | |
| SPINAL DISORDERS & INJURIES W/O CC/MCC | 053 | MS-DRG | | | | inpatient | | | | 22550.3 | Aetna | Commercial | 15819.52 | | | | 10883.13 | 98314.19 | case rate | | |
| NERVOUS SYSTEM NEOPLASMS W MCC | 054 | MS-DRG | | | | inpatient | | | | 30557.29 | Aetna | Commercial | 25738.05 | | | | 17706.65 | 143596.19 | case rate | | |
| NERVOUS SYSTEM NEOPLASMS W/O MCC | 055 | MS-DRG | | | | inpatient | | | | 24900.98 | Aetna | Commercial | 18731.38 | | | | 12886.37 | 40848.13 | case rate | | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC | 056 | MS-DRG | | | | inpatient | | | | 44486.71 | Aetna | Commercial | 42982.89 | | | | 29577.23 | 82870.37 | case rate | | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC | 057 | MS-DRG | | | | inpatient | | | | 28274.53 | Aetna | Commercial | 22910.31 | | | | 15761.29 | 47155.56 | case rate | | |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC | 058 | MS-DRG | | | | inpatient | | | | 35363.98 | Aetna | Commercial | 31692.26 | | | | 21802.88 | 68636.72 | case rate | | |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC | 059 | MS-DRG | | | | inpatient | | | | 26738.83 | Aetna | Commercial | 21007.99 | | | | 14452.58 | 42886.4 | case rate | | |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC | 060 | MS-DRG | | | | inpatient | | | | 22148.36 | Aetna | Commercial | 15321.62 | | | | 10540.6 | 32481.13 | case rate | | |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC | 061 | MS-DRG | | | | inpatient | | | | 47249.04 | Aetna | Commercial | 46414.67 | | | | 31931.26 | 111080.23 | case rate | | |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC | 062 | MS-DRG | | | | inpatient | | | | 34463.07 | Aetna | Commercial | 30576.27 | | | | 21035.14 | 121708.96 | case rate | | |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC | 063 | MS-DRG | | | | inpatient | | | | 25250.28 | Aetna | Commercial | 24119.01 | | | | 16592.82 | 136083.64 | case rate | | |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC | 064 | MS-DRG | | | | inpatient | | | | 37350.14 | Aetna | Commercial | 34152.57 | | | | 23495.48 | 215326.95 | case rate | | |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS | 065 | MS-DRG | | | | inpatient | | | | 23873.94 | Aetna | Commercial | 17459.16 | | | | 12011.13 | 40235.72 | case rate | | |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC | 066 | MS-DRG | | | | inpatient | | | | 19319.51 | Aetna | Commercial | 11817.42 | | | | 8129.87 | 28350.29 | case rate | | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC | 067 | MS-DRG | | | | inpatient | | | | 29944.68 | Aetna | Commercial | 24979.18 | | | | 17184.58 | 58565.11 | case rate | | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC | 068 | MS-DRG | | | | inpatient | | | | 21997.28 | Aetna | Commercial | 15134.47 | | | | 10411.85 | 35055.59 | case rate | | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TRANSIENT ISCHEMIA W/O THROMBOLYTIC | 069 | MS-DRG | | | | inpatient | | | | 20869.07 | Aetna | Commercial | 13736.92 | | | | 9492.4 | 28859.86 | case rate | |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC | 070 | MS-DRG | | | | inpatient | | | | 33879.56 | Aetna | Commercial | 29853.46 | | | | 20537.87 | 64178.22 | case rate | |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W CC | 071 | MS-DRG | | | | inpatient | | | | 24386.77 | Aetna | Commercial | 18094.41 | | | | 12448.16 | 38453.1 | case rate | |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC | 072 | MS-DRG | | | | inpatient | | | | 20177.45 | Aetna | Commercial | 12880.18 | | | | 8861 | 28943.19 | case rate | |
| CRANIAL & PERIPHERAL NERVE DISORDERS W MCC | 073 | MS-DRG | | | | inpatient | | | | 31201.79 | Aetna | Commercial | 26536.41 | | | | 18255.89 | 55042.78 | case rate | |
| CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC | 074 | MS-DRG | | | | inpatient | | | | 24227.38 | Aetna | Commercial | 17896.97 | | | | 12312.33 | 37988.92 | case rate | |
| VIRAL MENINGITIS W CC/MCC | 075 | MS-DRG | | | | inpatient | | | | 32817.88 | Aetna | Commercial | 28538.31 | | | | 19633.11 | 57792.77 | case rate | |
| VIRAL MENINGITIS W/O CC/MCC | 076 | MS-DRG | | | | inpatient | | | | 22487.93 | Aetna | Commercial | 15742.26 | | | | 10829.98 | 32172.97 | case rate | |
| HYPERTENSIVE ENCEPHALOPATHY W MCC | 077 | MS-DRG | | | | inpatient | | | | 31211.49 | Aetna | Commercial | 26548.42 | | | | 18264.15 | 55538.86 | case rate | |
| HYPERTENSIVE ENCEPHALOPATHY W CC | 078 | MS-DRG | | | | inpatient | | | | 23610.6 | Aetna | Commercial | 17132.95 | | | | 11786.72 | 37840.69 | case rate | |
| HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC | 079 | MS-DRG | | | | inpatient | | | | 18949.44 | Aetna | Commercial | 11359.01 | | | | 7814.5 | 29118.73 | case rate | |
| NONTRAUMATIC STUPOR & COMA W MCC | 080 | MS-DRG | | | | inpatient | | | | 37070.16 | Aetna | Commercial | 33805.76 | | | | 23256.88 | 73286.35 | case rate | |
| NONTRAUMATIC STUPOR & COMA W/O MCC | 081 | MS-DRG | | | | inpatient | | | | 22320.22 | Aetna | Commercial | 15534.51 | | | | 10597.06 | 33335.38 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC | 082 | MS-DRG | | | | inpatient | | | | 41937.84 | Aetna | Commercial | 39835.51 | | | | 27405.09 | 84200.51 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W CC | 083 | MS-DRG | | | | inpatient | | | | 29050.7 | Aetna | Commercial | 23871.78 | | | | 16422.74 | 50514.07 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC | 084 | MS-DRG | | | | inpatient | | | | 23031.25 | Aetna | Commercial | 16415.28 | | | | 11292.99 | 36015.16 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC | 085 | MS-DRG | | | | inpatient | | | | 41186.62 | Aetna | Commercial | 38904.95 | | | | 26764.9 | 85035.26 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W CC | 086 | MS-DRG | | | | inpatient | | | | 27958.52 | Aetna | Commercial | 22518.86 | | | | 15491.99 | 48489.6 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC | 087 | MS-DRG | | | | inpatient | | | | 22031.93 | Aetna | Commercial | 15177.4 | | | | 10441.38 | 32972.62 | case rate | |
| CONCUSSION W MCC | 088 | MS-DRG | | | | inpatient | | | | 26332.06 | Aetna | Commercial | 24220.31 | | | | 16662.51 | 57714.76 | case rate | |
| CONCUSSION W CC | 089 | MS-DRG | | | | inpatient | | | | 24639.02 | Aetna | Commercial | 18406.88 | | | | 12663.13 | 41639.97 | case rate | |
| CONCUSSION W/O CC/MCC | 090 | MS-DRG | | | | inpatient | | | | 21661.87 | Aetna | Commercial | 14718.98 | | | | 10126.02 | 30948.15 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM W MCC | 091 | MS-DRG | | | | inpatient | | | | 35045.2 | Aetna | Commercial | 31297.37 | | | | 21531.22 | 62879.28 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM W CC | 092 | MS-DRG | | | | inpatient | | | | 24453.3 | Aetna | Commercial | 18176.82 | | | | 12504.86 | 36786.3 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC | 093 | MS-DRG | | | | inpatient | | | | 20719.38 | Aetna | Commercial | 13551.49 | | | | 9322.83 | 28779.36 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC | 094 | MS-DRG | | | | inpatient | | | | 60351.01 | Aetna | Commercial | 62644.53 | | | | 43096.69 | 143463.85 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC | 095 | MS-DRG | | | | inpatient | | | | 43005.07 | Aetna | Commercial | 41157.53 | | | | 28314.58 | 92871.77 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC | 096 | MS-DRG | | | | inpatient | | | | 43005.07 | Aetna | Commercial | 41157.53 | | | | 28314.58 | 82343.78 | case rate | |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC | 097 | MS-DRG | | | | inpatient | | | | 59462.57 | Aetna | Commercial | 61544 | | | | 42339.57 | 138041.87 | case rate | |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC | 098 | MS-DRG | | | | inpatient | | | | 39846.35 | Aetna | Commercial | 37244.71 | | | | 25622.73 | 72182.45 | case rate | |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC | 099 | MS-DRG | | | | inpatient | | | | 29090.89 | Aetna | Commercial | 23921.67 | | | | 16458.99 | 49662.01 | case rate | |
| SEIZURES W MCC | 100 | MS-DRG | | | | inpatient | | | | 37296.08 | Aetna | Commercial | 34085.62 | | | | 23449.41 | 70696.29 | case rate | |
| SEIZURES W/O MCC | 101 | MS-DRG | | | | inpatient | | | | 22554.46 | Aetna | Commercial | 15824.67 | | | | 10886.68 | 33908.79 | case rate | |
| HEADACHES W MCC | 102 | MS-DRG | | | | inpatient | | | | 25850.4 | Aetna | Commercial | 19907.46 | | | | 13695.46 | 41991.04 | case rate | |
| HEADACHES W/O MCC | 103 | MS-DRG | | | | inpatient | | | | 21563.46 | Aetna | Commercial | 14597.08 | | | | 10042.15 | 30480.07 | case rate | |
| ORBITAL PROCEDURES W CC/MCC | 113 | MS-DRG | | | | inpatient | | | | 40787.45 | Aetna | Commercial | 38410.49 | | | | 26424.73 | 89821.42 | case rate | |
| ORBITAL PROCEDURES W/O CC/MCC | 114 | MS-DRG | | | | inpatient | | | | 26163.63 | Aetna | Commercial | 20295.47 | | | | 13962.4 | 48957.69 | case rate | |
| EXTRAOCULAR PROCEDURES EXCEPT ORBIT | 115 | MS-DRG | | | | inpatient | | | | 30999.43 | Aetna | Commercial | 26285.74 | | | | 18083.44 | 53131.43 | case rate | |
| INTRAOCULAR PROCEDURES W CC/MCC | 116 | MS-DRG | | | | inpatient | | | | 32906.58 | Aetna | Commercial | 28648.19 | | | | 19708.7 | 66623.96 | case rate | |
| INTRAOCULAR PROCEDURES W/O CC/MCC | 117 | MS-DRG | | | | inpatient | | | | 23808.8 | Aetna | Commercial | 17378.46 | | | | 11955.62 | 39104.52 | case rate | |
| ACUTE MAJOR EYE INFECTIONS W CC/MCC | 121 | MS-DRG | | | | inpatient | | | | 25901.68 | Aetna | Commercial | 19970.98 | | | | 13739.16 | 41320.12 | case rate | |
| ACUTE MAJOR EYE INFECTIONS W/O CC/MCC | 122 | MS-DRG | | | | inpatient | | | | 19180.91 | Aetna | Commercial | 11645.73 | | | | 8011.75 | 27531.14 | case rate | |
| NEUROLOGICAL EYE DISORDERS | 123 | MS-DRG | | | | inpatient | | | | 20912.03 | Aetna | Commercial | 13790.14 | | | | 9487.01 | 29368.37 | case rate | |
| OTHER DISORDERS OF THE EYE W MCC | 124 | MS-DRG | | | | inpatient | | | | 27851.8 | Aetna | Commercial | 22386.66 | | | | 15401.04 | 51930.02 | case rate | |
| OTHER DISORDERS OF THE EYE W/O MCC | 125 | MS-DRG | | | | inpatient | | | | 21223.89 | Aetna | Commercial | 14176.44 | | | | 9752.77 | 31603.47 | case rate | |
| SINUS & MASTOID PROCEDURES W CC/MCC | 135 | MS-DRG | | | | inpatient | | | | 43197.72 | Aetna | Commercial | 41396.18 | | | | 28478.76 | 89645.89 | case rate | |
| SINUS & MASTOID PROCEDURES W/O CC/MCC | 136 | MS-DRG | | | | inpatient | | | | 23337.56 | Aetna | Commercial | 16794.72 | | | | 11554.03 | 47295.99 | case rate | |
| MOUTH PROCEDURES W CC/MCC | 137 | MS-DRG | | | | inpatient | | | | 29164.35 | Aetna | Commercial | 24012.56 | | | | 16519.59 | 53716.54 | case rate | |
| MOUTH PROCEDURES W/O CC/MCC | 138 | MS-DRG | | | | inpatient | | | | 21054.79 | Aetna | Commercial | 13966.98 | | | | 9608.67 | 32968.72 | case rate | |
| SALIVARY GLAND PROCEDURES | 139 | MS-DRG | | | | inpatient | | | | 28809.53 | Aetna | Commercial | 25573.04 | | | | 16217.22 | 45263.72 | case rate | |
| MAJOR HEAD AND NECK PROCEDURES WITH MCC | 140 | MS-DRG | | | | inpatient | | | | 68396.81 | Aetna | Commercial | 72611.13 | | | | 49953.28 | 73380.85 | case rate | |
| MAJOR HEAD AND NECK PROCEDURES WITH CC | 141 | MS-DRG | | | | inpatient | | | | 39558.06 | Aetna | Commercial | 36887.6 | | | | 25377.05 | 37278.62 | case rate | |
| MAJOR HEAD AND NECK PROCEDURES WITHOUT COMPLICATIONS | 142 | MS-DRG | | | | inpatient | | | | 31573.24 | Aetna | Commercial | 26996.54 | | | | 18572.43 | 27454.99 | case rate | |
| OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC | 143 | MS-DRG | | | | inpatient | | | | 55544.32 | Aetna | Commercial | 56690.32 | | | | 39000.46 | 57291.27 | case rate | |
| OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC | 144 | MS-DRG | | | | inpatient | | | | 34127.66 | Aetna | Commercial | 30160.78 | | | | 20749.3 | 30480.5 | case rate | |
| OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC | 145 | MS-DRG | | | | inpatient | | | | 26201.06 | Aetna | Commercial | 20341.83 | | | | 13984.29 | 22783.53 | case rate | |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC | 146 | MS-DRG | | | | inpatient | | | | 41576.09 | Aetna | Commercial | 39387.4 | | | | 27096.81 | 75014.36 | case rate | |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC | 147 | MS-DRG | | | | inpatient | | | | 27032.66 | Aetna | Commercial | 21371.97 | | | | 14702.98 | 48778.25 | case rate | |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC | 148 | MS-DRG | | | | inpatient | | | | 20359.02 | Aetna | Commercial | 13105.1 | | | | 9015.73 | 28233.27 | case rate | |
| DYSEQUILIBRIUM | 149 | MS-DRG | | | | inpatient | | | | 20140.03 | Aetna | Commercial | 12833.83 | | | | 8829.11 | 27737.88 | case rate | |
| EPISTAXIS W MCC | 150 | MS-DRG | | | | inpatient | | | | 28937.04 | Aetna | Commercial | 23730.99 | | | | 16325.88 | 51781.79 | case rate | |
| EPISTAXIS W/O MCC | 151 | MS-DRG | | | | inpatient | | | | 20285.56 | Aetna | Commercial | 13014.1 | | | | 8953.13 | 27453.13 | case rate | |
| OTITIS MEDIA & URI W MCC | 152 | MS-DRG | | | | inpatient | | | | 25508.05 | Aetna | Commercial | 19483.38 | | | | 13403.71 | 40649.19 | case rate | |
| OTITIS MEDIA & URI W/O MCC | 153 | MS-DRG | | | | inpatient | | | | 19643.83 | Aetna | Commercial | 12219.18 | | | | 8406.26 | 27765.18 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC | 154 | MS-DRG | | | | inpatient | | | | 32320.3 | Aetna | Commercial | 27921.94 | | | | 19209.07 | 58423.63 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC | 155 | MS-DRG | | | | inpatient | | | | 22719.39 | Aetna | Commercial | 16028.98 | | | | 11027.24 | 34454.88 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC | 156 | MS-DRG | | | | inpatient | | | | 19099.13 | Aetna | Commercial | 11544.44 | | | | 7942.07 | 25740.72 | case rate | |
| DENTAL & ORAL DISEASES W MCC | 157 | MS-DRG | | | | inpatient | | | | 32475.53 | Aetna | Commercial | 28114.24 | | | | 19341.36 | 65258.71 | case rate | |
| DENTAL & ORAL DISEASES W CC | 158 | MS-DRG | | | | inpatient | | | | 22816.42 | Aetna | Commercial | 16149.16 | | | | 11109.92 | 34727.93 | case rate | |
| DENTAL & ORAL DISEASES W/O CC/MCC | 159 | MS-DRG | | | | inpatient | | | | 18921.72 | Aetna | Commercial | 11324.67 | | | | 7790.88 | 26462.35 | case rate | |
| MAJOR CHEST PROCEDURES W MCC | 163 | MS-DRG | | | | inpatient | | | | 73663.65 | Aetna | Commercial | 79135.35 | | | | 54441.66 | 191887.14 | case rate | |
| MAJOR CHEST PROCEDURES W CC | 164 | MS-DRG | | | | inpatient | | | | 44665.51 | Aetna | Commercial | 43214.37 | | | | 29729.6 | 100205.08 | case rate | |
| MAJOR CHEST PROCEDURES W/O CC/MCC | 165 | MS-DRG | | | | inpatient | | | | 35614.85 | Aetna | Commercial | 32003.02 | | | | 22016.67 | 72256.57 | case rate | |
| OTHER RESP SYSTEM O.R. PROCEDURES W MCC | 166 | MS-DRG | | | | inpatient | | | | 63145.21 | Aetna | Commercial | 66105.8 | | | | 45477.9 | 136446.49 | case rate | |
| OTHER RESP SYSTEM O.R. PROCEDURES W CC | 167 | MS-DRG | | | | inpatient | | | | 35104.8 | Aetna | Commercial | 31371.2 | | | | 21582.01 | 74019.68 | case rate | |
| OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC | 168 | MS-DRG | | | | inpatient | | | | 28544.8 | Aetna | Commercial | 23245.11 | | | | 15991.62 | 52331.79 | case rate | |
| ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM | 173 | MS-DRG | | | | inpatient | | | | 52310.75 | Aetna | Commercial | 52684.79 | | | | 36044.83 | 53243.28 | case rate | |
| PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE | 175 | MS-DRG | | | | inpatient | | | | 29309.88 | Aetna | Commercial | 24192.84 | | | | 16643.61 | 57141.35 | case rate | |
| PULMONARY EMBOLISM W/O MCC | 176 | MS-DRG | | | | inpatient | | | | 21068.65 | Aetna | Commercial | 13984.15 | | | | 9620.48 | 35067.29 | case rate | |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC | 177 | MS-DRG | | | | inpatient | | | | 32184.47 | Aetna | Commercial | 27753.69 | | | | 19093.32 | 71804.09 | case rate | |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W CC | 178 | MS-DRG | | | | inpatient | | | | 23530.21 | Aetna | Commercial | 17033.36 | | | | 11718.21 | 49710.52 | case rate | |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC | 179 | MS-DRG | | | | inpatient | | | | 20447.72 | Aetna | Commercial | 13214.98 | | | | 9091.33 | 35944.95 | case rate | |
| RESPIRATORY NEOPLASMS W MCC | 180 | MS-DRG | | | | inpatient | | | | 34004.3 | Aetna | Commercial | 30007.98 | | | | 20644.17 | 66155.87 | case rate | |
| RESPIRATORY NEOPLASMS W CC | 181 | MS-DRG | | | | inpatient | | | | 25168.48 | Aetna | Commercial | 19062.74 | | | | 13114.33 | 44503.09 | case rate | |
| RESPIRATORY NEOPLASMS W/O CC/MCC | 182 | MS-DRG | | | | inpatient | | | | 21387.44 | Aetna | Commercial | 14379.04 | | | | 9892.15 | 31014.47 | case rate | |
| MAJOR CHEST TRAUMA W MCC | 183 | MS-DRG | | | | inpatient | | | | 31779.76 | Aetna | Commercial | 27252.35 | | | | 18748.43 | 58155.54 | case rate | |
| MAJOR CHEST TRAUMA W CC | 184 | MS-DRG | | | | inpatient | | | | 24583.58 | Aetna | Commercial | 18338.21 | | | | 12615.88 | 39178.63 | case rate | |
| MAJOR CHEST TRAUMA W/O CC/MCC | 185 | MS-DRG | | | | inpatient | | | | 20558.6 | Aetna | Commercial | 13352.33 | | | | 9185.82 | 28564.83 | case rate | |
| PLEURAL EFFUSION W MCC | 186 | MS-DRG | | | | inpatient | | | | 31678.58 | Aetna | Commercial | 27127.02 | | | | 18662.2 | 60831.42 | case rate | |
| PLEURAL EFFUSION W CC | 187 | MS-DRG | | | | inpatient | | | | 23695.15 | Aetna | Commercial | 17237.68 | | | | 11858.77 | 41113.38 | case rate | |
| PLEURAL EFFUSION W/O CC/MCC | 188 | MS-DRG | | | | inpatient | | | | 19955.69 | Aetna | Commercial | 12605.48 | | | | 8672.02 | 29926.17 | case rate | |
| PULMONARY EDEMA & RESPIRATORY FAILURE | 189 | MS-DRG | | | | inpatient | | | | 26930.1 | Aetna | Commercial | 21244.92 | | | | 14615.57 | 48185.35 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC | 190 | MS-DRG | | | | inpatient | | | | 25344.5 | Aetna | Commercial | 19280.79 | | | | 13264.34 | 46445.63 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC | 191 | MS-DRG | | | | inpatient | | | | 21686.82 | Aetna | Commercial | 14749.89 | | | | 10147.28 | 35848.5 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC | 192 | MS-DRG | | | | inpatient | | | | 18749.86 | Aetna | Commercial | 11111.78 | | | | 7644.42 | 28244.97 | case rate | |
| SIMPLE PNEUMONIA & PLEURISY W MCC | 193 | MS-DRG | | | | inpatient | | | | 28043.07 | Aetna | Commercial | 22623.59 | | | | 15564.04 | 51360.52 | case rate | |
| SIMPLE PNEUMONIA & PLEURISY W CC | 194 | MS-DRG | | | | inpatient | | | | 21144.88 | Aetna | Commercial | 14078.58 | | | | 9685.45 | 35114.1 | case rate | |
| SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC | 195 | MS-DRG | | | | inpatient | | | | 18410.28 | Aetna | Commercial | 10891.14 | | | | 7355.03 | 26760.01 | case rate | |
| INTERSTITIAL LUNG DISEASE W MCC | 196 | MS-DRG | | | | inpatient | | | | 35893.44 | Aetna | Commercial | 32348.11 | | | | 22254.08 | 63897.37 | case rate | |
| INTERSTITIAL LUNG DISEASE W CC | 197 | MS-DRG | | | | inpatient | | | | 23501.11 | Aetna | Commercial | 16997.31 | | | | 11693.4 | 39073.31 | case rate | |
| INTERSTITIAL LUNG DISEASE W/O CC/MCC | 198 | MS-DRG | | | | inpatient | | | | 19107.45 | Aetna | Commercial | 11554.74 | | | | 7949.15 | 29586.81 | case rate | |
| PNEUMOTHORAX W MCC | 199 | MS-DRG | | | | inpatient | | | | 34246.86 | Aetna | Commercial | 30308.44 | | | | 20850.88 | 69541.68 | case rate | |
| PNEUMOTHORAX W CC | 200 | MS-DRG | | | | inpatient | | | | 25129.67 | Aetna | Commercial | 19014.67 | | | | 13081.26 | 41924.72 | case rate | |
| PNEUMOTHORAX W/O CC/MCC | 201 | MS-DRG | | | | inpatient | | | | 19164.27 | Aetna | Commercial | 11625.13 | | | | 7997.58 | 27891.99 | case rate | |
| BRONCHITIS & ASTHMA W CC/MCC | 202 | MS-DRG | | | | inpatient | | | | 23178.16 | Aetna | Commercial | 16597.27 | | | | 11418.2 | 38695.65 | case rate | |
| BRONCHITIS & ASTHMA W/O CC/MCC | 203 | MS-DRG | | | | inpatient | | | | 19434.55 | Aetna | Commercial | 11959.93 | | | | 8227.9 | 30775.53 | case rate | |
| RESPIRATORY SIGNS & SYMPTOMS | 204 | MS-DRG | | | | inpatient | | | | 21020.14 | Aetna | Commercial | 13924.06 | | | | 9579.14 | 96731.64 | case rate | |
| OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC | 205 | MS-DRG | | | | inpatient | | | | 35944.72 | Aetna | Commercial | 32411.64 | | | | 22297.79 | 59208.73 | case rate | |
| OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC | 206 | MS-DRG | | | | inpatient | | | | 22334.08 | Aetna | Commercial | 15561.68 | | | | 10998.87 | 33882.54 | case rate | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS | 207 | MS-DRG | | | | inpatient | | | | 99415.76 | Aetna | Commercial | 111035.36 | | | | 49635 | 218302.68 | case rate | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS | 208 | MS-DRG | | | | inpatient | | | | 46977.38 | Aetna | Commercial | 46078.16 | | | | 31699.76 | 95075.66 | case rate | |
| CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES | 212 | MS-DRG | | | | inpatient | | | | 160770.36 | Aetna | Commercial | 187037.37 | | | | 37458 | 189020.06 | case rate | |
| OTHER HEART ASSIST SYSTEM IMPLANT | 215 | MS-DRG | | | | inpatient | | | | 156624.79 | Aetna | Commercial | 181982.12 | | | | 125140.69 | 502648.1 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC | 216 | MS-DRG | | | | inpatient | | | | 143545 | Aetna | Commercial | 166699.74 | | | | 78485 | 383083.85 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC | 217 | MS-DRG | | | | inpatient | | | | 96286.86 | Aetna | Commercial | 110875.69 | | | | 76277.62 | 248193.74 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC | 218 | MS-DRG | | | | inpatient | | | | 92237.6 | Aetna | Commercial | 102143.53 | | | | 70270.28 | 230348.04 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC | 219 | MS-DRG | | | | inpatient | | | | 117022.27 | Aetna | Commercial | 132845.14 | | | | 57338 | 300026.24 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC | 220 | MS-DRG | | | | inpatient | | | | 83162.49 | Aetna | Commercial | 90939.04 | | | | 57338 | 203043.14 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC | 221 | MS-DRG | | | | inpatient | | | | 73433.58 | Aetna | Commercial | 78850.35 | | | | 17199 | 179720.85 | case rate | |
| OTHER CARDIOTHORACIC PROCEDURES W MCC | 228 | MS-DRG | | | | inpatient | | | | 78848.73 | Aetna | Commercial | 85558.28 | | | | 58860.35 | 256517.83 | case rate | |
| OTHER CARDIOTHORACIC PROCEDURES W/O MCC | 229 | MS-DRG | | | | inpatient | | | | 52833.28 | Aetna | Commercial | 53332.06 | | | | 36690.12 | 181320.14 | case rate | |
| CORONARY BYPASS W PTCA W MCC | 231 | MS-DRG | | | | inpatient | | | | 127228.86 | Aetna | Commercial | 145488.39 | | | | 19424 | 327615.89 | case rate | |
| CORONARY BYPASS W PTCA W/O MCC | 232 | MS-DRG | | | | inpatient | | | | 94446.91 | Aetna | Commercial | 104880.27 | | | | 27830 | 240298.72 | case rate | |
| CORONARY BYPASS W CARDIAC CATH W MCC | 233 | MS-DRG | | | | inpatient | | | | 118115.83 | Aetna | Commercial | 134199.77 | | | | 53769 | 297823.76 | case rate | |
| CORONARY BYPASS W CARDIAC CATH W/O MCC | 234 | MS-DRG | | | | inpatient | | | | 83518.2 | Aetna | Commercial | 91342.51 | | | | 62839.65 | 200776.83 | case rate | |
| CORONARY BYPASS W/O CARDIAC CATH W MCC | 235 | MS-DRG | | | | inpatient | | | | 91335.31 | Aetna | Commercial | 101025.83 | | | | 47567 | 226626.77 | case rate | |
| CORONARY BYPASS W/O CARDIAC CATH W/O MCC | 236 | MS-DRG | | | | inpatient | | | | 66773.79 | Aetna | Commercial | 70600.64 | | | | 33990 | 153153.18 | case rate | |
| AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC | 239 | MS-DRG | | | | inpatient | | | | 79591.63 | Aetna | Commercial | 86478.54 | | | | 59493.45 | 183695.67 | case rate | |
| AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC | 240 | MS-DRG | | | | inpatient | | | | 50143.03 | Aetna | Commercial | 49999.56 | | | | 34397.51 | 107070.31 | case rate | |
| AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC | 241 | MS-DRG | | | | inpatient | | | | 30706.98 | Aetna | Commercial | 25923.47 | | | | 15559 | 62255.17 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W MCC | 242 | MS-DRG | | | | inpatient | | | | 56793.12 | Aetna | Commercial | 58237.25 | | | | 20528 | 145765.26 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W CC | 243 | MS-DRG | | | | inpatient | | | | 41003.67 | Aetna | Commercial | 38678.32 | | | | 19748 | 99635.58 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC | 244 | MS-DRG | | | | inpatient | | | | 34792.95 | Aetna | Commercial | 30984.89 | | | | 19748 | 91806.34 | case rate | |
| AICD GENERATOR PROCEDURES | 245 | MS-DRG | | | | inpatient | | | | 77511.22 | Aetna | Commercial | 83901.47 | | | | 57720.54 | 195506.98 | case rate | |
| PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC | 250 | MS-DRG | | | | inpatient | | | | 41832.5 | Aetna | Commercial | 39705.03 | | | | 27315.32 | 100903.31 | case rate | |
| PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC | 251 | MS-DRG | | | | inpatient | | | | 31437.41 | Aetna | Commercial | 26828.28 | | | | 19456.68 | 65445.94 | case rate | |
| OTHER VASCULAR PROCEDURES W MCC | 252 | MS-DRG | | | | inpatient | | | | 57325.34 | Aetna | Commercial | 58896.54 | | | | 40518.24 | 127155.02 | case rate | |
| OTHER VASCULAR PROCEDURES W CC | 253 | MS-DRG | | | | inpatient | | | | 45164.47 | Aetna | Commercial | 43832.46 | | | | 30154.81 | 101195.86 | case rate | |
| OTHER VASCULAR PROCEDURES W/O CC/MCC | 254 | MS-DRG | | | | inpatient | | | | 34026.48 | Aetna | Commercial | 30035.45 | | | | 20983.07 | 70802.67 | case rate | |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC | 255 | MS-DRG | | | | inpatient | | | | 46044.59 | Aetna | Commercial | 44922.69 | | | | 30904.84 | 99089.48 | case rate | |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC | 256 | MS-DRG | | | | inpatient | | | | 33254.47 | Aetna | Commercial | 29079.14 | | | | 20005.17 | 68211.54 | case rate | |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC | 257 | MS-DRG | | | | inpatient | | | | 20765.12 | Aetna | Commercial | 13608.15 | | | | 9361.81 | 43925.78 | case rate | |
| CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC | 258 | MS-DRG | | | | inpatient | | | | 48664.15 | Aetna | Commercial | 48167.63 | | | | 15797 | 116584.12 | case rate | |
| CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC | 259 | MS-DRG | | | | inpatient | | | | 34141.52 | Aetna | Commercial | 30177.95 | | | | 15797 | 81797.68 | case rate | |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC | 260 | MS-DRG | | | | inpatient | | | | 56989.93 | Aetna | Commercial | 58481.05 | | | | 12982 | 141185.84 | case rate | |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC | 261 | MS-DRG | | | | inpatient | | | | 36080.55 | Aetna | Commercial | 32579.89 | | | | 12982 | 77694.14 | case rate | |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC | 262 | MS-DRG | | | | inpatient | | | | 30816.48 | Aetna | Commercial | 26059.11 | | | | 12982 | 63616.52 | case rate | |
| VEIN LIGATION & STRIPPING | 263 | MS-DRG | | | | inpatient | | | | 46953.82 | Aetna | Commercial | 46048.97 | | | | 31679.68 | 93312.55 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| OTHER CIRCULATORY SYSTEM O.R. PROCEDURES | 264 | MS-DRG | | | | inpatient | | | | 58222.09 | Aetna | Commercial | 60007.37 | | | | 41282.44 | 122307.51 | case rate | |
| AICD LEAD PROCEDURES | 265 | MS-DRG | | | | inpatient | | | | 59221.41 | Aetna | Commercial | 61245.26 | | | | 42134.05 | 121573.12 | case rate | |
| ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC | 266 | MS-DRG | | | | inpatient | | | | 92812.8 | Aetna | Commercial | 102856.05 | | | | 70760.45 | 280518.84 | case rate | |
| ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC | 267 | MS-DRG | | | | inpatient | | | | 74987.3 | Aetna | Commercial | 80774.99 | | | | 55569.66 | 228116.84 | case rate | |
| AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC | 268 | MS-DRG | | | | inpatient | | | | 102193.33 | Aetna | Commercial | 114476.02 | | | | 78754.49 | 261491.23 | case rate | |
| AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC | 269 | MS-DRG | | | | inpatient | | | | 67447.39 | Aetna | Commercial | 71435.06 | | | | 49144.19 | 161914.16 | case rate | |
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC | 270 | MS-DRG | | | | inpatient | | | | 80923.59 | Aetna | Commercial | 88128.48 | | | | 60628.53 | 197441.73 | case rate | |
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC | 271 | MS-DRG | | | | inpatient | | | | 57519.39 | Aetna | Commercial | 59136.9 | | | | 40663.6 | 136282.66 | case rate | |
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC | 272 | MS-DRG | | | | inpatient | | | | 44460.38 | Aetna | Commercial | 42960.27 | | | | 29564.79 | 102124.23 | case rate | |
| PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC | 273 | MS-DRG | | | | inpatient | | | | 63976.82 | Aetna | Commercial | 67135.94 | | | | 46186.59 | 142473.07 | case rate | |
| PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC | 274 | MS-DRG | | | | inpatient | | | | 53037.02 | Aetna | Commercial | 53584.45 | | | | 36863.75 | 116174.55 | case rate | |
| CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC | 275 | MS-DRG | | | | inpatient | | | | 107729.06 | Aetna | Commercial | 121333.32 | | | | 83472.01 | 122619.52 | case rate | |
| CARDIAC DEFIBRILLATOR IMPLANT WITH MCC | 276 | MS-DRG | | | | inpatient | | | | 95634.72 | Aetna | Commercial | 106351.65 | | | | 73165.28 | 107479.93 | case rate | |
| CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC | 277 | MS-DRG | | | | inpatient | | | | 74255.48 | Aetna | Commercial | 79868.47 | | | | 54946.01 | 80715.12 | case rate | |
| ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC | 278 | MS-DRG | | | | inpatient | | | | 79125.93 | Aetna | Commercial | 85901.66 | | | | 59096.58 | 86812.26 | case rate | |
| ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC | 279 | MS-DRG | | | | inpatient | | | | 54192.96 | Aetna | Commercial | 55016.34 | | | | 37848.83 | 55599.54 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC | 280 | MS-DRG | | | | inpatient | | | | 32529.59 | Aetna | Commercial | 28181.2 | | | | 19387.43 | 64638.5 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC | 281 | MS-DRG | | | | inpatient | | | | 22555.84 | Aetna | Commercial | 15826.38 | | | | 10887.86 | 38211.26 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC | 282 | MS-DRG | | | | inpatient | | | | 19829.56 | Aetna | Commercial | 12449.24 | | | | 8564.53 | 29216.24 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC | 283 | MS-DRG | | | | inpatient | | | | 36881.67 | Aetna | Commercial | 33572.26 | | | | 23098.25 | 70395.93 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC | 284 | MS-DRG | | | | inpatient | | | | 20049.94 | Aetna | Commercial | 12722.23 | | | | 8752.34 | 29902.77 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC | 285 | MS-DRG | | | | inpatient | | | | 17560.66 | Aetna | Commercial | 9638.68 | | | | 6630.99 | 23263.77 | case rate | |
| CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC | 286 | MS-DRG | | | | inpatient | | | | 40456.19 | Aetna | Commercial | 38000.15 | | | | 13521 | 85066.47 | case rate | |
| CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC | 287 | MS-DRG | | | | inpatient | | | | 24882.96 | Aetna | Commercial | 18709.06 | | | | 9969 | 44425.07 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS W MCC | 288 | MS-DRG | | | | inpatient | | | | 47638.51 | Aetna | Commercial | 46897.12 | | | | 32263.17 | 105088.76 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS W CC | 289 | MS-DRG | | | | inpatient | | | | 31632.84 | Aetna | Commercial | 27070.36 | | | | 18623.22 | 66698.07 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC | 290 | MS-DRG | | | | inpatient | | | | 23348.64 | Aetna | Commercial | 16808.45 | | | | 11563.48 | 39451.68 | case rate | |
| HEART FAILURE & SHOCK W MCC | 291 | MS-DRG | | | | inpatient | | | | 27864.27 | Aetna | Commercial | 22402.11 | | | | 15411.67 | 52480.02 | case rate | |
| HEART FAILURE & SHOCK W CC | 292 | MS-DRG | | | | inpatient | | | | 21715.92 | Aetna | Commercial | 14785.94 | | | | 10172.08 | 35878.64 | case rate | |
| HEART FAILURE & SHOCK W/O CC/MCC | 293 | MS-DRG | | | | inpatient | | | | 17384.63 | Aetna | Commercial | 9420.63 | | | | 6480.98 | 25963.06 | case rate | |
| DEEP VEIN THROMBOPHLEBITIS W CC/MCC | 294 | MS-DRG | | | | inpatient | | | | 26799.81 | Aetna | Commercial | 21083.53 | | | | 14504.55 | 45279.33 | case rate | |
| DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC | 295 | MS-DRG | | | | inpatient | | | | 20726.31 | Aetna | Commercial | 13560.08 | | | | 9294.92 | 21504.56 | case rate | |
| CARDIAC ARREST, UNEXPLAINED W MCC | 296 | MS-DRG | | | | inpatient | | | | 32488.01 | Aetna | Commercial | 28129.69 | | | | 19351.99 | 59895.25 | case rate | |
| CARDIAC ARREST, UNEXPLAINED W CC | 297 | MS-DRG | | | | inpatient | | | | 19542.65 | Aetna | Commercial | 12093.84 | | | | 8320.03 | 25448.17 | case rate | |
| CARDIAC ARREST, UNEXPLAINED W/O CC/MCC | 298 | MS-DRG | | | | inpatient | | | | 15901.6 | Aetna | Commercial | 7583.55 | | | | 5217.15 | 18820.88 | case rate | |
| PERIPHERAL VASCULAR DISORDERS W MCC | 299 | MS-DRG | | | | inpatient | | | | 32199.72 | Aetna | Commercial | 27772.57 | | | | 19106.31 | 56575.75 | case rate | |
| PERIPHERAL VASCULAR DISORDERS W CC | 300 | MS-DRG | | | | inpatient | | | | 24618.23 | Aetna | Commercial | 18381.13 | | | | 12645.41 | 39931.47 | case rate | |
| PERIPHERAL VASCULAR DISORDERS W/O CC/MCC | 301 | MS-DRG | | | | inpatient | | | | 19667.4 | Aetna | Commercial | 12248.36 | | | | 8426.34 | 28326.88 | case rate | |
| ATHEROSCLEROSIS W MCC | 302 | MS-DRG | | | | inpatient | | | | 25903.06 | Aetna | Commercial | 19972.7 | | | | 13740.34 | 47717.99 | case rate | |
| ATHEROSCLEROSIS W/O MCC | 303 | MS-DRG | | | | inpatient | | | | 19099.13 | Aetna | Commercial | 11544.44 | | | | 7942.07 | 25959.16 | case rate | |
| HYPERTENSION W MCC | 304 | MS-DRG | | | | inpatient | | | | 26062.46 | Aetna | Commercial | 20170.14 | | | | 13876.17 | 42170.47 | case rate | |
| HYPERTENSION W/O MCC | 305 | MS-DRG | | | | inpatient | | | | 20184.38 | Aetna | Commercial | 12888.77 | | | | 8866.91 | 28081.14 | case rate | |
| CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC | 306 | MS-DRG | | | | inpatient | | | | 30533.73 | Aetna | Commercial | 25708.86 | | | | 17686.57 | 54953.06 | case rate | |
| CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC | 307 | MS-DRG | | | | inpatient | | | | 22619.6 | Aetna | Commercial | 15905.36 | | | | 10942.19 | 33389.99 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC | 308 | MS-DRG | | | | inpatient | | | | 26453.51 | Aetna | Commercial | 20704.1 | | | | 14243.51 | 46948.83 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC | 309 | MS-DRG | | | | inpatient | | | | 20026.37 | Aetna | Commercial | 12893.04 | | | | 8732.26 | 29781.84 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC | 310 | MS-DRG | | | | inpatient | | | | 17534.32 | Aetna | Commercial | 9606.06 | | | | 6608.55 | 21933.64 | case rate | |
| ANGINA PECTORIS | 311 | MS-DRG | | | | inpatient | | | | 19458.11 | Aetna | Commercial | 11989.11 | | | | 8247.98 | 26805.61 | case rate | |
| SYNCOPE & COLLAPSE | 312 | MS-DRG | | | | inpatient | | | | 21855.91 | Aetna | Commercial | 14959.35 | | | | 10291.38 | 31264.11 | case rate | |
| CHEST PAIN | 313 | MS-DRG | | | | inpatient | | | | 19667.4 | Aetna | Commercial | 12248.36 | | | | 8426.34 | 27589.65 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC | 314 | MS-DRG | | | | inpatient | | | | 39627.36 | Aetna | Commercial | 36973.44 | | | | 25436.11 | 78915.06 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W CC | 315 | MS-DRG | | | | inpatient | | | | 23117.18 | Aetna | Commercial | 16521.73 | | | | 11366.23 | 37286.79 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC | 316 | MS-DRG | | | | inpatient | | | | 19241.89 | Aetna | Commercial | 11721.28 | | | | 8063.72 | 29305.96 | case rate | |
| OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC | 319 | MS-DRG | | | | inpatient | | | | 79664.32 | Aetna | Commercial | 75419.98 | | | | 51885.65 | 176219.47 | case rate | |
| OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC | 320 | MS-DRG | | | | inpatient | | | | 41862.99 | Aetna | Commercial | 39742.8 | | | | 27341.31 | 40164.09 | case rate | |
| PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUM | 321 | MS-DRG | | | | inpatient | | | | 49236.58 | Aetna | Commercial | 48876.71 | | | | 33625.04 | 49394.83 | case rate | |
| PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC | 322 | MS-DRG | | | | inpatient | | | | 34855.32 | Aetna | Commercial | 31062.15 | | | | 21369.4 | 31391.43 | case rate | |
| CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC | 323 | MS-DRG | | | | inpatient | | | | 68815.38 | Aetna | Commercial | 73129.64 | | | | 50309.99 | 73904.85 | case rate | |
| CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC | 324 | MS-DRG | | | | inpatient | | | | 54064.06 | Aetna | Commercial | 54856.67 | | | | 37738.99 | 55438.18 | case rate | |
| CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE | 325 | MS-DRG | | | | inpatient | | | | 49448.64 | Aetna | Commercial | 49139.39 | | | | 33805.75 | 49660.3 | case rate | |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC | 326 | MS-DRG | | | | inpatient | | | | 80175.14 | Aetna | Commercial | 87231.35 | | | | 59990.71 | 205016.89 | case rate | |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W CC | 327 | MS-DRG | | | | inpatient | | | | 43433.35 | Aetna | Commercial | 41688.05 | | | | 28679.55 | 96905.09 | case rate | |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC | 328 | MS-DRG | | | | inpatient | | | | 31865.69 | Aetna | Commercial | 27358.8 | | | | 18821.66 | 60152.69 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC | 329 | MS-DRG | | | | inpatient | | | | 73423.87 | Aetna | Commercial | 78838.33 | | | | 54237.32 | 194750.25 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES W CC | 330 | MS-DRG | | | | inpatient | | | | 42540.75 | Aetna | Commercial | 40582.37 | | | | 27918.89 | 98426.36 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC | 331 | MS-DRG | | | | inpatient | | | | 32662.65 | Aetna | Commercial | 28346.02 | | | | 19500.82 | 66105.16 | case rate | |
| RECTAL RESECTION W MCC | 332 | MS-DRG | | | | inpatient | | | | 57856.19 | Aetna | Commercial | 59554.11 | | | | 40970.62 | 132553.59 | case rate | |
| RECTAL RESECTION W CC | 333 | MS-DRG | | | | inpatient | | | | 39236.5 | Aetna | Commercial | 36489.28 | | | | 25103.02 | 75197.69 | case rate | |
| RECTAL RESECTION W/O CC/MCC | 334 | MS-DRG | | | | inpatient | | | | 32767.98 | Aetna | Commercial | 28476.5 | | | | 19590.59 | 50950.94 | case rate | |
| PERITONEAL ADHESIOLYSIS W MCC | 335 | MS-DRG | | | | inpatient | | | | 60000.35 | Aetna | Commercial | 62210.15 | | | | 42797.86 | 158446.43 | case rate | |
| PERITONEAL ADHESIOLYSIS W CC | 336 | MS-DRG | | | | inpatient | | | | 39056.32 | Aetna | Commercial | 36266.08 | | | | 24949.47 | 89645.89 | case rate | |
| PERITONEAL ADHESIOLYSIS W/O CC/MCC | 337 | MS-DRG | | | | inpatient | | | | 31056.26 | Aetna | Commercial | 26356.13 | | | | 18131.86 | 62539.92 | case rate | |
| MINOR SMALL & LARGE BOWEL PROCEDURES W MCC | 344 | MS-DRG | | | | inpatient | | | | 47125.68 | Aetna | Commercial | 46261.87 | | | | 31826.14 | 116521.71 | case rate | |
| MINOR SMALL & LARGE BOWEL PROCEDURES W CC | 345 | MS-DRG | | | | inpatient | | | | 30413.15 | Aetna | Commercial | 25559.49 | | | | 17583.81 | 63877.86 | case rate | |
| MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC | 346 | MS-DRG | | | | inpatient | | | | 27039.59 | Aetna | Commercial | 21380.56 | | | | 14708.89 | 48236.06 | case rate | |
| ANAL & STOMAL PROCEDURES W MCC | 347 | MS-DRG | | | | inpatient | | | | 42583.72 | Aetna | Commercial | 40635.59 | | | | 27955.51 | 94049.78 | case rate | |
| ANAL & STOMAL PROCEDURES W CC | 348 | MS-DRG | | | | inpatient | | | | 27228.09 | Aetna | Commercial | 21614.05 | | | | 14869.52 | 54609.8 | case rate | |
| ANAL & STOMAL PROCEDURES W/O CC/MCC | 349 | MS-DRG | | | | inpatient | | | | 21988.97 | Aetna | Commercial | 15124.17 | | | | 10404.77 | 37044.95 | case rate | |
| INGUINAL & FEMORAL HERNIA PROCEDURES W MCC | 350 | MS-DRG | | | | inpatient | | | | 43303.06 | Aetna | Commercial | 41526.66 | | | | 28568.52 | 95430.63 | case rate | |
| INGUINAL & FEMORAL HERNIA PROCEDURES W CC | 351 | MS-DRG | | | | inpatient | | | | 30632.14 | Aetna | Commercial | 25830.76 | | | | 17770.43 | 59514.4 | case rate | |
| INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC | 352 | MS-DRG | | | | inpatient | | | | 25061.75 | Aetna | Commercial | 18930.54 | | | | 13023.38 | 41093.87 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC | 353 | MS-DRG | | | | inpatient | | | | 50431.32 | Aetna | Commercial | 50356.68 | | | | 34643.19 | 115590.86 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC | 354 | MS-DRG | | | | inpatient | | | | 33357.04 | Aetna | Commercial | 29206.19 | | | | 20092.58 | 67521.12 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC | 355 | MS-DRG | | | | inpatient | | | | 28257.9 | Aetna | Commercial | 22889.71 | | | | 15747.12 | 52846.68 | case rate | |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC | 356 | MS-DRG | | | | inpatient | | | | 68902.7 | Aetna | Commercial | 73237.8 | | | | 50384.4 | 165080.13 | case rate | |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC | 357 | MS-DRG | | | | inpatient | | | | 40952.58 | Aetna | Commercial | 38664.59 | | | | 26599.54 | 83346.26 | case rate | |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC | 358 | MS-DRG | | | | inpatient | | | | 28561.44 | Aetna | Commercial | 23265.71 | | | | 16005.79 | 52593.14 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS W MCC | 368 | MS-DRG | | | | inpatient | | | | 32925.99 | Aetna | Commercial | 28672.23 | | | | 19725.24 | 75829.61 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS W CC | 369 | MS-DRG | | | | inpatient | | | | 23883.64 | Aetna | Commercial | 17471.17 | | | | 12019.4 | 43250.96 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC | 370 | MS-DRG | | | | inpatient | | | | 19453.95 | Aetna | Commercial | 11983.96 | | | | 8244.44 | 28993.9 | case rate | |
| MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC | 371 | MS-DRG | | | | inpatient | | | | 34007.08 | Aetna | Commercial | 30011.41 | | | | 20646.54 | 67825.37 | case rate | |
| MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC | 372 | MS-DRG | | | | inpatient | | | | 24045.81 | Aetna | Commercial | 17672.05 | | | | 12157.6 | 40504.87 | case rate | |
| MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC | 373 | MS-DRG | | | | inpatient | | | | 19833.72 | Aetna | Commercial | 12454.39 | | | | 8568.08 | 29551.7 | case rate | |
| DIGESTIVE MALIGNANCY W MCC | 374 | MS-DRG | | | | inpatient | | | | 38043.84 | Aetna | Commercial | 36250.63 | | | | 24938.84 | 80549.46 | case rate | |
| DIGESTIVE MALIGNANCY W CC | 375 | MS-DRG | | | | inpatient | | | | 26805.52 | Aetna | Commercial | 21095.55 | | | | 14512.81 | 47069.75 | case rate | |
| DIGESTIVE MALIGNANCY W/O CC/MCC | 376 | MS-DRG | | | | inpatient | | | | 22018.07 | Aetna | Commercial | 15160.23 | | | | 10429.57 | 35718.71 | case rate | |
| G.I. HEMORRHAGE W MCC | 377 | MS-DRG | | | | inpatient | | | | 34980.06 | Aetna | Commercial | 31216.68 | | | | 21475.71 | 69775.72 | case rate | |
| G.I. HEMORRHAGE W CC | 378 | MS-DRG | | | | inpatient | | | | 23444.28 | Aetna | Commercial | 16926.92 | | | | 11644.98 | 38628.63 | case rate | |
| G.I. HEMORRHAGE W/O CC/MCC | 379 | MS-DRG | | | | inpatient | | | | 18604.32 | Aetna | Commercial | 10931.5 | | | | 7520.39 | 25479.37 | case rate | |
| COMPLICATED PEPTIC ULCER W MCC | 380 | MS-DRG | | | | inpatient | | | | 36450.62 | Aetna | Commercial | 33038.31 | | | | 22728.91 | 75907.62 | case rate | |
| COMPLICATED PEPTIC ULCER W CC | 381 | MS-DRG | | | | inpatient | | | | 24674.64 | Aetna | Commercial | 19698.76 | | | | 12863.93 | 42712.67 | case rate | |
| COMPLICATED PEPTIC ULCER W/O CC/MCC | 382 | MS-DRG | | | | inpatient | | | | 20164.97 | Aetna | Commercial | 12864.73 | | | | 8850.37 | 29949.57 | case rate | |
| UNCOMPLICATED PEPTIC ULCER W MCC | 383 | MS-DRG | | | | inpatient | | | | 27301.55 | Aetna | Commercial | 21705.05 | | | | 14932.12 | 52698.46 | case rate | |
| UNCOMPLICATED PEPTIC ULCER W/O MCC | 384 | MS-DRG | | | | inpatient | | | | 21832.35 | Aetna | Commercial | 14930.16 | | | | 10271.3 | 33362.69 | case rate | |
| INFLAMMATORY BOWEL DISEASE W MCC | 385 | MS-DRG | | | | inpatient | | | | 32299.51 | Aetna | Commercial | 27896.19 | | | | 19191.36 | 66229.99 | case rate | |
| INFLAMMATORY BOWEL DISEASE W CC | 386 | MS-DRG | | | | inpatient | | | | 23535.76 | Aetna | Commercial | 17040.23 | | | | 11722.93 | 38230.76 | case rate | |
| INFLAMMATORY BOWEL DISEASE W/O CC/MCC | 387 | MS-DRG | | | | inpatient | | | | 19070.02 | Aetna | Commercial | 11508.38 | | | | 7917.26 | 27176.18 | case rate | |
| G.I. OBSTRUCTION W MCC | 388 | MS-DRG | | | | inpatient | | | | 30152.58 | Aetna | Commercial | 25236.71 | | | | 17361.75 | 59708.01 | case rate | |
| G.I. OBSTRUCTION W CC | 389 | MS-DRG | | | | inpatient | | | | 20899.86 | Aetna | Commercial | 13762.67 | | | | 9468.11 | 32890.7 | case rate | |
| G.I. OBSTRUCTION W/O CC/MCC | 390 | MS-DRG | | | | inpatient | | | | 17363.84 | Aetna | Commercial | 9394.88 | | | | 6463.26 | 23053.14 | case rate | |
| ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC | 391 | MS-DRG | | | | inpatient | | | | 27582.91 | Aetna | Commercial | 22053.58 | | | | 15171.9 | 47647.05 | case rate | |
| ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC | 392 | MS-DRG | | | | inpatient | | | | 20594.64 | Aetna | Commercial | 13396.97 | | | | 9216.53 | 29465.89 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC | 393 | MS-DRG | | | | inpatient | | | | 32731.95 | Aetna | Commercial | 28431.86 | | | | 19559.88 | 63982.83 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES W CC | 394 | MS-DRG | | | | inpatient | | | | 22826.12 | Aetna | Commercial | 16161.18 | | | | 11118.18 | 36709.49 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC | 395 | MS-DRG | | | | inpatient | | | | 18600.17 | Aetna | Commercial | 10926.35 | | | | 7516.85 | 26388.24 | case rate | |
| APPENDIX PROCEDURES WITH MCC | 397 | MS-DRG | | | | inpatient | | | | 41122.19 | Aetna | Commercial | 42541.35 | | | | 29266.58 | 42992.31 | case rate | |
| APPENDIX PROCEDURES WITH CC | 398 | MS-DRG | | | | inpatient | | | | 30762.72 | Aetna | Commercial | 25980.13 | | | | 17873.19 | 26741.5 | case rate | |
| APPENDIX PROCEDURES WITHOUT CC/MCC | 399 | MS-DRG | | | | inpatient | | | | 25355.59 | Aetna | Commercial | 19294.52 | | | | 13273.79 | 22048.34 | case rate | |
| PANCREAS, LIVER & SHUNT PROCEDURES W MCC | 405 | MS-DRG | | | | inpatient | | | | 85022.02 | Aetna | Commercial | 93205.35 | | | | 64121.2 | 209822.55 | case rate | |
| PANCREAS, LIVER & SHUNT PROCEDURES W CC | 406 | MS-DRG | | | | inpatient | | | | 48704.35 | Aetna | Commercial | 48217.42 | | | | 33171.47 | 110491.23 | case rate | |
| PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC | 407 | MS-DRG | | | | inpatient | | | | 39382.03 | Aetna | Commercial | 36869.55 | | | | 25227.04 | 78279.25 | case rate | |
| BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC | 408 | MS-DRG | | | | inpatient | | | | 58308.03 | Aetna | Commercial | 60113.82 | | | | 41355.67 | 157841.83 | case rate | |
| BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC | 409 | MS-DRG | | | | inpatient | | | | 38837.33 | Aetna | Commercial | 35994.81 | | | | 24762.85 | 90601.56 | case rate | |
| BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC | 410 | MS-DRG | | | | inpatient | | | | 31278.02 | Aetna | Commercial | 26630.84 | | | | 18320.85 | 64462.97 | case rate | |
| CHOLECYSTECTOMY W C.D.E. W MCC | 411 | MS-DRG | | | | inpatient | | | | 47387.64 | Aetna | Commercial | 46586.36 | | | | 10482 | 159953.89 | case rate | |
| CHOLECYSTECTOMY W C.D.E. W CC | 412 | MS-DRG | | | | inpatient | | | | 39323.82 | Aetna | Commercial | 36597.44 | | | | 11647 | 92910.77 | case rate | |
| CHOLECYSTECTOMY W C.D.E. W/O CC/MCC | 413 | MS-DRG | | | | inpatient | | | | 32822.04 | Aetna | Commercial | 28543.46 | | | | 15908 | 65773.6 | case rate | |
| CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC | 414 | MS-DRG | | | | inpatient | | | | 58342.68 | Aetna | Commercial | 60156.74 | | | | 28270 | 139535.84 | case rate | |
| CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC | 415 | MS-DRG | | | | inpatient | | | | 37196.29 | Aetna | Commercial | 33962 | | | | 23364.37 | 78747.33 | case rate | |
| CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC | 416 | MS-DRG | | | | inpatient | | | | 28770.72 | Aetna | Commercial | 23524.96 | | | | 16184.14 | 54340.65 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC | 417 | MS-DRG | | | | inpatient | | | | 42718.16 | Aetna | Commercial | 40802.13 | | | | 28070.08 | 94529.56 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC | 418 | MS-DRG | | | | inpatient | | | | 32765.21 | Aetna | Commercial | 28473.07 | | | | 19588.22 | 64915.45 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC | 419 | MS-DRG | | | | inpatient | | | | 28041.68 | Aetna | Commercial | 22621.87 | | | | 15562.86 | 50872.93 | case rate | |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC | 420 | MS-DRG | | | | inpatient | | | | 58698.88 | Aetna | Commercial | 60597.99 | | | | 41688.76 | 137211.02 | case rate | |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC | 421 | MS-DRG | | | | inpatient | | | | 32476.92 | Aetna | Commercial | 28115.95 | | | | 6253 | 69397.35 | case rate | |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC | 422 | MS-DRG | | | | inpatient | | | | 30145.65 | Aetna | Commercial | 25228.13 | | | | 10272 | 58806.95 | case rate | |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC | 423 | MS-DRG | | | | inpatient | | | | 66154.24 | Aetna | Commercial | 69833.19 | | | | 16017 | 153921.62 | case rate | |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC | 424 | MS-DRG | | | | inpatient | | | | 41426.4 | Aetna | Commercial | 39201.98 | | | | 26969.24 | 85468.24 | case rate | |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC | 425 | MS-DRG | | | | inpatient | | | | 31204.56 | Aetna | Commercial | 26539.84 | | | | 18268.25 | 58233.55 | case rate | |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC | 432 | MS-DRG | | | | inpatient | | | | 36932.95 | Aetna | Commercial | 33635.79 | | | | 13893 | 71226.78 | case rate | |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W CC | 433 | MS-DRG | | | | inpatient | | | | 24607.14 | Aetna | Commercial | 18367.4 | | | | 12635.96 | 40095.3 | case rate | |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC | 434 | MS-DRG | | | | inpatient | | | | 19433.16 | Aetna | Commercial | 11958.21 | | | | 8226.72 | 53360.88 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC | 435 | MS-DRG | | | | inpatient | | | | 35068.76 | Aetna | Commercial | 31326.56 | | | | 21551.3 | 66222.18 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC | 436 | MS-DRG | | | | inpatient | | | | 25409.64 | Aetna | Commercial | 19361.48 | | | | 13319.85 | 44308.05 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC | 437 | MS-DRG | | | | inpatient | | | | 20662.55 | Aetna | Commercial | 13481.1 | | | | 9274.41 | 33772.26 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC | 438 | MS-DRG | | | | inpatient | | | | 32838.67 | Aetna | Commercial | 28564.07 | | | | 19650.83 | 63901.27 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC | 439 | MS-DRG | | | | inpatient | | | | 21702.66 | Aetna | Commercial | 14768.77 | | | | 10160.27 | 33635.74 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC | 440 | MS-DRG | | | | inpatient | | | | 18304.95 | Aetna | Commercial | 10560.65 | | | | 7265.27 | 24235.05 | case rate | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC | 441 | MS-DRG | | | | inpatient | | | | 35980.76 | Aetna | Commercial | 32456.28 | | | | 11778 | 724453.8 | case rate | |
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC | 442 | MS-DRG | | | | inpatient | | | | 23171.23 | Aetna | Commercial | 16588.69 | | | | 11412.29 | 36623.67 | case rate | |
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC | 443 | MS-DRG | | | | inpatient | | | | 19519.09 | Aetna | Commercial | 12064.66 | | | | 8299.96 | 27141.07 | case rate | |
| DISORDERS OF THE BILIARY TRACT W MCC | 444 | MS-DRG | | | | inpatient | | | | 33125.57 | Aetna | Commercial | 28919.46 | | | | 19895.32 | 62836.38 | case rate | |
| DISORDERS OF THE BILIARY TRACT W CC | 445 | MS-DRG | | | | inpatient | | | | 24810.89 | Aetna | Commercial | 18619.78 | | | | 12609.59 | 41643.87 | case rate | |
| DISORDERS OF THE BILIARY TRACT W/O CC/MCC | 446 | MS-DRG | | | | inpatient | | | | 20830.26 | Aetna | Commercial | 13688.84 | | | | 9417.32 | 31010.57 | case rate | |
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC | 453 | MS-DRG | | | | inpatient | | | | 132599.66 | Aetna | Commercial | 152141.38 | | | | 17717 | 370445.58 | case rate | |
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC | 454 | MS-DRG | | | | inpatient | | | | 94552.24 | Aetna | Commercial | 105010.75 | | | | 36879 | 247179.56 | case rate | |
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC | 455 | MS-DRG | | | | inpatient | | | | 73613.76 | Aetna | Commercial | 79073.55 | | | | 54399.14 | 195035 | case rate | |
| SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC | 456 | MS-DRG | | | | inpatient | | | | 127163.72 | Aetna | Commercial | 145407.69 | | | | 100034.13 | 355946.68 | case rate | |
| SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC | 457 | MS-DRG | | | | inpatient | | | | 89328.36 | Aetna | Commercial | 98539.76 | | | | 67791.04 | 255285.21 | case rate | |
| SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC | 458 | MS-DRG | | | | inpatient | | | | 69827.59 | Aetna | Commercial | 74135.74 | | | | 51002.14 | 199762.65 | case rate | |
| SPINAL FUSION EXCEPT CERVICAL W MCC | 459 | MS-DRG | | | | inpatient | | | | 101704.07 | Aetna | Commercial | 113869.96 | | | | 78337.54 | 249051.89 | case rate | |
| SPINAL FUSION EXCEPT CERVICAL W/O MCC | 460 | MS-DRG | | | | inpatient | | | | 60478.52 | Aetna | Commercial | 62802.49 | | | | 43205.36 | 157490.76 | case rate | |
| BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC | 461 | MS-DRG | | | | inpatient | | | | 92812.8 | Aetna | Commercial | 102856.05 | | | | 9917 | 174848.88 | case rate | |
| BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC | 462 | MS-DRG | | | | inpatient | | | | 49472.2 | Aetna | Commercial | 49168.58 | | | | 11315 | 124592.26 | case rate | |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC | 463 | MS-DRG | | | | inpatient | | | | 84638.1 | Aetna | Commercial | 92729.77 | | | | 15756 | 200180.02 | case rate | |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC | 464 | MS-DRG | | | | inpatient | | | | 50647.54 | Aetna | Commercial | 50624.51 | | | | 34827.45 | 114836.61 | case rate | |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC | 465 | MS-DRG | | | | inpatient | | | | 33842.14 | Aetna | Commercial | 29807.1 | | | | 20505.98 | 71671.46 | case rate | |
| REVISION OF HIP OR KNEE REPLACEMENT W MCC | 466 | MS-DRG | | | | inpatient | | | | 80391.36 | Aetna | Commercial | 87489.19 | | | | 60174.97 | 199450.59 | case rate | |
| REVISION OF HIP OR KNEE REPLACEMENT W CC | 467 | MS-DRG | | | | inpatient | | | | 57253.27 | Aetna | Commercial | 58807.26 | | | | 40456.82 | 135369.89 | case rate | |
| REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC | 468 | MS-DRG | | | | inpatient | | | | 46138.84 | Aetna | Commercial | 45039.44 | | | | 30985.16 | 108884.14 | case rate | |
| MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP | 469 | MS-DRG | | | | inpatient | | | | 55084.16 | Aetna | Commercial | 56120.31 | | | | 38608.32 | 123816.02 | case rate | |
| MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC | 470 | MS-DRG | | | | inpatient | | | | 35912.84 | Aetna | Commercial | 32372.15 | | | | 22270.62 | 77616.13 | case rate | |
| CERVICAL SPINAL FUSION W MCC | 471 | MS-DRG | | | | inpatient | | | | 77102.35 | Aetna | Commercial | 83394.98 | | | | 8282 | 195452.37 | case rate | |
| CERVICAL SPINAL FUSION W CC | 472 | MS-DRG | | | | inpatient | | | | 49935.13 | Aetna | Commercial | 49742.03 | | | | 8991 | 114945.83 | case rate | |
| CERVICAL SPINAL FUSION W/O CC/MCC | 473 | MS-DRG | | | | inpatient | | | | 42592.04 | Aetna | Commercial | 40545.89 | | | | 11229 | 92559.71 | case rate | |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC | 474 | MS-DRG | | | | inpatient | | | | 71938.07 | Aetna | Commercial | 76997.81 | | | | 22321 | 148035.47 | case rate | |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC | 475 | MS-DRG | | | | inpatient | | | | 39680.02 | Aetna | Commercial | 37038.68 | | | | 25480.99 | 83818.24 | case rate | |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC | 476 | MS-DRG | | | | inpatient | | | | 25900.29 | Aetna | Commercial | 19969.26 | | | | 13737.98 | 44885.35 | case rate | |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC | 477 | MS-DRG | | | | inpatient | | | | 57444.54 | Aetna | Commercial | 59044.19 | | | | 40619.82 | 122419.57 | case rate | |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC | 478 | MS-DRG | | | | inpatient | | | | 42192.86 | Aetna | Commercial | 40151.42 | | | | 27622.42 | 88904.75 | case rate | |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC | 479 | MS-DRG | | | | inpatient | | | | 34382.39 | Aetna | Commercial | 30488.71 | | | | 20974.9 | 70134.59 | case rate | |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC | 480 | MS-DRG | | | | inpatient | | | | 50542.2 | Aetna | Commercial | 50494.03 | | | | 34737.68 | 118206.81 | case rate | |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC | 481 | MS-DRG | | | | inpatient | | | | 38537.95 | Aetna | Commercial | 35623.96 | | | | 8360 | 80444.14 | case rate | |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC | 482 | MS-DRG | | | | inpatient | | | | 31767.28 | Aetna | Commercial | 27236.9 | | | | 9385 | 64927.15 | case rate | |
| MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES | 483 | MS-DRG | | | | inpatient | | | | 45097.95 | Aetna | Commercial | 43750.05 | | | | 13093 | 92973.18 | case rate | |
| KNEE PROCEDURES W PDX OF INFECTION W MCC | 485 | MS-DRG | | | | inpatient | | | | 54399.47 | Aetna | Commercial | 55272.16 | | | | 38024.83 | 128883.03 | case rate | |
| KNEE PROCEDURES W PDX OF INFECTION W CC | 486 | MS-DRG | | | | inpatient | | | | 39175.52 | Aetna | Commercial | 36413.73 | | | | 25051.05 | 86533.13 | case rate | |
| KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC | 487 | MS-DRG | | | | inpatient | | | | 31681.35 | Aetna | Commercial | 27130.45 | | | | 18664.56 | 64369.35 | case rate | |
| KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC | 488 | MS-DRG | | | | inpatient | | | | 37020.27 | Aetna | Commercial | 33743.95 | | | | 23214.36 | 82402.29 | case rate | |
| KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC | 489 | MS-DRG | | | | inpatient | | | | 26943.96 | Aetna | Commercial | 21262.09 | | | | 14627.39 | 50667.68 | case rate | |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC | 492 | MS-DRG | | | | inpatient | | | | 58999.65 | Aetna | Commercial | 60970.55 | | | | 27633 | 132253.23 | case rate | |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC | 493 | MS-DRG | | | | inpatient | | | | 43057.74 | Aetna | Commercial | 41222.77 | | | | 28359.46 | 87613.62 | case rate | |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC | 494 | MS-DRG | | | | inpatient | | | | 35911.46 | Aetna | Commercial | 32370.43 | | | | 22269.44 | 68414.38 | case rate | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC | 495 | MS-DRG | | | | inpatient | | | | 58575.53 | Aetna | Commercial | 60445.18 | | | | 41583.64 | 135053.94 | case rate | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC | 496 | MS-DRG | | | | inpatient | | | | 37125.6 | Aetna | Commercial | 33874.44 | | | | 23304.13 | 76488.83 | case rate | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC | 497 | MS-DRG | | | | inpatient | | | | 28388.18 | Aetna | Commercial | 23051.1 | | | | 15858.15 | 55975.05 | case rate | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC | 498 | MS-DRG | | | | inpatient | | | | 44775 | Aetna | Commercial | 43350.01 | | | | 29822.91 | 88857.95 | case rate | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC | 499 | MS-DRG | | | | inpatient | | | | 29297.7 | Aetna | Commercial | 18863.58 | | | | 12977.32 | 43656.63 | case rate | |
| SOFT TISSUE PROCEDURES W MCC | 500 | MS-DRG | | | | inpatient | | | | 53698.15 | Aetna | Commercial | 54403.41 | | | | 37427.16 | 119673.48 | case rate | |
| SOFT TISSUE PROCEDURES W CC | 501 | MS-DRG | | | | inpatient | | | | 34515.74 | Aetna | Commercial | 30641.51 | | | | 8902 | 66820.41 | case rate | |
| SOFT TISSUE PROCEDURES W/O CC/MCC | 502 | MS-DRG | | | | inpatient | | | | 29144.95 | Aetna | Commercial | 23988.53 | | | | 16503.06 | 50361.94 | case rate | |
| FOOT PROCEDURES W MCC | 503 | MS-DRG | | | | inpatient | | | | 46461.78 | Aetna | Commercial | 45439.48 | | | | 27418 | 98943.74 | case rate | |
| FOOT PROCEDURES W CC | 504 | MS-DRG | | | | inpatient | | | | 34104.1 | Aetna | Commercial | 30131.6 | | | | 20729.22 | 67462.61 | case rate | |
| FOOT PROCEDURES W/O CC/MCC | 505 | MS-DRG | | | | inpatient | | | | 34104.1 | Aetna | Commercial | 30131.6 | | | | 20729.22 | 61623.26 | case rate | |
| MAJOR THUMB OR JOINT PROCEDURES | 506 | MS-DRG | | | | inpatient | | | | 30557.29 | Aetna | Commercial | 25738.05 | | | | 17706.65 | 55011.57 | case rate | |
| MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC | 507 | MS-DRG | | | | inpatient | | | | 36643.27 | Aetna | Commercial | 33276.96 | | | | 22893.09 | 75771.1 | case rate | |
| MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC | 508 | MS-DRG | | | | inpatient | | | | 26986.93 | Aetna | Commercial | 21315.31 | | | | 14664 | 56458.73 | case rate | |
| ARTHROSCOPY | 509 | MS-DRG | | | | inpatient | | | | 34127.66 | Aetna | Commercial | 30160.78 | | | | 20749.3 | 65153.39 | case rate | |
| SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC | 510 | MS-DRG | | | | inpatient | | | | 49393.2 | Aetna | Commercial | 49070.72 | | | | 33758.51 | 106582.73 | case rate | |
| SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC | 511 | MS-DRG | | | | inpatient | | | | 36962.05 | Aetna | Commercial | 33671.84 | | | | 7655 | 72057.63 | case rate | |
| SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC | 512 | MS-DRG | | | | inpatient | | | | 32063.89 | Aetna | Commercial | 27604.32 | | | | 10564 | 59372.55 | case rate | |
| HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC | 513 | MS-DRG | | | | inpatient | | | | 30647.38 | Aetna | Commercial | 25849.65 | | | | 17783.42 | 63955.88 | case rate | |
| HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC | 514 | MS-DRG | | | | inpatient | | | | 23911.36 | Aetna | Commercial | 17505.51 | | | | 12043.03 | 40660.37 | case rate | |
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC | 515 | MS-DRG | | | | inpatient | | | | 52640.62 | Aetna | Commercial | 53093.42 | | | | 36525.94 | 120219.57 | case rate | |
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC | 516 | MS-DRG | | | | inpatient | | | | 37661.99 | Aetna | Commercial | 34538.88 | | | | 23761.23 | 73543.8 | case rate | |
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC | 517 | MS-DRG | | | | inpatient | | | | 30468.59 | Aetna | Commercial | 25628.17 | | | | 17631.06 | 53864.77 | case rate | |
| BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM | 518 | MS-DRG | | | | inpatient | | | | 59454.26 | Aetna | Commercial | 61533.7 | | | | 42332.49 | 120929.5 | case rate | |
| BACK & NECK PROC EXC SPINAL FUSION W CC | 519 | MS-DRG | | | | inpatient | | | | 37110.36 | Aetna | Commercial | 33855.55 | | | | 23291.14 | 72631.03 | case rate | |
| BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC | 520 | MS-DRG | | | | inpatient | | | | 29643.91 | Aetna | Commercial | 24606.61 | | | | 16928.27 | 51259.1 | case rate | |
| HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITH MCC | 521 | MS-DRG | | | | inpatient | | | | 50177.68 | Aetna | Commercial | 50042.48 | | | | 7692 | 95572.96 | case rate | |
| HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC | 522 | MS-DRG | | | | inpatient | | | | 38998.11 | Aetna | Commercial | 36193.97 | | | | 9003 | 36577.64 | case rate | |
| FRACTURES OF FEMUR W MCC | 533 | MS-DRG | | | | inpatient | | | | 30914.88 | Aetna | Commercial | 26181.01 | | | | 12781 | 59700.21 | case rate | |
| FRACTURES OF FEMUR W/O MCC | 534 | MS-DRG | | | | inpatient | | | | 21061.72 | Aetna | Commercial | 13975.57 | | | | 9614.58 | 34640.29 | case rate | |
| FRACTURES OF HIP & PELVIS W MCC | 535 | MS-DRG | | | | inpatient | | | | 28212.16 | Aetna | Commercial | 22833.05 | | | | 15708.14 | 48945.98 | case rate | |
| FRACTURES OF HIP & PELVIS W/O MCC | 536 | MS-DRG | | | | inpatient | | | | 21018.76 | Aetna | Commercial | 13922.34 | | | | 9577.96 | 29528.3 | case rate | |
| SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC | 537 | MS-DRG | | | | inpatient | | | | 22517.04 | Aetna | Commercial | 15778.31 | | | | 10854.79 | 35515.87 | case rate | |
| SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC | 538 | MS-DRG | | | | inpatient | | | | 19086.66 | Aetna | Commercial | 11528.98 | | | | 7931.44 | 28358.09 | case rate | |
| OSTEOMYELITIS W MCC | 539 | MS-DRG | | | | inpatient | | | | 37810.29 | Aetna | Commercial | 34722.59 | | | | 23897.62 | 78762.93 | case rate | |
| OSTEOMYELITIS W CC | 540 | MS-DRG | | | | inpatient | | | | 27715.97 | Aetna | Commercial | 22218.4 | | | | 15285.29 | 50588.18 | case rate | |
| OSTEOMYELITIS W/O CC/MCC | 541 | MS-DRG | | | | inpatient | | | | 21905.81 | Aetna | Commercial | 15021.16 | | | | 7723 | 34431.48 | case rate | |
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC | 542 | MS-DRG | | | | inpatient | | | | 33630.1 | Aetna | Commercial | 32021.9 | | | | 8903 | 71199.48 | case rate | |
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC | 543 | MS-DRG | | | | inpatient | | | | 24483.79 | Aetna | Commercial | 18214.59 | | | | 10889 | 41835.01 | case rate | |
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC | 544 | MS-DRG | | | | inpatient | | | | 20253.68 | Aetna | Commercial | 12974.61 | | | | 8925.97 | 31143.19 | case rate | |
| CONNECTIVE TISSUE DISORDERS W MCC | 545 | MS-DRG | | | | inpatient | | | | 44802.73 | Aetna | Commercial | 43384.35 | | | | 29846.53 | 96702.25 | case rate | |
| CONNECTIVE TISSUE DISORDERS W CC | 546 | MS-DRG | | | | inpatient | | | | 25825.45 | Aetna | Commercial | 19876.55 | | | | 13674.2 | 47370.1 | case rate | |
| CONNECTIVE TISSUE DISORDERS W/O CC/MCC | 547 | MS-DRG | | | | inpatient | | | | 20122.01 | Aetna | Commercial | 12811.51 | | | | 8813.76 | 33452.4 | case rate | |
| SEPTIC ARTHRITIS W MCC | 548 | MS-DRG | | | | inpatient | | | | 37702.19 | Aetna | Commercial | 34588.67 | | | | 23795.49 | 80635.27 | case rate | |
| SEPTIC ARTHRITIS W CC | 549 | MS-DRG | | | | inpatient | | | | 26482.42 | Aetna | Commercial | 20690.36 | | | | 14234.06 | 48532.51 | case rate | |
| SEPTIC ARTHRITIS W/O CC/MCC | 550 | MS-DRG | | | | inpatient | | | | 21728.4 | Aetna | Commercial | 14801.39 | | | | 10182.71 | 36034.67 | case rate | |
| MEDICAL BACK PROBLEMS W MCC | 551 | MS-DRG | | | | inpatient | | | | 33430.5 | Aetna | Commercial | 29297.18 | | | | 9165 | 62083.54 | case rate | |
| MEDICAL BACK PROBLEMS W/O MCC | 552 | MS-DRG | | | | inpatient | | | | 23137.97 | Aetna | Commercial | 16547.48 | | | | 11383.94 | 35145.31 | case rate | |
| BONE DISEASES & ARTHROPATHIES W MCC | 553 | MS-DRG | | | | inpatient | | | | 27880.9 | Aetna | Commercial | 22422.71 | | | | 15425.85 | 48275.06 | case rate | |
| BONE DISEASES & ARTHROPATHIES W/O MCC | 554 | MS-DRG | | | | inpatient | | | | 21347.24 | Aetna | Commercial | 14329.25 | | | | 9857.89 | 47388.4 | case rate | |
| SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC | 555 | MS-DRG | | | | inpatient | | | | 28443.62 | Aetna | Commercial | 23119.78 | | | | 15905.39 | 49897.75 | case rate | |
| SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC | 556 | MS-DRG | | | | inpatient | | | | 21096.37 | Aetna | Commercial | 14018.49 | | | | 9644.11 | 29945.67 | case rate | |
| TENDONITIS, MYOSITIS & BURSITIS W MCC | 557 | MS-DRG | | | | inpatient | | | | 31258.61 | Aetna | Commercial | 28606.8 | | | | 18304.31 | 59873.63 | case rate | |
| TENDONITIS, MYOSITIS & BURSITIS W/O MCC | 558 | MS-DRG | | | | inpatient | | | | 21751.96 | Aetna | Commercial | 14830.58 | | | | 10202.79 | 33682.54 | case rate | |
| AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC | 559 | MS-DRG | | | | inpatient | | | | 35508.13 | Aetna | Commercial | 31870.81 | | | | 21925.72 | 70161.89 | case rate | |
| AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC | 560 | MS-DRG | | | | inpatient | | | | 25562.11 | Aetna | Commercial | 19550.34 | | | | 13449.78 | 39853.45 | case rate | |
| AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC | 561 | MS-DRG | | | | inpatient | | | | 21111.62 | Aetna | Commercial | 14037.37 | | | | 9211 | 29493.19 | case rate | |
| FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC | 562 | MS-DRG | | | | inpatient | | | | 30063.87 | Aetna | Commercial | 25126.83 | | | | 12507 | 54925.76 | case rate | |
| FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC | 563 | MS-DRG | | | | inpatient | | | | 22167.76 | Aetna | Commercial | 15345.65 | | | | 10557.14 | 32691.77 | case rate | |
| OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC | 564 | MS-DRG | | | | inpatient | | | | 31528.89 | Aetna | Commercial | 26941.59 | | | | 18534.64 | 61326.81 | case rate | |
| OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC | 565 | MS-DRG | | | | inpatient | | | | 23912.75 | Aetna | Commercial | 17507.23 | | | | 12044.21 | 38863.03 | case rate | |
| OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC | 566 | MS-DRG | | | | inpatient | | | | 20148.34 | Aetna | Commercial | 12844.13 | | | | 8836.2 | 29735.04 | case rate | |
| SKIN DEBRIDEMENT W MCC | 570 | MS-DRG | | | | inpatient | | | | 51501.32 | Aetna | Commercial | 51682.12 | | | | 35555.04 | 118374.54 | case rate | |
| SKIN DEBRIDEMENT W CC | 571 | MS-DRG | | | | inpatient | | | | 32985.59 | Aetna | Commercial | 28746.06 | | | | 9078 | 89425.02 | case rate | |
| SKIN DEBRIDEMENT W/O CC/MCC | 572 | MS-DRG | | | | inpatient | | | | 25613.39 | Aetna | Commercial | 19613.87 | | | | 11401 | 45973.65 | case rate | |
| SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC | 573 | MS-DRG | | | | inpatient | | | | 95132.98 | Aetna | Commercial | 105730.14 | | | | 16091 | 204845.26 | case rate | |
| SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC | 574 | MS-DRG | | | | inpatient | | | | 57803.52 | Aetna | Commercial | 59488.87 | | | | 36864 | 118811.42 | case rate | |
| SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC | 575 | MS-DRG | | | | inpatient | | | | 37454.09 | Aetna | Commercial | 34281.34 | | | | 23584.06 | 68597.71 | case rate | |
| SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC | 576 | MS-DRG | | | | inpatient | | | | 84559.1 | Aetna | Commercial | 92631.91 | | | | 63726.69 | 190381.46 | case rate | |
| SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC | 577 | MS-DRG | | | | inpatient | | | | 46686.32 | Aetna | Commercial | 45717.61 | | | | 31451.72 | 97876.36 | case rate | |
| SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC | 578 | MS-DRG | | | | inpatient | | | | 33208.73 | Aetna | Commercial | 29022.48 | | | | 19966.19 | 59669.01 | case rate | |
| OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC | 579 | MS-DRG | | | | inpatient | | | | 54955.26 | Aetna | Commercial | 55960.64 | | | | 38498.47 | 109133.78 | case rate | |
| OTHER SKIN, SUBCUT TISS & BREAST PROC W CC | 580 | MS-DRG | | | | inpatient | | | | 34353.58 | Aetna | Commercial | 30440.64 | | | | 20941.82 | 62013.33 | case rate | |
| OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC | 581 | MS-DRG | | | | inpatient | | | | 29727.07 | Aetna | Commercial | 24709.62 | | | | 8609 | 48228.25 | case rate | |
| MASTECTOMY FOR MALIGNANCY W CC/MCC | 582 | MS-DRG | | | | inpatient | | | | 34051.43 | Aetna | Commercial | 30066.35 | | | | 10681 | 61221.49 | case rate | |
| MASTECTOMY FOR MALIGNANCY W/O CC/MCC | 583 | MS-DRG | | | | inpatient | | | | 32547.61 | Aetna | Commercial | 28203.52 | | | | 14701 | 53755.55 | case rate | |
| BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC | 584 | MS-DRG | | | | inpatient | | | | 38156.8 | Aetna | Commercial | 35151.81 | | | | 24182.91 | 72997.7 | case rate | |
| BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC | 585 | MS-DRG | | | | inpatient | | | | 37293.31 | Aetna | Commercial | 34082.18 | | | | 23447.05 | 61073.26 | case rate | |
| SKIN ULCERS W MCC | 592 | MS-DRG | | | | inpatient | | | | 38280.15 | Aetna | Commercial | 35304.61 | | | | 24288.03 | 66631.76 | case rate | |
| SKIN ULCERS W CC | 593 | MS-DRG | | | | inpatient | | | | 25726.36 | Aetna | Commercial | 20992.54 | | | | 14441.95 | 44054.51 | case rate | |
| SKIN ULCERS W/O CC/MCC | 594 | MS-DRG | | | | inpatient | | | | 21542.67 | Aetna | Commercial | 14571.33 | | | | 10024.44 | 31603.47 | case rate | |
| MAJOR SKIN DISORDERS W MCC | 595 | MS-DRG | | | | inpatient | | | | 39095.13 | Aetna | Commercial | 36314.15 | | | | 24982.55 | 77503.01 | case rate | |
| MAJOR SKIN DISORDERS W/O MCC | 596 | MS-DRG | | | | inpatient | | | | 24763.76 | Aetna | Commercial | 18561.41 | | | | 12769.43 | 39455.58 | case rate | |
| MALIGNANT BREAST DISORDERS W MCC | 597 | MS-DRG | | | | inpatient | | | | 34127.66 | Aetna | Commercial | 30160.78 | | | | 20749.3 | 67092.04 | case rate | |
| MALIGNANT BREAST DISORDERS W CC | 598 | MS-DRG | | | | inpatient | | | | 24482.4 | Aetna | Commercial | 18212.88 | | | | 12529.66 | 45337.84 | case rate | |
| MALIGNANT BREAST DISORDERS W/O CC/MCC | 599 | MS-DRG | | | | inpatient | | | | 21626.6 | Aetna | Commercial | 14577.78 | | | | 10097.67 | 27944.61 | case rate | |
| NON-MALIGNANT BREAST DISORDERS W CC/MCC | 600 | MS-DRG | | | | inpatient | | | | 23038.18 | Aetna | Commercial | 16423.87 | | | | 11298.9 | 37290.69 | case rate | |
| NON-MALIGNANT BREAST DISORDERS W/O CC/MCC | 601 | MS-DRG | | | | inpatient | | | | 18088.73 | Aetna | Commercial | 10292.82 | | | | 7081.01 | 24153.13 | case rate | |
| CELLULITIS W MCC | 602 | MS-DRG | | | | inpatient | | | | 30142.88 | Aetna | Commercial | 25224.69 | | | | 17353.49 | 56326.11 | case rate | |
| CELLULITIS W/O MCC | 603 | MS-DRG | | | | inpatient | | | | 21987.58 | Aetna | Commercial | 15122.46 | | | | 10403.59 | 33066.23 | case rate | |
| TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC | 604 | MS-DRG | | | | inpatient | | | | 30371.57 | Aetna | Commercial | 25097.98 | | | | 17548.38 | 55265.12 | case rate | |
| TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC | 605 | MS-DRG | | | | inpatient | | | | 22582.18 | Aetna | Commercial | 15859.01 | | | | 10910.3 | 33565.52 | case rate | |
| MINOR SKIN DISORDERS W MCC | 606 | MS-DRG | | | | inpatient | | | | 32098.54 | Aetna | Commercial | 27647.24 | | | | 19020.09 | 53860.87 | case rate | |
| MINOR SKIN DISORDERS W/O MCC | 607 | MS-DRG | | | | inpatient | | | | 21757.5 | Aetna | Commercial | 14837.45 | | | | 10207.52 | 31244.61 | case rate | |
| ADRENAL & PITUITARY PROCEDURES W CC/MCC | 614 | MS-DRG | | | | inpatient | | | | 41366.8 | Aetna | Commercial | 39128.15 | | | | 26918.45 | 92196.95 | case rate | |
| ADRENAL & PITUITARY PROCEDURES W/O CC/MCC | 615 | MS-DRG | | | | inpatient | | | | 29641.14 | Aetna | Commercial | 24603.18 | | | | 16925.91 | 57777.17 | case rate | |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC | 616 | MS-DRG | | | | inpatient | | | | 63348.95 | Aetna | Commercial | 66358.19 | | | | 45651.52 | 161301.75 | case rate | |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC | 617 | MS-DRG | | | | inpatient | | | | 36501.8 | Aetna | Commercial | 33163.64 | | | | 22815.13 | 80884.92 | case rate | |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC | 618 | MS-DRG | | | | inpatient | | | | 27036.82 | Aetna | Commercial | 21377.12 | | | | 14706.52 | 45220.82 | case rate | |
| O.R. PROCEDURES FOR OBESITY W MCC | 619 | MS-DRG | | | | inpatient | | | | 47569.21 | Aetna | Commercial | 46811.28 | | | | 32204.11 | 113927.74 | case rate | |
| O.R. PROCEDURES FOR OBESITY W CC | 620 | MS-DRG | | | | inpatient | | | | 31914.2 | Aetna | Commercial | 27418.89 | | | | 18863 | 70587.07 | case rate | |
| O.R. PROCEDURES FOR OBESITY W/O CC/MCC | 621 | MS-DRG | | | | inpatient | | | | 30040.31 | Aetna | Commercial | 25097.64 | | | | 17266.08 | 61564.75 | case rate | |
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC | 622 | MS-DRG | | | | inpatient | | | | 61644.16 | Aetna | Commercial | 64246.4 | | | | 44198.71 | 148148.59 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC | 623 | MS-DRG | | | | inpatient | | | | 36291.22 | Aetna | Commercial | 32840.88 | | | | 22593.08 | 75018.26 | case rate | |
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC | 624 | MS-DRG | | | | inpatient | | | | 23582.88 | Aetna | Commercial | 17098.61 | | | | 11763.09 | 50553.07 | case rate | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC | 625 | MS-DRG | | | | inpatient | | | | 49517.94 | Aetna | Commercial | 49225.24 | | | | 33864.81 | 108568.18 | case rate | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC | 626 | MS-DRG | | | | inpatient | | | | 30698.67 | Aetna | Commercial | 25913.17 | | | | 17827.13 | 62824.67 | case rate | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC | 627 | MS-DRG | | | | inpatient | | | | 27338.97 | Aetna | Commercial | 21751.41 | | | | 14964.01 | 42322.6 | case rate | |
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC | 628 | MS-DRG | | | | inpatient | | | | 64467.46 | Aetna | Commercial | 67743.72 | | | | 46604.71 | 143350.73 | case rate | |
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC | 629 | MS-DRG | | | | inpatient | | | | 40952.38 | Aetna | Commercial | 38614.8 | | | | 26565.29 | 91225.67 | case rate | |
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC | 630 | MS-DRG | | | | inpatient | | | | 29201.77 | Aetna | Commercial | 24058.92 | | | | 16551.48 | 59856.24 | case rate | |
| DIABETES W MCC | 637 | MS-DRG | | | | inpatient | | | | 29964.08 | Aetna | Commercial | 25003.21 | | | | 17201.12 | 53880.37 | case rate | |
| DIABETES W CC | 638 | MS-DRG | | | | inpatient | | | | 22492.09 | Aetna | Commercial | 15747.41 | | | | 10833.53 | 34021.91 | case rate | |
| DIABETES W/O CC/MCC | 639 | MS-DRG | | | | inpatient | | | | 18464.34 | Aetna | Commercial | 10758.1 | | | | 7401.1 | 24648.52 | case rate | |
| MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC | 640 | MS-DRG | | | | inpatient | | | | 28185.83 | Aetna | Commercial | 22800.43 | | | | 15685.7 | 46426.13 | case rate | |
| MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC | 641 | MS-DRG | | | | inpatient | | | | 20609.88 | Aetna | Commercial | 13415.86 | | | | 9229.52 | 29329.36 | case rate | |
| INBORN AND OTHER DISORDERS OF METABOLISM | 642 | MS-DRG | | | | inpatient | | | | 26981.38 | Aetna | Commercial | 21308.45 | | | | 14659.28 | 49285.34 | case rate | |
| ENDOCRINE DISORDERS W MCC | 643 | MS-DRG | | | | inpatient | | | | 32749.96 | Aetna | Commercial | 28454.18 | | | | 19575.23 | 63741.34 | case rate | |
| ENDOCRINE DISORDERS W CC | 644 | MS-DRG | | | | inpatient | | | | 24102.63 | Aetna | Commercial | 17742.44 | | | | 12208.02 | 39494.59 | case rate | |
| ENDOCRINE DISORDERS W/O CC/MCC | 645 | MS-DRG | | | | inpatient | | | | 20572.46 | Aetna | Commercial | 13369.5 | | | | 9197.63 | 28978.3 | case rate | |
| KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC | 650 | MS-DRG | | | | inpatient | | | | 73637.32 | Aetna | Commercial | 79102.73 | | | | 54419.22 | 79941.26 | case rate | |
| KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC | 651 | MS-DRG | | | | inpatient | | | | 57908.86 | Aetna | Commercial | 59619.35 | | | | 41015.5 | 60251.35 | case rate | |
| KIDNEY TRANSPLANT | 652 | MS-DRG | | | | inpatient | | | | 52349.56 | Aetna | Commercial | 52732.87 | | | | 36277.9 | 126292.6 | case rate | |
| MAJOR BLADDER PROCEDURES W MCC | 653 | MS-DRG | | | | inpatient | | | | 87044.22 | Aetna | Commercial | 95710.31 | | | | 65844.5 | 214109.42 | case rate | |
| MAJOR BLADDER PROCEDURES W CC | 654 | MS-DRG | | | | inpatient | | | | 48894.23 | Aetna | Commercial | 48452.63 | | | | 33333.29 | 112078.81 | case rate | |
| MAJOR BLADDER PROCEDURES W/O CC/MCC | 655 | MS-DRG | | | | inpatient | | | | 38571.21 | Aetna | Commercial | 35665.16 | | | | 24536.07 | 81025.34 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC | 656 | MS-DRG | | | | inpatient | | | | 54935.86 | Aetna | Commercial | 55936.6 | | | | 38481.93 | 129799.69 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC | 657 | MS-DRG | | | | inpatient | | | | 35117.27 | Aetna | Commercial | 31386.65 | | | | 21592.64 | 75962.23 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC | 658 | MS-DRG | | | | inpatient | | | | 30625.21 | Aetna | Commercial | 25822.18 | | | | 17764.53 | 61100.56 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC | 659 | MS-DRG | | | | inpatient | | | | 45598.3 | Aetna | Commercial | 44369.85 | | | | 30524.51 | 106375.99 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC | 660 | MS-DRG | | | | inpatient | | | | 28352.15 | Aetna | Commercial | 23006.46 | | | | 15827.44 | 56466.53 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC | 661 | MS-DRG | | | | inpatient | | | | 24008.39 | Aetna | Commercial | 17625.7 | | | | 12125.71 | 41846.71 | case rate | |
| MINOR BLADDER PROCEDURES W MCC | 662 | MS-DRG | | | | inpatient | | | | 53017.62 | Aetna | Commercial | 53560.41 | | | | 36847.22 | 123991.55 | case rate | |
| MINOR BLADDER PROCEDURES W CC | 663 | MS-DRG | | | | inpatient | | | | 30949.53 | Aetna | Commercial | 26223.93 | | | | 18040.92 | 63983.18 | case rate | |
| MINOR BLADDER PROCEDURES W/O CC/MCC | 664 | MS-DRG | | | | inpatient | | | | 24745.74 | Aetna | Commercial | 18539.09 | | | | 12754.08 | 46250.6 | case rate | |
| PROSTATECTOMY W MCC | 665 | MS-DRG | | | | inpatient | | | | 57369.7 | Aetna | Commercial | 58961.48 | | | | 40556.04 | 123995.45 | case rate | |
| PROSTATECTOMY W CC | 666 | MS-DRG | | | | inpatient | | | | 32611.36 | Aetna | Commercial | 28282.49 | | | | 19457.12 | 69397.35 | case rate | |
| PROSTATECTOMY W/O CC/MCC | 667 | MS-DRG | | | | inpatient | | | | 24025.02 | Aetna | Commercial | 17646.3 | | | | 12139.88 | 42143.16 | case rate | |
| TRANSURETHRAL PROCEDURES W MCC | 668 | MS-DRG | | | | inpatient | | | | 50199.86 | Aetna | Commercial | 50069.95 | | | | 34445.94 | 109789.1 | case rate | |
| TRANSURETHRAL PROCEDURES W CC | 669 | MS-DRG | | | | inpatient | | | | 31228.12 | Aetna | Commercial | 26569.03 | | | | 18278.33 | 61728.58 | case rate | |
| TRANSURETHRAL PROCEDURES W/O CC/MCC | 670 | MS-DRG | | | | inpatient | | | | 23025.7 | Aetna | Commercial | 16408.41 | | | | 11288.27 | 37563.24 | case rate | |
| URETHRAL PROCEDURES W CC/MCC | 671 | MS-DRG | | | | inpatient | | | | 33670.28 | Aetna | Commercial | 29594.21 | | | | 20359.52 | 65668.28 | case rate | |
| URETHRAL PROCEDURES W/O CC/MCC | 672 | MS-DRG | | | | inpatient | | | | 24948.1 | Aetna | Commercial | 18789.75 | | | | 12926.53 | 41226.5 | case rate | |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC | 673 | MS-DRG | | | | inpatient | | | | 67847.95 | Aetna | Commercial | 71931.24 | | | | 49485.54 | 139539.74 | case rate | |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W CC | 674 | MS-DRG | | | | inpatient | | | | 41774.29 | Aetna | Commercial | 39632.92 | | | | 27265.71 | 90188.08 | case rate | |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC | 675 | MS-DRG | | | | inpatient | | | | 31474.83 | Aetna | Commercial | 26874.64 | | | | 18488.57 | 63398.08 | case rate | |
| RENAL FAILURE W MCC | 682 | MS-DRG | | | | inpatient | | | | 30596.1 | Aetna | Commercial | 25786.12 | | | | 17739.72 | 59758.72 | case rate | |
| RENAL FAILURE W CC | 683 | MS-DRG | | | | inpatient | | | | 22099.85 | Aetna | Commercial | 15261.52 | | | | 10499.26 | 35847.43 | case rate | |
| RENAL FAILURE W/O CC/MCC | 684 | MS-DRG | | | | inpatient | | | | 18198.22 | Aetna | Commercial | 10428.45 | | | | 7174.32 | 24176.54 | case rate | |
| KIDNEY & URINARY TRACT NEOPLASMS W MCC | 686 | MS-DRG | | | | inpatient | | | | 35915.62 | Aetna | Commercial | 32375.58 | | | | 22272.98 | 66998.42 | case rate | |
| KIDNEY & URINARY TRACT NEOPLASMS W CC | 687 | MS-DRG | | | | inpatient | | | | 24370.13 | Aetna | Commercial | 18073.81 | | | | 12433.99 | 41101.68 | case rate | |
| KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC | 688 | MS-DRG | | | | inpatient | | | | 19817.09 | Aetna | Commercial | 12433.79 | | | | 8553.9 | 30850.64 | case rate | |
| KIDNEY & URINARY TRACT INFECTIONS W MCC | 689 | MS-DRG | | | | inpatient | | | | 26000.08 | Aetna | Commercial | 20392.88 | | | | 13823.02 | 43360.18 | case rate | |
| KIDNEY & URINARY TRACT INFECTIONS W/O MCC | 690 | MS-DRG | | | | inpatient | | | | 20903.72 | Aetna | Commercial | 13779.84 | | | | 9479.93 | 30975.46 | case rate | |
| URINARY STONES W MCC | 693 | MS-DRG | | | | inpatient | | | | 30159.51 | Aetna | Commercial | 25245.3 | | | | 17367.66 | 51629.67 | case rate | |
| URINARY STONES W/O MCC | 694 | MS-DRG | | | | inpatient | | | | 20609.88 | Aetna | Commercial | 13415.86 | | | | 9229.52 | 27386.81 | case rate | |
| KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC | 695 | MS-DRG | | | | inpatient | | | | 25411.03 | Aetna | Commercial | 19363.2 | | | | 13321.03 | 44807.34 | case rate | |
| KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC | 696 | MS-DRG | | | | inpatient | | | | 19368.02 | Aetna | Commercial | 11877.51 | | | | 8171.21 | 26860.22 | case rate | |
| URETHRAL STRICTURE | 697 | MS-DRG | | | | inpatient | | | | 23262.71 | Aetna | Commercial | 16702 | | | | 11490.25 | 37446.72 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC | 698 | MS-DRG | | | | inpatient | | | | 33077.06 | Aetna | Commercial | 28869.37 | | | | 19853.98 | 63000.21 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC | 699 | MS-DRG | | | | inpatient | | | | 23915.52 | Aetna | Commercial | 17510.66 | | | | 12046.57 | 40096.3 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC | 700 | MS-DRG | | | | inpatient | | | | 19401.28 | Aetna | Commercial | 11918.72 | | | | 8199.56 | 29633.62 | case rate | |
| MAJOR MALE PELVIC PROCEDURES W CC/MCC | 707 | MS-DRG | | | | inpatient | | | | 36676.54 | Aetna | Commercial | 33318.16 | | | | 22921.44 | 69877.14 | case rate | |
| MAJOR MALE PELVIC PROCEDURES W/O CC/MCC | 708 | MS-DRG | | | | inpatient | | | | 30327.21 | Aetna | Commercial | 25453.04 | | | | 17510.58 | 54863.35 | case rate | |
| PENIS PROCEDURES W CC/MCC | 709 | MS-DRG | | | | inpatient | | | | 40924.66 | Aetna | Commercial | 38580.46 | | | | 26541.67 | 79254.42 | case rate | |
| PENIS PROCEDURES W/O CC/MCC | 710 | MS-DRG | | | | inpatient | | | | 30589.17 | Aetna | Commercial | 25777.54 | | | | 17733.82 | 65122.19 | case rate | |
| TESTES PROCEDURES W CC/MCC | 711 | MS-DRG | | | | inpatient | | | | 36219.15 | Aetna | Commercial | 32751.58 | | | | 22531.66 | 81271.08 | case rate | |
| TESTES PROCEDURES W/O CC/MCC | 712 | MS-DRG | | | | inpatient | | | | 22061.04 | Aetna | Commercial | 15213.45 | | | | 10466.19 | 42002.74 | case rate | |
| TRANSURETHRAL PROSTATECTOMY W CC/MCC | 713 | MS-DRG | | | | inpatient | | | | 29821.32 | Aetna | Commercial | 24826.37 | | | | 17079.46 | 57082.84 | case rate | |
| TRANSURETHRAL PROSTATECTOMY W/O CC/MCC | 714 | MS-DRG | | | | inpatient | | | | 22803.94 | Aetna | Commercial | 16133.71 | | | | 11099.29 | 35515.87 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC | 715 | MS-DRG | | | | inpatient | | | | 41079.9 | Aetna | Commercial | 38772.75 | | | | 26673.96 | 86201.57 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC | 716 | MS-DRG | | | | inpatient | | | | 29451.26 | Aetna | Commercial | 24367.96 | | | | 16764.09 | 57067.24 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC | 717 | MS-DRG | | | | inpatient | | | | 35497.04 | Aetna | Commercial | 31857.08 | | | | 21916.28 | 76231.38 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC | 718 | MS-DRG | | | | inpatient | | | | 26853.87 | Aetna | Commercial | 21150.49 | | | | 14550.61 | 48080.03 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC | 722 | MS-DRG | | | | inpatient | | | | 33742.35 | Aetna | Commercial | 29683.48 | | | | 20420.94 | 64739.92 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC | 723 | MS-DRG | | | | inpatient | | | | 25343.12 | Aetna | Commercial | 19279.07 | | | | 13263.16 | 42966.21 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC | 724 | MS-DRG | | | | inpatient | | | | 18884.3 | Aetna | Commercial | 11278.32 | | | | 7758.99 | 26883.62 | case rate | |
| BENIGN PROSTATIC HYPERTROPHY W MCC | 725 | MS-DRG | | | | inpatient | | | | 27279.37 | Aetna | Commercial | 21677.58 | | | | 14913.23 | 47386.2 | case rate | |
| BENIGN PROSTATIC HYPERTROPHY W/O MCC | 726 | MS-DRG | | | | inpatient | | | | 20097.06 | Aetna | Commercial | 12780.6 | | | | 8792.5 | 29820.85 | case rate | |
| INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC | 727 | MS-DRG | | | | inpatient | | | | 30145.65 | Aetna | Commercial | 25228.13 | | | | 17355.85 | 56092.07 | case rate | |
| INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC | 728 | MS-DRG | | | | inpatient | | | | 21104.69 | Aetna | Commercial | 14028.79 | | | | 9651.19 | 30870.14 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC | 729 | MS-DRG | | | | inpatient | | | | 25038.19 | Aetna | Commercial | 18901.35 | | | | 13003.3 | 42205.57 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC | 730 | MS-DRG | | | | inpatient | | | | 18191.29 | Aetna | Commercial | 10419.87 | | | | 7168.41 | 22717.58 | case rate | |
| PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC | 734 | MS-DRG | | | | inpatient | | | | 38924.65 | Aetna | Commercial | 36102.97 | | | | 24837.26 | 89946.24 | case rate | |
| PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC | 735 | MS-DRG | | | | inpatient | | | | 26604.39 | Aetna | Commercial | 20841.45 | | | | 14338 | 53244.56 | case rate | |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC | 736 | MS-DRG | | | | inpatient | | | | 64355.2 | Aetna | Commercial | 67604.65 | | | | 46509.04 | 157221.61 | case rate | |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC | 737 | MS-DRG | | | | inpatient | | | | 37477.65 | Aetna | Commercial | 34310.53 | | | | 23604.14 | 79238.82 | case rate | |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC | 738 | MS-DRG | | | | inpatient | | | | 30804 | Aetna | Commercial | 26043.66 | | | | 17916.89 | 54309.45 | case rate | |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC | 739 | MS-DRG | | | | inpatient | | | | 64955.34 | Aetna | Commercial | 68348.07 | | | | 47020.48 | 140335.48 | case rate | |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC | 740 | MS-DRG | | | | inpatient | | | | 34081.44 | Aetna | Commercial | 31219.39 | | | | 21476.89 | 67986.3 | case rate | |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC | 741 | MS-DRG | | | | inpatient | | | | 28817.85 | Aetna | Commercial | 23583.34 | | | | 16224.3 | 51793.49 | case rate | |
| UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC | 742 | MS-DRG | | | | inpatient | | | | 35097.87 | Aetna | Commercial | 31362.61 | | | | 21576.1 | 66858 | case rate | |
| UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC | 743 | MS-DRG | | | | inpatient | | | | 26363.71 | Aetna | Commercial | 20580.48 | | | | 14158.47 | 43516.21 | case rate | |
| D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC | 744 | MS-DRG | | | | inpatient | | | | 36862.26 | Aetna | Commercial | 33548.23 | | | | 23079.71 | 85933.53 | case rate | |
| D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC | 745 | MS-DRG | | | | inpatient | | | | 23983.44 | Aetna | Commercial | 17594.79 | | | | 12104.45 | 41714.09 | case rate | |
| VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC | 746 | MS-DRG | | | | inpatient | | | | 32989.74 | Aetna | Commercial | 28751.21 | | | | 19779.57 | 65442.04 | case rate | |
| VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC | 747 | MS-DRG | | | | inpatient | | | | 23018.77 | Aetna | Commercial | 16399.83 | | | | 11282.36 | 37376.51 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 748 | MS-DRG | | | | inpatient | | | | 28661.23 | Aetna | Commercial | 23389.33 | | | | 16090.83 | 50475.06 | case rate | |
| OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC | 749 | MS-DRG | | | | inpatient | | | | 45657.89 | Aetna | Commercial | 44443.67 | | | | 30575.3 | 101496.21 | case rate | |
| OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC | 750 | MS-DRG | | | | inpatient | | | | 27652.21 | Aetna | Commercial | 22139.43 | | | | 15230.96 | 47740.67 | case rate | |
| MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC | 754 | MS-DRG | | | | inpatient | | | | 34856.7 | Aetna | Commercial | 31063.87 | | | | 21370.58 | 71827.49 | case rate | |
| MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC | 755 | MS-DRG | | | | inpatient | | | | 25165.71 | Aetna | Commercial | 19059.31 | | | | 13111.97 | 41733.59 | case rate | |
| MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC | 756 | MS-DRG | | | | inpatient | | | | 23016 | Aetna | Commercial | 16396.4 | | | | 11280 | 30429.36 | case rate | |
| INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC | 757 | MS-DRG | | | | inpatient | | | | 29395.81 | Aetna | Commercial | 24299.29 | | | | 16716.84 | 56205.19 | case rate | |
| INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC | 758 | MS-DRG | | | | inpatient | | | | 23907.21 | Aetna | Commercial | 17500.36 | | | | 12039.48 | 39802.74 | case rate | |
| INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC | 759 | MS-DRG | | | | inpatient | | | | 18650.06 | Aetna | Commercial | 10988.16 | | | | 7559.37 | 27722.27 | case rate | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC | 760 | MS-DRG | | | | inpatient | | | | 23440.12 | Aetna | Commercial | 16921.77 | | | | 11641.43 | 34002.4 | case rate | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC | 761 | MS-DRG | | | | inpatient | | | | 18565.52 | Aetna | Commercial | 10883.43 | | | | 7487.32 | 21430.45 | case rate | |
| VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C | 768 | MS-DRG | | | | inpatient | | | | 23794.94 | Aetna | Commercial | 17361.29 | | | | 8760 | 44132.52 | case rate | |
| POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE | 769 | MS-DRG | | | | inpatient | | | | 28855.27 | Aetna | Commercial | 23629.69 | | | | 16256.19 | 56868.31 | case rate | |
| ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 770 | MS-DRG | | | | inpatient | | | | 24593.08 | Aetna | Commercial | 18473.84 | | | | 12709.2 | 41655.58 | case rate | |
| POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE | 776 | MS-DRG | | | | inpatient | | | | 19868.78 | Aetna | Commercial | 12250.08 | | | | 8427.52 | 25705.61 | case rate | |
| ABORTION W/O D&C | 779 | MS-DRG | | | | inpatient | | | | 22736.03 | Aetna | Commercial | 16049.58 | | | | 11041.41 | 29422.98 | case rate | |
| CESAREAN SECTION W STERILIZATION W MCC | 783 | MS-DRG | | | | inpatient | | | | 35311.31 | Aetna | Commercial | 31627.01 | | | | 8487 | 68086.72 | case rate | |
| CESAREAN SECTION W STERILIZATION W CC | 784 | MS-DRG | | | | inpatient | | | | 24790.1 | Aetna | Commercial | 18594.03 | | | | 8487 | 42989.61 | case rate | |
| CESAREAN SECTION W STERILIZATION W/O CC/MCC | 785 | MS-DRG | | | | inpatient | | | | 21886.4 | Aetna | Commercial | 14997.12 | | | | 8487 | 32980.42 | case rate | |
| CESAREAN SECTION W/O STERILIZATION W MCC | 786 | MS-DRG | | | | inpatient | | | | 32176.15 | Aetna | Commercial | 27743.39 | | | | 8487 | 60648.08 | case rate | |
| CESAREAN SECTION W/O STERILIZATION W CC | 787 | MS-DRG | | | | inpatient | | | | 24496.26 | Aetna | Commercial | 18230.04 | | | | 8487 | 42170.47 | case rate | |
| CESAREAN SECTION W/O STERILIZATION W/O CC/MCC | 788 | MS-DRG | | | | inpatient | | | | 22318.84 | Aetna | Commercial | 15532.79 | | | | 8487 | 35133.6 | case rate | |
| NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY | 789 | MS-DRG | | | | inpatient | | | | 34763.84 | Aetna | Commercial | 30948.84 | | | | 637 | 64865.65 | case rate | |
| EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE | 790 | MS-DRG | | | | inpatient | | | | 92175.23 | Aetna | Commercial | 102066.27 | | | | 637 | 214004.1 | case rate | |
| PREMATURITY W MAJOR PROBLEMS | 791 | MS-DRG | | | | inpatient | | | | 66050.29 | Aetna | Commercial | 69704.42 | | | | 637 | 146159.23 | case rate | |
| PREMATURITY W/O MAJOR PROBLEMS | 792 | MS-DRG | | | | inpatient | | | | 43732.72 | Aetna | Commercial | 42058.9 | | | | 637 | 88187.03 | case rate | |
| FULL TERM NEONATE W MAJOR PROBLEMS | 793 | MS-DRG | | | | inpatient | | | | 67583.22 | Aetna | Commercial | 71803.31 | | | | 637 | 150134.04 | case rate | |
| NEONATE W OTHER SIGNIFICANT PROBLEMS | 794 | MS-DRG | | | | inpatient | | | | 30239.9 | Aetna | Commercial | 25344.88 | | | | 637 | 53139.24 | case rate | |
| NORMAL NEWBORN | 795 | MS-DRG | | | | inpatient | | | | 12548.84 | Aetna | Commercial | 3430.37 | | | | 637 | 10912.03 | case rate | |
| VAGINAL DELIVERY W STERILIZATION/D&C W MCC | 796 | MS-DRG | | | | inpatient | | | | 24485.17 | Aetna | Commercial | 18216.31 | | | | 6365 | 57270.08 | case rate | |
| VAGINAL DELIVERY W STERILIZATION/D&C W CC | 797 | MS-DRG | | | | inpatient | | | | 23198.95 | Aetna | Commercial | 16623.03 | | | | 6365 | 33035.03 | case rate | |
| VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC | 798 | MS-DRG | | | | inpatient | | | | 23198.95 | Aetna | Commercial | 16623.03 | | | | 6365 | 33035.03 | case rate | |
| SPLENECTOMY W MCC | 799 | MS-DRG | | | | inpatient | | | | 75681.69 | Aetna | Commercial | 81635.16 | | | | 56161.42 | 183395.31 | case rate | |
| SPLENECTOMY W CC | 800 | MS-DRG | | | | inpatient | | | | 50165.21 | Aetna | Commercial | 52027.03 | | | | 34416.41 | 102463.59 | case rate | |
| SPLENECTOMY W/O CC/MCC | 801 | MS-DRG | | | | inpatient | | | | 32533.75 | Aetna | Commercial | 28186.35 | | | | 5977 | 60706.59 | case rate | |
| OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC | 802 | MS-DRG | | | | inpatient | | | | 59465.35 | Aetna | Commercial | 61547.43 | | | | 8199 | 130564.23 | case rate | |
| OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC | 803 | MS-DRG | | | | inpatient | | | | 34450.6 | Aetna | Commercial | 30560.82 | | | | 13379 | 67173.95 | case rate | |
| OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC | 804 | MS-DRG | | | | inpatient | | | | 25103.34 | Aetna | Commercial | 18982.05 | | | | 13058.82 | 47998.11 | case rate | |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC | 805 | MS-DRG | | | | inpatient | | | | 23611.99 | Aetna | Commercial | 17134.66 | | | | 6365 | 39911.96 | case rate | |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W CC | 806 | MS-DRG | | | | inpatient | | | | 19808.77 | Aetna | Commercial | 12423.49 | | | | 6365 | 27593.55 | case rate | |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC | 807 | MS-DRG | | | | inpatient | | | | 18612.64 | Aetna | Commercial | 10941.8 | | | | 6365 | 23950.3 | case rate | |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC | 808 | MS-DRG | | | | inpatient | | | | 41523.42 | Aetna | Commercial | 39322.16 | | | | 27051.92 | 83833.84 | case rate | |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC | 809 | MS-DRG | | | | inpatient | | | | 26945.35 | Aetna | Commercial | 21263.81 | | | | 14628.57 | 46983.93 | case rate | |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC | 810 | MS-DRG | | | | inpatient | | | | 22971.65 | Aetna | Commercial | 16341.45 | | | | 11242.2 | 35964.45 | case rate | |
| RED BLOOD CELL DISORDERS W MCC | 811 | MS-DRG | | | | inpatient | | | | 29279.39 | Aetna | Commercial | 24155.07 | | | | 16617.63 | 52893.49 | case rate | |
| RED BLOOD CELL DISORDERS W/O MCC | 812 | MS-DRG | | | | inpatient | | | | 22571.09 | Aetna | Commercial | 15845.27 | | | | 10900.85 | 34450.98 | case rate | |
| COAGULATION DISORDERS | 813 | MS-DRG | | | | inpatient | | | | 31235.05 | Aetna | Commercial | 26577.61 | | | | 18284.23 | 62859.78 | case rate | |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC | 814 | MS-DRG | | | | inpatient | | | | 38754.17 | Aetna | Commercial | 35891.79 | | | | 24691.98 | 84868.64 | case rate | |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC | 815 | MS-DRG | | | | inpatient | | | | 23862.85 | Aetna | Commercial | 17445.42 | | | | 12001.69 | 38137.14 | case rate | |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC | 816 | MS-DRG | | | | inpatient | | | | 18918.95 | Aetna | Commercial | 11321.24 | | | | 7788.52 | 28147.45 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC | 817 | MS-DRG | | | | inpatient | | | | 40076.42 | Aetna | Commercial | 37529.72 | | | | 25818.8 | 98754.02 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC | 818 | MS-DRG | | | | inpatient | | | | 23492.79 | Aetna | Commercial | 16987.01 | | | | 11686.32 | 52991.01 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC | 819 | MS-DRG | | | | inpatient | | | | 19140.71 | Aetna | Commercial | 11595.94 | | | | 7977.5 | 32726.87 | case rate | |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC | 820 | MS-DRG | | | | inpatient | | | | 90477.37 | Aetna | Commercial | 99963.07 | | | | 68770.21 | 212342.41 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC | 821 | MS-DRG | | | | inpatient | | | | 40720.92 | Aetna | Commercial | 38328.08 | | | | 6969 | 93394.46 | case rate | | |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC | 822 | MS-DRG | | | | inpatient | | | | 25631.41 | Aetna | Commercial | 19636.19 | | | | 8721 | 47190.67 | case rate | | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC | 823 | MS-DRG | | | | inpatient | | | | 74638.02 | Aetna | Commercial | 80342.34 | | | | 12547 | 176491.07 | case rate | | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC | 824 | MS-DRG | | | | inpatient | | | | 40263.54 | Aetna | Commercial | 37761.5 | | | | 22652 | 85596.96 | case rate | | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC | 825 | MS-DRG | | | | inpatient | | | | 26839.62 | Aetna | Commercial | 21131.61 | | | | 14537.62 | 53010.51 | case rate | | |
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC | 826 | MS-DRG | | | | inpatient | | | | 75968.59 | Aetna | Commercial | 81990.56 | | | | 56405.91 | 193002.74 | case rate | | |
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC | 827 | MS-DRG | | | | inpatient | | | | 42488.08 | Aetna | Commercial | 40517.12 | | | | 27874.01 | 87832.06 | case rate | | |
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC | 828 | MS-DRG | | | | inpatient | | | | 31995.97 | Aetna | Commercial | 27520.19 | | | | 18932.69 | 63762.05 | case rate | | |
| MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC | 829 | MS-DRG | | | | inpatient | | | | 52521.43 | Aetna | Commercial | 52945.76 | | | | 36424.37 | 121300.07 | case rate | | |
| MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC | 830 | MS-DRG | | | | inpatient | | | | 30050.01 | Aetna | Commercial | 25103.66 | | | | 17274.35 | 55343.13 | case rate | | |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC | 831 | MS-DRG | | | | inpatient | | | | 25732.58 | Aetna | Commercial | 19761.52 | | | | 13595.06 | 40103.1 | case rate | | |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC | 832 | MS-DRG | | | | inpatient | | | | 20138.64 | Aetna | Commercial | 12832.11 | | | | 8827.93 | 28038.23 | case rate | | |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC | 833 | MS-DRG | | | | inpatient | | | | 16984.08 | Aetna | Commercial | 8924.45 | | | | 6139.63 | 18735.06 | case rate | | |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC | 834 | MS-DRG | | | | inpatient | | | | 86388.63 | Aetna | Commercial | 94898.21 | | | | 65285.81 | 214842.75 | case rate | | |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC | 835 | MS-DRG | | | | inpatient | | | | 39383.42 | Aetna | Commercial | 36671.27 | | | | 25228.23 | 83318.95 | case rate | | |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC | 836 | MS-DRG | | | | inpatient | | | | 26996.4 | Aetna | Commercial | 21330.77 | | | | 14674.63 | 47299.89 | case rate | | |
| CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC | 837 | MS-DRG | | | | inpatient | | | | 79179.98 | Aetna | Commercial | 85968.62 | | | | 59142.64 | 209627.52 | case rate | | |
| CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT | 838 | MS-DRG | | | | inpatient | | | | 37890.68 | Aetna | Commercial | 34822.17 | | | | 23956.12 | 91767.87 | case rate | | |
| CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC | 839 | MS-DRG | | | | inpatient | | | | 28773.5 | Aetna | Commercial | 23528.4 | | | | 16186.51 | 48988.89 | case rate | | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W MCC | 840 | MS-DRG | | | | inpatient | | | | 53979.51 | Aetna | Commercial | 54751.94 | | | | 37668.94 | 128446.15 | case rate | | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W CC | 841 | MS-DRG | | | | inpatient | | | | 31512.26 | Aetna | Commercial | 26920.99 | | | | 18520.46 | 63768.64 | case rate | | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC | 842 | MS-DRG | | | | inpatient | | | | 24359.05 | Aetna | Commercial | 18060.07 | | | | 12424.54 | 43730.75 | case rate | | |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC | 843 | MS-DRG | | | | inpatient | | | | 36020.95 | Aetna | Commercial | 32506.07 | | | | 22362.75 | 72006.92 | case rate | | |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC | 844 | MS-DRG | | | | inpatient | | | | 26345.2 | Aetna | Commercial | 20520.39 | | | | 14117.13 | 45981.45 | case rate | | |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC | 845 | MS-DRG | | | | inpatient | | | | 21377.73 | Aetna | Commercial | 14367.02 | | | | 9883.88 | 33787.86 | case rate | | |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC | 846 | MS-DRG | | | | inpatient | | | | 45175.56 | Aetna | Commercial | 43846.19 | | | | 30164.26 | 109917.83 | case rate | | |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC | 847 | MS-DRG | | | | inpatient | | | | 27391.64 | Aetna | Commercial | 21816.65 | | | | 15008.9 | 51742.79 | case rate | | |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC | 848 | MS-DRG | | | | inpatient | | | | 21129.64 | Aetna | Commercial | 14059.69 | | | | 9672.45 | 36377.93 | case rate | | |
| RADIOTHERAPY | 849 | MS-DRG | | | | inpatient | | | | 46801.35 | Aetna | Commercial | 45860.12 | | | | 31549.75 | 76851.59 | case rate | | |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC | 853 | MS-DRG | | | | inpatient | | | | 79098.21 | Aetna | Commercial | 85867.32 | | | | 59072.95 | 197282.3 | case rate | | |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC | 854 | MS-DRG | | | | inpatient | | | | 37473.49 | Aetna | Commercial | 34305.38 | | | | 23600.6 | 85924.62 | case rate | | |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC | 855 | MS-DRG | | | | inpatient | | | | 32310.6 | Aetna | Commercial | 27909.93 | | | | 19200.81 | 60850.92 | case rate | | |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC | 856 | MS-DRG | | | | inpatient | | | | 72310.91 | Aetna | Commercial | 77459.66 | | | | 53288.85 | 175075.12 | case rate | | |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC | 857 | MS-DRG | | | | inpatient | | | | 39979.4 | Aetna | Commercial | 37409.53 | | | | 25736.12 | 80225.7 | case rate | | |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC | 858 | MS-DRG | | | | inpatient | | | | 27636.97 | Aetna | Commercial | 22120.54 | | | | 15217.96 | 53833.56 | case rate | | |
| POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC | 862 | MS-DRG | | | | inpatient | | | | 35264.19 | Aetna | Commercial | 31568.64 | | | | 21717.84 | 71293.09 | case rate | | |
| POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC | 863 | MS-DRG | | | | inpatient | | | | 23638.32 | Aetna | Commercial | 17167.28 | | | | 11810.34 | 38414.09 | case rate | | |
| FEVER AND INFLAMMATORY CONDITIONS | 864 | MS-DRG | | | | inpatient | | | | 22225.97 | Aetna | Commercial | 15417.76 | | | | 10606.74 | 33713.75 | case rate | | |
| VIRAL ILLNESS W MCC | 865 | MS-DRG | | | | inpatient | | | | 29883.69 | Aetna | Commercial | 24963.63 | | | | 17132.61 | 53915.48 | case rate | | |
| VIRAL ILLNESS W/O MCC | 866 | MS-DRG | | | | inpatient | | | | 22043.02 | Aetna | Commercial | 15191.13 | | | | 10450.83 | 32001.34 | case rate | | |
| OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC | 867 | MS-DRG | | | | inpatient | | | | 39499.84 | Aetna | Commercial | 36815.49 | | | | 25327.44 | 83198.03 | case rate | | |
| OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC | 868 | MS-DRG | | | | inpatient | | | | 24334.1 | Aetna | Commercial | 18929.17 | | | | 12403.28 | 42006.64 | case rate | | |
| OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC | 869 | MS-DRG | | | | inpatient | | | | 19753.33 | Aetna | Commercial | 12354.81 | | | | 8499.57 | 29953.48 | case rate | | |
| SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS | 870 | MS-DRG | | | | inpatient | | | | 106197.52 | Aetna | Commercial | 119436.15 | | | | 82166.84 | 245560.77 | case rate | | |
| SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC | 871 | MS-DRG | | | | inpatient | | | | 36974.53 | Aetna | Commercial | 33687.29 | | | | 23175.38 | 72412.59 | case rate | | |
| SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC | 872 | MS-DRG | | | | inpatient | | | | 24069.37 | Aetna | Commercial | 17701.24 | | | | 12177.68 | 41070.47 | case rate | | |
| O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS | 876 | MS-DRG | | | | inpatient | | | | 64244.32 | Aetna | Commercial | 67467.3 | | | | 46414.55 | 128777.71 | case rate | | |
| ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION | 880 | MS-DRG | | | | inpatient | | | | 23065.9 | Aetna | Commercial | 16458.2 | | | | 2090 | 20057.3 | case rate | | |
| DEPRESSIVE NEUROSES | 881 | MS-DRG | | | | inpatient | | | | 22449.12 | Aetna | Commercial | 15694.18 | | | | 2090 | 19520.98 | case rate | | |
| NEUROSES EXCEPT DEPRESSIVE | 882 | MS-DRG | | | | inpatient | | | | 23113.02 | Aetna | Commercial | 16516.58 | | | | 2090 | 20098.28 | case rate | | |
| DISORDERS OF PERSONALITY & IMPULSE CONTROL | 883 | MS-DRG | | | | inpatient | | | | 35474.86 | Aetna | Commercial | 31829.61 | | | | 2090 | 32167.02 | case rate | | |
| ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY | 884 | MS-DRG | | | | inpatient | | | | 32928.76 | Aetna | Commercial | 28675.66 | | | | 2090 | 28979.64 | case rate | | |
| PSYCHOSES | 885 | MS-DRG | | | | inpatient | | | | 25316.81 | Aetna | Commercial | 24201.42 | | | | 2090 | 25492.88 | case rate | | |
| BEHAVIORAL & DEVELOPMENTAL DISORDERS | 886 | MS-DRG | | | | inpatient | | | | 34679.29 | Aetna | Commercial | 30844.11 | | | | 2090 | 31171.07 | case rate | | |
| OTHER MENTAL DISORDER DIAGNOSES | 887 | MS-DRG | | | | inpatient | | | | 26264.81 | Aetna | Commercial | 20420.81 | | | | 2090 | 22838.97 | case rate | | |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA | 894 | MS-DRG | | | | inpatient | | | | 18429.69 | Aetna | Commercial | 10715.17 | | | | 2090 | 94620.59 | case rate | | |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY | 895 | MS-DRG | | | | inpatient | | | | 29229.49 | Aetna | Commercial | 24093.26 | | | | 2090 | 25416.95 | case rate | | |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC | 896 | MS-DRG | | | | inpatient | | | | 34461.69 | Aetna | Commercial | 30574.56 | | | | 2090 | 30898.66 | case rate | | |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC | 897 | MS-DRG | | | | inpatient | | | | 22006.98 | Aetna | Commercial | 15146.49 | | | | 2090 | 19136.51 | case rate | | |
| WOUND DEBRIDEMENTS FOR INJURIES W MCC | 901 | MS-DRG | | | | inpatient | | | | 71186.85 | Aetna | Commercial | 76067.25 | | | | 13124 | 174162.35 | case rate | | |
| WOUND DEBRIDEMENTS FOR INJURIES W CC | 902 | MS-DRG | | | | inpatient | | | | 36080.55 | Aetna | Commercial | 32579.89 | | | | 22413.54 | 74069.04 | case rate | | |
| WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC | 903 | MS-DRG | | | | inpatient | | | | 26676.46 | Aetna | Commercial | 20930.73 | | | | 14399.42 | 56429.51 | case rate | | |
| SKIN GRAFTS FOR INJURIES W CC/MCC | 904 | MS-DRG | | | | inpatient | | | | 63294.9 | Aetna | Commercial | 66291.23 | | | | 45605.46 | 125836.58 | case rate | | |
| SKIN GRAFTS FOR INJURIES W/O CC/MCC | 905 | MS-DRG | | | | inpatient | | | | 32623.84 | Aetna | Commercial | 28297.95 | | | | 19467.75 | 69011.18 | case rate | | |
| HAND PROCEDURES FOR INJURIES | 906 | MS-DRG | | | | inpatient | | | | 40029.3 | Aetna | Commercial | 37471.34 | | | | 25778.64 | 71897.2 | case rate | | |
| OTHER O.R. PROCEDURES FOR INJURIES W MCC | 907 | MS-DRG | | | | inpatient | | | | 64994.15 | Aetna | Commercial | 68396.15 | | | | 47053.55 | 164457.41 | case rate | | |
| OTHER O.R. PROCEDURES FOR INJURIES W CC | 908 | MS-DRG | | | | inpatient | | | | 37736.84 | Aetna | Commercial | 34631.59 | | | | 23825.02 | 77733.15 | case rate | | |
| OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC | 909 | MS-DRG | | | | inpatient | | | | 27358.38 | Aetna | Commercial | 21775.44 | | | | 14980.55 | 51899.88 | case rate | | |
| TRAUMATIC INJURY W MCC | 913 | MS-DRG | | | | inpatient | | | | 32209.42 | Aetna | Commercial | 27784.59 | | | | 19114.58 | 57414.4 | case rate | | |
| TRAUMATIC INJURY W/O MCC | 914 | MS-DRG | | | | inpatient | | | | 22481 | Aetna | Commercial | 15733.67 | | | | 10824.08 | 84762.6 | case rate | | |
| ALLERGIC REACTIONS W MCC | 915 | MS-DRG | | | | inpatient | | | | 33867.09 | Aetna | Commercial | 29838.01 | | | | 20527.24 | 65410.84 | case rate | | |
| ALLERGIC REACTIONS W/O MCC | 916 | MS-DRG | | | | inpatient | | | | 18984.09 | Aetna | Commercial | 11401.93 | | | | 7844.03 | 24781.15 | case rate | | |
| POISONING & TOXIC EFFECTS OF DRUGS W MCC | 917 | MS-DRG | | | | inpatient | | | | 32506.03 | Aetna | Commercial | 28152.01 | | | | 19367.35 | 57484.62 | case rate | | |
| POISONING & TOXIC EFFECTS OF DRUGS W/O MCC | 918 | MS-DRG | | | | inpatient | | | | 22040.25 | Aetna | Commercial | 15187.7 | | | | 10448.47 | 30374.75 | case rate | | |
| COMPLICATIONS OF TREATMENT W MCC | 919 | MS-DRG | | | | inpatient | | | | 35054.9 | Aetna | Commercial | 31309.39 | | | | 21539.49 | 71160.47 | case rate | | |
| COMPLICATIONS OF TREATMENT W CC | 920 | MS-DRG | | | | inpatient | | | | 23860.08 | Aetna | Commercial | 17441.99 | | | | 11999.32 | 39127.92 | case rate | | |
| COMPLICATIONS OF TREATMENT W/O CC/MCC | 921 | MS-DRG | | | | inpatient | | | | 19311.19 | Aetna | Commercial | 11807.12 | | | | 8122.78 | 27562.35 | case rate | | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC | 922 | MS-DRG | | | | inpatient | | | | 33194.87 | Aetna | Commercial | 29005.31 | | | | 19954.38 | 60788.51 | case rate | | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC | 923 | MS-DRG | | | | inpatient | | | | 23915.52 | Aetna | Commercial | 17510.66 | | | | 12046.57 | 37582.48 | case rate | | |
| EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT | 927 | MS-DRG | | | | inpatient | | | | 288538.5 | Aetna | Commercial | 345308.08 | | | | 237556.83 | 717124.19 | case rate | | |
| FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC | 928 | MS-DRG | | | | inpatient | | | | 102349.95 | Aetna | Commercial | 114670.03 | | | | 78887.96 | 229189.53 | case rate | | |
| FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC | 929 | MS-DRG | | | | inpatient | | | | 53860.31 | Aetna | Commercial | 54604.29 | | | | 37565.36 | 115936.61 | case rate | | |
| EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT | 933 | MS-DRG | | | | inpatient | | | | 69750.94 | Aetna | Commercial | 74288.55 | | | | 33318 | 111571.72 | case rate | | |
| FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ | 934 | MS-DRG | | | | inpatient | | | | 39520.63 | Aetna | Commercial | 36841.24 | | | | 25345.16 | 71519.33 | case rate | | |
| NON-EXTENSIVE BURNS | 935 | MS-DRG | | | | inpatient | | | | 40221.96 | Aetna | Commercial | 37709.99 | | | | 25942.82 | 71059.05 | case rate | | |
| O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC | 939 | MS-DRG | | | | inpatient | | | | 53771.61 | Aetna | Commercial | 54494.41 | | | | 37489.76 | 127852.25 | case rate | | |
| O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC | 940 | MS-DRG | | | | inpatient | | | | 39043.84 | Aetna | Commercial | 36250.63 | | | | 24938.84 | 84820.72 | case rate | | |
| O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC | 941 | MS-DRG | | | | inpatient | | | | 36866.42 | Aetna | Commercial | 33553.38 | | | | 23083.25 | 72217.56 | case rate | | |
| REHABILITATION W CC/MCC | 945 | MS-DRG | | | | inpatient | | | | 36937.06 | Aetna | Commercial | 26208.48 | | | | 18030.29 | 53240.65 | case rate | | |
| REHABILITATION W/O CC/MCC | 946 | MS-DRG | | | | inpatient | | | | 25254.41 | Aetna | Commercial | 19169.19 | | | | 13187.56 | 40672.6 | case rate | | |
| SIGNS & SYMPTOMS W MCC | 947 | MS-DRG | | | | inpatient | | | | 27606.47 | Aetna | Commercial | 22082.77 | | | | 15191.98 | 47026.84 | case rate | | |
| SIGNS & SYMPTOMS W/O MCC | 948 | MS-DRG | | | | inpatient | | | | 20791.45 | Aetna | Commercial | 13640.77 | | | | 9384.25 | 30433.26 | case rate | | |
| AFTERCARE W CC/MCC | 949 | MS-DRG | | | | inpatient | | | | 24734.66 | Aetna | Commercial | 18525.35 | | | | 12744.63 | 44709.82 | case rate | | |
| AFTERCARE W/O CC/MCC | 950 | MS-DRG | | | | inpatient | | | | 17903 | Aetna | Commercial | 10062.75 | | | | 6922.73 | 29056.31 | case rate | | |
| OTHER FACTORS INFLUENCING HEALTH STATUS | 951 | MS-DRG | | | | inpatient | | | | 17638.27 | Aetna | Commercial | 9734.82 | | | | 6697.13 | 31143.19 | case rate | | |
| CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | 955 | MS-DRG | | | | inpatient | | | | 104420.65 | Aetna | Commercial | 117235.08 | | | | 80652.6 | 237821.78 | case rate | | |
| LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA | 956 | MS-DRG | | | | inpatient | | | | 62758.51 | Aetna | Commercial | 65626.79 | | | | 45148.35 | 147594.69 | case rate | | |
| OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC | 957 | MS-DRG | | | | inpatient | | | | 113234.3 | Aetna | Commercial | 128152.85 | | | | 88163.55 | 296394.69 | case rate | | |
| OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC | 958 | MS-DRG | | | | inpatient | | | | 66741.91 | Aetna | Commercial | 70561.16 | | | | 48542.98 | 163041.46 | case rate | | |
| OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC | 959 | MS-DRG | | | | inpatient | | | | 46424.36 | Aetna | Commercial | 45393.12 | | | | 31228.48 | 95594.45 | case rate | | |
| OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC | 963 | MS-DRG | | | | inpatient | | | | 47433.38 | Aetna | Commercial | 46643.02 | | | | 32088.36 | 109024.57 | case rate | | |
| OTHER MULTIPLE SIGNIFICANT TRAUMA W CC | 964 | MS-DRG | | | | inpatient | | | | 30571.15 | Aetna | Commercial | 25755.22 | | | | 17718.46 | 57531.42 | case rate | | |
| OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC | 965 | MS-DRG | | | | inpatient | | | | 22428.33 | Aetna | Commercial | 15668.43 | | | | 10779.19 | 38004.52 | case rate | | |
| HIV W EXTENSIVE O.R. PROCEDURE W MCC | 969 | MS-DRG | | | | inpatient | | | | 97435.15 | Aetna | Commercial | 108581.91 | | | | 74699.6 | 218388.49 | case rate | | |
| HIV W EXTENSIVE O.R. PROCEDURE W/O MCC | 970 | MS-DRG | | | | inpatient | | | | 46554.64 | Aetna | Commercial | 45554.51 | | | | 31339.51 | 108739.81 | case rate | | |
| HIV W MAJOR RELATED CONDITION W MCC | 974 | MS-DRG | | | | inpatient | | | | 51168.68 | Aetna | Commercial | 51270.07 | | | | 35271.56 | 108216.06 | case rate | | |
| HIV W MAJOR RELATED CONDITION W CC | 975 | MS-DRG | | | | inpatient | | | | 29480.36 | Aetna | Commercial | 24404.02 | | | | 16788.89 | 50315.13 | case rate | | |
| HIV W MAJOR RELATED CONDITION W/O CC/MCC | 976 | MS-DRG | | | | inpatient | | | | 23681.29 | Aetna | Commercial | 17220.51 | | | | 11846.95 | 36611.97 | case rate | | |
| HIV W OR W/O OTHER RELATED CONDITION | 977 | MS-DRG | | | | inpatient | | | | 25764.49 | Aetna | Commercial | 24755.98 | | | | 17031.03 | 45634.29 | case rate | | |
| EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC | 981 | MS-DRG | | | | inpatient | | | | 75669.21 | Aetna | Commercial | 81619.71 | | | | 11302 | 170480.09 | case rate | | |
| EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC | 982 | MS-DRG | | | | inpatient | | | | 43713.32 | Aetna | Commercial | 42034.86 | | | | 14901 | 95680.27 | case rate | | |
| EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC | 983 | MS-DRG | | | | inpatient | | | | 32901.04 | Aetna | Commercial | 28641.33 | | | | 19703.98 | 61205.88 | case rate | | |
| NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC | 987 | MS-DRG | | | | inpatient | | | | 58327.43 | Aetna | Commercial | 60137.86 | | | | 41372.21 | 129994.73 | case rate | | |
| NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC | 988 | MS-DRG | | | | inpatient | | | | 33563.55 | Aetna | Commercial | 29462 | | | | 20268.57 | 66042.75 | case rate | | |
| NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC | 989 | MS-DRG | | | | inpatient | | | | 25794.96 | Aetna | Commercial | 19838.78 | | | | 13648.21 | 40594.58 | case rate | | |
| HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC | 001 | MS-DRG | | | | inpatient | | | | 400195.63 | Aetna | Medicare | 347996.2 | | | | 332710.44 | 1030198.27 | case rate | | |
| HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC | 002 | MS-DRG | | | | inpatient | | | | 140127.09 | Aetna | Medicare | 121849.65 | | | | 111681.44 | 523579.26 | case rate | | |
| ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R. | 003 | MS-DRG | | | | inpatient | | | | 306824.15 | Aetna | Medicare | 291572 | | | | 253139.77 | 713726.68 | case rate | | Case Rate for Days 1-50; Days 51-999 receive per diem at $7,703 |
| TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R. | 004 | MS-DRG | | | | inpatient | | | | 206623.09 | Aetna | Medicare | 178802.69 | | | | 166896.78 | 445428.73 | case rate | | |
| LUNG TRANSPLANT | 007 | MS-DRG | | | | inpatient | | | | 190914.73 | Aetna | Medicare | 166012.81 | | | | 154362.39 | 415463.56 | case rate | | |
| SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT | 008 | MS-DRG | | | | inpatient | | | | 85193.89 | Aetna | Medicare | 74081.64 | | | | 64267.86 | 204747.74 | case rate | | |
| PANCREAS TRANSPLANT | 010 | MS-DRG | | | | inpatient | | | | 120286.33 | Aetna | Medicare | 104596.81 | | | | 76104.35 | 176073.7 | case rate | | |
| TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC | 011 | MS-DRG | | | | inpatient | | | | 84567.41 | Aetna | Medicare | 73536.88 | | | | 63733.78 | 260411 | case rate | | |
| TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC | 012 | MS-DRG | | | | inpatient | | | | 66857.36 | Aetna | Medicare | 57962.92 | | | | 49470.93 | 260411 | case rate | | |
| TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC | 013 | MS-DRG | | | | inpatient | | | | 46508.91 | Aetna | Medicare | 40442.53 | | | | 31300.53 | 260411 | case rate | | |
| ALLOGENEIC BONE MARROW TRANSPLANT | 014 | MS-DRG | | | | inpatient | | | | 191372.12 | Aetna | Medicare | 166410.54 | | | | 154752.17 | 466145.35 | case rate | | |
| AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY | 016 | MS-DRG | | | | inpatient | | | | 93437.89 | Aetna | Medicare | 81250.34 | | | | 71293.15 | 250082.38 | case rate | | |
| AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC | 017 | MS-DRG | | | | inpatient | | | | 93437.89 | Aetna | Medicare | 81250.34 | | | | 71293.15 | 170893.57 | case rate | | |
| CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY | 018 | MS-DRG | | | | inpatient | | | | 532483.55 | Aetna | Medicare | 463029.18 | | | | 445445.49 | 654354.79 | case rate | | |
| SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS | 019 | MS-DRG | | | | inpatient | | | | 119652.92 | Aetna | Medicare | 104046.02 | | | | 93633.46 | 137546.58 | case rate | | |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC | 020 | MS-DRG | | | | inpatient | | | | 121507.41 | Aetna | Medicare | 105658.61 | | | | 95213.84 | 406659.68 | case rate | | |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC | 021 | MS-DRG | | | | inpatient | | | | 83805.11 | Aetna | Medicare | 72874 | | | | 63084.15 | 308373.74 | case rate | | |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC | 022 | MS-DRG | | | | inpatient | | | | 48061.24 | Aetna | Medicare | 41792.38 | | | | 32623.42 | 201178.6 | case rate | | |
| CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL | 023 | MS-DRG | | | | inpatient | | | | 88852.96 | Aetna | Medicare | 77263.44 | | | | 67385.9 | 212982.12 | case rate | | |
| CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC | 024 | MS-DRG | | | | inpatient | | | | 62471.61 | Aetna | Medicare | 54323.14 | | | | 44903.86 | 313612.23 | case rate | | |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC | 025 | MS-DRG | | | | inpatient | | | | 71786.2 | Aetna | Medicare | 62405.4 | | | | 52824.86 | 166852.44 | case rate | | |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC | 026 | MS-DRG | | | | inpatient | | | | 52172.15 | Aetna | Medicare | 45367.09 | | | | 36126.72 | 117633.41 | case rate | | |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC | 027 | MS-DRG | | | | inpatient | | | | 43983.59 | Aetna | Medicare | 38246.6 | | | | 29148.47 | 93839.14 | case rate | | |
| SPINAL PROCEDURES W MCC | 028 | MS-DRG | | | | inpatient | | | | 94042.19 | Aetna | Medicare | 81775.82 | | | | 71808.14 | 209654.82 | case rate | | |
| SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS | 029 | MS-DRG | | | | inpatient | | | | 56303.85 | Aetna | Medicare | 48959.87 | | | | 39647.73 | 123094.39 | case rate | | |
| SPINAL PROCEDURES W/O CC/MCC | 030 | MS-DRG | | | | inpatient | | | | 40623.9 | Aetna | Medicare | 35325.13 | | | | 26285.36 | 84967.53 | case rate | | |
| VENTRICULAR SHUNT PROCEDURES W MCC | 031 | MS-DRG | | | | inpatient | | | | 67861.81 | Aetna | Medicare | 59010.27 | | | | 49497.36 | 163162.38 | case rate | | |
| VENTRICULAR SHUNT PROCEDURES W CC | 032 | MS-DRG | | | | inpatient | | | | 39379.26 | Aetna | Medicare | 34242.83 | | | | 25224.68 | 93005.11 | case rate | | |
| VENTRICULAR SHUNT PROCEDURES W/O CC/MCC | 033 | MS-DRG | | | | inpatient | | | | 31893.41 | Aetna | Medicare | 27733.4 | | | | 18845.28 | 169398.47 | case rate | | |
| CAROTID ARTERY STENT PROCEDURE W MCC | 034 | MS-DRG | | | | inpatient | | | | 63677.44 | Aetna | Medicare | 55371.68 | | | | 45931.46 | 279134.99 | case rate | | |
| CAROTID ARTERY STENT PROCEDURE W CC | 035 | MS-DRG | | | | inpatient | | | | 41308.59 | Aetna | Medicare | 35920.51 | | | | 26868.85 | 86607.24 | case rate | | |
| CAROTID ARTERY STENT PROCEDURE W/O C

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EXTRACRANIAL PROCEDURES W CC | 038 | MS-DRG | | | | inpatient | | | | 321.12 | Aetna | Medicare | 27923.82 | | | | 19031.9 | 65208 | case rate | |
| EXTRACRANIAL PROCEDURES W/O CC/MCC | 039 | MS-DRG | | | | inpatient | | | | 25555.18 | Aetna | Medicare | 22221.89 | | | | 13443.87 | 44171.53 | case rate | |
| PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC | 040 | MS-DRG | | | | inpatient | | | | 62061.35 | Aetna | Medicare | 53966.39 | | | | 44554.23 | 153227.3 | case rate | |
| PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM | 041 | MS-DRG | | | | inpatient | | | | 41078.51 | Aetna | Medicare | 35720.44 | | | | 26672.77 | 91994.11 | case rate | |
| PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC | 042 | MS-DRG | | | | inpatient | | | | 34140.13 | Aetna | Medicare | 29687.07 | | | | 20759.93 | 102409.62 | case rate | |
| SPINAL DISORDERS & INJURIES W CC/MCC | 052 | MS-DRG | | | | inpatient | | | | 37673.08 | Aetna | Medicare | 32759.2 | | | | 23770.68 | 80333.48 | case rate | |
| SPINAL DISORDERS & INJURIES W/O CC/MCC | 053 | MS-DRG | | | | inpatient | | | | 22550.3 | Aetna | Medicare | 19608.96 | | | | 10883.13 | 98314.19 | case rate | |
| NERVOUS SYSTEM NEOPLASMS W MCC | 054 | MS-DRG | | | | inpatient | | | | 30557.29 | Aetna | Medicare | 26571.56 | | | | 17706.65 | 143596.19 | case rate | |
| NERVOUS SYSTEM NEOPLASMS W/O MCC | 055 | MS-DRG | | | | inpatient | | | | 24900.98 | Aetna | Medicare | 21653.02 | | | | 12886.37 | 40848.13 | case rate | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC | 056 | MS-DRG | | | | inpatient | | | | 44486.71 | Aetna | Medicare | 38684.1 | | | | 29577.23 | 82870.37 | case rate | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC | 057 | MS-DRG | | | | inpatient | | | | 28274.53 | Aetna | Medicare | 24586.55 | | | | 15761.29 | 47155.56 | case rate | |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC | 058 | MS-DRG | | | | inpatient | | | | 35363.98 | Aetna | Medicare | 30751.29 | | | | 21892.88 | 68636.72 | case rate | |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC | 059 | MS-DRG | | | | inpatient | | | | 26738.83 | Aetna | Medicare | 23251.16 | | | | 14452.58 | 42890.4 | case rate | |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC | 060 | MS-DRG | | | | inpatient | | | | 22148.36 | Aetna | Medicare | 19259.44 | | | | 10540.6 | 32481.13 | case rate | |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC | 061 | MS-DRG | | | | inpatient | | | | 47245.04 | Aetna | Medicare | 41086.12 | | | | 31931.26 | 111080.23 | case rate | |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC | 062 | MS-DRG | | | | inpatient | | | | 34463.07 | Aetna | Medicare | 29967.89 | | | | 21935.14 | 121708.96 | case rate | |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC | 063 | MS-DRG | | | | inpatient | | | | 29250.28 | Aetna | Medicare | 25435.03 | | | | 16592.82 | 136083.64 | case rate | |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC | 064 | MS-DRG | | | | inpatient | | | | 37350.14 | Aetna | Medicare | 32478.38 | | | | 23495.48 | 215326.95 | case rate | |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS | 065 | MS-DRG | | | | inpatient | | | | 23873.94 | Aetna | Medicare | 20759.95 | | | | 12011.13 | 40235.72 | case rate | |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC | 066 | MS-DRG | | | | inpatient | | | | 19319.51 | Aetna | Medicare | 16799.57 | | | | 8129.67 | 28350.29 | case rate | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC | 067 | MS-DRG | | | | inpatient | | | | 29944.68 | Aetna | Medicare | 26038.85 | | | | 17184.58 | 58565.11 | case rate | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC | 068 | MS-DRG | | | | inpatient | | | | 21997.28 | Aetna | Medicare | 19128.07 | | | | 10411.85 | 35055.59 | case rate | |
| TRANSIENT ISCHEMIA W/O THROMBOLYTIC | 069 | MS-DRG | | | | inpatient | | | | 20869.07 | Aetna | Medicare | 18147.02 | | | | 9450.4 | 29859.86 | case rate | |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC | 070 | MS-DRG | | | | inpatient | | | | 33879.56 | Aetna | Medicare | 29460.49 | | | | 20537.87 | 64178.22 | case rate | |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W CC | 071 | MS-DRG | | | | inpatient | | | | 24386.77 | Aetna | Medicare | 21205.88 | | | | 12448.16 | 38453.1 | case rate | |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC | 072 | MS-DRG | | | | inpatient | | | | 20177.45 | Aetna | Medicare | 17545.61 | | | | 8861 | 28943.19 | case rate | |
| CRANIAL & PERIPHERAL NERVE DISORDERS W MCC | 073 | MS-DRG | | | | inpatient | | | | 31201.79 | Aetna | Medicare | 27131.99 | | | | 18255.89 | 55042.78 | case rate | |
| CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC | 074 | MS-DRG | | | | inpatient | | | | 24227.38 | Aetna | Medicare | 21067.28 | | | | 12312.33 | 37988.92 | case rate | |
| VIRAL MENINGITIS W CC/MCC | 075 | MS-DRG | | | | inpatient | | | | 32817.88 | Aetna | Medicare | 28537.29 | | | | 19633.11 | 57792.77 | case rate | |
| VIRAL MENINGITIS W/O CC/MCC | 076 | MS-DRG | | | | inpatient | | | | 22487.93 | Aetna | Medicare | 19554.72 | | | | 10829.98 | 32172.97 | case rate | |
| HYPERTENSIVE ENCEPHALOPATHY W MCC | 077 | MS-DRG | | | | inpatient | | | | 31211.49 | Aetna | Medicare | 27140.43 | | | | 18264.15 | 55038.86 | case rate | |
| HYPERTENSIVE ENCEPHALOPATHY W CC | 078 | MS-DRG | | | | inpatient | | | | 23610.6 | Aetna | Medicare | 20530.96 | | | | 11786.72 | 37840.69 | case rate | |
| HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC | 079 | MS-DRG | | | | inpatient | | | | 18949.44 | Aetna | Medicare | 16477.78 | | | | 7814.5 | 29118.73 | case rate | |
| NONTRAUMATIC STUPOR & COMA W MCC | 080 | MS-DRG | | | | inpatient | | | | 37070.16 | Aetna | Medicare | 32234.92 | | | | 23256.88 | 73286.35 | case rate | |
| NONTRAUMATIC STUPOR & COMA W/O MCC | 081 | MS-DRG | | | | inpatient | | | | 22330.22 | Aetna | Medicare | 19408.89 | | | | 10687.06 | 33335.38 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC | 082 | MS-DRG | | | | inpatient | | | | 41937.84 | Aetna | Medicare | 36467.69 | | | | 27405.09 | 84200.51 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W CC | 083 | MS-DRG | | | | inpatient | | | | 29050.7 | Aetna | Medicare | 25261.48 | | | | 16422.74 | 50514.07 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC | 084 | MS-DRG | | | | inpatient | | | | 23031.25 | Aetna | Medicare | 20027.17 | | | | 11292.99 | 36015.16 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC | 085 | MS-DRG | | | | inpatient | | | | 41188.62 | Aetna | Medicare | 35814.45 | | | | 26764.9 | 85035.26 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W CC | 086 | MS-DRG | | | | inpatient | | | | 27958.52 | Aetna | Medicare | 24311.76 | | | | 15491.99 | 48489.6 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC | 087 | MS-DRG | | | | inpatient | | | | 22031.93 | Aetna | Medicare | 19158.2 | | | | 10441.38 | 32972.62 | case rate | |
| CONCUSSION W MCC | 088 | MS-DRG | | | | inpatient | | | | 26332.06 | Aetna | Medicare | 25506.14 | | | | 16682.51 | 57714.76 | case rate | |
| CONCUSSION W CC | 089 | MS-DRG | | | | inpatient | | | | 24639.02 | Aetna | Medicare | 21425.24 | | | | 12663.13 | 41639.97 | case rate | |
| CONCUSSION W/O CC/MCC | 090 | MS-DRG | | | | inpatient | | | | 21661.87 | Aetna | Medicare | 18836.41 | | | | 10126.02 | 30948.15 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM W MCC | 091 | MS-DRG | | | | inpatient | | | | 35045.2 | Aetna | Medicare | 30474.09 | | | | 21531.22 | 62879.28 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM W CC | 092 | MS-DRG | | | | inpatient | | | | 24453.3 | Aetna | Medicare | 21263.74 | | | | 12504.86 | 36795.3 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC | 093 | MS-DRG | | | | inpatient | | | | 20719.38 | Aetna | Medicare | 18016.85 | | | | 9322.83 | 28779.36 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC | 094 | MS-DRG | | | | inpatient | | | | 60351.01 | Aetna | Medicare | 52479.14 | | | | 43096.69 | 143463.85 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC | 095 | MS-DRG | | | | inpatient | | | | 43005.07 | Aetna | Medicare | 37395.71 | | | | 28314.58 | 92871.77 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC | 096 | MS-DRG | | | | inpatient | | | | 43005.07 | Aetna | Medicare | 37395.71 | | | | 28314.58 | 82343.78 | case rate | |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC | 097 | MS-DRG | | | | inpatient | | | | 59462.57 | Aetna | Medicare | 51706.59 | | | | 42339.57 | 138041.87 | case rate | |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC | 098 | MS-DRG | | | | inpatient | | | | 39846.35 | Aetna | Medicare | 34649 | | | | 25622.73 | 72182.45 | case rate | |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC | 099 | MS-DRG | | | | inpatient | | | | 29090.89 | Aetna | Medicare | 25296.43 | | | | 16456.99 | 49652.01 | case rate | |
| SEIZURES W MCC | 100 | MS-DRG | | | | inpatient | | | | 37296.08 | Aetna | Medicare | 32431.38 | | | | 23449.41 | 70696.29 | case rate | |
| SEIZURES W/O MCC | 101 | MS-DRG | | | | inpatient | | | | 22554.46 | Aetna | Medicare | 19612.57 | | | | 10886.68 | 33908.79 | case rate | |
| HEADACHES W MCC | 102 | MS-DRG | | | | inpatient | | | | 25850.4 | Aetna | Medicare | 22478.6 | | | | 13695.46 | 41991.04 | case rate | |
| HEADACHES W/O MCC | 103 | MS-DRG | | | | inpatient | | | | 21563.46 | Aetna | Medicare | 18750.84 | | | | 10042.15 | 30480.07 | case rate | |
| ORBITAL PROCEDURES W CC/MCC | 113 | MS-DRG | | | | inpatient | | | | 40787.45 | Aetna | Medicare | 35467.35 | | | | 26424.73 | 89821.42 | case rate | |
| ORBITAL PROCEDURES W/O CC/MCC | 114 | MS-DRG | | | | inpatient | | | | 26163.63 | Aetna | Medicare | 22750.99 | | | | 13962.4 | 48957.69 | case rate | |
| EXTRAOCULAR PROCEDURES EXCEPT ORBIT | 115 | MS-DRG | | | | inpatient | | | | 30999.43 | Aetna | Medicare | 26956.03 | | | | 18083.44 | 53131.43 | case rate | |
| INTRAOCULAR PROCEDURES W CC/MCC | 116 | MS-DRG | | | | inpatient | | | | 32996.58 | Aetna | Medicare | 28614.42 | | | | 19708.7 | 66623.96 | case rate | |
| INTRAOCULAR PROCEDURES W/O CC/MCC | 117 | MS-DRG | | | | inpatient | | | | 23808.8 | Aetna | Medicare | 20703.3 | | | | 11955.62 | 39104.52 | case rate | |
| ACUTE MAJOR EYE INFECTIONS W CC/MCC | 121 | MS-DRG | | | | inpatient | | | | 25901.68 | Aetna | Medicare | 22523.2 | | | | 13739.16 | 41320.12 | case rate | |
| ACUTE MAJOR EYE INFECTIONS W/O CC/MCC | 122 | MS-DRG | | | | inpatient | | | | 19180.91 | Aetna | Medicare | 16679.05 | | | | 8011.75 | 27531.14 | case rate | |
| NEUROLOGICAL EYE DISORDERS | 123 | MS-DRG | | | | inpatient | | | | 20912.03 | Aetna | Medicare | 18184.38 | | | | 9487.01 | 29368.37 | case rate | |
| OTHER DISORDERS OF THE EYE W MCC | 124 | MS-DRG | | | | inpatient | | | | 27851.8 | Aetna | Medicare | 24218.95 | | | | 15401.04 | 51930.02 | case rate | |
| OTHER DISORDERS OF THE EYE W/O MCC | 125 | MS-DRG | | | | inpatient | | | | 21223.89 | Aetna | Medicare | 18455.55 | | | | 9752.77 | 31603.47 | case rate | |
| SINUS & MASTOID PROCEDURES W CC/MCC | 135 | MS-DRG | | | | inpatient | | | | 43197.72 | Aetna | Medicare | 37563.24 | | | | 28478.76 | 89645.89 | case rate | |
| SINUS & MASTOID PROCEDURES W/O CC/MCC | 136 | MS-DRG | | | | inpatient | | | | 23337.56 | Aetna | Medicare | 20293.53 | | | | 11554.03 | 47295.99 | case rate | |
| MOUTH PROCEDURES W CC/MCC | 137 | MS-DRG | | | | inpatient | | | | 29164.35 | Aetna | Medicare | 25360.3 | | | | 16519.59 | 53716.54 | case rate | |
| MOUTH PROCEDURES W/O CC/MCC | 138 | MS-DRG | | | | inpatient | | | | 21054.79 | Aetna | Medicare | 18308.52 | | | | 9608.67 | 32968.72 | case rate | |
| SALIVARY GLAND PROCEDURES | 139 | MS-DRG | | | | inpatient | | | | 28809.53 | Aetna | Medicare | 25051.77 | | | | 16217.22 | 45263.72 | case rate | |
| MAJOR HEAD AND NECK PROCEDURES WITH MCC | 140 | MS-DRG | | | | inpatient | | | | 68396.81 | Aetna | Medicare | 59475.49 | | | | 49953.28 | 73380.85 | case rate | |
| MAJOR HEAD AND NECK PROCEDURES WITH CC | 141 | MS-DRG | | | | inpatient | | | | 39558.06 | Aetna | Medicare | 34398.31 | | | | 25377.05 | 37278.62 | case rate | |
| MAJOR HEAD AND NECK PROCEDURES WITHOUT COMPLICATIONS | 142 | MS-DRG | | | | inpatient | | | | 31573.24 | Aetna | Medicare | 27454.99 | | | | 18572.43 | 27454.99 | case rate | |
| OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC | 143 | MS-DRG | | | | inpatient | | | | 55544.32 | Aetna | Medicare | 48299.41 | | | | 39000.46 | 57291.27 | case rate | |
| OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC | 144 | MS-DRG | | | | inpatient | | | | 34127.66 | Aetna | Medicare | 29676.23 | | | | 20749.3 | 30480.5 | case rate | |
| OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC | 145 | MS-DRG | | | | inpatient | | | | 26201.06 | Aetna | Medicare | 22783.53 | | | | 13984.29 | 22783.53 | case rate | |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC | 146 | MS-DRG | | | | inpatient | | | | 41576.09 | Aetna | Medicare | 36153.12 | | | | 27096.81 | 75014.36 | case rate | |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC | 147 | MS-DRG | | | | inpatient | | | | 27032.66 | Aetna | Medicare | 23506.66 | | | | 14702.98 | 48778.25 | case rate | |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC | 148 | MS-DRG | | | | inpatient | | | | 20359.02 | Aetna | Medicare | 17703.49 | | | | 9015.73 | 28233.27 | case rate | |
| DYSEQUILIBRIUM | 149 | MS-DRG | | | | inpatient | | | | 20140.03 | Aetna | Medicare | 17513.07 | | | | 8829.11 | 27737.88 | case rate | |
| EPISTAXIS W MCC | 150 | MS-DRG | | | | inpatient | | | | 28937.04 | Aetna | Medicare | 25162.65 | | | | 16325.88 | 51781.79 | case rate | |
| EPISTAXIS W/O MCC | 151 | MS-DRG | | | | inpatient | | | | 20285.56 | Aetna | Medicare | 17639.61 | | | | 8953.13 | 27453.13 | case rate | |
| OTITIS MEDIA & URI W MCC | 152 | MS-DRG | | | | inpatient | | | | 25508.05 | Aetna | Medicare | 22180.91 | | | | 13403.71 | 40649.19 | case rate | |
| OTITIS MEDIA & URI W/O MCC | 153 | MS-DRG | | | | inpatient | | | | 19643.83 | Aetna | Medicare | 17081.59 | | | | 8406.26 | 27765.18 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC | 154 | MS-DRG | | | | inpatient | | | | 32320.3 | Aetna | Medicare | 28104.61 | | | | 19209.07 | 56423.63 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC | 155 | MS-DRG | | | | inpatient | | | | 22719.39 | Aetna | Medicare | 19756 | | | | 11027.24 | 34454.88 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC | 156 | MS-DRG | | | | inpatient | | | | 19099.13 | Aetna | Medicare | 16607.94 | | | | 7942.07 | 25740.72 | case rate | |
| DENTAL & ORAL DISEASES W MCC | 157 | MS-DRG | | | | inpatient | | | | 32475.53 | Aetna | Medicare | 28239.59 | | | | 19341.36 | 65258.71 | case rate | |
| DENTAL & ORAL DISEASES W CC | 158 | MS-DRG | | | | inpatient | | | | 22816.42 | Aetna | Medicare | 19840.36 | | | | 11109.92 | 34727.93 | case rate | |
| DENTAL & ORAL DISEASES W/O CC/MCC | 159 | MS-DRG | | | | inpatient | | | | 18921.72 | Aetna | Medicare | 16453.67 | | | | 7790.88 | 26462.35 | case rate | |
| MAJOR CHEST PROCEDURES W MCC | 163 | MS-DRG | | | | inpatient | | | | 73663.65 | Aetna | Medicare | 64055.35 | | | | 54441.66 | 191887.14 | case rate | |
| MAJOR CHEST PROCEDURES W CC | 164 | MS-DRG | | | | inpatient | | | | 44665.51 | Aetna | Medicare | 38839.57 | | | | 29729.6 | 100205.08 | case rate | |
| MAJOR CHEST PROCEDURES W/O CC/MCC | 165 | MS-DRG | | | | inpatient | | | | 35614.85 | Aetna | Medicare | 30969.44 | | | | 22016.67 | 72256.57 | case rate | |
| OTHER RESP SYSTEM O.R. PROCEDURES W MCC | 166 | MS-DRG | | | | inpatient | | | | 63145.21 | Aetna | Medicare | 54908.88 | | | | 45477.9 | 136446.49 | case rate | |
| OTHER RESP SYSTEM O.R. PROCEDURES W CC | 167 | MS-DRG | | | | inpatient | | | | 35104.8 | Aetna | Medicare | 30525.91 | | | | 21582.01 | 74019.68 | case rate | |
| OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC | 168 | MS-DRG | | | | inpatient | | | | 28544.8 | Aetna | Medicare | 24821.57 | | | | 15991.62 | 52331.79 | case rate | |
| ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM | 173 | MS-DRG | | | | inpatient | | | | 52310.75 | Aetna | Medicare | 45487.61 | | | | 36244.83 | 53243.28 | case rate | |
| PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE | 175 | MS-DRG | | | | inpatient | | | | 29309.88 | Aetna | Medicare | 25486.85 | | | | 16643.61 | 57141.35 | case rate | |
| PULMONARY EMBOLISM W/O MCC | 176 | MS-DRG | | | | inpatient | | | | 21068.65 | Aetna | Medicare | 19320.57 | | | | 9620.48 | 35067.29 | case rate | |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC | 177 | MS-DRG | | | | inpatient | | | | 32184.47 | Aetna | Medicare | 27986.5 | | | | 19093.32 | 71804.09 | case rate | |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W CC | 178 | MS-DRG | | | | inpatient | | | | 23530.21 | Aetna | Medicare | 20461.05 | | | | 11718.21 | 49710.52 | case rate | |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC | 179 | MS-DRG | | | | inpatient | | | | 20447.72 | Aetna | Medicare | 17780.63 | | | | 9091.33 | 35944.95 | case rate | |
| RESPIRATORY NEOPLASMS W MCC | 180 | MS-DRG | | | | inpatient | | | | 34004.3 | Aetna | Medicare | 29568.96 | | | | 20644.17 | 66155.87 | case rate | |
| RESPIRATORY NEOPLASMS W CC | 181 | MS-DRG | | | | inpatient | | | | 25168.48 | Aetna | Medicare | 21885.63 | | | | 13114.33 | 44503.09 | case rate | |
| RESPIRATORY NEOPLASMS W/O CC/MCC | 182 | MS-DRG | | | | inpatient | | | | 21387.44 | Aetna | Medicare | 18597.77 | | | | 9892.15 | 31014.47 | case rate | |
| MAJOR CHEST TRAUMA W MCC | 183 | MS-DRG | | | | inpatient | | | | 31779.76 | Aetna | Medicare | 27634.57 | | | | 18748.43 | 58155.54 | case rate | |
| MAJOR CHEST TRAUMA W CC | 184 | MS-DRG | | | | inpatient | | | | 24583.58 | Aetna | Medicare | 21377.03 | | | | 12615.88 | 39178.63 | case rate | |
| MAJOR CHEST TRAUMA W/O CC/MCC | 185 | MS-DRG | | | | inpatient | | | | 20558.6 | Aetna | Medicare | 17877.04 | | | | 9185.82 | 28564.83 | case rate | |
| PLEURAL EFFUSION W MCC | 186 | MS-DRG | | | | inpatient | | | | 31678.58 | Aetna | Medicare | 27546.59 | | | | 18662.2 | 60831.42 | case rate | |
| PLEURAL EFFUSION W CC | 187 | MS-DRG | | | | inpatient | | | | 23695.15 | Aetna | Medicare | 20604.48 | | | | 11858.77 | 41113.38 | case rate | |
| PLEURAL EFFUSION W/O CC/MCC | 188 | MS-DRG | | | | inpatient | | | | 19955.69 | Aetna | Medicare | 17352.77 | | | | 8672.02 | 29926.17 | case rate | |
| PULMONARY EDEMA & RESPIRATORY FAILURE | 189 | MS-DRG | | | | inpatient | | | | 26930.1 | Aetna | Medicare | 23417.48 | | | | 14615.57 | 48185.35 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC | 190 | MS-DRG | | | | inpatient | | | | 25344.5 | Aetna | Medicare | 22038.7 | | | | 13264.34 | 46445.63 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC | 191 | MS-DRG | | | | inpatient | | | | 21686.82 | Aetna | Medicare | 18858.1 | | | | 10147.28 | 35648.5 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC | 192 | MS-DRG | | | | inpatient | | | | 18749.86 | Aetna | Medicare | 16304.22 | | | | 7644.42 | 26244.97 | case rate | |
| SIMPLE PNEUMONIA & PLEURISY W MCC | 193 | MS-DRG | | | | inpatient | | | | 28043.07 | Aetna | Medicare | 24385.28 | | | | 15564.04 | 51360.52 | case rate | |
| SIMPLE PNEUMONIA & PLEURISY W CC | 194 | MS-DRG | | | | inpatient | | | | 21144.88 | Aetna | Medicare | 18386.86 | | | | 9685.45 | 35114.1 | case rate | |
| SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC | 195 | MS-DRG | | | | inpatient | | | | 18410.28 | Aetna | Medicare | 16008.94 | | | | 7355.03 | 26790.01 | case rate | |
| INTERSTITIAL LUNG DISEASE W MCC | 196 | MS-DRG | | | | inpatient | | | | 35853.44 | Aetna | Medicare | 31211.69 | | | | 22254.08 | 63897.37 | case rate | |
| INTERSTITIAL LUNG DISEASE W CC | 197 | MS-DRG | | | | inpatient | | | | 23501.11 | Aetna | Medicare | 20435.74 | | | | 11693.4 | 39073.31 | case rate | |
| INTERSTITIAL LUNG DISEASE W/O CC/MCC | 198 | MS-DRG | | | | inpatient | | | | 19107.45 | Aetna | Medicare | 16615.17 | | | | 7949.15 | 29586.81 | case rate | |
| PNEUMOTHORAX W MCC | 199 | MS-DRG | | | | inpatient | | | | 34246.86 | Aetna | Medicare | 29779.88 | | | | 20850.88 | 69541.68 | case rate | |
| PNEUMOTHORAX W CC | 200 | MS-DRG | | | | inpatient | | | | 25129.67 | Aetna | Medicare | 21851.89 | | | | 13081.26 | 41924.72 | case rate | |
| PNEUMOTHORAX W/O CC/MCC | 201 | MS-DRG | | | | inpatient | | | | 19164.27 | Aetna | Medicare | 16664.59 | | | | 7997.58 | 27891.99 | case rate | |
| BRONCHITIS & ASTHMA W CC/MCC | 202 | MS-DRG | | | | inpatient | | | | 23178.16 | Aetna | Medicare | 20154.93 | | | | 11418.2 | 39695.65 | case rate | |
| BRONCHITIS & ASTHMA W/O CC/MCC | 203 | MS-DRG | | | | inpatient | | | | 19434.55 | Aetna | Medicare | 16899.6 | | | | 8227.9 | 30775.53 | case rate | |
| RESPIRATORY SIGNS & SYMPTOMS | 204 | MS-DRG | | | | inpatient | | | | 21020.14 | Aetna | Medicare | 18278.39 | | | | 9579.14 | 96731.64 | case rate | |
| OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC | 205 | MS-DRG | | | | inpatient | | | | 35944.72 | Aetna | Medicare | 31256.28 | | | | 22297.79 | 59208.73 | case rate | |
| OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC | 206 | MS-DRG | | | | inpatient | | | | 22334.08 | Aetna | Medicare | 19420.94 | | | | 10698.87 | 33682.54 | case rate | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS | 207 | MS-DRG | | | | inpatient | | | | 99415.76 | Aetna | Medicare | 86448.49 | | | | 49835 | 218302.68 | case rate | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS | 208 | MS-DRG | | | | inpatient | | | | 46977.38 | Aetna | Medicare | 40849.89 | | | | 31699.76 | 95075.66 | case rate | |
| CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES | 212 | MS-DRG | | | | inpatient | | | | 160770.36 | Aetna | Medicare | 139800.31 | | | | 37458 | 189020.06 | case rate | |
| OTHER HEART ASSIST SYSTEM IMPLANT | 215 | MS-DRG | | | | inpatient | | | | 156624.79 | Aetna | Medicare | 136195.47 | | | | 125140.69 | 502648.1 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC | 216 | MS-DRG | | | | inpatient | | | | 143545 | Aetna | Medicare | 124821.74 | | | | 78485 | 383083.85 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC | 217 | MS-DRG | | | | inpatient | | | | 98286.86 | Aetna | Medicare | 86336.4 | | | | 76277.62 | 248193.74 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC | 218 | MS-DRG | | | | inpatient | | | | 92237.6 | Aetna | Medicare | 80206.61 | | | | 70270.28 | 230348.04 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC | 219 | MS-DRG | | | | inpatient | | | | 117022.27 | Aetna | Medicare | 101798.5 | | | | 57338 | 309026.24 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC | 220 | MS-DRG | | | | inpatient | | | | 83192.49 | Aetna | Medicare | 72341.29 | | | | 57338 | 203043.14 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC | 221 | MS-DRG | | | | inpatient | | | | 73433.58 | Aetna | Medicare | 63855.28 | | | | 17199 | 179720.85 | case rate | |
| OTHER CARDIOTHORACIC PROCEDURES W MCC | 228 | MS-DRG | | | | inpatient | | | | 78848.73 | Aetna | Medicare | 68564.11 | | | | 58860.35 | 256517.83 | case rate | |
| OTHER CARDIOTHORACIC PROCEDURES W/O MCC | 229 | MS-DRG | | | | inpatient | | | | 52833.28 | Aetna | Medicare | 45941.98 | | | | 36690.12 | 181320.14 | case rate | |
| CORONARY BYPASS W PTCA W MCC | 231 | MS-DRG | | | | inpatient | | | | 127228.86 | Aetna | Medicare | 110633.79 | | | | 19424 | 327615.89 | case rate | |
| CORONARY BYPASS W PTCA W/O MCC | 232 | MS-DRG | | | | inpatient | | | | 94446.91 | Aetna | Medicare | 82127.74 | | | | 27830 | 240298.72 | case rate | |
| CORONARY BYPASS W CARDIAC CATH W MCC | 233 | MS-DRG | | | | inpatient | | | | 118115.83 | Aetna | Medicare | 102709.42 | | | | 53769 | 297923.76 | case rate | |
| CORONARY BYPASS W CARDIAC CATH W/O MCC | 234 | MS-DRG | | | | inpatient | | | | 83518.2 | Aetna | Medicare | 72624.52 | | | | 62839.65 | 200776.83 | case rate | |
| CORONARY BYPASS W/O CARDIAC CATH W MCC | 235 | MS-DRG | | | | inpatient | | | | 91335.31 | Aetna | Medicare | 79422.01 | | | | 47567 | 226626.77 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CORONARY BYPASS W/O CARDIAC CATH W/O MCC | 236 | MS-DRG | | | | inpatient | | | | 86773.79 | Aetna | Medicare | 58064.16 | | | | 33990 | 153163.18 | case rate | |
| AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC | 239 | MS-DRG | | | | inpatient | | | | 79591.63 | Aetna | Medicare | 69210.11 | | | | 59493.45 | 183695.67 | case rate | |
| AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC | 240 | MS-DRG | | | | inpatient | | | | 50143.03 | Aetna | Medicare | 43602.63 | | | | 34397.51 | 107070.31 | case rate | |
| AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC | 241 | MS-DRG | | | | inpatient | | | | 30706.98 | Aetna | Medicare | 26701.72 | | | | 15559 | 62255.17 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W MCC | 242 | MS-DRG | | | | inpatient | | | | 56763.12 | Aetna | Medicare | 49385.32 | | | | 20528 | 145765.26 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W CC | 243 | MS-DRG | | | | inpatient | | | | 41003.67 | Aetna | Medicare | 35655.36 | | | | 19748 | 99635.58 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC | 244 | MS-DRG | | | | inpatient | | | | 34792.95 | Aetna | Medicare | 30254.74 | | | | 19748 | 91806.34 | case rate | |
| AICD GENERATOR PROCEDURES | 245 | MS-DRG | | | | inpatient | | | | 77511.22 | Aetna | Medicare | 67401.06 | | | | 57720.54 | 195506.98 | case rate | |
| PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC | 250 | MS-DRG | | | | inpatient | | | | 41832.5 | Aetna | Medicare | 36376.09 | | | | 27315.32 | 100903.31 | case rate | |
| PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC | 251 | MS-DRG | | | | inpatient | | | | 31437.41 | Aetna | Medicare | 27336.88 | | | | 18456.68 | 65445.94 | case rate | |
| OTHER VASCULAR PROCEDURES W MCC | 252 | MS-DRG | | | | inpatient | | | | 57325.34 | Aetna | Medicare | 49848.13 | | | | 40518.24 | 127155.02 | case rate | |
| OTHER VASCULAR PROCEDURES W CC | 253 | MS-DRG | | | | inpatient | | | | 45164.47 | Aetna | Medicare | 39273.46 | | | | 30154.81 | 101195.86 | case rate | |
| OTHER VASCULAR PROCEDURES W/O CC/MCC | 254 | MS-DRG | | | | inpatient | | | | 34026.48 | Aetna | Medicare | 29588.24 | | | | 20663.07 | 70802.67 | case rate | |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC | 255 | MS-DRG | | | | inpatient | | | | 46044.59 | Aetna | Medicare | 40038.78 | | | | 30904.84 | 99089.48 | case rate | |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC | 256 | MS-DRG | | | | inpatient | | | | 33254.47 | Aetna | Medicare | 28916.93 | | | | 20005.17 | 68211.54 | case rate | |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC | 257 | MS-DRG | | | | inpatient | | | | 20765.12 | Aetna | Medicare | 18056.62 | | | | 9361.81 | 43925.78 | case rate | |
| CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC | 258 | MS-DRG | | | | inpatient | | | | 48664.15 | Aetna | Medicare | 42316.66 | | | | 15797 | 116584.12 | case rate | |
| CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC | 259 | MS-DRG | | | | inpatient | | | | 34141.52 | Aetna | Medicare | 29688.28 | | | | 15797 | 81797.68 | case rate | |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC | 260 | MS-DRG | | | | inpatient | | | | 56989.93 | Aetna | Medicare | 49556.46 | | | | 12982 | 141185.84 | case rate | |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC | 261 | MS-DRG | | | | inpatient | | | | 36080.55 | Aetna | Medicare | 31374.39 | | | | 12982 | 77684.14 | case rate | |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC | 262 | MS-DRG | | | | inpatient | | | | 30816.48 | Aetna | Medicare | 26796.94 | | | | 12982 | 63616.52 | case rate | |
| VEIN LIGATION & STRIPPING | 263 | MS-DRG | | | | inpatient | | | | 46953.82 | Aetna | Medicare | 40829.41 | | | | 31679.68 | 93312.55 | case rate | |
| OTHER CIRCULATORY SYSTEM O.R. PROCEDURES | 264 | MS-DRG | | | | inpatient | | | | 58222.09 | Aetna | Medicare | 50627.91 | | | | 41282.44 | 123207.51 | case rate | |
| AICD LEAD PROCEDURES | 265 | MS-DRG | | | | inpatient | | | | 59221.41 | Aetna | Medicare | 51486.88 | | | | 42134.05 | 121573.12 | case rate | |
| ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC | 266 | MS-DRG | | | | inpatient | | | | 92812.8 | Aetna | Medicare | 80706.78 | | | | 70760.45 | 280518.84 | case rate | |
| ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC | 267 | MS-DRG | | | | inpatient | | | | 74987.3 | Aetna | Medicare | 65206.34 | | | | 55569.66 | 228116.84 | case rate | |
| AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC | 268 | MS-DRG | | | | inpatient | | | | 102193.33 | Aetna | Medicare | 88863.76 | | | | 78754.49 | 261491.23 | case rate | |
| AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC | 269 | MS-DRG | | | | inpatient | | | | 67447.39 | Aetna | Medicare | 58649.9 | | | | 49144.19 | 161914.16 | case rate | |
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC | 270 | MS-DRG | | | | inpatient | | | | 80923.59 | Aetna | Medicare | 70368.34 | | | | 60628.53 | 197441.73 | case rate | |
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC | 271 | MS-DRG | | | | inpatient | | | | 57519.39 | Aetna | Medicare | 50016.86 | | | | 40683.6 | 136282.66 | case rate | |
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC | 272 | MS-DRG | | | | inpatient | | | | 44492.38 | Aetna | Medicare | 38691.2 | | | | 29554.79 | 102124.23 | case rate | |
| PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC | 273 | MS-DRG | | | | inpatient | | | | 63976.82 | Aetna | Medicare | 55632.01 | | | | 46186.59 | 142473.07 | case rate | |
| PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC | 274 | MS-DRG | | | | inpatient | | | | 53037.02 | Aetna | Medicare | 46119.15 | | | | 36863.75 | 116174.55 | case rate | |
| CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC | 275 | MS-DRG | | | | inpatient | | | | 107729.06 | Aetna | Medicare | 93677.44 | | | | 83472.01 | 122619.52 | case rate | |
| CARDIAC DEFIBRILLATOR IMPLANT WITH MCC | 276 | MS-DRG | | | | inpatient | | | | 95634.72 | Aetna | Medicare | 83160.62 | | | | 73165.28 | 107479.93 | case rate | |
| CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC | 277 | MS-DRG | | | | inpatient | | | | 74255.48 | Aetna | Medicare | 64569.98 | | | | 54946.01 | 80715.12 | case rate | |
| ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC | 278 | MS-DRG | | | | inpatient | | | | 79125.93 | Aetna | Medicare | 68805.16 | | | | 59096.58 | 86812.26 | case rate | |
| ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC | 279 | MS-DRG | | | | inpatient | | | | 54192.96 | Aetna | Medicare | 47124.31 | | | | 37848.83 | 55599.54 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC | 280 | MS-DRG | | | | inpatient | | | | 32529.59 | Aetna | Medicare | 28286.6 | | | | 19387.43 | 64638.5 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC | 281 | MS-DRG | | | | inpatient | | | | 22555.84 | Aetna | Medicare | 19613.78 | | | | 10887.86 | 38211.26 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC | 282 | MS-DRG | | | | inpatient | | | | 19829.56 | Aetna | Medicare | 17243.09 | | | | 8564.53 | 29216.24 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC | 283 | MS-DRG | | | | inpatient | | | | 3688.67 | Aetna | Medicare | 3207.01 | | | | 23096.25 | 70365.93 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC | 284 | MS-DRG | | | | inpatient | | | | 20049.94 | Aetna | Medicare | 17434.73 | | | | 8752.34 | 29902.77 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC | 285 | MS-DRG | | | | inpatient | | | | 17560.66 | Aetna | Medicare | 15270.14 | | | | 6630.99 | 23263.77 | case rate | |
| CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC | 286 | MS-DRG | | | | inpatient | | | | 40456.19 | Aetna | Medicare | 35179.3 | | | | 13521 | 85066.47 | case rate | |
| CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC | 287 | MS-DRG | | | | inpatient | | | | 24882.96 | Aetna | Medicare | 21637.36 | | | | 9969 | 44425.07 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS W MCC | 288 | MS-DRG | | | | inpatient | | | | 47638.51 | Aetna | Medicare | 41424.79 | | | | 32263.17 | 105088.76 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS W CC | 289 | MS-DRG | | | | inpatient | | | | 31632.84 | Aetna | Medicare | 27506.82 | | | | 18623.22 | 66698.07 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC | 290 | MS-DRG | | | | inpatient | | | | 23348.64 | Aetna | Medicare | 20303.17 | | | | 11563.48 | 39451.68 | case rate | |
| HEART FAILURE & SHOCK W MCC | 291 | MS-DRG | | | | inpatient | | | | 27864.27 | Aetna | Medicare | 24229.8 | | | | 15411.67 | 52480.02 | case rate | |
| HEART FAILURE & SHOCK W CC | 292 | MS-DRG | | | | inpatient | | | | 21715.92 | Aetna | Medicare | 18883.41 | | | | 10172.08 | 35878.64 | case rate | |
| HEART FAILURE & SHOCK W/O CC/MCC | 293 | MS-DRG | | | | inpatient | | | | 17384.63 | Aetna | Medicare | 15117.07 | | | | 6480.98 | 25963.06 | case rate | |
| DEEP VEIN THROMBOPHLEBITIS W CC/MCC | 294 | MS-DRG | | | | inpatient | | | | 26799.81 | Aetna | Medicare | 23304.19 | | | | 14504.55 | 45279.33 | case rate | |
| DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC | 295 | MS-DRG | | | | inpatient | | | | 20726.31 | Aetna | Medicare | 18022.88 | | | | 9294.92 | 21504.56 | case rate | |
| CARDIAC ARREST, UNEXPLAINED W MCC | 296 | MS-DRG | | | | inpatient | | | | 32488.01 | Aetna | Medicare | 28250.44 | | | | 19351.99 | 59895.25 | case rate | |
| CARDIAC ARREST, UNEXPLAINED W CC | 297 | MS-DRG | | | | inpatient | | | | 19542.65 | Aetna | Medicare | 16993.61 | | | | 8320.03 | 25448.17 | case rate | |
| CARDIAC ARREST, UNEXPLAINED W/O CC/MCC | 298 | MS-DRG | | | | inpatient | | | | 15901.6 | Aetna | Medicare | 13827.48 | | | | 5217.15 | 19820.88 | case rate | |
| PERIPHERAL VASCULAR DISORDERS W MCC | 299 | MS-DRG | | | | inpatient | | | | 32199.72 | Aetna | Medicare | 27999.75 | | | | 19106.31 | 56575.75 | case rate | |
| PERIPHERAL VASCULAR DISORDERS W CC | 300 | MS-DRG | | | | inpatient | | | | 24618.23 | Aetna | Medicare | 21407.16 | | | | 12645.41 | 39931.47 | case rate | |
| PERIPHERAL VASCULAR DISORDERS W/O CC/MCC | 301 | MS-DRG | | | | inpatient | | | | 19667.4 | Aetna | Medicare | 17102.08 | | | | 8426.34 | 28326.88 | case rate | |
| ATHEROSCLEROSIS W MCC | 302 | MS-DRG | | | | inpatient | | | | 25993.06 | Aetna | Medicare | 22624.4 | | | | 13740.34 | 47717.99 | case rate | |
| ATHEROSCLEROSIS W/O MCC | 303 | MS-DRG | | | | inpatient | | | | 19099.13 | Aetna | Medicare | 16607.94 | | | | 7942.07 | 25959.16 | case rate | |
| HYPERTENSION W MCC | 304 | MS-DRG | | | | inpatient | | | | 26062.46 | Aetna | Medicare | 22663 | | | | 13876.17 | 42170.47 | case rate | |
| HYPERTENSION W/O MCC | 305 | MS-DRG | | | | inpatient | | | | 20184.38 | Aetna | Medicare | 17551.63 | | | | 8866.91 | 28081.14 | case rate | |
| CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC | 306 | MS-DRG | | | | inpatient | | | | 30533.73 | Aetna | Medicare | 26551.07 | | | | 17686.57 | 54863.06 | case rate | |
| CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC | 307 | MS-DRG | | | | inpatient | | | | 22619.6 | Aetna | Medicare | 19669.22 | | | | 10942.19 | 33389.99 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC | 308 | MS-DRG | | | | inpatient | | | | 26493.51 | Aetna | Medicare | 23034.83 | | | | 14243.51 | 46948.83 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC | 309 | MS-DRG | | | | inpatient | | | | 20026.37 | Aetna | Medicare | 17414.24 | | | | 8732.26 | 29781.84 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC | 310 | MS-DRG | | | | inpatient | | | | 17534.32 | Aetna | Medicare | 15247.24 | | | | 6808.55 | 21933.64 | case rate | |
| ANGINA PECTORIS | 311 | MS-DRG | | | | inpatient | | | | 19458.11 | Aetna | Medicare | 16920.09 | | | | 8247.98 | 26805.61 | case rate | |
| SYNCOPE & COLLAPSE | 312 | MS-DRG | | | | inpatient | | | | 21855.91 | Aetna | Medicare | 19005.14 | | | | 10291.38 | 31264.11 | case rate | |
| CHEST PAIN | 313 | MS-DRG | | | | inpatient | | | | 19667.4 | Aetna | Medicare | 17102.08 | | | | 8426.34 | 27589.65 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC | 314 | MS-DRG | | | | inpatient | | | | 39627.36 | Aetna | Medicare | 34458.57 | | | | 25436.11 | 78915.06 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W CC | 315 | MS-DRG | | | | inpatient | | | | 23117.18 | Aetna | Medicare | 20101.9 | | | | 11366.23 | 37286.79 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC | 316 | MS-DRG | | | | inpatient | | | | 19241.89 | Aetna | Medicare | 16732.08 | | | | 8063.72 | 29305.96 | case rate | |
| OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC | 319 | MS-DRG | | | | inpatient | | | | 79964.32 | Aetna | Medicare | 61447.24 | | | | 51885.65 | 76219.47 | case rate | |
| OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC | 320 | MS-DRG | | | | inpatient | | | | 41862.99 | Aetna | Medicare | 36402.6 | | | | 27341.31 | 40164.09 | case rate | |
| PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUM | 321 | MS-DRG | | | | inpatient | | | | 49236.58 | Aetna | Medicare | 42814.42 | | | | 33625.04 | 49394.83 | case rate | |
| PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC | 322 | MS-DRG | | | | inpatient | | | | 34855.32 | Aetna | Medicare | 30308.97 | | | | 21369.4 | 31391.43 | case rate | |
| CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC | 323 | MS-DRG | | | | inpatient | | | | 68815.38 | Aetna | Medicare | 59839.46 | | | | 50309.99 | 73904.85 | case rate | |
| CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC | 324 | MS-DRG | | | | inpatient | | | | 54064.06 | Aetna | Medicare | 47012.22 | | | | 37738.99 | 55438.18 | case rate | |
| CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE | 325 | MS-DRG | | | | inpatient | | | | 49448.64 | Aetna | Medicare | 42998.82 | | | | 33805.75 | 49660.3 | case rate | |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC | 326 | MS-DRG | | | | inpatient | | | | 80175.14 | Aetna | Medicare | 69717.51 | | | | 59990.71 | 205016.89 | case rate | |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W CC | 327 | MS-DRG | | | | inpatient | | | | 43433.35 | Aetna | Medicare | 37768.13 | | | | 28679.55 | 96905.09 | case rate | |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC | 328 | MS-DRG | | | | inpatient | | | | 31865.69 | Aetna | Medicare | 27709.29 | | | | 18821.66 | 60152.69 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC | 329 | MS-DRG | | | | inpatient | | | | 73423.87 | Aetna | Medicare | 63846.85 | | | | 54237.32 | 194750.25 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES W CC | 330 | MS-DRG | | | | inpatient | | | | 42540.75 | Aetna | Medicare | 36991.96 | | | | 27918.89 | 98426.36 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC | 331 | MS-DRG | | | | inpatient | | | | 32662.65 | Aetna | Medicare | 28402.3 | | | | 19500.82 | 66105.16 | case rate | |
| RECTAL RESECTION W MCC | 332 | MS-DRG | | | | inpatient | | | | 57856.19 | Aetna | Medicare | 50309.73 | | | | 40970.62 | 132553.59 | case rate | |
| RECTAL RESECTION W CC | 333 | MS-DRG | | | | inpatient | | | | 39236.5 | Aetna | Medicare | 34118.7 | | | | 25103.02 | 75197.69 | case rate | |
| RECTAL RESECTION W/O CC/MCC | 334 | MS-DRG | | | | inpatient | | | | 32767.98 | Aetna | Medicare | 28493.9 | | | | 19590.59 | 50950.94 | case rate | |
| PERITONEAL ADHESIOLYSIS W MCC | 335 | MS-DRG | | | | inpatient | | | | 60000.35 | Aetna | Medicare | 52174.22 | | | | 42797.86 | 158446.43 | case rate | |
| PERITONEAL ADHESIOLYSIS W CC | 336 | MS-DRG | | | | inpatient | | | | 39056.32 | Aetna | Medicare | 33962.02 | | | | 24949.47 | 89645.89 | case rate | |
| PERITONEAL ADHESIOLYSIS W/O CC/MCC | 337 | MS-DRG | | | | inpatient | | | | 31056.26 | Aetna | Medicare | 27005.44 | | | | 18131.86 | 62539.92 | case rate | |
| MINOR SMALL & LARGE BOWEL PROCEDURES W MCC | 344 | MS-DRG | | | | inpatient | | | | 47125.68 | Aetna | Medicare | 40978.95 | | | | 31826.14 | 116521.71 | case rate | |
| MINOR SMALL & LARGE BOWEL PROCEDURES W CC | 345 | MS-DRG | | | | inpatient | | | | 30413.15 | Aetna | Medicare | 26446.22 | | | | 17583.81 | 63877.86 | case rate | |
| MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC | 346 | MS-DRG | | | | inpatient | | | | 27039.59 | Aetna | Medicare | 23512.69 | | | | 14708.89 | 48236.06 | case rate | |
| ANAL & STOMAL PROCEDURES W MCC | 347 | MS-DRG | | | | inpatient | | | | 42583.72 | Aetna | Medicare | 37029.32 | | | | 27955.51 | 94049.78 | case rate | |
| ANAL & STOMAL PROCEDURES W CC | 348 | MS-DRG | | | | inpatient | | | | 27228.09 | Aetna | Medicare | 23676.6 | | | | 14869.52 | 54609.8 | case rate | |
| ANAL & STOMAL PROCEDURES W/O CC/MCC | 349 | MS-DRG | | | | inpatient | | | | 21988.97 | Aetna | Medicare | 19120.84 | | | | 10404.77 | 37044.95 | case rate | |
| INGUINAL & FEMORAL HERNIA PROCEDURES W MCC | 350 | MS-DRG | | | | inpatient | | | | 43303.06 | Aetna | Medicare | 37664.83 | | | | 28568.52 | 95430.63 | case rate | |
| INGUINAL & FEMORAL HERNIA PROCEDURES W CC | 351 | MS-DRG | | | | inpatient | | | | 30632.14 | Aetna | Medicare | 26636.64 | | | | 17770.43 | 59514.4 | case rate | |
| INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC | 352 | MS-DRG | | | | inpatient | | | | 25061.75 | Aetna | Medicare | 21792.83 | | | | 13023.38 | 41093.87 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC | 353 | MS-DRG | | | | inpatient | | | | 50431.32 | Aetna | Medicare | 43853.32 | | | | 34643.19 | 115690.86 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC | 354 | MS-DRG | | | | inpatient | | | | 33357.04 | Aetna | Medicare | 29006.12 | | | | 20092.58 | 67521.12 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC | 355 | MS-DRG | | | | inpatient | | | | 28257.9 | Aetna | Medicare | 24572.09 | | | | 15747.12 | 52846.68 | case rate | |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC | 356 | MS-DRG | | | | inpatient | | | | 68902.7 | Aetna | Medicare | 59915.39 | | | | 50384.4 | 165080.13 | case rate | |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC | 357 | MS-DRG | | | | inpatient | | | | 40992.58 | Aetna | Medicare | 35645.72 | | | | 26599.54 | 83346.26 | case rate | |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC | 358 | MS-DRG | | | | inpatient | | | | 28561.44 | Aetna | Medicare | 24836.03 | | | | 16005.79 | 52693.14 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS W MCC | 368 | MS-DRG | | | | inpatient | | | | 32925.99 | Aetna | Medicare | 28631.29 | | | | 19725.24 | 75829.61 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS W CC | 369 | MS-DRG | | | | inpatient | | | | 23883.64 | Aetna | Medicare | 20768.39 | | | | 12019.4 | 43250.96 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC | 370 | MS-DRG | | | | inpatient | | | | 19453.95 | Aetna | Medicare | 16916.48 | | | | 8244.44 | 28993.9 | case rate | |
| MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC | 371 | MS-DRG | | | | inpatient | | | | 34007.08 | Aetna | Medicare | 29571.37 | | | | 20646.54 | 67825.37 | case rate | |
| MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC | 372 | MS-DRG | | | | inpatient | | | | 24045.81 | Aetna | Medicare | 20909.4 | | | | 12157.6 | 40504.87 | case rate | |
| MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC | 373 | MS-DRG | | | | inpatient | | | | 19833.72 | Aetna | Medicare | 17246.71 | | | | 8568.08 | 29551.7 | case rate | |
| DIGESTIVE MALIGNANCY W MCC | 374 | MS-DRG | | | | inpatient | | | | 39043.84 | Aetna | Medicare | 33951.17 | | | | 24938.84 | 80549.46 | case rate | |
| DIGESTIVE MALIGNANCY W CC | 375 | MS-DRG | | | | inpatient | | | | 26809.52 | Aetna | Medicare | 23312.62 | | | | 14512.81 | 47069.75 | case rate | |
| DIGESTIVE MALIGNANCY W/O CC/MCC | 376 | MS-DRG | | | | inpatient | | | | 22018.07 | Aetna | Medicare | 19146.15 | | | | 10429.57 | 35718.71 | case rate | |
| G.I. HEMORRHAGE W MCC | 377 | MS-DRG | | | | inpatient | | | | 34980.06 | Aetna | Medicare | 30417.44 | | | | 21475.71 | 69775.72 | case rate | |
| G.I. HEMORRHAGE W CC | 378 | MS-DRG | | | | inpatient | | | | 25444.28 | Aetna | Medicare | 20386.33 | | | | 11644.98 | 38628.63 | case rate | |
| G.I. HEMORRHAGE W/O CC/MCC | 379 | MS-DRG | | | | inpatient | | | | 19804.32 | Aetna | Medicare | 16177.67 | | | | 7520.39 | 25479.37 | case rate | |
| COMPLICATED PEPTIC ULCER W MCC | 380 | MS-DRG | | | | inpatient | | | | 36450.62 | Aetna | Medicare | 31696.19 | | | | 22728.91 | 75907.62 | case rate | |
| COMPLICATED PEPTIC ULCER W CC | 381 | MS-DRG | | | | inpatient | | | | 24874.64 | Aetna | Medicare | 21630.12 | | | | 12863.93 | 42712.67 | case rate | |
| COMPLICATED PEPTIC ULCER W/O CC/MCC | 382 | MS-DRG | | | | inpatient | | | | 20164.97 | Aetna | Medicare | 17534.76 | | | | 8850.37 | 29949.57 | case rate | |
| UNCOMPLICATED PEPTIC ULCER W MCC | 383 | MS-DRG | | | | inpatient | | | | 27301.55 | Aetna | Medicare | 23740.48 | | | | 14932.12 | 52698.46 | case rate | |
| UNCOMPLICATED PEPTIC ULCER W/O MCC | 384 | MS-DRG | | | | inpatient | | | | 21832.35 | Aetna | Medicare | 18984.65 | | | | 10271.3 | 33362.69 | case rate | |
| INFLAMMATORY BOWEL DISEASE W MCC | 385 | MS-DRG | | | | inpatient | | | | 32299.51 | Aetna | Medicare | 28086.53 | | | | 19191.36 | 66229.99 | case rate | |
| INFLAMMATORY BOWEL DISEASE W CC | 386 | MS-DRG | | | | inpatient | | | | 23535.76 | Aetna | Medicare | 20465.87 | | | | 11722.93 | 38230.76 | case rate | |
| INFLAMMATORY BOWEL DISEASE W/O CC/MCC | 387 | MS-DRG | | | | inpatient | | | | 19070.02 | Aetna | Medicare | 16582.63 | | | | 7917.26 | 27176.18 | case rate | |
| G.I. OBSTRUCTION W MCC | 388 | MS-DRG | | | | inpatient | | | | 30152.58 | Aetna | Medicare | 26219.63 | | | | 17361.75 | 59708.01 | case rate | |
| G.I. OBSTRUCTION W CC | 389 | MS-DRG | | | | inpatient | | | | 20889.86 | Aetna | Medicare | 18165.09 | | | | 9468.11 | 32890.7 | case rate | |
| G.I. OBSTRUCTION W/O CC/MCC | 390 | MS-DRG | | | | inpatient | | | | 17363.84 | Aetna | Medicare | 15098.99 | | | | 6463.26 | 23353.14 | case rate | |
| ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC | 391 | MS-DRG | | | | inpatient | | | | 27582.91 | Aetna | Medicare | 23985.14 | | | | 15171.9 | 47647.05 | case rate | |
| ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC | 392 | MS-DRG | | | | inpatient | | | | 20594.64 | Aetna | Medicare | 17908.38 | | | | 9216.53 | 29465.89 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC | 393 | MS-DRG | | | | inpatient | | | | 32731.95 | Aetna | Medicare | 28462.56 | | | | 19559.88 | 63662.83 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES W CC | 394 | MS-DRG | | | | inpatient | | | | 22826.12 | Aetna | Medicare | 19848.8 | | | | 11118.18 | 36709.49 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC | 395 | MS-DRG | | | | inpatient | | | | 18600.17 | Aetna | Medicare | 16174.06 | | | | 7516.85 | 26388.24 | case rate | |
| APPENDIX PROCEDURES WITH MCC | 397 | MS-DRG | | | | inpatient | | | | 41122.19 | Aetna | Medicare | 36367.12 | | | | 29266.58 | 42992.31 | case rate | |
| APPENDIX PROCEDURES WITH CC | 398 | MS-DRG | | | | inpatient | | | | 30752.72 | Aetna | Medicare | 26741.5 | | | | 17873.19 | 26741.5 | case rate | |
| APPENDIX PROCEDURES WITHOUT CC/MCC | 399 | MS-DRG | | | | inpatient | | | | 25355.59 | Aetna | Medicare | 22048.34 | | | | 13273.79 | 22048.34 | case rate | |
| PANCREAS, LIVER & SHUNT PROCEDURES W MCC | 405 | MS-DRG | | | | inpatient | | | | 85022.02 | Aetna | Medicare | 73932.19 | | | | 64121.2 | 209822.55 | case rate | |
| PANCREAS, LIVER & SHUNT PROCEDURES W CC | 406 | MS-DRG | | | | inpatient | | | | 48704.35 | Aetna | Medicare | 42351.61 | | | | 33171.47 | 110491.23 | case rate | |
| PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC | 407 | MS-DRG | | | | inpatient | | | | 36382.03 | Aetna | Medicare | 34245.24 | | | | 25227.04 | 78279.25 | case rate | |
| BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC | 408 | MS-DRG | | | | inpatient | | | | 58308.03 | Aetna | Medicare | 50702.63 | | | | 41355.67 | 157841.83 | case rate | |
| BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC | 409 | MS-DRG | | | | inpatient | | | | 38837.33 | Aetna | Medicare | 33771.59 | | | | 24762.85 | 90601.56 | case rate | |
| BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC | 410 | MS-DRG | | | | inpatient | | | | 31278.02 | Aetna | Medicare | 27198.28 | | | | 18320.85 | 64462.97 | case rate | |
| CHOLECYSTECTOMY W C.D.E. W MCC | 411 | MS-DRG | | | | inpatient | | | | 47387.64 | Aetna | Medicare | 41209.64 | | | | 10482 | 155953.89 | case rate | |
| CHOLECYSTECTOMY W C.D.E. W CC | 412 | MS-DRG | | | | inpatient | | | | 39323.82 | Aetna | Medicare | 34194.63 | | | | 11647 | 92910.77 | case rate | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CHOLECYSTECTOMY W C.D.E. W/O CC/MCC | 413 | MS-DRG | | | | inpatient | | | | 32822.04 | Aetna | Medicare | 28540.9 | | | | 15908 | 69773.6 | case rate | |
| CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC | 414 | MS-DRG | | | | inpatient | | | | 58342.68 | Aetna | Medicare | 50732.76 | | | | 28270 | 139535.84 | case rate | |
| CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC | 415 | MS-DRG | | | | inpatient | | | | 37196.29 | Aetna | Medicare | 32344.6 | | | | 23364.37 | 78747.33 | case rate | |
| CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC | 416 | MS-DRG | | | | inpatient | | | | 28770.72 | Aetna | Medicare | 25018.02 | | | | 16184.14 | 54340.65 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC | 417 | MS-DRG | | | | inpatient | | | | 42718.16 | Aetna | Medicare | 37146.23 | | | | 28070.08 | 94529.56 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC | 418 | MS-DRG | | | | inpatient | | | | 32765.21 | Aetna | Medicare | 28491.49 | | | | 19588.22 | 64915.45 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC | 419 | MS-DRG | | | | inpatient | | | | 28041.68 | Aetna | Medicare | 24384.07 | | | | 15562.86 | 50872.93 | case rate | |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC | 420 | MS-DRG | | | | inpatient | | | | 58698.88 | Aetna | Medicare | 51042.51 | | | | 41688.76 | 137211.02 | case rate | |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC | 421 | MS-DRG | | | | inpatient | | | | 32476.92 | Aetna | Medicare | 28240.8 | | | | 8253 | 65397.35 | case rate | |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC | 422 | MS-DRG | | | | inpatient | | | | 30145.65 | Aetna | Medicare | 26213.61 | | | | 10272 | 58806.95 | case rate | |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC | 423 | MS-DRG | | | | inpatient | | | | 66154.24 | Aetna | Medicare | 57525.43 | | | | 16017 | 153921.62 | case rate | |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC | 424 | MS-DRG | | | | inpatient | | | | 41426.4 | Aetna | Medicare | 36022.96 | | | | 26969.24 | 85468.24 | case rate | |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC | 425 | MS-DRG | | | | inpatient | | | | 31204.56 | Aetna | Medicare | 27134.4 | | | | 18258.25 | 58233.55 | case rate | |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC | 432 | MS-DRG | | | | inpatient | | | | 36932.95 | Aetna | Medicare | 32115.61 | | | | 13893 | 71226.78 | case rate | |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W CC | 433 | MS-DRG | | | | inpatient | | | | 24607.14 | Aetna | Medicare | 21397.52 | | | | 12635.96 | 40095.3 | case rate | |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC | 434 | MS-DRG | | | | inpatient | | | | 19433.16 | Aetna | Medicare | 16898.4 | | | | 8226.72 | 53360.86 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC | 435 | MS-DRG | | | | inpatient | | | | 35068.76 | Aetna | Medicare | 30494.58 | | | | 21551.3 | 66222.18 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC | 436 | MS-DRG | | | | inpatient | | | | 25409.64 | Aetna | Medicare | 22095.34 | | | | 13319.85 | 44308.05 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC | 437 | MS-DRG | | | | inpatient | | | | 20662.55 | Aetna | Medicare | 17967.44 | | | | 9274.41 | 33772.26 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC | 438 | MS-DRG | | | | inpatient | | | | 32839.67 | Aetna | Medicare | 28555.36 | | | | 19650.83 | 63981.27 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC | 439 | MS-DRG | | | | inpatient | | | | 21702.06 | Aetna | Medicare | 18871.36 | | | | 10160.27 | 33635.74 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC | 440 | MS-DRG | | | | inpatient | | | | 18304.95 | Aetna | Medicare | 15917.34 | | | | 7265.27 | 24235.05 | case rate | |
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC | 441 | MS-DRG | | | | inpatient | | | | 35980.76 | Aetna | Medicare | 31287.62 | | | | 11778 | 72443.8 | case rate | |
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC | 442 | MS-DRG | | | | inpatient | | | | 23171.23 | Aetna | Medicare | 20148.9 | | | | 11412.29 | 36623.67 | case rate | |
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC | 443 | MS-DRG | | | | inpatient | | | | 19519.09 | Aetna | Medicare | 16973.12 | | | | 8299.96 | 27141.07 | case rate | |
| DISORDERS OF THE BILIARY TRACT W MCC | 444 | MS-DRG | | | | inpatient | | | | 33125.57 | Aetna | Medicare | 28804.85 | | | | 19895.32 | 62836.38 | case rate | |
| DISORDERS OF THE BILIARY TRACT W CC | 445 | MS-DRG | | | | inpatient | | | | 24810.89 | Aetna | Medicare | 21574.68 | | | | 12809.59 | 41643.87 | case rate | |
| DISORDERS OF THE BILIARY TRACT W/O CC/MCC | 446 | MS-DRG | | | | inpatient | | | | 20830.26 | Aetna | Medicare | 18113.27 | | | | 9417.32 | 31010.57 | case rate | |
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC | 453 | MS-DRG | | | | inpatient | | | | 132599.66 | Aetna | Medicare | 115304.05 | | | | 17717 | 370445.58 | case rate | |
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC | 454 | MS-DRG | | | | inpatient | | | | 94552.24 | Aetna | Medicare | 82219.34 | | | | 36879 | 247179.56 | case rate | |
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC | 455 | MS-DRG | | | | inpatient | | | | 73613.76 | Aetna | Medicare | 64011.96 | | | | 54398.14 | 195035 | case rate | |
| SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC | 456 | MS-DRG | | | | inpatient | | | | 127163.72 | Aetna | Medicare | 110577.15 | | | | 100034.13 | 355946.68 | case rate | |
| SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC | 457 | MS-DRG | | | | inpatient | | | | 89328.36 | Aetna | Medicare | 77676.84 | | | | 67791.04 | 255285.21 | case rate | |
| SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC | 458 | MS-DRG | | | | inpatient | | | | 69627.59 | Aetna | Medicare | 60545.73 | | | | 51002.14 | 199762.65 | case rate | |
| SPINAL FUSION EXCEPT CERVICAL W MCC | 459 | MS-DRG | | | | inpatient | | | | 101704.07 | Aetna | Medicare | 88438.32 | | | | 78337.54 | 249051.89 | case rate | |
| SPINAL FUSION EXCEPT CERVICAL W/O MCC | 460 | MS-DRG | | | | inpatient | | | | 60478.52 | Aetna | Medicare | 52580.02 | | | | 43205.36 | 157490.76 | case rate | |
| BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC | 461 | MS-DRG | | | | inpatient | | | | 92812.8 | Aetna | Medicare | 80706.78 | | | | 9917 | 174848.88 | case rate | |
| BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC | 462 | MS-DRG | | | | inpatient | | | | 49472.2 | Aetna | Medicare | 43019.3 | | | | 11315 | 124592.26 | case rate | |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC | 463 | MS-DRG | | | | inpatient | | | | 84638.1 | Aetna | Medicare | 73598.35 | | | | 15756 | 200180.02 | case rate | |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC | 464 | MS-DRG | | | | inpatient | | | | 50647.54 | Aetna | Medicare | 44041.34 | | | | 34827.45 | 114836.61 | case rate | |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC | 465 | MS-DRG | | | | inpatient | | | | 33842.14 | Aetna | Medicare | 29427.95 | | | | 20505.98 | 71671.46 | case rate | |
| REVISION OF HIP OR KNEE REPLACEMENT W MCC | 466 | MS-DRG | | | | inpatient | | | | 80391.36 | Aetna | Medicare | 69905.53 | | | | 60174.97 | 199459.59 | case rate | |
| REVISION OF HIP OR KNEE REPLACEMENT W CC | 467 | MS-DRG | | | | inpatient | | | | 57253.27 | Aetna | Medicare | 49785.45 | | | | 40456.82 | 153369.89 | case rate | |
| REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC | 468 | MS-DRG | | | | inpatient | | | | 46138.84 | Aetna | Medicare | 40120.73 | | | | 30985.16 | 108884.14 | case rate | |
| MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP | 469 | MS-DRG | | | | inpatient | | | | 55084.16 | Aetna | Medicare | 47899.27 | | | | 38608.32 | 123816.02 | case rate | |
| MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC | 470 | MS-DRG | | | | inpatient | | | | 35912.84 | Aetna | Medicare | 31228.56 | | | | 22270.62 | 77616.13 | case rate | |
| CERVICAL SPINAL FUSION W MCC | 471 | MS-DRG | | | | inpatient | | | | 77102.35 | Aetna | Medicare | 67045.52 | | | | 8282 | 195452.37 | case rate | |
| CERVICAL SPINAL FUSION W CC | 472 | MS-DRG | | | | inpatient | | | | 49935.13 | Aetna | Medicare | 43421.85 | | | | 8991 | 114945.83 | case rate | |
| CERVICAL SPINAL FUSION W/O CC/MCC | 473 | MS-DRG | | | | inpatient | | | | 42592.04 | Aetna | Medicare | 37036.55 | | | | 11229 | 92559.71 | case rate | |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC | 474 | MS-DRG | | | | inpatient | | | | 71938.07 | Aetna | Medicare | 62554.84 | | | | 22321 | 148035.47 | case rate | |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC | 475 | MS-DRG | | | | inpatient | | | | 39680.02 | Aetna | Medicare | 34504.37 | | | | 25480.99 | 83818.24 | case rate | |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC | 476 | MS-DRG | | | | inpatient | | | | 25900.29 | Aetna | Medicare | 22521.99 | | | | 13737.98 | 44885.35 | case rate | |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC | 477 | MS-DRG | | | | inpatient | | | | 57444.54 | Aetna | Medicare | 49951.78 | | | | 40619.82 | 122419.57 | case rate | |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC | 478 | MS-DRG | | | | inpatient | | | | 42192.86 | Aetna | Medicare | 36689.45 | | | | 27622.42 | 88684.75 | case rate | |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC | 479 | MS-DRG | | | | inpatient | | | | 34392.39 | Aetna | Medicare | 29906.42 | | | | 20974.9 | 70134.59 | case rate | |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC | 480 | MS-DRG | | | | inpatient | | | | 50542.2 | Aetna | Medicare | 43949.74 | | | | 34737.68 | 118206.81 | case rate | |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC | 481 | MS-DRG | | | | inpatient | | | | 38537.95 | Aetna | Medicare | 33511.26 | | | | 8360 | 80444.14 | case rate | |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC | 482 | MS-DRG | | | | inpatient | | | | 31767.28 | Aetna | Medicare | 27623.72 | | | | 9385 | 64927.15 | case rate | |
| MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES | 483 | MS-DRG | | | | inpatient | | | | 45097.95 | Aetna | Medicare | 39215.6 | | | | 13093 | 92973.18 | case rate | |
| KNEE PROCEDURES W PDX OF INFECTION W MCC | 485 | MS-DRG | | | | inpatient | | | | 54399.47 | Aetna | Medicare | 47303.89 | | | | 38024.83 | 128883.03 | case rate | |
| KNEE PROCEDURES W PDX OF INFECTION W CC | 486 | MS-DRG | | | | inpatient | | | | 39175.52 | Aetna | Medicare | 34065.67 | | | | 25951.05 | 86533.13 | case rate | |
| KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC | 487 | MS-DRG | | | | inpatient | | | | 31681.35 | Aetna | Medicare | 27549 | | | | 18664.56 | 64369.35 | case rate | |
| KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC | 488 | MS-DRG | | | | inpatient | | | | 37020.27 | Aetna | Medicare | 32191.54 | | | | 23214.36 | 82402.29 | case rate | |
| KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC | 489 | MS-DRG | | | | inpatient | | | | 26943.96 | Aetna | Medicare | 23429.53 | | | | 14627.39 | 50607.68 | case rate | |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC | 492 | MS-DRG | | | | inpatient | | | | 58999.65 | Aetna | Medicare | 51304.04 | | | | 27633 | 132253.23 | case rate | |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC | 493 | MS-DRG | | | | inpatient | | | | 43057.74 | Aetna | Medicare | 37441.51 | | | | 28359.46 | 87613.62 | case rate | |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC | 494 | MS-DRG | | | | inpatient | | | | 35911.46 | Aetna | Medicare | 31227.35 | | | | 22269.44 | 68414.38 | case rate | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC | 495 | MS-DRG | | | | inpatient | | | | 58575.53 | Aetna | Medicare | 50935.24 | | | | 41583.64 | 135053.94 | case rate | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC | 496 | MS-DRG | | | | inpatient | | | | 37125.6 | Aetna | Medicare | 32283.13 | | | | 23304.13 | 76488.83 | case rate | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC | 497 | MS-DRG | | | | inpatient | | | | 28388.18 | Aetna | Medicare | 24685.38 | | | | 15858.15 | 55975.05 | case rate | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC | 498 | MS-DRG | | | | inpatient | | | | 44775 | Aetna | Medicare | 38934.79 | | | | 29822.91 | 88857.95 | case rate | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC | 499 | MS-DRG | | | | inpatient | | | | 29097.7 | Aetna | Medicare | 21745.83 | | | | 12977.32 | 43656.63 | case rate | |
| SOFT TISSUE PROCEDURES W MCC | 500 | MS-DRG | | | | inpatient | | | | 53698.15 | Aetna | Medicare | 46694.04 | | | | 37427.16 | 119673.48 | case rate | |
| SOFT TISSUE PROCEDURES W CC | 501 | MS-DRG | | | | inpatient | | | | 34515.74 | Aetna | Medicare | 30013.69 | | | | 8902 | 65820.41 | case rate | |
| SOFT TISSUE PROCEDURES W/O CC/MCC | 502 | MS-DRG | | | | inpatient | | | | 29144.95 | Aetna | Medicare | 25343.43 | | | | 16503.06 | 50361.94 | case rate | |
| FOOT PROCEDURES W MCC | 503 | MS-DRG | | | | inpatient | | | | 46461.78 | Aetna | Medicare | 40401.55 | | | | 27418 | 98943.74 | case rate | |
| FOOT PROCEDURES W CC | 504 | MS-DRG | | | | inpatient | | | | 34104.1 | Aetna | Medicare | 29655.74 | | | | 20729.22 | 67462.61 | case rate | |
| FOOT PROCEDURES W/O CC/MCC | 505 | MS-DRG | | | | inpatient | | | | 34104.1 | Aetna | Medicare | 29655.74 | | | | 20729.22 | 61623.26 | case rate | |
| MAJOR THUMB OR JOINT PROCEDURES | 506 | MS-DRG | | | | inpatient | | | | 30557.29 | Aetna | Medicare | 26571.56 | | | | 17706.65 | 55011.57 | case rate | |
| MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC | 507 | MS-DRG | | | | inpatient | | | | 36643.27 | Aetna | Medicare | 31863.71 | | | | 22893.09 | 75771.1 | case rate | |
| MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC | 508 | MS-DRG | | | | inpatient | | | | 26986.93 | Aetna | Medicare | 23466.89 | | | | 14664 | 56458.73 | case rate | |
| ARTHROSCOPY | 509 | MS-DRG | | | | inpatient | | | | 34127.66 | Aetna | Medicare | 29676.23 | | | | 20749.3 | 65153.39 | case rate | |
| SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC | 510 | MS-DRG | | | | inpatient | | | | 48983.2 | Aetna | Medicare | 42950.61 | | | | 33758.51 | 106982.73 | case rate | |
| SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC | 511 | MS-DRG | | | | inpatient | | | | 36982.05 | Aetna | Medicare | 32140.92 | | | | 7655 | 72057.63 | case rate | |
| SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC | 512 | MS-DRG | | | | inpatient | | | | 32063.89 | Aetna | Medicare | 27881.64 | | | | 10564 | 59372.55 | case rate | |
| HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC | 513 | MS-DRG | | | | inpatient | | | | 30647.38 | Aetna | Medicare | 26649.9 | | | | 17783.42 | 63955.88 | case rate | |
| HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC | 514 | MS-DRG | | | | inpatient | | | | 23911.36 | Aetna | Medicare | 20792.49 | | | | 12043.03 | 40660.37 | case rate | |
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC | 515 | MS-DRG | | | | inpatient | | | | 52640.62 | Aetna | Medicare | 45774.46 | | | | 36525.94 | 120219.57 | case rate | |
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC | 516 | MS-DRG | | | | inpatient | | | | 37661.99 | Aetna | Medicare | 32749.56 | | | | 23761.23 | 73543.8 | case rate | |
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC | 517 | MS-DRG | | | | inpatient | | | | 30458.59 | Aetna | Medicare | 26494.42 | | | | 17631.06 | 53864.77 | case rate | |
| BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM | 518 | MS-DRG | | | | inpatient | | | | 59454.26 | Aetna | Medicare | 51699.36 | | | | 42332.49 | 120929.5 | case rate | |
| BACK & NECK PROC EXC SPINAL FUSION W CC | 519 | MS-DRG | | | | inpatient | | | | 37110.36 | Aetna | Medicare | 32269.88 | | | | 23291.14 | 72631.03 | case rate | |
| BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC | 520 | MS-DRG | | | | inpatient | | | | 29643.91 | Aetna | Medicare | 25777.31 | | | | 16928.27 | 51259.1 | case rate | |
| HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITH MCC | 521 | MS-DRG | | | | inpatient | | | | 50177.68 | Aetna | Medicare | 43632.77 | | | | 7692 | 50572.96 | case rate | |
| HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC | 522 | MS-DRG | | | | inpatient | | | | 38998.11 | Aetna | Medicare | 33911.4 | | | | 9003 | 39577.64 | case rate | |
| FRACTURES OF FEMUR W MCC | 533 | MS-DRG | | | | inpatient | | | | 30914.88 | Aetna | Medicare | 26882.51 | | | | 12781 | 59700.21 | case rate | |
| FRACTURES OF FEMUR W/O MCC | 534 | MS-DRG | | | | inpatient | | | | 21061.72 | Aetna | Medicare | 18314.54 | | | | 9614.58 | 34640.29 | case rate | |
| FRACTURES OF HIP & PELVIS W MCC | 535 | MS-DRG | | | | inpatient | | | | 28212.16 | Aetna | Medicare | 24532.31 | | | | 15708.14 | 48945.98 | case rate | |
| FRACTURES OF HIP & PELVIS W/O MCC | 536 | MS-DRG | | | | inpatient | | | | 21018.76 | Aetna | Medicare | 18277.18 | | | | 9577.96 | 29528.3 | case rate | |
| SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC | 537 | MS-DRG | | | | inpatient | | | | 22517.04 | Aetna | Medicare | 19580.03 | | | | 10854.79 | 35515.87 | case rate | |
| SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC | 538 | MS-DRG | | | | inpatient | | | | 19086.66 | Aetna | Medicare | 16597.09 | | | | 7931.44 | 28358.09 | case rate | |
| OSTEOMYELITIS W MCC | 539 | MS-DRG | | | | inpatient | | | | 37810.29 | Aetna | Medicare | 32878.52 | | | | 23987.62 | 78762.93 | case rate | |
| OSTEOMYELITIS W CC | 540 | MS-DRG | | | | inpatient | | | | 27715.97 | Aetna | Medicare | 24100.84 | | | | 15285.29 | 50588.18 | case rate | |
| OSTEOMYELITIS W/O CC/MCC | 541 | MS-DRG | | | | inpatient | | | | 21905.81 | Aetna | Medicare | 19048.53 | | | | 7723 | 34431.48 | case rate | |
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC | 542 | MS-DRG | | | | inpatient | | | | 35630.1 | Aetna | Medicare | 30982.69 | | | | 8903 | 71199.48 | case rate | |
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC | 543 | MS-DRG | | | | inpatient | | | | 24483.79 | Aetna | Medicare | 21290.25 | | | | 10889 | 41835.01 | case rate | |
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC | 544 | MS-DRG | | | | inpatient | | | | 20253.68 | Aetna | Medicare | 17611.89 | | | | 8925.97 | 31143.19 | case rate | |
| CONNECTIVE TISSUE DISORDERS W MCC | 545 | MS-DRG | | | | inpatient | | | | 44802.73 | Aetna | Medicare | 38958.89 | | | | 29846.53 | 96702.25 | case rate | |
| CONNECTIVE TISSUE DISORDERS W CC | 546 | MS-DRG | | | | inpatient | | | | 25825.45 | Aetna | Medicare | 22456.91 | | | | 13674.2 | 47370.1 | case rate | |
| CONNECTIVE TISSUE DISORDERS W/O CC/MCC | 547 | MS-DRG | | | | inpatient | | | | 20122.01 | Aetna | Medicare | 17497.4 | | | | 8813.76 | 33452.4 | case rate | |
| SEPTIC ARTHRITIS W MCC | 548 | MS-DRG | | | | inpatient | | | | 37702.19 | Aetna | Medicare | 32784.51 | | | | 23795.49 | 80635.27 | case rate | |
| SEPTIC ARTHRITIS W CC | 549 | MS-DRG | | | | inpatient | | | | 26482.42 | Aetna | Medicare | 23028.19 | | | | 14234.06 | 48532.51 | case rate | |
| SEPTIC ARTHRITIS W/O CC/MCC | 550 | MS-DRG | | | | inpatient | | | | 21728.4 | Aetna | Medicare | 18894.26 | | | | 10182.71 | 36034.67 | case rate | |
| MEDICAL BACK PROBLEMS W MCC | 551 | MS-DRG | | | | inpatient | | | | 33430.5 | Aetna | Medicare | 29070 | | | | 9165 | 62083.54 | case rate | |
| MEDICAL BACK PROBLEMS W/O MCC | 552 | MS-DRG | | | | inpatient | | | | 23137.97 | Aetna | Medicare | 20119.97 | | | | 11383.94 | 35145.31 | case rate | |
| BONE DISEASES & ARTHROPATHIES W MCC | 553 | MS-DRG | | | | inpatient | | | | 27880.9 | Aetna | Medicare | 24244.26 | | | | 15425.85 | 49275.06 | case rate | |
| BONE DISEASES & ARTHROPATHIES W/O MCC | 554 | MS-DRG | | | | inpatient | | | | 21347.24 | Aetna | Medicare | 18562.82 | | | | 9857.89 | 47368.4 | case rate | |
| SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC | 555 | MS-DRG | | | | inpatient | | | | 28443.62 | Aetna | Medicare | 24733.59 | | | | 15905.39 | 49897.75 | case rate | |
| SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC | 556 | MS-DRG | | | | inpatient | | | | 21096.37 | Aetna | Medicare | 18344.67 | | | | 9644.11 | 29945.67 | case rate | |
| TENDONITIS, MYOSITIS & BURSITIS W MCC | 557 | MS-DRG | | | | inpatient | | | | 31258.61 | Aetna | Medicare | 27181.4 | | | | 18304.31 | 55873.63 | case rate | |
| TENDONITIS, MYOSITIS & BURSITIS W/O MCC | 558 | MS-DRG | | | | inpatient | | | | 21751.96 | Aetna | Medicare | 18914.75 | | | | 10202.79 | 33682.54 | case rate | |
| AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC | 559 | MS-DRG | | | | inpatient | | | | 35508.13 | Aetna | Medicare | 30876.63 | | | | 21925.72 | 70161.89 | case rate | |
| AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC | 560 | MS-DRG | | | | inpatient | | | | 25562.11 | Aetna | Medicare | 22227.92 | | | | 13449.78 | 39853.45 | case rate | |
| AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC | 561 | MS-DRG | | | | inpatient | | | | 21111.62 | Aetna | Medicare | 18357.93 | | | | 9211 | 29493.19 | case rate | |
| FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC | 562 | MS-DRG | | | | inpatient | | | | 30063.87 | Aetna | Medicare | 26142.5 | | | | 12507 | 54925.76 | case rate | |
| FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC | 563 | MS-DRG | | | | inpatient | | | | 22167.76 | Aetna | Medicare | 19276.31 | | | | 10557.14 | 32691.77 | case rate | |
| OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC | 564 | MS-DRG | | | | inpatient | | | | 31528.89 | Aetna | Medicare | 27416.42 | | | | 18534.64 | 61326.81 | case rate | |
| OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC | 565 | MS-DRG | | | | inpatient | | | | 23912.75 | Aetna | Medicare | 20793.7 | | | | 12044.21 | 38063.03 | case rate | |
| OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC | 566 | MS-DRG | | | | inpatient | | | | 20148.34 | Aetna | Medicare | 17520.3 | | | | 8836.2 | 29735.04 | case rate | |
| SKIN DEBRIDEMENT W MCC | 570 | MS-DRG | | | | inpatient | | | | 51501.32 | Aetna | Medicare | 44783.76 | | | | 35555.04 | 118374.54 | case rate | |
| SKIN DEBRIDEMENT W CC | 571 | MS-DRG | | | | inpatient | | | | 32985.59 | Aetna | Medicare | 28683.12 | | | | 9078 | 66425.02 | case rate | |
| SKIN DEBRIDEMENT W/O CC/MCC | 572 | MS-DRG | | | | inpatient | | | | 25613.39 | Aetna | Medicare | 22272.51 | | | | 11401 | 45973.65 | case rate | |
| SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC | 573 | MS-DRG | | | | inpatient | | | | 95132.98 | Aetna | Medicare | 82724.33 | | | | 16091 | 204845.26 | case rate | |
| SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC | 574 | MS-DRG | | | | inpatient | | | | 57803.52 | Aetna | Medicare | 50263.93 | | | | 36864 | 118811.42 | case rate | |
| SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC | 575 | MS-DRG | | | | inpatient | | | | 37454.09 | Aetna | Medicare | 32568.77 | | | | 23584.06 | 68597.71 | case rate | |
| SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC | 576 | MS-DRG | | | | inpatient | | | | 84509.1 | Aetna | Medicare | 73529.65 | | | | 63726.69 | 190381.46 | case rate | |
| SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC | 577 | MS-DRG | | | | inpatient | | | | 46686.32 | Aetna | Medicare | 40596.8 | | | | 31451.72 | 97876.36 | case rate | |
| SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC | 578 | MS-DRG | | | | inpatient | | | | 33208.73 | Aetna | Medicare | 28877.16 | | | | 19966.19 | 59699.01 | case rate | |
| OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC | 579 | MS-DRG | | | | inpatient | | | | 54565.26 | Aetna | Medicare | 47787.19 | | | | 38498.47 | 109133.78 | case rate | |
| OTHER SKIN, SUBCUT TISS & BREAST PROC W CC | 580 | MS-DRG | | | | inpatient | | | | 34353.58 | Aetna | Medicare | 29872.68 | | | | 20941.82 | 62013.33 | case rate | |
| OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC | 581 | MS-DRG | | | | inpatient | | | | 29727.07 | Aetna | Medicare | 25849.63 | | | | 8609 | 48228.25 | case rate | |
| MASTECTOMY FOR MALIGNANCY W CC/MCC | 582 | MS-DRG | | | | inpatient | | | | 34051.43 | Aetna | Medicare | 29609.94 | | | | 10681 | 61221.49 | case rate | |
| MASTECTOMY FOR MALIGNANCY W/O CC/MCC | 583 | MS-DRG | | | | inpatient | | | | 32547.61 | Aetna | Medicare | 28302.27 | | | | 14701 | 53755.55 | case rate | |
| BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC | 584 | MS-DRG | | | | inpatient | | | | 38156.8 | Aetna | Medicare | 33179.82 | | | | 24182.91 | 72997.7 | case rate | |
| BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC | 585 | MS-DRG | | | | inpatient | | | | 37293.31 | Aetna | Medicare | 32428.97 | | | | 23447.05 | 61073.26 | case rate | |
| SKIN ULCERS W MCC | 592 | MS-DRG | | | | inpatient | | | | 36280.15 | Aetna | Medicare | 33287.09 | | | | 24288.03 | 66631.76 | case rate | |
| SKIN ULCERS W CC | 593 | MS-DRG | | | | inpatient | | | | 26726.36 | Aetna | Medicare | 23240.31 | | | | 14441.95 | 44054.51 | case rate | |
| SKIN ULCERS W/O CC/MCC | 594 | MS-DRG | | | | inpatient | | | | 21542.67 | Aetna | Medicare | 18732.76 | | | | 10024.44 | 31603.47 | case rate | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MAJOR SKIN DISORDERS W MCC | 595 | MS-DRG | | | | inpatient | | | | 39095.13 | Aetna | Medicare | 33966.76 | | | | 24982.55 | 77763.01 | case rate | |
| MAJOR SKIN DISORDERS W/O MCC | 596 | MS-DRG | | | | inpatient | | | | 24763.76 | Aetna | Medicare | 21533.71 | | | | 12769.43 | 39455.58 | case rate | |
| MALIGNANT BREAST DISORDERS W MCC | 597 | MS-DRG | | | | inpatient | | | | 34127.66 | Aetna | Medicare | 29676.23 | | | | 20749.3 | 67092.04 | case rate | |
| MALIGNANT BREAST DISORDERS W CC | 598 | MS-DRG | | | | inpatient | | | | 24482.4 | Aetna | Medicare | 21289.04 | | | | 12529.66 | 45337.84 | case rate | |
| MALIGNANT BREAST DISORDERS W/O CC/MCC | 599 | MS-DRG | | | | inpatient | | | | 21626.6 | Aetna | Medicare | 18807.48 | | | | 10097.67 | 27944.61 | case rate | |
| NON-MALIGNANT BREAST DISORDERS W CC/MCC | 600 | MS-DRG | | | | inpatient | | | | 23038.18 | Aetna | Medicare | 20033.2 | | | | 11298.9 | 37290.69 | case rate | |
| NON-MALIGNANT BREAST DISORDERS W/O CC/MCC | 601 | MS-DRG | | | | inpatient | | | | 18088.73 | Aetna | Medicare | 15729.33 | | | | 7081.01 | 24153.13 | case rate | |
| CELLULITIS W MCC | 602 | MS-DRG | | | | inpatient | | | | 30142.88 | Aetna | Medicare | 26211.2 | | | | 17353.49 | 56326.11 | case rate | |
| CELLULITIS W/O MCC | 603 | MS-DRG | | | | inpatient | | | | 21987.58 | Aetna | Medicare | 19119.63 | | | | 10403.59 | 33066.23 | case rate | |
| TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC | 604 | MS-DRG | | | | inpatient | | | | 30371.57 | Aetna | Medicare | 26410.06 | | | | 17548.38 | 55265.12 | case rate | |
| TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC | 605 | MS-DRG | | | | inpatient | | | | 22582.18 | Aetna | Medicare | 19636.68 | | | | 10910.3 | 33565.52 | case rate | |
| MINOR SKIN DISORDERS W MCC | 606 | MS-DRG | | | | inpatient | | | | 32098.54 | Aetna | Medicare | 27911.77 | | | | 19020.09 | 53860.87 | case rate | |
| MINOR SKIN DISORDERS W/O MCC | 607 | MS-DRG | | | | inpatient | | | | 21757.5 | Aetna | Medicare | 18919.57 | | | | 10207.52 | 31244.61 | case rate | |
| ADRENAL & PITUITARY PROCEDURES W CC/MCC | 614 | MS-DRG | | | | inpatient | | | | 41366.8 | Aetna | Medicare | 35971.13 | | | | 26918.45 | 92196.95 | case rate | |
| ADRENAL & PITUITARY PROCEDURES W/O CC/MCC | 615 | MS-DRG | | | | inpatient | | | | 29641.14 | Aetna | Medicare | 25774.9 | | | | 16925.91 | 57777.17 | case rate | |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC | 616 | MS-DRG | | | | inpatient | | | | 63348.95 | Aetna | Medicare | 55086.05 | | | | 45651.52 | 161301.75 | case rate | |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC | 617 | MS-DRG | | | | inpatient | | | | 36551.8 | Aetna | Medicare | 31784.17 | | | | 22815.13 | 80884.92 | case rate | |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC | 618 | MS-DRG | | | | inpatient | | | | 27036.82 | Aetna | Medicare | 23510.28 | | | | 14706.52 | 45220.82 | case rate | |
| O.R. PROCEDURES FOR OBESITY W MCC | 619 | MS-DRG | | | | inpatient | | | | 47569.21 | Aetna | Medicare | 41364.53 | | | | 32204.11 | 113927.74 | case rate | |
| O.R. PROCEDURES FOR OBESITY W CC | 620 | MS-DRG | | | | inpatient | | | | 31914.2 | Aetna | Medicare | 27751.48 | | | | 18863 | 70587.07 | case rate | |
| O.R. PROCEDURES FOR OBESITY W/O CC/MCC | 621 | MS-DRG | | | | inpatient | | | | 30040.31 | Aetna | Medicare | 26122.01 | | | | 17266.08 | 61564.75 | case rate | |
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC | 622 | MS-DRG | | | | inpatient | | | | 61644.16 | Aetna | Medicare | 53603.62 | | | | 44198.71 | 148148.59 | case rate | |
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC | 623 | MS-DRG | | | | inpatient | | | | 36291.22 | Aetna | Medicare | 31557.59 | | | | 22593.08 | 75018.26 | case rate | |
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC | 624 | MS-DRG | | | | inpatient | | | | 23582.88 | Aetna | Medicare | 20506.85 | | | | 11763.09 | 50553.07 | case rate | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC | 625 | MS-DRG | | | | inpatient | | | | 49517.94 | Aetna | Medicare | 43059.08 | | | | 33864.81 | 108568.18 | case rate | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC | 626 | MS-DRG | | | | inpatient | | | | 30698.67 | Aetna | Medicare | 26694.49 | | | | 17827.13 | 62824.67 | case rate | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC | 627 | MS-DRG | | | | inpatient | | | | 27338.97 | Aetna | Medicare | 23773.02 | | | | 14964.01 | 42322.6 | case rate | |
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC | 628 | MS-DRG | | | | inpatient | | | | 64467.46 | Aetna | Medicare | 56058.66 | | | | 46604.71 | 143303.73 | case rate | |
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC | 629 | MS-DRG | | | | inpatient | | | | 40952.38 | Aetna | Medicare | 35610.77 | | | | 26565.29 | 91225.67 | case rate | |
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC | 630 | MS-DRG | | | | inpatient | | | | 29201.77 | Aetna | Medicare | 25392.85 | | | | 16551.48 | 59856.24 | case rate | |
| DIABETES W MCC | 637 | MS-DRG | | | | inpatient | | | | 29864.08 | Aetna | Medicare | 26055.72 | | | | 17201.12 | 53880.37 | case rate | |
| DIABETES W CC | 638 | MS-DRG | | | | inpatient | | | | 22492.09 | Aetna | Medicare | 19558.34 | | | | 10833.53 | 34021.91 | case rate | |
| DIABETES W/O CC/MCC | 639 | MS-DRG | | | | inpatient | | | | 18464.34 | Aetna | Medicare | 16055.95 | | | | 7401.1 | 24648.52 | case rate | |
| MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC | 640 | MS-DRG | | | | inpatient | | | | 28165.83 | Aetna | Medicare | 24509.41 | | | | 15685.7 | 46426.13 | case rate | |
| MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC | 641 | MS-DRG | | | | inpatient | | | | 20609.88 | Aetna | Medicare | 17921.64 | | | | 9229.52 | 29329.36 | case rate | |
| INBORN AND OTHER DISORDERS OF METABOLISM | 642 | MS-DRG | | | | inpatient | | | | 26981.38 | Aetna | Medicare | 23462.07 | | | | 14659.28 | 46285.34 | case rate | |
| ENDOCRINE DISORDERS W MCC | 643 | MS-DRG | | | | inpatient | | | | 32749.96 | Aetna | Medicare | 28478.23 | | | | 19575.23 | 63741.34 | case rate | |
| ENDOCRINE DISORDERS W CC | 644 | MS-DRG | | | | inpatient | | | | 24102.63 | Aetna | Medicare | 20958.81 | | | | 12206.02 | 39494.59 | case rate | |
| ENDOCRINE DISORDERS W/O CC/MCC | 645 | MS-DRG | | | | inpatient | | | | 20572.46 | Aetna | Medicare | 17889.1 | | | | 9197.63 | 28978.3 | case rate | |
| KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC | 650 | MS-DRG | | | | inpatient | | | | 73637.32 | Aetna | Medicare | 64032.45 | | | | 54419.22 | 79941.26 | case rate | |
| KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC | 651 | MS-DRG | | | | inpatient | | | | 57908.86 | Aetna | Medicare | 50355.53 | | | | 41015.5 | 60251.35 | case rate | |
| KIDNEY TRANSPLANT | 652 | MS-DRG | | | | inpatient | | | | 52349.56 | Aetna | Medicare | 45521.36 | | | | 36277.9 | 126292.6 | case rate | |
| MAJOR BLADDER PROCEDURES W MCC | 653 | MS-DRG | | | | inpatient | | | | 87044.22 | Aetna | Medicare | 75690.62 | | | | 65844.5 | 214109.42 | case rate | |
| MAJOR BLADDER PROCEDURES W CC | 654 | MS-DRG | | | | inpatient | | | | 48894.23 | Aetna | Medicare | 42516.72 | | | | 33333.29 | 112078.81 | case rate | |
| MAJOR BLADDER PROCEDURES W/O CC/MCC | 655 | MS-DRG | | | | inpatient | | | | 38571.21 | Aetna | Medicare | 33540.19 | | | | 24536.07 | 81025.34 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC | 656 | MS-DRG | | | | inpatient | | | | 54935.86 | Aetna | Medicare | 47770.31 | | | | 39481.93 | 129799.69 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC | 657 | MS-DRG | | | | inpatient | | | | 35117.27 | Aetna | Medicare | 30536.76 | | | | 21592.64 | 75962.23 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC | 658 | MS-DRG | | | | inpatient | | | | 30625.21 | Aetna | Medicare | 26630.62 | | | | 17764.53 | 61100.56 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC | 659 | MS-DRG | | | | inpatient | | | | 45598.3 | Aetna | Medicare | 39650.69 | | | | 30524.51 | 106375.99 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC | 660 | MS-DRG | | | | inpatient | | | | 28352.15 | Aetna | Medicare | 24654.04 | | | | 15827.44 | 56466.53 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC | 661 | MS-DRG | | | | inpatient | | | | 24008.39 | Aetna | Medicare | 20876.86 | | | | 12125.71 | 41846.71 | case rate | |
| MINOR BLADDER PROCEDURES W MCC | 662 | MS-DRG | | | | inpatient | | | | 53017.62 | Aetna | Medicare | 46102.28 | | | | 36847.22 | 123991.55 | case rate | |
| MINOR BLADDER PROCEDURES W CC | 663 | MS-DRG | | | | inpatient | | | | 30949.53 | Aetna | Medicare | 26912.64 | | | | 18040.92 | 63983.18 | case rate | |
| MINOR BLADDER PROCEDURES W/O CC/MCC | 664 | MS-DRG | | | | inpatient | | | | 24745.74 | Aetna | Medicare | 21518.04 | | | | 12754.08 | 46250.6 | case rate | |
| PROSTATECTOMY W MCC | 665 | MS-DRG | | | | inpatient | | | | 57369.7 | Aetna | Medicare | 49886.69 | | | | 40556.04 | 123995.45 | case rate | |
| PROSTATECTOMY W CC | 666 | MS-DRG | | | | inpatient | | | | 32611.36 | Aetna | Medicare | 28357.71 | | | | 19457.12 | 69397.35 | case rate | |
| PROSTATECTOMY W/O CC/MCC | 667 | MS-DRG | | | | inpatient | | | | 24025.02 | Aetna | Medicare | 20891.32 | | | | 12139.88 | 42143.16 | case rate | |
| TRANSURETHRAL PROCEDURES W MCC | 668 | MS-DRG | | | | inpatient | | | | 50199.86 | Aetna | Medicare | 43652.05 | | | | 34445.94 | 109789.1 | case rate | |
| TRANSURETHRAL PROCEDURES W CC | 669 | MS-DRG | | | | inpatient | | | | 31228.12 | Aetna | Medicare | 27154.89 | | | | 18278.33 | 61728.58 | case rate | |
| TRANSURETHRAL PROCEDURES W/O CC/MCC | 670 | MS-DRG | | | | inpatient | | | | 23025.7 | Aetna | Medicare | 20022.35 | | | | 11288.27 | 37583.24 | case rate | |
| URETHRAL PROCEDURES W CC/MCC | 671 | MS-DRG | | | | inpatient | | | | 33670.28 | Aetna | Medicare | 29278.5 | | | | 20359.52 | 65668.28 | case rate | |
| URETHRAL PROCEDURES W/O CC/MCC | 672 | MS-DRG | | | | inpatient | | | | 24848.1 | Aetna | Medicare | 21694 | | | | 12926.53 | 41226.5 | case rate | |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC | 673 | MS-DRG | | | | inpatient | | | | 67847.95 | Aetna | Medicare | 58998.22 | | | | 49485.54 | 139539.74 | case rate | |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W CC | 674 | MS-DRG | | | | inpatient | | | | 41774.29 | Aetna | Medicare | 36325.47 | | | | 27265.71 | 90168.08 | case rate | |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC | 675 | MS-DRG | | | | inpatient | | | | 31474.83 | Aetna | Medicare | 27369.42 | | | | 18488.57 | 63388.08 | case rate | |
| RENAL FAILURE W MCC | 682 | MS-DRG | | | | inpatient | | | | 30596.1 | Aetna | Medicare | 26605.31 | | | | 17739.72 | 59758.72 | case rate | |
| RENAL FAILURE W CC | 683 | MS-DRG | | | | inpatient | | | | 22099.85 | Aetna | Medicare | 19217.26 | | | | 10499.26 | 35847.43 | case rate | |
| RENAL FAILURE W/O CC/MCC | 684 | MS-DRG | | | | inpatient | | | | 18198.22 | Aetna | Medicare | 15824.54 | | | | 7174.32 | 24176.54 | case rate | |
| KIDNEY & URINARY TRACT NEOPLASMS W MCC | 686 | MS-DRG | | | | inpatient | | | | 35915.82 | Aetna | Medicare | 31230.97 | | | | 22272.98 | 66998.42 | case rate | |
| KIDNEY & URINARY TRACT NEOPLASMS W CC | 687 | MS-DRG | | | | inpatient | | | | 24370.13 | Aetna | Medicare | 21191.42 | | | | 12433.99 | 41101.68 | case rate | |
| KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC | 688 | MS-DRG | | | | inpatient | | | | 19817.09 | Aetna | Medicare | 17232.25 | | | | 8553.9 | 30850.64 | case rate | |
| KIDNEY & URINARY TRACT INFECTIONS W MCC | 689 | MS-DRG | | | | inpatient | | | | 26000.08 | Aetna | Medicare | 22608.77 | | | | 13823.02 | 43360.18 | case rate | |
| KIDNEY & URINARY TRACT INFECTIONS W/O MCC | 690 | MS-DRG | | | | inpatient | | | | 20903.72 | Aetna | Medicare | 18177.15 | | | | 9479.93 | 30975.46 | case rate | |
| URINARY STONES W MCC | 693 | MS-DRG | | | | inpatient | | | | 30159.51 | Aetna | Medicare | 26225.66 | | | | 17367.66 | 51629.67 | case rate | |
| URINARY STONES W/O MCC | 694 | MS-DRG | | | | inpatient | | | | 20609.88 | Aetna | Medicare | 17921.64 | | | | 9229.52 | 27386.81 | case rate | |
| KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC | 695 | MS-DRG | | | | inpatient | | | | 25411.03 | Aetna | Medicare | 22096.55 | | | | 13321.03 | 44807.34 | case rate | |
| KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC | 696 | MS-DRG | | | | inpatient | | | | 19368.02 | Aetna | Medicare | 16841.75 | | | | 8171.21 | 26860.22 | case rate | |
| URETHRAL STRICTURE | 697 | MS-DRG | | | | inpatient | | | | 23262.71 | Aetna | Medicare | 20228.44 | | | | 11490.25 | 37446.72 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC | 698 | MS-DRG | | | | inpatient | | | | 33077.06 | Aetna | Medicare | 28762.66 | | | | 19853.98 | 63000.21 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC | 699 | MS-DRG | | | | inpatient | | | | 23915.52 | Aetna | Medicare | 20796.11 | | | | 12046.57 | 40095.3 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC | 700 | MS-DRG | | | | inpatient | | | | 19401.28 | Aetna | Medicare | 16870.68 | | | | 8199.56 | 29633.62 | case rate | |
| MAJOR MALE PELVIC PROCEDURES W CC/MCC | 707 | MS-DRG | | | | inpatient | | | | 36676.54 | Aetna | Medicare | 31892.64 | | | | 22921.44 | 69877.14 | case rate | |
| MAJOR MALE PELVIC PROCEDURES W/O CC/MCC | 708 | MS-DRG | | | | inpatient | | | | 30327.21 | Aetna | Medicare | 26371.49 | | | | 17510.58 | 54863.35 | case rate | |
| PENIS PROCEDURES W CC/MCC | 709 | MS-DRG | | | | inpatient | | | | 40924.66 | Aetna | Medicare | 35586.66 | | | | 26541.67 | 79254.42 | case rate | |
| PENIS PROCEDURES W/O CC/MCC | 710 | MS-DRG | | | | inpatient | | | | 30589.17 | Aetna | Medicare | 26599.28 | | | | 17733.82 | 65122.19 | case rate | |
| TESTES PROCEDURES W CC/MCC | 711 | MS-DRG | | | | inpatient | | | | 36219.15 | Aetna | Medicare | 31494.91 | | | | 22531.66 | 81271.08 | case rate | |
| TESTES PROCEDURES W/O CC/MCC | 712 | MS-DRG | | | | inpatient | | | | 22061.04 | Aetna | Medicare | 19183.51 | | | | 10466.19 | 42002.74 | case rate | |
| TRANSURETHRAL PROSTATECTOMY W CC/MCC | 713 | MS-DRG | | | | inpatient | | | | 29821.32 | Aetna | Medicare | 25931.58 | | | | 17079.46 | 57082.84 | case rate | |
| TRANSURETHRAL PROSTATECTOMY W/O CC/MCC | 714 | MS-DRG | | | | inpatient | | | | 22803.94 | Aetna | Medicare | 19829.51 | | | | 11099.29 | 35515.87 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC | 715 | MS-DRG | | | | inpatient | | | | 41079.9 | Aetna | Medicare | 35721.65 | | | | 26673.96 | 86201.57 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC | 716 | MS-DRG | | | | inpatient | | | | 29451.26 | Aetna | Medicare | 25609.79 | | | | 16764.09 | 57067.24 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC | 717 | MS-DRG | | | | inpatient | | | | 35497.04 | Aetna | Medicare | 30866.99 | | | | 21916.28 | 76231.38 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC | 718 | MS-DRG | | | | inpatient | | | | 26853.87 | Aetna | Medicare | 23351.19 | | | | 14550.61 | 48080.03 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC | 722 | MS-DRG | | | | inpatient | | | | 33742.35 | Aetna | Medicare | 29341.17 | | | | 20420.94 | 64739.92 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC | 723 | MS-DRG | | | | inpatient | | | | 25343.12 | Aetna | Medicare | 22037.49 | | | | 13263.16 | 42966.21 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC | 724 | MS-DRG | | | | inpatient | | | | 18884.3 | Aetna | Medicare | 16421.13 | | | | 7758.99 | 26883.62 | case rate | |
| BENIGN PROSTATIC HYPERTROPHY W MCC | 725 | MS-DRG | | | | inpatient | | | | 27279.37 | Aetna | Medicare | 23721.19 | | | | 14913.23 | 47366.2 | case rate | |
| BENIGN PROSTATIC HYPERTROPHY W/O MCC | 726 | MS-DRG | | | | inpatient | | | | 20097.06 | Aetna | Medicare | 17475.7 | | | | 8762.5 | 29820.85 | case rate | |
| INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC | 727 | MS-DRG | | | | inpatient | | | | 30145.65 | Aetna | Medicare | 26213.61 | | | | 17355.85 | 56092.07 | case rate | |
| INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC | 728 | MS-DRG | | | | inpatient | | | | 21104.69 | Aetna | Medicare | 18351.9 | | | | 9651.19 | 30870.14 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC | 729 | MS-DRG | | | | inpatient | | | | 25038.19 | Aetna | Medicare | 21772.34 | | | | 13003.3 | 42205.57 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC | 730 | MS-DRG | | | | inpatient | | | | 18191.29 | Aetna | Medicare | 15818.52 | | | | 7168.41 | 22171.58 | case rate | |
| PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC | 734 | MS-DRG | | | | inpatient | | | | 38924.65 | Aetna | Medicare | 33847.52 | | | | 24837.26 | 89946.24 | case rate | |
| PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC | 735 | MS-DRG | | | | inpatient | | | | 26604.39 | Aetna | Medicare | 23134.25 | | | | 14338 | 53244.56 | case rate | |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC | 736 | MS-DRG | | | | inpatient | | | | 64355.2 | Aetna | Medicare | 55961.04 | | | | 46509.04 | 157221.61 | case rate | |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC | 737 | MS-DRG | | | | inpatient | | | | 37477.65 | Aetna | Medicare | 32589.26 | | | | 23604.14 | 79238.82 | case rate | |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC | 738 | MS-DRG | | | | inpatient | | | | 30804 | Aetna | Medicare | 26786.09 | | | | 17916.89 | 54309.45 | case rate | |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC | 739 | MS-DRG | | | | inpatient | | | | 64955.34 | Aetna | Medicare | 56482.91 | | | | 47020.48 | 140335.48 | case rate | |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC | 740 | MS-DRG | | | | inpatient | | | | 34981.44 | Aetna | Medicare | 30418.65 | | | | 21476.89 | 67985.3 | case rate | |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC | 741 | MS-DRG | | | | inpatient | | | | 28817.85 | Aetna | Medicare | 25059 | | | | 16224.3 | 51763.49 | case rate | |
| UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC | 742 | MS-DRG | | | | inpatient | | | | 35097.87 | Aetna | Medicare | 30519.89 | | | | 21576.1 | 66858 | case rate | |
| UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC | 743 | MS-DRG | | | | inpatient | | | | 26363.71 | Aetna | Medicare | 22951.05 | | | | 14158.47 | 43516.21 | case rate | |
| D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC | 744 | MS-DRG | | | | inpatient | | | | 36862.26 | Aetna | Medicare | 32054.14 | | | | 23079.71 | 69933.53 | case rate | |
| D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC | 745 | MS-DRG | | | | inpatient | | | | 23983.44 | Aetna | Medicare | 20855.16 | | | | 12104.45 | 41714.09 | case rate | |
| VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC | 746 | MS-DRG | | | | inpatient | | | | 32989.74 | Aetna | Medicare | 28686.73 | | | | 19779.57 | 65442.04 | case rate | |
| VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC | 747 | MS-DRG | | | | inpatient | | | | 23018.77 | Aetna | Medicare | 20016.32 | | | | 11282.36 | 37376.51 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 748 | MS-DRG | | | | inpatient | | | | 28661.23 | Aetna | Medicare | 24922.81 | | | | 16090.83 | 50475.06 | case rate | |
| OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC | 749 | MS-DRG | | | | inpatient | | | | 45657.89 | Aetna | Medicare | 39702.52 | | | | 30575.3 | 101496.21 | case rate | |
| OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC | 750 | MS-DRG | | | | inpatient | | | | 27652.21 | Aetna | Medicare | 24045.4 | | | | 15230.96 | 47740.67 | case rate | |
| MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC | 754 | MS-DRG | | | | inpatient | | | | 34856.7 | Aetna | Medicare | 30310.18 | | | | 21370.58 | 71827.49 | case rate | |
| MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC | 755 | MS-DRG | | | | inpatient | | | | 25165.71 | Aetna | Medicare | 21883.22 | | | | 13111.97 | 41733.59 | case rate | |
| MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC | 756 | MS-DRG | | | | inpatient | | | | 23016 | Aetna | Medicare | 20013.91 | | | | 11280 | 30429.36 | case rate | |
| INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC | 757 | MS-DRG | | | | inpatient | | | | 29395.81 | Aetna | Medicare | 25561.58 | | | | 16716.84 | 56205.19 | case rate | |
| INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC | 758 | MS-DRG | | | | inpatient | | | | 23907.21 | Aetna | Medicare | 20788.88 | | | | 12039.48 | 39802.74 | case rate | |
| INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC | 759 | MS-DRG | | | | inpatient | | | | 18650.06 | Aetna | Medicare | 16217.45 | | | | 7559.37 | 27722.27 | case rate | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC | 760 | MS-DRG | | | | inpatient | | | | 23440.12 | Aetna | Medicare | 20382.71 | | | | 11641.43 | 34002.4 | case rate | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC | 761 | MS-DRG | | | | inpatient | | | | 18565.52 | Aetna | Medicare | 16143.93 | | | | 7487.32 | 21430.45 | case rate | |
| VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C | 768 | MS-DRG | | | | inpatient | | | | 23794.94 | Aetna | Medicare | 20691.25 | | | | 8760 | 44132.52 | case rate | |
| POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE | 769 | MS-DRG | | | | inpatient | | | | 28855.27 | Aetna | Medicare | 25091.54 | | | | 16256.19 | 56868.31 | case rate | |
| ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 770 | MS-DRG | | | | inpatient | | | | 24693.08 | Aetna | Medicare | 21472.24 | | | | 12709.2 | 41655.58 | case rate | |
| POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE | 776 | MS-DRG | | | | inpatient | | | | 19668.78 | Aetna | Medicare | 17103.29 | | | | 8427.52 | 25705.61 | case rate | |
| ABORTION W/O D&C | 779 | MS-DRG | | | | inpatient | | | | 22736.03 | Aetna | Medicare | 19770.46 | | | | 11041.41 | 29422.98 | case rate | |
| CESAREAN SECTION W STERILIZATION W MCC | 783 | MS-DRG | | | | inpatient | | | | 35311.31 | Aetna | Medicare | 30705.49 | | | | 8487 | 68086.72 | case rate | |
| CESAREAN SECTION W STERILIZATION W CC | 784 | MS-DRG | | | | inpatient | | | | 24790.1 | Aetna | Medicare | 21556.61 | | | | 8487 | 42989.61 | case rate | |
| CESAREAN SECTION W STERILIZATION W/O CC/MCC | 785 | MS-DRG | | | | inpatient | | | | 21686.4 | Aetna | Medicare | 19031.65 | | | | 8487 | 32980.42 | case rate | |
| CESAREAN SECTION W/O STERILIZATION W MCC | 786 | MS-DRG | | | | inpatient | | | | 32176.15 | Aetna | Medicare | 27979.27 | | | | 8487 | 60648.08 | case rate | |
| CESAREAN SECTION W/O STERILIZATION W CC | 787 | MS-DRG | | | | inpatient | | | | 24496.26 | Aetna | Medicare | 21301.1 | | | | 8487 | 42170.47 | case rate | |
| CESAREAN SECTION W/O STERILIZATION W/O CC/MCC | 788 | MS-DRG | | | | inpatient | | | | 22318.84 | Aetna | Medicare | 19407.68 | | | | 8487 | 35133.6 | case rate | |
| NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY | 789 | MS-DRG | | | | inpatient | | | | 34763.84 | Aetna | Medicare | 30229.43 | | | | 637 | 64895.95 | case rate | |
| EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE | 790 | MS-DRG | | | | inpatient | | | | 92175.23 | Aetna | Medicare | 80152.38 | | | | 637 | 214004.1 | case rate | |
| PREMATURITY W MAJOR PROBLEMS | 791 | MS-DRG | | | | inpatient | | | | 66050.29 | Aetna | Medicare | 57435.04 | | | | 637 | 146159.23 | case rate | |
| PREMATURITY W/O MAJOR PROBLEMS | 792 | MS-DRG | | | | inpatient | | | | 43732.72 | Aetna | Medicare | 38028.46 | | | | 637 | 88187.03 | case rate | |
| FULL TERM NEONATE W MAJOR PROBLEMS | 793 | MS-DRG | | | | inpatient | | | | 67583.22 | Aetna | Medicare | 58768.02 | | | | 637 | 150134.04 | case rate | |
| NEONATE W OTHER SIGNIFICANT PROBLEMS | 794 | MS-DRG | | | | inpatient | | | | 30239.9 | Aetna | Medicare | 26295.56 | | | | 637 | 53139.24 | case rate | |
| NORMAL NEWBORN | 795 | MS-DRG | | | | inpatient | | | | 12548.84 | Aetna | Medicare | 10912.03 | | | | 637 | 10912.03 | case rate | |
| VAGINAL DELIVERY W STERILIZATION/D&C W MCC | 796 | MS-DRG | | | | inpatient | | | | 24485.17 | Aetna | Medicare | 21291.46 | | | | 6365 | 57270.08 | case rate | |
| VAGINAL DELIVERY W STERILIZATION/D&C W CC | 797 | MS-DRG | | | | inpatient | | | | 23198.95 | Aetna | Medicare | 20173 | | | | 6365 | 33035.03 | case rate | |
| VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC | 798 | MS-DRG | | | | inpatient | | | | 23198.95 | Aetna | Medicare | 20173 | | | | 6365 | 33035.03 | case rate | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SPLENECTOMY W MCC | 799 | MS-DRG | | | | inpatient | | | | 75681.69 | Aetna | Medicare | 65810.16 | | | | 58161.42 | 183395.31 | case rate | |
| SPLENECTOMY W CC | 800 | MS-DRG | | | | inpatient | | | | 50165.21 | Aetna | Medicare | 43621.92 | | | | 34416.41 | 102463.59 | case rate | |
| SPLENECTOMY W/O CC/MCC | 801 | MS-DRG | | | | inpatient | | | | 32533.75 | Aetna | Medicare | 28290.21 | | | | 5977 | 60706.59 | case rate | |
| OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC | 802 | MS-DRG | | | | inpatient | | | | 59465.35 | Aetna | Medicare | 51709 | | | | 8199 | 130564.23 | case rate | |
| OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC | 803 | MS-DRG | | | | inpatient | | | | 34450.6 | Aetna | Medicare | 29957.04 | | | | 13279 | 67713.95 | case rate | |
| OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC | 804 | MS-DRG | | | | inpatient | | | | 25103.34 | Aetna | Medicare | 21828.99 | | | | 13058.82 | 47998.11 | case rate | |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC | 805 | MS-DRG | | | | inpatient | | | | 23611.99 | Aetna | Medicare | 20532.16 | | | | 6365 | 39911.96 | case rate | |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W CC | 806 | MS-DRG | | | | inpatient | | | | 19808.77 | Aetna | Medicare | 17225.02 | | | | 6365 | 27593.55 | case rate | |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC | 807 | MS-DRG | | | | inpatient | | | | 18612.64 | Aetna | Medicare | 16194.9 | | | | 6365 | 23950.3 | case rate | |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC | 808 | MS-DRG | | | | inpatient | | | | 41523.42 | Aetna | Medicare | 36107.32 | | | | 27051.92 | 83833.84 | case rate | |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC | 809 | MS-DRG | | | | inpatient | | | | 26945.35 | Aetna | Medicare | 23430.73 | | | | 14628.57 | 46983.93 | case rate | |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC | 810 | MS-DRG | | | | inpatient | | | | 22971.65 | Aetna | Medicare | 19975.35 | | | | 11242.2 | 35964.45 | case rate | |
| RED BLOOD CELL DISORDERS W MCC | 811 | MS-DRG | | | | inpatient | | | | 29279.39 | Aetna | Medicare | 25460.34 | | | | 16617.63 | 52893.49 | case rate | |
| RED BLOOD CELL DISORDERS W/O MCC | 812 | MS-DRG | | | | inpatient | | | | 22571.09 | Aetna | Medicare | 19627.04 | | | | 10900.85 | 34450.98 | case rate | |
| COAGULATION DISORDERS | 813 | MS-DRG | | | | inpatient | | | | 31235.05 | Aetna | Medicare | 27160.92 | | | | 18284.23 | 62859.78 | case rate | |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC | 814 | MS-DRG | | | | inpatient | | | | 38754.17 | Aetna | Medicare | 33699.28 | | | | 24691.98 | 64868.64 | case rate | |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC | 815 | MS-DRG | | | | inpatient | | | | 23862.85 | Aetna | Medicare | 20750.31 | | | | 12001.69 | 38137.14 | case rate | |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC | 816 | MS-DRG | | | | inpatient | | | | 18918.95 | Aetna | Medicare | 16451.26 | | | | 7788.52 | 28147.45 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC | 817 | MS-DRG | | | | inpatient | | | | 40076.42 | Aetna | Medicare | 34849.06 | | | | 25818.8 | 98754.02 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC | 818 | MS-DRG | | | | inpatient | | | | 23492.79 | Aetna | Medicare | 20428.51 | | | | 11686.32 | 52991.01 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC | 819 | MS-DRG | | | | inpatient | | | | 19140.71 | Aetna | Medicare | 16644.1 | | | | 7977.5 | 32726.87 | case rate | |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC | 820 | MS-DRG | | | | inpatient | | | | 90477.37 | Aetna | Medicare | 78675.97 | | | | 68770.21 | 212342.41 | case rate | |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC | 821 | MS-DRG | | | | inpatient | | | | 40720.92 | Aetna | Medicare | 35409.5 | | | | 6969 | 93394.46 | case rate | |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC | 822 | MS-DRG | | | | inpatient | | | | 25631.41 | Aetna | Medicare | 22288.18 | | | | 8721 | 47190.67 | case rate | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC | 823 | MS-DRG | | | | inpatient | | | | 74638.02 | Aetna | Medicare | 64902.63 | | | | 12547 | 176491.07 | case rate | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC | 824 | MS-DRG | | | | inpatient | | | | 40263.54 | Aetna | Medicare | 35011.77 | | | | 22652 | 86596.96 | case rate | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC | 825 | MS-DRG | | | | inpatient | | | | 26838.62 | Aetna | Medicare | 23337.93 | | | | 14537.62 | 53010.51 | case rate | |
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC | 826 | MS-DRG | | | | inpatient | | | | 75968.59 | Aetna | Medicare | 66059.65 | | | | 56405.91 | 193002.74 | case rate | |
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC | 827 | MS-DRG | | | | inpatient | | | | 42488.08 | Aetna | Medicare | 36946.16 | | | | 27874.01 | 87832.06 | case rate | |
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC | 828 | MS-DRG | | | | inpatient | | | | 31995.97 | Aetna | Medicare | 27822.59 | | | | 18932.69 | 63752.05 | case rate | |
| MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC | 829 | MS-DRG | | | | inpatient | | | | 52521.43 | Aetna | Medicare | 45670.81 | | | | 36424.37 | 121300.07 | case rate | |
| MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC | 830 | MS-DRG | | | | inpatient | | | | 30050.01 | Aetna | Medicare | 26130.45 | | | | 17274.35 | 55343.13 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC | 831 | MS-DRG | | | | inpatient | | | | 25732.58 | Aetna | Medicare | 22376.16 | | | | 13595.06 | 40103.1 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC | 832 | MS-DRG | | | | inpatient | | | | 20138.64 | Aetna | Medicare | 17511.86 | | | | 8827.93 | 28038.23 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC | 833 | MS-DRG | | | | inpatient | | | | 16984.08 | Aetna | Medicare | 14768.76 | | | | 6139.63 | 18735.08 | case rate | |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC | 834 | MS-DRG | | | | inpatient | | | | 86388.63 | Aetna | Medicare | 75120.55 | | | | 65285.81 | 214842.75 | case rate | |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC | 835 | MS-DRG | | | | inpatient | | | | 39383.42 | Aetna | Medicare | 34246.45 | | | | 25228.23 | 83318.95 | case rate | |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC | 836 | MS-DRG | | | | inpatient | | | | 26999.4 | Aetna | Medicare | 23477.74 | | | | 14674.63 | 47299.89 | case rate | |
| CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC | 837 | MS-DRG | | | | inpatient | | | | 79179.98 | Aetna | Medicare | 68862.16 | | | | 59142.64 | 209627.52 | case rate | |
| CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT | 838 | MS-DRG | | | | inpatient | | | | 37890.68 | Aetna | Medicare | 32948.42 | | | | 23956.12 | 91767.87 | case rate | |
| CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC | 839 | MS-DRG | | | | inpatient | | | | 28773.5 | Aetna | Medicare | 25020.43 | | | | 16186.51 | 48988.89 | case rate | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W MCC | 840 | MS-DRG | | | | inpatient | | | | 53979.51 | Aetna | Medicare | 46938.71 | | | | 37688.94 | 128446.15 | case rate | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W CC | 841 | MS-DRG | | | | inpatient | | | | 31512.26 | Aetna | Medicare | 27401.96 | | | | 18520.46 | 63768.64 | case rate | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC | 842 | MS-DRG | | | | inpatient | | | | 24369.05 | Aetna | Medicare | 21181.78 | | | | 12424.54 | 43730.75 | case rate | |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC | 843 | MS-DRG | | | | inpatient | | | | 36020.95 | Aetna | Medicare | 31322.57 | | | | 22362.75 | 72006.92 | case rate | |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC | 844 | MS-DRG | | | | inpatient | | | | 26345.2 | Aetna | Medicare | 22908.87 | | | | 14117.13 | 45981.45 | case rate | |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC | 845 | MS-DRG | | | | inpatient | | | | 21377.73 | Aetna | Medicare | 18589.33 | | | | 9883.88 | 33787.86 | case rate | |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC | 846 | MS-DRG | | | | inpatient | | | | 45175.56 | Aetna | Medicare | 39283.1 | | | | 30164.26 | 109917.83 | case rate | |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC | 847 | MS-DRG | | | | inpatient | | | | 27391.64 | Aetna | Medicare | 23818.82 | | | | 15008.9 | 51742.79 | case rate | |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC | 848 | MS-DRG | | | | inpatient | | | | 21129.64 | Aetna | Medicare | 18373.6 | | | | 9672.45 | 36377.93 | case rate | |
| RADIOTHERAPY | 849 | MS-DRG | | | | inpatient | | | | 46801.35 | Aetna | Medicare | 40896.83 | | | | 31549.75 | 76851.59 | case rate | |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC | 853 | MS-DRG | | | | inpatient | | | | 79098.21 | Aetna | Medicare | 68781.05 | | | | 59072.95 | 197262.3 | case rate | |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC | 854 | MS-DRG | | | | inpatient | | | | 37473.49 | Aetna | Medicare | 32585.65 | | | | 23600.6 | 85924.62 | case rate | |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC | 855 | MS-DRG | | | | inpatient | | | | 32310.6 | Aetna | Medicare | 28096.17 | | | | 19200.81 | 60850.92 | case rate | |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC | 856 | MS-DRG | | | | inpatient | | | | 72310.91 | Aetna | Medicare | 62879.05 | | | | 53288.85 | 175075.12 | case rate | |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC | 857 | MS-DRG | | | | inpatient | | | | 39979.4 | Aetna | Medicare | 34764.7 | | | | 25736.12 | 80225.7 | case rate | |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC | 858 | MS-DRG | | | | inpatient | | | | 27636.97 | Aetna | Medicare | 24032.14 | | | | 15217.96 | 53833.56 | case rate | |
| POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC | 862 | MS-DRG | | | | inpatient | | | | 35264.19 | Aetna | Medicare | 30664.51 | | | | 21717.84 | 71293.09 | case rate | |
| POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC | 863 | MS-DRG | | | | inpatient | | | | 23638.32 | Aetna | Medicare | 20555.06 | | | | 11810.34 | 38414.09 | case rate | |
| FEVER AND INFLAMMATORY CONDITIONS | 864 | MS-DRG | | | | inpatient | | | | 22225.97 | Aetna | Medicare | 19326.93 | | | | 10606.74 | 33713.75 | case rate | |
| VIRAL ILLNESS W MCC | 865 | MS-DRG | | | | inpatient | | | | 29883.69 | Aetna | Medicare | 25985.82 | | | | 17132.61 | 53915.48 | case rate | |
| VIRAL ILLNESS W/O MCC | 866 | MS-DRG | | | | inpatient | | | | 22043.02 | Aetna | Medicare | 19167.84 | | | | 10450.83 | 32001.34 | case rate | |
| OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC | 867 | MS-DRG | | | | inpatient | | | | 39499.84 | Aetna | Medicare | 34347.69 | | | | 25327.44 | 83198.03 | case rate | |
| OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC | 868 | MS-DRG | | | | inpatient | | | | 24334.1 | Aetna | Medicare | 21160.09 | | | | 12403.28 | 42006.64 | case rate | |
| OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC | 869 | MS-DRG | | | | inpatient | | | | 19753.33 | Aetna | Medicare | 17176.81 | | | | 8499.57 | 29853.48 | case rate | |
| SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS | 870 | MS-DRG | | | | inpatient | | | | 106197.52 | Aetna | Medicare | 92345.67 | | | | 82166.84 | 245560.77 | case rate | |
| SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC | 871 | MS-DRG | | | | inpatient | | | | 36974.53 | Aetna | Medicare | 32151.76 | | | | 23175.38 | 72412.59 | case rate | |
| SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC | 872 | MS-DRG | | | | inpatient | | | | 24069.37 | Aetna | Medicare | 20929.89 | | | | 12177.68 | 41070.47 | case rate | |
| O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS | 876 | MS-DRG | | | | inpatient | | | | 64244.32 | Aetna | Medicare | 55864.62 | | | | 46414.55 | 128777.71 | case rate | |
| ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION | 880 | MS-DRG | | | | inpatient | | | | 23065.9 | Aetna | Medicare | 20057.3 | | | | 2090 | 20057.3 | case rate | |
| DEPRESSIVE NEUROSES | 881 | MS-DRG | | | | inpatient | | | | 22449.12 | Aetna | Medicare | 19520.98 | | | | 2090 | 19520.98 | case rate | |
| NEUROSES EXCEPT DEPRESSIVE | 882 | MS-DRG | | | | inpatient | | | | 23113.02 | Aetna | Medicare | 20098.28 | | | | 2090 | 20098.28 | case rate | |
| DISORDERS OF PERSONALITY & IMPULSE CONTROL | 883 | MS-DRG | | | | inpatient | | | | 35474.86 | Aetna | Medicare | 30847.71 | | | | 2090 | 32167.02 | case rate | |
| ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY | 884 | MS-DRG | | | | inpatient | | | | 32928.76 | Aetna | Medicare | 28633.7 | | | | 2090 | 28979.64 | case rate | |
| PSYCHOSES | 885 | MS-DRG | | | | inpatient | | | | 29316.81 | Aetna | Medicare | 25492.88 | | | | 2090 | 25492.88 | case rate | |
| BEHAVIORAL & DEVELOPMENTAL DISORDERS | 886 | MS-DRG | | | | inpatient | | | | 34679.29 | Aetna | Medicare | 30155.91 | | | | 2090 | 31171.07 | case rate | |
| OTHER MENTAL DISORDER DIAGNOSES | 887 | MS-DRG | | | | inpatient | | | | 26264.81 | Aetna | Medicare | 22838.97 | | | | 2090 | 22838.97 | case rate | |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA | 894 | MS-DRG | | | | inpatient | | | | 18429.69 | Aetna | Medicare | 16025.81 | | | | 2090 | 94620.59 | case rate | |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY | 895 | MS-DRG | | | | inpatient | | | | 29229.49 | Aetna | Medicare | 25416.95 | | | | 2090 | 25416.95 | case rate | |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC | 896 | MS-DRG | | | | inpatient | | | | 34461.69 | Aetna | Medicare | 29966.69 | | | | 2090 | 30898.66 | case rate | |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC | 897 | MS-DRG | | | | inpatient | | | | 22006.98 | Aetna | Medicare | 19136.51 | | | | 2090 | 19136.51 | case rate | |
| WOUND DEBRIDEMENTS FOR INJURIES W MCC | 901 | MS-DRG | | | | inpatient | | | | 71186.85 | Aetna | Medicare | 61901.61 | | | | 13124 | 174162.35 | case rate | |
| WOUND DEBRIDEMENTS FOR INJURIES W CC | 902 | MS-DRG | | | | inpatient | | | | 36080.55 | Aetna | Medicare | 31374.39 | | | | 22413.54 | 74909.04 | case rate | |
| WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC | 903 | MS-DRG | | | | inpatient | | | | 26676.46 | Aetna | Medicare | 23196.92 | | | | 14399.42 | 56429.51 | case rate | |
| SKIN GRAFTS FOR INJURIES W CC/MCC | 904 | MS-DRG | | | | inpatient | | | | 63294.9 | Aetna | Medicare | 55039.04 | | | | 45605.46 | 125836.58 | case rate | |
| SKIN GRAFTS FOR INJURIES W/O CC/MCC | 905 | MS-DRG | | | | inpatient | | | | 32623.84 | Aetna | Medicare | 28368.55 | | | | 19467.75 | 69011.18 | case rate | |
| HAND PROCEDURES FOR INJURIES | 906 | MS-DRG | | | | inpatient | | | | 40029.3 | Aetna | Medicare | 34808.09 | | | | 25778.64 | 71897.2 | case rate | |
| OTHER O.R. PROCEDURES FOR INJURIES W MCC | 907 | MS-DRG | | | | inpatient | | | | 64994.15 | Aetna | Medicare | 56516.65 | | | | 47053.55 | 164457.41 | case rate | |
| OTHER O.R. PROCEDURES FOR INJURIES W CC | 908 | MS-DRG | | | | inpatient | | | | 37736.84 | Aetna | Medicare | 32814.64 | | | | 23825.02 | 77733.15 | case rate | |
| OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC | 909 | MS-DRG | | | | inpatient | | | | 27358.38 | Aetna | Medicare | 23789.89 | | | | 14980.55 | 51699.88 | case rate | |
| TRAUMATIC INJURY W MCC | 913 | MS-DRG | | | | inpatient | | | | 32209.42 | Aetna | Medicare | 28008.19 | | | | 19114.58 | 57414.4 | case rate | |
| TRAUMATIC INJURY W/O MCC | 914 | MS-DRG | | | | inpatient | | | | 22481 | Aetna | Medicare | 19548.7 | | | | 10824.08 | 84762.6 | case rate | |
| ALLERGIC REACTIONS W MCC | 915 | MS-DRG | | | | inpatient | | | | 33867.09 | Aetna | Medicare | 29449.64 | | | | 20527.24 | 65410.84 | case rate | |
| ALLERGIC REACTIONS W/O MCC | 916 | MS-DRG | | | | inpatient | | | | 18984.09 | Aetna | Medicare | 16507.91 | | | | 7844.03 | 24781.15 | case rate | |
| POISONING & TOXIC EFFECTS OF DRUGS W MCC | 917 | MS-DRG | | | | inpatient | | | | 32506.03 | Aetna | Medicare | 28266.11 | | | | 19367.35 | 57484.62 | case rate | |
| POISONING & TOXIC EFFECTS OF DRUGS W/O MCC | 918 | MS-DRG | | | | inpatient | | | | 22040.25 | Aetna | Medicare | 19165.43 | | | | 10448.47 | 30374.75 | case rate | |
| COMPLICATIONS OF TREATMENT W MCC | 919 | MS-DRG | | | | inpatient | | | | 35054.9 | Aetna | Medicare | 30482.52 | | | | 21539.49 | 71160.47 | case rate | |
| COMPLICATIONS OF TREATMENT W CC | 920 | MS-DRG | | | | inpatient | | | | 23860.08 | Aetna | Medicare | 20747.9 | | | | 11999.32 | 39127.92 | case rate | |
| COMPLICATIONS OF TREATMENT W/O CC/MCC | 921 | MS-DRG | | | | inpatient | | | | 19311.19 | Aetna | Medicare | 16792.34 | | | | 8122.78 | 27562.35 | case rate | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC | 922 | MS-DRG | | | | inpatient | | | | 33194.87 | Aetna | Medicare | 28865.11 | | | | 19954.38 | 60788.51 | case rate | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC | 923 | MS-DRG | | | | inpatient | | | | 23915.52 | Aetna | Medicare | 20796.11 | | | | 12046.57 | 37582.48 | case rate | |
| EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT | 927 | MS-DRG | | | | inpatient | | | | 288538.5 | Aetna | Medicare | 250903.04 | | | | 237556.83 | 717124.19 | case rate | |
| FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC | 928 | MS-DRG | | | | inpatient | | | | 102349.95 | Aetna | Medicare | 88999.95 | | | | 78887.96 | 229189.53 | case rate | |
| FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC | 929 | MS-DRG | | | | inpatient | | | | 53860.31 | Aetna | Medicare | 46835.06 | | | | 37565.36 | 115936.61 | case rate | |
| EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT | 933 | MS-DRG | | | | inpatient | | | | 69750.94 | Aetna | Medicare | 60652.99 | | | | 33318 | 111571.72 | case rate | |
| FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ | 934 | MS-DRG | | | | inpatient | | | | 39520.63 | Aetna | Medicare | 34365.77 | | | | 25345.16 | 71519.33 | case rate | |
| NON-EXTENSIVE BURNS | 935 | MS-DRG | | | | inpatient | | | | 40221.96 | Aetna | Medicare | 34975.61 | | | | 25942.82 | 71059.05 | case rate | |
| O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC | 939 | MS-DRG | | | | inpatient | | | | 53771.61 | Aetna | Medicare | 46757.92 | | | | 37489.76 | 127852.25 | case rate | |
| O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC | 940 | MS-DRG | | | | inpatient | | | | 38043.84 | Aetna | Medicare | 33061.17 | | | | 24938.84 | 84620.72 | case rate | |
| O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC | 941 | MS-DRG | | | | inpatient | | | | 36866.42 | Aetna | Medicare | 32057.76 | | | | 23083.25 | 72217.56 | case rate | |
| REHABILITATION W CC/MCC | 945 | MS-DRG | | | | inpatient | | | | 30937.06 | Aetna | Medicare | 26901.79 | | | | 18030.29 | 53240.65 | case rate | |
| REHABILITATION W/O CC/MCC | 946 | MS-DRG | | | | inpatient | | | | 25254.41 | Aetna | Medicare | 21960.36 | | | | 13187.56 | 40672.6 | case rate | |
| SIGNS & SYMPTOMS W MCC | 947 | MS-DRG | | | | inpatient | | | | 27606.47 | Aetna | Medicare | 24005.63 | | | | 15191.98 | 47026.84 | case rate | |
| SIGNS & SYMPTOMS W/O MCC | 948 | MS-DRG | | | | inpatient | | | | 20791.45 | Aetna | Medicare | 18079.52 | | | | 9384.25 | 30433.26 | case rate | |
| AFTERCARE W CC/MCC | 949 | MS-DRG | | | | inpatient | | | | 24734.66 | Aetna | Medicare | 21508.4 | | | | 12744.63 | 44709.82 | case rate | |
| AFTERCARE W/O CC/MCC | 950 | MS-DRG | | | | inpatient | | | | 17903 | Aetna | Medicare | 15567.83 | | | | 6922.73 | 29056.31 | case rate | |
| OTHER FACTORS INFLUENCING HEALTH STATUS | 951 | MS-DRG | | | | inpatient | | | | 17638.27 | Aetna | Medicare | 15337.63 | | | | 6697.13 | 31143.19 | case rate | |
| CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | 955 | MS-DRG | | | | inpatient | | | | 104420.65 | Aetna | Medicare | 90800.56 | | | | 80652.6 | 237821.78 | case rate | |
| LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA | 956 | MS-DRG | | | | inpatient | | | | 62758.51 | Aetna | Medicare | 54572.62 | | | | 45148.35 | 147594.69 | case rate | |
| OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC | 957 | MS-DRG | | | | inpatient | | | | 113234.3 | Aetna | Medicare | 98464.61 | | | | 88163.55 | 296384.69 | case rate | |
| OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC | 958 | MS-DRG | | | | inpatient | | | | 68741.91 | Aetna | Medicare | 59036.44 | | | | 48542.98 | 163041.46 | case rate | |
| OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC | 959 | MS-DRG | | | | inpatient | | | | 46424.36 | Aetna | Medicare | 40369.01 | | | | 31228.48 | 95594.45 | case rate | |
| OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC | 963 | MS-DRG | | | | inpatient | | | | 47433.38 | Aetna | Medicare | 41246.41 | | | | 32088.36 | 109224.57 | case rate | |
| OTHER MULTIPLE SIGNIFICANT TRAUMA W CC | 964 | MS-DRG | | | | inpatient | | | | 30571.15 | Aetna | Medicare | 26583.61 | | | | 17718.46 | 57531.42 | case rate | |
| OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC | 965 | MS-DRG | | | | inpatient | | | | 22428.33 | Aetna | Medicare | 19502.9 | | | | 10779.19 | 38004.52 | case rate | |
| HIV W EXTENSIVE O.R. PROCEDURE W MCC | 969 | MS-DRG | | | | inpatient | | | | 97435.15 | Aetna | Medicare | 84726.22 | | | | 74699.6 | 218388.49 | case rate | |
| HIV W EXTENSIVE O.R. PROCEDURE W/O MCC | 970 | MS-DRG | | | | inpatient | | | | 46554.64 | Aetna | Medicare | 40482.3 | | | | 31339.51 | 108739.81 | case rate | |
| HIV W MAJOR RELATED CONDITION W MCC | 974 | MS-DRG | | | | inpatient | | | | 51168.68 | Aetna | Medicare | 44494.5 | | | | 35271.56 | 106216.06 | case rate | |
| HIV W MAJOR RELATED CONDITION W CC | 975 | MS-DRG | | | | inpatient | | | | 29480.36 | Aetna | Medicare | 25635.1 | | | | 16788.89 | 50315.13 | case rate | |
| HIV W MAJOR RELATED CONDITION W/O CC/MCC | 976 | MS-DRG | | | | inpatient | | | | 23681.29 | Aetna | Medicare | 20592.42 | | | | 11846.95 | 36611.97 | case rate | |
| HIV W OR W/O OTHER RELATED CONDITION | 977 | MS-DRG | | | | inpatient | | | | 29764.49 | Aetna | Medicare | 25882.17 | | | | 17031.03 | 45634.29 | case rate | |
| EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC | 981 | MS-DRG | | | | inpatient | | | | 75693.21 | Aetna | Medicare | 65799.32 | | | | 11302 | 170480.09 | case rate | |
| EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC | 982 | MS-DRG | | | | inpatient | | | | 43713.32 | Aetna | Medicare | 38011.58 | | | | 14901 | 95680.27 | case rate | |
| EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC | 983 | MS-DRG | | | | inpatient | | | | 32901.04 | Aetna | Medicare | 28609.6 | | | | 19703.98 | 61205.88 | case rate | |
| NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC | 987 | MS-DRG | | | | inpatient | | | | 58327.43 | Aetna | Medicare | 50719.51 | | | | 41372.21 | 129994.73 | case rate | |
| NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC | 988 | MS-DRG | | | | inpatient | | | | 33563.55 | Aetna | Medicare | 29185.7 | | | | 20368.57 | 66042.75 | case rate | |
| NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC | 989 | MS-DRG | | | | inpatient | | | | 25794.96 | Aetna | Medicare | 22430.4 | | | | 13648.21 | 40594.58 | case rate | |
| HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC | 001 | MS-DRG | | | | inpatient | | | | 400195.63 | Amerihealth | HMO/PPO | 332710.44 | | | | 332710.44 | 1030198.27 | case rate | |
| HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC | 002 | MS-DRG | | | | inpatient | | | | 140127.09 | Amerihealth | HMO/PPO | 111081.44 | | | | 111081.44 | 323579.26 | case rate | |
| ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R. | 003 | MS-DRG | | | | inpatient | | | | 306824.15 | Amerihealth | HMO/PPO | 253139.77 | | | | 253139.77 | 713726.68 | case rate | |
| TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R. | 004 | MS-DRG | | | | inpatient | | | | 205623.09 | Amerihealth | HMO/PPO | 166896.78 | | | | 166896.78 | 445428.73 | case rate | |
| LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT | 005 | MS-DRG | | | | inpatient | | | | 157381.56 | Amerihealth | HMO/PPO | 125785.6 | | | | 125785.6 | 295704 | case rate | |
| LIVER TRANSPLANT W/O MCC | 006 | MS-DRG | | | | inpatient | | | | 76990.08 | Amerihealth | HMO/PPO | 57276.42 | | | | 57276.42 | 295704 | case rate | |
| LUNG TRANSPLANT | 007 | MS-DRG | | | | inpatient | | | | 190914.73 | Amerihealth | HMO/PPO | 154362.39 | | | | 154362.39 | 415463.56 | case rate | |
| SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT | 008 | MS-DRG | | | | inpatient | | | | 86193.89 | Amerihealth | HMO/PPO | 64267.66 | | | | 64267.66 | 204747.74 | case rate | |
| PANCREAS TRANSPLANT | 010 | MS-DRG | | | | inpatient | | | | 120286.33 | Amerihealth | HMO/PPO | 94173.25 | | | | 76104.35 | 176073.7 | case rate | |
| TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC | 011 | MS-DRG | | | | inpatient | | | | 84567.41 | Amerihealth | HMO/PPO | 63733.78 | | | | 63733.78 | 260411 | case rate | |
| TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC | 012 | MS-DRG | | | | inpatient | | | | 66657.36 | Amerihealth | HMO/PPO | 48470.93 | | | | 48470.93 | 260411 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC | 013 | MS-DRG | | | | inpatient | | | | 46508.91 | Ameritealth | HMO/PPO | 31300.53 | | | | 31300.53 | 260411 | case rate | |
| ALLOGENEIC BONE MARROW TRANSPLANT | 014 | MS-DRG | | | | inpatient | | | | 191372.12 | Ameritealth | HMO/PPO | 154752.17 | | | | 154752.17 | 466145.35 | case rate | |
| AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY | 016 | MS-DRG | | | | inpatient | | | | 93437.89 | Ameritealth | HMO/PPO | 71293.15 | | | | 71293.15 | 250082.38 | case rate | |
| AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC | 017 | MS-DRG | | | | inpatient | | | | 93437.89 | Ameritealth | HMO/PPO | 71293.15 | | | | 71293.15 | 170893.57 | case rate | |
| CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY | 018 | MS-DRG | | | | inpatient | | | | 532483.55 | Ameritealth | HMO/PPO | 445445.49 | | | | 445445.49 | 654354.79 | case rate | |
| SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS | 019 | MS-DRG | | | | inpatient | | | | 119652.92 | Ameritealth | HMO/PPO | 93633.46 | | | | 93633.46 | 137546.58 | case rate | |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC | 020 | MS-DRG | | | | inpatient | | | | 121507.41 | Ameritealth | HMO/PPO | 95213.84 | | | | 95213.84 | 406659.68 | case rate | |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC | 021 | MS-DRG | | | | inpatient | | | | 83805.11 | Ameritealth | HMO/PPO | 63084.15 | | | | 63084.15 | 308373.74 | case rate | |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC | 022 | MS-DRG | | | | inpatient | | | | 48061.24 | Ameritealth | HMO/PPO | 32623.42 | | | | 32623.42 | 201178.6 | case rate | |
| CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL | 023 | MS-DRG | | | | inpatient | | | | 88852.96 | Ameritealth | HMO/PPO | 67385.9 | | | | 67385.9 | 212982.12 | case rate | |
| CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC | 024 | MS-DRG | | | | inpatient | | | | 62471.61 | Ameritealth | HMO/PPO | 44903.86 | | | | 44903.86 | 313612.23 | case rate | |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC | 025 | MS-DRG | | | | inpatient | | | | 71786.2 | Ameritealth | HMO/PPO | 52824.66 | | | | 52824.66 | 166852.44 | case rate | |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC | 026 | MS-DRG | | | | inpatient | | | | 52172.15 | Ameritealth | HMO/PPO | 36126.72 | | | | 36126.72 | 117633.41 | case rate | |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC | 027 | MS-DRG | | | | inpatient | | | | 43983.59 | Ameritealth | HMO/PPO | 29148.47 | | | | 29148.47 | 93839.14 | case rate | |
| SPINAL PROCEDURES W MCC | 028 | MS-DRG | | | | inpatient | | | | 94042.19 | Ameritealth | HMO/PPO | 71808.14 | | | | 71808.14 | 209654.82 | case rate | |
| SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS | 029 | MS-DRG | | | | inpatient | | | | 56303.85 | Ameritealth | HMO/PPO | 39647.73 | | | | 39647.73 | 123094.39 | case rate | |
| SPINAL PROCEDURES W/O CC/MCC | 030 | MS-DRG | | | | inpatient | | | | 40823.9 | Ameritealth | HMO/PPO | 26285.36 | | | | 26285.36 | 84867.53 | case rate | |
| VENTRICULAR SHUNT PROCEDURES W MCC | 031 | MS-DRG | | | | inpatient | | | | 67861.81 | Ameritealth | HMO/PPO | 49497.36 | | | | 49497.36 | 163162.38 | case rate | |
| VENTRICULAR SHUNT PROCEDURES W CC | 032 | MS-DRG | | | | inpatient | | | | 39379.26 | Ameritealth | HMO/PPO | 25224.68 | | | | 25224.68 | 103005.11 | case rate | |
| VENTRICULAR SHUNT PROCEDURES W/O CC/MCC | 033 | MS-DRG | | | | inpatient | | | | 31893.41 | Ameritealth | HMO/PPO | 18845.28 | | | | 18845.28 | 169398.47 | case rate | |
| CAROTID ARTERY STENT PROCEDURE W MCC | 034 | MS-DRG | | | | inpatient | | | | 63677.44 | Ameritealth | HMO/PPO | 45931.46 | | | | 45931.46 | 279134.99 | case rate | |
| CAROTID ARTERY STENT PROCEDURE W CC | 035 | MS-DRG | | | | inpatient | | | | 41308.59 | Ameritealth | HMO/PPO | 26868.85 | | | | 26868.85 | 86607.24 | case rate | |
| CAROTID ARTERY STENT PROCEDURE W/O CC/MCC | 036 | MS-DRG | | | | inpatient | | | | 35186.57 | Ameritealth | HMO/PPO | 21651.7 | | | | 21651.7 | 67326.08 | case rate | |
| EXTRACRANIAL PROCEDURES W MCC | 037 | MS-DRG | | | | inpatient | | | | 55807.66 | Ameritealth | HMO/PPO | 39224.88 | | | | 39224.88 | 125204.67 | case rate | |
| EXTRACRANIAL PROCEDURES W CC | 038 | MS-DRG | | | | inpatient | | | | 32112.4 | Ameritealth | HMO/PPO | 19031.9 | | | | 19031.9 | 65208 | case rate | |
| EXTRACRANIAL PROCEDURES W/O CC/MCC | 039 | MS-DRG | | | | inpatient | | | | 25555.18 | Ameritealth | HMO/PPO | 13443.87 | | | | 13443.87 | 44171.53 | case rate | |
| PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC | 040 | MS-DRG | | | | inpatient | | | | 62061.35 | Ameritealth | HMO/PPO | 44554.23 | | | | 44554.23 | 153227.3 | case rate | |
| PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM | 041 | MS-DRG | | | | inpatient | | | | 41078.51 | Ameritealth | HMO/PPO | 26672.77 | | | | 26672.77 | 91994.11 | case rate | |
| PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC | 042 | MS-DRG | | | | inpatient | | | | 34140.13 | Ameritealth | HMO/PPO | 20759.93 | | | | 20759.93 | 102408.62 | case rate | |
| SPINAL DISORDERS & INJURIES W CC/MCC | 052 | MS-DRG | | | | inpatient | | | | 37673.08 | Ameritealth | HMO/PPO | 23770.68 | | | | 23770.68 | 80333.48 | case rate | |
| SPINAL DISORDERS & INJURIES W/O CC/MCC | 053 | MS-DRG | | | | inpatient | | | | 22593.3 | Ameritealth | HMO/PPO | 10883.13 | | | | 10883.13 | 98314.19 | case rate | |
| NERVOUS SYSTEM NEOPLASMS W MCC | 054 | MS-DRG | | | | inpatient | | | | 30557.29 | Ameritealth | HMO/PPO | 17706.65 | | | | 17706.65 | 143596.19 | case rate | |
| NERVOUS SYSTEM NEOPLASMS W/O MCC | 055 | MS-DRG | | | | inpatient | | | | 24900.98 | Ameritealth | HMO/PPO | 12886.37 | | | | 12886.37 | 40848.13 | case rate | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC | 056 | MS-DRG | | | | inpatient | | | | 44496.71 | Ameritealth | HMO/PPO | 29577.23 | | | | 29577.23 | 82870.37 | case rate | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC | 057 | MS-DRG | | | | inpatient | | | | 28274.53 | Ameritealth | HMO/PPO | 15761.29 | | | | 15761.29 | 47155.56 | case rate | |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC | 058 | MS-DRG | | | | inpatient | | | | 35363.98 | Ameritealth | HMO/PPO | 21802.88 | | | | 21802.88 | 68636.72 | case rate | |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC | 059 | MS-DRG | | | | inpatient | | | | 26738.83 | Ameritealth | HMO/PPO | 14452.58 | | | | 14452.58 | 42880.4 | case rate | |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC | 060 | MS-DRG | | | | inpatient | | | | 22148.36 | Ameritealth | HMO/PPO | 10540.6 | | | | 10540.6 | 32481.13 | case rate | |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC | 061 | MS-DRG | | | | inpatient | | | | 47249.04 | Ameritealth | HMO/PPO | 31931.26 | | | | 31931.26 | 111080.23 | case rate | |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC | 062 | MS-DRG | | | | inpatient | | | | 34463.07 | Ameritealth | HMO/PPO | 21035.14 | | | | 21035.14 | 121708.96 | case rate | |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC | 063 | MS-DRG | | | | inpatient | | | | 29250.28 | Ameritealth | HMO/PPO | 16592.82 | | | | 16592.82 | 136083.64 | case rate | |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC | 064 | MS-DRG | | | | inpatient | | | | 37350.14 | Ameritealth | HMO/PPO | 23495.48 | | | | 23495.48 | 215326.95 | case rate | |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS | 065 | MS-DRG | | | | inpatient | | | | 23873.94 | Ameritealth | HMO/PPO | 12011.13 | | | | 12011.13 | 40235.72 | case rate | |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC | 066 | MS-DRG | | | | inpatient | | | | 19319.51 | Ameritealth | HMO/PPO | 8129.87 | | | | 8129.87 | 28360.29 | case rate | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC | 067 | MS-DRG | | | | inpatient | | | | 29944.68 | Ameritealth | HMO/PPO | 17184.58 | | | | 17184.58 | 58565.11 | case rate | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC | 068 | MS-DRG | | | | inpatient | | | | 21997.28 | Ameritealth | HMO/PPO | 10411.85 | | | | 10411.85 | 35055.59 | case rate | |
| TRANSIENT ISCHEMIA W/O THROMBOLYTIC | 069 | MS-DRG | | | | inpatient | | | | 20869.07 | Ameritealth | HMO/PPO | 9450.4 | | | | 9450.4 | 29869.86 | case rate | |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC | 070 | MS-DRG | | | | inpatient | | | | 33879.56 | Ameritealth | HMO/PPO | 20537.87 | | | | 20537.87 | 64178.22 | case rate | |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W CC | 071 | MS-DRG | | | | inpatient | | | | 24366.77 | Ameritealth | HMO/PPO | 12448.16 | | | | 12448.16 | 39453.1 | case rate | |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC | 072 | MS-DRG | | | | inpatient | | | | 20177.45 | Ameritealth | HMO/PPO | 8861 | | | | 8861 | 28943.19 | case rate | |
| CRANIAL & PERIPHERAL NERVE DISORDERS W MCC | 073 | MS-DRG | | | | inpatient | | | | 31201.79 | Ameritealth | HMO/PPO | 18255.89 | | | | 18255.89 | 55042.78 | case rate | |
| CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC | 074 | MS-DRG | | | | inpatient | | | | 24227.38 | Ameritealth | HMO/PPO | 12312.33 | | | | 12312.33 | 37988.92 | case rate | |
| VIRAL MENINGITIS W CC/MCC | 075 | MS-DRG | | | | inpatient | | | | 32817.88 | Ameritealth | HMO/PPO | 19633.11 | | | | 19633.11 | 57792.77 | case rate | |
| VIRAL MENINGITIS W/O CC/MCC | 076 | MS-DRG | | | | inpatient | | | | 22487.93 | Ameritealth | HMO/PPO | 10829.98 | | | | 10829.98 | 32172.97 | case rate | |
| HYPERTENSIVE ENCEPHALOPATHY W MCC | 077 | MS-DRG | | | | inpatient | | | | 31211.49 | Ameritealth | HMO/PPO | 18264.15 | | | | 18264.15 | 60538.86 | case rate | |
| HYPERTENSIVE ENCEPHALOPATHY W CC | 078 | MS-DRG | | | | inpatient | | | | 23610.6 | Ameritealth | HMO/PPO | 11786.72 | | | | 11786.72 | 37840.69 | case rate | |
| HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC | 079 | MS-DRG | | | | inpatient | | | | 18948.44 | Ameritealth | HMO/PPO | 7814.5 | | | | 7814.5 | 29118.73 | case rate | |
| NONTRAUMATIC STUPOR & COMA W MCC | 080 | MS-DRG | | | | inpatient | | | | 37070.16 | Ameritealth | HMO/PPO | 23256.88 | | | | 23256.88 | 73286.35 | case rate | |
| NONTRAUMATIC STUPOR & COMA W/O MCC | 081 | MS-DRG | | | | inpatient | | | | 22320.22 | Ameritealth | HMO/PPO | 10687.06 | | | | 10687.06 | 33335.38 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC | 082 | MS-DRG | | | | inpatient | | | | 41937.84 | Ameritealth | HMO/PPO | 27405.09 | | | | 27405.09 | 84200.51 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W CC | 083 | MS-DRG | | | | inpatient | | | | 29550.7 | Ameritealth | HMO/PPO | 16422.74 | | | | 16422.74 | 50514.07 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC | 084 | MS-DRG | | | | inpatient | | | | 23031.25 | Ameritealth | HMO/PPO | 11292.99 | | | | 11292.99 | 36015.16 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC | 085 | MS-DRG | | | | inpatient | | | | 41186.62 | Ameritealth | HMO/PPO | 26764.9 | | | | 26764.9 | 85035.26 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W CC | 086 | MS-DRG | | | | inpatient | | | | 27958.52 | Ameritealth | HMO/PPO | 15491.99 | | | | 15491.99 | 48489.6 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC | 087 | MS-DRG | | | | inpatient | | | | 22031.93 | Ameritealth | HMO/PPO | 10441.38 | | | | 10441.38 | 32972.62 | case rate | |
| CONCUSSION W MCC | 088 | MS-DRG | | | | inpatient | | | | 29332.06 | Ameritealth | HMO/PPO | 16662.51 | | | | 16662.51 | 57714.76 | case rate | |
| CONCUSSION W CC | 089 | MS-DRG | | | | inpatient | | | | 24639.02 | Ameritealth | HMO/PPO | 12663.13 | | | | 12663.13 | 41639.97 | case rate | |
| CONCUSSION W/O CC/MCC | 090 | MS-DRG | | | | inpatient | | | | 21661.87 | Ameritealth | HMO/PPO | 10126.02 | | | | 10126.02 | 30948.15 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM W MCC | 091 | MS-DRG | | | | inpatient | | | | 35945.2 | Ameritealth | HMO/PPO | 21531.22 | | | | 21531.22 | 62879.28 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM W CC | 092 | MS-DRG | | | | inpatient | | | | 24453.3 | Ameritealth | HMO/PPO | 12504.86 | | | | 12504.86 | 36795.3 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC | 093 | MS-DRG | | | | inpatient | | | | 20719.38 | Ameritealth | HMO/PPO | 9322.83 | | | | 9322.83 | 28779.36 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC | 094 | MS-DRG | | | | inpatient | | | | 60351.01 | Ameritealth | HMO/PPO | 43096.69 | | | | 43096.69 | 143463.85 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC | 095 | MS-DRG | | | | inpatient | | | | 43005.07 | Ameritealth | HMO/PPO | 28314.58 | | | | 28314.58 | 92871.77 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC | 096 | MS-DRG | | | | inpatient | | | | 43005.07 | Ameritealth | HMO/PPO | 28314.58 | | | | 28314.58 | 82343.78 | case rate | |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC | 097 | MS-DRG | | | | inpatient | | | | 59462.57 | Ameritealth | HMO/PPO | 42339.57 | | | | 42339.57 | 138041.87 | case rate | |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC | 098 | MS-DRG | | | | inpatient | | | | 38846.35 | Ameritealth | HMO/PPO | 25622.73 | | | | 25622.73 | 72182.45 | case rate | |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC | 099 | MS-DRG | | | | inpatient | | | | 29090.89 | Ameritealth | HMO/PPO | 16456.99 | | | | 16456.99 | 49652.01 | case rate | |
| SEIZURES W MCC | 100 | MS-DRG | | | | inpatient | | | | 37296.08 | Ameritealth | HMO/PPO | 23449.41 | | | | 23449.41 | 70696.29 | case rate | |
| SEIZURES W/O MCC | 101 | MS-DRG | | | | inpatient | | | | 22554.46 | Ameritealth | HMO/PPO | 10886.68 | | | | 10886.68 | 33908.79 | case rate | |
| HEADACHES W MCC | 102 | MS-DRG | | | | inpatient | | | | 25890.4 | Ameritealth | HMO/PPO | 13695.46 | | | | 13695.46 | 41991.04 | case rate | |
| HEADACHES W/O MCC | 103 | MS-DRG | | | | inpatient | | | | 21563.46 | Ameritealth | HMO/PPO | 10042.15 | | | | 10042.15 | 30480.07 | case rate | |
| ORBITAL PROCEDURES W CC/MCC | 113 | MS-DRG | | | | inpatient | | | | 40787.45 | Ameritealth | HMO/PPO | 26424.73 | | | | 26424.73 | 89821.42 | case rate | |
| ORBITAL PROCEDURES W/O CC/MCC | 114 | MS-DRG | | | | inpatient | | | | 26163.63 | Ameritealth | HMO/PPO | 13962.4 | | | | 13962.4 | 48957.69 | case rate | |
| EXTRAOCULAR PROCEDURES EXCEPT ORBIT | 115 | MS-DRG | | | | inpatient | | | | 30999.43 | Ameritealth | HMO/PPO | 18083.44 | | | | 18083.44 | 53131.43 | case rate | |
| INTRAOCULAR PROCEDURES W CC/MCC | 116 | MS-DRG | | | | inpatient | | | | 32906.58 | Ameritealth | HMO/PPO | 19708.7 | | | | 19708.7 | 66623.96 | case rate | |
| INTRAOCULAR PROCEDURES W/O CC/MCC | 117 | MS-DRG | | | | inpatient | | | | 23808.8 | Ameritealth | HMO/PPO | 11955.62 | | | | 11955.62 | 39104.52 | case rate | |
| ACUTE MAJOR EYE INFECTIONS W CC/MCC | 121 | MS-DRG | | | | inpatient | | | | 25961.68 | Ameritealth | HMO/PPO | 13739.16 | | | | 13739.16 | 41320.12 | case rate | |
| ACUTE MAJOR EYE INFECTIONS W/O CC/MCC | 122 | MS-DRG | | | | inpatient | | | | 19180.91 | Ameritealth | HMO/PPO | 8011.75 | | | | 8011.75 | 27531.14 | case rate | |
| NEUROLOGICAL EYE DISORDERS | 123 | MS-DRG | | | | inpatient | | | | 20912.03 | Ameritealth | HMO/PPO | 9487.01 | | | | 9487.01 | 29368.37 | case rate | |
| OTHER DISORDERS OF THE EYE W MCC | 124 | MS-DRG | | | | inpatient | | | | 27651.8 | Ameritealth | HMO/PPO | 15401.04 | | | | 15401.04 | 51930.02 | case rate | |
| OTHER DISORDERS OF THE EYE W/O MCC | 125 | MS-DRG | | | | inpatient | | | | 21223.89 | Ameritealth | HMO/PPO | 9752.77 | | | | 9752.77 | 31603.47 | case rate | |
| SINUS & MASTOID PROCEDURES W CC/MCC | 135 | MS-DRG | | | | inpatient | | | | 43197.72 | Ameritealth | HMO/PPO | 28478.76 | | | | 28478.76 | 89645.89 | case rate | |
| SINUS & MASTOID PROCEDURES W/O CC/MCC | 136 | MS-DRG | | | | inpatient | | | | 23337.56 | Ameritealth | HMO/PPO | 11554.03 | | | | 11554.03 | 47295.99 | case rate | |
| MOUTH PROCEDURES W CC/MCC | 137 | MS-DRG | | | | inpatient | | | | 29164.35 | Ameritealth | HMO/PPO | 16519.59 | | | | 16519.59 | 53716.54 | case rate | |
| MOUTH PROCEDURES W/O CC/MCC | 138 | MS-DRG | | | | inpatient | | | | 21054.79 | Ameritealth | HMO/PPO | 9608.67 | | | | 9608.67 | 32968.72 | case rate | |
| SALIVARY GLAND PROCEDURES | 139 | MS-DRG | | | | inpatient | | | | 28809.53 | Ameritealth | HMO/PPO | 16217.22 | | | | 16217.22 | 45263.72 | case rate | |
| MAJOR HEAD AND NECK PROCEDURES WITH MCC | 140 | MS-DRG | | | | inpatient | | | | 68396.81 | Ameritealth | HMO/PPO | 49953.28 | | | | 49953.28 | 73380.85 | case rate | |
| MAJOR HEAD AND NECK PROCEDURES WITH CC | 141 | MS-DRG | | | | inpatient | | | | 36658.06 | Ameritealth | HMO/PPO | 25377.05 | | | | 25377.05 | 37278.62 | case rate | |
| MAJOR HEAD AND NECK PROCEDURES WITHOUT COMPLICATIONS | 142 | MS-DRG | | | | inpatient | | | | 31573.24 | Ameritealth | HMO/PPO | 18572.43 | | | | 18572.43 | 27454.99 | case rate | |
| OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC | 143 | MS-DRG | | | | inpatient | | | | 55544.32 | Ameritealth | HMO/PPO | 39000.46 | | | | 39000.46 | 57291.27 | case rate | |
| OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC | 144 | MS-DRG | | | | inpatient | | | | 34127.66 | Ameritealth | HMO/PPO | 20749.3 | | | | 20749.3 | 30480.5 | case rate | |
| OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC | 145 | MS-DRG | | | | inpatient | | | | 26201.06 | Ameritealth | HMO/PPO | 13994.29 | | | | 13994.29 | 22783.53 | case rate | |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC | 146 | MS-DRG | | | | inpatient | | | | 41576.09 | Ameritealth | HMO/PPO | 27096.81 | | | | 27096.81 | 75014.36 | case rate | |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC | 147 | MS-DRG | | | | inpatient | | | | 27032.66 | Ameritealth | HMO/PPO | 14702.98 | | | | 14702.98 | 48778.25 | case rate | |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC | 148 | MS-DRG | | | | inpatient | | | | 20359.02 | Ameritealth | HMO/PPO | 9015.73 | | | | 9015.73 | 28233.27 | case rate | |
| DYSEQUILIBRIUM | 149 | MS-DRG | | | | inpatient | | | | 20140.03 | Ameritealth | HMO/PPO | 8829.11 | | | | 8829.11 | 27737.88 | case rate | |
| EPISTAXIS W MCC | 150 | MS-DRG | | | | inpatient | | | | 28937.04 | Ameritealth | HMO/PPO | 16325.88 | | | | 16325.88 | 51781.79 | case rate | |
| EPISTAXIS W/O MCC | 151 | MS-DRG | | | | inpatient | | | | 20285.56 | Ameritealth | HMO/PPO | 8953.13 | | | | 8953.13 | 27453.13 | case rate | |
| OTITIS MEDIA & URI W MCC | 152 | MS-DRG | | | | inpatient | | | | 25508.05 | Ameritealth | HMO/PPO | 13403.71 | | | | 13403.71 | 40649.19 | case rate | |
| OTITIS MEDIA & URI W/O MCC | 153 | MS-DRG | | | | inpatient | | | | 19643.83 | Ameritealth | HMO/PPO | 8406.26 | | | | 8406.26 | 27765.18 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC | 154 | MS-DRG | | | | inpatient | | | | 32320.3 | Ameritealth | HMO/PPO | 19209.07 | | | | 19209.07 | 56423.63 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC | 155 | MS-DRG | | | | inpatient | | | | 22719.39 | Ameritealth | HMO/PPO | 11027.24 | | | | 11027.24 | 34454.88 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC | 156 | MS-DRG | | | | inpatient | | | | 19098.13 | Ameritealth | HMO/PPO | 7942.07 | | | | 7942.07 | 25740.72 | case rate | |
| DENTAL & ORAL DISEASES W MCC | 157 | MS-DRG | | | | inpatient | | | | 32475.53 | Ameritealth | HMO/PPO | 19341.36 | | | | 19341.36 | 65258.71 | case rate | |
| DENTAL & ORAL DISEASES W CC | 158 | MS-DRG | | | | inpatient | | | | 22816.42 | Ameritealth | HMO/PPO | 11109.92 | | | | 11109.92 | 34727.93 | case rate | |
| DENTAL & ORAL DISEASES W/O CC/MCC | 159 | MS-DRG | | | | inpatient | | | | 18921.72 | Ameritealth | HMO/PPO | 7790.88 | | | | 7790.88 | 26462.35 | case rate | |
| MAJOR CHEST PROCEDURES W MCC | 163 | MS-DRG | | | | inpatient | | | | 73663.65 | Ameritealth | HMO/PPO | 54441.66 | | | | 54441.66 | 191887.14 | case rate | |
| MAJOR CHEST PROCEDURES W CC | 164 | MS-DRG | | | | inpatient | | | | 44665.51 | Ameritealth | HMO/PPO | 29729.6 | | | | 29729.6 | 100205.08 | case rate | |
| MAJOR CHEST PROCEDURES W/O CC/MCC | 165 | MS-DRG | | | | inpatient | | | | 35614.85 | Ameritealth | HMO/PPO | 22016.67 | | | | 22016.67 | 72256.57 | case rate | |
| OTHER RESP SYSTEM O.R. PROCEDURES W MCC | 166 | MS-DRG | | | | inpatient | | | | 63145.21 | Ameritealth | HMO/PPO | 45477.9 | | | | 45477.9 | 136446.49 | case rate | |
| OTHER RESP SYSTEM O.R. PROCEDURES W CC | 167 | MS-DRG | | | | inpatient | | | | 35104.8 | Ameritealth | HMO/PPO | 21582.01 | | | | 21582.01 | 74019.68 | case rate | |
| OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC | 168 | MS-DRG | | | | inpatient | | | | 28544.8 | Ameritealth | HMO/PPO | 15991.62 | | | | 15991.62 | 52331.79 | case rate | |
| ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM | 173 | MS-DRG | | | | inpatient | | | | 52310.75 | Ameritealth | HMO/PPO | 36244.83 | | | | 36244.83 | 53243.28 | case rate | |
| PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE | 175 | MS-DRG | | | | inpatient | | | | 29309.88 | Ameritealth | HMO/PPO | 16643.61 | | | | 16643.61 | 57141.35 | case rate | |
| PULMONARY EMBOLISM W/O MCC | 176 | MS-DRG | | | | inpatient | | | | 21068.65 | Ameritealth | HMO/PPO | 9620.48 | | | | 9620.48 | 35067.29 | case rate | |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC | 177 | MS-DRG | | | | inpatient | | | | 32184.47 | Ameritealth | HMO/PPO | 19093.32 | | | | 19093.32 | 71804.09 | case rate | |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W CC | 178 | MS-DRG | | | | inpatient | | | | 23530.21 | Ameritealth | HMO/PPO | 11718.21 | | | | 11718.21 | 49710.52 | case rate | |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC | 179 | MS-DRG | | | | inpatient | | | | 20447.72 | Ameritealth | HMO/PPO | 9091.33 | | | | 9091.33 | 35944.56 | case rate | |
| RESPIRATORY NEOPLASMS W MCC | 180 | MS-DRG | | | | inpatient | | | | 34004.3 | Ameritealth | HMO/PPO | 20644.17 | | | | 20644.17 | 66155.87 | case rate | |
| RESPIRATORY NEOPLASMS W CC | 181 | MS-DRG | | | | inpatient | | | | 25168.48 | Ameritealth | HMO/PPO | 13114.33 | | | | 13114.33 | 44503.09 | case rate | |
| RESPIRATORY NEOPLASMS W/O CC/MCC | 182 | MS-DRG | | | | inpatient | | | | 21367.44 | Ameritealth | HMO/PPO | 9892.15 | | | | 9892.15 | 31014.47 | case rate | |
| MAJOR CHEST TRAUMA W MCC | 183 | MS-DRG | | | | inpatient | | | | 31779.76 | Ameritealth | HMO/PPO | 18748.43 | | | | 18748.43 | 58155.54 | case rate | |
| MAJOR CHEST TRAUMA W CC | 184 | MS-DRG | | | | inpatient | | | | 24583.58 | Ameritealth | HMO/PPO | 12615.88 | | | | 12615.88 | 39178.63 | case rate | |
| MAJOR CHEST TRAUMA W/O CC/MCC | 185 | MS-DRG | | | | inpatient | | | | 20598.6 | Ameritealth | HMO/PPO | 9185.82 | | | | 9185.82 | 28564.83 | case rate | |
| PLEURAL EFFUSION W MCC | 186 | MS-DRG | | | | inpatient | | | | 31678.58 | Ameritealth | HMO/PPO | 18662.2 | | | | 18662.2 | 60831.42 | case rate | |
| PLEURAL EFFUSION W CC | 187 | MS-DRG | | | | inpatient | | | | 23695.15 | Ameritealth | HMO/PPO | 11858.77 | | | | 11858.77 | 41113.38 | case rate | |
| PLEURAL EFFUSION W/O CC/MCC | 188 | MS-DRG | | | | inpatient | | | | 19955.69 | Ameritealth | HMO/PPO | 8672.02 | | | | 8672.02 | 29926.17 | case rate | |
| PULMONARY EDEMA & RESPIRATORY FAILURE | 189 | MS-DRG | | | | inpatient | | | | 26930.1 | Ameritealth | HMO/PPO | 14615.57 | | | | 14615.57 | 48185.35 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC | 190 | MS-DRG | | | | inpatient | | | | 25344.5 | Ameritealth | HMO/PPO | 13264.34 | | | | 13264.34 | 46445.63 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC | 191 | MS-DRG | | | | inpatient | | | | 21686.82 | Ameritealth | HMO/PPO | 10147.28 | | | | 10147.28 | 35648.5 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC | 192 | MS-DRG | | | | inpatient | | | | 18749.86 | Ameritealth | HMO/PPO | 7644.42 | | | | 7644.42 | 28244.97 | case rate | |
| SIMPLE PNEUMONIA & PLEURISY W MCC | 193 | MS-DRG | | | | inpatient | | | | 28043.07 | Ameritealth | HMO/PPO | 15564.04 | | | | 15564.04 | 51360.52 | case rate | |
| SIMPLE PNEUMONIA & PLEURISY W CC | 194 | MS-DRG | | | | inpatient | | | | 21144.88 | Ameritealth | HMO/PPO | 9685.45 | | | | 9685.45 | 35114.1 | case rate | |
| SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC | 195 | MS-DRG | | | | inpatient | | | | 18410.28 | Ameritealth | HMO/PPO | 7355.03 | | | | 7355.03 | 26790.01 | case rate | |
| INTERSTITIAL LUNG DISEASE W MCC | 196 | MS-DRG | | | | inpatient | | | | 35893.44 | Ameritealth | HMO/PPO | 22254.08 | | | | 22254.08 | 63897.37 | case rate | |
| INTERSTITIAL LUNG DISEASE W CC | 197 | MS-DRG | | | | inpatient | | | | 23501.11 | Ameritealth | HMO/PPO | 11693.4 | | | | 11693.4 | 39073.31 | case rate | |
| INTERSTITIAL LUNG DISEASE W/O CC/MCC | 198 | MS-DRG | | | | inpatient | | | | 19107.45 | Ameritealth | HMO/PPO | 7949.15 | | | | 7949.15 | 29586.81 | case rate | |
| PNEUMOTHORAX W MCC | 199

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PNEUMOTHORAX W CC | 200 | MS-DRG | | | | inpatient | | | | 25129.67 | Amerihealth | HMO/PPO | 13081.26 | | | | 13081.26 | 41924.72 | case rate | |
| PNEUMOTHORAX W/O CC/MCC | 201 | MS-DRG | | | | inpatient | | | | 19164.27 | Amerihealth | HMO/PPO | 7997.58 | | | | 7997.58 | 27891.99 | case rate | |
| BRONCHITIS & ASTHMA W CC/MCC | 202 | MS-DRG | | | | inpatient | | | | 23178.16 | Amerihealth | HMO/PPO | 11418.2 | | | | 11418.2 | 38695.65 | case rate | |
| BRONCHITIS & ASTHMA W/O CC/MCC | 203 | MS-DRG | | | | inpatient | | | | 19434.55 | Amerihealth | HMO/PPO | 8227.9 | | | | 8227.9 | 50775.53 | case rate | |
| RESPIRATORY SIGNS & SYMPTOMS | 204 | MS-DRG | | | | inpatient | | | | 21020.14 | Amerihealth | HMO/PPO | 9579.14 | | | | 9579.14 | 56731.64 | case rate | |
| OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC | 205 | MS-DRG | | | | inpatient | | | | 35944.72 | Amerihealth | HMO/PPO | 22297.79 | | | | 22297.79 | 58208.73 | case rate | |
| OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC | 206 | MS-DRG | | | | inpatient | | | | 22334.08 | Amerihealth | HMO/PPO | 10698.87 | | | | 10698.87 | 33682.54 | case rate | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS | 207 | MS-DRG | | | | inpatient | | | | 99415.76 | Amerihealth | HMO/PPO | 76387.46 | | | | 49635 | 218302.68 | case rate | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS | 208 | MS-DRG | | | | inpatient | | | | 46977.38 | Amerihealth | HMO/PPO | 31699.76 | | | | 31699.76 | 95075.66 | case rate | |
| CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES | 212 | MS-DRG | | | | inpatient | | | | 160770.36 | Amerihealth | HMO/PPO | 128673.52 | | | | 37458 | 189020.06 | case rate | |
| OTHER HEART ASSIST SYSTEM IMPLANT | 215 | MS-DRG | | | | inpatient | | | | 156624.79 | Amerihealth | HMO/PPO | 125140.69 | | | | 125140.69 | 502648.1 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC | 216 | MS-DRG | | | | inpatient | | | | 143545 | Amerihealth | HMO/PPO | 113994.16 | | | | 78485 | 383083.85 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC | 217 | MS-DRG | | | | inpatient | | | | 99286.86 | Amerihealth | HMO/PPO | 76277.62 | | | | 76277.62 | 248193.74 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC | 218 | MS-DRG | | | | inpatient | | | | 92237.6 | Amerihealth | HMO/PPO | 70270.28 | | | | 70270.28 | 230348.04 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC | 219 | MS-DRG | | | | inpatient | | | | 117022.27 | Amerihealth | HMO/PPO | 91391.64 | | | | 57338 | 300026.24 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC | 220 | MS-DRG | | | | inpatient | | | | 83162.49 | Amerihealth | HMO/PPO | 62662.08 | | | | 57338 | 203043.14 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC | 221 | MS-DRG | | | | inpatient | | | | 73433.58 | Amerihealth | HMO/PPO | 54245.59 | | | | 17199 | 179720.85 | case rate | |
| OTHER CARDIOTHORACIC PROCEDURES W MCC | 228 | MS-DRG | | | | inpatient | | | | 78848.73 | Amerihealth | HMO/PPO | 58860.35 | | | | 58860.35 | 256517.83 | case rate | |
| OTHER CARDIOTHORACIC PROCEDURES W/O MCC | 229 | MS-DRG | | | | inpatient | | | | 52833.28 | Amerihealth | HMO/PPO | 36690.12 | | | | 36690.12 | 181320.14 | case rate | |
| CORONARY BYPASS W PTCA W MCC | 231 | MS-DRG | | | | inpatient | | | | 127228.86 | Amerihealth | HMO/PPO | 100089.64 | | | | 19424 | 327615.89 | case rate | |
| CORONARY BYPASS W PTCA W/O MCC | 232 | MS-DRG | | | | inpatient | | | | 94446.91 | Amerihealth | HMO/PPO | 72153.03 | | | | 27830 | 240298.72 | case rate | |
| CORONARY BYPASS W CARDIAC CATH W MCC | 233 | MS-DRG | | | | inpatient | | | | 118115.83 | Amerihealth | HMO/PPO | 92323.56 | | | | 53769 | 297923.76 | case rate | |
| CORONARY BYPASS W CARDIAC CATH W/O MCC | 234 | MS-DRG | | | | inpatient | | | | 83618.2 | Amerihealth | HMO/PPO | 62839.65 | | | | 62839.65 | 200776.83 | case rate | |
| CORONARY BYPASS W/O CARDIAC CATH W MCC | 235 | MS-DRG | | | | inpatient | | | | 91335.31 | Amerihealth | HMO/PPO | 69501.35 | | | | 47567 | 226626.77 | case rate | |
| CORONARY BYPASS W/O CARDIAC CATH W/O MCC | 236 | MS-DRG | | | | inpatient | | | | 66773.79 | Amerihealth | HMO/PPO | 48570.15 | | | | 33990 | 153153.18 | case rate | |
| AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC | 239 | MS-DRG | | | | inpatient | | | | 79591.63 | Amerihealth | HMO/PPO | 59493.45 | | | | 59493.45 | 183695.67 | case rate | |
| AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC | 240 | MS-DRG | | | | inpatient | | | | 50143.03 | Amerihealth | HMO/PPO | 34397.51 | | | | 34397.51 | 107070.31 | case rate | |
| AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC | 241 | MS-DRG | | | | inpatient | | | | 30706.98 | Amerihealth | HMO/PPO | 17834.21 | | | | 15599 | 62255.17 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W MCC | 242 | MS-DRG | | | | inpatient | | | | 56793.12 | Amerihealth | HMO/PPO | 40064.68 | | | | 20528 | 145765.26 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W CC | 243 | MS-DRG | | | | inpatient | | | | 41003.67 | Amerihealth | HMO/PPO | 26608.99 | | | | 19748 | 99635.58 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC | 244 | MS-DRG | | | | inpatient | | | | 34792.95 | Amerihealth | HMO/PPO | 21316.25 | | | | 19748 | 91806.34 | case rate | |
| AICD GENERATOR PROCEDURES | 245 | MS-DRG | | | | inpatient | | | | 77511.22 | Amerihealth | HMO/PPO | 57720.54 | | | | 57720.54 | 195506.98 | case rate | |
| PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC | 250 | MS-DRG | | | | inpatient | | | | 41832.5 | Amerihealth | HMO/PPO | 27315.32 | | | | 27315.32 | 100903.31 | case rate | |
| PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC | 251 | MS-DRG | | | | inpatient | | | | 31437.41 | Amerihealth | HMO/PPO | 18456.68 | | | | 18456.68 | 65445.94 | case rate | |
| OTHER VASCULAR PROCEDURES W MCC | 252 | MS-DRG | | | | inpatient | | | | 57325.34 | Amerihealth | HMO/PPO | 40518.24 | | | | 40518.24 | 127155.02 | case rate | |
| OTHER VASCULAR PROCEDURES W CC | 253 | MS-DRG | | | | inpatient | | | | 45164.47 | Amerihealth | HMO/PPO | 30154.81 | | | | 30154.81 | 101195.86 | case rate | |
| OTHER VASCULAR PROCEDURES W/O CC/MCC | 254 | MS-DRG | | | | inpatient | | | | 34026.48 | Amerihealth | HMO/PPO | 20663.07 | | | | 20663.07 | 70602.67 | case rate | |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC | 255 | MS-DRG | | | | inpatient | | | | 46044.59 | Amerihealth | HMO/PPO | 30904.84 | | | | 30904.84 | 99089.48 | case rate | |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC | 256 | MS-DRG | | | | inpatient | | | | 33254.47 | Amerihealth | HMO/PPO | 20005.17 | | | | 20005.17 | 68211.54 | case rate | |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC | 257 | MS-DRG | | | | inpatient | | | | 20765.12 | Amerihealth | HMO/PPO | 9361.81 | | | | 9361.81 | 43925.78 | case rate | |
| CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC | 258 | MS-DRG | | | | inpatient | | | | 48664.15 | Amerihealth | HMO/PPO | 33137.22 | | | | 15797 | 116584.12 | case rate | |
| CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC | 259 | MS-DRG | | | | inpatient | | | | 34141.52 | Amerihealth | HMO/PPO | 20761.11 | | | | 15797 | 81797.68 | case rate | |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC | 260 | MS-DRG | | | | inpatient | | | | 56989.93 | Amerihealth | HMO/PPO | 40232.4 | | | | 12982 | 141185.84 | case rate | |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC | 261 | MS-DRG | | | | inpatient | | | | 36080.55 | Amerihealth | HMO/PPO | 22413.54 | | | | 12982 | 77694.14 | case rate | |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC | 262 | MS-DRG | | | | inpatient | | | | 30816.48 | Amerihealth | HMO/PPO | 17927.53 | | | | 12982 | 63616.52 | case rate | |
| VEIN LIGATION & STRIPPING | 263 | MS-DRG | | | | inpatient | | | | 46953.82 | Amerihealth | HMO/PPO | 31679.68 | | | | 31679.68 | 93312.55 | case rate | |
| OTHER CIRCULATORY SYSTEM O.R. PROCEDURES | 264 | MS-DRG | | | | inpatient | | | | 58222.09 | Amerihealth | HMO/PPO | 41282.44 | | | | 41282.44 | 123207.51 | case rate | |
| AICD LEAD PROCEDURES | 265 | MS-DRG | | | | inpatient | | | | 59221.41 | Amerihealth | HMO/PPO | 42134.05 | | | | 42134.05 | 121573.12 | case rate | |
| ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC | 266 | MS-DRG | | | | inpatient | | | | 92812.8 | Amerihealth | HMO/PPO | 70760.45 | | | | 70760.45 | 280518.84 | case rate | |
| ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC | 267 | MS-DRG | | | | inpatient | | | | 74987.3 | Amerihealth | HMO/PPO | 55569.66 | | | | 55569.66 | 228116.84 | case rate | |
| AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC | 268 | MS-DRG | | | | inpatient | | | | 102193.33 | Amerihealth | HMO/PPO | 78754.49 | | | | 78754.49 | 261491.23 | case rate | |
| AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC | 269 | MS-DRG | | | | inpatient | | | | 67447.39 | Amerihealth | HMO/PPO | 49144.19 | | | | 49144.19 | 161914.16 | case rate | |
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC | 270 | MS-DRG | | | | inpatient | | | | 80923.59 | Amerihealth | HMO/PPO | 60628.53 | | | | 60628.53 | 197441.73 | case rate | |
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC | 271 | MS-DRG | | | | inpatient | | | | 57519.39 | Amerihealth | HMO/PPO | 40683.6 | | | | 40683.6 | 136282.66 | case rate | |
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC | 272 | MS-DRG | | | | inpatient | | | | 44460.38 | Amerihealth | HMO/PPO | 29554.79 | | | | 29554.79 | 102124.23 | case rate | |
| PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC | 273 | MS-DRG | | | | inpatient | | | | 63976.82 | Amerihealth | HMO/PPO | 46186.59 | | | | 46186.59 | 142473.07 | case rate | |
| PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC | 274 | MS-DRG | | | | inpatient | | | | 53037.02 | Amerihealth | HMO/PPO | 36863.75 | | | | 36863.75 | 116174.55 | case rate | |
| CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC | 275 | MS-DRG | | | | inpatient | | | | 107729.06 | Amerihealth | HMO/PPO | 83472.01 | | | | 83472.01 | 122619.52 | case rate | |
| CARDIAC DEFIBRILLATOR IMPLANT WITH MCC | 276 | MS-DRG | | | | inpatient | | | | 95634.72 | Amerihealth | HMO/PPO | 73165.28 | | | | 73165.28 | 107479.03 | case rate | |
| CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC | 277 | MS-DRG | | | | inpatient | | | | 74255.48 | Amerihealth | HMO/PPO | 54946.01 | | | | 54946.01 | 80715.12 | case rate | |
| ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC | 278 | MS-DRG | | | | inpatient | | | | 79125.93 | Amerihealth | HMO/PPO | 59096.58 | | | | 59096.58 | 86812.26 | case rate | |
| ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC | 279 | MS-DRG | | | | inpatient | | | | 54192.96 | Amerihealth | HMO/PPO | 37848.83 | | | | 37848.83 | 55599.54 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC | 280 | MS-DRG | | | | inpatient | | | | 32529.59 | Amerihealth | HMO/PPO | 19387.43 | | | | 19387.43 | 64638.5 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC | 281 | MS-DRG | | | | inpatient | | | | 22555.84 | Amerihealth | HMO/PPO | 10887.86 | | | | 10887.86 | 38211.26 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC | 282 | MS-DRG | | | | inpatient | | | | 19829.56 | Amerihealth | HMO/PPO | 8564.53 | | | | 8564.53 | 29216.24 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC | 283 | MS-DRG | | | | inpatient | | | | 36881.67 | Amerihealth | HMO/PPO | 23096.25 | | | | 23096.25 | 70395.93 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC | 284 | MS-DRG | | | | inpatient | | | | 20049.94 | Amerihealth | HMO/PPO | 8752.34 | | | | 8752.34 | 29902.77 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC | 285 | MS-DRG | | | | inpatient | | | | 17560.66 | Amerihealth | HMO/PPO | 6630.99 | | | | 6630.99 | 23263.77 | case rate | |
| CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC | 286 | MS-DRG | | | | inpatient | | | | 40456.19 | Amerihealth | HMO/PPO | 26142.44 | | | | 13521 | 85066.47 | case rate | |
| CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC | 287 | MS-DRG | | | | inpatient | | | | 24882.96 | Amerihealth | HMO/PPO | 12871.01 | | | | 9969 | 44425.07 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS W MCC | 288 | MS-DRG | | | | inpatient | | | | 47638.51 | Amerihealth | HMO/PPO | 32263.17 | | | | 32263.17 | 105088.76 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS W CC | 289 | MS-DRG | | | | inpatient | | | | 31632.84 | Amerihealth | HMO/PPO | 18623.22 | | | | 18623.22 | 66698.07 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC | 290 | MS-DRG | | | | inpatient | | | | 23348.64 | Amerihealth | HMO/PPO | 11563.48 | | | | 11563.48 | 39451.68 | case rate | |
| HEART FAILURE & SHOCK W MCC | 291 | MS-DRG | | | | inpatient | | | | 27864.27 | Amerihealth | HMO/PPO | 15411.67 | | | | 15411.67 | 52480.02 | case rate | |
| HEART FAILURE & SHOCK W CC | 292 | MS-DRG | | | | inpatient | | | | 21715.92 | Amerihealth | HMO/PPO | 10172.08 | | | | 10172.08 | 35678.64 | case rate | |
| HEART FAILURE & SHOCK W/O CC/MCC | 293 | MS-DRG | | | | inpatient | | | | 17384.63 | Amerihealth | HMO/PPO | 6480.98 | | | | 6480.98 | 25963.06 | case rate | |
| DEEP VEIN THROMBOPHLEBITIS W CC/MCC | 294 | MS-DRG | | | | inpatient | | | | 26799.81 | Amerihealth | HMO/PPO | 14504.55 | | | | 14504.55 | 45279.33 | case rate | |
| DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC | 295 | MS-DRG | | | | inpatient | | | | 20726.31 | Amerihealth | HMO/PPO | 9328.74 | | | | 9294.92 | 21504.56 | case rate | |
| CARDIAC ARREST, UNEXPLAINED W MCC | 296 | MS-DRG | | | | inpatient | | | | 32488.01 | Amerihealth | HMO/PPO | 19351.99 | | | | 19351.99 | 59895.25 | case rate | |
| CARDIAC ARREST, UNEXPLAINED W CC | 297 | MS-DRG | | | | inpatient | | | | 19542.65 | Amerihealth | HMO/PPO | 8320.03 | | | | 8320.03 | 25448.17 | case rate | |
| CARDIAC ARREST, UNEXPLAINED W/O CC/MCC | 298 | MS-DRG | | | | inpatient | | | | 15901.6 | Amerihealth | HMO/PPO | 5217.15 | | | | 5217.15 | 18820.88 | case rate | |
| PERIPHERAL VASCULAR DISORDERS W MCC | 299 | MS-DRG | | | | inpatient | | | | 32199.72 | Amerihealth | HMO/PPO | 19106.31 | | | | 19106.31 | 56575.75 | case rate | |
| PERIPHERAL VASCULAR DISORDERS W CC | 300 | MS-DRG | | | | inpatient | | | | 24618.23 | Amerihealth | HMO/PPO | 12645.41 | | | | 12645.41 | 39931.47 | case rate | |
| PERIPHERAL VASCULAR DISORDERS W/O CC/MCC | 301 | MS-DRG | | | | inpatient | | | | 19667.4 | Amerihealth | HMO/PPO | 8426.34 | | | | 8426.34 | 28326.88 | case rate | |
| ATHEROSCLEROSIS W MCC | 302 | MS-DRG | | | | inpatient | | | | 25903.06 | Amerihealth | HMO/PPO | 13740.34 | | | | 13740.34 | 41717.99 | case rate | |
| ATHEROSCLEROSIS W/O MCC | 303 | MS-DRG | | | | inpatient | | | | 19099.13 | Amerihealth | HMO/PPO | 7942.07 | | | | 7942.07 | 25959.16 | case rate | |
| HYPERTENSION W MCC | 304 | MS-DRG | | | | inpatient | | | | 26062.46 | Amerihealth | HMO/PPO | 13876.17 | | | | 13876.17 | 42170.47 | case rate | |
| HYPERTENSION W/O MCC | 305 | MS-DRG | | | | inpatient | | | | 20184.38 | Amerihealth | HMO/PPO | 8866.91 | | | | 8866.91 | 28081.14 | case rate | |
| CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC | 306 | MS-DRG | | | | inpatient | | | | 30533.73 | Amerihealth | HMO/PPO | 17686.57 | | | | 17686.57 | 54953.06 | case rate | |
| CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC | 307 | MS-DRG | | | | inpatient | | | | 22619.6 | Amerihealth | HMO/PPO | 10942.19 | | | | 10942.19 | 33389.99 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC | 308 | MS-DRG | | | | inpatient | | | | 26483.51 | Amerihealth | HMO/PPO | 14243.51 | | | | 14243.51 | 46948.83 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC | 309 | MS-DRG | | | | inpatient | | | | 20026.37 | Amerihealth | HMO/PPO | 8732.26 | | | | 8732.26 | 29781.84 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC | 310 | MS-DRG | | | | inpatient | | | | 17534.32 | Amerihealth | HMO/PPO | 6608.55 | | | | 6608.55 | 21933.64 | case rate | |
| ANGINA PECTORIS | 311 | MS-DRG | | | | inpatient | | | | 19458.11 | Amerihealth | HMO/PPO | 8247.98 | | | | 8247.98 | 26805.61 | case rate | |
| SYNCOPE & COLLAPSE | 312 | MS-DRG | | | | inpatient | | | | 21855.91 | Amerihealth | HMO/PPO | 10291.38 | | | | 10291.38 | 31264.11 | case rate | |
| CHEST PAIN | 313 | MS-DRG | | | | inpatient | | | | 19667.4 | Amerihealth | HMO/PPO | 8426.34 | | | | 8426.34 | 27589.65 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC | 314 | MS-DRG | | | | inpatient | | | | 39627.36 | Amerihealth | HMO/PPO | 25436.11 | | | | 25436.11 | 78915.06 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W CC | 315 | MS-DRG | | | | inpatient | | | | 23117.18 | Amerihealth | HMO/PPO | 11366.23 | | | | 11366.23 | 37286.79 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC | 316 | MS-DRG | | | | inpatient | | | | 19241.89 | Amerihealth | HMO/PPO | 8063.72 | | | | 8063.72 | 29305.96 | case rate | |
| OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC | 319 | MS-DRG | | | | inpatient | | | | 70664.32 | Amerihealth | HMO/PPO | 51885.65 | | | | 51885.65 | 76219.47 | case rate | |
| OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC | 320 | MS-DRG | | | | inpatient | | | | 41862.99 | Amerihealth | HMO/PPO | 27341.31 | | | | 27341.31 | 40164.09 | case rate | |
| PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUM | 321 | MS-DRG | | | | inpatient | | | | 49236.58 | Amerihealth | HMO/PPO | 33925.04 | | | | 33925.04 | 49394.83 | case rate | |
| PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC | 322 | MS-DRG | | | | inpatient | | | | 34855.32 | Amerihealth | HMO/PPO | 21369.4 | | | | 21369.4 | 31391.43 | case rate | |
| CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC | 323 | MS-DRG | | | | inpatient | | | | 68815.38 | Amerihealth | HMO/PPO | 50309.99 | | | | 50309.99 | 73904.85 | case rate | |
| CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC | 324 | MS-DRG | | | | inpatient | | | | 54084.06 | Amerihealth | HMO/PPO | 37738.99 | | | | 37738.99 | 55438.18 | case rate | |
| CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE | 325 | MS-DRG | | | | inpatient | | | | 49448.64 | Amerihealth | HMO/PPO | 33805.75 | | | | 33805.75 | 49680.3 | case rate | |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC | 326 | MS-DRG | | | | inpatient | | | | 80175.14 | Amerihealth | HMO/PPO | 59990.71 | | | | 59990.71 | 205016.89 | case rate | |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W CC | 327 | MS-DRG | | | | inpatient | | | | 43433.35 | Amerihealth | HMO/PPO | 28679.55 | | | | 28679.55 | 96905.09 | case rate | |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC | 328 | MS-DRG | | | | inpatient | | | | 31865.69 | Amerihealth | HMO/PPO | 18821.66 | | | | 18821.66 | 60152.69 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC | 329 | MS-DRG | | | | inpatient | | | | 73423.87 | Amerihealth | HMO/PPO | 54237.32 | | | | 54237.32 | 194750.25 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES W CC | 330 | MS-DRG | | | | inpatient | | | | 42540.75 | Amerihealth | HMO/PPO | 27918.89 | | | | 27918.89 | 98426.36 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC | 331 | MS-DRG | | | | inpatient | | | | 32662.65 | Amerihealth | HMO/PPO | 19500.82 | | | | 19500.82 | 66105.16 | case rate | |
| RECTAL RESECTION W MCC | 332 | MS-DRG | | | | inpatient | | | | 57856.19 | Amerihealth | HMO/PPO | 40970.62 | | | | 40970.62 | 132553.59 | case rate | |
| RECTAL RESECTION W CC | 333 | MS-DRG | | | | inpatient | | | | 39236.5 | Amerihealth | HMO/PPO | 25103.02 | | | | 25103.02 | 75197.69 | case rate | |
| RECTAL RESECTION W/O CC/MCC | 334 | MS-DRG | | | | inpatient | | | | 32767.98 | Amerihealth | HMO/PPO | 19590.59 | | | | 19590.59 | 50950.94 | case rate | |
| PERITONEAL ADHESIOLYSIS W MCC | 335 | MS-DRG | | | | inpatient | | | | 60000.35 | Amerihealth | HMO/PPO | 42797.86 | | | | 42797.86 | 158446.43 | case rate | |
| PERITONEAL ADHESIOLYSIS W CC | 336 | MS-DRG | | | | inpatient | | | | 39056.32 | Amerihealth | HMO/PPO | 24949.47 | | | | 24949.47 | 89645.89 | case rate | |
| PERITONEAL ADHESIOLYSIS W/O CC/MCC | 337 | MS-DRG | | | | inpatient | | | | 31056.26 | Amerihealth | HMO/PPO | 18131.86 | | | | 18131.86 | 62539.92 | case rate | |
| MINOR SMALL & LARGE BOWEL PROCEDURES W MCC | 344 | MS-DRG | | | | inpatient | | | | 47125.68 | Amerihealth | HMO/PPO | 31826.14 | | | | 31826.14 | 116521.71 | case rate | |
| MINOR SMALL & LARGE BOWEL PROCEDURES W CC | 345 | MS-DRG | | | | inpatient | | | | 30413.15 | Amerihealth | HMO/PPO | 17583.81 | | | | 17583.81 | 63877.86 | case rate | |
| MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC | 346 | MS-DRG | | | | inpatient | | | | 27039.59 | Amerihealth | HMO/PPO | 14708.89 | | | | 14708.89 | 48236.06 | case rate | |
| ANAL & STOMAL PROCEDURES W MCC | 347 | MS-DRG | | | | inpatient | | | | 42583.72 | Amerihealth | HMO/PPO | 27955.51 | | | | 27955.51 | 94049.78 | case rate | |
| ANAL & STOMAL PROCEDURES W CC | 348 | MS-DRG | | | | inpatient | | | | 27228.09 | Amerihealth | HMO/PPO | 14869.52 | | | | 14869.52 | 54609.8 | case rate | |
| ANAL & STOMAL PROCEDURES W/O CC/MCC | 349 | MS-DRG | | | | inpatient | | | | 21988.97 | Amerihealth | HMO/PPO | 10404.77 | | | | 10404.77 | 37044.95 | case rate | |
| INGUINAL & FEMORAL HERNIA PROCEDURES W MCC | 350 | MS-DRG | | | | inpatient | | | | 43303.06 | Amerihealth | HMO/PPO | 28568.52 | | | | 28568.52 | 95430.63 | case rate | |
| INGUINAL & FEMORAL HERNIA PROCEDURES W CC | 351 | MS-DRG | | | | inpatient | | | | 30632.14 | Amerihealth | HMO/PPO | 17770.43 | | | | 17770.43 | 58514.4 | case rate | |
| INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC | 352 | MS-DRG | | | | inpatient | | | | 25061.75 | Amerihealth | HMO/PPO | 13023.38 | | | | 13023.38 | 41093.87 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC | 353 | MS-DRG | | | | inpatient | | | | 34643.32 | Amerihealth | HMO/PPO | 34643.19 | | | | 34643.19 | 115990.86 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC | 354 | MS-DRG | | | | inpatient | | | | 33357.04 | Amerihealth | HMO/PPO | 20092.58 | | | | 20092.58 | 67521.12 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC | 355 | MS-DRG | | | | inpatient | | | | 28257.9 | Amerihealth | HMO/PPO | 15747.12 | | | | 15747.12 | 52846.68 | case rate | |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC | 356 | MS-DRG | | | | inpatient | | | | 68902.7 | Amerihealth | HMO/PPO | 50384.4 | | | | 50384.4 | 150980.13 | case rate | |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC | 357 | MS-DRG | | | | inpatient | | | | 40992.58 | Amerihealth | HMO/PPO | 26599.54 | | | | 26599.54 | 83346.26 | case rate | |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC | 358 | MS-DRG | | | | inpatient | | | | 28561.44 | Amerihealth | HMO/PPO | 16005.79 | | | | 16005.79 | 52593.14 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS W MCC | 368 | MS-DRG | | | | inpatient | | | | 32925.99 | Amerihealth | HMO/PPO | 19725.24 | | | | 19725.24 | 75929.61 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS W CC | 369 | MS-DRG | | | | inpatient | | | | 23863.64 | Amerihealth | HMO/PPO | 12019.4 | | | | 12019.4 | 43290.96 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC | 370 | MS-DRG | | | | inpatient | | | | 19453.95 | Amerihealth | HMO/PPO | 8244.44 | | | | 8244.44 | 28993.9 | case rate | |
| MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC | 371 | MS-DRG | | | | inpatient | | | | 34007.08 | Amerihealth | HMO/PPO | 20646.54 | | | | 20646.54 | 67825.37 | case rate | |
| MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC | 372 | MS-DRG | | | | inpatient | | | | 24045.81 | Amerihealth | HMO/PPO | 12157.6 | | | | 12157.6 | 40504.87 | case rate | |
| MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC | 373 | MS-DRG | | | | inpatient | | | | 19833.72 | Amerihealth | HMO/PPO | 8568.08 | | | | 8568.08 | 29551.7 | case rate | |
| DIGESTIVE MALIGNANCY W MCC | 374 | MS-DRG | | | | inpatient | | | | 39043.84 | Amerihealth | HMO/PPO | 24938.84 | | | | 24938.84 | 80549.46 | case rate | |
| DIGESTIVE MALIGNANCY W CC | 375 | MS-DRG | | | | inpatient | | | | 26809.52 | Amerihealth | HMO/PPO | 14512.81 | | | | 14512.81 | 47069.75 | case rate | |
| DIGESTIVE MALIGNANCY W/O CC/MCC | 376 | MS-DRG | | | | inpatient | | | | 22018.07 | Amerihealth | HMO/PPO | 10429.57 | | | | 10429.57 | 35718.71 | case rate | |
| G.I. HEMORRHAGE W MCC | 377 | MS-DRG | | | | inpatient | | | | 34980.06 | Amerihealth | HMO/PPO | 21475.71 | | | | 21475.71 | 69775.72 | case rate | |
| G.I. HEMORRHAGE W CC | 378 | MS-DRG | | | | inpatient | | | | 23444.28 | Amerihealth | HMO/PPO | 11644.98 | | | | 11644.98 | 38628.63 | case rate | |
| G.I. HEMORRHAGE W/O CC/MCC | 379 | MS-DRG | | | | inpatient | | | | 18604.32 | Amerihealth | HMO/PPO | 7520.39 | | | | 7520.39 | 25479.37 | case rate | |
| COMPLICATED PEPTIC ULCER W MCC | 380 | MS-DRG | | | | inpatient | | | | 36450.62 | Amerihealth | HMO/PPO | 22728.91 | | | | 

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| UNCOMPLICATED PEPTIC ULCER W MCC | 383 | MS-DRG | | | | inpatient | | | | | 27301.55 | Amerihealth | HMO/PPO | 14932.12 | | | | 14932.12 | 52698.46 | case rate |
| UNCOMPLICATED PEPTIC ULCER W/O MCC | 384 | MS-DRG | | | | inpatient | | | | | 21832.35 | Amerihealth | HMO/PPO | 10271.3 | | | | 10271.3 | 33362.69 | case rate |
| INFLAMMATORY BOWEL DISEASE W MCC | 385 | MS-DRG | | | | inpatient | | | | | 32299.51 | Amerihealth | HMO/PPO | 19191.36 | | | | 19191.36 | 66229.99 | case rate |
| INFLAMMATORY BOWEL DISEASE W CC | 386 | MS-DRG | | | | inpatient | | | | | 23535.76 | Amerihealth | HMO/PPO | 11722.93 | | | | 11722.93 | 38230.76 | case rate |
| INFLAMMATORY BOWEL DISEASE W/O CC/MCC | 387 | MS-DRG | | | | inpatient | | | | | 19070.02 | Amerihealth | HMO/PPO | 7917.26 | | | | 7917.26 | 27176.18 | case rate |
| G.I. OBSTRUCTION W MCC | 388 | MS-DRG | | | | inpatient | | | | | 30152.58 | Amerihealth | HMO/PPO | 17361.75 | | | | 17361.75 | 59708.01 | case rate |
| G.I. OBSTRUCTION W CC | 389 | MS-DRG | | | | inpatient | | | | | 20889.86 | Amerihealth | HMO/PPO | 9468.11 | | | | 9468.11 | 32890.7 | case rate |
| G.I. OBSTRUCTION W/O CC/MCC | 390 | MS-DRG | | | | inpatient | | | | | 17363.84 | Amerihealth | HMO/PPO | 6463.26 | | | | 6463.26 | 23053.14 | case rate |
| ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC | 391 | MS-DRG | | | | inpatient | | | | | 27582.91 | Amerihealth | HMO/PPO | 15171.9 | | | | 15171.9 | 47647.05 | case rate |
| ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC | 392 | MS-DRG | | | | inpatient | | | | | 20594.64 | Amerihealth | HMO/PPO | 9216.53 | | | | 9216.53 | 29465.89 | case rate |
| OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC | 393 | MS-DRG | | | | inpatient | | | | | 32731.95 | Amerihealth | HMO/PPO | 19559.88 | | | | 19559.88 | 63682.83 | case rate |
| OTHER DIGESTIVE SYSTEM DIAGNOSES W CC | 394 | MS-DRG | | | | inpatient | | | | | 22626.12 | Amerihealth | HMO/PPO | 11118.18 | | | | 11118.18 | 36709.49 | case rate |
| OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC | 395 | MS-DRG | | | | inpatient | | | | | 18600.17 | Amerihealth | HMO/PPO | 7516.85 | | | | 7516.85 | 26388.24 | case rate |
| APPENDIX PROCEDURES WITH MCC | 397 | MS-DRG | | | | inpatient | | | | | 44122.19 | Amerihealth | HMO/PPO | 29266.58 | | | | 29266.58 | 42992.31 | case rate |
| APPENDIX PROCEDURES WITH CC | 398 | MS-DRG | | | | inpatient | | | | | 30752.72 | Amerihealth | HMO/PPO | 17873.19 | | | | 17873.19 | 26741.5 | case rate |
| APPENDIX PROCEDURES WITHOUT CC/MCC | 399 | MS-DRG | | | | inpatient | | | | | 25355.59 | Amerihealth | HMO/PPO | 13273.79 | | | | 13273.79 | 22048.34 | case rate |
| PANCREAS, LIVER & SHUNT PROCEDURES W MCC | 405 | MS-DRG | | | | inpatient | | | | | 85022.02 | Amerihealth | HMO/PPO | 64121.2 | | | | 64121.2 | 209822.55 | case rate |
| PANCREAS, LIVER & SHUNT PROCEDURES W CC | 406 | MS-DRG | | | | inpatient | | | | | 48704.35 | Amerihealth | HMO/PPO | 33171.47 | | | | 33171.47 | 110491.23 | case rate |
| PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC | 407 | MS-DRG | | | | inpatient | | | | | 39382.03 | Amerihealth | HMO/PPO | 25227.04 | | | | 25227.04 | 78279.25 | case rate |
| BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC | 408 | MS-DRG | | | | inpatient | | | | | 58308.03 | Amerihealth | HMO/PPO | 41355.67 | | | | 41355.67 | 157841.83 | case rate |
| BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC | 409 | MS-DRG | | | | inpatient | | | | | 38837.33 | Amerihealth | HMO/PPO | 24762.85 | | | | 24762.85 | 90601.56 | case rate |
| BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC | 410 | MS-DRG | | | | inpatient | | | | | 31278.02 | Amerihealth | HMO/PPO | 18320.85 | | | | 18320.85 | 64462.97 | case rate |
| CHOLECYSTECTOMY W C.D.E. W MCC | 411 | MS-DRG | | | | inpatient | | | | | 47387.64 | Amerihealth | HMO/PPO | 32049.38 | | | | 10482 | 159953.89 | case rate |
| CHOLECYSTECTOMY W C.D.E. W CC | 412 | MS-DRG | | | | inpatient | | | | | 39323.82 | Amerihealth | HMO/PPO | 25177.44 | | | | 11647 | 92910.77 | case rate |
| CHOLECYSTECTOMY W C.D.E. W/O CC/MCC | 413 | MS-DRG | | | | inpatient | | | | | 32822.04 | Amerihealth | HMO/PPO | 19636.65 | | | | 15908 | 65773.6 | case rate |
| CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC | 414 | MS-DRG | | | | inpatient | | | | | 58342.68 | Amerihealth | HMO/PPO | 41385.2 | | | | 28270 | 139535.84 | case rate |
| CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC | 415 | MS-DRG | | | | inpatient | | | | | 37196.29 | Amerihealth | HMO/PPO | 23364.37 | | | | 23364.37 | 78747.33 | case rate |
| CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC | 416 | MS-DRG | | | | inpatient | | | | | 28770.72 | Amerihealth | HMO/PPO | 16184.14 | | | | 16184.14 | 54340.65 | case rate |
| LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC | 417 | MS-DRG | | | | inpatient | | | | | 42718.16 | Amerihealth | HMO/PPO | 28070.08 | | | | 28070.08 | 94529.56 | case rate |
| LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC | 418 | MS-DRG | | | | inpatient | | | | | 32765.21 | Amerihealth | HMO/PPO | 19588.22 | | | | 19588.22 | 64915.45 | case rate |
| LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC | 419 | MS-DRG | | | | inpatient | | | | | 28041.68 | Amerihealth | HMO/PPO | 15562.86 | | | | 15562.86 | 52872.93 | case rate |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC | 420 | MS-DRG | | | | inpatient | | | | | 58698.88 | Amerihealth | HMO/PPO | 41688.76 | | | | 41688.76 | 137211.02 | case rate |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC | 421 | MS-DRG | | | | inpatient | | | | | 32476.92 | Amerihealth | HMO/PPO | 19342.55 | | | | 8253 | 69397.35 | case rate |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC | 422 | MS-DRG | | | | inpatient | | | | | 30145.65 | Amerihealth | HMO/PPO | 17355.85 | | | | 10272 | 59806.95 | case rate |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC | 423 | MS-DRG | | | | inpatient | | | | | 66154.24 | Amerihealth | HMO/PPO | 48042.18 | | | | 16017 | 153921.62 | case rate |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC | 424 | MS-DRG | | | | inpatient | | | | | 41426.4 | Amerihealth | HMO/PPO | 26969.24 | | | | 26969.24 | 85468.24 | case rate |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC | 425 | MS-DRG | | | | inpatient | | | | | 31204.56 | Amerihealth | HMO/PPO | 18258.25 | | | | 18258.25 | 58233.55 | case rate |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC | 432 | MS-DRG | | | | inpatient | | | | | 36932.95 | Amerihealth | HMO/PPO | 23135.95 | | | | 13893 | 71226.78 | case rate |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W CC | 433 | MS-DRG | | | | inpatient | | | | | 24607.14 | Amerihealth | HMO/PPO | 12635.96 | | | | 12635.96 | 40096.3 | case rate |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC | 434 | MS-DRG | | | | inpatient | | | | | 19433.16 | Amerihealth | HMO/PPO | 8226.72 | | | | 8236.72 | 53360.86 | case rate |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC | 435 | MS-DRG | | | | inpatient | | | | | 35068.76 | Amerihealth | HMO/PPO | 21551.3 | | | | 21551.3 | 66222.18 | case rate |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC | 436 | MS-DRG | | | | inpatient | | | | | 25409.64 | Amerihealth | HMO/PPO | 13319.85 | | | | 13319.85 | 44308.05 | case rate |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC | 437 | MS-DRG | | | | inpatient | | | | | 20662.55 | Amerihealth | HMO/PPO | 9274.41 | | | | 9274.41 | 33772.26 | case rate |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC | 438 | MS-DRG | | | | inpatient | | | | | 32838.67 | Amerihealth | HMO/PPO | 19650.83 | | | | 19650.83 | 63901.27 | case rate |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC | 439 | MS-DRG | | | | inpatient | | | | | 21702.06 | Amerihealth | HMO/PPO | 10160.27 | | | | 10160.27 | 33635.74 | case rate |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC | 440 | MS-DRG | | | | inpatient | | | | | 18304.95 | Amerihealth | HMO/PPO | 7265.27 | | | | 7265.27 | 24235.05 | case rate |
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC | 441 | MS-DRG | | | | inpatient | | | | | 35980.76 | Amerihealth | HMO/PPO | 22328.5 | | | | 11778 | 72443.8 | case rate |
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC | 442 | MS-DRG | | | | inpatient | | | | | 23171.23 | Amerihealth | HMO/PPO | 11412.29 | | | | 11412.29 | 36623.67 | case rate |
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC | 443 | MS-DRG | | | | inpatient | | | | | 19519.09 | Amerihealth | HMO/PPO | 8299.96 | | | | 8299.96 | 27141.07 | case rate |
| DISORDERS OF THE BILIARY TRACT W MCC | 444 | MS-DRG | | | | inpatient | | | | | 33125.57 | Amerihealth | HMO/PPO | 19895.32 | | | | 19895.32 | 62836.38 | case rate |
| DISORDERS OF THE BILIARY TRACT W CC | 445 | MS-DRG | | | | inpatient | | | | | 24810.89 | Amerihealth | HMO/PPO | 12809.59 | | | | 12809.59 | 41643.87 | case rate |
| DISORDERS OF THE BILIARY TRACT W/O CC/MCC | 446 | MS-DRG | | | | inpatient | | | | | 20830.26 | Amerihealth | HMO/PPO | 9417.32 | | | | 9417.32 | 31010.57 | case rate |
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC | 453 | MS-DRG | | | | inpatient | | | | | 132599.66 | Amerihealth | HMO/PPO | 104866.6 | | | | 17717 | 370445.58 | case rate |
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC | 454 | MS-DRG | | | | inpatient | | | | | 94552.24 | Amerihealth | HMO/PPO | 72242.8 | | | | 36879 | 247179.56 | case rate |
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC | 455 | MS-DRG | | | | inpatient | | | | | 73613.76 | Amerihealth | HMO/PPO | 54399.14 | | | | 54399.14 | 195035 | case rate |
| SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC | 456 | MS-DRG | | | | inpatient | | | | | 127163.72 | Amerihealth | HMO/PPO | 100034.13 | | | | 100034.13 | 359946.68 | case rate |
| SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC | 457 | MS-DRG | | | | inpatient | | | | | 89038.36 | Amerihealth | HMO/PPO | 67791.04 | | | | 67791.04 | 252285.21 | case rate |
| SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC | 458 | MS-DRG | | | | inpatient | | | | | 69627.59 | Amerihealth | HMO/PPO | 51002.14 | | | | 51002.14 | 197762.65 | case rate |
| SPINAL FUSION EXCEPT CERVICAL W MCC | 459 | MS-DRG | | | | inpatient | | | | | 101704.07 | Amerihealth | HMO/PPO | 78337.54 | | | | 78337.54 | 249051.89 | case rate |
| SPINAL FUSION EXCEPT CERVICAL W/O MCC | 460 | MS-DRG | | | | inpatient | | | | | 60478.52 | Amerihealth | HMO/PPO | 43205.36 | | | | 43205.36 | 157490.76 | case rate |
| BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC | 461 | MS-DRG | | | | inpatient | | | | | 92812.8 | Amerihealth | HMO/PPO | 70760.45 | | | | 9917 | 174848.88 | case rate |
| BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC | 462 | MS-DRG | | | | inpatient | | | | | 49472.2 | Amerihealth | HMO/PPO | 33825.83 | | | | 11315 | 124592.26 | case rate |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC | 463 | MS-DRG | | | | inpatient | | | | | 84638.1 | Amerihealth | HMO/PPO | 63794.02 | | | | 15756 | 200180.02 | case rate |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC | 464 | MS-DRG | | | | inpatient | | | | | 50647.54 | Amerihealth | HMO/PPO | 34827.45 | | | | 34827.45 | 114936.61 | case rate |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC | 465 | MS-DRG | | | | inpatient | | | | | 33842.14 | Amerihealth | HMO/PPO | 20505.98 | | | | 20505.98 | 71671.46 | case rate |
| REVISION OF HIP OR KNEE REPLACEMENT W MCC | 466 | MS-DRG | | | | inpatient | | | | | 80391.36 | Amerihealth | HMO/PPO | 60174.97 | | | | 60174.97 | 199450.59 | case rate |
| REVISION OF HIP OR KNEE REPLACEMENT W CC | 467 | MS-DRG | | | | inpatient | | | | | 57253.27 | Amerihealth | HMO/PPO | 40456.82 | | | | 40456.82 | 135369.89 | case rate |
| REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC | 468 | MS-DRG | | | | inpatient | | | | | 46138.84 | Amerihealth | HMO/PPO | 30985.16 | | | | 30985.16 | 108884.14 | case rate |
| MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP | 469 | MS-DRG | | | | inpatient | | | | | 55084.16 | Amerihealth | HMO/PPO | 38808.32 | | | | 38808.32 | 123816.02 | case rate |
| MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC | 470 | MS-DRG | | | | inpatient | | | | | 35912.84 | Amerihealth | HMO/PPO | 22270.62 | | | | 22270.62 | 77616.13 | case rate |
| CERVICAL SPINAL FUSION W MCC | 471 | MS-DRG | | | | inpatient | | | | | 77102.35 | Amerihealth | HMO/PPO | 57372.1 | | | | 8282 | 195452.37 | case rate |
| CERVICAL SPINAL FUSION W CC | 472 | MS-DRG | | | | inpatient | | | | | 49935.13 | Amerihealth | HMO/PPO | 34229.34 | | | | 8991 | 114945.83 | case rate |
| CERVICAL SPINAL FUSION W/O CC/MCC | 473 | MS-DRG | | | | inpatient | | | | | 42592.04 | Amerihealth | HMO/PPO | 27962.59 | | | | 11229 | 92559.71 | case rate |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC | 474 | MS-DRG | | | | inpatient | | | | | 71938.07 | Amerihealth | HMO/PPO | 52971.12 | | | | 22321 | 148035.47 | case rate |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC | 475 | MS-DRG | | | | inpatient | | | | | 39680.02 | Amerihealth | HMO/PPO | 25480.99 | | | | 25480.99 | 83818.24 | case rate |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC | 476 | MS-DRG | | | | inpatient | | | | | 25900.29 | Amerihealth | HMO/PPO | 13737.98 | | | | 13737.98 | 44885.35 | case rate |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC | 477 | MS-DRG | | | | inpatient | | | | | 57444.54 | Amerihealth | HMO/PPO | 40619.82 | | | | 40619.82 | 122419.57 | case rate |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC | 478 | MS-DRG | | | | inpatient | | | | | 42192.86 | Amerihealth | HMO/PPO | 27622.42 | | | | 27622.42 | 88904.75 | case rate |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC | 479 | MS-DRG | | | | inpatient | | | | | 34382.39 | Amerihealth | HMO/PPO | 20974.9 | | | | 20974.9 | 70134.59 | case rate |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC | 480 | MS-DRG | | | | inpatient | | | | | 50542.2 | Amerihealth | HMO/PPO | 34737.68 | | | | 34737.68 | 118206.81 | case rate |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC | 481 | MS-DRG | | | | inpatient | | | | | 38537.95 | Amerihealth | HMO/PPO | 24507.72 | | | | 8360 | 80444.14 | case rate |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC | 482 | MS-DRG | | | | inpatient | | | | | 31767.28 | Amerihealth | HMO/PPO | 18737.8 | | | | 9385 | 64927.15 | case rate |
| MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES | 483 | MS-DRG | | | | inpatient | | | | | 45097.95 | Amerihealth | HMO/PPO | 30098.12 | | | | 13093 | 92973.18 | case rate |
| KNEE PROCEDURES W PDX OF INFECTION W MCC | 485 | MS-DRG | | | | inpatient | | | | | 54399.47 | Amerihealth | HMO/PPO | 38024.83 | | | | 38024.83 | 128883.03 | case rate |
| KNEE PROCEDURES W PDX OF INFECTION W CC | 486 | MS-DRG | | | | inpatient | | | | | 39175.52 | Amerihealth | HMO/PPO | 25051.05 | | | | 25051.05 | 86533.13 | case rate |
| KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC | 487 | MS-DRG | | | | inpatient | | | | | 31681.35 | Amerihealth | HMO/PPO | 18664.56 | | | | 18664.56 | 64369.35 | case rate |
| KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC | 488 | MS-DRG | | | | inpatient | | | | | 37020.27 | Amerihealth | HMO/PPO | 23214.36 | | | | 23214.36 | 82402.29 | case rate |
| KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC | 489 | MS-DRG | | | | inpatient | | | | | 26943.96 | Amerihealth | HMO/PPO | 14627.39 | | | | 14627.39 | 50607.68 | case rate |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC | 492 | MS-DRG | | | | inpatient | | | | | 58999.65 | Amerihealth | HMO/PPO | 41945.07 | | | | 27633 | 132253.23 | case rate |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC | 493 | MS-DRG | | | | inpatient | | | | | 43057.74 | Amerihealth | HMO/PPO | 28359.46 | | | | 28359.46 | 87613.62 | case rate |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC | 494 | MS-DRG | | | | inpatient | | | | | 35911.46 | Amerihealth | HMO/PPO | 22269.44 | | | | 22269.44 | 68414.38 | case rate |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC | 495 | MS-DRG | | | | inpatient | | | | | 58575.53 | Amerihealth | HMO/PPO | 41583.64 | | | | 41583.64 | 135053.94 | case rate |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC | 496 | MS-DRG | | | | inpatient | | | | | 37125.6 | Amerihealth | HMO/PPO | 23304.13 | | | | 23304.13 | 76488.83 | case rate |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC | 497 | MS-DRG | | | | inpatient | | | | | 28368.18 | Amerihealth | HMO/PPO | 15858.15 | | | | 15858.15 | 55975.05 | case rate |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC | 498 | MS-DRG | | | | inpatient | | | | | 44775 | Amerihealth | HMO/PPO | 29822.91 | | | | 29822.91 | 88857.56 | case rate |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC | 499 | MS-DRG | | | | inpatient | | | | | 25007.7 | Amerihealth | HMO/PPO | 12977.32 | | | | 12977.32 | 43656.63 | case rate |
| SOFT TISSUE PROCEDURES W MCC | 500 | MS-DRG | | | | inpatient | | | | | 53698.15 | Amerihealth | HMO/PPO | 37427.16 | | | | 37427.16 | 119673.48 | case rate |
| SOFT TISSUE PROCEDURES W CC | 501 | MS-DRG | | | | inpatient | | | | | 34515.74 | Amerihealth | HMO/PPO | 21080.02 | | | | 8902 | 95800.41 | case rate |
| SOFT TISSUE PROCEDURES W/O CC/MCC | 502 | MS-DRG | | | | inpatient | | | | | 29144.95 | Amerihealth | HMO/PPO | 16503.06 | | | | 16503.06 | 50361.94 | case rate |
| FOOT PROCEDURES W MCC | 503 | MS-DRG | | | | inpatient | | | | | 46461.78 | Amerihealth | HMO/PPO | 31260.37 | | | | 27418 | 99943.74 | case rate |
| FOOT PROCEDURES W CC | 504 | MS-DRG | | | | inpatient | | | | | 34104.1 | Amerihealth | HMO/PPO | 20729.22 | | | | 20729.22 | 67462.61 | case rate |
| FOOT PROCEDURES W/O CC/MCC | 505 | MS-DRG | | | | inpatient | | | | | 34104.1 | Amerihealth | HMO/PPO | 20729.22 | | | | 20729.22 | 61623.26 | case rate |
| MAJOR THUMB OR JOINT PROCEDURES | 506 | MS-DRG | | | | inpatient | | | | | 30557.29 | Amerihealth | HMO/PPO | 17706.65 | | | | 17706.65 | 55011.57 | case rate |
| MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC | 507 | MS-DRG | | | | inpatient | | | | | 36643.27 | Amerihealth | HMO/PPO | 22893.09 | | | | 22893.09 | 75771.1 | case rate |
| MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC | 508 | MS-DRG | | | | inpatient | | | | | 26986.93 | Amerihealth | HMO/PPO | 14664 | | | | 14664 | 56458.73 | case rate |
| ARTHROSCOPY | 509 | MS-DRG | | | | inpatient | | | | | 34127.66 | Amerihealth | HMO/PPO | 20749.3 | | | | 20749.3 | 65153.39 | case rate |
| SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC | 510 | MS-DRG | | | | inpatient | | | | | 49393.2 | Amerihealth | HMO/PPO | 33758.51 | | | | 33758.51 | 106582.73 | case rate |
| SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC | 511 | MS-DRG | | | | inpatient | | | | | 36962.05 | Amerihealth | HMO/PPO | 23164.75 | | | | 7655 | 72057.63 | case rate |
| SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC | 512 | MS-DRG | | | | inpatient | | | | | 32063.89 | Amerihealth | HMO/PPO | 18990.58 | | | | 10564 | 59372.55 | case rate |
| HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC | 513 | MS-DRG | | | | inpatient | | | | | 30647.38 | Amerihealth | HMO/PPO | 17783.42 | | | | 17783.42 | 63955.88 | case rate |
| HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC | 514 | MS-DRG | | | | inpatient | | | | | 23911.36 | Amerihealth | HMO/PPO | 12043.03 | | | | 12043.03 | 40660.37 | case rate |
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC | 515 | MS-DRG | | | | inpatient | | | | | 52640.62 | Amerihealth | HMO/PPO | 36525.94 | | | | 36525.94 | 120219.57 | case rate |
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC | 516 | MS-DRG | | | | inpatient | | | | | 37661.99 | Amerihealth | HMO/PPO | 23761.23 | | | | 23761.23 | 73543.8 | case rate |
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC | 517 | MS-DRG | | | | inpatient | | | | | 30468.59 | Amerihealth | HMO/PPO | 17631.06 | | | | 17631.06 | 53864.77 | case rate |
| BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM | 518 | MS-DRG | | | | inpatient | | | | | 59454.26 | Amerihealth | HMO/PPO | 42332.49 | | | | 42332.49 | 120929.5 | case rate |
| BACK & NECK PROC EXC SPINAL FUSION W CC | 519 | MS-DRG | | | | inpatient | | | | | 37110.36 | Amerihealth | HMO/PPO | 23291.14 | | | | 23291.14 | 72631.03 | case rate |
| BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC | 520 | MS-DRG | | | | inpatient | | | | | 29643.91 | Amerihealth | HMO/PPO | 16928.27 | | | | 16928.27 | 51259.1 | case rate |
| HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITH MCC | 521 | MS-DRG | | | | inpatient | | | | | 50177.68 | Amerihealth | HMO/PPO | 34427.04 | | | | 7692 | 50572.96 | case rate |
| HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC | 522 | MS-DRG | | | | inpatient | | | | | 36998.11 | Amerihealth | HMO/PPO | 24899.87 | | | | 9003 | 36577.64 | case rate |
| FRACTURES OF FEMUR W MCC | 533 | MS-DRG | | | | inpatient | | | | | 30914.88 | Amerihealth | HMO/PPO | 18011.39 | | | | 12781 | 59700.21 | case rate |
| FRACTURES OF FEMUR W/O MCC | 534 | MS-DRG | | | | inpatient | | | | | 21061.72 | Amerihealth | HMO/PPO | 9614.58 | | | | 9614.58 | 34640.29 | case rate |
| FRACTURES OF HIP & PELVIS W MCC | 535 | MS-DRG | | | | inpatient | | | | | 28212.16 | Amerihealth | HMO/PPO | 15708.14 | | | | 15708.14 | 48945.98 | case rate |
| FRACTURES OF HIP & PELVIS W/O MCC | 536 | MS-DRG | | | | inpatient | | | | | 21018.76 | Amerihealth | HMO/PPO | 9577.96 | | | | 9577.96 | 29528.3 | case rate |
| SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC | 537 | MS-DRG | | | | inpatient | | | | | 22517.04 | Amerihealth | HMO/PPO | 10854.79 | | | | 10854.79 | 35515.87 | case rate |
| SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC | 538 | MS-DRG | | | | inpatient | | | | | 19086.66 | Amerihealth | HMO/PPO | 7931.44 | | | | 7931.44 | 28358.09 | case rate |
| OSTEOMYELITIS W MCC | 539 | MS-DRG | | | | inpatient | | | | | 37810.29 | Amerihealth | HMO/PPO | 23887.62 | | | | 23887.62 | 78762.93 | case rate |
| OSTEOMYELITIS W CC | 540 | MS-DRG | | | | inpatient | | | | | 27715.97 | Amerihealth | HMO/PPO | 15285.29 | | | | 15285.29 | 50588.18 | case rate |
| OSTEOMYELITIS W/O CC/MCC | 541 | MS-DRG | | | | inpatient | | | | | 21905.81 | Amerihealth | HMO/PPO | 10333.9 | | | | 7723 | 34431.48 | case rate |
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC | 542 | MS-DRG | | | | inpatient | | | | | 35630.1 | Amerihealth | HMO/PPO | 22029.67 | | | | 8903 | 71199.48 | case rate |
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC | 543 | MS-DRG | | | | inpatient | | | | | 24483.79 | Amerihealth | HMO/PPO | 12530.84 | | | | 10889 | 41835.01 | case rate |
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC | 544 | MS-DRG | | | | inpatient | | | | | 20253.68 | Amerihealth | HMO/PPO | 8925.97 | | | | 8925.97 | 31143.19 | case rate |
| CONNECTIVE TISSUE DISORDERS W MCC | 545 | MS-DRG | | | | inpatient | | | | | 44802.73 | Amerihealth | HMO/PPO | 29846.53 | | | | 29846.53 | 96702.25 | case rate |
| CONNECTIVE TISSUE DISORDERS W CC | 546 | MS-DRG | | | | inpatient | | | | | 25825.45 | Amerihealth | HMO/PPO | 13674.2 | | | | 13674.2 | 47370.1 | case rate |
| CONNECTIVE TISSUE DISORDERS W/O CC/MCC | 547 | MS-DRG | | | | inpatient | | | | | 20122.01 | Amerihealth | HMO/PPO | 8813.76 | | | | 8813.76 | 33452.4 | case rate |
| SEPTIC ARTHRITIS W MCC | 548 | MS-DRG | | | | inpatient | | | | | 37702.19 | Amerihealth | HMO/PPO | 23795.49 | | | | 23795.49 | 80635.27 | case rate |
| SEPTIC ARTHRITIS W CC | 549 | MS-DRG | | | | inpatient | | | | | 26482.42 | Amerihealth | HMO/PPO | 14234.06 | | | | 14234.06 | 48532.51 | case rate |
| SEPTIC ARTHRITIS W/O CC/MCC | 550 | MS-DRG | | | | inpatient | | | | | 21728.4 | Amerihealth | HMO/PPO | 10182.71 | | | | 10182.71 | 36034.67 | case rate |
| MEDICAL BACK PROBLEMS W MCC | 551 | MS-DRG | | | | inpatient | | | | | 33430.5 | Amerihealth | HMO/PPO | 20155.18 | | | | 9165 | 62083.54 | case rate |
| MEDICAL BACK PROBLEMS W/O MCC | 552 | MS-DRG | | | | inpatient | | | | | 23137.97 | Amerihealth | HMO/PPO | 11383.94 | | | | 11383.94 | 36145.31 | case rate |
| BONE DISEASES & ARTHROPATHIES W MCC | 553 | MS-DRG | | | | inpatient | | | | | 27880.9 | Amerihealth | HMO/PPO | 15425.85 | | | | 15425.85 | 48275.06 | case rate |
| BONE DISEASES & ARTHROPATHIES W/O MCC | 554 | MS-DRG | | | | inpatient | | | | | 21347.24 | Amerihealth | HMO/PPO | 9857.89 | | | | 9857.89 | 47368.4 | case rate |
| SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC | 555 | MS-DRG | | | | inpatient | | | | | 28443.62 | Amerihealth | HMO/PPO | 15905.39 | | | | 15905.39 | 49897.75 | case rate |
| SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC | 556 | MS-DRG | | | | inpatient | | | | | 21096.37 | Amerihealth | HMO/PPO | 9644.11 |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC | 562 | MS-DRG | | | | inpatient | | | | 30063.87 | Amerihealth | HMO/PPO | 17286.16 | | | | 12927 | 54925.76 | case rate | |
| FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC | 563 | MS-DRG | | | | inpatient | | | | 22167.76 | Amerihealth | HMO/PPO | 10557.14 | | | | 10557.14 | 32691.77 | case rate | |
| OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC | 564 | MS-DRG | | | | inpatient | | | | 31528.89 | Amerihealth | HMO/PPO | 18534.64 | | | | 18534.64 | 61326.81 | case rate | |
| OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC | 565 | MS-DRG | | | | inpatient | | | | 23912.75 | Amerihealth | HMO/PPO | 12044.21 | | | | 12044.21 | 38063.03 | case rate | |
| OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC | 566 | MS-DRG | | | | inpatient | | | | 20148.34 | Amerihealth | HMO/PPO | 8636.2 | | | | 8636.2 | 29735.04 | case rate | |
| SKIN DEBRIDEMENT W MCC | 570 | MS-DRG | | | | inpatient | | | | 51501.32 | Amerihealth | HMO/PPO | 35555.04 | | | | 35555.04 | 116374.54 | case rate | |
| SKIN DEBRIDEMENT W CC | 571 | MS-DRG | | | | inpatient | | | | 32985.59 | Amerihealth | HMO/PPO | 19776.03 | | | | 9078 | 66425.02 | case rate | |
| SKIN DEBRIDEMENT W/O CC/MCC | 572 | MS-DRG | | | | inpatient | | | | 25613.39 | Amerihealth | HMO/PPO | 13493.48 | | | | 11401 | 45973.65 | case rate | |
| SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC | 573 | MS-DRG | | | | inpatient | | | | 95132.86 | Amerihealth | HMO/PPO | 72737.7 | | | | 16091 | 204845.26 | case rate | |
| SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC | 574 | MS-DRG | | | | inpatient | | | | 57803.52 | Amerihealth | HMO/PPO | 40925.74 | | | | 36864 | 118811.42 | case rate | |
| SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC | 575 | MS-DRG | | | | inpatient | | | | 37454.09 | Amerihealth | HMO/PPO | 23584.06 | | | | 23584.06 | 68597.71 | case rate | |
| SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC | 576 | MS-DRG | | | | inpatient | | | | 84559.1 | Amerihealth | HMO/PPO | 63726.69 | | | | 63726.69 | 190381.46 | case rate | |
| SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC | 577 | MS-DRG | | | | inpatient | | | | 46686.82 | Amerihealth | HMO/PPO | 31451.72 | | | | 31451.72 | 97876.36 | case rate | |
| SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC | 578 | MS-DRG | | | | inpatient | | | | 33208.73 | Amerihealth | HMO/PPO | 19966.19 | | | | 19966.19 | 59669.01 | case rate | |
| OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC | 579 | MS-DRG | | | | inpatient | | | | 54955.26 | Amerihealth | HMO/PPO | 38498.47 | | | | 38498.47 | 109133.78 | case rate | |
| OTHER SKIN, SUBCUT TISS & BREAST PROC W CC | 580 | MS-DRG | | | | inpatient | | | | 34353.58 | Amerihealth | HMO/PPO | 20941.82 | | | | 20941.82 | 62013.33 | case rate | |
| OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC | 581 | MS-DRG | | | | inpatient | | | | 29727.07 | Amerihealth | HMO/PPO | 16999.14 | | | | 8609 | 48228.25 | case rate | |
| MASTECTOMY FOR MALIGNANCY W CC/MCC | 582 | MS-DRG | | | | inpatient | | | | 34051.43 | Amerihealth | HMO/PPO | 20684.33 | | | | 10681 | 61221.49 | case rate | |
| MASTECTOMY FOR MALIGNANCY W/O CC/MCC | 583 | MS-DRG | | | | inpatient | | | | 32547.61 | Amerihealth | HMO/PPO | 19402.78 | | | | 14701 | 53755.55 | case rate | |
| BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC | 584 | MS-DRG | | | | inpatient | | | | 38156.8 | Amerihealth | HMO/PPO | 24182.91 | | | | 24182.91 | 72997.7 | case rate | |
| BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC | 585 | MS-DRG | | | | inpatient | | | | 37293.31 | Amerihealth | HMO/PPO | 23447.05 | | | | 23447.05 | 61073.26 | case rate | |
| SKIN ULCERS W MCC | 592 | MS-DRG | | | | inpatient | | | | 38280.15 | Amerihealth | HMO/PPO | 24288.03 | | | | 24288.03 | 66631.76 | case rate | |
| SKIN ULCERS W CC | 593 | MS-DRG | | | | inpatient | | | | 26726.36 | Amerihealth | HMO/PPO | 14441.95 | | | | 14441.95 | 44054.51 | case rate | |
| SKIN ULCERS W/O CC/MCC | 594 | MS-DRG | | | | inpatient | | | | 21542.67 | Amerihealth | HMO/PPO | 10024.44 | | | | 10024.44 | 31603.47 | case rate | |
| MAJOR SKIN DISORDERS W MCC | 595 | MS-DRG | | | | inpatient | | | | 39095.13 | Amerihealth | HMO/PPO | 24982.55 | | | | 24982.55 | 77503.01 | case rate | |
| MAJOR SKIN DISORDERS W/O MCC | 596 | MS-DRG | | | | inpatient | | | | 24763.76 | Amerihealth | HMO/PPO | 12769.43 | | | | 12769.43 | 39455.58 | case rate | |
| MALIGNANT BREAST DISORDERS W MCC | 597 | MS-DRG | | | | inpatient | | | | 34127.66 | Amerihealth | HMO/PPO | 20749.3 | | | | 20749.3 | 67092.04 | case rate | |
| MALIGNANT BREAST DISORDERS W CC | 598 | MS-DRG | | | | inpatient | | | | 24482.4 | Amerihealth | HMO/PPO | 12529.66 | | | | 12529.66 | 45337.84 | case rate | |
| MALIGNANT BREAST DISORDERS W/O CC/MCC | 599 | MS-DRG | | | | inpatient | | | | 21628.6 | Amerihealth | HMO/PPO | 10097.67 | | | | 10097.67 | 27944.61 | case rate | |
| NON-MALIGNANT BREAST DISORDERS W CC/MCC | 600 | MS-DRG | | | | inpatient | | | | 23038.18 | Amerihealth | HMO/PPO | 11298.9 | | | | 11298.9 | 37290.69 | case rate | |
| NON-MALIGNANT BREAST DISORDERS W/O CC/MCC | 601 | MS-DRG | | | | inpatient | | | | 18088.73 | Amerihealth | HMO/PPO | 7081.01 | | | | 7081.01 | 24153.13 | case rate | |
| CELLULITIS W MCC | 602 | MS-DRG | | | | inpatient | | | | 30142.88 | Amerihealth | HMO/PPO | 17353.49 | | | | 17353.49 | 56326.11 | case rate | |
| CELLULITIS W/O MCC | 603 | MS-DRG | | | | inpatient | | | | 21987.58 | Amerihealth | HMO/PPO | 10403.59 | | | | 10403.59 | 33066.23 | case rate | |
| TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC | 604 | MS-DRG | | | | inpatient | | | | 30371.57 | Amerihealth | HMO/PPO | 17548.38 | | | | 17548.38 | 57265.12 | case rate | |
| TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC | 605 | MS-DRG | | | | inpatient | | | | 22582.18 | Amerihealth | HMO/PPO | 10910.3 | | | | 10910.3 | 33565.52 | case rate | |
| MINOR SKIN DISORDERS W MCC | 606 | MS-DRG | | | | inpatient | | | | 32098.54 | Amerihealth | HMO/PPO | 19020.09 | | | | 19020.09 | 53860.87 | case rate | |
| MINOR SKIN DISORDERS W/O MCC | 607 | MS-DRG | | | | inpatient | | | | 21757.5 | Amerihealth | HMO/PPO | 10207.52 | | | | 10207.52 | 31244.61 | case rate | |
| ADRENAL & PITUITARY PROCEDURES W CC/MCC | 614 | MS-DRG | | | | inpatient | | | | 41366.8 | Amerihealth | HMO/PPO | 26918.45 | | | | 26918.45 | 92196.95 | case rate | |
| ADRENAL & PITUITARY PROCEDURES W/O CC/MCC | 615 | MS-DRG | | | | inpatient | | | | 29641.14 | Amerihealth | HMO/PPO | 16925.91 | | | | 16925.91 | 57777.17 | case rate | |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC | 616 | MS-DRG | | | | inpatient | | | | 63348.95 | Amerihealth | HMO/PPO | 45651.52 | | | | 45651.52 | 161301.75 | case rate | |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC | 617 | MS-DRG | | | | inpatient | | | | 36551.8 | Amerihealth | HMO/PPO | 22815.13 | | | | 22815.13 | 80884.92 | case rate | |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC | 618 | MS-DRG | | | | inpatient | | | | 27036.82 | Amerihealth | HMO/PPO | 14706.52 | | | | 14706.52 | 45220.82 | case rate | |
| O.R. PROCEDURES FOR OBESITY W MCC | 619 | MS-DRG | | | | inpatient | | | | 47569.21 | Amerihealth | HMO/PPO | 32204.11 | | | | 32204.11 | 113927.74 | case rate | |
| O.R. PROCEDURES FOR OBESITY W CC | 620 | MS-DRG | | | | inpatient | | | | 31914.2 | Amerihealth | HMO/PPO | 18863 | | | | 18863 | 70587.07 | case rate | |
| O.R. PROCEDURES FOR OBESITY W/O CC/MCC | 621 | MS-DRG | | | | inpatient | | | | 30040.31 | Amerihealth | HMO/PPO | 17266.08 | | | | 17266.08 | 61564.75 | case rate | |
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC | 622 | MS-DRG | | | | inpatient | | | | 61644.16 | Amerihealth | HMO/PPO | 44198.71 | | | | 44198.71 | 148148.59 | case rate | |
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC | 623 | MS-DRG | | | | inpatient | | | | 36291.22 | Amerihealth | HMO/PPO | 22593.08 | | | | 22593.08 | 75018.26 | case rate | |
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC | 624 | MS-DRG | | | | inpatient | | | | 25982.88 | Amerihealth | HMO/PPO | 11763.09 | | | | 11763.09 | 50553.07 | case rate | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC | 625 | MS-DRG | | | | inpatient | | | | 49517.94 | Amerihealth | HMO/PPO | 33864.81 | | | | 33864.81 | 108568.18 | case rate | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC | 626 | MS-DRG | | | | inpatient | | | | 36698.67 | Amerihealth | HMO/PPO | 17827.13 | | | | 17827.13 | 62824.67 | case rate | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC | 627 | MS-DRG | | | | inpatient | | | | 27338.97 | Amerihealth | HMO/PPO | 14964.01 | | | | 14964.01 | 42322.6 | case rate | |
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC | 628 | MS-DRG | | | | inpatient | | | | 64467.46 | Amerihealth | HMO/PPO | 46604.71 | | | | 46604.71 | 143350.73 | case rate | |
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC | 629 | MS-DRG | | | | inpatient | | | | 40952.38 | Amerihealth | HMO/PPO | 26565.29 | | | | 26565.29 | 91225.67 | case rate | |
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC | 630 | MS-DRG | | | | inpatient | | | | 29201.77 | Amerihealth | HMO/PPO | 16551.48 | | | | 16551.48 | 59856.24 | case rate | |
| DIABETES W MCC | 637 | MS-DRG | | | | inpatient | | | | 29964.08 | Amerihealth | HMO/PPO | 17201.12 | | | | 17201.12 | 53880.37 | case rate | |
| DIABETES W CC | 638 | MS-DRG | | | | inpatient | | | | 22492.09 | Amerihealth | HMO/PPO | 10833.53 | | | | 10833.53 | 34021.91 | case rate | |
| DIABETES W/O CC/MCC | 639 | MS-DRG | | | | inpatient | | | | 18464.34 | Amerihealth | HMO/PPO | 7401.1 | | | | 7401.1 | 24648.52 | case rate | |
| MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC | 640 | MS-DRG | | | | inpatient | | | | 28185.83 | Amerihealth | HMO/PPO | 15685.7 | | | | 15685.7 | 46426.13 | case rate | |
| MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC | 641 | MS-DRG | | | | inpatient | | | | 20609.88 | Amerihealth | HMO/PPO | 9229.52 | | | | 9229.52 | 29329.36 | case rate | |
| INBORN AND OTHER DISORDERS OF METABOLISM | 642 | MS-DRG | | | | inpatient | | | | 26981.38 | Amerihealth | HMO/PPO | 14659.26 | | | | 14659.26 | 49285.34 | case rate | |
| ENDOCRINE DISORDERS W MCC | 643 | MS-DRG | | | | inpatient | | | | 32749.96 | Amerihealth | HMO/PPO | 19575.23 | | | | 19575.23 | 63741.34 | case rate | |
| ENDOCRINE DISORDERS W CC | 644 | MS-DRG | | | | inpatient | | | | 24102.63 | Amerihealth | HMO/PPO | 12206.02 | | | | 12206.02 | 39494.59 | case rate | |
| ENDOCRINE DISORDERS W/O CC/MCC | 645 | MS-DRG | | | | inpatient | | | | 20572.46 | Amerihealth | HMO/PPO | 9197.63 | | | | 9197.63 | 28978.3 | case rate | |
| KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC | 650 | MS-DRG | | | | inpatient | | | | 73637.32 | Amerihealth | HMO/PPO | 54419.22 | | | | 54419.22 | 179941.26 | case rate | |
| KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC | 651 | MS-DRG | | | | inpatient | | | | 57936.86 | Amerihealth | HMO/PPO | 41015.5 | | | | 41015.5 | 60251.35 | case rate | |
| KIDNEY TRANSPLANT | 652 | MS-DRG | | | | inpatient | | | | 52349.56 | Amerihealth | HMO/PPO | 36277.9 | | | | 36277.9 | 129292.6 | case rate | |
| MAJOR BLADDER PROCEDURES W MCC | 653 | MS-DRG | | | | inpatient | | | | 67044.22 | Amerihealth | HMO/PPO | 65844.5 | | | | 65844.5 | 214109.42 | case rate | |
| MAJOR BLADDER PROCEDURES W CC | 654 | MS-DRG | | | | inpatient | | | | 48894.23 | Amerihealth | HMO/PPO | 33333.29 | | | | 33333.29 | 112078.81 | case rate | |
| MAJOR BLADDER PROCEDURES W/O CC/MCC | 655 | MS-DRG | | | | inpatient | | | | 38571.21 | Amerihealth | HMO/PPO | 24536.07 | | | | 24536.07 | 81025.34 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC | 656 | MS-DRG | | | | inpatient | | | | 54935.86 | Amerihealth | HMO/PPO | 38481.93 | | | | 38481.93 | 129799.69 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC | 657 | MS-DRG | | | | inpatient | | | | 35117.27 | Amerihealth | HMO/PPO | 21592.64 | | | | 21592.64 | 75962.23 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC | 658 | MS-DRG | | | | inpatient | | | | 30625.21 | Amerihealth | HMO/PPO | 17764.53 | | | | 17764.53 | 61100.56 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC | 659 | MS-DRG | | | | inpatient | | | | 45598.3 | Amerihealth | HMO/PPO | 30524.51 | | | | 30524.51 | 106375.99 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC | 660 | MS-DRG | | | | inpatient | | | | 28362.15 | Amerihealth | HMO/PPO | 15827.44 | | | | 15827.44 | 56466.53 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC | 661 | MS-DRG | | | | inpatient | | | | 24008.39 | Amerihealth | HMO/PPO | 12125.71 | | | | 12125.71 | 41846.71 | case rate | |
| MINOR BLADDER PROCEDURES W MCC | 662 | MS-DRG | | | | inpatient | | | | 53017.62 | Amerihealth | HMO/PPO | 36847.22 | | | | 36847.22 | 123991.55 | case rate | |
| MINOR BLADDER PROCEDURES W CC | 663 | MS-DRG | | | | inpatient | | | | 30949.53 | Amerihealth | HMO/PPO | 18040.92 | | | | 18040.92 | 63983.18 | case rate | |
| MINOR BLADDER PROCEDURES W/O CC/MCC | 664 | MS-DRG | | | | inpatient | | | | 24745.74 | Amerihealth | HMO/PPO | 12754.08 | | | | 12754.08 | 46250.6 | case rate | |
| PROSTATECTOMY W MCC | 665 | MS-DRG | | | | inpatient | | | | 57369.7 | Amerihealth | HMO/PPO | 40556.04 | | | | 40556.04 | 123995.45 | case rate | |
| PROSTATECTOMY W CC | 666 | MS-DRG | | | | inpatient | | | | 32611.36 | Amerihealth | HMO/PPO | 19457.12 | | | | 19457.12 | 69397.35 | case rate | |
| PROSTATECTOMY W/O CC/MCC | 667 | MS-DRG | | | | inpatient | | | | 24025.02 | Amerihealth | HMO/PPO | 12139.88 | | | | 12139.88 | 42143.16 | case rate | |
| TRANSURETHRAL PROCEDURES W MCC | 668 | MS-DRG | | | | inpatient | | | | 50199.86 | Amerihealth | HMO/PPO | 34445.94 | | | | 34445.94 | 109789.1 | case rate | |
| TRANSURETHRAL PROCEDURES W CC | 669 | MS-DRG | | | | inpatient | | | | 31228.12 | Amerihealth | HMO/PPO | 18278.33 | | | | 18278.33 | 61728.58 | case rate | |
| TRANSURETHRAL PROCEDURES W/O CC/MCC | 670 | MS-DRG | | | | inpatient | | | | 23025.7 | Amerihealth | HMO/PPO | 11288.27 | | | | 11288.27 | 37583.24 | case rate | |
| URETHRAL PROCEDURES W CC/MCC | 671 | MS-DRG | | | | inpatient | | | | 33670.28 | Amerihealth | HMO/PPO | 20359.52 | | | | 20359.52 | 65668.28 | case rate | |
| URETHRAL PROCEDURES W/O CC/MCC | 672 | MS-DRG | | | | inpatient | | | | 24948.1 | Amerihealth | HMO/PPO | 12926.53 | | | | 12926.53 | 41226.5 | case rate | |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC | 673 | MS-DRG | | | | inpatient | | | | 67847.95 | Amerihealth | HMO/PPO | 49485.54 | | | | 49485.54 | 139539.74 | case rate | |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W CC | 674 | MS-DRG | | | | inpatient | | | | 41774.29 | Amerihealth | HMO/PPO | 27265.71 | | | | 27265.71 | 90188.08 | case rate | |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC | 675 | MS-DRG | | | | inpatient | | | | 31474.83 | Amerihealth | HMO/PPO | 18488.57 | | | | 18488.57 | 63398.08 | case rate | |
| RENAL FAILURE W MCC | 682 | MS-DRG | | | | inpatient | | | | 30596.1 | Amerihealth | HMO/PPO | 17739.72 | | | | 17739.72 | 59758.72 | case rate | |
| RENAL FAILURE W CC | 683 | MS-DRG | | | | inpatient | | | | 22099.85 | Amerihealth | HMO/PPO | 10499.26 | | | | 10499.26 | 35847.43 | case rate | |
| RENAL FAILURE W/O CC/MCC | 684 | MS-DRG | | | | inpatient | | | | 18198.22 | Amerihealth | HMO/PPO | 7174.32 | | | | 7174.32 | 24176.54 | case rate | |
| KIDNEY & URINARY TRACT NEOPLASMS W MCC | 686 | MS-DRG | | | | inpatient | | | | 35915.62 | Amerihealth | HMO/PPO | 22272.98 | | | | 22272.98 | 66998.42 | case rate | |
| KIDNEY & URINARY TRACT NEOPLASMS W CC | 687 | MS-DRG | | | | inpatient | | | | 24370.13 | Amerihealth | HMO/PPO | 12433.99 | | | | 12433.99 | 41101.68 | case rate | |
| KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC | 688 | MS-DRG | | | | inpatient | | | | 19817.09 | Amerihealth | HMO/PPO | 8503.9 | | | | 8503.9 | 30850.64 | case rate | |
| KIDNEY & URINARY TRACT INFECTIONS W MCC | 689 | MS-DRG | | | | inpatient | | | | 26000.08 | Amerihealth | HMO/PPO | 13823.02 | | | | 13823.02 | 43360.18 | case rate | |
| KIDNEY & URINARY TRACT INFECTIONS W/O MCC | 690 | MS-DRG | | | | inpatient | | | | 20903.72 | Amerihealth | HMO/PPO | 9479.93 | | | | 9479.93 | 30975.46 | case rate | |
| URINARY STONES W MCC | 693 | MS-DRG | | | | inpatient | | | | 30159.51 | Amerihealth | HMO/PPO | 17367.66 | | | | 17367.66 | 51629.67 | case rate | |
| URINARY STONES W/O MCC | 694 | MS-DRG | | | | inpatient | | | | 20609.88 | Amerihealth | HMO/PPO | 9229.52 | | | | 9229.52 | 27386.81 | case rate | |
| KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC | 695 | MS-DRG | | | | inpatient | | | | 25411.03 | Amerihealth | HMO/PPO | 13321.03 | | | | 13321.03 | 44807.34 | case rate | |
| KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC | 696 | MS-DRG | | | | inpatient | | | | 19368.02 | Amerihealth | HMO/PPO | 8171.21 | | | | 8171.21 | 26860.22 | case rate | |
| URETHRAL STRICTURE | 697 | MS-DRG | | | | inpatient | | | | 23262.71 | Amerihealth | HMO/PPO | 11490.25 | | | | 11490.25 | 37446.72 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC | 698 | MS-DRG | | | | inpatient | | | | 33077.06 | Amerihealth | HMO/PPO | 19853.98 | | | | 19853.98 | 63000.21 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC | 699 | MS-DRG | | | | inpatient | | | | 23915.52 | Amerihealth | HMO/PPO | 12046.57 | | | | 12046.57 | 40095.3 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC | 700 | MS-DRG | | | | inpatient | | | | 19401.28 | Amerihealth | HMO/PPO | 8199.56 | | | | 8199.56 | 29633.62 | case rate | |
| MAJOR MALE PELVIC PROCEDURES W CC/MCC | 707 | MS-DRG | | | | inpatient | | | | 36676.54 | Amerihealth | HMO/PPO | 22921.44 | | | | 22921.44 | 69877.14 | case rate | |
| MAJOR MALE PELVIC PROCEDURES W/O CC/MCC | 708 | MS-DRG | | | | inpatient | | | | 30327.21 | Amerihealth | HMO/PPO | 17510.58 | | | | 17510.58 | 54863.35 | case rate | |
| PENIS PROCEDURES W CC/MCC | 709 | MS-DRG | | | | inpatient | | | | 40924.66 | Amerihealth | HMO/PPO | 26541.67 | | | | 26541.67 | 79254.42 | case rate | |
| PENIS PROCEDURES W/O CC/MCC | 710 | MS-DRG | | | | inpatient | | | | 30589.17 | Amerihealth | HMO/PPO | 17733.82 | | | | 17733.82 | 65122.19 | case rate | |
| TESTES PROCEDURES W CC/MCC | 711 | MS-DRG | | | | inpatient | | | | 36219.15 | Amerihealth | HMO/PPO | 22531.66 | | | | 22531.66 | 81271.08 | case rate | |
| TESTES PROCEDURES W/O CC/MCC | 712 | MS-DRG | | | | inpatient | | | | 22061.04 | Amerihealth | HMO/PPO | 10466.19 | | | | 10466.19 | 42002.74 | case rate | |
| TRANSURETHRAL PROSTATECTOMY W CC/MCC | 713 | MS-DRG | | | | inpatient | | | | 29821.32 | Amerihealth | HMO/PPO | 17079.46 | | | | 17079.46 | 57082.84 | case rate | |
| TRANSURETHRAL PROSTATECTOMY W/O CC/MCC | 714 | MS-DRG | | | | inpatient | | | | 22803.94 | Amerihealth | HMO/PPO | 11099.29 | | | | 11099.29 | 35515.87 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC | 715 | MS-DRG | | | | inpatient | | | | 41079.9 | Amerihealth | HMO/PPO | 26673.96 | | | | 26673.96 | 86201.57 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC | 716 | MS-DRG | | | | inpatient | | | | 29451.26 | Amerihealth | HMO/PPO | 16764.09 | | | | 16764.09 | 57067.24 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC | 717 | MS-DRG | | | | inpatient | | | | 35497.04 | Amerihealth | HMO/PPO | 21916.28 | | | | 21916.28 | 76231.38 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC | 718 | MS-DRG | | | | inpatient | | | | 26853.87 | Amerihealth | HMO/PPO | 14550.61 | | | | 14550.61 | 48080.03 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC | 722 | MS-DRG | | | | inpatient | | | | 33742.35 | Amerihealth | HMO/PPO | 20420.94 | | | | 20420.94 | 64739.92 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC | 723 | MS-DRG | | | | inpatient | | | | 25343.12 | Amerihealth | HMO/PPO | 13263.16 | | | | 13263.16 | 42966.21 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC | 724 | MS-DRG | | | | inpatient | | | | 18884.3 | Amerihealth | HMO/PPO | 7758.99 | | | | 7758.99 | 26883.62 | case rate | |
| BENIGN PROSTATIC HYPERTROPHY W MCC | 725 | MS-DRG | | | | inpatient | | | | 27279.37 | Amerihealth | HMO/PPO | 14913.23 | | | | 14913.23 | 47386.2 | case rate | |
| BENIGN PROSTATIC HYPERTROPHY W/O MCC | 726 | MS-DRG | | | | inpatient | | | | 20097.06 | Amerihealth | HMO/PPO | 8792.5 | | | | 8792.5 | 29820.85 | case rate | |
| INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC | 727 | MS-DRG | | | | inpatient | | | | 30145.65 | Amerihealth | HMO/PPO | 17355.85 | | | | 17355.85 | 56092.07 | case rate | |
| INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC | 728 | MS-DRG | | | | inpatient | | | | 21194.69 | Amerihealth | HMO/PPO | 9651.19 | | | | 9651.19 | 30870.14 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC | 729 | MS-DRG | | | | inpatient | | | | 25038.19 | Amerihealth | HMO/PPO | 13003.3 | | | | 13003.3 | 42205.57 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC | 730 | MS-DRG | | | | inpatient | | | | 18191.29 | Amerihealth | HMO/PPO | 7168.41 | | | | 7168.41 | 22171.58 | case rate | |
| PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC | 734 | MS-DRG | | | | inpatient | | | | 38924.65 | Amerihealth | HMO/PPO | 24837.26 | | | | 24837.26 | 89946.24 | case rate | |
| PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC | 735 | MS-DRG | | | | inpatient | | | | 26604.39 | Amerihealth | HMO/PPO | 14308 | | | | 14308 | 53244.56 | case rate | |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC | 736 | MS-DRG | | | | inpatient | | | | 64355.2 | Amerihealth | HMO/PPO | 46509.04 | | | | 46509.04 | 157221.61 | case rate | |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC | 737 | MS-DRG | | | | inpatient | | | | 37477.65 | Amerihealth | HMO/PPO | 23604.14 | | | | 23604.14 | 79238.82 | case rate | |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC | 738 | MS-DRG | | | | inpatient | | | | 30804 | Amerihealth | HMO/PPO | 17916.89 | | | | 17916.89 | 54309.45 | case rate | |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC | 739 | MS-DRG | | | | inpatient | | | | 64955.34 | Amerihealth | HMO/PPO | 47020.48 | | | | 47020.48 | 140335.48 | case rate | |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC | 740 | MS-DRG | | | | inpatient | | | | 34981.44 | Amerihealth | HMO/PPO | 21476.89 | | | | 21476.89 | 67985.3 | case rate | |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC | 741 | MS-DRG | | | | inpatient | | | | 28817.85 | Amerihealth | HMO/PPO | 16224.3 | | | | 16224.3 | 51793.49 | case rate | |
| UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC | 742 | MS-DRG | | | | inpatient | | | | 35097.87 | Amerihealth | HMO/PPO | 21576.1 | | | | 21576.1 | 69858 | case rate | |
| UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC | 743 | MS-DRG | | | | inpatient | | | | 26393.77 | Amerihealth | HMO/PPO | 14158.47 | | | | 14158.47 | 43516.21 | case rate | |
| D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC | 744 | MS-DRG | | | | inpatient | | | | 36862.26 | Amerihealth | HMO/PPO | 23079.71 | | | | 23079.71 | 65933.53 | case rate | |
| D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC | 745 | MS-DRG | | | | inpatient | | | | 23983.44 | Amerihealth | HMO/PPO | 12104.45 | | | | 12104.45 | 41714.09 | case rate | |
| VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC | 746 | MS-DRG | | | | inpatient | | | | 32989.74 | Amerihealth | HMO/PPO | 19779.57 | | | | 19779.57 | 65442.04 | case rate | |
| VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC | 747 | MS-DRG | | | | inpatient | | | | 23018.77 | Amerihealth | HMO/PPO | 11282.36 | | | | 11282.36 | 37376.51 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 748 | MS-DRG | | | | inpatient | | | | 28661.23 | Amerihealth | HMO/PPO | 16090.83 | | | | 16090.83 | 50475.06 | case rate | |
| OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC | 749 | MS-DRG | | | | inpatient | | | | 45657.89 | Amerihealth | HMO/PPO | 30575.3 | | | | 30575.3 | 101496.21 | case rate | |
| OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC | 750 | MS-DRG | | | | inpatient | | | | 27652.21 | Amerihealth | HMO/PPO | 15230.96 | | | | 15230.96 | 47740.67 | case rate | |
| MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC | 754 | MS-DRG | | | | inpatient | | | | 34856.7 | Amerihealth | HMO/PPO | 21370.58 | | | | 21370.58 | 71827.49 | case rate | |
| MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC | 755 | MS-DRG | | | | inpatient | | | | 25165.71 | Amerihealth | HMO/PPO | 13111.97 | | | | 13111.97 | 41733.59 | case rate | |
| MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC | 756 | MS-DRG | | | | inpatient | | | | 23016 | Amerihealth | HMO/PPO | 11280 | | | | 11280 | 30429.36 | case rate | |
| INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC | 757 | MS-DRG | | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
| INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC | 759 | MS-DRG | | | | inpatient | | | | 18850.06 | Amerihealth | HMO/PPO | 7559.37 | | | | 7559.37 | 27722.27 | case rate | | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC | 760 | MS-DRG | | | | inpatient | | | | 23440.12 | Amerihealth | HMO/PPO | 11641.43 | | | | 11641.43 | 34002.4 | case rate | | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC | 761 | MS-DRG | | | | inpatient | | | | 18565.52 | Amerihealth | HMO/PPO | 7487.32 | | | | 7487.32 | 21430.45 | case rate | | |
| POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE | 769 | MS-DRG | | | | inpatient | | | | 28855.27 | Amerihealth | HMO/PPO | 16256.19 | | | | 16256.19 | 56868.31 | case rate | | |
| ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 770 | MS-DRG | | | | inpatient | | | | 24693.08 | Amerihealth | HMO/PPO | 12709.2 | | | | 12709.2 | 41655.58 | case rate | | |
| POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE | 776 | MS-DRG | | | | inpatient | | | | 19668.78 | Amerihealth | HMO/PPO | 8427.52 | | | | 8427.52 | 25705.61 | case rate | | |
| ABORTION W/O D&C | 779 | MS-DRG | | | | inpatient | | | | 22736.03 | Amerihealth | HMO/PPO | 11041.41 | | | | 11041.41 | 29422.98 | case rate | | |
| CESAREAN SECTION W STERILIZATION W MCC | 783 | MS-DRG | | | | inpatient | | | | 35311.31 | Amerihealth | HMO/PPO | 8487 | | | | 8487 | 68086.72 | case rate | | |
| CESAREAN SECTION W STERILIZATION W CC | 784 | MS-DRG | | | | inpatient | | | | 24790.1 | Amerihealth | HMO/PPO | 8487 | | | | 8487 | 42889.61 | case rate | | |
| CESAREAN SECTION W STERILIZATION W/O CC/MCC | 785 | MS-DRG | | | | inpatient | | | | 21886.4 | Amerihealth | HMO/PPO | 8487 | | | | 8487 | 32980.42 | case rate | | |
| CESAREAN SECTION W/O STERILIZATION W MCC | 786 | MS-DRG | | | | inpatient | | | | 32176.15 | Amerihealth | HMO/PPO | 8487 | | | | 8487 | 60648.08 | case rate | | |
| CESAREAN SECTION W/O STERILIZATION W CC | 787 | MS-DRG | | | | inpatient | | | | 24496.26 | Amerihealth | HMO/PPO | 8487 | | | | 8487 | 42170.47 | case rate | | |
| CESAREAN SECTION W/O STERILIZATION W/O CC/MCC | 788 | MS-DRG | | | | inpatient | | | | 22318.84 | Amerihealth | HMO/PPO | 8487 | | | | 8487 | 35133.6 | case rate | | |
| NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY | 789 | MS-DRG | | | | inpatient | | | | 34763.84 | Amerihealth | HMO/PPO | 637 | | | | 637 | 64895.95 | per diem | | Must have Revenue Codes 0170, 0171, 0172, 0179 |
| NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY | 789 | MS-DRG | | | | inpatient | | | | 34763.84 | Amerihealth | HMO/PPO | 1591 | | | | 637 | 64895.95 | per diem | | Must have Revenue Codes 0173 |
| NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY | 789 | MS-DRG | | | | inpatient | | | | 34763.84 | Amerihealth | HMO/PPO | 3183 | | | | 637 | 64895.95 | per diem | | Must have Revenue Codes 0174, 0175 |
| EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE | 790 | MS-DRG | | | | inpatient | | | | 92175.23 | Amerihealth | HMO/PPO | 637 | | | | 637 | 214004.1 | per diem | | Must have Revenue Codes 0170, 0171, 0172, 0179 |
| EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE | 790 | MS-DRG | | | | inpatient | | | | 92175.23 | Amerihealth | HMO/PPO | 1591 | | | | 637 | 214004.1 | per diem | | Must have Revenue Codes 0173 |
| EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE | 790 | MS-DRG | | | | inpatient | | | | 92175.23 | Amerihealth | HMO/PPO | 3183 | | | | 637 | 214004.1 | per diem | | Must have Revenue Codes 0174, 0175 |
| PREMATURITY W MAJOR PROBLEMS | 791 | MS-DRG | | | | inpatient | | | | 66050.29 | Amerihealth | HMO/PPO | 637 | | | | 637 | 146159.23 | per diem | | Must have Revenue Codes 0170, 0171, 0172, 0179 |
| PREMATURITY W MAJOR PROBLEMS | 791 | MS-DRG | | | | inpatient | | | | 66050.29 | Amerihealth | HMO/PPO | 1591 | | | | 637 | 146159.23 | per diem | | Must have Revenue Codes 0173 |
| PREMATURITY W MAJOR PROBLEMS | 791 | MS-DRG | | | | inpatient | | | | 66050.29 | Amerihealth | HMO/PPO | 3183 | | | | 637 | 146159.23 | per diem | | Must have Revenue Codes 0174, 0175 |
| PREMATURITY W/O MAJOR PROBLEMS | 792 | MS-DRG | | | | inpatient | | | | 43732.72 | Amerihealth | HMO/PPO | 637 | | | | 637 | 88187.03 | per diem | | Must have Revenue Codes 0170, 0171, 0172, 0179 |
| PREMATURITY W/O MAJOR PROBLEMS | 792 | MS-DRG | | | | inpatient | | | | 43732.72 | Amerihealth | HMO/PPO | 1591 | | | | 637 | 88187.03 | per diem | | Must have Revenue Codes 0173 |
| PREMATURITY W/O MAJOR PROBLEMS | 792 | MS-DRG | | | | inpatient | | | | 43732.72 | Amerihealth | HMO/PPO | 3183 | | | | 637 | 88187.03 | per diem | | Must have Revenue Codes 0174, 0175 |
| FULL TERM NEONATE W MAJOR PROBLEMS | 793 | MS-DRG | | | | inpatient | | | | 67583.22 | Amerihealth | HMO/PPO | 637 | | | | 637 | 150134.04 | per diem | | Must have Revenue Codes 0170, 0171, 0172, 0179 |
| FULL TERM NEONATE W MAJOR PROBLEMS | 793 | MS-DRG | | | | inpatient | | | | 67583.22 | Amerihealth | HMO/PPO | 1591 | | | | 637 | 150134.04 | per diem | | Must have Revenue Codes 0173 |
| FULL TERM NEONATE W MAJOR PROBLEMS | 793 | MS-DRG | | | | inpatient | | | | 67583.22 | Amerihealth | HMO/PPO | 3183 | | | | 637 | 150134.04 | per diem | | Must have Revenue Codes 0174, 0175 |
| NEONATE W OTHER SIGNIFICANT PROBLEMS | 794 | MS-DRG | | | | inpatient | | | | 30239.9 | Amerihealth | HMO/PPO | 637 | | | | 637 | 53139.24 | per diem | | Must have Revenue Codes 0170, 0171, 0172, 0179 |
| NEONATE W OTHER SIGNIFICANT PROBLEMS | 794 | MS-DRG | | | | inpatient | | | | 30239.9 | Amerihealth | HMO/PPO | 1591 | | | | 637 | 53139.24 | per diem | | Must have Revenue Codes 0173 |
| NEONATE W OTHER SIGNIFICANT PROBLEMS | 794 | MS-DRG | | | | inpatient | | | | 30239.9 | Amerihealth | HMO/PPO | 3183 | | | | 637 | 53139.24 | per diem | | Must have Revenue Codes 0174, 0175 |
| NORMAL NEWBORN | 795 | MS-DRG | | | | inpatient | | | | 12548.84 | Amerihealth | HMO/PPO | 637 | | | | 637 | 10912.03 | per diem | | Must have Revenue Codes 0170, 0171, 0172, 0179 |
| NORMAL NEWBORN | 795 | MS-DRG | | | | inpatient | | | | 12548.84 | Amerihealth | HMO/PPO | 1591 | | | | 637 | 10912.03 | per diem | | Must have Revenue Codes 0173 |
| NORMAL NEWBORN | 795 | MS-DRG | | | | inpatient | | | | 12548.84 | Amerihealth | HMO/PPO | 3183 | | | | 637 | 10912.03 | per diem | | Must have Revenue Codes 0174, 0175 |
| VAGINAL DELIVERY W STERILIZATION/D&C W MCC | 796 | MS-DRG | | | | inpatient | | | | 24485.17 | Amerihealth | HMO/PPO | 6365 | | | | 6365 | 57270.08 | case rate | | |
| VAGINAL DELIVERY W STERILIZATION/D&C W CC | 797 | MS-DRG | | | | inpatient | | | | 23198.95 | Amerihealth | HMO/PPO | 6365 | | | | 6365 | 33035.03 | case rate | | |
| VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC | 798 | MS-DRG | | | | inpatient | | | | 23198.95 | Amerihealth | HMO/PPO | 6365 | | | | 6365 | 33035.03 | case rate | | |
| SPLENECTOMY W MCC | 799 | MS-DRG | | | | inpatient | | | | 75681.69 | Amerihealth | HMO/PPO | 56161.42 | | | | 56161.42 | 183395.31 | case rate | | |
| SPLENECTOMY W CC | 800 | MS-DRG | | | | inpatient | | | | 50165.21 | Amerihealth | HMO/PPO | 34416.41 | | | | 34416.41 | 102463.59 | case rate | | |
| SPLENECTOMY W/O CC/MCC | 801 | MS-DRG | | | | inpatient | | | | 32533.75 | Amerihealth | HMO/PPO | 19390.97 | | | | 5977 | 60706.59 | case rate | | |
| OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC | 802 | MS-DRG | | | | inpatient | | | | 59465.35 | Amerihealth | HMO/PPO | 42341.94 | | | | 8199 | 130564.23 | case rate | | |
| OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC | 803 | MS-DRG | | | | inpatient | | | | 34650.6 | Amerihealth | HMO/PPO | 21024.51 | | | | 13379 | 67173.95 | case rate | | |
| OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC | 804 | MS-DRG | | | | inpatient | | | | 25103.34 | Amerihealth | HMO/PPO | 13058.82 | | | | 13058.82 | 47998.11 | case rate | | |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC | 805 | MS-DRG | | | | inpatient | | | | 23611.99 | Amerihealth | HMO/PPO | 6365 | | | | 6365 | 39911.96 | case rate | | |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W CC | 806 | MS-DRG | | | | inpatient | | | | 19808.77 | Amerihealth | HMO/PPO | 6365 | | | | 6365 | 27593.55 | case rate | | |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC | 807 | MS-DRG | | | | inpatient | | | | 18612.64 | Amerihealth | HMO/PPO | 6365 | | | | 6365 | 23950.3 | case rate | | |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC | 808 | MS-DRG | | | | inpatient | | | | 41523.42 | Amerihealth | HMO/PPO | 27051.92 | | | | 27051.92 | 83833.84 | case rate | | |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC | 809 | MS-DRG | | | | inpatient | | | | 26945.35 | Amerihealth | HMO/PPO | 14628.57 | | | | 14628.57 | 46983.93 | case rate | | |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC | 810 | MS-DRG | | | | inpatient | | | | 22971.65 | Amerihealth | HMO/PPO | 11242.2 | | | | 11242.2 | 35964.45 | case rate | | |
| RED BLOOD CELL DISORDERS W MCC | 811 | MS-DRG | | | | inpatient | | | | 29279.39 | Amerihealth | HMO/PPO | 16817.63 | | | | 16817.63 | 52893.49 | case rate | | |
| RED BLOOD CELL DISORDERS W/O MCC | 812 | MS-DRG | | | | inpatient | | | | 22571.09 | Amerihealth | HMO/PPO | 10900.85 | | | | 10900.85 | 34450.98 | case rate | | |
| COAGULATION DISORDERS | 813 | MS-DRG | | | | inpatient | | | | 31235.05 | Amerihealth | HMO/PPO | 18284.23 | | | | 18284.23 | 62859.78 | case rate | | |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC | 814 | MS-DRG | | | | inpatient | | | | 36754.17 | Amerihealth | HMO/PPO | 24691.98 | | | | 24691.98 | 64868.64 | case rate | | |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC | 815 | MS-DRG | | | | inpatient | | | | 23862.85 | Amerihealth | HMO/PPO | 12001.69 | | | | 12001.69 | 38137.14 | case rate | | |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC | 816 | MS-DRG | | | | inpatient | | | | 18918.95 | Amerihealth | HMO/PPO | 7788.52 | | | | 7788.52 | 28147.45 | case rate | | |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC | 817 | MS-DRG | | | | inpatient | | | | 40076.42 | Amerihealth | HMO/PPO | 25818.8 | | | | 25818.8 | 98754.02 | case rate | | |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC | 818 | MS-DRG | | | | inpatient | | | | 23492.79 | Amerihealth | HMO/PPO | 11686.32 | | | | 11686.32 | 52991.01 | case rate | | |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC | 819 | MS-DRG | | | | inpatient | | | | 19140.71 | Amerihealth | HMO/PPO | 7977.5 | | | | 7977.5 | 32726.87 | case rate | | |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC | 820 | MS-DRG | | | | inpatient | | | | 90477.37 | Amerihealth | HMO/PPO | 68770.21 | | | | 68770.21 | 212342.41 | case rate | | |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC | 821 | MS-DRG | | | | inpatient | | | | 40720.92 | Amerihealth | HMO/PPO | 26368.04 | | | | 6969 | 93394.46 | case rate | | |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC | 822 | MS-DRG | | | | inpatient | | | | 25631.41 | Amerihealth | HMO/PPO | 13938.84 | | | | 8721 | 47190.67 | case rate | | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC | 823 | MS-DRG | | | | inpatient | | | | 74638.02 | Amerihealth | HMO/PPO | 55272.01 | | | | 12547 | 176491.07 | case rate | | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC | 824 | MS-DRG | | | | inpatient | | | | 40263.54 | Amerihealth | HMO/PPO | 25978.26 | | | | 22652 | 85596.96 | case rate | | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC | 825 | MS-DRG | | | | inpatient | | | | 26838.62 | Amerihealth | HMO/PPO | 14537.62 | | | | 14537.62 | 53010.51 | case rate | | |
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC | 826 | MS-DRG | | | | inpatient | | | | 75968.59 | Amerihealth | HMO/PPO | 56405.91 | | | | 56405.91 | 193002.74 | case rate | | |
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC | 827 | MS-DRG | | | | inpatient | | | | 42488.08 | Amerihealth | HMO/PPO | 27874.01 | | | | 27874.01 | 87832.06 | case rate | | |
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC | 828 | MS-DRG | | | | inpatient | | | | 31595.57 | Amerihealth | HMO/PPO | 18932.69 | | | | 18932.69 | 63792.05 | case rate | | |
| MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC | 829 | MS-DRG | | | | inpatient | | | | 52521.43 | Amerihealth | HMO/PPO | 36424.37 | | | | 36424.37 | 121300.07 | case rate | | |
| MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC | 830 | MS-DRG | | | | inpatient | | | | 30050.01 | Amerihealth | HMO/PPO | 17274.35 | | | | 17274.35 | 55343.13 | case rate | | |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC | 831 | MS-DRG | | | | inpatient | | | | 25732.58 | Amerihealth | HMO/PPO | 13595.06 | | | | 13595.06 | 40103.1 | case rate | | |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC | 832 | MS-DRG | | | | inpatient | | | | 20138.64 | Amerihealth | HMO/PPO | 8827.93 | | | | 8827.93 | 28038.23 | case rate | | |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC | 833 | MS-DRG | | | | inpatient | | | | 16984.08 | Amerihealth | HMO/PPO | 6139.63 | | | | 6139.63 | 19735.06 | case rate | | |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC | 834 | MS-DRG | | | | inpatient | | | | 86388.63 | Amerihealth | HMO/PPO | 65285.81 | | | | 65285.81 | 214842.75 | case rate | | |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC | 835 | MS-DRG | | | | inpatient | | | | 39383.42 | Amerihealth | HMO/PPO | 25228.23 | | | | 25228.23 | 83318.95 | case rate | | |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC | 836 | MS-DRG | | | | inpatient | | | | 26999.4 | Amerihealth | HMO/PPO | 14674.63 | | | | 14674.63 | 47299.89 | case rate | | |
| CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC | 837 | MS-DRG | | | | inpatient | | | | 79179.98 | Amerihealth | HMO/PPO | 59142.64 | | | | 59142.64 | 209627.52 | case rate | | |
| CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT | 838 | MS-DRG | | | | inpatient | | | | 37890.68 | Amerihealth | HMO/PPO | 23956.12 | | | | 23956.12 | 91767.87 | case rate | | |
| CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC | 839 | MS-DRG | | | | inpatient | | | | 28773.5 | Amerihealth | HMO/PPO | 16186.51 | | | | 16186.51 | 48988.89 | case rate | | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W MCC | 840 | MS-DRG | | | | inpatient | | | | 53979.51 | Amerihealth | HMO/PPO | 37666.94 | | | | 37666.94 | 128446.15 | case rate | | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W CC | 841 | MS-DRG | | | | inpatient | | | | 31512.26 | Amerihealth | HMO/PPO | 18520.46 | | | | 18520.46 | 63768.64 | case rate | | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC | 842 | MS-DRG | | | | inpatient | | | | 24359.05 | Amerihealth | HMO/PPO | 12424.54 | | | | 12424.54 | 43730.75 | case rate | | |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC | 843 | MS-DRG | | | | inpatient | | | | 36020.95 | Amerihealth | HMO/PPO | 22362.75 | | | | 22362.75 | 72006.92 | case rate | | |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC | 844 | MS-DRG | | | | inpatient | | | | 26345.2 | Amerihealth | HMO/PPO | 14117.13 | | | | 14117.13 | 45981.45 | case rate | | |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC | 845 | MS-DRG | | | | inpatient | | | | 21377.73 | Amerihealth | HMO/PPO | 9883.88 | | | | 9883.88 | 33787.86 | case rate | | |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC | 846 | MS-DRG | | | | inpatient | | | | 45175.56 | Amerihealth | HMO/PPO | 30164.26 | | | | 30164.26 | 109917.83 | case rate | | |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC | 847 | MS-DRG | | | | inpatient | | | | 27391.64 | Amerihealth | HMO/PPO | 15008.9 | | | | 15008.9 | 51742.79 | case rate | | |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC | 848 | MS-DRG | | | | inpatient | | | | 21129.64 | Amerihealth | HMO/PPO | 9672.45 | | | | 9672.45 | 36377.93 | case rate | | |
| RADIOTHERAPY | 849 | MS-DRG | | | | inpatient | | | | 46801.35 | Amerihealth | HMO/PPO | 31549.75 | | | | 31549.75 | 76851.59 | case rate | | |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC | 853 | MS-DRG | | | | inpatient | | | | 79098.21 | Amerihealth | HMO/PPO | 59072.95 | | | | 59072.95 | 197262.3 | case rate | | |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC | 854 | MS-DRG | | | | inpatient | | | | 37473.49 | Amerihealth | HMO/PPO | 23600.6 | | | | 23600.6 | 85924.62 | case rate | | |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC | 855 | MS-DRG | | | | inpatient | | | | 32310.6 | Amerihealth | HMO/PPO | 19200.81 | | | | 19200.81 | 60850.92 | case rate | | |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC | 856 | MS-DRG | | | | inpatient | | | | 72310.91 | Amerihealth | HMO/PPO | 53288.85 | | | | 53288.85 | 175075.12 | case rate | | |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC | 857 | MS-DRG | | | | inpatient | | | | 39979.4 | Amerihealth | HMO/PPO | 25736.12 | | | | 25736.12 | 80225.7 | case rate | | |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC | 858 | MS-DRG | | | | inpatient | | | | 27636.97 | Amerihealth | HMO/PPO | 15217.96 | | | | 15217.96 | 53833.56 | case rate | | |
| POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC | 862 | MS-DRG | | | | inpatient | | | | 35264.19 | Amerihealth | HMO/PPO | 21717.84 | | | | 21717.84 | 71293.09 | case rate | | |
| POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC | 863 | MS-DRG | | | | inpatient | | | | 23638.32 | Amerihealth | HMO/PPO | 11810.34 | | | | 11810.34 | 38414.09 | case rate | | |
| FEVER AND INFLAMMATORY CONDITIONS | 864 | MS-DRG | | | | inpatient | | | | 22225.97 | Amerihealth | HMO/PPO | 10606.74 | | | | 10606.74 | 33713.75 | case rate | | |
| VIRAL ILLNESS W MCC | 865 | MS-DRG | | | | inpatient | | | | 29883.69 | Amerihealth | HMO/PPO | 17132.61 | | | | 17132.61 | 53915.48 | case rate | | |
| VIRAL ILLNESS W/O MCC | 866 | MS-DRG | | | | inpatient | | | | 22043.02 | Amerihealth | HMO/PPO | 10450.83 | | | | 10450.83 | 32001.34 | case rate | | |
| OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC | 867 | MS-DRG | | | | inpatient | | | | 39499.84 | Amerihealth | HMO/PPO | 25327.44 | | | | 25327.44 | 83198.03 | case rate | | |
| OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC | 868 | MS-DRG | | | | inpatient | | | | 24334.1 | Amerihealth | HMO/PPO | 12403.28 | | | | 12403.28 | 42006.64 | case rate | | |
| OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC | 869 | MS-DRG | | | | inpatient | | | | 19753.33 | Amerihealth | HMO/PPO | 8499.57 | | | | 8499.57 | 29953.48 | case rate | | |
| SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS | 870 | MS-DRG | | | | inpatient | | | | 106197.52 | Amerihealth | HMO/PPO | 82166.84 | | | | 82166.84 | 245560.77 | case rate | | |
| SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC | 871 | MS-DRG | | | | inpatient | | | | 36974.53 | Amerihealth | HMO/PPO | 23175.38 | | | | 23175.38 | 72412.59 | case rate | | |
| SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC | 872 | MS-DRG | | | | inpatient | | | | 24069.37 | Amerihealth | HMO/PPO | 12177.68 | | | | 12177.68 | 41070.47 | case rate | | |
| O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS | 876 | MS-DRG | | | | inpatient | | | | 64244.32 | Amerihealth | HMO/PPO | 46414.55 | | | | 46414.55 | 128777.71 | case rate | | |
| ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION | 880 | MS-DRG | | | | inpatient | | | | 23065.9 | Amerihealth | HMO/PPO | 11322.52 | | | | 2090 | 20057.3 | case rate | | |
| DEPRESSIVE NEUROSES | 881 | MS-DRG | | | | inpatient | | | | 22445.12 | Amerihealth | HMO/PPO | 10796.91 | | | | 2090 | 19520.98 | case rate | | |
| NEUROSES EXCEPT DEPRESSIVE | 882 | MS-DRG | | | | inpatient | | | | 23113.02 | Amerihealth | HMO/PPO | 11362.68 | | | | 2090 | 20098.28 | case rate | | |
| DISORDERS OF PERSONALITY & IMPULSE CONTROL | 883 | MS-DRG | | | | inpatient | | | | 35474.86 | Amerihealth | HMO/PPO | 21897.38 | | | | 2090 | 32167.02 | case rate | | |
| ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY | 884 | MS-DRG | | | | inpatient | | | | 32928.76 | Amerihealth | HMO/PPO | 19727.6 | | | | 2090 | 28979.64 | case rate | | |
| PSYCHOSES | 885 | MS-DRG | | | | inpatient | | | | 29316.81 | Amerihealth | HMO/PPO | 16649.52 | | | | 2090 | 25492.88 | case rate | | |
| BEHAVIORAL & DEVELOPMENTAL DISORDERS | 886 | MS-DRG | | | | inpatient | | | | 34679.29 | Amerihealth | HMO/PPO | 21219.4 | | | | 2090 | 31171.07 | case rate | | |
| OTHER MENTAL DISORDER DIAGNOSES | 887 | MS-DRG | | | | inpatient | | | | 26264.81 | Amerihealth | HMO/PPO | 14048.62 | | | | 2090 | 22838.97 | case rate | | |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA | 894 | MS-DRG | | | | inpatient | | | | 18429.69 | Amerihealth | HMO/PPO | 7371.57 | | | | 2090 | 94620.59 | case rate | | |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY | 895 | MS-DRG | | | | inpatient | | | | 29229.49 | Amerihealth | HMO/PPO | 16575.11 | | | | 2090 | 25416.95 | case rate | | |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC | 896 | MS-DRG | | | | inpatient | | | | 34461.69 | Amerihealth | HMO/PPO | 21033.95 | | | | 2090 | 30898.66 | case rate | | |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC | 897 | MS-DRG | | | | inpatient | | | | 22006.98 | Amerihealth | HMO/PPO | 10420.12 | | | | 2090 | 19136.51 | case rate | | |
| WOUND DEBRIDEMENTS FOR INJURIES W MCC | 901 | MS-DRG | | | | inpatient | | | | 71186.85 | Amerihealth | HMO/PPO | 52330.94 | | | | 13124 | 174162.35 | case rate | | |
| WOUND DEBRIDEMENTS FOR INJURIES W CC | 902 | MS-DRG | | | | inpatient | | | | 36080.55 | Amerihealth | HMO/PPO | 22413.54 | | | | 22413.54 | 74909.04 | case rate | | |
| WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC | 903 | MS-DRG | | | | inpatient | | | | 26676.46 | Amerihealth | HMO/PPO | 14399.42 | | | | 14399.42 | 56429.51 | case rate | | |
| SKIN GRAFTS FOR INJURIES W CC/MCC | 904 | MS-DRG | | | | inpatient | | | | 63294.9 | Amerihealth | HMO/PPO | 45605.46 | | | | 45605.46 | 125836.58 | case rate | | |
| SKIN GRAFTS FOR INJURIES W/O CC/MCC | 905 | MS-DRG | | | | inpatient | | | | 32623.84 | Amerihealth | HMO/PPO | 19467.75 | | | | 19467.75 | 69011.18 | case rate | | |
| HAND PROCEDURES FOR INJURIES | 906 | MS-DRG | | | | inpatient | | | | 40029.3 | Amerihealth | HMO/PPO | 25778.64 | | | | 25778.64 | 71897.7 | case rate | | |
| OTHER O.R. PROCEDURES FOR INJURIES W MCC | 907 | MS-DRG | | | | inpatient | | | | 64994.15 | Amerihealth | HMO/PPO | 47053.55 | | | | 47053.55 | 164457.41 | case rate | | |
| OTHER O.R. PROCEDURES FOR INJURIES W CC | 908 | MS-DRG | | | | inpatient | | | | 37736.84 | Amerihealth | HMO/PPO | 23825.02 | | | | 23825.02 | 77733.15 | case rate | | |
| OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC | 909 | MS-DRG | | | | inpatient | | | | 27358.38 | Amerihealth | HMO/PPO | 14980.55 | | | | 14980.55 | 51699.88 | case rate | | |
| TRAUMATIC INJURY W MCC | 913 | MS-DRG | | | | inpatient | | | | 32269.42 | Amerihealth | HMO/PPO | 19114.58 | | | | 19114.58 | 57414.4 | case rate | | |
| TRAUMATIC INJURY W/O MCC | 914 | MS-DRG | | | | inpatient | | | | 22481 | Amerihealth | HMO/PPO | 10824.08 | | | | 10824.08 | 84762.6 | case rate | | |
| ALLERGIC REACTIONS W MCC | 915 | MS-DRG | | | | inpatient | | | | 33867.09 | Amerihealth | HMO/PPO | 20527.24 | | | | 20527.24 | 65410.84 | case rate | | |
| ALLERGIC REACTIONS W/O MCC | 916 | MS-DRG | | | | inpatient | | | | 18984.09 | Amerihealth | HMO/PPO | 7844.03 | | | | 7844.03 | 24781.15 | case rate | | |
| POISONING & TOXIC EFFECTS OF DRUGS W MCC | 917 | MS-DRG | | | | inpatient | | | | 32506.03 | Amerihealth | HMO/PPO | 19367.35 | | | | 19367.35 | 57484.62 | case rate | | |
| POISONING & TOXIC EFFECTS OF DRUGS W/O MCC | 918 | MS-DRG | | | | inpatient | | | | 22040.25 | Amerihealth | HMO/PPO | 10448.47 | | | | 10448.47 | 30374.75 | case rate | | |
| COMPLICATIONS OF TREATMENT W MCC | 919 | MS-DRG | | | | inpatient | | | | 35054.9 | Amerihealth | HMO/PPO | 21539.49 | | | | 21539.49 | 71160.47 | case rate | | |
| COMPLICATIONS OF TREATMENT W CC | 920 | MS-DRG | | | | inpatient | | | | 23860.08 | Amerihealth | HMO/PPO | 11999.32 | | | | 11999.32 | 39127.92 | case rate | | |
| COMPLICATIONS OF TREATMENT W/O CC/MCC | 921 | MS-DRG | | | | inpatient | | | | 19311.19 | Amerihealth | HMO/PPO | 8122.78 | | | | 8122.78 | 27962.35 | case rate | | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC | 922 | MS-DRG | | | | inpatient | | | | 33194.87 | Amerihealth | HMO/PPO | 19954.38 | | | | 19954.38 | 60788.51 | case rate | | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC | 923 | MS-DRG | | | | inpatient | | | | 23915.52 | Amerihealth | HMO/PPO | 12046.57 | | | | 12046.57 | 37582.48 | case rate | | |
| EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT | 927 | MS-DRG | | | | inpatient | | | | 288538.5 | Amerihealth | HMO/PPO | 237556.83 | | | | 237556.83 | 717124.19 | case rate | | |
| FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC | 928 | MS-DRG | | | | inpatient | | | | 102349.95 | Amerihealth | HMO/PPO | 78887.96 | | | | 78887.96 | 229189.53 | case rate | | |
| FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC | 929 | MS-DRG | | | | inpatient | | | | 

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| REHABILITATION W/O CC/MCC | 946 | MS-DRG | | | | inpatient | | | | 25254.41 | Amerihealth | HMO/PPO | 13187.56 | | | | 13187.56 | 40872.6 | case rate | |
| SIGNS & SYMPTOMS W MCC | 947 | MS-DRG | | | | inpatient | | | | 27606.47 | Amerihealth | HMO/PPO | 15191.98 | | | | 15191.98 | 47026.84 | case rate | |
| SIGNS & SYMPTOMS W/O MCC | 948 | MS-DRG | | | | inpatient | | | | 20791.45 | Amerihealth | HMO/PPO | 9384.25 | | | | 9384.25 | 30433.26 | case rate | |
| AFTERCARE W CC/MCC | 949 | MS-DRG | | | | inpatient | | | | 24734.66 | Amerihealth | HMO/PPO | 12744.63 | | | | 12744.63 | 44709.82 | case rate | |
| AFTERCARE W/O CC/MCC | 950 | MS-DRG | | | | inpatient | | | | 17903 | Amerihealth | HMO/PPO | 6922.73 | | | | 6922.73 | 29056.31 | case rate | |
| OTHER FACTORS INFLUENCING HEALTH STATUS | 951 | MS-DRG | | | | inpatient | | | | 17638.27 | Amerihealth | HMO/PPO | 6697.13 | | | | 6697.13 | 31143.19 | case rate | |
| CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | 955 | MS-DRG | | | | inpatient | | | | 104420.65 | Amerihealth | HMO/PPO | 80652.6 | | | | 80652.6 | 237821.78 | case rate | |
| LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA | 956 | MS-DRG | | | | inpatient | | | | 62758.51 | Amerihealth | HMO/PPO | 45148.35 | | | | 45148.35 | 147594.69 | case rate | |
| OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC | 957 | MS-DRG | | | | inpatient | | | | 113234.3 | Amerihealth | HMO/PPO | 88163.55 | | | | 88163.55 | 296394.69 | case rate | |
| OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC | 958 | MS-DRG | | | | inpatient | | | | 66741.91 | Amerihealth | HMO/PPO | 48542.98 | | | | 48542.98 | 163041.46 | case rate | |
| OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC | 959 | MS-DRG | | | | inpatient | | | | 46424.36 | Amerihealth | HMO/PPO | 31228.48 | | | | 31228.48 | 95594.45 | case rate | |
| OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC | 963 | MS-DRG | | | | inpatient | | | | 47433.38 | Amerihealth | HMO/PPO | 32088.36 | | | | 32088.36 | 109024.57 | case rate | |
| OTHER MULTIPLE SIGNIFICANT TRAUMA W CC | 964 | MS-DRG | | | | inpatient | | | | 3557.15 | Amerihealth | HMO/PPO | 17718.46 | | | | 17718.46 | 57531.42 | case rate | |
| OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC | 965 | MS-DRG | | | | inpatient | | | | 22428.33 | Amerihealth | HMO/PPO | 10779.19 | | | | 10779.19 | 38004.52 | case rate | |
| HIV W EXTENSIVE O.R. PROCEDURE W MCC | 969 | MS-DRG | | | | inpatient | | | | 97435.15 | Amerihealth | HMO/PPO | 74699.6 | | | | 74699.6 | 218388.49 | case rate | |
| HIV W EXTENSIVE O.R. PROCEDURE W/O MCC | 970 | MS-DRG | | | | inpatient | | | | 46554.64 | Amerihealth | HMO/PPO | 31339.51 | | | | 31339.51 | 108739.81 | case rate | |
| HIV W MAJOR RELATED CONDITION W MCC | 974 | MS-DRG | | | | inpatient | | | | 51168.68 | Amerihealth | HMO/PPO | 35271.56 | | | | 35271.56 | 106216.06 | case rate | |
| HIV W MAJOR RELATED CONDITION W CC | 975 | MS-DRG | | | | inpatient | | | | 29480.36 | Amerihealth | HMO/PPO | 16788.89 | | | | 16788.89 | 50315.13 | case rate | |
| HIV W MAJOR RELATED CONDITION W/O CC/MCC | 976 | MS-DRG | | | | inpatient | | | | 23681.29 | Amerihealth | HMO/PPO | 11846.95 | | | | 11846.95 | 36611.97 | case rate | |
| HIV W OR W/O OTHER RELATED CONDITION | 977 | MS-DRG | | | | inpatient | | | | 25764.49 | Amerihealth | HMO/PPO | 17031.03 | | | | 17031.03 | 49634.29 | case rate | |
| EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC | 981 | MS-DRG | | | | inpatient | | | | 75669.21 | Amerihealth | HMO/PPO | 56150.78 | | | | 11302 | 170480.09 | case rate | |
| EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC | 982 | MS-DRG | | | | inpatient | | | | 43713.32 | Amerihealth | HMO/PPO | 28918.14 | | | | 14901 | 95680.27 | case rate | |
| EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC | 983 | MS-DRG | | | | inpatient | | | | 32901.04 | Amerihealth | HMO/PPO | 19703.98 | | | | 19703.98 | 61205.88 | case rate | |
| NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC | 987 | MS-DRG | | | | inpatient | | | | 58327.43 | Amerihealth | HMO/PPO | 41372.21 | | | | 41372.21 | 129994.73 | case rate | |
| NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC | 988 | MS-DRG | | | | inpatient | | | | 33563.55 | Amerihealth | HMO/PPO | 20268.57 | | | | 20268.57 | 66042.75 | case rate | |
| NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC | 989 | MS-DRG | | | | inpatient | | | | 25794.96 | Amerihealth | HMO/PPO | 13648.21 | | | | 13648.21 | 40594.58 | case rate | |
| HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC | 001 | MS-DRG | | | | inpatient | | | | 400195.63 | Amerihealth | Medicare | 347996.2 | | | | 332710.44 | 1030198.27 | case rate | |
| HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC | 002 | MS-DRG | | | | inpatient | | | | 140127.09 | Amerihealth | Medicare | 121849.65 | | | | 111081.44 | 525579.26 | case rate | |
| ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R. | 003 | MS-DRG | | | | inpatient | | | | 306824.15 | Amerihealth | Medicare | 266803.61 | | | | 253139.77 | 713726.68 | case rate | |
| TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R. | 004 | MS-DRG | | | | inpatient | | | | 205623.09 | Amerihealth | Medicare | 178802.69 | | | | 166896.78 | 445428.73 | case rate | |
| LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT | 005 | MS-DRG | | | | inpatient | | | | 157381.56 | Amerihealth | Medicare | 136853.53 | | | | 125785.6 | 295704 | case rate | |
| LIVER TRANSPLANT W/O MCC | 006 | MS-DRG | | | | inpatient | | | | 76990.08 | Amerihealth | Medicare | 66947.9 | | | | 57276.42 | 295704 | case rate | |
| LUNG TRANSPLANT | 007 | MS-DRG | | | | inpatient | | | | 190914.73 | Amerihealth | Medicare | 166012.81 | | | | 154362.39 | 415463.56 | case rate | |
| SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT | 008 | MS-DRG | | | | inpatient | | | | 85193.89 | Amerihealth | Medicare | 74081.64 | | | | 64267.66 | 204747.74 | case rate | |
| PANCREAS TRANSPLANT | 010 | MS-DRG | | | | inpatient | | | | 120286.33 | Amerihealth | Medicare | 104596.81 | | | | 76104.35 | 176073.7 | case rate | |
| TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC | 011 | MS-DRG | | | | inpatient | | | | 84567.41 | Amerihealth | Medicare | 73536.88 | | | | 63733.78 | 260411 | case rate | |
| TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC | 012 | MS-DRG | | | | inpatient | | | | 66657.36 | Amerihealth | Medicare | 57962.92 | | | | 48470.93 | 260411 | case rate | |
| TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC | 013 | MS-DRG | | | | inpatient | | | | 46508.91 | Amerihealth | Medicare | 40442.53 | | | | 31300.53 | 260411 | case rate | |
| ALLOGENEIC BONE MARROW TRANSPLANT | 014 | MS-DRG | | | | inpatient | | | | 191372.12 | Amerihealth | Medicare | 166410.54 | | | | 154752.17 | 486145.35 | case rate | |
| AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY | 016 | MS-DRG | | | | inpatient | | | | 93437.89 | Amerihealth | Medicare | 81250.34 | | | | 71293.15 | 255082.38 | case rate | |
| AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC | 017 | MS-DRG | | | | inpatient | | | | 93437.89 | Amerihealth | Medicare | 81250.34 | | | | 71293.15 | 170893.57 | case rate | |
| CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY | 018 | MS-DRG | | | | inpatient | | | | 532483.55 | Amerihealth | Medicare | 463029.18 | | | | 445445.49 | 654354.79 | case rate | |
| SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS | 019 | MS-DRG | | | | inpatient | | | | 119652.92 | Amerihealth | Medicare | 104046.02 | | | | 93633.46 | 137546.58 | case rate | |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC | 020 | MS-DRG | | | | inpatient | | | | 121507.41 | Amerihealth | Medicare | 105658.61 | | | | 95213.84 | 406659.68 | case rate | |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC | 021 | MS-DRG | | | | inpatient | | | | 83805.11 | Amerihealth | Medicare | 72874 | | | | 63084.15 | 308373.74 | case rate | |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC | 022 | MS-DRG | | | | inpatient | | | | 48061.24 | Amerihealth | Medicare | 41792.38 | | | | 32623.42 | 201178.6 | case rate | |
| CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL | 023 | MS-DRG | | | | inpatient | | | | 88862.96 | Amerihealth | Medicare | 77263.44 | | | | 67385.9 | 212982.12 | case rate | |
| CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC | 024 | MS-DRG | | | | inpatient | | | | 62471.61 | Amerihealth | Medicare | 54323.14 | | | | 44903.86 | 313612.23 | case rate | |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC | 025 | MS-DRG | | | | inpatient | | | | 71766.2 | Amerihealth | Medicare | 62405.4 | | | | 52824.66 | 166852.44 | case rate | |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC | 026 | MS-DRG | | | | inpatient | | | | 52172.15 | Amerihealth | Medicare | 45367.09 | | | | 36126.72 | 117633.41 | case rate | |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC | 027 | MS-DRG | | | | inpatient | | | | 43983.59 | Amerihealth | Medicare | 38246.6 | | | | 29148.47 | 93839.14 | case rate | |
| SPINAL PROCEDURES W MCC | 028 | MS-DRG | | | | inpatient | | | | 94042.19 | Amerihealth | Medicare | 81775.82 | | | | 71808.14 | 209654.82 | case rate | |
| SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS | 029 | MS-DRG | | | | inpatient | | | | 56303.85 | Amerihealth | Medicare | 48959.87 | | | | 39647.73 | 123094.39 | case rate | |
| SPINAL PROCEDURES W/O CC/MCC | 030 | MS-DRG | | | | inpatient | | | | 40623.9 | Amerihealth | Medicare | 35325.13 | | | | 26286.36 | 84867.53 | case rate | |
| VENTRICULAR SHUNT PROCEDURES W MCC | 031 | MS-DRG | | | | inpatient | | | | 67861.81 | Amerihealth | Medicare | 59010.27 | | | | 49497.36 | 163162.38 | case rate | |
| VENTRICULAR SHUNT PROCEDURES W CC | 032 | MS-DRG | | | | inpatient | | | | 39379.26 | Amerihealth | Medicare | 34242.83 | | | | 25224.68 | 103005.11 | case rate | |
| VENTRICULAR SHUNT PROCEDURES W/O CC/MCC | 033 | MS-DRG | | | | inpatient | | | | 31863.41 | Amerihealth | Medicare | 27733.4 | | | | 18845.28 | 59398.47 | case rate | |
| CAROTID ARTERY STENT PROCEDURE W MCC | 034 | MS-DRG | | | | inpatient | | | | 63677.44 | Amerihealth | Medicare | 55371.68 | | | | 45931.46 | 279134.99 | case rate | |
| CAROTID ARTERY STENT PROCEDURE W CC | 035 | MS-DRG | | | | inpatient | | | | 41308.59 | Amerihealth | Medicare | 35920.51 | | | | 26868.85 | 86607.24 | case rate | |
| CAROTID ARTERY STENT PROCEDURE W/O CC/MCC | 036 | MS-DRG | | | | inpatient | | | | 35186.57 | Amerihealth | Medicare | 30597.02 | | | | 21651.7 | 67326.08 | case rate | |
| EXTRACRANIAL PROCEDURES W MCC | 037 | MS-DRG | | | | inpatient | | | | 55807.66 | Amerihealth | Medicare | 48528.4 | | | | 39224.88 | 125204.67 | case rate | |
| EXTRACRANIAL PROCEDURES W CC | 038 | MS-DRG | | | | inpatient | | | | 32112.4 | Amerihealth | Medicare | 27923.82 | | | | 19031.9 | 65208 | case rate | |
| EXTRACRANIAL PROCEDURES W/O CC/MCC | 039 | MS-DRG | | | | inpatient | | | | 25555.18 | Amerihealth | Medicare | 22221.89 | | | | 13443.87 | 44171.53 | case rate | |
| PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC | 040 | MS-DRG | | | | inpatient | | | | 62061.35 | Amerihealth | Medicare | 53966.39 | | | | 44554.23 | 153227.3 | case rate | |
| PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM | 041 | MS-DRG | | | | inpatient | | | | 41078.51 | Amerihealth | Medicare | 35720.44 | | | | 26672.77 | 91994.11 | case rate | |
| PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC | 042 | MS-DRG | | | | inpatient | | | | 34140.13 | Amerihealth | Medicare | 29687.07 | | | | 20759.93 | 102408.62 | case rate | |
| SPINAL DISORDERS & INJURIES W CC/MCC | 052 | MS-DRG | | | | inpatient | | | | 37673.08 | Amerihealth | Medicare | 32759.2 | | | | 23770.68 | 80333.48 | case rate | |
| SPINAL DISORDERS & INJURIES W/O CC/MCC | 053 | MS-DRG | | | | inpatient | | | | 22550.3 | Amerihealth | Medicare | 19608.96 | | | | 10883.13 | 98314.19 | case rate | |
| NERVOUS SYSTEM NEOPLASMS W MCC | 054 | MS-DRG | | | | inpatient | | | | 30557.29 | Amerihealth | Medicare | 26571.56 | | | | 17706.65 | 143596.19 | case rate | |
| NERVOUS SYSTEM NEOPLASMS W/O MCC | 055 | MS-DRG | | | | inpatient | | | | 24900.98 | Amerihealth | Medicare | 21653.02 | | | | 12886.37 | 40848.13 | case rate | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC | 056 | MS-DRG | | | | inpatient | | | | 44486.71 | Amerihealth | Medicare | 38684.1 | | | | 29577.23 | 82870.37 | case rate | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC | 057 | MS-DRG | | | | inpatient | | | | 28274.53 | Amerihealth | Medicare | 24586.55 | | | | 15761.29 | 47155.56 | case rate | |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC | 058 | MS-DRG | | | | inpatient | | | | 35363.98 | Amerihealth | Medicare | 30751.29 | | | | 21802.88 | 68636.72 | case rate | |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC | 059 | MS-DRG | | | | inpatient | | | | 26738.83 | Amerihealth | Medicare | 23251.16 | | | | 14452.58 | 42880.4 | case rate | |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC | 060 | MS-DRG | | | | inpatient | | | | 22148.36 | Amerihealth | Medicare | 19259.44 | | | | 10540.6 | 32481.13 | case rate | |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC | 061 | MS-DRG | | | | inpatient | | | | 47249.04 | Amerihealth | Medicare | 41086.12 | | | | 31931.26 | 111080.23 | case rate | |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC | 062 | MS-DRG | | | | inpatient | | | | 34463.07 | Amerihealth | Medicare | 29967.89 | | | | 21035.14 | 121708.96 | case rate | |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC | 063 | MS-DRG | | | | inpatient | | | | 29250.28 | Amerihealth | Medicare | 25435.03 | | | | 16592.82 | 136083.64 | case rate | |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC | 064 | MS-DRG | | | | inpatient | | | | 37350.14 | Amerihealth | Medicare | 32478.38 | | | | 23495.48 | 215326.95 | case rate | |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS | 065 | MS-DRG | | | | inpatient | | | | 23873.94 | Amerihealth | Medicare | 20759.95 | | | | 12011.13 | 40235.72 | case rate | |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC | 066 | MS-DRG | | | | inpatient | | | | 19319.51 | Amerihealth | Medicare | 16799.57 | | | | 8129.87 | 28350.29 | case rate | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC | 067 | MS-DRG | | | | inpatient | | | | 29944.68 | Amerihealth | Medicare | 26038.85 | | | | 17184.58 | 58565.11 | case rate | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC | 068 | MS-DRG | | | | inpatient | | | | 21997.28 | Amerihealth | Medicare | 19128.07 | | | | 10411.85 | 35055.59 | case rate | |
| TRANSIENT ISCHEMIA W/O THROMBOLYTIC | 069 | MS-DRG | | | | inpatient | | | | 20869.07 | Amerihealth | Medicare | 18147.02 | | | | 9450.4 | 29859.86 | case rate | |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC | 070 | MS-DRG | | | | inpatient | | | | 33879.56 | Amerihealth | Medicare | 29460.49 | | | | 20537.87 | 64178.22 | case rate | |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W CC | 071 | MS-DRG | | | | inpatient | | | | 24366.77 | Amerihealth | Medicare | 21205.88 | | | | 12448.16 | 39453.1 | case rate | |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC | 072 | MS-DRG | | | | inpatient | | | | 20177.45 | Amerihealth | Medicare | 17545.61 | | | | 8861 | 28943.19 | case rate | |
| CRANIAL & PERIPHERAL NERVE DISORDERS W MCC | 073 | MS-DRG | | | | inpatient | | | | 31201.79 | Amerihealth | Medicare | 27131.99 | | | | 18255.89 | 55042.78 | case rate | |
| CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC | 074 | MS-DRG | | | | inpatient | | | | 24227.38 | Amerihealth | Medicare | 21067.28 | | | | 12312.33 | 37988.92 | case rate | |
| VIRAL MENINGITIS W CC/MCC | 075 | MS-DRG | | | | inpatient | | | | 32817.88 | Amerihealth | Medicare | 28537.29 | | | | 19633.11 | 57792.77 | case rate | |
| VIRAL MENINGITIS W/O CC/MCC | 076 | MS-DRG | | | | inpatient | | | | 22487.93 | Amerihealth | Medicare | 19554.72 | | | | 10829.98 | 32172.97 | case rate | |
| HYPERTENSIVE ENCEPHALOPATHY W MCC | 077 | MS-DRG | | | | inpatient | | | | 31211.49 | Amerihealth | Medicare | 27140.43 | | | | 18264.15 | 60538.86 | case rate | |
| HYPERTENSIVE ENCEPHALOPATHY W CC | 078 | MS-DRG | | | | inpatient | | | | 23610.6 | Amerihealth | Medicare | 20530.96 | | | | 11786.72 | 37840.69 | case rate | |
| HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC | 079 | MS-DRG | | | | inpatient | | | | 18949.44 | Amerihealth | Medicare | 16477.78 | | | | 7814.5 | 29118.73 | case rate | |
| NONTRAUMATIC STUPOR & COMA W MCC | 080 | MS-DRG | | | | inpatient | | | | 37070.16 | Amerihealth | Medicare | 32234.92 | | | | 23256.88 | 73286.35 | case rate | |
| NONTRAUMATIC STUPOR & COMA W/O MCC | 081 | MS-DRG | | | | inpatient | | | | 22320.22 | Amerihealth | Medicare | 19408.89 | | | | 10687.06 | 33335.38 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC | 082 | MS-DRG | | | | inpatient | | | | 41937.84 | Amerihealth | Medicare | 36467.69 | | | | 27405.09 | 84200.51 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W CC | 083 | MS-DRG | | | | inpatient | | | | 29593.7 | Amerihealth | Medicare | 25261.48 | | | | 16422.74 | 55514.07 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC | 084 | MS-DRG | | | | inpatient | | | | 23031.25 | Amerihealth | Medicare | 20027.17 | | | | 11292.99 | 36015.16 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC | 085 | MS-DRG | | | | inpatient | | | | 41186.62 | Amerihealth | Medicare | 35814.45 | | | | 26764.9 | 85035.26 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W CC | 086 | MS-DRG | | | | inpatient | | | | 27958.52 | Amerihealth | Medicare | 24311.76 | | | | 15491.99 | 48489.6 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC | 087 | MS-DRG | | | | inpatient | | | | 22031.93 | Amerihealth | Medicare | 19159.2 | | | | 10441.38 | 32972.62 | case rate | |
| CONCUSSION W MCC | 088 | MS-DRG | | | | inpatient | | | | 29332.06 | Amerihealth | Medicare | 25506.14 | | | | 16662.51 | 57714.76 | case rate | |
| CONCUSSION W CC | 089 | MS-DRG | | | | inpatient | | | | 24639.02 | Amerihealth | Medicare | 21425.24 | | | | 12663.13 | 41639.97 | case rate | |
| CONCUSSION W/O CC/MCC | 090 | MS-DRG | | | | inpatient | | | | 21661.87 | Amerihealth | Medicare | 18836.41 | | | | 10126.02 | 30948.15 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM W MCC | 091 | MS-DRG | | | | inpatient | | | | 35045.2 | Amerihealth | Medicare | 30474.09 | | | | 21531.22 | 62879.28 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM W CC | 092 | MS-DRG | | | | inpatient | | | | 24453.3 | Amerihealth | Medicare | 21263.74 | | | | 12504.86 | 36795.3 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC | 093 | MS-DRG | | | | inpatient | | | | 20719.38 | Amerihealth | Medicare | 18016.85 | | | | 9322.83 | 28779.36 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC | 094 | MS-DRG | | | | inpatient | | | | 60351.01 | Amerihealth | Medicare | 52479.14 | | | | 43096.69 | 143463.85 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC | 095 | MS-DRG | | | | inpatient | | | | 43005.07 | Amerihealth | Medicare | 37395.71 | | | | 28314.58 | 92871.77 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC | 096 | MS-DRG | | | | inpatient | | | | 43005.07 | Amerihealth | Medicare | 37395.71 | | | | 28314.58 | 82343.78 | case rate | |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC | 097 | MS-DRG | | | | inpatient | | | | 59462.57 | Amerihealth | Medicare | 51706.59 | | | | 42339.57 | 138041.87 | case rate | |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC | 098 | MS-DRG | | | | inpatient | | | | 39846.35 | Amerihealth | Medicare | 34649 | | | | 25622.73 | 72182.45 | case rate | |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC | 099 | MS-DRG | | | | inpatient | | | | 29090.89 | Amerihealth | Medicare | 25296.43 | | | | 16456.99 | 49652.01 | case rate | |
| SEIZURES W MCC | 100 | MS-DRG | | | | inpatient | | | | 37296.08 | Amerihealth | Medicare | 32431.38 | | | | 23449.41 | 70696.29 | case rate | |
| SEIZURES W/O MCC | 101 | MS-DRG | | | | inpatient | | | | 22554.46 | Amerihealth | Medicare | 19612.57 | | | | 10886.68 | 33908.79 | case rate | |
| HEADACHES W MCC | 102 | MS-DRG | | | | inpatient | | | | 25850.4 | Amerihealth | Medicare | 22478.6 | | | | 13695.46 | 41991.04 | case rate | |
| HEADACHES W/O MCC | 103 | MS-DRG | | | | inpatient | | | | 21563.46 | Amerihealth | Medicare | 18750.84 | | | | 10042.15 | 30480.07 | case rate | |
| ORBITAL PROCEDURES W CC/MCC | 113 | MS-DRG | | | | inpatient | | | | 40787.45 | Amerihealth | Medicare | 35467.35 | | | | 26424.73 | 89821.42 | case rate | |
| ORBITAL PROCEDURES W/O CC/MCC | 114 | MS-DRG | | | | inpatient | | | | 26163.63 | Amerihealth | Medicare | 22750.99 | | | | 13962.4 | 48957.69 | case rate | |
| EXTRAOCULAR PROCEDURES EXCEPT ORBIT | 115 | MS-DRG | | | | inpatient | | | | 30999.43 | Amerihealth | Medicare | 26956.03 | | | | 18083.44 | 53131.43 | case rate | |
| INTRAOCULAR PROCEDURES W CC/MCC | 116 | MS-DRG | | | | inpatient | | | | 32906.58 | Amerihealth | Medicare | 28614.42 | | | | 19708.7 | 66623.96 | case rate | |
| INTRAOCULAR PROCEDURES W/O CC/MCC | 117 | MS-DRG | | | | inpatient | | | | 23808.8 | Amerihealth | Medicare | 20703.3 | | | | 11955.62 | 39104.52 | case rate | |
| ACUTE MAJOR EYE INFECTIONS W CC/MCC | 121 | MS-DRG | | | | inpatient | | | | 25981.68 | Amerihealth | Medicare | 22523.2 | | | | 13738.16 | 41320.12 | case rate | |
| ACUTE MAJOR EYE INFECTIONS W/O CC/MCC | 122 | MS-DRG | | | | inpatient | | | | 19180.91 | Amerihealth | Medicare | 16679.05 | | | | 8011.75 | 27531.14 | case rate | |
| NEUROLOGICAL EYE DISORDERS | 123 | MS-DRG | | | | inpatient | | | | 20912.03 | Amerihealth | Medicare | 18184.38 | | | | 9487.01 | 29368.37 | case rate | |
| OTHER DISORDERS OF THE EYE W MCC | 124 | MS-DRG | | | | inpatient | | | | 27851.8 | Amerihealth | Medicare | 24218.95 | | | | 15401.04 | 51930.02 | case rate | |
| OTHER DISORDERS OF THE EYE W/O MCC | 125 | MS-DRG | | | | inpatient | | | | 21223.89 | Amerihealth | Medicare | 18455.55 | | | | 9752.77 | 31603.47 | case rate | |
| SINUS & MASTOID PROCEDURES W CC/MCC | 135 | MS-DRG | | | | inpatient | | | | 43197.72 | Amerihealth | Medicare | 37563.24 | | | | 28478.76 | 89645.89 | case rate | |
| SINUS & MASTOID PROCEDURES W/O CC/MCC | 136 | MS-DRG | | | | inpatient | | | | 23337.56 | Amerihealth | Medicare | 20293.53 | | | | 11554.03 | 47295.99 | case rate | |
| MOUTH PROCEDURES W CC/MCC | 137 | MS-DRG | | | | inpatient | | | | 29164.35 | Amerihealth | Medicare | 25360.3 | | | | 16519.59 | 53716.54 | case rate | |
| MOUTH PROCEDURES W/O CC/MCC | 138 | MS-DRG | | | | inpatient | | | | 21054.79 | Amerihealth | Medicare | 18308.52 | | | | 9608.67 | 32968.72 | case rate | |
| SALIVARY GLAND PROCEDURES | 139 | MS-DRG | | | | inpatient | | | | 28809.53 | Amerihealth | Medicare | 25051.77 | | | | 16217.22 | 45263.72 | case rate | |
| MAJOR HEAD AND NECK PROCEDURES WITH MCC | 140 | MS-DRG | | | | inpatient | | | | 68396.81 | Amerihealth | Medicare | 59475.49 | | | | 49953.28 | 73380.85 | case rate | |
| MAJOR HEAD AND NECK PROCEDURES WITH CC | 141 | MS-DRG | | | | inpatient | | | | 39558.06 | Amerihealth | Medicare | 34398.31 | | | | 25377.05 | 37278.62 | case rate | |
| MAJOR HEAD AND NECK PROCEDURES WITHOUT COMPLICATIONS | 142 | MS-DRG | | | | inpatient | | | | 31573.24 | Amerihealth | Medicare | 27454.99 | | | | 18572.43 | 27454.99 | case rate | |
| OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC | 143 | MS-DRG | | | | inpatient | | | | 55544.32 | Amerihealth | Medicare | 48299.41 | | | | 39000.46 | 57291.27 | case rate | |
| OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC | 144 | MS-DRG | | | | inpatient | | | | 34127.66 | Amerihealth | Medicare | 29676.23 | | | | 20749.3 | 30480.5 | case rate | |
| OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC | 145 | MS-DRG | | | | inpatient | | | | 26201.06 | Amerihealth | Medicare | 22783.53 | | | | 13994.29 | 22783.53 | case rate | |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC | 146 | MS-DRG | | | | inpatient | | | | 41576.09 | Amerihealth | Medicare | 36153.12 | | | | 27096.81 | 75014.36 | case rate | |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC | 147 | MS-DRG | | | | inpatient | | | | 27032.66 | Amerihealth | Medicare | 23506.66 | | | | 14702.98 | 48778.25 | case rate | |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC | 148 | MS-DRG | | | | inpatient | | | | 20359.02 | Amerihealth | Medicare | 17703.49 | | | | 9015.73 | 28233.27 | case rate | |
| DYSEQUILIBRIUM | 149 | MS-DRG | | | | inpatient | | | | 20140.03 | Amerihealth | Medicare | 17513.07 | | | | 8829.11 | 27737.88 | case rate | |
| EPISTAXIS W MCC | 150 | MS-DRG | | | | inpatient | | | | 28937.04 | Amerihealth | Medicare | 25162.65 | | | | 16325.88 | 51781.79 | case rate | |
| EPISTAXIS W/O MCC | 151 | MS-DRG | | | | inpatient | | | | 20285.56 | Amerihealth | Medicare | 17639.61 | | | | 8953.13 | 27453.13 | case rate | |
| OTITIS MEDIA & URI W MCC | 152 | MS-DRG | | | | inpatient | | | | 25508.05 | Amerihealth | Medicare | 22180.91 | | | | 13403.71 | 40649.19 | case rate | |
| OTITIS MEDIA & URI W/O MCC | 153 | MS-DRG | | | | inpatient | | | | 19643.83 | Amerihealth | Medicare | 17081.59 | | | | 8406.26 | 27765.18 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC | 154 | MS-DRG | | | | inpatient | | | | 32320.3 | Amerihealth | Medicare | 28104.61 | | | | 19209.07 | 56423.63 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC | 155 | MS-DRG | | | | inpatient | | | | 22719.39 | Amerihealth | Medicare | 19756 | | | | 11027.24 | 34454.88 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC | 156 | MS-DRG | | | | inpatient | | | | 19099.13 | Amerihealth | Medicare | 16607.94 | | | | 7942.07 | 25740.72 | case rate | |
| DENTAL & ORAL DISEASES W MCC | 157 | MS-DRG | | | | inpatient | | | | 32475.53 | Amerihealth | Medicare | 28239.59 | | | | 19341.36 | 65258.71 | case rate | |
| DENTAL & ORAL DISEASES W CC | 158 | MS-DRG | | | | inpatient | | | | 22816.42 | Amerihealth | Medicare | 19840.36 | | | | 11109.92 | 34727.93 | case rate | |
| DENTAL & ORAL DISEASES W/O CC/MCC | 159 | MS-DRG | | | | inpatient | | | | 18921.72 | Amerihealth | Medicare | 16453.67 | | | | 7790.88 | 26462.35 | case rate | |
| MAJOR CHEST PROCEDURES W MCC | 163 | MS-DRG | | | | inpatient | | | | 73663.65 | Amerihealth | Medicare | 64055.35 | | | | 54441.66 | 191887.14 | case rate | |
| MAJOR CHEST PROCEDURES W CC | 164 | MS-DRG | | | | inpatient | | | | 44665.51 | Amerihealth | Medicare | 38839.57 | | | | 29729.6 | 100205.08 | case rate | |
| MAJOR CHEST PROCEDURES W/O CC/MCC | 165 | MS-DRG | | | | inpatient | | | | 35614.85 | Amerihealth | Medicare | 30969.44 | | | | 22016.67 | 72256.57 | case rate | |
| OTHER RESP SYSTEM O.R. PROCEDURES W MCC | 166 | MS-DRG | | | | inpatient | | | | 63145.21 | Amerihealth | Medicare | 54908.88 | | | | 45477.9 | 136446.49 | case rate | |
| OTHER RESP SYSTEM O.R. PROCEDURES W CC | 167 | MS-DRG | | | | inpatient | | | | 35104.8 | Amerihealth | Medicare | 30525.91 | | | | 21582.01 | 74019.68 | case rate | |
| OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC | 168 | MS-DRG | | | | inpatient | | | | 28544.8 | Amerihealth | Medicare | 24821.57 | | | | 15991.62 | 52331.79 | case rate | |
| ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM | 173 | MS-DRG | | | | inpatient | | | | 52310.75 | Amerihealth | Medicare | 45487.61 | | | | 36244.83 | 53243.28 | case rate | |
| PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE | 175 | MS-DRG | | | | inpatient | | | | 29309.88 | Amerihealth | Medicare | 25486.85 | | | | 16643.61 | 57141.35 | case rate | |
| PULMONARY EMBOLISM W/O MCC | 176 | MS-DRG | | | | inpatient | | | | 21068.65 | Amerihealth | Medicare | 18320.57 | | | | 9620.48 | 35067.29 | case rate | |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC | 177 | MS-DRG | | | | inpatient | | | | 32184.47 | Amerihealth | Medicare | 27986.5 | | | | 19093.32 | 71804.09 | case rate | |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W CC | 178 | MS-DRG | | | | inpatient | | | | 23530.21 | Amerihealth | Medicare | 20461.05 | | | | 11718.21 | 45710.52 | case rate | |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC | 179 | MS-DRG | | | | inpatient | | | | 20447.72 | Amerihealth | Medicare | 17780.63 | | | | 9091.33 | 35944.56 | case rate | |
| RESPIRATORY NEOPLASMS W MCC | 180 | MS-DRG | | | | inpatient | | | | 34004.3 | Amerihealth | Medicare | 29568.96 | | | | 20644.17 | 66155.87 | case rate | |
| RESPIRATORY NEOPLASMS W CC | 181 | MS-DRG | | | | inpatient | | | | 25168.48 | Amerihealth | Medicare | 21885.63 | | | | 13114.33 | 44503.09 | case rate | |
| RESPIRATORY NEOPLASMS W/O CC/MCC | 182 | MS-DRG | | | | inpatient | | | | 21387.44 | Amerihealth | Medicare | 18597.77 | | | | 9892.15 | 31014.47 | case rate | |
| MAJOR CHEST TRAUMA W MCC | 183 | MS-DRG | | | | inpatient | | | | 31779.76 | Amerihealth | Medicare | 27634.57 | | | | 18748.43 | 58155.54 | case rate | |
| MAJOR CHEST TRAUMA W CC | 184 | MS-DRG | | | | inpatient | | | | 24583.58 | Amerihealth | Medicare | 21377.03 | | | | 12615.88 | 39178.63 | case rate | |
| MAJOR CHEST TRAUMA W/O CC/MCC | 185 | MS-DRG | | | | inpatient | | | | 20558.6 | Amerihealth | Medicare | 17877.04 | | | | 9185.82 | 28564.83 | case rate | |
| PLEURAL EFFUSION W MCC | 186 | MS-DRG | | | | inpatient | | | | 31678.58 | Amerihealth | Medicare | 27546.59 | | | | 18662.2 | 60831.42 | case rate | |
| PLEURAL EFFUSION W CC | 187 | MS-DRG | | | | inpatient | | | | 23695.15 | Amerihealth | Medicare | 20604.48 | | | | 11858.77 | 41113.38 | case rate | |
| PLEURAL EFFUSION W/O CC/MCC | 188 | MS-DRG | | | | inpatient | | | | 19955.69 | Amerihealth | Medicare | 17352.77 | | | | 8672.02 | 29926.17 | case rate | |
| PULMONARY EDEMA & RESPIRATORY FAILURE | 189 | MS-DRG | | | | inpatient | | | | 26930.1 | Amerihealth | Medicare | 23417.48 | | | | 14615.57 | 48185.35 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC | 190 | MS-DRG | | | | inpatient | | | | 25344.5 | Amerihealth | Medicare | 22038.7 | | | | 13264.34 | 46445.63 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC | 191 | MS-DRG | | | | inpatient | | | | 21686.82 | Amerihealth | Medicare | 18858.1 | | | | 10147.28 | 35648.5 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC | 192 | MS-DRG | | | | inpatient | | | | 18749.86 | Amerihealth | Medicare | 16304.22 | | | | 7644.42 | 28244.97 | case rate | |
| SIMPLE PNEUMONIA & PLEURISY W MCC | 193 | MS-DRG | | | | inpatient | | | | 28043.07 | Amerihealth | Medicare | 24385.28 | | | | 15564.04 | 51360.52 | case rate | |
| SIMPLE PNEUMONIA & PLEURISY W CC | 194 | MS-DRG | | | | inpatient | | | | 21144.88 | Amerihealth | Medicare | 18386.86 | | | | 9685.45 | 35114.1 | case rate | |
| SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC | 195 | MS-DRG | | | | inpatient | | | | 18410.28 | Amerihealth | Medicare | 16008.94 | | | | 7355.03 | 26790.01 | case rate | |
| INTERSTITIAL LUNG DISEASE W MCC | 196 | MS-DRG | | | | inpatient | | | | 35893.44 | Amerihealth | Medicare | 31211.69 | | | | 22254.08 | 63897.37 | case rate | |
| INTERSTITIAL LUNG DISEASE W CC | 197 | MS-DRG | | | | inpatient | | | | 23501.11 | Amerihealth | Medicare | 20435.74 | | | | 11693.4 | 39073.31 | case rate | |
| INTERSTITIAL LUNG DISEASE W/O CC/MCC | 198 | MS-DRG | | | | inpatient | | | | 19107.45 | Amerihealth | Medicare | 16615.17 | | | | 7949.15 | 29586.81 | case rate | |
| PNEUMOTHORAX W MCC | 199 | MS-DRG | | | | inpatient | | | | 34246.86 | Amerihealth | Medicare | 29779.88 | | | | 20850.88 | 69541.68 | case rate | |
| PNEUMOTHORAX W CC | 200 | MS-DRG | | | | inpatient | | | | 25129.67 | Amerihealth | Medicare | 21851.89 | | | | 13081.26 | 41924.72 | case rate | |
| PNEUMOTHORAX W/O CC/MCC | 201 | MS-DRG | | | | inpatient | | | | 19164.27 | Amerihealth | Medicare | 16664.59 | | | | 7997.58 | 27891.99 | case rate | |
| BRONCHITIS & ASTHMA W CC/MCC | 202 | MS-DRG | | | | inpatient | | | | 23178.16 | Amerihealth | Medicare | 20154.93 | | | | 11418.2 | 38695.65 | case rate | |
| BRONCHITIS & ASTHMA W/O CC/MCC | 203 | MS-DRG | | | | inpatient | | | | 19434.55 | Amerihealth | Medicare | 16899.6 | | | | 8227.9 | 50775.53 | case rate | |
| RESPIRATORY SIGNS & SYMPTOMS | 204 | MS-DRG | | | | inpatient | | | | 21020.14 | Amerihealth | Medicare | 18278.39 | | | | 9578.14 | 36731.64 | case rate | |
| OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC | 205 | MS-DRG | | | | inpatient | | | | 35944.72 | Amerihealth | Medicare | 31256.28 | | | | 22297.79 | 59208.73 | case rate | |
| OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC | 206 | MS-DRG | | | | inpatient | | | | 22334.08 | Amerihealth | Medicare | 19420.94 | | | | 10698.87 | 33682.54 | case rate | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS | 207 | MS-DRG | | | | inpatient | | | | 99415.76 | Amerihealth | Medicare | 86448.49 | | | | 49635 | 218302.68 | case rate | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS | 208 | MS-DRG | | | | inpatient | | | | 46977.38 | Amerihealth | Medicare | 40849.89 | | | | 31699.76 | 95075.66 | case rate | |
| CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES | 212 | MS-DRG | | | | inpatient | | | | 160770.36 | Amerihealth | Medicare | 139800.31 | | | | 37458 | 189020.06 | case rate | |
| OTHER HEART ASSIST SYSTEM IMPLANT | 215 | MS-DRG | | | | inpatient | | | | 156624.79 | Amerihealth | Medicare | 136195.47 | | | | 125140.69 | 502648.1 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC | 216 | MS-DRG | | | | inpatient | | | | 143545 | Amerihealth | Medicare | 124821.74 | | | | 78485 | 383083.85 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC | 217 | MS-DRG | | | | inpatient | | | | 95286.86 | Amerihealth | Medicare | 86336.4 | | | | 76277.62 | 248193.74 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC | 218 | MS-DRG | | | | inpatient | | | | 92237.6 | Amerihealth | Medicare | 80206.61 | | | | 70270.28 | 230348.04 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC | 219 | MS-DRG | | | | inpatient | | | | 117022.27 | Amerihealth | Medicare | 101758.5 | | | | 57338 | 300026.24 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC | 220 | MS-DRG | | | | inpatient | | | | 83162.49 | Amerihealth | Medicare | 72341.29 | | | | 57338 | 203043.14 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC | 221 | MS-DRG | | | | inpatient | | | | 73433.58 | Amerihealth | Medicare | 63855.28 | | | | 17199 | 179720.85 | case rate | |
| OTHER CARDIOTHORACIC PROCEDURES W MCC | 228 | MS-DRG | | | | inpatient | | | | 78848.73 | Amerihealth | Medicare | 68564.11 | | | | 58860.35 | 256517.83 | case rate | |
| OTHER CARDIOTHORACIC PROCEDURES W/O MCC | 229 | MS-DRG | | | | inpatient | | | | 52833.28 | Amerihealth | Medicare | 45941.98 | | | | 36690.12 | 181320.14 | case rate | |
| CORONARY BYPASS W PTCA W MCC | 231 | MS-DRG | | | | inpatient | | | | 127228.86 | Amerihealth | Medicare | 110633.79 | | | | 19424 | 327615.89 | case rate | |
| CORONARY BYPASS W PTCA W/O MCC | 232 | MS-DRG | | | | inpatient | | | | 94446.91 | Amerihealth | Medicare | 82127.74 | | | | 27830 | 240298.72 | case rate | |
| CORONARY BYPASS W CARDIAC CATH W MCC | 233 | MS-DRG | | | | inpatient | | | | 118115.83 | Amerihealth | Medicare | 102709.42 | | | | 53769 | 297923.76 | case rate | |
| CORONARY BYPASS W CARDIAC CATH W/O MCC | 234 | MS-DRG | | | | inpatient | | | | 83618.2 | Amerihealth | Medicare | 72624.52 | | | | 62839.65 | 200776.83 | case rate | |
| CORONARY BYPASS W/O CARDIAC CATH W MCC | 235 | MS-DRG | | | | inpatient | | | | 91335.31 | Amerihealth | Medicare | 79422.01 | | | | 47567 | 229626.77 | case rate | |
| CORONARY BYPASS W/O CARDIAC CATH W/O MCC | 236 | MS-DRG | | | | inpatient | | | | 66773.79 | Amerihealth | Medicare | 58064.16 | | | | 33990 | 153153.18 | case rate | |
| AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC | 239 | MS-DRG | | | | inpatient | | | | 79591.63 | Amerihealth | Medicare | 69210.11 | | | | 59493.45 | 183695.67 | case rate | |
| AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC | 240 | MS-DRG | | | | inpatient | | | | 50143.03 | Amerihealth | Medicare | 43602.63 | | | | 34397.51 | 107070.31 | case rate | |
| AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC | 241 | MS-DRG | | | | inpatient | | | | 30706.98 | Amerihealth | Medicare | 26701.72 | | | | 15559 | 62255.17 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W MCC | 242 | MS-DRG | | | | inpatient | | | | 56793.12 | Amerihealth | Medicare | 49385.32 | | | | 20528 | 145765.26 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W CC | 243 | MS-DRG | | | | inpatient | | | | 41003.67 | Amerihealth | Medicare | 35655.36 | | | | 19748 | 99635.58 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC | 244 | MS-DRG | | | | inpatient | | | | 34792.95 | Amerihealth | Medicare | 30254.74 | | | | 19748 | 91806.34 | case rate | |
| AICD GENERATOR PROCEDURES | 245 | MS-DRG | | | | inpatient | | | | 77511.22 | Amerihealth | Medicare | 67401.06 | | | | 57720.54 | 195506.98 | case rate | |
| PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC | 250 | MS-DRG | | | | inpatient | | | | 41832.5 | Amerihealth | Medicare | 36376.09 | | | | 27315.32 | 100903.31 | case rate | |
| PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC | 251 | MS-DRG | | | | inpatient | | | | 31437.41 | Amerihealth | Medicare | 27336.88 | | | | 18456.68 | 65445.94 | case rate | |
| OTHER VASCULAR PROCEDURES W MCC | 252 | MS-DRG | | | | inpatient | | | | 57325.34 | Amerihealth | Medicare | 49848.13 | | | | 40518.24 | 127155.02 | case rate | |
| OTHER VASCULAR PROCEDURES W CC | 253 | MS-DRG | | | | inpatient | | | | 45164.47 | Amerihealth | Medicare | 39273.46 | | | | 30154.81 | 101195.86 | case rate | |
| OTHER VASCULAR PROCEDURES W/O CC/MCC | 254 | MS-DRG | | | | inpatient | | | | 34026.48 | Amerihealth | Medicare | 29588.24 | | | | 20663.07 | 70602.67 | case rate | |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC | 255 | MS-DRG | | | | inpatient | | | | 46044.59 | Amerihealth | Medicare | 40038.78 | | | | 30904.84 | 99089.48 | case rate | |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC | 256 | MS-DRG | | | | inpatient | | | | 33254.47 | Amerihealth | Medicare | 28916.93 | | | | 20005.17 | 68211.54 | case rate | |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC | 257 | MS-DRG | | | | inpatient | | | | 20765.12 | Amerihealth | Medicare | 18056.62 | | | | 9361.81 | 43925.78 | case rate | |
| CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC | 258 | MS-DRG | | | | inpatient | | | | 48664.15 | Amerihealth | Medicare | 42316.66 | | | | 15797 | 116584.12 | case rate | |
| CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC | 259 | MS-DRG | | | | inpatient | | | | 34141.52 | Amerihealth | Medicare | 29688.28 | | | | 15797 | 81797.68 | case rate | |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC | 260 | MS-DRG | | | | inpatient | | | | 56989.93 | Amerihealth | Medicare | 49556.46 | | | | 12982 | 141185.84 | case rate | |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC | 261 | MS-DRG | | | | inpatient | | | | 36080.55 | Amerihealth | Medicare | 31374.39 | | | | 12982 | 77694.14 | case rate | |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC | 262 | MS-DRG | | | | inpatient | | | | 30816.48 | Amerihealth | Medicare | 26796.94 | | | | 12982 | 63616.52 | case rate | |
| VEIN LIGATION & STRIPPING | 263 | MS-DRG | | | | inpatient | | | | 46953.82 | Amerihealth | Medicare | 40829.41 | | | | 31679.68 | 93312.55 | case rate | |
| OTHER CIRCULATORY SYSTEM O.R. PROCEDURES | 264 | MS-DRG | | | | inpatient | | | | 58222.09 | Amerihealth | Medicare | 50627.91 | | | | 41282.44 | 123207.51 | case rate | |
| AICD LEAD PROCEDURES | 265 | MS-DRG | | | | inpatient | | | | 59221.41 | Amerihealth | Medicare | 51496.88 | | | | 42134.05 | 121573.12 | case rate | |
| ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC | 266 | MS-DRG | | | | inpatient | | | | 92812.8 | Amerihealth | Medicare | 80706.78 | | | | 70760.45 | 280518.84 | case rate | |
| ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC | 267 | MS-DRG | | | | inpatient | | | | 74987.3 | Amerihealth | Medicare | 65209.34 | | | | 55569.66 | 228116.84 | case rate | |
| AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC | 268 | MS-DRG | | | | inpatient | | | | 102193.33 | Amerihealth | Medicare | 88863.76 | | | | 78754.49 | 261491.23 | case rate | |
| AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC | 269 | MS-DRG | | | | inpatient | | | | 67447.39 | Amerihealth | Medicare | 58649.9 | | | | 49144.19 | 161914.16 | case rate | |
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC | 270 | MS-DRG | | | | inpatient | | | | 80923.59 | Amerihealth | Medicare | 70368.34 | | | | 60628.53 | 197441.73 | case rate | |
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC | 271 | MS-DRG | | | | inpatient | | | | 57519.39 | Amerihealth | Medicare | 50016.86 | | | | 40683.6 | 136282.59 | case rate | |
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC | 272 | MS-DRG | | | | inpatient | | | | 44460.38 | Amerihealth | Medicare | 38661.2 | | | | 29554.79 | 102124.23 | case rate | |
| PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC | 273 | MS-DRG | | | | inpatient | | | | 63976.82 | Amerihealth | Medicare | 55632.01 | | | | 46186.59 | 142473.07 | case rate | |
| PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC | 274 | MS-DRG | | | | inpatient | | | | 53037.02 | Amerihealth | Medicare | 46119.15 | | | | 36863.75 | 116174.55 | case rate | |
| CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC | 275 | MS-DRG | | | | inpatient | | | | 107729.06 | Amerihealth | Medicare | 93677.44 | | | | 83472.01 | 122619.52 | case rate | |
| CARDIAC DEFIBRILLATOR IMPLANT WITH MCC | 276 | MS-DRG | | | | inpatient | | | | 95634.72 | Amerihealth | Medicare | 83160.62 | | | | 73165.28 | 107479.03 | case rate | |
| CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC | 277 | MS-DRG | | | | inpatient | | | | 74255.48 | Amerihealth | Medicare | 64569.98 | | | | 54946.01 | 80715.12 | case rate | |
| ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC | 278 | MS-DRG | | | | inpatient | | | | 79125.93 | Amerihealth | Medicare | 68805.16 | | | | 59896.58 | 96812.26 | case rate | |
| ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC | 279 | MS-DRG | | | | inpatient | | | | 54192.96 | Amerihealth | Medicare | 47124.31 | | | | 37848.83 | 55599.54 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC | 280 | MS-DRG | | | | inpatient | | | | 32529.59 | Amerihealth | Medicare | 28286.6 | | | | 19387.43 | 64638.5 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC | 281 | MS-DRG | | | | inpatient | | | | 22555.84 | Amerihealth | Medicare | 19613.78 | | | | 10887.86 | 38211.26 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC | 282 | MS-DRG | | | | inpatient | | | | 19829.56 | Amerihealth | Medicare | 17243.09 | | | | 8564.53 | 29216.24 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC | 283 | MS-DRG | | | | inpatient | | | | 36881.67 | Amerihealth | Medicare | 32071.01 | | | | 23096.25 | 70395.93 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC | 284 | MS-DRG | | | | inpatient | | | | 20049.94 | Amerihealth | Medicare | 17434.73 | | | | 8752.34 | 29902.77 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC | 285 | MS-DRG | | | | inpatient | | | | 17560.66 | Amerihealth | Medicare | 15270.14 | | | | 6630.99 | 23263.77 | case rate | |
| CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC | 286 | MS-DRG | | | | inpatient | | | | 40456.19 | Amerihealth | Medicare | 35179.3 | | | | 13521 | 85066.47 | case rate | |
| CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC | 287 | MS-DRG | | | | inpatient | | | | 24882.96 | Amerihealth | Medicare | 21637.36 | | | | 9969 | 44425.07 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS W MCC | 288 | MS-DRG | | | | inpatient | | | | 47638.51 | Amerihealth | Medicare | 41424.79 | | | | 32263.17 | 105088.76 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS W CC | 289 | MS-DRG | | | | inpatient | | | | 31632.84 | Amerihealth | Medicare | 27506.82 | | | | 18623.22 | 66698.07 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC | 290 | MS-DRG | | | | inpatient | | | | 23348.64 | Amerihealth | Medicare | 20303.17 | | | | 11563.48 | 39451.68 | case rate | |
| HEART FAILURE & SHOCK W MCC | 291 | MS-DRG | | | | inpatient | | | | 27864.27 | Amerihealth | Medicare | 24229.8 | | | | 15411.67 | 52480.02 | case rate | |
| HEART FAILURE & SHOCK W CC | 292 | MS-DRG | | | | inpatient | | | | 21715.92 | Amerihealth | Medicare | 18883.41 | | | | 10172.08 | 35978.64 | case rate | |
| HEART FAILURE & SHOCK W/O CC/MCC | 293 | MS-DRG | | | | inpatient | | | | 17384.63 | Amerihealth | Medicare | 15117.07 | | | | 6480.98 | 25963.06 | case rate | |
| DEEP VEIN THROMBOPHLEBITIS W CC/MCC | 294 | MS-DRG | | | | inpatient | | | | 26799.81 | Amerihealth | Medicare | 23304.19 | | | | 14504.55 | 45279.33 | case rate | |
| DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC | 295 | MS-DRG | | | | inpatient | | | | 20726.31 | Amerihealth | Medicare | 18022.88 | | | | 9294.92 | 21504.56 | case rate | |
| CARDIAC ARREST, UNEXPLAINED W MCC | 296 | MS-DRG | | | | inpatient | | | | 32488.01 | Amerihealth | Medicare | 28250.44 | | | | 19351.99 | 59895.25 | case rate | |
| CARDIAC ARREST, UNEXPLAINED W CC | 297 | MS-DRG | | | | inpatient | | | | 19542.65 | Amerihealth | Medicare | 16993.61 | | | | 8320.03 | 25448.17 | case rate | |
| CARDIAC ARREST, UNEXPLAINED W/O CC/MCC | 298 | MS-DRG | | | | inpatient | | | | 15901.6 | Amerihealth | Medicare | 13827.48 | | | | 5217.15 | 18820.88 | case rate | |
| PERIPHERAL VASCULAR DISORDERS W MCC | 299 | MS-DRG | | | | inpatient | | | | 32199.72 | Amerihealth | Medicare | 27999.75 | | | | 19106.31 | 56575.75 | case rate | |
| PERIPHERAL VASCULAR DISORDERS W CC | 300 | MS-DRG | | | | inpatient | | | | 24618.23 | Amerihealth | Medicare | 21407.16 | | | | 12645.41 | 39931.47 | case rate | |
| PERIPHERAL VASCULAR DISORDERS W/O CC/MCC | 301 | MS-DRG | | | | inpatient | | | | 19667.4 | Amerihealth | Medicare | 17102.08 | | | | 8426.34 | 28326.88 | case rate | |
| ATHEROSCLEROSIS W MCC | 302 | MS-DRG | | | | inpatient | | | | 25903.06 | Amerihealth | Medicare | 22524.4 | | | | 13740.34 | 41717.99 | case rate | |
| ATHEROSCLEROSIS W/O MCC | 303 | MS-DRG | | | | inpatient | | | | 19099.13 | Amerihealth | Medicare | 16607.94 | | | | 7942.07 | 25959.16 | case rate | |
| HYPERTENSION W MCC | 304 | MS-DRG | | | | inpatient | | | | 26082.46 | Amerihealth | Medicare | 22683 | | | | 13876.17 | 42170.47 | case rate | |
| HYPERTENSION W/O MCC | 305 | MS-DRG | | | | inpatient | | | | 20184.38 | Amerihealth | Medicare | 17551.63 | | | | 8866.91 | 28081.14 | case rate | |
| CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC | 306 | MS-DRG | | | | inpatient | | | | 30533.73 | Amerihealth | Medicare | 26551.07 | | | | 17686.57 | 54953.06 | case rate | |
| CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC | 307 | MS-DRG | | | | inpatient | | | | 22619.6 | Amerihealth | Medicare | 19669.22 | | | | 10942.19 | 33389.99 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC | 308 | MS-DRG | | | | inpatient | | | | 26493.51 | Amerihealth | Medicare | 23037.83 | | | | 14243.51 | 46948.83 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC | 309 | MS-DRG | | | | inpatient | | | | 20026.37 | Amerihealth | Medicare | 17414.24 | | | | 8732.26 | 29781.84 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC | 310 | MS-DRG | | | | inpatient | | | | 17534.32 | Amerihealth | Medicare | 15247.24 | | | | 6608.55 | 21933.64 | case rate | |
| ANGINA PECTORIS | 311 | MS-DRG | | | | inpatient | | | | 19458.11 | Amerihealth | Medicare | 16920.09 | | | | 8247.98 | 26805.61 | case rate | |
| SYNCOPE & COLLAPSE | 312 | MS-DRG | | | | inpatient | | | | 21855.91 | Amerihealth | Medicare | 19005.14 | | | | 10291.38 | 31264.11 | case rate | |
| CHEST PAIN | 313 | MS-DRG | | | | inpatient | | | | 19667.4 | Amerihealth | Medicare | 17102.08 | | | | 8426.34 | 27589.65 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC | 314 | MS-DRG | | | | inpatient | | | | 39627.36 | Amerihealth | Medicare | 34458.57 | | | | 25436.11 | 78915.06 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W CC | 315 | MS-DRG | | | | inpatient | | | | 23117.18 | Amerihealth | Medicare | 20101.9 | | | | 11366.23 | 37286.79 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC | 316 | MS-DRG | | | | inpatient | | | | 19241.89 | Amerihealth | Medicare | 16732.08 | | | | 8063.72 | 29305.56 | case rate | |
| OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC | 319 | MS-DRG | | | | inpatient | | | | 70664.32 | Amerihealth | Medicare | 61447.24 | | | | 51885.65 | 76219.47 | case rate | |
| OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC | 320 | MS-DRG | | | | inpatient | | | | 41862.99 | Amerihealth | Medicare | 36402.6 | | | | 27341.31 | 40164.09 | case rate | |
| PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUMI | 321 | MS-DRG | | | | inpatient | | | | 48236.58 | Amerihealth | Medicare | 41951.42 | | | | 33625.04 | 49394.83 | case rate | |
| PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC | 322 | MS-DRG | | | | inpatient | | | | 34855.32 | Amerihealth | Medicare | 30308.97 | | | | 21369.4 | 31391.43 | case rate | |
| CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC | 323 | MS-DRG | | | | inpatient | | | | 68815.38 | Amerihealth | Medicare | 59839.46 | | | | 50309.99 | 73904.85 | case rate | |
| CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC | 324 | MS-DRG | | | | inpatient | | | | 54064.06 | Amerihealth | Medicare | 47012.22 | | | | 37738.99 | 55438.18 | case rate | |
| CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE | 325 | MS-DRG | | | | inpatient | | | | 49448.64 | Amerihealth | Medicare | 42986.82 | | | | 33805.75 | 49680.3 | case rate | |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC | 326 | MS-DRG | | | | inpatient | | | | 80175.14 | Amerihealth | Medicare | 69717.51 | | | | 59990.71 | 205016.89 | case rate | |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W CC | 327 | MS-DRG | | | | inpatient | | | | 43433.35 | Amerihealth | Medicare | 37768.13 | | | | 28679.55 | 96905.09 | case rate | |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC | 328 | MS-DRG | | | | inpatient | | | | 31865.69 | Amerihealth | Medicare | 27709.29 | | | | 18821.66 | 60152.69 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC | 329 | MS-DRG | | | | inpatient | | | | 73423.87 | Amerihealth | Medicare | 63846.85 | | | | 54237.32 | 194750.25 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES W CC | 330 | MS-DRG | | | | inpatient | | | | 42540.75 | Amerihealth | Medicare | 36991.96 | | | | 27918.89 | 98426.36 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes | | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC | 331 | MS-DRG | | | | inpatient | | | | 32862.65 | Amerihealth | Medicare | 28402.3 | | | | 19500.82 | 66105.16 | case rate | | | | |
| RECTAL RESECTION W MCC | 332 | MS-DRG | | | | inpatient | | | | 57856.19 | Amerihealth | Medicare | 50309.73 | | | | 40970.62 | 132553.59 | case rate | | | | |
| RECTAL RESECTION W CC | 333 | MS-DRG | | | | inpatient | | | | 39236.5 | Amerihealth | Medicare | 34118.7 | | | | 25103.02 | 75197.69 | case rate | | | | |
| RECTAL RESECTION W/O CC/MCC | 334 | MS-DRG | | | | inpatient | | | | 32767.98 | Amerihealth | Medicare | 28493.9 | | | | 19590.59 | 50950.94 | case rate | | | | |
| PERITONEAL ADHESIOLYSIS W MCC | 335 | MS-DRG | | | | inpatient | | | | 60000.35 | Amerihealth | Medicare | 52174.22 | | | | 42797.86 | 158446.43 | case rate | | | | |
| PERITONEAL ADHESIOLYSIS W CC | 336 | MS-DRG | | | | inpatient | | | | 39056.32 | Amerihealth | Medicare | 33962.02 | | | | 24949.47 | 89645.89 | case rate | | | | |
| PERITONEAL ADHESIOLYSIS W/O CC/MCC | 337 | MS-DRG | | | | inpatient | | | | 31056.26 | Amerihealth | Medicare | 27005.44 | | | | 18131.86 | 62539.92 | case rate | | | | |
| MINOR SMALL & LARGE BOWEL PROCEDURES W MCC | 344 | MS-DRG | | | | inpatient | | | | 47125.68 | Amerihealth | Medicare | 40976.85 | | | | 31826.14 | 116521.71 | case rate | | | | |
| MINOR SMALL & LARGE BOWEL PROCEDURES W CC | 345 | MS-DRG | | | | inpatient | | | | 30413.15 | Amerihealth | Medicare | 26446.22 | | | | 17583.81 | 63877.86 | case rate | | | | |
| MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC | 346 | MS-DRG | | | | inpatient | | | | 27039.59 | Amerihealth | Medicare | 23512.69 | | | | 14708.89 | 48236.06 | case rate | | | | |
| ANAL & STOMAL PROCEDURES W MCC | 347 | MS-DRG | | | | inpatient | | | | 42583.72 | Amerihealth | Medicare | 37029.32 | | | | 27955.51 | 94049.78 | case rate | | | | |
| ANAL & STOMAL PROCEDURES W CC | 348 | MS-DRG | | | | inpatient | | | | 27228.09 | Amerihealth | Medicare | 23676.6 | | | | 14869.52 | 54609.8 | case rate | | | | |
| ANAL & STOMAL PROCEDURES W/O CC/MCC | 349 | MS-DRG | | | | inpatient | | | | 21988.97 | Amerihealth | Medicare | 19120.84 | | | | 10404.77 | 37044.95 | case rate | | | | |
| INGUINAL & FEMORAL HERNIA PROCEDURES W MCC | 350 | MS-DRG | | | | inpatient | | | | 43303.06 | Amerihealth | Medicare | 37664.83 | | | | 28568.52 | 95430.63 | case rate | | | | |
| INGUINAL & FEMORAL HERNIA PROCEDURES W CC | 351 | MS-DRG | | | | inpatient | | | | 30632.14 | Amerihealth | Medicare | 26636.64 | | | | 17770.43 | 58514.4 | case rate | | | | |
| INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC | 352 | MS-DRG | | | | inpatient | | | | 25061.75 | Amerihealth | Medicare | 21792.83 | | | | 13923.38 | 41093.87 | case rate | | | | |
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC | 353 | MS-DRG | | | | inpatient | | | | 50431.32 | Amerihealth | Medicare | 43853.32 | | | | 34643.19 | 115690.86 | case rate | | | | |
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC | 354 | MS-DRG | | | | inpatient | | | | 33357.04 | Amerihealth | Medicare | 29006.12 | | | | 20092.58 | 67521.12 | case rate | | | | |
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC | 355 | MS-DRG | | | | inpatient | | | | 28257.9 | Amerihealth | Medicare | 24572.09 | | | | 15747.12 | 52846.68 | case rate | | | | |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC | 356 | MS-DRG | | | | inpatient | | | | 68902.7 | Amerihealth | Medicare | 59915.39 | | | | 50384.4 | 155080.13 | case rate | | | | |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC | 357 | MS-DRG | | | | inpatient | | | | 40992.58 | Amerihealth | Medicare | 35645.72 | | | | 26599.54 | 83346.26 | case rate | | | | |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC | 358 | MS-DRG | | | | inpatient | | | | 28561.44 | Amerihealth | Medicare | 24836.03 | | | | 16005.79 | 52593.14 | case rate | | | | |
| MAJOR ESOPHAGEAL DISORDERS W MCC | 368 | MS-DRG | | | | inpatient | | | | 32925.99 | Amerihealth | Medicare | 28631.29 | | | | 19725.24 | 75829.61 | case rate | | | | |
| MAJOR ESOPHAGEAL DISORDERS W CC | 369 | MS-DRG | | | | inpatient | | | | 23883.64 | Amerihealth | Medicare | 20768.39 | | | | 12019.4 | 43250.96 | case rate | | | | |
| MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC | 370 | MS-DRG | | | | inpatient | | | | 19453.95 | Amerihealth | Medicare | 16916.48 | | | | 8244.44 | 28993.9 | case rate | | | | |
| MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC | 371 | MS-DRG | | | | inpatient | | | | 34007.08 | Amerihealth | Medicare | 29571.37 | | | | 20646.54 | 67825.37 | case rate | | | | |
| MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC | 372 | MS-DRG | | | | inpatient | | | | 24045.81 | Amerihealth | Medicare | 20909.4 | | | | 12157.6 | 40504.87 | case rate | | | | |
| MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC | 373 | MS-DRG | | | | inpatient | | | | 19833.72 | Amerihealth | Medicare | 17246.71 | | | | 8568.08 | 29551.7 | case rate | | | | |
| DIGESTIVE MALIGNANCY W MCC | 374 | MS-DRG | | | | inpatient | | | | 39043.84 | Amerihealth | Medicare | 33951.17 | | | | 24938.84 | 80549.46 | case rate | | | | |
| DIGESTIVE MALIGNANCY W CC | 375 | MS-DRG | | | | inpatient | | | | 26809.52 | Amerihealth | Medicare | 23312.62 | | | | 14512.81 | 47069.75 | case rate | | | | |
| DIGESTIVE MALIGNANCY W/O CC/MCC | 376 | MS-DRG | | | | inpatient | | | | 22018.07 | Amerihealth | Medicare | 19146.15 | | | | 10429.57 | 35718.71 | case rate | | | | |
| G.I. HEMORRHAGE W MCC | 377 | MS-DRG | | | | inpatient | | | | 34980.06 | Amerihealth | Medicare | 30417.44 | | | | 21475.71 | 69775.72 | case rate | | | | |
| G.I. HEMORRHAGE W CC | 378 | MS-DRG | | | | inpatient | | | | 23444.28 | Amerihealth | Medicare | 20386.33 | | | | 11644.98 | 38628.63 | case rate | | | | |
| G.I. HEMORRHAGE W/O CC/MCC | 379 | MS-DRG | | | | inpatient | | | | 19604.32 | Amerihealth | Medicare | 16177.67 | | | | 7520.39 | 25479.37 | case rate | | | | |
| COMPLICATED PEPTIC ULCER W MCC | 380 | MS-DRG | | | | inpatient | | | | 36450.62 | Amerihealth | Medicare | 31686.19 | | | | 22728.91 | 75907.62 | case rate | | | | |
| COMPLICATED PEPTIC ULCER W CC | 381 | MS-DRG | | | | inpatient | | | | 24874.64 | Amerihealth | Medicare | 21630.12 | | | | 12863.93 | 42712.67 | case rate | | | | |
| COMPLICATED PEPTIC ULCER W/O CC/MCC | 382 | MS-DRG | | | | inpatient | | | | 20164.97 | Amerihealth | Medicare | 17534.76 | | | | 8850.37 | 29949.57 | case rate | | | | |
| UNCOMPLICATED PEPTIC ULCER W MCC | 383 | MS-DRG | | | | inpatient | | | | 27301.55 | Amerihealth | Medicare | 23740.48 | | | | 14932.12 | 52698.46 | case rate | | | | |
| UNCOMPLICATED PEPTIC ULCER W/O MCC | 384 | MS-DRG | | | | inpatient | | | | 21832.35 | Amerihealth | Medicare | 18984.65 | | | | 10271.3 | 33382.69 | case rate | | | | |
| INFLAMMATORY BOWEL DISEASE W MCC | 385 | MS-DRG | | | | inpatient | | | | 32299.51 | Amerihealth | Medicare | 28086.53 | | | | 19191.36 | 66229.99 | case rate | | | | |
| INFLAMMATORY BOWEL DISEASE W CC | 386 | MS-DRG | | | | inpatient | | | | 23535.76 | Amerihealth | Medicare | 20465.87 | | | | 11722.93 | 38230.76 | case rate | | | | |
| INFLAMMATORY BOWEL DISEASE W/O CC/MCC | 387 | MS-DRG | | | | inpatient | | | | 19070.02 | Amerihealth | Medicare | 16582.63 | | | | 7917.26 | 27176.18 | case rate | | | | |
| G.I. OBSTRUCTION W MCC | 388 | MS-DRG | | | | inpatient | | | | 30152.58 | Amerihealth | Medicare | 26219.63 | | | | 17361.75 | 59708.01 | case rate | | | | |
| G.I. OBSTRUCTION W CC | 389 | MS-DRG | | | | inpatient | | | | 20889.86 | Amerihealth | Medicare | 18165.09 | | | | 9468.11 | 32890.7 | case rate | | | | |
| G.I. OBSTRUCTION W/O CC/MCC | 390 | MS-DRG | | | | inpatient | | | | 17363.84 | Amerihealth | Medicare | 15098.99 | | | | 6463.26 | 23053.14 | case rate | | | | |
| ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC | 391 | MS-DRG | | | | inpatient | | | | 27582.91 | Amerihealth | Medicare | 23985.14 | | | | 15171.9 | 47647.05 | case rate | | | | |
| ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC | 392 | MS-DRG | | | | inpatient | | | | 20594.64 | Amerihealth | Medicare | 17908.38 | | | | 9216.53 | 29465.89 | case rate | | | | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC | 393 | MS-DRG | | | | inpatient | | | | 32731.95 | Amerihealth | Medicare | 28462.56 | | | | 19559.88 | 63682.83 | case rate | | | | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES W CC | 394 | MS-DRG | | | | inpatient | | | | 22826.12 | Amerihealth | Medicare | 19848.8 | | | | 11118.18 | 36709.49 | case rate | | | | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC | 395 | MS-DRG | | | | inpatient | | | | 18600.17 | Amerihealth | Medicare | 16174.06 | | | | 7516.85 | 26388.24 | case rate | | | | |
| APPENDIX PROCEDURES WITH MCC | 397 | MS-DRG | | | | inpatient | | | | 44122.19 | Amerihealth | Medicare | 38367.12 | | | | 29266.58 | 42992.31 | case rate | | | | |
| APPENDIX PROCEDURES WITH CC | 398 | MS-DRG | | | | inpatient | | | | 30752.72 | Amerihealth | Medicare | 26741.5 | | | | 17873.19 | 26741.5 | case rate | | | | |
| APPENDIX PROCEDURES WITHOUT CC/MCC | 399 | MS-DRG | | | | inpatient | | | | 25355.59 | Amerihealth | Medicare | 22048.34 | | | | 13273.79 | 22048.34 | case rate | | | | |
| PANCREAS, LIVER & SHUNT PROCEDURES W MCC | 405 | MS-DRG | | | | inpatient | | | | 85022.02 | Amerihealth | Medicare | 73932.19 | | | | 64121.2 | 209822.55 | case rate | | | | |
| PANCREAS, LIVER & SHUNT PROCEDURES W CC | 406 | MS-DRG | | | | inpatient | | | | 48704.35 | Amerihealth | Medicare | 42351.61 | | | | 33171.47 | 110491.23 | case rate | | | | |
| PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC | 407 | MS-DRG | | | | inpatient | | | | 39362.03 | Amerihealth | Medicare | 34245.24 | | | | 25227.04 | 78279.25 | case rate | | | | |
| BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC | 408 | MS-DRG | | | | inpatient | | | | 58308.03 | Amerihealth | Medicare | 50702.83 | | | | 41355.67 | 157841.83 | case rate | | | | |
| BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC | 409 | MS-DRG | | | | inpatient | | | | 38837.33 | Amerihealth | Medicare | 33771.59 | | | | 24762.85 | 90601.56 | case rate | | | | |
| BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC | 410 | MS-DRG | | | | inpatient | | | | 31278.02 | Amerihealth | Medicare | 27198.28 | | | | 18320.85 | 64462.97 | case rate | | | | |
| CHOLECYSTECTOMY W C.D.E. W MCC | 411 | MS-DRG | | | | inpatient | | | | 47367.64 | Amerihealth | Medicare | 41206.64 | | | | 10482 | 159563.89 | case rate | | | | |
| CHOLECYSTECTOMY W C.D.E. W CC | 412 | MS-DRG | | | | inpatient | | | | 39323.82 | Amerihealth | Medicare | 34194.63 | | | | 11647 | 92910.77 | case rate | | | | |
| CHOLECYSTECTOMY W C.D.E. W/O CC/MCC | 413 | MS-DRG | | | | inpatient | | | | 32822.04 | Amerihealth | Medicare | 28540.9 | | | | 15908 | 65773.6 | case rate | | | | |
| CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC | 414 | MS-DRG | | | | inpatient | | | | 58342.68 | Amerihealth | Medicare | 50732.76 | | | | 28270 | 139535.84 | case rate | | | | |
| CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC | 415 | MS-DRG | | | | inpatient | | | | 37196.29 | Amerihealth | Medicare | 32344.6 | | | | 23364.37 | 78747.33 | case rate | | | | |
| CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC | 416 | MS-DRG | | | | inpatient | | | | 28770.72 | Amerihealth | Medicare | 25018.02 | | | | 16184.14 | 54340.65 | case rate | | | | |
| LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC | 417 | MS-DRG | | | | inpatient | | | | 42718.16 | Amerihealth | Medicare | 37146.23 | | | | 28070.08 | 94529.56 | case rate | | | | |
| LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC | 418 | MS-DRG | | | | inpatient | | | | 32765.21 | Amerihealth | Medicare | 28491.49 | | | | 19588.22 | 64915.45 | case rate | | | | |
| LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC | 419 | MS-DRG | | | | inpatient | | | | 28041.68 | Amerihealth | Medicare | 24384.07 | | | | 15562.86 | 50872.93 | case rate | | | | |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC | 420 | MS-DRG | | | | inpatient | | | | 58698.88 | Amerihealth | Medicare | 51042.51 | | | | 41688.76 | 137211.02 | case rate | | | | |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC | 421 | MS-DRG | | | | inpatient | | | | 32476.92 | Amerihealth | Medicare | 28240.8 | | | | 8253 | 69397.35 | case rate | | | | |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC | 422 | MS-DRG | | | | inpatient | | | | 30145.65 | Amerihealth | Medicare | 26213.61 | | | | 10272 | 58806.95 | case rate | | | | |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC | 423 | MS-DRG | | | | inpatient | | | | 66154.24 | Amerihealth | Medicare | 57525.43 | | | | 16017 | 153921.62 | case rate | | | | |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC | 424 | MS-DRG | | | | inpatient | | | | 41426.4 | Amerihealth | Medicare | 36022.96 | | | | 26969.24 | 85468.24 | case rate | | | | |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC | 425 | MS-DRG | | | | inpatient | | | | 31204.56 | Amerihealth | Medicare | 27134.4 | | | | 18258.25 | 58233.55 | case rate | | | | |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC | 432 | MS-DRG | | | | inpatient | | | | 36932.95 | Amerihealth | Medicare | 32115.61 | | | | 13893 | 71226.78 | case rate | | | | |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W CC | 433 | MS-DRG | | | | inpatient | | | | 24607.14 | Amerihealth | Medicare | 21397.52 | | | | 12635.96 | 40095.3 | case rate | | | | |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC | 434 | MS-DRG | | | | inpatient | | | | 19433.16 | Amerihealth | Medicare | 16898.4 | | | | 8226.72 | 53360.86 | case rate | | | | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC | 435 | MS-DRG | | | | inpatient | | | | 35068.76 | Amerihealth | Medicare | 30494.58 | | | | 21551.3 | 66222.18 | case rate | | | | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC | 436 | MS-DRG | | | | inpatient | | | | 25409.64 | Amerihealth | Medicare | 22095.34 | | | | 13319.85 | 44308.05 | case rate | | | | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC | 437 | MS-DRG | | | | inpatient | | | | 20662.55 | Amerihealth | Medicare | 17967.44 | | | | 9274.41 | 33772.26 | case rate | | | | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC | 438 | MS-DRG | | | | inpatient | | | | 32838.67 | Amerihealth | Medicare | 28555.36 | | | | 19650.83 | 63901.27 | case rate | | | | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC | 439 | MS-DRG | | | | inpatient | | | | 21702.06 | Amerihealth | Medicare | 18871.36 | | | | 10160.27 | 33635.74 | case rate | | | | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC | 440 | MS-DRG | | | | inpatient | | | | 18304.95 | Amerihealth | Medicare | 15917.34 | | | | 7265.27 | 24235.05 | case rate | | | | |
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC | 441 | MS-DRG | | | | inpatient | | | | 35980.76 | Amerihealth | Medicare | 31287.62 | | | | 11778 | 72443.8 | case rate | | | | |
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC | 442 | MS-DRG | | | | inpatient | | | | 23171.23 | Amerihealth | Medicare | 20148.9 | | | | 11412.29 | 36623.67 | case rate | | | | |
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC | 443 | MS-DRG | | | | inpatient | | | | 19519.09 | Amerihealth | Medicare | 16973.12 | | | | 8299.96 | 27141.07 | case rate | | | | |
| DISORDERS OF THE BILIARY TRACT W MCC | 444 | MS-DRG | | | | inpatient | | | | 33125.57 | Amerihealth | Medicare | 28804.85 | | | | 19895.32 | 62836.39 | case rate | | | | |
| DISORDERS OF THE BILIARY TRACT W CC | 445 | MS-DRG | | | | inpatient | | | | 24810.89 | Amerihealth | Medicare | 21574.68 | | | | 12809.59 | 41643.87 | case rate | | | | |
| DISORDERS OF THE BILIARY TRACT W/O CC/MCC | 446 | MS-DRG | | | | inpatient | | | | 20830.26 | Amerihealth | Medicare | 18113.27 | | | | 9417.32 | 31010.57 | case rate | | | | |
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC | 453 | MS-DRG | | | | inpatient | | | | 132599.66 | Amerihealth | Medicare | 115304.05 | | | | 17717 | 370445.58 | case rate | | | | |
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC | 454 | MS-DRG | | | | inpatient | | | | 94552.24 | Amerihealth | Medicare | 82219.34 | | | | 36879 | 247179.56 | case rate | | | | |
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC | 455 | MS-DRG | | | | inpatient | | | | 73613.76 | Amerihealth | Medicare | 64011.96 | | | | 54399.14 | 195035 | case rate | | | | |
| SPINAL FUS EXC CERV W SPINAL CURV/MAL/G/INFEC OR EXT FUS W MCC | 456 | MS-DRG | | | | inpatient | | | | 127163.72 | Amerihealth | Medicare | 110577.15 | | | | 100034.13 | 355946.68 | case rate | | | | |
| SPINAL FUS EXC CERV W SPINAL CURV/MAL/G/INFEC OR EXT FUS W CC | 457 | MS-DRG | | | | inpatient | | | | 89328.36 | Amerihealth | Medicare | 77676.84 | | | | 67791.04 | 255285.21 | case rate | | | | |
| SPINAL FUS EXC CERV W SPINAL CURV/MAL/G/INFEC OR EXT FUS W/O CC/MCC | 458 | MS-DRG | | | | inpatient | | | | 69627.59 | Amerihealth | Medicare | 60545.73 | | | | 51002.14 | 199762.65 | case rate | | | | |
| SPINAL FUSION EXCEPT CERVICAL W MCC | 459 | MS-DRG | | | | inpatient | | | | 101704.07 | Amerihealth | Medicare | 88438.32 | | | | 78337.54 | 249051.89 | case rate | | | | |
| SPINAL FUSION EXCEPT CERVICAL W/O MCC | 460 | MS-DRG | | | | inpatient | | | | 60478.52 | Amerihealth | Medicare | 52590.02 | | | | 43205.36 | 157490.76 | case rate | | | | |
| BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC | 461 | MS-DRG | | | | inpatient | | | | 628.12 | Amerihealth | Medicare | 80706.78 | | | | 9917 | 174848.88 | case rate | | | | |
| BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC | 462 | MS-DRG | | | | inpatient | | | | 49472.2 | Amerihealth | Medicare | 43019.3 | | | | 11315 | 124592.26 | case rate | | | | |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC | 463 | MS-DRG | | | | inpatient | | | | 84638.1 | Amerihealth | Medicare | 73598.35 | | | | 15756 | 200180.02 | case rate | | | | |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC | 464 | MS-DRG | | | | inpatient | | | | 50647.54 | Amerihealth | Medicare | 44041.34 | | | | 34827.45 | 114836.61 | case rate | | | | |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC | 465 | MS-DRG | | | | inpatient | | | | 33842.14 | Amerihealth | Medicare | 29427.95 | | | | 20505.98 | 71671.46 | case rate | | | | |
| REVISION OF HIP OR KNEE REPLACEMENT W MCC | 466 | MS-DRG | | | | inpatient | | | | 80391.36 | Amerihealth | Medicare | 69905.53 | | | | 60174.97 | 199450.59 | case rate | | | | |
| REVISION OF HIP OR KNEE REPLACEMENT W CC | 467 | MS-DRG | | | | inpatient | | | | 57253.27 | Amerihealth | Medicare | 49785.45 | | | | 40456.82 | 135369.89 | case rate | | | | |
| REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC | 468 | MS-DRG | | | | inpatient | | | | 46138.84 | Amerihealth | Medicare | 40120.73 | | | | 30985.16 | 108884.14 | case rate | | | | |
| MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP | 469 | MS-DRG | | | | inpatient | | | | 55084.16 | Amerihealth | Medicare | 47899.27 | | | | 38608.32 | 123816.02 | case rate | | | | |
| MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC | 470 | MS-DRG | | | | inpatient | | | | 35912.84 | Amerihealth | Medicare | 31228.56 | | | | 22270.62 | 77616.13 | case rate | | | | |
| CERVICAL SPINAL FUSION W MCC | 471 | MS-DRG | | | | inpatient | | | | 77102.35 | Amerihealth | Medicare | 67045.52 | | | | 8282 | 195452.37 | case rate | | | | |
| CERVICAL SPINAL FUSION W CC | 472 | MS-DRG | | | | inpatient | | | | 49935.13 | Amerihealth | Medicare | 43421.85 | | | | 8991 | 114945.83 | case rate | | | | |
| CERVICAL SPINAL FUSION W/O CC/MCC | 473 | MS-DRG | | | | inpatient | | | | 42592.04 | Amerihealth | Medicare | 37036.55 | | | | 11229 | 92559.71 | case rate | | | | |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC | 474 | MS-DRG | | | | inpatient | | | | 71938.07 | Amerihealth | Medicare | 62554.84 | | | | 22321 | 148035.47 | case rate | | | | |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC | 475 | MS-DRG | | | | inpatient | | | | 39680.02 | Amerihealth | Medicare | 34504.37 | | | | 25480.99 | 83818.24 | case rate | | | | |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC | 476 | MS-DRG | | | | inpatient | | | | 25990.29 | Amerihealth | Medicare | 22521.99 | | | | 13737.98 | 44885.35 | case rate | | | | |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC | 477 | MS-DRG | | | | inpatient | | | | 57444.54 | Amerihealth | Medicare | 49951.78 | | | | 40619.82 | 122419.57 | case rate | | | | |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC | 478 | MS-DRG | | | | inpatient | | | | 42192.86 | Amerihealth | Medicare | 36689.45 | | | | 27622.42 | 88904.75 | case rate | | | | |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC | 479 | MS-DRG | | | | inpatient | | | | 34392.39 | Amerihealth | Medicare | 29906.42 | | | | 20974.9 | 70134.59 | case rate | | | | |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC | 480 | MS-DRG | | | | inpatient | | | | 50542.2 | Amerihealth | Medicare | 43949.74 | | | | 34737.68 | 118206.81 | case rate | | | | |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC | 481 | MS-DRG | | | | inpatient | | | | 38537.95 | Amerihealth | Medicare | 33511.26 | | | | 8360 | 80444.14 | case rate | | | | |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC | 482 | MS-DRG | | | | inpatient | | | | 31767.28 | Amerihealth | Medicare | 27623.72 | | | | 9385 | 64927.15 | case rate | | | | |
| MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES | 483 | MS-DRG | | | | inpatient | | | | 45097.95 | Amerihealth | Medicare | 39215.6 | | | | 13093 | 92973.18 | case rate | | | | |
| KNEE PROCEDURES W PDX OF INFECTION W MCC | 485 | MS-DRG | | | | inpatient | | | | 54399.47 | Amerihealth | Medicare | 47303.89 | | | | 38024.83 | 128883.03 | case rate | | | | |
| KNEE PROCEDURES W PDX OF INFECTION W CC | 486 | MS-DRG | | | | inpatient | | | | 39175.52 | Amerihealth | Medicare | 34065.67 | | | | 25051.05 | 86533.13 | case rate | | | | |
| KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC | 487 | MS-DRG | | | | inpatient | | | | 31681.35 | Amerihealth | Medicare | 27549 | | | | 18664.56 | 64369.35 | case rate | | | | |
| KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC | 488 | MS-DRG | | | | inpatient | | | | 37020.27 | Amerihealth | Medicare | 32191.54 | | | | 23214.36 | 82402.29 | case rate | | | | |
| KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC | 489 | MS-DRG | | | | inpatient | | | | 26943.96 | Amerihealth | Medicare | 23429.53 | | | | 14627.39 | 50607.68 | case rate | | | | |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC | 492 | MS-DRG | | | | inpatient | | | | 58999.65 | Amerihealth | Medicare | 51304.04 | | | | 27633 | 132253.23 | case rate | | | | |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC | 493 | MS-DRG | | | | inpatient | | | | 43057.74 | Amerihealth | Medicare | 37441.51 | | | | 28359.46 | 87613.62 | case rate | | | | |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC | 494 | MS-DRG | | | | inpatient | | | | 35911.46 | Amerihealth | Medicare | 31227.35 | | | | 22269.44 | 68414.39 | case rate | | | | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC | 495 | MS-DRG | | | | inpatient | | | | 58575.53 | Amerihealth | Medicare | 50935.24 | | | | 41583.64 | 135053.94 | case rate | | | | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC | 496 | MS-DRG | | | | inpatient | | | | 37125.6 | Amerihealth | Medicare | 32283.13 | | | | 23304.13 | 76488.83 | case rate | | | | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC | 497 | MS-DRG | | | | inpatient | | | | 28368.18 | Amerihealth | Medicare | 24685.36 | | | | 15858.15 | 55975.05 | case rate | | | | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC | 498 | MS-DRG | | | | inpatient | | | | 44775 | Amerihealth | Medicare | 38934.79 | | | | 29822.91 | 88857.95 | case rate | | | | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC | 499 | MS-DRG | | | | inpatient | | | | 25007.7 | Amerihealth | Medicare | 21745.83 | | | | 12977.32 | 43656.63 | case rate | | | | |
| SOFT TISSUE PROCEDURES W MCC | 500 | MS-DRG | | | | inpatient | | | | 53698.15 | Amerihealth | Medicare | 46694.04 | | | | 37427.16 | 119673.48 | case rate | | | | |
| SOFT TISSUE PROCEDURES W CC | 501 | MS-DRG | | | | inpatient | | | | 34515.74 | Amerihealth | Medicare | 30013.69 | | | | 8902 | 69620.41 | case rate | | | | |
| SOFT TISSUE PROCEDURES W/O CC/MCC | 502 | MS-DRG | | | | inpatient | | | | 29144.95 | Amerihealth | Medicare | 25343.43 | | | | 16593.06 | 50361.94 | case rate | | | | |
| FOOT PROCEDURES W MCC | 503 | MS-DRG | | | | inpatient | | | | 46461.78 | Amerihealth | Medicare | 40401.55 | | | | 27418 | 99943.74 | case rate | | | | |
| FOOT PROCEDURES W CC | 504 | MS-DRG | | | | inpatient | | | | 34104.1 | Amerihealth | Medicare | 29655.74 | | | | 20729.22 | 67462.61 | case rate | | | | |
| FOOT PROCEDURES W/O CC/MCC | 505 | MS-DRG | | | | inpatient | | | | 34104.1 | Amerihealth | Medicare | 29655.74 | | | | 20729.22 | 61623.26 | case rate | | | | |
| MAJOR THUMB OR JOINT PROCEDURES | 506 | MS-DRG | | | | inpatient | | | | 30557.29 | Amerihealth | Medicare | 26571.56 | | | | 17706.65 | 55011.57 | case rate | | | | |
| MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC | 507 | MS-DRG | | | | inpatient | | | | 36643.27 | Amerihealth | Medicare | 31863.71 | | | | 22893.09 | 75771.1 | case rate | | | | |
| MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC | 508 | MS-DRG | | | | inpatient | | | | 26986.93 | Amerihealth | Medicare | 23466.89 | | | | 14664 | 56458.73 | case rate | | | | |
| ARTHROSCOPY | 509 | MS-DRG | | | | inpatient | | | | 34127.66 | Amerihealth | Medicare | 29676.23 | | | | 20749.3 | 65153.39 | case rate | | | | |
| SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC | 510 | MS-DRG | | | | inpatient | | | | 49393.2 | Amerihealth | Medicare | 42950.61 | | | | 33758.51 | 106582.73 | case rate | | | | |
| SHOULDER, 

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC | 515 | MS-DRG | | | | inpatient | | | | 52640.62 | Amerihealth | Medicare | 45774.46 | | | | 36525.94 | 129219.57 | case rate | |
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC | 516 | MS-DRG | | | | inpatient | | | | 37661.99 | Amerihealth | Medicare | 32749.56 | | | | 23761.23 | 73543.8 | case rate | |
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC | 517 | MS-DRG | | | | inpatient | | | | 30468.59 | Amerihealth | Medicare | 26494.42 | | | | 17631.06 | 53864.77 | case rate | |
| BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM | 518 | MS-DRG | | | | inpatient | | | | 59454.26 | Amerihealth | Medicare | 51699.36 | | | | 42332.49 | 120929.5 | case rate | |
| BACK & NECK PROC EXC SPINAL FUSION W CC | 519 | MS-DRG | | | | inpatient | | | | 37110.36 | Amerihealth | Medicare | 32269.88 | | | | 23291.14 | 72531.03 | case rate | |
| BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC | 520 | MS-DRG | | | | inpatient | | | | 29643.91 | Amerihealth | Medicare | 25777.31 | | | | 16928.27 | 51259.1 | case rate | |
| HIP REPLACEMENT W/TH PRINCIPAL DIAGNOSIS OF HIP FRACTURE W/TH MCC | 521 | MS-DRG | | | | inpatient | | | | 50177.68 | Amerihealth | Medicare | 43632.77 | | | | 7692 | 50572.96 | case rate | |
| HIP REPLACEMENT W/TH PRINCIPAL DIAGNOSIS OF HIP FRACTURE W/THOUT MCC | 522 | MS-DRG | | | | inpatient | | | | 38998.11 | Amerihealth | Medicare | 33911.4 | | | | 9003 | 36577.64 | case rate | |
| FRACTURES OF FEMUR W MCC | 533 | MS-DRG | | | | inpatient | | | | 32914.88 | Amerihealth | Medicare | 26882.51 | | | | 12781 | 59700.21 | case rate | |
| FRACTURES OF FEMUR W/O MCC | 534 | MS-DRG | | | | inpatient | | | | 21061.72 | Amerihealth | Medicare | 18314.54 | | | | 9614.58 | 34640.29 | case rate | |
| FRACTURES OF HIP & PELVIS W MCC | 535 | MS-DRG | | | | inpatient | | | | 28212.16 | Amerihealth | Medicare | 24532.31 | | | | 15708.14 | 48945.98 | case rate | |
| FRACTURES OF HIP & PELVIS W/O MCC | 536 | MS-DRG | | | | inpatient | | | | 21018.76 | Amerihealth | Medicare | 18277.18 | | | | 9577.96 | 29528.3 | case rate | |
| SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC | 537 | MS-DRG | | | | inpatient | | | | 22517.04 | Amerihealth | Medicare | 19580.03 | | | | 10854.79 | 35515.87 | case rate | |
| SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC | 538 | MS-DRG | | | | inpatient | | | | 19086.66 | Amerihealth | Medicare | 16597.09 | | | | 7931.44 | 28358.09 | case rate | |
| OSTEOMYELITIS W MCC | 539 | MS-DRG | | | | inpatient | | | | 37810.29 | Amerihealth | Medicare | 32878.52 | | | | 23887.62 | 78762.93 | case rate | |
| OSTEOMYELITIS W CC | 540 | MS-DRG | | | | inpatient | | | | 27715.97 | Amerihealth | Medicare | 24100.84 | | | | 15285.29 | 55088.18 | case rate | |
| OSTEOMYELITIS W/O CC/MCC | 541 | MS-DRG | | | | inpatient | | | | 21905.81 | Amerihealth | Medicare | 19048.53 | | | | 7723 | 34431.48 | case rate | |
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC | 542 | MS-DRG | | | | inpatient | | | | 35630.1 | Amerihealth | Medicare | 30982.69 | | | | 8903 | 71099.48 | case rate | |
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC | 543 | MS-DRG | | | | inpatient | | | | 24463.79 | Amerihealth | Medicare | 21290.25 | | | | 10889 | 41835.01 | case rate | |
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC | 544 | MS-DRG | | | | inpatient | | | | 20253.68 | Amerihealth | Medicare | 17611.89 | | | | 8925.97 | 31143.19 | case rate | |
| CONNECTIVE TISSUE DISORDERS W MCC | 545 | MS-DRG | | | | inpatient | | | | 44802.73 | Amerihealth | Medicare | 38968.89 | | | | 29846.53 | 96702.25 | case rate | |
| CONNECTIVE TISSUE DISORDERS W CC | 546 | MS-DRG | | | | inpatient | | | | 25825.45 | Amerihealth | Medicare | 22456.91 | | | | 13674.2 | 47370.1 | case rate | |
| CONNECTIVE TISSUE DISORDERS W/O CC/MCC | 547 | MS-DRG | | | | inpatient | | | | 20122.01 | Amerihealth | Medicare | 17497.4 | | | | 8813.76 | 33452.4 | case rate | |
| SEPTIC ARTHRITIS W MCC | 548 | MS-DRG | | | | inpatient | | | | 37702.19 | Amerihealth | Medicare | 32784.51 | | | | 23795.49 | 80635.27 | case rate | |
| SEPTIC ARTHRITIS W CC | 549 | MS-DRG | | | | inpatient | | | | 26482.42 | Amerihealth | Medicare | 23028.19 | | | | 14234.06 | 48532.51 | case rate | |
| SEPTIC ARTHRITIS W/O CC/MCC | 550 | MS-DRG | | | | inpatient | | | | 21728.4 | Amerihealth | Medicare | 18894.26 | | | | 10182.71 | 36034.67 | case rate | |
| MEDICAL BACK PROBLEMS W MCC | 551 | MS-DRG | | | | inpatient | | | | 33430.5 | Amerihealth | Medicare | 29070 | | | | 9165 | 62083.54 | case rate | |
| MEDICAL BACK PROBLEMS W/O MCC | 552 | MS-DRG | | | | inpatient | | | | 23137.97 | Amerihealth | Medicare | 20119.97 | | | | 11383.94 | 38145.31 | case rate | |
| BONE DISEASES & ARTHROPATHIES W MCC | 553 | MS-DRG | | | | inpatient | | | | 27880.9 | Amerihealth | Medicare | 24244.26 | | | | 15425.85 | 48275.06 | case rate | |
| BONE DISEASES & ARTHROPATHIES W/O MCC | 554 | MS-DRG | | | | inpatient | | | | 21347.24 | Amerihealth | Medicare | 18562.82 | | | | 9857.89 | 47368.4 | case rate | |
| SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC | 555 | MS-DRG | | | | inpatient | | | | 28443.62 | Amerihealth | Medicare | 24733.59 | | | | 15905.39 | 49887.75 | case rate | |
| SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC | 556 | MS-DRG | | | | inpatient | | | | 21096.37 | Amerihealth | Medicare | 18344.67 | | | | 9644.11 | 29945.67 | case rate | |
| TENDONITIS, MYOSITIS & BURSITIS W MCC | 557 | MS-DRG | | | | inpatient | | | | 31258.61 | Amerihealth | Medicare | 27181.4 | | | | 18304.31 | 55873.63 | case rate | |
| TENDONITIS, MYOSITIS & BURSITIS W/O MCC | 558 | MS-DRG | | | | inpatient | | | | 21751.96 | Amerihealth | Medicare | 18914.75 | | | | 10202.79 | 33682.54 | case rate | |
| AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC | 559 | MS-DRG | | | | inpatient | | | | 35508.13 | Amerihealth | Medicare | 30876.63 | | | | 21925.72 | 70161.89 | case rate | |
| AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC | 560 | MS-DRG | | | | inpatient | | | | 25562.11 | Amerihealth | Medicare | 22227.92 | | | | 13449.78 | 39853.45 | case rate | |
| AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC | 561 | MS-DRG | | | | inpatient | | | | 21111.62 | Amerihealth | Medicare | 18357.93 | | | | 9211 | 29493.19 | case rate | |
| FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC | 562 | MS-DRG | | | | inpatient | | | | 30063.87 | Amerihealth | Medicare | 26142.5 | | | | 12507 | 54525.76 | case rate | |
| FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC | 563 | MS-DRG | | | | inpatient | | | | 22167.76 | Amerihealth | Medicare | 19276.31 | | | | 10557.14 | 32691.77 | case rate | |
| OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC | 564 | MS-DRG | | | | inpatient | | | | 31528.89 | Amerihealth | Medicare | 27416.42 | | | | 18534.64 | 61326.81 | case rate | |
| OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC | 565 | MS-DRG | | | | inpatient | | | | 23912.75 | Amerihealth | Medicare | 20793.7 | | | | 12044.21 | 38063.03 | case rate | |
| OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC | 566 | MS-DRG | | | | inpatient | | | | 20148.34 | Amerihealth | Medicare | 17520.3 | | | | 8836.2 | 29735.04 | case rate | |
| SKIN DEBRIDEMENT W MCC | 570 | MS-DRG | | | | inpatient | | | | 51501.32 | Amerihealth | Medicare | 44783.76 | | | | 35555.04 | 118374.54 | case rate | |
| SKIN DEBRIDEMENT W CC | 571 | MS-DRG | | | | inpatient | | | | 32985.59 | Amerihealth | Medicare | 28683.12 | | | | 9078 | 66425.02 | case rate | |
| SKIN DEBRIDEMENT W/O CC/MCC | 572 | MS-DRG | | | | inpatient | | | | 25613.39 | Amerihealth | Medicare | 22272.51 | | | | 11401 | 45973.65 | case rate | |
| SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC | 573 | MS-DRG | | | | inpatient | | | | 95132.98 | Amerihealth | Medicare | 82724.33 | | | | 16091 | 204845.26 | case rate | |
| SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC | 574 | MS-DRG | | | | inpatient | | | | 57803.52 | Amerihealth | Medicare | 50263.93 | | | | 36864 | 118811.42 | case rate | |
| SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC | 575 | MS-DRG | | | | inpatient | | | | 37454.09 | Amerihealth | Medicare | 32568.77 | | | | 23584.06 | 68597.71 | case rate | |
| SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC | 576 | MS-DRG | | | | inpatient | | | | 84559.1 | Amerihealth | Medicare | 73529.65 | | | | 63726.69 | 190381.46 | case rate | |
| SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC | 577 | MS-DRG | | | | inpatient | | | | 46886.32 | Amerihealth | Medicare | 40596.8 | | | | 31451.72 | 97876.36 | case rate | |
| SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC | 578 | MS-DRG | | | | inpatient | | | | 33208.73 | Amerihealth | Medicare | 28877.16 | | | | 19986.19 | 59669.01 | case rate | |
| OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC | 579 | MS-DRG | | | | inpatient | | | | 54955.26 | Amerihealth | Medicare | 47787.19 | | | | 38498.47 | 109133.78 | case rate | |
| OTHER SKIN, SUBCUT TISS & BREAST PROC W CC | 580 | MS-DRG | | | | inpatient | | | | 34353.58 | Amerihealth | Medicare | 29872.68 | | | | 20941.82 | 62013.33 | case rate | |
| OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC | 581 | MS-DRG | | | | inpatient | | | | 29727.07 | Amerihealth | Medicare | 25849.63 | | | | 8609 | 48229.25 | case rate | |
| MASTECTOMY FOR MALIGNANCY W CC/MCC | 582 | MS-DRG | | | | inpatient | | | | 34051.43 | Amerihealth | Medicare | 29609.94 | | | | 10681 | 61221.49 | case rate | |
| MASTECTOMY FOR MALIGNANCY W/O CC/MCC | 583 | MS-DRG | | | | inpatient | | | | 32547.61 | Amerihealth | Medicare | 28302.27 | | | | 14701 | 53755.55 | case rate | |
| BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC | 584 | MS-DRG | | | | inpatient | | | | 38156.8 | Amerihealth | Medicare | 33179.82 | | | | 24182.91 | 72997.7 | case rate | |
| BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC | 585 | MS-DRG | | | | inpatient | | | | 37293.31 | Amerihealth | Medicare | 32428.97 | | | | 23447.05 | 61073.26 | case rate | |
| SKIN ULCERS W MCC | 592 | MS-DRG | | | | inpatient | | | | 38280.15 | Amerihealth | Medicare | 33287.09 | | | | 24288.03 | 66631.76 | case rate | |
| SKIN ULCERS W CC | 593 | MS-DRG | | | | inpatient | | | | 26726.36 | Amerihealth | Medicare | 23240.31 | | | | 14441.95 | 44054.51 | case rate | |
| SKIN ULCERS W/O CC/MCC | 594 | MS-DRG | | | | inpatient | | | | 21542.67 | Amerihealth | Medicare | 18732.76 | | | | 10024.44 | 31603.47 | case rate | |
| MAJOR SKIN DISORDERS W MCC | 595 | MS-DRG | | | | inpatient | | | | 39095.13 | Amerihealth | Medicare | 33995.76 | | | | 24982.55 | 77503.01 | case rate | |
| MAJOR SKIN DISORDERS W/O MCC | 596 | MS-DRG | | | | inpatient | | | | 24763.76 | Amerihealth | Medicare | 21533.71 | | | | 12769.43 | 39455.58 | case rate | |
| MALIGNANT BREAST DISORDERS W MCC | 597 | MS-DRG | | | | inpatient | | | | 34127.66 | Amerihealth | Medicare | 29676.23 | | | | 20749.3 | 67092.04 | case rate | |
| MALIGNANT BREAST DISORDERS W CC | 598 | MS-DRG | | | | inpatient | | | | 24482.4 | Amerihealth | Medicare | 21289.04 | | | | 12529.66 | 45337.84 | case rate | |
| MALIGNANT BREAST DISORDERS W/O CC/MCC | 599 | MS-DRG | | | | inpatient | | | | 21628.6 | Amerihealth | Medicare | 18807.48 | | | | 10097.67 | 27944.61 | case rate | |
| NON-MALIGNANT BREAST DISORDERS W CC/MCC | 600 | MS-DRG | | | | inpatient | | | | 23038.18 | Amerihealth | Medicare | 20033.2 | | | | 11298.9 | 37290.69 | case rate | |
| NON-MALIGNANT BREAST DISORDERS W/O CC/MCC | 601 | MS-DRG | | | | inpatient | | | | 18088.73 | Amerihealth | Medicare | 15729.33 | | | | 7081.01 | 24153.13 | case rate | |
| CELLULITIS W MCC | 602 | MS-DRG | | | | inpatient | | | | 30142.88 | Amerihealth | Medicare | 26211.2 | | | | 17353.49 | 56326.11 | case rate | |
| CELLULITIS W/O MCC | 603 | MS-DRG | | | | inpatient | | | | 21987.58 | Amerihealth | Medicare | 19119.63 | | | | 10403.59 | 33066.23 | case rate | |
| TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC | 604 | MS-DRG | | | | inpatient | | | | 30371.57 | Amerihealth | Medicare | 26410.06 | | | | 17548.38 | 55265.12 | case rate | |
| TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC | 605 | MS-DRG | | | | inpatient | | | | 22582.18 | Amerihealth | Medicare | 19636.68 | | | | 10910.3 | 33565.52 | case rate | |
| MINOR SKIN DISORDERS W MCC | 606 | MS-DRG | | | | inpatient | | | | 32098.54 | Amerihealth | Medicare | 27911.77 | | | | 19020.09 | 53860.87 | case rate | |
| MINOR SKIN DISORDERS W/O MCC | 607 | MS-DRG | | | | inpatient | | | | 21757.5 | Amerihealth | Medicare | 18919.57 | | | | 10207.52 | 31244.61 | case rate | |
| ADRENAL & PITUITARY PROCEDURES W CC/MCC | 614 | MS-DRG | | | | inpatient | | | | 41366.8 | Amerihealth | Medicare | 35971.13 | | | | 26918.45 | 92196.95 | case rate | |
| ADRENAL & PITUITARY PROCEDURES W/O CC/MCC | 615 | MS-DRG | | | | inpatient | | | | 29641.14 | Amerihealth | Medicare | 25774.9 | | | | 16925.91 | 57777.17 | case rate | |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC | 616 | MS-DRG | | | | inpatient | | | | 63348.95 | Amerihealth | Medicare | 55086.05 | | | | 45651.52 | 161301.75 | case rate | |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC | 617 | MS-DRG | | | | inpatient | | | | 36551.8 | Amerihealth | Medicare | 31784.17 | | | | 22815.13 | 80884.92 | case rate | |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC | 618 | MS-DRG | | | | inpatient | | | | 27036.82 | Amerihealth | Medicare | 23510.28 | | | | 14706.52 | 45220.82 | case rate | |
| O.R. PROCEDURES FOR OBESITY W MCC | 619 | MS-DRG | | | | inpatient | | | | 47869.21 | Amerihealth | Medicare | 41364.53 | | | | 32204.11 | 113927.74 | case rate | |
| O.R. PROCEDURES FOR OBESITY W CC | 620 | MS-DRG | | | | inpatient | | | | 31914.2 | Amerihealth | Medicare | 27751.48 | | | | 18863 | 70587.07 | case rate | |
| O.R. PROCEDURES FOR OBESITY W/O CC/MCC | 621 | MS-DRG | | | | inpatient | | | | 30040.31 | Amerihealth | Medicare | 26122.01 | | | | 17266.08 | 61564.75 | case rate | |
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC | 622 | MS-DRG | | | | inpatient | | | | 61644.16 | Amerihealth | Medicare | 53603.62 | | | | 44198.71 | 148148.59 | case rate | |
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC | 623 | MS-DRG | | | | inpatient | | | | 36291.22 | Amerihealth | Medicare | 31557.59 | | | | 22593.08 | 75018.26 | case rate | |
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC | 624 | MS-DRG | | | | inpatient | | | | 23582.88 | Amerihealth | Medicare | 20506.85 | | | | 11763.09 | 50553.07 | case rate | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC | 625 | MS-DRG | | | | inpatient | | | | 49517.94 | Amerihealth | Medicare | 43059.08 | | | | 33864.81 | 108568.18 | case rate | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC | 626 | MS-DRG | | | | inpatient | | | | 30698.67 | Amerihealth | Medicare | 26694.49 | | | | 17827.13 | 62824.67 | case rate | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC | 627 | MS-DRG | | | | inpatient | | | | 27338.97 | Amerihealth | Medicare | 23773.02 | | | | 14964.01 | 42322.6 | case rate | |
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC | 628 | MS-DRG | | | | inpatient | | | | 64467.46 | Amerihealth | Medicare | 56058.66 | | | | 46604.71 | 143350.73 | case rate | |
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC | 629 | MS-DRG | | | | inpatient | | | | 40952.38 | Amerihealth | Medicare | 35610.77 | | | | 26565.29 | 91225.67 | case rate | |
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC | 630 | MS-DRG | | | | inpatient | | | | 29201.77 | Amerihealth | Medicare | 25392.85 | | | | 16551.48 | 59856.24 | case rate | |
| DIABETES W MCC | 637 | MS-DRG | | | | inpatient | | | | 29964.08 | Amerihealth | Medicare | 26055.72 | | | | 17201.12 | 53880.37 | case rate | |
| DIABETES W CC | 638 | MS-DRG | | | | inpatient | | | | 22492.09 | Amerihealth | Medicare | 19558.34 | | | | 10833.53 | 34021.91 | case rate | |
| DIABETES W/O CC/MCC | 639 | MS-DRG | | | | inpatient | | | | 18464.34 | Amerihealth | Medicare | 16055.95 | | | | 7401.1 | 24648.52 | case rate | |
| MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC | 640 | MS-DRG | | | | inpatient | | | | 28183.83 | Amerihealth | Medicare | 24509.41 | | | | 15685.7 | 46426.13 | case rate | |
| MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC | 641 | MS-DRG | | | | inpatient | | | | 20609.88 | Amerihealth | Medicare | 17921.64 | | | | 9229.52 | 29329.36 | case rate | |
| INBORN AND OTHER DISORDERS OF METABOLISM | 642 | MS-DRG | | | | inpatient | | | | 26981.38 | Amerihealth | Medicare | 23462.07 | | | | 14659.28 | 45285.34 | case rate | |
| ENDOCRINE DISORDERS W MCC | 643 | MS-DRG | | | | inpatient | | | | 32749.96 | Amerihealth | Medicare | 28478.23 | | | | 19576.23 | 63741.34 | case rate | |
| ENDOCRINE DISORDERS W CC | 644 | MS-DRG | | | | inpatient | | | | 24102.63 | Amerihealth | Medicare | 20958.81 | | | | 12206.02 | 39494.59 | case rate | |
| ENDOCRINE DISORDERS W/O CC/MCC | 645 | MS-DRG | | | | inpatient | | | | 20572.46 | Amerihealth | Medicare | 17889.1 | | | | 9197.63 | 28978.3 | case rate | |
| KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC | 650 | MS-DRG | | | | inpatient | | | | 73637.32 | Amerihealth | Medicare | 64032.45 | | | | 54419.22 | 79941.26 | case rate | |
| KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC | 651 | MS-DRG | | | | inpatient | | | | 57698.86 | Amerihealth | Medicare | 50355.53 | | | | 41015.5 | 60251.35 | case rate | |
| KIDNEY TRANSPLANT | 652 | MS-DRG | | | | inpatient | | | | 52349.56 | Amerihealth | Medicare | 45521.36 | | | | 36277.9 | 129292.6 | case rate | |
| MAJOR BLADDER PROCEDURES W MCC | 653 | MS-DRG | | | | inpatient | | | | 87044.22 | Amerihealth | Medicare | 75690.62 | | | | 65844.5 | 214109.42 | case rate | |
| MAJOR BLADDER PROCEDURES W CC | 654 | MS-DRG | | | | inpatient | | | | 48894.23 | Amerihealth | Medicare | 42516.72 | | | | 33333.29 | 112078.81 | case rate | |
| MAJOR BLADDER PROCEDURES W/O CC/MCC | 655 | MS-DRG | | | | inpatient | | | | 38571.21 | Amerihealth | Medicare | 33540.19 | | | | 24536.07 | 81025.34 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC | 656 | MS-DRG | | | | inpatient | | | | 54935.86 | Amerihealth | Medicare | 47770.31 | | | | 38481.93 | 129709.69 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC | 657 | MS-DRG | | | | inpatient | | | | 35117.27 | Amerihealth | Medicare | 30536.76 | | | | 21592.64 | 75962.23 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC | 658 | MS-DRG | | | | inpatient | | | | 30625.21 | Amerihealth | Medicare | 26630.62 | | | | 17764.53 | 61100.56 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC | 659 | MS-DRG | | | | inpatient | | | | 45598.3 | Amerihealth | Medicare | 39650.69 | | | | 30524.51 | 106375.99 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC | 660 | MS-DRG | | | | inpatient | | | | 28352.15 | Amerihealth | Medicare | 24654.04 | | | | 15827.44 | 56466.53 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC | 661 | MS-DRG | | | | inpatient | | | | 24008.39 | Amerihealth | Medicare | 20876.86 | | | | 12125.71 | 41846.71 | case rate | |
| MINOR BLADDER PROCEDURES W MCC | 662 | MS-DRG | | | | inpatient | | | | 53017.62 | Amerihealth | Medicare | 46102.28 | | | | 36947.22 | 123991.55 | case rate | |
| MINOR BLADDER PROCEDURES W CC | 663 | MS-DRG | | | | inpatient | | | | 30949.53 | Amerihealth | Medicare | 26912.64 | | | | 18040.92 | 63983.18 | case rate | |
| MINOR BLADDER PROCEDURES W/O CC/MCC | 664 | MS-DRG | | | | inpatient | | | | 24745.74 | Amerihealth | Medicare | 21518.04 | | | | 12754.08 | 46250.6 | case rate | |
| PROSTATECTOMY W MCC | 665 | MS-DRG | | | | inpatient | | | | 57369.7 | Amerihealth | Medicare | 49886.69 | | | | 40556.04 | 123995.45 | case rate | |
| PROSTATECTOMY W CC | 666 | MS-DRG | | | | inpatient | | | | 32611.36 | Amerihealth | Medicare | 28357.71 | | | | 19457.12 | 69397.35 | case rate | |
| PROSTATECTOMY W/O CC/MCC | 667 | MS-DRG | | | | inpatient | | | | 24025.02 | Amerihealth | Medicare | 20891.32 | | | | 12139.88 | 42143.16 | case rate | |
| TRANSURETHRAL PROCEDURES W MCC | 668 | MS-DRG | | | | inpatient | | | | 50199.86 | Amerihealth | Medicare | 43652.05 | | | | 34445.94 | 109789.1 | case rate | |
| TRANSURETHRAL PROCEDURES W CC | 669 | MS-DRG | | | | inpatient | | | | 31228.12 | Amerihealth | Medicare | 27154.89 | | | | 18278.33 | 61728.58 | case rate | |
| TRANSURETHRAL PROCEDURES W/O CC/MCC | 670 | MS-DRG | | | | inpatient | | | | 23025.7 | Amerihealth | Medicare | 20022.35 | | | | 11288.27 | 37583.24 | case rate | |
| URETHRAL PROCEDURES W CC/MCC | 671 | MS-DRG | | | | inpatient | | | | 33670.28 | Amerihealth | Medicare | 29278.5 | | | | 20359.52 | 65668.28 | case rate | |
| URETHRAL PROCEDURES W/O CC/MCC | 672 | MS-DRG | | | | inpatient | | | | 24948.1 | Amerihealth | Medicare | 21694 | | | | 12926.53 | 41226.5 | case rate | |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC | 673 | MS-DRG | | | | inpatient | | | | 67847.95 | Amerihealth | Medicare | 58998.22 | | | | 49485.54 | 139539.74 | case rate | |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W CC | 674 | MS-DRG | | | | inpatient | | | | 41774.29 | Amerihealth | Medicare | 36325.47 | | | | 27265.71 | 90188.08 | case rate | |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC | 675 | MS-DRG | | | | inpatient | | | | 31474.83 | Amerihealth | Medicare | 27369.42 | | | | 18488.57 | 63398.08 | case rate | |
| RENAL FAILURE W MCC | 682 | MS-DRG | | | | inpatient | | | | 30596.1 | Amerihealth | Medicare | 26605.31 | | | | 17739.72 | 59758.72 | case rate | |
| RENAL FAILURE W CC | 683 | MS-DRG | | | | inpatient | | | | 22099.85 | Amerihealth | Medicare | 19217.26 | | | | 10499.26 | 35947.43 | case rate | |
| RENAL FAILURE W/O CC/MCC | 684 | MS-DRG | | | | inpatient | | | | 18198.22 | Amerihealth | Medicare | 15824.54 | | | | 7174.32 | 24176.54 | case rate | |
| KIDNEY & URINARY TRACT NEOPLASMS W MCC | 686 | MS-DRG | | | | inpatient | | | | 35915.62 | Amerihealth | Medicare | 31230.97 | | | | 22272.98 | 66998.42 | case rate | |
| KIDNEY & URINARY TRACT NEOPLASMS W CC | 687 | MS-DRG | | | | inpatient | | | | 24370.13 | Amerihealth | Medicare | 21191.42 | | | | 12433.99 | 41101.68 | case rate | |
| KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC | 688 | MS-DRG | | | | inpatient | | | | 19817.09 | Amerihealth | Medicare | 17232.25 | | | | 8553.9 | 30850.64 | case rate | |
| KIDNEY & URINARY TRACT INFECTIONS W MCC | 689 | MS-DRG | | | | inpatient | | | | 26000.08 | Amerihealth | Medicare | 22608.77 | | | | 13823.02 | 43360.18 | case rate | |
| KIDNEY & URINARY TRACT INFECTIONS W/O MCC | 690 | MS-DRG | | | | inpatient | | | | 20903.72 | Amerihealth | Medicare | 18177.15 | | | | 9479.93 | 30975.46 | case rate | |
| URINARY STONES W MCC | 693 | MS-DRG | | | | inpatient | | | | 30159.51 | Amerihealth | Medicare | 26225.66 | | | | 17367.66 | 51629.67 | case rate | |
| URINARY STONES W/O MCC | 694 | MS-DRG | | | | inpatient | | | | 20609.88 | Amerihealth | Medicare | 17921.64 | | | | 9229.52 | 27386.81 | case rate | |
| KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC | 695 | MS-DRG | | | | inpatient | | | | 25411.03 | Amerihealth | Medicare | 22096.55 | | | | 13321.03 | 44807.34 | case rate | |
| KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC | 696 | MS-DRG | | | | inpatient | | | | 19368.02 | Amerihealth | Medicare | 16841.75 | | | | 8171.21 | 26860.22 | case rate | |
| URETHRAL STRICTURE | 697 | MS-DRG | | | | inpatient | | | | 23262.71 | Amerihealth | Medicare | 20228.44 | | | | 11490.25 | 37446.72 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC | 698 | MS-DRG | | | | inpatient | | | | 33077.06 | Amerihealth | Medicare | 28762.66 | | | | 19853.98 | 63000.21 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC | 699 | MS-DRG | | | | inpatient | | | | 23915.52 | Amerihealth | Medicare | 20796.11 | | | | 12046.57 | 40095.3 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC | 700 | MS-DRG | | | | inpatient | | | | 19401.28 | Amerihealth | Medicare | 16870.68 | | | | 8199.56 | 29633.62 | case rate | |
| MAJOR MALE PELVIC PROCEDURES W CC/MCC | 707 | MS-DRG | | | | inpatient | | | | 36076.54 | Amerihealth | Medicare | 31892.64 | | | | 22921.44 | 69877.14 | case rate | |
| MAJOR MALE PELVIC PROCEDURES W/O CC/MCC | 708 | MS-DRG | | | | inpatient | | | | 30327.21 | Amerihealth | Medicare | 26371.49 | | | | 17510.58 | 54863.35 | case rate | |
| PENIS PROCEDURES W CC/MCC | 709 | MS-DRG | | | | inpatient | | | | 40924.66 | Amerihealth | Medicare | 35586.66 | | | | 26541.67 | 79254.42 | case rate | |
| PENIS PROCEDURES W/O CC/MCC | 710 | MS-DRG | | | | inpatient | | | | 30589.17 | Amerihealth | Medicare | 26599.28 | | | | 17733.82 | 65122.19 | case rate | |
| TESTES PROCEDURES W CC/MCC | 711 | MS-DRG | | | | inpatient | | | | 36219.15 | Amerihealth | Medicare | 31484.91 | | | | 22531.66 | 81271.08 | case rate | |
| TESTES PROCEDURES W/O CC/MCC | 712 | MS-DRG | | | | inpatient | | | | 22061.04 | Amerihealth | Medicare | 19183.51 | | | | 10466.19 | 42002.74 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numT | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TRANSURETHRAL PROSTATECTOMY W CC/MCC | 713 | MS-DRG | | | | inpatient | | | | | 29821.32 | Amerihealth | Medicare | 25931.58 | | | | 17079.46 | 57082.84 | case rate |
| TRANSURETHRAL PROSTATECTOMY W/O CC/MCC | 714 | MS-DRG | | | | inpatient | | | | | 22803.94 | Amerihealth | Medicare | 19829.51 | | | | 11099.29 | 35515.87 | case rate |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC | 715 | MS-DRG | | | | inpatient | | | | | 41079.9 | Amerihealth | Medicare | 35721.65 | | | | 26673.96 | 86201.57 | case rate |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC | 716 | MS-DRG | | | | inpatient | | | | | 29451.26 | Amerihealth | Medicare | 25609.79 | | | | 16764.09 | 57067.24 | case rate |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC | 717 | MS-DRG | | | | inpatient | | | | | 35497.04 | Amerihealth | Medicare | 30866.99 | | | | 21916.28 | 76231.38 | case rate |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC | 718 | MS-DRG | | | | inpatient | | | | | 26863.87 | Amerihealth | Medicare | 23351.19 | | | | 14550.61 | 48080.03 | case rate |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC | 722 | MS-DRG | | | | inpatient | | | | | 33742.35 | Amerihealth | Medicare | 29341.17 | | | | 20420.94 | 64739.92 | case rate |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC | 723 | MS-DRG | | | | inpatient | | | | | 25343.12 | Amerihealth | Medicare | 22037.49 | | | | 13263.16 | 42966.21 | case rate |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC | 724 | MS-DRG | | | | inpatient | | | | | 18884.3 | Amerihealth | Medicare | 16421.13 | | | | 7758.99 | 26883.62 | case rate |
| BENIGN PROSTATIC HYPERTROPHY W MCC | 725 | MS-DRG | | | | inpatient | | | | | 27279.37 | Amerihealth | Medicare | 23721.19 | | | | 14913.23 | 47386.2 | case rate |
| BENIGN PROSTATIC HYPERTROPHY W/O MCC | 726 | MS-DRG | | | | inpatient | | | | | 20097.06 | Amerihealth | Medicare | 17475.7 | | | | 8792.5 | 29820.85 | case rate |
| INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC | 727 | MS-DRG | | | | inpatient | | | | | 30145.65 | Amerihealth | Medicare | 26213.61 | | | | 17355.85 | 56092.07 | case rate |
| INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC | 728 | MS-DRG | | | | inpatient | | | | | 21104.69 | Amerihealth | Medicare | 18351.9 | | | | 9651.19 | 30870.14 | case rate |
| OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC | 729 | MS-DRG | | | | inpatient | | | | | 25038.19 | Amerihealth | Medicare | 21772.34 | | | | 13003.3 | 42205.57 | case rate |
| OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC | 730 | MS-DRG | | | | inpatient | | | | | 18191.29 | Amerihealth | Medicare | 15818.52 | | | | 7168.41 | 22171.58 | case rate |
| PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC | 734 | MS-DRG | | | | inpatient | | | | | 38924.65 | Amerihealth | Medicare | 33847.52 | | | | 24837.26 | 89946.24 | case rate |
| PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC | 735 | MS-DRG | | | | inpatient | | | | | 26604.39 | Amerihealth | Medicare | 23134.25 | | | | 14338 | 53244.56 | case rate |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC | 736 | MS-DRG | | | | inpatient | | | | | 64355.2 | Amerihealth | Medicare | 55961.04 | | | | 46509.04 | 157221.61 | case rate |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC | 737 | MS-DRG | | | | inpatient | | | | | 37477.65 | Amerihealth | Medicare | 32589.26 | | | | 23604.14 | 79238.82 | case rate |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC | 738 | MS-DRG | | | | inpatient | | | | | 30804 | Amerihealth | Medicare | 26786.09 | | | | 17916.89 | 54309.45 | case rate |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC | 739 | MS-DRG | | | | inpatient | | | | | 64955.34 | Amerihealth | Medicare | 56482.91 | | | | 47020.48 | 140335.48 | case rate |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC | 740 | MS-DRG | | | | inpatient | | | | | 34981.44 | Amerihealth | Medicare | 30418.65 | | | | 21476.89 | 67985.3 | case rate |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC | 741 | MS-DRG | | | | inpatient | | | | | 28817.85 | Amerihealth | Medicare | 25059 | | | | 16224.3 | 51793.49 | case rate |
| UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC | 742 | MS-DRG | | | | inpatient | | | | | 35097.87 | Amerihealth | Medicare | 30519.89 | | | | 21576.1 | 66858 | case rate |
| UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC | 743 | MS-DRG | | | | inpatient | | | | | 26393.71 | Amerihealth | Medicare | 22951.05 | | | | 14158.47 | 43516.21 | case rate |
| D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC | 744 | MS-DRG | | | | inpatient | | | | | 36862.26 | Amerihealth | Medicare | 32054.14 | | | | 23079.71 | 65933.53 | case rate |
| D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC | 745 | MS-DRG | | | | inpatient | | | | | 23983.44 | Amerihealth | Medicare | 20855.16 | | | | 12104.45 | 41714.09 | case rate |
| VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC | 746 | MS-DRG | | | | inpatient | | | | | 32989.74 | Amerihealth | Medicare | 28686.73 | | | | 19779.57 | 65442.04 | case rate |
| VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC | 747 | MS-DRG | | | | inpatient | | | | | 23018.77 | Amerihealth | Medicare | 20016.32 | | | | 11282.36 | 37376.51 | case rate |
| FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 748 | MS-DRG | | | | inpatient | | | | | 28661.23 | Amerihealth | Medicare | 24922.81 | | | | 16090.83 | 50475.06 | case rate |
| OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC | 749 | MS-DRG | | | | inpatient | | | | | 45857.89 | Amerihealth | Medicare | 39702.52 | | | | 30575.3 | 101496.21 | case rate |
| OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC | 750 | MS-DRG | | | | inpatient | | | | | 27652.21 | Amerihealth | Medicare | 24045.4 | | | | 15230.96 | 47740.67 | case rate |
| MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC | 754 | MS-DRG | | | | inpatient | | | | | 34896.7 | Amerihealth | Medicare | 30310.18 | | | | 21370.58 | 71827.49 | case rate |
| MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC | 755 | MS-DRG | | | | inpatient | | | | | 25165.71 | Amerihealth | Medicare | 21883.22 | | | | 13111.97 | 41733.59 | case rate |
| MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC | 756 | MS-DRG | | | | inpatient | | | | | 23016 | Amerihealth | Medicare | 20013.91 | | | | 11280 | 30429.36 | case rate |
| INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC | 757 | MS-DRG | | | | inpatient | | | | | 29395.81 | Amerihealth | Medicare | 25561.58 | | | | 16716.84 | 56205.19 | case rate |
| INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC | 758 | MS-DRG | | | | inpatient | | | | | 23907.21 | Amerihealth | Medicare | 20788.88 | | | | 12039.48 | 39802.74 | case rate |
| INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC | 759 | MS-DRG | | | | inpatient | | | | | 18650.06 | Amerihealth | Medicare | 16217.45 | | | | 7559.37 | 27722.27 | case rate |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC | 760 | MS-DRG | | | | inpatient | | | | | 23440.12 | Amerihealth | Medicare | 20382.71 | | | | 11641.43 | 34002.4 | case rate |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC | 761 | MS-DRG | | | | inpatient | | | | | 18565.52 | Amerihealth | Medicare | 16143.93 | | | | 7487.32 | 21430.45 | case rate |
| VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C | 768 | MS-DRG | | | | inpatient | | | | | 23794.94 | Amerihealth | Medicare | 20691.25 | | | | 8760 | 44132.52 | case rate |
| POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE | 769 | MS-DRG | | | | inpatient | | | | | 28855.27 | Amerihealth | Medicare | 25091.54 | | | | 16298.19 | 56868.31 | case rate |
| ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 770 | MS-DRG | | | | inpatient | | | | | 24693.08 | Amerihealth | Medicare | 21472.24 | | | | 12709.2 | 41655.58 | case rate |
| POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE | 776 | MS-DRG | | | | inpatient | | | | | 19668.78 | Amerihealth | Medicare | 17103.29 | | | | 8427.52 | 25705.61 | case rate |
| ABORTION W/O D&C | 779 | MS-DRG | | | | inpatient | | | | | 22736.03 | Amerihealth | Medicare | 19770.46 | | | | 11041.41 | 29422.98 | case rate |
| CESAREAN SECTION W STERILIZATION W MCC | 783 | MS-DRG | | | | inpatient | | | | | 35311.31 | Amerihealth | Medicare | 30703.49 | | | | 8487 | 68086.72 | case rate |
| CESAREAN SECTION W STERILIZATION W CC | 784 | MS-DRG | | | | inpatient | | | | | 24790.1 | Amerihealth | Medicare | 21556.61 | | | | 8487 | 42989.61 | case rate |
| CESAREAN SECTION W STERILIZATION W/O CC/MCC | 785 | MS-DRG | | | | inpatient | | | | | 21886.4 | Amerihealth | Medicare | 19031.65 | | | | 8487 | 32980.42 | case rate |
| CESAREAN SECTION W/O STERILIZATION W MCC | 786 | MS-DRG | | | | inpatient | | | | | 32176.15 | Amerihealth | Medicare | 27979.27 | | | | 8487 | 60648.08 | case rate |
| CESAREAN SECTION W/O STERILIZATION W CC | 787 | MS-DRG | | | | inpatient | | | | | 24496.26 | Amerihealth | Medicare | 21301.1 | | | | 8487 | 42170.47 | case rate |
| CESAREAN SECTION W/O STERILIZATION W/O CC/MCC | 788 | MS-DRG | | | | inpatient | | | | | 22318.84 | Amerihealth | Medicare | 19407.68 | | | | 8487 | 35133.6 | case rate |
| NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY | 789 | MS-DRG | | | | inpatient | | | | | 34763.84 | Amerihealth | Medicare | 30229.43 | | | | 637 | 64895.95 | case rate |
| EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE | 790 | MS-DRG | | | | inpatient | | | | | 92175.23 | Amerihealth | Medicare | 80152.38 | | | | 637 | 214004.1 | case rate |
| PREMATURITY W MAJOR PROBLEMS | 791 | MS-DRG | | | | inpatient | | | | | 66050.29 | Amerihealth | Medicare | 57435.04 | | | | 637 | 146159.23 | case rate |
| PREMATURITY W/O MAJOR PROBLEMS | 792 | MS-DRG | | | | inpatient | | | | | 43732.72 | Amerihealth | Medicare | 38028.46 | | | | 637 | 88187.03 | case rate |
| FULL TERM NEONATE W MAJOR PROBLEMS | 793 | MS-DRG | | | | inpatient | | | | | 67583.22 | Amerihealth | Medicare | 58768.02 | | | | 637 | 150134.04 | case rate |
| NEONATE W OTHER SIGNIFICANT PROBLEMS | 794 | MS-DRG | | | | inpatient | | | | | 32239.9 | Amerihealth | Medicare | 28295.58 | | | | 637 | 53139.24 | case rate |
| NORMAL NEWBORN | 795 | MS-DRG | | | | inpatient | | | | | 12548.84 | Amerihealth | Medicare | 10912.03 | | | | 637 | 10912.03 | case rate |
| VAGINAL DELIVERY W STERILIZATION/D&C W MCC | 796 | MS-DRG | | | | inpatient | | | | | 24485.17 | Amerihealth | Medicare | 21291.46 | | | | 6365 | 57270.08 | case rate |
| VAGINAL DELIVERY W STERILIZATION/D&C W CC | 797 | MS-DRG | | | | inpatient | | | | | 23198.95 | Amerihealth | Medicare | 20173 | | | | 6365 | 33035.03 | case rate |
| VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC | 798 | MS-DRG | | | | inpatient | | | | | 23198.95 | Amerihealth | Medicare | 20173 | | | | 6365 | 33035.03 | case rate |
| SPLENECTOMY W MCC | 799 | MS-DRG | | | | inpatient | | | | | 75681.69 | Amerihealth | Medicare | 65810.16 | | | | 56161.42 | 183395.31 | case rate |
| SPLENECTOMY W CC | 800 | MS-DRG | | | | inpatient | | | | | 50165.21 | Amerihealth | Medicare | 43621.92 | | | | 34416.41 | 102463.59 | case rate |
| SPLENECTOMY W/O CC/MCC | 801 | MS-DRG | | | | inpatient | | | | | 32533.75 | Amerihealth | Medicare | 28290.21 | | | | 5977 | 60706.59 | case rate |
| OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC | 802 | MS-DRG | | | | inpatient | | | | | 59465.35 | Amerihealth | Medicare | 51709 | | | | 8199 | 130564.23 | case rate |
| OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC | 803 | MS-DRG | | | | inpatient | | | | | 34450.6 | Amerihealth | Medicare | 29957.04 | | | | 13379 | 67173.95 | case rate |
| OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC | 804 | MS-DRG | | | | inpatient | | | | | 25103.34 | Amerihealth | Medicare | 21828.99 | | | | 13058.82 | 47998.11 | case rate |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC | 805 | MS-DRG | | | | inpatient | | | | | 23611.99 | Amerihealth | Medicare | 20532.16 | | | | 6365 | 39911.96 | case rate |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W CC | 806 | MS-DRG | | | | inpatient | | | | | 19808.77 | Amerihealth | Medicare | 17225.02 | | | | 6365 | 27993.55 | case rate |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC | 807 | MS-DRG | | | | inpatient | | | | | 18612.64 | Amerihealth | Medicare | 16184.9 | | | | 6365 | 23950.3 | case rate |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC | 808 | MS-DRG | | | | inpatient | | | | | 41523.42 | Amerihealth | Medicare | 36107.32 | | | | 27051.92 | 83833.84 | case rate |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC | 809 | MS-DRG | | | | inpatient | | | | | 26945.35 | Amerihealth | Medicare | 23430.73 | | | | 14628.57 | 46983.53 | case rate |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC | 810 | MS-DRG | | | | inpatient | | | | | 22971.65 | Amerihealth | Medicare | 19975.35 | | | | 11242.2 | 35964.45 | case rate |
| RED BLOOD CELL DISORDERS W MCC | 811 | MS-DRG | | | | inpatient | | | | | 29279.39 | Amerihealth | Medicare | 25460.34 | | | | 16617.63 | 52893.49 | case rate |
| RED BLOOD CELL DISORDERS W/O MCC | 812 | MS-DRG | | | | inpatient | | | | | 22571.09 | Amerihealth | Medicare | 19627.04 | | | | 10900.85 | 34450.98 | case rate |
| COAGULATION DISORDERS | 813 | MS-DRG | | | | inpatient | | | | | 31235.05 | Amerihealth | Medicare | 27160.92 | | | | 18284.23 | 62859.78 | case rate |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC | 814 | MS-DRG | | | | inpatient | | | | | 38754.17 | Amerihealth | Medicare | 33699.28 | | | | 24691.98 | 64868.64 | case rate |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC | 815 | MS-DRG | | | | inpatient | | | | | 23862.85 | Amerihealth | Medicare | 20750.31 | | | | 12001.69 | 38137.14 | case rate |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC | 816 | MS-DRG | | | | inpatient | | | | | 18918.95 | Amerihealth | Medicare | 16451.26 | | | | 7788.52 | 28147.45 | case rate |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC | 817 | MS-DRG | | | | inpatient | | | | | 40076.42 | Amerihealth | Medicare | 34849.06 | | | | 25818.8 | 98754.02 | case rate |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC | 818 | MS-DRG | | | | inpatient | | | | | 23492.79 | Amerihealth | Medicare | 20428.51 | | | | 11686.32 | 52991.01 | case rate |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC | 819 | MS-DRG | | | | inpatient | | | | | 19140.71 | Amerihealth | Medicare | 16644.1 | | | | 7977.5 | 32726.87 | case rate |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC | 820 | MS-DRG | | | | inpatient | | | | | 90477.37 | Amerihealth | Medicare | 78675.97 | | | | 68770.21 | 212342.41 | case rate |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC | 821 | MS-DRG | | | | inpatient | | | | | 40720.92 | Amerihealth | Medicare | 35409.5 | | | | 6969 | 93394.46 | case rate |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC | 822 | MS-DRG | | | | inpatient | | | | | 25631.41 | Amerihealth | Medicare | 22288.18 | | | | 8721 | 47190.67 | case rate |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC | 823 | MS-DRG | | | | inpatient | | | | | 74638.02 | Amerihealth | Medicare | 64902.63 | | | | 12547 | 176491.07 | case rate |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC | 824 | MS-DRG | | | | inpatient | | | | | 40263.54 | Amerihealth | Medicare | 35011.77 | | | | 22952 | 85596.56 | case rate |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC | 825 | MS-DRG | | | | inpatient | | | | | 26838.62 | Amerihealth | Medicare | 23337.93 | | | | 14537.62 | 53010.51 | case rate |
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC | 826 | MS-DRG | | | | inpatient | | | | | 75968.59 | Amerihealth | Medicare | 66059.65 | | | | 56405.91 | 193002.74 | case rate |
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC | 827 | MS-DRG | | | | inpatient | | | | | 42468.08 | Amerihealth | Medicare | 36946.16 | | | | 27874.01 | 87832.06 | case rate |
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC | 828 | MS-DRG | | | | inpatient | | | | | 31995.97 | Amerihealth | Medicare | 27822.59 | | | | 18932.69 | 63762.05 | case rate |
| MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC | 829 | MS-DRG | | | | inpatient | | | | | 52521.43 | Amerihealth | Medicare | 45670.81 | | | | 36424.37 | 121300.07 | case rate |
| MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC | 830 | MS-DRG | | | | inpatient | | | | | 30050.01 | Amerihealth | Medicare | 26130.45 | | | | 17274.35 | 55343.13 | case rate |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC | 831 | MS-DRG | | | | inpatient | | | | | 25732.58 | Amerihealth | Medicare | 22376.16 | | | | 13595.06 | 40103.1 | case rate |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC | 832 | MS-DRG | | | | inpatient | | | | | 20138.64 | Amerihealth | Medicare | 17511.86 | | | | 8827.93 | 28038.23 | case rate |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC | 833 | MS-DRG | | | | inpatient | | | | | 16984.08 | Amerihealth | Medicare | 14768.76 | | | | 6139.63 | 18735.06 | case rate |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC | 834 | MS-DRG | | | | inpatient | | | | | 86388.63 | Amerihealth | Medicare | 75120.55 | | | | 65285.81 | 214842.75 | case rate |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC | 835 | MS-DRG | | | | inpatient | | | | | 38383.42 | Amerihealth | Medicare | 34246.45 | | | | 25228.23 | 83318.95 | case rate |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC | 836 | MS-DRG | | | | inpatient | | | | | 26999.4 | Amerihealth | Medicare | 23477.74 | | | | 14674.63 | 47299.89 | case rate |
| CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC | 837 | MS-DRG | | | | inpatient | | | | | 79179.98 | Amerihealth | Medicare | 68852.16 | | | | 59142.64 | 209627.52 | case rate |
| CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT | 838 | MS-DRG | | | | inpatient | | | | | 37890.68 | Amerihealth | Medicare | 32948.42 | | | | 23956.12 | 91767.87 | case rate |
| CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC | 839 | MS-DRG | | | | inpatient | | | | | 28773.5 | Amerihealth | Medicare | 25020.43 | | | | 16186.51 | 48988.89 | case rate |
| LYMPHOMA & NON-ACUTE LEUKEMIA W MCC | 840 | MS-DRG | | | | inpatient | | | | | 53979.51 | Amerihealth | Medicare | 46938.71 | | | | 37668.94 | 128446.15 | case rate |
| LYMPHOMA & NON-ACUTE LEUKEMIA W CC | 841 | MS-DRG | | | | inpatient | | | | | 31512.26 | Amerihealth | Medicare | 27401.96 | | | | 18520.46 | 63768.64 | case rate |
| LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC | 842 | MS-DRG | | | | inpatient | | | | | 24359.05 | Amerihealth | Medicare | 21181.78 | | | | 12424.54 | 43730.75 | case rate |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC | 843 | MS-DRG | | | | inpatient | | | | | 36020.95 | Amerihealth | Medicare | 31322.57 | | | | 22362.75 | 72006.92 | case rate |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC | 844 | MS-DRG | | | | inpatient | | | | | 26345.2 | Amerihealth | Medicare | 22908.87 | | | | 14117.13 | 45981.45 | case rate |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC | 845 | MS-DRG | | | | inpatient | | | | | 21377.73 | Amerihealth | Medicare | 18588.33 | | | | 9883.88 | 33787.86 | case rate |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC | 846 | MS-DRG | | | | inpatient | | | | | 45175.56 | Amerihealth | Medicare | 39283.1 | | | | 30164.26 | 109917.83 | case rate |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC | 847 | MS-DRG | | | | inpatient | | | | | 27391.64 | Amerihealth | Medicare | 23818.82 | | | | 15008.9 | 51742.79 | case rate |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC | 848 | MS-DRG | | | | inpatient | | | | | 21129.64 | Amerihealth | Medicare | 18373.6 | | | | 9672.45 | 36377.93 | case rate |
| RADIOTHERAPY | 849 | MS-DRG | | | | inpatient | | | | | 46801.35 | Amerihealth | Medicare | 40696.83 | | | | 31549.75 | 76851.59 | case rate |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC | 853 | MS-DRG | | | | inpatient | | | | | 79098.21 | Amerihealth | Medicare | 68781.05 | | | | 59972.95 | 197262.3 | case rate |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC | 854 | MS-DRG | | | | inpatient | | | | | 37473.49 | Amerihealth | Medicare | 32585.65 | | | | 23600.6 | 85924.62 | case rate |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC | 855 | MS-DRG | | | | inpatient | | | | | 32310.6 | Amerihealth | Medicare | 28096.17 | | | | 19200.81 | 60850.92 | case rate |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC | 856 | MS-DRG | | | | inpatient | | | | | 72310.91 | Amerihealth | Medicare | 62879.05 | | | | 53288.85 | 175075.12 | case rate |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC | 857 | MS-DRG | | | | inpatient | | | | | 39979.4 | Amerihealth | Medicare | 34764.7 | | | | 25736.12 | 80225.7 | case rate |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC | 858 | MS-DRG | | | | inpatient | | | | | 27636.97 | Amerihealth | Medicare | 24032.14 | | | | 15217.96 | 53833.56 | case rate |
| POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC | 862 | MS-DRG | | | | inpatient | | | | | 36264.19 | Amerihealth | Medicare | 30964.51 | | | | 21717.84 | 71293.09 | case rate |
| POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC | 863 | MS-DRG | | | | inpatient | | | | | 23638.32 | Amerihealth | Medicare | 20555.06 | | | | 11810.34 | 38414.09 | case rate |
| FEVER AND INFLAMMATORY CONDITIONS | 864 | MS-DRG | | | | inpatient | | | | | 22225.97 | Amerihealth | Medicare | 19326.93 | | | | 10606.74 | 33713.75 | case rate |
| VIRAL ILLNESS W MCC | 865 | MS-DRG | | | | inpatient | | | | | 29883.69 | Amerihealth | Medicare | 25985.82 | | | | 17132.61 | 53915.48 | case rate |
| VIRAL ILLNESS W/O MCC | 866 | MS-DRG | | | | inpatient | | | | | 22043.02 | Amerihealth | Medicare | 19167.84 | | | | 10450.83 | 32001.34 | case rate |
| OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC | 867 | MS-DRG | | | | inpatient | | | | | 39498.84 | Amerihealth | Medicare | 34347.69 | | | | 25327.44 | 83198.03 | case rate |
| OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC | 868 | MS-DRG | | | | inpatient | | | | | 24334.1 | Amerihealth | Medicare | 21160.09 | | | | 12403.28 | 42006.64 | case rate |
| OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC | 869 | MS-DRG | | | | inpatient | | | | | 19753.33 | Amerihealth | Medicare | 17176.81 | | | | 8499.57 | 29953.48 | case rate |
| SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS | 870 | MS-DRG | | | | inpatient | | | | | 106197.52 | Amerihealth | Medicare | 92345.67 | | | | 82166.84 | 245560.77 | case rate |
| SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC | 871 | MS-DRG | | | | inpatient | | | | | 39574.53 | Amerihealth | Medicare | 32161.76 | | | | 23175.38 | 72412.59 | case rate |
| SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC | 872 | MS-DRG | | | | inpatient | | | | | 24069.37 | Amerihealth | Medicare | 20929.89 | | | | 12177.68 | 41070.47 | case rate |
| O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS | 876 | MS-DRG | | | | inpatient | | | | | 64244.32 | Amerihealth | Medicare | 55864.62 | | | | 46414.55 | 128777.71 | case rate |
| ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION | 880 | MS-DRG | | | | inpatient | | | | | 23065.9 | Amerihealth | Medicare | 20057.3 | | | | 2090 | 20057.3 | case rate |
| DEPRESSIVE NEUROSES | 881 | MS-DRG | | | | inpatient | | | | | 22449.12 | Amerihealth | Medicare | 19520.98 | | | | 2090 | 19520.98 | case rate |
| NEUROSES EXCEPT DEPRESSIVE | 882 | MS-DRG | | | | inpatient | | | | | 23113.02 | Amerihealth | Medicare | 20098.28 | | | | 2090 | 20098.28 | case rate |
| DISORDERS OF PERSONALITY & IMPULSE CONTROL | 883 | MS-DRG | | | | inpatient | | | | | 35474.86 | Amerihealth | Medicare | 30847.71 | | | | 2090 | 32167.02 | case rate |
| ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY | 884 | MS-DRG | | | | inpatient | | | | | 32928.76 | Amerihealth | Medicare | 28633.7 | | | | 2090 | 28979.64 | case rate |
| PSYCHOSES | 885 | MS-DRG | | | | inpatient | | | | | 29316.81 | Amerihealth | Medicare | 25492.88 | | | | 2090 | 25492.88 | case rate |
| BEHAVIORAL & DEVELOPMENTAL DISORDERS | 886 | MS-DRG | | | | inpatient | | | | | 34679.29 | Amerihealth | Medicare | 30155.91 | | | | 2090 | 31171.07 | case rate |
| OTHER MENTAL DISORDER DIAGNOSES | 887 | MS-DRG | | | | inpatient | | | | | 26264.81 | Amerihealth | Medicare | 22838.97 | | | | 2090 | 22838.97 | case rate |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA | 894 | MS-DRG | | | | inpatient | | | | | 18429.69 | Amerihealth | Medicare | 16025.81 | | | | 2090 | 94620.59 | case rate |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY | 895 | MS-DRG | | | | inpatient | | | | | 29229.49 | Amerihealth | Medicare | 25416.95 | | | | 2090 | 25416.95 | case rate |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC | 896 | MS-DRG | | | | inpatient | | | | | 34461.69 | Amerihealth | Medicare | 29966.69 | | | | 2090 | 30898.66 | case rate |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC | 897 | MS-DRG | | | | inpatient | | | | | 22006.98 | Amerihealth | Medicare | 19136.51 | | | | 2090 | 19136.51 | case rate |
| WOUND DEBRIDEMENTS FOR INJURIES W MCC | 901 | MS-DRG | | | | inpatient | | | | | 71186.85 | Amerihealth | Medicare | 61901.61 | | | | 13124 | 174162.35 | case rate |
| WOUND DEBRIDEMENTS FOR INJURIES W CC | 902 | MS-DRG | | | | inpatient | | | | | 36080.55 | Amerihealth | Medicare | 31374.39 | | | | 22413.54 | 74909.04 | case rate |
| WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC | 903 | MS-DRG | | | | inpatient | | | | | 26676.46 | Amerihealth | Medicare | 23196.92 | | | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| OTHER O.R. PROCEDURES FOR INJURIES W MCC | 907 | MS-DRG | | | | inpatient | | | | 64894.15 | Amerihealth | Medicare | 56516.65 | | | | 47093.55 | 164457.41 | case rate | |
| OTHER O.R. PROCEDURES FOR INJURIES W CC | 908 | MS-DRG | | | | inpatient | | | | 37736.84 | Amerihealth | Medicare | 32814.64 | | | | 23825.02 | 77733.15 | case rate | |
| OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC | 909 | MS-DRG | | | | inpatient | | | | 27358.38 | Amerihealth | Medicare | 23789.89 | | | | 14980.55 | 51699.88 | case rate | |
| TRAUMATIC INJURY W MCC | 913 | MS-DRG | | | | inpatient | | | | 32209.42 | Amerihealth | Medicare | 28008.19 | | | | 19114.58 | 57414.4 | case rate | |
| TRAUMATIC INJURY W/O MCC | 914 | MS-DRG | | | | inpatient | | | | 22481 | Amerihealth | Medicare | 19548.7 | | | | 10824.08 | 84762.6 | case rate | |
| ALLERGIC REACTIONS W MCC | 915 | MS-DRG | | | | inpatient | | | | 33867.09 | Amerihealth | Medicare | 29449.64 | | | | 20527.24 | 65410.84 | case rate | |
| ALLERGIC REACTIONS W/O MCC | 916 | MS-DRG | | | | inpatient | | | | 16984.09 | Amerihealth | Medicare | 16507.91 | | | | 7844.03 | 24781.15 | case rate | |
| POISONING & TOXIC EFFECTS OF DRUGS W MCC | 917 | MS-DRG | | | | inpatient | | | | 32506.03 | Amerihealth | Medicare | 28266.11 | | | | 19367.35 | 57484.62 | case rate | |
| POISONING & TOXIC EFFECTS OF DRUGS W/O MCC | 918 | MS-DRG | | | | inpatient | | | | 22040.25 | Amerihealth | Medicare | 19165.43 | | | | 10448.47 | 30374.75 | case rate | |
| COMPLICATIONS OF TREATMENT W MCC | 919 | MS-DRG | | | | inpatient | | | | 35054.9 | Amerihealth | Medicare | 30482.52 | | | | 21539.49 | 71160.47 | case rate | |
| COMPLICATIONS OF TREATMENT W CC | 920 | MS-DRG | | | | inpatient | | | | 23860.08 | Amerihealth | Medicare | 20747.9 | | | | 11999.32 | 39127.92 | case rate | |
| COMPLICATIONS OF TREATMENT W/O CC/MCC | 921 | MS-DRG | | | | inpatient | | | | 19311.19 | Amerihealth | Medicare | 16792.34 | | | | 8122.78 | 27562.35 | case rate | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC | 922 | MS-DRG | | | | inpatient | | | | 33194.87 | Amerihealth | Medicare | 28865.11 | | | | 19954.38 | 60788.51 | case rate | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC | 923 | MS-DRG | | | | inpatient | | | | 23915.52 | Amerihealth | Medicare | 20796.11 | | | | 12046.57 | 37582.48 | case rate | |
| EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT | 927 | MS-DRG | | | | inpatient | | | | 288538.5 | Amerihealth | Medicare | 250903.04 | | | | 237556.83 | 717124.19 | case rate | |
| FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC | 928 | MS-DRG | | | | inpatient | | | | 102349.95 | Amerihealth | Medicare | 88999.95 | | | | 78887.96 | 229189.53 | case rate | |
| FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC | 929 | MS-DRG | | | | inpatient | | | | 53860.31 | Amerihealth | Medicare | 46835.06 | | | | 37565.36 | 115936.61 | case rate | |
| EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT | 933 | MS-DRG | | | | inpatient | | | | 69750.94 | Amerihealth | Medicare | 60652.99 | | | | 33318 | 111571.72 | case rate | |
| FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ | 934 | MS-DRG | | | | inpatient | | | | 39520.63 | Amerihealth | Medicare | 34365.77 | | | | 25345.16 | 71519.33 | case rate | |
| NON-EXTENSIVE BURNS | 935 | MS-DRG | | | | inpatient | | | | 40221.96 | Amerihealth | Medicare | 34975.61 | | | | 25942.82 | 71059.05 | case rate | |
| O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC | 939 | MS-DRG | | | | inpatient | | | | 53771.61 | Amerihealth | Medicare | 46757.92 | | | | 37489.76 | 127892.25 | case rate | |
| O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC | 940 | MS-DRG | | | | inpatient | | | | 39043.84 | Amerihealth | Medicare | 33951.17 | | | | 24938.84 | 84820.72 | case rate | |
| O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC | 941 | MS-DRG | | | | inpatient | | | | 36866.42 | Amerihealth | Medicare | 32057.76 | | | | 23083.25 | 72217.56 | case rate | |
| REHABILITATION W CC/MCC | 945 | MS-DRG | | | | inpatient | | | | 30937.06 | Amerihealth | Medicare | 26901.79 | | | | 18030.29 | 53240.65 | case rate | |
| REHABILITATION W/O CC/MCC | 946 | MS-DRG | | | | inpatient | | | | 25254.41 | Amerihealth | Medicare | 21960.36 | | | | 13187.56 | 40672.6 | case rate | |
| SIGNS & SYMPTOMS W MCC | 947 | MS-DRG | | | | inpatient | | | | 27606.47 | Amerihealth | Medicare | 24005.63 | | | | 15191.98 | 47026.84 | case rate | |
| SIGNS & SYMPTOMS W/O MCC | 948 | MS-DRG | | | | inpatient | | | | 20791.45 | Amerihealth | Medicare | 18079.52 | | | | 9384.25 | 30433.26 | case rate | |
| AFTERCARE W CC/MCC | 949 | MS-DRG | | | | inpatient | | | | 34734.66 | Amerihealth | Medicare | 21508.4 | | | | 12744.63 | 44709.82 | case rate | |
| AFTERCARE W/O CC/MCC | 950 | MS-DRG | | | | inpatient | | | | 17903 | Amerihealth | Medicare | 15567.83 | | | | 6922.73 | 29056.31 | case rate | |
| OTHER FACTORS INFLUENCING HEALTH STATUS | 951 | MS-DRG | | | | inpatient | | | | 17638.27 | Amerihealth | Medicare | 15337.63 | | | | 6697.13 | 31143.19 | case rate | |
| CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | 955 | MS-DRG | | | | inpatient | | | | 104420.65 | Amerihealth | Medicare | 90800.56 | | | | 80652.6 | 237821.78 | case rate | |
| LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA | 956 | MS-DRG | | | | inpatient | | | | 62758.51 | Amerihealth | Medicare | 54572.62 | | | | 45148.35 | 147594.69 | case rate | |
| OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC | 957 | MS-DRG | | | | inpatient | | | | 113234.3 | Amerihealth | Medicare | 98464.61 | | | | 88163.55 | 296394.69 | case rate | |
| OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC | 958 | MS-DRG | | | | inpatient | | | | 66741.91 | Amerihealth | Medicare | 58036.44 | | | | 48542.98 | 163041.46 | case rate | |
| OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC | 959 | MS-DRG | | | | inpatient | | | | 46424.36 | Amerihealth | Medicare | 40369.01 | | | | 31228.48 | 95594.45 | case rate | |
| OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC | 963 | MS-DRG | | | | inpatient | | | | 47433.38 | Amerihealth | Medicare | 41246.41 | | | | 32088.36 | 109024.57 | case rate | |
| OTHER MULTIPLE SIGNIFICANT TRAUMA W CC | 964 | MS-DRG | | | | inpatient | | | | 30571.15 | Amerihealth | Medicare | 26583.61 | | | | 17718.46 | 57531.42 | case rate | |
| OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC | 965 | MS-DRG | | | | inpatient | | | | 22428.33 | Amerihealth | Medicare | 19502.9 | | | | 10779.19 | 38004.52 | case rate | |
| HIV W EXTENSIVE O.R. PROCEDURE W MCC | 969 | MS-DRG | | | | inpatient | | | | 97435.15 | Amerihealth | Medicare | 84728.22 | | | | 74699.6 | 218388.49 | case rate | |
| HIV W EXTENSIVE O.R. PROCEDURE W/O MCC | 970 | MS-DRG | | | | inpatient | | | | 46554.64 | Amerihealth | Medicare | 40482.3 | | | | 31339.51 | 108739.81 | case rate | |
| HIV W MAJOR RELATED CONDITION W MCC | 974 | MS-DRG | | | | inpatient | | | | 51168.68 | Amerihealth | Medicare | 44494.5 | | | | 35271.56 | 106216.06 | case rate | |
| HIV W MAJOR RELATED CONDITION W CC | 975 | MS-DRG | | | | inpatient | | | | 29480.36 | Amerihealth | Medicare | 25635.1 | | | | 16788.89 | 50315.13 | case rate | |
| HIV W MAJOR RELATED CONDITION W/O CC/MCC | 976 | MS-DRG | | | | inpatient | | | | 23681.29 | Amerihealth | Medicare | 20592.42 | | | | 11846.95 | 36611.97 | case rate | |
| HIV W OR W/O OTHER RELATED CONDITION | 977 | MS-DRG | | | | inpatient | | | | 29764.49 | Amerihealth | Medicare | 25882.17 | | | | 17031.03 | 45634.29 | case rate | |
| EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC | 981 | MS-DRG | | | | inpatient | | | | 75669.21 | Amerihealth | Medicare | 65799.32 | | | | 11302 | 170480.09 | case rate | |
| EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC | 982 | MS-DRG | | | | inpatient | | | | 43713.32 | Amerihealth | Medicare | 38011.58 | | | | 14901 | 95680.27 | case rate | |
| EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC | 983 | MS-DRG | | | | inpatient | | | | 32901.04 | Amerihealth | Medicare | 28609.6 | | | | 19703.98 | 61205.88 | case rate | |
| NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC | 987 | MS-DRG | | | | inpatient | | | | 58327.43 | Amerihealth | Medicare | 50719.51 | | | | 41372.21 | 129994.73 | case rate | |
| NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC | 988 | MS-DRG | | | | inpatient | | | | 33563.55 | Amerihealth | Medicare | 29185.7 | | | | 20268.57 | 66042.75 | case rate | |
| NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC | 989 | MS-DRG | | | | inpatient | | | | 25794.96 | Amerihealth | Medicare | 22430.4 | | | | 13648.21 | 40594.58 | case rate | |
| HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC | 001 | MS-DRG | | | | inpatient | | | | 400195.63 | Horizon | Indemnity | 1030198.27 | | | | 332710.44 | 1030198.27 | case rate | |
| HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC | 002 | MS-DRG | | | | inpatient | | | | 140127.09 | Horizon | Indemnity | 523579.26 | | | | 111081.44 | 523579.26 | case rate | |
| ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R. | 003 | MS-DRG | | | | inpatient | | | | 306824.15 | Horizon | Indemnity | 713726.68 | | | | 253139.77 | 713726.68 | case rate | |
| TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R. | 004 | MS-DRG | | | | inpatient | | | | 205923.09 | Horizon | Indemnity | 445428.73 | | | | 166896.78 | 445428.73 | case rate | |
| LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT | 005 | MS-DRG | | | | inpatient | | | | 157381.56 | Horizon | Indemnity | 295704 | | | | 125785.6 | 295704 | case rate | |
| LIVER TRANSPLANT W/O MCC | 006 | MS-DRG | | | | inpatient | | | | 76990.08 | Horizon | Indemnity | 295704 | | | | 57276.42 | 295704 | case rate | |
| LUNG TRANSPLANT | 007 | MS-DRG | | | | inpatient | | | | 190914.73 | Horizon | Indemnity | 415463.56 | | | | 154362.39 | 415463.56 | case rate | |
| SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT | 008 | MS-DRG | | | | inpatient | | | | 85193.89 | Horizon | Indemnity | 204747.74 | | | | 64267.66 | 204747.74 | case rate | |
| PANCREAS TRANSPLANT | 010 | MS-DRG | | | | inpatient | | | | 120286.33 | Horizon | Indemnity | 176073.7 | | | | 76104.35 | 176073.7 | case rate | |
| TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC | 011 | MS-DRG | | | | inpatient | | | | 84567.41 | Horizon | Indemnity | 191617.99 | | | | 63733.78 | 260411 | case rate | |
| TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC | 012 | MS-DRG | | | | inpatient | | | | 66557.36 | Horizon | Indemnity | 148761 | | | | 48470.93 | 260411 | case rate | |
| TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC | 013 | MS-DRG | | | | inpatient | | | | 46508.91 | Horizon | Indemnity | 90749.79 | | | | 31300.53 | 260411 | case rate | |
| ALLOGENEIC BONE MARROW TRANSPLANT | 014 | MS-DRG | | | | inpatient | | | | 191372.12 | Horizon | Indemnity | 466145.35 | | | | 154752.17 | 466145.35 | case rate | |
| AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY | 016 | MS-DRG | | | | inpatient | | | | 93437.89 | Horizon | Indemnity | 255082.38 | | | | 71293.15 | 250082.38 | case rate | |
| AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC | 017 | MS-DRG | | | | inpatient | | | | 93437.89 | Horizon | Indemnity | 170893.57 | | | | 71293.15 | 170893.57 | case rate | |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC | 020 | MS-DRG | | | | inpatient | | | | 121507.41 | Horizon | Indemnity | 406659.68 | | | | 95213.84 | 406659.68 | case rate | |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC | 021 | MS-DRG | | | | inpatient | | | | 83805.11 | Horizon | Indemnity | 306373.74 | | | | 63084.15 | 308373.74 | case rate | |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC | 022 | MS-DRG | | | | inpatient | | | | 48061.24 | Horizon | Indemnity | 201178.6 | | | | 32623.42 | 201178.6 | case rate | |
| CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL | 023 | MS-DRG | | | | inpatient | | | | 88852.96 | Horizon | Indemnity | 212982.12 | | | | 67385.9 | 212982.12 | case rate | |
| CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC | 024 | MS-DRG | | | | inpatient | | | | 62471.61 | Horizon | Indemnity | 152884.04 | | | | 44903.86 | 313612.23 | case rate | |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC | 025 | MS-DRG | | | | inpatient | | | | 71766.2 | Horizon | Indemnity | 166852.44 | | | | 52824.66 | 166852.44 | case rate | |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC | 026 | MS-DRG | | | | inpatient | | | | 52172.15 | Horizon | Indemnity | 117633.41 | | | | 36126.72 | 117633.41 | case rate | |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC | 027 | MS-DRG | | | | inpatient | | | | 43983.59 | Horizon | Indemnity | 93839.14 | | | | 29148.47 | 93839.14 | case rate | |
| SPINAL PROCEDURES W MCC | 028 | MS-DRG | | | | inpatient | | | | 94042.19 | Horizon | Indemnity | 209654.82 | | | | 71808.14 | 209654.82 | case rate | |
| SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS | 029 | MS-DRG | | | | inpatient | | | | 56303.85 | Horizon | Indemnity | 123094.39 | | | | 39647.73 | 123094.39 | case rate | |
| SPINAL PROCEDURES W/O CC/MCC | 030 | MS-DRG | | | | inpatient | | | | 40623.9 | Horizon | Indemnity | 84867.53 | | | | 26285.36 | 84867.53 | case rate | |
| VENTRICULAR SHUNT PROCEDURES W MCC | 031 | MS-DRG | | | | inpatient | | | | 67861.81 | Horizon | Indemnity | 163162.38 | | | | 49497.36 | 163162.38 | case rate | |
| VENTRICULAR SHUNT PROCEDURES W CC | 032 | MS-DRG | | | | inpatient | | | | 39379.26 | Horizon | Indemnity | 89798.01 | | | | 25224.68 | 103005.11 | case rate | |
| VENTRICULAR SHUNT PROCEDURES W/O CC/MCC | 033 | MS-DRG | | | | inpatient | | | | 31893.41 | Horizon | Indemnity | 65832.11 | | | | 18845.28 | 169398.47 | case rate | |
| CAROTID ARTERY STENT PROCEDURE W MCC | 034 | MS-DRG | | | | inpatient | | | | 63677.44 | Horizon | Indemnity | 140417.4 | | | | 45931.46 | 279134.99 | case rate | |
| CAROTID ARTERY STENT PROCEDURE W CC | 035 | MS-DRG | | | | inpatient | | | | 41308.59 | Horizon | Indemnity | 86607.24 | | | | 26868.85 | 86607.24 | case rate | |
| CAROTID ARTERY STENT PROCEDURE W/O CC/MCC | 036 | MS-DRG | | | | inpatient | | | | 35186.57 | Horizon | Indemnity | 67326.08 | | | | 21651.7 | 67326.08 | case rate | |
| EXTRACRANIAL PROCEDURES W MCC | 037 | MS-DRG | | | | inpatient | | | | 55807.66 | Horizon | Indemnity | 125204.67 | | | | 39224.88 | 125204.67 | case rate | |
| EXTRACRANIAL PROCEDURES W CC | 038 | MS-DRG | | | | inpatient | | | | 32112.4 | Horizon | Indemnity | 65208 | | | | 19031.9 | 65208 | case rate | |
| EXTRACRANIAL PROCEDURES W/O CC/MCC | 039 | MS-DRG | | | | inpatient | | | | 25555.18 | Horizon | Indemnity | 44171.53 | | | | 13443.87 | 44171.53 | case rate | |
| PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC | 040 | MS-DRG | | | | inpatient | | | | 62061.35 | Horizon | Indemnity | 153227.3 | | | | 44554.23 | 153227.3 | case rate | |
| PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM | 041 | MS-DRG | | | | inpatient | | | | 41078.51 | Horizon | Indemnity | 91984.11 | | | | 29672.77 | 91984.11 | case rate | |
| PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC | 042 | MS-DRG | | | | inpatient | | | | 34140.13 | Horizon | Indemnity | 73001.6 | | | | 20759.93 | 102408.62 | case rate | |
| SPINAL DISORDERS & INJURIES W CC/MCC | 052 | MS-DRG | | | | inpatient | | | | 37673.08 | Horizon | Indemnity | 66327.5 | | | | 23770.68 | 80333.48 | case rate | |
| SPINAL DISORDERS & INJURIES W/O CC/MCC | 053 | MS-DRG | | | | inpatient | | | | 22550.3 | Horizon | Indemnity | 35696.3 | | | | 10883.13 | 98314.19 | case rate | |
| NERVOUS SYSTEM NEOPLASMS W MCC | 054 | MS-DRG | | | | inpatient | | | | 30557.29 | Horizon | Indemnity | 51356.62 | | | | 17706.65 | 143596.19 | case rate | |
| NERVOUS SYSTEM NEOPLASMS W/O MCC | 055 | MS-DRG | | | | inpatient | | | | 24900.98 | Horizon | Indemnity | 40848.13 | | | | 12886.37 | 40848.13 | case rate | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC | 056 | MS-DRG | | | | inpatient | | | | 44486.71 | Horizon | Indemnity | 82870.37 | | | | 29577.23 | 82870.37 | case rate | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC | 057 | MS-DRG | | | | inpatient | | | | 28274.53 | Horizon | Indemnity | 47155.56 | | | | 15761.29 | 47155.56 | case rate | |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC | 058 | MS-DRG | | | | inpatient | | | | 35363.98 | Horizon | Indemnity | 68636.72 | | | | 21802.88 | 68636.72 | case rate | |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC | 059 | MS-DRG | | | | inpatient | | | | 26738.83 | Horizon | Indemnity | 42880.4 | | | | 14452.58 | 42880.4 | case rate | |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC | 060 | MS-DRG | | | | inpatient | | | | 22148.36 | Horizon | Indemnity | 32481.13 | | | | 10540.6 | 32481.13 | case rate | |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC | 061 | MS-DRG | | | | inpatient | | | | 47249.04 | Horizon | Indemnity | 111080.23 | | | | 31931.26 | 111080.23 | case rate | |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC | 062 | MS-DRG | | | | inpatient | | | | 34463.07 | Horizon | Indemnity | 75817.91 | | | | 21035.14 | 121708.96 | case rate | |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC | 063 | MS-DRG | | | | inpatient | | | | 29250.28 | Horizon | Indemnity | 63503.4 | | | | 16592.82 | 136083.64 | case rate | |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC | 064 | MS-DRG | | | | inpatient | | | | 37350.14 | Horizon | Indemnity | 72911.88 | | | | 23495.48 | 215326.95 | case rate | |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS | 065 | MS-DRG | | | | inpatient | | | | 23873.94 | Horizon | Indemnity | 40235.72 | | | | 12011.13 | 40235.72 | case rate | |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC | 066 | MS-DRG | | | | inpatient | | | | 19319.51 | Horizon | Indemnity | 28350.29 | | | | 8129.87 | 28350.29 | case rate | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC | 067 | MS-DRG | | | | inpatient | | | | 29944.68 | Horizon | Indemnity | 58565.11 | | | | 17184.58 | 58565.11 | case rate | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC | 068 | MS-DRG | | | | inpatient | | | | 21997.28 | Horizon | Indemnity | 35055.59 | | | | 10411.85 | 35055.59 | case rate | |
| TRANSIENT ISCHEMIA W/O THROMBOLYTIC | 069 | MS-DRG | | | | inpatient | | | | 20859.07 | Horizon | Indemnity | 28859.86 | | | | 9450.4 | 28859.86 | case rate | |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC | 070 | MS-DRG | | | | inpatient | | | | 33879.56 | Horizon | Indemnity | 64178.22 | | | | 20537.87 | 64178.22 | case rate | |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W CC | 071 | MS-DRG | | | | inpatient | | | | 24386.77 | Horizon | Indemnity | 38453.1 | | | | 12448.16 | 38453.1 | case rate | |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC | 072 | MS-DRG | | | | inpatient | | | | 20177.45 | Horizon | Indemnity | 28943.19 | | | | 8861 | 28943.19 | case rate | |
| CRANIAL & PERIPHERAL NERVE DISORDERS W MCC | 073 | MS-DRG | | | | inpatient | | | | 31201.79 | Horizon | Indemnity | 55042.78 | | | | 18255.89 | 55042.78 | case rate | |
| CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC | 074 | MS-DRG | | | | inpatient | | | | 24227.38 | Horizon | Indemnity | 37988.92 | | | | 12312.33 | 37988.92 | case rate | |
| VIRAL MENINGITIS W CC/MCC | 075 | MS-DRG | | | | inpatient | | | | 32817.88 | Horizon | Indemnity | 57792.77 | | | | 19633.11 | 57792.77 | case rate | |
| VIRAL MENINGITIS W/O CC/MCC | 076 | MS-DRG | | | | inpatient | | | | 22487.93 | Horizon | Indemnity | 32172.97 | | | | 10829.98 | 32172.97 | case rate | |
| HYPERTENSIVE ENCEPHALOPATHY W MCC | 077 | MS-DRG | | | | inpatient | | | | 31211.49 | Horizon | Indemnity | 60538.86 | | | | 18264.15 | 60538.86 | case rate | |
| HYPERTENSIVE ENCEPHALOPATHY W CC | 078 | MS-DRG | | | | inpatient | | | | 23610.6 | Horizon | Indemnity | 37840.69 | | | | 11786.72 | 37840.69 | case rate | |
| HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC | 079 | MS-DRG | | | | inpatient | | | | 18949.44 | Horizon | Indemnity | 29118.73 | | | | 7814.5 | 29118.73 | case rate | |
| NONTRAUMATIC STUPOR & COMA W MCC | 080 | MS-DRG | | | | inpatient | | | | 37070.16 | Horizon | Indemnity | 73286.35 | | | | 23266.88 | 73286.35 | case rate | |
| NONTRAUMATIC STUPOR & COMA W/O MCC | 081 | MS-DRG | | | | inpatient | | | | 22320.22 | Horizon | Indemnity | 33335.38 | | | | 10687.06 | 33335.38 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC | 082 | MS-DRG | | | | inpatient | | | | 41937.84 | Horizon | Indemnity | 84200.51 | | | | 27405.09 | 84200.51 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W CC | 083 | MS-DRG | | | | inpatient | | | | 29090.7 | Horizon | Indemnity | 50514.07 | | | | 16422.74 | 50514.07 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC | 084 | MS-DRG | | | | inpatient | | | | 23031.25 | Horizon | Indemnity | 36015.16 | | | | 11292.99 | 36015.16 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC | 085 | MS-DRG | | | | inpatient | | | | 41186.62 | Horizon | Indemnity | 85035.26 | | | | 26764.9 | 85035.26 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W CC | 086 | MS-DRG | | | | inpatient | | | | 27958.52 | Horizon | Indemnity | 48489.6 | | | | 15491.99 | 48489.6 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC | 087 | MS-DRG | | | | inpatient | | | | 22031.93 | Horizon | Indemnity | 32972.62 | | | | 10441.38 | 32972.62 | case rate | |
| CONCUSSION W MCC | 088 | MS-DRG | | | | inpatient | | | | 29332.06 | Horizon | Indemnity | 57714.76 | | | | 16662.51 | 57714.76 | case rate | |
| CONCUSSION W CC | 089 | MS-DRG | | | | inpatient | | | | 24639.02 | Horizon | Indemnity | 41639.97 | | | | 12663.13 | 41639.97 | case rate | |
| CONCUSSION W/O CC/MCC | 090 | MS-DRG | | | | inpatient | | | | 21661.87 | Horizon | Indemnity | 30948.15 | | | | 10126.02 | 30948.15 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM W MCC | 091 | MS-DRG | | | | inpatient | | | | 35945.2 | Horizon | Indemnity | 62879.28 | | | | 21531.22 | 62879.28 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM W CC | 092 | MS-DRG | | | | inpatient | | | | 24453.3 | Horizon | Indemnity | 36795.3 | | | | 12504.86 | 36795.3 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC | 093 | MS-DRG | | | | inpatient | | | | 20719.38 | Horizon | Indemnity | 28779.36 | | | | 9322.83 | 28779.36 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC | 094 | MS-DRG | | | | inpatient | | | | 60351.01 | Horizon | Indemnity | 143463.85 | | | | 43096.69 | 143463.85 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC | 095 | MS-DRG | | | | inpatient | | | | 43005.07 | Horizon | Indemnity | 92871.77 | | | | 28314.58 | 92871.77 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC | 096 | MS-DRG | | | | inpatient | | | | 43005.07 | Horizon | Indemnity | 82343.78 | | | | 28314.58 | 82343.78 | case rate | |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC | 097 | MS-DRG | | | | inpatient | | | | 59462.57 | Horizon | Indemnity | 138041.87 | | | | 42339.57 | 138041.87 | case rate | |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC | 098 | MS-DRG | | | | inpatient | | | | 39846.35 | Horizon | Indemnity | 72182.45 | | | | 25622.73 | 72182.45 | case rate | |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC | 099 | MS-DRG | | | | inpatient | | | | 29090.89 | Horizon | Indemnity | 49652.01 | | | | 16456.99 | 49652.01 | case rate | |
| SEIZURES W MCC | 100 | MS-DRG | | | | inpatient | | | | 37296.08 | Horizon | Indemnity | 70696.29 | | | | 23449.41 | 70696.29 | case rate | |
| SEIZURES W/O MCC | 101 | MS-DRG | | | | inpatient | | | | 22554.46 | Horizon | Indemnity | 33908.79 | | | | 10886.68 | 33908.79 | case rate | |
| HEADACHES W MCC | 102 | MS-DRG | | | | inpatient | | | | 23850.4 | Horizon | Indemnity | 41991.04 | | | | 13695.46 | 41991.04 | case rate | |
| HEADACHES W/O MCC | 103 | MS-DRG | | | | inpatient | | | | 21563.46 | Horizon | Indemnity | 30480.07 | | | | 10042.15 | 30480.07 | case rate | |
| ORBITAL PROCEDURES W CC/MCC | 113 | MS-DRG | | | | inpatient | | | | 40787.45 | Horizon | Indemnity | 89821.42 | | | | 26424.73 | 89821.42 | case rate | |
| ORBITAL PROCEDURES W/O CC/MCC | 114 | MS-DRG | | | | inpatient | | | | 26163.63 | Horizon | Indemnity | 48957.69 | | | | 13962.4 | 48957.69 | case rate | |
| EXTRAOCULAR PROCEDURES EXCEPT ORBIT | 115 | MS-DRG | | | | inpatient | | | | 30999.43 | Horizon | Indemnity | 53131.43 | | | | 18083.44 | 53131.43 | case rate | |
| INTRAOCULAR PROCEDURES W CC/MCC | 116 | MS-DRG | | | | inpatient | | | | 32906.58 | Horizon | Indemnity | 66623.96 | | | | 19708.7 | 66623.96 | case rate | |
| INTRAOCULAR PROCEDURES W/O CC/MCC | 117 | MS-DRG | | | | inpatient | | | | 23808.8 | Horizon | Indemnity | 39104.52 | | | | 11955.62 | 39104.52 | case rate | |
| ACUTE MAJOR EYE INFECTIONS W CC/MCC | 121 | MS-DRG | | | | inpatient | | | | 25901.68 | Horizon | Indemnity | 41320.12 | | | | 13739.16 | 41320.12 | case rate | |
| ACUTE MAJOR EYE INFECTIONS W/O CC/MCC | 122 | MS-DRG | | | | inpatient | | | | 19180.91 | Horizon | Indemnity | 27531.14 | | | | 8011.75 | 27531.14 | case rate | |
| NEUROLOGICAL EYE DISORDERS | 123 | MS-DRG | | | | inpatient | | | | 20912.03 | Horizon | Indemnity | 29368.37 | | | | 9487.01 | 29368.37 | case rate | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| OTHER DISORDERS OF THE EYE W MCC | 124 | MS-DRG | | | | inpatient | | | | 27851.8 | Horizon | Indemnity | 51930.02 | | | | 15401.04 | 51930.02 | case rate | |
| OTHER DISORDERS OF THE EYE W/O MCC | 125 | MS-DRG | | | | inpatient | | | | 21223.89 | Horizon | Indemnity | 31603.47 | | | | 9752.77 | 31603.47 | case rate | |
| SINUS & MASTOID PROCEDURES W CC/MCC | 135 | MS-DRG | | | | inpatient | | | | 43197.72 | Horizon | Indemnity | 89645.89 | | | | 28478.76 | 89645.89 | case rate | |
| SINUS & MASTOID PROCEDURES W/O CC/MCC | 136 | MS-DRG | | | | inpatient | | | | 23337.56 | Horizon | Indemnity | 47295.99 | | | | 11554.03 | 47295.99 | case rate | |
| MOUTH PROCEDURES W CC/MCC | 137 | MS-DRG | | | | inpatient | | | | 29164.35 | Horizon | Indemnity | 53716.54 | | | | 16519.59 | 53716.54 | case rate | |
| MOUTH PROCEDURES W/O CC/MCC | 138 | MS-DRG | | | | inpatient | | | | 21054.79 | Horizon | Indemnity | 32968.72 | | | | 9608.67 | 32968.72 | case rate | |
| SALIVARY GLAND PROCEDURES | 139 | MS-DRG | | | | inpatient | | | | 28809.53 | Horizon | Indemnity | 45263.72 | | | | 16217.22 | 45263.72 | case rate | |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC | 146 | MS-DRG | | | | inpatient | | | | 41576.09 | Horizon | Indemnity | 75014.36 | | | | 27096.81 | 75014.36 | case rate | |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC | 147 | MS-DRG | | | | inpatient | | | | 27032.66 | Horizon | Indemnity | 48778.25 | | | | 14702.98 | 48778.25 | case rate | |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC | 148 | MS-DRG | | | | inpatient | | | | 20359.02 | Horizon | Indemnity | 28233.27 | | | | 9015.73 | 28233.27 | case rate | |
| DYSEQUILIBRIUM | 149 | MS-DRG | | | | inpatient | | | | 20140.03 | Horizon | Indemnity | 27737.88 | | | | 8829.11 | 27737.88 | case rate | |
| EPISTAXIS W MCC | 150 | MS-DRG | | | | inpatient | | | | 28937.04 | Horizon | Indemnity | 51781.79 | | | | 16325.88 | 51781.79 | case rate | |
| EPISTAXIS W/O MCC | 151 | MS-DRG | | | | inpatient | | | | 20285.56 | Horizon | Indemnity | 27453.13 | | | | 8953.13 | 27453.13 | case rate | |
| OTITIS MEDIA & URI W MCC | 152 | MS-DRG | | | | inpatient | | | | 25508.05 | Horizon | Indemnity | 40649.19 | | | | 13403.71 | 40649.19 | case rate | |
| OTITIS MEDIA & URI W/O MCC | 153 | MS-DRG | | | | inpatient | | | | 19643.83 | Horizon | Indemnity | 27765.18 | | | | 8406.26 | 27765.18 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC | 154 | MS-DRG | | | | inpatient | | | | 32320.3 | Horizon | Indemnity | 58423.63 | | | | 15009.07 | 58423.63 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC | 155 | MS-DRG | | | | inpatient | | | | 22719.39 | Horizon | Indemnity | 34454.88 | | | | 11027.24 | 34454.88 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC | 156 | MS-DRG | | | | inpatient | | | | 19099.13 | Horizon | Indemnity | 25740.72 | | | | 7942.07 | 25740.72 | case rate | |
| DENTAL & ORAL DISEASES W MCC | 157 | MS-DRG | | | | inpatient | | | | 32475.53 | Horizon | Indemnity | 65258.71 | | | | 19341.36 | 65258.71 | case rate | |
| DENTAL & ORAL DISEASES W CC | 158 | MS-DRG | | | | inpatient | | | | 22816.42 | Horizon | Indemnity | 34727.93 | | | | 11109.92 | 34727.93 | case rate | |
| DENTAL & ORAL DISEASES W/O CC/MCC | 159 | MS-DRG | | | | inpatient | | | | 18921.72 | Horizon | Indemnity | 26462.35 | | | | 7790.88 | 26462.35 | case rate | |
| MAJOR CHEST PROCEDURES W MCC | 163 | MS-DRG | | | | inpatient | | | | 73663.65 | Horizon | Indemnity | 191887.14 | | | | 54441.66 | 191887.14 | case rate | |
| MAJOR CHEST PROCEDURES W CC | 164 | MS-DRG | | | | inpatient | | | | 44665.51 | Horizon | Indemnity | 100205.08 | | | | 29729.6 | 100205.08 | case rate | |
| MAJOR CHEST PROCEDURES W/O CC/MCC | 165 | MS-DRG | | | | inpatient | | | | 35614.85 | Horizon | Indemnity | 72256.57 | | | | 22016.67 | 72256.57 | case rate | |
| OTHER RESP SYSTEM O.R. PROCEDURES W MCC | 166 | MS-DRG | | | | inpatient | | | | 63145.21 | Horizon | Indemnity | 136446.49 | | | | 45477.9 | 136446.49 | case rate | |
| OTHER RESP SYSTEM O.R. PROCEDURES W CC | 167 | MS-DRG | | | | inpatient | | | | 35104.8 | Horizon | Indemnity | 74019.68 | | | | 21582.01 | 74019.68 | case rate | |
| OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC | 168 | MS-DRG | | | | inpatient | | | | 28544.8 | Horizon | Indemnity | 52331.79 | | | | 15991.62 | 52331.79 | case rate | |
| PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE | 175 | MS-DRG | | | | inpatient | | | | 29309.88 | Horizon | Indemnity | 57141.35 | | | | 16643.61 | 57141.35 | case rate | |
| PULMONARY EMBOLISM W/O MCC | 176 | MS-DRG | | | | inpatient | | | | 21068.65 | Horizon | Indemnity | 35067.29 | | | | 9620.48 | 35067.29 | case rate | |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC | 177 | MS-DRG | | | | inpatient | | | | 32184.47 | Horizon | Indemnity | 71804.09 | | | | 19093.32 | 71804.09 | case rate | |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W CC | 178 | MS-DRG | | | | inpatient | | | | 23530.21 | Horizon | Indemnity | 45710.52 | | | | 11718.21 | 45710.52 | case rate | |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC | 179 | MS-DRG | | | | inpatient | | | | 20447.72 | Horizon | Indemnity | 35944.95 | | | | 9091.33 | 35944.95 | case rate | |
| RESPIRATORY NEOPLASMS W MCC | 180 | MS-DRG | | | | inpatient | | | | 34004.3 | Horizon | Indemnity | 66155.87 | | | | 20644.17 | 66155.87 | case rate | |
| RESPIRATORY NEOPLASMS W CC | 181 | MS-DRG | | | | inpatient | | | | 25168.48 | Horizon | Indemnity | 44503.09 | | | | 13114.33 | 44503.09 | case rate | |
| RESPIRATORY NEOPLASMS W/O CC/MCC | 182 | MS-DRG | | | | inpatient | | | | 21387.44 | Horizon | Indemnity | 31014.47 | | | | 9892.15 | 31014.47 | case rate | |
| MAJOR CHEST TRAUMA W MCC | 183 | MS-DRG | | | | inpatient | | | | 31779.76 | Horizon | Indemnity | 58155.54 | | | | 18748.43 | 58155.54 | case rate | |
| MAJOR CHEST TRAUMA W CC | 184 | MS-DRG | | | | inpatient | | | | 24583.58 | Horizon | Indemnity | 39178.63 | | | | 12615.88 | 39178.63 | case rate | |
| MAJOR CHEST TRAUMA W/O CC/MCC | 185 | MS-DRG | | | | inpatient | | | | 20558.6 | Horizon | Indemnity | 28564.83 | | | | 9185.82 | 28564.83 | case rate | |
| PLEURAL EFFUSION W MCC | 186 | MS-DRG | | | | inpatient | | | | 31678.58 | Horizon | Indemnity | 60831.42 | | | | 18662.2 | 60831.42 | case rate | |
| PLEURAL EFFUSION W CC | 187 | MS-DRG | | | | inpatient | | | | 23695.15 | Horizon | Indemnity | 41113.38 | | | | 11858.77 | 41113.38 | case rate | |
| PLEURAL EFFUSION W/O CC/MCC | 188 | MS-DRG | | | | inpatient | | | | 19955.69 | Horizon | Indemnity | 29926.17 | | | | 8672.02 | 29926.17 | case rate | |
| PULMONARY EDEMA & RESPIRATORY FAILURE | 189 | MS-DRG | | | | inpatient | | | | 26930.1 | Horizon | Indemnity | 48185.35 | | | | 14615.57 | 48185.35 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC | 190 | MS-DRG | | | | inpatient | | | | 25344.5 | Horizon | Indemnity | 46445.63 | | | | 13264.34 | 46445.63 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC | 191 | MS-DRG | | | | inpatient | | | | 21686.82 | Horizon | Indemnity | 35648.5 | | | | 10147.28 | 35648.5 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC | 192 | MS-DRG | | | | inpatient | | | | 18749.86 | Horizon | Indemnity | 28244.97 | | | | 7644.42 | 28244.97 | case rate | |
| SIMPLE PNEUMONIA & PLEURISY W MCC | 193 | MS-DRG | | | | inpatient | | | | 28043.07 | Horizon | Indemnity | 51360.52 | | | | 15564.04 | 51360.52 | case rate | |
| SIMPLE PNEUMONIA & PLEURISY W CC | 194 | MS-DRG | | | | inpatient | | | | 21144.88 | Horizon | Indemnity | 35114.1 | | | | 9685.45 | 35114.1 | case rate | |
| SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC | 195 | MS-DRG | | | | inpatient | | | | 18410.28 | Horizon | Indemnity | 26790.01 | | | | 7355.03 | 26790.01 | case rate | |
| INTERSTITIAL LUNG DISEASE W MCC | 196 | MS-DRG | | | | inpatient | | | | 35893.44 | Horizon | Indemnity | 63897.37 | | | | 22254.08 | 63897.37 | case rate | |
| INTERSTITIAL LUNG DISEASE W CC | 197 | MS-DRG | | | | inpatient | | | | 23501.11 | Horizon | Indemnity | 39073.31 | | | | 11693.4 | 39073.31 | case rate | |
| INTERSTITIAL LUNG DISEASE W/O CC/MCC | 198 | MS-DRG | | | | inpatient | | | | 19107.45 | Horizon | Indemnity | 29586.81 | | | | 7949.15 | 29586.81 | case rate | |
| PNEUMOTHORAX W MCC | 199 | MS-DRG | | | | inpatient | | | | 34246.86 | Horizon | Indemnity | 69541.68 | | | | 20850.88 | 69541.68 | case rate | |
| PNEUMOTHORAX W CC | 200 | MS-DRG | | | | inpatient | | | | 25129.67 | Horizon | Indemnity | 41924.72 | | | | 13081.26 | 41924.72 | case rate | |
| PNEUMOTHORAX W/O CC/MCC | 201 | MS-DRG | | | | inpatient | | | | 19164.27 | Horizon | Indemnity | 27261.99 | | | | 7997.58 | 27891.99 | case rate | |
| BRONCHITIS & ASTHMA W CC/MCC | 202 | MS-DRG | | | | inpatient | | | | 23178.16 | Horizon | Indemnity | 36670.48 | | | | 11418.2 | 38695.65 | case rate | |
| BRONCHITIS & ASTHMA W/O CC/MCC | 203 | MS-DRG | | | | inpatient | | | | 19434.55 | Horizon | Indemnity | 27187.88 | | | | 8227.9 | 50775.53 | case rate | |
| RESPIRATORY SIGNS & SYMPTOMS | 204 | MS-DRG | | | | inpatient | | | | 21020.14 | Horizon | Indemnity | 29941.77 | | | | 9576.14 | 96731.64 | case rate | |
| OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC | 205 | MS-DRG | | | | inpatient | | | | 35944.72 | Horizon | Indemnity | 59208.73 | | | | 22297.79 | 59208.73 | case rate | |
| OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC | 206 | MS-DRG | | | | inpatient | | | | 22334.08 | Horizon | Indemnity | 33682.54 | | | | 10698.87 | 33682.54 | case rate | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS | 207 | MS-DRG | | | | inpatient | | | | 99415.76 | Horizon | Indemnity | 218302.68 | | | | 49635 | 218302.68 | case rate | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS | 208 | MS-DRG | | | | inpatient | | | | 46977.38 | Horizon | Indemnity | 95075.66 | | | | 31699.76 | 95075.66 | case rate | |
| OTHER HEART ASSIST SYSTEM IMPLANT | 215 | MS-DRG | | | | inpatient | | | | 156624.79 | Horizon | Indemnity | 502648.1 | | | | 125140.69 | 502648.1 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC | 216 | MS-DRG | | | | inpatient | | | | 143545 | Horizon | Indemnity | 383083.85 | | | | 78485 | 383083.85 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC | 217 | MS-DRG | | | | inpatient | | | | 99286.86 | Horizon | Indemnity | 248193.74 | | | | 76277.62 | 248193.74 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC | 218 | MS-DRG | | | | inpatient | | | | 92237.6 | Horizon | Indemnity | 230348.04 | | | | 70270.28 | 230348.04 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC | 219 | MS-DRG | | | | inpatient | | | | 117022.27 | Horizon | Indemnity | 300026.24 | | | | 57338 | 300026.24 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC | 220 | MS-DRG | | | | inpatient | | | | 83192.49 | Horizon | Indemnity | 203043.14 | | | | 57338 | 203043.14 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC | 221 | MS-DRG | | | | inpatient | | | | 73433.58 | Horizon | Indemnity | 179720.85 | | | | 17199 | 179720.85 | case rate | |
| OTHER CARDIOTHORACIC PROCEDURES W MCC | 228 | MS-DRG | | | | inpatient | | | | 78848.73 | Horizon | Indemnity | 256517.83 | | | | 58860.35 | 256517.83 | case rate | |
| OTHER CARDIOTHORACIC PROCEDURES W/O MCC | 229 | MS-DRG | | | | inpatient | | | | 52833.28 | Horizon | Indemnity | 181320.14 | | | | 36690.12 | 181320.14 | case rate | |
| CORONARY BYPASS W PTCA W MCC | 231 | MS-DRG | | | | inpatient | | | | 127228.86 | Horizon | Indemnity | 327615.89 | | | | 19424 | 327615.89 | case rate | |
| CORONARY BYPASS W PTCA W/O MCC | 232 | MS-DRG | | | | inpatient | | | | 94446.91 | Horizon | Indemnity | 240298.72 | | | | 27830 | 240298.72 | case rate | |
| CORONARY BYPASS W CARDIAC CATH W MCC | 233 | MS-DRG | | | | inpatient | | | | 118115.83 | Horizon | Indemnity | 297923.76 | | | | 53769 | 297923.76 | case rate | |
| CORONARY BYPASS W CARDIAC CATH W/O MCC | 234 | MS-DRG | | | | inpatient | | | | 83618.2 | Horizon | Indemnity | 200776.83 | | | | 62839.65 | 200776.83 | case rate | |
| CORONARY BYPASS W/O CARDIAC CATH W MCC | 235 | MS-DRG | | | | inpatient | | | | 91335.31 | Horizon | Indemnity | 226626.77 | | | | 47567 | 226626.77 | case rate | |
| CORONARY BYPASS W/O CARDIAC CATH W/O MCC | 236 | MS-DRG | | | | inpatient | | | | 66773.79 | Horizon | Indemnity | 153153.18 | | | | 33990 | 153153.18 | case rate | |
| AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC | 239 | MS-DRG | | | | inpatient | | | | 79591.63 | Horizon | Indemnity | 183695.67 | | | | 59493.45 | 183695.67 | case rate | |
| AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC | 240 | MS-DRG | | | | inpatient | | | | 50143.03 | Horizon | Indemnity | 107070.31 | | | | 34397.51 | 107070.31 | case rate | |
| AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC | 241 | MS-DRG | | | | inpatient | | | | 30706.98 | Horizon | Indemnity | 62255.17 | | | | 15559 | 62255.17 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W MCC | 242 | MS-DRG | | | | inpatient | | | | 56793.12 | Horizon | Indemnity | 145765.26 | | | | 20328 | 145765.26 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W CC | 243 | MS-DRG | | | | inpatient | | | | 41003.67 | Horizon | Indemnity | 99635.58 | | | | 19748 | 99635.58 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC | 244 | MS-DRG | | | | inpatient | | | | 34792.95 | Horizon | Indemnity | 82335.98 | | | | 19748 | 91806.34 | case rate | |
| AICD GENERATOR PROCEDURES | 245 | MS-DRG | | | | inpatient | | | | 77511.22 | Horizon | Indemnity | 195506.98 | | | | 57720.54 | 195506.98 | case rate | |
| PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC | 250 | MS-DRG | | | | inpatient | | | | 41832.5 | Horizon | Indemnity | 100903.31 | | | | 27315.32 | 100903.31 | case rate | |
| PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC | 251 | MS-DRG | | | | inpatient | | | | 31437.41 | Horizon | Indemnity | 65445.94 | | | | 18456.68 | 65445.94 | case rate | |
| OTHER VASCULAR PROCEDURES W MCC | 252 | MS-DRG | | | | inpatient | | | | 57325.34 | Horizon | Indemnity | 127155.02 | | | | 40518.24 | 127155.02 | case rate | |
| OTHER VASCULAR PROCEDURES W CC | 253 | MS-DRG | | | | inpatient | | | | 45164.47 | Horizon | Indemnity | 101195.86 | | | | 30154.81 | 101195.86 | case rate | |
| OTHER VASCULAR PROCEDURES W/O CC/MCC | 254 | MS-DRG | | | | inpatient | | | | 34026.48 | Horizon | Indemnity | 70602.67 | | | | 20663.07 | 70602.67 | case rate | |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC | 255 | MS-DRG | | | | inpatient | | | | 46044.59 | Horizon | Indemnity | 99089.48 | | | | 30904.84 | 99089.48 | case rate | |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC | 256 | MS-DRG | | | | inpatient | | | | 33254.47 | Horizon | Indemnity | 68211.54 | | | | 20005.17 | 68211.54 | case rate | |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC | 257 | MS-DRG | | | | inpatient | | | | 20765.12 | Horizon | Indemnity | 43925.78 | | | | 9361.81 | 43925.78 | case rate | |
| CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC | 258 | MS-DRG | | | | inpatient | | | | 48664.15 | Horizon | Indemnity | 116584.12 | | | | 15797 | 116584.12 | case rate | |
| CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC | 259 | MS-DRG | | | | inpatient | | | | 34141.52 | Horizon | Indemnity | 81797.68 | | | | 15797 | 81797.68 | case rate | |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC | 260 | MS-DRG | | | | inpatient | | | | 56989.93 | Horizon | Indemnity | 141185.84 | | | | 12982 | 141185.84 | case rate | |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC | 261 | MS-DRG | | | | inpatient | | | | 36080.55 | Horizon | Indemnity | 77694.14 | | | | 12982 | 77694.14 | case rate | |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC | 262 | MS-DRG | | | | inpatient | | | | 30816.48 | Horizon | Indemnity | 63616.52 | | | | 12982 | 63616.52 | case rate | |
| VEIN LIGATION & STRIPPING | 263 | MS-DRG | | | | inpatient | | | | 46953.82 | Horizon | Indemnity | 93312.55 | | | | 31679.68 | 93312.55 | case rate | |
| OTHER CIRCULATORY SYSTEM O.R. PROCEDURES | 264 | MS-DRG | | | | inpatient | | | | 58222.09 | Horizon | Indemnity | 123207.51 | | | | 41282.44 | 123207.51 | case rate | |
| AICD LEAD PROCEDURES | 265 | MS-DRG | | | | inpatient | | | | 59221.41 | Horizon | Indemnity | 121573.12 | | | | 42134.05 | 121573.12 | case rate | |
| ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC | 266 | MS-DRG | | | | inpatient | | | | 92812.8 | Horizon | Indemnity | 280518.84 | | | | 70760.45 | 280518.84 | case rate | |
| ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC | 267 | MS-DRG | | | | inpatient | | | | 74987.3 | Horizon | Indemnity | 228116.84 | | | | 55569.66 | 228116.84 | case rate | |
| AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC | 268 | MS-DRG | | | | inpatient | | | | 102193.33 | Horizon | Indemnity | 261491.23 | | | | 78754.49 | 261491.23 | case rate | |
| AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC | 269 | MS-DRG | | | | inpatient | | | | 67447.39 | Horizon | Indemnity | 161914.16 | | | | 49144.19 | 161914.16 | case rate | |
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC | 270 | MS-DRG | | | | inpatient | | | | 80923.59 | Horizon | Indemnity | 197441.73 | | | | 60628.53 | 197441.73 | case rate | |
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC | 271 | MS-DRG | | | | inpatient | | | | 57519.39 | Horizon | Indemnity | 136282.66 | | | | 40683.6 | 136282.66 | case rate | |
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC | 272 | MS-DRG | | | | inpatient | | | | 44492.38 | Horizon | Indemnity | 102124.23 | | | | 29554.79 | 102124.23 | case rate | |
| PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC | 273 | MS-DRG | | | | inpatient | | | | 63976.82 | Horizon | Indemnity | 142473.07 | | | | 46186.59 | 142473.07 | case rate | |
| PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC | 274 | MS-DRG | | | | inpatient | | | | 53037.02 | Horizon | Indemnity | 116174.55 | | | | 36863.75 | 116174.55 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC | 280 | MS-DRG | | | | inpatient | | | | 32529.59 | Horizon | Indemnity | 64638.5 | | | | 19387.43 | 64638.5 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC | 281 | MS-DRG | | | | inpatient | | | | 22555.84 | Horizon | Indemnity | 38211.26 | | | | 10887.86 | 38211.26 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC | 282 | MS-DRG | | | | inpatient | | | | 19829.56 | Horizon | Indemnity | 29216.24 | | | | 8564.53 | 29216.24 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC | 283 | MS-DRG | | | | inpatient | | | | 36881.67 | Horizon | Indemnity | 70395.93 | | | | 23096.25 | 70395.93 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC | 284 | MS-DRG | | | | inpatient | | | | 20049.94 | Horizon | Indemnity | 29902.77 | | | | 8752.34 | 29902.77 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC | 285 | MS-DRG | | | | inpatient | | | | 17560.66 | Horizon | Indemnity | 23263.77 | | | | 6630.99 | 23263.77 | case rate | |
| CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC | 286 | MS-DRG | | | | inpatient | | | | 40456.19 | Horizon | Indemnity | 85066.47 | | | | 13521 | 85066.47 | case rate | |
| CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC | 287 | MS-DRG | | | | inpatient | | | | 24882.96 | Horizon | Indemnity | 44425.07 | | | | 9969 | 44425.07 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS W MCC | 288 | MS-DRG | | | | inpatient | | | | 47638.51 | Horizon | Indemnity | 105088.76 | | | | 32263.17 | 105088.76 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS W CC | 289 | MS-DRG | | | | inpatient | | | | 31632.84 | Horizon | Indemnity | 66698.07 | | | | 18623.22 | 66698.07 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC | 290 | MS-DRG | | | | inpatient | | | | 23348.64 | Horizon | Indemnity | 39451.68 | | | | 11563.48 | 39451.68 | case rate | |
| HEART FAILURE & SHOCK W MCC | 291 | MS-DRG | | | | inpatient | | | | 27864.27 | Horizon | Indemnity | 52480.02 | | | | 15411.67 | 52480.02 | case rate | |
| HEART FAILURE & SHOCK W CC | 292 | MS-DRG | | | | inpatient | | | | 21715.92 | Horizon | Indemnity | 35878.64 | | | | 10172.08 | 35878.64 | case rate | |
| HEART FAILURE & SHOCK W/O CC/MCC | 293 | MS-DRG | | | | inpatient | | | | 17384.63 | Horizon | Indemnity | 25963.06 | | | | 6480.98 | 25963.06 | case rate | |
| DEEP VEIN THROMBOPHLEBITIS W CC/MCC | 294 | MS-DRG | | | | inpatient | | | | 26799.81 | Horizon | Indemnity | 45279.33 | | | | 14504.55 | 45279.33 | case rate | |
| DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC | 295 | MS-DRG | | | | inpatient | | | | 20726.31 | Horizon | Indemnity | 21504.66 | | | | 9294.92 | 21504.66 | case rate | |
| CARDIAC ARREST, UNEXPLAINED W MCC | 296 | MS-DRG | | | | inpatient | | | | 32488.01 | Horizon | Indemnity | 59895.25 | | | | 19351.99 | 59895.25 | case rate | |
| CARDIAC ARREST, UNEXPLAINED W CC | 297 | MS-DRG | | | | inpatient | | | | 19542.65 | Horizon | Indemnity | 25448.17 | | | | 8320.03 | 25448.17 | case rate | |
| CARDIAC ARREST, UNEXPLAINED W/O CC/MCC | 298 | MS-DRG | | | | inpatient | | | | 15901.6 | Horizon | Indemnity | 18820.88 | | | | 5217.15 | 18820.88 | case rate | |
| PERIPHERAL VASCULAR DISORDERS W MCC | 299 | MS-DRG | | | | inpatient | | | | 32199.72 | Horizon | Indemnity | 56575.75 | | | | 19108.31 | 56575.75 | case rate | |
| PERIPHERAL VASCULAR DISORDERS W CC | 300 | MS-DRG | | | | inpatient | | | | 24618.23 | Horizon | Indemnity | 39931.47 | | | | 12645.41 | 39931.47 | case rate | |
| PERIPHERAL VASCULAR DISORDERS W/O CC/MCC | 301 | MS-DRG | | | | inpatient | | | | 19667.4 | Horizon | Indemnity | 28326.88 | | | | 8426.34 | 28326.88 | case rate | |
| ATHEROSCLEROSIS W MCC | 302 | MS-DRG | | | | inpatient | | | | 25903.06 | Horizon | Indemnity | 41717.99 | | | | 13740.34 | 41717.99 | case rate | |
| ATHEROSCLEROSIS W/O MCC | 303 | MS-DRG | | | | inpatient | | | | 19099.13 | Horizon | Indemnity | 25959.16 | | | | 7942.07 | 25959.16 | case rate | |
| HYPERTENSION W MCC | 304 | MS-DRG | | | | inpatient | | | | 26062.46 | Horizon | Indemnity | 42170.47 | | | | 13876.17 | 42170.47 | case rate | |
| HYPERTENSION W/O MCC | 305 | MS-DRG | | | | inpatient | | | | 20184.38 | Horizon | Indemnity | 28081.14 | | | | 8866.91 | 28081.14 | case rate | |
| CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC | 306 | MS-DRG | | | | inpatient | | | | 30533.73 | Horizon | Indemnity | 54963.06 | | | | 17686.57 | 54963.06 | case rate | |
| CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC | 307 | MS-DRG | | | | inpatient | | | | 22619.6 | Horizon | Indemnity | 33389.99 | | | | 10342.19 | 33389.99 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC | 308 | MS-DRG | | | | inpatient | | | | 26493.51 | Horizon | Indemnity | 46948.83 | | | | 14243.51 | 46948.83 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC | 309 | MS-DRG | | | | inpatient | | | | 20026.37 | Horizon | Indemnity | 29781.84 | | | | 8732.26 | 29781.84 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC | 310 | MS-DRG | | | | inpatient | | | | 17534.32 | Horizon | Indemnity | 21933.64 | | | | 6608.55 | 21933.64 | case rate | |
| ANGINA PECTORIS | 311 | MS-DRG | | | | inpatient | | | | 19458.11 | Horizon | Indemnity | 26805.61 | | | | 8247.98 | 26805.61 | case rate | |
| SYNCOPE & COLLAPSE | 312 | MS-DRG | | | | inpatient | | | | 21855.91 | Horizon | Indemnity | 31264.11 | | | | 10291.38 | 31264.11 | case rate | |
| CHEST PAIN | 313 | MS-DRG | | | | inpatient | | | | 19667.4 | Horizon | Indemnity | 27589.65 | | | | 8426.34 | 27589.65 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC | 314 | MS-DRG | | | | inpatient | | | | 39827.36 | Horizon | Indemnity | 78915.06 | | | | 25436.11 | 78915.06 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W CC | 315 | MS-DRG | | | | inpatient | | | | 23117.18 | Horizon | Indemnity | 37286.79 | | | | 11366.23 | 37286.79 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC | 316 | MS-DRG | | | | inpatient | | | | 19241.89 | Horizon | Indemnity | 29305.96 | | | | 8063.72 | 29305.96 | case rate | |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC | 326 | MS-DRG | | | | inpatient | | | | 80175.14 | Horizon | Indemnity | 205016.89 | | | | 59990.71 | 205016.89 | case rate | |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W CC | 327 | MS-DRG | | | | inpatient | | | | 43433.35 | Horizon | Indemnity | 96905.09 | | | | 28679.55 | 96905.09 | case rate | |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC | 328 | MS-DRG | | | | inpatient | | | | 31865.69 | Horizon | Indemnity | 60152.69 | | | | 18821.66 | 60152.69 | case rate | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC | 329 | MS-DRG | | | | inpatient | | | | 73423.87 | Horizon | Indemnity | 194750.25 | | | | 54237.32 | 194750.25 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES W CC | 330 | MS-DRG | | | | inpatient | | | | 42540.75 | Horizon | Indemnity | 98426.36 | | | | 27918.89 | 98426.36 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC | 331 | MS-DRG | | | | inpatient | | | | 32662.65 | Horizon | Indemnity | 66105.16 | | | | 19500.82 | 66105.16 | case rate | |
| RECTAL RESECTION W MCC | 332 | MS-DRG | | | | inpatient | | | | 57856.19 | Horizon | Indemnity | 132553.59 | | | | 40970.62 | 132553.59 | case rate | |
| RECTAL RESECTION W CC | 333 | MS-DRG | | | | inpatient | | | | 39236.5 | Horizon | Indemnity | 75197.69 | | | | 25103.02 | 75197.69 | case rate | |
| RECTAL RESECTION W/O CC/MCC | 334 | MS-DRG | | | | inpatient | | | | 32767.98 | Horizon | Indemnity | 50950.94 | | | | 19590.59 | 50950.94 | case rate | |
| PERITONEAL ADHESIOLYSIS W MCC | 335 | MS-DRG | | | | inpatient | | | | 60000.35 | Horizon | Indemnity | 158446.43 | | | | 42797.86 | 158446.43 | case rate | |
| PERITONEAL ADHESIOLYSIS W CC | 336 | MS-DRG | | | | inpatient | | | | 39056.32 | Horizon | Indemnity | 89645.89 | | | | 24949.47 | 89645.89 | case rate | |
| PERITONEAL ADHESIOLYSIS W/O CC/MCC | 337 | MS-DRG | | | | inpatient | | | | 31056.26 | Horizon | Indemnity | 62539.92 | | | | 18131.86 | 62539.92 | case rate | |
| MINOR SMALL & LARGE BOWEL PROCEDURES W MCC | 344 | MS-DRG | | | | inpatient | | | | 47125.68 | Horizon | Indemnity | 116521.71 | | | | 31826.14 | 116521.71 | case rate | |
| MINOR SMALL & LARGE BOWEL PROCEDURES W CC | 345 | MS-DRG | | | | inpatient | | | | 30413.15 | Horizon | Indemnity | 63877.86 | | | | 17583.81 | 63877.86 | case rate | |
| MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC | 346 | MS-DRG | | | | inpatient | | | | 27039.59 | Horizon | Indemnity | 48236.06 | | | | 14708.89 | 48236.06 | case rate | |
| ANAL & STOMAL PROCEDURES W MCC | 347 | MS-DRG | | | | inpatient | | | | 42583.72 | Horizon | Indemnity | 94049.78 | | | | 27955.51 | 94049.78 | case rate | |
| ANAL & STOMAL PROCEDURES W CC | 348 | MS-DRG | | | | inpatient | | | | 27228.09 | Horizon | Indemnity | 54609.8 | | | | 14869.52 | 54609.8 | case rate | |
| ANAL & STOMAL PROCEDURES W/O CC/MCC | 349 | MS-DRG | | | | inpatient | | | | 21988.97 | Horizon | Indemnity | 37044.95 | | | | 10404.77 | 37044.95 | case rate | |
| INGUINAL & FEMORAL HERNIA PROCEDURES W MCC | 350 | MS-DRG | | | | inpatient | | | | 43303.06 | Horizon | Indemnity | 95430.63 | | | | 28568.52 | 95430.63 | case rate | |
| INGUINAL & FEMORAL HERNIA PROCEDURES W CC | 351 | MS-DRG | | | | inpatient | | | | 30632.14 | Horizon | Indemnity | 58514.4 | | | | 17770.43 | 58514.4 | case rate | |
| INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC | 352 | MS-DRG | | | | inpatient | | | | 25061.75 | Horizon | Indemnity | 41093.87 | | | | 13023.38 | 41093.87 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC | 353 | MS-DRG | | | | inpatient | | | | 50431.32 | Horizon | Indemnity | 115690.86 | | | | 34643.19 | 115690.86 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC | 354 | MS-DRG | | | | inpatient | | | | 33357.04 | Horizon | Indemnity | 67521.12 | | | | 20092.58 | 67521.12 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC | 355 | MS-DRG | | | | inpatient | | | | 28257.9 | Horizon | Indemnity | 52846.68 | | | | 15747.12 | 52846.68 | case rate | |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC | 356 | MS-DRG | | | | inpatient | | | | 68902.7 | Horizon | Indemnity | 155080.13 | | | | 50384.4 | 155080.13 | case rate | |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC | 357 | MS-DRG | | | | inpatient | | | | 40952.58 | Horizon | Indemnity | 83346.26 | | | | 26599.54 | 83346.26 | case rate | |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC | 358 | MS-DRG | | | | inpatient | | | | 28561.44 | Horizon | Indemnity | 52593.14 | | | | 16005.79 | 52593.14 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS W MCC | 368 | MS-DRG | | | | inpatient | | | | 32925.99 | Horizon | Indemnity | 75829.61 | | | | 19725.24 | 75829.61 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS W CC | 369 | MS-DRG | | | | inpatient | | | | 23883.64 | Horizon | Indemnity | 43250.96 | | | | 12019.4 | 43250.96 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC | 370 | MS-DRG | | | | inpatient | | | | 19453.95 | Horizon | Indemnity | 28993.9 | | | | 8244.44 | 28993.9 | case rate | |
| MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC | 371 | MS-DRG | | | | inpatient | | | | 34007.08 | Horizon | Indemnity | 67825.37 | | | | 20646.54 | 67825.37 | case rate | |
| MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC | 372 | MS-DRG | | | | inpatient | | | | 24045.81 | Horizon | Indemnity | 40504.87 | | | | 12157.6 | 40504.87 | case rate | |
| MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC | 373 | MS-DRG | | | | inpatient | | | | 19833.72 | Horizon | Indemnity | 29551.7 | | | | 8568.08 | 29551.7 | case rate | |
| DIGESTIVE MALIGNANCY W MCC | 374 | MS-DRG | | | | inpatient | | | | 36043.84 | Horizon | Indemnity | 80549.46 | | | | 24938.84 | 80549.46 | case rate | |
| DIGESTIVE MALIGNANCY W CC | 375 | MS-DRG | | | | inpatient | | | | 26809.52 | Horizon | Indemnity | 47089.75 | | | | 14512.81 | 47089.75 | case rate | |
| DIGESTIVE MALIGNANCY W/O CC/MCC | 376 | MS-DRG | | | | inpatient | | | | 22018.07 | Horizon | Indemnity | 35718.71 | | | | 10429.57 | 35718.71 | case rate | |
| G.I. HEMORRHAGE W MCC | 377 | MS-DRG | | | | inpatient | | | | 34980.06 | Horizon | Indemnity | 69775.72 | | | | 21475.71 | 69775.72 | case rate | |
| G.I. HEMORRHAGE W CC | 378 | MS-DRG | | | | inpatient | | | | 23444.28 | Horizon | Indemnity | 38628.63 | | | | 11644.98 | 38628.63 | case rate | |
| G.I. HEMORRHAGE W/O CC/MCC | 379 | MS-DRG | | | | inpatient | | | | 18604.32 | Horizon | Indemnity | 25479.37 | | | | 7520.39 | 25479.37 | case rate | |
| COMPLICATED PEPTIC ULCER W MCC | 380 | MS-DRG | | | | inpatient | | | | 36450.62 | Horizon | Indemnity | 75907.62 | | | | 22728.91 | 75907.62 | case rate | |
| COMPLICATED PEPTIC ULCER W CC | 381 | MS-DRG | | | | inpatient | | | | 24874.64 | Horizon | Indemnity | 42712.67 | | | | 12863.93 | 42712.67 | case rate | |
| COMPLICATED PEPTIC ULCER W/O CC/MCC | 382 | MS-DRG | | | | inpatient | | | | 20164.97 | Horizon | Indemnity | 29949.57 | | | | 8850.37 | 29949.57 | case rate | |
| UNCOMPLICATED PEPTIC ULCER W MCC | 383 | MS-DRG | | | | inpatient | | | | 27301.55 | Horizon | Indemnity | 52698.46 | | | | 14932.12 | 52698.46 | case rate | |
| UNCOMPLICATED PEPTIC ULCER W/O MCC | 384 | MS-DRG | | | | inpatient | | | | 21832.35 | Horizon | Indemnity | 33362.69 | | | | 10271.3 | 33362.69 | case rate | |
| INFLAMMATORY BOWEL DISEASE W MCC | 385 | MS-DRG | | | | inpatient | | | | 32296.51 | Horizon | Indemnity | 66229.99 | | | | 19191.36 | 66229.99 | case rate | |
| INFLAMMATORY BOWEL DISEASE W CC | 386 | MS-DRG | | | | inpatient | | | | 23535.76 | Horizon | Indemnity | 38230.76 | | | | 11722.93 | 38230.76 | case rate | |
| INFLAMMATORY BOWEL DISEASE W/O CC/MCC | 387 | MS-DRG | | | | inpatient | | | | 19070.02 | Horizon | Indemnity | 27176.18 | | | | 7917.26 | 27176.18 | case rate | |
| G.I. OBSTRUCTION W MCC | 388 | MS-DRG | | | | inpatient | | | | 30152.58 | Horizon | Indemnity | 59708.01 | | | | 17361.75 | 59708.01 | case rate | |
| G.I. OBSTRUCTION W CC | 389 | MS-DRG | | | | inpatient | | | | 20899.66 | Horizon | Indemnity | 32890.7 | | | | 9468.11 | 32890.7 | case rate | |
| G.I. OBSTRUCTION W/O CC/MCC | 390 | MS-DRG | | | | inpatient | | | | 17363.84 | Horizon | Indemnity | 23053.14 | | | | 6463.26 | 23053.14 | case rate | |
| ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC | 391 | MS-DRG | | | | inpatient | | | | 27582.91 | Horizon | Indemnity | 47647.05 | | | | 15171.9 | 47647.05 | case rate | |
| ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC | 392 | MS-DRG | | | | inpatient | | | | 20594.64 | Horizon | Indemnity | 29465.89 | | | | 9216.53 | 29465.89 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC | 393 | MS-DRG | | | | inpatient | | | | 32731.95 | Horizon | Indemnity | 63682.83 | | | | 19559.88 | 63682.83 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES W CC | 394 | MS-DRG | | | | inpatient | | | | 22826.12 | Horizon | Indemnity | 36709.49 | | | | 11118.18 | 36709.49 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC | 395 | MS-DRG | | | | inpatient | | | | 18600.17 | Horizon | Indemnity | 26388.24 | | | | 7516.85 | 26388.24 | case rate | |
| PANCREAS, LIVER & SHUNT PROCEDURES W MCC | 405 | MS-DRG | | | | inpatient | | | | 85022.02 | Horizon | Indemnity | 209822.55 | | | | 64121.2 | 209822.55 | case rate | |
| PANCREAS, LIVER & SHUNT PROCEDURES W CC | 406 | MS-DRG | | | | inpatient | | | | 48704.35 | Horizon | Indemnity | 110491.23 | | | | 33171.47 | 110491.23 | case rate | |
| PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC | 407 | MS-DRG | | | | inpatient | | | | 39382.03 | Horizon | Indemnity | 78279.25 | | | | 25227.04 | 78279.25 | case rate | |
| BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC | 408 | MS-DRG | | | | inpatient | | | | 58308.03 | Horizon | Indemnity | 157841.83 | | | | 41355.67 | 157841.83 | case rate | |
| BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC | 409 | MS-DRG | | | | inpatient | | | | 38837.33 | Horizon | Indemnity | 90901.56 | | | | 24762.85 | 90901.56 | case rate | |
| BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC | 410 | MS-DRG | | | | inpatient | | | | 31278.02 | Horizon | Indemnity | 64462.97 | | | | 18320.85 | 64462.97 | case rate | |
| CHOLECYSTECTOMY W C.D.E. W MCC | 411 | MS-DRG | | | | inpatient | | | | 47387.64 | Horizon | Indemnity | 155953.89 | | | | 10482 | 155953.89 | case rate | |
| CHOLECYSTECTOMY W C.D.E. W CC | 412 | MS-DRG | | | | inpatient | | | | 39323.82 | Horizon | Indemnity | 92910.77 | | | | 11647 | 92910.77 | case rate | |
| CHOLECYSTECTOMY W C.D.E. W/O CC/MCC | 413 | MS-DRG | | | | inpatient | | | | 32822.04 | Horizon | Indemnity | 65773.6 | | | | 15908 | 65773.6 | case rate | |
| CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC | 414 | MS-DRG | | | | inpatient | | | | 58342.68 | Horizon | Indemnity | 139535.84 | | | | 28270 | 139535.84 | case rate | |
| CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC | 415 | MS-DRG | | | | inpatient | | | | 37196.29 | Horizon | Indemnity | 78747.33 | | | | 23364.37 | 78747.33 | case rate | |
| CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC | 416 | MS-DRG | | | | inpatient | | | | 28770.72 | Horizon | Indemnity | 54340.65 | | | | 16184.14 | 54340.65 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC | 417 | MS-DRG | | | | inpatient | | | | 42718.16 | Horizon | Indemnity | 94529.56 | | | | 28070.08 | 94529.56 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC | 418 | MS-DRG | | | | inpatient | | | | 32765.21 | Horizon | Indemnity | 64915.45 | | | | 19588.22 | 64915.45 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC | 419 | MS-DRG | | | | inpatient | | | | 28041.68 | Horizon | Indemnity | 50872.93 | | | | 15562.86 | 50872.93 | case rate | |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC | 420 | MS-DRG | | | | inpatient | | | | 58698.88 | Horizon | Indemnity | 137211.02 | | | | 41688.76 | 137211.02 | case rate | |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC | 421 | MS-DRG | | | | inpatient | | | | 32476.92 | Horizon | Indemnity | 69397.35 | | | | 8253 | 69397.35 | case rate | |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC | 422 | MS-DRG | | | | inpatient | | | | 30145.65 | Horizon | Indemnity | 58806.95 | | | | 10272 | 58806.95 | case rate | |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC | 423 | MS-DRG | | | | inpatient | | | | 66154.24 | Horizon | Indemnity | 153921.62 | | | | 16017 | 153921.62 | case rate | |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC | 424 | MS-DRG | | | | inpatient | | | | 41426.4 | Horizon | Indemnity | 85468.24 | | | | 26969.24 | 85468.24 | case rate | |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC | 425 | MS-DRG | | | | inpatient | | | | 31204.56 | Horizon | Indemnity | 58233.55 | | | | 18258.25 | 58233.55 | case rate | |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC | 432 | MS-DRG | | | | inpatient | | | | 36932.95 | Horizon | Indemnity | 71226.78 | | | | 13893 | 71226.78 | case rate | |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W CC | 433 | MS-DRG | | | | inpatient | | | | 24607.14 | Horizon | Indemnity | 40095.3 | | | | 12635.96 | 40095.3 | case rate | |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC | 434 | MS-DRG | | | | inpatient | | | | 19433.16 | Horizon | Indemnity | 25397.46 | | | | 8226.72 | 53380.86 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC | 435 | MS-DRG | | | | inpatient | | | | 35068.76 | Horizon | Indemnity | 66222.18 | | | | 21551.3 | 66222.18 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC | 436 | MS-DRG | | | | inpatient | | | | 25409.64 | Horizon | Indemnity | 44308.05 | | | | 13319.85 | 44308.05 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC | 437 | MS-DRG | | | | inpatient | | | | 20662.55 | Horizon | Indemnity | 33772.26 | | | | 9274.41 | 33772.26 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC | 438 | MS-DRG | | | | inpatient | | | | 32838.67 | Horizon | Indemnity | 63901.27 | | | | 19650.83 | 63901.27 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC | 439 | MS-DRG | | | | inpatient | | | | 21702.06 | Horizon | Indemnity | 33635.74 | | | | 10160.27 | 33635.74 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC | 440 | MS-DRG | | | | inpatient | | | | 18304.95 | Horizon | Indemnity | 24235.05 | | | | 7265.27 | 24235.05 | case rate | |
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC | 441 | MS-DRG | | | | inpatient | | | | 35980.76 | Horizon | Indemnity | 72443.8 | | | | 11778 | 72443.8 | case rate | |
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC | 442 | MS-DRG | | | | inpatient | | | | 23171.23 | Horizon | Indemnity | 36823.67 | | | | 11412.29 | 36823.67 | case rate | |
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC | 443 | MS-DRG | | | | inpatient | | | | 19519.09 | Horizon | Indemnity | 27141.07 | | | | 8299.96 | 27141.07 | case rate | |
| DISORDERS OF THE BILIARY TRACT W MCC | 444 | MS-DRG | | | | inpatient | | | | 33125.57 | Horizon | Indemnity | 62836.38 | | | | 19895.32 | 62836.38 | case rate | |
| DISORDERS OF THE BILIARY TRACT W CC | 445 | MS-DRG | | | | inpatient | | | | 24810.89 | Horizon | Indemnity | 41643.87 | | | | 12809.59 | 41643.87 | case rate | |
| DISORDERS OF THE BILIARY TRACT W/O CC/MCC | 446 | MS-DRG | | | | inpatient | | | | 20830.26 | Horizon | Indemnity | 31010.57 | | | | 9417.32 | 31010.57 | case rate | |
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC | 453 | MS-DRG | | | | inpatient | | | | 132599.66 | Horizon | Indemnity | 370445.58 | | | | 17717 | 370445.58 | case rate | |
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC | 454 | MS-DRG | | | | inpatient | | | | 94552.24 | Horizon | Indemnity | 247179.56 | | | | 36879 | 247179.56 | case rate | |
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC | 455 | MS-DRG | | | | inpatient | | | | 73613.76 | Horizon | Indemnity | 195035 | | | | 54398.14 | 195035 | case rate | |
| SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC | 456 | MS-DRG | | | | inpatient | | | | 127163.72 | Horizon | Indemnity | 355946.68 | | | | 100034.13 | 355946.68 | case rate | |
| SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC | 457 | MS-DRG | | | | inpatient | | | | 89328.36 | Horizon | Indemnity | 255285.21 | | | | 67791.04 | 255285.21 | case rate | |
| SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC | 458 | MS-DRG | | | | inpatient | | | | 69627.59 | Horizon | Indemnity | 199762.65 | | | | 51002.14 | 199762.65 | case rate | |
| SPINAL FUSION EXCEPT CERVICAL W MCC | 459 | MS-DRG | | | | inpatient | | | | 101704.07 | Horizon | Indemnity | 249051.89 | | | | 78337.54 | 249051.89 | case rate | |
| SPINAL FUSION EXCEPT CERVICAL W/O MCC | 460 | MS-DRG | | | | inpatient | | | | 60478.52 | Horizon | Indemnity | 157490.76 | | | | 43205.36 | 157490.76 | case rate | |
| BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC | 461 | MS-DRG | | | | inpatient | | | | 92812.8 | Horizon | Indemnity | 174848.88 | | | | 9917 | 174848.88 | case rate | |
| BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC | 462 | MS-DRG | | | | inpatient | | | | 49472.2 | Horizon | Indemnity | 124592.26 | | | | 11315 | 124592.26 | case rate | |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC | 463 | MS-DRG | | | | inpatient | | | | 84638.1 | Horizon | Indemnity | 200180.02 | | | | 15756 | 200180.02 | case rate | |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC | 464 | MS-DRG | | | | inpatient | | | | 50647.54 | Horizon | Indemnity | 114836.61 | | | | 34827.45 | 114836.61 | case rate | |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC | 465 | MS-DRG | | | | inpatient | | | | 33842.14 | Horizon | Indemnity | 71671.46 | | | | 20505.98 | 71671.46 | case rate | |
| REVISION OF HIP OR KNEE REPLACEMENT W MCC | 466 | MS-DRG | | | | inpatient | | | | 80391.36 | Horizon | Indemnity | 199450.59 | | | | 60174.97 | 199450.59 | case rate | |
| REVISION OF HIP OR KNEE REPLACEMENT W CC | 467 | MS-DRG | | | | inpatient | | | | 57253.27 | Horizon | Indemnity | 135369.89 | | | | 40456.82 | 135369.89 | case rate | |
| REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC | 468 | MS-DRG | | | | inpatient | | | | 46138.84 | Horizon | Indemnity | 108884.14 | | | | 30985.16 | 108884.14 | case rate | |
| MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP | 469 | MS-DRG | | | | inpatient | | | | 55084.16 | Horizon | Indemnity | 123816.02 | | | | 38608.32 | 123816.02 | case rate | |
| MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC | 470 | MS-DRG | | | | inpatient | | | | 35912.84 | Horizon | Indemnity | 77616.13 | | | | 22270.62 | 77616.13 | case rate | |
| CERVICAL SPINAL FUSION W MCC | 471 | MS-DRG | | | | inpatient | | | | 77102.35 | Horizon | Indemnity | 195452.37 | | | | 8282 | 195452.37 | case rate | |
| CERVICAL SPINAL FUSION W CC | 472 | MS-DRG | | | | inpatient | | | | 49935.13 | Horizon | Indemnity | 114945.83 | | | | 8991 | 114945.83 | case rate | |
| CERVICAL SPINAL FUSION W/O CC/MCC | 473 | MS-DRG | | | | inpatient | | | | 42992.04 | Horizon | Indemnity | 92559.71 | | | | 11229 | 92559.71 | case rate | |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC | 474 | MS-DRG | | | | inpatient | | | | 71938.07 | Horizon | Indemnity | 148035.47 | | | | 22321 | 148035.47 | case rate | |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC | 475 | MS-DRG | | | | inpatient | | | | 39680.02 | Horizon | Indemnity | 83818.24 | | | | 25480.99 | 83818.24 | case rate | |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC | 476 | MS-DRG | | | | inpatient | | | | 25900.29 | Horizon | Indemnity | 44885.35 | | | | 13737.98 | 44885.35 | case rate | |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC | 477 | MS-DRG | | | | inpatient | | | | 57444.54 | Horizon | Indemnity | 122419.57 | | | | 40619.82 | 122419.57 | case rate | |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC | 478 | MS-DRG | | | | inpatient | | | | 42192.86 | Horizon | Indemnity | 88904.75 | | | | 27622.42 | 88904.75 | case rate | |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC | 479 | MS-DRG | | | | inpatient | | | | 34382.39 | Horizon | Indemnity | 70134.59 | | | | 20974.9 | 70134.59 | case rate | |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC | 480 | MS-DRG | | | | inpatient | | | | 50542.2 | Horizon | Indemnity | 118206.81 | | | | 34737.68 | 118206.81 | case rate | |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC | 481 | MS-DRG | | | | inpatient | | | | 38537.95 | Horizon | Indemnity | 80444.14 | | | | 8360 | 80444.14 | case rate | |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC | 482 | MS-DRG | | | | inpatient | | | | 31767.28 | Horizon | Indemnity | 64927.15 | | | | 9385 | 64927.15 | case rate | |
| MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES | 483 | MS-DRG | | | | inpatient | | | | 45097.95 | Horizon | Indemnity | 92973.18 | | | | 13093 | 92973.18 | case rate | |
| KNEE PROCEDURES W PDX OF INFECTION W MCC | 485 | MS-DRG | | | | inpatient | | | | 54399.47 | Horizon | Indemnity | 128883.03 | | | | 38024.83 | 128883.03 | case rate | |
| KNEE PROCEDURES W PDX OF INFECTION W CC | 486 | MS-DRG | | | | inpatient | | | | 39175.52 | Horizon | Indemnity | 86533.13 | | | | 25051.05 | 86533.13 | case rate | |
| KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC | 487 | MS-DRG | | | | inpatient | | | | 31681.35 | Horizon | Indemnity | 64369.35 | | | | 18664.56 | 64369.35 | case rate | |
| KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC | 488 | MS-DRG | | | | inpatient | | | | 37020.27 | Horizon | Indemnity | 82402.29 | | | | 23214.36 | 82402.29 | case rate | |
| KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC | 489 | MS-DRG | | | | inpatient | | | | 26943.96 | Horizon | Indemnity | 50807.68 | | | | 14627.39 | 50807.68 | case rate | |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC | 492 | MS-DRG | | | | inpatient | | | | 58999.65 | Horizon | Indemnity | 132253.23 | | | | 27633 | 132253.23 | case rate | |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC | 493 | MS-DRG | | | | inpatient | | | | 43057.74 | Horizon | Indemnity | 87613.62 | | | | 28359.46 | 87613.62 | case rate | |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC | 494 | MS-DRG | | | | inpatient | | | | 35911.46 | Horizon | Indemnity | 68414.38 | | | | 22269.44 | 68414.38 | case rate | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC | 495 | MS-DRG | | | | inpatient | | | | 58575.53 | Horizon | Indemnity | 135053.94 | | | | 41583.64 | 135053.94 | case rate | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC | 496 | MS-DRG | | | | inpatient | | | | 37125.6 | Horizon | Indemnity | 76488.83 | | | | 23304.13 | 76488.83 | case rate | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC | 497 | MS-DRG | | | | inpatient | | | | 28388.18 | Horizon | Indemnity | 55975.05 | | | | 15858.15 | 55975.05 | case rate | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC | 498 | MS-DRG | | | | inpatient | | | | 44775 | Horizon | Indemnity | 88857.95 | | | | 29822.91 | 88857.95 | case rate | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC | 499 | MS-DRG | | | | inpatient | | | | 29307.7 | Horizon | Indemnity | 43666.63 | | | | 12977.32 | 43666.63 | case rate | |
| SOFT TISSUE PROCEDURES W MCC | 500 | MS-DRG | | | | inpatient | | | | 53698.15 | Horizon | Indemnity | 119673.48 | | | | 37427.16 | 119673.48 | case rate | |
| SOFT TISSUE PROCEDURES W CC | 501 | MS-DRG | | | | inpatient | | | | 34515.74 | Horizon | Indemnity | 65820.41 | | | | 8902 | 65820.41 | case rate | |
| SOFT TISSUE PROCEDURES W/O CC/MCC | 502 | MS-DRG | | | | inpatient | | | | 29144.95 | Horizon | Indemnity | 50361.94 | | | | 16503.06 | 50361.94 | case rate | |
| FOOT PROCEDURES W MCC | 503 | MS-DRG | | | | inpatient | | | | 46461.78 | Horizon | Indemnity | 98943.74 | | | | 27418 | 98943.74 | case rate | |
| FOOT PROCEDURES W CC | 504 | MS-DRG | | | | inpatient | | | | 34104.1 | Horizon | Indemnity | 67462.61 | | | | 20729.22 | 67462.61 | case rate | |
| FOOT PROCEDURES W/O CC/MCC | 505 | MS-DRG | | | | inpatient | | | | 34104.1 | Horizon | Indemnity | 61623.26 | | | | 20729.22 | 61623.26 | case rate | |
| MAJOR THUMB OR JOINT PROCEDURES | 506 | MS-DRG | | | | inpatient | | | | 30557.29 | Horizon | Indemnity | 55011.57 | | | | 17706.65 | 55011.57 | case rate | |
| MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC | 507 | MS-DRG | | | | inpatient | | | | 36643.27 | Horizon | Indemnity | 75771.1 | | | | 22893.09 | 75771.1 | case rate | |
| MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC | 508 | MS-DRG | | | | inpatient | | | | 26986.93 | Horizon | Indemnity | 56458.73 | | | | 14664 | 56458.73 | case rate | |
| ARTHROSCOPY | 509 | MS-DRG | | | | inpatient | | | | 34127.66 | Horizon | Indemnity | 65153.39 | | | | 20749.3 | 65153.39 | case rate | |
| SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC | 510 | MS-DRG | | | | inpatient | | | | 49393.2 | Horizon | Indemnity | 106582.73 | | | | 33758.51 | 106582.73 | case rate | |
| SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC | 511 | MS-DRG | | | | inpatient | | | | 36962.05 | Horizon | Indemnity | 72057.63 | | | | 7655 | 72057.63 | case rate | |
| SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC | 512 | MS-DRG | | | | inpatient | | | | 32063.89 | Horizon | Indemnity | 59372.55 | | | | 10564 | 59372.55 | case rate | |
| HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC | 513 | MS-DRG | | | | inpatient | | | | 30647.38 | Horizon | Indemnity | 63955.88 | | | | 17783.42 | 63955.88 | case rate | |
| HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC | 514 | MS-DRG | | | | inpatient | | | | 23911.36 | Horizon | Indemnity | 38999.2 | | | | 12043.03 | 40660.37 | case rate | |
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC | 515 | MS-DRG | | | | inpatient | | | | 52640.62 | Horizon | Indemnity | 120219.57 | | | | 36525.94 | 120219.57 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC | 516 | MS-DRG | | | | inpatient | | | | 37661.99 | Horizon | Indemnity | | | | | 23761.23 | 73543.8 | case rate | |
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC | 517 | MS-DRG | | | | inpatient | | | | 30468.59 | Horizon | Indemnity | | | | | 53864.77 | 17631.06 | 53864.77 | case rate |
| BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM | 518 | MS-DRG | | | | inpatient | | | | 59454.26 | Horizon | Indemnity | | | | | 120929.5 | 42332.49 | 120929.5 | case rate |
| BACK & NECK PROC EXC SPINAL FUSION W CC | 519 | MS-DRG | | | | inpatient | | | | 37110.36 | Horizon | Indemnity | | | | | 72631.03 | 23291.14 | 72631.03 | case rate |
| BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC | 520 | MS-DRG | | | | inpatient | | | | 26643.91 | Horizon | Indemnity | | | | | 51259.1 | 16928.27 | 51259.1 | case rate |
| FRACTURES OF FEMUR W MCC | 533 | MS-DRG | | | | inpatient | | | | 30914.88 | Horizon | Indemnity | | | | | 59700.21 | 12781 | 59700.21 | case rate |
| FRACTURES OF FEMUR W/O MCC | 534 | MS-DRG | | | | inpatient | | | | 21061.72 | Horizon | Indemnity | | | | | 30249.93 | 9614.58 | 34640.29 | case rate |
| FRACTURES OF HIP & PELVIS W MCC | 535 | MS-DRG | | | | inpatient | | | | 28212.16 | Horizon | Indemnity | | | | | 48945.98 | 15708.14 | 48945.98 | case rate |
| FRACTURES OF HIP & PELVIS W/O MCC | 536 | MS-DRG | | | | inpatient | | | | 21018.76 | Horizon | Indemnity | | | | | 29528.3 | 9577.96 | 29528.3 | case rate |
| SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC | 537 | MS-DRG | | | | inpatient | | | | 22517.04 | Horizon | Indemnity | | | | | 35515.87 | 10854.79 | 35515.87 | case rate |
| SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC | 538 | MS-DRG | | | | inpatient | | | | 19086.66 | Horizon | Indemnity | | | | | 28358.09 | 7931.44 | 28358.09 | case rate |
| OSTEOMYELITIS W MCC | 539 | MS-DRG | | | | inpatient | | | | 37810.29 | Horizon | Indemnity | | | | | 78762.93 | 23887.62 | 78762.93 | case rate |
| OSTEOMYELITIS W CC | 540 | MS-DRG | | | | inpatient | | | | 27715.97 | Horizon | Indemnity | | | | | 50368.18 | 15285.29 | 50368.18 | case rate |
| OSTEOMYELITIS W/O CC/MCC | 541 | MS-DRG | | | | inpatient | | | | 21905.81 | Horizon | Indemnity | | | | | 34431.48 | 7723 | 34431.48 | case rate |
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC | 542 | MS-DRG | | | | inpatient | | | | 35630.1 | Horizon | Indemnity | | | | | 71199.48 | 8903 | 71199.48 | case rate |
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC | 543 | MS-DRG | | | | inpatient | | | | 24483.79 | Horizon | Indemnity | | | | | 41835.01 | 10889 | 41835.01 | case rate |
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC | 544 | MS-DRG | | | | inpatient | | | | 20253.68 | Horizon | Indemnity | | | | | 31143.19 | 8925.97 | 31143.19 | case rate |
| CONNECTIVE TISSUE DISORDERS W MCC | 545 | MS-DRG | | | | inpatient | | | | 44802.73 | Horizon | Indemnity | | | | | 96702.25 | 29846.53 | 96702.25 | case rate |
| CONNECTIVE TISSUE DISORDERS W CC | 546 | MS-DRG | | | | inpatient | | | | 25825.45 | Horizon | Indemnity | | | | | 47370.1 | 13674.2 | 47370.1 | case rate |
| CONNECTIVE TISSUE DISORDERS W/O CC/MCC | 547 | MS-DRG | | | | inpatient | | | | 20122.01 | Horizon | Indemnity | | | | | 33452.4 | 8813.76 | 33452.4 | case rate |
| SEPTIC ARTHRITIS W MCC | 548 | MS-DRG | | | | inpatient | | | | 37702.19 | Horizon | Indemnity | | | | | 80635.27 | 23795.49 | 80635.27 | case rate |
| SEPTIC ARTHRITIS W CC | 549 | MS-DRG | | | | inpatient | | | | 26482.42 | Horizon | Indemnity | | | | | 48532.51 | 14234.06 | 48532.51 | case rate |
| SEPTIC ARTHRITIS W/O CC/MCC | 550 | MS-DRG | | | | inpatient | | | | 21728.4 | Horizon | Indemnity | | | | | 36034.67 | 10182.71 | 36034.67 | case rate |
| MEDICAL BACK PROBLEMS W MCC | 551 | MS-DRG | | | | inpatient | | | | 33430.5 | Horizon | Indemnity | | | | | 62083.54 | 9165 | 62083.54 | case rate |
| MEDICAL BACK PROBLEMS W/O MCC | 552 | MS-DRG | | | | inpatient | | | | 23137.97 | Horizon | Indemnity | | | | | 35145.31 | 11383.94 | 35145.31 | case rate |
| BONE DISEASES & ARTHROPATHIES W MCC | 553 | MS-DRG | | | | inpatient | | | | 27880.9 | Horizon | Indemnity | | | | | 48275.06 | 15425.85 | 48275.06 | case rate |
| BONE DISEASES & ARTHROPATHIES W/O MCC | 554 | MS-DRG | | | | inpatient | | | | 21347.24 | Horizon | Indemnity | | | | | 29524.4 | 9857.89 | 47368.4 | case rate |
| SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC | 555 | MS-DRG | | | | inpatient | | | | 28443.62 | Horizon | Indemnity | | | | | 49897.75 | 15905.39 | 49897.75 | case rate |
| SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC | 556 | MS-DRG | | | | inpatient | | | | 21096.37 | Horizon | Indemnity | | | | | 29945.67 | 9644.11 | 29945.67 | case rate |
| TENDONITIS, MYOSITIS & BURSITIS W MCC | 557 | MS-DRG | | | | inpatient | | | | 31258.61 | Horizon | Indemnity | | | | | 55873.63 | 18304.31 | 55873.63 | case rate |
| TENDONITIS, MYOSITIS & BURSITIS W/O MCC | 558 | MS-DRG | | | | inpatient | | | | 21751.96 | Horizon | Indemnity | | | | | 33882.54 | 10202.79 | 33882.54 | case rate |
| AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC | 559 | MS-DRG | | | | inpatient | | | | 35508.13 | Horizon | Indemnity | | | | | 70161.89 | 21925.72 | 70161.89 | case rate |
| AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC | 560 | MS-DRG | | | | inpatient | | | | 25562.11 | Horizon | Indemnity | | | | | 39853.45 | 13449.78 | 39853.45 | case rate |
| AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC | 561 | MS-DRG | | | | inpatient | | | | 21111.62 | Horizon | Indemnity | | | | | 29493.19 | 9211 | 29493.19 | case rate |
| FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC | 562 | MS-DRG | | | | inpatient | | | | 30063.87 | Horizon | Indemnity | | | | | 54925.76 | 12507 | 54925.76 | case rate |
| FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC | 563 | MS-DRG | | | | inpatient | | | | 22167.76 | Horizon | Indemnity | | | | | 32691.77 | 10557.14 | 32691.77 | case rate |
| OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC | 564 | MS-DRG | | | | inpatient | | | | 31528.89 | Horizon | Indemnity | | | | | 61326.81 | 18534.64 | 61326.81 | case rate |
| OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC | 565 | MS-DRG | | | | inpatient | | | | 23912.75 | Horizon | Indemnity | | | | | 38063.03 | 12044.21 | 38063.03 | case rate |
| OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC | 566 | MS-DRG | | | | inpatient | | | | 20148.34 | Horizon | Indemnity | | | | | 29735.04 | 8836.2 | 29735.04 | case rate |
| SKIN DEBRIDEMENT W MCC | 570 | MS-DRG | | | | inpatient | | | | 51501.32 | Horizon | Indemnity | | | | | 118374.54 | 35555.04 | 118374.54 | case rate |
| SKIN DEBRIDEMENT W CC | 571 | MS-DRG | | | | inpatient | | | | 32985.59 | Horizon | Indemnity | | | | | 66425.02 | 9078 | 66425.02 | case rate |
| SKIN DEBRIDEMENT W/O CC/MCC | 572 | MS-DRG | | | | inpatient | | | | 25613.39 | Horizon | Indemnity | | | | | 45973.65 | 11401 | 45973.65 | case rate |
| SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC | 573 | MS-DRG | | | | inpatient | | | | 95132.98 | Horizon | Indemnity | | | | | 204845.26 | 16091 | 204845.26 | case rate |
| SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC | 574 | MS-DRG | | | | inpatient | | | | 57803.52 | Horizon | Indemnity | | | | | 118811.42 | 36864 | 118811.42 | case rate |
| SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC | 575 | MS-DRG | | | | inpatient | | | | 37454.09 | Horizon | Indemnity | | | | | 68597.71 | 23584.06 | 68597.71 | case rate |
| SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC | 576 | MS-DRG | | | | inpatient | | | | 84509.1 | Horizon | Indemnity | | | | | 190381.46 | 63726.69 | 190381.46 | case rate |
| SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC | 577 | MS-DRG | | | | inpatient | | | | 46686.32 | Horizon | Indemnity | | | | | 97876.36 | 31451.72 | 97876.36 | case rate |
| SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC | 578 | MS-DRG | | | | inpatient | | | | 33208.73 | Horizon | Indemnity | | | | | 59669.01 | 19966.19 | 59669.01 | case rate |
| OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC | 579 | MS-DRG | | | | inpatient | | | | 54955.26 | Horizon | Indemnity | | | | | 109133.78 | 38498.47 | 109133.78 | case rate |
| OTHER SKIN, SUBCUT TISS & BREAST PROC W CC | 580 | MS-DRG | | | | inpatient | | | | 34353.58 | Horizon | Indemnity | | | | | 62013.33 | 20941.82 | 62013.33 | case rate |
| OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC | 581 | MS-DRG | | | | inpatient | | | | 29727.07 | Horizon | Indemnity | | | | | 48228.25 | 8609 | 48228.25 | case rate |
| MASTECTOMY FOR MALIGNANCY W CC/MCC | 582 | MS-DRG | | | | inpatient | | | | 34051.43 | Horizon | Indemnity | | | | | 61221.49 | 10681 | 61221.49 | case rate |
| MASTECTOMY FOR MALIGNANCY W/O CC/MCC | 583 | MS-DRG | | | | inpatient | | | | 32547.61 | Horizon | Indemnity | | | | | 53755.55 | 14701 | 53755.55 | case rate |
| BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC | 584 | MS-DRG | | | | inpatient | | | | 38156.8 | Horizon | Indemnity | | | | | 72997.7 | 24182.91 | 72997.7 | case rate |
| BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC | 585 | MS-DRG | | | | inpatient | | | | 37293.31 | Horizon | Indemnity | | | | | 61073.26 | 23447.05 | 61073.26 | case rate |
| SKIN ULCERS W MCC | 592 | MS-DRG | | | | inpatient | | | | 38280.15 | Horizon | Indemnity | | | | | 66631.76 | 24288.03 | 66631.76 | case rate |
| SKIN ULCERS W CC | 593 | MS-DRG | | | | inpatient | | | | 26726.36 | Horizon | Indemnity | | | | | 44054.51 | 14441.95 | 44054.51 | case rate |
| SKIN ULCERS W/O CC/MCC | 594 | MS-DRG | | | | inpatient | | | | 21542.67 | Horizon | Indemnity | | | | | 31603.47 | 10024.44 | 31603.47 | case rate |
| MAJOR SKIN DISORDERS W MCC | 595 | MS-DRG | | | | inpatient | | | | 39095.13 | Horizon | Indemnity | | | | | 77503.01 | 24982.55 | 77503.01 | case rate |
| MAJOR SKIN DISORDERS W/O MCC | 596 | MS-DRG | | | | inpatient | | | | 24763.76 | Horizon | Indemnity | | | | | 39455.58 | 12769.43 | 39455.58 | case rate |
| MALIGNANT BREAST DISORDERS W MCC | 597 | MS-DRG | | | | inpatient | | | | 34127.66 | Horizon | Indemnity | | | | | 67092.04 | 20749.3 | 67092.04 | case rate |
| MALIGNANT BREAST DISORDERS W CC | 598 | MS-DRG | | | | inpatient | | | | 24482.4 | Horizon | Indemnity | | | | | 45337.84 | 12529.66 | 45337.84 | case rate |
| MALIGNANT BREAST DISORDERS W/O CC/MCC | 599 | MS-DRG | | | | inpatient | | | | 21628.6 | Horizon | Indemnity | | | | | 27944.61 | 10097.67 | 27944.61 | case rate |
| NON-MALIGNANT BREAST DISORDERS W CC/MCC | 600 | MS-DRG | | | | inpatient | | | | 23038.18 | Horizon | Indemnity | | | | | 37290.69 | 11298.9 | 37290.69 | case rate |
| NON-MALIGNANT BREAST DISORDERS W/O CC/MCC | 601 | MS-DRG | | | | inpatient | | | | 18088.73 | Horizon | Indemnity | | | | | 24153.13 | 7081.01 | 24153.13 | case rate |
| CELLULITIS W MCC | 602 | MS-DRG | | | | inpatient | | | | 30142.88 | Horizon | Indemnity | | | | | 56326.11 | 17353.49 | 56326.11 | case rate |
| CELLULITIS W/O MCC | 603 | MS-DRG | | | | inpatient | | | | 21987.58 | Horizon | Indemnity | | | | | 33066.23 | 10403.59 | 33066.23 | case rate |
| TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC | 604 | MS-DRG | | | | inpatient | | | | 30371.57 | Horizon | Indemnity | | | | | 55265.12 | 17548.38 | 55265.12 | case rate |
| TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC | 605 | MS-DRG | | | | inpatient | | | | 22582.18 | Horizon | Indemnity | | | | | 33565.52 | 10910.3 | 33565.52 | case rate |
| MINOR SKIN DISORDERS W MCC | 606 | MS-DRG | | | | inpatient | | | | 32098.54 | Horizon | Indemnity | | | | | 53860.87 | 19020.09 | 53860.87 | case rate |
| MINOR SKIN DISORDERS W/O MCC | 607 | MS-DRG | | | | inpatient | | | | 21757.5 | Horizon | Indemnity | | | | | 31244.61 | 10207.52 | 31244.61 | case rate |
| ADRENAL & PITUITARY PROCEDURES W CC/MCC | 614 | MS-DRG | | | | inpatient | | | | 41366.8 | Horizon | Indemnity | | | | | 92196.95 | 29918.45 | 92196.95 | case rate |
| ADRENAL & PITUITARY PROCEDURES W/O CC/MCC | 615 | MS-DRG | | | | inpatient | | | | 29641.14 | Horizon | Indemnity | | | | | 57777.17 | 16925.91 | 57777.17 | case rate |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC | 616 | MS-DRG | | | | inpatient | | | | 63348.95 | Horizon | Indemnity | | | | | 161301.75 | 45651.52 | 161301.75 | case rate |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC | 617 | MS-DRG | | | | inpatient | | | | 36551.8 | Horizon | Indemnity | | | | | 80884.92 | 22815.13 | 80884.92 | case rate |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC | 618 | MS-DRG | | | | inpatient | | | | 27036.82 | Horizon | Indemnity | | | | | 45220.82 | 14706.52 | 45220.82 | case rate |
| O.R. PROCEDURES FOR OBESITY W MCC | 619 | MS-DRG | | | | inpatient | | | | 47569.21 | Horizon | Indemnity | | | | | 113927.74 | 32204.11 | 113927.74 | case rate |
| O.R. PROCEDURES FOR OBESITY W CC | 620 | MS-DRG | | | | inpatient | | | | 31914.2 | Horizon | Indemnity | | | | | 70587.07 | 18863 | 70587.07 | case rate |
| O.R. PROCEDURES FOR OBESITY W/O CC/MCC | 621 | MS-DRG | | | | inpatient | | | | 30040.31 | Horizon | Indemnity | | | | | 61564.75 | 17266.08 | 61564.75 | case rate |
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC | 622 | MS-DRG | | | | inpatient | | | | 61644.16 | Horizon | Indemnity | | | | | 148148.59 | 44198.71 | 148148.59 | case rate |
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC | 623 | MS-DRG | | | | inpatient | | | | 36291.22 | Horizon | Indemnity | | | | | 75018.26 | 22593.08 | 75018.26 | case rate |
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC | 624 | MS-DRG | | | | inpatient | | | | 23582.88 | Horizon | Indemnity | | | | | 50553.07 | 11763.09 | 50553.07 | case rate |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC | 625 | MS-DRG | | | | inpatient | | | | 49517.94 | Horizon | Indemnity | | | | | 108568.18 | 33864.81 | 108568.18 | case rate |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC | 626 | MS-DRG | | | | inpatient | | | | 30698.67 | Horizon | Indemnity | | | | | 62824.67 | 17827.13 | 62824.67 | case rate |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC | 627 | MS-DRG | | | | inpatient | | | | 27338.97 | Horizon | Indemnity | | | | | 42322.6 | 14964.01 | 42322.6 | case rate |
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC | 628 | MS-DRG | | | | inpatient | | | | 64467.46 | Horizon | Indemnity | | | | | 143350.73 | 46604.71 | 143350.73 | case rate |
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC | 629 | MS-DRG | | | | inpatient | | | | 40952.38 | Horizon | Indemnity | | | | | 91225.67 | 26565.29 | 91225.67 | case rate |
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC | 630 | MS-DRG | | | | inpatient | | | | 29201.77 | Horizon | Indemnity | | | | | 59856.24 | 16551.48 | 59856.24 | case rate |
| DIABETES W MCC | 637 | MS-DRG | | | | inpatient | | | | 29964.08 | Horizon | Indemnity | | | | | 53880.37 | 17201.12 | 53880.37 | case rate |
| DIABETES W CC | 638 | MS-DRG | | | | inpatient | | | | 22492.09 | Horizon | Indemnity | | | | | 34021.91 | 10833.53 | 34021.91 | case rate |
| DIABETES W/O CC/MCC | 639 | MS-DRG | | | | inpatient | | | | 19464.34 | Horizon | Indemnity | | | | | 24648.52 | 7401.1 | 24648.52 | case rate |
| MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC | 640 | MS-DRG | | | | inpatient | | | | 28185.83 | Horizon | Indemnity | | | | | 46426.13 | 15685.7 | 46426.13 | case rate |
| MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC | 641 | MS-DRG | | | | inpatient | | | | 20609.88 | Horizon | Indemnity | | | | | 29329.36 | 9229.52 | 29329.36 | case rate |
| INBORN AND OTHER DISORDERS OF METABOLISM | 642 | MS-DRG | | | | inpatient | | | | 26981.38 | Horizon | Indemnity | | | | | 49285.34 | 14659.28 | 49285.34 | case rate |
| ENDOCRINE DISORDERS W MCC | 643 | MS-DRG | | | | inpatient | | | | 32749.96 | Horizon | Indemnity | | | | | 63741.34 | 19575.23 | 63741.24 | case rate |
| ENDOCRINE DISORDERS W CC | 644 | MS-DRG | | | | inpatient | | | | 24102.63 | Horizon | Indemnity | | | | | 39494.59 | 12206.02 | 39494.59 | case rate |
| ENDOCRINE DISORDERS W/O CC/MCC | 645 | MS-DRG | | | | inpatient | | | | 20572.46 | Horizon | Indemnity | | | | | 28978.3 | 9197.63 | 28978.3 | case rate |
| KIDNEY TRANSPLANT | 652 | MS-DRG | | | | inpatient | | | | 52349.56 | Horizon | Indemnity | | | | | 126292.6 | 36277.9 | 126292.6 | case rate |
| MAJOR BLADDER PROCEDURES W MCC | 653 | MS-DRG | | | | inpatient | | | | 87044.22 | Horizon | Indemnity | | | | | 214109.42 | 65844.5 | 214109.42 | case rate |
| MAJOR BLADDER PROCEDURES W CC | 654 | MS-DRG | | | | inpatient | | | | 46894.23 | Horizon | Indemnity | | | | | 112078.81 | 33333.29 | 112078.81 | case rate |
| MAJOR BLADDER PROCEDURES W/O CC/MCC | 655 | MS-DRG | | | | inpatient | | | | 38571.21 | Horizon | Indemnity | | | | | 81025.34 | 24536.07 | 81025.34 | case rate |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC | 656 | MS-DRG | | | | inpatient | | | | 54935.86 | Horizon | Indemnity | | | | | 129799.69 | 38481.93 | 129799.69 | case rate |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC | 657 | MS-DRG | | | | inpatient | | | | 35117.27 | Horizon | Indemnity | | | | | 75962.23 | 21592.64 | 75962.23 | case rate |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC | 658 | MS-DRG | | | | inpatient | | | | 30625.21 | Horizon | Indemnity | | | | | 61100.56 | 17764.53 | 61100.56 | case rate |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC | 659 | MS-DRG | | | | inpatient | | | | 45598.3 | Horizon | Indemnity | | | | | 106375.99 | 30524.51 | 106375.99 | case rate |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC | 660 | MS-DRG | | | | inpatient | | | | 28352.15 | Horizon | Indemnity | | | | | 56466.53 | 15827.44 | 56466.53 | case rate |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC | 661 | MS-DRG | | | | inpatient | | | | 24008.39 | Horizon | Indemnity | | | | | 41846.71 | 12125.71 | 41846.71 | case rate |
| MINOR BLADDER PROCEDURES W MCC | 662 | MS-DRG | | | | inpatient | | | | 53017.62 | Horizon | Indemnity | | | | | 123991.55 | 36847.22 | 123991.55 | case rate |
| MINOR BLADDER PROCEDURES W CC | 663 | MS-DRG | | | | inpatient | | | | 30949.53 | Horizon | Indemnity | | | | | 63983.18 | 18040.92 | 63983.18 | case rate |
| MINOR BLADDER PROCEDURES W/O CC/MCC | 664 | MS-DRG | | | | inpatient | | | | 24745.74 | Horizon | Indemnity | | | | | 46250.6 | 12754.08 | 46250.6 | case rate |
| PROSTATECTOMY W MCC | 665 | MS-DRG | | | | inpatient | | | | 57369.7 | Horizon | Indemnity | | | | | 123995.45 | 40556.04 | 123995.45 | case rate |
| PROSTATECTOMY W CC | 666 | MS-DRG | | | | inpatient | | | | 32611.36 | Horizon | Indemnity | | | | | 69397.35 | 19457.12 | 69397.35 | case rate |
| PROSTATECTOMY W/O CC/MCC | 667 | MS-DRG | | | | inpatient | | | | 24025.02 | Horizon | Indemnity | | | | | 42143.16 | 12139.88 | 42143.16 | case rate |
| TRANSURETHRAL PROCEDURES W MCC | 668 | MS-DRG | | | | inpatient | | | | 50199.86 | Horizon | Indemnity | | | | | 109789.1 | 34445.94 | 109789.1 | case rate |
| TRANSURETHRAL PROCEDURES W CC | 669 | MS-DRG | | | | inpatient | | | | 31228.12 | Horizon | Indemnity | | | | | 61728.58 | 18278.33 | 61728.58 | case rate |
| TRANSURETHRAL PROCEDURES W/O CC/MCC | 670 | MS-DRG | | | | inpatient | | | | 23025.7 | Horizon | Indemnity | | | | | 37583.24 | 11288.27 | 37583.24 | case rate |
| URETHRAL PROCEDURES W CC/MCC | 671 | MS-DRG | | | | inpatient | | | | 33670.28 | Horizon | Indemnity | | | | | 65668.28 | 20359.52 | 65668.28 | case rate |
| URETHRAL PROCEDURES W/O CC/MCC | 672 | MS-DRG | | | | inpatient | | | | 24948.1 | Horizon | Indemnity | | | | | 41226.5 | 12926.53 | 41226.5 | case rate |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC | 673 | MS-DRG | | | | inpatient | | | | 67847.95 | Horizon | Indemnity | | | | | 139539.74 | 49485.54 | 139539.74 | case rate |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W CC | 674 | MS-DRG | | | | inpatient | | | | 41774.29 | Horizon | Indemnity | | | | | 90188.08 | 27265.71 | 90188.08 | case rate |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC | 675 | MS-DRG | | | | inpatient | | | | 31474.83 | Horizon | Indemnity | | | | | 63398.08 | 18488.57 | 63398.08 | case rate |
| RENAL FAILURE W MCC | 682 | MS-DRG | | | | inpatient | | | | 30596.1 | Horizon | Indemnity | | | | | 59758.72 | 17739.72 | 59758.72 | case rate |
| RENAL FAILURE W CC | 683 | MS-DRG | | | | inpatient | | | | 22099.85 | Horizon | Indemnity | | | | | 35847.43 | 10499.26 | 35847.43 | case rate |
| RENAL FAILURE W/O CC/MCC | 684 | MS-DRG | | | | inpatient | | | | 18198.22 | Horizon | Indemnity | | | | | 24176.54 | 7174.32 | 24176.54 | case rate |
| KIDNEY & URINARY TRACT NEOPLASMS W MCC | 686 | MS-DRG | | | | inpatient | | | | 35915.62 | Horizon | Indemnity | | | | | 66998.42 | 22272.98 | 66998.42 | case rate |
| KIDNEY & URINARY TRACT NEOPLASMS W CC | 687 | MS-DRG | | | | inpatient | | | | 24370.13 | Horizon | Indemnity | | | | | 41101.68 | 12433.99 | 41101.68 | case rate |
| KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC | 688 | MS-DRG | | | | inpatient | | | | 19817.09 | Horizon | Indemnity | | | | | 30850.64 | 8553.9 | 30850.64 | case rate |
| KIDNEY & URINARY TRACT INFECTIONS W MCC | 689 | MS-DRG | | | | inpatient | | | | 26000.08 | Horizon | Indemnity | | | | | 43360.18 | 13823.02 | 43360.18 | case rate |
| KIDNEY & URINARY TRACT INFECTIONS W/O MCC | 690 | MS-DRG | | | | inpatient | | | | 20903.72 | Horizon | Indemnity | | | | | 30975.46 | 9479.93 | 30975.46 | case rate |
| URINARY STONES W MCC | 693 | MS-DRG | | | | inpatient | | | | 30159.51 | Horizon | Indemnity | | | | | 51629.67 | 17367.66 | 51629.67 | case rate |
| URINARY STONES W/O MCC | 694 | MS-DRG | | | | inpatient | | | | 20609.88 | Horizon | Indemnity | | | | | 27386.81 | 9229.52 | 27386.81 | case rate |
| KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC | 695 | MS-DRG | | | | inpatient | | | | 25411.03 | Horizon | Indemnity | | | | | 44807.34 | 13321.03 | 44807.34 | case rate |
| KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC | 696 | MS-DRG | | | | inpatient | | | | 19368.02 | Horizon | Indemnity | | | | | 26860.22 | 8171.21 | 26860.22 | case rate |
| URETHRAL STRICTURE | 697 | MS-DRG | | | | inpatient | | | | 23262.71 | Horizon | Indemnity | | | | | 37446.72 | 11490.25 | 37446.72 | case rate |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC | 698 | MS-DRG | | | | inpatient | | | | 33077.06 | Horizon | Indemnity | | | | | 63000.21 | 19853.98 | 63000.21 | case rate |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC | 699 | MS-DRG | | | | inpatient | | | | 23915.52 | Horizon | Indemnity | | | | | 40095.3 | 12046.57 | 40095.3 | case rate |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC | 700 | MS-DRG | | | | inpatient | | | | 19401.28 | Horizon | Indemnity | | | | | 29633.62 | 8199.56 | 29633.62 | case rate |
| MAJOR MALE PELVIC PROCEDURES W CC/MCC | 707 | MS-DRG | | | | inpatient | | | | 36676.54 | Horizon | Indemnity | | | | | 69877.14 | 22921.44 | 69877.14 | case rate |
| MAJOR MALE PELVIC PROCEDURES W/O CC/MCC | 708 | MS-DRG | | | | inpatient | | | | 30327.21 | Horizon | Indemnity | | | | | 54863.35 | 17510.58 | 54863.35 | case rate |
| PENIS PROCEDURES W CC/MCC | 709 | MS-DRG | | | | inpatient | | | | 40924.66 | Horizon | Indemnity | | | | | 79254.42 | 26541.67 | 79254.42 | case rate |
| PENIS PROCEDURES W/O CC/MCC | 710 | MS-DRG | | | | inpatient | | | | 30589.17 | Horizon | Indemnity | | | | | 65122.19 | 17733.82 | 65122.19 | case rate |
| TESTES PROCEDURES W CC/MCC | 711 | MS-DRG | | | | inpatient | | | | 36219.15 | Horizon | Indemnity | | | | | 81271.08 | 22531.66 | 81271.08 | case rate |
| TESTES PROCEDURES W/O CC/MCC | 712 | MS-DRG | | | | inpatient | | | | 22061.04 | Horizon | Indemnity | | | | | 42002.74 | 10466.19 | 42002.74 | case rate |
| TRANSURETHRAL PROSTATECTOMY W CC/MCC | 713 | MS-DRG | | | | inpatient | | | | 29821.32 | Horizon | Indemnity | | | | | 57082.84 | 17079.46 | 57082.84 | case rate |
| TRANSURETHRAL PROSTATECTOMY W/O CC/MCC | 714 | MS-DRG | | | | inpatient | | | | 22803.94 | Horizon | Indemnity | | | | | 35515.87 | 11099.29 | 35515.87 | case rate |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC | 715 | MS-DRG | | | | inpatient | | | | 41079.9 | Horizon | Indemnity | | | | | 86201.57 | 26673.96 | 86201.57 | case rate |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC | 716 | MS-DRG | | | | inpatient | | | | 29451.26 | Horizon | Indemnity | | | | | 57067.24 | 16764.09 | 57067.24 | case rate |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC | 717 | MS-DRG | | | | inpatient | | | | 35497.04 | Horizon | Indemnity | | | | | 76231.38 | 21916.28 | 76231.38 | case rate |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes | | | |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC | 718 | MS-DRG | | | | inpatient | | | | 26863.87 | Horizon | Indemnity | 48080.03 | | | | 14550.61 | 48080.03 | case rate | | | | | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC | 722 | MS-DRG | | | | inpatient | | | | 33742.35 | Horizon | Indemnity | 64739.92 | | | | 20420.94 | 64739.92 | case rate | | | | | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC | 723 | MS-DRG | | | | inpatient | | | | 25343.12 | Horizon | Indemnity | 42966.21 | | | | 13263.16 | 42966.21 | case rate | | | | | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC | 724 | MS-DRG | | | | inpatient | | | | 18884.3 | Horizon | Indemnity | 26883.62 | | | | 7758.99 | 26883.62 | case rate | | | | | |
| BENIGN PROSTATIC HYPERTROPHY W MCC | 725 | MS-DRG | | | | inpatient | | | | 27279.37 | Horizon | Indemnity | 47366.2 | | | | 14913.23 | 47366.2 | case rate | | | | | |
| BENIGN PROSTATIC HYPERTROPHY W/O MCC | 726 | MS-DRG | | | | inpatient | | | | 20097.06 | Horizon | Indemnity | 29820.85 | | | | 8792.5 | 29820.85 | case rate | | | | | |
| INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC | 727 | MS-DRG | | | | inpatient | | | | 30145.65 | Horizon | Indemnity | 56092.07 | | | | 17355.85 | 56092.07 | case rate | | | | | |
| INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC | 728 | MS-DRG | | | | inpatient | | | | 21104.69 | Horizon | Indemnity | 30870.14 | | | | 9651.19 | 30870.14 | case rate | | | | | |
| OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC | 729 | MS-DRG | | | | inpatient | | | | 25038.19 | Horizon | Indemnity | 42205.57 | | | | 13003.3 | 42205.57 | case rate | | | | | |
| OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC | 730 | MS-DRG | | | | inpatient | | | | 18191.29 | Horizon | Indemnity | 22171.58 | | | | 7168.41 | 22171.58 | case rate | | | | | |
| PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC | 734 | MS-DRG | | | | inpatient | | | | 38924.65 | Horizon | Indemnity | 89946.24 | | | | 24837.26 | 89946.24 | case rate | | | | | |
| PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC | 735 | MS-DRG | | | | inpatient | | | | 26604.39 | Horizon | Indemnity | 53244.56 | | | | 14338 | 53244.56 | case rate | | | | | |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC | 736 | MS-DRG | | | | inpatient | | | | 64305.2 | Horizon | Indemnity | 157221.61 | | | | 46509.04 | 157221.61 | case rate | | | | | |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC | 737 | MS-DRG | | | | inpatient | | | | 37477.65 | Horizon | Indemnity | 79238.82 | | | | 23604.14 | 79238.82 | case rate | | | | | |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC | 738 | MS-DRG | | | | inpatient | | | | 30804 | Horizon | Indemnity | 54309.45 | | | | 17916.89 | 54309.45 | case rate | | | | | |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC | 739 | MS-DRG | | | | inpatient | | | | 64955.34 | Horizon | Indemnity | 140335.48 | | | | 47020.48 | 140335.48 | case rate | | | | | |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC | 740 | MS-DRG | | | | inpatient | | | | 34981.44 | Horizon | Indemnity | 67985.3 | | | | 21476.89 | 67985.3 | case rate | | | | | |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC | 741 | MS-DRG | | | | inpatient | | | | 28817.85 | Horizon | Indemnity | 51793.49 | | | | 16224.3 | 51793.49 | case rate | | | | | |
| UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC | 742 | MS-DRG | | | | inpatient | | | | 35097.87 | Horizon | Indemnity | 66858 | | | | 21576.1 | 66858 | case rate | | | | | |
| UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC | 743 | MS-DRG | | | | inpatient | | | | 26393.71 | Horizon | Indemnity | 43516.21 | | | | 14158.47 | 43516.21 | case rate | | | | | |
| D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC | 744 | MS-DRG | | | | inpatient | | | | 36862.26 | Horizon | Indemnity | 65933.53 | | | | 23079.71 | 65933.53 | case rate | | | | | |
| D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC | 745 | MS-DRG | | | | inpatient | | | | 23983.44 | Horizon | Indemnity | 41714.09 | | | | 12104.45 | 41714.09 | case rate | | | | | |
| VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC | 746 | MS-DRG | | | | inpatient | | | | 32989.74 | Horizon | Indemnity | 65442.04 | | | | 19779.57 | 65442.04 | case rate | | | | | |
| VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC | 747 | MS-DRG | | | | inpatient | | | | 23018.77 | Horizon | Indemnity | 37376.51 | | | | 11282.36 | 37376.51 | case rate | | | | | |
| FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 748 | MS-DRG | | | | inpatient | | | | 28661.23 | Horizon | Indemnity | 50475.06 | | | | 16090.83 | 50475.06 | case rate | | | | | |
| OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC | 749 | MS-DRG | | | | inpatient | | | | 45657.89 | Horizon | Indemnity | 101496.21 | | | | 30575.3 | 101496.21 | case rate | | | | | |
| OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC | 750 | MS-DRG | | | | inpatient | | | | 27652.21 | Horizon | Indemnity | 47740.67 | | | | 15230.96 | 47740.67 | case rate | | | | | |
| MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC | 754 | MS-DRG | | | | inpatient | | | | 34898.7 | Horizon | Indemnity | 71827.49 | | | | 21370.58 | 71827.49 | case rate | | | | | |
| MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC | 755 | MS-DRG | | | | inpatient | | | | 25165.71 | Horizon | Indemnity | 41733.59 | | | | 13111.97 | 41733.59 | case rate | | | | | |
| MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC | 756 | MS-DRG | | | | inpatient | | | | 23016 | Horizon | Indemnity | 30429.36 | | | | 11280 | 30429.36 | case rate | | | | | |
| INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC | 757 | MS-DRG | | | | inpatient | | | | 26395.81 | Horizon | Indemnity | 56205.19 | | | | 16716.84 | 56205.19 | case rate | | | | | |
| INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC | 758 | MS-DRG | | | | inpatient | | | | 23907.21 | Horizon | Indemnity | 39802.74 | | | | 12039.48 | 39802.74 | case rate | | | | | |
| INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC | 759 | MS-DRG | | | | inpatient | | | | 18650.06 | Horizon | Indemnity | 27722.27 | | | | 7559.37 | 27722.27 | case rate | | | | | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC | 760 | MS-DRG | | | | inpatient | | | | 23440.12 | Horizon | Indemnity | 34002.4 | | | | 11641.43 | 34002.4 | case rate | | | | | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC | 761 | MS-DRG | | | | inpatient | | | | 18565.52 | Horizon | Indemnity | 21430.45 | | | | 7487.32 | 21430.45 | case rate | | | | | |
| VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C | 768 | MS-DRG | | | | inpatient | | | | 23794.94 | Horizon | Indemnity | 44132.52 | | | | 8760 | 44132.52 | case rate | | | | | |
| POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE | 769 | MS-DRG | | | | inpatient | | | | 28855.27 | Horizon | Indemnity | 56868.31 | | | | 16256.19 | 56868.31 | case rate | | | | | |
| ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 770 | MS-DRG | | | | inpatient | | | | 24693.08 | Horizon | Indemnity | 41655.58 | | | | 12709.2 | 41655.58 | case rate | | | | | |
| POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE | 776 | MS-DRG | | | | inpatient | | | | 19668.78 | Horizon | Indemnity | 25705.61 | | | | 8427.52 | 25705.61 | case rate | | | | | |
| ABORTION W/O D&C | 779 | MS-DRG | | | | inpatient | | | | 22736.03 | Horizon | Indemnity | 29422.98 | | | | 11041.41 | 29422.98 | case rate | | | | | |
| CESAREAN SECTION W STERILIZATION W MCC | 783 | MS-DRG | | | | inpatient | | | | 35311.31 | Horizon | Indemnity | 68086.72 | | | | 8487 | 68086.72 | case rate | | | | | |
| CESAREAN SECTION W STERILIZATION W CC | 784 | MS-DRG | | | | inpatient | | | | 24790.1 | Horizon | Indemnity | 42989.61 | | | | 8487 | 42989.61 | case rate | | | | | |
| CESAREAN SECTION W STERILIZATION W/O CC/MCC | 785 | MS-DRG | | | | inpatient | | | | 21886.4 | Horizon | Indemnity | 32980.42 | | | | 8487 | 32980.42 | case rate | | | | | |
| CESAREAN SECTION W/O STERILIZATION W MCC | 786 | MS-DRG | | | | inpatient | | | | 32176.15 | Horizon | Indemnity | 60648.08 | | | | 8487 | 60648.08 | case rate | | | | | |
| CESAREAN SECTION W/O STERILIZATION W CC | 787 | MS-DRG | | | | inpatient | | | | 24496.26 | Horizon | Indemnity | 42170.47 | | | | 8487 | 42170.47 | case rate | | | | | |
| CESAREAN SECTION W/O STERILIZATION W/O CC/MCC | 788 | MS-DRG | | | | inpatient | | | | 22318.84 | Horizon | Indemnity | 35133.6 | | | | 8487 | 35133.6 | case rate | | | | | |
| NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY | 789 | MS-DRG | | | | inpatient | | | | 34763.84 | Horizon | Indemnity | 64895.95 | | | | 637 | 64895.95 | case rate | | | | | |
| EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE | 790 | MS-DRG | | | | inpatient | | | | 92175.23 | Horizon | Indemnity | 214004.1 | | | | 637 | 214004.1 | case rate | | | | | |
| PREMATURITY W MAJOR PROBLEMS | 791 | MS-DRG | | | | inpatient | | | | 66050.29 | Horizon | Indemnity | 146159.23 | | | | 637 | 146159.23 | case rate | | | | | |
| PREMATURITY W/O MAJOR PROBLEMS | 792 | MS-DRG | | | | inpatient | | | | 43732.72 | Horizon | Indemnity | 88187.03 | | | | 637 | 88187.03 | case rate | | | | | |
| FULL TERM NEONATE W MAJOR PROBLEMS | 793 | MS-DRG | | | | inpatient | | | | 67583.22 | Horizon | Indemnity | 150134.04 | | | | 637 | 150134.04 | case rate | | | | | |
| NEONATE W OTHER SIGNIFICANT PROBLEMS | 794 | MS-DRG | | | | inpatient | | | | 30239.9 | Horizon | Indemnity | 53139.24 | | | | 637 | 53139.24 | case rate | | | | | |
| NORMAL NEWBORN | 795 | MS-DRG | | | | inpatient | | | | 12548.84 | Horizon | Indemnity | 7192.89 | | | | 637 | 10912.03 | case rate | | | | | |
| VAGINAL DELIVERY W STERILIZATION/D&C W MCC | 796 | MS-DRG | | | | inpatient | | | | 24485.17 | Horizon | Indemnity | 57270.08 | | | | 6365 | 57270.08 | case rate | | | | | |
| VAGINAL DELIVERY W STERILIZATION/D&C W CC | 797 | MS-DRG | | | | inpatient | | | | 23198.95 | Horizon | Indemnity | 33035.03 | | | | 6365 | 33035.03 | case rate | | | | | |
| VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC | 798 | MS-DRG | | | | inpatient | | | | 23198.95 | Horizon | Indemnity | 33035.03 | | | | 6365 | 33035.03 | case rate | | | | | |
| SPLENECTOMY W MCC | 799 | MS-DRG | | | | inpatient | | | | 7588.1 | 69 Horizon | Indemnity | 183365.31 | | | | 58161.42 | 183365.31 | case rate | | | | | |
| SPLENECTOMY W CC | 800 | MS-DRG | | | | inpatient | | | | 50165.21 | Horizon | Indemnity | 102463.59 | | | | 34416.41 | 102463.59 | case rate | | | | | |
| SPLENECTOMY W/O CC/MCC | 801 | MS-DRG | | | | inpatient | | | | 32533.75 | Horizon | Indemnity | 60706.59 | | | | 5977 | 60706.59 | case rate | | | | | |
| OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC | 802 | MS-DRG | | | | inpatient | | | | 59465.35 | Horizon | Indemnity | 130564.23 | | | | 8199 | 130564.23 | case rate | | | | | |
| OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC | 803 | MS-DRG | | | | inpatient | | | | 34450.6 | Horizon | Indemnity | 67173.95 | | | | 13279 | 67173.95 | case rate | | | | | |
| OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC | 804 | MS-DRG | | | | inpatient | | | | 25103.34 | Horizon | Indemnity | 47998.11 | | | | 13058.82 | 47998.11 | case rate | | | | | |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC | 805 | MS-DRG | | | | inpatient | | | | 23611.99 | Horizon | Indemnity | 39911.96 | | | | 6365 | 39911.96 | case rate | | | | | |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W CC | 806 | MS-DRG | | | | inpatient | | | | 19808.77 | Horizon | Indemnity | 27593.55 | | | | 6365 | 27593.55 | case rate | | | | | |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC | 807 | MS-DRG | | | | inpatient | | | | 18612.64 | Horizon | Indemnity | 23950.3 | | | | 6365 | 23950.3 | case rate | | | | | |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC | 808 | MS-DRG | | | | inpatient | | | | 41523.42 | Horizon | Indemnity | 83833.84 | | | | 27051.92 | 83833.84 | case rate | | | | | |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC | 809 | MS-DRG | | | | inpatient | | | | 26945.35 | Horizon | Indemnity | 46983.93 | | | | 14628.57 | 46983.93 | case rate | | | | | |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC | 810 | MS-DRG | | | | inpatient | | | | 22971.65 | Horizon | Indemnity | 35964.45 | | | | 11242.2 | 35964.45 | case rate | | | | | |
| RED BLOOD CELL DISORDERS W MCC | 811 | MS-DRG | | | | inpatient | | | | 25279.39 | Horizon | Indemnity | 52863.49 | | | | 16617.63 | 52863.49 | case rate | | | | | |
| RED BLOOD CELL DISORDERS W/O MCC | 812 | MS-DRG | | | | inpatient | | | | 22571.09 | Horizon | Indemnity | 34450.98 | | | | 10900.85 | 34450.98 | case rate | | | | | |
| COAGULATION DISORDERS | 813 | MS-DRG | | | | inpatient | | | | 31235.05 | Horizon | Indemnity | 62859.78 | | | | 18284.23 | 62859.78 | case rate | | | | | |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC | 814 | MS-DRG | | | | inpatient | | | | 38754.17 | Horizon | Indemnity | 64868.64 | | | | 24691.98 | 64868.64 | case rate | | | | | |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC | 815 | MS-DRG | | | | inpatient | | | | 23862.85 | Horizon | Indemnity | 38137.14 | | | | 12001.69 | 38137.14 | case rate | | | | | |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC | 816 | MS-DRG | | | | inpatient | | | | 18918.95 | Horizon | Indemnity | 28147.45 | | | | 7788.52 | 28147.45 | case rate | | | | | |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC | 817 | MS-DRG | | | | inpatient | | | | 40076.42 | Horizon | Indemnity | 96754.02 | | | | 25818.8 | 96754.02 | case rate | | | | | |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC | 818 | MS-DRG | | | | inpatient | | | | 23492.79 | Horizon | Indemnity | 52991.01 | | | | 11686.32 | 52991.01 | case rate | | | | | |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC | 819 | MS-DRG | | | | inpatient | | | | 19140.71 | Horizon | Indemnity | 32726.87 | | | | 7977.5 | 32726.87 | case rate | | | | | |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC | 820 | MS-DRG | | | | inpatient | | | | 90477.37 | Horizon | Indemnity | 212342.41 | | | | 68770.21 | 212342.41 | case rate | | | | | |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC | 821 | MS-DRG | | | | inpatient | | | | 40720.92 | Horizon | Indemnity | 93394.46 | | | | 6969 | 93394.46 | case rate | | | | | |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC | 822 | MS-DRG | | | | inpatient | | | | 25631.41 | Horizon | Indemnity | 47190.67 | | | | 8721 | 47190.67 | case rate | | | | | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC | 823 | MS-DRG | | | | inpatient | | | | 74638.02 | Horizon | Indemnity | 176491.07 | | | | 12547 | 176491.07 | case rate | | | | | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC | 824 | MS-DRG | | | | inpatient | | | | 40263.54 | Horizon | Indemnity | 85996.96 | | | | 22652 | 85996.96 | case rate | | | | | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC | 825 | MS-DRG | | | | inpatient | | | | 26838.62 | Horizon | Indemnity | 53010.51 | | | | 14537.62 | 53010.51 | case rate | | | | | |
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC | 826 | MS-DRG | | | | inpatient | | | | 75968.59 | Horizon | Indemnity | 193002.74 | | | | 56405.91 | 193002.74 | case rate | | | | | |
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC | 827 | MS-DRG | | | | inpatient | | | | 42488.08 | Horizon | Indemnity | 87832.06 | | | | 27874.01 | 87832.06 | case rate | | | | | |
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC | 828 | MS-DRG | | | | inpatient | | | | 31995.97 | Horizon | Indemnity | 63752.05 | | | | 18932.69 | 63752.05 | case rate | | | | | |
| MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC | 829 | MS-DRG | | | | inpatient | | | | 52521.43 | Horizon | Indemnity | 121300.07 | | | | 36424.37 | 121300.07 | case rate | | | | | |
| MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC | 830 | MS-DRG | | | | inpatient | | | | 30050.01 | Horizon | Indemnity | 55343.13 | | | | 17274.35 | 55343.13 | case rate | | | | | |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC | 831 | MS-DRG | | | | inpatient | | | | 25732.58 | Horizon | Indemnity | 40103.1 | | | | 13595.06 | 40103.1 | case rate | | | | | |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC | 832 | MS-DRG | | | | inpatient | | | | 20138.64 | Horizon | Indemnity | 28038.23 | | | | 8827.93 | 28038.23 | case rate | | | | | |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC | 833 | MS-DRG | | | | inpatient | | | | 16984.08 | Horizon | Indemnity | 18735.06 | | | | 6139.63 | 18735.06 | case rate | | | | | |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC | 834 | MS-DRG | | | | inpatient | | | | 86388.63 | Horizon | Indemnity | 214842.75 | | | | 65285.81 | 214842.75 | case rate | | | | | |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC | 835 | MS-DRG | | | | inpatient | | | | 39383.42 | Horizon | Indemnity | 83318.95 | | | | 25228.23 | 83318.95 | case rate | | | | | |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC | 836 | MS-DRG | | | | inpatient | | | | 26999.4 | Horizon | Indemnity | 47299.89 | | | | 14674.63 | 47299.89 | case rate | | | | | |
| CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC | 837 | MS-DRG | | | | inpatient | | | | 79179.98 | Horizon | Indemnity | 209627.52 | | | | 59142.64 | 209627.52 | case rate | | | | | |
| CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT | 838 | MS-DRG | | | | inpatient | | | | 37890.68 | Horizon | Indemnity | 91767.87 | | | | 23956.12 | 91767.87 | case rate | | | | | |
| CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC | 839 | MS-DRG | | | | inpatient | | | | 28773.5 | Horizon | Indemnity | 48988.89 | | | | 16186.51 | 48988.89 | case rate | | | | | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W MCC | 840 | MS-DRG | | | | inpatient | | | | 53979.51 | Horizon | Indemnity | 128446.15 | | | | 37688.94 | 128446.15 | case rate | | | | | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W CC | 841 | MS-DRG | | | | inpatient | | | | 31512.26 | Horizon | Indemnity | 63768.64 | | | | 18520.46 | 63768.64 | case rate | | | | | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC | 842 | MS-DRG | | | | inpatient | | | | 24359.05 | Horizon | Indemnity | 43730.75 | | | | 12424.54 | 43730.75 | case rate | | | | | |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC | 843 | MS-DRG | | | | inpatient | | | | 36020.95 | Horizon | Indemnity | 72006.92 | | | | 22362.75 | 72006.92 | case rate | | | | | |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC | 844 | MS-DRG | | | | inpatient | | | | 26345.2 | Horizon | Indemnity | 45981.45 | | | | 14117.13 | 45981.45 | case rate | | | | | |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC | 845 | MS-DRG | | | | inpatient | | | | 21377.73 | Horizon | Indemnity | 33787.86 | | | | 9883.88 | 33787.86 | case rate | | | | | |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC | 846 | MS-DRG | | | | inpatient | | | | 45175.56 | Horizon | Indemnity | 109917.83 | | | | 30164.26 | 109917.83 | case rate | | | | | |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC | 847 | MS-DRG | | | | inpatient | | | | 27391.64 | Horizon | Indemnity | 51742.79 | | | | 15008.9 | 51742.79 | case rate | | | | | |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC | 848 | MS-DRG | | | | inpatient | | | | 21129.64 | Horizon | Indemnity | 36377.93 | | | | 9672.45 | 36377.93 | case rate | | | | | |
| RADIOTHERAPY | 849 | MS-DRG | | | | inpatient | | | | 46801.35 | Horizon | Indemnity | 76851.59 | | | | 31549.75 | 76851.59 | case rate | | | | | |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC | 853 | MS-DRG | | | | inpatient | | | | 79098.21 | Horizon | Indemnity | 197282.3 | | | | 59072.95 | 197282.3 | case rate | | | | | |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC | 854 | MS-DRG | | | | inpatient | | | | 37473.49 | Horizon | Indemnity | 85924.62 | | | | 23600.6 | 85924.62 | case rate | | | | | |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC | 855 | MS-DRG | | | | inpatient | | | | 32310.6 | Horizon | Indemnity | 60850.92 | | | | 19200.81 | 60850.92 | case rate | | | | | |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC | 856 | MS-DRG | | | | inpatient | | | | 72310.91 | Horizon | Indemnity | 175075.12 | | | | 53288.85 | 175075.12 | case rate | | | | | |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC | 857 | MS-DRG | | | | inpatient | | | | 39979.4 | Horizon | Indemnity | 80225.7 | | | | 25736.12 | 80225.7 | case rate | | | | | |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC | 858 | MS-DRG | | | | inpatient | | | | 27636.97 | Horizon | Indemnity | 53833.56 | | | | 15217.96 | 53833.56 | case rate | | | | | |
| POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC | 862 | MS-DRG | | | | inpatient | | | | 35264.19 | Horizon | Indemnity | 71293.09 | | | | 21717.84 | 71293.09 | case rate | | | | | |
| POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC | 863 | MS-DRG | | | | inpatient | | | | 23638.32 | Horizon | Indemnity | 38414.09 | | | | 11810.34 | 38414.09 | case rate | | | | | |
| FEVER AND INFLAMMATORY CONDITIONS | 864 | MS-DRG | | | | inpatient | | | | 22225.97 | Horizon | Indemnity | 33713.75 | | | | 10606.74 | 33713.75 | case rate | | | | | |
| VIRAL ILLNESS W MCC | 865 | MS-DRG | | | | inpatient | | | | 29883.69 | Horizon | Indemnity | 53915.48 | | | | 17132.61 | 53915.48 | case rate | | | | | |
| VIRAL ILLNESS W/O MCC | 866 | MS-DRG | | | | inpatient | | | | 22043.02 | Horizon | Indemnity | 32001.34 | | | | 10450.83 | 32001.34 | case rate | | | | | |
| OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC | 867 | MS-DRG | | | | inpatient | | | | 39499.84 | Horizon | Indemnity | 83198.03 | | | | 25327.44 | 83198.03 | case rate | | | | | |
| OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC | 868 | MS-DRG | | | | inpatient | | | | 24334.1 | Horizon | Indemnity | 42006.64 | | | | 12403.28 | 42006.64 | case rate | | | | | |
| OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC | 869 | MS-DRG | | | | inpatient | | | | 19753.33 | Horizon | Indemnity | 29953.48 | | | | 8499.57 | 29953.48 | case rate | | | | | |
| SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS | 870 | MS-DRG | | | | inpatient | | | | 106197.52 | Horizon | Indemnity | 245560.77 | | | | 82166.84 | 245560.77 | case rate | | | | | |
| SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC | 871 | MS-DRG | | | | inpatient | | | | 36974.53 | Horizon | Indemnity | 72412.59 | | | | 23175.38 | 72412.59 | case rate | | | | | |
| SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC | 872 | MS-DRG | | | | inpatient | | | | 24069.37 | Horizon | Indemnity | 41070.47 | | | | 12177.68 | 41070.47 | case rate | | | | | |
| O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS | 876 | MS-DRG | | | | inpatient | | | | 64244.32 | Horizon | Indemnity | 128777.71 | | | | 46414.55 | 128777.71 | case rate | | | | | |
| ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION | 880 | MS-DRG | | | | inpatient | | | | 23065.9 | Horizon | Indemnity | 3056 | | | | 2090 | 20057.3 | per diem | | | | | |
| DEPRESSIVE NEUROSES | 881 | MS-DRG | | | | inpatient | | | | 22445.12 | Horizon | Indemnity | 3056 | | | | 2090 | 19520.98 | per diem | | | | | |
| NEUROSES EXCEPT DEPRESSIVE | 882 | MS-DRG | | | | inpatient | | | | 23113.02 | Horizon | Indemnity | 3056 | | | | 2090 | 20098.28 | per diem | | | | | |
| DISORDERS OF PERSONALITY & IMPULSE CONTROL | 883 | MS-DRG | | | | inpatient | | | | 35474.86 | Horizon | Indemnity | 3056 | | | | 2090 | 32167.02 | per diem | | | | | |
| ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY | 884 | MS-DRG | | | | inpatient | | | | 32928.76 | Horizon | Indemnity | 3056 | | | | 2090 | 28979.64 | per diem | | | | | |
| PSYCHOSES | 885 | MS-DRG | | | | inpatient | | | | 29316.81 | Horizon | Indemnity | 3056 | | | | 2090 | 25492.88 | per diem | | | | | |
| BEHAVIORAL & DEVELOPMENTAL DISORDERS | 886 | MS-DRG | | | | inpatient | | | | 34679.29 | Horizon | Indemnity | 3056 | | | | 2090 | 31171.07 | per diem | | | | | |
| OTHER MENTAL DISORDER DIAGNOSES | 887 | MS-DRG | | | | inpatient | | | | 26264.81 | Horizon | Indemnity | 3056 | | | | 2090 | 22838.97 | per diem | | | | | |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA | 894 | MS-DRG | | | | inpatient | | | | 18429.69 | Horizon | Indemnity | 3056 | | | | 2090 | 94620.59 | per diem | | | | | |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY | 895 | MS-DRG | | | | inpatient | | | | 29229.49 | Horizon | Indemnity | 3056 | | | | 2090 | 25416.95 | per diem | | | | | |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC | 896 | MS-DRG | | | | inpatient | | | | 34461.69 | Horizon | Indemnity | 3056 | | | | 2090 | 30898.66 | per diem | | | | | |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC | 897 | MS-DRG | | | | inpatient | | | | 22006.98 | Horizon | Indemnity | 3056 | | | | 2090 | 19136.51 | per diem | | | | | |
| WOUND DEBRIDEMENTS FOR INJURIES W MCC | 901 | MS-DRG | | | | inpatient | | | | 71186.85 | Horizon | Indemnity | 174162.35 | | | | 13124 | 174162.35 | case rate | | | | | |
| WOUND DEBRIDEMENTS FOR INJURIES W CC | 902 | MS-DRG | | | | inpatient | | | | 36080.55 | Horizon | Indemnity | 74909.04 | | | | 22413.54 | 74909.04 | case rate | | | | | |
| WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC | 903 | MS-DRG | | | | inpatient | | | | 26676.46 | Horizon | Indemnity | 45400.25 | | | | 14399.42 | 56429.51 | case rate | | | | | |
| SKIN GRAFTS FOR INJURIES W CC/MCC | 904 | MS-DRG | | | | inpatient | | | | 63294.9 | Horizon | Indemnity | 125836.58 | | | | 45605.46 | 125836.58 | case rate | | | | | |
| SKIN GRAFTS

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ALLERGIC REACTIONS W MCC | 915 | MS-DRG | | | | inpatient | | | | 33867.09 | Horizon | Indemnity | 65410.84 | | | | 20527.24 | 65410.84 | case rate | |
| ALLERGIC REACTIONS W/O MCC | 916 | MS-DRG | | | | inpatient | | | | 18984.09 | Horizon | Indemnity | 24781.15 | | | | 7844.03 | 24781.15 | case rate | |
| POISONING & TOXIC EFFECTS OF DRUGS W MCC | 917 | MS-DRG | | | | inpatient | | | | 32506.03 | Horizon | Indemnity | 57484.62 | | | | 19367.35 | 57484.62 | case rate | |
| POISONING & TOXIC EFFECTS OF DRUGS W/O MCC | 918 | MS-DRG | | | | inpatient | | | | 22040.25 | Horizon | Indemnity | 30374.75 | | | | 10448.47 | 30374.75 | case rate | |
| COMPLICATIONS OF TREATMENT W MCC | 919 | MS-DRG | | | | inpatient | | | | 39054.9 | Horizon | Indemnity | 71160.47 | | | | 21539.49 | 71160.47 | case rate | |
| COMPLICATIONS OF TREATMENT W CC | 920 | MS-DRG | | | | inpatient | | | | 23860.08 | Horizon | Indemnity | 39127.92 | | | | 11999.32 | 39127.92 | case rate | |
| COMPLICATIONS OF TREATMENT W/O CC/MCC | 921 | MS-DRG | | | | inpatient | | | | 19311.19 | Horizon | Indemnity | 27562.35 | | | | 8122.78 | 27562.35 | case rate | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC | 922 | MS-DRG | | | | inpatient | | | | 33194.87 | Horizon | Indemnity | 60788.51 | | | | 19954.38 | 60788.51 | case rate | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC | 923 | MS-DRG | | | | inpatient | | | | 23915.52 | Horizon | Indemnity | 33928.29 | | | | 12046.57 | 37582.48 | case rate | |
| EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT | 927 | MS-DRG | | | | inpatient | | | | 288538.5 | Horizon | Indemnity | 717124.19 | | | | 237556.83 | 717124.19 | case rate | |
| FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC | 928 | MS-DRG | | | | inpatient | | | | 102349.95 | Horizon | Indemnity | 229189.53 | | | | 78887.96 | 229189.53 | case rate | |
| FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC | 929 | MS-DRG | | | | inpatient | | | | 53860.31 | Horizon | Indemnity | 115936.61 | | | | 37565.36 | 115936.61 | case rate | |
| EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT | 933 | MS-DRG | | | | inpatient | | | | 69750.94 | Horizon | Indemnity | 111571.72 | | | | 33318 | 111571.72 | case rate | |
| FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ | 934 | MS-DRG | | | | inpatient | | | | 39520.63 | Horizon | Indemnity | 71519.33 | | | | 25345.16 | 71519.33 | case rate | |
| NON-EXTENSIVE BURNS | 935 | MS-DRG | | | | inpatient | | | | 40221.96 | Horizon | Indemnity | 71059.05 | | | | 25942.82 | 71059.05 | case rate | |
| O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC | 939 | MS-DRG | | | | inpatient | | | | 53771.61 | Horizon | Indemnity | 127862.25 | | | | 37489.76 | 127862.25 | case rate | |
| O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC | 940 | MS-DRG | | | | inpatient | | | | 39043.84 | Horizon | Indemnity | 84820.72 | | | | 24938.84 | 84820.72 | case rate | |
| O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC | 941 | MS-DRG | | | | inpatient | | | | 36866.42 | Horizon | Indemnity | 72217.56 | | | | 23083.25 | 72217.56 | case rate | |
| REHABILITATION W CC/MCC | 945 | MS-DRG | | | | inpatient | | | | 30937.06 | Horizon | Indemnity | 53240.65 | | | | 18030.29 | 53240.65 | case rate | |
| REHABILITATION W/O CC/MCC | 946 | MS-DRG | | | | inpatient | | | | 25254.41 | Horizon | Indemnity | 40672.6 | | | | 13187.56 | 40672.6 | case rate | |
| SIGNS & SYMPTOMS W MCC | 947 | MS-DRG | | | | inpatient | | | | 27606.47 | Horizon | Indemnity | 47026.84 | | | | 15191.98 | 47026.84 | case rate | |
| SIGNS & SYMPTOMS W/O MCC | 948 | MS-DRG | | | | inpatient | | | | 20791.45 | Horizon | Indemnity | 30433.26 | | | | 9384.25 | 30433.26 | case rate | |
| AFTERCARE W CC/MCC | 949 | MS-DRG | | | | inpatient | | | | 24734.66 | Horizon | Indemnity | 44709.82 | | | | 12744.63 | 44709.82 | case rate | |
| AFTERCARE W/O CC/MCC | 950 | MS-DRG | | | | inpatient | | | | 17903 | Horizon | Indemnity | 29056.31 | | | | 6922.73 | 29056.31 | case rate | |
| OTHER FACTORS INFLUENCING HEALTH STATUS | 951 | MS-DRG | | | | inpatient | | | | 17638.27 | Horizon | Indemnity | 31143.19 | | | | 6697.13 | 31143.19 | case rate | |
| CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | 955 | MS-DRG | | | | inpatient | | | | 104420.65 | Horizon | Indemnity | 237821.78 | | | | 80652.6 | 237821.78 | case rate | |
| LIMB REATTACHMENT, HIP & FEMUR PROC F OR MULTIPLE SIGNIFICANT TRAUMA | 956 | MS-DRG | | | | inpatient | | | | 62758.51 | Horizon | Indemnity | 147584.69 | | | | 45148.35 | 147584.69 | case rate | |
| OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC | 957 | MS-DRG | | | | inpatient | | | | 113234.3 | Horizon | Indemnity | 296394.69 | | | | 88163.55 | 296394.69 | case rate | |
| OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC | 958 | MS-DRG | | | | inpatient | | | | 66741.91 | Horizon | Indemnity | 163041.46 | | | | 48542.98 | 163041.46 | case rate | |
| OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC | 959 | MS-DRG | | | | inpatient | | | | 46424.36 | Horizon | Indemnity | 95594.45 | | | | 31228.48 | 95594.45 | case rate | |
| OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC | 963 | MS-DRG | | | | inpatient | | | | 47433.38 | Horizon | Indemnity | 109024.57 | | | | 32088.36 | 109024.57 | case rate | |
| OTHER MULTIPLE SIGNIFICANT TRAUMA W CC | 964 | MS-DRG | | | | inpatient | | | | 30571.15 | Horizon | Indemnity | 57531.42 | | | | 17718.46 | 57531.42 | case rate | |
| OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC | 965 | MS-DRG | | | | inpatient | | | | 22428.33 | Horizon | Indemnity | 38004.52 | | | | 10779.19 | 38004.52 | case rate | |
| HIV W EXTENSIVE O.R. PROCEDURE W MCC | 969 | MS-DRG | | | | inpatient | | | | 97435.15 | Horizon | Indemnity | 218388.49 | | | | 74699.6 | 218388.49 | case rate | |
| HIV W EXTENSIVE O.R. PROCEDURE W/O MCC | 970 | MS-DRG | | | | inpatient | | | | 46554.64 | Horizon | Indemnity | 108739.81 | | | | 31339.51 | 108739.81 | case rate | |
| HIV W MAJOR RELATED CONDITION W MCC | 974 | MS-DRG | | | | inpatient | | | | 51168.68 | Horizon | Indemnity | 106216.06 | | | | 35271.56 | 106216.06 | case rate | |
| HIV W MAJOR RELATED CONDITION W CC | 975 | MS-DRG | | | | inpatient | | | | 29480.36 | Horizon | Indemnity | 50315.13 | | | | 16788.89 | 50315.13 | case rate | |
| HIV W MAJOR RELATED CONDITION W/O CC/MCC | 976 | MS-DRG | | | | inpatient | | | | 23681.29 | Horizon | Indemnity | 36611.97 | | | | 11846.95 | 36611.97 | case rate | |
| HIV W OR W/O OTHER RELATED CONDITION | 977 | MS-DRG | | | | inpatient | | | | 29764.49 | Horizon | Indemnity | 45634.29 | | | | 17031.03 | 45634.29 | case rate | |
| EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC | 981 | MS-DRG | | | | inpatient | | | | 75669.21 | Horizon | Indemnity | 170480.09 | | | | 11302 | 170480.09 | case rate | |
| EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC | 982 | MS-DRG | | | | inpatient | | | | 43713.32 | Horizon | Indemnity | 95680.27 | | | | 14901 | 95680.27 | case rate | |
| EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC | 983 | MS-DRG | | | | inpatient | | | | 32901.04 | Horizon | Indemnity | 61205.88 | | | | 19703.98 | 61205.88 | case rate | |
| NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC | 987 | MS-DRG | | | | inpatient | | | | 58327.43 | Horizon | Indemnity | 129994.73 | | | | 41372.21 | 129994.73 | case rate | |
| NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC | 988 | MS-DRG | | | | inpatient | | | | 33563.55 | Horizon | Indemnity | 66042.75 | | | | 20268.57 | 66042.75 | case rate | |
| NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC | 989 | MS-DRG | | | | inpatient | | | | 25794.96 | Horizon | Indemnity | 40594.58 | | | | 13648.21 | 40594.58 | case rate | |
| HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC | 001 | MS-DRG | | | | inpatient | | | | 480195.63 | Horizon | Medicare Blue | 347996.2 | | | | 332710.44 | 1030198.27 | case rate | |
| HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC | 002 | MS-DRG | | | | inpatient | | | | 140127.09 | Horizon | Medicare Blue | 121849.65 | | | | 111081.44 | 523579.26 | case rate | |
| ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R. | 003 | MS-DRG | | | | inpatient | | | | 306824.15 | Horizon | Medicare Blue | 266803.61 | | | | 253139.77 | 713726.68 | case rate | |
| TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R. | 004 | MS-DRG | | | | inpatient | | | | 205623.09 | Horizon | Medicare Blue | 178802.69 | | | | 166896.78 | 446428.73 | case rate | |
| LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT | 005 | MS-DRG | | | | inpatient | | | | 157381.56 | Horizon | Medicare Blue | 136863.53 | | | | 125765.6 | 295704 | case rate | |
| LIVER TRANSPLANT W/O MCC | 006 | MS-DRG | | | | inpatient | | | | 76990.08 | Horizon | Medicare Blue | 66947.9 | | | | 57276.42 | 295704 | case rate | |
| LUNG TRANSPLANT | 007 | MS-DRG | | | | inpatient | | | | 190914.73 | Horizon | Medicare Blue | 166012.81 | | | | 154362.39 | 415463.56 | case rate | |
| SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT | 008 | MS-DRG | | | | inpatient | | | | 85163.89 | Horizon | Medicare Blue | 74081.64 | | | | 64267.66 | 204747.74 | case rate | |
| PANCREAS TRANSPLANT | 010 | MS-DRG | | | | inpatient | | | | 120286.33 | Horizon | Medicare Blue | 104586.81 | | | | 76104.35 | 176079.7 | case rate | |
| TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC | 011 | MS-DRG | | | | inpatient | | | | 84567.41 | Horizon | Medicare Blue | 73536.88 | | | | 63733.78 | 260411 | case rate | |
| TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC | 012 | MS-DRG | | | | inpatient | | | | 66657.36 | Horizon | Medicare Blue | 57962.92 | | | | 48470.93 | 260411 | case rate | |
| TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC | 013 | MS-DRG | | | | inpatient | | | | 46508.91 | Horizon | Medicare Blue | 40442.63 | | | | 31300.53 | 260411 | case rate | |
| ALLOGENEIC BONE MARROW TRANSPLANT | 014 | MS-DRG | | | | inpatient | | | | 191372.12 | Horizon | Medicare Blue | 166410.54 | | | | 154752.17 | 466145.35 | case rate | |
| AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY | 016 | MS-DRG | | | | inpatient | | | | 93437.89 | Horizon | Medicare Blue | 81250.34 | | | | 71293.15 | 250082.38 | case rate | |
| AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC | 017 | MS-DRG | | | | inpatient | | | | 93437.89 | Horizon | Medicare Blue | 81250.34 | | | | 71293.15 | 170893.57 | case rate | |
| CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY | 018 | MS-DRG | | | | inpatient | | | | 532483.55 | Horizon | Medicare Blue | 463029.18 | | | | 445445.49 | 654354.79 | case rate | |
| SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS | 019 | MS-DRG | | | | inpatient | | | | 119652.92 | Horizon | Medicare Blue | 104046.02 | | | | 93633.46 | 137546.58 | case rate | |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC | 020 | MS-DRG | | | | inpatient | | | | 121507.41 | Horizon | Medicare Blue | 105658.61 | | | | 95213.84 | 406659.68 | case rate | |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC | 021 | MS-DRG | | | | inpatient | | | | 83805.11 | Horizon | Medicare Blue | 72874 | | | | 63084.15 | 308373.74 | case rate | |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC | 022 | MS-DRG | | | | inpatient | | | | 48061.24 | Horizon | Medicare Blue | 41792.38 | | | | 32823.42 | 201178.6 | case rate | |
| CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL | 023 | MS-DRG | | | | inpatient | | | | 88852.96 | Horizon | Medicare Blue | 77263.44 | | | | 67385.9 | 212982.12 | case rate | |
| CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC | 024 | MS-DRG | | | | inpatient | | | | 62471.61 | Horizon | Medicare Blue | 54323.14 | | | | 44903.86 | 313612.23 | case rate | |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC | 025 | MS-DRG | | | | inpatient | | | | 71766.2 | Horizon | Medicare Blue | 62405.4 | | | | 52824.66 | 166852.44 | case rate | |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC | 026 | MS-DRG | | | | inpatient | | | | 52172.15 | Horizon | Medicare Blue | 45367.09 | | | | 36126.72 | 117633.41 | case rate | |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC | 027 | MS-DRG | | | | inpatient | | | | 43983.59 | Horizon | Medicare Blue | 38246.6 | | | | 29148.47 | 93839.14 | case rate | |
| SPINAL PROCEDURES W MCC | 028 | MS-DRG | | | | inpatient | | | | 94042.19 | Horizon | Medicare Blue | 81775.82 | | | | 71808.14 | 209654.82 | case rate | |
| SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS | 029 | MS-DRG | | | | inpatient | | | | 56303.85 | Horizon | Medicare Blue | 48959.87 | | | | 39647.73 | 123094.39 | case rate | |
| SPINAL PROCEDURES W/O CC/MCC | 030 | MS-DRG | | | | inpatient | | | | 40623.9 | Horizon | Medicare Blue | 35325.13 | | | | 26285.36 | 84867.53 | case rate | |
| VENTRICULAR SHUNT PROCEDURES W MCC | 031 | MS-DRG | | | | inpatient | | | | 67861.81 | Horizon | Medicare Blue | 59010.27 | | | | 49497.36 | 163162.38 | case rate | |
| VENTRICULAR SHUNT PROCEDURES W CC | 032 | MS-DRG | | | | inpatient | | | | 39379.26 | Horizon | Medicare Blue | 34242.83 | | | | 25224.68 | 103005.11 | case rate | |
| VENTRICULAR SHUNT PROCEDURES W/O CC/MCC | 033 | MS-DRG | | | | inpatient | | | | 31853.41 | Horizon | Medicare Blue | 27733.4 | | | | 18845.28 | 165398.47 | case rate | |
| CAROTID ARTERY STENT PROCEDURE W MCC | 034 | MS-DRG | | | | inpatient | | | | 63677.44 | Horizon | Medicare Blue | 55371.68 | | | | 45931.46 | 279134.99 | case rate | |
| CAROTID ARTERY STENT PROCEDURE W CC | 035 | MS-DRG | | | | inpatient | | | | 41308.59 | Horizon | Medicare Blue | 35920.51 | | | | 26868.85 | 86607.24 | case rate | |
| CAROTID ARTERY STENT PROCEDURE W/O CC/MCC | 036 | MS-DRG | | | | inpatient | | | | 35186.57 | Horizon | Medicare Blue | 30597.02 | | | | 21651.7 | 67326.08 | case rate | |
| EXTRACRANIAL PROCEDURES W MCC | 037 | MS-DRG | | | | inpatient | | | | 55807.66 | Horizon | Medicare Blue | 48528.4 | | | | 39224.88 | 125204.67 | case rate | |
| EXTRACRANIAL PROCEDURES W CC | 038 | MS-DRG | | | | inpatient | | | | 32112.4 | Horizon | Medicare Blue | 27923.82 | | | | 19031.9 | 65208 | case rate | |
| EXTRACRANIAL PROCEDURES W/O CC/MCC | 039 | MS-DRG | | | | inpatient | | | | 25555.18 | Horizon | Medicare Blue | 22221.89 | | | | 13443.87 | 44171.53 | case rate | |
| PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC | 040 | MS-DRG | | | | inpatient | | | | 62081.35 | Horizon | Medicare Blue | 53966.39 | | | | 44554.23 | 153227.3 | case rate | |
| PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM | 041 | MS-DRG | | | | inpatient | | | | 41078.51 | Horizon | Medicare Blue | 35720.44 | | | | 26672.77 | 91994.11 | case rate | |
| PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC | 042 | MS-DRG | | | | inpatient | | | | 34140.13 | Horizon | Medicare Blue | 29687.07 | | | | 20759.93 | 102408.62 | case rate | |
| SPINAL DISORDERS & INJURIES W CC/MCC | 052 | MS-DRG | | | | inpatient | | | | 37673.08 | Horizon | Medicare Blue | 32759.2 | | | | 23770.68 | 80333.48 | case rate | |
| SPINAL DISORDERS & INJURIES W/O CC/MCC | 053 | MS-DRG | | | | inpatient | | | | 22550.3 | Horizon | Medicare Blue | 19608.96 | | | | 10883.13 | 98314.19 | case rate | |
| NERVOUS SYSTEM NEOPLASMS W MCC | 054 | MS-DRG | | | | inpatient | | | | 30557.29 | Horizon | Medicare Blue | 26571.56 | | | | 17706.65 | 143596.19 | case rate | |
| NERVOUS SYSTEM NEOPLASMS W/O MCC | 055 | MS-DRG | | | | inpatient | | | | 24900.98 | Horizon | Medicare Blue | 21653.02 | | | | 12886.37 | 40848.13 | case rate | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC | 056 | MS-DRG | | | | inpatient | | | | 44496.71 | Horizon | Medicare Blue | 38684.1 | | | | 29577.23 | 82870.37 | case rate | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC | 057 | MS-DRG | | | | inpatient | | | | 28274.53 | Horizon | Medicare Blue | 24586.55 | | | | 15761.29 | 47155.56 | case rate | |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC | 058 | MS-DRG | | | | inpatient | | | | 35363.98 | Horizon | Medicare Blue | 30751.29 | | | | 21802.88 | 68636.72 | case rate | |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC | 059 | MS-DRG | | | | inpatient | | | | 26738.83 | Horizon | Medicare Blue | 23251.16 | | | | 14452.58 | 42880.4 | case rate | |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC | 060 | MS-DRG | | | | inpatient | | | | 22148.36 | Horizon | Medicare Blue | 19259.44 | | | | 10540.6 | 32481.13 | case rate | |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC | 061 | MS-DRG | | | | inpatient | | | | 47249.04 | Horizon | Medicare Blue | 41086.12 | | | | 31931.26 | 111080.23 | case rate | |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC | 062 | MS-DRG | | | | inpatient | | | | 34463.07 | Horizon | Medicare Blue | 29967.89 | | | | 21035.14 | 121708.96 | case rate | |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC | 063 | MS-DRG | | | | inpatient | | | | 29250.28 | Horizon | Medicare Blue | 25435.03 | | | | 16592.82 | 136083.64 | case rate | |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC | 064 | MS-DRG | | | | inpatient | | | | 37350.14 | Horizon | Medicare Blue | 32478.38 | | | | 23495.48 | 215326.95 | case rate | |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS | 065 | MS-DRG | | | | inpatient | | | | 23873.94 | Horizon | Medicare Blue | 20759.95 | | | | 12011.13 | 40235.72 | case rate | |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC | 066 | MS-DRG | | | | inpatient | | | | 19319.51 | Horizon | Medicare Blue | 16799.57 | | | | 8129.87 | 28350.29 | case rate | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC | 067 | MS-DRG | | | | inpatient | | | | 29944.68 | Horizon | Medicare Blue | 26038.85 | | | | 17184.58 | 58565.11 | case rate | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC | 068 | MS-DRG | | | | inpatient | | | | 21997.28 | Horizon | Medicare Blue | 19126.07 | | | | 10411.85 | 35055.59 | case rate | |
| TRANSIENT ISCHEMIA W/O THROMBOLYTIC | 069 | MS-DRG | | | | inpatient | | | | 20869.07 | Horizon | Medicare Blue | 18147.02 | | | | 9450.4 | 29859.86 | case rate | |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC | 070 | MS-DRG | | | | inpatient | | | | 33879.56 | Horizon | Medicare Blue | 29460.49 | | | | 20537.87 | 64178.22 | case rate | |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W CC | 071 | MS-DRG | | | | inpatient | | | | 24386.77 | Horizon | Medicare Blue | 21205.88 | | | | 12448.16 | 39453.1 | case rate | |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC | 072 | MS-DRG | | | | inpatient | | | | 20177.45 | Horizon | Medicare Blue | 17545.61 | | | | 8861 | 28943.19 | case rate | |
| CRANIAL & PERIPHERAL NERVE DISORDERS W MCC | 073 | MS-DRG | | | | inpatient | | | | 31201.79 | Horizon | Medicare Blue | 27131.99 | | | | 18255.89 | 55042.78 | case rate | |
| CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC | 074 | MS-DRG | | | | inpatient | | | | 24227.38 | Horizon | Medicare Blue | 21067.28 | | | | 12312.33 | 37988.92 | case rate | |
| VIRAL MENINGITIS W CC/MCC | 075 | MS-DRG | | | | inpatient | | | | 32617.88 | Horizon | Medicare Blue | 28537.29 | | | | 19633.11 | 57792.77 | case rate | |
| VIRAL MENINGITIS W/O CC/MCC | 076 | MS-DRG | | | | inpatient | | | | 22487.93 | Horizon | Medicare Blue | 19554.72 | | | | 10829.98 | 32172.97 | case rate | |
| HYPERTENSIVE ENCEPHALOPATHY W MCC | 077 | MS-DRG | | | | inpatient | | | | 31211.49 | Horizon | Medicare Blue | 27140.43 | | | | 18264.15 | 60538.86 | case rate | |
| HYPERTENSIVE ENCEPHALOPATHY W CC | 078 | MS-DRG | | | | inpatient | | | | 23610.6 | Horizon | Medicare Blue | 20530.96 | | | | 11786.72 | 37840.69 | case rate | |
| HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC | 079 | MS-DRG | | | | inpatient | | | | 18949.44 | Horizon | Medicare Blue | 16477.78 | | | | 7814.5 | 29118.73 | case rate | |
| NONTRAUMATIC STUPOR & COMA W MCC | 080 | MS-DRG | | | | inpatient | | | | 37070.16 | Horizon | Medicare Blue | 32234.92 | | | | 23256.88 | 73286.35 | case rate | |
| NONTRAUMATIC STUPOR & COMA W/O MCC | 081 | MS-DRG | | | | inpatient | | | | 22320.22 | Horizon | Medicare Blue | 19408.89 | | | | 10687.06 | 33335.38 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC | 082 | MS-DRG | | | | inpatient | | | | 41937.84 | Horizon | Medicare Blue | 36467.69 | | | | 27405.09 | 84200.51 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W CC | 083 | MS-DRG | | | | inpatient | | | | 29550.7 | Horizon | Medicare Blue | 25261.48 | | | | 16422.74 | 50514.07 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC | 084 | MS-DRG | | | | inpatient | | | | 23031.25 | Horizon | Medicare Blue | 20027.17 | | | | 11292.99 | 36015.16 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC | 085 | MS-DRG | | | | inpatient | | | | 41186.62 | Horizon | Medicare Blue | 35814.45 | | | | 26764.9 | 85035.26 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W CC | 086 | MS-DRG | | | | inpatient | | | | 27958.52 | Horizon | Medicare Blue | 24311.76 | | | | 15491.99 | 48488.6 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC | 087 | MS-DRG | | | | inpatient | | | | 22031.93 | Horizon | Medicare Blue | 19158.2 | | | | 10441.38 | 32972.62 | case rate | |
| CONCUSSION W MCC | 088 | MS-DRG | | | | inpatient | | | | 29332.06 | Horizon | Medicare Blue | 25505.14 | | | | 16662.51 | 57714.76 | case rate | |
| CONCUSSION W CC | 089 | MS-DRG | | | | inpatient | | | | 24639.02 | Horizon | Medicare Blue | 21425.24 | | | | 12663.13 | 41639.97 | case rate | |
| CONCUSSION W/O CC/MCC | 090 | MS-DRG | | | | inpatient | | | | 21661.87 | Horizon | Medicare Blue | 18836.41 | | | | 10126.02 | 30948.15 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM W MCC | 091 | MS-DRG | | | | inpatient | | | | 35045.2 | Horizon | Medicare Blue | 30474.09 | | | | 21531.22 | 62879.28 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM W CC | 092 | MS-DRG | | | | inpatient | | | | 24453.3 | Horizon | Medicare Blue | 21263.74 | | | | 12504.86 | 36795.3 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC | 093 | MS-DRG | | | | inpatient | | | | 20719.38 | Horizon | Medicare Blue | 18016.85 | | | | 9322.83 | 29779.36 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC | 094 | MS-DRG | | | | inpatient | | | | 50351.01 | Horizon | Medicare Blue | 42479.14 | | | | 33096.69 | 143463.85 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC | 095 | MS-DRG | | | | inpatient | | | | 43005.07 | Horizon | Medicare Blue | 37395.71 | | | | 28314.58 | 92871.77 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC | 096 | MS-DRG | | | | inpatient | | | | 43005.07 | Horizon | Medicare Blue | 37395.71 | | | | 28314.58 | 82343.78 | case rate | |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC | 097 | MS-DRG | | | | inpatient | | | | 59462.57 | Horizon | Medicare Blue | 51706.59 | | | | 42339.57 | 138041.87 | case rate | |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC | 098 | MS-DRG | | | | inpatient | | | | 39846.35 | Horizon | Medicare Blue | 34649 | | | | 25622.73 | 72182.45 | case rate | |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC | 099 | MS-DRG | | | | inpatient | | | | 29090.89 | Horizon | Medicare Blue | 25296.43 | | | | 16456.99 | 49652.01 | case rate | |
| SEIZURES W MCC | 100 | MS-DRG | | | | inpatient | | | | 37296.08 | Horizon | Medicare Blue | 32431.38 | | | | 23449.41 | 70696.29 | case rate | |
| SEIZURES W/O MCC | 101 | MS-DRG | | | | inpatient | | | | 22554.46 | Horizon | Medicare Blue | 19612.57 | | | | 10886.68 | 33908.79 | case rate | |
| HEADACHES W MCC | 102 | MS-DRG | | | | inpatient | | | | 25890.4 | Horizon | Medicare Blue | 22478.6 | | | | 13695.46 | 41991.04 | case rate | |
| HEADACHES W/O MCC | 103 | MS-DRG | | | | inpatient | | | | 21563.46 | Horizon | Medicare Blue | 18750.84 | | | | 10042.15 | 30480.07 | case rate | |
| ORBITAL PROCEDURES W CC/MCC | 113 | MS-DRG | | | | inpatient | | | | 40787.45 | Horizon | Medicare Blue | 35467.35 | | | | 26424.73 | 89821.42 | case rate | |
| ORBITAL PROCEDURES W/O CC/MCC | 114 | MS-DRG | | | | inpatient | | | | 26163.63 | Horizon | Medicare Blue | 22750.99 | | | | 13662.4 | 48867.69 | case rate | |
| EXTRAOCULAR PROCEDURES EXCEPT ORBIT | 115 | MS-DRG | | | | inpatient | | | | 30999.43 | Horizon | Medicare Blue | 26956.03 | | | | 18083.44 | 53131.43 | case rate | |
| INTRAOCULAR PROCEDURES W CC/MCC | 116 | MS-DRG | | | | inpatient | | | | 32906.58 | Horizon | Medicare Blue | 28614.42 | | | | 19708.7 | 66623.96 | case rate | |
| INTRAOCULAR PROCEDURES W/O CC/MCC | 117 | MS-DRG | | | | inpatient | | | | 23608.8 | Horizon | Medicare Blue | 20703.3 | | | | 11955.62 | 39104.52 | case rate | |
| ACUTE MAJOR EYE INFECTIONS W CC/MCC | 121 | MS-DRG | | | | inpatient | | | | 25961.68 | Horizon | Medicare Blue | 22523.2 | | | | 13739.16 | 41320.12 | case rate | |
| ACUTE MAJOR EYE INFECTIONS W/O CC/MCC | 122 | MS-DRG | | | | inpatient | | | | 19180.91 | Horizon | Medicare Blue | 16679.05 | | | | 8011.75 | 27531.14 | case rate | |
| NEUROLOGICAL EYE DISORDERS | 123 | MS-DRG | | | | inpatient | | | | 20912.03 | Horizon | Medicare Blue | 18184.38 | | | | 9487.01 | 29368.37 | case rate | |
| OTHER DISORDERS OF THE EYE W MCC | 124 | MS-DRG | | | | inpatient | | | | 27851.8 | Horizon | Medicare Blue | 24216.95 | | | | 15401.04 | 51930.02 | case rate | |
| OTHER DISORDERS OF THE EYE W/O MCC | 125 | MS-DRG | | | | inpatient | | | | 21223.89 | Horizon | Medicare Blue | 18455.55 | | | | 9762.77 | 31603.47 | case rate | |
| SINUS & MASTOID PROCEDURES W CC/MCC | 135 | MS-DRG | | | | inpatient | | | | 43197.72 | Horizon | Medicare

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SINUS & MASTOID PROCEDURES W/O CC/MCC | 136 | MS-DRG | | | | inpatient | | | | 23337.56 | Horizon | Medicare Blue | 20263.53 | | | | 11554.03 | 47295.99 | case rate | |
| MOUTH PROCEDURES W CC/MCC | 137 | MS-DRG | | | | inpatient | | | | 29164.35 | Horizon | Medicare Blue | 25360.3 | | | | 16519.59 | 53716.54 | case rate | |
| MOUTH PROCEDURES W/O CC/MCC | 138 | MS-DRG | | | | inpatient | | | | 21054.79 | Horizon | Medicare Blue | 18308.52 | | | | 9608.67 | 32968.72 | case rate | |
| SALIVARY GLAND PROCEDURES | 139 | MS-DRG | | | | inpatient | | | | 28809.53 | Horizon | Medicare Blue | 25051.77 | | | | 16217.22 | 45263.72 | case rate | |
| MAJOR HEAD AND NECK PROCEDURES WITH MCC | 140 | MS-DRG | | | | inpatient | | | | 68396.81 | Horizon | Medicare Blue | 59475.49 | | | | 49663.28 | 73380.85 | case rate | |
| MAJOR HEAD AND NECK PROCEDURES WITH CC | 141 | MS-DRG | | | | inpatient | | | | 39558.06 | Horizon | Medicare Blue | 34398.31 | | | | 25377.05 | 37278.62 | case rate | |
| MAJOR HEAD AND NECK PROCEDURES WITHOUT COMPLICATIONS | 142 | MS-DRG | | | | inpatient | | | | 31573.24 | Horizon | Medicare Blue | 27454.99 | | | | 18572.43 | 27454.99 | case rate | |
| OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC | 143 | MS-DRG | | | | inpatient | | | | 55544.32 | Horizon | Medicare Blue | 48299.41 | | | | 39000.46 | 57291.27 | case rate | |
| OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC | 144 | MS-DRG | | | | inpatient | | | | 34127.66 | Horizon | Medicare Blue | 29676.23 | | | | 20748.3 | 39488.5 | case rate | |
| OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC | 145 | MS-DRG | | | | inpatient | | | | 26201.06 | Horizon | Medicare Blue | 22783.53 | | | | 13994.29 | 22783.53 | case rate | |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC | 146 | MS-DRG | | | | inpatient | | | | 41576.09 | Horizon | Medicare Blue | 36153.12 | | | | 27096.81 | 75014.36 | case rate | |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC | 147 | MS-DRG | | | | inpatient | | | | 27032.66 | Horizon | Medicare Blue | 23506.66 | | | | 14702.98 | 48778.25 | case rate | |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC | 148 | MS-DRG | | | | inpatient | | | | 20359.02 | Horizon | Medicare Blue | 17703.49 | | | | 9015.73 | 28233.27 | case rate | |
| DYSEQUILIBRIUM | 149 | MS-DRG | | | | inpatient | | | | 20140.03 | Horizon | Medicare Blue | 17513.07 | | | | 8829.11 | 27737.88 | case rate | |
| EPISTAXIS W MCC | 150 | MS-DRG | | | | inpatient | | | | 28937.04 | Horizon | Medicare Blue | 25162.65 | | | | 16325.88 | 51781.79 | case rate | |
| EPISTAXIS W/O MCC | 151 | MS-DRG | | | | inpatient | | | | 20285.56 | Horizon | Medicare Blue | 17639.61 | | | | 8993.13 | 27453.13 | case rate | |
| OTITIS MEDIA & URI W MCC | 152 | MS-DRG | | | | inpatient | | | | 25508.05 | Horizon | Medicare Blue | 22180.91 | | | | 13403.71 | 40649.19 | case rate | |
| OTITIS MEDIA & URI W/O MCC | 153 | MS-DRG | | | | inpatient | | | | 19643.83 | Horizon | Medicare Blue | 17081.59 | | | | 8406.26 | 27765.18 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC | 154 | MS-DRG | | | | inpatient | | | | 32320.3 | Horizon | Medicare Blue | 28104.61 | | | | 19209.07 | 56423.63 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC | 155 | MS-DRG | | | | inpatient | | | | 22719.39 | Horizon | Medicare Blue | 19756 | | | | 11027.24 | 34464.88 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC | 156 | MS-DRG | | | | inpatient | | | | 19099.13 | Horizon | Medicare Blue | 16607.94 | | | | 7942.07 | 25740.72 | case rate | |
| DENTAL & ORAL DISEASES W MCC | 157 | MS-DRG | | | | inpatient | | | | 32475.53 | Horizon | Medicare Blue | 28239.59 | | | | 19341.36 | 66258.71 | case rate | |
| DENTAL & ORAL DISEASES W CC | 158 | MS-DRG | | | | inpatient | | | | 22816.42 | Horizon | Medicare Blue | 19840.36 | | | | 11109.92 | 34727.93 | case rate | |
| DENTAL & ORAL DISEASES W/O CC/MCC | 159 | MS-DRG | | | | inpatient | | | | 18921.72 | Horizon | Medicare Blue | 16453.67 | | | | 7790.88 | 26462.35 | case rate | |
| MAJOR CHEST PROCEDURES W MCC | 163 | MS-DRG | | | | inpatient | | | | 73663.65 | Horizon | Medicare Blue | 64055.35 | | | | 54441.66 | 191887.14 | case rate | |
| MAJOR CHEST PROCEDURES W CC | 164 | MS-DRG | | | | inpatient | | | | 44665.51 | Horizon | Medicare Blue | 38839.57 | | | | 29729.6 | 100205.08 | case rate | |
| MAJOR CHEST PROCEDURES W/O CC/MCC | 165 | MS-DRG | | | | inpatient | | | | 35614.85 | Horizon | Medicare Blue | 30969.44 | | | | 22016.67 | 72256.57 | case rate | |
| OTHER RESP SYSTEM O.R. PROCEDURES W MCC | 166 | MS-DRG | | | | inpatient | | | | 63145.21 | Horizon | Medicare Blue | 54908.88 | | | | 45477.9 | 138446.49 | case rate | |
| OTHER RESP SYSTEM O.R. PROCEDURES W CC | 167 | MS-DRG | | | | inpatient | | | | 35104.8 | Horizon | Medicare Blue | 30525.91 | | | | 21582.01 | 74019.68 | case rate | |
| OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC | 168 | MS-DRG | | | | inpatient | | | | 28544.8 | Horizon | Medicare Blue | 24821.57 | | | | 15991.62 | 52331.79 | case rate | |
| ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM | 173 | MS-DRG | | | | inpatient | | | | 52310.75 | Horizon | Medicare Blue | 45487.61 | | | | 36244.83 | 52343.28 | case rate | |
| PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE | 175 | MS-DRG | | | | inpatient | | | | 29309.88 | Horizon | Medicare Blue | 25486.85 | | | | 16643.61 | 57141.35 | case rate | |
| PULMONARY EMBOLISM W/O MCC | 176 | MS-DRG | | | | inpatient | | | | 21068.65 | Horizon | Medicare Blue | 18320.57 | | | | 9620.48 | 35067.29 | case rate | |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC | 177 | MS-DRG | | | | inpatient | | | | 32184.47 | Horizon | Medicare Blue | 27986.5 | | | | 19093.32 | 71804.09 | case rate | |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W CC | 178 | MS-DRG | | | | inpatient | | | | 23530.21 | Horizon | Medicare Blue | 20461.05 | | | | 11718.21 | 49710.52 | case rate | |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC | 179 | MS-DRG | | | | inpatient | | | | 20447.72 | Horizon | Medicare Blue | 17780.63 | | | | 9091.33 | 35944.95 | case rate | |
| RESPIRATORY NEOPLASMS W MCC | 180 | MS-DRG | | | | inpatient | | | | 34004.3 | Horizon | Medicare Blue | 29568.96 | | | | 20644.17 | 66155.87 | case rate | |
| RESPIRATORY NEOPLASMS W CC | 181 | MS-DRG | | | | inpatient | | | | 25168.48 | Horizon | Medicare Blue | 21885.63 | | | | 13114.33 | 44503.09 | case rate | |
| RESPIRATORY NEOPLASMS W/O CC/MCC | 182 | MS-DRG | | | | inpatient | | | | 21387.44 | Horizon | Medicare Blue | 18597.77 | | | | 9892.15 | 31014.47 | case rate | |
| MAJOR CHEST TRAUMA W MCC | 183 | MS-DRG | | | | inpatient | | | | 31779.76 | Horizon | Medicare Blue | 27634.57 | | | | 18748.43 | 58155.54 | case rate | |
| MAJOR CHEST TRAUMA W CC | 184 | MS-DRG | | | | inpatient | | | | 24563.58 | Horizon | Medicare Blue | 21377.03 | | | | 12615.88 | 39178.63 | case rate | |
| MAJOR CHEST TRAUMA W/O CC/MCC | 185 | MS-DRG | | | | inpatient | | | | 20508.6 | Horizon | Medicare Blue | 17837.04 | | | | 9185.82 | 28564.83 | case rate | |
| PLEURAL EFFUSION W MCC | 186 | MS-DRG | | | | inpatient | | | | 31678.58 | Horizon | Medicare Blue | 27546.59 | | | | 18662.2 | 60831.42 | case rate | |
| PLEURAL EFFUSION W CC | 187 | MS-DRG | | | | inpatient | | | | 23695.15 | Horizon | Medicare Blue | 20604.48 | | | | 11858.77 | 41113.38 | case rate | |
| PLEURAL EFFUSION W/O CC/MCC | 188 | MS-DRG | | | | inpatient | | | | 19955.69 | Horizon | Medicare Blue | 17352.77 | | | | 8672.02 | 29926.17 | case rate | |
| PULMONARY EDEMA & RESPIRATORY FAILURE | 189 | MS-DRG | | | | inpatient | | | | 26930.1 | Horizon | Medicare Blue | 23417.48 | | | | 14615.57 | 48185.35 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC | 190 | MS-DRG | | | | inpatient | | | | 25344.5 | Horizon | Medicare Blue | 22038.7 | | | | 13264.34 | 46445.63 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC | 191 | MS-DRG | | | | inpatient | | | | 21686.82 | Horizon | Medicare Blue | 18858.1 | | | | 10147.28 | 35648.5 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC | 192 | MS-DRG | | | | inpatient | | | | 18749.86 | Horizon | Medicare Blue | 16304.22 | | | | 7644.42 | 28244.97 | case rate | |
| SIMPLE PNEUMONIA & PLEURISY W MCC | 193 | MS-DRG | | | | inpatient | | | | 28043.07 | Horizon | Medicare Blue | 24385.28 | | | | 15564.04 | 51360.52 | case rate | |
| SIMPLE PNEUMONIA & PLEURISY W CC | 194 | MS-DRG | | | | inpatient | | | | 21144.88 | Horizon | Medicare Blue | 18386.86 | | | | 9685.45 | 35114.1 | case rate | |
| SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC | 195 | MS-DRG | | | | inpatient | | | | 18410.28 | Horizon | Medicare Blue | 16008.94 | | | | 7355.03 | 26790.01 | case rate | |
| INTERSTITIAL LUNG DISEASE W MCC | 196 | MS-DRG | | | | inpatient | | | | 35893.44 | Horizon | Medicare Blue | 31211.69 | | | | 22254.08 | 63897.37 | case rate | |
| INTERSTITIAL LUNG DISEASE W CC | 197 | MS-DRG | | | | inpatient | | | | 23501.11 | Horizon | Medicare Blue | 20435.74 | | | | 11693.4 | 39073.31 | case rate | |
| INTERSTITIAL LUNG DISEASE W/O CC/MCC | 198 | MS-DRG | | | | inpatient | | | | 19107.45 | Horizon | Medicare Blue | 16615.17 | | | | 7949.15 | 29586.81 | case rate | |
| PNEUMOTHORAX W MCC | 199 | MS-DRG | | | | inpatient | | | | 34246.86 | Horizon | Medicare Blue | 29779.88 | | | | 20850.88 | 69541.68 | case rate | |
| PNEUMOTHORAX W CC | 200 | MS-DRG | | | | inpatient | | | | 25129.67 | Horizon | Medicare Blue | 21851.89 | | | | 13081.26 | 41924.72 | case rate | |
| PNEUMOTHORAX W/O CC/MCC | 201 | MS-DRG | | | | inpatient | | | | 19164.27 | Horizon | Medicare Blue | 16664.59 | | | | 7997.58 | 27891.99 | case rate | |
| BRONCHITIS & ASTHMA W CC/MCC | 202 | MS-DRG | | | | inpatient | | | | 23178.16 | Horizon | Medicare Blue | 20154.93 | | | | 11418.2 | 38695.65 | case rate | |
| BRONCHITIS & ASTHMA W/O CC/MCC | 203 | MS-DRG | | | | inpatient | | | | 19434.55 | Horizon | Medicare Blue | 16899.6 | | | | 8227.9 | 50775.53 | case rate | |
| RESPIRATORY SIGNS & SYMPTOMS | 204 | MS-DRG | | | | inpatient | | | | 21020.14 | Horizon | Medicare Blue | 18278.39 | | | | 9579.14 | 36731.64 | case rate | |
| OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC | 205 | MS-DRG | | | | inpatient | | | | 35944.72 | Horizon | Medicare Blue | 31256.28 | | | | 22297.79 | 59208.73 | case rate | |
| OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC | 206 | MS-DRG | | | | inpatient | | | | 22334.08 | Horizon | Medicare Blue | 19420.94 | | | | 10698.87 | 33682.54 | case rate | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS | 207 | MS-DRG | | | | inpatient | | | | 99415.76 | Horizon | Medicare Blue | 86448.49 | | | | 49635 | 218302.68 | case rate | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS | 208 | MS-DRG | | | | inpatient | | | | 46917.38 | Horizon | Medicare Blue | 40849.89 | | | | 31699.76 | 95075.66 | case rate | |
| CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES | 212 | MS-DRG | | | | inpatient | | | | 160770.36 | Horizon | Medicare Blue | 139800.31 | | | | 37458 | 189020.06 | case rate | |
| OTHER HEART ASSIST SYSTEM IMPLANT | 215 | MS-DRG | | | | inpatient | | | | 156624.79 | Horizon | Medicare Blue | 136195.47 | | | | 125140.69 | 502648.1 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC | 216 | MS-DRG | | | | inpatient | | | | 143545 | Horizon | Medicare Blue | 124821.74 | | | | 78485 | 383083.85 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC | 217 | MS-DRG | | | | inpatient | | | | 99286.86 | Horizon | Medicare Blue | 86336.4 | | | | 76277.62 | 248193.74 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC | 218 | MS-DRG | | | | inpatient | | | | 92237.6 | Horizon | Medicare Blue | 80206.61 | | | | 70270.28 | 230348.04 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC | 219 | MS-DRG | | | | inpatient | | | | 117022.27 | Horizon | Medicare Blue | 101758.5 | | | | 57338 | 300026.24 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC | 220 | MS-DRG | | | | inpatient | | | | 83192.49 | Horizon | Medicare Blue | 72341.29 | | | | 57338 | 203043.14 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC | 221 | MS-DRG | | | | inpatient | | | | 73433.58 | Horizon | Medicare Blue | 63855.28 | | | | 17199 | 179720.85 | case rate | |
| OTHER CARDIOTHORACIC PROCEDURES W MCC | 228 | MS-DRG | | | | inpatient | | | | 78848.73 | Horizon | Medicare Blue | 68564.11 | | | | 58860.35 | 256517.83 | case rate | |
| OTHER CARDIOTHORACIC PROCEDURES W/O MCC | 229 | MS-DRG | | | | inpatient | | | | 52833.28 | Horizon | Medicare Blue | 45941.98 | | | | 36690.12 | 161320.14 | case rate | |
| CORONARY BYPASS W PTCA W MCC | 231 | MS-DRG | | | | inpatient | | | | 127228.86 | Horizon | Medicare Blue | 110633.79 | | | | 19424 | 327615.89 | case rate | |
| CORONARY BYPASS W PTCA W/O MCC | 232 | MS-DRG | | | | inpatient | | | | 94446.91 | Horizon | Medicare Blue | 82127.74 | | | | 27830 | 240298.72 | case rate | |
| CORONARY BYPASS W CARDIAC CATH W MCC | 233 | MS-DRG | | | | inpatient | | | | 118115.83 | Horizon | Medicare Blue | 102709.42 | | | | 53769 | 297923.76 | case rate | |
| CORONARY BYPASS W CARDIAC CATH W/O MCC | 234 | MS-DRG | | | | inpatient | | | | 83518.2 | Horizon | Medicare Blue | 72624.52 | | | | 62839.65 | 200776.83 | case rate | |
| CORONARY BYPASS W/O CARDIAC CATH W MCC | 235 | MS-DRG | | | | inpatient | | | | 91335.31 | Horizon | Medicare Blue | 79422.01 | | | | 47927 | 226626.77 | case rate | |
| CORONARY BYPASS W/O CARDIAC CATH W/O MCC | 236 | MS-DRG | | | | inpatient | | | | 66773.79 | Horizon | Medicare Blue | 58064.16 | | | | 33990 | 153153.18 | case rate | |
| AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC | 239 | MS-DRG | | | | inpatient | | | | 79591.63 | Horizon | Medicare Blue | 69210.11 | | | | 59493.45 | 183695.67 | case rate | |
| AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC | 240 | MS-DRG | | | | inpatient | | | | 50143.03 | Horizon | Medicare Blue | 43602.63 | | | | 34397.51 | 107070.31 | case rate | |
| AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC | 241 | MS-DRG | | | | inpatient | | | | 30706.98 | Horizon | Medicare Blue | 26701.72 | | | | 15559 | 62255.17 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W MCC | 242 | MS-DRG | | | | inpatient | | | | 56793.12 | Horizon | Medicare Blue | 49385.32 | | | | 20528 | 145765.26 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W CC | 243 | MS-DRG | | | | inpatient | | | | 41003.67 | Horizon | Medicare Blue | 35655.36 | | | | 19748 | 99635.58 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC | 244 | MS-DRG | | | | inpatient | | | | 34792.95 | Horizon | Medicare Blue | 30254.74 | | | | 19748 | 91806.34 | case rate | |
| AICD GENERATOR PROCEDURES | 245 | MS-DRG | | | | inpatient | | | | 77511.22 | Horizon | Medicare Blue | 67401.06 | | | | 57720.54 | 195506.98 | case rate | |
| PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC | 250 | MS-DRG | | | | inpatient | | | | 41832.5 | Horizon | Medicare Blue | 36376.09 | | | | 27315.32 | 100903.31 | case rate | |
| PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC | 251 | MS-DRG | | | | inpatient | | | | 31437.41 | Horizon | Medicare Blue | 27336.88 | | | | 18456.68 | 65445.94 | case rate | |
| OTHER VASCULAR PROCEDURES W MCC | 252 | MS-DRG | | | | inpatient | | | | 57325.34 | Horizon | Medicare Blue | 49848.13 | | | | 40518.24 | 127155.02 | case rate | |
| OTHER VASCULAR PROCEDURES W CC | 253 | MS-DRG | | | | inpatient | | | | 45164.47 | Horizon | Medicare Blue | 39273.46 | | | | 30154.81 | 101195.86 | case rate | |
| OTHER VASCULAR PROCEDURES W/O CC/MCC | 254 | MS-DRG | | | | inpatient | | | | 34026.48 | Horizon | Medicare Blue | 29588.24 | | | | 20663.07 | 76602.67 | case rate | |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC | 255 | MS-DRG | | | | inpatient | | | | 46044.59 | Horizon | Medicare Blue | 40038.78 | | | | 30904.84 | 99089.48 | case rate | |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC | 256 | MS-DRG | | | | inpatient | | | | 33254.47 | Horizon | Medicare Blue | 28916.93 | | | | 20005.17 | 68211.54 | case rate | |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC | 257 | MS-DRG | | | | inpatient | | | | 20765.12 | Horizon | Medicare Blue | 18056.62 | | | | 9361.81 | 43925.78 | case rate | |
| CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC | 258 | MS-DRG | | | | inpatient | | | | 48664.15 | Horizon | Medicare Blue | 42316.66 | | | | 15797 | 116584.12 | case rate | |
| CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC | 259 | MS-DRG | | | | inpatient | | | | 34141.52 | Horizon | Medicare Blue | 29688.28 | | | | 15797 | 81797.68 | case rate | |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC | 260 | MS-DRG | | | | inpatient | | | | 56989.93 | Horizon | Medicare Blue | 49556.46 | | | | 12982 | 141185.84 | case rate | |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC | 261 | MS-DRG | | | | inpatient | | | | 36080.55 | Horizon | Medicare Blue | 31374.39 | | | | 12982 | 77694.14 | case rate | |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC | 262 | MS-DRG | | | | inpatient | | | | 30816.48 | Horizon | Medicare Blue | 26796.94 | | | | 12982 | 63616.52 | case rate | |
| VEIN LIGATION & STRIPPING | 263 | MS-DRG | | | | inpatient | | | | 46953.82 | Horizon | Medicare Blue | 40829.41 | | | | 31679.68 | 93312.55 | case rate | |
| OTHER CIRCULATORY SYSTEM O.R. PROCEDURES | 264 | MS-DRG | | | | inpatient | | | | 58222.09 | Horizon | Medicare Blue | 50627.91 | | | | 41282.44 | 123207.51 | case rate | |
| AICD LEAD PROCEDURES | 265 | MS-DRG | | | | inpatient | | | | 58221.41 | Horizon | Medicare Blue | 51496.88 | | | | 42134.05 | 121573.12 | case rate | |
| ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC | 266 | MS-DRG | | | | inpatient | | | | 92812.8 | Horizon | Medicare Blue | 80706.78 | | | | 70760.45 | 280518.84 | case rate | |
| ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC | 267 | MS-DRG | | | | inpatient | | | | 74987.3 | Horizon | Medicare Blue | 65209.34 | | | | 55569.66 | 228116.84 | case rate | |
| AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC | 268 | MS-DRG | | | | inpatient | | | | 102193.33 | Horizon | Medicare Blue | 88863.76 | | | | 78754.49 | 261491.23 | case rate | |
| AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC | 269 | MS-DRG | | | | inpatient | | | | 67447.39 | Horizon | Medicare Blue | 58649.9 | | | | 49144.19 | 161914.16 | case rate | |
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC | 270 | MS-DRG | | | | inpatient | | | | 80923.59 | Horizon | Medicare Blue | 70368.34 | | | | 60628.53 | 197441.73 | case rate | |
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC | 271 | MS-DRG | | | | inpatient | | | | 57519.39 | Horizon | Medicare Blue | 50016.86 | | | | 40683.6 | 136282.66 | case rate | |
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC | 272 | MS-DRG | | | | inpatient | | | | 44460.38 | Horizon | Medicare Blue | 38661.2 | | | | 29554.79 | 102124.23 | case rate | |
| PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC | 273 | MS-DRG | | | | inpatient | | | | 63976.82 | Horizon | Medicare Blue | 55632.01 | | | | 46186.59 | 142473.07 | case rate | |
| PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC | 274 | MS-DRG | | | | inpatient | | | | 53037.02 | Horizon | Medicare Blue | 46119.15 | | | | 36863.75 | 116174.55 | case rate | |
| CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC | 275 | MS-DRG | | | | inpatient | | | | 107729.06 | Horizon | Medicare Blue | 93677.44 | | | | 83472.01 | 122619.52 | case rate | |
| CARDIAC DEFIBRILLATOR IMPLANT WITH MCC | 276 | MS-DRG | | | | inpatient | | | | 96634.72 | Horizon | Medicare Blue | 83160.62 | | | | 73165.28 | 107479.03 | case rate | |
| CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC | 277 | MS-DRG | | | | inpatient | | | | 74255.48 | Horizon | Medicare Blue | 64569.98 | | | | 54946.01 | 80715.12 | case rate | |
| ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC | 278 | MS-DRG | | | | inpatient | | | | 79125.93 | Horizon | Medicare Blue | 68805.16 | | | | 59096.58 | 86812.26 | case rate | |
| ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC | 279 | MS-DRG | | | | inpatient | | | | 54192.96 | Horizon | Medicare Blue | 47124.31 | | | | 37848.83 | 55599.54 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC | 280 | MS-DRG | | | | inpatient | | | | 32529.59 | Horizon | Medicare Blue | 28286.6 | | | | 19387.43 | 64638.5 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC | 281 | MS-DRG | | | | inpatient | | | | 22555.84 | Horizon | Medicare Blue | 19613.78 | | | | 10887.86 | 38211.26 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC | 282 | MS-DRG | | | | inpatient | | | | 19829.56 | Horizon | Medicare Blue | 17243.09 | | | | 8564.53 | 29216.24 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC | 283 | MS-DRG | | | | inpatient | | | | 36881.67 | Horizon | Medicare Blue | 32071.01 | | | | 23096.25 | 70395.93 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC | 284 | MS-DRG | | | | inpatient | | | | 20045.94 | Horizon | Medicare Blue | 17434.73 | | | | 8752.34 | 29902.77 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC | 285 | MS-DRG | | | | inpatient | | | | 17560.66 | Horizon | Medicare Blue | 15270.14 | | | | 6630.99 | 23263.77 | case rate | |
| CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC | 286 | MS-DRG | | | | inpatient | | | | 40456.19 | Horizon | Medicare Blue | 35179.3 | | | | 13521 | 85066.47 | case rate | |
| CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC | 287 | MS-DRG | | | | inpatient | | | | 24882.96 | Horizon | Medicare Blue | 21637.36 | | | | 9969 | 44425.07 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS W MCC | 288 | MS-DRG | | | | inpatient | | | | 47638.51 | Horizon | Medicare Blue | 41424.79 | | | | 32263.17 | 105088.76 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS W CC | 289 | MS-DRG | | | | inpatient | | | | 31632.84 | Horizon | Medicare Blue | 27506.82 | | | | 18623.22 | 66698.07 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC | 290 | MS-DRG | | | | inpatient | | | | 23348.64 | Horizon | Medicare Blue | 20303.17 | | | | 11563.48 | 39451.68 | case rate | |
| HEART FAILURE & SHOCK W MCC | 291 | MS-DRG | | | | inpatient | | | | 27864.27 | Horizon | Medicare Blue | 24229.8 | | | | 15411.67 | 52480.02 | case rate | |
| HEART FAILURE & SHOCK W CC | 292 | MS-DRG | | | | inpatient | | | | 21715.92 | Horizon | Medicare Blue | 18883.41 | | | | 10172.08 | 35978.64 | case rate | |
| HEART FAILURE & SHOCK W/O CC/MCC | 293 | MS-DRG | | | | inpatient | | | | 17384.63 | Horizon | Medicare Blue | 15117.07 | | | | 6480.98 | 25963.06 | case rate | |
| DEEP VEIN THROMBOPHLEBITIS W CC/MCC | 294 | MS-DRG | | | | inpatient | | | | 26799.81 | Horizon | Medicare Blue | 23304.19 | | | | 14504.55 | 45279.33 | case rate | |
| DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC | 295 | MS-DRG | | | | inpatient | | | | 20726.31 | Horizon | Medicare Blue | 18022.88 | | | | 9294.92 | 21504.56 | case rate | |
| CARDIAC ARREST, UNEXPLAINED W MCC | 296 | MS-DRG | | | | inpatient | | | | 32488.01 | Horizon | Medicare Blue | 28250.44 | | | | 19351.99 | 59895.25 | case rate | |
| CARDIAC ARREST, UNEXPLAINED W CC | 297 | MS-DRG | | | | inpatient | | | | 19542.65 | Horizon | Medicare Blue | 16993.61 | | | | 8320.03 | 25448.17 | case rate | |
| CARDIAC ARREST, UNEXPLAINED W/O CC/MCC | 298 | MS-DRG | | | | inpatient | | | | 15901.6 | Horizon | Medicare Blue | 13827.48 | | | | 5217.15 | 18820.88 | case rate | |
| PERIPHERAL VASCULAR DISORDERS W MCC | 299 | MS-DRG | | | | inpatient | | | | 32199.72 | Horizon | Medicare Blue | 27999.75 | | | | 19106.31 | 56575.75 | case rate | |
| PERIPHERAL VASCULAR DISORDERS W CC | 300 | MS-DRG | | | | inpatient | | | | 24618.23 | Horizon | Medicare Blue | 21407.16 | | | | 12645.41 | 39931.47 | case rate | |
| PERIPHERAL VASCULAR DISORDERS W/O CC/MCC | 301 | MS-DRG | | | | inpatient | | | | 19667.4 | Horizon | Medicare Blue | 17102.08 | | | | 8426.34 | 28326.88 | case rate | |
| ATHEROSCLEROSIS W MCC | 302 | MS-DRG | | | | inpatient | | | | 25903.06 | Horizon | Medicare Blue | 22524.4 | | | | 13740.34 | 47117.99 | case rate | |
| ATHEROSCLEROSIS W/O MCC | 303 | MS-DRG | | | | inpatient | | | | 19099.13 | Horizon | Medicare Blue | 16607.94 | | | | 7942.07 | 25969.16 | case rate | |
| HYPERTENSION W MCC | 304 | MS-DRG | | | | inpatient | | | | 26062.46 | Horizon | Medicare Blue | 22663 | | | | 13876.17 | 42170.47 | case rate | |
| HYPERTENSION W/O MCC | 305 | MS-DRG | | | | inpatient | | | | 20184.38 | Horizon | Medicare Blue | 17551.63 | | | | 8866.91 | 28081.14 | case rate | |
| CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC | 306 | MS-DRG | | | | inpatient | | | | 30533.73 | Horizon | Medicare Blue | 26551.07 | | | | 17686.57 | 54953.06 | case rate | |
| CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC | 307 | MS-DRG | | | | inpatient | | | | 22619.6 | Horizon | Medicare Blue | 19669.22 | | | | 10942.19 | 33389.99 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC | 308 | MS-DRG | | | | inpatient | | | | 26493.51 | Horizon | Medicare Blue | 23037.83 | | | | 14243.51 | 46948.83 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC | 309 | MS-DRG | | | | inpatient | | | | 20026.37 | Horizon | Medicare Blue | 17414.24 | | | | 8732.26 | 29781.84 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC | 310 | MS-DRG | | | | inpatient | | | | 17534.32 | Horizon | Medicare Blue | 15247.24 | | | | 6808.55 | 21933.64 | case rate | |
| ANGINA PECTORIS | 311 | MS-DRG | | | | inpatient | | | | 19458.11 | Horizon | Medicare Blue | 16920.09 | | | | 8247.98 | 26805.61 | case rate | |
| SYNCOPE & COLLAPSE | 312 | MS-DRG | | | | inpatient | | | | 21855.91 | Horizon | Medicare Blue | 19005.14 | | | | 10291.38 | 31264.11 | case rate | |
| CHEST PAIN | 313 | MS-DRG | | | | inpatient | | | | 19667.4 | Horizon | Medicare Blue | 17102.08 | | | | 8426.34 | 27589.65 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC | 314 | MS-DRG | | | | inpatient | | | | 39827.36 | Horizon | Medicare Blue | 34458.57 | | | | 25436.11 | 78915.06 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W CC | 315 | MS-DRG | | | | inpatient | | | | 23117.18 | Horizon | Medicare Blue | 20101.9 | | | | 11366.23 | 37286.79 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC | 316 | MS-DRG | | | | inpatient | | | | 19241.89 | Horizon | Medicare Blue | 16732.08 | | | | 8063.72 | 29305.96 | case rate | |
| OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC | 319 | MS-DRG | | | | inpatient | | | | 70664.32 | Horizon | Medicare Blue | 61447.24 | | | | 51885.65 | 76219.47 | case rate | |
| OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC | 320 | MS-DRG | | | | inpatient | | | | 41862.99 | Horizon | Medicare Blue | 36402.6 | | | | 27341.31 | 40164.09 | case rate | |
| PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUM | 321 | MS-DRG | | | | inpatient | | | | 49236.58 | Horizon | Medicare Blue | 42814.42 | | | | 33625.04 | 49394.83 | case rate | |
| PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC | 322 | MS-DRG | | | | inpatient | | | | 34855.32 | Horizon | Medicare Blue | 30308.97 | | | | 21369.4 | 31391.43 | case rate | |
| CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC | 323 | MS-DRG | | | | inpatient | | | | 68815.38 | Horizon | Medicare Blue | 59839.46 | | | | 50309.99 | 73904.85 | case rate | |
| CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC | 324 | MS-DRG | | | | inpatient | | | | 54064.06 | Horizon | Medicare Blue | 47012.22 | | | | 37738.99 | 55438.18 | case rate | |
| CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE | 325 | MS-DRG | | | | inpatient | | | | 49448.64 | Horizon | Medicare Blue | 42998.82 | | | | 33805.75 | 49660.3 | case rate | |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC | 326 | MS-DRG | | | | inpatient | | | | 80175.14 | Horizon | Medicare Blue | 69717.51 | | | | 59990.71 | 265016.89 | case rate | |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W CC | 327 | MS-DRG | | | | inpatient | | | | 43433.35 | Horizon | Medicare Blue | 37768.13 | | | | 28679.55 | 96905.09 | case rate | |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC | 328 | MS-DRG | | | | inpatient | | | | 31865.69 | Horizon | Medicare Blue | 27709.29 | | | | 18821.66 | 60152.69 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC | 329 | MS-DRG | | | | inpatient | | | | 73423.87 | Horizon | Medicare Blue | 63846.85 | | | | 54237.32 | 194750.25 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES W CC | 330 | MS-DRG | | | | inpatient | | | | 42540.75 | Horizon | Medicare Blue | 36991.96 | | | | 27918.89 | 98426.36 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC | 331 | MS-DRG | | | | inpatient | | | | 32862.65 | Horizon | Medicare Blue | 28402.3 | | | | 19500.82 | 66105.16 | case rate | |
| RECTAL RESECTION W MCC | 332 | MS-DRG | | | | inpatient | | | | 57856.19 | Horizon | Medicare Blue | 50309.73 | | | | 40970.62 | 132553.59 | case rate | |
| RECTAL RESECTION W CC | 333 | MS-DRG | | | | inpatient | | | | 39236.5 | Horizon | Medicare Blue | 34118.7 | | | | 25103.02 | 75197.69 | case rate | |
| RECTAL RESECTION W/O CC/MCC | 334 | MS-DRG | | | | inpatient | | | | 32767.98 | Horizon | Medicare Blue | 28493.9 | | | | 19590.59 | 50950.94 | case rate | |
| PERITONEAL ADHESIOLYSIS W MCC | 335 | MS-DRG | | | | inpatient | | | | 60000.35 | Horizon | Medicare Blue | 52174.22 | | | | 42797.86 | 158446.43 | case rate | |
| PERITONEAL ADHESIOLYSIS W CC | 336 | MS-DRG | | | | inpatient | | | | 39056.32 | Horizon | Medicare Blue | 33962.02 | | | | 24949.47 | 89645.89 | case rate | |
| PERITONEAL ADHESIOLYSIS W/O CC/MCC | 337 | MS-DRG | | | | inpatient | | | | 31056.26 | Horizon | Medicare Blue | 27005.44 | | | | 18131.86 | 62539.92 | case rate | |
| MINOR SMALL & LARGE BOWEL PROCEDURES W MCC | 344 | MS-DRG | | | | inpatient | | | | 47125.68 | Horizon | Medicare Blue | 40978.85 | | | | 31826.14 | 116521.71 | case rate | |
| MINOR SMALL & LARGE BOWEL PROCEDURES W CC | 345 | MS-DRG | | | | inpatient | | | | 30413.15 | Horizon | Medicare Blue | 26446.22 | | | | 17583.81 | 63877.86 | case rate | |
| MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC | 346 | MS-DRG | | | | inpatient | | | | 27039.59 | Horizon | Medicare Blue | 23512.69 | | | | 14708.89 | 48236.06 | case rate | |
| ANAL & STOMAL PROCEDURES W MCC | 347 | MS-DRG | | | | inpatient | | | | 42563.72 | Horizon | Medicare Blue | 37029.32 | | | | 27955.51 | 94049.78 | case rate | |
| ANAL & STOMAL PROCEDURES W CC | 348 | MS-DRG | | | | inpatient | | | | 27228.09 | Horizon | Medicare Blue | 23676.6 | | | | 14869.52 | 54609.8 | case rate | |
| ANAL & STOMAL PROCEDURES W/O CC/MCC | 349 | MS-DRG | | | | inpatient | | | | 21988.97 | Horizon | Medicare Blue | 19120.84 | | | | 10404.77 | 37044.95 | case rate | |
| INGUINAL & FEMORAL HERNIA PROCEDURES W MCC | 350 | MS-DRG | | | | inpatient | | | | 43303.06 | Horizon | Medicare Blue | 37664.83 | | | | 28568.52 | 95430.63 | case rate | |
| INGUINAL & FEMORAL HERNIA PROCEDURES W CC | 351 | MS-DRG | | | | inpatient | | | | 30632.14 | Horizon | Medicare Blue | 26636.64 | | | | 17770.43 | 58514.4 | case rate | |
| INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC | 352 | MS-DRG | | | | inpatient | | | | 25561.75 | Horizon | Medicare Blue | 21792.83 | | | | 13023.38 | 41093.87 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC | 353 | MS-DRG | | | | inpatient | | | | 50431.32 | Horizon | Medicare Blue | 43853.32 | | | | 34643.19 | 115690.86 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC | 354 | MS-DRG | | | | inpatient | | | | 33357.04 | Horizon | Medicare Blue | 29006.12 | | | | 20092.58 | 67521.12 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC | 355 | MS-DRG | | | | inpatient | | | | 28257.9 | Horizon | Medicare Blue | 24572.09 | | | | 15747.12 | 52846.68 | case rate | |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC | 356 | MS-DRG | | | | inpatient | | | | 68802.7 | Horizon | Medicare Blue | 59915.39 | | | | 50384.4 | 155080.13 | case rate | |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC | 357 | MS-DRG | | | | inpatient | | | | 40992.58 | Horizon | Medicare Blue | 35645.72 | | | | 26599.54 | 83346.26 | case rate | |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC | 358 | MS-DRG | | | | inpatient | | | | 28561.44 | Horizon | Medicare Blue | 24836.03 | | | | 16005.79 | 52593.14 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS W MCC | 368 | MS-DRG | | | | inpatient | | | | 32925.99 | Horizon | Medicare Blue | 28631.29 | | | | 19725.24 | 75829.61 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS W CC | 369 | MS-DRG | | | | inpatient | | | | 23883.64 | Horizon | Medicare Blue | 20768.39 | | | | 12019.4 | 43250.96 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC | 370 | MS-DRG | | | | inpatient | | | | 19453.95 | Horizon | Medicare Blue | 16916.48 | | | | 8244.44 | 28993.9 | case rate | |
| MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC | 371 | MS-DRG | | | | inpatient | | | | 34007.08 | Horizon | Medicare Blue | 29571.37 | | | | 20646.54 | 67825.37 | case rate | |
| MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC | 372 | MS-DRG | | | | inpatient | | | | 24045.81 | Horizon | Medicare Blue | 20909.4 | | | | 12157.6 | 40504.87 | case rate | |
| MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC | 373 | MS-DRG | | | | inpatient | | | | 19833.72 | Horizon | Medicare Blue | 17246.71 | | | | 8568.08 | 29551.7 | case rate | |
| DIGESTIVE MALIGNANCY W MCC | 374 | MS-DRG | | | | inpatient | | | | 38043.84 | Horizon | Medicare Blue | 33951.17 | | | | 24938.84 | 80549.46 | case rate | |
| DIGESTIVE MALIGNANCY W CC | 375 | MS-DRG | | | | inpatient | | | | 26809.52 | Horizon | Medicare Blue | 23312.62 | | | | 14512.81 | 47069.75 | case rate | |
| DIGESTIVE MALIGNANCY W/O CC/MCC | 376 | MS-DRG | | | | inpatient | | | | 22018.07 | Horizon | Medicare Blue | 19146.15 | | | | 10429.57 | 35718.71 | case rate | |
| G.I. HEMORRHAGE W MCC | 377 | MS-DRG | | | | inpatient | | | | 34980.06 | Horizon | Medicare Blue | 30417.44 | | | | 21475.71 | 69775.72 | case rate | |
| G.I. HEMORRHAGE W CC | 378 | MS-DRG | | | | inpatient | | | | 23444.28 | Horizon | Medicare Blue | 20386.33 | | | | 11644.98 | 38628.63 | case rate | |
| G.I. HEMORRHAGE W/O CC/MCC | 379 | MS-DRG | | | | inpatient | | | | 19804.32 | Horizon | Medicare Blue | 16177.67 | | | | 7520.39 | 25479.37 | case rate | |
| COMPLICATED PEPTIC ULCER W MCC | 380 | MS-DRG | | | | inpatient | | | | 36450.62 | Horizon | Medicare Blue | 31696.19 | | | | 22728.91 | 75907.62 | case rate | |
| COMPLICATED PEPTIC ULCER W CC | 381 | MS-DRG | | | | inpatient | | | | 24874.64 | Horizon | Medicare Blue | 21630.12 | | | | 12863.93 | 42712.67 | case rate | |
| COMPLICATED PEPTIC ULCER W/O CC/MCC | 382 | MS-DRG | | | | inpatient | | | | 20164.97 | Horizon | Medicare Blue | 17534.76 | | | | 8850.37 | 29949.57 | case rate | |
| UNCOMPLICATED PEPTIC ULCER W MCC | 383 | MS-DRG | | | | inpatient | | | | 27301.55 | Horizon | Medicare Blue | 23740.48 | | | | 14932.12 | 52698.46 | case rate | |
| UNCOMPLICATED PEPTIC ULCER W/O MCC | 384 | MS-DRG | | | | inpatient | | | | 21832.35 | Horizon | Medicare Blue | 18984.65 | | | | 10271.3 | 33362.69 | case rate | |
| INFLAMMATORY BOWEL DISEASE W MCC | 385 | MS-DRG | | | | inpatient | | | | 32299.51 | Horizon | Medicare Blue | 28086.53 | | | | 19191.36 | 66229.99 | case rate | |
| INFLAMMATORY BOWEL DISEASE W CC | 386 | MS-DRG | | | | inpatient | | | | 23535.76 | Horizon | Medicare Blue | 20465.87 | | | | 11722.93 | 38230.76 | case rate | |
| INFLAMMATORY BOWEL DISEASE W/O CC/MCC | 387 | MS-DRG | | | | inpatient | | | | 19070.02 | Horizon | Medicare Blue | 16582.63 | | | | 7917.26 | 27176.18 | case rate | |
| G.I. OBSTRUCTION W MCC | 388 | MS-DRG | | | | inpatient | | | | 30152.58 | Horizon | Medicare Blue | 26219.63 | | | | 17361.75 | 59708.01 | case rate | |
| G.I. OBSTRUCTION W CC | 389 | MS-DRG | | | | inpatient | | | | 20889.86 | Horizon | Medicare Blue | 18165.09 | | | | 9468.11 | 32890.7 | case rate | |
| G.I. OBSTRUCTION W/O CC/MCC | 390 | MS-DRG | | | | inpatient | | | | 17363.84 | Horizon | Medicare Blue | 15098.99 | | | | 6463.26 | 23053.14 | case rate | |
| ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC | 391 | MS-DRG | | | | inpatient | | | | 27582.91 | Horizon | Medicare Blue | 23985.14 | | | | 15171.9 | 47647.05 | case rate | |
| ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC | 392 | MS-DRG | | | | inpatient | | | | 20594.64 | Horizon | Medicare Blue | 17908.38 | | | | 9216.53 | 29465.89 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC | 393 | MS-DRG | | | | inpatient | | | | 32731.95 | Horizon | Medicare Blue | 28462.56 | | | | 19559.88 | 63682.83 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES W CC | 394 | MS-DRG | | | | inpatient | | | | 22826.12 | Horizon | Medicare Blue | 19848.8 | | | | 11118.18 | 36709.49 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC | 395 | MS-DRG | | | | inpatient | | | | 19800.17 | Horizon | Medicare Blue | 16174.06 | | | | 7516.85 | 26388.24 | case rate | |
| APPENDIX PROCEDURES WITH MCC | 397 | MS-DRG | | | | inpatient | | | | 44122.19 | Horizon | Medicare Blue | 38367.12 | | | | 29266.58 | 42992.31 | case rate | |
| APPENDIX PROCEDURES WITH CC | 398 | MS-DRG | | | | inpatient | | | | 30752.72 | Horizon | Medicare Blue | 26741.5 | | | | 17873.19 | 26741.5 | case rate | |
| APPENDIX PROCEDURES WITHOUT CC/MCC | 399 | MS-DRG | | | | inpatient | | | | 25355.59 | Horizon | Medicare Blue | 22048.34 | | | | 13273.79 | 22048.34 | case rate | |
| PANCREAS, LIVER & SHUNT PROCEDURES W MCC | 405 | MS-DRG | | | | inpatient | | | | 85022.02 | Horizon | Medicare Blue | 73932.19 | | | | 64121.2 | 209822.55 | case rate | |
| PANCREAS, LIVER & SHUNT PROCEDURES W CC | 406 | MS-DRG | | | | inpatient | | | | 48704.35 | Horizon | Medicare Blue | 42351.61 | | | | 33171.47 | 110491.23 | case rate | |
| PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC | 407 | MS-DRG | | | | inpatient | | | | 39382.03 | Horizon | Medicare Blue | 34245.24 | | | | 25227.04 | 78279.25 | case rate | |
| BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC | 408 | MS-DRG | | | | inpatient | | | | 58308.03 | Horizon | Medicare Blue | 50702.63 | | | | 41355.67 | 157841.83 | case rate | |
| BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC | 409 | MS-DRG | | | | inpatient | | | | 38837.33 | Horizon | Medicare Blue | 33771.59 | | | | 24762.85 | 90601.56 | case rate | |
| BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC | 410 | MS-DRG | | | | inpatient | | | | 31278.02 | Horizon | Medicare Blue | 27198.28 | | | | 18320.85 | 64462.97 | case rate | |
| CHOLECYSTECTOMY W C.D.E. W MCC | 411 | MS-DRG | | | | inpatient | | | | 47387.64 | Horizon | Medicare Blue | 41206.64 | | | | 10482 | 159953.89 | case rate | |
| CHOLECYSTECTOMY W C.D.E. W CC | 412 | MS-DRG | | | | inpatient | | | | 39323.82 | Horizon | Medicare Blue | 34194.63 | | | | 11647 | 92910.77 | case rate | |
| CHOLECYSTECTOMY W C.D.E. W/O CC/MCC | 413 | MS-DRG | | | | inpatient | | | | 32822.04 | Horizon | Medicare Blue | 28540.9 | | | | 15908 | 65773.6 | case rate | |
| CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC | 414 | MS-DRG | | | | inpatient | | | | 58342.68 | Horizon | Medicare Blue | 50732.76 | | | | 28270 | 139535.84 | case rate | |
| CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC | 415 | MS-DRG | | | | inpatient | | | | 37196.29 | Horizon | Medicare Blue | 32344.6 | | | | 23364.37 | 78747.39 | case rate | |
| CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC | 416 | MS-DRG | | | | inpatient | | | | 28770.72 | Horizon | Medicare Blue | 25018.02 | | | | 16184.14 | 54340.65 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC | 417 | MS-DRG | | | | inpatient | | | | 42718.16 | Horizon | Medicare Blue | 37146.23 | | | | 28070.08 | 94529.56 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC | 418 | MS-DRG | | | | inpatient | | | | 32765.21 | Horizon | Medicare Blue | 28491.49 | | | | 19588.22 | 64915.45 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC | 419 | MS-DRG | | | | inpatient | | | | 28041.68 | Horizon | Medicare Blue | 24384.07 | | | | 15562.86 | 52872.93 | case rate | |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC | 420 | MS-DRG | | | | inpatient | | | | 58688.88 | Horizon | Medicare Blue | 51042.51 | | | | 41688.76 | 137211.02 | case rate | |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC | 421 | MS-DRG | | | | inpatient | | | | 32476.92 | Horizon | Medicare Blue | 28240.8 | | | | 8253 | 69397.35 | case rate | |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC | 422 | MS-DRG | | | | inpatient | | | | 30145.65 | Horizon | Medicare Blue | 26213.61 | | | | 10272 | 58806.95 | case rate | |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC | 423 | MS-DRG | | | | inpatient | | | | 66154.24 | Horizon | Medicare Blue | 57525.43 | | | | 16017 | 153921.62 | case rate | |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC | 424 | MS-DRG | | | | inpatient | | | | 41426.4 | Horizon | Medicare Blue | 36022.96 | | | | 26969.24 | 85468.24 | case rate | |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC | 425 | MS-DRG | | | | inpatient | | | | 31204.56 | Horizon | Medicare Blue | 27134.4 | | | | 18258.25 | 58233.55 | case rate | |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC | 432 | MS-DRG | | | | inpatient | | | | 36932.95 | Horizon | Medicare Blue | 32115.61 | | | | 13893 | 71226.78 | case rate | |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W CC | 433 | MS-DRG | | | | inpatient | | | | 24607.14 | Horizon | Medicare Blue | 21397.52 | | | | 12635.96 | 40096.3 | case rate | |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC | 434 | MS-DRG | | | | inpatient | | | | 19433.16 | Horizon | Medicare Blue | 16898.4 | | | | 8226.72 | 53360.86 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC | 435 | MS-DRG | | | | inpatient | | | | 35068.76 | Horizon | Medicare Blue | 30494.58 | | | | 21551.3 | 66222.18 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC | 436 | MS-DRG | | | | inpatient | | | | 25409.64 | Horizon | Medicare Blue | 22095.34 | | | | 13319.85 | 44308.05 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC | 437 | MS-DRG | | | | inpatient | | | | 20662.55 | Horizon | Medicare Blue | 17967.44 | | | | 9274.41 | 33772.26 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC | 438 | MS-DRG | | | | inpatient | | | | 32838.67 | Horizon | Medicare Blue | 28555.36 | | | | 19650.83 | 63901.27 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC | 439 | MS-DRG | | | | inpatient | | | | 21702.06 | Horizon | Medicare Blue | 18871.36 | | | | 10160.27 | 33635.74 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC | 440 | MS-DRG | | | | inpatient | | | | 18304.95 | Horizon | Medicare Blue | 15917.34 | | | | 7265.27 | 24235.55 | case rate | |
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC | 441 | MS-DRG | | | | inpatient | | | | 35980.76 | Horizon | Medicare Blue | 31287.62 | | | | 11778 | 72443.8 | case rate | |
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC | 442 | MS-DRG | | | | inpatient | | | | 23171.23 | Horizon | Medicare Blue | 20148.9 | | | | 11412.29 | 36623.67 | case rate | |
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC | 443 | MS-DRG | | | | inpatient | | | | 19519.09 | Horizon | Medicare Blue | 16973.12 | | | | 8299.96 | 27141.07 | case rate | |
| DISORDERS OF THE BILIARY TRACT W MCC | 444 | MS-DRG | | | | inpatient | | | | 33125.57 | Horizon | Medicare Blue | 28804.85 | | | | 19895.32 | 62836.38 | case rate | |
| DISORDERS OF THE BILIARY TRACT W CC | 445 | MS-DRG | | | | inpatient | | | | 24810.89 | Horizon | Medicare Blue | 21574.68 | | | | 12809.59 | 41643.87 | case rate | |
| DISORDERS OF THE BILIARY TRACT W/O CC/MCC | 446 | MS-DRG | | | | inpatient | | | | 20830.26 | Horizon | Medicare Blue | 18113.27 | | | | 9417.32 | 31010.57 | case rate | |
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC | 453 | MS-DRG | | | | inpatient | | | | 132599.66 | Horizon | Medicare Blue | 115304.05 | | | | 17717 | 370445.58 | case rate | |
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC | 454 | MS-DRG | | | | inpatient | | | | 94552.24 | Horizon | Medicare Blue | 82219.34 | | | | 36879 | 247179.56 | case rate | |
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC | 455 | MS-DRG | | | | inpatient | | | | 73613.76 | Horizon | Medicare Blue | 64011.96 | | | | 54399.14 | 195035 | case rate | |
| SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC | 456 | MS-DRG | | | | inpatient | | | | 127163.72 | Horizon | Medicare Blue | 110577.15 | | | | 100034.13 | 359946.68 | case rate | |
| SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC | 457 | MS-DRG | | | | inpatient | | | | 89328.36 | Horizon | Medicare Blue | 77676.84 | | | | 67791.04 | 255285.21 | case rate | |
| SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC | 458 | MS-DRG | | | | inpatient | | | | 69627.59 | Horizon | Medicare Blue | 60545.73 | | | | 51002.14 | 199762.65 | case rate | |
| SPINAL FUSION EXCEPT CERVICAL W MCC | 459 | MS-DRG | | | | inpatient | | | | 101704.07 | Horizon | Medicare Blue | 88438.32 | | | | 78337.54 | 249051.89 | case rate | |
| SPINAL FUSION EXCEPT CERVICAL W/O MCC | 460 | MS-DRG | | | | inpatient | | | | 60478.52 | Horizon | Medicare Blue | 52590.02 | | | | 43205.36 | 157490.76 | case rate | |
| BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC | 461 | MS-DRG | | | | inpatient | | | | 92812.8 | Horizon | Medicare Blue | 80706.78 | | | | 9917 | 174848.88 | case rate | |
| BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC | 462 | MS-DRG | | | | inpatient | | | | 49472.2 | Horizon | Medicare Blue | 43019.3 | | | | 11315 | 124592.26 | case rate | |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC | 463 | MS-DRG | | | | inpatient | | | | 84638.1 | Horizon | Medicare Blue | 73598.35 | | | | 15756 | 200180.02 | case rate | |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC | 464 | MS-DRG | | | | inpatient | | | | 50647.54 | Horizon | Medicare Blue | 44041.34 | | | | 34827.45 | 114836.61 | case rate | |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC | 465 | MS-DRG | | | | inpatient | | | | 33842.14 | Horizon | Medicare Blue | 29427.95 | | | | 20505.98 | 71671.46 | case rate | |
| REVISION OF HIP OR KNEE REPLACEMENT W MCC | 466 | MS-DRG | | | | inpatient | | | | 80391.36 | Horizon | Medicare Blue | 69905.53 | | | | 60174.97 | 199450.59 | case rate | |
| REVISION OF HIP OR KNEE REPLACEMENT W CC | 467 | MS-DRG | | | | inpatient | | | | 57253.27 | Horizon | Medicare Blue | 49785.45 | | | | 40456.82 | 153369.89 | case rate | |
| REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC | 468 | MS-DRG | | | | inpatient | | | | 46138.84 | Horizon | Medicare Blue | 40120.73 | | | | 30985.16 | 108884.14 | case rate | |
| MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP | 469 | MS-DRG | | | | inpatient | | | | 55084.16 | Horizon | Medicare Blue | 47899.27 | | | | 38608.32 | 123816.02 | case rate | |
| MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC | 470 | MS-DRG | | | | inpatient | | | | 35912.84 | Horizon | Medicare Blue | 31228.56 | | | | 22270.62 | 77616.13 | case rate | |
| CERVICAL SPINAL FUSION W MCC | 471 | MS-DRG | | | | inpatient | | | | 77102.35 | Horizon | Medicare Blue | 67045.52 | | | | 8282 | 195452.37 | case rate | |
| CERVICAL SPINAL FUSION W CC | 472 | MS-DRG | | | | inpatient | | | | 49935.13 | Horizon | Medicare Blue | 43421.85 | | | | 8991 | 116945.83 | case rate | |
| CERVICAL SPINAL FUSION W/O CC/MCC | 473 | MS-DRG | | | | inpatient | | | | 42592.04 | Horizon | Medicare Blue | 37036.55 | | | | 11229 | 92559.71 | case rate | |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC | 474 | MS-DRG | | | | inpatient | | | | 71938.07 | Horizon | Medicare Blue | 62554.84 | | | | 22321 | 148035.47 | case rate | |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC | 475 | MS-DRG | | | | inpatient | | | | 39680.02 | Horizon | Medicare Blue | 34504.37 | | | | 25480.99 | 83818.24 | case rate | |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC | 476 | MS-DRG | | | | inpatient | | | | 25890.29 | Horizon | Medicare Blue | 22521.99 | | | | 13737.98 | 44885.35 | case rate | |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC | 477 | MS-DRG | | | | inpatient | | | | 57444.54 | Horizon | Medicare Blue | 49951.78 | | | | 40619.82 | 122419.57 | case rate | |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC | 478 | MS-DRG | | | | inpatient | | | | 42192.86 | Horizon | Medicare Blue | 36689.45 | | | | 27622.42 | 88904.75 | case rate | |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC | 479 | MS-DRG | | | | inpatient | | | | 34382.39 | Horizon | Medicare Blue | 29906.42 | | | | 20974.9 | 70134.59 | case rate | |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC | 480 | MS-DRG | | | | inpatient | | | | 50542.2 | Horizon | Medicare Blue | 43949.74 | | | | 34737.68 | 118206.81 | case rate | |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC | 481 | MS-DRG | | | | inpatient | | | | 38537.95 | Horizon | Medicare Blue | 33511.26 | | | | 8360 | 80444.14 | case rate | |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC | 482 | MS-DRG | | | | inpatient | | | | 31767.28 | Horizon | Medicare Blue | 27623.72 | | | | 9385 | 64927.15 | case rate | |
| MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES | 483 | MS-DRG | | | | inpatient | | | | 45997.95 | Horizon | Medicare Blue | 39216.8 | | | | 13093 | 92973.18 | case rate | |
| KNEE PROCEDURES W PDX OF INFECTION W MCC | 485 | MS-DRG | | | | inpatient | | | | 54399.47 | Horizon | Medicare Blue | 47303.89 | | | | 38024.83 | 128883.03 | case rate | |
| KNEE PROCEDURES W PDX OF INFECTION W CC | 486 | MS-DRG | | | | inpatient | | | | 39175.52 | Horizon | Medicare Blue | 34065.67 | | | | 25051.05 | 86533.13 | case rate | |
| KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC | 487 | MS-DRG | | | | inpatient | | | | 31681.35 | Horizon | Medicare Blue | 27549 | | | | 18664.56 | 64369.35 | case rate | |
| KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC | 488 | MS-DRG | | | | inpatient | | | | 37020.27 | Horizon | Medicare Blue | 32191.54 | | | | 23214.36 | 82402.29 | case rate | |
| KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC | 489 | MS-DRG | | | | inpatient | | | | 26943.96 | Horizon | Medicare Blue | 23429.53 | | | | 14627.39 | 50607.68 | case rate | |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC | 492 | MS-DRG | | | | inpatient | | | | 58999.65 | Horizon | Medicare Blue | 51304.04 | | | | 27633 | 132253.23 | case rate | |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC | 493 | MS-DRG | | | | inpatient | | | | 43057.74 | Horizon | Medicare Blue | 37441.51 | | | | 28359.46 | 87613.62 | case rate | |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC | 496 | MS-DRG | | | | inpatient | | | | 37125.6 | Horizon | Medicare Blue | 32283.13 | | | | 23304.13 | 76488.83 | case rate | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC | 497 | MS-DRG | | | | inpatient | | | | 28388.18 | Horizon | Medicare Blue | 24685.38 | | | | 15858.15 | 55975.05 | case rate | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC | 498 | MS-DRG | | | | inpatient | | | | 44775 | Horizon | Medicare Blue | 38934.79 | | | | 29822.91 | 88857.95 | case rate | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC | 499 | MS-DRG | | | | inpatient | | | | 25007.7 | Horizon | Medicare Blue | 21745.83 | | | | 12977.32 | 43656.63 | case rate | |
| SOFT TISSUE PROCEDURES W MCC | 500 | MS-DRG | | | | inpatient | | | | 53696.15 | Horizon | Medicare Blue | 46694.04 | | | | 37427.16 | 119673.48 | case rate | |
| SOFT TISSUE PROCEDURES W CC | 501 | MS-DRG | | | | inpatient | | | | 34515.74 | Horizon | Medicare Blue | 30013.69 | | | | 8902 | 65820.41 | case rate | |
| SOFT TISSUE PROCEDURES W/O CC/MCC | 502 | MS-DRG | | | | inpatient | | | | 29144.95 | Horizon | Medicare Blue | 25343.43 | | | | 16503.06 | 50361.94 | case rate | |
| FOOT PROCEDURES W MCC | 503 | MS-DRG | | | | inpatient | | | | 46461.78 | Horizon | Medicare Blue | 40401.55 | | | | 27418 | 99943.74 | case rate | |
| FOOT PROCEDURES W CC | 504 | MS-DRG | | | | inpatient | | | | 34104.1 | Horizon | Medicare Blue | 29655.74 | | | | 20729.22 | 67462.61 | case rate | |
| FOOT PROCEDURES W/O CC/MCC | 505 | MS-DRG | | | | inpatient | | | | 34104.1 | Horizon | Medicare Blue | 29655.74 | | | | 20729.22 | 61623.26 | case rate | |
| MAJOR THUMB OR JOINT PROCEDURES | 506 | MS-DRG | | | | inpatient | | | | 30557.29 | Horizon | Medicare Blue | 26571.56 | | | | 17706.65 | 55011.57 | case rate | |
| MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC | 507 | MS-DRG | | | | inpatient | | | | 36943.27 | Horizon | Medicare Blue | 31863.71 | | | | 22893.09 | 75771.1 | case rate | |
| MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC | 508 | MS-DRG | | | | inpatient | | | | 26986.93 | Horizon | Medicare Blue | 23466.89 | | | | 14864 | 56458.73 | case rate | |
| ARTHROSCOPY | 509 | MS-DRG | | | | inpatient | | | | 34127.66 | Horizon | Medicare Blue | 29676.23 | | | | 20749.3 | 65153.39 | case rate | |
| SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC | 510 | MS-DRG | | | | inpatient | | | | 45393.2 | Horizon | Medicare Blue | 42950.61 | | | | 33758.51 | 106982.73 | case rate | |
| SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC | 511 | MS-DRG | | | | inpatient | | | | 36962.05 | Horizon | Medicare Blue | 32140.92 | | | | 7655 | 72357.63 | case rate | |
| SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC | 512 | MS-DRG | | | | inpatient | | | | 32063.89 | Horizon | Medicare Blue | 27881.64 | | | | 10564 | 59372.55 | case rate | |
| HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC | 513 | MS-DRG | | | | inpatient | | | | 30647.38 | Horizon | Medicare Blue | 26649.9 | | | | 17783.42 | 63955.88 | case rate | |
| HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC | 514 | MS-DRG | | | | inpatient | | | | 23911.36 | Horizon | Medicare Blue | 20792.49 | | | | 12043.03 | 40660.37 | case rate | |
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC | 515 | MS-DRG | | | | inpatient | | | | 52640.62 | Horizon | Medicare Blue | 45774.46 | | | | 36525.94 | 120219.57 | case rate | |
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC | 516 | MS-DRG | | | | inpatient | | | | 37661.99 | Horizon | Medicare Blue | 32749.56 | | | | 23761.23 | 73543.8 | case rate | |
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC | 517 | MS-DRG | | | | inpatient | | | | 30468.59 | Horizon | Medicare Blue | 26494.42 | | | | 17631.06 | 53864.77 | case rate | |
| BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM | 518 | MS-DRG | | | | inpatient | | | | 59454.26 | Horizon | Medicare Blue | 51699.36 | | | | 42332.49 | 120929.5 | case rate | |
| BACK & NECK PROC EXC SPINAL FUSION W CC | 519 | MS-DRG | | | | inpatient | | | | 37110.36 | Horizon | Medicare Blue | 32269.88 | | | | 23291.14 | 72531.03 | case rate | |
| BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC | 520 | MS-DRG | | | | inpatient | | | | 29643.91 | Horizon | Medicare Blue | 25777.31 | | | | 16928.27 | 51259.1 | case rate | |
| HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITH MCC | 521 | MS-DRG | | | | inpatient | | | | 50177.68 | Horizon | Medicare Blue | 43632.77 | | | | 7692 | 50572.96 | case rate | |
| HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC | 522 | MS-DRG | | | | inpatient | | | | 38998.11 | Horizon | Medicare Blue | 33911.4 | | | | 9003 | 36577.64 | case rate | |
| FRACTURES OF FEMUR W MCC | 533 | MS-DRG | | | | inpatient | | | | 35914.88 | Horizon | Medicare Blue | 26982.51 | | | | 12781 | 59700.21 | case rate | |
| FRACTURES OF FEMUR W/O MCC | 534 | MS-DRG | | | | inpatient | | | | 21061.72 | Horizon | Medicare Blue | 18314.54 | | | | 9614.58 | 34640.29 | case rate | |
| FRACTURES OF HIP & PELVIS W MCC | 535 | MS-DRG | | | | inpatient | | | | 28212.16 | Horizon | Medicare Blue | 24532.31 | | | | 15708.14 | 48945.98 | case rate | |
| FRACTURES OF HIP & PELVIS W/O MCC | 536 | MS-DRG | | | | inpatient | | | | 21018.76 | Horizon | Medicare Blue | 18277.18 | | | | 9577.96 | 29528.3 | case rate | |
| SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC | 537 | MS-DRG | | | | inpatient | | | | 22517.04 | Horizon | Medicare Blue | 19580.03 | | | | 10854.79 | 35515.87 | case rate | |
| SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC | 538 | MS-DRG | | | | inpatient | | | | 19086.66 | Horizon | Medicare Blue | 16597.09 | | | | 7931.44 | 28358.09 | case rate | |
| OSTEOMYELITIS W MCC | 539 | MS-DRG | | | | inpatient | | | | 37810.29 | Horizon | Medicare Blue | 32878.52 | | | | 23887.62 | 78762.93 | case rate | |
| OSTEOMYELITIS W CC | 540 | MS-DRG | | | | inpatient | | | | 27715.97 | Horizon | Medicare Blue | 24100.84 | | | | 15286.29 | 50588.18 | case rate | |
| OSTEOMYELITIS W/O CC/MCC | 541 | MS-DRG | | | | inpatient | | | | 21905.81 | Horizon | Medicare Blue | 19048.53 | | | | 7723 | 34431.48 | case rate | |
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC | 542 | MS-DRG | | | | inpatient | | | | 35630.1 | Horizon | Medicare Blue | 30982.69 | | | | 8903 | 71199.48 | case rate | |
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC | 543 | MS-DRG | | | | inpatient | | | | 24483.79 | Horizon | Medicare Blue | 21290.25 | | | | 10889 | 41835.01 | case rate | |
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC | 544 | MS-DRG | | | | inpatient | | | | 20253.68 | Horizon | Medicare Blue | 17611.89 | | | | 8925.97 | 31143.19 | case rate | |
| CONNECTIVE TISSUE DISORDERS W MCC | 545 | MS-DRG | | | | inpatient | | | | 44802.73 | Horizon | Medicare Blue | 38955.89 | | | | 29846.53 | 96702.25 | case rate | |
| CONNECTIVE TISSUE DISORDERS W CC | 546 | MS-DRG | | | | inpatient | | | | 25825.45 | Horizon | Medicare Blue | 22456.91 | | | | 13674.2 | 47370.1 | case rate | |
| CONNECTIVE TISSUE DISORDERS W/O CC/MCC | 547 | MS-DRG | | | | inpatient | | | | 20122.01 | Horizon | Medicare Blue | 17497.4 | | | | 8813.76 | 33452.4 | case rate | |
| SEPTIC ARTHRITIS W MCC | 548 | MS-DRG | | | | inpatient | | | | 37702.19 | Horizon | Medicare Blue | 32784.51 | | | | 23795.49 | 80635.27 | case rate | |
| SEPTIC ARTHRITIS W CC | 549 | MS-DRG | | | | inpatient | | | | 26482.42 | Horizon | Medicare Blue | 23028.19 | | | | 14234.06 | 48532.51 | case rate | |
| SEPTIC ARTHRITIS W/O CC/MCC | 550 | MS-DRG | | | | inpatient | | | | 21728.4 | Horizon | Medicare Blue | 18894.26 | | | | 10182.71 | 36034.67 | case rate | |
| MEDICAL BACK PROBLEMS W MCC | 551 | MS-DRG | | | | inpatient | | | | 33430.5 | Horizon | Medicare Blue | 29070 | | | | 9165 | 62083.54 | case rate | |
| MEDICAL BACK PROBLEMS W/O MCC | 552 | MS-DRG | | | | inpatient | | | | 23137.97 | Horizon | Medicare Blue | 20119.97 | | | | 11383.94 | 35145.31 | case rate | |
| BONE DISEASES & ARTHROPATHIES W MCC | 553 | MS-DRG | | | | inpatient | | | | 27880.9 | Horizon | Medicare Blue | 24244.26 | | | | 15425.85 | 48275.06 | case rate | |
| BONE DISEASES & ARTHROPATHIES W/O MCC | 554 | MS-DRG | | | | inpatient | | | | 21347.24 | Horizon | Medicare Blue | 18562.82 | | | | 9857.89 | 47368.4 | case rate | |
| SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC | 555 | MS-DRG | | | | inpatient | | | | 28443.62 | Horizon | Medicare Blue | 24733.59 | | | | 15906.39 | 49897.75 | case rate | |
| SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC | 556 | MS-DRG | | | | inpatient | | | | 21096.37 | Horizon | Medicare Blue | 18344.67 | | | | 9644.11 | 29945.67 | case rate | |
| TENDONITIS, MYOSITIS & BURSITIS W MCC | 557 | MS-DRG | | | | inpatient | | | | 31258.61 | Horizon | Medicare Blue | 27181.4 | | | | 18304.31 | 56873.63 | case rate | |
| TENDONITIS, MYOSITIS & BURSITIS W/O MCC | 558 | MS-DRG | | | | inpatient | | | | 21751.96 | Horizon | Medicare Blue | 18914.75 | | | | 10202.79 | 33682.54 | case rate | |
| AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC | 559 | MS-DRG | | | | inpatient | | | | 35508.13 | Horizon | Medicare Blue | 30876.63 | | | | 21925.72 | 70161.89 | case rate | |
| AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC | 560 | MS-DRG | | | | inpatient | | | | 25562.11 | Horizon | Medicare Blue | 22227.92 | | | | 13449.78 | 39863.45 | case rate | |
| AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC | 561 | MS-DRG | | | | inpatient | | | | 21111.62 | Horizon | Medicare Blue | 18357.93 | | | | 9211 | 29493.19 | case rate | |
| FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC | 562 | MS-DRG | | | | inpatient | | | | 30063.87 | Horizon | Medicare Blue | 26142.5 | | | | 12927 | 54925.76 | case rate | |
| FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC | 563 | MS-DRG | | | | inpatient | | | | 22167.76 | Horizon | Medicare Blue | 19276.31 | | | | 10557.14 | 32691.77 | case rate | |
| OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC | 564 | MS-DRG | | | | inpatient | | | | 31528.89 | Horizon | Medicare Blue | 27416.42 | | | | 18534.64 | 61326.81 | case rate | |
| OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC | 565 | MS-DRG | | | | inpatient | | | | 23912.75 | Horizon | Medicare Blue | 20793.7 | | | | 12044.21 | 38063.03 | case rate | |
| OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC | 566 | MS-DRG | | | | inpatient | | | | 20148.34 | Horizon | Medicare Blue | 17520.3 | | | | 8836.2 | 29735.04 | case rate | |
| SKIN DEBRIDEMENT W MCC | 570 | MS-DRG | | | | inpatient | | | | 51501.32 | Horizon | Medicare Blue | 44783.76 | | | | 35555.04 | 118374.54 | case rate | |
| SKIN DEBRIDEMENT W CC | 571 | MS-DRG | | | | inpatient | | | | 32985.59 | Horizon | Medicare Blue | 28683.12 | | | | 9078 | 66425.02 | case rate | |
| SKIN DEBRIDEMENT W/O CC/MCC | 572 | MS-DRG | | | | inpatient | | | | 25613.39 | Horizon | Medicare Blue | 22272.51 | | | | 11401 | 45973.65 | case rate | |
| SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC | 573 | MS-DRG | | | | inpatient | | | | 95132.98 | Horizon | Medicare Blue | 82724.33 | | | | 16091 | 204845.26 | case rate | |
| SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC | 574 | MS-DRG | | | | inpatient | | | | 57803.52 | Horizon | Medicare Blue | 50263.93 | | | | 36864 | 118811.42 | case rate | |
| SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC | 575 | MS-DRG | | | | inpatient | | | | 37454.09 | Horizon | Medicare Blue | 32568.77 | | | | 23584.06 | 68597.71 | case rate | |
| SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC | 576 | MS-DRG | | | | inpatient | | | | 84598.1 | Horizon | Medicare Blue | 73529.65 | | | | 63726.69 | 190381.46 | case rate | |
| SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC | 577 | MS-DRG | | | | inpatient | | | | 46686.32 | Horizon | Medicare Blue | 40596.8 | | | | 31451.72 | 97876.36 | case rate | |
| SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC | 578 | MS-DRG | | | | inpatient | | | | 33208.73 | Horizon | Medicare Blue | 28877.16 | | | | 19966.19 | 59669.01 | case rate | |
| OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC | 579 | MS-DRG | | | | inpatient | | | | 54955.26 | Horizon | Medicare Blue | 47787.19 | | | | 38498.47 | 109133.78 | case rate | |
| OTHER SKIN, SUBCUT TISS & BREAST PROC W CC | 580 | MS-DRG | | | | inpatient | | | | 34353.58 | Horizon | Medicare Blue | 29872.68 | | | | 20941.82 | 62013.33 | case rate | |
| OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC | 581 | MS-DRG | | | | inpatient | | | | 29727.07 | Horizon | Medicare Blue | 25849.63 | | | | 8609 | 48228.25 | case rate | |
| MASTECTOMY FOR MALIGNANCY W CC/MCC | 582 | MS-DRG | | | | inpatient | | | | 34051.43 | Horizon | Medicare Blue | 29609.94 | | | | 10681 | 61221.49 | case rate | |
| MASTECTOMY FOR MALIGNANCY W/O CC/MCC | 583 | MS-DRG | | | | inpatient | | | | 32547.61 | Horizon | Medicare Blue | 28302.27 | | | | 14701 | 53755.55 | case rate | |
| BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC | 584 | MS-DRG | | | | inpatient | | | | 38156.8 | Horizon | Medicare Blue | 33179.82 | | | | 24182.91 | 72997.7 | case rate | |
| BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC | 585 | MS-DRG | | | | inpatient | | | | 37293.31 | Horizon | Medicare Blue | 32428.97 | | | | 23447.05 | 61073.26 | case rate | |
| SKIN ULCERS W MCC | 592 | MS-DRG | | | | inpatient | | | | 38280.15 | Horizon | Medicare Blue | 33287.09 | | | | 24288.03 | 66631.76 | case rate | |
| SKIN ULCERS W CC | 593 | MS-DRG | | | | inpatient | | | | 26726.36 | Horizon | Medicare Blue | 23240.31 | | | | 14441.95 | 44054.51 | case rate | |
| SKIN ULCERS W/O CC/MCC | 594 | MS-DRG | | | | inpatient | | | | 21542.67 | Horizon | Medicare Blue | 18732.76 | | | | 10024.44 | 31603.47 | case rate | |
| MAJOR SKIN DISORDERS W MCC | 595 | MS-DRG | | | | inpatient | | | | 39095.13 | Horizon | Medicare Blue | 33995.76 | | | | 24982.55 | 77503.01 | case rate | |
| MAJOR SKIN DISORDERS W/O MCC | 596 | MS-DRG | | | | inpatient | | | | 24763.76 | Horizon | Medicare Blue | 21533.71 | | | | 12769.43 | 39455.58 | case rate | |
| MALIGNANT BREAST DISORDERS W MCC | 597 | MS-DRG | | | | inpatient | | | | 34127.66 | Horizon | Medicare Blue | 29676.23 | | | | 20749.3 | 67092.04 | case rate | |
| MALIGNANT BREAST DISORDERS W CC | 598 | MS-DRG | | | | inpatient | | | | 24482.4 | Horizon | Medicare Blue | 21289.04 | | | | 12529.66 | 45337.84 | case rate | |
| MALIGNANT BREAST DISORDERS W/O CC/MCC | 599 | MS-DRG | | | | inpatient | | | | 21628.6 | Horizon | Medicare Blue | 18807.48 | | | | 10097.67 | 27944.61 | case rate | |
| NON-MALIGNANT BREAST DISORDERS W CC/MCC | 600 | MS-DRG | | | | inpatient | | | | 23038.18 | Horizon | Medicare Blue | 20033.2 | | | | 11298.9 | 37290.69 | case rate | |
| NON-MALIGNANT BREAST DISORDERS W/O CC/MCC | 601 | MS-DRG | | | | inpatient | | | | 18088.73 | Horizon | Medicare Blue | 15729.33 | | | | 7681.01 | 24153.13 | case rate | |
| CELLULITIS W MCC | 602 | MS-DRG | | | | inpatient | | | | 30142.88 | Horizon | Medicare Blue | 26211.2 | | | | 17353.49 | 56326.11 | case rate | |
| CELLULITIS W/O MCC | 603 | MS-DRG | | | | inpatient | | | | 21987.58 | Horizon | Medicare Blue | 19119.63 | | | | 10403.59 | 33066.23 | case rate | |
| TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC | 604 | MS-DRG | | | | inpatient | | | | 30371.57 | Horizon | Medicare Blue | 26410.06 | | | | 17548.38 | 56265.12 | case rate | |
| TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC | 605 | MS-DRG | | | | inpatient | | | | 22582.18 | Horizon | Medicare Blue | 19636.68 | | | | 10910.3 | 33565.52 | case rate | |
| MINOR SKIN DISORDERS W MCC | 606 | MS-DRG | | | | inpatient | | | | 32098.54 | Horizon | Medicare Blue | 27911.77 | | | | 19020.09 | 53860.87 | case rate | |
| MINOR SKIN DISORDERS W/O MCC | 607 | MS-DRG | | | | inpatient | | | | 21757.5 | Horizon | Medicare Blue | 18919.57 | | | | 10207.52 | 31244.61 | case rate | |
| ADRENAL & PITUITARY PROCEDURES W CC/MCC | 614 | MS-DRG | | | | inpatient | | | | 41366.8 | Horizon | Medicare Blue | 35971.13 | | | | 26918.45 | 92196.95 | case rate | |
| ADRENAL & PITUITARY PROCEDURES W/O CC/MCC | 615 | MS-DRG | | | | inpatient | | | | 29641.14 | Horizon | Medicare Blue | 25774.9 | | | | 16925.91 | 57777.17 | case rate | |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC | 616 | MS-DRG | | | | inpatient | | | | 63348.95 | Horizon | Medicare Blue | 55086.05 | | | | 45651.52 | 161301.75 | case rate | |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC | 617 | MS-DRG | | | | inpatient | | | | 36501.8 | Horizon | Medicare Blue | 31784.17 | | | | 22815.13 | 80884.92 | case rate | |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC | 618 | MS-DRG | | | | inpatient | | | | 27036.82 | Horizon | Medicare Blue | 23510.28 | | | | 14706.52 | 45220.82 | case rate | |
| O.R. PROCEDURES FOR OBESITY W MCC | 619 | MS-DRG | | | | inpatient | | | | 47569.21 | Horizon | Medicare Blue | 41364.53 | | | | 32204.11 | 113927.74 | case rate | |
| O.R. PROCEDURES FOR OBESITY W CC | 620 | MS-DRG | | | | inpatient | | | | 31914.2 | Horizon | Medicare Blue | 27751.48 | | | | 18863 | 70587.07 | case rate | |
| O.R. PROCEDURES FOR OBESITY W/O CC/MCC | 621 | MS-DRG | | | | inpatient | | | | 30040.31 | Horizon | Medicare Blue | 26122.01 | | | | 17266.08 | 61564.75 | case rate | |
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC | 622 | MS-DRG | | | | inpatient | | | | 61644.16 | Horizon | Medicare Blue | 53603.62 | | | | 44198.71 | 148148.59 | case rate | |
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC | 623 | MS-DRG | | | | inpatient | | | | 36291.22 | Horizon | Medicare Blue | 31557.59 | | | | 22593.08 | 75018.26 | case rate | |
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC | 624 | MS-DRG | | | | inpatient | | | | 23582.88 | Horizon | Medicare Blue | 20506.85 | | | | 11763.09 | 50553.07 | case rate | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC | 625 | MS-DRG | | | | inpatient | | | | 49517.94 | Horizon | Medicare Blue | 43059.08 | | | | 33864.81 | 108568.18 | case rate | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC | 626 | MS-DRG | | | | inpatient | | | | 30698.67 | Horizon | Medicare Blue | 26694.49 | | | | 17827.13 | 62824.67 | case rate | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC | 627 | MS-DRG | | | | inpatient | | | | 27338.97 | Horizon | Medicare Blue | 23773.02 | | | | 14964.01 | 42322.6 | case rate | |
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC | 628 | MS-DRG | | | | inpatient | | | | 64467.46 | Horizon | Medicare Blue | 56058.66 | | | | 46604.71 | 143360.73 | case rate | |
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC | 629 | MS-DRG | | | | inpatient | | | | 40952.38 | Horizon | Medicare Blue | 35610.77 | | | | 26565.29 | 91225.67 | case rate | |
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC | 630 | MS-DRG | | | | inpatient | | | | 29201.77 | Horizon | Medicare Blue | 25382.85 | | | | 16551.48 | 59856.24 | case rate | |
| DIABETES W MCC | 637 | MS-DRG | | | | inpatient | | | | 29964.08 | Horizon | Medicare Blue | 26055.72 | | | | 17201.12 | 53880.37 | case rate | |
| DIABETES W CC | 638 | MS-DRG | | | | inpatient | | | | 22452.09 | Horizon | Medicare Blue | 19558.34 | | | | 10833.53 | 34021.91 | case rate | |
| DIABETES W/O CC/MCC | 639 | MS-DRG | | | | inpatient | | | | 19464.34 | Horizon | Medicare Blue | 16955.95 | | | | 7401.1 | 24648.52 | case rate | |
| MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC | 640 | MS-DRG | | | | inpatient | | | | 28185.83 | Horizon | Medicare Blue | 24509.41 | | | | 15685.7 | 46426.13 | case rate | |
| MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC | 641 | MS-DRG | | | | inpatient | | | | 20609.88 | Horizon | Medicare Blue | 17921.64 | | | | 9229.52 | 29329.36 | case rate | |
| INBORN AND OTHER DISORDERS OF METABOLISM | 642 | MS-DRG | | | | inpatient | | | | 26981.38 | Horizon | Medicare Blue | 23462.07 | | | | 14659.28 | 49285.34 | case rate | |
| ENDOCRINE DISORDERS W MCC | 643 | MS-DRG | | | | inpatient | | | | 32749.96 | Horizon | Medicare Blue | 28478.23 | | | | 19575.23 | 63741.24 | case rate | |
| ENDOCRINE DISORDERS W CC | 644 | MS-DRG | | | | inpatient | | | | 24102.63 | Horizon | Medicare Blue | 20958.81 | | | | 12206.02 | 39494.59 | case rate | |
| ENDOCRINE DISORDERS W/O CC/MCC | 645 | MS-DRG | | | | inpatient | | | | 20572.46 | Horizon | Medicare Blue | 17889.1 | | | | 9197.63 | 28978.3 | case rate | |
| KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC | 650 | MS-DRG | | | | inpatient | | | | 73637.32 | Horizon | Medicare Blue | 64032.45 | | | | 54419.22 | 179412.26 | case rate | |
| KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC | 651 | MS-DRG | | | | inpatient | | | | 57908.86 | Horizon | Medicare Blue | 50355.53 | | | | 41015.5 | 140251.35 | case rate | |
| KIDNEY TRANSPLANT | 652 | MS-DRG | | | | inpatient | | | | 52349.56 | Horizon | Medicare Blue | 45521.36 | | | | 36277.9 | 129292.6 | case rate | |
| MAJOR BLADDER PROCEDURES W MCC | 653 | MS-DRG | | | | inpatient | | | | 67044.22 | Horizon | Medicare Blue | 75690.62 | | | | 65844.5 | 214109.42 | case rate | |
| MAJOR BLADDER PROCEDURES W CC | 654 | MS-DRG | | | | inpatient | | | | 48894.23 | Horizon | Medicare Blue | 42516.72 | | | | 33333.29 | 113078.81 | case rate | |
| MAJOR BLADDER PROCEDURES W/O CC/MCC | 655 | MS-DRG | | | | inpatient | | | | 38571.21 | Horizon | Medicare Blue | 33540.19 | | | | 24536.07 | 81025.34 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC | 656 | MS-DRG | | | | inpatient | | | | 54935.86 | Horizon | Medicare Blue | 47770.31 | | | | 38481.93 | 129799.69 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC | 657 | MS-DRG | | | | inpatient | | | | 35117.27 | Horizon | Medicare Blue | 30536.76 | | | | 21592.64 | 75962.23 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC | 658 | MS-DRG | | | | inpatient | | | | 30625.21 | Horizon | Medicare Blue | 26630.62 | | | | 17764.53 | 61100.56 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC | 659 | MS-DRG | | | | inpatient | | | | 45598.3 | Horizon | Medicare Blue | 39650.69 | | | | 30524.51 | 106375.99 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC | 660 | MS-DRG | | | | inpatient | | | | 28352.15 | Horizon | Medicare Blue | 24654.04 | | | | 15827.44 | 56466.53 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC | 661 | MS-DRG | | | | inpatient | | | | 24008.39 | Horizon | Medicare Blue | 20876.86 | | | | 12125.71 | 41846.71 | case rate | |
| MINOR BLADDER PROCEDURES W MCC | 662 | MS-DRG | | | | inpatient | | | | 53017.62 | Horizon | Medicare Blue | 46102.28 | | | | 36847.22 | 123991.55 | case rate | |
| MINOR BLADDER PROCEDURES W CC | 663 | MS-DRG | | | | inpatient | | | | 30949.53 | Horizon | Medicare Blue | 26912.64 | | | | 18040.92 | 63983.18 | case rate | |
| MINOR BLADDER PROCEDURES W/O CC/MCC | 664 | MS-DRG | | | | inpatient | | | | 24745.74 | Horizon | Medicare Blue | 21518.04 | | | | 12754.08 | 46250.6 | case rate | |
| PROSTATECTOMY W MCC | 665 | MS-DRG | | | | inpatient | | | | 57399.7 | Horizon | Medicare Blue | 49886.69 | | | | 40556.04 | 123995.45 | case rate | |
| PROSTATECTOMY W CC | 666 | MS-DRG | | | | inpatient | | | | 32611.36 | Horizon | Medicare Blue | 28357.71 | | | | 19457.12 | 69397.35 | case rate | |
| PROSTATECTOMY W/O CC/MCC | 667 | MS-DRG | | | | inpatient | | | | 24025.02 | Horizon | Medicare Blue | 20891.32 | | | | 12139.88 | 42143.16 | case rate | |
| TRANSURETHRAL PROCEDURES W MCC | 668 | MS-DRG | | | | inpatient | | | | 50199.86 | Horizon | Medicare Blue | 43652.05 | | | | 34445.94 | 109789.1 | case rate | |
| TRANSURETHRAL PROCEDURES W CC | 669 | MS-DRG | | | | inpatient | | | | 31228.12 | Horizon | Medicare Blue | 27154.89 | | | | 18278.33 | 61728.58 | case rate | |
| TRANSURETHRAL PROCEDURES W/O CC/MCC | 670 | MS-DRG | | | | inpatient | | | | 23025.7 | Horizon | Medicare Blue | 20022.35 | | | | 11288.27 | 37583.24 | case rate | |
| URETHRAL PROCEDURES W CC/MCC | 671 | MS-DRG | | | | inpatient | | | | 33670.28 | Horizon | Medicare Blue | 29278.5 | | | | 20359.52 | 65668.28 | case rate | |
| URETHRAL PROCEDURES W/O CC/MCC | 672 | MS-DRG | | | | inpatient | | | | 24948.1 | Horizon | Medicare Blue | 21694 | | | | 12926.53 | 41226.5 | case rate | |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC | 673 | MS-DRG | | | | inpatient | | | | 67847.95 | Horizon | Medicare Blue | 58998.22 | | | | 49485.54 | 139539.74 | case rate | |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W CC | 674 | MS-DRG | | | | inpatient | | | | 41774.29 | Horizon | Medicare Blue | 36325.47 | | | | 27265.71 | 90188.08 | case rate | |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC | 675 | MS-DRG | | | | inpatient | | | | 31474.83 | Horizon | Medicare Blue | 27369.42 | | | | 18488.57 | 63398.08 | case rate | |
| RENAL FAILURE W MCC | 682 | MS-DRG | | | | inpatient | | | | 30596.1 | Horizon | Medicare Blue | 26605.31 | | | | 17739.72 | 59758.72 | case rate | |
| RENAL FAILURE W CC | 683 | MS-DRG | | | | inpatient | | | | 22099.85 | Horizon | Medicare Blue | 19217.26 | | | | 10499.26 | 35847.43 | case rate | |
| RENAL FAILURE W/O CC/MCC | 684 | MS-DRG | | | | inpatient | | | | 18198.22 | Horizon | Medicare Blue | 15824.54 | | | | 7174.32 | 24176.54 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes | | |
| KIDNEY & URINARY TRACT NEOPLASMS W MCC | 686 | MS-DRG | | | | inpatient | | | | 35915.62 | Horizon | Medicare Blue | 31230.97 | | | | 22272.98 | 66998.42 | case rate | | | | |
| KIDNEY & URINARY TRACT NEOPLASMS W CC | 687 | MS-DRG | | | | inpatient | | | | 24370.13 | Horizon | Medicare Blue | 21191.42 | | | | 12433.99 | 41101.68 | case rate | | | | |
| KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC | 688 | MS-DRG | | | | inpatient | | | | 19817.09 | Horizon | Medicare Blue | 17232.25 | | | | 8553.9 | 30850.64 | case rate | | | | |
| KIDNEY & URINARY TRACT INFECTIONS W MCC | 689 | MS-DRG | | | | inpatient | | | | 26000.08 | Horizon | Medicare Blue | 22608.77 | | | | 13823.02 | 43360.18 | case rate | | | | |
| KIDNEY & URINARY TRACT INFECTIONS W/O MCC | 690 | MS-DRG | | | | inpatient | | | | 20903.72 | Horizon | Medicare Blue | 18177.15 | | | | 9479.93 | 30975.46 | case rate | | | | |
| URINARY STONES W MCC | 693 | MS-DRG | | | | inpatient | | | | 30159.51 | Horizon | Medicare Blue | 26225.66 | | | | 17367.66 | 51629.67 | case rate | | | | |
| URINARY STONES W/O MCC | 694 | MS-DRG | | | | inpatient | | | | 20609.88 | Horizon | Medicare Blue | 17921.64 | | | | 9229.52 | 27386.81 | case rate | | | | |
| KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC | 695 | MS-DRG | | | | inpatient | | | | 25411.03 | Horizon | Medicare Blue | 22096.55 | | | | 13321.03 | 44807.34 | case rate | | | | |
| KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC | 696 | MS-DRG | | | | inpatient | | | | 19368.02 | Horizon | Medicare Blue | 16841.75 | | | | 8171.21 | 26860.22 | case rate | | | | |
| URETHRAL STRICTURE | 697 | MS-DRG | | | | inpatient | | | | 23262.71 | Horizon | Medicare Blue | 20228.44 | | | | 11490.25 | 37446.72 | case rate | | | | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC | 698 | MS-DRG | | | | inpatient | | | | 33077.06 | Horizon | Medicare Blue | 28762.66 | | | | 19853.98 | 63000.21 | case rate | | | | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC | 699 | MS-DRG | | | | inpatient | | | | 23915.52 | Horizon | Medicare Blue | 20796.11 | | | | 12046.57 | 40095.3 | case rate | | | | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC | 700 | MS-DRG | | | | inpatient | | | | 19401.28 | Horizon | Medicare Blue | 16870.68 | | | | 8199.56 | 29633.62 | case rate | | | | |
| MAJOR MALE PELVIC PROCEDURES W CC/MCC | 707 | MS-DRG | | | | inpatient | | | | 36676.54 | Horizon | Medicare Blue | 31892.64 | | | | 22921.44 | 69877.14 | case rate | | | | |
| MAJOR MALE PELVIC PROCEDURES W/O CC/MCC | 708 | MS-DRG | | | | inpatient | | | | 30327.21 | Horizon | Medicare Blue | 26371.49 | | | | 17510.58 | 54863.35 | case rate | | | | |
| PENIS PROCEDURES W CC/MCC | 709 | MS-DRG | | | | inpatient | | | | 40924.66 | Horizon | Medicare Blue | 35586.66 | | | | 26541.67 | 79254.42 | case rate | | | | |
| PENIS PROCEDURES W/O CC/MCC | 710 | MS-DRG | | | | inpatient | | | | 30589.17 | Horizon | Medicare Blue | 26599.28 | | | | 17733.82 | 65122.19 | case rate | | | | |
| TESTES PROCEDURES W CC/MCC | 711 | MS-DRG | | | | inpatient | | | | 36219.15 | Horizon | Medicare Blue | 31494.91 | | | | 22531.66 | 81271.08 | case rate | | | | |
| TESTES PROCEDURES W/O CC/MCC | 712 | MS-DRG | | | | inpatient | | | | 22061.04 | Horizon | Medicare Blue | 19183.51 | | | | 10466.19 | 42002.74 | case rate | | | | |
| TRANSURETHRAL PROSTATECTOMY W CC/MCC | 713 | MS-DRG | | | | inpatient | | | | 29821.32 | Horizon | Medicare Blue | 25931.58 | | | | 17079.46 | 57082.84 | case rate | | | | |
| TRANSURETHRAL PROSTATECTOMY W/O CC/MCC | 714 | MS-DRG | | | | inpatient | | | | 22803.94 | Horizon | Medicare Blue | 19829.51 | | | | 11099.29 | 35515.87 | case rate | | | | |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC | 715 | MS-DRG | | | | inpatient | | | | 41079.9 | Horizon | Medicare Blue | 35721.65 | | | | 26673.96 | 86201.57 | case rate | | | | |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC | 716 | MS-DRG | | | | inpatient | | | | 29451.26 | Horizon | Medicare Blue | 25609.79 | | | | 16764.09 | 57067.24 | case rate | | | | |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC | 717 | MS-DRG | | | | inpatient | | | | 35497.04 | Horizon | Medicare Blue | 30866.99 | | | | 21916.28 | 76231.38 | case rate | | | | |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC | 718 | MS-DRG | | | | inpatient | | | | 26853.87 | Horizon | Medicare Blue | 23351.19 | | | | 14550.61 | 48080.03 | case rate | | | | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC | 722 | MS-DRG | | | | inpatient | | | | 33742.35 | Horizon | Medicare Blue | 29341.17 | | | | 20420.94 | 64739.92 | case rate | | | | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC | 723 | MS-DRG | | | | inpatient | | | | 25343.12 | Horizon | Medicare Blue | 22037.49 | | | | 13263.16 | 42966.21 | case rate | | | | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC | 724 | MS-DRG | | | | inpatient | | | | 18884.3 | Horizon | Medicare Blue | 16421.13 | | | | 7758.99 | 26883.62 | case rate | | | | |
| BENIGN PROSTATIC HYPERTROPHY W MCC | 725 | MS-DRG | | | | inpatient | | | | 27279.37 | Horizon | Medicare Blue | 23721.19 | | | | 14913.23 | 47386.2 | case rate | | | | |
| BENIGN PROSTATIC HYPERTROPHY W/O MCC | 726 | MS-DRG | | | | inpatient | | | | 20097.06 | Horizon | Medicare Blue | 17475.7 | | | | 8792.5 | 29820.85 | case rate | | | | |
| INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC | 727 | MS-DRG | | | | inpatient | | | | 30145.65 | Horizon | Medicare Blue | 26213.61 | | | | 17355.85 | 56092.07 | case rate | | | | |
| INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC | 728 | MS-DRG | | | | inpatient | | | | 21104.69 | Horizon | Medicare Blue | 18351.9 | | | | 9651.19 | 30870.14 | case rate | | | | |
| OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC | 729 | MS-DRG | | | | inpatient | | | | 25038.19 | Horizon | Medicare Blue | 21772.34 | | | | 13003.3 | 42205.57 | case rate | | | | |
| OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC | 730 | MS-DRG | | | | inpatient | | | | 18191.29 | Horizon | Medicare Blue | 15818.52 | | | | 7168.41 | 22171.58 | case rate | | | | |
| PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC | 734 | MS-DRG | | | | inpatient | | | | 38924.65 | Horizon | Medicare Blue | 33847.52 | | | | 24837.26 | 89946.24 | case rate | | | | |
| PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC | 735 | MS-DRG | | | | inpatient | | | | 26604.39 | Horizon | Medicare Blue | 23134.25 | | | | 14338 | 53244.56 | case rate | | | | |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC | 736 | MS-DRG | | | | inpatient | | | | 64355.2 | Horizon | Medicare Blue | 55961.04 | | | | 46509.04 | 157221.61 | case rate | | | | |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC | 737 | MS-DRG | | | | inpatient | | | | 37477.65 | Horizon | Medicare Blue | 32589.26 | | | | 23604.14 | 79238.82 | case rate | | | | |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC | 738 | MS-DRG | | | | inpatient | | | | 30804 | Horizon | Medicare Blue | 26786.09 | | | | 17916.89 | 54309.45 | case rate | | | | |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC | 739 | MS-DRG | | | | inpatient | | | | 64955.34 | Horizon | Medicare Blue | 56482.91 | | | | 47020.48 | 140335.48 | case rate | | | | |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC | 740 | MS-DRG | | | | inpatient | | | | 34981.44 | Horizon | Medicare Blue | 30418.65 | | | | 21476.89 | 67986.3 | case rate | | | | |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC | 741 | MS-DRG | | | | inpatient | | | | 28817.85 | Horizon | Medicare Blue | 25059 | | | | 16224.3 | 51793.49 | case rate | | | | |
| UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC | 742 | MS-DRG | | | | inpatient | | | | 35097.87 | Horizon | Medicare Blue | 30519.89 | | | | 21576.1 | 66858 | case rate | | | | |
| UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC | 743 | MS-DRG | | | | inpatient | | | | 26393.71 | Horizon | Medicare Blue | 22951.05 | | | | 14158.47 | 43516.21 | case rate | | | | |
| D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC | 744 | MS-DRG | | | | inpatient | | | | 36862.26 | Horizon | Medicare Blue | 32054.14 | | | | 23079.71 | 65933.53 | case rate | | | | |
| D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC | 745 | MS-DRG | | | | inpatient | | | | 23983.44 | Horizon | Medicare Blue | 20855.16 | | | | 12104.45 | 41714.09 | case rate | | | | |
| VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC | 746 | MS-DRG | | | | inpatient | | | | 32989.74 | Horizon | Medicare Blue | 28686.73 | | | | 19779.57 | 65442.04 | case rate | | | | |
| VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC | 747 | MS-DRG | | | | inpatient | | | | 23018.77 | Horizon | Medicare Blue | 20016.32 | | | | 11282.36 | 37376.51 | case rate | | | | |
| FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 748 | MS-DRG | | | | inpatient | | | | 26661.23 | Horizon | Medicare Blue | 24922.81 | | | | 16090.83 | 50475.06 | case rate | | | | |
| OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC | 749 | MS-DRG | | | | inpatient | | | | 45657.89 | Horizon | Medicare Blue | 39702.52 | | | | 30575.3 | 101496.21 | case rate | | | | |
| OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC | 750 | MS-DRG | | | | inpatient | | | | 27652.21 | Horizon | Medicare Blue | 24045.4 | | | | 15230.96 | 47740.67 | case rate | | | | |
| MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC | 754 | MS-DRG | | | | inpatient | | | | 34896.7 | Horizon | Medicare Blue | 30310.18 | | | | 21370.58 | 71827.49 | case rate | | | | |
| MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC | 755 | MS-DRG | | | | inpatient | | | | 25165.71 | Horizon | Medicare Blue | 21883.22 | | | | 13111.97 | 41733.59 | case rate | | | | |
| MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC | 756 | MS-DRG | | | | inpatient | | | | 23016 | Horizon | Medicare Blue | 20013.91 | | | | 11280 | 30429.36 | case rate | | | | |
| INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC | 757 | MS-DRG | | | | inpatient | | | | 29395.81 | Horizon | Medicare Blue | 25561.58 | | | | 16716.84 | 56205.19 | case rate | | | | |
| INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC | 758 | MS-DRG | | | | inpatient | | | | 23907.21 | Horizon | Medicare Blue | 20788.88 | | | | 12039.48 | 39802.74 | case rate | | | | |
| INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC | 759 | MS-DRG | | | | inpatient | | | | 18850.06 | Horizon | Medicare Blue | 16217.45 | | | | 7559.37 | 27722.27 | case rate | | | | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC | 760 | MS-DRG | | | | inpatient | | | | 23440.12 | Horizon | Medicare Blue | 20382.71 | | | | 11641.43 | 54002.4 | case rate | | | | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC | 761 | MS-DRG | | | | inpatient | | | | 18565.52 | Horizon | Medicare Blue | 16143.93 | | | | 7487.32 | 21430.45 | case rate | | | | |
| VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C | 768 | MS-DRG | | | | inpatient | | | | 23794.94 | Horizon | Medicare Blue | 20691.25 | | | | 8760 | 44132.52 | case rate | | | | |
| POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE | 769 | MS-DRG | | | | inpatient | | | | 26855.27 | Horizon | Medicare Blue | 25091.54 | | | | 16256.19 | 56868.31 | case rate | | | | |
| ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 770 | MS-DRG | | | | inpatient | | | | 24693.08 | Horizon | Medicare Blue | 21472.24 | | | | 12709.2 | 41655.58 | case rate | | | | |
| POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE | 776 | MS-DRG | | | | inpatient | | | | 19668.78 | Horizon | Medicare Blue | 17103.29 | | | | 8427.52 | 25705.61 | case rate | | | | |
| ABORTION W/O D&C | 779 | MS-DRG | | | | inpatient | | | | 22736.03 | Horizon | Medicare Blue | 19770.46 | | | | 11041.41 | 29422.98 | case rate | | | | |
| CESAREAN SECTION W STERILIZATION W MCC | 783 | MS-DRG | | | | inpatient | | | | 35311.31 | Horizon | Medicare Blue | 30705.49 | | | | 8487 | 68086.72 | case rate | | | | |
| CESAREAN SECTION W STERILIZATION W CC | 784 | MS-DRG | | | | inpatient | | | | 24790.1 | Horizon | Medicare Blue | 21556.61 | | | | 8487 | 42989.61 | case rate | | | | |
| CESAREAN SECTION W STERILIZATION W/O CC/MCC | 785 | MS-DRG | | | | inpatient | | | | 21886.4 | Horizon | Medicare Blue | 19031.65 | | | | 8487 | 32980.42 | case rate | | | | |
| CESAREAN SECTION W/O STERILIZATION W MCC | 786 | MS-DRG | | | | inpatient | | | | 32176.15 | Horizon | Medicare Blue | 27979.27 | | | | 8487 | 60648.08 | case rate | | | | |
| CESAREAN SECTION W/O STERILIZATION W CC | 787 | MS-DRG | | | | inpatient | | | | 24496.26 | Horizon | Medicare Blue | 21301.1 | | | | 8487 | 42170.47 | case rate | | | | |
| CESAREAN SECTION W/O STERILIZATION W/O CC/MCC | 788 | MS-DRG | | | | inpatient | | | | 22318.84 | Horizon | Medicare Blue | 19407.68 | | | | 8487 | 35133.6 | case rate | | | | |
| NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY | 789 | MS-DRG | | | | inpatient | | | | 34763.84 | Horizon | Medicare Blue | 30229.43 | | | | 637 | 64895.95 | case rate | | | | |
| EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE | 790 | MS-DRG | | | | inpatient | | | | 92175.23 | Horizon | Medicare Blue | 80152.38 | | | | 637 | 214004.1 | case rate | | | | |
| PREMATURITY W MAJOR PROBLEMS | 791 | MS-DRG | | | | inpatient | | | | 66050.29 | Horizon | Medicare Blue | 57435.04 | | | | 637 | 146159.23 | case rate | | | | |
| PREMATURITY W/O MAJOR PROBLEMS | 792 | MS-DRG | | | | inpatient | | | | 43732.72 | Horizon | Medicare Blue | 38028.46 | | | | 637 | 88187.03 | case rate | | | | |
| FULL TERM NEONATE W MAJOR PROBLEMS | 793 | MS-DRG | | | | inpatient | | | | 67583.22 | Horizon | Medicare Blue | 58768.02 | | | | 637 | 150134.04 | case rate | | | | |
| NEONATE W OTHER SIGNIFICANT PROBLEMS | 794 | MS-DRG | | | | inpatient | | | | 30239.9 | Horizon | Medicare Blue | 26295.56 | | | | 637 | 53139.24 | case rate | | | | |
| NORMAL NEWBORN | 795 | MS-DRG | | | | inpatient | | | | 12548.84 | Horizon | Medicare Blue | 10912.03 | | | | 637 | 10912.03 | case rate | | | | |
| VAGINAL DELIVERY W STERILIZATION/D&C W MCC | 796 | MS-DRG | | | | inpatient | | | | 24485.17 | Horizon | Medicare Blue | 21291.46 | | | | 6365 | 57270.08 | case rate | | | | |
| VAGINAL DELIVERY W STERILIZATION/D&C W CC | 797 | MS-DRG | | | | inpatient | | | | 23198.95 | Horizon | Medicare Blue | 20173 | | | | 6365 | 33035.03 | case rate | | | | |
| VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC | 798 | MS-DRG | | | | inpatient | | | | 23198.95 | Horizon | Medicare Blue | 20173 | | | | 6365 | 33035.03 | case rate | | | | |
| SPLENECTOMY W MCC | 799 | MS-DRG | | | | inpatient | | | | 75681.69 | Horizon | Medicare Blue | 65810.16 | | | | 56161.42 | 183395.31 | case rate | | | | |
| SPLENECTOMY W CC | 800 | MS-DRG | | | | inpatient | | | | 50165.21 | Horizon | Medicare Blue | 43621.92 | | | | 34416.41 | 102463.59 | case rate | | | | |
| SPLENECTOMY W/O CC/MCC | 801 | MS-DRG | | | | inpatient | | | | 32533.75 | Horizon | Medicare Blue | 28290.21 | | | | 5977 | 60706.59 | case rate | | | | |
| OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC | 802 | MS-DRG | | | | inpatient | | | | 59465.35 | Horizon | Medicare Blue | 51709 | | | | 8199 | 130564.23 | case rate | | | | |
| OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC | 803 | MS-DRG | | | | inpatient | | | | 34450.6 | Horizon | Medicare Blue | 29957.04 | | | | 13379 | 67173.95 | case rate | | | | |
| OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC | 804 | MS-DRG | | | | inpatient | | | | 25103.34 | Horizon | Medicare Blue | 21828.99 | | | | 13058.82 | 47998.11 | case rate | | | | |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC | 805 | MS-DRG | | | | inpatient | | | | 23611.99 | Horizon | Medicare Blue | 20532.16 | | | | 6365 | 39911.96 | case rate | | | | |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W CC | 806 | MS-DRG | | | | inpatient | | | | 19808.77 | Horizon | Medicare Blue | 17225.02 | | | | 6365 | 27593.55 | case rate | | | | |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC | 807 | MS-DRG | | | | inpatient | | | | 18612.64 | Horizon | Medicare Blue | 16184.9 | | | | 6365 | 23950.3 | case rate | | | | |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC | 808 | MS-DRG | | | | inpatient | | | | 41523.42 | Horizon | Medicare Blue | 36107.32 | | | | 27051.92 | 83833.84 | case rate | | | | |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC | 809 | MS-DRG | | | | inpatient | | | | 26945.35 | Horizon | Medicare Blue | 23430.73 | | | | 14628.57 | 46983.93 | case rate | | | | |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC | 810 | MS-DRG | | | | inpatient | | | | 22971.65 | Horizon | Medicare Blue | 19975.35 | | | | 11242.2 | 35964.45 | case rate | | | | |
| RED BLOOD CELL DISORDERS W MCC | 811 | MS-DRG | | | | inpatient | | | | 29279.39 | Horizon | Medicare Blue | 25460.34 | | | | 16617.63 | 52893.49 | case rate | | | | |
| RED BLOOD CELL DISORDERS W/O MCC | 812 | MS-DRG | | | | inpatient | | | | 22571.09 | Horizon | Medicare Blue | 19627.04 | | | | 10900.85 | 34450.98 | case rate | | | | |
| COAGULATION DISORDERS | 813 | MS-DRG | | | | inpatient | | | | 31235.05 | Horizon | Medicare Blue | 27160.92 | | | | 18284.23 | 62859.78 | case rate | | | | |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC | 814 | MS-DRG | | | | inpatient | | | | 38754.17 | Horizon | Medicare Blue | 33699.28 | | | | 24691.98 | 64868.64 | case rate | | | | |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC | 815 | MS-DRG | | | | inpatient | | | | 23862.85 | Horizon | Medicare Blue | 20750.31 | | | | 12001.69 | 38137.14 | case rate | | | | |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC | 816 | MS-DRG | | | | inpatient | | | | 18918.95 | Horizon | Medicare Blue | 16451.26 | | | | 7788.52 | 28147.45 | case rate | | | | |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC | 817 | MS-DRG | | | | inpatient | | | | 40076.42 | Horizon | Medicare Blue | 34849.06 | | | | 25818.8 | 98754.02 | case rate | | | | |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC | 818 | MS-DRG | | | | inpatient | | | | 23492.79 | Horizon | Medicare Blue | 20428.51 | | | | 11686.32 | 52991.01 | case rate | | | | |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC | 819 | MS-DRG | | | | inpatient | | | | 19140.71 | Horizon | Medicare Blue | 16644.1 | | | | 7977.5 | 32726.87 | case rate | | | | |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC | 820 | MS-DRG | | | | inpatient | | | | 90477.37 | Horizon | Medicare Blue | 78675.97 | | | | 68770.21 | 212342.41 | case rate | | | | |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC | 821 | MS-DRG | | | | inpatient | | | | 40720.92 | Horizon | Medicare Blue | 35409.5 | | | | 6969 | 93394.46 | case rate | | | | |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC | 822 | MS-DRG | | | | inpatient | | | | 25631.41 | Horizon | Medicare Blue | 22288.18 | | | | 8721 | 47190.67 | case rate | | | | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC | 823 | MS-DRG | | | | inpatient | | | | 74638.02 | Horizon | Medicare Blue | 64902.63 | | | | 12547 | 176491.07 | case rate | | | | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC | 824 | MS-DRG | | | | inpatient | | | | 40263.54 | Horizon | Medicare Blue | 35011.77 | | | | 22652 | 85596.96 | case rate | | | | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC | 825 | MS-DRG | | | | inpatient | | | | 26838.62 | Horizon | Medicare Blue | 23337.93 | | | | 14537.62 | 53010.51 | case rate | | | | |
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC | 826 | MS-DRG | | | | inpatient | | | | 75968.59 | Horizon | Medicare Blue | 66059.65 | | | | 56405.91 | 193002.74 | case rate | | | | |
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC | 827 | MS-DRG | | | | inpatient | | | | 42488.08 | Horizon | Medicare Blue | 36946.16 | | | | 27874.01 | 87832.06 | case rate | | | | |
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC | 828 | MS-DRG | | | | inpatient | | | | 31995.97 | Horizon | Medicare Blue | 27822.59 | | | | 18932.69 | 63792.55 | case rate | | | | |
| MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC | 829 | MS-DRG | | | | inpatient | | | | 52521.43 | Horizon | Medicare Blue | 45670.81 | | | | 36424.37 | 121300.07 | case rate | | | | |
| MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC | 830 | MS-DRG | | | | inpatient | | | | 30050.01 | Horizon | Medicare Blue | 26130.45 | | | | 17274.35 | 55343.13 | case rate | | | | |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC | 831 | MS-DRG | | | | inpatient | | | | 25732.58 | Horizon | Medicare Blue | 22376.16 | | | | 13595.06 | 40103.7 | case rate | | | | |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC | 832 | MS-DRG | | | | inpatient | | | | 20138.64 | Horizon | Medicare Blue | 17511.86 | | | | 8827.93 | 28038.23 | case rate | | | | |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC | 833 | MS-DRG | | | | inpatient | | | | 16984.08 | Horizon | Medicare Blue | 14768.76 | | | | 6139.63 | 18735.06 | case rate | | | | |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC | 834 | MS-DRG | | | | inpatient | | | | 86388.63 | Horizon | Medicare Blue | 75120.55 | | | | 65285.81 | 214842.75 | case rate | | | | |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC | 835 | MS-DRG | | | | inpatient | | | | 38383.42 | Horizon | Medicare Blue | 34246.45 | | | | 25228.23 | 83318.95 | case rate | | | | |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC | 836 | MS-DRG | | | | inpatient | | | | 26999.4 | Horizon | Medicare Blue | 23477.74 | | | | 14674.63 | 47299.89 | case rate | | | | |
| CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC | 837 | MS-DRG | | | | inpatient | | | | 79179.98 | Horizon | Medicare Blue | 68852.16 | | | | 59142.64 | 209627.52 | case rate | | | | |
| CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT | 838 | MS-DRG | | | | inpatient | | | | 37890.68 | Horizon | Medicare Blue | 32948.42 | | | | 23956.12 | 91767.87 | case rate | | | | |
| CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC | 839 | MS-DRG | | | | inpatient | | | | 28773.5 | Horizon | Medicare Blue | 25020.43 | | | | 16186.51 | 48988.89 | case rate | | | | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W MCC | 840 | MS-DRG | | | | inpatient | | | | 53979.51 | Horizon | Medicare Blue | 46938.71 | | | | 37666.94 | 128446.15 | case rate | | | | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W CC | 841 | MS-DRG | | | | inpatient | | | | 31512.26 | Horizon | Medicare Blue | 27401.96 | | | | 18520.46 | 63768.64 | case rate | | | | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC | 842 | MS-DRG | | | | inpatient | | | | 24359.05 | Horizon | Medicare Blue | 21181.78 | | | | 12424.54 | 43730.75 | case rate | | | | |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC | 843 | MS-DRG | | | | inpatient | | | | 36020.95 | Horizon | Medicare Blue | 31322.57 | | | | 22362.75 | 72006.92 | case rate | | | | |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC | 844 | MS-DRG | | | | inpatient | | | | 26345.2 | Horizon | Medicare Blue | 22908.87 | | | | 14117.13 | 45981.45 | case rate | | | | |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC | 845 | MS-DRG | | | | inpatient | | | | 21377.73 | Horizon | Medicare Blue | 18589.33 | | | | 9883.88 | 33787.86 | case rate | | | | |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC | 846 | MS-DRG | | | | inpatient | | | | 45175.56 | Horizon | Medicare Blue | 39283.1 | | | | 30164.26 | 109917.83 | case rate | | | | |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC | 847 | MS-DRG | | | | inpatient | | | | 27391.64 | Horizon | Medicare Blue | 23818.82 | | | | 15008.9 | 51742.79 | case rate | | | | |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC | 848 | MS-DRG | | | | inpatient | | | | 21129.64 | Horizon | Medicare Blue | 18373.6 | | | | 9672.45 | 36377.93 | case rate | | | | |
| RADIOTHERAPY | 849 | MS-DRG | | | | inpatient | | | | 46801.35 | Horizon | Medicare Blue | 40696.83 | | | | 31549.75 | 76851.59 | case rate | | | | |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC | 853 | MS-DRG | | | | inpatient | | | | 79098.21 | Horizon | Medicare Blue | 68781.05 | | | | 59072.95 | 197262.3 | case rate | | | | |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC | 854 | MS-DRG | | | | inpatient | | | | 37473.49 | Horizon | Medicare Blue | 32585.65 | | | | 23600.6 | 85924.62 | case rate | | | | |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC | 855 | MS-DRG | | | | inpatient | | | | 32310.6 | Horizon | Medicare Blue | 28096.17 | | | | 19200.81 | 60850.92 | case rate | | | | |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC | 856 | MS-DRG | | | | inpatient | | | | 72310.91 | Horizon | Medicare Blue | 62879.05 | | | | 53288.85 | 175075.12 | case rate | | | | |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC | 857 | MS-DRG | | | | inpatient | | | | 39979.4 | Horizon | Medicare Blue | 34764.7 | | | | 25736.12 | 80225.7 | case rate | | | | |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC | 858 | MS-DRG | | | | inpatient | | | | 27636.97 | Horizon | Medicare Blue | 24032.14 | | | | 15217.96 | 53833.56 | case rate | | | | |
| POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC | 862 | MS-DRG | | | | inpatient | | | | 35264.19 | Horizon | Medicare Blue | 30664.51 | | | | 21717.84 | 71293.09 | case rate | | | | |
| POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC | 863 | MS-DRG | | | | inpatient | | | | 23638.32 | Horizon | Medicare Blue | 20555.06 | | | | 11810.34 | 38414.09 | case rate | | | | |
| FEVER AND INFLAMMATORY CONDITIONS | 864 | MS-DRG | | | | inpatient | | | | 22225.97 | Horizon | Medicare Blue | 19326.93 | | | | 10606.74 | 33713.75 | case rate | | | | |
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| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS | 876 | MS-DRG | | | | inpatient | | | | 84244.32 | Horizon | Medicare Blue | 56864.62 | | | | 46414.55 | 128777.71 | case rate | |
| ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION | 880 | MS-DRG | | | | inpatient | | | | 23065.9 | Horizon | Medicare Blue | 20057.3 | | | | 2090 | 20057.3 | case rate | |
| DEPRESSIVE NEUROSES | 881 | MS-DRG | | | | inpatient | | | | 22449.12 | Horizon | Medicare Blue | 19520.98 | | | | 2090 | 19520.98 | case rate | |
| NEUROSES EXCEPT DEPRESSIVE | 882 | MS-DRG | | | | inpatient | | | | 23113.02 | Horizon | Medicare Blue | 20098.28 | | | | 2090 | 20098.28 | case rate | |
| DISORDERS OF PERSONALITY & IMPULSE CONTROL | 883 | MS-DRG | | | | inpatient | | | | 35474.86 | Horizon | Medicare Blue | 30847.71 | | | | 2090 | 32167.02 | case rate | |
| ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY | 884 | MS-DRG | | | | inpatient | | | | 32928.76 | Horizon | Medicare Blue | 28633.7 | | | | 2090 | 28979.64 | case rate | |
| PSYCHOSES | 885 | MS-DRG | | | | inpatient | | | | 25316.81 | Horizon | Medicare Blue | 25492.88 | | | | 2090 | 25492.88 | case rate | |
| BEHAVIORAL & DEVELOPMENTAL DISORDERS | 886 | MS-DRG | | | | inpatient | | | | 34679.29 | Horizon | Medicare Blue | 30155.91 | | | | 2090 | 31171.07 | case rate | |
| OTHER MENTAL DISORDER DIAGNOSES | 887 | MS-DRG | | | | inpatient | | | | 26264.81 | Horizon | Medicare Blue | 22838.97 | | | | 2090 | 22838.97 | case rate | |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA | 894 | MS-DRG | | | | inpatient | | | | 18429.69 | Horizon | Medicare Blue | 16025.81 | | | | 2090 | 94620.59 | case rate | |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY | 895 | MS-DRG | | | | inpatient | | | | 29229.49 | Horizon | Medicare Blue | 25416.95 | | | | 2090 | 25416.95 | case rate | |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC | 896 | MS-DRG | | | | inpatient | | | | 34461.69 | Horizon | Medicare Blue | 29966.69 | | | | 2090 | 30898.66 | case rate | |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC | 897 | MS-DRG | | | | inpatient | | | | 22006.98 | Horizon | Medicare Blue | 19136.51 | | | | 2090 | 19136.51 | case rate | |
| WOUND DEBRIDEMENTS FOR INJURIES W MCC | 901 | MS-DRG | | | | inpatient | | | | 71186.85 | Horizon | Medicare Blue | 61901.61 | | | | 13124 | 174162.35 | case rate | |
| WOUND DEBRIDEMENTS FOR INJURIES W CC | 902 | MS-DRG | | | | inpatient | | | | 36080.55 | Horizon | Medicare Blue | 31374.39 | | | | 22413.54 | 74909.04 | case rate | |
| WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC | 903 | MS-DRG | | | | inpatient | | | | 26676.46 | Horizon | Medicare Blue | 23196.92 | | | | 14398.42 | 58429.51 | case rate | |
| SKIN GRAFTS FOR INJURIES W CC/MCC | 904 | MS-DRG | | | | inpatient | | | | 63294.9 | Horizon | Medicare Blue | 55039.04 | | | | 45605.46 | 125836.58 | case rate | |
| SKIN GRAFTS FOR INJURIES W/O CC/MCC | 905 | MS-DRG | | | | inpatient | | | | 32623.84 | Horizon | Medicare Blue | 28368.55 | | | | 19467.75 | 69011.18 | case rate | |
| HAND PROCEDURES FOR INJURIES | 906 | MS-DRG | | | | inpatient | | | | 40029.3 | Horizon | Medicare Blue | 34808.09 | | | | 25778.64 | 71897.7 | case rate | |
| OTHER O.R. PROCEDURES FOR INJURIES W MCC | 907 | MS-DRG | | | | inpatient | | | | 64894.15 | Horizon | Medicare Blue | 56516.65 | | | | 47053.55 | 164457.41 | case rate | |
| OTHER O.R. PROCEDURES FOR INJURIES W CC | 908 | MS-DRG | | | | inpatient | | | | 37736.84 | Horizon | Medicare Blue | 32814.64 | | | | 23825.02 | 77733.15 | case rate | |
| OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC | 909 | MS-DRG | | | | inpatient | | | | 27358.38 | Horizon | Medicare Blue | 23789.89 | | | | 14980.55 | 51699.88 | case rate | |
| TRAUMATIC INJURY W MCC | 913 | MS-DRG | | | | inpatient | | | | 32209.42 | Horizon | Medicare Blue | 28008.19 | | | | 19114.58 | 57414.4 | case rate | |
| TRAUMATIC INJURY W/O MCC | 914 | MS-DRG | | | | inpatient | | | | 22481 | Horizon | Medicare Blue | 19548.7 | | | | 10824.08 | 84762.6 | case rate | |
| ALLERGIC REACTIONS W MCC | 915 | MS-DRG | | | | inpatient | | | | 33867.09 | Horizon | Medicare Blue | 29449.64 | | | | 20527.24 | 65410.84 | case rate | |
| ALLERGIC REACTIONS W/O MCC | 916 | MS-DRG | | | | inpatient | | | | 16984.09 | Horizon | Medicare Blue | 16507.91 | | | | 7844.03 | 24781.15 | case rate | |
| POISONING & TOXIC EFFECTS OF DRUGS W MCC | 917 | MS-DRG | | | | inpatient | | | | 32506.03 | Horizon | Medicare Blue | 28266.11 | | | | 19367.35 | 57484.62 | case rate | |
| POISONING & TOXIC EFFECTS OF DRUGS W/O MCC | 918 | MS-DRG | | | | inpatient | | | | 22040.25 | Horizon | Medicare Blue | 19165.43 | | | | 10448.47 | 30374.75 | case rate | |
| COMPLICATIONS OF TREATMENT W MCC | 919 | MS-DRG | | | | inpatient | | | | 35054.9 | Horizon | Medicare Blue | 30482.52 | | | | 21539.49 | 71160.47 | case rate | |
| COMPLICATIONS OF TREATMENT W CC | 920 | MS-DRG | | | | inpatient | | | | 23860.08 | Horizon | Medicare Blue | 20747.9 | | | | 11999.32 | 39127.92 | case rate | |
| COMPLICATIONS OF TREATMENT W/O CC/MCC | 921 | MS-DRG | | | | inpatient | | | | 19311.19 | Horizon | Medicare Blue | 16792.34 | | | | 8122.78 | 27862.35 | case rate | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC | 922 | MS-DRG | | | | inpatient | | | | 33194.87 | Horizon | Medicare Blue | 28865.11 | | | | 19954.38 | 60788.51 | case rate | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC | 923 | MS-DRG | | | | inpatient | | | | 23915.52 | Horizon | Medicare Blue | 20796.11 | | | | 12046.57 | 37582.48 | case rate | |
| EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT | 927 | MS-DRG | | | | inpatient | | | | 286538.5 | Horizon | Medicare Blue | 250903.04 | | | | 237556.83 | 717124.19 | case rate | |
| FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC | 928 | MS-DRG | | | | inpatient | | | | 102349.95 | Horizon | Medicare Blue | 88999.95 | | | | 78897.96 | 229188.53 | case rate | |
| FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC | 929 | MS-DRG | | | | inpatient | | | | 53860.31 | Horizon | Medicare Blue | 46835.06 | | | | 37565.36 | 115936.61 | case rate | |
| EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT | 933 | MS-DRG | | | | inpatient | | | | 69750.94 | Horizon | Medicare Blue | 60652.99 | | | | 33318 | 111571.72 | case rate | |
| FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ | 934 | MS-DRG | | | | inpatient | | | | 39520.63 | Horizon | Medicare Blue | 34365.77 | | | | 25345.16 | 71519.33 | case rate | |
| NON-EXTENSIVE BURNS | 935 | MS-DRG | | | | inpatient | | | | 40221.96 | Horizon | Medicare Blue | 34975.61 | | | | 25942.82 | 71059.05 | case rate | |
| O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC | 939 | MS-DRG | | | | inpatient | | | | 53771.61 | Horizon | Medicare Blue | 46757.92 | | | | 37489.76 | 127892.25 | case rate | |
| O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC | 940 | MS-DRG | | | | inpatient | | | | 39043.84 | Horizon | Medicare Blue | 33951.17 | | | | 24938.84 | 84820.72 | case rate | |
| O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC | 941 | MS-DRG | | | | inpatient | | | | 36866.42 | Horizon | Medicare Blue | 32057.76 | | | | 23083.25 | 72217.56 | case rate | |
| REHABILITATION W CC/MCC | 945 | MS-DRG | | | | inpatient | | | | 30937.06 | Horizon | Medicare Blue | 26901.79 | | | | 18030.29 | 53240.65 | case rate | |
| REHABILITATION W/O CC/MCC | 946 | MS-DRG | | | | inpatient | | | | 25254.41 | Horizon | Medicare Blue | 21960.36 | | | | 13187.56 | 40672.6 | case rate | |
| SIGNS & SYMPTOMS W MCC | 947 | MS-DRG | | | | inpatient | | | | 27606.47 | Horizon | Medicare Blue | 24005.63 | | | | 15191.98 | 47026.84 | case rate | |
| SIGNS & SYMPTOMS W/O MCC | 948 | MS-DRG | | | | inpatient | | | | 20791.45 | Horizon | Medicare Blue | 18079.52 | | | | 9384.25 | 30433.26 | case rate | |
| AFTERCARE W CC/MCC | 949 | MS-DRG | | | | inpatient | | | | 24734.66 | Horizon | Medicare Blue | 21508.4 | | | | 12744.63 | 44709.82 | case rate | |
| AFTERCARE W/O CC/MCC | 950 | MS-DRG | | | | inpatient | | | | 17903 | Horizon | Medicare Blue | 15567.83 | | | | 6922.73 | 29056.31 | case rate | |
| OTHER FACTORS INFLUENCING HEALTH STATUS | 951 | MS-DRG | | | | inpatient | | | | 17638.27 | Horizon | Medicare Blue | 15337.63 | | | | 6697.13 | 31143.19 | case rate | |
| CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | 955 | MS-DRG | | | | inpatient | | | | 104420.65 | Horizon | Medicare Blue | 90800.56 | | | | 80652.6 | 237821.78 | case rate | |
| LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA | 956 | MS-DRG | | | | inpatient | | | | 62758.51 | Horizon | Medicare Blue | 54572.62 | | | | 45148.35 | 147594.69 | case rate | |
| OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC | 957 | MS-DRG | | | | inpatient | | | | 113234.3 | Horizon | Medicare Blue | 98464.61 | | | | 88163.55 | 296394.69 | case rate | |
| OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC | 958 | MS-DRG | | | | inpatient | | | | 66741.91 | Horizon | Medicare Blue | 58036.44 | | | | 48542.98 | 163041.46 | case rate | |
| OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC | 959 | MS-DRG | | | | inpatient | | | | 46424.36 | Horizon | Medicare Blue | 40369.01 | | | | 31228.48 | 95594.45 | case rate | |
| OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC | 963 | MS-DRG | | | | inpatient | | | | 47433.38 | Horizon | Medicare Blue | 41246.41 | | | | 32088.36 | 109024.57 | case rate | |
| OTHER MULTIPLE SIGNIFICANT TRAUMA W CC | 964 | MS-DRG | | | | inpatient | | | | 30571.15 | Horizon | Medicare Blue | 26583.61 | | | | 17718.46 | 57531.42 | case rate | |
| OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC | 965 | MS-DRG | | | | inpatient | | | | 22428.33 | Horizon | Medicare Blue | 19502.9 | | | | 10779.19 | 38004.62 | case rate | |
| HIV W EXTENSIVE O.R. PROCEDURE W MCC | 969 | MS-DRG | | | | inpatient | | | | 97435.15 | Horizon | Medicare Blue | 84726.22 | | | | 74699.6 | 218388.49 | case rate | |
| HIV W EXTENSIVE O.R. PROCEDURE W/O MCC | 970 | MS-DRG | | | | inpatient | | | | 46554.64 | Horizon | Medicare Blue | 40482.3 | | | | 31339.51 | 108739.81 | case rate | |
| HIV W MAJOR RELATED CONDITION W MCC | 974 | MS-DRG | | | | inpatient | | | | 51168.68 | Horizon | Medicare Blue | 44494.5 | | | | 35271.56 | 106216.06 | case rate | |
| HIV W MAJOR RELATED CONDITION W CC | 975 | MS-DRG | | | | inpatient | | | | 29480.36 | Horizon | Medicare Blue | 25635.1 | | | | 16788.89 | 50315.13 | case rate | |
| HIV W MAJOR RELATED CONDITION W/O CC/MCC | 976 | MS-DRG | | | | inpatient | | | | 23681.29 | Horizon | Medicare Blue | 20592.42 | | | | 11846.95 | 36611.97 | case rate | |
| HIV W OR W/O OTHER RELATED CONDITION | 977 | MS-DRG | | | | inpatient | | | | 29764.49 | Horizon | Medicare Blue | 25882.17 | | | | 17031.03 | 45634.29 | case rate | |
| EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC | 981 | MS-DRG | | | | inpatient | | | | 75669.21 | Horizon | Medicare Blue | 65799.32 | | | | 11302 | 170480.09 | case rate | |
| EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC | 982 | MS-DRG | | | | inpatient | | | | 43713.32 | Horizon | Medicare Blue | 38011.58 | | | | 14901 | 95680.27 | case rate | |
| EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC | 983 | MS-DRG | | | | inpatient | | | | 32901.04 | Horizon | Medicare Blue | 28609.6 | | | | 19703.98 | 61205.88 | case rate | |
| NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC | 987 | MS-DRG | | | | inpatient | | | | 58327.43 | Horizon | Medicare Blue | 50719.51 | | | | 41372.21 | 129994.73 | case rate | |
| NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC | 988 | MS-DRG | | | | inpatient | | | | 33563.55 | Horizon | Medicare Blue | 29185.7 | | | | 20268.57 | 66042.75 | case rate | |
| NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC | 989 | MS-DRG | | | | inpatient | | | | 25794.96 | Horizon | Medicare Blue | 22430.4 | | | | 13648.21 | 40594.58 | case rate | |
| HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC | 001 | MS-DRG | | | | inpatient | | | | 400195.63 | Horizon | MGD | 445282.72 | | | | 332710.44 | 1030198.27 | case rate | |
| HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC | 002 | MS-DRG | | | | inpatient | | | | 140127.09 | Horizon | MGD | 226306.72 | | | | 111081.44 | 523579.26 | case rate | |
| ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R. | 003 | MS-DRG | | | | inpatient | | | | 306824.15 | Horizon | MGD | 308494.16 | | | | 253139.77 | 713726.68 | case rate | |
| TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R. | 004 | MS-DRG | | | | inpatient | | | | 205623.09 | Horizon | MGD | 192527.71 | | | | 166896.78 | 446428.73 | case rate | |
| LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT | 005 | MS-DRG | | | | inpatient | | | | 157381.56 | Horizon | MGD | 295704 | | | | 125785.6 | 295704 | case rate | |
| LIVER TRANSPLANT W/O MCC | 006 | MS-DRG | | | | inpatient | | | | 76990.08 | Horizon | MGD | 295704 | | | | 57276.42 | 295704 | case rate | |
| LUNG TRANSPLANT | 007 | MS-DRG | | | | inpatient | | | | 190914.73 | Horizon | MGD | 179575.86 | | | | 154362.39 | 415463.56 | case rate | |
| SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT | 008 | MS-DRG | | | | inpatient | | | | 85193.89 | Horizon | MGD | 88498.14 | | | | 64267.66 | 204747.74 | case rate | |
| PANCREAS TRANSPLANT | 010 | MS-DRG | | | | inpatient | | | | 120286.33 | Horizon | MGD | 76104.35 | | | | 76104.35 | 176073.7 | case rate | |
| TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC | 011 | MS-DRG | | | | inpatient | | | | 84567.41 | Horizon | MGD | 82823.06 | | | | 63733.78 | 260411 | case rate | |
| TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC | 012 | MS-DRG | | | | inpatient | | | | 66667.36 | Horizon | MGD | 64298.98 | | | | 48470.93 | 260411 | case rate | |
| TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC | 013 | MS-DRG | | | | inpatient | | | | 46508.91 | Horizon | MGD | 39224.79 | | | | 31300.53 | 260411 | case rate | |
| ALLOGENEIC BONE MARROW TRANSPLANT | 014 | MS-DRG | | | | inpatient | | | | 191372.12 | Horizon | MGD | 201482.06 | | | | 154752.17 | 466145.35 | case rate | |
| AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY | 016 | MS-DRG | | | | inpatient | | | | 93437.89 | Horizon | MGD | 110254.28 | | | | 71293.15 | 259382.38 | case rate | |
| AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC | 017 | MS-DRG | | | | inpatient | | | | 93437.89 | Horizon | MGD | 73865.35 | | | | 71293.15 | 170893.57 | case rate | |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC | 020 | MS-DRG | | | | inpatient | | | | 121507.41 | Horizon | MGD | 175770.56 | | | | 95213.84 | 406659.68 | case rate | |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC | 021 | MS-DRG | | | | inpatient | | | | 83805.11 | Horizon | MGD | 133288.42 | | | | 63084.15 | 308373.74 | case rate | |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC | 022 | MS-DRG | | | | inpatient | | | | 48061.24 | Horizon | MGD | 86955.45 | | | | 32623.42 | 201178.6 | case rate | |
| CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL | 023 | MS-DRG | | | | inpatient | | | | 88862.96 | Horizon | MGD | 92057.29 | | | | 67385.9 | 212982.12 | case rate | |
| CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC | 024 | MS-DRG | | | | inpatient | | | | 62471.61 | Horizon | MGD | 66081.08 | | | | 44903.86 | 313612.23 | case rate | |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC | 025 | MS-DRG | | | | inpatient | | | | 71766.2 | Horizon | MGD | 72118.65 | | | | 52824.66 | 166852.44 | case rate | |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC | 026 | MS-DRG | | | | inpatient | | | | 52172.15 | Horizon | MGD | 50844.7 | | | | 36126.72 | 117633.41 | case rate | |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC | 027 | MS-DRG | | | | inpatient | | | | 43983.59 | Horizon | MGD | 40560.1 | | | | 29148.47 | 93839.14 | case rate | |
| SPINAL PROCEDURES W MCC | 028 | MS-DRG | | | | inpatient | | | | 94042.19 | Horizon | MGD | 90619.13 | | | | 71808.14 | 209654.82 | case rate | |
| SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS | 029 | MS-DRG | | | | inpatient | | | | 56303.85 | Horizon | MGD | 53205.1 | | | | 39647.73 | 123094.39 | case rate | |
| SPINAL PROCEDURES W/O CC/MCC | 030 | MS-DRG | | | | inpatient | | | | 40623.9 | Horizon | MGD | 38682.3 | | | | 26286.36 | 84867.53 | case rate | |
| VENTRICULAR SHUNT PROCEDURES W MCC | 031 | MS-DRG | | | | inpatient | | | | 67861.81 | Horizon | MGD | 70523.69 | | | | 49497.36 | 163162.38 | case rate | |
| VENTRICULAR SHUNT PROCEDURES W CC | 032 | MS-DRG | | | | inpatient | | | | 39379.26 | Horizon | MGD | 38813.41 | | | | 25224.68 | 103005.11 | case rate | |
| VENTRICULAR SHUNT PROCEDURES W/O CC/MCC | 033 | MS-DRG | | | | inpatient | | | | 31863.41 | Horizon | MGD | 28454.62 | | | | 18845.28 | 56938.47 | case rate | |
| CAROTID ARTERY STENT PROCEDURE W MCC | 034 | MS-DRG | | | | inpatient | | | | 63677.44 | Horizon | MGD | 60892.63 | | | | 45931.46 | 279134.99 | case rate | |
| CAROTID ARTERY STENT PROCEDURE W CC | 035 | MS-DRG | | | | inpatient | | | | 41308.59 | Horizon | MGD | 37434.26 | | | | 26868.85 | 86607.24 | case rate | |
| CAROTID ARTERY STENT PROCEDURE W/O CC/MCC | 036 | MS-DRG | | | | inpatient | | | | 35166.57 | Horizon | MGD | 29100.36 | | | | 21651.7 | 67326.08 | case rate | |
| EXTRACRANIAL PROCEDURES W MCC | 037 | MS-DRG | | | | inpatient | | | | 55807.66 | Horizon | MGD | 54177.23 | | | | 39224.88 | 125204.67 | case rate | |
| EXTRACRANIAL PROCEDURES W CC | 038 | MS-DRG | | | | inpatient | | | | 32112.4 | Horizon | MGD | 28184.86 | | | | 19031.9 | 65208 | case rate | |
| EXTRACRANIAL PROCEDURES W/O CC/MCC | 039 | MS-DRG | | | | inpatient | | | | 25555.18 | Horizon | MGD | 19092.26 | | | | 13443.87 | 44171.53 | case rate | |
| PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC | 040 | MS-DRG | | | | inpatient | | | | 62061.35 | Horizon | MGD | 66229.45 | | | | 44554.23 | 153227.3 | case rate | |
| PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM | 041 | MS-DRG | | | | inpatient | | | | 41078.51 | Horizon | MGD | 39762.62 | | | | 26672.77 | 91994.11 | case rate | |
| PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC | 042 | MS-DRG | | | | inpatient | | | | 34140.13 | Horizon | MGD | 31553.49 | | | | 20759.93 | 102408.62 | case rate | |
| SPINAL DISORDERS & INJURIES W CC/MCC | 052 | MS-DRG | | | | inpatient | | | | 37673.08 | Horizon | MGD | 28668.74 | | | | 23770.68 | 80333.48 | case rate | |
| SPINAL DISORDERS & INJURIES W/O CC/MCC | 053 | MS-DRG | | | | inpatient | | | | 22590.3 | Horizon | MGD | 15411.73 | | | | 10883.13 | 58314.19 | case rate | |
| NERVOUS SYSTEM NEOPLASMS W MCC | 054 | MS-DRG | | | | inpatient | | | | 30557.29 | Horizon | MGD | 22197.88 | | | | 17706.65 | 143596.19 | case rate | |
| NERVOUS SYSTEM NEOPLASMS W/O MCC | 055 | MS-DRG | | | | inpatient | | | | 24900.98 | Horizon | MGD | 17655.79 | | | | 12886.37 | 40848.13 | case rate | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC | 056 | MS-DRG | | | | inpatient | | | | 44486.71 | Horizon | MGD | 35819.07 | | | | 29577.23 | 82870.37 | case rate | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC | 057 | MS-DRG | | | | inpatient | | | | 28274.53 | Horizon | MGD | 20382.05 | | | | 15761.29 | 47155.56 | case rate | |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC | 058 | MS-DRG | | | | inpatient | | | | 35363.98 | Horizon | MGD | 29666.86 | | | | 21802.88 | 68636.72 | case rate | |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC | 059 | MS-DRG | | | | inpatient | | | | 26738.83 | Horizon | MGD | 18534.2 | | | | 14452.58 | 42880.4 | case rate | |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC | 060 | MS-DRG | | | | inpatient | | | | 22148.36 | Horizon | MGD | 14039.32 | | | | 10540.6 | 32481.13 | case rate | |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC | 061 | MS-DRG | | | | inpatient | | | | 47249.04 | Horizon | MGD | 48012.22 | | | | 31931.26 | 111080.23 | case rate | |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC | 062 | MS-DRG | | | | inpatient | | | | 34463.07 | Horizon | MGD | 32770.78 | | | | 21035.14 | 121708.96 | case rate | |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC | 063 | MS-DRG | | | | inpatient | | | | 29250.28 | Horizon | MGD | 27448.08 | | | | 16582.82 | 136083.64 | case rate | |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC | 064 | MS-DRG | | | | inpatient | | | | 37350.14 | Horizon | MGD | 31514.71 | | | | 23495.48 | 215326.95 | case rate | |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS | 065 | MS-DRG | | | | inpatient | | | | 23873.94 | Horizon | MGD | 17391.09 | | | | 12011.13 | 40235.72 | case rate | |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC | 066 | MS-DRG | | | | inpatient | | | | 19319.51 | Horizon | MGD | 12253.85 | | | | 8129.87 | 28350.29 | case rate | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC | 067 | MS-DRG | | | | inpatient | | | | 29944.68 | Horizon | MGD | 25313.6 | | | | 17184.58 | 58565.11 | case rate | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC | 068 | MS-DRG | | | | inpatient | | | | 21997.28 | Horizon | MGD | 15152.08 | | | | 10411.85 | 35055.59 | case rate | |
| TRANSIENT ISCHEMIA W/O THROMBOLYTIC | 069 | MS-DRG | | | | inpatient | | | | 20869.07 | Horizon | MGD | 12906.33 | | | | 9450.4 | 29859.86 | case rate | |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC | 070 | MS-DRG | | | | inpatient | | | | 33879.56 | Horizon | MGD | 27739.76 | | | | 20537.87 | 64178.22 | case rate | |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W CC | 071 | MS-DRG | | | | inpatient | | | | 24386.77 | Horizon | MGD | 16620.59 | | | | 12448.16 | 39453.1 | case rate | |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC | 072 | MS-DRG | | | | inpatient | | | | 20177.45 | Horizon | MGD | 12519.12 | | | | 8861 | 28943.19 | case rate | |
| CRANIAL & PERIPHERAL NERVE DISORDERS W MCC | 073 | MS-DRG | | | | inpatient | | | | 31201.79 | Horizon | MGD | 23791.15 | | | | 18255.89 | 55042.78 | case rate | |
| CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC | 074 | MS-DRG | | | | inpatient | | | | 24227.38 | Horizon | MGD | 16419.95 | | | | 12312.33 | 37988.92 | case rate | |
| VIRAL MENINGITIS W CC/MCC | 075 | MS-DRG | | | | inpatient | | | | 32817.88 | Horizon | MGD | 24979.78 | | | | 19633.11 | 57792.77 | case rate | |
| VIRAL MENINGITIS W/O CC/MCC | 076 | MS-DRG | | | | inpatient | | | | 22487.93 | Horizon | MGD | 13906.13 | | | | 10829.98 | 32172.97 | case rate | |
| HYPERTENSIVE ENCEPHALOPATHY W MCC | 077 | MS-DRG | | | | inpatient | | | | 31211.49 | Horizon | MGD | 26166.72 | | | | 18264.15 | 60538.86 | case rate | |
| HYPERTENSIVE ENCEPHALOPATHY W CC | 078 | MS-DRG | | | | inpatient | | | | 23610.6 | Horizon | MGD | 16355.89 | | | | 11786.72 | 37840.69 | case rate | |
| HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC | 079 | MS-DRG | | | | inpatient | | | | 18949.44 | Horizon | MGD | 12585.99 | | | | 7814.5 | 29118.73 | case rate | |
| NONTRAUMATIC STUPOR & COMA W MCC | 080 | MS-DRG | | | | inpatient | | | | 37070.16 | Horizon | MGD | 31676.57 | | | | 23256.88 | 73286.35 | case rate | |
| NONTRAUMATIC STUPOR & COMA W/O MCC | 081 | MS-DRG | | | | inpatient | | | | 22320.22 | Horizon | MGD | 14408.56 | | | | 10687.06 | 33335.38 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC | 082 | MS-DRG | | | | inpatient | | | | 41937.84 | Horizon | MGD | 36394 | | | | 27405.09 | 84200.51 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W CC | 083 | MS-DRG | | | | inpatient | | | | 29550.7 | Horizon | MGD | 21833.7 | | | | 16422.74 | 55514.07 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC | 084 | MS-DRG | | | | inpatient | | | | 23031.25 | Horizon | MGD | 15566.84 | | | | 11292.99 | 36015.16 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC | 085 | MS-DRG | | | | inpatient | | | | 41186.62 | Horizon | MGD | 36754.8 | | | | 26764.9 | 85035.26 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W CC | 086 | MS-DRG | | | | inpatient | | | | 27958.52 | Horizon | MGD | 20958.67 | | | | 15491.99 | 48489.6 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC | 087 | MS-DRG | | | | inpatient | | | | 22031.93 | Horizon | MGD | 14251.76 | | | | 10441.38 | 32972.62 | case rate | |
| CONCUSSION W MCC | 088 | MS-DRG | | | | inpatient | | | | 29332.06 | Horizon | MGD | 24946.06 | | | | 16662.51 | 57714.76 | case rate | |
| CONCUSSION W CC | 089 | MS-DRG | | | | inpatient | | | | 24639.02 | Horizon | MGD | 17998.05 | | | | 12663.13 | 41639.97 | case rate | |
| CONCUSSION W/O CC/MCC | 090 | MS-DRG | | | | inpatient | | | | 21661.87 | Horizon | MGD | 13376.72 | | | | 10126.02 | 30948.15 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM W MCC | 091 | MS-DRG | | | | inpatient | | | | 35945.2 | Horizon | MGD | 27178.32 | | | | 21531.22 | 82879.28 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM W CC | 092 | MS-DRG | | | | inpatient | | | | 24453.3 | Horizon | MGD | 15904.04 | | | | 12504.86 | 36795.3 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC | 093 | MS-DRG | | | | inpatient | | | | 20719.38 | Horizon | MGD | 12439.31 | | | | 9322.83 | 28779.36 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC | 094 | MS-DRG | | | | inpatient | | | | 60351.01 | Horizon | MGD | 62009.39 | | | | 43096.69 | 143463.85 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC | 095 | MS-DRG | | | | inpatient | | | | 43005.07 | Horizon | MGD | 40141.97 | | | | 28314.58 | 92871.77 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC | 096 | MS-DRG | | | | inpatient | | | | 43005.07 | Horizon | MGD | 35591.46 | | | | 28314.58 | 82343.78 | case rate | |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC | 097 | MS-DRG | | | | inpatient | | | | 59462.57 | Horizon | MGD | 59865.85 | | | | 42339.57 | 138041.87 | case rate | |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC | 098 | MS-DRG | | | | inpatient | | | | 38846.35 | Horizon | MGD | 31199.43 | | | | 25622.73 | 72182.45 | case rate | |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC | 099 | MS-DRG | | | | inpatient | | | | 29090.89 | Horizon | MGD | 21461.09 | | | | 16456.99 | 49652.01 | case rate | |
| SEIZURES W MCC | 100 | MS-DRG | | | | inpatient | | | | 37296.08 | Horizon | MGD | 30557.06 | | | | 23449.41 | 70696.29 | case rate | |
| SEIZURES W/O MCC | 101 | MS-DRG | | | | inpatient | | | | 22554.46 | Horizon | MGD | 14656.4 | | | | 10886.68 | 33908.79 | case rate | |
| HEADACHES W MCC | 102 | MS-DRG | | | | inpatient | | | | 25850.4 | Horizon | MGD | 18149.79 | | | | 13695.46 | 41991.04 | case rate | |
| HEADACHES W/O MCC | 103 | MS-DRG | | | | inpatient | | | | 21563.46 | Horizon | MGD | 13174.4 | | | | 10042.15 | 30480.07 | case rate | |
| ORBITAL PROCEDURES W CC/MCC | 113 | MS-DRG | | | | inpatient | | | | 40787.45 | Horizon | MGD | 38823.52 | | | | 26424.73 | 89821.42 | case rate | |
| ORBITAL PROCEDURES W/O CC/MCC | 114 | MS-DRG | | | | inpatient | | | | 26163.63 | Horizon | MGD | 21160.99 | | | | 13962.4 | 48957.69 | case rate | |
| EXTRAOCULAR PROCEDURES EXCEPT ORBIT | 115 | MS-DRG | | | | inpatient | | | | 30999.43 | Horizon | MGD | 22965.01 | | | | 18083.44 | 53131.43 | case rate | |
| INTRAOCULAR PROCEDURES W CC/MCC | 116 | MS-DRG | | | | inpatient | | | | 32906.58 | Horizon | MGD | 28796.88 | | | | 19708.7 | 66623.96 | case rate | |
| INTRAOCULAR PROCEDURES W/O CC/MCC | 117 | MS-DRG | | | | inpatient | | | | 23808.8 | Horizon | MGD | 16962.15 | | | | 11955.62 | 39104.52 | case rate | |
| ACUTE MAJOR EYE INFECTIONS W CC/MCC | 121 | MS-DRG | | | | inpatient | | | | 25901.68 | Horizon | MGD | 17859.8 | | | | 13739.16 | 41320.12 | case rate | |
| ACUTE MAJOR EYE INFECTIONS W/O CC/MCC | 122 | MS-DRG | | | | inpatient | | | | 19180.91 | Horizon | MGD | 11899.79 | | | | 8011.75 | 27531.14 | case rate | |
| NEUROLOGICAL EYE DISORDERS | 123 | MS-DRG | | | | inpatient | | | | 20912.03 | Horizon | MGD | 12693.89 | | | | 9487.01 | 29368.37 | case rate | |
| OTHER DISORDERS OF THE EYE W MCC | 124 | MS-DRG | | | | inpatient | | | | 27851.8 | Horizon | MGD | 22445.72 | | | | 15401.04 | 51930.02 | case rate | |
| OTHER DISORDERS OF THE EYE W/O MCC | 125 | MS-DRG | | | | inpatient | | | | 21223.89 | Horizon | MGD | 13659.97 | | | | 9752.77 | 31603.47 | case rate | |
| SINUS & MASTOID PROCEDURES W CC/MCC | 135 | MS-DRG | | | | inpatient | | | | 43197.72 | Horizon | MGD | 38747.65 | | | | 28478.76 | 89645.89 | case rate | |
| SINUS & MASTOID PROCEDURES W/O CC/MCC | 136 | MS-DRG | | | | inpatient | | | | 23337.56 | Horizon | MGD | 20442.75 | | | | 11554.03 | 47295.99 | case rate | |
| MOUTH PROCEDURES W CC/MCC | 137 | MS-DRG | | | | inpatient | | | | 29164.35 | Horizon | MGD | 23217.91 | | | | 16519.59 | 53716.54 | case rate | |
| MOUTH PROCEDURES W/O CC/MCC | 138 | MS-DRG | | | | inpatient | | | | 21054.79 | Horizon | MGD | 14250.07 | | | | 9608.67 | 32968.72 | case rate | |
| SALIVARY GLAND PROCEDURES | 139 | MS-DRG | | | | inpatient | | | | 28809.53 | Horizon | MGD | 19564.34 | | | | 16217.22 | 45263.72 | case rate | |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC | 146 | MS-DRG | | | | inpatient | | | | 41576.09 | Horizon | MGD | 32423.47 | | | | 27096.81 | 75014.36 | case rate | |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC | 147 | MS-DRG | | | | inpatient | | | | 27032.66 | Horizon | MGD | 21083.43 | | | | 14702.98 | 48778.25 | case rate | |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC | 148 | MS-DRG | | | | inpatient | | | | 20359.02 | Horizon | MGD | 12203.27 | | | | 9015.73 | 28233.27 | case rate | |
| DYSEQUILIBRIUM | 149 | MS-DRG | | | | inpatient | | | | 20140.03 | Horizon | MGD | 11989.15 | | | | 8829.11 | 27737.88 | case rate | |
| EPISTAXIS W MCC | 150 | MS-DRG | | | | inpatient | | | | 28937.04 | Horizon | MGD | 22381.65 | | | | 16325.88 | 51781.79 | case rate | |
| EPISTAXIS W/O MCC | 151 | MS-DRG | | | | inpatient | | | | 20285.56 | Horizon | MGD | 11866.07 | | | | 8953.13 | 27453.13 | case rate | |
| OTITIS MEDIA & URI W MCC | 152 | MS-DRG | | | | inpatient | | | | 25508.05 | Horizon | MGD | 17569.81 | | | | 13403.71 | 40649.19 | case rate | |
| OTITIS MEDIA & URI W/O MCC | 153 | MS-DRG | | | | inpatient | | | | 19643.83 | Horizon | MGD | 12000.95 | | | | 8406.26 | 27765.18 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC | 154 | MS-DRG | | | | inpatient | | | | 32320.3 | Horizon | MGD | 24387.99 | | | | 15209.07 | 56423.63 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC | 155 | MS-DRG | | | | inpatient | | | | 22719.39 | Horizon | MGD | 14892.44 | | | | 11027.24 | 34454.88 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC | 156 | MS-DRG | | | | inpatient | | | | 19099.13 | Horizon | MGD | 11125.91 | | | | 7942.07 | 25740.72 | case rate | |
| DENTAL & ORAL DISEASES W MCC | 157 | MS-DRG | | | | inpatient | | | | 32475.53 | Horizon | MGD | 28206.78 | | | | 19341.36 | 65258.71 | case rate | |
| DENTAL & ORAL DISEASES W CC | 158 | MS-DRG | | | | inpatient | | | | 22816.42 | Horizon | MGD | 15010.46 | | | | 11109.92 | 34727.93 | case rate | |
| DENTAL & ORAL DISEASES W/O CC/MCC | 159 | MS-DRG | | | | inpatient | | | | 18921.72 | Horizon | MGD | 11437.82 | | | | 7790.88 | 26462.35 | case rate | |
| MAJOR CHEST PROCEDURES W MCC | 163 | MS-DRG | | | | inpatient | | | | 73663.65 | Horizon | MGD | 82939.4 | | | | 54441.66 | 191887.14 | case rate | |
| MAJOR CHEST PROCEDURES W CC | 164 | MS-DRG | | | | inpatient | | | | 44665.51 | Horizon | MGD | 43311.65 | | | | 29729.6 | 100205.08 | case rate | |
| MAJOR CHEST PROCEDURES W/O CC/MCC | 165 | MS-DRG | | | | inpatient | | | | 35614.85 | Horizon | MGD | 31231.46 | | | | 22016.67 | 72256.57 | case rate | |
| OTHER RESP SYSTEM O.R. PROCEDURES W MCC | 166 | MS-DRG | | | | inpatient | | | | 63145.21 | Horizon | MGD | 58976.28 | | | | 45477.9 | 136446.49 | case rate | |
| OTHER RESP SYSTEM O.R. PROCEDURES W CC | 167 | MS-DRG | | | | inpatient | | | | 35104.8 | Horizon | MGD | 31993.54 | | | | 21582.01 | 74019.68 | case rate | |
| OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC | 168 | MS-DRG | | | | inpatient | | | | 28544.8 | Horizon | MGD | 22619.38 | | | | 15991.62 | 52331.79 | case rate | |
| PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE | 175 | MS-DRG | | | | inpatient | | | | 29309.88 | Horizon | MGD | 34698.21 | | | | 16643.61 | 57141.35 | case rate | |
| PULMONARY EMBOLISM W/O MCC | 176 | MS-DRG | | | | inpatient | | | | 21068.65 | Horizon | MGD | 15157.14 | | | | 9620.48 | 35067.29 | case rate | |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC | 177 | MS-DRG | | | | inpatient | | | | 32184.47 | Horizon | MGD | 31035.89 | | | | 19093.32 | 71804.09 | case rate | |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W CC | 178 | MS-DRG | | | | inpatient | | | | 23530.21 | Horizon | MGD | 21486.38 | | | | 11718.21 | 49710.52 | case rate | |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC | 179 | MS-DRG | | | | inpatient | | | | 20447.72 | Horizon | MGD | 15536.49 | | | | 9091.33 | 35944.95 | case rate | |
| RESPIRATORY NEOPLASMS W MCC | 180 | MS-DRG | | | | inpatient | | | | 34004.3 | Horizon | MGD | 28594.56 | | | | 20644.17 | 66155.87 | case rate | |
| RESPIRATORY NEOPLASMS W CC | 181 | MS-DRG | | | | inpatient | | | | 25168.48 | Horizon | MGD | 19235.57 | | | | 13114.33 | 44503.09 | case rate | |
| RESPIRATORY NEOPLASMS W/O CC/MCC | 182 | MS-DRG | | | | inpatient | | | | 21387.44 | Horizon | MGD | 13403.39 | | | | 9892.15 | 31014.47 | case rate | |
| MAJOR CHEST TRAUMA W MCC | 183 | MS-DRG | | | | inpatient | | | | 31779.76 | Horizon | MGD | 25136.57 | | | | 18748.43 | 58155.54 | case rate | |
| MAJOR CHEST TRAUMA W CC | 184 | MS-DRG | | | | inpatient | | | | 24563.58 | Horizon | MGD | 16934.18 | | | | 12615.88 | 39178.63 | case rate | |
| MAJOR CHEST TRAUMA W/O CC/MCC | 185 | MS-DRG | | | | inpatient | | | | 20508.6 | Horizon | MGD | 12346.58 | | | | 9185.82 | 28564.83 | case rate | |
| PLEURAL EFFUSION W MCC | 186 | MS-DRG | | | | inpatient | | | | 31678.58 | Horizon | MGD | 26293.17 | | | | 19662.2 | 60831.42 | case rate | |
| PLEURAL EFFUSION W CC | 187 | MS-DRG | | | | inpatient | | | | 23695.15 | Horizon | MGD | 17770.44 | | | | 11858.77 | 41113.38 | case rate | |
| PLEURAL EFFUSION W/O CC/MCC | 188 | MS-DRG | | | | inpatient | | | | 19955.69 | Horizon | MGD | 12934.99 | | | | 8672.02 | 29926.17 | case rate | |
| PULMONARY EDEMA & RESPIRATORY FAILURE | 189 | MS-DRG | | | | inpatient | | | | 26930.1 | Horizon | MGD | 20827.16 | | | | 14615.57 | 48185.35 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC | 190 | MS-DRG | | | | inpatient | | | | 25344.5 | Horizon | MGD | 20075.2 | | | | 13264.34 | 46445.63 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC | 191 | MS-DRG | | | | inpatient | | | | 21686.82 | Horizon | MGD | 15408.35 | | | | 10147.28 | 35648.5 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC | 192 | MS-DRG | | | | inpatient | | | | 18749.86 | Horizon | MGD | 12208.33 | | | | 7644.42 | 28244.97 | case rate | |
| SIMPLE PNEUMONIA & PLEURISY W MCC | 193 | MS-DRG | | | | inpatient | | | | 28043.07 | Horizon | MGD | 22199.56 | | | | 15564.04 | 51362.52 | case rate | |
| SIMPLE PNEUMONIA & PLEURISY W CC | 194 | MS-DRG | | | | inpatient | | | | 21144.88 | Horizon | MGD | 15177.37 | | | | 9685.45 | 35114.1 | case rate | |
| SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC | 195 | MS-DRG | | | | inpatient | | | | 18410.28 | Horizon | MGD | 11579.45 | | | | 7355.03 | 26790.01 | case rate | |
| INTERSTITIAL LUNG DISEASE W MCC | 196 | MS-DRG | | | | inpatient | | | | 35863.44 | Horizon | MGD | 27618.37 | | | | 22254.08 | 63897.37 | case rate | |
| INTERSTITIAL LUNG DISEASE W CC | 197 | MS-DRG | | | | inpatient | | | | 23501.11 | Horizon | MGD | 16888.66 | | | | 11693.4 | 39073.31 | case rate | |
| INTERSTITIAL LUNG DISEASE W/O CC/MCC | 198 | MS-DRG | | | | inpatient | | | | 19107.45 | Horizon | MGD | 12788.31 | | | | 7949.15 | 29586.81 | case rate | |
| PNEUMOTHORAX W MCC | 199 | MS-DRG | | | | inpatient | | | | 34246.86 | Horizon | MGD | 30058.01 | | | | 20850.88 | 69541.68 | case rate | |
| PNEUMOTHORAX W CC | 200 | MS-DRG | | | | inpatient | | | | 25129.67 | Horizon | MGD | 18121.13 | | | | 13681.26 | 41824.72 | case rate | |
| PNEUMOTHORAX W/O CC/MCC | 201 | MS-DRG | | | | inpatient | | | | 19164.27 | Horizon | MGD | 11783.45 | | | | 7997.58 | 27891.99 | case rate | |
| BRONCHITIS & ASTHMA W CC/MCC | 202 | MS-DRG | | | | inpatient | | | | 23178.16 | Horizon | MGD | 15850.09 | | | | 11418.2 | 38695.65 | case rate | |
| BRONCHITIS & ASTHMA W/O CC/MCC | 203 | MS-DRG | | | | inpatient | | | | 19434.55 | Horizon | MGD | 11751.42 | | | | 8227.9 | 30775.53 | case rate | |
| RESPIRATORY SIGNS & SYMPTOMS | 204 | MS-DRG | | | | inpatient | | | | 21020.14 | Horizon | MGD | 12941.74 | | | | 9579.14 | 36731.64 | case rate | |
| OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC | 205 | MS-DRG | | | | inpatient | | | | 35944.72 | Horizon | MGD | 25591.79 | | | | 22297.79 | 59208.73 | case rate | |
| OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC | 206 | MS-DRG | | | | inpatient | | | | 22334.08 | Horizon | MGD | 14558.61 | | | | 10698.87 | 33682.54 | case rate | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS | 207 | MS-DRG | | | | inpatient | | | | 99415.76 | Horizon | MGD | 94356.99 | | | | 49635 | 218302.68 | case rate | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS | 208 | MS-DRG | | | | inpatient | | | | 46977.38 | Horizon | MGD | 41094.56 | | | | 31699.76 | 95075.66 | case rate | |
| OTHER HEART ASSIST SYSTEM IMPLANT | 215 | MS-DRG | | | | inpatient | | | | 156624.79 | Horizon | MGD | 217259.65 | | | | 125140.69 | 502648.1 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC | 216 | MS-DRG | | | | inpatient | | | | 143545 | Horizon | MGD | 165580.37 | | | | 78485 | 383083.85 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC | 217 | MS-DRG | | | | inpatient | | | | 95286.86 | Horizon | MGD | 107276.81 | | | | 76277.62 | 248193.74 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC | 218 | MS-DRG | | | | inpatient | | | | 92237.6 | Horizon | MGD | 95963.36 | | | | 70270.28 | 230348.04 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC | 219 | MS-DRG | | | | inpatient | | | | 117022.27 | Horizon | MGD | 129680.38 | | | | 57338 | 300026.24 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC | 220 | MS-DRG | | | | inpatient | | | | 83192.49 | Horizon | MGD | 87761.36 | | | | 57338 | 203043.14 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC | 221 | MS-DRG | | | | inpatient | | | | 73433.58 | Horizon | MGD | 77680.76 | | | | 17199 | 179720.85 | case rate | |
| OTHER CARDIOTHORACIC PROCEDURES W MCC | 228 | MS-DRG | | | | inpatient | | | | 78848.73 | Horizon | MGD | 110874.73 | | | | 58860.35 | 256517.83 | case rate | |
| OTHER CARDIOTHORACIC PROCEDURES W/O MCC | 229 | MS-DRG | | | | inpatient | | | | 52833.28 | Horizon | MGD | 78372.02 | | | | 36690.12 | 181320.14 | case rate | |
| CORONARY BYPASS W PTCA W MCC | 231 | MS-DRG | | | | inpatient | | | | 127228.86 | Horizon | MGD | 141605.45 | | | | 19424 | 327615.89 | case rate | |
| CORONARY BYPASS W PTCA W/O MCC | 232 | MS-DRG | | | | inpatient | | | | 94446.91 | Horizon | MGD | 103864.34 | | | | 27830 | 240298.72 | case rate | |
| CORONARY BYPASS W CARDIAC CATH W MCC | 233 | MS-DRG | | | | inpatient | | | | 118115.83 | Horizon | MGD | 128771.62 | | | | 53769 | 297923.76 | case rate | |
| CORONARY BYPASS W CARDIAC CATH W/O MCC | 234 | MS-DRG | | | | inpatient | | | | 83518.2 | Horizon | MGD | 86781.79 | | | | 62839.65 | 200776.83 | case rate | |
| CORONARY BYPASS W/O CARDIAC CATH W MCC | 235 | MS-DRG | | | | inpatient | | | | 91335.31 | Horizon | MGD | 97954.91 | | | | 47567 | 229826.77 | case rate | |
| CORONARY BYPASS W/O CARDIAC CATH W/O MCC | 236 | MS-DRG | | | | inpatient | | | | 66773.79 | Horizon | MGD | 66197.42 | | | | 33990 | 153153.18 | case rate | |
| AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC | 239 | MS-DRG | | | | inpatient | | | | 79591.63 | Horizon | MGD | 79398.8 | | | | 59493.45 | 183695.67 | case rate | |
| AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC | 240 | MS-DRG | | | | inpatient | | | | 50143.03 | Horizon | MGD | 46279.01 | | | | 34397.51 | 107070.31 | case rate | |
| AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC | 241 | MS-DRG | | | | inpatient | | | | 30706.98 | Horizon | MGD | 36969.56 | | | | 15559 | 62255.17 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W MCC | 242 | MS-DRG | | | | inpatient | | | | 56793.12 | Horizon | MGD | 63004.13 | | | | 20528 | 145765.26 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W CC | 243 | MS-DRG | | | | inpatient | | | | 41003.67 | Horizon | MGD | 43065.5 | | | | 19748 | 99635.58 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC | 244 | MS-DRG | | | | inpatient | | | | 34792.95 | Horizon | MGD | 35588.09 | | | | 19748 | 91806.34 | case rate | |
| AICD GENERATOR PROCEDURES | 245 | MS-DRG | | | | inpatient | | | | 77511.22 | Horizon | MGD | 84934.01 | | | | 57720.54 | 195506.98 | case rate | |
| PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC | 250 | MS-DRG | | | | inpatient | | | | 41832.5 | Horizon | MGD | 43613.45 | | | | 27315.32 | 100903.31 | case rate | |
| PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC | 251 | MS-DRG | | | | inpatient | | | | 31437.41 | Horizon | MGD | 28287.71 | | | | 18456.68 | 65445.94 | case rate | |
| OTHER VASCULAR PROCEDURES W MCC | 252 | MS-DRG | | | | inpatient | | | | 57325.34 | Horizon | MGD | 54960.23 | | | | 40518.24 | 127155.02 | case rate | |
| OTHER VASCULAR PROCEDURES W CC | 253 | MS-DRG | | | | inpatient | | | | 45164.47 | Horizon | MGD | 43739.9 | | | | 30154.81 | 101195.86 | case rate | |
| OTHER VASCULAR PROCEDURES W/O CC/MCC | 254 | MS-DRG | | | | inpatient | | | | 34028.48 | Horizon | MGD | 30516.6 | | | | 20663.07 | 70602.67 | case rate | |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC | 255 | MS-DRG | | | | inpatient | | | | 46044.59 | Horizon | MGD | 42829.46 | | | | 30904.84 | 99089.48 | case rate | |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC | 256 | MS-DRG | | | | inpatient | | | | 33254.47 | Horizon | MGD | 29483.08 | | | | 20005.17 | 68211.54 | case rate | |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC | 257 | MS-DRG | | | | inpatient | | | | 20765.12 | Horizon | MGD | 18986.05 | | | | 9361.81 | 43925.78 | case rate | |
| CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC | 258 | MS-DRG | | | | inpatient | | | | 48664.15 | Horizon | MGD | 50391.17 | | | | 15797 | 116584.12 | case rate | |
| CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC | 259 | MS-DRG | | | | inpatient | | | | 34141.52 | Horizon | MGD | 35355.42 | | | | 15797 | 81797.68 | case rate | |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC | 260 | MS-DRG | | | | inpatient | | | | 56989.93 | Horizon | MGD | 61024.77 | | | | 12982 | 141185.84 | case rate | |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC | 261 | MS-DRG | | | | inpatient | | | | 36080.55 | Horizon | MGD | 33581.75 | | | | 12982 | 77694.14 | case rate | |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC | 262 | MS-DRG | | | | inpatient | | | | 30816.48 | Horizon | MGD | 27496.97 | | | | 12982 | 63616.52 | case rate | |
| VEIN LIGATION & STRIPPING | 263 | MS-DRG | | | | inpatient | | | | 40953.82 | Horizon | MGD | 40332.49 | | | | 31679.68 | 93312.55 | case rate | |
| OTHER CIRCULATORY SYSTEM O.R. PROCEDURES | 264 | MS-DRG | | | | inpatient | | | | 58222.09 | Horizon | MGD | 53254 | | | | 41282.44 | 123207.51 | case rate | |
| AICD LEAD PROCEDURES | 265 | MS-DRG | | | | inpatient | | | | 59221.41 | Horizon | MGD | 52547.56 | | | | 42134.05 | 121573.12 | case rate | |
| ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC | 266 | MS-DRG | | | | inpatient | | | | 92812.8 | Horizon | MGD | 121248.69 | | | | 70760.45 | 280518.84 | case rate | |
| ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC | 267 | MS-DRG | | | | inpatient | | | | 74987.3 | Horizon | MGD | 98598.97 | | | | 55569.66 | 228116.84 | case rate | |
| AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC | 268 | MS-DRG | | | | inpatient | | | | 102193.33 | Horizon | MGD | 113024.38 | | | | 78754.49 | 261491.23 | case rate | |
| AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC | 269 | MS-DRG | | | | inpatient | | | | 67447.39 | Horizon | MGD | 69984.17 | | | | 49144.19 | 161914.16 | case rate | |
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC | 270 | MS-DRG | | | | inpatient | | | | 80923.59 | Horizon | MGD | 85340.26 | | | | 60628.53 | 197441.73 | case rate | |
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC | 271 | MS-DRG | | | | inpatient | | | | 57519.39 | Horizon | MGD | 58905.47 | | | | 40683.6 | 136282.66 | case rate | |
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC | 272 | MS-DRG | | | | inpatient | | | | 44460.38 | Horizon | MGD | 44141.17 | | | | 29554.79 | 102124.23 | case rate | |
| PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC | 273 | MS-DRG | | | | inpatient | | | | 63976.82 | Horizon | MGD | 61581.15 | | | | 46186.59 | 142473.07 | case rate | |
| PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC | 274 | MS-DRG | | | | inpatient | | | | 53037.02 | Horizon | MGD | 50214.14 | | | | 36863.75 | 116174.55 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC | 280 | MS-DRG | | | | inpatient | | | | 32529.59 | Horizon | MGD | 27938.71 | | | | 19387.43 | 64635.2 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC | 281 | MS-DRG | | | | inpatient | | | | 22555.84 | Horizon | MGD | 16516.06 | | | | 10887.86 | 38211.26 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC | 282 | MS-DRG | | | | inpatient | | | | 19829.56 | Horizon | MGD | 12628.14 | | | | 8564.53 | 29216.24 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC | 283 | MS-DRG | | | | inpatient | | | | 36881.67 | Horizon | MGD | 30427.24 | | | | 23096.25 | 70395.93 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC | 284 | MS-DRG | | | | inpatient | | | | 20049.94 | Horizon | MGD | 12924.88 | | | | 8752.34 | 29902.77 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC | 285 | MS-DRG | | | | inpatient | | | | 17560.66 | Horizon | MGD | 10055.3 | | | | 6630.99 | 23263.77 | case rate | |
| CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC | 286 | MS-DRG | | | | inpatient | | | | 40456.19 | Horizon | MGD | 36768.29 | | | | 13521 | 85086.47 | case rate | |
| CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC | 287 | MS-DRG | | | | inpatient | | | | 24882.96 | Horizon | MGD | 19201.85 | | | | 9969 | 44425.07 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS W MCC | 288 | MS-DRG | | | | inpatient | | | | 47638.51 | Horizon | MGD | 45422.53 | | | | 32263.17 | 105088.76 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS W CC | 289 | MS-DRG | | | | inpatient | | | | 31632.84 | Horizon | MGD | 28828.91 | | | | 18623.22 | 66698.07 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC | 290 | MS-DRG | | | | inpatient | | | | 23348.64 | Horizon | MGD | 17052.2 | | | | 11563.48 | 39451.68 | case rate | |
| HEART FAILURE & SHOCK W MCC | 291 | MS-DRG | | | | inpatient | | | | 27864.27 | Horizon | MGD | 22983.44 | | | | 15411.67 | 52480.02 | case rate | |
| HEART FAILURE & SHOCK W CC | 292 | MS-DRG | | | | inpatient | | | | 21715.92 | Horizon | MGD | 15507.83 | | | | 10172.08 | 35878.64 | case rate | |
| HEART FAILURE & SHOCK W/O CC/MCC | 293 | MS-DRG | | | | inpatient | | | | 17384.63 | Horizon | MGD | 11222.02 | | | | 6480.98 | 25963.06 | case rate | |
| DEEP VEIN THROMBOPHLEBITIS W CC/MCC | 294 | MS-DRG | | | | inpatient | | | | 26799.81 | Horizon | MGD | 19571.09 | | | | 14504.55 | 45279.33 | case rate | |
| DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC | 295 | MS-DRG | | | | inpatient | | | | 20726.31 | Horizon | MGD | 9294.92 | | | | 9294.92 | 21504.56 | case rate | |
| CARDIAC ARREST, UNEXPLAINED W MCC | 296 | MS-DRG | | | | inpatient | | | | 32488.01 | Horizon | MGD | 25888.53 | | | | 19351.99 | 59895.25 | case rate | |
| CARDIAC ARREST, UNEXPLAINED W CC | 297 | MS-DRG | | | | inpatient | | | | 19542.65 | Horizon | MGD | 10999.46 | | | | 8320.03 | 25448.17 | case rate | |
| CARDIAC ARREST, UNEXPLAINED W/O CC/MCC | 298 | MS-DRG | | | | inpatient | | | | 15901.6 | Horizon | MGD | 8134.95 | | | | 5217.15 | 18820.88 | case rate | |
| PERIPHERAL VASCULAR DISORDERS W MCC | 299 | MS-DRG | | | | inpatient | | | | 32199.72 | Horizon | MGD | 34453.74 | | | | 19106.31 | 56575.75 | case rate | |
| PERIPHERAL VASCULAR DISORDERS W CC | 300 | MS-DRG | | | | inpatient | | | | 24618.23 | Horizon | MGD | 17259.58 | | | | 12645.41 | 39931.47 | case rate | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PERIPHERAL VASCULAR DISORDERS W/O CC/MCC | 301 | MS-DRG | | | | inpatient | | | | 19667.4 | Horizon | MGD | | | | | 8426.34 | 28326.88 | case rate | |
| ATHEROSCLEROSIS W MCC | 302 | MS-DRG | | | | inpatient | | | | 25903.06 | Horizon | MGD | | | | | 18031.77 | 13740.34 | 47717.99 | case rate |
| ATHEROSCLEROSIS W/O MCC | 303 | MS-DRG | | | | inpatient | | | | 19099.13 | Horizon | MGD | | | | | 11220.33 | 7942.07 | 25959.16 | case rate |
| HYPERTENSION W MCC | 304 | MS-DRG | | | | inpatient | | | | 26062.46 | Horizon | MGD | | | | | 18227.35 | 13876.17 | 42170.47 | case rate |
| HYPERTENSION W/O MCC | 305 | MS-DRG | | | | inpatient | | | | 20184.38 | Horizon | MGD | | | | | 12137.51 | 8866.91 | 28081.14 | case rate |
| CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC | 306 | MS-DRG | | | | inpatient | | | | 30533.73 | Horizon | MGD | | | | | 23752.37 | 17688.57 | 54953.06 | case rate |
| CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC | 307 | MS-DRG | | | | inpatient | | | | 22619.6 | Horizon | MGD | | | | | 14432.16 | 10942.19 | 33389.99 | case rate |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC | 308 | MS-DRG | | | | inpatient | | | | 26493.51 | Horizon | MGD | | | | | 20292.7 | 14243.51 | 46948.83 | case rate |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC | 309 | MS-DRG | | | | inpatient | | | | 20935.37 | Horizon | MGD | | | | | 12872.61 | 8732.26 | 29781.84 | case rate |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC | 310 | MS-DRG | | | | inpatient | | | | 17534.32 | Horizon | MGD | | | | | 9480.38 | 6608.55 | 21933.64 | case rate |
| ANGINA PECTORIS | 311 | MS-DRG | | | | inpatient | | | | 19458.11 | Horizon | MGD | | | | | 11586.19 | 8247.98 | 26805.61 | case rate |
| SYNCOPE & COLLAPSE | 312 | MS-DRG | | | | inpatient | | | | 21855.91 | Horizon | MGD | | | | | 13513.29 | 10291.38 | 31264.11 | case rate |
| CHEST PAIN | 313 | MS-DRG | | | | inpatient | | | | 19667.4 | Horizon | MGD | | | | | 11925.08 | 8426.34 | 27389.65 | case rate |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC | 314 | MS-DRG | | | | inpatient | | | | 39627.36 | Horizon | MGD | | | | | 34109.47 | 25436.11 | 78915.06 | case rate |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W CC | 315 | MS-DRG | | | | inpatient | | | | 23117.18 | Horizon | MGD | | | | | 16116.47 | 11366.23 | 37286.79 | case rate |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC | 316 | MS-DRG | | | | inpatient | | | | 19241.89 | Horizon | MGD | | | | | 12666.92 | 8063.72 | 29305.96 | case rate |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC | 326 | MS-DRG | | | | inpatient | | | | 80175.14 | Horizon | MGD | | | | | 88614.47 | 59990.71 | 205016.89 | case rate |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W CC | 327 | MS-DRG | | | | inpatient | | | | 43433.35 | Horizon | MGD | | | | | 41885.3 | 28679.55 | 96905.09 | case rate |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC | 328 | MS-DRG | | | | inpatient | | | | 31865.69 | Horizon | MGD | | | | | 25999.81 | 19821.66 | 60152.69 | case rate |
| MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC | 329 | MS-DRG | | | | inpatient | | | | 73423.87 | Horizon | MGD | | | | | 84176.92 | 54237.32 | 194792.25 | case rate |
| MAJOR SMALL & LARGE BOWEL PROCEDURES W CC | 330 | MS-DRG | | | | inpatient | | | | 42540.75 | Horizon | MGD | | | | | 42542.84 | 27918.89 | 98426.36 | case rate |
| MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC | 331 | MS-DRG | | | | inpatient | | | | 32662.65 | Horizon | MGD | | | | | 28572.64 | 19500.82 | 66105.16 | case rate |
| RECTAL RESECTION W MCC | 332 | MS-DRG | | | | inpatient | | | | 57856.19 | Horizon | MGD | | | | | 57293.65 | 40970.62 | 132553.59 | case rate |
| RECTAL RESECTION W CC | 333 | MS-DRG | | | | inpatient | | | | 39236.5 | Horizon | MGD | | | | | 32502.71 | 25103.02 | 75197.69 | case rate |
| RECTAL RESECTION W/O CC/MCC | 334 | MS-DRG | | | | inpatient | | | | 32767.98 | Horizon | MGD | | | | | 22022.53 | 19590.59 | 50950.94 | case rate |
| PERITONEAL ADHESIOLYSIS W MCC | 335 | MS-DRG | | | | inpatient | | | | 60000.35 | Horizon | MGD | | | | | 68485.32 | 42797.86 | 158446.43 | case rate |
| PERITONEAL ADHESIOLYSIS W CC | 336 | MS-DRG | | | | inpatient | | | | 39056.32 | Horizon | MGD | | | | | 38747.65 | 24949.47 | 89645.89 | case rate |
| PERITONEAL ADHESIOLYSIS W/O CC/MCC | 337 | MS-DRG | | | | inpatient | | | | 31056.26 | Horizon | MGD | | | | | 27031.64 | 18131.86 | 62539.92 | case rate |
| MINOR SMALL & LARGE BOWEL PROCEDURES W MCC | 344 | MS-DRG | | | | inpatient | | | | 47125.68 | Horizon | MGD | | | | | 50364.19 | 31826.14 | 116521.71 | case rate |
| MINOR SMALL & LARGE BOWEL PROCEDURES W CC | 345 | MS-DRG | | | | inpatient | | | | 30413.15 | Horizon | MGD | | | | | 27609.94 | 17583.81 | 63877.86 | case rate |
| MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC | 346 | MS-DRG | | | | inpatient | | | | 27039.59 | Horizon | MGD | | | | | 20849.08 | 14708.89 | 48236.06 | case rate |
| ANAL & STOMAL PROCEDURES W MCC | 347 | MS-DRG | | | | inpatient | | | | 42583.72 | Horizon | MGD | | | | | 40651.15 | 27955.51 | 94049.78 | case rate |
| ANAL & STOMAL PROCEDURES W CC | 348 | MS-DRG | | | | inpatient | | | | 27228.09 | Horizon | MGD | | | | | 23604 | 14869.52 | 54609.8 | case rate |
| ANAL & STOMAL PROCEDURES W/O CC/MCC | 349 | MS-DRG | | | | inpatient | | | | 21968.97 | Horizon | MGD | | | | | 16011.94 | 10404.77 | 37044.95 | case rate |
| INGUINAL & FEMORAL HERNIA PROCEDURES W MCC | 350 | MS-DRG | | | | inpatient | | | | 43303.06 | Horizon | MGD | | | | | 41247.99 | 28568.52 | 95430.63 | case rate |
| INGUINAL & FEMORAL HERNIA PROCEDURES W CC | 351 | MS-DRG | | | | inpatient | | | | 30632.14 | Horizon | MGD | | | | | 25291.69 | 17770.43 | 58514.4 | case rate |
| INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC | 352 | MS-DRG | | | | inpatient | | | | 25061.75 | Horizon | MGD | | | | | 17762.01 | 13023.38 | 41093.87 | case rate |
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC | 353 | MS-DRG | | | | inpatient | | | | 50431.32 | Horizon | MGD | | | | | 50005.07 | 34643.19 | 115690.86 | case rate |
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC | 354 | MS-DRG | | | | inpatient | | | | 33357.04 | Horizon | MGD | | | | | 29184.66 | 20092.58 | 67521.12 | case rate |
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC | 355 | MS-DRG | | | | inpatient | | | | 28257.9 | Horizon | MGD | | | | | 22841.93 | 15747.12 | 52846.68 | case rate |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC | 356 | MS-DRG | | | | inpatient | | | | 68902.7 | Horizon | MGD | | | | | 67030.3 | 50384.4 | 150080.13 | case rate |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC | 357 | MS-DRG | | | | inpatient | | | | 40992.58 | Horizon | MGD | | | | | 36024.76 | 26599.54 | 83346.26 | case rate |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC | 358 | MS-DRG | | | | inpatient | | | | 28561.44 | Horizon | MGD | | | | | 22732.34 | 16005.79 | 52593.14 | case rate |
| MAJOR ESOPHAGEAL DISORDERS W MCC | 368 | MS-DRG | | | | inpatient | | | | 32925.99 | Horizon | MGD | | | | | 32775.84 | 19725.24 | 75829.61 | case rate |
| MAJOR ESOPHAGEAL DISORDERS W CC | 369 | MS-DRG | | | | inpatient | | | | 23883.64 | Horizon | MGD | | | | | 19694.37 | 12019.4 | 43250.96 | case rate |
| MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC | 370 | MS-DRG | | | | inpatient | | | | 19453.95 | Horizon | MGD | | | | | 12532.04 | 8244.44 | 28993.9 | case rate |
| MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC | 371 | MS-DRG | | | | inpatient | | | | 34007.08 | Horizon | MGD | | | | | 29316.17 | 20646.54 | 67825.37 | case rate |
| MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC | 372 | MS-DRG | | | | inpatient | | | | 24045.81 | Horizon | MGD | | | | | 17507.42 | 12157.6 | 40504.87 | case rate |
| MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC | 373 | MS-DRG | | | | inpatient | | | | 19833.72 | Horizon | MGD | | | | | 12773.14 | 8568.08 | 29551.7 | case rate |
| DIGESTIVE MALIGNANCY W MCC | 374 | MS-DRG | | | | inpatient | | | | 39043.84 | Horizon | MGD | | | | | 34815.9 | 24938.84 | 80549.46 | case rate |
| DIGESTIVE MALIGNANCY W CC | 375 | MS-DRG | | | | inpatient | | | | 26809.52 | Horizon | MGD | | | | | 20344.96 | 14512.81 | 47069.75 | case rate |
| DIGESTIVE MALIGNANCY W/O CC/MCC | 376 | MS-DRG | | | | inpatient | | | | 22018.07 | Horizon | MGD | | | | | 15438.7 | 10429.57 | 35718.71 | case rate |
| G.I. HEMORRHAGE W MCC | 377 | MS-DRG | | | | inpatient | | | | 34980.06 | Horizon | MGD | | | | | 30159.17 | 21475.71 | 69775.72 | case rate |
| G.I. HEMORRHAGE W CC | 378 | MS-DRG | | | | inpatient | | | | 23444.28 | Horizon | MGD | | | | | 16696.46 | 11644.98 | 38628.63 | case rate |
| G.I. HEMORRHAGE W/O CC/MCC | 379 | MS-DRG | | | | inpatient | | | | 18604.32 | Horizon | MGD | | | | | 11012.95 | 7520.39 | 25479.37 | case rate |
| COMPLICATED PEPTIC ULCER W MCC | 380 | MS-DRG | | | | inpatient | | | | 36450.62 | Horizon | MGD | | | | | 32809.56 | 22728.91 | 75907.62 | case rate |
| COMPLICATED PEPTIC ULCER W CC | 381 | MS-DRG | | | | inpatient | | | | 24874.64 | Horizon | MGD | | | | | 18461.7 | 12883.93 | 42713.67 | case rate |
| COMPLICATED PEPTIC ULCER W/O CC/MCC | 382 | MS-DRG | | | | inpatient | | | | 20164.97 | Horizon | MGD | | | | | 12945.11 | 8850.37 | 29949.57 | case rate |
| UNCOMPLICATED PEPTIC ULCER W MCC | 383 | MS-DRG | | | | inpatient | | | | 27301.55 | Horizon | MGD | | | | | 22777.86 | 14932.12 | 52698.46 | case rate |
| UNCOMPLICATED PEPTIC ULCER W/O MCC | 384 | MS-DRG | | | | inpatient | | | | 21832.35 | Horizon | MGD | | | | | 14420.36 | 10271.3 | 33362.69 | case rate |
| INFLAMMATORY BOWEL DISEASE W MCC | 385 | MS-DRG | | | | inpatient | | | | 32299.51 | Horizon | MGD | | | | | 28826.59 | 19191.36 | 66229.59 | case rate |
| INFLAMMATORY BOWEL DISEASE W CC | 386 | MS-DRG | | | | inpatient | | | | 23535.76 | Horizon | MGD | | | | | 16524.49 | 11722.93 | 38230.76 | case rate |
| INFLAMMATORY BOWEL DISEASE W/O CC/MCC | 387 | MS-DRG | | | | inpatient | | | | 19070.02 | Horizon | MGD | | | | | 11746.36 | 7917.26 | 27176.18 | case rate |
| G.I. OBSTRUCTION W MCC | 388 | MS-DRG | | | | inpatient | | | | 30152.58 | Horizon | MGD | | | | | 25807.6 | 17361.75 | 59708.01 | case rate |
| G.I. OBSTRUCTION W CC | 389 | MS-DRG | | | | inpatient | | | | 20899.86 | Horizon | MGD | | | | | 14216.35 | 9468.11 | 32890.7 | case rate |
| G.I. OBSTRUCTION W/O CC/MCC | 390 | MS-DRG | | | | inpatient | | | | 17363.84 | Horizon | MGD | | | | | 9964.26 | 6463.26 | 23053.14 | case rate |
| ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC | 391 | MS-DRG | | | | inpatient | | | | 27582.91 | Horizon | MGD | | | | | 20594.49 | 15171.9 | 47647.05 | case rate |
| ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC | 392 | MS-DRG | | | | inpatient | | | | 20594.64 | Horizon | MGD | | | | | 12736.04 | 9216.53 | 29465.89 | case rate |
| OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC | 393 | MS-DRG | | | | inpatient | | | | 32731.95 | Horizon | MGD | | | | | 27525.64 | 19559.88 | 63682.83 | case rate |
| OTHER DIGESTIVE SYSTEM DIAGNOSES W CC | 394 | MS-DRG | | | | inpatient | | | | 22826.12 | Horizon | MGD | | | | | 15866.95 | 11118.18 | 36709.49 | case rate |
| OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC | 395 | MS-DRG | | | | inpatient | | | | 18600.17 | Horizon | MGD | | | | | 11405.79 | 7516.85 | 26388.24 | case rate |
| PANCREAS, LIVER & SHUNT PROCEDURES W MCC | 405 | MS-DRG | | | | inpatient | | | | 85022.02 | Horizon | MGD | | | | | 90691.63 | 64121.2 | 209822.55 | case rate |
| PANCREAS, LIVER & SHUNT PROCEDURES W CC | 406 | MS-DRG | | | | inpatient | | | | 48704.35 | Horizon | MGD | | | | | 47757.64 | 33171.47 | 110491.23 | case rate |
| PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC | 407 | MS-DRG | | | | inpatient | | | | 39382.03 | Horizon | MGD | | | | | 33834.65 | 25227.04 | 78279.25 | case rate |
| BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC | 408 | MS-DRG | | | | inpatient | | | | 58308.03 | Horizon | MGD | | | | | 68223.99 | 41355.67 | 157841.83 | case rate |
| BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC | 409 | MS-DRG | | | | inpatient | | | | 38837.33 | Horizon | MGD | | | | | 39160.72 | 24762.85 | 90901.56 | case rate |
| BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC | 410 | MS-DRG | | | | inpatient | | | | 31278.02 | Horizon | MGD | | | | | 27862.84 | 18320.85 | 64462.97 | case rate |
| CHOLECYSTECTOMY W C.D.E. W MCC | 411 | MS-DRG | | | | inpatient | | | | 47387.64 | Horizon | MGD | | | | | 67407.97 | 10482 | 159953.89 | case rate |
| CHOLECYSTECTOMY W C.D.E. W CC | 412 | MS-DRG | | | | inpatient | | | | 39323.82 | Horizon | MGD | | | | | 40158.83 | 11647 | 92910.77 | case rate |
| CHOLECYSTECTOMY W C.D.E. W/O CC/MCC | 413 | MS-DRG | | | | inpatient | | | | 32822.04 | Horizon | MGD | | | | | 28429.33 | 15908 | 65773.6 | case rate |
| CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC | 414 | MS-DRG | | | | inpatient | | | | 58342.68 | Horizon | MGD | | | | | 60311.59 | 28270 | 139535.84 | case rate |
| CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC | 415 | MS-DRG | | | | inpatient | | | | 37196.29 | Horizon | MGD | | | | | 34036.97 | 23364.37 | 78747.33 | case rate |
| CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC | 416 | MS-DRG | | | | inpatient | | | | 28770.72 | Horizon | MGD | | | | | 23487.67 | 16184.14 | 54340.65 | case rate |
| LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC | 417 | MS-DRG | | | | inpatient | | | | 42718.16 | Horizon | MGD | | | | | 40858.52 | 28070.08 | 94529.56 | case rate |
| LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC | 418 | MS-DRG | | | | inpatient | | | | 32765.21 | Horizon | MGD | | | | | 28058.41 | 19588.22 | 64915.45 | case rate |
| LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC | 419 | MS-DRG | | | | inpatient | | | | 28041.68 | Horizon | MGD | | | | | 21988.81 | 15562.86 | 50872.93 | case rate |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC | 420 | MS-DRG | | | | inpatient | | | | 58698.88 | Horizon | MGD | | | | | 59306.74 | 41688.76 | 137211.02 | case rate |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC | 421 | MS-DRG | | | | inpatient | | | | 32476.92 | Horizon | MGD | | | | | 29995.63 | 8253 | 69397.35 | case rate |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC | 422 | MS-DRG | | | | inpatient | | | | 30145.65 | Horizon | MGD | | | | | 25418.14 | 10272 | 58806.95 | case rate |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC | 423 | MS-DRG | | | | inpatient | | | | 66154.24 | Horizon | MGD | | | | | 66529.56 | 16017 | 153921.62 | case rate |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC | 424 | MS-DRG | | | | inpatient | | | | 41426.4 | Horizon | MGD | | | | | 36941.95 | 26969.24 | 85468.24 | case rate |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC | 425 | MS-DRG | | | | inpatient | | | | 31204.56 | Horizon | MGD | | | | | 25170.29 | 18258.25 | 58233.55 | case rate |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC | 432 | MS-DRG | | | | inpatient | | | | 36932.95 | Horizon | MGD | | | | | 30786.36 | 13893 | 71226.78 | case rate |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W CC | 433 | MS-DRG | | | | inpatient | | | | 24607.14 | Horizon | MGD | | | | | 17330.39 | 12635.96 | 40095.3 | case rate |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC | 434 | MS-DRG | | | | inpatient | | | | 19433.16 | Horizon | MGD | | | | | 10977.55 | 8226.72 | 53360.86 | case rate |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC | 435 | MS-DRG | | | | inpatient | | | | 35068.76 | Horizon | MGD | | | | | 28623.22 | 21551.3 | 66222.18 | case rate |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC | 436 | MS-DRG | | | | inpatient | | | | 25409.64 | Horizon | MGD | | | | | 19151.27 | 13319.85 | 44308.05 | case rate |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC | 437 | MS-DRG | | | | inpatient | | | | 20862.55 | Horizon | MGD | | | | | 14597.39 | 9274.41 | 33772.26 | case rate |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC | 438 | MS-DRG | | | | inpatient | | | | 32838.67 | Horizon | MGD | | | | | 27620.05 | 19650.83 | 63901.27 | case rate |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC | 439 | MS-DRG | | | | inpatient | | | | 21702.06 | Horizon | MGD | | | | | 14538.38 | 10160.27 | 33635.74 | case rate |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC | 440 | MS-DRG | | | | inpatient | | | | 18304.95 | Horizon | MGD | | | | | 10475.12 | 7265.27 | 24235.05 | case rate |
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC | 441 | MS-DRG | | | | inpatient | | | | 35980.76 | Horizon | MGD | | | | | 31312.39 | 11778 | 72445.8 | case rate |
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC | 442 | MS-DRG | | | | inpatient | | | | 23171.23 | Horizon | MGD | | | | | 15829.85 | 11412.29 | 36623.67 | case rate |
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC | 443 | MS-DRG | | | | inpatient | | | | 19519.09 | Horizon | MGD | | | | | 11731.19 | 8299.96 | 27141.07 | case rate |
| DISORDERS OF THE BILIARY TRACT W MCC | 444 | MS-DRG | | | | inpatient | | | | 33125.57 | Horizon | MGD | | | | | 27159.77 | 19895.32 | 62836.38 | case rate |
| DISORDERS OF THE BILIARY TRACT W CC | 445 | MS-DRG | | | | inpatient | | | | 24810.89 | Horizon | MGD | | | | | 17999.74 | 12809.59 | 41643.87 | case rate |
| DISORDERS OF THE BILIARY TRACT W/O CC/MCC | 446 | MS-DRG | | | | inpatient | | | | 20830.26 | Horizon | MGD | | | | | 13403.7 | 9417.32 | 31010.57 | case rate |
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC | 453 | MS-DRG | | | | inpatient | | | | 132599.66 | Horizon | MGD | | | | | 160117.73 | 17717 | 370445.58 | case rate |
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC | 454 | MS-DRG | | | | inpatient | | | | 94552.24 | Horizon | MGD | | | | | 106838.45 | 36879 | 247179.56 | case rate |
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC | 455 | MS-DRG | | | | inpatient | | | | 73613.76 | Horizon | MGD | | | | | 84300 | 54399.14 | 195035 | case rate |
| SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC | 456 | MS-DRG | | | | inpatient | | | | 127163.72 | Horizon | MGD | | | | | 153850.87 | 100034.13 | 355946.68 | case rate |
| SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC | 457 | MS-DRG | | | | inpatient | | | | 89328.36 | Horizon | MGD | | | | | 110341.96 | 67791.04 | 255285.21 | case rate |
| SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC | 458 | MS-DRG | | | | inpatient | | | | 69627.59 | Horizon | MGD | | | | | 86343.43 | 51002.14 | 199762.65 | case rate |
| SPINAL FUSION EXCEPT CERVICAL W MCC | 459 | MS-DRG | | | | inpatient | | | | 101704.07 | Horizon | MGD | | | | | 107647.73 | 78337.54 | 249051.89 | case rate |
| SPINAL FUSION EXCEPT CERVICAL W/O MCC | 460 | MS-DRG | | | | inpatient | | | | 60478.52 | Horizon | MGD | | | | | 68072.25 | 43205.36 | 157490.76 | case rate |
| BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC | 461 | MS-DRG | | | | inpatient | | | | 92812.8 | Horizon | MGD | | | | | 75574.95 | 9917 | 174848.88 | case rate |
| BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC | 462 | MS-DRG | | | | inpatient | | | | 49472.2 | Horizon | MGD | | | | | 53852.53 | 11315 | 124592.26 | case rate |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC | 463 | MS-DRG | | | | inpatient | | | | 84638.1 | Horizon | MGD | | | | | 86523.83 | 15756 | 200180.02 | case rate |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC | 464 | MS-DRG | | | | inpatient | | | | 50647.54 | Horizon | MGD | | | | | 49635.84 | 34827.45 | 114836.61 | case rate |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC | 465 | MS-DRG | | | | inpatient | | | | 33842.14 | Horizon | MGD | | | | | 30978.56 | 20505.98 | 71671.46 | case rate |
| REVISION OF HIP OR KNEE REPLACEMENT W MCC | 466 | MS-DRG | | | | inpatient | | | | 80391.36 | Horizon | MGD | | | | | 86208.55 | 60174.97 | 198450.59 | case rate |
| REVISION OF HIP OR KNEE REPLACEMENT W CC | 467 | MS-DRG | | | | inpatient | | | | 57253.27 | Horizon | MGD | | | | | 58510.94 | 40456.82 | 135369.89 | case rate |
| REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC | 468 | MS-DRG | | | | inpatient | | | | 46138.84 | Horizon | MGD | | | | | 47063 | 30985.16 | 108884.14 | case rate |
| MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP | 469 | MS-DRG | | | | inpatient | | | | 55084.16 | Horizon | MGD | | | | | 53517.01 | 38608.32 | 123816.02 | case rate |
| MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC | 470 | MS-DRG | | | | inpatient | | | | 35912.84 | Horizon | MGD | | | | | 33548.03 | 22270.62 | 77616.13 | case rate |
| CERVICAL SPINAL FUSION W MCC | 471 | MS-DRG | | | | inpatient | | | | 77102.35 | Horizon | MGD | | | | | 84480.4 | 8282 | 195452.37 | case rate |
| CERVICAL SPINAL FUSION W CC | 472 | MS-DRG | | | | inpatient | | | | 49935.13 | Horizon | MGD | | | | | 49683.05 | 8991 | 114945.83 | case rate |
| CERVICAL SPINAL FUSION W/O CC/MCC | 473 | MS-DRG | | | | inpatient | | | | 42292.04 | Horizon | MGD | | | | | 40007.09 | 11229 | 92559.71 | case rate |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC | 474 | MS-DRG | | | | inpatient | | | | 71938.07 | Horizon | MGD | | | | | 63985.39 | 22321 | 148035.47 | case rate |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC | 475 | MS-DRG | | | | inpatient | | | | 39680.02 | Horizon | MGD | | | | | 36228.77 | 25480.99 | 83818.24 | case rate |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC | 476 | MS-DRG | | | | inpatient | | | | 25900.29 | Horizon | MGD | | | | | 19400.8 | 13737.98 | 44985.35 | case rate |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC | 477 | MS-DRG | | | | inpatient | | | | 57444.54 | Horizon | MGD | | | | | 52913.42 | 40619.82 | 122419.57 | case rate |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC | 478 | MS-DRG | | | | inpatient | | | | 42192.86 | Horizon | MGD | | | | | 38427.31 | 27622.42 | 88904.75 | case rate |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC | 479 | MS-DRG | | | | inpatient | | | | 34392.39 | Horizon | MGD | | | | | 30314.28 | 20974.9 | 70134.59 | case rate |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC | 480 | MS-DRG | | | | inpatient | | | | 50542.2 | Horizon | MGD | | | | | 51092.54 | 34737.68 | 118206.81 | case rate |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC | 481 | MS-DRG | | | | inpatient | | | | 38537.95 | Horizon | MGD | | | | | 34770.38 | 8360 | 80444.14 | case rate |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC | 482 | MS-DRG | | | | inpatient | | | | 31767.28 | Horizon | MGD | | | | | 28063.47 | 9385 | 64927.15 | case rate |
| MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES | 483 | MS-DRG | | | | inpatient | | | | 45097.95 | Horizon | MGD | | | | | 40185.81 | 13093 | 92973.18 | case rate |
| KNEE PROCEDURES W PDX OF INFECTION W MCC | 485 | MS-DRG | | | | inpatient | | | | 54399.47 | Horizon | MGD | | | | | 55707.13 | 38024.83 | 126883.03 | case rate |
| KNEE PROCEDURES W PDX OF INFECTION W CC | 486 | MS-DRG | | | | inpatient | | | | 39175.52 | Horizon | MGD | | | | | 37402.22 | 25051.05 | 86533.13 | case rate |
| KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC | 487 | MS-DRG | | | | inpatient | | | | 31681.35 | Horizon | MGD | | | | | 27822.37 | 18664.56 | 64369.35 | case rate |
| KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC | 488 | MS-DRG | | | | inpatient | | | | 37020.27 | Horizon | MGD | | | | | 35616.75 | 23214.36 | 82402.29 | case rate |
| KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC | 489 | MS-DRG | | | | inpatient | | | | 26943.96 | Horizon | MGD | | | | | 21874.16 | 14627.39 | 50667.68 | case rate |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC | 492 | MS-DRG | | | | inpatient | | | | 58999.65 | Horizon | MGD | | | | | 57163.83 | 27633 | 132253.23 | case rate |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC | 493 | MS-DRG | | | | inpatient | | | | 43057.74 | Horizon | MGD | | | | | 37869.25 | 28359.46 | 87613.62 | case rate |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC | 494 | MS-DRG | | | | inpatient | | | | 35911.46 | Horizon | MGD | | | | | 29570.75 | 22269.44 | 68414.38 | case rate |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC | 495 | MS-DRG | | | | inpatient | | | | 58575.53 | Horizon | MGD | | | | | 58374.38 | 41583.64 | 135053.94 | case rate |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC | 496 | MS-DRG | | | | inpatient | | | | 37125.6 | Horizon | MGD | | | | | 33060.77 | 23304.13 | 76488.83 | case rate |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes | | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC | 497 | MS-DRG | | | | inpatient | | | | 28388.18 | Horizon | MGD | | 241.94.1 | | | 15858.15 | 55975.05 | case rate | | | | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC | 498 | MS-DRG | | | | inpatient | | | | 44775 | Horizon | MGD | | 38407.08 | | | 29822.91 | 88857.95 | case rate | | | | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC | 499 | MS-DRG | | | | inpatient | | | | 25007.7 | Horizon | MGD | | 18869.71 | | | 12977.32 | 43656.63 | case rate | | | | |
| SOFT TISSUE PROCEDURES W MCC | 500 | MS-DRG | | | | inpatient | | | | 53698.15 | Horizon | MGD | | 51726.48 | | | 37427.16 | 119673.48 | case rate | | | | |
| SOFT TISSUE PROCEDURES W CC | 501 | MS-DRG | | | | inpatient | | | | 34515.74 | Horizon | MGD | | 28449.56 | | | 8902 | 69820.41 | case rate | | | | |
| SOFT TISSUE PROCEDURES W/O CC/MCC | 502 | MS-DRG | | | | inpatient | | | | 29144.95 | Horizon | MGD | | 21767.95 | | | 16503.06 | 50361.94 | case rate | | | | |
| FOOT PROCEDURES W MCC | 503 | MS-DRG | | | | inpatient | | | | 46461.78 | Horizon | MGD | | 43198.69 | | | 27418 | 99943.74 | case rate | | | | |
| FOOT PROCEDURES W CC | 504 | MS-DRG | | | | inpatient | | | | 34104.1 | Horizon | MGD | | 29159.37 | | | 20729.22 | 67462.61 | case rate | | | | |
| FOOT PROCEDURES W/O CC/MCC | 505 | MS-DRG | | | | inpatient | | | | 34104.1 | Horizon | MGD | | 26535.43 | | | 20729.22 | 61823.26 | case rate | | | | |
| MAJOR THUMB OR JOINT PROCEDURES | 506 | MS-DRG | | | | inpatient | | | | 30557.29 | Horizon | MGD | | 23777.66 | | | 17706.65 | 55011.57 | case rate | | | | |
| MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC | 507 | MS-DRG | | | | inpatient | | | | 36643.27 | Horizon | MGD | | 32750.55 | | | 22893.09 | 75771.1 | case rate | | | | |
| MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC | 508 | MS-DRG | | | | inpatient | | | | 26986.93 | Horizon | MGD | | 24403.16 | | | 14664 | 56458.73 | case rate | | | | |
| ARTHROSCOPY | 509 | MS-DRG | | | | inpatient | | | | 34127.66 | Horizon | MGD | | 28161.26 | | | 20749.3 | 65153.39 | case rate | | | | |
| SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC | 510 | MS-DRG | | | | inpatient | | | | 49393.2 | Horizon | MGD | | 46068.26 | | | 33758.51 | 106582.73 | case rate | | | | |
| SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC | 511 | MS-DRG | | | | inpatient | | | | 36962.05 | Horizon | MGD | | 31145.48 | | | 7655 | 72057.63 | case rate | | | | |
| SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC | 512 | MS-DRG | | | | inpatient | | | | 32083.89 | Horizon | MGD | | 25962.61 | | | 10364 | 59372.55 | case rate | | | | |
| HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC | 513 | MS-DRG | | | | inpatient | | | | 30647.38 | Horizon | MGD | | 27643.66 | | | 17783.42 | 63955.88 | case rate | | | | |
| HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC | 514 | MS-DRG | | | | inpatient | | | | 23911.36 | Horizon | MGD | | 16856.63 | | | 12043.03 | 40660.37 | case rate | | | | |
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC | 515 | MS-DRG | | | | inpatient | | | | 52640.62 | Horizon | MGD | | 51962.52 | | | 36525.94 | 120219.57 | case rate | | | | |
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC | 516 | MS-DRG | | | | inpatient | | | | 37661.99 | Horizon | MGD | | 31787.84 | | | 23761.23 | 73543.8 | case rate | | | | |
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC | 517 | MS-DRG | | | | inpatient | | | | 30468.59 | Horizon | MGD | | 23281.97 | | | 17631.06 | 53864.77 | case rate | | | | |
| BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM | 518 | MS-DRG | | | | inpatient | | | | 59454.26 | Horizon | MGD | | 52269.37 | | | 42332.49 | 120929.5 | case rate | | | | |
| BACK & NECK PROC EXC SPINAL FUSION W CC | 519 | MS-DRG | | | | inpatient | | | | 37110.36 | Horizon | MGD | | 31393.32 | | | 23291.14 | 72631.03 | case rate | | | | |
| BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC | 520 | MS-DRG | | | | inpatient | | | | 29643.91 | Horizon | MGD | | 22155.73 | | | 16928.27 | 51258.1 | case rate | | | | |
| FRACTURES OF FEMUR W MCC | 533 | MS-DRG | | | | inpatient | | | | 30914.88 | Horizon | MGD | | 25804.23 | | | 12781 | 59700.21 | case rate | | | | |
| FRACTURES OF FEMUR W/O MCC | 534 | MS-DRG | | | | inpatient | | | | 21061.72 | Horizon | MGD | | 13074.93 | | | 9614.58 | 34640.29 | case rate | | | | |
| FRACTURES OF HIP & PELVIS W MCC | 535 | MS-DRG | | | | inpatient | | | | 28212.16 | Horizon | MGD | | 21155.93 | | | 15708.14 | 48945.98 | case rate | | | | |
| FRACTURES OF HIP & PELVIS W/O MCC | 536 | MS-DRG | | | | inpatient | | | | 21018.76 | Horizon | MGD | | 12763.02 | | | 9577.96 | 29528.3 | case rate | | | | |
| SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC | 537 | MS-DRG | | | | inpatient | | | | 22517.04 | Horizon | MGD | | 15351.03 | | | 10854.79 | 35515.87 | case rate | | | | |
| SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC | 538 | MS-DRG | | | | inpatient | | | | 19086.66 | Horizon | MGD | | 12257.22 | | | 7931.44 | 28358.09 | case rate | | | | |
| OSTEOMYELITIS W MCC | 539 | MS-DRG | | | | inpatient | | | | 37810.29 | Horizon | MGD | | 34043.71 | | | 23887.62 | 78762.93 | case rate | | | | |
| OSTEOMYELITIS W CC | 540 | MS-DRG | | | | inpatient | | | | 27715.97 | Horizon | MGD | | 21865.73 | | | 15285.29 | 50586.18 | case rate | | | | |
| OSTEOMYELITIS W/O CC/MCC | 541 | MS-DRG | | | | inpatient | | | | 21905.81 | Horizon | MGD | | 14882.32 | | | 7723 | 34431.48 | case rate | | | | |
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC | 542 | MS-DRG | | | | inpatient | | | | 33630.1 | Horizon | MGD | | 30774.56 | | | 8903 | 71199.48 | case rate | | | | |
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC | 543 | MS-DRG | | | | inpatient | | | | 24483.79 | Horizon | MGD | | 18082.35 | | | 10889 | 41835.01 | case rate | | | | |
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC | 544 | MS-DRG | | | | inpatient | | | | 20253.68 | Horizon | MGD | | 13461.02 | | | 8925.97 | 31143.19 | case rate | | | | |
| CONNECTIVE TISSUE DISORDERS W MCC | 545 | MS-DRG | | | | inpatient | | | | 44802.73 | Horizon | MGD | | 41797.63 | | | 29846.53 | 96702.25 | case rate | | | | |
| CONNECTIVE TISSUE DISORDERS W CC | 546 | MS-DRG | | | | inpatient | | | | 25825.45 | Horizon | MGD | | 20474.78 | | | 13674.2 | 47370.1 | case rate | | | | |
| CONNECTIVE TISSUE DISORDERS W/O CC/MCC | 547 | MS-DRG | | | | inpatient | | | | 20122.01 | Horizon | MGD | | 14459.14 | | | 8813.76 | 33452.4 | case rate | | | | |
| SEPTIC ARTHRITIS W MCC | 548 | MS-DRG | | | | inpatient | | | | 37702.19 | Horizon | MGD | | 34852.99 | | | 23795.49 | 80635.27 | case rate | | | | |
| SEPTIC ARTHRITIS W CC | 549 | MS-DRG | | | | inpatient | | | | 26482.42 | Horizon | MGD | | 20977.21 | | | 14234.06 | 48532.51 | case rate | | | | |
| SEPTIC ARTHRITIS W/O CC/MCC | 550 | MS-DRG | | | | inpatient | | | | 21728.4 | Horizon | MGD | | 15575.27 | | | 10182.71 | 36034.67 | case rate | | | | |
| MEDICAL BACK PROBLEMS W MCC | 551 | MS-DRG | | | | inpatient | | | | 33430.5 | Horizon | MGD | | 29834.38 | | | 9165 | 82083.54 | case rate | | | | |
| MEDICAL BACK PROBLEMS W/O MCC | 552 | MS-DRG | | | | inpatient | | | | 23137.97 | Horizon | MGD | | 15190.86 | | | 11383.94 | 35145.31 | case rate | | | | |
| BONE DISEASES & ARTHROPATHIES W MCC | 553 | MS-DRG | | | | inpatient | | | | 27880.9 | Horizon | MGD | | 20865.94 | | | 15425.85 | 49275.06 | case rate | | | | |
| BONE DISEASES & ARTHROPATHIES W/O MCC | 554 | MS-DRG | | | | inpatient | | | | 21347.24 | Horizon | MGD | | 12761.33 | | | 9857.89 | 47368.4 | case rate | | | | |
| SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC | 555 | MS-DRG | | | | inpatient | | | | 28443.62 | Horizon | MGD | | 21567.31 | | | 15905.39 | 49897.75 | case rate | | | | |
| SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC | 556 | MS-DRG | | | | inpatient | | | | 21096.37 | Horizon | MGD | | 12943.42 | | | 9644.11 | 29945.67 | case rate | | | | |
| TENDONITIS, MYOSITIS & BURSITIS W MCC | 557 | MS-DRG | | | | inpatient | | | | 31258.61 | Horizon | MGD | | 24150.26 | | | 18304.31 | 55873.63 | case rate | | | | |
| TENDONITIS, MYOSITIS & BURSITIS W/O MCC | 558 | MS-DRG | | | | inpatient | | | | 21751.96 | Horizon | MGD | | 14568.61 | | | 10202.79 | 33882.54 | case rate | | | | |
| AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC | 559 | MS-DRG | | | | inpatient | | | | 35508.13 | Horizon | MGD | | 30326.08 | | | 21925.72 | 70161.89 | case rate | | | | |
| AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC | 560 | MS-DRG | | | | inpatient | | | | 25562.11 | Horizon | MGD | | 17225.86 | | | 13449.78 | 39853.45 | case rate | | | | |
| AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC | 561 | MS-DRG | | | | inpatient | | | | 21111.62 | Horizon | MGD | | 12747.85 | | | 9211 | 29483.19 | case rate | | | | |
| FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC | 562 | MS-DRG | | | | inpatient | | | | 30063.87 | Horizon | MGD | | 23740.57 | | | 12507 | 54925.76 | case rate | | | | |
| FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC | 563 | MS-DRG | | | | inpatient | | | | 22167.76 | Horizon | MGD | | 14130.37 | | | 10557.14 | 32691.77 | case rate | | | | |
| OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC | 564 | MS-DRG | | | | inpatient | | | | 31528.89 | Horizon | MGD | | 26507.29 | | | 18534.64 | 61326.81 | case rate | | | | |
| OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC | 565 | MS-DRG | | | | inpatient | | | | 23912.75 | Horizon | MGD | | 16451.99 | | | 12044.21 | 38063.03 | case rate | | | | |
| OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC | 566 | MS-DRG | | | | inpatient | | | | 20148.34 | Horizon | MGD | | 12852.38 | | | 8836.2 | 29735.04 | case rate | | | | |
| SKIN DEBRIDEMENT W MCC | 570 | MS-DRG | | | | inpatient | | | | 51501.32 | Horizon | MGD | | 51165.04 | | | 35555.04 | 118374.54 | case rate | | | | |
| SKIN DEBRIDEMENT W CC | 571 | MS-DRG | | | | inpatient | | | | 32985.59 | Horizon | MGD | | 28710.89 | | | 9078 | 66425.02 | case rate | | | | |
| SKIN DEBRIDEMENT W/O CC/MCC | 572 | MS-DRG | | | | inpatient | | | | 25613.39 | Horizon | MGD | | 19871.2 | | | 11401 | 45973.65 | case rate | | | | |
| SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC | 573 | MS-DRG | | | | inpatient | | | | 95132.98 | Horizon | MGD | | 88540.29 | | | 16091 | 204845.26 | case rate | | | | |
| SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC | 574 | MS-DRG | | | | inpatient | | | | 57803.52 | Horizon | MGD | | 51353.87 | | | 36864 | 118811.42 | case rate | | | | |
| SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC | 575 | MS-DRG | | | | inpatient | | | | 37454.09 | Horizon | MGD | | 29650 | | | 23584.06 | 68597.71 | case rate | | | | |
| SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC | 576 | MS-DRG | | | | inpatient | | | | 84569.1 | Horizon | MGD | | 82288.6 | | | 63726.69 | 190381.46 | case rate | | | | |
| SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC | 577 | MS-DRG | | | | inpatient | | | | 46686.32 | Horizon | MGD | | 42305.11 | | | 31451.72 | 97876.36 | case rate | | | | |
| SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC | 578 | MS-DRG | | | | inpatient | | | | 33208.73 | Horizon | MGD | | 25790.74 | | | 19966.19 | 59669.01 | case rate | | | | |
| OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC | 579 | MS-DRG | | | | inpatient | | | | 54955.26 | Horizon | MGD | | 47170.91 | | | 38498.47 | 109133.78 | case rate | | | | |
| OTHER SKIN, SUBCUT TISS & BREAST PROC W CC | 580 | MS-DRG | | | | inpatient | | | | 34353.58 | Horizon | MGD | | 26804.03 | | | 20941.82 | 62013.33 | case rate | | | | |
| OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC | 581 | MS-DRG | | | | inpatient | | | | 29727.07 | Horizon | MGD | | 20845.7 | | | 8609 | 48228.25 | case rate | | | | |
| MASTECTOMY FOR MALIGNANCY W CC/MCC | 582 | MS-DRG | | | | inpatient | | | | 34051.43 | Horizon | MGD | | 26461.77 | | | 10681 | 61221.49 | case rate | | | | |
| MASTECTOMY FOR MALIGNANCY W/O CC/MCC | 583 | MS-DRG | | | | inpatient | | | | 32547.61 | Horizon | MGD | | 23234.77 | | | 14701 | 53755.55 | case rate | | | | |
| BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC | 584 | MS-DRG | | | | inpatient | | | | 38156.8 | Horizon | MGD | | 31551.8 | | | 24182.91 | 72997.7 | case rate | | | | |
| BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC | 585 | MS-DRG | | | | inpatient | | | | 37293.31 | Horizon | MGD | | 26397.7 | | | 23447.05 | 61073.26 | case rate | | | | |
| SKIN ULCERS W MCC | 592 | MS-DRG | | | | inpatient | | | | 38280.15 | Horizon | MGD | | 28800.25 | | | 24288.03 | 66631.76 | case rate | | | | |
| SKIN ULCERS W CC | 593 | MS-DRG | | | | inpatient | | | | 28726.36 | Horizon | MGD | | 19041.68 | | | 14441.95 | 44054.51 | case rate | | | | |
| SKIN ULCERS W/O CC/MCC | 594 | MS-DRG | | | | inpatient | | | | 21542.67 | Horizon | MGD | | 13659.97 | | | 10024.44 | 31603.47 | case rate | | | | |
| MAJOR SKIN DISORDERS W MCC | 595 | MS-DRG | | | | inpatient | | | | 39095.13 | Horizon | MGD | | 33499.13 | | | 24982.55 | 77503.01 | case rate | | | | |
| MAJOR SKIN DISORDERS W/O MCC | 596 | MS-DRG | | | | inpatient | | | | 24763.76 | Horizon | MGD | | 17053.89 | | | 12769.43 | 39455.58 | case rate | | | | |
| MALIGNANT BREAST DISORDERS W MCC | 597 | MS-DRG | | | | inpatient | | | | 34127.66 | Horizon | MGD | | 28999.2 | | | 20749.3 | 67092.04 | case rate | | | | |
| MALIGNANT BREAST DISORDERS W CC | 598 | MS-DRG | | | | inpatient | | | | 24482.4 | Horizon | MGD | | 19596.38 | | | 12529.66 | 45337.84 | case rate | | | | |
| MALIGNANT BREAST DISORDERS W/O CC/MCC | 599 | MS-DRG | | | | inpatient | | | | 21628.6 | Horizon | MGD | | 12078.5 | | | 10097.67 | 27944.61 | case rate | | | | |
| NON-MALIGNANT BREAST DISORDERS W CC/MCC | 600 | MS-DRG | | | | inpatient | | | | 23038.18 | Horizon | MGD | | 16118.16 | | | 11298.9 | 37290.69 | case rate | | | | |
| NON-MALIGNANT BREAST DISORDERS W/O CC/MCC | 601 | MS-DRG | | | | inpatient | | | | 18088.73 | Horizon | MGD | | 10439.71 | | | 7081.01 | 24153.13 | case rate | | | | |
| CELLULITIS W MCC | 602 | MS-DRG | | | | inpatient | | | | 30142.88 | Horizon | MGD | | 24345.84 | | | 17353.49 | 56326.11 | case rate | | | | |
| CELLULITIS W/O MCC | 603 | MS-DRG | | | | inpatient | | | | 21987.58 | Horizon | MGD | | 14292.22 | | | 10403.59 | 33066.23 | case rate | | | | |
| TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC | 604 | MS-DRG | | | | inpatient | | | | 30371.57 | Horizon | MGD | | 23887.25 | | | 17548.38 | 55265.12 | case rate | | | | |
| TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC | 605 | MS-DRG | | | | inpatient | | | | 22582.18 | Horizon | MGD | | 14508.03 | | | 10910.3 | 33565.52 | case rate | | | | |
| MINOR SKIN DISORDERS W MCC | 606 | MS-DRG | | | | inpatient | | | | 32098.54 | Horizon | MGD | | 23280.29 | | | 19020.09 | 53860.87 | case rate | | | | |
| MINOR SKIN DISORDERS W/O MCC | 607 | MS-DRG | | | | inpatient | | | | 21757.5 | Horizon | MGD | | 13504.86 | | | 10207.52 | 31244.61 | case rate | | | | |
| ADRENAL & PITUITARY PROCEDURES W CC/MCC | 614 | MS-DRG | | | | inpatient | | | | 41366.8 | Horizon | MGD | | 39850.3 | | | 26918.45 | 92196.95 | case rate | | | | |
| ADRENAL & PITUITARY PROCEDURES W/O CC/MCC | 615 | MS-DRG | | | | inpatient | | | | 29641.14 | Horizon | MGD | | 24973.03 | | | 16925.91 | 57777.17 | case rate | | | | |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC | 616 | MS-DRG | | | | inpatient | | | | 63348.95 | Horizon | MGD | | 69719.47 | | | 45651.52 | 161301.75 | case rate | | | | |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC | 617 | MS-DRG | | | | inpatient | | | | 36551.8 | Horizon | MGD | | 34960.9 | | | 22815.13 | 80884.92 | case rate | | | | |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC | 618 | MS-DRG | | | | inpatient | | | | 27036.82 | Horizon | MGD | | 19545.8 | | | 14706.52 | 45220.82 | case rate | | | | |
| O.R. PROCEDURES FOR OBESITY W MCC | 619 | MS-DRG | | | | inpatient | | | | 47569.21 | Horizon | MGD | | 49243 | | | 32204.11 | 113927.74 | case rate | | | | |
| O.R. PROCEDURES FOR OBESITY W CC | 620 | MS-DRG | | | | inpatient | | | | 31914.2 | Horizon | MGD | | 30509.86 | | | 18863 | 70567.07 | case rate | | | | |
| O.R. PROCEDURES FOR OBESITY W/O CC/MCC | 621 | MS-DRG | | | | inpatient | | | | 30040.31 | Horizon | MGD | | 26610.14 | | | 17266.08 | 61584.75 | case rate | | | | |
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC | 622 | MS-DRG | | | | inpatient | | | | 61644.16 | Horizon | MGD | | 64034.28 | | | 44198.71 | 148148.59 | case rate | | | | |
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC | 623 | MS-DRG | | | | inpatient | | | | 36291.22 | Horizon | MGD | | 32425.15 | | | 22593.08 | 75018.26 | case rate | | | | |
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC | 624 | MS-DRG | | | | inpatient | | | | 23582.88 | Horizon | MGD | | 21850.56 | | | 11763.09 | 50553.07 | case rate | | | | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC | 625 | MS-DRG | | | | inpatient | | | | 49517.94 | Horizon | MGD | | 46926.44 | | | 33864.81 | 108568.18 | case rate | | | | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC | 626 | MS-DRG | | | | inpatient | | | | 30698.67 | Horizon | MGD | | 27154.72 | | | 17827.13 | 62824.67 | case rate | | | | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC | 627 | MS-DRG | | | | inpatient | | | | 27338.97 | Horizon | MGD | | 18293.1 | | | 14964.01 | 42322.6 | case rate | | | | |
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC | 628 | MS-DRG | | | | inpatient | | | | 64467.46 | Horizon | MGD | | 61960.5 | | | 46604.71 | 143350.73 | case rate | | | | |
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC | 629 | MS-DRG | | | | inpatient | | | | 40952.38 | Horizon | MGD | | 39430.48 | | | 26565.29 | 91225.67 | case rate | | | | |
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC | 630 | MS-DRG | | | | inpatient | | | | 29201.77 | Horizon | MGD | | 25871.67 | | | 16551.48 | 59856.24 | case rate | | | | |
| DIABETES W MCC | 637 | MS-DRG | | | | inpatient | | | | 29964.08 | Horizon | MGD | | 23288.72 | | | 17201.12 | 53880.37 | case rate | | | | |
| DIABETES W CC | 638 | MS-DRG | | | | inpatient | | | | 22492.09 | Horizon | MGD | | 14705.29 | | | 10833.53 | 34021.91 | case rate | | | | |
| DIABETES W/O CC/MCC | 639 | MS-DRG | | | | inpatient | | | | 19464.34 | Horizon | MGD | | 10653.83 | | | 7401.1 | 24648.52 | case rate | | | | |
| MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC | 640 | MS-DRG | | | | inpatient | | | | 28185.83 | Horizon | MGD | | 20066.77 | | | 15685.7 | 46426.13 | case rate | | | | |
| MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC | 641 | MS-DRG | | | | inpatient | | | | 20609.88 | Horizon | MGD | | 12677.03 | | | 9229.52 | 29329.36 | case rate | | | | |
| INBORN AND OTHER DISORDERS OF METABOLISM | 642 | MS-DRG | | | | inpatient | | | | 26981.38 | Horizon | MGD | | 21302.61 | | | 14659.28 | 49285.34 | case rate | | | | |
| ENDOCRINE DISORDERS W MCC | 643 | MS-DRG | | | | inpatient | | | | 32749.96 | Horizon | MGD | | 27550.93 | | | 19575.23 | 63741.34 | case rate | | | | |
| ENDOCRINE DISORDERS W CC | 644 | MS-DRG | | | | inpatient | | | | 24102.63 | Horizon | MGD | | 17070.75 | | | 12206.02 | 39494.59 | case rate | | | | |
| ENDOCRINE DISORDERS W/O CC/MCC | 645 | MS-DRG | | | | inpatient | | | | 20572.46 | Horizon | MGD | | 12525.29 | | | 9197.63 | 28978.3 | case rate | | | | |
| KIDNEY TRANSPLANT | 652 | MS-DRG | | | | inpatient | | | | 52349.56 | Horizon | MGD | | 55884.16 | | | 36277.9 | 126292.6 | case rate | | | | |
| MAJOR BLADDER PROCEDURES W MCC | 653 | MS-DRG | | | | inpatient | | | | 87044.22 | Horizon | MGD | | 92544.54 | | | 65844.5 | 214109.42 | case rate | | | | |
| MAJOR BLADDER PROCEDURES W CC | 654 | MS-DRG | | | | inpatient | | | | 46894.23 | Horizon | MGD | | 48443.84 | | | 33333.29 | 112078.81 | case rate | | | | |
| MAJOR BLADDER PROCEDURES W/O CC/MCC | 655 | MS-DRG | | | | inpatient | | | | 38571.21 | Horizon | MGD | | 35021.59 | | | 24536.07 | 81025.34 | case rate | | | | |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC | 656 | MS-DRG | | | | inpatient | | | | 54935.86 | Horizon | MGD | | 56103.34 | | | 38481.93 | 129799.69 | case rate | | | | |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC | 657 | MS-DRG | | | | inpatient | | | | 35117.27 | Horizon | MGD | | 32833.16 | | | 21592.64 | 75962.23 | case rate | | | | |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC | 658 | MS-DRG | | | | inpatient | | | | 30625.21 | Horizon | MGD | | 26409.5 | | | 17764.53 | 61100.56 | case rate | | | | |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC | 659 | MS-DRG | | | | inpatient | | | | 45598.3 | Horizon | MGD | | 45978.91 | | | 30524.51 | 106375.99 | case rate | | | | |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC | 660 | MS-DRG | | | | inpatient | | | | 28352.15 | Horizon | MGD | | 24405.54 | | | 15827.44 | 56466.53 | case rate | | | | |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC | 661 | MS-DRG | | | | inpatient | | | | 24008.39 | Horizon | MGD | | 18087.41 | | | 12125.71 | 41846.71 | case rate | | | | |
| MINOR BLADDER PROCEDURES W MCC | 662 | MS-DRG | | | | inpatient | | | | 53017.62 | Horizon | MGD | | 53592.88 | | | 36847.22 | 123991.55 | case rate | | | | |
| MINOR BLADDER PROCEDURES W CC | 663 | MS-DRG | | | | inpatient | | | | 30949.53 | Horizon | MGD | | 27655.46 | | | 18940.92 | 63983.18 | case rate | | | | |
| MINOR BLADDER PROCEDURES W/O CC/MCC | 664 | MS-DRG | | | | inpatient | | | | 24745.74 | Horizon | MGD | | 19990.9 | | | 12754.08 | 46250.6 | case rate | | | | |
| PROSTATECTOMY W MCC | 665 | MS-DRG | | | | inpatient | | | | 57369.7 | Horizon | MGD | | 53594.57 | | | 40556.04 | 123995.45 | case rate | | | | |
| PROSTATECTOMY W CC | 666 | MS-DRG | | | | inpatient | | | | 32611.36 | Horizon | MGD | | 29985.63 | | | 19457.12 | 69397.35 | case rate | | | | |
| PROSTATECTOMY W/O CC/MCC | 667 | MS-DRG | | | | inpatient | | | | 24025.02 | Horizon | MGD | | 18215.54 | | | 12139.88 | 42143.16 | case rate | | | | |
| TRANSURETHRAL PROCEDURES W MCC | 668 | MS-DRG | | | | inpatient | | | | 50199.86 | Horizon | MGD | | 47454.16 | | | 34445.94 | 109789.1 | case rate | | | | |
| TRANSURETHRAL PROCEDURES W CC | 669 | MS-DRG | | | | inpatient | | | | 31228.12 | Horizon | MGD | | 26680.95 | | | 18278.33 | 61728.58 | case rate | | | | |
| TRANSURETHRAL PROCEDURES W/O CC/MCC | 670 | MS-DRG | | | | inpatient | | | | 23025.7 | Horizon | MGD | | 16244.61 | | | 11288.27 | 37563.24 | case rate | | | | |
| URETHRAL PROCEDURES W CC/MCC | 671 | MS-DRG | | | | inpatient | | | | 33670.28 | Horizon | MGD | | 28383.81 | | | 20359.52 | 65668.28 | case rate | | | | |
| URETHRAL PROCEDURES W/O CC/MCC | 672 | MS-DRG | | | | inpatient | | | | 24948.1 | Horizon | MGD | | 17819.33 | | | 12926.53 | 41226.5 | case rate | | | | |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC | 673 | MS-DRG | | | | inpatient | | | | 67847.95 | Horizon | MGD | | 60313.28 | | | 49485.54 | 139539.74 | case rate | | | | |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W CC | 674 | MS-DRG | | | | inpatient | | | | 41774.29 | Horizon | MGD | | 38962.01 | | | 27265.71 | 90188.09 | case rate | | | | |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC | 675 | MS-DRG | | | | inpatient | | | | 31474.83 | Horizon | MGD | | 27402.56 | | | 19488.57 | 63398.08 | case rate | | | | |
| RENAL FAILURE W MCC | 682 | MS-DRG | | | | inpatient | | | | 30596.1 | Horizon | MGD | | 25829.52 | | | 17739.72 | 59758.72 | case rate | | | | |
| RENAL FAILURE W CC | 683 | MS-DRG | | | | inpatient | | | | 20099.85 | Horizon | MGD | | 15494.34 | | | 10499.26 | 35847.43 | case rate | | | | |
| RENAL FAILURE W/O CC/MCC | 684 | MS-DRG | | | | inpatient | | | | 18198.22 | Horizon | MGD | | 10449.83 | | | 7174.32 | 24176.54 | case rate | | | | |
| KIDNEY & URINARY TRACT NEOPLASMS W MCC | 686 | MS-DRG | | | | inpatient | | | | 35915.62 | Horizon | MGD | | 28958.74 | | | 22272.98 | 66998.42 | case rate | | | | |
| KIDNEY & URINARY TRACT NEOPLASMS W CC | 687 | MS-DRG | | | | inpatient | | | | 24370.13 | Horizon | MGD | | 17765.38 | | | 12433.99 | 41101.68 | case rate | | | | |
| KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC | 688 | MS-DRG | | | | inpatient | | | | 19817.09 | Horizon | MGD | | 13334.57 | | | 8553.9 | 30850.64 | case rate | | | | |
| KIDNEY & URINARY TRACT INFECTIONS W MCC | 689 | MS-DRG | | | | inpatient | | | | 26000.08 | Horizon | MGD | | 18741.58 | | | 13823.02 | 43360.18 | case rate | | | | |
| KIDNEY & URINARY TRACT INFECTIONS W/O MCC | 690 | MS-DRG | | | | inpatient | | | | 20903.72 | Horizon | MGD | | 13388.53 | | | 9479.93 | 30975.46 | case rate | | | | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| URINARY STONES W MCC | 693 | MS-DRG | | | | inpatient | | | | 30159.51 | Horizon | MGD | 22315.9 | | | | 17367.66 | 51629.67 | case rate | |
| URINARY STONES W/O MCC | 694 | MS-DRG | | | | inpatient | | | | 20609.88 | Horizon | MGD | 11837.41 | | | | 9229.52 | 27386.81 | case rate | |
| KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC | 695 | MS-DRG | | | | inpatient | | | | 25411.03 | Horizon | MGD | 19367.08 | | | | 13321.03 | 44807.34 | case rate | |
| KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC | 696 | MS-DRG | | | | inpatient | | | | 19368.02 | Horizon | MGD | 11609.8 | | | | 8171.21 | 26860.22 | case rate | |
| URETHRAL STRICTURE | 697 | MS-DRG | | | | inpatient | | | | 23262.71 | Horizon | MGD | 16185.6 | | | | 11490.25 | 37446.72 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC | 698 | MS-DRG | | | | inpatient | | | | 33077.06 | Horizon | MGD | 27230.59 | | | | 19853.98 | 63000.21 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC | 699 | MS-DRG | | | | inpatient | | | | 23915.52 | Horizon | MGD | 17330.39 | | | | 12046.57 | 40095.3 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC | 700 | MS-DRG | | | | inpatient | | | | 19401.28 | Horizon | MGD | 12808.54 | | | | 8199.56 | 29633.62 | case rate | |
| MAJOR MALE PELVIC PROCEDURES W CC/MCC | 707 | MS-DRG | | | | inpatient | | | | 36676.54 | Horizon | MGD | 30203 | | | | 22921.44 | 69877.14 | case rate | |
| MAJOR MALE PELVIC PROCEDURES W/O CC/MCC | 708 | MS-DRG | | | | inpatient | | | | 30327.21 | Horizon | MGD | 23713.59 | | | | 17510.58 | 54863.35 | case rate | |
| PENIS PROCEDURES W CC/MCC | 709 | MS-DRG | | | | inpatient | | | | 40924.66 | Horizon | MGD | 34256.15 | | | | 26541.67 | 79254.42 | case rate | |
| PENIS PROCEDURES W/O CC/MCC | 710 | MS-DRG | | | | inpatient | | | | 30589.17 | Horizon | MGD | 28147.77 | | | | 17733.82 | 65122.19 | case rate | |
| TESTES PROCEDURES W CC/MCC | 711 | MS-DRG | | | | inpatient | | | | 36219.15 | Horizon | MGD | 35127.81 | | | | 22531.66 | 81271.08 | case rate | |
| TESTES PROCEDURES W/O CC/MCC | 712 | MS-DRG | | | | inpatient | | | | 22061.04 | Horizon | MGD | 18154.85 | | | | 10466.19 | 42002.74 | case rate | |
| TRANSURETHRAL PROSTATECTOMY W CC/MCC | 713 | MS-DRG | | | | inpatient | | | | 29821.32 | Horizon | MGD | 24672.92 | | | | 17079.46 | 57082.84 | case rate | |
| TRANSURETHRAL PROSTATECTOMY W/O CC/MCC | 714 | MS-DRG | | | | inpatient | | | | 22803.94 | Horizon | MGD | 15361.03 | | | | 11099.29 | 35515.87 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC | 715 | MS-DRG | | | | inpatient | | | | 41079.9 | Horizon | MGD | 37258.91 | | | | 26673.96 | 86201.57 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC | 716 | MS-DRG | | | | inpatient | | | | 29451.26 | Horizon | MGD | 24666.18 | | | | 16764.09 | 57067.24 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC | 717 | MS-DRG | | | | inpatient | | | | 35497.04 | Horizon | MGD | 32949.5 | | | | 21916.28 | 76231.38 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC | 718 | MS-DRG | | | | inpatient | | | | 26853.87 | Horizon | MGD | 20781.64 | | | | 14550.61 | 48080.03 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC | 722 | MS-DRG | | | | inpatient | | | | 33742.35 | Horizon | MGD | 27982.54 | | | | 20420.94 | 64739.92 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC | 723 | MS-DRG | | | | inpatient | | | | 25343.12 | Horizon | MGD | 18571.29 | | | | 13263.16 | 42966.21 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC | 724 | MS-DRG | | | | inpatient | | | | 18684.3 | Horizon | MGD | 11619.91 | | | | 7758.99 | 26983.62 | case rate | |
| BENIGN PROSTATIC HYPERTROPHY W MCC | 725 | MS-DRG | | | | inpatient | | | | 27279.37 | Horizon | MGD | 20473.1 | | | | 14913.23 | 47386.2 | case rate | |
| BENIGN PROSTATIC HYPERTROPHY W/O MCC | 726 | MS-DRG | | | | inpatient | | | | 20097.06 | Horizon | MGD | 12889.47 | | | | 8792.5 | 29820.85 | case rate | |
| INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC | 727 | MS-DRG | | | | inpatient | | | | 30145.65 | Horizon | MGD | 24244.68 | | | | 17355.85 | 56092.07 | case rate | |
| INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC | 728 | MS-DRG | | | | inpatient | | | | 21104.69 | Horizon | MGD | 13343 | | | | 9651.19 | 30670.14 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC | 729 | MS-DRG | | | | inpatient | | | | 25038.19 | Horizon | MGD | 18242.52 | | | | 13003.3 | 42205.57 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC | 730 | MS-DRG | | | | inpatient | | | | 18191.29 | Horizon | MGD | 9583.22 | | | | 7168.41 | 22171.58 | case rate | |
| PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC | 734 | MS-DRG | | | | inpatient | | | | 38924.65 | Horizon | MGD | 38677.47 | | | | 24837.26 | 89946.24 | case rate | |
| PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC | 735 | MS-DRG | | | | inpatient | | | | 26604.39 | Horizon | MGD | 23013.9 | | | | 14338 | 53244.56 | case rate | |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC | 736 | MS-DRG | | | | inpatient | | | | 64355.2 | Horizon | MGD | 67955.92 | | | | 46509.04 | 157221.61 | case rate | |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC | 737 | MS-DRG | | | | inpatient | | | | 37477.65 | Horizon | MGD | 34249.4 | | | | 23604.14 | 79238.82 | case rate | |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC | 738 | MS-DRG | | | | inpatient | | | | 30804 | Horizon | MGD | 23474.18 | | | | 17916.89 | 54309.45 | case rate | |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC | 739 | MS-DRG | | | | inpatient | | | | 64955.34 | Horizon | MGD | 60957.22 | | | | 47020.48 | 140335.48 | case rate | |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC | 740 | MS-DRG | | | | inpatient | | | | 34981.44 | Horizon | MGD | 29385.29 | | | | 21476.89 | 67985.3 | case rate | |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC | 741 | MS-DRG | | | | inpatient | | | | 28817.85 | Horizon | MGD | 22386.71 | | | | 16224.3 | 51793.49 | case rate | |
| UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC | 742 | MS-DRG | | | | inpatient | | | | 35097.87 | Horizon | MGD | 28898.04 | | | | 21576.1 | 66858 | case rate | |
| UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC | 743 | MS-DRG | | | | inpatient | | | | 26393.71 | Horizon | MGD | 18809.02 | | | | 14158.47 | 43516.21 | case rate | |
| D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC | 744 | MS-DRG | | | | inpatient | | | | 36862.26 | Horizon | MGD | 28498.46 | | | | 23079.71 | 65933.53 | case rate | |
| D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC | 745 | MS-DRG | | | | inpatient | | | | 23983.44 | Horizon | MGD | 18033.08 | | | | 12104.45 | 41714.09 | case rate | |
| VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC | 746 | MS-DRG | | | | inpatient | | | | 32989.74 | Horizon | MGD | 28286.02 | | | | 19779.57 | 65442.04 | case rate | |
| VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC | 747 | MS-DRG | | | | inpatient | | | | 23018.77 | Horizon | MGD | 16155.25 | | | | 11282.36 | 37376.51 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 748 | MS-DRG | | | | inpatient | | | | 28661.23 | Horizon | MGD | 21816.84 | | | | 16090.83 | 50475.06 | case rate | |
| OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC | 749 | MS-DRG | | | | inpatient | | | | 45657.89 | Horizon | MGD | 43869.72 | | | | 30575.3 | 101496.21 | case rate | |
| OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC | 750 | MS-DRG | | | | inpatient | | | | 27652.21 | Horizon | MGD | 20834.95 | | | | 15230.96 | 47740.67 | case rate | |
| MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC | 754 | MS-DRG | | | | inpatient | | | | 34856.7 | Horizon | MGD | 31046 | | | | 21370.58 | 71827.49 | case rate | |
| MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC | 755 | MS-DRG | | | | inpatient | | | | 25165.71 | Horizon | MGD | 18038.51 | | | | 13111.97 | 41733.59 | case rate | |
| MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC | 756 | MS-DRG | | | | inpatient | | | | 23016 | Horizon | MGD | 13152.49 | | | | 11280 | 30429.36 | case rate | |
| INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC | 757 | MS-DRG | | | | inpatient | | | | 29395.81 | Horizon | MGD | 24293.57 | | | | 16716.84 | 56205.19 | case rate | |
| INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC | 758 | MS-DRG | | | | inpatient | | | | 23907.21 | Horizon | MGD | 17203.94 | | | | 12039.48 | 39802.74 | case rate | |
| INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC | 759 | MS-DRG | | | | inpatient | | | | 18650.06 | Horizon | MGD | 11982.4 | | | | 7559.37 | 27722.27 | case rate | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC | 760 | MS-DRG | | | | inpatient | | | | 23440.12 | Horizon | MGD | 14696.86 | | | | 11641.43 | 34002.4 | case rate | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC | 761 | MS-DRG | | | | inpatient | | | | 18565.52 | Horizon | MGD | 9262.88 | | | | 7487.32 | 21430.45 | case rate | |
| VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C | 768 | MS-DRG | | | | inpatient | | | | 23794.94 | Horizon | MGD | 19075.4 | | | | 8760 | 44132.52 | case rate | |
| POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE | 769 | MS-DRG | | | | inpatient | | | | 28855.27 | Horizon | MGD | 24580.19 | | | | 16256.19 | 56868.31 | case rate | |
| ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 770 | MS-DRG | | | | inpatient | | | | 24693.08 | Horizon | MGD | 18004.79 | | | | 12709.2 | 41655.68 | case rate | |
| POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE | 776 | MS-DRG | | | | inpatient | | | | 19668.78 | Horizon | MGD | 11110.74 | | | | 8427.52 | 25705.61 | case rate | |
| ABORTION W/O D&C | 779 | MS-DRG | | | | inpatient | | | | 22736.03 | Horizon | MGD | 12717.5 | | | | 11041.41 | 29422.98 | case rate | |
| CESAREAN SECTION W STERILIZATION W MCC | 783 | MS-DRG | | | | inpatient | | | | 35311.31 | Horizon | MGD | 29429.13 | | | | 8487 | 68086.72 | case rate | |
| CESAREAN SECTION W STERILIZATION W CC | 784 | MS-DRG | | | | inpatient | | | | 24790.1 | Horizon | MGD | 16581.41 | | | | 8487 | 42989.61 | case rate | |
| CESAREAN SECTION W STERILIZATION W/O CC/MCC | 785 | MS-DRG | | | | inpatient | | | | 21886.4 | Horizon | MGD | 14255.13 | | | | 8487 | 32980.42 | case rate | |
| CESAREAN SECTION W/O STERILIZATION W MCC | 786 | MS-DRG | | | | inpatient | | | | 32176.15 | Horizon | MGD | 26213.93 | | | | 8487 | 60648.08 | case rate | |
| CESAREAN SECTION W/O STERILIZATION W CC | 787 | MS-DRG | | | | inpatient | | | | 24496.26 | Horizon | MGD | 18227.35 | | | | 8487 | 42170.47 | case rate | |
| CESAREAN SECTION W/O STERILIZATION W/O CC/MCC | 788 | MS-DRG | | | | inpatient | | | | 22318.84 | Horizon | MGD | 15185.8 | | | | 8487 | 35133.6 | case rate | |
| NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY | 789 | MS-DRG | | | | inpatient | | | | 34763.84 | Horizon | MGD | 28049.98 | | | | 637 | 64895.95 | case rate | |
| EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE | 790 | MS-DRG | | | | inpatient | | | | 92175.23 | Horizon | MGD | 92499.02 | | | | 637 | 214004.1 | case rate | |
| PREMATURITY W MAJOR PROBLEMS | 791 | MS-DRG | | | | inpatient | | | | 66050.29 | Horizon | MGD | 63174.42 | | | | 637 | 146159.23 | case rate | |
| PREMATURITY W/O MAJOR PROBLEMS | 792 | MS-DRG | | | | inpatient | | | | 43732.72 | Horizon | MGD | 38117.09 | | | | 637 | 88187.03 | case rate | |
| FULL TERM NEONATE W MAJOR PROBLEMS | 793 | MS-DRG | | | | inpatient | | | | 67583.22 | Horizon | MGD | 64892.45 | | | | 637 | 150134.04 | case rate | |
| NEONATE W OTHER SIGNIFICANT PROBLEMS | 794 | MS-DRG | | | | inpatient | | | | 30239.9 | Horizon | MGD | 22968.38 | | | | 637 | 53139.24 | case rate | |
| NORMAL NEWBORN | 795 | MS-DRG | | | | inpatient | | | | 12548.84 | Horizon | MGD | 3108.98 | | | | 637 | 19912.03 | case rate | |
| VAGINAL DELIVERY W STERILIZATION/D&C W MCC | 796 | MS-DRG | | | | inpatient | | | | 24485.17 | Horizon | MGD | 24753.85 | | | | 6365 | 57270.08 | case rate | |
| VAGINAL DELIVERY W STERILIZATION/D&C W CC | 797 | MS-DRG | | | | inpatient | | | | 23198.95 | Horizon | MGD | 14278.73 | | | | 6365 | 33035.03 | case rate | |
| VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC | 798 | MS-DRG | | | | inpatient | | | | 23198.95 | Horizon | MGD | 14278.73 | | | | 6365 | 33035.03 | case rate | |
| SPLENECTOMY W MCC | 799 | MS-DRG | | | | inpatient | | | | 75681.69 | Horizon | MGD | 79268.98 | | | | 56161.42 | 183365.31 | case rate | |
| SPLENECTOMY W CC | 800 | MS-DRG | | | | inpatient | | | | 50165.21 | Horizon | MGD | 44287.85 | | | | 34416.41 | 102463.59 | case rate | |
| SPLENECTOMY W/O CC/MCC | 801 | MS-DRG | | | | inpatient | | | | 32533.75 | Horizon | MGD | 26239.22 | | | | 5977 | 60706.59 | case rate | |
| OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC | 802 | MS-DRG | | | | inpatient | | | | 59465.35 | Horizon | MGD | 56433.79 | | | | 8199 | 130564.23 | case rate | |
| OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC | 803 | MS-DRG | | | | inpatient | | | | 34450.6 | Horizon | MGD | 29034.61 | | | | 13379 | 67713.95 | case rate | |
| OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC | 804 | MS-DRG | | | | inpatient | | | | 25103.34 | Horizon | MGD | 20746.23 | | | | 13058.82 | 47998.11 | case rate | |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC | 805 | MS-DRG | | | | inpatient | | | | 23611.99 | Horizon | MGD | 17251.15 | | | | 6365 | 39911.96 | case rate | |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W CC | 806 | MS-DRG | | | | inpatient | | | | 19808.77 | Horizon | MGD | 11926.76 | | | | 6365 | 27093.55 | case rate | |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC | 807 | MS-DRG | | | | inpatient | | | | 18612.64 | Horizon | MGD | 10352.04 | | | | 6365 | 23950.3 | case rate | |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC | 808 | MS-DRG | | | | inpatient | | | | 41523.42 | Horizon | MGD | 36235.51 | | | | 27051.92 | 83833.84 | case rate | |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC | 809 | MS-DRG | | | | inpatient | | | | 26945.35 | Horizon | MGD | 20307.87 | | | | 14628.57 | 46963.93 | case rate | |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC | 810 | MS-DRG | | | | inpatient | | | | 22971.65 | Horizon | MGD | 15544.92 | | | | 11242.2 | 35964.45 | case rate | |
| RED BLOOD CELL DISORDERS W MCC | 811 | MS-DRG | | | | inpatient | | | | 29279.39 | Horizon | MGD | 22862.16 | | | | 16617.63 | 52893.49 | case rate | |
| RED BLOOD CELL DISORDERS W/O MCC | 812 | MS-DRG | | | | inpatient | | | | 22571.09 | Horizon | MGD | 14890.75 | | | | 10900.85 | 34450.98 | case rate | |
| COAGULATION DISORDERS | 813 | MS-DRG | | | | inpatient | | | | 31235.05 | Horizon | MGD | 27169.89 | | | | 18284.23 | 62859.78 | case rate | |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC | 814 | MS-DRG | | | | inpatient | | | | 38754.17 | Horizon | MGD | 28038.18 | | | | 24691.98 | 64868.64 | case rate | |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC | 815 | MS-DRG | | | | inpatient | | | | 23862.85 | Horizon | MGD | 16484.02 | | | | 12001.69 | 38137.14 | case rate | |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC | 816 | MS-DRG | | | | inpatient | | | | 18918.95 | Horizon | MGD | 12166.18 | | | | 7788.52 | 28147.45 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC | 817 | MS-DRG | | | | inpatient | | | | 40076.42 | Horizon | MGD | 42684.46 | | | | 25818.8 | 98754.02 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC | 818 | MS-DRG | | | | inpatient | | | | 23492.79 | Horizon | MGD | 22904.31 | | | | 11686.32 | 52991.01 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC | 819 | MS-DRG | | | | inpatient | | | | 19140.71 | Horizon | MGD | 14145.54 | | | | 7977.5 | 32726.87 | case rate | |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC | 820 | MS-DRG | | | | inpatient | | | | 90477.37 | Horizon | MGD | 91780.78 | | | | 68770.21 | 212342.41 | case rate | |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC | 821 | MS-DRG | | | | inpatient | | | | 40720.62 | Horizon | MGD | 40907.9 | | | | 6969 | 93394.46 | case rate | |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC | 822 | MS-DRG | | | | inpatient | | | | 25631.41 | Horizon | MGD | 20397.23 | | | | 8721 | 47190.67 | case rate | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC | 823 | MS-DRG | | | | inpatient | | | | 74638.02 | Horizon | MGD | 76284.76 | | | | 12547 | 176491.07 | case rate | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC | 824 | MS-DRG | | | | inpatient | | | | 40263.54 | Horizon | MGD | 36997.58 | | | | 22662 | 85596.96 | case rate | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC | 825 | MS-DRG | | | | inpatient | | | | 26838.62 | Horizon | MGD | 22912.74 | | | | 14537.62 | 53010.51 | case rate | |
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC | 826 | MS-DRG | | | | inpatient | | | | 75968.59 | Horizon | MGD | 83421.59 | | | | 56405.91 | 193002.74 | case rate | |
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC | 827 | MS-DRG | | | | inpatient | | | | 42488.08 | Horizon | MGD | 37963.66 | | | | 27874.01 | 87832.06 | case rate | |
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC | 828 | MS-DRG | | | | inpatient | | | | 31995.97 | Horizon | MGD | 27572.84 | | | | 18932.69 | 63792.05 | case rate | |
| MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC | 829 | MS-DRG | | | | inpatient | | | | 52521.43 | Horizon | MGD | 52429.54 | | | | 36424.37 | 121300.07 | case rate | |
| MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC | 830 | MS-DRG | | | | inpatient | | | | 30050.01 | Horizon | MGD | 23920.97 | | | | 17274.35 | 55343.13 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC | 831 | MS-DRG | | | | inpatient | | | | 25732.58 | Horizon | MGD | 17333.77 | | | | 13595.06 | 40103.1 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC | 832 | MS-DRG | | | | inpatient | | | | 20138.64 | Horizon | MGD | 12118.97 | | | | 8827.93 | 28038.23 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC | 833 | MS-DRG | | | | inpatient | | | | 16984.08 | Horizon | MGD | 8097.86 | | | | 6139.63 | 18735.06 | case rate | |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC | 834 | MS-DRG | | | | inpatient | | | | 86388.63 | Horizon | MGD | 92861.51 | | | | 65285.81 | 214842.75 | case rate | |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC | 835 | MS-DRG | | | | inpatient | | | | 39363.42 | Horizon | MGD | 36012.96 | | | | 25228.23 | 83318.95 | case rate | |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC | 836 | MS-DRG | | | | inpatient | | | | 26999.4 | Horizon | MGD | 20444.44 | | | | 14674.63 | 47299.89 | case rate | |
| CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC | 837 | MS-DRG | | | | inpatient | | | | 79179.98 | Horizon | MGD | 90807.33 | | | | 59142.64 | 209627.52 | case rate | |
| CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT | 838 | MS-DRG | | | | inpatient | | | | 37890.68 | Horizon | MGD | 39664.84 | | | | 23956.12 | 91767.87 | case rate | |
| CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC | 839 | MS-DRG | | | | inpatient | | | | 28773.5 | Horizon | MGD | 21174.47 | | | | 16186.51 | 48988.89 | case rate | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W MCC | 840 | MS-DRG | | | | inpatient | | | | 53979.51 | Horizon | MGD | 55518.29 | | | | 37666.94 | 128446.15 | case rate | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W CC | 841 | MS-DRG | | | | inpatient | | | | 31512.26 | Horizon | MGD | 27562.73 | | | | 18520.46 | 63768.64 | case rate | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC | 842 | MS-DRG | | | | inpatient | | | | 24359.05 | Horizon | MGD | 18901.75 | | | | 12424.54 | 43730.75 | case rate | |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC | 843 | MS-DRG | | | | inpatient | | | | 36020.95 | Horizon | MGD | 31123.56 | | | | 22362.75 | 72006.92 | case rate | |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC | 844 | MS-DRG | | | | inpatient | | | | 26345.2 | Horizon | MGD | 19874.57 | | | | 14117.13 | 45981.45 | case rate | |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC | 845 | MS-DRG | | | | inpatient | | | | 21377.73 | Horizon | MGD | 14604.13 | | | | 9883.88 | 33787.86 | case rate | |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC | 846 | MS-DRG | | | | inpatient | | | | 45175.56 | Horizon | MGD | 47529.79 | | | | 30164.26 | 109917.83 | case rate | |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC | 847 | MS-DRG | | | | inpatient | | | | 27361.64 | Horizon | MGD | 22364.79 | | | | 15008.9 | 51742.79 | case rate | |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC | 848 | MS-DRG | | | | inpatient | | | | 21129.64 | Horizon | MGD | 15723.64 | | | | 9672.45 | 36377.93 | case rate | |
| RADIOTHERAPY | 849 | MS-DRG | | | | inpatient | | | | 46801.35 | Horizon | MGD | 33217.57 | | | | 31549.75 | 76851.59 | case rate | |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC | 853 | MS-DRG | | | | inpatient | | | | 79098.21 | Horizon | MGD | 85262.71 | | | | 59072.95 | 197262.3 | case rate | |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC | 854 | MS-DRG | | | | inpatient | | | | 37473.49 | Horizon | MGD | 37139.21 | | | | 23600.6 | 85924.62 | case rate | |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC | 855 | MS-DRG | | | | inpatient | | | | 32310.6 | Horizon | MGD | 26301.6 | | | | 19200.81 | 60850.92 | case rate | |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC | 856 | MS-DRG | | | | inpatient | | | | 72310.91 | Horizon | MGD | 75672.74 | | | | 53288.85 | 175075.12 | case rate | |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC | 857 | MS-DRG | | | | inpatient | | | | 39979.4 | Horizon | MGD | 34675.96 | | | | 25736.12 | 80225.7 | case rate | |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC | 858 | MS-DRG | | | | inpatient | | | | 27636.97 | Horizon | MGD | 23268.49 | | | | 15217.96 | 53833.56 | case rate | |
| POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC | 862 | MS-DRG | | | | inpatient | | | | 35264.19 | Horizon | MGD | 30815.02 | | | | 21717.84 | 71293.09 | case rate | |
| POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC | 863 | MS-DRG | | | | inpatient | | | | 23638.32 | Horizon | MGD | 16603.73 | | | | 11810.34 | 38414.09 | case rate | |
| FEVER AND INFLAMMATORY CONDITIONS | 864 | MS-DRG | | | | inpatient | | | | 22225.97 | Horizon | MGD | 14572.1 | | | | 10606.74 | 33713.75 | case rate | |
| VIRAL ILLNESS W MCC | 865 | MS-DRG | | | | inpatient | | | | 29883.69 | Horizon | MGD | 23303.89 | | | | 17132.61 | 53915.48 | case rate | |
| VIRAL ILLNESS W/O MCC | 866 | MS-DRG | | | | inpatient | | | | 22043.02 | Horizon | MGD | 13831.94 | | | | 10450.83 | 32001.34 | case rate | |
| OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC | 867 | MS-DRG | | | | inpatient | | | | 39459.84 | Horizon | MGD | 35960.69 | | | | 25327.44 | 83198.03 | case rate | |
| OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC | 868 | MS-DRG | | | | inpatient | | | | 24334.1 | Horizon | MGD | 18156.53 | | | | 12403.28 | 42006.64 | case rate | |
| OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC | 869 | MS-DRG | | | | inpatient | | | | 19753.33 | Horizon | MGD | 12946.79 | | | | 8499.57 | 29953.48 | case rate | |
| SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS | 870 | MS-DRG | | | | inpatient | | | | 106197.52 | Horizon | MGD | 106138.76 | | | | 82166.84 | 245560.77 | case rate | |
| SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC | 871 | MS-DRG | | | | inpatient | | | | 36974.53 | Horizon | MGD | 31298.9 | | | | 23175.38 | 72412.59 | case rate | |
| SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC | 872 | MS-DRG | | | | inpatient | | | | 24069.37 | Horizon | MGD | 17751.89 | | | | 12177.68 | 41070.47 | case rate | |
| O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS | 876 | MS-DRG | | | | inpatient | | | | 64244.32 | Horizon | MGD | 55661.6 | | | | 46414.55 | 128777.71 | case rate | |
| ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION | 880 | MS-DRG | | | | inpatient | | | | 23065.9 | Horizon | MGD | 2361 | | | | 2090 | 20057.3 | per diem | |
| DEPRESSIVE NEUROSES | 881 | MS-DRG | | | | inpatient | | | | 22449.12 | Horizon | MGD | 2361 | | | | 2090 | 19520.98 | per diem | |
| NEUROSES EXCEPT DEPRESSIVE | 882 | MS-DRG | | | | inpatient | | | | 23113.02 | Horizon | MGD | 2361 | | | | 2090 | 20098.28 | per diem | |
| DISORDERS OF PERSONALITY & IMPULSE CONTROL | 883 | MS-DRG | | | | inpatient | | | | 35474.86 | Horizon | MGD | 2361 | | | | 2090 | 32167.02 | per diem | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY | 884 | MS-DRG | | | | inpatient | | | | 32928.76 | Horizon | MGD | 2361 | | | | 2090 | 2090 | 2897.64 per diem | |
| PSYCHOSES | 885 | MS-DRG | | | | inpatient | | | | 25316.81 | Horizon | MGD | 2361 | | | | 2090 | 2090 | 25492.88 per diem | |
| BEHAVIORAL & DEVELOPMENTAL DISORDERS | 886 | MS-DRG | | | | inpatient | | | | 34679.29 | Horizon | MGD | 2361 | | | | 2090 | 2090 | 31171.07 per diem | |
| OTHER MENTAL DISORDER DIAGNOSES | 887 | MS-DRG | | | | inpatient | | | | 26264.81 | Horizon | MGD | 2361 | | | | 2090 | 2090 | 22838.97 per diem | |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA | 894 | MS-DRG | | | | inpatient | | | | 18429.69 | Horizon | MGD | 2361 | | | | 2090 | 2090 | 9482.59 per diem | |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY | 895 | MS-DRG | | | | inpatient | | | | 29229.49 | Horizon | MGD | 2361 | | | | 2090 | 2090 | 25416.95 per diem | |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC | 896 | MS-DRG | | | | inpatient | | | | 34461.69 | Horizon | MGD | 2361 | | | | 2090 | 2090 | 30898.66 per diem | |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC | 897 | MS-DRG | | | | inpatient | | | | 22006.98 | Horizon | MGD | 2361 | | | | 2090 | 2090 | 19136.51 per diem | |
| WOUND DEBRIDEMENTS FOR INJURIES W MCC | 901 | MS-DRG | | | | inpatient | | | | 71186.85 | Horizon | MGD | 75278.21 | | | | 13124 | 13124 | 174162.35 case rate | |
| WOUND DEBRIDEMENTS FOR INJURIES W CC | 902 | MS-DRG | | | | inpatient | | | | 36080.55 | Horizon | MGD | 32377.94 | | | | 22413.54 | 22413.54 | 74909.04 case rate | |
| WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC | 903 | MS-DRG | | | | inpatient | | | | 26676.46 | Horizon | MGD | 19623.35 | | | | 14399.42 | 14399.42 | 56429.51 case rate | |
| SKIN GRAFTS FOR INJURIES W CC/MCC | 904 | MS-DRG | | | | inpatient | | | | 63294.9 | Horizon | MGD | 54390.36 | | | | 45605.46 | 45605.46 | 125936.58 case rate | |
| SKIN GRAFTS FOR INJURIES W/O CC/MCC | 905 | MS-DRG | | | | inpatient | | | | 32623.84 | Horizon | MGD | 29826.71 | | | | 19467.75 | 19467.75 | 69011.18 case rate | |
| HAND PROCEDURES FOR INJURIES | 906 | MS-DRG | | | | inpatient | | | | 40029.3 | Horizon | MGD | 31076.35 | | | | 25778.64 | 25778.64 | 71897.7 case rate | |
| OTHER O.R. PROCEDURES FOR INJURIES W MCC | 907 | MS-DRG | | | | inpatient | | | | 64994.15 | Horizon | MGD | 71083.45 | | | | 47053.55 | 47053.55 | 164457.41 case rate | |
| OTHER O.R. PROCEDURES FOR INJURIES W CC | 908 | MS-DRG | | | | inpatient | | | | 37736.84 | Horizon | MGD | 33998.61 | | | | 23825.02 | 23825.02 | 77733.15 case rate | |
| OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC | 909 | MS-DRG | | | | inpatient | | | | 27358.38 | Horizon | MGD | 22346.24 | | | | 14980.55 | 14980.55 | 51699.88 case rate | |
| TRAUMATIC INJURY W MCC | 913 | MS-DRG | | | | inpatient | | | | 32209.42 | Horizon | MGD | 24816.23 | | | | 19114.58 | 19114.58 | 57414.4 case rate | |
| TRAUMATIC INJURY W/O MCC | 914 | MS-DRG | | | | inpatient | | | | 22481 | Horizon | MGD | 14125.31 | | | | 10824.08 | 10824.08 | 84762.6 case rate | |
| ALLERGIC REACTIONS W MCC | 915 | MS-DRG | | | | inpatient | | | | 33867.09 | Horizon | MGD | 28272.53 | | | | 20527.24 | 20527.24 | 65410.84 case rate | |
| ALLERGIC REACTIONS W/O MCC | 916 | MS-DRG | | | | inpatient | | | | 18984.09 | Horizon | MGD | 10711.16 | | | | 7844.03 | 7844.03 | 24781.15 case rate | |
| POISONING & TOXIC EFFECTS OF DRUGS W MCC | 917 | MS-DRG | | | | inpatient | | | | 32506.03 | Horizon | MGD | 24846.58 | | | | 19367.35 | 19367.35 | 57484.62 case rate | |
| POISONING & TOXIC EFFECTS OF DRUGS W/O MCC | 918 | MS-DRG | | | | inpatient | | | | 22040.25 | Horizon | MGD | 13128.88 | | | | 10448.47 | 10448.47 | 30374.75 case rate | |
| COMPLICATIONS OF TREATMENT W MCC | 919 | MS-DRG | | | | inpatient | | | | 33554.9 | Horizon | MGD | 30757.7 | | | | 21539.49 | 21539.49 | 71160.47 case rate | |
| COMPLICATIONS OF TREATMENT W CC | 920 | MS-DRG | | | | inpatient | | | | 23860.08 | Horizon | MGD | 16912.27 | | | | 11999.32 | 11999.32 | 39127.92 case rate | |
| COMPLICATIONS OF TREATMENT W/O CC/MCC | 921 | MS-DRG | | | | inpatient | | | | 19311.19 | Horizon | MGD | 11913.28 | | | | 8122.78 | 8122.78 | 27562.35 case rate | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC | 922 | MS-DRG | | | | inpatient | | | | 33194.87 | Horizon | MGD | 26274.62 | | | | 19954.38 | 19954.38 | 60788.51 case rate | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC | 923 | MS-DRG | | | | inpatient | | | | 23915.52 | Horizon | MGD | 14864.83 | | | | 12046.57 | 12046.57 | 37382.48 case rate | |
| EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT | 927 | MS-DRG | | | | inpatient | | | | 288538.5 | Horizon | MGD | 309962.67 | | | | 237556.83 | 717124.19 | case rate | |
| FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC | 928 | MS-DRG | | | | inpatient | | | | 102349.95 | Horizon | MGD | 99062.62 | | | | 78887.96 | 229189.53 | case rate | |
| FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC | 929 | MS-DRG | | | | inpatient | | | | 53860.31 | Horizon | MGD | 50111.29 | | | | 37565.36 | 115936.61 | case rate | |
| EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT | 933 | MS-DRG | | | | inpatient | | | | 69750.94 | Horizon | MGD | 48224.66 | | | | 33318 | 111571.72 | case rate | |
| FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ | 934 | MS-DRG | | | | inpatient | | | | 39520.63 | Horizon | MGD | 30912.81 | | | | 25345.16 | 71519.33 | case rate | |
| NON-EXTENSIVE BURNS | 935 | MS-DRG | | | | inpatient | | | | 40221.96 | Horizon | MGD | 30713.86 | | | | 25942.82 | 71059.05 | case rate | |
| O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC | 939 | MS-DRG | | | | inpatient | | | | 53771.61 | Horizon | MGD | 55278.88 | | | | 37489.76 | 127862.25 | case rate | |
| O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC | 940 | MS-DRG | | | | inpatient | | | | 39043.84 | Horizon | MGD | 36662.07 | | | | 24938.84 | 84820.72 | case rate | |
| O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC | 941 | MS-DRG | | | | inpatient | | | | 36866.42 | Horizon | MGD | 31214.6 | | | | 23083.25 | 72217.56 | case rate | |
| REHABILITATION W CC/MCC | 945 | MS-DRG | | | | inpatient | | | | 30937.06 | Horizon | MGD | 23012.21 | | | | 18030.29 | 53240.65 | case rate | |
| REHABILITATION W/O CC/MCC | 946 | MS-DRG | | | | inpatient | | | | 25254.41 | Horizon | MGD | 17579.92 | | | | 13187.56 | 40672.6 | case rate | |
| SIGNS & SYMPTOMS W MCC | 947 | MS-DRG | | | | inpatient | | | | 27606.47 | Horizon | MGD | 20326.42 | | | | 15191.98 | 47026.84 | case rate | |
| SIGNS & SYMPTOMS W/O MCC | 948 | MS-DRG | | | | inpatient | | | | 20791.45 | Horizon | MGD | 13154.17 | | | | 9384.25 | 30433.26 | case rate | |
| AFTERCARE W CC/MCC | 949 | MS-DRG | | | | inpatient | | | | 24734.66 | Horizon | MGD | 19324.93 | | | | 12744.63 | 44709.82 | case rate | |
| AFTERCARE W/O CC/MCC | 950 | MS-DRG | | | | inpatient | | | | 17903 | Horizon | MGD | 12559.01 | | | | 6922.73 | 29056.31 | case rate | |
| OTHER FACTORS INFLUENCING HEALTH STATUS | 951 | MS-DRG | | | | inpatient | | | | 17638.27 | Horizon | MGD | 13461.02 | | | | 6697.13 | 31143.19 | case rate | |
| CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | 955 | MS-DRG | | | | inpatient | | | | 104420.65 | Horizon | MGD | 102793.73 | | | | 80652.6 | 237821.78 | case rate | |
| LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA | 956 | MS-DRG | | | | inpatient | | | | 62758.51 | Horizon | MGD | 63794.87 | | | | 45148.35 | 147594.69 | case rate | |
| OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC | 957 | MS-DRG | | | | inpatient | | | | 113234.3 | Horizon | MGD | 128110.71 | | | | 88163.55 | 296394.69 | case rate | |
| OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC | 958 | MS-DRG | | | | inpatient | | | | 66741.91 | Horizon | MGD | 70471.43 | | | | 48542.98 | 163041.46 | case rate | |
| OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC | 959 | MS-DRG | | | | inpatient | | | | 46424.36 | Horizon | MGD | 41318.8 | | | | 31228.48 | 95594.45 | case rate | |
| OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC | 963 | MS-DRG | | | | inpatient | | | | 47433.38 | Horizon | MGD | 47123.7 | | | | 32088.36 | 109024.57 | case rate | |
| OTHER MULTIPLE SIGNIFICANT TRAUMA W CC | 964 | MS-DRG | | | | inpatient | | | | 30571.15 | Horizon | MGD | 24866.81 | | | | 17718.46 | 57531.42 | case rate | |
| OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC | 965 | MS-DRG | | | | inpatient | | | | 22428.33 | Horizon | MGD | 16426.7 | | | | 10779.19 | 38004.52 | case rate | |
| HIV W EXTENSIVE O.R. PROCEDURE W MCC | 969 | MS-DRG | | | | inpatient | | | | 97435.15 | Horizon | MGD | 94394.08 | | | | 74599.6 | 218388.49 | case rate | |
| HIV W EXTENSIVE O.R. PROCEDURE W/O MCC | 970 | MS-DRG | | | | inpatient | | | | 46554.64 | Horizon | MGD | 47000.62 | | | | 31339.51 | 108739.81 | case rate | |
| HIV W MAJOR RELATED CONDITION W MCC | 974 | MS-DRG | | | | inpatient | | | | 51168.68 | Horizon | MGD | 45909.78 | | | | 35271.56 | 106216.06 | case rate | |
| HIV W MAJOR RELATED CONDITION W CC | 975 | MS-DRG | | | | inpatient | | | | 29480.36 | Horizon | MGD | 21747.71 | | | | 16788.89 | 50315.13 | case rate | |
| HIV W MAJOR RELATED CONDITION W/O CC/MCC | 976 | MS-DRG | | | | inpatient | | | | 23681.29 | Horizon | MGD | 15824.8 | | | | 11846.95 | 36611.97 | case rate | |
| HIV W OR W/O OTHER RELATED CONDITION | 977 | MS-DRG | | | | inpatient | | | | 29764.49 | Horizon | MGD | 19724.51 | | | | 17031.03 | 45634.29 | case rate | |
| EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC | 981 | MS-DRG | | | | inpatient | | | | 75669.21 | Horizon | MGD | 73686.63 | | | | 11302 | 170480.09 | case rate | |
| EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC | 982 | MS-DRG | | | | inpatient | | | | 43713.32 | Horizon | MGD | 41355.89 | | | | 14901 | 95680.27 | case rate | |
| EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC | 983 | MS-DRG | | | | inpatient | | | | 32961.04 | Horizon | MGD | 26455.03 | | | | 19703.98 | 61205.88 | case rate | |
| NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC | 987 | MS-DRG | | | | inpatient | | | | 58327.43 | Horizon | MGD | 56187.64 | | | | 41372.21 | 129994.73 | case rate | |
| NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC | 988 | MS-DRG | | | | inpatient | | | | 33563.55 | Horizon | MGD | 28545.67 | | | | 20268.57 | 66042.75 | case rate | |
| NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC | 989 | MS-DRG | | | | inpatient | | | | 25794.96 | Horizon | MGD | 17546.2 | | | | 13648.21 | 40594.58 | case rate | |
| HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC | 001 | MS-DRG | | | | inpatient | | | | 400195.63 | Horizon | PPO | 476103.89 | | | | 332710.44 | 1030198.27 | case rate | |
| HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC | 002 | MS-DRG | | | | inpatient | | | | 140127.09 | Horizon | PPO | 241971.01 | | | | 111081.44 | 523579.26 | case rate | |
| ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R. | 003 | MS-DRG | | | | inpatient | | | | 306824.15 | Horizon | PPO | 329847.23 | | | | 253139.77 | 713726.68 | case rate | |
| TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R. | 004 | MS-DRG | | | | inpatient | | | | 205623.09 | Horizon | PPO | 268563.92 | | | | 166896.78 | 445428.73 | case rate | |
| LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT | 005 | MS-DRG | | | | inpatient | | | | 157381.56 | Horizon | PPO | 295704 | | | | 125785.6 | 295704 | case rate | |
| LIVER TRANSPLANT W/O MCC | 006 | MS-DRG | | | | inpatient | | | | 76990.08 | Horizon | PPO | 295704 | | | | 57276.42 | 295704 | case rate | |
| LUNG TRANSPLANT | 007 | MS-DRG | | | | inpatient | | | | 190914.73 | Horizon | PPO | 192005.58 | | | | 154362.39 | 415463.56 | case rate | |
| SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT | 008 | MS-DRG | | | | inpatient | | | | 85193.89 | Horizon | PPO | 94623.72 | | | | 64267.66 | 204747.74 | case rate | |
| PANCREAS TRANSPLANT | 010 | MS-DRG | | | | inpatient | | | | 120286.33 | Horizon | PPO | 81372.08 | | | | 76104.35 | 176073.7 | case rate | |
| TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC | 011 | MS-DRG | | | | inpatient | | | | 84567.41 | Horizon | PPO | 88555.83 | | | | 63733.78 | 260411 | case rate | |
| TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC | 012 | MS-DRG | | | | inpatient | | | | 66657.36 | Horizon | PPO | 68749.57 | | | | 48470.93 | 260411 | case rate | |
| TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC | 013 | MS-DRG | | | | inpatient | | | | 46508.91 | Horizon | PPO | 41939.82 | | | | 31300.53 | 260411 | case rate | |
| ALLOGENEIC BONE MARROW TRANSPLANT | 014 | MS-DRG | | | | inpatient | | | | 191372.12 | Horizon | PPO | 215428.06 | | | | 154752.17 | 466145.35 | case rate | |
| AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY | 016 | MS-DRG | | | | inpatient | | | | 93437.89 | Horizon | PPO | 117885.76 | | | | 71293.15 | 250082.38 | case rate | |
| AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC | 017 | MS-DRG | | | | inpatient | | | | 93437.89 | Horizon | PPO | 78978.09 | | | | 71293.15 | 170893.57 | case rate | |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC | 020 | MS-DRG | | | | inpatient | | | | 121507.41 | Horizon | PPO | 187936.88 | | | | 95213.84 | 406659.68 | case rate | |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC | 021 | MS-DRG | | | | inpatient | | | | 83805.11 | Horizon | PPO | 142514.25 | | | | 63084.15 | 308373.74 | case rate | |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC | 022 | MS-DRG | | | | inpatient | | | | 48061.24 | Horizon | PPO | 92974.25 | | | | 32623.42 | 201178.6 | case rate | |
| CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL | 023 | MS-DRG | | | | inpatient | | | | 88852.96 | Horizon | PPO | 98429.22 | | | | 67385.9 | 212982.12 | case rate | |
| CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC | 024 | MS-DRG | | | | inpatient | | | | 62471.61 | Horizon | PPO | 70655.02 | | | | 44903.86 | 313612.23 | case rate | |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC | 025 | MS-DRG | | | | inpatient | | | | 71766.2 | Horizon | PPO | 77110.49 | | | | 52824.66 | 166852.44 | case rate | |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC | 026 | MS-DRG | | | | inpatient | | | | 52172.15 | Horizon | PPO | 54364.02 | | | | 36126.72 | 117633.41 | case rate | |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC | 027 | MS-DRG | | | | inpatient | | | | 43983.59 | Horizon | PPO | 43067.55 | | | | 29148.47 | 93939.14 | case rate | |
| SPINAL PROCEDURES W MCC | 028 | MS-DRG | | | | inpatient | | | | 94042.19 | Horizon | PPO | 96891.52 | | | | 71808.14 | 209654.82 | case rate | |
| SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS | 029 | MS-DRG | | | | inpatient | | | | 56303.85 | Horizon | PPO | 56887.8 | | | | 39647.73 | 123094.39 | case rate | |
| SPINAL PROCEDURES W/O CC/MCC | 030 | MS-DRG | | | | inpatient | | | | 40623.9 | Horizon | PPO | 39221.34 | | | | 26285.36 | 84967.53 | case rate | |
| VENTRICULAR SHUNT PROCEDURES W MCC | 031 | MS-DRG | | | | inpatient | | | | 67861.81 | Horizon | PPO | 75405.14 | | | | 49497.36 | 163162.38 | case rate | |
| VENTRICULAR SHUNT PROCEDURES W CC | 032 | MS-DRG | | | | inpatient | | | | 39379.26 | Horizon | PPO | 41499.96 | | | | 25224.68 | 103005.11 | case rate | |
| VENTRICULAR SHUNT PROCEDURES W/O CC/MCC | 033 | MS-DRG | | | | inpatient | | | | 31893.41 | Horizon | PPO | 30424.17 | | | | 18845.28 | 169398.47 | case rate | |
| CAROTID ARTERY STENT PROCEDURE W MCC | 034 | MS-DRG | | | | inpatient | | | | 63677.44 | Horizon | PPO | 64893.59 | | | | 45931.46 | 279134.99 | case rate | |
| CAROTID ARTERY STENT PROCEDURE W CC | 035 | MS-DRG | | | | inpatient | | | | 41308.59 | Horizon | PPO | 40025.35 | | | | 26868.85 | 86607.24 | case rate | |
| CAROTID ARTERY STENT PROCEDURE W/O CC/MCC | 036 | MS-DRG | | | | inpatient | | | | 35186.57 | Horizon | PPO | 31114.6 | | | | 21651.7 | 67326.08 | case rate | |
| EXTRACRANIAL PROCEDURES W MCC | 037 | MS-DRG | | | | inpatient | | | | 55807.66 | Horizon | PPO | 57863.06 | | | | 39224.88 | 125204.67 | case rate | |
| EXTRACRANIAL PROCEDURES W CC | 038 | MS-DRG | | | | inpatient | | | | 32112.4 | Horizon | PPO | 30135.74 | | | | 19031.9 | 65208 | case rate | |
| EXTRACRANIAL PROCEDURES W/O CC/MCC | 039 | MS-DRG | | | | inpatient | | | | 25555.18 | Horizon | PPO | 20413.77 | | | | 13443.87 | 44171.53 | case rate | |
| PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC | 040 | MS-DRG | | | | inpatient | | | | 62061.35 | Horizon | PPO | 70813.66 | | | | 44554.23 | 153227.3 | case rate | |
| PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM | 041 | MS-DRG | | | | inpatient | | | | 41078.51 | Horizon | PPO | 42514.88 | | | | 26672.77 | 91994.11 | case rate | |
| PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC | 042 | MS-DRG | | | | inpatient | | | | 34140.13 | Horizon | PPO | 33737.53 | | | | 20799.93 | 102408.62 | case rate | |
| SPINAL DISORDERS & INJURIES W CC/MCC | 052 | MS-DRG | | | | inpatient | | | | 37673.08 | Horizon | PPO | 30653.11 | | | | 23770.68 | 80333.48 | case rate | |
| SPINAL DISORDERS & INJURIES W/O CC/MCC | 053 | MS-DRG | | | | inpatient | | | | 22550.3 | Horizon | PPO | 16478.48 | | | | 10883.13 | 98314.19 | case rate | |
| NERVOUS SYSTEM NEOPLASMS W MCC | 054 | MS-DRG | | | | inpatient | | | | 30557.29 | Horizon | PPO | 23734.35 | | | | 17706.65 | 143596.19 | case rate | |
| NERVOUS SYSTEM NEOPLASMS W/O MCC | 055 | MS-DRG | | | | inpatient | | | | 24800.98 | Horizon | PPO | 18877.87 | | | | 12886.37 | 40848.13 | case rate | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC | 056 | MS-DRG | | | | inpatient | | | | 44486.71 | Horizon | PPO | 38298.36 | | | | 29577.23 | 82870.37 | case rate | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC | 057 | MS-DRG | | | | inpatient | | | | 28274.53 | Horizon | PPO | 21792.84 | | | | 15761.29 | 47155.56 | case rate | |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC | 058 | MS-DRG | | | | inpatient | | | | 35363.98 | Horizon | PPO | 31720.31 | | | | 21802.88 | 68636.72 | case rate | |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC | 059 | MS-DRG | | | | inpatient | | | | 26738.83 | Horizon | PPO | 19817.08 | | | | 14452.58 | 42880.4 | case rate | |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC | 060 | MS-DRG | | | | inpatient | | | | 22148.36 | Horizon | PPO | 15011.08 | | | | 10540.6 | 32481.13 | case rate | |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC | 061 | MS-DRG | | | | inpatient | | | | 47249.04 | Horizon | PPO | 51335.49 | | | | 31931.26 | 111080.23 | case rate | |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC | 062 | MS-DRG | | | | inpatient | | | | 34463.07 | Horizon | PPO | 35039.08 | | | | 21035.14 | 121708.96 | case rate | |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC | 063 | MS-DRG | | | | inpatient | | | | 29250.28 | Horizon | PPO | 29347.96 | | | | 16592.82 | 136083.64 | case rate | |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC | 064 | MS-DRG | | | | inpatient | | | | 37350.14 | Horizon | PPO | 33696.07 | | | | 23495.48 | 215326.95 | case rate | |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS | 065 | MS-DRG | | | | inpatient | | | | 23673.94 | Horizon | PPO | 18594.85 | | | | 12011.13 | 40235.72 | case rate | |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC | 066 | MS-DRG | | | | inpatient | | | | 19319.51 | Horizon | PPO | 13102.02 | | | | 8129.87 | 28350.29 | case rate | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC | 067 | MS-DRG | | | | inpatient | | | | 29944.68 | Horizon | PPO | 27065.74 | | | | 17184.58 | 58565.11 | case rate | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC | 068 | MS-DRG | | | | inpatient | | | | 21997.28 | Horizon | PPO | 16200.86 | | | | 10411.85 | 35055.59 | case rate | |
| TRANSIENT ISCHEMIA W/O THROMBOLYTIC | 069 | MS-DRG | | | | inpatient | | | | 20869.07 | Horizon | PPO | 13799.67 | | | | 9450.4 | 29859.86 | case rate | |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC | 070 | MS-DRG | | | | inpatient | | | | 33879.56 | Horizon | PPO | 29659.82 | | | | 20537.87 | 64178.22 | case rate | |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W CC | 071 | MS-DRG | | | | inpatient | | | | 24386.77 | Horizon | PPO | 17771.02 | | | | 12448.16 | 38453.1 | case rate | |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC | 072 | MS-DRG | | | | inpatient | | | | 20177.45 | Horizon | PPO | 13376.03 | | | | 8861 | 28943.19 | case rate | |
| CRANIAL & PERIPHERAL NERVE DISORDERS W MCC | 073 | MS-DRG | | | | inpatient | | | | 31261.79 | Horizon | PPO | 25437.9 | | | | 18255.89 | 55042.78 | case rate | |
| CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC | 074 | MS-DRG | | | | inpatient | | | | 24227.38 | Horizon | PPO | 17556.5 | | | | 12312.33 | 37988.92 | case rate | |
| VIRAL MENINGITIS W CC/MCC | 075 | MS-DRG | | | | inpatient | | | | 32817.88 | Horizon | PPO | 26708.8 | | | | 19633.11 | 57792.77 | case rate | |
| VIRAL MENINGITIS W/O CC/MCC | 076 | MS-DRG | | | | inpatient | | | | 22487.93 | Horizon | PPO | 14868.67 | | | | 10829.98 | 32172.97 | case rate | |
| HYPERTENSIVE ENCEPHALOPATHY W MCC | 077 | MS-DRG | | | | inpatient | | | | 31211.49 | Horizon | PPO | 27977.9 | | | | 18264.15 | 60538.86 | case rate | |
| HYPERTENSIVE ENCEPHALOPATHY W CC | 078 | MS-DRG | | | | inpatient | | | | 23610.6 | Horizon | PPO | 17487.99 | | | | 11786.72 | 37840.69 | case rate | |
| HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC | 079 | MS-DRG | | | | inpatient | | | | 18949.44 | Horizon | PPO | 13457.16 | | | | 7814.5 | 29118.73 | case rate | |
| NONTRAUMATIC STUPOR & COMA W MCC | 080 | MS-DRG | | | | inpatient | | | | 37070.16 | Horizon | PPO | 33869.13 | | | | 23256.88 | 73286.35 | case rate | |
| NONTRAUMATIC STUPOR & COMA W/O MCC | 081 | MS-DRG | | | | inpatient | | | | 22320.22 | Horizon | PPO | 15405.87 | | | | 10597.06 | 33335.38 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC | 082 | MS-DRG | | | | inpatient | | | | 41937.84 | Horizon | PPO | 38913.08 | | | | 27405.09 | 84200.51 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W CC | 083 | MS-DRG | | | | inpatient | | | | 29050.7 | Horizon | PPO | 23344.97 | | | | 16422.74 | 50514.07 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC | 084 | MS-DRG | | | | inpatient | | | | 23031.25 | Horizon | PPO | 16644.33 | | | | 11292.99 | 36015.16 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC | 085 | MS-DRG | | | | inpatient | | | | 41188.62 | Horizon | PPO | 39298.86 | | | | 26764.9 | 85035.28 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W CC | 086 | MS-DRG | | | | inpatient | | | | 27958.52 | Horizon | PPO | 22409.36 | | | | 15491.99 | 48489.6 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC | 087 | MS-DRG | | | | inpatient | | | | 22031.93 | Horizon | PPO | 15238.22 | | | | 10441.38 | 32972.62 | case rate | |
| CONCUSSION W MCC | 088 | MS-DRG | | | | inpatient | | | | 29332.06 | Horizon | PPO | 26972.75 | | | | 19882.51 | 57714.76 | case rate | |
| CONCUSSION W CC | 089 | MS-DRG | | | | inpatient | | | | 24639.02 | Horizon | PPO | 19243.82 | | | | 12663.13 | 41639.97 | case rate | |
| CONCUSSION W/O CC/MCC | 090 | MS-DRG | | | | inpatient | | | | 21661.87 | Horizon | PPO | 14302.62 | | | | 10126.02 | 30948.15 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM W MCC | 091 | MS-DRG | | | | inpatient | | | | 35045.2 | Horizon | PPO | 29059.52 | | | | 21531.22 | 62879.28 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM W CC | 092 | MS-DRG | | | | inpatient | | | | 24453.3 | Horizon | PPO | 17004.87 | | | | 12504.86 | 36795.3 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC | 093 | MS-DRG | | | | inpatient | | | | 20719.38 | Horizon | PPO | 13300.32 | | | | 9322.83 | 29779.36 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC | 094 | MS-DRG | | | | inpatient | | | | 60351.01 | Horizon | PPO | 66301.5 | | | | 43096.69 | 143463.85 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC | 095 | MS-DRG | | | | inpatient | | | | 43005.07 | Horizon | PPO | 42920.48 | | | | 28314.58 | 92671.77 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC | 096 | MS-DRG | | | | inpatient | | | | 43005.07 | Horizon | PPO | 38055 | | | | 28314.58 | 82343.78 | case rate | |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC | 097 | MS-DRG | | | | inpatient | | | | 59462.57 | Horizon | PPO | 63795.75 | | | | 42339.57 | 138041.87 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes | | | | | |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC | 098 | MS-DRG | | | | inpatient | | | | 39846.35 | Horizon | PPO | 33358.98 | | | | 25622.73 | 72182.45 | case rate | | | | | | | |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC | 099 | MS-DRG | | | | inpatient | | | | 29090.89 | Horizon | PPO | 22946.57 | | | | 16456.99 | 49652.01 | case rate | | | | | | | |
| SEIZURES W MCC | 100 | MS-DRG | | | | inpatient | | | | 37296.08 | Horizon | PPO | 32672.13 | | | | 23449.41 | 70696.29 | case rate | | | | | | | |
| SEIZURES W/O MCC | 101 | MS-DRG | | | | inpatient | | | | 22554.46 | Horizon | PPO | 15670.87 | | | | 10886.68 | 33908.79 | case rate | | | | | | | |
| HEADACHES W MCC | 102 | MS-DRG | | | | inpatient | | | | 29890.4 | Horizon | PPO | 19406.07 | | | | 13695.46 | 41991.04 | case rate | | | | | | | |
| HEADACHES W/O MCC | 103 | MS-DRG | | | | inpatient | | | | 21563.46 | Horizon | PPO | 14086.3 | | | | 10042.15 | 30480.07 | case rate | | | | | | | |
| ORBITAL PROCEDURES W CC/MCC | 113 | MS-DRG | | | | inpatient | | | | 40787.45 | Horizon | PPO | 41510.77 | | | | 26424.73 | 89821.42 | case rate | | | | | | | |
| ORBITAL PROCEDURES W/O CC/MCC | 114 | MS-DRG | | | | inpatient | | | | 26163.63 | Horizon | PPO | 22625.69 | | | | 13962.4 | 48957.69 | case rate | | | | | | | |
| EXTRAOCULAR PROCEDURES EXCEPT ORBIT | 115 | MS-DRG | | | | inpatient | | | | 30999.43 | Horizon | PPO | 24554.58 | | | | 18083.44 | 52131.43 | case rate | | | | | | | |
| INTRAOCULAR PROCEDURES W CC/MCC | 116 | MS-DRG | | | | inpatient | | | | 32906.58 | Horizon | PPO | 30790.12 | | | | 19708.7 | 66623.96 | case rate | | | | | | | |
| INTRAOCULAR PROCEDURES W/O CC/MCC | 117 | MS-DRG | | | | inpatient | | | | 23808.8 | Horizon | PPO | 18072.07 | | | | 11955.62 | 39104.52 | case rate | | | | | | | |
| ACUTE MAJOR EYE INFECTIONS W CC/MCC | 121 | MS-DRG | | | | inpatient | | | | 25901.68 | Horizon | PPO | 19096 | | | | 13739.16 | 41320.12 | case rate | | | | | | | |
| ACUTE MAJOR EYE INFECTIONS W/O CC/MCC | 122 | MS-DRG | | | | inpatient | | | | 19180.91 | Horizon | PPO | 12723.46 | | | | 8011.75 | 27531.14 | case rate | | | | | | | |
| NEUROLOGICAL EYE DISORDERS | 123 | MS-DRG | | | | inpatient | | | | 20912.03 | Horizon | PPO | 13572.53 | | | | 9487.01 | 29368.37 | case rate | | | | | | | |
| OTHER DISORDERS OF THE EYE W MCC | 124 | MS-DRG | | | | inpatient | | | | 27851.8 | Horizon | PPO | 23999.35 | | | | 15401.04 | 51930.02 | case rate | | | | | | | |
| OTHER DISORDERS OF THE EYE W/O MCC | 125 | MS-DRG | | | | inpatient | | | | 21223.89 | Horizon | PPO | 14605.48 | | | | 9762.77 | 31603.47 | case rate | | | | | | | |
| SINUS & MASTOID PROCEDURES W CC/MCC | 135 | MS-DRG | | | | inpatient | | | | 43197.72 | Horizon | PPO | 41429.65 | | | | 28478.76 | 89645.89 | case rate | | | | | | | |
| SINUS & MASTOID PROCEDURES W/O CC/MCC | 136 | MS-DRG | | | | inpatient | | | | 23337.56 | Horizon | PPO | 21857.74 | | | | 11554.03 | 47295.99 | case rate | | | | | | | |
| MOUTH PROCEDURES W CC/MCC | 137 | MS-DRG | | | | inpatient | | | | 29164.35 | Horizon | PPO | 24824.98 | | | | 16519.59 | 53716.54 | case rate | | | | | | | |
| MOUTH PROCEDURES W/O CC/MCC | 138 | MS-DRG | | | | inpatient | | | | 21054.79 | Horizon | PPO | 15236.42 | | | | 9608.67 | 32968.72 | case rate | | | | | | | |
| SALIVARY GLAND PROCEDURES | 139 | MS-DRG | | | | inpatient | | | | 28809.53 | Horizon | PPO | 20918.53 | | | | 16217.22 | 45263.72 | case rate | | | | | | | |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC | 146 | MS-DRG | | | | inpatient | | | | 41576.09 | Horizon | PPO | 34667.72 | | | | 27096.81 | 75014.36 | case rate | | | | | | | |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC | 147 | MS-DRG | | | | inpatient | | | | 27032.66 | Horizon | PPO | 22542.76 | | | | 14702.98 | 48778.25 | case rate | | | | | | | |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC | 148 | MS-DRG | | | | inpatient | | | | 20359.02 | Horizon | PPO | 13047.94 | | | | 9015.73 | 28233.27 | case rate | | | | | | | |
| DYSEQUILIBRIUM | 149 | MS-DRG | | | | inpatient | | | | 20140.03 | Horizon | PPO | 12819 | | | | 8829.11 | 27737.88 | case rate | | | | | | | |
| EPISTAXIS W MCC | 150 | MS-DRG | | | | inpatient | | | | 28937.04 | Horizon | PPO | 23930.84 | | | | 16325.88 | 51781.79 | case rate | | | | | | | |
| EPISTAXIS W/O MCC | 151 | MS-DRG | | | | inpatient | | | | 20285.56 | Horizon | PPO | 12687.4 | | | | 8953.13 | 27453.13 | case rate | | | | | | | |
| OTITIS MEDIA & URI W MCC | 152 | MS-DRG | | | | inpatient | | | | 25508.05 | Horizon | PPO | 18785.94 | | | | 13403.71 | 40649.19 | case rate | | | | | | | |
| OTITIS MEDIA & URI W/O MCC | 153 | MS-DRG | | | | inpatient | | | | 19643.83 | Horizon | PPO | 12831.62 | | | | 8406.26 | 27765.18 | case rate | | | | | | | |
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC | 154 | MS-DRG | | | | inpatient | | | | 32320.3 | Horizon | PPO | 26076.06 | | | | 19209.07 | 56423.63 | case rate | | | | | | | |
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC | 155 | MS-DRG | | | | inpatient | | | | 22719.39 | Horizon | PPO | 15923.25 | | | | 11027.24 | 34454.88 | case rate | | | | | | | |
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC | 156 | MS-DRG | | | | inpatient | | | | 19099.13 | Horizon | PPO | 11896.02 | | | | 7942.07 | 25740.72 | case rate | | | | | | | |
| DENTAL & ORAL DISEASES W MCC | 157 | MS-DRG | | | | inpatient | | | | 32475.53 | Horizon | PPO | 30159.17 | | | | 19341.36 | 65258.71 | case rate | | | | | | | |
| DENTAL & ORAL DISEASES W CC | 158 | MS-DRG | | | | inpatient | | | | 22816.42 | Horizon | PPO | 16049.44 | | | | 11109.92 | 34727.93 | case rate | | | | | | | |
| DENTAL & ORAL DISEASES W/O CC/MCC | 159 | MS-DRG | | | | inpatient | | | | 18921.72 | Horizon | PPO | 12229.52 | | | | 7790.88 | 26462.35 | case rate | | | | | | | |
| MAJOR CHEST PROCEDURES W MCC | 163 | MS-DRG | | | | inpatient | | | | 73663.65 | Horizon | PPO | 88680.22 | | | | 54441.66 | 191887.14 | case rate | | | | | | | |
| MAJOR CHEST PROCEDURES W CC | 164 | MS-DRG | | | | inpatient | | | | 44665.51 | Horizon | PPO | 46309.56 | | | | 29729.6 | 100205.08 | case rate | | | | | | | |
| MAJOR CHEST PROCEDURES W/O CC/MCC | 165 | MS-DRG | | | | inpatient | | | | 35614.85 | Horizon | PPO | 33393.21 | | | | 22016.67 | 72256.57 | case rate | | | | | | | |
| OTHER RESP SYSTEM O.R. PROCEDURES W MCC | 166 | MS-DRG | | | | inpatient | | | | 63145.21 | Horizon | PPO | 63058.45 | | | | 43477.9 | 136446.49 | case rate | | | | | | | |
| OTHER RESP SYSTEM O.R. PROCEDURES W CC | 167 | MS-DRG | | | | inpatient | | | | 35104.8 | Horizon | PPO | 34208.04 | | | | 21582.01 | 74019.68 | case rate | | | | | | | |
| OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC | 168 | MS-DRG | | | | inpatient | | | | 28544.8 | Horizon | PPO | 24185.02 | | | | 15991.62 | 52331.79 | case rate | | | | | | | |
| PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE | 175 | MS-DRG | | | | inpatient | | | | 29309.88 | Horizon | PPO | 26467.75 | | | | 19643.61 | 57141.35 | case rate | | | | | | | |
| PULMONARY EMBOLISM W/O MCC | 176 | MS-DRG | | | | inpatient | | | | 21068.65 | Horizon | PPO | 16206.27 | | | | 9620.48 | 35067.29 | case rate | | | | | | | |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC | 177 | MS-DRG | | | | inpatient | | | | 32184.47 | Horizon | PPO | 33184.1 | | | | 19093.32 | 71804.09 | case rate | | | | | | | |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W CC | 178 | MS-DRG | | | | inpatient | | | | 23530.21 | Horizon | PPO | 22973.61 | | | | 11718.21 | 49710.52 | case rate | | | | | | | |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC | 179 | MS-DRG | | | | inpatient | | | | 20447.72 | Horizon | PPO | 16811.88 | | | | 9091.33 | 35944.56 | case rate | | | | | | | |
| RESPIRATORY NEOPLASMS W MCC | 180 | MS-DRG | | | | inpatient | | | | 34004.3 | Horizon | PPO | 30573.79 | | | | 20644.17 | 66155.87 | case rate | | | | | | | |
| RESPIRATORY NEOPLASMS W CC | 181 | MS-DRG | | | | inpatient | | | | 25168.48 | Horizon | PPO | 20567 | | | | 13114.33 | 44503.09 | case rate | | | | | | | |
| RESPIRATORY NEOPLASMS W/O CC/MCC | 182 | MS-DRG | | | | inpatient | | | | 21367.44 | Horizon | PPO | 14333.27 | | | | 9892.15 | 31014.47 | case rate | | | | | | | |
| MAJOR CHEST TRAUMA W MCC | 183 | MS-DRG | | | | inpatient | | | | 31779.76 | Horizon | PPO | 26876.45 | | | | 18748.43 | 58155.54 | case rate | | | | | | | |
| MAJOR CHEST TRAUMA W CC | 184 | MS-DRG | | | | inpatient | | | | 24583.58 | Horizon | PPO | 18106.32 | | | | 12615.88 | 39178.63 | case rate | | | | | | | |
| MAJOR CHEST TRAUMA W/O CC/MCC | 185 | MS-DRG | | | | inpatient | | | | 20558.6 | Horizon | PPO | 13201.17 | | | | 9185.82 | 28564.83 | case rate | | | | | | | |
| PLEURAL EFFUSION W MCC | 186 | MS-DRG | | | | inpatient | | | | 31678.58 | Horizon | PPO | 28113.11 | | | | 18662.2 | 60831.42 | case rate | | | | | | | |
| PLEURAL EFFUSION W CC | 187 | MS-DRG | | | | inpatient | | | | 23695.15 | Horizon | PPO | 19000.46 | | | | 11858.77 | 41113.38 | case rate | | | | | | | |
| PLEURAL EFFUSION W/O CC/MCC | 188 | MS-DRG | | | | inpatient | | | | 19955.69 | Horizon | PPO | 13830.31 | | | | 8672.02 | 29926.17 | case rate | | | | | | | |
| PULMONARY EDEMA & RESPIRATORY FAILURE | 189 | MS-DRG | | | | inpatient | | | | 26930.1 | Horizon | PPO | 22268.75 | | | | 14615.57 | 48185.35 | case rate | | | | | | | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC | 190 | MS-DRG | | | | inpatient | | | | 25344.5 | Horizon | PPO | 21464.75 | | | | 13264.34 | 46445.63 | case rate | | | | | | | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC | 191 | MS-DRG | | | | inpatient | | | | 21686.82 | Horizon | PPO | 16474.88 | | | | 10147.28 | 35648.5 | case rate | | | | | | | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC | 192 | MS-DRG | | | | inpatient | | | | 18749.86 | Horizon | PPO | 13053.35 | | | | 7644.42 | 28244.97 | case rate | | | | | | | |
| SIMPLE PNEUMONIA & PLEURISY W MCC | 193 | MS-DRG | | | | inpatient | | | | 28043.07 | Horizon | PPO | 23736.15 | | | | 15564.04 | 51360.52 | case rate | | | | | | | |
| SIMPLE PNEUMONIA & PLEURISY W CC | 194 | MS-DRG | | | | inpatient | | | | 21144.88 | Horizon | PPO | 16227.91 | | | | 9685.45 | 35114.1 | case rate | | | | | | | |
| SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC | 195 | MS-DRG | | | | inpatient | | | | 18410.28 | Horizon | PPO | 12380.94 | | | | 7355.03 | 26790.01 | case rate | | | | | | | |
| INTERSTITIAL LUNG DISEASE W MCC | 196 | MS-DRG | | | | inpatient | | | | 35893.44 | Horizon | PPO | 29530.03 | | | | 22254.08 | 63897.37 | case rate | | | | | | | |
| INTERSTITIAL LUNG DISEASE W CC | 197 | MS-DRG | | | | inpatient | | | | 23501.11 | Horizon | PPO | 18057.65 | | | | 11693.4 | 39073.31 | case rate | | | | | | | |
| INTERSTITIAL LUNG DISEASE W/O CC/MCC | 198 | MS-DRG | | | | inpatient | | | | 19107.45 | Horizon | PPO | 13673.48 | | | | 7949.15 | 29586.81 | case rate | | | | | | | |
| PNEUMOTHORAX W MCC | 199 | MS-DRG | | | | inpatient | | | | 34246.86 | Horizon | PPO | 32138.54 | | | | 20850.88 | 69541.68 | case rate | | | | | | | |
| PNEUMOTHORAX W CC | 200 | MS-DRG | | | | inpatient | | | | 25129.67 | Horizon | PPO | 19375.42 | | | | 13081.26 | 41924.72 | case rate | | | | | | | |
| PNEUMOTHORAX W/O CC/MCC | 201 | MS-DRG | | | | inpatient | | | | 19164.27 | Horizon | PPO | 12599.07 | | | | 7997.58 | 27891.99 | case rate | | | | | | | |
| BRONCHITIS & ASTHMA W CC/MCC | 202 | MS-DRG | | | | inpatient | | | | 23178.16 | Horizon | PPO | 16947.18 | | | | 11418.2 | 38695.65 | case rate | | | | | | | |
| BRONCHITIS & ASTHMA W/O CC/MCC | 203 | MS-DRG | | | | inpatient | | | | 19434.55 | Horizon | PPO | 12564.82 | | | | 8227.9 | 50775.53 | case rate | | | | | | | |
| RESPIRATORY SIGNS & SYMPTOMS | 204 | MS-DRG | | | | inpatient | | | | 21020.14 | Horizon | PPO | 13837.53 | | | | 9579.14 | 96731.64 | case rate | | | | | | | |
| OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC | 205 | MS-DRG | | | | inpatient | | | | 35944.72 | Horizon | PPO | 27363.18 | | | | 22297.79 | 59208.73 | case rate | | | | | | | |
| OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC | 206 | MS-DRG | | | | inpatient | | | | 22334.08 | Horizon | PPO | 15566.31 | | | | 10698.87 | 33682.54 | case rate | | | | | | | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS | 207 | MS-DRG | | | | inpatient | | | | 99415.76 | Horizon | PPO | 100888.11 | | | | 49635 | 218302.68 | case rate | | | | | | | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS | 208 | MS-DRG | | | | inpatient | | | | 46977.38 | Horizon | PPO | 43939.01 | | | | 31699.76 | 95075.66 | case rate | | | | | | | |
| OTHER HEART ASSIST SYSTEM IMPLANT | 215 | MS-DRG | | | | inpatient | | | | 156624.79 | Horizon | PPO | 232297.72 | | | | 125140.69 | 520548.1 | case rate | | | | | | | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC | 216 | MS-DRG | | | | inpatient | | | | 143545 | Horizon | PPO | 177041.36 | | | | 78485 | 383083.85 | case rate | | | | | | | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC | 217 | MS-DRG | | | | inpatient | | | | 99286.86 | Horizon | PPO | 114702.2 | | | | 76277.62 | 248193.74 | case rate | | | | | | | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC | 218 | MS-DRG | | | | inpatient | | | | 92237.6 | Horizon | PPO | 106454.84 | | | | 70270.28 | 230348.04 | case rate | | | | | | | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC | 219 | MS-DRG | | | | inpatient | | | | 117022.27 | Horizon | PPO | 138666.47 | | | | 57338 | 300026.24 | case rate | | | | | | | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC | 220 | MS-DRG | | | | inpatient | | | | 83192.49 | Horizon | PPO | 93835.94 | | | | 57338 | 263043.14 | case rate | | | | | | | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC | 221 | MS-DRG | | | | inpatient | | | | 73433.58 | Horizon | PPO | 83057.6 | | | | 17199 | 179720.85 | case rate | | | | | | | |
| OTHER CARDIOTHORACIC PROCEDURES W MCC | 228 | MS-DRG | | | | inpatient | | | | 78848.73 | Horizon | PPO | 118549.16 | | | | 58880.35 | 256517.83 | case rate | | | | | | | |
| OTHER CARDIOTHORACIC PROCEDURES W/O MCC | 229 | MS-DRG | | | | inpatient | | | | 52833.28 | Horizon | PPO | 83796.71 | | | | 36690.12 | 181320.14 | case rate | | | | | | | |
| CORONARY BYPASS W PTCA W MCC | 231 | MS-DRG | | | | inpatient | | | | 127228.86 | Horizon | PPO | 151406.97 | | | | 19424 | 327615.89 | case rate | | | | | | | |
| CORONARY BYPASS W PTCA W/O MCC | 232 | MS-DRG | | | | inpatient | | | | 94446.91 | Horizon | PPO | 111053.53 | | | | 27830 | 240298.72 | case rate | | | | | | | |
| CORONARY BYPASS W CARDIAC CATH W MCC | 233 | MS-DRG | | | | inpatient | | | | 118115.83 | Horizon | PPO | 137684.82 | | | | 53789 | 297923.76 | case rate | | | | | | | |
| CORONARY BYPASS W CARDIAC CATH W/O MCC | 234 | MS-DRG | | | | inpatient | | | | 83518.2 | Horizon | PPO | 92788.57 | | | | 62839.65 | 200776.83 | case rate | | | | | | | |
| CORONARY BYPASS W/O CARDIAC CATH W MCC | 235 | MS-DRG | | | | inpatient | | | | 91335.31 | Horizon | PPO | 104735.07 | | | | 47567 | 226626.77 | case rate | | | | | | | |
| CORONARY BYPASS W/O CARDIAC CATH W/O MCC | 236 | MS-DRG | | | | inpatient | | | | 66773.79 | Horizon | PPO | 70779.41 | | | | 33990 | 153153.18 | case rate | | | | | | | |
| AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC | 239 | MS-DRG | | | | inpatient | | | | 79591.63 | Horizon | PPO | 84894.55 | | | | 59493.45 | 183895.67 | case rate | | | | | | | |
| AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC | 240 | MS-DRG | | | | inpatient | | | | 50143.03 | Horizon | PPO | 49482.31 | | | | 34397.51 | 107070.31 | case rate | | | | | | | |
| AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC | 241 | MS-DRG | | | | inpatient | | | | 30706.98 | Horizon | PPO | 28771.09 | | | | 15559 | 62255.17 | case rate | | | | | | | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W MCC | 242 | MS-DRG | | | | inpatient | | | | 56793.12 | Horizon | PPO | 67365.1 | | | | 20528 | 145765.26 | case rate | | | | | | | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W CC | 243 | MS-DRG | | | | inpatient | | | | 41003.67 | Horizon | PPO | 46046.37 | | | | 19748 | 99635.58 | case rate | | | | | | | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC | 244 | MS-DRG | | | | inpatient | | | | 34792.95 | Horizon | PPO | 38051.39 | | | | 19748 | 91806.34 | case rate | | | | | | | |
| AICD GENERATOR PROCEDURES | 245 | MS-DRG | | | | inpatient | | | | 77511.22 | Horizon | PPO | 90353.13 | | | | 57720.54 | 195506.98 | case rate | | | | | | | |
| PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC | 250 | MS-DRG | | | | inpatient | | | | 41832.5 | Horizon | PPO | 46832.24 | | | | 27315.32 | 90903.31 | case rate | | | | | | | |
| PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC | 251 | MS-DRG | | | | inpatient | | | | 31437.41 | Horizon | PPO | 30245.7 | | | | 18456.68 | 65445.94 | case rate | | | | | | | |
| OTHER VASCULAR PROCEDURES W MCC | 252 | MS-DRG | | | | inpatient | | | | 57325.34 | Horizon | PPO | 58764.41 | | | | 40518.24 | 127155.02 | case rate | | | | | | | |
| OTHER VASCULAR PROCEDURES W CC | 253 | MS-DRG | | | | inpatient | | | | 45164.47 | Horizon | PPO | 46767.45 | | | | 30154.81 | 101195.86 | case rate | | | | | | | |
| OTHER VASCULAR PROCEDURES W/O CC/MCC | 254 | MS-DRG | | | | inpatient | | | | 34026.48 | Horizon | PPO | 32626.87 | | | | 20663.07 | 70602.67 | case rate | | | | | | | |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC | 255 | MS-DRG | | | | inpatient | | | | 46044.59 | Horizon | PPO | 45793.99 | | | | 30904.84 | 99089.48 | case rate | | | | | | | |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC | 256 | MS-DRG | | | | inpatient | | | | 33254.47 | Horizon | PPO | 31523.81 | | | | 20005.17 | 68211.54 | case rate | | | | | | | |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC | 257 | MS-DRG | | | | inpatient | | | | 20765.12 | Horizon | PPO | 20300.2 | | | | 9361.81 | 43925.78 | case rate | | | | | | | |
| CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC | 258 | MS-DRG | | | | inpatient | | | | 48664.15 | Horizon | PPO | 53879.1 | | | | 15797 | 116584.12 | case rate | | | | | | | |
| CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC | 259 | MS-DRG | | | | inpatient | | | | 34141.52 | Horizon | PPO | 37802.62 | | | | 15797 | 81797.68 | case rate | | | | | | | |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC | 260 | MS-DRG | | | | inpatient | | | | 56989.93 | Horizon | PPO | 65248.73 | | | | 12982 | 141185.84 | case rate | | | | | | | |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC | 261 | MS-DRG | | | | inpatient | | | | 36080.55 | Horizon | PPO | 35906.18 | | | | 12982 | 77894.14 | case rate | | | | | | | |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC | 262 | MS-DRG | | | | inpatient | | | | 30816.48 | Horizon | PPO | 29400.23 | | | | 12982 | 63616.52 | case rate | | | | | | | |
| VEIN LIGATION & STRIPPING | 263 | MS-DRG | | | | inpatient | | | | 46953.82 | Horizon | PPO | 43124.19 | | | | 31679.68 | 93312.55 | case rate | | | | | | | |
| OTHER CIRCULATORY SYSTEM O.R. PROCEDURES | 264 | MS-DRG | | | | inpatient | | | | 58222.09 | Horizon | PPO | 56940.08 | | | | 41282.44 | 123207.51 | case rate | | | | | | | |
| AICD LEAD PROCEDURES | 265 | MS-DRG | | | | inpatient | | | | 59221.41 | Horizon | PPO | 56184.75 | | | | 42134.05 | 121573.12 | case rate | | | | | | | |
| ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC | 266 | MS-DRG | | | | inpatient | | | | 92812.8 | Horizon | PPO | 129641.17 | | | | 70760.45 | 280518.84 | case rate | | | | | | | |
| ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC | 267 | MS-DRG | | | | inpatient | | | | 74987.3 | Horizon | PPO | 105423.7 | | | | 55569.66 | 228116.84 | case rate | | | | | | | |
| AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC | 268 | MS-DRG | | | | inpatient | | | | 102193.33 | Horizon | PPO | 120847.6 | | | | 78754.49 | 261491.23 | case rate | | | | | | | |
| AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC | 269 | MS-DRG | | | | inpatient | | | | 67447.39 | Horizon | PPO | 74828.27 | | | | 49144.19 | 161914.16 | case rate | | | | | | | |
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC | 270 | MS-DRG | | | | inpatient | | | | 80923.59 | Horizon | PPO | 91247.27 | | | | 60628.53 | 197441.73 | case rate | | | | | | | |
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC | 271 | MS-DRG | | | | inpatient | | | | 57519.39 | Horizon | PPO | 62982.73 | | | | 40683.6 | 136282.66 | case rate | | | | | | | |
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC | 272 | MS-DRG | | | | inpatient | | | | 44460.38 | Horizon | PPO | 47196.49 | | | | 29554.79 | 102124.23 | case rate | | | | | | | |
| PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC | 273 | MS-DRG | | | | inpatient | | | | 63976.82 | Horizon | PPO | 65843.62 | | | | 46186.59 | 142473.07 | case rate | | | | | | | |
| PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC | 274 | MS-DRG | | | | inpatient | | | | 53037.02 | Horizon | PPO | 53689.81 | | | | 36863.75 | 116174.55 | case rate | | | | | | | |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC | 280 | MS-DRG | | | | inpatient | | | | 32529.59 | Horizon | PPO | 29872.54 | | | | 19387.43 | 64638.5 | case rate | | | | | | | |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC | 281 | MS-DRG | | | | inpatient | | | | 22555.84 | Horizon | PPO | 17659.25 | | | | 10887.86 | 38211.26 | case rate | | | | | | | |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC | 282 | MS-DRG | | | | inpatient | | | | 19829.56 | Horizon | PPO | 13502.22 | | | | 8564.53 | 29216.24 | case rate | | | | | | | |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC | 283 | MS-DRG | | | | inpatient | | | | 36881.67 | Horizon | PPO | 32533.33 | | | | 23096.25 | 70395.93 | case rate | | | | | | | |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC | 284 | MS-DRG | | | | inpatient | | | | 20049.94 | Horizon | PPO | 13819.5 | | | | 8752.34 | 29902.77 | case rate | | | | | | | |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC | 285 | MS-DRG | | | | inpatient | | | | 17560.66 | Horizon | PPO | 10791.3 | | | | 6630.99 | 23263.77 | case rate | | | | | | | |
| CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC | 286 | MS-DRG | | | | inpatient | | | | 40456.19 | Horizon | PPO | 39313.28 | | | | 13521 | 85066.47 | case rate | | | | | | | |
| CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC | 287 | MS-DRG | | | | inpatient | | | | 24882.96 | Horizon | PPO | 20530.95 | | | | 9969 | 44425.07 | case rate | | | | | | | |
| ACUTE & SUBACUTE ENDOCARDITIS W MCC | 288 | MS-DRG | | | | inpatient | | | | 47638.51 | Horizon | PPO | 48566.54 | | | | 32263.17 | 105088.76 | case rate | | | | | | | |
| ACUTE & SUBACUTE ENDOCARDITIS W CC | 289 | MS-DRG | | | | inpatient | | | | 31632.84 | Horizon | PPO | 30824.37 | | | | 18623.22 | 66698.07 | case rate | | | | | | | |
| ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC | 290 | MS-DRG | | | | inpatient | | | | 23348.64 | Horizon | PPO | 18232.51 | | | | 11563.48 | 39451.68 | case rate | | | | | | | |
| HEART FAILURE & SHOCK W MCC | 291 | MS-DRG | | | | inpatient | | | | 27864.27 | Horizon | PPO | 24253.53 | | | | 15411.67 | 52480.02 | case rate | | | | | | | |
| HEART FAILURE & SHOCK W CC | 292 | MS-DRG | | | | inpatient | | | | 21715.92 | Horizon | PPO | 16581.23 | | | | 10172.08 | 35678.64 | case rate | | | | | | | |
| HEART FAILURE & SHOCK W/O CC/MCC | 293 | MS-DRG | | | | inpatient | | | | 17384.63 | Horizon | PPO | 11998.77 | | | | 6480.98 | 25963.08 | case rate | | | | | | | |
| DEEP VEIN THROMBOPHLEBITIS W CC/MCC | 294 | MS-DRG | | | | inpatient | | | | 26799.81 | Horizon | PPO | 20925.74 | | | | 14504.55 | 45279.33 | case rate | | | | | | | |
| DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC | 295 | MS-DRG | | | | inpatient | | | | 20726.31 | Horizon | PPO | 9938.29 | | | | 9294.92 | 21504.56 | case rate | | | | | | | |
| CARDIAC ARREST, UNEXPLAINED W MCC | 296 | MS-DRG | | | | inpatient | | | | 32488.01 | Horizon | PPO | 27880.46 | | | | 19351.99 | 59895.25 | case rate | | | | | | | |
| CARDIAC ARREST, UNEXPLAINED W CC | 297 | MS-DRG | | | | inpatient | | | | 19542.65 | Horizon | PPO | 11760.81 | | | | 8320.03 | 25448.17 | case rate | | | | | | | |
| CARDIAC ARREST, UNEXPLAINED W/O CC/MCC | 298 | MS-DRG | | | | inpatient | | | | 15901.6 | Horizon | PPO | 8698.03 | | | | 5217.15 | 18820.88 | case rate | | | | | | | |
| PERIPHERAL VASCULAR DISORDERS W MCC | 299 | MS-DRG | | | | inpatient | | | | 32199.72 | Horizon | PPO | 26146.36 | | | | 19106.31 | 56575.75 | case rate | | | | | | | |
| PERIPHERAL VASCULAR DISORDERS W CC | 300 | MS-DRG | | | | inpatient | | | | 24618.23 | Horizon | PPO | 18454.24 | | | | 12645.41 | 39931.47 | case rate | | | | | | | |
| PERIPHERAL VASCULAR DISORDERS W/O CC/MCC | 301 | MS-DRG | | | | inpatient | | | | 19667.4 | Horizon | PPO | 13091.21 | | | | 8426.34 | 28326.88 | case rate | | | | | | | |
| ATHEROSCLEROSIS W MCC | 302 | MS-DRG | | | | inpatient | | | | 25903.06 | Horizon | PPO | 19279.88 | | | | 13740.34 | 41717.99 | case rate | | | | | | | |
| ATHEROSCLEROSIS W/O MCC | 303 | MS-DRG | | | | inpatient | | | | 19099.13 | Horizon | PPO | 11996.97 | | | | 7942.07 | 25959.16 | case rate | | | | | | | |
| HYPERTENSION W MCC | 304 | MS-DRG | | | | inpatient | | | | 26062.46 | Horizon | PPO | 19488.99 | | | | 13676.17 | 42170.47 | case rate | | | | | | | |
| HYPERTENSION W/O MCC | 305 | MS-DRG | | | | inpatient | | | | 20184.38 | Horizon | PPO | 12977.64 | | | | 8866.91 | 28081.14 | case rate | | | | | | | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC | 306 | MS-DRG | | | | inpatient | | | | 39533.73 | Horizon | PPO | 25396.44 | | | | 17686.57 | 54963.06 | case rate | |
| CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC | 307 | MS-DRG | | | | inpatient | | | | 22619.6 | Horizon | PPO | 15431.11 | | | | 10942.19 | 33389.99 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC | 308 | MS-DRG | | | | inpatient | | | | 26493.51 | Horizon | PPO | 21697.3 | | | | 14243.51 | 46948.83 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC | 309 | MS-DRG | | | | inpatient | | | | 20026.37 | Horizon | PPO | 13763.61 | | | | 8732.26 | 29781.84 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC | 310 | MS-DRG | | | | inpatient | | | | 17534.32 | Horizon | PPO | 10136.58 | | | | 6608.55 | 21933.64 | case rate | |
| ANGINA PECTORIS | 311 | MS-DRG | | | | inpatient | | | | 19458.11 | Horizon | PPO | 12388.15 | | | | 8247.98 | 26805.61 | case rate | |
| SYNCOPE & COLLAPSE | 312 | MS-DRG | | | | inpatient | | | | 21855.91 | Horizon | PPO | 14448.64 | | | | 10291.38 | 31264.11 | case rate | |
| CHEST PAIN | 313 | MS-DRG | | | | inpatient | | | | 19667.4 | Horizon | PPO | 12750.5 | | | | 8426.34 | 27589.65 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC | 314 | MS-DRG | | | | inpatient | | | | 39827.36 | Horizon | PPO | 36470.42 | | | | 25436.11 | 78915.06 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W CC | 315 | MS-DRG | | | | inpatient | | | | 23117.18 | Horizon | PPO | 17232.01 | | | | 11366.23 | 37286.79 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC | 316 | MS-DRG | | | | inpatient | | | | 19241.89 | Horizon | PPO | 13543.69 | | | | 8063.72 | 29305.96 | case rate | |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC | 326 | MS-DRG | | | | inpatient | | | | 80175.14 | Horizon | PPO | 94748.11 | | | | 59990.71 | 205016.89 | case rate | |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W CC | 327 | MS-DRG | | | | inpatient | | | | 43433.35 | Horizon | PPO | 44784.48 | | | | 28679.55 | 96905.09 | case rate | |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC | 328 | MS-DRG | | | | inpatient | | | | 31865.69 | Horizon | PPO | 27799.44 | | | | 18821.66 | 60152.69 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC | 329 | MS-DRG | | | | inpatient | | | | 73423.87 | Horizon | PPO | 90003.4 | | | | 54237.32 | 194750.25 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES W CC | 330 | MS-DRG | | | | inpatient | | | | 42540.75 | Horizon | PPO | 45487.53 | | | | 27918.89 | 98426.36 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC | 331 | MS-DRG | | | | inpatient | | | | 32662.65 | Horizon | PPO | 30550.36 | | | | 19500.82 | 68105.16 | case rate | |
| RECTAL RESECTION W MCC | 332 | MS-DRG | | | | inpatient | | | | 57856.19 | Horizon | PPO | 61259.35 | | | | 40970.62 | 132553.59 | case rate | |
| RECTAL RESECTION W CC | 333 | MS-DRG | | | | inpatient | | | | 39236.5 | Horizon | PPO | 34752.45 | | | | 25103.02 | 75197.69 | case rate | |
| RECTAL RESECTION W/O CC/MCC | 334 | MS-DRG | | | | inpatient | | | | 32767.98 | Horizon | PPO | 23546.87 | | | | 19590.59 | 50950.94 | case rate | |
| PERITONEAL ADHESIOLYSIS W MCC | 335 | MS-DRG | | | | inpatient | | | | 60000.35 | Horizon | PPO | 73225.67 | | | | 42797.86 | 158446.43 | case rate | |
| PERITONEAL ADHESIOLYSIS W CC | 336 | MS-DRG | | | | inpatient | | | | 39056.32 | Horizon | PPO | 41429.65 | | | | 24949.47 | 89645.89 | case rate | |
| PERITONEAL ADHESIOLYSIS W/O CC/MCC | 337 | MS-DRG | | | | inpatient | | | | 31056.26 | Horizon | PPO | 28902.69 | | | | 18131.86 | 62539.92 | case rate | |
| MINOR SMALL & LARGE BOWEL PROCEDURES W MCC | 344 | MS-DRG | | | | inpatient | | | | 47125.68 | Horizon | PPO | 53850.25 | | | | 31826.14 | 116521.71 | case rate | |
| MINOR SMALL & LARGE BOWEL PROCEDURES W CC | 345 | MS-DRG | | | | inpatient | | | | 30413.15 | Horizon | PPO | 29521.02 | | | | 17583.81 | 63877.86 | case rate | |
| MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC | 346 | MS-DRG | | | | inpatient | | | | 27039.59 | Horizon | PPO | 22292.19 | | | | 14708.89 | 48236.06 | case rate | |
| ANAL & STOMAL PROCEDURES W MCC | 347 | MS-DRG | | | | inpatient | | | | 42583.72 | Horizon | PPO | 43464.9 | | | | 27955.51 | 94049.78 | case rate | |
| ANAL & STOMAL PROCEDURES W CC | 348 | MS-DRG | | | | inpatient | | | | 27228.09 | Horizon | PPO | 25237.8 | | | | 14869.52 | 54609.8 | case rate | |
| ANAL & STOMAL PROCEDURES W/O CC/MCC | 349 | MS-DRG | | | | inpatient | | | | 21988.97 | Horizon | PPO | 17120.24 | | | | 10404.77 | 37044.95 | case rate | |
| INGUINAL & FEMORAL HERNIA PROCEDURES W MCC | 350 | MS-DRG | | | | inpatient | | | | 43303.06 | Horizon | PPO | 44103.06 | | | | 28568.52 | 95430.63 | case rate | |
| INGUINAL & FEMORAL HERNIA PROCEDURES W CC | 351 | MS-DRG | | | | inpatient | | | | 30632.14 | Horizon | PPO | 27042.3 | | | | 17770.43 | 68614.4 | case rate | |
| INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC | 352 | MS-DRG | | | | inpatient | | | | 25061.75 | Horizon | PPO | 18991.44 | | | | 13023.38 | 41093.87 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC | 353 | MS-DRG | | | | inpatient | | | | 50431.32 | Horizon | PPO | 53466.28 | | | | 34643.19 | 115690.86 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC | 354 | MS-DRG | | | | inpatient | | | | 33357.04 | Horizon | PPO | 31204.74 | | | | 20092.58 | 67521.12 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC | 355 | MS-DRG | | | | inpatient | | | | 28257.9 | Horizon | PPO | 24422.98 | | | | 15747.12 | 52846.68 | case rate | |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC | 356 | MS-DRG | | | | inpatient | | | | 68902.7 | Horizon | PPO | 71669.94 | | | | 50384.4 | 165080.13 | case rate | |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC | 357 | MS-DRG | | | | inpatient | | | | 40992.58 | Horizon | PPO | 38518.29 | | | | 26599.54 | 83346.26 | case rate | |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC | 358 | MS-DRG | | | | inpatient | | | | 28561.44 | Horizon | PPO | 24305.8 | | | | 16005.79 | 52593.14 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS W MCC | 368 | MS-DRG | | | | inpatient | | | | 32925.99 | Horizon | PPO | 35044.49 | | | | 19725.24 | 75829.61 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS W CC | 369 | MS-DRG | | | | inpatient | | | | 23883.64 | Horizon | PPO | 19988.34 | | | | 12019.4 | 43250.96 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC | 370 | MS-DRG | | | | inpatient | | | | 19453.95 | Horizon | PPO | 13399.47 | | | | 8244.44 | 28993.9 | case rate | |
| MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC | 371 | MS-DRG | | | | inpatient | | | | 34097.08 | Horizon | PPO | 31345.35 | | | | 20646.54 | 67825.37 | case rate | |
| MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC | 372 | MS-DRG | | | | inpatient | | | | 24045.81 | Horizon | PPO | 18719.24 | | | | 12157.6 | 40504.87 | case rate | |
| MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC | 373 | MS-DRG | | | | inpatient | | | | 19833.72 | Horizon | PPO | 13657.26 | | | | 8568.08 | 29551.7 | case rate | |
| DIGESTIVE MALIGNANCY W MCC | 374 | MS-DRG | | | | inpatient | | | | 39043.84 | Horizon | PPO | 37225.76 | | | | 24938.84 | 80549.46 | case rate | |
| DIGESTIVE MALIGNANCY W CC | 375 | MS-DRG | | | | inpatient | | | | 26809.52 | Horizon | PPO | 21753.18 | | | | 14512.81 | 47069.75 | case rate | |
| DIGESTIVE MALIGNANCY W/O CC/MCC | 376 | MS-DRG | | | | inpatient | | | | 22018.07 | Horizon | PPO | 16507.32 | | | | 10429.57 | 35718.71 | case rate | |
| G.I. HEMORRHAGE W MCC | 377 | MS-DRG | | | | inpatient | | | | 34980.06 | Horizon | PPO | 32246.7 | | | | 21475.71 | 69775.72 | case rate | |
| G.I. HEMORRHAGE W CC | 378 | MS-DRG | | | | inpatient | | | | 23444.28 | Horizon | PPO | 17852.14 | | | | 11644.98 | 38628.63 | case rate | |
| G.I. HEMORRHAGE W/O CC/MCC | 379 | MS-DRG | | | | inpatient | | | | 19804.32 | Horizon | PPO | 11775.24 | | | | 7520.39 | 25479.37 | case rate | |
| COMPLICATED PEPTIC ULCER W MCC | 380 | MS-DRG | | | | inpatient | | | | 36450.62 | Horizon | PPO | 35080.54 | | | | 22728.91 | 75907.62 | case rate | |
| COMPLICATED PEPTIC ULCER W CC | 381 | MS-DRG | | | | inpatient | | | | 24874.64 | Horizon | PPO | 19739.57 | | | | 12863.93 | 42712.67 | case rate | |
| COMPLICATED PEPTIC ULCER W/O CC/MCC | 382 | MS-DRG | | | | inpatient | | | | 20164.97 | Horizon | PPO | 13841.13 | | | | 8850.37 | 29949.57 | case rate | |
| UNCOMPLICATED PEPTIC ULCER W MCC | 383 | MS-DRG | | | | inpatient | | | | 27301.55 | Horizon | PPO | 24354.48 | | | | 14932.12 | 52698.46 | case rate | |
| UNCOMPLICATED PEPTIC ULCER W/O MCC | 384 | MS-DRG | | | | inpatient | | | | 21832.35 | Horizon | PPO | 15418.49 | | | | 10271.3 | 33362.69 | case rate | |
| INFLAMMATORY BOWEL DISEASE W MCC | 385 | MS-DRG | | | | inpatient | | | | 32299.51 | Horizon | PPO | 30608.04 | | | | 19191.36 | 66229.99 | case rate | |
| INFLAMMATORY BOWEL DISEASE W CC | 386 | MS-DRG | | | | inpatient | | | | 23535.76 | Horizon | PPO | 17868.26 | | | | 11722.93 | 38230.76 | case rate | |
| INFLAMMATORY BOWEL DISEASE W/O CC/MCC | 387 | MS-DRG | | | | inpatient | | | | 19070.02 | Horizon | PPO | 12559.41 | | | | 7917.26 | 27176.18 | case rate | |
| G.I. OBSTRUCTION W MCC | 388 | MS-DRG | | | | inpatient | | | | 30152.58 | Horizon | PPO | 27593.93 | | | | 17361.75 | 59708.01 | case rate | |
| G.I. OBSTRUCTION W CC | 389 | MS-DRG | | | | inpatient | | | | 20889.86 | Horizon | PPO | 15200.37 | | | | 9468.11 | 32890.7 | case rate | |
| G.I. OBSTRUCTION W/O CC/MCC | 390 | MS-DRG | | | | inpatient | | | | 17363.84 | Horizon | PPO | 10953.96 | | | | 6463.26 | 23053.14 | case rate | |
| ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC | 391 | MS-DRG | | | | inpatient | | | | 27582.91 | Horizon | PPO | 22019.98 | | | | 15171.9 | 47647.05 | case rate | |
| ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC | 392 | MS-DRG | | | | inpatient | | | | 20594.64 | Horizon | PPO | 13617.6 | | | | 9216.53 | 29465.89 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC | 393 | MS-DRG | | | | inpatient | | | | 32731.95 | Horizon | PPO | 29430.88 | | | | 19559.88 | 63682.83 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES W CC | 394 | MS-DRG | | | | inpatient | | | | 22826.12 | Horizon | PPO | 16965.21 | | | | 11118.18 | 36709.49 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC | 395 | MS-DRG | | | | inpatient | | | | 18600.17 | Horizon | PPO | 12195.27 | | | | 7516.85 | 26388.24 | case rate | |
| PANCREAS, LIVER & SHUNT PROCEDURES W MCC | 405 | MS-DRG | | | | inpatient | | | | 85022.02 | Horizon | PPO | 96969.04 | | | | 64121.2 | 209822.55 | case rate | |
| PANCREAS, LIVER & SHUNT PROCEDURES W CC | 406 | MS-DRG | | | | inpatient | | | | 48704.35 | Horizon | PPO | 51063.28 | | | | 33171.47 | 110491.23 | case rate | |
| PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC | 407 | MS-DRG | | | | inpatient | | | | 39382.03 | Horizon | PPO | 36176.58 | | | | 25227.04 | 78279.25 | case rate | |
| BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC | 408 | MS-DRG | | | | inpatient | | | | 58308.03 | Horizon | PPO | 72946.26 | | | | 41355.67 | 157841.83 | case rate | |
| BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC | 409 | MS-DRG | | | | inpatient | | | | 38837.33 | Horizon | PPO | 41871.31 | | | | 24762.85 | 90901.56 | case rate | |
| BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC | 410 | MS-DRG | | | | inpatient | | | | 31278.02 | Horizon | PPO | 29791.42 | | | | 18320.85 | 64482.97 | case rate | |
| CHOLECYSTECTOMY W C.D.E. W MCC | 411 | MS-DRG | | | | inpatient | | | | 47387.64 | Horizon | PPO | 72073.75 | | | | 10482 | 159563.89 | case rate | |
| CHOLECYSTECTOMY W C.D.E. W CC | 412 | MS-DRG | | | | inpatient | | | | 39323.82 | Horizon | PPO | 42938.51 | | | | 11647 | 92910.77 | case rate | |
| CHOLECYSTECTOMY W C.D.E. W/O CC/MCC | 413 | MS-DRG | | | | inpatient | | | | 32822.04 | Horizon | PPO | 30397.13 | | | | 15908 | 65773.6 | case rate | |
| CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC | 414 | MS-DRG | | | | inpatient | | | | 58342.68 | Horizon | PPO | 64486.18 | | | | 28270 | 139535.84 | case rate | |
| CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC | 415 | MS-DRG | | | | inpatient | | | | 37196.29 | Horizon | PPO | 36392.91 | | | | 23364.37 | 78747.33 | case rate | |
| CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC | 416 | MS-DRG | | | | inpatient | | | | 28770.72 | Horizon | PPO | 25113.41 | | | | 16184.14 | 54340.65 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC | 417 | MS-DRG | | | | inpatient | | | | 42718.16 | Horizon | PPO | 43686.63 | | | | 28070.08 | 94529.56 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC | 418 | MS-DRG | | | | inpatient | | | | 32765.21 | Horizon | PPO | 30000.53 | | | | 19588.22 | 64915.45 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC | 419 | MS-DRG | | | | inpatient | | | | 28041.68 | Horizon | PPO | 23510.81 | | | | 15562.86 | 50872.93 | case rate | |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC | 420 | MS-DRG | | | | inpatient | | | | 58698.88 | Horizon | PPO | 63411.78 | | | | 41688.76 | 137211.02 | case rate | |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC | 421 | MS-DRG | | | | inpatient | | | | 32476.92 | Horizon | PPO | 32071.84 | | | | 8253 | 69397.35 | case rate | |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC | 422 | MS-DRG | | | | inpatient | | | | 30145.65 | Horizon | PPO | 27177.51 | | | | 10272 | 58806.95 | case rate | |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC | 423 | MS-DRG | | | | inpatient | | | | 66154.24 | Horizon | PPO | 71134.54 | | | | 16017 | 153921.62 | case rate | |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC | 424 | MS-DRG | | | | inpatient | | | | 41426.4 | Horizon | PPO | 39498.96 | | | | 26969.24 | 85468.24 | case rate | |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC | 425 | MS-DRG | | | | inpatient | | | | 31204.56 | Horizon | PPO | 26912.51 | | | | 18258.25 | 58233.55 | case rate | |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC | 432 | MS-DRG | | | | inpatient | | | | 36932.95 | Horizon | PPO | 32917.3 | | | | 13893 | 71226.78 | case rate | |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W CC | 433 | MS-DRG | | | | inpatient | | | | 24607.14 | Horizon | PPO | 18529.95 | | | | 12635.96 | 40095.3 | case rate | |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC | 434 | MS-DRG | | | | inpatient | | | | 19433.16 | Horizon | PPO | 11737.38 | | | | 8226.72 | 53360.86 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC | 435 | MS-DRG | | | | inpatient | | | | 35068.76 | Horizon | PPO | 30804.44 | | | | 21551.3 | 66222.18 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC | 436 | MS-DRG | | | | inpatient | | | | 25409.64 | Horizon | PPO | 20476.87 | | | | 13319.85 | 44308.05 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC | 437 | MS-DRG | | | | inpatient | | | | 20662.55 | Horizon | PPO | 15607.78 | | | | 9274.41 | 33772.26 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC | 438 | MS-DRG | | | | inpatient | | | | 32838.67 | Horizon | PPO | 29531.83 | | | | 19650.83 | 63901.27 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC | 439 | MS-DRG | | | | inpatient | | | | 21702.06 | Horizon | PPO | 15544.68 | | | | 10160.27 | 33635.74 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC | 440 | MS-DRG | | | | inpatient | | | | 18304.95 | Horizon | PPO | 11200.18 | | | | 7265.27 | 24235.05 | case rate | |
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC | 441 | MS-DRG | | | | inpatient | | | | 35980.76 | Horizon | PPO | 33479.74 | | | | 11778 | 72443.8 | case rate | |
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC | 442 | MS-DRG | | | | inpatient | | | | 23171.23 | Horizon | PPO | 16925.55 | | | | 11412.29 | 36623.67 | case rate | |
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC | 443 | MS-DRG | | | | inpatient | | | | 19519.09 | Horizon | PPO | 12543.19 | | | | 8299.96 | 27141.07 | case rate | |
| DISORDERS OF THE BILIARY TRACT W MCC | 444 | MS-DRG | | | | inpatient | | | | 33125.57 | Horizon | PPO | 29039.69 | | | | 19895.32 | 62836.38 | case rate | |
| DISORDERS OF THE BILIARY TRACT W CC | 445 | MS-DRG | | | | inpatient | | | | 24810.89 | Horizon | PPO | 19245.63 | | | | 12809.59 | 41643.87 | case rate | |
| DISORDERS OF THE BILIARY TRACT W/O CC/MCC | 446 | MS-DRG | | | | inpatient | | | | 20830.26 | Horizon | PPO | 14331.47 | | | | 9417.32 | 31010.57 | case rate | |
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC | 453 | MS-DRG | | | | inpatient | | | | 132599.66 | Horizon | PPO | 171200.62 | | | | 17717 | 370445.58 | case rate | |
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC | 454 | MS-DRG | | | | inpatient | | | | 94552.24 | Horizon | PPO | 114233.49 | | | | 36879 | 247179.56 | case rate | |
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC | 455 | MS-DRG | | | | inpatient | | | | 73613.76 | Horizon | PPO | 90135 | | | | 54399.14 | 195035 | case rate | |
| SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC | 456 | MS-DRG | | | | inpatient | | | | 127353.72 | Horizon | PPO | 164489.98 | | | | 100334.13 | 355946.68 | case rate | |
| SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC | 457 | MS-DRG | | | | inpatient | | | | 89328.36 | Horizon | PPO | 117979.5 | | | | 67791.04 | 255285.21 | case rate | |
| SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC | 458 | MS-DRG | | | | inpatient | | | | 69627.59 | Horizon | PPO | 92319.87 | | | | 51002.14 | 199762.65 | case rate | |
| SPINAL FUSION EXCEPT CERVICAL W MCC | 459 | MS-DRG | | | | inpatient | | | | 101704.07 | Horizon | PPO | 115098.79 | | | | 78337.54 | 249051.89 | case rate | |
| SPINAL FUSION EXCEPT CERVICAL W/O MCC | 460 | MS-DRG | | | | inpatient | | | | 60478.52 | Horizon | PPO | 72784.01 | | | | 43205.36 | 157490.76 | case rate | |
| BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC | 461 | MS-DRG | | | | inpatient | | | | 92812.8 | Horizon | PPO | 80806.03 | | | | 9917 | 174848.88 | case rate | |
| BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC | 462 | MS-DRG | | | | inpatient | | | | 49472.2 | Horizon | PPO | 57580.04 | | | | 11315 | 124592.26 | case rate | |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC | 463 | MS-DRG | | | | inpatient | | | | 84638.1 | Horizon | PPO | 92512.76 | | | | 15756 | 200180.02 | case rate | |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC | 464 | MS-DRG | | | | inpatient | | | | 50647.54 | Horizon | PPO | 53071.49 | | | | 34827.45 | 114836.61 | case rate | |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC | 465 | MS-DRG | | | | inpatient | | | | 33842.14 | Horizon | PPO | 33122.81 | | | | 20505.98 | 71671.46 | case rate | |
| REVISION OF HIP OR KNEE REPLACEMENT W MCC | 466 | MS-DRG | | | | inpatient | | | | 80391.36 | Horizon | PPO | 92175.66 | | | | 60174.97 | 199450.59 | case rate | |
| REVISION OF HIP OR KNEE REPLACEMENT W CC | 467 | MS-DRG | | | | inpatient | | | | 57253.27 | Horizon | PPO | 62560.9 | | | | 40456.82 | 133369.89 | case rate | |
| REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC | 468 | MS-DRG | | | | inpatient | | | | 46138.84 | Horizon | PPO | 50320.57 | | | | 30985.16 | 108884.14 | case rate | |
| MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP | 469 | MS-DRG | | | | inpatient | | | | 56084.16 | Horizon | PPO | 57221.3 | | | | 38608.32 | 123816.02 | case rate | |
| MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC | 470 | MS-DRG | | | | inpatient | | | | 35912.84 | Horizon | PPO | 35870.12 | | | | 22270.62 | 77616.13 | case rate | |
| CERVICAL SPINAL FUSION W MCC | 471 | MS-DRG | | | | inpatient | | | | 77102.35 | Horizon | PPO | 90327.89 | | | | 8282 | 195452.37 | case rate | |
| CERVICAL SPINAL FUSION W CC | 472 | MS-DRG | | | | inpatient | | | | 49935.13 | Horizon | PPO | 53121.96 | | | | 8991 | 114945.83 | case rate | |
| CERVICAL SPINAL FUSION W/O CC/MCC | 473 | MS-DRG | | | | inpatient | | | | 42592.04 | Horizon | PPO | 42776.27 | | | | 11229 | 92559.71 | case rate | |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC | 474 | MS-DRG | | | | inpatient | | | | 71938.07 | Horizon | PPO | 68414.27 | | | | 22321 | 148035.47 | case rate | |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC | 475 | MS-DRG | | | | inpatient | | | | 39680.02 | Horizon | PPO | 38736.42 | | | | 2548099 | 83818.24 | case rate | |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC | 476 | MS-DRG | | | | inpatient | | | | 25900.29 | Horizon | PPO | 20743.67 | | | | 13737.98 | 44885.35 | case rate | |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC | 477 | MS-DRG | | | | inpatient | | | | 57444.54 | Horizon | PPO | 56575.94 | | | | 40619.82 | 122419.57 | case rate | |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC | 478 | MS-DRG | | | | inpatient | | | | 42192.86 | Horizon | PPO | 41087.14 | | | | 27622.42 | 88904.75 | case rate | |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC | 479 | MS-DRG | | | | inpatient | | | | 34392.39 | Horizon | PPO | 32412.55 | | | | 20974.9 | 70134.59 | case rate | |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC | 480 | MS-DRG | | | | inpatient | | | | 50542.2 | Horizon | PPO | 54629.02 | | | | 34737.68 | 118206.81 | case rate | |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC | 481 | MS-DRG | | | | inpatient | | | | 38537.95 | Horizon | PPO | 37177.08 | | | | 8360 | 80444.14 | case rate | |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC | 482 | MS-DRG | | | | inpatient | | | | 31767.28 | Horizon | PPO | 30005.94 | | | | 9385 | 64927.15 | case rate | |
| MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES | 483 | MS-DRG | | | | inpatient | | | | 45097.95 | Horizon | PPO | 42967.35 | | | | 13093 | 92973.18 | case rate | |
| KNEE PROCEDURES W PDX OF INFECTION W MCC | 485 | MS-DRG | | | | inpatient | | | | 54399.47 | Horizon | PPO | 59563.01 | | | | 38024.83 | 128883.03 | case rate | |
| KNEE PROCEDURES W PDX OF INFECTION W CC | 486 | MS-DRG | | | | inpatient | | | | 39175.52 | Horizon | PPO | 39991.1 | | | | 25051.05 | 86533.13 | case rate | |
| KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC | 487 | MS-DRG | | | | inpatient | | | | 31681.35 | Horizon | PPO | 29748.16 | | | | 18664.56 | 64369.35 | case rate | |
| KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC | 488 | MS-DRG | | | | inpatient | | | | 37020.27 | Horizon | PPO | 38082.04 | | | | 23214.36 | 82402.29 | case rate | |
| KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC | 489 | MS-DRG | | | | inpatient | | | | 26943.96 | Horizon | PPO | 23388.23 | | | | 14627.39 | 50607.68 | case rate | |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC | 492 | MS-DRG | | | | inpatient | | | | 58999.65 | Horizon | PPO | 61120.54 | | | | 27633 | 132253.23 | case rate | |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC | 493 | MS-DRG | | | | inpatient | | | | 43057.74 | Horizon | PPO | 40490.44 | | | | 28359.46 | 87613.62 | case rate | |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC | 494 | MS-DRG | | | | inpatient | | | | 35911.46 | Horizon | PPO | 31617.56 | | | | 22269.44 | 68414.38 | case rate | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC | 495 | MS-DRG | | | | inpatient | | | | 58575.53 | Horizon | PPO | 62414.88 | | | | 41583.64 | 135053.94 | case rate | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC | 496 | MS-DRG | | | | inpatient | | | | 37125.6 | Horizon | PPO | 35349.14 | | | | 23304.13 | 76488.83 | case rate | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC | 497 | MS-DRG | | | | inpatient | | | | 28388.18 | Horizon | PPO | 25868.75 | | | | 15858.15 | 55975.05 | case rate | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC | 498 | MS-DRG | | | | inpatient | | | | 44775 | Horizon | PPO | 41065.51 | | | | 29822.91 | 88857.95 | case rate | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC | 499 | MS-DRG | | | | inpatient | | | | 25007.7 | Horizon | PPO | 20175.62 | | | | 12977.32 | 43666.63 | case rate | |
| SOFT TISSUE PROCEDURES W MCC | 500 | MS-DRG | | | | inpatient | | | | 53698.15 | Horizon | PPO | 55309.84 | | | | 37427.16 | 119673.48 | case rate | |
| SOFT TISSUE PROCEDURES W CC | 501 | MS-DRG | | | | inpatient | | | | 34515.74 | Horizon | PPO | 30418.76 | | | | 8902 | 65820.41 | case rate | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SOFT TISSUE PROCEDURES W/O CC/MCC | 502 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 29144.95 | | | | 16503.06 | 50361.94 | case rate | |
| FOOT PROCEDURES W MCC | 503 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 46461.78 | | | | 27418 | 99943.74 | case rate | |
| FOOT PROCEDURES W CC | 504 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 34104.1 | | | | 20729.22 | 67462.61 | case rate | |
| FOOT PROCEDURES W/O CC/MCC | 505 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 34104.1 | | | | 20729.22 | 61623.26 | case rate | |
| MAJOR THUMB OR JOINT PROCEDURES | 506 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 30557.29 | | | | 17706.65 | 55011.57 | case rate | |
| MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC | 507 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 36643.27 | | | | 35017.45 | 75771.1 | case rate | |
| MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC | 508 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 26986.93 | | | | 26092.28 | 56458.73 | case rate | |
| ARTHROSCOPY | 509 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 34127.66 | | | | 30110.5 | 66153.39 | case rate | |
| SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC | 510 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 45093.2 | | | | 45256.97 | 33758.51 | 106582.73 | case rate |
| SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC | 511 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 36962.05 | | | | 33301.28 | 7655 | 72057.63 | case rate |
| SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC | 512 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 32063.89 | | | | 27438.9 | 10564 | 59372.55 | case rate |
| HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC | 513 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 30647.38 | | | | 29557.07 | 17783.42 | 63955.88 | case rate |
| HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC | 514 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 23911.36 | | | | 18023.39 | 12043.03 | 40660.37 | case rate |
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC | 515 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 52640.62 | | | | 55559.21 | 36525.94 | 120219.57 | case rate |
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC | 516 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 37661.99 | | | | 33988.11 | 23761.23 | 73543.8 | case rate |
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC | 517 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 30468.59 | | | | 24863.48 | 17631.06 | 53864.77 | case rate |
| BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM | 518 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 59454.26 | | | | 55887.31 | 42332.49 | 120929.5 | case rate |
| BACK & NECK PROC EXC SPINAL FUSION W CC | 519 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 37110.36 | | | | 33566.27 | 23291.14 | 72631.03 | case rate |
| BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC | 520 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 29643.91 | | | | 23689.26 | 16928.27 | 51259.1 | case rate |
| FRACTURES OF FEMUR W MCC | 533 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 30914.88 | | | | 27590.32 | 12781 | 59700.21 | case rate |
| FRACTURES OF FEMUR W/O MCC | 534 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 21061.72 | | | | 13979.94 | 9614.58 | 34640.29 | case rate |
| FRACTURES OF HIP & PELVIS W MCC | 535 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 28212.16 | | | | 22620.28 | 15708.14 | 48945.98 | case rate |
| FRACTURES OF HIP & PELVIS W/O MCC | 536 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 21018.76 | | | | 13646.44 | 9577.96 | 29628.3 | case rate |
| SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC | 537 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 22517.04 | | | | 16413.58 | 10854.79 | 35515.87 | case rate |
| SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC | 538 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 19086.66 | | | | 13105.63 | 7931.44 | 28358.09 | case rate |
| OSTEOMYELITIS W MCC | 539 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 37810.29 | | | | 36400.12 | 23887.62 | 78762.93 | case rate |
| OSTEOMYELITIS W CC | 540 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 27715.97 | | | | 23379.22 | 15285.29 | 50588.18 | case rate |
| OSTEOMYELITIS W/O CC/MCC | 541 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 21805.81 | | | | 15912.43 | 7723 | 34431.48 | case rate |
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC | 542 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 35630.1 | | | | 32904.68 | 8903 | 71199.48 | case rate |
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC | 543 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 24463.79 | | | | 19333.96 | 10889 | 41835.01 | case rate |
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC | 544 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 20253.68 | | | | 14392.76 | 8925.97 | 31143.19 | case rate |
| CONNECTIVE TISSUE DISORDERS W MCC | 545 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 44802.73 | | | | 44699.74 | 29846.53 | 96702.25 | case rate |
| CONNECTIVE TISSUE DISORDERS W CC | 546 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 25825.45 | | | | 21891.99 | 13674.2 | 47370.1 | case rate |
| CONNECTIVE TISSUE DISORDERS W/O CC/MCC | 547 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 20122.01 | | | | 15459.96 | 8813.76 | 33452.4 | case rate |
| SEPTIC ARTHRITIS W MCC | 548 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 37702.19 | | | | 37265.41 | 23795.49 | 80635.27 | case rate |
| SEPTIC ARTHRITIS W CC | 549 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 26482.42 | | | | 22429.19 | 14234.06 | 48532.51 | case rate |
| SEPTIC ARTHRITIS W/O CC/MCC | 550 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 21728.4 | | | | 16653.34 | 10182.71 | 36034.67 | case rate |
| MEDICAL BACK PROBLEMS W MCC | 551 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 33430.5 | | | | 28691.77 | 9165 | 62083.54 | case rate |
| MEDICAL BACK PROBLEMS W/O MCC | 552 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 23137.97 | | | | 16242.33 | 11383.94 | 36145.31 | case rate |
| BONE DISEASES & ARTHROPATHIES W MCC | 553 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 27880.9 | | | | 22310.22 | 15425.85 | 48275.06 | case rate |
| BONE DISEASES & ARTHROPATHIES W/O MCC | 554 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 21347.24 | | | | 13644.64 | 9857.89 | 47368.4 | case rate |
| SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC | 555 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 28443.62 | | | | 23060.14 | 15905.39 | 49887.75 | case rate |
| SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC | 556 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 21096.37 | | | | 13839.33 | 9644.11 | 29945.67 | case rate |
| TENDONITIS, MYOSITIS & BURSITIS W MCC | 557 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 31258.61 | | | | 25821.87 | 18304.31 | 55873.63 | case rate |
| TENDONITIS, MYOSITIS & BURSITIS W/O MCC | 558 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 21751.96 | | | | 15566.31 | 10202.79 | 33682.54 | case rate |
| AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC | 559 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 35508.13 | | | | 32425.16 | 21925.72 | 70161.89 | case rate |
| AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC | 560 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 25562.11 | | | | 18418.19 | 13449.78 | 39853.45 | case rate |
| AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC | 561 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 21111.62 | | | | 13630.21 | 9211 | 29493.19 | case rate |
| FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC | 562 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 30063.87 | | | | 25383.82 | 12507 | 54925.76 | case rate |
| FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC | 563 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 22167.76 | | | | 15108.43 | 10557.14 | 32891.77 | case rate |
| OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC | 564 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 31528.89 | | | | 28342.05 | 18534.64 | 61326.81 | case rate |
| OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC | 565 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 23912.75 | | | | 17590.75 | 12044.21 | 38063.03 | case rate |
| OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC | 566 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 20148.34 | | | | 13741.98 | 8836.2 | 29735.04 | case rate |
| SKIN DEBRIDEMENT W MCC | 570 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 51501.32 | | | | 54709.54 | 35555.04 | 118374.54 | case rate |
| SKIN DEBRIDEMENT W CC | 571 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 32985.59 | | | | 30898.18 | 9078 | 66425.02 | case rate |
| SKIN DEBRIDEMENT W/O CC/MCC | 572 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 25613.39 | | | | 21246.62 | 11401 | 45973.65 | case rate |
| SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC | 573 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 95132.98 | | | | 94668.79 | 16091 | 204845.26 | case rate |
| SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC | 574 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 57803.52 | | | | 54908.44 | 36864 | 118811.42 | case rate |
| SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC | 575 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 37454.09 | | | | 31702.28 | 23584.06 | 68597.71 | case rate |
| SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC | 576 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 84559.1 | | | | 87984.38 | 63726.69 | 190381.46 | case rate |
| SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC | 577 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 46696.32 | | | | 45233.35 | 31457.72 | 97876.36 | case rate |
| SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC | 578 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 33208.73 | | | | 27575.9 | 19966.19 | 59669.01 | case rate |
| OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC | 579 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 54955.26 | | | | 50435.94 | 38498.47 | 109133.78 | case rate |
| OTHER SKIN, SUBCUT TISS & BREAST PROC W CC | 580 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 34353.58 | | | | 28659.32 | 20941.82 | 62013.33 | case rate |
| OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC | 581 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 29727.07 | | | | 22288.58 | 8609 | 48228.25 | case rate |
| MASTECTOMY FOR MALIGNANCY W CC/MCC | 582 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 34051.43 | | | | 28293.38 | 10681 | 61221.49 | case rate |
| MASTECTOMY FOR MALIGNANCY W/O CC/MCC | 583 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 32547.61 | | | | 24843.01 | 14701 | 53755.55 | case rate |
| BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC | 584 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 38166.8 | | | | 33735.73 | 24182.91 | 72997.7 | case rate |
| BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC | 585 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 37293.31 | | | | 28224.87 | 23447.05 | 61073.26 | case rate |
| SKIN ULCERS W MCC | 592 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 38280.15 | | | | 30793.72 | 24288.03 | 66631.76 | case rate |
| SKIN ULCERS W CC | 593 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 26726.36 | | | | 20359.69 | 14441.95 | 44054.51 | case rate |
| SKIN ULCERS W/O CC/MCC | 594 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 21542.67 | | | | 14605.48 | 10024.44 | 31603.47 | case rate |
| MAJOR SKIN DISORDERS W MCC | 595 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 39095.13 | | | | 35817.85 | 24982.55 | 77503.01 | case rate |
| MAJOR SKIN DISORDERS W/O MCC | 596 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 24763.76 | | | | 18234.31 | 12769.43 | 39455.58 | case rate |
| MALIGNANT BREAST DISORDERS W MCC | 597 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 34127.66 | | | | 31006.44 | 20749.3 | 67092.04 | case rate |
| MALIGNANT BREAST DISORDERS W CC | 598 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 24482.4 | | | | 20962.78 | 12529.66 | 45337.84 | case rate |
| MALIGNANT BREAST DISORDERS W/O CC/MCC | 599 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 21628.6 | | | | 12914.54 | 10097.67 | 27944.61 | case rate |
| NON-MALIGNANT BREAST DISORDERS W CC/MCC | 600 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 23038.18 | | | | 17233.81 | 11298.9 | 37290.69 | case rate |
| NON-MALIGNANT BREAST DISORDERS W/O CC/MCC | 601 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 18088.73 | | | | 11162.32 | 7081.01 | 24153.13 | case rate |
| CELLULITIS W MCC | 602 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 30142.88 | | | | 26030.99 | 17353.49 | 58326.11 | case rate |
| CELLULITIS W/O MCC | 603 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 21987.58 | | | | 15281.49 | 10403.59 | 33066.23 | case rate |
| TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC | 604 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 30371.57 | | | | 25540.65 | 17548.38 | 55265.12 | case rate |
| TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC | 605 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 22582.18 | | | | 15512.23 | 10910.3 | 33565.52 | case rate |
| MINOR SKIN DISORDERS W MCC | 606 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 32098.54 | | | | 34891.68 | 19020.09 | 53860.87 | case rate |
| MINOR SKIN DISORDERS W/O MCC | 607 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 21757.5 | | | | 14439.63 | 10207.52 | 31244.61 | case rate |
| ADRENAL & PITUITARY PROCEDURES W CC/MCC | 614 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 41366.8 | | | | 42608.62 | 26918.45 | 92196.95 | case rate |
| ADRENAL & PITUITARY PROCEDURES W/O CC/MCC | 615 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 29641.14 | | | | 26701.59 | 16925.91 | 57777.17 | case rate |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC | 616 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 63348.95 | | | | 74545.25 | 45651.52 | 161301.75 | case rate |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC | 617 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 36551.8 | | | | 37380.79 | 22815.13 | 80884.92 | case rate |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC | 618 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 27036.82 | | | | 20898.7 | 14706.52 | 45220.82 | case rate |
| O.R. PROCEDURES FOR OBESITY W MCC | 619 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 47689.21 | | | | 52661.46 | 32204.11 | 113927.74 | case rate |
| O.R. PROCEDURES FOR OBESITY W CC | 620 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 31914.2 | | | | 32621.66 | 18863 | 70587.07 | case rate |
| O.R. PROCEDURES FOR OBESITY W/O CC/MCC | 621 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 30040.31 | | | | 28452.01 | 17266.08 | 61564.75 | case rate |
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC | 622 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 61644.16 | | | | 68466.55 | 44198.71 | 148148.59 | case rate |
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC | 623 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 36291.22 | | | | 34669.53 | 22593.08 | 75018.26 | case rate |
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC | 624 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 23582.88 | | | | 23362.99 | 11763.09 | 50553.07 | case rate |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC | 625 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 49517.94 | | | | 50174.55 | 33864.81 | 108568.18 | case rate |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC | 626 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 30898.67 | | | | 29034.29 | 17827.13 | 62824.67 | case rate |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC | 627 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 27338.97 | | | | 19659.3 | 14964.01 | 42322.6 | case rate |
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC | 628 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 64467.46 | | | | 66249.23 | 46604.71 | 143350.73 | case rate |
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC | 629 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 40952.38 | | | | 42159.74 | 26565.29 | 91225.67 | case rate |
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC | 630 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 29201.77 | | | | 27662.43 | 16551.48 | 59856.24 | case rate |
| DIABETES W MCC | 637 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 29964.08 | | | | 24900.7 | 17201.12 | 53880.37 | case rate |
| DIABETES W CC | 638 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 22492.09 | | | | 15723.15 | 10833.53 | 34021.91 | case rate |
| DIABETES W/O CC/MCC | 639 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 18464.34 | | | | 11391.26 | 7401.1 | 24648.52 | case rate |
| MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC | 640 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 28185.83 | | | | 21455.74 | 15685.7 | 46425.13 | case rate |
| MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC | 641 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 20609.88 | | | | 13554.5 | 9229.52 | 29329.36 | case rate |
| INBORN AND OTHER DISORDERS OF METABOLISM | 642 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 26981.38 | | | | 22777.11 | 14659.28 | 49285.34 | case rate |
| ENDOCRINE DISORDERS W MCC | 643 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 32749.96 | | | | 29457.92 | 19575.23 | 63741.34 | case rate |
| ENDOCRINE DISORDERS W CC | 644 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 24102.63 | | | | 18252.34 | 12206.02 | 39494.59 | case rate |
| ENDOCRINE DISORDERS W/O CC/MCC | 645 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 20572.46 | | | | 13392.26 | 9197.63 | 28978.3 | case rate |
| KIDNEY TRANSPLANT | 652 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 52349.56 | | | | 59752.29 | 36277.9 | 129292.6 | case rate |
| MAJOR BLADDER PROCEDURES W MCC | 653 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 87044.22 | | | | 98990.2 | 65844.5 | 214109.42 | case rate |
| MAJOR BLADDER PROCEDURES W CC | 654 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 48894.23 | | | | 51796.98 | 33333.29 | 112078.81 | case rate |
| MAJOR BLADDER PROCEDURES W/O CC/MCC | 655 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 38571.21 | | | | 37445.68 | 24536.07 | 81025.34 | case rate |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC | 656 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 54935.86 | | | | 59986.65 | 38481.93 | 129799.69 | case rate |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC | 657 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 35117.27 | | | | 35105.78 | 21592.64 | 75962.23 | case rate |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC | 658 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 30625.21 | | | | 28237.49 | 17764.53 | 61100.56 | case rate |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC | 659 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 45598.3 | | | | 49161.43 | 30524.51 | 106375.99 | case rate |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC | 660 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 28352.15 | | | | 26095.89 | 15827.44 | 56466.53 | case rate |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC | 661 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 24008.39 | | | | 19339.37 | 12125.71 | 41846.71 | case rate |
| MINOR BLADDER PROCEDURES W MCC | 662 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 53017.62 | | | | 57302.42 | 36847.22 | 123991.55 | case rate |
| MINOR BLADDER PROCEDURES W CC | 663 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 30945.53 | | | | 29569.69 | 18040.92 | 63983.18 | case rate |
| MINOR BLADDER PROCEDURES W/O CC/MCC | 664 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 24745.74 | | | | 21374.61 | 12754.08 | 46250.6 | case rate |
| PROSTATECTOMY W MCC | 665 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 57389.7 | | | | 57304.23 | 40556.04 | 123995.45 | case rate |
| PROSTATECTOMY W CC | 666 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 32611.36 | | | | 32071.84 | 19457.12 | 66397.35 | case rate |
| PROSTATECTOMY W/O CC/MCC | 667 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 24025.02 | | | | 19476.37 | 12139.88 | 42143.16 | case rate |
| TRANSURETHRAL PROCEDURES W MCC | 668 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 50199.86 | | | | 50738.79 | 34445.94 | 109789.1 | case rate |
| TRANSURETHRAL PROCEDURES W CC | 669 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 31228.12 | | | | 28527.73 | 18278.33 | 61728.58 | case rate |
| TRANSURETHRAL PROCEDURES W/O CC/MCC | 670 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 23025.7 | | | | 17369.01 | 11288.27 | 37583.24 | case rate |
| URETHRAL PROCEDURES W CC/MCC | 671 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 33670.28 | | | | 30348.45 | 20359.52 | 65968.28 | case rate |
| URETHRAL PROCEDURES W/O CC/MCC | 672 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 24848.1 | | | | 19052.74 | 12926.53 | 41226.5 | case rate |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC | 673 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 67847.95 | | | | 64487.99 | 49485.54 | 139539.74 | case rate |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W CC | 674 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 41774.29 | | | | 41680.23 | 27265.71 | 90188.08 | case rate |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC | 675 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 31474.83 | | | | 29299.28 | 18488.57 | 63398.08 | case rate |
| RENAL FAILURE W MCC | 682 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 30596.1 | | | | 27617.36 | 17739.72 | 59758.72 | case rate |
| RENAL FAILURE W CC | 683 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 22099.85 | | | | 16566.81 | 10499.26 | 35847.43 | case rate |
| RENAL FAILURE W/O CC/MCC | 684 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 18198.22 | | | | 11173.13 | 7174.32 | 24176.54 | case rate |
| KIDNEY & URINARY TRACT NEOPLASMS W MCC | 686 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 35915.62 | | | | 30963.18 | 22272.98 | 66998.42 | case rate |
| KIDNEY & URINARY TRACT NEOPLASMS W CC | 687 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 24370.13 | | | | 18995.05 | 12433.99 | 41101.68 | case rate |
| KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC | 688 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 19817.09 | | | | 14257.55 | 8553.9 | 30850.64 | case rate |
| KIDNEY & URINARY TRACT INFECTIONS W MCC | 689 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 26000.08 | | | | 20038.81 | 13823.02 | 43360.18 | case rate |
| KIDNEY & URINARY TRACT INFECTIONS W/O MCC | 690 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 20963.72 | | | | 14315.24 | 9479.93 | 30975.46 | case rate |
| URINARY STONES W MCC | 693 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 30159.51 | | | | 23860.54 | 17367.66 | 51629.67 | case rate |
| URINARY STONES W/O MCC | 694 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 20609.88 | | | | 12656.76 | 9229.52 | 27386.81 | case rate |
| KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC | 695 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 25411.03 | | | | 20707.61 | 13321.03 | 44807.34 | case rate |
| KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC | 696 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 19368.02 | | | | 12413.39 | 8171.21 | 26860.22 | case rate |
| URETHRAL STRICTURE | 697 | MS-DRG | | | | inpatient | | | | | Horizon PPO | PPO | 23262.71 | | | | 17305.92 | 11490.25 | 37446.72 | case rate |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numT | o the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC | 698 | MS-DRG | | | | inpatient | | | | 33977.06 | Horizon | PPO | 29115.41 | | | | 19853.98 | 63000.21 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC | 699 | MS-DRG | | | | inpatient | | | | 23915.52 | Horizon | PPO | 18529.95 | | | | 12046.57 | 40095.3 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC | 700 | MS-DRG | | | | inpatient | | | | 19401.28 | Horizon | PPO | 13695.11 | | | | 8199.56 | 29633.62 | case rate | |
| MAJOR MALE PELVIC PROCEDURES W CC/MCC | 707 | MS-DRG | | | | inpatient | | | | 36676.54 | Horizon | PPO | 32293.57 | | | | 22921.44 | 69877.14 | case rate | |
| MAJOR MALE PELVIC PROCEDURES W/O CC/MCC | 708 | MS-DRG | | | | inpatient | | | | 30327.21 | Horizon | PPO | 25354.98 | | | | 17510.58 | 54863.35 | case rate | |
| PENIS PROCEDURES W CC/MCC | 709 | MS-DRG | | | | inpatient | | | | 40924.66 | Horizon | PPO | 36627.26 | | | | 26541.67 | 79254.42 | case rate | |
| PENIS PROCEDURES W/O CC/MCC | 710 | MS-DRG | | | | inpatient | | | | 30589.17 | Horizon | PPO | 30096.08 | | | | 17733.82 | 65122.19 | case rate | |
| TESTES PROCEDURES W CC/MCC | 711 | MS-DRG | | | | inpatient | | | | 36219.15 | Horizon | PPO | 37559.25 | | | | 22531.66 | 81271.08 | case rate | |
| TESTES PROCEDURES W/O CC/MCC | 712 | MS-DRG | | | | inpatient | | | | 22061.04 | Horizon | PPO | 19411.47 | | | | 10466.19 | 42002.74 | case rate | |
| TRANSURETHRAL PROSTATECTOMY W CC/MCC | 713 | MS-DRG | | | | inpatient | | | | 29821.32 | Horizon | PPO | 26380.71 | | | | 17079.46 | 57082.84 | case rate | |
| TRANSURETHRAL PROSTATECTOMY W/O CC/MCC | 714 | MS-DRG | | | | inpatient | | | | 22803.94 | Horizon | PPO | 16413.58 | | | | 11099.29 | 35515.87 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC | 715 | MS-DRG | | | | inpatient | | | | 41079.9 | Horizon | PPO | 39837.87 | | | | 26673.96 | 86201.57 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC | 716 | MS-DRG | | | | inpatient | | | | 29451.26 | Horizon | PPO | 26373.5 | | | | 16764.09 | 57067.24 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC | 717 | MS-DRG | | | | inpatient | | | | 35497.04 | Horizon | PPO | 35230.17 | | | | 21916.28 | 76231.38 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC | 718 | MS-DRG | | | | inpatient | | | | 26853.87 | Horizon | PPO | 22220.08 | | | | 14550.61 | 48080.03 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC | 722 | MS-DRG | | | | inpatient | | | | 33742.35 | Horizon | PPO | 29919.41 | | | | 20420.94 | 64739.92 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC | 723 | MS-DRG | | | | inpatient | | | | 25343.12 | Horizon | PPO | 19856.74 | | | | 13263.16 | 42966.21 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC | 724 | MS-DRG | | | | inpatient | | | | 18884.3 | Horizon | PPO | 12424.21 | | | | 7758.99 | 26883.62 | case rate | |
| BENIGN PROSTATIC HYPERTROPHY W MCC | 725 | MS-DRG | | | | inpatient | | | | 27279.37 | Horizon | PPO | 21890.19 | | | | 14913.23 | 47366.2 | case rate | |
| BENIGN PROSTATIC HYPERTROPHY W/O MCC | 726 | MS-DRG | | | | inpatient | | | | 20097.06 | Horizon | PPO | 13781.64 | | | | 8762.5 | 29820.85 | case rate | |
| INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC | 727 | MS-DRG | | | | inpatient | | | | 30145.65 | Horizon | PPO | 25922.83 | | | | 17355.85 | 56092.07 | case rate | |
| INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC | 728 | MS-DRG | | | | inpatient | | | | 21104.69 | Horizon | PPO | 14266.57 | | | | 9651.19 | 30870.14 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC | 729 | MS-DRG | | | | inpatient | | | | 25038.19 | Horizon | PPO | 19505.21 | | | | 13003.3 | 42205.57 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC | 730 | MS-DRG | | | | inpatient | | | | 18191.29 | Horizon | PPO | 10246.55 | | | | 7168.41 | 22171.58 | case rate | |
| PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC | 734 | MS-DRG | | | | inpatient | | | | 38924.65 | Horizon | PPO | 41568.46 | | | | 24837.26 | 89946.24 | case rate | |
| PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC | 735 | MS-DRG | | | | inpatient | | | | 26604.39 | Horizon | PPO | 24606.86 | | | | 14338 | 53244.56 | case rate | |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC | 736 | MS-DRG | | | | inpatient | | | | 64355.2 | Horizon | PPO | 72659.63 | | | | 46509.04 | 157221.61 | case rate | |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC | 737 | MS-DRG | | | | inpatient | | | | 37477.65 | Horizon | PPO | 36620.05 | | | | 23604.14 | 79238.82 | case rate | |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC | 738 | MS-DRG | | | | inpatient | | | | 30804 | Horizon | PPO | 25098.99 | | | | 17916.89 | 54309.45 | case rate | |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC | 739 | MS-DRG | | | | inpatient | | | | 64955.34 | Horizon | PPO | 64855.74 | | | | 47020.48 | 140335.48 | case rate | |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC | 740 | MS-DRG | | | | inpatient | | | | 34081.44 | Horizon | PPO | 31419.26 | | | | 21476.89 | 67986.3 | case rate | |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC | 741 | MS-DRG | | | | inpatient | | | | 28817.85 | Horizon | PPO | 23936.25 | | | | 16224.3 | 51793.49 | case rate | |
| UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC | 742 | MS-DRG | | | | inpatient | | | | 35097.87 | Horizon | PPO | 30898.28 | | | | 21576.1 | 66858 | case rate | |
| UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC | 743 | MS-DRG | | | | inpatient | | | | 26393.71 | Horizon | PPO | 20110.92 | | | | 14158.47 | 43516.21 | case rate | |
| D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC | 744 | MS-DRG | | | | inpatient | | | | 36862.26 | Horizon | PPO | 30471.04 | | | | 23079.71 | 65933.53 | case rate | |
| D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC | 745 | MS-DRG | | | | inpatient | | | | 23983.44 | Horizon | PPO | 19278.07 | | | | 12104.45 | 41714.09 | case rate | |
| VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC | 746 | MS-DRG | | | | inpatient | | | | 32989.74 | Horizon | PPO | 30243.9 | | | | 19779.57 | 65442.04 | case rate | |
| VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC | 747 | MS-DRG | | | | inpatient | | | | 23018.77 | Horizon | PPO | 17273.47 | | | | 11282.36 | 37376.51 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 748 | MS-DRG | | | | inpatient | | | | 28661.23 | Horizon | PPO | 23326.94 | | | | 16090.83 | 50475.06 | case rate | |
| OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC | 749 | MS-DRG | | | | inpatient | | | | 45657.89 | Horizon | PPO | 46906.25 | | | | 30575.3 | 101496.21 | case rate | |
| OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC | 750 | MS-DRG | | | | inpatient | | | | 27652.21 | Horizon | PPO | 22063.25 | | | | 15230.96 | 47740.67 | case rate | |
| MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC | 754 | MS-DRG | | | | inpatient | | | | 34856.7 | Horizon | PPO | 33194.92 | | | | 21370.58 | 71827.49 | case rate | |
| MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC | 755 | MS-DRG | | | | inpatient | | | | 25165.71 | Horizon | PPO | 19287.09 | | | | 13111.97 | 41733.59 | case rate | |
| MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC | 756 | MS-DRG | | | | inpatient | | | | 23016 | Horizon | PPO | 14062.86 | | | | 11280 | 30429.36 | case rate | |
| INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC | 757 | MS-DRG | | | | inpatient | | | | 29395.81 | Horizon | PPO | 25975.1 | | | | 16716.84 | 56205.19 | case rate | |
| INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC | 758 | MS-DRG | | | | inpatient | | | | 23907.21 | Horizon | PPO | 18394.75 | | | | 12039.48 | 39802.74 | case rate | |
| INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC | 759 | MS-DRG | | | | inpatient | | | | 18650.06 | Horizon | PPO | 12811.79 | | | | 7559.37 | 27722.27 | case rate | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC | 760 | MS-DRG | | | | inpatient | | | | 23440.12 | Horizon | PPO | 15714.14 | | | | 11641.43 | 34002.4 | case rate | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC | 761 | MS-DRG | | | | inpatient | | | | 18565.52 | Horizon | PPO | 9904.03 | | | | 7487.32 | 21430.45 | case rate | |
| VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C | 768 | MS-DRG | | | | inpatient | | | | 23794.94 | Horizon | PPO | 20395.75 | | | | 8760 | 44132.52 | case rate | |
| POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE | 769 | MS-DRG | | | | inpatient | | | | 28855.27 | Horizon | PPO | 26281.56 | | | | 16256.19 | 56868.31 | case rate | |
| ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 770 | MS-DRG | | | | inpatient | | | | 24693.08 | Horizon | PPO | 19251.03 | | | | 12709.2 | 41655.58 | case rate | |
| POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE | 776 | MS-DRG | | | | inpatient | | | | 19668.78 | Horizon | PPO | 11879.79 | | | | 8427.52 | 25705.61 | case rate | |
| ABORTION W/O D&C | 779 | MS-DRG | | | | inpatient | | | | 22736.03 | Horizon | PPO | 13597.77 | | | | 11041.41 | 29422.98 | case rate | |
| CESAREAN SECTION W STERILIZATION W MCC | 783 | MS-DRG | | | | inpatient | | | | 35311.31 | Horizon | PPO | 31466.13 | | | | 8487 | 68086.72 | case rate | |
| CESAREAN SECTION W STERILIZATION W CC | 784 | MS-DRG | | | | inpatient | | | | 24790.1 | Horizon | PPO | 19867.56 | | | | 8487 | 42989.61 | case rate | |
| CESAREAN SECTION W STERILIZATION W/O CC/MCC | 785 | MS-DRG | | | | inpatient | | | | 21886.4 | Horizon | PPO | 15241.83 | | | | 8487 | 32980.42 | case rate | |
| CESAREAN SECTION W/O STERILIZATION W MCC | 786 | MS-DRG | | | | inpatient | | | | 32176.15 | Horizon | PPO | 28028.38 | | | | 8487 | 60648.08 | case rate | |
| CESAREAN SECTION W/O STERILIZATION W CC | 787 | MS-DRG | | | | inpatient | | | | 24496.26 | Horizon | PPO | 19488.99 | | | | 8487 | 42170.47 | case rate | |
| CESAREAN SECTION W/O STERILIZATION W/O CC/MCC | 788 | MS-DRG | | | | inpatient | | | | 22318.84 | Horizon | PPO | 16236.92 | | | | 8487 | 35133.6 | case rate | |
| NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY | 789 | MS-DRG | | | | inpatient | | | | 34763.84 | Horizon | PPO | 29991.52 | | | | 637 | 64895.95 | case rate | |
| EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE | 790 | MS-DRG | | | | inpatient | | | | 92175.23 | Horizon | PPO | 98901.53 | | | | 637 | 214004.1 | case rate | |
| PREMATURITY W MAJOR PROBLEMS | 791 | MS-DRG | | | | inpatient | | | | 66050.29 | Horizon | PPO | 67547.17 | | | | 637 | 146159.23 | case rate | |
| PREMATURITY W/O MAJOR PROBLEMS | 792 | MS-DRG | | | | inpatient | | | | 43732.72 | Horizon | PPO | 40755.44 | | | | 637 | 88187.03 | case rate | |
| FULL TERM NEONATE W MAJOR PROBLEMS | 793 | MS-DRG | | | | inpatient | | | | 67583.22 | Horizon | PPO | 69384.12 | | | | 637 | 150134.04 | case rate | |
| NEONATE W OTHER SIGNIFICANT PROBLEMS | 794 | MS-DRG | | | | inpatient | | | | 30239.9 | Horizon | PPO | 24558.18 | | | | 637 | 53139.24 | case rate | |
| NORMAL NEWBORN | 795 | MS-DRG | | | | inpatient | | | | 12548.84 | Horizon | PPO | 3324.18 | | | | 637 | 10912.03 | case rate | |
| VAGINAL DELIVERY W STERILIZATION/D&C W MCC | 796 | MS-DRG | | | | inpatient | | | | 24485.17 | Horizon | PPO | 26467.24 | | | | 6365 | 57270.08 | case rate | |
| VAGINAL DELIVERY W STERILIZATION/D&C W CC | 797 | MS-DRG | | | | inpatient | | | | 23198.95 | Horizon | PPO | 15267.07 | | | | 6365 | 33035.03 | case rate | |
| VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC | 798 | MS-DRG | | | | inpatient | | | | 23198.95 | Horizon | PPO | 15267.07 | | | | 6365 | 33035.03 | case rate | |
| SPLENECTOMY W MCC | 799 | MS-DRG | | | | inpatient | | | | 75681.69 | Horizon | PPO | 84755.74 | | | | 56161.42 | 183395.31 | case rate | |
| SPLENECTOMY W CC | 800 | MS-DRG | | | | inpatient | | | | 50165.21 | Horizon | PPO | 47353.32 | | | | 34416.41 | 102463.59 | case rate | |
| SPLENECTOMY W/O CC/MCC | 801 | MS-DRG | | | | inpatient | | | | 32533.75 | Horizon | PPO | 28055.42 | | | | 5977 | 60706.59 | case rate | |
| OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC | 802 | MS-DRG | | | | inpatient | | | | 59465.35 | Horizon | PPO | 60339.97 | | | | 8199 | 130564.23 | case rate | |
| OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC | 803 | MS-DRG | | | | inpatient | | | | 34450.6 | Horizon | PPO | 31044.3 | | | | 13379 | 67173.95 | case rate | |
| OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC | 804 | MS-DRG | | | | inpatient | | | | 25103.34 | Horizon | PPO | 22182.22 | | | | 13058.82 | 47998.11 | case rate | |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC | 805 | MS-DRG | | | | inpatient | | | | 23611.99 | Horizon | PPO | 18445.23 | | | | 6365 | 39911.96 | case rate | |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W CC | 806 | MS-DRG | | | | inpatient | | | | 19808.77 | Horizon | PPO | 12752.3 | | | | 6365 | 27593.55 | case rate | |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC | 807 | MS-DRG | | | | inpatient | | | | 18612.64 | Horizon | PPO | 11068.58 | | | | 6365 | 23950.3 | case rate | |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC | 808 | MS-DRG | | | | inpatient | | | | 41523.42 | Horizon | PPO | 38743.63 | | | | 27051.92 | 83833.84 | case rate | |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC | 809 | MS-DRG | | | | inpatient | | | | 26945.35 | Horizon | PPO | 21713.52 | | | | 14628.57 | 46983.93 | case rate | |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC | 810 | MS-DRG | | | | inpatient | | | | 22971.65 | Horizon | PPO | 16920.89 | | | | 11242.2 | 35964.45 | case rate | |
| RED BLOOD CELL DISORDERS W MCC | 811 | MS-DRG | | | | inpatient | | | | 29279.39 | Horizon | PPO | 24444.61 | | | | 16617.63 | 52893.49 | case rate | |
| RED BLOOD CELL DISORDERS W/O MCC | 812 | MS-DRG | | | | inpatient | | | | 22571.09 | Horizon | PPO | 15921.45 | | | | 10900.85 | 34450.98 | case rate | |
| COAGULATION DISORDERS | 813 | MS-DRG | | | | inpatient | | | | 31235.05 | Horizon | PPO | 29050.51 | | | | 18284.23 | 62859.78 | case rate | |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC | 814 | MS-DRG | | | | inpatient | | | | 38754.17 | Horizon | PPO | 29978.9 | | | | 24691.98 | 64868.64 | case rate | |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC | 815 | MS-DRG | | | | inpatient | | | | 23862.85 | Horizon | PPO | 17625 | | | | 12001.69 | 38137.14 | case rate | |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC | 816 | MS-DRG | | | | inpatient | | | | 18918.95 | Horizon | PPO | 13008.28 | | | | 7788.52 | 28147.45 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC | 817 | MS-DRG | | | | inpatient | | | | 40076.42 | Horizon | PPO | 45638.96 | | | | 25818.8 | 98754.02 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC | 818 | MS-DRG | | | | inpatient | | | | 23492.79 | Horizon | PPO | 24489.68 | | | | 11686.32 | 52991.01 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC | 819 | MS-DRG | | | | inpatient | | | | 19140.71 | Horizon | PPO | 15124.65 | | | | 7977.5 | 32726.87 | case rate | |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC | 820 | MS-DRG | | | | inpatient | | | | 90477.37 | Horizon | PPO | 98133.58 | | | | 68770.21 | 212342.41 | case rate | |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC | 821 | MS-DRG | | | | inpatient | | | | 40720.92 | Horizon | PPO | 43162.05 | | | | 6969 | 93394.46 | case rate | |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC | 822 | MS-DRG | | | | inpatient | | | | 25631.41 | Horizon | PPO | 21809.06 | | | | 8721 | 47190.67 | case rate | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC | 823 | MS-DRG | | | | inpatient | | | | 74638.02 | Horizon | PPO | 81564.96 | | | | 12547 | 176491.07 | case rate | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC | 824 | MS-DRG | | | | inpatient | | | | 40263.54 | Horizon | PPO | 39558.45 | | | | 22652 | 85596.96 | case rate | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC | 825 | MS-DRG | | | | inpatient | | | | 26838.62 | Horizon | PPO | 24498.69 | | | | 14537.62 | 53010.51 | case rate | |
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC | 826 | MS-DRG | | | | inpatient | | | | 75968.59 | Horizon | PPO | 89195.79 | | | | 56405.91 | 193002.74 | case rate | |
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC | 827 | MS-DRG | | | | inpatient | | | | 42488.08 | Horizon | PPO | 40591.4 | | | | 27874.01 | 87832.06 | case rate | |
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC | 828 | MS-DRG | | | | inpatient | | | | 31995.97 | Horizon | PPO | 29481.36 | | | | 18932.69 | 63792.05 | case rate | |
| MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC | 829 | MS-DRG | | | | inpatient | | | | 52521.43 | Horizon | PPO | 56058.56 | | | | 36424.37 | 121300.07 | case rate | |
| MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC | 830 | MS-DRG | | | | inpatient | | | | 30050.01 | Horizon | PPO | 25576.71 | | | | 17274.35 | 53343.13 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC | 831 | MS-DRG | | | | inpatient | | | | 25732.58 | Horizon | PPO | 18533.56 | | | | 13595.06 | 40103.1 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC | 832 | MS-DRG | | | | inpatient | | | | 20138.64 | Horizon | PPO | 12957.81 | | | | 8827.93 | 28038.23 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC | 833 | MS-DRG | | | | inpatient | | | | 16984.08 | Horizon | PPO | 8658.37 | | | | 6139.63 | 18735.06 | case rate | |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC | 834 | MS-DRG | | | | inpatient | | | | 86388.63 | Horizon | PPO | 99289.11 | | | | 65285.81 | 214842.75 | case rate | |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC | 835 | MS-DRG | | | | inpatient | | | | 39383.42 | Horizon | PPO | 38505.67 | | | | 25228.23 | 83318.95 | case rate | |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC | 836 | MS-DRG | | | | inpatient | | | | 26999.4 | Horizon | PPO | 21859.54 | | | | 14674.63 | 47299.89 | case rate | |
| CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC | 837 | MS-DRG | | | | inpatient | | | | 79179.98 | Horizon | PPO | 98878.9 | | | | 59142.64 | 209627.52 | case rate | |
| CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT | 838 | MS-DRG | | | | inpatient | | | | 37890.68 | Horizon | PPO | 42410.32 | | | | 23956.12 | 91767.87 | case rate | |
| CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC | 839 | MS-DRG | | | | inpatient | | | | 28773.5 | Horizon | PPO | 22640.11 | | | | 16186.51 | 48988.89 | case rate | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W MCC | 840 | MS-DRG | | | | inpatient | | | | 53979.51 | Horizon | PPO | 59361.11 | | | | 37666.94 | 128446.15 | case rate | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W CC | 841 | MS-DRG | | | | inpatient | | | | 31512.26 | Horizon | PPO | 29470.54 | | | | 18520.46 | 63768.64 | case rate | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC | 842 | MS-DRG | | | | inpatient | | | | 24359.05 | Horizon | PPO | 20210.07 | | | | 12424.54 | 43730.75 | case rate | |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC | 843 | MS-DRG | | | | inpatient | | | | 36020.95 | Horizon | PPO | 33277.84 | | | | 22362.75 | 72006.92 | case rate | |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC | 844 | MS-DRG | | | | inpatient | | | | 26345.2 | Horizon | PPO | 21250.23 | | | | 14117.13 | 45981.45 | case rate | |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC | 845 | MS-DRG | | | | inpatient | | | | 21377.73 | Horizon | PPO | 15614.99 | | | | 9883.88 | 33787.86 | case rate | |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC | 846 | MS-DRG | | | | inpatient | | | | 45175.56 | Horizon | PPO | 50788.28 | | | | 30164.26 | 109917.83 | case rate | |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC | 847 | MS-DRG | | | | inpatient | | | | 27391.64 | Horizon | PPO | 23912.82 | | | | 15008.9 | 51742.79 | case rate | |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC | 848 | MS-DRG | | | | inpatient | | | | 21129.64 | Horizon | PPO | 16811.98 | | | | 9672.45 | 36377.93 | case rate | |
| RADIOTHERAPY | 849 | MS-DRG | | | | inpatient | | | | 46801.35 | Horizon | PPO | 35516.8 | | | | 31549.75 | 76851.59 | case rate | |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC | 853 | MS-DRG | | | | inpatient | | | | 79098.21 | Horizon | PPO | 91164.34 | | | | 59072.95 | 197262.3 | case rate | |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC | 854 | MS-DRG | | | | inpatient | | | | 37473.49 | Horizon | PPO | 39703.88 | | | | 23600.6 | 85924.62 | case rate | |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC | 855 | MS-DRG | | | | inpatient | | | | 32310.6 | Horizon | PPO | 28122.12 | | | | 19200.81 | 60869.92 | case rate | |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC | 856 | MS-DRG | | | | inpatient | | | | 72310.91 | Horizon | PPO | 80910.58 | | | | 53288.85 | 175075.12 | case rate | |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC | 857 | MS-DRG | | | | inpatient | | | | 39979.4 | Horizon | PPO | 37076.13 | | | | 25736.12 | 80225.7 | case rate | |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC | 858 | MS-DRG | | | | inpatient | | | | 27636.97 | Horizon | PPO | 24870.06 | | | | 15217.96 | 53833.56 | case rate | |
| POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC | 862 | MS-DRG | | | | inpatient | | | | 35264.19 | Horizon | PPO | 32947.95 | | | | 21717.84 | 71293.09 | case rate | |
| POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC | 863 | MS-DRG | | | | inpatient | | | | 23638.32 | Horizon | PPO | 17752.99 | | | | 11810.34 | 38414.09 | case rate | |
| FEVER AND INFLAMMATORY CONDITIONS | 864 | MS-DRG | | | | inpatient | | | | 22225.97 | Horizon | PPO | 15580.74 | | | | 10606.74 | 33713.75 | case rate | |
| VIRAL ILLNESS W MCC | 865 | MS-DRG | | | | inpatient | | | | 29863.69 | Horizon | PPO | 24916.92 | | | | 17132.61 | 53915.48 | case rate | |
| VIRAL ILLNESS W/O MCC | 866 | MS-DRG | | | | inpatient | | | | 22043.02 | Horizon | PPO | 14789.35 | | | | 10450.83 | 32001.34 | case rate | |
| OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC | 867 | MS-DRG | | | | inpatient | | | | 39499.84 | Horizon | PPO | 38449.79 | | | | 25327.44 | 83198.03 | case rate | |
| OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC | 868 | MS-DRG | | | | inpatient | | | | 24334.1 | Horizon | PPO | 19413.28 | | | | 12403.28 | 42006.64 | case rate | |
| OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC | 869 | MS-DRG | | | | inpatient | | | | 19753.33 | Horizon | PPO | 13842.93 | | | | 8499.57 | 29953.48 | case rate | |
| SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS | 870 | MS-DRG | | | | inpatient | | | | 108197.52 | Horizon | PPO | 113485.37 | | | | 82166.84 | 246560.77 | case rate | |
| SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC | 871 | MS-DRG | | | | inpatient | | | | 36974.53 | Horizon | PPO | 33465.32 | | | | 23175.38 | 72412.59 | case rate | |
| SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC | 872 | MS-DRG | | | | inpatient | | | | 24069.37 | Horizon | PPO | 16980.63 | | | | 12177.68 | 41070.47 | case rate | |
| O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS | 876 | MS-DRG | | | | inpatient | | | | 64244.32 | Horizon | PPO | 59514.34 | | | | 46414.55 | 128777.71 | case rate | |
| ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION | 880 | MS-DRG | | | | inpatient | | | | 23065.9 | Horizon | PPO | 2090 | | | | 2090 | 20057.3 | per diem | |
| DEPRESSIVE NEUROSES | 881 | MS-DRG | | | | inpatient | | | | 22449.12 | Horizon | PPO | 2090 | | | | 2090 | 19520.98 | per diem | |
| NEUROSES EXCEPT DEPRESSIVE | 882 | MS-DRG | | | | inpatient | | | | 23113.02 | Horizon | PPO | 2090 | | | | 2090 | 20098.28 | per diem | |
| DISORDERS OF PERSONALITY & IMPULSE CONTROL | 883 | MS-DRG | | | | inpatient | | | | 35474.86 | Horizon | PPO | 2090 | | | | 2090 | 32167.02 | per diem | |
| ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY | 884 | MS-DRG | | | | inpatient | | | | 32928.76 | Horizon | PPO | 2090 | | | | 2090 | 28979.64 | per diem | |
| PSYCHOSES | 885 | MS-DRG | | | | inpatient | | | | 29316.81 | Horizon | PPO | 2090 | | | | 2090 | 25492.88 | per diem | |
| BEHAVIORAL & DEVELOPMENTAL DISORDERS | 886 | MS-DRG | | | | inpatient | | | | 34679.29 | Horizon | PPO | 2090 | | | | 2090 | 31171.07 | per diem | |
| OTHER MENTAL DISORDER DIAGNOSES | 887 | MS-DRG | | | | inpatient | | | | 26264.81 | Horizon | PPO | 2090 | | | | 2090 | 22838.97 | per diem | |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA | 894 | MS-DRG | | | | inpatient | | | | 18429.69 | Horizon | PPO | 2090 | | | | 2090 | 94620.59 | per diem | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY | 895 | MS-DRG | | | | inpatient | | | | 29229.49 | Horizon | PPO | 2090 | | | | 2090 | 25416.95 | per diem | |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC | 896 | MS-DRG | | | | inpatient | | | | 34461.69 | Horizon | PPO | 2090 | | | | 2090 | 30898.66 | per diem | |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC | 897 | MS-DRG | | | | inpatient | | | | 22006.98 | Horizon | PPO | 2090 | | | | 2090 | 19136.51 | per diem | |
| WOUND DEBRIDEMENTS FOR INJURIES W MCC | 901 | MS-DRG | | | | inpatient | | | | 71186.85 | Horizon | PPO | 80488.75 | | | | 13124 | 174162.35 | case rate | |
| WOUND DEBRIDEMENTS FOR INJURIES W CC | 902 | MS-DRG | | | | inpatient | | | | 36080.55 | Horizon | PPO | 34619.05 | | | | 22413.54 | 74969.04 | case rate | |
| WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC | 903 | MS-DRG | | | | inpatient | | | | 26676.46 | Horizon | PPO | 30981.63 | | | | 14399.42 | 56429.51 | case rate | |
| SKIN GRAFTS FOR INJURIES W CC/MCC | 904 | MS-DRG | | | | inpatient | | | | 63294.9 | Horizon | PPO | 58155.1 | | | | 45605.46 | 125836.58 | case rate | |
| SKIN GRAFTS FOR INJURIES W/O CC/MCC | 905 | MS-DRG | | | | inpatient | | | | 32623.84 | Horizon | PPO | 31893.37 | | | | 19467.75 | 69011.18 | case rate | |
| HAND PROCEDURES FOR INJURIES | 906 | MS-DRG | | | | inpatient | | | | 40029.3 | Horizon | PPO | 33227.37 | | | | 25778.64 | 71897.7 | case rate | |
| OTHER O.R. PROCEDURES FOR INJURIES W MCC | 907 | MS-DRG | | | | inpatient | | | | 64994.15 | Horizon | PPO | 76003.63 | | | | 47053.55 | 164457.41 | case rate | |
| OTHER O.R. PROCEDURES FOR INJURIES W CC | 908 | MS-DRG | | | | inpatient | | | | 37736.84 | Horizon | PPO | 35924.21 | | | | 23825.02 | 77733.15 | case rate | |
| OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC | 909 | MS-DRG | | | | inpatient | | | | 27358.38 | Horizon | PPO | 23892.99 | | | | 14980.55 | 51699.88 | case rate | |
| TRAUMATIC INJURY W MCC | 913 | MS-DRG | | | | inpatient | | | | 32259.42 | Horizon | PPO | 26533.94 | | | | 19114.58 | 57414.4 | case rate | |
| TRAUMATIC INJURY W/O MCC | 914 | MS-DRG | | | | inpatient | | | | 22481 | Horizon | PPO | 15103.02 | | | | 10824.08 | 84762.6 | case rate | |
| ALLERGIC REACTIONS W MCC | 915 | MS-DRG | | | | inpatient | | | | 33867.09 | Horizon | PPO | 30229.48 | | | | 20527.24 | 65410.84 | case rate | |
| ALLERGIC REACTIONS W/O MCC | 916 | MS-DRG | | | | inpatient | | | | 18884.09 | Horizon | PPO | 11452.65 | | | | 7844.03 | 24781.15 | case rate | |
| POISONING & TOXIC EFFECTS OF DRUGS W MCC | 917 | MS-DRG | | | | inpatient | | | | 32506.03 | Horizon | PPO | 26566.39 | | | | 19367.35 | 57484.62 | case rate | |
| POISONING & TOXIC EFFECTS OF DRUGS W/O MCC | 918 | MS-DRG | | | | inpatient | | | | 22040.25 | Horizon | PPO | 14037.62 | | | | 10448.47 | 30374.75 | case rate | |
| COMPLICATIONS OF TREATMENT W MCC | 919 | MS-DRG | | | | inpatient | | | | 35054.9 | Horizon | PPO | 32886.66 | | | | 21539.49 | 71160.47 | case rate | |
| COMPLICATIONS OF TREATMENT W CC | 920 | MS-DRG | | | | inpatient | | | | 23860.08 | Horizon | PPO | 18082.88 | | | | 11998.32 | 39127.92 | case rate | |
| COMPLICATIONS OF TREATMENT W/O CC/MCC | 921 | MS-DRG | | | | inpatient | | | | 19311.19 | Horizon | PPO | 12737.88 | | | | 8122.78 | 27562.35 | case rate | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC | 922 | MS-DRG | | | | inpatient | | | | 33194.87 | Horizon | PPO | 28093.28 | | | | 19954.38 | 60788.51 | case rate | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC | 923 | MS-DRG | | | | inpatient | | | | 23915.52 | Horizon | PPO | 15679.88 | | | | 12046.57 | 37582.48 | case rate | |
| EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT | 927 | MS-DRG | | | | inpatient | | | | 288538.5 | Horizon | PPO | 331417.38 | | | | 237556.83 | 717124.15 | case rate | |
| FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC | 928 | MS-DRG | | | | inpatient | | | | 102349.95 | Horizon | PPO | 105919.44 | | | | 78887.96 | 229189.53 | case rate | |
| FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC | 929 | MS-DRG | | | | inpatient | | | | 53860.31 | Horizon | PPO | 53579.85 | | | | 37565.36 | 115936.61 | case rate | |
| EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT | 933 | MS-DRG | | | | inpatient | | | | 69750.94 | Horizon | PPO | 51562.63 | | | | 33318 | 111571.72 | case rate | |
| FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ | 934 | MS-DRG | | | | inpatient | | | | 39520.63 | Horizon | PPO | 33052.5 | | | | 25345.16 | 71519.33 | case rate | |
| NON-EXTENSIVE BURNS | 935 | MS-DRG | | | | inpatient | | | | 40221.96 | Horizon | PPO | 32839.79 | | | | 25942.82 | 71059.05 | case rate | |
| O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC | 939 | MS-DRG | | | | inpatient | | | | 53771.61 | Horizon | PPO | 59105.12 | | | | 37489.76 | 127852.25 | case rate | |
| O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC | 940 | MS-DRG | | | | inpatient | | | | 36043.84 | Horizon | PPO | 39199.71 | | | | 24938.84 | 84820.72 | case rate | |
| O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC | 941 | MS-DRG | | | | inpatient | | | | 36866.42 | Horizon | PPO | 33375.19 | | | | 23083.25 | 72217.56 | case rate | |
| REHABILITATION W CC/MCC | 945 | MS-DRG | | | | inpatient | | | | 30937.06 | Horizon | PPO | 24605.05 | | | | 18030.29 | 53240.65 | case rate | |
| REHABILITATION W/O CC/MCC | 946 | MS-DRG | | | | inpatient | | | | 25254.41 | Horizon | PPO | 18796.75 | | | | 13187.56 | 40672.6 | case rate | |
| SIGNS & SYMPTOMS W MCC | 947 | MS-DRG | | | | inpatient | | | | 27606.47 | Horizon | PPO | 21733.35 | | | | 15191.98 | 47026.84 | case rate | |
| SIGNS & SYMPTOMS W/O MCC | 948 | MS-DRG | | | | inpatient | | | | 20791.45 | Horizon | PPO | 14064.67 | | | | 9384.25 | 30433.26 | case rate | |
| AFTERCARE W CC/MCC | 949 | MS-DRG | | | | inpatient | | | | 24734.66 | Horizon | PPO | 20862.55 | | | | 12744.63 | 44709.82 | case rate | |
| AFTERCARE W/O CC/MCC | 950 | MS-DRG | | | | inpatient | | | | 17903 | Horizon | PPO | 13428.31 | | | | 6922.73 | 29056.31 | case rate | |
| OTHER FACTORS INFLUENCING HEALTH STATUS | 951 | MS-DRG | | | | inpatient | | | | 17638.27 | Horizon | PPO | 14362.76 | | | | 6697.13 | 31143.19 | case rate | |
| CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | 955 | MS-DRG | | | | inpatient | | | | 104420.65 | Horizon | PPO | 109908.82 | | | | 80652.6 | 237821.78 | case rate | |
| LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA | 956 | MS-DRG | | | | inpatient | | | | 62758.51 | Horizon | PPO | 68210.56 | | | | 45148.35 | 147594.69 | case rate | |
| OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC | 957 | MS-DRG | | | | inpatient | | | | 113234.3 | Horizon | PPO | 136978.16 | | | | 88163.55 | 296394.69 | case rate | |
| OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC | 958 | MS-DRG | | | | inpatient | | | | 66741.91 | Horizon | PPO | 75349.25 | | | | 48542.98 | 163041.46 | case rate | |
| OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC | 959 | MS-DRG | | | | inpatient | | | | 46424.36 | Horizon | PPO | 44178.77 | | | | 31228.48 | 95594.45 | case rate | |
| OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC | 963 | MS-DRG | | | | inpatient | | | | 47433.38 | Horizon | PPO | 50385.47 | | | | 32088.36 | 109024.57 | case rate | |
| OTHER MULTIPLE SIGNIFICANT TRAUMA W CC | 964 | MS-DRG | | | | inpatient | | | | 30571.15 | Horizon | PPO | 26588.02 | | | | 17718.46 | 57531.42 | case rate | |
| OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC | 965 | MS-DRG | | | | inpatient | | | | 22428.33 | Horizon | PPO | 17563.71 | | | | 10779.19 | 38004.52 | case rate | |
| HIV W EXTENSIVE O.R. PROCEDURE W MCC | 969 | MS-DRG | | | | inpatient | | | | 97435.15 | Horizon | PPO | 100927.76 | | | | 74699.6 | 218388.49 | case rate | |
| HIV W EXTENSIVE O.R. PROCEDURE W/O MCC | 970 | MS-DRG | | | | inpatient | | | | 46554.64 | Horizon | PPO | 50253.87 | | | | 31339.51 | 108739.81 | case rate | |
| HIV W MAJOR RELATED CONDITION W MCC | 974 | MS-DRG | | | | inpatient | | | | 51168.68 | Horizon | PPO | 49087.52 | | | | 35271.56 | 108216.06 | case rate | |
| HIV W MAJOR RELATED CONDITION W CC | 975 | MS-DRG | | | | inpatient | | | | 29480.36 | Horizon | PPO | 23253.03 | | | | 16788.89 | 50315.13 | case rate | |
| HIV W MAJOR RELATED CONDITION W/O CC/MCC | 976 | MS-DRG | | | | inpatient | | | | 23681.29 | Horizon | PPO | 16920.14 | | | | 11846.95 | 36611.97 | case rate | |
| HIV W OR W/O OTHER RELATED CONDITION | 977 | MS-DRG | | | | inpatient | | | | 29764.49 | Horizon | PPO | 21089.79 | | | | 17031.03 | 45634.29 | case rate | |
| EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC | 981 | MS-DRG | | | | inpatient | | | | 75669.21 | Horizon | PPO | 78787 | | | | 11302 | 170480.09 | case rate | |
| EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC | 982 | MS-DRG | | | | inpatient | | | | 43713.32 | Horizon | PPO | 44218.43 | | | | 14901 | 95680.27 | case rate | |
| EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC | 983 | MS-DRG | | | | inpatient | | | | 32901.04 | Horizon | PPO | 28286.17 | | | | 19703.98 | 61205.88 | case rate | |
| NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC | 987 | MS-DRG | | | | inpatient | | | | 58327.43 | Horizon | PPO | 60076.78 | | | | 41372.21 | 129994.73 | case rate | |
| NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC | 988 | MS-DRG | | | | inpatient | | | | 33563.55 | Horizon | PPO | 30521.51 | | | | 20268.57 | 66042.75 | case rate | |
| NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC | 989 | MS-DRG | | | | inpatient | | | | 25794.96 | Horizon | PPO | 18760.7 | | | | 13648.21 | 40594.58 | case rate | |
| LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT | 005 | MS-DRG | | | | inpatient | | | | 157381.56 | Qualcare | Qualcare | 234847 | | | | 125785.6 | 295704 | case rate | |
| LIVER TRANSPLANT W/O MCC | 006 | MS-DRG | | | | inpatient | | | | 76990.08 | Qualcare | Qualcare | 234847 | | | | 57276.42 | 295704 | case rate | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS | 207 | MS-DRG | | | | inpatient | | | | 99415.76 | Qualcare | Qualcare | 49635 | | | | 49635 | 218302.68 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC | 216 | MS-DRG | | | | inpatient | | | | 143545 | Qualcare | Qualcare | 78485 | | | | 78485 | 383083.85 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC | 217 | MS-DRG | | | | inpatient | | | | 99286.86 | Qualcare | Qualcare | 78485 | | | | 76277.62 | 248193.74 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC | 218 | MS-DRG | | | | inpatient | | | | 92237.6 | Qualcare | Qualcare | 78485 | | | | 70270.28 | 230348.04 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC | 219 | MS-DRG | | | | inpatient | | | | 117022.27 | Qualcare | Qualcare | 57338 | | | | 57338 | 300026.24 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC | 220 | MS-DRG | | | | inpatient | | | | 83192.49 | Qualcare | Qualcare | 57338 | | | | 57338 | 203043.14 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC | 221 | MS-DRG | | | | inpatient | | | | 73433.58 | Qualcare | Qualcare | 57338 | | | | 17199 | 179720.85 | case rate | |
| CORONARY BYPASS W PTCA W MCC | 231 | MS-DRG | | | | inpatient | | | | 127228.86 | Qualcare | Qualcare | 63792 | | | | 19424 | 327615.89 | case rate | |
| CORONARY BYPASS W PTCA W/O MCC | 232 | MS-DRG | | | | inpatient | | | | 94446.91 | Qualcare | Qualcare | 63792 | | | | 27830 | 240298.72 | case rate | |
| CORONARY BYPASS W CARDIAC CATH W MCC | 233 | MS-DRG | | | | inpatient | | | | 118115.83 | Qualcare | Qualcare | 58118 | | | | 53769 | 297923.76 | case rate | |
| CORONARY BYPASS W CARDIAC CATH W/O MCC | 234 | MS-DRG | | | | inpatient | | | | 83618.2 | Qualcare | Qualcare | 71166 | | | | 62639.65 | 260776.83 | case rate | |
| CORONARY BYPASS W/O CARDIAC CATH W MCC | 235 | MS-DRG | | | | inpatient | | | | 91335.31 | Qualcare | Qualcare | 47567 | | | | 47567 | 226626.77 | case rate | |
| CORONARY BYPASS W/O CARDIAC CATH W/O MCC | 236 | MS-DRG | | | | inpatient | | | | 66773.79 | Qualcare | Qualcare | 33990 | | | | 33990 | 153153.18 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W MCC | 242 | MS-DRG | | | | inpatient | | | | 56793.12 | Qualcare | Qualcare | 28745 | | | | 20528 | 145765.26 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W CC | 243 | MS-DRG | | | | inpatient | | | | 41003.67 | Qualcare | Qualcare | 19748 | | | | 19748 | 99635.58 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC | 244 | MS-DRG | | | | inpatient | | | | 34792.95 | Qualcare | Qualcare | 19748 | | | | 19748 | 91806.34 | case rate | |
| CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC | 258 | MS-DRG | | | | inpatient | | | | 48664.15 | Qualcare | Qualcare | 15797 | | | | 15797 | 116584.12 | case rate | |
| CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC | 259 | MS-DRG | | | | inpatient | | | | 34141.52 | Qualcare | Qualcare | 15797 | | | | 15797 | 81797.68 | case rate | |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC | 260 | MS-DRG | | | | inpatient | | | | 56989.93 | Qualcare | Qualcare | 12982 | | | | 12982 | 141185.84 | case rate | |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC | 261 | MS-DRG | | | | inpatient | | | | 36080.55 | Qualcare | Qualcare | 12982 | | | | 12982 | 77694.14 | case rate | |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC | 262 | MS-DRG | | | | inpatient | | | | 30816.48 | Qualcare | Qualcare | 12982 | | | | 12982 | 63616.52 | case rate | |
| CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC | 286 | MS-DRG | | | | inpatient | | | | 40456.19 | Qualcare | Qualcare | 13521 | | | | 13521 | 85086.47 | case rate | |
| CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC | 287 | MS-DRG | | | | inpatient | | | | 24882.96 | Qualcare | Qualcare | 9969 | | | | 9969 | 44425.07 | case rate | |
| HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC | 001 | MS-DRG | | | | inpatient | | | | 400195.63 | UHC | Medicare | 347996.2 | | | | 332710.44 | 1030198.27 | case rate | |
| HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC | 002 | MS-DRG | | | | inpatient | | | | 140127.09 | UHC | Medicare | 121849.65 | | | | 111081.44 | 523579.26 | case rate | |
| ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R. | 003 | MS-DRG | | | | inpatient | | | | 306824.15 | UHC | Medicare | 266803.61 | | | | 253139.77 | 713726.68 | case rate | |
| TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R. | 004 | MS-DRG | | | | inpatient | | | | 205623.09 | UHC | Medicare | 178802.69 | | | | 166896.78 | 445428.73 | case rate | |
| LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT | 005 | MS-DRG | | | | inpatient | | | | 157381.56 | UHC | Medicare | 136853.53 | | | | 125785.6 | 295704 | case rate | |
| LIVER TRANSPLANT W/O MCC | 006 | MS-DRG | | | | inpatient | | | | 76990.08 | UHC | Medicare | 66947.9 | | | | 57276.42 | 295704 | case rate | |
| LUNG TRANSPLANT | 007 | MS-DRG | | | | inpatient | | | | 190914.73 | UHC | Medicare | 166012.81 | | | | 154362.39 | 415463.56 | case rate | |
| SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT | 008 | MS-DRG | | | | inpatient | | | | 85193.89 | UHC | Medicare | 74081.64 | | | | 64267.66 | 204747.74 | case rate | |
| PANCREAS TRANSPLANT | 010 | MS-DRG | | | | inpatient | | | | 120286.33 | UHC | Medicare | 104596.81 | | | | 76104.35 | 176073.7 | case rate | |
| TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC | 011 | MS-DRG | | | | inpatient | | | | 84567.41 | UHC | Medicare | 73536.88 | | | | 63733.78 | 260411 | case rate | |
| TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC | 012 | MS-DRG | | | | inpatient | | | | 66667.36 | UHC | Medicare | 57962.92 | | | | 48470.93 | 260411 | case rate | |
| TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC | 013 | MS-DRG | | | | inpatient | | | | 46508.91 | UHC | Medicare | 40442.53 | | | | 31300.53 | 260411 | case rate | |
| ALLOGENEIC BONE MARROW TRANSPLANT | 014 | MS-DRG | | | | inpatient | | | | 191372.12 | UHC | Medicare | 166410.54 | | | | 154752.17 | 466145.35 | case rate | |
| AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY | 016 | MS-DRG | | | | inpatient | | | | 93437.89 | UHC | Medicare | 81250.34 | | | | 71293.15 | 259382.38 | case rate | |
| AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC | 017 | MS-DRG | | | | inpatient | | | | 93437.89 | UHC | Medicare | 81250.34 | | | | 71293.15 | 170893.57 | case rate | |
| CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY | 018 | MS-DRG | | | | inpatient | | | | 532483.55 | UHC | Medicare | 463029.18 | | | | 445445.49 | 654354.79 | case rate | |
| SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS | 019 | MS-DRG | | | | inpatient | | | | 119652.92 | UHC | Medicare | 104046.02 | | | | 93633.46 | 137546.58 | case rate | |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC | 020 | MS-DRG | | | | inpatient | | | | 121677.41 | UHC | Medicare | 105658.61 | | | | 95213.84 | 406659.68 | case rate | |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC | 021 | MS-DRG | | | | inpatient | | | | 83805.11 | UHC | Medicare | 72874 | | | | 63084.15 | 308373.74 | case rate | |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC | 022 | MS-DRG | | | | inpatient | | | | 48061.24 | UHC | Medicare | 41792.38 | | | | 32623.42 | 201178.6 | case rate | |
| CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL | 023 | MS-DRG | | | | inpatient | | | | 88852.96 | UHC | Medicare | 77263.44 | | | | 67385.9 | 212982.12 | case rate | |
| CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC | 024 | MS-DRG | | | | inpatient | | | | 62471.61 | UHC | Medicare | 54323.14 | | | | 44903.86 | 313812.23 | case rate | |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC | 025 | MS-DRG | | | | inpatient | | | | 71786.2 | UHC | Medicare | 62405.4 | | | | 52824.66 | 166852.44 | case rate | |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC | 026 | MS-DRG | | | | inpatient | | | | 52172.15 | UHC | Medicare | 45367.09 | | | | 36126.72 | 117633.41 | case rate | |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC | 027 | MS-DRG | | | | inpatient | | | | 43983.59 | UHC | Medicare | 38246.6 | | | | 29148.47 | 93839.14 | case rate | |
| SPINAL PROCEDURES W MCC | 028 | MS-DRG | | | | inpatient | | | | 94042.19 | UHC | Medicare | 81775.82 | | | | 71808.14 | 209654.82 | case rate | |
| SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS | 029 | MS-DRG | | | | inpatient | | | | 56303.85 | UHC | Medicare | 48959.87 | | | | 39647.73 | 123094.39 | case rate | |
| SPINAL PROCEDURES W/O CC/MCC | 030 | MS-DRG | | | | inpatient | | | | 40623.9 | UHC | Medicare | 35325.13 | | | | 26285.36 | 84867.53 | case rate | |
| VENTRICULAR SHUNT PROCEDURES W MCC | 031 | MS-DRG | | | | inpatient | | | | 67861.81 | UHC | Medicare | 59010.27 | | | | 49497.36 | 163162.38 | case rate | |
| VENTRICULAR SHUNT PROCEDURES W CC | 032 | MS-DRG | | | | inpatient | | | | 39379.26 | UHC | Medicare | 34242.83 | | | | 25234.68 | 103005.11 | case rate | |
| VENTRICULAR SHUNT PROCEDURES W/O CC/MCC | 033 | MS-DRG | | | | inpatient | | | | 31893.41 | UHC | Medicare | 27733.4 | | | | 18845.28 | 169398.47 | case rate | |
| CAROTID ARTERY STENT PROCEDURE W MCC | 034 | MS-DRG | | | | inpatient | | | | 63677.44 | UHC | Medicare | 55371.68 | | | | 45931.46 | 279134.99 | case rate | |
| CAROTID ARTERY STENT PROCEDURE W CC | 035 | MS-DRG | | | | inpatient | | | | 41308.59 | UHC | Medicare | 35920.51 | | | | 26868.85 | 86607.24 | case rate | |
| CAROTID ARTERY STENT PROCEDURE W/O CC/MCC | 036 | MS-DRG | | | | inpatient | | | | 35186.57 | UHC | Medicare | 30597.02 | | | | 21651.7 | 67326.08 | case rate | |
| EXTRACRANIAL PROCEDURES W MCC | 037 | MS-DRG | | | | inpatient | | | | 56807.66 | UHC | Medicare | 48528.4 | | | | 39224.88 | 125204.67 | case rate | |
| EXTRACRANIAL PROCEDURES W CC | 038 | MS-DRG | | | | inpatient | | | | 32112.4 | UHC | Medicare | 27923.82 | | | | 19031.9 | 65208 | case rate | |
| EXTRACRANIAL PROCEDURES W/O CC/MCC | 039 | MS-DRG | | | | inpatient | | | | 25555.18 | UHC | Medicare | 22221.89 | | | | 13443.87 | 44171.53 | case rate | |
| PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC | 040 | MS-DRG | | | | inpatient | | | | 62061.35 | UHC | Medicare | 53966.39 | | | | 44554.23 | 153227.3 | case rate | |
| PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM | 041 | MS-DRG | | | | inpatient | | | | 41078.51 | UHC | Medicare | 35720.44 | | | | 26672.77 | 91994.11 | case rate | |
| PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC | 042 | MS-DRG | | | | inpatient | | | | 34140.13 | UHC | Medicare | 29687.07 | | | | 20759.93 | 102409.62 | case rate | |
| SPINAL DISORDERS & INJURIES W CC/MCC | 052 | MS-DRG | | | | inpatient | | | | 37673.08 | UHC | Medicare | 32759.2 | | | | 23770.68 | 80333.48 | case rate | |
| SPINAL DISORDERS & INJURIES W/O CC/MCC | 053 | MS-DRG | | | | inpatient | | | | 22550.3 | UHC | Medicare | 19608.96 | | | | 10883.13 | 98314.19 | case rate | |
| NERVOUS SYSTEM NEOPLASMS W MCC | 054 | MS-DRG | | | | inpatient | | | | 30557.29 | UHC | Medicare | 26571.56 | | | | 17706.65 | 143596.19 | case rate | |
| NERVOUS SYSTEM NEOPLASMS W/O MCC | 055 | MS-DRG | | | | inpatient | | | | 24990.98 | UHC | Medicare | 21653.02 | | | | 12886.37 | 40948.13 | case rate | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC | 056 | MS-DRG | | | | inpatient | | | | 44486.71 | UHC | Medicare | 38694.1 | | | | 29577.23 | 82870.37 | case rate | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC | 057 | MS-DRG | | | | inpatient | | | | 28274.53 | UHC | Medicare | 24586.55 | | | | 15761.29 | 47155.56 | case rate | |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC | 058 | MS-DRG | | | | inpatient | | | | 35363.98 | UHC | Medicare | 30751.29 | | | | 21802.88 | 68636.72 | case rate | |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC | 059 | MS-DRG | | | | inpatient | | | | 26738.83 | UHC | Medicare | 23251.16 | | | | 14452.58 | 42880.4 | case rate | |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC | 060 | MS-DRG | | | | inpatient | | | | 22148.36 | UHC | Medicare | 19259.44 | | | | 10540.6 | 32481.13 | case rate | |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC | 061 | MS-DRG | | | | inpatient | | | | 47249.04 | UHC | Medicare | 41086.12 | | | | 31931.26 | 111080.23 | case rate | |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC | 062 | MS-DRG | | | | inpatient | | | | 34463.07 | UHC | Medicare | 29967.89 | | | | 21035.14 | 121708.96 | case rate | |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC | 063 | MS-DRG | | | | inpatient | | | | 29250.28 | UHC | Medicare | 25435.03 | | | | 16592.82 | 136083.64 | case rate | |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC | 064 | MS-DRG | | | | inpatient | | | | 37350.14 | UHC | Medicare | 32478.38 | | | | 23495.48 | 215326.95 | case rate | |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS | 065 | MS-DRG | | | | inpatient | | | | 23873.94 | UHC | Medicare | 20759.95 | | | | 12011.13 | 40235.72 | case rate | |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC | 066 | MS-DRG | | | | inpatient | | | | 19319.51 | UHC | Medicare | 16799.57 | | | | 8129.67 | 28350.29 | case rate | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC | 067 | MS-DRG | | | | inpatient | | | | 29944.68 | UHC | Medicare | 26038.85 | | | | 17184.58 | 58565.11 | case rate | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC | 068 | MS-DRG | | | | inpatient | | | | 21997.28 | UHC | Medicare | 19128.07 | | | | 10411.85 | 35055.59 | case rate | |
| TRANSIENT ISCHEMIA W/O THROMBOLYTIC | 069 | MS-DRG | | | | inpatient | | | | 20869.07 | UHC | Medicare | 18147.02 | | | | 9450.4 | 29859.86 | case rate | |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC | 070 | MS-DRG | | | | inpatient | | | | 33879.56 | UHC | Medicare | 29460.49 | | | | 20537.87 | 64178.22 | case rate | |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W CC | 071 | MS-DRG | | | | inpatient | | | | 24386.77 | UHC | Medicare | 21205.88 | | | | 12448.16 | 38453.1 | case rate | |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC | 072 | MS-DRG | | | | inpatient | | | | 20177.45 | UHC | Medicare | 17545.61 | | | | 8861 | 28943.19 | case rate | |
| CRANIAL & PERIPHERAL NERVE DISORDERS W MCC | 073 | MS-DRG | | | | inpatient | | | | 31201.79 | UHC | Medicare | 27131.99 | | | | 18255.89 | 55042.78 | case rate | |
| CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC | 074 | MS-DRG | | | | inpatient | | | | 24227.38 | UHC | Medicare | 21067.28 | | | | 12312.33 | 37988.92 | case rate | |
| VIRAL MENINGITIS W CC/MCC | 075 | MS-DRG | | | | inpatient | | | | 32817.88 | UHC | Medicare | 28537.29 | | | | 19633.11 | 57792.77 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VIRAL MENINGITIS W/O CC/MCC | 076 | MS-DRG | | | | inpatient | | | | 22487.93 | UHC | Medicare | 19554.72 | | | | 10829.98 | 32172.97 | case rate | |
| HYPERTENSIVE ENCEPHALOPATHY W MCC | 077 | MS-DRG | | | | inpatient | | | | 31211.49 | UHC | Medicare | 27140.43 | | | | 18264.15 | 60538.86 | case rate | |
| HYPERTENSIVE ENCEPHALOPATHY W CC | 078 | MS-DRG | | | | inpatient | | | | 23610.6 | UHC | Medicare | 20530.96 | | | | 11786.72 | 37840.69 | case rate | |
| HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC | 079 | MS-DRG | | | | inpatient | | | | 18949.44 | UHC | Medicare | 16477.78 | | | | 7814.5 | 29118.73 | case rate | |
| NONTRAUMATIC STUPOR & COMA W MCC | 080 | MS-DRG | | | | inpatient | | | | 37070.16 | UHC | Medicare | 32234.92 | | | | 23256.88 | 73286.35 | case rate | |
| NONTRAUMATIC STUPOR & COMA W/O MCC | 081 | MS-DRG | | | | inpatient | | | | 22320.22 | UHC | Medicare | 19408.89 | | | | 10687.06 | 33335.38 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC | 082 | MS-DRG | | | | inpatient | | | | 41937.84 | UHC | Medicare | 36467.69 | | | | 27405.09 | 84200.51 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W CC | 083 | MS-DRG | | | | inpatient | | | | 29050.7 | UHC | Medicare | 25261.48 | | | | 16422.74 | 50514.07 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC | 084 | MS-DRG | | | | inpatient | | | | 23031.25 | UHC | Medicare | 20027.17 | | | | 11292.99 | 36015.16 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC | 085 | MS-DRG | | | | inpatient | | | | 41186.62 | UHC | Medicare | 35814.45 | | | | 26764.9 | 85035.26 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W CC | 086 | MS-DRG | | | | inpatient | | | | 27958.52 | UHC | Medicare | 24311.76 | | | | 15491.99 | 48489.6 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC | 087 | MS-DRG | | | | inpatient | | | | 22031.93 | UHC | Medicare | 19158.2 | | | | 10441.38 | 32972.62 | case rate | |
| CONCUSSION W MCC | 088 | MS-DRG | | | | inpatient | | | | 29332.06 | UHC | Medicare | 25506.14 | | | | 16662.51 | 57714.76 | case rate | |
| CONCUSSION W CC | 089 | MS-DRG | | | | inpatient | | | | 24639.02 | UHC | Medicare | 21425.24 | | | | 12663.13 | 41639.97 | case rate | |
| CONCUSSION W/O CC/MCC | 090 | MS-DRG | | | | inpatient | | | | 21661.87 | UHC | Medicare | 18836.41 | | | | 10126.02 | 30948.15 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM W MCC | 091 | MS-DRG | | | | inpatient | | | | 35945.2 | UHC | Medicare | 30474.09 | | | | 21531.22 | 62879.28 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM W CC | 092 | MS-DRG | | | | inpatient | | | | 24453.3 | UHC | Medicare | 21263.74 | | | | 12504.86 | 36795.3 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC | 093 | MS-DRG | | | | inpatient | | | | 20719.38 | UHC | Medicare | 18016.85 | | | | 9322.83 | 28779.36 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC | 094 | MS-DRG | | | | inpatient | | | | 60351.01 | UHC | Medicare | 52479.14 | | | | 43096.69 | 143463.85 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC | 095 | MS-DRG | | | | inpatient | | | | 43005.07 | UHC | Medicare | 37395.71 | | | | 28314.58 | 92871.77 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC | 096 | MS-DRG | | | | inpatient | | | | 43005.07 | UHC | Medicare | 37395.71 | | | | 28314.58 | 82343.78 | case rate | |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC | 097 | MS-DRG | | | | inpatient | | | | 59462.57 | UHC | Medicare | 51706.59 | | | | 42339.57 | 138041.87 | case rate | |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC | 098 | MS-DRG | | | | inpatient | | | | 39846.35 | UHC | Medicare | 34649 | | | | 25622.73 | 72182.45 | case rate | |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC | 099 | MS-DRG | | | | inpatient | | | | 29090.89 | UHC | Medicare | 25296.43 | | | | 16456.99 | 49852.01 | case rate | |
| SEIZURES W MCC | 100 | MS-DRG | | | | inpatient | | | | 37296.08 | UHC | Medicare | 32431.38 | | | | 23449.41 | 70896.29 | case rate | |
| SEIZURES W/O MCC | 101 | MS-DRG | | | | inpatient | | | | 22554.46 | UHC | Medicare | 19612.57 | | | | 10886.68 | 33908.79 | case rate | |
| HEADACHES W MCC | 102 | MS-DRG | | | | inpatient | | | | 25850.4 | UHC | Medicare | 22478.6 | | | | 13695.46 | 41991.04 | case rate | |
| HEADACHES W/O MCC | 103 | MS-DRG | | | | inpatient | | | | 21563.46 | UHC | Medicare | 18750.84 | | | | 10042.15 | 30480.07 | case rate | |
| ORBITAL PROCEDURES W CC/MCC | 113 | MS-DRG | | | | inpatient | | | | 40787.45 | UHC | Medicare | 35467.35 | | | | 26424.73 | 89821.42 | case rate | |
| ORBITAL PROCEDURES W/O CC/MCC | 114 | MS-DRG | | | | inpatient | | | | 26163.63 | UHC | Medicare | 22750.99 | | | | 13962.4 | 48957.69 | case rate | |
| EXTRAOCULAR PROCEDURES EXCEPT ORBIT | 115 | MS-DRG | | | | inpatient | | | | 30999.43 | UHC | Medicare | 26956.03 | | | | 18083.44 | 53131.43 | case rate | |
| INTRAOCULAR PROCEDURES W CC/MCC | 116 | MS-DRG | | | | inpatient | | | | 32906.58 | UHC | Medicare | 28614.42 | | | | 19708.7 | 66623.96 | case rate | |
| INTRAOCULAR PROCEDURES W/O CC/MCC | 117 | MS-DRG | | | | inpatient | | | | 23808.8 | UHC | Medicare | 20703.3 | | | | 11955.62 | 39104.52 | case rate | |
| ACUTE MAJOR EYE INFECTIONS W CC/MCC | 121 | MS-DRG | | | | inpatient | | | | 25901.68 | UHC | Medicare | 22523.2 | | | | 13739.16 | 41320.12 | case rate | |
| ACUTE MAJOR EYE INFECTIONS W/O CC/MCC | 122 | MS-DRG | | | | inpatient | | | | 19180.91 | UHC | Medicare | 16679.05 | | | | 8011.75 | 27531.14 | case rate | |
| NEUROLOGICAL EYE DISORDERS | 123 | MS-DRG | | | | inpatient | | | | 20912.03 | UHC | Medicare | 18184.38 | | | | 9487.01 | 29368.37 | case rate | |
| OTHER DISORDERS OF THE EYE W MCC | 124 | MS-DRG | | | | inpatient | | | | 27851.8 | UHC | Medicare | 24218.95 | | | | 15401.04 | 51930.02 | case rate | |
| OTHER DISORDERS OF THE EYE W/O MCC | 125 | MS-DRG | | | | inpatient | | | | 21223.89 | UHC | Medicare | 18455.55 | | | | 9752.77 | 31603.47 | case rate | |
| SINUS & MASTOID PROCEDURES W CC/MCC | 135 | MS-DRG | | | | inpatient | | | | 43197.72 | UHC | Medicare | 37553.24 | | | | 28478.76 | 89645.89 | case rate | |
| SINUS & MASTOID PROCEDURES W/O CC/MCC | 136 | MS-DRG | | | | inpatient | | | | 23337.56 | UHC | Medicare | 20293.53 | | | | 11554.03 | 47295.99 | case rate | |
| MOUTH PROCEDURES W CC/MCC | 137 | MS-DRG | | | | inpatient | | | | 29164.35 | UHC | Medicare | 25360.3 | | | | 16519.59 | 53716.54 | case rate | |
| MOUTH PROCEDURES W/O CC/MCC | 138 | MS-DRG | | | | inpatient | | | | 21054.79 | UHC | Medicare | 18308.52 | | | | 9608.67 | 32868.72 | case rate | |
| SALIVARY GLAND PROCEDURES | 139 | MS-DRG | | | | inpatient | | | | 28809.53 | UHC | Medicare | 25051.77 | | | | 16217.22 | 45263.72 | case rate | |
| MAJOR HEAD AND NECK PROCEDURES WITH MCC | 140 | MS-DRG | | | | inpatient | | | | 68396.81 | UHC | Medicare | 59475.49 | | | | 49953.28 | 73380.85 | case rate | |
| MAJOR HEAD AND NECK PROCEDURES WITH CC | 141 | MS-DRG | | | | inpatient | | | | 39558.06 | UHC | Medicare | 34398.31 | | | | 25377.05 | 37278.62 | case rate | |
| MAJOR HEAD AND NECK PROCEDURES WITHOUT COMPLICATIONS | 142 | MS-DRG | | | | inpatient | | | | 31573.24 | UHC | Medicare | 27454.99 | | | | 18572.43 | 27454.99 | case rate | |
| OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC | 143 | MS-DRG | | | | inpatient | | | | 55544.32 | UHC | Medicare | 48299.41 | | | | 39000.46 | 57291.27 | case rate | |
| OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC | 144 | MS-DRG | | | | inpatient | | | | 34127.66 | UHC | Medicare | 29676.23 | | | | 20749.3 | 30480.5 | case rate | |
| OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC | 145 | MS-DRG | | | | inpatient | | | | 26201.06 | UHC | Medicare | 22783.53 | | | | 13984.29 | 22783.53 | case rate | |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC | 146 | MS-DRG | | | | inpatient | | | | 41576.09 | UHC | Medicare | 36153.12 | | | | 27096.81 | 75014.36 | case rate | |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC | 147 | MS-DRG | | | | inpatient | | | | 27032.66 | UHC | Medicare | 23505.66 | | | | 14702.98 | 48778.25 | case rate | |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC | 148 | MS-DRG | | | | inpatient | | | | 20359.02 | UHC | Medicare | 17703.49 | | | | 9015.73 | 28233.27 | case rate | |
| DYSEQUILIBRIUM | 149 | MS-DRG | | | | inpatient | | | | 20140.03 | UHC | Medicare | 17513.07 | | | | 8829.11 | 27737.88 | case rate | |
| EPISTAXIS W MCC | 150 | MS-DRG | | | | inpatient | | | | 28937.04 | UHC | Medicare | 25162.65 | | | | 16326.88 | 51781.79 | case rate | |
| EPISTAXIS W/O MCC | 151 | MS-DRG | | | | inpatient | | | | 20285.56 | UHC | Medicare | 17639.61 | | | | 8953.13 | 27453.13 | case rate | |
| OTITIS MEDIA & URI W MCC | 152 | MS-DRG | | | | inpatient | | | | 25508.05 | UHC | Medicare | 22180.91 | | | | 13403.71 | 40649.19 | case rate | |
| OTITIS MEDIA & URI W/O MCC | 153 | MS-DRG | | | | inpatient | | | | 19643.83 | UHC | Medicare | 17081.59 | | | | 8408.26 | 27765.18 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC | 154 | MS-DRG | | | | inpatient | | | | 32320.3 | UHC | Medicare | 28104.61 | | | | 19209.07 | 56423.63 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC | 155 | MS-DRG | | | | inpatient | | | | 22719.39 | UHC | Medicare | 19756 | | | | 11027.24 | 34454.88 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC | 156 | MS-DRG | | | | inpatient | | | | 19099.13 | UHC | Medicare | 16607.94 | | | | 7942.07 | 25740.72 | case rate | |
| DENTAL & ORAL DISEASES W MCC | 157 | MS-DRG | | | | inpatient | | | | 32475.53 | UHC | Medicare | 28239.59 | | | | 19341.36 | 65258.71 | case rate | |
| DENTAL & ORAL DISEASES W CC | 158 | MS-DRG | | | | inpatient | | | | 22816.42 | UHC | Medicare | 19840.36 | | | | 11109.92 | 34727.93 | case rate | |
| DENTAL & ORAL DISEASES W/O CC/MCC | 159 | MS-DRG | | | | inpatient | | | | 18921.72 | UHC | Medicare | 16453.67 | | | | 7790.88 | 26462.35 | case rate | |
| MAJOR CHEST PROCEDURES W MCC | 163 | MS-DRG | | | | inpatient | | | | 73663.65 | UHC | Medicare | 64055.35 | | | | 54441.66 | 191887.14 | case rate | |
| MAJOR CHEST PROCEDURES W CC | 164 | MS-DRG | | | | inpatient | | | | 44665.51 | UHC | Medicare | 38839.57 | | | | 29729.6 | 100205.08 | case rate | |
| MAJOR CHEST PROCEDURES W/O CC/MCC | 165 | MS-DRG | | | | inpatient | | | | 35614.85 | UHC | Medicare | 30969.44 | | | | 22016.67 | 72256.57 | case rate | |
| OTHER RESP SYSTEM O.R. PROCEDURES W MCC | 166 | MS-DRG | | | | inpatient | | | | 63145.21 | UHC | Medicare | 54908.88 | | | | 45477.9 | 136446.49 | case rate | |
| OTHER RESP SYSTEM O.R. PROCEDURES W CC | 167 | MS-DRG | | | | inpatient | | | | 35104.8 | UHC | Medicare | 30525.91 | | | | 21582.01 | 74019.68 | case rate | |
| OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC | 168 | MS-DRG | | | | inpatient | | | | 28544.8 | UHC | Medicare | 24821.57 | | | | 15991.62 | 52331.79 | case rate | |
| ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM | 173 | MS-DRG | | | | inpatient | | | | 52310.75 | UHC | Medicare | 45487.61 | | | | 36244.83 | 53243.28 | case rate | |
| PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE | 175 | MS-DRG | | | | inpatient | | | | 29309.88 | UHC | Medicare | 25486.85 | | | | 16643.61 | 57141.35 | case rate | |
| PULMONARY EMBOLISM W/O MCC | 176 | MS-DRG | | | | inpatient | | | | 21068.65 | UHC | Medicare | 18320.57 | | | | 9620.48 | 35067.29 | case rate | |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC | 177 | MS-DRG | | | | inpatient | | | | 32184.47 | UHC | Medicare | 27986.5 | | | | 19093.32 | 71804.09 | case rate | |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W CC | 178 | MS-DRG | | | | inpatient | | | | 23530.21 | UHC | Medicare | 20461.05 | | | | 11718.21 | 49710.52 | case rate | |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC | 179 | MS-DRG | | | | inpatient | | | | 20447.72 | UHC | Medicare | 17780.63 | | | | 9091.33 | 35944.95 | case rate | |
| RESPIRATORY NEOPLASMS W MCC | 180 | MS-DRG | | | | inpatient | | | | 34004.3 | UHC | Medicare | 29568.96 | | | | 20644.17 | 66155.87 | case rate | |
| RESPIRATORY NEOPLASMS W CC | 181 | MS-DRG | | | | inpatient | | | | 25168.48 | UHC | Medicare | 21885.63 | | | | 13114.33 | 44503.09 | case rate | |
| RESPIRATORY NEOPLASMS W/O CC/MCC | 182 | MS-DRG | | | | inpatient | | | | 21387.44 | UHC | Medicare | 18597.77 | | | | 9892.15 | 31014.47 | case rate | |
| MAJOR CHEST TRAUMA W MCC | 183 | MS-DRG | | | | inpatient | | | | 31779.76 | UHC | Medicare | 27634.57 | | | | 18748.43 | 58155.54 | case rate | |
| MAJOR CHEST TRAUMA W CC | 184 | MS-DRG | | | | inpatient | | | | 24583.58 | UHC | Medicare | 21377.03 | | | | 12615.88 | 39178.63 | case rate | |
| MAJOR CHEST TRAUMA W/O CC/MCC | 185 | MS-DRG | | | | inpatient | | | | 20558.6 | UHC | Medicare | 17877.04 | | | | 9185.82 | 28564.83 | case rate | |
| PLEURAL EFFUSION W MCC | 186 | MS-DRG | | | | inpatient | | | | 31678.58 | UHC | Medicare | 27546.59 | | | | 18662.2 | 60831.42 | case rate | |
| PLEURAL EFFUSION W CC | 187 | MS-DRG | | | | inpatient | | | | 23895.15 | UHC | Medicare | 20904.48 | | | | 11858.77 | 41113.38 | case rate | |
| PLEURAL EFFUSION W/O CC/MCC | 188 | MS-DRG | | | | inpatient | | | | 19955.69 | UHC | Medicare | 17352.77 | | | | 8672.02 | 29926.17 | case rate | |
| PULMONARY EDEMA & RESPIRATORY FAILURE | 189 | MS-DRG | | | | inpatient | | | | 26930.1 | UHC | Medicare | 23417.48 | | | | 14615.57 | 48185.35 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC | 190 | MS-DRG | | | | inpatient | | | | 25344.5 | UHC | Medicare | 22038.7 | | | | 13264.34 | 46445.63 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC | 191 | MS-DRG | | | | inpatient | | | | 21696.82 | UHC | Medicare | 18858.1 | | | | 10147.28 | 35648.5 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC | 192 | MS-DRG | | | | inpatient | | | | 18749.86 | UHC | Medicare | 16304.22 | | | | 7644.42 | 26244.97 | case rate | |
| SIMPLE PNEUMONIA & PLEURISY W MCC | 193 | MS-DRG | | | | inpatient | | | | 28043.07 | UHC | Medicare | 24385.28 | | | | 15564.04 | 51360.52 | case rate | |
| SIMPLE PNEUMONIA & PLEURISY W CC | 194 | MS-DRG | | | | inpatient | | | | 21144.88 | UHC | Medicare | 18386.86 | | | | 9685.45 | 35114.1 | case rate | |
| SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC | 195 | MS-DRG | | | | inpatient | | | | 18410.28 | UHC | Medicare | 16008.94 | | | | 7355.03 | 26760.01 | case rate | |
| INTERSTITIAL LUNG DISEASE W MCC | 196 | MS-DRG | | | | inpatient | | | | 35893.44 | UHC | Medicare | 31211.69 | | | | 22254.08 | 63897.37 | case rate | |
| INTERSTITIAL LUNG DISEASE W CC | 197 | MS-DRG | | | | inpatient | | | | 23501.11 | UHC | Medicare | 20435.74 | | | | 11693.4 | 39073.31 | case rate | |
| INTERSTITIAL LUNG DISEASE W/O CC/MCC | 198 | MS-DRG | | | | inpatient | | | | 19107.45 | UHC | Medicare | 16615.17 | | | | 7949.15 | 29586.81 | case rate | |
| PNEUMOTHORAX W MCC | 199 | MS-DRG | | | | inpatient | | | | 34246.86 | UHC | Medicare | 29779.88 | | | | 20850.88 | 69541.68 | case rate | |
| PNEUMOTHORAX W CC | 200 | MS-DRG | | | | inpatient | | | | 25129.67 | UHC | Medicare | 21851.89 | | | | 13081.26 | 41924.72 | case rate | |
| PNEUMOTHORAX W/O CC/MCC | 201 | MS-DRG | | | | inpatient | | | | 19164.27 | UHC | Medicare | 16664.59 | | | | 7997.58 | 27891.99 | case rate | |
| BRONCHITIS & ASTHMA W CC/MCC | 202 | MS-DRG | | | | inpatient | | | | 23178.16 | UHC | Medicare | 20154.93 | | | | 11418.2 | 38895.65 | case rate | |
| BRONCHITIS & ASTHMA W/O CC/MCC | 203 | MS-DRG | | | | inpatient | | | | 19434.55 | UHC | Medicare | 16899.6 | | | | 8227.9 | 50775.53 | case rate | |
| RESPIRATORY SIGNS & SYMPTOMS | 204 | MS-DRG | | | | inpatient | | | | 21020.14 | UHC | Medicare | 18278.39 | | | | 9579.14 | 96731.64 | case rate | |
| OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC | 205 | MS-DRG | | | | inpatient | | | | 35944.72 | UHC | Medicare | 31256.28 | | | | 22297.79 | 59208.73 | case rate | |
| OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC | 206 | MS-DRG | | | | inpatient | | | | 22334.08 | UHC | Medicare | 19420.94 | | | | 10698.87 | 33682.54 | case rate | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS | 207 | MS-DRG | | | | inpatient | | | | 99415.76 | UHC | Medicare | 86448.49 | | | | 49635 | 218302.68 | case rate | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS | 208 | MS-DRG | | | | inpatient | | | | 46977.38 | UHC | Medicare | 40849.89 | | | | 31699.76 | 95075.66 | case rate | |
| CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES | 212 | MS-DRG | | | | inpatient | | | | 160770.36 | UHC | Medicare | 139800.31 | | | | 37458 | 189020.06 | case rate | |
| OTHER HEART ASSIST SYSTEM IMPLANT | 215 | MS-DRG | | | | inpatient | | | | 156624.79 | UHC | Medicare | 136195.47 | | | | 125140.69 | 502648.1 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC | 216 | MS-DRG | | | | inpatient | | | | 143545 | UHC | Medicare | 124821.74 | | | | 78485 | 383083.85 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC | 217 | MS-DRG | | | | inpatient | | | | 99286.86 | UHC | Medicare | 86336.4 | | | | 76277.62 | 248193.74 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC | 218 | MS-DRG | | | | inpatient | | | | 92237.6 | UHC | Medicare | 80206.61 | | | | 70270.28 | 230348.04 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC | 219 | MS-DRG | | | | inpatient | | | | 117022.27 | UHC | Medicare | 101758.5 | | | | 57338 | 300026.24 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC | 220 | MS-DRG | | | | inpatient | | | | 83192.49 | UHC | Medicare | 72341.29 | | | | 57338 | 203043.14 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC | 221 | MS-DRG | | | | inpatient | | | | 73433.58 | UHC | Medicare | 63855.28 | | | | 17199 | 179720.85 | case rate | |
| OTHER CARDIOTHORACIC PROCEDURES W MCC | 228 | MS-DRG | | | | inpatient | | | | 78848.73 | UHC | Medicare | 68564.11 | | | | 58860.35 | 256517.83 | case rate | |
| OTHER CARDIOTHORACIC PROCEDURES W/O MCC | 229 | MS-DRG | | | | inpatient | | | | 52833.28 | UHC | Medicare | 45941.98 | | | | 36690.12 | 181320.14 | case rate | |
| CORONARY BYPASS W PTCA W MCC | 231 | MS-DRG | | | | inpatient | | | | 127228.86 | UHC | Medicare | 110633.79 | | | | 19424 | 327615.89 | case rate | |
| CORONARY BYPASS W PTCA W/O MCC | 232 | MS-DRG | | | | inpatient | | | | 94446.91 | UHC | Medicare | 82127.74 | | | | 27830 | 240298.72 | case rate | |
| CORONARY BYPASS W CARDIAC CATH W MCC | 233 | MS-DRG | | | | inpatient | | | | 118115.83 | UHC | Medicare | 102709.42 | | | | 53769 | 297923.76 | case rate | |
| CORONARY BYPASS W CARDIAC CATH W/O MCC | 234 | MS-DRG | | | | inpatient | | | | 83618.2 | UHC | Medicare | 72624.52 | | | | 62839.65 | 200776.83 | case rate | |
| CORONARY BYPASS W/O CARDIAC CATH W MCC | 235 | MS-DRG | | | | inpatient | | | | 91335.31 | UHC | Medicare | 79422.01 | | | | 47567 | 226626.77 | case rate | |
| CORONARY BYPASS W/O CARDIAC CATH W/O MCC | 236 | MS-DRG | | | | inpatient | | | | 66773.79 | UHC | Medicare | 58064.16 | | | | 33990 | 153153.18 | case rate | |
| AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC | 239 | MS-DRG | | | | inpatient | | | | 79591.63 | UHC | Medicare | 69210.11 | | | | 59493.45 | 183695.67 | case rate | |
| AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC | 240 | MS-DRG | | | | inpatient | | | | 50143.03 | UHC | Medicare | 43602.63 | | | | 34397.51 | 107070.31 | case rate | |
| AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC | 241 | MS-DRG | | | | inpatient | | | | 30706.98 | UHC | Medicare | 26701.72 | | | | 15559 | 62255.17 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W MCC | 242 | MS-DRG | | | | inpatient | | | | 56763.12 | UHC | Medicare | 49385.32 | | | | 20528 | 145765.26 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W CC | 243 | MS-DRG | | | | inpatient | | | | 41003.67 | UHC | Medicare | 35655.36 | | | | 19748 | 99635.58 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC | 244 | MS-DRG | | | | inpatient | | | | 34792.95 | UHC | Medicare | 30254.74 | | | | 19748 | 91806.34 | case rate | |
| AICD GENERATOR PROCEDURES | 245 | MS-DRG | | | | inpatient | | | | 77511.22 | UHC | Medicare | 67401.06 | | | | 57720.54 | 195506.98 | case rate | |
| PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC | 250 | MS-DRG | | | | inpatient | | | | 41832.5 | UHC | Medicare | 36376.09 | | | | 27315.32 | 100903.31 | case rate | |
| PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC | 251 | MS-DRG | | | | inpatient | | | | 31437.41 | UHC | Medicare | 27336.88 | | | | 18456.68 | 65445.94 | case rate | |
| OTHER VASCULAR PROCEDURES W MCC | 252 | MS-DRG | | | | inpatient | | | | 57325.34 | UHC | Medicare | 49848.13 | | | | 40518.24 | 127155.02 | case rate | |
| OTHER VASCULAR PROCEDURES W CC | 253 | MS-DRG | | | | inpatient | | | | 45164.47 | UHC | Medicare | 39273.46 | | | | 30154.81 | 101195.86 | case rate | |
| OTHER VASCULAR PROCEDURES W/O CC/MCC | 254 | MS-DRG | | | | inpatient | | | | 34026.48 | UHC | Medicare | 29588.24 | | | | 20863.07 | 70602.67 | case rate | |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC | 255 | MS-DRG | | | | inpatient | | | | 46044.59 | UHC | Medicare | 40033.78 | | | | 30904.84 | 99089.48 | case rate | |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC | 256 | MS-DRG | | | | inpatient | | | | 33254.47 | UHC | Medicare | 28916.93 | | | | 20005.17 | 68211.54 | case rate | |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC | 257 | MS-DRG | | | | inpatient | | | | 20765.12 | UHC | Medicare | 18056.62 | | | | 9361.81 | 43925.78 | case rate | |
| CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC | 258 | MS-DRG | | | | inpatient | | | | 48664.15 | UHC | Medicare | 42316.66 | | | | 15797 | 116584.72 | case rate | |
| CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC | 259 | MS-DRG | | | | inpatient | | | | 34141.52 | UHC | Medicare | 29688.28 | | | | 15797 | 81797.68 | case rate | |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC | 260 | MS-DRG | | | | inpatient | | | | 56989.93 | UHC | Medicare | 49556.46 | | | | 12982 | 141185.84 | case rate | |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC | 261 | MS-DRG | | | | inpatient | | | | 36080.55 | UHC | Medicare | 31374.39 | | | | 12982 | 77994.14 | case rate | |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC | 262 | MS-DRG | | | | inpatient | | | | 30816.48 | UHC | Medicare | 26796.94 | | | | 12982 | 63616.52 | case rate | |
| VEIN LIGATION & STRIPPING | 263 | MS-DRG | | | | inpatient | | | | 46953.82 | UHC | Medicare | 40829.41 | | | | 31679.68 | 93312.55 | case rate | |
| OTHER CIRCULATORY SYSTEM O.R. PROCEDURES | 264 | MS-DRG | | | | inpatient | | | | 58222.09 | UHC | Medicare | 50627.91 | | | | 41282.44 | 123207.51 | case rate | |
| AICD LEAD PROCEDURES | 265 | MS-DRG | | | | inpatient | | | | 58221.41 | UHC | Medicare | 51496.88 | | | | 42134.05 | 121573.12 | case rate | |
| ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC | 266 | MS-DRG | | | | inpatient | | | | 92812.8 | UHC | Medicare | 80706.78 | | | | 70760.45 | 280518.84 | case rate | |
| ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC | 267 | MS-DRG | | | | inpatient | | | | 74987.3 | UHC | Medicare | 65206.34 | | | | 55569.66 | 228116.84 | case rate | |
| AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC | 268 | MS-DRG | | | | inpatient | | | | 102193.33 | UHC | Medicare | 88863.76 | | | | 78754.49 | 261491.23 | case rate | |
| AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC | 269 | MS-DRG | | | | inpatient | | | | 67447.39 | UHC | Medicare | 58649.9 | | | | 49144.19 | 161914.16 | case rate | |
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC | 270 | MS-DRG | | | | inpatient | | | | 80923.59 | UHC | Medicare | 70368.34 | | | | 60628.53 | 197441.73 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC | 271 | MS-DRG | | | | inpatient | | | | | 57519.39 | UHC | Medicare | 50016.86 | | | | 40683.6 | 136282.66 | case rate | |
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC | 272 | MS-DRG | | | | inpatient | | | | | 44460.38 | UHC | Medicare | 38661.2 | | | | 29554.79 | 102124.23 | case rate | |
| PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC | 273 | MS-DRG | | | | inpatient | | | | | 63976.82 | UHC | Medicare | 55632.01 | | | | 46186.59 | 142473.07 | case rate | |
| PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC | 274 | MS-DRG | | | | inpatient | | | | | 53037.02 | UHC | Medicare | 46119.15 | | | | 36863.75 | 116174.55 | case rate | |
| CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC | 275 | MS-DRG | | | | inpatient | | | | | 107729.06 | UHC | Medicare | 93677.44 | | | | 83472.01 | 226919.52 | case rate | |
| CARDIAC DEFIBRILLATOR IMPLANT WITH MCC | 276 | MS-DRG | | | | inpatient | | | | | 95634.72 | UHC | Medicare | 83160.62 | | | | 73165.28 | 107479.03 | case rate | |
| CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC | 277 | MS-DRG | | | | inpatient | | | | | 74255.48 | UHC | Medicare | 64569.98 | | | | 54946.01 | 80715.12 | case rate | |
| ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC | 278 | MS-DRG | | | | inpatient | | | | | 79125.93 | UHC | Medicare | 68805.16 | | | | 59096.58 | 86812.26 | case rate | |
| ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC | 279 | MS-DRG | | | | inpatient | | | | | 54192.96 | UHC | Medicare | 47124.31 | | | | 37848.83 | 55599.54 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC | 280 | MS-DRG | | | | inpatient | | | | | 32529.59 | UHC | Medicare | 28286.6 | | | | 19387.43 | 64638.5 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC | 281 | MS-DRG | | | | inpatient | | | | | 22555.84 | UHC | Medicare | 19613.78 | | | | 10887.86 | 38211.26 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC | 282 | MS-DRG | | | | inpatient | | | | | 19829.56 | UHC | Medicare | 17243.09 | | | | 8564.53 | 29216.24 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC | 283 | MS-DRG | | | | inpatient | | | | | 3688.67 | UHC | Medicare | 3207.01 | | | | 2096.25 | 70395.93 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC | 284 | MS-DRG | | | | inpatient | | | | | 20049.94 | UHC | Medicare | 17434.73 | | | | 8752.34 | 29902.77 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC | 285 | MS-DRG | | | | inpatient | | | | | 17560.66 | UHC | Medicare | 15270.14 | | | | 6630.99 | 23263.77 | case rate | |
| CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC | 286 | MS-DRG | | | | inpatient | | | | | 40456.19 | UHC | Medicare | 35179.3 | | | | 13521 | 85086.47 | case rate | |
| CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC | 287 | MS-DRG | | | | inpatient | | | | | 24882.96 | UHC | Medicare | 21637.36 | | | | 9969 | 44425.07 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS W MCC | 288 | MS-DRG | | | | inpatient | | | | | 47638.51 | UHC | Medicare | 41424.79 | | | | 32263.17 | 105088.76 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS W CC | 289 | MS-DRG | | | | inpatient | | | | | 31632.84 | UHC | Medicare | 27506.82 | | | | 18623.22 | 66698.07 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC | 290 | MS-DRG | | | | inpatient | | | | | 23348.64 | UHC | Medicare | 20303.17 | | | | 11563.48 | 39451.68 | case rate | |
| HEART FAILURE & SHOCK W MCC | 291 | MS-DRG | | | | inpatient | | | | | 27864.27 | UHC | Medicare | 24229.8 | | | | 15411.67 | 52480.02 | case rate | |
| HEART FAILURE & SHOCK W CC | 292 | MS-DRG | | | | inpatient | | | | | 21715.92 | UHC | Medicare | 18883.41 | | | | 10172.08 | 35878.64 | case rate | |
| HEART FAILURE & SHOCK W/O CC/MCC | 293 | MS-DRG | | | | inpatient | | | | | 17384.63 | UHC | Medicare | 15117.07 | | | | 6480.98 | 25963.06 | case rate | |
| DEEP VEIN THROMBOPHLEBITIS W CC/MCC | 294 | MS-DRG | | | | inpatient | | | | | 26799.81 | UHC | Medicare | 23304.19 | | | | 14504.55 | 45279.33 | case rate | |
| DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC | 295 | MS-DRG | | | | inpatient | | | | | 20726.31 | UHC | Medicare | 18022.88 | | | | 9294.92 | 21504.56 | case rate | |
| CARDIAC ARREST, UNEXPLAINED W MCC | 296 | MS-DRG | | | | inpatient | | | | | 32488.01 | UHC | Medicare | 28250.44 | | | | 19351.99 | 59895.25 | case rate | |
| CARDIAC ARREST, UNEXPLAINED W CC | 297 | MS-DRG | | | | inpatient | | | | | 19542.65 | UHC | Medicare | 16993.61 | | | | 8320.03 | 25448.17 | case rate | |
| CARDIAC ARREST, UNEXPLAINED W/O CC/MCC | 298 | MS-DRG | | | | inpatient | | | | | 15901.6 | UHC | Medicare | 13827.48 | | | | 5217.15 | 18820.88 | case rate | |
| PERIPHERAL VASCULAR DISORDERS W MCC | 299 | MS-DRG | | | | inpatient | | | | | 32199.72 | UHC | Medicare | 27999.75 | | | | 19106.31 | 56575.75 | case rate | |
| PERIPHERAL VASCULAR DISORDERS W CC | 300 | MS-DRG | | | | inpatient | | | | | 24618.23 | UHC | Medicare | 21407.16 | | | | 12645.41 | 39931.47 | case rate | |
| PERIPHERAL VASCULAR DISORDERS W/O CC/MCC | 301 | MS-DRG | | | | inpatient | | | | | 19667.4 | UHC | Medicare | 17102.08 | | | | 8426.34 | 28326.88 | case rate | |
| ATHEROSCLEROSIS W MCC | 302 | MS-DRG | | | | inpatient | | | | | 25903.06 | UHC | Medicare | 22524.4 | | | | 13740.34 | 47717.99 | case rate | |
| ATHEROSCLEROSIS W/O MCC | 303 | MS-DRG | | | | inpatient | | | | | 19099.13 | UHC | Medicare | 16607.94 | | | | 7942.07 | 25959.16 | case rate | |
| HYPERTENSION W MCC | 304 | MS-DRG | | | | inpatient | | | | | 26062.46 | UHC | Medicare | 22663 | | | | 13876.17 | 42170.47 | case rate | |
| HYPERTENSION W/O MCC | 305 | MS-DRG | | | | inpatient | | | | | 20184.38 | UHC | Medicare | 17561.63 | | | | 8866.91 | 28081.14 | case rate | |
| CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC | 306 | MS-DRG | | | | inpatient | | | | | 30533.73 | UHC | Medicare | 26551.07 | | | | 17686.57 | 54953.06 | case rate | |
| CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC | 307 | MS-DRG | | | | inpatient | | | | | 22619.6 | UHC | Medicare | 19669.22 | | | | 10942.19 | 33389.99 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC | 308 | MS-DRG | | | | inpatient | | | | | 26493.51 | UHC | Medicare | 23037.83 | | | | 14243.51 | 46948.83 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC | 309 | MS-DRG | | | | inpatient | | | | | 20026.37 | UHC | Medicare | 17414.24 | | | | 8732.26 | 29781.84 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC | 310 | MS-DRG | | | | inpatient | | | | | 17534.32 | UHC | Medicare | 15247.24 | | | | 6608.55 | 21933.64 | case rate | |
| ANGINA PECTORIS | 311 | MS-DRG | | | | inpatient | | | | | 19458.11 | UHC | Medicare | 16920.09 | | | | 8247.98 | 26805.61 | case rate | |
| SYNCOPE & COLLAPSE | 312 | MS-DRG | | | | inpatient | | | | | 21855.91 | UHC | Medicare | 19005.14 | | | | 10291.38 | 31264.11 | case rate | |
| CHEST PAIN | 313 | MS-DRG | | | | inpatient | | | | | 19667.4 | UHC | Medicare | 17102.08 | | | | 8426.34 | 27589.65 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC | 314 | MS-DRG | | | | inpatient | | | | | 39627.36 | UHC | Medicare | 34458.57 | | | | 25436.11 | 78915.06 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W CC | 315 | MS-DRG | | | | inpatient | | | | | 23117.18 | UHC | Medicare | 20101.9 | | | | 11366.23 | 37286.79 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC | 316 | MS-DRG | | | | inpatient | | | | | 19241.89 | UHC | Medicare | 16732.08 | | | | 8063.72 | 29305.96 | case rate | |
| OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC | 319 | MS-DRG | | | | inpatient | | | | | 70664.32 | UHC | Medicare | 61447.24 | | | | 51885.65 | 76219.47 | case rate | |
| OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC | 320 | MS-DRG | | | | inpatient | | | | | 41862.99 | UHC | Medicare | 36402.6 | | | | 27341.31 | 40164.09 | case rate | |
| PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUM | 321 | MS-DRG | | | | inpatient | | | | | 49236.58 | UHC | Medicare | 42814.42 | | | | 33825.04 | 49394.83 | case rate | |
| PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC | 322 | MS-DRG | | | | inpatient | | | | | 34852.32 | UHC | Medicare | 30308.97 | | | | 21369.4 | 31391.43 | case rate | |
| CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC | 323 | MS-DRG | | | | inpatient | | | | | 68815.38 | UHC | Medicare | 59839.46 | | | | 50309.99 | 73904.85 | case rate | |
| CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC | 324 | MS-DRG | | | | inpatient | | | | | 54064.06 | UHC | Medicare | 47012.22 | | | | 37738.99 | 55438.18 | case rate | |
| CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE | 325 | MS-DRG | | | | inpatient | | | | | 49448.64 | UHC | Medicare | 42988.62 | | | | 33805.75 | 49660.3 | case rate | |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC | 326 | MS-DRG | | | | inpatient | | | | | 80175.14 | UHC | Medicare | 69717.51 | | | | 59990.71 | 205016.89 | case rate | |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W CC | 327 | MS-DRG | | | | inpatient | | | | | 43433.35 | UHC | Medicare | 37768.13 | | | | 28679.55 | 96905.09 | case rate | |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC | 328 | MS-DRG | | | | inpatient | | | | | 31865.69 | UHC | Medicare | 27709.29 | | | | 18821.66 | 60152.69 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC | 329 | MS-DRG | | | | inpatient | | | | | 73423.87 | UHC | Medicare | 63846.85 | | | | 54237.32 | 194750.25 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES W CC | 330 | MS-DRG | | | | inpatient | | | | | 42540.75 | UHC | Medicare | 36991.96 | | | | 27918.89 | 98426.36 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC | 331 | MS-DRG | | | | inpatient | | | | | 32662.65 | UHC | Medicare | 28402.3 | | | | 19500.82 | 66105.16 | case rate | |
| RECTAL RESECTION W MCC | 332 | MS-DRG | | | | inpatient | | | | | 57856.19 | UHC | Medicare | 50309.73 | | | | 40970.62 | 132553.59 | case rate | |
| RECTAL RESECTION W CC | 333 | MS-DRG | | | | inpatient | | | | | 39236.5 | UHC | Medicare | 34118.7 | | | | 25103.02 | 75197.69 | case rate | |
| RECTAL RESECTION W/O CC/MCC | 334 | MS-DRG | | | | inpatient | | | | | 32767.98 | UHC | Medicare | 28493.9 | | | | 19590.59 | 50950.94 | case rate | |
| PERITONEAL ADHESIOLYSIS W MCC | 335 | MS-DRG | | | | inpatient | | | | | 60000.35 | UHC | Medicare | 52174.22 | | | | 42797.86 | 158446.43 | case rate | |
| PERITONEAL ADHESIOLYSIS W CC | 336 | MS-DRG | | | | inpatient | | | | | 39056.32 | UHC | Medicare | 33962.02 | | | | 24949.47 | 89645.89 | case rate | |
| PERITONEAL ADHESIOLYSIS W/O CC/MCC | 337 | MS-DRG | | | | inpatient | | | | | 31056.26 | UHC | Medicare | 27005.44 | | | | 18131.86 | 62539.92 | case rate | |
| MINOR SMALL & LARGE BOWEL PROCEDURES W MCC | 344 | MS-DRG | | | | inpatient | | | | | 47125.68 | UHC | Medicare | 40978.85 | | | | 31826.14 | 116521.71 | case rate | |
| MINOR SMALL & LARGE BOWEL PROCEDURES W CC | 345 | MS-DRG | | | | inpatient | | | | | 30413.15 | UHC | Medicare | 26446.22 | | | | 17583.81 | 63877.86 | case rate | |
| MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC | 346 | MS-DRG | | | | inpatient | | | | | 27039.59 | UHC | Medicare | 23512.69 | | | | 14708.89 | 48236.06 | case rate | |
| ANAL & STOMAL PROCEDURES W MCC | 347 | MS-DRG | | | | inpatient | | | | | 42583.72 | UHC | Medicare | 37029.32 | | | | 27955.51 | 94048.78 | case rate | |
| ANAL & STOMAL PROCEDURES W CC | 348 | MS-DRG | | | | inpatient | | | | | 27228.09 | UHC | Medicare | 23676.6 | | | | 14869.52 | 54609.8 | case rate | |
| ANAL & STOMAL PROCEDURES W/O CC/MCC | 349 | MS-DRG | | | | inpatient | | | | | 21988.97 | UHC | Medicare | 19120.84 | | | | 10404.77 | 37044.95 | case rate | |
| INGUINAL & FEMORAL HERNIA PROCEDURES W MCC | 350 | MS-DRG | | | | inpatient | | | | | 43303.06 | UHC | Medicare | 37654.83 | | | | 28568.52 | 95430.63 | case rate | |
| INGUINAL & FEMORAL HERNIA PROCEDURES W CC | 351 | MS-DRG | | | | inpatient | | | | | 30632.14 | UHC | Medicare | 26636.64 | | | | 17770.43 | 58514.4 | case rate | |
| INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC | 352 | MS-DRG | | | | inpatient | | | | | 25061.75 | UHC | Medicare | 21792.83 | | | | 13023.38 | 41093.87 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC | 353 | MS-DRG | | | | inpatient | | | | | 50431.32 | UHC | Medicare | 43853.32 | | | | 34643.19 | 115690.86 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC | 354 | MS-DRG | | | | inpatient | | | | | 33357.04 | UHC | Medicare | 29006.12 | | | | 20092.58 | 67521.12 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC | 355 | MS-DRG | | | | inpatient | | | | | 28257.9 | UHC | Medicare | 24572.09 | | | | 15747.12 | 52846.68 | case rate | |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC | 356 | MS-DRG | | | | inpatient | | | | | 68902.7 | UHC | Medicare | 59915.39 | | | | 50384.4 | 150080.13 | case rate | |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC | 357 | MS-DRG | | | | inpatient | | | | | 40992.58 | UHC | Medicare | 35645.72 | | | | 26599.54 | 83346.26 | case rate | |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC | 358 | MS-DRG | | | | inpatient | | | | | 28561.44 | UHC | Medicare | 24836.03 | | | | 16005.79 | 52593.14 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS W MCC | 368 | MS-DRG | | | | inpatient | | | | | 32925.99 | UHC | Medicare | 28631.29 | | | | 19725.24 | 75829.61 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS W CC | 369 | MS-DRG | | | | inpatient | | | | | 23863.64 | UHC | Medicare | 20768.39 | | | | 12019.4 | 43250.96 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC | 370 | MS-DRG | | | | inpatient | | | | | 19453.95 | UHC | Medicare | 16916.48 | | | | 8244.44 | 28993.9 | case rate | |
| MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC | 371 | MS-DRG | | | | inpatient | | | | | 34007.08 | UHC | Medicare | 29571.37 | | | | 20646.54 | 67825.37 | case rate | |
| MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC | 372 | MS-DRG | | | | inpatient | | | | | 24045.81 | UHC | Medicare | 20909.4 | | | | 12157.6 | 40504.87 | case rate | |
| MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC | 373 | MS-DRG | | | | inpatient | | | | | 19833.72 | UHC | Medicare | 17246.71 | | | | 8568.08 | 29551.7 | case rate | |
| DIGESTIVE MALIGNANCY W MCC | 374 | MS-DRG | | | | inpatient | | | | | 39043.84 | UHC | Medicare | 33951.17 | | | | 24938.84 | 80549.46 | case rate | |
| DIGESTIVE MALIGNANCY W CC | 375 | MS-DRG | | | | inpatient | | | | | 26809.52 | UHC | Medicare | 23312.62 | | | | 14512.81 | 47089.75 | case rate | |
| DIGESTIVE MALIGNANCY W/O CC/MCC | 376 | MS-DRG | | | | inpatient | | | | | 22018.07 | UHC | Medicare | 19146.15 | | | | 10429.57 | 35718.71 | case rate | |
| G.I. HEMORRHAGE W MCC | 377 | MS-DRG | | | | inpatient | | | | | 34980.06 | UHC | Medicare | 30417.44 | | | | 21475.71 | 69775.72 | case rate | |
| G.I. HEMORRHAGE W CC | 378 | MS-DRG | | | | inpatient | | | | | 23444.28 | UHC | Medicare | 20386.33 | | | | 11644.98 | 38628.63 | case rate | |
| G.I. HEMORRHAGE W/O CC/MCC | 379 | MS-DRG | | | | inpatient | | | | | 18604.32 | UHC | Medicare | 16177.67 | | | | 7520.39 | 25479.37 | case rate | |
| COMPLICATED PEPTIC ULCER W MCC | 380 | MS-DRG | | | | inpatient | | | | | 36450.62 | UHC | Medicare | 31696.19 | | | | 22728.91 | 75907.62 | case rate | |
| COMPLICATED PEPTIC ULCER W CC | 381 | MS-DRG | | | | inpatient | | | | | 24874.64 | UHC | Medicare | 21630.12 | | | | 12863.93 | 42712.67 | case rate | |
| COMPLICATED PEPTIC ULCER W/O CC/MCC | 382 | MS-DRG | | | | inpatient | | | | | 20164.97 | UHC | Medicare | 17534.76 | | | | 8850.37 | 29949.57 | case rate | |
| UNCOMPLICATED PEPTIC ULCER W MCC | 383 | MS-DRG | | | | inpatient | | | | | 27301.55 | UHC | Medicare | 23740.48 | | | | 14932.12 | 52698.46 | case rate | |
| UNCOMPLICATED PEPTIC ULCER W/O MCC | 384 | MS-DRG | | | | inpatient | | | | | 21832.35 | UHC | Medicare | 18984.65 | | | | 10271.3 | 33362.69 | case rate | |
| INFLAMMATORY BOWEL DISEASE W MCC | 385 | MS-DRG | | | | inpatient | | | | | 32299.51 | UHC | Medicare | 28086.53 | | | | 19191.36 | 66229.99 | case rate | |
| INFLAMMATORY BOWEL DISEASE W CC | 386 | MS-DRG | | | | inpatient | | | | | 23535.76 | UHC | Medicare | 20465.87 | | | | 11722.93 | 38230.76 | case rate | |
| INFLAMMATORY BOWEL DISEASE W/O CC/MCC | 387 | MS-DRG | | | | inpatient | | | | | 19070.02 | UHC | Medicare | 16582.63 | | | | 7917.26 | 27176.18 | case rate | |
| G.I. OBSTRUCTION W MCC | 388 | MS-DRG | | | | inpatient | | | | | 30152.58 | UHC | Medicare | 26219.63 | | | | 17361.75 | 59708.01 | case rate | |
| G.I. OBSTRUCTION W CC | 389 | MS-DRG | | | | inpatient | | | | | 20899.86 | UHC | Medicare | 18165.09 | | | | 9468.11 | 32890.7 | case rate | |
| G.I. OBSTRUCTION W/O CC/MCC | 390 | MS-DRG | | | | inpatient | | | | | 17363.84 | UHC | Medicare | 15098.99 | | | | 6463.26 | 23053.14 | case rate | |
| ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC | 391 | MS-DRG | | | | inpatient | | | | | 27582.91 | UHC | Medicare | 23985.14 | | | | 15171.9 | 47647.05 | case rate | |
| ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC | 392 | MS-DRG | | | | inpatient | | | | | 20594.64 | UHC | Medicare | 17908.38 | | | | 9216.53 | 29465.89 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC | 393 | MS-DRG | | | | inpatient | | | | | 32731.95 | UHC | Medicare | 28462.56 | | | | 19559.88 | 63882.83 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES W CC | 394 | MS-DRG | | | | inpatient | | | | | 22826.12 | UHC | Medicare | 19848.8 | | | | 11118.18 | 36709.49 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC | 395 | MS-DRG | | | | inpatient | | | | | 18600.17 | UHC | Medicare | 16174.06 | | | | 7516.85 | 26388.24 | case rate | |
| APPENDIX PROCEDURES WITH MCC | 397 | MS-DRG | | | | inpatient | | | | | 44122.19 | UHC | Medicare | 38367.12 | | | | 29266.58 | 42992.31 | case rate | |
| APPENDIX PROCEDURES WITH CC | 398 | MS-DRG | | | | inpatient | | | | | 30752.72 | UHC | Medicare | 26741.5 | | | | 17873.19 | 26741.5 | case rate | |
| APPENDIX PROCEDURES WITHOUT CC/MCC | 399 | MS-DRG | | | | inpatient | | | | | 25355.59 | UHC | Medicare | 22048.34 | | | | 13273.79 | 22048.34 | case rate | |
| PANCREAS, LIVER & SHUNT PROCEDURES W MCC | 405 | MS-DRG | | | | inpatient | | | | | 85022.02 | UHC | Medicare | 73932.19 | | | | 64121.2 | 209822.55 | case rate | |
| PANCREAS, LIVER & SHUNT PROCEDURES W CC | 406 | MS-DRG | | | | inpatient | | | | | 48704.35 | UHC | Medicare | 42351.61 | | | | 33171.47 | 110491.23 | case rate | |
| PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC | 407 | MS-DRG | | | | inpatient | | | | | 39382.03 | UHC | Medicare | 34245.24 | | | | 25227.04 | 78279.25 | case rate | |
| BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC | 408 | MS-DRG | | | | inpatient | | | | | 58308.03 | UHC | Medicare | 50702.63 | | | | 41355.67 | 157841.83 | case rate | |
| BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC | 409 | MS-DRG | | | | inpatient | | | | | 38837.33 | UHC | Medicare | 33771.59 | | | | 24762.85 | 90901.56 | case rate | |
| BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC | 410 | MS-DRG | | | | inpatient | | | | | 31278.02 | UHC | Medicare | 27198.28 | | | | 18320.85 | 64462.97 | case rate | |
| CHOLECYSTECTOMY W C.D.E. W MCC | 411 | MS-DRG | | | | inpatient | | | | | 47387.64 | UHC | Medicare | 41206.64 | | | | 10482 | 159563.89 | case rate | |
| CHOLECYSTECTOMY W C.D.E. W CC | 412 | MS-DRG | | | | inpatient | | | | | 39323.82 | UHC | Medicare | 34194.63 | | | | 11647 | 92910.77 | case rate | |
| CHOLECYSTECTOMY W C.D.E. W/O CC/MCC | 413 | MS-DRG | | | | inpatient | | | | | 32822.04 | UHC | Medicare | 28540.9 | | | | 15908 | 65773.6 | case rate | |
| CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC | 414 | MS-DRG | | | | inpatient | | | | | 58342.68 | UHC | Medicare | 50732.76 | | | | 28270 | 139535.84 | case rate | |
| CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC | 415 | MS-DRG | | | | inpatient | | | | | 37196.29 | UHC | Medicare | 32344.6 | | | | 23364.37 | 78747.33 | case rate | |
| CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC | 416 | MS-DRG | | | | inpatient | | | | | 29770.72 | UHC | Medicare | 25018.02 | | | | 16184.14 | 54340.65 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC | 417 | MS-DRG | | | | inpatient | | | | | 42718.16 | UHC | Medicare | 37146.23 | | | | 28070.08 | 94529.56 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC | 418 | MS-DRG | | | | inpatient | | | | | 32765.21 | UHC | Medicare | 28491.49 | | | | 19588.22 | 64915.45 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC | 419 | MS-DRG | | | | inpatient | | | | | 28041.68 | UHC | Medicare | 24384.07 | | | | 15562.86 | 50872.93 | case rate | |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC | 420 | MS-DRG | | | | inpatient | | | | | 58698.88 | UHC | Medicare | 51042.51 | | | | 41688.76 | 137211.02 | case rate | |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC | 421 | MS-DRG | | | | inpatient | | | | | 32476.92 | UHC | Medicare | 28240.8 | | | | 8253 | 69397.35 | case rate | |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC | 422 | MS-DRG | | | | inpatient | | | | | 30145.65 | UHC | Medicare | 26213.61 | | | | 10272 | 58806.95 | case rate | |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC | 423 | MS-DRG | | | | inpatient | | | | | 66154.24 | UHC | Medicare | 57525.43 | | | | 16017 | 153921.62 | case rate | |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC | 424 | MS-DRG | | | | inpatient | | | | | 41426.4 | UHC | Medicare | 36022.96 | | | | 26969.24 | 85468.24 | case rate | |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC | 425 | MS-DRG | | | | inpatient | | | | | 31204.56 | UHC | Medicare | 27134.4 | | | | 18268.25 | 58233.55 | case rate | |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC | 432 | MS-DRG | | | | inpatient | | | | | 36932.95 | UHC | Medicare | 32115.61 | | | | 13893 | 71226.78 | case rate | |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W CC | 433 | MS-DRG | | | | inpatient | | | | | 24607.14 | UHC | Medicare | 21397.52 | | | | 12635.96 | 40095.3 | case rate | |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC | 434 | MS-DRG | | | | inpatient | | | | | 19433.16 | UHC | Medicare | 16898.4 | | | | 8226.72 | 53360.86 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC | 435 | MS-DRG | | | | inpatient | | | | | 35068.76 | UHC | Medicare | 30484.58 | | | | 21551.3 | 68222.18 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC | 436 | MS-DRG | | | | inpatient | | | | | 25409.64 | UHC | Medicare | 22095.34 | | | | 13319.85 | 44308.05 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC | 437 | MS-DRG | | | | inpatient | | | | | 20662.55 | UHC | Medicare | 17967.44 | | | | 9274.41 | 33772.26 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC | 438 | MS-DRG | | | | inpatient | | | | | 32838.67 | UHC | Medicare | 28555.36 | | | | 19650.83 | 63901.27 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC | 439 | MS-DRG | | | | inpatient | | | | | 21702.06 | UHC | Medicare | 18871.36 | | | | 10160.27 | 33635.74 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC | 440 | MS-DRG | | | | inpatient | | | | | 18304.95 | UHC | Medicare | 15917.34 | | | | 7265.27 | 24235.05 | case rate | |
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC | 441 | MS-DRG | | | | inpatient | | | | | 35980.76 | UHC | Medicare | 31287.62 | | | | 11778 | 72443.8 | case rate | |
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC | 442 | MS-DRG | | | | inpatient | | | | | 23171.23 | UHC | Medicare | 20148.9 | | | | 11412.29 | 36623.67 | case rate | |
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC | 443 | MS-DRG | | | | inpatient | | | | | 19519.09 | UHC | Medicare | 16973.12 | | | | 8299.96 | 27141.07 | case rate | |
| DISORDERS OF THE BILIARY TRACT W MCC | 444 | MS-DRG | | | | inpatient | | | | | 33125.57 | UHC | Medicare | 28804.85 | | | | 19895.32 | 62836.38 | case rate | |
| DISORDERS OF THE BILIARY TRACT W CC | 445 | MS-DRG | | | | inpatient | | | | | 24810.89 | UHC | Medicare | 21574.68 | | | | 12809.59 | 41643.87 | case rate | |
| DISORDERS OF THE BILIARY TRACT W/O CC/MCC | 446 | MS-DRG | | | | inpatient | | | | | 20830.26 | UHC | Medicare | 18113.27 | | | | 9417.32 | 31010.57 | case rate | |
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC | 453 | MS-DRG | | | | inpatient | | | | | 132599.66 | UHC | Medicare | 115304.05 | | | | 17717 | 370445.58 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC | 454 | MS-DRG | | | | inpatient | | | | 94552.24 | UHC | Medicare | 82219.34 | | | | 36879 | 247179.66 | case rate | |
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC | 455 | MS-DRG | | | | inpatient | | | | 73613.76 | UHC | Medicare | 64011.96 | | | | 54399.14 | 195035 | case rate | |
| SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC | 456 | MS-DRG | | | | inpatient | | | | 127163.72 | UHC | Medicare | 110577.15 | | | | 100034.13 | 355946.68 | case rate | |
| SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC | 457 | MS-DRG | | | | inpatient | | | | 89328.36 | UHC | Medicare | 77676.84 | | | | 67791.04 | 255285.21 | case rate | |
| SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC | 458 | MS-DRG | | | | inpatient | | | | 69827.59 | UHC | Medicare | 60545.73 | | | | 51002.14 | 199762.65 | case rate | |
| SPINAL FUSION EXCEPT CERVICAL W MCC | 459 | MS-DRG | | | | inpatient | | | | 101704.07 | UHC | Medicare | 88438.32 | | | | 78337.54 | 249051.89 | case rate | |
| SPINAL FUSION EXCEPT CERVICAL W/O MCC | 460 | MS-DRG | | | | inpatient | | | | 60478.52 | UHC | Medicare | 52590.02 | | | | 43205.36 | 157490.76 | case rate | |
| BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC | 461 | MS-DRG | | | | inpatient | | | | 92812.8 | UHC | Medicare | 80706.78 | | | | 9917 | 174848.88 | case rate | |
| BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC | 462 | MS-DRG | | | | inpatient | | | | 49472.2 | UHC | Medicare | 43019.3 | | | | 11315 | 124592.26 | case rate | |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC | 463 | MS-DRG | | | | inpatient | | | | 84638.1 | UHC | Medicare | 73598.35 | | | | 15756 | 260180.02 | case rate | |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC | 464 | MS-DRG | | | | inpatient | | | | 50647.54 | UHC | Medicare | 44041.34 | | | | 34827.45 | 114836.61 | case rate | |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC | 465 | MS-DRG | | | | inpatient | | | | 33842.14 | UHC | Medicare | 29427.95 | | | | 20505.98 | 77671.46 | case rate | |
| REVISION OF HIP OR KNEE REPLACEMENT W MCC | 466 | MS-DRG | | | | inpatient | | | | 80391.36 | UHC | Medicare | 69903.53 | | | | 60174.97 | 199450.59 | case rate | |
| REVISION OF HIP OR KNEE REPLACEMENT W CC | 467 | MS-DRG | | | | inpatient | | | | 57253.27 | UHC | Medicare | 49785.45 | | | | 40456.82 | 135369.89 | case rate | |
| REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC | 468 | MS-DRG | | | | inpatient | | | | 46138.84 | UHC | Medicare | 40120.73 | | | | 30985.16 | 108884.14 | case rate | |
| MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP | 469 | MS-DRG | | | | inpatient | | | | 55084.16 | UHC | Medicare | 47899.27 | | | | 38608.32 | 123816.02 | case rate | |
| MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC | 470 | MS-DRG | | | | inpatient | | | | 35912.84 | UHC | Medicare | 31228.56 | | | | 22270.62 | 77616.13 | case rate | |
| CERVICAL SPINAL FUSION W MCC | 471 | MS-DRG | | | | inpatient | | | | 77102.35 | UHC | Medicare | 67045.52 | | | | 8282 | 195452.37 | case rate | |
| CERVICAL SPINAL FUSION W CC | 472 | MS-DRG | | | | inpatient | | | | 49935.13 | UHC | Medicare | 43421.85 | | | | 8991 | 114945.83 | case rate | |
| CERVICAL SPINAL FUSION W/O CC/MCC | 473 | MS-DRG | | | | inpatient | | | | 42592.04 | UHC | Medicare | 37036.55 | | | | 11229 | 92559.71 | case rate | |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC | 474 | MS-DRG | | | | inpatient | | | | 71938.07 | UHC | Medicare | 62554.84 | | | | 22321 | 148035.47 | case rate | |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC | 475 | MS-DRG | | | | inpatient | | | | 39680.02 | UHC | Medicare | 34504.37 | | | | 25480.99 | 83818.24 | case rate | |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC | 476 | MS-DRG | | | | inpatient | | | | 25900.29 | UHC | Medicare | 22521.99 | | | | 13737.98 | 44985.35 | case rate | |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC | 477 | MS-DRG | | | | inpatient | | | | 57444.54 | UHC | Medicare | 49957.78 | | | | 40619.82 | 122419.57 | case rate | |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC | 478 | MS-DRG | | | | inpatient | | | | 42192.86 | UHC | Medicare | 36689.45 | | | | 27622.42 | 88904.75 | case rate | |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC | 479 | MS-DRG | | | | inpatient | | | | 34392.39 | UHC | Medicare | 29906.42 | | | | 20974.9 | 70134.59 | case rate | |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC | 480 | MS-DRG | | | | inpatient | | | | 50542.2 | UHC | Medicare | 43949.74 | | | | 34737.68 | 118206.81 | case rate | |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC | 481 | MS-DRG | | | | inpatient | | | | 38537.95 | UHC | Medicare | 33511.26 | | | | 8360 | 80444.14 | case rate | |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC | 482 | MS-DRG | | | | inpatient | | | | 31767.28 | UHC | Medicare | 27623.72 | | | | 9385 | 64927.15 | case rate | |
| MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES | 483 | MS-DRG | | | | inpatient | | | | 45097.95 | UHC | Medicare | 39215.6 | | | | 13093 | 92973.18 | case rate | |
| KNEE PROCEDURES W PDX OF INFECTION W MCC | 485 | MS-DRG | | | | inpatient | | | | 54399.47 | UHC | Medicare | 47303.89 | | | | 38024.83 | 128883.03 | case rate | |
| KNEE PROCEDURES W PDX OF INFECTION W CC | 486 | MS-DRG | | | | inpatient | | | | 39175.52 | UHC | Medicare | 34065.67 | | | | 25051.05 | 86533.13 | case rate | |
| KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC | 487 | MS-DRG | | | | inpatient | | | | 31681.35 | UHC | Medicare | 27549 | | | | 18664.56 | 64369.35 | case rate | |
| KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC | 488 | MS-DRG | | | | inpatient | | | | 37020.27 | UHC | Medicare | 32191.54 | | | | 23214.36 | 82402.29 | case rate | |
| KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC | 489 | MS-DRG | | | | inpatient | | | | 26943.96 | UHC | Medicare | 23429.53 | | | | 14627.39 | 50607.68 | case rate | |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC | 492 | MS-DRG | | | | inpatient | | | | 58999.65 | UHC | Medicare | 51304.04 | | | | 27633 | 132253.23 | case rate | |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC | 493 | MS-DRG | | | | inpatient | | | | 43057.74 | UHC | Medicare | 37441.51 | | | | 28359.46 | 87613.62 | case rate | |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC | 494 | MS-DRG | | | | inpatient | | | | 35911.46 | UHC | Medicare | 31227.35 | | | | 22269.44 | 68414.38 | case rate | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC | 495 | MS-DRG | | | | inpatient | | | | 58575.53 | UHC | Medicare | 50935.24 | | | | 41583.64 | 135053.94 | case rate | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC | 496 | MS-DRG | | | | inpatient | | | | 37125.6 | UHC | Medicare | 32283.13 | | | | 23304.13 | 76488.83 | case rate | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC | 497 | MS-DRG | | | | inpatient | | | | 28368.18 | UHC | Medicare | 24686.38 | | | | 15858.15 | 55975.05 | case rate | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC | 498 | MS-DRG | | | | inpatient | | | | 44775 | UHC | Medicare | 38934.79 | | | | 29822.91 | 88857.95 | case rate | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC | 499 | MS-DRG | | | | inpatient | | | | 25007.7 | UHC | Medicare | 21745.83 | | | | 12977.32 | 43656.63 | case rate | |
| SOFT TISSUE PROCEDURES W MCC | 500 | MS-DRG | | | | inpatient | | | | 53698.15 | UHC | Medicare | 46694.04 | | | | 37427.16 | 119673.48 | case rate | |
| SOFT TISSUE PROCEDURES W CC | 501 | MS-DRG | | | | inpatient | | | | 34515.74 | UHC | Medicare | 30013.69 | | | | 8902 | 65820.41 | case rate | |
| SOFT TISSUE PROCEDURES W/O CC/MCC | 502 | MS-DRG | | | | inpatient | | | | 25144.95 | UHC | Medicare | 25343.43 | | | | 16503.06 | 50361.94 | case rate | |
| FOOT PROCEDURES W MCC | 503 | MS-DRG | | | | inpatient | | | | 46461.78 | UHC | Medicare | 40401.55 | | | | 27418 | 99943.74 | case rate | |
| FOOT PROCEDURES W CC | 504 | MS-DRG | | | | inpatient | | | | 34104.1 | UHC | Medicare | 29655.74 | | | | 20729.22 | 67462.61 | case rate | |
| FOOT PROCEDURES W/O CC/MCC | 505 | MS-DRG | | | | inpatient | | | | 34104.1 | UHC | Medicare | 29655.74 | | | | 20729.22 | 61623.26 | case rate | |
| MAJOR THUMB OR JOINT PROCEDURES | 506 | MS-DRG | | | | inpatient | | | | 30557.29 | UHC | Medicare | 26571.56 | | | | 17706.65 | 55011.57 | case rate | |
| MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC | 507 | MS-DRG | | | | inpatient | | | | 36643.27 | UHC | Medicare | 31863.71 | | | | 22893.09 | 75771.1 | case rate | |
| MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC | 508 | MS-DRG | | | | inpatient | | | | 26986.93 | UHC | Medicare | 23466.89 | | | | 14664 | 56458.73 | case rate | |
| ARTHROSCOPY | 509 | MS-DRG | | | | inpatient | | | | 34127.66 | UHC | Medicare | 29676.23 | | | | 20749.3 | 65153.39 | case rate | |
| SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC | 510 | MS-DRG | | | | inpatient | | | | 48593.2 | UHC | Medicare | 42260.61 | | | | 33758.51 | 106582.73 | case rate | |
| SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC | 511 | MS-DRG | | | | inpatient | | | | 36962.05 | UHC | Medicare | 32140.92 | | | | 7655 | 72057.63 | case rate | |
| SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC | 512 | MS-DRG | | | | inpatient | | | | 32063.89 | UHC | Medicare | 27881.64 | | | | 10564 | 59372.55 | case rate | |
| HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC | 513 | MS-DRG | | | | inpatient | | | | 30647.38 | UHC | Medicare | 26649.9 | | | | 17783.42 | 63955.88 | case rate | |
| HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC | 514 | MS-DRG | | | | inpatient | | | | 23911.36 | UHC | Medicare | 20792.49 | | | | 12043.03 | 40660.37 | case rate | |
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC | 515 | MS-DRG | | | | inpatient | | | | 52640.62 | UHC | Medicare | 45774.46 | | | | 36525.94 | 120219.57 | case rate | |
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC | 516 | MS-DRG | | | | inpatient | | | | 37661.99 | UHC | Medicare | 32749.56 | | | | 23761.23 | 73643.8 | case rate | |
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC | 517 | MS-DRG | | | | inpatient | | | | 30468.59 | UHC | Medicare | 26494.42 | | | | 17631.06 | 53864.77 | case rate | |
| BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM | 518 | MS-DRG | | | | inpatient | | | | 59454.26 | UHC | Medicare | 51699.36 | | | | 42332.49 | 120929.5 | case rate | |
| BACK & NECK PROC EXC SPINAL FUSION W CC | 519 | MS-DRG | | | | inpatient | | | | 37110.36 | UHC | Medicare | 32269.88 | | | | 23291.14 | 72631.03 | case rate | |
| BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC | 520 | MS-DRG | | | | inpatient | | | | 29643.91 | UHC | Medicare | 25777.31 | | | | 16928.27 | 51259.1 | case rate | |
| HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITH MCC | 521 | MS-DRG | | | | inpatient | | | | 50177.68 | UHC | Medicare | 43632.77 | | | | 7692 | 92572.96 | case rate | |
| HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC | 522 | MS-DRG | | | | inpatient | | | | 38998.11 | UHC | Medicare | 33911.4 | | | | 9003 | 36577.64 | case rate | |
| FRACTURES OF FEMUR W MCC | 533 | MS-DRG | | | | inpatient | | | | 30914.88 | UHC | Medicare | 26882.51 | | | | 12781 | 59700.21 | case rate | |
| FRACTURES OF FEMUR W/O MCC | 534 | MS-DRG | | | | inpatient | | | | 21061.72 | UHC | Medicare | 18314.54 | | | | 9614.58 | 34640.29 | case rate | |
| FRACTURES OF HIP & PELVIS W MCC | 535 | MS-DRG | | | | inpatient | | | | 28212.16 | UHC | Medicare | 24532.31 | | | | 15708.14 | 48945.98 | case rate | |
| FRACTURES OF HIP & PELVIS W/O MCC | 536 | MS-DRG | | | | inpatient | | | | 21018.76 | UHC | Medicare | 18277.18 | | | | 9577.96 | 29528.3 | case rate | |
| SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC | 537 | MS-DRG | | | | inpatient | | | | 22517.04 | UHC | Medicare | 19580.03 | | | | 10854.79 | 35515.87 | case rate | |
| SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC | 538 | MS-DRG | | | | inpatient | | | | 19096.66 | UHC | Medicare | 16597.09 | | | | 7931.44 | 26358.09 | case rate | |
| OSTEOMYELITIS W MCC | 539 | MS-DRG | | | | inpatient | | | | 37810.29 | UHC | Medicare | 32878.52 | | | | 23887.62 | 78762.93 | case rate | |
| OSTEOMYELITIS W CC | 540 | MS-DRG | | | | inpatient | | | | 27715.97 | UHC | Medicare | 24100.84 | | | | 15285.29 | 50588.18 | case rate | |
| OSTEOMYELITIS W/O CC/MCC | 541 | MS-DRG | | | | inpatient | | | | 21905.81 | UHC | Medicare | 19048.53 | | | | 7723 | 34431.48 | case rate | |
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC | 542 | MS-DRG | | | | inpatient | | | | 35830.1 | UHC | Medicare | 30982.69 | | | | 8903 | 71199.48 | case rate | |
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC | 543 | MS-DRG | | | | inpatient | | | | 24483.79 | UHC | Medicare | 21290.25 | | | | 10889 | 41835.01 | case rate | |
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC | 544 | MS-DRG | | | | inpatient | | | | 20253.68 | UHC | Medicare | 17611.89 | | | | 8925.97 | 31143.19 | case rate | |
| CONNECTIVE TISSUE DISORDERS W MCC | 545 | MS-DRG | | | | inpatient | | | | 44802.73 | UHC | Medicare | 38956.89 | | | | 29846.53 | 96702.25 | case rate | |
| CONNECTIVE TISSUE DISORDERS W CC | 546 | MS-DRG | | | | inpatient | | | | 25825.45 | UHC | Medicare | 22466.91 | | | | 13674.2 | 47370.1 | case rate | |
| CONNECTIVE TISSUE DISORDERS W/O CC/MCC | 547 | MS-DRG | | | | inpatient | | | | 20122.01 | UHC | Medicare | 17497.4 | | | | 8813.76 | 33452.4 | case rate | |
| SEPTIC ARTHRITIS W MCC | 548 | MS-DRG | | | | inpatient | | | | 37702.19 | UHC | Medicare | 32784.51 | | | | 23795.49 | 80635.27 | case rate | |
| SEPTIC ARTHRITIS W CC | 549 | MS-DRG | | | | inpatient | | | | 26482.42 | UHC | Medicare | 23028.19 | | | | 14234.06 | 48532.51 | case rate | |
| SEPTIC ARTHRITIS W/O CC/MCC | 550 | MS-DRG | | | | inpatient | | | | 21728.4 | UHC | Medicare | 18894.26 | | | | 10182.71 | 36034.67 | case rate | |
| MEDICAL BACK PROBLEMS W MCC | 551 | MS-DRG | | | | inpatient | | | | 33430.5 | UHC | Medicare | 29070 | | | | 9165 | 62083.54 | case rate | |
| MEDICAL BACK PROBLEMS W/O MCC | 552 | MS-DRG | | | | inpatient | | | | 23137.97 | UHC | Medicare | 20119.97 | | | | 11383.94 | 35145.31 | case rate | |
| BONE DISEASES & ARTHROPATHIES W MCC | 553 | MS-DRG | | | | inpatient | | | | 27890.9 | UHC | Medicare | 24244.26 | | | | 15425.85 | 48275.06 | case rate | |
| BONE DISEASES & ARTHROPATHIES W/O MCC | 554 | MS-DRG | | | | inpatient | | | | 21347.24 | UHC | Medicare | 18562.82 | | | | 9857.89 | 47368.4 | case rate | |
| SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC | 555 | MS-DRG | | | | inpatient | | | | 28443.62 | UHC | Medicare | 24733.59 | | | | 15905.39 | 49897.75 | case rate | |
| SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC | 556 | MS-DRG | | | | inpatient | | | | 21096.37 | UHC | Medicare | 18344.67 | | | | 9644.11 | 29945.67 | case rate | |
| TENDONITIS, MYOSITIS & BURSITIS W MCC | 557 | MS-DRG | | | | inpatient | | | | 31258.61 | UHC | Medicare | 27181.4 | | | | 18304.31 | 55873.63 | case rate | |
| TENDONITIS, MYOSITIS & BURSITIS W/O MCC | 558 | MS-DRG | | | | inpatient | | | | 21751.96 | UHC | Medicare | 18914.75 | | | | 10202.79 | 33682.54 | case rate | |
| AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC | 559 | MS-DRG | | | | inpatient | | | | 35508.13 | UHC | Medicare | 30876.63 | | | | 21925.72 | 70161.89 | case rate | |
| AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC | 560 | MS-DRG | | | | inpatient | | | | 25662.11 | UHC | Medicare | 22227.92 | | | | 13449.78 | 39853.45 | case rate | |
| AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC | 561 | MS-DRG | | | | inpatient | | | | 21111.62 | UHC | Medicare | 18357.93 | | | | 9211 | 29493.19 | case rate | |
| FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC | 562 | MS-DRG | | | | inpatient | | | | 30063.87 | UHC | Medicare | 26142.5 | | | | 12507 | 54925.76 | case rate | |
| FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC | 563 | MS-DRG | | | | inpatient | | | | 22167.76 | UHC | Medicare | 19276.31 | | | | 10557.14 | 32691.77 | case rate | |
| OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC | 564 | MS-DRG | | | | inpatient | | | | 31528.89 | UHC | Medicare | 27416.42 | | | | 18534.64 | 61326.81 | case rate | |
| OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC | 565 | MS-DRG | | | | inpatient | | | | 23912.75 | UHC | Medicare | 20793.7 | | | | 12044.21 | 38003.03 | case rate | |
| OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC | 566 | MS-DRG | | | | inpatient | | | | 20148.34 | UHC | Medicare | 17520.3 | | | | 8836.2 | 29735.04 | case rate | |
| SKIN DEBRIDEMENT W MCC | 570 | MS-DRG | | | | inpatient | | | | 51501.32 | UHC | Medicare | 44783.76 | | | | 35555.04 | 118374.54 | case rate | |
| SKIN DEBRIDEMENT W CC | 571 | MS-DRG | | | | inpatient | | | | 32985.59 | UHC | Medicare | 28683.12 | | | | 9078 | 89425.02 | case rate | |
| SKIN DEBRIDEMENT W/O CC/MCC | 572 | MS-DRG | | | | inpatient | | | | 25613.39 | UHC | Medicare | 22272.51 | | | | 11401 | 45973.65 | case rate | |
| SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC | 573 | MS-DRG | | | | inpatient | | | | 95132.98 | UHC | Medicare | 82724.33 | | | | 16091 | 204845.26 | case rate | |
| SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC | 574 | MS-DRG | | | | inpatient | | | | 57803.52 | UHC | Medicare | 50263.93 | | | | 36864 | 118811.42 | case rate | |
| SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC | 575 | MS-DRG | | | | inpatient | | | | 37454.09 | UHC | Medicare | 32568.77 | | | | 23584.06 | 68597.71 | case rate | |
| SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC | 576 | MS-DRG | | | | inpatient | | | | 84559.1 | UHC | Medicare | 73529.65 | | | | 63726.69 | 190381.46 | case rate | |
| SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC | 577 | MS-DRG | | | | inpatient | | | | 46686.32 | UHC | Medicare | 40596.8 | | | | 31451.72 | 97876.36 | case rate | |
| SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC | 578 | MS-DRG | | | | inpatient | | | | 33208.73 | UHC | Medicare | 28877.16 | | | | 19966.19 | 59669.01 | case rate | |
| OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC | 579 | MS-DRG | | | | inpatient | | | | 54955.26 | UHC | Medicare | 47787.19 | | | | 38498.47 | 109133.78 | case rate | |
| OTHER SKIN, SUBCUT TISS & BREAST PROC W CC | 580 | MS-DRG | | | | inpatient | | | | 34353.58 | UHC | Medicare | 29872.68 | | | | 20941.82 | 62013.33 | case rate | |
| OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC | 581 | MS-DRG | | | | inpatient | | | | 29727.07 | UHC | Medicare | 25849.63 | | | | 8609 | 48228.25 | case rate | |
| MASTECTOMY FOR MALIGNANCY W CC/MCC | 582 | MS-DRG | | | | inpatient | | | | 34051.43 | UHC | Medicare | 29609.94 | | | | 10981 | 61221.49 | case rate | |
| MASTECTOMY FOR MALIGNANCY W/O CC/MCC | 583 | MS-DRG | | | | inpatient | | | | 32547.61 | UHC | Medicare | 28302.27 | | | | 14701 | 53755.55 | case rate | |
| BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC | 584 | MS-DRG | | | | inpatient | | | | 38156.8 | UHC | Medicare | 33179.82 | | | | 24182.91 | 72997.7 | case rate | |
| BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC | 585 | MS-DRG | | | | inpatient | | | | 37293.31 | UHC | Medicare | 32428.97 | | | | 23447.05 | 61073.26 | case rate | |
| SKIN ULCERS W MCC | 592 | MS-DRG | | | | inpatient | | | | 38280.15 | UHC | Medicare | 33287.09 | | | | 24288.03 | 66631.76 | case rate | |
| SKIN ULCERS W CC | 593 | MS-DRG | | | | inpatient | | | | 26726.36 | UHC | Medicare | 23240.31 | | | | 14441.95 | 44054.51 | case rate | |
| SKIN ULCERS W/O CC/MCC | 594 | MS-DRG | | | | inpatient | | | | 21542.67 | UHC | Medicare | 18732.76 | | | | 10024.44 | 31603.47 | case rate | |
| MAJOR SKIN DISORDERS W MCC | 595 | MS-DRG | | | | inpatient | | | | 39095.13 | UHC | Medicare | 33995.76 | | | | 24982.55 | 77503.01 | case rate | |
| MAJOR SKIN DISORDERS W/O MCC | 596 | MS-DRG | | | | inpatient | | | | 24763.76 | UHC | Medicare | 21533.71 | | | | 12769.43 | 39455.58 | case rate | |
| MALIGNANT BREAST DISORDERS W MCC | 597 | MS-DRG | | | | inpatient | | | | 34127.66 | UHC | Medicare | 29676.23 | | | | 20749.3 | 67092.04 | case rate | |
| MALIGNANT BREAST DISORDERS W CC | 598 | MS-DRG | | | | inpatient | | | | 24482.4 | UHC | Medicare | 21289.04 | | | | 12529.66 | 45337.84 | case rate | |
| MALIGNANT BREAST DISORDERS W/O CC/MCC | 599 | MS-DRG | | | | inpatient | | | | 21638.6 | UHC | Medicare | 18807.48 | | | | 10097.67 | 27944.61 | case rate | |
| NON-MALIGNANT BREAST DISORDERS W CC/MCC | 600 | MS-DRG | | | | inpatient | | | | 23038.18 | UHC | Medicare | 20033.2 | | | | 11298.9 | 37290.69 | case rate | |
| NON-MALIGNANT BREAST DISORDERS W/O CC/MCC | 601 | MS-DRG | | | | inpatient | | | | 18088.73 | UHC | Medicare | 15729.33 | | | | 7081.01 | 24153.13 | case rate | |
| CELLULITIS W MCC | 602 | MS-DRG | | | | inpatient | | | | 30142.88 | UHC | Medicare | 26211.2 | | | | 17353.49 | 56326.11 | case rate | |
| CELLULITIS W/O MCC | 603 | MS-DRG | | | | inpatient | | | | 21987.58 | UHC | Medicare | 19119.63 | | | | 10403.59 | 33066.23 | case rate | |
| TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC | 604 | MS-DRG | | | | inpatient | | | | 30371.57 | UHC | Medicare | 26410.06 | | | | 17548.38 | 55265.12 | case rate | |
| TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC | 605 | MS-DRG | | | | inpatient | | | | 22582.18 | UHC | Medicare | 19636.68 | | | | 10910.3 | 33565.52 | case rate | |
| MINOR SKIN DISORDERS W MCC | 606 | MS-DRG | | | | inpatient | | | | 32098.54 | UHC | Medicare | 27911.77 | | | | 19020.09 | 53860.87 | case rate | |
| MINOR SKIN DISORDERS W/O MCC | 607 | MS-DRG | | | | inpatient | | | | 21757.5 | UHC | Medicare | 18919.57 | | | | 10207.52 | 31244.61 | case rate | |
| ADRENAL & PITUITARY PROCEDURES W CC/MCC | 614 | MS-DRG | | | | inpatient | | | | 41366.8 | UHC | Medicare | 35971.13 | | | | 26918.45 | 92196.95 | case rate | |
| ADRENAL & PITUITARY PROCEDURES W/O CC/MCC | 615 | MS-DRG | | | | inpatient | | | | 29641.14 | UHC | Medicare | 25774.9 | | | | 16925.91 | 57777.17 | case rate | |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC | 616 | MS-DRG | | | | inpatient | | | | 63348.95 | UHC | Medicare | 55086.05 | | | | 45651.52 | 161301.75 | case rate | |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC | 617 | MS-DRG | | | | inpatient | | | | 36501.8 | UHC | Medicare | 31784.17 | | | | 22815.13 | 80884.52 | case rate | |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC | 618 | MS-DRG | | | | inpatient | | | | 27036.82 | UHC | Medicare | 23510.28 | | | | 14706.52 | 45220.82 | case rate | |
| O.R. PROCEDURES FOR OBESITY W MCC | 619 | MS-DRG | | | | inpatient | | | | 47569.21 | UHC | Medicare | 41364.53 | | | | 32204.11 | 113927.74 | case rate | |
| O.R. PROCEDURES FOR OBESITY W CC | 620 | MS-DRG | | | | inpatient | | | | 31914.2 | UHC | Medicare | 27751.48 | | | | 18863 | 70587.07 | case rate | |
| O.R. PROCEDURES FOR OBESITY W/O CC/MCC | 621 | MS-DRG | | | | inpatient | | | | 30040.31 | UHC | Medicare | 26122.01 | | | | 17266.08 | 61564.75 | case rate | |
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC | 622 | MS-DRG | | | | inpatient | | | | 61644.16 | UHC | Medicare | 53603.62 | | | | 44198.71 | 148148.59 | case rate | |
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC | 623 | MS-DRG | | | | inpatient | | | | 36291.22 | UHC | Medicare | 31557.59 | | | | 22593.08 | 75018.26 | case rate | |
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC | 624 | MS-DRG | | | | inpatient | | | | 25982.88 | UHC | Medicare | 22606.85 | | | | 11763.09 | 50553.07 | case rate | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC | 625 | MS-DRG | | | | inpatient | | | | 49517.94 | UHC | Medicare | 43059.08 | | | | 33864.81 | 108568.18 | case rate | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC | 626 | MS-DRG | | | | inpatient | | | | 30698.67 | UHC | Medicare | 26694.49 | | | | 17827.13 | 62824.67 | case rate | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC | 627 | MS-DRG | | | | inpatient | | | | 27338.97 | UHC | Medicare | 23773.02 | | | | 14964.01 | 42322.6 | case rate | |
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC | 628 | MS-DRG | | | | inpatient | | | | 64467.46 | UHC | Medicare | 56058.66 | | | | 46604.71 | 143350.73 | case rate | |
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC | 629 | MS-DRG | | | | inpatient | | | | 40952.38 | UHC | Medicare | 35610.77 | | | | 26565.29 | 91225.67 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC | 630 | MS-DRG | | | | inpatient | | | | 29201.77 | UHC | Medicare | 25362.85 | | | | 16551.48 | 59856.24 | case rate | |
| DIABETES W MCC | 637 | MS-DRG | | | | inpatient | | | | 29964.08 | UHC | Medicare | 26055.72 | | | | 17201.12 | 53880.37 | case rate | |
| DIABETES W CC | 638 | MS-DRG | | | | inpatient | | | | 22492.09 | UHC | Medicare | 19558.34 | | | | 10833.53 | 34021.91 | case rate | |
| DIABETES W/O CC/MCC | 639 | MS-DRG | | | | inpatient | | | | 18464.34 | UHC | Medicare | 16055.95 | | | | 7401.1 | 24648.52 | case rate | |
| MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS\ELECTROLYTES W MCC | 640 | MS-DRG | | | | inpatient | | | | 28185.83 | UHC | Medicare | 24509.41 | | | | 15685.7 | 46426.13 | case rate | |
| MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS\ELECTROLYTES W/O MCC | 641 | MS-DRG | | | | inpatient | | | | 20609.88 | UHC | Medicare | 17921.64 | | | | 9229.52 | 29329.36 | case rate | |
| INBORN AND OTHER DISORDERS OF METABOLISM | 642 | MS-DRG | | | | inpatient | | | | 26981.38 | UHC | Medicare | 23462.07 | | | | 14659.28 | 49285.34 | case rate | |
| ENDOCRINE DISORDERS W MCC | 643 | MS-DRG | | | | inpatient | | | | 32749.96 | UHC | Medicare | 28478.23 | | | | 19575.23 | 63741.34 | case rate | |
| ENDOCRINE DISORDERS W CC | 644 | MS-DRG | | | | inpatient | | | | 24102.63 | UHC | Medicare | 20958.81 | | | | 12206.02 | 39494.59 | case rate | |
| ENDOCRINE DISORDERS W/O CC/MCC | 645 | MS-DRG | | | | inpatient | | | | 20572.46 | UHC | Medicare | 17889.1 | | | | 9197.63 | 28978.3 | case rate | |
| KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC | 650 | MS-DRG | | | | inpatient | | | | 73637.32 | UHC | Medicare | 64032.45 | | | | 54419.22 | 79941.26 | case rate | |
| KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC | 651 | MS-DRG | | | | inpatient | | | | 57908.86 | UHC | Medicare | 50355.53 | | | | 41015.5 | 60251.35 | case rate | |
| KIDNEY TRANSPLANT | 652 | MS-DRG | | | | inpatient | | | | 52349.56 | UHC | Medicare | 45521.36 | | | | 36277.9 | 125292.6 | case rate | |
| MAJOR BLADDER PROCEDURES W MCC | 653 | MS-DRG | | | | inpatient | | | | 87044.22 | UHC | Medicare | 75690.62 | | | | 65844.5 | 214109.42 | case rate | |
| MAJOR BLADDER PROCEDURES W CC | 654 | MS-DRG | | | | inpatient | | | | 48894.23 | UHC | Medicare | 42516.72 | | | | 33333.29 | 112078.81 | case rate | |
| MAJOR BLADDER PROCEDURES W/O CC/MCC | 655 | MS-DRG | | | | inpatient | | | | 38571.21 | UHC | Medicare | 33540.19 | | | | 24538.07 | 81025.34 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC | 656 | MS-DRG | | | | inpatient | | | | 54935.86 | UHC | Medicare | 47770.31 | | | | 38481.93 | 129709.69 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC | 657 | MS-DRG | | | | inpatient | | | | 35117.27 | UHC | Medicare | 30536.76 | | | | 21592.64 | 75962.23 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC | 658 | MS-DRG | | | | inpatient | | | | 30625.21 | UHC | Medicare | 26630.62 | | | | 17764.53 | 61100.56 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC | 659 | MS-DRG | | | | inpatient | | | | 45598.3 | UHC | Medicare | 39650.69 | | | | 30524.51 | 106375.99 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC | 660 | MS-DRG | | | | inpatient | | | | 28352.15 | UHC | Medicare | 24654.04 | | | | 15827.44 | 56466.53 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC | 661 | MS-DRG | | | | inpatient | | | | 24008.39 | UHC | Medicare | 20876.86 | | | | 12125.71 | 41846.71 | case rate | |
| MINOR BLADDER PROCEDURES W MCC | 662 | MS-DRG | | | | inpatient | | | | 53017.62 | UHC | Medicare | 46102.28 | | | | 36847.22 | 123991.55 | case rate | |
| MINOR BLADDER PROCEDURES W CC | 663 | MS-DRG | | | | inpatient | | | | 30949.53 | UHC | Medicare | 26912.64 | | | | 18040.92 | 63983.18 | case rate | |
| MINOR BLADDER PROCEDURES W/O CC/MCC | 664 | MS-DRG | | | | inpatient | | | | 24745.74 | UHC | Medicare | 21518.04 | | | | 12754.08 | 46250.6 | case rate | |
| PROSTATECTOMY W MCC | 665 | MS-DRG | | | | inpatient | | | | 57369.7 | UHC | Medicare | 49886.69 | | | | 40556.04 | 123995.45 | case rate | |
| PROSTATECTOMY W CC | 666 | MS-DRG | | | | inpatient | | | | 32611.36 | UHC | Medicare | 28357.71 | | | | 19457.12 | 69397.35 | case rate | |
| PROSTATECTOMY W/O CC/MCC | 667 | MS-DRG | | | | inpatient | | | | 24025.02 | UHC | Medicare | 20891.32 | | | | 12139.88 | 42143.16 | case rate | |
| TRANSURETHRAL PROCEDURES W MCC | 668 | MS-DRG | | | | inpatient | | | | 50199.86 | UHC | Medicare | 43652.05 | | | | 34445.94 | 109789.1 | case rate | |
| TRANSURETHRAL PROCEDURES W CC | 669 | MS-DRG | | | | inpatient | | | | 31228.12 | UHC | Medicare | 27154.89 | | | | 18278.33 | 61728.58 | case rate | |
| TRANSURETHRAL PROCEDURES W/O CC/MCC | 670 | MS-DRG | | | | inpatient | | | | 23026.7 | UHC | Medicare | 20022.35 | | | | 11288.27 | 37583.24 | case rate | |
| URETHRAL PROCEDURES W CC/MCC | 671 | MS-DRG | | | | inpatient | | | | 33670.28 | UHC | Medicare | 29278.5 | | | | 20359.52 | 65668.28 | case rate | |
| URETHRAL PROCEDURES W/O CC/MCC | 672 | MS-DRG | | | | inpatient | | | | 24948.1 | UHC | Medicare | 21694 | | | | 12926.53 | 41226.5 | case rate | |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC | 673 | MS-DRG | | | | inpatient | | | | 67847.95 | UHC | Medicare | 58998.22 | | | | 49485.54 | 139539.74 | case rate | |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W CC | 674 | MS-DRG | | | | inpatient | | | | 41774.29 | UHC | Medicare | 36325.47 | | | | 27265.71 | 90188.08 | case rate | |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC | 675 | MS-DRG | | | | inpatient | | | | 31474.83 | UHC | Medicare | 27369.42 | | | | 18488.57 | 63398.08 | case rate | |
| RENAL FAILURE W MCC | 682 | MS-DRG | | | | inpatient | | | | 30596.1 | UHC | Medicare | 26605.31 | | | | 17739.72 | 59758.72 | case rate | |
| RENAL FAILURE W CC | 683 | MS-DRG | | | | inpatient | | | | 22099.85 | UHC | Medicare | 19217.26 | | | | 10499.26 | 35847.43 | case rate | |
| RENAL FAILURE W/O CC/MCC | 684 | MS-DRG | | | | inpatient | | | | 18198.22 | UHC | Medicare | 15824.54 | | | | 7174.32 | 24178.54 | case rate | |
| KIDNEY & URINARY TRACT NEOPLASMS W MCC | 686 | MS-DRG | | | | inpatient | | | | 35915.62 | UHC | Medicare | 31230.97 | | | | 22272.98 | 66998.42 | case rate | |
| KIDNEY & URINARY TRACT NEOPLASMS W CC | 687 | MS-DRG | | | | inpatient | | | | 24370.13 | UHC | Medicare | 21191.42 | | | | 12433.99 | 41101.68 | case rate | |
| KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC | 688 | MS-DRG | | | | inpatient | | | | 19817.09 | UHC | Medicare | 17232.25 | | | | 8553.9 | 30850.64 | case rate | |
| KIDNEY & URINARY TRACT INFECTIONS W MCC | 689 | MS-DRG | | | | inpatient | | | | 26000.08 | UHC | Medicare | 22608.77 | | | | 13823.02 | 43360.18 | case rate | |
| KIDNEY & URINARY TRACT INFECTIONS W/O MCC | 690 | MS-DRG | | | | inpatient | | | | 20903.72 | UHC | Medicare | 18177.15 | | | | 9479.93 | 30975.46 | case rate | |
| URINARY STONES W MCC | 693 | MS-DRG | | | | inpatient | | | | 30159.51 | UHC | Medicare | 26225.66 | | | | 17367.66 | 51629.67 | case rate | |
| URINARY STONES W/O MCC | 694 | MS-DRG | | | | inpatient | | | | 20609.68 | UHC | Medicare | 17921.64 | | | | 9229.52 | 27386.81 | case rate | |
| KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC | 695 | MS-DRG | | | | inpatient | | | | 25411.03 | UHC | Medicare | 22096.55 | | | | 13321.03 | 44807.34 | case rate | |
| KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC | 696 | MS-DRG | | | | inpatient | | | | 19368.02 | UHC | Medicare | 16841.75 | | | | 8171.21 | 26860.22 | case rate | |
| URETHRAL STRICTURE | 697 | MS-DRG | | | | inpatient | | | | 23262.71 | UHC | Medicare | 20228.44 | | | | 11490.25 | 37446.72 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC | 698 | MS-DRG | | | | inpatient | | | | 33077.06 | UHC | Medicare | 28762.66 | | | | 19853.98 | 63000.21 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC | 699 | MS-DRG | | | | inpatient | | | | 23915.52 | UHC | Medicare | 20796.11 | | | | 12046.57 | 40095.3 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC | 700 | MS-DRG | | | | inpatient | | | | 19401.28 | UHC | Medicare | 16870.68 | | | | 8199.56 | 29633.62 | case rate | |
| MAJOR MALE PELVIC PROCEDURES W CC/MCC | 707 | MS-DRG | | | | inpatient | | | | 36676.54 | UHC | Medicare | 31892.64 | | | | 22921.44 | 69877.14 | case rate | |
| MAJOR MALE PELVIC PROCEDURES W/O CC/MCC | 708 | MS-DRG | | | | inpatient | | | | 30327.21 | UHC | Medicare | 26371.49 | | | | 17510.58 | 54863.35 | case rate | |
| PENIS PROCEDURES W CC/MCC | 709 | MS-DRG | | | | inpatient | | | | 40924.66 | UHC | Medicare | 35586.66 | | | | 26541.67 | 79254.42 | case rate | |
| PENIS PROCEDURES W/O CC/MCC | 710 | MS-DRG | | | | inpatient | | | | 30589.17 | UHC | Medicare | 26599.28 | | | | 17733.82 | 65122.19 | case rate | |
| TESTES PROCEDURES W CC/MCC | 711 | MS-DRG | | | | inpatient | | | | 36219.15 | UHC | Medicare | 31494.91 | | | | 22531.66 | 81271.08 | case rate | |
| TESTES PROCEDURES W/O CC/MCC | 712 | MS-DRG | | | | inpatient | | | | 22061.04 | UHC | Medicare | 19183.51 | | | | 10486.19 | 42002.74 | case rate | |
| TRANSURETHRAL PROSTATECTOMY W CC/MCC | 713 | MS-DRG | | | | inpatient | | | | 29821.32 | UHC | Medicare | 25931.58 | | | | 17079.46 | 57082.84 | case rate | |
| TRANSURETHRAL PROSTATECTOMY W/O CC/MCC | 714 | MS-DRG | | | | inpatient | | | | 22803.94 | UHC | Medicare | 19829.51 | | | | 11099.29 | 35515.87 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC | 715 | MS-DRG | | | | inpatient | | | | 41079.9 | UHC | Medicare | 35721.65 | | | | 26673.96 | 86201.57 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC | 716 | MS-DRG | | | | inpatient | | | | 29451.26 | UHC | Medicare | 25609.79 | | | | 16764.09 | 57067.24 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC | 717 | MS-DRG | | | | inpatient | | | | 35497.04 | UHC | Medicare | 30866.99 | | | | 21916.28 | 76231.38 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC | 718 | MS-DRG | | | | inpatient | | | | 26863.87 | UHC | Medicare | 23351.19 | | | | 14550.61 | 49080.03 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC | 722 | MS-DRG | | | | inpatient | | | | 33742.35 | UHC | Medicare | 29341.17 | | | | 20420.94 | 64739.92 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC | 723 | MS-DRG | | | | inpatient | | | | 25343.12 | UHC | Medicare | 22037.49 | | | | 13263.16 | 42966.21 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC | 724 | MS-DRG | | | | inpatient | | | | 18884.3 | UHC | Medicare | 16421.13 | | | | 7758.99 | 26983.62 | case rate | |
| BENIGN PROSTATIC HYPERTROPHY W MCC | 725 | MS-DRG | | | | inpatient | | | | 27279.37 | UHC | Medicare | 23721.19 | | | | 14913.23 | 47386.2 | case rate | |
| BENIGN PROSTATIC HYPERTROPHY W/O MCC | 726 | MS-DRG | | | | inpatient | | | | 20597.06 | UHC | Medicare | 17475.7 | | | | 8792.5 | 29820.85 | case rate | |
| INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC | 727 | MS-DRG | | | | inpatient | | | | 30145.65 | UHC | Medicare | 26213.61 | | | | 17355.85 | 56092.07 | case rate | |
| INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC | 728 | MS-DRG | | | | inpatient | | | | 21104.69 | UHC | Medicare | 18351.9 | | | | 9651.19 | 30870.14 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC | 729 | MS-DRG | | | | inpatient | | | | 25038.19 | UHC | Medicare | 21772.34 | | | | 13003.3 | 42205.57 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC | 730 | MS-DRG | | | | inpatient | | | | 18191.29 | UHC | Medicare | 15818.52 | | | | 7168.41 | 22171.58 | case rate | |
| PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC | 734 | MS-DRG | | | | inpatient | | | | 38924.65 | UHC | Medicare | 33847.52 | | | | 24837.26 | 89946.24 | case rate | |
| PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC | 735 | MS-DRG | | | | inpatient | | | | 26604.39 | UHC | Medicare | 23134.25 | | | | 14338 | 53244.56 | case rate | |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC | 736 | MS-DRG | | | | inpatient | | | | 64355.2 | UHC | Medicare | 55961.04 | | | | 46509.04 | 157221.61 | case rate | |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC | 737 | MS-DRG | | | | inpatient | | | | 37477.65 | UHC | Medicare | 32589.26 | | | | 23604.14 | 79238.82 | case rate | |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC | 738 | MS-DRG | | | | inpatient | | | | 30804 | UHC | Medicare | 26786.09 | | | | 17916.89 | 54309.45 | case rate | |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC | 739 | MS-DRG | | | | inpatient | | | | 64955.34 | UHC | Medicare | 56482.91 | | | | 47020.48 | 140335.48 | case rate | |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC | 740 | MS-DRG | | | | inpatient | | | | 34981.44 | UHC | Medicare | 30418.65 | | | | 21476.89 | 67986.3 | case rate | |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC | 741 | MS-DRG | | | | inpatient | | | | 28817.85 | UHC | Medicare | 25059 | | | | 16224.3 | 51793.49 | case rate | |
| UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC | 742 | MS-DRG | | | | inpatient | | | | 35097.87 | UHC | Medicare | 30519.89 | | | | 21576.1 | 66858 | case rate | |
| UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC | 743 | MS-DRG | | | | inpatient | | | | 26393.71 | UHC | Medicare | 22951.05 | | | | 14158.47 | 43516.21 | case rate | |
| D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC | 744 | MS-DRG | | | | inpatient | | | | 36862.26 | UHC | Medicare | 32054.14 | | | | 23079.71 | 65933.53 | case rate | |
| D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC | 745 | MS-DRG | | | | inpatient | | | | 23983.44 | UHC | Medicare | 20855.16 | | | | 12104.45 | 41714.09 | case rate | |
| VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC | 746 | MS-DRG | | | | inpatient | | | | 32989.74 | UHC | Medicare | 28686.73 | | | | 19779.57 | 65442.04 | case rate | |
| VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC | 747 | MS-DRG | | | | inpatient | | | | 23018.77 | UHC | Medicare | 20016.32 | | | | 11282.36 | 37376.51 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 748 | MS-DRG | | | | inpatient | | | | 28661.23 | UHC | Medicare | 24922.81 | | | | 16090.83 | 50475.06 | case rate | |
| OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC | 749 | MS-DRG | | | | inpatient | | | | 45657.89 | UHC | Medicare | 39702.52 | | | | 30575.3 | 101496.21 | case rate | |
| OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC | 750 | MS-DRG | | | | inpatient | | | | 27652.21 | UHC | Medicare | 24045.4 | | | | 15230.96 | 47740.67 | case rate | |
| MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC | 754 | MS-DRG | | | | inpatient | | | | 34856.7 | UHC | Medicare | 30310.18 | | | | 21370.58 | 71827.49 | case rate | |
| MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC | 755 | MS-DRG | | | | inpatient | | | | 25165.71 | UHC | Medicare | 21883.22 | | | | 13111.97 | 41733.59 | case rate | |
| MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC | 756 | MS-DRG | | | | inpatient | | | | 23016 | UHC | Medicare | 20013.91 | | | | 11280 | 30429.36 | case rate | |
| INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC | 757 | MS-DRG | | | | inpatient | | | | 29395.81 | UHC | Medicare | 25561.58 | | | | 16716.84 | 56205.19 | case rate | |
| INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC | 758 | MS-DRG | | | | inpatient | | | | 23907.21 | UHC | Medicare | 20788.88 | | | | 12039.48 | 39802.74 | case rate | |
| INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC | 759 | MS-DRG | | | | inpatient | | | | 18650.06 | UHC | Medicare | 16217.45 | | | | 7559.37 | 27722.27 | case rate | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC | 760 | MS-DRG | | | | inpatient | | | | 23440.12 | UHC | Medicare | 20382.71 | | | | 11641.43 | 34002.4 | case rate | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC | 761 | MS-DRG | | | | inpatient | | | | 18866.52 | UHC | Medicare | 16143.93 | | | | 7487.32 | 21430.45 | case rate | |
| VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C | 768 | MS-DRG | | | | inpatient | | | | 23794.94 | UHC | Medicare | 20691.25 | | | | 8760 | 44132.52 | case rate | |
| POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE | 769 | MS-DRG | | | | inpatient | | | | 28855.27 | UHC | Medicare | 25091.54 | | | | 16256.19 | 56868.31 | case rate | |
| ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 770 | MS-DRG | | | | inpatient | | | | 24693.08 | UHC | Medicare | 21472.24 | | | | 12709.2 | 41655.58 | case rate | |
| POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE | 776 | MS-DRG | | | | inpatient | | | | 19668.78 | UHC | Medicare | 17103.29 | | | | 8427.52 | 25705.61 | case rate | |
| ABORTION W/O D&C | 779 | MS-DRG | | | | inpatient | | | | 22736.03 | UHC | Medicare | 19770.46 | | | | 11041.41 | 29422.98 | case rate | |
| CESAREAN SECTION W STERILIZATION W MCC | 783 | MS-DRG | | | | inpatient | | | | 35311.31 | UHC | Medicare | 30705.49 | | | | 8487 | 68086.72 | case rate | |
| CESAREAN SECTION W STERILIZATION W CC | 784 | MS-DRG | | | | inpatient | | | | 24790.1 | UHC | Medicare | 21556.61 | | | | 8487 | 42989.61 | case rate | |
| CESAREAN SECTION W STERILIZATION W/O CC/MCC | 785 | MS-DRG | | | | inpatient | | | | 21886.4 | UHC | Medicare | 19031.65 | | | | 8487 | 32980.42 | case rate | |
| CESAREAN SECTION W/O STERILIZATION W MCC | 786 | MS-DRG | | | | inpatient | | | | 32176.15 | UHC | Medicare | 27979.27 | | | | 8487 | 60648.08 | case rate | |
| CESAREAN SECTION W/O STERILIZATION W CC | 787 | MS-DRG | | | | inpatient | | | | 24496.26 | UHC | Medicare | 21301.1 | | | | 8487 | 42170.47 | case rate | |
| CESAREAN SECTION W/O STERILIZATION W/O CC/MCC | 788 | MS-DRG | | | | inpatient | | | | 22318.84 | UHC | Medicare | 19407.68 | | | | 8487 | 35133.6 | case rate | |
| NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY | 789 | MS-DRG | | | | inpatient | | | | 34763.84 | UHC | Medicare | 30229.43 | | | | 637 | 64895.95 | case rate | |
| EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE | 790 | MS-DRG | | | | inpatient | | | | 92175.23 | UHC | Medicare | 80152.38 | | | | 637 | 214004.1 | case rate | |
| PREMATURITY W MAJOR PROBLEMS | 791 | MS-DRG | | | | inpatient | | | | 66050.29 | UHC | Medicare | 57435.04 | | | | 637 | 146159.23 | case rate | |
| PREMATURITY W/O MAJOR PROBLEMS | 792 | MS-DRG | | | | inpatient | | | | 43732.72 | UHC | Medicare | 38026.46 | | | | 637 | 88187.03 | case rate | |
| FULL TERM NEONATE W MAJOR PROBLEMS | 793 | MS-DRG | | | | inpatient | | | | 67583.22 | UHC | Medicare | 58768.02 | | | | 637 | 150134.04 | case rate | |
| NEONATE W OTHER SIGNIFICANT PROBLEMS | 794 | MS-DRG | | | | inpatient | | | | 30239.9 | UHC | Medicare | 26295.56 | | | | 637 | 53139.24 | case rate | |
| NORMAL NEWBORN | 795 | MS-DRG | | | | inpatient | | | | 12548.84 | UHC | Medicare | 10912.03 | | | | 637 | 10912.03 | case rate | |
| VAGINAL DELIVERY W STERILIZATION/D&C W MCC | 796 | MS-DRG | | | | inpatient | | | | 24485.17 | UHC | Medicare | 21291.46 | | | | 6365 | 57270.08 | case rate | |
| VAGINAL DELIVERY W STERILIZATION/D&C W CC | 797 | MS-DRG | | | | inpatient | | | | 23198.95 | UHC | Medicare | 20173 | | | | 6365 | 33035.03 | case rate | |
| VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC | 798 | MS-DRG | | | | inpatient | | | | 23198.95 | UHC | Medicare | 20173 | | | | 6365 | 33035.03 | case rate | |
| SPLENECTOMY W MCC | 799 | MS-DRG | | | | inpatient | | | | 75681.69 | UHC | Medicare | 65810.16 | | | | 56161.42 | 183395.31 | case rate | |
| SPLENECTOMY W CC | 800 | MS-DRG | | | | inpatient | | | | 50165.21 | UHC | Medicare | 43621.92 | | | | 34416.41 | 102463.59 | case rate | |
| SPLENECTOMY W/O CC/MCC | 801 | MS-DRG | | | | inpatient | | | | 32533.75 | UHC | Medicare | 28290.21 | | | | 5977 | 60706.59 | case rate | |
| OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC | 802 | MS-DRG | | | | inpatient | | | | 59465.35 | UHC | Medicare | 51709 | | | | 8199 | 130564.23 | case rate | |
| OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC | 803 | MS-DRG | | | | inpatient | | | | 34650.6 | UHC | Medicare | 29967.04 | | | | 13379 | 67173.95 | case rate | |
| OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC | 804 | MS-DRG | | | | inpatient | | | | 25103.34 | UHC | Medicare | 21828.99 | | | | 13058.82 | 47998.11 | case rate | |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC | 805 | MS-DRG | | | | inpatient | | | | 23611.99 | UHC | Medicare | 20532.16 | | | | 6365 | 39911.96 | case rate | |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W CC | 806 | MS-DRG | | | | inpatient | | | | 19808.77 | UHC | Medicare | 17225.02 | | | | 6365 | 27593.55 | case rate | |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC | 807 | MS-DRG | | | | inpatient | | | | 18612.64 | UHC | Medicare | 16194.9 | | | | 6365 | 23963.2 | case rate | |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC | 808 | MS-DRG | | | | inpatient | | | | 41523.42 | UHC | Medicare | 36107.32 | | | | 27051.92 | 83833.84 | case rate | |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC | 809 | MS-DRG | | | | inpatient | | | | 26945.35 | UHC | Medicare | 23430.73 | | | | 14628.57 | 46983.93 | case rate | |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC | 810 | MS-DRG | | | | inpatient | | | | 22971.65 | UHC | Medicare | 19975.35 | | | | 11242.2 | 35964.45 | case rate | |
| RED BLOOD CELL DISORDERS W MCC | 811 | MS-DRG | | | | inpatient | | | | 29279.39 | UHC | Medicare | 25460.34 | | | | 16617.83 | 52883.49 | case rate | |
| RED BLOOD CELL DISORDERS W/O MCC | 812 | MS-DRG | | | | inpatient | | | | 22571.09 | UHC | Medicare | 19627.04 | | | | 10900.85 | 34450.98 | case rate | |
| COAGULATION DISORDERS | 813 | MS-DRG | | | | inpatient | | | | 31235.05 | UHC | Medicare | 27160.92 | | | | 18284.23 | 62859.78 | case rate | |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC | 814 | MS-DRG | | | | inpatient | | | | 36754.17 | UHC | Medicare | 31699.28 | | | | 24691.98 | 64868.64 | case rate | |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC | 815 | MS-DRG | | | | inpatient | | | | 23862.85 | UHC | Medicare | 20750.31 | | | | 12001.69 | 38137.14 | case rate | |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC | 816 | MS-DRG | | | | inpatient | | | | 18918.95 | UHC | Medicare | 16451.26 | | | | 7788.52 | 28147.45 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC | 817 | MS-DRG | | | | inpatient | | | | 40076.42 | UHC | Medicare | 34849.06 | | | | 25818.8 | 98754.02 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC | 818 | MS-DRG | | | | inpatient | | | | 23492.79 | UHC | Medicare | 20428.51 | | | | 11686.32 | 52991.01 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC | 819 | MS-DRG | | | | inpatient | | | | 19140.71 | UHC | Medicare | 16644.1 | | | | 7977.5 | 32726.87 | case rate | |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC | 820 | MS-DRG | | | | inpatient | | | | 90477.37 | UHC | Medicare | 78675.97 | | | | 68770.21 | 212342.41 | case rate | |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC | 821 | MS-DRG | | | | inpatient | | | | 40720.92 | UHC | Medicare | 35409.5 | | | | 6969 | 93394.46 | case rate | |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC | 822 | MS-DRG | | | | inpatient | | | | 25631.41 | UHC | Medicare | 22286.18 | | | | 8721 | 47190.67 | case rate | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC | 823 | MS-DRG | | | | inpatient | | | | 74638.02 | UHC | Medicare | 64902.63 | | | | 12547 | 176491.07 | case rate | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC | 824 | MS-DRG | | | | inpatient | | | | 40263.54 | UHC | Medicare | 35011.77 | | | | 22652 | 85596.96 | case rate | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC | 825 | MS-DRG | | | | inpatient | | | | 26838.62 | UHC | Medicare | 23337.93 | | | | 14537.62 | 53010.51 | case rate | |
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC | 826 | MS-DRG | | | | inpatient | | | | 75968.59 | UHC | Medicare | 66059.65 | | | | 56405.91 | 193002.74 | case rate | |
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC | 827 | MS-DRG | | | | inpatient | | | | 42488.08 | UHC | Medicare | 36946.16 | | | | 27874.01 | 87832.06 | case rate | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC | 808 | MS-DRG | | | | inpatient | | | | 31995.97 | UHC | Medicare | | | | | 18932.69 | 63792.05 | case rate | |
| MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC | 829 | MS-DRG | | | | inpatient | | | | 52521.43 | UHC | Medicare | | | | | 36424.37 | 121300.07 | case rate | |
| MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC | 830 | MS-DRG | | | | inpatient | | | | 30050.01 | UHC | Medicare | | | | | 17274.35 | 55343.13 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC | 831 | MS-DRG | | | | inpatient | | | | 25732.58 | UHC | Medicare | | | | | 13595.06 | 40103.1 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC | 832 | MS-DRG | | | | inpatient | | | | 20138.64 | UHC | Medicare | | | | | 8827.93 | 28038.23 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC | 833 | MS-DRG | | | | inpatient | | | | 16984.08 | UHC | Medicare | | | | | 6139.63 | 18735.06 | case rate | |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC | 834 | MS-DRG | | | | inpatient | | | | 86388.63 | UHC | Medicare | | | | | 65285.81 | 214842.75 | case rate | |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC | 835 | MS-DRG | | | | inpatient | | | | 39383.42 | UHC | Medicare | | | | | 25228.23 | 83318.95 | case rate | |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC | 836 | MS-DRG | | | | inpatient | | | | 26999.4 | UHC | Medicare | | | | | 14674.63 | 47299.89 | case rate | |
| CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC | 837 | MS-DRG | | | | inpatient | | | | 79179.98 | UHC | Medicare | | | | | 68852.16 | 59142.64 | 209627.52 | case rate |
| CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT | 838 | MS-DRG | | | | inpatient | | | | 37890.68 | UHC | Medicare | | | | | 32948.42 | 23956.12 | 91767.87 | case rate |
| CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC | 839 | MS-DRG | | | | inpatient | | | | 28773.5 | UHC | Medicare | | | | | 25020.43 | 16186.51 | 48988.89 | case rate |
| LYMPHOMA & NON-ACUTE LEUKEMIA W MCC | 840 | MS-DRG | | | | inpatient | | | | 53979.51 | UHC | Medicare | | | | | 46938.71 | 37666.94 | 128446.15 | case rate |
| LYMPHOMA & NON-ACUTE LEUKEMIA W CC | 841 | MS-DRG | | | | inpatient | | | | 31512.26 | UHC | Medicare | | | | | 27401.96 | 18520.46 | 63768.64 | case rate |
| LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC | 842 | MS-DRG | | | | inpatient | | | | 24359.05 | UHC | Medicare | | | | | 21181.78 | 12424.54 | 43730.75 | case rate |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC | 843 | MS-DRG | | | | inpatient | | | | 36020.95 | UHC | Medicare | | | | | 31322.57 | 22362.75 | 72006.92 | case rate |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC | 844 | MS-DRG | | | | inpatient | | | | 26345.2 | UHC | Medicare | | | | | 22908.87 | 14117.13 | 45981.45 | case rate |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC | 845 | MS-DRG | | | | inpatient | | | | 21377.73 | UHC | Medicare | | | | | 18589.33 | 9883.88 | 33787.86 | case rate |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC | 846 | MS-DRG | | | | inpatient | | | | 45175.56 | UHC | Medicare | | | | | 39283.1 | 30164.26 | 109917.83 | case rate |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC | 847 | MS-DRG | | | | inpatient | | | | 27391.64 | UHC | Medicare | | | | | 23818.82 | 15008.9 | 51742.79 | case rate |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC | 848 | MS-DRG | | | | inpatient | | | | 21129.64 | UHC | Medicare | | | | | 18373.6 | 9672.45 | 36377.93 | case rate |
| RADIOTHERAPY | 849 | MS-DRG | | | | inpatient | | | | 46801.35 | UHC | Medicare | | | | | 40896.83 | 31549.75 | 76851.59 | case rate |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC | 853 | MS-DRG | | | | inpatient | | | | 79098.21 | UHC | Medicare | | | | | 66781.05 | 59072.95 | 197262.3 | case rate |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC | 854 | MS-DRG | | | | inpatient | | | | 37473.49 | UHC | Medicare | | | | | 32585.65 | 23600.6 | 85924.62 | case rate |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC | 855 | MS-DRG | | | | inpatient | | | | 32310.6 | UHC | Medicare | | | | | 28096.17 | 19200.81 | 60850.92 | case rate |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC | 856 | MS-DRG | | | | inpatient | | | | 72310.91 | UHC | Medicare | | | | | 62879.05 | 53288.85 | 175075.12 | case rate |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC | 857 | MS-DRG | | | | inpatient | | | | 39979.4 | UHC | Medicare | | | | | 34764.7 | 25736.12 | 80225.7 | case rate |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC | 858 | MS-DRG | | | | inpatient | | | | 27636.97 | UHC | Medicare | | | | | 24032.14 | 15217.96 | 53833.56 | case rate |
| POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC | 862 | MS-DRG | | | | inpatient | | | | 35264.19 | UHC | Medicare | | | | | 30664.51 | 21717.84 | 71293.09 | case rate |
| POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC | 863 | MS-DRG | | | | inpatient | | | | 23638.32 | UHC | Medicare | | | | | 20555.06 | 11810.34 | 38414.09 | case rate |
| FEVER AND INFLAMMATORY CONDITIONS | 864 | MS-DRG | | | | inpatient | | | | 22225.97 | UHC | Medicare | | | | | 19326.93 | 10606.74 | 33713.75 | case rate |
| VIRAL ILLNESS W MCC | 865 | MS-DRG | | | | inpatient | | | | 29883.69 | UHC | Medicare | | | | | 25985.82 | 17132.61 | 53915.48 | case rate |
| VIRAL ILLNESS W/O MCC | 866 | MS-DRG | | | | inpatient | | | | 22043.02 | UHC | Medicare | | | | | 19167.84 | 10450.83 | 32001.34 | case rate |
| OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC | 867 | MS-DRG | | | | inpatient | | | | 39499.84 | UHC | Medicare | | | | | 34347.69 | 25327.44 | 83198.03 | case rate |
| OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC | 868 | MS-DRG | | | | inpatient | | | | 24334.1 | UHC | Medicare | | | | | 21160.09 | 12403.28 | 42006.64 | case rate |
| OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC | 869 | MS-DRG | | | | inpatient | | | | 19753.33 | UHC | Medicare | | | | | 17176.81 | 8499.57 | 29953.48 | case rate |
| SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS | 870 | MS-DRG | | | | inpatient | | | | 106197.52 | UHC | Medicare | | | | | 92345.67 | 82166.84 | 245560.77 | case rate |
| SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC | 871 | MS-DRG | | | | inpatient | | | | 36974.53 | UHC | Medicare | | | | | 32151.76 | 23175.38 | 72412.59 | case rate |
| SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC | 872 | MS-DRG | | | | inpatient | | | | 24069.37 | UHC | Medicare | | | | | 20929.89 | 12177.68 | 41070.47 | case rate |
| O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS | 876 | MS-DRG | | | | inpatient | | | | 64244.32 | UHC | Medicare | | | | | 55864.62 | 46414.55 | 128777.71 | case rate |
| ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION | 880 | MS-DRG | | | | inpatient | | | | 23066.9 | UHC | Medicare | | | | | 20057.3 | 2090 | 20057.3 | case rate |
| DEPRESSIVE NEUROSES | 881 | MS-DRG | | | | inpatient | | | | 22449.12 | UHC | Medicare | | | | | 19520.98 | 2090 | 19520.98 | case rate |
| NEUROSES EXCEPT DEPRESSIVE | 882 | MS-DRG | | | | inpatient | | | | 23113.02 | UHC | Medicare | | | | | 20098.28 | 2090 | 20098.28 | case rate |
| DISORDERS OF PERSONALITY & IMPULSE CONTROL | 883 | MS-DRG | | | | inpatient | | | | 35474.86 | UHC | Medicare | | | | | 30847.71 | 2090 | 32167.02 | case rate |
| ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY | 884 | MS-DRG | | | | inpatient | | | | 32928.76 | UHC | Medicare | | | | | 28633.7 | 2090 | 28979.64 | case rate |
| PSYCHOSES | 885 | MS-DRG | | | | inpatient | | | | 29316.81 | UHC | Medicare | | | | | 25492.88 | 2090 | 25492.88 | case rate |
| BEHAVIORAL & DEVELOPMENTAL DISORDERS | 886 | MS-DRG | | | | inpatient | | | | 34679.29 | UHC | Medicare | | | | | 30155.91 | 2090 | 31171.07 | case rate |
| OTHER MENTAL DISORDER DIAGNOSES | 887 | MS-DRG | | | | inpatient | | | | 26264.81 | UHC | Medicare | | | | | 22838.97 | 2090 | 22838.97 | case rate |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA | 894 | MS-DRG | | | | inpatient | | | | 18429.69 | UHC | Medicare | | | | | 16025.81 | 2090 | 94920.59 | case rate |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY | 895 | MS-DRG | | | | inpatient | | | | 29229.49 | UHC | Medicare | | | | | 25416.95 | 2090 | 25416.95 | case rate |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC | 896 | MS-DRG | | | | inpatient | | | | 34461.69 | UHC | Medicare | | | | | 29966.69 | 2090 | 30898.66 | case rate |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC | 897 | MS-DRG | | | | inpatient | | | | 22006.98 | UHC | Medicare | | | | | 19136.51 | 2090 | 19136.51 | case rate |
| WOUND DEBRIDEMENTS FOR INJURIES W MCC | 901 | MS-DRG | | | | inpatient | | | | 71186.85 | UHC | Medicare | | | | | 61901.61 | 13124 | 174162.35 | case rate |
| WOUND DEBRIDEMENTS FOR INJURIES W CC | 902 | MS-DRG | | | | inpatient | | | | 36080.55 | UHC | Medicare | | | | | 31374.39 | 22413.54 | 74909.04 | case rate |
| WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC | 903 | MS-DRG | | | | inpatient | | | | 26676.46 | UHC | Medicare | | | | | 23196.92 | 14399.42 | 56429.51 | case rate |
| SKIN GRAFTS FOR INJURIES W CC/MCC | 904 | MS-DRG | | | | inpatient | | | | 63294.9 | UHC | Medicare | | | | | 55039.04 | 45605.46 | 125836.58 | case rate |
| SKIN GRAFTS FOR INJURIES W/O CC/MCC | 905 | MS-DRG | | | | inpatient | | | | 32623.84 | UHC | Medicare | | | | | 28368.55 | 19467.75 | 69011.18 | case rate |
| HAND PROCEDURES FOR INJURIES | 906 | MS-DRG | | | | inpatient | | | | 40029.3 | UHC | Medicare | | | | | 34803.09 | 25778.64 | 71897.7 | case rate |
| OTHER O.R. PROCEDURES FOR INJURIES W MCC | 907 | MS-DRG | | | | inpatient | | | | 64994.15 | UHC | Medicare | | | | | 56516.65 | 47053.55 | 164457.41 | case rate |
| OTHER O.R. PROCEDURES FOR INJURIES W CC | 908 | MS-DRG | | | | inpatient | | | | 37736.84 | UHC | Medicare | | | | | 32814.64 | 23825.02 | 77733.15 | case rate |
| OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC | 909 | MS-DRG | | | | inpatient | | | | 27358.38 | UHC | Medicare | | | | | 23789.89 | 14980.55 | 51699.88 | case rate |
| TRAUMATIC INJURY W MCC | 913 | MS-DRG | | | | inpatient | | | | 32209.42 | UHC | Medicare | | | | | 28008.19 | 19114.58 | 57414.4 | case rate |
| TRAUMATIC INJURY W/O MCC | 914 | MS-DRG | | | | inpatient | | | | 22481 | UHC | Medicare | | | | | 19548.7 | 10824.08 | 84762.6 | case rate |
| ALLERGIC REACTIONS W MCC | 915 | MS-DRG | | | | inpatient | | | | 33867.09 | UHC | Medicare | | | | | 29449.64 | 20527.24 | 65410.84 | case rate |
| ALLERGIC REACTIONS W/O MCC | 916 | MS-DRG | | | | inpatient | | | | 18984.09 | UHC | Medicare | | | | | 16507.91 | 7844.03 | 24781.15 | case rate |
| POISONING & TOXIC EFFECTS OF DRUGS W MCC | 917 | MS-DRG | | | | inpatient | | | | 32506.03 | UHC | Medicare | | | | | 28266.11 | 19367.35 | 57484.62 | case rate |
| POISONING & TOXIC EFFECTS OF DRUGS W/O MCC | 918 | MS-DRG | | | | inpatient | | | | 22040.25 | UHC | Medicare | | | | | 19165.43 | 10448.47 | 30374.75 | case rate |
| COMPLICATIONS OF TREATMENT W MCC | 919 | MS-DRG | | | | inpatient | | | | 39594.9 | UHC | Medicare | | | | | 30482.52 | 21539.49 | 71160.47 | case rate |
| COMPLICATIONS OF TREATMENT W CC | 920 | MS-DRG | | | | inpatient | | | | 23860.08 | UHC | Medicare | | | | | 20747.9 | 11999.32 | 39127.92 | case rate |
| COMPLICATIONS OF TREATMENT W/O CC/MCC | 921 | MS-DRG | | | | inpatient | | | | 19311.19 | UHC | Medicare | | | | | 16792.34 | 8122.78 | 27562.35 | case rate |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC | 922 | MS-DRG | | | | inpatient | | | | 33194.87 | UHC | Medicare | | | | | 28865.11 | 19954.38 | 60788.51 | case rate |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC | 923 | MS-DRG | | | | inpatient | | | | 23915.52 | UHC | Medicare | | | | | 20796.11 | 12046.57 | 37582.48 | case rate |
| EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT | 927 | MS-DRG | | | | inpatient | | | | 288538.5 | UHC | Medicare | | | | | 250903.04 | 237556.83 | 717124.19 | case rate |
| FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC | 928 | MS-DRG | | | | inpatient | | | | 102349.95 | UHC | Medicare | | | | | 89999.95 | 78887.96 | 229189.53 | case rate |
| FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC | 929 | MS-DRG | | | | inpatient | | | | 53860.31 | UHC | Medicare | | | | | 46835.06 | 37565.36 | 115936.61 | case rate |
| EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT | 933 | MS-DRG | | | | inpatient | | | | 69750.94 | UHC | Medicare | | | | | 60662.99 | 33318 | 111571.72 | case rate |
| FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ | 934 | MS-DRG | | | | inpatient | | | | 39520.63 | UHC | Medicare | | | | | 34365.77 | 25345.16 | 71519.33 | case rate |
| NON-EXTENSIVE BURNS | 935 | MS-DRG | | | | inpatient | | | | 40221.96 | UHC | Medicare | | | | | 34975.61 | 25942.82 | 71059.05 | case rate |
| O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC | 939 | MS-DRG | | | | inpatient | | | | 53771.61 | UHC | Medicare | | | | | 46757.92 | 37489.76 | 127892.25 | case rate |
| O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC | 940 | MS-DRG | | | | inpatient | | | | 38043.84 | UHC | Medicare | | | | | 33951.17 | 24938.84 | 84820.72 | case rate |
| O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC | 941 | MS-DRG | | | | inpatient | | | | 36866.42 | UHC | Medicare | | | | | 32057.76 | 23083.25 | 72217.56 | case rate |
| REHABILITATION W CC/MCC | 945 | MS-DRG | | | | inpatient | | | | 30937.06 | UHC | Medicare | | | | | 26901.79 | 18030.29 | 53240.65 | case rate |
| REHABILITATION W/O CC/MCC | 946 | MS-DRG | | | | inpatient | | | | 25254.41 | UHC | Medicare | | | | | 21960.36 | 13187.56 | 40872.6 | case rate |
| SIGNS & SYMPTOMS W MCC | 947 | MS-DRG | | | | inpatient | | | | 27606.47 | UHC | Medicare | | | | | 24005.63 | 15191.98 | 47026.84 | case rate |
| SIGNS & SYMPTOMS W/O MCC | 948 | MS-DRG | | | | inpatient | | | | 20791.45 | UHC | Medicare | | | | | 18079.52 | 9384.25 | 30433.26 | case rate |
| AFTERCARE W CC/MCC | 949 | MS-DRG | | | | inpatient | | | | 24734.66 | UHC | Medicare | | | | | 21508.4 | 12744.63 | 44709.82 | case rate |
| AFTERCARE W/O CC/MCC | 950 | MS-DRG | | | | inpatient | | | | 17903 | UHC | Medicare | | | | | 15567.83 | 6922.73 | 29056.31 | case rate |
| OTHER FACTORS INFLUENCING HEALTH STATUS | 951 | MS-DRG | | | | inpatient | | | | 17638.27 | UHC | Medicare | | | | | 15337.63 | 6697.13 | 31143.19 | case rate |
| CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | 955 | MS-DRG | | | | inpatient | | | | 104420.65 | UHC | Medicare | | | | | 90800.56 | 80652.6 | 237821.78 | case rate |
| LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA | 956 | MS-DRG | | | | inpatient | | | | 62758.51 | UHC | Medicare | | | | | 54572.62 | 45148.35 | 147594.69 | case rate |
| OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC | 957 | MS-DRG | | | | inpatient | | | | 113234.3 | UHC | Medicare | | | | | 98464.61 | 88163.55 | 296394.69 | case rate |
| OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC | 958 | MS-DRG | | | | inpatient | | | | 66741.91 | UHC | Medicare | | | | | 58036.44 | 48542.98 | 163041.46 | case rate |
| OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC | 959 | MS-DRG | | | | inpatient | | | | 46424.36 | UHC | Medicare | | | | | 40369.01 | 31228.48 | 95594.45 | case rate |
| OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC | 963 | MS-DRG | | | | inpatient | | | | 47433.38 | UHC | Medicare | | | | | 41246.41 | 32088.36 | 109024.57 | case rate |
| OTHER MULTIPLE SIGNIFICANT TRAUMA W CC | 964 | MS-DRG | | | | inpatient | | | | 35571.15 | UHC | Medicare | | | | | 30583.61 | 17718.46 | 57531.42 | case rate |
| OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC | 965 | MS-DRG | | | | inpatient | | | | 22428.33 | UHC | Medicare | | | | | 19502.9 | 10779.19 | 38004.52 | case rate |
| HIV W EXTENSIVE O.R. PROCEDURE W MCC | 969 | MS-DRG | | | | inpatient | | | | 97435.15 | UHC | Medicare | | | | | 84726.22 | 74699.6 | 218388.49 | case rate |
| HIV W EXTENSIVE O.R. PROCEDURE W/O MCC | 970 | MS-DRG | | | | inpatient | | | | 46554.64 | UHC | Medicare | | | | | 40482.3 | 31339.51 | 108739.81 | case rate |
| HIV W MAJOR RELATED CONDITION W MCC | 974 | MS-DRG | | | | inpatient | | | | 51168.68 | UHC | Medicare | | | | | 44494.5 | 35271.56 | 106216.06 | case rate |
| HIV W MAJOR RELATED CONDITION W CC | 975 | MS-DRG | | | | inpatient | | | | 29480.36 | UHC | Medicare | | | | | 25635.1 | 16788.89 | 50315.13 | case rate |
| HIV W MAJOR RELATED CONDITION W/O CC/MCC | 976 | MS-DRG | | | | inpatient | | | | 23681.29 | UHC | Medicare | | | | | 20592.42 | 11846.95 | 36611.97 | case rate |
| HIV W OR W/O OTHER RELATED CONDITION | 977 | MS-DRG | | | | inpatient | | | | 29764.49 | UHC | Medicare | | | | | 25882.17 | 17031.03 | 49634.29 | case rate |
| EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC | 981 | MS-DRG | | | | inpatient | | | | 75669.21 | UHC | Medicare | | | | | 65799.32 | 11302 | 170480.09 | case rate |
| EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC | 982 | MS-DRG | | | | inpatient | | | | 43713.32 | UHC | Medicare | | | | | 38011.58 | 14901 | 95680.27 | case rate |
| EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC | 983 | MS-DRG | | | | inpatient | | | | 32901.04 | UHC | Medicare | | | | | 28609.6 | 19703.98 | 61205.88 | case rate |
| NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC | 987 | MS-DRG | | | | inpatient | | | | 58327.43 | UHC | Medicare | | | | | 50719.51 | 41372.21 | 129994.73 | case rate |
| NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC | 988 | MS-DRG | | | | inpatient | | | | 33563.55 | UHC | Medicare | | | | | 29185.7 | 20268.57 | 66042.75 | case rate |
| NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC | 989 | MS-DRG | | | | inpatient | | | | 25794.96 | UHC | Medicare | | | | | 22430.4 | 13648.21 | 40594.58 | case rate |
| HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC | 001 | MS-DRG | | | | inpatient | | | | 409195.63 | United | Commercial\|PPO | 488748.17 | | | | 332710.44 | 1030198.27 | case rate | |
| HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC | 002 | MS-DRG | | | | inpatient | | | | 140127.09 | United | Commercial\|PPO | 163177.48 | | | | 111081.44 | 523579.26 | case rate | |
| ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R. | 003 | MS-DRG | | | | inpatient | | | | 306824.15 | United | Commercial\|PPO | 371859.69 | | | | 253139.77 | 713726.68 | case rate | For One Day Stay, Rate = $6,649/case |
| TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R. | 004 | MS-DRG | | | | inpatient | | | | 205623.09 | United | Commercial\|PPO | 245169.63 | | | | 166896.78 | 445428.73 | case rate | For One Day Stay, Rate = $6,649/case |
| LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT | 005 | MS-DRG | | | | inpatient | | | | 157381.56 | United | Commercial\|PPO | 184777.74 | | | | 125765.6 | 295704 | case rate | |
| LIVER TRANSPLANT W/O MCC | 006 | MS-DRG | | | | inpatient | | | | 76990.08 | United | Commercial\|PPO | 84138.47 | | | | 57276.42 | 295704 | case rate | |
| LUNG TRANSPLANT | 007 | MS-DRG | | | | inpatient | | | | 190914.73 | United | Commercial\|PPO | 226756.75 | | | | 154362.39 | 415463.56 | case rate | |
| SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT | 008 | MS-DRG | | | | inpatient | | | | 85193.89 | United | Commercial\|PPO | 94408.53 | | | | 64267.66 | 204747.74 | case rate | |
| PANCREAS TRANSPLANT | 010 | MS-DRG | | | | inpatient | | | | 120286.33 | United | Commercial\|PPO | 138339.52 | | | | 76104.35 | 176073.7 | case rate | |
| TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC | 011 | MS-DRG | | | | inpatient | | | | 84567.41 | United | Commercial\|PPO | 93624.26 | | | | 63733.78 | 260411 | case rate | For One Day Stay, Rate = $6,649/case |
| TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC | 012 | MS-DRG | | | | inpatient | | | | 66657.36 | United | Commercial\|PPO | 71203.3 | | | | 48470.93 | 260411 | case rate | For One Day Stay, Rate = $6,649/case |
| TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC | 013 | MS-DRG | | | | inpatient | | | | 46508.91 | United | Commercial\|PPO | 45960.15 | | | | 31300.53 | 260411 | case rate | For One Day Stay, Rate = $6,649/case |
| ALLOGENEIC BONE MARROW TRANSPLANT | 014 | MS-DRG | | | | inpatient | | | | 191372.12 | United | Commercial\|PPO | 227329.33 | | | | 154752.17 | 466145.35 | case rate | |
| AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY | 016 | MS-DRG | | | | inpatient | | | | 93437.89 | United | Commercial\|PPO | 104728.9 | | | | 71293.15 | 250082.38 | case rate | |
| AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC | 017 | MS-DRG | | | | inpatient | | | | 93437.89 | United | Commercial\|PPO | 104728.9 | | | | 71293.15 | 170893.57 | case rate | |
| CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY | 018 | MS-DRG | | | | inpatient | | | | 532483.55 | United | Commercial\|PPO | 654354.79 | | | | 445445.49 | 654354.79 | case rate | |
| SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS | 019 | MS-DRG | | | | inpatient | | | | 119652.92 | United | Commercial\|PPO | 137546.58 | | | | 93633.46 | 137546.58 | case rate | |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC | 020 | MS-DRG | | | | inpatient | | | | 121507.41 | United | Commercial\|PPO | 139868.15 | | | | 95213.84 | 406659.68 | case rate | For One Day Stay, Rate = $6,649/case |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC | 021 | MS-DRG | | | | inpatient | | | | 83805.11 | United | Commercial\|PPO | 92669.96 | | | | 63084.15 | 308373.74 | case rate | For One Day Stay, Rate = $6,649/case |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC | 022 | MS-DRG | | | | inpatient | | | | 48061.24 | United | Commercial\|PPO | 47923.46 | | | | 32623.42 | 201178.6 | case rate | For One Day Stay, Rate = $6,649/case |
| CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL | 023 | MS-DRG | | | | inpatient | | | | 88862.96 | United | Commercial\|PPO | 98989.19 | | | | 67385.9 | 212982.12 | case rate | For One Day Stay, Rate = $6,649/case |
| CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC | 024 | MS-DRG | | | | inpatient | | | | 62471.61 | United | Commercial\|PPO | 65963.3 | | | | 44903.86 | 313612.23 | case rate | For One Day Stay, Rate = $6,649/case |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC | 025 | MS-DRG | | | | inpatient | | | | 71766.2 | United | Commercial\|PPO | 77588.88 | | | | 52824.66 | 166852.44 | case rate | For One Day Stay, Rate = $6,649/case |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC | 026 | MS-DRG | | | | inpatient | | | | 52172.15 | United | Commercial\|PPO | 53089.77 | | | | 36126.72 | 117633.41 | case rate | For One Day Stay, Rate = $6,649/case |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC | 027 | MS-DRG | | | | inpatient | | | | 43983.59 | United | Commercial\|PPO | 42818.8 | | | | 29148.47 | 93839.14 | case rate | For One Day Stay, Rate = $6,649/case |
| SPINAL PROCEDURES W MCC | 028 | MS-DRG | | | | inpatient | | | | 94042.19 | United | Commercial\|PPO | 105485.4 | | | | 71808.14 | 209654.82 | case rate | For One Day Stay, Rate = $6,649/case |
| SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS | 029 | MS-DRG | | | | inpatient | | | | 56303.85 | United | Commercial\|PPO | 58242.1 | | | | 39647.73 | 123094.39 | case rate | For One Day Stay, Rate = $6,649/case |
| SPINAL PROCEDURES W/O CC/MCC | 030 | MS-DRG | | | | inpatient | | | | 40623.9 | United | Commercial\|PPO | 38612.92 | | | | 26286.36 | 84867.53 | case rate | For One Day Stay, Rate = $6,649/case |
| VENTRICULAR SHUNT PROCEDURES W MCC | 031 | MS-DRG | | | | inpatient | | | | 67861.81 | United | Commercial\|PPO | 72711.1 | | | | 49497.36 | 163162.38 | case rate | For One Day Stay, Rate = $6,649/case |
| VENTRICULAR SHUNT PROCEDURES W CC | 032 | MS-DRG | | | | inpatient | | | | 39379.26 | United | Commercial\|PPO | 37054.8 | | | | 25224.68 | 103005.11 | case rate | For One Day Stay, Rate = $6,649/case |
| VENTRICULAR SHUNT PROCEDURES W/O CC/MCC | 033 | MS-DRG | | | | inpatient | | | | 31863.41 | United | Commercial\|PPO | 27883.52 | | | | 18845.28 | 59398.47 | case rate | For One Day Stay, Rate = $6,649/case |
| CAROTID ARTERY STENT PROCEDURE W MCC | 034 | MS-DRG | | | | inpatient | | | | 63677.44 | United | Commercial\|PPO | 67472.83 | | | | 45931.46 | 279134.99 | case rate | For One Day Stay, Rate = $6,649/case |
| CAROTID ARTERY STENT PROCEDURE W CC | 035 | MS-DRG | | | | inpatient | | | | 41308.59 | United | Commercial\|PPO | 39470.05 | | | | 26868.85 | 86607.24 | case rate | For One Day Stay, Rate = $6,649/case |
| CAROTID ARTERY STENT PROCEDURE W/O CC/MCC | 036 | MS-DRG | | | | inpatient | | | | 35166.57 | United | Commercial\|PPO | 31806.12 | | | | 21651.7 | 67326.08 | case rate | For One Day Stay, Rate = $6,649/case |
| EXTRACRANIAL PROCEDURES W MCC | 037 | MS-DRG | | | | inpatient | | | | 55807.66 | United | Commercial\|PPO | 57620.94 | | | | 39224.88 | 125204.67 | case rate | For One Day Stay, Rate = $6,649/case |
| EXTRACRANIAL PROCEDURES W CC | 038 | MS-DRG | | | | inpatient | | | | 32112.4 | United | Commercial\|PPO | 27957.67 | | | | 19031.9 | 65208 | case rate | For One Day Stay, Rate = $6,649/case |
| EXTRACRANIAL PROCEDURES W/O CC/MCC | 039 | MS-DRG | | | | inpatient | | | | 25555.18 | United | Commercial\|PPO | 19748.91 | | | | 13443.87 | 44171.53 | case rate | For One Day Stay, Rate = $6,649/case |
| PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC | 040 | MS-DRG | | | | inpatient | | | | 62061.35 |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
| SPINAL DISORDERS & INJURIES W CC/MCC | 052 | MS-DRG | | | | inpatient | | | | 37673.08 | United | Commercial/PPO | 34918.89 | | | | 23770.68 | 80333.48 | case rate | For One Day Stay, Rate = $6,649/case |
| SPINAL DISORDERS & INJURIES W/O CC/MCC | 053 | MS-DRG | | | | inpatient | | | | 22550.3 | United | Commercial/PPO | 15987.21 | | | | 10883.13 | 98314.19 | case rate | For One Day Stay, Rate = $6,649/case |
| NERVOUS SYSTEM NEOPLASMS W MCC | 054 | MS-DRG | | | | inpatient | | | | 30557.29 | United | Commercial/PPO | 26010.88 | | | | 17706.65 | 143596.19 | case rate | For One Day Stay, Rate = $6,649/case |
| NERVOUS SYSTEM NEOPLASMS W/O MCC | 055 | MS-DRG | | | | inpatient | | | | 24900.98 | United | Commercial/PPO | 18929.94 | | | | 12686.37 | 40848.13 | case rate | For One Day Stay, Rate = $6,649/case |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC | 056 | MS-DRG | | | | inpatient | | | | 44486.71 | United | Commercial/PPO | 43448.64 | | | | 29577.23 | 82870.37 | case rate | For One Day Stay, Rate = $6,649/case |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC | 057 | MS-DRG | | | | inpatient | | | | 28274.53 | United | Commercial/PPO | 23153.17 | | | | 15761.29 | 47155.56 | case rate | For One Day Stay, Rate = $6,649/case |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC | 058 | MS-DRG | | | | inpatient | | | | 35363.98 | United | Commercial/PPO | 32028.21 | | | | 21802.88 | 68636.72 | case rate | For One Day Stay, Rate = $6,649/case |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC | 059 | MS-DRG | | | | inpatient | | | | 26738.83 | United | Commercial/PPO | 21230.68 | | | | 14452.58 | 42880.4 | case rate | For One Day Stay, Rate = $6,649/case |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC | 060 | MS-DRG | | | | inpatient | | | | 22148.36 | United | Commercial/PPO | 15484.03 | | | | 10540.6 | 32481.13 | case rate | For One Day Stay, Rate = $6,649/case |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC | 061 | MS-DRG | | | | inpatient | | | | 47249.04 | United | Commercial/PPO | 46906.69 | | | | 31931.26 | 111080.23 | case rate | For One Day Stay, Rate = $6,649/case |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC | 062 | MS-DRG | | | | inpatient | | | | 34463.07 | United | Commercial/PPO | 30900.4 | | | | 21035.14 | 121708.96 | case rate | For One Day Stay, Rate = $6,649/case |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC | 063 | MS-DRG | | | | inpatient | | | | 29250.28 | United | Commercial/PPO | 24374.68 | | | | 16592.82 | 136083.64 | case rate | For One Day Stay, Rate = $6,649/case |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC | 064 | MS-DRG | | | | inpatient | | | | 37350.14 | United | Commercial/PPO | 34514.61 | | | | 23495.48 | 215326.95 | case rate | For One Day Stay, Rate = $6,649/case |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS | 065 | MS-DRG | | | | inpatient | | | | 23873.94 | United | Commercial/PPO | 17644.23 | | | | 12011.13 | 40235.72 | case rate | For One Day Stay, Rate = $6,649/case |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC | 066 | MS-DRG | | | | inpatient | | | | 19319.51 | United | Commercial/PPO | 11942.69 | | | | 8129.87 | 28350.29 | case rate | For One Day Stay, Rate = $6,649/case |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC | 067 | MS-DRG | | | | inpatient | | | | 29944.68 | United | Commercial/PPO | 25243.97 | | | | 17184.58 | 58565.11 | case rate | For One Day Stay, Rate = $6,649/case |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC | 068 | MS-DRG | | | | inpatient | | | | 21997.28 | United | Commercial/PPO | 15294.91 | | | | 10411.85 | 35055.59 | case rate | For One Day Stay, Rate = $6,649/case |
| TRANSIENT ISCHEMIA W/O THROMBOLYTIC | 069 | MS-DRG | | | | inpatient | | | | 20869.07 | United | Commercial/PPO | 13882.54 | | | | 9450.4 | 29859.86 | case rate | For One Day Stay, Rate = $6,649/case |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC | 070 | MS-DRG | | | | inpatient | | | | 33879.56 | United | Commercial/PPO | 30169.92 | | | | 20537.87 | 64178.22 | case rate | For One Day Stay, Rate = $6,649/case |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W CC | 071 | MS-DRG | | | | inpatient | | | | 24396.77 | United | Commercial/PPO | 18286.22 | | | | 12446.16 | 38453.1 | case rate | For One Day Stay, Rate = $6,649/case |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC | 072 | MS-DRG | | | | inpatient | | | | 20177.45 | United | Commercial/PPO | 13016.72 | | | | 8861 | 28943.19 | case rate | For One Day Stay, Rate = $6,649/case |
| CRANIAL & PERIPHERAL NERVE DISORDERS W MCC | 073 | MS-DRG | | | | inpatient | | | | 31201.79 | United | Commercial/PPO | 26817.71 | | | | 18255.89 | 55042.78 | case rate | For One Day Stay, Rate = $6,649/case |
| CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC | 074 | MS-DRG | | | | inpatient | | | | 24227.38 | United | Commercial/PPO | 18086.68 | | | | 12312.33 | 37988.92 | case rate | For One Day Stay, Rate = $6,649/case |
| VIRAL MENINGITIS W CC/MCC | 075 | MS-DRG | | | | inpatient | | | | 32817.88 | United | Commercial/PPO | 28840.83 | | | | 19633.11 | 57792.77 | case rate | For One Day Stay, Rate = $6,649/case |
| VIRAL MENINGITIS W/O CC/MCC | 076 | MS-DRG | | | | inpatient | | | | 22487.93 | United | Commercial/PPO | 15909.13 | | | | 10829.98 | 32172.97 | case rate | For One Day Stay, Rate = $6,649/case |
| HYPERTENSIVE ENCEPHALOPATHY W MCC | 077 | MS-DRG | | | | inpatient | | | | 31211.49 | United | Commercial/PPO | 26829.85 | | | | 18264.15 | 60538.86 | case rate | For One Day Stay, Rate = $6,649/case |
| HYPERTENSIVE ENCEPHALOPATHY W CC | 078 | MS-DRG | | | | inpatient | | | | 23610.6 | United | Commercial/PPO | 17314.56 | | | | 11786.72 | 37840.69 | case rate | For One Day Stay, Rate = $6,649/case |
| HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC | 079 | MS-DRG | | | | inpatient | | | | 18949.44 | United | Commercial/PPO | 11479.42 | | | | 7814.5 | 29118.73 | case rate | For One Day Stay, Rate = $6,649/case |
| NONTRAUMATIC STUPOR & COMA W MCC | 080 | MS-DRG | | | | inpatient | | | | 37070.16 | United | Commercial/PPO | 34164.12 | | | | 23256.88 | 73286.35 | case rate | For One Day Stay, Rate = $6,649/case |
| NONTRAUMATIC STUPOR & COMA W/O MCC | 081 | MS-DRG | | | | inpatient | | | | 22320.22 | United | Commercial/PPO | 15699.18 | | | | 10687.06 | 33335.38 | case rate | For One Day Stay, Rate = $6,649/case |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC | 082 | MS-DRG | | | | inpatient | | | | 41937.84 | United | Commercial/PPO | 40257.79 | | | | 27405.09 | 84200.51 | case rate | For One Day Stay, Rate = $6,649/case |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W CC | 083 | MS-DRG | | | | inpatient | | | | 29050.7 | United | Commercial/PPO | 24124.83 | | | | 16422.74 | 50514.07 | case rate | For One Day Stay, Rate = $6,649/case |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC | 084 | MS-DRG | | | | inpatient | | | | 23031.25 | United | Commercial/PPO | 16589.29 | | | | 11292.99 | 36015.16 | case rate | For One Day Stay, Rate = $6,649/case |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC | 085 | MS-DRG | | | | inpatient | | | | 41166.62 | United | Commercial/PPO | 39317.37 | | | | 26764.9 | 85035.26 | case rate | For One Day Stay, Rate = $6,649/case |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W CC | 086 | MS-DRG | | | | inpatient | | | | 27958.52 | United | Commercial/PPO | 22757.57 | | | | 15491.99 | 48489.6 | case rate | For One Day Stay, Rate = $6,649/case |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC | 087 | MS-DRG | | | | inpatient | | | | 22031.93 | United | Commercial/PPO | 15338.28 | | | | 10441.38 | 32972.62 | case rate | For One Day Stay, Rate = $6,649/case |
| CONCUSSION W MCC | 088 | MS-DRG | | | | inpatient | | | | 29332.06 | United | Commercial/PPO | 24477.06 | | | | 16662.51 | 57714.76 | case rate | For One Day Stay, Rate = $6,649/case |
| CONCUSSION W CC | 089 | MS-DRG | | | | inpatient | | | | 24639.02 | United | Commercial/PPO | 18602.01 | | | | 12663.13 | 41639.97 | case rate | For One Day Stay, Rate = $6,649/case |
| CONCUSSION W/O CC/MCC | 090 | MS-DRG | | | | inpatient | | | | 21661.87 | United | Commercial/PPO | 14875.01 | | | | 10126.02 | 30948.15 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER DISORDERS OF NERVOUS SYSTEM W MCC | 091 | MS-DRG | | | | inpatient | | | | 35045.2 | United | Commercial/PPO | 31629.14 | | | | 21531.22 | 62879.28 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER DISORDERS OF NERVOUS SYSTEM W CC | 092 | MS-DRG | | | | inpatient | | | | 24453.3 | United | Commercial/PPO | 18369.5 | | | | 12504.86 | 36795.3 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC | 093 | MS-DRG | | | | inpatient | | | | 20719.38 | United | Commercial/PPO | 13695.14 | | | | 9322.83 | 28779.36 | case rate | For One Day Stay, Rate = $6,649/case |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC | 094 | MS-DRG | | | | inpatient | | | | 60351.01 | United | Commercial/PPO | 63308.59 | | | | 43096.69 | 143463.85 | case rate | For One Day Stay, Rate = $6,649/case |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC | 095 | MS-DRG | | | | inpatient | | | | 43005.07 | United | Commercial/PPO | 41593.82 | | | | 28314.58 | 92871.77 | case rate | For One Day Stay, Rate = $6,649/case |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC | 096 | MS-DRG | | | | inpatient | | | | 43005.07 | United | Commercial/PPO | 41593.82 | | | | 28314.58 | 82343.78 | case rate | For One Day Stay, Rate = $6,649/case |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC | 097 | MS-DRG | | | | inpatient | | | | 59462.57 | United | Commercial/PPO | 62196.39 | | | | 42339.57 | 138041.87 | case rate | For One Day Stay, Rate = $6,649/case |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC | 098 | MS-DRG | | | | inpatient | | | | 39846.35 | United | Commercial/PPO | 37639.52 | | | | 25622.73 | 72182.45 | case rate | For One Day Stay, Rate = $6,649/case |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC | 099 | MS-DRG | | | | inpatient | | | | 29090.89 | United | Commercial/PPO | 24175.15 | | | | 16456.99 | 49652.01 | case rate | For One Day Stay, Rate = $6,649/case |
| SEIZURES W MCC | 100 | MS-DRG | | | | inpatient | | | | 37296.08 | United | Commercial/PPO | 34446.94 | | | | 23449.41 | 70696.29 | case rate | For One Day Stay, Rate = $6,649/case |
| SEIZURES W/O MCC | 101 | MS-DRG | | | | inpatient | | | | 22554.46 | United | Commercial/PPO | 15992.42 | | | | 10886.68 | 33808.79 | case rate | For One Day Stay, Rate = $6,649/case |
| HEADACHES W MCC | 102 | MS-DRG | | | | inpatient | | | | 25850.4 | United | Commercial/PPO | 20118.48 | | | | 13695.46 | 41991.04 | case rate | For One Day Stay, Rate = $6,649/case |
| HEADACHES W/O MCC | 103 | MS-DRG | | | | inpatient | | | | 21563.46 | United | Commercial/PPO | 14751.82 | | | | 10042.15 | 30480.07 | case rate | For One Day Stay, Rate = $6,649/case |
| ORBITAL PROCEDURES W CC/MCC | 113 | MS-DRG | | | | inpatient | | | | 40787.45 | United | Commercial/PPO | 38817.66 | | | | 26424.73 | 89821.42 | case rate | For One Day Stay, Rate = $6,649/case |
| ORBITAL PROCEDURES W/O CC/MCC | 114 | MS-DRG | | | | inpatient | | | | 26163.83 | United | Commercial/PPO | 20510.62 | | | | 13962.4 | 48957.69 | case rate | For One Day Stay, Rate = $6,649/case |
| EXTRAOCULAR PROCEDURES EXCEPT ORBIT | 115 | MS-DRG | | | | inpatient | | | | 30999.43 | United | Commercial/PPO | 26564.38 | | | | 18083.44 | 53131.43 | case rate | For One Day Stay, Rate = $6,649/case |
| INTRAOCULAR PROCEDURES W CC/MCC | 116 | MS-DRG | | | | inpatient | | | | 32906.58 | United | Commercial/PPO | 28951.88 | | | | 19708.7 | 66623.96 | case rate | For One Day Stay, Rate = $6,649/case |
| INTRAOCULAR PROCEDURES W/O CC/MCC | 117 | MS-DRG | | | | inpatient | | | | 23808.8 | United | Commercial/PPO | 17862.68 | | | | 11955.62 | 39104.52 | case rate | For One Day Stay, Rate = $6,649/case |
| ACUTE MAJOR EYE INFECTIONS W CC/MCC | 121 | MS-DRG | | | | inpatient | | | | 25901.68 | United | Commercial/PPO | 20182.68 | | | | 13739.16 | 41320.12 | case rate | For One Day Stay, Rate = $6,649/case |
| ACUTE MAJOR EYE INFECTIONS W/O CC/MCC | 122 | MS-DRG | | | | inpatient | | | | 19180.91 | United | Commercial/PPO | 11769.18 | | | | 8011.75 | 27531.14 | case rate | For One Day Stay, Rate = $6,649/case |
| NEUROLOGICAL EYE DISORDERS | 123 | MS-DRG | | | | inpatient | | | | 20912.03 | United | Commercial/PPO | 13936.32 | | | | 9487.01 | 29368.37 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER DISORDERS OF THE EYE W MCC | 124 | MS-DRG | | | | inpatient | | | | 27851.8 | United | Commercial/PPO | 22823.97 | | | | 15401.04 | 51930.02 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER DISORDERS OF THE EYE W/O MCC | 125 | MS-DRG | | | | inpatient | | | | 21223.89 | United | Commercial/PPO | 14326.72 | | | | 9752.77 | 31603.47 | case rate | For One Day Stay, Rate = $6,649/case |
| SINUS & MASTOID PROCEDURES W CC/MCC | 135 | MS-DRG | | | | inpatient | | | | 43197.72 | United | Commercial/PPO | 41835 | | | | 28478.76 | 89645.89 | case rate | For One Day Stay, Rate = $6,649/case |
| SINUS & MASTOID PROCEDURES W/O CC/MCC | 136 | MS-DRG | | | | inpatient | | | | 23337.56 | United | Commercial/PPO | 16972.75 | | | | 11554.03 | 47295.99 | case rate | For One Day Stay, Rate = $6,649/case |
| MOUTH PROCEDURES W CC/MCC | 137 | MS-DRG | | | | inpatient | | | | 29164.35 | United | Commercial/PPO | 24267.11 | | | | 16519.59 | 53716.54 | case rate | For One Day Stay, Rate = $6,649/case |
| MOUTH PROCEDURES W/O CC/MCC | 138 | MS-DRG | | | | inpatient | | | | 21054.79 | United | Commercial/PPO | 14115.04 | | | | 9608.67 | 32968.72 | case rate | For One Day Stay, Rate = $6,649/case |
| SALIVARY GLAND PROCEDURES | 139 | MS-DRG | | | | inpatient | | | | 28809.53 | United | Commercial/PPO | 23822.92 | | | | 16217.22 | 45263.72 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR HEAD AND NECK PROCEDURES WITH MCC | 140 | MS-DRG | | | | inpatient | | | | 68096.81 | United | Commercial/PPO | 73380.85 | | | | 49963.28 | 73380.85 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR HEAD AND NECK PROCEDURES WITH CC | 141 | MS-DRG | | | | inpatient | | | | 39558.06 | United | Commercial/PPO | 37278.62 | | | | 25377.05 | 37278.62 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR HEAD AND NECK PROCEDURES WITHOUT COMPLICATIONS | 142 | MS-DRG | | | | inpatient | | | | 31573.24 | United | Commercial/PPO | 27282.71 | | | | 18572.43 | 27454.99 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC | 143 | MS-DRG | | | | inpatient | | | | 55544.32 | United | Commercial/PPO | 57291.27 | | | | 39000.46 | 57291.27 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC | 144 | MS-DRG | | | | inpatient | | | | 34127.66 | United | Commercial/PPO | 30480.5 | | | | 20749.3 | 30480.5 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC | 145 | MS-DRG | | | | inpatient | | | | 26201.06 | United | Commercial/PPO | 20557.46 | | | | 13994.29 | 22783.53 | case rate | For One Day Stay, Rate = $6,649/case |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC | 146 | MS-DRG | | | | inpatient | | | | 41576.09 | United | Commercial/PPO | 39804.93 | | | | 27096.81 | 75014.36 | case rate | For One Day Stay, Rate = $6,649/case |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC | 147 | MS-DRG | | | | inpatient | | | | 27032.66 | United | Commercial/PPO | 21598.52 | | | | 14702.98 | 48778.25 | case rate | For One Day Stay, Rate = $6,649/case |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC | 148 | MS-DRG | | | | inpatient | | | | 20359.02 | United | Commercial/PPO | 13244.02 | | | | 9015.73 | 28233.27 | case rate | For One Day Stay, Rate = $6,649/case |
| DYSEQUILIBRIUM | 149 | MS-DRG | | | | inpatient | | | | 20140.03 | United | Commercial/PPO | 12969.87 | | | | 8829.11 | 27737.88 | case rate | For One Day Stay, Rate = $6,649/case |
| EPISTAXIS W MCC | 150 | MS-DRG | | | | inpatient | | | | 28937.04 | United | Commercial/PPO | 23982.55 | | | | 16325.88 | 51781.79 | case rate | For One Day Stay, Rate = $6,649/case |
| EPISTAXIS W/O MCC | 151 | MS-DRG | | | | inpatient | | | | 20285.56 | United | Commercial/PPO | 13152.06 | | | | 8953.13 | 27453.13 | case rate | For One Day Stay, Rate = $6,649/case |
| OTITIS MEDIA & URI W MCC | 152 | MS-DRG | | | | inpatient | | | | 25508.05 | United | Commercial/PPO | 19689.91 | | | | 13403.71 | 40649.19 | case rate | For One Day Stay, Rate = $6,649/case |
| OTITIS MEDIA & URI W/O MCC | 153 | MS-DRG | | | | inpatient | | | | 19643.83 | United | Commercial/PPO | 12348.71 | | | | 8406.26 | 27765.18 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC | 154 | MS-DRG | | | | inpatient | | | | 32320.3 | United | Commercial/PPO | 28217.93 | | | | 19209.07 | 56423.63 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC | 155 | MS-DRG | | | | inpatient | | | | 22719.39 | United | Commercial/PPO | 16198.89 | | | | 11027.24 | 34454.88 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC | 156 | MS-DRG | | | | inpatient | | | | 19099.13 | United | Commercial/PPO | 11666.81 | | | | 7942.07 | 25740.72 | case rate | For One Day Stay, Rate = $6,649/case |
| DENTAL & ORAL DISEASES W MCC | 157 | MS-DRG | | | | inpatient | | | | 32475.53 | United | Commercial/PPO | 28412.26 | | | | 19341.36 | 65258.71 | case rate | For One Day Stay, Rate = $6,649/case |
| DENTAL & ORAL DISEASES W CC | 158 | MS-DRG | | | | inpatient | | | | 22816.42 | United | Commercial/PPO | 16320.35 | | | | 11109.92 | 34727.93 | case rate | For One Day Stay, Rate = $6,649/case |
| DENTAL & ORAL DISEASES W/O CC/MCC | 159 | MS-DRG | | | | inpatient | | | | 18921.72 | United | Commercial/PPO | 11444.72 | | | | 7790.88 | 26462.35 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR CHEST PROCEDURES W MCC | 163 | MS-DRG | | | | inpatient | | | | 73663.65 | United | Commercial/PPO | 79974.23 | | | | 54441.66 | 191887.14 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR CHEST PROCEDURES W CC | 164 | MS-DRG | | | | inpatient | | | | 44665.51 | United | Commercial/PPO | 43672.47 | | | | 29729.6 | 100205.08 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR CHEST PROCEDURES W/O CC/MCC | 165 | MS-DRG | | | | inpatient | | | | 35614.85 | United | Commercial/PPO | 32342.26 | | | | 22016.67 | 72256.57 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER RESP SYSTEM O.R. PROCEDURES W MCC | 166 | MS-DRG | | | | inpatient | | | | 63145.21 | United | Commercial/PPO | 66806.56 | | | | 45477.9 | 136446.49 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER RESP SYSTEM O.R. PROCEDURES W CC | 167 | MS-DRG | | | | inpatient | | | | 35104.8 | United | Commercial/PPO | 31703.75 | | | | 21582.01 | 74019.68 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC | 168 | MS-DRG | | | | inpatient | | | | 28544.8 | United | Commercial/PPO | 23491.52 | | | | 15991.62 | 52331.79 | case rate | For One Day Stay, Rate = $6,649/case |
| ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM | 173 | MS-DRG | | | | inpatient | | | | 52310.75 | United | Commercial/PPO | 53243.28 | | | | 36244.83 | 53243.28 | case rate | For One Day Stay, Rate = $6,649/case |
| PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE | 175 | MS-DRG | | | | inpatient | | | | 25309.88 | United | Commercial/PPO | 24449.29 | | | | 16643.61 | 57141.35 | case rate | For One Day Stay, Rate = $6,649/case |
| PULMONARY EMBOLISM W/O MCC | 176 | MS-DRG | | | | inpatient | | | | 21068.65 | United | Commercial/PPO | 14132.39 | | | | 9620.48 | 35067.29 | case rate | For One Day Stay, Rate = $6,649/case |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC | 177 | MS-DRG | | | | inpatient | | | | 32184.47 | United | Commercial/PPO | 28047.89 | | | | 19093.32 | 71804.09 | case rate | For One Day Stay, Rate = $6,649/case |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W CC | 178 | MS-DRG | | | | inpatient | | | | 23530.21 | United | Commercial/PPO | 17213.93 | | | | 11718.21 | 49710.52 | case rate | For One Day Stay, Rate = $6,649/case |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC | 179 | MS-DRG | | | | inpatient | | | | 20447.72 | United | Commercial/PPO | 13355.06 | | | | 9091.33 | 35944.56 | case rate | For One Day Stay, Rate = $6,649/case |
| RESPIRATORY NEOPLASMS W MCC | 180 | MS-DRG | | | | inpatient | | | | 34004.3 | United | Commercial/PPO | 30326.08 | | | | 20644.17 | 66155.87 | case rate | For One Day Stay, Rate = $6,649/case |
| RESPIRATORY NEOPLASMS W CC | 181 | MS-DRG | | | | inpatient | | | | 25168.48 | United | Commercial/PPO | 19264.82 | | | | 13114.33 | 44503.09 | case rate | For One Day Stay, Rate = $6,649/case |
| RESPIRATORY NEOPLASMS W/O CC/MCC | 182 | MS-DRG | | | | inpatient | | | | 21387.44 | United | Commercial/PPO | 14531.46 | | | | 9892.15 | 31014.47 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR CHEST TRAUMA W MCC | 183 | MS-DRG | | | | inpatient | | | | 31779.76 | United | Commercial/PPO | 27541.24 | | | | 18748.43 | 58155.54 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR CHEST TRAUMA W CC | 184 | MS-DRG | | | | inpatient | | | | 24583.58 | United | Commercial/PPO | 18532.6 | | | | 12615.88 | 39178.63 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR CHEST TRAUMA W/O CC/MCC | 185 | MS-DRG | | | | inpatient | | | | 20558.6 | United | Commercial/PPO | 13493.67 | | | | 9185.82 | 28564.83 | case rate | For One Day Stay, Rate = $6,649/case |
| PLEURAL EFFUSION W MCC | 186 | MS-DRG | | | | inpatient | | | | 31678.58 | United | Commercial/PPO | 27414.58 | | | | 19662.2 | 60831.42 | case rate | For One Day Stay, Rate = $6,649/case |
| PLEURAL EFFUSION W CC | 187 | MS-DRG | | | | inpatient | | | | 23695.15 | United | Commercial/PPO | 17420.4 | | | | 11858.77 | 41113.38 | case rate | For One Day Stay, Rate = $6,649/case |
| PLEURAL EFFUSION W/O CC/MCC | 188 | MS-DRG | | | | inpatient | | | | 19955.69 | United | Commercial/PPO | 12739.1 | | | | 8672.02 | 29926.17 | case rate | For One Day Stay, Rate = $6,649/case |
| PULMONARY EDEMA & RESPIRATORY FAILURE | 189 | MS-DRG | | | | inpatient | | | | 26930.1 | United | Commercial/PPO | 21470.13 | | | | 14615.57 | 48185.35 | case rate | For One Day Stay, Rate = $6,649/case |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC | 190 | MS-DRG | | | | inpatient | | | | 25344.5 | United | Commercial/PPO | 19485.17 | | | | 13264.34 | 46445.63 | case rate | For One Day Stay, Rate = $6,649/case |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC | 191 | MS-DRG | | | | inpatient | | | | 21686.82 | United | Commercial/PPO | 14906.24 | | | | 10147.28 | 35648.5 | case rate | For One Day Stay, Rate = $6,649/case |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC | 192 | MS-DRG | | | | inpatient | | | | 18749.86 | United | Commercial/PPO | 11229.57 | | | | 7644.42 | 28244.97 | case rate | For One Day Stay, Rate = $6,649/case |
| SIMPLE PNEUMONIA & PLEURISY W MCC | 193 | MS-DRG | | | | inpatient | | | | 28043.07 | United | Commercial/PPO | 22863.41 | | | | 15564.04 | 51360.52 | case rate | For One Day Stay, Rate = $6,649/case |
| SIMPLE PNEUMONIA & PLEURISY W CC | 194 | MS-DRG | | | | inpatient | | | | 21144.88 | United | Commercial/PPO | 14227.82 | | | | 9685.45 | 35114.1 | case rate | For One Day Stay, Rate = $6,649/case |
| SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC | 195 | MS-DRG | | | | inpatient | | | | 18410.28 | United | Commercial/PPO | 10804.47 | | | | 7355.03 | 26790.01 | case rate | For One Day Stay, Rate = $6,649/case |
| INTERSTITIAL LUNG DISEASE W MCC | 196 | MS-DRG | | | | inpatient | | | | 35893.44 | United | Commercial/PPO | 32691.02 | | | | 22254.08 | 63897.37 | case rate | For One Day Stay, Rate = $6,649/case |
| INTERSTITIAL LUNG DISEASE W CC | 197 | MS-DRG | | | | inpatient | | | | 23501.11 | United | Commercial/PPO | 17177.49 | | | | 11683.4 | 39073.31 | case rate | For One Day Stay, Rate = $6,649/case |
| INTERSTITIAL LUNG DISEASE W/O CC/MCC | 198 | MS-DRG | | | | inpatient | | | | 19107.45 | United | Commercial/PPO | 11677.22 | | | | 7949.15 | 29586.81 | case rate | For One Day Stay, Rate = $6,649/case |
| PNEUMOTHORAX W MCC | 199 | MS-DRG | | | | inpatient | | | | 34246.86 | United | Commercial/PPO | 30629.72 | | | | 20850.88 | 69541.68 | case rate | For One Day Stay, Rate = $6,649/case |
| PNEUMOTHORAX W CC | 200 | MS-DRG | | | | inpatient | | | | 25129.67 | United | Commercial/PPO | 19216.23 | | | | 13081.26 | 41924.72 | case rate | For One Day Stay, Rate = $6,649/case |
| PNEUMOTHORAX W/O CC/MCC | 201 | MS-DRG | | | | inpatient | | | | 19164.27 | United | Commercial/PPO | 11748.36 | | | | 7997.58 | 27891.99 | case rate | For One Day Stay, Rate = $6,649/case |
| BRONCHITIS & ASTHMA W CC/MCC | 202 | MS-DRG | | | | inpatient | | | | 23178.16 | United | Commercial/PPO | 16773.21 | | | | 11418.2 | 38695.65 | case rate | For One Day Stay, Rate = $6,649/case |
| BRONCHITIS & ASTHMA W/O CC/MCC | 203 | MS-DRG | | | | inpatient | | | | 19434.55 | United | Commercial/PPO | 12086.71 | | | | 8227.9 | 50775.53 | case rate | For One Day Stay, Rate = $6,649/case |
| RESPIRATORY SIGNS & SYMPTOMS | 204 | MS-DRG | | | | inpatient | | | | 21020.14 | United | Commercial/PPO | 14071.66 | | | | 9576.14 | 96731.64 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC | 205 | MS-DRG | | | | inpatient | | | | 35944.72 | United | Commercial/PPO | 32755.22 | | | | 22297.79 | 59208.73 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC | 206 | MS-DRG | | | | inpatient | | | | 22334.08 | United | Commercial/PPO | 15716.54 | | | | 10698.87 | 33682.54 | case rate | For One Day Stay, Rate = $6,649/case |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS | 207 | MS-DRG | | | | inpatient | | | | 99415.76 | United | Commercial/PPO | 112212.39 | | | | 49635 | 218302.68 | case rate | For One Day Stay, Rate = $6,649/case |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS | 208 | MS-DRG | | | | inpatient | | | | 46977.38 | United | Commercial/PPO | 46566.61 | | | | 31699.76 | 95075.66 | case rate | For One Day Stay, Rate = $6,649/case |
| CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES | 212 | MS-DRG | | | | inpatient | | | | 160770.36 | United | Commercial/PPO | 189020.06 | | | | 37458 | 189020.06 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER HEART ASSIST SYSTEM IMPLANT | 215 | MS-DRG | | | | inpatient | | | | 156624.79 | United | Commercial/PPO | 183830.37 | | | | 125140.69 | 502648.1 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC | 216 | MS-DRG | | | | inpatient | | | | 143545 | United | Commercial/PPO | 167456.24 | | | | 78485 | 363083.85 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PERMANENT CARDIAC PACEMAKER IMPLANT W CC | 243 | MS-DRG | | | | inpatient | | | | 41003.67 | United | Commercial\|PPO | 39088.33 | | | | 19748 | 99635.58 | case rate | For One Day Stay, Rate = $6,649/case |
| PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC | 244 | MS-DRG | | | | inpatient | | | | 34792.95 | United | Commercial\|PPO | 31313.35 | | | | 19748 | 91806.34 | case rate | For One Day Stay, Rate = $6,649/case |
| AICD GENERATOR PROCEDURES | 245 | MS-DRG | | | | inpatient | | | | 77511.22 | United | Commercial\|PPO | 84790.87 | | | | 57720.54 | 195506.98 | case rate | For One Day Stay, Rate = $6,649/case |
| PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC | 250 | MS-DRG | | | | inpatient | | | | 41832.5 | United | Commercial\|PPO | 40125.92 | | | | 27315.32 | 100903.31 | case rate | For One Day Stay, Rate = $6,649/case |
| PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC | 251 | MS-DRG | | | | inpatient | | | | 31437.41 | United | Commercial\|PPO | 27112.67 | | | | 19456.68 | 65445.94 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER VASCULAR PROCEDURES W MCC | 252 | MS-DRG | | | | inpatient | | | | 57325.34 | United | Commercial\|PPO | 59520.87 | | | | 40518.24 | 127155.02 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER VASCULAR PROCEDURES W CC | 253 | MS-DRG | | | | inpatient | | | | 45164.47 | United | Commercial\|PPO | 44297.1 | | | | 30154.81 | 101195.86 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER VASCULAR PROCEDURES W/O CC/MCC | 254 | MS-DRG | | | | inpatient | | | | 34026.48 | United | Commercial\|PPO | 30353.84 | | | | 20663.07 | 70602.67 | case rate | For One Day Stay, Rate = $6,649/case |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC | 255 | MS-DRG | | | | inpatient | | | | 46044.59 | United | Commercial\|PPO | 45398.89 | | | | 30904.84 | 99089.48 | case rate | For One Day Stay, Rate = $6,649/case |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC | 256 | MS-DRG | | | | inpatient | | | | 33254.47 | United | Commercial\|PPO | 29387.39 | | | | 20005.17 | 68211.54 | case rate | For One Day Stay, Rate = $6,649/case |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC | 257 | MS-DRG | | | | inpatient | | | | 20765.12 | United | Commercial\|PPO | 13752.4 | | | | 9361.81 | 43925.78 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC | 258 | MS-DRG | | | | inpatient | | | | 49664.15 | United | Commercial\|PPO | 48678.23 | | | | 15797 | 116584.12 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC | 259 | MS-DRG | | | | inpatient | | | | 34141.52 | United | Commercial\|PPO | 30497.85 | | | | 15797 | 81797.68 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC | 260 | MS-DRG | | | | inpatient | | | | 56989.93 | United | Commercial\|PPO | 59100.98 | | | | 12982 | 141185.84 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC | 261 | MS-DRG | | | | inpatient | | | | 36080.55 | United | Commercial\|PPO | 32925.26 | | | | 12982 | 77694.14 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC | 262 | MS-DRG | | | | inpatient | | | | 30816.48 | United | Commercial\|PPO | 26335.35 | | | | 12982 | 63616.52 | case rate | For One Day Stay, Rate = $6,649/case |
| VEIN LIGATION & STRIPPING | 263 | MS-DRG | | | | inpatient | | | | 46953.82 | United | Commercial\|PPO | 46537.12 | | | | 31679.68 | 93312.55 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER CIRCULATORY SYSTEM O.R. PROCEDURES | 264 | MS-DRG | | | | inpatient | | | | 58222.09 | United | Commercial\|PPO | 60643.48 | | | | 41282.44 | 123207.51 | case rate | For One Day Stay, Rate = $6,649/case |
| AICD LEAD PROCEDURES | 265 | MS-DRG | | | | inpatient | | | | 59221.41 | United | Commercial\|PPO | 61894.49 | | | | 42134.05 | 121573.12 | case rate | For One Day Stay, Rate = $6,649/case |
| ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC | 266 | MS-DRG | | | | inpatient | | | | 92812.8 | United | Commercial\|PPO | 103946.37 | | | | 70760.45 | 280518.84 | case rate | For One Day Stay, Rate = $6,649/case |
| ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC | 267 | MS-DRG | | | | inpatient | | | | 74987.3 | United | Commercial\|PPO | 81631.25 | | | | 55569.66 | 228116.84 | case rate | For One Day Stay, Rate = $6,649/case |
| AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC | 268 | MS-DRG | | | | inpatient | | | | 102193.33 | United | Commercial\|PPO | 115689.53 | | | | 78754.49 | 261491.23 | case rate | For One Day Stay, Rate = $6,649/case |
| AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC | 269 | MS-DRG | | | | inpatient | | | | 67447.39 | United | Commercial\|PPO | 72192.31 | | | | 49144.19 | 161914.16 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC | 270 | MS-DRG | | | | inpatient | | | | 80923.59 | United | Commercial\|PPO | 89062.68 | | | | 60828.53 | 197441.73 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC | 271 | MS-DRG | | | | inpatient | | | | 57519.39 | United | Commercial\|PPO | 59763.78 | | | | 40883.6 | 136282.66 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC | 272 | MS-DRG | | | | inpatient | | | | 44460.38 | United | Commercial\|PPO | 43415.67 | | | | 29554.79 | 102124.23 | case rate | For One Day Stay, Rate = $6,649/case |
| PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC | 273 | MS-DRG | | | | inpatient | | | | 63976.82 | United | Commercial\|PPO | 67847.62 | | | | 46186.59 | 142473.07 | case rate | For One Day Stay, Rate = $6,649/case |
| PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC | 274 | MS-DRG | | | | inpatient | | | | 53037.02 | United | Commercial\|PPO | 54152.47 | | | | 36863.75 | 116174.55 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC | 275 | MS-DRG | | | | inpatient | | | | 107729.06 | United | Commercial\|PPO | 122619.52 | | | | 83472.01 | 122619.52 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC DEFIBRILLATOR IMPLANT WITH MCC | 276 | MS-DRG | | | | inpatient | | | | 95634.72 | United | Commercial\|PPO | 107479.03 | | | | 73165.28 | 107479.03 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC | 277 | MS-DRG | | | | inpatient | | | | 74255.48 | United | Commercial\|PPO | 80715.12 | | | | 54946.01 | 80715.12 | case rate | For One Day Stay, Rate = $6,649/case |
| ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC | 278 | MS-DRG | | | | inpatient | | | | 79125.93 | United | Commercial\|PPO | 86812.26 | | | | 59096.58 | 86812.26 | case rate | For One Day Stay, Rate = $6,649/case |
| ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC | 279 | MS-DRG | | | | inpatient | | | | 54192.96 | United | Commercial\|PPO | 55599.54 | | | | 37848.83 | 55599.54 | case rate | For One Day Stay, Rate = $6,649/case |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC | 280 | MS-DRG | | | | inpatient | | | | 32529.59 | United | Commercial\|PPO | 28479.93 | | | | 19387.43 | 64638.5 | case rate | For One Day Stay, Rate = $6,649/case |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC | 281 | MS-DRG | | | | inpatient | | | | 22555.84 | United | Commercial\|PPO | 19894.15 | | | | 10897.86 | 38211.26 | case rate | For One Day Stay, Rate = $6,649/case |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC | 282 | MS-DRG | | | | inpatient | | | | 19829.56 | United | Commercial\|PPO | 12581.21 | | | | 8564.53 | 29216.24 | case rate | For One Day Stay, Rate = $6,649/case |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC | 283 | MS-DRG | | | | inpatient | | | | 36881.67 | United | Commercial\|PPO | 33928.15 | | | | 23096.25 | 70395.93 | case rate | For One Day Stay, Rate = $6,649/case |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC | 284 | MS-DRG | | | | inpatient | | | | 20049.94 | United | Commercial\|PPO | 12857.09 | | | | 8752.34 | 29902.77 | case rate | For One Day Stay, Rate = $6,649/case |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC | 285 | MS-DRG | | | | inpatient | | | | 17560.66 | United | Commercial\|PPO | 9740.85 | | | | 6630.99 | 23263.77 | case rate | For One Day Stay, Rate = $6,649/case |
| CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC | 286 | MS-DRG | | | | inpatient | | | | 40456.19 | United | Commercial\|PPO | 38402.97 | | | | 13521 | 85066.47 | case rate | For One Day Stay, Rate = $6,649/case |
| CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC | 287 | MS-DRG | | | | inpatient | | | | 24862.96 | United | Commercial\|PPO | 18907.38 | | | | 9969 | 44425.07 | case rate | For One Day Stay, Rate = $6,649/case |
| ACUTE & SUBACUTE ENDOCARDITIS W MCC | 288 | MS-DRG | | | | inpatient | | | | 47638.51 | United | Commercial\|PPO | 47394.26 | | | | 32263.17 | 105088.76 | case rate | For One Day Stay, Rate = $6,649/case |
| ACUTE & SUBACUTE ENDOCARDITIS W CC | 289 | MS-DRG | | | | inpatient | | | | 31632.84 | United | Commercial\|PPO | 27357.32 | | | | 18623.22 | 66698.07 | case rate | For One Day Stay, Rate = $6,649/case |
| ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC | 290 | MS-DRG | | | | inpatient | | | | 23348.64 | United | Commercial\|PPO | 16986.63 | | | | 11563.48 | 39451.68 | case rate | For One Day Stay, Rate = $6,649/case |
| HEART FAILURE & SHOCK W MCC | 291 | MS-DRG | | | | inpatient | | | | 27864.27 | United | Commercial\|PPO | 22639.58 | | | | 15411.67 | 52480.02 | case rate | For One Day Stay, Rate = $6,649/case |
| HEART FAILURE & SHOCK W CC | 292 | MS-DRG | | | | inpatient | | | | 21715.92 | United | Commercial\|PPO | 14942.68 | | | | 10172.08 | 35978.64 | case rate | For One Day Stay, Rate = $6,649/case |
| HEART FAILURE & SHOCK W/O CC/MCC | 293 | MS-DRG | | | | inpatient | | | | 17384.63 | United | Commercial\|PPO | 9520.49 | | | | 6480.98 | 25963.06 | case rate | For One Day Stay, Rate = $6,649/case |
| DEEP VEIN THROMBOPHLEBITIS W CC/MCC | 294 | MS-DRG | | | | inpatient | | | | 26799.81 | United | Commercial\|PPO | 21307.03 | | | | 14504.55 | 45279.33 | case rate | For One Day Stay, Rate = $6,649/case |
| DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC | 295 | MS-DRG | | | | inpatient | | | | 20726.31 | United | Commercial\|PPO | 13703.82 | | | | 9294.92 | 21504.56 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC ARREST, UNEXPLAINED W MCC | 296 | MS-DRG | | | | inpatient | | | | 32488.01 | United | Commercial\|PPO | 28427.88 | | | | 19351.99 | 59895.25 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC ARREST, UNEXPLAINED W CC | 297 | MS-DRG | | | | inpatient | | | | 19542.65 | United | Commercial\|PPO | 12222.04 | | | | 8320.03 | 25448.17 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC ARREST, UNEXPLAINED W/O CC/MCC | 298 | MS-DRG | | | | inpatient | | | | 15901.6 | United | Commercial\|PPO | 7663.94 | | | | 5217.15 | 18820.88 | case rate | For One Day Stay, Rate = $6,649/case |
| PERIPHERAL VASCULAR DISORDERS W MCC | 299 | MS-DRG | | | | inpatient | | | | 32199.72 | United | Commercial\|PPO | 28066.98 | | | | 19106.31 | 56575.75 | case rate | For One Day Stay, Rate = $6,649/case |
| PERIPHERAL VASCULAR DISORDERS W CC | 300 | MS-DRG | | | | inpatient | | | | 24618.23 | United | Commercial\|PPO | 18575.98 | | | | 12645.41 | 39931.47 | case rate | For One Day Stay, Rate = $6,649/case |
| PERIPHERAL VASCULAR DISORDERS W/O CC/MCC | 301 | MS-DRG | | | | inpatient | | | | 19667.4 | United | Commercial\|PPO | 12378.2 | | | | 8426.34 | 28326.88 | case rate | For One Day Stay, Rate = $6,649/case |
| ATHEROSCLEROSIS W MCC | 302 | MS-DRG | | | | inpatient | | | | 25903.06 | United | Commercial\|PPO | 20184.42 | | | | 13740.34 | 41717.99 | case rate | For One Day Stay, Rate = $6,649/case |
| ATHEROSCLEROSIS W/O MCC | 303 | MS-DRG | | | | inpatient | | | | 19099.13 | United | Commercial\|PPO | 11666.81 | | | | 7942.07 | 25869.16 | case rate | For One Day Stay, Rate = $6,649/case |
| HYPERTENSION W MCC | 304 | MS-DRG | | | | inpatient | | | | 26062.46 | United | Commercial\|PPO | 20383.95 | | | | 13876.17 | 42170.47 | case rate | For One Day Stay, Rate = $6,649/case |
| HYPERTENSION W/O MCC | 305 | MS-DRG | | | | inpatient | | | | 20184.38 | United | Commercial\|PPO | 13025.4 | | | | 8866.91 | 28081.14 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC | 306 | MS-DRG | | | | inpatient | | | | 30533.73 | United | Commercial\|PPO | 25981.39 | | | | 17686.57 | 54953.06 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC | 307 | MS-DRG | | | | inpatient | | | | 22619.6 | United | Commercial\|PPO | 16073.97 | | | | 10942.19 | 33389.99 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC | 308 | MS-DRG | | | | inpatient | | | | 26493.51 | United | Commercial\|PPO | 20923.57 | | | | 14243.51 | 46948.83 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC | 309 | MS-DRG | | | | inpatient | | | | 20026.37 | United | Commercial\|PPO | 12827.59 | | | | 8732.26 | 29781.84 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC | 310 | MS-DRG | | | | inpatient | | | | 17534.32 | United | Commercial\|PPO | 9707.88 | | | | 6608.55 | 21933.64 | case rate | For One Day Stay, Rate = $6,649/case |
| ANGINA PECTORIS | 311 | MS-DRG | | | | inpatient | | | | 19458.11 | United | Commercial\|PPO | 12116.2 | | | | 8247.98 | 26805.61 | case rate | For One Day Stay, Rate = $6,649/case |
| SYNCOPE & COLLAPSE | 312 | MS-DRG | | | | inpatient | | | | 21855.91 | United | Commercial\|PPO | 15117.93 | | | | 10291.38 | 31264.11 | case rate | For One Day Stay, Rate = $6,649/case |
| CHEST PAIN | 313 | MS-DRG | | | | inpatient | | | | 19667.4 | United | Commercial\|PPO | 12378.2 | | | | 8426.34 | 27589.65 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC | 314 | MS-DRG | | | | inpatient | | | | 39627.36 | United | Commercial\|PPO | 37365.38 | | | | 25436.11 | 78015.06 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W CC | 315 | MS-DRG | | | | inpatient | | | | 23117.18 | United | Commercial\|PPO | 16696.87 | | | | 11366.23 | 37286.79 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC | 316 | MS-DRG | | | | inpatient | | | | 19241.89 | United | Commercial\|PPO | 11845.53 | | | | 8063.72 | 29305.96 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC | 319 | MS-DRG | | | | inpatient | | | | 70664.32 | United | Commercial\|PPO | 76219.47 | | | | 51885.65 | 76219.47 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC | 320 | MS-DRG | | | | inpatient | | | | 41862.99 | United | Commercial\|PPO | 40164.09 | | | | 27341.31 | 40164.09 | case rate | For One Day Stay, Rate = $6,649/case |
| PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUM | 321 | MS-DRG | | | | inpatient | | | | 49236.58 | United | Commercial\|PPO | 49394.83 | | | | 33625.04 | 49394.83 | case rate | For One Day Stay, Rate = $6,649/case |
| PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC | 322 | MS-DRG | | | | inpatient | | | | 34855.32 | United | Commercial\|PPO | 31391.43 | | | | 21369.4 | 31391.43 | case rate | For One Day Stay, Rate = $6,649/case |
| CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC | 323 | MS-DRG | | | | inpatient | | | | 68815.38 | United | Commercial\|PPO | 73904.85 | | | | 50309.99 | 73904.85 | case rate | For One Day Stay, Rate = $6,649/case |
| CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC | 324 | MS-DRG | | | | inpatient | | | | 54064.06 | United | Commercial\|PPO | 54438.18 | | | | 37738.99 | 54438.18 | case rate | For One Day Stay, Rate = $6,649/case |
| CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE | 325 | MS-DRG | | | | inpatient | | | | 49448.64 | United | Commercial\|PPO | 49660.3 | | | | 33805.75 | 49660.3 | case rate | For One Day Stay, Rate = $6,649/case |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC | 326 | MS-DRG | | | | inpatient | | | | 80175.14 | United | Commercial\|PPO | 88125.73 | | | | 59990.71 | 205016.89 | case rate | For One Day Stay, Rate = $6,649/case |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W CC | 327 | MS-DRG | | | | inpatient | | | | 43433.35 | United | Commercial\|PPO | 42129.96 | | | | 28679.55 | 96905.09 | case rate | For One Day Stay, Rate = $6,649/case |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC | 328 | MS-DRG | | | | inpatient | | | | 31865.69 | United | Commercial\|PPO | 27648.82 | | | | 18821.86 | 60152.69 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC | 329 | MS-DRG | | | | inpatient | | | | 73423.87 | United | Commercial\|PPO | 79674.06 | | | | 54237.32 | 194750.25 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR SMALL & LARGE BOWEL PROCEDURES W CC | 330 | MS-DRG | | | | inpatient | | | | 42540.75 | United | Commercial\|PPO | 41012.56 | | | | 27918.89 | 98426.36 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC | 331 | MS-DRG | | | | inpatient | | | | 32862.65 | United | Commercial\|PPO | 28646.5 | | | | 19500.82 | 68105.16 | case rate | For One Day Stay, Rate = $6,649/case |
| RECTAL RESECTION W MCC | 332 | MS-DRG | | | | inpatient | | | | 57856.19 | United | Commercial\|PPO | 60185.41 | | | | 40970.62 | 132553.59 | case rate | For One Day Stay, Rate = $6,649/case |
| RECTAL RESECTION W CC | 333 | MS-DRG | | | | inpatient | | | | 39236.5 | United | Commercial\|PPO | 36876.08 | | | | 25103.02 | 75197.69 | case rate | For One Day Stay, Rate = $6,649/case |
| RECTAL RESECTION W/O CC/MCC | 334 | MS-DRG | | | | inpatient | | | | 32767.98 | United | Commercial\|PPO | 28778.37 | | | | 19590.59 | 50950.94 | case rate | For One Day Stay, Rate = $6,649/case |
| PERITONEAL ADHESIOLYSIS W MCC | 335 | MS-DRG | | | | inpatient | | | | 60000.35 | United | Commercial\|PPO | 62869.61 | | | | 42797.86 | 158446.43 | case rate | For One Day Stay, Rate = $6,649/case |
| PERITONEAL ADHESIOLYSIS W CC | 336 | MS-DRG | | | | inpatient | | | | 39056.32 | United | Commercial\|PPO | 36650.52 | | | | 24949.47 | 89645.89 | case rate | For One Day Stay, Rate = $6,649/case |
| PERITONEAL ADHESIOLYSIS W/O CC/MCC | 337 | MS-DRG | | | | inpatient | | | | 31056.26 | United | Commercial\|PPO | 26635.52 | | | | 18131.86 | 62539.92 | case rate | For One Day Stay, Rate = $6,649/case |
| MINOR SMALL & LARGE BOWEL PROCEDURES W MCC | 344 | MS-DRG | | | | inpatient | | | | 47125.68 | United | Commercial\|PPO | 46752.27 | | | | 31826.14 | 116521.71 | case rate | For One Day Stay, Rate = $6,649/case |
| MINOR SMALL & LARGE BOWEL PROCEDURES W CC | 345 | MS-DRG | | | | inpatient | | | | 30413.15 | United | Commercial\|PPO | 26830.43 | | | | 17583.81 | 63877.86 | case rate | For One Day Stay, Rate = $6,649/case |
| MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC | 346 | MS-DRG | | | | inpatient | | | | 27039.59 | United | Commercial\|PPO | 21607.2 | | | | 14708.89 | 48236.06 | case rate | For One Day Stay, Rate = $6,649/case |
| ANAL & STOMAL PROCEDURES W MCC | 347 | MS-DRG | | | | inpatient | | | | 42583.72 | United | Commercial\|PPO | 41066.35 | | | | 27955.51 | 94049.78 | case rate | For One Day Stay, Rate = $6,649/case |
| ANAL & STOMAL PROCEDURES W CC | 348 | MS-DRG | | | | inpatient | | | | 27228.09 | United | Commercial\|PPO | 21843.17 | | | | 14869.52 | 54609.8 | case rate | For One Day Stay, Rate = $6,649/case |
| ANAL & STOMAL PROCEDURES W/O CC/MCC | 349 | MS-DRG | | | | inpatient | | | | 21988.97 | United | Commercial\|PPO | 15284.5 | | | | 10404.77 | 37044.95 | case rate | For One Day Stay, Rate = $6,649/case |
| INGUINAL & FEMORAL HERNIA PROCEDURES W MCC | 350 | MS-DRG | | | | inpatient | | | | 43303.06 | United | Commercial\|PPO | 41966.86 | | | | 28568.52 | 95430.63 | case rate | For One Day Stay, Rate = $6,649/case |
| INGUINAL & FEMORAL HERNIA PROCEDURES W CC | 351 | MS-DRG | | | | inpatient | | | | 30632.14 | United | Commercial\|PPO | 26104.58 | | | | 17770.43 | 58514.4 | case rate | For One Day Stay, Rate = $6,649/case |
| INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC | 352 | MS-DRG | | | | inpatient | | | | 25081.75 | United | Commercial\|PPO | 19131.21 | | | | 13023.38 | 41093.87 | case rate | For One Day Stay, Rate = $6,649/case |
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC | 353 | MS-DRG | | | | inpatient | | | | 50431.32 | United | Commercial\|PPO | 50890.48 | | | | 34643.19 | 115690.86 | case rate | For One Day Stay, Rate = $6,649/case |
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC | 354 | MS-DRG | | | | inpatient | | | | 33357.04 | United | Commercial\|PPO | 29515.79 | | | | 20092.58 | 67521.12 | case rate | For One Day Stay, Rate = $6,649/case |
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC | 355 | MS-DRG | | | | inpatient | | | | 28257.9 | United | Commercial\|PPO | 23132.35 | | | | 15747.12 | 52846.68 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC | 356 | MS-DRG | | | | inpatient | | | | 68902.7 | United | Commercial\|PPO | 74014.16 | | | | 50384.4 | 155080.13 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC | 357 | MS-DRG | | | | inpatient | | | | 40992.58 | United | Commercial\|PPO | 39074.45 | | | | 26599.54 | 83346.26 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC | 358 | MS-DRG | | | | inpatient | | | | 28561.44 | United | Commercial\|PPO | 23512.34 | | | | 16005.79 | 52593.14 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR ESOPHAGEAL DISORDERS W MCC | 368 | MS-DRG | | | | inpatient | | | | 32925.99 | United | Commercial\|PPO | 28976.17 | | | | 19725.24 | 75829.61 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR ESOPHAGEAL DISORDERS W CC | 369 | MS-DRG | | | | inpatient | | | | 23883.64 | United | Commercial\|PPO | 17656.38 | | | | 12019.4 | 43250.96 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC | 370 | MS-DRG | | | | inpatient | | | | 19453.95 | United | Commercial\|PPO | 12111 | | | | 8244.44 | 28993.9 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC | 371 | MS-DRG | | | | inpatient | | | | 34007.08 | United | Commercial\|PPO | 30329.55 | | | | 20646.54 | 67825.37 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC | 372 | MS-DRG | | | | inpatient | | | | 24045.81 | United | Commercial\|PPO | 17859.38 | | | | 12157.6 | 40934.87 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC | 373 | MS-DRG | | | | inpatient | | | | 19833.72 | United | Commercial\|PPO | 12586.42 | | | | 8568.08 | 29051.7 | case rate | For One Day Stay, Rate = $6,649/case |
| DIGESTIVE MALIGNANCY W MCC | 374 | MS-DRG | | | | inpatient | | | | 39043.84 | United | Commercial\|PPO | 36634.9 | | | | 24938.84 | 80549.46 | case rate | For One Day Stay, Rate = $6,649/case |
| DIGESTIVE MALIGNANCY W CC | 375 | MS-DRG | | | | inpatient | | | | 26809.52 | United | Commercial\|PPO | 21319.17 | | | | 14512.81 | 47069.75 | case rate | For One Day Stay, Rate = $6,649/case |
| DIGESTIVE MALIGNANCY W/O CC/MCC | 376 | MS-DRG | | | | inpatient | | | | 22018.07 | United | Commercial\|PPO | 15320.93 | | | | 10429.57 | 35718.71 | case rate | For One Day Stay, Rate = $6,649/case |
| G.I. HEMORRHAGE W MCC | 377 | MS-DRG | | | | inpatient | | | | 34980.06 | United | Commercial\|PPO | 31547.59 | | | | 21475.71 | 69775.72 | case rate | For One Day Stay, Rate = $6,649/case |
| G.I. HEMORRHAGE W CC | 378 | MS-DRG | | | | inpatient | | | | 23444.28 | United | Commercial\|PPO | 17106.35 | | | | 11644.98 | 38628.63 | case rate | For One Day Stay, Rate = $6,649/case |
| G.I. HEMORRHAGE W/O CC/MCC | 379 | MS-DRG | | | | inpatient | | | | 19604.32 | United | Commercial\|PPO | 11047.38 | | | | 7520.39 | 25479.37 | case rate | For One Day Stay, Rate = $6,649/case |
| COMPLICATED PEPTIC ULCER W MCC | 380 | MS-DRG | | | | inpatient | | | | 36450.62 | United | Commercial\|PPO | 33388.53 | | | | 22728.91 | 75907.62 | case rate | For One Day Stay, Rate = $6,649/case |
| COMPLICATED PEPTIC ULCER W CC | 381 | MS-DRG | | | | inpatient | | | | 24874.64 | United | Commercial\|PPO | 18896.97 | | | | 12863.93 | 42712.67 | case rate | For One Day Stay, Rate = $6,649/case |
| COMPLICATED PEPTIC ULCER W/O CC/MCC | 382 | MS-DRG | | | | inpatient | | | | 20164.97 | United | Commercial\|PPO | 13091.1 | | | | 8850.37 | 29949.57 | case rate | For One Day Stay, Rate = $6,649/case |
| UNCOMPLICATED PEPTIC ULCER W MCC | 383 | MS-DRG | | | | inpatient | | | | 27301.55 | United | Commercial\|PPO | 21935.13 | | | | 14932.12 | 52698.46 | case rate | For One Day Stay, Rate = $6,649/case |
| UNCOMPLICATED PEPTIC ULCER W/O MCC | 384 | MS-DRG | | | | inpatient | | | | 21832.35 | United | Commercial\|PPO | 15088.43 | | | | 10271.3 | 33382.69 | case rate | For One Day Stay, Rate = $6,649/case |
| INFLAMMATORY BOWEL DISEASE W MCC | 385 | MS-DRG | | | | inpatient | | | | 32299.51 | United | Commercial\|PPO | 28191.9 | | | | 19191.36 | 66229.99 | case rate | For One Day Stay, Rate = $6,649/case |
| INFLAMMATORY BOWEL DISEASE W CC | 386 | MS-DRG | | | | inpatient | | | | 23535.76 | United | Commercial\|PPO | 17220.87 | | | | 11722.93 | 38230.76 | case rate | For One Day Stay, Rate = $6,649/case |
| INFLAMMATORY BOWEL DISEASE W/O CC/MCC | 387 | MS-DRG | | | | inpatient | | | | 19070.02 | United | Commercial\|PPO | 11630.38 | | | | 7917.26 | 27176.18 | case rate | For One Day Stay, Rate = $6,649/case |
| G.I. OBSTRUCTION W MCC | 388 | MS-DRG | | | | inpatient | | | | 30152.58 | United | Commercial\|PPO | 25504.23 | | | | 17361.75 | 59708.01 | case rate | For One Day Stay, Rate = $6,649/case |
| G.I. OBSTRUCTION W CC | 389 | MS-DRG | | | | inpatient | | | | 20889.86 | United | Commercial\|PPO | 13908.56 | | | | 9468.11 | 32890.7 | case rate | For One Day Stay, Rate = $6,649/case |
| G.I. OBSTRUCTION W/O CC/MCC | 390 | MS-DRG | | | | inpatient | | | | 17363.84 | United | Commercial\|PPO | 9494.47 | | | | 6463.26 | 23053.14 | case rate | For One Day Stay, Rate = $6,649/case |
| ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC | 391 | MS-DRG | | | | inpatient | | | | 27582.91 | United | Commercial\|PPO | 22267.36 | | | | 15171.9 | 47647.05 | case rate | For One Day Stay, Rate = $6,649/case |
| ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC | 392 | MS-DRG | | | | inpatient | | | | 20594.64 | United | Commercial\|PPO | 13

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC | 418 | MS-DRG | | | | inpatient | | | | 32765.21 | United | Commercial/PPO | 28774.9 | | | | 19588.22 | 64915.45 | case rate | For One Day Stay, Rate = $6,649/case |
| LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC | 419 | MS-DRG | | | | inpatient | | | | 28041.68 | United | Commercial/PPO | 22861.68 | | | | 15562.86 | 50872.93 | case rate | For One Day Stay, Rate = $6,649/case |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC | 420 | MS-DRG | | | | inpatient | | | | 58698.88 | United | Commercial/PPO | 61240.35 | | | | 41688.76 | 137211.02 | case rate | For One Day Stay, Rate = $6,649/case |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC | 421 | MS-DRG | | | | inpatient | | | | 32476.92 | United | Commercial/PPO | 28414 | | | | 8253 | 69397.35 | case rate | For One Day Stay, Rate = $6,649/case |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC | 422 | MS-DRG | | | | inpatient | | | | 30145.65 | United | Commercial/PPO | 25495.56 | | | | 10272 | 58806.95 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC | 423 | MS-DRG | | | | inpatient | | | | 66154.24 | United | Commercial/PPO | 70573.46 | | | | 16017 | 153921.62 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC | 424 | MS-DRG | | | | inpatient | | | | 41426.4 | United | Commercial/PPO | 39617.54 | | | | 26969.24 | 85468.24 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC | 425 | MS-DRG | | | | inpatient | | | | 31204.56 | United | Commercial/PPO | 26821.18 | | | | 18258.25 | 58233.55 | case rate | For One Day Stay, Rate = $6,649/case |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC | 432 | MS-DRG | | | | inpatient | | | | 36932.95 | United | Commercial/PPO | 33982.34 | | | | 13893 | 71226.78 | case rate | For One Day Stay, Rate = $6,649/case |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W CC | 433 | MS-DRG | | | | inpatient | | | | 24607.14 | United | Commercial/PPO | 18562.1 | | | | 12635.96 | 40095.3 | case rate | For One Day Stay, Rate = $6,649/case |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC | 434 | MS-DRG | | | | inpatient | | | | 19433.16 | United | Commercial/PPO | 12084.97 | | | | 8236.72 | 53360.86 | case rate | For One Day Stay, Rate = $6,649/case |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC | 435 | MS-DRG | | | | inpatient | | | | 35068.76 | United | Commercial/PPO | 31658.63 | | | | 21551.3 | 66222.18 | case rate | For One Day Stay, Rate = $6,649/case |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC | 436 | MS-DRG | | | | inpatient | | | | 25409.64 | United | Commercial/PPO | 19566.72 | | | | 13319.85 | 44338.05 | case rate | For One Day Stay, Rate = $6,649/case |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC | 437 | MS-DRG | | | | inpatient | | | | 20662.55 | United | Commercial/PPO | 13624.01 | | | | 9274.41 | 33772.26 | case rate | For One Day Stay, Rate = $6,649/case |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC | 438 | MS-DRG | | | | inpatient | | | | 32838.67 | United | Commercial/PPO | 28866.86 | | | | 19650.83 | 63901.27 | case rate | For One Day Stay, Rate = $6,649/case |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC | 439 | MS-DRG | | | | inpatient | | | | 21702.06 | United | Commercial/PPO | 14925.33 | | | | 10160.27 | 33635.74 | case rate | For One Day Stay, Rate = $6,649/case |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC | 440 | MS-DRG | | | | inpatient | | | | 18304.95 | United | Commercial/PPO | 10672.6 | | | | 7265.27 | 24235.05 | case rate | For One Day Stay, Rate = $6,649/case |
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC | 441 | MS-DRG | | | | inpatient | | | | 35980.76 | United | Commercial/PPO | 32800.33 | | | | 11778 | 72443.8 | case rate | For One Day Stay, Rate = $6,649/case |
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC | 442 | MS-DRG | | | | inpatient | | | | 23171.23 | United | Commercial/PPO | 16764.54 | | | | 11412.29 | 36923.67 | case rate | For One Day Stay, Rate = $6,649/case |
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC | 443 | MS-DRG | | | | inpatient | | | | 19519.09 | United | Commercial/PPO | 12192.55 | | | | 8299.96 | 27141.07 | case rate | For One Day Stay, Rate = $6,649/case |
| DISORDERS OF THE BILIARY TRACT W MCC | 444 | MS-DRG | | | | inpatient | | | | 33125.57 | United | Commercial/PPO | 29226.02 | | | | 19895.32 | 62836.38 | case rate | For One Day Stay, Rate = $6,649/case |
| DISORDERS OF THE BILIARY TRACT W CC | 445 | MS-DRG | | | | inpatient | | | | 24810.89 | United | Commercial/PPO | 18817.16 | | | | 12809.59 | 41643.87 | case rate | For One Day Stay, Rate = $6,649/case |
| DISORDERS OF THE BILIARY TRACT W/O CC/MCC | 446 | MS-DRG | | | | inpatient | | | | 20830.26 | United | Commercial/PPO | 13833.95 | | | | 9417.32 | 31010.57 | case rate | For One Day Stay, Rate = $6,649/case |
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC | 453 | MS-DRG | | | | inpatient | | | | 132599.66 | United | Commercial/PPO | 153754.15 | | | | 17717 | 370445.58 | case rate | For One Day Stay, Rate = $6,649/case |
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC | 454 | MS-DRG | | | | inpatient | | | | 94552.24 | United | Commercial/PPO | 106123.92 | | | | 36879 | 247179.56 | case rate | For One Day Stay, Rate = $6,649/case |
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC | 455 | MS-DRG | | | | inpatient | | | | 73613.76 | United | Commercial/PPO | 79911.77 | | | | 54399.14 | 199035 | case rate | For One Day Stay, Rate = $6,649/case |
| SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC | 456 | MS-DRG | | | | inpatient | | | | 127163.72 | United | Commercial/PPO | 146948.09 | | | | 100034.13 | 355946.68 | case rate | For One Day Stay, Rate = $6,649/case |
| SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC | 457 | MS-DRG | | | | inpatient | | | | 89328.36 | United | Commercial/PPO | 99584.33 | | | | 67791.04 | 250285.21 | case rate | For One Day Stay, Rate = $6,649/case |
| SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC | 458 | MS-DRG | | | | inpatient | | | | 69627.59 | United | Commercial/PPO | 74921.62 | | | | 51002.14 | 199762.65 | case rate | For One Day Stay, Rate = $6,649/case |
| SPINAL FUSION EXCEPT CERVICAL W MCC | 459 | MS-DRG | | | | inpatient | | | | 1017704.07 | United | Commercial/PPO | 115077.04 | | | | 78337.54 | 249051.89 | case rate | For One Day Stay, Rate = $6,649/case |
| SPINAL FUSION EXCEPT CERVICAL W/O MCC | 460 | MS-DRG | | | | inpatient | | | | 60478.52 | United | Commercial/PPO | 63468.22 | | | | 43205.36 | 157490.76 | case rate | For One Day Stay, Rate = $6,649/case |
| BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC | 461 | MS-DRG | | | | inpatient | | | | 92812.8 | United | Commercial/PPO | 103946.37 | | | | 9917 | 174848.88 | case rate | For One Day Stay, Rate = $6,649/case |
| BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC | 462 | MS-DRG | | | | inpatient | | | | 49472.2 | United | Commercial/PPO | 49689.79 | | | | 11315 | 124592.26 | case rate | For One Day Stay, Rate = $6,649/case |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC | 463 | MS-DRG | | | | inpatient | | | | 84638.1 | United | Commercial/PPO | 93712.75 | | | | 15756 | 200180.02 | case rate | For One Day Stay, Rate = $6,649/case |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC | 464 | MS-DRG | | | | inpatient | | | | 50647.54 | United | Commercial/PPO | 51161.16 | | | | 34827.45 | 114836.61 | case rate | For One Day Stay, Rate = $6,649/case |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC | 465 | MS-DRG | | | | inpatient | | | | 33842.14 | United | Commercial/PPO | 30123.07 | | | | 20505.98 | 71671.46 | case rate | For One Day Stay, Rate = $6,649/case |
| REVISION OF HIP OR KNEE REPLACEMENT W MCC | 466 | MS-DRG | | | | inpatient | | | | 80391.36 | United | Commercial/PPO | 88396.4 | | | | 60174.97 | 199450.59 | case rate | For One Day Stay, Rate = $6,649/case |
| REVISION OF HIP OR KNEE REPLACEMENT W CC | 467 | MS-DRG | | | | inpatient | | | | 57253.27 | United | Commercial/PPO | 59430.65 | | | | 40456.82 | 135369.89 | case rate | For One Day Stay, Rate = $6,649/case |
| REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC | 468 | MS-DRG | | | | inpatient | | | | 46138.84 | United | Commercial/PPO | 45516.88 | | | | 30985.16 | 108884.14 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP | 469 | MS-DRG | | | | inpatient | | | | 55084.16 | United | Commercial/PPO | 56715.21 | | | | 38608.32 | 123816.02 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC | 470 | MS-DRG | | | | inpatient | | | | 35912.84 | United | Commercial/PPO | 32715.31 | | | | 22270.62 | 77616.13 | case rate | For One Day Stay, Rate = $6,649/case |
| CERVICAL SPINAL FUSION W MCC | 471 | MS-DRG | | | | inpatient | | | | 77102.35 | United | Commercial/PPO | 84279.01 | | | | 8282 | 196452.37 | case rate | For One Day Stay, Rate = $6,649/case |
| CERVICAL SPINAL FUSION W CC | 472 | MS-DRG | | | | inpatient | | | | 49935.13 | United | Commercial/PPO | 50269.32 | | | | 8991 | 114945.83 | case rate | For One Day Stay, Rate = $6,649/case |
| CERVICAL SPINAL FUSION W/O CC/MCC | 473 | MS-DRG | | | | inpatient | | | | 42592.04 | United | Commercial/PPO | 41076.76 | | | | 11229 | 92559.71 | case rate | For One Day Stay, Rate = $6,649/case |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC | 474 | MS-DRG | | | | inpatient | | | | 71938.07 | United | Commercial/PPO | 77814.03 | | | | 22321 | 148035.47 | case rate | For One Day Stay, Rate = $6,649/case |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC | 475 | MS-DRG | | | | inpatient | | | | 39660.02 | United | Commercial/PPO | 37431.31 | | | | 25480.99 | 83818.24 | case rate | For One Day Stay, Rate = $6,649/case |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC | 476 | MS-DRG | | | | inpatient | | | | 25900.29 | United | Commercial/PPO | 20180.95 | | | | 13737.98 | 44885.35 | case rate | For One Day Stay, Rate = $6,649/case |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC | 477 | MS-DRG | | | | inpatient | | | | 57444.54 | United | Commercial/PPO | 59670.09 | | | | 40619.82 | 122419.57 | case rate | For One Day Stay, Rate = $6,649/case |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC | 478 | MS-DRG | | | | inpatient | | | | 42192.86 | United | Commercial/PPO | 40577.05 | | | | 27622.42 | 88904.75 | case rate | For One Day Stay, Rate = $6,649/case |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC | 479 | MS-DRG | | | | inpatient | | | | 34382.39 | United | Commercial/PPO | 30811.91 | | | | 20974.9 | 70134.59 | case rate | For One Day Stay, Rate = $6,649/case |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC | 480 | MS-DRG | | | | inpatient | | | | 50542.2 | United | Commercial/PPO | 51029.29 | | | | 34737.68 | 118206.81 | case rate | For One Day Stay, Rate = $6,649/case |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC | 481 | MS-DRG | | | | inpatient | | | | 38537.95 | United | Commercial/PPO | 36001.59 | | | | 8360 | 80444.14 | case rate | For One Day Stay, Rate = $6,649/case |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC | 482 | MS-DRG | | | | inpatient | | | | 31767.28 | United | Commercial/PPO | 27525.63 | | | | 9385 | 64927.15 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES | 483 | MS-DRG | | | | inpatient | | | | 45097.95 | United | Commercial/PPO | 44213.82 | | | | 13093 | 92973.18 | case rate | For One Day Stay, Rate = $6,649/case |
| KNEE PROCEDURES W PDX OF INFECTION W MCC | 485 | MS-DRG | | | | inpatient | | | | 54399.47 | United | Commercial/PPO | 55858.07 | | | | 38024.83 | 128883.03 | case rate | For One Day Stay, Rate = $6,649/case |
| KNEE PROCEDURES W PDX OF INFECTION W CC | 486 | MS-DRG | | | | inpatient | | | | 39175.52 | United | Commercial/PPO | 36799.74 | | | | 25051.05 | 86533.13 | case rate | For One Day Stay, Rate = $6,649/case |
| KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC | 487 | MS-DRG | | | | inpatient | | | | 31681.35 | United | Commercial/PPO | 27418.05 | | | | 18664.56 | 64369.35 | case rate | For One Day Stay, Rate = $6,649/case |
| KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC | 488 | MS-DRG | | | | inpatient | | | | 37020.27 | United | Commercial/PPO | 34101.66 | | | | 23214.36 | 82402.29 | case rate | For One Day Stay, Rate = $6,649/case |
| KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC | 489 | MS-DRG | | | | inpatient | | | | 26943.96 | United | Commercial/PPO | 21487.48 | | | | 14627.39 | 50607.68 | case rate | For One Day Stay, Rate = $6,649/case |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC | 492 | MS-DRG | | | | inpatient | | | | 58999.65 | United | Commercial/PPO | 61616.87 | | | | 27633 | 132253.23 | case rate | For One Day Stay, Rate = $6,649/case |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC | 493 | MS-DRG | | | | inpatient | | | | 43057.74 | United | Commercial/PPO | 41659.75 | | | | 28359.46 | 87613.62 | case rate | For One Day Stay, Rate = $6,649/case |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC | 494 | MS-DRG | | | | inpatient | | | | 35911.46 | United | Commercial/PPO | 32713.58 | | | | 22269.44 | 68414.38 | case rate | For One Day Stay, Rate = $6,649/case |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC | 495 | MS-DRG | | | | inpatient | | | | 58575.53 | United | Commercial/PPO | 61085.93 | | | | 41583.64 | 136053.94 | case rate | For One Day Stay, Rate = $6,649/case |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC | 496 | MS-DRG | | | | inpatient | | | | 37125.6 | United | Commercial/PPO | 34233.52 | | | | 23304.13 | 76488.83 | case rate | For One Day Stay, Rate = $6,649/case |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC | 497 | MS-DRG | | | | inpatient | | | | 28388.18 | United | Commercial/PPO | 23295.45 | | | | 15858.15 | 55975.05 | case rate | For One Day Stay, Rate = $6,649/case |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC | 498 | MS-DRG | | | | inpatient | | | | 44775 | United | Commercial/PPO | 43809.54 | | | | 29822.91 | 88857.95 | case rate | For One Day Stay, Rate = $6,649/case |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC | 499 | MS-DRG | | | | inpatient | | | | 25007.7 | United | Commercial/PPO | 19063.54 | | | | 12977.32 | 43656.63 | case rate | For One Day Stay, Rate = $6,649/case |
| SOFT TISSUE PROCEDURES W MCC | 500 | MS-DRG | | | | inpatient | | | | 53698.15 | United | Commercial/PPO | 54980.11 | | | | 37427.16 | 119673.48 | case rate | For One Day Stay, Rate = $6,649/case |
| SOFT TISSUE PROCEDURES W CC | 501 | MS-DRG | | | | inpatient | | | | 34515.74 | United | Commercial/PPO | 30966.33 | | | | 8902 | 65820.41 | case rate | For One Day Stay, Rate = $6,649/case |
| SOFT TISSUE PROCEDURES W/O CC/MCC | 502 | MS-DRG | | | | inpatient | | | | 29144.95 | United | Commercial/PPO | 24242.82 | | | | 16503.06 | 50361.94 | case rate | For One Day Stay, Rate = $6,649/case |
| FOOT PROCEDURES W MCC | 503 | MS-DRG | | | | inpatient | | | | 46461.78 | United | Commercial/PPO | 45921.16 | | | | 27418 | 99943.74 | case rate | For One Day Stay, Rate = $6,649/case |
| FOOT PROCEDURES W CC | 504 | MS-DRG | | | | inpatient | | | | 34104.1 | United | Commercial/PPO | 30451.01 | | | | 20729.22 | 67462.61 | case rate | For One Day Stay, Rate = $6,649/case |
| FOOT PROCEDURES W/O CC/MCC | 505 | MS-DRG | | | | inpatient | | | | 34104.1 | United | Commercial/PPO | 30451.01 | | | | 20729.22 | 61623.26 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR THUMB OR JOINT PROCEDURES | 506 | MS-DRG | | | | inpatient | | | | 30557.29 | United | Commercial/PPO | 26010.88 | | | | 17706.65 | 55011.57 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC | 507 | MS-DRG | | | | inpatient | | | | 36643.27 | United | Commercial/PPO | 33629.71 | | | | 22893.09 | 75771.1 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC | 508 | MS-DRG | | | | inpatient | | | | 26986.93 | United | Commercial/PPO | 21541.27 | | | | 14864 | 56458.73 | case rate | For One Day Stay, Rate = $6,649/case |
| ARTHROSCOPY | 509 | MS-DRG | | | | inpatient | | | | 34127.66 | United | Commercial/PPO | 30480.5 | | | | 20749.3 | 65153.39 | case rate | For One Day Stay, Rate = $6,649/case |
| SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC | 510 | MS-DRG | | | | inpatient | | | | 49393.2 | United | Commercial/PPO | 49590.89 | | | | 33758.51 | 106582.73 | case rate | For One Day Stay, Rate = $6,649/case |
| SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC | 511 | MS-DRG | | | | inpatient | | | | 36962.05 | United | Commercial/PPO | 34028.78 | | | | 7655 | 72057.63 | case rate | For One Day Stay, Rate = $6,649/case |
| SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC | 512 | MS-DRG | | | | inpatient | | | | 32063.89 | United | Commercial/PPO | 27896.94 | | | | 10564 | 59372.55 | case rate | For One Day Stay, Rate = $6,649/case |
| HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC | 513 | MS-DRG | | | | inpatient | | | | 30647.38 | United | Commercial/PPO | 26123.67 | | | | 17783.42 | 63955.88 | case rate | For One Day Stay, Rate = $6,649/case |
| HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC | 514 | MS-DRG | | | | inpatient | | | | 23911.36 | United | Commercial/PPO | 17691.08 | | | | 12043.03 | 40660.37 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC | 515 | MS-DRG | | | | inpatient | | | | 52840.62 | United | Commercial/PPO | 53656.23 | | | | 36525.94 | 120219.57 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC | 516 | MS-DRG | | | | inpatient | | | | 37661.99 | United | Commercial/PPO | 34905.01 | | | | 23761.23 | 73543.8 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC | 517 | MS-DRG | | | | inpatient | | | | 30468.59 | United | Commercial/PPO | 25899.84 | | | | 17631.06 | 53864.77 | case rate | For One Day Stay, Rate = $6,649/case |
| BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM | 518 | MS-DRG | | | | inpatient | | | | 59454.26 | United | Commercial/PPO | 62185.98 | | | | 42332.49 | 120929.5 | case rate | For One Day Stay, Rate = $6,649/case |
| BACK & NECK PROC EXC SPINAL FUSION W CC | 519 | MS-DRG | | | | inpatient | | | | 37110.36 | United | Commercial/PPO | 34214.44 | | | | 23291.14 | 72631.03 | case rate | For One Day Stay, Rate = $6,649/case |
| BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC | 520 | MS-DRG | | | | inpatient | | | | 29643.91 | United | Commercial/PPO | 24867.45 | | | | 16928.27 | 51259.1 | case rate | For One Day Stay, Rate = $6,649/case |
| HIP REPLACEMENT W/TH PRINCIPAL DIAGNOSIS OF HIP FRACTURE W/TH MCC | 521 | MS-DRG | | | | inpatient | | | | 50177.68 | United | Commercial/PPO | 50572.96 | | | | 7692 | 50572.96 | case rate | For One Day Stay, Rate = $6,649/case |
| HIP REPLACEMENT W/TH PRINCIPAL DIAGNOSIS OF HIP FRACTURE W/THOUT MCC | 522 | MS-DRG | | | | inpatient | | | | 38998.11 | United | Commercial/PPO | 36577.64 | | | | 9003 | 36577.64 | case rate | For One Day Stay, Rate = $6,649/case |
| FRACTURES OF FEMUR W MCC | 533 | MS-DRG | | | | inpatient | | | | 30914.88 | United | Commercial/PPO | 26458.54 | | | | 12781 | 59700.21 | case rate | For One Day Stay, Rate = $6,649/case |
| FRACTURES OF FEMUR W/O MCC | 534 | MS-DRG | | | | inpatient | | | | 21061.72 | United | Commercial/PPO | 14123.71 | | | | 9614.58 | 34640.29 | case rate | For One Day Stay, Rate = $6,649/case |
| FRACTURES OF HIP & PELVIS W MCC | 535 | MS-DRG | | | | inpatient | | | | 28212.16 | United | Commercial/PPO | 23075.09 | | | | 15708.14 | 48945.98 | case rate | For One Day Stay, Rate = $6,649/case |
| FRACTURES OF HIP & PELVIS W/O MCC | 536 | MS-DRG | | | | inpatient | | | | 21018.76 | United | Commercial/PPO | 14069.93 | | | | 9577.96 | 29528.3 | case rate | For One Day Stay, Rate = $6,649/case |
| SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC | 537 | MS-DRG | | | | inpatient | | | | 22517.04 | United | Commercial/PPO | 15945.57 | | | | 10854.79 | 35515.87 | case rate | For One Day Stay, Rate = $6,649/case |
| SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC | 538 | MS-DRG | | | | inpatient | | | | 19086.66 | United | Commercial/PPO | 11651.2 | | | | 7931.44 | 28358.09 | case rate | For One Day Stay, Rate = $6,649/case |
| OSTEOMYELITIS W MCC | 539 | MS-DRG | | | | inpatient | | | | 37810.29 | United | Commercial/PPO | 35050.66 | | | | 23887.62 | 78762.93 | case rate | For One Day Stay, Rate = $6,649/case |
| OSTEOMYELITIS W CC | 540 | MS-DRG | | | | inpatient | | | | 27715.97 | United | Commercial/PPO | 22453.93 | | | | 15285.29 | 50588.18 | case rate | For One Day Stay, Rate = $6,649/case |
| OSTEOMYELITIS W/O CC/MCC | 541 | MS-DRG | | | | inpatient | | | | 21905.81 | United | Commercial/PPO | 15180.39 | | | | 7723 | 34431.48 | case rate | For One Day Stay, Rate = $6,649/case |
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC | 542 | MS-DRG | | | | inpatient | | | | 35630.1 | United | Commercial/PPO | 32361.35 | | | | 8903 | 71199.48 | case rate | For One Day Stay, Rate = $6,649/case |
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC | 543 | MS-DRG | | | | inpatient | | | | 24483.79 | United | Commercial/PPO | 18407.68 | | | | 10889 | 41835.01 | case rate | For One Day Stay, Rate = $6,649/case |
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC | 544 | MS-DRG | | | | inpatient | | | | 20253.68 | United | Commercial/PPO | 13112.15 | | | | 8925.97 | 31143.19 | case rate | For One Day Stay, Rate = $6,649/case |
| CONNECTIVE TISSUE DISORDERS W MCC | 545 | MS-DRG | | | | inpatient | | | | 44802.73 | United | Commercial/PPO | 43844.24 | | | | 29846.53 | 96702.25 | case rate | For One Day Stay, Rate = $6,649/case |
| CONNECTIVE TISSUE DISORDERS W CC | 546 | MS-DRG | | | | inpatient | | | | 25825.45 | United | Commercial/PPO | 20087.25 | | | | 13674.2 | 47370.1 | case rate | For One Day Stay, Rate = $6,649/case |
| CONNECTIVE TISSUE DISORDERS W/O CC/MCC | 547 | MS-DRG | | | | inpatient | | | | 20122.01 | United | Commercial/PPO | 12947.32 | | | | 8813.76 | 33452.4 | case rate | For One Day Stay, Rate = $6,649/case |
| SEPTIC ARTHRITIS W MCC | 548 | MS-DRG | | | | inpatient | | | | 37702.19 | United | Commercial/PPO | 34955.32 | | | | 23795.49 | 80635.27 | case rate | For One Day Stay, Rate = $6,649/case |
| SEPTIC ARTHRITIS W CC | 549 | MS-DRG | | | | inpatient | | | | 26482.42 | United | Commercial/PPO | 20909.69 | | | | 14234.06 | 48532.51 | case rate | For One Day Stay, Rate = $6,649/case |
| SEPTIC ARTHRITIS W/O CC/MCC | 550 | MS-DRG | | | | inpatient | | | | 21728.4 | United | Commercial/PPO | 14998.3 | | | | 10182.71 | 36034.67 | case rate | For One Day Stay, Rate = $6,649/case |
| MEDICAL BACK PROBLEMS W MCC | 551 | MS-DRG | | | | inpatient | | | | 33430.5 | United | Commercial/PPO | 29807.75 | | | | 9165 | 62083.54 | case rate | For One Day Stay, Rate = $6,649/case |
| MEDICAL BACK PROBLEMS W/O MCC | 552 | MS-DRG | | | | inpatient | | | | 23137.97 | United | Commercial/PPO | 16722.89 | | | | 11383.94 | 35145.31 | case rate | For One Day Stay, Rate = $6,649/case |
| BONE DISEASES & ARTHROPATHIES W MCC | 553 | MS-DRG | | | | inpatient | | | | 27880.9 | United | Commercial/PPO | 22660.41 | | | | 15425.85 | 48275.06 | case rate | For One Day Stay, Rate = $6,649/case |
| BONE DISEASES & ARTHROPATHIES W/O MCC | 554 | MS-DRG | | | | inpatient | | | | 21347.24 | United | Commercial/PPO | 14481.14 | | | | 9857.89 | 47368.4 | case rate | For One Day Stay, Rate = $6,649/case |
| SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC | 555 | MS-DRG | | | | inpatient | | | | 28443.62 | United | Commercial/PPO | 23364.86 | | | | 15905.39 | 49897.75 | case rate | For One Day Stay, Rate = $6,649/case |
| SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC | 556 | MS-DRG | | | | inpatient | | | | 21096.37 | United | Commercial/PPO | 14167.09 | | | | 9644.11 | 29945.67 | case rate | For One Day Stay, Rate = $6,649/case |
| TENDONITIS, MYOSITIS & BURSITIS W MCC | 557 | MS-DRG | | | | inpatient | | | | 31258.61 | United | Commercial/PPO | 26888.84 | | | | 18304.31 | 55873.63 | case rate | For One Day Stay, Rate = $6,649/case |
| TENDONITIS, MYOSITIS & BURSITIS W/O MCC | 558 | MS-DRG | | | | inpatient | | | | 21751.96 | United | Commercial/PPO | 14987.79 | | | | 10202.79 | 33682.54 | case rate | For One Day Stay, Rate = $6,649/case |
| AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC | 559 | MS-DRG | | | | inpatient | | | | 35508.13 | United | Commercial/PPO | 32208.66 | | | | 21925.72 | 70161.89 | case rate | For One Day Stay, Rate = $6,649/case |
| AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC | 560 | MS-DRG | | | | inpatient | | | | 25562.11 | United | Commercial/PPO | 19757.58 | | | | 13449.78 | 39853.45 | case rate | For One Day Stay, Rate = $6,649/case |
| AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC | 561 | MS-DRG | | | | inpatient | | | | 21111.62 | United | Commercial/PPO | 14186.18 | | | | 9211 | 29493.19 | case rate | For One Day Stay, Rate = $6,649/case |
| FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC | 562 | MS-DRG | | | | inpatient | | | | 30063.87 | United | Commercial/PPO | 25393.19 | | | | 12507 | 54525.76 | case rate | For One Day Stay, Rate = $6,649/case |
| FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC | 563 | MS-DRG | | | | inpatient | | | | 22167.76 | United | Commercial/PPO | 15308.32 | | | | 10557.14 | 32691.77 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC | 564 | MS-DRG | | | | inpatient | | | | 31528.89 | United | Commercial/PPO | 27227.19 | | | | 18534.64 | 61326.81 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC | 565 | MS-DRG | | | | inpatient | | | | 23912.75 | United | Commercial/PPO | 17692.81 | | | | 12044.21 | 38063.03 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC | 566 | MS-DRG | | | | inpatient | | | | 20148.34 | United | Commercial/PPO | 12980.28 | | | | 8836.2 | 29735.04 | case rate | For One Day Stay, Rate = $6,649/case |
| SKIN DEBRIDEMENT W MCC | 570 | MS-DRG | | | | inpatient | | | | 51501.32 | United | Commercial/PPO | 52229.98 | | | | 35555.04 | 118374.54 | case rate | For One Day Stay, Rate = $6,649/case |
| SKIN DEBRIDEMENT W CC | 571 | MS-DRG | | | | inpat

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| NON-MALIGNANT BREAST DISORDERS W CC/MCC | 600 | MS-DRG | | | | inpatient | | | | 23038.18 | United | Commercial/PPO | 16597.97 | | | | 11298.9 | 37290.69 | case rate | For One Day Stay, Rate = $6,649/case |
| NON-MALIGNANT BREAST DISORDERS W/O CC/MCC | 601 | MS-DRG | | | | inpatient | | | | 18088.73 | United | Commercial/PPO | 10401.92 | | | | 7081.01 | 24153.13 | case rate | For One Day Stay, Rate = $6,649/case |
| CELLULITIS W MCC | 602 | MS-DRG | | | | inpatient | | | | 30142.88 | United | Commercial/PPO | 25492.09 | | | | 17353.49 | 56326.11 | case rate | For One Day Stay, Rate = $6,649/case |
| CELLULITIS W/O MCC | 603 | MS-DRG | | | | inpatient | | | | 21987.58 | United | Commercial/PPO | 15282.76 | | | | 10403.59 | 33066.23 | case rate | For One Day Stay, Rate = $6,649/case |
| TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC | 604 | MS-DRG | | | | inpatient | | | | 30371.57 | United | Commercial/PPO | 25778.38 | | | | 17548.38 | 55265.12 | case rate | For One Day Stay, Rate = $6,649/case |
| TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC | 605 | MS-DRG | | | | inpatient | | | | 22582.18 | United | Commercial/PPO | 16027.12 | | | | 10910.3 | 33565.52 | case rate | For One Day Stay, Rate = $6,649/case |
| MINOR SKIN DISORDERS W MCC | 606 | MS-DRG | | | | inpatient | | | | 32098.54 | United | Commercial/PPO | 27940.32 | | | | 19020.09 | 53860.87 | case rate | For One Day Stay, Rate = $6,649/case |
| MINOR SKIN DISORDERS W/O MCC | 607 | MS-DRG | | | | inpatient | | | | 21757.5 | United | Commercial/PPO | 14994.73 | | | | 10207.52 | 31244.61 | case rate | For One Day Stay, Rate = $6,649/case |
| ADRENAL & PITUITARY PROCEDURES W CC/MCC | 614 | MS-DRG | | | | inpatient | | | | 41366.8 | United | Commercial/PPO | 35542.93 | | | | 26918.45 | 92196.55 | case rate | For One Day Stay, Rate = $6,649/case |
| ADRENAL & PITUITARY PROCEDURES W/O CC/MCC | 615 | MS-DRG | | | | inpatient | | | | 29641.14 | United | Commercial/PPO | 24863.98 | | | | 16925.91 | 57777.17 | case rate | For One Day Stay, Rate = $6,649/case |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC | 616 | MS-DRG | | | | inpatient | | | | 63348.95 | United | Commercial/PPO | 67061.62 | | | | 45651.52 | 161301.75 | case rate | For One Day Stay, Rate = $6,649/case |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC | 617 | MS-DRG | | | | inpatient | | | | 36551.8 | United | Commercial/PPO | 33515.19 | | | | 22815.13 | 80884.92 | case rate | For One Day Stay, Rate = $6,649/case |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC | 618 | MS-DRG | | | | inpatient | | | | 27036.82 | United | Commercial/PPO | 21603.73 | | | | 14706.52 | 45220.82 | case rate | For One Day Stay, Rate = $6,649/case |
| O.R. PROCEDURES FOR OBESITY W MCC | 619 | MS-DRG | | | | inpatient | | | | 47569.21 | United | Commercial/PPO | 47307.5 | | | | 32204.11 | 113927.74 | case rate | For One Day Stay, Rate = $6,649/case |
| O.R. PROCEDURES FOR OBESITY W CC | 620 | MS-DRG | | | | inpatient | | | | 31914.2 | United | Commercial/PPO | 27709.55 | | | | 18863 | 70587.07 | case rate | For One Day Stay, Rate = $6,649/case |
| O.R. PROCEDURES FOR OBESITY W/O CC/MCC | 621 | MS-DRG | | | | inpatient | | | | 30040.31 | United | Commercial/PPO | 25363.69 | | | | 17286.08 | 61564.75 | case rate | For One Day Stay, Rate = $6,649/case |
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC | 622 | MS-DRG | | | | inpatient | | | | 61644.16 | United | Commercial/PPO | 64927.44 | | | | 44198.71 | 148148.59 | case rate | For One Day Stay, Rate = $6,649/case |
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC | 623 | MS-DRG | | | | inpatient | | | | 36291.22 | United | Commercial/PPO | 33188.99 | | | | 22593.08 | 75018.26 | case rate | For One Day Stay, Rate = $6,649/case |
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC | 624 | MS-DRG | | | | inpatient | | | | 23582.88 | United | Commercial/PPO | 17279.86 | | | | 11763.09 | 50953.07 | case rate | For One Day Stay, Rate = $6,649/case |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC | 625 | MS-DRG | | | | inpatient | | | | 49517.54 | United | Commercial/PPO | 49747.05 | | | | 33864.81 | 108568.18 | case rate | For One Day Stay, Rate = $6,649/case |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC | 626 | MS-DRG | | | | inpatient | | | | 30698.67 | United | Commercial/PPO | 26187.86 | | | | 17827.13 | 62824.67 | case rate | For One Day Stay, Rate = $6,649/case |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC | 627 | MS-DRG | | | | inpatient | | | | 27338.97 | United | Commercial/PPO | 21981.98 | | | | 14964.01 | 42322.6 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC | 628 | MS-DRG | | | | inpatient | | | | 64467.46 | United | Commercial/PPO | 68461.84 | | | | 46604.71 | 143350.73 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC | 629 | MS-DRG | | | | inpatient | | | | 40952.38 | United | Commercial/PPO | 39024.13 | | | | 26565.29 | 91225.67 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC | 630 | MS-DRG | | | | inpatient | | | | 29201.77 | United | Commercial/PPO | 24313.96 | | | | 16551.48 | 59856.24 | case rate | For One Day Stay, Rate = $6,649/case |
| DIABETES W MCC | 637 | MS-DRG | | | | inpatient | | | | 29964.08 | United | Commercial/PPO | 25268.26 | | | | 17201.12 | 53880.37 | case rate | For One Day Stay, Rate = $6,649/case |
| DIABETES W CC | 638 | MS-DRG | | | | inpatient | | | | 22492.09 | United | Commercial/PPO | 15914.34 | | | | 10833.53 | 34021.91 | case rate | For One Day Stay, Rate = $6,649/case |
| DIABETES W/O CC/MCC | 639 | MS-DRG | | | | inpatient | | | | 18464.34 | United | Commercial/PPO | 10872.14 | | | | 7401.1 | 24648.52 | case rate | For One Day Stay, Rate = $6,649/case |
| MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC | 640 | MS-DRG | | | | inpatient | | | | 28185.83 | United | Commercial/PPO | 23042.13 | | | | 15685.7 | 46426.13 | case rate | For One Day Stay, Rate = $6,649/case |
| MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC | 641 | MS-DRG | | | | inpatient | | | | 20609.88 | United | Commercial/PPO | 13558.07 | | | | 9229.52 | 29329.36 | case rate | For One Day Stay, Rate = $6,649/case |
| INBORN AND OTHER DISORDERS OF METABOLISM | 642 | MS-DRG | | | | inpatient | | | | 26981.38 | United | Commercial/PPO | 21534.33 | | | | 14659.28 | 46285.34 | case rate | For One Day Stay, Rate = $6,649/case |
| ENDOCRINE DISORDERS W MCC | 643 | MS-DRG | | | | inpatient | | | | 32749.96 | United | Commercial/PPO | 28755.81 | | | | 19575.23 | 63741.34 | case rate | For One Day Stay, Rate = $6,649/case |
| ENDOCRINE DISORDERS W CC | 644 | MS-DRG | | | | inpatient | | | | 24102.63 | United | Commercial/PPO | 17930.52 | | | | 12206.02 | 39494.59 | case rate | For One Day Stay, Rate = $6,649/case |
| ENDOCRINE DISORDERS W/O CC/MCC | 645 | MS-DRG | | | | inpatient | | | | 20572.46 | United | Commercial/PPO | 13511.22 | | | | 9197.63 | 28978.3 | case rate | For One Day Stay, Rate = $6,649/case |
| KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC | 650 | MS-DRG | | | | inpatient | | | | 73637.32 | United | Commercial/PPO | 79941.26 | | | | 5441922 | 79941.26 | case rate | |
| KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC | 651 | MS-DRG | | | | inpatient | | | | 57908.86 | United | Commercial/PPO | 60251.35 | | | | 41015.5 | 60251.35 | case rate | |
| KIDNEY TRANSPLANT | 652 | MS-DRG | | | | inpatient | | | | 52349.56 | United | Commercial/PPO | 53291.86 | | | | 36277.9 | 129292.6 | case rate | |
| MAJOR BLADDER PROCEDURES W MCC | 653 | MS-DRG | | | | inpatient | | | | 87044.22 | United | Commercial/PPO | 96724.88 | | | | 65844.5 | 214109.42 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR BLADDER PROCEDURES W CC | 654 | MS-DRG | | | | inpatient | | | | 48884.23 | United | Commercial/PPO | 48966.26 | | | | 33333.29 | 112078.81 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR BLADDER PROCEDURES W/O CC/MCC | 655 | MS-DRG | | | | inpatient | | | | 38571.21 | United | Commercial/PPO | 36043.23 | | | | 24536.07 | 81025.34 | case rate | For One Day Stay, Rate = $6,649/case |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC | 656 | MS-DRG | | | | inpatient | | | | 54935.86 | United | Commercial/PPO | 56529.56 | | | | 38481.93 | 129799.69 | case rate | For One Day Stay, Rate = $6,649/case |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC | 657 | MS-DRG | | | | inpatient | | | | 35117.27 | United | Commercial/PPO | 31719.36 | | | | 21592.64 | 75962.23 | case rate | For One Day Stay, Rate = $6,649/case |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC | 658 | MS-DRG | | | | inpatient | | | | 30625.21 | United | Commercial/PPO | 26095.9 | | | | 17764.53 | 61100.56 | case rate | For One Day Stay, Rate = $6,649/case |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC | 659 | MS-DRG | | | | inpatient | | | | 45598.3 | United | Commercial/PPO | 44840.19 | | | | 30524.51 | 106375.99 | case rate | For One Day Stay, Rate = $6,649/case |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC | 660 | MS-DRG | | | | inpatient | | | | 28352.15 | United | Commercial/PPO | 23250.34 | | | | 15827.44 | 56466.53 | case rate | For One Day Stay, Rate = $6,649/case |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC | 661 | MS-DRG | | | | inpatient | | | | 24008.39 | United | Commercial/PPO | 17812.54 | | | | 12125.71 | 41946.71 | case rate | For One Day Stay, Rate = $6,649/case |
| MINOR BLADDER PROCEDURES W MCC | 662 | MS-DRG | | | | inpatient | | | | 53017.62 | United | Commercial/PPO | 54128.18 | | | | 36847.22 | 123991.55 | case rate | For One Day Stay, Rate = $6,649/case |
| MINOR BLADDER PROCEDURES W CC | 663 | MS-DRG | | | | inpatient | | | | 30949.53 | United | Commercial/PPO | 26501.92 | | | | 18040.92 | 63983.18 | case rate | For One Day Stay, Rate = $6,649/case |
| MINOR BLADDER PROCEDURES W/O CC/MCC | 664 | MS-DRG | | | | inpatient | | | | 24745.74 | United | Commercial/PPO | 16735.61 | | | | 12754.08 | 46250.6 | case rate | For One Day Stay, Rate = $6,649/case |
| PROSTATECTOMY W MCC | 665 | MS-DRG | | | | inpatient | | | | 57389.7 | United | Commercial/PPO | 59576.39 | | | | 40556.04 | 123995.45 | case rate | For One Day Stay, Rate = $6,649/case |
| PROSTATECTOMY W CC | 666 | MS-DRG | | | | inpatient | | | | 32611.36 | United | Commercial/PPO | 28582.3 | | | | 19457.12 | 69397.35 | case rate | For One Day Stay, Rate = $6,649/case |
| PROSTATECTOMY W/O CC/MCC | 667 | MS-DRG | | | | inpatient | | | | 24025.02 | United | Commercial/PPO | 17833.36 | | | | 12139.88 | 42143.16 | case rate | For One Day Stay, Rate = $6,649/case |
| TRANSURETHRAL PROCEDURES W MCC | 668 | MS-DRG | | | | inpatient | | | | 50199.86 | United | Commercial/PPO | 50600.72 | | | | 3444594 | 109789.1 | case rate | For One Day Stay, Rate = $6,649/case |
| TRANSURETHRAL PROCEDURES W CC | 669 | MS-DRG | | | | inpatient | | | | 31228.12 | United | Commercial/PPO | 26850.67 | | | | 18278.33 | 61728.58 | case rate | For One Day Stay, Rate = $6,649/case |
| TRANSURETHRAL PROCEDURES W/O CC/MCC | 670 | MS-DRG | | | | inpatient | | | | 23025.7 | United | Commercial/PPO | 16582.35 | | | | 11288.27 | 37583.24 | case rate | For One Day Stay, Rate = $6,649/case |
| URETHRAL PROCEDURES W CC/MCC | 671 | MS-DRG | | | | inpatient | | | | 33670.28 | United | Commercial/PPO | 29907.92 | | | | 20359.52 | 65668.28 | case rate | For One Day Stay, Rate = $6,649/case |
| URETHRAL PROCEDURES W/O CC/MCC | 672 | MS-DRG | | | | inpatient | | | | 24948.1 | United | Commercial/PPO | 18988.93 | | | | 12926.53 | 41226.5 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC | 673 | MS-DRG | | | | inpatient | | | | 67847.95 | United | Commercial/PPO | 72693.75 | | | | 49485.54 | 139539.74 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W CC | 674 | MS-DRG | | | | inpatient | | | | 41774.29 | United | Commercial/PPO | 40053.05 | | | | 27265.71 | 90188.08 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC | 675 | MS-DRG | | | | inpatient | | | | 31474.83 | United | Commercial/PPO | 27159.52 | | | | 18488.57 | 63398.08 | case rate | For One Day Stay, Rate = $6,649/case |
| RENAL FAILURE W MCC | 682 | MS-DRG | | | | inpatient | | | | 30596.1 | United | Commercial/PPO | 26059.47 | | | | 17739.72 | 59758.72 | case rate | For One Day Stay, Rate = $6,649/case |
| RENAL FAILURE W CC | 683 | MS-DRG | | | | inpatient | | | | 22099.85 | United | Commercial/PPO | 15423.3 | | | | 10499.26 | 35847.43 | case rate | For One Day Stay, Rate = $6,649/case |
| RENAL FAILURE W/O CC/MCC | 684 | MS-DRG | | | | inpatient | | | | 18198.22 | United | Commercial/PPO | 10539 | | | | 7174.32 | 24176.54 | case rate | For One Day Stay, Rate = $6,649/case |
| KIDNEY & URINARY TRACT NEOPLASMS W MCC | 686 | MS-DRG | | | | inpatient | | | | 35915.62 | United | Commercial/PPO | 32718.78 | | | | 22272.98 | 66998.42 | case rate | For One Day Stay, Rate = $6,649/case |
| KIDNEY & URINARY TRACT NEOPLASMS W CC | 687 | MS-DRG | | | | inpatient | | | | 24370.13 | United | Commercial/PPO | 18265.4 | | | | 12433.99 | 41101.68 | case rate | For One Day Stay, Rate = $6,649/case |
| KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC | 688 | MS-DRG | | | | inpatient | | | | 19817.09 | United | Commercial/PPO | 12565.59 | | | | 8553.9 | 30850.64 | case rate | For One Day Stay, Rate = $6,649/case |
| KIDNEY & URINARY TRACT INFECTIONS W MCC | 689 | MS-DRG | | | | inpatient | | | | 26000.08 | United | Commercial/PPO | 20305.88 | | | | 13823.02 | 43360.18 | case rate | For One Day Stay, Rate = $6,649/case |
| KIDNEY & URINARY TRACT INFECTIONS W/O MCC | 690 | MS-DRG | | | | inpatient | | | | 20903.72 | United | Commercial/PPO | 13925.91 | | | | 9479.93 | 30975.46 | case rate | For One Day Stay, Rate = $6,649/case |
| URINARY STONES W MCC | 693 | MS-DRG | | | | inpatient | | | | 30159.51 | United | Commercial/PPO | 25512.91 | | | | 17367.86 | 51629.67 | case rate | For One Day Stay, Rate = $6,649/case |
| URINARY STONES W/O MCC | 694 | MS-DRG | | | | inpatient | | | | 20609.88 | United | Commercial/PPO | 13558.07 | | | | 9229.52 | 27386.81 | case rate | For One Day Stay, Rate = $6,649/case |
| KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC | 695 | MS-DRG | | | | inpatient | | | | 25411.03 | United | Commercial/PPO | 19568.46 | | | | 13321.03 | 44807.34 | case rate | For One Day Stay, Rate = $6,649/case |
| KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC | 696 | MS-DRG | | | | inpatient | | | | 19368.02 | United | Commercial/PPO | 12003.42 | | | | 8171.21 | 26860.22 | case rate | For One Day Stay, Rate = $6,649/case |
| URETHRAL STRICTURE | 697 | MS-DRG | | | | inpatient | | | | 23262.71 | United | Commercial/PPO | 16879.05 | | | | 11490.25 | 37446.72 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC | 698 | MS-DRG | | | | inpatient | | | | 33077.06 | United | Commercial/PPO | 29165.3 | | | | 19853.98 | 63000.21 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC | 699 | MS-DRG | | | | inpatient | | | | 23915.52 | United | Commercial/PPO | 17696.28 | | | | 12046.57 | 40095.3 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC | 700 | MS-DRG | | | | inpatient | | | | 19401.28 | United | Commercial/PPO | 12045.06 | | | | 8199.56 | 29633.62 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR MALE PELVIC PROCEDURES W CC/MCC | 707 | MS-DRG | | | | inpatient | | | | 36676.54 | United | Commercial/PPO | 33671.35 | | | | 22921.44 | 69877.14 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR MALE PELVIC PROCEDURES W/O CC/MCC | 708 | MS-DRG | | | | inpatient | | | | 30327.21 | United | Commercial/PPO | 25722.86 | | | | 17510.58 | 54863.35 | case rate | For One Day Stay, Rate = $6,649/case |
| PENIS PROCEDURES W CC/MCC | 709 | MS-DRG | | | | inpatient | | | | 40924.66 | United | Commercial/PPO | 38989.43 | | | | 26541.67 | 79254.42 | case rate | For One Day Stay, Rate = $6,649/case |
| PENIS PROCEDURES W/O CC/MCC | 710 | MS-DRG | | | | inpatient | | | | 35589.17 | United | Commercial/PPO | 26050.79 | | | | 17733.82 | 65122.19 | case rate | For One Day Stay, Rate = $6,649/case |
| TESTES PROCEDURES W CC/MCC | 711 | MS-DRG | | | | inpatient | | | | 36219.15 | United | Commercial/PPO | 33098.77 | | | | 22531.66 | 81271.08 | case rate | For One Day Stay, Rate = $6,649/case |
| TESTES PROCEDURES W/O CC/MCC | 712 | MS-DRG | | | | inpatient | | | | 22061.04 | United | Commercial/PPO | 15374.72 | | | | 10466.19 | 42002.74 | case rate | For One Day Stay, Rate = $6,649/case |
| TRANSURETHRAL PROSTATECTOMY W CC/MCC | 713 | MS-DRG | | | | inpatient | | | | 29821.32 | United | Commercial/PPO | 25089.55 | | | | 17079.46 | 57082.84 | case rate | For One Day Stay, Rate = $6,649/case |
| TRANSURETHRAL PROSTATECTOMY W/O CC/MCC | 714 | MS-DRG | | | | inpatient | | | | 22803.94 | United | Commercial/PPO | 16304.73 | | | | 11099.29 | 35515.87 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC | 715 | MS-DRG | | | | inpatient | | | | 41079.9 | United | Commercial/PPO | 39183.76 | | | | 26673.96 | 86201.57 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC | 716 | MS-DRG | | | | inpatient | | | | 29451.26 | United | Commercial/PPO | 24626.27 | | | | 16764.09 | 57067.24 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC | 717 | MS-DRG | | | | inpatient | | | | 35497.04 | United | Commercial/PPO | 32194.78 | | | | 21916.28 | 76231.38 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC | 718 | MS-DRG | | | | inpatient | | | | 26863.87 | United | Commercial/PPO | 21374.7 | | | | 14550.61 | 48080.03 | case rate | For One Day Stay, Rate = $6,649/case |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC | 722 | MS-DRG | | | | inpatient | | | | 33742.35 | United | Commercial/PPO | 29998.14 | | | | 20420.94 | 64739.92 | case rate | For One Day Stay, Rate = $6,649/case |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC | 723 | MS-DRG | | | | inpatient | | | | 25343.12 | United | Commercial/PPO | 19483.44 | | | | 13263.16 | 42966.21 | case rate | For One Day Stay, Rate = $6,649/case |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC | 724 | MS-DRG | | | | inpatient | | | | 18884.3 | United | Commercial/PPO | 11397.87 | | | | 7758.99 | 26883.62 | case rate | For One Day Stay, Rate = $6,649/case |
| BENIGN PROSTATIC HYPERTROPHY W MCC | 725 | MS-DRG | | | | inpatient | | | | 27279.37 | United | Commercial/PPO | 21907.37 | | | | 14913.23 | 47386.2 | case rate | For One Day Stay, Rate = $6,649/case |
| BENIGN PROSTATIC HYPERTROPHY W/O MCC | 726 | MS-DRG | | | | inpatient | | | | 20097.06 | United | Commercial/PPO | 12916.08 | | | | 8792.5 | 29820.85 | case rate | For One Day Stay, Rate = $6,649/case |
| INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC | 727 | MS-DRG | | | | inpatient | | | | 30145.65 | United | Commercial/PPO | 25495.56 | | | | 17355.85 | 56092.07 | case rate | For One Day Stay, Rate = $6,649/case |
| INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC | 728 | MS-DRG | | | | inpatient | | | | 21104.69 | United | Commercial/PPO | 14177.5 | | | | 9651.19 | 30870.14 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC | 729 | MS-DRG | | | | inpatient | | | | 25038.19 | United | Commercial/PPO | 19101.72 | | | | 13003.3 | 42205.57 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC | 730 | MS-DRG | | | | inpatient | | | | 18191.29 | United | Commercial/PPO | 10530.32 | | | | 7168.41 | 22171.58 | case rate | For One Day Stay, Rate = $6,649/case |
| PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC | 734 | MS-DRG | | | | inpatient | | | | 38924.65 | United | Commercial/PPO | 36485.68 | | | | 24837.26 | 89946.12 | case rate | For One Day Stay, Rate = $6,649/case |
| PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC | 735 | MS-DRG | | | | inpatient | | | | 26604.39 | United | Commercial/PPO | 21062.38 | | | | 14338 | 53244.56 | case rate | For One Day Stay, Rate = $6,649/case |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC | 736 | MS-DRG | | | | inpatient | | | | 64355.2 | United | Commercial/PPO | 68321.3 | | | | 46509.04 | 157221.61 | case rate | For One Day Stay, Rate = $6,649/case |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC | 737 | MS-DRG | | | | inpatient | | | | 37477.65 | United | Commercial/PPO | 34674.24 | | | | 23604.14 | 79238.82 | case rate | For One Day Stay, Rate = $6,649/case |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC | 738 | MS-DRG | | | | inpatient | | | | 30804 | United | Commercial/PPO | 26319.73 | | | | 17916.89 | 54309.45 | case rate | For One Day Stay, Rate = $6,649/case |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC | 739 | MS-DRG | | | | inpatient | | | | 64955.34 | United | Commercial/PPO | 69072.6 | | | | 47020.48 | 140335.48 | case rate | For One Day Stay, Rate = $6,649/case |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC | 740 | MS-DRG | | | | inpatient | | | | 34981.44 | United | Commercial/PPO | 31549.32 | | | | 21476.89 | 67985.3 | case rate | For One Day Stay, Rate = $6,649/case |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC | 741 | MS-DRG | | | | inpatient | | | | 28817.85 | United | Commercial/PPO | 23833.33 | | | | 16224.3 | 51793.49 | case rate | For One Day Stay, Rate = $6,649/case |
| UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC | 742 | MS-DRG | | | | inpatient | | | | 35097.87 | United | Commercial/PPO | 31695.07 | | | | 21576.1 | 69858 | case rate | For One Day Stay, Rate = $6,649/case |
| UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC | 743 | MS-DRG | | | | inpatient | | | | 26393.71 | United | Commercial/PPO | 20798.64 | | | | 14158.47 | 43516.21 | case rate | For One Day Stay, Rate = $6,649/case |
| D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC | 744 | MS-DRG | | | | inpatient | | | | 36862.26 | United | Commercial/PPO | 33903.85 | | | | 23079.71 | 65933.53 | case rate | For One Day Stay, Rate = $6,649/case |
| D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC | 745 | MS-DRG | | | | inpatient | | | | 23983.44 | United | Commercial/PPO | 17781.3 | | | | 12104.45 | 41714.09 | case rate | For One Day Stay, Rate = $6,649/case |
| VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC | 746 | MS-DRG | | | | inpatient | | | | 32989.74 | United | Commercial/PPO | 29055.98 | | | | 19779.57 | 65442.04 | case rate | For One Day Stay, Rate = $6,649/case |
| VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC | 747 | MS-DRG | | | | inpatient | | | | 23018.77 | United | Commercial/PPO | 16573.68 | | | | 11282.36 | 37376.51 | case rate | For One Day Stay, Rate = $6,649/case |
| FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 748 | MS-DRG | | | | inpatient | | | | 28661.23 | United | Commercial/PPO | 23637.27 | | | | 16090.83 | 50475.06 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC | 749 | MS-DRG | | | | inpatient | | | | 45657.89 | United | Commercial/PPO | 44914.8 | | | | 30575.3 | 101496.21 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC | 750 | MS-DRG | | | | inpatient | | | | 27652.21 | United | Commercial/PPO | 22374.11 | | | | 15230.96 | 47740.67 | case rate | For One Day Stay, Rate = $6,649/case |
| MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC | 754 | MS-DRG | | | | inpatient | | | | 34856.7 | United | Commercial/PPO | 31393.16 | | | | 21370.58 | 71827.49 | case rate | For One Day Stay, Rate = $6,649/case |
| MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC | 755 | MS-DRG | | | | inpatient | | | | 25165.71 | United | Commercial/PPO | 19261.35 | | | | 13111.97 | 41733.59 | case rate | For One Day Stay, Rate = $6,649/case |
| MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC | 756 | MS-DRG | | | | inpatient | | | | 23016 | United | Commercial/PPO | 16570.21 | | | | 11280 | 30429.36 | case rate | For One Day Stay, Rate = $6,649/case |
| INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC | 757 | MS-DRG | | | | inpatient | | | | 29395.81 | United | Commercial/PPO | 24556.87 | | | | 16716.84 | 56205.19 | case rate | For One Day Stay, Rate = $6,649/case |
| INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC | 758 | MS-DRG | | | | inpatient | | | | 23907.21 | United | Commercial/PPO | 17685.87 | | | | 12039.48 | 39802.74 | case rate | For One Day Stay, Rate = $6,649/case |
| INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC | 759 | MS-DRG | | | | inpatient | | | | 18650.06 | United | Commercial/PPO | 11104.64 | | | | 7559.37 | 27722.27 | case rate | For One Day Stay, Rate = $6,649/case |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC | 760 | MS-DRG | | | | inpatient | | | | 23440.12 | United | Commercial/PPO | 17101.15 | | | | 11641.43 | 34002.4 | case rate | For One Day Stay, Rate = $6,649/case |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC | 761 | MS-DRG | | | | inpatient | | | | 18565.52 | United | Commercial/PPO | 10998.8 | | | | 7487.32 | 21430.45 | case rate | For One Day Stay, Rate = $6,649/case |
| VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C | 768 | MS-DRG | | | | inpatient | | | | 23794.94 | United | Commercial/PPO | 9671 | | | | 8760 | 44132.52 | case rate | For One Day Stay, Rate = $6,649/case |
| POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE | 769 | MS-DRG | | | | inpatient | | | | 28855.27 | United | Commercial/PPO | 23860.18 | | | | 16256.19 | 56868.31 | case rate | For One Day Stay, Rate = $6,649/case |
| ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 770 | MS-DRG | | | | inpatient | | | | 24693.08 | United | Commercial/PPO | 18669.68 | | | | 12709.2 | 41655.58 | case rate | For One Day Stay, Rate = $6,649/case |
| POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE | 776 | MS-DRG | | | | inpatient | | | | 19668.78 | United | Commercial/PPO | 12379.94 | | | | 8427.52 | 25705.61 | case rate | For One Day Stay, Rate = $6,649/case |
| ABORTION W/O D&C | 779 | MS-DRG | | | | inpatient | | | | 22736.03 | United | Commercial/PPO | 16219.71 | | | | 11041.41 | 29422.98 | case rate | For One Day Stay, Rate = $6,649/case |
| CESAREAN SECTION W STERILIZATION W MCC | 783 | MS-DRG | | | | inpatient | | | | 35311.31 | United | Commercial/PPO | 10760 | | | | 8487 | 68086.72 | case rate | For One Day Stay, Rate = $6,649/case |
| CESAREAN SECTION W STERILIZATION W CC | 784 | MS-DRG | | | | inpatient | | | | 24790.1 | United | Commercial/PPO | 10760 | | | | 8487 | 42989.61 | case rate | For One Day Stay, Rate = $6,649/case |
| CESAREAN SECTION W STERILIZATION W/O CC/MCC | 785 | MS-DRG | | | | inpatient | | | | 21886.4 | United | Commercial/PPO | 10760 | | | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC | 804 | MS-DRG | | | | inpatient | | | | 25103.34 | United | Commercial\|PPO | 19183.27 | | | | 13058.82 | 47698.11 | case rate | For One Day Stay, Rate = $6,649/case |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC | 805 | MS-DRG | | | | inpatient | | | | 23611.99 | United | Commercial\|PPO | 9671 | | | | 6365 | 39911.96 | case rate | For One Day Stay, Rate = $6,649/case |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W CC | 806 | MS-DRG | | | | inpatient | | | | 19808.77 | United | Commercial\|PPO | 9671 | | | | 6365 | 27593.55 | case rate | For One Day Stay, Rate = $6,649/case |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC | 807 | MS-DRG | | | | inpatient | | | | 19612.64 | United | Commercial\|PPO | 9671 | | | | 6365 | 23950.3 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC | 808 | MS-DRG | | | | inpatient | | | | 41523.42 | United | Commercial\|PPO | 39739 | | | | 27051.92 | 83833.84 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC | 809 | MS-DRG | | | | inpatient | | | | 26945.35 | United | Commercial\|PPO | 21489.21 | | | | 14628.57 | 46983.93 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC | 810 | MS-DRG | | | | inpatient | | | | 22971.65 | United | Commercial\|PPO | 16514.68 | | | | 11242.2 | 35964.45 | case rate | For One Day Stay, Rate = $6,649/case |
| RED BLOOD CELL DISORDERS W MCC | 811 | MS-DRG | | | | inpatient | | | | 29278.39 | United | Commercial\|PPO | 24411.12 | | | | 16617.63 | 52893.49 | case rate | For One Day Stay, Rate = $6,649/case |
| RED BLOOD CELL DISORDERS W/O MCC | 812 | MS-DRG | | | | inpatient | | | | 22571.09 | United | Commercial\|PPO | 16013.24 | | | | 10900.85 | 34450.98 | case rate | For One Day Stay, Rate = $6,649/case |
| COAGULATION DISORDERS | 813 | MS-DRG | | | | inpatient | | | | 31235.05 | United | Commercial\|PPO | 26859.35 | | | | 18284.23 | 62859.78 | case rate | For One Day Stay, Rate = $6,649/case |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC | 814 | MS-DRG | | | | inpatient | | | | 36754.17 | United | Commercial\|PPO | 36272.27 | | | | 24691.98 | 64868.64 | case rate | For One Day Stay, Rate = $6,649/case |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC | 815 | MS-DRG | | | | inpatient | | | | 23862.85 | United | Commercial\|PPO | 17630.35 | | | | 12001.69 | 38137.14 | case rate | For One Day Stay, Rate = $6,649/case |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC | 816 | MS-DRG | | | | inpatient | | | | 18918.96 | United | Commercial\|PPO | 11441.25 | | | | 7788.52 | 28147.45 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC | 817 | MS-DRG | | | | inpatient | | | | 40076.42 | United | Commercial\|PPO | 37927.55 | | | | 25818.8 | 98754.02 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC | 818 | MS-DRG | | | | inpatient | | | | 23492.79 | United | Commercial\|PPO | 17167.08 | | | | 11686.32 | 52991.01 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC | 819 | MS-DRG | | | | inpatient | | | | 19140.71 | United | Commercial\|PPO | 11718.87 | | | | 7977.5 | 32726.87 | case rate | For One Day Stay, Rate = $6,649/case |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC | 820 | MS-DRG | | | | inpatient | | | | 90477.37 | United | Commercial\|PPO | 101022.73 | | | | 68770.21 | 212342.41 | case rate | For One Day Stay, Rate = $6,649/case |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC | 821 | MS-DRG | | | | inpatient | | | | 40720.92 | United | Commercial\|PPO | 38734.37 | | | | 6969 | 93394.46 | case rate | For One Day Stay, Rate = $6,649/case |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC | 822 | MS-DRG | | | | inpatient | | | | 25631.41 | United | Commercial\|PPO | 19844.34 | | | | 8721 | 47190.67 | case rate | For One Day Stay, Rate = $6,649/case |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC | 823 | MS-DRG | | | | inpatient | | | | 74638.02 | United | Commercial\|PPO | 81194 | | | | 12547 | 176491.07 | case rate | For One Day Stay, Rate = $6,649/case |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC | 824 | MS-DRG | | | | inpatient | | | | 40263.54 | United | Commercial\|PPO | 38161.79 | | | | 22652 | 85596.96 | case rate | For One Day Stay, Rate = $6,649/case |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC | 825 | MS-DRG | | | | inpatient | | | | 26838.62 | United | Commercial\|PPO | 21355.61 | | | | 14537.62 | 53010.51 | case rate | For One Day Stay, Rate = $6,649/case |
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC | 826 | MS-DRG | | | | inpatient | | | | 75968.59 | United | Commercial\|PPO | 82859.7 | | | | 56405.91 | 193002.74 | case rate | For One Day Stay, Rate = $6,649/case |
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC | 827 | MS-DRG | | | | inpatient | | | | 42488.08 | United | Commercial\|PPO | 40946.62 | | | | 27874.01 | 87832.06 | case rate | For One Day Stay, Rate = $6,649/case |
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC | 828 | MS-DRG | | | | inpatient | | | | 31995.97 | United | Commercial\|PPO | 27811.92 | | | | 18932.69 | 63792.05 | case rate | For One Day Stay, Rate = $6,649/case |
| MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC | 829 | MS-DRG | | | | inpatient | | | | 52521.43 | United | Commercial\|PPO | 53507.01 | | | | 36424.37 | 121300.07 | case rate | For One Day Stay, Rate = $6,649/case |
| MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC | 830 | MS-DRG | | | | inpatient | | | | 30050.01 | United | Commercial\|PPO | 25375.84 | | | | 17274.35 | 56343.13 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC | 831 | MS-DRG | | | | inpatient | | | | 25732.58 | United | Commercial\|PPO | 19971 | | | | 13595.06 | 40103.1 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC | 832 | MS-DRG | | | | inpatient | | | | 20138.64 | United | Commercial\|PPO | 12968.14 | | | | 8827.93 | 28038.23 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC | 833 | MS-DRG | | | | inpatient | | | | 16984.08 | United | Commercial\|PPO | 9019.05 | | | | 6139.63 | 18735.06 | case rate | For One Day Stay, Rate = $6,649/case |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC | 834 | MS-DRG | | | | inpatient | | | | 86388.63 | United | Commercial\|PPO | 95904.18 | | | | 65285.61 | 214842.75 | case rate | For One Day Stay, Rate = $6,649/case |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC | 835 | MS-DRG | | | | inpatient | | | | 39383.42 | United | Commercial\|PPO | 37060 | | | | 25228.23 | 83318.95 | case rate | For One Day Stay, Rate = $6,649/case |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC | 836 | MS-DRG | | | | inpatient | | | | 26999.4 | United | Commercial\|PPO | 21556.88 | | | | 14674.63 | 47299.89 | case rate | For One Day Stay, Rate = $6,649/case |
| CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC | 837 | MS-DRG | | | | inpatient | | | | 79179.98 | United | Commercial\|PPO | 86879.93 | | | | 59142.64 | 209627.52 | case rate | For One Day Stay, Rate = $6,649/case |
| CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT | 838 | MS-DRG | | | | inpatient | | | | 37890.68 | United | Commercial\|PPO | 35191.3 | | | | 23956.12 | 91767.87 | case rate | For One Day Stay, Rate = $6,649/case |
| CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC | 839 | MS-DRG | | | | inpatient | | | | 28773.5 | United | Commercial\|PPO | 23777.81 | | | | 16186.51 | 48988.89 | case rate | For One Day Stay, Rate = $6,649/case |
| LYMPHOMA & NON-ACUTE LEUKEMIA W MCC | 840 | MS-DRG | | | | inpatient | | | | 53979.51 | United | Commercial\|PPO | 55332.34 | | | | 37666.94 | 128446.15 | case rate | For One Day Stay, Rate = $6,649/case |
| LYMPHOMA & NON-ACUTE LEUKEMIA W CC | 841 | MS-DRG | | | | inpatient | | | | 31512.26 | United | Commercial\|PPO | 27206.37 | | | | 18520.46 | 63768.64 | case rate | For One Day Stay, Rate = $6,649/case |
| LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC | 842 | MS-DRG | | | | inpatient | | | | 24359.05 | United | Commercial\|PPO | 18251.52 | | | | 12424.54 | 43730.75 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC | 843 | MS-DRG | | | | inpatient | | | | 36020.95 | United | Commercial\|PPO | 32850.65 | | | | 22362.75 | 72006.92 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC | 844 | MS-DRG | | | | inpatient | | | | 26345.2 | United | Commercial\|PPO | 20737.92 | | | | 14117.13 | 45981.45 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC | 845 | MS-DRG | | | | inpatient | | | | 21377.73 | United | Commercial\|PPO | 14519.32 | | | | 9883.88 | 33787.86 | case rate | For One Day Stay, Rate = $6,649/case |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC | 846 | MS-DRG | | | | inpatient | | | | 45175.56 | United | Commercial\|PPO | 44310.98 | | | | 30164.26 | 109917.83 | case rate | For One Day Stay, Rate = $6,649/case |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC | 847 | MS-DRG | | | | inpatient | | | | 27391.64 | United | Commercial\|PPO | 22047.92 | | | | 15008.9 | 51742.79 | case rate | For One Day Stay, Rate = $6,649/case |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC | 848 | MS-DRG | | | | inpatient | | | | 21129.64 | United | Commercial\|PPO | 14208.73 | | | | 9672.45 | 36377.93 | case rate | For One Day Stay, Rate = $6,649/case |
| RADIOTHERAPY | 849 | MS-DRG | | | | inpatient | | | | 46981.35 | United | Commercial\|PPO | 46346.26 | | | | 31549.75 | 76851.59 | case rate | For One Day Stay, Rate = $6,649/case |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC | 853 | MS-DRG | | | | inpatient | | | | 79098.21 | United | Commercial\|PPO | 86777.56 | | | | 59072.95 | 197262.3 | case rate | For One Day Stay, Rate = $6,649/case |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC | 854 | MS-DRG | | | | inpatient | | | | 37473.49 | United | Commercial\|PPO | 34669.03 | | | | 23600.6 | 85924.62 | case rate | For One Day Stay, Rate = $6,649/case |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC | 855 | MS-DRG | | | | inpatient | | | | 32310.6 | United | Commercial\|PPO | 28203.79 | | | | 19200.81 | 60850.92 | case rate | For One Day Stay, Rate = $6,649/case |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC | 856 | MS-DRG | | | | inpatient | | | | 72310.91 | United | Commercial\|PPO | 78280.77 | | | | 53288.85 | 175075.12 | case rate | For One Day Stay, Rate = $6,649/case |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC | 857 | MS-DRG | | | | inpatient | | | | 39979.4 | United | Commercial\|PPO | 37806.09 | | | | 25736.12 | 80225.7 | case rate | For One Day Stay, Rate = $6,649/case |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC | 858 | MS-DRG | | | | inpatient | | | | 27636.97 | United | Commercial\|PPO | 22355.03 | | | | 15217.96 | 53833.56 | case rate | For One Day Stay, Rate = $6,649/case |
| POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC | 862 | MS-DRG | | | | inpatient | | | | 35264.19 | United | Commercial\|PPO | 31903.28 | | | | 21717.84 | 71293.09 | case rate | For One Day Stay, Rate = $6,649/case |
| POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC | 863 | MS-DRG | | | | inpatient | | | | 23638.32 | United | Commercial\|PPO | 17349.26 | | | | 11810.34 | 38414.09 | case rate | For One Day Stay, Rate = $6,649/case |
| FEVER AND INFLAMMATORY CONDITIONS | 864 | MS-DRG | | | | inpatient | | | | 22225.97 | United | Commercial\|PPO | 15581.2 | | | | 10606.74 | 33713.75 | case rate | For One Day Stay, Rate = $6,649/case |
| VIRAL ILLNESS W MCC | 865 | MS-DRG | | | | inpatient | | | | 29883.69 | United | Commercial\|PPO | 25167.63 | | | | 17132.61 | 53915.48 | case rate | For One Day Stay, Rate = $6,649/case |
| VIRAL ILLNESS W/O MCC | 866 | MS-DRG | | | | inpatient | | | | 22043.02 | United | Commercial\|PPO | 15362.16 | | | | 10450.83 | 32001.34 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC | 867 | MS-DRG | | | | inpatient | | | | 39499.84 | United | Commercial\|PPO | 37205.75 | | | | 25327.44 | 83198.03 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC | 868 | MS-DRG | | | | inpatient | | | | 24334.1 | United | Commercial\|PPO | 18220.29 | | | | 12403.28 | 42006.64 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC | 869 | MS-DRG | | | | inpatient | | | | 19753.33 | United | Commercial\|PPO | 12485.78 | | | | 8499.57 | 29953.48 | case rate | For One Day Stay, Rate = $6,649/case |
| SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS | 870 | MS-DRG | | | | inpatient | | | | 106197.52 | United | Commercial\|PPO | 120702.23 | | | | 82166.84 | 246560.77 | case rate | For One Day Stay, Rate = $6,649/case |
| SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC | 871 | MS-DRG | | | | inpatient | | | | 36974.53 | United | Commercial\|PPO | 34044.4 | | | | 23175.38 | 72412.59 | case rate | For One Day Stay, Rate = $6,649/case |
| SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC | 872 | MS-DRG | | | | inpatient | | | | 24069.37 | United | Commercial\|PPO | 17888.88 | | | | 12177.68 | 41070.47 | case rate | For One Day Stay, Rate = $6,649/case |
| O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS | 876 | MS-DRG | | | | inpatient | | | | 64244.32 | United | Commercial\|PPO | 68182.49 | | | | 46414.55 | 128777.71 | case rate | For One Day Stay, Rate = $6,649/case |
| ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION | 880 | MS-DRG | | | | inpatient | | | | 23065.9 | United | Commercial\|PPO | 16832.67 | | | | 2090 | 20057.3 | case rate | For One Day Stay, Rate = $6,649/case |
| DEPRESSIVE NEUROSES | 881 | MS-DRG | | | | inpatient | | | | 22449.12 | United | Commercial\|PPO | 15860.55 | | | | 2090 | 19520.98 | case rate | For One Day Stay, Rate = $6,649/case |
| NEUROSES EXCEPT DEPRESSIVE | 882 | MS-DRG | | | | inpatient | | | | 23113.02 | United | Commercial\|PPO | 16691.66 | | | | 2090 | 20098.28 | case rate | For One Day Stay, Rate = $6,649/case |
| DISORDERS OF PERSONALITY & IMPULSE CONTROL | 883 | MS-DRG | | | | inpatient | | | | 35474.86 | United | Commercial\|PPO | 32167.02 | | | | 2090 | 32167.02 | case rate | For One Day Stay, Rate = $6,649/case |
| ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY | 884 | MS-DRG | | | | inpatient | | | | 32928.76 | United | Commercial\|PPO | 28979.64 | | | | 2090 | 28979.64 | case rate | For One Day Stay, Rate = $6,649/case |
| PSYCHOSES | 885 | MS-DRG | | | | inpatient | | | | 29316.81 | United | Commercial\|PPO | 24457.97 | | | | 2090 | 25492.88 | case rate | For One Day Stay, Rate = $6,649/case |
| BEHAVIORAL & DEVELOPMENTAL DISORDERS | 886 | MS-DRG | | | | inpatient | | | | 34679.29 | United | Commercial\|PPO | 31171.07 | | | | 2090 | 31171.07 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MENTAL DISORDER DIAGNOSES | 887 | MS-DRG | | | | inpatient | | | | 26264.81 | United | Commercial\|PPO | 20837.28 | | | | 2090 | 22838.97 | case rate | For One Day Stay, Rate = $6,649/case |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA | 894 | MS-DRG | | | | inpatient | | | | 18429.69 | United | Commercial\|PPO | 10828.76 | | | | 2090 | 94620.59 | case rate | For One Day Stay, Rate = $6,649/case |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY | 895 | MS-DRG | | | | inpatient | | | | 29229.49 | United | Commercial\|PPO | 24348.66 | | | | 2090 | 25416.95 | case rate | For One Day Stay, Rate = $6,649/case |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC | 896 | MS-DRG | | | | inpatient | | | | 34461.69 | United | Commercial\|PPO | 30898.66 | | | | 2090 | 30898.66 | case rate | For One Day Stay, Rate = $6,649/case |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC | 897 | MS-DRG | | | | inpatient | | | | 22006.98 | United | Commercial\|PPO | 15307.05 | | | | 2090 | 19136.51 | case rate | For One Day Stay, Rate = $6,649/case |
| WOUND DEBRIDEMENTS FOR INJURIES W MCC | 901 | MS-DRG | | | | inpatient | | | | 71186.85 | United | Commercial\|PPO | 76873.61 | | | | 13124 | 174162.35 | case rate | For One Day Stay, Rate = $6,649/case |
| WOUND DEBRIDEMENTS FOR INJURIES W CC | 902 | MS-DRG | | | | inpatient | | | | 36080.55 | United | Commercial\|PPO | 32925.26 | | | | 22413.54 | 74909.04 | case rate | For One Day Stay, Rate = $6,649/case |
| WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC | 903 | MS-DRG | | | | inpatient | | | | 26676.46 | United | Commercial\|PPO | 21152.6 | | | | 14399.42 | 56429.51 | case rate | For One Day Stay, Rate = $6,649/case |
| SKIN GRAFTS FOR INJURIES W CC/MCC | 904 | MS-DRG | | | | inpatient | | | | 63294.9 | United | Commercial\|PPO | 66993.95 | | | | 45605.46 | 125836.58 | case rate | For One Day Stay, Rate = $6,649/case |
| SKIN GRAFTS FOR INJURIES W/O CC/MCC | 905 | MS-DRG | | | | inpatient | | | | 32623.84 | United | Commercial\|PPO | 28597.92 | | | | 19467.75 | 69011.18 | case rate | For One Day Stay, Rate = $6,649/case |
| HAND PROCEDURES FOR INJURIES | 906 | MS-DRG | | | | inpatient | | | | 40029.3 | United | Commercial\|PPO | 37868.56 | | | | 25778.64 | 71897.7 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER O.R. PROCEDURES FOR INJURIES W MCC | 907 | MS-DRG | | | | inpatient | | | | 64894.15 | United | Commercial\|PPO | 69121.18 | | | | 47053.51 | 164457.41 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER O.R. PROCEDURES FOR INJURIES W CC | 908 | MS-DRG | | | | inpatient | | | | 37736.84 | United | Commercial\|PPO | 34998.7 | | | | 23825.02 | 77733.15 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC | 909 | MS-DRG | | | | inpatient | | | | 27358.38 | United | Commercial\|PPO | 22006.27 | | | | 14980.55 | 51699.88 | case rate | For One Day Stay, Rate = $6,649/case |
| TRAUMATIC INJURY W MCC | 913 | MS-DRG | | | | inpatient | | | | 32209.42 | United | Commercial\|PPO | 29079.12 | | | | 19114.58 | 57414.4 | case rate | For One Day Stay, Rate = $6,649/case |
| TRAUMATIC INJURY W/O MCC | 914 | MS-DRG | | | | inpatient | | | | 22481 | United | Commercial\|PPO | 15903.46 | | | | 10824.08 | 84762.6 | case rate | For One Day Stay, Rate = $6,649/case |
| ALLERGIC REACTIONS W MCC | 915 | MS-DRG | | | | inpatient | | | | 33867.09 | United | Commercial\|PPO | 30154.3 | | | | 20527.24 | 65410.84 | case rate | For One Day Stay, Rate = $6,649/case |
| ALLERGIC REACTIONS W/O MCC | 916 | MS-DRG | | | | inpatient | | | | 16984.09 | United | Commercial\|PPO | 11522.8 | | | | 7844.03 | 24781.15 | case rate | For One Day Stay, Rate = $6,649/case |
| POISONING & TOXIC EFFECTS OF DRUGS W MCC | 917 | MS-DRG | | | | inpatient | | | | 32506.03 | United | Commercial\|PPO | 28450.43 | | | | 19367.35 | 57484.62 | case rate | For One Day Stay, Rate = $6,649/case |
| POISONING & TOXIC EFFECTS OF DRUGS W/O MCC | 918 | MS-DRG | | | | inpatient | | | | 22040.25 | United | Commercial\|PPO | 15348.69 | | | | 10448.47 | 30374.75 | case rate | For One Day Stay, Rate = $6,649/case |
| COMPLICATIONS OF TREATMENT W MCC | 919 | MS-DRG | | | | inpatient | | | | 35054.9 | United | Commercial\|PPO | 31641.28 | | | | 21539.49 | 71160.47 | case rate | For One Day Stay, Rate = $6,649/case |
| COMPLICATIONS OF TREATMENT W CC | 920 | MS-DRG | | | | inpatient | | | | 23860.08 | United | Commercial\|PPO | 17626.88 | | | | 11999.32 | 39127.92 | case rate | For One Day Stay, Rate = $6,649/case |
| COMPLICATIONS OF TREATMENT W/O CC/MCC | 921 | MS-DRG | | | | inpatient | | | | 19311.19 | United | Commercial\|PPO | 11932.28 | | | | 8122.78 | 27562.35 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC | 922 | MS-DRG | | | | inpatient | | | | 33194.87 | United | Commercial\|PPO | 29312.78 | | | | 19954.38 | 60788.51 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC | 923 | MS-DRG | | | | inpatient | | | | 23915.52 | United | Commercial\|PPO | 17696.28 | | | | 12046.57 | 37582.48 | case rate | For One Day Stay, Rate = $6,649/case |
| EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT | 927 | MS-DRG | | | | inpatient | | | | 288538.5 | United | Commercial\|PPO | 348968.52 | | | | 237556.83 | 717124.19 | case rate | For One Day Stay, Rate = $6,649/case |
| FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC | 928 | MS-DRG | | | | inpatient | | | | 102349.95 | United | Commercial\|PPO | 115885.59 | | | | 78887.96 | 229189.53 | case rate | For One Day Stay, Rate = $6,649/case |
| FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC | 929 | MS-DRG | | | | inpatient | | | | 53860.31 | United | Commercial\|PPO | 55183.12 | | | | 37565.36 | 115936.61 | case rate | For One Day Stay, Rate = $6,649/case |
| EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT | 933 | MS-DRG | | | | inpatient | | | | 69750.94 | United | Commercial\|PPO | 75076.04 | | | | 33318 | 111571.72 | case rate | For One Day Stay, Rate = $6,649/case |
| FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ | 934 | MS-DRG | | | | inpatient | | | | 39520.63 | United | Commercial\|PPO | 37231.78 | | | | 25345.16 | 71519.33 | case rate | For One Day Stay, Rate = $6,649/case |
| NON-EXTENSIVE BURNS | 935 | MS-DRG | | | | inpatient | | | | 40221.96 | United | Commercial\|PPO | 38109.74 | | | | 25942.82 | 71059.05 | case rate | For One Day Stay, Rate = $6,649/case |
| O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC | 939 | MS-DRG | | | | inpatient | | | | 53771.61 | United | Commercial\|PPO | 55072.07 | | | | 37489.76 | 127892.25 | case rate | For One Day Stay, Rate = $6,649/case |
| O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC | 940 | MS-DRG | | | | inpatient | | | | 39043.84 | United | Commercial\|PPO | 36634.9 | | | | 24938.84 | 84820.72 | case rate | For One Day Stay, Rate = $6,649/case |
| O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC | 941 | MS-DRG | | | | inpatient | | | | 36866.42 | United | Commercial\|PPO | 33909.06 | | | | 23083.25 | 72217.56 | case rate | For One Day Stay, Rate = $6,649/case |
| REHABILITATION W CC/MCC | 945 | MS-DRG | | | | inpatient | | | | 30937.06 | United | Commercial\|PPO | 26486.3 | | | | 18030.29 | 53240.65 | case rate | For One Day Stay, Rate = $6,649/case |
| REHABILITATION W/O CC/MCC | 946 | MS-DRG | | | | inpatient | | | | 25254.41 | United | Commercial\|PPO | 19372.39 | | | | 13187.56 | 40672.6 | case rate | For One Day Stay, Rate = $6,649/case |
| SIGNS & SYMPTOMS W MCC | 947 | MS-DRG | | | | inpatient | | | | 27606.47 | United | Commercial\|PPO | 22316.86 | | | | 15191.98 | 47026.84 | case rate | For One Day Stay, Rate = $6,649/case |
| SIGNS & SYMPTOMS W/O MCC | 948 | MS-DRG | | | | inpatient | | | | 20791.45 | United | Commercial\|PPO | 13785.37 | | | | 9384.25 | 30433.26 | case rate | For One Day Stay, Rate = $6,649/case |
| AFTERCARE W CC/MCC | 949 | MS-DRG | | | | inpatient | | | | 24734.66 | United | Commercial\|PPO | 18721.73 | | | | 12744.63 | 44709.82 | case rate | For One Day Stay, Rate = $6,649/case |
| AFTERCARE W/O CC/MCC | 950 | MS-DRG | | | | inpatient | | | | 17903 | United | Commercial\|PPO | 10169.42 | | | | 6922.73 | 29056.31 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER FACTORS INFLUENCING HEALTH STATUS | 951 | MS-DRG | | | | inpatient | | | | 17638.27 | United | Commercial\|PPO | 9838.02 | | | | 6697.13 | 31143.19 | case rate | For One Day Stay, Rate = $6,649/case |
| CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | 955 | MS-DRG | | | | inpatient | | | | 104420.65 | United | Commercial\|PPO | 118477.83 | | | | 80652.6 | 237821.78 | case rate | For One Day Stay, Rate = $6,649/case |
| LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA | 956 | MS-DRG | | | | inpatient | | | | 62758.51 | United | Commercial\|PPO | 66322.46 | | | | 45148.35 | 147594.69 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC | 957 | MS-DRG | | | | inpatient | | | | 113234.3 | United | Commercial\|PPO | 129511.33 | | | | 88163.55 | 296394.69 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC | 958 | MS-DRG | | | | inpatient | | | | 66741.91 | United | Commercial\|PPO | 71309.14 | | | | 48542.98 | 163041.46 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC | 959 | MS-DRG | | | | inpatient | | | | 46424.36 | United | Commercial\|PPO | 45874.31 | | | | 31228.48 | 95594.45 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC | 963 | MS-DRG | | | | inpatient | | | | 47433.38 | United | Commercial\|PPO | 47137.46 | | | | 32088.36 | 109024.57 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MULTIPLE SIGNIFICANT TRAUMA W CC | 964 | MS-DRG | | | | inpatient | | | | 30571.15 | United | Commercial\|PPO | 26028.24 | | | | 17718.46 | 57531.42 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC | 965 | MS-DRG | | | | inpatient | | | | 22428.33 | United | Commercial\|PPO | 15834.52 | | | | 10779.19 | 38004.52 | case rate | For One Day Stay, Rate = $6,649/case |
| HIV W EXTENSIVE O.R. PROCEDURE W MCC | 969 | MS-DRG | | | | inpatient | | | | 97435.15 | United | Commercial\|PPO | 109732.93 | | | | 74699.6 | 218388.49 | case rate | For One Day Stay, Rate = $6,649/case |
| HIV W EXTENSIVE O.R. PROCEDURE W/O MCC | 970 | MS-DRG | | | | inpatient | | | | 46554.64 | United | Commercial\|PPO | 46037.41 | | | | 31339.51 | 108739.81 | case rate | For One Day Stay, Rate = $6,649/case |
| HIV W MAJOR RELATED CONDITION W MCC | 974 | MS-DRG | | | | inpatient | | | | 51168.68 | United | Commercial\|PPO | 51813.56 | | | | 35271.56 | 106216.06 | case rate | For One Day Stay, Rate = $6,649/case |
| HIV W MAJOR RELATED CONDITION W CC | 975 | MS-DRG | | | | inpatient | | | | 29480.36 | United | Commercial\|PPO | 24662.71 | | | | 16788.89 | 50315.13 | case rate | For One Day Stay, Rate = $6,649/case |
| HIV W MAJOR RELATED CONDITION W/O CC/MCC | 976 | MS-DRG | | | | inpatient | | | | 23681.29 | United | Commercial\|PPO | 17403.05 | | | | 11846.95 | 36611.97 | case rate | For One Day Stay, Rate = $6,649/case |
| HIV W OR W/O OTHER RELATED CONDITION | 977 | MS-DRG | | | | inpatient | | | | 29764.49 | United | Commercial\|PPO | 25018.41 | | | | 17031.03 | 45634.29 | case

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS | 019 | MS-DRG | | | | inpatient | | | | 119852.92 | United | Oxford | 134189.55 | | | | 93633.46 | 137546.58 | case rate | |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC | 020 | MS-DRG | | | | inpatient | | | | 121507.41 | United | Oxford | 136434.12 | | | | 95213.84 | 406659.68 | case rate | For One Day Stay, Rate = $6,649/case |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC | 021 | MS-DRG | | | | inpatient | | | | 83805.11 | United | Oxford | 90394.73 | | | | 63084.15 | 308373.74 | case rate | For One Day Stay, Rate = $6,649/case |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC | 022 | MS-DRG | | | | inpatient | | | | 48061.24 | United | Oxford | 46746.85 | | | | 32623.42 | 201178.6 | case rate | For One Day Stay, Rate = $6,649/case |
| CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL | 023 | MS-DRG | | | | inpatient | | | | 88852.96 | United | Oxford | 96558.82 | | | | 67395.9 | 212982.12 | case rate | For One Day Stay, Rate = $6,649/case |
| CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC | 024 | MS-DRG | | | | inpatient | | | | 62471.61 | United | Oxford | 64343.77 | | | | 44903.86 | 313612.23 | case rate | For One Day Stay, Rate = $6,649/case |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC | 025 | MS-DRG | | | | inpatient | | | | 71766.2 | United | Oxford | 75693.68 | | | | 52824.66 | 166852.44 | case rate | For One Day Stay, Rate = $6,649/case |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC | 026 | MS-DRG | | | | inpatient | | | | 52172.15 | United | Oxford | 51766.81 | | | | 36126.72 | 117633.41 | case rate | For One Day Stay, Rate = $6,649/case |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC | 027 | MS-DRG | | | | inpatient | | | | 43983.59 | United | Oxford | 41767.52 | | | | 29148.47 | 93839.14 | case rate | For One Day Stay, Rate = $6,649/case |
| SPINAL PROCEDURES W MCC | 028 | MS-DRG | | | | inpatient | | | | 94042.19 | United | Oxford | 102895.54 | | | | 71808.14 | 209654.82 | case rate | For One Day Stay, Rate = $6,649/case |
| SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS | 029 | MS-DRG | | | | inpatient | | | | 56303.85 | United | Oxford | 56812.15 | | | | 39647.73 | 123094.39 | case rate | For One Day Stay, Rate = $6,649/case |
| SPINAL PROCEDURES W/O CC/MCC | 030 | MS-DRG | | | | inpatient | | | | 40623.9 | United | Oxford | 37664.9 | | | | 26285.36 | 84867.53 | case rate | For One Day Stay, Rate = $6,649/case |
| VENTRICULAR SHUNT PROCEDURES W MCC | 031 | MS-DRG | | | | inpatient | | | | 67861.81 | United | Oxford | 70925.91 | | | | 49497.36 | 163162.38 | case rate | For One Day Stay, Rate = $6,649/case |
| VENTRICULAR SHUNT PROCEDURES W CC | 032 | MS-DRG | | | | inpatient | | | | 39379.26 | United | Oxford | 36145.03 | | | | 25224.68 | 103005.11 | case rate | For One Day Stay, Rate = $6,649/case |
| VENTRICULAR SHUNT PROCEDURES W/O CC/MCC | 033 | MS-DRG | | | | inpatient | | | | 31893.41 | United | Oxford | 27003.84 | | | | 18845.28 | 169398.47 | case rate | For One Day Stay, Rate = $6,649/case |
| CAROTID ARTERY STENT PROCEDURE W MCC | 034 | MS-DRG | | | | inpatient | | | | 63677.44 | United | Oxford | 65816.25 | | | | 45931.46 | 279134.99 | case rate | For One Day Stay, Rate = $6,649/case |
| CAROTID ARTERY STENT PROCEDURE W CC | 035 | MS-DRG | | | | inpatient | | | | 41308.59 | United | Oxford | 38500.99 | | | | 26868.85 | 86607.24 | case rate | For One Day Stay, Rate = $6,649/case |
| CAROTID ARTERY STENT PROCEDURE W/O CC/MCC | 036 | MS-DRG | | | | inpatient | | | | 35186.57 | United | Oxford | 31025.22 | | | | 21651.7 | 67326.08 | case rate | For One Day Stay, Rate = $6,649/case |
| EXTRACRANIAL PROCEDURES W MCC | 037 | MS-DRG | | | | inpatient | | | | 55807.66 | United | Oxford | 56206.23 | | | | 39224.88 | 125204.67 | case rate | For One Day Stay, Rate = $6,649/case |
| EXTRACRANIAL PROCEDURES W CC | 038 | MS-DRG | | | | inpatient | | | | 32122.4 | United | Oxford | 27271.25 | | | | 19031.9 | 65208 | case rate | For One Day Stay, Rate = $6,649/case |
| EXTRACRANIAL PROCEDURES W/O CC/MCC | 039 | MS-DRG | | | | inpatient | | | | 25555.18 | United | Oxford | 19264.04 | | | | 13443.87 | 44171.53 | case rate | For One Day Stay, Rate = $6,649/case |
| PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC | 040 | MS-DRG | | | | inpatient | | | | 62061.35 | United | Oxford | 63842.79 | | | | 44554.23 | 153227.3 | case rate | For One Day Stay, Rate = $6,649/case |
| PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM | 041 | MS-DRG | | | | inpatient | | | | 41078.51 | United | Oxford | 38220.04 | | | | 26672.77 | 91994.11 | case rate | For One Day Stay, Rate = $6,649/case |
| PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC | 042 | MS-DRG | | | | inpatient | | | | 34140.13 | United | Oxford | 29747.38 | | | | 20759.93 | 102408.62 | case rate | For One Day Stay, Rate = $6,649/case |
| SPINAL DISORDERS & INJURIES W CC/MCC | 052 | MS-DRG | | | | inpatient | | | | 37673.08 | United | Oxford | 34061.56 | | | | 23770.68 | 80333.48 | case rate | For One Day Stay, Rate = $6,649/case |
| SPINAL DISORDERS & INJURIES W/O CC/MCC | 053 | MS-DRG | | | | inpatient | | | | 22550.3 | United | Oxford | 15594.7 | | | | 10883.13 | 98314.19 | case rate | For One Day Stay, Rate = $6,649/case |
| NERVOUS SYSTEM NEOPLASMS W MCC | 054 | MS-DRG | | | | inpatient | | | | 30557.29 | United | Oxford | 25372.27 | | | | 17706.65 | 143596.19 | case rate | For One Day Stay, Rate = $6,649/case |
| NERVOUS SYSTEM NEOPLASMS W/O MCC | 055 | MS-DRG | | | | inpatient | | | | 24800.98 | United | Oxford | 18465.18 | | | | 12886.37 | 40948.13 | case rate | For One Day Stay, Rate = $6,649/case |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC | 056 | MS-DRG | | | | inpatient | | | | 44486.71 | United | Oxford | 42381.89 | | | | 29577.23 | 82870.37 | case rate | For One Day Stay, Rate = $6,649/case |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC | 057 | MS-DRG | | | | inpatient | | | | 28274.53 | United | Oxford | 22584.72 | | | | 15761.29 | 47155.56 | case rate | For One Day Stay, Rate = $6,649/case |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC | 058 | MS-DRG | | | | inpatient | | | | 35363.98 | United | Oxford | 31241.86 | | | | 21802.88 | 68636.72 | case rate | For One Day Stay, Rate = $6,649/case |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC | 059 | MS-DRG | | | | inpatient | | | | 26738.83 | United | Oxford | 20709.43 | | | | 14452.58 | 42880.4 | case rate | For One Day Stay, Rate = $6,649/case |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC | 060 | MS-DRG | | | | inpatient | | | | 22148.36 | United | Oxford | 15103.87 | | | | 10540.6 | 32481.13 | case rate | For One Day Stay, Rate = $6,649/case |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC | 061 | MS-DRG | | | | inpatient | | | | 47249.04 | United | Oxford | 45755.05 | | | | 31931.26 | 111080.23 | case rate | For One Day Stay, Rate = $6,649/case |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC | 062 | MS-DRG | | | | inpatient | | | | 34463.07 | United | Oxford | 30141.73 | | | | 21035.14 | 121708.96 | case rate | For One Day Stay, Rate = $6,649/case |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC | 063 | MS-DRG | | | | inpatient | | | | 29250.28 | United | Oxford | 23776.24 | | | | 16592.82 | 136083.64 | case rate | For One Day Stay, Rate = $6,649/case |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC | 064 | MS-DRG | | | | inpatient | | | | 37350.14 | United | Oxford | 33667.21 | | | | 23495.48 | 215326.95 | case rate | For One Day Stay, Rate = $6,649/case |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS | 065 | MS-DRG | | | | inpatient | | | | 23873.94 | United | Oxford | 17211.03 | | | | 12011.13 | 40235.72 | case rate | For One Day Stay, Rate = $6,649/case |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC | 066 | MS-DRG | | | | inpatient | | | | 15319.51 | United | Oxford | 11649.48 | | | | 8129.87 | 28350.29 | case rate | For One Day Stay, Rate = $6,649/case |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC | 067 | MS-DRG | | | | inpatient | | | | 29944.68 | United | Oxford | 24624.18 | | | | 17184.58 | 58565.11 | case rate | For One Day Stay, Rate = $6,649/case |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC | 068 | MS-DRG | | | | inpatient | | | | 21957.28 | United | Oxford | 14919.39 | | | | 10411.85 | 35055.59 | case rate | For One Day Stay, Rate = $6,649/case |
| TRANSIENT ISCHEMIA W/O THROMBOLYTIC | 069 | MS-DRG | | | | inpatient | | | | 20869.07 | United | Oxford | 13541.69 | | | | 9450.4 | 29859.86 | case rate | For One Day Stay, Rate = $6,649/case |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC | 070 | MS-DRG | | | | inpatient | | | | 33879.56 | United | Oxford | 29429.19 | | | | 20537.87 | 64178.22 | case rate | For One Day Stay, Rate = $6,649/case |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W CC | 071 | MS-DRG | | | | inpatient | | | | 24386.77 | United | Oxford | 17837.26 | | | | 12448.16 | 38453.1 | case rate | For One Day Stay, Rate = $6,649/case |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC | 072 | MS-DRG | | | | inpatient | | | | 20177.45 | United | Oxford | 12697.14 | | | | 8861 | 28943.19 | case rate | For One Day Stay, Rate = $6,649/case |
| CRANIAL & PERIPHERAL NERVE DISORDERS W MCC | 073 | MS-DRG | | | | inpatient | | | | 31201.79 | United | Oxford | 26159.28 | | | | 18255.89 | 55042.78 | case rate | For One Day Stay, Rate = $6,649/case |
| CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC | 074 | MS-DRG | | | | inpatient | | | | 24227.38 | United | Oxford | 17642.62 | | | | 12312.33 | 37988.92 | case rate | For One Day Stay, Rate = $6,649/case |
| VIRAL MENINGITIS W CC/MCC | 075 | MS-DRG | | | | inpatient | | | | 32817.88 | United | Oxford | 28132.74 | | | | 19633.11 | 57792.77 | case rate | For One Day Stay, Rate = $6,649/case |
| VIRAL MENINGITIS W/O CC/MCC | 076 | MS-DRG | | | | inpatient | | | | 22487.93 | United | Oxford | 15518.53 | | | | 10829.98 | 32172.97 | case rate | For One Day Stay, Rate = $6,649/case |
| HYPERTENSIVE ENCEPHALOPATHY W MCC | 077 | MS-DRG | | | | inpatient | | | | 31211.49 | United | Oxford | 26171.13 | | | | 18264.15 | 60538.86 | case rate | For One Day Stay, Rate = $6,649/case |
| HYPERTENSIVE ENCEPHALOPATHY W CC | 078 | MS-DRG | | | | inpatient | | | | 23610.6 | United | Oxford | 16889.46 | | | | 11786.72 | 37840.69 | case rate | For One Day Stay, Rate = $6,649/case |
| HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC | 079 | MS-DRG | | | | inpatient | | | | 18949.44 | United | Oxford | 11197.58 | | | | 7814.5 | 29118.73 | case rate | For One Day Stay, Rate = $6,649/case |
| NONTRAUMATIC STUPOR & COMA W MCC | 080 | MS-DRG | | | | inpatient | | | | 37070.16 | United | Oxford | 33325.33 | | | | 23256.88 | 73286.35 | case rate | For One Day Stay, Rate = $6,649/case |
| NONTRAUMATIC STUPOR & COMA W/O MCC | 081 | MS-DRG | | | | inpatient | | | | 22320.22 | United | Oxford | 15313.74 | | | | 10687.06 | 33335.38 | case rate | For One Day Stay, Rate = $6,649/case |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC | 082 | MS-DRG | | | | inpatient | | | | 41937.84 | United | Oxford | 39269.39 | | | | 27405.09 | 84200.51 | case rate | For One Day Stay, Rate = $6,649/case |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W CC | 083 | MS-DRG | | | | inpatient | | | | 29050.7 | United | Oxford | 23532.52 | | | | 16422.74 | 50514.07 | case rate | For One Day Stay, Rate = $6,649/case |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC | 084 | MS-DRG | | | | inpatient | | | | 23031.25 | United | Oxford | 16181.99 | | | | 11292.99 | 36015.16 | case rate | For One Day Stay, Rate = $6,649/case |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC | 085 | MS-DRG | | | | inpatient | | | | 41186.62 | United | Oxford | 38352.05 | | | | 26764.9 | 85035.26 | case rate | For One Day Stay, Rate = $6,649/case |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W CC | 086 | MS-DRG | | | | inpatient | | | | 27958.52 | United | Oxford | 22198.83 | | | | 15491.99 | 48489.6 | case rate | For One Day Stay, Rate = $6,649/case |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC | 087 | MS-DRG | | | | inpatient | | | | 22031.93 | United | Oxford | 14961.7 | | | | 10441.38 | 32972.62 | case rate | For One Day Stay, Rate = $6,649/case |
| CONCUSSION W MCC | 088 | MS-DRG | | | | inpatient | | | | 26332.06 | United | Oxford | 23876.1 | | | | 16662.51 | 57714.76 | case rate | For One Day Stay, Rate = $6,649/case |
| CONCUSSION W CC | 089 | MS-DRG | | | | inpatient | | | | 24639.02 | United | Oxford | 18145.29 | | | | 12663.13 | 41639.97 | case rate | For One Day Stay, Rate = $6,649/case |
| CONCUSSION W/O CC/MCC | 090 | MS-DRG | | | | inpatient | | | | 21661.87 | United | Oxford | 14509.8 | | | | 10126.02 | 30948.15 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER DISORDERS OF NERVOUS SYSTEM W MCC | 091 | MS-DRG | | | | inpatient | | | | 35045.2 | United | Oxford | 30852.58 | | | | 21531.22 | 62879.28 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER DISORDERS OF NERVOUS SYSTEM W CC | 092 | MS-DRG | | | | inpatient | | | | 24453.3 | United | Oxford | 17918.5 | | | | 12504.86 | 36786.3 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC | 093 | MS-DRG | | | | inpatient | | | | 20719.38 | United | Oxford | 13358.9 | | | | 9322.83 | 28779.36 | case rate | For One Day Stay, Rate = $6,649/case |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC | 094 | MS-DRG | | | | inpatient | | | | 60351.01 | United | Oxford | 61754.25 | | | | 43096.69 | 143463.85 | case rate | For One Day Stay, Rate = $6,649/case |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC | 095 | MS-DRG | | | | inpatient | | | | 43005.07 | United | Oxford | 40572.61 | | | | 28314.58 | 92871.77 | case rate | For One Day Stay, Rate = $6,649/case |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC | 096 | MS-DRG | | | | inpatient | | | | 43005.07 | United | Oxford | 40572.61 | | | | 28314.58 | 82343.78 | case rate | For One Day Stay, Rate = $6,649/case |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC | 097 | MS-DRG | | | | inpatient | | | | 59462.57 | United | Oxford | 60669.36 | | | | 42339.57 | 138041.87 | case rate | For One Day Stay, Rate = $6,649/case |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC | 098 | MS-DRG | | | | inpatient | | | | 39846.35 | United | Oxford | 36715.4 | | | | 25622.73 | 72182.45 | case rate | For One Day Stay, Rate = $6,649/case |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC | 099 | MS-DRG | | | | inpatient | | | | 29090.89 | United | Oxford | 23581.6 | | | | 16456.99 | 49662.01 | case rate | For One Day Stay, Rate = $6,649/case |
| SEIZURES W MCC | 100 | MS-DRG | | | | inpatient | | | | 37296.08 | United | Oxford | 33601.2 | | | | 23449.41 | 70696.29 | case rate | For One Day Stay, Rate = $6,649/case |
| SEIZURES W/O MCC | 101 | MS-DRG | | | | inpatient | | | | 22554.46 | United | Oxford | 15599.77 | | | | 10886.68 | 33908.79 | case rate | For One Day Stay, Rate = $6,649/case |
| HEADACHES W MCC | 102 | MS-DRG | | | | inpatient | | | | 25850.4 | United | Oxford | 19624.54 | | | | 13695.46 | 41991.04 | case rate | For One Day Stay, Rate = $6,649/case |
| HEADACHES W/O MCC | 103 | MS-DRG | | | | inpatient | | | | 21563.46 | United | Oxford | 14389.64 | | | | 10042.15 | 30480.07 | case rate | For One Day Stay, Rate = $6,649/case |
| ORBITAL PROCEDURES W CC/MCC | 113 | MS-DRG | | | | inpatient | | | | 40787.45 | United | Oxford | 37864.61 | | | | 26424.73 | 89821.42 | case rate | For One Day Stay, Rate = $6,649/case |
| ORBITAL PROCEDURES W/O CC/MCC | 114 | MS-DRG | | | | inpatient | | | | 26163.63 | United | Oxford | 20007.04 | | | | 13962.4 | 48957.69 | case rate | For One Day Stay, Rate = $6,649/case |
| EXTRAOCULAR PROCEDURES EXCEPT ORBIT | 115 | MS-DRG | | | | inpatient | | | | 30999.43 | United | Oxford | 25912.18 | | | | 18083.44 | 53131.43 | case rate | For One Day Stay, Rate = $6,649/case |
| INTRAOCULAR PROCEDURES W CC/MCC | 116 | MS-DRG | | | | inpatient | | | | 32906.58 | United | Oxford | 28241.06 | | | | 19708.7 | 66623.96 | case rate | For One Day Stay, Rate = $6,649/case |
| INTRAOCULAR PROCEDURES W/O CC/MCC | 117 | MS-DRG | | | | inpatient | | | | 23808.8 | United | Oxford | 17131.49 | | | | 11955.62 | 39104.52 | case rate | For One Day Stay, Rate = $6,649/case |
| ACUTE MAJOR EYE INFECTIONS W CC/MCC | 121 | MS-DRG | | | | inpatient | | | | 25901.68 | United | Oxford | 19987.16 | | | | 13739.16 | 41320.12 | case rate | For One Day Stay, Rate = $6,649/case |
| ACUTE MAJOR EYE INFECTIONS W/O CC/MCC | 122 | MS-DRG | | | | inpatient | | | | 19180.91 | United | Oxford | 11480.23 | | | | 8011.75 | 27531.14 | case rate | For One Day Stay, Rate = $6,649/case |
| NEUROLOGICAL EYE DISORDERS | 123 | MS-DRG | | | | inpatient | | | | 20912.03 | United | Oxford | 13594.16 | | | | 9487.01 | 29368.37 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER DISORDERS OF THE EYE W MCC | 124 | MS-DRG | | | | inpatient | | | | 27851.8 | United | Oxford | 22068.51 | | | | 15401.04 | 51930.02 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER DISORDERS OF THE EYE W/O MCC | 125 | MS-DRG | | | | inpatient | | | | 21223.89 | United | Oxford | 13974.97 | | | | 9752.77 | 31603.47 | case rate | For One Day Stay, Rate = $6,649/case |
| SINUS & MASTOID PROCEDURES W CC/MCC | 135 | MS-DRG | | | | inpatient | | | | 42197.72 | United | Oxford | 40807.87 | | | | 29478.76 | 89645.89 | case rate | For One Day Stay, Rate = $6,649/case |
| SINUS & MASTOID PROCEDURES W/O CC/MCC | 136 | MS-DRG | | | | inpatient | | | | 23337.56 | United | Oxford | 16556.04 | | | | 11554.03 | 47295.99 | case rate | For One Day Stay, Rate = $6,649/case |
| MOUTH PROCEDURES W CC/MCC | 137 | MS-DRG | | | | inpatient | | | | 29164.35 | United | Oxford | 23671.31 | | | | 16519.59 | 53716.54 | case rate | For One Day Stay, Rate = $6,649/case |
| MOUTH PROCEDURES W/O CC/MCC | 138 | MS-DRG | | | | inpatient | | | | 21054.79 | United | Oxford | 13768.49 | | | | 9608.67 | 32968.72 | case rate | For One Day Stay, Rate = $6,649/case |
| SALIVARY GLAND PROCEDURES | 139 | MS-DRG | | | | inpatient | | | | 28809.53 | United | Oxford | 23238.03 | | | | 16217.22 | 45263.72 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR HEAD AND NECK PROCEDURES WITH MCC | 140 | MS-DRG | | | | inpatient | | | | 68396.81 | United | Oxford | 71579.21 | | | | 49953.28 | 73380.85 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR HEAD AND NECK PROCEDURES WITH CC | 141 | MS-DRG | | | | inpatient | | | | 39558.06 | United | Oxford | 36363.36 | | | | 25377.05 | 37278.62 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR HEAD AND NECK PROCEDURES WITHOUT COMPLICATIONS | 142 | MS-DRG | | | | inpatient | | | | 31573.24 | United | Oxford | 26612.87 | | | | 18572.43 | 27454.99 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC | 143 | MS-DRG | | | | inpatient | | | | 55544.32 | United | Oxford | 55884.66 | | | | 39000.46 | 57291.27 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC | 144 | MS-DRG | | | | inpatient | | | | 34127.66 | United | Oxford | 29732.15 | | | | 20749.3 | 30480.5 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC | 145 | MS-DRG | | | | inpatient | | | | 26201.06 | United | Oxford | 20052.74 | | | | 13994.29 | 22783.53 | case rate | For One Day Stay, Rate = $6,649/case |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC | 146 | MS-DRG | | | | inpatient | | | | 41576.09 | United | Oxford | 38827.64 | | | | 27096.81 | 75014.36 | case rate | For One Day Stay, Rate = $6,649/case |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC | 147 | MS-DRG | | | | inpatient | | | | 27032.66 | United | Oxford | 21068.24 | | | | 14702.98 | 48778.25 | case rate | For One Day Stay, Rate = $6,649/case |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC | 148 | MS-DRG | | | | inpatient | | | | 20359.02 | United | Oxford | 12918.85 | | | | 9015.73 | 28233.27 | case rate | For One Day Stay, Rate = $6,649/case |
| DYSEQUILIBRIUM | 149 | MS-DRG | | | | inpatient | | | | 20140.03 | United | Oxford | 12651.44 | | | | 8829.11 | 27737.88 | case rate | For One Day Stay, Rate = $6,649/case |
| EPISTAXIS W MCC | 150 | MS-DRG | | | | inpatient | | | | 28937.04 | United | Oxford | 23393.74 | | | | 16325.88 | 51781.79 | case rate | For One Day Stay, Rate = $6,649/case |
| EPISTAXIS W/O MCC | 151 | MS-DRG | | | | inpatient | | | | 20285.56 | United | Oxford | 12829.15 | | | | 8953.13 | 27453.13 | case rate | For One Day Stay, Rate = $6,649/case |
| OTITIS MEDIA & URI W MCC | 152 | MS-DRG | | | | inpatient | | | | 25508.05 | United | Oxford | 19206.49 | | | | 13403.71 | 40649.19 | case rate | For One Day Stay, Rate = $6,649/case |
| OTITIS MEDIA & URI W/O MCC | 153 | MS-DRG | | | | inpatient | | | | 19643.83 | United | Oxford | 12045.52 | | | | 8406.26 | 27765.18 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC | 154 | MS-DRG | | | | inpatient | | | | 32320.3 | United | Oxford | 27525.13 | | | | 19209.07 | 56423.63 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC | 155 | MS-DRG | | | | inpatient | | | | 22719.39 | United | Oxford | 15801.18 | | | | 11027.24 | 34454.88 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC | 156 | MS-DRG | | | | inpatient | | | | 19099.13 | United | Oxford | 11380.37 | | | | 7942.07 | 25740.72 | case rate | For One Day Stay, Rate = $6,649/case |
| DENTAL & ORAL DISEASES W MCC | 157 | MS-DRG | | | | inpatient | | | | 32475.53 | United | Oxford | 27714.69 | | | | 19341.36 | 65258.71 | case rate | For One Day Stay, Rate = $6,649/case |
| DENTAL & ORAL DISEASES W CC | 158 | MS-DRG | | | | inpatient | | | | 22816.42 | United | Oxford | 15915.66 | | | | 11109.92 | 34727.93 | case rate | For One Day Stay, Rate = $6,649/case |
| DENTAL & ORAL DISEASES W/O CC/MCC | 159 | MS-DRG | | | | inpatient | | | | 18921.72 | United | Oxford | 11163.73 | | | | 7790.88 | 26462.35 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR CHEST PROCEDURES W MCC | 163 | MS-DRG | | | | inpatient | | | | 73663.65 | United | Oxford | 78010.71 | | | | 54441.66 | 191887.14 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR CHEST PROCEDURES W CC | 164 | MS-DRG | | | | inpatient | | | | 44665.51 | United | Oxford | 42693.23 | | | | 29729.6 | 100205.08 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR CHEST PROCEDURES W/O CC/MCC | 165 | MS-DRG | | | | inpatient | | | | 35614.85 | United | Oxford | 31548.2 | | | | 22016.67 | 72256.57 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER RESP SYSTEM O.R. PROCEDURES W MCC | 166 | MS-DRG | | | | inpatient | | | | 63145.21 | United | Oxford | 65166.33 | | | | 45477.9 | 136446.49 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER RESP SYSTEM O.R. PROCEDURES W CC | 167 | MS-DRG | | | | inpatient | | | | 35104.8 | United | Oxford | 30925.36 | | | | 21582.01 | 74019.68 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC | 168 | MS-DRG | | | | inpatient | | | | 28544.8 | United | Oxford | 22914.76 | | | | 15991.62 | 52331.79 | case rate | For One Day Stay, Rate = $6,649/case |
| ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM | 173 | MS-DRG | | | | inpatient | | | | 52310.75 | United | Oxford | 51936.06 | | | | 36244.83 | 53243.28 | case rate | For One Day Stay, Rate = $6,649/case |
| PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE | 175 | MS-DRG | | | | inpatient | | | | 29309.88 | United | Oxford | 23849.02 | | | | 16643.61 | 57141.35 | case rate | For One Day Stay, Rate = $6,649/case |
| PULMONARY EMBOLISM W/O MCC | 176 | MS-DRG | | | | inpatient | | | | 21068.65 | United | Oxford | 13785.41 | | | | 9620.48 | 35067.29 | case rate | For One Day Stay, Rate = $6,649/case |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC | 177 | MS-DRG | | | | inpatient | | | | 32184.47 | United | Oxford | 27359.26 | | | | 19093.32 | 71804.09 | case rate | For One Day Stay, Rate = $6,649/case |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W CC | 178 | MS-DRG | | | | inpatient | | | | 23530.21 | United | Oxford | 16791.29 | | | | 11718.21 | 49710.52 | case rate | For One Day Stay, Rate = $6,649/case |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC | 179 | MS-DRG | | | | inpatient | | | | 20447.72 | United | Oxford | 13027.17 | | | | 9091.33 | 35944.95 | case rate | For One Day Stay, Rate = $6,649/case |
| RESPIRATORY NEOPLASMS W MCC | 180 | MS-DRG | | | | inpatient | | | | 34004.3 | United | Oxford | 29581.52 | | | | 20644.17 | 66155.87 | case rate | For One Day Stay, Rate = $6,649/case |
| RESPIRATORY NEOPLASMS W CC | 181 | MS-DRG | | | | inpatient | | | | 25168.48 | United | Oxford | 18791.83 | | | | 13114.33 | 44503.09 | case rate | For One Day Stay, Rate = $6,649/case |
| RESPIRATORY NEOPLASMS W/O CC/MCC | 182 | MS-DRG | | | | inpatient | | | | 21387.44 | United | Oxford | 14174.69 | | | | 9892.15 | 31014.47 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR CHEST TRAUMA W MCC | 183 | MS-DRG | | | | inpatient | | | | 31779.76 | United | Oxford | 26865.05 | | | | 18748.43 | 58155.54 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR CHEST TRAUMA W CC | 184 | MS-DRG | | | | inpatient | | | | 24583.58 | United | Oxford | 18077.59 | | | | 12615.88 | 39178.63 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR CHEST TRAUMA W/O CC/MCC | 185 | MS-DRG | | | | inpatient | | | | 20558.6 | United | Oxford | 13162.57 | | | | 9185.82 | 28564.83 | case rate | For One Day Stay, Rate = $6,649/case |
| PLEURAL EFFUSION W MCC | 186 | MS-DRG | | | | inpatient | | | | 31678.58 | United | Oxford | 26741.5 | | | | 18662.2 | 60831.42 | case rate | For One Day Stay, Rate = $6,649/case |
| PLEURAL EFFUSION W CC | 187 | MS-DRG | | | | inpatient | | | | 29695.15 | United | Oxford | 16982.7 | | | | 11858.77 | 41113.38 | case rate | For One Day Stay, Rate = $6,649/case |
| PLEURAL EFFUSION W/O CC/MCC | 188 | MS-DRG | | | | inpatient | | | | 19955.69 | United | Oxford | 12428.34 | | | | 8672.02 | 29926.17 | case rate | For One Day Stay, Rate = $6,649/case |
| PULMONARY EDEMA & RESPIRATORY FAILURE | 189 | MS-DRG | | | | inpatient | | | | 26930.1 | United | Oxford | 20943 | | | | 14615.57 | 48185.35 | case rate | For One Day Stay, Rate = $6,649/case |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC | 190 | MS-DRG | | | | inpatient | | | | 25344.5 | United | Oxford | 19006.78 | | | | 13264.34 | 46445.63 | case rate | For One Day Stay, Rate = $6,649/case |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC | 191 | MS-DRG | | | | inpatient | | | | 21686.82 | United | Oxford | 14540.27 | | | | 10147.28 | 35648.5 | case rate | For One Day Stay, Rate = $6

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC | 205 | MS-DRG | | | | inpatient | | | | 35944.72 | United | Oxford | 31561.02 | | | | 22297.79 | 59208.73 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC | 206 | MS-DRG | | | | inpatient | | | | 22334.08 | United | Oxford | 15330.67 | | | | 10698.87 | 33682.54 | case rate | For One Day Stay, Rate = $6,649/case |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS | 207 | MS-DRG | | | | inpatient | | | | 99415.76 | United | Oxford | 109457.36 | | | | 49635 | 218302.68 | case rate | For One Day Stay, Rate = $6,649/case |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS | 208 | MS-DRG | | | | inpatient | | | | 46977.38 | United | Oxford | 45423.32 | | | | 31699.76 | 95075.66 | case rate | For One Day Stay, Rate = $6,649/case |
| CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES | 212 | MS-DRG | | | | inpatient | | | | 160770.36 | United | Oxford | 184379.26 | | | | 37458 | 189020.06 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER HEART ASSIST SYSTEM IMPLANT | 215 | MS-DRG | | | | inpatient | | | | 156624.79 | United | Oxford | 179316.99 | | | | 125140.69 | 502648.1 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC | 216 | MS-DRG | | | | inpatient | | | | 143545 | United | Oxford | 163344.87 | | | | 78485 | 363083.85 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC | 217 | MS-DRG | | | | inpatient | | | | 99286.86 | United | Oxford | 109299.96 | | | | 76277.62 | 248193.74 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC | 218 | MS-DRG | | | | inpatient | | | | 92237.6 | United | Oxford | 100691.9 | | | | 70270.28 | 230348.04 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC | 219 | MS-DRG | | | | inpatient | | | | 117022.27 | United | Oxford | 130957.19 | | | | 57338 | 300026.24 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC | 220 | MS-DRG | | | | inpatient | | | | 83192.49 | United | Oxford | 89646.65 | | | | 57338 | 203043.14 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC | 221 | MS-DRG | | | | inpatient | | | | 73433.58 | United | Oxford | 77729.76 | | | | 17199 | 179720.85 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER CARDIOTHORACIC PROCEDURES W MCC | 228 | MS-DRG | | | | inpatient | | | | 78848.73 | United | Oxford | 84342.35 | | | | 58860.35 | 256517.83 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER CARDIOTHORACIC PROCEDURES W/O MCC | 229 | MS-DRG | | | | inpatient | | | | 52833.28 | United | Oxford | 52574.13 | | | | 36690.12 | 181320.14 | case rate | For One Day Stay, Rate = $6,649/case |
| CORONARY BYPASS W PTCA W MCC | 231 | MS-DRG | | | | inpatient | | | | 127228.86 | United | Oxford | 143420.76 | | | | 19424 | 327615.89 | case rate | For One Day Stay, Rate = $6,649/case |
| CORONARY BYPASS W PTCA W/O MCC | 232 | MS-DRG | | | | inpatient | | | | 94446.91 | United | Oxford | 103389.75 | | | | 27830 | 246298.72 | case rate | For One Day Stay, Rate = $6,649/case |
| CORONARY BYPASS W CARDIAC CATH W MCC | 233 | MS-DRG | | | | inpatient | | | | 118115.83 | United | Oxford | 132292.57 | | | | 53769 | 297923.76 | case rate | For One Day Stay, Rate = $6,649/case |
| CORONARY BYPASS W CARDIAC CATH W/O MCC | 234 | MS-DRG | | | | inpatient | | | | 83618.2 | United | Oxford | 90044.39 | | | | 62839.65 | 200776.83 | case rate | For One Day Stay, Rate = $6,649/case |
| CORONARY BYPASS W/O CARDIAC CATH W MCC | 235 | MS-DRG | | | | inpatient | | | | 91335.31 | United | Oxford | 99590.09 | | | | 47567 | 226626.77 | case rate | For One Day Stay, Rate = $6,649/case |
| CORONARY BYPASS W/O CARDIAC CATH W/O MCC | 236 | MS-DRG | | | | inpatient | | | | 66773.79 | United | Oxford | 66597.29 | | | | 33990 | 153153.18 | case rate | For One Day Stay, Rate = $6,649/case |
| AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC | 239 | MS-DRG | | | | inpatient | | | | 79591.63 | United | Oxford | 85249.53 | | | | 59493.45 | 183695.67 | case rate | For One Day Stay, Rate = $6,649/case |
| AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC | 240 | MS-DRG | | | | inpatient | | | | 50143.03 | United | Oxford | 49288.99 | | | | 34397.51 | 107070.31 | case rate | For One Day Stay, Rate = $6,649/case |
| AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC | 241 | MS-DRG | | | | inpatient | | | | 30706.98 | United | Oxford | 25555.06 | | | | 15559 | 62255.17 | case rate | For One Day Stay, Rate = $6,649/case |
| PERMANENT CARDIAC PACEMAKER IMPLANT W MCC | 242 | MS-DRG | | | | inpatient | | | | 56763.12 | United | Oxford | 57409.6 | | | | 20528 | 145765.26 | case rate | For One Day Stay, Rate = $6,649/case |
| PERMANENT CARDIAC PACEMAKER IMPLANT W CC | 243 | MS-DRG | | | | inpatient | | | | 41003.67 | United | Oxford | 38128.64 | | | | 19748 | 99635.58 | case rate | For One Day Stay, Rate = $6,649/case |
| PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC | 244 | MS-DRG | | | | inpatient | | | | 34792.95 | United | Oxford | 30544.55 | | | | 19748 | 91806.34 | case rate | For One Day Stay, Rate = $6,649/case |
| AICD GENERATOR PROCEDURES | 245 | MS-DRG | | | | inpatient | | | | 77511.22 | United | Oxford | 82709.09 | | | | 57720.54 | 195506.98 | case rate | For One Day Stay, Rate = $6,649/case |
| PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC | 250 | MS-DRG | | | | inpatient | | | | 41832.5 | United | Oxford | 39140.76 | | | | 27315.32 | 100903.31 | case rate | For One Day Stay, Rate = $6,649/case |
| PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC | 251 | MS-DRG | | | | inpatient | | | | 31437.41 | United | Oxford | 26447.01 | | | | 18456.68 | 65445.94 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER VASCULAR PROCEDURES W MCC | 252 | MS-DRG | | | | inpatient | | | | 57325.34 | United | Oxford | 58059.52 | | | | 40518.24 | 127155.02 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER VASCULAR PROCEDURES W CC | 253 | MS-DRG | | | | inpatient | | | | 45164.47 | United | Oxford | 43209.53 | | | | 30154.81 | 101195.86 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER VASCULAR PROCEDURES W/O CC/MCC | 254 | MS-DRG | | | | inpatient | | | | 34026.48 | United | Oxford | 29608.6 | | | | 20663.07 | 70602.67 | case rate | For One Day Stay, Rate = $6,649/case |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC | 255 | MS-DRG | | | | inpatient | | | | 46044.59 | United | Oxford | 44284.26 | | | | 30904.84 | 99089.48 | case rate | For One Day Stay, Rate = $6,649/case |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC | 256 | MS-DRG | | | | inpatient | | | | 33254.47 | United | Oxford | 28665.87 | | | | 20005.17 | 68211.54 | case rate | For One Day Stay, Rate = $6,649/case |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC | 257 | MS-DRG | | | | inpatient | | | | 20765.12 | United | Oxford | 13414.76 | | | | 9361.81 | 43925.78 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC | 258 | MS-DRG | | | | inpatient | | | | 48664.15 | United | Oxford | 47483.09 | | | | 15797 | 116584.12 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC | 259 | MS-DRG | | | | inpatient | | | | 34141.52 | United | Oxford | 29749.07 | | | | 15797 | 81797.68 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC | 260 | MS-DRG | | | | inpatient | | | | 56989.93 | United | Oxford | 57649.94 | | | | 12982 | 141185.84 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC | 261 | MS-DRG | | | | inpatient | | | | 36080.55 | United | Oxford | 32116.88 | | | | 12982 | 77684.14 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC | 262 | MS-DRG | | | | inpatient | | | | 30816.48 | United | Oxford | 25688.77 | | | | 12982 | 63616.52 | case rate | For One Day Stay, Rate = $6,649/case |
| VEIN LIGATION & STRIPPING | 263 | MS-DRG | | | | inpatient | | | | 46953.82 | United | Oxford | 45394.54 | | | | 31679.68 | 93312.55 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER CIRCULATORY SYSTEM O.R. PROCEDURES | 264 | MS-DRG | | | | inpatient | | | | 58222.09 | United | Oxford | 59154.57 | | | | 41282.44 | 123207.51 | case rate | For One Day Stay, Rate = $6,649/case |
| AICD LEAD PROCEDURES | 265 | MS-DRG | | | | inpatient | | | | 59221.41 | United | Oxford | 60374.86 | | | | 42134.05 | 121573.12 | case rate | For One Day Stay, Rate = $6,649/case |
| ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC | 266 | MS-DRG | | | | inpatient | | | | 92812.8 | United | Oxford | 101394.29 | | | | 70760.45 | 280518.84 | case rate | For One Day Stay, Rate = $6,649/case |
| ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC | 267 | MS-DRG | | | | inpatient | | | | 74987.3 | United | Oxford | 79627.05 | | | | 55569.66 | 228116.84 | case rate | For One Day Stay, Rate = $6,649/case |
| AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC | 268 | MS-DRG | | | | inpatient | | | | 102193.33 | United | Oxford | 112849.13 | | | | 78754.49 | 261491.23 | case rate | For One Day Stay, Rate = $6,649/case |
| AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC | 269 | MS-DRG | | | | inpatient | | | | 67447.39 | United | Oxford | 70419.85 | | | | 49144.19 | 161914.16 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC | 270 | MS-DRG | | | | inpatient | | | | 80923.59 | United | Oxford | 86876.03 | | | | 60628.53 | 197441.73 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC | 271 | MS-DRG | | | | inpatient | | | | 57519.39 | United | Oxford | 58296.47 | | | | 40663.6 | 136282.66 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC | 272 | MS-DRG | | | | inpatient | | | | 44460.38 | United | Oxford | 42349.74 | | | | 29554.79 | 102124.23 | case rate | For One Day Stay, Rate = $6,649/case |
| PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC | 273 | MS-DRG | | | | inpatient | | | | 63976.82 | United | Oxford | 66181.83 | | | | 46186.59 | 142473.07 | case rate | For One Day Stay, Rate = $6,649/case |
| PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC | 274 | MS-DRG | | | | inpatient | | | | 53037.02 | United | Oxford | 52822.93 | | | | 36863.75 | 116174.55 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC DEFIBRILLATOR IMPLANT W/TH CARDIAC CATHETERIZATION AND MCC | 275 | MS-DRG | | | | inpatient | | | | 107729.06 | United | Oxford | 119608.98 | | | | 83472.01 | 122619.52 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC DEFIBRILLATOR IMPLANT W/TH MCC | 276 | MS-DRG | | | | inpatient | | | | 95634.72 | United | Oxford | 104840.22 | | | | 73165.28 | 107479.03 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC | 277 | MS-DRG | | | | inpatient | | | | 74255.48 | United | Oxford | 78733.41 | | | | 54946.01 | 80715.12 | case rate | For One Day Stay, Rate = $6,649/case |
| ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC | 278 | MS-DRG | | | | inpatient | | | | 79125.93 | United | Oxford | 84680.85 | | | | 59096.58 | 86812.26 | case rate | For One Day Stay, Rate = $6,649/case |
| ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC | 279 | MS-DRG | | | | inpatient | | | | 54192.96 | United | Oxford | 54234.47 | | | | 37848.83 | 55599.54 | case rate | For One Day Stay, Rate = $6,649/case |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC | 280 | MS-DRG | | | | inpatient | | | | 32529.59 | United | Oxford | 27780.7 | | | | 19387.43 | 64638.5 | case rate | For One Day Stay, Rate = $6,649/case |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC | 281 | MS-DRG | | | | inpatient | | | | 22555.84 | United | Oxford | 15601.47 | | | | 10887.86 | 38211.26 | case rate | For One Day Stay, Rate = $6,649/case |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC | 282 | MS-DRG | | | | inpatient | | | | 19829.56 | United | Oxford | 12272.32 | | | | 8564.53 | 29216.24 | case rate | For One Day Stay, Rate = $6,649/case |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC | 283 | MS-DRG | | | | inpatient | | | | 36881.67 | United | Oxford | 33095.15 | | | | 23098.25 | 70395.93 | case rate | For One Day Stay, Rate = $6,649/case |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC | 284 | MS-DRG | | | | inpatient | | | | 20049.94 | United | Oxford | 12541.43 | | | | 8752.34 | 29902.77 | case rate | For One Day Stay, Rate = $6,649/case |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC | 285 | MS-DRG | | | | inpatient | | | | 17560.66 | United | Oxford | 9501.7 | | | | 6630.99 | 23263.77 | case rate | For One Day Stay, Rate = $6,649/case |
| CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC | 286 | MS-DRG | | | | inpatient | | | | 40456.19 | United | Oxford | 37460.1 | | | | 13521 | 85066.47 | case rate | For One Day Stay, Rate = $6,649/case |
| CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC | 287 | MS-DRG | | | | inpatient | | | | 24882.96 | United | Oxford | 18443.17 | | | | 9969 | 44425.07 | case rate | For One Day Stay, Rate = $6,649/case |
| ACUTE & SUBACUTE ENDOCARDITIS W MCC | 288 | MS-DRG | | | | inpatient | | | | 47638.51 | United | Oxford | 46230.64 | | | | 32263.17 | 105088.76 | case rate | For One Day Stay, Rate = $6,649/case |
| ACUTE & SUBACUTE ENDOCARDITIS W CC | 289 | MS-DRG | | | | inpatient | | | | 31632.84 | United | Oxford | 26985.65 | | | | 19623.22 | 66698.07 | case rate | For One Day Stay, Rate = $6,649/case |
| ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC | 290 | MS-DRG | | | | inpatient | | | | 23348.64 | United | Oxford | 16989.58 | | | | 11583.48 | 39451.68 | case rate | For One Day Stay, Rate = $6,649/case |
| HEART FAILURE & SHOCK W MCC | 291 | MS-DRG | | | | inpatient | | | | 27864.27 | United | Oxford | 22083.74 | | | | 15411.67 | 52480.02 | case rate | For One Day Stay, Rate = $6,649/case |
| HEART FAILURE & SHOCK W CC | 292 | MS-DRG | | | | inpatient | | | | 21715.92 | United | Oxford | 14575.81 | | | | 10172.08 | 35878.64 | case rate | For One Day Stay, Rate = $6,649/case |
| HEART FAILURE & SHOCK W/O CC/MCC | 293 | MS-DRG | | | | inpatient | | | | 17384.63 | United | Oxford | 9286.75 | | | | 6480.98 | 25963.06 | case rate | For One Day Stay, Rate = $6,649/case |
| DEEP VEIN THROMBOPHLEBITIS W CC/MCC | 294 | MS-DRG | | | | inpatient | | | | 26799.81 | United | Oxford | 20783.9 | | | | 14504.55 | 45279.33 | case rate | For One Day Stay, Rate = $6,649/case |
| DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC | 295 | MS-DRG | | | | inpatient | | | | 20726.31 | United | Oxford | 13367.37 | | | | 9294.92 | 21504.56 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC ARREST, UNEXPLAINED W MCC | 296 | MS-DRG | | | | inpatient | | | | 32488.01 | United | Oxford | 27729.92 | | | | 19351.99 | 59895.25 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC ARREST, UNEXPLAINED W CC | 297 | MS-DRG | | | | inpatient | | | | 19542.65 | United | Oxford | 11921.97 | | | | 8320.03 | 25448.17 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC ARREST, UNEXPLAINED W/O CC/MCC | 298 | MS-DRG | | | | inpatient | | | | 15901.6 | United | Oxford | 7475.77 | | | | 5217.15 | 18820.88 | case rate | For One Day Stay, Rate = $6,649/case |
| PERIPHERAL VASCULAR DISORDERS W MCC | 299 | MS-DRG | | | | inpatient | | | | 32199.72 | United | Oxford | 27377.88 | | | | 19106.31 | 56575.75 | case rate | For One Day Stay, Rate = $6,649/case |
| PERIPHERAL VASCULAR DISORDERS W CC | 300 | MS-DRG | | | | inpatient | | | | 24618.23 | United | Oxford | 18119.91 | | | | 12645.41 | 39931.47 | case rate | For One Day Stay, Rate = $6,649/case |
| PERIPHERAL VASCULAR DISORDERS W/O CC/MCC | 301 | MS-DRG | | | | inpatient | | | | 19667.4 | United | Oxford | 12074.3 | | | | 8426.34 | 28326.88 | case rate | For One Day Stay, Rate = $6,649/case |
| ATHEROSCLEROSIS W MCC | 302 | MS-DRG | | | | inpatient | | | | 25803.06 | United | Oxford | 19688.85 | | | | 13740.34 | 47717.99 | case rate | For One Day Stay, Rate = $6,649/case |
| ATHEROSCLEROSIS W/O MCC | 303 | MS-DRG | | | | inpatient | | | | 19099.13 | United | Oxford | 11380.37 | | | | 7942.07 | 25959.16 | case rate | For One Day Stay, Rate = $6,649/case |
| HYPERTENSION W MCC | 304 | MS-DRG | | | | inpatient | | | | 26062.46 | United | Oxford | 19883.49 | | | | 13876.17 | 42170.47 | case rate | For One Day Stay, Rate = $6,649/case |
| HYPERTENSION W/O MCC | 305 | MS-DRG | | | | inpatient | | | | 20184.38 | United | Oxford | 12705.6 | | | | 8866.91 | 28081.14 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC | 306 | MS-DRG | | | | inpatient | | | | 30533.73 | United | Oxford | 25343.5 | | | | 17686.57 | 54953.06 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC | 307 | MS-DRG | | | | inpatient | | | | 22619.6 | United | Oxford | 15679.32 | | | | 10942.19 | 33389.99 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC | 308 | MS-DRG | | | | inpatient | | | | 26453.51 | United | Oxford | 20409.86 | | | | 14243.51 | 46948.83 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC | 309 | MS-DRG | | | | inpatient | | | | 20026.37 | United | Oxford | 12512.65 | | | | 8732.26 | 29781.84 | case rate | For One Day Stay, Rate = $6,649/case |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC | 310 | MS-DRG | | | | inpatient | | | | 17534.32 | United | Oxford | 9469.54 | | | | 6608.55 | 21933.64 | case rate | For One Day Stay, Rate = $6,649/case |
| ANGINA PECTORIS | 311 | MS-DRG | | | | inpatient | | | | 19458.11 | United | Oxford | 11818.73 | | | | 8247.98 | 26805.61 | case rate | For One Day Stay, Rate = $6,649/case |
| SYNCOPE & COLLAPSE | 312 | MS-DRG | | | | inpatient | | | | 21855.91 | United | Oxford | 14746.75 | | | | 10291.38 | 31264.11 | case rate | For One Day Stay, Rate = $6,649/case |
| CHEST PAIN | 313 | MS-DRG | | | | inpatient | | | | 19667.4 | United | Oxford | 12074.3 | | | | 8426.34 | 27589.65 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC | 314 | MS-DRG | | | | inpatient | | | | 39627.36 | United | Oxford | 36447.99 | | | | 25436.11 | 78915.06 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W CC | 315 | MS-DRG | | | | inpatient | | | | 23117.18 | United | Oxford | 16286.93 | | | | 11366.23 | 37286.79 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC | 316 | MS-DRG | | | | inpatient | | | | 19241.89 | United | Oxford | 11554.7 | | | | 8063.72 | 29305.96 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC | 319 | MS-DRG | | | | inpatient | | | | 79964.32 | United | Oxford | 74348.14 | | | | 51885.65 | 76219.47 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC | 320 | MS-DRG | | | | inpatient | | | | 41862.99 | United | Oxford | 39177.99 | | | | 27341.31 | 40164.09 | case rate | For One Day Stay, Rate = $6,649/case |
| PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUM | 321 | MS-DRG | | | | inpatient | | | | 49236.58 | United | Oxford | 48182.09 | | | | 33625.04 | 49394.83 | case rate | For One Day Stay, Rate = $6,649/case |
| PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC | 322 | MS-DRG | | | | inpatient | | | | 34855.32 | United | Oxford | 30620.71 | | | | 21369.4 | 31391.43 | case rate | For One Day Stay, Rate = $6,649/case |
| CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC | 323 | MS-DRG | | | | inpatient | | | | 68815.38 | United | Oxford | 72090.35 | | | | 50309.99 | 73904.85 | case rate | For One Day Stay, Rate = $6,649/case |
| CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC | 324 | MS-DRG | | | | inpatient | | | | 54064.06 | United | Oxford | 54077.07 | | | | 37738.99 | 55438.18 | case rate | For One Day Stay, Rate = $6,649/case |
| CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE | 325 | MS-DRG | | | | inpatient | | | | 49448.64 | United | Oxford | 48441.04 | | | | 33805.75 | 49660.3 | case rate | For One Day Stay, Rate = $6,649/case |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC | 326 | MS-DRG | | | | inpatient | | | | 80175.14 | United | Oxford | 85962.08 | | | | 59990.71 | 205016.89 | case rate | For One Day Stay, Rate = $6,649/case |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W CC | 327 | MS-DRG | | | | inpatient | | | | 43433.35 | United | Oxford | 41095.59 | | | | 28679.55 | 96905.09 | case rate | For One Day Stay, Rate = $6,649/case |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC | 328 | MS-DRG | | | | inpatient | | | | 31865.69 | United | Oxford | 26969.99 | | | | 18821.66 | 60152.69 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC | 329 | MS-DRG | | | | inpatient | | | | 73423.87 | United | Oxford | 77717.91 | | | | 54237.32 | 194750.25 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR SMALL & LARGE BOWEL PROCEDURES W CC | 330 | MS-DRG | | | | inpatient | | | | 42540.75 | United | Oxford | 40005.62 | | | | 27918.89 | 98426.36 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC | 331 | MS-DRG | | | | inpatient | | | | 32662.65 | United | Oxford | 27943.18 | | | | 19500.82 | 66105.16 | case rate | For One Day Stay, Rate = $6,649/case |
| RECTAL RESECTION W MCC | 332 | MS-DRG | | | | inpatient | | | | 57866.19 | United | Oxford | 58707.75 | | | | 40970.62 | 132553.59 | case rate | For One Day Stay, Rate = $6,649/case |
| RECTAL RESECTION W CC | 333 | MS-DRG | | | | inpatient | | | | 39236.5 | United | Oxford | 35970.7 | | | | 25103.02 | 75197.69 | case rate | For One Day Stay, Rate = $6,649/case |
| RECTAL RESECTION W/O CC/MCC | 334 | MS-DRG | | | | inpatient | | | | 32767.98 | United | Oxford | 28071.81 | | | | 19590.59 | 50950.94 | case rate | For One Day Stay, Rate = $6,649/case |
| PERITONEAL ADHESIOLYSIS W MCC | 335 | MS-DRG | | | | inpatient | | | | 60000.35 | United | Oxford | 61326.05 | | | | 42797.86 | 158446.43 | case rate | For One Day Stay, Rate = $6,649/case |
| PERITONEAL ADHESIOLYSIS W CC | 336 | MS-DRG | | | | inpatient | | | | 39056.32 | United | Oxford | 35750.68 | | | | 24949.47 | 89645.89 | case rate | For One Day Stay, Rate = $6,649/case |
| PERITONEAL ADHESIOLYSIS W/O CC/MCC | 337 | MS-DRG | | | | inpatient | | | | 31056.26 | United | Oxford | 25981.57 | | | | 18131.86 | 62539.92 | case rate | For One Day Stay, Rate = $6,649/case |
| MINOR SMALL & LARGE BOWEL PROCEDURES W MCC | 344 | MS-DRG | | | | inpatient | | | | 47125.68 | United | Oxford | 45604.41 | | | | 31826.14 | 116521.71 | case rate | For One Day Stay, Rate = $6,649/case |
| MINOR SMALL & LARGE BOWEL PROCEDURES W CC | 345 | MS-DRG | | | | inpatient | | | | 30413.15 | United | Oxford | 25196.25 | | | | 17583.81 | 63877.86 | case rate | For One Day Stay, Rate = $6,649/case |
| MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC | 346 | MS-DRG | | | | inpatient | | | | 27039.59 | United | Oxford | 21076.7 | | | | 14708.89 | 48236.06 | case rate | For One Day Stay, Rate = $6,649/case |
| ANAL & STOMAL PROCEDURES W MCC | 347 | MS-DRG | | | | inpatient | | | | 42583.72 | United | Oxford | 40058.09 | | | | 27955.61 | 94049.78 | case rate | For One Day Stay, Rate = $6,649/case |
| ANAL & STOMAL PROCEDURES W CC | 348 | MS-DRG | | | | inpatient | | | | 27228.09 | United | Oxford | 21306.88 | | | | 14869.52 | 54609.8 | case rate | For One Day Stay, Rate = $6,649/case |
| ANAL & STOMAL PROCEDURES W/O CC/MCC | 349 | MS-DRG | | | | inpatient | | | | 21988.97 | United | Oxford | 14909.23 | | | | 10404.77 | 37044.95 | case rate | For One Day Stay, Rate = $6,649/case |
| INGUINAL & FEMORAL HERNIA PROCEDURES W MCC | 350 | MS-DRG | | | | inpatient | | | | 43303.06 | United | Oxford | 40936.5 | | | | 28568.52 | 95430.63 | case rate | For One Day Stay, Rate = $6,649/case |
| INGUINAL & FEMORAL HERNIA PROCEDURES W CC | 351 | MS-DRG | | | | inpatient | | | | 30632.14 | United | Oxford | 25463.66 | | | | 17770.43 | 58514.4 | case rate | For One Day Stay, Rate = $6,649/case |
| INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC | 352 | MS-DRG | | | | inpatient | | | | 25061.75 | United | Oxford | 18861.51 | | | | 13023.38 | 41093.87 | case rate | For One Day Stay, Rate = $6,649/case |
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC | 353 | MS-DRG | | | | inpatient | | | | 50431.32 | United | Oxford | 49641.03 | | | | 34643.19 | 115590.86 | case rate | For One Day Stay, Rate = $6,649/case |
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC | 354 | MS-DRG | | | | inpatient | | | | 33357.04 | United | Oxford | 28791.12 | | | | 20092.58 | 67521.12 | case rate | For One Day Stay, Rate = $6,649/case |
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC | 355 | MS-DRG | | | | inpatient | | | | 28257.9 | United | Oxford | 22564.41 | | | | 15747.12 | 52846.68 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC | 356 | MS-DRG | | | | inpatient | | | | 68902.7 | United | Oxford | 72196.97 | | | | 50384.4 | 150080.13 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC | 357 | MS-DRG | | | | inpatient | | | | 40952.58 | United | Oxford | 38115.1 | | | | 26599.54 | 83346.26 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC | 358 | MS-DRG | | | | inpatient | | | | 28561.44 | United | Oxford | 22935.07 | | | | 16005.79 | 52593.14 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR ESOPHAGEAL DISORDERS W MCC | 368 | MS-DRG | | | | inpatient | | | | 32925.99 | United | Oxford | 28264.75 | | | | 19725.24 | 75829.61 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR ESOPHAGEAL DISORDERS W CC | 369 | MS-DRG | | | | inpatient | | | | 23883.64 | United | Oxford | 17222.88 | | | | 12019.4 | 43250.96 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC | 370 | MS-DRG | | | | inpatient | | | | 19453.95 | United | Oxford | 11813.65 | | | | 8244.44 | 28983.9 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC | 371 | MS-DRG | | | | inpatient | | | | 34007.08 | United | Oxford | 29584.9 | | | | 20646.54 | 67825.37 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC | 372 | MS-DRG | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | 310119 | true | |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G.I. OBSTRUCTION W MCC | 388 | MS-DRG | | | | inpatient | | | | 30152.58 | United | Oxford | 24878.06 | | | | 17361.75 | 59708.01 | case rate | For One Day Stay, Rate = $6,649/case |
| G.I. OBSTRUCTION W CC | 389 | MS-DRG | | | | inpatient | | | | 20889.86 | United | Oxford | 13567.08 | | | | 9468.11 | 32890.7 | case rate | For One Day Stay, Rate = $6,649/case |
| G.I. OBSTRUCTION W/O CC/MCC | 390 | MS-DRG | | | | inpatient | | | | 17363.84 | United | Oxford | 9261.36 | | | | 6463.26 | 23053.14 | case rate | For One Day Stay, Rate = $6,649/case |
| ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC | 391 | MS-DRG | | | | inpatient | | | | 27582.91 | United | Oxford | 21740.16 | | | | 15171.9 | 47647.05 | case rate | For One Day Stay, Rate = $6,649/case |
| ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC | 392 | MS-DRG | | | | inpatient | | | | 20594.64 | United | Oxford | 13206.58 | | | | 9216.53 | 29465.89 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC | 393 | MS-DRG | | | | inpatient | | | | 32731.95 | United | Oxford | 28027.8 | | | | 19559.88 | 63682.83 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER DIGESTIVE SYSTEM DIAGNOSES W CC | 394 | MS-DRG | | | | inpatient | | | | 22826.12 | United | Oxford | 15931.5 | | | | 11118.18 | 36709.49 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC | 395 | MS-DRG | | | | inpatient | | | | 18600.17 | United | Oxford | 10771.07 | | | | 7516.85 | 26388.24 | case rate | For One Day Stay, Rate = $6,649/case |
| APPENDIX PROCEDURES WITH MCC | 397 | MS-DRG | | | | inpatient | | | | 44122.19 | United | Oxford | 41936.77 | | | | 25266.58 | 42992.31 | case rate | For One Day Stay, Rate = $6,649/case |
| APPENDIX PROCEDURES WITH CC | 398 | MS-DRG | | | | inpatient | | | | 30752.72 | United | Oxford | 25610.91 | | | | 17873.19 | 26741.5 | case rate | For One Day Stay, Rate = $6,649/case |
| APPENDIX PROCEDURES WITHOUT CC/MCC | 399 | MS-DRG | | | | inpatient | | | | 25355.59 | United | Oxford | 19020.32 | | | | 13273.79 | 22048.34 | case rate | For One Day Stay, Rate = $6,649/case |
| PANCREAS, LIVER & SHUNT PROCEDURES W MCC | 405 | MS-DRG | | | | inpatient | | | | 85022.02 | United | Oxford | 91880.75 | | | | 64121.2 | 209822.55 | case rate | For One Day Stay, Rate = $6,649/case |
| PANCREAS, LIVER & SHUNT PROCEDURES W CC | 406 | MS-DRG | | | | inpatient | | | | 48704.35 | United | Oxford | 47532.17 | | | | 33171.47 | 110491.23 | case rate | For One Day Stay, Rate = $6,649/case |
| PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC | 407 | MS-DRG | | | | inpatient | | | | 39382.03 | United | Oxford | 36148.42 | | | | 25227.04 | 78279.25 | case rate | For One Day Stay, Rate = $6,649/case |
| BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC | 408 | MS-DRG | | | | inpatient | | | | 58308.03 | United | Oxford | 59259.5 | | | | 41355.67 | 157841.83 | case rate | For One Day Stay, Rate = $6,649/case |
| BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC | 409 | MS-DRG | | | | inpatient | | | | 38837.33 | United | Oxford | 35483.26 | | | | 24762.85 | 90801.66 | case rate | For One Day Stay, Rate = $6,649/case |
| BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC | 410 | MS-DRG | | | | inpatient | | | | 31278.02 | United | Oxford | 26252.37 | | | | 18320.85 | 64462.97 | case rate | For One Day Stay, Rate = $6,649/case |
| CHOLECYSTECTOMY W C.D.E. W MCC | 411 | MS-DRG | | | | inpatient | | | | 47387.64 | United | Oxford | 45924.3 | | | | 10482 | 155953.89 | case rate | For One Day Stay, Rate = $6,649/case |
| CHOLECYSTECTOMY W C.D.E. W CC | 412 | MS-DRG | | | | inpatient | | | | 39323.82 | United | Oxford | 36077.33 | | | | 11647 | 92910.77 | case rate | For One Day Stay, Rate = $6,649/case |
| CHOLECYSTECTOMY W C.D.E. W/O CC/MCC | 413 | MS-DRG | | | | inpatient | | | | 32822.04 | United | Oxford | 28137.81 | | | | 15908 | 65773.6 | case rate | For One Day Stay, Rate = $6,649/case |
| CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC | 414 | MS-DRG | | | | inpatient | | | | 58342.68 | United | Oxford | 59301.82 | | | | 28270 | 139535.84 | case rate | For One Day Stay, Rate = $6,649/case |
| CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC | 415 | MS-DRG | | | | inpatient | | | | 37196.29 | United | Oxford | 33479.34 | | | | 23364.37 | 78747.33 | case rate | For One Day Stay, Rate = $6,649/case |
| CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC | 416 | MS-DRG | | | | inpatient | | | | 28770.72 | United | Oxford | 23190.64 | | | | 16184.14 | 54340.65 | case rate | For One Day Stay, Rate = $6,649/case |
| LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC | 417 | MS-DRG | | | | inpatient | | | | 42718.16 | United | Oxford | 40222.26 | | | | 28070.08 | 94529.56 | case rate | For One Day Stay, Rate = $6,649/case |
| LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC | 418 | MS-DRG | | | | inpatient | | | | 32765.21 | United | Oxford | 28068.42 | | | | 19588.22 | 64915.45 | case rate | For One Day Stay, Rate = $6,649/case |
| LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC | 419 | MS-DRG | | | | inpatient | | | | 28041.68 | United | Oxford | 22300.38 | | | | 15562.86 | 50872.93 | case rate | For One Day Stay, Rate = $6,649/case |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC | 420 | MS-DRG | | | | inpatient | | | | 58698.88 | United | Oxford | 59736.79 | | | | 41688.76 | 137211.02 | case rate | For One Day Stay, Rate = $6,649/case |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC | 421 | MS-DRG | | | | inpatient | | | | 32476.92 | United | Oxford | 27716.38 | | | | 8253 | 69397.35 | case rate | For One Day Stay, Rate = $6,649/case |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC | 422 | MS-DRG | | | | inpatient | | | | 30145.65 | United | Oxford | 24869.6 | | | | 10272 | 58806.95 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC | 423 | MS-DRG | | | | inpatient | | | | 66154.24 | United | Oxford | 68840.75 | | | | 16017 | 153921.62 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC | 424 | MS-DRG | | | | inpatient | | | | 41426.4 | United | Oxford | 38644.85 | | | | 26989.24 | 85468.24 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC | 425 | MS-DRG | | | | inpatient | | | | 31204.56 | United | Oxford | 26162.67 | | | | 18258.25 | 58233.55 | case rate | For One Day Stay, Rate = $6,649/case |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC | 432 | MS-DRG | | | | inpatient | | | | 36932.95 | United | Oxford | 33157.77 | | | | 13893 | 71226.78 | case rate | For One Day Stay, Rate = $6,649/case |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W CC | 433 | MS-DRG | | | | inpatient | | | | 24607.14 | United | Oxford | 18106.37 | | | | 12635.96 | 40095.3 | case rate | For One Day Stay, Rate = $6,649/case |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC | 434 | MS-DRG | | | | inpatient | | | | 19433.16 | United | Oxford | 11788.26 | | | | 8226.72 | 53380.86 | case rate | For One Day Stay, Rate = $6,649/case |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC | 435 | MS-DRG | | | | inpatient | | | | 35068.76 | United | Oxford | 30881.36 | | | | 21551.3 | 66222.18 | case rate | For One Day Stay, Rate = $6,649/case |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC | 436 | MS-DRG | | | | inpatient | | | | 25409.64 | United | Oxford | 19086.32 | | | | 13319.85 | 44308.05 | case rate | For One Day Stay, Rate = $6,649/case |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC | 437 | MS-DRG | | | | inpatient | | | | 20662.55 | United | Oxford | 13289.51 | | | | 9274.41 | 33772.26 | case rate | For One Day Stay, Rate = $6,649/case |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC | 438 | MS-DRG | | | | inpatient | | | | 32838.67 | United | Oxford | 28158.12 | | | | 19650.83 | 63901.27 | case rate | For One Day Stay, Rate = $6,649/case |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC | 439 | MS-DRG | | | | inpatient | | | | 21702.06 | United | Oxford | 14558.89 | | | | 10160.27 | 33635.74 | case rate | For One Day Stay, Rate = $6,649/case |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC | 440 | MS-DRG | | | | inpatient | | | | 18304.95 | United | Oxford | 10410.57 | | | | 7265.27 | 24235.05 | case rate | For One Day Stay, Rate = $6,649/case |
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC | 441 | MS-DRG | | | | inpatient | | | | 35980.76 | United | Oxford | 31996.02 | | | | 11778 | 72443.8 | case rate | For One Day Stay, Rate = $6,649/case |
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC | 442 | MS-DRG | | | | inpatient | | | | 23171.23 | United | Oxford | 16352.94 | | | | 11412.29 | 36623.67 | case rate | For One Day Stay, Rate = $6,649/case |
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC | 443 | MS-DRG | | | | inpatient | | | | 19519.09 | United | Oxford | 11893.2 | | | | 8299.96 | 27141.07 | case rate | For One Day Stay, Rate = $6,649/case |
| DISORDERS OF THE BILIARY TRACT W MCC | 444 | MS-DRG | | | | inpatient | | | | 33125.57 | United | Oxford | 28508.47 | | | | 19895.32 | 62836.38 | case rate | For One Day Stay, Rate = $6,649/case |
| DISORDERS OF THE BILIARY TRACT W CC | 445 | MS-DRG | | | | inpatient | | | | 24810.89 | United | Oxford | 18355.16 | | | | 12809.59 | 41643.87 | case rate | For One Day Stay, Rate = $6,649/case |
| DISORDERS OF THE BILIARY TRACT W/O CC/MCC | 446 | MS-DRG | | | | inpatient | | | | 20830.26 | United | Oxford | 13494.3 | | | | 9417.32 | 31010.57 | case rate | For One Day Stay, Rate = $6,649/case |
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC | 453 | MS-DRG | | | | inpatient | | | | 132599.66 | United | Oxford | 149979.2 | | | | 17717 | 370445.58 | case rate | For One Day Stay, Rate = $6,649/case |
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC | 454 | MS-DRG | | | | inpatient | | | | 94552.24 | United | Oxford | 103518.38 | | | | 36879 | 247179.56 | case rate | For One Day Stay, Rate = $6,649/case |
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC | 455 | MS-DRG | | | | inpatient | | | | 73613.76 | United | Oxford | 77949.78 | | | | 54399.14 | 195035 | case rate | For One Day Stay, Rate = $6,649/case |
| SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC | 456 | MS-DRG | | | | inpatient | | | | 127163.72 | United | Oxford | 143341.21 | | | | 100034.13 | 355946.68 | case rate | For One Day Stay, Rate = $6,649/case |
| SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC | 457 | MS-DRG | | | | inpatient | | | | 89328.36 | United | Oxford | 97139.35 | | | | 67791.04 | 255285.21 | case rate | For One Day Stay, Rate = $6,649/case |
| SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC | 458 | MS-DRG | | | | inpatient | | | | 69627.59 | United | Oxford | 73082.15 | | | | 51002.14 | 199762.65 | case rate | For One Day Stay, Rate = $6,649/case |
| SPINAL FUSION EXCEPT CERVICAL W MCC | 459 | MS-DRG | | | | inpatient | | | | 101704.07 | United | Oxford | 112251.68 | | | | 78337.54 | 249051.89 | case rate | For One Day Stay, Rate = $6,649/case |
| SPINAL FUSION EXCEPT CERVICAL W/O MCC | 460 | MS-DRG | | | | inpatient | | | | 60478.52 | United | Oxford | 61909.96 | | | | 43205.36 | 157490.76 | case rate | For One Day Stay, Rate = $6,649/case |
| BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC | 461 | MS-DRG | | | | inpatient | | | | 92812.8 | United | Oxford | 101394.29 | | | | 9917 | 174848.88 | case rate | For One Day Stay, Rate = $6,649/case |
| BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC | 462 | MS-DRG | | | | inpatient | | | | 69472.2 | United | Oxford | 48469.82 | | | | 11315 | 124592.26 | case rate | For One Day Stay, Rate = $6,649/case |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC | 463 | MS-DRG | | | | inpatient | | | | 84638.1 | United | Oxford | 91411.93 | | | | 15756 | 200180.02 | case rate | For One Day Stay, Rate = $6,649/case |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC | 464 | MS-DRG | | | | inpatient | | | | 50647.54 | United | Oxford | 49905.06 | | | | 34827.45 | 114836.61 | case rate | For One Day Stay, Rate = $6,649/case |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC | 465 | MS-DRG | | | | inpatient | | | | 33842.14 | United | Oxford | 29363.49 | | | | 20505.98 | 71671.46 | case rate | For One Day Stay, Rate = $6,649/case |
| REVISION OF HIP OR KNEE REPLACEMENT W MCC | 466 | MS-DRG | | | | inpatient | | | | 80391.36 | United | Oxford | 86226.11 | | | | 60174.97 | 199450.59 | case rate | For One Day Stay, Rate = $6,649/case |
| REVISION OF HIP OR KNEE REPLACEMENT W CC | 467 | MS-DRG | | | | inpatient | | | | 57253.27 | United | Oxford | 57971.51 | | | | 40456.82 | 135369.89 | case rate | For One Day Stay, Rate = $6,649/case |
| REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC | 468 | MS-DRG | | | | inpatient | | | | 46138.84 | United | Oxford | 44399.35 | | | | 30985.16 | 108884.14 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP | 469 | MS-DRG | | | | inpatient | | | | 55084.16 | United | Oxford | 55322.75 | | | | 38608.32 | 123816.02 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC | 470 | MS-DRG | | | | inpatient | | | | 35912.84 | United | Oxford | 31912.09 | | | | 22270.62 | 77616.13 | case rate | For One Day Stay, Rate = $6,649/case |
| CERVICAL SPINAL FUSION W MCC | 471 | MS-DRG | | | | inpatient | | | | 77102.35 | United | Oxford | 82209.8 | | | | 8282 | 195452.37 | case rate | For One Day Stay, Rate = $6,649/case |
| CERVICAL SPINAL FUSION W CC | 472 | MS-DRG | | | | inpatient | | | | 49535.13 | United | Oxford | 49035.11 | | | | 8991 | 114945.83 | case rate | For One Day Stay, Rate = $6,649/case |
| CERVICAL SPINAL FUSION W/O CC/MCC | 473 | MS-DRG | | | | inpatient | | | | 42992.04 | United | Oxford | 40068.25 | | | | 11229 | 92559.71 | case rate | For One Day Stay, Rate = $6,649/case |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC | 474 | MS-DRG | | | | inpatient | | | | 71938.07 | United | Oxford | 75903.55 | | | | 22321 | 148035.47 | case rate | For One Day Stay, Rate = $6,649/case |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC | 475 | MS-DRG | | | | inpatient | | | | 39680.02 | United | Oxford | 36512.3 | | | | 25480.99 | 83818.24 | case rate | For One Day Stay, Rate = $6,649/case |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC | 476 | MS-DRG | | | | inpatient | | | | 25900.29 | United | Oxford | 19685.47 | | | | 13737.98 | 44885.35 | case rate | For One Day Stay, Rate = $6,649/case |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC | 477 | MS-DRG | | | | inpatient | | | | 57444.54 | United | Oxford | 58205.08 | | | | 40619.82 | 122419.57 | case rate | For One Day Stay, Rate = $6,649/case |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC | 478 | MS-DRG | | | | inpatient | | | | 42192.86 | United | Oxford | 39580.81 | | | | 27622.42 | 88904.75 | case rate | For One Day Stay, Rate = $6,649/case |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC | 479 | MS-DRG | | | | inpatient | | | | 34382.39 | United | Oxford | 30055.42 | | | | 20974.9 | 70134.59 | case rate | For One Day Stay, Rate = $6,649/case |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC | 480 | MS-DRG | | | | inpatient | | | | 50542.2 | United | Oxford | 49776.43 | | | | 34737.68 | 118206.81 | case rate | For One Day Stay, Rate = $6,649/case |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC | 481 | MS-DRG | | | | inpatient | | | | 38537.95 | United | Oxford | 35117.68 | | | | 8360 | 80444.14 | case rate | For One Day Stay, Rate = $6,649/case |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC | 482 | MS-DRG | | | | inpatient | | | | 31767.28 | United | Oxford | 26849.82 | | | | 9385 | 64927.15 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES | 483 | MS-DRG | | | | inpatient | | | | 45097.95 | United | Oxford | 43128.29 | | | | 13093 | 92973.18 | case rate | For One Day Stay, Rate = $6,649/case |
| KNEE PROCEDURES W PDX OF INFECTION W MCC | 485 | MS-DRG | | | | inpatient | | | | 54399.47 | United | Oxford | 54486.65 | | | | 38024.83 | 128863.03 | case rate | For One Day Stay, Rate = $6,649/case |
| KNEE PROCEDURES W PDX OF INFECTION W CC | 486 | MS-DRG | | | | inpatient | | | | 39175.52 | United | Oxford | 35896.23 | | | | 25051.05 | 86533.13 | case rate | For One Day Stay, Rate = $6,649/case |
| KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC | 487 | MS-DRG | | | | inpatient | | | | 31681.35 | United | Oxford | 26744.89 | | | | 18664.56 | 64369.35 | case rate | For One Day Stay, Rate = $6,649/case |
| KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC | 488 | MS-DRG | | | | inpatient | | | | 37020.27 | United | Oxford | 33264.4 | | | | 23214.36 | 82402.29 | case rate | For One Day Stay, Rate = $6,649/case |
| KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC | 489 | MS-DRG | | | | inpatient | | | | 26943.96 | United | Oxford | 20969.92 | | | | 14627.39 | 50607.68 | case rate | For One Day Stay, Rate = $6,649/case |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC | 492 | MS-DRG | | | | inpatient | | | | 58999.65 | United | Oxford | 60104.06 | | | | 27633 | 132253.23 | case rate | For One Day Stay, Rate = $6,649/case |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC | 493 | MS-DRG | | | | inpatient | | | | 43057.74 | United | Oxford | 40636.93 | | | | 28359.46 | 87613.62 | case rate | For One Day Stay, Rate = $6,649/case |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC | 494 | MS-DRG | | | | inpatient | | | | 35911.46 | United | Oxford | 31910.4 | | | | 22269.44 | 68414.38 | case rate | For One Day Stay, Rate = $6,649/case |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC | 495 | MS-DRG | | | | inpatient | | | | 58575.53 | United | Oxford | 59586.16 | | | | 41583.64 | 135053.94 | case rate | For One Day Stay, Rate = $6,649/case |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC | 496 | MS-DRG | | | | inpatient | | | | 37125.6 | United | Oxford | 33393.03 | | | | 23304.13 | 76488.83 | case rate | For One Day Stay, Rate = $6,649/case |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC | 497 | MS-DRG | | | | inpatient | | | | 28388.18 | United | Oxford | 22723.51 | | | | 15858.15 | 55975.05 | case rate | For One Day Stay, Rate = $6,649/case |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC | 498 | MS-DRG | | | | inpatient | | | | 44775 | United | Oxford | 42733.93 | | | | 29822.91 | 88857.95 | case rate | For One Day Stay, Rate = $6,649/case |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC | 499 | MS-DRG | | | | inpatient | | | | 29307.7 | United | Oxford | 18595.5 | | | | 12977.32 | 43656.63 | case rate | For One Day Stay, Rate = $6,649/case |
| SOFT TISSUE PROCEDURES W MCC | 500 | MS-DRG | | | | inpatient | | | | 53698.15 | United | Oxford | 53630.25 | | | | 37427.16 | 119673.48 | case rate | For One Day Stay, Rate = $6,649/case |
| SOFT TISSUE PROCEDURES W CC | 501 | MS-DRG | | | | inpatient | | | | 34515.74 | United | Oxford | 30206.05 | | | | 8902 | 66820.41 | case rate | For One Day Stay, Rate = $6,649/case |
| SOFT TISSUE PROCEDURES W/O CC/MCC | 502 | MS-DRG | | | | inpatient | | | | 29144.95 | United | Oxford | 23647.61 | | | | 16503.06 | 50361.94 | case rate | For One Day Stay, Rate = $6,649/case |
| FOOT PROCEDURES W MCC | 503 | MS-DRG | | | | inpatient | | | | 46461.78 | United | Oxford | 44793.71 | | | | 27418 | 98943.74 | case rate | For One Day Stay, Rate = $6,649/case |
| FOOT PROCEDURES W CC | 504 | MS-DRG | | | | inpatient | | | | 34104.1 | United | Oxford | 29703.38 | | | | 20729.22 | 67462.61 | case rate | For One Day Stay, Rate = $6,649/case |
| FOOT PROCEDURES W/O CC/MCC | 505 | MS-DRG | | | | inpatient | | | | 34104.1 | United | Oxford | 29703.38 | | | | 20729.22 | 61623.26 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR THUMB OR JOINT PROCEDURES | 506 | MS-DRG | | | | inpatient | | | | 30557.29 | United | Oxford | 25372.27 | | | | 17706.65 | 55011.57 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC | 507 | MS-DRG | | | | inpatient | | | | 36643.27 | United | Oxford | 32804.04 | | | | 22893.09 | 75771.1 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC | 508 | MS-DRG | | | | inpatient | | | | 26986.93 | United | Oxford | 21012.39 | | | | 14664 | 56458.73 | case rate | For One Day Stay, Rate = $6,649/case |
| ARTHROSCOPY | 509 | MS-DRG | | | | inpatient | | | | 34127.66 | United | Oxford | 29732.15 | | | | 20749.3 | 66153.39 | case rate | For One Day Stay, Rate = $6,649/case |
| SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC | 510 | MS-DRG | | | | inpatient | | | | 49393.2 | United | Oxford | 48373.34 | | | | 33758.51 | 106582.73 | case rate | For One Day Stay, Rate = $6,649/case |
| SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC | 511 | MS-DRG | | | | inpatient | | | | 36962.05 | United | Oxford | 33193.31 | | | | 7655 | 72057.63 | case rate | For One Day Stay, Rate = $6,649/case |
| SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC | 512 | MS-DRG | | | | inpatient | | | | 32063.89 | United | Oxford | 27212.02 | | | | 10564 | 59372.55 | case rate | For One Day Stay, Rate = $6,649/case |
| HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC | 513 | MS-DRG | | | | inpatient | | | | 30647.38 | United | Oxford | 25482.28 | | | | 17783.42 | 63955.88 | case rate | For One Day Stay, Rate = $6,649/case |
| HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC | 514 | MS-DRG | | | | inpatient | | | | 23911.36 | United | Oxford | 17256.73 | | | | 12043.03 | 40660.37 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC | 515 | MS-DRG | | | | inpatient | | | | 52640.62 | United | Oxford | 52338.87 | | | | 36525.94 | 120219.57 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC | 516 | MS-DRG | | | | inpatient | | | | 37661.99 | United | Oxford | 34048.02 | | | | 23761.23 | 73543.8 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC | 517 | MS-DRG | | | | inpatient | | | | 30468.59 | United | Oxford | 25263.95 | | | | 17631.06 | 53864.77 | case rate | For One Day Stay, Rate = $6,649/case |
| BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM | 518 | MS-DRG | | | | inpatient | | | | 59454.26 | United | Oxford | 60659.2 | | | | 42332.49 | 120929.5 | case rate | For One Day Stay, Rate = $6,649/case |
| BACK & NECK PROC EXC SPINAL FUSION W CC | 519 | MS-DRG | | | | inpatient | | | | 37110.36 | United | Oxford | 33374.41 | | | | 23291.14 | 72631.03 | case rate | For One Day Stay, Rate = $6,649/case |
| BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC | 520 | MS-DRG | | | | inpatient | | | | 29643.91 | United | Oxford | 24256.91 | | | | 16928.27 | 51259.1 | case rate | For One Day Stay, Rate = $6,649/case |
| HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE W/TH MCC | 521 | MS-DRG | | | | inpatient | | | | 50177.68 | United | Oxford | 49331.3 | | | | 7692 | 50572.96 | case rate | For One Day Stay, Rate = $6,649/case |
| HIP REPLACEMENT W/TH PRINCIPAL DIAGNOSIS OF HIP FRACTURE W/THOUT MCC | 522 | MS-DRG | | | | inpatient | | | | 38998.11 | United | Oxford | 35679.59 | | | | 9003 | 36577.64 | case rate | For One Day Stay, Rate = $6,649/case |
| FRACTURES OF FEMUR W MCC | 533 | MS-DRG | | | | inpatient | | | | 30914.88 | United | Oxford | 25808.93 | | | | 12781 | 59700.21 | case rate | For One Day Stay, Rate = $6,649/case |
| FRACTURES OF FEMUR W/O MCC | 534 | MS-DRG | | | | inpatient | | | | 21061.72 | United | Oxford | 13776.95 | | | | 9614.58 | 34640.29 | case rate | For One Day Stay, Rate = $6,649/case |
| FRACTURES OF HIP & PELVIS W MCC | 535 | MS-DRG | | | | inpatient | | | | 28212.16 | United | Oxford | 22508.56 | | | | 15708.14 | 48945.98 | case rate | For One Day Stay, Rate = $6,649/case |
| FRACTURES OF HIP & PELVIS W/O MCC | 536 | MS-DRG | | | | inpatient | | | | 21018.76 | United | Oxford | 13724.48 | | | | 9577.96 | 29528.3 | case rate | For One Day Stay, Rate = $6,649/case |
| SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC | 537 | MS-DRG | | | | inpatient | | | | 22517.04 | United | Oxford | 15554.08 | | | | 10854.79 | 35515.87 | case rate | For One Day Stay, Rate = $6,649/case |
| SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC | 538 | MS-DRG | | | | inpatient | | | | 19086.66 | United | Oxford | 11365.14 | | | | 7931.44 | 28358.09 | case rate | For One Day Stay, Rate = $6,649/case |
| OSTEOMYELITIS W MCC | 539 | MS-DRG | | | | inpatient | | | | 37810.29 | United | Oxford | 34229.12 | | | | 23897.62 | 78762.93 | case rate | For One Day Stay, Rate = $6,649/case |
| OSTEOMYELITIS W CC | 540 | MS-DRG | | | | inpatient | | | | 27715.97 | United | Oxford | 21902.64 | | | | 15285.29 | 50588.18 | case rate | For One Day Stay, Rate = $6,649/case |
| OSTEOMYELITIS W/O CC/MCC | 541 | MS-DRG | | | | inpatient | | | | 21905.81 | United | Oxford | 14807.68 | | | | 7723 | 34431.48 | case rate | For One Day Stay, Rate = $6,649/case |
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC | 542 | MS-DRG | | | | inpatient | | | | 33630.1 | United | Oxford | 31566.82 | | | | 8903 | 71199.48 | case rate | For One Day Stay, Rate = $6,649/case |
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC | 543 | MS-DRG | | | | inpatient | | | | 24483.79 | United | Oxford | 17955.73 | | | | 10889 | 41835.01 | case rate | For One Day Stay, Rate = $6,649/case |
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC | 544 | MS-DRG | | | | inpatient | | | | 20253.68 | United | Oxford | 12790.22 | | | | 8925.97 | 31143.19 | case rate | For One Day Stay, Rate = $6,649/case |
| CONNECTIVE TISSUE DISORDERS W MCC | 545 | MS-DRG | | | | inpatient | | | | 44802.73 | United | Oxford | 42767.78 | | | | 29846.53 | 96702.25 | case rate | For One Day Stay, Rate = $6,649/case |
| CONNECTIVE TISSUE DISORDERS W CC | 546 | MS-DRG | | | | inpatient | | | | 25825.45 | United | Oxford | 19994.07 | | | | 13674.2 | 47370.1 | case rate | For One Day Stay, Rate = $6,649/case |
| CONNECTIVE TISSUE DISORDERS W/O CC/MCC | 547 | MS-DRG | | | | inpatient | | | | 20122.01 | United | Oxford | 12629.44 | | | | 8813.76 | 33452.4 | case rate | For One Day Stay, Rate = $6,649/case |
| SEPTIC ARTHRITIS W MCC | 548 | MS-DRG | | | | inpatient | | | | 37702.19 | United | Oxford | 34097.11 | | | | 23795.49 | 80635.27 | case rate | For One Day Stay, Rate = $6,649/case |
| SEPTIC ARTHR

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SKIN DEBRIDEMENT W MCC | 570 | MS-DRG | | | | inpatient | | | | 51561.32 | United | Oxford | 50947.64 | | | | 35555.04 | 119374.54 | case rate | For One Day Stay, Rate = $6,649/case |
| SKIN DEBRIDEMENT W CC | 571 | MS-DRG | | | | inpatient | | | | 32985.59 | United | Oxford | 28337.53 | | | | 9078 | 66425.02 | case rate | For One Day Stay, Rate = $6,649/case |
| SKIN DEBRIDEMENT W/O CC/MCC | 572 | MS-DRG | | | | inpatient | | | | 25613.39 | United | Oxford | 19335.12 | | | | 11401 | 45973.65 | case rate | For One Day Stay, Rate = $6,649/case |
| SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC | 573 | MS-DRG | | | | inpatient | | | | 95132.98 | United | Oxford | 104227.54 | | | | 16091 | 204845.26 | case rate | For One Day Stay, Rate = $6,649/case |
| SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC | 574 | MS-DRG | | | | inpatient | | | | 57803.52 | United | Oxford | 58643.43 | | | | 36964 | 118811.42 | case rate | For One Day Stay, Rate = $6,649/case |
| SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC | 575 | MS-DRG | | | | inpatient | | | | 37454.09 | United | Oxford | 33794.15 | | | | 23584.06 | 68597.71 | case rate | For One Day Stay, Rate = $6,649/case |
| SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC | 576 | MS-DRG | | | | inpatient | | | | 84559.1 | United | Oxford | 91315.45 | | | | 63726.69 | 190381.46 | case rate | For One Day Stay, Rate = $6,649/case |
| SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC | 577 | MS-DRG | | | | inpatient | | | | 46666.32 | United | Oxford | 45067.89 | | | | 31451.72 | 97876.36 | case rate | For One Day Stay, Rate = $6,649/case |
| SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC | 578 | MS-DRG | | | | inpatient | | | | 33208.73 | United | Oxford | 28619.02 | | | | 19966.19 | 59669.01 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC | 579 | MS-DRG | | | | inpatient | | | | 54955.26 | United | Oxford | 55165.35 | | | | 38498.47 | 109133.78 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER SKIN, SUBCUT TISS & BREAST PROC W CC | 580 | MS-DRG | | | | inpatient | | | | 34353.58 | United | Oxford | 30008.03 | | | | 20941.82 | 62013.33 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC | 581 | MS-DRG | | | | inpatient | | | | 29727.07 | United | Oxford | 24358.46 | | | | 8609 | 48228.25 | case rate | For One Day Stay, Rate = $6,649/case |
| MASTECTOMY FOR MALIGNANCY W CC/MCC | 582 | MS-DRG | | | | inpatient | | | | 34051.43 | United | Oxford | 29639.06 | | | | 10081 | 61221.49 | case rate | For One Day Stay, Rate = $6,649/case |
| MASTECTOMY FOR MALIGNANCY W/O CC/MCC | 583 | MS-DRG | | | | inpatient | | | | 32547.61 | United | Oxford | 27802.7 | | | | 14701 | 53755.55 | case rate | For One Day Stay, Rate = $6,649/case |
| BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC | 584 | MS-DRG | | | | inpatient | | | | 38156.8 | United | Oxford | 34662.25 | | | | 24182.91 | 72997.7 | case rate | For One Day Stay, Rate = $6,649/case |
| BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC | 585 | MS-DRG | | | | inpatient | | | | 37293.31 | United | Oxford | 33997.82 | | | | 23447.05 | 61073.26 | case rate | For One Day Stay, Rate = $6,649/case |
| SKIN ULCERS W MCC | 592 | MS-DRG | | | | inpatient | | | | 38280.15 | United | Oxford | 34802.88 | | | | 24288.03 | 66631.76 | case rate | For One Day Stay, Rate = $6,649/case |
| SKIN ULCERS W CC | 593 | MS-DRG | | | | inpatient | | | | 26726.36 | United | Oxford | 20694.2 | | | | 14441.95 | 44054.51 | case rate | For One Day Stay, Rate = $6,649/case |
| SKIN ULCERS W/O CC/MCC | 594 | MS-DRG | | | | inpatient | | | | 21542.67 | United | Oxford | 14364.25 | | | | 10024.44 | 31603.47 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR SKIN DISORDERS W MCC | 595 | MS-DRG | | | | inpatient | | | | 36065.13 | United | Oxford | 35798.07 | | | | 24982.55 | 77503.01 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR SKIN DISORDERS W/O MCC | 596 | MS-DRG | | | | inpatient | | | | 24763.76 | United | Oxford | 18297.62 | | | | 12769.43 | 39455.58 | case rate | For One Day Stay, Rate = $6,649/case |
| MALIGNANT BREAST DISORDERS W MCC | 597 | MS-DRG | | | | inpatient | | | | 34127.66 | United | Oxford | 29732.15 | | | | 20749.3 | 67092.04 | case rate | For One Day Stay, Rate = $6,649/case |
| MALIGNANT BREAST DISORDERS W CC | 598 | MS-DRG | | | | inpatient | | | | 24482.4 | United | Oxford | 17954.04 | | | | 12529.66 | 45337.84 | case rate | For One Day Stay, Rate = $6,649/case |
| MALIGNANT BREAST DISORDERS W/O CC/MCC | 599 | MS-DRG | | | | inpatient | | | | 21628.6 | United | Oxford | 14469.18 | | | | 10097.67 | 27944.61 | case rate | For One Day Stay, Rate = $6,649/case |
| NON-MALIGNANT BREAST DISORDERS W CC/MCC | 600 | MS-DRG | | | | inpatient | | | | 23038.18 | United | Oxford | 16190.46 | | | | 11298.9 | 37290.69 | case rate | For One Day Stay, Rate = $6,649/case |
| NON-MALIGNANT BREAST DISORDERS W/O CC/MCC | 601 | MS-DRG | | | | inpatient | | | | 18088.73 | United | Oxford | 10146.54 | | | | 7081.01 | 24153.13 | case rate | For One Day Stay, Rate = $6,649/case |
| CELLULITIS W MCC | 602 | MS-DRG | | | | inpatient | | | | 30142.88 | United | Oxford | 24866.21 | | | | 17353.49 | 56326.11 | case rate | For One Day Stay, Rate = $6,649/case |
| CELLULITIS W/O MCC | 603 | MS-DRG | | | | inpatient | | | | 21987.58 | United | Oxford | 14907.54 | | | | 10403.59 | 33066.23 | case rate | For One Day Stay, Rate = $6,649/case |
| TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC | 604 | MS-DRG | | | | inpatient | | | | 30371.57 | United | Oxford | 25145.47 | | | | 17548.38 | 56265.12 | case rate | For One Day Stay, Rate = $6,649/case |
| TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC | 605 | MS-DRG | | | | inpatient | | | | 22562.18 | United | Oxford | 15633.62 | | | | 10910.3 | 33565.52 | case rate | For One Day Stay, Rate = $6,649/case |
| MINOR SKIN DISORDERS W MCC | 606 | MS-DRG | | | | inpatient | | | | 32098.54 | United | Oxford | 27254.33 | | | | 19020.09 | 53880.87 | case rate | For One Day Stay, Rate = $6,649/case |
| MINOR SKIN DISORDERS W/O MCC | 607 | MS-DRG | | | | inpatient | | | | 21757.5 | United | Oxford | 14626.59 | | | | 10207.52 | 31244.61 | case rate | For One Day Stay, Rate = $6,649/case |
| ADRENAL & PITUITARY PROCEDURES W CC/MCC | 614 | MS-DRG | | | | inpatient | | | | 41366.8 | United | Oxford | 38572.08 | | | | 26918.45 | 92196.95 | case rate | For One Day Stay, Rate = $6,649/case |
| ADRENAL & PITUITARY PROCEDURES W/O CC/MCC | 615 | MS-DRG | | | | inpatient | | | | 29641.14 | United | Oxford | 24253.53 | | | | 16925.91 | 57777.17 | case rate | For One Day Stay, Rate = $6,649/case |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC | 616 | MS-DRG | | | | inpatient | | | | 63348.95 | United | Oxford | 65415.13 | | | | 45651.52 | 161301.75 | case rate | For One Day Stay, Rate = $6,649/case |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC | 617 | MS-DRG | | | | inpatient | | | | 36551.8 | United | Oxford | 32692.33 | | | | 22815.13 | 80884.92 | case rate | For One Day Stay, Rate = $6,649/case |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC | 618 | MS-DRG | | | | inpatient | | | | 27036.82 | United | Oxford | 21073.32 | | | | 14706.52 | 45220.82 | case rate | For One Day Stay, Rate = $6,649/case |
| O.R. PROCEDURES FOR OBESITY W MCC | 619 | MS-DRG | | | | inpatient | | | | 47569.21 | United | Oxford | 46146.01 | | | | 32204.11 | 113927.74 | case rate | For One Day Stay, Rate = $6,649/case |
| O.R. PROCEDURES FOR OBESITY W CC | 620 | MS-DRG | | | | inpatient | | | | 31914.2 | United | Oxford | 27029.23 | | | | 18863 | 70587.07 | case rate | For One Day Stay, Rate = $6,649/case |
| O.R. PROCEDURES FOR OBESITY W/O CC/MCC | 621 | MS-DRG | | | | inpatient | | | | 30040.31 | United | Oxford | 24740.97 | | | | 17266.08 | 61564.75 | case rate | For One Day Stay, Rate = $6,649/case |
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC | 622 | MS-DRG | | | | inpatient | | | | 61644.16 | United | Oxford | 63333.35 | | | | 44198.71 | 148148.59 | case rate | For One Day Stay, Rate = $6,649/case |
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC | 623 | MS-DRG | | | | inpatient | | | | 36291.22 | United | Oxford | 32374.14 | | | | 22593.08 | 75018.26 | case rate | For One Day Stay, Rate = $6,649/case |
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC | 624 | MS-DRG | | | | inpatient | | | | 23582.88 | United | Oxford | 16855.61 | | | | 11763.09 | 50553.07 | case rate | For One Day Stay, Rate = $6,649/case |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC | 625 | MS-DRG | | | | inpatient | | | | 49517.94 | United | Oxford | 48525.67 | | | | 33864.81 | 108568.18 | case rate | For One Day Stay, Rate = $6,649/case |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC | 626 | MS-DRG | | | | inpatient | | | | 30698.67 | United | Oxford | 25544.9 | | | | 17827.13 | 62824.67 | case rate | For One Day Stay, Rate = $6,649/case |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC | 627 | MS-DRG | | | | inpatient | | | | 27338.97 | United | Oxford | 21442.28 | | | | 14964.01 | 42322.6 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC | 628 | MS-DRG | | | | inpatient | | | | 64467.46 | United | Oxford | 66780.97 | | | | 46604.71 | 143350.73 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC | 629 | MS-DRG | | | | inpatient | | | | 40952.38 | United | Oxford | 38066.02 | | | | 26565.29 | 91225.67 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC | 630 | MS-DRG | | | | inpatient | | | | 29201.77 | United | Oxford | 23717 | | | | 16551.48 | 59856.24 | case rate | For One Day Stay, Rate = $6,649/case |
| DIABETES W MCC | 637 | MS-DRG | | | | inpatient | | | | 29964.08 | United | Oxford | 24647.88 | | | | 17201.12 | 53880.37 | case rate | For One Day Stay, Rate = $6,649/case |
| DIABETES W CC | 638 | MS-DRG | | | | inpatient | | | | 22492.09 | United | Oxford | 15523.61 | | | | 10833.53 | 34021.91 | case rate | For One Day Stay, Rate = $6,649/case |
| DIABETES W/O CC/MCC | 639 | MS-DRG | | | | inpatient | | | | 18464.34 | United | Oxford | 10805.21 | | | | 7401.1 | 24648.52 | case rate | For One Day Stay, Rate = $6,649/case |
| MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC | 640 | MS-DRG | | | | inpatient | | | | 28185.83 | United | Oxford | 22476.4 | | | | 15685.7 | 46426.13 | case rate | For One Day Stay, Rate = $6,649/case |
| MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC | 641 | MS-DRG | | | | inpatient | | | | 20609.88 | United | Oxford | 13225.2 | | | | 9229.52 | 29329.36 | case rate | For One Day Stay, Rate = $6,649/case |
| INBORN AND OTHER DISORDERS OF METABOLISM | 642 | MS-DRG | | | | inpatient | | | | 26981.38 | United | Oxford | 21005.62 | | | | 14659.28 | 49285.34 | case rate | For One Day Stay, Rate = $6,649/case |
| ENDOCRINE DISORDERS W MCC | 643 | MS-DRG | | | | inpatient | | | | 32749.96 | United | Oxford | 28049.8 | | | | 19575.23 | 63741.34 | case rate | For One Day Stay, Rate = $6,649/case |
| ENDOCRINE DISORDERS W CC | 644 | MS-DRG | | | | inpatient | | | | 24102.63 | United | Oxford | 17490.3 | | | | 12208.02 | 39494.59 | case rate | For One Day Stay, Rate = $6,649/case |
| ENDOCRINE DISORDERS W/O CC/MCC | 645 | MS-DRG | | | | inpatient | | | | 20572.46 | United | Oxford | 13179.5 | | | | 9197.63 | 28978.3 | case rate | For One Day Stay, Rate = $6,649/case |
| KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC | 650 | MS-DRG | | | | inpatient | | | | 73637.32 | United | Oxford | 77978.55 | | | | 54419.22 | 79941.26 | case rate | |
| KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC | 651 | MS-DRG | | | | inpatient | | | | 57908.86 | United | Oxford | 58772.06 | | | | 41015.5 | 60251.35 | case rate | |
| KIDNEY TRANSPLANT | 652 | MS-DRG | | | | inpatient | | | | 52349.56 | United | Oxford | 51983.45 | | | | 36277.9 | 126292.6 | case rate | |
| MAJOR BLADDER PROCEDURES W MCC | 653 | MS-DRG | | | | inpatient | | | | 87044.22 | United | Oxford | 94350.11 | | | | 65844.5 | 214109.42 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR BLADDER PROCEDURES W CC | 654 | MS-DRG | | | | inpatient | | | | 48894.23 | United | Oxford | 47764.04 | | | | 33333.29 | 112078.81 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR BLADDER PROCEDURES W/O CC/MCC | 655 | MS-DRG | | | | inpatient | | | | 38571.21 | United | Oxford | 35158.3 | | | | 24536.07 | 81025.34 | case rate | For One Day Stay, Rate = $6,649/case |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC | 656 | MS-DRG | | | | inpatient | | | | 54935.86 | United | Oxford | 55141.65 | | | | 38481.93 | 125759.69 | case rate | For One Day Stay, Rate = $6,649/case |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC | 657 | MS-DRG | | | | inpatient | | | | 35117.27 | United | Oxford | 30940.59 | | | | 21592.64 | 75962.23 | case rate | For One Day Stay, Rate = $6,649/case |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC | 658 | MS-DRG | | | | inpatient | | | | 30625.21 | United | Oxford | 25455.2 | | | | 17764.53 | 61100.56 | case rate | For One Day Stay, Rate = $6,649/case |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC | 659 | MS-DRG | | | | inpatient | | | | 45598.3 | United | Oxford | 43739.28 | | | | 30524.51 | 106375.99 | case rate | For One Day Stay, Rate = $6,649/case |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC | 660 | MS-DRG | | | | inpatient | | | | 28352.15 | United | Oxford | 22679.5 | | | | 15827.44 | 56466.53 | case rate | For One Day Stay, Rate = $6,649/case |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC | 661 | MS-DRG | | | | inpatient | | | | 24008.39 | United | Oxford | 17375.21 | | | | 12125.71 | 41846.71 | case rate | For One Day Stay, Rate = $6,649/case |
| MINOR BLADDER PROCEDURES W MCC | 662 | MS-DRG | | | | inpatient | | | | 53017.62 | United | Oxford | 52799.23 | | | | 36847.22 | 123991.55 | case rate | For One Day Stay, Rate = $6,649/case |
| MINOR BLADDER PROCEDURES W CC | 663 | MS-DRG | | | | inpatient | | | | 30949.53 | United | Oxford | 25951.25 | | | | 18940.92 | 63983.18 | case rate | For One Day Stay, Rate = $6,649/case |
| MINOR BLADDER PROCEDURES W/O CC/MCC | 664 | MS-DRG | | | | inpatient | | | | 24745.74 | United | Oxford | 18275.62 | | | | 12754.08 | 46250.6 | case rate | For One Day Stay, Rate = $6,649/case |
| PROSTATECTOMY W MCC | 665 | MS-DRG | | | | inpatient | | | | 57369.7 | United | Oxford | 58113.68 | | | | 40556.04 | 123995.45 | case rate | For One Day Stay, Rate = $6,649/case |
| PROSTATECTOMY W CC | 666 | MS-DRG | | | | inpatient | | | | 32611.36 | United | Oxford | 27880.55 | | | | 19457.12 | 69397.35 | case rate | For One Day Stay, Rate = $6,649/case |
| PROSTATECTOMY W/O CC/MCC | 667 | MS-DRG | | | | inpatient | | | | 24025.02 | United | Oxford | 17395.52 | | | | 12139.88 | 42143.16 | case rate | For One Day Stay, Rate = $6,649/case |
| TRANSURETHRAL PROCEDURES W MCC | 668 | MS-DRG | | | | inpatient | | | | 50199.86 | United | Oxford | 49358.38 | | | | 34445.94 | 109789.1 | case rate | For One Day Stay, Rate = $6,649/case |
| TRANSURETHRAL PROCEDURES W CC | 669 | MS-DRG | | | | inpatient | | | | 31228.12 | United | Oxford | 26191.44 | | | | 18278.33 | 61728.58 | case rate | For One Day Stay, Rate = $6,649/case |
| TRANSURETHRAL PROCEDURES W/O CC/MCC | 670 | MS-DRG | | | | inpatient | | | | 23025.7 | United | Oxford | 16175.22 | | | | 11288.27 | 37563.24 | case rate | For One Day Stay, Rate = $6,649/case |
| URETHRAL PROCEDURES W CC/MCC | 671 | MS-DRG | | | | inpatient | | | | 33670.28 | United | Oxford | 29173.62 | | | | 20359.52 | 65668.28 | case rate | For One Day Stay, Rate = $6,649/case |
| URETHRAL PROCEDURES W/O CC/MCC | 672 | MS-DRG | | | | inpatient | | | | 24948.1 | United | Oxford | 18522.72 | | | | 12926.53 | 41226.5 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC | 673 | MS-DRG | | | | inpatient | | | | 67847.95 | United | Oxford | 70908.98 | | | | 49485.54 | 139539.74 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W CC | 674 | MS-DRG | | | | inpatient | | | | 41774.29 | United | Oxford | 39089.67 | | | | 27265.71 | 90188.08 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC | 675 | MS-DRG | | | | inpatient | | | | 31474.83 | United | Oxford | 26492.7 | | | | 18488.57 | 63398.08 | case rate | For One Day Stay, Rate = $6,649/case |
| RENAL FAILURE W MCC | 682 | MS-DRG | | | | inpatient | | | | 30596.1 | United | Oxford | 25419.66 | | | | 17739.72 | 59758.72 | case rate | For One Day Stay, Rate = $6,649/case |
| RENAL FAILURE W CC | 683 | MS-DRG | | | | inpatient | | | | 22099.85 | United | Oxford | 15044.63 | | | | 10499.26 | 35847.43 | case rate | For One Day Stay, Rate = $6,649/case |
| RENAL FAILURE W/O CC/MCC | 684 | MS-DRG | | | | inpatient | | | | 18198.22 | United | Oxford | 10280.25 | | | | 7174.32 | 24176.54 | case rate | For One Day Stay, Rate = $6,649/case |
| KIDNEY & URINARY TRACT NEOPLASMS W MCC | 686 | MS-DRG | | | | inpatient | | | | 35915.62 | United | Oxford | 31915.47 | | | | 22272.98 | 66998.42 | case rate | For One Day Stay, Rate = $6,649/case |
| KIDNEY & URINARY TRACT NEOPLASMS W CC | 687 | MS-DRG | | | | inpatient | | | | 24370.13 | United | Oxford | 17816.95 | | | | 12433.99 | 41101.68 | case rate | For One Day Stay, Rate = $6,649/case |
| KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC | 688 | MS-DRG | | | | inpatient | | | | 19817.09 | United | Oxford | 12257.09 | | | | 8553.9 | 30850.64 | case rate | For One Day Stay, Rate = $6,649/case |
| KIDNEY & URINARY TRACT INFECTIONS W MCC | 689 | MS-DRG | | | | inpatient | | | | 26000.08 | United | Oxford | 19807.33 | | | | 13823.02 | 43380.18 | case rate | For One Day Stay, Rate = $6,649/case |
| KIDNEY & URINARY TRACT INFECTIONS W/O MCC | 690 | MS-DRG | | | | inpatient | | | | 20903.72 | United | Oxford | 13584.01 | | | | 9479.93 | 30975.46 | case rate | For One Day Stay, Rate = $6,649/case |
| URINARY STONES W MCC | 693 | MS-DRG | | | | inpatient | | | | 30159.51 | United | Oxford | 24886.52 | | | | 17367.66 | 51629.67 | case rate | For One Day Stay, Rate = $6,649/case |
| URINARY STONES W/O MCC | 694 | MS-DRG | | | | inpatient | | | | 20609.88 | United | Oxford | 13225.2 | | | | 9229.52 | 27386.81 | case rate | For One Day Stay, Rate = $6,649/case |
| KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC | 695 | MS-DRG | | | | inpatient | | | | 25411.03 | United | Oxford | 19088.02 | | | | 13321.03 | 44807.34 | case rate | For One Day Stay, Rate = $6,649/case |
| KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC | 696 | MS-DRG | | | | inpatient | | | | 19368.02 | United | Oxford | 11708.72 | | | | 8171.21 | 26860.22 | case rate | For One Day Stay, Rate = $6,649/case |
| URETHRAL STRICTURE | 697 | MS-DRG | | | | inpatient | | | | 23262.71 | United | Oxford | 16464.64 | | | | 11490.25 | 37446.72 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC | 698 | MS-DRG | | | | inpatient | | | | 33077.06 | United | Oxford | 28449.23 | | | | 19853.98 | 63000.21 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC | 699 | MS-DRG | | | | inpatient | | | | 23915.52 | United | Oxford | 17261.81 | | | | 12046.57 | 40095.3 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC | 700 | MS-DRG | | | | inpatient | | | | 19401.28 | United | Oxford | 11749.34 | | | | 8199.56 | 29633.62 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR MALE PELVIC PROCEDURES W CC/MCC | 707 | MS-DRG | | | | inpatient | | | | 36676.54 | United | Oxford | 32844.66 | | | | 22921.44 | 69877.14 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR MALE PELVIC PROCEDURES W/O CC/MCC | 708 | MS-DRG | | | | inpatient | | | | 30327.21 | United | Oxford | 25091.31 | | | | 17510.58 | 54863.35 | case rate | For One Day Stay, Rate = $6,649/case |
| PENIS PROCEDURES W CC/MCC | 709 | MS-DRG | | | | inpatient | | | | 40924.66 | United | Oxford | 38032.17 | | | | 26541.67 | 79254.42 | case rate | For One Day Stay, Rate = $6,649/case |
| PENIS PROCEDURES W/O CC/MCC | 710 | MS-DRG | | | | inpatient | | | | 30589.17 | United | Oxford | 25411.2 | | | | 17733.82 | 65122.19 | case rate | For One Day Stay, Rate = $6,649/case |
| TESTES PROCEDURES W CC/MCC | 711 | MS-DRG | | | | inpatient | | | | 36219.15 | United | Oxford | 32286.13 | | | | 22531.66 | 81271.08 | case rate | For One Day Stay, Rate = $6,649/case |
| TESTES PROCEDURES W/O CC/MCC | 712 | MS-DRG | | | | inpatient | | | | 22061.04 | United | Oxford | 14997.24 | | | | 10466.19 | 42002.74 | case rate | For One Day Stay, Rate = $6,649/case |
| TRANSURETHRAL PROSTATECTOMY W CC/MCC | 713 | MS-DRG | | | | inpatient | | | | 29821.32 | United | Oxford | 24473.55 | | | | 17079.46 | 57082.84 | case rate | For One Day Stay, Rate = $6,649/case |
| TRANSURETHRAL PROSTATECTOMY W/O CC/MCC | 714 | MS-DRG | | | | inpatient | | | | 22803.94 | United | Oxford | 15904.42 | | | | 11099.29 | 35515.87 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC | 715 | MS-DRG | | | | inpatient | | | | 41079.9 | United | Oxford | 38221.73 | | | | 26673.96 | 86201.57 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC | 716 | MS-DRG | | | | inpatient | | | | 29451.26 | United | Oxford | 24021.65 | | | | 16784.09 | 57067.24 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC | 717 | MS-DRG | | | | inpatient | | | | 35497.04 | United | Oxford | 31404.34 | | | | 21916.28 | 76231.38 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC | 718 | MS-DRG | | | | inpatient | | | | 26853.87 | United | Oxford | 20849.91 | | | | 14550.61 | 48080.03 | case rate | For One Day Stay, Rate = $6,649/case |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC | 722 | MS-DRG | | | | inpatient | | | | 33742.35 | United | Oxford | 29281.63 | | | | 20420.94 | 64739.92 | case rate | For One Day Stay, Rate = $6,649/case |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC | 723 | MS-DRG | | | | inpatient | | | | 25343.12 | United | Oxford | 19005.08 | | | | 13263.16 | 42966.21 | case rate | For One Day Stay, Rate = $6,649/case |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC | 724 | MS-DRG | | | | inpatient | | | | 18884.3 | United | Oxford | 11118.03 | | | | 7758.99 | 26883.62 | case rate | For One Day Stay, Rate = $6,649/case |
| BENIGN PROSTATIC HYPERTROPHY W MCC | 725 | MS-DRG | | | | inpatient | | | | 27279.37 | United | Oxford | 21369.51 | | | | 14913.23 | 47386.2 | case rate | For One Day Stay, Rate = $6,649/case |
| BENIGN PROSTATIC HYPERTROPHY W/O MCC | 726 | MS-DRG | | | | inpatient | | | | 20097.06 | United | Oxford | 12598.97 | | | | 8762.5 | 29820.85 | case rate | For One Day Stay, Rate = $6,649/case |
| INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC | 727 | MS-DRG | | | | inpatient | | | | 30145.65 | United | Oxford | 24869.6 | | | | 17355.85 | 56092.07 | case rate | For One Day Stay, Rate = $6,649/case |
| INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC | 728 | MS-DRG | | | | inpatient | | | | 21104.69 | United | Oxford | 13829.42 | | | | 9651.19 | 30870.14 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC | 729 | MS-DRG | | | | inpatient | | | | 25038.19 | United | Oxford | 18632.73 | | | | 13003.3 | 42205.57 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC | 730 | MS-DRG | | | | inpatient | | | | 18191.29 | United | Oxford | 10271.78 | | | | 7168.41 | 22717.58 | case rate | For One Day Stay, Rate = $6,649/case |
| PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC | 734 | MS-DRG | | | | inpatient | | | | 38924.65 | United | Oxford | 35589.89 | | | | 24837.26 | 89946.24 | case rate | For One Day Stay, Rate = $6,649/case |
| PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC | 735 | MS-DRG | | | | inpatient | | | | 26604.39 | United | Oxford | 20545.26 | | | | 14338 | 53244.56 | case rate | For One Day Stay, Rate = $6,649/case |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC | 736 | MS-DRG | | | | inpatient | | | | 64355.2 | United | Oxford | 66643.88 | | | | 46509.04 | 157221.61 | case rate | For One Day Stay, Rate = $6,649/case |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC | 737 | MS-DRG | | | | inpatient | | | | 37477.65 | United | Oxford | 33822.92 | | | | 23604.14 | 79238.82 | case rate | For One Day Stay, Rate = $6,649/case |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC | 738 | MS-DRG | | | | inpatient | | | | 30804 | United | Oxford | 25673.53 | | | | 17916.89 | 54309.45 | case rate | For One Day Stay, Rate = $6,649/case |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC | 739 | MS-DRG | | | | inpatient | | | | 64955.34 | United | Oxford | 67376.73 | | | | 47020.48 | 140335.48 | case rate | For One Day Stay, Rate = $6,649/case |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC | 740 | MS-DRG | | | | inpatient | | | | 34581.44 | United | Oxford | 30774.73 | | | | 21476.89 | 67985.3 | case rate | For One Day Stay, Rate = $6,649/case |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC | 741 | MS-DRG | | | | inpatient | | | | 28817.85 | United | Oxford | 23248.18 | | | | 16224.3 | 51793.49 | case rate | For One Day Stay, Rate = $6,649/case |
| UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC | 742 | MS-DRG | | | | inpatient | | | | 35097.87 | United | Oxford | 30916.9 | | | | 21576.1 | 66858 | case rate | For One Day Stay, Rate = $6,649/case |
| UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC | 743 | MS-DRG | | | | inpatient | | | | 26363.71 | United | Oxford | 20288 | | | | 14158.47 | 43516.21 | case rate | For One Day Stay, Rate = $6,649/case |
| D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC | 744 | MS-DRG | | | | inpatient | | | | 36882.26 | United | Oxford | 33071.45 | | | | 23079.71 | 65933.53 | case rate | For One Day Stay, Rate = $6,649/case |
| D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC | 745 | MS-DRG | | | | inpatient | | | | 23983.44 | United | Oxford | 17344.74 | | | | 12104.45 | 41714.09 | case rate | For One Day Stay, Rate = $6,649/case |
| VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC | 746 | MS-DRG | | | | inpatient | | | | 32989.74 | United | Oxford | 28342.61 | | | | 19779.57 | 65442.04 | case rate | For One Day Stay, Rate = $6,649/case |
| VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC | 747 | MS-DRG | | | | inpatient | | | | 23018.77 | United | Oxford | 16166.76 | | | | 11282.36 | 37376.51 | case rate | For One Day Stay, Rate = $6,649/case |
| FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 748 

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
| ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 770 | MS-DRG | | | | inpatient | | | | 24693.08 | United | Oxford | 18211.3 | | | | 12709.2 | 41655.68 | case rate | For One Day Stay, Rate = $6,649/case |
| POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE | 776 | MS-DRG | | | | inpatient | | | | 19668.78 | United | Oxford | 12075.99 | | | | 8427.52 | 25705.61 | case rate | For One Day Stay, Rate = $6,649/case |
| ABORTION W/O D&C | 779 | MS-DRG | | | | inpatient | | | | 22736.03 | United | Oxford | 15821.49 | | | | 11041.41 | 29422.98 | case rate | For One Day Stay, Rate = $6,649/case |
| CESAREAN SECTION W STERILIZATION W MCC | 783 | MS-DRG | | | | inpatient | | | | 35311.31 | United | Oxford | 9914 | | | | 8487 | 68086.72 | case rate | For One Day Stay, Rate = $6,649/case |
| CESAREAN SECTION W STERILIZATION W CC | 784 | MS-DRG | | | | inpatient | | | | 24790.1 | United | Oxford | 9914 | | | | 8487 | 42989.61 | case rate | For One Day Stay, Rate = $6,649/case |
| CESAREAN SECTION W STERILIZATION W/O CC/MCC | 785 | MS-DRG | | | | inpatient | | | | 21886.4 | United | Oxford | 9914 | | | | 8487 | 32980.42 | case rate | For One Day Stay, Rate = $6,649/case |
| CESAREAN SECTION W/O STERILIZATION W MCC | 786 | MS-DRG | | | | inpatient | | | | 32176.15 | United | Oxford | 9914 | | | | 8487 | 60648.08 | case rate | For One Day Stay, Rate = $6,649/case |
| CESAREAN SECTION W/O STERILIZATION W CC | 787 | MS-DRG | | | | inpatient | | | | 24496.26 | United | Oxford | 9914 | | | | 8487 | 42170.47 | case rate | For One Day Stay, Rate = $6,649/case |
| CESAREAN SECTION W/O STERILIZATION W/O CC/MCC | 788 | MS-DRG | | | | inpatient | | | | 22318.84 | United | Oxford | 9914 | | | | 8487 | 35133.6 | case rate | For One Day Stay, Rate = $6,649/case |
| NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY | 789 | MS-DRG | | | | inpatient | | | | 34763.84 | United | Oxford | 30509.01 | | | | 637 | 64895.95 | case rate | For One Day Stay, Rate = $6,649/case |
| EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE | 790 | MS-DRG | | | | inpatient | | | | 92175.23 | United | Oxford | 100615.74 | | | | 637 | 214004.1 | case rate | For One Day Stay, Rate = $6,649/case |
| PREMATURITY W MAJOR PROBLEMS | 791 | MS-DRG | | | | inpatient | | | | 66050.29 | United | Oxford | 68713.81 | | | | 637 | 146159.23 | case rate | For One Day Stay, Rate = $6,649/case |
| PREMATURITY W/O MAJOR PROBLEMS | 792 | MS-DRG | | | | inpatient | | | | 43732.72 | United | Oxford | 41481.17 | | | | 637 | 88187.03 | case rate | For One Day Stay, Rate = $6,649/case |
| FULL TERM NEONATE W MAJOR PROBLEMS | 793 | MS-DRG | | | | inpatient | | | | 67583.22 | United | Oxford | 70585.71 | | | | 637 | 150134.04 | case rate | For One Day Stay, Rate = $6,649/case |
| NEONATE W OTHER SIGNIFICANT PROBLEMS | 794 | MS-DRG | | | | inpatient | | | | 30239.9 | United | Oxford | 24984.69 | | | | 637 | 53139.24 | case rate | For One Day Stay, Rate = $6,649/case |
| NORMAL NEWBORN | 795 | MS-DRG | | | | inpatient | | | | 12548.84 | United | Oxford | 3381.62 | | | | 637 | 10912.03 | case rate | For One Day Stay, Rate = $6,649/case |
| VAGINAL DELIVERY W STERILIZATION/D&C W MCC | 796 | MS-DRG | | | | inpatient | | | | 24485.17 | United | Oxford | 8760 | | | | 6365 | 57270.08 | case rate | For One Day Stay, Rate = $6,649/case |
| VAGINAL DELIVERY W STERILIZATION/D&C W CC | 797 | MS-DRG | | | | inpatient | | | | 23198.95 | United | Oxford | 8760 | | | | 6365 | 33035.03 | case rate | For One Day Stay, Rate = $6,649/case |
| VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC | 798 | MS-DRG | | | | inpatient | | | | 23198.95 | United | Oxford | 8760 | | | | 6365 | 33035.03 | case rate | For One Day Stay, Rate = $6,649/case |
| SPLENECTOMY W MCC | 799 | MS-DRG | | | | inpatient | | | | 75681.69 | United | Oxford | 80474.99 | | | | 56161.42 | 180395.31 | case rate | For One Day Stay, Rate = $6,649/case |
| SPLENECTOMY W CC | 800 | MS-DRG | | | | inpatient | | | | 50165.21 | United | Oxford | 49316.07 | | | | 34416.41 | 102463.59 | case rate | For One Day Stay, Rate = $6,649/case |
| SPLENECTOMY W/O CC/MCC | 801 | MS-DRG | | | | inpatient | | | | 32533.75 | United | Oxford | 27785.77 | | | | 5977 | 60706.59 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC | 802 | MS-DRG | | | | inpatient | | | | 59465.35 | United | Oxford | 60672.74 | | | | 8199 | 130564.23 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC | 803 | MS-DRG | | | | inpatient | | | | 34460.6 | United | Oxford | 30126.5 | | | | 13379 | 67713.95 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC | 804 | MS-DRG | | | | inpatient | | | | 25103.34 | United | Oxford | 18712.28 | | | | 13058.82 | 47998.11 | case rate | For One Day Stay, Rate = $6,649/case |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC | 805 | MS-DRG | | | | inpatient | | | | 23611.99 | United | Oxford | 8760 | | | | 6365 | 39911.96 | case rate | For One Day Stay, Rate = $6,649/case |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W CC | 806 | MS-DRG | | | | inpatient | | | | 19808.77 | United | Oxford | 8760 | | | | 6365 | 27593.55 | case rate | For One Day Stay, Rate = $6,649/case |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC | 807 | MS-DRG | | | | inpatient | | | | 18612.64 | United | Oxford | 8760 | | | | 6365 | 23893.3 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC | 808 | MS-DRG | | | | inpatient | | | | 41523.42 | United | Oxford | 38763.33 | | | | 27051.92 | 83833.84 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC | 809 | MS-DRG | | | | inpatient | | | | 26945.35 | United | Oxford | 20961.61 | | | | 14628.57 | 46963.93 | case rate | For One Day Stay, Rate = $6,649/case |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC | 810 | MS-DRG | | | | inpatient | | | | 22971.65 | United | Oxford | 16109.22 | | | | 11242.2 | 35984.45 | case rate | For One Day Stay, Rate = $6,649/case |
| RED BLOOD CELL DISORDERS W MCC | 811 | MS-DRG | | | | inpatient | | | | 29279.39 | United | Oxford | 23811.78 | | | | 16617.63 | 52893.49 | case rate | For One Day Stay, Rate = $6,649/case |
| RED BLOOD CELL DISORDERS W/O MCC | 812 | MS-DRG | | | | inpatient | | | | 22571.09 | United | Oxford | 15620.08 | | | | 10900.85 | 34450.98 | case rate | For One Day Stay, Rate = $6,649/case |
| COAGULATION DISORDERS | 813 | MS-DRG | | | | inpatient | | | | 31235.05 | United | Oxford | 26199.9 | | | | 18284.23 | 62859.78 | case rate | For One Day Stay, Rate = $6,649/case |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC | 814 | MS-DRG | | | | inpatient | | | | 38754.17 | United | Oxford | 35381.71 | | | | 24691.98 | 64868.64 | case rate | For One Day Stay, Rate = $6,649/case |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC | 815 | MS-DRG | | | | inpatient | | | | 23862.85 | United | Oxford | 17197.49 | | | | 12001.69 | 38137.14 | case rate | For One Day Stay, Rate = $6,649/case |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC | 816 | MS-DRG | | | | inpatient | | | | 18918.95 | United | Oxford | 11160.35 | | | | 7788.52 | 28147.45 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC | 817 | MS-DRG | | | | inpatient | | | | 40076.42 | United | Oxford | 36996.36 | | | | 25818.8 | 98754.02 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC | 818 | MS-DRG | | | | inpatient | | | | 23492.79 | United | Oxford | 16745.6 | | | | 11686.32 | 52991.01 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC | 819 | MS-DRG | | | | inpatient | | | | 19140.71 | United | Oxford | 11431.15 | | | | 7977.5 | 32726.87 | case rate | For One Day Stay, Rate = $6,649/case |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC | 820 | MS-DRG | | | | inpatient | | | | 90477.37 | United | Oxford | 98542.43 | | | | 68770.21 | 212342.41 | case rate | For One Day Stay, Rate = $6,649/case |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC | 821 | MS-DRG | | | | inpatient | | | | 40720.92 | United | Oxford | 37783.37 | | | | 6969 | 93394.46 | case rate | For One Day Stay, Rate = $6,649/case |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC | 822 | MS-DRG | | | | inpatient | | | | 25631.41 | United | Oxford | 19357.12 | | | | 8721 | 47190.67 | case rate | For One Day Stay, Rate = $6,649/case |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC | 823 | MS-DRG | | | | inpatient | | | | 74638.02 | United | Oxford | 79200.54 | | | | 12547 | 176491.07 | case rate | For One Day Stay, Rate = $6,649/case |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC | 824 | MS-DRG | | | | inpatient | | | | 40263.54 | United | Oxford | 37224.85 | | | | 22652 | 85596.96 | case rate | For One Day Stay, Rate = $6,649/case |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC | 825 | MS-DRG | | | | inpatient | | | | 26839.62 | United | Oxford | 20931.29 | | | | 14537.62 | 53010.51 | case rate | For One Day Stay, Rate = $6,649/case |
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC | 826 | MS-DRG | | | | inpatient | | | | 75968.59 | United | Oxford | 80825.34 | | | | 56405.91 | 193002.74 | case rate | For One Day Stay, Rate = $6,649/case |
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC | 827 | MS-DRG | | | | inpatient | | | | 42488.08 | United | Oxford | 39941.31 | | | | 27874.01 | 87832.06 | case rate | For One Day Stay, Rate = $6,649/case |
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC | 828 | MS-DRG | | | | inpatient | | | | 31995.97 | United | Oxford | 27129.08 | | | | 18932.69 | 63792.05 | case rate | For One Day Stay, Rate = $6,649/case |
| MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC | 829 | MS-DRG | | | | inpatient | | | | 52521.43 | United | Oxford | 52193.32 | | | | 36424.37 | 121300.07 | case rate | For One Day Stay, Rate = $6,649/case |
| MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC | 830 | MS-DRG | | | | inpatient | | | | 30050.01 | United | Oxford | 24752.81 | | | | 17274.35 | 55343.13 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC | 831 | MS-DRG | | | | inpatient | | | | 25732.58 | United | Oxford | 19480.68 | | | | 13595.06 | 40103.1 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC | 832 | MS-DRG | | | | inpatient | | | | 20138.64 | United | Oxford | 12649.75 | | | | 8827.93 | 28038.23 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC | 833 | MS-DRG | | | | inpatient | | | | 16984.08 | United | Oxford | 8797.62 | | | | 6139.63 | 18735.08 | case rate | For One Day Stay, Rate = $6,649/case |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC | 834 | MS-DRG | | | | inpatient | | | | 86388.63 | United | Oxford | 93549.55 | | | | 65285.81 | 214842.75 | case rate | For One Day Stay, Rate = $6,649/case |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC | 835 | MS-DRG | | | | inpatient | | | | 39383.42 | United | Oxford | 36150.11 | | | | 25228.23 | 83318.95 | case rate | For One Day Stay, Rate = $6,649/case |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC | 836 | MS-DRG | | | | inpatient | | | | 28996.4 | United | Oxford | 21027.62 | | | | 14674.63 | 47299.89 | case rate | For One Day Stay, Rate = $6,649/case |
| CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC | 837 | MS-DRG | | | | inpatient | | | | 79179.98 | United | Oxford | 84746.86 | | | | 59142.64 | 209627.52 | case rate | For One Day Stay, Rate = $6,649/case |
| CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT | 838 | MS-DRG | | | | inpatient | | | | 37890.68 | United | Oxford | 34327.29 | | | | 23956.12 | 91767.87 | case rate | For One Day Stay, Rate = $6,649/case |
| CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC | 839 | MS-DRG | | | | inpatient | | | | 28773.5 | United | Oxford | 23194.02 | | | | 16186.51 | 48988.89 | case rate | For One Day Stay, Rate = $6,649/case |
| LYMPHOMA & NON-ACUTE LEUKEMIA W MCC | 840 | MS-DRG | | | | inpatient | | | | 53979.51 | United | Oxford | 53973.83 | | | | 37668.54 | 128446.15 | case rate | For One Day Stay, Rate = $6,649/case |
| LYMPHOMA & NON-ACUTE LEUKEMIA W CC | 841 | MS-DRG | | | | inpatient | | | | 31512.26 | United | Oxford | 26538.4 | | | | 18520.46 | 63768.64 | case rate | For One Day Stay, Rate = $6,649/case |
| LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC | 842 | MS-DRG | | | | inpatient | | | | 24359.05 | United | Oxford | 17803.41 | | | | 12424.54 | 43730.75 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC | 843 | MS-DRG | | | | inpatient | | | | 36020.95 | United | Oxford | 32044.1 | | | | 22362.75 | 72006.92 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC | 844 | MS-DRG | | | | inpatient | | | | 26345.2 | United | Oxford | 20228.76 | | | | 14117.13 | 45981.45 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC | 845 | MS-DRG | | | | inpatient | | | | 21377.73 | United | Oxford | 14162.84 | | | | 9883.88 | 33787.86 | case rate | For One Day Stay, Rate = $6,649/case |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC | 846 | MS-DRG | | | | inpatient | | | | 45175.56 | United | Oxford | 43223.07 | | | | 30164.26 | 109917.83 | case rate | For One Day Stay, Rate = $6,649/case |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC | 847 | MS-DRG | | | | inpatient | | | | 27391.64 | United | Oxford | 21508.6 | | | | 15008.9 | 51742.79 | case rate | For One Day Stay, Rate = $6,649/case |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC | 848 | MS-DRG | | | | inpatient | | | | 21129.64 | United | Oxford | 13859.88 | | | | 9672.45 | 36377.93 | case rate | For One Day Stay, Rate = $6,649/case |
| RADIOTHERAPY | 849 | MS-DRG | | | | inpatient | | | | 46801.35 | United | Oxford | 45208.37 | | | | 31549.75 | 76851.59 | case rate | For One Day Stay, Rate = $6,649/case |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC | 853 | MS-DRG | | | | inpatient | | | | 79098.21 | United | Oxford | 84647 | | | | 59072.95 | 197262.3 | case rate | For One Day Stay, Rate = $6,649/case |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC | 854 | MS-DRG | | | | inpatient | | | | 37473.49 | United | Oxford | 33817.84 | | | | 23600.6 | 85924.62 | case rate | For One Day Stay, Rate = $6,649/case |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC | 855 | MS-DRG | | | | inpatient | | | | 32310.6 | United | Oxford | 27513.28 | | | | 19200.81 | 60850.92 | case rate | For One Day Stay, Rate = $6,649/case |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC | 856 | MS-DRG | | | | inpatient | | | | 72310.91 | United | Oxford | 76358.83 | | | | 53288.85 | 175075.12 | case rate | For One Day Stay, Rate = $6,649/case |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC | 857 | MS-DRG | | | | inpatient | | | | 39979.4 | United | Oxford | 36877.88 | | | | 25736.12 | 80225.7 | case rate | For One Day Stay, Rate = $6,649/case |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC | 858 | MS-DRG | | | | inpatient | | | | 27636.97 | United | Oxford | 21806.17 | | | | 15217.96 | 53833.56 | case rate | For One Day Stay, Rate = $6,649/case |
| POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC | 862 | MS-DRG | | | | inpatient | | | | 35264.19 | United | Oxford | 31120 | | | | 21717.84 | 71293.09 | case rate | For One Day Stay, Rate = $6,649/case |
| POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC | 863 | MS-DRG | | | | inpatient | | | | 23638.32 | United | Oxford | 16923.31 | | | | 11810.34 | 38414.09 | case rate | For One Day Stay, Rate = $6,649/case |
| FEVER AND INFLAMMATORY CONDITIONS | 864 | MS-DRG | | | | inpatient | | | | 22225.97 | United | Oxford | 15198.65 | | | | 10606.74 | 33713.75 | case rate | For One Day Stay, Rate = $6,649/case |
| VIRAL ILLNESS W MCC | 865 | MS-DRG | | | | inpatient | | | | 29883.69 | United | Oxford | 24549.71 | | | | 17132.61 | 53915.48 | case rate | For One Day Stay, Rate = $6,649/case |
| VIRAL ILLNESS W/O MCC | 866 | MS-DRG | | | | inpatient | | | | 22043.02 | United | Oxford | 14975.24 | | | | 10450.83 | 32001.34 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC | 867 | MS-DRG | | | | inpatient | | | | 39499.84 | United | Oxford | 36292.28 | | | | 25327.44 | 83198.03 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC | 868 | MS-DRG | | | | inpatient | | | | 24334.1 | United | Oxford | 17772.94 | | | | 12403.26 | 42006.64 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC | 869 | MS-DRG | | | | inpatient | | | | 19753.33 | United | Oxford | 12179.23 | | | | 8499.57 | 29953.48 | case rate | For One Day Stay, Rate = $6,649/case |
| SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS | 870 | MS-DRG | | | | inpatient | | | | 106197.52 | United | Oxford | 117738.76 | | | | 82166.84 | 245560.77 | case rate | For One Day Stay, Rate = $6,649/case |
| SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC | 871 | MS-DRG | | | | inpatient | | | | 36974.53 | United | Oxford | 33208.54 | | | | 23175.38 | 72412.59 | case rate | For One Day Stay, Rate = $6,649/case |
| SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC | 872 | MS-DRG | | | | inpatient | | | | 24069.37 | United | Oxford | 17449.68 | | | | 12177.68 | 41070.47 | case rate | For One Day Stay, Rate = $6,649/case |
| O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS | 876 | MS-DRG | | | | inpatient | | | | 64244.32 | United | Oxford | 66508.48 | | | | 46414.55 | 128777.71 | case rate | For One Day Stay, Rate = $6,649/case |
| ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION | 880 | MS-DRG | | | | inpatient | | | | 23065.9 | United | Oxford | 16224.31 | | | | 2090 | 20057.3 | case rate | For One Day Stay, Rate = $6,649/case |
| DEPRESSIVE NEUROSES | 881 | MS-DRG | | | | inpatient | | | | 22449.12 | United | Oxford | 15471.14 | | | | 2090 | 19520.98 | case rate | For One Day Stay, Rate = $6,649/case |
| NEUROSES EXCEPT DEPRESSIVE | 882 | MS-DRG | | | | inpatient | | | | 23113.02 | United | Oxford | 16281.85 | | | | 2090 | 20098.28 | case rate | For One Day Stay, Rate = $6,649/case |
| DISORDERS OF PERSONALITY & IMPULSE CONTROL | 883 | MS-DRG | | | | inpatient | | | | 35474.86 | United | Oxford | 31377.26 | | | | 2090 | 32167.02 | case rate | For One Day Stay, Rate = $6,649/case |
| ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY | 884 | MS-DRG | | | | inpatient | | | | 32928.76 | United | Oxford | 28268.14 | | | | 2090 | 28979.64 | case rate | For One Day Stay, Rate = $6,649/case |
| PSYCHOSES | 885 | MS-DRG | | | | inpatient | | | | 29316.81 | United | Oxford | 23857.48 | | | | 2090 | 25492.88 | case rate | For One Day Stay, Rate = $6,649/case |
| BEHAVIORAL & DEVELOPMENTAL DISORDERS | 886 | MS-DRG | | | | inpatient | | | | 34679.29 | United | Oxford | 30405.76 | | | | 2090 | 31171.07 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER MENTAL DISORDER DIAGNOSES | 887 | MS-DRG | | | | inpatient | | | | 26264.81 | United | Oxford | 20130.6 | | | | 2090 | 22838.97 | case rate | For One Day Stay, Rate = $6,649/case |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA | 894 | MS-DRG | | | | inpatient | | | | 18429.69 | United | Oxford | 10562.89 | | | | 2090 | 94020.59 | case rate | For One Day Stay, Rate = $6,649/case |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY | 895 | MS-DRG | | | | inpatient | | | | 29229.49 | United | Oxford | 23750.85 | | | | 2090 | 25416.95 | case rate | For One Day Stay, Rate = $6,649/case |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC | 896 | MS-DRG | | | | inpatient | | | | 34461.69 | United | Oxford | 30140.04 | | | | 2090 | 30898.66 | case rate | For One Day Stay, Rate = $6,649/case |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC | 897 | MS-DRG | | | | inpatient | | | | 22006.98 | United | Oxford | 14931.24 | | | | 2090 | 19136.51 | case rate | For One Day Stay, Rate = $6,649/case |
| WOUND DEBRIDEMENTS FOR INJURIES W MCC | 901 | MS-DRG | | | | inpatient | | | | 71166.85 | United | Oxford | 74986.21 | | | | 13124 | 174162.35 | case rate | For One Day Stay, Rate = $6,649/case |
| WOUND DEBRIDEMENTS FOR INJURIES W CC | 902 | MS-DRG | | | | inpatient | | | | 36080.55 | United | Oxford | 32116.88 | | | | 22413.54 | 74909.04 | case rate | For One Day Stay, Rate = $6,649/case |
| WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC | 903 | MS-DRG | | | | inpatient | | | | 26676.46 | United | Oxford | 20633.27 | | | | 14399.42 | 56429.51 | case rate | For One Day Stay, Rate = $6,649/case |
| SKIN GRAFTS FOR INJURIES W CC/MCC | 904 | MS-DRG | | | | inpatient | | | | 63294.9 | United | Oxford | 65349.12 | | | | 45605.46 | 125836.58 | case rate | For One Day Stay, Rate = $6,649/case |
| SKIN GRAFTS FOR INJURIES W/O CC/MCC | 905 | MS-DRG | | | | inpatient | | | | 32623.84 | United | Oxford | 27895.79 | | | | 19467.75 | 69011.18 | case rate | For One Day Stay, Rate = $6,649/case |
| HAND PROCEDURES FOR INJURIES | 906 | MS-DRG | | | | inpatient | | | | 40029.3 | United | Oxford | 36938.81 | | | | 25778.64 | 71897.7 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER O.R. PROCEDURES FOR INJURIES W MCC | 907 | MS-DRG | | | | inpatient | | | | 64994.15 | United | Oxford | 67424.12 | | | | 47053.55 | 164457.41 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER O.R. PROCEDURES FOR INJURIES W CC | 908 | MS-DRG | | | | inpatient | | | | 37736.84 | United | Oxford | 34139.42 | | | | 23825.02 | 77733.15 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC | 909 | MS-DRG | | | | inpatient | | | | 27358.38 | United | Oxford | 21465.98 | | | | 14980.55 | 51699.88 | case rate | For One Day Stay, Rate = $6,649/case |
| TRAUMATIC INJURY W MCC | 913 | MS-DRG | | | | inpatient | | | | 32209.42 | United | Oxford | 27389.73 | | | | 19114.58 | 57414.4 | case rate | For One Day Stay, Rate = $6,649/case |
| TRAUMATIC INJURY W/O MCC | 914 | MS-DRG | | | | inpatient | | | | 22481 | United | Oxford | 15510.07 | | | | 10824.08 | 84762.6 | case rate | For One Day Stay, Rate = $6,649/case |
| ALLERGIC REACTIONS W MCC | 915 | MS-DRG | | | | inpatient | | | | 33867.09 | United | Oxford | 29413.96 | | | | 20527.24 | 65410.84 | case rate | For One Day Stay, Rate = $6,649/case |
| ALLERGIC REACTIONS W/O MCC | 916 | MS-DRG | | | | inpatient | | | | 16984.09 | United | Oxford | 11239.89 | | | | 7844.03 | 24781.15 | case rate | For One Day Stay, Rate = $6,649/case |
| POISONING & TOXIC EFFECTS OF DRUGS W MCC | 917 | MS-DRG | | | | inpatient | | | | 32506.03 | United | Oxford | 27751.92 | | | | 19367.35 | 57484.62 | case rate | For One Day Stay, Rate = $6,649/case |
| POISONING & TOXIC EFFECTS OF DRUGS W/O MCC | 918 | MS-DRG | | | | inpatient | | | | 22040.25 | United | Oxford | 14971.86 | | | | 10448.47 | 30374.75 | case rate | For One Day Stay, Rate = $6,649/case |
| COMPLICATIONS OF TREATMENT W MCC | 919 | MS-DRG | | | | inpatient | | | | 35054.9 | United | Oxford | 30864.43 | | | | 21539.49 | 71160.47 | case rate | For One Day Stay, Rate = $6,649/case |
| COMPLICATIONS OF TREATMENT W CC | 920 | MS-DRG | | | | inpatient | | | | 23860.08 | United | Oxford | 17194.11 | | | | 11998.32 | 39127.92 | case rate | For One Day Stay, Rate = $6,649/case |
| COMPLICATIONS OF TREATMENT W/O CC/MCC | 921 | MS-DRG | | | | inpatient | | | | 19311.19 | United | Oxford | 11639.32 | | | | 8122.78 | 27562.35 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC | 922 | MS-DRG | | | | inpatient | | | | 33194.87 | United | Oxford | 28593.1 | | | | 19954.38 | 60788.51 | case rate | For One Day Stay, Rate = $6,649/case |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC | 923 | MS-DRG | | | | inpatient | | | | 23915.52 | United | Oxford | 17261.81 | | | | 12046.57 | 37582.48 | case rate | For One Day Stay, Rate = $6,649/case |
| EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT | 927 | MS-DRG | | | | inpatient | | | | 288538.5 | United | Oxford | 340400.68 | | | | 237556.83 | 717124.19 | case rate | For One Day Stay, Rate = $6,649/case |
| FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC | 928 | MS-DRG | | | | inpatient | | | | 102349.95 | United | Oxford | 113040.38 | | | | 78887.96 | 229189.53 | case rate | For One Day Stay, Rate = $6,649/case |
| FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC | 929 | MS-DRG | | | | inpatient | | | | 53860.31 | United | Oxford | 53828.27 | | | | 37565.36 | 115936.61 | case rate | For One Day Stay, Rate = $6,649/case |
| EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT | 933 | MS-DRG | | | | inpatient | | | | 69750.94 | United | Oxford | 73232.78 | | | | 33316 | 111571.72 | case rate | For One Day Stay, Rate = $6,649/case |
| FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ | 934 | MS-DRG | | | | inpatient | | | | 39520.63 | United | Oxford | 36317.67 | | | | 25345.16 | 71519.33 | case rate | For One Day Stay, Rate = $6,649/case |
| NON-EXTENSIVE BURNS | 935 | MS-DRG | | | | inpatient | | | | 40221.96 | United | Oxford | 37174.07 | | | | 25942.82 | 71059.05 | case rate | For One Day Stay, Rate = $6,649/case |
| O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC | 939 | MS-DRG | | | | inpatient | | | | 53771.61 | United | Oxford | 53719.95 | | | | 37489.76 | 127852.25 | case rate | For One Day Stay, Rate = $6,649/case |
| O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC | 940 | MS-DRG | | | | inpatient | | | | 35543.84 | United | Oxford | 35735.45 | | | | 24938.84 | 84820.72 | case rate | For One Day Stay, Rate = $6,649/case |
| O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC | 941 | MS-DRG | | | | inpatient | | | | 36866.42 | United | Oxford | 33076.53 | | | | 23083.25 | 72217.56 | case rate | For One Day Stay, Rate = $6,649/case |
| REHABILITATION W CC/MCC | 945 | MS-DRG | | | | inpatient | | | | 30937.06 | United | Oxford | 25836.01 | | | | 18030.29 | 53240.65 | case rate | For One Day Stay, Rate = $6,649/case |
| REHABILITATION W/O CC/MCC | 946 | MS-DRG | | | | inpatient | | | | 25254.41 | United | Oxford | 18896.76 | | | | 13197.56 | 40672.6 | case rate | For One Day Stay, Rate = $6,649/case |
| SIGNS & SYMPTOMS W MCC | 947 | MS-DRG | | | | inpatient | | | | 27606.47 | United | Oxford | 21788.94 | | | | 15191.98 | 47026.84 | case rate | For One Day Stay, Rate = $6,649/case |
| SIGNS & SYMPTOMS W/O MCC | 948 | MS-DRG | | | | inpatient

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HIV W MAJOR RELATED CONDITION W/O CC/MCC | 976 | MS-DRG | | | | inpatient | | | | 23981.29 | United | Oxford | 16975.78 | | | | 11846.95 | 36611.97 | case rate | For One Day Stay, Rate = $6,649/case |
| HIV W OR W/O OTHER RELATED CONDITION | 977 | MS-DRG | | | | inpatient | | | | 29764.49 | United | Oxford | 24404.16 | | | | 17031.03 | 45634.29 | case rate | For One Day Stay, Rate = $6,649/case |
| EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC | 981 | MS-DRG | | | | inpatient | | | | 75669.21 | United | Oxford | 80459.76 | | | | 11302 | 170480.09 | case rate | For One Day Stay, Rate = $6,649/case |
| EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC | 982 | MS-DRG | | | | inpatient | | | | 43713.32 | United | Oxford | 41437.48 | | | | 14901 | 95680.27 | case rate | For One Day Stay, Rate = $6,649/case |
| EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC | 983 | MS-DRG | | | | inpatient | | | | 32901.04 | United | Oxford | 28234.29 | | | | 19703.98 | 61205.88 | case rate | For One Day Stay, Rate = $6,649/case |
| NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC | 987 | MS-DRG | | | | inpatient | | | | 58327.43 | United | Oxford | 59283.2 | | | | 41372.21 | 129994.73 | case rate | For One Day Stay, Rate = $6,649/case |
| NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC | 988 | MS-DRG | | | | inpatient | | | | 33563.55 | United | Oxford | 29043.3 | | | | 20268.57 | 66042.75 | case rate | For One Day Stay, Rate = $6,649/case |
| NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC | 989 | MS-DRG | | | | inpatient | | | | 25794.96 | United | Oxford | 19556.84 | | | | 13648.21 | 40594.58 | case rate | For One Day Stay, Rate = $6,649/case |
| HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC | 001 | MS-DRG | | | | inpatient | | | | 400195.63 | Wellcare | Medicare | 347996.2 | | | | 33270.44 | 1030198.27 | case rate | |
| HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC | 002 | MS-DRG | | | | inpatient | | | | 140127.09 | Wellcare | Medicare | 121849.65 | | | | 111081.44 | 523579.26 | case rate | |
| ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R. | 003 | MS-DRG | | | | inpatient | | | | 306824.15 | Wellcare | Medicare | 266803.61 | | | | 253139.77 | 713726.68 | case rate | |
| TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R. | 004 | MS-DRG | | | | inpatient | | | | 205623.09 | Wellcare | Medicare | 178802.69 | | | | 166896.78 | 445428.73 | case rate | |
| LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT | 005 | MS-DRG | | | | inpatient | | | | 157381.56 | Wellcare | Medicare | 136853.53 | | | | 125785.6 | 295704 | case rate | |
| LIVER TRANSPLANT W/O MCC | 006 | MS-DRG | | | | inpatient | | | | 76990.08 | Wellcare | Medicare | 66947.9 | | | | 57276.42 | 295704 | case rate | |
| LUNG TRANSPLANT | 007 | MS-DRG | | | | inpatient | | | | 190914.73 | Wellcare | Medicare | 166012.81 | | | | 154362.39 | 415463.56 | case rate | |
| SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT | 008 | MS-DRG | | | | inpatient | | | | 85163.89 | Wellcare | Medicare | 74081.64 | | | | 64267.66 | 204747.74 | case rate | |
| PANCREAS TRANSPLANT | 010 | MS-DRG | | | | inpatient | | | | 120286.33 | Wellcare | Medicare | 104596.81 | | | | 76104.35 | 176073.7 | case rate | |
| TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC | 011 | MS-DRG | | | | inpatient | | | | 84567.41 | Wellcare | Medicare | 73535.88 | | | | 63733.78 | 260411 | case rate | |
| TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC | 012 | MS-DRG | | | | inpatient | | | | 66657.36 | Wellcare | Medicare | 57962.92 | | | | 48470.93 | 260411 | case rate | |
| TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC | 013 | MS-DRG | | | | inpatient | | | | 46508.91 | Wellcare | Medicare | 40442.53 | | | | 31300.53 | 260411 | case rate | |
| ALLOGENEIC BONE MARROW TRANSPLANT | 014 | MS-DRG | | | | inpatient | | | | 191372.12 | Wellcare | Medicare | 166410.54 | | | | 154752.17 | 466145.35 | case rate | |
| AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY | 016 | MS-DRG | | | | inpatient | | | | 93437.89 | Wellcare | Medicare | 81250.34 | | | | 71293.15 | 250082.38 | case rate | |
| AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC | 017 | MS-DRG | | | | inpatient | | | | 93437.89 | Wellcare | Medicare | 81250.34 | | | | 71293.15 | 170893.57 | case rate | |
| CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY | 018 | MS-DRG | | | | inpatient | | | | 532483.55 | Wellcare | Medicare | 463029.18 | | | | 446445.49 | 654354.79 | case rate | |
| SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS | 019 | MS-DRG | | | | inpatient | | | | 119652.92 | Wellcare | Medicare | 104046.02 | | | | 93633.46 | 137546.58 | case rate | |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC | 020 | MS-DRG | | | | inpatient | | | | 121507.41 | Wellcare | Medicare | 105658.61 | | | | 95213.84 | 406659.68 | case rate | |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC | 021 | MS-DRG | | | | inpatient | | | | 83805.11 | Wellcare | Medicare | 72874 | | | | 63084.15 | 308373.74 | case rate | |
| INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC | 022 | MS-DRG | | | | inpatient | | | | 48061.24 | Wellcare | Medicare | 41792.38 | | | | 32623.42 | 201178.6 | case rate | |
| CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL | 023 | MS-DRG | | | | inpatient | | | | 88852.96 | Wellcare | Medicare | 77263.44 | | | | 67385.9 | 212982.12 | case rate | |
| CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC | 024 | MS-DRG | | | | inpatient | | | | 62471.61 | Wellcare | Medicare | 54323.14 | | | | 44903.86 | 313612.23 | case rate | |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC | 025 | MS-DRG | | | | inpatient | | | | 71766.2 | Wellcare | Medicare | 62405.4 | | | | 52824.66 | 166882.44 | case rate | |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC | 026 | MS-DRG | | | | inpatient | | | | 52172.15 | Wellcare | Medicare | 45367.09 | | | | 36126.72 | 117633.41 | case rate | |
| CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC | 027 | MS-DRG | | | | inpatient | | | | 43983.59 | Wellcare | Medicare | 38246.6 | | | | 29148.47 | 93839.14 | case rate | |
| SPINAL PROCEDURES W MCC | 028 | MS-DRG | | | | inpatient | | | | 94042.19 | Wellcare | Medicare | 81775.82 | | | | 71808.14 | 209654.82 | case rate | |
| SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS | 029 | MS-DRG | | | | inpatient | | | | 58303.85 | Wellcare | Medicare | 48569.87 | | | | 39647.73 | 123094.39 | case rate | |
| SPINAL PROCEDURES W/O CC/MCC | 030 | MS-DRG | | | | inpatient | | | | 40623.9 | Wellcare | Medicare | 35325.13 | | | | 26285.36 | 84867.53 | case rate | |
| VENTRICULAR SHUNT PROCEDURES W MCC | 031 | MS-DRG | | | | inpatient | | | | 67861.81 | Wellcare | Medicare | 59010.27 | | | | 49497.36 | 163162.38 | case rate | |
| VENTRICULAR SHUNT PROCEDURES W CC | 032 | MS-DRG | | | | inpatient | | | | 39379.26 | Wellcare | Medicare | 34242.83 | | | | 25224.68 | 103005.11 | case rate | |
| VENTRICULAR SHUNT PROCEDURES W/O CC/MCC | 033 | MS-DRG | | | | inpatient | | | | 31893.41 | Wellcare | Medicare | 27733.4 | | | | 18845.28 | 169398.47 | case rate | |
| CAROTID ARTERY STENT PROCEDURE W MCC | 034 | MS-DRG | | | | inpatient | | | | 63677.44 | Wellcare | Medicare | 55371.68 | | | | 45931.46 | 279134.99 | case rate | |
| CAROTID ARTERY STENT PROCEDURE W CC | 035 | MS-DRG | | | | inpatient | | | | 41308.59 | Wellcare | Medicare | 35920.51 | | | | 26868.85 | 86607.24 | case rate | |
| CAROTID ARTERY STENT PROCEDURE W/O CC/MCC | 036 | MS-DRG | | | | inpatient | | | | 35186.57 | Wellcare | Medicare | 30597.02 | | | | 21651.7 | 67326.08 | case rate | |
| EXTRACRANIAL PROCEDURES W MCC | 037 | MS-DRG | | | | inpatient | | | | 55807.66 | Wellcare | Medicare | 48528.4 | | | | 39234.88 | 125204.67 | case rate | |
| EXTRACRANIAL PROCEDURES W CC | 038 | MS-DRG | | | | inpatient | | | | 32112.4 | Wellcare | Medicare | 27923.82 | | | | 19031.9 | 65208 | case rate | |
| EXTRACRANIAL PROCEDURES W/O CC/MCC | 039 | MS-DRG | | | | inpatient | | | | 25555.18 | Wellcare | Medicare | 22221.89 | | | | 13443.87 | 44171.53 | case rate | |
| PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC | 040 | MS-DRG | | | | inpatient | | | | 62061.35 | Wellcare | Medicare | 53966.39 | | | | 44554.23 | 153227.3 | case rate | |
| PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM | 041 | MS-DRG | | | | inpatient | | | | 41078.51 | Wellcare | Medicare | 35720.44 | | | | 26672.77 | 91994.11 | case rate | |
| PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC | 042 | MS-DRG | | | | inpatient | | | | 34140.13 | Wellcare | Medicare | 29687.07 | | | | 20759.93 | 102408.62 | case rate | |
| SPINAL DISORDERS & INJURIES W CC/MCC | 052 | MS-DRG | | | | inpatient | | | | 37673.08 | Wellcare | Medicare | 32759.2 | | | | 23770.68 | 80333.48 | case rate | |
| SPINAL DISORDERS & INJURIES W/O CC/MCC | 053 | MS-DRG | | | | inpatient | | | | 22500.3 | Wellcare | Medicare | 19608.96 | | | | 10883.13 | 98314.19 | case rate | |
| NERVOUS SYSTEM NEOPLASMS W MCC | 054 | MS-DRG | | | | inpatient | | | | 36557.29 | Wellcare | Medicare | 26571.56 | | | | 17706.65 | 143596.19 | case rate | |
| NERVOUS SYSTEM NEOPLASMS W/O MCC | 055 | MS-DRG | | | | inpatient | | | | 24900.98 | Wellcare | Medicare | 21653.02 | | | | 12886.37 | 40848.13 | case rate | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC | 056 | MS-DRG | | | | inpatient | | | | 44486.71 | Wellcare | Medicare | 38684.1 | | | | 29577.23 | 82870.37 | case rate | |
| DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC | 057 | MS-DRG | | | | inpatient | | | | 28274.53 | Wellcare | Medicare | 24586.55 | | | | 15761.29 | 47155.56 | case rate | |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC | 058 | MS-DRG | | | | inpatient | | | | 35363.98 | Wellcare | Medicare | 30751.29 | | | | 21802.88 | 68636.72 | case rate | |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC | 059 | MS-DRG | | | | inpatient | | | | 26738.83 | Wellcare | Medicare | 23251.16 | | | | 14452.58 | 42880.4 | case rate | |
| MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC | 060 | MS-DRG | | | | inpatient | | | | 22148.36 | Wellcare | Medicare | 19259.44 | | | | 10540.6 | 32481.13 | case rate | |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC | 061 | MS-DRG | | | | inpatient | | | | 47249.04 | Wellcare | Medicare | 41086.12 | | | | 31931.26 | 111080.23 | case rate | |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC | 062 | MS-DRG | | | | inpatient | | | | 34463.07 | Wellcare | Medicare | 29967.89 | | | | 21035.14 | 121708.96 | case rate | |
| ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC | 063 | MS-DRG | | | | inpatient | | | | 29250.28 | Wellcare | Medicare | 25435.03 | | | | 16592.82 | 136083.64 | case rate | |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC | 064 | MS-DRG | | | | inpatient | | | | 37350.14 | Wellcare | Medicare | 32478.38 | | | | 23495.48 | 215326.56 | case rate | |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS | 065 | MS-DRG | | | | inpatient | | | | 23873.94 | Wellcare | Medicare | 20759.95 | | | | 12011.13 | 40235.72 | case rate | |
| INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC | 066 | MS-DRG | | | | inpatient | | | | 19319.51 | Wellcare | Medicare | 16799.57 | | | | 8129.87 | 28350.29 | case rate | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC | 067 | MS-DRG | | | | inpatient | | | | 29944.68 | Wellcare | Medicare | 26038.85 | | | | 17184.58 | 58565.11 | case rate | |
| NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC | 068 | MS-DRG | | | | inpatient | | | | 21997.28 | Wellcare | Medicare | 19128.07 | | | | 10411.85 | 35055.59 | case rate | |
| TRANSIENT ISCHEMIA W/O THROMBOLYTIC | 069 | MS-DRG | | | | inpatient | | | | 20869.07 | Wellcare | Medicare | 18147.02 | | | | 9450.4 | 29859.86 | case rate | |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC | 070 | MS-DRG | | | | inpatient | | | | 33879.56 | Wellcare | Medicare | 29460.49 | | | | 20537.87 | 64178.22 | case rate | |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W CC | 071 | MS-DRG | | | | inpatient | | | | 24386.77 | Wellcare | Medicare | 21205.88 | | | | 12448.16 | 38453.1 | case rate | |
| NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC | 072 | MS-DRG | | | | inpatient | | | | 20177.45 | Wellcare | Medicare | 17545.61 | | | | 8861 | 28943.19 | case rate | |
| CRANIAL & PERIPHERAL NERVE DISORDERS W MCC | 073 | MS-DRG | | | | inpatient | | | | 31201.79 | Wellcare | Medicare | 27131.99 | | | | 18255.89 | 55042.78 | case rate | |
| CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC | 074 | MS-DRG | | | | inpatient | | | | 24227.38 | Wellcare | Medicare | 21067.28 | | | | 12312.33 | 37988.92 | case rate | |
| VIRAL MENINGITIS W CC/MCC | 075 | MS-DRG | | | | inpatient | | | | 32817.88 | Wellcare | Medicare | 28537.29 | | | | 19633.11 | 57792.77 | case rate | |
| VIRAL MENINGITIS W/O CC/MCC | 076 | MS-DRG | | | | inpatient | | | | 22487.93 | Wellcare | Medicare | 19554.72 | | | | 10829.98 | 32172.97 | case rate | |
| HYPERTENSIVE ENCEPHALOPATHY W MCC | 077 | MS-DRG | | | | inpatient | | | | 31211.49 | Wellcare | Medicare | 27140.43 | | | | 18264.15 | 60538.86 | case rate | |
| HYPERTENSIVE ENCEPHALOPATHY W CC | 078 | MS-DRG | | | | inpatient | | | | 23610.6 | Wellcare | Medicare | 20530.96 | | | | 11786.72 | 37840.69 | case rate | |
| HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC | 079 | MS-DRG | | | | inpatient | | | | 18949.44 | Wellcare | Medicare | 16477.78 | | | | 7814.5 | 29118.73 | case rate | |
| NONTRAUMATIC STUPOR & COMA W MCC | 080 | MS-DRG | | | | inpatient | | | | 37070.16 | Wellcare | Medicare | 32234.92 | | | | 23256.88 | 73286.35 | case rate | |
| NONTRAUMATIC STUPOR & COMA W/O MCC | 081 | MS-DRG | | | | inpatient | | | | 22320.22 | Wellcare | Medicare | 19408.89 | | | | 10687.06 | 33335.38 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC | 082 | MS-DRG | | | | inpatient | | | | 41937.84 | Wellcare | Medicare | 36467.69 | | | | 27405.09 | 84200.51 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W CC | 083 | MS-DRG | | | | inpatient | | | | 29590.7 | Wellcare | Medicare | 25261.48 | | | | 16422.74 | 50514.07 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC | 084 | MS-DRG | | | | inpatient | | | | 23031.25 | Wellcare | Medicare | 20027.17 | | | | 11292.99 | 36015.16 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC | 085 | MS-DRG | | | | inpatient | | | | 41166.62 | Wellcare | Medicare | 35814.45 | | | | 26764.9 | 85035.26 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W CC | 086 | MS-DRG | | | | inpatient | | | | 27958.52 | Wellcare | Medicare | 24311.76 | | | | 15491.99 | 48486.6 | case rate | |
| TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC | 087 | MS-DRG | | | | inpatient | | | | 22031.93 | Wellcare | Medicare | 19158.2 | | | | 10441.38 | 32972.62 | case rate | |
| CONCUSSION W MCC | 088 | MS-DRG | | | | inpatient | | | | 29332.06 | Wellcare | Medicare | 25506.14 | | | | 16662.51 | 57714.76 | case rate | |
| CONCUSSION W CC | 089 | MS-DRG | | | | inpatient | | | | 24639.02 | Wellcare | Medicare | 21425.24 | | | | 12663.13 | 41639.97 | case rate | |
| CONCUSSION W/O CC/MCC | 090 | MS-DRG | | | | inpatient | | | | 21661.87 | Wellcare | Medicare | 18836.41 | | | | 10126.02 | 30948.15 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM W MCC | 091 | MS-DRG | | | | inpatient | | | | 35045.2 | Wellcare | Medicare | 30474.09 | | | | 21531.22 | 62879.28 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM W CC | 092 | MS-DRG | | | | inpatient | | | | 24453.3 | Wellcare | Medicare | 21263.74 | | | | 12504.86 | 36795.3 | case rate | |
| OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC | 093 | MS-DRG | | | | inpatient | | | | 20719.38 | Wellcare | Medicare | 18016.85 | | | | 9322.83 | 28779.36 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC | 094 | MS-DRG | | | | inpatient | | | | 60351.01 | Wellcare | Medicare | 52479.14 | | | | 43096.69 | 143463.85 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC | 095 | MS-DRG | | | | inpatient | | | | 43005.07 | Wellcare | Medicare | 37395.71 | | | | 28314.58 | 92871.77 | case rate | |
| BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC | 096 | MS-DRG | | | | inpatient | | | | 43005.07 | Wellcare | Medicare | 37395.71 | | | | 28314.58 | 82343.78 | case rate | |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC | 097 | MS-DRG | | | | inpatient | | | | 59462.57 | Wellcare | Medicare | 51706.59 | | | | 42339.57 | 138041.87 | case rate | |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC | 098 | MS-DRG | | | | inpatient | | | | 39846.35 | Wellcare | Medicare | 34649 | | | | 29622.73 | 72182.45 | case rate | |
| NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC | 099 | MS-DRG | | | | inpatient | | | | 29090.89 | Wellcare | Medicare | 25296.43 | | | | 16456.99 | 49652.01 | case rate | |
| SEIZURES W MCC | 100 | MS-DRG | | | | inpatient | | | | 37296.08 | Wellcare | Medicare | 32431.38 | | | | 23449.41 | 70696.29 | case rate | |
| SEIZURES W/O MCC | 101 | MS-DRG | | | | inpatient | | | | 22554.46 | Wellcare | Medicare | 19612.57 | | | | 10886.68 | 33908.79 | case rate | |
| HEADACHES W MCC | 102 | MS-DRG | | | | inpatient | | | | 25850.4 | Wellcare | Medicare | 22478.6 | | | | 13695.46 | 41991.04 | case rate | |
| HEADACHES W/O MCC | 103 | MS-DRG | | | | inpatient | | | | 21563.46 | Wellcare | Medicare | 18750.84 | | | | 10042.15 | 30480.07 | case rate | |
| ORBITAL PROCEDURES W CC/MCC | 113 | MS-DRG | | | | inpatient | | | | 40787.45 | Wellcare | Medicare | 35467.35 | | | | 26424.73 | 89821.42 | case rate | |
| ORBITAL PROCEDURES W/O CC/MCC | 114 | MS-DRG | | | | inpatient | | | | 26163.63 | Wellcare | Medicare | 22750.99 | | | | 13962.4 | 48957.69 | case rate | |
| EXTRAOCULAR PROCEDURES EXCEPT ORBIT | 115 | MS-DRG | | | | inpatient | | | | 30999.43 | Wellcare | Medicare | 26956.03 | | | | 18083.44 | 53131.43 | case rate | |
| INTRAOCULAR PROCEDURES W CC/MCC | 116 | MS-DRG | | | | inpatient | | | | 32906.58 | Wellcare | Medicare | 28614.42 | | | | 19708.7 | 66623.96 | case rate | |
| INTRAOCULAR PROCEDURES W/O CC/MCC | 117 | MS-DRG | | | | inpatient | | | | 23808.8 | Wellcare | Medicare | 20703.3 | | | | 11955.62 | 39104.52 | case rate | |
| ACUTE MAJOR EYE INFECTIONS W CC/MCC | 121 | MS-DRG | | | | inpatient | | | | 25901.68 | Wellcare | Medicare | 22523.2 | | | | 13739.16 | 41320.12 | case rate | |
| ACUTE MAJOR EYE INFECTIONS W/O CC/MCC | 122 | MS-DRG | | | | inpatient | | | | 19180.91 | Wellcare | Medicare | 16679.05 | | | | 8011.75 | 27531.14 | case rate | |
| NEUROLOGICAL EYE DISORDERS | 123 | MS-DRG | | | | inpatient | | | | 20912.03 | Wellcare | Medicare | 18184.38 | | | | 9487.01 | 29368.37 | case rate | |
| OTHER DISORDERS OF THE EYE W MCC | 124 | MS-DRG | | | | inpatient | | | | 27851.8 | Wellcare | Medicare | 24218.95 | | | | 15401.04 | 51930.02 | case rate | |
| OTHER DISORDERS OF THE EYE W/O MCC | 125 | MS-DRG | | | | inpatient | | | | 21223.89 | Wellcare | Medicare | 18455.55 | | | | 9752.77 | 31603.47 | case rate | |
| SINUS & MASTOID PROCEDURES W CC/MCC | 135 | MS-DRG | | | | inpatient | | | | 43197.72 | Wellcare | Medicare | 37563.24 | | | | 28478.76 | 89645.89 | case rate | |
| SINUS & MASTOID PROCEDURES W/O CC/MCC | 136 | MS-DRG | | | | inpatient | | | | 23337.56 | Wellcare | Medicare | 20293.53 | | | | 11554.03 | 47295.99 | case rate | |
| MOUTH PROCEDURES W CC/MCC | 137 | MS-DRG | | | | inpatient | | | | 29164.35 | Wellcare | Medicare | 25360.3 | | | | 16519.59 | 53716.54 | case rate | |
| MOUTH PROCEDURES W/O CC/MCC | 138 | MS-DRG | | | | inpatient | | | | 21054.79 | Wellcare | Medicare | 18308.52 | | | | 9608.67 | 32968.72 | case rate | |
| SALIVARY GLAND PROCEDURES | 139 | MS-DRG | | | | inpatient | | | | 28809.53 | Wellcare | Medicare | 25051.77 | | | | 16217.22 | 45263.72 | case rate | |
| MAJOR HEAD AND NECK PROCEDURES WITH MCC | 140 | MS-DRG | | | | inpatient | | | | 68396.81 | Wellcare | Medicare | 59475.49 | | | | 49953.28 | 73380.85 | case rate | |
| MAJOR HEAD AND NECK PROCEDURES WITH CC | 141 | MS-DRG | | | | inpatient | | | | 39558.06 | Wellcare | Medicare | 34398.31 | | | | 25377.05 | 37278.62 | case rate | |
| MAJOR HEAD AND NECK PROCEDURES WITHOUT COMPLICATIONS | 142 | MS-DRG | | | | inpatient | | | | 31573.24 | Wellcare | Medicare | 27454.99 | | | | 18572.43 | 27454.99 | case rate | |
| OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC | 143 | MS-DRG | | | | inpatient | | | | 55544.32 | Wellcare | Medicare | 48299.41 | | | | 39000.46 | 57291.27 | case rate | |
| OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC | 144 | MS-DRG | | | | inpatient | | | | 34127.66 | Wellcare | Medicare | 29676.23 | | | | 20749.3 | 30480.5 | case rate | |
| OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC | 145 | MS-DRG | | | | inpatient | | | | 26201.06 | Wellcare | Medicare | 22783.53 | | | | 13994.29 | 22783.53 | case rate | |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC | 146 | MS-DRG | | | | inpatient | | | | 41576.09 | Wellcare | Medicare | 36153.12 | | | | 27096.81 | 75014.36 | case rate | |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC | 147 | MS-DRG | | | | inpatient | | | | 27032.66 | Wellcare | Medicare | 23506.66 | | | | 14702.98 | 46778.25 | case rate | |
| EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC | 148 | MS-DRG | | | | inpatient | | | | 20359.02 | Wellcare | Medicare | 17703.49 | | | | 9015.73 | 28233.27 | case rate | |
| DYSEQUILIBRIUM | 149 | MS-DRG | | | | inpatient | | | | 20140.03 | Wellcare | Medicare | 17513.07 | | | | 8829.11 | 27737.88 | case rate | |
| EPISTAXIS W MCC | 150 | MS-DRG | | | | inpatient | | | | 28937.04 | Wellcare | Medicare | 25162.65 | | | | 16325.88 | 51781.79 | case rate | |
| EPISTAXIS W/O MCC | 151 | MS-DRG | | | | inpatient | | | | 20285.56 | Wellcare | Medicare | 17639.61 | | | | 8953.13 | 27453.13 | case rate | |
| OTITIS MEDIA & URI W MCC | 152 | MS-DRG | | | | inpatient | | | | 25508.05 | Wellcare | Medicare | 22180.91 | | | | 13403.71 | 40649.19 | case rate | |
| OTITIS MEDIA & URI W/O MCC | 153 | MS-DRG | | | | inpatient | | | | 19643.83 | Wellcare | Medicare | 17081.59 | | | | 8406.26 | 27765.18 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC | 154 | MS-DRG | | | | inpatient | | | | 32320.3 | Wellcare | Medicare | 28104.61 | | | | 19209.07 | 56423.63 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC | 155 | MS-DRG | | | | inpatient | | | | 22719.39 | Wellcare | Medicare | 19756 | | | | 11027.24 | 34454.88 | case rate | |
| OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC | 156 | MS-DRG | | | | inpatient | | | | 19099.13 | Wellcare | Medicare | 16607.94 | | | | 7942.07 | 25740.72 | case rate | |
| DENTAL & ORAL DISEASES W MCC | 157 | MS-DRG | | | | inpatient | | | | 32475.53 | Wellcare | Medicare | 28239.59 | | | | 19341.36 | 65258.71 | case rate | |
| DENTAL & ORAL DISEASES W CC | 158 | MS-DRG | | | | inpatient | | | | 22816.42 | Wellcare | Medicare | 19840.36 | | | | 11109.92 | 34727.93 | case rate | |
| DENTAL & ORAL DISEASES W/O CC/MCC | 159 | MS-DRG | | | | inpatient | | | | 18921.72 | Wellcare | Medicare | 16453.67 | | | | 7790.88 | 26462.35 | case rate | |
| MAJOR CHEST PROCEDURES W MCC | 163 | MS-DRG | | | | inpatient | | | | 73663.65 | Wellcare | Medicare | 64055.35 | | | | 54441.86 | 191887.14 | case rate | |
| MAJOR CHEST PROCEDURES W CC | 164 | MS-DRG | | | | inpatient | | | | 44665.51 | Wellcare | Medicare | 38839.57 | | | | 29729.6 | 100205.08 | case rate | |
| MAJOR CHEST PROCEDURES W/O CC/MCC | 165 | MS-DRG | | | | inpatient | | | | 35614.85 | Wellcare | Medicare | 30969.44 | | | | 22016.67 | 72256.57 | case rate | |
| OTHER RESP SYSTEM O.R. PROCEDURES W MCC | 166 | MS-DRG | | | | inpatient | | | | 63145.21 | Wellcare | Medicare | 54908.88 | | | | 45477.9 | 136446.49 | case rate | |
| OTHER RESP SYSTEM O.R. PROCEDURES W CC | 167 | MS-DRG | | | | inpatient | | | | 35104.8 | Wellcare | Medicare | 30525.91 | | | | 21582.01 | 74019.68 | case rate | |
| OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC | 168 | MS-DRG | | | | inpatient | | | | 28544.8 | Wellcare | Medicare | 24821.57 | | | | 15991.62 | 52331.79 | case rate | |
| ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM | 173 | MS-DRG | | | | inpatient | | | | 52310.75 | Wellcare | Medicare | 45487.61 | | | | 36244.83 | 53243.28 | case rate | |
| PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE | 175 | MS-DRG | | | | inpatient | | | | 29309.88 | Wellcare | Medicare | 25486.85 | | | | 16643.61 | 57141.35 | case rate | |
| PULMONARY EMBOLISM W/O MCC | 176 | MS-DRG | | | | inpatient | | | | 21068.65 | Wellcare | Medicare | 18320.57 | | | | 9620.48 | 35067.29 | case rate | |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC | 177 | MS-DRG | | | | inpatient | | | | 32184.47 | Wellcare | Medicare | 27986.5 | | | | 19093.32 | 71804.09 | case rate | |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W CC | 178 | MS-DRG | | | | inpatient | | | | 23530.21 | Wellcare | Medicare | 20461.05 | | | | 11718.21 | 49710.52 | case rate | |
| RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC | 179 | MS-DRG | | | | inpatient | | | | 20447.72 | Wellcare | Medicare | 17780.63 | | | | 9091.33 | 35944.95 | case rate | |
| RESPIRATORY NEOPLASMS W MCC | 180 | MS-DRG | | | | inpatient | | | | 34004.3 | Wellcare | Medicare | 29568.96 | | | | 20644.17 | 66155.87 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RESPIRATORY NEOPLASMS W CC | 181 | MS-DRG | | | | inpatient | | | | 25168.48 | Wellcare | Medicare | 21885.63 | | | | 13114.33 | 44923.09 | case rate | |
| RESPIRATORY NEOPLASMS W/O CC/MCC | 182 | MS-DRG | | | | inpatient | | | | 21387.44 | Wellcare | Medicare | 18597.77 | | | | 9892.15 | 31014.47 | case rate | |
| MAJOR CHEST TRAUMA W MCC | 183 | MS-DRG | | | | inpatient | | | | 31779.76 | Wellcare | Medicare | 27634.57 | | | | 18748.43 | 58155.54 | case rate | |
| MAJOR CHEST TRAUMA W CC | 184 | MS-DRG | | | | inpatient | | | | 24563.58 | Wellcare | Medicare | 21377.03 | | | | 12615.88 | 39178.63 | case rate | |
| MAJOR CHEST TRAUMA W/O CC/MCC | 185 | MS-DRG | | | | inpatient | | | | 20598.6 | Wellcare | Medicare | 17877.04 | | | | 9185.62 | 28564.83 | case rate | |
| PLEURAL EFFUSION W MCC | 186 | MS-DRG | | | | inpatient | | | | 31678.58 | Wellcare | Medicare | 27546.59 | | | | 18662.2 | 60831.42 | case rate | |
| PLEURAL EFFUSION W CC | 187 | MS-DRG | | | | inpatient | | | | 23695.15 | Wellcare | Medicare | 20604.48 | | | | 11858.77 | 41113.38 | case rate | |
| PLEURAL EFFUSION W/O CC/MCC | 188 | MS-DRG | | | | inpatient | | | | 19955.69 | Wellcare | Medicare | 17352.77 | | | | 8672.02 | 28926.17 | case rate | |
| PULMONARY EDEMA & RESPIRATORY FAILURE | 189 | MS-DRG | | | | inpatient | | | | 26930.1 | Wellcare | Medicare | 23417.48 | | | | 14615.57 | 48185.35 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC | 190 | MS-DRG | | | | inpatient | | | | 25344.5 | Wellcare | Medicare | 22038.7 | | | | 13264.34 | 46445.63 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC | 191 | MS-DRG | | | | inpatient | | | | 21686.82 | Wellcare | Medicare | 18858.1 | | | | 10147.28 | 35648.5 | case rate | |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC | 192 | MS-DRG | | | | inpatient | | | | 18749.86 | Wellcare | Medicare | 16304.22 | | | | 7644.42 | 26244.97 | case rate | |
| SIMPLE PNEUMONIA & PLEURISY W MCC | 193 | MS-DRG | | | | inpatient | | | | 28043.07 | Wellcare | Medicare | 24385.28 | | | | 15564.04 | 51360.52 | case rate | |
| SIMPLE PNEUMONIA & PLEURISY W CC | 194 | MS-DRG | | | | inpatient | | | | 21144.88 | Wellcare | Medicare | 18386.86 | | | | 9685.45 | 35114.1 | case rate | |
| SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC | 195 | MS-DRG | | | | inpatient | | | | 18410.28 | Wellcare | Medicare | 16008.94 | | | | 7355.03 | 26790.01 | case rate | |
| INTERSTITIAL LUNG DISEASE W MCC | 196 | MS-DRG | | | | inpatient | | | | 35863.44 | Wellcare | Medicare | 31211.69 | | | | 22254.08 | 63897.37 | case rate | |
| INTERSTITIAL LUNG DISEASE W CC | 197 | MS-DRG | | | | inpatient | | | | 23501.11 | Wellcare | Medicare | 20435.74 | | | | 11693.4 | 39073.31 | case rate | |
| INTERSTITIAL LUNG DISEASE W/O CC/MCC | 198 | MS-DRG | | | | inpatient | | | | 19107.45 | Wellcare | Medicare | 16615.17 | | | | 7949.15 | 29586.81 | case rate | |
| PNEUMOTHORAX W MCC | 199 | MS-DRG | | | | inpatient | | | | 34246.86 | Wellcare | Medicare | 29779.88 | | | | 20850.88 | 69541.68 | case rate | |
| PNEUMOTHORAX W CC | 200 | MS-DRG | | | | inpatient | | | | 25129.67 | Wellcare | Medicare | 21851.89 | | | | 13681.26 | 41924.72 | case rate | |
| PNEUMOTHORAX W/O CC/MCC | 201 | MS-DRG | | | | inpatient | | | | 19164.27 | Wellcare | Medicare | 16664.59 | | | | 7997.58 | 27891.99 | case rate | |
| BRONCHITIS & ASTHMA W CC/MCC | 202 | MS-DRG | | | | inpatient | | | | 23178.16 | Wellcare | Medicare | 20154.93 | | | | 11418.2 | 38695.65 | case rate | |
| BRONCHITIS & ASTHMA W/O CC/MCC | 203 | MS-DRG | | | | inpatient | | | | 19434.55 | Wellcare | Medicare | 16899.6 | | | | 8227.9 | 50775.53 | case rate | |
| RESPIRATORY SIGNS & SYMPTOMS | 204 | MS-DRG | | | | inpatient | | | | 21020.14 | Wellcare | Medicare | 18278.39 | | | | 9579.14 | 36731.64 | case rate | |
| OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC | 205 | MS-DRG | | | | inpatient | | | | 35944.72 | Wellcare | Medicare | 31256.28 | | | | 22297.79 | 59208.73 | case rate | |
| OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC | 206 | MS-DRG | | | | inpatient | | | | 22334.08 | Wellcare | Medicare | 19420.94 | | | | 10698.87 | 33682.54 | case rate | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS | 207 | MS-DRG | | | | inpatient | | | | 98415.76 | Wellcare | Medicare | 86448.49 | | | | 49635 | 218302.68 | case rate | |
| RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS | 208 | MS-DRG | | | | inpatient | | | | 46977.38 | Wellcare | Medicare | 40849.89 | | | | 31699.76 | 95075.66 | case rate | |
| CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES | 212 | MS-DRG | | | | inpatient | | | | 160770.36 | Wellcare | Medicare | 139800.31 | | | | 37458 | 189020.06 | case rate | |
| OTHER HEART ASSIST SYSTEM IMPLANT | 215 | MS-DRG | | | | inpatient | | | | 156624.79 | Wellcare | Medicare | 136195.47 | | | | 125140.69 | 502648.1 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC | 216 | MS-DRG | | | | inpatient | | | | 143545 | Wellcare | Medicare | 124821.74 | | | | 78485 | 383083.85 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC | 217 | MS-DRG | | | | inpatient | | | | 99286.86 | Wellcare | Medicare | 86336.4 | | | | 76277.62 | 248193.74 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC | 218 | MS-DRG | | | | inpatient | | | | 92237.6 | Wellcare | Medicare | 80206.61 | | | | 70270.28 | 230348.04 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC | 219 | MS-DRG | | | | inpatient | | | | 117022.27 | Wellcare | Medicare | 101758.5 | | | | 57338 | 300026.24 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC | 220 | MS-DRG | | | | inpatient | | | | 83192.49 | Wellcare | Medicare | 72341.29 | | | | 57338 | 203043.14 | case rate | |
| CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC | 221 | MS-DRG | | | | inpatient | | | | 73433.58 | Wellcare | Medicare | 63855.28 | | | | 17199 | 179720.85 | case rate | |
| OTHER CARDIOTHORACIC PROCEDURES W MCC | 228 | MS-DRG | | | | inpatient | | | | 78848.73 | Wellcare | Medicare | 68564.11 | | | | 58860.35 | 256517.83 | case rate | |
| OTHER CARDIOTHORACIC PROCEDURES W/O MCC | 229 | MS-DRG | | | | inpatient | | | | 52833.28 | Wellcare | Medicare | 45941.98 | | | | 36690.12 | 181320.14 | case rate | |
| CORONARY BYPASS W PTCA W MCC | 231 | MS-DRG | | | | inpatient | | | | 127228.86 | Wellcare | Medicare | 110633.79 | | | | 19424 | 327615.89 | case rate | |
| CORONARY BYPASS W PTCA W/O MCC | 232 | MS-DRG | | | | inpatient | | | | 94446.91 | Wellcare | Medicare | 82127.74 | | | | 27830 | 240298.72 | case rate | |
| CORONARY BYPASS W CARDIAC CATH W MCC | 233 | MS-DRG | | | | inpatient | | | | 118115.83 | Wellcare | Medicare | 102703.42 | | | | 53769 | 297923.76 | case rate | |
| CORONARY BYPASS W CARDIAC CATH W/O MCC | 234 | MS-DRG | | | | inpatient | | | | 83518.2 | Wellcare | Medicare | 72624.52 | | | | 62839.65 | 200776.83 | case rate | |
| CORONARY BYPASS W/O CARDIAC CATH W MCC | 235 | MS-DRG | | | | inpatient | | | | 91335.31 | Wellcare | Medicare | 79422.01 | | | | 47567 | 226826.77 | case rate | |
| CORONARY BYPASS W/O CARDIAC CATH W/O MCC | 236 | MS-DRG | | | | inpatient | | | | 66773.79 | Wellcare | Medicare | 58064.16 | | | | 33990 | 153153.18 | case rate | |
| AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC | 239 | MS-DRG | | | | inpatient | | | | 79591.63 | Wellcare | Medicare | 69210.11 | | | | 59493.45 | 183695.67 | case rate | |
| AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC | 240 | MS-DRG | | | | inpatient | | | | 50143.03 | Wellcare | Medicare | 43602.63 | | | | 34397.51 | 107070.31 | case rate | |
| AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC | 241 | MS-DRG | | | | inpatient | | | | 30706.98 | Wellcare | Medicare | 26701.72 | | | | 15559 | 62255.17 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W MCC | 242 | MS-DRG | | | | inpatient | | | | 56793.12 | Wellcare | Medicare | 49385.32 | | | | 20528 | 145765.26 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W CC | 243 | MS-DRG | | | | inpatient | | | | 41003.67 | Wellcare | Medicare | 35655.36 | | | | 19748 | 99635.58 | case rate | |
| PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC | 244 | MS-DRG | | | | inpatient | | | | 34792.95 | Wellcare | Medicare | 30254.74 | | | | 19748 | 91806.34 | case rate | |
| AICD GENERATOR PROCEDURES | 245 | MS-DRG | | | | inpatient | | | | 77511.22 | Wellcare | Medicare | 67401.06 | | | | 57720.54 | 195506.98 | case rate | |
| PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC | 250 | MS-DRG | | | | inpatient | | | | 41832.5 | Wellcare | Medicare | 36376.09 | | | | 27315.32 | 100903.31 | case rate | |
| PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC | 251 | MS-DRG | | | | inpatient | | | | 31437.41 | Wellcare | Medicare | 27336.88 | | | | 18456.68 | 65445.94 | case rate | |
| OTHER VASCULAR PROCEDURES W MCC | 252 | MS-DRG | | | | inpatient | | | | 57325.34 | Wellcare | Medicare | 49848.13 | | | | 40518.24 | 127155.02 | case rate | |
| OTHER VASCULAR PROCEDURES W CC | 253 | MS-DRG | | | | inpatient | | | | 45164.47 | Wellcare | Medicare | 39273.46 | | | | 30154.81 | 101195.86 | case rate | |
| OTHER VASCULAR PROCEDURES W/O CC/MCC | 254 | MS-DRG | | | | inpatient | | | | 34026.48 | Wellcare | Medicare | 29588.24 | | | | 20663.07 | 70692.67 | case rate | |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC | 255 | MS-DRG | | | | inpatient | | | | 46044.59 | Wellcare | Medicare | 40038.78 | | | | 30904.84 | 96089.48 | case rate | |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC | 256 | MS-DRG | | | | inpatient | | | | 33254.47 | Wellcare | Medicare | 28916.93 | | | | 20005.17 | 68211.54 | case rate | |
| UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC | 257 | MS-DRG | | | | inpatient | | | | 20765.12 | Wellcare | Medicare | 18056.62 | | | | 9361.81 | 43925.78 | case rate | |
| CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC | 258 | MS-DRG | | | | inpatient | | | | 48664.15 | Wellcare | Medicare | 42316.66 | | | | 15797 | 116584.12 | case rate | |
| CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC | 259 | MS-DRG | | | | inpatient | | | | 34141.52 | Wellcare | Medicare | 29688.28 | | | | 15797 | 81797.68 | case rate | |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC | 260 | MS-DRG | | | | inpatient | | | | 56989.93 | Wellcare | Medicare | 49556.46 | | | | 12982 | 141185.84 | case rate | |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC | 261 | MS-DRG | | | | inpatient | | | | 36080.55 | Wellcare | Medicare | 31374.39 | | | | 12982 | 77694.14 | case rate | |
| CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC | 262 | MS-DRG | | | | inpatient | | | | 30816.48 | Wellcare | Medicare | 25796.94 | | | | 12982 | 63616.52 | case rate | |
| VEIN LIGATION & STRIPPING | 263 | MS-DRG | | | | inpatient | | | | 46953.82 | Wellcare | Medicare | 40829.41 | | | | 31679.68 | 93312.55 | case rate | |
| OTHER CIRCULATORY SYSTEM O.R. PROCEDURES | 264 | MS-DRG | | | | inpatient | | | | 58222.09 | Wellcare | Medicare | 50627.91 | | | | 41282.44 | 123207.51 | case rate | |
| AICD LEAD PROCEDURES | 265 | MS-DRG | | | | inpatient | | | | 59221.41 | Wellcare | Medicare | 51496.88 | | | | 42134.05 | 121573.12 | case rate | |
| ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC | 266 | MS-DRG | | | | inpatient | | | | 92812.9 | Wellcare | Medicare | 80706.78 | | | | 70760.45 | 280518.84 | case rate | |
| ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC | 267 | MS-DRG | | | | inpatient | | | | 74987.3 | Wellcare | Medicare | 65206.34 | | | | 55569.66 | 228116.84 | case rate | |
| AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC | 268 | MS-DRG | | | | inpatient | | | | 102193.33 | Wellcare | Medicare | 88863.76 | | | | 78754.49 | 261491.23 | case rate | |
| AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC | 269 | MS-DRG | | | | inpatient | | | | 67447.39 | Wellcare | Medicare | 58649.9 | | | | 49144.19 | 161914.16 | case rate | |
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC | 270 | MS-DRG | | | | inpatient | | | | 80923.59 | Wellcare | Medicare | 70368.34 | | | | 60628.53 | 197441.73 | case rate | |
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC | 271 | MS-DRG | | | | inpatient | | | | 57519.39 | Wellcare | Medicare | 50016.86 | | | | 40683.6 | 136282.66 | case rate | |
| OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC | 272 | MS-DRG | | | | inpatient | | | | 44460.38 | Wellcare | Medicare | 38661.2 | | | | 29554.79 | 102124.23 | case rate | |
| PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC | 273 | MS-DRG | | | | inpatient | | | | 63976.82 | Wellcare | Medicare | 55632.01 | | | | 46186.59 | 142473.07 | case rate | |
| PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC | 274 | MS-DRG | | | | inpatient | | | | 53037.02 | Wellcare | Medicare | 46119.15 | | | | 36863.75 | 116174.55 | case rate | |
| CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC | 275 | MS-DRG | | | | inpatient | | | | 107729.06 | Wellcare | Medicare | 93677.44 | | | | 83472.01 | 122619.52 | case rate | |
| CARDIAC DEFIBRILLATOR IMPLANT WITH MCC | 276 | MS-DRG | | | | inpatient | | | | 96534.72 | Wellcare | Medicare | 83160.62 | | | | 73165.28 | 107479.03 | case rate | |
| CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC | 277 | MS-DRG | | | | inpatient | | | | 74255.48 | Wellcare | Medicare | 64569.98 | | | | 54946.01 | 80715.12 | case rate | |
| ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC | 278 | MS-DRG | | | | inpatient | | | | 79125.93 | Wellcare | Medicare | 68805.16 | | | | 59096.58 | 86812.26 | case rate | |
| ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC | 279 | MS-DRG | | | | inpatient | | | | 54192.96 | Wellcare | Medicare | 47124.31 | | | | 37848.83 | 55599.54 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC | 280 | MS-DRG | | | | inpatient | | | | 32529.59 | Wellcare | Medicare | 28286.6 | | | | 19387.43 | 64638.5 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC | 281 | MS-DRG | | | | inpatient | | | | 22555.84 | Wellcare | Medicare | 19613.78 | | | | 10887.86 | 38211.26 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC | 282 | MS-DRG | | | | inpatient | | | | 19829.56 | Wellcare | Medicare | 17243.09 | | | | 8564.53 | 29216.24 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC | 283 | MS-DRG | | | | inpatient | | | | 36881.67 | Wellcare | Medicare | 32071.01 | | | | 23096.25 | 70395.93 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC | 284 | MS-DRG | | | | inpatient | | | | 20049.94 | Wellcare | Medicare | 17434.73 | | | | 8752.34 | 29902.77 | case rate | |
| ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC | 285 | MS-DRG | | | | inpatient | | | | 17590.66 | Wellcare | Medicare | 15279.14 | | | | 6630.99 | 23263.77 | case rate | |
| CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC | 286 | MS-DRG | | | | inpatient | | | | 40456.19 | Wellcare | Medicare | 35179.3 | | | | 13521 | 85066.47 | case rate | |
| CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC | 287 | MS-DRG | | | | inpatient | | | | 24882.96 | Wellcare | Medicare | 21637.36 | | | | 9969 | 44425.07 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS W MCC | 288 | MS-DRG | | | | inpatient | | | | 47638.51 | Wellcare | Medicare | 41424.79 | | | | 32263.17 | 105088.76 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS W CC | 289 | MS-DRG | | | | inpatient | | | | 31632.84 | Wellcare | Medicare | 27506.82 | | | | 18623.22 | 66698.07 | case rate | |
| ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC | 290 | MS-DRG | | | | inpatient | | | | 23348.64 | Wellcare | Medicare | 20303.17 | | | | 11563.48 | 39451.68 | case rate | |
| HEART FAILURE & SHOCK W MCC | 291 | MS-DRG | | | | inpatient | | | | 27864.27 | Wellcare | Medicare | 24229.8 | | | | 15411.67 | 52480.02 | case rate | |
| HEART FAILURE & SHOCK W CC | 292 | MS-DRG | | | | inpatient | | | | 21715.92 | Wellcare | Medicare | 18883.41 | | | | 10172.08 | 35878.64 | case rate | |
| HEART FAILURE & SHOCK W/O CC/MCC | 293 | MS-DRG | | | | inpatient | | | | 17384.63 | Wellcare | Medicare | 15117.07 | | | | 6480.98 | 25963.06 | case rate | |
| DEEP VEIN THROMBOPHLEBITIS W CC/MCC | 294 | MS-DRG | | | | inpatient | | | | 26799.81 | Wellcare | Medicare | 23304.19 | | | | 14504.55 | 45279.33 | case rate | |
| DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC | 295 | MS-DRG | | | | inpatient | | | | 20726.31 | Wellcare | Medicare | 18022.88 | | | | 9294.92 | 21504.56 | case rate | |
| CARDIAC ARREST, UNEXPLAINED W MCC | 296 | MS-DRG | | | | inpatient | | | | 32488.01 | Wellcare | Medicare | 28250.44 | | | | 19351.99 | 59895.25 | case rate | |
| CARDIAC ARREST, UNEXPLAINED W CC | 297 | MS-DRG | | | | inpatient | | | | 19542.65 | Wellcare | Medicare | 16993.61 | | | | 8320.03 | 25448.17 | case rate | |
| CARDIAC ARREST, UNEXPLAINED W/O CC/MCC | 298 | MS-DRG | | | | inpatient | | | | 15901.6 | Wellcare | Medicare | 13827.48 | | | | 5217.15 | 18820.88 | case rate | |
| PERIPHERAL VASCULAR DISORDERS W MCC | 299 | MS-DRG | | | | inpatient | | | | 32199.72 | Wellcare | Medicare | 27999.75 | | | | 19106.31 | 56575.75 | case rate | |
| PERIPHERAL VASCULAR DISORDERS W CC | 300 | MS-DRG | | | | inpatient | | | | 24618.23 | Wellcare | Medicare | 21407.16 | | | | 12645.41 | 39931.47 | case rate | |
| PERIPHERAL VASCULAR DISORDERS W/O CC/MCC | 301 | MS-DRG | | | | inpatient | | | | 19667.4 | Wellcare | Medicare | 17102.08 | | | | 8426.34 | 28326.88 | case rate | |
| ATHEROSCLEROSIS W MCC | 302 | MS-DRG | | | | inpatient | | | | 25903.06 | Wellcare | Medicare | 22524.4 | | | | 13740.34 | 41717.99 | case rate | |
| ATHEROSCLEROSIS W/O MCC | 303 | MS-DRG | | | | inpatient | | | | 19099.13 | Wellcare | Medicare | 16607.94 | | | | 7942.07 | 25959.16 | case rate | |
| HYPERTENSION W MCC | 304 | MS-DRG | | | | inpatient | | | | 26082.46 | Wellcare | Medicare | 22663 | | | | 13876.17 | 42170.47 | case rate | |
| HYPERTENSION W/O MCC | 305 | MS-DRG | | | | inpatient | | | | 20184.38 | Wellcare | Medicare | 17551.63 | | | | 8866.91 | 28081.14 | case rate | |
| CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC | 306 | MS-DRG | | | | inpatient | | | | 30533.73 | Wellcare | Medicare | 26551.07 | | | | 17686.57 | 54953.06 | case rate | |
| CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC | 307 | MS-DRG | | | | inpatient | | | | 22619.6 | Wellcare | Medicare | 19669.22 | | | | 10942.19 | 33389.99 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC | 308 | MS-DRG | | | | inpatient | | | | 26493.51 | Wellcare | Medicare | 23037.83 | | | | 14243.51 | 46948.83 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC | 309 | MS-DRG | | | | inpatient | | | | 20026.37 | Wellcare | Medicare | 17414.24 | | | | 8732.26 | 29781.84 | case rate | |
| CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC | 310 | MS-DRG | | | | inpatient | | | | 17534.32 | Wellcare | Medicare | 15247.24 | | | | 6608.55 | 21933.64 | case rate | |
| ANGINA PECTORIS | 311 | MS-DRG | | | | inpatient | | | | 19458.11 | Wellcare | Medicare | 16920.09 | | | | 8247.98 | 26805.61 | case rate | |
| SYNCOPE & COLLAPSE | 312 | MS-DRG | | | | inpatient | | | | 21855.91 | Wellcare | Medicare | 19005.14 | | | | 10291.38 | 31264.11 | case rate | |
| CHEST PAIN | 313 | MS-DRG | | | | inpatient | | | | 19667.4 | Wellcare | Medicare | 17102.08 | | | | 8426.34 | 27589.65 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC | 314 | MS-DRG | | | | inpatient | | | | 39627.36 | Wellcare | Medicare | 34458.57 | | | | 25436.11 | 78915.06 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W CC | 315 | MS-DRG | | | | inpatient | | | | 23117.18 | Wellcare | Medicare | 20101.9 | | | | 11366.23 | 37286.79 | case rate | |
| OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC | 316 | MS-DRG | | | | inpatient | | | | 19241.89 | Wellcare | Medicare | 16732.08 | | | | 8063.72 | 29305.96 | case rate | |
| OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC | 319 | MS-DRG | | | | inpatient | | | | 70664.32 | Wellcare | Medicare | 61447.24 | | | | 51885.65 | 76219.47 | case rate | |
| OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC | 320 | MS-DRG | | | | inpatient | | | | 41862.99 | Wellcare | Medicare | 36402.6 | | | | 27341.31 | 40164.09 | case rate | |
| PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUM | 321 | MS-DRG | | | | inpatient | | | | 49236.58 | Wellcare | Medicare | 42814.42 | | | | 33825.04 | 49394.83 | case rate | |
| PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC | 322 | MS-DRG | | | | inpatient | | | | 34855.32 | Wellcare | Medicare | 30308.97 | | | | 21369.4 | 31391.43 | case rate | |
| CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC | 323 | MS-DRG | | | | inpatient | | | | 68815.38 | Wellcare | Medicare | 59839.46 | | | | 50309.99 | 73904.85 | case rate | |
| CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC | 324 | MS-DRG | | | | inpatient | | | | 54084.06 | Wellcare | Medicare | 47012.22 | | | | 37738.99 | 55438.18 | case rate | |
| CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE | 325 | MS-DRG | | | | inpatient | | | | 49448.64 | Wellcare | Medicare | 42996.82 | | | | 33805.75 | 49660.3 | case rate | |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC | 326 | MS-DRG | | | | inpatient | | | | 80175.14 | Wellcare | Medicare | 69717.51 | | | | 59990.71 | 205016.89 | case rate | |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W CC | 327 | MS-DRG | | | | inpatient | | | | 43433.35 | Wellcare | Medicare | 37768.13 | | | | 28679.55 | 96905.09 | case rate | |
| STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC | 328 | MS-DRG | | | | inpatient | | | | 31865.69 | Wellcare | Medicare | 27709.29 | | | | 18821.66 | 60152.66 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC | 329 | MS-DRG | | | | inpatient | | | | 73423.87 | Wellcare | Medicare | 63846.85 | | | | 54237.32 | 194750.25 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES W CC | 330 | MS-DRG | | | | inpatient | | | | 42540.75 | Wellcare | Medicare | 36991.96 | | | | 27918.89 | 98426.36 | case rate | |
| MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC | 331 | MS-DRG | | | | inpatient | | | | 32662.65 | Wellcare | Medicare | 28402.3 | | | | 19500.82 | 66105.16 | case rate | |
| RECTAL RESECTION W MCC | 332 | MS-DRG | | | | inpatient | | | | 57856.19 | Wellcare | Medicare | 50309.73 | | | | 40970.62 | 132553.59 | case rate | |
| RECTAL RESECTION W CC | 333 | MS-DRG | | | | inpatient | | | | 39236.5 | Wellcare | Medicare | 34118.7 | | | | 25103.02 | 75197.69 | case rate | |
| RECTAL RESECTION W/O CC/MCC | 334 | MS-DRG | | | | inpatient | | | | 32767.98 | Wellcare | Medicare | 28493.9 | | | | 19590.59 | 50950.94 | case rate | |
| PERITONEAL ADHESIOLYSIS W MCC | 335 | MS-DRG | | | | inpatient | | | | 60000.35 | Wellcare | Medicare | 52174.22 | | | | 42797.86 | 158446.43 | case rate | |
| PERITONEAL ADHESIOLYSIS W CC | 336 | MS-DRG | | | | inpatient | | | | 39056.32 | Wellcare | Medicare | 33962.02 | | | | 24949.47 | 89645.89 | case rate | |
| PERITONEAL ADHESIOLYSIS W/O CC/MCC | 337 | MS-DRG | | | | inpatient | | | | 31056.26 | Wellcare | Medicare | 27005.44 | | | | 18131.86 | 62539.92 | case rate | |
| MINOR SMALL & LARGE BOWEL PROCEDURES W MCC | 344 | MS-DRG | | | | inpatient | | | | 47125.68 | Wellcare | Medicare | 40978.85 | | | | 31826.14 | 116521.71 | case rate | |
| MINOR SMALL & LARGE BOWEL PROCEDURES W CC | 345 | MS-DRG | | | | inpatient | | | | 30413.15 | Wellcare | Medicare | 26446.22 | | | | 17583.81 | 63877.86 | case rate | |
| MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC | 346 | MS-DRG | | | | inpatient | | | | 27039.59 | Wellcare | Medicare | 23512.69 | | | | 14708.89 | 48236.06 | case rate | |
| ANAL & STOMAL PROCEDURES W MCC | 347 | MS-DRG | | | | inpatient | | | | 42583.72 | Wellcare | Medicare | 37029.32 | | | | 27955.51 | 94049.78 | case rate | |
| ANAL & STOMAL PROCEDURES W CC | 348 | MS-DRG | | | | inpatient | | | | 27228.09 | Wellcare | Medicare | 23676.6 | | | | 14869.52 | 54609.8 | case rate | |
| ANAL & STOMAL PROCEDURES W/O CC/MCC | 349 | MS-DRG | | | | inpatient | | | | 21988.97 | Wellcare | Medicare | 19120.84 | | | | 10404.77 | 37044.95 | case rate | |
| INGUINAL & FEMORAL HERNIA PROCEDURES W MCC | 350 | MS-DRG | | | | inpatient | | | | 43303.06 | Wellcare | Medicare | 37654.83 | | | | 28568.52 | 95430.63 | case rate | |
| INGUINAL & FEMORAL HERNIA PROCEDURES W CC | 351 | MS-DRG | | | | inpatient | | | | 30632.14 | Wellcare | Medicare | 26636.64 | | | | 17770.43 | 58514.4 | case rate | |
| INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC | 352 | MS-DRG | | | | inpatient | | | | 25061.75 | Wellcare | Medicare | 21792.83 | | | | 13023.38 | 41093.87 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC | 353 | MS-DRG | | | | inpatient | | | | 50431.32 | Wellcare | Medicare | 43863.32 | | | | 34643.19 | 115690.86 | case rate | |
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC | 354 | MS-DRG | | | | inpatient | | | | 33357.04 | Wellcare | Medicare | 29006.12 | | | | 20092.58 | 67521.12 | case rate | |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC | 355 | MS-DRG | | | | inpatient | | | | 28257.9 | Wellcare | Medicare | 24572.09 | | | | 15747.12 | 52846.68 | case rate | |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC | 356 | MS-DRG | | | | inpatient | | | | 68902.7 | Wellcare | Medicare | 59915.39 | | | | 50384.4 | 155080.13 | case rate | |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC | 357 | MS-DRG | | | | inpatient | | | | 40992.58 | Wellcare | Medicare | 35645.72 | | | | 26599.54 | 83346.26 | case rate | |
| OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC | 358 | MS-DRG | | | | inpatient | | | | 28561.44 | Wellcare | Medicare | 24836.03 | | | | 16005.79 | 52593.14 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS W MCC | 368 | MS-DRG | | | | inpatient | | | | 32925.99 | Wellcare | Medicare | 28631.29 | | | | 19725.24 | 75829.61 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS W CC | 369 | MS-DRG | | | | inpatient | | | | 23883.64 | Wellcare | Medicare | 20768.39 | | | | 12019.4 | 43250.96 | case rate | |
| MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC | 370 | MS-DRG | | | | inpatient | | | | 19453.95 | Wellcare | Medicare | 16916.48 | | | | 8244.44 | 28993.9 | case rate | |
| MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC | 371 | MS-DRG | | | | inpatient | | | | 34007.08 | Wellcare | Medicare | 29571.37 | | | | 20646.54 | 67825.37 | case rate | |
| MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC | 372 | MS-DRG | | | | inpatient | | | | 24045.81 | Wellcare | Medicare | 20909.4 | | | | 12157.6 | 40504.87 | case rate | |
| MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC | 373 | MS-DRG | | | | inpatient | | | | 19833.72 | Wellcare | Medicare | 17246.71 | | | | 8568.08 | 29551.7 | case rate | |
| DIGESTIVE MALIGNANCY W MCC | 374 | MS-DRG | | | | inpatient | | | | 39043.84 | Wellcare | Medicare | 33951.17 | | | | 24938.84 | 80549.46 | case rate | |
| DIGESTIVE MALIGNANCY W CC | 375 | MS-DRG | | | | inpatient | | | | 26809.52 | Wellcare | Medicare | 23312.62 | | | | 14512.81 | 47069.75 | case rate | |
| DIGESTIVE MALIGNANCY W/O CC/MCC | 376 | MS-DRG | | | | inpatient | | | | 22018.07 | Wellcare | Medicare | 19146.15 | | | | 10429.57 | 35718.71 | case rate | |
| G.I. HEMORRHAGE W MCC | 377 | MS-DRG | | | | inpatient | | | | 34980.06 | Wellcare | Medicare | 30417.44 | | | | 21475.71 | 69775.72 | case rate | |
| G.I. HEMORRHAGE W CC | 378 | MS-DRG | | | | inpatient | | | | 23444.28 | Wellcare | Medicare | 20386.33 | | | | 11644.98 | 39828.63 | case rate | |
| G.I. HEMORRHAGE W/O CC/MCC | 379 | MS-DRG | | | | inpatient | | | | 18604.32 | Wellcare | Medicare | 16177.67 | | | | 7520.39 | 25479.37 | case rate | |
| COMPLICATED PEPTIC ULCER W MCC | 380 | MS-DRG | | | | inpatient | | | | 36450.62 | Wellcare | Medicare | 31696.19 | | | | 22728.91 | 75907.62 | case rate | |
| COMPLICATED PEPTIC ULCER W CC | 381 | MS-DRG | | | | inpatient | | | | 24874.64 | Wellcare | Medicare | 21630.12 | | | | 12863.93 | 42712.67 | case rate | |
| COMPLICATED PEPTIC ULCER W/O CC/MCC | 382 | MS-DRG | | | | inpatient | | | | 20164.97 | Wellcare | Medicare | 17534.76 | | | | 8850.37 | 29949.57 | case rate | |
| UNCOMPLICATED PEPTIC ULCER W MCC | 383 | MS-DRG | | | | inpatient | | | | 27301.55 | Wellcare | Medicare | 23740.48 | | | | 14932.12 | 52698.46 | case rate | |
| UNCOMPLICATED PEPTIC ULCER W/O MCC | 384 | MS-DRG | | | | inpatient | | | | 21832.35 | Wellcare | Medicare | 18984.65 | | | | 10271.3 | 33362.69 | case rate | |
| INFLAMMATORY BOWEL DISEASE W MCC | 385 | MS-DRG | | | | inpatient | | | | 32299.51 | Wellcare | Medicare | 28086.53 | | | | 19191.36 | 66229.99 | case rate | |
| INFLAMMATORY BOWEL DISEASE W CC | 386 | MS-DRG | | | | inpatient | | | | 25535.76 | Wellcare | Medicare | 20465.87 | | | | 11722.93 | 38230.76 | case rate | |
| INFLAMMATORY BOWEL DISEASE W/O CC/MCC | 387 | MS-DRG | | | | inpatient | | | | 19070.02 | Wellcare | Medicare | 16582.63 | | | | 7917.26 | 27176.18 | case rate | |
| G.I. OBSTRUCTION W MCC | 388 | MS-DRG | | | | inpatient | | | | 30152.58 | Wellcare | Medicare | 26219.63 | | | | 17361.75 | 59708.01 | case rate | |
| G.I. OBSTRUCTION W CC | 389 | MS-DRG | | | | inpatient | | | | 20889.86 | Wellcare | Medicare | 18165.09 | | | | 9468.11 | 32890.7 | case rate | |
| G.I. OBSTRUCTION W/O CC/MCC | 390 | MS-DRG | | | | inpatient | | | | 17363.84 | Wellcare | Medicare | 15098.99 | | | | 6463.26 | 23053.14 | case rate | |
| ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC | 391 | MS-DRG | | | | inpatient | | | | 27382.91 | Wellcare | Medicare | 23985.14 | | | | 15171.9 | 47647.05 | case rate | |
| ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC | 392 | MS-DRG | | | | inpatient | | | | 20594.64 | Wellcare | Medicare | 17908.38 | | | | 9216.53 | 29465.89 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC | 393 | MS-DRG | | | | inpatient | | | | 32731.95 | Wellcare | Medicare | 28462.56 | | | | 19559.88 | 63662.83 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES W CC | 394 | MS-DRG | | | | inpatient | | | | 22826.12 | Wellcare | Medicare | 19848.8 | | | | 11118.18 | 36709.49 | case rate | |
| OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC | 395 | MS-DRG | | | | inpatient | | | | 18600.17 | Wellcare | Medicare | 16174.06 | | | | 7516.85 | 26388.24 | case rate | |
| APPENDIX PROCEDURES WITH MCC | 397 | MS-DRG | | | | inpatient | | | | 44122.19 | Wellcare | Medicare | 38367.12 | | | | 29266.58 | 42992.31 | case rate | |
| APPENDIX PROCEDURES WITH CC | 398 | MS-DRG | | | | inpatient | | | | 30752.72 | Wellcare | Medicare | 26741.5 | | | | 17873.19 | 26741.5 | case rate | |
| APPENDIX PROCEDURES WITHOUT CC/MCC | 399 | MS-DRG | | | | inpatient | | | | 25355.59 | Wellcare | Medicare | 22048.34 | | | | 13273.79 | 22048.34 | case rate | |
| PANCREAS, LIVER & SHUNT PROCEDURES W MCC | 405 | MS-DRG | | | | inpatient | | | | 85022.02 | Wellcare | Medicare | 73932.19 | | | | 64121.2 | 209822.55 | case rate | |
| PANCREAS, LIVER & SHUNT PROCEDURES W CC | 406 | MS-DRG | | | | inpatient | | | | 48704.35 | Wellcare | Medicare | 42351.61 | | | | 33171.47 | 110491.23 | case rate | |
| PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC | 407 | MS-DRG | | | | inpatient | | | | 39382.03 | Wellcare | Medicare | 34245.24 | | | | 25227.04 | 78279.25 | case rate | |
| BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC | 408 | MS-DRG | | | | inpatient | | | | 58308.03 | Wellcare | Medicare | 50702.63 | | | | 41355.67 | 157841.83 | case rate | |
| BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC | 409 | MS-DRG | | | | inpatient | | | | 38837.33 | Wellcare | Medicare | 33771.59 | | | | 24762.85 | 90601.56 | case rate | |
| BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC | 410 | MS-DRG | | | | inpatient | | | | 31278.02 | Wellcare | Medicare | 27198.28 | | | | 18320.85 | 64462.97 | case rate | |
| CHOLECYSTECTOMY W C.D.E. W MCC | 411 | MS-DRG | | | | inpatient | | | | 47387.64 | Wellcare | Medicare | 41206.64 | | | | 10482 | 159563.89 | case rate | |
| CHOLECYSTECTOMY W C.D.E. W CC | 412 | MS-DRG | | | | inpatient | | | | 38323.82 | Wellcare | Medicare | 34194.63 | | | | 11647 | 92910.77 | case rate | |
| CHOLECYSTECTOMY W C.D.E. W/O CC/MCC | 413 | MS-DRG | | | | inpatient | | | | 32822.04 | Wellcare | Medicare | 28540.9 | | | | 15908 | 65773.6 | case rate | |
| CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC | 414 | MS-DRG | | | | inpatient | | | | 58342.68 | Wellcare | Medicare | 50732.76 | | | | 26270 | 139535.84 | case rate | |
| CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC | 415 | MS-DRG | | | | inpatient | | | | 37196.29 | Wellcare | Medicare | 32344.6 | | | | 23364.37 | 78747.33 | case rate | |
| CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC | 416 | MS-DRG | | | | inpatient | | | | 28770.72 | Wellcare | Medicare | 25018.02 | | | | 16184.14 | 54340.65 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC | 417 | MS-DRG | | | | inpatient | | | | 42718.16 | Wellcare | Medicare | 37146.23 | | | | 28070.08 | 94529.56 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC | 418 | MS-DRG | | | | inpatient | | | | 32765.21 | Wellcare | Medicare | 28491.49 | | | | 19588.22 | 64915.45 | case rate | |
| LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC | 419 | MS-DRG | | | | inpatient | | | | 28041.68 | Wellcare | Medicare | 24384.07 | | | | 15562.86 | 52872.93 | case rate | |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC | 420 | MS-DRG | | | | inpatient | | | | 58698.88 | Wellcare | Medicare | 51042.51 | | | | 41688.76 | 137211.02 | case rate | |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC | 421 | MS-DRG | | | | inpatient | | | | 32476.92 | Wellcare | Medicare | 28240.8 | | | | 8253 | 69397.35 | case rate | |
| HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC | 422 | MS-DRG | | | | inpatient | | | | 30145.65 | Wellcare | Medicare | 26213.61 | | | | 10272 | 58806.95 | case rate | |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC | 423 | MS-DRG | | | | inpatient | | | | 66154.24 | Wellcare | Medicare | 57525.43 | | | | 16017 | 153921.62 | case rate | |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC | 424 | MS-DRG | | | | inpatient | | | | 41426.4 | Wellcare | Medicare | 36022.96 | | | | 26969.24 | 85468.24 | case rate | |
| OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC | 425 | MS-DRG | | | | inpatient | | | | 31204.56 | Wellcare | Medicare | 27134.4 | | | | 18258.25 | 58233.55 | case rate | |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC | 432 | MS-DRG | | | | inpatient | | | | 36932.95 | Wellcare | Medicare | 32115.61 | | | | 13893 | 71226.78 | case rate | |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W CC | 433 | MS-DRG | | | | inpatient | | | | 24607.14 | Wellcare | Medicare | 21397.52 | | | | 12635.96 | 40095.3 | case rate | |
| CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC | 434 | MS-DRG | | | | inpatient | | | | 19433.16 | Wellcare | Medicare | 16898.4 | | | | 8226.72 | 53360.86 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC | 435 | MS-DRG | | | | inpatient | | | | 35068.76 | Wellcare | Medicare | 30494.58 | | | | 21551.3 | 66222.18 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC | 436 | MS-DRG | | | | inpatient | | | | 25409.64 | Wellcare | Medicare | 22095.34 | | | | 13319.85 | 44308.05 | case rate | |
| MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC | 437 | MS-DRG | | | | inpatient | | | | 20662.55 | Wellcare | Medicare | 17967.44 | | | | 9274.41 | 33772.26 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC | 438 | MS-DRG | | | | inpatient | | | | 32838.67 | Wellcare | Medicare | 28555.36 | | | | 19650.83 | 63901.27 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC | 439 | MS-DRG | | | | inpatient | | | | 21702.06 | Wellcare | Medicare | 18871.36 | | | | 10160.27 | 33635.74 | case rate | |
| DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC | 440 | MS-DRG | | | | inpatient | | | | 18304.95 | Wellcare | Medicare | 15917.34 | | | | 7265.27 | 24235.05 | case rate | |
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC | 441 | MS-DRG | | | | inpatient | | | | 35980.76 | Wellcare | Medicare | 31287.62 | | | | 11778 | 72443.8 | case rate | |
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC | 442 | MS-DRG | | | | inpatient | | | | 23171.23 | Wellcare | Medicare | 20148.9 | | | | 11412.29 | 36923.67 | case rate | |
| DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC | 443 | MS-DRG | | | | inpatient | | | | 19519.09 | Wellcare | Medicare | 16973.12 | | | | 8299.96 | 27141.07 | case rate | |
| DISORDERS OF THE BILIARY TRACT W MCC | 444 | MS-DRG | | | | inpatient | | | | 33125.57 | Wellcare | Medicare | 28804.85 | | | | 19895.32 | 62836.38 | case rate | |
| DISORDERS OF THE BILIARY TRACT W CC | 445 | MS-DRG | | | | inpatient | | | | 24810.89 | Wellcare | Medicare | 21574.68 | | | | 12809.59 | 41643.87 | case rate | |
| DISORDERS OF THE BILIARY TRACT W/O CC/MCC | 446 | MS-DRG | | | | inpatient | | | | 20830.26 | Wellcare | Medicare | 18113.27 | | | | 9417.32 | 31010.57 | case rate | |
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC | 453 | MS-DRG | | | | inpatient | | | | 132599.66 | Wellcare | Medicare | 115304.05 | | | | 17717 | 370445.58 | case rate | |
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC | 454 | MS-DRG | | | | inpatient | | | | 94552.24 | Wellcare | Medicare | 82219.34 | | | | 36879 | 247179.56 | case rate | |
| COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC | 455 | MS-DRG | | | | inpatient | | | | 73613.76 | Wellcare | Medicare | 64011.96 | | | | 54399.14 | 195035 | case rate | |
| SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC | 456 | MS-DRG | | | | inpatient | | | | 127163.72 | Wellcare | Medicare | 110577.15 | | | | 100034.13 | 355946.68 | case rate | |
| SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC | 457 | MS-DRG | | | | inpatient | | | | 89339.36 | Wellcare | Medicare | 77676.84 | | | | 67791.04 | 255285.21 | case rate | |
| SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC | 458 | MS-DRG | | | | inpatient | | | | 69627.59 | Wellcare | Medicare | 60545.73 | | | | 51002.14 | 199762.65 | case rate | |
| SPINAL FUSION EXCEPT CERVICAL W MCC | 459 | MS-DRG | | | | inpatient | | | | 101704.07 | Wellcare | Medicare | 88438.32 | | | | 78337.54 | 249051.89 | case rate | |
| SPINAL FUSION EXCEPT CERVICAL W/O MCC | 460 | MS-DRG | | | | inpatient | | | | 60478.52 | Wellcare | Medicare | 52598.02 | | | | 43205.36 | 157490.76 | case rate | |
| BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC | 461 | MS-DRG | | | | inpatient | | | | 92812.8 | Wellcare | Medicare | 80709.78 | | | | 9917 | 174848.88 | case rate | |
| BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC | 462 | MS-DRG | | | | inpatient | | | | 49472.2 | Wellcare | Medicare | 43019.3 | | | | 11315 | 124592.26 | case rate | |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC | 463 | MS-DRG | | | | inpatient | | | | 84638.1 | Wellcare | Medicare | 73598.35 | | | | 15756 | 200180.02 | case rate | |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC | 464 | MS-DRG | | | | inpatient | | | | 50667.54 | Wellcare | Medicare | 44041.34 | | | | 34827.45 | 114838.61 | case rate | |
| WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC | 465 | MS-DRG | | | | inpatient | | | | 33842.14 | Wellcare | Medicare | 29427.95 | | | | 20505.98 | 71671.46 | case rate | |
| REVISION OF HIP OR KNEE REPLACEMENT W MCC | 466 | MS-DRG | | | | inpatient | | | | 80391.36 | Wellcare | Medicare | 69905.53 | | | | 60174.97 | 199450.59 | case rate | |
| REVISION OF HIP OR KNEE REPLACEMENT W CC | 467 | MS-DRG | | | | inpatient | | | | 57253.27 | Wellcare | Medicare | 49785.45 | | | | 40456.82 | 133369.89 | case rate | |
| REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC | 468 | MS-DRG | | | | inpatient | | | | 46138.84 | Wellcare | Medicare | 40120.73 | | | | 30985.16 | 108884.14 | case rate | |
| MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP | 469 | MS-DRG | | | | inpatient | | | | 55084.16 | Wellcare | Medicare | 47899.27 | | | | 38608.32 | 123816.02 | case rate | |
| MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC | 470 | MS-DRG | | | | inpatient | | | | 35912.84 | Wellcare | Medicare | 31228.56 | | | | 22270.62 | 77616.13 | case rate | |
| CERVICAL SPINAL FUSION W MCC | 471 | MS-DRG | | | | inpatient | | | | 77102.35 | Wellcare | Medicare | 67045.52 | | | | 6282 | 195452.37 | case rate | |
| CERVICAL SPINAL FUSION W CC | 472 | MS-DRG | | | | inpatient | | | | 49935.13 | Wellcare | Medicare | 43421.85 | | | | 8991 | 114945.83 | case rate | |
| CERVICAL SPINAL FUSION W/O CC/MCC | 473 | MS-DRG | | | | inpatient | | | | 42592.04 | Wellcare | Medicare | 37036.55 | | | | 11229 | 92559.71 | case rate | |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC | 474 | MS-DRG | | | | inpatient | | | | 71938.07 | Wellcare | Medicare | 62554.84 | | | | 22321 | 148035.47 | case rate | |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC | 475 | MS-DRG | | | | inpatient | | | | 39680.02 | Wellcare | Medicare | 34504.37 | | | | 25480.99 | 83818.24 | case rate | |
| AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC | 476 | MS-DRG | | | | inpatient | | | | 25900.29 | Wellcare | Medicare | 22521.99 | | | | 13737.98 | 44885.35 | case rate | |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC | 477 | MS-DRG | | | | inpatient | | | | 57444.54 | Wellcare | Medicare | 49951.78 | | | | 40619.82 | 122419.57 | case rate | |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC | 478 | MS-DRG | | | | inpatient | | | | 42152.86 | Wellcare | Medicare | 36689.45 | | | | 27622.42 | 88904.75 | case rate | |
| BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC | 479 | MS-DRG | | | | inpatient | | | | 34392.39 | Wellcare | Medicare | 29906.42 | | | | 20974.9 | 70134.59 | case rate | |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC | 480 | MS-DRG | | | | inpatient | | | | 50542.2 | Wellcare | Medicare | 43949.74 | | | | 34737.68 | 118206.81 | case rate | |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC | 481 | MS-DRG | | | | inpatient | | | | 38537.95 | Wellcare | Medicare | 33511.26 | | | | 8360 | 80444.14 | case rate | |
| HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC | 482 | MS-DRG | | | | inpatient | | | | 31767.28 | Wellcare | Medicare | 27623.72 | | | | 9385 | 64927.15 | case rate | |
| MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES | 483 | MS-DRG | | | | inpatient | | | | 45097.95 | Wellcare | Medicare | 39215.6 | | | | 13093 | 92973.18 | case rate | |
| KNEE PROCEDURES W PDX OF INFECTION W MCC | 485 | MS-DRG | | | | inpatient | | | | 54399.47 | Wellcare | Medicare | 47303.89 | | | | 38024.83 | 128883.03 | case rate | |
| KNEE PROCEDURES W PDX OF INFECTION W CC | 486 | MS-DRG | | | | inpatient | | | | 39175.52 | Wellcare | Medicare | 34065.67 | | | | 25051.05 | 86533.13 | case rate | |
| KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC | 487 | MS-DRG | | | | inpatient | | | | 31681.35 | Wellcare | Medicare | 27549 | | | | 18664.56 | 64369.35 | case rate | |
| KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC | 488 | MS-DRG | | | | inpatient | | | | 37030.27 | Wellcare | Medicare | 32191.54 | | | | 23214.36 | 82402.29 | case rate | |
| KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC | 489 | MS-DRG | | | | inpatient | | | | 26943.96 | Wellcare | Medicare | 23429.53 | | | | 14627.39 | 50607.68 | case rate | |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC | 492 | MS-DRG | | | | inpatient | | | | 58999.65 | Wellcare | Medicare | 51304.04 | | | | 27933 | 132253.23 | case rate | |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC | 493 | MS-DRG | | | | inpatient | | | | 43057.74 | Wellcare | Medicare | 37441.51 | | | | 28399.46 | 87613.62 | case rate | |
| LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC | 494 | MS-DRG | | | | inpatient | | | | 35911.46 | Wellcare | Medicare | 31227.35 | | | | 22269.44 | 68414.38 | case rate | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC | 495 | MS-DRG | | | | inpatient | | | | 58575.53 | Wellcare | Medicare | 50935.24 | | | | 41583.64 | 135053.94 | case rate | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC | 496 | MS-DRG | | | | inpatient | | | | 37125.6 | Wellcare | Medicare | 32283.13 | | | | 23304.13 | 76488.83 | case rate | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC | 497 | MS-DRG | | | | inpatient | | | | 28388.18 | Wellcare | Medicare | 24685.38 | | | | 15858.15 | 55975.05 | case rate | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC | 498 | MS-DRG | | | | inpatient | | | | 44775 | Wellcare | Medicare | 38934.79 | | | | 29822.91 | 88857.95 | case rate | |
| LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC | 499 | MS-DRG | | | | inpatient | | | | 25007.7 | Wellcare | Medicare | 21745.83 | | | | 12977.32 | 43656.63 | case rate | |
| SOFT TISSUE PROCEDURES W MCC | 500 | MS-DRG | | | | inpatient | | | | 53698.15 | Wellcare | Medicare | 46694.04 | | | | 37427.16 | 119673.48 | case rate | |
| SOFT TISSUE PROCEDURES W CC | 501 | MS-DRG | | | | inpatient | | | | 34515.74 | Wellcare | Medicare | 30013.69 | | | | 8902 | 89820.41 | case rate | |
| SOFT TISSUE PROCEDURES W/O CC/MCC | 502 | MS-DRG | | | | inpatient | | | | 29144.95 | Wellcare | Medicare | 25343.43 | | | | 16503.06 | 50361.94 | case rate | |
| FOOT PROCEDURES W MCC | 503 | MS-DRG | | | | inpatient | | | | 46461.78 | Wellcare | Medicare | 40401.55 | | | | 27418 | 99943.74 | case rate | |
| FOOT PROCEDURES W CC | 504 | MS-DRG | | | | inpatient | | | | 34104.1 | Wellcare | Medicare | 29655.74 | | | | 20729.22 | 67462.61 | case rate | |
| FOOT PROCEDURES W/O CC/MCC | 505 | MS-DRG | | | | inpatient | | | | 34104.1 | Wellcare | Medicare | 29655.74 | | | | 20729.22 | 61623.26 | case rate | |
| MAJOR THUMB OR JOINT PROCEDURES | 506 | MS-DRG | | | | inpatient | | | | 30557.29 | Wellcare | Medicare | 26571.56 | | | | 17706.65 | 55011.57 | case rate | |
| MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC | 507 | MS-DRG | | | | inpatient | | | | 36643.27 | Wellcare | Medicare | 31863.71 | | | | 22893.09 | 75771.1 | case rate | |
| MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC | 508 | MS-DRG | | | | inpatient | | | | 26986.93 | Wellcare | Medicare | 23466.89 | | | | 14884 | 54658.73 | case rate | |
| ARTHROSCOPY | 509 | MS-DRG | | | | inpatient | | | | 34127.66 | Wellcare | Medicare | 29676.23 | | | | 20749.3 | 65153.39 | case rate | |
| SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC | 510 | MS-DRG | | | | inpatient | | | | 49393.2 | Wellcare | Medicare | 42950.61 | | | | 33758.51 | 106582.73 | case rate | |
| SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC | 511 | MS-DRG | | | | inpatient | | | | 36962.05 | Wellcare | Medicare | 32140.92 | | | | 7655 | 72057.63 | case rate | |
| SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC | 512 | MS-DRG | | | | inpatient | | | | 32063.89 | Wellcare | Medicare | 27881.64 | | | | 10564 | 59372.55 | case rate | |
| HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC | 513 | MS-DRG | | | | inpatient | | | | 30647.38 | Wellcare | Medicare | 26649.9 | | | | 17783.42 | 63955.88 | case rate | |
| HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC | 514 | MS-DRG | | | | inpatient | | | | 23911.36 | Wellcare | Medicare | 20792.49 | | | | 12043.03 | 40660.37 | case rate | |
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC | 515 | MS-DRG | | | | inpatient | | | | 52640.62 | Wellcare | Medicare | 45774.46 | | | | 36525.94 | 120219.57 | case rate | |
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC | 516 | MS-DRG | | | | inpatient | | | | 37661.99 | Wellcare | Medicare | 32749.56 | | | | 23761.23 | 73543.8 | case rate | |
| OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC | 517 | MS-DRG | | | | inpatient | | | | 30468.59 | Wellcare | Medicare | 26494.42 | | | | 17631.06 | 53864.77 | case rate | |
| BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM | 518 | MS-DRG | | | | inpatient | | | | 59454.26 | Wellcare | Medicare | 51699.36 | | | | 42332.49 | 120929.5 | case rate | |
| BACK & NECK PROC EXC SPINAL FUSION W CC | 519 | MS-DRG | | | | inpatient | | | | 37110.36 | Wellcare | Medicare | 32269.88 | | | | 23291.14 | 72631.03 | case rate | |
| BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC | 520 | MS-DRG | | | | inpatient | | | | 29643.91 | Wellcare | Medicare | 25777.31 | | | | 16928.27 | 51259.1 | case rate | |
| HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITH MCC | 521 | MS-DRG | | | | inpatient | | | | 50177.68 | Wellcare | Medicare | 43632.77 | | | | 7692 | 50572.96 | case rate | |
| HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC | 522 | MS-DRG | | | | inpatient | | | | 38998.11 | Wellcare | Medicare | 33911.4 | | | | 9003 | 39577.64 | case rate | |
| FRACTURES OF FEMUR W MCC | 533 | MS-DRG | | | | inpatient | | | | 30914.88 | Wellcare | Medicare | 26862.51 | | | | 12781 | 59700.21 | case rate | |
| FRACTURES OF FEMUR W/O MCC | 534 | MS-DRG | | | | inpatient | | | | 21061.72 | Wellcare | Medicare | 18314.54 | | | | 9614.58 | 34640.29 | case rate | |
| FRACTURES OF HIP & PELVIS W MCC | 535 | MS-DRG | | | | inpatient | | | | 28212.16 | Wellcare | Medicare | 24532.31 | | | | 15708.14 | 48945.98 | case rate | |
| FRACTURES OF HIP & PELVIS W/O MCC | 536 | MS-DRG | | | | inpatient | | | | 21018.76 | Wellcare | Medicare | 18277.18 | | | | 9577.96 | 29528.3 | case rate | |
| SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC | 537 | MS-DRG | | | | inpatient | | | | 22517.04 | Wellcare | Medicare | 19580.03 | | | | 10854.79 | 35515.87 | case rate | |
| SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC | 538 | MS-DRG | | | | inpatient | | | | 19086.66 | Wellcare | Medicare | 16597.09 | | | | 7931.44 | 28358.09 | case rate | |
| OSTEOMYELITIS W MCC | 539 | MS-DRG | | | | inpatient | | | | 37810.29 | Wellcare | Medicare | 32878.52 | | | | 23887.62 | 78762.93 | case rate | |
| OSTEOMYELITIS W CC | 540 | MS-DRG | | | | inpatient | | | | 27715.97 | Wellcare | Medicare | 24100.84 | | | | 15285.29 | 50588.18 | case rate | |
| OSTEOMYELITIS W/O CC/MCC | 541 | MS-DRG | | | | inpatient | | | | 21805.81 | Wellcare | Medicare | 19048.53 | | | | 7723 | 34431.48 | case rate | |
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC | 542 | MS-DRG | | | | inpatient | | | | 35630.1 | Wellcare | Medicare | 30982.69 | | | | 8903 | 71199.48 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC | 543 | MS-DRG | | | | inpatient | | | | 24483.79 | Wellcare | Medicare | 21290.25 | | | | 10889 | 41835.61 | case rate | |
| PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC | 544 | MS-DRG | | | | inpatient | | | | 20253.68 | Wellcare | Medicare | 17611.89 | | | | 8925.97 | 31143.19 | case rate | |
| CONNECTIVE TISSUE DISORDERS W MCC | 545 | MS-DRG | | | | inpatient | | | | 44802.73 | Wellcare | Medicare | 38958.89 | | | | 29846.53 | 96702.25 | case rate | |
| CONNECTIVE TISSUE DISORDERS W CC | 546 | MS-DRG | | | | inpatient | | | | 25825.45 | Wellcare | Medicare | 22456.91 | | | | 13674.2 | 47370.1 | case rate | |
| CONNECTIVE TISSUE DISORDERS W/O CC/MCC | 547 | MS-DRG | | | | inpatient | | | | 20122.01 | Wellcare | Medicare | 17497.4 | | | | 8813.76 | 33452.4 | case rate | |
| SEPTIC ARTHRITIS W MCC | 548 | MS-DRG | | | | inpatient | | | | 37702.19 | Wellcare | Medicare | 32784.51 | | | | 23795.49 | 80635.27 | case rate | |
| SEPTIC ARTHRITIS W CC | 549 | MS-DRG | | | | inpatient | | | | 26482.42 | Wellcare | Medicare | 23028.19 | | | | 14234.06 | 48532.51 | case rate | |
| SEPTIC ARTHRITIS W/O CC/MCC | 550 | MS-DRG | | | | inpatient | | | | 21728.4 | Wellcare | Medicare | 18894.26 | | | | 10182.71 | 36034.67 | case rate | |
| MEDICAL BACK PROBLEMS W MCC | 551 | MS-DRG | | | | inpatient | | | | 33430.5 | Wellcare | Medicare | 29070 | | | | 9165 | 62083.54 | case rate | |
| MEDICAL BACK PROBLEMS W/O MCC | 552 | MS-DRG | | | | inpatient | | | | 23137.97 | Wellcare | Medicare | 20119.97 | | | | 11383.94 | 35145.31 | case rate | |
| BONE DISEASES & ARTHROPATHIES W MCC | 553 | MS-DRG | | | | inpatient | | | | 27880.9 | Wellcare | Medicare | 24244.26 | | | | 15425.85 | 48275.06 | case rate | |
| BONE DISEASES & ARTHROPATHIES W/O MCC | 554 | MS-DRG | | | | inpatient | | | | 21347.24 | Wellcare | Medicare | 18562.82 | | | | 9857.89 | 47368.4 | case rate | |
| SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC | 555 | MS-DRG | | | | inpatient | | | | 28443.62 | Wellcare | Medicare | 24733.59 | | | | 15905.39 | 49897.75 | case rate | |
| SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC | 556 | MS-DRG | | | | inpatient | | | | 21096.37 | Wellcare | Medicare | 18344.67 | | | | 9644.11 | 29945.67 | case rate | |
| TENDONITIS, MYOSITIS & BURSITIS W MCC | 557 | MS-DRG | | | | inpatient | | | | 31258.61 | Wellcare | Medicare | 27181.4 | | | | 18304.31 | 55873.63 | case rate | |
| TENDONITIS, MYOSITIS & BURSITIS W/O MCC | 558 | MS-DRG | | | | inpatient | | | | 21751.96 | Wellcare | Medicare | 18914.75 | | | | 10202.79 | 33882.54 | case rate | |
| AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC | 559 | MS-DRG | | | | inpatient | | | | 35508.13 | Wellcare | Medicare | 30876.63 | | | | 21925.72 | 70161.89 | case rate | |
| AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC | 560 | MS-DRG | | | | inpatient | | | | 25562.11 | Wellcare | Medicare | 22227.92 | | | | 13449.78 | 39863.45 | case rate | |
| AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC | 561 | MS-DRG | | | | inpatient | | | | 21111.62 | Wellcare | Medicare | 18357.93 | | | | 9211 | 29453.19 | case rate | |
| FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC | 562 | MS-DRG | | | | inpatient | | | | 30063.87 | Wellcare | Medicare | 26142.5 | | | | 12927 | 54925.76 | case rate | |
| FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC | 563 | MS-DRG | | | | inpatient | | | | 22167.76 | Wellcare | Medicare | 19276.31 | | | | 10557.14 | 32891.77 | case rate | |
| OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC | 564 | MS-DRG | | | | inpatient | | | | 31528.89 | Wellcare | Medicare | 27416.42 | | | | 18534.64 | 61326.81 | case rate | |
| OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC | 565 | MS-DRG | | | | inpatient | | | | 23912.75 | Wellcare | Medicare | 20793.7 | | | | 12044.21 | 38063.03 | case rate | |
| OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC | 566 | MS-DRG | | | | inpatient | | | | 20148.34 | Wellcare | Medicare | 17520.3 | | | | 8836.2 | 29735.04 | case rate | |
| SKIN DEBRIDEMENT W MCC | 570 | MS-DRG | | | | inpatient | | | | 51501.32 | Wellcare | Medicare | 44783.76 | | | | 35555.04 | 118374.54 | case rate | |
| SKIN DEBRIDEMENT W CC | 571 | MS-DRG | | | | inpatient | | | | 32985.59 | Wellcare | Medicare | 28683.12 | | | | 9078 | 66425.02 | case rate | |
| SKIN DEBRIDEMENT W/O CC/MCC | 572 | MS-DRG | | | | inpatient | | | | 25613.39 | Wellcare | Medicare | 22272.51 | | | | 11401 | 45973.65 | case rate | |
| SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC | 573 | MS-DRG | | | | inpatient | | | | 95132.98 | Wellcare | Medicare | 82724.33 | | | | 16091 | 204845.26 | case rate | |
| SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC | 574 | MS-DRG | | | | inpatient | | | | 57803.52 | Wellcare | Medicare | 50263.93 | | | | 36864 | 118811.42 | case rate | |
| SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC | 575 | MS-DRG | | | | inpatient | | | | 37454.09 | Wellcare | Medicare | 32568.77 | | | | 23584.06 | 68597.71 | case rate | |
| SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC | 576 | MS-DRG | | | | inpatient | | | | 84559.1 | Wellcare | Medicare | 73529.65 | | | | 63726.69 | 190381.46 | case rate | |
| SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC | 577 | MS-DRG | | | | inpatient | | | | 46686.32 | Wellcare | Medicare | 40596.8 | | | | 31451.72 | 97876.36 | case rate | |
| SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC | 578 | MS-DRG | | | | inpatient | | | | 33208.73 | Wellcare | Medicare | 28877.16 | | | | 19966.19 | 59669.01 | case rate | |
| OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC | 579 | MS-DRG | | | | inpatient | | | | 54955.26 | Wellcare | Medicare | 47787.19 | | | | 38498.47 | 109133.78 | case rate | |
| OTHER SKIN, SUBCUT TISS & BREAST PROC W CC | 580 | MS-DRG | | | | inpatient | | | | 34353.58 | Wellcare | Medicare | 29872.68 | | | | 20941.82 | 62013.33 | case rate | |
| OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC | 581 | MS-DRG | | | | inpatient | | | | 29727.07 | Wellcare | Medicare | 25849.63 | | | | 8609 | 48228.25 | case rate | |
| MASTECTOMY FOR MALIGNANCY W CC/MCC | 582 | MS-DRG | | | | inpatient | | | | 34051.43 | Wellcare | Medicare | 29609.94 | | | | 10681 | 61221.49 | case rate | |
| MASTECTOMY FOR MALIGNANCY W/O CC/MCC | 583 | MS-DRG | | | | inpatient | | | | 32547.61 | Wellcare | Medicare | 28302.27 | | | | 14701 | 53755.55 | case rate | |
| BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC | 584 | MS-DRG | | | | inpatient | | | | 38156.8 | Wellcare | Medicare | 33179.82 | | | | 24182.91 | 72997.7 | case rate | |
| BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC | 585 | MS-DRG | | | | inpatient | | | | 37293.31 | Wellcare | Medicare | 32428.97 | | | | 23447.05 | 61073.26 | case rate | |
| SKIN ULCERS W MCC | 592 | MS-DRG | | | | inpatient | | | | 38280.15 | Wellcare | Medicare | 33287.09 | | | | 24288.03 | 66631.76 | case rate | |
| SKIN ULCERS W CC | 593 | MS-DRG | | | | inpatient | | | | 26726.36 | Wellcare | Medicare | 23240.31 | | | | 14441.95 | 44054.51 | case rate | |
| SKIN ULCERS W/O CC/MCC | 594 | MS-DRG | | | | inpatient | | | | 21542.67 | Wellcare | Medicare | 18732.76 | | | | 10024.44 | 31603.47 | case rate | |
| MAJOR SKIN DISORDERS W MCC | 595 | MS-DRG | | | | inpatient | | | | 39095.13 | Wellcare | Medicare | 33995.76 | | | | 24982.55 | 77503.01 | case rate | |
| MAJOR SKIN DISORDERS W/O MCC | 596 | MS-DRG | | | | inpatient | | | | 24763.76 | Wellcare | Medicare | 21533.71 | | | | 12769.43 | 39455.58 | case rate | |
| MALIGNANT BREAST DISORDERS W MCC | 597 | MS-DRG | | | | inpatient | | | | 34127.66 | Wellcare | Medicare | 29676.23 | | | | 20749.3 | 67092.04 | case rate | |
| MALIGNANT BREAST DISORDERS W CC | 598 | MS-DRG | | | | inpatient | | | | 24482.4 | Wellcare | Medicare | 21289.04 | | | | 12529.66 | 45337.84 | case rate | |
| MALIGNANT BREAST DISORDERS W/O CC/MCC | 599 | MS-DRG | | | | inpatient | | | | 21628.6 | Wellcare | Medicare | 18807.48 | | | | 10097.67 | 27944.61 | case rate | |
| NON-MALIGNANT BREAST DISORDERS W CC/MCC | 600 | MS-DRG | | | | inpatient | | | | 23038.18 | Wellcare | Medicare | 20033.2 | | | | 11298.9 | 37290.69 | case rate | |
| NON-MALIGNANT BREAST DISORDERS W/O CC/MCC | 601 | MS-DRG | | | | inpatient | | | | 18088.73 | Wellcare | Medicare | 15729.33 | | | | 7081.01 | 24153.13 | case rate | |
| CELLULITIS W MCC | 602 | MS-DRG | | | | inpatient | | | | 30142.88 | Wellcare | Medicare | 26211.2 | | | | 17353.49 | 56326.11 | case rate | |
| CELLULITIS W/O MCC | 603 | MS-DRG | | | | inpatient | | | | 21987.58 | Wellcare | Medicare | 19119.63 | | | | 10403.59 | 33066.23 | case rate | |
| TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC | 604 | MS-DRG | | | | inpatient | | | | 30371.57 | Wellcare | Medicare | 26410.06 | | | | 17548.38 | 55265.12 | case rate | |
| TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC | 605 | MS-DRG | | | | inpatient | | | | 22582.18 | Wellcare | Medicare | 19636.68 | | | | 10910.3 | 33565.52 | case rate | |
| MINOR SKIN DISORDERS W MCC | 606 | MS-DRG | | | | inpatient | | | | 32098.54 | Wellcare | Medicare | 27911.77 | | | | 19020.09 | 53860.87 | case rate | |
| MINOR SKIN DISORDERS W/O MCC | 607 | MS-DRG | | | | inpatient | | | | 21757.5 | Wellcare | Medicare | 18919.57 | | | | 10307.52 | 31244.61 | case rate | |
| ADRENAL & PITUITARY PROCEDURES W CC/MCC | 614 | MS-DRG | | | | inpatient | | | | 41366.8 | Wellcare | Medicare | 35971.13 | | | | 26918.45 | 92196.95 | case rate | |
| ADRENAL & PITUITARY PROCEDURES W/O CC/MCC | 615 | MS-DRG | | | | inpatient | | | | 29641.14 | Wellcare | Medicare | 25774.9 | | | | 16925.91 | 57777.17 | case rate | |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC | 616 | MS-DRG | | | | inpatient | | | | 63348.95 | Wellcare | Medicare | 55086.05 | | | | 45651.52 | 161301.75 | case rate | |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC | 617 | MS-DRG | | | | inpatient | | | | 36551.8 | Wellcare | Medicare | 31784.17 | | | | 22815.13 | 80884.92 | case rate | |
| AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC | 618 | MS-DRG | | | | inpatient | | | | 27036.82 | Wellcare | Medicare | 23510.28 | | | | 14706.52 | 45220.82 | case rate | |
| O.R. PROCEDURES FOR OBESITY W MCC | 619 | MS-DRG | | | | inpatient | | | | 47569.21 | Wellcare | Medicare | 41364.53 | | | | 32204.11 | 113927.74 | case rate | |
| O.R. PROCEDURES FOR OBESITY W CC | 620 | MS-DRG | | | | inpatient | | | | 31914.2 | Wellcare | Medicare | 27751.48 | | | | 18863 | 70587.07 | case rate | |
| O.R. PROCEDURES FOR OBESITY W/O CC/MCC | 621 | MS-DRG | | | | inpatient | | | | 30040.31 | Wellcare | Medicare | 26122.01 | | | | 17266.08 | 61564.75 | case rate | |
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC | 622 | MS-DRG | | | | inpatient | | | | 61644.16 | Wellcare | Medicare | 53603.62 | | | | 44198.71 | 148148.59 | case rate | |
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC | 623 | MS-DRG | | | | inpatient | | | | 36291.22 | Wellcare | Medicare | 31557.59 | | | | 22593.08 | 75018.26 | case rate | |
| SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC | 624 | MS-DRG | | | | inpatient | | | | 29382.88 | Wellcare | Medicare | 25550.85 | | | | 11763.09 | 50553.07 | case rate | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC | 625 | MS-DRG | | | | inpatient | | | | 48617.94 | Wellcare | Medicare | 42269.08 | | | | 33884.81 | 108568.18 | case rate | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC | 626 | MS-DRG | | | | inpatient | | | | 30698.67 | Wellcare | Medicare | 26694.49 | | | | 17827.13 | 62824.67 | case rate | |
| THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC | 627 | MS-DRG | | | | inpatient | | | | 27338.97 | Wellcare | Medicare | 23773.02 | | | | 14964.01 | 42322.6 | case rate | |
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC | 628 | MS-DRG | | | | inpatient | | | | 64467.46 | Wellcare | Medicare | 56058.66 | | | | 46604.71 | 143350.73 | case rate | |
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC | 629 | MS-DRG | | | | inpatient | | | | 40952.38 | Wellcare | Medicare | 35619.77 | | | | 26565.29 | 91225.67 | case rate | |
| OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC | 630 | MS-DRG | | | | inpatient | | | | 29201.77 | Wellcare | Medicare | 25392.85 | | | | 16551.48 | 59856.24 | case rate | |
| DIABETES W MCC | 637 | MS-DRG | | | | inpatient | | | | 29964.08 | Wellcare | Medicare | 26055.72 | | | | 17201.12 | 53880.37 | case rate | |
| DIABETES W CC | 638 | MS-DRG | | | | inpatient | | | | 22492.09 | Wellcare | Medicare | 19558.34 | | | | 10833.53 | 34021.91 | case rate | |
| DIABETES W/O CC/MCC | 639 | MS-DRG | | | | inpatient | | | | 18464.34 | Wellcare | Medicare | 16055.95 | | | | 7401.1 | 24648.52 | case rate | |
| MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC | 640 | MS-DRG | | | | inpatient | | | | 28185.83 | Wellcare | Medicare | 24509.41 | | | | 15685.7 | 46426.13 | case rate | |
| MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC | 641 | MS-DRG | | | | inpatient | | | | 20609.88 | Wellcare | Medicare | 17921.64 | | | | 9229.52 | 29329.36 | case rate | |
| INBORN AND OTHER DISORDERS OF METABOLISM | 642 | MS-DRG | | | | inpatient | | | | 26981.38 | Wellcare | Medicare | 23462.07 | | | | 14659.28 | 49285.34 | case rate | |
| ENDOCRINE DISORDERS W MCC | 643 | MS-DRG | | | | inpatient | | | | 32749.96 | Wellcare | Medicare | 28478.23 | | | | 19575.23 | 63741.34 | case rate | |
| ENDOCRINE DISORDERS W CC | 644 | MS-DRG | | | | inpatient | | | | 24102.63 | Wellcare | Medicare | 20955.81 | | | | 12206.02 | 39494.59 | case rate | |
| ENDOCRINE DISORDERS W/O CC/MCC | 645 | MS-DRG | | | | inpatient | | | | 20572.46 | Wellcare | Medicare | 17889.1 | | | | 9197.63 | 28978.3 | case rate | |
| KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC | 650 | MS-DRG | | | | inpatient | | | | 73637.32 | Wellcare | Medicare | 64032.45 | | | | 54419.22 | 79941.26 | case rate | |
| KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC | 651 | MS-DRG | | | | inpatient | | | | 57908.86 | Wellcare | Medicare | 50365.53 | | | | 41015.5 | 60251.35 | case rate | |
| KIDNEY TRANSPLANT | 652 | MS-DRG | | | | inpatient | | | | 52349.56 | Wellcare | Medicare | 45521.36 | | | | 36277.9 | 129292.6 | case rate | |
| MAJOR BLADDER PROCEDURES W MCC | 653 | MS-DRG | | | | inpatient | | | | 67044.22 | Wellcare | Medicare | 75690.62 | | | | 65844.5 | 214109.42 | case rate | |
| MAJOR BLADDER PROCEDURES W CC | 654 | MS-DRG | | | | inpatient | | | | 48894.23 | Wellcare | Medicare | 42516.72 | | | | 33333.29 | 110078.81 | case rate | |
| MAJOR BLADDER PROCEDURES W/O CC/MCC | 655 | MS-DRG | | | | inpatient | | | | 38571.21 | Wellcare | Medicare | 33540.19 | | | | 24536.07 | 81025.34 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC | 656 | MS-DRG | | | | inpatient | | | | 54935.86 | Wellcare | Medicare | 47770.31 | | | | 38481.93 | 129799.69 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC | 657 | MS-DRG | | | | inpatient | | | | 35117.27 | Wellcare | Medicare | 30536.76 | | | | 21592.64 | 75962.23 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC | 658 | MS-DRG | | | | inpatient | | | | 30625.21 | Wellcare | Medicare | 26630.62 | | | | 17764.53 | 61100.56 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC | 659 | MS-DRG | | | | inpatient | | | | 45598.3 | Wellcare | Medicare | 39650.69 | | | | 30524.51 | 106375.99 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC | 660 | MS-DRG | | | | inpatient | | | | 28352.15 | Wellcare | Medicare | 24654.04 | | | | 15827.44 | 56466.53 | case rate | |
| KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC | 661 | MS-DRG | | | | inpatient | | | | 24008.39 | Wellcare | Medicare | 20876.86 | | | | 12125.71 | 41846.71 | case rate | |
| MINOR BLADDER PROCEDURES W MCC | 662 | MS-DRG | | | | inpatient | | | | 53017.62 | Wellcare | Medicare | 46102.28 | | | | 36847.22 | 123991.55 | case rate | |
| MINOR BLADDER PROCEDURES W CC | 663 | MS-DRG | | | | inpatient | | | | 30949.53 | Wellcare | Medicare | 26912.64 | | | | 18040.92 | 63983.18 | case rate | |
| MINOR BLADDER PROCEDURES W/O CC/MCC | 664 | MS-DRG | | | | inpatient | | | | 24745.74 | Wellcare | Medicare | 21518.04 | | | | 12754.08 | 46250.6 | case rate | |
| PROSTATECTOMY W MCC | 665 | MS-DRG | | | | inpatient | | | | 57369.7 | Wellcare | Medicare | 49886.69 | | | | 40558.04 | 123995.45 | case rate | |
| PROSTATECTOMY W CC | 666 | MS-DRG | | | | inpatient | | | | 32611.36 | Wellcare | Medicare | 28357.71 | | | | 19457.12 | 69397.35 | case rate | |
| PROSTATECTOMY W/O CC/MCC | 667 | MS-DRG | | | | inpatient | | | | 24025.02 | Wellcare | Medicare | 20891.32 | | | | 12139.88 | 42143.16 | case rate | |
| TRANSURETHRAL PROCEDURES W MCC | 668 | MS-DRG | | | | inpatient | | | | 50199.86 | Wellcare | Medicare | 43652.05 | | | | 34445.94 | 109789.1 | case rate | |
| TRANSURETHRAL PROCEDURES W CC | 669 | MS-DRG | | | | inpatient | | | | 31228.12 | Wellcare | Medicare | 27154.89 | | | | 18278.33 | 61728.58 | case rate | |
| TRANSURETHRAL PROCEDURES W/O CC/MCC | 670 | MS-DRG | | | | inpatient | | | | 23025.7 | Wellcare | Medicare | 20022.35 | | | | 11288.27 | 37583.24 | case rate | |
| URETHRAL PROCEDURES W CC/MCC | 671 | MS-DRG | | | | inpatient | | | | 33670.28 | Wellcare | Medicare | 29278.5 | | | | 20359.52 | 65668.28 | case rate | |
| URETHRAL PROCEDURES W/O CC/MCC | 672 | MS-DRG | | | | inpatient | | | | 24948.1 | Wellcare | Medicare | 21694 | | | | 12926.53 | 41226.5 | case rate | |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC | 673 | MS-DRG | | | | inpatient | | | | 67847.95 | Wellcare | Medicare | 58998.22 | | | | 49485.54 | 139539.74 | case rate | |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W CC | 674 | MS-DRG | | | | inpatient | | | | 41774.29 | Wellcare | Medicare | 36325.47 | | | | 27265.71 | 90188.08 | case rate | |
| OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC | 675 | MS-DRG | | | | inpatient | | | | 31474.83 | Wellcare | Medicare | 27369.42 | | | | 18488.57 | 63398.08 | case rate | |
| RENAL FAILURE W MCC | 682 | MS-DRG | | | | inpatient | | | | 30596.1 | Wellcare | Medicare | 26605.31 | | | | 17739.72 | 59758.72 | case rate | |
| RENAL FAILURE W CC | 683 | MS-DRG | | | | inpatient | | | | 22099.85 | Wellcare | Medicare | 19217.26 | | | | 10499.26 | 35847.43 | case rate | |
| RENAL FAILURE W/O CC/MCC | 684 | MS-DRG | | | | inpatient | | | | 18198.22 | Wellcare | Medicare | 15824.54 | | | | 7174.32 | 24176.54 | case rate | |
| KIDNEY & URINARY TRACT NEOPLASMS W MCC | 686 | MS-DRG | | | | inpatient | | | | 35915.62 | Wellcare | Medicare | 31230.97 | | | | 22272.98 | 66998.42 | case rate | |
| KIDNEY & URINARY TRACT NEOPLASMS W CC | 687 | MS-DRG | | | | inpatient | | | | 24370.13 | Wellcare | Medicare | 21191.42 | | | | 12433.99 | 41101.68 | case rate | |
| KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC | 688 | MS-DRG | | | | inpatient | | | | 19817.09 | Wellcare | Medicare | 17232.25 | | | | 8553.9 | 30850.64 | case rate | |
| KIDNEY & URINARY TRACT INFECTIONS W MCC | 689 | MS-DRG | | | | inpatient | | | | 26000.08 | Wellcare | Medicare | 22608.77 | | | | 13823.02 | 43360.18 | case rate | |
| KIDNEY & URINARY TRACT INFECTIONS W/O MCC | 690 | MS-DRG | | | | inpatient | | | | 20903.72 | Wellcare | Medicare | 18177.15 | | | | 9479.93 | 30975.46 | case rate | |
| URINARY STONES W MCC | 693 | MS-DRG | | | | inpatient | | | | 30159.51 | Wellcare | Medicare | 26225.66 | | | | 17367.66 | 51629.67 | case rate | |
| URINARY STONES W/O MCC | 694 | MS-DRG | | | | inpatient | | | | 20609.88 | Wellcare | Medicare | 17921.64 | | | | 9229.52 | 27386.81 | case rate | |
| KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC | 695 | MS-DRG | | | | inpatient | | | | 25411.03 | Wellcare | Medicare | 22096.55 | | | | 13321.03 | 44807.34 | case rate | |
| KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC | 696 | MS-DRG | | | | inpatient | | | | 19368.02 | Wellcare | Medicare | 16841.75 | | | | 8171.21 | 26860.22 | case rate | |
| URETHRAL STRICTURE | 697 | MS-DRG | | | | inpatient | | | | 23262.71 | Wellcare | Medicare | 20228.44 | | | | 11490.25 | 37446.72 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC | 698 | MS-DRG | | | | inpatient | | | | 33077.06 | Wellcare | Medicare | 28762.66 | | | | 19853.98 | 63000.21 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC | 699 | MS-DRG | | | | inpatient | | | | 23915.52 | Wellcare | Medicare | 20796.11 | | | | 12046.57 | 40095.3 | case rate | |
| OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC | 700 | MS-DRG | | | | inpatient | | | | 19401.28 | Wellcare | Medicare | 16870.68 | | | | 8199.56 | 29633.62 | case rate | |
| MAJOR MALE PELVIC PROCEDURES W CC/MCC | 707 | MS-DRG | | | | inpatient | | | | 36676.54 | Wellcare | Medicare | 31892.64 | | | | 22921.44 | 69877.14 | case rate | |
| MAJOR MALE PELVIC PROCEDURES W/O CC/MCC | 708 | MS-DRG | | | | inpatient | | | | 30327.21 | Wellcare | Medicare | 26371.49 | | | | 17510.58 | 54863.35 | case rate | |
| PENIS PROCEDURES W CC/MCC | 709 | MS-DRG | | | | inpatient | | | | 40924.66 | Wellcare | Medicare | 35586.66 | | | | 26541.67 | 79254.42 | case rate | |
| PENIS PROCEDURES W/O CC/MCC | 710 | MS-DRG | | | | inpatient | | | | 30599.17 | Wellcare | Medicare | 26599.28 | | | | 17733.82 | 65122.19 | case rate | |
| TESTES PROCEDURES W CC/MCC | 711 | MS-DRG | | | | inpatient | | | | 36219.15 | Wellcare | Medicare | 31494.91 | | | | 22531.66 | 81271.08 | case rate | |
| TESTES PROCEDURES W/O CC/MCC | 712 | MS-DRG | | | | inpatient | | | | 22061.04 | Wellcare | Medicare | 19183.51 | | | | 10466.19 | 42002.74 | case rate | |
| TRANSURETHRAL PROSTATECTOMY W CC/MCC | 713 | MS-DRG | | | | inpatient | | | | 29821.32 | Wellcare | Medicare | 25931.58 | | | | 17079.46 | 57082.84 | case rate | |
| TRANSURETHRAL PROSTATECTOMY W/O CC/MCC | 714 | MS-DRG | | | | inpatient | | | | 22803.94 | Wellcare | Medicare | 19829.51 | | | | 11099.29 | 35515.87 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC | 715 | MS-DRG | | | | inpatient | | | | 41079.9 | Wellcare | Medicare | 35721.65 | | | | 26673.96 | 86201.57 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC | 716 | MS-DRG | | | | inpatient | | | | 29451.26 | Wellcare | Medicare | 25609.79 | | | | 16764.09 | 57067.24 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC | 717 | MS-DRG | | | | inpatient | | | | 35457.04 | Wellcare | Medicare | 30866.99 | | | | 21916.28 | 76231.38 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC | 718 | MS-DRG | | | | inpatient | | | | 26953.87 | Wellcare | Medicare | 23351.19 | | | | 14550.61 | 48080.03 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC | 722 | MS-DRG | | | | inpatient | | | | 33742.35 | Wellcare | Medicare | 29341.17 | | | | 20420.94 | 64739.92 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC | 723 | MS-DRG | | | | inpatient | | | | 25343.12 | Wellcare | Medicare | 22037.49 | | | | 13263.16 | 42966.21 | case rate | |
| MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC | 724 | MS-DRG | | | | inpatient | | | | 18884.3 | Wellcare | Medicare | 16421.13 | | | | 7758.99 | 26883.62 | case rate | |
| BENIGN PROSTATIC HYPERTROPHY W MCC | 725 | MS-DRG | | | | inpatient | | | | 27279.37 | Wellcare | Medicare | 23721.19 | | | | 14913.23 | 47386.2 | case rate | |
| BENIGN PROSTATIC HYPERTROPHY W/O MCC | 726 | MS-DRG | | | | inpatient | | | | 20097.06 | Wellcare | Medicare | 17475.7 | | | | 8792.5 | 29820.85 | case rate | |
| INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC | 727 | MS-DRG | | | | inpatient | | | | 30145.65 | Wellcare | Medicare | 26213.61 | | | | 17355.85 | 56092.07 | case rate | |
| INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC | 728 | MS-DRG | | | | inpatient | | | | 21104.69 | Wellcare | Medicare | 18351.9 | | | | 9651.19 | 30870.14 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC | 729 | MS-DRG | | | | inpatient | | | | 25038.19 | Wellcare | Medicare | 21772.34 | | | | 13003.3 | 42205.57 | case rate | |
| OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC | 730 | MS-DRG | | | | inpatient | | | | 18191.29 | Wellcare | Medicare | 15818.52 | | | | 7168.41 | 22171.58 | case rate | |
| PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC | 734 | MS-DRG | | | | inpatient | | | | 38924.65 | Wellcare | Medicare | 33847.52 | | | | 24837.26 | 89946.24 | case rate | |
| PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC | 735 | MS-DRG | | | | inpatient | | | | 26604.39 | Wellcare | Medicare | 23134.25 | | | | 14338 | 53244.56 | case rate | |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC | 736 | MS-DRG | | | | inpatient | | | | 64355.2 | Wellcare | Medicare | 55961.04 | | | | 46509.04 | 157221.61 | case rate | |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC | 737 | MS-DRG | | | | inpatient | | | | 37477.65 | Wellcare | Medicare | 32589.26 | | | | 29804.14 | 79238.82 | case rate | |
| UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC | 738 | MS-DRG | | | | inpatient | | | | 30804 | Wellcare | Medicare | 26786.09 | | | | 17916.89 | 54309.45 | case rate | |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC | 739 | MS-DRG | | | | inpatient | | | | 64955.34 | Wellcare | Medicare | 56482.91 | | | | 47020.48 | 140335.48 | case rate | |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC | 740 | MS-DRG | | | | inpatient | | | | 34981.44 | Wellcare | Medicare | 30418.65 | | | | 21476.89 | 67985.3 | case rate | |
| UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC | 741 | MS-DRG | | | | inpatient | | | | 28817.85 | Wellcare | Medicare | 25069 | | | | 16224.3 | 51763.49 | case rate | |
| UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC | 742 | MS-DRG | | | | inpatient | | | | 35097.87 | Wellcare | Medicare | 30519.89 | | | | 21576.1 | 66858 | case rate | |
| UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC | 743 | MS-DRG | | | | inpatient | | | | 26393.71 | Wellcare | Medicare | 22961.05 | | | | 14158.47 | 43516.21 | case rate | |
| D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC | 744 | MS-DRG | | | | inpatient | | | | 36862.26 | Wellcare | Medicare | 32054.14 | | | | 23079.71 | 65933.53 | case rate | |
| D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC | 745 | MS-DRG | | | | inpatient | | | | 23983.44 | Wellcare | Medicare | 20855.16 | | | | 12104.45 | 41714.09 | case rate | |
| VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC | 746 | MS-DRG | | | | inpatient | | | | 32989.74 | Wellcare | Medicare | 28686.73 | | | | 19779.57 | 65442.04 | case rate | |
| VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC | 747 | MS-DRG | | | | inpatient | | | | 23018.77 | Wellcare | Medicare | 20016.32 | | | | 11282.36 | 37376.51 | case rate | |
| FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES | 748 | MS-DRG | | | | inpatient | | | | 28661.23 | Wellcare | Medicare | 24922.81 | | | | 16090.83 | 50475.06 | case rate | |
| OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC | 749 | MS-DRG | | | | inpatient | | | | 4560.89 | Wellcare | Medicare | 39702.52 | | | | 30575.3 | 101496.21 | case rate | |
| OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC | 750 | MS-DRG | | | | inpatient | | | | 27652.21 | Wellcare | Medicare | 24045.4 | | | | 15230.96 | 47740.67 | case rate | |
| MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC | 754 | MS-DRG | | | | inpatient | | | | 34866.7 | Wellcare | Medicare | 30310.18 | | | | 21370.58 | 71827.49 | case rate | |
| MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC | 755 | MS-DRG | | | | inpatient | | | | 25165.71 | Wellcare | Medicare | 21883.22 | | | | 13111.97 | 41733.59 | case rate | |
| MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC | 756 | MS-DRG | | | | inpatient | | | | 23016 | Wellcare | Medicare | 20013.91 | | | | 11280 | 30429.36 | case rate | |
| INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC | 757 | MS-DRG | | | | inpatient | | | | 29395.81 | Wellcare | Medicare | 25561.58 | | | | 16716.84 | 56205.19 | case rate | |
| INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC | 758 | MS-DRG | | | | inpatient | | | | 23907.21 | Wellcare | Medicare | 20788.88 | | | | 12039.48 | 39802.74 | case rate | |
| INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC | 759 | MS-DRG | | | | inpatient | | | | 18950.06 | Wellcare | Medicare | 16217.45 | | | | 7559.37 | 27722.27 | case rate | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC | 760 | MS-DRG | | | | inpatient | | | | 23440.12 | Wellcare | Medicare | 20382.71 | | | | 11641.43 | 34002.4 | case rate | |
| MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC | 761 | MS-DRG | | | | inpatient | | | | 18565.52 | Wellcare | Medicare | 16143.93 | | | | 7487.32 | 21430.45 | case rate | |
| VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C | 768 | MS-DRG | | | | inpatient | | | | 25794.94 | Wellcare | Medicare | 20691.25 | | | | 8760 | 44132.52 | case rate | |
| POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE | 769 | MS-DRG | | | | inpatient | | | | 28855.27 | Wellcare | Medicare | 25091.54 | | | | 16256.19 | 56868.31 | case rate | |
| ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY | 770 | MS-DRG | | | | inpatient | | | | 24693.08 | Wellcare | Medicare | 21472.24 | | | | 12709.2 | 41655.58 | case rate | |
| POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE | 776 | MS-DRG | | | | inpatient | | | | 19668.78 | Wellcare | Medicare | 17103.29 | | | | 8427.52 | 25705.61 | case rate | |
| ABORTION W/O D&C | 779 | MS-DRG | | | | inpatient | | | | 22736.03 | Wellcare | Medicare | 19770.46 | | | | 11041.41 | 29422.98 | case rate | |
| CESAREAN SECTION W STERILIZATION W MCC | 783 | MS-DRG | | | | inpatient | | | | 35311.31 | Wellcare | Medicare | 30703.49 | | | | 8487 | 68086.72 | case rate | |
| CESAREAN SECTION W STERILIZATION W CC | 784 | MS-DRG | | | | inpatient | | | | 24790.1 | Wellcare | Medicare | 21556.61 | | | | 8487 | 42989.61 | case rate | |
| CESAREAN SECTION W STERILIZATION W/O CC/MCC | 785 | MS-DRG | | | | inpatient | | | | 21886.4 | Wellcare | Medicare | 19031.65 | | | | 8487 | 32980.42 | case rate | |
| CESAREAN SECTION W/O STERILIZATION W MCC | 786 | MS-DRG | | | | inpatient | | | | 32176.15 | Wellcare | Medicare | 27979.27 | | | | 8487 | 60648.08 | case rate | |
| CESAREAN SECTION W/O STERILIZATION W CC | 787 | MS-DRG | | | | inpatient | | | | 24496.26 | Wellcare | Medicare | 21301.1 | | | | 8487 | 42170.47 | case rate | |
| CESAREAN SECTION W/O STERILIZATION W/O CC/MCC | 788 | MS-DRG | | | | inpatient | | | | 22318.84 | Wellcare | Medicare | 19407.68 | | | | 8487 | 35133.6 | case rate | |
| NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY | 789 | MS-DRG | | | | inpatient | | | | 34763.84 | Wellcare | Medicare | 30229.43 | | | | 637 | 64895.95 | case rate | |
| EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE | 790 | MS-DRG | | | | inpatient | | | | 92175.23 | Wellcare | Medicare | 80152.38 | | | | 637 | 214004.1 | case rate | |
| PREMATURITY W MAJOR PROBLEMS | 791 | MS-DRG | | | | inpatient | | | | 66050.29 | Wellcare | Medicare | 57435.04 | | | | 637 | 146159.23 | case rate | |
| PREMATURITY W/O MAJOR PROBLEMS | 792 | MS-DRG | | | | inpatient | | | | 43732.72 | Wellcare | Medicare | 38028.46 | | | | 637 | 88187.03 | case rate | |
| FULL TERM NEONATE W MAJOR PROBLEMS | 793 | MS-DRG | | | | inpatient | | | | 67583.22 | Wellcare | Medicare | 58768.02 | | | | 637 | 150134.04 | case rate | |
| NEONATE W OTHER SIGNIFICANT PROBLEMS | 794 | MS-DRG | | | | inpatient | | | | 30239.9 | Wellcare | Medicare | 26295.56 | | | | 637 | 53139.24 | case rate | |
| NORMAL NEWBORN | 795 | MS-DRG | | | | inpatient | | | | 12548.84 | Wellcare | Medicare | 10912.03 | | | | 637 | 10912.03 | case rate | |
| VAGINAL DELIVERY W STERILIZATION/D&C W MCC | 796 | MS-DRG | | | | inpatient | | | | 24485.17 | Wellcare | Medicare | 21291.46 | | | | 6365 | 57270.08 | case rate | |
| VAGINAL DELIVERY W STERILIZATION/D&C W CC | 797 | MS-DRG | | | | inpatient | | | | 23198.95 | Wellcare | Medicare | 20173 | | | | 6365 | 33035.03 | case rate | |
| VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC | 798 | MS-DRG | | | | inpatient | | | | 23198.95 | Wellcare | Medicare | 20173 | | | | 6365 | 33035.03 | case rate | |
| SPLENECTOMY W MCC | 799 | MS-DRG | | | | inpatient | | | | 75681.69 | Wellcare | Medicare | 65810.16 | | | | 56161.42 | 183395.31 | case rate | |
| SPLENECTOMY W CC | 800 | MS-DRG | | | | inpatient | | | | 50165.21 | Wellcare | Medicare | 43621.92 | | | | 34416.41 | 102463.59 | case rate | |
| SPLENECTOMY W/O CC/MCC | 801 | MS-DRG | | | | inpatient | | | | 32533.75 | Wellcare | Medicare | 28290.21 | | | | 5977 | 60706.59 | case rate | |
| OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC | 802 | MS-DRG | | | | inpatient | | | | 59465.35 | Wellcare | Medicare | 51709 | | | | 8199 | 130564.23 | case rate | |
| OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC | 803 | MS-DRG | | | | inpatient | | | | 34450.6 | Wellcare | Medicare | 29957.04 | | | | 13379 | 67173.95 | case rate | |
| OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC | 804 | MS-DRG | | | | inpatient | | | | 25103.34 | Wellcare | Medicare | 21828.99 | | | | 13058.82 | 47998.11 | case rate | |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC | 805 | MS-DRG | | | | inpatient | | | | 23611.99 | Wellcare | Medicare | 20532.16 | | | | 6365 | 39911.96 | case rate | |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W CC | 806 | MS-DRG | | | | inpatient | | | | 19808.77 | Wellcare | Medicare | 17225.02 | | | | 6365 | 27593.55 | case rate | |
| VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC | 807 | MS-DRG | | | | inpatient | | | | 18612.64 | Wellcare | Medicare | 16184.9 | | | | 6365 | 23950.3 | case rate | |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC | 808 | MS-DRG | | | | inpatient | | | | 41523.42 | Wellcare | Medicare | 36107.32 | | | | 27051.92 | 83833.84 | case rate | |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC | 809 | MS-DRG | | | | inpatient | | | | 26945.35 | Wellcare | Medicare | 23430.73 | | | | 14628.57 | 46983.93 | case rate | |
| MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC | 810 | MS-DRG | | | | inpatient | | | | 22971.65 | Wellcare | Medicare | 19975.35 | | | | 11242.2 | 35964.45 | case rate | |
| RED BLOOD CELL DISORDERS W MCC | 811 | MS-DRG | | | | inpatient | | | | 29279.39 | Wellcare | Medicare | 25460.34 | | | | 16617.63 | 52893.49 | case rate | |
| RED BLOOD CELL DISORDERS W/O MCC | 812 | MS-DRG | | | | inpatient | | | | 22571.09 | Wellcare | Medicare | 19627.04 | | | | 10900.85 | 34450.98 | case rate | |
| COAGULATION DISORDERS | 813 | MS-DRG | | | | inpatient | | | | 31235.05 | Wellcare | Medicare | 27160.92 | | | | 18284.23 | 62859.78 | case rate | |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC | 814 | MS-DRG | | | | inpatient | | | | 38754.17 | Wellcare | Medicare | 33699.28 | | | | 24691.98 | 64868.64 | case rate | |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC | 815 | MS-DRG | | | | inpatient | | | | 23862.85 | Wellcare | Medicare | 20750.31 | | | | 12001.69 | 38137.14 | case rate | |
| RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC | 816 | MS-DRG | | | | inpatient | | | | 18918.95 | Wellcare | Medicare | 16451.26 | | | | 7788.52 | 28147.45 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC | 817 | MS-DRG | | | | inpatient | | | | 40076.42 | Wellcare | Medicare | 34849.06 | | | | 25818.8 | 98754.02 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC | 818 | MS-DRG | | | | inpatient | | | | 23492.79 | Wellcare | Medicare | 20428.51 | | | | 11686.32 | 52991.01 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC | 819 | MS-DRG | | | | inpatient | | | | 19140.71 | Wellcare | Medicare | 16644.1 | | | | 7977.5 | 32726.87 | case rate | |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC | 820 | MS-DRG | | | | inpatient | | | | 90477.37 | Wellcare | Medicare | 78675.97 | | | | 68770.21 | 212342.41 | case rate | |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC | 821 | MS-DRG | | | | inpatient | | | | 40720.92 | Wellcare | Medicare | 35409.5 | | | | 6969 | 93394.46 | case rate | |
| LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC | 822 | MS-DRG | | | | inpatient | | | | 25631.41 | Wellcare | Medicare | 22288.18 | | | | 8721 | 47190.67 | case rate | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC | 823 | MS-DRG | | | | inpatient | | | | 74638.02 | Wellcare | Medicare | 64902.63 | | | | 12547 | 176491.07 | case rate | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC | 824 | MS-DRG | | | | inpatient | | | | 40263.54 | Wellcare | Medicare | 35011.77 | | | | 22652 | 85596.96 | case rate | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC | 825 | MS-DRG | | | | inpatient | | | | 26838.62 | Wellcare | Medicare | 23337.93 | | | | 14537.62 | 53010.51 | case rate | |
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC | 826 | MS-DRG | | | | inpatient | | | | 75968.59 | Wellcare | Medicare | 66059.65 | | | | 56405.91 | 193002.74 | case rate | |
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC | 827 | MS-DRG | | | | inpatient | | | | 42488.08 | Wellcare | Medicare | 36946.16 | | | | 27874.01 | 87832.06 | case rate | |
| MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC | 828 | MS-DRG | | | | inpatient | | | | 31995.97 | Wellcare | Medicare | 27822.59 | | | | 18932.69 | 63792.05 | case rate | |
| MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC | 829 | MS-DRG | | | | inpatient | | | | 52521.43 | Wellcare | Medicare | 45670.81 | | | | 36424.37 | 121300.07 | case rate | |
| MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC | 830 | MS-DRG | | | | inpatient | | | | 30050.01 | Wellcare | Medicare | 26130.45 | | | | 17274.35 | 55343.13 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC | 831 | MS-DRG | | | | inpatient | | | | 25732.58 | Wellcare | Medicare | 22376.16 | | | | 13956.06 | 40103.1 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC | 832 | MS-DRG | | | | inpatient | | | | 20138.64 | Wellcare | Medicare | 17511.86 | | | | 8827.93 | 28038.23 | case rate | |
| OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC | 833 | MS-DRG | | | | inpatient | | | | 16984.08 | Wellcare | Medicare | 14768.76 | | | | 6139.63 | 18735.06 | case rate | |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC | 834 | MS-DRG | | | | inpatient | | | | 86388.63 | Wellcare | Medicare | 75120.55 | | | | 65285.81 | 214842.75 | case rate | |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC | 835 | MS-DRG | | | | inpatient | | | | 39383.42 | Wellcare | Medicare | 34246.45 | | | | 25228.23 | 83318.95 | case rate | |
| ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC | 836 | MS-DRG | | | | inpatient | | | | 26999.4 | Wellcare | Medicare | 23477.74 | | | | 14674.63 | 47299.89 | case rate | |
| CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC | 837 | MS-DRG | | | | inpatient | | | | 79179.98 | Wellcare | Medicare | 68852.16 | | | | 59142.64 | 209627.52 | case rate | |
| CHEMO W ACUTE LEUKEMIA AS SDX W CC, OR HIGH DOSE CHEMO AGENT | 838 | MS-DRG | | | | inpatient | | | | 37890.68 | Wellcare | Medicare | 32948.42 | | | | 23956.12 | 91767.87 | case rate | |
| CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC | 839 | MS-DRG | | | | inpatient | | | | 28773.5 | Wellcare | Medicare | 25020.43 | | | | 16186.51 | 48988.89 | case rate | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W MCC | 840 | MS-DRG | | | | inpatient | | | | 53979.51 | Wellcare | Medicare | 46938.71 | | | | 37666.94 | 128446.15 | case rate | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W CC | 841 | MS-DRG | | | | inpatient | | | | 31512.26 | Wellcare | Medicare | 27401.96 | | | | 18520.46 | 63768.64 | case rate | |
| LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC | 842 | MS-DRG | | | | inpatient | | | | 24369.05 | Wellcare | Medicare | 21181.78 | | | | 12424.54 | 43730.75 | case rate | |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC | 843 | MS-DRG | | | | inpatient | | | | 36020.95 | Wellcare | Medicare | 31322.57 | | | | 22362.75 | 72006.92 | case rate | |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC | 844 | MS-DRG | | | | inpatient | | | | 26345.2 | Wellcare | Medicare | 22908.87 | | | | 14117.13 | 45981.45 | case rate | |
| OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC | 845 | MS-DRG | | | | inpatient | | | | 21377.73 | Wellcare | Medicare | 18589.33 | | | | 9883.88 | 33787.86 | case rate | |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC | 846 | MS-DRG | | | | inpatient | | | | 45175.56 | Wellcare | Medicare | 39283.1 | | | | 30164.26 | 109917.83 | case rate | |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC | 847 | MS-DRG | | | | inpatient | | | | 27391.64 | Wellcare | Medicare | 23818.82 | | | | 15008.9 | 51742.79 | case rate | |
| CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC | 848 | MS-DRG | | | | inpatient | | | | 21129.64 | Wellcare | Medicare | 18373.6 | | | | 9672.45 | 36377.93 | case rate | |
| RADIOTHERAPY | 849 | MS-DRG | | | | inpatient | | | | 46801.35 | Wellcare | Medicare | 40696.83 | | | | 31549.75 | 76851.59 | case rate | |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC | 853 | MS-DRG | | | | inpatient | | | | 79098.21 | Wellcare | Medicare | 68781.05 | | | | 59972.95 | 197282.3 | case rate | |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC | 854 | MS-DRG | | | | inpatient | | | | 37473.49 | Wellcare | Medicare | 32585.65 | | | | 23600.6 | 85924.62 | case rate | |
| INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC | 855 | MS-DRG | | | | inpatient | | | | 32310.6 | Wellcare | Medicare | 28096.17 | | | | 19200.81 | 60850.92 | case rate | |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC | 856 | MS-DRG | | | | inpatient | | | | 72310.91 | Wellcare | Medicare | 62879.05 | | | | 53288.85 | 175075.12 | case rate | |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC | 857 | MS-DRG | | | | inpatient | | | | 39979.4 | Wellcare | Medicare | 34764.7 | | | | 25736.12 | 80225.7 | case rate | |
| POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC | 858 | MS-DRG | | | | inpatient | | | | 27636.97 | Wellcare | Medicare | 24032.14 | | | | 15217.96 | 53833.56 | case rate | |
| POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC | 862 | MS-DRG | | | | inpatient | | | | 35264.19 | Wellcare | Medicare | 30664.51 | | | | 21717.84 | 71293.09 | case rate | |
| POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC | 863 | MS-DRG | | | | inpatient | | | | 23638.32 | Wellcare | Medicare | 20555.06 | | | | 11810.34 | 38414.09 | case rate | |
| FEVER AND INFLAMMATORY CONDITIONS | 864 | MS-DRG | | | | inpatient | | | | 22225.97 | Wellcare | Medicare | 19326.93 | | | | 10606.74 | 33713.75 | case rate | |
| VIRAL ILLNESS W MCC | 865 | MS-DRG | | | | inpatient | | | | 29883.69 | Wellcare | Medicare | 25985.82 | | | | 17132.61 | 53915.48 | case rate | |
| VIRAL ILLNESS W/O MCC | 866 | MS-DRG | | | | inpatient | | | | 22043.02 | Wellcare | Medicare | 19167.84 | | | | 10450.83 | 32001.34 | case rate | |
| OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC | 867 | MS-DRG | | | | inpatient | | | | 39499.84 | Wellcare | Medicare | 34347.69 | | | | 25327.44 | 83198.03 | case rate | |
| OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC | 868 | MS-DRG | | | | inpatient | | | | 24334.1 | Wellcare | Medicare | 21160.09 | | | | 12403.28 | 42006.64 | case rate | |
| OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC | 869 | MS-DRG | | | | inpatient | | | | 19753.33 | Wellcare | Medicare | 17176.81 | | | | 8499.57 | 29953.48 | case rate | |
| SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS | 870 | MS-DRG | | | | inpatient | | | | 106197.52 | Wellcare | Medicare | 92345.67 | | | | 82168.84 | 245560.77 | case rate | |
| SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC | 871 | MS-DRG | | | | inpatient | | | | 36974.53 | Wellcare | Medicare | 32151.76 | | | | 23175.38 | 72412.59 | case rate | |
| SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC | 872 | MS-DRG | | | | inpatient | | | | 24069.37 | Wellcare | Medicare | 20929.89 | | | | 12177.68 | 41070.47 | case rate | |
| O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS | 876 | MS-DRG | | | | inpatient | | | | 64244.32 | Wellcare | Medicare | 55864.62 | | | | 46414.55 | 128777.71 | case rate | |
| ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION | 880 | MS-DRG | | | | inpatient | | | | 23065.9 | Wellcare | Medicare | 20097.3 | | | | 2090 | 20057.3 | case rate | |
| DEPRESSIVE NEUROSES | 881 | MS-DRG | | | | inpatient | | | | 22449.12 | Wellcare | Medicare | 19520.98 | | | | 2090 | 19520.98 | case rate | |
| NEUROSES EXCEPT DEPRESSIVE | 882 | MS-DRG | | | | inpatient | | | | 23113.02 | Wellcare | Medicare | 20098.28 | | | | 2090 | 20098.28 | case rate | |
| DISORDERS OF PERSONALITY & IMPULSE CONTROL | 883 | MS-DRG | | | | inpatient | | | | 35474.86 | Wellcare | Medicare | 30847.71 | | | | 2090 | 32167.02 | case rate | |
| ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY | 884 | MS-DRG | | | | inpatient | | | | 32928.76 | Wellcare | Medicare | 28633.7 | | | | 2090 | 28979.64 | case rate | |
| PSYCHOSES | 885 | MS-DRG | | | | inpatient | | | | 25316.81 | Wellcare | Medicare | 25492.88 | | | | 2090 | 25492.88 | case rate | |
| BEHAVIORAL & DEVELOPMENTAL DISORDERS | 886 | MS-DRG | | | | inpatient | | | | 34679.29 | Wellcare | Medicare | 30155.91 | | | | 2090 | 31171.07 | case rate | |
| OTHER MENTAL DISORDER DIAGNOSES | 887 | MS-DRG | | | | inpatient | | | | 26264.81 | Wellcare | Medicare | 22838.97 | | | | 2090 | 22838.97 | case rate | |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA | 894 | MS-DRG | | | | inpatient | | | | 18429.69 | Wellcare | Medicare | 16025.81 | | | | 2090 | 94620.59 | case rate | |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY | 895 | MS-DRG | | | | inpatient | | | | 29229.49 | Wellcare | Medicare | 25416.95 | | | | 2090 | 25416.95 | case rate | |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC | 896 | MS-DRG | | | | inpatient | | | | 34461.69 | Wellcare | Medicare | 29966.69 | | | | 2090 | 30898.66 | case rate | |
| ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC | 897 | MS-DRG | | | | inpatient | | | | 22006.98 | Wellcare | Medicare | 19136.51 | | | | 2090 | 19136.51 | case rate | |
| WOUND DEBRIDEMENTS FOR INJURIES W MCC | 901 | MS-DRG | | | | inpatient | | | | 71186.85 | Wellcare | Medicare | 61901.61 | | | | 13124 | 174162.35 | case rate | |
| WOUND DEBRIDEMENTS FOR INJURIES W CC | 902 | MS-DRG | | | | inpatient | | | | 36080.55 | Wellcare | Medicare | 31374.39 | | | | 22413.54 | 74909.04 | case rate | |
| WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC | 903 | MS-DRG | | | | inpatient | | | | 26676.46 | Wellcare | Medicare | 23196.92 | | | | 14399.42 | 56429.51 | case rate | |
| SKIN GRAFTS FOR INJURIES W CC/MCC | 904 | MS-DRG | | | | inpatient | | | | 63294.9 | Wellcare | Medicare | 55039.04 | | | | 45605.46 | 129936.58 | case rate | |
| SKIN GRAFTS FOR INJURIES W/O CC/MCC | 905 | MS-DRG | | | | inpatient | | | | 32623.84 | Wellcare | Medicare | 28368.55 | | | | 19467.75 | 69011.18 | case rate | |
| HAND PROCEDURES FOR INJURIES | 906 | MS-DRG | | | | inpatient | | | | 40029.3 | Wellcare | Medicare | 34808.09 | | | | 25778.64 | 71897.7 | case rate | |
| OTHER O.R. PROCEDURES FOR INJURIES W MCC | 907 | MS-DRG | | | | inpatient | | | | 64994.15 | Wellcare | Medicare | 56516.65 | | | | 47053.55 | 164457.41 | case rate | |
| OTHER O.R. PROCEDURES FOR INJURIES W CC | 908 | MS-DRG | | | | inpatient | | | | 37736.84 | Wellcare | Medicare | 32814.64 | | | | 23825.02 | 77733.15 | case rate | |
| OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC | 909 | MS-DRG | | | | inpatient | | | | 27358.38 | Wellcare | Medicare | 23789.89 | | | | 14980.55 | 51699.88 | case rate | |
| TRAUMATIC INJURY W MCC | 913 | MS-DRG | | | | inpatient | | | | 32209.42 | Wellcare | Medicare | 28008.19 | | | | 19114.58 | 57414.4 | case rate | |
| TRAUMATIC INJURY W/O MCC | 914 | MS-DRG | | | | inpatient | | | | 22481 | Wellcare | Medicare | 19548.7 | | | | 10824.08 | 84762.6 | case rate | |
| ALLERGIC REACTIONS W MCC | 915 | MS-DRG | | | | inpatient | | | | 33867.09 | Wellcare | Medicare | 29449.64 | | | | 20527.24 | 65410.84 | case rate | |
| ALLERGIC REACTIONS W/O MCC | 916 | MS-DRG | | | | inpatient | | | | 18984.09 | Wellcare | Medicare | 16507.91 | | | | 7844.03 | 24781.15 | case rate | |
| POISONING & TOXIC EFFECTS OF DRUGS W MCC | 917 | MS-DRG | | | | inpatient | | | | 32506.03 | Wellcare | Medicare | 28266.11 | | | | 19367.35 | 57484.62 | case rate | |
| POISONING & TOXIC EFFECTS OF DRUGS W/O MCC | 918 | MS-DRG | | | | inpatient | | | | 22040.25 | Wellcare | Medicare | 19165.43 | | | | 10448.47 | 30374.75 | case rate | |
| COMPLICATIONS OF TREATMENT W MCC | 919 | MS-DRG | | | | inpatient | | | | 35054.9 | Wellcare | Medicare | 30482.52 | | | | 21539.49 | 71160.47 | case rate | |
| COMPLICATIONS OF TREATMENT W CC | 920 | MS-DRG | | | | inpatient | | | | 23860.08 | Wellcare | Medicare | 20747.9 | | | | 11999.32 | 39127.92 | case rate | |
| COMPLICATIONS OF TREATMENT W/O CC/MCC | 921 | MS-DRG | | | | inpatient | | | | 19311.19 | Wellcare | Medicare | 16792.34 | | | | 8122.78 | 27562.35 | case rate | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC | 922 | MS-DRG | | | | inpatient | | | | 33194.87 | Wellcare | Medicare | 28865.11 | | | | 19954.38 | 60788.51 | case rate | |
| OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC | 923 | MS-DRG | | | | inpatient | | | | 23915.52 | Wellcare | Medicare | 20796.11 | | | | 12046.57 | 37582.48 | case rate | |
| EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT | 927 | MS-DRG | | | | inpatient | | | | 288538.5 | Wellcare | Medicare | 250903.04 | | | | 237556.83 | 717124.19 | case rate | |
| FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC | 928 | MS-DRG | | | | inpatient | | | | 102349.95 | Wellcare | Medicare | 89999.95 | | | | 78667.96 | 229189.53 | case rate | |
| FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC | 929 | MS-DRG | | | | inpatient | | | | 53860.31 | Wellcare | Medicare | 46835.06 | | | | 37565.36 | 115936.61 | case rate | |
| EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT | 933 | MS-DRG | | | | inpatient | | | | 69750.94 | Wellcare | Medicare | 60652.99 | | | | 33318 | 111571.72 | case r

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes | | | |
| FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ | 934 | MS-DRG | | | | inpatient | | | | 39520.63 | Wellcare | Medicare | 34365.77 | | | | 25345.16 | 71519.33 | case rate | | | | | |
| NON-EXTENSIVE BURNS | 935 | MS-DRG | | | | inpatient | | | | 40221.96 | Wellcare | Medicare | 34975.61 | | | | 25942.82 | 71059.05 | case rate | | | | | |
| O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC | 939 | MS-DRG | | | | inpatient | | | | 53771.61 | Wellcare | Medicare | 46757.92 | | | | 37489.76 | 127892.25 | case rate | | | | | |
| O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC | 940 | MS-DRG | | | | inpatient | | | | 39043.84 | Wellcare | Medicare | 33951.17 | | | | 24938.84 | 84820.72 | case rate | | | | | |
| O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC | 941 | MS-DRG | | | | inpatient | | | | 36866.42 | Wellcare | Medicare | 32057.76 | | | | 23983.25 | 72217.56 | case rate | | | | | |
| REHABILITATION W CC/MCC | 945 | MS-DRG | | | | inpatient | | | | 30937.06 | Wellcare | Medicare | 26901.79 | | | | 18030.29 | 53240.65 | case rate | | | | | |
| REHABILITATION W/O CC/MCC | 946 | MS-DRG | | | | inpatient | | | | 25254.41 | Wellcare | Medicare | 21960.36 | | | | 13187.56 | 40672.6 | case rate | | | | | |
| SIGNS & SYMPTOMS W MCC | 947 | MS-DRG | | | | inpatient | | | | 27606.47 | Wellcare | Medicare | 24005.63 | | | | 15191.98 | 47026.84 | case rate | | | | | |
| SIGNS & SYMPTOMS W/O MCC | 948 | MS-DRG | | | | inpatient | | | | 20791.45 | Wellcare | Medicare | 18079.52 | | | | 9384.25 | 30433.26 | case rate | | | | | |
| AFTERCARE W CC/MCC | 949 | MS-DRG | | | | inpatient | | | | 24734.66 | Wellcare | Medicare | 21508.4 | | | | 12744.63 | 44709.82 | case rate | | | | | |
| AFTERCARE W/O CC/MCC | 950 | MS-DRG | | | | inpatient | | | | 17903 | Wellcare | Medicare | 15567.83 | | | | 6922.73 | 29056.31 | case rate | | | | | |
| OTHER FACTORS INFLUENCING HEALTH STATUS | 951 | MS-DRG | | | | inpatient | | | | 17638.27 | Wellcare | Medicare | 15337.63 | | | | 6697.13 | 31143.19 | case rate | | | | | |
| CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA | 955 | MS-DRG | | | | inpatient | | | | 104420.65 | Wellcare | Medicare | 90800.56 | | | | 80652.6 | 237821.78 | case rate | | | | | |
| LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA | 956 | MS-DRG | | | | inpatient | | | | 62758.51 | Wellcare | Medicare | 54572.62 | | | | 45148.35 | 147594.69 | case rate | | | | | |
| OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC | 957 | MS-DRG | | | | inpatient | | | | 113234.3 | Wellcare | Medicare | 98464.61 | | | | 88163.55 | 296394.69 | case rate | | | | | |
| OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC | 958 | MS-DRG | | | | inpatient | | | | 66741.91 | Wellcare | Medicare | 58036.44 | | | | 48542.98 | 163041.46 | case rate | | | | | |
| OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC | 959 | MS-DRG | | | | inpatient | | | | 46424.36 | Wellcare | Medicare | 40369.01 | | | | 31228.48 | 95594.45 | case rate | | | | | |
| OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC | 963 | MS-DRG | | | | inpatient | | | | 47433.38 | Wellcare | Medicare | 41246.41 | | | | 32088.36 | 109024.57 | case rate | | | | | |
| OTHER MULTIPLE SIGNIFICANT TRAUMA W CC | 964 | MS-DRG | | | | inpatient | | | | 30571.15 | Wellcare | Medicare | 26583.61 | | | | 17718.46 | 57531.42 | case rate | | | | | |
| OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC | 965 | MS-DRG | | | | inpatient | | | | 22428.33 | Wellcare | Medicare | 19502.9 | | | | 10779.19 | 38004.52 | case rate | | | | | |
| HIV W EXTENSIVE O.R. PROCEDURE W MCC | 969 | MS-DRG | | | | inpatient | | | | 97435.15 | Wellcare | Medicare | 84726.22 | | | | 74699.6 | 218388.49 | case rate | | | | | |
| HIV W EXTENSIVE O.R. PROCEDURE W/O MCC | 970 | MS-DRG | | | | inpatient | | | | 46554.64 | Wellcare | Medicare | 40482.3 | | | | 31339.51 | 108739.81 | case rate | | | | | |
| HIV W MAJOR RELATED CONDITION W MCC | 974 | MS-DRG | | | | inpatient | | | | 51168.68 | Wellcare | Medicare | 44494.5 | | | | 35271.56 | 106216.06 | case rate | | | | | |
| HIV W MAJOR RELATED CONDITION W CC | 975 | MS-DRG | | | | inpatient | | | | 29480.36 | Wellcare | Medicare | 25635.1 | | | | 16788.89 | 50315.13 | case rate | | | | | |
| HIV W MAJOR RELATED CONDITION W/O CC/MCC | 976 | MS-DRG | | | | inpatient | | | | 23681.29 | Wellcare | Medicare | 20592.42 | | | | 11846.95 | 36611.97 | case rate | | | | | |
| HIV W OR W/O OTHER RELATED CONDITION | 977 | MS-DRG | | | | inpatient | | | | 29764.49 | Wellcare | Medicare | 25882.17 | | | | 17031.03 | 45634.29 | case rate | | | | | |
| EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC | 981 | MS-DRG | | | | inpatient | | | | 75669.21 | Wellcare | Medicare | 65799.32 | | | | 11302 | 170480.09 | case rate | | | | | |
| EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC | 982 | MS-DRG | | | | inpatient | | | | 43713.32 | Wellcare | Medicare | 38011.58 | | | | 14901 | 95680.27 | case rate | | | | | |
| EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC | 983 | MS-DRG | | | | inpatient | | | | 32901.04 | Wellcare | Medicare | 28609.6 | | | | 19703.98 | 61205.88 | case rate | | | | | |
| NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC | 987 | MS-DRG | | | | inpatient | | | | 58327.43 | Wellcare | Medicare | 50719.51 | | | | 41372.21 | 129994.73 | case rate | | | | | |
| NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC | 988 | MS-DRG | | | | inpatient | | | | 33563.55 | Wellcare | Medicare | 29186.7 | | | | 20268.57 | 66042.75 | case rate | | | | | |
| NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC | 989 | MS-DRG | | | | inpatient | | | | 25794.96 | Wellcare | Medicare | 22430.4 | | | | 13648.21 | 40594.58 | case rate | | | | | |
| BILATERAL PROCEDURE | | | | | | 50 both | | | | | Aetna | Better Health | | 150 | | | | | | 150% payment adjustment for the item or service to which the modifier is appen | | | | | |
| BILATERAL PROCEDURE | | | | | | 50 both | | | | | Aetna | Commercial | | 150 | | | | | | 150% payment adjustment for the item or service to which the modifier is appen | | | | | |
| BILATERAL PROCEDURE | | | | | | 50 both | | | | | Aetna | Medicare | | 150 | | | | | | 150% payment adjustment for the item or service to which the modifier is appen | | | | | |
| BILATERAL PROCEDURE | | | | | | 50 both | | | | | Americare | Americare | | 150 | | | | | | 150% payment adjustment for the item or service to which the modifier is appen | | | | | |
| BILATERAL PROCEDURE | | | | | | 50 both | | | | | WellPoint | WellPoint | | 150 | | | | | | 150% payment adjustment for the item or service to which the modifier is appen | | | | | |
| BILATERAL PROCEDURE | | | | | | 50 both | | | | | Amerihealth | HMO/PPO | | 150 | | | | | | 150% payment adjustment for the item or service to which the modifier is appen | | | | | |
| BILATERAL PROCEDURE | | | | | | 50 both | | | | | Amerihealth | Medicare | | 150 | | | | | | 150% payment adjustment for the item or service to which the modifier is appen | | | | | |
| BILATERAL PROCEDURE | | | | | | 50 both | | | | | Consumer | Consumer | | 150 | | | | | | 150% payment adjustment for the item or service to which the modifier is appen | | | | | |
| BILATERAL PROCEDURE | | | | | | 50 both | | | | | Corrections | Corrections | | 150 | | | | | | 150% payment adjustment for the item or service to which the modifier is appen | | | | | |
| BILATERAL PROCEDURE | | | | | | 50 both | | | | | First Health | First Health | | 150 | | | | | | 150% payment adjustment for the item or service to which the modifier is appen | | | | | |
| BILATERAL PROCEDURE | | | | | | 50 both | | | | | First Trenton | First Trenton | | 150 | | | | | | 150% payment adjustment for the item or service to which the modifier is appen | | | | | |
| BILATERAL PROCEDURE | | | | | | 50 both | | | | | Horizon | Indemnity | | 150 | | | | | | 150% payment adjustment for the item or service to which the modifier is appen | | | | | |
| BILATERAL PROCEDURE | | | | | | 50 both | | | | | Horizon | Medicare Blue | | 150 | | | | | | 150% payment adjustment for the item or service to which the modifier is appen | | | | | |
| BILATERAL PROCEDURE | | | | | | 50 both | | | | | Horizon | MGD | | 150 | | | | | | 150% payment adjustment for the item or service to which the modifier is appen | | | | | |
| BILATERAL PROCEDURE | | | | | | 50 both | | | | | Horizon | NJ Health | | 150 | | | | | | 150% payment adjustment for the item or service to which the modifier is appen | | | | | |
| BILATERAL PROCEDURE | | | | | | 50 both | | | | | Horizon | PPO | | 150 | | | | | | 150% payment adjustment for the item or service to which the modifier is appen | | | | | |
| BILATERAL PROCEDURE | | | | | | 50 both | | | | | Managed Care Inc | Managed Care Inc | | 150 | | | | | | 150% payment adjustment for the item or service to which the modifier is appen | | | | | |
| BILATERAL PROCEDURE | | | | | | 50 both | | | | | Multiplan | Multiplan | | 150 | | | | | | 150% payment adjustment for the item or service to which the modifier is appen | | | | | |
| BILATERAL PROCEDURE | | | | | | 50 both | | | | | Qualcare | Qualcare | | 150 | | | | | | 150% payment adjustment for the item or service to which the modifier is appen | | | | | |
| BILATERAL PROCEDURE | | | | | | 50 both | | | | | Self Pay | Self Pay | | 150 | | | | | | 150% payment adjustment for the item or service to which the modifier is appen | | | | | |
| BILATERAL PROCEDURE | | | | | | 50 both | | | | | Three Rivers | Three Rivers | | 150 | | | | | | 150% payment adjustment for the item or service to which the modifier is appen | | | | | |
| BILATERAL PROCEDURE | | | | | | 50 both | | | | | UHC | Medicaid | | 150 | | | | | | 150% payment adjustment for the item or service to which the modifier is appen | | | | | |
| BILATERAL PROCEDURE | | | | | | 50 both | | | | | UHC | Medicare | | 150 | | | | | | 150% payment adjustment for the item or service to which the modifier is appen | | | | | |
| BILATERAL PROCEDURE | | | | | | 50 both | | | | | United | Commercial\|PPO | | 150 | | | | | | 150% payment adjustment for the item or service to which the modifier is appen | | | | | |
| BILATERAL PROCEDURE | | | | | | 50 both | | | | | United | Oxford | | 150 | | | | | | 150% payment adjustment for the item or service to which the modifier is appen | | | | | |
| BILATERAL PROCEDURE | | | | | | 50 both | | | | | United | PPO | | 150 | | | | | | 150% payment adjustment for the item or service to which the modifier is appen | | | | | |
| BILATERAL PROCEDURE | | | | | | 50 both | | | | | Wellcare | Medicaid | | 150 | | | | | | 150% payment adjustment for the item or service to which the modifier is appen | | | | | |
| BILATERAL PROCEDURE | | | | | | 50 both | | | | | Wellcare | Medicare | | 150 | | | | | | 150% payment adjustment for the item or service to which the modifier is appen | | | | | |
| RABIES IMMUNE GLOBULIN(HYPERRAB)150U | 90375 | CPT | 13533031801 | NDC | | both | 1 EA | | 1498.5 | | Aetna | Better Health | | 100 | | 406.65 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| RABIES IMMUNE GLOBULIN(HYPERRAB)150U | 90375 | CPT | 13533031801 | NDC | | both | 1 EA | | 1498.5 | | Aetna | Commercial | | 100 | | 369.73 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| RABIES IMMUNE GLOBULIN(HYPERRAB)150U | 90375 | CPT | 13533031801 | NDC | | both | 1 EA | | 1498.5 | | Amerihealth | HMO/PPO | | 100 | | 189.21 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| RABIES IMMUNE GLOBULIN(HYPERRAB)150U | 90375 | CPT | 13533031801 | NDC | | both | 1 EA | | 1498.5 | | Horizon | MGD | | 100 | | 499.45 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| RABIES IMMUNE GLOBULIN(HYPERRAB)150U | 90375 | CPT | 13533031801 | NDC | | both | 1 EA | | 1498.5 | | Horizon | NJ Health | | 100 | | 48.07 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| RABIES IMMUNE GLOBULIN(HYPERRAB)150U | 90375 | CPT | 13533031801 | NDC | | both | 1 EA | | 1498.5 | | UHC | Medicaid | | 100 | | 201.52 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| RABIES IMMUNE GLOBULIN(HYPERRAB)150U | 90375 | CPT | 13533031801 | NDC | | both | 1 EA | | 1498.5 | | Wellcare | Medicaid | | 100 | | 93.42 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| RABIES IMMUNE GLOBULIN(HYPERRAB)150U | 90375 | CPT | 13533031801 | NDC | | both | 1 EA | | 1498.5 | | WellPoint | WellPoint | | 100 | | 417.31 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| PALIVIZUMAB 50MG INJ | 90378 | CPT | 60574411301 | NDC | | both | 1 EA | | 2273.5 | | Horizon | NJ Health | | 100 | | 295.66 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| PALIVIZUMAB 50MG INJ | 90378 | CPT | 60574411301 | NDC | | both | 1 EA | | 2273.5 | | UHC | Medicaid | | 100 | | 275.51 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| JYNNEOS VACCINE 0.1ML ID 18> | 90611 | CPT | 50632000101 | NDC | | both | 1 EA | | 0.01 | | Aetna | Commercial | | 100 | | 0.01 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML | 90620 | CPT | 58160097606 | NDC | | both | 1 EA | | 695.5 | | Horizon | NJ Health | | 100 | | 147.72 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML | 90620 | CPT | 58160097606 | NDC | | both | 1 EA | | 695.5 | | Wellcare | Medicare | | 100 | | 59.76 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML | 90620 | CPT | 58160097606 | NDC | | both | 1 EA | | 695.5 | | WellPoint | WellPoint | | 100 | | 199.64 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| HEMOPHILUS B CONJ VAC | 90648 | CPT | 49281054505 | NDC | | both | 1 EA | | 172.5 | | Aetna | Better Health | | 100 | | 25.64 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| HEMOPHILUS B CONJ VAC | 90648 | CPT | 49281054505 | NDC | | both | 1 EA | | 172.5 | | Horizon | Indemnity | | 100 | | 23.19 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| HEMOPHILUS B CONJ VAC | 90648 | CPT | 49281054505 | NDC | | both | 1 EA | | 172.5 | | Horizon | NJ Health | | 100 | | 5.44 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| HEMOPHILUS B CONJ VAC | 90648 | CPT | 49281054505 | NDC | | both | 1 EA | | 172.5 | | UHC | Medicaid | | 100 | | 35.26 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| HEMOPHILUS B CONJ VAC | 90648 | CPT | 49281054505 | NDC | | both | 1 EA | | 172.5 | | UHC | Medicare | | 100 | | 18.64 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| HEMOPHILUS B CONJ VAC | 90648 | CPT | 49281054505 | NDC | | both | 1 EA | | 172.5 | | Wellcare | Medicare | | 100 | | 10.67 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| HPAPILLOMAV VAC9(GARDASIL)0.5ML | 90651 | CPT | 64119303 | NDC | | both | 1 EA | | 644 | | Aetna | Better Health | | 100 | | 106.01 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| HPAPILLOMAV VAC9(GARDASIL)0.5ML | 90651 | CPT | 64119303 | NDC | | both | 1 EA | | 644 | | Aetna | Commercial | | 100 | | 166.61 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| HPAPILLOMAV VAC9(GARDASIL)0.5ML | 90651 | CPT | 64119303 | NDC | | both | 1 EA | | 644 | | Amerihealth | HMO/PPO | | 100 | | 57.89 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| HPAPILLOMAV VAC9(GARDASIL)0.5ML | 90651 | CPT | 64119303 | NDC | | both | 1 EA | | 644 | | Corrections | Corrections | | 100 | | 188.74 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| HPAPILLOMAV VAC9(GARDASIL)0.5ML | 90651 | CPT | 64119303 | NDC | | both | 1 EA | | 644 | | Horizon | Indemnity | | 100 | | 120.49 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| HPAPILLOMAV VAC9(GARDASIL)0.5ML | 90651 | CPT | 64119303 | NDC | | both | 1 EA | | 644 | | Horizon | MGD | | 100 | | 184.44 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| HPAPILLOMAV VAC9(GARDASIL)0.5ML | 90651 | CPT | 64119303 | NDC | | both | 1 EA | | 644 | | Horizon | NJ Health | | 100 | | 89.66 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| HPAPILLOMAV VAC9(GARDASIL)0.5ML | 90651 | CPT | 64119303 | NDC | | both | 1 EA | | 644 | | Horizon | PPO | | 100 | | 195.6 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| HPAPILLOMAV VAC9(GARDASIL)0.5ML | 90651 | CPT | 64119303 | NDC | | both | 1 EA | | 644 | | UHC | Medicaid | | 100 | | 85.67 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| HPAPILLOMAV VAC9(GARDASIL)0.5ML | 90651 | CPT | 64119303 | NDC | | both | 1 EA | | 644 | | UHC | Medicare | | 100 | | 550.03 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| HPAPILLOMAV VAC9(GARDASIL)0.5ML | 90651 | CPT | 64119303 | NDC | | both | 1 EA | | 644 | | United | Commercial\|PPO | | 100 | | 117.96 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| HPAPILLOMAV VAC9(GARDASIL)0.5ML | 90651 | CPT | 64119303 | NDC | | both | 1 EA | | 644 | | United | Oxford | | 100 | | 225.22 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| HPAPILLOMAV VAC9(GARDASIL)0.5ML | 90651 | CPT | 64119303 | NDC | | both | 1 EA | | 644 | | Wellcare | Medicaid | | 100 | | 86.28 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| HPAPILLOMAV VAC9(GARDASIL)0.5ML | 90651 | CPT | 64119303 | NDC | | both | 1 EA | | 644 | | WellPoint | WellPoint | | 100 | | 85.42 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| PNEUMOCOCCAL 13 VAL VACCINE | 90670 | CPT | 5197102 | NDC | | both | 1 EA | | 603.5 | | Aetna | Better Health | | 100 | | 90.03 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| PNEUMOCOCCAL 13 VAL VACCINE | 90670 | CPT | 5197102 | NDC | | both | 1 EA | | 603.5 | | Horizon | NJ Health | | 100 | | 13.42 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| RABIES VACCINE CHICK(RABAVERT)2.5U | 90675 | CPT | 58160096412 | NDC | | both | 1 EA | | 1012.5 | | Aetna | Better Health | | 100 | | 277.3 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| RABIES VACCINE CHICK(RABAVERT)2.5U | 90675 | CPT | 58160096412 | NDC | | both | 1 EA | | 1012.5 | | Aetna | Commercial | | 100 | | 256.58 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| RABIES VACCINE CHICK(RABAVERT)2.5U | 90675 | CPT | 58160096412 | NDC | | both | 1 EA | | 1012.5 | | Amerihealth | HMO/PPO | | 100 | | 127.87 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| RABIES VACCINE CHICK(RABAVERT)2.5U | 90675 | CPT | 58160096412 | NDC | | both | 1 EA | | 1012.5 | | Horizon | MGD | | 100 | | 337.54 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| RABIES VACCINE CHICK(RABAVERT)2.5U | 90675 | CPT | 58160096412 | NDC | | both | 1 EA | | 1012.5 | | Horizon | NJ Health | | 100 | | 75.26 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| RABIES VACCINE CHICK(RABAVERT)2.5U | 90675 | CPT | 58160096412 | NDC | | both | 1 EA | | 1012.5 | | Horizon | PPO | | 100 | | 411.11 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| RABIES VACCINE CHICK(RABAVERT)2.5U | 90675 | CPT | 58160096412 | NDC | | both | 1 EA | | 1012.5 | | UHC | Medicaid | | 100 | | 121.78 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| RABIES VACCINE CHICK(RABAVERT)2.5U | 90675 | CPT | 58160096412 | NDC | | both | 1 EA | | 1012.5 | | Wellcare | Medicaid | | 100 | | 169.19 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| RABIES VACCINE CHICK(RABAVERT)2.5U | 90675 | CPT | 58160096412 | NDC | | both | 1 EA | | 1012.5 | | WellPoint | WellPoint | | 100 | | 262.71 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML | 90677 | CPT | 5200002 | NDC | | both | 1 EA | | 1010.5 | | Aetna | Commercial | | 100 | | 298.26 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML | 90677 | CPT | 5200002 | NDC | | both | 1 EA | | 1010.5 | | Aetna | Medicare | | 100 | | 212.33 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML | 90677 | CPT | 5200002 | NDC | | both | 1 EA | | 1010.5 | | Amerihealth | HMO/PPO | | 100 | | 126.6 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML | 90677 | CPT | 5200002 | NDC | | both | 1 EA | | 1010.5 | | Horizon | Indemnity | | 100 | | 245.09 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML | 90677 | CPT | 5200002 | NDC | | both | 1 EA | | 1010.5 | | Horizon | MGD | | 100 | | 149.69 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML | 90677 | CPT | 5200002 | NDC | | both | 1 EA | | 1010.5 | | Horizon | NJ Health | | 100 | | 136.15 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML | 90677 | CPT | 5200002 | NDC | | both | 1 EA | | 1010.5 | | UHC | Medicaid | | 100 | | 181.57 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML | 90677 | CPT | 5200002 | NDC | | both | 1 EA | | 1010.5 | | UHC | Medicare | | 100 | | 130.12 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML | 90677 | CPT | 5200002 | NDC | | both | 1 EA | | 1010.5 | | Wellcare | Medicaid | | 100 | | 163.33 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML | 90677 | CPT | 5200002 | NDC | | both | 1 EA | | 1010.5 | | WellPoint | WellPoint | | 100 | | 329.08 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| ROTAVIRUS(ROTARIX) 1ML VACC | 90681 | CPT | 58160085452 | NDC | | both | 1 EA | | 511 | | Horizon | NJ Health | | 100 | | 219.74 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| INFLUENZA VACCINE(FLUAVAL)0.5ML SYR | 90686 | CPT | 19515081441 | NDC | | both | 1 EA | | 59 | | Aetna | Better Health | | 100 | | 7.12 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| INFLUENZA VACCINE(FLUAVAL)0.5ML SYR | 90686 | CPT | 19515081441 | NDC | | both | 1 EA | | 59 | | Aetna | Commercial | | 100 | | 18.4 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| INFLUENZA VACCINE(FLUAVAL)0.5ML SYR | 90686 | CPT | 19515081441 | NDC | | both | 1 EA | | 59 | | Aetna | Medicare | | 100 | | 10.41 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| INFLUENZA VACCINE(FLUAVAL)0.5ML SYR | 90686 | CPT | 19515081441 | NDC | | both | 1 EA | | 59 | | Amerihealth | HMO/PPO | | 100 | | 11.54 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| INFLUENZA VACCINE(FLUAVAL)0.5ML SYR | 90686 | CPT | 19515081441 | NDC | | both | 1 EA | | 59 | | Corrections | Corrections | | 100 | | 12.49 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| INFLUENZA VACCINE(FLUAVAL)0.5ML SYR | 90686 | CPT | 19515081441 | NDC | | both | 1 EA | | 59 | | Horizon | Indemnity | | 100 | | 22.57 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| INFLUENZA VACCINE(FLUAVAL)0.5ML SYR | 90686 | CPT | 19515081441 | NDC | | both | 1 EA | | 59 | | Horizon | Medicare Blue | | 100 | | 21.55 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| INFLUENZA VACCINE(FLUAVAL)0.5ML SYR | 90686 | CPT | 19515081441 | NDC | | both | 1 EA | | 59 | | Horizon | MGD | | 100 | | 8.07 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| INFLUENZA VACCINE(FLUAVAL)0.5ML SYR | 90686 | CPT | 19515081441 | NDC | | both | 1 EA | | 59 | | Horizon | NJ Health | | 100 | | 5.19 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| INFLUENZA VACCINE(FLUAVAL)0.5ML SYR | 90686 | CPT | 19515081441 | NDC | | both | 1 EA | | 59 | | Horizon | PPO | | 100 | | 19.83 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| INFLUENZA VACCINE(FLUAVAL)0.5ML SYR | 90686 | CPT | 19515081441 | NDC | | both | 1 EA | | 59 | | UHC | Medicaid | | 100 | | 8.17 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| INFLUENZA VACCINE(FLUAVAL)0.5ML SYR | 90686 | CPT | 19515081441 | NDC | | both | 1 EA | | 59 | | UHC | Medicare | | 100 | | 10.51 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| INFLUENZA VACCINE(FLUAVAL)0.5ML SYR | 90686 | CPT | 19515081441 | NDC | | both | 1 EA | | 59 | | United | Commercial\|PPO | | 100 | | 10.09 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| INFLUENZA VACCINE(FLUAVAL)0.5ML SYR | 90686 | CPT | 19515081441 | NDC | | both | 1 EA | | 59 | | Wellcare | Medicaid | | 100 | | 10.25 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| INFLUENZA VACCINE(FLUAVAL)0.5ML SYR | 90686 | CPT | 19515081441 | NDC | | both | 1 EA | | 59 | | Wellcare | Medicare | | 100 | | 27.79 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| INFLUENZA VACCINE(FLUAVAL)0.5ML SYR | 90686 | CPT | 19515081441 | NDC | | both | 1 EA | | 59 | | WellPoint | WellPoint | | 100 | | 6.41 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML | 90696 | CPT | 58160081252 | NDC | | both | 1 EA | | 219 | | Horizon | Indemnity | | 100 | | 29.51 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML | 90696 | CPT | 58160081252 | NDC | | both | 1 EA | | 219 | | Horizon | NJ Health | | 100 | | 100.13 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML | 90696 | CPT | 58160081252 | NDC | | both | 1 EA | | 219 | | UHC | Medicare | | 100 | | 23.71 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| MEASLES-MUMPS-RUBELLA VACCINE | 90707 | CPT | 64681001 | NDC | | both | 1 EA | | 342 | | Horizon | MGD | | 100 | | 88.03 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| MEASLES-MUMPS-RUBELLA VACCINE | 90707 | CPT | 64681001 | NDC | | both | 1 EA | | 342 | | Horizon | NJ Health | | 100 | | 29.46 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| MEASLES-MUMPS-RUBELLA VACCINE | 90707 | CPT | 64681001 | NDC | | both | 1 EA | | 342 | | Horizon | PPO | | 100 | | 139.51 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| MEASLES-MUMPS-RUBELLA VACCINE | 90707 | CPT | 64681001 | NDC | | both | 1 EA | | 342 | | UHC | Medicaid | | 100 | | 15.72 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| MEASLES-MUMPS-RUBELLA VACCINE | 90707 | CPT | 64681001 | NDC | | both | 1 EA | | 342 | | UHC | Medicare | | 100 | | 17.66 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| MEASLES-MUMPS-RUBELLA VACCINE | 90707 | CPT | 64681001 | NDC | | both | 1 EA | | 342 | | Wellcare | Medicaid | | 100 | | 54.71 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| MEASLES-MUMPS-RUBELLA VACCINE | 90707 | CPT | 64681001 | NDC | | both | 1 EA | | 342 | | WellPoint | WellPoint | | 100 | | 48.5 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| POLIOVIRUS (IPOL) INJ | 90713 | CPT | 49281086010 | NDC | | both | 1 EA | | 185 | | UHC | Medicaid | | 100 | | 37.79 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| TETANUS/DIPHTHERIA TOX (>7YRS) | 90714 | CPT | 49281029110 | NDC | | both | 1 EA | | 141 | | Aetna | Commercial | | 100 | | 7.33 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| TETANUS/DIPHTHERIA TOX (>7YRS) | 90714 | CPT | 49281029110 | NDC | | both | 1 EA | | 141 | | Corrections | Corrections | | 100 | | 21.3 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| TETANUS/DIPHTHERIA TOX (>7YRS) | 90714 | CPT | 49281029110 | NDC | | both | 1 EA | | 141 | | Horizon | NJ Health | | 100 | | 30.47 | | | other | Drugs are paid at 100% of the AWP | | | | | |
| TDAP(BOOSTRIX)

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TDAP(BOOSTRIX) 0.5ML VACCINE | 90715 | CPT | 58160084252 | NDC | | both | | 1 EA | 173.5 | | Aetna | Medicare | | 100 | | 30.6 | | | other | Drugs are paid at 100% of the AWP |
| TDAP(BOOSTRIX) 0.5ML VACCINE | 90715 | CPT | 58160084252 | NDC | | both | | 1 EA | 173.5 | | Amerihealth | HMO/PPO | | 100 | | 31.2 | | | other | Drugs are paid at 100% of the AWP |
| TDAP(BOOSTRIX) 0.5ML VACCINE | 90715 | CPT | 58160084252 | NDC | | both | | 1 EA | 173.5 | | Corrections | Corrections | | 100 | | 38.92 | | | other | Drugs are paid at 100% of the AWP |
| TDAP(BOOSTRIX) 0.5ML VACCINE | 90715 | CPT | 58160084252 | NDC | | both | | 1 EA | 173.5 | | Horizon | Indemnity | | 100 | | 42.54 | | | other | Drugs are paid at 100% of the AWP |
| TDAP(BOOSTRIX) 0.5ML VACCINE | 90715 | CPT | 58160084252 | NDC | | both | | 1 EA | 173.5 | | Horizon | Medicare Blue | | 100 | | 26.69 | | | other | Drugs are paid at 100% of the AWP |
| TDAP(BOOSTRIX) 0.5ML VACCINE | 90715 | CPT | 58160084252 | NDC | | both | | 1 EA | 173.5 | | Horizon | MGD | | 100 | | 37.35 | | | other | Drugs are paid at 100% of the AWP |
| TDAP(BOOSTRIX) 0.5ML VACCINE | 90715 | CPT | 58160084252 | NDC | | both | | 1 EA | 173.5 | | Horizon | NJ Health | | 100 | | 24.68 | | | other | Drugs are paid at 100% of the AWP |
| TDAP(BOOSTRIX) 0.5ML VACCINE | 90715 | CPT | 58160084252 | NDC | | both | | 1 EA | 173.5 | | Horizon | PPO | | 100 | | 44.45 | | | other | Drugs are paid at 100% of the AWP |
| TDAP(BOOSTRIX) 0.5ML VACCINE | 90715 | CPT | 58160084252 | NDC | | both | | 1 EA | 173.5 | | UHC | Medicaid | | 100 | | 28.82 | | | other | Drugs are paid at 100% of the AWP |
| TDAP(BOOSTRIX) 0.5ML VACCINE | 90715 | CPT | 58160084252 | NDC | | both | | 1 EA | 173.5 | | UHC | Medicare | | 100 | | 37.63 | | | other | Drugs are paid at 100% of the AWP |
| TDAP(BOOSTRIX) 0.5ML VACCINE | 90715 | CPT | 58160084252 | NDC | | both | | 1 EA | 173.5 | | United | CommercialPPO | | 100 | | 38.6 | | | other | Drugs are paid at 100% of the AWP |
| TDAP(BOOSTRIX) 0.5ML VACCINE | 90715 | CPT | 58160084252 | NDC | | both | | 1 EA | 173.5 | | United | Oxford | | 100 | | 47.27 | | | other | Drugs are paid at 100% of the AWP |
| TDAP(BOOSTRIX) 0.5ML VACCINE | 90715 | CPT | 58160084252 | NDC | | both | | 1 EA | 173.5 | | Wellcare | Medicaid | | 100 | | 27.73 | | | other | Drugs are paid at 100% of the AWP |
| TDAP(BOOSTRIX) 0.5ML VACCINE | 90715 | CPT | 58160084252 | NDC | | both | | 1 EA | 173.5 | | Wellcare | Medicare | | 100 | | 21.84 | | | other | Drugs are paid at 100% of the AWP |
| TDAP(BOOSTRIX) 0.5ML VACCINE | 90715 | CPT | 58160084252 | NDC | | both | | 1 EA | 173.5 | | WellPoint | WellPoint | | 100 | | 31.1 | | | other | Drugs are paid at 100% of the AWP |
| PNU-IMUNE 23 ADULT 0.5ML | 90732 | CPT | 6494300 | NDC | | both | | 1 EA | 124 | | Aetna | Better Health | | 100 | | 40.92 | | | other | Drugs are paid at 100% of the AWP |
| PNU-IMUNE 23 ADULT 0.5ML | 90732 | CPT | 6494300 | NDC | | both | | 1 EA | 124 | | UHC | Medicaid | | 100 | | 26.2 | | | other | Drugs are paid at 100% of the AWP |
| PNU-IMUNE 23 ADULT 0.5ML | 90732 | CPT | 6494300 | NDC | | both | | 1 EA | 124 | | UHC | Medicare | | 100 | | 13.77 | | | other | Drugs are paid at 100% of the AWP |
| MENINGOCOCCAL/DIPTHERIA IM | 90734 | CPT | 49281058905 | NDC | | both | | 1 EA | 551.5 | | Horizon | Indemnity | | 100 | | 116.41 | | | other | Drugs are paid at 100% of the AWP |
| MENINGOCOCCAL/DIPTHERIA IM | 90734 | CPT | 49281058905 | NDC | | both | | 1 EA | 551.5 | | Horizon | NJ Health | | 100 | | 119.82 | | | other | Drugs are paid at 100% of the AWP |
| MENINGOCOCCAL/DIPTHERIA IM | 90734 | CPT | 49281058905 | NDC | | both | | 1 EA | 551.5 | | UHC | Medicaid | | 100 | | 128.32 | | | other | Drugs are paid at 100% of the AWP |
| MENINGOCOCCAL/DIPTHERIA IM | 90734 | CPT | 49281058905 | NDC | | both | | 1 EA | 551.5 | | Wellcare | Medicare | | 100 | | 47.37 | | | other | Drugs are paid at 100% of the AWP |
| MENINGOCOCCAL/DIPTHERIA IM | 90734 | CPT | 49281058905 | NDC | | both | | 1 EA | 551.5 | | WellPoint | WellPoint | | 100 | | 158.23 | | | other | Drugs are paid at 100% of the AWP |
| HEP (ENGERGIX) 10MCG/0.5 | 90744 | CPT | 58160085646 | NDC | | both | | 1 EA | 171 | | Aetna | Better Health | | 100 | | 24.14 | | | other | Drugs are paid at 100% of the AWP |
| HEP (ENGERGIX) 10MCG/0.5 | 90744 | CPT | 58160085646 | NDC | | both | | 1 EA | 171 | | Aetna | Commercial | | 100 | | 126.54 | | | other | Drugs are paid at 100% of the AWP |
| HEP (ENGERGIX) 10MCG/0.5 | 90744 | CPT | 58160085646 | NDC | | both | | 1 EA | 171 | | Horizon | Indemnity | | 100 | | 99.34 | | | other | Drugs are paid at 100% of the AWP |
| HEP (ENGERGIX) 10MCG/0.5 | 90744 | CPT | 58160085646 | NDC | | both | | 1 EA | 171 | | Horizon | Medicare Blue | | 100 | | 39.52 | | | other | Drugs are paid at 100% of the AWP |
| HEP (ENGERGIX) 10MCG/0.5 | 90744 | CPT | 58160085646 | NDC | | both | | 1 EA | 171 | | Horizon | MGD | | 100 | | 105.39 | | | other | Drugs are paid at 100% of the AWP |
| HEP (ENGERGIX) 10MCG/0.5 | 90744 | CPT | 58160085646 | NDC | | both | | 1 EA | 171 | | Horizon | NJ Health | | 100 | | 25.96 | | | other | Drugs are paid at 100% of the AWP |
| HEP (ENGERGIX) 10MCG/0.5 | 90744 | CPT | 58160085646 | NDC | | both | | 1 EA | 171 | | Horizon | PPO | | 100 | | 120.95 | | | other | Drugs are paid at 100% of the AWP |
| HEP (ENGERGIX) 10MCG/0.5 | 90744 | CPT | 58160085646 | NDC | | both | | 1 EA | 171 | | UHC | Medicaid | | 100 | | 35.24 | | | other | Drugs are paid at 100% of the AWP |
| HEP (ENGERGIX) 10MCG/0.5 | 90744 | CPT | 58160085646 | NDC | | both | | 1 EA | 171 | | UHC | Medicare | | 100 | | 443.99 | | | other | Drugs are paid at 100% of the AWP |
| HEP (ENGERGIX) 10MCG/0.5 | 90744 | CPT | 58160085646 | NDC | | both | | 1 EA | 171 | | United | CommercialPPO | | 100 | | 48.28 | | | other | Drugs are paid at 100% of the AWP |
| HEP (ENGERGIX) 10MCG/0.5 | 90744 | CPT | 58160085646 | NDC | | both | | 1 EA | 171 | | United | Oxford | | 100 | | 38.18 | | | other | Drugs are paid at 100% of the AWP |
| HEP (ENGERGIX) 10MCG/0.5 | 90744 | CPT | 58160085646 | NDC | | both | | 1 EA | 171 | | Wellcare | Medicaid | | 100 | | 43.69 | | | other | Drugs are paid at 100% of the AWP |
| HEP (ENGERGIX) 10MCG/0.5 | 90744 | CPT | 58160085646 | NDC | | both | | 1 EA | 171 | | WellPoint | WellPoint | | 100 | | 48.39 | | | other | Drugs are paid at 100% of the AWP |
| HEP B (RECOMBIVAX) 10MCG | 90746 | CPT | 6499541 | NDC | | both | | 1 EA | 467 | | Aetna | Better Health | | 100 | | 114.94 | | | other | Drugs are paid at 100% of the AWP |
| HEP B (RECOMBIVAX) 10MCG | 90746 | CPT | 6499541 | NDC | | both | | 1 EA | 467 | | Aetna | Commercial | | 100 | | 101.66 | | | other | Drugs are paid at 100% of the AWP |
| HEP B (RECOMBIVAX) 10MCG | 90746 | CPT | 6499541 | NDC | | both | | 1 EA | 467 | | Corrections | Corrections | | 100 | | 121.26 | | | other | Drugs are paid at 100% of the AWP |
| HEP B (RECOMBIVAX) 10MCG | 90746 | CPT | 6499541 | NDC | | both | | 1 EA | 467 | | Horizon | Indemnity | | 100 | | 97.77 | | | other | Drugs are paid at 100% of the AWP |
| HEP B (RECOMBIVAX) 10MCG | 90746 | CPT | 6499541 | NDC | | both | | 1 EA | 467 | | Horizon | MGD | | 100 | | 122.98 | | | other | Drugs are paid at 100% of the AWP |
| HEP B (RECOMBIVAX) 10MCG | 90746 | CPT | 6499541 | NDC | | both | | 1 EA | 467 | | Horizon | NJ Health | | 100 | | 40.43 | | | other | Drugs are paid at 100% of the AWP |
| HEP B (RECOMBIVAX) 10MCG | 90746 | CPT | 6499541 | NDC | | both | | 1 EA | 467 | | Horizon | PPO | | 100 | | 273.04 | | | other | Drugs are paid at 100% of the AWP |
| HEP B (RECOMBIVAX) 10MCG | 90746 | CPT | 6499541 | NDC | | both | | 1 EA | 467 | | UHC | Medicaid | | 100 | | 68.8 | | | other | Drugs are paid at 100% of the AWP |
| HEP B (RECOMBIVAX) 10MCG | 90746 | CPT | 6499541 | NDC | | both | | 1 EA | 467 | | UHC | Medicare | | 100 | | 50.77 | | | other | Drugs are paid at 100% of the AWP |
| HEP B (RECOMBIVAX) 10MCG | 90746 | CPT | 6499541 | NDC | | both | | 1 EA | 467 | | United | CommercialPPO | | 100 | | 139.79 | | | other | Drugs are paid at 100% of the AWP |
| HEP B (RECOMBIVAX) 10MCG | 90746 | CPT | 6499541 | NDC | | both | | 1 EA | 467 | | Wellcare | Medicaid | | 100 | | 66.45 | | | other | Drugs are paid at 100% of the AWP |
| HEP B (RECOMBIVAX) 10MCG | 90746 | CPT | 6499541 | NDC | | both | | 1 EA | 467 | | Wellcare | Medicare | | 100 | | 40.11 | | | other | Drugs are paid at 100% of the AWP |
| HEP B (RECOMBIVAX) 10MCG | 90746 | CPT | 6499541 | NDC | | both | | 1 EA | 467 | | WellPoint | WellPoint | | 100 | | 42.21 | | | other | Drugs are paid at 100% of the AWP |
| VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC | 90750 | CPT | 58160082311 | NDC | | both | | 1 EA | 607 | | Aetna | Better Health | | 100 | | 104.41 | | | other | Drugs are paid at 100% of the AWP |
| VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC | 90750 | CPT | 58160082311 | NDC | | both | | 1 EA | 607 | | Aetna | Commercial | | 100 | | 58.35 | | | other | Drugs are paid at 100% of the AWP |
| VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC | 90750 | CPT | 58160082311 | NDC | | both | | 1 EA | 607 | | Amerihealth | HMO/PPO | | 100 | | 51.79 | | | other | Drugs are paid at 100% of the AWP |
| VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC | 90750 | CPT | 58160082311 | NDC | | both | | 1 EA | 607 | | Horizon | Indemnity | | 100 | | 53.66 | | | other | Drugs are paid at 100% of the AWP |
| VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC | 90750 | CPT | 58160082311 | NDC | | both | | 1 EA | 607 | | Horizon | Medicare Blue | | 100 | | 104.05 | | | other | Drugs are paid at 100% of the AWP |
| VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC | 90750 | CPT | 58160082311 | NDC | | both | | 1 EA | 607 | | Horizon | MGD | | 100 | | 76.54 | | | other | Drugs are paid at 100% of the AWP |
| VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC | 90750 | CPT | 58160082311 | NDC | | both | | 1 EA | 607 | | Horizon | NJ Health | | 100 | | 149.42 | | | other | Drugs are paid at 100% of the AWP |
| VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC | 90750 | CPT | 58160082311 | NDC | | both | | 1 EA | 607 | | Horizon | PPO | | 100 | | 57.36 | | | other | Drugs are paid at 100% of the AWP |
| VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC | 90750 | CPT | 58160082311 | NDC | | both | | 1 EA | 607 | | UHC | Medicaid | | 100 | | 123.91 | | | other | Drugs are paid at 100% of the AWP |
| VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC | 90750 | CPT | 58160082311 | NDC | | both | | 1 EA | 607 | | UHC | Medicare | | 100 | | 64.79 | | | other | Drugs are paid at 100% of the AWP |
| VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC | 90750 | CPT | 58160082311 | NDC | | both | | 1 EA | 607 | | United | CommercialPPO | | 100 | | 109.14 | | | other | Drugs are paid at 100% of the AWP |
| VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC | 90750 | CPT | 58160082311 | NDC | | both | | 1 EA | 607 | | Wellcare | Medicaid | | 100 | | 138 | | | other | Drugs are paid at 100% of the AWP |
| VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC | 90750 | CPT | 58160082311 | NDC | | both | | 1 EA | 607 | | Wellcare | Medicare | | 100 | | 43.65 | | | other | Drugs are paid at 100% of the AWP |
| VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC | 90750 | CPT | 58160082311 | NDC | | both | | 1 EA | 607 | | WellPoint | WellPoint | | 100 | | 134.66 | | | other | Drugs are paid at 100% of the AWP |
| SARSCOV2 VAC 25 MCG/.25ML IM(MOD-11YR) | 91321 | CPT | 80777028707 | NDC | | both | | 1 EA | 338.5 | | Horizon | NJ Health | | 100 | | 40.29 | | | other | Drugs are paid at 100% of the AWP |
| SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER) | 91322 | CPT | 80777010201 | NDC | | both | | 1 EA | 342 | | Horizon | NJ Health | | 100 | | 90.79 | | | other | Drugs are paid at 100% of the AWP |
| PANTOPRAZOLE 40MG INJ | C9113 | HCPCS | 8092360 | NDC | | both | | 1 EA | 27.5 | | Aetna | Better Health | | 100 | | 3.86 | | | other | Drugs are paid at 100% of the AWP |
| PANTOPRAZOLE 40MG INJ | C9113 | HCPCS | 8092360 | NDC | | both | | 1 EA | 27.5 | | Aetna | Commercial | | 100 | | 5.34 | | | other | Drugs are paid at 100% of the AWP |
| PANTOPRAZOLE 40MG INJ | C9113 | HCPCS | 8092360 | NDC | | both | | 1 EA | 27.5 | | Aetna | Medicare | | 100 | | 3.9 | | | other | Drugs are paid at 100% of the AWP |
| PANTOPRAZOLE 40MG INJ | C9113 | HCPCS | 8092360 | NDC | | both | | 1 EA | 27.5 | | Amerihealth | HMO/PPO | | 100 | | 4.74 | | | other | Drugs are paid at 100% of the AWP |
| PANTOPRAZOLE 40MG INJ | C9113 | HCPCS | 8092360 | NDC | | both | | 1 EA | 27.5 | | Corrections | Corrections | | 100 | | 6.25 | | | other | Drugs are paid at 100% of the AWP |
| PANTOPRAZOLE 40MG INJ | C9113 | HCPCS | 8092360 | NDC | | both | | 1 EA | 27.5 | | Horizon | Indemnity | | 100 | | 3.24 | | | other | Drugs are paid at 100% of the AWP |
| PANTOPRAZOLE 40MG INJ | C9113 | HCPCS | 8092360 | NDC | | both | | 1 EA | 27.5 | | Horizon | Medicare Blue | | 100 | | 4.93 | | | other | Drugs are paid at 100% of the AWP |
| PANTOPRAZOLE 40MG INJ | C9113 | HCPCS | 8092360 | NDC | | both | | 1 EA | 27.5 | | Horizon | MGD | | 100 | | 4.73 | | | other | Drugs are paid at 100% of the AWP |
| PANTOPRAZOLE 40MG INJ | C9113 | HCPCS | 8092360 | NDC | | both | | 1 EA | 27.5 | | Horizon | NJ Health | | 100 | | 3.43 | | | other | Drugs are paid at 100% of the AWP |
| PANTOPRAZOLE 40MG INJ | C9113 | HCPCS | 8092360 | NDC | | both | | 1 EA | 27.5 | | Horizon | PPO | | 100 | | 4.37 | | | other | Drugs are paid at 100% of the AWP |
| PANTOPRAZOLE 40MG INJ | C9113 | HCPCS | 8092360 | NDC | | both | | 1 EA | 27.5 | | UHC | Medicaid | | 100 | | 4.25 | | | other | Drugs are paid at 100% of the AWP |
| PANTOPRAZOLE 40MG INJ | C9113 | HCPCS | 8092360 | NDC | | both | | 1 EA | 27.5 | | UHC | Medicare | | 100 | | 4.88 | | | other | Drugs are paid at 100% of the AWP |
| PANTOPRAZOLE 40MG INJ | C9113 | HCPCS | 8092360 | NDC | | both | | 1 EA | 27.5 | | United | CommercialPPO | | 100 | | 3.55 | | | other | Drugs are paid at 100% of the AWP |
| PANTOPRAZOLE 40MG INJ | C9113 | HCPCS | 8092360 | NDC | | both | | 1 EA | 27.5 | | United | Oxford | | 100 | | 4.62 | | | other | Drugs are paid at 100% of the AWP |
| PANTOPRAZOLE 40MG INJ | C9113 | HCPCS | 8092360 | NDC | | both | | 1 EA | 27.5 | | Wellcare | Medicaid | | 100 | | 3.28 | | | other | Drugs are paid at 100% of the AWP |
| PANTOPRAZOLE 40MG INJ | C9113 | HCPCS | 8092360 | NDC | | both | | 1 EA | 27.5 | | Wellcare | Medicare | | 100 | | 4.54 | | | other | Drugs are paid at 100% of the AWP |
| PANTOPRAZOLE 40MG INJ | C9113 | HCPCS | 8092360 | NDC | | both | | 1 EA | 27.5 | | WellPoint | WellPoint | | 100 | | 4.61 | | | other | Drugs are paid at 100% of the AWP |
| LACOSAMIDE(VIMPAT) 1MG INJ | C9254 | HCPCS | 131181067 | NDC | | both | | 1 EA | 1 | | Aetna | Medicare | | 100 | | 0.06 | | | other | Drugs are paid at 100% of the AWP |
| LACOSAMIDE(VIMPAT) 1MG INJ | C9254 | HCPCS | 131181067 | NDC | | both | | 1 EA | 1 | | Horizon | Indemnity | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| LACOSAMIDE(VIMPAT) 1MG INJ | C9254 | HCPCS | 131181067 | NDC | | both | | 1 EA | 1 | | Horizon | Medicare Blue | | 100 | | 0.14 | | | other | Drugs are paid at 100% of the AWP |
| LACOSAMIDE(VIMPAT) 1MG INJ | C9254 | HCPCS | 131181067 | NDC | | both | | 1 EA | 1 | | Horizon | NJ Health | | 100 | | 0.09 | | | other | Drugs are paid at 100% of the AWP |
| LACOSAMIDE(VIMPAT) 1MG INJ | C9254 | HCPCS | 131181067 | NDC | | both | | 1 EA | 1 | | Horizon | PPO | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| LACOSAMIDE(VIMPAT) 1MG INJ | C9254 | HCPCS | 131181067 | NDC | | both | | 1 EA | 1 | | UHC | Medicaid | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| LACOSAMIDE(VIMPAT) 1MG INJ | C9254 | HCPCS | 131181067 | NDC | | both | | 1 EA | 1 | | UHC | Medicare | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| LACOSAMIDE(VIMPAT) 1MG INJ | C9254 | HCPCS | 131181067 | NDC | | both | | 1 EA | 1 | | United | CommercialPPO | | 100 | | 0.1 | | | other | Drugs are paid at 100% of the AWP |
| LACOSAMIDE(VIMPAT) 1MG INJ | C9254 | HCPCS | 131181067 | NDC | | both | | 1 EA | 1 | | Wellcare | Medicaid | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| LACOSAMIDE(VIMPAT) 1MG INJ | C9254 | HCPCS | 131181067 | NDC | | both | | 1 EA | 1 | | WellPoint | WellPoint | | 100 | | 0.11 | | | other | Drugs are paid at 100% of the AWP |
| ERAVACYCLINE(XERAVA) 1MG INJ | J0122 | HCPCS | 71773005012 | NDC | | both | | 1 EA | 4 | | Horizon | Indemnity | | 100 | | 0.14 | | | other | Drugs are paid at 100% of the AWP |
| ERAVACYCLINE(XERAVA) 1MG INJ | J0122 | HCPCS | 71773005012 | NDC | | both | | 1 EA | 4 | | Horizon | NJ Health | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| ABATACEPT, PER 10MG, INJ | J0129 | HCPCS | 3218713 | NDC | | both | | 1 EA | 113.5 | | UHC | Medicare | | 100 | | 14.06 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG/1 ML INJ(1ML) | J0131 | HCPCS | 43825010201 | NDC | | both | | 1 EA | 1.5 | | Aetna | Better Health | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG/1 ML INJ(1ML) | J0131 | HCPCS | 43825010201 | NDC | | both | | 1 EA | 1.5 | | Aetna | Commercial | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG/1 ML INJ(1ML) | J0131 | HCPCS | 43825010201 | NDC | | both | | 1 EA | 1.5 | | Aetna | Medicare | | 100 | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG/1 ML INJ(1ML) | J0131 | HCPCS | 43825010201 | NDC | | both | | 1 EA | 1.5 | | Amerihealth | HMO/PPO | | 100 | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG/1 ML INJ(1ML) | J0131 | HCPCS | 43825010201 | NDC | | both | | 1 EA | 1.5 | | Corrections | Corrections | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG/1 ML INJ(1ML) | J0131 | HCPCS | 43825010201 | NDC | | both | | 1 EA | 1.5 | | Horizon | Indemnity | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG/1 ML INJ(1ML) | J0131 | HCPCS | 43825010201 | NDC | | both | | 1 EA | 1.5 | | Horizon | Medicare Blue | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG/1 ML INJ(1ML) | J0131 | HCPCS | 43825010201 | NDC | | both | | 1 EA | 1.5 | | Horizon | MGD | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG/1 ML INJ(1ML) | J0131 | HCPCS | 43825010201 | NDC | | both | | 1 EA | 1.5 | | Horizon | NJ Health | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG/1 ML INJ(1ML) | J0131 | HCPCS | 43825010201 | NDC | | both | | 1 EA | 1.5 | | Horizon | PPO | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG/1 ML INJ(1ML) | J0131 | HCPCS | 43825010201 | NDC | | both | | 1 EA | 1.5 | | UHC | Medicaid | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG/1 ML INJ(1ML) | J0131 | HCPCS | 43825010201 | NDC | | both | | 1 EA | 1.5 | | UHC | Medicare | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG/1 ML INJ(1ML) | J0131 | HCPCS | 43825010201 | NDC | | both | | 1 EA | 1.5 | | United | CommercialPPO | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG/1 ML INJ(1ML) | J0131 | HCPCS | 43825010201 | NDC | | both | | 1 EA | 1.5 | | United | Oxford | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG/1 ML INJ(1ML) | J0131 | HCPCS | 43825010201 | NDC | | both | | 1 EA | 1.5 | | Wellcare | Medicaid | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG/1 ML INJ(1ML) | J0131 | HCPCS | 43825010201 | NDC | | both | | 1 EA | 1.5 | | Wellcare | Medicare | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG/1 ML INJ(1ML) | J0131 | HCPCS | 43825010201 | NDC | | both | | 1 EA | 1.5 | | WellPoint | WellPoint | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 100 MG INJ. | J0132 | HCPCS | 574080530 | NDC | | both | | 1 EA | 15 | | Aetna | Better Health | | 100 | | 2.57 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 100 MG INJ. | J0132 | HCPCS | 574080530 | NDC | | both | | 1 EA | 15 | | Aetna | Commercial | | 100 | | 3.6 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 100 MG INJ. | J0132 | HCPCS | 574080530 | NDC | | both | | 1 EA | 15 | | Aetna | Medicare | | 100 | | 3.67 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 100 MG INJ. | J0132 | HCPCS | 574080530 | NDC | | both | | 1 EA | 15 | | Horizon | Indemnity | | 100 | | 2.44 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 100 MG INJ. | J0132 | HCPCS | 574080530 | NDC | | both | | 1 EA | 15 | | Horizon | MGD | | 100 | | 2.11 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 100 MG INJ. | J0132 | HCPCS | 574080530 | NDC | | both | | 1 EA | 15 | | Horizon | NJ Health | | 100 | | 2.13 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 100 MG INJ. | J0132 | HCPCS | 574080530 | NDC | | both | | 1 EA | 15 | | Horizon | PPO | | 100 | | 1.13 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 100 MG INJ. | J0132 | HCPCS | 574080530 | NDC | | both | | 1 EA | 15 | | UHC | Medicaid | | 100 | | 1.83 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 100 MG INJ. | J0132 | HCPCS | 574080530 | NDC | | both | | 1 EA | 15 | | UHC | Medicare | | 100 | | 1.96 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 100 MG INJ. | J0132 | HCPCS | 574080530 | NDC | | both | | 1 EA | 15 | | United | CommercialPPO | | 100 | | 0.88 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 100 MG INJ. | J0132 | HCPCS | 574080530 | NDC | | both | | 1 EA | 15 | | WellPoint | WellPoint | | 100 | | 3.6 | | | other | Drugs are paid at 100% of the AWP |
| ACYCLOVIR 5MG | J0133 | HCPCS | 63323032510 | NDC | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| ACYCLOVIR 5MG | J0133 | HCPCS | 63323032510 | NDC | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.81 | | | other | Drugs are paid at 100% of the AWP |
| ACYCLOVIR 5MG | J0133 | HCPCS | 63323032510 | NDC | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| ACYCLOVIR 5MG | J0133 | HCPCS | 63323032510 | NDC | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| ACYCLOVIR 5MG | J0133 | HCPCS | 63323032510 | NDC | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| ACYCLOVIR 5MG | J0133 | HCPCS | 63323032510 | NDC | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| ACYCLOVIR 5MG | J0133 | HCPCS | 63323032510 | NDC | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| ACYCLOVIR 5MG | J0133 | HCPCS | 63323032510 | NDC | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 2.16 | | | other | Drugs are paid at 100% of the AWP |
| ACYCLOVIR 5MG | J0133 | HCPCS | 63323032510 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| ACYCLOVIR 5MG | J0133 | HCPCS | 63323032510 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| ACYCLOVIR 5MG | J0133 | HCPCS | 63323032510 | NDC | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| ACYCLOVIR 5MG | J0133 | HCPCS | 63323032510 | NDC | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG INJ (FRESENIUS) | J0134 | HCPCS | 63323043400 | NDC | | both | | 1 EA | 1 | | Aetna | Better Health | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG INJ (FRESENIUS) | J0134 | HCPCS | 63323043400 | NDC | | both | | 1 EA | 1 | | Aetna | Commercial | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG INJ (FRESENIUS) | J0134 | HCPCS | 63323043400 | NDC | | both | | 1 EA | 1 | | Aetna | Medicare | | 100 | | 0.14 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG INJ (FRESENIUS) | J0134 | HCPCS | 63323043400 | NDC | | both | | 1 EA | 1 | | Amerihealth | HMO/PPO | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG INJ (FRESENIUS) | J0134 | HCPCS | 63323043400 | NDC | | both | | 1 EA | 1 | | Corrections | Corrections | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG INJ (FRESENIUS) | J0134 | HCPCS | 63323043400 | NDC | | both | | 1 EA | 1 | | Horizon | Indemnity | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG INJ (FRESENIUS) | J0134 | HCPCS | 63323043400 | NDC | | both | | 1 EA | 1 | | Horizon | Medicare Blue | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG INJ (FRESENIUS) | J0134 | HCPCS | 63323043400 | NDC | | both | | 1 EA | 1 | | Horizon | MGD | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG INJ (FRESENIUS) | J0134 | HCPCS | 63323043400 | NDC | | both | | 1 EA | 1 | | Horizon | NJ Health | | 100 | | 0.12 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG INJ (FRESENIUS) | J0134 | HCPCS | 63323043400 | NDC | | both | | 1 EA | 1 | | Horizon | PPO | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG INJ (FRESENIUS) | J0134 | HCPCS | 63323043400 | NDC | | both | | 1 EA | 1 | | UHC | Medicaid | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG INJ (FRESENIUS) | J0134 | HCPCS | 63323043400 | NDC | | both | | 1 EA | 1 | | UHC

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ACETAMINOPHEN 10MG INJ (FRESENIUS) | J0134 | HCPCS | 63323043400 | NDC | | both | | 1 EA | 1 | | United | Oxford | | 100 | | 0.13 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG INJ (FRESENIUS) | J0134 | HCPCS | 63323043400 | NDC | | both | | 1 EA | 1 | | Wellcare | Medicaid | | 100 | | 0.11 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG INJ (FRESENIUS) | J0134 | HCPCS | 63323043400 | NDC | | both | | 1 EA | 1 | | Wellcare | Medicare | | 100 | | 0.14 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG INJ (FRESENIUS) | J0134 | HCPCS | 63323043400 | NDC | | both | | 1 EA | 1 | | WellPoint | WellPoint | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG INJ (B BRAUN)) | J0136 | HCPCS | 264410090 | NDC | | both | | 1 EA | 1 | | Aetna | Commercial | | 100 | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG INJ (B BRAUN)) | J0136 | HCPCS | 264410090 | NDC | | both | | 1 EA | 1 | | Corrections | Corrections | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG INJ (B BRAUN)) | J0136 | HCPCS | 264410090 | NDC | | both | | 1 EA | 1 | | Horizon | Indemnity | | 100 | | 0.14 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG INJ (B BRAUN)) | J0136 | HCPCS | 264410090 | NDC | | both | | 1 EA | 1 | | Horizon | Medicare Blue | | 100 | | 0.07 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG INJ (B BRAUN)) | J0136 | HCPCS | 264410090 | NDC | | both | | 1 EA | 1 | | Horizon | MGD | | 100 | | 0.14 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG INJ (B BRAUN)) | J0136 | HCPCS | 264410090 | NDC | | both | | 1 EA | 1 | | Horizon | NJ Health | | 100 | | 0.11 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG INJ (B BRAUN)) | J0136 | HCPCS | 264410090 | NDC | | both | | 1 EA | 1 | | Horizon | PPO | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG INJ (B BRAUN)) | J0136 | HCPCS | 264410090 | NDC | | both | | 1 EA | 1 | | UHC | Medicaid | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG INJ (B BRAUN)) | J0136 | HCPCS | 264410090 | NDC | | both | | 1 EA | 1 | | UHC | Medicare | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG INJ (B BRAUN)) | J0136 | HCPCS | 264410090 | NDC | | both | | 1 EA | 1 | | Wellcare | Medicaid | | 100 | | 0.11 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG INJ (B BRAUN)) | J0136 | HCPCS | 264410090 | NDC | | both | | 1 EA | 1 | | Wellcare | Medicare | | 100 | | 0.08 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 10MG INJ (B BRAUN)) | J0136 | HCPCS | 264410090 | NDC | | both | | 1 EA | 1 | | WellPoint | WellPoint | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| ADENOSINE 1MG(6MG/2ML)VIAL | J0153 | HCPCS | 25021030167 | NDC | | both | | 1 EA | 15 | | Aetna | Better Health | | 100 | | 2.16 | | | other | Drugs are paid at 100% of the AWP |
| ADENOSINE 1MG(6MG/2ML)VIAL | J0153 | HCPCS | 25021030167 | NDC | | both | | 1 EA | 15 | | Horizon | Medicare Blue | | 100 | | 2 | | | other | Drugs are paid at 100% of the AWP |
| ADENOSINE 1MG(6MG/2ML)VIAL | J0153 | HCPCS | 25021030167 | NDC | | both | | 1 EA | 15 | | Horizon | MGD | | 100 | | 4.19 | | | other | Drugs are paid at 100% of the AWP |
| ADENOSINE 1MG(6MG/2ML)VIAL | J0153 | HCPCS | 25021030167 | NDC | | both | | 1 EA | 15 | | Horizon | NJ Health | | 100 | | 0.97 | | | other | Drugs are paid at 100% of the AWP |
| ADENOSINE 1MG(6MG/2ML)VIAL | J0153 | HCPCS | 25021030167 | NDC | | both | | 1 EA | 15 | | Horizon | PPO | | 100 | | 6.31 | | | other | Drugs are paid at 100% of the AWP |
| ADENOSINE 1MG(6MG/2ML)VIAL | J0153 | HCPCS | 25021030167 | NDC | | both | | 1 EA | 15 | | UHC | Medicaid | | 100 | | 4.22 | | | other | Drugs are paid at 100% of the AWP |
| ADENOSINE 1MG(6MG/2ML)VIAL | J0153 | HCPCS | 25021030167 | NDC | | both | | 1 EA | 15 | | UHC | Medicare | | 100 | | 2.6 | | | other | Drugs are paid at 100% of the AWP |
| ADENOSINE 1MG(6MG/2ML)VIAL | J0153 | HCPCS | 25021030167 | NDC | | both | | 1 EA | 15 | | Wellcare | Medicaid | | 100 | | 1.21 | | | other | Drugs are paid at 100% of the AWP |
| ADENOSINE 1MG(6MG/2ML)VIAL | J0153 | HCPCS | 25021030167 | NDC | | both | | 1 EA | 15 | | Wellcare | Medicare | | 100 | | 2.88 | | | other | Drugs are paid at 100% of the AWP |
| ADENOSINE 1MG(6MG/2ML)VIAL | J0153 | HCPCS | 25021030167 | NDC | | both | | 1 EA | 15 | | WellPoint | WellPoint | | 100 | | 2.84 | | | other | Drugs are paid at 100% of the AWP |
| EPINEPHRINE 0.1 MG | J0171 | HCPCS | 42023015925 | NDC | | both | | 1 EA | 26.5 | | Aetna | Better Health | | 100 | | 3.77 | | | other | Drugs are paid at 100% of the AWP |
| EPINEPHRINE 0.1 MG | J0171 | HCPCS | 42023015925 | NDC | | both | | 1 EA | 26.5 | | Aetna | Commercial | | 100 | | 5.59 | | | other | Drugs are paid at 100% of the AWP |
| EPINEPHRINE 0.1 MG | J0171 | HCPCS | 42023015925 | NDC | | both | | 1 EA | 26.5 | | Aetna | Medicare | | 100 | | 3.51 | | | other | Drugs are paid at 100% of the AWP |
| EPINEPHRINE 0.1 MG | J0171 | HCPCS | 42023015925 | NDC | | both | | 1 EA | 26.5 | | Amerihealth | HMO/PPO | | 100 | | 5.36 | | | other | Drugs are paid at 100% of the AWP |
| EPINEPHRINE 0.1 MG | J0171 | HCPCS | 42023015925 | NDC | | both | | 1 EA | 26.5 | | Corrections | Corrections | | 100 | | 5.4 | | | other | Drugs are paid at 100% of the AWP |
| EPINEPHRINE 0.1 MG | J0171 | HCPCS | 42023015925 | NDC | | both | | 1 EA | 26.5 | | Horizon | Indemnity | | 100 | | 4.82 | | | other | Drugs are paid at 100% of the AWP |
| EPINEPHRINE 0.1 MG | J0171 | HCPCS | 42023015925 | NDC | | both | | 1 EA | 26.5 | | Horizon | Medicare Blue | | 100 | | 6.85 | | | other | Drugs are paid at 100% of the AWP |
| EPINEPHRINE 0.1 MG | J0171 | HCPCS | 42023015925 | NDC | | both | | 1 EA | 26.5 | | Horizon | MGD | | 100 | | 6.11 | | | other | Drugs are paid at 100% of the AWP |
| EPINEPHRINE 0.1 MG | J0171 | HCPCS | 42023015925 | NDC | | both | | 1 EA | 26.5 | | Horizon | NJ Health | | 100 | | 3.82 | | | other | Drugs are paid at 100% of the AWP |
| EPINEPHRINE 0.1 MG | J0171 | HCPCS | 42023015925 | NDC | | both | | 1 EA | 26.5 | | Horizon | PPO | | 100 | | 8.27 | | | other | Drugs are paid at 100% of the AWP |
| EPINEPHRINE 0.1 MG | J0171 | HCPCS | 42023015925 | NDC | | both | | 1 EA | 26.5 | | UHC | Medicaid | | 100 | | 4.28 | | | other | Drugs are paid at 100% of the AWP |
| EPINEPHRINE 0.1 MG | J0171 | HCPCS | 42023015925 | NDC | | both | | 1 EA | 26.5 | | UHC | Medicare | | 100 | | 4.97 | | | other | Drugs are paid at 100% of the AWP |
| EPINEPHRINE 0.1 MG | J0171 | HCPCS | 42023015925 | NDC | | both | | 1 EA | 26.5 | | United | Commercial/PPO | | 100 | | 2.86 | | | other | Drugs are paid at 100% of the AWP |
| EPINEPHRINE 0.1 MG | J0171 | HCPCS | 42023015925 | NDC | | both | | 1 EA | 26.5 | | United | Oxford | | 100 | | 1.42 | | | other | Drugs are paid at 100% of the AWP |
| EPINEPHRINE 0.1 MG | J0171 | HCPCS | 42023015925 | NDC | | both | | 1 EA | 26.5 | | Wellcare | Medicaid | | 100 | | 2.46 | | | other | Drugs are paid at 100% of the AWP |
| EPINEPHRINE 0.1 MG | J0171 | HCPCS | 42023015925 | NDC | | both | | 1 EA | 26.5 | | Wellcare | Medicare | | 100 | | 3.07 | | | other | Drugs are paid at 100% of the AWP |
| EPINEPHRINE 0.1 MG | J0171 | HCPCS | 42023015925 | NDC | | both | | 1 EA | 26.5 | | WellPoint | WellPoint | | 100 | | 4.61 | | | other | Drugs are paid at 100% of the AWP |
| EPINEPHRINE 1ML AMPULE INJ | J0171 | HCPCS | 71418803 | NDC | | both | | 1 EA | 8.5 | | Horizon | NJ Health | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| EPINEPHRINE 1ML AMPULE INJ | J0171 | HCPCS | 71418803 | NDC | | both | | 1 EA | 8.5 | | UHC | Medicaid | | 100 | | 0.03 | | | other | Drugs are paid at 100% of the AWP |
| AFLIBERCEPT 1 MG INJ | J0178 | HCPCS | 61755000502 | NDC | | both | | 1 EA | 4056.5 | | Horizon | Medicare Blue | | 100 | | 806.72 | | | other | Drugs are paid at 100% of the AWP |
| AFLIBERCEPT 1 MG INJ | J0178 | HCPCS | 61755000502 | NDC | | both | | 1 EA | 4056.5 | | Horizon | NJ Health | | 100 | | 943.03 | | | other | Drugs are paid at 100% of the AWP |
| AFLIBERCEPT 1 MG INJ | J0178 | HCPCS | 61755000502 | NDC | | both | | 1 EA | 4056.5 | | UHC | Medicaid | | 100 | | 1225.11 | | | other | Drugs are paid at 100% of the AWP |
| AFLIBERCEPT 1 MG INJ | J0178 | HCPCS | 61755000502 | NDC | | both | | 1 EA | 4056.5 | | UHC | Medicare | | 100 | | 877.2 | | | other | Drugs are paid at 100% of the AWP |
| AFLIBERCEPT 1 MG INJ | J0178 | HCPCS | 61755000502 | NDC | | both | | 1 EA | 4056.5 | | Wellcare | Medicare | | 100 | | 838.2 | | | other | Drugs are paid at 100% of the AWP |
| AFLIBERCEPT 1 MG INJ | J0178 | HCPCS | 61755000502 | NDC | | both | | 1 EA | 4056.5 | | WellPoint | WellPoint | | 100 | | 496.06 | | | other | Drugs are paid at 100% of the AWP |
| REMDESIVIR 1 MG INJ | J0248 | HCPCS | 61958290101 | NDC | | both | | 1 EA | 18 | | Aetna | Better Health | | 100 | | 2.05 | | | other | Drugs are paid at 100% of the AWP |
| REMDESIVIR 1 MG INJ | J0248 | HCPCS | 61958290101 | NDC | | both | | 1 EA | 18 | | Aetna | Commercial | | 100 | | 5.16 | | | other | Drugs are paid at 100% of the AWP |
| REMDESIVIR 1 MG INJ | J0248 | HCPCS | 61958290101 | NDC | | both | | 1 EA | 18 | | Aetna | Medicare | | 100 | | 3.04 | | | other | Drugs are paid at 100% of the AWP |
| REMDESIVIR 1 MG INJ | J0248 | HCPCS | 61958290101 | NDC | | both | | 1 EA | 18 | | Horizon | Indemnity | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| REMDESIVIR 1 MG INJ | J0248 | HCPCS | 61958290101 | NDC | | both | | 1 EA | 18 | | Horizon | Medicare Blue | | 100 | | 3.17 | | | other | Drugs are paid at 100% of the AWP |
| REMDESIVIR 1 MG INJ | J0248 | HCPCS | 61958290101 | NDC | | both | | 1 EA | 18 | | Horizon | MGD | | 100 | | 6.5 | | | other | Drugs are paid at 100% of the AWP |
| REMDESIVIR 1 MG INJ | J0248 | HCPCS | 61958290101 | NDC | | both | | 1 EA | 18 | | Horizon | NJ Health | | 100 | | 3.2 | | | other | Drugs are paid at 100% of the AWP |
| REMDESIVIR 1 MG INJ | J0248 | HCPCS | 61958290101 | NDC | | both | | 1 EA | 18 | | Horizon | PPO | | 100 | | 5.95 | | | other | Drugs are paid at 100% of the AWP |
| REMDESIVIR 1 MG INJ | J0248 | HCPCS | 61958290101 | NDC | | both | | 1 EA | 18 | | UHC | Medicaid | | 100 | | 4.77 | | | other | Drugs are paid at 100% of the AWP |
| REMDESIVIR 1 MG INJ | J0248 | HCPCS | 61958290101 | NDC | | both | | 1 EA | 18 | | UHC | Medicare | | 100 | | 3.42 | | | other | Drugs are paid at 100% of the AWP |
| REMDESIVIR 1 MG INJ | J0248 | HCPCS | 61958290101 | NDC | | both | | 1 EA | 18 | | Wellcare | Medicare | | 100 | | 2.25 | | | other | Drugs are paid at 100% of the AWP |
| REMDESIVIR 1 MG INJ | J0248 | HCPCS | 61958290101 | NDC | | both | | 1 EA | 18 | | WellPoint | WellPoint | | 100 | | 4.72 | | | other | Drugs are paid at 100% of the AWP |
| AMIKACIN 100MG/2ML INJ | J0278 | HCPCS | 15301520 | NDC | | both | | 1 EA | 8.5 | | Amerihealth | HMO/PPO | | 100 | | 0.91 | | | other | Drugs are paid at 100% of the AWP |
| AMIKACIN 100MG/2ML INJ | J0278 | HCPCS | 15301520 | NDC | | both | | 1 EA | 8.5 | | Corrections | Corrections | | 100 | | 0.89 | | | other | Drugs are paid at 100% of the AWP |
| AMIKACIN 100MG/2ML INJ | J0278 | HCPCS | 15301520 | NDC | | both | | 1 EA | 8.5 | | Horizon | Indemnity | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| AMIKACIN 100MG/2ML INJ | J0278 | HCPCS | 15301520 | NDC | | both | | 1 EA | 8.5 | | Horizon | MGD | | 100 | | 2.93 | | | other | Drugs are paid at 100% of the AWP |
| AMIKACIN 100MG/2ML INJ | J0278 | HCPCS | 15301520 | NDC | | both | | 1 EA | 8.5 | | Horizon | NJ Health | | 100 | | 1.17 | | | other | Drugs are paid at 100% of the AWP |
| AMIKACIN 100MG/2ML INJ | J0278 | HCPCS | 15301520 | NDC | | both | | 1 EA | 8.5 | | Horizon | PPO | | 100 | | 3.41 | | | other | Drugs are paid at 100% of the AWP |
| AMIKACIN 100MG/2ML INJ | J0278 | HCPCS | 15301520 | NDC | | both | | 1 EA | 8.5 | | UHC | Medicaid | | 100 | | 2.04 | | | other | Drugs are paid at 100% of the AWP |
| AMIKACIN 100MG/2ML INJ | J0278 | HCPCS | 15301520 | NDC | | both | | 1 EA | 8.5 | | UHC | Medicare | | 100 | | 1.81 | | | other | Drugs are paid at 100% of the AWP |
| AMIKACIN 100MG/2ML INJ | J0278 | HCPCS | 15301520 | NDC | | both | | 1 EA | 8.5 | | Wellcare | Medicare | | 100 | | 2 | | | other | Drugs are paid at 100% of the AWP |
| AMIKACIN 100MG/2ML INJ | J0278 | HCPCS | 15301520 | NDC | | both | | 1 EA | 8.5 | | WellPoint | WellPoint | | 100 | | 0.88 | | | other | Drugs are paid at 100% of the AWP |
| AMIODARONE 30MG | J0282 | HCPCS | 63323061603 | NDC | | both | | 1 EA | 3.5 | | Aetna | Commercial | | 100 | | 1.53 | | | other | Drugs are paid at 100% of the AWP |
| AMIODARONE 30MG | J0282 | HCPCS | 63323061603 | NDC | | both | | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| AMIODARONE 30MG | J0282 | HCPCS | 63323061603 | NDC | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| AMIODARONE 30MG | J0282 | HCPCS | 63323061603 | NDC | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.03 | | | other | Drugs are paid at 100% of the AWP |
| AMIODARONE 30MG | J0282 | HCPCS | 63323061603 | NDC | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| AMIODARONE 30MG | J0282 | HCPCS | 63323061603 | NDC | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| AMIODARONE (NEXTERONE) 30MG INJ | J0283 | HCPCS | 43066036020 | NDC | | both | | 1 EA | 15 | | Aetna | Commercial | | 100 | | 2.52 | | | other | Drugs are paid at 100% of the AWP |
| AMIODARONE (NEXTERONE) 30MG INJ | J0283 | HCPCS | 43066036020 | NDC | | both | | 1 EA | 15 | | Aetna | Medicare | | 100 | | 2.04 | | | other | Drugs are paid at 100% of the AWP |
| AMIODARONE (NEXTERONE) 30MG INJ | J0283 | HCPCS | 43066036020 | NDC | | both | | 1 EA | 15 | | Horizon | Indemnity | | 100 | | 2.05 | | | other | Drugs are paid at 100% of the AWP |
| AMIODARONE (NEXTERONE) 30MG INJ | J0283 | HCPCS | 43066036020 | NDC | | both | | 1 EA | 15 | | Horizon | MGD | | 100 | | 2.03 | | | other | Drugs are paid at 100% of the AWP |
| AMIODARONE (NEXTERONE) 30MG INJ | J0283 | HCPCS | 43066036020 | NDC | | both | | 1 EA | 15 | | Horizon | NJ Health | | 100 | | 1.36 | | | other | Drugs are paid at 100% of the AWP |
| AMIODARONE (NEXTERONE) 30MG INJ | J0283 | HCPCS | 43066036020 | NDC | | both | | 1 EA | 15 | | Horizon | PPO | | 100 | | 2.52 | | | other | Drugs are paid at 100% of the AWP |
| AMIODARONE (NEXTERONE) 30MG INJ | J0283 | HCPCS | 43066036020 | NDC | | both | | 1 EA | 15 | | UHC | Medicaid | | 100 | | 2.83 | | | other | Drugs are paid at 100% of the AWP |
| AMIODARONE (NEXTERONE) 30MG INJ | J0283 | HCPCS | 43066036020 | NDC | | both | | 1 EA | 15 | | UHC | Medicare | | 100 | | 1.82 | | | other | Drugs are paid at 100% of the AWP |
| AMIODARONE (NEXTERONE) 30MG INJ | J0283 | HCPCS | 43066036020 | NDC | | both | | 1 EA | 15 | | United | Oxford | | 100 | | 4.35 | | | other | Drugs are paid at 100% of the AWP |
| AMIODARONE (NEXTERONE) 30MG INJ | J0283 | HCPCS | 43066036020 | NDC | | both | | 1 EA | 15 | | Wellcare | Medicare | | 100 | | 1.64 | | | other | Drugs are paid at 100% of the AWP |
| AMIODARONE (NEXTERONE) 30MG INJ | J0283 | HCPCS | 43066036020 | NDC | | both | | 1 EA | 15 | | WellPoint | WellPoint | | 100 | | 2.22 | | | other | Drugs are paid at 100% of the AWP |
| AMPHOTERICIN B LIPOSOME 10MG | J0289 | HCPCS | 469305130 | NDC | | both | | 1 EA | 190.5 | | Aetna | Better Health | | 100 | | 19.93 | | | other | Drugs are paid at 100% of the AWP |
| AMPHOTERICIN B LIPOSOME 10MG | J0289 | HCPCS | 469305130 | NDC | | both | | 1 EA | 190.5 | | Aetna | Commercial | | 100 | | 45.69 | | | other | Drugs are paid at 100% of the AWP |
| AMPHOTERICIN B LIPOSOME 10MG | J0289 | HCPCS | 469305130 | NDC | | both | | 1 EA | 190.5 | | Horizon | Medicare Blue | | 100 | | 16.82 | | | other | Drugs are paid at 100% of the AWP |
| AMPHOTERICIN B LIPOSOME 10MG | J0289 | HCPCS | 469305130 | NDC | | both | | 1 EA | 190.5 | | Horizon | MGD | | 100 | | 9.34 | | | other | Drugs are paid at 100% of the AWP |
| AMPHOTERICIN B LIPOSOME 10MG | J0289 | HCPCS | 469305130 | NDC | | both | | 1 EA | 190.5 | | Horizon | NJ Health | | 100 | | 17.05 | | | other | Drugs are paid at 100% of the AWP |
| AMPHOTERICIN B LIPOSOME 10MG | J0289 | HCPCS | 469305130 | NDC | | both | | 1 EA | 190.5 | | UHC | Medicaid | | 100 | | 24.23 | | | other | Drugs are paid at 100% of the AWP |
| AMPHOTERICIN B LIPOSOME 10MG | J0289 | HCPCS | 469305130 | NDC | | both | | 1 EA | 190.5 | | Wellcare | Medicaid | | 100 | | 6.62 | | | other | Drugs are paid at 100% of the AWP |
| AMPHOTERICIN B LIPOSOME 10MG | J0289 | HCPCS | 469305130 | NDC | | both | | 1 EA | 190.5 | | WellPoint | WellPoint | | 100 | | 21.87 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN 500MG VIAL | J0290 | HCPCS | 55150011210 | NDC | | both | | 1 EA | 35.5 | | Aetna | Better Health | | 100 | | 5.13 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN 500MG VIAL | J0290 | HCPCS | 55150011210 | NDC | | both | | 1 EA | 35.5 | | Aetna | Commercial | | 100 | | 9.38 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN 500MG VIAL | J0290 | HCPCS | 55150011210 | NDC | | both | | 1 EA | 35.5 | | Aetna | Medicare | | 100 | | 2.34 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN 500MG VIAL | J0290 | HCPCS | 55150011210 | NDC | | both | | 1 EA | 35.5 | | Corrections | Corrections | | 100 | | 8.81 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN 500MG VIAL | J0290 | HCPCS | 55150011210 | NDC | | both | | 1 EA | 35.5 | | Horizon | Indemnity | | 100 | | 5.2 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN 500MG VIAL | J0290 | HCPCS | 55150011210 | NDC | | both | | 1 EA | 35.5 | | Horizon | Medicare Blue | | 100 | | 12.55 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN 500MG VIAL | J0290 | HCPCS | 55150011210 | NDC | | both | | 1 EA | 35.5 | | Horizon | MGD | | 100 | | 3.73 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN 500MG VIAL | J0290 | HCPCS | 55150011210 | NDC | | both | | 1 EA | 35.5 | | Horizon | NJ Health | | 100 | | 2.79 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN 500MG VIAL | J0290 | HCPCS | 55150011210 | NDC | | both | | 1 EA | 35.5 | | Horizon | PPO | | 100 | | 7.87 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN 500MG VIAL | J0290 | HCPCS | 55150011210 | NDC | | both | | 1 EA | 35.5 | | UHC | Medicaid | | 100 | | 5.88 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN 500MG VIAL | J0290 | HCPCS | 55150011210 | NDC | | both | | 1 EA | 35.5 | | UHC | Medicare | | 100 | | 6.67 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN 500MG VIAL | J0290 | HCPCS | 55150011210 | NDC | | both | | 1 EA | 35.5 | | United | Commercial/PPO | | 100 | | 10.66 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN 500MG VIAL | J0290 | HCPCS | 55150011210 | NDC | | both | | 1 EA | 35.5 | | Wellcare | Medicaid | | 100 | | 10.48 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN 500MG VIAL | J0290 | HCPCS | 55150011210 | NDC | | both | | 1 EA | 35.5 | | Wellcare | Medicare | | 100 | | 6.31 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN 500MG VIAL | J0290 | HCPCS | 55150011210 | NDC | | both | | 1 EA | 35.5 | | WellPoint | WellPoint | | 100 | | 12.64 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN 250MG VIAL | J0290 | HCPCS | 63323038710 | NDC | | both | | 1 EA | 8.5 | | Aetna | Better Health | | 100 | | 1.29 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN 250MG VIAL | J0290 | HCPCS | 63323038710 | NDC | | both | | 1 EA | 8.5 | | Aetna | Commercial | | 100 | | 8.04 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN 250MG VIAL | J0290 | HCPCS | 63323038710 | NDC | | both | | 1 EA | 8.5 | | Horizon | Medicare Blue | | 100 | | 2.02 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN 250MG VIAL | J0290 | HCPCS | 63323038710 | NDC | | both | | 1 EA | 8.5 | | Horizon | MGD | | 100 | | 6.34 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN 250MG VIAL | J0290 | HCPCS | 63323038710 | NDC | | both | | 1 EA | 8.5 | | Horizon | NJ Health | | 100 | | 0.8 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN 250MG VIAL | J0290 | HCPCS | 63323038710 | NDC | | both | | 1 EA | 8.5 | | Horizon | PPO | | 100 | | 3.08 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN 250MG VIAL | J0290 | HCPCS | 63323038710 | NDC | | both | | 1 EA | 8.5 | | UHC | Medicaid | | 100 | | 1.59 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN 250MG VIAL | J0290 | HCPCS | 63323038710 | NDC | | both | | 1 EA | 8.5 | | Wellcare | Medicaid | | 100 | | 2.09 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN 250MG VIAL | J0290 | HCPCS | 63323038710 | NDC | | both | | 1 EA | 8.5 | | WellPoint | WellPoint | | 100 | | 3.71 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN 125MG VIAL | J0290 | HCPCS | 781340095 | NDC | | both | | 1 EA | 27.5 | | Aetna | Better Health | | 100 | | 3.95 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN 125MG VIAL | J0290 | HCPCS | 781340095 | NDC | | both | | 1 EA | 27.5 | | Aetna | Commercial | | 100 | | 24.55 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN 125MG VIAL | J0290 | HCPCS | 781340095 | NDC | | both | | 1 EA | 27.5 | | Horizon | NJ Health | | 100 | | 1.79 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN 125MG VIAL | J0290 | HCPCS | 781340095 | NDC | | both | | 1 EA | 27.5 | | UHC | Medicaid | | 100 | | 5.12 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN 125MG VIAL | J0290 | HCPCS | 781340095 | NDC | | both | | 1 EA | 27.5 | | WellPoint | WellPoint | | 100 | | 10.09 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN-SULBACTAM 1.5GM VIAL | J0295 | HCPCS | 55150011720 | NDC | | both | | 1 EA | 59 | | Aetna | Better Health | | 100 | | 13.08 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN-SULBACTAM 1.5GM VIAL | J0295 | HCPCS | 55150011720 | NDC | | both | | 1 EA | 59 | | Aetna | Commercial | | 100 | | 9.15 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN-SULBACTAM 1.5GM VIAL | J0295 | HCPCS | 55150011720 | NDC | | both | | 1 EA | 59 | | Aetna | Medicare | | 100 | | 6.15 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN-SULBACTAM 1.5GM VIAL | J0295 | HCPCS | 55150011720 | NDC | | both | | 1 EA | 59 | | Amerihealth | HMO/PPO | | 100 | | 8.99 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN-SULBACTAM 1.5GM VIAL | J0295 | HCPCS | 55150011720 | NDC | | both | | 1 EA | 59 | | Corrections | Corrections | | 100 | | 13 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN-SULBACTAM 1.5GM VIAL | J0295 | HCPCS | 55150011720 | NDC | | both | | 1 EA | 59 | | Horizon | Indemnity | | 100 | | 21.14 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN-SULBACTAM 1.5GM VIAL | J0295 | HCPCS | 55150011720 | NDC | | both | | 1 EA | 59 | | Horizon | Medicare Blue | | 100 | | 8.73 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN-SULBACTAM 1.5GM VIAL | J0295 | HCPCS | 55150011720 | NDC | | both | | 1 EA | 59 | | Horizon | MGD | | 100 | | 11.17 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN-SULBACTAM 1.5GM VIAL | J0295 | HCPCS | 55150011720 | NDC | | both | | 1 EA | 59 | | Horizon | NJ Health | | 100 | | 7.55 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN-SULBACTAM 1.5GM VIAL | J0295 | HCPCS | 55150011720 | NDC | | both | | 1 EA | 59 | | Horizon | PPO | | 100 | | 9.81 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN-SULBACTAM 1.5GM VIAL | J0295 | HCPCS | 55150011720 | NDC | | both | | 1 EA | 59 | | UHC | Medicaid | | 100 | | 11.42 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN-SULBACTAM 1.5GM VIAL | J0295 | HCPCS | 55150011720 | NDC | | both | | 1 EA | 59 | | UHC | Medicare | | 100 | | 10.81 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN-SULBACTAM 1.5GM VIAL | J0295 | HCPCS | 55150011720 | NDC | | both | | 1 EA | 59 | | United | Commercial/PPO | | 100 | | 4.31 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN-SULBACTAM 1.5GM VIAL | J0295 | HCPCS | 55150011720 | NDC | | both | | 1 EA | 59 | | United | Oxford | | 100 | | 4.73 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN-SULBACTAM 1.5GM VIAL | J0295 | HCPCS | 55150011720 | NDC | | both | | 1 EA | 59 | | Wellcare | Medicaid | | 100 | | 10.4 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN-SULBACTAM 1.5GM VIAL | J0295 | HCPCS | 55150011720 | NDC | | both | | 1 EA | 59 | | Wellcare | Medicare | | 100 | | 16.42 | | | other | Drugs are paid at 100% of the AWP |
| AMPICILLIN-SULBACTAM 1.5GM VIAL | J0295 | HCPCS | 55150011720 | NDC | | both | | 1 EA | 59 | | WellPoint | WellPoint | | 100 | | 10.68 | | | other | Drugs are paid at 100% of the AWP |
| SUCCINYLCHOLINE 20MG/1ML 10ML VL | J0330 | HCPCS | 69918070025 | NDC | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| SUCCINYLCHOLINE 20MG/1ML 10ML VL | J0330 | HCPCS | 69918070025 | NDC | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| SUCCINYLCHOLINE 20MG/1ML 10ML VL | J0330 | HCPCS | 69918070025 | NDC | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| SUCCINYLCHOLINE 20MG/1ML 10ML VL | J0330 | HCPCS | 69918070025 | NDC | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code|1 | code|1|type | code|2 | code|2|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge|gross | standard_charge|discounted_cash | payer_name | plan_name | standard_charge|negotiated_dollar | standard_charge|negotiated_percentage | standard_charge|negotiated_algorithm | estimated_amount | standard_charge|min | standard_charge|max | standard_charge|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SUCCINYLCHOLINE 20MG/1ML 10ML VL | J0330 | HCPCS | 69918070025 | NDC | | both | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| SUCCINYLCHOLINE 20MG/1ML 10ML VL | J0330 | HCPCS | 69918070025 | NDC | | both | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| SUCCINYLCHOLINE 20MG/1ML 10ML VL | J0330 | HCPCS | 69918070025 | NDC | | both | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| SUCCINYLCHOLINE 20MG/1ML 10ML VL | J0330 | HCPCS | 69918070025 | NDC | | both | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| SUCCINYLCHOLINE 20MG/1ML 10ML VL | J0330 | HCPCS | 69918070025 | NDC | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| SUCCINYLCHOLINE 20MG/1ML 10ML VL | J0330 | HCPCS | 69918070025 | NDC | | both | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| SUCCINYLCHOLINE 20MG/1ML 10ML VL | J0330 | HCPCS | 69918070025 | NDC | | both | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| SUCCINYLCHOLINE 20MG/1ML 10ML VL | J0330 | HCPCS | 69918070025 | NDC | | both | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| SUCCINYLCHOLINE 20MG/1ML 10ML VL | J0330 | HCPCS | 69918070025 | NDC | | both | 1 EA | 2.5 | | United | Commercial/PPO | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| SUCCINYLCHOLINE 20MG/1ML 10ML VL | J0330 | HCPCS | 69918070025 | NDC | | both | 1 EA | 2.5 | | United | Oxford | | 100 | | 0.78 | | | other | Drugs are paid at 100% of the AWP |
| SUCCINYLCHOLINE 20MG/1ML 10ML VL | J0330 | HCPCS | 69918070025 | NDC | | both | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| SUCCINYLCHOLINE 20MG/1ML 10ML VL | J0330 | HCPCS | 69918070025 | NDC | | both | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| SUCCINYLCHOLINE 20MG/1ML 10ML VL | J0330 | HCPCS | 69918070025 | NDC | | both | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| ANADULAFUNGIN 1 MG INJ | J0348 | HCPCS | 49101028 | NDC | | both | 1 EA | 8.5 | | Aetna | Better Health | | 100 | | 1.07 | | | other | Drugs are paid at 100% of the AWP |
| ANADULAFUNGIN 1 MG INJ | J0348 | HCPCS | 49101028 | NDC | | both | 1 EA | 8.5 | | Aetna | Commercial | | 100 | | 1.88 | | | other | Drugs are paid at 100% of the AWP |
| ANADULAFUNGIN 1 MG INJ | J0348 | HCPCS | 49101028 | NDC | | both | 1 EA | 8.5 | | Aetna | Medicare | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| ANADULAFUNGIN 1 MG INJ | J0348 | HCPCS | 49101028 | NDC | | both | 1 EA | 8.5 | | Horizon | Indemnity | | 100 | | 0.84 | | | other | Drugs are paid at 100% of the AWP |
| ANADULAFUNGIN 1 MG INJ | J0348 | HCPCS | 49101028 | NDC | | both | 1 EA | 8.5 | | Horizon | Medicare Blue | | 100 | | 0.96 | | | other | Drugs are paid at 100% of the AWP |
| ANADULAFUNGIN 1 MG INJ | J0348 | HCPCS | 49101028 | NDC | | both | 1 EA | 8.5 | | Horizon | MGD | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| ANADULAFUNGIN 1 MG INJ | J0348 | HCPCS | 49101028 | NDC | | both | 1 EA | 8.5 | | Horizon | NJ Health | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| ANADULAFUNGIN 1 MG INJ | J0348 | HCPCS | 49101028 | NDC | | both | 1 EA | 8.5 | | Horizon | PPO | | 100 | | 2.34 | | | other | Drugs are paid at 100% of the AWP |
| ANADULAFUNGIN 1 MG INJ | J0348 | HCPCS | 49101028 | NDC | | both | 1 EA | 8.5 | | UHC | Medicaid | | 100 | | 1.45 | | | other | Drugs are paid at 100% of the AWP |
| ANADULAFUNGIN 1 MG INJ | J0348 | HCPCS | 49101028 | NDC | | both | 1 EA | 8.5 | | UHC | Medicare | | 100 | | 1.89 | | | other | Drugs are paid at 100% of the AWP |
| ANADULAFUNGIN 1 MG INJ | J0348 | HCPCS | 49101028 | NDC | | both | 1 EA | 8.5 | | United | Commercial/PPO | | 100 | | 1.09 | | | other | Drugs are paid at 100% of the AWP |
| ANADULAFUNGIN 1 MG INJ | J0348 | HCPCS | 49101028 | NDC | | both | 1 EA | 8.5 | | Wellcare | Medicaid | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| ANADULAFUNGIN 1 MG INJ | J0348 | HCPCS | 49101028 | NDC | | both | 1 EA | 8.5 | | WellPoint | WellPoint | | 100 | | 1.08 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 20MG/1ML VIAL | J0360 | HCPCS | 63323061401 | NDC | | both | 1 EA | 62 | | Aetna | Better Health | | 100 | | 10.29 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 20MG/1ML VIAL | J0360 | HCPCS | 63323061401 | NDC | | both | 1 EA | 62 | | Aetna | Commercial | | 100 | | 15.99 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 20MG/1ML VIAL | J0360 | HCPCS | 63323061401 | NDC | | both | 1 EA | 62 | | Aetna | Medicare | | 100 | | 8.33 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 20MG/1ML VIAL | J0360 | HCPCS | 63323061401 | NDC | | both | 1 EA | 62 | | Amerihealth | HMO/PPO | | 100 | | 8.97 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 20MG/1ML VIAL | J0360 | HCPCS | 63323061401 | NDC | | both | 1 EA | 62 | | Corrections | Corrections | | 100 | | 11.42 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 20MG/1ML VIAL | J0360 | HCPCS | 63323061401 | NDC | | both | 1 EA | 62 | | Horizon | Indemnity | | 100 | | 15.31 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 20MG/1ML VIAL | J0360 | HCPCS | 63323061401 | NDC | | both | 1 EA | 62 | | Horizon | Medicare Blue | | 100 | | 9.47 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 20MG/1ML VIAL | J0360 | HCPCS | 63323061401 | NDC | | both | 1 EA | 62 | | Horizon | MGD | | 100 | | 11.69 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 20MG/1ML VIAL | J0360 | HCPCS | 63323061401 | NDC | | both | 1 EA | 62 | | Horizon | NJ Health | | 100 | | 7.41 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 20MG/1ML VIAL | J0360 | HCPCS | 63323061401 | NDC | | both | 1 EA | 62 | | Horizon | PPO | | 100 | | 11.89 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 20MG/1ML VIAL | J0360 | HCPCS | 63323061401 | NDC | | both | 1 EA | 62 | | UHC | Medicaid | | 100 | | 10.08 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 20MG/1ML VIAL | J0360 | HCPCS | 63323061401 | NDC | | both | 1 EA | 62 | | UHC | Medicare | | 100 | | 11.24 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 20MG/1ML VIAL | J0360 | HCPCS | 63323061401 | NDC | | both | 1 EA | 62 | | United | Commercial/PPO | | 100 | | 10.81 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 20MG/1ML VIAL | J0360 | HCPCS | 63323061401 | NDC | | both | 1 EA | 62 | | Wellcare | Medicaid | | 100 | | 10.53 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 20MG/1ML VIAL | J0360 | HCPCS | 63323061401 | NDC | | both | 1 EA | 62 | | Wellcare | Medicare | | 100 | | 9.21 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 20MG/1ML VIAL | J0360 | HCPCS | 63323061401 | NDC | | both | 1 EA | 62 | | WellPoint | WellPoint | | 100 | | 11.35 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 500MG INJ | J0456 | HCPCS | 63323039810 | NDC | | both | 1 EA | 188 | | Aetna | Better Health | | 100 | | 26.8 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 500MG INJ | J0456 | HCPCS | 63323039810 | NDC | | both | 1 EA | 188 | | Aetna | Commercial | | 100 | | 37.7 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 500MG INJ | J0456 | HCPCS | 63323039810 | NDC | | both | 1 EA | 188 | | Aetna | Medicare | | 100 | | 42.67 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 500MG INJ | J0456 | HCPCS | 63323039810 | NDC | | both | 1 EA | 188 | | Amerihealth | HMO/PPO | | 100 | | 35.5 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 500MG INJ | J0456 | HCPCS | 63323039810 | NDC | | both | 1 EA | 188 | | Corrections | Corrections | | 100 | | 53.21 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 500MG INJ | J0456 | HCPCS | 63323039810 | NDC | | both | 1 EA | 188 | | Horizon | Indemnity | | 100 | | 18.19 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 500MG INJ | J0456 | HCPCS | 63323039810 | NDC | | both | 1 EA | 188 | | Horizon | Medicare Blue | | 100 | | 34.76 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 500MG INJ | J0456 | HCPCS | 63323039810 | NDC | | both | 1 EA | 188 | | Horizon | MGD | | 100 | | 38.77 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 500MG INJ | J0456 | HCPCS | 63323039810 | NDC | | both | 1 EA | 188 | | Horizon | NJ Health | | 100 | | 30.82 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 500MG INJ | J0456 | HCPCS | 63323039810 | NDC | | both | 1 EA | 188 | | Horizon | PPO | | 100 | | 56.79 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 500MG INJ | J0456 | HCPCS | 63323039810 | NDC | | both | 1 EA | 188 | | UHC | Medicaid | | 100 | | 33.55 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 500MG INJ | J0456 | HCPCS | 63323039810 | NDC | | both | 1 EA | 188 | | UHC | Medicare | | 100 | | 46.13 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 500MG INJ | J0456 | HCPCS | 63323039810 | NDC | | both | 1 EA | 188 | | United | Commercial/PPO | | 100 | | 37.22 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 500MG INJ | J0456 | HCPCS | 63323039810 | NDC | | both | 1 EA | 188 | | Wellcare | Medicaid | | 100 | | 28.3 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 500MG INJ | J0456 | HCPCS | 63323039810 | NDC | | both | 1 EA | 188 | | Wellcare | Medicare | | 100 | | 37.51 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 500MG INJ | J0456 | HCPCS | 63323039810 | NDC | | both | 1 EA | 188 | | WellPoint | WellPoint | | 100 | | 38.39 | | | other | Drugs are paid at 100% of the AWP |
| ATROPINE SULFATE 0.01MG INJ | J0461 | HCPCS | 76329333901 | NDC | | both | 1 EA | 2 | | Aetna | Better Health | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| ATROPINE SULFATE 0.01MG INJ | J0461 | HCPCS | 76329333901 | NDC | | both | 1 EA | 2 | | Aetna | Commercial | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| ATROPINE SULFATE 0.01MG INJ | J0461 | HCPCS | 76329333901 | NDC | | both | 1 EA | 2 | | Aetna | Medicare | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| ATROPINE SULFATE 0.01MG INJ | J0461 | HCPCS | 76329333901 | NDC | | both | 1 EA | 2 | | Amerihealth | HMO/PPO | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| ATROPINE SULFATE 0.01MG INJ | J0461 | HCPCS | 76329333901 | NDC | | both | 1 EA | 2 | | Corrections | Corrections | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| ATROPINE SULFATE 0.01MG INJ | J0461 | HCPCS | 76329333901 | NDC | | both | 1 EA | 2 | | Horizon | Indemnity | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| ATROPINE SULFATE 0.01MG INJ | J0461 | HCPCS | 76329333901 | NDC | | both | 1 EA | 2 | | Horizon | Medicare Blue | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| ATROPINE SULFATE 0.01MG INJ | J0461 | HCPCS | 76329333901 | NDC | | both | 1 EA | 2 | | Horizon | MGD | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| ATROPINE SULFATE 0.01MG INJ | J0461 | HCPCS | 76329333901 | NDC | | both | 1 EA | 2 | | Horizon | NJ Health | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| ATROPINE SULFATE 0.01MG INJ | J0461 | HCPCS | 76329333901 | NDC | | both | 1 EA | 2 | | Horizon | PPO | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| ATROPINE SULFATE 0.01MG INJ | J0461 | HCPCS | 76329333901 | NDC | | both | 1 EA | 2 | | UHC | Medicaid | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| ATROPINE SULFATE 0.01MG INJ | J0461 | HCPCS | 76329333901 | NDC | | both | 1 EA | 2 | | UHC | Medicare | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| ATROPINE SULFATE 0.01MG INJ | J0461 | HCPCS | 76329333901 | NDC | | both | 1 EA | 2 | | United | Commercial/PPO | | 100 | | 0.74 | | | other | Drugs are paid at 100% of the AWP |
| ATROPINE SULFATE 0.01MG INJ | J0461 | HCPCS | 76329333901 | NDC | | both | 1 EA | 2 | | Wellcare | Medicaid | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| ATROPINE SULFATE 0.01MG INJ | J0461 | HCPCS | 76329333901 | NDC | | both | 1 EA | 2 | | Wellcare | Medicare | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| ATROPINE SULFATE 0.01MG INJ | J0461 | HCPCS | 76329333901 | NDC | | both | 1 EA | 2 | | WellPoint | WellPoint | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| BASILIXIMAB 20MG INJ (NF) | J0480 | HCPCS | 78033184 | NDC | | both | 1 EA | 7545 | | Aetna | Better Health | | 100 | | 1244.39 | | | other | Drugs are paid at 100% of the AWP |
| BASILIXIMAB 20MG INJ (NF) | J0480 | HCPCS | 78033184 | NDC | | both | 1 EA | 7545 | | Aetna | Commercial | | 100 | | 981.93 | | | other | Drugs are paid at 100% of the AWP |
| BASILIXIMAB 20MG INJ (NF) | J0480 | HCPCS | 78033184 | NDC | | both | 1 EA | 7545 | | Amerihealth | HMO/PPO | | 100 | | 1350.46 | | | other | Drugs are paid at 100% of the AWP |
| BASILIXIMAB 20MG INJ (NF) | J0480 | HCPCS | 78033184 | NDC | | both | 1 EA | 7545 | | Horizon | Indemnity | | 100 | | 3956.3 | | | other | Drugs are paid at 100% of the AWP |
| BASILIXIMAB 20MG INJ (NF) | J0480 | HCPCS | 78033184 | NDC | | both | 1 EA | 7545 | | Horizon | MGD | | 100 | | 1853.08 | | | other | Drugs are paid at 100% of the AWP |
| BASILIXIMAB 20MG INJ (NF) | J0480 | HCPCS | 78033184 | NDC | | both | 1 EA | 7545 | | Horizon | NJ Health | | 100 | | 2289.09 | | | other | Drugs are paid at 100% of the AWP |
| BASILIXIMAB 20MG INJ (NF) | J0480 | HCPCS | 78033184 | NDC | | both | 1 EA | 7545 | | Horizon | PPO | | 100 | | 2763.93 | | | other | Drugs are paid at 100% of the AWP |
| BASILIXIMAB 20MG INJ (NF) | J0480 | HCPCS | 78033184 | NDC | | both | 1 EA | 7545 | | UHC | Medicaid | | 100 | | 1255.12 | | | other | Drugs are paid at 100% of the AWP |
| BASILIXIMAB 20MG INJ (NF) | J0480 | HCPCS | 78033184 | NDC | | both | 1 EA | 7545 | | WellPoint | WellPoint | | 100 | | 1424.1 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 20MG/INJ | J0500 | HCPCS | 68080923 | NDC | | both | 1 EA | 135.5 | | Aetna | Better Health | | 100 | | 30.71 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 20MG/INJ | J0500 | HCPCS | 68080923 | NDC | | both | 1 EA | 135.5 | | Aetna | Medicare | | 100 | | 12.24 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 20MG/INJ | J0500 | HCPCS | 68080923 | NDC | | both | 1 EA | 135.5 | | Corrections | Corrections | | 100 | | 38.69 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 20MG/INJ | J0500 | HCPCS | 68080923 | NDC | | both | 1 EA | 135.5 | | Horizon | Indemnity | | 100 | | 34.21 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 20MG/INJ | J0500 | HCPCS | 68080923 | NDC | | both | 1 EA | 135.5 | | Horizon | Medicare Blue | | 100 | | 68.35 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 20MG/INJ | J0500 | HCPCS | 68080923 | NDC | | both | 1 EA | 135.5 | | Horizon | MGD | | 100 | | 13.84 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 20MG/INJ | J0500 | HCPCS | 68080923 | NDC | | both | 1 EA | 135.5 | | Horizon | NJ Health | | 100 | | 7.34 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 20MG/INJ | J0500 | HCPCS | 68080923 | NDC | | both | 1 EA | 135.5 | | UHC | Medicaid | | 100 | | 14.2 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 20MG/INJ | J0500 | HCPCS | 68080923 | NDC | | both | 1 EA | 135.5 | | UHC | Medicare | | 100 | | 78.8 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 20MG/INJ | J0500 | HCPCS | 68080923 | NDC | | both | 1 EA | 135.5 | | Wellcare | Medicaid | | 100 | | 28.42 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 20MG/INJ | J0500 | HCPCS | 68080923 | NDC | | both | 1 EA | 135.5 | | WellPoint | WellPoint | | 100 | | 20.03 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 1MG/1ML INJ | J0515 | HCPCS | 63275716 | NDC | | both | 1 EA | 127 | | Aetna | Better Health | | 100 | | 13.29 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 1MG/1ML INJ | J0515 | HCPCS | 63275716 | NDC | | both | 1 EA | 127 | | Aetna | Commercial | | 100 | | 32.13 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 1MG/1ML INJ | J0515 | HCPCS | 63275716 | NDC | | both | 1 EA | 127 | | Aetna | Medicare | | 100 | | 13.1 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 1MG/1ML INJ | J0515 | HCPCS | 63275716 | NDC | | both | 1 EA | 127 | | Horizon | Medicare Blue | | 100 | | 18.39 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 1MG/1ML INJ | J0515 | HCPCS | 63275716 | NDC | | both | 1 EA | 127 | | Horizon | MGD | | 100 | | 24.47 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 1MG/1ML INJ | J0515 | HCPCS | 63275716 | NDC | | both | 1 EA | 127 | | Horizon | NJ Health | | 100 | | 6.56 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 1MG/1ML INJ | J0515 | HCPCS | 63275716 | NDC | | both | 1 EA | 127 | | Horizon | PPO | | 100 | | 26.4 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 1MG/1ML INJ | J0515 | HCPCS | 63275716 | NDC | | both | 1 EA | 127 | | UHC | Medicaid | | 100 | | 14.48 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 1MG/1ML INJ | J0515 | HCPCS | 63275716 | NDC | | both | 1 EA | 127 | | UHC | Medicare | | 100 | | 23.59 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 1MG/1ML INJ | J0515 | HCPCS | 63275716 | NDC | | both | 1 EA | 127 | | Wellcare | Medicaid | | 100 | | 12.4 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 1MG/1ML INJ | J0515 | HCPCS | 63275716 | NDC | | both | 1 EA | 127 | | Wellcare | Medicare | | 100 | | 16.29 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 1MG/1ML INJ | J0515 | HCPCS | 63275716 | NDC | | both | 1 EA | 127 | | WellPoint | WellPoint | | 100 | | 16.8 | | | other | Drugs are paid at 100% of the AWP |
| PEN G BENZATHINE 100000 UNITS | J0561 | HCPCS | 60793070110 | NDC | | both | 1 EA | 41 | | Aetna | Better Health | | 100 | | 8.82 | | | other | Drugs are paid at 100% of the AWP |
| PEN G BENZATHINE 100000 UNITS | J0561 | HCPCS | 60793070110 | NDC | | both | 1 EA | 41 | | Aetna | Commercial | | 100 | | 6.96 | | | other | Drugs are paid at 100% of the AWP |
| PEN G BENZATHINE 100000 UNITS | J0561 | HCPCS | 60793070110 | NDC | | both | 1 EA | 41 | | Aetna | Medicare | | 100 | | 15.67 | | | other | Drugs are paid at 100% of the AWP |
| PEN G BENZATHINE 100000 UNITS | J0561 | HCPCS | 60793070110 | NDC | | both | 1 EA | 41 | | Amerihealth | HMO/PPO | | 100 | | 9.53 | | | other | Drugs are paid at 100% of the AWP |
| PEN G BENZATHINE 100000 UNITS | J0561 | HCPCS | 60793070110 | NDC | | both | 1 EA | 41 | | Horizon | Indemnity | | 100 | | 16.55 | | | other | Drugs are paid at 100% of the AWP |
| PEN G BENZATHINE 100000 UNITS | J0561 | HCPCS | 60793070110 | NDC | | both | 1 EA | 41 | | Horizon | MGD | | 100 | | 29.64 | | | other | Drugs are paid at 100% of the AWP |
| PEN G BENZATHINE 100000 UNITS | J0561 | HCPCS | 60793070110 | NDC | | both | 1 EA | 41 | | Horizon | NJ Health | | 100 | | 3.67 | | | other | Drugs are paid at 100% of the AWP |
| PEN G BENZATHINE 100000 UNITS | J0561 | HCPCS | 60793070110 | NDC | | both | 1 EA | 41 | | Horizon | PPO | | 100 | | 16.3 | | | other | Drugs are paid at 100% of the AWP |
| PEN G BENZATHINE 100000 UNITS | J0561 | HCPCS | 60793070110 | NDC | | both | 1 EA | 41 | | UHC | Medicaid | | 100 | | 4.67 | | | other | Drugs are paid at 100% of the AWP |
| PEN G BENZATHINE 100000 UNITS | J0561 | HCPCS | 60793070110 | NDC | | both | 1 EA | 41 | | UHC | Medicare | | 100 | | 7.57 | | | other | Drugs are paid at 100% of the AWP |
| PEN G BENZATHINE 100000 UNITS | J0561 | HCPCS | 60793070110 | NDC | | both | 1 EA | 41 | | Wellcare | Medicaid | | 100 | | 3.69 | | | other | Drugs are paid at 100% of the AWP |
| PEN G BENZATHINE 100000 UNITS | J0561 | HCPCS | 60793070110 | NDC | | both | 1 EA | 41 | | WellPoint | WellPoint | | 100 | | 7.45 | | | other | Drugs are paid at 100% of the AWP |
| BUPRENIORPHINE (1MG) TAB | J0571 | HCPCS | 54017613 | NDC | | both | 1 EA | 7 | | Aetna | Better Health | | 100 | | 1.67 | | | other | Drugs are paid at 100% of the AWP |
| BUPRENIORPHINE (1MG) TAB | J0571 | HCPCS | 54017613 | NDC | | both | 1 EA | 7 | | Aetna | Commercial | | 100 | | 0.99 | | | other | Drugs are paid at 100% of the AWP |
| BUPRENIORPHINE (1MG) TAB | J0571 | HCPCS | 54017613 | NDC | | both | 1 EA | 7 | | Aetna | Medicare | | 100 | | 1.67 | | | other | Drugs are paid at 100% of the AWP |
| BUPRENIORPHINE (1MG) TAB | J0571 | HCPCS | 54017613 | NDC | | both | 1 EA | 7 | | Corrections | Corrections | | 100 | | 1.55 | | | other | Drugs are paid at 100% of the AWP |
| BUPRENIORPHINE (1MG) TAB | J0571 | HCPCS | 54017613 | NDC | | both | 1 EA | 7 | | Horizon | Indemnity | | 100 | | 2.12 | | | other | Drugs are paid at 100% of the AWP |
| BUPRENIORPHINE (1MG) TAB | J0571 | HCPCS | 54017613 | NDC | | both | 1 EA | 7 | | Horizon | Medicare Blue | | 100 | | 1.34 | | | other | Drugs are paid at 100% of the AWP |
| BUPRENIORPHINE (1MG) TAB | J0571 | HCPCS | 54017613 | NDC | | both | 1 EA | 7 | | Horizon | MGD | | 100 | | 1.98 | | | other | Drugs are paid at 100% of the AWP |
| BUPRENIORPHINE (1MG) TAB | J0571 | HCPCS | 54017613 | NDC | | both | 1 EA | 7 | | Horizon | NJ Health | | 100 | | 0.92 | | | other | Drugs are paid at 100% of the AWP |
| BUPRENIORPHINE (1MG) TAB | J0571 | HCPCS | 54017613 | NDC | | both | 1 EA | 7 | | Horizon | PPO | | 100 | | 1.03 | | | other | Drugs are paid at 100% of the AWP |
| BUPRENIORPHINE (1MG) TAB | J0571 | HCPCS | 54017613 | NDC | | both | 1 EA | 7 | | UHC | Medicaid | | 100 | | 1.11 | | | other | Drugs are paid at 100% of the AWP |
| BUPRENIORPHINE (1MG) TAB | J0571 | HCPCS | 54017613 | NDC | | both | 1 EA | 7 | | UHC | Medicare | | 100 | | 1.63 | | | other | Drugs are paid at 100% of the AWP |
| BUPRENIORPHINE (1MG) TAB | J0571 | HCPCS | 54017613 | NDC | | both | 1 EA | 7 | | United | Commercial/PPO | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| BUPRENIORPHINE (1MG) TAB | J0571 | HCPCS | 54017613 | NDC | | both | 1 EA | 7 | | Wellcare | Medicaid | | 100 | | 1.22 | | | other | Drugs are paid at 100% of the AWP |
| BUPRENIORPHINE (1MG) TAB | J0571 | HCPCS | 54017613 | NDC | | both | 1 EA | 7 | | Wellcare | Medicare | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| BUPRENIORPHINE (1MG) TAB | J0571 | HCPCS | 54017613 | NDC | | both | 1 EA | 7 | | WellPoint | WellPoint | | 100 | | 1.47 | | | other | Drugs are paid at 100% of the AWP |
| BIVALIRUDIN 1MG | J0583 | HCPCS | 65293000101 | NDC | | both | 1 EA | 19 | | Horizon | MGD | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| BOTULINUM TOXIN A PER UNIT | J0585 | HCPCS | 23114501 | NDC | | both | 1 EA | 25 | | Aetna | Better Health | | 100 | | 3.56 | | | other | Drugs are paid at 100% of the AWP |
| BOTULINUM TOXIN A PER UNIT | J0585 | HCPCS | 23114501 | NDC | | both | 1 EA | 25 | | Aetna | Commercial | | 100 | | 5.19 | | | other | Drugs are paid at 100% of the AWP |
| BOTULINUM TOXIN A PER UNIT | J0585 | HCPCS | 23114501 | NDC | | both | 1 EA | 25 | | Aetna | Medicare | | 100 | | 4.37 | | | other | Drugs are paid at 100% of the AWP |
| BOTULINUM TOXIN A PER UNIT | J0585 | HCPCS | 23114501 | NDC | | both | 1 EA | 25 | | Corrections | Corrections | | 100 | | 4.5 | | | other | Drugs are paid at 100% of the AWP |
| BOTULINUM TOXIN A PER UNIT | J0585 | HCPCS | 23114501 | NDC | | both | 1 EA | 25 | | Horizon | Indemnity | | 100 | | 3.94 | | | other | Drugs are paid at 100% of the AWP |
| BOTULINUM TOXIN A PER UNIT | J0585 | HCPCS | 23114501 | NDC | | both | 1 EA | 25 | | Horizon | Medicare Blue | | 100 | | 9.48 | | | other | Drugs are paid at 100% of the AWP |
| BOTULINUM TOXIN A PER UNIT | J0585 | HCPCS | 23114501 | NDC | | both | 1 EA | 25 | | Horizon | MGD | | 100 | | 5.84 | | | other | Drugs are paid at 100% of the AWP |
| BOTULINUM TOXIN A PER UNIT | J0585 | HCPCS | 23114501 | NDC | | both | 1 EA | 25 | | Horizon | NJ Health | | 100 | | 2.61 | | | other | Drugs are paid at 100% of the AWP |
| BOTULINUM TOXIN A PER UNIT | J0585 | HCPCS | 23114501 | NDC | | both | 1 EA | 25 | | Horizon | PPO | | 100 | | 9.99 | | | other | Drugs are paid at 100% of the AWP |
| BOTULINUM TOXIN A PER UNIT | J0585 | HCPCS | 23114501 | NDC | | both | 1 EA | 25 | | UHC | Medicaid | | 100 | | 5.1 | | | other | Drugs are paid at 100% of the AWP |
| BOTULINUM TOXIN A PER UNIT | J0585 | HCPCS | 23114501 | NDC | | both | 1 EA | 25 | | UHC | Medicare | | 100 | | 2.59 | | | other | Drugs are paid at 100% of the AWP |
| BOTULINUM TOXIN A PER UNIT | J0585 | HCPCS | 23114501 | NDC | | both | 1 EA | 25 | | United | Commercial/PPO | | 100 | | 4 | | | other | Drugs are paid at 100% of the AWP |
| BOTULINUM TOXIN A PER UNIT | J0585 | HCPCS | 23114501 | NDC | | both | 1 EA | 25 | | Wellcare | Medicaid | | 100 | | 7.2 | | | other | Drugs are paid at 100% of the AWP |
| BOTULINUM TOXIN A PER UNIT | J0585 | HCPCS | 23114501 | NDC | | both | 1 EA | 25 | | WellPoint | WellPoint | | 100 | | 6.2 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BUPRENORPHINE 0.1MG INJ | J0592 | HCPCS | 55390010010 | NDC | both | | 1 EA | | 5.5 | | Aetna | Better Health | | 100 | | 1.54 | | | other | Drugs are paid at 100% of the AWP |
| BUPRENORPHINE 0.1MG INJ | J0592 | HCPCS | 55390010010 | NDC | both | | 1 EA | | 5.5 | | Horizon | Medicare Blue | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| BUPRENORPHINE 0.1MG INJ | J0592 | HCPCS | 55390010010 | NDC | both | | 1 EA | | 5.5 | | Horizon | NJ Health | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| BUPRENORPHINE 0.1MG INJ | J0592 | HCPCS | 55390010010 | NDC | both | | 1 EA | | 5.5 | | Horizon | PPO | | 100 | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| BUPRENORPHINE 0.1MG INJ | J0592 | HCPCS | 55390010010 | NDC | both | | 1 EA | | 5.5 | | UHC | Medicaid | | 100 | | 1.01 | | | other | Drugs are paid at 100% of the AWP |
| BUPRENORPHINE 0.1MG INJ | J0592 | HCPCS | 55390010010 | NDC | both | | 1 EA | | 5.5 | | UHC | Medicare | | 100 | | 0.03 | | | other | Drugs are paid at 100% of the AWP |
| BUPRENORPHINE 0.1MG INJ | J0592 | HCPCS | 55390010010 | NDC | both | | 1 EA | | 5.5 | | Wellcare | Medicaid | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| BUPRENORPHINE 0.1MG INJ | J0592 | HCPCS | 55390010010 | NDC | both | | 1 EA | | 5.5 | | WellPoint | WellPoint | | 100 | | 1.64 | | | other | Drugs are paid at 100% of the AWP |
| EDETATE(EDTA) 100MG/ML VL | J0600 | HCPCS | 89051006 | NDC | both | | 1 EA | | 10377 | | Horizon | NJ Health | | 100 | | 541.08 | | | other | Drugs are paid at 100% of the AWP |
| CINACALCET (1MG ORAL TAB) | J0604 | HCPCS | 55513007330 | NDC | both | | 1 EA | | 3 | | Horizon | MGD | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| CINACALCET (1MG ORAL TAB) | J0604 | HCPCS | 55513007330 | NDC | both | | 1 EA | | 3 | | Horizon | NJ Health | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| CINACALCET (1MG ORAL TAB) | J0604 | HCPCS | 55513007330 | NDC | both | | 1 EA | | 3 | | UHC | Medicaid | | 100 | | 0.01 | | | other | Drugs are paid at 100% of the AWP |
| CINACALCET (1MG ORAL TAB) | J0604 | HCPCS | 55513007330 | NDC | both | | 1 EA | | 3 | | United | CommercialPPO | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| CINACALCET (1MG ORAL TAB) | J0604 | HCPCS | 55513007330 | NDC | both | | 1 EA | | 3 | | WellPoint | WellPoint | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE 10% (10ML) VIAL | J0610 | HCPCS | 63323031119 | NDC | both | | 1 EA | | 5.5 | | Aetna | Better Health | | 100 | | 0.78 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE 10% (10ML) VIAL | J0610 | HCPCS | 63323031119 | NDC | both | | 1 EA | | 5.5 | | Aetna | Commercial | | 100 | | 1.43 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE 10% (10ML) VIAL | J0610 | HCPCS | 63323031119 | NDC | both | | 1 EA | | 5.5 | | Aetna | Medicare | | 100 | | 0.98 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE 10% (10ML) VIAL | J0610 | HCPCS | 63323031119 | NDC | both | | 1 EA | | 5.5 | | Amerihealth | HMO/PPO | | 100 | | 0.89 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE 10% (10ML) VIAL | J0610 | HCPCS | 63323031119 | NDC | both | | 1 EA | | 5.5 | | Corrections | Corrections | | 100 | | 1.16 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE 10% (10ML) VIAL | J0610 | HCPCS | 63323031119 | NDC | both | | 1 EA | | 5.5 | | Horizon | Indemnity | | 100 | | 1 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE 10% (10ML) VIAL | J0610 | HCPCS | 63323031119 | NDC | both | | 1 EA | | 5.5 | | Horizon | Medicare Blue | | 100 | | 0.85 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE 10% (10ML) VIAL | J0610 | HCPCS | 63323031119 | NDC | both | | 1 EA | | 5.5 | | Horizon | MGD | | 100 | | 0.81 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE 10% (10ML) VIAL | J0610 | HCPCS | 63323031119 | NDC | both | | 1 EA | | 5.5 | | Horizon | NJ Health | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE 10% (10ML) VIAL | J0610 | HCPCS | 63323031119 | NDC | both | | 1 EA | | 5.5 | | Horizon | PPO | | 100 | | 2.27 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE 10% (10ML) VIAL | J0610 | HCPCS | 63323031119 | NDC | both | | 1 EA | | 5.5 | | UHC | Medicaid | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE 10% (10ML) VIAL | J0610 | HCPCS | 63323031119 | NDC | both | | 1 EA | | 5.5 | | UHC | Medicare | | 100 | | 1.06 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE 10% (10ML) VIAL | J0610 | HCPCS | 63323031119 | NDC | both | | 1 EA | | 5.5 | | United | CommercialPPO | | 100 | | 1.01 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE 10% (10ML) VIAL | J0610 | HCPCS | 63323031119 | NDC | both | | 1 EA | | 5.5 | | Wellcare | Medicaid | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE 10% (10ML) VIAL | J0610 | HCPCS | 63323031119 | NDC | both | | 1 EA | | 5.5 | | Wellcare | Medicare | | 100 | | 1.82 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE 10% (10ML) VIAL | J0610 | HCPCS | 63323031119 | NDC | both | | 1 EA | | 5.5 | | WellPoint | WellPoint | | 100 | | 0.86 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE(FRESENIUS)10 MG INJ | J0612 | HCPCS | 63323036019 | NDC | both | | 1 EA | | 1 | | Aetna | Better Health | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE(FRESENIUS)10 MG INJ | J0612 | HCPCS | 63323036019 | NDC | both | | 1 EA | | 1 | | Aetna | Commercial | | 100 | | 0.14 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE(FRESENIUS)10 MG INJ | J0612 | HCPCS | 63323036019 | NDC | both | | 1 EA | | 1 | | Aetna | Medicare | | 100 | | 0.12 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE(FRESENIUS)10 MG INJ | J0612 | HCPCS | 63323036019 | NDC | both | | 1 EA | | 1 | | Amerihealth | HMO/PPO | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE(FRESENIUS)10 MG INJ | J0612 | HCPCS | 63323036019 | NDC | both | | 1 EA | | 1 | | Corrections | Corrections | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE(FRESENIUS)10 MG INJ | J0612 | HCPCS | 63323036019 | NDC | both | | 1 EA | | 1 | | Horizon | Indemnity | | 100 | | 0.13 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE(FRESENIUS)10 MG INJ | J0612 | HCPCS | 63323036019 | NDC | both | | 1 EA | | 1 | | Horizon | Medicare Blue | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE(FRESENIUS)10 MG INJ | J0612 | HCPCS | 63323036019 | NDC | both | | 1 EA | | 1 | | Horizon | MGD | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE(FRESENIUS)10 MG INJ | J0612 | HCPCS | 63323036019 | NDC | both | | 1 EA | | 1 | | Horizon | NJ Health | | 100 | | 0.12 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE(FRESENIUS)10 MG INJ | J0612 | HCPCS | 63323036019 | NDC | both | | 1 EA | | 1 | | Horizon | PPO | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE(FRESENIUS)10 MG INJ | J0612 | HCPCS | 63323036019 | NDC | both | | 1 EA | | 1 | | UHC | Medicaid | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE(FRESENIUS)10 MG INJ | J0612 | HCPCS | 63323036019 | NDC | both | | 1 EA | | 1 | | UHC | Medicare | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE(FRESENIUS)10 MG INJ | J0612 | HCPCS | 63323036019 | NDC | both | | 1 EA | | 1 | | United | CommercialPPO | | 100 | | 0.1 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE(FRESENIUS)10 MG INJ | J0612 | HCPCS | 63323036019 | NDC | both | | 1 EA | | 1 | | United | Oxford | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE(FRESENIUS)10 MG INJ | J0612 | HCPCS | 63323036019 | NDC | both | | 1 EA | | 1 | | Wellcare | Medicaid | | 100 | | 0.13 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE(FRESENIUS)10 MG INJ | J0612 | HCPCS | 63323036019 | NDC | both | | 1 EA | | 1 | | Wellcare | Medicare | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE(FRESENIUS)10 MG INJ | J0612 | HCPCS | 63323036019 | NDC | both | | 1 EA | | 1 | | WellPoint | WellPoint | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE (WGCC) 10 MG INJ | J0613 | HCPCS | 44567062024 | NDC | both | | 1 EA | | 1 | | Aetna | Better Health | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE (WGCC) 10 MG INJ | J0613 | HCPCS | 44567062024 | NDC | both | | 1 EA | | 1 | | Aetna | Commercial | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE (WGCC) 10 MG INJ | J0613 | HCPCS | 44567062024 | NDC | both | | 1 EA | | 1 | | Aetna | Medicare | | 100 | | 0.03 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE (WGCC) 10 MG INJ | J0613 | HCPCS | 44567062024 | NDC | both | | 1 EA | | 1 | | Horizon | Indemnity | | 100 | | 0.01 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE (WGCC) 10 MG INJ | J0613 | HCPCS | 44567062024 | NDC | both | | 1 EA | | 1 | | Horizon | Medicare Blue | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE (WGCC) 10 MG INJ | J0613 | HCPCS | 44567062024 | NDC | both | | 1 EA | | 1 | | Horizon | MGD | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE (WGCC) 10 MG INJ | J0613 | HCPCS | 44567062024 | NDC | both | | 1 EA | | 1 | | Horizon | NJ Health | | 100 | | 0.14 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE (WGCC) 10 MG INJ | J0613 | HCPCS | 44567062024 | NDC | both | | 1 EA | | 1 | | Horizon | PPO | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE (WGCC) 10 MG INJ | J0613 | HCPCS | 44567062024 | NDC | both | | 1 EA | | 1 | | UHC | Medicaid | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE (WGCC) 10 MG INJ | J0613 | HCPCS | 44567062024 | NDC | both | | 1 EA | | 1 | | UHC | Medicare | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE (WGCC) 10 MG INJ | J0613 | HCPCS | 44567062024 | NDC | both | | 1 EA | | 1 | | United | CommercialPPO | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM GLUCONATE (WGCC) 10 MG INJ | J0613 | HCPCS | 44567062024 | NDC | both | | 1 EA | | 1 | | WellPoint | WellPoint | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| CALCITONIN 400U/2ML INJ | J0630 | HCPCS | 78014923 | NDC | both | | 1 EA | | 5438.5 | | Horizon | NJ Health | | 100 | | 248.93 | | | other | Drugs are paid at 100% of the AWP |
| CALCITONIN 400U/2ML INJ | J0630 | HCPCS | 78014923 | NDC | both | | 1 EA | | 5438.5 | | UHC | Medicaid | | 100 | | 244.01 | | | other | Drugs are paid at 100% of the AWP |
| CALCITONIN 400U/2ML INJ | J0630 | HCPCS | 78014923 | NDC | both | | 1 EA | | 5438.5 | | UHC | Medicare | | 100 | | 531.35 | | | other | Drugs are paid at 100% of the AWP |
| CALCITONIN 400U/2ML INJ | J0630 | HCPCS | 78014923 | NDC | both | | 1 EA | | 5438.5 | | WellPoint | WellPoint | | 100 | | 2063.61 | | | other | Drugs are paid at 100% of the AWP |
| CALCITRIOL 0.1MCG | J0636 | HCPCS | 17478093101 | NDC | both | | 1 EA | | 5.5 | | Horizon | NJ Health | | 100 | | 0.1 | | | other | Drugs are paid at 100% of the AWP |
| CALCITRIOL 0.1MCG | J0636 | HCPCS | 17478093101 | NDC | both | | 1 EA | | 5.5 | | Horizon | PPO | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| LEUCOVORIN CALCIUM 50 MG INJ | J0640 | HCPCS | 25021081530 | NDC | both | | 1 EA | | 28 | | Aetna | Better Health | | 100 | | 7.87 | | | other | Drugs are paid at 100% of the AWP |
| LEUCOVORIN CALCIUM 50 MG INJ | J0640 | HCPCS | 25021081530 | NDC | both | | 1 EA | | 28 | | Corrections | Corrections | | 100 | | 9.78 | | | other | Drugs are paid at 100% of the AWP |
| LEUCOVORIN CALCIUM 50 MG INJ | J0640 | HCPCS | 25021081530 | NDC | both | | 1 EA | | 28 | | Horizon | Indemnity | | 100 | | 5.47 | | | other | Drugs are paid at 100% of the AWP |
| LEUCOVORIN CALCIUM 50 MG INJ | J0640 | HCPCS | 25021081530 | NDC | both | | 1 EA | | 28 | | Horizon | Medicare Blue | | 100 | | 1.2 | | | other | Drugs are paid at 100% of the AWP |
| LEUCOVORIN CALCIUM 50 MG INJ | J0640 | HCPCS | 25021081530 | NDC | both | | 1 EA | | 28 | | Horizon | MGD | | 100 | | 1.99 | | | other | Drugs are paid at 100% of the AWP |
| LEUCOVORIN CALCIUM 50 MG INJ | J0640 | HCPCS | 25021081530 | NDC | both | | 1 EA | | 28 | | Horizon | NJ Health | | 100 | | 1.71 | | | other | Drugs are paid at 100% of the AWP |
| LEUCOVORIN CALCIUM 50 MG INJ | J0640 | HCPCS | 25021081530 | NDC | both | | 1 EA | | 28 | | UHC | Medicaid | | 100 | | 6.89 | | | other | Drugs are paid at 100% of the AWP |
| LEUCOVORIN CALCIUM 50 MG INJ | J0640 | HCPCS | 25021081530 | NDC | both | | 1 EA | | 28 | | UHC | Medicare | | 100 | | 1.94 | | | other | Drugs are paid at 100% of the AWP |
| LEUCOVORIN CALCIUM 50 MG INJ | J0640 | HCPCS | 25021081530 | NDC | both | | 1 EA | | 28 | | Wellcare | Medicaid | | 100 | | 2.27 | | | other | Drugs are paid at 100% of the AWP |
| LEUCOVORIN CALCIUM 50 MG INJ | J0640 | HCPCS | 25021081530 | NDC | both | | 1 EA | | 28 | | Wellcare | Medicare | | 100 | | 11.69 | | | other | Drugs are paid at 100% of the AWP |
| LEUCOVORIN CALCIUM 50 MG INJ | J0640 | HCPCS | 25021081530 | NDC | both | | 1 EA | | 28 | | WellPoint | WellPoint | | 100 | | 7.42 | | | other | Drugs are paid at 100% of the AWP |
| MEPIVACAINE 1.5% (30ML) INJ | J0670 | HCPCS | 74104130 | NDC | both | | 1 EA | | 30 | | Aetna | Medicare | | 100 | | 5.15 | | | other | Drugs are paid at 100% of the AWP |
| MEPIVACAINE 1.5% (30ML) INJ | J0670 | HCPCS | 74104130 | NDC | both | | 1 EA | | 30 | | Horizon | MGD | | 100 | | 14.04 | | | other | Drugs are paid at 100% of the AWP |
| MEPIVACAINE 1.5% (30ML) INJ | J0670 | HCPCS | 74104130 | NDC | both | | 1 EA | | 30 | | Horizon | NJ Health | | 100 | | 2.92 | | | other | Drugs are paid at 100% of the AWP |
| MEPIVACAINE 1.5% (30ML) INJ | J0670 | HCPCS | 74104130 | NDC | both | | 1 EA | | 30 | | UHC | Medicaid | | 100 | | 3.04 | | | other | Drugs are paid at 100% of the AWP |
| MEPIVACAINE 1.5% (30ML) INJ | J0670 | HCPCS | 74104130 | NDC | both | | 1 EA | | 30 | | UHC | Medicare | | 100 | | 3.98 | | | other | Drugs are paid at 100% of the AWP |
| MEPIVACAINE 1.5% (30ML) INJ | J0670 | HCPCS | 74104130 | NDC | both | | 1 EA | | 30 | | WellPoint | WellPoint | | 100 | | 6.08 | | | other | Drugs are paid at 100% of the AWP |
| CEFAZOLIN (HIKMA) 500 MG INJ | J0688 | HCPCS | 143992490 | NDC | both | | 1 EA | | 2.5 | | Aetna | Better Health | | 100 | | 0.71 | | | other | Drugs are paid at 100% of the AWP |
| CEFAZOLIN (HIKMA) 500 MG INJ | J0688 | HCPCS | 143992490 | NDC | both | | 1 EA | | 2.5 | | Aetna | Commercial | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| CEFAZOLIN (HIKMA) 500 MG INJ | J0688 | HCPCS | 143992490 | NDC | both | | 1 EA | | 2.5 | | Horizon | MGD | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| CEFAZOLIN (HIKMA) 500 MG INJ | J0688 | HCPCS | 143992490 | NDC | both | | 1 EA | | 2.5 | | Horizon | NJ Health | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| CEFAZOLIN (HIKMA) 500 MG INJ | J0688 | HCPCS | 143992490 | NDC | both | | 1 EA | | 2.5 | | Horizon | PPO | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| CEFAZOLIN (HIKMA) 500 MG INJ | J0688 | HCPCS | 143992490 | NDC | both | | 1 EA | | 2.5 | | UHC | Medicaid | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| CEFAZOLIN (HIKMA) 500 MG INJ | J0688 | HCPCS | 143992490 | NDC | both | | 1 EA | | 2.5 | | UHC | Medicare | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| CEFAZOLIN (HIKMA) 500 MG INJ | J0688 | HCPCS | 143992490 | NDC | both | | 1 EA | | 2.5 | | United | CommercialPPO | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| CEFAZOLIN (HIKMA) 500 MG INJ | J0688 | HCPCS | 143992490 | NDC | both | | 1 EA | | 2.5 | | WellPoint | WellPoint | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| CEFAZOLIN 500MG | J0690 | HCPCS | 44567070725 | NDC | both | | 1 EA | | 25 | | Aetna | Better Health | | 100 | | 4.17 | | | other | Drugs are paid at 100% of the AWP |
| CEFAZOLIN 500MG | J0690 | HCPCS | 44567070725 | NDC | both | | 1 EA | | 25 | | Aetna | Commercial | | 100 | | 5.85 | | | other | Drugs are paid at 100% of the AWP |
| CEFAZOLIN 500MG | J0690 | HCPCS | 44567070725 | NDC | both | | 1 EA | | 25 | | Aetna | Medicare | | 100 | | 3.95 | | | other | Drugs are paid at 100% of the AWP |
| CEFAZOLIN 500MG | J0690 | HCPCS | 44567070725 | NDC | both | | 1 EA | | 25 | | Amerihealth | HMO/PPO | | 100 | | 4.18 | | | other | Drugs are paid at 100% of the AWP |
| CEFAZOLIN 500MG | J0690 | HCPCS | 44567070725 | NDC | both | | 1 EA | | 25 | | Corrections | Corrections | | 100 | | 5.17 | | | other | Drugs are paid at 100% of the AWP |
| CEFAZOLIN 500MG | J0690 | HCPCS | 44567070725 | NDC | both | | 1 EA | | 25 | | Horizon | Indemnity | | 100 | | 4.35 | | | other | Drugs are paid at 100% of the AWP |
| CEFAZOLIN 500MG | J0690 | HCPCS | 44567070725 | NDC | both | | 1 EA | | 25 | | Horizon | Medicare Blue | | 100 | | 4.2 | | | other | Drugs are paid at 100% of the AWP |
| CEFAZOLIN 500MG | J0690 | HCPCS | 44567070725 | NDC | both | | 1 EA | | 25 | | Horizon | MGD | | 100 | | 4.85 | | | other | Drugs are paid at 100% of the AWP |
| CEFAZOLIN 500MG | J0690 | HCPCS | 44567070725 | NDC | both | | 1 EA | | 25 | | Horizon | NJ Health | | 100 | | 3.46 | | | other | Drugs are paid at 100% of the AWP |
| CEFAZOLIN 500MG | J0690 | HCPCS | 44567070725 | NDC | both | | 1 EA | | 25 | | Horizon | PPO | | 100 | | 5.98 | | | other | Drugs are paid at 100% of the AWP |
| CEFAZOLIN 500MG | J0690 | HCPCS | 44567070725 | NDC | both | | 1 EA | | 25 | | UHC | Medicaid | | 100 | | 4.44 | | | other | Drugs are paid at 100% of the AWP |
| CEFAZOLIN 500MG | J0690 | HCPCS | 44567070725 | NDC | both | | 1 EA | | 25 | | UHC | Medicare | | 100 | | 5.01 | | | other | Drugs are paid at 100% of the AWP |
| CEFAZOLIN 500MG | J0690 | HCPCS | 44567070725 | NDC | both | | 1 EA | | 25 | | United | CommercialPPO | | 100 | | 4.25 | | | other | Drugs are paid at 100% of the AWP |
| CEFAZOLIN 500MG | J0690 | HCPCS | 44567070725 | NDC | both | | 1 EA | | 25 | | United | Oxford | | 100 | | 6.34 | | | other | Drugs are paid at 100% of the AWP |
| CEFAZOLIN 500MG | J0690 | HCPCS | 44567070725 | NDC | both | | 1 EA | | 25 | | Wellcare | Medicaid | | 100 | | 3.91 | | | other | Drugs are paid at 100% of the AWP |
| CEFAZOLIN 500MG | J0690 | HCPCS | 44567070725 | NDC | both | | 1 EA | | 25 | | Wellcare | Medicare | | 100 | | 5.07 | | | other | Drugs are paid at 100% of the AWP |
| CEFAZOLIN 500MG | J0690 | HCPCS | 44567070725 | NDC | both | | 1 EA | | 25 | | WellPoint | WellPoint | | 100 | | 4.47 | | | other | Drugs are paid at 100% of the AWP |
| CEFEPIME 500MG | J0692 | HCPCS | 25021012250 | NDC | both | | 1 EA | | 68 | | Aetna | Better Health | | 100 | | 10.2 | | | other | Drugs are paid at 100% of the AWP |
| CEFEPIME 500MG | J0692 | HCPCS | 25021012250 | NDC | both | | 1 EA | | 68 | | Aetna | Commercial | | 100 | | 14.65 | | | other | Drugs are paid at 100% of the AWP |
| CEFEPIME 500MG | J0692 | HCPCS | 25021012250 | NDC | both | | 1 EA | | 68 | | Aetna | Medicare | | 100 | | 9.05 | | | other | Drugs are paid at 100% of the AWP |
| CEFEPIME 500MG | J0692 | HCPCS | 25021012250 | NDC | both | | 1 EA | | 68 | | Amerihealth | HMO/PPO | | 100 | | 11.72 | | | other | Drugs are paid at 100% of the AWP |
| CEFEPIME 500MG | J0692 | HCPCS | 25021012250 | NDC | both | | 1 EA | | 68 | | Corrections | Corrections | | 100 | | 11.83 | | | other | Drugs are paid at 100% of the AWP |
| CEFEPIME 500MG | J0692 | HCPCS | 25021012250 | NDC | both | | 1 EA | | 68 | | Horizon | Indemnity | | 100 | | 8.74 | | | other | Drugs are paid at 100% of the AWP |
| CEFEPIME 500MG | J0692 | HCPCS | 25021012250 | NDC | both | | 1 EA | | 68 | | Horizon | Medicare Blue | | 100 | | 12.66 | | | other | Drugs are paid at 100% of the AWP |
| CEFEPIME 500MG | J0692 | HCPCS | 25021012250 | NDC | both | | 1 EA | | 68 | | Horizon | MGD | | 100 | | 10.21 | | | other | Drugs are paid at 100% of the AWP |
| CEFEPIME 500MG | J0692 | HCPCS | 25021012250 | NDC | both | | 1 EA | | 68 | | Horizon | NJ Health | | 100 | | 9.13 | | | other | Drugs are paid at 100% of the AWP |
| CEFEPIME 500MG | J0692 | HCPCS | 25021012250 | NDC | both | | 1 EA | | 68 | | Horizon | PPO | | 100 | | 12.4 | | | other | Drugs are paid at 100% of the AWP |
| CEFEPIME 500MG | J0692 | HCPCS | 25021012250 | NDC | both | | 1 EA | | 68 | | UHC | Medicaid | | 100 | | 11.41 | | | other | Drugs are paid at 100% of the AWP |
| CEFEPIME 500MG | J0692 | HCPCS | 25021012250 | NDC | both | | 1 EA | | 68 | | UHC | Medicare | | 100 | | 13.51 | | | other | Drugs are paid at 100% of the AWP |
| CEFEPIME 500MG | J0692 | HCPCS | 25021012250 | NDC | both | | 1 EA | | 68 | | United | CommercialPPO | | 100 | | 10.68 | | | other | Drugs are paid at 100% of the AWP |
| CEFEPIME 500MG | J0692 | HCPCS | 25021012250 | NDC | both | | 1 EA | | 68 | | United | Oxford | | 100 | | 19.82 | | | other | Drugs are paid at 100% of the AWP |
| CEFEPIME 500MG | J0692 | HCPCS | 25021012250 | NDC | both | | 1 EA | | 68 | | Wellcare | Medicaid | | 100 | | 9.75 | | | other | Drugs are paid at 100% of the AWP |
| CEFEPIME 500MG | J0692 | HCPCS | 25021012250 | NDC | both | | 1 EA | | 68 | | Wellcare | Medicare | | 100 | | 11.5 | | | other | Drugs are paid at 100% of the AWP |
| CEFEPIME 500MG | J0692 | HCPCS | 25021012250 | NDC | both | | 1 EA | | 68 | | WellPoint | WellPoint | | 100 | | 12.96 | | | other | Drugs are paid at 100% of the AWP |
| CEFOXITIN 1G INJ | J0694 | HCPCS | 63356545 | NDC | both | | 1 EA | | 75 | | Aetna | Better Health | | 100 | | 18.52 | | | other | Drugs are paid at 100% of the AWP |
| CEFOXITIN 1G INJ | J0694 | HCPCS | 63356545 | NDC | both | | 1 EA | | 75 | | Aetna | Commercial | | 100 | | 20.43 | | | other | Drugs are paid at 100% of the AWP |
| CEFOXITIN 1G INJ | J0694 | HCPCS | 63356545 | NDC | both | | 1 EA | | 75 | | Amerihealth | HMO/PPO | | 100 | | 13.19 | | | other | Drugs are paid at 100% of the AWP |
| CEFOXITIN 1G INJ | J0694 | HCPCS | 63356545 | NDC | both | | 1 EA | | 75 | | Horizon | Indemnity | | 100 | | 7.09 | | | other | Drugs are paid at 100% of the AWP |
| CEFOXITIN 1G INJ | J0694 | HCPCS | 63356545 | NDC | both | | 1 EA | | 75 | | Horizon | NJ Health | | 100 | | 11.38 | | | other | Drugs are paid at 100% of the AWP |
| CEFOXITIN 1G INJ | J0694 | HCPCS | 63356545 | NDC | both | | 1 EA | | 75 | | UHC | Medicaid | | 100 | | 16.13 | | | other | Drugs are paid at 100% of the AWP |
| CEFOXITIN 1G INJ | J0694 | HCPCS | 63356545 | NDC | both | | 1 EA | | 75 | | UHC | Medicare | | 100 | | 15.64 | | | other | Drugs are paid at 100% of the AWP |
| CEFOXITIN 1G INJ | J0694 | HCPCS | 63356545 | NDC | both | | 1 EA | | 75 | | United | CommercialPPO | | 100 | | 14.08 | | | other | Drugs are paid at 100% of the AWP |
| CEFOXITIN 1G INJ | J0694 | HCPCS | 63356545 | NDC | both | | 1 EA | | 75 | | Wellcare | Medicare | | 100 | | 15.68 | | | other | Drugs are paid at 100% of the AWP |
| CEFOXITIN 1G INJ | J0694 | HCPCS | 63356545 | NDC | both | | 1 EA | | 75 | | WellPoint | WellPoint | | 100 | | 9.57 | | | other | Drugs are paid at 100% of the AWP |
| CEFTO/TAZO (ZERBAXA) 50-25 MG INJ | J0695 | HCPCS | 67919003001 | NDC | both | | 1 EA | | 19 | | Aetna | Commercial | | 100 | | 4.59 | | | other | Drugs are paid at 100% of the AWP |
| CEFTO/TAZO (ZERBAXA) 50-25 MG INJ | J0695 | HCPCS | 67919003001 | NDC | both | | 1 EA | | 19 | | UHC | Medicaid | | 100 | | 2.14 | | | other | Drugs are paid at 100% of the AWP |
| CEFTO/TAZO (ZERBAXA) 50-25 MG INJ | J0695 | HCPCS | 67919003001 | NDC | both | | 1 EA | | 19 | | UHC | Medicare | | 100 | | 1.57 | | | other | Drugs are paid at 100% of the AWP |
| CEFTO/TAZO (ZERBAXA) 50-25 MG INJ | J0695 | HCPCS | 67919003001 | NDC | both | | 1 EA | | 19 | | WellPoint | WellPoint | | 100 | | 2.21 | | | other | Drugs are paid at 100% of the AWP |
| CEFTRIAXONE 250MG | J0696 | HCPCS | 25021010610 | NDC | both | | 1 EA | | 81 | | Aetna | Better Health | | 100 | | 14.56 | | | other | Drugs are paid at 100% of the AWP |
| CEFTRIAXONE 250MG | J0696 | HCPCS | 25021010610 | NDC | both | | 1 EA | | 81 | | Aetna | Commercial | | 100 | | 17.05 | | | other | Drugs are paid at 100% of the AWP |
| CEFTRIAXONE 250MG | J0696 | HCPCS | 25021010610 | NDC | both | | 1 EA | | 81 | | Aetna | Medicare | | 100 | | 13.18 | | | other | Drugs are paid at 100% of the AWP |
| CEFTRIAXONE 250MG | J0696 | HCPCS | 25021010610 | NDC | both | | 1 EA | | 81 | | Amerihealth | HMO/PPO | | 100 | | 14.52 | | | other | Drugs are paid at 100% of the AWP |
| CEFTRIAXONE 250MG | J0696 | HCPCS | 25021010610 | NDC | both | | 1 EA | | 81 | | Corrections | Corrections | | 100 | | 19.29 | | | other | Drugs are paid at 100% of the AWP |
| CEFTRIAXONE 250MG | J0696 | HCPCS | 25021010610 | NDC | both | | 1 EA | | 81 | | Horizon | Indemnity | | 100 | | 14.39 | | | other | Drugs are paid at 100% of the AWP |
| CEFTRIAXONE 250MG | J0696 | HCPCS | 25021010610 | NDC | both | | 1 EA | | 81 | | Horizon | Medicare Blue | | 100 | | 15.24 | | | other | Drugs are paid at 100% of the AWP |
| CEFTRIAXONE 250MG | J0696 | HCPCS | 25021010610 | NDC | both | | 1 EA | | 81 | | Horizon | MGD | | 100 | | 13.87 | | | other | Drugs are paid at 100% of the AWP |
| CEFTRIAXONE 250MG | J0696 | HCPCS | 25021010610 | NDC | both | | 1 EA | | 81 | | Horizon | NJ Health | | 100 | | 12.51 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CEFTRIAXONE 250MG | J0696 | HCPCS | 25021010610 | NDC | | both | | 1 EA | 81 | | Horizon | PPO | | 100 | | 20.86 | | | other | Drugs are paid at 100% of the AWP |
| CEFTRIAXONE 250MG | J0696 | HCPCS | 25021010610 | NDC | | both | | 1 EA | 81 | | UHC | Medicaid | | 100 | | 13.64 | | | other | Drugs are paid at 100% of the AWP |
| CEFTRIAXONE 250MG | J0696 | HCPCS | 25021010610 | NDC | | both | | 1 EA | 81 | | UHC | Medicare | | 100 | | 16.82 | | | other | Drugs are paid at 100% of the AWP |
| CEFTRIAXONE 250MG | J0696 | HCPCS | 25021010610 | NDC | | both | | 1 EA | 81 | | United | Commercial\|PPO | | 100 | | 14.35 | | | other | Drugs are paid at 100% of the AWP |
| CEFTRIAXONE 250MG | J0696 | HCPCS | 25021010610 | NDC | | both | | 1 EA | 81 | | United | Oxford | | 100 | | 22.86 | | | other | Drugs are paid at 100% of the AWP |
| CEFTRIAXONE 250MG | J0696 | HCPCS | 25021010610 | NDC | | both | | 1 EA | 81 | | Wellcare | Medicaid | | 100 | | 14.46 | | | other | Drugs are paid at 100% of the AWP |
| CEFTRIAXONE 250MG | J0696 | HCPCS | 25021010610 | NDC | | both | | 1 EA | 81 | | Wellcare | Medicare | | 100 | | 14.28 | | | other | Drugs are paid at 100% of the AWP |
| CEFTRIAXONE 250MG | J0696 | HCPCS | 25021010610 | NDC | | both | | 1 EA | 81 | | WellPoint | WellPoint | | 100 | | 14.86 | | | other | Drugs are paid at 100% of the AWP |
| CEFUROXIME 750MG VIAL | J0697 | HCPCS | 14997922 | NDC | | both | | 1 EA | 83.5 | | Aetna | Better Health | | 100 | | 23.46 | | | other | Drugs are paid at 100% of the AWP |
| CEFIDOROCOL(FETROJA) 10MG INJ | J0699 | HCPCS | 59630026610 | NDC | | both | | 1 EA | 7 | | Aetna | Commercial | | 100 | | 1.77 | | | other | Drugs are paid at 100% of the AWP |
| CEFIDOROCOL(FETROJA) 10MG INJ | J0699 | HCPCS | 59630026610 | NDC | | both | | 1 EA | 7 | | Horizon | Medicare Blue | | 100 | | 1.76 | | | other | Drugs are paid at 100% of the AWP |
| CEFIDOROCOL(FETROJA) 10MG INJ | J0699 | HCPCS | 59630026610 | NDC | | both | | 1 EA | 7 | | Horizon | NJ Health | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| CEFIDOROCOL(FETROJA) 10MG INJ | J0699 | HCPCS | 59630026610 | NDC | | both | | 1 EA | 7 | | UHC | Medicare | | 100 | | 2.25 | | | other | Drugs are paid at 100% of the AWP |
| CEFIDOROCOL(FETROJA) 10MG INJ | J0699 | HCPCS | 59630026610 | NDC | | both | | 1 EA | 7 | | WellPoint | WellPoint | | 100 | | 0.86 | | | other | Drugs are paid at 100% of the AWP |
| CAFFEINE CITRATE 5MG | J0706 | HCPCS | 25021060203 | NDC | | both | | 1 EA | 32 | | Aetna | Better Health | | 100 | | 4.54 | | | other | Drugs are paid at 100% of the AWP |
| CAFFEINE CITRATE 5MG | J0706 | HCPCS | 25021060203 | NDC | | both | | 1 EA | 32 | | Horizon | NJ Health | | 100 | | 1.47 | | | other | Drugs are paid at 100% of the AWP |
| CAFFEINE CITRATE 5MG | J0706 | HCPCS | 25021060203 | NDC | | both | | 1 EA | 32 | | UHC | Medicaid | | 100 | | 5.94 | | | other | Drugs are paid at 100% of the AWP |
| CEFTAROLINE FOSAMIL 10 MG PWVL | J0712 | HCPCS | 456060010 | NDC | | both | | 1 EA | 7.44 | | Horizon | NJ Health | | 100 | | 0.91 | | | other | Drugs are paid at 100% of the AWP |
| CEFTAROLINE FOSAMIL 10 MG PWVL | J0712 | HCPCS | 456060010 | NDC | | both | | 1 EA | 7.44 | | UHC | Medicaid | | 100 | | 1.21 | | | other | Drugs are paid at 100% of the AWP |
| CEFTAROLINE FOSAMIL 10 MG PWVL | J0712 | HCPCS | 456060010 | NDC | | both | | 1 EA | 7.44 | | UHC | Medicare | | 100 | | 1.19 | | | other | Drugs are paid at 100% of the AWP |
| CEFTAROLINE FOSAMIL 10 MG PWVL | J0712 | HCPCS | 456060010 | NDC | | both | | 1 EA | 7.44 | | WellPoint | WellPoint | | 100 | | 0.89 | | | other | Drugs are paid at 100% of the AWP |
| CEFTAZIDIME 500MG | J0713 | HCPCS | 25021012766 | NDC | | both | | 1 EA | 42 | | Aetna | Better Health | | 100 | | 6 | | | other | Drugs are paid at 100% of the AWP |
| CEFTAZIDIME 500MG | J0713 | HCPCS | 25021012766 | NDC | | both | | 1 EA | 42 | | Aetna | Commercial | | 100 | | 13.72 | | | other | Drugs are paid at 100% of the AWP |
| CEFTAZIDIME 500MG | J0713 | HCPCS | 25021012766 | NDC | | both | | 1 EA | 42 | | Aetna | Medicare | | 100 | | 8.86 | | | other | Drugs are paid at 100% of the AWP |
| CEFTAZIDIME 500MG | J0713 | HCPCS | 25021012766 | NDC | | both | | 1 EA | 42 | | Corrections | Corrections | | 100 | | 17.4 | | | other | Drugs are paid at 100% of the AWP |
| CEFTAZIDIME 500MG | J0713 | HCPCS | 25021012766 | NDC | | both | | 1 EA | 42 | | Horizon | Indemnity | | 100 | | 7.66 | | | other | Drugs are paid at 100% of the AWP |
| CEFTAZIDIME 500MG | J0713 | HCPCS | 25021012766 | NDC | | both | | 1 EA | 42 | | Horizon | Medicare Blue | | 100 | | 3.69 | | | other | Drugs are paid at 100% of the AWP |
| CEFTAZIDIME 500MG | J0713 | HCPCS | 25021012766 | NDC | | both | | 1 EA | 42 | | Horizon | MGD | | 100 | | 10.19 | | | other | Drugs are paid at 100% of the AWP |
| CEFTAZIDIME 500MG | J0713 | HCPCS | 25021012766 | NDC | | both | | 1 EA | 42 | | Horizon | NJ Health | | 100 | | 3.47 | | | other | Drugs are paid at 100% of the AWP |
| CEFTAZIDIME 500MG | J0713 | HCPCS | 25021012766 | NDC | | both | | 1 EA | 42 | | Horizon | PPO | | 100 | | 16.64 | | | other | Drugs are paid at 100% of the AWP |
| CEFTAZIDIME 500MG | J0713 | HCPCS | 25021012766 | NDC | | both | | 1 EA | 42 | | UHC | Medicaid | | 100 | | 5.86 | | | other | Drugs are paid at 100% of the AWP |
| CEFTAZIDIME 500MG | J0713 | HCPCS | 25021012766 | NDC | | both | | 1 EA | 42 | | UHC | Medicare | | 100 | | 6.48 | | | other | Drugs are paid at 100% of the AWP |
| CEFTAZIDIME 500MG | J0713 | HCPCS | 25021012766 | NDC | | both | | 1 EA | 42 | | United | Oxford | | 100 | | 16.42 | | | other | Drugs are paid at 100% of the AWP |
| CEFTAZIDIME 500MG | J0713 | HCPCS | 25021012766 | NDC | | both | | 1 EA | 42 | | Wellcare | Medicaid | | 100 | | 5.77 | | | other | Drugs are paid at 100% of the AWP |
| CEFTAZIDIME 500MG | J0713 | HCPCS | 25021012766 | NDC | | both | | 1 EA | 42 | | WellPoint | WellPoint | | 100 | | 3.26 | | | other | Drugs are paid at 100% of the AWP |
| CEFTAZ-AVIBACTAM(500MG)2GM/0.5M INJ | J0714 | HCPCS | 456270001 | NDC | | both | | 1 EA | 287.5 | | Aetna | Better Health | | 100 | | 37.29 | | | other | Drugs are paid at 100% of the AWP |
| CEFTAZ-AVIBACTAM(500MG)2GM/0.5M INJ | J0714 | HCPCS | 456270001 | NDC | | both | | 1 EA | 287.5 | | Horizon | Indemnity | | 100 | | 87.1 | | | other | Drugs are paid at 100% of the AWP |
| CEFTAZ-AVIBACTAM(500MG)2GM/0.5M INJ | J0714 | HCPCS | 456270001 | NDC | | both | | 1 EA | 287.5 | | Horizon | Medicare Blue | | 100 | | 25.67 | | | other | Drugs are paid at 100% of the AWP |
| CEFTAZ-AVIBACTAM(500MG)2GM/0.5M INJ | J0714 | HCPCS | 456270001 | NDC | | both | | 1 EA | 287.5 | | Horizon | NJ Health | | 100 | | 38.14 | | | other | Drugs are paid at 100% of the AWP |
| CEFTAZ-AVIBACTAM(500MG)2GM/0.5M INJ | J0714 | HCPCS | 456270001 | NDC | | both | | 1 EA | 287.5 | | Horizon | PPO | | 100 | | 67.87 | | | other | Drugs are paid at 100% of the AWP |
| CEFTAZ-AVIBACTAM(500MG)2GM/0.5M INJ | J0714 | HCPCS | 456270001 | NDC | | both | | 1 EA | 287.5 | | UHC | Medicaid | | 100 | | 31.7 | | | other | Drugs are paid at 100% of the AWP |
| CEFTAZ-AVIBACTAM(500MG)2GM/0.5M INJ | J0714 | HCPCS | 456270001 | NDC | | both | | 1 EA | 287.5 | | UHC | Medicare | | 100 | | 63.12 | | | other | Drugs are paid at 100% of the AWP |
| CEFTAZ-AVIBACTAM(500MG)2GM/0.5M INJ | J0714 | HCPCS | 456270001 | NDC | | both | | 1 EA | 287.5 | | WellPoint | WellPoint | | 100 | | 75.97 | | | other | Drugs are paid at 100% of the AWP |
| CIDOFOVIR 375MG VIAL | J0740 | HCPCS | 61958010101 | NDC | | both | | 1 EA | 5396 | | Aetna | Commercial | | 100 | | 1082.8 | | | other | Drugs are paid at 100% of the AWP |
| CIDOFOVIR 375MG VIAL | J0740 | HCPCS | 61958010101 | NDC | | both | | 1 EA | 5396 | | UHC | Medicaid | | 100 | | 392.04 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN IV 200MG | J0744 | HCPCS | 36000000824 | NDC | | both | | 1 EA | 45 | | Aetna | Better Health | | 100 | | 7.53 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN IV 200MG | J0744 | HCPCS | 36000000824 | NDC | | both | | 1 EA | 45 | | Aetna | Commercial | | 100 | | 10.72 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN IV 200MG | J0744 | HCPCS | 36000000824 | NDC | | both | | 1 EA | 45 | | Amerihealth | HMO\|PPO | | 100 | | 13.2 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN IV 200MG | J0744 | HCPCS | 36000000824 | NDC | | both | | 1 EA | 45 | | Horizon | Indemnity | | 100 | | 16.71 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN IV 200MG | J0744 | HCPCS | 36000000824 | NDC | | both | | 1 EA | 45 | | Horizon | Medicare Blue | | 100 | | 18.37 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN IV 200MG | J0744 | HCPCS | 36000000824 | NDC | | both | | 1 EA | 45 | | Horizon | MGD | | 100 | | 8.89 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN IV 200MG | J0744 | HCPCS | 36000000824 | NDC | | both | | 1 EA | 45 | | Horizon | NJ Health | | 100 | | 3.15 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN IV 200MG | J0744 | HCPCS | 36000000824 | NDC | | both | | 1 EA | 45 | | Horizon | PPO | | 100 | | 8.45 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN IV 200MG | J0744 | HCPCS | 36000000824 | NDC | | both | | 1 EA | 45 | | UHC | Medicaid | | 100 | | 8.78 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN IV 200MG | J0744 | HCPCS | 36000000824 | NDC | | both | | 1 EA | 45 | | UHC | Medicare | | 100 | | 9.9 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN IV 200MG | J0744 | HCPCS | 36000000824 | NDC | | both | | 1 EA | 45 | | Wellcare | Medicaid | | 100 | | 9.01 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN IV 200MG | J0744 | HCPCS | 36000000824 | NDC | | both | | 1 EA | 45 | | Wellcare | Medicare | | 100 | | 8.17 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN IV 200MG | J0744 | HCPCS | 36000000824 | NDC | | both | | 1 EA | 45 | | WellPoint | WellPoint | | 100 | | 5.82 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 10MG INJ. | J0780 | HCPCS | 67457064099 | NDC | | both | | 1 EA | 62 | | Aetna | Better Health | | 100 | | 8.33 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 10MG INJ. | J0780 | HCPCS | 67457064099 | NDC | | both | | 1 EA | 62 | | Aetna | Commercial | | 100 | | 12.92 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 10MG INJ. | J0780 | HCPCS | 67457064099 | NDC | | both | | 1 EA | 62 | | Aetna | Medicare | | 100 | | 4.51 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 10MG INJ. | J0780 | HCPCS | 67457064099 | NDC | | both | | 1 EA | 62 | | Amerihealth | HMO\|PPO | | 100 | | 9.78 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 10MG INJ. | J0780 | HCPCS | 67457064099 | NDC | | both | | 1 EA | 62 | | Corrections | Corrections | | 100 | | 15.27 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 10MG INJ. | J0780 | HCPCS | 67457064099 | NDC | | both | | 1 EA | 62 | | Horizon | Indemnity | | 100 | | 20.04 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 10MG INJ. | J0780 | HCPCS | 67457064099 | NDC | | both | | 1 EA | 62 | | Horizon | Medicare Blue | | 100 | | 8.84 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 10MG INJ. | J0780 | HCPCS | 67457064099 | NDC | | both | | 1 EA | 62 | | Horizon | MGD | | 100 | | 12.28 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 10MG INJ. | J0780 | HCPCS | 67457064099 | NDC | | both | | 1 EA | 62 | | Horizon | NJ Health | | 100 | | 7.83 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 10MG INJ. | J0780 | HCPCS | 67457064099 | NDC | | both | | 1 EA | 62 | | Horizon | PPO | | 100 | | 14.61 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 10MG INJ. | J0780 | HCPCS | 67457064099 | NDC | | both | | 1 EA | 62 | | UHC | Medicaid | | 100 | | 11.03 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 10MG INJ. | J0780 | HCPCS | 67457064099 | NDC | | both | | 1 EA | 62 | | UHC | Medicare | | 100 | | 8.52 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 10MG INJ. | J0780 | HCPCS | 67457064099 | NDC | | both | | 1 EA | 62 | | United | Commercial\|PPO | | 100 | | 10.97 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 10MG INJ. | J0780 | HCPCS | 67457064099 | NDC | | both | | 1 EA | 62 | | Wellcare | Medicaid | | 100 | | 6.42 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 10MG INJ. | J0780 | HCPCS | 67457064099 | NDC | | both | | 1 EA | 62 | | WellPoint | WellPoint | | 100 | | 8.88 | | | other | Drugs are paid at 100% of the AWP |
| COSYNTHROPIN(CORTROSYN) 0.25MG INJ | J0834 | HCPCS | 548590000 | NDC | | both | | 1 EA | 451.5 | | Aetna | Better Health | | 100 | | 57.46 | | | other | Drugs are paid at 100% of the AWP |
| COSYNTHROPIN(CORTROSYN) 0.25MG INJ | J0834 | HCPCS | 548590000 | NDC | | both | | 1 EA | 451.5 | | Horizon | Indemnity | | 100 | | 6.89 | | | other | Drugs are paid at 100% of the AWP |
| COSYNTHROPIN(CORTROSYN) 0.25MG INJ | J0834 | HCPCS | 548590000 | NDC | | both | | 1 EA | 451.5 | | Horizon | MGD | | 100 | | 52.47 | | | other | Drugs are paid at 100% of the AWP |
| COSYNTHROPIN(CORTROSYN) 0.25MG INJ | J0834 | HCPCS | 548590000 | NDC | | both | | 1 EA | 451.5 | | Horizon | NJ Health | | 100 | | 230.79 | | | other | Drugs are paid at 100% of the AWP |
| COSYNTHROPIN(CORTROSYN) 0.25MG INJ | J0834 | HCPCS | 548590000 | NDC | | both | | 1 EA | 451.5 | | UHC | Medicaid | | 100 | | 102.52 | | | other | Drugs are paid at 100% of the AWP |
| COSYNTHROPIN(CORTROSYN) 0.25MG INJ | J0834 | HCPCS | 548590000 | NDC | | both | | 1 EA | 451.5 | | UHC | Medicare | | 100 | | 80.2 | | | other | Drugs are paid at 100% of the AWP |
| COSYNTHROPIN(CORTROSYN) 0.25MG INJ | J0834 | HCPCS | 548590000 | NDC | | both | | 1 EA | 451.5 | | United | Commercial\|PPO | | 100 | | 70.89 | | | other | Drugs are paid at 100% of the AWP |
| COSYNTHROPIN(CORTROSYN) 0.25MG INJ | J0834 | HCPCS | 548590000 | NDC | | both | | 1 EA | 451.5 | | WellPoint | WellPoint | | 100 | | 207.43 | | | other | Drugs are paid at 100% of the AWP |
| DAPTOMYCIN (XELLIA) 1 MG INJ | J0873 | HCPCS | 70594003402 | NDC | | both | | 1 EA | 1 | | Aetna | Better Health | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| DAPTOMYCIN (XELLIA) 1 MG INJ | J0873 | HCPCS | 70594003402 | NDC | | both | | 1 EA | 1 | | Aetna | Commercial | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| DAPTOMYCIN (XELLIA) 1 MG INJ | J0873 | HCPCS | 70594003402 | NDC | | both | | 1 EA | 1 | | Aetna | Medicare | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| DAPTOMYCIN (XELLIA) 1 MG INJ | J0873 | HCPCS | 70594003402 | NDC | | both | | 1 EA | 1 | | Amerihealth | HMO\|PPO | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| DAPTOMYCIN (XELLIA) 1 MG INJ | J0873 | HCPCS | 70594003402 | NDC | | both | | 1 EA | 1 | | Horizon | Indemnity | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| DAPTOMYCIN (XELLIA) 1 MG INJ | J0873 | HCPCS | 70594003402 | NDC | | both | | 1 EA | 1 | | Horizon | NJ Health | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| DAPTOMYCIN (XELLIA) 1 MG INJ | J0873 | HCPCS | 70594003402 | NDC | | both | | 1 EA | 1 | | UHC | Medicaid | | 100 | | 0.13 | | | other | Drugs are paid at 100% of the AWP |
| DAPTOMYCIN (XELLIA) 1 MG INJ | J0873 | HCPCS | 70594003402 | NDC | | both | | 1 EA | 1 | | UHC | Medicare | | 100 | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| DAPTOMYCIN (XELLIA) 1 MG INJ | J0873 | HCPCS | 70594003402 | NDC | | both | | 1 EA | 1 | | Wellcare | Medicaid | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| DAPTOMYCIN (XELLIA) 1 MG INJ | J0873 | HCPCS | 70594003402 | NDC | | both | | 1 EA | 1 | | Wellcare | Medicare | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| DAPTOMYCIN (XELLIA) 1 MG INJ | J0873 | HCPCS | 70594003402 | NDC | | both | | 1 EA | 1 | | WellPoint | WellPoint | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| DAPTOMYCIN 1MG (NF) | J0878 | HCPCS | 67919001101 | NDC | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| DAPTOMYCIN 1MG (NF) | J0878 | HCPCS | 67919001101 | NDC | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| DAPTOMYCIN 1MG (NF) | J0878 | HCPCS | 67919001101 | NDC | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| DAPTOMYCIN 1MG (NF) | J0878 | HCPCS | 67919001101 | NDC | | both | | 1 EA | 2.5 | | Amerihealth | HMO\|PPO | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| DAPTOMYCIN 1MG (NF) | J0878 | HCPCS | 67919001101 | NDC | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| DAPTOMYCIN 1MG (NF) | J0878 | HCPCS | 67919001101 | NDC | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| DAPTOMYCIN 1MG (NF) | J0878 | HCPCS | 67919001101 | NDC | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| DAPTOMYCIN 1MG (NF) | J0878 | HCPCS | 67919001101 | NDC | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| DAPTOMYCIN 1MG (NF) | J0878 | HCPCS | 67919001101 | NDC | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.74 | | | other | Drugs are paid at 100% of the AWP |
| DAPTOMYCIN 1MG (NF) | J0878 | HCPCS | 67919001101 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| DAPTOMYCIN 1MG (NF) | J0878 | HCPCS | 67919001101 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| DAPTOMYCIN 1MG (NF) | J0878 | HCPCS | 67919001101 | NDC | | both | | 1 EA | 2.5 | | United | Commercial\|PPO | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| DAPTOMYCIN 1MG (NF) | J0878 | HCPCS | 67919001101 | NDC | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 1.61 | | | other | Drugs are paid at 100% of the AWP |
| DAPTOMYCIN 1MG (NF) | J0878 | HCPCS | 67919001101 | NDC | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| ARGATROBAN 1 MG INJ | J0883 | HCPCS | 42367020384 | NDC | | both | | 1 EA | 22 | | Aetna | Medicare | | 100 | | 1.36 | | | other | Drugs are paid at 100% of the AWP |
| ARGATROBAN 1 MG INJ | J0883 | HCPCS | 42367020384 | NDC | | both | | 1 EA | 22 | | Amerihealth | HMO\|PPO | | 100 | | 1.24 | | | other | Drugs are paid at 100% of the AWP |
| ARGATROBAN 1 MG INJ | J0883 | HCPCS | 42367020384 | NDC | | both | | 1 EA | 22 | | Horizon | MGD | | 100 | | 0.8 | | | other | Drugs are paid at 100% of the AWP |
| ARGATROBAN 1 MG INJ | J0883 | HCPCS | 42367020384 | NDC | | both | | 1 EA | 22 | | Horizon | NJ Health | | 100 | | 5.05 | | | other | Drugs are paid at 100% of the AWP |
| EPOETIN ALPHA 1000UNITS (CHEMO) | J0885 | HCPCS | 59676030201 | NDC | | both | | 1 EA | 97.5 | | Aetna | Better Health | | 100 | | 13.89 | | | other | Drugs are paid at 100% of the AWP |
| EPOETIN ALPHA 1000UNITS (CHEMO) | J0885 | HCPCS | 59676030201 | NDC | | both | | 1 EA | 97.5 | | Aetna | Commercial | | 100 | | 39.77 | | | other | Drugs are paid at 100% of the AWP |
| EPOETIN ALPHA 1000UNITS (CHEMO) | J0885 | HCPCS | 59676030201 | NDC | | both | | 1 EA | 97.5 | | Aetna | Medicare | | 100 | | 11.47 | | | other | Drugs are paid at 100% of the AWP |
| EPOETIN ALPHA 1000UNITS (CHEMO) | J0885 | HCPCS | 59676030201 | NDC | | both | | 1 EA | 97.5 | | Amerihealth | HMO\|PPO | | 100 | | 14.3 | | | other | Drugs are paid at 100% of the AWP |
| EPOETIN ALPHA 1000UNITS (CHEMO) | J0885 | HCPCS | 59676030201 | NDC | | both | | 1 EA | 97.5 | | Horizon | Medicare Blue | | 100 | | 33.47 | | | other | Drugs are paid at 100% of the AWP |
| EPOETIN ALPHA 1000UNITS (CHEMO) | J0885 | HCPCS | 59676030201 | NDC | | both | | 1 EA | 97.5 | | Horizon | MGD | | 100 | | 17.96 | | | other | Drugs are paid at 100% of the AWP |
| EPOETIN ALPHA 1000UNITS (CHEMO) | J0885 | HCPCS | 59676030201 | NDC | | both | | 1 EA | 97.5 | | Horizon | NJ Health | | 100 | | 13.41 | | | other | Drugs are paid at 100% of the AWP |
| EPOETIN ALPHA 1000UNITS (CHEMO) | J0885 | HCPCS | 59676030201 | NDC | | both | | 1 EA | 97.5 | | Horizon | PPO | | 100 | | 23.18 | | | other | Drugs are paid at 100% of the AWP |
| EPOETIN ALPHA 1000UNITS (CHEMO) | J0885 | HCPCS | 59676030201 | NDC | | both | | 1 EA | 97.5 | | UHC | Medicaid | | 100 | | 13.75 | | | other | Drugs are paid at 100% of the AWP |
| EPOETIN ALPHA 1000UNITS (CHEMO) | J0885 | HCPCS | 59676030201 | NDC | | both | | 1 EA | 97.5 | | UHC | Medicare | | 100 | | 16.55 | | | other | Drugs are paid at 100% of the AWP |
| EPOETIN ALPHA 1000UNITS (CHEMO) | J0885 | HCPCS | 59676030201 | NDC | | both | | 1 EA | 97.5 | | Wellcare | Medicaid | | 100 | | 7.61 | | | other | Drugs are paid at 100% of the AWP |
| EPOETIN ALPHA 1000UNITS (CHEMO) | J0885 | HCPCS | 59676030201 | NDC | | both | | 1 EA | 97.5 | | Wellcare | Medicare | | 100 | | 47.65 | | | other | Drugs are paid at 100% of the AWP |
| EPOETIN ALPHA 1000UNITS (CHEMO) | J0885 | HCPCS | 59676030201 | NDC | | both | | 1 EA | 97.5 | | WellPoint | WellPoint | | 100 | | 20.97 | | | other | Drugs are paid at 100% of the AWP |
| DENOSUMAB 1MG INJ | J0897 | HCPCS | 55513073001 | NDC | | both | | 1 EA | 80.5 | | Aetna | Better Health | | 100 | | 20.47 | | | other | Drugs are paid at 100% of the AWP |
| DENOSUMAB 1MG INJ | J0897 | HCPCS | 55513073001 | NDC | | both | | 1 EA | 80.5 | | Aetna | Commercial | | 100 | | 18.36 | | | other | Drugs are paid at 100% of the AWP |
| DENOSUMAB 1MG INJ | J0897 | HCPCS | 55513073001 | NDC | | both | | 1 EA | 80.5 | | Aetna | Medicare | | 100 | | 24.64 | | | other | Drugs are paid at 100% of the AWP |
| DENOSUMAB 1MG INJ | J0897 | HCPCS | 55513073001 | NDC | | both | | 1 EA | 80.5 | | Horizon | Medicare Blue | | 100 | | 22.67 | | | other | Drugs are paid at 100% of the AWP |
| DENOSUMAB 1MG INJ | J0897 | HCPCS | 55513073001 | NDC | | both | | 1 EA | 80.5 | | Horizon | NJ Health | | 100 | | 18.37 | | | other | Drugs are paid at 100% of the AWP |
| DENOSUMAB 1MG INJ | J0897 | HCPCS | 55513073001 | NDC | | both | | 1 EA | 80.5 | | Horizon | PPO | | 100 | | 43.72 | | | other | Drugs are paid at 100% of the AWP |
| DENOSUMAB 1MG INJ | J0897 | HCPCS | 55513073001 | NDC | | both | | 1 EA | 80.5 | | UHC | Medicaid | | 100 | | 18.05 | | | other | Drugs are paid at 100% of the AWP |
| DENOSUMAB 1MG INJ | J0897 | HCPCS | 55513073001 | NDC | | both | | 1 EA | 80.5 | | UHC | Medicare | | 100 | | 7.45 | | | other | Drugs are paid at 100% of the AWP |
| DENOSUMAB 1MG INJ | J0897 | HCPCS | 55513073001 | NDC | | both | | 1 EA | 80.5 | | United | Commercial\|PPO | | 100 | | 30.9 | | | other | Drugs are paid at 100% of the AWP |
| DENOSUMAB 1MG INJ | J0897 | HCPCS | 55513073001 | NDC | | both | | 1 EA | 80.5 | | Wellcare | Medicaid | | 100 | | 23.42 | | | other | Drugs are paid at 100% of the AWP |
| DENOSUMAB 1MG INJ | J0897 | HCPCS | 55513073001 | NDC | | both | | 1 EA | 80.5 | | Wellcare | Medicare | | 100 | | 23.35 | | | other | Drugs are paid at 100% of the AWP |
| DENOSUMAB 1MG INJ | J0897 | HCPCS | 55513073001 | NDC | | both | | 1 EA | 80.5 | | WellPoint | WellPoint | | 100 | | 24.33 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPRED ACETATE 1MG INJ | J1030 | HCPCS | 9307303 | NDC | | both | | 1 EA | 1 | | Aetna | Better Health | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPRED ACETATE 1MG INJ | J1030 | HCPCS | 9307303 | NDC | | both | | 1 EA | 1 | | Aetna | Commercial | | 100 | | 16.65 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPRED ACETATE 1MG INJ | J1030 | HCPCS | 9307303 | NDC | | both | | 1 EA | 1 | | Aetna | Medicare | | 100 | | 9.51 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPRED ACETATE 1MG INJ | J1030 | HCPCS | 9307303 | NDC | | both | | 1 EA | 1 | | Amerihealth | HMO\|PPO | | 100 | | 5.17 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPRED ACETATE 1MG INJ | J1030 | HCPCS | 9307303 | NDC | | both | | 1 EA | 1 | | Horizon | Medicare Blue | | 100 | | 6.31 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPRED ACETATE 1MG INJ | J1030 | HCPCS | 9307303 | NDC | | both | | 1 EA | 1 | | Horizon | MGD | | 100 | | 15.64 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPRED ACETATE 1MG INJ | J1030 | HCPCS | 9307303 | NDC | | both | | 1 EA | 1 | | Horizon | NJ Health | | 100 | | 19.8 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPRED ACETATE 1MG INJ | J1030 | HCPCS | 9307303 | NDC | | both | | 1 EA | 1 | | UHC | Medicaid | | 100 | | 6.15 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPRED ACETATE 1MG INJ | J1030 | HCPCS | 9307303 | NDC | | both | | 1 EA | 1 | | UHC | Medicare | | 100 | | 3.93 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPRED ACETATE 1MG INJ | J1030 | HCPCS | 9307303 | NDC | | both | | 1 EA | 1 | | WellPoint | WellPoint | | 100 | | 6.27 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPREDNISOLONE 80MG VIAL | J1040 | HCPCS | 703005104 | NDC | | both | | 1 EA | 77 | | Corrections | Corrections | | 100 | | 11.39 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPREDNISOLONE 80MG VIAL | J1040 | HCPCS | 703005104 | NDC | | both | | 1 EA | 77 | | Horizon | Medicare Blue | | 100 | | 16.38 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPREDNISOLONE 80MG VIAL | J1040 | HCPCS | 703005104 | NDC | | both | | 1 EA | 77 | | Horizon | MGD | | 100 | | 9.7 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| METHYLPREDNISOLONE 80MG VIAL | J1040 | HCPCS | 703005104 | NDC | | both | 1 EA | 77 | | Horizon | NJ Health | | 100 | | 14.28 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPREDNISOLONE 80MG VIAL | J1040 | HCPCS | 703005104 | NDC | | both | 1 EA | 77 | | UHC | Medicaid | | 100 | | 19.5 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPREDNISOLONE 80MG VIAL | J1040 | HCPCS | 703005104 | NDC | | both | 1 EA | 77 | | UHC | Medicare | | 100 | | 16.92 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPREDNISOLONE 80MG VIAL | J1040 | HCPCS | 703005104 | NDC | | both | 1 EA | 77 | | Wellcare | Medicaid | | 100 | | 16.47 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPREDNISOLONE 80MG VIAL | J1040 | HCPCS | 703005104 | NDC | | both | 1 EA | 77 | | Wellcare | Medicare | | 100 | | 22.43 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPREDNISOLONE 80MG VIAL | J1040 | HCPCS | 703005104 | NDC | | both | 1 EA | 77 | | WellPoint | WellPoint | | 100 | | 13.12 | | | other | Drugs are paid at 100% of the AWP |
| MEDROXYPROGESTERONE 150MG/1ML INJ | J1050 | HCPCS | 9074635 | NDC | | both | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| MEDROXYPROGESTERONE 150MG/1ML INJ | J1050 | HCPCS | 9074635 | NDC | | both | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| MEDROXYPROGESTERONE 150MG/1ML INJ | J1050 | HCPCS | 9074635 | NDC | | both | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| MEDROXYPROGESTERONE 150MG/1ML INJ | J1050 | HCPCS | 9074635 | NDC | | both | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| MEDROXYPROGESTERONE 150MG/1ML INJ | J1050 | HCPCS | 9074635 | NDC | | both | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| MEDROXYPROGESTERONE 150MG/1ML INJ | J1050 | HCPCS | 9074635 | NDC | | both | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.84 | | | other | Drugs are paid at 100% of the AWP |
| MEDROXYPROGESTERONE 150MG/1ML INJ | J1050 | HCPCS | 9074635 | NDC | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| MEDROXYPROGESTERONE 150MG/1ML INJ | J1050 | HCPCS | 9074635 | NDC | | both | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| MEDROXYPROGESTERONE 150MG/1ML INJ | J1050 | HCPCS | 9074635 | NDC | | both | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| MEDROXYPROGESTERONE 150MG/1ML INJ | J1050 | HCPCS | 9074635 | NDC | | both | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| MEDROXYPROGESTERONE 150MG/1ML INJ | J1050 | HCPCS | 9074635 | NDC | | both | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| MEDROXYPROGESTERONE 150MG/1ML INJ | J1050 | HCPCS | 9074635 | NDC | | both | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| MEDROXYPROGESTERONE 150MG/1ML INJ | J1050 | HCPCS | 9074635 | NDC | | both | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| TESTOSTERONE DEPO 1MG INJ. | J1071 | HCPCS | 9041701 | NDC | | both | 1 EA | 1 | | Horizon | Indemnity | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| TESTOSTERONE DEPO 1MG INJ. | J1071 | HCPCS | 9041701 | NDC | | both | 1 EA | 1 | | Horizon | MGD | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| TESTOSTERONE DEPO 1MG INJ. | J1071 | HCPCS | 9041701 | NDC | | both | 1 EA | 1 | | WellPoint | WellPoint | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE SOD PHOS 1MG | J1100 | HCPCS | 63323016501 | NDC | | both | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE SOD PHOS 1MG | J1100 | HCPCS | 63323016501 | NDC | | both | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE SOD PHOS 1MG | J1100 | HCPCS | 63323016501 | NDC | | both | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE SOD PHOS 1MG | J1100 | HCPCS | 63323016501 | NDC | | both | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE SOD PHOS 1MG | J1100 | HCPCS | 63323016501 | NDC | | both | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE SOD PHOS 1MG | J1100 | HCPCS | 63323016501 | NDC | | both | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE SOD PHOS 1MG | J1100 | HCPCS | 63323016501 | NDC | | both | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE SOD PHOS 1MG | J1100 | HCPCS | 63323016501 | NDC | | both | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE SOD PHOS 1MG | J1100 | HCPCS | 63323016501 | NDC | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE SOD PHOS 1MG | J1100 | HCPCS | 63323016501 | NDC | | both | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE SOD PHOS 1MG | J1100 | HCPCS | 63323016501 | NDC | | both | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE SOD PHOS 1MG | J1100 | HCPCS | 63323016501 | NDC | | both | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE SOD PHOS 1MG | J1100 | HCPCS | 63323016501 | NDC | | both | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE SOD PHOS 1MG | J1100 | HCPCS | 63323016501 | NDC | | both | 1 EA | 2.5 | | United | Oxford | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE SOD PHOS 1MG | J1100 | HCPCS | 63323016501 | NDC | | both | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE SOD PHOS 1MG | J1100 | HCPCS | 63323016501 | NDC | | both | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE SOD PHOS 1MG | J1100 | HCPCS | 63323016501 | NDC | | both | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMIDE 500MG VIAL | J1120 | HCPCS | 39822019001 | NDC | | both | 1 EA | 135.5 | | Aetna | Commercial | | 100 | | 31.69 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMIDE 500MG VIAL | J1120 | HCPCS | 39822019001 | NDC | | both | 1 EA | 135.5 | | Aetna | Medicare | | 100 | | 23.12 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMIDE 500MG VIAL | J1120 | HCPCS | 39822019001 | NDC | | both | 1 EA | 135.5 | | Corrections | Corrections | | 100 | | 40.03 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMIDE 500MG VIAL | J1120 | HCPCS | 39822019001 | NDC | | both | 1 EA | 135.5 | | Horizon | Indemnity | | 100 | | 41.08 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMIDE 500MG VIAL | J1120 | HCPCS | 39822019001 | NDC | | both | 1 EA | 135.5 | | Horizon | Medicare Blue | | 100 | | 16.9 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMIDE 500MG VIAL | J1120 | HCPCS | 39822019001 | NDC | | both | 1 EA | 135.5 | | Horizon | MGD | | 100 | | 27.76 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMIDE 500MG VIAL | J1120 | HCPCS | 39822019001 | NDC | | both | 1 EA | 135.5 | | Horizon | NJ Health | | 100 | | 11.69 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMIDE 500MG VIAL | J1120 | HCPCS | 39822019001 | NDC | | both | 1 EA | 135.5 | | UHC | Medicaid | | 100 | | 19.24 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMIDE 500MG VIAL | J1120 | HCPCS | 39822019001 | NDC | | both | 1 EA | 135.5 | | UHC | Medicare | | 100 | | 13.7 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMIDE 500MG VIAL | J1120 | HCPCS | 39822019001 | NDC | | both | 1 EA | 135.5 | | United | CommercialPPO | | 100 | | 11.61 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMIDE 500MG VIAL | J1120 | HCPCS | 39822019001 | NDC | | both | 1 EA | 135.5 | | Wellcare | Medicaid | | 100 | | 29.78 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMIDE 500MG VIAL | J1120 | HCPCS | 39822019001 | NDC | | both | 1 EA | 135.5 | | WellPoint | WellPoint | | 100 | | 31.4 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMID SODIUM INJ 100 MG/ML | J1120 | HCPCS | 55390046001 | NDC | | both | 1 EA | 47 | | Horizon | Medicare Blue | | 100 | | 3.72 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMID SODIUM INJ 100 MG/ML | J1120 | HCPCS | 55390046001 | NDC | | both | 1 EA | 47 | | United | CommercialPPO | | 100 | | 3.47 | | | other | Drugs are paid at 100% of the AWP |
| DIGOXIN 0.5MG/2ML INJ | J1160 | HCPCS | 173026035 | NDC | | both | 1 EA | 20.5 | | Aetna | Medicare | | 100 | | 1.39 | | | other | Drugs are paid at 100% of the AWP |
| DIGOXIN 0.5MG/2ML INJ | J1160 | HCPCS | 173026035 | NDC | | both | 1 EA | 20.5 | | Horizon | Medicare Blue | | 100 | | 4.98 | | | other | Drugs are paid at 100% of the AWP |
| DIGOXIN 0.5MG/2ML INJ | J1160 | HCPCS | 173026035 | NDC | | both | 1 EA | 20.5 | | Horizon | NJ Health | | 100 | | 5.43 | | | other | Drugs are paid at 100% of the AWP |
| DIGOXIN 0.5MG/2ML INJ | J1160 | HCPCS | 173026035 | NDC | | both | 1 EA | 20.5 | | Horizon | PPO | | 100 | | 2.43 | | | other | Drugs are paid at 100% of the AWP |
| DIGOXIN 0.5MG/2ML INJ | J1160 | HCPCS | 173026035 | NDC | | both | 1 EA | 20.5 | | UHC | Medicaid | | 100 | | 2.8 | | | other | Drugs are paid at 100% of the AWP |
| DIGOXIN 0.5MG/2ML INJ | J1160 | HCPCS | 173026035 | NDC | | both | 1 EA | 20.5 | | WellPoint | WellPoint | | 100 | | 5.13 | | | other | Drugs are paid at 100% of the AWP |
| DIGOXIN IMMUNE FAB 40MG INJ | J1162 | HCPCS | 281036510 | NDC | | both | 1 EA | 5638 | | Horizon | Indemnity | | 100 | | 3343.38 | | | other | Drugs are paid at 100% of the AWP |
| PHENYTOIN 50MG INJ | J1165 | HCPCS | 641049325 | NDC | | both | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| PHENYTOIN 50MG INJ | J1165 | HCPCS | 641049325 | NDC | | both | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| PHENYTOIN 50MG INJ | J1165 | HCPCS | 641049325 | NDC | | both | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 1.11 | | | other | Drugs are paid at 100% of the AWP |
| PHENYTOIN 50MG INJ | J1165 | HCPCS | 641049325 | NDC | | both | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| PHENYTOIN 50MG INJ | J1165 | HCPCS | 641049325 | NDC | | both | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| PHENYTOIN 50MG INJ | J1165 | HCPCS | 641049325 | NDC | | both | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.8 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 4MG INJ | J1170 | HCPCS | 409130431 | NDC | | both | 1 EA | 5.5 | | Aetna | Better Health | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 4MG INJ | J1170 | HCPCS | 409130431 | NDC | | both | 1 EA | 5.5 | | Aetna | Commercial | | 100 | | 0.85 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 4MG INJ | J1170 | HCPCS | 409130431 | NDC | | both | 1 EA | 5.5 | | Aetna | Medicare | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 4MG INJ | J1170 | HCPCS | 409130431 | NDC | | both | 1 EA | 5.5 | | Amerihealth | HMO/PPO | | 100 | | 0.88 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 4MG INJ | J1170 | HCPCS | 409130431 | NDC | | both | 1 EA | 5.5 | | Corrections | Corrections | | 100 | | 1.92 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 4MG INJ | J1170 | HCPCS | 409130431 | NDC | | both | 1 EA | 5.5 | | Horizon | Indemnity | | 100 | | 2.73 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 4MG INJ | J1170 | HCPCS | 409130431 | NDC | | both | 1 EA | 5.5 | | Horizon | Medicare Blue | | 100 | | 1.21 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 4MG INJ | J1170 | HCPCS | 409130431 | NDC | | both | 1 EA | 5.5 | | Horizon | MGD | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 4MG INJ | J1170 | HCPCS | 409130431 | NDC | | both | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 4MG INJ | J1170 | HCPCS | 409130431 | NDC | | both | 1 EA | 5.5 | | Horizon | PPO | | 100 | | 1.3 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 4MG INJ | J1170 | HCPCS | 409130431 | NDC | | both | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 0.91 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 4MG INJ | J1170 | HCPCS | 409130431 | NDC | | both | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 0.8 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 4MG INJ | J1170 | HCPCS | 409130431 | NDC | | both | 1 EA | 5.5 | | United | CommercialPPO | | 100 | | 0.9 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 4MG INJ | J1170 | HCPCS | 409130431 | NDC | | both | 1 EA | 5.5 | | Wellcare | Medicaid | | 100 | | 0.91 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 4MG INJ | J1170 | HCPCS | 409130431 | NDC | | both | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 2MG/1ML INJ | J1170 | HCPCS | 409131230 | NDC | | both | 1 EA | 4.5 | | Aetna | Better Health | | 100 | | 1.03 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 2MG/1ML INJ | J1170 | HCPCS | 409131230 | NDC | | both | 1 EA | 4.5 | | Aetna | Commercial | | 100 | | 1.06 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 2MG/1ML INJ | J1170 | HCPCS | 409131230 | NDC | | both | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 2MG/1ML INJ | J1170 | HCPCS | 409131230 | NDC | | both | 1 EA | 4.5 | | Amerihealth | HMO/PPO | | 100 | | 0.8 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 2MG/1ML INJ | J1170 | HCPCS | 409131230 | NDC | | both | 1 EA | 4.5 | | Corrections | Corrections | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 2MG/1ML INJ | J1170 | HCPCS | 409131230 | NDC | | both | 1 EA | 4.5 | | Horizon | Indemnity | | 100 | | 1.09 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 2MG/1ML INJ | J1170 | HCPCS | 409131230 | NDC | | both | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 0.8 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 2MG/1ML INJ | J1170 | HCPCS | 409131230 | NDC | | both | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 2MG/1ML INJ | J1170 | HCPCS | 409131230 | NDC | | both | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 2MG/1ML INJ | J1170 | HCPCS | 409131230 | NDC | | both | 1 EA | 4.5 | | Horizon | PPO | | 100 | | 0.8 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 2MG/1ML INJ | J1170 | HCPCS | 409131230 | NDC | | both | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 2MG/1ML INJ | J1170 | HCPCS | 409131230 | NDC | | both | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 0.81 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 2MG/1ML INJ | J1170 | HCPCS | 409131230 | NDC | | both | 1 EA | 4.5 | | United | CommercialPPO | | 100 | | 0.85 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 2MG/1ML INJ | J1170 | HCPCS | 409131230 | NDC | | both | 1 EA | 4.5 | | Wellcare | Medicaid | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 2MG/1ML INJ | J1170 | HCPCS | 409131230 | NDC | | both | 1 EA | 4.5 | | Wellcare | Medicare | | 100 | | 0.85 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 2MG/1ML INJ | J1170 | HCPCS | 409131230 | NDC | | both | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 1MG/1ML INJ | J1170 | HCPCS | 409255201 | NDC | | both | 1 EA | 5.5 | | Aetna | Better Health | | 100 | | 0.99 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 1MG/1ML INJ | J1170 | HCPCS | 409255201 | NDC | | both | 1 EA | 5.5 | | Aetna | Commercial | | 100 | | 1.3 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 1MG/1ML INJ | J1170 | HCPCS | 409255201 | NDC | | both | 1 EA | 5.5 | | Aetna | Medicare | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 1MG/1ML INJ | J1170 | HCPCS | 409255201 | NDC | | both | 1 EA | 5.5 | | Amerihealth | HMO/PPO | | 100 | | 1.06 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 1MG/1ML INJ | J1170 | HCPCS | 409255201 | NDC | | both | 1 EA | 5.5 | | Corrections | Corrections | | 100 | | 1.11 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 1MG/1ML INJ | J1170 | HCPCS | 409255201 | NDC | | both | 1 EA | 5.5 | | Horizon | Indemnity | | 100 | | 0.92 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 1MG/1ML INJ | J1170 | HCPCS | 409255201 | NDC | | both | 1 EA | 5.5 | | Horizon | Medicare Blue | | 100 | | 1.04 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 1MG/1ML INJ | J1170 | HCPCS | 409255201 | NDC | | both | 1 EA | 5.5 | | Horizon | MGD | | 100 | | 1.15 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 1MG/1ML INJ | J1170 | HCPCS | 409255201 | NDC | | both | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.79 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 1MG/1ML INJ | J1170 | HCPCS | 409255201 | NDC | | both | 1 EA | 5.5 | | Horizon | PPO | | 100 | | 1.13 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 1MG/1ML INJ | J1170 | HCPCS | 409255201 | NDC | | both | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 1MG/1ML INJ | J1170 | HCPCS | 409255201 | NDC | | both | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 1.05 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 1MG/1ML INJ | J1170 | HCPCS | 409255201 | NDC | | both | 1 EA | 5.5 | | United | CommercialPPO | | 100 | | 0.85 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 1MG/1ML INJ | J1170 | HCPCS | 409255201 | NDC | | both | 1 EA | 5.5 | | United | Oxford | | 100 | | 1.49 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 1MG/1ML INJ | J1170 | HCPCS | 409255201 | NDC | | both | 1 EA | 5.5 | | Wellcare | Medicaid | | 100 | | 0.8 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 1MG/1ML INJ | J1170 | HCPCS | 409255201 | NDC | | both | 1 EA | 5.5 | | Wellcare | Medicare | | 100 | | 1.14 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 1MG/1ML INJ | J1170 | HCPCS | 409255201 | NDC | | both | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 0.98 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 50MG/1ML INJ | J1200 | HCPCS | 63323066401 | NDC | | both | 1 EA | 5.5 | | Aetna | Better Health | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 50MG/1ML INJ | J1200 | HCPCS | 63323066401 | NDC | | both | 1 EA | 5.5 | | Aetna | Commercial | | 100 | | 1.31 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 50MG/1ML INJ | J1200 | HCPCS | 63323066401 | NDC | | both | 1 EA | 5.5 | | Aetna | Medicare | | 100 | | 0.8 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 50MG/1ML INJ | J1200 | HCPCS | 63323066401 | NDC | | both | 1 EA | 5.5 | | Amerihealth | HMO/PPO | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 50MG/1ML INJ | J1200 | HCPCS | 63323066401 | NDC | | both | 1 EA | 5.5 | | Corrections | Corrections | | 100 | | 1.19 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 50MG/1ML INJ | J1200 | HCPCS | 63323066401 | NDC | | both | 1 EA | 5.5 | | Horizon | Indemnity | | 100 | | 1.36 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 50MG/1ML INJ | J1200 | HCPCS | 63323066401 | NDC | | both | 1 EA | 5.5 | | Horizon | Medicare Blue | | 100 | | 0.8 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 50MG/1ML INJ | J1200 | HCPCS | 63323066401 | NDC | | both | 1 EA | 5.5 | | Horizon | MGD | | 100 | | 0.81 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 50MG/1ML INJ | J1200 | HCPCS | 63323066401 | NDC | | both | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 50MG/1ML INJ | J1200 | HCPCS | 63323066401 | NDC | | both | 1 EA | 5.5 | | Horizon | PPO | | 100 | | 1.57 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 50MG/1ML INJ | J1200 | HCPCS | 63323066401 | NDC | | both | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 50MG/1ML INJ | J1200 | HCPCS | 63323066401 | NDC | | both | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 0.86 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 50MG/1ML INJ | J1200 | HCPCS | 63323066401 | NDC | | both | 1 EA | 5.5 | | United | CommercialPPO | | 100 | | 1.17 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 50MG/1ML INJ | J1200 | HCPCS | 63323066401 | NDC | | both | 1 EA | 5.5 | | Wellcare | Medicaid | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 50MG/1ML INJ | J1200 | HCPCS | 63323066401 | NDC | | both | 1 EA | 5.5 | | Wellcare | Medicare | | 100 | | 0.99 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 50MG/1ML INJ | J1200 | HCPCS | 63323066401 | NDC | | both | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 0.98 | | | other | Drugs are paid at 100% of the AWP |
| CHLOROTHIAZIDE 500MG INJ | J1205 | HCPCS | 6325032 | NDC | | both | 1 EA | 887.5 | | Horizon | NJ Health | | 100 | | 16.95 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 10MG/1ML INJ | J1230 | HCPCS | 17478038020 | NDC | | both | 1 EA | 32 | | Aetna | Better Health | | 100 | | 4.9 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 10MG/1ML INJ | J1230 | HCPCS | 17478038020 | NDC | | both | 1 EA | 32 | | Aetna | Commercial | | 100 | | 5 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 10MG/1ML INJ | J1230 | HCPCS | 17478038020 | NDC | | both | 1 EA | 32 | | Amerihealth | HMO/PPO | | 100 | | 5.78 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 10MG/1ML INJ | J1230 | HCPCS | 17478038020 | NDC | | both | 1 EA | 32 | | Corrections | Corrections | | 100 | | 9.47 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 10MG/1ML INJ | J1230 | HCPCS | 17478038020 | NDC | | both | 1 EA | 32 | | Horizon | MGD | | 100 | | 5.27 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 10MG/1ML INJ | J1230 | HCPCS | 17478038020 | NDC | | both | 1 EA | 32 | | Horizon | NJ Health | | 100 | | 3.59 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 10MG/1ML INJ | J1230 | HCPCS | 17478038020 | NDC | | both | 1 EA | 32 | | UHC | Medicaid | | 100 | | 5.39 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 10MG/1ML INJ | J1230 | HCPCS | 17478038020 | NDC | | both | 1 EA | 32 | | UHC | Medicare | | 100 | | 6.86 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 10MG/1ML INJ | J1230 | HCPCS | 17478038020 | NDC | | both | 1 EA | 32 | | Wellcare | Medicaid | | 100 | | 4.42 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 10MG/1ML INJ | J1230 | HCPCS | 17478038020 | NDC | | both | 1 EA | 32 | | Wellcare | Medicare | | 100 | | 4.91 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 10MG/1ML INJ | J1230 | HCPCS | 17478038020 | NDC | | both | 1 EA | 32 | | WellPoint | WellPoint | | 100 | | 5.3 | | | other | Drugs are paid at 100% of the AWP |
| DOBUTAMINE 250MG/250ML D5W (PM) | J1250 | HCPCS | 338107302 | NDC | | both | 1 EA | 88.5 | | Aetna | Medicare | | 100 | | 10.95 | | | other | Drugs are paid at 100% of the AWP |
| DOBUTAMINE 250MG/250ML D5W (PM) | J1250 | HCPCS | 338107302 | NDC | | both | 1 EA | 88.5 | | Horizon | Indemnity | | 100 | | 16.11 | | | other | Drugs are paid at 100% of the AWP |
| DOBUTAMINE 250MG/250ML D5W (PM) | J1250 | HCPCS | 338107302 | NDC | | both | 1 EA | 88.5 | | Horizon | MGD | | 100 | | 16.49 | | | other | Drugs are paid at 100% of the AWP |
| DOBUTAMINE 250MG/250ML D5W (PM) | J1250 | HCPCS | 338107302 | NDC | | both | 1 EA | 88.5 | | Horizon | NJ Health | | 100 | | 21.43 | | | other | Drugs are paid at 100% of the AWP |
| DOBUTAMINE 250MG/250ML D5W (PM) | J1250 | HCPCS | 338107302 | NDC | | both | 1 EA | 88.5 | | Horizon | PPO | | 100 | | 9.96 | | | other | Drugs are paid at 100% of the AWP |
| DOBUTAMINE 250MG/250ML D5W (PM) | J1250 | HCPCS | 338107302 | NDC | | both | 1 EA | 88.5 | | UHC | Medicaid | | 100 | | 23.53 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code|1 | code|1|type | code|2 | code|2|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge|gross | standard_charge|discounted_cash | payer_name | plan_name | standard_charge|negotiated_dollar | standard_charge|negotiated_percentage | standard_charge|negotiated_algorithm | estimated_amount | standard_charge|min | standard_charge|max | standard_charge|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DOBUTAMINE 250MG/250ML D5W (PM) | J1250 | HCPCS | 338107302 | NDC | | both | | 1 EA | | 88.5 | | UHC | Medicare | | 100 | | 13.39 | | | other | Drugs are paid at 100% of the AWP |
| DOBUTAMINE 250MG/250ML D5W (PM) | J1250 | HCPCS | 338107302 | NDC | | both | | 1 EA | | 88.5 | | WellPoint | WellPoint | | 100 | | 8.82 | | | other | Drugs are paid at 100% of the AWP |
| DOBUTAMINE 250MG 20ML INJ | J1250 | HCPCS | 409234402 | NDC | | both | | 1 EA | | 27 | | Aetna | Better Health | | 100 | | 4.69 | | | other | Drugs are paid at 100% of the AWP |
| DOBUTAMINE 250MG 20ML INJ | J1250 | HCPCS | 409234402 | NDC | | both | | 1 EA | | 27 | | Aetna | Commercial | | 100 | | 7.71 | | | other | Drugs are paid at 100% of the AWP |
| DOBUTAMINE 250MG 20ML INJ | J1250 | HCPCS | 409234402 | NDC | | both | | 1 EA | | 27 | | Aetna | Medicare | | 100 | | 3.58 | | | other | Drugs are paid at 100% of the AWP |
| DOBUTAMINE 250MG 20ML INJ | J1250 | HCPCS | 409234402 | NDC | | both | | 1 EA | | 27 | | Amerihealth | HMO/PPO | | 100 | | 6.35 | | | other | Drugs are paid at 100% of the AWP |
| DOBUTAMINE 250MG 20ML INJ | J1250 | HCPCS | 409234402 | NDC | | both | | 1 EA | | 27 | | Corrections | Corrections | | 100 | | 5.67 | | | other | Drugs are paid at 100% of the AWP |
| DOBUTAMINE 250MG 20ML INJ | J1250 | HCPCS | 409234402 | NDC | | both | | 1 EA | | 27 | | Horizon | Indemnity | | 100 | | 3.8 | | | other | Drugs are paid at 100% of the AWP |
| DOBUTAMINE 250MG 20ML INJ | J1250 | HCPCS | 409234402 | NDC | | both | | 1 EA | | 27 | | Horizon | Medicare Blue | | 100 | | 9.09 | | | other | Drugs are paid at 100% of the AWP |
| DOBUTAMINE 250MG 20ML INJ | J1250 | HCPCS | 409234402 | NDC | | both | | 1 EA | | 27 | | Horizon | MGD | | 100 | | 4.05 | | | other | Drugs are paid at 100% of the AWP |
| DOBUTAMINE 250MG 20ML INJ | J1250 | HCPCS | 409234402 | NDC | | both | | 1 EA | | 27 | | Horizon | NJ Health | | 100 | | 1.9 | | | other | Drugs are paid at 100% of the AWP |
| DOBUTAMINE 250MG 20ML INJ | J1250 | HCPCS | 409234402 | NDC | | both | | 1 EA | | 27 | | Horizon | PPO | | 100 | | 3.99 | | | other | Drugs are paid at 100% of the AWP |
| DOBUTAMINE 250MG 20ML INJ | J1250 | HCPCS | 409234402 | NDC | | both | | 1 EA | | 27 | | UHC | Medicaid | | 100 | | 4.5 | | | other | Drugs are paid at 100% of the AWP |
| DOBUTAMINE 250MG 20ML INJ | J1250 | HCPCS | 409234402 | NDC | | both | | 1 EA | | 27 | | UHC | Medicare | | 100 | | 3.63 | | | other | Drugs are paid at 100% of the AWP |
| DOBUTAMINE 250MG 20ML INJ | J1250 | HCPCS | 409234402 | NDC | | both | | 1 EA | | 27 | | United | Commercial/PPO | | 100 | | 6.69 | | | other | Drugs are paid at 100% of the AWP |
| DOBUTAMINE 250MG 20ML INJ | J1250 | HCPCS | 409234402 | NDC | | both | | 1 EA | | 27 | | Wellcare | Medicaid | | 100 | | 3.31 | | | other | Drugs are paid at 100% of the AWP |
| DOBUTAMINE 250MG 20ML INJ | J1250 | HCPCS | 409234402 | NDC | | both | | 1 EA | | 27 | | Wellcare | Medicare | | 100 | | 6.83 | | | other | Drugs are paid at 100% of the AWP |
| DOBUTAMINE 250MG 20ML INJ | J1250 | HCPCS | 409234402 | NDC | | both | | 1 EA | | 27 | | WellPoint | WellPoint | | 100 | | 2.9 | | | other | Drugs are paid at 100% of the AWP |
| DOPAMINE 40MG VIAL | J1265 | HCPCS | 409582001 | NDC | | both | | 1 EA | | 4.5 | | Aetna | Better Health | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| DOPAMINE 40MG VIAL | J1265 | HCPCS | 409582001 | NDC | | both | | 1 EA | | 4.5 | | Aetna | Commercial | | 100 | | 1.12 | | | other | Drugs are paid at 100% of the AWP |
| DOPAMINE 40MG VIAL | J1265 | HCPCS | 409582001 | NDC | | both | | 1 EA | | 4.5 | | Aetna | Medicare | | 100 | | 0.93 | | | other | Drugs are paid at 100% of the AWP |
| DOPAMINE 40MG VIAL | J1265 | HCPCS | 409582001 | NDC | | both | | 1 EA | | 4.5 | | Amerihealth | HMO/PPO | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| DOPAMINE 40MG VIAL | J1265 | HCPCS | 409582001 | NDC | | both | | 1 EA | | 4.5 | | Corrections | Corrections | | 100 | | 0.98 | | | other | Drugs are paid at 100% of the AWP |
| DOPAMINE 40MG VIAL | J1265 | HCPCS | 409582001 | NDC | | both | | 1 EA | | 4.5 | | Horizon | Indemnity | | 100 | | 1.74 | | | other | Drugs are paid at 100% of the AWP |
| DOPAMINE 40MG VIAL | J1265 | HCPCS | 409582001 | NDC | | both | | 1 EA | | 4.5 | | Horizon | MGD | | 100 | | 1.06 | | | other | Drugs are paid at 100% of the AWP |
| DOPAMINE 40MG VIAL | J1265 | HCPCS | 409582001 | NDC | | both | | 1 EA | | 4.5 | | Horizon | NJ Health | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| DOPAMINE 40MG VIAL | J1265 | HCPCS | 409582001 | NDC | | both | | 1 EA | | 4.5 | | Horizon | PPO | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| DOPAMINE 40MG VIAL | J1265 | HCPCS | 409582001 | NDC | | both | | 1 EA | | 4.5 | | UHC | Medicaid | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| DOPAMINE 40MG VIAL | J1265 | HCPCS | 409582001 | NDC | | both | | 1 EA | | 4.5 | | UHC | Medicare | | 100 | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| DOPAMINE 40MG VIAL | J1265 | HCPCS | 409582001 | NDC | | both | | 1 EA | | 4.5 | | Wellcare | Medicaid | | 100 | | 1.26 | | | other | Drugs are paid at 100% of the AWP |
| DOPAMINE 40MG VIAL | J1265 | HCPCS | 409582001 | NDC | | both | | 1 EA | | 4.5 | | WellPoint | WellPoint | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| EPTIFIBATIDE 5MG INJECT. | J1327 | HCPCS | 338955810 | NDC | | both | | 1 EA | | 118 | | Aetna | Better Health | | 100 | | 34.86 | | | other | Drugs are paid at 100% of the AWP |
| EPTIFIBATIDE 5MG INJECT. | J1327 | HCPCS | 338955810 | NDC | | both | | 1 EA | | 118 | | Aetna | Medicare | | 100 | | 41.61 | | | other | Drugs are paid at 100% of the AWP |
| EPTIFIBATIDE 5MG INJECT. | J1327 | HCPCS | 338955810 | NDC | | both | | 1 EA | | 118 | | Amerihealth | HMO/PPO | | 100 | | 26.92 | | | other | Drugs are paid at 100% of the AWP |
| EPTIFIBATIDE 5MG INJECT. | J1327 | HCPCS | 338955810 | NDC | | both | | 1 EA | | 118 | | Horizon | Indemnity | | 100 | | 28.05 | | | other | Drugs are paid at 100% of the AWP |
| EPTIFIBATIDE 5MG INJECT. | J1327 | HCPCS | 338955810 | NDC | | both | | 1 EA | | 118 | | Horizon | Medicare Blue | | 100 | | 11.08 | | | other | Drugs are paid at 100% of the AWP |
| EPTIFIBATIDE 5MG INJECT. | J1327 | HCPCS | 338955810 | NDC | | both | | 1 EA | | 118 | | Horizon | MGD | | 100 | | 43.23 | | | other | Drugs are paid at 100% of the AWP |
| EPTIFIBATIDE 5MG INJECT. | J1327 | HCPCS | 338955810 | NDC | | both | | 1 EA | | 118 | | Horizon | NJ Health | | 100 | | 15.98 | | | other | Drugs are paid at 100% of the AWP |
| EPTIFIBATIDE 5MG INJECT. | J1327 | HCPCS | 338955810 | NDC | | both | | 1 EA | | 118 | | Horizon | PPO | | 100 | | 25.42 | | | other | Drugs are paid at 100% of the AWP |
| EPTIFIBATIDE 5MG INJECT. | J1327 | HCPCS | 338955810 | NDC | | both | | 1 EA | | 118 | | UHC | Medicaid | | 100 | | 29.19 | | | other | Drugs are paid at 100% of the AWP |
| EPTIFIBATIDE 5MG INJECT. | J1327 | HCPCS | 338955810 | NDC | | both | | 1 EA | | 118 | | UHC | Medicare | | 100 | | 27.13 | | | other | Drugs are paid at 100% of the AWP |
| EPTIFIBATIDE 5MG INJECT. | J1327 | HCPCS | 338955810 | NDC | | both | | 1 EA | | 118 | | Wellcare | Medicaid | | 100 | | 32.96 | | | other | Drugs are paid at 100% of the AWP |
| EPTIFIBATIDE 5MG INJECT. | J1327 | HCPCS | 338955810 | NDC | | both | | 1 EA | | 118 | | Wellcare | Medicare | | 100 | | 6.94 | | | other | Drugs are paid at 100% of the AWP |
| EPTIFIBATIDE 5MG INJECT. | J1327 | HCPCS | 338955810 | NDC | | both | | 1 EA | | 118 | | WellPoint | WellPoint | | 100 | | 93.26 | | | other | Drugs are paid at 100% of the AWP |
| ERTAPENEM 500MG | J1335 | HCPCS | 63843171 | NDC | | both | | 1 EA | | 176 | | Aetna | Better Health | | 100 | | 39.96 | | | other | Drugs are paid at 100% of the AWP |
| ERTAPENEM 500MG | J1335 | HCPCS | 63843171 | NDC | | both | | 1 EA | | 176 | | Amerihealth | HMO/PPO | | 100 | | 39.66 | | | other | Drugs are paid at 100% of the AWP |
| ERTAPENEM 500MG | J1335 | HCPCS | 63843171 | NDC | | both | | 1 EA | | 176 | | Horizon | Medicare Blue | | 100 | | 26.71 | | | other | Drugs are paid at 100% of the AWP |
| ERTAPENEM 500MG | J1335 | HCPCS | 63843171 | NDC | | both | | 1 EA | | 176 | | Horizon | MGD | | 100 | | 27.29 | | | other | Drugs are paid at 100% of the AWP |
| ERTAPENEM 500MG | J1335 | HCPCS | 63843171 | NDC | | both | | 1 EA | | 176 | | Horizon | NJ Health | | 100 | | 16.22 | | | other | Drugs are paid at 100% of the AWP |
| ERTAPENEM 500MG | J1335 | HCPCS | 63843171 | NDC | | both | | 1 EA | | 176 | | UHC | Medicaid | | 100 | | 25.15 | | | other | Drugs are paid at 100% of the AWP |
| ERTAPENEM 500MG | J1335 | HCPCS | 63843171 | NDC | | both | | 1 EA | | 176 | | UHC | Medicare | | 100 | | 44.34 | | | other | Drugs are paid at 100% of the AWP |
| ERTAPENEM 500MG | J1335 | HCPCS | 63843171 | NDC | | both | | 1 EA | | 176 | | WellPoint | WellPoint | | 100 | | 28.47 | | | other | Drugs are paid at 100% of the AWP |
| ERYTHROMYCIN 500MG VIAL | J1364 | HCPCS | 409648201 | NDC | | both | | 1 EA | | 338 | | Aetna | Better Health | | 100 | | 41.35 | | | other | Drugs are paid at 100% of the AWP |
| ERYTHROMYCIN 500MG VIAL | J1364 | HCPCS | 409648201 | NDC | | both | | 1 EA | | 338 | | Amerihealth | HMO/PPO | | 100 | | 42.21 | | | other | Drugs are paid at 100% of the AWP |
| ERYTHROMYCIN 500MG VIAL | J1364 | HCPCS | 409648201 | NDC | | both | | 1 EA | | 338 | | Horizon | Indemnity | | 100 | | 61.41 | | | other | Drugs are paid at 100% of the AWP |
| ERYTHROMYCIN 500MG VIAL | J1364 | HCPCS | 409648201 | NDC | | both | | 1 EA | | 338 | | Horizon | Medicare Blue | | 100 | | 102.97 | | | other | Drugs are paid at 100% of the AWP |
| ERYTHROMYCIN 500MG VIAL | J1364 | HCPCS | 409648201 | NDC | | both | | 1 EA | | 338 | | Horizon | MGD | | 100 | | 56.57 | | | other | Drugs are paid at 100% of the AWP |
| ERYTHROMYCIN 500MG VIAL | J1364 | HCPCS | 409648201 | NDC | | both | | 1 EA | | 338 | | Horizon | NJ Health | | 100 | | 20.86 | | | other | Drugs are paid at 100% of the AWP |
| ERYTHROMYCIN 500MG VIAL | J1364 | HCPCS | 409648201 | NDC | | both | | 1 EA | | 338 | | Horizon | PPO | | 100 | | 26.37 | | | other | Drugs are paid at 100% of the AWP |
| ERYTHROMYCIN 500MG VIAL | J1364 | HCPCS | 409648201 | NDC | | both | | 1 EA | | 338 | | UHC | Medicaid | | 100 | | 55.9 | | | other | Drugs are paid at 100% of the AWP |
| ERYTHROMYCIN 500MG VIAL | J1364 | HCPCS | 409648201 | NDC | | both | | 1 EA | | 338 | | UHC | Medicare | | 100 | | 51.89 | | | other | Drugs are paid at 100% of the AWP |
| ERYTHROMYCIN 500MG VIAL | J1364 | HCPCS | 409648201 | NDC | | both | | 1 EA | | 338 | | Wellcare | Medicaid | | 100 | | 125.18 | | | other | Drugs are paid at 100% of the AWP |
| FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN | J1439 | HCPCS | 517065001 | NDC | | both | | 1 EA | | 5 | | Horizon | Indemnity | | 100 | | 2.21 | | | other | Drugs are paid at 100% of the AWP |
| FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN | J1439 | HCPCS | 517065001 | NDC | | both | | 1 EA | | 5 | | Horizon | Medicare Blue | | 100 | | 1.8 | | | other | Drugs are paid at 100% of the AWP |
| FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN | J1439 | HCPCS | 517065001 | NDC | | both | | 1 EA | | 5 | | Horizon | MGD | | 100 | | 2.05 | | | other | Drugs are paid at 100% of the AWP |
| FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN | J1439 | HCPCS | 517065001 | NDC | | both | | 1 EA | | 5 | | Horizon | NJ Health | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN | J1439 | HCPCS | 517065001 | NDC | | both | | 1 EA | | 5 | | UHC | Medicaid | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN | J1439 | HCPCS | 517065001 | NDC | | both | | 1 EA | | 5 | | UHC | Medicare | | 100 | | 1.16 | | | other | Drugs are paid at 100% of the AWP |
| FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN | J1439 | HCPCS | 517065001 | NDC | | both | | 1 EA | | 5 | | Wellcare | Medicaid | | 100 | | 1.54 | | | other | Drugs are paid at 100% of the AWP |
| FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN | J1439 | HCPCS | 517065001 | NDC | | both | | 1 EA | | 5 | | Wellcare | Medicare | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 100MG/50ML PB | J1450 | HCPCS | 70655000210 | NDC | | both | | 1 EA | | 740 | | Aetna | Better Health | | 100 | | 100.57 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 100MG/50ML PB | J1450 | HCPCS | 70655000210 | NDC | | both | | 1 EA | | 740 | | Aetna | Commercial | | 100 | | 156.76 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 100MG/50ML PB | J1450 | HCPCS | 70655000210 | NDC | | both | | 1 EA | | 740 | | Aetna | Medicare | | 100 | | 126.59 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 100MG/50ML PB | J1450 | HCPCS | 70655000210 | NDC | | both | | 1 EA | | 740 | | Amerihealth | HMO/PPO | | 100 | | 100.63 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 100MG/50ML PB | J1450 | HCPCS | 70655000210 | NDC | | both | | 1 EA | | 740 | | Horizon | Indemnity | | 100 | | 201.88 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 100MG/50ML PB | J1450 | HCPCS | 70655000210 | NDC | | both | | 1 EA | | 740 | | Horizon | Medicare Blue | | 100 | | 190.93 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 100MG/50ML PB | J1450 | HCPCS | 70655000210 | NDC | | both | | 1 EA | | 740 | | Horizon | MGD | | 100 | | 164.31 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 100MG/50ML PB | J1450 | HCPCS | 70655000210 | NDC | | both | | 1 EA | | 740 | | Horizon | NJ Health | | 100 | | 84.76 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 100MG/50ML PB | J1450 | HCPCS | 70655000210 | NDC | | both | | 1 EA | | 740 | | Horizon | PPO | | 100 | | 271.04 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 100MG/50ML PB | J1450 | HCPCS | 70655000210 | NDC | | both | | 1 EA | | 740 | | UHC | Medicaid | | 100 | | 143.79 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 100MG/50ML PB | J1450 | HCPCS | 70655000210 | NDC | | both | | 1 EA | | 740 | | UHC | Medicare | | 100 | | 122.21 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 100MG/50ML PB | J1450 | HCPCS | 70655000210 | NDC | | both | | 1 EA | | 740 | | United | Commercial/PPO | | 100 | | 197.51 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 100MG/50ML PB | J1450 | HCPCS | 70655000210 | NDC | | both | | 1 EA | | 740 | | Wellcare | Medicaid | | 100 | | 71.82 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 100MG/50ML PB | J1450 | HCPCS | 70655000210 | NDC | | both | | 1 EA | | 740 | | WellPoint | WellPoint | | 100 | | 129.05 | | | other | Drugs are paid at 100% of the AWP |
| FOMEPIZOLE 15MG INJ | J1451 | HCPCS | 517071001 | NDC | | both | | 1 EA | | 103 | | Aetna | Commercial | | 100 | | 23.28 | | | other | Drugs are paid at 100% of the AWP |
| FOMEPIZOLE 15MG INJ | J1451 | HCPCS | 517071001 | NDC | | both | | 1 EA | | 103 | | Horizon | NJ Health | | 100 | | 1.9 | | | other | Drugs are paid at 100% of the AWP |
| FOMEPIZOLE 15MG INJ | J1451 | HCPCS | 517071001 | NDC | | both | | 1 EA | | 103 | | UHC | Medicare | | 100 | | 45.7 | | | other | Drugs are paid at 100% of the AWP |
| FOMEPIZOLE 15MG INJ | J1451 | HCPCS | 517071001 | NDC | | both | | 1 EA | | 103 | | Wellcare | Medicaid | | 100 | | 8.53 | | | other | Drugs are paid at 100% of the AWP |
| FOSAPREPITANT DIMEGLUMINE 1MG PWVL | J1453 | HCPCS | 63941321 | NDC | | both | | 1 EA | | 6 | | Aetna | Better Health | | 100 | | 1.36 | | | other | Drugs are paid at 100% of the AWP |
| FOSAPREPITANT DIMEGLUMINE 1MG PWVL | J1453 | HCPCS | 63941321 | NDC | | both | | 1 EA | | 6 | | Aetna | Commercial | | 100 | | 1.59 | | | other | Drugs are paid at 100% of the AWP |
| FOSAPREPITANT DIMEGLUMINE 1MG PWVL | J1453 | HCPCS | 63941321 | NDC | | both | | 1 EA | | 6 | | Aetna | Medicare | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| FOSAPREPITANT DIMEGLUMINE 1MG PWVL | J1453 | HCPCS | 63941321 | NDC | | both | | 1 EA | | 6 | | Amerihealth | HMO/PPO | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| FOSAPREPITANT DIMEGLUMINE 1MG PWVL | J1453 | HCPCS | 63941321 | NDC | | both | | 1 EA | | 6 | | Corrections | Corrections | | 100 | | 2.17 | | | other | Drugs are paid at 100% of the AWP |
| FOSAPREPITANT DIMEGLUMINE 1MG PWVL | J1453 | HCPCS | 63941321 | NDC | | both | | 1 EA | | 6 | | Horizon | Indemnity | | 100 | | 1.49 | | | other | Drugs are paid at 100% of the AWP |
| FOSAPREPITANT DIMEGLUMINE 1MG PWVL | J1453 | HCPCS | 63941321 | NDC | | both | | 1 EA | | 6 | | Horizon | Medicare Blue | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| FOSAPREPITANT DIMEGLUMINE 1MG PWVL | J1453 | HCPCS | 63941321 | NDC | | both | | 1 EA | | 6 | | Horizon | MGD | | 100 | | 1.98 | | | other | Drugs are paid at 100% of the AWP |
| FOSAPREPITANT DIMEGLUMINE 1MG PWVL | J1453 | HCPCS | 63941321 | NDC | | both | | 1 EA | | 6 | | Horizon | NJ Health | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| FOSAPREPITANT DIMEGLUMINE 1MG PWVL | J1453 | HCPCS | 63941321 | NDC | | both | | 1 EA | | 6 | | Horizon | PPO | | 100 | | 1.64 | | | other | Drugs are paid at 100% of the AWP |
| FOSAPREPITANT DIMEGLUMINE 1MG PWVL | J1453 | HCPCS | 63941321 | NDC | | both | | 1 EA | | 6 | | UHC | Medicaid | | 100 | | 1.37 | | | other | Drugs are paid at 100% of the AWP |
| FOSAPREPITANT DIMEGLUMINE 1MG PWVL | J1453 | HCPCS | 63941321 | NDC | | both | | 1 EA | | 6 | | UHC | Medicare | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| FOSAPREPITANT DIMEGLUMINE 1MG PWVL | J1453 | HCPCS | 63941321 | NDC | | both | | 1 EA | | 6 | | United | Commercial/PPO | | 100 | | 2.38 | | | other | Drugs are paid at 100% of the AWP |
| FOSAPREPITANT DIMEGLUMINE 1MG PWVL | J1453 | HCPCS | 63941321 | NDC | | both | | 1 EA | | 6 | | Wellcare | Medicaid | | 100 | | 1.39 | | | other | Drugs are paid at 100% of the AWP |
| FOSAPREPITANT DIMEGLUMINE 1MG PWVL | J1453 | HCPCS | 63941321 | NDC | | both | | 1 EA | | 6 | | Wellcare | Medicare | | 100 | | 1.06 | | | other | Drugs are paid at 100% of the AWP |
| FOSAPREPITANT DIMEGLUMINE 1MG PWVL | J1453 | HCPCS | 63941321 | NDC | | both | | 1 EA | | 6 | | WellPoint | WellPoint | | 100 | | 1.84 | | | other | Drugs are paid at 100% of the AWP |
| IMMUNE GLOBULIN (PRIVIGEN) 500MG | J1459 | HCPCS | 442060437101 | NDC | | both | | 1 EA | | 167.5 | | Aetna | Better Health | | 100 | | 23.89 | | | other | Drugs are paid at 100% of the AWP |
| IMMUNE GLOBULIN (PRIVIGEN) 500MG | J1459 | HCPCS | 442060437101 | NDC | | both | | 1 EA | | 167.5 | | Aetna | Commercial | | 100 | | 40.24 | | | other | Drugs are paid at 100% of the AWP |
| IMMUNE GLOBULIN (PRIVIGEN) 500MG | J1459 | HCPCS | 442060437101 | NDC | | both | | 1 EA | | 167.5 | | Aetna | Medicare | | 100 | | 83.04 | | | other | Drugs are paid at 100% of the AWP |
| IMMUNE GLOBULIN (PRIVIGEN) 500MG | J1459 | HCPCS | 442060437101 | NDC | | both | | 1 EA | | 167.5 | | Horizon | Indemnity | | 100 | | 28.48 | | | other | Drugs are paid at 100% of the AWP |
| IMMUNE GLOBULIN (PRIVIGEN) 500MG | J1459 | HCPCS | 442060437101 | NDC | | both | | 1 EA | | 167.5 | | Horizon | MGD | | 100 | | 27.3 | | | other | Drugs are paid at 100% of the AWP |
| IMMUNE GLOBULIN (PRIVIGEN) 500MG | J1459 | HCPCS | 442060437101 | NDC | | both | | 1 EA | | 167.5 | | Horizon | NJ Health | | 100 | | 21.75 | | | other | Drugs are paid at 100% of the AWP |
| IMMUNE GLOBULIN (PRIVIGEN) 500MG | J1459 | HCPCS | 442060437101 | NDC | | both | | 1 EA | | 167.5 | | UHC | Medicaid | | 100 | | 31.79 | | | other | Drugs are paid at 100% of the AWP |
| IMMUNE GLOBULIN (PRIVIGEN) 500MG | J1459 | HCPCS | 442060437101 | NDC | | both | | 1 EA | | 167.5 | | UHC | Medicare | | 100 | | 26.47 | | | other | Drugs are paid at 100% of the AWP |
| IMMUNE GLOBULIN (PRIVIGEN) 500MG | J1459 | HCPCS | 442060437101 | NDC | | both | | 1 EA | | 167.5 | | United | Commercial/PPO | | 100 | | 4.87 | | | other | Drugs are paid at 100% of the AWP |
| IMMUNE GLOBULIN (PRIVIGEN) 500MG | J1459 | HCPCS | 442060437101 | NDC | | both | | 1 EA | | 167.5 | | Wellcare | Medicaid | | 100 | | 5.83 | | | other | Drugs are paid at 100% of the AWP |
| IMMUNE GLOBULIN (PRIVIGEN) 500MG | J1459 | HCPCS | 442060437101 | NDC | | both | | 1 EA | | 167.5 | | Wellcare | Medicare | | 100 | | 41.49 | | | other | Drugs are paid at 100% of the AWP |
| IMMUNE GLOBULIN (PRIVIGEN) 500MG | J1459 | HCPCS | 442060437101 | NDC | | both | | 1 EA | | 167.5 | | WellPoint | WellPoint | | 100 | | 22.13 | | | other | Drugs are paid at 100% of the AWP |
| GANCICLOVIR 500MG INJ | J1570 | HCPCS | 633230315101 | NDC | | both | | 1 EA | | 226.5 | | Horizon | Indemnity | | 100 | | 66.85 | | | other | Drugs are paid at 100% of the AWP |
| GANCICLOVIR 500MG INJ | J1570 | HCPCS | 633230315101 | NDC | | both | | 1 EA | | 226.5 | | Horizon | MGD | | 100 | | 43.23 | | | other | Drugs are paid at 100% of the AWP |
| GANCICLOVIR 500MG INJ | J1570 | HCPCS | 633230315101 | NDC | | both | | 1 EA | | 226.5 | | UHC | Medicare | | 100 | | 47.35 | | | other | Drugs are paid at 100% of the AWP |
| HEPATITIS B IMMUNE GLOBULIN 0.5ML IM | J1571 | HCPCS | 604920051101 | NDC | | both | | 1 EA | | 399 | | Aetna | Better Health | | 100 | | 23.63 | | | other | Drugs are paid at 100% of the AWP |
| HEPATITIS B IMMUNE GLOBULIN 0.5ML IM | J1571 | HCPCS | 604920051101 | NDC | | both | | 1 EA | | 399 | | Horizon | NJ Health | | 100 | | 47.25 | | | other | Drugs are paid at 100% of the AWP |
| HEPATITIS B IMMUNE GLOBULIN 0.5ML IM | J1571 | HCPCS | 604920051101 | NDC | | both | | 1 EA | | 399 | | UHC | Medicaid | | 100 | | 33.36 | | | other | Drugs are paid at 100% of the AWP |
| HEPATITIS B IMMUNE GLOBULIN 0.5ML IM | J1571 | HCPCS | 604920051101 | NDC | | both | | 1 EA | | 399 | | Wellcare | Medicaid | | 100 | | 73.01 | | | other | Drugs are paid at 100% of the AWP |
| HEPATITIS B IMMUNE GLOBULIN 0.5ML IV | J1573 | HCPCS | 604920051101 | NDC | | both | | 1 EA | | 399 | | Aetna | Better Health | | 100 | | 56.9 | | | other | Drugs are paid at 100% of the AWP |
| HEPATITIS B IMMUNE GLOBULIN 0.5ML IV | J1573 | HCPCS | 604920051101 | NDC | | both | | 1 EA | | 399 | | Corrections | Corrections | | 100 | | 116.92 | | | other | Drugs are paid at 100% of the AWP |
| HEPATITIS B IMMUNE GLOBULIN 0.5ML IV | J1573 | HCPCS | 604920051101 | NDC | | both | | 1 EA | | 399 | | UHC | Medicaid | | 100 | | 66.31 | | | other | Drugs are paid at 100% of the AWP |
| HEPATITIS B IMMUNE GLOBULIN 0.5ML IV | J1573 | HCPCS | 604920051101 | NDC | | both | | 1 EA | | 399 | | WellPoint | WellPoint | | 100 | | 71.57 | | | other | Drugs are paid at 100% of the AWP |
| GENTAMICIN 60MG/50ML ISOTONIC NS | J1580 | HCPCS | 338050741 | NDC | | both | | 1 EA | | 64 | | Aetna | Better Health | | 100 | | 33.27 | | | other | Drugs are paid at 100% of the AWP |
| GENTAMICIN 60MG/50ML ISOTONIC NS | J1580 | HCPCS | 338050741 | NDC | | both | | 1 EA | | 64 | | Aetna | Commercial | | 100 | | 12.75 | | | other | Drugs are paid at 100% of the AWP |
| GENTAMICIN 60MG/50ML ISOTONIC NS | J1580 | HCPCS | 338050741 | NDC | | both | | 1 EA | | 64 | | Corrections | Corrections | | 100 | | 14.18 | | | other | Drugs are paid at 100% of the AWP |
| GENTAMICIN 60MG/50ML ISOTONIC NS | J1580 | HCPCS | 338050741 | NDC | | both | | 1 EA | | 64 | | Horizon | NJ Health | | 100 | | 6.08 | | | other | Drugs are paid at 100% of the AWP |
| GENTAMICIN 60MG/50ML ISOTONIC NS | J1580 | HCPCS | 338050741 | NDC | | both | | 1 EA | | 64 | | Horizon | PPO | | 100 | | 15.91 | | | other | Drugs are paid at 100% of the AWP |
| GENTAMICIN 60MG/50ML ISOTONIC NS | J1580 | HCPCS | 338050741 | NDC | | both | | 1 EA | | 64 | | UHC | Medicaid | | 100 | | 10.79 | | | other | Drugs are paid at 100% of the AWP |
| GENTAMICIN 60MG/50ML ISOTONIC NS | J1580 | HCPCS | 338050741 | NDC | | both | | 1 EA | | 64 | | UHC | Medicare | | 100 | | 24.46 | | | other | Drugs are paid at 100% of the AWP |
| GENTAMICIN 60MG/50ML ISOTONIC NS | J1580 | HCPCS | 338050741 | NDC | | both | | 1 EA | | 64 | | United | Commercial/PPO | | 100 | | 11.67 | | | other | Drugs are paid at 100% of the AWP |
| GENTAMICIN 80MG VIAL | J1580 | HCPCS | 633230010 | NDC | | both | | 1 EA | | 9.5 | | Aetna | Better Health | | 100 | | 1.74 | | | other | Drugs are paid at 100% of the AWP |
| GENTAMICIN 80MG VIAL | J1580 | HCPCS | 633230010 | NDC | | both | | 1 EA | | 9.5 | | Aetna | Commercial | | 100 | | 2.96 | | | other | Drugs are paid at 100% of the AWP |
| GENTAMICIN 80MG VIAL | J1580 | HCPCS | 633230010 | NDC | | both | | 1 EA | | 9.5 | | Aetna | Medicare | | 100 | | 0.98 | | | other | Drugs are paid at 100% of the AWP |
| GENTAMICIN 80MG VIAL | J1580 | HCPCS | 633230010 | NDC | | both | | 1 EA | | 9.5 | | Amerihealth | HMO/PPO | | 100 | | 1.36 | | | other | Drugs are paid at 100% of the AWP |
| GENTAMICIN 80MG VIAL | J1580 | HCPCS | 633230010 | NDC | | both | | 1 EA | | 9.5 | | Corrections | Corrections | | 100 | | 2.03 | | | other | Drugs are paid at 100% of the AWP |
| GENTAMICIN 80MG VIAL | J1580 | HCPCS | 633230010 | NDC | | both | | 1 EA | | 9.5 | | Horizon | Indemnity | | 100 | | 2.99 | | | other | Drugs are paid at 100% of the AWP |
| GENTAMICIN 80MG VIAL | J1580 | HCPCS | 633230010 | NDC | | both | | 1 EA | | 9.5 | | Horizon | Medicare Blue | | 100 | | 1.26 | | | other | Drugs are paid at 100% of the AWP |
| GENTAMICIN 80MG VIAL | J1580 | HCPCS | 633230010 | NDC | | both | | 1 EA | | 9.5 | | Horizon | MGD | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| GENTAMICIN 80MG VIAL | J1580 | HCPCS | 633230010 | NDC | | both | | 1 EA | | 9.5 | | Horizon | NJ Health | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| GENTAMICIN 80MG VIAL | J1580 | HCPCS | 633230010 | NDC | | both | | 1 EA | | 9.5 | | Horizon | PPO | | 100 | | 1.19 | | | other | Drugs are paid at 100% of the AWP |
| GENTAMICIN 80MG VIAL | J1580 | HCPCS | 633230010 | NDC | | both | | 1 EA | | 9.5 | | UHC | Medicaid | | 100 | | 1.49 | | | other | Drugs are paid at 100% of the AWP |
| GENTAMICIN 80MG VIAL | J1580 | HCPCS | 633230010 | NDC | | both | | 1 EA | | 9.5 | | UHC | Medicare | | 100 | | 2.02 | | | other | Drugs are paid at 100% of the AWP |
| GENTAMICIN 80MG VIA

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GENTAMICIN 80MG VIAL | J1580 | HCPCS | 63323001002 | NDC | | both | | 1 EA | 9.5 | | Wellcare | Medicaid | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| GENTAMICIN 80MG VIAL | J1580 | HCPCS | 63323001002 | NDC | | both | | 1 EA | 9.5 | | WellPoint | WellPoint | | 100 | | 0.97 | | | other | Drugs are paid at 100% of the AWP |
| GENTAMICIN 20MG VIAL (PED) | J1580 | HCPCS | 63323017302 | NDC | | both | | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| GENTAMICIN 20MG VIAL (PED) | J1580 | HCPCS | 63323017302 | NDC | | both | | 1 EA | 3.5 | | Aetna | Commercial | | 100 | | 1.05 | | | other | Drugs are paid at 100% of the AWP |
| GENTAMICIN 20MG VIAL (PED) | J1580 | HCPCS | 63323017302 | NDC | | both | | 1 EA | 3.5 | | Aetna | Medicare | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| GENTAMICIN 20MG VIAL (PED) | J1580 | HCPCS | 63323017302 | NDC | | both | | 1 EA | 3.5 | | Horizon | Medicare Blue | | 100 | | 0.83 | | | other | Drugs are paid at 100% of the AWP |
| GENTAMICIN 20MG VIAL (PED) | J1580 | HCPCS | 63323017302 | NDC | | both | | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 2.42 | | | other | Drugs are paid at 100% of the AWP |
| GENTAMICIN 20MG VIAL (PED) | J1580 | HCPCS | 63323017302 | NDC | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| GENTAMICIN 20MG VIAL (PED) | J1580 | HCPCS | 63323017302 | NDC | | both | | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 1.27 | | | other | Drugs are paid at 100% of the AWP |
| GENTAMICIN 20MG VIAL (PED) | J1580 | HCPCS | 63323017302 | NDC | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| GENTAMICIN 20MG VIAL (PED) | J1580 | HCPCS | 63323017302 | NDC | | both | | 1 EA | 3.5 | | Wellcare | Medicaid | | 100 | | 0.86 | | | other | Drugs are paid at 100% of the AWP |
| GENTAMICIN 20MG VIAL (PED) | J1580 | HCPCS | 63323017302 | NDC | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 1.52 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.1 MG INJ | J1596 | HCPCS | 51672531609 | NDC | | both | | 1 EA | 1.5 | | Aetna | Better Health | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.1 MG INJ | J1596 | HCPCS | 51672531609 | NDC | | both | | 1 EA | 1.5 | | Aetna | Commercial | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.1 MG INJ | J1596 | HCPCS | 51672531609 | NDC | | both | | 1 EA | 1.5 | | Aetna | Medicare | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.1 MG INJ | J1596 | HCPCS | 51672531609 | NDC | | both | | 1 EA | 1.5 | | Amerihealth | HMO/PPO | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.1 MG INJ | J1596 | HCPCS | 51672531609 | NDC | | both | | 1 EA | 1.5 | | Corrections | Corrections | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.1 MG INJ | J1596 | HCPCS | 51672531609 | NDC | | both | | 1 EA | 1.5 | | Horizon | Indemnity | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.1 MG INJ | J1596 | HCPCS | 51672531609 | NDC | | both | | 1 EA | 1.5 | | Horizon | Medicare Blue | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.1 MG INJ | J1596 | HCPCS | 51672531609 | NDC | | both | | 1 EA | 1.5 | | Horizon | MGD | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.1 MG INJ | J1596 | HCPCS | 51672531609 | NDC | | both | | 1 EA | 1.5 | | Horizon | NJ Health | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.1 MG INJ | J1596 | HCPCS | 51672531609 | NDC | | both | | 1 EA | 1.5 | | Horizon | PPO | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.1 MG INJ | J1596 | HCPCS | 51672531609 | NDC | | both | | 1 EA | 1.5 | | UHC | Medicaid | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.1 MG INJ | J1596 | HCPCS | 51672531609 | NDC | | both | | 1 EA | 1.5 | | UHC | Medicare | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.1 MG INJ | J1596 | HCPCS | 51672531609 | NDC | | both | | 1 EA | 1.5 | | United | CommercialPPO | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.1 MG INJ | J1596 | HCPCS | 51672531609 | NDC | | both | | 1 EA | 1.5 | | Wellcare | Medicaid | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.1 MG INJ | J1596 | HCPCS | 51672531609 | NDC | | both | | 1 EA | 1.5 | | Wellcare | Medicare | | 100 | | 0.07 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.1 MG INJ | J1596 | HCPCS | 51672531609 | NDC | | both | | 1 EA | 1.5 | | WellPoint | WellPoint | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| GLUCAGON 1MG/1ML EMERGENCY KIT INJ | J1610 | HCPCS | 5970260 10 | NDC | | both | | 1 EA | 740.5 | | Aetna | Better Health | | 100 | | 95.55 | | | other | Drugs are paid at 100% of the AWP |
| GLUCAGON 1MG/1ML EMERGENCY KIT INJ | J1610 | HCPCS | 5970260 10 | NDC | | both | | 1 EA | 740.5 | | Aetna | Commercial | | 100 | | 180.18 | | | other | Drugs are paid at 100% of the AWP |
| GLUCAGON 1MG/1ML EMERGENCY KIT INJ | J1610 | HCPCS | 5970260 10 | NDC | | both | | 1 EA | 740.5 | | Aetna | Medicare | | 100 | | 105.07 | | | other | Drugs are paid at 100% of the AWP |
| GLUCAGON 1MG/1ML EMERGENCY KIT INJ | J1610 | HCPCS | 5970260 10 | NDC | | both | | 1 EA | 740.5 | | Amerihealth | HMO/PPO | | 100 | | 26.57 | | | other | Drugs are paid at 100% of the AWP |
| GLUCAGON 1MG/1ML EMERGENCY KIT INJ | J1610 | HCPCS | 5970260 10 | NDC | | both | | 1 EA | 740.5 | | Corrections | Corrections | | 100 | | 221.01 | | | other | Drugs are paid at 100% of the AWP |
| GLUCAGON 1MG/1ML EMERGENCY KIT INJ | J1610 | HCPCS | 5970260 10 | NDC | | both | | 1 EA | 740.5 | | Horizon | Indemnity | | 100 | | 159.9 | | | other | Drugs are paid at 100% of the AWP |
| GLUCAGON 1MG/1ML EMERGENCY KIT INJ | J1610 | HCPCS | 5970260 10 | NDC | | both | | 1 EA | 740.5 | | Horizon | Medicare Blue | | 100 | | 112.98 | | | other | Drugs are paid at 100% of the AWP |
| GLUCAGON 1MG/1ML EMERGENCY KIT INJ | J1610 | HCPCS | 5970260 10 | NDC | | both | | 1 EA | 740.5 | | Horizon | MGD | | 100 | | 98.18 | | | other | Drugs are paid at 100% of the AWP |
| GLUCAGON 1MG/1ML EMERGENCY KIT INJ | J1610 | HCPCS | 5970260 10 | NDC | | both | | 1 EA | 740.5 | | Horizon | NJ Health | | 100 | | 89.84 | | | other | Drugs are paid at 100% of the AWP |
| GLUCAGON 1MG/1ML EMERGENCY KIT INJ | J1610 | HCPCS | 5970260 10 | NDC | | both | | 1 EA | 740.5 | | Horizon | PPO | | 100 | | 371.79 | | | other | Drugs are paid at 100% of the AWP |
| GLUCAGON 1MG/1ML EMERGENCY KIT INJ | J1610 | HCPCS | 5970260 10 | NDC | | both | | 1 EA | 740.5 | | UHC | Medicaid | | 100 | | 135.27 | | | other | Drugs are paid at 100% of the AWP |
| GLUCAGON 1MG/1ML EMERGENCY KIT INJ | J1610 | HCPCS | 5970260 10 | NDC | | both | | 1 EA | 740.5 | | UHC | Medicare | | 100 | | 146.99 | | | other | Drugs are paid at 100% of the AWP |
| GLUCAGON 1MG/1ML EMERGENCY KIT INJ | J1610 | HCPCS | 5970260 10 | NDC | | both | | 1 EA | 740.5 | | United | CommercialPPO | | 100 | | 133.47 | | | other | Drugs are paid at 100% of the AWP |
| GLUCAGON 1MG/1ML EMERGENCY KIT INJ | J1610 | HCPCS | 5970260 10 | NDC | | both | | 1 EA | 740.5 | | United | Oxford | | 100 | | 228.19 | | | other | Drugs are paid at 100% of the AWP |
| GLUCAGON 1MG/1ML EMERGENCY KIT INJ | J1610 | HCPCS | 5970260 10 | NDC | | both | | 1 EA | 740.5 | | Wellcare | Medicaid | | 100 | | 202.2 | | | other | Drugs are paid at 100% of the AWP |
| GLUCAGON 1MG/1ML EMERGENCY KIT INJ | J1610 | HCPCS | 5970260 10 | NDC | | both | | 1 EA | 740.5 | | Wellcare | Medicare | | 100 | | 29.71 | | | other | Drugs are paid at 100% of the AWP |
| GLUCAGON 1MG/1ML EMERGENCY KIT INJ | J1610 | HCPCS | 5970260 10 | NDC | | both | | 1 EA | 740.5 | | WellPoint | WellPoint | | 100 | | 124.51 | | | other | Drugs are paid at 100% of the AWP |
| GRANISETRON 0.1MG/ML VL | J1626 | HCPCS | 4024208 | NDC | | both | | 1 EA | 77 | | Aetna | Better Health | | 100 | | 20.94 | | | other | Drugs are paid at 100% of the AWP |
| GRANISETRON 0.1MG/ML VL | J1626 | HCPCS | 4024208 | NDC | | both | | 1 EA | 77 | | Aetna | Commercial | | 100 | | 18.45 | | | other | Drugs are paid at 100% of the AWP |
| GRANISETRON 0.1MG/ML VL | J1626 | HCPCS | 4024208 | NDC | | both | | 1 EA | 77 | | Aetna | Medicare | | 100 | | 4.98 | | | other | Drugs are paid at 100% of the AWP |
| GRANISETRON 0.1MG/ML VL | J1626 | HCPCS | 4024208 | NDC | | both | | 1 EA | 77 | | Amerihealth | HMO/PPO | | 100 | | 14.15 | | | other | Drugs are paid at 100% of the AWP |
| GRANISETRON 0.1MG/ML VL | J1626 | HCPCS | 4024208 | NDC | | both | | 1 EA | 77 | | Horizon | NJ Health | | 100 | | 28.45 | | | other | Drugs are paid at 100% of the AWP |
| GRANISETRON 0.1MG/ML VL | J1626 | HCPCS | 4024208 | NDC | | both | | 1 EA | 77 | | Horizon | PPO | | 100 | | 12.41 | | | other | Drugs are paid at 100% of the AWP |
| GRANISETRON 0.1MG/ML VL | J1626 | HCPCS | 4024208 | NDC | | both | | 1 EA | 77 | | UHC | Medicaid | | 100 | | 9.12 | | | other | Drugs are paid at 100% of the AWP |
| GRANISETRON 0.1MG/ML VL | J1626 | HCPCS | 4024208 | NDC | | both | | 1 EA | 77 | | Wellcare | Medicaid | | 100 | | 14.6 | | | other | Drugs are paid at 100% of the AWP |
| GRANISETRON 0.1MG/ML VL | J1626 | HCPCS | 4024208 | NDC | | both | | 1 EA | 77 | | WellPoint | WellPoint | | 100 | | 14.16 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 5MG/1ML INJ | J1630 | HCPCS | 63323047401 | NDC | | both | | 1 EA | 76 | | Aetna | Better Health | | 100 | | 11.41 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 5MG/1ML INJ | J1630 | HCPCS | 63323047401 | NDC | | both | | 1 EA | 76 | | Aetna | Commercial | | 100 | | 11.93 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 5MG/1ML INJ | J1630 | HCPCS | 63323047401 | NDC | | both | | 1 EA | 76 | | Aetna | Medicare | | 100 | | 10.11 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 5MG/1ML INJ | J1630 | HCPCS | 63323047401 | NDC | | both | | 1 EA | 76 | | Amerihealth | HMO/PPO | | 100 | | 7.68 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 5MG/1ML INJ | J1630 | HCPCS | 63323047401 | NDC | | both | | 1 EA | 76 | | Corrections | Corrections | | 100 | | 17.3 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 5MG/1ML INJ | J1630 | HCPCS | 63323047401 | NDC | | both | | 1 EA | 76 | | Horizon | Indemnity | | 100 | | 12.26 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 5MG/1ML INJ | J1630 | HCPCS | 63323047401 | NDC | | both | | 1 EA | 76 | | Horizon | Medicare Blue | | 100 | | 11.56 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 5MG/1ML INJ | J1630 | HCPCS | 63323047401 | NDC | | both | | 1 EA | 76 | | Horizon | MGD | | 100 | | 14.87 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 5MG/1ML INJ | J1630 | HCPCS | 63323047401 | NDC | | both | | 1 EA | 76 | | Horizon | NJ Health | | 100 | | 7.95 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 5MG/1ML INJ | J1630 | HCPCS | 63323047401 | NDC | | both | | 1 EA | 76 | | Horizon | PPO | | 100 | | 15.28 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 5MG/1ML INJ | J1630 | HCPCS | 63323047401 | NDC | | both | | 1 EA | 76 | | UHC | Medicaid | | 100 | | 10.62 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 5MG/1ML INJ | J1630 | HCPCS | 63323047401 | NDC | | both | | 1 EA | 76 | | UHC | Medicare | | 100 | | 12.27 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 5MG/1ML INJ | J1630 | HCPCS | 63323047401 | NDC | | both | | 1 EA | 76 | | United | CommercialPPO | | 100 | | 14.29 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 5MG/1ML INJ | J1630 | HCPCS | 63323047401 | NDC | | both | | 1 EA | 76 | | United | Oxford | | 100 | | 2.9 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 5MG/1ML INJ | J1630 | HCPCS | 63323047401 | NDC | | both | | 1 EA | 76 | | Wellcare | Medicaid | | 100 | | 8.95 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 5MG/1ML INJ | J1630 | HCPCS | 63323047401 | NDC | | both | | 1 EA | 76 | | Wellcare | Medicare | | 100 | | 12.58 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 5MG/1ML INJ | J1630 | HCPCS | 63323047401 | NDC | | both | | 1 EA | 76 | | WellPoint | WellPoint | | 100 | | 11.45 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL DECAN 50MG | J1631 | HCPCS | 10147092103 | NDC | | both | | 1 EA | 300 | | Aetna | Better Health | | 100 | | 32.61 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL DECAN 50MG | J1631 | HCPCS | 10147092103 | NDC | | both | | 1 EA | 300 | | Aetna | Medicare | | 100 | | 17.96 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL DECAN 50MG | J1631 | HCPCS | 10147092103 | NDC | | both | | 1 EA | 300 | | Horizon | Medicare Blue | | 100 | | 39.47 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL DECAN 50MG | J1631 | HCPCS | 10147092103 | NDC | | both | | 1 EA | 300 | | Horizon | NJ Health | | 100 | | 25.8 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL DECAN 50MG | J1631 | HCPCS | 10147092103 | NDC | | both | | 1 EA | 300 | | UHC | Medicaid | | 100 | | 39.43 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL DECAN 50MG | J1631 | HCPCS | 10147092103 | NDC | | both | | 1 EA | 300 | | UHC | Medicare | | 100 | | 48.3 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL DECAN 50MG | J1631 | HCPCS | 10147092103 | NDC | | both | | 1 EA | 300 | | United | CommercialPPO | | 100 | | 27.69 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL DECAN 50MG | J1631 | HCPCS | 10147092103 | NDC | | both | | 1 EA | 300 | | Wellcare | Medicaid | | 100 | | 24.92 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL DECAN 50MG | J1631 | HCPCS | 10147092103 | NDC | | both | | 1 EA | 300 | | WellPoint | WellPoint | | 100 | | 36.2 | | | other | Drugs are paid at 100% of the AWP |
| HEPARIN FLUSH(100U/ML)SYRINGE)10UNITS | J1642 | HCPCS | 64253033335 | NDC | | both | | 1 EA | 1 | | Aetna | Better Health | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| HEPARIN FLUSH(100U/ML)SYRINGE)10UNITS | J1642 | HCPCS | 64253033335 | NDC | | both | | 1 EA | 1 | | Aetna | Commercial | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| HEPARIN FLUSH(100U/ML)SYRINGE)10UNITS | J1642 | HCPCS | 64253033335 | NDC | | both | | 1 EA | 1 | | Aetna | Medicare | | 100 | | 0.08 | | | other | Drugs are paid at 100% of the AWP |
| HEPARIN FLUSH(100U/ML)SYRINGE)10UNITS | J1642 | HCPCS | 64253033335 | NDC | | both | | 1 EA | 1 | | Amerihealth | HMO/PPO | | 100 | | 0.02 | | | other | Drugs are paid at 100% of the AWP |
| HEPARIN FLUSH(100U/ML)SYRINGE)10UNITS | J1642 | HCPCS | 64253033335 | NDC | | both | | 1 EA | 1 | | Corrections | Corrections | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| HEPARIN FLUSH(100U/ML)SYRINGE)10UNITS | J1642 | HCPCS | 64253033335 | NDC | | both | | 1 EA | 1 | | Horizon | Indemnity | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| HEPARIN FLUSH(100U/ML)SYRINGE)10UNITS | J1642 | HCPCS | 64253033335 | NDC | | both | | 1 EA | 1 | | Horizon | Medicare Blue | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| HEPARIN FLUSH(100U/ML)SYRINGE)10UNITS | J1642 | HCPCS | 64253033335 | NDC | | both | | 1 EA | 1 | | Horizon | MGD | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| HEPARIN FLUSH(100U/ML)SYRINGE)10UNITS | J1642 | HCPCS | 64253033335 | NDC | | both | | 1 EA | 1 | | Horizon | NJ Health | | 100 | | 0.1 | | | other | Drugs are paid at 100% of the AWP |
| HEPARIN FLUSH(100U/ML)SYRINGE)10UNITS | J1642 | HCPCS | 64253033335 | NDC | | both | | 1 EA | 1 | | Horizon | PPO | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| HEPARIN FLUSH(100U/ML)SYRINGE)10UNITS | J1642 | HCPCS | 64253033335 | NDC | | both | | 1 EA | 1 | | UHC | Medicaid | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| HEPARIN FLUSH(100U/ML)SYRINGE)10UNITS | J1642 | HCPCS | 64253033335 | NDC | | both | | 1 EA | 1 | | UHC | Medicare | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| HEPARIN FLUSH(100U/ML)SYRINGE)10UNITS | J1642 | HCPCS | 64253033335 | NDC | | both | | 1 EA | 1 | | United | CommercialPPO | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| HEPARIN FLUSH(100U/ML)SYRINGE)10UNITS | J1642 | HCPCS | 64253033335 | NDC | | both | | 1 EA | 1 | | Wellcare | Medicaid | | 100 | | 0.13 | | | other | Drugs are paid at 100% of the AWP |
| HEPARIN FLUSH(100U/ML)SYRINGE)10UNITS | J1642 | HCPCS | 64253033335 | NDC | | both | | 1 EA | 1 | | Wellcare | Medicare | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| HEPARIN FLUSH(100U/ML)SYRINGE)10UNITS | J1642 | HCPCS | 64253033335 | NDC | | both | | 1 EA | 1 | | WellPoint | WellPoint | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| HEPARIN NA (PORCINE) 1000 UNITS/ML | J1644 | HCPCS | 25021040201 | NDC | | both | | 1 EA | 4.5 | | Aetna | Better Health | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| HEPARIN NA (PORCINE) 1000 UNITS/ML | J1644 | HCPCS | 25021040201 | NDC | | both | | 1 EA | 4.5 | | Aetna | Commercial | | 100 | | 0.96 | | | other | Drugs are paid at 100% of the AWP |
| HEPARIN NA (PORCINE) 1000 UNITS/ML | J1644 | HCPCS | 25021040201 | NDC | | both | | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| HEPARIN NA (PORCINE) 1000 UNITS/ML | J1644 | HCPCS | 25021040201 | NDC | | both | | 1 EA | 4.5 | | Amerihealth | HMO/PPO | | 100 | | 0.89 | | | other | Drugs are paid at 100% of the AWP |
| HEPARIN NA (PORCINE) 1000 UNITS/ML | J1644 | HCPCS | 25021040201 | NDC | | both | | 1 EA | 4.5 | | Corrections | Corrections | | 100 | | 0.92 | | | other | Drugs are paid at 100% of the AWP |
| HEPARIN NA (PORCINE) 1000 UNITS/ML | J1644 | HCPCS | 25021040201 | NDC | | both | | 1 EA | 4.5 | | Horizon | Indemnity | | 100 | | 0.74 | | | other | Drugs are paid at 100% of the AWP |
| HEPARIN NA (PORCINE) 1000 UNITS/ML | J1644 | HCPCS | 25021040201 | NDC | | both | | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 0.92 | | | other | Drugs are paid at 100% of the AWP |
| HEPARIN NA (PORCINE) 1000 UNITS/ML | J1644 | HCPCS | 25021040201 | NDC | | both | | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 0.93 | | | other | Drugs are paid at 100% of the AWP |
| HEPARIN NA (PORCINE) 1000 UNITS/ML | J1644 | HCPCS | 25021040201 | NDC | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| HEPARIN NA (PORCINE) 1000 UNITS/ML | J1644 | HCPCS | 25021040201 | NDC | | both | | 1 EA | 4.5 | | Horizon | PPO | | 100 | | 1 | | | other | Drugs are paid at 100% of the AWP |
| HEPARIN NA (PORCINE) 1000 UNITS/ML | J1644 | HCPCS | 25021040201 | NDC | | both | | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.79 | | | other | Drugs are paid at 100% of the AWP |
| HEPARIN NA (PORCINE) 1000 UNITS/ML | J1644 | HCPCS | 25021040201 | NDC | | both | | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 0.97 | | | other | Drugs are paid at 100% of the AWP |
| HEPARIN NA (PORCINE) 1000 UNITS/ML | J1644 | HCPCS | 25021040201 | NDC | | both | | 1 EA | 4.5 | | United | CommercialPPO | | 100 | | 0.83 | | | other | Drugs are paid at 100% of the AWP |
| HEPARIN NA (PORCINE) 1000 UNITS/ML | J1644 | HCPCS | 25021040201 | NDC | | both | | 1 EA | 4.5 | | United | Oxford | | 100 | | 1.45 | | | other | Drugs are paid at 100% of the AWP |
| HEPARIN NA (PORCINE) 1000 UNITS/ML | J1644 | HCPCS | 25021040201 | NDC | | both | | 1 EA | 4.5 | | Wellcare | Medicaid | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| HEPARIN NA (PORCINE) 1000 UNITS/ML | J1644 | HCPCS | 25021040201 | NDC | | both | | 1 EA | 4.5 | | Wellcare | Medicare | | 100 | | 1.03 | | | other | Drugs are paid at 100% of the AWP |
| HEPARIN NA (PORCINE) 1000 UNITS/ML | J1644 | HCPCS | 25021040201 | NDC | | both | | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.85 | | | other | Drugs are paid at 100% of the AWP |
| ENOXAPARIN 10MG | J1650 | HCPCS | 75062300 | NDC | | both | | 1 EA | 51.5 | | Aetna | Better Health | | 100 | | 8.37 | | | other | Drugs are paid at 100% of the AWP |
| ENOXAPARIN 10MG | J1650 | HCPCS | 75062300 | NDC | | both | | 1 EA | 51.5 | | Aetna | Commercial | | 100 | | 11.6 | | | other | Drugs are paid at 100% of the AWP |
| ENOXAPARIN 10MG | J1650 | HCPCS | 75062300 | NDC | | both | | 1 EA | 51.5 | | Aetna | Medicare | | 100 | | 8.44 | | | other | Drugs are paid at 100% of the AWP |
| ENOXAPARIN 10MG | J1650 | HCPCS | 75062300 | NDC | | both | | 1 EA | 51.5 | | Amerihealth | HMO/PPO | | 100 | | 9.27 | | | other | Drugs are paid at 100% of the AWP |
| ENOXAPARIN 10MG | J1650 | HCPCS | 75062300 | NDC | | both | | 1 EA | 51.5 | | Corrections | Corrections | | 100 | | 10.36 | | | other | Drugs are paid at 100% of the AWP |
| ENOXAPARIN 10MG | J1650 | HCPCS | 75062300 | NDC | | both | | 1 EA | 51.5 | | Horizon | Indemnity | | 100 | | 7.3 | | | other | Drugs are paid at 100% of the AWP |
| ENOXAPARIN 10MG | J1650 | HCPCS | 75062300 | NDC | | both | | 1 EA | 51.5 | | Horizon | Medicare Blue | | 100 | | 11.02 | | | other | Drugs are paid at 100% of the AWP |
| ENOXAPARIN 10MG | J1650 | HCPCS | 75062300 | NDC | | both | | 1 EA | 51.5 | | Horizon | MGD | | 100 | | 10.31 | | | other | Drugs are paid at 100% of the AWP |
| ENOXAPARIN 10MG | J1650 | HCPCS | 75062300 | NDC | | both | | 1 EA | 51.5 | | Horizon | NJ Health | | 100 | | 7.58 | | | other | Drugs are paid at 100% of the AWP |
| ENOXAPARIN 10MG | J1650 | HCPCS | 75062300 | NDC | | both | | 1 EA | 51.5 | | Horizon | PPO | | 100 | | 10.64 | | | other | Drugs are paid at 100% of the AWP |
| ENOXAPARIN 10MG | J1650 | HCPCS | 75062300 | NDC | | both | | 1 EA | 51.5 | | UHC | Medicaid | | 100 | | 7.95 | | | other | Drugs are paid at 100% of the AWP |
| ENOXAPARIN 10MG | J1650 | HCPCS | 75062300 | NDC | | both | | 1 EA | 51.5 | | UHC | Medicare | | 100 | | 10.19 | | | other | Drugs are paid at 100% of the AWP |
| ENOXAPARIN 10MG | J1650 | HCPCS | 75062300 | NDC | | both | | 1 EA | 51.5 | | United | CommercialPPO | | 100 | | 9.67 | | | other | Drugs are paid at 100% of the AWP |
| ENOXAPARIN 10MG | J1650 | HCPCS | 75062300 | NDC | | both | | 1 EA | 51.5 | | United | Oxford | | 100 | | 14.1 | | | other | Drugs are paid at 100% of the AWP |
| ENOXAPARIN 10MG | J1650 | HCPCS | 75062300 | NDC | | both | | 1 EA | 51.5 | | Wellcare | Medicaid | | 100 | | 7.89 | | | other | Drugs are paid at 100% of the AWP |
| ENOXAPARIN 10MG | J1650 | HCPCS | 75062300 | NDC | | both | | 1 EA | 51.5 | | Wellcare | Medicare | | 100 | | 11 | | | other | Drugs are paid at 100% of the AWP |
| ENOXAPARIN 10MG | J1650 | HCPCS | 75062300 | NDC | | both | | 1 EA | 51.5 | | WellPoint | WellPoint | | 100 | | 8.49 | | | other | Drugs are paid at 100% of the AWP |
| FONDAPARINUX 0.5MG INJ | J1652 | HCPCS | 7323011 | NDC | | both | | 1 EA | 51.5 | | UHC | Medicaid | | 100 | | 6.51 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 100MG INJ | J1720 | HCPCS | 9001104 | NDC | | both | | 1 EA | 21.5 | | Aetna | Better Health | | 100 | | 2.77 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 100MG INJ | J1720 | HCPCS | 9001104 | NDC | | both | | 1 EA | 21.5 | | Aetna | Commercial | | 100 | | 2.73 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 100MG INJ | J1720 | HCPCS | 9001104 | NDC | | both | | 1 EA | 21.5 | | Aetna | Medicare | | 100 | | 2.55 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 100MG INJ | J1720 | HCPCS | 9001104 | NDC | | both | | 1 EA | 21.5 | | Amerihealth | HMO/PPO | | 100 | | 2.56 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 100MG INJ | J1720 | HCPCS | 9001104 | NDC | | both | | 1 EA | 21.5 | | Corrections | Corrections | | 100 | | 4.49 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 100MG INJ | J1720 | HCPCS | 9001104 | NDC | | both | | 1 EA | 21.5 | | Horizon | Indemnity | | 100 | | 1.57 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 100MG INJ | J1720 | HCPCS | 9001104 | NDC | | both | | 1 EA | 21.5 | | Horizon | Medicare Blue | | 100 | | 4.76 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 100MG INJ | J1720 | HCPCS | 9001104 | NDC | | both | | 1 EA | 21.5 | | Horizon | MGD | | 100 | | 1.96 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 100MG INJ | J1720 | HCPCS | 9001104 | NDC | | both | | 1 EA | 21.5 | | Horizon | NJ Health | | 100 | | 1.99 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 100MG INJ | J1720 | HCPCS | 9001104 | NDC | | both | | 1 EA | 21.5 | | Horizon | PPO | | 100 | | 2.63 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 100MG INJ | J1720 | HCPCS | 9001104 | NDC | | both | | 1 EA | 21.5 | | UHC | Medicaid | | 100 | | 2.87 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 100MG INJ | J1720 | HCPCS | 9001104 | NDC | | both | | 1 EA | 21.5 | | UHC | Medicare | | 100 | | 3.65 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 100MG INJ | J1720 | HCPCS | 9001104 | NDC | | both | | 1 EA | 21.5 | | United | CommercialPPO | | 100 | | 1.25 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 100MG INJ | J1720 | HCPCS | 9001104 | NDC | | both | | 1 EA | 21.5 | | Wellcare | Medicaid | | 100 | | 1.78 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 100MG INJ | J1720 | HCPCS | 9001104 | NDC | | both | | 1 EA | 21.5 | | Wellcare | Medicare | | 100 | | 5.38 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 100MG INJ | J1720 | HCPCS | 9001104 | NDC | | both | | 1 EA | 21.5 | | WellPoint | WellPoint | | 100 

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| INFLIXIMAB 10MG INJ | J1745 | HCPCS | 57894003001 | NDC | | both | | 1 EA | 424.5 | | Horizon | NJ Health | | 100 | | 66.42 | | | other | Drugs are paid at 100% of the AWP |
| INFLIXIMAB 10MG INJ | J1745 | HCPCS | 57894003001 | NDC | | both | | 1 EA | 424.5 | | Horizon | PPO | | 100 | | 66.27 | | | other | Drugs are paid at 100% of the AWP |
| INFLIXIMAB 10MG INJ | J1745 | HCPCS | 57894003001 | NDC | | both | | 1 EA | 424.5 | | UHC | Medicaid | | 100 | | 68.35 | | | other | Drugs are paid at 100% of the AWP |
| INFLIXIMAB 10MG INJ | J1745 | HCPCS | 57894003001 | NDC | | both | | 1 EA | 424.5 | | Wellcare | Medicaid | | 100 | | 70.86 | | | other | Drugs are paid at 100% of the AWP |
| INFLIXIMAB 10MG INJ | J1745 | HCPCS | 57894003001 | NDC | | both | | 1 EA | 424.5 | | WellPoint | WellPoint | | 100 | | 29.62 | | | other | Drugs are paid at 100% of the AWP |
| IRON DEXTRAN 267 50MG INJ | J1750 | HCPCS | 52544093102 | NDC | | both | | 1 EA | 97.5 | | Horizon | MGD | | 100 | | 4.78 | | | other | Drugs are paid at 100% of the AWP |
| IRON DEXTRAN 267 50MG INJ | J1750 | HCPCS | 52544093102 | NDC | | both | | 1 EA | 97.5 | | Horizon | NJ Health | | 100 | | 36.19 | | | other | Drugs are paid at 100% of the AWP |
| IRON DEXTRAN 267 50MG INJ | J1750 | HCPCS | 52544093102 | NDC | | both | | 1 EA | 97.5 | | UHC | Medicaid | | 100 | | 15.72 | | | other | Drugs are paid at 100% of the AWP |
| IRON DEXTRAN 267 50MG INJ | J1750 | HCPCS | 52544093102 | NDC | | both | | 1 EA | 97.5 | | United | CommercialPPO | | 100 | | 10.22 | | | other | Drugs are paid at 100% of the AWP |
| IRON DEXTRAN 267 50MG INJ | J1750 | HCPCS | 52544093102 | NDC | | both | | 1 EA | 97.5 | | WellPoint | WellPoint | | 100 | | 33.63 | | | other | Drugs are paid at 100% of the AWP |
| IRON SUCROSE (VENOFER)1MG | J1756 | HCPCS | 517234010 | NDC | | both | | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| IRON SUCROSE (VENOFER)1MG | J1756 | HCPCS | 517234010 | NDC | | both | | 1 EA | 3.5 | | Aetna | Commercial | | 100 | | 0.92 | | | other | Drugs are paid at 100% of the AWP |
| IRON SUCROSE (VENOFER)1MG | J1756 | HCPCS | 517234010 | NDC | | both | | 1 EA | 3.5 | | Aetna | Medicare | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| IRON SUCROSE (VENOFER)1MG | J1756 | HCPCS | 517234010 | NDC | | both | | 1 EA | 3.5 | | Amerihealth | HMO/PPO | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| IRON SUCROSE (VENOFER)1MG | J1756 | HCPCS | 517234010 | NDC | | both | | 1 EA | 3.5 | | Horizon | Indemnity | | 100 | | 0.85 | | | other | Drugs are paid at 100% of the AWP |
| IRON SUCROSE (VENOFER)1MG | J1756 | HCPCS | 517234010 | NDC | | both | | 1 EA | 3.5 | | Horizon | Medicare Blue | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| IRON SUCROSE (VENOFER)1MG | J1756 | HCPCS | 517234010 | NDC | | both | | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| IRON SUCROSE (VENOFER)1MG | J1756 | HCPCS | 517234010 | NDC | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| IRON SUCROSE (VENOFER)1MG | J1756 | HCPCS | 517234010 | NDC | | both | | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 0.85 | | | other | Drugs are paid at 100% of the AWP |
| IRON SUCROSE (VENOFER)1MG | J1756 | HCPCS | 517234010 | NDC | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| IRON SUCROSE (VENOFER)1MG | J1756 | HCPCS | 517234010 | NDC | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| IRON SUCROSE (VENOFER)1MG | J1756 | HCPCS | 517234010 | NDC | | both | | 1 EA | 3.5 | | United | CommercialPPO | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| IRON SUCROSE (VENOFER)1MG | J1756 | HCPCS | 517234010 | NDC | | both | | 1 EA | 3.5 | | Wellcare | Medicaid | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| IRON SUCROSE (VENOFER)1MG | J1756 | HCPCS | 517234010 | NDC | | both | | 1 EA | 3.5 | | Wellcare | Medicare | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| IRON SUCROSE (VENOFER)1MG | J1756 | HCPCS | 517234010 | NDC | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| DROPERIDOL 5MG/2ML VIAL | J1790 | HCPCS | 517970225 | NDC | | both | | 1 EA | 21.5 | | Aetna | Better Health | | 100 | | 5.09 | | | other | Drugs are paid at 100% of the AWP |
| DROPERIDOL 5MG/2ML VIAL | J1790 | HCPCS | 517970225 | NDC | | both | | 1 EA | 21.5 | | Aetna | Commercial | | 100 | | 4.44 | | | other | Drugs are paid at 100% of the AWP |
| DROPERIDOL 5MG/2ML VIAL | J1790 | HCPCS | 517970225 | NDC | | both | | 1 EA | 21.5 | | Aetna | Medicare | | 100 | | 6.8 | | | other | Drugs are paid at 100% of the AWP |
| DROPERIDOL 5MG/2ML VIAL | J1790 | HCPCS | 517970225 | NDC | | both | | 1 EA | 21.5 | | Corrections | Corrections | | 100 | | 4.46 | | | other | Drugs are paid at 100% of the AWP |
| DROPERIDOL 5MG/2ML VIAL | J1790 | HCPCS | 517970225 | NDC | | both | | 1 EA | 21.5 | | Horizon | Indemnity | | 100 | | 2.84 | | | other | Drugs are paid at 100% of the AWP |
| DROPERIDOL 5MG/2ML VIAL | J1790 | HCPCS | 517970225 | NDC | | both | | 1 EA | 21.5 | | Horizon | Medicare Blue | | 100 | | 4.04 | | | other | Drugs are paid at 100% of the AWP |
| DROPERIDOL 5MG/2ML VIAL | J1790 | HCPCS | 517970225 | NDC | | both | | 1 EA | 21.5 | | Horizon | MGD | | 100 | | 3.46 | | | other | Drugs are paid at 100% of the AWP |
| DROPERIDOL 5MG/2ML VIAL | J1790 | HCPCS | 517970225 | NDC | | both | | 1 EA | 21.5 | | Horizon | NJ Health | | 100 | | 2.25 | | | other | Drugs are paid at 100% of the AWP |
| DROPERIDOL 5MG/2ML VIAL | J1790 | HCPCS | 517970225 | NDC | | both | | 1 EA | 21.5 | | Horizon | PPO | | 100 | | 6.02 | | | other | Drugs are paid at 100% of the AWP |
| DROPERIDOL 5MG/2ML VIAL | J1790 | HCPCS | 517970225 | NDC | | both | | 1 EA | 21.5 | | UHC | Medicaid | | 100 | | 3.53 | | | other | Drugs are paid at 100% of the AWP |
| DROPERIDOL 5MG/2ML VIAL | J1790 | HCPCS | 517970225 | NDC | | both | | 1 EA | 21.5 | | UHC | Medicare | | 100 | | 4.89 | | | other | Drugs are paid at 100% of the AWP |
| DROPERIDOL 5MG/2ML VIAL | J1790 | HCPCS | 517970225 | NDC | | both | | 1 EA | 21.5 | | United | CommercialPPO | | 100 | | 4.36 | | | other | Drugs are paid at 100% of the AWP |
| DROPERIDOL 5MG/2ML VIAL | J1790 | HCPCS | 517970225 | NDC | | both | | 1 EA | 21.5 | | United | Oxford | | 100 | | 6.02 | | | other | Drugs are paid at 100% of the AWP |
| DROPERIDOL 5MG/2ML VIAL | J1790 | HCPCS | 517970225 | NDC | | both | | 1 EA | 21.5 | | Wellcare | Medicaid | | 100 | | 2.93 | | | other | Drugs are paid at 100% of the AWP |
| DROPERIDOL 5MG/2ML VIAL | J1790 | HCPCS | 517970225 | NDC | | both | | 1 EA | 21.5 | | Wellcare | Medicare | | 100 | | 3.91 | | | other | Drugs are paid at 100% of the AWP |
| DROPERIDOL 5MG/2ML VIAL | J1790 | HCPCS | 517970225 | NDC | | both | | 1 EA | 21.5 | | WellPoint | WellPoint | | 100 | | 4.63 | | | other | Drugs are paid at 100% of the AWP |
| PROPRANOLOL 1MG/1ML INJ | J1800 | HCPCS | 143967210 | NDC | | both | | 1 EA | 1.12 | | UHC | Medicaid | | 100 | | 26.8 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN ASPART (NOVOLOG) 5UNIT | J1815 | HCPCS | 169750111 | NDC | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| HUMALOG INSULIN 5 UNITS | J1815 | HCPCS | 2751001 | NDC | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| HUMALOG INSULIN 5 UNITS | J1815 | HCPCS | 2751001 | NDC | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| HUMALOG INSULIN 5 UNITS | J1815 | HCPCS | 2751001 | NDC | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| HUMALOG INSULIN 5 UNITS | J1815 | HCPCS | 2751001 | NDC | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| HUMALOG INSULIN 5 UNITS | J1815 | HCPCS | 2751001 | NDC | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| HUMALOG INSULIN 5 UNITS | J1815 | HCPCS | 2751001 | NDC | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| HUMALOG INSULIN 5 UNITS | J1815 | HCPCS | 2751001 | NDC | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| HUMALOG INSULIN 5 UNITS | J1815 | HCPCS | 2751001 | NDC | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| HUMALOG INSULIN 5 UNITS | J1815 | HCPCS | 2751001 | NDC | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| HUMALOG INSULIN 5 UNITS | J1815 | HCPCS | 2751001 | NDC | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| HUMALOG INSULIN 5 UNITS | J1815 | HCPCS | 2751001 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| HUMALOG INSULIN 5 UNITS | J1815 | HCPCS | 2751001 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| HUMALOG INSULIN 5 UNITS | J1815 | HCPCS | 2751001 | NDC | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| HUMALOG INSULIN 5 UNITS | J1815 | HCPCS | 2751001 | NDC | | both | | 1 EA | 2.5 | | United | Oxford | | 100 | | 0.74 | | | other | Drugs are paid at 100% of the AWP |
| HUMALOG INSULIN 5 UNITS | J1815 | HCPCS | 2751001 | NDC | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| HUMALOG INSULIN 5 UNITS | J1815 | HCPCS | 2751001 | NDC | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| HUMALOG INSULIN 5 UNITS | J1815 | HCPCS | 2751001 | NDC | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN (HUMULIN-R) SUNITS (NF) | J1815 | HCPCS | 2821501 | NDC | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN (HUMULIN-R) SUNITS (NF) | J1815 | HCPCS | 2821501 | NDC | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN (HUMULIN-R) SUNITS (NF) | J1815 | HCPCS | 2821501 | NDC | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN (HUMULIN-R) SUNITS (NF) | J1815 | HCPCS | 2821501 | NDC | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN (HUMULIN-R) SUNITS (NF) | J1815 | HCPCS | 2821501 | NDC | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN (HUMULIN-R) SUNITS (NF) | J1815 | HCPCS | 2821501 | NDC | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN (HUMULIN-R) SUNITS (NF) | J1815 | HCPCS | 2821501 | NDC | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN (HUMULIN-R) SUNITS (NF) | J1815 | HCPCS | 2821501 | NDC | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN (HUMULIN-R) SUNITS (NF) | J1815 | HCPCS | 2821501 | NDC | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN (HUMULIN-R) SUNITS (NF) | J1815 | HCPCS | 2821501 | NDC | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN (HUMULIN-R) SUNITS (NF) | J1815 | HCPCS | 2821501 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN (HUMULIN-R) SUNITS (NF) | J1815 | HCPCS | 2821501 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN (HUMULIN-R) SUNITS (NF) | J1815 | HCPCS | 2821501 | NDC | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN (HUMULIN-R) SUNITS (NF) | J1815 | HCPCS | 2821501 | NDC | | both | | 1 EA | 2.5 | | United | Oxford | | 100 | | 0.74 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN (HUMULIN-R) SUNITS (NF) | J1815 | HCPCS | 2821501 | NDC | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN (HUMULIN-R) SUNITS (NF) | J1815 | HCPCS | 2821501 | NDC | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN (HUMULIN-R) SUNITS (NF) | J1815 | HCPCS | 2821501 | NDC | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN(HUMULIN-N)S UNITS(NF) | J1815 | HCPCS | 2831501 | NDC | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN(HUMULIN-N)S UNITS(NF) | J1815 | HCPCS | 2831501 | NDC | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN(HUMULIN-N)S UNITS(NF) | J1815 | HCPCS | 2831501 | NDC | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN(HUMULIN-N)S UNITS(NF) | J1815 | HCPCS | 2831501 | NDC | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN(HUMULIN-N)S UNITS(NF) | J1815 | HCPCS | 2831501 | NDC | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN(HUMULIN-N)S UNITS(NF) | J1815 | HCPCS | 2831501 | NDC | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN(HUMULIN-N)S UNITS(NF) | J1815 | HCPCS | 2831501 | NDC | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 1.4 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN(HUMULIN-N)S UNITS(NF) | J1815 | HCPCS | 2831501 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN(HUMULIN-N)S UNITS(NF) | J1815 | HCPCS | 2831501 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN(HUMULIN-N)S UNITS(NF) | J1815 | HCPCS | 2831501 | NDC | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.71 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN(HUMULIN-N)S UNITS(NF) | J1815 | HCPCS | 2831501 | NDC | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN (HUMULIN 70/30) 5 UNITS (NF) | J1815 | HCPCS | 2871501 | NDC | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN (HUMULIN 70/30) 5 UNITS (NF) | J1815 | HCPCS | 2871501 | NDC | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN (HUMULIN 70/30) 5 UNITS (NF) | J1815 | HCPCS | 2871501 | NDC | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.89 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN (HUMULIN 70/30) 5 UNITS (NF) | J1815 | HCPCS | 2871501 | NDC | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN (HUMULIN 70/30) 5 UNITS (NF) | J1815 | HCPCS | 2871501 | NDC | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN (HUMULIN 70/30) 5 UNITS (NF) | J1815 | HCPCS | 2871501 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN (HUMULIN 70/30) 5 UNITS (NF) | J1815 | HCPCS | 2871501 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN (HUMULIN 70/30) 5 UNITS (NF) | J1815 | HCPCS | 2871501 | NDC | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.71 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN (HUMULIN 70/30) 5 UNITS (NF) | J1815 | HCPCS | 2871501 | NDC | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN GLARGINE (LANTUS) SUNITS | J1815 | HCPCS | 88222033 | NDC | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN GLARGINE (LANTUS) SUNITS | J1815 | HCPCS | 88222033 | NDC | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN GLARGINE (LANTUS) SUNITS | J1815 | HCPCS | 88222033 | NDC | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN GLARGINE (LANTUS) SUNITS | J1815 | HCPCS | 88222033 | NDC | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN GLARGINE (LANTUS) SUNITS | J1815 | HCPCS | 88222033 | NDC | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN GLARGINE (LANTUS) SUNITS | J1815 | HCPCS | 88222033 | NDC | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN GLARGINE (LANTUS) SUNITS | J1815 | HCPCS | 88222033 | NDC | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN GLARGINE (LANTUS) SUNITS | J1815 | HCPCS | 88222033 | NDC | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN GLARGINE (LANTUS) SUNITS | J1815 | HCPCS | 88222033 | NDC | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN GLARGINE (LANTUS) SUNITS | J1815 | HCPCS | 88222033 | NDC | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN GLARGINE (LANTUS) SUNITS | J1815 | HCPCS | 88222033 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN GLARGINE (LANTUS) SUNITS | J1815 | HCPCS | 88222033 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN GLARGINE (LANTUS) SUNITS | J1815 | HCPCS | 88222033 | NDC | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN GLARGINE (LANTUS) SUNITS | J1815 | HCPCS | 88222033 | NDC | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN GLARGINE (LANTUS) SUNITS | J1815 | HCPCS | 88222033 | NDC | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN GLARGINE (LANTUS) SUNITS | J1815 | HCPCS | 88222033 | NDC | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| KETOROLAC 15MG/1ML INJ | J1885 | HCPCS | 63323016101 | NDC | | both | | 1 EA | 55.5 | | Aetna | Better Health | | 100 | | 10.94 | | | other | Drugs are paid at 100% of the AWP |
| KETOROLAC 15MG/1ML INJ | J1885 | HCPCS | 63323016101 | NDC | | both | | 1 EA | 55.5 | | Aetna | Commercial | | 100 | | 11.29 | | | other | Drugs are paid at 100% of the AWP |
| KETOROLAC 15MG/1ML INJ | J1885 | HCPCS | 63323016101 | NDC | | both | | 1 EA | 55.5 | | Aetna | Medicare | | 100 | | 8.54 | | | other | Drugs are paid at 100% of the AWP |
| KETOROLAC 15MG/1ML INJ | J1885 | HCPCS | 63323016101 | NDC | | both | | 1 EA | 55.5 | | Amerihealth | HMO/PPO | | 100 | | 9.2 | | | other | Drugs are paid at 100% of the AWP |
| KETOROLAC 15MG/1ML INJ | J1885 | HCPCS | 63323016101 | NDC | | both | | 1 EA | 55.5 | | Corrections | Corrections | | 100 | | 12.08 | | | other | Drugs are paid at 100% of the AWP |
| KETOROLAC 15MG/1ML INJ | J1885 | HCPCS | 63323016101 | NDC | | both | | 1 EA | 55.5 | | Horizon | Indemnity | | 100 | | 12.99 | | | other | Drugs are paid at 100% of the AWP |
| KETOROLAC 15MG/1ML INJ | J1885 | HCPCS | 63323016101 | NDC | | both | | 1 EA | 55.5 | | Horizon | Medicare Blue | | 100 | | 9.01 | | | other | Drugs are paid at 100% of the AWP |
| KETOROLAC 15MG/1ML INJ | J1885 | HCPCS | 63323016101 | NDC | | both | | 1 EA | 55.5 | | Horizon | MGD | | 100 | | 10.35 | | | other | Drugs are paid at 100% of the AWP |
| KETOROLAC 15MG/1ML INJ | J1885 | HCPCS | 63323016101 | NDC | | both | | 1 EA | 55.5 | | Horizon | NJ Health | | 100 | | 7.38 | | | other | Drugs are paid at 100% of the AWP |
| KETOROLAC 15MG/1ML INJ | J1885 | HCPCS | 63323016101 | NDC | | both | | 1 EA | 55.5 | | Horizon | PPO | | 100 | | 11.81 | | | other | Drugs are paid at 100% of the AWP |
| KETOROLAC 15MG/1ML INJ | J1885 | HCPCS | 63323016101 | NDC | | both | | 1 EA | 55.5 | | UHC | Medicaid | | 100 | | 10.14 | | | other | Drugs are paid at 100% of the AWP |
| KETOROLAC 15MG/1ML INJ | J1885 | HCPCS | 63323016101 | NDC | | both | | 1 EA | 55.5 | | UHC | Medicare | | 100 | | 10.93 | | | other | Drugs are paid at 100% of the AWP |
| KETOROLAC 15MG/1ML INJ | J1885 | HCPCS | 63323016101 | NDC | | both | | 1 EA | 55.5 | | United | CommercialPPO | | 100 | | 8.52 | | | other | Drugs are paid at 100% of the AWP |
| KETOROLAC 15MG/1ML INJ | J1885 | HCPCS | 63323016101 | NDC | | both | | 1 EA | 55.5 | | United | Oxford | | 100 | | 9.35 | | | other | Drugs are paid at 100% of the AWP |
| KETOROLAC 15MG/1ML INJ | J1885 | HCPCS | 63323016101 | NDC | | both | | 1 EA | 55.5 | | Wellcare | Medicaid | | 100 | | 8.85 | | | other | Drugs are paid at 100% of the AWP |
| KETOROLAC 15MG/1ML INJ | J1885 | HCPCS | 63323016101 | NDC | | both | | 1 EA | 55.5 | | Wellcare | Medicare | | 100 | | 9.03 | | | other | Drugs are paid at 100% of the AWP |
| KETOROLAC 15MG/1ML INJ | J1885 | HCPCS | 63323016101 | NDC | | both | | 1 EA | 55.5 | | WellPoint | WellPoint | | 100 | | 10.18 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 5MG INJ | J1920 | HCPCS | 47781058656 | NDC | | both | | 1 EA | 2.07 | | Aetna | Better Health | | 100 | | 0.87 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 5MG INJ | J1920 | HCPCS | 47781058656 | NDC | | both | | 1 EA | 2.07 | | Aetna | Commercial | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 5MG INJ | J1920 | HCPCS | 47781058656 | NDC | | both | | 1 EA | 2.07 | | Aetna | Medicare | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 5MG INJ | J1920 | HCPCS | 47781058656 | NDC | | both | | 1 EA | 2.07 | | Corrections | Corrections | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 5MG INJ | J1920 | HCPCS | 47781058656 | NDC | | both | | 1 EA | 2.07 | | Horizon | Indemnity | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 5MG INJ | J1920 | HCPCS | 47781058656 | NDC | | both | | 1 EA | 2.07 | | Horizon | MGD | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 5MG INJ | J1920 | HCPCS | 47781058656 | NDC | | both | | 1 EA | 2.07 | | Horizon | NJ Health | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 5MG INJ | J1920 | HCPCS | 47781058656 | NDC | | both | | 1 EA | 2.07 | | Horizon | PPO | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 5MG INJ | J1920 | HCPCS | 47781058656 | NDC | | both | | 1 EA | 2.07 | | UHC | Medicaid | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 5MG INJ | J1920 | HCPCS | 47781058656 | NDC | | both | | 1 EA | 2.07 | | UHC | Medicare | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 5MG INJ | J1920 | HCPCS | 47781058656 | NDC | | both | | 1 EA | 2.07 | | United | CommercialPPO | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 5MG INJ | J1920 | HCPCS | 47781058656 | NDC | | both | | 1 EA | 2.07 | | United | Oxford | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 5MG INJ | J1920 | HCPCS | 47781058656 | NDC | | both | | 1 EA | 2.07 | | Wellcare | Medicaid | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 5MG INJ | J1920 | HCPCS | 47781058656 | NDC | | both | | 1 EA | 2.07 | | WellPoint | WellPoint | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| LANREOTIDE(SOMATULINE DEPOT) 1MG INJ | J1930 | HCPCS | 15054106003 | NDC | | both | | 1 EA | 314 | | UHC | Medicare | | 100 | | 46.29 | | | other | Drugs are paid at 100% of the AWP |
| BUMETANIDE 0.5 MG INJ | J1939 | HCPCS | 641600710 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| BUMETANIDE 0.5 MG INJ | J1939 | HCPCS | 641600710 | NDC | | both | | 1 EA | 2.5 | | United | Oxford | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 20MG/2ML INJ | J1940 | HCPCS | 517570225 | NDC | | both | | 1 EA | 4.5 | | Aetna | Better Health | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FUROSEMIDE 20MG/2ML INJ | J1940 | HCPCS | 51757022 5 | NDC | | both | | 1 EA | 4.5 | | Aetna | Commercial | | 100 | | 1.12 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 20MG/2ML INJ | J1940 | HCPCS | 51757022 5 | NDC | | both | | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 20MG/2ML INJ | J1940 | HCPCS | 51757022 5 | NDC | | both | | 1 EA | 4.5 | | Amerihealth | HMO/PPO | | 100 | | 0.78 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 20MG/2ML INJ | J1940 | HCPCS | 51757022 5 | NDC | | both | | 1 EA | 4.5 | | Corrections | Corrections | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 20MG/2ML INJ | J1940 | HCPCS | 51757022 5 | NDC | | both | | 1 EA | 4.5 | | Horizon | Indemnity | | 100 | | 0.81 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 20MG/2ML INJ | J1940 | HCPCS | 51757022 5 | NDC | | both | | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 0.85 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 20MG/2ML INJ | J1940 | HCPCS | 51757022 5 | NDC | | both | | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 0.92 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 20MG/2ML INJ | J1940 | HCPCS | 51757022 5 | NDC | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 20MG/2ML INJ | J1940 | HCPCS | 51757022 5 | NDC | | both | | 1 EA | 4.5 | | Horizon | PPO | | 100 | | 0.85 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 20MG/2ML INJ | J1940 | HCPCS | 51757022 5 | NDC | | both | | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 20MG/2ML INJ | J1940 | HCPCS | 51757022 5 | NDC | | both | | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 0.9 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 20MG/2ML INJ | J1940 | HCPCS | 51757022 5 | NDC | | both | | 1 EA | 4.5 | | United | Commercial/PPO | | 100 | | 0.85 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 20MG/2ML INJ | J1940 | HCPCS | 51757022 5 | NDC | | both | | 1 EA | 4.5 | | United | Oxford | | 100 | | 1.33 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 20MG/2ML INJ | J1940 | HCPCS | 51757022 5 | NDC | | both | | 1 EA | 4.5 | | Wellcare | Medicaid | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 20MG/2ML INJ | J1940 | HCPCS | 51757022 5 | NDC | | both | | 1 EA | 4.5 | | Wellcare | Medicare | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 20MG/2ML INJ | J1940 | HCPCS | 51757022 5 | NDC | | both | | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| LEUPROLIDE 3.75MG/1ML INJ | J1950 | HCPCS | 74364103 | NDC | | both | | 1 EA | 2760.5 | | Horizon | Medicare Blue | | 100 | | 823.02 | | | other | Drugs are paid at 100% of the AWP |
| LEUPROLIDE 3.75MG/1ML INJ | J1950 | HCPCS | 74364103 | NDC | | both | | 1 EA | 2760.5 | | Horizon | NJ Health | | 100 | | 70.64 | | | other | Drugs are paid at 100% of the AWP |
| LEUPROLIDE 3.75MG/1ML INJ | J1950 | HCPCS | 74364103 | NDC | | both | | 1 EA | 2760.5 | | UHC | Medicaid | | 100 | | 692.57 | | | other | Drugs are paid at 100% of the AWP |
| LEUPROLIDE 3.75MG/1ML INJ | J1950 | HCPCS | 74364103 | NDC | | both | | 1 EA | 2760.5 | | UHC | Medicare | | 100 | | 1312.03 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 10MG INJ | J1953 | HCPCS | 50474000263 | NDC | | both | | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 10MG INJ | J1953 | HCPCS | 50474000263 | NDC | | both | | 1 EA | 3.5 | | Aetna | Commercial | | 100 | | 0.87 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 10MG INJ | J1953 | HCPCS | 50474000263 | NDC | | both | | 1 EA | 3.5 | | Aetna | Medicare | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 10MG INJ | J1953 | HCPCS | 50474000263 | NDC | | both | | 1 EA | 3.5 | | Amerihealth | HMO/PPO | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 10MG INJ | J1953 | HCPCS | 50474000263 | NDC | | both | | 1 EA | 3.5 | | Corrections | Corrections | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 10MG INJ | J1953 | HCPCS | 50474000263 | NDC | | both | | 1 EA | 3.5 | | Horizon | Indemnity | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 10MG INJ | J1953 | HCPCS | 50474000263 | NDC | | both | | 1 EA | 3.5 | | Horizon | Medicare Blue | | 100 | | 0.71 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 10MG INJ | J1953 | HCPCS | 50474000263 | NDC | | both | | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 10MG INJ | J1953 | HCPCS | 50474000263 | NDC | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 10MG INJ | J1953 | HCPCS | 50474000263 | NDC | | both | | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 0.84 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 10MG INJ | J1953 | HCPCS | 50474000263 | NDC | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 10MG INJ | J1953 | HCPCS | 50474000263 | NDC | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.78 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 10MG INJ | J1953 | HCPCS | 50474000263 | NDC | | both | | 1 EA | 3.5 | | United | Commercial/PPO | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 10MG INJ | J1953 | HCPCS | 50474000263 | NDC | | both | | 1 EA | 3.5 | | United | Oxford | | 100 | | 1.02 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 10MG INJ | J1953 | HCPCS | 50474000263 | NDC | | both | | 1 EA | 3.5 | | Wellcare | Medicaid | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 10MG INJ | J1953 | HCPCS | 50474000263 | NDC | | both | | 1 EA | 3.5 | | Wellcare | Medicare | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 10MG INJ | J1953 | HCPCS | 50474000263 | NDC | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.71 | | | other | Drugs are paid at 100% of the AWP |
| CARNITINE 1GM/5ML INJ | J1955 | HCPCS | 54482014609 | NDC | | both | | 1 EA | 231 | | Horizon | NJ Health | | 100 | | 4.33 | | | other | Drugs are paid at 100% of the AWP |
| CARNITINE 1GM/5ML INJ | J1955 | HCPCS | 54482014609 | NDC | | both | | 1 EA | 231 | | UHC | Medicaid | | 100 | | 42.82 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 250MG INJ | J1956 | HCPCS | 36000004624 | NDC | | both | | 1 EA | 138 | | Aetna | Better Health | | 100 | | 38.84 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 250MG INJ | J1956 | HCPCS | 36000004624 | NDC | | both | | 1 EA | 138 | | Aetna | Commercial | | 100 | | 20.68 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 250MG INJ | J1956 | HCPCS | 36000004624 | NDC | | both | | 1 EA | 138 | | Aetna | Medicare | | 100 | | 25.04 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 250MG INJ | J1956 | HCPCS | 36000004624 | NDC | | both | | 1 EA | 138 | | Amerihealth | HMO/PPO | | 100 | | 26.7 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 250MG INJ | J1956 | HCPCS | 36000004624 | NDC | | both | | 1 EA | 138 | | Corrections | Corrections | | 100 | | 58.02 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 250MG INJ | J1956 | HCPCS | 36000004624 | NDC | | both | | 1 EA | 138 | | Horizon | Indemnity | | 100 | | 40.28 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 250MG INJ | J1956 | HCPCS | 36000004624 | NDC | | both | | 1 EA | 138 | | Horizon | Medicare Blue | | 100 | | 17.59 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 250MG INJ | J1956 | HCPCS | 36000004624 | NDC | | both | | 1 EA | 138 | | Horizon | MGD | | 100 | | 25.93 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 250MG INJ | J1956 | HCPCS | 36000004624 | NDC | | both | | 1 EA | 138 | | Horizon | NJ Health | | 100 | | 15.15 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 250MG INJ | J1956 | HCPCS | 36000004624 | NDC | | both | | 1 EA | 138 | | Horizon | PPO | | 100 | | 56.29 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 250MG INJ | J1956 | HCPCS | 36000004624 | NDC | | both | | 1 EA | 138 | | UHC | Medicaid | | 100 | | 22.31 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 250MG INJ | J1956 | HCPCS | 36000004624 | NDC | | both | | 1 EA | 138 | | UHC | Medicare | | 100 | | 31.23 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 250MG INJ | J1956 | HCPCS | 36000004624 | NDC | | both | | 1 EA | 138 | | United | Commercial/PPO | | 100 | | 33.81 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 250MG INJ | J1956 | HCPCS | 36000004624 | NDC | | both | | 1 EA | 138 | | Wellcare | Medicaid | | 100 | | 30.19 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 250MG INJ | J1956 | HCPCS | 36000004624 | NDC | | both | | 1 EA | 138 | | Wellcare | Medicare | | 100 | | 37.37 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 250MG INJ | J1956 | HCPCS | 36000004624 | NDC | | both | | 1 EA | 138 | | WellPoint | WellPoint | | 100 | | 18.35 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE HCL 10MG/ML | J2001 | HCPCS | 63323048527 | NDC | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE HCL 10MG/ML | J2001 | HCPCS | 63323048527 | NDC | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE HCL 10MG/ML | J2001 | HCPCS | 63323048527 | NDC | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE HCL 10MG/ML | J2001 | HCPCS | 63323048527 | NDC | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE HCL 10MG/ML | J2001 | HCPCS | 63323048527 | NDC | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE HCL 10MG/ML | J2001 | HCPCS | 63323048527 | NDC | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE HCL 10MG/ML | J2001 | HCPCS | 63323048527 | NDC | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE HCL 10MG/ML | J2001 | HCPCS | 63323048527 | NDC | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE HCL 10MG/ML | J2001 | HCPCS | 63323048527 | NDC | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE HCL 10MG/ML | J2001 | HCPCS | 63323048527 | NDC | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE HCL 10MG/ML | J2001 | HCPCS | 63323048527 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE HCL 10MG/ML | J2001 | HCPCS | 63323048527 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE HCL 10MG/ML | J2001 | HCPCS | 63323048527 | NDC | | both | | 1 EA | 2.5 | | United | Commercial/PPO | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE HCL 10MG/ML | J2001 | HCPCS | 63323048527 | NDC | | both | | 1 EA | 2.5 | | United | Oxford | | 100 | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE HCL 10MG/ML | J2001 | HCPCS | 63323048527 | NDC | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE HCL 10MG/ML | J2001 | HCPCS | 63323048527 | NDC | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE HCL 10MG/ML | J2001 | HCPCS | 63323048527 | NDC | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| LINEZOLID 200MG INJ | J2020 | HCPCS | 57664068357 | NDC | | both | | 1 EA | 189.5 | | Aetna | Better Health | | 100 | | 34.09 | | | other | Drugs are paid at 100% of the AWP |
| LINEZOLID 200MG INJ | J2020 | HCPCS | 57664068357 | NDC | | both | | 1 EA | 189.5 | | Aetna | Commercial | | 100 | | 30.06 | | | other | Drugs are paid at 100% of the AWP |
| LINEZOLID 200MG INJ | J2020 | HCPCS | 57664068357 | NDC | | both | | 1 EA | 189.5 | | Aetna | Medicare | | 100 | | 14.25 | | | other | Drugs are paid at 100% of the AWP |
| LINEZOLID 200MG INJ | J2020 | HCPCS | 57664068357 | NDC | | both | | 1 EA | 189.5 | | Horizon | Indemnity | | 100 | | 25.73 | | | other | Drugs are paid at 100% of the AWP |
| LINEZOLID 200MG INJ | J2020 | HCPCS | 57664068357 | NDC | | both | | 1 EA | 189.5 | | Horizon | Medicare Blue | | 100 | | 24.34 | | | other | Drugs are paid at 100% of the AWP |
| LINEZOLID 200MG INJ | J2020 | HCPCS | 57664068357 | NDC | | both | | 1 EA | 189.5 | | Horizon | MGD | | 100 | | 25.78 | | | other | Drugs are paid at 100% of the AWP |
| LINEZOLID 200MG INJ | J2020 | HCPCS | 57664068357 | NDC | | both | | 1 EA | 189.5 | | Horizon | NJ Health | | 100 | | 21.13 | | | other | Drugs are paid at 100% of the AWP |
| LINEZOLID 200MG INJ | J2020 | HCPCS | 57664068357 | NDC | | both | | 1 EA | 189.5 | | Horizon | PPO | | 100 | | 17.22 | | | other | Drugs are paid at 100% of the AWP |
| LINEZOLID 200MG INJ | J2020 | HCPCS | 57664068357 | NDC | | both | | 1 EA | 189.5 | | UHC | Medicaid | | 100 | | 28.14 | | | other | Drugs are paid at 100% of the AWP |
| LINEZOLID 200MG INJ | J2020 | HCPCS | 57664068357 | NDC | | both | | 1 EA | 189.5 | | UHC | Medicare | | 100 | | 34.38 | | | other | Drugs are paid at 100% of the AWP |
| LINEZOLID 200MG INJ | J2020 | HCPCS | 57664068357 | NDC | | both | | 1 EA | 189.5 | | United | Commercial/PPO | | 100 | | 17.22 | | | other | Drugs are paid at 100% of the AWP |
| LINEZOLID 200MG INJ | J2020 | HCPCS | 57664068357 | NDC | | both | | 1 EA | 189.5 | | Wellcare | Medicaid | | 100 | | 15.39 | | | other | Drugs are paid at 100% of the AWP |
| LINEZOLID 200MG INJ | J2020 | HCPCS | 57664068357 | NDC | | both | | 1 EA | 189.5 | | Wellcare | Medicare | | 100 | | 24.36 | | | other | Drugs are paid at 100% of the AWP |
| LINEZOLID 200MG INJ | J2020 | HCPCS | 57664068357 | NDC | | both | | 1 EA | 189.5 | | WellPoint | WellPoint | | 100 | | 34.61 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 2MG INJ | J2060 | HCPCS | 76329826101 | NDC | | both | | 1 EA | 25 | | Aetna | Better Health | | 100 | | 3.48 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 2MG INJ | J2060 | HCPCS | 76329826101 | NDC | | both | | 1 EA | 25 | | Aetna | Commercial | | 100 | | 4.77 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 2MG INJ | J2060 | HCPCS | 76329826101 | NDC | | both | | 1 EA | 25 | | Aetna | Medicare | | 100 | | 2.97 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 2MG INJ | J2060 | HCPCS | 76329826101 | NDC | | both | | 1 EA | 25 | | Amerihealth | HMO/PPO | | 100 | | 4.02 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 2MG INJ | J2060 | HCPCS | 76329826101 | NDC | | both | | 1 EA | 25 | | Corrections | Corrections | | 100 | | 4.75 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 2MG INJ | J2060 | HCPCS | 76329826101 | NDC | | both | | 1 EA | 25 | | Horizon | Indemnity | | 100 | | 2.88 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 2MG INJ | J2060 | HCPCS | 76329826101 | NDC | | both | | 1 EA | 25 | | Horizon | Medicare Blue | | 100 | | 4.07 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 2MG INJ | J2060 | HCPCS | 76329826101 | NDC | | both | | 1 EA | 25 | | Horizon | MGD | | 100 | | 4.98 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 2MG INJ | J2060 | HCPCS | 76329826101 | NDC | | both | | 1 EA | 25 | | Horizon | NJ Health | | 100 | | 2.73 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 2MG INJ | J2060 | HCPCS | 76329826101 | NDC | | both | | 1 EA | 25 | | Horizon | PPO | | 100 | | 4.98 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 2MG INJ | J2060 | HCPCS | 76329826101 | NDC | | both | | 1 EA | 25 | | UHC | Medicaid | | 100 | | 3.46 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 2MG INJ | J2060 | HCPCS | 76329826101 | NDC | | both | | 1 EA | 25 | | UHC | Medicare | | 100 | | 3.92 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 2MG INJ | J2060 | HCPCS | 76329826101 | NDC | | both | | 1 EA | 25 | | United | Commercial/PPO | | 100 | | 4.41 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 2MG INJ | J2060 | HCPCS | 76329826101 | NDC | | both | | 1 EA | 25 | | United | Oxford | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 2MG INJ | J2060 | HCPCS | 76329826101 | NDC | | both | | 1 EA | 25 | | Wellcare | Medicaid | | 100 | | 2.84 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 2MG INJ | J2060 | HCPCS | 76329826101 | NDC | | both | | 1 EA | 25 | | Wellcare | Medicare | | 100 | | 5.95 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 2MG INJ | J2060 | HCPCS | 76329826101 | NDC | | both | | 1 EA | 25 | | WellPoint | WellPoint | | 100 | | 3.92 | | | other | Drugs are paid at 100% of the AWP |
| MANNITOL 25% 50ML INJ | J2150 | HCPCS | 409403101 | NDC | | both | | 1 EA | 5.5 | | Aetna | Better Health | | 100 | | 1.39 | | | other | Drugs are paid at 100% of the AWP |
| MANNITOL 25% 50ML INJ | J2150 | HCPCS | 409403101 | NDC | | both | | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.8 | | | other | Drugs are paid at 100% of the AWP |
| MANNITOL 25% 50ML INJ | J2150 | HCPCS | 409403101 | NDC | | both | | 1 EA | 5.5 | | Horizon | PPO | | 100 | | 1.76 | | | other | Drugs are paid at 100% of the AWP |
| MANNITOL 25% 50ML INJ | J2150 | HCPCS | 409403101 | NDC | | both | | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 1.67 | | | other | Drugs are paid at 100% of the AWP |
| MEPERIDINE 25MG/1ML INJ (NF) | J2175 | HCPCS | 409117630 | NDC | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| MEPERIDINE 25MG/1ML INJ (NF) | J2175 | HCPCS | 409117630 | NDC | | both | | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| MEROPENEM 100MG INJ | J2185 | HCPCS | 63323050830 | NDC | | both | | 1 EA | 38 | | Aetna | Better Health | | 100 | | 5.51 | | | other | Drugs are paid at 100% of the AWP |
| MEROPENEM 100MG INJ | J2185 | HCPCS | 63323050830 | NDC | | both | | 1 EA | 38 | | Aetna | Commercial | | 100 | | 7.82 | | | other | Drugs are paid at 100% of the AWP |
| MEROPENEM 100MG INJ | J2185 | HCPCS | 63323050830 | NDC | | both | | 1 EA | 38 | | Aetna | Medicare | | 100 | | 4.27 | | | other | Drugs are paid at 100% of the AWP |
| MEROPENEM 100MG INJ | J2185 | HCPCS | 63323050830 | NDC | | both | | 1 EA | 38 | | Amerihealth | HMO/PPO | | 100 | | 6.7 | | | other | Drugs are paid at 100% of the AWP |
| MEROPENEM 100MG INJ | J2185 | HCPCS | 63323050830 | NDC | | both | | 1 EA | 38 | | Corrections | Corrections | | 100 | | 8.02 | | | other | Drugs are paid at 100% of the AWP |
| MEROPENEM 100MG INJ | J2185 | HCPCS | 63323050830 | NDC | | both | | 1 EA | 38 | | Horizon | Indemnity | | 100 | | 4.65 | | | other | Drugs are paid at 100% of the AWP |
| MEROPENEM 100MG INJ | J2185 | HCPCS | 63323050830 | NDC | | both | | 1 EA | 38 | | Horizon | Medicare Blue | | 100 | | 5.71 | | | other | Drugs are paid at 100% of the AWP |
| MEROPENEM 100MG INJ | J2185 | HCPCS | 63323050830 | NDC | | both | | 1 EA | 38 | | Horizon | MGD | | 100 | | 5.81 | | | other | Drugs are paid at 100% of the AWP |
| MEROPENEM 100MG INJ | J2185 | HCPCS | 63323050830 | NDC | | both | | 1 EA | 38 | | Horizon | NJ Health | | 100 | | 3.91 | | | other | Drugs are paid at 100% of the AWP |
| MEROPENEM 100MG INJ | J2185 | HCPCS | 63323050830 | NDC | | both | | 1 EA | 38 | | Horizon | PPO | | 100 | | 5.24 | | | other | Drugs are paid at 100% of the AWP |
| MEROPENEM 100MG INJ | J2185 | HCPCS | 63323050830 | NDC | | both | | 1 EA | 38 | | UHC | Medicaid | | 100 | | 5.88 | | | other | Drugs are paid at 100% of the AWP |
| MEROPENEM 100MG INJ | J2185 | HCPCS | 63323050830 | NDC | | both | | 1 EA | 38 | | UHC | Medicare | | 100 | | 6.5 | | | other | Drugs are paid at 100% of the AWP |
| MEROPENEM 100MG INJ | J2185 | HCPCS | 63323050830 | NDC | | both | | 1 EA | 38 | | United | Commercial/PPO | | 100 | | 3.6 | | | other | Drugs are paid at 100% of the AWP |
| MEROPENEM 100MG INJ | J2185 | HCPCS | 63323050830 | NDC | | both | | 1 EA | 38 | | Wellcare | Medicaid | | 100 | | 3.67 | | | other | Drugs are paid at 100% of the AWP |
| MEROPENEM 100MG INJ | J2185 | HCPCS | 63323050830 | NDC | | both | | 1 EA | 38 | | Wellcare | Medicare | | 100 | | 9.58 | | | other | Drugs are paid at 100% of the AWP |
| MEROPENEM 100MG INJ | J2185 | HCPCS | 63323050830 | NDC | | both | | 1 EA | 38 | | WellPoint | WellPoint | | 100 | | 5.92 | | | other | Drugs are paid at 100% of the AWP |
| METHYLERGONOVINE MALEATE 0.2MG TAB | J2210 | HCPCS | 27437005057 | NDC | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| METHYLERGONOVINE 0.2MG/1ML INJ | J2210 | HCPCS | 78005303 | NDC | | both | | 1 EA | 38 | | Aetna | Better Health | | 100 | | 5.16 | | | other | Drugs are paid at 100% of the AWP |
| METHYLERGONOVINE 0.2MG/1ML INJ | J2210 | HCPCS | 78005303 | NDC | | both | | 1 EA | 38 | | Horizon | MGD | | 100 | | 27.4 | | | other | Drugs are paid at 100% of the AWP |
| METHYLERGONOVINE 0.2MG/1ML INJ | J2210 | HCPCS | 78005303 | NDC | | both | | 1 EA | 38 | | Horizon | NJ Health | | 100 | | 4.65 | | | other | Drugs are paid at 100% of the AWP |
| METHYLERGONOVINE 0.2MG/1ML INJ | J2210 | HCPCS | 78005303 | NDC | | both | | 1 EA | 38 | | Horizon | PPO | | 100 | | 5.39 | | | other | Drugs are paid at 100% of the AWP |
| METHYLERGONOVINE 0.2MG/1ML INJ | J2210 | HCPCS | 78005303 | NDC | | both | | 1 EA | 38 | | UHC | Medicaid | | 100 | | 4.81 | | | other | Drugs are paid at 100% of the AWP |
| METHYLERGONOVINE 0.2MG/1ML INJ | J2210 | HCPCS | 78005303 | NDC | | both | | 1 EA | 38 | | United | Oxford | | 100 | | 12.6 | | | other | Drugs are paid at 100% of the AWP |
| METHYLERGONOVINE 0.2MG/1ML INJ | J2210 | HCPCS | 78005303 | NDC | | both | | 1 EA | 38 | | Wellcare | Medicaid | | 100 | | 6.06 | | | other | Drugs are paid at 100% of the AWP |
| METHYLERGONOVINE 0.2MG/1ML INJ | J2210 | HCPCS | 78005303 | NDC | | both | | 1 EA | 38 | | WellPoint | WellPoint | | 100 | | 5.91 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM 1MG VIAL | J2250 | HCPCS | 47781058868 | NDC | | both | | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM 1MG VIAL | J2250 | HCPCS | 47781058868 | NDC | | both | | 1 EA | 3.5 | | Aetna | Commercial | | 100 | | 0.8 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM 1MG VIAL | J2250 | HCPCS | 47781058868 | NDC | | both | | 1 EA | 3.5 | | Aetna | Medicare | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM 1MG VIAL | J2250 | HCPCS | 47781058868 | NDC | | both | | 1 EA | 3.5 | | Amerihealth | HMO/PPO | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM 1MG VIAL | J2250 | HCPCS | 47781058868 | NDC | | both | | 1 EA | 3.5 | | Corrections | Corrections | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM 1MG VIAL | J2250 | HCPCS | 47781058868 | NDC | | both | | 1 EA | 3.5 | | Horizon | Indemnity | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM 1MG VIAL | J2250 | HCPCS | 47781058868 | NDC | | both | | 1 EA | 3.5 | | Horizon | Medicare Blue | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM 1MG VIAL | J2250 | HCPCS | 47781058868 | NDC | | both | | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 0.8 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM 1MG VIAL | J2250 | HCPCS | 47781058868 | NDC | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM 1MG VIAL | J2250 | HCPCS | 47781058868 | NDC | | both | | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM 1MG VIAL | J2250 | HCPCS | 47781058868 | NDC | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM 1MG VIAL | J2250 | HCPCS | 47781058868 | NDC | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM 1MG VIAL | J2250 | HCPCS | 47781058868 | NDC | | both | | 1 EA | 3.5 | | United | Commercial/PPO | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM 1MG VIAL | J2250 | HCPCS | 47781058868 | NDC | | both | | 1 EA | 3.5 | | United | Oxford | | 100 | | 0.92 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MIDAZOLAM 1MG VIAL | J2250 | HCPCS | 47781058868 | NDC | | both | 1 EA | 3.5 | | Medicaid | | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM 1MG VIAL | J2250 | HCPCS | 47781058868 | NDC | | both | 1 EA | 3.5 | | Wellcare | Medicare | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM 1MG VIAL | J2250 | HCPCS | 47781058868 | NDC | | both | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM (WGCC) 1MG/ML INJ | J2251 | HCPCS | 44567061110 | NDC | | both | 1 EA | 1 | | Aetna | Better Health | | 100 | | 0.13 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM (WGCC) 1MG/ML INJ | J2251 | HCPCS | 44567061110 | NDC | | both | 1 EA | 1 | | Aetna | Commercial | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM (WGCC) 1MG/ML INJ | J2251 | HCPCS | 44567061110 | NDC | | both | 1 EA | 1 | | Amerihealth | HMO/PPO | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM (WGCC) 1MG/ML INJ | J2251 | HCPCS | 44567061110 | NDC | | both | 1 EA | 1 | | Horizon | Indemnity | | 100 | | 0.01 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM (WGCC) 1MG/ML INJ | J2251 | HCPCS | 44567061110 | NDC | | both | 1 EA | 1 | | Horizon | MGD | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM (WGCC) 1MG/ML INJ | J2251 | HCPCS | 44567061110 | NDC | | both | 1 EA | 1 | | Horizon | NJ Health | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM (WGCC) 1MG/ML INJ | J2251 | HCPCS | 44567061110 | NDC | | both | 1 EA | 1 | | UHC | Medicaid | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM (WGCC) 1MG/ML INJ | J2251 | HCPCS | 44567061110 | NDC | | both | 1 EA | 1 | | UHC | Medicare | | 100 | | 0.12 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM (WGCC) 1MG/ML INJ | J2251 | HCPCS | 44567061110 | NDC | | both | 1 EA | 1 | | United | Commercial\|PPO | | 100 | | 0.06 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM (WGCC) 1MG/ML INJ | J2251 | HCPCS | 44567061110 | NDC | | both | 1 EA | 1 | | United | Oxford | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM (WGCC) 1MG/ML INJ | J2251 | HCPCS | 44567061110 | NDC | | both | 1 EA | 1 | | WellPoint | WellPoint | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| MILRINONE LACTATE 5MG INJ | J2260 | HCPCS | 55390007510 | NDC | | both | 1 EA | 42 | | Aetna | Better Health | | 100 | | 5.93 | | | other | Drugs are paid at 100% of the AWP |
| MILRINONE LACTATE 5MG INJ | J2260 | HCPCS | 55390007510 | NDC | | both | 1 EA | 42 | | Aetna | Medicare | | 100 | | 2.97 | | | other | Drugs are paid at 100% of the AWP |
| MILRINONE LACTATE 5MG INJ | J2260 | HCPCS | 55390007510 | NDC | | both | 1 EA | 42 | | Horizon | MGD | | 100 | | 7.38 | | | other | Drugs are paid at 100% of the AWP |
| MILRINONE LACTATE 5MG INJ | J2260 | HCPCS | 55390007510 | NDC | | both | 1 EA | 42 | | Horizon | NJ Health | | 100 | | 2.85 | | | other | Drugs are paid at 100% of the AWP |
| MILRINONE LACTATE 5MG INJ | J2260 | HCPCS | 55390007510 | NDC | | both | 1 EA | 42 | | Horizon | PPO | | 100 | | 4.77 | | | other | Drugs are paid at 100% of the AWP |
| MILRINONE LACTATE 5MG INJ | J2260 | HCPCS | 55390007510 | NDC | | both | 1 EA | 42 | | UHC | Medicaid | | 100 | | 12.32 | | | other | Drugs are paid at 100% of the AWP |
| MILRINONE LACTATE 5MG INJ | J2260 | HCPCS | 55390007510 | NDC | | both | 1 EA | 42 | | UHC | Medicare | | 100 | | 6.12 | | | other | Drugs are paid at 100% of the AWP |
| MILRINONE LACTATE 5MG INJ | J2260 | HCPCS | 55390007510 | NDC | | both | 1 EA | 42 | | United | Commercial\|PPO | | 100 | | 5.15 | | | other | Drugs are paid at 100% of the AWP |
| MILRINONE LACTATE 5MG INJ | J2260 | HCPCS | 55390007510 | NDC | | both | 1 EA | 42 | | WellPoint | WellPoint | | 100 | | 3.2 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 2MG/ML CARPUJECT | J2270 | HCPCS | 40918900 1 | NDC | | both | 1 EA | 4.5 | | Aetna | Better Health | | 100 | | 0.87 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 2MG/ML CARPUJECT | J2270 | HCPCS | 40918900 1 | NDC | | both | 1 EA | 4.5 | | Aetna | Commercial | | 100 | | 0.93 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 2MG/ML CARPUJECT | J2270 | HCPCS | 40918900 1 | NDC | | both | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 2MG/ML CARPUJECT | J2270 | HCPCS | 40918900 1 | NDC | | both | 1 EA | 4.5 | | Amerihealth | HMO\|PPO | | 100 | | 0.79 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 2MG/ML CARPUJECT | J2270 | HCPCS | 40918900 1 | NDC | | both | 1 EA | 4.5 | | Corrections | Corrections | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 2MG/ML CARPUJECT | J2270 | HCPCS | 40918900 1 | NDC | | both | 1 EA | 4.5 | | Horizon | Indemnity | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 2MG/ML CARPUJECT | J2270 | HCPCS | 40918900 1 | NDC | | both | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 0.97 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 2MG/ML CARPUJECT | J2270 | HCPCS | 40918900 1 | NDC | | both | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 0.88 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 2MG/ML CARPUJECT | J2270 | HCPCS | 40918900 1 | NDC | | both | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 2MG/ML CARPUJECT | J2270 | HCPCS | 40918900 1 | NDC | | both | 1 EA | 4.5 | | Horizon | PPO | | 100 | | 0.92 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 2MG/ML CARPUJECT | J2270 | HCPCS | 40918900 1 | NDC | | both | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 2MG/ML CARPUJECT | J2270 | HCPCS | 40918900 1 | NDC | | both | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 0.81 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 2MG/ML CARPUJECT | J2270 | HCPCS | 40918900 1 | NDC | | both | 1 EA | 4.5 | | United | Commercial\|PPO | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 2MG/ML CARPUJECT | J2270 | HCPCS | 40918900 1 | NDC | | both | 1 EA | 4.5 | | United | Oxford | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 2MG/ML CARPUJECT | J2270 | HCPCS | 40918900 1 | NDC | | both | 1 EA | 4.5 | | Wellcare | Medicaid | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 2MG/ML CARPUJECT | J2270 | HCPCS | 40918900 1 | NDC | | both | 1 EA | 4.5 | | Wellcare | Medicare | | 100 | | 0.89 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 2MG/ML CARPUJECT | J2270 | HCPCS | 40918900 1 | NDC | | both | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.74 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 4MG/1ML INJ | J2270 | HCPCS | 40918910 1 | NDC | | both | 1 EA | 4.5 | | Aetna | Better Health | | 100 | | 0.9 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 4MG/1ML INJ | J2270 | HCPCS | 40918910 1 | NDC | | both | 1 EA | 4.5 | | Aetna | Commercial | | 100 | | 0.78 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 4MG/1ML INJ | J2270 | HCPCS | 40918910 1 | NDC | | both | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 4MG/1ML INJ | J2270 | HCPCS | 40918910 1 | NDC | | both | 1 EA | 4.5 | | Amerihealth | HMO\|PPO | | 100 | | 0.85 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 4MG/1ML INJ | J2270 | HCPCS | 40918910 1 | NDC | | both | 1 EA | 4.5 | | Corrections | Corrections | | 100 | | 0.91 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 4MG/1ML INJ | J2270 | HCPCS | 40918910 1 | NDC | | both | 1 EA | 4.5 | | Horizon | Indemnity | | 100 | | 1.14 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 4MG/1ML INJ | J2270 | HCPCS | 40918910 1 | NDC | | both | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 1 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 4MG/1ML INJ | J2270 | HCPCS | 40918910 1 | NDC | | both | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 1.23 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 4MG/1ML INJ | J2270 | HCPCS | 40918910 1 | NDC | | both | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 4MG/1ML INJ | J2270 | HCPCS | 40918910 1 | NDC | | both | 1 EA | 4.5 | | Horizon | PPO | | 100 | | 0.93 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 4MG/1ML INJ | J2270 | HCPCS | 40918910 1 | NDC | | both | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 4MG/1ML INJ | J2270 | HCPCS | 40918910 1 | NDC | | both | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 0.83 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 4MG/1ML INJ | J2270 | HCPCS | 40918910 1 | NDC | | both | 1 EA | 4.5 | | United | Commercial\|PPO | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 4MG/1ML INJ | J2270 | HCPCS | 40918910 1 | NDC | | both | 1 EA | 4.5 | | United | Oxford | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 4MG/1ML INJ | J2270 | HCPCS | 40918910 1 | NDC | | both | 1 EA | 4.5 | | Wellcare | Medicaid | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 4MG/1ML INJ | J2270 | HCPCS | 40918910 1 | NDC | | both | 1 EA | 4.5 | | Wellcare | Medicare | | 100 | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 4MG/1ML INJ | J2270 | HCPCS | 40918910 1 | NDC | | both | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 10MG/1ML CARPUJECT | J2270 | HCPCS | 63323045101 | NDC | | both | 1 EA | 7.5 | | Aetna | Better Health | | 100 | | 2.64 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 10MG/1ML CARPUJECT | J2270 | HCPCS | 63323045101 | NDC | | both | 1 EA | 7.5 | | Aetna | Commercial | | 100 | | 1.2 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 10MG/1ML CARPUJECT | J2270 | HCPCS | 63323045101 | NDC | | both | 1 EA | 7.5 | | Aetna | Medicare | | 100 | | 2.01 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 10MG/1ML CARPUJECT | J2270 | HCPCS | 63323045101 | NDC | | both | 1 EA | 7.5 | | Horizon | MGD | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 10MG/1ML CARPUJECT | J2270 | HCPCS | 63323045101 | NDC | | both | 1 EA | 7.5 | | Horizon | NJ Health | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 10MG/1ML CARPUJECT | J2270 | HCPCS | 63323045101 | NDC | | both | 1 EA | 7.5 | | Horizon | PPO | | 100 | | 2.19 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 10MG/1ML CARPUJECT | J2270 | HCPCS | 63323045101 | NDC | | both | 1 EA | 7.5 | | UHC | Medicaid | | 100 | | 1.23 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 10MG/1ML CARPUJECT | J2270 | HCPCS | 63323045101 | NDC | | both | 1 EA | 7.5 | | UHC | Medicare | | 100 | | 1.57 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 10MG/1ML CARPUJECT | J2270 | HCPCS | 63323045101 | NDC | | both | 1 EA | 7.5 | | United | Oxford | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 10MG/1ML CARPUJECT | J2270 | HCPCS | 63323045101 | NDC | | both | 1 EA | 7.5 | | Wellcare | Medicaid | | 100 | | 1.15 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 10MG/1ML CARPUJECT | J2270 | HCPCS | 63323045101 | NDC | | both | 1 EA | 7.5 | | WellPoint | WellPoint | | 100 | | 1.87 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 8MG/1ML INJ | J2270 | HCPCS | 63323045801 | NDC | | both | 1 EA | 4.5 | | Aetna | Better Health | | 100 | | 0.97 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 8MG/1ML INJ | J2270 | HCPCS | 63323045801 | NDC | | both | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 10MG/1ML VIAL | J2270 | HCPCS | 64161272 5 | NDC | | both | 1 EA | 4.5 | | Aetna | Commercial | | 100 | | 1.07 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 10MG/1ML VIAL | J2270 | HCPCS | 64161272 5 | NDC | | both | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 1.56 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 10MG/1ML VIAL | J2270 | HCPCS | 64161272 5 | NDC | | both | 1 EA | 4.5 | | Corrections | Corrections | | 100 | | 1.58 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 10MG/1ML VIAL | J2270 | HCPCS | 64161272 5 | NDC | | both | 1 EA | 4.5 | | Horizon | Indemnity | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 10MG/1ML VIAL | J2270 | HCPCS | 64161272 5 | NDC | | both | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 0.83 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 10MG/1ML VIAL | J2270 | HCPCS | 64161272 5 | NDC | | both | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 10MG/1ML VIAL | J2270 | HCPCS | 64161272 5 | NDC | | both | 1 EA | 4.5 | | Horizon | PPO | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 10MG/1ML VIAL | J2270 | HCPCS | 64161272 5 | NDC | | both | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 10MG/1ML VIAL | J2270 | HCPCS | 64161272 5 | NDC | | both | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 10MG/1ML VIAL | J2270 | HCPCS | 64161272 5 | NDC | | both | 1 EA | 4.5 | | United | Commercial\|PPO | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 10MG/1ML VIAL | J2270 | HCPCS | 64161272 5 | NDC | | both | 1 EA | 4.5 | | Wellcare | Medicaid | | 100 | | 1.1 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 10MG/1ML VIAL | J2270 | HCPCS | 64161272 5 | NDC | | both | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 1.17 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE SULFATE(PF)10MG INJ | J2274 | HCPCS | 40938141 2 | NDC | | both | 1 EA | 36.5 | | Aetna | Better Health | | 100 | | 3.96 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE SULFATE(PF)10MG INJ | J2274 | HCPCS | 40938141 2 | NDC | | both | 1 EA | 36.5 | | Aetna | Commercial | | 100 | | 7.95 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE SULFATE(PF)10MG INJ | J2274 | HCPCS | 40938141 2 | NDC | | both | 1 EA | 36.5 | | Amerihealth | HMO\|PPO | | 100 | | 6.34 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE SULFATE(PF)10MG INJ | J2274 | HCPCS | 40938141 2 | NDC | | both | 1 EA | 36.5 | | Horizon | Medicare Blue | | 100 | | 25.08 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE SULFATE(PF)10MG INJ | J2274 | HCPCS | 40938141 2 | NDC | | both | 1 EA | 36.5 | | Horizon | MGD | | 100 | | 5.36 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE SULFATE(PF)10MG INJ | J2274 | HCPCS | 40938141 2 | NDC | | both | 1 EA | 36.5 | | Horizon | NJ Health | | 100 | | 5.26 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE SULFATE(PF)10MG INJ | J2274 | HCPCS | 40938141 2 | NDC | | both | 1 EA | 36.5 | | Horizon | PPO | | 100 | | 4.74 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE SULFATE(PF)10MG INJ | J2274 | HCPCS | 40938141 2 | NDC | | both | 1 EA | 36.5 | | UHC | Medicaid | | 100 | | 5.22 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE SULFATE(PF)10MG INJ | J2274 | HCPCS | 40938141 2 | NDC | | both | 1 EA | 36.5 | | United | Commercial\|PPO | | 100 | | 5.52 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE SULFATE(PF)10MG INJ | J2274 | HCPCS | 40938141 2 | NDC | | both | 1 EA | 36.5 | | Wellcare | Medicaid | | 100 | | 5.71 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE SULFATE(PF)10MG INJ | J2274 | HCPCS | 40938141 2 | NDC | | both | 1 EA | 36.5 | | WellPoint | WellPoint | | 100 | | 4.52 | | | other | Drugs are paid at 100% of the AWP |
| NALBUPHINE 10MG/1ML INJ | J2300 | HCPCS | 40914630 1 | NDC | | both | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 2.16 | | | other | Drugs are paid at 100% of the AWP |
| NALOXONE 1MG/1ML INJ | J2310 | HCPCS | 76329336901 | NDC | | both | 1 EA | 26.5 | | Aetna | Better Health | | 100 | | 3.58 | | | other | Drugs are paid at 100% of the AWP |
| NALOXONE 1MG/1ML INJ | J2310 | HCPCS | 76329336901 | NDC | | both | 1 EA | 26.5 | | Aetna | Commercial | | 100 | | 6.16 | | | other | Drugs are paid at 100% of the AWP |
| NALOXONE 1MG/1ML INJ | J2310 | HCPCS | 76329336901 | NDC | | both | 1 EA | 26.5 | | Aetna | Medicare | | 100 | | 5.7 | | | other | Drugs are paid at 100% of the AWP |
| NALOXONE 1MG/1ML INJ | J2310 | HCPCS | 76329336901 | NDC | | both | 1 EA | 26.5 | | Horizon | Indemnity | | 100 | | 2.15 | | | other | Drugs are paid at 100% of the AWP |
| NALOXONE 1MG/1ML INJ | J2310 | HCPCS | 76329336901 | NDC | | both | 1 EA | 26.5 | | Horizon | Medicare Blue | | 100 | | 5.75 | | | other | Drugs are paid at 100% of the AWP |
| NALOXONE 1MG/1ML INJ | J2310 | HCPCS | 76329336901 | NDC | | both | 1 EA | 26.5 | | Horizon | MGD | | 100 | | 5.97 | | | other | Drugs are paid at 100% of the AWP |
| NALOXONE 1MG/1ML INJ | J2310 | HCPCS | 76329336901 | NDC | | both | 1 EA | 26.5 | | Horizon | NJ Health | | 100 | | 4.03 | | | other | Drugs are paid at 100% of the AWP |
| NALOXONE 1MG/1ML INJ | J2310 | HCPCS | 76329336901 | NDC | | both | 1 EA | 26.5 | | Horizon | PPO | | 100 | | 11.68 | | | other | Drugs are paid at 100% of the AWP |
| NALOXONE 1MG/1ML INJ | J2310 | HCPCS | 76329336901 | NDC | | both | 1 EA | 26.5 | | UHC | Medicaid | | 100 | | 5.6 | | | other | Drugs are paid at 100% of the AWP |
| NALOXONE 1MG/1ML INJ | J2310 | HCPCS | 76329336901 | NDC | | both | 1 EA | 26.5 | | UHC | Medicare | | 100 | | 6.64 | | | other | Drugs are paid at 100% of the AWP |
| NALOXONE 1MG/1ML INJ | J2310 | HCPCS | 76329336901 | NDC | | both | 1 EA | 26.5 | | Wellcare | Medicaid | | 100 | | 7.11 | | | other | Drugs are paid at 100% of the AWP |
| NALOXONE 1MG/1ML INJ | J2310 | HCPCS | 76329336901 | NDC | | both | 1 EA | 26.5 | | Wellcare | Medicare | | 100 | | 7.8 | | | other | Drugs are paid at 100% of the AWP |
| NALOXONE 1MG/1ML INJ | J2310 | HCPCS | 76329336901 | NDC | | both | 1 EA | 26.5 | | WellPoint | WellPoint | | 100 | | 4.6 | | | other | Drugs are paid at 100% of the AWP |
| NALTREXONE DEPOT 1 MG INJ | J2315 | HCPCS | 65757030001 | NDC | | both | 1 EA | 16.5 | | Horizon | NJ Health | | 100 | | 0.92 | | | other | Drugs are paid at 100% of the AWP |
| NALTREXONE DEPOT 1 MG INJ | J2315 | HCPCS | 65757030001 | NDC | | both | 1 EA | 16.5 | | UHC | Medicare | | 100 | | 9.22 | | | other | Drugs are paid at 100% of the AWP |
| OCTREOTIDE ACETATE 1MG INJ KIT | J2353 | HCPCS | 78034161 | NDC | | both | 1 EA | 628 | | Aetna | Commercial | | 100 | | 3.99 | | | other | Drugs are paid at 100% of the AWP |
| OCTREOTIDE ACETATE 1MG INJ KIT | J2353 | HCPCS | 78034161 | NDC | | both | 1 EA | 628 | | Horizon | PPO | | 100 | | 385.47 | | | other | Drugs are paid at 100% of the AWP |
| OCTREOTIDE ACETATE 1MG INJ KIT | J2353 | HCPCS | 78034161 | NDC | | both | 1 EA | 628 | | UHC | Medicare | | 100 | | 189.08 | | | other | Drugs are paid at 100% of the AWP |
| OCTREOTIDE ACETATE 1MG INJ KIT | J2353 | HCPCS | 78034161 | NDC | | both | 1 EA | 628 | | Wellcare | Medicare | | 100 | | 2.08 | | | other | Drugs are paid at 100% of the AWP |
| OCTREOTIDE ACETATE 25MCG INJ | J2354 | HCPCS | 63323037601 | NDC | | both | 1 EA | 43 | | Aetna | Better Health | | 100 | | 9.28 | | | other | Drugs are paid at 100% of the AWP |
| OCTREOTIDE ACETATE 25MCG INJ | J2354 | HCPCS | 63323037601 | NDC | | both | 1 EA | 43 | | Aetna | Commercial | | 100 | | 8.7 | | | other | Drugs are paid at 100% of the AWP |
| OCTREOTIDE ACETATE 25MCG INJ | J2354 | HCPCS | 63323037601 | NDC | | both | 1 EA | 43 | | Aetna | Medicare | | 100 | | 5.99 | | | other | Drugs are paid at 100% of the AWP |
| OCTREOTIDE ACETATE 25MCG INJ | J2354 | HCPCS | 63323037601 | NDC | | both | 1 EA | 43 | | Amerihealth | HMO\|PPO | | 100 | | 6.97 | | | other | Drugs are paid at 100% of the AWP |
| OCTREOTIDE ACETATE 25MCG INJ | J2354 | HCPCS | 63323037601 | NDC | | both | 1 EA | 43 | | Horizon | Indemnity | | 100 | | 3.15 | | | other | Drugs are paid at 100% of the AWP |
| OCTREOTIDE ACETATE 25MCG INJ | J2354 | HCPCS | 63323037601 | NDC | | both | 1 EA | 43 | | Horizon | Medicare Blue | | 100 | | 5.01 | | | other | Drugs are paid at 100% of the AWP |
| OCTREOTIDE ACETATE 25MCG INJ | J2354 | HCPCS | 63323037601 | NDC | | both | 1 EA | 43 | | Horizon | MGD | | 100 | | 5.56 | | | other | Drugs are paid at 100% of the AWP |
| OCTREOTIDE ACETATE 25MCG INJ | J2354 | HCPCS | 63323037601 | NDC | | both | 1 EA | 43 | | Horizon | NJ Health | | 100 | | 4.89 | | | other | Drugs are paid at 100% of the AWP |
| OCTREOTIDE ACETATE 25MCG INJ | J2354 | HCPCS | 63323037601 | NDC | | both | 1 EA | 43 | | Horizon | PPO | | 100 | | 9.28 | | | other | Drugs are paid at 100% of the AWP |
| OCTREOTIDE ACETATE 25MCG INJ | J2354 | HCPCS | 63323037601 | NDC | | both | 1 EA | 43 | | UHC | Medicaid | | 100 | | 7.98 | | | other | Drugs are paid at 100% of the AWP |
| OCTREOTIDE ACETATE 25MCG INJ | J2354 | HCPCS | 63323037601 | NDC | | both | 1 EA | 43 | | UHC | Medicare | | 100 | | 8.98 | | | other | Drugs are paid at 100% of the AWP |
| OCTREOTIDE ACETATE 25MCG INJ | J2354 | HCPCS | 63323037601 | NDC | | both | 1 EA | 43 | | United | Commercial\|PPO | | 100 | | 4.71 | | | other | Drugs are paid at 100% of the AWP |
| OCTREOTIDE ACETATE 25MCG INJ | J2354 | HCPCS | 63323037601 | NDC | | both | 1 EA | 43 | | Wellcare | Medicaid | | 100 | | 6.04 | | | other | Drugs are paid at 100% of the AWP |
| OCTREOTIDE ACETATE 25MCG INJ | J2354 | HCPCS | 63323037601 | NDC | | both | 1 EA | 43 | | WellPoint | WellPoint | | 100 | | 10.25 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 10MG/1ML INJ | J2370 | HCPCS | 69097053596 | NDC | | both | 1 EA | 23.5 | | Aetna | Better Health | | 100 | | 2.68 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 10MG/1ML INJ | J2370 | HCPCS | 69097053596 | NDC | | both | 1 EA | 23.5 | | Aetna | Commercial | | 100 | | 3.76 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 10MG/1ML INJ | J2370 | HCPCS | 69097053596 | NDC | | both | 1 EA | 23.5 | | Aetna | Medicare | | 100 | | 3.03 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 10MG/1ML INJ | J2370 | HCPCS | 69097053596 | NDC | | both | 1 EA | 23.5 | | Amerihealth | HMO\|PPO | | 100 | | 3.43 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 10MG/1ML INJ | J2370 | HCPCS | 69097053596 | NDC | | both | 1 EA | 23.5 | | Corrections | Corrections | | 100 | | 5.58 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 10MG/1ML INJ | J2370 | HCPCS | 69097053596 | NDC | | both | 1 EA | 23.5 | | Horizon | Indemnity | | 100 | | 4.01 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 10MG/1ML INJ | J2370 | HCPCS | 69097053596 | NDC | | both | 1 EA | 23.5 | | Horizon | Medicare Blue | | 100 | | 4.41 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 10MG/1ML INJ | J2370 | HCPCS | 69097053596 | NDC | | both | 1 EA | 23.5 | | Horizon | MGD | | 100 | | 8.05 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 10MG/1ML INJ | J2370 | HCPCS | 69097053596 | NDC | | both | 1 EA | 23.5 | | Horizon | NJ Health | | 100 | | 2.6 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 10MG/1ML INJ | J2370 | HCPCS | 69097053596 | NDC | | both | 1 EA | 23.5 | | Horizon | PPO | | 100 | | 4.64 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 10MG/1ML INJ | J2370 | HCPCS | 69097053596 | NDC | | both | 1 EA | 23.5 | | UHC | Medicaid | | 100 | | 3.72 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 10MG/1ML INJ | J2370 | HCPCS | 69097053596 | NDC | | both | 1 EA | 23.5 | | UHC | Medicare | | 100 | | 4.27 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 10MG/1ML INJ | J2370 | HCPCS | 69097053596 | NDC | | both | 1 EA | 23.5 | | United | Commercial\|PPO | | 100 | | 4.74 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 10MG/1ML INJ | J2370 | HCPCS | 69097053596 | NDC | | both | 1 EA | 23.5 | | Wellcare | Medicaid | | 100 | | 4.2 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 10MG/1ML INJ | J2370 | HCPCS | 69097053596 | NDC | | both | 1 EA | 23.5 | | Wellcare | Medicare | | 100 | | 8.47 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 10MG/1ML INJ | J2370 | HCPCS | 69097053596 | NDC | | both | 1 EA | 23.5 | | WellPoint | WellPoint | | 100 | | 3.47 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE HCL 20 MCG INJ | J2371 | HCPCS | 64161422 5 | NDC | | both | 1 EA | 1 | | Aetna | Better Health | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE HCL 20 MCG INJ | J2371 | HCPCS | 64161422 5 | NDC | | both | 1 EA | 1 | | Aetna | Commercial | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE HCL 20 MCG INJ | J2371 | HCPCS | 64161422 5 | NDC | | both | 1 EA | 1 | | Aetna | Medicare | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE HCL 20 MCG INJ | J2371 | HCPCS | 64161422 5 | NDC | | both | 1 EA | 1 | | Amerihealth | HMO\|PPO | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE HCL 20 MCG INJ | J2371 | HCPCS | 64161422 5 | NDC | | both | 1 EA | 1 | | Corrections | Corrections | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PHENYLEPHRINE HCL 20 MCG INJ | J2371 | HCPCS | 641614225 | NDC | | both | 1 EA | 1 | | | Horizon | Indemnity | | 100 | | 0.14 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE HCL 20 MCG INJ | J2371 | HCPCS | 641614225 | NDC | | both | 1 EA | 1 | | | Horizon | Medicare Blue | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE HCL 20 MCG INJ | J2371 | HCPCS | 641614225 | NDC | | both | 1 EA | 1 | | | Horizon | MGD | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE HCL 20 MCG INJ | J2371 | HCPCS | 641614225 | NDC | | both | 1 EA | 1 | | | Horizon | NJ Health | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE HCL 20 MCG INJ | J2371 | HCPCS | 641614225 | NDC | | both | 1 EA | 1 | | | Horizon | PPO | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE HCL 20 MCG INJ | J2371 | HCPCS | 641614225 | NDC | | both | 1 EA | 1 | | | UHC | Medicaid | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE HCL 20 MCG INJ | J2371 | HCPCS | 641614225 | NDC | | both | 1 EA | 1 | | | UHC | Medicare | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE HCL 20 MCG INJ | J2371 | HCPCS | 641614225 | NDC | | both | 1 EA | 1 | | | United | CommercialPPO | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE HCL 20 MCG INJ | J2371 | HCPCS | 641614225 | NDC | | both | 1 EA | 1 | | | United | Oxford | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE HCL 20 MCG INJ | J2371 | HCPCS | 641614225 | NDC | | both | 1 EA | 1 | | | Wellcare | Medicaid | | 100 | | 0.13 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE HCL 20 MCG INJ | J2371 | HCPCS | 641614225 | NDC | | both | 1 EA | 1 | | | Wellcare | Medicare | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE HCL 20 MCG INJ | J2371 | HCPCS | 641614225 | NDC | | both | 1 EA | 1 | | | WellPoint | WellPoint | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE 0.1 MG INJ | J2404 | HCPCS | 143963410 | NDC | | both | 1 EA | 1.5 | | | Aetna | Better Health | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE 0.1 MG INJ | J2404 | HCPCS | 143963410 | NDC | | both | 1 EA | 1.5 | | | Aetna | Commercial | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE 0.1 MG INJ | J2404 | HCPCS | 143963410 | NDC | | both | 1 EA | 1.5 | | | Aetna | Medicare | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE 0.1 MG INJ | J2404 | HCPCS | 143963410 | NDC | | both | 1 EA | 1.5 | | | Amerihealth | HMO/PPO | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE 0.1 MG INJ | J2404 | HCPCS | 143963410 | NDC | | both | 1 EA | 1.5 | | | Corrections | Corrections | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE 0.1 MG INJ | J2404 | HCPCS | 143963410 | NDC | | both | 1 EA | 1.5 | | | Horizon | Indemnity | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE 0.1 MG INJ | J2404 | HCPCS | 143963410 | NDC | | both | 1 EA | 1.5 | | | Horizon | Medicare Blue | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE 0.1 MG INJ | J2404 | HCPCS | 143963410 | NDC | | both | 1 EA | 1.5 | | | Horizon | MGD | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE 0.1 MG INJ | J2404 | HCPCS | 143963410 | NDC | | both | 1 EA | 1.5 | | | Horizon | NJ Health | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE 0.1 MG INJ | J2404 | HCPCS | 143963410 | NDC | | both | 1 EA | 1.5 | | | Horizon | PPO | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE 0.1 MG INJ | J2404 | HCPCS | 143963410 | NDC | | both | 1 EA | 1.5 | | | UHC | Medicaid | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE 0.1 MG INJ | J2404 | HCPCS | 143963410 | NDC | | both | 1 EA | 1.5 | | | UHC | Medicare | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE 0.1 MG INJ | J2404 | HCPCS | 143963410 | NDC | | both | 1 EA | 1.5 | | | United | CommercialPPO | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE 0.1 MG INJ | J2404 | HCPCS | 143963410 | NDC | | both | 1 EA | 1.5 | | | Wellcare | Medicaid | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE 0.1 MG INJ | J2404 | HCPCS | 143963410 | NDC | | both | 1 EA | 1.5 | | | Wellcare | Medicare | | 100 | | 0.11 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE 0.1 MG INJ | J2404 | HCPCS | 143963410 | NDC | | both | 1 EA | 1.5 | | | WellPoint | WellPoint | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 1MG INJ | J2405 | HCPCS | 23150554742 | NDC | | both | 1 EA | 69.5 | | | Aetna | Better Health | | 100 | | 12.69 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 1MG INJ | J2405 | HCPCS | 23150554742 | NDC | | both | 1 EA | 69.5 | | | Aetna | Commercial | | 100 | | 15.14 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 1MG INJ | J2405 | HCPCS | 23150554742 | NDC | | both | 1 EA | 69.5 | | | Aetna | Medicare | | 100 | | 11.4 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 1MG INJ | J2405 | HCPCS | 23150554742 | NDC | | both | 1 EA | 69.5 | | | Amerihealth | HMO/PPO | | 100 | | 12.82 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 1MG INJ | J2405 | HCPCS | 23150554742 | NDC | | both | 1 EA | 69.5 | | | Corrections | Corrections | | 100 | | 14.58 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 1MG INJ | J2405 | HCPCS | 23150554742 | NDC | | both | 1 EA | 69.5 | | | Horizon | Indemnity | | 100 | | 13.03 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 1MG INJ | J2405 | HCPCS | 23150554742 | NDC | | both | 1 EA | 69.5 | | | Horizon | Medicare Blue | | 100 | | 11.85 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 1MG INJ | J2405 | HCPCS | 23150554742 | NDC | | both | 1 EA | 69.5 | | | Horizon | MGD | | 100 | | 14.45 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 1MG INJ | J2405 | HCPCS | 23150554742 | NDC | | both | 1 EA | 69.5 | | | Horizon | NJ Health | | 100 | | 9.65 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 1MG INJ | J2405 | HCPCS | 23150554742 | NDC | | both | 1 EA | 69.5 | | | Horizon | PPO | | 100 | | 16 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 1MG INJ | J2405 | HCPCS | 23150554742 | NDC | | both | 1 EA | 69.5 | | | UHC | Medicaid | | 100 | | 12.8 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 1MG INJ | J2405 | HCPCS | 23150554742 | NDC | | both | 1 EA | 69.5 | | | UHC | Medicare | | 100 | | 14.18 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 1MG INJ | J2405 | HCPCS | 23150554742 | NDC | | both | 1 EA | 69.5 | | | United | CommercialPPO | | 100 | | 11.56 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 1MG INJ | J2405 | HCPCS | 23150554742 | NDC | | both | 1 EA | 69.5 | | | United | Oxford | | 100 | | 18.62 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 1MG INJ | J2405 | HCPCS | 23150554742 | NDC | | both | 1 EA | 69.5 | | | Wellcare | Medicaid | | 100 | | 11.86 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 1MG INJ | J2405 | HCPCS | 23150554742 | NDC | | both | 1 EA | 69.5 | | | Wellcare | Medicare | | 100 | | 15.15 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 1MG INJ | J2405 | HCPCS | 23150554742 | NDC | | both | 1 EA | 69.5 | | | WellPoint | WellPoint | | 100 | | 12.83 | | | other | Drugs are paid at 100% of the AWP |
| PALIPERIDONE PALMITATE 1MG SYRN | J2426 | HCPCS | 50458056401 | NDC | | both | 1 EA | 35.5 | | | Aetna | Better Health | | 100 | | 3.68 | | | other | Drugs are paid at 100% of the AWP |
| PALIPERIDONE PALMITATE 1MG SYRN | J2426 | HCPCS | 50458056401 | NDC | | both | 1 EA | 35.5 | | | Aetna | Commercial | | 100 | | 8.88 | | | other | Drugs are paid at 100% of the AWP |
| PALIPERIDONE PALMITATE 1MG SYRN | J2426 | HCPCS | 50458056401 | NDC | | both | 1 EA | 35.5 | | | Aetna | Medicare | | 100 | | 3.98 | | | other | Drugs are paid at 100% of the AWP |
| PALIPERIDONE PALMITATE 1MG SYRN | J2426 | HCPCS | 50458056401 | NDC | | both | 1 EA | 35.5 | | | Horizon | NJ Health | | 100 | | 2.65 | | | other | Drugs are paid at 100% of the AWP |
| PALIPERIDONE PALMITATE 1MG SYRN | J2426 | HCPCS | 50458056401 | NDC | | both | 1 EA | 35.5 | | | UHC | Medicaid | | 100 | | 4.34 | | | other | Drugs are paid at 100% of the AWP |
| PALIPERIDONE PALMITATE 1MG SYRN | J2426 | HCPCS | 50458056401 | NDC | | both | 1 EA | 35.5 | | | UHC | Medicare | | 100 | | 3.28 | | | other | Drugs are paid at 100% of the AWP |
| PALIPERIDONE PALMITATE 1MG SYRN | J2426 | HCPCS | 50458056401 | NDC | | both | 1 EA | 35.5 | | | Wellcare | Medicaid | | 100 | | 2.7 | | | other | Drugs are paid at 100% of the AWP |
| PALIPERIDONE PALMITATE 1MG SYRN | J2426 | HCPCS | 50458056401 | NDC | | both | 1 EA | 35.5 | | | WellPoint | WellPoint | | 100 | | 6.02 | | | other | Drugs are paid at 100% of the AWP |
| PAPAVERINE 60MG INJ | J2440 | HCPCS | 517400225 | NDC | | both | 1 EA | 23.5 | | | Aetna | Better Health | | 100 | | 3.26 | | | other | Drugs are paid at 100% of the AWP |
| PAPAVERINE 60MG INJ | J2440 | HCPCS | 517400225 | NDC | | both | 1 EA | 23.5 | | | Aetna | Commercial | | 100 | | 8.09 | | | other | Drugs are paid at 100% of the AWP |
| PAPAVERINE 60MG INJ | J2440 | HCPCS | 517400225 | NDC | | both | 1 EA | 23.5 | | | Aetna | Medicare | | 100 | | 2.91 | | | other | Drugs are paid at 100% of the AWP |
| PAPAVERINE 60MG INJ | J2440 | HCPCS | 517400225 | NDC | | both | 1 EA | 23.5 | | | Amerihealth | HMO/PPO | | 100 | | 3.31 | | | other | Drugs are paid at 100% of the AWP |
| PAPAVERINE 60MG INJ | J2440 | HCPCS | 517400225 | NDC | | both | 1 EA | 23.5 | | | Horizon | Indemnity | | 100 | | 4.74 | | | other | Drugs are paid at 100% of the AWP |
| PAPAVERINE 60MG INJ | J2440 | HCPCS | 517400225 | NDC | | both | 1 EA | 23.5 | | | Horizon | MGD | | 100 | | 4.93 | | | other | Drugs are paid at 100% of the AWP |
| PAPAVERINE 60MG INJ | J2440 | HCPCS | 517400225 | NDC | | both | 1 EA | 23.5 | | | Horizon | NJ Health | | 100 | | 2.71 | | | other | Drugs are paid at 100% of the AWP |
| PAPAVERINE 60MG INJ | J2440 | HCPCS | 517400225 | NDC | | both | 1 EA | 23.5 | | | Horizon | PPO | | 100 | | 8.51 | | | other | Drugs are paid at 100% of the AWP |
| PAPAVERINE 60MG INJ | J2440 | HCPCS | 517400225 | NDC | | both | 1 EA | 23.5 | | | UHC | Medicaid | | 100 | | 4.56 | | | other | Drugs are paid at 100% of the AWP |
| PAPAVERINE 60MG INJ | J2440 | HCPCS | 517400225 | NDC | | both | 1 EA | 23.5 | | | UHC | Medicare | | 100 | | 2.77 | | | other | Drugs are paid at 100% of the AWP |
| PAPAVERINE 60MG INJ | J2440 | HCPCS | 517400225 | NDC | | both | 1 EA | 23.5 | | | United | CommercialPPO | | 100 | | 1.87 | | | other | Drugs are paid at 100% of the AWP |
| PAPAVERINE 60MG INJ | J2440 | HCPCS | 517400225 | NDC | | both | 1 EA | 23.5 | | | Wellcare | Medicaid | | 100 | | 2.67 | | | other | Drugs are paid at 100% of the AWP |
| PAPAVERINE 60MG INJ | J2440 | HCPCS | 517400225 | NDC | | both | 1 EA | 23.5 | | | WellPoint | WellPoint | | 100 | | 4.18 | | | other | Drugs are paid at 100% of the AWP |
| PALONOSETRON 25MCG INJ | J2469 | HCPCS | 62856079701 | NDC | | both | 1 EA | 190.5 | | | Aetna | Better Health | | 100 | | 45.97 | | | other | Drugs are paid at 100% of the AWP |
| PALONOSETRON 25MCG INJ | J2469 | HCPCS | 62856079701 | NDC | | both | 1 EA | 190.5 | | | Aetna | Commercial | | 100 | | 51.65 | | | other | Drugs are paid at 100% of the AWP |
| PALONOSETRON 25MCG INJ | J2469 | HCPCS | 62856079701 | NDC | | both | 1 EA | 190.5 | | | Aetna | Medicare | | 100 | | 10.83 | | | other | Drugs are paid at 100% of the AWP |
| PALONOSETRON 25MCG INJ | J2469 | HCPCS | 62856079701 | NDC | | both | 1 EA | 190.5 | | | Amerihealth | HMO/PPO | | 100 | | 8.16 | | | other | Drugs are paid at 100% of the AWP |
| PALONOSETRON 25MCG INJ | J2469 | HCPCS | 62856079701 | NDC | | both | 1 EA | 190.5 | | | Corrections | Corrections | | 100 | | 66.86 | | | other | Drugs are paid at 100% of the AWP |
| PALONOSETRON 25MCG INJ | J2469 | HCPCS | 62856079701 | NDC | | both | 1 EA | 190.5 | | | Horizon | Indemnity | | 100 | | 51.39 | | | other | Drugs are paid at 100% of the AWP |
| PALONOSETRON 25MCG INJ | J2469 | HCPCS | 62856079701 | NDC | | both | 1 EA | 190.5 | | | Horizon | Medicare Blue | | 100 | | 14.09 | | | other | Drugs are paid at 100% of the AWP |
| PALONOSETRON 25MCG INJ | J2469 | HCPCS | 62856079701 | NDC | | both | 1 EA | 190.5 | | | Horizon | MGD | | 100 | | 27.2 | | | other | Drugs are paid at 100% of the AWP |
| PALONOSETRON 25MCG INJ | J2469 | HCPCS | 62856079701 | NDC | | both | 1 EA | 190.5 | | | Horizon | NJ Health | | 100 | | 23.32 | | | other | Drugs are paid at 100% of the AWP |
| PALONOSETRON 25MCG INJ | J2469 | HCPCS | 62856079701 | NDC | | both | 1 EA | 190.5 | | | Horizon | PPO | | 100 | | 38.21 | | | other | Drugs are paid at 100% of the AWP |
| PALONOSETRON 25MCG INJ | J2469 | HCPCS | 62856079701 | NDC | | both | 1 EA | 190.5 | | | UHC | Medicaid | | 100 | | 38.8 | | | other | Drugs are paid at 100% of the AWP |
| PALONOSETRON 25MCG INJ | J2469 | HCPCS | 62856079701 | NDC | | both | 1 EA | 190.5 | | | UHC | Medicare | | 100 | | 12.7 | | | other | Drugs are paid at 100% of the AWP |
| PALONOSETRON 25MCG INJ | J2469 | HCPCS | 62856079701 | NDC | | both | 1 EA | 190.5 | | | United | CommercialPPO | | 100 | | 66.7 | | | other | Drugs are paid at 100% of the AWP |
| PALONOSETRON 25MCG INJ | J2469 | HCPCS | 62856079701 | NDC | | both | 1 EA | 190.5 | | | Wellcare | Medicaid | | 100 | | 21.88 | | | other | Drugs are paid at 100% of the AWP |
| PALONOSETRON 25MCG INJ | J2469 | HCPCS | 62856079701 | NDC | | both | 1 EA | 190.5 | | | Wellcare | Medicare | | 100 | | 20.99 | | | other | Drugs are paid at 100% of the AWP |
| PALONOSETRON 25MCG INJ | J2469 | HCPCS | 62856079701 | NDC | | both | 1 EA | 190.5 | | | WellPoint | WellPoint | | 100 | | 44.5 | | | other | Drugs are paid at 100% of the AWP |
| PEGFILGRASTIM 0.5 MG INJ | J2506 | HCPCS | 55513019201 | NDC | | both | 1 EA | 2105.5 | | | Aetna | Better Health | | 100 | | 613.06 | | | other | Drugs are paid at 100% of the AWP |
| PEGFILGRASTIM 0.5 MG INJ | J2506 | HCPCS | 55513019201 | NDC | | both | 1 EA | 2105.5 | | | Aetna | Commercial | | 100 | | 207.26 | | | other | Drugs are paid at 100% of the AWP |
| PEGFILGRASTIM 0.5 MG INJ | J2506 | HCPCS | 55513019201 | NDC | | both | 1 EA | 2105.5 | | | Aetna | Medicare | | 100 | | 109.1 | | | other | Drugs are paid at 100% of the AWP |
| PEGFILGRASTIM 0.5 MG INJ | J2506 | HCPCS | 55513019201 | NDC | | both | 1 EA | 2105.5 | | | Horizon | Indemnity | | 100 | | 515.65 | | | other | Drugs are paid at 100% of the AWP |
| PEGFILGRASTIM 0.5 MG INJ | J2506 | HCPCS | 55513019201 | NDC | | both | 1 EA | 2105.5 | | | Horizon | Medicare Blue | | 100 | | 85.73 | | | other | Drugs are paid at 100% of the AWP |
| PEGFILGRASTIM 0.5 MG INJ | J2506 | HCPCS | 55513019201 | NDC | | both | 1 EA | 2105.5 | | | Horizon | MGD | | 100 | | 323.52 | | | other | Drugs are paid at 100% of the AWP |
| PEGFILGRASTIM 0.5 MG INJ | J2506 | HCPCS | 55513019201 | NDC | | both | 1 EA | 2105.5 | | | Horizon | NJ Health | | 100 | | 176.39 | | | other | Drugs are paid at 100% of the AWP |
| PEGFILGRASTIM 0.5 MG INJ | J2506 | HCPCS | 55513019201 | NDC | | both | 1 EA | 2105.5 | | | Horizon | PPO | | 100 | | 145.07 | | | other | Drugs are paid at 100% of the AWP |
| PEGFILGRASTIM 0.5 MG INJ | J2506 | HCPCS | 55513019201 | NDC | | both | 1 EA | 2105.5 | | | UHC | Medicaid | | 100 | | 595.72 | | | other | Drugs are paid at 100% of the AWP |
| PEGFILGRASTIM 0.5 MG INJ | J2506 | HCPCS | 55513019201 | NDC | | both | 1 EA | 2105.5 | | | UHC | Medicare | | 100 | | 116.55 | | | other | Drugs are paid at 100% of the AWP |
| PEGFILGRASTIM 0.5 MG INJ | J2506 | HCPCS | 55513019201 | NDC | | both | 1 EA | 2105.5 | | | United | CommercialPPO | | 100 | | 731.28 | | | other | Drugs are paid at 100% of the AWP |
| PEGFILGRASTIM 0.5 MG INJ | J2506 | HCPCS | 55513019201 | NDC | | both | 1 EA | 2105.5 | | | Wellcare | Medicaid | | 100 | | 576.37 | | | other | Drugs are paid at 100% of the AWP |
| PEGFILGRASTIM 0.5 MG INJ | J2506 | HCPCS | 55513019201 | NDC | | both | 1 EA | 2105.5 | | | Wellcare | Medicare | | 100 | | 135.6 | | | other | Drugs are paid at 100% of the AWP |
| PEGFILGRASTIM 0.5 MG INJ | J2506 | HCPCS | 55513019201 | NDC | | both | 1 EA | 2105.5 | | | WellPoint | WellPoint | | 100 | | 512.76 | | | other | Drugs are paid at 100% of the AWP |
| PENICILLIN G POT 600,000U INJ | J2540 | HCPCS | 49052083 | NDC | | both | 1 EA | 3.5 | | | Aetna | Better Health | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| PENICILLIN G POT 600,000U INJ | J2540 | HCPCS | 49052083 | NDC | | both | 1 EA | 3.5 | | | Aetna | Commercial | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| PENICILLIN G POT 600,000U INJ | J2540 | HCPCS | 49052083 | NDC | | both | 1 EA | 3.5 | | | Horizon | MGD | | 100 | | 0.9 | | | other | Drugs are paid at 100% of the AWP |
| PENICILLIN G POT 600,000U INJ | J2540 | HCPCS | 49052083 | NDC | | both | 1 EA | 3.5 | | | Horizon | NJ Health | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| PENICILLIN G POT 600,000U INJ | J2540 | HCPCS | 49052083 | NDC | | both | 1 EA | 3.5 | | | Horizon | PPO | | 100 | | 1.08 | | | other | Drugs are paid at 100% of the AWP |
| PENICILLIN G POT 600,000U INJ | J2540 | HCPCS | 49052083 | NDC | | both | 1 EA | 3.5 | | | UHC | Medicaid | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| PENICILLIN G POT 600,000U INJ | J2540 | HCPCS | 49052083 | NDC | | both | 1 EA | 3.5 | | | UHC | Medicare | | 100 | | 0.74 | | | other | Drugs are paid at 100% of the AWP |
| PENICILLIN G POT 600,000U INJ | J2540 | HCPCS | 49052083 | NDC | | both | 1 EA | 3.5 | | | United | CommercialPPO | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| PENICILLIN G POT 600,000U INJ | J2540 | HCPCS | 49052083 | NDC | | both | 1 EA | 3.5 | | | United | Oxford | | 100 | | 1.26 | | | other | Drugs are paid at 100% of the AWP |
| PENICILLIN G POT 600,000U INJ | J2540 | HCPCS | 49052083 | NDC | | both | 1 EA | 3.5 | | | Wellcare | Medicaid | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| PENICILLIN G POT 600,000U INJ | J2540 | HCPCS | 49052083 | NDC | | both | 1 EA | 3.5 | | | WellPoint | WellPoint | | 100 | | 0.87 | | | other | Drugs are paid at 100% of the AWP |
| PIPERACILLIN/TAZOBACTAM 1.125G INJ | J2543 | HCPCS | 63323032050 | NDC | | both | 1 EA | 35.5 | | | Aetna | Better Health | | 100 | | 7.48 | | | other | Drugs are paid at 100% of the AWP |
| PIPERACILLIN/TAZOBACTAM 1.125G INJ | J2543 | HCPCS | 63323032050 | NDC | | both | 1 EA | 35.5 | | | Aetna | Commercial | | 100 | | 7.18 | | | other | Drugs are paid at 100% of the AWP |
| PIPERACILLIN/TAZOBACTAM 1.125G INJ | J2543 | HCPCS | 63323032050 | NDC | | both | 1 EA | 35.5 | | | Aetna | Medicare | | 100 | | 6.02 | | | other | Drugs are paid at 100% of the AWP |
| PIPERACILLIN/TAZOBACTAM 1.125G INJ | J2543 | HCPCS | 63323032050 | NDC | | both | 1 EA | 35.5 | | | Amerihealth | HMO/PPO | | 100 | | 6.75 | | | other | Drugs are paid at 100% of the AWP |
| PIPERACILLIN/TAZOBACTAM 1.125G INJ | J2543 | HCPCS | 63323032050 | NDC | | both | 1 EA | 35.5 | | | Corrections | Corrections | | 100 | | 14.93 | | | other | Drugs are paid at 100% of the AWP |
| PIPERACILLIN/TAZOBACTAM 1.125G INJ | J2543 | HCPCS | 63323032050 | NDC | | both | 1 EA | 35.5 | | | Horizon | Indemnity | | 100 | | 5.16 | | | other | Drugs are paid at 100% of the AWP |
| PIPERACILLIN/TAZOBACTAM 1.125G INJ | J2543 | HCPCS | 63323032050 | NDC | | both | 1 EA | 35.5 | | | Horizon | Medicare Blue | | 100 | | 5.85 | | | other | Drugs are paid at 100% of the AWP |
| PIPERACILLIN/TAZOBACTAM 1.125G INJ | J2543 | HCPCS | 63323032050 | NDC | | both | 1 EA | 35.5 | | | Horizon | MGD | | 100 | | 7.26 | | | other | Drugs are paid at 100% of the AWP |
| PIPERACILLIN/TAZOBACTAM 1.125G INJ | J2543 | HCPCS | 63323032050 | NDC | | both | 1 EA | 35.5 | | | Horizon | NJ Health | | 100 | | 5.32 | | | other | Drugs are paid at 100% of the AWP |
| PIPERACILLIN/TAZOBACTAM 1.125G INJ | J2543 | HCPCS | 63323032050 | NDC | | both | 1 EA | 35.5 | | | Horizon | PPO | | 100 | | 6.34 | | | other | Drugs are paid at 100% of the AWP |
| PIPERACILLIN/TAZOBACTAM 1.125G INJ | J2543 | HCPCS | 63323032050 | NDC | | both | 1 EA | 35.5 | | | UHC | Medicaid | | 100 | | 5.82 | | | other | Drugs are paid at 100% of the AWP |
| PIPERACILLIN/TAZOBACTAM 1.125G INJ | J2543 | HCPCS | 63323032050 | NDC | | both | 1 EA | 35.5 | | | UHC | Medicare | | 100 | | 6.09 | | | other | Drugs are paid at 100% of the AWP |
| PIPERACILLIN/TAZOBACTAM 1.125G INJ | J2543 | HCPCS | 63323032050 | NDC | | both | 1 EA | 35.5 | | | United | CommercialPPO | | 100 | | 6.29 | | | other | Drugs are paid at 100% of the AWP |
| PIPERACILLIN/TAZOBACTAM 1.125G INJ | J2543 | HCPCS | 63323032050 | NDC | | both | 1 EA | 35.5 | | | United | Oxford | | 100 | | 10.94 | | | other | Drugs are paid at 100% of the AWP |
| PIPERACILLIN/TAZOBACTAM 1.125G INJ | J2543 | HCPCS | 63323032050 | NDC | | both | 1 EA | 35.5 | | | Wellcare | Medicaid | | 100 | | 6.96 | | | other | Drugs are paid at 100% of the AWP |
| PIPERACILLIN/TAZOBACTAM 1.125G INJ | J2543 | HCPCS | 63323032050 | NDC | | both | 1 EA | 35.5 | | | Wellcare | Medicare | | 100 | | 5.69 | | | other | Drugs are paid at 100% of the AWP |
| PIPERACILLIN/TAZOBACTAM 1.125G INJ | J2543 | HCPCS | 63323032050 | NDC | | both | 1 EA | 35.5 | | | WellPoint | WellPoint | | 100 | | 6.36 | | | other | Drugs are paid at 100% of the AWP |
| PHENOBARBITAL 65MG/1ML INJ | J2560 | HCPCS | 641047625 | NDC | | both | 1 EA | 179 | | | Aetna | Better Health | | 100 | | 33.61 | | | other | Drugs are paid at 100% of the AWP |
| PHENOBARBITAL 65MG/1ML INJ | J2560 | HCPCS | 641047625 | NDC | | both | 1 EA | 179 | | | Corrections | Corrections | | 100 | | 34.7 | | | other | Drugs are paid at 100% of the AWP |
| PHENOBARBITAL 65MG/1ML INJ | J2560 | HCPCS | 641047625 | NDC | | both | 1 EA | 179 | | | Horizon | NJ Health | | 100 | | 8.47 | | | other | Drugs are paid at 100% of the AWP |
| PHENOBARBITAL 65MG/1ML INJ | J2560 | HCPCS | 641047625 | NDC | | both | 1 EA | 179 | | | Horizon | PPO | | 100 | | 26.28 | | | other | Drugs are paid at 100% of the AWP |
| PHENOBARBITAL 65MG/1ML INJ | J2560 | HCPCS | 641047625 | NDC | | both | 1 EA | 179 | | | UHC | Medicaid | | 100 | | 28.26 | | | other | Drugs are paid at 100% of the AWP |
| PHENOBARBITAL 65MG/1ML INJ | J2560 | HCPCS | 641047625 | NDC | | both | 1 EA | 179 | | | Wellcare | Medicaid | | 100 | | 79.09 | | | other | Drugs are paid at 100% of the AWP |
| PHENOBARBITAL 65MG/1ML INJ | J2560 | HCPCS | 641047625 | NDC | | both | 1 EA | 179 | | | WellPoint | WellPoint | | 100 | | 30.2 | | | other | Drugs are paid at 100% of the AWP |
| OXYTOCIN 20U/D5 1/2NS 1000ML IVLV | J2590 | HCPCS | 61570041605 | NDC | | both | 1 EA | 25 | | | Aetna | Better Health | | 100 | | 3.84 | | | other | Drugs are paid at 100% of the AWP |
| OXYTOCIN 20U/D5 1/2NS 1000ML IVLV | J2590 | HCPCS | 61570041605 | NDC | | both | 1 EA | 25 | | | Aetna | Commercial | | 100 | | 6.12 | | | other | Drugs are paid at 100% of the AWP |
| OXYTOCIN 20U/D5 1/2NS 1000ML IVLV | J2590 | HCPCS | 61570041605 | NDC | | both | 1 EA | 25 | | | Amerihealth | HMO/PPO | | 100 | | 9.87 | | | other | Drugs are paid at 100% of the AWP |
| OXYTOCIN 20U/D5 1/2NS 1000ML IVLV | J2590 | HCPCS | 61570041605 | NDC | | both | 1 EA | 25 | | | Corrections | Corrections | | 100 | | 3.87 | | | other | Drugs are paid at 100% of the AWP |
| OXYTOCIN 20U/D5 1/2NS 1000ML IVLV | J2590 | HCPCS | 61570041605 | NDC | | both | 1 EA | 25 | | | Horizon | Indemnity | | 100 | | 6.42 | | | other | Drugs are paid at 100% of the AWP |
| OXYTOCIN 20U/D5 1/2NS 1000ML IVLV | J2590 | HCPCS | 61570041605 | NDC | | both | 1 EA | 25 | | | Horizon | Medicare Blue | | 100 | | 17.2 | | | other | Drugs are paid at 100% of the AWP |
| OXYTOCIN 20U/D5 1/2NS 1000ML IVLV | J2590 | HCPCS | 61570041605 | NDC | | both | 1 EA | 25 | | | Horizon | MGD | | 100 | | 10.27 | | | other | Drugs are paid at 100% of the AWP |
| OXYTOCIN 20U/D5 1/2NS 1000ML IVLV | J2590 | HCPCS | 61570041605 | NDC | | both | 1 EA | 25 | | | Horizon | NJ Health | | 100 | | 3.66 | | | other | Drugs are paid at 100% of the AWP |
| OXYTOCIN 20U/D5 1/2NS 1000ML IVLV | J2590 | HCPCS | 61570041605 | NDC | | both | 1 EA | 25 | | | Horizon | PPO | | 100 | | 5.3 | | | other | Drugs are paid at 100% of the AWP |
| OXYTOCIN 20U/D5 1/2NS 1000ML IVLV | J2590 | HCPCS | 61570041605 | NDC | | both | 1 EA | 25 | | | UHC | Medicaid | | 100 | | 2.85 | | | other | Drugs are paid at 100% of the AWP |
| OXYTOCIN 20U/D5 1/2NS 1000ML IVLV | J2590 | HCPCS | 61570041605 | NDC | | both | 1 EA | 25 | | | UHC | Medicare | | 100 | | 8.07 | | | other | Drugs are paid at 100% of the AWP |
| OXYTOCIN 20U/D5 1/2NS 1000ML IVLV | J2590 | HCPCS | 61570041605 | NDC | | both | 1 EA | 25 | | | United | CommercialPPO | | 100 | | 4.53 | | | other | Drugs are paid at 100% of the AWP |
| OXYTOCIN 20U/D5 1/2NS 1000ML IVLV | J2590 | HCPCS | 61570041605 | NDC | | both | 1 EA | 25 | | | United | Oxford | | 100 | | 8.65 | | | other | Drugs are paid at 100% of the AWP |
| OXYTOCIN 20U/D5 1/2NS 1000ML IVLV | J2590 | HCPCS | 61570041605 | NDC | | both | 1 EA | 25 | | | Wellcare | Medicaid | | 100 | | 3.86 | | | other | Drugs are paid at 100% of the AWP |
| OXYTOCIN 20U/D5 1/2NS 1000ML IVLV | J2590 | HCPCS | 61570041605 | NDC | | both | 1 EA | 25 | | | WellPoint | WellPoint | | 100 | | 3.53 | | | other | Drugs are paid at 100% of the AWP |
| OXYTOCIN 10U/1M INJ | J2590 | HCPCS | 63323001201 | NDC | | both | 1 EA | 33.5 | | | Aetna | Better Health | | 100 | | 4.53 | | | other | Drugs are paid at 100% of the AWP |
| OXYTOCIN 10U/1M INJ | J2590 | HCPCS | 63323001201 | NDC | | both | 1 EA | 33.5 | | | Aetna | Commercial | | 100 | | 8.44 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| OXYTOCIN 10U/1M INJ | J2590 | HCPCS | 63323001201 | NDC | | both | | 1 EA | 33.5 | | Amerihealth | HMO/PPO | | 100 | | 3.01 | | | other | Drugs are paid at 100% of the AWP |
| OXYTOCIN 10U/1M INJ | J2590 | HCPCS | 63323001201 | NDC | | both | | 1 EA | 33.5 | | Horizon | Indemnity | | 100 | | 6.02 | | | other | Drugs are paid at 100% of the AWP |
| OXYTOCIN 10U/1M INJ | J2590 | HCPCS | 63323001201 | NDC | | both | | 1 EA | 33.5 | | Horizon | Medicare Blue | | 100 | | 23.3 | | | other | Drugs are paid at 100% of the AWP |
| OXYTOCIN 10U/1M INJ | J2590 | HCPCS | 63323001201 | NDC | | both | | 1 EA | 33.5 | | Horizon | MGD | | 100 | | 6.46 | | | other | Drugs are paid at 100% of the AWP |
| OXYTOCIN 10U/1M INJ | J2590 | HCPCS | 63323001201 | NDC | | both | | 1 EA | 33.5 | | Horizon | NJ Health | | 100 | | 4.48 | | | other | Drugs are paid at 100% of the AWP |
| OXYTOCIN 10U/1M INJ | J2590 | HCPCS | 63323001201 | NDC | | both | | 1 EA | 33.5 | | Horizon | PPO | | 100 | | 7.37 | | | other | Drugs are paid at 100% of the AWP |
| OXYTOCIN 10U/1M INJ | J2590 | HCPCS | 63323001201 | NDC | | both | | 1 EA | 33.5 | | UHC | Medicaid | | 100 | | 4.49 | | | other | Drugs are paid at 100% of the AWP |
| OXYTOCIN 10U/1M INJ | J2590 | HCPCS | 63323001201 | NDC | | both | | 1 EA | 33.5 | | UHC | Medicare | | 100 | | 6.85 | | | other | Drugs are paid at 100% of the AWP |
| OXYTOCIN 10U/1M INJ | J2590 | HCPCS | 63323001201 | NDC | | both | | 1 EA | 33.5 | | United | Commercial/PPO | | 100 | | 5.13 | | | other | Drugs are paid at 100% of the AWP |
| OXYTOCIN 10U/1M INJ | J2590 | HCPCS | 63323001201 | NDC | | both | | 1 EA | 33.5 | | Wellcare | Medicaid | | 100 | | 5.07 | | | other | Drugs are paid at 100% of the AWP |
| OXYTOCIN 10U/1M INJ | J2590 | HCPCS | 63323001201 | NDC | | both | | 1 EA | 33.5 | | WellPoint | WellPoint | | 100 | | 4.27 | | | other | Drugs are paid at 100% of the AWP |
| DESOMPRESSIN 1MCG/ML INJ | J2597 | HCPCS | 69918090110 | NDC | | both | | 1 EA | 53.5 | | Aetna | Better Health | | 100 | | 7.46 | | | other | Drugs are paid at 100% of the AWP |
| DESOMPRESSIN 1MCG/ML INJ | J2597 | HCPCS | 69918090110 | NDC | | both | | 1 EA | 53.5 | | Aetna | Commercial | | 100 | | 11.46 | | | other | Drugs are paid at 100% of the AWP |
| DESOMPRESSIN 1MCG/ML INJ | J2597 | HCPCS | 69918090110 | NDC | | both | | 1 EA | 53.5 | | Aetna | Medicare | | 100 | | 13.44 | | | other | Drugs are paid at 100% of the AWP |
| DESOMPRESSIN 1MCG/ML INJ | J2597 | HCPCS | 69918090110 | NDC | | both | | 1 EA | 53.5 | | Amerihealth | HMO/PPO | | 100 | | 7.96 | | | other | Drugs are paid at 100% of the AWP |
| DESOMPRESSIN 1MCG/ML INJ | J2597 | HCPCS | 69918090110 | NDC | | both | | 1 EA | 53.5 | | Horizon | Indemnity | | 100 | | 4.79 | | | other | Drugs are paid at 100% of the AWP |
| DESOMPRESSIN 1MCG/ML INJ | J2597 | HCPCS | 69918090110 | NDC | | both | | 1 EA | 53.5 | | Horizon | Medicare Blue | | 100 | | 6.05 | | | other | Drugs are paid at 100% of the AWP |
| DESOMPRESSIN 1MCG/ML INJ | J2597 | HCPCS | 69918090110 | NDC | | both | | 1 EA | 53.5 | | Horizon | MGD | | 100 | | 7.95 | | | other | Drugs are paid at 100% of the AWP |
| DESOMPRESSIN 1MCG/ML INJ | J2597 | HCPCS | 69918090110 | NDC | | both | | 1 EA | 53.5 | | Horizon | NJ Health | | 100 | | 5.48 | | | other | Drugs are paid at 100% of the AWP |
| DESOMPRESSIN 1MCG/ML INJ | J2597 | HCPCS | 69918090110 | NDC | | both | | 1 EA | 53.5 | | Horizon | PPO | | 100 | | 9.58 | | | other | Drugs are paid at 100% of the AWP |
| DESOMPRESSIN 1MCG/ML INJ | J2597 | HCPCS | 69918090110 | NDC | | both | | 1 EA | 53.5 | | UHC | Medicaid | | 100 | | 6.52 | | | other | Drugs are paid at 100% of the AWP |
| DESOMPRESSIN 1MCG/ML INJ | J2597 | HCPCS | 69918090110 | NDC | | both | | 1 EA | 53.5 | | UHC | Medicare | | 100 | | 10.76 | | | other | Drugs are paid at 100% of the AWP |
| DESOMPRESSIN 1MCG/ML INJ | J2597 | HCPCS | 69918090110 | NDC | | both | | 1 EA | 53.5 | | United | Commercial/PPO | | 100 | | 27.32 | | | other | Drugs are paid at 100% of the AWP |
| DESOMPRESSIN 1MCG/ML INJ | J2597 | HCPCS | 69918090110 | NDC | | both | | 1 EA | 53.5 | | Wellcare | Medicare | | 100 | | 9.66 | | | other | Drugs are paid at 100% of the AWP |
| DESOMPRESSIN 1MCG/ML INJ | J2597 | HCPCS | 69918090110 | NDC | | both | | 1 EA | 53.5 | | WellPoint | WellPoint | | 100 | | 9.85 | | | other | Drugs are paid at 100% of the AWP |
| PROGESTERONE 50MG/ML INJ | J2675 | HCPCS | 591312879 | NDC | | both | | 1 EA | 23.5 | | Horizon | NJ Health | | 100 | | 2.62 | | | other | Drugs are paid at 100% of the AWP |
| PROGESTERONE 50MG/ML INJ | J2675 | HCPCS | 591312879 | NDC | | both | | 1 EA | 23.5 | | Horizon | PPO | | 100 | | 7.78 | | | other | Drugs are paid at 100% of the AWP |
| PROPOFOL 10MG | J2704 | HCPCS | 63323026950 | NDC | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| PROPOFOL 10MG | J2704 | HCPCS | 63323026950 | NDC | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| PROPOFOL 10MG | J2704 | HCPCS | 63323026950 | NDC | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| PROPOFOL 10MG | J2704 | HCPCS | 63323026950 | NDC | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| PROPOFOL 10MG | J2704 | HCPCS | 63323026950 | NDC | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| PROPOFOL 10MG | J2704 | HCPCS | 63323026950 | NDC | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| PROPOFOL 10MG | J2704 | HCPCS | 63323026950 | NDC | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| PROPOFOL 10MG | J2704 | HCPCS | 63323026950 | NDC | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| PROPOFOL 10MG | J2704 | HCPCS | 63323026950 | NDC | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| PROPOFOL 10MG | J2704 | HCPCS | 63323026950 | NDC | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| PROPOFOL 10MG | J2704 | HCPCS | 63323026950 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| PROPOFOL 10MG | J2704 | HCPCS | 63323026950 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| PROPOFOL 10MG | J2704 | HCPCS | 63323026950 | NDC | | both | | 1 EA | 2.5 | | United | Commercial/PPO | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| PROPOFOL 10MG | J2704 | HCPCS | 63323026950 | NDC | | both | | 1 EA | 2.5 | | United | Oxford | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| PROPOFOL 10MG | J2704 | HCPCS | 63323026950 | NDC | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| PROPOFOL 10MG | J2704 | HCPCS | 63323026950 | NDC | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| PROPOFOL 10MG | J2704 | HCPCS | 63323026950 | NDC | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| NEOSTIGMINE 0.5MG INJ | J2710 | HCPCS | 42023018910 | NDC | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.71 | | | other | Drugs are paid at 100% of the AWP |
| NEOSTIGMINE 0.5MG INJ | J2710 | HCPCS | 42023018910 | NDC | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| NEOSTIGMINE 0.5MG INJ | J2710 | HCPCS | 42023018910 | NDC | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| NEOSTIGMINE 0.5MG INJ | J2710 | HCPCS | 42023018910 | NDC | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| NEOSTIGMINE 0.5MG INJ | J2710 | HCPCS | 42023018910 | NDC | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| NEOSTIGMINE 0.5MG INJ | J2710 | HCPCS | 42023018910 | NDC | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| NEOSTIGMINE 0.5MG INJ | J2710 | HCPCS | 42023018910 | NDC | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| NEOSTIGMINE 0.5MG INJ | J2710 | HCPCS | 42023018910 | NDC | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| NEOSTIGMINE 0.5MG INJ | J2710 | HCPCS | 42023018910 | NDC | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| NEOSTIGMINE 0.5MG INJ | J2710 | HCPCS | 42023018910 | NDC | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| NEOSTIGMINE 0.5MG INJ | J2710 | HCPCS | 42023018910 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| NEOSTIGMINE 0.5MG INJ | J2710 | HCPCS | 42023018910 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| NEOSTIGMINE 0.5MG INJ | J2710 | HCPCS | 42023018910 | NDC | | both | | 1 EA | 2.5 | | United | Commercial/PPO | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| NEOSTIGMINE 0.5MG INJ | J2710 | HCPCS | 42023018910 | NDC | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| NEOSTIGMINE 0.5MG INJ | J2710 | HCPCS | 42023018910 | NDC | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| NEOSTIGMINE 0.5MG INJ | J2710 | HCPCS | 42023018910 | NDC | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| PROTAMINE SULFATE 10MG INJ | J2720 | HCPCS | 63323022930 | NDC | | both | | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| PROTAMINE SULFATE 10MG INJ | J2720 | HCPCS | 63323022930 | NDC | | both | | 1 EA | 3.5 | | Aetna | Commercial | | 100 | | 1.34 | | | other | Drugs are paid at 100% of the AWP |
| PROTAMINE SULFATE 10MG INJ | J2720 | HCPCS | 63323022930 | NDC | | both | | 1 EA | 3.5 | | Aetna | Medicare | | 100 | | 0.79 | | | other | Drugs are paid at 100% of the AWP |
| PROTAMINE SULFATE 10MG INJ | J2720 | HCPCS | 63323022930 | NDC | | both | | 1 EA | 3.5 | | Corrections | Corrections | | 100 | | 0.81 | | | other | Drugs are paid at 100% of the AWP |
| PROTAMINE SULFATE 10MG INJ | J2720 | HCPCS | 63323022930 | NDC | | both | | 1 EA | 3.5 | | Horizon | Indemnity | | 100 | | 0.11 | | | other | Drugs are paid at 100% of the AWP |
| PROTAMINE SULFATE 10MG INJ | J2720 | HCPCS | 63323022930 | NDC | | both | | 1 EA | 3.5 | | Horizon | Medicare Blue | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| PROTAMINE SULFATE 10MG INJ | J2720 | HCPCS | 63323022930 | NDC | | both | | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| PROTAMINE SULFATE 10MG INJ | J2720 | HCPCS | 63323022930 | NDC | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| PROTAMINE SULFATE 10MG INJ | J2720 | HCPCS | 63323022930 | NDC | | both | | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 1.09 | | | other | Drugs are paid at 100% of the AWP |
| PROTAMINE SULFATE 10MG INJ | J2720 | HCPCS | 63323022930 | NDC | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| PROTAMINE SULFATE 10MG INJ | J2720 | HCPCS | 63323022930 | NDC | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| PROTAMINE SULFATE 10MG INJ | J2720 | HCPCS | 63323022930 | NDC | | both | | 1 EA | 3.5 | | Wellcare | Medicaid | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| PROTAMINE SULFATE 10MG INJ | J2720 | HCPCS | 63323022930 | NDC | | both | | 1 EA | 3.5 | | Wellcare | Medicare | | 100 | | 0.97 | | | other | Drugs are paid at 100% of the AWP |
| PROTAMINE SULFATE 10MG INJ | J2720 | HCPCS | 63323022930 | NDC | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| PHENTOLAMINE 5MG INJ | J2760 | HCPCS | 68094010120 | NDC | | both | | 1 EA | 1586 | | Horizon | PPO | | 100 | | 137.03 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE 10MG (2ML) VIAL | J2765 | HCPCS | 23155024041 | NDC | | both | | 1 EA | 5.5 | | Aetna | Better Health | | 100 | | 0.96 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE 10MG (2ML) VIAL | J2765 | HCPCS | 23155024041 | NDC | | both | | 1 EA | 5.5 | | Aetna | Commercial | | 100 | | 1.29 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE 10MG (2ML) VIAL | J2765 | HCPCS | 23155024041 | NDC | | both | | 1 EA | 5.5 | | Aetna | Medicare | | 100 | | 0.89 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE 10MG (2ML) VIAL | J2765 | HCPCS | 23155024041 | NDC | | both | | 1 EA | 5.5 | | Amerihealth | HMO/PPO | | 100 | | 0.96 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE 10MG (2ML) VIAL | J2765 | HCPCS | 23155024041 | NDC | | both | | 1 EA | 5.5 | | Corrections | Corrections | | 100 | | 1.15 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE 10MG (2ML) VIAL | J2765 | HCPCS | 23155024041 | NDC | | both | | 1 EA | 5.5 | | Horizon | Indemnity | | 100 | | 1.04 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE 10MG (2ML) VIAL | J2765 | HCPCS | 23155024041 | NDC | | both | | 1 EA | 5.5 | | Horizon | Medicare Blue | | 100 | | 0.99 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE 10MG (2ML) VIAL | J2765 | HCPCS | 23155024041 | NDC | | both | | 1 EA | 5.5 | | Horizon | MGD | | 100 | | 1.13 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE 10MG (2ML) VIAL | J2765 | HCPCS | 23155024041 | NDC | | both | | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE 10MG (2ML) VIAL | J2765 | HCPCS | 23155024041 | NDC | | both | | 1 EA | 5.5 | | Horizon | PPO | | 100 | | 1.12 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE 10MG (2ML) VIAL | J2765 | HCPCS | 23155024041 | NDC | | both | | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE 10MG (2ML) VIAL | J2765 | HCPCS | 23155024041 | NDC | | both | | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 1.19 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE 10MG (2ML) VIAL | J2765 | HCPCS | 23155024041 | NDC | | both | | 1 EA | 5.5 | | United | Commercial/PPO | | 100 | | 0.79 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE 10MG (2ML) VIAL | J2765 | HCPCS | 23155024041 | NDC | | both | | 1 EA | 5.5 | | United | Oxford | | 100 | | 1.15 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE 10MG (2ML) VIAL | J2765 | HCPCS | 23155024041 | NDC | | both | | 1 EA | 5.5 | | Wellcare | Medicaid | | 100 | | 1.26 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE 10MG (2ML) VIAL | J2765 | HCPCS | 23155024041 | NDC | | both | | 1 EA | 5.5 | | Wellcare | Medicare | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE 10MG (2ML) VIAL | J2765 | HCPCS | 23155024041 | NDC | | both | | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 0.98 | | | other | Drugs are paid at 100% of the AWP |
| FARICIMAB-SVOA(VABYSMO) 0.1MG INJ | J2777 | HCPCS | 50242009601 | NDC | | both | | 1 EA | 140.5 | | Aetna | Medicare | | 100 | | 33.56 | | | other | Drugs are paid at 100% of the AWP |
| FARICIMAB-SVOA(VABYSMO) 0.1MG INJ | J2777 | HCPCS | 50242009601 | NDC | | both | | 1 EA | 140.5 | | Horizon | Medicare Blue | | 100 | | 30.5 | | | other | Drugs are paid at 100% of the AWP |
| FARICIMAB-SVOA(VABYSMO) 0.1MG INJ | J2777 | HCPCS | 50242009601 | NDC | | both | | 1 EA | 140.5 | | Horizon | MGD | | 100 | | 58.47 | | | other | Drugs are paid at 100% of the AWP |
| FARICIMAB-SVOA(VABYSMO) 0.1MG INJ | J2777 | HCPCS | 50242009601 | NDC | | both | | 1 EA | 140.5 | | Horizon | NJ Health | | 100 | | 35.33 | | | other | Drugs are paid at 100% of the AWP |
| FARICIMAB-SVOA(VABYSMO) 0.1MG INJ | J2777 | HCPCS | 50242009601 | NDC | | both | | 1 EA | 140.5 | | UHC | Medicaid | | 100 | | 43.3 | | | other | Drugs are paid at 100% of the AWP |
| FARICIMAB-SVOA(VABYSMO) 0.1MG INJ | J2777 | HCPCS | 50242009601 | NDC | | both | | 1 EA | 140.5 | | UHC | Medicare | | 100 | | 30.1 | | | other | Drugs are paid at 100% of the AWP |
| FARICIMAB-SVOA(VABYSMO) 0.1MG INJ | J2777 | HCPCS | 50242009601 | NDC | | both | | 1 EA | 140.5 | | Wellcare | Medicare | | 100 | | 36.79 | | | other | Drugs are paid at 100% of the AWP |
| FARICIMAB-SVOA(VABYSMO) 0.1MG INJ | J2777 | HCPCS | 50242009601 | NDC | | both | | 1 EA | 140.5 | | WellPoint | WellPoint | | 100 | | 36.87 | | | other | Drugs are paid at 100% of the AWP |
| RANIBIZUMAB INJECTION 0.1MG | J2778 | HCPCS | 50242008002 | NDC | | both | | 1 EA | 1926 | | Aetna | Medicare | | 100 | | 206.9 | | | other | Drugs are paid at 100% of the AWP |
| RANIBIZUMAB INJECTION 0.1MG | J2778 | HCPCS | 50242008002 | NDC | | both | | 1 EA | 1926 | | Horizon | NJ Health | | 100 | | 56.72 | | | other | Drugs are paid at 100% of the AWP |
| RANIBIZUMAB INJECTION 0.1MG | J2778 | HCPCS | 50242008002 | NDC | | both | | 1 EA | 1926 | | UHC | Medicaid | | 100 | | 256.04 | | | other | Drugs are paid at 100% of the AWP |
| RANIBIZUMAB INJECTION 0.1MG | J2778 | HCPCS | 50242008002 | NDC | | both | | 1 EA | 1926 | | UHC | Medicare | | 100 | | 235.53 | | | other | Drugs are paid at 100% of the AWP |
| RANIBIZUMAB INJECTION 0.1MG | J2778 | HCPCS | 50242008002 | NDC | | both | | 1 EA | 1926 | | Wellcare | Medicaid | | 100 | | 565.3 | | | other | Drugs are paid at 100% of the AWP |
| RANIBIZUMAB INJECTION 0.1MG | J2778 | HCPCS | 50242008002 | NDC | | both | | 1 EA | 1926 | | WellPoint | WellPoint | | 100 | | 395.17 | | | other | Drugs are paid at 100% of the AWP |
| RASBURICASE 0.5MG INJ | J2783 | HCPCS | 24515010 | NDC | | both | | 1 EA | 874.5 | | Corrections | Corrections | | 100 | | 234.97 | | | other | Drugs are paid at 100% of the AWP |
| RASBURICASE 0.5MG INJ | J2783 | HCPCS | 24515010 | NDC | | both | | 1 EA | 874.5 | | WellPoint | WellPoint | | 100 | | 171.86 | | | other | Drugs are paid at 100% of the AWP |
| IMMUNE GLOBULIN RHO D 100 IU INJ | J2792 | HCPCS | 53270310001 | NDC | | both | | 1 EA | 124 | | Amerihealth | HMO/PPO | | 100 | | 13.79 | | | other | Drugs are paid at 100% of the AWP |
| IMMUNE GLOBULIN RHO D 100 IU INJ | J2792 | HCPCS | 53270310001 | NDC | | both | | 1 EA | 124 | | Horizon | MGD | | 100 | | 43.08 | | | other | Drugs are paid at 100% of the AWP |
| IMMUNE GLOBULIN RHO D 100 IU INJ | J2792 | HCPCS | 53270310001 | NDC | | both | | 1 EA | 124 | | Horizon | NJ Health | | 100 | | 18.12 | | | other | Drugs are paid at 100% of the AWP |
| IMMUNE GLOBULIN RHO D 100 IU INJ | J2792 | HCPCS | 53270310001 | NDC | | both | | 1 EA | 124 | | Horizon | PPO | | 100 | | 59.89 | | | other | Drugs are paid at 100% of the AWP |
| IMMUNE GLOBULIN RHO D 100 IU INJ | J2792 | HCPCS | 53270310001 | NDC | | both | | 1 EA | 124 | | UHC | Medicaid | | 100 | | 17.48 | | | other | Drugs are paid at 100% of the AWP |
| IMMUNE GLOBULIN RHO D 100 IU INJ | J2792 | HCPCS | 53270310001 | NDC | | both | | 1 EA | 124 | | United | Commercial/PPO | | 100 | | 20.17 | | | other | Drugs are paid at 100% of the AWP |
| IMMUNE GLOBULIN RHO D 100 IU INJ | J2792 | HCPCS | 53270310001 | NDC | | both | | 1 EA | 124 | | Wellcare | Medicaid | | 100 | | 23 | | | other | Drugs are paid at 100% of the AWP |
| IMMUNE GLOBULIN RHO D 100 IU INJ | J2792 | HCPCS | 53270310001 | NDC | | both | | 1 EA | 124 | | WellPoint | WellPoint | | 100 | | 29.8 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE CONSTA 0.5 MG INJ. | J2794 | HCPCS | 50458030911 | NDC | | both | | 1 EA | 31.5 | | Horizon | Medicare Blue | | 100 | | 4.81 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE CONSTA 0.5 MG INJ. | J2794 | HCPCS | 50458030911 | NDC | | both | | 1 EA | 31.5 | | Horizon | NJ Health | | 100 | | 3.57 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE CONSTA 0.5 MG INJ. | J2794 | HCPCS | 50458030911 | NDC | | both | | 1 EA | 31.5 | | UHC | Medicaid | | 100 | | 1.01 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE CONSTA 0.5 MG INJ. | J2794 | HCPCS | 50458030911 | NDC | | both | | 1 EA | 31.5 | | UHC | Medicare | | 100 | | 3.16 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE CONSTA 0.5 MG INJ. | J2794 | HCPCS | 50458030911 | NDC | | both | | 1 EA | 31.5 | | WellPoint | WellPoint | | 100 | | 3.11 | | | other | Drugs are paid at 100% of the AWP |
| ROMIPLOSTIM 10 MCG | J2796 | HCPCS | 55513022101 | NDC | | both | | 1 EA | 261 | | UHC | Medicaid | | 100 | | 71.33 | | | other | Drugs are paid at 100% of the AWP |
| ROMIPLOSTIM 10 MCG | J2796 | HCPCS | 55513022101 | NDC | | both | | 1 EA | 261 | | UHC | Medicare | | 100 | | 44.48 | | | other | Drugs are paid at 100% of the AWP |
| SINCALIDE 5MCG INJ | J2805 | HCPCS | 270055615 | NDC | | both | | 1 EA | 388 | | Horizon | Indemnity | | 100 | | 152.67 | | | other | Drugs are paid at 100% of the AWP |
| SINCALIDE 5MCG INJ | J2805 | HCPCS | 270055615 | NDC | | both | | 1 EA | 388 | | Horizon | Medicare Blue | | 100 | | 91.39 | | | other | Drugs are paid at 100% of the AWP |
| SINCALIDE 5MCG INJ | J2805 | HCPCS | 270055615 | NDC | | both | | 1 EA | 388 | | Horizon | NJ Health | | 100 | | 12.74 | | | other | Drugs are paid at 100% of the AWP |
| SINCALIDE 5MCG INJ | J2805 | HCPCS | 270055615 | NDC | | both | | 1 EA | 388 | | UHC | Medicare | | 100 | | 61.43 | | | other | Drugs are paid at 100% of the AWP |
| SINCALIDE 5MCG INJ | J2805 | HCPCS | 270055615 | NDC | | both | | 1 EA | 388 | | WellPoint | WellPoint | | 100 | | 91.21 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPRED SOD (SUCC) 5MG INJ | J2920 | HCPCS | 9003928 | NDC | | both | | 1 EA | 1 | | Aetna | Better Health | | 100 | | 1.83 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPRED SOD (SUCC) 5MG INJ | J2920 | HCPCS | 9003928 | NDC | | both | | 1 EA | 1 | | Aetna | Commercial | | 100 | | 3.71 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPRED SOD (SUCC) 5MG INJ | J2920 | HCPCS | 9003928 | NDC | | both | | 1 EA | 1 | | Aetna | Medicare | | 100 | | 3.29 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPRED SOD (SUCC) 5MG INJ | J2920 | HCPCS | 9003928 | NDC | | both | | 1 EA | 1 | | Amerihealth | HMO/PPO | | 100 | | 2.95 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPRED SOD (SUCC) 5MG INJ | J2920 | HCPCS | 9003928 | NDC | | both | | 1 EA | 1 | | Corrections | Corrections | | 100 | | 5.22 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPRED SOD (SUCC) 5MG INJ | J2920 | HCPCS | 9003928 | NDC | | both | | 1 EA | 1 | | Horizon | Indemnity | | 100 | | 4.52 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPRED SOD (SUCC) 5MG INJ | J2920 | HCPCS | 9003928 | NDC | | both | | 1 EA | 1 | | Horizon | Medicare Blue | | 100 | | 5.94 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPRED SOD (SUCC) 5MG INJ | J2920 | HCPCS | 9003928 | NDC | | both | | 1 EA | 1 | | Horizon | MGD | | 100 | | 2.38 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPRED SOD (SUCC) 5MG INJ | J2920 | HCPCS | 9003928 | NDC | | both | | 1 EA | 1 | | Horizon | NJ Health | | 100 | | 2.84 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPRED SOD (SUCC) 5MG INJ | J2920 | HCPCS | 9003928 | NDC | | both | | 1 EA | 1 | | Horizon | PPO | | 100 | | 5.13 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPRED SOD (SUCC) 5MG INJ | J2920 | HCPCS | 9003928 | NDC | | both | | 1 EA | 1 | | UHC | Medicaid | | 100 | | 2.48 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPRED SOD (SUCC) 5MG INJ | J2920 | HCPCS | 9003928 | NDC | | both | | 1 EA | 1 | | UHC | Medicare | | 100 | | 3.41 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPRED SOD (SUCC) 5MG INJ | J2920 | HCPCS | 9003928 | NDC | | both | | 1 EA | 1 | | United | Commercial/PPO | | 100 | | 2.36 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPRED SOD (SUCC) 5MG INJ | J2920 | HCPCS | 9003928 | NDC | | both | | 1 EA | 1 | | Wellcare | Medicaid | | 100 | | 3.13 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPRED SOD (SUCC) 5MG INJ | J2920 | HCPCS | 9003928 | NDC | | both | | 1 EA | 1 | | Wellcare | Medicare | | 100 | | 3.48 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPRED SOD (SUCC) 5MG INJ | J2920 | HCPCS | 9003928 | NDC | | both | | 1 EA | 1 | | WellPoint | WellPoint | | 100 | | 3.14 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPREDNISOLONE 125MG INJ | J2930 | HCPCS | 9004722 | NDC | | both | | 1 EA | 35.5 | | Aetna | Better Health | | 100 | | 5.3 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPREDNISOLONE 125MG INJ | J2930 | HCPCS | 9004722 | NDC | | both | | 1 EA | 35.5 | | Aetna | Commercial | | 100 | | 7.58 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPREDNISOLONE 125MG INJ | J2930 | HCPCS | 9004722 | NDC | | both | | 1 EA | 35.5 | | Aetna | Medicare | | 100 | | 5.88 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPREDNISOLONE 125MG INJ | J2930 | HCPCS | 9004722 | NDC | | both | | 1 EA | 35.5 | | Amerihealth | HMO/PPO | | 100 | | 6.23 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| METHYLPREDNISOLONE 125MG INJ | J2930 | HCPCS | 9004722 | NDC | | both | 1 EA | 35.5 | | | Corrections | Corrections | | 100 | | 10.73 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPREDNISOLONE 125MG INJ | J2930 | HCPCS | 9004722 | NDC | | both | 1 EA | 35.5 | | | Horizon | Indemnity | | 100 | | 9.37 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPREDNISOLONE 125MG INJ | J2930 | HCPCS | 9004722 | NDC | | both | 1 EA | 35.5 | | | Horizon | Medicare Blue | | 100 | | 8.03 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPREDNISOLONE 125MG INJ | J2930 | HCPCS | 9004722 | NDC | | both | 1 EA | 35.5 | | | Horizon | MGD | | 100 | | 11.24 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPREDNISOLONE 125MG INJ | J2930 | HCPCS | 9004722 | NDC | | both | 1 EA | 35.5 | | | Horizon | NJ Health | | 100 | | 6.4 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPREDNISOLONE 125MG INJ | J2930 | HCPCS | 9004722 | NDC | | both | 1 EA | 35.5 | | | Horizon | PPO | | 100 | | 5.98 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPREDNISOLONE 125MG INJ | J2930 | HCPCS | 9004722 | NDC | | both | 1 EA | 35.5 | | | UHC | Medicaid | | 100 | | 5.52 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPREDNISOLONE 125MG INJ | J2930 | HCPCS | 9004722 | NDC | | both | 1 EA | 35.5 | | | UHC | Medicare | | 100 | | 8.35 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPREDNISOLONE 125MG INJ | J2930 | HCPCS | 9004722 | NDC | | both | 1 EA | 35.5 | | | United | Commercial\|PPO | | 100 | | 8.56 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPREDNISOLONE 125MG INJ | J2930 | HCPCS | 9004722 | NDC | | both | 1 EA | 35.5 | | | Wellcare | Medicaid | | 100 | | 5.34 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPREDNISOLONE 125MG INJ | J2930 | HCPCS | 9004722 | NDC | | both | 1 EA | 35.5 | | | Wellcare | Medicare | | 100 | | 5.82 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPREDNISOLONE 125MG INJ | J2930 | HCPCS | 9004722 | NDC | | both | 1 EA | 35.5 | | | WellPoint | WellPoint | | 100 | | 5.45 | | | other | Drugs are paid at 100% of the AWP |
| ALTEPLASE 1MG | J2997 | HCPCS | 50242004413 | NDC | | both | 1 EA | 224 | | | Aetna | Better Health | | 100 | | 34.83 | | | other | Drugs are paid at 100% of the AWP |
| ALTEPLASE 1MG | J2997 | HCPCS | 50242004413 | NDC | | both | 1 EA | 224 | | | Aetna | Commercial | | 100 | | 49.78 | | | other | Drugs are paid at 100% of the AWP |
| ALTEPLASE 1MG | J2997 | HCPCS | 50242004413 | NDC | | both | 1 EA | 224 | | | Aetna | Medicare | | 100 | | 26.34 | | | other | Drugs are paid at 100% of the AWP |
| ALTEPLASE 1MG | J2997 | HCPCS | 50242004413 | NDC | | both | 1 EA | 224 | | | Corrections | Corrections | | 100 | | 28.94 | | | other | Drugs are paid at 100% of the AWP |
| ALTEPLASE 1MG | J2997 | HCPCS | 50242004413 | NDC | | both | 1 EA | 224 | | | Horizon | Indemnity | | 100 | | 26.1 | | | other | Drugs are paid at 100% of the AWP |
| ALTEPLASE 1MG | J2997 | HCPCS | 50242004413 | NDC | | both | 1 EA | 224 | | | Horizon | Medicare Blue | | 100 | | 9.05 | | | other | Drugs are paid at 100% of the AWP |
| ALTEPLASE 1MG | J2997 | HCPCS | 50242004413 | NDC | | both | 1 EA | 224 | | | Horizon | MGD | | 100 | | 28.08 | | | other | Drugs are paid at 100% of the AWP |
| ALTEPLASE 1MG | J2997 | HCPCS | 50242004413 | NDC | | both | 1 EA | 224 | | | Horizon | NJ Health | | 100 | | 22.79 | | | other | Drugs are paid at 100% of the AWP |
| ALTEPLASE 1MG | J2997 | HCPCS | 50242004413 | NDC | | both | 1 EA | 224 | | | Horizon | PPO | | 100 | | 19.52 | | | other | Drugs are paid at 100% of the AWP |
| ALTEPLASE 1MG | J2997 | HCPCS | 50242004413 | NDC | | both | 1 EA | 224 | | | UHC | Medicaid | | 100 | | 39.12 | | | other | Drugs are paid at 100% of the AWP |
| ALTEPLASE 1MG | J2997 | HCPCS | 50242004413 | NDC | | both | 1 EA | 224 | | | UHC | Medicare | | 100 | | 38.71 | | | other | Drugs are paid at 100% of the AWP |
| ALTEPLASE 1MG | J2997 | HCPCS | 50242004413 | NDC | | both | 1 EA | 224 | | | Wellcare | Medicaid | | 100 | | 17.63 | | | other | Drugs are paid at 100% of the AWP |
| ALTEPLASE 1MG | J2997 | HCPCS | 50242004413 | NDC | | both | 1 EA | 224 | | | WellPoint | WellPoint | | 100 | | 26.69 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 0.1MG INJ | J3010 | HCPCS | 63323080602 | NDC | | both | 1 EA | 21.5 | | | Aetna | Better Health | | 100 | | 3.64 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 0.1MG INJ | J3010 | HCPCS | 63323080602 | NDC | | both | 1 EA | 21.5 | | | Aetna | Commercial | | 100 | | 4.73 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 0.1MG INJ | J3010 | HCPCS | 63323080602 | NDC | | both | 1 EA | 21.5 | | | Aetna | Medicare | | 100 | | 3.55 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 0.1MG INJ | J3010 | HCPCS | 63323080602 | NDC | | both | 1 EA | 21.5 | | | Amerihealth | HMO\|PPO | | 100 | | 3.77 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 0.1MG INJ | J3010 | HCPCS | 63323080602 | NDC | | both | 1 EA | 21.5 | | | Corrections | Corrections | | 100 | | 4.37 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 0.1MG INJ | J3010 | HCPCS | 63323080602 | NDC | | both | 1 EA | 21.5 | | | Horizon | Indemnity | | 100 | | 4.01 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 0.1MG INJ | J3010 | HCPCS | 63323080602 | NDC | | both | 1 EA | 21.5 | | | Horizon | Medicare Blue | | 100 | | 3.6 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 0.1MG INJ | J3010 | HCPCS | 63323080602 | NDC | | both | 1 EA | 21.5 | | | Horizon | MGD | | 100 | | 4.7 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 0.1MG INJ | J3010 | HCPCS | 63323080602 | NDC | | both | 1 EA | 21.5 | | | Horizon | NJ Health | | 100 | | 3 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 0.1MG INJ | J3010 | HCPCS | 63323080602 | NDC | | both | 1 EA | 21.5 | | | Horizon | PPO | | 100 | | 5.07 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 0.1MG INJ | J3010 | HCPCS | 63323080602 | NDC | | both | 1 EA | 21.5 | | | UHC | Medicaid | | 100 | | 3.95 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 0.1MG INJ | J3010 | HCPCS | 63323080602 | NDC | | both | 1 EA | 21.5 | | | UHC | Medicare | | 100 | | 4.14 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 0.1MG INJ | J3010 | HCPCS | 63323080602 | NDC | | both | 1 EA | 21.5 | | | United | Commercial\|PPO | | 100 | | 3.59 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 0.1MG INJ | J3010 | HCPCS | 63323080602 | NDC | | both | 1 EA | 21.5 | | | United | Oxford | | 100 | | 5.51 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 0.1MG INJ | J3010 | HCPCS | 63323080602 | NDC | | both | 1 EA | 21.5 | | | Wellcare | Medicaid | | 100 | | 3.42 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 0.1MG INJ | J3010 | HCPCS | 63323080602 | NDC | | both | 1 EA | 21.5 | | | Wellcare | Medicare | | 100 | | 4.3 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 0.1MG INJ | J3010 | HCPCS | 63323080602 | NDC | | both | 1 EA | 21.5 | | | WellPoint | WellPoint | | 100 | | 3.97 | | | other | Drugs are paid at 100% of the AWP |
| TENECTEPLASE(TNKASE) 1MG INJ | J3101 | HCPCS | 50242012047 | NDC | | both | 1 EA | 522.5 | | | Aetna | Better Health | | 100 | | 111.69 | | | other | Drugs are paid at 100% of the AWP |
| TENECTEPLASE(TNKASE) 1MG INJ | J3101 | HCPCS | 50242012047 | NDC | | both | 1 EA | 522.5 | | | Aetna | Commercial | | 100 | | 221.49 | | | other | Drugs are paid at 100% of the AWP |
| TENECTEPLASE(TNKASE) 1MG INJ | J3101 | HCPCS | 50242012047 | NDC | | both | 1 EA | 522.5 | | | Aetna | Medicare | | 100 | | 120.26 | | | other | Drugs are paid at 100% of the AWP |
| TENECTEPLASE(TNKASE) 1MG INJ | J3101 | HCPCS | 50242012047 | NDC | | both | 1 EA | 522.5 | | | Horizon | Indemnity | | 100 | | 184.82 | | | other | Drugs are paid at 100% of the AWP |
| TENECTEPLASE(TNKASE) 1MG INJ | J3101 | HCPCS | 50242012047 | NDC | | both | 1 EA | 522.5 | | | Horizon | Medicare Blue | | 100 | | 302.11 | | | other | Drugs are paid at 100% of the AWP |
| TENECTEPLASE(TNKASE) 1MG INJ | J3101 | HCPCS | 50242012047 | NDC | | both | 1 EA | 522.5 | | | Horizon | MGD | | 100 | | 189.24 | | | other | Drugs are paid at 100% of the AWP |
| TENECTEPLASE(TNKASE) 1MG INJ | J3101 | HCPCS | 50242012047 | NDC | | both | 1 EA | 522.5 | | | Horizon | NJ Health | | 100 | | 98.83 | | | other | Drugs are paid at 100% of the AWP |
| TENECTEPLASE(TNKASE) 1MG INJ | J3101 | HCPCS | 50242012047 | NDC | | both | 1 EA | 522.5 | | | Horizon | PPO | | 100 | | 128.3 | | | other | Drugs are paid at 100% of the AWP |
| TENECTEPLASE(TNKASE) 1MG INJ | J3101 | HCPCS | 50242012047 | NDC | | both | 1 EA | 522.5 | | | UHC | Medicaid | | 100 | | 69.74 | | | other | Drugs are paid at 100% of the AWP |
| TENECTEPLASE(TNKASE) 1MG INJ | J3101 | HCPCS | 50242012047 | NDC | | both | 1 EA | 522.5 | | | UHC | Medicare | | 100 | | 125.04 | | | other | Drugs are paid at 100% of the AWP |
| TENECTEPLASE(TNKASE) 1MG INJ | J3101 | HCPCS | 50242012047 | NDC | | both | 1 EA | 522.5 | | | United | Commercial\|PPO | | 100 | | 214.33 | | | other | Drugs are paid at 100% of the AWP |
| TENECTEPLASE(TNKASE) 1MG INJ | J3101 | HCPCS | 50242012047 | NDC | | both | 1 EA | 522.5 | | | United | Oxford | | 100 | | 246.35 | | | other | Drugs are paid at 100% of the AWP |
| TENECTEPLASE(TNKASE) 1MG INJ | J3101 | HCPCS | 50242012047 | NDC | | both | 1 EA | 522.5 | | | WellPoint | WellPoint | | 100 | | 71.5 | | | other | Drugs are paid at 100% of the AWP |
| TERBUTALINE 1MG/1ML INJ | J3105 | HCPCS | 28750701 | NDC | | both | 1 EA | 201.5 | | | Aetna | Better Health | | 100 | | 56.91 | | | other | Drugs are paid at 100% of the AWP |
| TERBUTALINE 1MG/1ML INJ | J3105 | HCPCS | 28750701 | NDC | | both | 1 EA | 201.5 | | | Horizon | MGD | | 100 | | 30.3 | | | other | Drugs are paid at 100% of the AWP |
| TERBUTALINE 1MG/1ML INJ | J3105 | HCPCS | 28750701 | NDC | | both | 1 EA | 201.5 | | | Horizon | NJ Health | | 100 | | 19.69 | | | other | Drugs are paid at 100% of the AWP |
| TERBUTALINE 1MG/1ML INJ | J3105 | HCPCS | 28750701 | NDC | | both | 1 EA | 201.5 | | | UHC | Medicaid | | 100 | | 35.3 | | | other | Drugs are paid at 100% of the AWP |
| TERBUTALINE 1MG/1ML INJ | J3105 | HCPCS | 28750701 | NDC | | both | 1 EA | 201.5 | | | United | Commercial\|PPO | | 100 | | 111.37 | | | other | Drugs are paid at 100% of the AWP |
| TERBUTALINE 1MG/1ML INJ | J3105 | HCPCS | 28750701 | NDC | | both | 1 EA | 201.5 | | | Wellcare | Medicaid | | 100 | | 59.15 | | | other | Drugs are paid at 100% of the AWP |
| TERBUTALINE 1MG/1ML INJ | J3105 | HCPCS | 28750701 | NDC | | both | 1 EA | 201.5 | | | WellPoint | WellPoint | | 100 | | 36.99 | | | other | Drugs are paid at 100% of the AWP |
| CHLORPROMAZINE 25MG/1ML INJ | J3230 | HCPCS | 641139735 | NDC | | both | 1 EA | 32 | | | Aetna | Better Health | | 100 | | 4.35 | | | other | Drugs are paid at 100% of the AWP |
| CHLORPROMAZINE 25MG/1ML INJ | J3230 | HCPCS | 641139735 | NDC | | both | 1 EA | 32 | | | Aetna | Commercial | | 100 | | 7.62 | | | other | Drugs are paid at 100% of the AWP |
| CHLORPROMAZINE 25MG/1ML INJ | J3230 | HCPCS | 641139735 | NDC | | both | 1 EA | 32 | | | Horizon | Medicare Blue | | 100 | | 4.27 | | | other | Drugs are paid at 100% of the AWP |
| CHLORPROMAZINE 25MG/1ML INJ | J3230 | HCPCS | 641139735 | NDC | | both | 1 EA | 32 | | | Horizon | NJ Health | | 100 | | 2.37 | | | other | Drugs are paid at 100% of the AWP |
| CHLORPROMAZINE 25MG/1ML INJ | J3230 | HCPCS | 641139735 | NDC | | both | 1 EA | 32 | | | Horizon | PPO | | 100 | | 6.69 | | | other | Drugs are paid at 100% of the AWP |
| CHLORPROMAZINE 25MG/1ML INJ | J3230 | HCPCS | 641139735 | NDC | | both | 1 EA | 32 | | | UHC | Medicaid | | 100 | | 3.11 | | | other | Drugs are paid at 100% of the AWP |
| CHLORPROMAZINE 25MG/1ML INJ | J3230 | HCPCS | 641139735 | NDC | | both | 1 EA | 32 | | | UHC | Medicare | | 100 | | 3.93 | | | other | Drugs are paid at 100% of the AWP |
| CHLORPROMAZINE 25MG/1ML INJ | J3230 | HCPCS | 641139735 | NDC | | both | 1 EA | 32 | | | United | Commercial\|PPO | | 100 | | 7.7 | | | other | Drugs are paid at 100% of the AWP |
| CHLORPROMAZINE 25MG/1ML INJ | J3230 | HCPCS | 641139735 | NDC | | both | 1 EA | 32 | | | Wellcare | Medicaid | | 100 | | 3.1 | | | other | Drugs are paid at 100% of the AWP |
| CHLORPROMAZINE 25MG/1ML INJ | J3230 | HCPCS | 641139735 | NDC | | both | 1 EA | 32 | | | WellPoint | WellPoint | | 100 | | 3.14 | | | other | Drugs are paid at 100% of the AWP |
| THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ | J3240 | HCPCS | 58468003002 | NDC | | both | 1 EA | 3313 | | | UHC | Medicaid | | 100 | | 53.05 | | | other | Drugs are paid at 100% of the AWP |
| TIGECYCLINE 1MG INJ | J3243 | HCPCS | 8536002 | NDC | | both | 1 EA | 9.39 | | | Horizon | Indemnity | | 100 | | 1.83 | | | other | Drugs are paid at 100% of the AWP |
| TRIMETHOBENZAMIDE 200MG INJ. | J3250 | HCPCS | 42023011925 | NDC | | both | 1 EA | 50 | | | Aetna | Better Health | | 100 | | 7.21 | | | other | Drugs are paid at 100% of the AWP |
| TRIMETHOBENZAMIDE 200MG INJ. | J3250 | HCPCS | 42023011925 | NDC | | both | 1 EA | 50 | | | Aetna | Commercial | | 100 | | 6.99 | | | other | Drugs are paid at 100% of the AWP |
| TRIMETHOBENZAMIDE 200MG INJ. | J3250 | HCPCS | 42023011925 | NDC | | both | 1 EA | 50 | | | Aetna | Medicare | | 100 | | 5.51 | | | other | Drugs are paid at 100% of the AWP |
| TRIMETHOBENZAMIDE 200MG INJ. | J3250 | HCPCS | 42023011925 | NDC | | both | 1 EA | 50 | | | Corrections | Corrections | | 100 | | 5.93 | | | other | Drugs are paid at 100% of the AWP |
| TRIMETHOBENZAMIDE 200MG INJ. | J3250 | HCPCS | 42023011925 | NDC | | both | 1 EA | 50 | | | Horizon | Indemnity | | 100 | | 21.33 | | | other | Drugs are paid at 100% of the AWP |
| TRIMETHOBENZAMIDE 200MG INJ. | J3250 | HCPCS | 42023011925 | NDC | | both | 1 EA | 50 | | | Horizon | Medicare Blue | | 100 | | 6.06 | | | other | Drugs are paid at 100% of the AWP |
| TRIMETHOBENZAMIDE 200MG INJ. | J3250 | HCPCS | 42023011925 | NDC | | both | 1 EA | 50 | | | Horizon | MGD | | 100 | | 12.55 | | | other | Drugs are paid at 100% of the AWP |
| TRIMETHOBENZAMIDE 200MG INJ. | J3250 | HCPCS | 42023011925 | NDC | | both | 1 EA | 50 | | | Horizon | NJ Health | | 100 | | 6.98 | | | other | Drugs are paid at 100% of the AWP |
| TRIMETHOBENZAMIDE 200MG INJ. | J3250 | HCPCS | 42023011925 | NDC | | both | 1 EA | 50 | | | Horizon | PPO | | 100 | | 9 | | | other | Drugs are paid at 100% of the AWP |
| TRIMETHOBENZAMIDE 200MG INJ. | J3250 | HCPCS | 42023011925 | NDC | | both | 1 EA | 50 | | | UHC | Medicaid | | 100 | | 9.07 | | | other | Drugs are paid at 100% of the AWP |
| TRIMETHOBENZAMIDE 200MG INJ. | J3250 | HCPCS | 42023011925 | NDC | | both | 1 EA | 50 | | | UHC | Medicare | | 100 | | 9.78 | | | other | Drugs are paid at 100% of the AWP |
| TRIMETHOBENZAMIDE 200MG INJ. | J3250 | HCPCS | 42023011925 | NDC | | both | 1 EA | 50 | | | United | Commercial\|PPO | | 100 | | 8.86 | | | other | Drugs are paid at 100% of the AWP |
| TRIMETHOBENZAMIDE 200MG INJ. | J3250 | HCPCS | 42023011925 | NDC | | both | 1 EA | 50 | | | Wellcare | Medicaid | | 100 | | 5.87 | | | other | Drugs are paid at 100% of the AWP |
| TRIMETHOBENZAMIDE 200MG INJ. | J3250 | HCPCS | 42023011925 | NDC | | both | 1 EA | 50 | | | Wellcare | Medicare | | 100 | | 11.66 | | | other | Drugs are paid at 100% of the AWP |
| TRIMETHOBENZAMIDE 200MG INJ. | J3250 | HCPCS | 42023011925 | NDC | | both | 1 EA | 50 | | | WellPoint | WellPoint | | 100 | | 8 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN 80MG/2ML INJ | J3260 | HCPCS | 17478011402 | NDC | | both | 1 EA | 19 | | | UHC | Medicaid | | 100 | | 3.21 | | | other | Drugs are paid at 100% of the AWP |
| TOCILIZUMAB(ACTEMRA) 1MG INJ | J3262 | HCPCS | 50242013501 | NDC | | both | 1 EA | 24.5 | | | WellPoint | WellPoint | | 100 | | 6.11 | | | other | Drugs are paid at 100% of the AWP |
| TRIMCINOLINE 10MG INJ | J3301 | HCPCS | 3029305 | NDC | | both | 1 EA | 7.5 | | | Aetna | Better Health | | 100 | | 2.25 | | | other | Drugs are paid at 100% of the AWP |
| TRIMCINOLINE 10MG INJ | J3301 | HCPCS | 3029305 | NDC | | both | 1 EA | 7.5 | | | Aetna | Commercial | | 100 | | 1.41 | | | other | Drugs are paid at 100% of the AWP |
| TRIMCINOLINE 10MG INJ | J3301 | HCPCS | 3029305 | NDC | | both | 1 EA | 7.5 | | | Aetna | Medicare | | 100 | | 1.71 | | | other | Drugs are paid at 100% of the AWP |
| TRIMCINOLINE 10MG INJ | J3301 | HCPCS | 3029305 | NDC | | both | 1 EA | 7.5 | | | Corrections | Corrections | | 100 | | 2.19 | | | other | Drugs are paid at 100% of the AWP |
| TRIMCINOLINE 10MG INJ | J3301 | HCPCS | 3029305 | NDC | | both | 1 EA | 7.5 | | | Horizon | Indemnity | | 100 | | 1.79 | | | other | Drugs are paid at 100% of the AWP |
| TRIMCINOLINE 10MG INJ | J3301 | HCPCS | 3029305 | NDC | | both | 1 EA | 7.5 | | | Horizon | Medicare Blue | | 100 | | 2.5 | | | other | Drugs are paid at 100% of the AWP |
| TRIMCINOLINE 10MG INJ | J3301 | HCPCS | 3029305 | NDC | | both | 1 EA | 7.5 | | | Horizon | MGD | | 100 | | 2.94 | | | other | Drugs are paid at 100% of the AWP |
| TRIMCINOLINE 10MG INJ | J3301 | HCPCS | 3029305 | NDC | | both | 1 EA | 7.5 | | | Horizon | NJ Health | | 100 | | 2.04 | | | other | Drugs are paid at 100% of the AWP |
| TRIMCINOLINE 10MG INJ | J3301 | HCPCS | 3029305 | NDC | | both | 1 EA | 7.5 | | | Horizon | PPO | | 100 | | 6.63 | | | other | Drugs are paid at 100% of the AWP |
| TRIMCINOLINE 10MG INJ | J3301 | HCPCS | 3029305 | NDC | | both | 1 EA | 7.5 | | | UHC | Medicaid | | 100 | | 1.98 | | | other | Drugs are paid at 100% of the AWP |
| TRIMCINOLINE 10MG INJ | J3301 | HCPCS | 3029305 | NDC | | both | 1 EA | 7.5 | | | UHC | Medicare | | 100 | | 1.67 | | | other | Drugs are paid at 100% of the AWP |
| TRIMCINOLINE 10MG INJ | J3301 | HCPCS | 3029305 | NDC | | both | 1 EA | 7.5 | | | United | Commercial\|PPO | | 100 | | 4.84 | | | other | Drugs are paid at 100% of the AWP |
| TRIMCINOLINE 10MG INJ | J3301 | HCPCS | 3029305 | NDC | | both | 1 EA | 7.5 | | | Wellcare | Medicaid | | 100 | | 2.09 | | | other | Drugs are paid at 100% of the AWP |
| TRIMCINOLINE 10MG INJ | J3301 | HCPCS | 3029305 | NDC | | both | 1 EA | 7.5 | | | Wellcare | Medicare | | 100 | | 1.9 | | | other | Drugs are paid at 100% of the AWP |
| TRIMCINOLINE 10MG INJ | J3301 | HCPCS | 3029305 | NDC | | both | 1 EA | 7.5 | | | WellPoint | WellPoint | | 100 | | 3.04 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 5MG INJ | J3360 | HCPCS | 69339013632 | NDC | | both | 1 EA | 8.5 | | | Aetna | Better Health | | 100 | | 1.29 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 5MG INJ | J3360 | HCPCS | 69339013632 | NDC | | both | 1 EA | 8.5 | | | Aetna | Commercial | | 100 | | 2.09 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 5MG INJ | J3360 | HCPCS | 69339013632 | NDC | | both | 1 EA | 8.5 | | | Aetna | Medicare | | 100 | | 0.99 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 5MG INJ | J3360 | HCPCS | 69339013632 | NDC | | both | 1 EA | 8.5 | | | Amerihealth | HMO\|PPO | | 100 | | 1.24 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 5MG INJ | J3360 | HCPCS | 69339013632 | NDC | | both | 1 EA | 8.5 | | | Corrections | Corrections | | 100 | | 1.69 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 5MG INJ | J3360 | HCPCS | 69339013632 | NDC | | both | 1 EA | 8.5 | | | Horizon | Indemnity | | 100 | | 2.3 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 5MG INJ | J3360 | HCPCS | 69339013632 | NDC | | both | 1 EA | 8.5 | | | Horizon | Medicare Blue | | 100 | | 2.35 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 5MG INJ | J3360 | HCPCS | 69339013632 | NDC | | both | 1 EA | 8.5 | | | Horizon | MGD | | 100 | | 1.85 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 5MG INJ | J3360 | HCPCS | 69339013632 | NDC | | both | 1 EA | 8.5 | | | Horizon | NJ Health | | 100 | | 1.02 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 5MG INJ | J3360 | HCPCS | 69339013632 | NDC | | both | 1 EA | 8.5 | | | Horizon | PPO | | 100 | | 1 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 5MG INJ | J3360 | HCPCS | 69339013632 | NDC | | both | 1 EA | 8.5 | | | UHC | Medicaid | | 100 | | 1.79 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 5MG INJ | J3360 | HCPCS | 69339013632 | NDC | | both | 1 EA | 8.5 | | | UHC | Medicare | | 100 | | 1.43 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 5MG INJ | J3360 | HCPCS | 69339013632 | NDC | | both | 1 EA | 8.5 | | | United | Commercial\|PPO | | 100 | | 1.38 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 5MG INJ | J3360 | HCPCS | 69339013632 | NDC | | both | 1 EA | 8.5 | | | United | Oxford | | 100 | | 1.14 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 5MG INJ | J3360 | HCPCS | 69339013632 | NDC | | both | 1 EA | 8.5 | | | Wellcare | Medicaid | | 100 | | 1.71 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 5MG INJ | J3360 | HCPCS | 69339013632 | NDC | | both | 1 EA | 8.5 | | | WellPoint | WellPoint | | 100 | | 1.67 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN 500MG INJ | J3370 | HCPCS | 63323022110 | NDC | | both | 1 EA | 27.5 | | | Aetna | Better Health | | 100 | | 4.34 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN 500MG INJ | J3370 | HCPCS | 63323022110 | NDC | | both | 1 EA | 27.5 | | | Aetna | Commercial | | 100 | | 5.49 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN 500MG INJ | J3370 | HCPCS | 63323022110 | NDC | | both | 1 EA | 27.5 | | | Aetna | Medicare | | 100 | | 4.35 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN 500MG INJ | J3370 | HCPCS | 63323022110 | NDC | | both | 1 EA | 27.5 | | | Amerihealth | HMO\|PPO | | 100 | | 4.61 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN 500MG INJ | J3370 | HCPCS | 63323022110 | NDC | | both | 1 EA | 27.5 | | | Corrections | Corrections | | 100 | | 5.61 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN 500MG INJ | J3370 | HCPCS | 63323022110 | NDC | | both | 1 EA | 27.5 | | | Horizon | Indemnity | | 100 | | 4.14 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN 500MG INJ | J3370 | HCPCS | 63323022110 | NDC | | both | 1 EA | 27.5 | | | Horizon | Medicare Blue | | 100 | | 5.01 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN 500MG INJ | J3370 | HCPCS | 63323022110 | NDC | | both | 1 EA | 27.5 | | | Horizon | MGD | | 100 | | 4.69 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN 500MG INJ | J3370 | HCPCS | 63323022110 | NDC | | both | 1 EA | 27.5 | | | Horizon | NJ Health | | 100 | | 3.53 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN 500MG INJ | J3370 | HCPCS | 63323022110 | NDC | | both | 1 EA | 27.5 | | | Horizon | PPO | | 100 | | 4.93 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN 500MG INJ | J3370 | HCPCS | 63323022110 | NDC | | both | 1 EA | 27.5 | | | UHC | Medicaid | | 100 | | 4.66 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN 500MG INJ | J3370 | HCPCS | 63323022110 | NDC | | both | 1 EA | 27.5 | | | UHC | Medicare | | 100 | | 5.4 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN 500MG INJ | J3370 | HCPCS | 63323022110 | NDC | | both | 1 EA | 27.5 | | | United | Commercial\|PPO | | 100 | | 3.93 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN 500MG INJ | J3370 | HCPCS | 63323022110 | NDC | | both | 1 EA | 27.5 | | | United | Oxford | | 100 | | 8.05 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN 500MG INJ | J3370 | HCPCS | 63323022110 | NDC | | both | 1 EA | 27.5 | | | Wellcare | Medicaid | | 100 | | 4.39 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN 500MG INJ | J3370 | HCPCS | 63323022110 | NDC | | both | 1 EA | 27.5 | | | Wellcare | Medicare | | 100 | | 5.11 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN 500MG INJ | J3370 | HCPCS | 63323022110 | NDC | | both | 1 EA | 27.5 | | | WellPoint | WellPoint | | 100 | | 4.71 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN (MYLAN) 500MG INJ | J3371 | HCPCS | 67457033950 | NDC | | both | 1 EA | 31 | | | Aetna | Better Health | | 100 | | 4.91 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN (MYLAN) 500MG INJ | J3371 | HCPCS | 67457033950 | NDC | | both | 1 EA | 31 | | | Aetna | Commercial | | 100 | | 6.54 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN (MYLAN) 500MG INJ | J3371 | HCPCS | 67457033950 | NDC | | both | 1 EA | 31 | | | Aetna | Medicare | | 100 | | 4.13 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN (MYLAN) 500MG INJ | J3371 | HCPCS | 67457033950 | NDC | | both | 1 EA | 31 | | | Amerihealth | HMO\|PPO | | 100 | | 5.95 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN (MYLAN) 500MG INJ | J3371 | HCPCS | 67457033950 | NDC | | both | 1 EA | 31 | | | Corrections | Corrections | | 100 | | 6.74 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN (MYLAN) 500MG INJ | J3371 | HCPCS | 67457033950 | NDC | | both | 1 EA | 31 | | | Horizon | Indemnity | | 100 | | 3.18 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN (MYLAN) 500MG INJ | J3371 | HCPCS | 67457033950 | NDC | | both | 1 EA | 31 | | | Horizon | Medicare Blue | | 100 | | 5.64 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN (MYLAN) 500MG INJ | J3371 | HCPCS | 67457033950 | NDC | | both | 1 EA | 31 | | | Horizon | MGD | | 100 | | 4.21 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN (MYLAN) 500MG INJ | J3371 | HCPCS | 67457033950 | NDC | | both | 1 EA | 31 | | | Horizon | NJ Health | | 100 | | 4.12 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VANCOMYCIN (MYLAN) 500MG INJ | J3371 | HCPCS | 67457033950 | NDC | | both | | 1 EA | 31 | | Horizon | PPO | | 100 | | 4.9 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN (MYLAN) 500MG INJ | J3371 | HCPCS | 67457033950 | NDC | | both | | 1 EA | 31 | | UHC | Medicaid | | 100 | | 4.96 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN (MYLAN) 500MG INJ | J3371 | HCPCS | 67457033950 | NDC | | both | | 1 EA | 31 | | UHC | Medicare | | 100 | | 5.73 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN (MYLAN) 500MG INJ | J3371 | HCPCS | 67457033950 | NDC | | both | | 1 EA | 31 | | United | CommercialPPO | | 100 | | 4.84 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN (MYLAN) 500MG INJ | J3371 | HCPCS | 67457033950 | NDC | | both | | 1 EA | 31 | | Wellcare | Medicaid | | 100 | | 3.91 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN (MYLAN) 500MG INJ | J3371 | HCPCS | 67457033950 | NDC | | both | | 1 EA | 31 | | Wellcare | Medicare | | 100 | | 5.35 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN (MYLAN) 500MG INJ | J3371 | HCPCS | 67457033950 | NDC | | both | | 1 EA | 31 | | WellPoint | WellPoint | | 100 | | 5.43 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 25MG INJ | J3410 | HCPCS | 517560225 | NDC | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 25MG INJ | J3410 | HCPCS | 517560225 | NDC | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 25MG INJ | J3410 | HCPCS | 517560225 | NDC | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 25MG INJ | J3410 | HCPCS | 517560225 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 25MG INJ | J3410 | HCPCS | 517560225 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 25MG INJ | J3410 | HCPCS | 517560225 | NDC | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 25MG INJ | J3410 | HCPCS | 517560225 | NDC | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE HCL 100MG | J3411 | HCPCS | 63323001302 | NDC | | both | | 1 EA | 21.5 | | Aetna | Better Health | | 100 | | 3.67 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE HCL 100MG | J3411 | HCPCS | 63323001302 | NDC | | both | | 1 EA | 21.5 | | Aetna | Commercial | | 100 | | 4.82 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE HCL 100MG | J3411 | HCPCS | 63323001302 | NDC | | both | | 1 EA | 21.5 | | Aetna | Medicare | | 100 | | 2.77 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE HCL 100MG | J3411 | HCPCS | 63323001302 | NDC | | both | | 1 EA | 21.5 | | Amerihealth | HMO/PPO | | 100 | | 3.53 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE HCL 100MG | J3411 | HCPCS | 63323001302 | NDC | | both | | 1 EA | 21.5 | | Corrections | Corrections | | 100 | | 3.89 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE HCL 100MG | J3411 | HCPCS | 63323001302 | NDC | | both | | 1 EA | 21.5 | | Horizon | Indemnity | | 100 | | 0.88 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE HCL 100MG | J3411 | HCPCS | 63323001302 | NDC | | both | | 1 EA | 21.5 | | Horizon | Medicare Blue | | 100 | | 4.91 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE HCL 100MG | J3411 | HCPCS | 63323001302 | NDC | | both | | 1 EA | 21.5 | | Horizon | MGD | | 100 | | 2.29 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE HCL 100MG | J3411 | HCPCS | 63323001302 | NDC | | both | | 1 EA | 21.5 | | Horizon | NJ Health | | 100 | | 2.46 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE HCL 100MG | J3411 | HCPCS | 63323001302 | NDC | | both | | 1 EA | 21.5 | | Horizon | PPO | | 100 | | 2.52 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE HCL 100MG | J3411 | HCPCS | 63323001302 | NDC | | both | | 1 EA | 21.5 | | UHC | Medicaid | | 100 | | 3.45 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE HCL 100MG | J3411 | HCPCS | 63323001302 | NDC | | both | | 1 EA | 21.5 | | UHC | Medicare | | 100 | | 4.43 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE HCL 100MG | J3411 | HCPCS | 63323001302 | NDC | | both | | 1 EA | 21.5 | | United | CommercialPPO | | 100 | | 3.1 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE HCL 100MG | J3411 | HCPCS | 63323001302 | NDC | | both | | 1 EA | 21.5 | | Wellcare | Medicaid | | 100 | | 2.98 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE HCL 100MG | J3411 | HCPCS | 63323001302 | NDC | | both | | 1 EA | 21.5 | | Wellcare | Medicare | | 100 | | 2.92 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE HCL 100MG | J3411 | HCPCS | 63323001302 | NDC | | both | | 1 EA | 21.5 | | WellPoint | WellPoint | | 100 | | 3.93 | | | other | Drugs are paid at 100% of the AWP |
| PYRIDOXINE 100MG/ INJ | J3415 | HCPCS | 63323018001 | NDC | | both | | 1 EA | 41 | | Aetna | Better Health | | 100 | | 5.81 | | | other | Drugs are paid at 100% of the AWP |
| PYRIDOXINE 100MG/ INJ | J3415 | HCPCS | 63323018001 | NDC | | both | | 1 EA | 41 | | Horizon | MGD | | 100 | | 6.39 | | | other | Drugs are paid at 100% of the AWP |
| PYRIDOXINE 100MG/ INJ | J3415 | HCPCS | 63323018001 | NDC | | both | | 1 EA | 41 | | Horizon | NJ Health | | 100 | | 0.98 | | | other | Drugs are paid at 100% of the AWP |
| PYRIDOXINE 100MG/ INJ | J3415 | HCPCS | 63323018001 | NDC | | both | | 1 EA | 41 | | UHC | Medicaid | | 100 | | 3.35 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMIN 1000MCG/1ML INJ | J3420 | HCPCS | 70069000510 | NDC | | both | | 1 EA | 7.5 | | Aetna | Commercial | | 100 | | 0.12 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMIN 1000MCG/1ML INJ | J3420 | HCPCS | 70069000510 | NDC | | both | | 1 EA | 7.5 | | Aetna | Medicare | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMIN 1000MCG/1ML INJ | J3420 | HCPCS | 70069000510 | NDC | | both | | 1 EA | 7.5 | | Corrections | Corrections | | 100 | | 2.27 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMIN 1000MCG/1ML INJ | J3420 | HCPCS | 70069000510 | NDC | | both | | 1 EA | 7.5 | | Horizon | Indemnity | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMIN 1000MCG/1ML INJ | J3420 | HCPCS | 70069000510 | NDC | | both | | 1 EA | 7.5 | | Horizon | Medicare Blue | | 100 | | 3.5 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMIN 1000MCG/1ML INJ | J3420 | HCPCS | 70069000510 | NDC | | both | | 1 EA | 7.5 | | Horizon | MGD | | 100 | | 3.6 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMIN 1000MCG/1ML INJ | J3420 | HCPCS | 70069000510 | NDC | | both | | 1 EA | 7.5 | | Horizon | NJ Health | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMIN 1000MCG/1ML INJ | J3420 | HCPCS | 70069000510 | NDC | | both | | 1 EA | 7.5 | | Horizon | PPO | | 100 | | 1.65 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMIN 1000MCG/1ML INJ | J3420 | HCPCS | 70069000510 | NDC | | both | | 1 EA | 7.5 | | UHC | Medicaid | | 100 | | 1.18 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMIN 1000MCG/1ML INJ | J3420 | HCPCS | 70069000510 | NDC | | both | | 1 EA | 7.5 | | UHC | Medicare | | 100 | | 1.33 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMIN 1000MCG/1ML INJ | J3420 | HCPCS | 70069000510 | NDC | | both | | 1 EA | 7.5 | | Wellcare | Medicaid | | 100 | | 1.2 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMIN 1000MCG/1ML INJ | J3420 | HCPCS | 70069000510 | NDC | | both | | 1 EA | 7.5 | | Wellcare | Medicare | | 100 | | 0.8 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMIN 1000MCG/1ML INJ | J3420 | HCPCS | 70069000510 | NDC | | both | | 1 EA | 7.5 | | WellPoint | WellPoint | | 100 | | 2.22 | | | other | Drugs are paid at 100% of the AWP |
| PHYTONADIONE 1MG INJ | J3430 | HCPCS | 76329124001 | NDC | | both | | 1 EA | 30.5 | | Aetna | Better Health | | 100 | | 4.68 | | | other | Drugs are paid at 100% of the AWP |
| PHYTONADIONE 1MG INJ | J3430 | HCPCS | 76329124001 | NDC | | both | | 1 EA | 30.5 | | Aetna | Commercial | | 100 | | 5.37 | | | other | Drugs are paid at 100% of the AWP |
| PHYTONADIONE 1MG INJ | J3430 | HCPCS | 76329124001 | NDC | | both | | 1 EA | 30.5 | | Aetna | Medicare | | 100 | | 3.71 | | | other | Drugs are paid at 100% of the AWP |
| PHYTONADIONE 1MG INJ | J3430 | HCPCS | 76329124001 | NDC | | both | | 1 EA | 30.5 | | Amerihealth | HMO/PPO | | 100 | | 4.84 | | | other | Drugs are paid at 100% of the AWP |
| PHYTONADIONE 1MG INJ | J3430 | HCPCS | 76329124001 | NDC | | both | | 1 EA | 30.5 | | Horizon | Indemnity | | 100 | | 3.55 | | | other | Drugs are paid at 100% of the AWP |
| PHYTONADIONE 1MG INJ | J3430 | HCPCS | 76329124001 | NDC | | both | | 1 EA | 30.5 | | Horizon | Medicare Blue | | 100 | | 6.05 | | | other | Drugs are paid at 100% of the AWP |
| PHYTONADIONE 1MG INJ | J3430 | HCPCS | 76329124001 | NDC | | both | | 1 EA | 30.5 | | Horizon | MGD | | 100 | | 4.87 | | | other | Drugs are paid at 100% of the AWP |
| PHYTONADIONE 1MG INJ | J3430 | HCPCS | 76329124001 | NDC | | both | | 1 EA | 30.5 | | Horizon | NJ Health | | 100 | | 3.65 | | | other | Drugs are paid at 100% of the AWP |
| PHYTONADIONE 1MG INJ | J3430 | HCPCS | 76329124001 | NDC | | both | | 1 EA | 30.5 | | Horizon | PPO | | 100 | | 4.4 | | | other | Drugs are paid at 100% of the AWP |
| PHYTONADIONE 1MG INJ | J3430 | HCPCS | 76329124001 | NDC | | both | | 1 EA | 30.5 | | UHC | Medicaid | | 100 | | 6.3 | | | other | Drugs are paid at 100% of the AWP |
| PHYTONADIONE 1MG INJ | J3430 | HCPCS | 76329124001 | NDC | | both | | 1 EA | 30.5 | | UHC | Medicare | | 100 | | 4.2 | | | other | Drugs are paid at 100% of the AWP |
| PHYTONADIONE 1MG INJ | J3430 | HCPCS | 76329124001 | NDC | | both | | 1 EA | 30.5 | | United | CommercialPPO | | 100 | | 4.27 | | | other | Drugs are paid at 100% of the AWP |
| PHYTONADIONE 1MG INJ | J3430 | HCPCS | 76329124001 | NDC | | both | | 1 EA | 30.5 | | United | Oxford | | 100 | | 6.79 | | | other | Drugs are paid at 100% of the AWP |
| PHYTONADIONE 1MG INJ | J3430 | HCPCS | 76329124001 | NDC | | both | | 1 EA | 30.5 | | Wellcare | Medicaid | | 100 | | 6.67 | | | other | Drugs are paid at 100% of the AWP |
| PHYTONADIONE 1MG INJ | J3430 | HCPCS | 76329124001 | NDC | | both | | 1 EA | 30.5 | | Wellcare | Medicare | | 100 | | 24.48 | | | other | Drugs are paid at 100% of the AWP |
| PHYTONADIONE 1MG INJ | J3430 | HCPCS | 76329124001 | NDC | | both | | 1 EA | 30.5 | | WellPoint | WellPoint | | 100 | | 5.42 | | | other | Drugs are paid at 100% of the AWP |
| VORICONAZOLE 10MG INJ | J3465 | HCPCS | 49319028 | NDC | | both | | 1 EA | 33.5 | | Aetna | Better Health | | 100 | | 4.78 | | | other | Drugs are paid at 100% of the AWP |
| VORICONAZOLE 10MG INJ | J3465 | HCPCS | 49319028 | NDC | | both | | 1 EA | 33.5 | | Horizon | NJ Health | | 100 | | 2.22 | | | other | Drugs are paid at 100% of the AWP |
| VORICONAZOLE 10MG INJ | J3465 | HCPCS | 49319028 | NDC | | both | | 1 EA | 33.5 | | Horizon | PPO | | 100 | | 10.46 | | | other | Drugs are paid at 100% of the AWP |
| VORICONAZOLE 10MG INJ | J3465 | HCPCS | 49319028 | NDC | | both | | 1 EA | 33.5 | | UHC | Medicare | | 100 | | 1.18 | | | other | Drugs are paid at 100% of the AWP |
| VORICONAZOLE 10MG INJ | J3465 | HCPCS | 49319028 | NDC | | both | | 1 EA | 33.5 | | Wellcare | Medicaid | | 100 | | 1.17 | | | other | Drugs are paid at 100% of the AWP |
| VORICONAZOLE 10MG INJ | J3465 | HCPCS | 49319028 | NDC | | both | | 1 EA | 33.5 | | WellPoint | WellPoint | | 100 | | 3.85 | | | other | Drugs are paid at 100% of the AWP |
| HYALURONIDASE HUMAN RECOMB 1U | J3473 | HCPCS | 18657010204 | NDC | | both | | 1 EA | 1 | | Horizon | NJ Health | | 100 | | 0.01 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM SULFATE 500MG (4MEQ) INJ | J3475 | HCPCS | 63323006402 | NDC | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM SULFATE 500MG (4MEQ) INJ | J3475 | HCPCS | 63323006402 | NDC | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM SULFATE 500MG (4MEQ) INJ | J3475 | HCPCS | 63323006402 | NDC | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM SULFATE 500MG (4MEQ) INJ | J3475 | HCPCS | 63323006402 | NDC | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM SULFATE 500MG (4MEQ) INJ | J3475 | HCPCS | 63323006402 | NDC | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM SULFATE 500MG (4MEQ) INJ | J3475 | HCPCS | 63323006402 | NDC | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM SULFATE 500MG (4MEQ) INJ | J3475 | HCPCS | 63323006402 | NDC | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM SULFATE 500MG (4MEQ) INJ | J3475 | HCPCS | 63323006402 | NDC | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM SULFATE 500MG (4MEQ) INJ | J3475 | HCPCS | 63323006402 | NDC | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM SULFATE 500MG (4MEQ) INJ | J3475 | HCPCS | 63323006402 | NDC | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM SULFATE 500MG (4MEQ) INJ | J3475 | HCPCS | 63323006402 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM SULFATE 500MG (4MEQ) INJ | J3475 | HCPCS | 63323006402 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM SULFATE 500MG (4MEQ) INJ | J3475 | HCPCS | 63323006402 | NDC | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM SULFATE 500MG (4MEQ) INJ | J3475 | HCPCS | 63323006402 | NDC | | both | | 1 EA | 2.5 | | United | Oxford | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM SULFATE 500MG (4MEQ) INJ | J3475 | HCPCS | 63323006402 | NDC | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM SULFATE 500MG (4MEQ) INJ | J3475 | HCPCS | 63323006402 | NDC | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM SULFATE 500MG (4MEQ) INJ | J3475 | HCPCS | 63323006402 | NDC | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM SULFATE 8MEQ/2ML | J3475 | HCPCS | 63323006426 | NDC | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.14 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM SULFATE 8MEQ/2ML | J3475 | HCPCS | 63323006426 | NDC | | both | | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 1.03 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM SULFATE 8MEQ/2ML | J3475 | HCPCS | 63323006426 | NDC | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 1.56 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20MEQ/100ML(2MEQ/10ML | J3480 | HCPCS | 338070548 | NDC | | both | | 1 EA | 1.25 | | Aetna | Better Health | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20MEQ/100ML(2MEQ/10ML | J3480 | HCPCS | 338070548 | NDC | | both | | 1 EA | 1.25 | | Aetna | Commercial | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20MEQ/100ML(2MEQ/10ML | J3480 | HCPCS | 338070548 | NDC | | both | | 1 EA | 1.25 | | Aetna | Medicare | | 100 | | 0.14 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20MEQ/100ML(2MEQ/10ML | J3480 | HCPCS | 338070548 | NDC | | both | | 1 EA | 1.25 | | Amerihealth | HMO/PPO | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20MEQ/100ML(2MEQ/10ML | J3480 | HCPCS | 338070548 | NDC | | both | | 1 EA | 1.25 | | Corrections | Corrections | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20MEQ/100ML(2MEQ/10ML | J3480 | HCPCS | 338070548 | NDC | | both | | 1 EA | 1.25 | | Horizon | Indemnity | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20MEQ/100ML(2MEQ/10ML | J3480 | HCPCS | 338070548 | NDC | | both | | 1 EA | 1.25 | | Horizon | Medicare Blue | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20MEQ/100ML(2MEQ/10ML | J3480 | HCPCS | 338070548 | NDC | | both | | 1 EA | 1.25 | | Horizon | MGD | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20MEQ/100ML(2MEQ/10ML | J3480 | HCPCS | 338070548 | NDC | | both | | 1 EA | 1.25 | | Horizon | NJ Health | | 100 | | 0.14 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20MEQ/100ML(2MEQ/10ML | J3480 | HCPCS | 338070548 | NDC | | both | | 1 EA | 1.25 | | Horizon | PPO | | 100 | | 0.13 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20MEQ/100ML(2MEQ/10ML | J3480 | HCPCS | 338070548 | NDC | | both | | 1 EA | 1.25 | | UHC | Medicaid | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20MEQ/100ML(2MEQ/10ML | J3480 | HCPCS | 338070548 | NDC | | both | | 1 EA | 1.25 | | UHC | Medicare | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20MEQ/100ML(2MEQ/10ML | J3480 | HCPCS | 338070548 | NDC | | both | | 1 EA | 1.25 | | United | CommercialPPO | | 100 | | 0.04 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20MEQ/100ML(2MEQ/10ML | J3480 | HCPCS | 338070548 | NDC | | both | | 1 EA | 1.25 | | Wellcare | Medicaid | | 100 | | 0.11 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20MEQ/100ML(2MEQ/10ML | J3480 | HCPCS | 338070548 | NDC | | both | | 1 EA | 1.25 | | WellPoint | WellPoint | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 10MEQ/100ML(2MEQ/20ML | J3480 | HCPCS | 338070948 | NDC | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 10MEQ/100ML(2MEQ/20ML | J3480 | HCPCS | 338070948 | NDC | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 10MEQ/100ML(2MEQ/20ML | J3480 | HCPCS | 338070948 | NDC | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 10MEQ/100ML(2MEQ/20ML | J3480 | HCPCS | 338070948 | NDC | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 10MEQ/100ML(2MEQ/20ML | J3480 | HCPCS | 338070948 | NDC | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 10MEQ/100ML(2MEQ/20ML | J3480 | HCPCS | 338070948 | NDC | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 10MEQ/100ML(2MEQ/20ML | J3480 | HCPCS | 338070948 | NDC | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 10MEQ/100ML(2MEQ/20ML | J3480 | HCPCS | 338070948 | NDC | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 10MEQ/100ML(2MEQ/20ML | J3480 | HCPCS | 338070948 | NDC | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 10MEQ/100ML(2MEQ/20ML | J3480 | HCPCS | 338070948 | NDC | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 10MEQ/100ML(2MEQ/20ML | J3480 | HCPCS | 338070948 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 10MEQ/100ML(2MEQ/20ML | J3480 | HCPCS | 338070948 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 10MEQ/100ML(2MEQ/20ML | J3480 | HCPCS | 338070948 | NDC | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 10MEQ/100ML(2MEQ/20ML | J3480 | HCPCS | 338070948 | NDC | | both | | 1 EA | 2.5 | | United | Oxford | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 10MEQ/100ML(2MEQ/20ML | J3480 | HCPCS | 338070948 | NDC | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 10MEQ/100ML(2MEQ/20ML | J3480 | HCPCS | 338070948 | NDC | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 10MEQ/100ML(2MEQ/20ML | J3480 | HCPCS | 338070948 | NDC | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 2MEQ/ML INJ | J3480 | HCPCS | 409665106 | NDC | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 2MEQ/ML INJ | J3480 | HCPCS | 409665106 | NDC | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 2MEQ/ML INJ | J3480 | HCPCS | 409665106 | NDC | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 2MEQ/ML INJ | J3480 | HCPCS | 409665106 | NDC | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 2MEQ/ML INJ | J3480 | HCPCS | 409665106 | NDC | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 2MEQ/ML INJ | J3480 | HCPCS | 409665106 | NDC | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 2MEQ/ML INJ | J3480 | HCPCS | 409665106 | NDC | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 2MEQ/ML INJ | J3480 | HCPCS | 409665106 | NDC | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 2MEQ/ML INJ | J3480 | HCPCS | 409665106 | NDC | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 2MEQ/ML INJ | J3480 | HCPCS | 409665106 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 2MEQ/ML INJ | J3480 | HCPCS | 409665106 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 2MEQ/ML INJ | J3480 | HCPCS | 409665106 | NDC | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 2MEQ/ML INJ | J3480 | HCPCS | 409665106 | NDC | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 2MEQ/ML INJ | J3480 | HCPCS | 409665106 | NDC | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| ZIDOVUDINE 10MG/1ML INJ | J3485 | HCPCS | 49702021326 | NDC | | both | | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| ZIDOVUDINE 10MG/1ML INJ | J3485 | HCPCS | 49702021326 | NDC | | both | | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| ZIDOVUDINE 10MG/1ML INJ | J3485 | HCPCS | 49702021326 | NDC | | both | | 1 EA | 5.5 | | Wellcare | Medicaid | | 100 | | 0.81 | | | other | Drugs are paid at 100% of the AWP |
| ZOLENDRONIC ACID 1MG (CHEMO) | J3489 | HCPCS | 78038725 | NDC | | both | | 1 EA | 1229.5 | | Aetna | Better Health | | 100 | | 3.3 | | | other | Drugs are paid at 100% of the AWP |
| ZOLENDRONIC ACID 1MG (CHEMO) | J3489 | HCPCS | 78038725 | NDC | | both | | 1 EA | 1229.5 | | Aetna | Commercial | | 100 | | 379.84 | | | other | Drugs are paid at 100% of the AWP |
| ZOLENDRONIC ACID 1MG (CHEMO) | J3489 | HCPCS | 78038725 | NDC | | both | | 1 EA | 1229.5 | | Aetna | Medicare | | 100 | | 265.1 | | | other | Drugs are paid at 100% of the AWP |
| ZOLENDRONIC ACID 1MG (CHEMO) | J3489 | HCPCS | 78038725 | NDC | | both | | 1 EA | 1229.5 | | Amerihealth | HMO/PPO | | 100 | | 49.77 | | | other | Drugs are paid at 100% of the AWP |
| Z

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ZOLENDRONIC ACID 1MG (CHEMO) | J3489 | HCPCS | 78038725 | NDC | | both | | 1 EA | 1229.5 | | UHC | Medicare | | 100 | | 200.42 | | | other | Drugs are paid at 100% of the AWP |
| ZOLENDRONIC ACID 1MG (CHEMO) | J3489 | HCPCS | 78038725 | NDC | | both | | 1 EA | 1229.5 | | United | CommercialPPO | | 100 | | 193.25 | | | other | Drugs are paid at 100% of the AWP |
| ZOLENDRONIC ACID 1MG (CHEMO) | J3489 | HCPCS | 78038725 | NDC | | both | | 1 EA | 1229.5 | | United | Oxford | | 100 | | 497.95 | | | other | Drugs are paid at 100% of the AWP |
| ZOLENDRONIC ACID 1MG (CHEMO) | J3489 | HCPCS | 78038725 | NDC | | both | | 1 EA | 1229.5 | | Wellcare | Medicaid | | 100 | | 224.26 | | | other | Drugs are paid at 100% of the AWP |
| ZOLENDRONIC ACID 1MG (CHEMO) | J3489 | HCPCS | 78038725 | NDC | | both | | 1 EA | 1229.5 | | Wellcare | Medicare | | 100 | | 298.64 | | | other | Drugs are paid at 100% of the AWP |
| ZOLENDRONIC ACID 1MG (CHEMO) | J3489 | HCPCS | 78038725 | NDC | | both | | 1 EA | 1229.5 | | WellPoint | WellPoint | | 100 | | 316.02 | | | other | Drugs are paid at 100% of the AWP |
| DILTAZEM 5MG/1ML | J3490 | HCPCS | 17478093725 | NDC | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| DILTAZEM 5MG/1ML | J3490 | HCPCS | 17478093725 | NDC | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| DILTAZEM 5MG/1ML | J3490 | HCPCS | 17478093725 | NDC | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| DILTAZEM 5MG/1ML | J3490 | HCPCS | 17478093725 | NDC | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| DILTAZEM 5MG/1ML | J3490 | HCPCS | 17478093725 | NDC | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| DILTAZEM 5MG/1ML | J3490 | HCPCS | 17478093725 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| DILTAZEM 5MG/1ML | J3490 | HCPCS | 17478093725 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| DILTAZEM 5MG/1ML | J3490 | HCPCS | 17478093725 | NDC | | both | | 1 EA | 2.5 | | United | Oxford | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| DILTAZEM 5MG/1ML | J3490 | HCPCS | 17478093725 | NDC | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| DILTAZEM 5MG/1ML | J3490 | HCPCS | 17478093725 | NDC | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.50% (1ML) | J3490 | HCPCS | 186103312 | NDC | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.50% (1ML) | J3490 | HCPCS | 186103312 | NDC | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.50% (1ML) | J3490 | HCPCS | 186103312 | NDC | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.50% (1ML) | J3490 | HCPCS | 186103312 | NDC | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.50% (1ML) | J3490 | HCPCS | 186103312 | NDC | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 1.41 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.50% (1ML) | J3490 | HCPCS | 186103312 | NDC | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.50% (1ML) | J3490 | HCPCS | 186103312 | NDC | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.50% (1ML) | J3490 | HCPCS | 186103312 | NDC | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.50% (1ML) | J3490 | HCPCS | 186103312 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.50% (1ML) | J3490 | HCPCS | 186103312 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.50% (1ML) | J3490 | HCPCS | 186103312 | NDC | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.91 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.50% (1ML) | J3490 | HCPCS | 186103312 | NDC | | both | | 1 EA | 2.5 | | United | Oxford | | 100 | | 0.14 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.50% (1ML) | J3490 | HCPCS | 186103312 | NDC | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.50% (1ML) | J3490 | HCPCS | 186103312 | NDC | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 1 MG INJ | J3490 | HCPCS | 36000003310 | NDC | | both | | 1 EA | 3 | | Aetna | Better Health | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 1 MG INJ | J3490 | HCPCS | 36000003310 | NDC | | both | | 1 EA | 3 | | Aetna | Commercial | | 100 | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 1 MG INJ | J3490 | HCPCS | 36000003310 | NDC | | both | | 1 EA | 3 | | Aetna | Medicare | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 1 MG INJ | J3490 | HCPCS | 36000003310 | NDC | | both | | 1 EA | 3 | | Amerihealth | HMO/PPO | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 1 MG INJ | J3490 | HCPCS | 36000003310 | NDC | | both | | 1 EA | 3 | | Corrections | Corrections | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 1 MG INJ | J3490 | HCPCS | 36000003310 | NDC | | both | | 1 EA | 3 | | Horizon | Indemnity | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 1 MG INJ | J3490 | HCPCS | 36000003310 | NDC | | both | | 1 EA | 3 | | Horizon | Medicare Blue | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 1 MG INJ | J3490 | HCPCS | 36000003310 | NDC | | both | | 1 EA | 3 | | Horizon | MGD | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 1 MG INJ | J3490 | HCPCS | 36000003310 | NDC | | both | | 1 EA | 3 | | Horizon | NJ Health | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 1 MG INJ | J3490 | HCPCS | 36000003310 | NDC | | both | | 1 EA | 3 | | Horizon | PPO | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 1 MG INJ | J3490 | HCPCS | 36000003310 | NDC | | both | | 1 EA | 3 | | UHC | Medicaid | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 1 MG INJ | J3490 | HCPCS | 36000003310 | NDC | | both | | 1 EA | 3 | | UHC | Medicare | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 1 MG INJ | J3490 | HCPCS | 36000003310 | NDC | | both | | 1 EA | 3 | | United | CommercialPPO | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 1 MG INJ | J3490 | HCPCS | 36000003310 | NDC | | both | | 1 EA | 3 | | United | Oxford | | 100 | | 0.9 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 1 MG INJ | J3490 | HCPCS | 36000003310 | NDC | | both | | 1 EA | 3 | | Wellcare | Medicaid | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 1 MG INJ | J3490 | HCPCS | 36000003310 | NDC | | both | | 1 EA | 3 | | Wellcare | Medicare | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 1 MG INJ | J3490 | HCPCS | 36000003310 | NDC | | both | | 1 EA | 3 | | WellPoint | WellPoint | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| ROCURONIUM 10MG/1ML INJ | J3490 | HCPCS | 39822420002 | NDC | | both | | 1 EA | 149 | | Aetna | Better Health | | 100 | | 25.47 | | | other | Drugs are paid at 100% of the AWP |
| ROCURONIUM 10MG/1ML INJ | J3490 | HCPCS | 39822420002 | NDC | | both | | 1 EA | 149 | | Aetna | Commercial | | 100 | | 33.63 | | | other | Drugs are paid at 100% of the AWP |
| ROCURONIUM 10MG/1ML INJ | J3490 | HCPCS | 39822420002 | NDC | | both | | 1 EA | 149 | | Aetna | Medicare | | 100 | | 24.75 | | | other | Drugs are paid at 100% of the AWP |
| ROCURONIUM 10MG/1ML INJ | J3490 | HCPCS | 39822420002 | NDC | | both | | 1 EA | 149 | | Amerihealth | HMO/PPO | | 100 | | 26.78 | | | other | Drugs are paid at 100% of the AWP |
| ROCURONIUM 10MG/1ML INJ | J3490 | HCPCS | 39822420002 | NDC | | both | | 1 EA | 149 | | Corrections | Corrections | | 100 | | 30.07 | | | other | Drugs are paid at 100% of the AWP |
| ROCURONIUM 10MG/1ML INJ | J3490 | HCPCS | 39822420002 | NDC | | both | | 1 EA | 149 | | Horizon | Indemnity | | 100 | | 25.24 | | | other | Drugs are paid at 100% of the AWP |
| ROCURONIUM 10MG/1ML INJ | J3490 | HCPCS | 39822420002 | NDC | | both | | 1 EA | 149 | | Horizon | Medicare Blue | | 100 | | 27.19 | | | other | Drugs are paid at 100% of the AWP |
| ROCURONIUM 10MG/1ML INJ | J3490 | HCPCS | 39822420002 | NDC | | both | | 1 EA | 149 | | Horizon | MGD | | 100 | | 31.95 | | | other | Drugs are paid at 100% of the AWP |
| ROCURONIUM 10MG/1ML INJ | J3490 | HCPCS | 39822420002 | NDC | | both | | 1 EA | 149 | | Horizon | NJ Health | | 100 | | 21.67 | | | other | Drugs are paid at 100% of the AWP |
| ROCURONIUM 10MG/1ML INJ | J3490 | HCPCS | 39822420002 | NDC | | both | | 1 EA | 149 | | Horizon | PPO | | 100 | | 34 | | | other | Drugs are paid at 100% of the AWP |
| ROCURONIUM 10MG/1ML INJ | J3490 | HCPCS | 39822420002 | NDC | | both | | 1 EA | 149 | | UHC | Medicaid | | 100 | | 26.86 | | | other | Drugs are paid at 100% of the AWP |
| ROCURONIUM 10MG/1ML INJ | J3490 | HCPCS | 39822420002 | NDC | | both | | 1 EA | 149 | | UHC | Medicare | | 100 | | 29.29 | | | other | Drugs are paid at 100% of the AWP |
| ROCURONIUM 10MG/1ML INJ | J3490 | HCPCS | 39822420002 | NDC | | both | | 1 EA | 149 | | United | CommercialPPO | | 100 | | 24.22 | | | other | Drugs are paid at 100% of the AWP |
| ROCURONIUM 10MG/1ML INJ | J3490 | HCPCS | 39822420002 | NDC | | both | | 1 EA | 149 | | United | Oxford | | 100 | | 40.67 | | | other | Drugs are paid at 100% of the AWP |
| ROCURONIUM 10MG/1ML INJ | J3490 | HCPCS | 39822420002 | NDC | | both | | 1 EA | 149 | | Wellcare | Medicaid | | 100 | | 22.74 | | | other | Drugs are paid at 100% of the AWP |
| ROCURONIUM 10MG/1ML INJ | J3490 | HCPCS | 39822420002 | NDC | | both | | 1 EA | 149 | | Wellcare | Medicare | | 100 | | 31.78 | | | other | Drugs are paid at 100% of the AWP |
| ROCURONIUM 10MG/1ML INJ | J3490 | HCPCS | 39822420002 | NDC | | both | | 1 EA | 149 | | WellPoint | WellPoint | | 100 | | 26.67 | | | other | Drugs are paid at 100% of the AWP |
| ENALAPRILAT 1.25MG VIAL | J3490 | HCPCS | 409212201 | NDC | | both | | 1 EA | 8.5 | | UHC | Medicare | | 100 | | 2.58 | | | other | Drugs are paid at 100% of the AWP |
| COPPER TRACE METAL 4 MG INJ | J3490 | HCPCS | 409409201 | NDC | | both | | 1 EA | 80.5 | | WellPoint | WellPoint | | 100 | | 10.3 | | | other | Drugs are paid at 100% of the AWP |
| AMINOCAPROIC 250MG/1ML INJ | J3490 | HCPCS | 409434673 | NDC | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.95 | | | other | Drugs are paid at 100% of the AWP |
| AMINOCAPROIC 250MG/1ML INJ | J3490 | HCPCS | 409434673 | NDC | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| AMINOCAPROIC 250MG/1ML INJ | J3490 | HCPCS | 409434673 | NDC | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| AMINOCAPROIC 250MG/1ML INJ | J3490 | HCPCS | 409434673 | NDC | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| AMINOCAPROIC 250MG/1ML INJ | J3490 | HCPCS | 409434673 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| AMINOCAPROIC 250MG/1ML INJ | J3490 | HCPCS | 409434673 | NDC | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| AMINOCAPROIC 250MG/1ML INJ | J3490 | HCPCS | 409434673 | NDC | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM ACETATE 2MEQ/ML INJ | J3490 | HCPCS | 409729973 | NDC | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM ACETATE 2MEQ/ML INJ | J3490 | HCPCS | 409729973 | NDC | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM ACETATE 2MEQ/ML INJ | J3490 | HCPCS | 409729973 | NDC | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM ACETATE 2MEQ/ML INJ | J3490 | HCPCS | 409729973 | NDC | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM ACETATE 2MEQ/ML INJ | J3490 | HCPCS | 409729973 | NDC | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM ACETATE 2MEQ/ML INJ | J3490 | HCPCS | 409729973 | NDC | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM ACETATE 2MEQ/ML INJ | J3490 | HCPCS | 409729973 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM ACETATE 2MEQ/ML INJ | J3490 | HCPCS | 409729973 | NDC | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| VASOPRESSIN 20UNIT/ML INJ | J3490 | HCPCS | 42023016425 | NDC | | both | | 1 EA | 619 | | Aetna | Better Health | | 100 | | 86.35 | | | other | Drugs are paid at 100% of the AWP |
| VASOPRESSIN 20UNIT/ML INJ | J3490 | HCPCS | 42023016425 | NDC | | both | | 1 EA | 619 | | Aetna | Commercial | | 100 | | 127.02 | | | other | Drugs are paid at 100% of the AWP |
| VASOPRESSIN 20UNIT/ML INJ | J3490 | HCPCS | 42023016425 | NDC | | both | | 1 EA | 619 | | Aetna | Medicare | | 100 | | 57.4 | | | other | Drugs are paid at 100% of the AWP |
| VASOPRESSIN 20UNIT/ML INJ | J3490 | HCPCS | 42023016425 | NDC | | both | | 1 EA | 619 | | Amerihealth | HMO/PPO | | 100 | | 112.92 | | | other | Drugs are paid at 100% of the AWP |
| VASOPRESSIN 20UNIT/ML INJ | J3490 | HCPCS | 42023016425 | NDC | | both | | 1 EA | 619 | | Corrections | Corrections | | 100 | | 141.92 | | | other | Drugs are paid at 100% of the AWP |
| VASOPRESSIN 20UNIT/ML INJ | J3490 | HCPCS | 42023016425 | NDC | | both | | 1 EA | 619 | | Horizon | Indemnity | | 100 | | 59.87 | | | other | Drugs are paid at 100% of the AWP |
| VASOPRESSIN 20UNIT/ML INJ | J3490 | HCPCS | 42023016425 | NDC | | both | | 1 EA | 619 | | Horizon | Medicare Blue | | 100 | | 114.12 | | | other | Drugs are paid at 100% of the AWP |
| VASOPRESSIN 20UNIT/ML INJ | J3490 | HCPCS | 42023016425 | NDC | | both | | 1 EA | 619 | | Horizon | MGD | | 100 | | 113.83 | | | other | Drugs are paid at 100% of the AWP |
| VASOPRESSIN 20UNIT/ML INJ | J3490 | HCPCS | 42023016425 | NDC | | both | | 1 EA | 619 | | Horizon | NJ Health | | 100 | | 77.32 | | | other | Drugs are paid at 100% of the AWP |
| VASOPRESSIN 20UNIT/ML INJ | J3490 | HCPCS | 42023016425 | NDC | | both | | 1 EA | 619 | | Horizon | PPO | | 100 | | 142.27 | | | other | Drugs are paid at 100% of the AWP |
| VASOPRESSIN 20UNIT/ML INJ | J3490 | HCPCS | 42023016425 | NDC | | both | | 1 EA | 619 | | UHC | Medicaid | | 100 | | 96.78 | | | other | Drugs are paid at 100% of the AWP |
| VASOPRESSIN 20UNIT/ML INJ | J3490 | HCPCS | 42023016425 | NDC | | both | | 1 EA | 619 | | UHC | Medicare | | 100 | | 103.3 | | | other | Drugs are paid at 100% of the AWP |
| VASOPRESSIN 20UNIT/ML INJ | J3490 | HCPCS | 42023016425 | NDC | | both | | 1 EA | 619 | | United | CommercialPPO | | 100 | | 70.75 | | | other | Drugs are paid at 100% of the AWP |
| VASOPRESSIN 20UNIT/ML INJ | J3490 | HCPCS | 42023016425 | NDC | | both | | 1 EA | 619 | | Wellcare | Medicaid | | 100 | | 52.41 | | | other | Drugs are paid at 100% of the AWP |
| VASOPRESSIN 20UNIT/ML INJ | J3490 | HCPCS | 42023016425 | NDC | | both | | 1 EA | 619 | | Wellcare | Medicare | | 100 | | 157.65 | | | other | Drugs are paid at 100% of the AWP |
| VASOPRESSIN 20UNIT/ML INJ | J3490 | HCPCS | 42023016425 | NDC | | both | | 1 EA | 619 | | WellPoint | WellPoint | | 100 | | 80.37 | | | other | Drugs are paid at 100% of the AWP |
| NAFCILLIN 2GM INJ | J3490 | HCPCS | 44567022210 | NDC | | both | | 1 EA | 100 | | Horizon | NJ Health | | 100 | | 6.3 | | | other | Drugs are paid at 100% of the AWP |
| ETOMIDATE 2MG/1ML INJ | J3490 | HCPCS | 517078010 | NDC | | both | | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| ETOMIDATE 2MG/1ML INJ | J3490 | HCPCS | 517078010 | NDC | | both | | 1 EA | 3.5 | | Aetna | Medicare | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| ETOMIDATE 2MG/1ML INJ | J3490 | HCPCS | 517078010 | NDC | | both | | 1 EA | 3.5 | | Horizon | Indemnity | | 100 | | 0.05 | | | other | Drugs are paid at 100% of the AWP |
| ETOMIDATE 2MG/1ML INJ | J3490 | HCPCS | 517078010 | NDC | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 1.54 | | | other | Drugs are paid at 100% of the AWP |
| ETOMIDATE 2MG/1ML INJ | J3490 | HCPCS | 517078010 | NDC | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| ETOMIDATE 2MG/1ML INJ | J3490 | HCPCS | 517078010 | NDC | | both | | 1 EA | 3.5 | | Wellcare | Medicare | | 100 | | 1 | | | other | Drugs are paid at 100% of the AWP |
| ETOMIDATE 2MG/1ML INJ | J3490 | HCPCS | 517078010 | NDC | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| NAFCILLIN 1GM VIAL | J3490 | HCPCS | 55150012215 | NDC | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.25% (1ML) | J3490 | HCPCS | 55150016710 | NDC | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.25% (1ML) | J3490 | HCPCS | 55150016710 | NDC | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.25% (1ML) | J3490 | HCPCS | 55150016710 | NDC | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.25% (1ML) | J3490 | HCPCS | 55150016710 | NDC | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.25% (1ML) | J3490 | HCPCS | 55150016710 | NDC | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.71 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.25% (1ML) | J3490 | HCPCS | 55150016710 | NDC | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.25% (1ML) | J3490 | HCPCS | 55150016710 | NDC | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.25% (1ML) | J3490 | HCPCS | 55150016710 | NDC | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.25% (1ML) | J3490 | HCPCS | 55150016710 | NDC | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.25% (1ML) | J3490 | HCPCS | 55150016710 | NDC | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.25% (1ML) | J3490 | HCPCS | 55150016710 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.25% (1ML) | J3490 | HCPCS | 55150016710 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.25% (1ML) | J3490 | HCPCS | 55150016710 | NDC | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.25% (1ML) | J3490 | HCPCS | 55150016710 | NDC | | both | | 1 EA | 2.5 | | United | Oxford | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.25% (1ML) | J3490 | HCPCS | 55150016710 | NDC | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.25% (1ML) | J3490 | HCPCS | 55150016710 | NDC | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.91 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.25% (1ML) | J3490 | HCPCS | 55150016710 | NDC | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.75% (1ML) | J3490 | HCPCS | 55150017230 | NDC | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.75% (1ML) | J3490 | HCPCS | 55150017230 | NDC | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.75% (1ML) | J3490 | HCPCS | 55150017230 | NDC | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.75% (1ML) | J3490 | HCPCS | 55150017230 | NDC | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.75% (1ML) | J3490 | HCPCS | 55150017230 | NDC | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.75% (1ML) | J3490 | HCPCS | 55150017230 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.75% (1ML) | J3490 | HCPCS | 55150017230 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.75% (1ML) | J3490 | HCPCS | 55150017230 | NDC | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.75% (1ML) | J3490 | HCPCS | 55150017230 | NDC | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.75% (1ML) | J3490 | HCPCS | 55150017230 | NDC | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.75% (1ML) | J3490 | HCPCS | 55150017230 | NDC | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| DOXYCYCLINE HYCLATE 100MG INJ | J3490 | HCPCS | 63323013011 | NDC | | both | | 1 EA | 72.5 | | Aetna | Commercial | | 100 | | 18.43 | | | other | Drugs are paid at 100% of the AWP |
| DOXYCYCLINE HYCLATE 100MG INJ | J3490 | HCPCS | 63323013011 | NDC | | both | | 1 EA | 72.5 | | Corrections | Corrections | | 100 | | 8.93 | | | other | Drugs are paid at 100% of the AWP |
| DOXYCYCLINE HYCLATE 100MG INJ | J3490 | HCPCS | 63323013011 | NDC | | both | | 1 EA | 72.5 | | Horizon | Indemnity | | 100 | | 5.74 | | | other | Drugs are paid at 100% of the AWP |
| DOXYCYCLINE HYCLATE 100MG INJ | J3490 | HCPCS | 63323013011 | NDC | | both | | 1 EA | 72.5 | | Horizon | Medicare Blue | | 100 | | 14.7 | | | other | Drugs are paid at 100% of the AWP |
| DOXYCYCLINE HYCLATE 100MG INJ | J3490 | HCPCS | 63323013011 | NDC | | both | | 1 EA | 72.5 | | Horizon | MGD | | 100 | | 21.72 | | | other | Drugs are paid at 100% of the AWP |
| DOXYCYCLINE HYCLATE 100MG INJ | J3490 | HCPCS | 63323013011 | NDC | | both | | 1 EA | 72.5 | | Horizon | NJ Health | | 100 | | 8.44 | | | other | Drugs are paid at 100% of the AWP |
| DOXYCYCLINE HYCLATE 100MG INJ | J3490 | HCPCS | 63323013011 | NDC | | both | | 1 EA | 72.5 | | Horizon | PPO | | 100 | | 30.02 | | | other | Drugs are paid at 100% of the AWP |
| DOXYCYCLINE HYCLATE 100MG INJ | J3490 | HCPCS | 63323013011 | NDC | | both | | 1 EA | 72.5 | | UHC | Medicaid | | 100 | | 9.12 | | | other | Drugs are paid at 100% of the AWP |
| DOXYCYCLINE HYCLATE 100MG INJ | J3490 | HCPCS | 63323013011 | NDC | | both | | 1 EA | 72.5 | | UHC | Medicare | | 100 | | 21.26 | | | other | Drugs are paid at 100% of the AWP |
| DOXYCYCLINE HYCLATE 100MG INJ | J3490 | HCPCS | 63323013011 | NDC | | both | | 1 EA | 72.5 | | United | CommercialPPO | | 100 | | 11.79 | | | other | Drugs are paid at 100% of the AWP |
| DOXYCYCLINE HYCLATE 100MG INJ | J3490 | HCPCS | 63323013011 | NDC | | both | | 1 EA | 72.5 | | United | Oxford | | 100 | | 24.16 | | | other | Drugs are paid at 100% of the AWP |
| DOXYCYCLINE HYCLATE 100MG INJ | J3490 | HCPCS | 63323013011 | NDC | | both | | 1 EA | 72.5 | | Wellcare | Medicaid | | 100 | | 13.16 | | | other | Drugs are paid at 100% of the AWP |
| DOXYCYCLINE HYCLATE 100MG INJ | J3490 | HCPCS | 63323013011 | NDC | | both | | 1 EA | 72.5 | | Wellcare | Medicare | | 100 | | 4.24 | | | other | Drugs are paid at 100% of the AWP |
| DOXYCYCLINE HYCLATE 100MG INJ | J3490 | HCPCS | 63323013011 | NDC | | both | | 1 EA | 72.5 | | WellPoint | WellPoint | | 100 | | 14.04 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FOLIC ACID 5MG/1ML INJ | J3490 | HCPCS | 63323018410 | NDC | | both | 1 EA | 4.5 | | Aetna | Commercial | | 100 | | 1.02 | | | other | Drugs are paid at 100% of the AWP |
| FOLIC ACID 5MG/1ML INJ | J3490 | HCPCS | 63323018410 | NDC | | both | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| FOLIC ACID 5MG/1ML INJ | J3490 | HCPCS | 63323018410 | NDC | | both | 1 EA | 4.5 | | Amerihealth | HMO/PPO | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| FOLIC ACID 5MG/1ML INJ | J3490 | HCPCS | 63323018410 | NDC | | both | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 3.32 | | | other | Drugs are paid at 100% of the AWP |
| FOLIC ACID 5MG/1ML INJ | J3490 | HCPCS | 63323018410 | NDC | | both | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| FOLIC ACID 5MG/1ML INJ | J3490 | HCPCS | 63323018410 | NDC | | both | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| FOLIC ACID 5MG/1ML INJ | J3490 | HCPCS | 63323018410 | NDC | | both | 1 EA | 4.5 | | Horizon | PPO | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| FOLIC ACID 5MG/1ML INJ | J3490 | HCPCS | 63323018410 | NDC | | both | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.74 | | | other | Drugs are paid at 100% of the AWP |
| FOLIC ACID 5MG/1ML INJ | J3490 | HCPCS | 63323018410 | NDC | | both | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 1.24 | | | other | Drugs are paid at 100% of the AWP |
| FOLIC ACID 5MG/1ML INJ | J3490 | HCPCS | 63323018410 | NDC | | both | 1 EA | 4.5 | | Wellcare | Medicaid | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| FOLIC ACID 5MG/1ML INJ | J3490 | HCPCS | 63323018410 | NDC | | both | 1 EA | 4.5 | | Wellcare | Medicare | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| FOLIC ACID 5MG/1ML INJ | J3490 | HCPCS | 63323018410 | NDC | | both | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| AZTREONAM 500MG INJ | J3490 | HCPCS | 63323040120 | NDC | | both | 1 EA | 72.5 | | Horizon | Medicare Blue | | 100 | | 6.38 | | | other | Drugs are paid at 100% of the AWP |
| AZTREONAM 500MG INJ | J3490 | HCPCS | 63323040120 | NDC | | both | 1 EA | 72.5 | | Horizon | NJ Health | | 100 | | 6.51 | | | other | Drugs are paid at 100% of the AWP |
| AZTREONAM 500MG INJ | J3490 | HCPCS | 63323040120 | NDC | | both | 1 EA | 72.5 | | UHC | Medicaid | | 100 | | 10.29 | | | other | Drugs are paid at 100% of the AWP |
| AZTREONAM 500MG INJ | J3490 | HCPCS | 63323040120 | NDC | | both | 1 EA | 72.5 | | UHC | Medicare | | 100 | | 15 | | | other | Drugs are paid at 100% of the AWP |
| FLUMAZENIL 0.1MG/1ML INJ | J3490 | HCPCS | 63323042405 | NDC | | both | 1 EA | 26.5 | | Horizon | NJ Health | | 100 | | 5.81 | | | other | Drugs are paid at 100% of the AWP |
| FLUMAZENIL 0.1MG/1ML INJ | J3490 | HCPCS | 63323042405 | NDC | | both | 1 EA | 26.5 | | WellPoint | WellPoint | | 100 | | 8.07 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 10MG | J3490 | HCPCS | 63323073912 | NDC | | both | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 10MG | J3490 | HCPCS | 63323073912 | NDC | | both | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 10MG | J3490 | HCPCS | 63323073912 | NDC | | both | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 10MG | J3490 | HCPCS | 63323073912 | NDC | | both | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 10MG | J3490 | HCPCS | 63323073912 | NDC | | both | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 10MG | J3490 | HCPCS | 63323073912 | NDC | | both | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 10MG | J3490 | HCPCS | 63323073912 | NDC | | both | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 10MG | J3490 | HCPCS | 63323073912 | NDC | | both | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 10MG | J3490 | HCPCS | 63323073912 | NDC | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 10MG | J3490 | HCPCS | 63323073912 | NDC | | both | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 10MG | J3490 | HCPCS | 63323073912 | NDC | | both | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 10MG | J3490 | HCPCS | 63323073912 | NDC | | both | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 10MG | J3490 | HCPCS | 63323073912 | NDC | | both | 1 EA | 2.5 | | United | Commercial\|PPO | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 10MG | J3490 | HCPCS | 63323073912 | NDC | | both | 1 EA | 2.5 | | United | Oxford | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 10MG | J3490 | HCPCS | 63323073912 | NDC | | both | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 10MG | J3490 | HCPCS | 63323073912 | NDC | | both | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.88 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 10MG | J3490 | HCPCS | 63323073912 | NDC | | both | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| VECURONIUMO BROMIDE 1MG | J3490 | HCPCS | 63323078110 | NDC | | both | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| VECURONIUMO BROMIDE 1MG | J3490 | HCPCS | 63323078110 | NDC | | both | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| VECURONIUMO BROMIDE 1MG | J3490 | HCPCS | 63323078110 | NDC | | both | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| VECURONIUMO BROMIDE 1MG | J3490 | HCPCS | 63323078110 | NDC | | both | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| VECURONIUMO BROMIDE 1MG | J3490 | HCPCS | 63323078110 | NDC | | both | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| VECURONIUMO BROMIDE 1MG | J3490 | HCPCS | 63323078110 | NDC | | both | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| VECURONIUMO BROMIDE 1MG | J3490 | HCPCS | 63323078110 | NDC | | both | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| VECURONIUMO BROMIDE 1MG | J3490 | HCPCS | 63323078110 | NDC | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| VECURONIUMO BROMIDE 1MG | J3490 | HCPCS | 63323078110 | NDC | | both | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| VECURONIUMO BROMIDE 1MG | J3490 | HCPCS | 63323078110 | NDC | | both | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| VECURONIUMO BROMIDE 1MG | J3490 | HCPCS | 63323078110 | NDC | | both | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| VECURONIUMO BROMIDE 1MG | J3490 | HCPCS | 63323078110 | NDC | | both | 1 EA | 2.5 | | United | Commercial\|PPO | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| VECURONIUMO BROMIDE 1MG | J3490 | HCPCS | 63323078110 | NDC | | both | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| VECURONIUMO BROMIDE 1MG | J3490 | HCPCS | 63323078110 | NDC | | both | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| SOTRADECOL 3% 1ML(30MG) INJ | J3490 | HCPCS | 67457016302 | NDC | | both | 1 EA | 9 | | Wellcare | Medicaid | | 100 | | 2.09 | | | other | Drugs are paid at 100% of the AWP |
| ESMOLOL HCL 10MG | J3490 | HCPCS | 67457018210 | NDC | | both | 1 EA | 4.5 | | Aetna | Better Health | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| ESMOLOL HCL 10MG | J3490 | HCPCS | 67457018210 | NDC | | both | 1 EA | 4.5 | | Aetna | Commercial | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| ESMOLOL HCL 10MG | J3490 | HCPCS | 67457018210 | NDC | | both | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 0.98 | | | other | Drugs are paid at 100% of the AWP |
| ESMOLOL HCL 10MG | J3490 | HCPCS | 67457018210 | NDC | | both | 1 EA | 4.5 | | Amerihealth | HMO/PPO | | 100 | | 0.97 | | | other | Drugs are paid at 100% of the AWP |
| ESMOLOL HCL 10MG | J3490 | HCPCS | 67457018210 | NDC | | both | 1 EA | 4.5 | | Corrections | Corrections | | 100 | | 1.22 | | | other | Drugs are paid at 100% of the AWP |
| ESMOLOL HCL 10MG | J3490 | HCPCS | 67457018210 | NDC | | both | 1 EA | 4.5 | | Horizon | Indemnity | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| ESMOLOL HCL 10MG | J3490 | HCPCS | 67457018210 | NDC | | both | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 1.19 | | | other | Drugs are paid at 100% of the AWP |
| ESMOLOL HCL 10MG | J3490 | HCPCS | 67457018210 | NDC | | both | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| ESMOLOL HCL 10MG | J3490 | HCPCS | 67457018210 | NDC | | both | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| ESMOLOL HCL 10MG | J3490 | HCPCS | 67457018210 | NDC | | both | 1 EA | 4.5 | | Horizon | PPO | | 100 | | 0.83 | | | other | Drugs are paid at 100% of the AWP |
| ESMOLOL HCL 10MG | J3490 | HCPCS | 67457018210 | NDC | | both | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.89 | | | other | Drugs are paid at 100% of the AWP |
| ESMOLOL HCL 10MG | J3490 | HCPCS | 67457018210 | NDC | | both | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 0.87 | | | other | Drugs are paid at 100% of the AWP |
| ESMOLOL HCL 10MG | J3490 | HCPCS | 67457018210 | NDC | | both | 1 EA | 4.5 | | United | Commercial\|PPO | | 100 | | 3.01 | | | other | Drugs are paid at 100% of the AWP |
| ESMOLOL HCL 10MG | J3490 | HCPCS | 67457018210 | NDC | | both | 1 EA | 4.5 | | Wellcare | Medicaid | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| ESMOLOL HCL 10MG | J3490 | HCPCS | 67457018210 | NDC | | both | 1 EA | 4.5 | | Wellcare | Medicare | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| ESMOLOL HCL 10MG | J3490 | HCPCS | 67457018210 | NDC | | both | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| REMIFENTANIL 1MG INJ | J3490 | HCPCS | 67457019803 | NDC | | both | 1 EA | 64 | | Aetna | Commercial | | 100 | | 11.87 | | | other | Drugs are paid at 100% of the AWP |
| REMIFENTANIL 1MG INJ | J3490 | HCPCS | 67457019803 | NDC | | both | 1 EA | 64 | | Horizon | NJ Health | | 100 | | 6.59 | | | other | Drugs are paid at 100% of the AWP |
| REMIFENTANIL 1MG INJ | J3490 | HCPCS | 67457019803 | NDC | | both | 1 EA | 64 | | UHC | Medicaid | | 100 | | 6.65 | | | other | Drugs are paid at 100% of the AWP |
| REMIFENTANIL 1MG INJ | J3490 | HCPCS | 67457019803 | NDC | | both | 1 EA | 64 | | Wellcare | Medicaid | | 100 | | 9.13 | | | other | Drugs are paid at 100% of the AWP |
| REMIFENTANIL 2MG INJ | J3490 | HCPCS | 67457019805 | NDC | | both | 1 EA | 145.5 | | Aetna | Better Health | | 100 | | 23.3 | | | other | Drugs are paid at 100% of the AWP |
| REMIFENTANIL 2MG INJ | J3490 | HCPCS | 67457019805 | NDC | | both | 1 EA | 145.5 | | Aetna | Commercial | | 100 | | 31.85 | | | other | Drugs are paid at 100% of the AWP |
| REMIFENTANIL 2MG INJ | J3490 | HCPCS | 67457019805 | NDC | | both | 1 EA | 145.5 | | Aetna | Medicare | | 100 | | 21.11 | | | other | Drugs are paid at 100% of the AWP |
| REMIFENTANIL 2MG INJ | J3490 | HCPCS | 67457019805 | NDC | | both | 1 EA | 145.5 | | Amerihealth | HMO/PPO | | 100 | | 26.49 | | | other | Drugs are paid at 100% of the AWP |
| REMIFENTANIL 2MG INJ | J3490 | HCPCS | 67457019805 | NDC | | both | 1 EA | 145.5 | | Corrections | Corrections | | 100 | | 24.58 | | | other | Drugs are paid at 100% of the AWP |
| REMIFENTANIL 2MG INJ | J3490 | HCPCS | 67457019805 | NDC | | both | 1 EA | 145.5 | | Horizon | Indemnity | | 100 | | 28.71 | | | other | Drugs are paid at 100% of the AWP |
| REMIFENTANIL 2MG INJ | J3490 | HCPCS | 67457019805 | NDC | | both | 1 EA | 145.5 | | Horizon | Medicare Blue | | 100 | | 24.85 | | | other | Drugs are paid at 100% of the AWP |
| REMIFENTANIL 2MG INJ | J3490 | HCPCS | 67457019805 | NDC | | both | 1 EA | 145.5 | | Horizon | MGD | | 100 | | 33.31 | | | other | Drugs are paid at 100% of the AWP |
| REMIFENTANIL 2MG INJ | J3490 | HCPCS | 67457019805 | NDC | | both | 1 EA | 145.5 | | Horizon | NJ Health | | 100 | | 19.6 | | | other | Drugs are paid at 100% of the AWP |
| REMIFENTANIL 2MG INJ | J3490 | HCPCS | 67457019805 | NDC | | both | 1 EA | 145.5 | | Horizon | PPO | | 100 | | 35.76 | | | other | Drugs are paid at 100% of the AWP |
| REMIFENTANIL 2MG INJ | J3490 | HCPCS | 67457019805 | NDC | | both | 1 EA | 145.5 | | UHC | Medicaid | | 100 | | 28.07 | | | other | Drugs are paid at 100% of the AWP |
| REMIFENTANIL 2MG INJ | J3490 | HCPCS | 67457019805 | NDC | | both | 1 EA | 145.5 | | UHC | Medicare | | 100 | | 23.25 | | | other | Drugs are paid at 100% of the AWP |
| REMIFENTANIL 2MG INJ | J3490 | HCPCS | 67457019805 | NDC | | both | 1 EA | 145.5 | | United | Commercial\|PPO | | 100 | | 27.75 | | | other | Drugs are paid at 100% of the AWP |
| REMIFENTANIL 2MG INJ | J3490 | HCPCS | 67457019805 | NDC | | both | 1 EA | 145.5 | | Wellcare | Medicaid | | 100 | | 21.94 | | | other | Drugs are paid at 100% of the AWP |
| REMIFENTANIL 2MG INJ | J3490 | HCPCS | 67457019805 | NDC | | both | 1 EA | 145.5 | | Wellcare | Medicare | | 100 | | 35.25 | | | other | Drugs are paid at 100% of the AWP |
| REMIFENTANIL 2MG INJ | J3490 | HCPCS | 67457019805 | NDC | | both | 1 EA | 145.5 | | WellPoint | WellPoint | | 100 | | 23.12 | | | other | Drugs are paid at 100% of the AWP |
| RIFAMPIN 600MG INJ | J3490 | HCPCS | 67457044560 | NDC | | both | 1 EA | 322 | | Horizon | NJ Health | | 100 | | 2.91 | | | other | Drugs are paid at 100% of the AWP |
| RIFAMPIN 600MG INJ | J3490 | HCPCS | 67457044560 | NDC | | both | 1 EA | 322 | | WellPoint | WellPoint | | 100 | | 21.91 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 150 MG INJ | J3490 | HCPCS | 67457081402 | NDC | | both | 1 EA | 4 | | Aetna | Better Health | | 100 | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 150 MG INJ | J3490 | HCPCS | 67457081402 | NDC | | both | 1 EA | 4 | | Aetna | Commercial | | 100 | | 1.29 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 150 MG INJ | J3490 | HCPCS | 67457081402 | NDC | | both | 1 EA | 4 | | Aetna | Medicare | | 100 | | 1.09 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 150 MG INJ | J3490 | HCPCS | 67457081402 | NDC | | both | 1 EA | 4 | | Corrections | Corrections | | 100 | | 1.19 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 150 MG INJ | J3490 | HCPCS | 67457081402 | NDC | | both | 1 EA | 4 | | Horizon | Indemnity | | 100 | | 0.91 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 150 MG INJ | J3490 | HCPCS | 67457081402 | NDC | | both | 1 EA | 4 | | Horizon | Medicare Blue | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 150 MG INJ | J3490 | HCPCS | 67457081402 | NDC | | both | 1 EA | 4 | | Horizon | MGD | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 150 MG INJ | J3490 | HCPCS | 67457081402 | NDC | | both | 1 EA | 4 | | Horizon | NJ Health | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 150 MG INJ | J3490 | HCPCS | 67457081402 | NDC | | both | 1 EA | 4 | | Horizon | PPO | | 100 | | 0.87 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 150 MG INJ | J3490 | HCPCS | 67457081402 | NDC | | both | 1 EA | 4 | | UHC | Medicaid | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 150 MG INJ | J3490 | HCPCS | 67457081402 | NDC | | both | 1 EA | 4 | | UHC | Medicare | | 100 | | 1.21 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 150 MG INJ | J3490 | HCPCS | 67457081402 | NDC | | both | 1 EA | 4 | | United | Commercial\|PPO | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 150 MG INJ | J3490 | HCPCS | 67457081402 | NDC | | both | 1 EA | 4 | | Wellcare | Medicaid | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 150 MG INJ | J3490 | HCPCS | 67457081402 | NDC | | both | 1 EA | 4 | | WellPoint | WellPoint | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.2MG/1ML INJ | J3490 | HCPCS | 70069001325 | NDC | | both | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.2MG/1ML INJ | J3490 | HCPCS | 70069001325 | NDC | | both | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.2MG/1ML INJ | J3490 | HCPCS | 70069001325 | NDC | | both | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.2MG/1ML INJ | J3490 | HCPCS | 70069001325 | NDC | | both | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.2MG/1ML INJ | J3490 | HCPCS | 70069001325 | NDC | | both | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.2MG/1ML INJ | J3490 | HCPCS | 70069001325 | NDC | | both | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.2MG/1ML INJ | J3490 | HCPCS | 70069001325 | NDC | | both | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.2MG/1ML INJ | J3490 | HCPCS | 70069001325 | NDC | | both | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.2MG/1ML INJ | J3490 | HCPCS | 70069001325 | NDC | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.2MG/1ML INJ | J3490 | HCPCS | 70069001325 | NDC | | both | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.2MG/1ML INJ | J3490 | HCPCS | 70069001325 | NDC | | both | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.2MG/1ML INJ | J3490 | HCPCS | 70069001325 | NDC | | both | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.2MG/1ML INJ | J3490 | HCPCS | 70069001325 | NDC | | both | 1 EA | 2.5 | | United | Commercial\|PPO | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.2MG/1ML INJ | J3490 | HCPCS | 70069001325 | NDC | | both | 1 EA | 2.5 | | United | Oxford | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.2MG/1ML INJ | J3490 | HCPCS | 70069001325 | NDC | | both | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.2MG/1ML INJ | J3490 | HCPCS | 70069001325 | NDC | | both | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.2MG/1ML INJ | J3490 | HCPCS | 70069001325 | NDC | | both | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 5MG | J3490 | HCPCS | 72266010201 | NDC | | both | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 5MG | J3490 | HCPCS | 72266010201 | NDC | | both | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 5MG | J3490 | HCPCS | 72266010201 | NDC | | both | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 5MG | J3490 | HCPCS | 72266010201 | NDC | | both | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 5MG | J3490 | HCPCS | 72266010201 | NDC | | both | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 5MG | J3490 | HCPCS | 72266010201 | NDC | | both | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 5MG | J3490 | HCPCS | 72266010201 | NDC | | both | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 5MG | J3490 | HCPCS | 72266010201 | NDC | | both | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 5MG | J3490 | HCPCS | 72266010201 | NDC | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 5MG | J3490 | HCPCS | 72266010201 | NDC | | both | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 5MG | J3490 | HCPCS | 72266010201 | NDC | | both | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 5MG | J3490 | HCPCS | 72266010201 | NDC | | both | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 5MG | J3490 | HCPCS | 72266010201 | NDC | | both | 1 EA | 2.5 | | United | Commercial\|PPO | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 5MG | J3490 | HCPCS | 72266010201 | NDC | | both | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 5MG | J3490 | HCPCS | 72266010201 | NDC | | both | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 5MG | J3490 | HCPCS | 72266010201 | NDC | | both | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| VALPROATE SODIUM 100MG | J3490 | HCPCS | 74156410 | NDC | | both | 1 EA | 4.5 | | Aetna | Better Health | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| VALPROATE SODIUM 100MG | J3490 | HCPCS | 74156410 | NDC | | both | 1 EA | 4.5 | | Aetna | Commercial | | 100 | | 2.79 | | | other | Drugs are paid at 100% of the AWP |
| VALPROATE SODIUM 100MG | J3490 | HCPCS | 74156410 | NDC | | both | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| VALPROATE SODIUM 100MG | J3490 | HCPCS | 74156410 | NDC | | both | 1 EA | 4.5 | | Corrections | Corrections | | 100 | | 1.15 | | | other | Drugs are paid at 100% of the AWP |
| VALPROATE SODIUM 100MG | J3490 | HCPCS | 74156410 | NDC | | both | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| VALPROATE SODIUM 100MG | J3490 | HCPCS | 74156410 | NDC | | both | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 1.25 | | | other | Drugs are paid at 100% of the AWP |
| VALPROATE SODIUM 100MG | J3490 | HCPCS | 74156410 | NDC | | both | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| VALPROATE SODIUM 100MG | J3490 | HCPCS | 74156410 | NDC | | both | 1 EA | 4.5 | | Horizon | PPO | | 100 | | 1.09 | | | other | Drugs are paid at 100% of the AWP |
| VALPROATE SODIUM 100MG | J3490 | HCPCS | 74156410 | NDC | | both | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| VALPROATE SODIUM 100MG | J3490 | HCPCS | 74156410 | NDC | | both | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 0.92 | | | other | Drugs are paid at 100% of the AWP |
| VALPROATE SODIUM 100MG | J3490 | HCPCS | 74156410 | NDC | | both | 1 EA | 4.5 | | Wellcare | Medicaid | | 100 | | 1.86 | | | other | Drugs are paid at 100% of the AWP |
| VALPROATE SODIUM 100MG | J3490 | HCPCS | 74156410 | NDC | | both | 1 EA | 4.5 | | Wellcare | Medicare | | 100 | | 1.68 | | | other | Drugs are paid at 100% of the AWP |
| VALPROATE SODIUM 100MG | J3490 | HCPCS | 74156410 | NDC | | both | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.95 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| IPRATORIUM BROMIDE 17MCG AER | J3535 | HCPCS | 597008717 | NDC | | both | | 1 EA | 459 | | Aetna | Medicare | | 100 | | 147.59 | | | other | Drugs are paid at 100% of the AWP |
| IPRATORIUM BROMIDE 17MCG AER | J3535 | HCPCS | 597008717 | NDC | | both | | 1 EA | 459 | | Horizon | Medicare Blue | | 100 | | 79.35 | | | other | Drugs are paid at 100% of the AWP |
| IPRATORIUM BROMIDE 17MCG AER | J3535 | HCPCS | 597008717 | NDC | | both | | 1 EA | 459 | | Horizon | NJ Health | | 100 | | 90.7 | | | other | Drugs are paid at 100% of the AWP |
| IPRATORIUM BROMIDE 17MCG AER | J3535 | HCPCS | 597008717 | NDC | | both | | 1 EA | 459 | | Horizon | PPO | | 100 | | 208.55 | | | other | Drugs are paid at 100% of the AWP |
| IPRATORIUM BROMIDE 17MCG AER | J3535 | HCPCS | 597008717 | NDC | | both | | 1 EA | 459 | | UHC | Medicaid | | 100 | | 93.63 | | | other | Drugs are paid at 100% of the AWP |
| IPRATORIUM BROMIDE 17MCG AER | J3535 | HCPCS | 597008717 | NDC | | both | | 1 EA | 459 | | UHC | Medicare | | 100 | | 120.07 | | | other | Drugs are paid at 100% of the AWP |
| IPRATORIUM BROMIDE 17MCG AER | J3535 | HCPCS | 597008717 | NDC | | both | | 1 EA | 459 | | Wellcare | Medicaid | | 100 | | 137.12 | | | other | Drugs are paid at 100% of the AWP |
| IPRATORIUM BROMIDE 17MCG AER | J3535 | HCPCS | 597008717 | NDC | | both | | 1 EA | 459 | | Wellcare | Medicare | | 100 | | 192.96 | | | other | Drugs are paid at 100% of the AWP |
| IPRATORIUM BROMIDE 17MCG AER | J3535 | HCPCS | 597008717 | NDC | | both | | 1 EA | 459 | | WellPoint | WellPoint | | 100 | | 125.13 | | | other | Drugs are paid at 100% of the AWP |
| HUMAN PROTHROMBIN(KCENTRA)1IU INJ | J7168 | HCPCS | 63833038602 | NDC | | both | | 1 EA | 5 | | Aetna | Medicare | | 100 | | 3.17 | | | other | Drugs are paid at 100% of the AWP |
| HUMAN PROTHROMBIN(KCENTRA)1IU INJ | J7168 | HCPCS | 63833038602 | NDC | | both | | 1 EA | 5 | | Horizon | Medicare Blue | | 100 | | 1.28 | | | other | Drugs are paid at 100% of the AWP |
| HUMAN PROTHROMBIN(KCENTRA)1IU INJ | J7168 | HCPCS | 63833038602 | NDC | | both | | 1 EA | 5 | | Horizon | NJ Health | | 100 | | 0.95 | | | other | Drugs are paid at 100% of the AWP |
| HUMAN PROTHROMBIN(KCENTRA)1IU INJ | J7168 | HCPCS | 63833038602 | NDC | | both | | 1 EA | 5 | | Horizon | PPO | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| HUMAN PROTHROMBIN(KCENTRA)1IU INJ | J7168 | HCPCS | 63833038602 | NDC | | both | | 1 EA | 5 | | UHC | Medicaid | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| HUMAN PROTHROMBIN(KCENTRA)1IU INJ | J7168 | HCPCS | 63833038602 | NDC | | both | | 1 EA | 5 | | UHC | Medicare | | 100 | | 1.64 | | | other | Drugs are paid at 100% of the AWP |
| HUMAN PROTHROMBIN(KCENTRA)1IU INJ | J7168 | HCPCS | 63833038602 | NDC | | both | | 1 EA | 5 | | Wellcare | Medicare | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| HUMAN PROTHROMBIN(KCENTRA)1IU INJ | J7168 | HCPCS | 63833038602 | NDC | | both | | 1 EA | 5 | | WellPoint | WellPoint | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| FACTOR XA INACTIVATED(ANDEXXA)10MG INJ | J7169 | HCPCS | 69853010101 | NDC | | both | | 1 EA | 1126.5 | | UHC | Medicare | | 100 | | 216.61 | | | other | Drugs are paid at 100% of the AWP |
| ANTIHEMOPH F VIII(XYNTHA) 1IU | J7185 | HCPCS | 58394002203 | NDC | | both | | 1 EA | 6 | | Horizon | NJ Health | | 100 | | 0.81 | | | other | Drugs are paid at 100% of the AWP |
| ANTIHEMOPH F VIII(XYNTHA) 1IU | J7185 | HCPCS | 58394002203 | NDC | | both | | 1 EA | 6 | | UHC | Medicaid | | 100 | | 1.55 | | | other | Drugs are paid at 100% of the AWP |
| VON WILLEBRAND FACTOR (HUMATE-P) | J7187 | HCPCS | 63833061502 | NDC | | both | | 1 EA | 7.5 | | UHC | Medicare | | 100 | | 1.46 | | | other | Drugs are paid at 100% of the AWP |
| FACTOR VIIA PER 1 MICROGRAM | J7189 | HCPCS | 169720101 | NDC | | both | | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| FACTOR VIII (ADVATE) 1U PWVL | J7192 | HCPCS | 944292202 | NDC | | both | | 1 EA | 4 | | UHC | Medicare | | 100 | | 0.78 | | | other | Drugs are paid at 100% of the AWP |
| LEVONOR(LILETTA)(52MG)18.6MCG/24H | J7297 | HCPCS | 23585801 | NDC | | both | | 1 EA | 2960 | | Aetna | Commercial | | 100 | | 613.92 | | | other | Drugs are paid at 100% of the AWP |
| LEVONOR(LILETTA)(52MG)18.6MCG/24H | J7297 | HCPCS | 23585801 | NDC | | both | | 1 EA | 2960 | | Corrections | Corrections | | 100 | | 674.62 | | | other | Drugs are paid at 100% of the AWP |
| LEVONOR(LILETTA)(52MG)18.6MCG/24H | J7297 | HCPCS | 23585801 | NDC | | both | | 1 EA | 2960 | | Horizon | Indemnity | | 100 | | 73.4 | | | other | Drugs are paid at 100% of the AWP |
| LEVONOR(LILETTA)(52MG)18.6MCG/24H | J7297 | HCPCS | 23585801 | NDC | | both | | 1 EA | 2960 | | Horizon | MGD | | 100 | | 532.85 | | | other | Drugs are paid at 100% of the AWP |
| LEVONOR(LILETTA)(52MG)18.6MCG/24H | J7297 | HCPCS | 23585801 | NDC | | both | | 1 EA | 2960 | | Horizon | NJ Health | | 100 | | 1665.82 | | | other | Drugs are paid at 100% of the AWP |
| LEVONOR(LILETTA)(52MG)18.6MCG/24H | J7297 | HCPCS | 23585801 | NDC | | both | | 1 EA | 2960 | | Horizon | PPO | | 100 | | 696.38 | | | other | Drugs are paid at 100% of the AWP |
| LEVONOR(LILETTA)(52MG)18.6MCG/24H | J7297 | HCPCS | 23585801 | NDC | | both | | 1 EA | 2960 | | UHC | Medicaid | | 100 | | 486.32 | | | other | Drugs are paid at 100% of the AWP |
| LEVONOR(LILETTA)(52MG)18.6MCG/24H | J7297 | HCPCS | 23585801 | NDC | | both | | 1 EA | 2960 | | United | Oxford | | 100 | | 1231.25 | | | other | Drugs are paid at 100% of the AWP |
| LEVONOR(LILETTA)(52MG)18.6MCG/24H | J7297 | HCPCS | 23585801 | NDC | | both | | 1 EA | 2960 | | Wellcare | Medicaid | | 100 | | 850.05 | | | other | Drugs are paid at 100% of the AWP |
| LEVONOR(LILETTA)(52MG)18.6MCG/24H | J7297 | HCPCS | 23585801 | NDC | | both | | 1 EA | 2960 | | WellPoint | WellPoint | | 100 | | 461.47 | | | other | Drugs are paid at 100% of the AWP |
| PARAGARD T380A IUD | J7300 | HCPCS | 51285020401 | NDC | | both | | 1 EA | 3495.5 | | Amerihealth | HMO/PPO | | 100 | | 314.39 | | | other | Drugs are paid at 100% of the AWP |
| PARAGARD T380A IUD | J7300 | HCPCS | 51285020401 | NDC | | both | | 1 EA | 3495.5 | | Horizon | MGD | | 100 | | 96.3 | | | other | Drugs are paid at 100% of the AWP |
| PARAGARD T380A IUD | J7300 | HCPCS | 51285020401 | NDC | | both | | 1 EA | 3495.5 | | Horizon | NJ Health | | 100 | | 1055.38 | | | other | Drugs are paid at 100% of the AWP |
| PARAGARD T380A IUD | J7300 | HCPCS | 51285020401 | NDC | | both | | 1 EA | 3495.5 | | Horizon | PPO | | 100 | | 22.67 | | | other | Drugs are paid at 100% of the AWP |
| PARAGARD T380A IUD | J7300 | HCPCS | 51285020401 | NDC | | both | | 1 EA | 3495.5 | | UHC | Medicaid | | 100 | | 580.24 | | | other | Drugs are paid at 100% of the AWP |
| PARAGARD T380A IUD | J7300 | HCPCS | 51285020401 | NDC | | both | | 1 EA | 3495.5 | | WellPoint | WellPoint | | 100 | | 1076.82 | | | other | Drugs are paid at 100% of the AWP |
| ETONOGESTR4EL(NEXPLANON)68MG IU IMPLANT | J7307 | HCPCS | 52433001 | NDC | | both | | 1 EA | 1833 | | Aetna | Commercial | | 100 | | 168.41 | | | other | Drugs are paid at 100% of the AWP |
| ETONOGESTR4EL(NEXPLANON)68MG IU IMPLANT | J7307 | HCPCS | 52433001 | NDC | | both | | 1 EA | 1833 | | Corrections | Corrections | | 100 | | 287.28 | | | other | Drugs are paid at 100% of the AWP |
| ETONOGESTR4EL(NEXPLANON)68MG IU IMPLANT | J7307 | HCPCS | 52433001 | NDC | | both | | 1 EA | 1833 | | Horizon | Indemnity | | 100 | | 159.16 | | | other | Drugs are paid at 100% of the AWP |
| ETONOGESTR4EL(NEXPLANON)68MG IU IMPLANT | J7307 | HCPCS | 52433001 | NDC | | both | | 1 EA | 1833 | | Horizon | MGD | | 100 | | 141.72 | | | other | Drugs are paid at 100% of the AWP |
| ETONOGESTR4EL(NEXPLANON)68MG IU IMPLANT | J7307 | HCPCS | 52433001 | NDC | | both | | 1 EA | 1833 | | Horizon | NJ Health | | 100 | | 353 | | | other | Drugs are paid at 100% of the AWP |
| ETONOGESTR4EL(NEXPLANON)68MG IU IMPLANT | J7307 | HCPCS | 52433001 | NDC | | both | | 1 EA | 1833 | | Horizon | PPO | | 100 | | 522.97 | | | other | Drugs are paid at 100% of the AWP |
| ETONOGESTR4EL(NEXPLANON)68MG IU IMPLANT | J7307 | HCPCS | 52433001 | NDC | | both | | 1 EA | 1833 | | UHC | Medicaid | | 100 | | 262.75 | | | other | Drugs are paid at 100% of the AWP |
| ETONOGESTR4EL(NEXPLANON)68MG IU IMPLANT | J7307 | HCPCS | 52433001 | NDC | | both | | 1 EA | 1833 | | UHC | Medicare | | 100 | | 71.1 | | | other | Drugs are paid at 100% of the AWP |
| ETONOGESTR4EL(NEXPLANON)68MG IU IMPLANT | J7307 | HCPCS | 52433001 | NDC | | both | | 1 EA | 1833 | | United | CommercialPPO | | 100 | | 477.03 | | | other | Drugs are paid at 100% of the AWP |
| ETONOGESTR4EL(NEXPLANON)68MG IU IMPLANT | J7307 | HCPCS | 52433001 | NDC | | both | | 1 EA | 1833 | | United | Oxford | | 100 | | 584.31 | | | other | Drugs are paid at 100% of the AWP |
| ETONOGESTR4EL(NEXPLANON)68MG IU IMPLANT | J7307 | HCPCS | 52433001 | NDC | | both | | 1 EA | 1833 | | Wellcare | Medicaid | | 100 | | 154.67 | | | other | Drugs are paid at 100% of the AWP |
| ETONOGESTR4EL(NEXPLANON)68MG IU IMPLANT | J7307 | HCPCS | 52433001 | NDC | | both | | 1 EA | 1833 | | WellPoint | WellPoint | | 100 | | 358.52 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE INTRA IMPLANT 0.1MG INJ | J7312 | HCPCS | 23334807 | NDC | | both | | 1 EA | 839.5 | | Horizon | MGD | | 100 | | 225.39 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE INTRA IMPLANT 0.1MG INJ | J7312 | HCPCS | 23334807 | NDC | | both | | 1 EA | 839.5 | | Horizon | NJ Health | | 100 | | 118.48 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE INTRA IMPLANT 0.1MG INJ | J7312 | HCPCS | 23334807 | NDC | | both | | 1 EA | 839.5 | | Wellcare | Medicaid | | 100 | | 250.86 | | | other | Drugs are paid at 100% of the AWP |
| HALGAN 10MG/ML INJ(NF) | J7321 | HCPCS | 80240724 12 | NDC | | both | | 1 EA | 676.5 | | Aetna | Medicare | | 100 | | 61.74 | | | other | Drugs are paid at 100% of the AWP |
| HALGAN 10MG/ML INJ(NF) | J7321 | HCPCS | 80240724 12 | NDC | | both | | 1 EA | 676.5 | | Amerihealth | HMO/PPO | | 100 | | 142.85 | | | other | Drugs are paid at 100% of the AWP |
| HALGAN 10MG/ML INJ(NF) | J7321 | HCPCS | 80240724 12 | NDC | | both | | 1 EA | 676.5 | | Corrections | Corrections | | 100 | | 123.09 | | | other | Drugs are paid at 100% of the AWP |
| HALGAN 10MG/ML INJ(NF) | J7321 | HCPCS | 80240724 12 | NDC | | both | | 1 EA | 676.5 | | Horizon | Medicare Blue | | 100 | | 87.98 | | | other | Drugs are paid at 100% of the AWP |
| HALGAN 10MG/ML INJ(NF) | J7321 | HCPCS | 80240724 12 | NDC | | both | | 1 EA | 676.5 | | Horizon | MGD | | 100 | | 237.01 | | | other | Drugs are paid at 100% of the AWP |
| HALGAN 10MG/ML INJ(NF) | J7321 | HCPCS | 80240724 12 | NDC | | both | | 1 EA | 676.5 | | Horizon | NJ Health | | 100 | | 102.12 | | | other | Drugs are paid at 100% of the AWP |
| HALGAN 10MG/ML INJ(NF) | J7321 | HCPCS | 80240724 12 | NDC | | both | | 1 EA | 676.5 | | UHC | Medicaid | | 100 | | 122.09 | | | other | Drugs are paid at 100% of the AWP |
| HALGAN 10MG/ML INJ(NF) | J7321 | HCPCS | 80240724 12 | NDC | | both | | 1 EA | 676.5 | | UHC | Medicare | | 100 | | 95.79 | | | other | Drugs are paid at 100% of the AWP |
| HALGAN 10MG/ML INJ(NF) | J7321 | HCPCS | 80240724 12 | NDC | | both | | 1 EA | 676.5 | | Wellcare | Medicaid | | 100 | | 197.05 | | | other | Drugs are paid at 100% of the AWP |
| HALGAN 10MG/ML INJ(NF) | J7321 | HCPCS | 80240724 12 | NDC | | both | | 1 EA | 676.5 | | WellPoint | WellPoint | | 100 | | 99.35 | | | other | Drugs are paid at 100% of the AWP |
| AZATHIOPRINE 50MG TAB | J7500 | HCPCS | 51079062006 | NDC | | both | | 1 EA | 5.5 | | Horizon | MGD | | 100 | | 1.97 | | | other | Drugs are paid at 100% of the AWP |
| AZATHIOPRINE 50MG TAB | J7500 | HCPCS | 51079062006 | NDC | | both | | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| AZATHIOPRINE 50MG TAB | J7500 | HCPCS | 51079062006 | NDC | | both | | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| AZATHIOPRINE 50MG TAB | J7500 | HCPCS | 51079062006 | NDC | | both | | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| AZATHIOPRINE 50MG TAB | J7500 | HCPCS | 51079062006 | NDC | | both | | 1 EA | 5.5 | | United | CommercialPPO | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| AZATHIOPRINE 50MG TAB | J7500 | HCPCS | 51079062006 | NDC | | both | | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| CLCLOSPORINE 100MG/1ML ELIXIR | J7502 | HCPCS | 78011022 | NDC | | both | | 1 EA | 43 | | Horizon | MGD | | 100 | | 7.98 | | | other | Drugs are paid at 100% of the AWP |
| TACROLIMUS 0.5MG CAPS | J7507 | HCPCS | 46906073 | NDC | | both | | 1 EA | 19 | | Aetna | Better Health | | 100 | | 3.03 | | | other | Drugs are paid at 100% of the AWP |
| TACROLIMUS 0.5MG CAPS | J7507 | HCPCS | 46906073 | NDC | | both | | 1 EA | 19 | | Aetna | Commercial | | 100 | | 2.33 | | | other | Drugs are paid at 100% of the AWP |
| TACROLIMUS 0.5MG CAPS | J7507 | HCPCS | 46906073 | NDC | | both | | 1 EA | 19 | | Amerihealth | HMO/PPO | | 100 | | 3.82 | | | other | Drugs are paid at 100% of the AWP |
| TACROLIMUS 0.5MG CAPS | J7507 | HCPCS | 46906073 | NDC | | both | | 1 EA | 19 | | Horizon | Indemnity | | 100 | | 6.45 | | | other | Drugs are paid at 100% of the AWP |
| TACROLIMUS 0.5MG CAPS | J7507 | HCPCS | 46906073 | NDC | | both | | 1 EA | 19 | | Horizon | Medicare Blue | | 100 | | 1.82 | | | other | Drugs are paid at 100% of the AWP |
| TACROLIMUS 0.5MG CAPS | J7507 | HCPCS | 46906073 | NDC | | both | | 1 EA | 19 | | Horizon | MGD | | 100 | | 6.74 | | | other | Drugs are paid at 100% of the AWP |
| TACROLIMUS 0.5MG CAPS | J7507 | HCPCS | 46906073 | NDC | | both | | 1 EA | 19 | | Horizon | NJ Health | | 100 | | 4.35 | | | other | Drugs are paid at 100% of the AWP |
| TACROLIMUS 0.5MG CAPS | J7507 | HCPCS | 46906073 | NDC | | both | | 1 EA | 19 | | Horizon | PPO | | 100 | | 3.22 | | | other | Drugs are paid at 100% of the AWP |
| TACROLIMUS 0.5MG CAPS | J7507 | HCPCS | 46906073 | NDC | | both | | 1 EA | 19 | | UHC | Medicaid | | 100 | | 3.08 | | | other | Drugs are paid at 100% of the AWP |
| TACROLIMUS 0.5MG CAPS | J7507 | HCPCS | 46906073 | NDC | | both | | 1 EA | 19 | | UHC | Medicare | | 100 | | 2.26 | | | other | Drugs are paid at 100% of the AWP |
| TACROLIMUS 0.5MG CAPS | J7507 | HCPCS | 46906073 | NDC | | both | | 1 EA | 19 | | WellPoint | WellPoint | | 100 | | 3.01 | | | other | Drugs are paid at 100% of the AWP |
| TACROLIMUS 1MG CAP | J7507 | HCPCS | 68804045001 | NDC | | both | | 1 EA | 25 | | Aetna | Better Health | | 100 | | 4.2 | | | other | Drugs are paid at 100% of the AWP |
| TACROLIMUS 1MG CAP | J7507 | HCPCS | 68804045001 | NDC | | both | | 1 EA | 25 | | Aetna | Commercial | | 100 | | 3.55 | | | other | Drugs are paid at 100% of the AWP |
| TACROLIMUS 1MG CAP | J7507 | HCPCS | 68804045001 | NDC | | both | | 1 EA | 25 | | Amerihealth | HMO/PPO | | 100 | | 4.59 | | | other | Drugs are paid at 100% of the AWP |
| TACROLIMUS 1MG CAP | J7507 | HCPCS | 68804045001 | NDC | | both | | 1 EA | 25 | | Horizon | Indemnity | | 100 | | 6.12 | | | other | Drugs are paid at 100% of the AWP |
| TACROLIMUS 1MG CAP | J7507 | HCPCS | 68804045001 | NDC | | both | | 1 EA | 25 | | Horizon | Medicare Blue | | 100 | | 4.28 | | | other | Drugs are paid at 100% of the AWP |
| TACROLIMUS 1MG CAP | J7507 | HCPCS | 68804045001 | NDC | | both | | 1 EA | 25 | | Horizon | MGD | | 100 | | 7.48 | | | other | Drugs are paid at 100% of the AWP |
| TACROLIMUS 1MG CAP | J7507 | HCPCS | 68804045001 | NDC | | both | | 1 EA | 25 | | Horizon | NJ Health | | 100 | | 5.61 | | | other | Drugs are paid at 100% of the AWP |
| TACROLIMUS 1MG CAP | J7507 | HCPCS | 68804045001 | NDC | | both | | 1 EA | 25 | | Horizon | PPO | | 100 | | 7.39 | | | other | Drugs are paid at 100% of the AWP |
| TACROLIMUS 1MG CAP | J7507 | HCPCS | 68804045001 | NDC | | both | | 1 EA | 25 | | UHC | Medicaid | | 100 | | 4.86 | | | other | Drugs are paid at 100% of the AWP |
| TACROLIMUS 1MG CAP | J7507 | HCPCS | 68804045001 | NDC | | both | | 1 EA | 25 | | UHC | Medicare | | 100 | | 5.75 | | | other | Drugs are paid at 100% of the AWP |
| TACROLIMUS 1MG CAP | J7507 | HCPCS | 68804045001 | NDC | | both | | 1 EA | 25 | | United | CommercialPPO | | 100 | | 9.54 | | | other | Drugs are paid at 100% of the AWP |
| TACROLIMUS 1MG CAP | J7507 | HCPCS | 68804045001 | NDC | | both | | 1 EA | 25 | | Wellcare | Medicaid | | 100 | | 6.9 | | | other | Drugs are paid at 100% of the AWP |
| TACROLIMUS 1MG CAP | J7507 | HCPCS | 68804045001 | NDC | | both | | 1 EA | 25 | | WellPoint | WellPoint | | 100 | | 4.2 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPREDNISOLONE 4MG TAB | J7509 | HCPCS | 68804014901 | NDC | | both | | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPREDNISOLONE 4MG TAB | J7509 | HCPCS | 68804014901 | NDC | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPREDNISOLONE 4MG TAB | J7509 | HCPCS | 68804014901 | NDC | | both | | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 1.53 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPREDNISOLONE 4MG TAB | J7509 | HCPCS | 68804014901 | NDC | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPREDNISOLONE 4MG TAB | J7509 | HCPCS | 68804014901 | NDC | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPREDNISOLONE 4MG TAB | J7509 | HCPCS | 68804014901 | NDC | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 1.06 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISOLONE 15MG/5ML SYRUP | J7510 | HCPCS | 50383004224 | NDC | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISOLONE 15MG/5ML SYRUP | J7510 | HCPCS | 50383004224 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISOLONE 15MG/5ML SYRUP | J7510 | HCPCS | 50383004224 | NDC | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISONE INTENSOL(5MG/ML)1MG LIQ | J7512 | HCPCS | 54372144 | NDC | | both | | 1 EA | 1 | | Amerihealth | HMO/PPO | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISONE INTENSOL(5MG/ML)1MG LIQ | J7512 | HCPCS | 54372144 | NDC | | both | | 1 EA | 1 | | Horizon | NJ Health | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISONE 1MG/ML ELIXIR | J7512 | HCPCS | 54372250 | NDC | | both | | 1 EA | 1 | | Aetna | Better Health | | 100 | | 0.13 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISONE 1MG/ML ELIXIR | J7512 | HCPCS | 54372250 | NDC | | both | | 1 EA | 1 | | Aetna | Medicare | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISONE 1MG/ML ELIXIR | J7512 | HCPCS | 54372250 | NDC | | both | | 1 EA | 1 | | Horizon | MGD | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISONE 1MG/ML ELIXIR | J7512 | HCPCS | 54372250 | NDC | | both | | 1 EA | 1 | | Horizon | NJ Health | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISONE 1MG TAB | J7512 | HCPCS | 54873925 | NDC | | both | | 1 EA | 1 | | Aetna | Better Health | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISONE 1MG TAB | J7512 | HCPCS | 54873925 | NDC | | both | | 1 EA | 1 | | Aetna | Commercial | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISONE 1MG TAB | J7512 | HCPCS | 54873925 | NDC | | both | | 1 EA | 1 | | Aetna | Medicare | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISONE 1MG TAB | J7512 | HCPCS | 54873925 | NDC | | both | | 1 EA | 1 | | Amerihealth | HMO/PPO | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISONE 1MG TAB | J7512 | HCPCS | 54873925 | NDC | | both | | 1 EA | 1 | | Corrections | Corrections | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISONE 1MG TAB | J7512 | HCPCS | 54873925 | NDC | | both | | 1 EA | 1 | | Horizon | Indemnity | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISONE 1MG TAB | J7512 | HCPCS | 54873925 | NDC | | both | | 1 EA | 1 | | Horizon | Medicare Blue | | 100 | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISONE 1MG TAB | J7512 | HCPCS | 54873925 | NDC | | both | | 1 EA | 1 | | Horizon | MGD | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISONE 1MG TAB | J7512 | HCPCS | 54873925 | NDC | | both | | 1 EA | 1 | | Horizon | NJ Health | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISONE 1MG TAB | J7512 | HCPCS | 54873925 | NDC | | both | | 1 EA | 1 | | Horizon | PPO | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISONE 1MG TAB | J7512 | HCPCS | 54873925 | NDC | | both | | 1 EA | 1 | | UHC | Medicaid | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISONE 1MG TAB | J7512 | HCPCS | 54873925 | NDC | | both | | 1 EA | 1 | | UHC | Medicare | | 100 | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISONE 1MG TAB | J7512 | HCPCS | 54873925 | NDC | | both | | 1 EA | 1 | | United | CommercialPPO | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISONE 1MG TAB | J7512 | HCPCS | 54873925 | NDC | | both | | 1 EA | 1 | | United | Oxford | | 100 | | 0.09 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISONE 1MG TAB | J7512 | HCPCS | 54873925 | NDC | | both | | 1 EA | 1 | | Wellcare | Medicaid | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISONE 1MG TAB | J7512 | HCPCS | 54873925 | NDC | | both | | 1 EA | 1 | | Wellcare | Medicare | | 100 | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISONE 1MG TAB | J7512 | HCPCS | 54873925 | NDC | | both | | 1 EA | 1 | | WellPoint | WellPoint | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOSPORINE 25MG CAP | J7515 | HCPCS | 78024015 | NDC | | both | | 1 EA | 5.5 | | Horizon | MGD | | 100 | | 1.08 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOSPORINE 25MG CAP | J7515 | HCPCS | 78024015 | NDC | | both | | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 1.19 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOSPORINE 25MG CAP | J7515 | HCPCS | 78024015 | NDC | | both | | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 1.72 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOSPORINE 25MG CAP | J7515 | HCPCS | 78024015 | NDC | | both | | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOSPORINE MICROEMULSION 25MG CP | J7515 | HCPCS | 78024615 | NDC | | both | | 1 EA | 8.5 | | Horizon | MGD | | 100 | | 1.76 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOSPORINE MICROEMULSION 25MG CP | J7515 | HCPCS | 78024615 | NDC | | both | | 1 EA | 8.5 | | Horizon | NJ Health | | 100 | | 1.84 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOSPORINE MICROEMULSION 25MG CP | J7515 | HCPCS | 78024615 | NDC | | both | | 1 EA | 8.5 | | WellPoint | WellPoint | | 100 | | 1.07 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 250MG CAP | J7517 | HCPCS | 4025901 | NDC | | both | | 1 EA | 25 | | Aetna | Better Health | | 100 | | 3.53 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 250MG CAP | J7517 | HCPCS | 4025901 | NDC | | both | | 1 EA | 25 | | Horizon | NJ Health | | 100 | | 3.44 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 250MG CAP | J7517 | HCPCS | 4025901 | NDC | | both | | 1 EA | 25 | | UHC | Medicaid | | 100 | | 4.03 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 250MG CAP | J7517 | HCPCS | 4025901 | NDC | | both | | 1 EA | 25 | | UHC | Medicare | | 100 | | 2.54 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 250MG CAP | J7517 | HCPCS | 4025901 | NDC | | both | | 1 EA | 25 | | WellPoint | WellPoint | | 100 | | 4.81 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 500MG TAB | J7517 | HCPCS | 4026001 | NDC | | both | | 1 EA | 43 | | Aetna | Better Health | | 100 | | 7.31 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 500MG TAB | J7517 | HCPCS | 4026001 | NDC | | both | | 1 EA | 43 | | Aetna | Commercial | | 100 | | 5.75 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 500MG TAB | J7517 | HCPCS | 4026001 | NDC | | both | | 1 EA | 43 | | Amerihealth | HMO/PPO | | 100 | | 7.81 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 500MG TAB | J7517 | HCPCS | 4026001 | NDC | | both | | 1 EA | 43 | | Corrections | Corrections | | 100 | | 9.11 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 500MG TAB | J7517 | HCPCS | 4026001 | NDC | | both | | 1 EA | 43 | | Horizon | Indemnity | | 100 | | 10.58 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 500MG TAB | J7517 | HCPCS | 4026001 | NDC | | both | | 1 EA | 43 | | Horizon | Medicare Blue | | 100 | | 6.7 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 500MG TAB | J7517 | HCPCS | 4026001 | NDC | | both | | 1 EA | 43 | | Horizon | MGD | | 100 | | 12.35 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 500MG TAB | J7517 | HCPCS | 4026001 | NDC | | both | | 1 EA | 43 | | Horizon | NJ Health | | 100 | | 9.59 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 500MG TAB | J7517 | HCPCS | 4026001 | NDC | | both | | 1 EA | 43 | | Horizon | PPO | | 100 | | 15.06 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MYCOPHENOLATE 500MG TAB | J7517 | HCPCS | 40260l01 | NDC | | both | | 1 EA | 43 | | UHC | Medicaid | | 100 | | 6.42 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 500MG TAB | J7517 | HCPCS | 40260l01 | NDC | | both | | 1 EA | 43 | | UHC | Medicare | | 100 | | 10.11 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 500MG TAB | J7517 | HCPCS | 40260l01 | NDC | | both | | 1 EA | 43 | | Wellcare | Medicaid | | 100 | | 11.93 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 500MG TAB | J7517 | HCPCS | 40260l01 | NDC | | both | | 1 EA | 43 | | WellPoint | WellPoint | | 100 | | 7.58 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE SODIUM 180 MG TAB | J7518 | HCPCS | 78038666 | NDC | | both | | 1 EA | 17 | | Amerihealth | HMO/PPO | | 100 | | 3.81 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE SODIUM 180 MG TAB | J7518 | HCPCS | 78038666 | NDC | | both | | 1 EA | 17 | | Horizon | Medicare Blue | | 100 | | 2.96 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE SODIUM 180 MG TAB | J7518 | HCPCS | 78038666 | NDC | | both | | 1 EA | 17 | | Horizon | MGD | | 100 | | 4.92 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE SODIUM 180 MG TAB | J7518 | HCPCS | 78038666 | NDC | | both | | 1 EA | 17 | | Horizon | NJ Health | | 100 | | 2.35 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE SODIUM 180 MG TAB | J7518 | HCPCS | 78038666 | NDC | | both | | 1 EA | 17 | | Horizon | PPO | | 100 | | 2.35 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE SODIUM 180 MG TAB | J7518 | HCPCS | 78038666 | NDC | | both | | 1 EA | 17 | | UHC | Medicaid | | 100 | | 3.33 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE SODIUM 180 MG TAB | J7518 | HCPCS | 78038666 | NDC | | both | | 1 EA | 17 | | UHC | Medicare | | 100 | | 3.83 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE SODIUM 180 MG TAB | J7518 | HCPCS | 78038666 | NDC | | both | | 1 EA | 17 | | WellPoint | WellPoint | | 100 | | 4.54 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 10MG INJ | J7519 | HCPCS | 71288080321 | NDC | | both | | 1 EA | 5.22 | | Aetna | Commercial | | 100 | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 10MG INJ | J7519 | HCPCS | 71288080321 | NDC | | both | | 1 EA | 5.22 | | Amerihealth | HMO/PPO | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 10MG INJ | J7519 | HCPCS | 71288080321 | NDC | | both | | 1 EA | 5.22 | | Horizon | Indemnity | | 100 | | 1.59 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 10MG INJ | J7519 | HCPCS | 71288080321 | NDC | | both | | 1 EA | 5.22 | | Horizon | MGD | | 100 | | 1.2 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 10MG INJ | J7519 | HCPCS | 71288080321 | NDC | | both | | 1 EA | 5.22 | | Horizon | NJ Health | | 100 | | 1.13 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 10MG INJ | J7519 | HCPCS | 71288080321 | NDC | | both | | 1 EA | 5.22 | | Horizon | PPO | | 100 | | 1.91 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 10MG INJ | J7519 | HCPCS | 71288080321 | NDC | | both | | 1 EA | 5.22 | | WellPoint | WellPoint | | 100 | | 0.87 | | | other | Drugs are paid at 100% of the AWP |
| SIROLIMUS 1MG TAB | J7520 | HCPCS | 8103110 | NDC | | both | | 1 EA | 58 | | Aetna | Commercial | | 100 | | 4.49 | | | other | Drugs are paid at 100% of the AWP |
| SIROLIMUS 1MG TAB | J7520 | HCPCS | 8103110 | NDC | | both | | 1 EA | 58 | | Horizon | MGD | | 100 | | 21.02 | | | other | Drugs are paid at 100% of the AWP |
| EVEROLIMUS 0.25 MG TAB | J7527 | HCPCS | 78041420 | NDC | | both | | 1 EA | 28 | | Horizon | NJ Health | | 100 | | 3.39 | | | other | Drugs are paid at 100% of the AWP |
| EVEROLIMUS 0.25 MG TAB | J7527 | HCPCS | 78041420 | NDC | | both | | 1 EA | 28 | | Horizon | PPO | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| EVEROLIMUS 0.25 MG TAB | J7527 | HCPCS | 78041420 | NDC | | both | | 1 EA | 28 | | UHC | Medicare | | 100 | | 2.94 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 500MG INJ | J7599 | HCPCS | 4029809 | NDC | | both | | 1 EA | 233.5 | | Aetna | Better Health | | 100 | | 33.3 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 500MG INJ | J7599 | HCPCS | 4029809 | NDC | | both | | 1 EA | 233.5 | | Amerihealth | HMO/PPO | | 100 | | 42.58 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 500MG INJ | J7599 | HCPCS | 4029809 | NDC | | both | | 1 EA | 233.5 | | Horizon | MGD | | 100 | | 124.62 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 500MG INJ | J7599 | HCPCS | 4029809 | NDC | | both | | 1 EA | 233.5 | | Horizon | NJ Health | | 100 | | 72.22 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 500MG INJ | J7599 | HCPCS | 4029809 | NDC | | both | | 1 EA | 233.5 | | UHC | Medicaid | | 100 | | 38.8 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTINE(MUCOMYST) 1 GM ORAL | J7608 | HCPCS | 63323069404 | NDC | | both | | 1 EA | 73.5 | | Aetna | Better Health | | 100 | | 7.56 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTINE(MUCOMYST) 1 GM ORAL | J7608 | HCPCS | 63323069404 | NDC | | both | | 1 EA | 73.5 | | Aetna | Commercial | | 100 | | 17.57 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTINE(MUCOMYST) 1 GM ORAL | J7608 | HCPCS | 63323069404 | NDC | | both | | 1 EA | 73.5 | | Aetna | Medicare | | 100 | | 7.47 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTINE(MUCOMYST) 1 GM ORAL | J7608 | HCPCS | 63323069404 | NDC | | both | | 1 EA | 73.5 | | Horizon | MGD | | 100 | | 11.5 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTINE(MUCOMYST) 1 GM ORAL | J7608 | HCPCS | 63323069404 | NDC | | both | | 1 EA | 73.5 | | Horizon | NJ Health | | 100 | | 4.45 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTINE(MUCOMYST) 1 GM ORAL | J7608 | HCPCS | 63323069404 | NDC | | both | | 1 EA | 73.5 | | UHC | Medicaid | | 100 | | 13.27 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTINE(MUCOMYST) 1 GM ORAL | J7608 | HCPCS | 63323069404 | NDC | | both | | 1 EA | 73.5 | | UHC | Medicare | | 100 | | 14.55 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTINE(MUCOMYST) 1 GM ORAL | J7608 | HCPCS | 63323069404 | NDC | | both | | 1 EA | 73.5 | | Wellcare | Medicaid | | 100 | | 16.55 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTINE(MUCOMYST) 1 GM ORAL | J7608 | HCPCS | 63323069404 | NDC | | both | | 1 EA | 73.5 | | Wellcare | Medicare | | 100 | | 10.34 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTINE(MUCOMYST) 1 GM ORAL | J7608 | HCPCS | 63323069404 | NDC | | both | | 1 EA | 73.5 | | WellPoint | WellPoint | | 100 | | 10.16 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE 0.25MG/2ML INH (NF) | J7626 | HCPCS | 186198804 | NDC | | both | | 1 EA | 38 | | Aetna | Commercial | | 100 | | 25.03 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE 0.25MG/2ML INH (NF) | J7626 | HCPCS | 186198804 | NDC | | both | | 1 EA | 38 | | Horizon | Medicare Blue | | 100 | | 12.36 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE 0.25MG/2ML INH (NF) | J7626 | HCPCS | 186198804 | NDC | | both | | 1 EA | 38 | | Horizon | NJ Health | | 100 | | 4.99 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE 0.25MG/2ML INH (NF) | J7626 | HCPCS | 186198804 | NDC | | both | | 1 EA | 38 | | UHC | Medicaid | | 100 | | 6.54 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE 0.25MG/2ML INH (NF) | J7626 | HCPCS | 186198804 | NDC | | both | | 1 EA | 38 | | UHC | Medicare | | 100 | | 16.53 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE 0.25MG/2ML INH (NF) | J7626 | HCPCS | 186198804 | NDC | | both | | 1 EA | 38 | | WellPoint | WellPoint | | 100 | | 9.92 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE 0.5MG/2ML SUSP (NF) | J7626 | HCPCS | 186198904 | NDC | | both | | 1 EA | 35.5 | | Aetna | Better Health | | 100 | | 5.29 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE 0.5MG/2ML SUSP (NF) | J7626 | HCPCS | 186198904 | NDC | | both | | 1 EA | 35.5 | | Aetna | Commercial | | 100 | | 8.55 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE 0.5MG/2ML SUSP (NF) | J7626 | HCPCS | 186198904 | NDC | | both | | 1 EA | 35.5 | | Aetna | Medicare | | 100 | | 3.42 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE 0.5MG/2ML SUSP (NF) | J7626 | HCPCS | 186198904 | NDC | | both | | 1 EA | 35.5 | | Horizon | Indemnity | | 100 | | 2.52 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE 0.5MG/2ML SUSP (NF) | J7626 | HCPCS | 186198904 | NDC | | both | | 1 EA | 35.5 | | Horizon | MGD | | 100 | | 6.49 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE 0.5MG/2ML SUSP (NF) | J7626 | HCPCS | 186198904 | NDC | | both | | 1 EA | 35.5 | | Horizon | NJ Health | | 100 | | 2.32 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE 0.5MG/2ML SUSP (NF) | J7626 | HCPCS | 186198904 | NDC | | both | | 1 EA | 35.5 | | UHC | Medicaid | | 100 | | 5.43 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE 0.5MG/2ML SUSP (NF) | J7626 | HCPCS | 186198904 | NDC | | both | | 1 EA | 35.5 | | UHC | Medicare | | 100 | | 14.51 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE 0.5MG/2ML SUSP (NF) | J7626 | HCPCS | 186198904 | NDC | | both | | 1 EA | 35.5 | | United | Commercial\|PPO | | 100 | | 5.23 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE 0.5MG/2ML SUSP (NF) | J7626 | HCPCS | 186198904 | NDC | | both | | 1 EA | 35.5 | | Wellcare | Medicaid | | 100 | | 6.61 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE 0.5MG/2ML SUSP (NF) | J7626 | HCPCS | 186198904 | NDC | | both | | 1 EA | 35.5 | | Wellcare | Medicare | | 100 | | 1.88 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE 0.5MG/2ML SUSP (NF) | J7626 | HCPCS | 186198904 | NDC | | both | | 1 EA | 35.5 | | WellPoint | WellPoint | | 100 | | 6.64 | | | other | Drugs are paid at 100% of the AWP |
| IPRATROPIUM NEBULIZE SOL 0.02% | J7644 | HCPCS | 54840211 | NDC | | both | | 1 EA | 8.5 | | Aetna | Better Health | | 100 | | 1.74 | | | other | Drugs are paid at 100% of the AWP |
| IPRATROPIUM NEBULIZE SOL 0.02% | J7644 | HCPCS | 54840211 | NDC | | both | | 1 EA | 8.5 | | Aetna | Commercial | | 100 | | 2.11 | | | other | Drugs are paid at 100% of the AWP |
| IPRATROPIUM NEBULIZE SOL 0.02% | J7644 | HCPCS | 54840211 | NDC | | both | | 1 EA | 8.5 | | Aetna | Medicare | | 100 | | 1.39 | | | other | Drugs are paid at 100% of the AWP |
| IPRATROPIUM NEBULIZE SOL 0.02% | J7644 | HCPCS | 54840211 | NDC | | both | | 1 EA | 8.5 | | Amerihealth | HMO/PPO | | 100 | | 1.38 | | | other | Drugs are paid at 100% of the AWP |
| IPRATROPIUM NEBULIZE SOL 0.02% | J7644 | HCPCS | 54840211 | NDC | | both | | 1 EA | 8.5 | | Horizon | Medicare Blue | | 100 | | 2.03 | | | other | Drugs are paid at 100% of the AWP |
| IPRATROPIUM NEBULIZE SOL 0.02% | J7644 | HCPCS | 54840211 | NDC | | both | | 1 EA | 8.5 | | Horizon | MGD | | 100 | | 2.28 | | | other | Drugs are paid at 100% of the AWP |
| IPRATROPIUM NEBULIZE SOL 0.02% | J7644 | HCPCS | 54840211 | NDC | | both | | 1 EA | 8.5 | | Horizon | NJ Health | | 100 | | 1.05 | | | other | Drugs are paid at 100% of the AWP |
| IPRATROPIUM NEBULIZE SOL 0.02% | J7644 | HCPCS | 54840211 | NDC | | both | | 1 EA | 8.5 | | UHC | Medicaid | | 100 | | 1.41 | | | other | Drugs are paid at 100% of the AWP |
| IPRATROPIUM NEBULIZE SOL 0.02% | J7644 | HCPCS | 54840211 | NDC | | both | | 1 EA | 8.5 | | UHC | Medicare | | 100 | | 1.31 | | | other | Drugs are paid at 100% of the AWP |
| IPRATROPIUM NEBULIZE SOL 0.02% | J7644 | HCPCS | 54840211 | NDC | | both | | 1 EA | 8.5 | | Wellcare | Medicaid | | 100 | | 1.28 | | | other | Drugs are paid at 100% of the AWP |
| IPRATROPIUM NEBULIZE SOL 0.02% | J7644 | HCPCS | 54840211 | NDC | | both | | 1 EA | 8.5 | | Wellcare | Medicare | | 100 | | 1.63 | | | other | Drugs are paid at 100% of the AWP |
| IPRATROPIUM NEBULIZE SOL 0.02% | J7644 | HCPCS | 54840211 | NDC | | both | | 1 EA | 8.5 | | WellPoint | WellPoint | | 100 | | 1.55 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN 300MG/5ML INHL SOLN | J7682 | HCPCS | 65162091446 | NDC | | both | | 1 EA | 299 | | Horizon | MGD | | 100 | | 47.07 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN 300MG/5ML INHL SOLN | J7682 | HCPCS | 65162091446 | NDC | | both | | 1 EA | 299 | | Horizon | NJ Health | | 100 | | 40.67 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN 300MG/5ML INHL SOLN | J7682 | HCPCS | 65162091446 | NDC | | both | | 1 EA | 299 | | UHC | Medicare | | 100 | | 196.22 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN 300MG/5ML INHL SOLN | J7682 | HCPCS | 65162091446 | NDC | | both | | 1 EA | 299 | | WellPoint | WellPoint | | 100 | | 60.47 | | | other | Drugs are paid at 100% of the AWP |
| MANNITOL 20% (500ML) INJ | J7799 | HCPCS | 338035703 | NDC | | both | | 1 EA | 441.5 | | Aetna | Better Health | | 100 | | 122.64 | | | other | Drugs are paid at 100% of the AWP |
| MANNITOL 20% (500ML) INJ | J7799 | HCPCS | 338035703 | NDC | | both | | 1 EA | 441.5 | | Aetna | Commercial | | 100 | | 87.41 | | | other | Drugs are paid at 100% of the AWP |
| MANNITOL 20% (500ML) INJ | J7799 | HCPCS | 338035703 | NDC | | both | | 1 EA | 441.5 | | Aetna | Medicare | | 100 | | 67.33 | | | other | Drugs are paid at 100% of the AWP |
| MANNITOL 20% (500ML) INJ | J7799 | HCPCS | 338035703 | NDC | | both | | 1 EA | 441.5 | | Amerihealth | HMO/PPO | | 100 | | 67 | | | other | Drugs are paid at 100% of the AWP |
| MANNITOL 20% (500ML) INJ | J7799 | HCPCS | 338035703 | NDC | | both | | 1 EA | 441.5 | | Corrections | Corrections | | 100 | | 68.03 | | | other | Drugs are paid at 100% of the AWP |
| MANNITOL 20% (500ML) INJ | J7799 | HCPCS | 338035703 | NDC | | both | | 1 EA | 441.5 | | Horizon | Indemnity | | 100 | | 156.22 | | | other | Drugs are paid at 100% of the AWP |
| MANNITOL 20% (500ML) INJ | J7799 | HCPCS | 338035703 | NDC | | both | | 1 EA | 441.5 | | Horizon | MGD | | 100 | | 54.76 | | | other | Drugs are paid at 100% of the AWP |
| MANNITOL 20% (500ML) INJ | J7799 | HCPCS | 338035703 | NDC | | both | | 1 EA | 441.5 | | Horizon | NJ Health | | 100 | | 71.18 | | | other | Drugs are paid at 100% of the AWP |
| MANNITOL 20% (500ML) INJ | J7799 | HCPCS | 338035703 | NDC | | both | | 1 EA | 441.5 | | Horizon | PPO | | 100 | | 117.59 | | | other | Drugs are paid at 100% of the AWP |
| MANNITOL 20% (500ML) INJ | J7799 | HCPCS | 338035703 | NDC | | both | | 1 EA | 441.5 | | UHC | Medicaid | | 100 | | 83.38 | | | other | Drugs are paid at 100% of the AWP |
| MANNITOL 20% (500ML) INJ | J7799 | HCPCS | 338035703 | NDC | | both | | 1 EA | 441.5 | | UHC | Medicare | | 100 | | 136.32 | | | other | Drugs are paid at 100% of the AWP |
| MANNITOL 20% (500ML) INJ | J7799 | HCPCS | 338035703 | NDC | | both | | 1 EA | 441.5 | | United | Commercial\|PPO | | 100 | | 102.25 | | | other | Drugs are paid at 100% of the AWP |
| MANNITOL 20% (500ML) INJ | J7799 | HCPCS | 338035703 | NDC | | both | | 1 EA | 441.5 | | Wellcare | Medicaid | | 100 | | 91.16 | | | other | Drugs are paid at 100% of the AWP |
| MANNITOL 20% (500ML) INJ | J7799 | HCPCS | 338035703 | NDC | | both | | 1 EA | 441.5 | | WellPoint | WellPoint | | 100 | | 100.25 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 70%/WATER 500ML | J7799 | HCPCS | 338071913 | NDC | | both | | 1 EA | 50 | | Aetna | Better Health | | 100 | | 7.09 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 70%/WATER 500ML | J7799 | HCPCS | 338071913 | NDC | | both | | 1 EA | 50 | | Aetna | Commercial | | 100 | | 11.9 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 70%/WATER 500ML | J7799 | HCPCS | 338071913 | NDC | | both | | 1 EA | 50 | | Amerihealth | HMO/PPO | | 100 | | 9.1 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 70%/WATER 500ML | J7799 | HCPCS | 338071913 | NDC | | both | | 1 EA | 50 | | Horizon | MGD | | 100 | | 5.05 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 70%/WATER 500ML | J7799 | HCPCS | 338071913 | NDC | | both | | 1 EA | 50 | | Horizon | NJ Health | | 100 | | 3.73 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 70%/WATER 500ML | J7799 | HCPCS | 338071913 | NDC | | both | | 1 EA | 50 | | Horizon | PPO | | 100 | | 4.31 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 70%/WATER 500ML | J7799 | HCPCS | 338071913 | NDC | | both | | 1 EA | 50 | | UHC | Medicaid | | 100 | | 8.78 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 70%/WATER 500ML | J7799 | HCPCS | 338071913 | NDC | | both | | 1 EA | 50 | | Wellcare | Medicaid | | 100 | | 4.32 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 70%/WATER 500ML | J7799 | HCPCS | 338071913 | NDC | | both | | 1 EA | 50 | | Wellcare | Medicare | | 100 | | 6.42 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 70%/WATER 500ML | J7799 | HCPCS | 338071913 | NDC | | both | | 1 EA | 50 | | WellPoint | WellPoint | | 100 | | 3.28 | | | other | Drugs are paid at 100% of the AWP |
| CAPECITABINE 150MG TB(NF) | J8520 | HCPCS | 4110051 | NDC | | both | | 1 EA | 25 | | UHC | Medicaid | | 100 | | 0.02 | | | other | Drugs are paid at 100% of the AWP |
| METHOTREXATE 2.5MG TAB | J8610 | HCPCS | 54855025 | NDC | | both | | 1 EA | 26.5 | | UHC | Medicaid | | 100 | | 3.05 | | | other | Drugs are paid at 100% of the AWP |
| DOXORUBICIN 10MG INJ | J9000 | HCPCS | 69303420 | NDC | | both | | 1 EA | 6 | | Aetna | Commercial | | 100 | | 0.13 | | | other | Drugs are paid at 100% of the AWP |
| DOXORUBICIN 10MG INJ | J9000 | HCPCS | 69303420 | NDC | | both | | 1 EA | 6 | | Horizon | MGD | | 100 | | 0.97 | | | other | Drugs are paid at 100% of the AWP |
| DOXORUBICIN 10MG INJ | J9000 | HCPCS | 69303420 | NDC | | both | | 1 EA | 6 | | Horizon | NJ Health | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| DOXORUBICIN 10MG INJ | J9000 | HCPCS | 69303420 | NDC | | both | | 1 EA | 6 | | Horizon | PPO | | 100 | | 0.12 | | | other | Drugs are paid at 100% of the AWP |
| DOXORUBICIN 10MG INJ | J9000 | HCPCS | 69303420 | NDC | | both | | 1 EA | 6 | | UHC | Medicaid | | 100 | | 1.52 | | | other | Drugs are paid at 100% of the AWP |
| DOXORUBICIN 10MG INJ | J9000 | HCPCS | 69303420 | NDC | | both | | 1 EA | 6 | | UHC | Medicare | | 100 | | 1 | | | other | Drugs are paid at 100% of the AWP |
| DOXORUBICIN 10MG INJ | J9000 | HCPCS | 69303420 | NDC | | both | | 1 EA | 6 | | United | Commercial\|PPO | | 100 | | 1.04 | | | other | Drugs are paid at 100% of the AWP |
| DOXORUBICIN 10MG INJ | J9000 | HCPCS | 69303420 | NDC | | both | | 1 EA | 6 | | Wellcare | Medicare | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| DOXORUBICIN 10MG INJ | J9000 | HCPCS | 69303420 | NDC | | both | | 1 EA | 6 | | WellPoint | WellPoint | | 100 | | 1.14 | | | other | Drugs are paid at 100% of the AWP |
| ARSENIC 1MG | J9017 | HCPCS | 60563011119 | NDC | | both | | 1 EA | 197.5 | | Wellcare | Medicare | | 100 | | 27.61 | | | other | Drugs are paid at 100% of the AWP |
| ATEZOLIZUMAB(TECENTRIQ) 10MG INJ | J9022 | HCPCS | 50242091701 | NDC | | both | | 1 EA | 322 | | Horizon | Indemnity | | 100 | | 87.09 | | | other | Drugs are paid at 100% of the AWP |
| ATEZOLIZUMAB(TECENTRIQ) 10MG INJ | J9022 | HCPCS | 50242091701 | NDC | | both | | 1 EA | 322 | | Horizon | NJ Health | | 100 | | 72.89 | | | other | Drugs are paid at 100% of the AWP |
| ATEZOLIZUMAB(TECENTRIQ) 10MG INJ | J9022 | HCPCS | 50242091701 | NDC | | both | | 1 EA | 322 | | Horizon | PPO | | 100 | | 117.86 | | | other | Drugs are paid at 100% of the AWP |
| ATEZOLIZUMAB(TECENTRIQ) 10MG INJ | J9022 | HCPCS | 50242091701 | NDC | | both | | 1 EA | 322 | | UHC | Medicaid | | 100 | | 97.71 | | | other | Drugs are paid at 100% of the AWP |
| ATEZOLIZUMAB(TECENTRIQ) 10MG INJ | J9022 | HCPCS | 50242091701 | NDC | | both | | 1 EA | 322 | | UHC | Medicare | | 100 | | 51.83 | | | other | Drugs are paid at 100% of the AWP |
| BCG 1 MG INJ | J9030 | HCPCS | 52060202 | NDC | | both | | 1 EA | 13.5 | | UHC | Medicaid | | 100 | | 3.88 | | | other | Drugs are paid at 100% of the AWP |
| BEVACIZUMAB 10MG | J9035 | HCPCS | 50242006001 | NDC | | both | | 1 EA | 302 | | Corrections | Corrections | | 100 | | 91.21 | | | other | Drugs are paid at 100% of the AWP |
| BEVACIZUMAB 10MG | J9035 | HCPCS | 50242006001 | NDC | | both | | 1 EA | 302 | | Horizon | Indemnity | | 100 | | 88.87 | | | other | Drugs are paid at 100% of the AWP |
| BEVACIZUMAB 10MG | J9035 | HCPCS | 50242006001 | NDC | | both | | 1 EA | 302 | | Horizon | Medicare Blue | | 100 | | 49.08 | | | other | Drugs are paid at 100% of the AWP |
| BEVACIZUMAB 10MG | J9035 | HCPCS | 50242006001 | NDC | | both | | 1 EA | 302 | | Horizon | NJ Health | | 100 | | 58.51 | | | other | Drugs are paid at 100% of the AWP |
| BEVACIZUMAB 10MG | J9035 | HCPCS | 50242006001 | NDC | | both | | 1 EA | 302 | | UHC | Medicare | | 100 | | 25.47 | | | other | Drugs are paid at 100% of the AWP |
| BORTEZOMIB 0.1MG | J9041 | HCPCS | 63020004901 | NDC | | both | | 1 EA | 231 | | Horizon | MGD | | 100 | | 35.46 | | | other | Drugs are paid at 100% of the AWP |
| BORTEZOMIB 0.1MG | J9041 | HCPCS | 63020004901 | NDC | | both | | 1 EA | 231 | | Horizon | NJ Health | | 100 | | 1.26 | | | other | Drugs are paid at 100% of the AWP |
| BORTEZOMIB 0.1MG | J9041 | HCPCS | 63020004901 | NDC | | both | | 1 EA | 231 | | Horizon | PPO | | 100 | | 73.82 | | | other | Drugs are paid at 100% of the AWP |
| BORTEZOMIB 0.1MG | J9041 | HCPCS | 63020004901 | NDC | | both | | 1 EA | 231 | | UHC | Medicaid | | 100 | | 7.05 | | | other | Drugs are paid at 100% of the AWP |
| BORTEZOMIB 0.1MG | J9041 | HCPCS | 63020004901 | NDC | | both | | 1 EA | 231 | | UHC | Medicare | | 100 | | 17.15 | | | other | Drugs are paid at 100% of the AWP |
| BORTEZOMIB 0.1MG | J9041 | HCPCS | 63020004901 | NDC | | both | | 1 EA | 231 | | United | Oxford | | 100 | | 89.01 | | | other | Drugs are paid at 100% of the AWP |
| BORTEZOMIB 0.1MG | J9041 | HCPCS | 63020004901 | NDC | | both | | 1 EA | 231 | | WellPoint | WellPoint | | 100 | | 26.83 | | | other | Drugs are paid at 100% of the AWP |
| BRENTUXIMAB VEDOTIN 1MG NJ | J9042 | HCPCS | 51144005001 | NDC | | both | | 1 EA | 469 | | Horizon | NJ Health | | 100 | | 218.88 | | | other | Drugs are paid at 100% of the AWP |
| BRENTUXIMAB VEDOTIN 1MG NJ | J9042 | HCPCS | 51144005001 | NDC | | both | | 1 EA | 469 | | Horizon | PPO | | 100 | | 369.49 | | | other | Drugs are paid at 100% of the AWP |
| CABAZITAXEL 1 MG INJ | J9043 | HCPCS | 24582411 | NDC | | both | | 1 EA | 442 | | Horizon | Indemnity | | 100 | | 124.19 | | | other | Drugs are paid at 100% of the AWP |
| CARBOPLATIN 50MG INJ | J9045 | HCPCS | 61703033956 | NDC | | both | | 1 EA | 1071 | | Aetna | Better Health | | 100 | | 252.95 | | | other | Drugs are paid at 100% of the AWP |
| CARBOPLATIN 50MG INJ | J9045 | HCPCS | 61703033956 | NDC | | both | | 1 EA | 1071 | | Aetna | Commercial | | 100 | | 319.4 | | | other | Drugs are paid at 100% of the AWP |
| CARBOPLATIN 50MG INJ | J9045 | HCPCS | 61703033956 | NDC | | both | | 1 EA | 1071 | | Aetna | Medicare | | 100 | | 67.1 | | | other | Drugs are paid at 100% of the AWP |
| CARBOPLATIN 50MG INJ | J9045 | HCPCS | 61703033956 | NDC | | both | | 1 EA | 1071 | | Amerihealth | HMO/PPO | | 100 | | 3.94 | | | other | Drugs are paid at 100% of the AWP |
| CARBOPLATIN 50MG INJ | J9045 | HCPCS | 61703033956 | NDC | | both | | 1 EA | 1071 | | Horizon | Indemnity | | 100 | | 300.93 | | | other | Drugs are paid at 100% of the AWP |
| CARBOPLATIN 50MG INJ | J9045 | HCPCS | 61703033956 | NDC | | both | | 1 EA | 1071 | | Horizon | Medicare Blue | | 100 | | 150.44 | | | other | Drugs are paid at 100% of the AWP |
| CARBOPLATIN 50MG INJ | J9045 | HCPCS | 61703033956 | NDC | | both | | 1 EA | 1071 | | Horizon | MGD | | 100 | | 250.18 | | | other | Drugs are paid at 100% of the AWP |
| CARBOPLATIN 50MG INJ | J9045 | HCPCS | 61703033956 | NDC | | both | | 1 EA | 1071 | | Horizon | NJ Health | | 100 | | 190.25 | | | other | Drugs are paid at 100% of the AWP |
| CARBOPLATIN 50MG INJ | J9045 | HCPCS | 61703033956 | NDC | | both | | 1 EA | 1071 | | UHC | Medicaid | | 100 | | 175.19 | | | other | Drugs are paid at 100% of the AWP |
| CARBOPLATIN 50MG INJ | J9045 | HCPCS | 61703033956 | NDC | | both | | 1 EA | 1071 | | UHC | Medicare | | 100 | | 86.39 | | | other | Drugs are paid at 100% of the AWP |
| CARBOPLATIN 50MG INJ | J9045 | HCPCS | 61703033956 | NDC | | both | | 1 EA | 1071 | | United | Commercial\|PPO | | 100 | | 412.94 | | | other | Drugs are paid at 100% of the AWP |
| CARBOPLATIN 50MG INJ | J9045 | HCPCS | 61703033956 | NDC | | both | | 1 EA | 1071 | | Wellcare | Medicaid | | 100 | | 264.6 | | | other | Drugs are paid at 100% of the AWP |
| CARBOPLATIN 50MG INJ | J9045 | HCPCS | 61703033956 | NDC | | both | | 1 EA | 1071 | | Wellcare | Medicare | | 100 | | 63.51 | | | other | Drugs are paid at 100% of the AWP |
| CARBOPLATIN 50MG INJ | J9045 | HCPCS | 61703033956 | NDC | | both | | 1 EA | 1071 | | WellPoint | WellPoint | | 100 | | 217.24 | | | other | Drugs are paid at 100% of the AWP |
| CARFILZOMIB 1 MG INJ | J9047 | HCPCS | 76075010101 | NDC | | both | | 1 EA | 121 | | Wellcare | Medicare | | 100 | | 43.22 | | | other | Drugs are paid at 100% of the AWP |
| CARFILZOMIB 1 MG INJ | J9047 | HCPCS | 76075010101 | NDC | | both | | 1 EA | 121 | | WellPoint | WellPoint | | 100 | | 9.82 | | | other | Drugs are paid at 100% of the AWP |
| CETUXIMAB 10MG | J9055 | HCPCS | 66733094823 | NDC | | both | | 1 EA | 294.5 | | Horizon | NJ Health | | 100 | | 6.12 | | | other | Drugs are paid at 100% of the AWP |
| CISPLATIN 10MG | J9060 | HCPCS | 63323010364 | NDC | | both | | 1 EA | 27.5 | | Aetna | Better Health | | 100 | | 7 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CISPLATIN 10MG | J9060 | HCPCS | 63323010364 | NDC | | both | | 1 EA | 27.5 | | Aetna | Commercial | | 100 | | 7.75 | | | other | Drugs are paid at 100% of the AWP |
| CISPLATIN 10MG | J9060 | HCPCS | 63323010364 | NDC | | both | | 1 EA | 27.5 | | Aetna | Medicare | | 100 | | 1.52 | | | other | Drugs are paid at 100% of the AWP |
| CISPLATIN 10MG | J9060 | HCPCS | 63323010364 | NDC | | both | | 1 EA | 27.5 | | Amerihealth | HMO/PPO | | 100 | | 4.34 | | | other | Drugs are paid at 100% of the AWP |
| CISPLATIN 10MG | J9060 | HCPCS | 63323010364 | NDC | | both | | 1 EA | 27.5 | | Horizon | Indemnity | | 100 | | 9.66 | | | other | Drugs are paid at 100% of the AWP |
| CISPLATIN 10MG | J9060 | HCPCS | 63323010364 | NDC | | both | | 1 EA | 27.5 | | Horizon | NJ Health | | 100 | | 8 | | | other | Drugs are paid at 100% of the AWP |
| CISPLATIN 10MG | J9060 | HCPCS | 63323010364 | NDC | | both | | 1 EA | 27.5 | | Horizon | PPO | | 100 | | 7.31 | | | other | Drugs are paid at 100% of the AWP |
| CISPLATIN 10MG | J9060 | HCPCS | 63323010364 | NDC | | both | | 1 EA | 27.5 | | UHC | Medicaid | | 100 | | 5.76 | | | other | Drugs are paid at 100% of the AWP |
| CISPLATIN 10MG | J9060 | HCPCS | 63323010364 | NDC | | both | | 1 EA | 27.5 | | UHC | Medicare | | 100 | | 2.39 | | | other | Drugs are paid at 100% of the AWP |
| CISPLATIN 10MG | J9060 | HCPCS | 63323010364 | NDC | | both | | 1 EA | 27.5 | | Wellcare | Medicaid | | 100 | | 5.3 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOPHOSPHAMIDE(BAX)(5MG INJ | J9070 | HCPCS | 10019095701 | NDC | | both | | 1 EA | 13.5 | | Aetna | Commercial | | 100 | | 4.31 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOPHOSPHAMIDE(BAX)(5MG INJ | J9070 | HCPCS | 10019095701 | NDC | | both | | 1 EA | 13.5 | | Horizon | MGD | | 100 | | 19.76 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOPHOSPHAMIDE(BAX)(5MG INJ | J9070 | HCPCS | 10019095701 | NDC | | both | | 1 EA | 13.5 | | Horizon | NJ Health | | 100 | | 21.32 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOPHOSPHAMIDE(BAX)(5MG INJ | J9070 | HCPCS | 10019095701 | NDC | | both | | 1 EA | 13.5 | | Horizon | PPO | | 100 | | 4.02 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOPHOSPHAMIDE(BAX)(5MG INJ | J9070 | HCPCS | 10019095701 | NDC | | both | | 1 EA | 13.5 | | UHC | Medicaid | | 100 | | 27.98 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOPHOSPHAMIDE(BAX)(5MG INJ | J9070 | HCPCS | 10019095701 | NDC | | both | | 1 EA | 13.5 | | UHC | Medicare | | 100 | | 10.75 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOPHOSPHAMIDE(BAX)(5MG INJ | J9070 | HCPCS | 10019095701 | NDC | | both | | 1 EA | 13.5 | | United | Commercial\|PPO | | 100 | | 33.86 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOPHOSPHAMIDE(BAX)(5MG INJ | J9070 | HCPCS | 10019095701 | NDC | | both | | 1 EA | 13.5 | | Wellcare | Medicare | | 100 | | 26.81 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOPHOSPHAMIDE(BAX)(5MG INJ | J9070 | HCPCS | 10019095701 | NDC | | both | | 1 EA | 13.5 | | WellPoint | WellPoint | | 100 | | 29.69 | | | other | Drugs are paid at 100% of the AWP |
| CYTARABINE 100MG (CHEMO) | J9100 | HCPCS | 61703031922 | NDC | | both | | 1 EA | 40.5 | | Horizon | Indemnity | | 100 | | 15.13 | | | other | Drugs are paid at 100% of the AWP |
| CYTARABINE 100MG (CHEMO) | J9100 | HCPCS | 61703031922 | NDC | | both | | 1 EA | 40.5 | | Horizon | NJ Health | | 100 | | 14.5 | | | other | Drugs are paid at 100% of the AWP |
| CYTARABINE 100MG (CHEMO) | J9100 | HCPCS | 61703031922 | NDC | | both | | 1 EA | 40.5 | | Horizon | PPO | | 100 | | 18.33 | | | other | Drugs are paid at 100% of the AWP |
| CEMIPLIMAB(LIBTAYO) 1MG INJ | J9119 | HCPCS | 61755000801 | NDC | | both | | 1 EA | 109 | | United | Commercial\|PPO | | 100 | | 26.29 | | | other | Drugs are paid at 100% of the AWP |
| CEMIPLIMAB(LIBTAYO) 1MG INJ | J9119 | HCPCS | 61755000801 | NDC | | both | | 1 EA | 109 | | WellPoint | WellPoint | | 100 | | 27.46 | | | other | Drugs are paid at 100% of the AWP |
| DACTINOMYCIN 0.5MG INJ | J9120 | HCPCS | 55202081155 | NDC | | both | | 1 EA | 2368.5 | | UHC | Medicaid | | 100 | | 457.2 | | | other | Drugs are paid at 100% of the AWP |
| DARATUMUMAB HYALUR(DARZALEX FASP)10MG/INJ | J9144 | HCPCS | 57894050301 | NDC | | both | | 1 EA | 174.5 | | Aetna | Commercial | | 100 | | 53.46 | | | other | Drugs are paid at 100% of the AWP |
| DARATUMUMAB HYALUR(DARZALEX FASP)10MG/INJ | J9144 | HCPCS | 57894050301 | NDC | | both | | 1 EA | 174.5 | | Aetna | Medicare | | 100 | | 45.49 | | | other | Drugs are paid at 100% of the AWP |
| DARATUMUMAB HYALUR(DARZALEX FASP)10MG/INJ | J9144 | HCPCS | 57894050301 | NDC | | both | | 1 EA | 174.5 | | Horizon | Medicare Blue | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| DARATUMUMAB HYALUR(DARZALEX FASP)10MG/INJ | J9144 | HCPCS | 57894050301 | NDC | | both | | 1 EA | 174.5 | | Horizon | MGD | | 100 | | 52.91 | | | other | Drugs are paid at 100% of the AWP |
| DARATUMUMAB HYALUR(DARZALEX FASP)10MG/INJ | J9144 | HCPCS | 57894050301 | NDC | | both | | 1 EA | 174.5 | | Horizon | NJ Health | | 100 | | 0.97 | | | other | Drugs are paid at 100% of the AWP |
| DARATUMUMAB HYALUR(DARZALEX FASP)10MG/INJ | J9144 | HCPCS | 57894050301 | NDC | | both | | 1 EA | 174.5 | | Horizon | PPO | | 100 | | 55.7 | | | other | Drugs are paid at 100% of the AWP |
| DARATUMUMAB HYALUR(DARZALEX FASP)10MG/INJ | J9144 | HCPCS | 57894050301 | NDC | | both | | 1 EA | 174.5 | | UHC | Medicaid | | 100 | | 14.14 | | | other | Drugs are paid at 100% of the AWP |
| DARATUMUMAB HYALUR(DARZALEX FASP)10MG/INJ | J9144 | HCPCS | 57894050301 | NDC | | both | | 1 EA | 174.5 | | UHC | Medicare | | 100 | | 32.81 | | | other | Drugs are paid at 100% of the AWP |
| DARATUMUMAB HYALUR(DARZALEX FASP)10MG/INJ | J9144 | HCPCS | 57894050301 | NDC | | both | | 1 EA | 174.5 | | United | Commercial\|PPO | | 100 | | 66.95 | | | other | Drugs are paid at 100% of the AWP |
| DARATUMUMAB HYALUR(DARZALEX FASP)10MG/INJ | J9144 | HCPCS | 57894050301 | NDC | | both | | 1 EA | 174.5 | | Wellcare | Medicare | | 100 | | 46.77 | | | other | Drugs are paid at 100% of the AWP |
| DARATUMUMAB HYALUR(DARZALEX FASP)10MG/INJ | J9144 | HCPCS | 57894050301 | NDC | | both | | 1 EA | 174.5 | | WellPoint | WellPoint | | 100 | | 34.4 | | | other | Drugs are paid at 100% of the AWP |
| DARATUMUMAB(DARZALEX)10MG INJ | J9145 | HCPCS | 57894050220 | NDC | | both | | 1 EA | 176.5 | | Aetna | Commercial | | 100 | | 22.03 | | | other | Drugs are paid at 100% of the AWP |
| DARATUMUMAB(DARZALEX)10MG INJ | J9145 | HCPCS | 57894050220 | NDC | | both | | 1 EA | 176.5 | | WellPoint | WellPoint | | 100 | | 11.61 | | | other | Drugs are paid at 100% of the AWP |
| DEGARELIX ACETATE(FIRMAGON) 1MG INJ | J9155 | HCPCS | 55566840301 | NDC | | both | | 1 EA | 28 | | Aetna | Commercial | | 100 | | 4.83 | | | other | Drugs are paid at 100% of the AWP |
| DEGARELIX ACETATE(FIRMAGON) 1MG INJ | J9155 | HCPCS | 55566840301 | NDC | | both | | 1 EA | 28 | | Aetna | Medicare | | 100 | | 2.42 | | | other | Drugs are paid at 100% of the AWP |
| DEGARELIX ACETATE(FIRMAGON) 1MG INJ | J9155 | HCPCS | 55566840301 | NDC | | both | | 1 EA | 28 | | Horizon | Indemnity | | 100 | | 9.28 | | | other | Drugs are paid at 100% of the AWP |
| DEGARELIX ACETATE(FIRMAGON) 1MG INJ | J9155 | HCPCS | 55566840301 | NDC | | both | | 1 EA | 28 | | Horizon | MGD | | 100 | | 12.32 | | | other | Drugs are paid at 100% of the AWP |
| DEGARELIX ACETATE(FIRMAGON) 1MG INJ | J9155 | HCPCS | 55566840301 | NDC | | both | | 1 EA | 28 | | UHC | Medicare | | 100 | | 3.46 | | | other | Drugs are paid at 100% of the AWP |
| DOCETAXEL 1MG | J9171 | HCPCS | 16729026764 | NDC | | both | | 1 EA | 115.5 | | Aetna | Better Health | | 100 | | 26.36 | | | other | Drugs are paid at 100% of the AWP |
| DOCETAXEL 1MG | J9171 | HCPCS | 16729026764 | NDC | | both | | 1 EA | 115.5 | | Aetna | Commercial | | 100 | | 20.05 | | | other | Drugs are paid at 100% of the AWP |
| DOCETAXEL 1MG | J9171 | HCPCS | 16729026764 | NDC | | both | | 1 EA | 115.5 | | Aetna | Medicare | | 100 | | 7.27 | | | other | Drugs are paid at 100% of the AWP |
| DOCETAXEL 1MG | J9171 | HCPCS | 16729026764 | NDC | | both | | 1 EA | 115.5 | | Horizon | Medicare Blue | | 100 | | 2.76 | | | other | Drugs are paid at 100% of the AWP |
| DOCETAXEL 1MG | J9171 | HCPCS | 16729026764 | NDC | | both | | 1 EA | 115.5 | | Horizon | NJ Health | | 100 | | 3.89 | | | other | Drugs are paid at 100% of the AWP |
| DOCETAXEL 1MG | J9171 | HCPCS | 16729026764 | NDC | | both | | 1 EA | 115.5 | | Horizon | PPO | | 100 | | 14.07 | | | other | Drugs are paid at 100% of the AWP |
| DOCETAXEL 1MG | J9171 | HCPCS | 16729026764 | NDC | | both | | 1 EA | 115.5 | | UHC | Medicaid | | 100 | | 24.9 | | | other | Drugs are paid at 100% of the AWP |
| DOCETAXEL 1MG | J9171 | HCPCS | 16729026764 | NDC | | both | | 1 EA | 115.5 | | UHC | Medicare | | 100 | | 8.01 | | | other | Drugs are paid at 100% of the AWP |
| DOCETAXEL 1MG | J9171 | HCPCS | 16729026764 | NDC | | both | | 1 EA | 115.5 | | United | Commercial\|PPO | | 100 | | 44.06 | | | other | Drugs are paid at 100% of the AWP |
| DOCETAXEL 1MG | J9171 | HCPCS | 16729026764 | NDC | | both | | 1 EA | 115.5 | | Wellcare | Medicaid | | 100 | | 22.46 | | | other | Drugs are paid at 100% of the AWP |
| DOCETAXEL 1MG | J9171 | HCPCS | 16729026764 | NDC | | both | | 1 EA | 115.5 | | WellPoint | WellPoint | | 100 | | 32.59 | | | other | Drugs are paid at 100% of the AWP |
| DURVALUMAB(IMFINZI) 10MG INJ | J9173 | HCPCS | 31046115 0 | NDC | | both | | 1 EA | 299.5 | | Aetna | Better Health | | 100 | | 90.1 | | | other | Drugs are paid at 100% of the AWP |
| DURVALUMAB(IMFINZI) 10MG INJ | J9173 | HCPCS | 31046115 0 | NDC | | both | | 1 EA | 299.5 | | Aetna | Medicare | | 100 | | 6.88 | | | other | Drugs are paid at 100% of the AWP |
| DURVALUMAB(IMFINZI) 10MG INJ | J9173 | HCPCS | 31046115 0 | NDC | | both | | 1 EA | 299.5 | | Horizon | Medicare Blue | | 100 | | 34.81 | | | other | Drugs are paid at 100% of the AWP |
| DURVALUMAB(IMFINZI) 10MG INJ | J9173 | HCPCS | 31046115 0 | NDC | | both | | 1 EA | 299.5 | | Horizon | NJ Health | | 100 | | 49.41 | | | other | Drugs are paid at 100% of the AWP |
| DURVALUMAB(IMFINZI) 10MG INJ | J9173 | HCPCS | 31046115 0 | NDC | | both | | 1 EA | 299.5 | | UHC | Medicaid | | 100 | | 68.86 | | | other | Drugs are paid at 100% of the AWP |
| DURVALUMAB(IMFINZI) 10MG INJ | J9173 | HCPCS | 31046115 0 | NDC | | both | | 1 EA | 299.5 | | UHC | Medicare | | 100 | | 30.46 | | | other | Drugs are paid at 100% of the AWP |
| DURVALUMAB(IMFINZI) 10MG INJ | J9173 | HCPCS | 31046115 0 | NDC | | both | | 1 EA | 299.5 | | WellPoint | WellPoint | | 100 | | 91.63 | | | other | Drugs are paid at 100% of the AWP |
| ETOPOSIDE 10MG INJ | J9181 | HCPCS | 70356560 1 | NDC | | both | | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 0.95 | | | other | Drugs are paid at 100% of the AWP |
| ETOPOSIDE 10MG INJ | J9181 | HCPCS | 70356560 1 | NDC | | both | | 1 EA | 3.5 | | Aetna | Commercial | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| ETOPOSIDE 10MG INJ | J9181 | HCPCS | 70356560 1 | NDC | | both | | 1 EA | 3.5 | | Corrections | Corrections | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| ETOPOSIDE 10MG INJ | J9181 | HCPCS | 70356560 1 | NDC | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| ETOPOSIDE 10MG INJ | J9181 | HCPCS | 70356560 1 | NDC | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| ETOPOSIDE 10MG INJ | J9181 | HCPCS | 70356560 1 | NDC | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| FLUOROURACIL 500MG VIAL | J9190 | HCPCS | 63323011761 | NDC | | both | | 1 EA | 26.5 | | Aetna | Better Health | | 100 | | 5.89 | | | other | Drugs are paid at 100% of the AWP |
| FLUOROURACIL 500MG VIAL | J9190 | HCPCS | 63323011761 | NDC | | both | | 1 EA | 26.5 | | Aetna | Medicare | | 100 | | 1.65 | | | other | Drugs are paid at 100% of the AWP |
| FLUOROURACIL 500MG VIAL | J9190 | HCPCS | 63323011761 | NDC | | both | | 1 EA | 26.5 | | Corrections | Corrections | | 100 | | 9.24 | | | other | Drugs are paid at 100% of the AWP |
| FLUOROURACIL 500MG VIAL | J9190 | HCPCS | 63323011761 | NDC | | both | | 1 EA | 26.5 | | Horizon | Indemnity | | 100 | | 5.12 | | | other | Drugs are paid at 100% of the AWP |
| FLUOROURACIL 500MG VIAL | J9190 | HCPCS | 63323011761 | NDC | | both | | 1 EA | 26.5 | | Horizon | PPO | | 100 | | 11.91 | | | other | Drugs are paid at 100% of the AWP |
| FLUOROURACIL 500MG VIAL | J9190 | HCPCS | 63323011761 | NDC | | both | | 1 EA | 26.5 | | UHC | Medicaid | | 100 | | 6.48 | | | other | Drugs are paid at 100% of the AWP |
| FLUOROURACIL 500MG VIAL | J9190 | HCPCS | 63323011761 | NDC | | both | | 1 EA | 26.5 | | UHC | Medicare | | 100 | | 6.93 | | | other | Drugs are paid at 100% of the AWP |
| FLUOROURACIL 500MG VIAL | J9190 | HCPCS | 63323011761 | NDC | | both | | 1 EA | 26.5 | | Wellcare | Medicaid | | 100 | | 2.14 | | | other | Drugs are paid at 100% of the AWP |
| FLUOROURACIL 500MG VIAL | J9190 | HCPCS | 63323011761 | NDC | | both | | 1 EA | 26.5 | | WellPoint | WellPoint | | 100 | | 8.82 | | | other | Drugs are paid at 100% of the AWP |
| GEMCITABINE 200MG INJ | J9201 | HCPCS | 40901810 1 | NDC | | both | | 1 EA | 34 | | Aetna | Better Health | | 100 | | 8.38 | | | other | Drugs are paid at 100% of the AWP |
| GEMCITABINE 200MG INJ | J9201 | HCPCS | 40901810 1 | NDC | | both | | 1 EA | 34 | | Aetna | Commercial | | 100 | | 12.63 | | | other | Drugs are paid at 100% of the AWP |
| GEMCITABINE 200MG INJ | J9201 | HCPCS | 40901810 1 | NDC | | both | | 1 EA | 34 | | Aetna | Medicare | | 100 | | 0.9 | | | other | Drugs are paid at 100% of the AWP |
| GEMCITABINE 200MG INJ | J9201 | HCPCS | 40901810 1 | NDC | | both | | 1 EA | 34 | | Horizon | Medicare Blue | | 100 | | 4.88 | | | other | Drugs are paid at 100% of the AWP |
| GEMCITABINE 200MG INJ | J9201 | HCPCS | 40901810 1 | NDC | | both | | 1 EA | 34 | | Horizon | MGD | | 100 | | 3.09 | | | other | Drugs are paid at 100% of the AWP |
| GEMCITABINE 200MG INJ | J9201 | HCPCS | 40901810 1 | NDC | | both | | 1 EA | 34 | | Horizon | NJ Health | | 100 | | 8.53 | | | other | Drugs are paid at 100% of the AWP |
| GEMCITABINE 200MG INJ | J9201 | HCPCS | 40901810 1 | NDC | | both | | 1 EA | 34 | | Horizon | PPO | | 100 | | 11.2 | | | other | Drugs are paid at 100% of the AWP |
| GEMCITABINE 200MG INJ | J9201 | HCPCS | 40901810 1 | NDC | | both | | 1 EA | 34 | | UHC | Medicaid | | 100 | | 7.76 | | | other | Drugs are paid at 100% of the AWP |
| GEMCITABINE 200MG INJ | J9201 | HCPCS | 40901810 1 | NDC | | both | | 1 EA | 34 | | UHC | Medicare | | 100 | | 3.47 | | | other | Drugs are paid at 100% of the AWP |
| GEMCITABINE 200MG INJ | J9201 | HCPCS | 40901810 1 | NDC | | both | | 1 EA | 34 | | Wellcare | Medicaid | | 100 | | 8.4 | | | other | Drugs are paid at 100% of the AWP |
| GEMCITABINE 200MG INJ | J9201 | HCPCS | 40901810 1 | NDC | | both | | 1 EA | 34 | | Wellcare | Medicare | | 100 | | 2.56 | | | other | Drugs are paid at 100% of the AWP |
| GOSERELIN 3.6MG INJ | J9202 | HCPCS | 70720095036 | NDC | | both | | 1 EA | 2857 | | Amerihealth | HMO/PPO | | 100 | | 49.49 | | | other | Drugs are paid at 100% of the AWP |
| GOSERELIN 3.6MG INJ | J9202 | HCPCS | 70720095036 | NDC | | both | | 1 EA | 2857 | | Horizon | NJ Health | | 100 | | 625.01 | | | other | Drugs are paid at 100% of the AWP |
| GOSERELIN 3.6MG INJ | J9202 | HCPCS | 70720095036 | NDC | | both | | 1 EA | 2857 | | UHC | Medicaid | | 100 | | 24.46 | | | other | Drugs are paid at 100% of the AWP |
| GOSERELIN 3.6MG INJ | J9202 | HCPCS | 70720095036 | NDC | | both | | 1 EA | 2857 | | Wellcare | Medicare | | 100 | | 471.28 | | | other | Drugs are paid at 100% of the AWP |
| GOSERELIN 3.6MG INJ | J9202 | HCPCS | 70720095036 | NDC | | both | | 1 EA | 2857 | | WellPoint | WellPoint | | 100 | | 577.34 | | | other | Drugs are paid at 100% of the AWP |
| IRINOTECAN 20MG INJ | J9206 | HCPCS | 63323019355 | NDC | | both | | 1 EA | 850 | | Aetna | Better Health | | 100 | | 187.27 | | | other | Drugs are paid at 100% of the AWP |
| IRINOTECAN 20MG INJ | J9206 | HCPCS | 63323019355 | NDC | | both | | 1 EA | 850 | | Corrections | Corrections | | 100 | | 298.98 | | | other | Drugs are paid at 100% of the AWP |
| IRINOTECAN 20MG INJ | J9206 | HCPCS | 63323019355 | NDC | | both | | 1 EA | 850 | | Horizon | Indemnity | | 100 | | 109.84 | | | other | Drugs are paid at 100% of the AWP |
| IRINOTECAN 20MG INJ | J9206 | HCPCS | 63323019355 | NDC | | both | | 1 EA | 850 | | Horizon | Medicare Blue | | 100 | | 32.44 | | | other | Drugs are paid at 100% of the AWP |
| IRINOTECAN 20MG INJ | J9206 | HCPCS | 63323019355 | NDC | | both | | 1 EA | 850 | | Horizon | MGD | | 100 | | 60.71 | | | other | Drugs are paid at 100% of the AWP |
| IRINOTECAN 20MG INJ | J9206 | HCPCS | 63323019355 | NDC | | both | | 1 EA | 850 | | Horizon | NJ Health | | 100 | | 58 | | | other | Drugs are paid at 100% of the AWP |
| IRINOTECAN 20MG INJ | J9206 | HCPCS | 63323019355 | NDC | | both | | 1 EA | 850 | | UHC | Medicaid | | 100 | | 238.79 | | | other | Drugs are paid at 100% of the AWP |
| IRINOTECAN 20MG INJ | J9206 | HCPCS | 63323019355 | NDC | | both | | 1 EA | 850 | | UHC | Medicare | | 100 | | 69.43 | | | other | Drugs are paid at 100% of the AWP |
| IRINOTECAN 20MG INJ | J9206 | HCPCS | 63323019355 | NDC | | both | | 1 EA | 850 | | WellPoint | WellPoint | | 100 | | 195.43 | | | other | Drugs are paid at 100% of the AWP |
| MESNA 200MG | J9209 | HCPCS | 25021020111 | NDC | | both | | 1 EA | 165.5 | | Horizon | NJ Health | | 100 | | 34.04 | | | other | Drugs are paid at 100% of the AWP |
| MESNA 200MG | J9209 | HCPCS | 25021020111 | NDC | | both | | 1 EA | 165.5 | | UHC | Medicaid | | 100 | | 20.78 | | | other | Drugs are paid at 100% of the AWP |
| MESNA 200MG | J9209 | HCPCS | 25021020111 | NDC | | both | | 1 EA | 165.5 | | WellPoint | WellPoint | | 100 | | 43.16 | | | other | Drugs are paid at 100% of the AWP |
| LEUPROLIDE 7.5MG/1ML INJ | J9217 | HCPCS | 74334603 | NDC | | both | | 1 EA | 1332 | | Aetna | Better Health | | 100 | | 402.25 | | | other | Drugs are paid at 100% of the AWP |
| LEUPROLIDE 7.5MG/1ML INJ | J9217 | HCPCS | 74334603 | NDC | | both | | 1 EA | 1332 | | Aetna | Commercial | | 100 | | 157.22 | | | other | Drugs are paid at 100% of the AWP |
| LEUPROLIDE 7.5MG/1ML INJ | J9217 | HCPCS | 74334603 | NDC | | both | | 1 EA | 1332 | | Aetna | Medicare | | 100 | | 120.82 | | | other | Drugs are paid at 100% of the AWP |
| LEUPROLIDE 7.5MG/1ML INJ | J9217 | HCPCS | 74334603 | NDC | | both | | 1 EA | 1332 | | Amerihealth | HMO/PPO | | 100 | | 195.73 | | | other | Drugs are paid at 100% of the AWP |
| LEUPROLIDE 7.5MG/1ML INJ | J9217 | HCPCS | 74334603 | NDC | | both | | 1 EA | 1332 | | Corrections | Corrections | | 100 | | 24.56 | | | other | Drugs are paid at 100% of the AWP |
| LEUPROLIDE 7.5MG/1ML INJ | J9217 | HCPCS | 74334603 | NDC | | both | | 1 EA | 1332 | | Horizon | Indemnity | | 100 | | 388.96 | | | other | Drugs are paid at 100% of the AWP |
| LEUPROLIDE 7.5MG/1ML INJ | J9217 | HCPCS | 74334603 | NDC | | both | | 1 EA | 1332 | | Horizon | Medicare Blue | | 100 | | 140.26 | | | other | Drugs are paid at 100% of the AWP |
| LEUPROLIDE 7.5MG/1ML INJ | J9217 | HCPCS | 74334603 | NDC | | both | | 1 EA | 1332 | | Horizon | MGD | | 100 | | 323.56 | | | other | Drugs are paid at 100% of the AWP |
| LEUPROLIDE 7.5MG/1ML INJ | J9217 | HCPCS | 74334603 | NDC | | both | | 1 EA | 1332 | | Horizon | NJ Health | | 100 | | 153.08 | | | other | Drugs are paid at 100% of the AWP |
| LEUPROLIDE 7.5MG/1ML INJ | J9217 | HCPCS | 74334603 | NDC | | both | | 1 EA | 1332 | | Horizon | PPO | | 100 | | 324.94 | | | other | Drugs are paid at 100% of the AWP |
| LEUPROLIDE 7.5MG/1ML INJ | J9217 | HCPCS | 74334603 | NDC | | both | | 1 EA | 1332 | | UHC | Medicaid | | 100 | | 278.96 | | | other | Drugs are paid at 100% of the AWP |
| LEUPROLIDE 7.5MG/1ML INJ | J9217 | HCPCS | 74334603 | NDC | | both | | 1 EA | 1332 | | UHC | Medicare | | 100 | | 109.32 | | | other | Drugs are paid at 100% of the AWP |
| LEUPROLIDE 7.5MG/1ML INJ | J9217 | HCPCS | 74334603 | NDC | | both | | 1 EA | 1332 | | United | Commercial\|PPO | | 100 | | 541.11 | | | other | Drugs are paid at 100% of the AWP |
| LEUPROLIDE 7.5MG/1ML INJ | J9217 | HCPCS | 74334603 | NDC | | both | | 1 EA | 1332 | | Wellcare | Medicaid | | 100 | | 335.24 | | | other | Drugs are paid at 100% of the AWP |
| LEUPROLIDE 7.5MG/1ML INJ | J9217 | HCPCS | 74334603 | NDC | | both | | 1 EA | 1332 | | Wellcare | Medicare | | 100 | | 118.62 | | | other | Drugs are paid at 100% of the AWP |
| LEUPROLIDE 7.5MG/1ML INJ | J9217 | HCPCS | 74334603 | NDC | | both | | 1 EA | 1332 | | WellPoint | WellPoint | | 100 | | 298.55 | | | other | Drugs are paid at 100% of the AWP |
| IPILIMUMAB I MG INJ | J9228 | HCPCS | 3232822 | NDC | | both | | 1 EA | 526 | | Aetna | Better Health | | 100 | | 120.89 | | | other | Drugs are paid at 100% of the AWP |
| IPILIMUMAB I MG INJ | J9228 | HCPCS | 3232822 | NDC | | both | | 1 EA | 526 | | Horizon | MGD | | 100 | | 100.43 | | | other | Drugs are paid at 100% of the AWP |
| IPILIMUMAB I MG INJ | J9228 | HCPCS | 3232822 | NDC | | both | | 1 EA | 526 | | Horizon | PPO | | 100 | | 72.21 | | | other | Drugs are paid at 100% of the AWP |
| IPILIMUMAB I MG INJ | J9228 | HCPCS | 3232822 | NDC | | both | | 1 EA | 526 | | UHC | Medicaid | | 100 | | 158.4 | | | other | Drugs are paid at 100% of the AWP |
| IPILIMUMAB I MG INJ | J9228 | HCPCS | 3232822 | NDC | | both | | 1 EA | 526 | | WellPoint | WellPoint | | 100 | | 145.39 | | | other | Drugs are paid at 100% of the AWP |
| METHOTREXATE 50MG INJ (CHEMO) | J9250 | HCPCS | 63323012310 | NDC | | both | | 1 EA | 28 | | Aetna | Commercial | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| METHOTREXATE 50MG INJ (CHEMO) | J9250 | HCPCS | 63323012310 | NDC | | both | | 1 EA | 28 | | Horizon | Indemnity | | 100 | | 0.83 | | | other | Drugs are paid at 100% of the AWP |
| METHOTREXATE 50MG INJ (CHEMO) | J9250 | HCPCS | 63323012310 | NDC | | both | | 1 EA | 28 | | Horizon | NJ Health | | 100 | | 4.56 | | | other | Drugs are paid at 100% of the AWP |
| METHOTREXATE 50MG INJ (CHEMO) | J9250 | HCPCS | 63323012310 | NDC | | both | | 1 EA | 28 | | UHC | Medicaid | | 100 | | 0.78 | | | other | Drugs are paid at 100% of the AWP |
| METHOTREXATE 50MG INJ (CHEMO) | J9250 | HCPCS | 63323012310 | NDC | | both | | 1 EA | 28 | | Wellcare | Medicare | | 100 | | 1.21 | | | other | Drugs are paid at 100% of the AWP |
| METHOTREXATE 50MG INJ (CHEMO) | J9250 | HCPCS | 63323012310 | NDC | | both | | 1 EA | 28 | | WellPoint | WellPoint | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| METHOTREXATE 50MG INJ | J9260 | HCPCS | 61703040841 | NDC | | both | | 1 EA | 41 | | Aetna | Commercial | | 100 | | 9.28 | | | other | Drugs are paid at 100% of the AWP |
| METHOTREXATE 50MG INJ | J9260 | HCPCS | 61703040841 | NDC | | both | | 1 EA | 41 | | Horizon | Indemnity | | 100 | | 10.62 | | | other | Drugs are paid at 100% of the AWP |
| METHOTREXATE 50MG INJ | J9260 | HCPCS | 61703040841 | NDC | | both | | 1 EA | 41 | | Horizon | NJ Health | | 100 | | 6.4 | | | other | Drugs are paid at 100% of the AWP |
| METHOTREXATE 50MG INJ | J9260 | HCPCS | 61703040841 | NDC | | both | | 1 EA | 41 | | UHC | Medicaid | | 100 | | 11.45 | | | other | Drugs are paid at 100% of the AWP |
| METHOTREXATE 50MG INJ | J9260 | HCPCS | 61703040841 | NDC | | both | | 1 EA | 41 | | Wellcare | Medicaid | | 100 | | 11.53 | | | other | Drugs are paid at 100% of the AWP |
| METHOTREXATE 50MG INJ | J9260 | HCPCS | 61703040841 | NDC | | both | | 1 EA | 41 | | Wellcare | Medicare | | 100 | | 13.87 | | | other | Drugs are paid at 100% of the AWP |
| METHOTREXATE 50MG INJ | J9260 | HCPCS | 61703040841 | NDC | | both | | 1 EA | 41 | | WellPoint | WellPoint | | 100 | | 9.44 | | | other | Drugs are paid at 100% of the AWP |
| OXALIPLATIN 0.5MG INJ | J9263 | HCPCS | 67457044220 | NDC | | both | | 1 EA | 58 | | Aetna | Better Health | | 100 | | 16.31 | | | other | Drugs are paid at 100% of the AWP |
| OXALIPLATIN 0.5MG INJ | J9263 | HCPCS | 67457044220 | NDC | | both | | 1 EA | 58 | | Amerihealth | HMO/PPO | | 100 | | 1.56 | | | other | Drugs are paid at 100% of the AWP |
| OXALIPLATIN 0.5MG INJ | J9263 | HCPCS | 67457044220 | NDC | | both | | 1 EA | 58 | | Horizon | Indemnity | | 100 | | 22.06 | | | other | Drugs are paid at 100% of the AWP |
| OXALIPLATIN 0.5MG INJ | J9263 | HCPCS | 67457044220 | NDC | | both | | 1 EA | 58 | | Horizon | MGD | | 100 | | 4.12 | | | other | Drugs are paid at 100% of the AWP |
| OXALIPLATIN 0.5MG INJ | J9263 | HCPCS | 67457044220 | NDC | | both | | 1 EA | 58 | | Horizon | NJ Health | | 100 | | 2.23 | | | other | Drugs are paid at 100% of the AWP |
| OXALIPLATIN 0.5MG INJ | J9263 | HCPCS | 67457044220 | NDC | | both | | 1 EA | 58 | | Horizon | PPO | | 100 | | 12.68 | | | other | Drugs are paid at 100% of the AWP |
| OXALIPLATIN 0.5MG INJ | J9263 | HCPCS | 67457044220 | NDC | | both | | 1 EA | 58 | | UHC | Medicaid | | 100 | | 14.35 | | | other | Drugs are paid at 100% of the AWP |
| OXALIPLATIN 0.5MG INJ | J9263 | HCPCS | 67457044220 | NDC | | both | | 1 EA | 58 | | UHC | Medicare | | 100 | | 4.48 | | | other | Drugs are paid at 100% of the AWP |
| OXALIPLATIN 0.5MG INJ | J9263 | HCPCS | 67457044220 | NDC | | both | | 1 EA | 58 | | Wellcare | Medicaid | | 100 | | 4.7 | | | other | Drugs are paid at 100% of the AWP |
| OXALIPLATIN 0.5MG INJ | J9263 | HCPCS | 67457044220 | NDC | | both | | 1 EA | 58 | | WellPoint | WellPoint | | 100 | | 11.42 | | | other | Drugs are paid at 100% of the AWP |
| PACLITAXEL PROTEIN-BOUND 1MG | J9264 | HCPCS | 68817013450 | NDC | | both | | 1 EA | 55.5 | | Aetna | Better Health | | 100 | | 14.43 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PACLITAXEL PROTEIN-BOUND 1MG | J9264 | HCPCS | 68817073450 | NDC | | both | | 1 EA | 55.5 | | Horizon | NJ Health | | 100 | | 13.77 | | | other | Drugs are paid at 100% of the AWP |
| PACLITAXEL PROTEIN-BOUND 1MG | J9264 | HCPCS | 68817013450 | NDC | | both | | 1 EA | 55.5 | | Horizon | PPO | | 100 | | 18.23 | | | other | Drugs are paid at 100% of the AWP |
| PACLITAXEL 1MG VIAL | J9267 | HCPCS | 61703034250 | NDC | | both | | 1 EA | 1 | | Aetna | Better Health | | 100 | | 0.14 | | | other | Drugs are paid at 100% of the AWP |
| PACLITAXEL 1MG VIAL | J9267 | HCPCS | 61703034250 | NDC | | both | | 1 EA | 1 | | Aetna | Commercial | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| PACLITAXEL 1MG VIAL | J9267 | HCPCS | 61703034250 | NDC | | both | | 1 EA | 1 | | Aetna | Medicare | | 100 | | 0.06 | | | other | Drugs are paid at 100% of the AWP |
| PACLITAXEL 1MG VIAL | J9267 | HCPCS | 61703034250 | NDC | | both | | 1 EA | 1 | | Horizon | Medicare Blue | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| PACLITAXEL 1MG VIAL | J9267 | HCPCS | 61703034250 | NDC | | both | | 1 EA | 1 | | Horizon | MGD | | 100 | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| PACLITAXEL 1MG VIAL | J9267 | HCPCS | 61703034250 | NDC | | both | | 1 EA | 1 | | Horizon | NJ Health | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| PACLITAXEL 1MG VIAL | J9267 | HCPCS | 61703034250 | NDC | | both | | 1 EA | 1 | | UHC | Medicaid | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| PACLITAXEL 1MG VIAL | J9267 | HCPCS | 61703034250 | NDC | | both | | 1 EA | 1 | | UHC | Medicare | | 100 | | 0.08 | | | other | Drugs are paid at 100% of the AWP |
| PACLITAXEL 1MG VIAL | J9267 | HCPCS | 61703034250 | NDC | | both | | 1 EA | 1 | | Wellcare | Medicaid | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| PACLITAXEL 1MG VIAL | J9267 | HCPCS | 61703034250 | NDC | | both | | 1 EA | 1 | | Wellcare | Medicare | | 100 | | 0.06 | | | other | Drugs are paid at 100% of the AWP |
| PACLITAXEL 1MG VIAL | J9267 | HCPCS | 61703034250 | NDC | | both | | 1 EA | 1 | | WellPoint | WellPoint | | 100 | | 0.14 | | | other | Drugs are paid at 100% of the AWP |
| PEMBROLIZUMAB(KEYTRUDA)1MG INJ | J9271 | HCPCS | 63026902 | NDC | | both | | 1 EA | 200 | | Aetna | Commercial | | 100 | | 68.45 | | | other | Drugs are paid at 100% of the AWP |
| PEMBROLIZUMAB(KEYTRUDA)1MG INJ | J9271 | HCPCS | 63026902 | NDC | | both | | 1 EA | 200 | | Aetna | Medicare | | 100 | | 35.37 | | | other | Drugs are paid at 100% of the AWP |
| PEMBROLIZUMAB(KEYTRUDA)1MG INJ | J9271 | HCPCS | 63026902 | NDC | | both | | 1 EA | 200 | | Horizon | Medicare Blue | | 100 | | 39.82 | | | other | Drugs are paid at 100% of the AWP |
| PEMBROLIZUMAB(KEYTRUDA)1MG INJ | J9271 | HCPCS | 63026902 | NDC | | both | | 1 EA | 200 | | Horizon | MGD | | 100 | | 61.59 | | | other | Drugs are paid at 100% of the AWP |
| PEMBROLIZUMAB(KEYTRUDA)1MG INJ | J9271 | HCPCS | 63026902 | NDC | | both | | 1 EA | 200 | | Horizon | NJ Health | | 100 | | 51.49 | | | other | Drugs are paid at 100% of the AWP |
| PEMBROLIZUMAB(KEYTRUDA)1MG INJ | J9271 | HCPCS | 63026902 | NDC | | both | | 1 EA | 200 | | Horizon | PPO | | 100 | | 69.96 | | | other | Drugs are paid at 100% of the AWP |
| PEMBROLIZUMAB(KEYTRUDA)1MG INJ | J9271 | HCPCS | 63026902 | NDC | | both | | 1 EA | 200 | | UHC | Medicaid | | 100 | | 48.82 | | | other | Drugs are paid at 100% of the AWP |
| PEMBROLIZUMAB(KEYTRUDA)1MG INJ | J9271 | HCPCS | 63026902 | NDC | | both | | 1 EA | 200 | | UHC | Medicare | | 100 | | 32.24 | | | other | Drugs are paid at 100% of the AWP |
| PEMBROLIZUMAB(KEYTRUDA)1MG INJ | J9271 | HCPCS | 63026902 | NDC | | both | | 1 EA | 200 | | United | CommercialPPO | | 100 | | 77.66 | | | other | Drugs are paid at 100% of the AWP |
| PEMBROLIZUMAB(KEYTRUDA)1MG INJ | J9271 | HCPCS | 63026902 | NDC | | both | | 1 EA | 200 | | Wellcare | Medicaid | | 100 | | 53.88 | | | other | Drugs are paid at 100% of the AWP |
| PEMBROLIZUMAB(KEYTRUDA)1MG INJ | J9271 | HCPCS | 63026902 | NDC | | both | | 1 EA | 200 | | Wellcare | Medicare | | 100 | | 55.57 | | | other | Drugs are paid at 100% of the AWP |
| PEMBROLIZUMAB(KEYTRUDA)1MG INJ | J9271 | HCPCS | 63026902 | NDC | | both | | 1 EA | 200 | | WellPoint | WellPoint | | 100 | | 60.48 | | | other | Drugs are paid at 100% of the AWP |
| MITOMYCIN 5MG INJ | J9280 | HCPCS | 16729011505 | NDC | | both | | 1 EA | 420.5 | | Horizon | NJ Health | | 100 | | 65.04 | | | other | Drugs are paid at 100% of the AWP |
| MITOMYCIN 5MG INJ | J9280 | HCPCS | 16729011505 | NDC | | both | | 1 EA | 420.5 | | Horizon | PPO | | 100 | | 66.13 | | | other | Drugs are paid at 100% of the AWP |
| MITOMYCIN 5MG INJ | J9280 | HCPCS | 16729011505 | NDC | | both | | 1 EA | 420.5 | | UHC | Medicaid | | 100 | | 116.46 | | | other | Drugs are paid at 100% of the AWP |
| MITOMYCIN 5MG INJ | J9280 | HCPCS | 16729011505 | NDC | | both | | 1 EA | 420.5 | | WellPoint | WellPoint | | 100 | | 128.14 | | | other | Drugs are paid at 100% of the AWP |
| NIVOLUMAB(OPDIVO)1MG INJ | J9299 | HCPCS | 3377412 | NDC | | both | | 1 EA | 113.5 | | Aetna | Better Health | | 100 | | 26.69 | | | other | Drugs are paid at 100% of the AWP |
| NIVOLUMAB(OPDIVO)1MG INJ | J9299 | HCPCS | 3377412 | NDC | | both | | 1 EA | 113.5 | | Aetna | Medicare | | 100 | | 35.49 | | | other | Drugs are paid at 100% of the AWP |
| NIVOLUMAB(OPDIVO)1MG INJ | J9299 | HCPCS | 3377412 | NDC | | both | | 1 EA | 113.5 | | Corrections | Corrections | | 100 | | 30.83 | | | other | Drugs are paid at 100% of the AWP |
| NIVOLUMAB(OPDIVO)1MG INJ | J9299 | HCPCS | 3377412 | NDC | | both | | 1 EA | 113.5 | | Horizon | MGD | | 100 | | 30.3 | | | other | Drugs are paid at 100% of the AWP |
| NIVOLUMAB(OPDIVO)1MG INJ | J9299 | HCPCS | 3377412 | NDC | | both | | 1 EA | 113.5 | | Horizon | NJ Health | | 100 | | 1.19 | | | other | Drugs are paid at 100% of the AWP |
| NIVOLUMAB(OPDIVO)1MG INJ | J9299 | HCPCS | 3377412 | NDC | | both | | 1 EA | 113.5 | | Horizon | PPO | | 100 | | 37.16 | | | other | Drugs are paid at 100% of the AWP |
| NIVOLUMAB(OPDIVO)1MG INJ | J9299 | HCPCS | 3377412 | NDC | | both | | 1 EA | 113.5 | | UHC | Medicaid | | 100 | | 34.1 | | | other | Drugs are paid at 100% of the AWP |
| NIVOLUMAB(OPDIVO)1MG INJ | J9299 | HCPCS | 3377412 | NDC | | both | | 1 EA | 113.5 | | UHC | Medicare | | 100 | | 25.45 | | | other | Drugs are paid at 100% of the AWP |
| NIVOLUMAB(OPDIVO)1MG INJ | J9299 | HCPCS | 3377412 | NDC | | both | | 1 EA | 113.5 | | WellPoint | WellPoint | | 100 | | 26.95 | | | other | Drugs are paid at 100% of the AWP |
| PEMETREXED 10MG INJ | J9305 | HCPCS | 2782301 | NDC | | both | | 1 EA | 257.5 | | Horizon | NJ Health | | 100 | | 3.52 | | | other | Drugs are paid at 100% of the AWP |
| PERTUZUMAB 1 MG INJ. | J9306 | HCPCS | 50242014501 | NDC | | both | | 1 EA | 46.5 | | Aetna | Better Health | | 100 | | 4.92 | | | other | Drugs are paid at 100% of the AWP |
| PERTUZUMAB 1 MG INJ. | J9306 | HCPCS | 50242014501 | NDC | | both | | 1 EA | 46.5 | | Horizon | NJ Health | | 100 | | 14.17 | | | other | Drugs are paid at 100% of the AWP |
| PERTUZUMAB 1 MG INJ. | J9306 | HCPCS | 50242014501 | NDC | | both | | 1 EA | 46.5 | | UHC | Medicaid | | 100 | | 6.36 | | | other | Drugs are paid at 100% of the AWP |
| PERTUZUMAB 1 MG INJ. | J9306 | HCPCS | 50242014501 | NDC | | both | | 1 EA | 46.5 | | United | CommercialPPO | | 100 | | 17.7 | | | other | Drugs are paid at 100% of the AWP |
| PERTUZUMAB 1 MG INJ. | J9306 | HCPCS | 50242014501 | NDC | | both | | 1 EA | 46.5 | | Wellcare | Medicaid | | 100 | | 10.18 | | | other | Drugs are paid at 100% of the AWP |
| PERTUZUMAB 1 MG INJ. | J9306 | HCPCS | 50242014501 | NDC | | both | | 1 EA | 46.5 | | WellPoint | WellPoint | | 100 | | 13.09 | | | other | Drugs are paid at 100% of the AWP |
| POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ | J9309 | HCPCS | 50242010301 | NDC | | both | | 1 EA | 438.5 | | Horizon | PPO | | 100 | | 8.74 | | | other | Drugs are paid at 100% of the AWP |
| POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ | J9309 | HCPCS | 50242010301 | NDC | | both | | 1 EA | 438.5 | | UHC | Medicaid | | 100 | | 132.46 | | | other | Drugs are paid at 100% of the AWP |
| RITUXIMAB 10MG INJ | J9312 | HCPCS | 50242005121 | NDC | | both | | 1 EA | 397.5 | | Aetna | Commercial | | 100 | | 85.98 | | | other | Drugs are paid at 100% of the AWP |
| RITUXIMAB 10MG INJ | J9312 | HCPCS | 50242005121 | NDC | | both | | 1 EA | 397.5 | | Corrections | Corrections | | 100 | | 103.24 | | | other | Drugs are paid at 100% of the AWP |
| RITUXIMAB 10MG INJ | J9312 | HCPCS | 50242005121 | NDC | | both | | 1 EA | 397.5 | | Horizon | MGD | | 100 | | 52.89 | | | other | Drugs are paid at 100% of the AWP |
| RITUXIMAB 10MG INJ | J9312 | HCPCS | 50242005121 | NDC | | both | | 1 EA | 397.5 | | Horizon | NJ Health | | 100 | | 33.65 | | | other | Drugs are paid at 100% of the AWP |
| RITUXIMAB 10MG INJ | J9312 | HCPCS | 50242005121 | NDC | | both | | 1 EA | 397.5 | | Horizon | PPO | | 100 | | 29.95 | | | other | Drugs are paid at 100% of the AWP |
| RITUXIMAB 10MG INJ | J9312 | HCPCS | 50242005121 | NDC | | both | | 1 EA | 397.5 | | UHC | Medicaid | | 100 | | 58.61 | | | other | Drugs are paid at 100% of the AWP |
| RITUXIMAB 10MG INJ | J9312 | HCPCS | 50242005121 | NDC | | both | | 1 EA | 397.5 | | UHC | Medicare | | 100 | | 80.12 | | | other | Drugs are paid at 100% of the AWP |
| RITUXIMAB 10MG INJ | J9312 | HCPCS | 50242005121 | NDC | | both | | 1 EA | 397.5 | | United | CommercialPPO | | 100 | | 66.6 | | | other | Drugs are paid at 100% of the AWP |
| RITUXIMAB 10MG INJ | J9312 | HCPCS | 50242005121 | NDC | | both | | 1 EA | 397.5 | | Wellcare | Medicare | | 100 | | 52.74 | | | other | Drugs are paid at 100% of the AWP |
| RITUXIMAB 10MG INJ | J9312 | HCPCS | 50242005121 | NDC | | both | | 1 EA | 397.5 | | WellPoint | WellPoint | | 100 | | 96.24 | | | other | Drugs are paid at 100% of the AWP |
| SIROLIMUS PROT (FYARRO) 1 MG INJ | J9331 | HCPCS | 80803015350 | NDC | | both | | 1 EA | 268 | | UHC | Medicare | | 100 | | 1.53 | | | other | Drugs are paid at 100% of the AWP |
| TREMELIMUMAB-ACTL (IMJUDO)1MG INJ | J9347 | HCPCS | 47781058666 | NDC | | both | | 1 EA | 482.5 | | Horizon | NJ Health | | 100 | | 34.86 | | | other | Drugs are paid at 100% of the AWP |
| ADO-TRASTUZUMAB1MG INJ(KADCYLA) | J9354 | HCPCS | 50242008701 | NDC | | both | | 1 EA | 115 | | Aetna | Better Health | | 100 | | 23.29 | | | other | Drugs are paid at 100% of the AWP |
| ADO-TRASTUZUMAB1MG INJ(KADCYLA) | J9354 | HCPCS | 50242008701 | NDC | | both | | 1 EA | 115 | | Wellcare | Medicaid | | 100 | | 34.18 | | | other | Drugs are paid at 100% of the AWP |
| ADO-TRASTUZUMAB1MG INJ(KADCYLA) | J9354 | HCPCS | 50242008701 | NDC | | both | | 1 EA | 115 | | WellPoint | WellPoint | | 100 | | 35.33 | | | other | Drugs are paid at 100% of the AWP |
| TRASTUZUMAB 10MG (CHEMO) | J9355 | HCPCS | 50242013201 | NDC | | both | | 1 EA | 332.5 | | Aetna | Better Health | | 100 | | 4.84 | | | other | Drugs are paid at 100% of the AWP |
| TRASTUZUMAB 10MG (CHEMO) | J9355 | HCPCS | 50242013201 | NDC | | both | | 1 EA | 332.5 | | Horizon | NJ Health | | 100 | | 96.49 | | | other | Drugs are paid at 100% of the AWP |
| TRASTUZUMAB 10MG (CHEMO) | J9355 | HCPCS | 50242013201 | NDC | | both | | 1 EA | 332.5 | | Horizon | PPO | | 100 | | 54.54 | | | other | Drugs are paid at 100% of the AWP |
| TRASTUZUMAB 10MG (CHEMO) | J9355 | HCPCS | 50242013201 | NDC | | both | | 1 EA | 332.5 | | UHC | Medicaid | | 100 | | 5.67 | | | other | Drugs are paid at 100% of the AWP |
| FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG | J9358 | HCPCS | 65597040601 | NDC | | both | | 1 EA | 95 | | Horizon | NJ Health | | 100 | | 0.83 | | | other | Drugs are paid at 100% of the AWP |
| FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG | J9358 | HCPCS | 65597040601 | NDC | | both | | 1 EA | 95 | | WellPoint | WellPoint | | 100 | | 29.16 | | | other | Drugs are paid at 100% of the AWP |
| VINCRISTINE SULFATE 1 MG INJ | J9370 | HCPCS | 61703030916 | NDC | | both | | 1 EA | 51.5 | | Horizon | MGD | | 100 | | 4.72 | | | other | Drugs are paid at 100% of the AWP |
| VINCRISTINE SULFATE 1 MG INJ | J9370 | HCPCS | 61703030916 | NDC | | both | | 1 EA | 51.5 | | Horizon | NJ Health | | 100 | | 6.46 | | | other | Drugs are paid at 100% of the AWP |
| VINCRISTINE SULFATE 1 MG INJ | J9370 | HCPCS | 61703030916 | NDC | | both | | 1 EA | 51.5 | | UHC | Medicaid | | 100 | | 9.88 | | | other | Drugs are paid at 100% of the AWP |
| VINCRISTINE SULFATE 1 MG INJ | J9370 | HCPCS | 61703030916 | NDC | | both | | 1 EA | 51.5 | | United | CommercialPPO | | 100 | | 8.64 | | | other | Drugs are paid at 100% of the AWP |
| VINCRISTINE SULFATE 1 MG INJ | J9370 | HCPCS | 61703030916 | NDC | | both | | 1 EA | 51.5 | | Wellcare | Medicare | | 100 | | 6.84 | | | other | Drugs are paid at 100% of the AWP |
| VINCRISTINE SULFATE 1 MG INJ | J9370 | HCPCS | 61703030916 | NDC | | both | | 1 EA | 51.5 | | WellPoint | WellPoint | | 100 | | 9.5 | | | other | Drugs are paid at 100% of the AWP |
| FULVESTRANT 25MG INJ | J9395 | HCPCS | 3100720250 | NDC | | both | | 1 EA | 483.5 | | Aetna | Better Health | | 100 | | 35.81 | | | other | Drugs are paid at 100% of the AWP |
| FULVESTRANT 25MG INJ | J9395 | HCPCS | 3100720250 | NDC | | both | | 1 EA | 483.5 | | UHC | Medicare | | 100 | | 6.65 | | | other | Drugs are paid at 100% of the AWP |
| FULVESTRANT 25MG INJ | J9395 | HCPCS | 3100720250 | NDC | | both | | 1 EA | 483.5 | | Wellcare | Medicare | | 100 | | 9.83 | | | other | Drugs are paid at 100% of the AWP |
| ALBUMIN 5% (250ML) SOL | P9045 | HCPCS | 44206031025 | NDC | | both | | 1 EA | 204.5 | | Aetna | Better Health | | 100 | | 31.7 | | | other | Drugs are paid at 100% of the AWP |
| ALBUMIN 5% (250ML) SOL | P9045 | HCPCS | 44206031025 | NDC | | both | | 1 EA | 204.5 | | Aetna | Commercial | | 100 | | 45 | | | other | Drugs are paid at 100% of the AWP |
| ALBUMIN 5% (250ML) SOL | P9045 | HCPCS | 44206031025 | NDC | | both | | 1 EA | 204.5 | | Aetna | Medicare | | 100 | | 30.12 | | | other | Drugs are paid at 100% of the AWP |
| ALBUMIN 5% (250ML) SOL | P9045 | HCPCS | 44206031025 | NDC | | both | | 1 EA | 204.5 | | Amerihealth | HMO/PPO | | 100 | | 36.74 | | | other | Drugs are paid at 100% of the AWP |
| ALBUMIN 5% (250ML) SOL | P9045 | HCPCS | 44206031025 | NDC | | both | | 1 EA | 204.5 | | Corrections | Corrections | | 100 | | 34.39 | | | other | Drugs are paid at 100% of the AWP |
| ALBUMIN 5% (250ML) SOL | P9045 | HCPCS | 44206031025 | NDC | | both | | 1 EA | 204.5 | | Horizon | Indemnity | | 100 | | 28.72 | | | other | Drugs are paid at 100% of the AWP |
| ALBUMIN 5% (250ML) SOL | P9045 | HCPCS | 44206031025 | NDC | | both | | 1 EA | 204.5 | | Horizon | Medicare Blue | | 100 | | 25.01 | | | other | Drugs are paid at 100% of the AWP |
| ALBUMIN 5% (250ML) SOL | P9045 | HCPCS | 44206031025 | NDC | | both | | 1 EA | 204.5 | | Horizon | MGD | | 100 | | 38.14 | | | other | Drugs are paid at 100% of the AWP |
| ALBUMIN 5% (250ML) SOL | P9045 | HCPCS | 44206031025 | NDC | | both | | 1 EA | 204.5 | | Horizon | NJ Health | | 100 | | 27.1 | | | other | Drugs are paid at 100% of the AWP |
| ALBUMIN 5% (250ML) SOL | P9045 | HCPCS | 44206031025 | NDC | | both | | 1 EA | 204.5 | | Horizon | PPO | | 100 | | 34.08 | | | other | Drugs are paid at 100% of the AWP |
| ALBUMIN 5% (250ML) SOL | P9045 | HCPCS | 44206031025 | NDC | | both | | 1 EA | 204.5 | | UHC | Medicaid | | 100 | | 35.05 | | | other | Drugs are paid at 100% of the AWP |
| ALBUMIN 5% (250ML) SOL | P9045 | HCPCS | 44206031025 | NDC | | both | | 1 EA | 204.5 | | UHC | Medicare | | 100 | | 33.83 | | | other | Drugs are paid at 100% of the AWP |
| ALBUMIN 5% (250ML) SOL | P9045 | HCPCS | 44206031025 | NDC | | both | | 1 EA | 204.5 | | United | CommercialPPO | | 100 | | 31.37 | | | other | Drugs are paid at 100% of the AWP |
| ALBUMIN 5% (250ML) SOL | P9045 | HCPCS | 44206031025 | NDC | | both | | 1 EA | 204.5 | | Wellcare | Medicaid | | 100 | | 35.07 | | | other | Drugs are paid at 100% of the AWP |
| ALBUMIN 5% (250ML) SOL | P9045 | HCPCS | 44206031025 | NDC | | both | | 1 EA | 204.5 | | Wellcare | Medicare | | 100 | | 34.13 | | | other | Drugs are paid at 100% of the AWP |
| ALBUMIN 5% (250ML) SOL | P9045 | HCPCS | 44206031025 | NDC | | both | | 1 EA | 204.5 | | WellPoint | WellPoint | | 100 | | 31.11 | | | other | Drugs are paid at 100% of the AWP |
| ALBUMIN 25% (50ML) SOL | P9047 | HCPCS | 44206025105 | NDC | | both | | 1 EA | 241.5 | | Aetna | Better Health | | 100 | | 39.6 | | | other | Drugs are paid at 100% of the AWP |
| ALBUMIN 25% (50ML) SOL | P9047 | HCPCS | 44206025105 | NDC | | both | | 1 EA | 241.5 | | Aetna | Commercial | | 100 | | 48.43 | | | other | Drugs are paid at 100% of the AWP |
| ALBUMIN 25% (50ML) SOL | P9047 | HCPCS | 44206025105 | NDC | | both | | 1 EA | 241.5 | | Aetna | Medicare | | 100 | | 31.17 | | | other | Drugs are paid at 100% of the AWP |
| ALBUMIN 25% (50ML) SOL | P9047 | HCPCS | 44206025105 | NDC | | both | | 1 EA | 241.5 | | Amerihealth | HMO/PPO | | 100 | | 41 | | | other | Drugs are paid at 100% of the AWP |
| ALBUMIN 25% (50ML) SOL | P9047 | HCPCS | 44206025105 | NDC | | both | | 1 EA | 241.5 | | Corrections | Corrections | | 100 | | 41.62 | | | other | Drugs are paid at 100% of the AWP |
| ALBUMIN 25% (50ML) SOL | P9047 | HCPCS | 44206025105 | NDC | | both | | 1 EA | 241.5 | | Horizon | Indemnity | | 100 | | 38.15 | | | other | Drugs are paid at 100% of the AWP |
| ALBUMIN 25% (50ML) SOL | P9047 | HCPCS | 44206025105 | NDC | | both | | 1 EA | 241.5 | | Horizon | Medicare Blue | | 100 | | 41.62 | | | other | Drugs are paid at 100% of the AWP |
| ALBUMIN 25% (50ML) SOL | P9047 | HCPCS | 44206025105 | NDC | | both | | 1 EA | 241.5 | | Horizon | MGD | | 100 | | 44.49 | | | other | Drugs are paid at 100% of the AWP |
| ALBUMIN 25% (50ML) SOL | P9047 | HCPCS | 44206025105 | NDC | | both | | 1 EA | 241.5 | | Horizon | NJ Health | | 100 | | 34.52 | | | other | Drugs are paid at 100% of the AWP |
| ALBUMIN 25% (50ML) SOL | P9047 | HCPCS | 44206025105 | NDC | | both | | 1 EA | 241.5 | | Horizon | PPO | | 100 | | 50.36 | | | other | Drugs are paid at 100% of the AWP |
| ALBUMIN 25% (50ML) SOL | P9047 | HCPCS | 44206025105 | NDC | | both | | 1 EA | 241.5 | | UHC | Medicaid | | 100 | | 35.74 | | | other | Drugs are paid at 100% of the AWP |
| ALBUMIN 25% (50ML) SOL | P9047 | HCPCS | 44206025105 | NDC | | both | | 1 EA | 241.5 | | UHC | Medicare | | 100 | | 45.65 | | | other | Drugs are paid at 100% of the AWP |
| ALBUMIN 25% (50ML) SOL | P9047 | HCPCS | 44206025105 | NDC | | both | | 1 EA | 241.5 | | United | CommercialPPO | | 100 | | 28.75 | | | other | Drugs are paid at 100% of the AWP |
| ALBUMIN 25% (50ML) SOL | P9047 | HCPCS | 44206025105 | NDC | | both | | 1 EA | 241.5 | | Wellcare | Medicaid | | 100 | | 70.48 | | | other | Drugs are paid at 100% of the AWP |
| ALBUMIN 25% (50ML) SOL | P9047 | HCPCS | 44206025105 | NDC | | both | | 1 EA | 241.5 | | Wellcare | Medicare | | 100 | | 41.84 | | | other | Drugs are paid at 100% of the AWP |
| ALBUMIN 25% (50ML) SOL | P9047 | HCPCS | 44206025105 | NDC | | both | | 1 EA | 241.5 | | WellPoint | WellPoint | | 100 | | 46.09 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 1 GM PWD PCKT | Q0144 | HCPCS | 59762305101 | NDC | | both | | 1 EA | 95 | | Horizon | MGD | | 100 | | 28.62 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 1 GM PWD PCKT | Q0144 | HCPCS | 59762305101 | NDC | | both | | 1 EA | 95 | | Horizon | NJ Health | | 100 | | 26.4 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 1 GM PWD PCKT | Q0144 | HCPCS | 59762305101 | NDC | | both | | 1 EA | 95 | | UHC | Medicaid | | 100 | | 24.15 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 1 GM PWD PCKT | Q0144 | HCPCS | 59762305101 | NDC | | both | | 1 EA | 95 | | WellPoint | WellPoint | | 100 | | 16.48 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 4MG TAB(CHEMO) | Q0162 | HCPCS | 173044602 | NDC | | both | | 1 EA | 158.5 | | Aetna | Better Health | | 100 | | 28.65 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 4MG TAB(CHEMO) | Q0162 | HCPCS | 173044602 | NDC | | both | | 1 EA | 158.5 | | Aetna | Commercial | | 100 | | 49.22 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 4MG TAB(CHEMO) | Q0162 | HCPCS | 173044602 | NDC | | both | | 1 EA | 158.5 | | Aetna | Medicare | | 100 | | 13.61 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 4MG TAB(CHEMO) | Q0162 | HCPCS | 173044602 | NDC | | both | | 1 EA | 158.5 | | Corrections | Corrections | | 100 | | 38.36 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 4MG TAB(CHEMO) | Q0162 | HCPCS | 173044602 | NDC | | both | | 1 EA | 158.5 | | Horizon | Indemnity | | 100 | | 30.13 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 4MG TAB(CHEMO) | Q0162 | HCPCS | 173044602 | NDC | | both | | 1 EA | 158.5 | | Horizon | Medicare Blue | | 100 | | 25.57 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 4MG TAB(CHEMO) | Q0162 | HCPCS | 173044602 | NDC | | both | | 1 EA | 158.5 | | Horizon | MGD | | 100 | | 20.98 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 4MG TAB(CHEMO) | Q0162 | HCPCS | 173044602 | NDC | | both | | 1 EA | 158.5 | | Horizon | NJ Health | | 100 | | 23.76 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 4MG TAB(CHEMO) | Q0162 | HCPCS | 173044602 | NDC | | both | | 1 EA | 158.5 | | Horizon | PPO | | 100 | | 19.38 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 4MG TAB(CHEMO) | Q0162 | HCPCS | 173044602 | NDC | | both | | 1 EA | 158.5 | | UHC | Medicaid | | 100 | | 26.49 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 4MG TAB(CHEMO) | Q0162 | HCPCS | 173044602 | NDC | | both | | 1 EA | 158.5 | | UHC | Medicare | | 100 | | 30.38 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 4MG TAB(CHEMO) | Q0162 | HCPCS | 173044602 | NDC | | both | | 1 EA | 158.5 | | United | CommercialPPO | | 100 | | 19.26 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 4MG TAB(CHEMO) | Q0162 | HCPCS | 173044602 | NDC | | both | | 1 EA | 158.5 | | Wellcare | Medicaid | | 100 | | 43.16 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 4MG TAB(CHEMO) | Q0162 | HCPCS | 173044602 | NDC | | both | | 1 EA | 158.5 | | Wellcare | Medicare | | 100 | | 6.34 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 4MG TAB(CHEMO) | Q0162 | HCPCS | 173044602 | NDC | | both | | 1 EA | 158.5 | | WellPoint | WellPoint | | 100 | | 32.48 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 50MG CAP | Q0163 | HCPCS | 904205661 | NDC | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 50MG CAP | Q0163 | HCPCS | 904205661 | NDC | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 50MG CAP | Q0163 | HCPCS | 904205661 | NDC | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 50MG CAP | Q0163 | HCPCS | 904205661 | NDC | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 50MG CAP | Q0163 | HCPCS | 904205661 | NDC | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 50MG CAP | Q0163 | HCPCS | 904205661 | NDC | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 50MG CAP | Q0163 | HCPCS | 904205661 | NDC | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 50MG CAP | Q0163 | HCPCS | 904205661 | NDC | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 50MG CAP | Q0163 | HCPCS | 904205661 | NDC | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 50MG CAP | Q0163 | HCPCS | 904205661 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 50MG CAP | Q0163 | HCPCS | 904205661 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 50MG CAP | Q0163 | HCPCS | 904205661 | NDC | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 50MG CAP | Q0163 | HCPCS | 904205661 | NDC | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.14 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 50MG CAP | Q0163 | HCPCS | 904205661 | NDC | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 50MG CAP | Q0163 | HCPCS | 904205661 | NDC | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 5MG TAB | Q0164 | HCPCS | 51079054120 | NDC | | both | | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 0.03 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 5MG TAB | Q0164 | HCPCS | 51079054120 | NDC | | both | | 1 EA | 3.5 | | Horizon | Medicare Blue | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 5MG TAB | Q0164 | HCPCS | 51079054120 | NDC | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 5MG TAB | Q0164 | HCPCS | 51079054120 | NDC | | both | | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 5MG TAB | Q0164 | HCPCS | 51079054120 | NDC | | both | | 1 EA | 3.5 | | United | CommercialPPO | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the A

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PROCHLORPERAZINE 8MG TAB | Q0164 | HCPCS | 51079054120 | NDC | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| GRANISETRON 1MG TAB (CHEMO) (NF) | Q0166 | HCPCS | 54014308 | NDC | | both | | 1 EA | 291 | | Aetna | Better Health | | 100 | | 76.88 | | | other | Drugs are paid at 100% of the AWP |
| GRANISETRON 1MG TAB (CHEMO) (NF) | Q0166 | HCPCS | 54014308 | NDC | | both | | 1 EA | 291 | | Aetna | Commercial | | 100 | | 28.3 | | | other | Drugs are paid at 100% of the AWP |
| GRANISETRON 1MG TAB (CHEMO) (NF) | Q0166 | HCPCS | 54014308 | NDC | | both | | 1 EA | 291 | | Horizon | NJ Health | | 100 | | 56.66 | | | other | Drugs are paid at 100% of the AWP |
| GRANISETRON 1MG TAB (CHEMO) (NF) | Q0166 | HCPCS | 54014308 | NDC | | both | | 1 EA | 291 | | UHC | Medicaid | | 100 | | 50.05 | | | other | Drugs are paid at 100% of the AWP |
| GRANISETRON 1MG TAB (CHEMO) (NF) | Q0166 | HCPCS | 54014308 | NDC | | both | | 1 EA | 291 | | UHC | Medicare | | 100 | | 35.57 | | | other | Drugs are paid at 100% of the AWP |
| GRANISETRON 1MG TAB (CHEMO) (NF) | Q0166 | HCPCS | 54014308 | NDC | | both | | 1 EA | 291 | | Wellcare | Medicare | | 100 | | 122.4 | | | other | Drugs are paid at 100% of the AWP |
| GRANISETRON 1MG TAB (CHEMO) (NF) | Q0166 | HCPCS | 54014308 | NDC | | both | | 1 EA | 291 | | WellPoint | WellPoint | | 100 | | 85.69 | | | other | Drugs are paid at 100% of the AWP |
| DRONABINOL 2.5MG CAPS | Q0167 | HCPCS | 68084017401 | NDC | | both | | 1 EA | 26.5 | | Aetna | Better Health | | 100 | | 2.81 | | | other | Drugs are paid at 100% of the AWP |
| DRONABINOL 2.5MG CAPS | Q0167 | HCPCS | 68084017401 | NDC | | both | | 1 EA | 26.5 | | Aetna | Medicare | | 100 | | 2.52 | | | other | Drugs are paid at 100% of the AWP |
| DRONABINOL 2.5MG CAPS | Q0167 | HCPCS | 68084017401 | NDC | | both | | 1 EA | 26.5 | | Corrections | Corrections | | 100 | | 9.24 | | | other | Drugs are paid at 100% of the AWP |
| DRONABINOL 2.5MG CAPS | Q0167 | HCPCS | 68084017401 | NDC | | both | | 1 EA | 26.5 | | Horizon | Indemnity | | 100 | | 2.09 | | | other | Drugs are paid at 100% of the AWP |
| DRONABINOL 2.5MG CAPS | Q0167 | HCPCS | 68084017401 | NDC | | both | | 1 EA | 26.5 | | Horizon | Medicare Blue | | 100 | | 3.81 | | | other | Drugs are paid at 100% of the AWP |
| DRONABINOL 2.5MG CAPS | Q0167 | HCPCS | 68084017401 | NDC | | both | | 1 EA | 26.5 | | Horizon | NJ Health | | 100 | | 2.21 | | | other | Drugs are paid at 100% of the AWP |
| DRONABINOL 2.5MG CAPS | Q0167 | HCPCS | 68084017401 | NDC | | both | | 1 EA | 26.5 | | Horizon | PPO | | 100 | | 1.96 | | | other | Drugs are paid at 100% of the AWP |
| DRONABINOL 2.5MG CAPS | Q0167 | HCPCS | 68084017401 | NDC | | both | | 1 EA | 26.5 | | UHC | Medicare | | 100 | | 3.95 | | | other | Drugs are paid at 100% of the AWP |
| DRONABINOL 2.5MG CAPS | Q0167 | HCPCS | 68084017401 | NDC | | both | | 1 EA | 26.5 | | Wellcare | Medicaid | | 100 | | 2.14 | | | other | Drugs are paid at 100% of the AWP |
| DRONABINOL 2.5MG CAPS | Q0167 | HCPCS | 68084017401 | NDC | | both | | 1 EA | 26.5 | | WellPoint | WellPoint | | 100 | | 4.63 | | | other | Drugs are paid at 100% of the AWP |
| PROMETHAZINE 12.5MG TAB | Q0169 | HCPCS | 8001901 | NDC | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| PROMETHAZINE 12.5MG TAB | Q0169 | HCPCS | 8001901 | NDC | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| PERPHENAZINE 4MG TAB (NF) | Q0175 | HCPCS | 68084060201 | NDC | | both | | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| PERPHENAZINE 4MG TAB (NF) | Q0175 | HCPCS | 68084060201 | NDC | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| PERPHENAZINE 4MG TAB (NF) | Q0175 | HCPCS | 68084060201 | NDC | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| PERPHENAZINE 4MG TAB (NF) | Q0175 | HCPCS | 68084060201 | NDC | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| FOSPHENYTOIN 50 MG INJ. | Q2009 | HCPCS | 69600125 | NDC | | both | | 1 EA | 43 | | Aetna | Better Health | | 100 | | 6.25 | | | other | Drugs are paid at 100% of the AWP |
| FOSPHENYTOIN 50 MG INJ. | Q2009 | HCPCS | 69600125 | NDC | | both | | 1 EA | 43 | | Aetna | Commercial | | 100 | | 7.94 | | | other | Drugs are paid at 100% of the AWP |
| FOSPHENYTOIN 50 MG INJ. | Q2009 | HCPCS | 69600125 | NDC | | both | | 1 EA | 43 | | Aetna | Medicare | | 100 | | 5.16 | | | other | Drugs are paid at 100% of the AWP |
| FOSPHENYTOIN 50 MG INJ. | Q2009 | HCPCS | 69600125 | NDC | | both | | 1 EA | 43 | | Amerihealth | HMO/PPO | | 100 | | 5.6 | | | other | Drugs are paid at 100% of the AWP |
| FOSPHENYTOIN 50 MG INJ. | Q2009 | HCPCS | 69600125 | NDC | | both | | 1 EA | 43 | | Corrections | Corrections | | 100 | | 7.23 | | | other | Drugs are paid at 100% of the AWP |
| FOSPHENYTOIN 50 MG INJ. | Q2009 | HCPCS | 69600125 | NDC | | both | | 1 EA | 43 | | Horizon | Indemnity | | 100 | | 15.4 | | | other | Drugs are paid at 100% of the AWP |
| FOSPHENYTOIN 50 MG INJ. | Q2009 | HCPCS | 69600125 | NDC | | both | | 1 EA | 43 | | Horizon | Medicare Blue | | 100 | | 5.75 | | | other | Drugs are paid at 100% of the AWP |
| FOSPHENYTOIN 50 MG INJ. | Q2009 | HCPCS | 69600125 | NDC | | both | | 1 EA | 43 | | Horizon | MGD | | 100 | | 12.63 | | | other | Drugs are paid at 100% of the AWP |
| FOSPHENYTOIN 50 MG INJ. | Q2009 | HCPCS | 69600125 | NDC | | both | | 1 EA | 43 | | Horizon | NJ Health | | 100 | | 6.99 | | | other | Drugs are paid at 100% of the AWP |
| FOSPHENYTOIN 50 MG INJ. | Q2009 | HCPCS | 69600125 | NDC | | both | | 1 EA | 43 | | Horizon | PPO | | 100 | | 9.27 | | | other | Drugs are paid at 100% of the AWP |
| FOSPHENYTOIN 50 MG INJ. | Q2009 | HCPCS | 69600125 | NDC | | both | | 1 EA | 43 | | UHC | Medicaid | | 100 | | 6.1 | | | other | Drugs are paid at 100% of the AWP |
| FOSPHENYTOIN 50 MG INJ. | Q2009 | HCPCS | 69600125 | NDC | | both | | 1 EA | 43 | | UHC | Medicare | | 100 | | 10.54 | | | other | Drugs are paid at 100% of the AWP |
| FOSPHENYTOIN 50 MG INJ. | Q2009 | HCPCS | 69600125 | NDC | | both | | 1 EA | 43 | | United | CommercialPPO | | 100 | | 9.13 | | | other | Drugs are paid at 100% of the AWP |
| FOSPHENYTOIN 50 MG INJ. | Q2009 | HCPCS | 69600125 | NDC | | both | | 1 EA | 43 | | Wellcare | Medicaid | | 100 | | 7.98 | | | other | Drugs are paid at 100% of the AWP |
| FOSPHENYTOIN 50 MG INJ. | Q2009 | HCPCS | 69600125 | NDC | | both | | 1 EA | 43 | | WellPoint | WellPoint | | 100 | | 8.64 | | | other | Drugs are paid at 100% of the AWP |
| DOXORUBICIN LIPID 10MG (CHEMO) | Q2050 | HCPCS | 47335005040 | NDC | | both | | 1 EA | 1684.5 | | Aetna | Commercial | | 100 | | 404.83 | | | other | Drugs are paid at 100% of the AWP |
| DOXORUBICIN LIPID 10MG (CHEMO) | Q2050 | HCPCS | 47335005040 | NDC | | both | | 1 EA | 1684.5 | | Horizon | NJ Health | | 100 | | 118.27 | | | other | Drugs are paid at 100% of the AWP |
| EPOETIN 100UNITS(DIALYSIS) | Q4081 | HCPCS | 55513014810 | NDC | | both | | 1 EA | 5 | | Aetna | Better Health | | 100 | | 0.84 | | | other | Drugs are paid at 100% of the AWP |
| EPOETIN 100UNITS(DIALYSIS) | Q4081 | HCPCS | 55513014810 | NDC | | both | | 1 EA | 5 | | Aetna | Commercial | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| EPOETIN 100UNITS(DIALYSIS) | Q4081 | HCPCS | 55513014810 | NDC | | both | | 1 EA | 5 | | Amerihealth | HMO/PPO | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| EPOETIN 100UNITS(DIALYSIS) | Q4081 | HCPCS | 55513014810 | NDC | | both | | 1 EA | 5 | | Horizon | Indemnity | | 100 | | 1.86 | | | other | Drugs are paid at 100% of the AWP |
| EPOETIN 100UNITS(DIALYSIS) | Q4081 | HCPCS | 55513014810 | NDC | | both | | 1 EA | 5 | | UHC | Medicaid | | 100 | | 1.36 | | | other | Drugs are paid at 100% of the AWP |
| EPOETIN 100UNITS(DIALYSIS) | Q4081 | HCPCS | 55513014810 | NDC | | both | | 1 EA | 5 | | WellPoint | WellPoint | | 100 | | 1.25 | | | other | Drugs are paid at 100% of the AWP |
| FILGRASTIM-SNDZ (ZARXIO) 1MCG | Q5101 | HCPCS | 61314031810 | NDC | | both | | 1 EA | 3 | | Aetna | Commercial | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| FILGRASTIM-SNDZ (ZARXIO) 1MCG | Q5101 | HCPCS | 61314031810 | NDC | | both | | 1 EA | 3 | | Aetna | Medicare | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| FILGRASTIM-SNDZ (ZARXIO) 1MCG | Q5101 | HCPCS | 61314031810 | NDC | | both | | 1 EA | 3 | | Horizon | Indemnity | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| FILGRASTIM-SNDZ (ZARXIO) 1MCG | Q5101 | HCPCS | 61314031810 | NDC | | both | | 1 EA | 3 | | Horizon | MGD | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| FILGRASTIM-SNDZ (ZARXIO) 1MCG | Q5101 | HCPCS | 61314031810 | NDC | | both | | 1 EA | 3 | | Horizon | NJ Health | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| FILGRASTIM-SNDZ (ZARXIO) 1MCG | Q5101 | HCPCS | 61314031810 | NDC | | both | | 1 EA | 3 | | Horizon | PPO | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| FILGRASTIM-SNDZ (ZARXIO) 1MCG | Q5101 | HCPCS | 61314031810 | NDC | | both | | 1 EA | 3 | | UHC | Medicaid | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| FILGRASTIM-SNDZ (ZARXIO) 1MCG | Q5101 | HCPCS | 61314031810 | NDC | | both | | 1 EA | 3 | | UHC | Medicare | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| FILGRASTIM-SNDZ (ZARXIO) 1MCG | Q5101 | HCPCS | 61314031810 | NDC | | both | | 1 EA | 3 | | United | CommercialPPO | | 100 | | 1.24 | | | other | Drugs are paid at 100% of the AWP |
| FILGRASTIM-SNDZ (ZARXIO) 1MCG | Q5101 | HCPCS | 61314031810 | NDC | | both | | 1 EA | 3 | | Wellcare | Medicaid | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| FILGRASTIM-SNDZ (ZARXIO) 1MCG | Q5101 | HCPCS | 61314031810 | NDC | | both | | 1 EA | 3 | | WellPoint | WellPoint | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| BEVACIZUMAB-AWWB (MVASI) 10 MG INJ | Q5107 | HCPCS | 55513020701 | NDC | | both | | 1 EA | 272.5 | | Aetna | Medicare | | 100 | | 20.1 | | | other | Drugs are paid at 100% of the AWP |
| BEVACIZUMAB-AWWB (MVASI) 10 MG INJ | Q5107 | HCPCS | 55513020701 | NDC | | both | | 1 EA | 272.5 | | Horizon | Indemnity | | 100 | | 26.35 | | | other | Drugs are paid at 100% of the AWP |
| BEVACIZUMAB-AWWB (MVASI) 10 MG INJ | Q5107 | HCPCS | 55513020701 | NDC | | both | | 1 EA | 272.5 | | UHC | Medicaid | | 100 | | 82.7 | | | other | Drugs are paid at 100% of the AWP |
| BEVACIZUMAB-AWWB (MVASI) 10 MG INJ | Q5107 | HCPCS | 55513020701 | NDC | | both | | 1 EA | 272.5 | | UHC | Medicare | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ | Q5108 | HCPCS | 67457083306 | NDC | | both | | 1 EA | 1398 | | Horizon | NJ Health | | 100 | | 109.67 | | | other | Drugs are paid at 100% of the AWP |
| PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ | Q5108 | HCPCS | 67457083306 | NDC | | both | | 1 EA | 1398 | | Wellcare | Medicaid | | 100 | | 245.44 | | | other | Drugs are paid at 100% of the AWP |
| PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ | Q5108 | HCPCS | 67457083306 | NDC | | both | | 1 EA | 1398 | | Wellcare | Medicare | | 100 | | 178.55 | | | other | Drugs are paid at 100% of the AWP |
| RITUXIMAB-ABBS(TRUXIMA) 10MG INJ | Q5115 | HCPCS | 63459010450 | NDC | | both | | 1 EA | 341 | | Horizon | MGD | | 100 | | 30.95 | | | other | Drugs are paid at 100% of the AWP |
| RITUXIMAB-ABBS(TRUXIMA) 10MG INJ | Q5115 | HCPCS | 63459010450 | NDC | | both | | 1 EA | 341 | | Horizon | PPO | | 100 | | 7.48 | | | other | Drugs are paid at 100% of the AWP |
| RITUXIMAB-ABBS(TRUXIMA) 10MG INJ | Q5115 | HCPCS | 63459010450 | NDC | | both | | 1 EA | 341 | | UHC | Medicaid | | 100 | | 101.18 | | | other | Drugs are paid at 100% of the AWP |
| TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ | Q5117 | HCPCS | 55513014101 | NDC | | both | | 1 EA | 354.5 | | Aetna | Better Health | | 100 | | 47.09 | | | other | Drugs are paid at 100% of the AWP |
| TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ | Q5117 | HCPCS | 55513014101 | NDC | | both | | 1 EA | 354.5 | | UHC | Medicaid | | 100 | | 68.88 | | | other | Drugs are paid at 100% of the AWP |
| TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ | Q5117 | HCPCS | 55513014101 | NDC | | both | | 1 EA | 354.5 | | United | CommercialPPO | | 100 | | 135.34 | | | other | Drugs are paid at 100% of the AWP |
| TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ | Q5117 | HCPCS | 55513014101 | NDC | | both | | 1 EA | 354.5 | | Wellcare | Medicaid | | 100 | | 77.82 | | | other | Drugs are paid at 100% of the AWP |
| TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ | Q5117 | HCPCS | 55513014101 | NDC | | both | | 1 EA | 354.5 | | WellPoint | WellPoint | | 100 | | 100.09 | | | other | Drugs are paid at 100% of the AWP |
| ISOSULFAN BLUE 1 MG | Q9968 | HCPCS | 67457022005 | NDC | | both | | 1 EA | 58.5 | | Horizon | NJ Health | | 100 | | 4.93 | | | other | Drugs are paid at 100% of the AWP |
| ISOSULFAN BLUE 1 MG | Q9968 | HCPCS | 67457022005 | NDC | | both | | 1 EA | 58.5 | | Horizon | PPO | | 100 | | 9.55 | | | other | Drugs are paid at 100% of the AWP |
| SCOPOLAMINE 1.5MG PATCH | 10019055301 | NDC | | | | both | | 1 EA | 43 | | Aetna | Better Health | | 100 | | 6.37 | | | other | Drugs are paid at 100% of the AWP |
| SCOPOLAMINE 1.5MG PATCH | 10019055301 | NDC | | | | both | | 1 EA | 43 | | Aetna | Commercial | | 100 | | 10.24 | | | other | Drugs are paid at 100% of the AWP |
| SCOPOLAMINE 1.5MG PATCH | 10019055301 | NDC | | | | both | | 1 EA | 43 | | Aetna | Medicare | | 100 | | 5.74 | | | other | Drugs are paid at 100% of the AWP |
| SCOPOLAMINE 1.5MG PATCH | 10019055301 | NDC | | | | both | | 1 EA | 43 | | Amerihealth | HMO/PPO | | 100 | | 3.84 | | | other | Drugs are paid at 100% of the AWP |
| SCOPOLAMINE 1.5MG PATCH | 10019055301 | NDC | | | | both | | 1 EA | 43 | | Horizon | Indemnity | | 100 | | 4.71 | | | other | Drugs are paid at 100% of the AWP |
| SCOPOLAMINE 1.5MG PATCH | 10019055301 | NDC | | | | both | | 1 EA | 43 | | Horizon | Medicare Blue | | 100 | | 5.46 | | | other | Drugs are paid at 100% of the AWP |
| SCOPOLAMINE 1.5MG PATCH | 10019055301 | NDC | | | | both | | 1 EA | 43 | | Horizon | MGD | | 100 | | 10.01 | | | other | Drugs are paid at 100% of the AWP |
| SCOPOLAMINE 1.5MG PATCH | 10019055301 | NDC | | | | both | | 1 EA | 43 | | Horizon | NJ Health | | 100 | | 6.36 | | | other | Drugs are paid at 100% of the AWP |
| SCOPOLAMINE 1.5MG PATCH | 10019055301 | NDC | | | | both | | 1 EA | 43 | | Horizon | PPO | | 100 | | 5.05 | | | other | Drugs are paid at 100% of the AWP |
| SCOPOLAMINE 1.5MG PATCH | 10019055301 | NDC | | | | both | | 1 EA | 43 | | UHC | Medicaid | | 100 | | 7.96 | | | other | Drugs are paid at 100% of the AWP |
| SCOPOLAMINE 1.5MG PATCH | 10019055301 | NDC | | | | both | | 1 EA | 43 | | UHC | Medicare | | 100 | | 8.89 | | | other | Drugs are paid at 100% of the AWP |
| SCOPOLAMINE 1.5MG PATCH | 10019055301 | NDC | | | | both | | 1 EA | 43 | | United | CommercialPPO | | 100 | | 6.47 | | | other | Drugs are paid at 100% of the AWP |
| SCOPOLAMINE 1.5MG PATCH | 10019055301 | NDC | | | | both | | 1 EA | 43 | | United | Oxford | | 100 | | 11.38 | | | other | Drugs are paid at 100% of the AWP |
| SCOPOLAMINE 1.5MG PATCH | 10019055301 | NDC | | | | both | | 1 EA | 43 | | Wellcare | Medicaid | | 100 | | 5.83 | | | other | Drugs are paid at 100% of the AWP |
| SCOPOLAMINE 1.5MG PATCH | 10019055301 | NDC | | | | both | | 1 EA | 43 | | Wellcare | Medicare | | 100 | | 7.12 | | | other | Drugs are paid at 100% of the AWP |
| SCOPOLAMINE 1.5MG PATCH | 10019055301 | NDC | | | | both | | 1 EA | 43 | | WellPoint | WellPoint | | 100 | | 8.76 | | | other | Drugs are paid at 100% of the AWP |
| BENZOCAINE-TETRACAINE-BUTAMBEN SPR | 10223020101 | NDC | | | | both | | 1 EA | 359.5 | | Aetna | Better Health | | 100 | | 108.9 | | | other | Drugs are paid at 100% of the AWP |
| BENZOCAINE-TETRACAINE-BUTAMBEN SPR | 10223020101 | NDC | | | | both | | 1 EA | 359.5 | | Aetna | Commercial | | 100 | | 28.13 | | | other | Drugs are paid at 100% of the AWP |
| BENZOCAINE-TETRACAINE-BUTAMBEN SPR | 10223020101 | NDC | | | | both | | 1 EA | 359.5 | | Corrections | Corrections | | 100 | | 113.51 | | | other | Drugs are paid at 100% of the AWP |
| BENZOCAINE-TETRACAINE-BUTAMBEN SPR | 10223020101 | NDC | | | | both | | 1 EA | 359.5 | | Horizon | Indemnity | | 100 | | 64.91 | | | other | Drugs are paid at 100% of the AWP |
| BENZOCAINE-TETRACAINE-BUTAMBEN SPR | 10223020101 | NDC | | | | both | | 1 EA | 359.5 | | Horizon | Medicare Blue | | 100 | | 110.45 | | | other | Drugs are paid at 100% of the AWP |
| BENZOCAINE-TETRACAINE-BUTAMBEN SPR | 10223020101 | NDC | | | | both | | 1 EA | 359.5 | | Horizon | MGD | | 100 | | 59.78 | | | other | Drugs are paid at 100% of the AWP |
| BENZOCAINE-TETRACAINE-BUTAMBEN SPR | 10223020101 | NDC | | | | both | | 1 EA | 359.5 | | Horizon | NJ Health | | 100 | | 58.34 | | | other | Drugs are paid at 100% of the AWP |
| BENZOCAINE-TETRACAINE-BUTAMBEN SPR | 10223020101 | NDC | | | | both | | 1 EA | 359.5 | | Horizon | PPO | | 100 | | 123.49 | | | other | Drugs are paid at 100% of the AWP |
| BENZOCAINE-TETRACAINE-BUTAMBEN SPR | 10223020101 | NDC | | | | both | | 1 EA | 359.5 | | UHC | Medicaid | | 100 | | 53.13 | | | other | Drugs are paid at 100% of the AWP |
| BENZOCAINE-TETRACAINE-BUTAMBEN SPR | 10223020101 | NDC | | | | both | | 1 EA | 359.5 | | UHC | Medicare | | 100 | | 59.2 | | | other | Drugs are paid at 100% of the AWP |
| BENZOCAINE-TETRACAINE-BUTAMBEN SPR | 10223020101 | NDC | | | | both | | 1 EA | 359.5 | | United | CommercialPPO | | 100 | | 50.62 | | | other | Drugs are paid at 100% of the AWP |
| BENZOCAINE-TETRACAINE-BUTAMBEN SPR | 10223020101 | NDC | | | | both | | 1 EA | 359.5 | | Wellcare | Medicaid | | 100 | | 77.39 | | | other | Drugs are paid at 100% of the AWP |
| BENZOCAINE-TETRACAINE-BUTAMBEN SPR | 10223020101 | NDC | | | | both | | 1 EA | 359.5 | | Wellcare | Medicare | | 100 | | 42.93 | | | other | Drugs are paid at 100% of the AWP |
| BENZOCAINE-TETRACAINE-BUTAMBEN SPR | 10223020101 | NDC | | | | both | | 1 EA | 359.5 | | WellPoint | WellPoint | | 100 | | 89.99 | | | other | Drugs are paid at 100% of the AWP |
| UREA-SKIN 20% CREAM 90GM | 10337065119 | NDC | | | | both | | 1 EA | 60.5 | | Aetna | Commercial | | 100 | | 4 | | | other | Drugs are paid at 100% of the AWP |
| UREA-SKIN 20% CREAM 90GM | 10337065119 | NDC | | | | both | | 1 EA | 60.5 | | Horizon | NJ Health | | 100 | | 3.96 | | | other | Drugs are paid at 100% of the AWP |
| UREA-SKIN 20% CREAM 90GM | 10337065119 | NDC | | | | both | | 1 EA | 60.5 | | UHC | Medicare | | 100 | | 9.18 | | | other | Drugs are paid at 100% of the AWP |
| UREA-SKIN 20% CREAM 90GM | 10337065119 | NDC | | | | both | | 1 EA | 60.5 | | United | CommercialPPO | | 100 | | 9.47 | | | other | Drugs are paid at 100% of the AWP |
| MINERAL OIL-PETROLATUM OINT 5ZGM | 10356002101 | NDC | | | | both | | 1 EA | 32 | | Aetna | Better Health | | 100 | | 9.06 | | | other | Drugs are paid at 100% of the AWP |
| MINERAL OIL-PETROLATUM OINT 5ZGM | 10356002101 | NDC | | | | both | | 1 EA | 32 | | Aetna | Commercial | | 100 | | 8.32 | | | other | Drugs are paid at 100% of the AWP |
| MINERAL OIL-PETROLATUM OINT 5ZGM | 10356002101 | NDC | | | | both | | 1 EA | 32 | | Horizon | MGD | | 100 | | 12.48 | | | other | Drugs are paid at 100% of the AWP |
| MINERAL OIL-PETROLATUM OINT 5ZGM | 10356002101 | NDC | | | | both | | 1 EA | 32 | | Horizon | NJ Health | | 100 | | 1.21 | | | other | Drugs are paid at 100% of the AWP |
| MINERAL OIL-PETROLATUM OINT 5ZGM | 10356002101 | NDC | | | | both | | 1 EA | 32 | | Horizon | PPO | | 100 | | 8.76 | | | other | Drugs are paid at 100% of the AWP |
| MINERAL OIL-PETROLATUM OINT 5ZGM | 10356002101 | NDC | | | | both | | 1 EA | 32 | | UHC | Medicaid | | 100 | | 4.64 | | | other | Drugs are paid at 100% of the AWP |
| MINERAL OIL-PETROLATUM OINT 5ZGM | 10356002101 | NDC | | | | both | | 1 EA | 32 | | UHC | Medicare | | 100 | | 3.92 | | | other | Drugs are paid at 100% of the AWP |
| MINERAL OIL-PETROLATUM OINT 5ZGM | 10356002101 | NDC | | | | both | | 1 EA | 32 | | Wellcare | Medicaid | | 100 | | 3.75 | | | other | Drugs are paid at 100% of the AWP |
| MINERAL OIL-PETROLATUM OINT 5ZGM | 10356002101 | NDC | | | | both | | 1 EA | 32 | | WellPoint | WellPoint | | 100 | | 5.04 | | | other | Drugs are paid at 100% of the AWP |
| POLYCITRA-K 220MG/ML SYRUP | 11414020901 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.06 | | | other | Drugs are paid at 100% of the AWP |
| INDOCYANINE 25MG INJ | 11836120 | NDC | | | | both | | 1 EA | 145.5 | | Aetna | Commercial | | 100 | | 51.71 | | | other | Drugs are paid at 100% of the AWP |
| INDOCYANINE 25MG INJ | 11836120 | NDC | | | | both | | 1 EA | 145.5 | | Horizon | Indemnity | | 100 | | 10.97 | | | other | Drugs are paid at 100% of the AWP |
| INDOCYANINE 25MG INJ | 11836120 | NDC | | | | both | | 1 EA | 145.5 | | Horizon | MGD | | 100 | | 23.94 | | | other | Drugs are paid at 100% of the AWP |
| INDOCYANINE 25MG INJ | 11836120 | NDC | | | | both | | 1 EA | 145.5 | | Horizon | NJ Health | | 100 | | 21.92 | | | other | Drugs are paid at 100% of the AWP |
| INDOCYANINE 25MG INJ | 11836120 | NDC | | | | both | | 1 EA | 145.5 | | UHC | Medicaid | | 100 | | 19.01 | | | other | Drugs are paid at 100% of the AWP |
| INDOCYANINE 25MG INJ | 11836120 | NDC | | | | both | | 1 EA | 145.5 | | UHC | Medicare | | 100 | | 28.68 | | | other | Drugs are paid at 100% of the AWP |
| INDOCYANINE 25MG INJ | 11836120 | NDC | | | | both | | 1 EA | 145.5 | | Wellcare | Medicare | | 100 | | 8.74 | | | other | Drugs are paid at 100% of the AWP |
| INDOCYANINE 25MG INJ | 11836120 | NDC | | | | both | | 1 EA | 145.5 | | WellPoint | WellPoint | | 100 | | 17.42 | | | other | Drugs are paid at 100% of the AWP |
| LACTOBACILLUS (LACTINEX) GRANULES | 11836712 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | Indemnity | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| LACTOBACILLUS (LACTINEX) GRANULES | 11836712 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 0.13 | | | other | Drugs are paid at 100% of the AWP |
| LACTOBACILLUS (LACTINEX) GRANULES | 11836712 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| LACTOBACILLUS (LACTINEX) GRANULES | 11836712 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| LACTOBACILLUS (LACTINEX) GRANULES | 11836712 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| LACTOBACILLUS (LACTINEX) GRANULES | 11836712 | NDC | | | | both | | 1 EA | 3.5 | | Wellcare | Medicare | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| FLUOROMETHOLONE 0.1% (5ML) OPTH SUS | 11980021105 | NDC | | | | both | | 1 EA | 138 | | UHC | Medicaid | | 100 | | 39.75 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN-GUAIFENESI 10ML UD | 12104201 0 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN-GUAIFENESI 10ML UD | 12104201 0 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.85 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN-GUAIFENESI 10ML UD | 12104201 0 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN-GUAIFENESI 10ML UD | 12104201 0 | NDC | | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN-GUAIFENESI 10ML UD | 12104201 0 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN-GUAIFENESI 10ML UD | 12104201 0 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN-GUAIFENESI 10ML UD | 12104201 0 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN-GUAIFENESI 10ML UD | 12104201 0 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN-GUAIFENESI 10ML UD | 12104201 0 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN-GUAIFENESI 10ML UD | 12104201 0 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN-GUAIFENESI 10ML UD | 12104201 0 | NDC | | | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN-GUAIFENESI 10ML UD | 12104201 0 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.84 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN-GUAIFENESI 10ML UD | 12104201 0 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN-GUAIFENESI 10ML UD | 12104201 0 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FERROUS SULFATE 300MG/5ML ELI (U/D) | 12105300 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| FERROUS SULFATE 300MG/5ML ELI (U/D) | 12105300 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Commercial | | 100 | | 0.95 | | | other | Drugs are paid at 100% of the AWP |
| FERROUS SULFATE 300MG/5ML ELI (U/D) | 12105300 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Medicare | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| FERROUS SULFATE 300MG/5ML ELI (U/D) | 12105300 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 0.1 | | | other | Drugs are paid at 100% of the AWP |
| FERROUS SULFATE 300MG/5ML ELI (U/D) | 12105300 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| FERROUS SULFATE 300MG/5ML ELI (U/D) | 12105300 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | PPO | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| FERROUS SULFATE 300MG/5ML ELI (U/D) | 12105300 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| FERROUS SULFATE 300MG/5ML ELI (U/D) | 12105300 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| FERROUS SULFATE 300MG/5ML ELI (U/D) | 12105300 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| FERROUS SULFATE 300MG/5ML ELI (U/D) | 12105300 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicare | | 100 | | 1.23 | | | other | Drugs are paid at 100% of the AWP |
| FERROUS SULFATE 300MG/5ML ELI (U/D) | 12105300 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| PHENOBARBITAL 20MG/5ML U/D | 12105105 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.11 | | | other | Drugs are paid at 100% of the AWP |
| PHENOBARBITAL 20MG/5ML U/D | 12105105 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| PHENOBARBITAL 20MG/5ML U/D | 12105105 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 1.14 | | | other | Drugs are paid at 100% of the AWP |
| PHENOBARBITAL 20MG/5ML U/D | 12105105 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| SOD CITRATE/CITRIC ACID 15 ML | 12105915 | NDC | | | | both | 1 EA | 2 | | | Aetna | Better Health | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| SOD CITRATE/CITRIC ACID 15 ML | 12105915 | NDC | | | | both | 1 EA | 2 | | | Aetna | Commercial | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| SOD CITRATE/CITRIC ACID 15 ML | 12105915 | NDC | | | | both | 1 EA | 2 | | | Aetna | Medicare | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| SOD CITRATE/CITRIC ACID 15 ML | 12105915 | NDC | | | | both | 1 EA | 2 | | | Amerihealth | HMO/PPO | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| SOD CITRATE/CITRIC ACID 15 ML | 12105915 | NDC | | | | both | 1 EA | 2 | | | Horizon | Medicare Blue | | 100 | | 0.84 | | | other | Drugs are paid at 100% of the AWP |
| SOD CITRATE/CITRIC ACID 15 ML | 12105915 | NDC | | | | both | 1 EA | 2 | | | Horizon | MGD | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| SOD CITRATE/CITRIC ACID 15 ML | 12105915 | NDC | | | | both | 1 EA | 2 | | | Horizon | NJ Health | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| SOD CITRATE/CITRIC ACID 15 ML | 12105915 | NDC | | | | both | 1 EA | 2 | | | Horizon | PPO | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| SOD CITRATE/CITRIC ACID 15 ML | 12105915 | NDC | | | | both | 1 EA | 2 | | | UHC | Medicaid | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| SOD CITRATE/CITRIC ACID 15 ML | 12105915 | NDC | | | | both | 1 EA | 2 | | | UHC | Medicare | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| SOD CITRATE/CITRIC ACID 15 ML | 12105915 | NDC | | | | both | 1 EA | 2 | | | United | CommercialPPO | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| SOD CITRATE/CITRIC ACID 15 ML | 12105915 | NDC | | | | both | 1 EA | 2 | | | United | Oxford | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| SOD CITRATE/CITRIC ACID 15 ML | 12105915 | NDC | | | | both | 1 EA | 2 | | | Wellcare | Medicaid | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| SOD CITRATE/CITRIC ACID 15 ML | 12105915 | NDC | | | | both | 1 EA | 2 | | | WellPoint | WellPoint | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| PHENOL/SOD PHENOLATE SPRAY | 12106280 | NDC | | | | both | 1 EA | 5.5 | | | Aetna | Better Health | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| PHENOL/SOD PHENOLATE SPRAY | 12106280 | NDC | | | | both | 1 EA | 5.5 | | | Aetna | Commercial | | 100 | | 1.34 | | | other | Drugs are paid at 100% of the AWP |
| PHENOL/SOD PHENOLATE SPRAY | 12106280 | NDC | | | | both | 1 EA | 5.5 | | | Aetna | Medicare | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| PHENOL/SOD PHENOLATE SPRAY | 12106280 | NDC | | | | both | 1 EA | 5.5 | | | Amerihealth | HMO/PPO | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| PHENOL/SOD PHENOLATE SPRAY | 12106280 | NDC | | | | both | 1 EA | 5.5 | | | Corrections | Corrections | | 100 | | 1.23 | | | other | Drugs are paid at 100% of the AWP |
| PHENOL/SOD PHENOLATE SPRAY | 12106280 | NDC | | | | both | 1 EA | 5.5 | | | Horizon | Indemnity | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| PHENOL/SOD PHENOLATE SPRAY | 12106280 | NDC | | | | both | 1 EA | 5.5 | | | Horizon | Medicare Blue | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| PHENOL/SOD PHENOLATE SPRAY | 12106280 | NDC | | | | both | 1 EA | 5.5 | | | Horizon | MGD | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| PHENOL/SOD PHENOLATE SPRAY | 12106280 | NDC | | | | both | 1 EA | 5.5 | | | Horizon | NJ Health | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| PHENOL/SOD PHENOLATE SPRAY | 12106280 | NDC | | | | both | 1 EA | 5.5 | | | Horizon | PPO | | 100 | | 0.84 | | | other | Drugs are paid at 100% of the AWP |
| PHENOL/SOD PHENOLATE SPRAY | 12106280 | NDC | | | | both | 1 EA | 5.5 | | | UHC | Medicaid | | 100 | | 0.78 | | | other | Drugs are paid at 100% of the AWP |
| PHENOL/SOD PHENOLATE SPRAY | 12106280 | NDC | | | | both | 1 EA | 5.5 | | | UHC | Medicare | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| PHENOL/SOD PHENOLATE SPRAY | 12106280 | NDC | | | | both | 1 EA | 5.5 | | | United | CommercialPPO | | 100 | | 1.13 | | | other | Drugs are paid at 100% of the AWP |
| PHENOL/SOD PHENOLATE SPRAY | 12106280 | NDC | | | | both | 1 EA | 5.5 | | | Wellcare | Medicaid | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| PHENOL/SOD PHENOLATE SPRAY | 12106280 | NDC | | | | both | 1 EA | 5.5 | | | WellPoint | WellPoint | | 100 | | 0.91 | | | other | Drugs are paid at 100% of the AWP |
| AMANTADINE HCL 100MG | 12106461 | NDC | | | | both | 1 EA | 8.5 | | | Aetna | Better Health | | 100 | | 1.22 | | | other | Drugs are paid at 100% of the AWP |
| AMANTADINE HCL 100MG | 12106461 | NDC | | | | both | 1 EA | 8.5 | | | Aetna | Commercial | | 100 | | 1.98 | | | other | Drugs are paid at 100% of the AWP |
| AMANTADINE HCL 100MG | 12106461 | NDC | | | | both | 1 EA | 8.5 | | | Aetna | Medicare | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| AMANTADINE HCL 100MG | 12106461 | NDC | | | | both | 1 EA | 8.5 | | | Horizon | Medicare Blue | | 100 | | 1.68 | | | other | Drugs are paid at 100% of the AWP |
| AMANTADINE HCL 100MG | 12106461 | NDC | | | | both | 1 EA | 8.5 | | | Horizon | MGD | | 100 | | 3.12 | | | other | Drugs are paid at 100% of the AWP |
| AMANTADINE HCL 100MG | 12106461 | NDC | | | | both | 1 EA | 8.5 | | | Horizon | NJ Health | | 100 | | 1.07 | | | other | Drugs are paid at 100% of the AWP |
| AMANTADINE HCL 100MG | 12106461 | NDC | | | | both | 1 EA | 8.5 | | | UHC | Medicaid | | 100 | | 1.28 | | | other | Drugs are paid at 100% of the AWP |
| AMANTADINE HCL 100MG | 12106461 | NDC | | | | both | 1 EA | 8.5 | | | UHC | Medicare | | 100 | | 2.03 | | | other | Drugs are paid at 100% of the AWP |
| AMANTADINE HCL 100MG | 12106461 | NDC | | | | both | 1 EA | 8.5 | | | Wellcare | Medicaid | | 100 | | 1.34 | | | other | Drugs are paid at 100% of the AWP |
| AMANTADINE HCL 100MG | 12106461 | NDC | | | | both | 1 EA | 8.5 | | | WellPoint | WellPoint | | 100 | | 1.91 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 160MG/5ML LIQ (U/D) | 12106570 | NDC | | | | both | 1 EA | 3.5 | | | Aetna | Better Health | | 100 | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 160MG/5ML LIQ (U/D) | 12106570 | NDC | | | | both | 1 EA | 3.5 | | | Aetna | Commercial | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 160MG/5ML LIQ (U/D) | 12106570 | NDC | | | | both | 1 EA | 3.5 | | | Aetna | Medicare | | 100 | | 1.77 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 160MG/5ML LIQ (U/D) | 12106570 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | Indemnity | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 160MG/5ML LIQ (U/D) | 12106570 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | Medicare Blue | | 100 | | 0.91 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 160MG/5ML LIQ (U/D) | 12106570 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | MGD | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 160MG/5ML LIQ (U/D) | 12106570 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | NJ Health | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 160MG/5ML LIQ (U/D) | 12106570 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | PPO | | 100 | | 1.58 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 160MG/5ML LIQ (U/D) | 12106570 | NDC | | | | both | 1 EA | 3.5 | | | UHC | Medicaid | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 160MG/5ML LIQ (U/D) | 12106570 | NDC | | | | both | 1 EA | 3.5 | | | UHC | Medicare | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 160MG/5ML LIQ (U/D) | 12106570 | NDC | | | | both | 1 EA | 3.5 | | | United | CommercialPPO | | 100 | | 2.06 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 160MG/5ML LIQ (U/D) | 12106570 | NDC | | | | both | 1 EA | 3.5 | | | United | Oxford | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 160MG/5ML LIQ (U/D) | 12106570 | NDC | | | | both | 1 EA | 3.5 | | | Wellcare | Medicaid | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 160MG/5ML LIQ (U/D) | 12106570 | NDC | | | | both | 1 EA | 3.5 | | | WellPoint | WellPoint | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 650MG/20.3ML U/D | 12106572 | NDC | | | | both | 1 EA | 3.5 | | | Aetna | Better Health | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 650MG/20.3ML U/D | 12106572 | NDC | | | | both | 1 EA | 3.5 | | | Aetna | Commercial | | 100 | | 0.91 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 650MG/20.3ML U/D | 12106572 | NDC | | | | both | 1 EA | 3.5 | | | Aetna | Medicare | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 650MG/20.3ML U/D | 12106572 | NDC | | | | both | 1 EA | 3.5 | | | Amerihealth | HMO/PPO | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 650MG/20.3ML U/D | 12106572 | NDC | | | | both | 1 EA | 3.5 | | | Corrections | Corrections | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 650MG/20.3ML U/D | 12106572 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | Indemnity | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 650MG/20.3ML U/D | 12106572 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | Medicare Blue | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 650MG/20.3ML U/D | 12106572 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | MGD | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 650MG/20.3ML U/D | 12106572 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | NJ Health | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 650MG/20.3ML U/D | 12106572 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | PPO | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 650MG/20.3ML U/D | 12106572 | NDC | | | | both | 1 EA | 3.5 | | | UHC | Medicaid | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 650MG/20.3ML U/D | 12106572 | NDC | | | | both | 1 EA | 3.5 | | | UHC | Medicare | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 650MG/20.3ML U/D | 12106572 | NDC | | | | both | 1 EA | 3.5 | | | United | CommercialPPO | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 650MG/20.3ML U/D | 12106572 | NDC | | | | both | 1 EA | 3.5 | | | United | Oxford | | 100 | | 1.05 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 650MG/20.3ML U/D | 12106572 | NDC | | | | both | 1 EA | 3.5 | | | Wellcare | Medicaid | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 650MG/20.3ML U/D | 12106572 | NDC | | | | both | 1 EA | 3.5 | | | Wellcare | Medicare | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 650MG/20.3ML U/D | 12106572 | NDC | | | | both | 1 EA | 3.5 | | | WellPoint | WellPoint | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| VALPROATE SODIUM SYRUP 250MG/5ML UD | 12106750 | NDC | | | | both | 1 EA | 9.5 | | | Aetna | Better Health | | 100 | | 0.99 | | | other | Drugs are paid at 100% of the AWP |
| VALPROATE SODIUM SYRUP 250MG/5ML UD | 12106750 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | Indemnity | | 100 | | 1.71 | | | other | Drugs are paid at 100% of the AWP |
| VALPROATE SODIUM SYRUP 250MG/5ML UD | 12106750 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | Medicare Blue | | 100 | | 1.86 | | | other | Drugs are paid at 100% of the AWP |
| VALPROATE SODIUM SYRUP 250MG/5ML UD | 12106750 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | NJ Health | | 100 | | 1.42 | | | other | Drugs are paid at 100% of the AWP |
| VALPROATE SODIUM SYRUP 250MG/5ML UD | 12106750 | NDC | | | | both | 1 EA | 9.5 | | | UHC | Medicaid | | 100 | | 1.3 | | | other | Drugs are paid at 100% of the AWP |
| VALPROATE SODIUM SYRUP 250MG/5ML UD | 12106750 | NDC | | | | both | 1 EA | 9.5 | | | UHC | Medicare | | 100 | | 1.61 | | | other | Drugs are paid at 100% of the AWP |
| VALPROATE SODIUM SYRUP 250MG/5ML UD | 12106750 | NDC | | | | both | 1 EA | 9.5 | | | United | Oxford | | 100 | | 2.85 | | | other | Drugs are paid at 100% of the AWP |
| VALPROATE SODIUM SYRUP 250MG/5ML UD | 12106750 | NDC | | | | both | 1 EA | 9.5 | | | Wellcare | Medicaid | | 100 | | 1.82 | | | other | Drugs are paid at 100% of the AWP |
| VALPROATE SODIUM SYRUP 250MG/5ML UD | 12106750 | NDC | | | | both | 1 EA | 9.5 | | | Wellcare | Medicare | | 100 | | 1.4 | | | other | Drugs are paid at 100% of the AWP |
| VALPROATE SODIUM SYRUP 250MG/5ML UD | 12106750 | NDC | | | | both | 1 EA | 9.5 | | | WellPoint | WellPoint | | 100 | | 1.28 | | | other | Drugs are paid at 100% of the AWP |
| NORTRIPTYLINE 10 MG SOLN | 12106781 | NDC | | | | both | 1 EA | 1 | | | Horizon | NJ Health | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| ALUMINUM 320MG/5ML GEL | 12107331 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| ALUMINUM 320MG/5ML GEL | 12107331 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| ALUMINUM 320MG/5ML GEL | 12107331 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| ALUMINUM 320MG/5ML GEL | 12107331 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| ALUMINUM 320MG/5ML GEL | 12107331 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| ALUMINUM 320MG/5ML GEL | 12107331 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.09 | | | other | Drugs are paid at 100% of the AWP |
| SULFAMETHOXAZOLE/TMP 20ML SUSP | 12147932 | NDC | | | | both | 1 EA | 8 | | | Aetna | Commercial | | 100 | | 0.98 | | | other | Drugs are paid at 100% of the AWP |
| SULFAMETHOXAZOLE/TMP 20ML SUSP | 12147932 | NDC | | | | both | 1 EA | 8 | | | Amerihealth | HMO/PPO | | 100 | | 1.36 | | | other | Drugs are paid at 100% of the AWP |
| SULFAMETHOXAZOLE/TMP 20ML SUSP | 12147932 | NDC | | | | both | 1 EA | 8 | | | Horizon | MGD | | 100 | | 1.22 | | | other | Drugs are paid at 100% of the AWP |
| SULFAMETHOXAZOLE/TMP 20ML SUSP | 12147932 | NDC | | | | both | 1 EA | 8 | | | Horizon | NJ Health | | 100 | | 0.93 | | | other | Drugs are paid at 100% of the AWP |
| SULFAMETHOXAZOLE/TMP 20ML SUSP | 12147932 | NDC | | | | both | 1 EA | 8 | | | Horizon | PPO | | 100 | | 0.93 | | | other | Drugs are paid at 100% of the AWP |
| SULFAMETHOXAZOLE/TMP 20ML SUSP | 12147932 | NDC | | | | both | 1 EA | 8 | | | UHC | Medicaid | | 100 | | 1.36 | | | other | Drugs are paid at 100% of the AWP |
| SULFAMETHOXAZOLE/TMP 20ML SUSP | 12147932 | NDC | | | | both | 1 EA | 8 | | | UHC | Medicare | | 100 | | 0.99 | | | other | Drugs are paid at 100% of the AWP |
| SULFAMETHOXAZOLE/TMP 20ML SUSP | 12147932 | NDC | | | | both | 1 EA | 8 | | | Wellcare | Medicaid | | 100 | | 2.46 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 2% (MAX STR) CREAM | 12547017003 | NDC | | | | both | 1 EA | 8.5 | | | Horizon | Indemnity | | 100 | | 1.07 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 2% (MAX STR) CREAM | 12547017003 | NDC | | | | both | 1 EA | 8.5 | | | Horizon | MGD | | 100 | | 3.2 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 2% (MAX STR) CREAM | 12547017003 | NDC | | | | both | 1 EA | 8.5 | | | Horizon | NJ Health | | 100 | | 1.14 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 2% (MAX STR) CREAM | 12547017003 | NDC | | | | both | 1 EA | 8.5 | | | UHC | Medicare | | 100 | | 2.46 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 2% (MAX STR) CREAM | 12547017003 | NDC | | | | both | 1 EA | 8.5 | | | WellPoint | WellPoint | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| SILVER NITRATE APPLICATOR STICK | 12870000102 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| SILVER NITRATE APPLICATOR STICK | 12870000102 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Medicare | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| SILVER NITRATE APPLICATOR STICK | 12870000102 | NDC | | | | both | 1 EA | 2.5 | | | Corrections | Corrections | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| SILVER NITRATE APPLICATOR STICK | 12870000102 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Indemnity | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| SILVER NITRATE APPLICATOR STICK | 12870000102 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Medicare Blue | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| SILVER NITRATE APPLICATOR STICK | 12870000102 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 1 | | | other | Drugs are paid at 100% of the AWP |
| SILVER NITRATE APPLICATOR STICK | 12870000102 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| SILVER NITRATE APPLICATOR STICK | 12870000102 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | PPO | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| SILVER NITRATE APPLICATOR STICK | 12870000102 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| SILVER NITRATE APPLICATOR STICK | 12870000102 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| SILVER NITRATE APPLICATOR STICK | 12870000102 | NDC | | | | both | 1 EA | 2.5 | | | United | CommercialPPO | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| SILVER NITRATE APPLICATOR STICK | 12870000102 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| SILVER NITRATE APPLICATOR STICK | 12870000102 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| ISOSORBIDE DIN 20MG/HYDRALAZIN 37.5 | 12948000112 | NDC | | | | both | 1 EA | 7.5 | | | Aetna | Better Health | | 100 | | 1.13 | | | other | Drugs are paid at 100% of the AWP |
| ISOSORBIDE DIN 20MG/HYDRALAZIN 37.5 | 12948000112 | NDC | | | | both | 1 EA | 7.5 | | | Aetna | Commercial | | 100 | | 1.06 | | | other | Drugs are paid at 100% of the AWP |
| ISOSORBIDE DIN 20MG/HYDRALAZIN 37.5 | 12948000112 | NDC | | | | both | 1 EA | 7.5 | | | Aetna | Medicare | | 100 | | 2.99 | | | other | Drugs are paid at 100% of the AWP |
| ISOSORBIDE DIN 20MG/HYDRALAZIN 37.5 | 12948000112 | NDC | | | | both | 1 EA | 7.5 | | | Amerihealth | HMO/PPO | | 100 | | 1.01 | | | other | Drugs are paid at 100% of the AWP |
| ISOSORBIDE DIN 20MG/HYDRALAZIN 37.5 | 12948000112 | NDC | | | | both | 1 EA | 7.5 | | | Corrections | Corrections | | 100 | | 1.5 | | | other | Drugs are paid at 100% of the AWP |
| ISOSORBIDE DIN 20MG/HYDRALAZIN 37.5 | 12948000112 | NDC | | | | both | 1 EA | 7.5 | | | Horizon | Indemnity | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| ISOSORBIDE DIN 20MG/HYDRALAZIN 37.5 | 12948000112 | NDC | | | | both | 1 EA | 7.5 | | | Horizon | Medicare Blue | | 100 | | 1.38 | | | other | Drugs are paid at 100% of the AWP |
| ISOSORBIDE DIN 20MG/HYDRALAZIN 37.5 | 12948000112 | NDC | | | | both | 1 EA | 7.5 | | | Horizon | MGD | | 100 | | 1.48 | | | other | Drugs are paid at 100% of the AWP |
| ISOSORBIDE DIN 20MG/HYDRALAZIN 37.5 | 12948000112 | NDC | | | | both | 1 EA | 7.5 | | | Horizon | NJ Health | | 100 | | 1.34 | | | other | Drugs are paid at 100% of the AWP |
| ISOSORBIDE DIN 20MG/HYDRALAZIN 37.5 | 12948000112 | NDC | | | | both | 1 EA | 7.5 | | | Horizon | PPO | | 100 | | 2.93 | | | other | Drugs are paid at 100% of the AWP |
| ISOSORBIDE DIN 20MG/HYDRALAZIN 37.5 | 12948000112 | NDC | | | | both | 1 EA | 7.5 | | | UHC | Medicaid | | 100 | | 0.93 | | | other | Drugs are paid at 100% of the AWP |
| ISOSORBIDE DIN 20MG/HYDRALAZIN 37.5 | 12948000112 | NDC | | | | both | 1 EA | 7.5 | | | UHC | Medicare | | 100 | | 1.51 | | | other | Drugs are paid at 100% of the AWP |
| ISOSORBIDE DIN 20MG/HYDRALAZIN 37.5 | 12948000112 | NDC | | | | both | 1 EA | 7.5 | | | United | CommercialPPO | | 100 | | 1.18 | | | other | Drugs are paid at 100% of the AWP |
| ISOSORBIDE DIN 20MG/HYDRALAZIN 37.5 | 12948000112 | NDC | | | | both | 1 EA | 7.5 | | | Wellcare | Medicaid | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| ISOSORBIDE DIN 20MG/HYDRALAZIN 37.5 | 12948000112 | NDC | | | | both | 1 EA | 7.5 | | | Wellcare | Medicare | | 100 | | 1.24 | | | other | Drugs are paid at 100% of the AWP |
| ISOSORBIDE DIN 20MG/HYDRALAZIN 37.5 | 12948000112 | NDC | | | | both | 1 EA | 7.5 | | | WellPoint | WellPoint | | 100 | | 2.1 | | | other | Drugs are paid at 100% of the AWP |
| LACOSAMIDE 200MG TAB | 13124806 | NDC | | | | both | 1 EA | 48.5 | | | Aetna | Better Health | | 100 | | 6.94 | | | other | Drugs are paid at 100% of the AWP |
| LACOSAMIDE 200MG TAB | 13124806 | NDC | | | | both | 1 EA | 48.5 | | | Aetna | Commercial | | 100 | | 7.59 | | | other | Drugs are paid at 100% of the AWP |
| LACOSAMIDE 200MG TAB | 13124806 | NDC | | | | both | 1 EA | 48.5 | | | Horizon | Medicare Blue | | 100 | | 5.65 | | | other | Drugs are paid at 100% of the AWP |
| LACOSAMIDE 200MG TAB | 13124806 | NDC | | | | both | 1 EA | 48.5 | | | Horizon | NJ Health | | 100 | | 5.55 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp 150 Bergen St, | | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| LACOSAMIDE 200MG TAB | 13124806 | NDC | | | | both | 1 EA | 48.5 | | UHC | Medicaid | | 100 | | 15.15 | | | other | Drugs are paid at 100% of the AWP |
| LACOSAMIDE 200MG TAB | 13124806 | NDC | | | | both | 1 EA | 48.5 | | UHC | Medicare | | 100 | | 6.08 | | | other | Drugs are paid at 100% of the AWP |
| LACOSAMIDE 200MG TAB | 13124806 | NDC | | | | both | 1 EA | 48.5 | | Wellcare | Medicaid | | 100 | | 17.15 | | | other | Drugs are paid at 100% of the AWP |
| LACOSAMIDE 200MG TAB | 13124806 | NDC | | | | both | 1 EA | 48.5 | | Wellcare | Medicare | | 100 | | 7.22 | | | other | Drugs are paid at 100% of the AWP |
| LACOSAMIDE 200MG TAB | 13124806 | NDC | | | | both | 1 EA | 48.5 | | WellPoint | WellPoint | | 100 | | 6.53 | | | other | Drugs are paid at 100% of the AWP |
| LACOSAMIDE ORAL LIQUID 10MG/ML | 13154107 | NDC | | | | both | 1 EA | 4 | | Aetna | Medicare | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| LACOSAMIDE ORAL LIQUID 10MG/ML | 13154107 | NDC | | | | both | 1 EA | 4 | | Horizon | Medicare Blue | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| LACOSAMIDE ORAL LIQUID 10MG/ML | 13154107 | NDC | | | | both | 1 EA | 4 | | Horizon | NJ Health | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| LACOSAMIDE ORAL LIQUID 10MG/ML | 13154107 | NDC | | | | both | 1 EA | 4 | | UHC | Medicaid | | 100 | | 0.89 | | | other | Drugs are paid at 100% of the AWP |
| LACOSAMIDE ORAL LIQUID 10MG/ML | 13154107 | NDC | | | | both | 1 EA | 4 | | UHC | Medicare | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| LACOSAMIDE ORAL LIQUID 10MG/ML | 13154107 | NDC | | | | both | 1 EA | 4 | | WellPoint | WellPoint | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| MINERAL OIL (ENEMA) | 13203014 | NDC | | | | both | 1 EA | 7.5 | | Aetna | Better Health | | 100 | | 1.08 | | | other | Drugs are paid at 100% of the AWP |
| MINERAL OIL (ENEMA) | 13203014 | NDC | | | | both | 1 EA | 7.5 | | Aetna | Medicare | | 100 | | 2.27 | | | other | Drugs are paid at 100% of the AWP |
| MINERAL OIL (ENEMA) | 13203014 | NDC | | | | both | 1 EA | 7.5 | | Amerihealth | HMO/PPO | | 100 | | 1.21 | | | other | Drugs are paid at 100% of the AWP |
| MINERAL OIL (ENEMA) | 13203014 | NDC | | | | both | 1 EA | 7.5 | | Corrections | Corrections | | 100 | | 0.89 | | | other | Drugs are paid at 100% of the AWP |
| MINERAL OIL (ENEMA) | 13203014 | NDC | | | | both | 1 EA | 7.5 | | Horizon | Indemnity | | 100 | | 2.11 | | | other | Drugs are paid at 100% of the AWP |
| MINERAL OIL (ENEMA) | 13203014 | NDC | | | | both | 1 EA | 7.5 | | Horizon | Medicare Blue | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| MINERAL OIL (ENEMA) | 13203014 | NDC | | | | both | 1 EA | 7.5 | | Horizon | MGD | | 100 | | 0.84 | | | other | Drugs are paid at 100% of the AWP |
| MINERAL OIL (ENEMA) | 13203014 | NDC | | | | both | 1 EA | 7.5 | | Horizon | NJ Health | | 100 | | 1.01 | | | other | Drugs are paid at 100% of the AWP |
| MINERAL OIL (ENEMA) | 13203014 | NDC | | | | both | 1 EA | 7.5 | | UHC | Medicaid | | 100 | | 1.31 | | | other | Drugs are paid at 100% of the AWP |
| MINERAL OIL (ENEMA) | 13203014 | NDC | | | | both | 1 EA | 7.5 | | UHC | Medicare | | 100 | | 1.74 | | | other | Drugs are paid at 100% of the AWP |
| MINERAL OIL (ENEMA) | 13203014 | NDC | | | | both | 1 EA | 7.5 | | Wellcare | Medicaid | | 100 | | 2.04 | | | other | Drugs are paid at 100% of the AWP |
| MINERAL OIL (ENEMA) | 13203014 | NDC | | | | both | 1 EA | 7.5 | | WellPoint | WellPoint | | 100 | | 1.27 | | | other | Drugs are paid at 100% of the AWP |
| RIFABUTIN 150MG CAP | 13530117 | NDC | | | | both | 1 EA | 53.5 | | Horizon | NJ Health | | 100 | | 12.2 | | | other | Drugs are paid at 100% of the AWP |
| RIFABUTIN 150MG CAP | 13530117 | NDC | | | | both | 1 EA | 53.5 | | Horizon | PPO | | 100 | | 7.77 | | | other | Drugs are paid at 100% of the AWP |
| RIFABUTIN 150MG CAP | 13530117 | NDC | | | | both | 1 EA | 53.5 | | UHC | Medicaid | | 100 | | 12.71 | | | other | Drugs are paid at 100% of the AWP |
| RIFABUTIN 150MG CAP | 13530117 | NDC | | | | both | 1 EA | 53.5 | | UHC | Medicare | | 100 | | 13.04 | | | other | Drugs are paid at 100% of the AWP |
| RIFABUTIN 150MG CAP | 13530117 | NDC | | | | both | 1 EA | 53.5 | | Wellcare | Medicaid | | 100 | | 10.08 | | | other | Drugs are paid at 100% of the AWP |
| LATANOPROST 0.005% (2.5ML) OPTH SOL | 13830304 | NDC | | | | both | 1 EA | 369.5 | | Aetna | Better Health | | 100 | | 31.16 | | | other | Drugs are paid at 100% of the AWP |
| LATANOPROST 0.005% (2.5ML) OPTH SOL | 13830304 | NDC | | | | both | 1 EA | 369.5 | | Aetna | Medicare | | 100 | | 70.93 | | | other | Drugs are paid at 100% of the AWP |
| LATANOPROST 0.005% (2.5ML) OPTH SOL | 13830304 | NDC | | | | both | 1 EA | 369.5 | | Amerihealth | HMO/PPO | | 100 | | 37.26 | | | other | Drugs are paid at 100% of the AWP |
| LATANOPROST 0.005% (2.5ML) OPTH SOL | 13830304 | NDC | | | | both | 1 EA | 369.5 | | Corrections | Corrections | | 100 | | 71.8 | | | other | Drugs are paid at 100% of the AWP |
| LATANOPROST 0.005% (2.5ML) OPTH SOL | 13830304 | NDC | | | | both | 1 EA | 369.5 | | Horizon | Indemnity | | 100 | | 93.29 | | | other | Drugs are paid at 100% of the AWP |
| LATANOPROST 0.005% (2.5ML) OPTH SOL | 13830304 | NDC | | | | both | 1 EA | 369.5 | | Horizon | Medicare Blue | | 100 | | 46.36 | | | other | Drugs are paid at 100% of the AWP |
| LATANOPROST 0.005% (2.5ML) OPTH SOL | 13830304 | NDC | | | | both | 1 EA | 369.5 | | Horizon | MGD | | 100 | | 80.95 | | | other | Drugs are paid at 100% of the AWP |
| LATANOPROST 0.005% (2.5ML) OPTH SOL | 13830304 | NDC | | | | both | 1 EA | 369.5 | | Horizon | NJ Health | | 100 | | 49.48 | | | other | Drugs are paid at 100% of the AWP |
| LATANOPROST 0.005% (2.5ML) OPTH SOL | 13830304 | NDC | | | | both | 1 EA | 369.5 | | Horizon | PPO | | 100 | | 84.96 | | | other | Drugs are paid at 100% of the AWP |
| LATANOPROST 0.005% (2.5ML) OPTH SOL | 13830304 | NDC | | | | both | 1 EA | 369.5 | | UHC | Medicaid | | 100 | | 77.05 | | | other | Drugs are paid at 100% of the AWP |
| LATANOPROST 0.005% (2.5ML) OPTH SOL | 13830304 | NDC | | | | both | 1 EA | 369.5 | | UHC | Medicare | | 100 | | 60.92 | | | other | Drugs are paid at 100% of the AWP |
| LATANOPROST 0.005% (2.5ML) OPTH SOL | 13830304 | NDC | | | | both | 1 EA | 369.5 | | United | CommercialPPO | | 100 | | 53.25 | | | other | Drugs are paid at 100% of the AWP |
| LATANOPROST 0.005% (2.5ML) OPTH SOL | 13830304 | NDC | | | | both | 1 EA | 369.5 | | Wellcare | Medicaid | | 100 | | 103.68 | | | other | Drugs are paid at 100% of the AWP |
| LATANOPROST 0.005% (2.5ML) OPTH SOL | 13830304 | NDC | | | | both | 1 EA | 369.5 | | WellPoint | WellPoint | | 100 | | 56.05 | | | other | Drugs are paid at 100% of the AWP |
| MICONAZOLE 2% (70GM) TOP PWD | 14515605 | NDC | | | | both | 1 EA | 32 | | Aetna | Better Health | | 100 | | 3.23 | | | other | Drugs are paid at 100% of the AWP |
| MICONAZOLE 2% (70GM) TOP PWD | 14515605 | NDC | | | | both | 1 EA | 32 | | Aetna | Commercial | | 100 | | 2.27 | | | other | Drugs are paid at 100% of the AWP |
| MICONAZOLE 2% (70GM) TOP PWD | 14515605 | NDC | | | | both | 1 EA | 32 | | Horizon | Indemnity | | 100 | | 6.02 | | | other | Drugs are paid at 100% of the AWP |
| MICONAZOLE 2% (70GM) TOP PWD | 14515605 | NDC | | | | both | 1 EA | 32 | | Horizon | Medicare Blue | | 100 | | 9.17 | | | other | Drugs are paid at 100% of the AWP |
| MICONAZOLE 2% (70GM) TOP PWD | 14515605 | NDC | | | | both | 1 EA | 32 | | Horizon | MGD | | 100 | | 2.64 | | | other | Drugs are paid at 100% of the AWP |
| MICONAZOLE 2% (70GM) TOP PWD | 14515605 | NDC | | | | both | 1 EA | 32 | | Horizon | NJ Health | | 100 | | 3.84 | | | other | Drugs are paid at 100% of the AWP |
| MICONAZOLE 2% (70GM) TOP PWD | 14515605 | NDC | | | | both | 1 EA | 32 | | UHC | Medicaid | | 100 | | 4.23 | | | other | Drugs are paid at 100% of the AWP |
| MICONAZOLE 2% (70GM) TOP PWD | 14515605 | NDC | | | | both | 1 EA | 32 | | UHC | Medicare | | 100 | | 6.2 | | | other | Drugs are paid at 100% of the AWP |
| MICONAZOLE 2% (70GM) TOP PWD | 14515605 | NDC | | | | both | 1 EA | 32 | | United | CommercialPPO | | 100 | | 8.96 | | | other | Drugs are paid at 100% of the AWP |
| MICONAZOLE 2% (70GM) TOP PWD | 14515605 | NDC | | | | both | 1 EA | 32 | | Wellcare | Medicaid | | 100 | | 9.07 | | | other | Drugs are paid at 100% of the AWP |
| MICONAZOLE 2% (70GM) TOP PWD | 14515605 | NDC | | | | both | 1 EA | 32 | | WellPoint | WellPoint | | 100 | | 5.56 | | | other | Drugs are paid at 100% of the AWP |
| EPHEDRINE 50 MG (10ML VIAL) INJ | 14789025010 | NDC | | | | both | 1 EA | 114 | | Aetna | Better Health | | 100 | | 23.34 | | | other | Drugs are paid at 100% of the AWP |
| EPHEDRINE 50 MG (10ML VIAL) INJ | 14789025010 | NDC | | | | both | 1 EA | 114 | | Aetna | Commercial | | 100 | | 30.03 | | | other | Drugs are paid at 100% of the AWP |
| EPHEDRINE 50 MG (10ML VIAL) INJ | 14789025010 | NDC | | | | both | 1 EA | 114 | | Aetna | Medicare | | 100 | | 11.76 | | | other | Drugs are paid at 100% of the AWP |
| EPHEDRINE 50 MG (10ML VIAL) INJ | 14789025010 | NDC | | | | both | 1 EA | 114 | | Amerihealth | HMO/PPO | | 100 | | 15.17 | | | other | Drugs are paid at 100% of the AWP |
| EPHEDRINE 50 MG (10ML VIAL) INJ | 14789025010 | NDC | | | | both | 1 EA | 114 | | Corrections | Corrections | | 100 | | 22.09 | | | other | Drugs are paid at 100% of the AWP |
| EPHEDRINE 50 MG (10ML VIAL) INJ | 14789025010 | NDC | | | | both | 1 EA | 114 | | Horizon | Indemnity | | 100 | | 11.75 | | | other | Drugs are paid at 100% of the AWP |
| EPHEDRINE 50 MG (10ML VIAL) INJ | 14789025010 | NDC | | | | both | 1 EA | 114 | | Horizon | Medicare Blue | | 100 | | 15.05 | | | other | Drugs are paid at 100% of the AWP |
| EPHEDRINE 50 MG (10ML VIAL) INJ | 14789025010 | NDC | | | | both | 1 EA | 114 | | Horizon | MGD | | 100 | | 32.01 | | | other | Drugs are paid at 100% of the AWP |
| EPHEDRINE 50 MG (10ML VIAL) INJ | 14789025010 | NDC | | | | both | 1 EA | 114 | | Horizon | NJ Health | | 100 | | 13.25 | | | other | Drugs are paid at 100% of the AWP |
| EPHEDRINE 50 MG (10ML VIAL) INJ | 14789025010 | NDC | | | | both | 1 EA | 114 | | Horizon | PPO | | 100 | | 34.05 | | | other | Drugs are paid at 100% of the AWP |
| EPHEDRINE 50 MG (10ML VIAL) INJ | 14789025010 | NDC | | | | both | 1 EA | 114 | | UHC | Medicaid | | 100 | | 21.21 | | | other | Drugs are paid at 100% of the AWP |
| EPHEDRINE 50 MG (10ML VIAL) INJ | 14789025010 | NDC | | | | both | 1 EA | 114 | | UHC | Medicare | | 100 | | 26.16 | | | other | Drugs are paid at 100% of the AWP |
| EPHEDRINE 50 MG (10ML VIAL) INJ | 14789025010 | NDC | | | | both | 1 EA | 114 | | United | CommercialPPO | | 100 | | 19.8 | | | other | Drugs are paid at 100% of the AWP |
| EPHEDRINE 50 MG (10ML VIAL) INJ | 14789025010 | NDC | | | | both | 1 EA | 114 | | WellPoint | WellPoint | | 100 | | 28.72 | | | other | Drugs are paid at 100% of the AWP |
| DANTROLENE 25MG CAP | 14900305 | NDC | | | | both | 1 EA | 5.5 | | Horizon | Indemnity | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| DANTROLENE 25MG CAP | 14900305 | NDC | | | | both | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| DANTROLENE 25MG CAP | 14900305 | NDC | | | | both | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| DANTROLENE 50MG CAP | 14900310 | NDC | | | | both | 1 EA | 9.5 | | Horizon | Indemnity | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| DANTROLENE 50MG CAP | 14900310 | NDC | | | | both | 1 EA | 9.5 | | UHC | Medicaid | | 100 | | 2.27 | | | other | Drugs are paid at 100% of the AWP |
| DANTROLENE 100MG CAP | 14900337 | NDC | | | | both | 1 EA | 6.5 | | Amerihealth | HMO/PPO | | 100 | | 0.96 | | | other | Drugs are paid at 100% of the AWP |
| DANTROLENE 100MG CAP | 14900337 | NDC | | | | both | 1 EA | 6.5 | | Horizon | Indemnity | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| DANTROLENE 100MG CAP | 14900337 | NDC | | | | both | 1 EA | 6.5 | | Horizon | NJ Health | | 100 | | 0.89 | | | other | Drugs are paid at 100% of the AWP |
| DANTROLENE 100MG CAP | 14900337 | NDC | | | | both | 1 EA | 6.5 | | UHC | Medicaid | | 100 | | 0.98 | | | other | Drugs are paid at 100% of the AWP |
| DANTROLENE 100MG CAP | 14900337 | NDC | | | | both | 1 EA | 6.5 | | WellPoint | WellPoint | | 100 | | 2.03 | | | other | Drugs are paid at 100% of the AWP |
| NITROFURADANTIN MACROCRYSTAL 100MG | 14907001 | NDC | | | | both | 1 EA | 21.5 | | Aetna | Better Health | | 100 | | 5.32 | | | other | Drugs are paid at 100% of the AWP |
| NITROFURADANTIN MACROCRYSTAL 100MG | 14907001 | NDC | | | | both | 1 EA | 21.5 | | Aetna | Commercial | | 100 | | 6.21 | | | other | Drugs are paid at 100% of the AWP |
| NITROFURADANTIN MACROCRYSTAL 100MG | 14907001 | NDC | | | | both | 1 EA | 21.5 | | Aetna | Medicare | | 100 | | 3.95 | | | other | Drugs are paid at 100% of the AWP |
| NITROFURADANTIN MACROCRYSTAL 100MG | 14907001 | NDC | | | | both | 1 EA | 21.5 | | Amerihealth | HMO/PPO | | 100 | | 2.64 | | | other | Drugs are paid at 100% of the AWP |
| NITROFURADANTIN MACROCRYSTAL 100MG | 14907001 | NDC | | | | both | 1 EA | 21.5 | | Corrections | Corrections | | 100 | | 3.48 | | | other | Drugs are paid at 100% of the AWP |
| NITROFURADANTIN MACROCRYSTAL 100MG | 14907001 | NDC | | | | both | 1 EA | 21.5 | | Horizon | Indemnity | | 100 | | 7.92 | | | other | Drugs are paid at 100% of the AWP |
| NITROFURADANTIN MACROCRYSTAL 100MG | 14907001 | NDC | | | | both | 1 EA | 21.5 | | Horizon | Medicare Blue | | 100 | | 3.21 | | | other | Drugs are paid at 100% of the AWP |
| NITROFURADANTIN MACROCRYSTAL 100MG | 14907001 | NDC | | | | both | 1 EA | 21.5 | | Horizon | MGD | | 100 | | 3.69 | | | other | Drugs are paid at 100% of the AWP |
| NITROFURADANTIN MACROCRYSTAL 100MG | 14907001 | NDC | | | | both | 1 EA | 21.5 | | Horizon | NJ Health | | 100 | | 2.38 | | | other | Drugs are paid at 100% of the AWP |
| NITROFURADANTIN MACROCRYSTAL 100MG | 14907001 | NDC | | | | both | 1 EA | 21.5 | | Horizon | PPO | | 100 | | 5.13 | | | other | Drugs are paid at 100% of the AWP |
| NITROFURADANTIN MACROCRYSTAL 100MG | 14907001 | NDC | | | | both | 1 EA | 21.5 | | UHC | Medicaid | | 100 | | 3.02 | | | other | Drugs are paid at 100% of the AWP |
| NITROFURADANTIN MACROCRYSTAL 100MG | 14907001 | NDC | | | | both | 1 EA | 21.5 | | UHC | Medicare | | 100 | | 2.85 | | | other | Drugs are paid at 100% of the AWP |
| NITROFURADANTIN MACROCRYSTAL 100MG | 14907001 | NDC | | | | both | 1 EA | 21.5 | | United | CommercialPPO | | 100 | | 3.11 | | | other | Drugs are paid at 100% of the AWP |
| NITROFURADANTIN MACROCRYSTAL 100MG | 14907001 | NDC | | | | both | 1 EA | 21.5 | | Wellcare | Medicaid | | 100 | | 3.57 | | | other | Drugs are paid at 100% of the AWP |
| NITROFURADANTIN MACROCRYSTAL 100MG | 14907001 | NDC | | | | both | 1 EA | 21.5 | | Wellcare | Medicare | | 100 | | 2.12 | | | other | Drugs are paid at 100% of the AWP |
| NITROFURADANTIN MACROCRYSTAL 100MG | 14907001 | NDC | | | | both | 1 EA | 21.5 | | WellPoint | WellPoint | | 100 | | 4.23 | | | other | Drugs are paid at 100% of the AWP |
| NITROFURANTOIN 25MG/5ML SUSP | 14907351 | NDC | | | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| NITROFURANTOIN 25MG/5ML SUSP | 14907351 | NDC | | | | both | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 2.03 | | | other | Drugs are paid at 100% of the AWP |
| MEGESTROL 40MG/1ML SUSP | 15050842 | NDC | | | | both | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.14 | | | other | Drugs are paid at 100% of the AWP |
| MEGESTROL 40MG/1ML SUSP | 15050842 | NDC | | | | both | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 1.3 | | | other | Drugs are paid at 100% of the AWP |
| EMTRICITAB/TENOFOVIR/EFAVIVENZ | 15584010101 | NDC | | | | both | 1 EA | 249 | | Horizon | MGD | | 100 | | 70.3 | | | other | Drugs are paid at 100% of the AWP |
| EMTRICITAB/TENOFOVIR/EFAVIVENZ | 15584010101 | NDC | | | | both | 1 EA | 249 | | Horizon | NJ Health | | 100 | | 12.92 | | | other | Drugs are paid at 100% of the AWP |
| SULFASALAZINE 500MG TAB | 16010111 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| SULFASALAZINE 500MG TAB | 16010111 | NDC | | | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| SULFASALAZINE 500MG TAB | 16010111 | NDC | | | | both | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| HEALON 10MG/ML 0.85ML | 16031085 | NDC | | | | both | 1 EA | 981 | | Aetna | Commercial | | 100 | | 235.89 | | | other | Drugs are paid at 100% of the AWP |
| HEALON 10MG/ML 0.85ML | 16031085 | NDC | | | | both | 1 EA | 981 | | Aetna | Medicare | | 100 | | 155.16 | | | other | Drugs are paid at 100% of the AWP |
| HEALON 10MG/ML 0.85ML | 16031085 | NDC | | | | both | 1 EA | 981 | | Amerihealth | HMO/PPO | | 100 | | 218.73 | | | other | Drugs are paid at 100% of the AWP |
| HEALON 10MG/ML 0.85ML | 16031085 | NDC | | | | both | 1 EA | 981 | | Corrections | Corrections | | 100 | | 297.34 | | | other | Drugs are paid at 100% of the AWP |
| HEALON 10MG/ML 0.85ML | 16031085 | NDC | | | | both | 1 EA | 981 | | Horizon | Indemnity | | 100 | | 250.96 | | | other | Drugs are paid at 100% of the AWP |
| HEALON 10MG/ML 0.85ML | 16031085 | NDC | | | | both | 1 EA | 981 | | Horizon | Medicare Blue | | 100 | | 145.47 | | | other | Drugs are paid at 100% of the AWP |
| HEALON 10MG/ML 0.85ML | 16031085 | NDC | | | | both | 1 EA | 981 | | Horizon | MGD | | 100 | | 208.33 | | | other | Drugs are paid at 100% of the AWP |
| HEALON 10MG/ML 0.85ML | 16031085 | NDC | | | | both | 1 EA | 981 | | Horizon | NJ Health | | 100 | | 159.57 | | | other | Drugs are paid at 100% of the AWP |
| HEALON 10MG/ML 0.85ML | 16031085 | NDC | | | | both | 1 EA | 981 | | Horizon | PPO | | 100 | | 230.6 | | | other | Drugs are paid at 100% of the AWP |
| HEALON 10MG/ML 0.85ML | 16031085 | NDC | | | | both | 1 EA | 981 | | UHC | Medicaid | | 100 | | 231.35 | | | other | Drugs are paid at 100% of the AWP |
| HEALON 10MG/ML 0.85ML | 16031085 | NDC | | | | both | 1 EA | 981 | | UHC | Medicare | | 100 | | 126.34 | | | other | Drugs are paid at 100% of the AWP |
| HEALON 10MG/ML 0.85ML | 16031085 | NDC | | | | both | 1 EA | 981 | | United | CommercialPPO | | 100 | | 319.5 | | | other | Drugs are paid at 100% of the AWP |
| HEALON 10MG/ML 0.85ML | 16031085 | NDC | | | | both | 1 EA | 981 | | Wellcare | Medicaid | | 100 | | 263.7 | | | other | Drugs are paid at 100% of the AWP |
| HEALON 10MG/ML 0.85ML | 16031085 | NDC | | | | both | 1 EA | 981 | | Wellcare | Medicare | | 100 | | 105.67 | | | other | Drugs are paid at 100% of the AWP |
| HEALON 10MG/ML 0.85ML | 16031085 | NDC | | | | both | 1 EA | 981 | | WellPoint | WellPoint | | 100 | | 102.2 | | | other | Drugs are paid at 100% of the AWP |
| HYALURONATE SODIUM 23MG/ML SYR | 16031660 | NDC | | | | both | 1 EA | 537 | | Horizon | Medicare Blue | | 100 | | 110.14 | | | other | Drugs are paid at 100% of the AWP |
| HYALURONATE SODIUM 23MG/ML SYR | 16031660 | NDC | | | | both | 1 EA | 537 | | UHC | Medicaid | | 100 | | 164.62 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM OXIDE 400MG TAB | 16500241 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM OXIDE 400MG TAB | 16500241 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM OXIDE 400MG TAB | 16500241 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM OXIDE 400MG TAB | 16500241 | NDC | | | | both | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM OXIDE 400MG TAB | 16500241 | NDC | | | | both | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM OXIDE 400MG TAB | 16500241 | NDC | | | | both | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM OXIDE 400MG TAB | 16500241 | NDC | | | | both | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM OXIDE 400MG TAB | 16500241 | NDC | | | | both | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM OXIDE 400MG TAB | 16500241 | NDC | | | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM OXIDE 400MG TAB | 16500241 | NDC | | | | both | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM OXIDE 400MG TAB | 16500241 | NDC | | | | both | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM OXIDE 400MG TAB | 16500241 | NDC | | | | both | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM OXIDE 400MG TAB | 16500241 | NDC | | | | both | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM OXIDE 400MG TAB | 16500241 | NDC | | | | both | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM OXIDE 400MG TAB | 16500241 | NDC | | | | both | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.71 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM OXIDE 400MG TAB | 16500241 | NDC | | | | both | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| TRIAMCINOLONE 0.1% (15GM) CREAM | 16800041 5 | NDC | | | | both | 1 EA | 26.5 | | Aetna | Better Health | | 100 | | 11.36 | | | other | Drugs are paid at 100% of the AWP |
| TRIAMCINOLONE 0.1% (15GM) CREAM | 16800041 5 | NDC | | | | both | 1 EA | 26.5 | | Horizon | Medicare Blue | | 100 | | 7.68 | | | other | Drugs are paid at 100% of the AWP |
| TRIAMCINOLONE 0.1% (15GM) CREAM | 16800041 5 | NDC | | | | both | 1 EA | 26.5 | | UHC | Medicaid | | 100 | | 3.66 | | | other | Drugs are paid at 100% of the AWP |
| TRIAMCINOLONE 0.1% (15GM) CREAM | 16800041 5 | NDC | | | | both | 1 EA | 26.5 | | UHC | Medicare | | 100 | | 3.01 | | | other | Drugs are paid at 100% of the AWP |
| TRIAMCINOLONE 0.1% (15GM) CREAM | 16800041 5 | NDC | | | | both | 1 EA | 26.5 | | WellPoint | WellPoint | | 100 | | 6.06 | | | other | Drugs are paid at 100% of the AWP |
| TRIAMCINOLONE 0.1% (15GM) OINT | 16800061 5 | NDC | | | | both | 1 EA | 26.5 | | Horizon | MGD | | 100 | | 5.5 | | | other | Drugs are paid at 100% of the AWP |
| TRIAMCINOLONE 0.1% (15GM) OINT | 16800061 5 | NDC | | | | both | 1 EA | 26.5 | | UHC | Medicare | | 100 | | 7.44 | | | other | Drugs are paid at 100% of the AWP |
| TRIAMCINOLONE 0.1% (15GM) OINT | 16800061 5 | NDC | | | | both | 1 EA | 26.5 | | Wellcare | Medicare | | 100 | | 4.96 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN OINT 15MG | 16800071 5 | NDC | | | | both | 1 EA | 23.5 | | Aetna | Better Health | | 100 | | 3.36 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN OINT 15MG | 16800071 5 | NDC | | | | both | 1 EA | 23.5 | | Horizon | Medicare Blue | | 100 | | 2.74 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN OINT 15MG | 16800071 5 | NDC | | | | both | 1 EA | 23.5 | | Horizon | NJ Health | | 100 | | 2.42 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN OINT 15MG | 16800071 5 | NDC | | | | both | 1 EA | 23.5 | | UHC | Medicare | | 100 | | 1.71 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN OINT 15MG | 16800071 5 | NDC | | | | both | 1 EA | 23.5 | | WellPoint | WellPoint | | 100 | | 2.23 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BACITRACIN 500U/1G OINT U/D | 16800109 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN 500U/1G OINT U/D | 16800109 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN 500U/1G OINT U/D | 16800109 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN 500U/1G OINT U/D | 16800109 | NDC | | | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN 500U/1G OINT U/D | 16800109 | NDC | | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN 500U/1G OINT U/D | 16800109 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN 500U/1G OINT U/D | 16800109 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN 500U/1G OINT U/D | 16800109 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN 500U/1G OINT U/D | 16800109 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN 500U/1G OINT U/D | 16800109 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN 500U/1G OINT U/D | 16800109 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN 500U/1G OINT U/D | 16800109 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN 500U/1G OINT U/D | 16800109 | NDC | | | | both | | 1 EA | 2.5 | | United | Commercial\|PPO | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN 500U/1G OINT U/D | 16800109 | NDC | | | | both | | 1 EA | 2.5 | | United | Oxford | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN 500U/1G OINT U/D | 16800109 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN 500U/1G OINT U/D | 16800109 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN 500U/1G OINT U/D | 16800109 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN 30GM OINT | 16800131 | NDC | | | | both | | 1 EA | 32 | | Aetna | Better Health | | 100 | | 4.78 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN 30GM OINT | 16800131 | NDC | | | | both | | 1 EA | 32 | | Aetna | Commercial | | 100 | | 6.65 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN 30GM OINT | 16800131 | NDC | | | | both | | 1 EA | 32 | | Aetna | Medicare | | 100 | | 2.96 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN 30GM OINT | 16800131 | NDC | | | | both | | 1 EA | 32 | | Amerihealth | HMO/PPO | | 100 | | 6.06 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN 30GM OINT | 16800131 | NDC | | | | both | | 1 EA | 32 | | Corrections | Corrections | | 100 | | 6.65 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN 30GM OINT | 16800131 | NDC | | | | both | | 1 EA | 32 | | Horizon | Indemnity | | 100 | | 4.2 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN 30GM OINT | 16800131 | NDC | | | | both | | 1 EA | 32 | | Horizon | Medicare Blue | | 100 | | 4.39 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN 30GM OINT | 16800131 | NDC | | | | both | | 1 EA | 32 | | Horizon | MGD | | 100 | | 3.79 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN 30GM OINT | 16800131 | NDC | | | | both | | 1 EA | 32 | | Horizon | NJ Health | | 100 | | 3.44 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN 30GM OINT | 16800131 | NDC | | | | both | | 1 EA | 32 | | Horizon | PPO | | 100 | | 6.29 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN 30GM OINT | 16800131 | NDC | | | | both | | 1 EA | 32 | | UHC | Medicaid | | 100 | | 5.4 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN 30GM OINT | 16800131 | NDC | | | | both | | 1 EA | 32 | | UHC | Medicare | | 100 | | 5.19 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN 30GM OINT | 16800131 | NDC | | | | both | | 1 EA | 32 | | United | Commercial\|PPO | | 100 | | 4.44 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN 30GM OINT | 16800131 | NDC | | | | both | | 1 EA | 32 | | United | Oxford | | 100 | | 8.93 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN 30GM OINT | 16800131 | NDC | | | | both | | 1 EA | 32 | | Wellcare | Medicaid | | 100 | | 3.81 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN 30GM OINT | 16800131 | NDC | | | | both | | 1 EA | 32 | | Wellcare | Medicare | | 100 | | 5.2 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN 30GM OINT | 16800131 | NDC | | | | both | | 1 EA | 32 | | WellPoint | WellPoint | | 100 | | 5.46 | | | other | Drugs are paid at 100% of the AWP |
| NEO/BAC/POLY TRIPLE ANTIB OINT 30GM | 16800123 | NDC | | | | both | | 1 EA | 41 | | Aetna | Medicare | | 100 | | 5.85 | | | other | Drugs are paid at 100% of the AWP |
| NEO/BAC/POLY TRIPLE ANTIB OINT 30GM | 16800123 | NDC | | | | both | | 1 EA | 41 | | Horizon | MGD | | 100 | | 4.11 | | | other | Drugs are paid at 100% of the AWP |
| NEO/BAC/POLY TRIPLE ANTIB OINT 30GM | 16800123 | NDC | | | | both | | 1 EA | 41 | | Horizon | NJ Health | | 100 | | 2.16 | | | other | Drugs are paid at 100% of the AWP |
| NEO/BAC/POLY TRIPLE ANTIB OINT 30GM | 16800123 | NDC | | | | both | | 1 EA | 41 | | UHC | Medicaid | | 100 | | 7.11 | | | other | Drugs are paid at 100% of the AWP |
| NEO/BAC/POLY TRIPLE ANTIB OINT 30GM | 16800123 | NDC | | | | both | | 1 EA | 41 | | UHC | Medicare | | 100 | | 4.75 | | | other | Drugs are paid at 100% of the AWP |
| NEO/BAC/POLY TRIPLE ANTIB OINT 30GM | 16800123 | NDC | | | | both | | 1 EA | 41 | | Wellcare | Medicaid | | 100 | | 3.04 | | | other | Drugs are paid at 100% of the AWP |
| NEO/BAC/POLY TRIPLE ANTIB OINT 30GM | 16800123 | NDC | | | | both | | 1 EA | 41 | | WellPoint | WellPoint | | 100 | | 5.8 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 0.5% (30GM) CREAM | 16800143 | NDC | | | | both | | 1 EA | 19 | | Aetna | Medicare | | 100 | | 1.02 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 0.5% (30GM) CREAM | 16800143 | NDC | | | | both | | 1 EA | 19 | | Horizon | MGD | | 100 | | 8.76 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 0.5% (30GM) CREAM | 16800143 | NDC | | | | both | | 1 EA | 19 | | Horizon | NJ Health | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 0.5% (30GM) CREAM | 16800143 | NDC | | | | both | | 1 EA | 19 | | UHC | Medicaid | | 100 | | 2.48 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 0.5% (30GM) CREAM | 16800143 | NDC | | | | both | | 1 EA | 19 | | UHC | Medicare | | 100 | | 5.22 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 0.5% (30GM) CREAM | 16800143 | NDC | | | | both | | 1 EA | 19 | | WellPoint | WellPoint | | 100 | | 1.9 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 1% (30GM) CREAM | 16800153 | NDC | | | | both | | 1 EA | 26.5 | | Aetna | Better Health | | 100 | | 3.71 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 1% (30GM) CREAM | 16800153 | NDC | | | | both | | 1 EA | 26.5 | | Horizon | Indemnity | | 100 | | 0.91 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 1% (30GM) CREAM | 16800153 | NDC | | | | both | | 1 EA | 26.5 | | Horizon | Medicare Blue | | 100 | | 8.62 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 1% (30GM) CREAM | 16800153 | NDC | | | | both | | 1 EA | 26.5 | | Horizon | MGD | | 100 | | 7.26 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 1% (30GM) CREAM | 16800153 | NDC | | | | both | | 1 EA | 26.5 | | Horizon | NJ Health | | 100 | | 2.36 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 1% (30GM) CREAM | 16800153 | NDC | | | | both | | 1 EA | 26.5 | | Horizon | PPO | | 100 | | 3.77 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 1% (30GM) CREAM | 16800153 | NDC | | | | both | | 1 EA | 26.5 | | UHC | Medicaid | | 100 | | 3.79 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 1% (30GM) CREAM | 16800153 | NDC | | | | both | | 1 EA | 26.5 | | UHC | Medicare | | 100 | | 6.08 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 1% (30GM) CREAM | 16800153 | NDC | | | | both | | 1 EA | 26.5 | | Wellcare | Medicare | | 100 | | 4.72 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 1% (30GM) CREAM | 16800153 | NDC | | | | both | | 1 EA | 26.5 | | WellPoint | WellPoint | | 100 | | 2.94 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 1% (30GM) OINT | 16800203 | NDC | | | | both | | 1 EA | 26.5 | | Horizon | MGD | | 100 | | 2.06 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 1% (30GM) OINT | 16800203 | NDC | | | | both | | 1 EA | 26.5 | | Horizon | NJ Health | | 100 | | 3.43 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 1% (30GM) OINT | 16800203 | NDC | | | | both | | 1 EA | 26.5 | | Horizon | PPO | | 100 | | 25.39 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 1% (30GM) OINT | 16800203 | NDC | | | | both | | 1 EA | 26.5 | | UHC | Medicare | | 100 | | 6.33 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 1% (30GM) OINT | 16800203 | NDC | | | | both | | 1 EA | 26.5 | | Wellcare | Medicaid | | 100 | | 2.68 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN OPTH OINT | 16800263 | NDC | | | | both | | 1 EA | 33.5 | | UHC | Medicaid | | 100 | | 10.28 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN A&D OINT | 16800350 | NDC | | | | both | | 1 EA | 8.5 | | Aetna | Better Health | | 100 | | 1.92 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN A&D OINT | 16800350 | NDC | | | | both | | 1 EA | 8.5 | | Horizon | NJ Health | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN A&D OINT | 16800350 | NDC | | | | both | | 1 EA | 8.5 | | UHC | Medicaid | | 100 | | 1.94 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN A&D OINT | 16800350 | NDC | | | | both | | 1 EA | 8.5 | | United | Commercial\|PPO | | 100 | | 0.08 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN A&D OINT | 16800350 | NDC | | | | both | | 1 EA | 8.5 | | Wellcare | Medicaid | | 100 | | 1.08 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN A&D OINT | 16800350 | NDC | | | | both | | 1 EA | 8.5 | | WellPoint | WellPoint | | 100 | | 3.06 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN A&D OINT (5GM) | 16800354 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN A&D OINT (5GM) | 16800354 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN A&D OINT (5GM) | 16800354 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 1.41 | | | other | Drugs are paid at 100% of the AWP |
| PETROLATUM(WHITE) 454GM | 16800531 | NDC | | | | both | | 1 EA | 27.5 | | Corrections | Corrections | | 100 | | 3.75 | | | other | Drugs are paid at 100% of the AWP |
| PETROLATUM(WHITE) 454GM | 16800531 | NDC | | | | both | | 1 EA | 27.5 | | Horizon | NJ Health | | 100 | | 1.57 | | | other | Drugs are paid at 100% of the AWP |
| PETROLATUM(WHITE) 454GM | 16800531 | NDC | | | | both | | 1 EA | 27.5 | | UHC | Medicare | | 100 | | 3.16 | | | other | Drugs are paid at 100% of the AWP |
| PETROLATUM(WHITE) 454GM | 16800531 | NDC | | | | both | | 1 EA | 27.5 | | Wellcare | Medicaid | | 100 | | 14.35 | | | other | Drugs are paid at 100% of the AWP |
| PETROLATUM(WHITE) 454GM | 16800531 | NDC | | | | both | | 1 EA | 27.5 | | WellPoint | WellPoint | | 100 | | 2.89 | | | other | Drugs are paid at 100% of the AWP |
| PETROLATUM(WHITE) 5GM OINT | 16800534 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| PETROLATUM(WHITE) 5GM OINT | 16800534 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| PETROLATUM(WHITE) 5GM OINT | 16800534 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| BETAMETHASONE 0.05% (15GM) CREAM | 16800551 | NDC | | | | both | | 1 EA | 43 | | Horizon | Medicare Blue | | 100 | | 7.01 | | | other | Drugs are paid at 100% of the AWP |
| BETAMETHASONE 0.05% (15GM) CREAM | 16800551 | NDC | | | | both | | 1 EA | 43 | | Horizon | MGD | | 100 | | 11.83 | | | other | Drugs are paid at 100% of the AWP |
| BETAMETHASONE 0.05% (15GM) CREAM | 16800551 | NDC | | | | both | | 1 EA | 43 | | Wellcare | Medicare | | 100 | | 11.83 | | | other | Drugs are paid at 100% of the AWP |
| BETAMETHASONE 0.05% (15GM) CREAM | 16800551 | NDC | | | | both | | 1 EA | 43 | | WellPoint | WellPoint | | 100 | | 5.6 | | | other | Drugs are paid at 100% of the AWP |
| ZINC OXIDE OINT 20% 30GM | 16800623 | NDC | | | | both | | 1 EA | 8.5 | | Aetna | Medicare | | 100 | | 0.89 | | | other | Drugs are paid at 100% of the AWP |
| ZINC OXIDE OINT 20% 30GM | 16800623 | NDC | | | | both | | 1 EA | 8.5 | | UHC | Medicaid | | 100 | | 1.6 | | | other | Drugs are paid at 100% of the AWP |
| ZINC OXIDE OINT 20% 30GM | 16800623 | NDC | | | | both | | 1 EA | 8.5 | | UHC | Medicare | | 100 | | 1.53 | | | other | Drugs are paid at 100% of the AWP |
| ZINC OXIDE OINT 20% 30GM | 16800623 | NDC | | | | both | | 1 EA | 8.5 | | WellPoint | WellPoint | | 100 | | 0.84 | | | other | Drugs are paid at 100% of the AWP |
| ERYTHROMYCIN 0.5% OPTH OINT | 16800701 | NDC | | | | both | | 1 EA | 32 | | Aetna | Better Health | | 100 | | 3.84 | | | other | Drugs are paid at 100% of the AWP |
| ERYTHROMYCIN 0.5% OPTH OINT | 16800701 | NDC | | | | both | | 1 EA | 32 | | Aetna | Commercial | | 100 | | 8.3 | | | other | Drugs are paid at 100% of the AWP |
| ERYTHROMYCIN 0.5% OPTH OINT | 16800701 | NDC | | | | both | | 1 EA | 32 | | Aetna | Medicare | | 100 | | 2.79 | | | other | Drugs are paid at 100% of the AWP |
| ERYTHROMYCIN 0.5% OPTH OINT | 16800701 | NDC | | | | both | | 1 EA | 32 | | Corrections | Corrections | | 100 | | 5.39 | | | other | Drugs are paid at 100% of the AWP |
| ERYTHROMYCIN 0.5% OPTH OINT | 16800701 | NDC | | | | both | | 1 EA | 32 | | Horizon | Indemnity | | 100 | | 15.51 | | | other | Drugs are paid at 100% of the AWP |
| ERYTHROMYCIN 0.5% OPTH OINT | 16800701 | NDC | | | | both | | 1 EA | 32 | | Horizon | Medicare Blue | | 100 | | 6.99 | | | other | Drugs are paid at 100% of the AWP |
| ERYTHROMYCIN 0.5% OPTH OINT | 16800701 | NDC | | | | both | | 1 EA | 32 | | Horizon | MGD | | 100 | | 17.06 | | | other | Drugs are paid at 100% of the AWP |
| ERYTHROMYCIN 0.5% OPTH OINT | 16800701 | NDC | | | | both | | 1 EA | 32 | | Horizon | NJ Health | | 100 | | 3.96 | | | other | Drugs are paid at 100% of the AWP |
| ERYTHROMYCIN 0.5% OPTH OINT | 16800701 | NDC | | | | both | | 1 EA | 32 | | Horizon | PPO | | 100 | | 14.71 | | | other | Drugs are paid at 100% of the AWP |
| ERYTHROMYCIN 0.5% OPTH OINT | 16800701 | NDC | | | | both | | 1 EA | 32 | | UHC | Medicaid | | 100 | | 6.34 | | | other | Drugs are paid at 100% of the AWP |
| ERYTHROMYCIN 0.5% OPTH OINT | 16800701 | NDC | | | | both | | 1 EA | 32 | | UHC | Medicare | | 100 | | 5.74 | | | other | Drugs are paid at 100% of the AWP |
| ERYTHROMYCIN 0.5% OPTH OINT | 16800701 | NDC | | | | both | | 1 EA | 32 | | United | Commercial\|PPO | | 100 | | 9.01 | | | other | Drugs are paid at 100% of the AWP |
| ERYTHROMYCIN 0.5% OPTH OINT | 16800701 | NDC | | | | both | | 1 EA | 32 | | United | Oxford | | 100 | | 7.13 | | | other | Drugs are paid at 100% of the AWP |
| ERYTHROMYCIN 0.5% OPTH OINT | 16800701 | NDC | | | | both | | 1 EA | 32 | | Wellcare | Medicaid | | 100 | | 7.04 | | | other | Drugs are paid at 100% of the AWP |
| ERYTHROMYCIN 0.5% OPTH OINT | 16800701 | NDC | | | | both | | 1 EA | 32 | | Wellcare | Medicare | | 100 | | 11.73 | | | other | Drugs are paid at 100% of the AWP |
| ERYTHROMYCIN 0.5% OPTH OINT | 16800701 | NDC | | | | both | | 1 EA | 32 | | WellPoint | WellPoint | | 100 | | 7.6 | | | other | Drugs are paid at 100% of the AWP |
| GENTAMICIN 0.1% (15GM) CREAM | 16800711 | NDC | | | | both | | 1 EA | 23.5 | | WellPoint | WellPoint | | 100 | | 23.25 | | | other | Drugs are paid at 100% of the AWP |
| GENTAMICIN 0.1% (15GM) OINT | 16800781 | NDC | | | | both | | 1 EA | 26.5 | | Horizon | NJ Health | | 100 | | 2.96 | | | other | Drugs are paid at 100% of the AWP |
| MYCOLOG-II CREAM (30GM) | 16800813 | NDC | | | | both | | 1 EA | 50 | | Horizon | NJ Health | | 100 | | 10.12 | | | other | Drugs are paid at 100% of the AWP |
| MYCOLOG-II OINT (30GM) | 16800893 | NDC | | | | both | | 1 EA | 35.5 | | Aetna | Better Health | | 100 | | 10.58 | | | other | Drugs are paid at 100% of the AWP |
| MYCOLOG-II OINT (30GM) | 16800893 | NDC | | | | both | | 1 EA | 35.5 | | UHC | Medicaid | | 100 | | 10.58 | | | other | Drugs are paid at 100% of the AWP |
| CLOBETASOL 0.05% 30GM OINT | 16801623 | NDC | | | | both | | 1 EA | 162 | | Aetna | Medicare | | 100 | | 63.47 | | | other | Drugs are paid at 100% of the AWP |
| CLOBETASOL 0.05% 30GM OINT | 16801623 | NDC | | | | both | | 1 EA | 162 | | Horizon | NJ Health | | 100 | | 35.16 | | | other | Drugs are paid at 100% of the AWP |
| CLOBETASOL 0.05% 30GM OINT | 16801623 | NDC | | | | both | | 1 EA | 162 | | Wellcare | Medicaid | | 100 | | 45.95 | | | other | Drugs are paid at 100% of the AWP |
| CLOBETASOL 0.05% 30GM OINT | 16801623 | NDC | | | | both | | 1 EA | 162 | | WellPoint | WellPoint | | 100 | | 31.97 | | | other | Drugs are paid at 100% of the AWP |
| ATROPINE 1% (15ML) OPTH SOL | 16801721 | NDC | | | | both | | 1 EA | 26.5 | | Aetna | Commercial | | 100 | | 5.3 | | | other | Drugs are paid at 100% of the AWP |
| ATROPINE 1% (15ML) OPTH SOL | 16801721 | NDC | | | | both | | 1 EA | 26.5 | | Horizon | NJ Health | | 100 | | 3.66 | | | other | Drugs are paid at 100% of the AWP |
| ATROPINE 1% (15ML) OPTH SOL | 16801721 | NDC | | | | both | | 1 EA | 26.5 | | WellPoint | WellPoint | | 100 | | 10.43 | | | other | Drugs are paid at 100% of the AWP |
| PILOCARPINE 1% OPTH SOL 15ML | 16801731 | NDC | | | | both | | 1 EA | 47 | | Horizon | NJ Health | | 100 | | 1.28 | | | other | Drugs are paid at 100% of the AWP |
| PILOCARPINE 1% OPTH SOL 15ML | 16801731 | NDC | | | | both | | 1 EA | 47 | | UHC | Medicaid | | 100 | | 10.35 | | | other | Drugs are paid at 100% of the AWP |
| PILOCARPINE 1% OPTH SOL 15ML | 16801731 | NDC | | | | both | | 1 EA | 47 | | UHC | Medicare | | 100 | | 14.14 | | | other | Drugs are paid at 100% of the AWP |
| NITROBID 2%-1G | 16803260 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| NITROBID 2%-1G | 16803260 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Commercial | | 100 | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| NITROBID 2%-1G | 16803260 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Medicare | | 100 | | 0.81 | | | other | Drugs are paid at 100% of the AWP |
| NITROBID 2%-1G | 16803260 | NDC | | | | both | | 1 EA | 3.5 | | Amerihealth | HMO/PPO | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| NITROBID 2%-1G | 16803260 | NDC | | | | both | | 1 EA | 3.5 | | Corrections | Corrections | | 100 | | 1.07 | | | other | Drugs are paid at 100% of the AWP |
| NITROBID 2%-1G | 16803260 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | Indemnity | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| NITROBID 2%-1G | 16803260 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | Medicare Blue | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| NITROBID 2%-1G | 16803260 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 0.89 | | | other | Drugs are paid at 100% of the AWP |
| NITROBID 2%-1G | 16803260 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| NITROBID 2%-1G | 16803260 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| NITROBID 2%-1G | 16803260 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| NITROBID 2%-1G | 16803260 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| NITROBID 2%-1G | 16803260 | NDC | | | | both | | 1 EA | 3.5 | | United | Commercial\|PPO | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| NITROBID 2%-1G | 16803260 | NDC | | | | both | | 1 EA | 3.5 | | Wellcare | Medicaid | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| NITROBID 2%-1G | 16803260 | NDC | | | | both | | 1 EA | 3.5 | | Wellcare | Medicare | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| NITROBID 2%-1G | 16803260 | NDC | | | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| CLOBETASOL 0.05% (30GM) CREAM | 16816330 | NDC | | | | both | | 1 EA | 162 | | Horizon | MGD | | 100 | | 60.32 | | | other | Drugs are paid at 100% of the AWP |
| CLOBETASOL 0.05% (30GM) CREAM | 16816330 | NDC | | | | both | | 1 EA | 162 | | Horizon | NJ Health | | 100 | | 39.04 | | | other | Drugs are paid at 100% of the AWP |
| CLOBETASOL 0.05% (30GM) CREAM | 16816330 | NDC | | | | both | | 1 EA | 162 | | Horizon | PPO | | 100 | | 36.89 | | | other | Drugs are paid at 100% of the AWP |
| CLOBETASOL 0.05% (30GM) CREAM | 16816330 | NDC | | | | both | | 1 EA | 162 | | WellPoint | WellPoint | | 100 | | 67.94 | | | other | Drugs are paid at 100% of the AWP |
| TETRACYCLINE 250MG CAP | 17224166 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| TETRACYCLINE 250MG CAP | 17224166 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| TETRACYCLINE 250MG CAP | 17224166 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| TETRACYCLINE 250MG CAP | 17224166 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 100MG TAB | 17303464 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 100MG TAB | 17303464 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Commercial | | 100 | | 1.25 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 100MG TAB | 17303464 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Medicare | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 100MG TAB | 17303464 | NDC | | | | both | | 1 EA | 3.5 | | Corrections | Corrections | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 100MG TAB | 17303464 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | Medicare Blue | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| LABETALOL 100MG TAB | 173034647 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 100MG TAB | 173034647 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 100MG TAB | 173034647 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 0.88 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 100MG TAB | 173034647 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 100MG TAB | 173034647 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 100MG TAB | 173034647 | NDC | | | | both | | 1 EA | 3.5 | | United | CommercialPPO | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 100MG TAB | 173034647 | NDC | | | | both | | 1 EA | 3.5 | | Wellcare | Medicaid | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 100MG TAB | 173034647 | NDC | | | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| LAMIVUDINE 150MG TAB | 173047001 | NDC | | | | both | | 1 EA | 42 | | Aetna | Medicare | | 100 | | 8.22 | | | other | Drugs are paid at 100% of the AWP |
| LAMIVUDINE 150MG TAB | 173047001 | NDC | | | | both | | 1 EA | 42 | | Horizon | Medicare Blue | | 100 | | 17.16 | | | other | Drugs are paid at 100% of the AWP |
| LAMIVUDINE 150MG TAB | 173047001 | NDC | | | | both | | 1 EA | 42 | | Horizon | MGD | | 100 | | 7.68 | | | other | Drugs are paid at 100% of the AWP |
| LAMIVUDINE 150MG TAB | 173047001 | NDC | | | | both | | 1 EA | 42 | | Horizon | NJ Health | | 100 | | 6.46 | | | other | Drugs are paid at 100% of the AWP |
| LAMIVUDINE 150MG TAB | 173047001 | NDC | | | | both | | 1 EA | 42 | | UHC | Medicaid | | 100 | | 5.77 | | | other | Drugs are paid at 100% of the AWP |
| LAMIVUDINE 150MG TAB | 173047001 | NDC | | | | both | | 1 EA | 42 | | UHC | Medicare | | 100 | | 9.2 | | | other | Drugs are paid at 100% of the AWP |
| LAMIVUDINE 150MG TAB | 173047001 | NDC | | | | both | | 1 EA | 42 | | Wellcare | Medicare | | 100 | | 2.25 | | | other | Drugs are paid at 100% of the AWP |
| LAMIVUDINE 150MG TAB | 173047001 | NDC | | | | both | | 1 EA | 42 | | WellPoint | WellPoint | | 100 | | 8.36 | | | other | Drugs are paid at 100% of the AWP |
| LAMIVUDINE 10MG/1ML ELIXIR | 173047100 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 1.1 | | | other | Drugs are paid at 100% of the AWP |
| LAMIVUDINE 10MG/1ML ELIXIR | 173047100 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.74 | | | other | Drugs are paid at 100% of the AWP |
| LAMIVUDINE 10MG/1ML ELIXIR | 173047100 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 4MG/5ML LIQ | 173048900 | NDC | | | | both | | 1 EA | 35.5 | | Aetna | Better Health | | 100 | | 9.16 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 4MG/5ML LIQ | 173048900 | NDC | | | | both | | 1 EA | 35.5 | | Aetna | Commercial | | 100 | | 7.15 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 4MG/5ML LIQ | 173048900 | NDC | | | | both | | 1 EA | 35.5 | | Horizon | Indemnity | | 100 | | 8.56 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 4MG/5ML LIQ | 173048900 | NDC | | | | both | | 1 EA | 35.5 | | Horizon | MGD | | 100 | | 9.77 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 4MG/5ML LIQ | 173048900 | NDC | | | | both | | 1 EA | 35.5 | | Horizon | NJ Health | | 100 | | 8.34 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 4MG/5ML LIQ | 173048900 | NDC | | | | both | | 1 EA | 35.5 | | Horizon | PPO | | 100 | | 9.97 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 4MG/5ML LIQ | 173048900 | NDC | | | | both | | 1 EA | 35.5 | | UHC | Medicaid | | 100 | | 4.66 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 4MG/5ML LIQ | 173048900 | NDC | | | | both | | 1 EA | 35.5 | | UHC | Medicare | | 100 | | 2.9 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 4MG/5ML LIQ | 173048900 | NDC | | | | both | | 1 EA | 35.5 | | United | CommercialPPO | | 100 | | 25.91 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 4MG/5ML LIQ | 173048900 | NDC | | | | both | | 1 EA | 35.5 | | United | Oxford | | 100 | | 6.32 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 4MG/5ML LIQ | 173048900 | NDC | | | | both | | 1 EA | 35.5 | | Wellcare | Medicaid | | 100 | | 10.08 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON 4MG/5ML LIQ | 173048900 | NDC | | | | both | | 1 EA | 35.5 | | WellPoint | WellPoint | | 100 | | 10.54 | | | other | Drugs are paid at 100% of the AWP |
| SALMETEROL DISKUS 50MCG/BLISTER | 173052000 | NDC | | | | both | | 1 EA | 21.5 | | UHC | Medicare | | 100 | | 8.73 | | | other | Drugs are paid at 100% of the AWP |
| SALMETEROL DISKUS 50MCG/BLISTER | 173052000 | NDC | | | | both | | 1 EA | 21.5 | | Wellcare | Medicare | | 100 | | 2.29 | | | other | Drugs are paid at 100% of the AWP |
| VALACYCLOVIR HCL 1GM TAB | 173056504 | NDC | | | | both | | 1 EA | 51.5 | | Corrections | Corrections | | 100 | | 7.06 | | | other | Drugs are paid at 100% of the AWP |
| VALACYCLOVIR HCL 1GM TAB | 173056504 | NDC | | | | both | | 1 EA | 51.5 | | Horizon | MGD | | 100 | | 12.58 | | | other | Drugs are paid at 100% of the AWP |
| VALACYCLOVIR HCL 1GM TAB | 173056504 | NDC | | | | both | | 1 EA | 51.5 | | Horizon | NJ Health | | 100 | | 4.71 | | | other | Drugs are paid at 100% of the AWP |
| VALACYCLOVIR HCL 1GM TAB | 173056504 | NDC | | | | both | | 1 EA | 51.5 | | UHC | Medicaid | | 100 | | 12.47 | | | other | Drugs are paid at 100% of the AWP |
| VALACYCLOVIR HCL 1GM TAB | 173056504 | NDC | | | | both | | 1 EA | 51.5 | | UHC | Medicare | | 100 | | 8.67 | | | other | Drugs are paid at 100% of the AWP |
| VALACYCLOVIR HCL 1GM TAB | 173056504 | NDC | | | | both | | 1 EA | 51.5 | | Wellcare | Medicare | | 100 | | 11.32 | | | other | Drugs are paid at 100% of the AWP |
| VALACYCLOVIR HCL 1GM TAB | 173056504 | NDC | | | | both | | 1 EA | 51.5 | | WellPoint | WellPoint | | 100 | | 10.7 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON ODT 4MG TAB | 173056900 | NDC | | | | both | | 1 EA | 109.5 | | Aetna | Better Health | | 100 | | 20.78 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON ODT 4MG TAB | 173056900 | NDC | | | | both | | 1 EA | 109.5 | | Aetna | Commercial | | 100 | | 14.11 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON ODT 4MG TAB | 173056900 | NDC | | | | both | | 1 EA | 109.5 | | Aetna | Medicare | | 100 | | 15.13 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON ODT 4MG TAB | 173056900 | NDC | | | | both | | 1 EA | 109.5 | | Amerihealth | HMO/PPO | | 100 | | 10.85 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON ODT 4MG TAB | 173056900 | NDC | | | | both | | 1 EA | 109.5 | | Corrections | Corrections | | 100 | | 22.51 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON ODT 4MG TAB | 173056900 | NDC | | | | both | | 1 EA | 109.5 | | Horizon | Indemnity | | 100 | | 12.35 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON ODT 4MG TAB | 173056900 | NDC | | | | both | | 1 EA | 109.5 | | Horizon | Medicare Blue | | 100 | | 15.06 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON ODT 4MG TAB | 173056900 | NDC | | | | both | | 1 EA | 109.5 | | Horizon | MGD | | 100 | | 22.52 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON ODT 4MG TAB | 173056900 | NDC | | | | both | | 1 EA | 109.5 | | Horizon | NJ Health | | 100 | | 11.82 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON ODT 4MG TAB | 173056900 | NDC | | | | both | | 1 EA | 109.5 | | Horizon | PPO | | 100 | | 19.93 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON ODT 4MG TAB | 173056900 | NDC | | | | both | | 1 EA | 109.5 | | UHC | Medicaid | | 100 | | 23.15 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON ODT 4MG TAB | 173056900 | NDC | | | | both | | 1 EA | 109.5 | | UHC | Medicare | | 100 | | 17.77 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON ODT 4MG TAB | 173056900 | NDC | | | | both | | 1 EA | 109.5 | | United | CommercialPPO | | 100 | | 7.78 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON ODT 4MG TAB | 173056900 | NDC | | | | both | | 1 EA | 109.5 | | United | Oxford | | 100 | | 9.72 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON ODT 4MG TAB | 173056900 | NDC | | | | both | | 1 EA | 109.5 | | Wellcare | Medicaid | | 100 | | 21.72 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON ODT 4MG TAB | 173056900 | NDC | | | | both | | 1 EA | 109.5 | | Wellcare | Medicare | | 100 | | 51.48 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON ODT 4MG TAB | 173056900 | NDC | | | | both | | 1 EA | 109.5 | | WellPoint | WellPoint | | 100 | | 22.84 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON ODT 8MG TAB | 173057000 | NDC | | | | both | | 1 EA | 245 | | Horizon | NJ Health | | 100 | | 52.21 | | | other | Drugs are paid at 100% of the AWP |
| ONDANSETRON ODT 8MG TAB | 173057000 | NDC | | | | both | | 1 EA | 245 | | UHC | Medicare | | 100 | | 45.03 | | | other | Drugs are paid at 100% of the AWP |
| LAMICTAL 25MG TAB(NF) | 173063302 | NDC | | | | both | | 1 EA | 27.5 | | Aetna | Commercial | | 100 | | 4.28 | | | other | Drugs are paid at 100% of the AWP |
| LAMICTAL 25MG TAB(NF) | 173063302 | NDC | | | | both | | 1 EA | 27.5 | | Corrections | Corrections | | 100 | | 4.81 | | | other | Drugs are paid at 100% of the AWP |
| LAMICTAL 25MG TAB(NF) | 173063302 | NDC | | | | both | | 1 EA | 27.5 | | Horizon | Indemnity | | 100 | | 10.02 | | | other | Drugs are paid at 100% of the AWP |
| LAMICTAL 25MG TAB(NF) | 173063302 | NDC | | | | both | | 1 EA | 27.5 | | Horizon | MGD | | 100 | | 4.52 | | | other | Drugs are paid at 100% of the AWP |
| LAMICTAL 25MG TAB(NF) | 173063302 | NDC | | | | both | | 1 EA | 27.5 | | Horizon | NJ Health | | 100 | | 2.84 | | | other | Drugs are paid at 100% of the AWP |
| LAMICTAL 25MG TAB(NF) | 173063302 | NDC | | | | both | | 1 EA | 27.5 | | Horizon | PPO | | 100 | | 6.93 | | | other | Drugs are paid at 100% of the AWP |
| LAMICTAL 25MG TAB(NF) | 173063302 | NDC | | | | both | | 1 EA | 27.5 | | UHC | Medicaid | | 100 | | 3.93 | | | other | Drugs are paid at 100% of the AWP |
| LAMICTAL 25MG TAB(NF) | 173063302 | NDC | | | | both | | 1 EA | 27.5 | | UHC | Medicare | | 100 | | 8.22 | | | other | Drugs are paid at 100% of the AWP |
| LAMICTAL 25MG TAB(NF) | 173063302 | NDC | | | | both | | 1 EA | 27.5 | | United | CommercialPPO | | 100 | | 1.77 | | | other | Drugs are paid at 100% of the AWP |
| LAMICTAL 25MG TAB(NF) | 173063302 | NDC | | | | both | | 1 EA | 27.5 | | Wellcare | Medicaid | | 100 | | 7.73 | | | other | Drugs are paid at 100% of the AWP |
| LAMICTAL 25MG TAB(NF) | 173063302 | NDC | | | | both | | 1 EA | 27.5 | | WellPoint | WellPoint | | 100 | | 2.78 | | | other | Drugs are paid at 100% of the AWP |
| LAMICTAL 100MG TAB(NF) | 173064255 | NDC | | | | both | | 1 EA | 32 | | Aetna | Better Health | | 100 | | 4.99 | | | other | Drugs are paid at 100% of the AWP |
| LAMICTAL 100MG TAB(NF) | 173064255 | NDC | | | | both | | 1 EA | 32 | | Aetna | Commercial | | 100 | | 0.83 | | | other | Drugs are paid at 100% of the AWP |
| LAMICTAL 100MG TAB(NF) | 173064255 | NDC | | | | both | | 1 EA | 32 | | Corrections | Corrections | | 100 | | 6.11 | | | other | Drugs are paid at 100% of the AWP |
| LAMICTAL 100MG TAB(NF) | 173064255 | NDC | | | | both | | 1 EA | 32 | | Horizon | Indemnity | | 100 | | 18.93 | | | other | Drugs are paid at 100% of the AWP |
| LAMICTAL 100MG TAB(NF) | 173064255 | NDC | | | | both | | 1 EA | 32 | | Horizon | Medicare Blue | | 100 | | 5.28 | | | other | Drugs are paid at 100% of the AWP |
| LAMICTAL 100MG TAB(NF) | 173064255 | NDC | | | | both | | 1 EA | 32 | | Horizon | MGD | | 100 | | 9.8 | | | other | Drugs are paid at 100% of the AWP |
| LAMICTAL 100MG TAB(NF) | 173064255 | NDC | | | | both | | 1 EA | 32 | | Horizon | NJ Health | | 100 | | 4.1 | | | other | Drugs are paid at 100% of the AWP |
| LAMICTAL 100MG TAB(NF) | 173064255 | NDC | | | | both | | 1 EA | 32 | | Horizon | PPO | | 100 | | 8.61 | | | other | Drugs are paid at 100% of the AWP |
| LAMICTAL 100MG TAB(NF) | 173064255 | NDC | | | | both | | 1 EA | 32 | | UHC | Medicaid | | 100 | | 4.47 | | | other | Drugs are paid at 100% of the AWP |
| LAMICTAL 100MG TAB(NF) | 173064255 | NDC | | | | both | | 1 EA | 32 | | UHC | Medicare | | 100 | | 7.9 | | | other | Drugs are paid at 100% of the AWP |
| LAMICTAL 100MG TAB(NF) | 173064255 | NDC | | | | both | | 1 EA | 32 | | United | CommercialPPO | | 100 | | 2.31 | | | other | Drugs are paid at 100% of the AWP |
| LAMICTAL 100MG TAB(NF) | 173064255 | NDC | | | | both | | 1 EA | 32 | | Wellcare | Medicaid | | 100 | | 3.66 | | | other | Drugs are paid at 100% of the AWP |
| LAMICTAL 100MG TAB(NF) | 173064255 | NDC | | | | both | | 1 EA | 32 | | Wellcare | Medicare | | 100 | | 4.58 | | | other | Drugs are paid at 100% of the AWP |
| LAMICTAL 100MG TAB(NF) | 173064255 | NDC | | | | both | | 1 EA | 32 | | WellPoint | WellPoint | | 100 | | 8.12 | | | other | Drugs are paid at 100% of the AWP |
| ABACAVIR 300MG TAB | 173066100 | NDC | | | | both | | 1 EA | 55.5 | | Horizon | MGD | | 100 | | 5.7 | | | other | Drugs are paid at 100% of the AWP |
| ABACAVIR 300MG TAB | 173066100 | NDC | | | | both | | 1 EA | 55.5 | | UHC | Medicare | | 100 | | 14.7 | | | other | Drugs are paid at 100% of the AWP |
| ABACAVIR 300MG TAB | 173066100 | NDC | | | | both | | 1 EA | 55.5 | | Wellcare | Medicare | | 100 | | 15.62 | | | other | Drugs are paid at 100% of the AWP |
| ABACAVIR 300MG TAB | 173066100 | NDC | | | | both | | 1 EA | 55.5 | | WellPoint | WellPoint | | 100 | | 20.18 | | | other | Drugs are paid at 100% of the AWP |
| ABACAVIR 20MG*1ML ORAL SOL | 173066400 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| ATOVAQUONE-PROGUANIL 250-100MG TAB | 173067502 | NDC | | | | both | | 1 EA | 35.5 | | Horizon | NJ Health | | 100 | | 7.82 | | | other | Drugs are paid at 100% of the AWP |
| FLUTICASONE 44MCG(HFA) | 173071800 | NDC | | | | both | | 1 EA | 459 | | Aetna | Better Health | | 100 | | 92.34 | | | other | Drugs are paid at 100% of the AWP |
| FLUTICASONE 44MCG(HFA) | 173071800 | NDC | | | | both | | 1 EA | 459 | | Aetna | Commercial | | 100 | | 195.74 | | | other | Drugs are paid at 100% of the AWP |
| FLUTICASONE 44MCG(HFA) | 173071800 | NDC | | | | both | | 1 EA | 459 | | Horizon | Indemnity | | 100 | | 50.84 | | | other | Drugs are paid at 100% of the AWP |
| FLUTICASONE 44MCG(HFA) | 173071800 | NDC | | | | both | | 1 EA | 459 | | Horizon | MGD | | 100 | | 141.05 | | | other | Drugs are paid at 100% of the AWP |
| FLUTICASONE 44MCG(HFA) | 173071800 | NDC | | | | both | | 1 EA | 459 | | Horizon | NJ Health | | 100 | | 49.24 | | | other | Drugs are paid at 100% of the AWP |
| FLUTICASONE 44MCG(HFA) | 173071800 | NDC | | | | both | | 1 EA | 459 | | UHC | Medicaid | | 100 | | 69.32 | | | other | Drugs are paid at 100% of the AWP |
| FLUTICASONE 44MCG(HFA) | 173071800 | NDC | | | | both | | 1 EA | 459 | | United | CommercialPPO | | 100 | | 80.05 | | | other | Drugs are paid at 100% of the AWP |
| FLUTICASONE 44MCG(HFA) | 173071800 | NDC | | | | both | | 1 EA | 459 | | Wellcare | Medicaid | | 100 | | 65.92 | | | other | Drugs are paid at 100% of the AWP |
| FLUTICASONE 44MCG(HFA) | 173071800 | NDC | | | | both | | 1 EA | 459 | | WellPoint | WellPoint | | 100 | | 66.7 | | | other | Drugs are paid at 100% of the AWP |
| FLUTICASONE 110MCG(HFA) | 173071920 | NDC | | | | both | | 1 EA | 606.5 | | Aetna | Commercial | | 100 | | 144.7 | | | other | Drugs are paid at 100% of the AWP |
| FLUTICASONE 110MCG(HFA) | 173071920 | NDC | | | | both | | 1 EA | 606.5 | | Horizon | Indemnity | | 100 | | 421.34 | | | other | Drugs are paid at 100% of the AWP |
| FLUTICASONE 110MCG(HFA) | 173071920 | NDC | | | | both | | 1 EA | 606.5 | | Horizon | Medicare Blue | | 100 | | 166.42 | | | other | Drugs are paid at 100% of the AWP |
| FLUTICASONE 110MCG(HFA) | 173071920 | NDC | | | | both | | 1 EA | 606.5 | | Horizon | NJ Health | | 100 | | 88.16 | | | other | Drugs are paid at 100% of the AWP |
| FLUTICASONE 110MCG(HFA) | 173071920 | NDC | | | | both | | 1 EA | 606.5 | | Horizon | PPO | | 100 | | 74.84 | | | other | Drugs are paid at 100% of the AWP |
| FLUTICASONE 110MCG(HFA) | 173071920 | NDC | | | | both | | 1 EA | 606.5 | | UHC | Medicaid | | 100 | | 93.89 | | | other | Drugs are paid at 100% of the AWP |
| FLUTICASONE 110MCG(HFA) | 173071920 | NDC | | | | both | | 1 EA | 606.5 | | UHC | Medicare | | 100 | | 176.2 | | | other | Drugs are paid at 100% of the AWP |
| FLUTICASONE 110MCG(HFA) | 173071920 | NDC | | | | both | | 1 EA | 606.5 | | United | CommercialPPO | | 100 | | 192.15 | | | other | Drugs are paid at 100% of the AWP |
| FLUTICASONE 110MCG(HFA) | 173071920 | NDC | | | | both | | 1 EA | 606.5 | | WellPoint | WellPoint | | 100 | | 106.14 | | | other | Drugs are paid at 100% of the AWP |
| FLUTICASONE 220MCG(HFA) | 173072000 | NDC | | | | both | | 1 EA | 937 | | Aetna | Better Health | | 100 | | 295.62 | | | other | Drugs are paid at 100% of the AWP |
| FLUTICASONE 220MCG(HFA) | 173072000 | NDC | | | | both | | 1 EA | 937 | | Horizon | NJ Health | | 100 | | 120.01 | | | other | Drugs are paid at 100% of the AWP |
| FLUTICASONE 220MCG(HFA) | 173072000 | NDC | | | | both | | 1 EA | 937 | | UHC | Medicaid | | 100 | | 136.1 | | | other | Drugs are paid at 100% of the AWP |
| FLUTICASONE 220MCG(HFA) | 173072000 | NDC | | | | both | | 1 EA | 937 | | UHC | Medicare | | 100 | | 133.64 | | | other | Drugs are paid at 100% of the AWP |
| BUPROPION XL ER 150MG TAB | 173073001 | NDC | | | | both | | 1 EA | 26.5 | | Aetna | Better Health | | 100 | | 7.67 | | | other | Drugs are paid at 100% of the AWP |
| BUPROPION XL ER 150MG TAB | 173073001 | NDC | | | | both | | 1 EA | 26.5 | | Aetna | Commercial | | 100 | | 6.68 | | | other | Drugs are paid at 100% of the AWP |
| BUPROPION XL ER 150MG TAB | 173073001 | NDC | | | | both | | 1 EA | 26.5 | | Aetna | Medicare | | 100 | | 4.25 | | | other | Drugs are paid at 100% of the AWP |
| BUPROPION XL ER 150MG TAB | 173073001 | NDC | | | | both | | 1 EA | 26.5 | | Amerihealth | HMO/PPO | | 100 | | 2.57 | | | other | Drugs are paid at 100% of the AWP |
| BUPROPION XL ER 150MG TAB | 173073001 | NDC | | | | both | | 1 EA | 26.5 | | Corrections | Corrections | | 100 | | 2.81 | | | other | Drugs are paid at 100% of the AWP |
| BUPROPION XL ER 150MG TAB | 173073001 | NDC | | | | both | | 1 EA | 26.5 | | Horizon | Indemnity | | 100 | | 1.12 | | | other | Drugs are paid at 100% of the AWP |
| BUPROPION XL ER 150MG TAB | 173073001 | NDC | | | | both | | 1 EA | 26.5 | | Horizon | Medicare Blue | | 100 | | 4.17 | | | other | Drugs are paid at 100% of the AWP |
| BUPROPION XL ER 150MG TAB | 173073001 | NDC | | | | both | | 1 EA | 26.5 | | Horizon | MGD | | 100 | | 2.74 | | | other | Drugs are paid at 100% of the AWP |
| BUPROPION XL ER 150MG TAB | 173073001 | NDC | | | | both | | 1 EA | 26.5 | | Horizon | NJ Health | | 100 | | 3.64 | | | other | Drugs are paid at 100% of the AWP |
| BUPROPION XL ER 150MG TAB | 173073001 | NDC | | | | both | | 1 EA | 26.5 | | Horizon | PPO | | 100 | | 4.39 | | | other | Drugs are paid at 100% of the AWP |
| BUPROPION XL ER 150MG TAB | 173073001 | NDC | | | | both | | 1 EA | 26.5 | | UHC | Medicaid | | 100 | | 3.18 | | | other | Drugs are paid at 100% of the AWP |
| BUPROPION XL ER 150MG TAB | 173073001 | NDC | | | | both | | 1 EA | 26.5 | | UHC | Medicare | | 100 | | 5.33 | | | other | Drugs are paid at 100% of the AWP |
| BUPROPION XL ER 150MG TAB | 173073001 | NDC | | | | both | | 1 EA | 26.5 | | United | CommercialPPO | | 100 | | 3.71 | | | other | Drugs are paid at 100% of the AWP |
| BUPROPION XL ER 150MG TAB | 173073001 | NDC | | | | both | | 1 EA | 26.5 | | Wellcare | Medicaid | | 100 | | 6.58 | | | other | Drugs are paid at 100% of the AWP |
| BUPROPION XL ER 150MG TAB | 173073001 | NDC | | | | both | | 1 EA | 26.5 | | WellPoint | WellPoint | | 100 | | 4.32 | | | other | Drugs are paid at 100% of the AWP |
| BUPROPION XL ER 300MG TAB | 173073101 | NDC | | | | both | | 1 EA | 35.5 | | Aetna | Better Health | | 100 | | 15.71 | | | other | Drugs are paid at 100% of the AWP |
| BUPROPION XL ER 300MG TAB | 173073101 | NDC | | | | both | | 1 EA | 35.5 | | Horizon | Medicare Blue | | 100 | | 4.32 | | | other | Drugs are paid at 100% of the AWP |
| BUPROPION XL ER 300MG TAB | 173073101 | NDC | | | | both | | 1 EA | 35.5 | | Horizon | NJ Health | | 100 | | 2.8 | | | other | Drugs are paid at 100% of the AWP |
| BUPROPION XL ER 300MG TAB | 173073101 | NDC | | | | both | | 1 EA | 35.5 | | Horizon | PPO | | 100 | | 5.2 | | | other | Drugs are paid at 100% of the AWP |
| BUPROPION XL ER 300MG TAB | 173073101 | NDC | | | | both | | 1 EA | 35.5 | | UHC | Medicaid | | 100 | | 4.42 | | | other | Drugs are paid at 100% of the AWP |
| BUPROPION XL ER 300MG TAB | 173073101 | NDC | | | | both | | 1 EA | 35.5 | | UHC | Medicare | | 100 | | 4.62 | | | other | Drugs are paid at 100% of the AWP |
| ABACAVIR/LAMIVUDINE 600-300MG | 173074200 | NDC | | | | both | | 1 EA | 179 | | Aetna | Better Health | | 100 | | 48.36 | | | other | Drugs are paid at 100% of the AWP |
| ABACAVIR/LAMIVUDINE 600-300MG | 173074200 | NDC | | | | both | | 1 EA | 179 | | Horizon | Indemnity | | 100 | | 33.17 | | | other | Drugs are paid at 100% of the AWP |
| ABACAVIR/LAMIVUDINE 600-300MG | 173074200 | NDC | | | | both | | 1 EA | 179 | | Horizon | Medicare Blue | | 100 | | 58.42 | | | other | Drugs are paid at 100% of the AWP |
| ABACAVIR/LAMIVUDINE 600-300MG | 173074200 | NDC | | | | both | | 1 EA | 179 | | Horizon | MGD | | 100 | | 27.45 | | | other | Drugs are paid at 100% of the AWP |
| ABACAVIR/LAMIVUDINE 600-300MG | 173074200 | NDC | | | | both | | 1 EA | 179 | | Horizon | NJ Health | | 100 | | 20.71 | | | other | Drugs are paid at 100% of the AWP |
| ABACAVIR/LAMIVUDINE 600-300MG | 173074200 | NDC | | | | both | | 1 EA | 179 | | UHC | Medicaid | | 100 | | 26.26 | | | other | Drugs are paid at 100% of the AWP |
| ABACAVIR/LAMIVUDINE 600-300MG | 173074200 | NDC | | | | both | | 1 EA | 179 | | UHC | Medicare | | 100 | | 28.21 | | | other | Drugs are paid at 100% of the AWP |
| ABACAVIR/LAMIVUDINE 600-300MG | 173074200 | NDC | | | | both | | 1 EA | 179 | | United | CommercialPPO | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| ABACAVIR/LAMIVUDINE 600-300MG | 173074200 | NDC | | | | both | | 1 EA | 179 | | Wellcare | Medicare | | 100 | | 11.94 | | | other | Drugs are paid at 100% of the AWP |
| ABACAVIR/LAMIVUDINE 600-300MG | 173074200 | NDC | | | | both | | 1 EA | 179 | | WellPoint | WellPoint | | 100 | | 40.67 | | | other | Drugs are paid at 100% of the AWP |
| VALCYCLOVIR HCL 500MG TABS | 173093308 | NDC | | | | both | | 1 EA | 35.5 | | Aetna | Better Health | | 100 | | 9.01 | | | other | Drugs are paid at 100% of the AWP |
| VALCYCLOVIR HCL 500MG TABS | 173093308 | NDC | | | | both | | 1 EA | 35.5 | | Aetna | Commercial | | 100 | | 3.62 | | | other | Drugs are paid at 100% of the AWP |
| VALCYCLOVIR HCL 500MG TABS | 173093308 | NDC | | | | both | | 1 EA | 35.5 | | Aetna | Medicare | | 100 | | 4.82 | | | other | Drugs are paid at 100% of the AWP |
| VALCYCLOVIR HCL 500MG TABS | 173093308 | NDC | | | | both | | 1 EA | 35.5 | | Corrections | Corrections | | 100 | | 6.8 | | | other | Drugs are paid at 100% of the AWP |
| VALCYCLOVIR HCL 500MG TABS | 173093308 | NDC | | | | both | | 1 EA | 35.5 | | Horizon | Medicare Blue | | 100 | | 7.23 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VALCYCLOVIR HCL 500MG TABS | 173093308 | NDC | | | | both | 1 EA | 35.5 | | | Horizon | MGD | | 100 | | 9.17 | | | other | Drugs are paid at 100% of the AWP |
| VALCYCLOVIR HCL 500MG TABS | 173093308 | NDC | | | | both | 1 EA | 35.5 | | | Horizon | NJ Health | | 100 | | 2.78 | | | other | Drugs are paid at 100% of the AWP |
| VALCYCLOVIR HCL 500MG TABS | 173093308 | NDC | | | | both | 1 EA | 35.5 | | | Horizon | PPO | | 100 | | 5.13 | | | other | Drugs are paid at 100% of the AWP |
| VALCYCLOVIR HCL 500MG TABS | 173093308 | NDC | | | | both | 1 EA | 35.5 | | | UHC | Medicaid | | 100 | | 4.13 | | | other | Drugs are paid at 100% of the AWP |
| VALCYCLOVIR HCL 500MG TABS | 173093308 | NDC | | | | both | 1 EA | 35.5 | | | UHC | Medicare | | 100 | | 6.11 | | | other | Drugs are paid at 100% of the AWP |
| VALCYCLOVIR HCL 500MG TABS | 173093308 | NDC | | | | both | 1 EA | 35.5 | | | Wellcare | Medicaid | | 100 | | 3.33 | | | other | Drugs are paid at 100% of the AWP |
| VALCYCLOVIR HCL 500MG TABS | 173093308 | NDC | | | | both | 1 EA | 35.5 | | | Wellcare | Medicare | | 100 | | 6.2 | | | other | Drugs are paid at 100% of the AWP |
| VALCYCLOVIR HCL 500MG TABS | 173093308 | NDC | | | | both | 1 EA | 35.5 | | | WellPoint | WellPoint | | 100 | | 8.57 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 2.5% OPTH SOL 15ML | 17478020012 | NDC | | | | both | 1 EA | 46 | | | Aetna | Commercial | | 100 | | 9.76 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 2.5% OPTH SOL 15ML | 17478020012 | NDC | | | | both | 1 EA | 46 | | | Aetna | Medicare | | 100 | | 7.75 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 2.5% OPTH SOL 15ML | 17478020012 | NDC | | | | both | 1 EA | 46 | | | Corrections | Corrections | | 100 | | 13.01 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 2.5% OPTH SOL 15ML | 17478020012 | NDC | | | | both | 1 EA | 46 | | | Horizon | Indemnity | | 100 | | 12.11 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 2.5% OPTH SOL 15ML | 17478020012 | NDC | | | | both | 1 EA | 46 | | | Horizon | Medicare Blue | | 100 | | 6.44 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 2.5% OPTH SOL 15ML | 17478020012 | NDC | | | | both | 1 EA | 46 | | | Horizon | MGD | | 100 | | 14.35 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 2.5% OPTH SOL 15ML | 17478020012 | NDC | | | | both | 1 EA | 46 | | | Horizon | NJ Health | | 100 | | 7.53 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 2.5% OPTH SOL 15ML | 17478020012 | NDC | | | | both | 1 EA | 46 | | | Horizon | PPO | | 100 | | 11.77 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 2.5% OPTH SOL 15ML | 17478020012 | NDC | | | | both | 1 EA | 46 | | | UHC | Medicaid | | 100 | | 12.55 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 2.5% OPTH SOL 15ML | 17478020012 | NDC | | | | both | 1 EA | 46 | | | UHC | Medicare | | 100 | | 6.54 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 2.5% OPTH SOL 15ML | 17478020012 | NDC | | | | both | 1 EA | 46 | | | United | CommercialPPO | | 100 | | 7.74 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 2.5% OPTH SOL 15ML | 17478020012 | NDC | | | | both | 1 EA | 46 | | | Wellcare | Medicaid | | 100 | | 12.01 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 2.5% OPTH SOL 15ML | 17478020012 | NDC | | | | both | 1 EA | 46 | | | Wellcare | Medicare | | 100 | | 5.06 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 2.5% OPTH SOL 15ML | 17478020012 | NDC | | | | both | 1 EA | 46 | | | WellPoint | WellPoint | | 100 | | 9.24 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 2.5% OPTH SOL 2 ML | 17478020102 | NDC | | | | both | 1 EA | 25 | | | Aetna | Medicare | | 100 | | 3.26 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 2.5% OPTH SOL 2 ML | 17478020102 | NDC | | | | both | 1 EA | 25 | | | Corrections | Corrections | | 100 | | 7.63 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 2.5% OPTH SOL 2 ML | 17478020102 | NDC | | | | both | 1 EA | 25 | | | Horizon | Indemnity | | 100 | | 6.9 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 2.5% OPTH SOL 2 ML | 17478020102 | NDC | | | | both | 1 EA | 25 | | | Horizon | Medicare Blue | | 100 | | 1.98 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 2.5% OPTH SOL 2 ML | 17478020102 | NDC | | | | both | 1 EA | 25 | | | Horizon | MGD | | 100 | | 5.25 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 2.5% OPTH SOL 2 ML | 17478020102 | NDC | | | | both | 1 EA | 25 | | | Horizon | NJ Health | | 100 | | 3.68 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 2.5% OPTH SOL 2 ML | 17478020102 | NDC | | | | both | 1 EA | 25 | | | UHC | Medicaid | | 100 | | 7.68 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 2.5% OPTH SOL 2 ML | 17478020102 | NDC | | | | both | 1 EA | 25 | | | UHC | Medicare | | 100 | | 3.69 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 2.5% OPTH SOL 2 ML | 17478020102 | NDC | | | | both | 1 EA | 25 | | | United | CommercialPPO | | 100 | | 9.13 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 2.5% OPTH SOL 2 ML | 17478020102 | NDC | | | | both | 1 EA | 25 | | | Wellcare | Medicaid | | 100 | | 7.06 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 2.5% OPTH SOL 2 ML | 17478020102 | NDC | | | | both | 1 EA | 25 | | | WellPoint | WellPoint | | 100 | | 2.98 | | | other | Drugs are paid at 100% of the AWP |
| OFLOXACIN 0.3% 5ML OPTH | 17478071310 | NDC | | | | both | 1 EA | 23.5 | | | Amerihealth | HMO/PPO | | 100 | | 3.31 | | | other | Drugs are paid at 100% of the AWP |
| OFLOXACIN 0.3% 5ML OPTH | 17478071310 | NDC | | | | both | 1 EA | 23.5 | | | Corrections | Corrections | | 100 | | 4.5 | | | other | Drugs are paid at 100% of the AWP |
| OFLOXACIN 0.3% 5ML OPTH | 17478071310 | NDC | | | | both | 1 EA | 23.5 | | | Horizon | NJ Health | | 100 | | 4.46 | | | other | Drugs are paid at 100% of the AWP |
| OFLOXACIN 0.3% 5ML OPTH | 17478071310 | NDC | | | | both | 1 EA | 23.5 | | | UHC | Medicaid | | 100 | | 0.06 | | | other | Drugs are paid at 100% of the AWP |
| OFLOXACIN 0.3% 5ML OPTH | 17478071310 | NDC | | | | both | 1 EA | 23.5 | | | UHC | Medicare | | 100 | | 4.64 | | | other | Drugs are paid at 100% of the AWP |
| OFLOXACIN 0.3% 5ML OPTH | 17478071310 | NDC | | | | both | 1 EA | 23.5 | | | United | CommercialPPO | | 100 | | 11.99 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE 100MG TAB | 182004789 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE 100MG TAB | 182004789 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Commercial | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE 100MG TAB | 182004789 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Medicare | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE 100MG TAB | 182004789 | NDC | | | | both | 1 EA | 2.5 | | | Amerihealth | HMO/PPO | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE 100MG TAB | 182004789 | NDC | | | | both | 1 EA | 2.5 | | | Corrections | Corrections | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE 100MG TAB | 182004789 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Indemnity | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE 100MG TAB | 182004789 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Medicare Blue | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE 100MG TAB | 182004789 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE 100MG TAB | 182004789 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE 100MG TAB | 182004789 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | PPO | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE 100MG TAB | 182004789 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE 100MG TAB | 182004789 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE 100MG TAB | 182004789 | NDC | | | | both | 1 EA | 2.5 | | | United | CommercialPPO | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE 100MG TAB | 182004789 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE 100MG TAB | 182004789 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicare | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE 100MG TAB | 182004789 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN E 400UNIT CAP | 182037501 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN E 400UNIT CAP | 182037501 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Commercial | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN E 400UNIT CAP | 182037501 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN E 400UNIT CAP | 182037501 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN E 400UNIT CAP | 182037501 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN E 400UNIT CAP | 182037501 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 0.5MG TAB | 182129989 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 0.5MG TAB | 182129989 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Commercial | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 0.5MG TAB | 182129989 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Medicare | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 0.5MG TAB | 182129989 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Medicare Blue | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 0.5MG TAB | 182129989 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 0.5MG TAB | 182129989 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 0.5MG TAB | 182129989 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 0.5MG TAB | 182129989 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 0.5MG TAB | 182129989 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicare | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 0.5MG TAB | 182129989 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 250MG TAB | 182133089 | NDC | | | | both | 1 EA | 3.5 | | | Aetna | Medicare | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 250MG TAB | 182133089 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | MGD | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 250MG TAB | 182133089 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | NJ Health | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 250MG TAB | 182133089 | NDC | | | | both | 1 EA | 3.5 | | | UHC | Medicaid | | 100 | | 1.11 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 250MG TAB | 182133089 | NDC | | | | both | 1 EA | 3.5 | | | WellPoint | WellPoint | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 2MG TAB | 182180889 | NDC | | | | both | 1 EA | 5.5 | | | Aetna | Better Health | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 2MG TAB | 182180889 | NDC | | | | both | 1 EA | 5.5 | | | Aetna | Commercial | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 2MG TAB | 182180889 | NDC | | | | both | 1 EA | 5.5 | | | Aetna | Medicare | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 2MG TAB | 182180889 | NDC | | | | both | 1 EA | 5.5 | | | Amerihealth | HMO/PPO | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 2MG TAB | 182180889 | NDC | | | | both | 1 EA | 5.5 | | | Corrections | Corrections | | 100 | | 1.31 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 2MG TAB | 182180889 | NDC | | | | both | 1 EA | 5.5 | | | Horizon | Indemnity | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 2MG TAB | 182180889 | NDC | | | | both | 1 EA | 5.5 | | | Horizon | Medicare Blue | | 100 | | 1.13 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 2MG TAB | 182180889 | NDC | | | | both | 1 EA | 5.5 | | | Horizon | MGD | | 100 | | 0.97 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 2MG TAB | 182180889 | NDC | | | | both | 1 EA | 5.5 | | | Horizon | NJ Health | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 2MG TAB | 182180889 | NDC | | | | both | 1 EA | 5.5 | | | Horizon | PPO | | 100 | | 1.17 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 2MG TAB | 182180889 | NDC | | | | both | 1 EA | 5.5 | | | UHC | Medicaid | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 2MG TAB | 182180889 | NDC | | | | both | 1 EA | 5.5 | | | UHC | Medicare | | 100 | | 0.86 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 2MG TAB | 182180889 | NDC | | | | both | 1 EA | 5.5 | | | United | CommercialPPO | | 100 | | 1.45 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 2MG TAB | 182180889 | NDC | | | | both | 1 EA | 5.5 | | | United | Oxford | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 2MG TAB | 182180889 | NDC | | | | both | 1 EA | 5.5 | | | Wellcare | Medicaid | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 2MG TAB | 182180889 | NDC | | | | both | 1 EA | 5.5 | | | Wellcare | Medicare | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 2MG TAB | 182180889 | NDC | | | | both | 1 EA | 5.5 | | | WellPoint | WellPoint | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| PROPRANOLOL 10MG TAB | 182181289 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| PROPRANOLOL 10MG TAB | 182181289 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Medicare | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| PROPRANOLOL 10MG TAB | 182181289 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Indemnity | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| PROPRANOLOL 10MG TAB | 182181289 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Medicare Blue | | 100 | | 0.87 | | | other | Drugs are paid at 100% of the AWP |
| PROPRANOLOL 10MG TAB | 182181289 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 1.08 | | | other | Drugs are paid at 100% of the AWP |
| PROPRANOLOL 10MG TAB | 182181289 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| PROPRANOLOL 10MG TAB | 182181289 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | PPO | | 100 | | 0.95 | | | other | Drugs are paid at 100% of the AWP |
| PROPRANOLOL 10MG TAB | 182181289 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| PROPRANOLOL 10MG TAB | 182181289 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| PROPRANOLOL 10MG TAB | 182181289 | NDC | | | | both | 1 EA | 2.5 | | | United | CommercialPPO | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| PROPRANOLOL 10MG TAB | 182181289 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| PROPRANOLOL 10MG TAB | 182181289 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicare | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| PROPRANOLOL 10MG TAB | 182181289 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| PRAZOSIN 1MG CAP | 182192089 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| PRAZOSIN 1MG CAP | 182192089 | NDC | | | | both | 1 EA | 2.5 | | | Corrections | Corrections | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| PRAZOSIN 1MG CAP | 182192089 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| PRAZOSIN 1MG CAP | 182192089 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| PRAZOSIN 1MG CAP | 182192089 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| PRAZOSIN 1MG CAP | 182192089 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| PRAZOSIN 1MG CAP | 182192089 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| PRAZOSIN 2MG CAP | 182192189 | NDC | | | | both | 1 EA | 3.5 | | | Aetna | Better Health | | 100 | | 0.99 | | | other | Drugs are paid at 100% of the AWP |
| PRAZOSIN 2MG CAP | 182192189 | NDC | | | | both | 1 EA | 3.5 | | | Corrections | Corrections | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| PRAZOSIN 2MG CAP | 182192189 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | NJ Health | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| PRAZOSIN 2MG CAP | 182192189 | NDC | | | | both | 1 EA | 3.5 | | | UHC | Medicaid | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| PRAZOSIN 2MG CAP | 182192189 | NDC | | | | both | 1 EA | 3.5 | | | UHC | Medicare | | 100 | | 1.45 | | | other | Drugs are paid at 100% of the AWP |
| SIMETHICONE 40MG/.6ML LIQ | 182219166 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| SIMETHICONE 40MG/.6ML LIQ | 182219166 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Indemnity | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| SIMETHICONE 40MG/.6ML LIQ | 182219166 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| SIMETHICONE 40MG/.6ML LIQ | 182219166 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| SIMETHICONE 40MG/.6ML LIQ | 182219166 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| SIMETHICONE 40MG/.6ML LIQ | 182219166 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.86 | | | other | Drugs are paid at 100% of the AWP |
| SIMETHICONE 40MG/.6ML LIQ | 182219166 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| OYST-CAL 500 W/D TABS, 200-500 | 182443989 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Commercial | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| OYST-CAL 500 W/D TABS, 200-500 | 182443989 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Medicare | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| OYST-CAL 500 W/D TABS, 200-500 | 182443989 | NDC | | | | both | 1 EA | 2.5 | | | Corrections | Corrections | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| OYST-CAL 500 W/D TABS, 200-500 | 182443989 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Medicare Blue | | 100 | | 0.1 | | | other | Drugs are paid at 100% of the AWP |
| OYST-CAL 500 W/D TABS, 200-500 | 182443989 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| OYST-CAL 500 W/D TABS, 200-500 | 182443989 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| OYST-CAL 500 W/D TABS, 200-500 | 182443989 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | PPO | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| OYST-CAL 500 W/D TABS, 200-500 | 182443989 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| OYST-CAL 500 W/D TABS, 200-500 | 182443989 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| OYST-CAL 500 W/D TABS, 200-500 | 182443989 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| OYST-CAL 500 W/D TABS, 200-500 | 182443989 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| MICONAZOLE 2% (45GM) VAG CREAM | 182507460 | NDC | | | | both | 1 EA | 65.5 | | | Horizon | Medicare Blue | | 100 | | 15.43 | | | other | Drugs are paid at 100% of the AWP |
| MICONAZOLE 2% (45GM) VAG CREAM | 182507460 | NDC | | | | both | 1 EA | 65.5 | | | Horizon | NJ Health | | 100 | | 5.75 | | | other | Drugs are paid at 100% of the AWP |
| MICONAZOLE 2% (45GM) VAG CREAM | 182507460 | NDC | | | | both | 1 EA | 65.5 | | | UHC | Medicaid | | 100 | | 8.26 | | | other | Drugs are paid at 100% of the AWP |
| MICONAZOLE 2% (45GM) VAG CREAM | 182507460 | NDC | | | | both | 1 EA | 65.5 | | | UHC | Medicare | | 100 | | 19.08 | | | other | Drugs are paid at 100% of the AWP |
| MICONAZOLE 2% (45GM) VAG CREAM | 182507460 | NDC | | | | both | 1 EA | 65.5 | | | WellPoint | WellPoint | | 100 | | 19.36 | | | other | Drugs are paid at 100% of the AWP |
| HEMORRHOIDAL OINT | 182512334 | NDC | | | | both | 1 EA | 26.5 | | | Aetna | Better Health | | 100 | | 5.55 | | | other | Drugs are paid at 100% of the AWP |
| HEMORRHOIDAL OINT | 182512334 | NDC | | | | both | 1 EA | 26.5 | | | Horizon | NJ Health | | 100 | | 1.85 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE0.65% NOSE SPRY 45ML | 182613577 | NDC | | | | both | 1 EA | 8.5 | | | Aetna | Better Health | | 100 | | 4.03 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE0.65% NOSE SPRY 45ML | 182613577 | NDC | | | | both | 1 EA | 8.5 | | | Aetna | Commercial | | 100 | | 2.37 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE0.65% NOSE SPRY 45ML | 182613577 | NDC | | | | both | 1 EA | 8.5 | | | Aetna | Medicare | | 100 | | 0.9 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE0.65% NOSE SPRY 45ML | 182613577 | NDC | | | | both | 1 EA | 8.5 | | | Corrections | Corrections | | 100 | | 1.39 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE0.65% NOSE SPRY 45ML | 182613577 | NDC | | | | both | 1 EA | 8.5 | | | Horizon | Indemnity | | 100 | | 0.98 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SODIUM CHLORIDE0.65% NOSE SPRY 45ML | 182613577 | NDC | | | | both | 1 EA | 8.5 | | Horizon | Medicare Blue | | 100 | | 1.06 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE0.65% NOSE SPRY 45ML | 182613577 | NDC | | | | both | 1 EA | 8.5 | | Horizon | MGD | | 100 | | 1.7 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE0.65% NOSE SPRY 45ML | 182613577 | NDC | | | | both | 1 EA | 8.5 | | Horizon | NJ Health | | 100 | | 1.18 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE0.65% NOSE SPRY 45ML | 182613577 | NDC | | | | both | 1 EA | 8.5 | | Horizon | PPO | | 100 | | 2.23 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE0.65% NOSE SPRY 45ML | 182613577 | NDC | | | | both | 1 EA | 8.5 | | UHC | Medicaid | | 100 | | 1.32 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE0.65% NOSE SPRY 45ML | 182613577 | NDC | | | | both | 1 EA | 8.5 | | UHC | Medicare | | 100 | | 1.42 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE0.65% NOSE SPRY 45ML | 182613577 | NDC | | | | both | 1 EA | 8.5 | | United | CommercialPPO | | 100 | | 2.62 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE0.65% NOSE SPRY 45ML | 182613577 | NDC | | | | both | 1 EA | 8.5 | | Wellcare | Medicaid | | 100 | | 1.4 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE0.65% NOSE SPRY 45ML | 182613577 | NDC | | | | both | 1 EA | 8.5 | | Wellcare | Medicare | | 100 | | 2.75 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE0.65% NOSE SPRY 45ML | 182613577 | NDC | | | | both | 1 EA | 8.5 | | WellPoint | WellPoint | | 100 | | 1.13 | | | other | Drugs are paid at 100% of the AWP |
| SIMETHICONE 80MG TAB | 182864389 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| SIMETHICONE 80MG TAB | 182864389 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| SIMETHICONE 80MG TAB | 182864389 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| SIMETHICONE 80MG TAB | 182864389 | NDC | | | | both | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| SIMETHICONE 80MG TAB | 182864389 | NDC | | | | both | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| SIMETHICONE 80MG TAB | 182864389 | NDC | | | | both | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| SIMETHICONE 80MG TAB | 182864389 | NDC | | | | both | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| SIMETHICONE 80MG TAB | 182864389 | NDC | | | | both | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| SIMETHICONE 80MG TAB | 182864389 | NDC | | | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| SIMETHICONE 80MG TAB | 182864389 | NDC | | | | both | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| SIMETHICONE 80MG TAB | 182864389 | NDC | | | | both | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| SIMETHICONE 80MG TAB | 182864389 | NDC | | | | both | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| SIMETHICONE 80MG TAB | 182864389 | NDC | | | | both | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| SIMETHICONE 80MG TAB | 182864389 | NDC | | | | both | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| SIMETHICONE 80MG TAB | 182864389 | NDC | | | | both | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.1 | | | other | Drugs are paid at 100% of the AWP |
| SIMETHICONE 80MG TAB | 182864389 | NDC | | | | both | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| NAPROSYN 250MG TAB | 18393027253 | NDC | | | | both | 1 EA | 4.5 | | Aetna | Better Health | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| NAPROSYN 250MG TAB | 18393027253 | NDC | | | | both | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| NAPROSYN 250MG TAB | 18393027253 | NDC | | | | both | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 1.09 | | | other | Drugs are paid at 100% of the AWP |
| NAPROSYN 250MG TAB | 18393027253 | NDC | | | | both | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| NAPROSYN 250MG TAB | 18393027253 | NDC | | | | both | 1 EA | 4.5 | | Horizon | PPO | | 100 | | 0.74 | | | other | Drugs are paid at 100% of the AWP |
| NAPROSYN 250MG TAB | 18393027253 | NDC | | | | both | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| NAPROSYN 250MG TAB | 18393027253 | NDC | | | | both | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 0.84 | | | other | Drugs are paid at 100% of the AWP |
| NAPROSYN 250MG TAB | 18393027253 | NDC | | | | both | 1 EA | 4.5 | | Wellcare | Medicaid | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| NAPROSYN 250MG TAB | 18393027253 | NDC | | | | both | 1 EA | 4.5 | | Wellcare | Medicare | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| NAPROSYN 250MG TAB | 18393027253 | NDC | | | | both | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.71 | | | other | Drugs are paid at 100% of the AWP |
| NAPROXEN 375MG TAB | 18393027353 | NDC | | | | both | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| NAPROXEN 375MG TAB | 18393027353 | NDC | | | | both | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| NAPROXEN 375MG TAB | 18393027353 | NDC | | | | both | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 1.39 | | | other | Drugs are paid at 100% of the AWP |
| NAPROSYN 500MG TAB | 18393027753 | NDC | | | | both | 1 EA | 5.5 | | Aetna | Better Health | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| NAPROSYN 500MG TAB | 18393027753 | NDC | | | | both | 1 EA | 5.5 | | Aetna | Commercial | | 100 | | 1.74 | | | other | Drugs are paid at 100% of the AWP |
| NAPROSYN 500MG TAB | 18393027753 | NDC | | | | both | 1 EA | 5.5 | | Amerihealth | HMO/PPO | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| NAPROSYN 500MG TAB | 18393027753 | NDC | | | | both | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| NAPROSYN 500MG TAB | 18393027753 | NDC | | | | both | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 0.79 | | | other | Drugs are paid at 100% of the AWP |
| NAPROSYN 500MG TAB | 18393027753 | NDC | | | | both | 1 EA | 5.5 | | United | CommercialPPO | | 100 | | 1.16 | | | other | Drugs are paid at 100% of the AWP |
| NAPROSYN 500MG TAB | 18393027753 | NDC | | | | both | 1 EA | 5.5 | | Wellcare | Medicaid | | 100 | | 1.61 | | | other | Drugs are paid at 100% of the AWP |
| NAPROSYN 500MG TAB | 18393027753 | NDC | | | | both | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 5% (3SGM) OINT | 186031521 | NDC | | | | both | 1 EA | 112 | | Horizon | Indemnity | | 100 | | 44.63 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 5% (3SGM) OINT | 186031521 | NDC | | | | both | 1 EA | 112 | | Horizon | MGD | | 100 | | 16.62 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 5% (3SGM) OINT | 186031521 | NDC | | | | both | 1 EA | 112 | | Horizon | NJ Health | | 100 | | 8.19 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 5% (3SGM) OINT | 186031521 | NDC | | | | both | 1 EA | 112 | | UHC | Medicaid | | 100 | | 14.11 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 5% (3SGM) OINT | 186031521 | NDC | | | | both | 1 EA | 112 | | UHC | Medicare | | 100 | | 13.66 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 5% (3SGM) OINT | 186031521 | NDC | | | | both | 1 EA | 112 | | United | CommercialPPO | | 100 | | 12.81 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 5% (3SGM) OINT | 186031521 | NDC | | | | both | 1 EA | 112 | | Wellcare | Medicare | | 100 | | 62.88 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 5% (3SGM) OINT | 186031521 | NDC | | | | both | 1 EA | 112 | | WellPoint | WellPoint | | 100 | | 16.28 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (5ML) JELLY | 186033036 | NDC | | | | both | 1 EA | 58 | | Aetna | Medicare | | 100 | | 7.03 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (5ML) JELLY | 186033036 | NDC | | | | both | 1 EA | 58 | | Corrections | Corrections | | 100 | | 18.16 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (5ML) JELLY | 186033036 | NDC | | | | both | 1 EA | 58 | | Horizon | Medicare Blue | | 100 | | 7.17 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (5ML) JELLY | 186033036 | NDC | | | | both | 1 EA | 58 | | Horizon | MGD | | 100 | | 16.6 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (5ML) JELLY | 186033036 | NDC | | | | both | 1 EA | 58 | | Horizon | NJ Health | | 100 | | 10.8 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (5ML) JELLY | 186033036 | NDC | | | | both | 1 EA | 58 | | UHC | Medicaid | | 100 | | 17.54 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (5ML) JELLY | 186033036 | NDC | | | | both | 1 EA | 58 | | UHC | Medicare | | 100 | | 5.19 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (5ML) JELLY | 186033036 | NDC | | | | both | 1 EA | 58 | | United | CommercialPPO | | 100 | | 1.51 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (5ML) JELLY | 186033036 | NDC | | | | both | 1 EA | 58 | | Wellcare | Medicaid | | 100 | | 17.22 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (5ML) JELLY | 186033036 | NDC | | | | both | 1 EA | 58 | | WellPoint | WellPoint | | 100 | | 2.45 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE/FORMOTEROL FUM160-4.5 INHL | 186037028 | NDC | | | | both | 1 EA | 742 | | Aetna | Better Health | | 100 | | 132.4 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE/FORMOTEROL FUM160-4.5 INHL | 186037028 | NDC | | | | both | 1 EA | 742 | | Aetna | Commercial | | 100 | | 166.05 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE/FORMOTEROL FUM160-4.5 INHL | 186037028 | NDC | | | | both | 1 EA | 742 | | Aetna | Medicare | | 100 | | 140.26 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE/FORMOTEROL FUM160-4.5 INHL | 186037028 | NDC | | | | both | 1 EA | 742 | | Corrections | Corrections | | 100 | | 165.24 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE/FORMOTEROL FUM160-4.5 INHL | 186037028 | NDC | | | | both | 1 EA | 742 | | Horizon | Indemnity | | 100 | | 537.74 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE/FORMOTEROL FUM160-4.5 INHL | 186037028 | NDC | | | | both | 1 EA | 742 | | Horizon | Medicare Blue | | 100 | | 147.77 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE/FORMOTEROL FUM160-4.5 INHL | 186037028 | NDC | | | | both | 1 EA | 742 | | Horizon | MGD | | 100 | | 189.84 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE/FORMOTEROL FUM160-4.5 INHL | 186037028 | NDC | | | | both | 1 EA | 742 | | Horizon | NJ Health | | 100 | | 115.39 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE/FORMOTEROL FUM160-4.5 INHL | 186037028 | NDC | | | | both | 1 EA | 742 | | Horizon | PPO | | 100 | | 224.26 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE/FORMOTEROL FUM160-4.5 INHL | 186037028 | NDC | | | | both | 1 EA | 742 | | UHC | Medicaid | | 100 | | 133.45 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE/FORMOTEROL FUM160-4.5 INHL | 186037028 | NDC | | | | both | 1 EA | 742 | | UHC | Medicare | | 100 | | 158.74 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE/FORMOTEROL FUM160-4.5 INHL | 186037028 | NDC | | | | both | 1 EA | 742 | | United | CommercialPPO | | 100 | | 206.07 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE/FORMOTEROL FUM160-4.5 INHL | 186037028 | NDC | | | | both | 1 EA | 742 | | Wellcare | Medicaid | | 100 | | 173.39 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE/FORMOTEROL FUM160-4.5 INHL | 186037028 | NDC | | | | both | 1 EA | 742 | | Wellcare | Medicare | | 100 | | 178.45 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE/FORMOTEROL FUM160-4.5 INHL | 186037028 | NDC | | | | both | 1 EA | 742 | | WellPoint | WellPoint | | 100 | | 145.2 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE/FORMOTEROL FUM 80-4.5 INHL | 186037228 | NDC | | | | both | 1 EA | 644.5 | | Aetna | Better Health | | 100 | | 140.07 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE/FORMOTEROL FUM 80-4.5 INHL | 186037228 | NDC | | | | both | 1 EA | 644.5 | | Aetna | Commercial | | 100 | | 96.39 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE/FORMOTEROL FUM 80-4.5 INHL | 186037228 | NDC | | | | both | 1 EA | 644.5 | | Aetna | Medicare | | 100 | | 83.55 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE/FORMOTEROL FUM 80-4.5 INHL | 186037228 | NDC | | | | both | 1 EA | 644.5 | | Corrections | Corrections | | 100 | | 83.32 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE/FORMOTEROL FUM 80-4.5 INHL | 186037228 | NDC | | | | both | 1 EA | 644.5 | | Horizon | Indemnity | | 100 | | 130.3 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE/FORMOTEROL FUM 80-4.5 INHL | 186037228 | NDC | | | | both | 1 EA | 644.5 | | Horizon | Medicare Blue | | 100 | | 136.7 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE/FORMOTEROL FUM 80-4.5 INHL | 186037228 | NDC | | | | both | 1 EA | 644.5 | | Horizon | MGD | | 100 | | 128.68 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE/FORMOTEROL FUM 80-4.5 INHL | 186037228 | NDC | | | | both | 1 EA | 644.5 | | Horizon | NJ Health | | 100 | | 108.78 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE/FORMOTEROL FUM 80-4.5 INHL | 186037228 | NDC | | | | both | 1 EA | 644.5 | | Horizon | PPO | | 100 | | 97.47 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE/FORMOTEROL FUM 80-4.5 INHL | 186037228 | NDC | | | | both | 1 EA | 644.5 | | UHC | Medicaid | | 100 | | 103.33 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE/FORMOTEROL FUM 80-4.5 INHL | 186037228 | NDC | | | | both | 1 EA | 644.5 | | UHC | Medicare | | 100 | | 134.13 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE/FORMOTEROL FUM 80-4.5 INHL | 186037228 | NDC | | | | both | 1 EA | 644.5 | | United | CommercialPPO | | 100 | | 124.15 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE/FORMOTEROL FUM 80-4.5 INHL | 186037228 | NDC | | | | both | 1 EA | 644.5 | | Wellcare | Medicaid | | 100 | | 107.14 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE/FORMOTEROL FUM 80-4.5 INHL | 186037228 | NDC | | | | both | 1 EA | 644.5 | | Wellcare | Medicare | | 100 | | 73.92 | | | other | Drugs are paid at 100% of the AWP |
| BUDESONIDE/FORMOTEROL FUM 80-4.5 INHL | 186037228 | NDC | | | | both | 1 EA | 644.5 | | WellPoint | WellPoint | | 100 | | 110.83 | | | other | Drugs are paid at 100% of the AWP |
| TICAGRELOR 90 MG TAB | 186077739 | NDC | | | | both | 1 EA | 20.5 | | Aetna | Better Health | | 100 | | 4.52 | | | other | Drugs are paid at 100% of the AWP |
| TICAGRELOR 90 MG TAB | 186077739 | NDC | | | | both | 1 EA | 20.5 | | Aetna | Commercial | | 100 | | 2.94 | | | other | Drugs are paid at 100% of the AWP |
| TICAGRELOR 90 MG TAB | 186077739 | NDC | | | | both | 1 EA | 20.5 | | Aetna | Medicare | | 100 | | 4.22 | | | other | Drugs are paid at 100% of the AWP |
| TICAGRELOR 90 MG TAB | 186077739 | NDC | | | | both | 1 EA | 20.5 | | Amerihealth | HMO/PPO | | 100 | | 4.78 | | | other | Drugs are paid at 100% of the AWP |
| TICAGRELOR 90 MG TAB | 186077739 | NDC | | | | both | 1 EA | 20.5 | | Horizon | Indemnity | | 100 | | 3.54 | | | other | Drugs are paid at 100% of the AWP |
| TICAGRELOR 90 MG TAB | 186077739 | NDC | | | | both | 1 EA | 20.5 | | Horizon | Medicare Blue | | 100 | | 2.69 | | | other | Drugs are paid at 100% of the AWP |
| TICAGRELOR 90 MG TAB | 186077739 | NDC | | | | both | 1 EA | 20.5 | | Horizon | MGD | | 100 | | 6.26 | | | other | Drugs are paid at 100% of the AWP |
| TICAGRELOR 90 MG TAB | 186077739 | NDC | | | | both | 1 EA | 20.5 | | Horizon | NJ Health | | 100 | | 2.45 | | | other | Drugs are paid at 100% of the AWP |
| TICAGRELOR 90 MG TAB | 186077739 | NDC | | | | both | 1 EA | 20.5 | | Horizon | PPO | | 100 | | 4.99 | | | other | Drugs are paid at 100% of the AWP |
| TICAGRELOR 90 MG TAB | 186077739 | NDC | | | | both | 1 EA | 20.5 | | UHC | Medicaid | | 100 | | 3.13 | | | other | Drugs are paid at 100% of the AWP |
| TICAGRELOR 90 MG TAB | 186077739 | NDC | | | | both | 1 EA | 20.5 | | UHC | Medicare | | 100 | | 3.71 | | | other | Drugs are paid at 100% of the AWP |
| TICAGRELOR 90 MG TAB | 186077739 | NDC | | | | both | 1 EA | 20.5 | | United | CommercialPPO | | 100 | | 2.07 | | | other | Drugs are paid at 100% of the AWP |
| TICAGRELOR 90 MG TAB | 186077739 | NDC | | | | both | 1 EA | 20.5 | | Wellcare | Medicaid | | 100 | | 5.12 | | | other | Drugs are paid at 100% of the AWP |
| TICAGRELOR 90 MG TAB | 186077739 | NDC | | | | both | 1 EA | 20.5 | | Wellcare | Medicare | | 100 | | 3.97 | | | other | Drugs are paid at 100% of the AWP |
| TICAGRELOR 90 MG TAB | 186077739 | NDC | | | | both | 1 EA | 20.5 | | WellPoint | WellPoint | | 100 | | 3.85 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.25%-EPI 1:200,000 | 186103201 | NDC | | | | both | 1 EA | 53.5 | | Aetna | Commercial | | 100 | | 24.05 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.25%-EPI 1:200,000 | 186103201 | NDC | | | | both | 1 EA | 53.5 | | Horizon | NJ Health | | 100 | | 7.65 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.25%-EPI 1:200,000 | 186103201 | NDC | | | | both | 1 EA | 53.5 | | UHC | Medicaid | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.75%-EPI 1:200,000 | 186103801 | NDC | | | | both | 1 EA | 59 | | Horizon | NJ Health | | 100 | | 10.58 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.75%-EPI 1:200,000 | 186103801 | NDC | | | | both | 1 EA | 59 | | UHC | Medicaid | | 100 | | 11.17 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 25MG XL TAB | 186108805 | NDC | | | | both | 1 EA | 4.5 | | Aetna | Better Health | | 100 | | 0.99 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 25MG XL TAB | 186108805 | NDC | | | | both | 1 EA | 4.5 | | Aetna | Commercial | | 100 | | 1.36 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 25MG XL TAB | 186108805 | NDC | | | | both | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 0.85 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 25MG XL TAB | 186108805 | NDC | | | | both | 1 EA | 4.5 | | Amerihealth | HMO/PPO | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 25MG XL TAB | 186108805 | NDC | | | | both | 1 EA | 4.5 | | Corrections | Corrections | | 100 | | 1.18 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 25MG XL TAB | 186108805 | NDC | | | | both | 1 EA | 4.5 | | Horizon | Indemnity | | 100 | | 1.17 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 25MG XL TAB | 186108805 | NDC | | | | both | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 1.08 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 25MG XL TAB | 186108805 | NDC | | | | both | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 25MG XL TAB | 186108805 | NDC | | | | both | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 25MG XL TAB | 186108805 | NDC | | | | both | 1 EA | 4.5 | | Horizon | PPO | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 25MG XL TAB | 186108805 | NDC | | | | both | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 25MG XL TAB | 186108805 | NDC | | | | both | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 0.85 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 25MG XL TAB | 186108805 | NDC | | | | both | 1 EA | 4.5 | | United | CommercialPPO | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 25MG XL TAB | 186108805 | NDC | | | | both | 1 EA | 4.5 | | Wellcare | Medicaid | | 100 | | 0.88 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 25MG XL TAB | 186108805 | NDC | | | | both | 1 EA | 4.5 | | Wellcare | Medicare | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 25MG XL TAB | 186108805 | NDC | | | | both | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.87 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 50MG XL TAB | 186109005 | NDC | | | | both | 1 EA | 4.5 | | Aetna | Better Health | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 50MG XL TAB | 186109005 | NDC | | | | both | 1 EA | 4.5 | | Aetna | Commercial | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 50MG XL TAB | 186109005 | NDC | | | | both | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 50MG XL TAB | 186109005 | NDC | | | | both | 1 EA | 4.5 | | Amerihealth | HMO/PPO | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 50MG XL TAB | 186109005 | NDC | | | | both | 1 EA | 4.5 | | Corrections | Corrections | | 100 | | 1 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 50MG XL TAB | 186109005 | NDC | | | | both | 1 EA | 4.5 | | Horizon | Indemnity | | 100 | | 0.84 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 50MG XL TAB | 186109005 | NDC | | | | both | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 0.88 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 50MG XL TAB | 186109005 | NDC | | | | both | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 1.19 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 50MG XL TAB | 186109005 | NDC | | | | both | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.78 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 50MG XL TAB | 186109005 | NDC | | | | both | 1 EA | 4.5 | | Horizon | PPO | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 50MG XL TAB | 186109005 | NDC | | | | both | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.83 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 50MG XL TAB | 186109005 | NDC | | | | both | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 0.85 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 50MG XL TAB | 186109005 | NDC | | | | both | 1 EA | 4.5 | | Wellcare | Medicaid | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 50MG XL TAB | 186109005 | NDC | | | | both | 1 EA | 4.5 | | Wellcare | Medicare | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 50MG XL TAB | 186109005 | NDC | | | | both | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.8 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 100MG XL TAB | 186109205 | NDC | | | | both | 1 EA | 5.5 | | Aetna | Better Health | | 100 | | 0.83 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 100MG XL TAB | 186109205 | NDC | | | | both | 1 EA | 5.5 | | Aetna | Commercial | | 100 | | 1.59 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| METOPROLOL SUCCINATE 100MG XL TAB | 186109205 | NDC | | | | both | 1 EA | 5.5 | | Aetna | Medicare | | 100 | | 1.1 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 100MG XL TAB | 186109205 | NDC | | | | both | 1 EA | 5.5 | | Amerihealth | HMO/PPO | | 100 | | 1.27 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 100MG XL TAB | 186109205 | NDC | | | | both | 1 EA | 5.5 | | Corrections | Corrections | | 100 | | 0.91 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 100MG XL TAB | 186109205 | NDC | | | | both | 1 EA | 5.5 | | Horizon | Indemnity | | 100 | | 1.23 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 100MG XL TAB | 186109205 | NDC | | | | both | 1 EA | 5.5 | | Horizon | Medicare Blue | | 100 | | 1.48 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 100MG XL TAB | 186109205 | NDC | | | | both | 1 EA | 5.5 | | Horizon | MGD | | 100 | | 1.44 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 100MG XL TAB | 186109205 | NDC | | | | both | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.85 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 100MG XL TAB | 186109205 | NDC | | | | both | 1 EA | 5.5 | | Horizon | PPO | | 100 | | 1.46 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 100MG XL TAB | 186109205 | NDC | | | | both | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 0.9 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 100MG XL TAB | 186109205 | NDC | | | | both | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 1.08 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 100MG XL TAB | 186109205 | NDC | | | | both | 1 EA | 5.5 | | Wellcare | Medicaid | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 100MG XL TAB | 186109205 | NDC | | | | both | 1 EA | 5.5 | | Wellcare | Medicare | | 100 | | 1.75 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL SUCCINATE 100MG XL TAB | 186109205 | NDC | | | | both | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 1.03 | | | other | Drugs are paid at 100% of the AWP |
| M.V.I.-12 INJ | 186119910 | NDC | | | | both | 1 EA | 172.5 | | Aetna | Commercial | | 100 | | 40.93 | | | other | Drugs are paid at 100% of the AWP |
| M.V.I.-12 INJ | 186119910 | NDC | | | | both | 1 EA | 172.5 | | Amerihealth | HMO/PPO | | 100 | | 31.36 | | | other | Drugs are paid at 100% of the AWP |
| M.V.I.-12 INJ | 186119910 | NDC | | | | both | 1 EA | 172.5 | | Horizon | MGD | | 100 | | 13.07 | | | other | Drugs are paid at 100% of the AWP |
| M.V.I.-12 INJ | 186119910 | NDC | | | | both | 1 EA | 172.5 | | Horizon | NJ Health | | 100 | | 11.63 | | | other | Drugs are paid at 100% of the AWP |
| M.V.I.-12 INJ | 186119910 | NDC | | | | both | 1 EA | 172.5 | | Horizon | PPO | | 100 | | 11.59 | | | other | Drugs are paid at 100% of the AWP |
| M.V.I.-12 INJ | 186119910 | NDC | | | | both | 1 EA | 172.5 | | UHC | Medicaid | | 100 | | 19.94 | | | other | Drugs are paid at 100% of the AWP |
| M.V.I.-12 INJ | 186119910 | NDC | | | | both | 1 EA | 172.5 | | Wellcare | Medicaid | | 100 | | 14.03 | | | other | Drugs are paid at 100% of the AWP |
| M.V.I.-12 INJ | 186119910 | NDC | | | | both | 1 EA | 172.5 | | Wellcare | Medicare | | 100 | | 22.12 | | | other | Drugs are paid at 100% of the AWP |
| M.V.I.-12 INJ | 186119910 | NDC | | | | both | 1 EA | 172.5 | | WellPoint | WellPoint | | 100 | | 11.32 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 0.5% INH SOL | 186149001 | NDC | | | | both | 1 EA | 72.5 | | Aetna | Better Health | | 100 | | 8.25 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 0.5% INH SOL | 186149001 | NDC | | | | both | 1 EA | 72.5 | | Aetna | Commercial | | 100 | | 37.32 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 0.5% INH SOL | 186149001 | NDC | | | | both | 1 EA | 72.5 | | Horizon | NJ Health | | 100 | | 11.33 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE-PRILOCAINE KIT 5GM | 186151503 | NDC | | | | both | 1 EA | 60.5 | | Aetna | Better Health | | 100 | | 14.41 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE-PRILOCAINE KIT 5GM | 186151503 | NDC | | | | both | 1 EA | 60.5 | | Aetna | Commercial | | 100 | | 13.08 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE-PRILOCAINE KIT 5GM | 186151503 | NDC | | | | both | 1 EA | 60.5 | | Aetna | Medicare | | 100 | | 7.95 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE-PRILOCAINE KIT 5GM | 186151503 | NDC | | | | both | 1 EA | 60.5 | | Corrections | Corrections | | 100 | | 18.77 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE-PRILOCAINE KIT 5GM | 186151503 | NDC | | | | both | 1 EA | 60.5 | | Horizon | Medicare Blue | | 100 | | 6.98 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE-PRILOCAINE KIT 5GM | 186151503 | NDC | | | | both | 1 EA | 60.5 | | Horizon | MGD | | 100 | | 9.31 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE-PRILOCAINE KIT 5GM | 186151503 | NDC | | | | both | 1 EA | 60.5 | | Horizon | NJ Health | | 100 | | 3.31 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE-PRILOCAINE KIT 5GM | 186151503 | NDC | | | | both | 1 EA | 60.5 | | Horizon | PPO | | 100 | | 8.97 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE-PRILOCAINE KIT 5GM | 186151503 | NDC | | | | both | 1 EA | 60.5 | | UHC | Medicaid | | 100 | | 12.77 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE-PRILOCAINE KIT 5GM | 186151503 | NDC | | | | both | 1 EA | 60.5 | | UHC | Medicare | | 100 | | 8.89 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE-PRILOCAINE KIT 5GM | 186151503 | NDC | | | | both | 1 EA | 60.5 | | United | Commercial\|PPO | | 100 | | 5 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE-PRILOCAINE KIT 5GM | 186151503 | NDC | | | | both | 1 EA | 60.5 | | Wellcare | Medicaid | | 100 | | 13.92 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE-PRILOCAINE KIT 5GM | 186151503 | NDC | | | | both | 1 EA | 60.5 | | Wellcare | Medicare | | 100 | | 9.87 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE-PRILOCAINE KIT 5GM | 186151503 | NDC | | | | both | 1 EA | 60.5 | | WellPoint | WellPoint | | 100 | | 18.13 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE-PRILOCAINE CREAM 30GM | 186151601 | NDC | | | | both | 1 EA | 345 | | UHC | Medicaid | | 100 | | 73.34 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN A 50,000UNITS/ML INJ | 186423921 | NDC | | | | both | 1 EA | 179 | | Horizon | NJ Health | | 100 | | 4.36 | | | other | Drugs are paid at 100% of the AWP |
| TOCOPHERYL ACETATE 50 UNITS/ML | 186580012 | NDC | | | | both | 1 EA | 21.5 | | Aetna | Better Health | | 100 | | 3.01 | | | other | Drugs are paid at 100% of the AWP |
| TOCOPHERYL ACETATE 50 UNITS/ML | 186580012 | NDC | | | | both | 1 EA | 21.5 | | Horizon | NJ Health | | 100 | | 2.8 | | | other | Drugs are paid at 100% of the AWP |
| TOCOPHERYL ACETATE 50 UNITS/ML | 186580012 | NDC | | | | both | 1 EA | 21.5 | | UHC | Medicaid | | 100 | | 2.48 | | | other | Drugs are paid at 100% of the AWP |
| PYRIDOSTIGMINE 60MG TAB | 187301030 | NDC | | | | both | 1 EA | 4.5 | | Horizon | Indemnity | | 100 | | 4.5 | | | other | Drugs are paid at 100% of the AWP |
| PYRIDOSTIGMINE 60MG TAB | 187301030 | NDC | | | | both | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| PYRIDOSTIGMINE 60MG TAB | 187301030 | NDC | | | | both | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 1.11 | | | other | Drugs are paid at 100% of the AWP |
| PYRIDOSTIGMINE 60MG TAB | 187301030 | NDC | | | | both | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 1.2 | | | other | Drugs are paid at 100% of the AWP |
| PYRIDOSTIGMINE 10MG INJ. | 187301110 | NDC | | | | both | 1 EA | 33 | | WellPoint | WellPoint | | 100 | | 8.56 | | | other | Drugs are paid at 100% of the AWP |
| PYRIDOSTIGMINE 60MG/5ML ELIXIR | 187301220 | NDC | | | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| MONSEL SOLUTION | 19554803 | NDC | | | | both | 1 EA | 97.5 | | Corrections | Corrections | | 100 | | 32.74 | | | other | Drugs are paid at 100% of the AWP |
| MONSEL SOLUTION | 19554803 | NDC | | | | both | 1 EA | 97.5 | | Horizon | NJ Health | | 100 | | 19.39 | | | other | Drugs are paid at 100% of the AWP |
| MONSEL SOLUTION | 19554803 | NDC | | | | both | 1 EA | 97.5 | | UHC | Medicaid | | 100 | | 19.63 | | | other | Drugs are paid at 100% of the AWP |
| MONSEL SOLUTION | 19554803 | NDC | | | | both | 1 EA | 97.5 | | WellPoint | WellPoint | | 100 | | 30.22 | | | other | Drugs are paid at 100% of the AWP |
| PIPERACILLIN/TAZOBACTAM 112.5MG | 206845216 | NDC | | | | both | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| METHIMAZOLE 5MG TAB | 2109402 | NDC | | | | both | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| METHIMAZOLE 5MG TAB | 2109402 | NDC | | | | both | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| METHIMAZOLE 5MG TAB | 2109402 | NDC | | | | both | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| METHIMAZOLE 5MG TAB | 2109402 | NDC | | | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| METHIMAZOLE 5MG TAB | 2109402 | NDC | | | | both | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| METHIMAZOLE 5MG TAB | 2109402 | NDC | | | | both | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| METHIMAZOLE 5MG TAB | 2109402 | NDC | | | | both | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| METHIMAZOLE 5MG TAB | 2109402 | NDC | | | | both | 1 EA | 2.5 | | United | Commercial\|PPO | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| METHIMAZOLE 5MG TAB | 2109402 | NDC | | | | both | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 1.18 | | | other | Drugs are paid at 100% of the AWP |
| METHIMAZOLE 5MG TAB | 2109402 | NDC | | | | both | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| METHIMAZOLE 5MG TAB | 2109402 | NDC | | | | both | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| METHIMAZOLE 10MG TAB | 2109502 | NDC | | | | both | 1 EA | 3.5 | | Horizon | Indemnity | | 100 | | 1.29 | | | other | Drugs are paid at 100% of the AWP |
| METHIMAZOLE 10MG TAB | 2109502 | NDC | | | | both | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| METHIMAZOLE 10MG TAB | 2109502 | NDC | | | | both | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| METHIMAZOLE 10MG TAB | 2109502 | NDC | | | | both | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.93 | | | other | Drugs are paid at 100% of the AWP |
| METHIMAZOLE 10MG TAB | 2109502 | NDC | | | | both | 1 EA | 3.5 | | United | Commercial\|PPO | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| METHIMAZOLE 10MG TAB | 2109502 | NDC | | | | both | 1 EA | 3.5 | | Wellcare | Medicare | | 100 | | 1.08 | | | other | Drugs are paid at 100% of the AWP |
| METHIMAZOLE 10MG TAB | 2109502 | NDC | | | | both | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 1.02 | | | other | Drugs are paid at 100% of the AWP |
| COLYTE | 21440123 | NDC | | | | both | 1 EA | 4.5 | | Aetna | Better Health | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| COLYTE | 21440123 | NDC | | | | both | 1 EA | 4.5 | | Aetna | Commercial | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| COLYTE | 21440123 | NDC | | | | both | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| COLYTE | 21440123 | NDC | | | | both | 1 EA | 4.5 | | Amerihealth | HMO/PPO | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| COLYTE | 21440123 | NDC | | | | both | 1 EA | 4.5 | | Corrections | Corrections | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| COLYTE | 21440123 | NDC | | | | both | 1 EA | 4.5 | | Horizon | Indemnity | | 100 | | 0.74 | | | other | Drugs are paid at 100% of the AWP |
| COLYTE | 21440123 | NDC | | | | both | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 1.32 | | | other | Drugs are paid at 100% of the AWP |
| COLYTE | 21440123 | NDC | | | | both | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| COLYTE | 21440123 | NDC | | | | both | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| COLYTE | 21440123 | NDC | | | | both | 1 EA | 4.5 | | Horizon | PPO | | 100 | | 1.3 | | | other | Drugs are paid at 100% of the AWP |
| COLYTE | 21440123 | NDC | | | | both | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| COLYTE | 21440123 | NDC | | | | both | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 1.05 | | | other | Drugs are paid at 100% of the AWP |
| COLYTE | 21440123 | NDC | | | | both | 1 EA | 4.5 | | United | Commercial\|PPO | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| COLYTE | 21440123 | NDC | | | | both | 1 EA | 4.5 | | Wellcare | Medicaid | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| COLYTE | 21440123 | NDC | | | | both | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| FORT.TOBRAMYCIN 15MG/ML OPH SOL | 2149901 | NDC | | | | both | 1 EA | 50 | | Aetna | Commercial | | 100 | | 12.19 | | | other | Drugs are paid at 100% of the AWP |
| FORT.TOBRAMYCIN 15MG/ML OPH SOL | 2149901 | NDC | | | | both | 1 EA | 50 | | Aetna | Medicare | | 100 | | 10.77 | | | other | Drugs are paid at 100% of the AWP |
| FORT.TOBRAMYCIN 15MG/ML OPH SOL | 2149901 | NDC | | | | both | 1 EA | 50 | | Horizon | Medicare Blue | | 100 | | 6.15 | | | other | Drugs are paid at 100% of the AWP |
| FORT.TOBRAMYCIN 15MG/ML OPH SOL | 2149901 | NDC | | | | both | 1 EA | 50 | | Horizon | MGD | | 100 | | 16.31 | | | other | Drugs are paid at 100% of the AWP |
| FORT.TOBRAMYCIN 15MG/ML OPH SOL | 2149901 | NDC | | | | both | 1 EA | 50 | | Horizon | NJ Health | | 100 | | 3.55 | | | other | Drugs are paid at 100% of the AWP |
| FORT.TOBRAMYCIN 15MG/ML OPH SOL | 2149901 | NDC | | | | both | 1 EA | 50 | | Horizon | PPO | | 100 | | 15.58 | | | other | Drugs are paid at 100% of the AWP |
| FORT.TOBRAMYCIN 15MG/ML OPH SOL | 2149901 | NDC | | | | both | 1 EA | 50 | | UHC | Medicaid | | 100 | | 13.39 | | | other | Drugs are paid at 100% of the AWP |
| FORT.TOBRAMYCIN 15MG/ML OPH SOL | 2149901 | NDC | | | | both | 1 EA | 50 | | UHC | Medicare | | 100 | | 5.49 | | | other | Drugs are paid at 100% of the AWP |
| FORT.TOBRAMYCIN 15MG/ML OPH SOL | 2149901 | NDC | | | | both | 1 EA | 50 | | Wellcare | Medicaid | | 100 | | 10.72 | | | other | Drugs are paid at 100% of the AWP |
| FORT.TOBRAMYCIN 15MG/ML OPH SOL | 2149901 | NDC | | | | both | 1 EA | 50 | | WellPoint | WellPoint | | 100 | | 6.86 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 1GM TAB | 2202402 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 1GM TAB | 2202402 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 1GM TAB | 2202402 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 1GM TAB | 2202402 | NDC | | | | both | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 1GM TAB | 2202402 | NDC | | | | both | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 1GM TAB | 2202402 | NDC | | | | both | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 1GM TAB | 2202402 | NDC | | | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 1GM TAB | 2202402 | NDC | | | | both | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 1GM TAB | 2202402 | NDC | | | | both | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 1GM TAB | 2202402 | NDC | | | | both | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 1GM TAB | 2202402 | NDC | | | | both | 1 EA | 2.5 | | United | Commercial\|PPO | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 1GM TAB | 2202402 | NDC | | | | both | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 1GM TAB | 2202402 | NDC | | | | both | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM BICARBONATE 650MG TAB | 2202902 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM BICARBONATE 650MG TAB | 2202902 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM BICARBONATE 650MG TAB | 2202902 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM BICARBONATE 650MG TAB | 2202902 | NDC | | | | both | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM BICARBONATE 650MG TAB | 2202902 | NDC | | | | both | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM BICARBONATE 650MG TAB | 2202902 | NDC | | | | both | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.08 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM BICARBONATE 650MG TAB | 2202902 | NDC | | | | both | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM BICARBONATE 650MG TAB | 2202902 | NDC | | | | both | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM BICARBONATE 650MG TAB | 2202902 | NDC | | | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM BICARBONATE 650MG TAB | 2202902 | NDC | | | | both | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM BICARBONATE 650MG TAB | 2202902 | NDC | | | | both | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM BICARBONATE 650MG TAB | 2202902 | NDC | | | | both | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM BICARBONATE 650MG TAB | 2202902 | NDC | | | | both | 1 EA | 2.5 | | United | Commercial\|PPO | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM BICARBONATE 650MG TAB | 2202902 | NDC | | | | both | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM BICARBONATE 650MG TAB | 2202902 | NDC | | | | both | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.71 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM BICARBONATE 650MG TAB | 2202902 | NDC | | | | both | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| CALCITRIOL 0.25MCG CAP | 23155011801 | NDC | | | | both | 1 EA | 5.5 | | Aetna | Commercial | | 100 | | 1.31 | | | other | Drugs are paid at 100% of the AWP |
| CALCITRIOL 0.25MCG CAP | 23155011801 | NDC | | | | both | 1 EA | 5.5 | | Aetna | Medicare | | 100 | | 1.31 | | | other | Drugs are paid at 100% of the AWP |
| CALCITRIOL 0.25MCG CAP | 23155011801 | NDC | | | | both | 1 EA | 5.5 | | Horizon | Medicare Blue | | 100 | | 1.53 | | | other | Drugs are paid at 100% of the AWP |
| CALCITRIOL 0.25MCG CAP | 23155011801 | NDC | | | | both | 1 EA | 5.5 | | Horizon | MGD | | 100 | | 1.66 | | | other | Drugs are paid at 100% of the AWP |
| CALCITRIOL 0.25MCG CAP | 23155011801 | NDC | | | | both | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 1.06 | | | other | Drugs are paid at 100% of the AWP |
| CALCITRIOL 0.25MCG CAP | 23155011801 | NDC | | | | both | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| CALCITRIOL 0.25MCG CAP | 23155011801 | NDC | | | | both | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 1.71 | | | other | Drugs are paid at 100% of the AWP |
| CALCITRIOL 0.25MCG CAP | 23155011801 | NDC | | | | both | 1 EA | 5.5 | | Wellcare | Medicaid | | 100 | | 1.4 | | | other | Drugs are paid at 100% of the AWP |
| CALCITRIOL 0.25MCG CAP | 23155011801 | NDC | | | | both | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 1.7 | | | other | Drugs are paid at 100% of the AWP |
| DULOXETINE (NF) 20MG CAPS | 2323560 | NDC | | | | both | 1 EA | 23.5 | | Aetna | Medicare | | 100 | | 5.43 | | | other | Drugs are paid at 100% of the AWP |
| DULOXETINE (NF) 20MG CAPS | 2323560 | NDC | | | | both | 1 EA | 23.5 | | Horizon | Indemnity | | 100 | | 17.24 | | | other | Drugs are paid at 100% of the AWP |
| DULOXETINE (NF) 20MG CAPS | 2323560 | NDC | | | | both | 1 EA | 23.5 | | Horizon | MGD | | 100 | | 3.12 | | | other | Drugs are paid at 100% of the AWP |
| DULOXETINE (NF) 20MG CAPS | 2323560 | NDC | | | | both | 1 EA | 23.5 | | Horizon | NJ Health | | 100 | | 5.88 | | | other | Drugs are paid at 100% of the AWP |
| DULOXETINE (NF) 20MG CAPS | 2323560 | NDC | | | | both | 1 EA | 23.5 | | Horizon | PPO | | 100 | | 12 | | | other | Drugs are paid at 100% of the AWP |
| DULOXETINE (NF) 20MG CAPS | 2323560 | NDC | | | | both | 1 EA | 23.5 | | UHC | Medicaid | | 100 | | 2.11 | | | other | Drugs are paid at 100% of the AWP |
| DULOXETINE (NF) 20MG CAPS | 2323560 | NDC | | | | both | 1 EA | 23.5 | | UHC | Medicare | | 100 | | 3.09 | | | other | Drugs are paid at 100% of the AWP |
| DULOXETINE (NF) 20MG CAPS | 2323560 | NDC | | | | both | 1 EA | 23.5 | | WellPoint | WellPoint | | 100 | | 3.61 | | | other | Drugs are paid at 100% of the AWP |
| DULOXETINE (NF) 30MG CAPS | 2324033 | NDC | | | | both | 1 EA | 26.5 | | Aetna | Better Health | | 100 | | 3.88 | | | other | Drugs are paid at 100% of the AWP |
| DULOXETINE (NF) 30MG CAPS | 2324033 | NDC | | | | both | 1 EA | 26.5 | | Aetna | Commercial | | 100 | | 9.5 | | | other | Drugs are paid at 100% of the AWP |
| DULOXETINE (NF) 30MG CAPS | 2324033 | NDC | | | | both | 1 EA | 26.5 | | Aetna | Medicare | | 100 | | 6.64 | | | other | Drugs are paid at 100% of the AWP |
| DULOXETINE (NF) 30MG CAPS | 2324033 | NDC | | | | both | 1 EA | 26.5 | | Corrections | Corrections | | 100 | | 9.31 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DULOXETINE (NF) 30MG CAPS | 2324033 | NDC | | | | both | 1 EA | 26.5 | | Horizon | Indemnity | | 100 | | 6.86 | | | other | Drugs are paid at 100% of the AWP |
| DULOXETINE (NF) 30MG CAPS | 2324033 | NDC | | | | both | 1 EA | 26.5 | | Horizon | Medicare Blue | | 100 | | 3.08 | | | other | Drugs are paid at 100% of the AWP |
| DULOXETINE (NF) 30MG CAPS | 2324033 | NDC | | | | both | 1 EA | 26.5 | | Horizon | MGD | | 100 | | 5.47 | | | other | Drugs are paid at 100% of the AWP |
| DULOXETINE (NF) 30MG CAPS | 2324033 | NDC | | | | both | 1 EA | 26.5 | | Horizon | NJ Health | | 100 | | 4.42 | | | other | Drugs are paid at 100% of the AWP |
| DULOXETINE (NF) 30MG CAPS | 2324033 | NDC | | | | both | 1 EA | 26.5 | | UHC | Medicaid | | 100 | | 5.66 | | | other | Drugs are paid at 100% of the AWP |
| DULOXETINE (NF) 30MG CAPS | 2324033 | NDC | | | | both | 1 EA | 26.5 | | UHC | Medicare | | 100 | | 4.53 | | | other | Drugs are paid at 100% of the AWP |
| DULOXETINE (NF) 30MG CAPS | 2324033 | NDC | | | | both | 1 EA | 26.5 | | United | CommercialPPO | | 100 | | 5.88 | | | other | Drugs are paid at 100% of the AWP |
| DULOXETINE (NF) 30MG CAPS | 2324033 | NDC | | | | both | 1 EA | 26.5 | | Wellcare | Medicare | | 100 | | 5.91 | | | other | Drugs are paid at 100% of the AWP |
| DULOXETINE (NF) 30MG CAPS | 2324033 | NDC | | | | both | 1 EA | 26.5 | | WellPoint | WellPoint | | 100 | | 3.72 | | | other | Drugs are paid at 100% of the AWP |
| DULOXETINE HCL 60MG CAP | 2327033 | NDC | | | | both | 1 EA | 28 | | Aetna | Better Health | | 100 | | 3.12 | | | other | Drugs are paid at 100% of the AWP |
| DULOXETINE HCL 60MG CAP | 2327033 | NDC | | | | both | 1 EA | 28 | | Aetna | Commercial | | 100 | | 10.06 | | | other | Drugs are paid at 100% of the AWP |
| DULOXETINE HCL 60MG CAP | 2327033 | NDC | | | | both | 1 EA | 28 | | Aetna | Medicare | | 100 | | 4.86 | | | other | Drugs are paid at 100% of the AWP |
| DULOXETINE HCL 60MG CAP | 2327033 | NDC | | | | both | 1 EA | 28 | | Horizon | Medicare Blue | | 100 | | 3.29 | | | other | Drugs are paid at 100% of the AWP |
| DULOXETINE HCL 60MG CAP | 2327033 | NDC | | | | both | 1 EA | 28 | | Horizon | MGD | | 100 | | 12.66 | | | other | Drugs are paid at 100% of the AWP |
| DULOXETINE HCL 60MG CAP | 2327033 | NDC | | | | both | 1 EA | 28 | | Horizon | NJ Health | | 100 | | 4.51 | | | other | Drugs are paid at 100% of the AWP |
| DULOXETINE HCL 60MG CAP | 2327033 | NDC | | | | both | 1 EA | 28 | | UHC | Medicaid | | 100 | | 4.65 | | | other | Drugs are paid at 100% of the AWP |
| DULOXETINE HCL 60MG CAP | 2327033 | NDC | | | | both | 1 EA | 28 | | UHC | Medicare | | 100 | | 5.07 | | | other | Drugs are paid at 100% of the AWP |
| DULOXETINE HCL 60MG CAP | 2327033 | NDC | | | | both | 1 EA | 28 | | United | CommercialPPO | | 100 | | 1.9 | | | other | Drugs are paid at 100% of the AWP |
| DULOXETINE HCL 60MG CAP | 2327033 | NDC | | | | both | 1 EA | 28 | | Wellcare | Medicaid | | 100 | | 7.58 | | | other | Drugs are paid at 100% of the AWP |
| DULOXETINE HCL 60MG CAP | 2327033 | NDC | | | | both | 1 EA | 28 | | Wellcare | Medicare | | 100 | | 6.01 | | | other | Drugs are paid at 100% of the AWP |
| DULOXETINE HCL 60MG CAP | 2327033 | NDC | | | | both | 1 EA | 28 | | WellPoint | WellPoint | | 100 | | 3.41 | | | other | Drugs are paid at 100% of the AWP |
| POLYMYXIN B-TRIMETHO OPTH SOL | 23782410 | NDC | | | | both | 1 EA | 222 | | Aetna | Better Health | | 100 | | 68.47 | | | other | Drugs are paid at 100% of the AWP |
| POLYMYXIN B-TRIMETHO OPTH SOL | 23782410 | NDC | | | | both | 1 EA | 222 | | Aetna | Commercial | | 100 | | 51.78 | | | other | Drugs are paid at 100% of the AWP |
| POLYMYXIN B-TRIMETHO OPTH SOL | 23782410 | NDC | | | | both | 1 EA | 222 | | Corrections | Corrections | | 100 | | 70.04 | | | other | Drugs are paid at 100% of the AWP |
| POLYMYXIN B-TRIMETHO OPTH SOL | 23782410 | NDC | | | | both | 1 EA | 222 | | Horizon | Indemnity | | 100 | | 68.92 | | | other | Drugs are paid at 100% of the AWP |
| POLYMYXIN B-TRIMETHO OPTH SOL | 23782410 | NDC | | | | both | 1 EA | 222 | | Horizon | MGD | | 100 | | 5.71 | | | other | Drugs are paid at 100% of the AWP |
| POLYMYXIN B-TRIMETHO OPTH SOL | 23782410 | NDC | | | | both | 1 EA | 222 | | Horizon | NJ Health | | 100 | | 5.12 | | | other | Drugs are paid at 100% of the AWP |
| POLYMYXIN B-TRIMETHO OPTH SOL | 23782410 | NDC | | | | both | 1 EA | 222 | | UHC | Medicaid | | 100 | | 39.75 | | | other | Drugs are paid at 100% of the AWP |
| POLYMYXIN B-TRIMETHO OPTH SOL | 23782410 | NDC | | | | both | 1 EA | 222 | | Wellcare | Medicaid | | 100 | | 63.08 | | | other | Drugs are paid at 100% of the AWP |
| POLYMYXIN B-TRIMETHO OPTH SOL | 23782410 | NDC | | | | both | 1 EA | 222 | | WellPoint | WellPoint | | 100 | | 52.65 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOSPORIN EYE DROP 0.05% 60ML | 23916360 | NDC | | | | both | 1 EA | 1307.5 | | Wellcare | Medicare | | 100 | | 645.38 | | | other | Drugs are paid at 100% of the AWP |
| BRIMONIDINE TARTRATE EYE DROP,0.15% | 23917705 | NDC | | | | both | 1 EA | 279 | | Aetna | Better Health | | 100 | | 30.56 | | | other | Drugs are paid at 100% of the AWP |
| BRIMONIDINE TARTRATE EYE DROP,0.15% | 23917705 | NDC | | | | both | 1 EA | 279 | | Aetna | Medicare | | 100 | | 68.43 | | | other | Drugs are paid at 100% of the AWP |
| BRIMONIDINE TARTRATE EYE DROP,0.15% | 23917705 | NDC | | | | both | 1 EA | 279 | | Amerihealth | HMO/PPO | | 100 | | 38.18 | | | other | Drugs are paid at 100% of the AWP |
| BRIMONIDINE TARTRATE EYE DROP,0.15% | 23917705 | NDC | | | | both | 1 EA | 279 | | Corrections | Corrections | | 100 | | 54.17 | | | other | Drugs are paid at 100% of the AWP |
| BRIMONIDINE TARTRATE EYE DROP,0.15% | 23917705 | NDC | | | | both | 1 EA | 279 | | Horizon | Indemnity | | 100 | | 70.44 | | | other | Drugs are paid at 100% of the AWP |
| BRIMONIDINE TARTRATE EYE DROP,0.15% | 23917705 | NDC | | | | both | 1 EA | 279 | | Horizon | Medicare Blue | | 100 | | 78.15 | | | other | Drugs are paid at 100% of the AWP |
| BRIMONIDINE TARTRATE EYE DROP,0.15% | 23917705 | NDC | | | | both | 1 EA | 279 | | Horizon | MGD | | 100 | | 56.39 | | | other | Drugs are paid at 100% of the AWP |
| BRIMONIDINE TARTRATE EYE DROP,0.15% | 23917705 | NDC | | | | both | 1 EA | 279 | | Horizon | NJ Health | | 100 | | 30.2 | | | other | Drugs are paid at 100% of the AWP |
| BRIMONIDINE TARTRATE EYE DROP,0.15% | 23917705 | NDC | | | | both | 1 EA | 279 | | Horizon | PPO | | 100 | | 116.63 | | | other | Drugs are paid at 100% of the AWP |
| BRIMONIDINE TARTRATE EYE DROP,0.15% | 23917705 | NDC | | | | both | 1 EA | 279 | | UHC | Medicaid | | 100 | | 58.6 | | | other | Drugs are paid at 100% of the AWP |
| BRIMONIDINE TARTRATE EYE DROP,0.15% | 23917705 | NDC | | | | both | 1 EA | 279 | | UHC | Medicare | | 100 | | 66.46 | | | other | Drugs are paid at 100% of the AWP |
| BRIMONIDINE TARTRATE EYE DROP,0.15% | 23917705 | NDC | | | | both | 1 EA | 279 | | United | CommercialPPO | | 100 | | 90.94 | | | other | Drugs are paid at 100% of the AWP |
| BRIMONIDINE TARTRATE EYE DROP,0.15% | 23917705 | NDC | | | | both | 1 EA | 279 | | Wellcare | Medicaid | | 100 | | 82.05 | | | other | Drugs are paid at 100% of the AWP |
| BRIMONIDINE TARTRATE EYE DROP,0.15% | 23917705 | NDC | | | | both | 1 EA | 279 | | WellPoint | WellPoint | | 100 | | 59.9 | | | other | Drugs are paid at 100% of the AWP |
| ERGOCALCIFEROL 8MU/1ML LIQ | 24039102 | NDC | | | | both | 1 EA | 8.5 | | Aetna | Better Health | | 100 | | 2.07 | | | other | Drugs are paid at 100% of the AWP |
| ERGOCALCIFEROL 8MU/1ML LIQ | 24039102 | NDC | | | | both | 1 EA | 8.5 | | Aetna | Commercial | | 100 | | 1.88 | | | other | Drugs are paid at 100% of the AWP |
| ERGOCALCIFEROL 8MU/1ML LIQ | 24039102 | NDC | | | | both | 1 EA | 8.5 | | Aetna | Medicare | | 100 | | 0.09 | | | other | Drugs are paid at 100% of the AWP |
| ERGOCALCIFEROL 8MU/1ML LIQ | 24039102 | NDC | | | | both | 1 EA | 8.5 | | Horizon | Indemnity | | 100 | | 0.12 | | | other | Drugs are paid at 100% of the AWP |
| ERGOCALCIFEROL 8MU/1ML LIQ | 24039102 | NDC | | | | both | 1 EA | 8.5 | | Horizon | MGD | | 100 | | 1.54 | | | other | Drugs are paid at 100% of the AWP |
| ERGOCALCIFEROL 8MU/1ML LIQ | 24039102 | NDC | | | | both | 1 EA | 8.5 | | Horizon | NJ Health | | 100 | | 0.78 | | | other | Drugs are paid at 100% of the AWP |
| ERGOCALCIFEROL 8MU/1ML LIQ | 24039102 | NDC | | | | both | 1 EA | 8.5 | | Horizon | PPO | | 100 | | 1.47 | | | other | Drugs are paid at 100% of the AWP |
| ERGOCALCIFEROL 8MU/1ML LIQ | 24039102 | NDC | | | | both | 1 EA | 8.5 | | UHC | Medicaid | | 100 | | 1.41 | | | other | Drugs are paid at 100% of the AWP |
| ERGOCALCIFEROL 8MU/1ML LIQ | 24039102 | NDC | | | | both | 1 EA | 8.5 | | UHC | Medicare | | 100 | | 1.25 | | | other | Drugs are paid at 100% of the AWP |
| ERGOCALCIFEROL 8MU/1ML LIQ | 24039102 | NDC | | | | both | 1 EA | 8.5 | | United | CommercialPPO | | 100 | | 1.37 | | | other | Drugs are paid at 100% of the AWP |
| ERGOCALCIFEROL 8MU/1ML LIQ | 24039102 | NDC | | | | both | 1 EA | 8.5 | | Wellcare | Medicaid | | 100 | | 0.79 | | | other | Drugs are paid at 100% of the AWP |
| ERGOCALCIFEROL 8MU/1ML LIQ | 24039102 | NDC | | | | both | 1 EA | 8.5 | | WellPoint | WellPoint | | 100 | | 2.04 | | | other | Drugs are paid at 100% of the AWP |
| ERGOCALCIFEROL 50MU CAP | 24039202 | NDC | | | | both | 1 EA | 8.5 | | Aetna | Better Health | | 100 | | 1.34 | | | other | Drugs are paid at 100% of the AWP |
| ERGOCALCIFEROL 50MU CAP | 24039202 | NDC | | | | both | 1 EA | 8.5 | | Aetna | Commercial | | 100 | | 1.84 | | | other | Drugs are paid at 100% of the AWP |
| ERGOCALCIFEROL 50MU CAP | 24039202 | NDC | | | | both | 1 EA | 8.5 | | Aetna | Medicare | | 100 | | 1.09 | | | other | Drugs are paid at 100% of the AWP |
| ERGOCALCIFEROL 50MU CAP | 24039202 | NDC | | | | both | 1 EA | 8.5 | | Amerihealth | HMO/PPO | | 100 | | 1.4 | | | other | Drugs are paid at 100% of the AWP |
| ERGOCALCIFEROL 50MU CAP | 24039202 | NDC | | | | both | 1 EA | 8.5 | | Corrections | Corrections | | 100 | | 1.83 | | | other | Drugs are paid at 100% of the AWP |
| ERGOCALCIFEROL 50MU CAP | 24039202 | NDC | | | | both | 1 EA | 8.5 | | Horizon | Indemnity | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| ERGOCALCIFEROL 50MU CAP | 24039202 | NDC | | | | both | 1 EA | 8.5 | | Horizon | Medicare Blue | | 100 | | 1.48 | | | other | Drugs are paid at 100% of the AWP |
| ERGOCALCIFEROL 50MU CAP | 24039202 | NDC | | | | both | 1 EA | 8.5 | | Horizon | MGD | | 100 | | 1.73 | | | other | Drugs are paid at 100% of the AWP |
| ERGOCALCIFEROL 50MU CAP | 24039202 | NDC | | | | both | 1 EA | 8.5 | | Horizon | NJ Health | | 100 | | 1.22 | | | other | Drugs are paid at 100% of the AWP |
| ERGOCALCIFEROL 50MU CAP | 24039202 | NDC | | | | both | 1 EA | 8.5 | | Horizon | PPO | | 100 | | 1.61 | | | other | Drugs are paid at 100% of the AWP |
| ERGOCALCIFEROL 50MU CAP | 24039202 | NDC | | | | both | 1 EA | 8.5 | | UHC | Medicaid | | 100 | | 1.18 | | | other | Drugs are paid at 100% of the AWP |
| ERGOCALCIFEROL 50MU CAP | 24039202 | NDC | | | | both | 1 EA | 8.5 | | UHC | Medicare | | 100 | | 1.52 | | | other | Drugs are paid at 100% of the AWP |
| ERGOCALCIFEROL 50MU CAP | 24039202 | NDC | | | | both | 1 EA | 8.5 | | United | CommercialPPO | | 100 | | 1.4 | | | other | Drugs are paid at 100% of the AWP |
| ERGOCALCIFEROL 50MU CAP | 24039202 | NDC | | | | both | 1 EA | 8.5 | | United | Oxford | | 100 | | 2.59 | | | other | Drugs are paid at 100% of the AWP |
| ERGOCALCIFEROL 50MU CAP | 24039202 | NDC | | | | both | 1 EA | 8.5 | | Wellcare | Medicaid | | 100 | | 1.19 | | | other | Drugs are paid at 100% of the AWP |
| ERGOCALCIFEROL 50MU CAP | 24039202 | NDC | | | | both | 1 EA | 8.5 | | Wellcare | Medicare | | 100 | | 1.39 | | | other | Drugs are paid at 100% of the AWP |
| ERGOCALCIFEROL 50MU CAP | 24039202 | NDC | | | | both | 1 EA | 8.5 | | WellPoint | WellPoint | | 100 | | 1.4 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 2.5MG TAB | 2411260 | NDC | | | | both | 1 EA | 43 | | Aetna | Better Health | | 100 | | 6.26 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 2.5MG TAB | 2411260 | NDC | | | | both | 1 EA | 43 | | Aetna | Medicare | | 100 | | 4.04 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 2.5MG TAB | 2411260 | NDC | | | | both | 1 EA | 43 | | Amerihealth | HMO/PPO | | 100 | | 7.79 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 2.5MG TAB | 2411260 | NDC | | | | both | 1 EA | 43 | | Horizon | Medicare Blue | | 100 | | 4.82 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 2.5MG TAB | 2411260 | NDC | | | | both | 1 EA | 43 | | Horizon | MGD | | 100 | | 7.66 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 2.5MG TAB | 2411260 | NDC | | | | both | 1 EA | 43 | | Horizon | NJ Health | | 100 | | 2.68 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 2.5MG TAB | 2411260 | NDC | | | | both | 1 EA | 43 | | UHC | Medicaid | | 100 | | 5.25 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 2.5MG TAB | 2411260 | NDC | | | | both | 1 EA | 43 | | UHC | Medicare | | 100 | | 3.85 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 2.5MG TAB | 2411260 | NDC | | | | both | 1 EA | 43 | | Wellcare | Medicaid | | 100 | | 3.41 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 2.5MG TAB | 2411260 | NDC | | | | both | 1 EA | 43 | | WellPoint | WellPoint | | 100 | | 15.92 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 5MG TAB | 2411533 | NDC | | | | both | 1 EA | 53.5 | | Aetna | Better Health | | 100 | | 11.33 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 5MG TAB | 2411533 | NDC | | | | both | 1 EA | 53.5 | | Aetna | Commercial | | 100 | | 8.14 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 5MG TAB | 2411533 | NDC | | | | both | 1 EA | 53.5 | | Aetna | Medicare | | 100 | | 5.49 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 5MG TAB | 2411533 | NDC | | | | both | 1 EA | 53.5 | | Horizon | Medicare Blue | | 100 | | 9.58 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 5MG TAB | 2411533 | NDC | | | | both | 1 EA | 53.5 | | Horizon | MGD | | 100 | | 8.02 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 5MG TAB | 2411533 | NDC | | | | both | 1 EA | 53.5 | | Horizon | NJ Health | | 100 | | 5.09 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 5MG TAB | 2411533 | NDC | | | | both | 1 EA | 53.5 | | UHC | Medicaid | | 100 | | 7.2 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 5MG TAB | 2411533 | NDC | | | | both | 1 EA | 53.5 | | UHC | Medicare | | 100 | | 9.32 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 5MG TAB | 2411533 | NDC | | | | both | 1 EA | 53.5 | | United | CommercialPPO | | 100 | | 5.48 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 5MG TAB | 2411533 | NDC | | | | both | 1 EA | 53.5 | | Wellcare | Medicaid | | 100 | | 4.33 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 5MG TAB | 2411533 | NDC | | | | both | 1 EA | 53.5 | | Wellcare | Medicare | | 100 | | 15.8 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 5MG TAB | 2411533 | NDC | | | | both | 1 EA | 53.5 | | WellPoint | WellPoint | | 100 | | 7.11 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 7.5MG TAB | 2411633 | NDC | | | | both | 1 EA | 65.5 | | Corrections | Corrections | | 100 | | 17.63 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 7.5MG TAB | 2411633 | NDC | | | | both | 1 EA | 65.5 | | Horizon | NJ Health | | 100 | | 7.96 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 7.5MG TAB | 2411633 | NDC | | | | both | 1 EA | 65.5 | | UHC | Medicaid | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 7.5MG TAB | 2411633 | NDC | | | | both | 1 EA | 65.5 | | UHC | Medicare | | 100 | | 19.19 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 7.5MG TAB | 2411633 | NDC | | | | both | 1 EA | 65.5 | | WellPoint | WellPoint | | 100 | | 5.64 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 10MG TAB | 2411733 | NDC | | | | both | 1 EA | 72.5 | | Aetna | Better Health | | 100 | | 13.42 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 10MG TAB | 2411733 | NDC | | | | both | 1 EA | 72.5 | | Aetna | Medicare | | 100 | | 9.38 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 10MG TAB | 2411733 | NDC | | | | both | 1 EA | 72.5 | | Corrections | Corrections | | 100 | | 15.07 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 10MG TAB | 2411733 | NDC | | | | both | 1 EA | 72.5 | | Horizon | Medicare Blue | | 100 | | 9.23 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 10MG TAB | 2411733 | NDC | | | | both | 1 EA | 72.5 | | Horizon | MGD | | 100 | | 14.66 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 10MG TAB | 2411733 | NDC | | | | both | 1 EA | 72.5 | | Horizon | NJ Health | | 100 | | 7.64 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 10MG TAB | 2411733 | NDC | | | | both | 1 EA | 72.5 | | UHC | Medicaid | | 100 | | 8.69 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 10MG TAB | 2411733 | NDC | | | | both | 1 EA | 72.5 | | UHC | Medicare | | 100 | | 11.23 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 10MG TAB | 2411733 | NDC | | | | both | 1 EA | 72.5 | | United | CommercialPPO | | 100 | | 18.57 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 10MG TAB | 2411733 | NDC | | | | both | 1 EA | 72.5 | | Wellcare | Medicaid | | 100 | | 5.87 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 10MG TAB | 2411733 | NDC | | | | both | 1 EA | 72.5 | | Wellcare | Medicare | | 100 | | 15.51 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE 10MG TAB | 2411733 | NDC | | | | both | 1 EA | 72.5 | | WellPoint | WellPoint | | 100 | | 11.87 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.5%-EPI 1:200,000 | 24122310 | NDC | | | | both | 1 EA | 28.5 | | UHC | Medicaid | | 100 | | 0.8 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE SPINAL 0.75% (2ML) AMP | 24122910 | NDC | | | | both | 1 EA | 26.5 | | Aetna | Better Health | | 100 | | 5.21 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE SPINAL 0.75% (2ML) AMP | 24122910 | NDC | | | | both | 1 EA | 26.5 | | Aetna | Commercial | | 100 | | 7.78 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE SPINAL 0.75% (2ML) AMP | 24122910 | NDC | | | | both | 1 EA | 26.5 | | Horizon | Indemnity | | 100 | | 3.31 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE SPINAL 0.75% (2ML) AMP | 24122910 | NDC | | | | both | 1 EA | 26.5 | | Horizon | Medicare Blue | | 100 | | 8.74 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE SPINAL 0.75% (2ML) AMP | 24122910 | NDC | | | | both | 1 EA | 26.5 | | Horizon | MGD | | 100 | | 14.65 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE SPINAL 0.75% (2ML) AMP | 24122910 | NDC | | | | both | 1 EA | 26.5 | | Horizon | NJ Health | | 100 | | 4.12 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE SPINAL 0.75% (2ML) AMP | 24122910 | NDC | | | | both | 1 EA | 26.5 | | Horizon | PPO | | 100 | | 4.29 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE SPINAL 0.75% (2ML) AMP | 24122910 | NDC | | | | both | 1 EA | 26.5 | | UHC | Medicaid | | 100 | | 4 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE SPINAL 0.75% (2ML) AMP | 24122910 | NDC | | | | both | 1 EA | 26.5 | | UHC | Medicare | | 100 | | 5.39 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE SPINAL 0.75% (2ML) AMP | 24122910 | NDC | | | | both | 1 EA | 26.5 | | United | CommercialPPO | | 100 | | 4.12 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE SPINAL 0.75% (2ML) AMP | 24122910 | NDC | | | | both | 1 EA | 26.5 | | Wellcare | Medicaid | | 100 | | 4.07 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE SPINAL 0.75% (2ML) AMP | 24122910 | NDC | | | | both | 1 EA | 26.5 | | WellPoint | WellPoint | | 100 | | 3.54 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 0/25% NASAL SPRAY | 24134803 | NDC | | | | both | 1 EA | 26.5 | | Corrections | Corrections | | 100 | | 4.44 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 0/25% NASAL SPRAY | 24134803 | NDC | | | | both | 1 EA | 26.5 | | Horizon | NJ Health | | 100 | | 2.85 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 0/25% NASAL SPRAY | 24134803 | NDC | | | | both | 1 EA | 26.5 | | Wellcare | Medicaid | | 100 | | 7.64 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 1% NASAL SPRAY | 24135202 | NDC | | | | both | 1 EA | 28.5 | | Horizon | Indemnity | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 1% NASAL SPRAY | 24135202 | NDC | | | | both | 1 EA | 28.5 | | Horizon | NJ Health | | 100 | | 6.91 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 0.5% NASAL SPRAY | 24135301 | NDC | | | | both | 1 EA | 26.5 | | Aetna | Commercial | | 100 | | 7.58 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 0.5% NASAL SPRAY | 24135301 | NDC | | | | both | 1 EA | 26.5 | | Horizon | Indemnity | | 100 | | 6.65 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 0.5% NASAL SPRAY | 24135301 | NDC | | | | both | 1 EA | 26.5 | | Horizon | MGD | | 100 | | 7.19 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 0.5% NASAL SPRAY | 24135301 | NDC | | | | both | 1 EA | 26.5 | | Horizon | NJ Health | | 100 | | 3.39 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 0.5% NASAL SPRAY | 24135301 | NDC | | | | both | 1 EA | 26.5 | | Horizon | PPO | | 100 | | 7.67 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 0.5% NASAL SPRAY | 24135301 | NDC | | | | both | 1 EA | 26.5 | | UHC | Medicaid | | 100 | | 5.74 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 0.5% NASAL SPRAY | 24135301 | NDC | | | | both | 1 EA | 26.5 | | UHC | Medicare | | 100 | | 2.81 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 0.5% NASAL SPRAY | 24135301 | NDC | | | | both | 1 EA | 26.5 | | Wellcare | Medicaid | | 100 | | 3.85 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 0.5% NASAL SPRAY | 24135301 | NDC | | | | both | 1 EA | 26.5 | | WellPoint | WellPoint | | 100 | | 7.34 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPH10%,CYCLOGEL2%MYDRIACLY1% | 24135901 | NDC | | | | both | 1 EA | 191.5 | | Aetna | Better Health | | 100 | | 28.59 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPH10%,CYCLOGEL2%MYDRIACLY1% | 24135901 | NDC | | | | both | 1 EA | 191.5 | | Aetna | Commercial | | 100 | | 19.85 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPH10%,CYCLOGEL2%MYDRIACLY1% | 24135901 | NDC | | | | both | 1 EA | 191.5 | | Horizon | Medicare Blue | | 100 | | 44.16 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPH10%,CYCLOGEL2%MYDRIACLY1% | 24135901 | NDC | | | | both | 1 EA | 191.5 | | Horizon | NJ Health | | 100 | | 7.88 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPH10%,CYCLOGEL2%MYDRIACLY1% | 24135901 | NDC | | | | both | 1 EA | 191.5 | | UHC | Medicaid | | 100 | | 31.95 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYCHLOROQUINE 200MG TAB | 24156210 | NDC | | | | both | 1 EA | 9.5 | | Aetna | Better Health | | 100 | | 2.4 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYCHLOROQUINE 200MG TAB | 24156210 | NDC | | | | both | 1 EA | 9.5 | | Aetna | Medicare | | 100 | | 3.38 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYCHLOROQUINE 200MG TAB | 24156210 | NDC | | | | both | 1 EA | 9.5 | | Corrections | Corrections | | 100 | | 2.09 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HYDROXYCHLOROQUINE 200MG TAB | 24156210 | NDC | | | | both | | 1 EA | 9.5 | | Horizon | Indemnity | | 100 | | 2.02 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYCHLOROQUINE 200MG TAB | 24156210 | NDC | | | | both | | 1 EA | 9.5 | | Horizon | MGD | | 100 | | 2.94 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYCHLOROQUINE 200MG TAB | 24156210 | NDC | | | | both | | 1 EA | 9.5 | | Horizon | NJ Health | | 100 | | 1.52 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYCHLOROQUINE 200MG TAB | 24156210 | NDC | | | | both | | 1 EA | 9.5 | | UHC | Medicaid | | 100 | | 1.37 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYCHLOROQUINE 200MG TAB | 24156210 | NDC | | | | both | | 1 EA | 9.5 | | UHC | Medicare | | 100 | | 2.15 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYCHLOROQUINE 200MG TAB | 24156210 | NDC | | | | both | | 1 EA | 9.5 | | WellPoint | WellPoint | | 100 | | 3.03 | | | other | Drugs are paid at 100% of the AWP |
| PRIMAQUINE PHOS (15MG BASE) TAB | 24159601 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 2.36 | | | other | Drugs are paid at 100% of the AWP |
| BARICITINIB (OLUMIANT) 2 MG TAB | 2418230 | NDC | | | | both | | 1 EA | 304 | | UHC | Medicaid | | 100 | | 68 | | | other | Drugs are paid at 100% of the AWP |
| BARICITINIB (OLUMIANT) 2 MG TAB | 2418230 | NDC | | | | both | | 1 EA | 304 | | UHC | Medicare | | 100 | | 159.96 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE OPTH SOL 5% 15ML | 24208027715 | NDC | | | | both | | 1 EA | 99 | | Horizon | NJ Health | | 100 | | 26.77 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE OPTH SOL 5% 15ML | 24208027715 | NDC | | | | both | | 1 EA | 99 | | UHC | Medicare | | 100 | | 29.95 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE OPTH SOL 5% 15ML | 24208027715 | NDC | | | | both | | 1 EA | 99 | | WellPoint | WellPoint | | 100 | | 3.97 | | | other | Drugs are paid at 100% of the AWP |
| FLUORESCEIN 1MG STRIP | 24208039183 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| FLUORESCEIN 1MG STRIP | 24208039183 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| FLUORESCEIN 1MG STRIP | 24208039183 | NDC | | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| FLUORESCEIN 1MG STRIP | 24208039183 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| FLUORESCEIN 1MG STRIP | 24208039183 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| FLUORESCEIN 1MG STRIP | 24208039183 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| FLUORESCEIN 1MG STRIP | 24208039183 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| FLUORESCEIN 1MG STRIP | 24208039183 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| FLUORESCEIN 1MG STRIP | 24208039183 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| FLUORESCEIN 1MG STRIP | 24208039183 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.91 | | | other | Drugs are paid at 100% of the AWP |
| FLUORESCEIN 1MG STRIP | 24208039183 | NDC | | | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.93 | | | other | Drugs are paid at 100% of the AWP |
| FLUORESCEIN 1MG STRIP | 24208039183 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| FLUORESCEIN 1MG STRIP | 24208039183 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| NEOMYCIN-POLYMYXIN-BACITRACIN OIN | 24208078235 | NDC | | | | both | | 1 EA | 9.5 | | Aetna | Better Health | | 100 | | 2.09 | | | other | Drugs are paid at 100% of the AWP |
| NEOMYCIN-POLYMYXIN-BACITRACIN OIN | 24208078235 | NDC | | | | both | | 1 EA | 9.5 | | Aetna | Commercial | | 100 | | 4.24 | | | other | Drugs are paid at 100% of the AWP |
| NEOMYCIN-POLYMYXIN-BACITRACIN OIN | 24208078235 | NDC | | | | both | | 1 EA | 9.5 | | Corrections | Corrections | | 100 | | 2.01 | | | other | Drugs are paid at 100% of the AWP |
| NEOMYCIN-POLYMYXIN-BACITRACIN OIN | 24208078235 | NDC | | | | both | | 1 EA | 9.5 | | Horizon | NJ Health | | 100 | | 1.19 | | | other | Drugs are paid at 100% of the AWP |
| NEOMYCIN-POLYMYXIN-BACITRACIN OIN | 24208078235 | NDC | | | | both | | 1 EA | 9.5 | | UHC | Medicaid | | 100 | | 2.12 | | | other | Drugs are paid at 100% of the AWP |
| NEOMYCIN-POLYMYXIN-BACITRACIN OIN | 24208078235 | NDC | | | | both | | 1 EA | 9.5 | | WellPoint | WellPoint | | 100 | | 1.79 | | | other | Drugs are paid at 100% of the AWP |
| NIMODIPINE (30MG-5ML) UD CUP | 24338023012 | NDC | | | | both | | 1 EA | 171 | | Horizon | NJ Health | | 100 | | 14.67 | | | other | Drugs are paid at 100% of the AWP |
| NIMODIPINE (30MG-5ML) UD CUP | 24338023012 | NDC | | | | both | | 1 EA | 171 | | Horizon | PPO | | 100 | | 42.15 | | | other | Drugs are paid at 100% of the AWP |
| NIMODIPINE (30MG-5ML) UD CUP | 24338023012 | NDC | | | | both | | 1 EA | 171 | | UHC | Medicare | | 100 | | 52.57 | | | other | Drugs are paid at 100% of the AWP |
| NIMODIPINE (30MG-5ML) UD CUP | 24338023012 | NDC | | | | both | | 1 EA | 171 | | WellPoint | WellPoint | | 100 | | 26.19 | | | other | Drugs are paid at 100% of the AWP |
| DRONEDARONE 400 MG TAB | 24414210 | NDC | | | | both | | 1 EA | 25 | | Horizon | Medicare Blue | | 100 | | 2.09 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE DIS TAB 5MG | 2445385 | NDC | | | | both | | 1 EA | 55.5 | | Aetna | Better Health | | 100 | | 6.82 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE DIS TAB 5MG | 2445385 | NDC | | | | both | | 1 EA | 55.5 | | Aetna | Medicare | | 100 | | 11.41 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE DIS TAB 5MG | 2445385 | NDC | | | | both | | 1 EA | 55.5 | | Corrections | Corrections | | 100 | | 10.7 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE DIS TAB 5MG | 2445385 | NDC | | | | both | | 1 EA | 55.5 | | Horizon | Indemnity | | 100 | | 6.33 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE DIS TAB 5MG | 2445385 | NDC | | | | both | | 1 EA | 55.5 | | Horizon | Medicare Blue | | 100 | | 7.42 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE DIS TAB 5MG | 2445385 | NDC | | | | both | | 1 EA | 55.5 | | Horizon | MGD | | 100 | | 9.81 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE DIS TAB 5MG | 2445385 | NDC | | | | both | | 1 EA | 55.5 | | Horizon | NJ Health | | 100 | | 3.16 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE DIS TAB 5MG | 2445385 | NDC | | | | both | | 1 EA | 55.5 | | Horizon | PPO | | 100 | | 40.12 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE DIS TAB 5MG | 2445385 | NDC | | | | both | | 1 EA | 55.5 | | UHC | Medicaid | | 100 | | 6.13 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE DIS TAB 5MG | 2445385 | NDC | | | | both | | 1 EA | 55.5 | | UHC | Medicare | | 100 | | 6.57 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE DIS TAB 5MG | 2445385 | NDC | | | | both | | 1 EA | 55.5 | | Wellcare | Medicaid | | 100 | | 9.36 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE DIS TAB 5MG | 2445385 | NDC | | | | both | | 1 EA | 55.5 | | Wellcare | Medicare | | 100 | | 3.73 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE DIS TAB 5MG | 2445385 | NDC | | | | both | | 1 EA | 55.5 | | WellPoint | WellPoint | | 100 | | 6.95 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE DIS TAB 10MG | 2445485 | NDC | | | | both | | 1 EA | 79 | | Aetna | Better Health | | 100 | | 10.75 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE DIS TAB 10MG | 2445485 | NDC | | | | both | | 1 EA | 79 | | Aetna | Medicare | | 100 | | 7.66 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE DIS TAB 10MG | 2445485 | NDC | | | | both | | 1 EA | 79 | | Horizon | Indemnity | | 100 | | 9.22 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE DIS TAB 10MG | 2445485 | NDC | | | | both | | 1 EA | 79 | | Horizon | Medicare Blue | | 100 | | 11.88 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE DIS TAB 10MG | 2445485 | NDC | | | | both | | 1 EA | 79 | | Horizon | MGD | | 100 | | 16.11 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE DIS TAB 10MG | 2445485 | NDC | | | | both | | 1 EA | 79 | | Horizon | NJ Health | | 100 | | 5.29 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE DIS TAB 10MG | 2445485 | NDC | | | | both | | 1 EA | 79 | | UHC | Medicaid | | 100 | | 9.56 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE DIS TAB 10MG | 2445485 | NDC | | | | both | | 1 EA | 79 | | UHC | Medicare | | 100 | | 7.44 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE DIS TAB 10MG | 2445485 | NDC | | | | both | | 1 EA | 79 | | Wellcare | Medicaid | | 100 | | 6.49 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE DIS TAB 10MG | 2445485 | NDC | | | | both | | 1 EA | 79 | | Wellcare | Medicare | | 100 | | 9.23 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE DIS TAB 10MG | 2445485 | NDC | | | | both | | 1 EA | 79 | | WellPoint | WellPoint | | 100 | | 8.45 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE DIS TAB 15MG | 2445501 | NDC | | | | both | | 1 EA | 91 | | Aetna | Better Health | | 100 | | 12.79 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE DIS TAB 15MG | 2445501 | NDC | | | | both | | 1 EA | 91 | | Aetna | Medicare | | 100 | | 8.79 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE DIS TAB 15MG | 2445501 | NDC | | | | both | | 1 EA | 91 | | Horizon | Indemnity | | 100 | | 18.23 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE DIS TAB 15MG | 2445501 | NDC | | | | both | | 1 EA | 91 | | Horizon | Medicare Blue | | 100 | | 13.67 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE DIS TAB 15MG | 2445501 | NDC | | | | both | | 1 EA | 91 | | Horizon | MGD | | 100 | | 18.52 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE DIS TAB 15MG | 2445501 | NDC | | | | both | | 1 EA | 91 | | Horizon | NJ Health | | 100 | | 6.47 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE DIS TAB 15MG | 2445501 | NDC | | | | both | | 1 EA | 91 | | UHC | Medicaid | | 100 | | 9.52 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE DIS TAB 15MG | 2445501 | NDC | | | | both | | 1 EA | 91 | | UHC | Medicare | | 100 | | 8.05 | | | other | Drugs are paid at 100% of the AWP |
| OLANZAPINE DIS TAB 15MG | 2445501 | NDC | | | | both | | 1 EA | 91 | | WellPoint | WellPoint | | 100 | | 7.5 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM 5G/5M LIQ | 24500033 1 | NDC | | | | both | | 1 EA | 59 | | Horizon | MGD | | 100 | | 23.37 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM 5G/5M LIQ | 24500033 1 | NDC | | | | both | | 1 EA | 59 | | Horizon | NJ Health | | 100 | | 1.34 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM 5G/5M LIQ | 24500033 1 | NDC | | | | both | | 1 EA | 59 | | UHC | Medicaid | | 100 | | 17.12 | | | other | Drugs are paid at 100% of the AWP |
| DOCUSATE SODIUM 100MG CAP | 24500750 1 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| DOCUSATE SODIUM 100MG CAP | 24500750 1 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| DOCUSATE SODIUM 100MG CAP | 24500750 1 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| DOCUSATE SODIUM 100MG CAP | 24500750 1 | NDC | | | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| DOCUSATE SODIUM 100MG CAP | 24500750 1 | NDC | | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| DOCUSATE SODIUM 100MG CAP | 24500750 1 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| DOCUSATE SODIUM 100MG CAP | 24500750 1 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| DOCUSATE SODIUM 100MG CAP | 24500750 1 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| DOCUSATE SODIUM 100MG CAP | 24500750 1 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| DOCUSATE SODIUM 100MG CAP | 24500750 1 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| DOCUSATE SODIUM 100MG CAP | 24500750 1 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| DOCUSATE SODIUM 100MG CAP | 24500750 1 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| DOCUSATE SODIUM 100MG CAP | 24500750 1 | NDC | | | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| DOCUSATE SODIUM 100MG CAP | 24500750 1 | NDC | | | | both | | 1 EA | 2.5 | | United | Oxford | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| DOCUSATE SODIUM 100MG CAP | 24500750 1 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| DOCUSATE SODIUM 100MG CAP | 24500750 1 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| DOCUSATE SODIUM 100MG CAP | 24500750 1 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 650MG SUPP | 24501155 0 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 650MG SUPP | 24501155 0 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 650MG SUPP | 24501155 0 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 650MG SUPP | 24501155 0 | NDC | | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 650MG SUPP | 24501155 0 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 650MG SUPP | 24501155 0 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 650MG SUPP | 24501155 0 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 650MG SUPP | 24501155 0 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 650MG SUPP | 24501155 0 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 650MG SUPP | 24501155 0 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 650MG SUPP | 24501155 0 | NDC | | | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 650MG SUPP | 24501155 0 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.13 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 650MG SUPP | 24501155 0 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 650MG SUPP | 24501155 0 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 120MG SUP | 24501165 0 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 120MG SUP | 24501165 0 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 1.89 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 120MG SUP | 24501165 0 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 120MG SUP | 24501165 0 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.93 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 120MG SUP | 24501165 0 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 120MG SUP | 24501165 0 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 1.91 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 120MG SUP | 24501165 0 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 120MG SUP | 24501165 0 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 120MG SUP | 24501165 0 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| PRASUGREL 10MG TAB | 2475977 | NDC | | | | both | | 1 EA | 35.5 | | UHC | Medicaid | | 100 | | 6.34 | | | other | Drugs are paid at 100% of the AWP |
| PRASUGREL 10MG TAB | 2475977 | NDC | | | | both | | 1 EA | 35.5 | | UHC | Medicare | | 100 | | 40.45 | | | other | Drugs are paid at 100% of the AWP |
| PRASUGREL 5 MG TAB | 2476030 | NDC | | | | both | | 1 EA | 35.5 | | WellPoint | WellPoint | | 100 | | 4.74 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENOXYLATE-ATROPINE TAB | 25006134 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Better Health | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENOXYLATE-ATROPINE TAB | 25006134 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Commercial | | 100 | | 0.86 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENOXYLATE-ATROPINE TAB | 25006134 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENOXYLATE-ATROPINE TAB | 25006134 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 0.95 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENOXYLATE-ATROPINE TAB | 25006134 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENOXYLATE-ATROPINE TAB | 25006134 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENOXYLATE-ATROPINE TAB | 25006134 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENOXYLATE-ATROPINE TAB | 25006134 | NDC | | | | both | | 1 EA | 4.5 | | Wellcare | Medicaid | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENOXYLATE-ATROPINE TAB | 25006134 | NDC | | | | both | | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN D 400IU | 25077011407 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN D 400IU | 25077011407 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN D 400IU | 25077011407 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN D 400IU | 25077011407 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN D 400IU | 25077011407 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN D 400IU | 25077011407 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN D 400IU | 25077011407 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN D 400IU | 25077011407 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN D 400IU | 25077011407 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN D 400IU | 25077011407 | NDC | | | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN D 400IU | 25077011407 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN D 400IU | 25077011407 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| SPIRONOLACTONE 100MG TAB | 25103134 | NDC | | | | both | | 1 EA | 21.5 | | Aetna | Better Health | | 100 | | 3.39 | | | other | Drugs are paid at 100% of the AWP |
| SPIRONOLACTONE 100MG TAB | 25103134 | NDC | | | | both | | 1 EA | 21.5 | | Aetna | Commercial | | 100 | | 4.85 | | | other | Drugs are paid at 100% of the AWP |
| SPIRONOLACTONE 100MG TAB | 25103134 | NDC | | | | both | | 1 EA | 21.5 | | Aetna | Medicare | | 100 | | 2.78 | | | other | Drugs are paid at 100% of the AWP |
| SPIRONOLACTONE 100MG TAB | 25103134 | NDC | | | | both | | 1 EA | 21.5 | | Amerihealth | HMO/PPO | | 100 | | 5.92 | | | other | Drugs are paid at 100% of the AWP |
| SPIRONOLACTONE 100MG TAB | 25103134 | NDC | | | | both | | 1 EA | 21.5 | | Corrections | Corrections | | 100 | | 7.16 | | | other | Drugs are paid at 100% of the AWP |
| SPIRONOLACTONE 100MG TAB | 25103134 | NDC | | | | both | | 1 EA | 21.5 | | Horizon | Indemnity | | 100 | | 1.36 | | | other | Drugs are paid at 100% of the AWP |
| SPIRONOLACTONE 100MG TAB | 25103134 | NDC | | | | both | | 1 EA | 21.5 | | Horizon | Medicare Blue | | 100 | | 3.43 | | | other | Drugs are paid at 100% of the AWP |
| SPIRONOLACTONE 100MG TAB | 25103134 | NDC | | | | both | | 1 EA | 21.5 | | Horizon | MGD | | 100 | | 4.22 | | | other | Drugs are paid at 100% of the AWP |
| SPIRONOLACTONE 100MG TAB | 25103134 | NDC | | | | both | | 1 EA | 21.5 | | Horizon | NJ Health | | 100 | | 2.75 | | | other | Drugs are paid at 100% of the AWP |
| SPIRONOLACTONE 100MG TAB | 25103134 | NDC | | | | both | | 1 EA | 21.5 | | Horizon | PPO | | 100 | | 4.6 | | | other | Drugs are paid at 100% of the AWP |
| SPIRONOLACTONE 100MG TAB | 25103134 | NDC | | | | both | | 1 EA | 21.5 | | UHC | Medicaid | | 100 | | 2.59 | | | other | Drugs are paid at 100% of the AWP |
| SPIRONOLACTONE 100MG TAB | 25103134 | NDC | | | | both | | 1 EA | 21.5 | | UHC | Medicare | | 100 | | 4.75 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SPIRONOLACTONE 100MG TAB | 25103134 | NDC | | | | both | | 1 EA | 21.5 | | United | CommercialPPO | | 100 | | 7.77 | | | other | Drugs are paid at 100% of the AWP |
| SPIRONOLACTONE 100MG TAB | 25103134 | NDC | | | | both | | 1 EA | 21.5 | | Wellcare | Medicaid | | 100 | | 5.16 | | | other | Drugs are paid at 100% of the AWP |
| SPIRONOLACTONE 100MG TAB | 25103134 | NDC | | | | both | | 1 EA | 21.5 | | Wellcare | Medicare | | 100 | | 5.79 | | | other | Drugs are paid at 100% of the AWP |
| SPIRONOLACTONE 100MG TAB | 25103134 | NDC | | | | both | | 1 EA | 21.5 | | WellPoint | WellPoint | | 100 | | 4.43 | | | other | Drugs are paid at 100% of the AWP |
| SPIRONOLACTONE 5MG/ML ORAL SUSP | 25104134 | NDC | | | | both | | 1 EA | 13.5 | | Aetna | Better Health | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| SPIRONOLACTONE 5MG/ML ORAL SUSP | 25104134 | NDC | | | | both | | 1 EA | 13.5 | | UHC | Medicaid | | 100 | | 2.86 | | | other | Drugs are paid at 100% of the AWP |
| MISOPROSTOL 100MCG TAB | 25145134 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| MISOPROSTOL 25MCG TAB | 25145160 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| MISOPROSTOL 25MCG TAB | 25145160 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| MISOPROSTOL 25MCG TAB | 25145160 | NDC | | | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 1.03 | | | other | Drugs are paid at 100% of the AWP |
| MISOPROSTOL 25MCG TAB | 25145160 | NDC | | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| MISOPROSTOL 25MCG TAB | 25145160 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.93 | | | other | Drugs are paid at 100% of the AWP |
| MISOPROSTOL 25MCG TAB | 25145160 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| MISOPROSTOL 25MCG TAB | 25145160 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| MISOPROSTOL 25MCG TAB | 25145160 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| MISOPROSTOL 25MCG TAB | 25145160 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| MISOPROSTOL 25MCG TAB | 25145160 | NDC | | | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| MISOPROSTOL 25MCG TAB | 25145160 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| MISOPROSTOL 25MCG TAB | 25145160 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| MISOPROSTOL 200MCG TAB | 25146134 | NDC | | | | both | | 1 EA | 8.5 | | Aetna | Better Health | | 100 | | 1.19 | | | other | Drugs are paid at 100% of the AWP |
| MISOPROSTOL 200MCG TAB | 25146134 | NDC | | | | both | | 1 EA | 8.5 | | Aetna | Commercial | | 100 | | 1.43 | | | other | Drugs are paid at 100% of the AWP |
| MISOPROSTOL 200MCG TAB | 25146134 | NDC | | | | both | | 1 EA | 8.5 | | Corrections | Corrections | | 100 | | 1.08 | | | other | Drugs are paid at 100% of the AWP |
| MISOPROSTOL 200MCG TAB | 25146134 | NDC | | | | both | | 1 EA | 8.5 | | Horizon | Indemnity | | 100 | | 2.28 | | | other | Drugs are paid at 100% of the AWP |
| MISOPROSTOL 200MCG TAB | 25146134 | NDC | | | | both | | 1 EA | 8.5 | | Horizon | MGD | | 100 | | 6.38 | | | other | Drugs are paid at 100% of the AWP |
| MISOPROSTOL 200MCG TAB | 25146134 | NDC | | | | both | | 1 EA | 8.5 | | Horizon | NJ Health | | 100 | | 1.17 | | | other | Drugs are paid at 100% of the AWP |
| MISOPROSTOL 200MCG TAB | 25146134 | NDC | | | | both | | 1 EA | 8.5 | | Horizon | PPO | | 100 | | 3.07 | | | other | Drugs are paid at 100% of the AWP |
| MISOPROSTOL 200MCG TAB | 25146134 | NDC | | | | both | | 1 EA | 8.5 | | UHC | Medicaid | | 100 | | 1.18 | | | other | Drugs are paid at 100% of the AWP |
| MISOPROSTOL 200MCG TAB | 25146134 | NDC | | | | both | | 1 EA | 8.5 | | UHC | Medicare | | 100 | | 1.65 | | | other | Drugs are paid at 100% of the AWP |
| MISOPROSTOL 200MCG TAB | 25146134 | NDC | | | | both | | 1 EA | 8.5 | | United | CommercialPPO | | 100 | | 1.68 | | | other | Drugs are paid at 100% of the AWP |
| MISOPROSTOL 200MCG TAB | 25146134 | NDC | | | | both | | 1 EA | 8.5 | | Wellcare | Medicaid | | 100 | | 1.31 | | | other | Drugs are paid at 100% of the AWP |
| MISOPROSTOL 200MCG TAB | 25146134 | NDC | | | | both | | 1 EA | 8.5 | | WellPoint | WellPoint | | 100 | | 2.16 | | | other | Drugs are paid at 100% of the AWP |
| CELECOXIB 100MG CAP | 25152034 | NDC | | | | both | | 1 EA | 9.5 | | Aetna | Commercial | | 100 | | 1.42 | | | other | Drugs are paid at 100% of the AWP |
| CELECOXIB 100MG CAP | 25152034 | NDC | | | | both | | 1 EA | 9.5 | | Horizon | MGD | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| CELECOXIB 100MG CAP | 25152034 | NDC | | | | both | | 1 EA | 9.5 | | Horizon | NJ Health | | 100 | | 1.03 | | | other | Drugs are paid at 100% of the AWP |
| CELECOXIB 100MG CAP | 25152034 | NDC | | | | both | | 1 EA | 9.5 | | Horizon | PPO | | 100 | | 1.82 | | | other | Drugs are paid at 100% of the AWP |
| CELECOXIB 100MG CAP | 25152034 | NDC | | | | both | | 1 EA | 9.5 | | UHC | Medicaid | | 100 | | 1.33 | | | other | Drugs are paid at 100% of the AWP |
| CELECOXIB 100MG CAP | 25152034 | NDC | | | | both | | 1 EA | 9.5 | | UHC | Medicare | | 100 | | 1.79 | | | other | Drugs are paid at 100% of the AWP |
| CELECOXIB 100MG CAP | 25152034 | NDC | | | | both | | 1 EA | 9.5 | | WellPoint | WellPoint | | 100 | | 1.87 | | | other | Drugs are paid at 100% of the AWP |
| CELECOXIB 200MG CAP | 25152534 | NDC | | | | both | | 1 EA | 25 | | Aetna | Better Health | | 100 | | 2.67 | | | other | Drugs are paid at 100% of the AWP |
| CELECOXIB 200MG CAP | 25152534 | NDC | | | | both | | 1 EA | 25 | | Aetna | Commercial | | 100 | | 5.97 | | | other | Drugs are paid at 100% of the AWP |
| CELECOXIB 200MG CAP | 25152534 | NDC | | | | both | | 1 EA | 25 | | Aetna | Medicare | | 100 | | 7.33 | | | other | Drugs are paid at 100% of the AWP |
| CELECOXIB 200MG CAP | 25152534 | NDC | | | | both | | 1 EA | 25 | | Horizon | Indemnity | | 100 | | 6.38 | | | other | Drugs are paid at 100% of the AWP |
| CELECOXIB 200MG CAP | 25152534 | NDC | | | | both | | 1 EA | 25 | | Horizon | Medicare Blue | | 100 | | 3.61 | | | other | Drugs are paid at 100% of the AWP |
| CELECOXIB 200MG CAP | 25152534 | NDC | | | | both | | 1 EA | 25 | | Horizon | MGD | | 100 | | 5.21 | | | other | Drugs are paid at 100% of the AWP |
| CELECOXIB 200MG CAP | 25152534 | NDC | | | | both | | 1 EA | 25 | | Horizon | NJ Health | | 100 | | 3.38 | | | other | Drugs are paid at 100% of the AWP |
| CELECOXIB 200MG CAP | 25152534 | NDC | | | | both | | 1 EA | 25 | | Horizon | PPO | | 100 | | 6.35 | | | other | Drugs are paid at 100% of the AWP |
| CELECOXIB 200MG CAP | 25152534 | NDC | | | | both | | 1 EA | 25 | | UHC | Medicaid | | 100 | | 4.06 | | | other | Drugs are paid at 100% of the AWP |
| CELECOXIB 200MG CAP | 25152534 | NDC | | | | both | | 1 EA | 25 | | UHC | Medicare | | 100 | | 4.18 | | | other | Drugs are paid at 100% of the AWP |
| CELECOXIB 200MG CAP | 25152534 | NDC | | | | both | | 1 EA | 25 | | United | CommercialPPO | | 100 | | 6.83 | | | other | Drugs are paid at 100% of the AWP |
| CELECOXIB 200MG CAP | 25152534 | NDC | | | | both | | 1 EA | 25 | | United | Oxford | | 100 | | 1.34 | | | other | Drugs are paid at 100% of the AWP |
| CELECOXIB 200MG CAP | 25152534 | NDC | | | | both | | 1 EA | 25 | | Wellcare | Medicaid | | 100 | | 2.94 | | | other | Drugs are paid at 100% of the AWP |
| CELECOXIB 200MG CAP | 25152534 | NDC | | | | both | | 1 EA | 25 | | Wellcare | Medicare | | 100 | | 5.19 | | | other | Drugs are paid at 100% of the AWP |
| CELECOXIB 200MG CAP | 25152534 | NDC | | | | both | | 1 EA | 25 | | WellPoint | WellPoint | | 100 | | 2.95 | | | other | Drugs are paid at 100% of the AWP |
| VERAPAMIL SR 240MG TAB | 25189134 | NDC | | | | both | | 1 EA | 21.5 | | Aetna | Medicare | | 100 | | 7.82 | | | other | Drugs are paid at 100% of the AWP |
| VERAPAMIL SR 240MG TAB | 25189134 | NDC | | | | both | | 1 EA | 21.5 | | UHC | Medicare | | 100 | | 2.16 | | | other | Drugs are paid at 100% of the AWP |
| VERAPAMIL SR 120MG TAB | 25190134 | NDC | | | | both | | 1 EA | 8.5 | | UHC | Medicaid | | 100 | | 2.5 | | | other | Drugs are paid at 100% of the AWP |
| VERAPAMIL SR 120MG TAB | 25190134 | NDC | | | | both | | 1 EA | 8.5 | | UHC | Medicare | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| VERAPAMIL SR 180MG TAB | 25191131 | NDC | | | | both | | 1 EA | 19 | | Aetna | Medicare | | 100 | | 2.62 | | | other | Drugs are paid at 100% of the AWP |
| VERAPAMIL SR 180MG TAB | 25191131 | NDC | | | | both | | 1 EA | 19 | | UHC | Medicare | | 100 | | 2.72 | | | other | Drugs are paid at 100% of the AWP |
| VERAPAMIL SR 180MG TAB | 25191131 | NDC | | | | both | | 1 EA | 19 | | WellPoint | WellPoint | | 100 | | 2.23 | | | other | Drugs are paid at 100% of the AWP |
| ZOLPIDEM 5MG TAB | 25540134 | NDC | | | | both | | 1 EA | 19 | | Aetna | Better Health | | 100 | | 3.55 | | | other | Drugs are paid at 100% of the AWP |
| ZOLPIDEM 5MG TAB | 25540134 | NDC | | | | both | | 1 EA | 19 | | Aetna | Commercial | | 100 | | 5.44 | | | other | Drugs are paid at 100% of the AWP |
| ZOLPIDEM 5MG TAB | 25540134 | NDC | | | | both | | 1 EA | 19 | | Aetna | Medicare | | 100 | | 6.68 | | | other | Drugs are paid at 100% of the AWP |
| ZOLPIDEM 5MG TAB | 25540134 | NDC | | | | both | | 1 EA | 19 | | Horizon | Medicare Blue | | 100 | | 3 | | | other | Drugs are paid at 100% of the AWP |
| ZOLPIDEM 5MG TAB | 25540134 | NDC | | | | both | | 1 EA | 19 | | Horizon | MGD | | 100 | | 2.06 | | | other | Drugs are paid at 100% of the AWP |
| ZOLPIDEM 5MG TAB | 25540134 | NDC | | | | both | | 1 EA | 19 | | Horizon | NJ Health | | 100 | | 2.34 | | | other | Drugs are paid at 100% of the AWP |
| ZOLPIDEM 5MG TAB | 25540134 | NDC | | | | both | | 1 EA | 19 | | UHC | Medicaid | | 100 | | 3.73 | | | other | Drugs are paid at 100% of the AWP |
| ZOLPIDEM 5MG TAB | 25540134 | NDC | | | | both | | 1 EA | 19 | | UHC | Medicare | | 100 | | 3.86 | | | other | Drugs are paid at 100% of the AWP |
| ZOLPIDEM 5MG TAB | 25540134 | NDC | | | | both | | 1 EA | 19 | | United | CommercialPPO | | 100 | | 1.59 | | | other | Drugs are paid at 100% of the AWP |
| ZOLPIDEM 5MG TAB | 25540134 | NDC | | | | both | | 1 EA | 19 | | Wellcare | Medicaid | | 100 | | 3.99 | | | other | Drugs are paid at 100% of the AWP |
| ZOLPIDEM 5MG TAB | 25540134 | NDC | | | | both | | 1 EA | 19 | | WellPoint | WellPoint | | 100 | | 3 | | | other | Drugs are paid at 100% of the AWP |
| ZOLPIDEM 10MG TAB | 25542134 | NDC | | | | both | | 1 EA | 21.5 | | Aetna | Better Health | | 100 | | 4.88 | | | other | Drugs are paid at 100% of the AWP |
| ZOLPIDEM 10MG TAB | 25542134 | NDC | | | | both | | 1 EA | 21.5 | | Aetna | Medicare | | 100 | | 7.61 | | | other | Drugs are paid at 100% of the AWP |
| ZOLPIDEM 10MG TAB | 25542134 | NDC | | | | both | | 1 EA | 21.5 | | Horizon | Indemnity | | 100 | | 4.95 | | | other | Drugs are paid at 100% of the AWP |
| ZOLPIDEM 10MG TAB | 25542134 | NDC | | | | both | | 1 EA | 21.5 | | Horizon | Medicare Blue | | 100 | | 1.87 | | | other | Drugs are paid at 100% of the AWP |
| ZOLPIDEM 10MG TAB | 25542134 | NDC | | | | both | | 1 EA | 21.5 | | Horizon | MGD | | 100 | | 1.25 | | | other | Drugs are paid at 100% of the AWP |
| ZOLPIDEM 10MG TAB | 25542134 | NDC | | | | both | | 1 EA | 21.5 | | Horizon | NJ Health | | 100 | | 1.98 | | | other | Drugs are paid at 100% of the AWP |
| ZOLPIDEM 10MG TAB | 25542134 | NDC | | | | both | | 1 EA | 21.5 | | Horizon | PPO | | 100 | | 3.32 | | | other | Drugs are paid at 100% of the AWP |
| ZOLPIDEM 10MG TAB | 25542134 | NDC | | | | both | | 1 EA | 21.5 | | UHC | Medicaid | | 100 | | 3.93 | | | other | Drugs are paid at 100% of the AWP |
| ZOLPIDEM 10MG TAB | 25542134 | NDC | | | | both | | 1 EA | 21.5 | | UHC | Medicare | | 100 | | 4.27 | | | other | Drugs are paid at 100% of the AWP |
| ZOLPIDEM 10MG TAB | 25542134 | NDC | | | | both | | 1 EA | 21.5 | | United | CommercialPPO | | 100 | | 1.8 | | | other | Drugs are paid at 100% of the AWP |
| ZOLPIDEM 10MG TAB | 25542134 | NDC | | | | both | | 1 EA | 21.5 | | WellPoint | WellPoint | | 100 | | 0.92 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM GLUCONATE 500MG TAB | 256017201 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.99 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM GLUCONATE 500MG TAB | 256017201 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM GLUCONATE 500MG TAB | 256017201 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM GLUCONATE 500MG TAB | 256017201 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM GLUCONATE 500MG TAB | 256017201 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM GLUCONATE 500MG TAB | 256017201 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM GLUCONATE 500MG TAB | 256017201 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| NIMODIPINE 30MG CAP | 26285548 | NDC | | | | both | | 1 EA | 62 | | Horizon | NJ Health | | 100 | | 4.06 | | | other | Drugs are paid at 100% of the AWP |
| NIMODIPINE 30MG CAP | 26285548 | NDC | | | | both | | 1 EA | 62 | | Horizon | PPO | | 100 | | 15.24 | | | other | Drugs are paid at 100% of the AWP |
| NIMODIPINE 30MG CAP | 26285548 | NDC | | | | both | | 1 EA | 62 | | UHC | Medicaid | | 100 | | 8.59 | | | other | Drugs are paid at 100% of the AWP |
| NIMODIPINE 30MG CAP | 26285548 | NDC | | | | both | | 1 EA | 62 | | UHC | Medicare | | 100 | | 7.69 | | | other | Drugs are paid at 100% of the AWP |
| NIMODIPINE 30MG CAP | 26285548 | NDC | | | | both | | 1 EA | 62 | | WellPoint | WellPoint | | 100 | | 9.47 | | | other | Drugs are paid at 100% of the AWP |
| CLOTRIMAZOLE 1% (30GM) CREAM | 26309159 | NDC | | | | both | | 1 EA | 125.5 | | Aetna | Better Health | | 100 | | 13.19 | | | other | Drugs are paid at 100% of the AWP |
| CLOTRIMAZOLE 1% (30GM) CREAM | 26309159 | NDC | | | | both | | 1 EA | 125.5 | | Aetna | Medicare | | 100 | | 23.99 | | | other | Drugs are paid at 100% of the AWP |
| CLOTRIMAZOLE 1% (30GM) CREAM | 26309159 | NDC | | | | both | | 1 EA | 125.5 | | Horizon | Indemnity | | 100 | | 4.34 | | | other | Drugs are paid at 100% of the AWP |
| CLOTRIMAZOLE 1% (30GM) CREAM | 26309159 | NDC | | | | both | | 1 EA | 125.5 | | Horizon | Medicare Blue | | 100 | | 36.69 | | | other | Drugs are paid at 100% of the AWP |
| CLOTRIMAZOLE 1% (30GM) CREAM | 26309159 | NDC | | | | both | | 1 EA | 125.5 | | Horizon | NJ Health | | 100 | | 17.37 | | | other | Drugs are paid at 100% of the AWP |
| CLOTRIMAZOLE 1% (30GM) CREAM | 26309159 | NDC | | | | both | | 1 EA | 125.5 | | UHC | Medicaid | | 100 | | 23.03 | | | other | Drugs are paid at 100% of the AWP |
| CLOTRIMAZOLE 1% (30GM) CREAM | 26309159 | NDC | | | | both | | 1 EA | 125.5 | | UHC | Medicare | | 100 | | 14.18 | | | other | Drugs are paid at 100% of the AWP |
| CLOTRIMAZOLE 1% (30GM) CREAM | 26309159 | NDC | | | | both | | 1 EA | 125.5 | | Wellcare | Medicaid | | 100 | | 24.16 | | | other | Drugs are paid at 100% of the AWP |
| CLOTRIMAZOLE 1% (30GM) CREAM | 26309159 | NDC | | | | both | | 1 EA | 125.5 | | WellPoint | WellPoint | | 100 | | 14.68 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 5% NS KCL 20MEQ 1000ML (PM) | 26476200 | NDC | | | | both | | 1 EA | 129.5 | | Aetna | Better Health | | 100 | | 26.01 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 5% NS KCL 20MEQ 1000ML (PM) | 26476200 | NDC | | | | both | | 1 EA | 129.5 | | Aetna | Commercial | | 100 | | 82.12 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 5% NS KCL 20MEQ 1000ML (PM) | 26476200 | NDC | | | | both | | 1 EA | 129.5 | | Horizon | Indemnity | | 100 | | 51.62 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 5% NS KCL 20MEQ 1000ML (PM) | 26476200 | NDC | | | | both | | 1 EA | 129.5 | | Horizon | MGD | | 100 | | 22.06 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 5% NS KCL 20MEQ 1000ML (PM) | 26476200 | NDC | | | | both | | 1 EA | 129.5 | | Horizon | NJ Health | | 100 | | 18.38 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 5% NS KCL 20MEQ 1000ML (PM) | 26476200 | NDC | | | | both | | 1 EA | 129.5 | | Horizon | PPO | | 100 | | 56.66 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 5% NS KCL 20MEQ 1000ML (PM) | 26476200 | NDC | | | | both | | 1 EA | 129.5 | | UHC | Medicaid | | 100 | | 30.59 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 5% NS KCL 20MEQ 1000ML (PM) | 26476200 | NDC | | | | both | | 1 EA | 129.5 | | UHC | Medicare | | 100 | | 23.73 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 5% NS KCL 20MEQ 1000ML (PM) | 26476200 | NDC | | | | both | | 1 EA | 129.5 | | United | CommercialPPO | | 100 | | 21.02 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 5% NS KCL 20MEQ 1000ML (PM) | 26476200 | NDC | | | | both | | 1 EA | 129.5 | | Wellcare | Medicaid | | 100 | | 24.08 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 5% NS KCL 20MEQ 1000ML (PM) | 26476200 | NDC | | | | both | | 1 EA | 129.5 | | WellPoint | WellPoint | | 100 | | 19.82 | | | other | Drugs are paid at 100% of the AWP |
| AMINO ACID 100ML(10%) | 26493415 | NDC | | | | both | | 1 EA | 27 | | Aetna | Better Health | | 100 | | 3.8 | | | other | Drugs are paid at 100% of the AWP |
| AMINO ACID 100ML(10%) | 26493415 | NDC | | | | both | | 1 EA | 27 | | Aetna | Commercial | | 100 | | 6.36 | | | other | Drugs are paid at 100% of the AWP |
| AMINO ACID 100ML(10%) | 26493415 | NDC | | | | both | | 1 EA | 27 | | Amerihealth | HMO/PPO | | 100 | | 4.88 | | | other | Drugs are paid at 100% of the AWP |
| AMINO ACID 100ML(10%) | 26493415 | NDC | | | | both | | 1 EA | 27 | | Horizon | MGD | | 100 | | 2.72 | | | other | Drugs are paid at 100% of the AWP |
| AMINO ACID 100ML(10%) | 26493415 | NDC | | | | both | | 1 EA | 27 | | Horizon | NJ Health | | 100 | | 2.01 | | | other | Drugs are paid at 100% of the AWP |
| AMINO ACID 100ML(10%) | 26493415 | NDC | | | | both | | 1 EA | 27 | | Horizon | PPO | | 100 | | 2.33 | | | other | Drugs are paid at 100% of the AWP |
| AMINO ACID 100ML(10%) | 26493415 | NDC | | | | both | | 1 EA | 27 | | UHC | Medicaid | | 100 | | 4.68 | | | other | Drugs are paid at 100% of the AWP |
| AMINO ACID 100ML(10%) | 26493415 | NDC | | | | both | | 1 EA | 27 | | Wellcare | Medicaid | | 100 | | 2.32 | | | other | Drugs are paid at 100% of the AWP |
| AMINO ACID 100ML(10%) | 26493415 | NDC | | | | both | | 1 EA | 27 | | Wellcare | Medicare | | 100 | | 3.44 | | | other | Drugs are paid at 100% of the AWP |
| AMINO ACID 100ML(10%) | 26493415 | NDC | | | | both | | 1 EA | 27 | | WellPoint | WellPoint | | 100 | | 1.76 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN 250MG TAB (NF) | 26851248 | NDC | | | | both | | 1 EA | 38 | | Corrections | Corrections | | 100 | | 15.95 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN 250MG TAB (NF) | 26851248 | NDC | | | | both | | 1 EA | 38 | | Horizon | Indemnity | | 100 | | 8.91 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN 250MG TAB (NF) | 26851248 | NDC | | | | both | | 1 EA | 38 | | Horizon | MGD | | 100 | | 7.04 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN 250MG TAB (NF) | 26851248 | NDC | | | | both | | 1 EA | 38 | | Horizon | NJ Health | | 100 | | 5.67 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN 250MG TAB (NF) | 26851248 | NDC | | | | both | | 1 EA | 38 | | Horizon | PPO | | 100 | | 13.58 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN 250MG TAB (NF) | 26851248 | NDC | | | | both | | 1 EA | 38 | | UHC | Medicaid | | 100 | | 4.83 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN 250MG TAB (NF) | 26851248 | NDC | | | | both | | 1 EA | 38 | | UHC | Medicare | | 100 | | 3.7 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN 250MG TAB (NF) | 26851248 | NDC | | | | both | | 1 EA | 38 | | United | CommercialPPO | | 100 | | 7.76 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN 250MG TAB (NF) | 26851248 | NDC | | | | both | | 1 EA | 38 | | Wellcare | Medicaid | | 100 | | 11.35 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN 250MG TAB (NF) | 26851248 | NDC | | | | both | | 1 EA | 38 | | Wellcare | Medicare | | 100 | | 12.01 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN 250MG TAB (NF) | 26851248 | NDC | | | | both | | 1 EA | 38 | | WellPoint | WellPoint | | 100 | | 5.89 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN 500MG TAB (NF) | 26851348 | NDC | | | | both | | 1 EA | 43 | | Aetna | Better Health | | 100 | | 13.62 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN 500MG TAB (NF) | 26851348 | NDC | | | | both | | 1 EA | 43 | | Aetna | Commercial | | 100 | | 10.81 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN 500MG TAB (NF) | 26851348 | NDC | | | | both | | 1 EA | 43 | | Aetna | Medicare | | 100 | | 4.93 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN 500MG TAB (NF) | 26851348 | NDC | | | | both | | 1 EA | 43 | | Amerihealth | HMO/PPO | | 100 | | 10.04 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN 500MG TAB (NF) | 26851348 | NDC | | | | both | | 1 EA | 43 | | Corrections | Corrections | | 100 | | 18.05 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN 500MG TAB (NF) | 26851348 | NDC | | | | both | | 1 EA | 43 | | Horizon | Indemnity | | 100 | | 7.58 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN 500MG TAB (NF) | 26851348 | NDC | | | | both | | 1 EA | 43 | | Horizon | Medicare Blue | | 100 | | 5.45 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN 500MG TAB (NF) | 26851348 | NDC | | | | both | | 1 EA | 43 | | Horizon | MGD | | 100 | | 7.05 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN 500MG TAB (NF) | 26851348 | NDC | | | | both | | 1 EA | 43 | | Horizon | NJ Health | | 100 | | 6.37 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN 500MG TAB (NF) | 26851348 | NDC | | | | both | | 1 EA | 43 | | Horizon | PPO | | 100 | | 7.22 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN 500MG TAB (NF) | 26851348 | NDC | | | | both | | 1 EA | 43 | | UHC | Medicaid | | 100 | | 5.63 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN 500MG TAB (NF) | 26851348 | NDC | | | | both | | 1 EA | 43 | | UHC | Medicare | | 100 | | 11.38 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN 500MG TAB (NF) | 26851348 | NDC | | | | both | | 1 EA | 43 | | United | CommercialPPO | | 100 | | 6.71 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CIPROFLOXACIN 500MG TAB (NF) | 26851348 | NDC | | | | both | 1 EA | 43 | | Wellcare | Medicaid | | 100 | | 8.17 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN 500MG TAB (NF) | 26851348 | NDC | | | | both | 1 EA | 43 | | Wellcare | Medicare | | 100 | | 17.47 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN 500MG TAB (NF) | 26851348 | NDC | | | | both | 1 EA | 43 | | WellPoint | WellPoint | | 100 | | 3.11 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 20MG CAP | 26882148 | NDC | | | | both | 1 EA | 4.5 | | Aetna | Better Health | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 20MG CAP | 26882148 | NDC | | | | both | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 1.15 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 20MG CAP | 26882148 | NDC | | | | both | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 2.02 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 20MG CAP | 26882148 | NDC | | | | both | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 20MG CAP | 26882148 | NDC | | | | both | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.88 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 20MG CAP | 26882148 | NDC | | | | both | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 1.01 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 20MG CAP | 26882148 | NDC | | | | both | 1 EA | 4.5 | | Wellcare | Medicaid | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 20MG CAP | 26882148 | NDC | | | | both | 1 EA | 4.5 | | Wellcare | Medicare | | 100 | | 1.46 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 20MG CAP | 26882148 | NDC | | | | both | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.79 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN 1.2GM POWDER | 2704016 | NDC | | | | both | 1 EA | 224 | | Aetna | Better Health | | 100 | | 35.38 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN 1.2GM POWDER | 2704016 | NDC | | | | both | 1 EA | 224 | | Horizon | Indemnity | | 100 | | 17.1 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN 1.2GM POWDER | 2704016 | NDC | | | | both | 1 EA | 224 | | Horizon | MGD | | 100 | | 26.36 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN 1.2GM POWDER | 2704016 | NDC | | | | both | 1 EA | 224 | | Horizon | NJ Health | | 100 | | 33.64 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN 1.2GM POWDER | 2704016 | NDC | | | | both | 1 EA | 224 | | UHC | Medicaid | | 100 | | 67.54 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN 1.2GM POWDER | 2704016 | NDC | | | | both | 1 EA | 224 | | UHC | Medicare | | 100 | | 66.65 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN 1.2GM POWDER | 2704016 | NDC | | | | both | 1 EA | 224 | | WellPoint | WellPoint | | 100 | | 42.37 | | | other | Drugs are paid at 100% of the AWP |
| FORT.VANCOMYCIN 25MG/ML OPH SOL | 2732101 | NDC | | | | both | 1 EA | 100.5 | | Aetna | Commercial | | 100 | | 24.51 | | | other | Drugs are paid at 100% of the AWP |
| FORT.VANCOMYCIN 25MG/ML OPH SOL | 2732101 | NDC | | | | both | 1 EA | 100.5 | | Aetna | Medicare | | 100 | | 21.66 | | | other | Drugs are paid at 100% of the AWP |
| FORT.VANCOMYCIN 25MG/ML OPH SOL | 2732101 | NDC | | | | both | 1 EA | 100.5 | | Horizon | Medicare Blue | | 100 | | 12.37 | | | other | Drugs are paid at 100% of the AWP |
| FORT.VANCOMYCIN 25MG/ML OPH SOL | 2732101 | NDC | | | | both | 1 EA | 100.5 | | Horizon | MGD | | 100 | | 18.74 | | | other | Drugs are paid at 100% of the AWP |
| FORT.VANCOMYCIN 25MG/ML OPH SOL | 2732101 | NDC | | | | both | 1 EA | 100.5 | | Horizon | NJ Health | | 100 | | 11.29 | | | other | Drugs are paid at 100% of the AWP |
| FORT.VANCOMYCIN 25MG/ML OPH SOL | 2732101 | NDC | | | | both | 1 EA | 100.5 | | Horizon | PPO | | 100 | | 31.38 | | | other | Drugs are paid at 100% of the AWP |
| FORT.VANCOMYCIN 25MG/ML OPH SOL | 2732101 | NDC | | | | both | 1 EA | 100.5 | | UHC | Medicaid | | 100 | | 26.77 | | | other | Drugs are paid at 100% of the AWP |
| FORT.VANCOMYCIN 25MG/ML OPH SOL | 2732101 | NDC | | | | both | 1 EA | 100.5 | | UHC | Medicare | | 100 | | 10.66 | | | other | Drugs are paid at 100% of the AWP |
| FORT.VANCOMYCIN 25MG/ML OPH SOL | 2732101 | NDC | | | | both | 1 EA | 100.5 | | Wellcare | Medicaid | | 100 | | 21.54 | | | other | Drugs are paid at 100% of the AWP |
| FORT.VANCOMYCIN 25MG/ML OPH SOL | 2732101 | NDC | | | | both | 1 EA | 100.5 | | WellPoint | WellPoint | | 100 | | 11.97 | | | other | Drugs are paid at 100% of the AWP |
| L-ARGININE 500MG CAP (NF) | 2743400110 | NDC | | | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 5MG TAB | 28002301 | NDC | | | | both | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 1.63 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 5MG TAB | 28002301 | NDC | | | | both | 1 EA | 3.5 | | Aetna | Commercial | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 5MG TAB | 28002301 | NDC | | | | both | 1 EA | 3.5 | | Aetna | Medicare | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 5MG TAB | 28002301 | NDC | | | | both | 1 EA | 3.5 | | Amerihealth | HMO/PPO | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 5MG TAB | 28002301 | NDC | | | | both | 1 EA | 3.5 | | Horizon | Indemnity | | 100 | | 1.23 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 5MG TAB | 28002301 | NDC | | | | both | 1 EA | 3.5 | | Horizon | Medicare Blue | | 100 | | 1.55 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 5MG TAB | 28002301 | NDC | | | | both | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 5MG TAB | 28002301 | NDC | | | | both | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 5MG TAB | 28002301 | NDC | | | | both | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 0.86 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 5MG TAB | 28002301 | NDC | | | | both | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 5MG TAB | 28002301 | NDC | | | | both | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 5MG TAB | 28002301 | NDC | | | | both | 1 EA | 3.5 | | Wellcare | Medicaid | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 5MG TAB | 28002301 | NDC | | | | both | 1 EA | 3.5 | | Wellcare | Medicare | | 100 | | 1.21 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 5MG TAB | 28002301 | NDC | | | | both | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 10MG TAB | 28002361 | NDC | | | | both | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 1.37 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 10MG TAB | 28002361 | NDC | | | | both | 1 EA | 3.5 | | Aetna | Commercial | | 100 | | 0.99 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 10MG TAB | 28002361 | NDC | | | | both | 1 EA | 3.5 | | Aetna | Medicare | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 10MG TAB | 28002361 | NDC | | | | both | 1 EA | 3.5 | | Amerihealth | HMO/PPO | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 10MG TAB | 28002361 | NDC | | | | both | 1 EA | 3.5 | | Corrections | Corrections | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 10MG TAB | 28002361 | NDC | | | | both | 1 EA | 3.5 | | Horizon | Indemnity | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 10MG TAB | 28002361 | NDC | | | | both | 1 EA | 3.5 | | Horizon | Medicare Blue | | 100 | | 1.32 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 10MG TAB | 28002361 | NDC | | | | both | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 1.11 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 10MG TAB | 28002361 | NDC | | | | both | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 10MG TAB | 28002361 | NDC | | | | both | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 10MG TAB | 28002361 | NDC | | | | both | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 10MG TAB | 28002361 | NDC | | | | both | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 10MG TAB | 28002361 | NDC | | | | both | 1 EA | 3.5 | | United | Commercial\|PPO | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 10MG TAB | 28002361 | NDC | | | | both | 1 EA | 3.5 | | Wellcare | Medicaid | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 10MG TAB | 28002361 | NDC | | | | both | 1 EA | 3.5 | | Wellcare | Medicare | | 100 | | 1.19 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 10MG TAB | 28002361 | NDC | | | | both | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 20MG TAB | 28003361 | NDC | | | | both | 1 EA | 5.5 | | Aetna | Medicare | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 20MG TAB | 28003361 | NDC | | | | both | 1 EA | 5.5 | | Horizon | Indemnity | | 100 | | 2.09 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 20MG TAB | 28003361 | NDC | | | | both | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 20MG TAB | 28003361 | NDC | | | | both | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 20MG TAB | 28003361 | NDC | | | | both | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 0.12 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN 20MG TAB | 28003361 | NDC | | | | both | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 25MG TAB | 28005101 | NDC | | | | both | 1 EA | 5.5 | | Aetna | Better Health | | 100 | | 0.96 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 25MG TAB | 28005101 | NDC | | | | both | 1 EA | 5.5 | | Aetna | Commercial | | 100 | | 1.95 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 25MG TAB | 28005101 | NDC | | | | both | 1 EA | 5.5 | | Aetna | Medicare | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 25MG TAB | 28005101 | NDC | | | | both | 1 EA | 5.5 | | Amerihealth | HMO/PPO | | 100 | | 0.89 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 25MG TAB | 28005101 | NDC | | | | both | 1 EA | 5.5 | | Corrections | Corrections | | 100 | | 1.13 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 25MG TAB | 28005101 | NDC | | | | both | 1 EA | 5.5 | | Horizon | Indemnity | | 100 | | 1.6 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 25MG TAB | 28005101 | NDC | | | | both | 1 EA | 5.5 | | Horizon | Medicare Blue | | 100 | | 1.41 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 25MG TAB | 28005101 | NDC | | | | both | 1 EA | 5.5 | | Horizon | MGD | | 100 | | 0.89 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 25MG TAB | 28005101 | NDC | | | | both | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.79 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 25MG TAB | 28005101 | NDC | | | | both | 1 EA | 5.5 | | Horizon | PPO | | 100 | | 1.41 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 25MG TAB | 28005101 | NDC | | | | both | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 0.85 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 25MG TAB | 28005101 | NDC | | | | both | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 1.07 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 25MG TAB | 28005101 | NDC | | | | both | 1 EA | 5.5 | | United | Commercial\|PPO | | 100 | | 1.21 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 25MG TAB | 28005101 | NDC | | | | both | 1 EA | 5.5 | | United | Oxford | | 100 | | 1.65 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 25MG TAB | 28005101 | NDC | | | | both | 1 EA | 5.5 | | Wellcare | Medicaid | | 100 | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 25MG TAB | 28005101 | NDC | | | | both | 1 EA | 5.5 | | Wellcare | Medicare | | 100 | | 1.07 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 25MG TAB | 28005101 | NDC | | | | both | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 0.98 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 12.5MG TAB | 28005110 | NDC | | | | both | 1 EA | 5.5 | | Aetna | Better Health | | 100 | | 0.92 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 12.5MG TAB | 28005110 | NDC | | | | both | 1 EA | 5.5 | | Aetna | Commercial | | 100 | | 1.05 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 12.5MG TAB | 28005110 | NDC | | | | both | 1 EA | 5.5 | | Aetna | Medicare | | 100 | | 0.74 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 12.5MG TAB | 28005110 | NDC | | | | both | 1 EA | 5.5 | | Corrections | Corrections | | 100 | | 0.78 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 12.5MG TAB | 28005110 | NDC | | | | both | 1 EA | 5.5 | | Horizon | Indemnity | | 100 | | 0.71 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 12.5MG TAB | 28005110 | NDC | | | | both | 1 EA | 5.5 | | Horizon | Medicare Blue | | 100 | | 0.92 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 12.5MG TAB | 28005110 | NDC | | | | both | 1 EA | 5.5 | | Horizon | MGD | | 100 | | 1.03 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 12.5MG TAB | 28005110 | NDC | | | | both | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 12.5MG TAB | 28005110 | NDC | | | | both | 1 EA | 5.5 | | Horizon | PPO | | 100 | | 1.39 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 12.5MG TAB | 28005110 | NDC | | | | both | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 1.02 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 12.5MG TAB | 28005110 | NDC | | | | both | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 12.5MG TAB | 28005110 | NDC | | | | both | 1 EA | 5.5 | | United | Commercial\|PPO | | 100 | | 0.87 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 12.5MG TAB | 28005110 | NDC | | | | both | 1 EA | 5.5 | | Wellcare | Medicaid | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 12.5MG TAB | 28005110 | NDC | | | | both | 1 EA | 5.5 | | Wellcare | Medicare | | 100 | | 1.07 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 12.5MG TAB | 28005110 | NDC | | | | both | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 0.79 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 50MG TAB | 28005161 | NDC | | | | both | 1 EA | 4.5 | | Aetna | Better Health | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 50MG TAB | 28005161 | NDC | | | | both | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 50MG TAB | 28005161 | NDC | | | | both | 1 EA | 4.5 | | Amerihealth | HMO/PPO | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 50MG TAB | 28005161 | NDC | | | | both | 1 EA | 4.5 | | Horizon | Indemnity | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 50MG TAB | 28005161 | NDC | | | | both | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 50MG TAB | 28005161 | NDC | | | | both | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 50MG TAB | 28005161 | NDC | | | | both | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 50MG TAB | 28005161 | NDC | | | | both | 1 EA | 4.5 | | Horizon | PPO | | 100 | | 1.12 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 50MG TAB | 28005161 | NDC | | | | both | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 50MG TAB | 28005161 | NDC | | | | both | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 0.9 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 50MG TAB | 28005161 | NDC | | | | both | 1 EA | 4.5 | | United | Commercial\|PPO | | 100 | | 0.93 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 50MG TAB | 28005161 | NDC | | | | both | 1 EA | 4.5 | | Wellcare | Medicaid | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 50MG TAB | 28005161 | NDC | | | | both | 1 EA | 4.5 | | Wellcare | Medicare | | 100 | | 0.91 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 50MG TAB | 28005161 | NDC | | | | both | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.88 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 100MG TAB | 28007161 | NDC | | | | both | 1 EA | 5.5 | | Aetna | Better Health | | 100 | | 1.51 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 100MG TAB | 28007161 | NDC | | | | both | 1 EA | 5.5 | | Aetna | Commercial | | 100 | | 1.22 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 100MG TAB | 28007161 | NDC | | | | both | 1 EA | 5.5 | | Aetna | Medicare | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 100MG TAB | 28007161 | NDC | | | | both | 1 EA | 5.5 | | Horizon | Indemnity | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 100MG TAB | 28007161 | NDC | | | | both | 1 EA | 5.5 | | Horizon | MGD | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 100MG TAB | 28007161 | NDC | | | | both | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 100MG TAB | 28007161 | NDC | | | | both | 1 EA | 5.5 | | Horizon | PPO | | 100 | | 1.43 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 100MG TAB | 28007161 | NDC | | | | both | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 100MG TAB | 28007161 | NDC | | | | both | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 1.07 | | | other | Drugs are paid at 100% of the AWP |
| METOPROLOL 100MG TAB | 28007161 | NDC | | | | both | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| ETHAMBUTOL 400MG TAB | 28170623 | NDC | | | | both | 1 EA | 9.5 | | Aetna | Better Health | | 100 | | 1.02 | | | other | Drugs are paid at 100% of the AWP |
| ETHAMBUTOL 400MG TAB | 28170623 | NDC | | | | both | 1 EA | 9.5 | | Horizon | NJ Health | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| ETHAMBUTOL 400MG TAB | 28170623 | NDC | | | | both | 1 EA | 9.5 | | Horizon | PPO | | 100 | | 1.4 | | | other | Drugs are paid at 100% of the AWP |
| ETHAMBUTOL 400MG TAB | 28170623 | NDC | | | | both | 1 EA | 9.5 | | UHC | Medicare | | 100 | | 2 | | | other | Drugs are paid at 100% of the AWP |
| ETHAMBUTOL 400MG TAB | 28170623 | NDC | | | | both | 1 EA | 9.5 | | Wellcare | Medicaid | | 100 | | 1.86 | | | other | Drugs are paid at 100% of the AWP |
| THROMBIN(RECOTHROM) KIT 1IU | 28400010541 | NDC | | | | both | 1 EA | 0.1 | | Aetna | Better Health | | 100 | | 0.01 | | | other | Drugs are paid at 100% of the AWP |
| THROMBIN(RECOTHROM) KIT 1IU | 28400010541 | NDC | | | | both | 1 EA | 0.1 | | Aetna | Medicare | | 100 | | 0.02 | | | other | Drugs are paid at 100% of the AWP |
| THROMBIN(RECOTHROM) KIT 1IU | 28400010541 | NDC | | | | both | 1 EA | 0.1 | | Amerihealth | HMO/PPO | | 100 | | 0.01 | | | other | Drugs are paid at 100% of the AWP |
| THROMBIN(RECOTHROM) KIT 1IU | 28400010541 | NDC | | | | both | 1 EA | 0.1 | | Corrections | Corrections | | 100 | | 0.03 | | | other | Drugs are paid at 100% of the AWP |
| THROMBIN(RECOTHROM) KIT 1IU | 28400010541 | NDC | | | | both | 1 EA | 0.1 | | Horizon | Indemnity | | 100 | | 0.02 | | | other | Drugs are paid at 100% of the AWP |
| THROMBIN(RECOTHROM) KIT 1IU | 28400010541 | NDC | | | | both | 1 EA | 0.1 | | Horizon | Medicare Blue | | 100 | | 0.03 | | | other | Drugs are paid at 100% of the AWP |
| THROMBIN(RECOTHROM) KIT 1IU | 28400010541 | NDC | | | | both | 1 EA | 0.1 | | Horizon | MGD | | 100 | | 0.01 | | | other | Drugs are paid at 100% of the AWP |
| THROMBIN(RECOTHROM) KIT 1IU | 28400010541 | NDC | | | | both | 1 EA | 0.1 | | Horizon | NJ Health | | 100 | | 0.02 | | | other | Drugs are paid at 100% of the AWP |
| THROMBIN(RECOTHROM) KIT 1IU | 28400010541 | NDC | | | | both | 1 EA | 0.1 | | Horizon | PPO | | 100 | | 0.02 | | | other | Drugs are paid at 100% of the AWP |
| THROMBIN(RECOTHROM) KIT 1IU | 28400010541 | NDC | | | | both | 1 EA | 0.1 | | UHC | Medicaid | | 100 | | 0.02 | | | other | Drugs are paid at 100% of the AWP |
| THROMBIN(RECOTHROM) KIT 1IU | 28400010541 | NDC | | | | both | 1 EA | 0.1 | | UHC | Medicare | | 100 | | 0.02 | | | other | Drugs are paid at 100% of the AWP |
| THROMBIN(RECOTHROM) KIT 1IU | 28400010541 | NDC | | | | both | 1 EA | 0.1 | | United | Commercial\|PPO | | 100 | | 0.01 | | | other | Drugs are paid at 100% of the AWP |
| THROMBIN(RECOTHROM) KIT 1IU | 28400010541 | NDC | | | | both | 1 EA | 0.1 | | United | Oxford | | 100 | | 0.01 | | | other | Drugs are paid at 100% of the AWP |
| THROMBIN(RECOTHROM) KIT 1IU | 28400010541 | NDC | | | | both | 1 EA | 0.1 | | Wellcare | Medicaid | | 100 | | 0.01 | | | other | Drugs are paid at 100% of the AWP |
| THROMBIN(RECOTHROM) KIT 1IU | 28400010541 | NDC | | | | both | 1 EA | 0.1 | | WellPoint | WellPoint | | 100 | | 0.01 | | | other | Drugs are paid at 100% of the AWP |
| MUPIROCIN 2% (30GM) OINT | 29152525 | NDC | | | | both | 1 EA | 243.5 | | Aetna | Better Health | | 100 | | 37.18 | | | other | Drugs are paid at 100% of the AWP |
| MUPIROCIN 2% (30GM) OINT | 29152525 | NDC | | | | both | 1 EA | 243.5 | | Aetna | Commercial | | 100 | | 51.13 | | | other | Drugs are paid at 100% of the AWP |
| MUPIROCIN 2% (30GM) OINT | 29152525 | NDC | | | | both | 1 EA | 243.5 | | Aetna | Medicare | | 100 | | 35.42 | | | other | Drugs are paid at 100% of the AWP |
| MUPIROCIN 2% (30GM) OINT | 29152525 | NDC | | | | both | 1 EA | 243.5 | | Amerihealth | HMO/PPO | | 100 | | 40.91 | | | other | Drugs are paid at 100% of the AWP |
| MUPIROCIN 2% (30GM) OINT | 29152525 | NDC | | | | both | 1 EA | 243.5 | | Corrections | Corrections | | 100 | | 65.3 | | | other | Drugs are paid at 100% of the AWP |
| MUPIROCIN 2% (30GM) OINT | 29152525 | NDC | | | | both | 1 EA | 243.5 | | Horizon | Indemnity | | 100 | | 29.97 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MUPIROCIN 2% (30GM) OINT | 29152525 | NDC | | | | both | 1 EA | 243.5 | | Horizon | Medicare Blue | | 100 | | 49.14 | | | other | Drugs are paid at 100% of the AWP |
| MUPIROCIN 2% (30GM) OINT | 29152525 | NDC | | | | both | 1 EA | 243.5 | | Horizon | MGD | | 100 | | 43.12 | | | other | Drugs are paid at 100% of the AWP |
| MUPIROCIN 2% (30GM) OINT | 29152525 | NDC | | | | both | 1 EA | 243.5 | | Horizon | NJ Health | | 100 | | 29.94 | | | other | Drugs are paid at 100% of the AWP |
| MUPIROCIN 2% (30GM) OINT | 29152525 | NDC | | | | both | 1 EA | 243.5 | | Horizon | PPO | | 100 | | 48.71 | | | other | Drugs are paid at 100% of the AWP |
| MUPIROCIN 2% (30GM) OINT | 29152525 | NDC | | | | both | 1 EA | 243.5 | | UHC | Medicaid | | 100 | | 42.99 | | | other | Drugs are paid at 100% of the AWP |
| MUPIROCIN 2% (30GM) OINT | 29152525 | NDC | | | | both | 1 EA | 243.5 | | UHC | Medicare | | 100 | | 51.11 | | | other | Drugs are paid at 100% of the AWP |
| MUPIROCIN 2% (30GM) OINT | 29152525 | NDC | | | | both | 1 EA | 243.5 | | United | Commercial\|PPO | | 100 | | 28.91 | | | other | Drugs are paid at 100% of the AWP |
| MUPIROCIN 2% (30GM) OINT | 29152525 | NDC | | | | both | 1 EA | 243.5 | | Wellcare | Medicaid | | 100 | | 31.29 | | | other | Drugs are paid at 100% of the AWP |
| MUPIROCIN 2% (30GM) OINT | 29152525 | NDC | | | | both | 1 EA | 243.5 | | Wellcare | Medicare | | 100 | | 59.98 | | | other | Drugs are paid at 100% of the AWP |
| MUPIROCIN 2% (30GM) OINT | 29152525 | NDC | | | | both | 1 EA | 243.5 | | WellPoint | WellPoint | | 100 | | 43.9 | | | other | Drugs are paid at 100% of the AWP |
| PAROXETINE 10MG TAB | 29321013 | NDC | | | | both | 1 EA | 25 | | Horizon | MGD | | 100 | | 1.21 | | | other | Drugs are paid at 100% of the AWP |
| PAROXETINE 10MG TAB | 29321013 | NDC | | | | both | 1 EA | 25 | | Horizon | NJ Health | | 100 | | 3.72 | | | other | Drugs are paid at 100% of the AWP |
| PAROXETINE 10MG TAB | 29321013 | NDC | | | | both | 1 EA | 25 | | Horizon | PPO | | 100 | | 2.21 | | | other | Drugs are paid at 100% of the AWP |
| PAROXETINE 10MG TAB | 29321013 | NDC | | | | both | 1 EA | 25 | | UHC | Medicaid | | 100 | | 3.04 | | | other | Drugs are paid at 100% of the AWP |
| PAROXETINE 10MG TAB | 29321013 | NDC | | | | both | 1 EA | 25 | | United | Commercial\|PPO | | 100 | | 3.01 | | | other | Drugs are paid at 100% of the AWP |
| PAROXETINE 10MG TAB | 29321013 | NDC | | | | both | 1 EA | 25 | | WellPoint | WellPoint | | 100 | | 4.71 | | | other | Drugs are paid at 100% of the AWP |
| PAROXETINE 20MG TAB | 29321121 | NDC | | | | both | 1 EA | 25 | | Aetna | Medicare | | 100 | | 4.74 | | | other | Drugs are paid at 100% of the AWP |
| PAROXETINE 20MG TAB | 29321121 | NDC | | | | both | 1 EA | 25 | | Horizon | MGD | | 100 | | 6.69 | | | other | Drugs are paid at 100% of the AWP |
| PAROXETINE 20MG TAB | 29321121 | NDC | | | | both | 1 EA | 25 | | Horizon | NJ Health | | 100 | | 2.61 | | | other | Drugs are paid at 100% of the AWP |
| PAROXETINE 20MG TAB | 29321121 | NDC | | | | both | 1 EA | 25 | | Horizon | PPO | | 100 | | 2.24 | | | other | Drugs are paid at 100% of the AWP |
| PAROXETINE 20MG TAB | 29321121 | NDC | | | | both | 1 EA | 25 | | UHC | Medicaid | | 100 | | 1.38 | | | other | Drugs are paid at 100% of the AWP |
| PAROXETINE 20MG TAB | 29321121 | NDC | | | | both | 1 EA | 25 | | UHC | Medicare | | 100 | | 4.23 | | | other | Drugs are paid at 100% of the AWP |
| PAROXETINE 20MG TAB | 29321121 | NDC | | | | both | 1 EA | 25 | | WellPoint | WellPoint | | 100 | | 3.34 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN 250MG/5ML BULK | 29600921 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.71 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN 250MG/5ML BULK | 29600921 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN 250MG/5ML BULK | 29600921 | NDC | | | | both | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.78 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN 250MG/5ML BULK | 29600921 | NDC | | | | both | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.78 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN 250MG/5ML BULK | 29600921 | NDC | | | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN 250MG/5ML BULK | 29600921 | NDC | | | | both | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.98 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN 250MG/5ML BULK | 29600921 | NDC | | | | both | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN 250MG/5ML BULK | 29600921 | NDC | | | | both | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN 250MG/5ML BULK | 29600921 | NDC | | | | both | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 200MG/5ML | 29603739 | NDC | | | | both | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.04 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 200MG/5ML | 29603739 | NDC | | | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 1.14 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 200MG/5ML | 29603739 | NDC | | | | both | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.79 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 500MG TAB | 29608031 | NDC | | | | both | 1 EA | 35.5 | | Aetna | Commercial | | 100 | | 12.42 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 500MG TAB | 29608031 | NDC | | | | both | 1 EA | 35.5 | | Aetna | Medicare | | 100 | | 4.51 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 500MG TAB | 29608031 | NDC | | | | both | 1 EA | 35.5 | | Corrections | Corrections | | 100 | | 12.47 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 500MG TAB | 29608031 | NDC | | | | both | 1 EA | 35.5 | | Horizon | Medicare Blue | | 100 | | 4.56 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 500MG TAB | 29608031 | NDC | | | | both | 1 EA | 35.5 | | Horizon | NJ Health | | 100 | | 7.22 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 500MG TAB | 29608031 | NDC | | | | both | 1 EA | 35.5 | | UHC | Medicaid | | 100 | | 7.31 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 500MG TAB | 29608031 | NDC | | | | both | 1 EA | 35.5 | | UHC | Medicare | | 100 | | 6.85 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 500MG TAB | 29608031 | NDC | | | | both | 1 EA | 35.5 | | Wellcare | Medicare | | 100 | | 6.74 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 500MG TAB | 29608031 | NDC | | | | both | 1 EA | 35.5 | | WellPoint | WellPoint | | 100 | | 11.18 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 875MG TAB | 29608621 | NDC | | | | both | 1 EA | 47 | | Aetna | Better Health | | 100 | | 8.2 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 875MG TAB | 29608621 | NDC | | | | both | 1 EA | 47 | | Aetna | Commercial | | 100 | | 6.22 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 875MG TAB | 29608621 | NDC | | | | both | 1 EA | 47 | | Aetna | Medicare | | 100 | | 8.59 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 875MG TAB | 29608621 | NDC | | | | both | 1 EA | 47 | | Amerihealth | HMO\|PPO | | 100 | | 10.54 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 875MG TAB | 29608621 | NDC | | | | both | 1 EA | 47 | | Corrections | Corrections | | 100 | | 12.18 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 875MG TAB | 29608621 | NDC | | | | both | 1 EA | 47 | | Horizon | Indemnity | | 100 | | 35.37 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 875MG TAB | 29608621 | NDC | | | | both | 1 EA | 47 | | Horizon | Medicare Blue | | 100 | | 12.78 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 875MG TAB | 29608621 | NDC | | | | both | 1 EA | 47 | | Horizon | MGD | | 100 | | 14.33 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 875MG TAB | 29608621 | NDC | | | | both | 1 EA | 47 | | Horizon | NJ Health | | 100 | | 6.32 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 875MG TAB | 29608621 | NDC | | | | both | 1 EA | 47 | | Horizon | PPO | | 100 | | 8.37 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 875MG TAB | 29608621 | NDC | | | | both | 1 EA | 47 | | UHC | Medicaid | | 100 | | 9.06 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 875MG TAB | 29608621 | NDC | | | | both | 1 EA | 47 | | UHC | Medicare | | 100 | | 9.81 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 875MG TAB | 29608621 | NDC | | | | both | 1 EA | 47 | | United | Commercial\|PPO | | 100 | | 14.06 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 875MG TAB | 29608621 | NDC | | | | both | 1 EA | 47 | | United | Oxford | | 100 | | 17.6 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 875MG TAB | 29608621 | NDC | | | | both | 1 EA | 47 | | Wellcare | Medicaid | | 100 | | 8.02 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 875MG TAB | 29608621 | NDC | | | | both | 1 EA | 47 | | Wellcare | Medicare | | 100 | | 7.18 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 875MG TAB | 29608621 | NDC | | | | both | 1 EA | 47 | | WellPoint | WellPoint | | 100 | | 9.05 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 250MG/5ML | 29609023 | NDC | | | | both | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 0.91 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 250MG/5ML | 29609023 | NDC | | | | both | 1 EA | 3.5 | | Aetna | Commercial | | 100 | | 1.14 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 250MG/5ML | 29609023 | NDC | | | | both | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 1.4 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 250MG/5ML | 29609023 | NDC | | | | both | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 250MG/5ML | 29609023 | NDC | | | | both | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 0.91 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 250MG/5ML | 29609023 | NDC | | | | both | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 250MG/5ML | 29609023 | NDC | | | | both | 1 EA | 3.5 | | Wellcare | Medicaid | | 100 | | 1.01 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 250MG/5ML | 29609023 | NDC | | | | both | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.83 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 400MG/5ML | 29609239 | NDC | | | | both | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 1.05 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 400MG/5ML | 29609239 | NDC | | | | both | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 1.53 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 400MG/5ML | 29609239 | NDC | | | | both | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 400MG/5ML | 29609239 | NDC | | | | both | 1 EA | 3.5 | | United | Commercial\|PPO | | 100 | | 1.66 | | | other | Drugs are paid at 100% of the AWP |
| LANSOPRAZOLE 15MG SOLUTAB | 30015430 | NDC | | | | both | 1 EA | 25 | | Aetna | Better Health | | 100 | | 4.34 | | | other | Drugs are paid at 100% of the AWP |
| LANSOPRAZOLE 15MG SOLUTAB | 30015430 | NDC | | | | both | 1 EA | 25 | | Aetna | Commercial | | 100 | | 7.02 | | | other | Drugs are paid at 100% of the AWP |
| LANSOPRAZOLE 15MG SOLUTAB | 30015430 | NDC | | | | both | 1 EA | 25 | | Aetna | Medicare | | 100 | | 3.1 | | | other | Drugs are paid at 100% of the AWP |
| LANSOPRAZOLE 15MG SOLUTAB | 30015430 | NDC | | | | both | 1 EA | 25 | | Amerihealth | HMO\|PPO | | 100 | | 3.08 | | | other | Drugs are paid at 100% of the AWP |
| LANSOPRAZOLE 15MG SOLUTAB | 30015430 | NDC | | | | both | 1 EA | 25 | | Horizon | Indemnity | | 100 | | 0.81 | | | other | Drugs are paid at 100% of the AWP |
| LANSOPRAZOLE 15MG SOLUTAB | 30015430 | NDC | | | | both | 1 EA | 25 | | Horizon | NJ Health | | 100 | | 3.34 | | | other | Drugs are paid at 100% of the AWP |
| LANSOPRAZOLE 15MG SOLUTAB | 30015430 | NDC | | | | both | 1 EA | 25 | | UHC | Medicaid | | 100 | | 3.53 | | | other | Drugs are paid at 100% of the AWP |
| LANSOPRAZOLE 15MG SOLUTAB | 30015430 | NDC | | | | both | 1 EA | 25 | | UHC | Medicare | | 100 | | 6.62 | | | other | Drugs are paid at 100% of the AWP |
| LANSOPRAZOLE 15MG SOLUTAB | 30015430 | NDC | | | | both | 1 EA | 25 | | WellPoint | WellPoint | | 100 | | 3.39 | | | other | Drugs are paid at 100% of the AWP |
| LANSOPRAZOLE 30MG SOLUTAB | 30015430 | NDC | | | | both | 1 EA | 25 | | Aetna | Better Health | | 100 | | 4.44 | | | other | Drugs are paid at 100% of the AWP |
| LANSOPRAZOLE 30MG SOLUTAB | 30015430 | NDC | | | | both | 1 EA | 25 | | Aetna | Commercial | | 100 | | 10.03 | | | other | Drugs are paid at 100% of the AWP |
| LANSOPRAZOLE 30MG SOLUTAB | 30015430 | NDC | | | | both | 1 EA | 25 | | Aetna | Medicare | | 100 | | 2.7 | | | other | Drugs are paid at 100% of the AWP |
| LANSOPRAZOLE 30MG SOLUTAB | 30015430 | NDC | | | | both | 1 EA | 25 | | Amerihealth | HMO\|PPO | | 100 | | 1.94 | | | other | Drugs are paid at 100% of the AWP |
| LANSOPRAZOLE 30MG SOLUTAB | 30015430 | NDC | | | | both | 1 EA | 25 | | Horizon | Medicare Blue | | 100 | | 3.29 | | | other | Drugs are paid at 100% of the AWP |
| LANSOPRAZOLE 30MG SOLUTAB | 30015430 | NDC | | | | both | 1 EA | 25 | | Horizon | NJ Health | | 100 | | 2.23 | | | other | Drugs are paid at 100% of the AWP |
| LANSOPRAZOLE 30MG SOLUTAB | 30015430 | NDC | | | | both | 1 EA | 25 | | Horizon | PPO | | 100 | | 1.72 | | | other | Drugs are paid at 100% of the AWP |
| LANSOPRAZOLE 30MG SOLUTAB | 30015430 | NDC | | | | both | 1 EA | 25 | | UHC | Medicaid | | 100 | | 3.9 | | | other | Drugs are paid at 100% of the AWP |
| LANSOPRAZOLE 30MG SOLUTAB | 30015430 | NDC | | | | both | 1 EA | 25 | | UHC | Medicare | | 100 | | 4.35 | | | other | Drugs are paid at 100% of the AWP |
| LANSOPRAZOLE 30MG SOLUTAB | 30015430 | NDC | | | | both | 1 EA | 25 | | United | Commercial\|PPO | | 100 | | 9.31 | | | other | Drugs are paid at 100% of the AWP |
| LANSOPRAZOLE 30MG SOLUTAB | 30015430 | NDC | | | | both | 1 EA | 25 | | Wellcare | Medicaid | | 100 | | 19.51 | | | other | Drugs are paid at 100% of the AWP |
| LANSOPRAZOLE 30MG SOLUTAB | 30015430 | NDC | | | | both | 1 EA | 25 | | Wellcare | Medicare | | 100 | | 15.37 | | | other | Drugs are paid at 100% of the AWP |
| LANSOPRAZOLE 30MG SOLUTAB | 30015430 | NDC | | | | both | 1 EA | 25 | | WellPoint | WellPoint | | 100 | | 3.19 | | | other | Drugs are paid at 100% of the AWP |
| NADOLOL 20MG TAB | 3023251 | NDC | | | | both | 1 EA | 5.5 | | Aetna | Better Health | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| NADOLOL 20MG TAB | 3023251 | NDC | | | | both | 1 EA | 5.5 | | Horizon | Indemnity | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| NADOLOL 20MG TAB | 3023251 | NDC | | | | both | 1 EA | 5.5 | | Horizon | Medicare Blue | | 100 | | 2.92 | | | other | Drugs are paid at 100% of the AWP |
| NADOLOL 20MG TAB | 3023251 | NDC | | | | both | 1 EA | 5.5 | | Horizon | MGD | | 100 | | 0.87 | | | other | Drugs are paid at 100% of the AWP |
| NADOLOL 20MG TAB | 3023251 | NDC | | | | both | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 1.15 | | | other | Drugs are paid at 100% of the AWP |
| NADOLOL 20MG TAB | 3023251 | NDC | | | | both | 1 EA | 5.5 | | Horizon | PPO | | 100 | | 1.3 | | | other | Drugs are paid at 100% of the AWP |
| NADOLOL 20MG TAB | 3023251 | NDC | | | | both | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 1.12 | | | other | Drugs are paid at 100% of the AWP |
| NADOLOL 20MG TAB | 3023251 | NDC | | | | both | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 1.51 | | | other | Drugs are paid at 100% of the AWP |
| NADOLOL 20MG TAB | 3023251 | NDC | | | | both | 1 EA | 5.5 | | United | Commercial\|PPO | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| NADOLOL 20MG TAB | 3023251 | NDC | | | | both | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 1.27 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 5% OPTH OINT 3.5GM | 30599538 | NDC | | | | both | 1 EA | 88 | | Horizon | NJ Health | | 100 | | 3.29 | | | other | Drugs are paid at 100% of the AWP |
| TETRACYCLINE 500MG CAP | 30402730 | NDC | | | | both | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| FLUDROCORTISONE 0.1MG TAB | 3042950 | NDC | | | | both | 1 EA | 4.5 | | Aetna | Better Health | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| FLUDROCORTISONE 0.1MG TAB | 3042950 | NDC | | | | both | 1 EA | 4.5 | | Aetna | Commercial | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| FLUDROCORTISONE 0.1MG TAB | 3042950 | NDC | | | | both | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| FLUDROCORTISONE 0.1MG TAB | 3042950 | NDC | | | | both | 1 EA | 4.5 | | Horizon | Indemnity | | 100 | | 0.12 | | | other | Drugs are paid at 100% of the AWP |
| FLUDROCORTISONE 0.1MG TAB | 3042950 | NDC | | | | both | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 0.97 | | | other | Drugs are paid at 100% of the AWP |
| FLUDROCORTISONE 0.1MG TAB | 3042950 | NDC | | | | both | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| FLUDROCORTISONE 0.1MG TAB | 3042950 | NDC | | | | both | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| FLUDROCORTISONE 0.1MG TAB | 3042950 | NDC | | | | both | 1 EA | 4.5 | | Horizon | PPO | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| FLUDROCORTISONE 0.1MG TAB | 3042950 | NDC | | | | both | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| FLUDROCORTISONE 0.1MG TAB | 3042950 | NDC | | | | both | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 0.8 | | | other | Drugs are paid at 100% of the AWP |
| FLUDROCORTISONE 0.1MG TAB | 3042950 | NDC | | | | both | 1 EA | 4.5 | | United | Commercial\|PPO | | 100 | | 0.13 | | | other | Drugs are paid at 100% of the AWP |
| FLUDROCORTISONE 0.1MG TAB | 3042950 | NDC | | | | both | 1 EA | 4.5 | | Wellcare | Medicare | | 100 | | 1.18 | | | other | Drugs are paid at 100% of the AWP |
| FLUDROCORTISONE 0.1MG TAB | 3042950 | NDC | | | | both | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| CAPTOPRIL 12.5MG TAB | 3048251 | NDC | | | | both | 1 EA | 5.5 | | Wellcare | Medicaid | | 100 | | 1.1 | | | other | Drugs are paid at 100% of the AWP |
| CAPTOPRIL 50MG TAB | 3048251 | NDC | | | | both | 1 EA | 9.5 | | Wellcare | Medicaid | | 100 | | 1.88 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN TOPICAL PWD (15GM) | 3059320 | NDC | | | | both | 1 EA | 197.5 | | Horizon | Medicare Blue | | 100 | | 12.03 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN TOPICAL PWD (15GM) | 3059320 | NDC | | | | both | 1 EA | 197.5 | | Horizon | MGD | | 100 | | 50.44 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN TOPICAL PWD (15GM) | 3059320 | NDC | | | | both | 1 EA | 197.5 | | Horizon | NJ Health | | 100 | | 17.11 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN TOPICAL PWD (15GM) | 3059320 | NDC | | | | both | 1 EA | 197.5 | | UHC | Medicaid | | 100 | | 28.21 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN TOPICAL PWD (15GM) | 3059320 | NDC | | | | both | 1 EA | 197.5 | | UHC | Medicare | | 100 | | 41.77 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN TOPICAL PWD (15GM) | 3059320 | NDC | | | | both | 1 EA | 197.5 | | WellPoint | WellPoint | | 100 | | 31.8 | | | other | Drugs are paid at 100% of the AWP |
| PROPARACAINE 0.5% OPH SOL 15ML | 3064630 | NDC | | | | both | 1 EA | 116 | | Horizon | NJ Health | | 100 | | 10.27 | | | other | Drugs are paid at 100% of the AWP |
| MELATONIN 5 MG TAB | 3076815745 | NDC | | | | both | 1 EA | 1 | | Aetna | Better Health | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| MELATONIN 5 MG TAB | 3076815745 | NDC | | | | both | 1 EA | 1 | | Aetna | Commercial | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| MELATONIN 5 MG TAB | 3076815745 | NDC | | | | both | 1 EA | 1 | | Aetna | Medicare | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| MELATONIN 5 MG TAB | 3076815745 | NDC | | | | both | 1 EA | 1 | | Amerihealth | HMO\|PPO | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| MELATONIN 5 MG TAB | 3076815745 | NDC | | | | both | 1 EA | 1 | | Corrections | Corrections | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| MELATONIN 5 MG TAB | 3076815745 | NDC | | | | both | 1 EA | 1 | | Horizon | Indemnity | | 100 | | 0.11 | | | other | Drugs are paid at 100% of the AWP |
| MELATONIN 5 MG TAB | 3076815745 | NDC | | | | both | 1 EA | 1 | | Horizon | Medicare Blue | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| MELATONIN 5 MG TAB | 3076815745 | NDC | | | | both | 1 EA | 1 | | Horizon | MGD | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| MELATONIN 5 MG TAB | 3076815745 | NDC | | | | both | 1 EA | 1 | | Horizon | NJ Health | | 100 | | 0.13 | | | other | Drugs are paid at 100% of the AWP |
| MELATONIN 5 MG TAB | 3076815745 | NDC | | | | both | 1 EA | 1 | | Horizon | PPO | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| MELATONIN 5 MG TAB | 3076815745 | NDC | | | | both | 1 EA | 1 | | UHC | Medicaid | | 100 | | 0.14 | | | other | Drugs are paid at 100% of the AWP |
| MELATONIN 5 MG TAB | 3076815745 | NDC | | | | both | 1 EA | 1 | | UHC | Medicare | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| MELATONIN 5 MG TAB | 3076815745 | NDC | | | | both | 1 EA | 1 | | United | Commercial\|PPO | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| MELATONIN 5 MG TAB | 3076815745 | NDC | | | | both | 1 EA | 1 | | United | Oxford | | 100 | | 0.04 | | | other | Drugs are paid at 100% of the AWP |
| MELATONIN 5 MG TAB | 3076815745 | NDC | | | | both | 1 EA | 1 | | Wellcare | Medicaid | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| MELATONIN 5 MG TAB | 3076815745 | NDC | | | | both | 1 EA | 1 | | Wellcare | Medicare | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| MELATONIN 5 MG TAB | 3076815745 | NDC | | | | both | 1 EA | 1 | | WellPoint | WellPoint | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYUREA 500MG CAP | 3083050 | NDC | | | | both | 1 EA | 5.5 | | Corrections | Corrections | | 100 | | 1.26 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYUREA 500MG CAP | 3083050 | NDC | | | | both | 1 EA | 5.5 | | Horizon | Medicare Blue | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HYDROXYUREA 500MG CAP | 3083050 | NDC | | | | both | 1 EA | 5.5 | | | Horizon | MGD | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYUREA 500MG CAP | 3083050 | NDC | | | | both | 1 EA | 5.5 | | | Horizon | NJ Health | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYUREA 500MG CAP | 3083050 | NDC | | | | both | 1 EA | 5.5 | | | Horizon | PPO | | 100 | | 1.25 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYUREA 500MG CAP | 3083050 | NDC | | | | both | 1 EA | 5.5 | | | UHC | Medicaid | | 100 | | 1 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYUREA 500MG CAP | 3083050 | NDC | | | | both | 1 EA | 5.5 | | | UHC | Medicare | | 100 | | 1.2 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYUREA 500MG CAP | 3083050 | NDC | | | | both | 1 EA | 5.5 | | | Wellcare | Medicare | | 100 | | 1.26 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYUREA 500MG CAP | 3083050 | NDC | | | | both | 1 EA | 5.5 | | | WellPoint | WellPoint | | 100 | | 1.58 | | | other | Drugs are paid at 100% of the AWP |
| GLYCERIN (ADULT) SUPP | 3087823 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| GLYCERIN (ADULT) SUPP | 3087823 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Commercial | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| GLYCERIN (ADULT) SUPP | 3087823 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| GLYCERIN (ADULT) SUPP | 3087823 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| GLYCERIN (ADULT) SUPP | 3087823 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | PPO | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| GLYCERIN (ADULT) SUPP | 3087823 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| GLYCERIN (ADULT) SUPP | 3087823 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| GLYCERIN (ADULT) SUPP | 3087823 | NDC | | | | both | 1 EA | 2.5 | | | United | CommercialPPO | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| GLYCERIN (ADULT) SUPP | 3087823 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicare | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| GLYCERIN (ADULT) SUPP | 3087823 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| APIXABAN(ELIQUIS) 2.5 MG TAB | 3089331 | NDC | | | | both | 1 EA | 15.5 | | | Aetna | Better Health | | 100 | | 3.15 | | | other | Drugs are paid at 100% of the AWP |
| APIXABAN(ELIQUIS) 2.5 MG TAB | 3089331 | NDC | | | | both | 1 EA | 15.5 | | | Aetna | Medicare | | 100 | | 2.62 | | | other | Drugs are paid at 100% of the AWP |
| APIXABAN(ELIQUIS) 2.5 MG TAB | 3089331 | NDC | | | | both | 1 EA | 15.5 | | | Horizon | Indemnity | | 100 | | 2.38 | | | other | Drugs are paid at 100% of the AWP |
| APIXABAN(ELIQUIS) 2.5 MG TAB | 3089331 | NDC | | | | both | 1 EA | 15.5 | | | Horizon | Medicare Blue | | 100 | | 3.18 | | | other | Drugs are paid at 100% of the AWP |
| APIXABAN(ELIQUIS) 2.5 MG TAB | 3089331 | NDC | | | | both | 1 EA | 15.5 | | | Horizon | NJ Health | | 100 | | 1.89 | | | other | Drugs are paid at 100% of the AWP |
| APIXABAN(ELIQUIS) 2.5 MG TAB | 3089331 | NDC | | | | both | 1 EA | 15.5 | | | Horizon | PPO | | 100 | | 2.24 | | | other | Drugs are paid at 100% of the AWP |
| APIXABAN(ELIQUIS) 2.5 MG TAB | 3089331 | NDC | | | | both | 1 EA | 15.5 | | | UHC | Medicaid | | 100 | | 4.55 | | | other | Drugs are paid at 100% of the AWP |
| APIXABAN(ELIQUIS) 2.5 MG TAB | 3089331 | NDC | | | | both | 1 EA | 15.5 | | | UHC | Medicare | | 100 | | 2.83 | | | other | Drugs are paid at 100% of the AWP |
| APIXABAN(ELIQUIS) 2.5 MG TAB | 3089331 | NDC | | | | both | 1 EA | 15.5 | | | United | CommercialPPO | | 100 | | 3.05 | | | other | Drugs are paid at 100% of the AWP |
| APIXABAN(ELIQUIS) 2.5 MG TAB | 3089331 | NDC | | | | both | 1 EA | 15.5 | | | Wellcare | Medicaid | | 100 | | 4.12 | | | other | Drugs are paid at 100% of the AWP |
| APIXABAN(ELIQUIS) 2.5 MG TAB | 3089331 | NDC | | | | both | 1 EA | 15.5 | | | Wellcare | Medicare | | 100 | | 8.43 | | | other | Drugs are paid at 100% of the AWP |
| APIXABAN(ELIQUIS) 2.5 MG TAB | 3089331 | NDC | | | | both | 1 EA | 15.5 | | | WellPoint | WellPoint | | 100 | | 4.04 | | | other | Drugs are paid at 100% of the AWP |
| APIXABAN(ELIQUIS) 5 MG TAB | 3089421 | NDC | | | | both | 1 EA | 16 | | | Aetna | Better Health | | 100 | | 3.56 | | | other | Drugs are paid at 100% of the AWP |
| APIXABAN(ELIQUIS) 5 MG TAB | 3089421 | NDC | | | | both | 1 EA | 16 | | | Aetna | Commercial | | 100 | | 3.56 | | | other | Drugs are paid at 100% of the AWP |
| APIXABAN(ELIQUIS) 5 MG TAB | 3089421 | NDC | | | | both | 1 EA | 16 | | | Aetna | Medicare | | 100 | | 2.71 | | | other | Drugs are paid at 100% of the AWP |
| APIXABAN(ELIQUIS) 5 MG TAB | 3089421 | NDC | | | | both | 1 EA | 16 | | | Amerihealth | HMO/PPO | | 100 | | 2.98 | | | other | Drugs are paid at 100% of the AWP |
| APIXABAN(ELIQUIS) 5 MG TAB | 3089421 | NDC | | | | both | 1 EA | 16 | | | Corrections | Corrections | | 100 | | 2.59 | | | other | Drugs are paid at 100% of the AWP |
| APIXABAN(ELIQUIS) 5 MG TAB | 3089421 | NDC | | | | both | 1 EA | 16 | | | Horizon | Indemnity | | 100 | | 3.11 | | | other | Drugs are paid at 100% of the AWP |
| APIXABAN(ELIQUIS) 5 MG TAB | 3089421 | NDC | | | | both | 1 EA | 16 | | | Horizon | Medicare Blue | | 100 | | 3.02 | | | other | Drugs are paid at 100% of the AWP |
| APIXABAN(ELIQUIS) 5 MG TAB | 3089421 | NDC | | | | both | 1 EA | 16 | | | Horizon | MGD | | 100 | | 2.38 | | | other | Drugs are paid at 100% of the AWP |
| APIXABAN(ELIQUIS) 5 MG TAB | 3089421 | NDC | | | | both | 1 EA | 16 | | | Horizon | NJ Health | | 100 | | 2.29 | | | other | Drugs are paid at 100% of the AWP |
| APIXABAN(ELIQUIS) 5 MG TAB | 3089421 | NDC | | | | both | 1 EA | 16 | | | Horizon | PPO | | 100 | | 2.79 | | | other | Drugs are paid at 100% of the AWP |
| APIXABAN(ELIQUIS) 5 MG TAB | 3089421 | NDC | | | | both | 1 EA | 16 | | | UHC | Medicaid | | 100 | | 2.81 | | | other | Drugs are paid at 100% of the AWP |
| APIXABAN(ELIQUIS) 5 MG TAB | 3089421 | NDC | | | | both | 1 EA | 16 | | | UHC | Medicare | | 100 | | 3.18 | | | other | Drugs are paid at 100% of the AWP |
| APIXABAN(ELIQUIS) 5 MG TAB | 3089421 | NDC | | | | both | 1 EA | 16 | | | United | CommercialPPO | | 100 | | 2.33 | | | other | Drugs are paid at 100% of the AWP |
| APIXABAN(ELIQUIS) 5 MG TAB | 3089421 | NDC | | | | both | 1 EA | 16 | | | United | Oxford | | 100 | | 4.65 | | | other | Drugs are paid at 100% of the AWP |
| APIXABAN(ELIQUIS) 5 MG TAB | 3089421 | NDC | | | | both | 1 EA | 16 | | | Wellcare | Medicaid | | 100 | | 2.87 | | | other | Drugs are paid at 100% of the AWP |
| APIXABAN(ELIQUIS) 5 MG TAB | 3089421 | NDC | | | | both | 1 EA | 16 | | | Wellcare | Medicare | | 100 | | 2.77 | | | other | Drugs are paid at 100% of the AWP |
| APIXABAN(ELIQUIS) 5 MG TAB | 3089421 | NDC | | | | both | 1 EA | 16 | | | WellPoint | WellPoint | | 100 | | 3.07 | | | other | Drugs are paid at 100% of the AWP |
| ATENOLOL 50MG TAB | 3100103539 | NDC | | | | both | 1 EA | 4.5 | | | Aetna | Medicare | | 100 | | 1.45 | | | other | Drugs are paid at 100% of the AWP |
| ATENOLOL 50MG TAB | 3100103539 | NDC | | | | both | 1 EA | 4.5 | | | Horizon | Medicare Blue | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| ATENOLOL 50MG TAB | 3100103539 | NDC | | | | both | 1 EA | 4.5 | | | Horizon | NJ Health | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| ATENOLOL 50MG TAB | 3100103539 | NDC | | | | both | 1 EA | 4.5 | | | UHC | Medicare | | 100 | | 0.9 | | | other | Drugs are paid at 100% of the AWP |
| ATENOLOL 50MG TAB | 3100103539 | NDC | | | | both | 1 EA | 4.5 | | | United | CommercialPPO | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| ATENOLOL 50MG TAB | 3100103539 | NDC | | | | both | 1 EA | 4.5 | | | Wellcare | Medicaid | | 100 | | 1.4 | | | other | Drugs are paid at 100% of the AWP |
| ATENOLOL 50MG TAB | 3100103539 | NDC | | | | both | 1 EA | 4.5 | | | WellPoint | WellPoint | | 100 | | 0.93 | | | other | Drugs are paid at 100% of the AWP |
| ANASTRAZOLE 1 MG TAB | 3100203130 | NDC | | | | both | 1 EA | 58 | | | Aetna | Medicare | | 100 | | 20.12 | | | other | Drugs are paid at 100% of the AWP |
| ANASTRAZOLE 1 MG TAB | 3100203130 | NDC | | | | both | 1 EA | 58 | | | Horizon | NJ Health | | 100 | | 6.1 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 100MG TAB | 3100271139 | NDC | | | | both | 1 EA | 26.5 | | | Aetna | Better Health | | 100 | | 3.81 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 100MG TAB | 3100271139 | NDC | | | | both | 1 EA | 26.5 | | | Aetna | Commercial | | 100 | | 1.31 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 100MG TAB | 3100271139 | NDC | | | | both | 1 EA | 26.5 | | | Aetna | Medicare | | 100 | | 2.37 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 100MG TAB | 3100271139 | NDC | | | | both | 1 EA | 26.5 | | | Amerihealth | HMO/PPO | | 100 | | 2.05 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 100MG TAB | 3100271139 | NDC | | | | both | 1 EA | 26.5 | | | Corrections | Corrections | | 100 | | 6.89 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 100MG TAB | 3100271139 | NDC | | | | both | 1 EA | 26.5 | | | Horizon | Indemnity | | 100 | | 0.91 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 100MG TAB | 3100271139 | NDC | | | | both | 1 EA | 26.5 | | | Horizon | Medicare Blue | | 100 | | 4.1 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 100MG TAB | 3100271139 | NDC | | | | both | 1 EA | 26.5 | | | Horizon | MGD | | 100 | | 3.97 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 100MG TAB | 3100271139 | NDC | | | | both | 1 EA | 26.5 | | | Horizon | NJ Health | | 100 | | 2.68 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 100MG TAB | 3100271139 | NDC | | | | both | 1 EA | 26.5 | | | Horizon | PPO | | 100 | | 5.43 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 100MG TAB | 3100271139 | NDC | | | | both | 1 EA | 26.5 | | | UHC | Medicaid | | 100 | | 3.71 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 100MG TAB | 3100271139 | NDC | | | | both | 1 EA | 26.5 | | | UHC | Medicare | | 100 | | 3.93 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 100MG TAB | 3100271139 | NDC | | | | both | 1 EA | 26.5 | | | United | Oxford | | 100 | | 7.66 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 100MG TAB | 3100271139 | NDC | | | | both | 1 EA | 26.5 | | | Wellcare | Medicaid | | 100 | | 3.92 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 100MG TAB | 3100271139 | NDC | | | | both | 1 EA | 26.5 | | | Wellcare | Medicare | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 100MG TAB | 3100271139 | NDC | | | | both | 1 EA | 26.5 | | | WellPoint | WellPoint | | 100 | | 4.41 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 200MG TAB | 3100272239 | NDC | | | | both | 1 EA | 47 | | | Aetna | Better Health | | 100 | | 8.19 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 200MG TAB | 3100272239 | NDC | | | | both | 1 EA | 47 | | | Horizon | Medicare Blue | | 100 | | 21.52 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 200MG TAB | 3100272239 | NDC | | | | both | 1 EA | 47 | | | Horizon | MGD | | 100 | | 6.53 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 200MG TAB | 3100272239 | NDC | | | | both | 1 EA | 47 | | | Horizon | NJ Health | | 100 | | 5.13 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 200MG TAB | 3100272239 | NDC | | | | both | 1 EA | 47 | | | Horizon | PPO | | 100 | | 9.66 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 200MG TAB | 3100272239 | NDC | | | | both | 1 EA | 47 | | | UHC | Medicaid | | 100 | | 6.41 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 200MG TAB | 3100272239 | NDC | | | | both | 1 EA | 47 | | | UHC | Medicare | | 100 | | 8.76 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 200MG TAB | 3100272239 | NDC | | | | both | 1 EA | 47 | | | United | CommercialPPO | | 100 | | 4.33 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 200MG TAB | 3100272239 | NDC | | | | both | 1 EA | 47 | | | Wellcare | Medicaid | | 100 | | 5.28 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 200MG TAB | 3100272239 | NDC | | | | both | 1 EA | 47 | | | WellPoint | WellPoint | | 100 | | 5.32 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 300MG TAB | 3100272439 | NDC | | | | both | 1 EA | 59 | | | Aetna | Medicare | | 100 | | 6.32 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 300MG TAB | 3100272439 | NDC | | | | both | 1 EA | 59 | | | Horizon | Medicare Blue | | 100 | | 27.37 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 300MG TAB | 3100272439 | NDC | | | | both | 1 EA | 59 | | | Horizon | NJ Health | | 100 | | 5.05 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 300MG TAB | 3100272439 | NDC | | | | both | 1 EA | 59 | | | UHC | Medicaid | | 100 | | 6.92 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 300MG TAB | 3100272439 | NDC | | | | both | 1 EA | 59 | | | UHC | Medicare | | 100 | | 26.6 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 300MG TAB | 3100272439 | NDC | | | | both | 1 EA | 59 | | | Wellcare | Medicaid | | 100 | | 7.37 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 300MG TAB | 3100272439 | NDC | | | | both | 1 EA | 59 | | | WellPoint | WellPoint | | 100 | | 4.95 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 25MG TAB | 3100272539 | NDC | | | | both | 1 EA | 9.5 | | | Aetna | Better Health | | 100 | | 1.32 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 25MG TAB | 3100272539 | NDC | | | | both | 1 EA | 9.5 | | | Aetna | Commercial | | 100 | | 1.86 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 25MG TAB | 3100272539 | NDC | | | | both | 1 EA | 9.5 | | | Aetna | Medicare | | 100 | | 1.58 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 25MG TAB | 3100272539 | NDC | | | | both | 1 EA | 9.5 | | | Amerihealth | HMO/PPO | | 100 | | 1.49 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 25MG TAB | 3100272539 | NDC | | | | both | 1 EA | 9.5 | | | Corrections | Corrections | | 100 | | 2.79 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 25MG TAB | 3100272539 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | Indemnity | | 100 | | 1.65 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 25MG TAB | 3100272539 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | Medicare Blue | | 100 | | 1.26 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 25MG TAB | 3100272539 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | MGD | | 100 | | 2.68 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 25MG TAB | 3100272539 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | NJ Health | | 100 | | 1.05 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 25MG TAB | 3100272539 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | PPO | | 100 | | 3.23 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 25MG TAB | 3100272539 | NDC | | | | both | 1 EA | 9.5 | | | UHC | Medicaid | | 100 | | 1.41 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 25MG TAB | 3100272539 | NDC | | | | both | 1 EA | 9.5 | | | UHC | Medicare | | 100 | | 1.7 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 25MG TAB | 3100272539 | NDC | | | | both | 1 EA | 9.5 | | | United | CommercialPPO | | 100 | | 2.51 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 25MG TAB | 3100272539 | NDC | | | | both | 1 EA | 9.5 | | | United | Oxford | | 100 | | 2.85 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 25MG TAB | 3100272539 | NDC | | | | both | 1 EA | 9.5 | | | Wellcare | Medicaid | | 100 | | 1.08 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 25MG TAB | 3100272539 | NDC | | | | both | 1 EA | 9.5 | | | Wellcare | Medicare | | 100 | | 1.4 | | | other | Drugs are paid at 100% of the AWP |
| QUETIAPINE 25MG TAB | 3100272539 | NDC | | | | both | 1 EA | 9.5 | | | WellPoint | WellPoint | | 100 | | 1.58 | | | other | Drugs are paid at 100% of the AWP |
| TAMOXIFEN 10MG TAB | 3100600560 | NDC | | | | both | 1 EA | 9.5 | | | Aetna | Medicare | | 100 | | 3.01 | | | other | Drugs are paid at 100% of the AWP |
| TAMOXIFEN 10MG TAB | 3100600560 | NDC | | | | both | 1 EA | 9.5 | | | Wellcare | Medicaid | | 100 | | 2.51 | | | other | Drugs are paid at 100% of the AWP |
| BICALUTAMIDE 50MG TAB (NF) | 3100705539 | NDC | | | | both | 1 EA | 77 | | | UHC | Medicare | | 100 | | 7.01 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM ZIRCONIUM CYCLOSILICATE 1PKT | 3101105539 | NDC | | | | both | 1 EA | 92.5 | | | Aetna | Better Health | | 100 | | 13.62 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM ZIRCONIUM CYCLOSILICATE 1PKT | 3101105539 | NDC | | | | both | 1 EA | 92.5 | | | Aetna | Commercial | | 100 | | 22.28 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM ZIRCONIUM CYCLOSILICATE 1PKT | 3101105539 | NDC | | | | both | 1 EA | 92.5 | | | Aetna | Medicare | | 100 | | 15.14 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM ZIRCONIUM CYCLOSILICATE 1PKT | 3101105539 | NDC | | | | both | 1 EA | 92.5 | | | Amerihealth | HMO/PPO | | 100 | | 14.82 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM ZIRCONIUM CYCLOSILICATE 1PKT | 3101105539 | NDC | | | | both | 1 EA | 92.5 | | | Corrections | Corrections | | 100 | | 22.67 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM ZIRCONIUM CYCLOSILICATE 1PKT | 3101105539 | NDC | | | | both | 1 EA | 92.5 | | | Horizon | Indemnity | | 100 | | 10.54 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM ZIRCONIUM CYCLOSILICATE 1PKT | 3101105539 | NDC | | | | both | 1 EA | 92.5 | | | Horizon | Medicare Blue | | 100 | | 20.44 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM ZIRCONIUM CYCLOSILICATE 1PKT | 3101105539 | NDC | | | | both | 1 EA | 92.5 | | | Horizon | MGD | | 100 | | 20.51 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM ZIRCONIUM CYCLOSILICATE 1PKT | 3101105539 | NDC | | | | both | 1 EA | 92.5 | | | Horizon | NJ Health | | 100 | | 13.09 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM ZIRCONIUM CYCLOSILICATE 1PKT | 3101105539 | NDC | | | | both | 1 EA | 92.5 | | | Horizon | PPO | | 100 | | 11.12 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM ZIRCONIUM CYCLOSILICATE 1PKT | 3101105539 | NDC | | | | both | 1 EA | 92.5 | | | UHC | Medicaid | | 100 | | 14.61 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM ZIRCONIUM CYCLOSILICATE 1PKT | 3101105539 | NDC | | | | both | 1 EA | 92.5 | | | UHC | Medicare | | 100 | | 18.01 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM ZIRCONIUM CYCLOSILICATE 1PKT | 3101105539 | NDC | | | | both | 1 EA | 92.5 | | | United | CommercialPPO | | 100 | | 16.35 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM ZIRCONIUM CYCLOSILICATE 1PKT | 3101105539 | NDC | | | | both | 1 EA | 92.5 | | | Wellcare | Medicaid | | 100 | | 9.94 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM ZIRCONIUM CYCLOSILICATE 1PKT | 3101105539 | NDC | | | | both | 1 EA | 92.5 | | | Wellcare | Medicare | | 100 | | 21.5 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM ZIRCONIUM CYCLOSILICATE 1PKT | 3101105539 | NDC | | | | both | 1 EA | 92.5 | | | WellPoint | WellPoint | | 100 | | 17.16 | | | other | Drugs are paid at 100% of the AWP |
| DAPAGLIFLOZIN (FARXIGA) 5 MG TAB | 3108205530 | NDC | | | | both | 1 EA | 70 | | | Horizon | MGD | | 100 | | 17.75 | | | other | Drugs are paid at 100% of the AWP |
| DAPAGLIFLOZIN (FARXIGA) 10MG TAB | 3108210130 | NDC | | | | both | 1 EA | 70 | | | Horizon | NJ Health | | 100 | | 2.45 | | | other | Drugs are paid at 100% of the AWP |
| DAPAGLIFLOZIN (FARXIGA) 10MG TAB | 3108210130 | NDC | | | | both | 1 EA | 70 | | | UHC | Medicaid | | 100 | | 19.79 | | | other | Drugs are paid at 100% of the AWP |
| DAPAGLIFLOZIN (FARXIGA) 10MG TAB | 3108210130 | NDC | | | | both | 1 EA | 70 | | | UHC | Medicare | | 100 | | 42.84 | | | other | Drugs are paid at 100% of the AWP |
| BACTRIM,SEPTRA ORAL SUSP | 3120110 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| BACTRIM,SEPTRA ORAL SUSP | 3120110 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| BACTRIM,SEPTRA ORAL SUSP | 3120110 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.78 | | | other | Drugs are paid at 100% of the AWP |
| BACTRIM,SEPTRA ORAL SUSP | 3120110 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| BACTRIM,SEPTRA ORAL SUSP | 3120110 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.91 | | | other | Drugs are paid at 100% of the AWP |
| BELLADONNA ALKA/PHENOBARB TAB | 31425064 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE(MICRO-K)10MEQ CA | 31573064 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE(MICRO-K)10MEQ CA | 31573064 | NDC | | | | both | 1 EA | 2.5 | | | Amerihealth | HMO/PPO | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE(MICRO-K)10MEQ CA | 31573064 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Indemnity | | 100 | | 1.29 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE(MICRO-K)10MEQ CA | 31573064 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Medicare Blue | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE(MICRO-K)10MEQ CA | 31573064 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 0.78 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE(MICRO-K)10MEQ CA | 31573064 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE(MICRO-K)10MEQ CA | 31573064 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | PPO | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE(MICRO-K)10MEQ CA | 31573064 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE(MICRO-K)10MEQ CA | 31573064 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE(MICRO-K)10MEQ CA | 31573064 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE(MICRO-K)10MEQ CA | 31573064 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicare | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE(MICRO-K)10MEQ CA | 31573064 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| SELENIUM 200MCG TABS | 31604001130 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Medicare Blue | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| SELENIUM 200MCG TABS | 31604001130 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SELENIUM 200MCG TABS | 31604001130 | NDC | | | | both | | 1 EA | 2.5 | | Medicaid | | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| SELENIUM 200MCG TABS | 31604001130 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMINE 250 MCG TAB | 31604012809 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMINE 250 MCG TAB | 31604012809 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 1.13 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMINE 250 MCG TAB | 31604012809 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMINE 250 MCG TAB | 31604012809 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 1.03 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMINE 250 MCG TAB | 31604012809 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMINE 250 MCG TAB | 31604012809 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMINE 250 MCG TAB | 31604012809 | NDC | | | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMINE 250 MCG TAB | 31604012809 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| ENTECAVIR 0.5MG TAB | 3161112 | NDC | | | | both | | 1 EA | 75 | | Aetna | Better Health | | 100 | | 10.45 | | | other | Drugs are paid at 100% of the AWP |
| ENTECAVIR 0.5MG TAB | 3161112 | NDC | | | | both | | 1 EA | 75 | | Aetna | Commercial | | 100 | | 5.33 | | | other | Drugs are paid at 100% of the AWP |
| ENTECAVIR 0.5MG TAB | 3161112 | NDC | | | | both | | 1 EA | 75 | | Corrections | Corrections | | 100 | | 14.1 | | | other | Drugs are paid at 100% of the AWP |
| ENTECAVIR 0.5MG TAB | 3161112 | NDC | | | | both | | 1 EA | 75 | | Horizon | Indemnity | | 100 | | 22.08 | | | other | Drugs are paid at 100% of the AWP |
| ENTECAVIR 0.5MG TAB | 3161112 | NDC | | | | both | | 1 EA | 75 | | Horizon | Medicare Blue | | 100 | | 40.27 | | | other | Drugs are paid at 100% of the AWP |
| ENTECAVIR 0.5MG TAB | 3161112 | NDC | | | | both | | 1 EA | 75 | | Horizon | MGD | | 100 | | 10.99 | | | other | Drugs are paid at 100% of the AWP |
| ENTECAVIR 0.5MG TAB | 3161112 | NDC | | | | both | | 1 EA | 75 | | Horizon | NJ Health | | 100 | | 11.12 | | | other | Drugs are paid at 100% of the AWP |
| ENTECAVIR 0.5MG TAB | 3161112 | NDC | | | | both | | 1 EA | 75 | | Horizon | PPO | | 100 | | 20.75 | | | other | Drugs are paid at 100% of the AWP |
| ENTECAVIR 0.5MG TAB | 3161112 | NDC | | | | both | | 1 EA | 75 | | UHC | Medicaid | | 100 | | 13.96 | | | other | Drugs are paid at 100% of the AWP |
| ENTECAVIR 0.5MG TAB | 3161112 | NDC | | | | both | | 1 EA | 75 | | UHC | Medicare | | 100 | | 17.38 | | | other | Drugs are paid at 100% of the AWP |
| ENTECAVIR 0.5MG TAB | 3161112 | NDC | | | | both | | 1 EA | 75 | | Wellcare | Medicaid | | 100 | | 18.38 | | | other | Drugs are paid at 100% of the AWP |
| ENTECAVIR 0.05MG/ML | 3161412 | NDC | | | | both | | 1 EA | 9.5 | | Aetna | Better Health | | 100 | | 1.39 | | | other | Drugs are paid at 100% of the AWP |
| ENTECAVIR 0.05MG/ML | 3161412 | NDC | | | | both | | 1 EA | 9.5 | | Horizon | Indemnity | | 100 | | 2.89 | | | other | Drugs are paid at 100% of the AWP |
| ENTECAVIR 0.05MG/ML | 3161412 | NDC | | | | both | | 1 EA | 9.5 | | UHC | Medicaid | | 100 | | 1.63 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE HCL 5MG TAB | 31670564 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE HCL 5MG TAB | 31670564 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE HCL 5MG TAB | 31670564 | NDC | | | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE HCL 5MG TAB | 31670564 | NDC | | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE HCL 5MG TAB | 31670564 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE HCL 5MG TAB | 31670564 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE HCL 5MG TAB | 31670564 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.14 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE HCL 5MG TAB | 31670564 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE HCL 5MG TAB | 31670564 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE HCL 5MG TAB | 31670564 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE HCL 5MG TAB | 31670564 | NDC | | | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE HCL 5MG TAB | 31670564 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE HCL 5MG TAB | 31670564 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE HCL 5MG TAB | 31670564 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| TORSEMIDE 20 MG TAB | 31722053101 | NDC | | | | both | | 1 EA | 1 | | Aetna | Better Health | | 100 | | 0.1 | | | other | Drugs are paid at 100% of the AWP |
| TORSEMIDE 20 MG TAB | 31722053101 | NDC | | | | both | | 1 EA | 1 | | Aetna | Commercial | | 100 | | 0.1 | | | other | Drugs are paid at 100% of the AWP |
| TORSEMIDE 20 MG TAB | 31722053101 | NDC | | | | both | | 1 EA | 1 | | Aetna | Medicare | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| TORSEMIDE 20 MG TAB | 31722053101 | NDC | | | | both | | 1 EA | 1 | | Amerihealth | HMO/PPO | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| TORSEMIDE 20 MG TAB | 31722053101 | NDC | | | | both | | 1 EA | 1 | | Horizon | Indemnity | | 100 | | 0.07 | | | other | Drugs are paid at 100% of the AWP |
| TORSEMIDE 20 MG TAB | 31722053101 | NDC | | | | both | | 1 EA | 1 | | Horizon | Medicare Blue | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| TORSEMIDE 20 MG TAB | 31722053101 | NDC | | | | both | | 1 EA | 1 | | Horizon | MGD | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| TORSEMIDE 20 MG TAB | 31722053101 | NDC | | | | both | | 1 EA | 1 | | Horizon | NJ Health | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| TORSEMIDE 20 MG TAB | 31722053101 | NDC | | | | both | | 1 EA | 1 | | UHC | Medicaid | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| TORSEMIDE 20 MG TAB | 31722053101 | NDC | | | | both | | 1 EA | 1 | | UHC | Medicare | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| TORSEMIDE 20 MG TAB | 31722053101 | NDC | | | | both | | 1 EA | 1 | | Wellcare | Medicaid | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| TORSEMIDE 20 MG TAB | 31722053101 | NDC | | | | both | | 1 EA | 1 | | Wellcare | Medicare | | 100 | | 0.07 | | | other | Drugs are paid at 100% of the AWP |
| TORSEMIDE 20 MG TAB | 31722053101 | NDC | | | | both | | 1 EA | 1 | | WellPoint | WellPoint | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| METHOCARBAMOL 750MG TAB | 31744964 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Better Health | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| METHOCARBAMOL 750MG TAB | 31744964 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| METHOCARBAMOL 750MG TAB | 31744964 | NDC | | | | both | | 1 EA | 4.5 | | Amerihealth | HMO/PPO | | 100 | | 0.98 | | | other | Drugs are paid at 100% of the AWP |
| METHOCARBAMOL 750MG TAB | 31744964 | NDC | | | | both | | 1 EA | 4.5 | | Corrections | Corrections | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| METHOCARBAMOL 750MG TAB | 31744964 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Indemnity | | 100 | | 0.87 | | | other | Drugs are paid at 100% of the AWP |
| METHOCARBAMOL 750MG TAB | 31744964 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 0.99 | | | other | Drugs are paid at 100% of the AWP |
| METHOCARBAMOL 750MG TAB | 31744964 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 1.02 | | | other | Drugs are paid at 100% of the AWP |
| METHOCARBAMOL 750MG TAB | 31744964 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| METHOCARBAMOL 750MG TAB | 31744964 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | PPO | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| METHOCARBAMOL 750MG TAB | 31744964 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.89 | | | other | Drugs are paid at 100% of the AWP |
| METHOCARBAMOL 750MG TAB | 31744964 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| METHOCARBAMOL 750MG TAB | 31744964 | NDC | | | | both | | 1 EA | 4.5 | | United | CommercialPPO | | 100 | | 0.84 | | | other | Drugs are paid at 100% of the AWP |
| METHOCARBAMOL 750MG TAB | 31744964 | NDC | | | | both | | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| FLYCOPYRROLATE 1MG TB(NF) | 31782463 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| FLYCOPYRROLATE 1MG TB(NF) | 31782463 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Commercial | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| FLYCOPYRROLATE 1MG TB(NF) | 31782463 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | Indemnity | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| FLYCOPYRROLATE 1MG TB(NF) | 31782463 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| FLYCOPYRROLATE 1MG TB(NF) | 31782463 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| FLYCOPYRROLATE 1MG TB(NF) | 31782463 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.81 | | | other | Drugs are paid at 100% of the AWP |
| FLYCOPYRROLATE 1MG TB(NF) | 31782463 | NDC | | | | both | | 1 EA | 3.5 | | United | Oxford | | 100 | | 1.04 | | | other | Drugs are paid at 100% of the AWP |
| FLYCOPYRROLATE 1MG TB(NF) | 31782463 | NDC | | | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.78 | | | other | Drugs are paid at 100% of the AWP |
| MULTIVITAMIN CAP | 32120411 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| MULTIVITAMIN CAP | 32120411 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| MULTIVITAMIN CAP | 32120411 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| MULTIVITAMIN CAP | 32120411 | NDC | | | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| MULTIVITAMIN CAP | 32120411 | NDC | | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| MULTIVITAMIN CAP | 32120411 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| MULTIVITAMIN CAP | 32120411 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| MULTIVITAMIN CAP | 32120411 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| MULTIVITAMIN CAP | 32120411 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| MULTIVITAMIN CAP | 32120411 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| MULTIVITAMIN CAP | 32120411 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| MULTIVITAMIN CAP | 32120411 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| MULTIVITAMIN CAP | 32120411 | NDC | | | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| MULTIVITAMIN CAP | 32120411 | NDC | | | | both | | 1 EA | 2.5 | | United | Oxford | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| MULTIVITAMIN CAP | 32120411 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| MULTIVITAMIN CAP | 32120411 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| MULTIVITAMIN CAP | 32120411 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| AMYLASE/LIPASE/PROTEASE24000U CAP | 32122401 | NDC | | | | both | | 1 EA | 23.5 | | Aetna | Better Health | | 100 | | 5.11 | | | other | Drugs are paid at 100% of the AWP |
| AMYLASE/LIPASE/PROTEASE24000U CAP | 32122401 | NDC | | | | both | | 1 EA | 23.5 | | Aetna | Commercial | | 100 | | 3.2 | | | other | Drugs are paid at 100% of the AWP |
| AMYLASE/LIPASE/PROTEASE24000U CAP | 32122401 | NDC | | | | both | | 1 EA | 23.5 | | Aetna | Medicare | | 100 | | 5.87 | | | other | Drugs are paid at 100% of the AWP |
| AMYLASE/LIPASE/PROTEASE24000U CAP | 32122401 | NDC | | | | both | | 1 EA | 23.5 | | Horizon | Indemnity | | 100 | | 2.18 | | | other | Drugs are paid at 100% of the AWP |
| AMYLASE/LIPASE/PROTEASE24000U CAP | 32122401 | NDC | | | | both | | 1 EA | 23.5 | | Horizon | Medicare Blue | | 100 | | 7.14 | | | other | Drugs are paid at 100% of the AWP |
| AMYLASE/LIPASE/PROTEASE24000U CAP | 32122401 | NDC | | | | both | | 1 EA | 23.5 | | Horizon | NJ Health | | 100 | | 2.44 | | | other | Drugs are paid at 100% of the AWP |
| AMYLASE/LIPASE/PROTEASE24000U CAP | 32122401 | NDC | | | | both | | 1 EA | 23.5 | | UHC | Medicaid | | 100 | | 2.76 | | | other | Drugs are paid at 100% of the AWP |
| AMYLASE/LIPASE/PROTEASE24000U CAP | 32122401 | NDC | | | | both | | 1 EA | 23.5 | | UHC | Medicare | | 100 | | 2.9 | | | other | Drugs are paid at 100% of the AWP |
| AMYLASE/LIPASE/PROTEASE24000U CAP | 32122401 | NDC | | | | both | | 1 EA | 23.5 | | WellPoint | WellPoint | | 100 | | 2.58 | | | other | Drugs are paid at 100% of the AWP |
| LACTULOSE 10G/15M SYR (BULK) | 32160278 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| LACTULOSE 10G/15M SYR (BULK) | 32160278 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| LACTULOSE 10G/15M SYR (BULK) | 32160278 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| LACTULOSE 10G/15M SYR (BULK) | 32160278 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.1 | | | other | Drugs are paid at 100% of the AWP |
| LACTULOSE 10G/15M SYR (BULK) | 32160278 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| LACTULOSE 10G/15M SYR (BULK) | 32160278 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| LACTULOSE 10G/15M SYR (BULK) | 32160278 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| LACTULOSE 10G/15M SYR (BULK) | 32160278 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| LACTULOSE 10G/15M SYR (BULK) | 32160278 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| LACTULOSE 10G/15M SYR (BULK) | 32160278 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| LACTULOSE 10G/15M SYR (BULK) | 32160278 | NDC | | | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| LACTULOSE 10G/15M SYR (BULK) | 32160278 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| LACTULOSE 10G/15M SYR (BULK) | 32160278 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| LACTULOSE 20G/30ML SYR (UID) | 32160284 | NDC | | | | both | | 1 EA | 23.5 | | Aetna | Better Health | | 100 | | 3.87 | | | other | Drugs are paid at 100% of the AWP |
| LACTULOSE 20G/30ML SYR (UID) | 32160284 | NDC | | | | both | | 1 EA | 23.5 | | Aetna | Commercial | | 100 | | 4.01 | | | other | Drugs are paid at 100% of the AWP |
| LACTULOSE 20G/30ML SYR (UID) | 32160284 | NDC | | | | both | | 1 EA | 23.5 | | Aetna | Medicare | | 100 | | 3.03 | | | other | Drugs are paid at 100% of the AWP |
| LACTULOSE 20G/30ML SYR (UID) | 32160284 | NDC | | | | both | | 1 EA | 23.5 | | Amerihealth | HMO/PPO | | 100 | | 4.41 | | | other | Drugs are paid at 100% of the AWP |
| LACTULOSE 20G/30ML SYR (UID) | 32160284 | NDC | | | | both | | 1 EA | 23.5 | | Corrections | Corrections | | 100 | | 3.8 | | | other | Drugs are paid at 100% of the AWP |
| LACTULOSE 20G/30ML SYR (UID) | 32160284 | NDC | | | | both | | 1 EA | 23.5 | | Horizon | Indemnity | | 100 | | 2.62 | | | other | Drugs are paid at 100% of the AWP |
| LACTULOSE 20G/30ML SYR (UID) | 32160284 | NDC | | | | both | | 1 EA | 23.5 | | Horizon | Medicare Blue | | 100 | | 4.95 | | | other | Drugs are paid at 100% of the AWP |
| LACTULOSE 20G/30ML SYR (UID) | 32160284 | NDC | | | | both | | 1 EA | 23.5 | | Horizon | MGD | | 100 | | 3.82 | | | other | Drugs are paid at 100% of the AWP |
| LACTULOSE 20G/30ML SYR (UID) | 32160284 | NDC | | | | both | | 1 EA | 23.5 | | Horizon | NJ Health | | 100 | | 3.36 | | | other | Drugs are paid at 100% of the AWP |
| LACTULOSE 20G/30ML SYR (UID) | 32160284 | NDC | | | | both | | 1 EA | 23.5 | | Horizon | PPO | | 100 | | 4.37 | | | other | Drugs are paid at 100% of the AWP |
| LACTULOSE 20G/30ML SYR (UID) | 32160284 | NDC | | | | both | | 1 EA | 23.5 | | UHC | Medicaid | | 100 | | 3.32 | | | other | Drugs are paid at 100% of the AWP |
| LACTULOSE 20G/30ML SYR (UID) | 32160284 | NDC | | | | both | | 1 EA | 23.5 | | UHC | Medicare | | 100 | | 4.33 | | | other | Drugs are paid at 100% of the AWP |
| LACTULOSE 20G/30ML SYR (UID) | 32160284 | NDC | | | | both | | 1 EA | 23.5 | | United | CommercialPPO | | 100 | | 4.24 | | | other | Drugs are paid at 100% of the AWP |
| LACTULOSE 20G/30ML SYR (UID) | 32160284 | NDC | | | | both | | 1 EA | 23.5 | | Wellcare | Medicaid | | 100 | | 3.41 | | | other | Drugs are paid at 100% of the AWP |
| LACTULOSE 20G/30ML SYR (UID) | 32160284 | NDC | | | | both | | 1 EA | 23.5 | | Wellcare | Medicare | | 100 | | 5.54 | | | other | Drugs are paid at 100% of the AWP |
| LACTULOSE 20G/30ML SYR (UID) | 32160284 | NDC | | | | both | | 1 EA | 23.5 | | WellPoint | WellPoint | | 100 | | 3.59 | | | other | Drugs are paid at 100% of the AWP |
| PSYLLIUM(METAMUCIL,HYDROCIL) PACKET | 32180855 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| PSYLLIUM(METAMUCIL,HYDROCIL) PACKET | 32180855 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| PSYLLIUM(METAMUCIL,HYDROCIL) PACKET | 32180855 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| PSYLLIUM(METAMUCIL,HYDROCIL) PACKET | 32180855 | NDC | | | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| PSYLLIUM(METAMUCIL,HYDROCIL) PACKET | 32180855 | NDC | | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.71 | | | other | Drugs are paid at 100% of the AWP |
| PSYLLIUM(METAMUCIL,HYDROCIL) PACKET | 32180855 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| PSYLLIUM(METAMUCIL,HYDROCIL) PACKET | 32180855 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| PSYLLIUM(METAMUCIL,HYDROCIL) PACKET | 32180855 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| PSYLLIUM(METAMUCIL,HYDROCIL) PACKET | 32180855 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| PSYLLIUM(METAMUCIL,HYDROCIL) PACKET | 32180855 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| PSYLLIUM(METAMUCIL,HYDROCIL) PACKET | 32180855 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| PSYLLIUM(METAMUCIL,HYDROCIL) PACKET | 32180855 | NDC | | | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| PSYLLIUM(METAMUCIL,HYDROCIL) PACKET | 32180855 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| PSYLLIUM(METAMUCIL,HYDROCIL) PACKET | 32180855 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| MESALAMINE (ROWASA) RECTAL SUSP | 32192482 | NDC | | | | both | | 1 EA | 90.5 | | Horizon | NJ Health | | 100 | | 3.72 | | | other | Drugs are paid at 100% of the AWP |
| KETOROLAC 10MG TAB | 33243553 | NDC | | | | both | | 1 EA | 5.5 | | Aetna | Better Health | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| KETOROLAC 10MG TAB | 33243553 | NDC | | | | both | | 1 EA | 5.5 | | Aetna | Medicare | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| KETOROLAC 10MG TAB | 33243553 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | MGD | | 100 | | 2.22 | | | other | Drugs are paid at 100% of the AWP |
| KETOROLAC 10MG TAB | 33243553 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.78 | | | other | Drugs are paid at 100% of the AWP |
| KETOROLAC 10MG TAB | 33243553 | NDC | | | | both | | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 0.88 | | | other | Drugs are paid at 100% of the AWP |
| KETOROLAC 10MG TAB | 33243553 | NDC | | | | both | | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 2.11 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| KETOROLAC 10MG TAB | 33243553 | NDC | | | | both | 1 EA | 5.5 | | | Wellcare | Medicaid | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| ATAZANAVIR SULFATE 300MG CAP | 3362212 | NDC | | | | both | 1 EA | 175.5 | | | Aetna | Better Health | | 100 | | 29.95 | | | other | Drugs are paid at 100% of the AWP |
| ATAZANAVIR SULFATE 300MG CAP | 3362212 | NDC | | | | both | 1 EA | 175.5 | | | Horizon | Medicare Blue | | 100 | | 11.44 | | | other | Drugs are paid at 100% of the AWP |
| ATAZANAVIR SULFATE 300MG CAP | 3362212 | NDC | | | | both | 1 EA | 175.5 | | | UHC | Medicaid | | 100 | | 13.12 | | | other | Drugs are paid at 100% of the AWP |
| ATAZANAVIR SULFATE 300MG CAP | 3362212 | NDC | | | | both | 1 EA | 175.5 | | | Wellcare | Medicare | | 100 | | 49.64 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 3% 500ML | 338005403 | NDC | | | | both | 1 EA | 68 | | | Aetna | Better Health | | 100 | | 10.02 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 3% 500ML | 338005403 | NDC | | | | both | 1 EA | 68 | | | Aetna | Commercial | | 100 | | 16.01 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 3% 500ML | 338005403 | NDC | | | | both | 1 EA | 68 | | | Aetna | Medicare | | 100 | | 10.43 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 3% 500ML | 338005403 | NDC | | | | both | 1 EA | 68 | | | Amerihealth | HMO/PPO | | 100 | | 12.37 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 3% 500ML | 338005403 | NDC | | | | both | 1 EA | 68 | | | Horizon | Indemnity | | 100 | | 43.07 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 3% 500ML | 338005403 | NDC | | | | both | 1 EA | 68 | | | Horizon | Medicare Blue | | 100 | | 13.18 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 3% 500ML | 338005403 | NDC | | | | both | 1 EA | 68 | | | Horizon | MGD | | 100 | | 19.15 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 3% 500ML | 338005403 | NDC | | | | both | 1 EA | 68 | | | Horizon | NJ Health | | 100 | | 9.65 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 3% 500ML | 338005403 | NDC | | | | both | 1 EA | 68 | | | Horizon | PPO | | 100 | | 13.67 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 3% 500ML | 338005403 | NDC | | | | both | 1 EA | 68 | | | UHC | Medicaid | | 100 | | 8.84 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 3% 500ML | 338005403 | NDC | | | | both | 1 EA | 68 | | | UHC | Medicare | | 100 | | 17.39 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 3% 500ML | 338005403 | NDC | | | | both | 1 EA | 68 | | | United | CommercialPPO | | 100 | | 13.33 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 3% 500ML | 338005403 | NDC | | | | both | 1 EA | 68 | | | United | Oxford | | 100 | | 19.77 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 3% 500ML | 338005403 | NDC | | | | both | 1 EA | 68 | | | Wellcare | Medicaid | | 100 | | 3.3 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 3% 500ML | 338005403 | NDC | | | | both | 1 EA | 68 | | | WellPoint | WellPoint | | 100 | | 9.7 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN BAG(MYXREDLIN) 100 UNIT | 338012612 | NDC | | | | both | 1 EA | 146 | | | Aetna | Better Health | | 100 | | 19.66 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN BAG(MYXREDLIN) 100 UNIT | 338012612 | NDC | | | | both | 1 EA | 146 | | | Amerihealth | HMO/PPO | | 100 | | 35.37 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN BAG(MYXREDLIN) 100 UNIT | 338012612 | NDC | | | | both | 1 EA | 146 | | | Horizon | Indemnity | | 100 | | 52.32 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN BAG(MYXREDLIN) 100 UNIT | 338012612 | NDC | | | | both | 1 EA | 146 | | | Horizon | Medicare Blue | | 100 | | 21.52 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN BAG(MYXREDLIN) 100 UNIT | 338012612 | NDC | | | | both | 1 EA | 146 | | | Horizon | MGD | | 100 | | 54.43 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN BAG(MYXREDLIN) 100 UNIT | 338012612 | NDC | | | | both | 1 EA | 146 | | | Horizon | NJ Health | | 100 | | 24.34 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN BAG(MYXREDLIN) 100 UNIT | 338012612 | NDC | | | | both | 1 EA | 146 | | | UHC | Medicaid | | 100 | | 24.1 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN BAG(MYXREDLIN) 100 UNIT | 338012612 | NDC | | | | both | 1 EA | 146 | | | UHC | Medicare | | 100 | | 30.36 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN BAG(MYXREDLIN) 100 UNIT | 338012612 | NDC | | | | both | 1 EA | 146 | | | Wellcare | Medicaid | | 100 | | 5.07 | | | other | Drugs are paid at 100% of the AWP |
| INSULIN BAG(MYXREDLIN) 100 UNIT | 338012612 | NDC | | | | both | 1 EA | 146 | | | WellPoint | WellPoint | | 100 | | 42.88 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2GM-D5W 500ML PREMIX | 338045903 | NDC | | | | both | 1 EA | 162 | | | United | CommercialPPO | | 100 | | 11.98 | | | other | Drugs are paid at 100% of the AWP |
| FAT EMULSION 20% (500ML) | 338049103 | NDC | | | | both | 1 EA | 568.5 | | | Horizon | NJ Health | | 100 | | 21.41 | | | other | Drugs are paid at 100% of the AWP |
| FAT EMULSION 20% (500ML) | 338049103 | NDC | | | | both | 1 EA | 568.5 | | | Wellcare | Medicaid | | 100 | | 46.29 | | | other | Drugs are paid at 100% of the AWP |
| FAT EMULSION 20% (500ML) | 338049103 | NDC | | | | both | 1 EA | 568.5 | | | WellPoint | WellPoint | | 100 | | 37.43 | | | other | Drugs are paid at 100% of the AWP |
| FAT EMULSION 20% (100ML) | 338049148 | NDC | | | | both | 1 EA | 235 | | | Aetna | Better Health | | 100 | | 33.36 | | | other | Drugs are paid at 100% of the AWP |
| FAT EMULSION 20% (100ML) | 338049148 | NDC | | | | both | 1 EA | 235 | | | Aetna | Commercial | | 100 | | 56.46 | | | other | Drugs are paid at 100% of the AWP |
| FAT EMULSION 20% (100ML) | 338049148 | NDC | | | | both | 1 EA | 235 | | | Horizon | MGD | | 100 | | 31.14 | | | other | Drugs are paid at 100% of the AWP |
| FAT EMULSION 20% (100ML) | 338049148 | NDC | | | | both | 1 EA | 235 | | | Horizon | NJ Health | | 100 | | 15.26 | | | other | Drugs are paid at 100% of the AWP |
| FAT EMULSION 20% (100ML) | 338049148 | NDC | | | | both | 1 EA | 235 | | | Horizon | PPO | | 100 | | 15.8 | | | other | Drugs are paid at 100% of the AWP |
| FAT EMULSION 20% (100ML) | 338049148 | NDC | | | | both | 1 EA | 235 | | | UHC | Medicaid | | 100 | | 44.03 | | | other | Drugs are paid at 100% of the AWP |
| FAT EMULSION 20% (100ML) | 338049148 | NDC | | | | both | 1 EA | 235 | | | Wellcare | Medicaid | | 100 | | 20.33 | | | other | Drugs are paid at 100% of the AWP |
| FAT EMULSION 20% (100ML) | 338049148 | NDC | | | | both | 1 EA | 235 | | | Wellcare | Medicare | | 100 | | 30.18 | | | other | Drugs are paid at 100% of the AWP |
| D5 1/4NS KCL 20MEQ 1000ML (PM) | 338066304 | NDC | | | | both | 1 EA | 129.5 | | | Horizon | NJ Health | | 100 | | 27.29 | | | other | Drugs are paid at 100% of the AWP |
| D5 1/2NS KCL 10MEQ 1000ML (PM) | 338066904 | NDC | | | | both | 1 EA | 129.5 | | | Horizon | Indemnity | | 100 | | 4.2 | | | other | Drugs are paid at 100% of the AWP |
| D5 1/2NS KCL 20MEQ 1000ML (PM) | 338067104 | NDC | | | | both | 1 EA | 129.5 | | | Aetna | Better Health | | 100 | | 31.51 | | | other | Drugs are paid at 100% of the AWP |
| D5 1/2NS KCL 20MEQ 1000ML (PM) | 338067104 | NDC | | | | both | 1 EA | 129.5 | | | Aetna | Commercial | | 100 | | 30.31 | | | other | Drugs are paid at 100% of the AWP |
| D5 1/2NS KCL 20MEQ 1000ML (PM) | 338067104 | NDC | | | | both | 1 EA | 129.5 | | | Aetna | Medicare | | 100 | | 32.02 | | | other | Drugs are paid at 100% of the AWP |
| D5 1/2NS KCL 20MEQ 1000ML (PM) | 338067104 | NDC | | | | both | 1 EA | 129.5 | | | Amerihealth | HMO/PPO | | 100 | | 21.74 | | | other | Drugs are paid at 100% of the AWP |
| D5 1/2NS KCL 20MEQ 1000ML (PM) | 338067104 | NDC | | | | both | 1 EA | 129.5 | | | Corrections | Corrections | | 100 | | 30.03 | | | other | Drugs are paid at 100% of the AWP |
| D5 1/2NS KCL 20MEQ 1000ML (PM) | 338067104 | NDC | | | | both | 1 EA | 129.5 | | | Horizon | Indemnity | | 100 | | 19.45 | | | other | Drugs are paid at 100% of the AWP |
| D5 1/2NS KCL 20MEQ 1000ML (PM) | 338067104 | NDC | | | | both | 1 EA | 129.5 | | | Horizon | Medicare Blue | | 100 | | 19.98 | | | other | Drugs are paid at 100% of the AWP |
| D5 1/2NS KCL 20MEQ 1000ML (PM) | 338067104 | NDC | | | | both | 1 EA | 129.5 | | | Horizon | MGD | | 100 | | 25.18 | | | other | Drugs are paid at 100% of the AWP |
| D5 1/2NS KCL 20MEQ 1000ML (PM) | 338067104 | NDC | | | | both | 1 EA | 129.5 | | | Horizon | NJ Health | | 100 | | 18.2 | | | other | Drugs are paid at 100% of the AWP |
| D5 1/2NS KCL 20MEQ 1000ML (PM) | 338067104 | NDC | | | | both | 1 EA | 129.5 | | | Horizon | PPO | | 100 | | 29.15 | | | other | Drugs are paid at 100% of the AWP |
| D5 1/2NS KCL 20MEQ 1000ML (PM) | 338067104 | NDC | | | | both | 1 EA | 129.5 | | | UHC | Medicaid | | 100 | | 19.51 | | | other | Drugs are paid at 100% of the AWP |
| D5 1/2NS KCL 20MEQ 1000ML (PM) | 338067104 | NDC | | | | both | 1 EA | 129.5 | | | UHC | Medicare | | 100 | | 24.83 | | | other | Drugs are paid at 100% of the AWP |
| D5 1/2NS KCL 20MEQ 1000ML (PM) | 338067104 | NDC | | | | both | 1 EA | 129.5 | | | United | CommercialPPO | | 100 | | 13.18 | | | other | Drugs are paid at 100% of the AWP |
| D5 1/2NS KCL 20MEQ 1000ML (PM) | 338067104 | NDC | | | | both | 1 EA | 129.5 | | | Wellcare | Medicaid | | 100 | | 14.33 | | | other | Drugs are paid at 100% of the AWP |
| D5 1/2NS KCL 20MEQ 1000ML (PM) | 338067104 | NDC | | | | both | 1 EA | 129.5 | | | Wellcare | Medicare | | 100 | | 7.25 | | | other | Drugs are paid at 100% of the AWP |
| D5 1/2NS KCL 20MEQ 1000ML (PM) | 338067104 | NDC | | | | both | 1 EA | 129.5 | | | WellPoint | WellPoint | | 100 | | 17.85 | | | other | Drugs are paid at 100% of the AWP |
| D5 1/2NS KCL 40MEQ 1000ML (PM) | 338067504 | NDC | | | | both | 1 EA | 129.5 | | | Aetna | Better Health | | 100 | | 16.82 | | | other | Drugs are paid at 100% of the AWP |
| D5 1/2NS KCL 40MEQ 1000ML (PM) | 338067504 | NDC | | | | both | 1 EA | 129.5 | | | Amerihealth | HMO/PPO | | 100 | | 31.36 | | | other | Drugs are paid at 100% of the AWP |
| D5 1/2NS KCL 40MEQ 1000ML (PM) | 338067504 | NDC | | | | both | 1 EA | 129.5 | | | Horizon | MGD | | 100 | | 70.68 | | | other | Drugs are paid at 100% of the AWP |
| D5 1/2NS KCL 40MEQ 1000ML (PM) | 338067504 | NDC | | | | both | 1 EA | 129.5 | | | Horizon | NJ Health | | 100 | | 26.43 | | | other | Drugs are paid at 100% of the AWP |
| D5 1/2NS KCL 40MEQ 1000ML (PM) | 338067504 | NDC | | | | both | 1 EA | 129.5 | | | UHC | Medicaid | | 100 | | 14.12 | | | other | Drugs are paid at 100% of the AWP |
| D5 1/2NS KCL 40MEQ 1000ML (PM) | 338067504 | NDC | | | | both | 1 EA | 129.5 | | | UHC | Medicare | | 100 | | 16.62 | | | other | Drugs are paid at 100% of the AWP |
| D5 1/2NS KCL 40MEQ 1000ML (PM) | 338067504 | NDC | | | | both | 1 EA | 129.5 | | | WellPoint | WellPoint | | 100 | | 15.49 | | | other | Drugs are paid at 100% of the AWP |
| D5 LR KCL 20MEQ 1000ML (PM) | 338081104 | NDC | | | | both | 1 EA | 94 | | | Horizon | Medicare Blue | | 100 | | 11.58 | | | other | Drugs are paid at 100% of the AWP |
| D5 LR KCL 20MEQ 1000ML (PM) | 338081104 | NDC | | | | both | 1 EA | 94 | | | Horizon | NJ Health | | 100 | | 14.42 | | | other | Drugs are paid at 100% of the AWP |
| D5 LR KCL 20MEQ 1000ML (PM) | 338081104 | NDC | | | | both | 1 EA | 94 | | | UHC | Medicaid | | 100 | | 22.6 | | | other | Drugs are paid at 100% of the AWP |
| D5 LR KCL 20MEQ 1000ML (PM) | 338081104 | NDC | | | | both | 1 EA | 94 | | | UHC | Medicare | | 100 | | 10.35 | | | other | Drugs are paid at 100% of the AWP |
| D5 LR KCL 20MEQ 1000ML (PM) | 338081104 | NDC | | | | both | 1 EA | 94 | | | WellPoint | WellPoint | | 100 | | 25.07 | | | other | Drugs are paid at 100% of the AWP |
| PENICILLIN 3,000,000UNIT/D5W 50ML | 338102541 | NDC | | | | both | 1 EA | 93 | | | Aetna | Better Health | | 100 | | 11.83 | | | other | Drugs are paid at 100% of the AWP |
| PENICILLIN 3,000,000UNIT/D5W 50ML | 338102541 | NDC | | | | both | 1 EA | 93 | | | Aetna | Commercial | | 100 | | 17.43 | | | other | Drugs are paid at 100% of the AWP |
| PENICILLIN 3,000,000UNIT/D5W 50ML | 338102541 | NDC | | | | both | 1 EA | 93 | | | Corrections | Corrections | | 100 | | 18 | | | other | Drugs are paid at 100% of the AWP |
| PENICILLIN 3,000,000UNIT/D5W 50ML | 338102541 | NDC | | | | both | 1 EA | 93 | | | Horizon | MGD | | 100 | | 18.97 | | | other | Drugs are paid at 100% of the AWP |
| PENICILLIN 3,000,000UNIT/D5W 50ML | 338102541 | NDC | | | | both | 1 EA | 93 | | | Horizon | NJ Health | | 100 | | 10.68 | | | other | Drugs are paid at 100% of the AWP |
| PENICILLIN 3,000,000UNIT/D5W 50ML | 338102541 | NDC | | | | both | 1 EA | 93 | | | Horizon | PPO | | 100 | | 28.68 | | | other | Drugs are paid at 100% of the AWP |
| PENICILLIN 3,000,000UNIT/D5W 50ML | 338102541 | NDC | | | | both | 1 EA | 93 | | | UHC | Medicaid | | 100 | | 9.3 | | | other | Drugs are paid at 100% of the AWP |
| PENICILLIN 3,000,000UNIT/D5W 50ML | 338102541 | NDC | | | | both | 1 EA | 93 | | | UHC | Medicare | | 100 | | 18.97 | | | other | Drugs are paid at 100% of the AWP |
| PENICILLIN 3,000,000UNIT/D5W 50ML | 338102541 | NDC | | | | both | 1 EA | 93 | | | United | CommercialPPO | | 100 | | 24.13 | | | other | Drugs are paid at 100% of the AWP |
| PENICILLIN 3,000,000UNIT/D5W 50ML | 338102541 | NDC | | | | both | 1 EA | 93 | | | United | Oxford | | 100 | | 32.43 | | | other | Drugs are paid at 100% of the AWP |
| PENICILLIN 3,000,000UNIT/D5W 50ML | 338102541 | NDC | | | | both | 1 EA | 93 | | | Wellcare | Medicaid | | 100 | | 12.71 | | | other | Drugs are paid at 100% of the AWP |
| PENICILLIN 3,000,000UNIT/D5W 50ML | 338102541 | NDC | | | | both | 1 EA | 93 | | | WellPoint | WellPoint | | 100 | | 11.8 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 500MG IV | 338105548 | NDC | | | | both | 1 EA | 97.5 | | | Aetna | Better Health | | 100 | | 13.96 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 500MG IV | 338105548 | NDC | | | | both | 1 EA | 97.5 | | | Aetna | Commercial | | 100 | | 19.93 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 500MG IV | 338105548 | NDC | | | | both | 1 EA | 97.5 | | | Aetna | Medicare | | 100 | | 10.64 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 500MG IV | 338105548 | NDC | | | | both | 1 EA | 97.5 | | | Amerihealth | HMO/PPO | | 100 | | 15.22 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 500MG IV | 338105548 | NDC | | | | both | 1 EA | 97.5 | | | Corrections | Corrections | | 100 | | 17.96 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 500MG IV | 338105548 | NDC | | | | both | 1 EA | 97.5 | | | Horizon | Indemnity | | 100 | | 13.53 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 500MG IV | 338105548 | NDC | | | | both | 1 EA | 97.5 | | | Horizon | Medicare Blue | | 100 | | 16.76 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 500MG IV | 338105548 | NDC | | | | both | 1 EA | 97.5 | | | Horizon | MGD | | 100 | | 14.87 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 500MG IV | 338105548 | NDC | | | | both | 1 EA | 97.5 | | | Horizon | NJ Health | | 100 | | 11.91 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 500MG IV | 338105548 | NDC | | | | both | 1 EA | 97.5 | | | Horizon | PPO | | 100 | | 15.39 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 500MG IV | 338105548 | NDC | | | | both | 1 EA | 97.5 | | | UHC | Medicaid | | 100 | | 15.09 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 500MG IV | 338105548 | NDC | | | | both | 1 EA | 97.5 | | | UHC | Medicare | | 100 | | 17.26 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 500MG IV | 338105548 | NDC | | | | both | 1 EA | 97.5 | | | United | CommercialPPO | | 100 | | 14.32 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 500MG IV | 338105548 | NDC | | | | both | 1 EA | 97.5 | | | United | Oxford | | 100 | | 30.05 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 500MG IV | 338105548 | NDC | | | | both | 1 EA | 97.5 | | | Wellcare | Medicaid | | 100 | | 11.37 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 500MG IV | 338105548 | NDC | | | | both | 1 EA | 97.5 | | | Wellcare | Medicare | | 100 | | 9.76 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 500MG IV | 338105548 | NDC | | | | both | 1 EA | 97.5 | | | WellPoint | WellPoint | | 100 | | 17.6 | | | other | Drugs are paid at 100% of the AWP |
| CLINIMIX | 338109104 | NDC | | | | both | 1 EA | 135.5 | | | Aetna | Commercial | | 100 | | 31.41 | | | other | Drugs are paid at 100% of the AWP |
| CLINIMIX | 338109104 | NDC | | | | both | 1 EA | 135.5 | | | Aetna | Medicare | | 100 | | 9.14 | | | other | Drugs are paid at 100% of the AWP |
| CLINIMIX | 338109104 | NDC | | | | both | 1 EA | 135.5 | | | Horizon | Indemnity | | 100 | | 24.39 | | | other | Drugs are paid at 100% of the AWP |
| CLINIMIX | 338109104 | NDC | | | | both | 1 EA | 135.5 | | | Horizon | MGD | | 100 | | 14.16 | | | other | Drugs are paid at 100% of the AWP |
| CLINIMIX | 338109104 | NDC | | | | both | 1 EA | 135.5 | | | Horizon | NJ Health | | 100 | | 8.89 | | | other | Drugs are paid at 100% of the AWP |
| CLINIMIX | 338109104 | NDC | | | | both | 1 EA | 135.5 | | | Horizon | PPO | | 100 | | 9.68 | | | other | Drugs are paid at 100% of the AWP |
| CLINIMIX | 338109104 | NDC | | | | both | 1 EA | 135.5 | | | UHC | Medicaid | | 100 | | 19.28 | | | other | Drugs are paid at 100% of the AWP |
| CLINIMIX | 338109104 | NDC | | | | both | 1 EA | 135.5 | | | UHC | Medicare | | 100 | | 17.82 | | | other | Drugs are paid at 100% of the AWP |
| CLINIMIX | 338109104 | NDC | | | | both | 1 EA | 135.5 | | | Wellcare | Medicaid | | 100 | | 11.04 | | | other | Drugs are paid at 100% of the AWP |
| CLINIMIX | 338109104 | NDC | | | | both | 1 EA | 135.5 | | | Wellcare | Medicare | | 100 | | 19.02 | | | other | Drugs are paid at 100% of the AWP |
| CLINIMIX | 338109104 | NDC | | | | both | 1 EA | 135.5 | | | WellPoint | WellPoint | | 100 | | 19.79 | | | other | Drugs are paid at 100% of the AWP |
| AMINI ACIDS 10%1000ML|SOLUTION | 338113004 | NDC | | | | both | 1 EA | 379 | | | Aetna | Better Health | | 100 | | 56.95 | | | other | Drugs are paid at 100% of the AWP |
| AMINI ACIDS 10%1000ML|SOLUTION | 338113004 | NDC | | | | both | 1 EA | 379 | | | Horizon | MGD | | 100 | | 237.18 | | | other | Drugs are paid at 100% of the AWP |
| AMINI ACIDS 10%1000ML|SOLUTION | 338113004 | NDC | | | | both | 1 EA | 379 | | | Horizon | NJ Health | | 100 | | 31.89 | | | other | Drugs are paid at 100% of the AWP |
| AMINI ACIDS 10%1000ML|SOLUTION | 338113004 | NDC | | | | both | 1 EA | 379 | | | UHC | Medicaid | | 100 | | 61.62 | | | other | Drugs are paid at 100% of the AWP |
| AMINI ACIDS 10%1000ML|SOLUTION | 338113004 | NDC | | | | both | 1 EA | 379 | | | Wellcare | Medicaid | | 100 | | 47.78 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 187MG TAB | 34120081 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 187MG TAB | 34120081 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Commercial | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 187MG TAB | 34120081 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Medicare | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 187MG TAB | 34120081 | NDC | | | | both | 1 EA | 2.5 | | | Amerihealth | HMO/PPO | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 187MG TAB | 34120081 | NDC | | | | both | 1 EA | 2.5 | | | Corrections | Corrections | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 187MG TAB | 34120081 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Indemnity | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 187MG TAB | 34120081 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Medicare Blue | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 187MG TAB | 34120081 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 187MG TAB | 34120081 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 187MG TAB | 34120081 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | PPO | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 187MG TAB | 34120081 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 187MG TAB | 34120081 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 187MG TAB | 34120081 | NDC | | | | both | 1 EA | 2.5 | | | United | CommercialPPO | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 187MG TAB | 34120081 | NDC | | | | both | 1 EA | 2.5 | | | United | Oxford | | 100 | | 0.74 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 187MG TAB | 34120081 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 187MG TAB | 34120081 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicare | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 187MG TAB | 34120081 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 218MG/5ML SYRUP | 34180080 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 218MG/5ML SYRUP | 34180080 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Indemnity | | 100 | | 0.04 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 218MG/5ML SYRUP | 34180080 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Medicare Blue | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 218MG/5ML SYRUP | 34180080 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 218MG/5ML SYRUP | 34180080 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 218MG/5ML SYRUP | 34180080 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | PPO | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 218MG/5ML SYRUP | 34180080 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 218MG/5ML SYRUP | 34180080 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 218MG/5ML SYRUP | 34180080 | NDC | | | | both | 1 EA | 2.5 | | | United | CommercialPPO | | 100 | | 0.95 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 218MG/5ML SYRUP | 34180080 | NDC | | | | both | 1 EA | 2.5 | | | United | Oxford | | 100 | | 0.74 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 218MG/5ML SYRUP | 34180080 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| POVIDONE 10% OINTMENT 30GM | 34234019 | NDC | | | | both | 1 EA | 8.5 | | | Horizon | NJ Health | | 100 | | 1.81 | | | other | Drugs are paid at 100% of the AWP |
| THEOPHYLLINE CR 400MG TAB | 34700480 | NDC | | | | both | 1 EA | 5.5 | | | Aetna | Medicare | | 100 | | 3.07 | | | other | Drugs are paid at 100% of the AWP |
| THEOPHYLLINE CR 400MG TAB | 34700480 | NDC | | | | both | 1 EA | 5.5 | | | Horizon | NJ Health | | 100 | | 0.1 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| THEOPHYLLINE CR 400MG TAB | 34709480 | NDC | | | | both | 1 EA | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 2.85 | | | other | Drugs are paid at 100% of the AWP |
| RIBOFLAVIN 50MG TAB | 35046000120 | NDC | | | | both | 1 EA | | 1 | | Horizon | MGD | | 100 | | 0.1 | | | other | Drugs are paid at 100% of the AWP |
| NOREPINEPHRINE 4MG INJ | 36000016210 | NDC | | | | both | 1 EA | | 77 | | Aetna | Better Health | | 100 | | 10.91 | | | other | Drugs are paid at 100% of the AWP |
| NOREPINEPHRINE 4MG INJ | 36000016210 | NDC | | | | both | 1 EA | | 77 | | Aetna | Commercial | | 100 | | 23.82 | | | other | Drugs are paid at 100% of the AWP |
| NOREPINEPHRINE 4MG INJ | 36000016210 | NDC | | | | both | 1 EA | | 77 | | Aetna | Medicare | | 100 | | 35.8 | | | other | Drugs are paid at 100% of the AWP |
| NOREPINEPHRINE 4MG INJ | 36000016210 | NDC | | | | both | 1 EA | | 77 | | Corrections | Corrections | | 100 | | 10.04 | | | other | Drugs are paid at 100% of the AWP |
| NOREPINEPHRINE 4MG INJ | 36000016210 | NDC | | | | both | 1 EA | | 77 | | Horizon | Indemnity | | 100 | | 6.52 | | | other | Drugs are paid at 100% of the AWP |
| NOREPINEPHRINE 4MG INJ | 36000016210 | NDC | | | | both | 1 EA | | 77 | | Horizon | Medicare Blue | | 100 | | 41.01 | | | other | Drugs are paid at 100% of the AWP |
| NOREPINEPHRINE 4MG INJ | 36000016210 | NDC | | | | both | 1 EA | | 77 | | Horizon | MGD | | 100 | | 19.42 | | | other | Drugs are paid at 100% of the AWP |
| NOREPINEPHRINE 4MG INJ | 36000016210 | NDC | | | | both | 1 EA | | 77 | | Horizon | NJ Health | | 100 | | 8.05 | | | other | Drugs are paid at 100% of the AWP |
| NOREPINEPHRINE 4MG INJ | 36000016210 | NDC | | | | both | 1 EA | | 77 | | Horizon | PPO | | 100 | | 23.95 | | | other | Drugs are paid at 100% of the AWP |
| NOREPINEPHRINE 4MG INJ | 36000016210 | NDC | | | | both | 1 EA | | 77 | | UHC | Medicaid | | 100 | | 11.86 | | | other | Drugs are paid at 100% of the AWP |
| NOREPINEPHRINE 4MG INJ | 36000016210 | NDC | | | | both | 1 EA | | 77 | | UHC | Medicare | | 100 | | 11.89 | | | other | Drugs are paid at 100% of the AWP |
| NOREPINEPHRINE 4MG INJ | 36000016210 | NDC | | | | both | 1 EA | | 77 | | United | CommercialPPO | | 100 | | 29.09 | | | other | Drugs are paid at 100% of the AWP |
| NOREPINEPHRINE 4MG INJ | 36000016210 | NDC | | | | both | 1 EA | | 77 | | Wellcare | Medicaid | | 100 | | 15.87 | | | other | Drugs are paid at 100% of the AWP |
| NOREPINEPHRINE 4MG INJ | 36000016210 | NDC | | | | both | 1 EA | | 77 | | WellPoint | WellPoint | | 100 | | 10.21 | | | other | Drugs are paid at 100% of the AWP |
| FOLIC ACID 1MG TAB | 36401379 | NDC | | | | both | 1 EA | | 2.5 | | Aetna | Better Health | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| FOLIC ACID 1MG TAB | 36401379 | NDC | | | | both | 1 EA | | 2.5 | | Aetna | Commercial | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| FOLIC ACID 1MG TAB | 36401379 | NDC | | | | both | 1 EA | | 2.5 | | Aetna | Medicare | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| FOLIC ACID 1MG TAB | 36401379 | NDC | | | | both | 1 EA | | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| FOLIC ACID 1MG TAB | 36401379 | NDC | | | | both | 1 EA | | 2.5 | | Corrections | Corrections | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| FOLIC ACID 1MG TAB | 36401379 | NDC | | | | both | 1 EA | | 2.5 | | Horizon | Indemnity | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| FOLIC ACID 1MG TAB | 36401379 | NDC | | | | both | 1 EA | | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| FOLIC ACID 1MG TAB | 36401379 | NDC | | | | both | 1 EA | | 2.5 | | Horizon | MGD | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| FOLIC ACID 1MG TAB | 36401379 | NDC | | | | both | 1 EA | | 2.5 | | Horizon | NJ Health | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| FOLIC ACID 1MG TAB | 36401379 | NDC | | | | both | 1 EA | | 2.5 | | Horizon | PPO | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| FOLIC ACID 1MG TAB | 36401379 | NDC | | | | both | 1 EA | | 2.5 | | UHC | Medicaid | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| FOLIC ACID 1MG TAB | 36401379 | NDC | | | | both | 1 EA | | 2.5 | | UHC | Medicare | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| FOLIC ACID 1MG TAB | 36401379 | NDC | | | | both | 1 EA | | 2.5 | | United | CommercialPPO | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| FOLIC ACID 1MG TAB | 36401379 | NDC | | | | both | 1 EA | | 2.5 | | Wellcare | Medicaid | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| FOLIC ACID 1MG TAB | 36401379 | NDC | | | | both | 1 EA | | 2.5 | | Wellcare | Medicare | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| FOLIC ACID 1MG TAB | 36401379 | NDC | | | | both | 1 EA | | 2.5 | | WellPoint | WellPoint | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| PHENAZOPYRIDINE 100MG TAB | 36402860 | NDC | | | | both | 1 EA | | 2.5 | | Aetna | Better Health | | 100 | | 0.74 | | | other | Drugs are paid at 100% of the AWP |
| PHENAZOPYRIDINE 100MG TAB | 36402860 | NDC | | | | both | 1 EA | | 2.5 | | Aetna | Medicare | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| PHENAZOPYRIDINE 100MG TAB | 36402860 | NDC | | | | both | 1 EA | | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| PHENAZOPYRIDINE 100MG TAB | 36402860 | NDC | | | | both | 1 EA | | 2.5 | | Horizon | NJ Health | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| PHENAZOPYRIDINE 100MG TAB | 36402860 | NDC | | | | both | 1 EA | | 2.5 | | Horizon | PPO | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| PHENAZOPYRIDINE 100MG TAB | 36402860 | NDC | | | | both | 1 EA | | 2.5 | | UHC | Medicaid | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| PHENAZOPYRIDINE 100MG TAB | 36402860 | NDC | | | | both | 1 EA | | 2.5 | | UHC | Medicare | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| PHENAZOPYRIDINE 100MG TAB | 36402860 | NDC | | | | both | 1 EA | | 2.5 | | United | CommercialPPO | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| PHENAZOPYRIDINE 100MG TAB | 36402860 | NDC | | | | both | 1 EA | | 2.5 | | Wellcare | Medicaid | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| PHENAZOPYRIDINE 100MG TAB | 36402860 | NDC | | | | both | 1 EA | | 2.5 | | WellPoint | WellPoint | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| PROBENECID 500MG TAB | 36403140 | NDC | | | | both | 1 EA | | 4.5 | | UHC | Medicaid | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 25MG TAB | 36404959 | NDC | | | | both | 1 EA | | 2.5 | | Aetna | Better Health | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 25MG TAB | 36404959 | NDC | | | | both | 1 EA | | 2.5 | | Aetna | Commercial | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 25MG TAB | 36404959 | NDC | | | | both | 1 EA | | 2.5 | | Aetna | Medicare | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 25MG TAB | 36404959 | NDC | | | | both | 1 EA | | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 25MG TAB | 36404959 | NDC | | | | both | 1 EA | | 2.5 | | Horizon | Indemnity | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 25MG TAB | 36404959 | NDC | | | | both | 1 EA | | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 25MG TAB | 36404959 | NDC | | | | both | 1 EA | | 2.5 | | Horizon | MGD | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 25MG TAB | 36404959 | NDC | | | | both | 1 EA | | 2.5 | | Horizon | NJ Health | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 25MG TAB | 36404959 | NDC | | | | both | 1 EA | | 2.5 | | Horizon | PPO | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 25MG TAB | 36404959 | NDC | | | | both | 1 EA | | 2.5 | | UHC | Medicaid | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 25MG TAB | 36404959 | NDC | | | | both | 1 EA | | 2.5 | | UHC | Medicare | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 25MG TAB | 36404959 | NDC | | | | both | 1 EA | | 2.5 | | United | CommercialPPO | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 25MG TAB | 36404959 | NDC | | | | both | 1 EA | | 2.5 | | Wellcare | Medicaid | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 25MG TAB | 36404959 | NDC | | | | both | 1 EA | | 2.5 | | WellPoint | WellPoint | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| ALLOPURINOL 100MG TAB | 36406329 | NDC | | | | both | 1 EA | | 2.5 | | Aetna | Commercial | | 100 | | 2.32 | | | other | Drugs are paid at 100% of the AWP |
| ALLOPURINOL 100MG TAB | 36406329 | NDC | | | | both | 1 EA | | 2.5 | | Aetna | Medicare | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| ALLOPURINOL 100MG TAB | 36406329 | NDC | | | | both | 1 EA | | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| ALLOPURINOL 100MG TAB | 36406329 | NDC | | | | both | 1 EA | | 2.5 | | Horizon | MGD | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| ALLOPURINOL 100MG TAB | 36406329 | NDC | | | | both | 1 EA | | 2.5 | | Horizon | NJ Health | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| ALLOPURINOL 100MG TAB | 36406329 | NDC | | | | both | 1 EA | | 2.5 | | Horizon | PPO | | 100 | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| ALLOPURINOL 100MG TAB | 36406329 | NDC | | | | both | 1 EA | | 2.5 | | UHC | Medicaid | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| ALLOPURINOL 100MG TAB | 36406329 | NDC | | | | both | 1 EA | | 2.5 | | UHC | Medicare | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| ALLOPURINOL 100MG TAB | 36406329 | NDC | | | | both | 1 EA | | 2.5 | | United | CommercialPPO | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| ALLOPURINOL 100MG TAB | 36406329 | NDC | | | | both | 1 EA | | 2.5 | | Wellcare | Medicare | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| ALLOPURINOL 100MG TAB | 36406329 | NDC | | | | both | 1 EA | | 2.5 | | WellPoint | WellPoint | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| ALLOPURINOL 300MG TAB | 36406339 | NDC | | | | both | 1 EA | | 2.5 | | Aetna | Commercial | | 100 | | 1.3 | | | other | Drugs are paid at 100% of the AWP |
| ALLOPURINOL 300MG TAB | 36406339 | NDC | | | | both | 1 EA | | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 2.5 | | | other | Drugs are paid at 100% of the AWP |
| ALLOPURINOL 300MG TAB | 36406339 | NDC | | | | both | 1 EA | | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| ALLOPURINOL 300MG TAB | 36406339 | NDC | | | | both | 1 EA | | 2.5 | | Horizon | MGD | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| ALLOPURINOL 300MG TAB | 36406339 | NDC | | | | both | 1 EA | | 2.5 | | Horizon | NJ Health | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| ALLOPURINOL 300MG TAB | 36406339 | NDC | | | | both | 1 EA | | 2.5 | | UHC | Medicaid | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| ALLOPURINOL 300MG TAB | 36406339 | NDC | | | | both | 1 EA | | 2.5 | | UHC | Medicare | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| ALLOPURINOL 300MG TAB | 36406339 | NDC | | | | both | 1 EA | | 2.5 | | Wellcare | Medicare | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| ALLOPURINOL 300MG TAB | 36406339 | NDC | | | | both | 1 EA | | 2.5 | | WellPoint | WellPoint | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM BICARBONATE 25MEQ EFF TAB | 36406350 | NDC | | | | both | 1 EA | | 2.5 | | Aetna | Medicare | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 500MG TAB | 36406879 | NDC | | | | both | 1 EA | | 5.5 | | Aetna | Better Health | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 500MG TAB | 36406879 | NDC | | | | both | 1 EA | | 5.5 | | Aetna | Commercial | | 100 | | 1.11 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 500MG TAB | 36406879 | NDC | | | | both | 1 EA | | 5.5 | | Aetna | Medicare | | 100 | | 0.74 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 500MG TAB | 36406879 | NDC | | | | both | 1 EA | | 5.5 | | Corrections | Corrections | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 500MG TAB | 36406879 | NDC | | | | both | 1 EA | | 5.5 | | Horizon | Indemnity | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 500MG TAB | 36406879 | NDC | | | | both | 1 EA | | 5.5 | | Horizon | Medicare Blue | | 100 | | 0.83 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 500MG TAB | 36406879 | NDC | | | | both | 1 EA | | 5.5 | | Horizon | MGD | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 500MG TAB | 36406879 | NDC | | | | both | 1 EA | | 5.5 | | Horizon | NJ Health | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 500MG TAB | 36406879 | NDC | | | | both | 1 EA | | 5.5 | | Horizon | PPO | | 100 | | 1.17 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 500MG TAB | 36406879 | NDC | | | | both | 1 EA | | 5.5 | | UHC | Medicaid | | 100 | | 0.84 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 500MG TAB | 36406879 | NDC | | | | both | 1 EA | | 5.5 | | UHC | Medicare | | 100 | | 1.05 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 500MG TAB | 36406879 | NDC | | | | both | 1 EA | | 5.5 | | United | CommercialPPO | | 100 | | 1.32 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 500MG TAB | 36406879 | NDC | | | | both | 1 EA | | 5.5 | | Wellcare | Medicaid | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 500MG TAB | 36406879 | NDC | | | | both | 1 EA | | 5.5 | | Wellcare | Medicare | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE 500MG TAB | 36406879 | NDC | | | | both | 1 EA | | 5.5 | | WellPoint | WellPoint | | 100 | | 1.13 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 12.5MG/5ML (BULK) | 36408087 | NDC | | | | both | 1 EA | | 2.5 | | Aetna | Better Health | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 12.5MG/5ML (BULK) | 36408087 | NDC | | | | both | 1 EA | | 2.5 | | Aetna | Commercial | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 12.5MG/5ML (BULK) | 36408087 | NDC | | | | both | 1 EA | | 2.5 | | Aetna | Medicare | | 100 | | 1.28 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 12.5MG/5ML (BULK) | 36408087 | NDC | | | | both | 1 EA | | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 12.5MG/5ML (BULK) | 36408087 | NDC | | | | both | 1 EA | | 2.5 | | Horizon | Indemnity | | 100 | | 0.95 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 12.5MG/5ML (BULK) | 36408087 | NDC | | | | both | 1 EA | | 2.5 | | Horizon | MGD | | 100 | | 0.8 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 12.5MG/5ML (BULK) | 36408087 | NDC | | | | both | 1 EA | | 2.5 | | Horizon | NJ Health | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 12.5MG/5ML (BULK) | 36408087 | NDC | | | | both | 1 EA | | 2.5 | | Horizon | PPO | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 12.5MG/5ML (BULK) | 36408087 | NDC | | | | both | 1 EA | | 2.5 | | UHC | Medicaid | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 12.5MG/5ML (BULK) | 36408087 | NDC | | | | both | 1 EA | | 2.5 | | UHC | Medicare | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 12.5MG/5ML (BULK) | 36408087 | NDC | | | | both | 1 EA | | 2.5 | | United | CommercialPPO | | 100 | | 0.02 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 12.5MG/5ML (BULK) | 36408087 | NDC | | | | both | 1 EA | | 2.5 | | Wellcare | Medicaid | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 12.5MG/5ML (BULK) | 36408087 | NDC | | | | both | 1 EA | | 2.5 | | WellPoint | WellPoint | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.1MG TAB | 36408209 | NDC | | | | both | 1 EA | | 2.5 | | Aetna | Better Health | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.1MG TAB | 36408209 | NDC | | | | both | 1 EA | | 2.5 | | Aetna | Commercial | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.1MG TAB | 36408209 | NDC | | | | both | 1 EA | | 2.5 | | Aetna | Medicare | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.1MG TAB | 36408209 | NDC | | | | both | 1 EA | | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.86 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.1MG TAB | 36408209 | NDC | | | | both | 1 EA | | 2.5 | | Corrections | Corrections | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.1MG TAB | 36408209 | NDC | | | | both | 1 EA | | 2.5 | | Horizon | Indemnity | | 100 | | 0.95 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.1MG TAB | 36408209 | NDC | | | | both | 1 EA | | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.1MG TAB | 36408209 | NDC | | | | both | 1 EA | | 2.5 | | Horizon | MGD | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.1MG TAB | 36408209 | NDC | | | | both | 1 EA | | 2.5 | | Horizon | NJ Health | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.1MG TAB | 36408209 | NDC | | | | both | 1 EA | | 2.5 | | Horizon | PPO | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.1MG TAB | 36408209 | NDC | | | | both | 1 EA | | 2.5 | | UHC | Medicaid | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.1MG TAB | 36408209 | NDC | | | | both | 1 EA | | 2.5 | | UHC | Medicare | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.1MG TAB | 36408209 | NDC | | | | both | 1 EA | | 2.5 | | United | CommercialPPO | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.1MG TAB | 36408209 | NDC | | | | both | 1 EA | | 2.5 | | United | Oxford | | 100 | | 0.74 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.1MG TAB | 36408209 | NDC | | | | both | 1 EA | | 2.5 | | Wellcare | Medicaid | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.1MG TAB | 36408209 | NDC | | | | both | 1 EA | | 2.5 | | Wellcare | Medicare | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.1MG TAB | 36408209 | NDC | | | | both | 1 EA | | 2.5 | | WellPoint | WellPoint | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| DOXYCYCLINE 100MG CAP | 36420339 | NDC | | | | both | 1 EA | | 4.5 | | Aetna | Better Health | | 100 | | 1.2 | | | other | Drugs are paid at 100% of the AWP |
| DOXYCYCLINE 100MG CAP | 36420339 | NDC | | | | both | 1 EA | | 4.5 | | Aetna | Commercial | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| DOXYCYCLINE 100MG CAP | 36420339 | NDC | | | | both | 1 EA | | 4.5 | | Aetna | Medicare | | 100 | | 1.12 | | | other | Drugs are paid at 100% of the AWP |
| DOXYCYCLINE 100MG CAP | 36420339 | NDC | | | | both | 1 EA | | 4.5 | | Corrections | Corrections | | 100 | | 1.3 | | | other | Drugs are paid at 100% of the AWP |
| DOXYCYCLINE 100MG CAP | 36420339 | NDC | | | | both | 1 EA | | 4.5 | | Horizon | Indemnity | | 100 | | 0.98 | | | other | Drugs are paid at 100% of the AWP |
| DOXYCYCLINE 100MG CAP | 36420339 | NDC | | | | both | 1 EA | | 4.5 | | Horizon | Medicare Blue | | 100 | | 0.92 | | | other | Drugs are paid at 100% of the AWP |
| DOXYCYCLINE 100MG CAP | 36420339 | NDC | | | | both | 1 EA | | 4.5 | | Horizon | MGD | | 100 | | 1.01 | | | other | Drugs are paid at 100% of the AWP |
| DOXYCYCLINE 100MG CAP | 36420339 | NDC | | | | both | 1 EA | | 4.5 | | Horizon | NJ Health | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| DOXYCYCLINE 100MG CAP | 36420339 | NDC | | | | both | 1 EA | | 4.5 | | Horizon | PPO | | 100 | | 0.98 | | | other | Drugs are paid at 100% of the AWP |
| DOXYCYCLINE 100MG CAP | 36420339 | NDC | | | | both | 1 EA | | 4.5 | | UHC | Medicaid | | 100 | | 0.86 | | | other | Drugs are paid at 100% of the AWP |
| DOXYCYCLINE 100MG CAP | 36420339 | NDC | | | | both | 1 EA | | 4.5 | | UHC | Medicare | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| DOXYCYCLINE 100MG CAP | 36420339 | NDC | | | | both | 1 EA | | 4.5 | | United | CommercialPPO | | 100 | | 1.38 | | | other | Drugs are paid at 100% of the AWP |
| DOXYCYCLINE 100MG CAP | 36420339 | NDC | | | | both | 1 EA | | 4.5 | | Wellcare | Medicaid | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| DOXYCYCLINE 100MG CAP | 36420339 | NDC | | | | both | 1 EA | | 4.5 | | Wellcare | Medicare | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| DOXYCYCLINE 100MG CAP | 36420339 | NDC | | | | both | 1 EA | | 4.5 | | WellPoint | WellPoint | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| SULFAMETHOXAZOLE-TRIMETHOPRIM SS | 36420689 | NDC | | | | both | 1 EA | | 4.5 | | Aetna | Better Health | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| SULFAMETHOXAZOLE-TRIMETHOPRIM SS | 36420689 | NDC | | | | both | 1 EA | | 4.5 | | Aetna | Commercial | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| SULFAMETHOXAZOLE-TRIMETHOPRIM SS | 36420689 | NDC | | | | both | 1 EA | | 4.5 | | Amerihealth | HMO/PPO | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| SULFAMETHOXAZOLE-TRIMETHOPRIM SS | 36420689 | NDC | | | | both | 1 EA | | 4.5 | | Corrections | Corrections | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| SULFAMETHOXAZOLE-TRIMETHOPRIM SS | 36420689 | NDC | | | | both | 1 EA | | 4.5 | | Horizon | Medicare Blue | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| SULFAMETHOXAZOLE-TRIMETHOPRIM SS | 36420689 | NDC | | | | both | 1 EA | | 4.5 | | Horizon | MGD | | 100 | | 2.27 | | | other | Drugs are paid at 100% of the AWP |
| SULFAMETHOXAZOLE-TRIMETHOPRIM SS | 36420689 | NDC | | | | both | 1 EA | | 4.5 | | Horizon | NJ Health | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| SULFAMETHOXAZOLE-TRIMETHOPRIM SS | 36420689 | NDC | | | | both | 1 EA | | 4.5 | | Horizon | PPO | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| SULFAMETHOXAZOLE-TRIMETHOPRIM SS | 36420689 | NDC | | | | both | 1 EA | | 4.5 | | UHC | Medicaid | | 100 | | 0.81 | | | other | Drugs are paid at 100% of the AWP |
| SULFAMETHOXAZOLE-TRIMETHOPRIM SS | 36420689 | NDC | | | | both | 1 EA | | 4.5 | | UHC | Medicare | | 100 | | 1.02 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SULFAMETHOXAZOLE-TRIMETHOPRIM SS | 364206890 | NDC | | | | both | | 1 EA | 4.5 | | United | CommercialPPO | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| SULFAMETHOXAZOLE-TRIMETHOPRIM SS | 364206890 | NDC | | | | both | | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 1.06 | | | other | Drugs are paid at 100% of the AWP |
| SULFAMETHOXAZOLE-TRIMETHOPRIM DS | 364206990 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Better Health | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| SULFAMETHOXAZOLE-TRIMETHOPRIM DS | 364206990 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Commercial | | 100 | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| SULFAMETHOXAZOLE-TRIMETHOPRIM DS | 364206990 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| SULFAMETHOXAZOLE-TRIMETHOPRIM DS | 364206990 | NDC | | | | both | | 1 EA | 4.5 | | Amerihealth | HMO/PPO | | 100 | | 0.86 | | | other | Drugs are paid at 100% of the AWP |
| SULFAMETHOXAZOLE-TRIMETHOPRIM DS | 364206990 | NDC | | | | both | | 1 EA | 4.5 | | Corrections | Corrections | | 100 | | 1.01 | | | other | Drugs are paid at 100% of the AWP |
| SULFAMETHOXAZOLE-TRIMETHOPRIM DS | 364206990 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Indemnity | | 100 | | 0.98 | | | other | Drugs are paid at 100% of the AWP |
| SULFAMETHOXAZOLE-TRIMETHOPRIM DS | 364206990 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| SULFAMETHOXAZOLE-TRIMETHOPRIM DS | 364206990 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 1.54 | | | other | Drugs are paid at 100% of the AWP |
| SULFAMETHOXAZOLE-TRIMETHOPRIM DS | 364206990 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.81 | | | other | Drugs are paid at 100% of the AWP |
| SULFAMETHOXAZOLE-TRIMETHOPRIM DS | 364206990 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | PPO | | 100 | | 1.24 | | | other | Drugs are paid at 100% of the AWP |
| SULFAMETHOXAZOLE-TRIMETHOPRIM DS | 364206990 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| SULFAMETHOXAZOLE-TRIMETHOPRIM DS | 364206990 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 0.81 | | | other | Drugs are paid at 100% of the AWP |
| SULFAMETHOXAZOLE-TRIMETHOPRIM DS | 364206990 | NDC | | | | both | | 1 EA | 4.5 | | United | CommercialPPO | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| SULFAMETHOXAZOLE-TRIMETHOPRIM DS | 364206990 | NDC | | | | both | | 1 EA | 4.5 | | Wellcare | Medicaid | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| SULFAMETHOXAZOLE-TRIMETHOPRIM DS | 364206990 | NDC | | | | both | | 1 EA | 4.5 | | Wellcare | Medicare | | 100 | | 1.55 | | | other | Drugs are paid at 100% of the AWP |
| SULFAMETHOXAZOLE-TRIMETHOPRIM DS | 364206990 | NDC | | | | both | | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.81 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN 100MU/1ML SUSP (BULK) | 364207516 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN 100MU/1ML SUSP (BULK) | 364207516 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 1.27 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN 100MU/1ML SUSP (BULK) | 364207516 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN 100MU/1ML SUSP (BULK) | 364207516 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| TRAZODONE 100MG TAB | 364211001 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| TRAZODONE 100MG TAB | 364211001 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Medicare | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| TRAZODONE 100MG TAB | 364211001 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | Indemnity | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| TRAZODONE 100MG TAB | 364211001 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | Medicare Blue | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| TRAZODONE 100MG TAB | 364211001 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 1.06 | | | other | Drugs are paid at 100% of the AWP |
| TRAZODONE 100MG TAB | 364211001 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| TRAZODONE 100MG TAB | 364211001 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| TRAZODONE 100MG TAB | 364211001 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| TRAZODONE 100MG TAB | 364211001 | NDC | | | | both | | 1 EA | 3.5 | | Wellcare | Medicaid | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| TRAZODONE 100MG TAB | 364211001 | NDC | | | | both | | 1 EA | 3.5 | | Wellcare | Medicare | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| TRAZODONE 100MG TAB | 364211001 | NDC | | | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| DOXEPIN 10MG CAP | 364211390 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| DOXEPIN 10MG CAP | 364211390 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| DOXEPIN 25MG CAP | 364211490 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| DOXEPIN 50MG CAP | 364211590 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| DOXEPIN 50MG CAP | 364211590 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.01 | | | other | Drugs are paid at 100% of the AWP |
| PRAZOSIN 5MG CAP | 364239190 | NDC | | | | both | | 1 EA | 6.5 | | Horizon | NJ Health | | 100 | | 1.15 | | | other | Drugs are paid at 100% of the AWP |
| SULINDAC 150MG TAB | 364244190 | NDC | | | | both | | 1 EA | 7.5 | | UHC | Medicare | | 100 | | 2.11 | | | other | Drugs are paid at 100% of the AWP |
| NORTRIPTYLINE 75MG CAP | 364251190 | NDC | | | | both | | 1 EA | 19 | | Horizon | NJ Health | | 100 | | 3.11 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20MEQ/15ML BULK | 364704716 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20MEQ/15ML BULK | 364704716 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20MEQ/15ML BULK | 364704716 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20MEQ/15ML BULK | 364704716 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20MEQ/15ML BULK | 364704716 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| SELENIUM 2.5% SHAMPOO | 364716977 | NDC | | | | both | | 1 EA | 27.5 | | Horizon | NJ Health | | 100 | | 22.3 | | | other | Drugs are paid at 100% of the AWP |
| SELENIUM 2.5% SHAMPOO | 364716977 | NDC | | | | both | | 1 EA | 27.5 | | WellPoint | WellPoint | | 100 | | 8.5 | | | other | Drugs are paid at 100% of the AWP |
| MULTI VITS W/FLOR(POLY-VI-FLOR)0.5 | 364717057 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| MULTI VITS W/FLOR(POLY-VI-FLOR)0.5 | 364717057 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| MULTI VITS W/FLOR(POLY-VI-FLOR)0.5 | 364717057 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| MULTI VITS W/FLOR(POLY-VI-FLOR)0.5 | 364717057 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 0.5MG/5ML ELIXIR | 364718261 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.02 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 0.5MG/5ML ELIXIR | 364718261 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 0.5MG/5ML ELIXIR | 364718261 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 0.1% OPTH SOL | 364723753 | NDC | | | | both | | 1 EA | 35.5 | | Horizon | Indemnity | | 100 | | 13.19 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 0.1% OPTH SOL | 364723753 | NDC | | | | both | | 1 EA | 35.5 | | Horizon | NJ Health | | 100 | | 12.64 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 0.1% OPTH SOL | 364723753 | NDC | | | | both | | 1 EA | 35.5 | | Horizon | PPO | | 100 | | 15.96 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 0.1% OPTH SOL | 364723753 | NDC | | | | both | | 1 EA | 35.5 | | UHC | Medicare | | 100 | | 6.33 | | | other | Drugs are paid at 100% of the AWP |
| AZELASTINE 0.05% OPTH DROPS | 37702560 | NDC | | | | both | | 1 EA | 426 | | UHC | Medicare | | 100 | | 185.01 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE 10MG TAB | 378190301 | NDC | | | | both | | 1 EA | 35.5 | | Aetna | Better Health | | 100 | | 5.9 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE 10MG TAB | 378190301 | NDC | | | | both | | 1 EA | 35.5 | | Aetna | Commercial | | 100 | | 7.52 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE 10MG TAB | 378190301 | NDC | | | | both | | 1 EA | 35.5 | | Aetna | Medicare | | 100 | | 8.05 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE 10MG TAB | 378190301 | NDC | | | | both | | 1 EA | 35.5 | | Amerihealth | HMO/PPO | | 100 | | 6.92 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE 10MG TAB | 378190301 | NDC | | | | both | | 1 EA | 35.5 | | Horizon | Indemnity | | 100 | | 3.52 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE 10MG TAB | 378190301 | NDC | | | | both | | 1 EA | 35.5 | | Horizon | Medicare Blue | | 100 | | 4.46 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE 10MG TAB | 378190301 | NDC | | | | both | | 1 EA | 35.5 | | Horizon | MGD | | 100 | | 5.1 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE 10MG TAB | 378190301 | NDC | | | | both | | 1 EA | 35.5 | | Horizon | NJ Health | | 100 | | 5.4 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE 10MG TAB | 378190301 | NDC | | | | both | | 1 EA | 35.5 | | Horizon | PPO | | 100 | | 7.9 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE 10MG TAB | 378190301 | NDC | | | | both | | 1 EA | 35.5 | | UHC | Medicaid | | 100 | | 5.69 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE 10MG TAB | 378190301 | NDC | | | | both | | 1 EA | 35.5 | | UHC | Medicare | | 100 | | 7.87 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE 10MG TAB | 378190301 | NDC | | | | both | | 1 EA | 35.5 | | United | CommercialPPO | | 100 | | 5.04 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE 10MG TAB | 378190301 | NDC | | | | both | | 1 EA | 35.5 | | Wellcare | Medicaid | | 100 | | 2.9 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE 10MG TAB | 378190301 | NDC | | | | both | | 1 EA | 35.5 | | Wellcare | Medicare | | 100 | | 28.22 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE 10MG TAB | 378190301 | NDC | | | | both | | 1 EA | 35.5 | | WellPoint | WellPoint | | 100 | | 5.27 | | | other | Drugs are paid at 100% of the AWP |
| CHLORHEXIDINE 4% TOPICAL CLEANSER | 38057532 | NDC | | | | both | | 1 EA | 64 | | Aetna | Better Health | | 100 | | 13.26 | | | other | Drugs are paid at 100% of the AWP |
| CHLORHEXIDINE 4% TOPICAL CLEANSER | 38057532 | NDC | | | | both | | 1 EA | 64 | | Aetna | Commercial | | 100 | | 21.14 | | | other | Drugs are paid at 100% of the AWP |
| CHLORHEXIDINE 4% TOPICAL CLEANSER | 38057532 | NDC | | | | both | | 1 EA | 64 | | Aetna | Medicare | | 100 | | 10.86 | | | other | Drugs are paid at 100% of the AWP |
| CHLORHEXIDINE 4% TOPICAL CLEANSER | 38057532 | NDC | | | | both | | 1 EA | 64 | | Amerihealth | HMO/PPO | | 100 | | 10.15 | | | other | Drugs are paid at 100% of the AWP |
| CHLORHEXIDINE 4% TOPICAL CLEANSER | 38057532 | NDC | | | | both | | 1 EA | 64 | | Corrections | Corrections | | 100 | | 13.57 | | | other | Drugs are paid at 100% of the AWP |
| CHLORHEXIDINE 4% TOPICAL CLEANSER | 38057532 | NDC | | | | both | | 1 EA | 64 | | Horizon | Indemnity | | 100 | | 16.68 | | | other | Drugs are paid at 100% of the AWP |
| CHLORHEXIDINE 4% TOPICAL CLEANSER | 38057532 | NDC | | | | both | | 1 EA | 64 | | Horizon | Medicare Blue | | 100 | | 2.81 | | | other | Drugs are paid at 100% of the AWP |
| CHLORHEXIDINE 4% TOPICAL CLEANSER | 38057532 | NDC | | | | both | | 1 EA | 64 | | Horizon | MGD | | 100 | | 13.75 | | | other | Drugs are paid at 100% of the AWP |
| CHLORHEXIDINE 4% TOPICAL CLEANSER | 38057532 | NDC | | | | both | | 1 EA | 64 | | Horizon | NJ Health | | 100 | | 11.82 | | | other | Drugs are paid at 100% of the AWP |
| CHLORHEXIDINE 4% TOPICAL CLEANSER | 38057532 | NDC | | | | both | | 1 EA | 64 | | Horizon | PPO | | 100 | | 23.31 | | | other | Drugs are paid at 100% of the AWP |
| CHLORHEXIDINE 4% TOPICAL CLEANSER | 38057532 | NDC | | | | both | | 1 EA | 64 | | UHC | Medicaid | | 100 | | 12.69 | | | other | Drugs are paid at 100% of the AWP |
| CHLORHEXIDINE 4% TOPICAL CLEANSER | 38057532 | NDC | | | | both | | 1 EA | 64 | | UHC | Medicare | | 100 | | 10.42 | | | other | Drugs are paid at 100% of the AWP |
| CHLORHEXIDINE 4% TOPICAL CLEANSER | 38057532 | NDC | | | | both | | 1 EA | 64 | | United | CommercialPPO | | 100 | | 1.84 | | | other | Drugs are paid at 100% of the AWP |
| CHLORHEXIDINE 4% TOPICAL CLEANSER | 38057532 | NDC | | | | both | | 1 EA | 64 | | Wellcare | Medicaid | | 100 | | 10.42 | | | other | Drugs are paid at 100% of the AWP |
| CHLORHEXIDINE 4% TOPICAL CLEANSER | 38057532 | NDC | | | | both | | 1 EA | 64 | | Wellcare | Medicare | | 100 | | 17.25 | | | other | Drugs are paid at 100% of the AWP |
| CHLORHEXIDINE 4% TOPICAL CLEANSER | 38057532 | NDC | | | | both | | 1 EA | 64 | | WellPoint | WellPoint | | 100 | | 10.29 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 2MG/1ML LIQ | 38245060414 | NDC | | | | both | | 1 EA | 19 | | Aetna | Better Health | | 100 | | 2.04 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 2MG/1ML LIQ | 38245060414 | NDC | | | | both | | 1 EA | 19 | | Horizon | NJ Health | | 100 | | 1.5 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 2MG/1ML LIQ | 38245060414 | NDC | | | | both | | 1 EA | 19 | | UHC | Medicaid | | 100 | | 2.62 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 2MG/1ML LIQ | 38245060414 | NDC | | | | both | | 1 EA | 19 | | Wellcare | Medicaid | | 100 | | 2.83 | | | other | Drugs are paid at 100% of the AWP |
| ETHYL CHLORIDE 100% (105ML)EER | 386000106 | NDC | | | | both | | 1 EA | 91 | | Horizon | NJ Health | | 100 | | 14.96 | | | other | Drugs are paid at 100% of the AWP |
| ETHYL CHLORIDE 100% (105ML)EER | 386000106 | NDC | | | | both | | 1 EA | 91 | | UHC | Medicare | | 100 | | 12.23 | | | other | Drugs are paid at 100% of the AWP |
| LUGOL'S SOLUTION 30ML | 38779005988 | NDC | | | | both | | 1 EA | 8.5 | | Horizon | Indemnity | | 100 | | 3.47 | | | other | Drugs are paid at 100% of the AWP |
| LUGOL'S SOLUTION 30ML | 38779005988 | NDC | | | | both | | 1 EA | 8.5 | | UHC | Medicaid | | 100 | | 2.44 | | | other | Drugs are paid at 100% of the AWP |
| GLYBURIDE 5MG TAB | 39005211 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 10MG/1ML ELIX (BULK) | 39006340 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 10MG/1ML ELIX (BULK) | 39006340 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.13 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 10MG/1ML ELIX (BULK) | 39006340 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 10MG/1ML ELIX (BULK) | 39006340 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| PENTOXIFYLLINE 400MG TAB | 39007811 | NDC | | | | both | | 1 EA | 9.5 | | Horizon | PPO | | 100 | | 3.24 | | | other | Drugs are paid at 100% of the AWP |
| PENTOXIFYLLINE 400MG TAB | 39007811 | NDC | | | | both | | 1 EA | 9.5 | | UHC | Medicaid | | 100 | | 1.46 | | | other | Drugs are paid at 100% of the AWP |
| PENTOXIFYLLINE 400MG TAB | 39007811 | NDC | | | | both | | 1 EA | 9.5 | | UHC | Medicare | | 100 | | 1.26 | | | other | Drugs are paid at 100% of the AWP |
| GLIMEPIRIDE 2MG TAB | 39022211 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Commercial | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| GLIMEPIRIDE 2MG TAB | 39022211 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | Medicare Blue | | 100 | | 0.8 | | | other | Drugs are paid at 100% of the AWP |
| GLIMEPIRIDE 2MG TAB | 39022211 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.09 | | | other | Drugs are paid at 100% of the AWP |
| GLIMEPIRIDE 2MG TAB | 39022211 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.08 | | | other | Drugs are paid at 100% of the AWP |
| GLIMEPIRIDE 2MG TAB | 39022211 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| BIOTIN 5MG CAP | 394013012 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| BIOTIN 5MG CAP | 394013012 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.12 | | | other | Drugs are paid at 100% of the AWP |
| BIOTIN 5MG CAP | 394013012 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 1.06 | | | other | Drugs are paid at 100% of the AWP |
| MAGNESIUM SULATE (EPSOM SALT) 120GM | 3950080794 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 4.03 | | | other | Drugs are paid at 100% of the AWP |
| METHYLENE 1% (10ML) INJ | 39769028610 | NDC | | | | both | | 1 EA | 87.5 | | Aetna | Medicare | | 100 | | 9.01 | | | other | Drugs are paid at 100% of the AWP |
| METHYLENE 1% (10ML) INJ | 39769028610 | NDC | | | | both | | 1 EA | 87.5 | | Amerihealth | HMO/PPO | | 100 | | 15.69 | | | other | Drugs are paid at 100% of the AWP |
| METHYLENE 1% (10ML) INJ | 39769028610 | NDC | | | | both | | 1 EA | 87.5 | | Horizon | MGD | | 100 | | 10.33 | | | other | Drugs are paid at 100% of the AWP |
| METHYLENE 1% (10ML) INJ | 39769028610 | NDC | | | | both | | 1 EA | 87.5 | | Horizon | NJ Health | | 100 | | 9.07 | | | other | Drugs are paid at 100% of the AWP |
| METHYLENE 1% (10ML) INJ | 39769028610 | NDC | | | | both | | 1 EA | 87.5 | | UHC | Medicaid | | 100 | | 19.81 | | | other | Drugs are paid at 100% of the AWP |
| METHYLENE 1% (10ML) INJ | 39769028610 | NDC | | | | both | | 1 EA | 87.5 | | UHC | Medicare | | 100 | | 32.39 | | | other | Drugs are paid at 100% of the AWP |
| METHYLENE 1% (10ML) INJ | 39769028610 | NDC | | | | both | | 1 EA | 87.5 | | United | Oxford | | 100 | | 5.82 | | | other | Drugs are paid at 100% of the AWP |
| METHYLENE 1% (10ML) INJ | 39769028610 | NDC | | | | both | | 1 EA | 87.5 | | Wellcare | Medicaid | | 100 | | 24.3 | | | other | Drugs are paid at 100% of the AWP |
| METHYLENE 1% (10ML) INJ | 39769028610 | NDC | | | | both | | 1 EA | 87.5 | | WellPoint | WellPoint | | 100 | | 24.3 | | | other | Drugs are paid at 100% of the AWP |
| VALGANCICLOVIR 450MG TAB | 40038822 | NDC | | | | both | | 1 EA | 216.5 | | Aetna | Better Health | | 100 | | 36.81 | | | other | Drugs are paid at 100% of the AWP |
| VALGANCICLOVIR 450MG TAB | 40038822 | NDC | | | | both | | 1 EA | 216.5 | | Aetna | Commercial | | 100 | | 26.75 | | | other | Drugs are paid at 100% of the AWP |
| VALGANCICLOVIR 450MG TAB | 40038822 | NDC | | | | both | | 1 EA | 216.5 | | Amerihealth | HMO/PPO | | 100 | | 39.53 | | | other | Drugs are paid at 100% of the AWP |
| VALGANCICLOVIR 450MG TAB | 40038822 | NDC | | | | both | | 1 EA | 216.5 | | Horizon | Indemnity | | 100 | | 53.56 | | | other | Drugs are paid at 100% of the AWP |
| VALGANCICLOVIR 450MG TAB | 40038822 | NDC | | | | both | | 1 EA | 216.5 | | Horizon | Medicare Blue | | 100 | | 32.67 | | | other | Drugs are paid at 100% of the AWP |
| VALGANCICLOVIR 450MG TAB | 40038822 | NDC | | | | both | | 1 EA | 216.5 | | Horizon | MGD | | 100 | | 62.15 | | | other | Drugs are paid at 100% of the AWP |
| VALGANCICLOVIR 450MG TAB | 40038822 | NDC | | | | both | | 1 EA | 216.5 | | Horizon | NJ Health | | 100 | | 49.38 | | | other | Drugs are paid at 100% of the AWP |
| VALGANCICLOVIR 450MG TAB | 40038822 | NDC | | | | both | | 1 EA | 216.5 | | Horizon | PPO | | 100 | | 70.93 | | | other | Drugs are paid at 100% of the AWP |
| VALGANCICLOVIR 450MG TAB | 40038822 | NDC | | | | both | | 1 EA | 216.5 | | UHC | Medicaid | | 100 | | 35.98 | | | other | Drugs are paid at 100% of the AWP |
| VALGANCICLOVIR 450MG TAB | 40038822 | NDC | | | | both | | 1 EA | 216.5 | | UHC | Medicare | | 100 | | 36.88 | | | other | Drugs are paid at 100% of the AWP |
| VALGANCICLOVIR 450MG TAB | 40038822 | NDC | | | | both | | 1 EA | 216.5 | | WellPoint | WellPoint | | 100 | | 38.67 | | | other | Drugs are paid at 100% of the AWP |
| VALGANCICLOVIR 50MG/ML ORAL LIQ. | 40039909 | NDC | | | | both | | 1 EA | 45.5 | | Aetna | Better Health | | 100 | | 6.47 | | | other | Drugs are paid at 100% of the AWP |
| VALGANCICLOVIR 50MG/ML ORAL LIQ. | 40039909 | NDC | | | | both | | 1 EA | 45.5 | | Aetna | Commercial | | 100 | | 5.63 | | | other | Drugs are paid at 100% of the AWP |
| VALGANCICLOVIR 50MG/ML ORAL LIQ. | 40039909 | NDC | | | | both | | 1 EA | 45.5 | | Amerihealth | HMO/PPO | | 100 | | 6.61 | | | other | Drugs are paid at 100% of the AWP |
| VALGANCICLOVIR 50MG/ML ORAL LIQ. | 40039909 | NDC | | | | both | | 1 EA | 45.5 | | Horizon | MGD | | 100 | | 11.94 | | | other | Drugs are paid at 100% of the AWP |
| VALGANCICLOVIR 50MG/ML ORAL LIQ. | 40039909 | NDC | | | | both | | 1 EA | 45.5 | | Horizon | NJ Health | | 100 | | 6.27 | | | other | Drugs are paid at 100% of the AWP |
| VALGANCICLOVIR 50MG/ML ORAL LIQ. | 40039909 | NDC | | | | both | | 1 EA | 45.5 | | UHC | Medicaid | | 100 | | 7.52 | | | other | Drugs are paid at 100% of the AWP |
| VALGANCICLOVIR 50MG/ML ORAL LIQ. | 40039909 | NDC | | | | both | | 1 EA | 45.5 | | UHC | Medicare | | 100 | | 7.88 | | | other | Drugs are paid at 100% of the AWP |
| CLONAZEPAM 0.1MG/ML SUSP | 40058850 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| CLONAZEPAM 0.1MG/ML SUSP | 40058850 | NDC | | | | both | | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| CLONAZEPAM 2MG TAB | 40098850 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| CLONAZEPAM 2MG TAB | 40098850 | NDC | | | | both | | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 1.96 | | | other | Drugs are paid at 100% of the AWP |
| CLONAZEPAM 2MG TAB | 40098850 | NDC | | | | both | | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 2.15 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BUMETANIDE 1MG TAB | 40121491 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Medicare | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| BUMETANIDE 1MG TAB | 40121491 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Indemnity | | 100 | | 0.92 | | | other | Drugs are paid at 100% of the AWP |
| BUMETANIDE 1MG TAB | 40121491 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| BUMETANIDE 1MG TAB | 40121491 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| BUMETANIDE 0.5MG TAB | 40125491 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| CALCITRIOL 0.5MCG CAP | 40144401 | NDC | | | | both | 1 EA | 9.5 | | | Corrections | Corrections | | 100 | | 2.41 | | | other | Drugs are paid at 100% of the AWP |
| CALCITRIOL 0.5MCG CAP | 40144401 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | Medicare Blue | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| CALCITRIOL 0.5MCG CAP | 40144401 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | MGD | | 100 | | 1.01 | | | other | Drugs are paid at 100% of the AWP |
| CALCITRIOL 0.5MCG CAP | 40144401 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | NJ Health | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| CALCITRIOL 0.5MCG CAP | 40144401 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | PPO | | 100 | | 2.53 | | | other | Drugs are paid at 100% of the AWP |
| CALCITRIOL 0.5MCG CAP | 40144401 | NDC | | | | both | 1 EA | 9.5 | | | UHC | Medicaid | | 100 | | 1.45 | | | other | Drugs are paid at 100% of the AWP |
| CALCITRIOL 0.5MCG CAP | 40144401 | NDC | | | | both | 1 EA | 9.5 | | | UHC | Medicare | | 100 | | 1.73 | | | other | Drugs are paid at 100% of the AWP |
| CALCITRIOL 0.5MCG CAP | 40144401 | NDC | | | | both | 1 EA | 9.5 | | | Wellcare | Medicaid | | 100 | | 2.72 | | | other | Drugs are paid at 100% of the AWP |
| CALCITRIOL 0.5MCG CAP | 40144401 | NDC | | | | both | 1 EA | 9.5 | | | WellPoint | WellPoint | | 100 | | 1.53 | | | other | Drugs are paid at 100% of the AWP |
| BUMETANIDE 2MG TAB | 40162207 | NDC | | | | both | 1 EA | 3.5 | | | UHC | Medicare | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| BUMETANIDE 2MG TAB | 40162207 | NDC | | | | both | 1 EA | 3.5 | | | United | Oxford | | 100 | | 1.03 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM 10MG/5ML SYRUP (UD) | 40168851 | NDC | | | | both | 1 EA | 889.5 | | | Aetna | Commercial | | 100 | | 151.6 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM 10MG/5ML SYRUP (UD) | 40168851 | NDC | | | | both | 1 EA | 889.5 | | | Aetna | Medicare | | 100 | | 140.81 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM 10MG/5ML SYRUP (UD) | 40168851 | NDC | | | | both | 1 EA | 889.5 | | | Horizon | Indemnity | | 100 | | 164.3 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM 10MG/5ML SYRUP (UD) | 40168851 | NDC | | | | both | 1 EA | 889.5 | | | Horizon | Medicare Blue | | 100 | | 544.06 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM 10MG/5ML SYRUP (UD) | 40168851 | NDC | | | | both | 1 EA | 889.5 | | | Horizon | NJ Health | | 100 | | 118.45 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM 10MG/5ML SYRUP (UD) | 40168851 | NDC | | | | both | 1 EA | 889.5 | | | Horizon | PPO | | 100 | | 279.16 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM 10MG/5ML SYRUP (UD) | 40168851 | NDC | | | | both | 1 EA | 889.5 | | | UHC | Medicaid | | 100 | | 167.15 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM 10MG/5ML SYRUP (UD) | 40168851 | NDC | | | | both | 1 EA | 889.5 | | | United | CommercialPPO | | 100 | | 29.31 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM 10MG/5ML SYRUP (UD) | 40168851 | NDC | | | | both | 1 EA | 889.5 | | | Wellcare | Medicaid | | 100 | | 122.58 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM 10MG/5ML SYRUP (UD) | 40168851 | NDC | | | | both | 1 EA | 889.5 | | | WellPoint | WellPoint | | 100 | | 237.74 | | | other | Drugs are paid at 100% of the AWP |
| TRETINOIN 10MG CAP (NF) | 40250011 | NDC | | | | both | 1 EA | 1.16 | | | Corrections | Corrections | | 100 | | 31.14 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 200MG/ML ORAL SOL | 40261291 | NDC | | | | both | 1 EA | 21.5 | | | Aetna | Better Health | | 100 | | 3.55 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 200MG/ML ORAL SOL | 40261291 | NDC | | | | both | 1 EA | 21.5 | | | Aetna | Commercial | | 100 | | 2.75 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 200MG/ML ORAL SOL | 40261291 | NDC | | | | both | 1 EA | 21.5 | | | Amerihealth | HMO/PPO | | 100 | | 3.1 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 200MG/ML ORAL SOL | 40261291 | NDC | | | | both | 1 EA | 21.5 | | | Horizon | Indemnity | | 100 | | 5.54 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 200MG/ML ORAL SOL | 40261291 | NDC | | | | both | 1 EA | 21.5 | | | Horizon | MGD | | 100 | | 5.32 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 200MG/ML ORAL SOL | 40261291 | NDC | | | | both | 1 EA | 21.5 | | | Horizon | NJ Health | | 100 | | 5.7 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 200MG/ML ORAL SOL | 40261291 | NDC | | | | both | 1 EA | 21.5 | | | Horizon | PPO | | 100 | | 7.85 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 200MG/ML ORAL SOL | 40261291 | NDC | | | | both | 1 EA | 21.5 | | | UHC | Medicaid | | 100 | | 3.51 | | | other | Drugs are paid at 100% of the AWP |
| MYCOPHENOLATE 200MG/ML ORAL SOL | 40261291 | NDC | | | | both | 1 EA | 21.5 | | | WellPoint | WellPoint | | 100 | | 2.72 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 10MG/5ML SYRUP | 40529001 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| MULTI VITS W/FLOR(POLY-VI-FLOR) 25 | 40532755 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| MULTI VITS W/FLOR(POLY-VI-FLOR) 25 | 40532755 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| MULTI VITS W/FLOR(POLY-VI-FLOR) 25 | 40532755 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN .3% (5ML) OPTH SOLN | 40561450S | NDC | | | | both | 1 EA | 89.5 | | | Horizon | MGD | | 100 | | 9.32 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN .3% (5ML) OPTH SOLN | 40561450S | NDC | | | | both | 1 EA | 89.5 | | | UHC | Medicare | | 100 | | 13.26 | | | other | Drugs are paid at 100% of the AWP |
| TROPICAMIDE 1% (15ML) OPTH SOLN | 40561501S | NDC | | | | both | 1 EA | 69.5 | | | Aetna | Commercial | | 100 | | 15.72 | | | other | Drugs are paid at 100% of the AWP |
| TROPICAMIDE 1% (15ML) OPTH SOLN | 40561501S | NDC | | | | both | 1 EA | 69.5 | | | Aetna | Medicare | | 100 | | 11.58 | | | other | Drugs are paid at 100% of the AWP |
| TROPICAMIDE 1% (15ML) OPTH SOLN | 40561501S | NDC | | | | both | 1 EA | 69.5 | | | Corrections | Corrections | | 100 | | 20.59 | | | other | Drugs are paid at 100% of the AWP |
| TROPICAMIDE 1% (15ML) OPTH SOLN | 40561501S | NDC | | | | both | 1 EA | 69.5 | | | Horizon | Indemnity | | 100 | | 16.67 | | | other | Drugs are paid at 100% of the AWP |
| TROPICAMIDE 1% (15ML) OPTH SOLN | 40561501S | NDC | | | | both | 1 EA | 69.5 | | | Horizon | Medicare Blue | | 100 | | 9.06 | | | other | Drugs are paid at 100% of the AWP |
| TROPICAMIDE 1% (15ML) OPTH SOLN | 40561501S | NDC | | | | both | 1 EA | 69.5 | | | Horizon | MGD | | 100 | | 21.26 | | | other | Drugs are paid at 100% of the AWP |
| TROPICAMIDE 1% (15ML) OPTH SOLN | 40561501S | NDC | | | | both | 1 EA | 69.5 | | | Horizon | NJ Health | | 100 | | 10.78 | | | other | Drugs are paid at 100% of the AWP |
| TROPICAMIDE 1% (15ML) OPTH SOLN | 40561501S | NDC | | | | both | 1 EA | 69.5 | | | Horizon | PPO | | 100 | | 16.44 | | | other | Drugs are paid at 100% of the AWP |
| TROPICAMIDE 1% (15ML) OPTH SOLN | 40561501S | NDC | | | | both | 1 EA | 69.5 | | | UHC | Medicaid | | 100 | | 20.45 | | | other | Drugs are paid at 100% of the AWP |
| TROPICAMIDE 1% (15ML) OPTH SOLN | 40561501S | NDC | | | | both | 1 EA | 69.5 | | | UHC | Medicare | | 100 | | 10.01 | | | other | Drugs are paid at 100% of the AWP |
| TROPICAMIDE 1% (15ML) OPTH SOLN | 40561501S | NDC | | | | both | 1 EA | 69.5 | | | United | CommercialPPO | | 100 | | 11.65 | | | other | Drugs are paid at 100% of the AWP |
| TROPICAMIDE 1% (15ML) OPTH SOLN | 40561501S | NDC | | | | both | 1 EA | 69.5 | | | Wellcare | Medicaid | | 100 | | 17.74 | | | other | Drugs are paid at 100% of the AWP |
| TROPICAMIDE 1% (15ML) OPTH SOLN | 40561501S | NDC | | | | both | 1 EA | 69.5 | | | Wellcare | Medicare | | 100 | | 7.62 | | | other | Drugs are paid at 100% of the AWP |
| TROPICAMIDE 1% (15ML) OPTH SOLN | 40561501S | NDC | | | | both | 1 EA | 69.5 | | | WellPoint | WellPoint | | 100 | | 11.21 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 10MG TAB | 40657762 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 10MG TAB | 40657762 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Commercial | | 100 | | 0.81 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 10MG TAB | 40657762 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Medicare | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 10MG TAB | 40657762 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Medicare Blue | | 100 | | 1.84 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 10MG TAB | 40657762 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 10MG TAB | 40657762 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 10MG TAB | 40657762 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 10MG TAB | 40657762 | NDC | | | | both | 1 EA | 2.5 | | | United | CommercialPPO | | 100 | | 0.01 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 10MG TAB | 40657762 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 10MG TAB | 40657762 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicare | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 10MG TAB | 40657762 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE CR 15MG TAB | 40683156Z | NDC | | | | both | 1 EA | 4.5 | | | Aetna | Better Health | | 100 | | 1.31 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE CR 15MG TAB | 40683156Z | NDC | | | | both | 1 EA | 4.5 | | | Aetna | Commercial | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE CR 15MG TAB | 40683156Z | NDC | | | | both | 1 EA | 4.5 | | | Aetna | Medicare | | 100 | | 1.96 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE CR 15MG TAB | 40683156Z | NDC | | | | both | 1 EA | 4.5 | | | Corrections | Corrections | | 100 | | 0.9 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE CR 15MG TAB | 40683156Z | NDC | | | | both | 1 EA | 4.5 | | | Horizon | Indemnity | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE CR 15MG TAB | 40683156Z | NDC | | | | both | 1 EA | 4.5 | | | Horizon | Medicare Blue | | 100 | | 1.48 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE CR 15MG TAB | 40683156Z | NDC | | | | both | 1 EA | 4.5 | | | Horizon | MGD | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE CR 15MG TAB | 40683156Z | NDC | | | | both | 1 EA | 4.5 | | | Horizon | NJ Health | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE CR 15MG TAB | 40683156Z | NDC | | | | both | 1 EA | 4.5 | | | Horizon | PPO | | 100 | | 1.23 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE CR 15MG TAB | 40683156Z | NDC | | | | both | 1 EA | 4.5 | | | UHC | Medicaid | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE CR 15MG TAB | 40683156Z | NDC | | | | both | 1 EA | 4.5 | | | UHC | Medicare | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE CR 15MG TAB | 40683156Z | NDC | | | | both | 1 EA | 4.5 | | | United | CommercialPPO | | 100 | | 0.78 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE CR 15MG TAB | 40683156Z | NDC | | | | both | 1 EA | 4.5 | | | WellPoint | WellPoint | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE CR 30MG TAB | 40683306Z | NDC | | | | both | 1 EA | 9.5 | | | Aetna | Commercial | | 100 | | 1.36 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE CR 30MG TAB | 40683306Z | NDC | | | | both | 1 EA | 9.5 | | | Horizon | NJ Health | | 100 | | 1.11 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE CR 30MG TAB | 40683306Z | NDC | | | | both | 1 EA | 9.5 | | | UHC | Medicaid | | 100 | | 1.21 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE CR 30MG TAB | 40683306Z | NDC | | | | both | 1 EA | 9.5 | | | UHC | Medicare | | 100 | | 1.28 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE CR 30MG TAB | 40683306Z | NDC | | | | both | 1 EA | 9.5 | | | WellPoint | WellPoint | | 100 | | 1.29 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE CR 100MG TAB | 40683906Z | NDC | | | | both | 1 EA | 45 | | | Horizon | NJ Health | | 100 | | 5.27 | | | other | Drugs are paid at 100% of the AWP |
| OSELTAMIVIR 75MG CAP | 40800B5 | NDC | | | | both | 1 EA | 38 | | | Aetna | Better Health | | 100 | | 0.97 | | | other | Drugs are paid at 100% of the AWP |
| OSELTAMIVIR 75MG CAP | 40800B5 | NDC | | | | both | 1 EA | 38 | | | Aetna | Medicare | | 100 | | 8.27 | | | other | Drugs are paid at 100% of the AWP |
| OSELTAMIVIR 75MG CAP | 40800B5 | NDC | | | | both | 1 EA | 38 | | | Corrections | Corrections | | 100 | | 9.3 | | | other | Drugs are paid at 100% of the AWP |
| OSELTAMIVIR 75MG CAP | 40800B5 | NDC | | | | both | 1 EA | 38 | | | Horizon | Indemnity | | 100 | | 4.7 | | | other | Drugs are paid at 100% of the AWP |
| OSELTAMIVIR 75MG CAP | 40800B5 | NDC | | | | both | 1 EA | 38 | | | Horizon | Medicare Blue | | 100 | | 8.27 | | | other | Drugs are paid at 100% of the AWP |
| OSELTAMIVIR 75MG CAP | 40800B5 | NDC | | | | both | 1 EA | 38 | | | Horizon | MGD | | 100 | | 5.73 | | | other | Drugs are paid at 100% of the AWP |
| OSELTAMIVIR 75MG CAP | 40800B5 | NDC | | | | both | 1 EA | 38 | | | Horizon | NJ Health | | 100 | | 4.14 | | | other | Drugs are paid at 100% of the AWP |
| OSELTAMIVIR 75MG CAP | 40800B5 | NDC | | | | both | 1 EA | 38 | | | Horizon | PPO | | 100 | | 27.88 | | | other | Drugs are paid at 100% of the AWP |
| OSELTAMIVIR 75MG CAP | 40800B5 | NDC | | | | both | 1 EA | 38 | | | UHC | Medicaid | | 100 | | 6.55 | | | other | Drugs are paid at 100% of the AWP |
| OSELTAMIVIR 75MG CAP | 40800B5 | NDC | | | | both | 1 EA | 38 | | | UHC | Medicare | | 100 | | 11.93 | | | other | Drugs are paid at 100% of the AWP |
| OSELTAMIVIR 75MG CAP | 40800B5 | NDC | | | | both | 1 EA | 38 | | | United | CommercialPPO | | 100 | | 8.11 | | | other | Drugs are paid at 100% of the AWP |
| OSELTAMIVIR 75MG CAP | 40800B5 | NDC | | | | both | 1 EA | 38 | | | Wellcare | Medicaid | | 100 | | 7.3 | | | other | Drugs are paid at 100% of the AWP |
| OSELTAMIVIR 75MG CAP | 40800B5 | NDC | | | | both | 1 EA | 38 | | | Wellcare | Medicare | | 100 | | 3.66 | | | other | Drugs are paid at 100% of the AWP |
| OSELTAMIVIR 75MG CAP | 40800B5 | NDC | | | | both | 1 EA | 38 | | | WellPoint | WellPoint | | 100 | | 5.51 | | | other | Drugs are paid at 100% of the AWP |
| OSELTAMIVIR (TAMIFLU) 30 MG CAPS | 40802B5 | NDC | | | | both | 1 EA | 63.5 | | | Aetna | Medicare | | 100 | | 8.79 | | | other | Drugs are paid at 100% of the AWP |
| OSELTAMIVIR (TAMIFLU) 30 MG CAPS | 40802B5 | NDC | | | | both | 1 EA | 63.5 | | | Horizon | Medicare Blue | | 100 | | 10.39 | | | other | Drugs are paid at 100% of the AWP |
| OSELTAMIVIR (TAMIFLU) 30 MG CAPS | 40802B5 | NDC | | | | both | 1 EA | 63.5 | | | Horizon | NJ Health | | 100 | | 4.31 | | | other | Drugs are paid at 100% of the AWP |
| OSELTAMIVIR (TAMIFLU) 30 MG CAPS | 40802B5 | NDC | | | | both | 1 EA | 63.5 | | | UHC | Medicaid | | 100 | | 10.64 | | | other | Drugs are paid at 100% of the AWP |
| OSELTAMIVIR (TAMIFLU) 30 MG CAPS | 40802B5 | NDC | | | | both | 1 EA | 63.5 | | | UHC | Medicare | | 100 | | 17.01 | | | other | Drugs are paid at 100% of the AWP |
| OSELTAMIVIR (TAMIFLU) 30 MG CAPS | 40802B5 | NDC | | | | both | 1 EA | 63.5 | | | Wellcare | Medicaid | | 100 | | 3.85 | | | other | Drugs are paid at 100% of the AWP |
| OSELTAMIVIR (TAMIFLU) 30 MG CAPS | 40802B5 | NDC | | | | both | 1 EA | 63.5 | | | Wellcare | Medicare | | 100 | | 7.08 | | | other | Drugs are paid at 100% of the AWP |
| OSELTAMIVIR (TAMIFLU) 30 MG CAPS | 40802B5 | NDC | | | | both | 1 EA | 63.5 | | | WellPoint | WellPoint | | 100 | | 8.14 | | | other | Drugs are paid at 100% of the AWP |
| OSELTAMIVIR 6MG/ML SUSP | 40820B9 | NDC | | | | both | 1 EA | 5 | | | Aetna | Better Health | | 100 | | 1.4 | | | other | Drugs are paid at 100% of the AWP |
| OSELTAMIVIR 6MG/ML SUSP | 40820B9 | NDC | | | | both | 1 EA | 5 | | | Aetna | Commercial | | 100 | | 0.83 | | | other | Drugs are paid at 100% of the AWP |
| OSELTAMIVIR 6MG/ML SUSP | 40820B9 | NDC | | | | both | 1 EA | 5 | | | Horizon | Indemnity | | 100 | | 1.39 | | | other | Drugs are paid at 100% of the AWP |
| OSELTAMIVIR 6MG/ML SUSP | 40820B9 | NDC | | | | both | 1 EA | 5 | | | Horizon | MGD | | 100 | | 1.26 | | | other | Drugs are paid at 100% of the AWP |
| OSELTAMIVIR 6MG/ML SUSP | 40820B9 | NDC | | | | both | 1 EA | 5 | | | Horizon | NJ Health | | 100 | | 0.96 | | | other | Drugs are paid at 100% of the AWP |
| OSELTAMIVIR 6MG/ML SUSP | 40820B9 | NDC | | | | both | 1 EA | 5 | | | UHC | Medicaid | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| OSELTAMIVIR 6MG/ML SUSP | 40820B9 | NDC | | | | both | 1 EA | 5 | | | United | Oxford | | 100 | | 1.98 | | | other | Drugs are paid at 100% of the AWP |
| OSELTAMIVIR 6MG/ML SUSP | 40820B9 | NDC | | | | both | 1 EA | 5 | | | Wellcare | Medicaid | | 100 | | 0.87 | | | other | Drugs are paid at 100% of the AWP |
| OSELTAMIVIR 6MG/ML SUSP | 40820B9 | NDC | | | | both | 1 EA | 5 | | | WellPoint | WellPoint | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| DEXMEDETOMIDINE 100MCG | 40916380Z | NDC | | | | both | 1 EA | 93.5 | | | Aetna | Better Health | | 100 | | 14.81 | | | other | Drugs are paid at 100% of the AWP |
| DEXMEDETOMIDINE 100MCG | 40916380Z | NDC | | | | both | 1 EA | 93.5 | | | Aetna | Commercial | | 100 | | 21.58 | | | other | Drugs are paid at 100% of the AWP |
| DEXMEDETOMIDINE 100MCG | 40916380Z | NDC | | | | both | 1 EA | 93.5 | | | Aetna | Medicare | | 100 | | 12.98 | | | other | Drugs are paid at 100% of the AWP |
| DEXMEDETOMIDINE 100MCG | 40916380Z | NDC | | | | both | 1 EA | 93.5 | | | Amerihealth | HMO/PPO | | 100 | | 14.78 | | | other | Drugs are paid at 100% of the AWP |
| DEXMEDETOMIDINE 100MCG | 40916380Z | NDC | | | | both | 1 EA | 93.5 | | | Corrections | Corrections | | 100 | | 18.02 | | | other | Drugs are paid at 100% of the AWP |
| DEXMEDETOMIDINE 100MCG | 40916380Z | NDC | | | | both | 1 EA | 93.5 | | | Horizon | Indemnity | | 100 | | 12.23 | | | other | Drugs are paid at 100% of the AWP |
| DEXMEDETOMIDINE 100MCG | 40916380Z | NDC | | | | both | 1 EA | 93.5 | | | Horizon | Medicare Blue | | 100 | | 15.88 | | | other | Drugs are paid at 100% of the AWP |
| DEXMEDETOMIDINE 100MCG | 40916380Z | NDC | | | | both | 1 EA | 93.5 | | | Horizon | MGD | | 100 | | 16.62 | | | other | Drugs are paid at 100% of the AWP |
| DEXMEDETOMIDINE 100MCG | 40916380Z | NDC | | | | both | 1 EA | 93.5 | | | Horizon | NJ Health | | 100 | | 12.7 | | | other | Drugs are paid at 100% of the AWP |
| DEXMEDETOMIDINE 100MCG | 40916380Z | NDC | | | | both | 1 EA | 93.5 | | | Horizon | PPO | | 100 | | 16.8 | | | other | Drugs are paid at 100% of the AWP |
| DEXMEDETOMIDINE 100MCG | 40916380Z | NDC | | | | both | 1 EA | 93.5 | | | UHC | Medicaid | | 100 | | 16.67 | | | other | Drugs are paid at 100% of the AWP |
| DEXMEDETOMIDINE 100MCG | 40916380Z | NDC | | | | both | 1 EA | 93.5 | | | UHC | Medicare | | 100 | | 15.08 | | | other | Drugs are paid at 100% of the AWP |
| DEXMEDETOMIDINE 100MCG | 40916380Z | NDC | | | | both | 1 EA | 93.5 | | | United | CommercialPPO | | 100 | | 11.54 | | | other | Drugs are paid at 100% of the AWP |
| DEXMEDETOMIDINE 100MCG | 40916380Z | NDC | | | | both | 1 EA | 93.5 | | | United | Oxford | | 100 | | 26.79 | | | other | Drugs are paid at 100% of the AWP |
| DEXMEDETOMIDINE 100MCG | 40916380Z | NDC | | | | both | 1 EA | 93.5 | | | Wellcare | Medicaid | | 100 | | 13.44 | | | other | Drugs are paid at 100% of the AWP |
| DEXMEDETOMIDINE 100MCG | 40916380Z | NDC | | | | both | 1 EA | 93.5 | | | Wellcare | Medicare | | 100 | | 30.68 | | | other | Drugs are paid at 100% of the AWP |
| DEXMEDETOMIDINE 100MCG | 40916380Z | NDC | | | | both | 1 EA | 93.5 | | | WellPoint | WellPoint | | 100 | | 15.53 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE-HP 10MG/1ML INJ | 40926340Z | NDC | | | | both | 1 EA | 27.5 | | | Horizon | NJ Health | | 100 | | 2.67 | | | other | Drugs are paid at 100% of the AWP |
| CHROMIC CHLORIDE 4MCG/ML (1ML) | 40940B301 | NDC | | | | both | 1 EA | 7 | | | Aetna | Better Health | | 100 | | 1.02 | | | other | Drugs are paid at 100% of the AWP |
| CHROMIC CHLORIDE 4MCG/ML (1ML) | 40940B301 | NDC | | | | both | 1 EA | 7 | | | Horizon | MGD | | 100 | | 3.92 | | | other | Drugs are paid at 100% of the AWP |
| CHROMIC CHLORIDE 4MCG/ML (1ML) | 40940B301 | NDC | | | | both | 1 EA | 7 | | | Horizon | NJ Health | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| CHROMIC CHLORIDE 4MCG/ML (1ML) | 40940B301 | NDC | | | | both | 1 EA | 7 | | | UHC | Medicaid | | 100 | | 1.28 | | | other | Drugs are paid at 100% of the AWP |
| CHROMIC CHLORIDE 4MCG/ML (1ML) | 40940B301 | NDC | | | | both | 1 EA | 7 | | | Wellcare | Medicaid | | 100 | | 0.91 | | | other | Drugs are paid at 100% of the AWP |
| CHLOROPROCAINE 2% AMP | 40941690 1 | NDC | | | | both | 1 EA | 32 | | | Aetna | Better Health | | 100 | | 5.38 | | | other | Drugs are paid at 100% of the AWP |
| CHLOROPROCAINE 2% AMP | 40941690 1 | NDC | | | | both | 1 EA | 32 | | | Aetna | Commercial | | 100 | | 8.16 | | | other | Drugs are paid at 100% of the AWP |
| CHLOROPROCAINE 2% AMP | 40941690 1 | NDC | | | | both | 1 EA | 32 | | | Horizon | Indemnity | | 100 | | 8.3 | | | other | Drugs are paid at 100% of the AWP |
| CHLOROPROCAINE 2% AMP | 40941690 1 | NDC | | | | both | 1 EA | 32 | | | Horizon | MGD | | 100 | | 9.02 | | | other | Drugs are paid at 100% of the AWP |
| CHLOROPROCAINE 2% AMP | 40941690 1 | NDC | | | | both | 1 EA | 32 | | | Horizon | NJ Health | | 100 | | 5.06 | | | other | Drugs are paid at 100% of the AWP |
| CHLOROPROCAINE 2% AMP | 40941690 1 | NDC | | | | both | 1 EA | 32 | | | UHC | Medicaid | | 100 | | 3.75 | | | other | Drugs are paid at 100% of the AWP |
| CHLOROPROCAINE 2% AMP | 40941690 1 | NDC | | | | both | 1 EA | 32 | | | United | Oxford | | 100 | | 11.17 | | | other | Drugs are paid at 100% of the AWP |
| CHLOROPROCAINE 2% AMP | 40941690 1 | NDC | | | | both | 1 EA | 32 | | | Wellcare | Medicaid | | 100 | | 4.12 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CHLOROPROCAINE 2% AMP | 40941690\1 | NDC | | | | both | | 1 EA | 32 | | WellPoint | WellPoint | | 100 | | 4.27 | | | other | Drugs are paid at 100% of the AWP |
| SOD BICARB 8.4% 50ML(1ML)VIAL | 409662502 | NDC | | | | both | | 1 EA | 1 | | Aetna | Better Health | | 100 | | 0.12 | | | other | Drugs are paid at 100% of the AWP |
| SOD BICARB 8.4% 50ML(1ML)VIAL | 409662502 | NDC | | | | both | | 1 EA | 1 | | Aetna | Commercial | | 100 | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| SOD BICARB 8.4% 50ML(1ML)VIAL | 409662502 | NDC | | | | both | | 1 EA | 1 | | Aetna | Medicare | | 100 | | 0.11 | | | other | Drugs are paid at 100% of the AWP |
| SOD BICARB 8.4% 50ML(1ML)VIAL | 409662502 | NDC | | | | both | | 1 EA | 1 | | Amerihealth | HMO/PPO | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| SOD BICARB 8.4% 50ML(1ML)VIAL | 409662502 | NDC | | | | both | | 1 EA | 1 | | Corrections | Corrections | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| SOD BICARB 8.4% 50ML(1ML)VIAL | 409662502 | NDC | | | | both | | 1 EA | 1 | | Horizon | Indemnity | | 100 | | 0.1 | | | other | Drugs are paid at 100% of the AWP |
| SOD BICARB 8.4% 50ML(1ML)VIAL | 409662502 | NDC | | | | both | | 1 EA | 1 | | Horizon | Medicare Blue | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| SOD BICARB 8.4% 50ML(1ML)VIAL | 409662502 | NDC | | | | both | | 1 EA | 1 | | Horizon | MGD | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| SOD BICARB 8.4% 50ML(1ML)VIAL | 409662502 | NDC | | | | both | | 1 EA | 1 | | Horizon | NJ Health | | 100 | | 0.13 | | | other | Drugs are paid at 100% of the AWP |
| SOD BICARB 8.4% 50ML(1ML)VIAL | 409662502 | NDC | | | | both | | 1 EA | 1 | | Horizon | PPO | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| SOD BICARB 8.4% 50ML(1ML)VIAL | 409662502 | NDC | | | | both | | 1 EA | 1 | | UHC | Medicaid | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| SOD BICARB 8.4% 50ML(1ML)VIAL | 409662502 | NDC | | | | both | | 1 EA | 1 | | UHC | Medicare | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| SOD BICARB 8.4% 50ML(1ML)VIAL | 409662502 | NDC | | | | both | | 1 EA | 1 | | United | Commercial\PPO | | 100 | | 0.12 | | | other | Drugs are paid at 100% of the AWP |
| SOD BICARB 8.4% 50ML(1ML)VIAL | 409662502 | NDC | | | | both | | 1 EA | 1 | | Wellcare | Medicaid | | 100 | | 0.09 | | | other | Drugs are paid at 100% of the AWP |
| SOD BICARB 8.4% 50ML(1ML)VIAL | 409662502 | NDC | | | | both | | 1 EA | 1 | | Wellcare | Medicare | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| SOD BICARB 8.4% 50ML(1ML)VIAL | 409662502 | NDC | | | | both | | 1 EA | 1 | | WellPoint | WellPoint | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| SOD BICARB 8.4% 50ML(1ML)SYRING | 409663734 | NDC | | | | both | | 1 EA | 1 | | Aetna | Better Health | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| SOD BICARB 8.4% 50ML(1ML)SYRING | 409663734 | NDC | | | | both | | 1 EA | 1 | | Aetna | Commercial | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| SOD BICARB 8.4% 50ML(1ML)SYRING | 409663734 | NDC | | | | both | | 1 EA | 1 | | Aetna | Medicare | | 100 | | 0.13 | | | other | Drugs are paid at 100% of the AWP |
| SOD BICARB 8.4% 50ML(1ML)SYRING | 409663734 | NDC | | | | both | | 1 EA | 1 | | Amerihealth | HMO/PPO | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| SOD BICARB 8.4% 50ML(1ML)SYRING | 409663734 | NDC | | | | both | | 1 EA | 1 | | Horizon | Indemnity | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| SOD BICARB 8.4% 50ML(1ML)SYRING | 409663734 | NDC | | | | both | | 1 EA | 1 | | Horizon | MGD | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| SOD BICARB 8.4% 50ML(1ML)SYRING | 409663734 | NDC | | | | both | | 1 EA | 1 | | Horizon | NJ Health | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| SOD BICARB 8.4% 50ML(1ML)SYRING | 409663734 | NDC | | | | both | | 1 EA | 1 | | UHC | Medicaid | | 100 | | 0.12 | | | other | Drugs are paid at 100% of the AWP |
| SOD BICARB 8.4% 50ML(1ML)SYRING | 409663734 | NDC | | | | both | | 1 EA | 1 | | UHC | Medicare | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| SOD BICARB 8.4% 50ML(1ML)SYRING | 409663734 | NDC | | | | both | | 1 EA | 1 | | United | Commercial\PPO | | 100 | | 0.03 | | | other | Drugs are paid at 100% of the AWP |
| SOD BICARB 8.4% 50ML(1ML)SYRING | 409663734 | NDC | | | | both | | 1 EA | 1 | | Wellcare | Medicaid | | 100 | | 0.08 | | | other | Drugs are paid at 100% of the AWP |
| SOD BICARB 8.4% 50ML(1ML)SYRING | 409663734 | NDC | | | | both | | 1 EA | 1 | | WellPoint | WellPoint | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| CO-ENZYME Q10 200 MG CAPS | 40985027414 | NDC | | | | both | | 1 EA | 1 | | Horizon | NJ Health | | 100 | | 0.11 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN K ORAL LIQ 1MG-1ML | 4099158\01 | NDC | | | | both | | 1 EA | 21.5 | | Aetna | Commercial | | 100 | | 2.74 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE/ASPERCREME) 4% PATCH | 41167005840 | NDC | | | | both | | 1 EA | 4 | | Aetna | Better Health | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE/ASPERCREME) 4% PATCH | 41167005840 | NDC | | | | both | | 1 EA | 4 | | Aetna | Commercial | | 100 | | 0.88 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE/ASPERCREME) 4% PATCH | 41167005840 | NDC | | | | both | | 1 EA | 4 | | Aetna | Medicare | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE/ASPERCREME) 4% PATCH | 41167005840 | NDC | | | | both | | 1 EA | 4 | | Amerihealth | HMO/PPO | | 100 | | 0.71 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE/ASPERCREME) 4% PATCH | 41167005840 | NDC | | | | both | | 1 EA | 4 | | Corrections | Corrections | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE/ASPERCREME) 4% PATCH | 41167005840 | NDC | | | | both | | 1 EA | 4 | | Horizon | Indemnity | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE/ASPERCREME) 4% PATCH | 41167005840 | NDC | | | | both | | 1 EA | 4 | | Horizon | Medicare Blue | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE/ASPERCREME) 4% PATCH | 41167005840 | NDC | | | | both | | 1 EA | 4 | | Horizon | MGD | | 100 | | 0.83 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE/ASPERCREME) 4% PATCH | 41167005840 | NDC | | | | both | | 1 EA | 4 | | Horizon | NJ Health | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE/ASPERCREME) 4% PATCH | 41167005840 | NDC | | | | both | | 1 EA | 4 | | Horizon | PPO | | 100 | | 0.85 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE/ASPERCREME) 4% PATCH | 41167005840 | NDC | | | | both | | 1 EA | 4 | | UHC | Medicaid | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE/ASPERCREME) 4% PATCH | 41167005840 | NDC | | | | both | | 1 EA | 4 | | UHC | Medicare | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE/ASPERCREME) 4% PATCH | 41167005840 | NDC | | | | both | | 1 EA | 4 | | United | Commercial\PPO | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE/ASPERCREME) 4% PATCH | 41167005840 | NDC | | | | both | | 1 EA | 4 | | United | Oxford | | 100 | | 1.2 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE/ASPERCREME) 4% PATCH | 41167005840 | NDC | | | | both | | 1 EA | 4 | | Wellcare | Medicaid | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE/ASPERCREME) 4% PATCH | 41167005840 | NDC | | | | both | | 1 EA | 4 | | Wellcare | Medicare | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE/ASPERCREME) 4% PATCH | 41167005840 | NDC | | | | both | | 1 EA | 4 | | WellPoint | WellPoint | | 100 | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| ETHYL ALCOHOL 98% AMPULE | 418228105 | NDC | | | | both | | 1 EA | 158.5 | | Aetna | Medicare | | 100 | | 27.95 | | | other | Drugs are paid at 100% of the AWP |
| BUMETANIDE 1MG/4ML VIAL | 4196901 | NDC | | | | both | | 1 EA | 27.5 | | Horizon | NJ Health | | 100 | | 2.94 | | | other | Drugs are paid at 100% of the AWP |
| NAPHAZOLINE-PHENIRAMINE OPH SOL 15M | 42002020005 | NDC | | | | both | | 1 EA | 93 | | Horizon | MGD | | 100 | | 15.31 | | | other | Drugs are paid at 100% of the AWP |
| NAPHAZOLINE-PHENIRAMINE OPH SOL 15M | 42002020005 | NDC | | | | both | | 1 EA | 93 | | Horizon | NJ Health | | 100 | | 48.1 | | | other | Drugs are paid at 100% of the AWP |
| NAPHAZOLINE-PHENIRAMINE OPH SOL 15M | 42002020005 | NDC | | | | both | | 1 EA | 93 | | UHC | Medicaid | | 100 | | 27.6 | | | other | Drugs are paid at 100% of the AWP |
| NAPHAZOLINE-PHENIRAMINE OPH SOL 15M | 42002020005 | NDC | | | | both | | 1 EA | 93 | | UHC | Medicare | | 100 | | 17.32 | | | other | Drugs are paid at 100% of the AWP |
| INDOMETHACIN 50 MG SUPP | 42211010243 | NDC | | | | both | | 1 EA | 46.5 | | Aetna | Better Health | | 100 | | 5.31 | | | other | Drugs are paid at 100% of the AWP |
| INDOMETHACIN 50 MG SUPP | 42211010243 | NDC | | | | both | | 1 EA | 46.5 | | Aetna | Commercial | | 100 | | 4.38 | | | other | Drugs are paid at 100% of the AWP |
| INDOMETHACIN 50 MG SUPP | 42211010243 | NDC | | | | both | | 1 EA | 46.5 | | Aetna | Medicare | | 100 | | 11.37 | | | other | Drugs are paid at 100% of the AWP |
| INDOMETHACIN 50 MG SUPP | 42211010243 | NDC | | | | both | | 1 EA | 46.5 | | Corrections | Corrections | | 100 | | 13.84 | | | other | Drugs are paid at 100% of the AWP |
| INDOMETHACIN 50 MG SUPP | 42211010243 | NDC | | | | both | | 1 EA | 46.5 | | Horizon | Indemnity | | 100 | | 5.22 | | | other | Drugs are paid at 100% of the AWP |
| INDOMETHACIN 50 MG SUPP | 42211010243 | NDC | | | | both | | 1 EA | 46.5 | | Horizon | Medicare Blue | | 100 | | 7.44 | | | other | Drugs are paid at 100% of the AWP |
| INDOMETHACIN 50 MG SUPP | 42211010243 | NDC | | | | both | | 1 EA | 46.5 | | Horizon | NJ Health | | 100 | | 8.36 | | | other | Drugs are paid at 100% of the AWP |
| INDOMETHACIN 50 MG SUPP | 42211010243 | NDC | | | | both | | 1 EA | 46.5 | | UHC | Medicaid | | 100 | | 7.25 | | | other | Drugs are paid at 100% of the AWP |
| INDOMETHACIN 50 MG SUPP | 42211010243 | NDC | | | | both | | 1 EA | 46.5 | | UHC | Medicare | | 100 | | 16.3 | | | other | Drugs are paid at 100% of the AWP |
| INDOMETHACIN 50 MG SUPP | 42211010243 | NDC | | | | both | | 1 EA | 46.5 | | United | Oxford | | 100 | | 5.92 | | | other | Drugs are paid at 100% of the AWP |
| INDOMETHACIN 50 MG SUPP | 42211010243 | NDC | | | | both | | 1 EA | 46.5 | | Wellcare | Medicaid | | 100 | | 9.85 | | | other | Drugs are paid at 100% of the AWP |
| INDOMETHACIN 50 MG SUPP | 42211010243 | NDC | | | | both | | 1 EA | 46.5 | | Wellcare | Medicare | | 100 | | 2.79 | | | other | Drugs are paid at 100% of the AWP |
| INDOMETHACIN 50 MG SUPP | 42211010243 | NDC | | | | both | | 1 EA | 46.5 | | WellPoint | WellPoint | | 100 | | 8.26 | | | other | Drugs are paid at 100% of the AWP |
| DANTOROLENE(RYANODEX) 250 MG INJ | 42367054032 | NDC | | | | both | | 1 EA | 11208 | | Amerihealth | HMO/PPO | | 100 | | 1625.73 | | | other | Drugs are paid at 100% of the AWP |
| MESALAMINE 800 MG TAB | 430078327 | NDC | | | | both | | 1 EA | 21.5 | | Horizon | Indemnity | | 100 | | 8.16 | | | other | Drugs are paid at 100% of the AWP |
| MESALAMINE 800 MG TAB | 430078327 | NDC | | | | both | | 1 EA | 21.5 | | Horizon | Medicare Blue | | 100 | | 12.13 | | | other | Drugs are paid at 100% of the AWP |
| MESALAMINE 800 MG TAB | 430078327 | NDC | | | | both | | 1 EA | 21.5 | | Horizon | NJ Health | | 100 | | 3.16 | | | other | Drugs are paid at 100% of the AWP |
| MESALAMINE 800 MG TAB | 430078327 | NDC | | | | both | | 1 EA | 21.5 | | UHC | Medicaid | | 100 | | 4.68 | | | other | Drugs are paid at 100% of the AWP |
| MESALAMINE 800 MG TAB | 430078327 | NDC | | | | both | | 1 EA | 21.5 | | United | Commercial\PPO | | 100 | | 8.08 | | | other | Drugs are paid at 100% of the AWP |
| MESALAMINE 800 MG TAB | 430078327 | NDC | | | | both | | 1 EA | 21.5 | | WellPoint | WellPoint | | 100 | | 4.38 | | | other | Drugs are paid at 100% of the AWP |
| RIBOFLAVIN 25MG TAB | 43292055538 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| NITROGLYCERIN 0.4MG SUBLINGUAL TAB | 43598043611 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| NITROGLYCERIN 0.4MG SUBLINGUAL TAB | 43598043611 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.74 | | | other | Drugs are paid at 100% of the AWP |
| NITROGLYCERIN 0.4MG SUBLINGUAL TAB | 43598043611 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| NITROGLYCERIN 0.4MG SUBLINGUAL TAB | 43598043611 | NDC | | | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| NITROGLYCERIN 0.4MG SUBLINGUAL TAB | 43598043611 | NDC | | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| NITROGLYCERIN 0.4MG SUBLINGUAL TAB | 43598043611 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| NITROGLYCERIN 0.4MG SUBLINGUAL TAB | 43598043611 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| NITROGLYCERIN 0.4MG SUBLINGUAL TAB | 43598043611 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| NITROGLYCERIN 0.4MG SUBLINGUAL TAB | 43598043611 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| NITROGLYCERIN 0.4MG SUBLINGUAL TAB | 43598043611 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| NITROGLYCERIN 0.4MG SUBLINGUAL TAB | 43598043611 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| NITROGLYCERIN 0.4MG SUBLINGUAL TAB | 43598043611 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| NITROGLYCERIN 0.4MG SUBLINGUAL TAB | 43598043611 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| NITROGLYCERIN 0.4MG SUBLINGUAL TAB | 43598043611 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| NITROGLYCERIN 0.4MG SUBLINGUAL TAB | 43598043611 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIPRAZOLE(ABILIFY) 5MG TAB | 43598055530 | NDC | | | | both | | 1 EA | 114 | | Aetna | Better Health | | 100 | | 17.52 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIPRAZOLE(ABILIFY) 5MG TAB | 43598055530 | NDC | | | | both | | 1 EA | 114 | | Aetna | Commercial | | 100 | | 41.67 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIPRAZOLE(ABILIFY) 5MG TAB | 43598055530 | NDC | | | | both | | 1 EA | 114 | | Aetna | Medicare | | 100 | | 47.31 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIPRAZOLE(ABILIFY) 5MG TAB | 43598055530 | NDC | | | | both | | 1 EA | 114 | | Corrections | Corrections | | 100 | | 24.34 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIPRAZOLE(ABILIFY) 5MG TAB | 43598055530 | NDC | | | | both | | 1 EA | 114 | | Horizon | Indemnity | | 100 | | 5.85 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIPRAZOLE(ABILIFY) 5MG TAB | 43598055530 | NDC | | | | both | | 1 EA | 114 | | Horizon | Medicare Blue | | 100 | | 21.94 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIPRAZOLE(ABILIFY) 5MG TAB | 43598055530 | NDC | | | | both | | 1 EA | 114 | | Horizon | MGD | | 100 | | 26.59 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIPRAZOLE(ABILIFY) 5MG TAB | 43598055530 | NDC | | | | both | | 1 EA | 114 | | Horizon | NJ Health | | 100 | | 13.58 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIPRAZOLE(ABILIFY) 5MG TAB | 43598055530 | NDC | | | | both | | 1 EA | 114 | | Horizon | PPO | | 100 | | 11.76 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIPRAZOLE(ABILIFY) 5MG TAB | 43598055530 | NDC | | | | both | | 1 EA | 114 | | UHC | Medicaid | | 100 | | 12.47 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIPRAZOLE(ABILIFY) 5MG TAB | 43598055530 | NDC | | | | both | | 1 EA | 114 | | UHC | Medicare | | 100 | | 15 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIPRAZOLE(ABILIFY) 5MG TAB | 43598055530 | NDC | | | | both | | 1 EA | 114 | | United | Commercial\PPO | | 100 | | 11.1 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIPRAZOLE(ABILIFY) 5MG TAB | 43598055530 | NDC | | | | both | | 1 EA | 114 | | Wellcare | Medicaid | | 100 | | 18.26 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIPRAZOLE(ABILIFY) 5MG TAB | 43598055530 | NDC | | | | both | | 1 EA | 114 | | WellPoint | WellPoint | | 100 | | 14.67 | | | other | Drugs are paid at 100% of the AWP |
| SOD HYPOCHLORITE(DAKIN'S)1/2STR (480ML | 43609316 | NDC | | | | both | | 1 EA | 45 | | Aetna | Better Health | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| SOD HYPOCHLORITE(DAKIN'S)1/2STR (480ML | 43609316 | NDC | | | | both | | 1 EA | 45 | | Aetna | Medicare | | 100 | | 3.18 | | | other | Drugs are paid at 100% of the AWP |
| SOD HYPOCHLORITE(DAKIN'S)1/2STR (480ML | 43609316 | NDC | | | | both | | 1 EA | 45 | | Horizon | NJ Health | | 100 | | 6.18 | | | other | Drugs are paid at 100% of the AWP |
| SOD HYPOCHLORITE(DAKIN'S)1/2STR (480ML | 43609316 | NDC | | | | both | | 1 EA | 45 | | UHC | Medicare | | 100 | | 17.56 | | | other | Drugs are paid at 100% of the AWP |
| SOD HYPOCHLORITE(DAKIN'S)1/2STR (480ML | 43609316 | NDC | | | | both | | 1 EA | 45 | | WellPoint | WellPoint | | 100 | | 6.09 | | | other | Drugs are paid at 100% of the AWP |
| SOD HYPOCHLORITE(DAKIN'S)FULL STR | 43609416 | NDC | | | | both | | 1 EA | 33.5 | | Horizon | NJ Health | | 100 | | 1.25 | | | other | Drugs are paid at 100% of the AWP |
| SOD HYPOCHLORITE(DAKIN'S)FULL STR | 43609416 | NDC | | | | both | | 1 EA | 33.5 | | UHC | Medicaid | | 100 | | 4.26 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 2MG TAB | 44102215 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Commercial | | 100 | | 1.59 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 2MG TAB | 44102215 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Medicare | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 2MG TAB | 44102215 | NDC | | | | both | | 1 EA | 3.5 | | Corrections | Corrections | | 100 | | 0.88 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 2MG TAB | 44102215 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | Medicare Blue | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 2MG TAB | 44102215 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 2MG TAB | 44102215 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 2MG TAB | 44102215 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 2MG TAB | 44102215 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 2MG TAB | 44102215 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 2MG TAB | 44102215 | NDC | | | | both | | 1 EA | 3.5 | | United | Commercial\PPO | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 2MG TAB | 44102215 | NDC | | | | both | | 1 EA | 3.5 | | Wellcare | Medicaid | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 2MG TAB | 44102215 | NDC | | | | both | | 1 EA | 3.5 | | Wellcare | Medicare | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 2MG TAB | 44102215 | NDC | | | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 4MG TAB | 44102445 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 2.3 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 4MG TAB | 44102445 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 4MG TAB | 44102445 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 4MG TAB | 44102445 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | PPO | | 100 | | 1 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 4MG TAB | 44102445 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.79 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 4MG TAB | 44102445 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 0.8 | | | other | Drugs are paid at 100% of the AWP |
| HYDROMORPHONE 4MG TAB | 44102445 | NDC | | | | both | | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| VERAPAMIL 40MG TAB | 44182110 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| VERAPAMIL 40MG TAB | 44182110 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| VERAPAMIL 40MG TAB | 44182110 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| VERAPAMIL 80MG TAB | 44182210 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| VERAPAMIL 80MG TAB | 44182210 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| VERAPAMIL 120MG TAB | 44182310 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| VERAPAMIL 120MG TAB | 44182310 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 1.03 | | | other | Drugs are paid at 100% of the AWP |
| VERAPAMIL 120MG TAB | 44182310 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 5.16 | | | other | Drugs are paid at 100% of the AWP |
| COLLAGENASE 250U/GM (30GM) OINTMENT | 44527003 | NDC | | | | both | | 1 EA | 350.5 | | Aetna | Better Health | | 100 | | 49.59 | | | other | Drugs are paid at 100% of the AWP |
| COLLAGENASE 250U/GM (30GM) OINTMENT | 44527003 | NDC | | | | both | | 1 EA | 350.5 | | Aetna | Medicare | | 100 | | 76.21 | | | other | Drugs are paid at 100% of the AWP |
| COLLAGENASE 250U/GM (30GM) OINTMENT | 44527003 | NDC | | | | both | | 1 EA | 350.5 | | Corrections | Corrections | | 100 | | 92.64 | | | other | Drugs are paid at 100% of the AWP |
| COLLAGENASE 250U/GM (30GM) OINTMENT | 44527003 | NDC | | | | both | | 1 EA | 350.5 | | Horizon | Indemnity | | 100 | | 73.18 | | | other | Drugs are paid at 100% of the AWP |
| COLLAGENASE 250U/GM (30GM) OINTMENT | 44527003 | NDC | | | | both | | 1 EA | 350.5 | | Horizon | Medicare Blue | | 100 | | 98.63 | | | other | Drugs are paid at 100% of the AWP |
| COLLAGENASE 250U/GM (30GM) OINTMENT | 44527003 | NDC | | | | both | | 1 EA | 350.5 | | Horizon | MGD | | 100 | | 21.99 | | | other | Drugs are paid at 100% of the AWP |
| COLLAGENASE 250U/GM (30GM) OINTMENT | 44527003 | NDC | | | | both | | 1 EA | 350.5 | | Horizon | NJ Health | | 100 | | 34.57 | | | other | Drugs are paid at 100% of the AWP |
| COLLAGENASE 250U/GM (30GM) OINTMENT | 44527003 | NDC | | | | both | | 1 EA | 350.5 | | UHC | Medicaid | | 100 | | 56.56 | | | other | Drugs are paid at 100% of the AWP |
| COLLAGENASE 250U/GM (30GM) OINTMENT | 44527003 | NDC | | | | both | | 1 EA | 350.5 | | UHC | Medicare | | 100 | | 60.35 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| COLLAGENASE 250U/GM (30GM) OINTMENT | 44527003 | NDC | | | both | | 1 EA | 350.5 | | United | CommercialPPO | | 100 | | 245.35 | | | other | Drugs are paid at 100% of the AWP |
| COLLAGENASE 250U/GM (30GM) OINTMENT | 44527003 | NDC | | | both | | 1 EA | 350.5 | | Wellcare | Medicaid | | 100 | | 26.6 | | | other | Drugs are paid at 100% of the AWP |
| COLLAGENASE 250U/GM (30GM) OINTMENT | 44527003 | NDC | | | both | | 1 EA | 350.5 | | WellPoint | WellPoint | | 100 | | 67.17 | | | other | Drugs are paid at 100% of the AWP |
| PANCREASE CAP | 45209560 | NDC | | | both | | 1 EA | 3.5 | | Aetna | Commercial | | 100 | | 1.47 | | | other | Drugs are paid at 100% of the AWP |
| PANCREASE CAP | 45209560 | NDC | | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| SUCCIMER(CHEMET) 100MG CAP | 45013410 | NDC | | | both | | 1 EA | 26.5 | | Horizon | NJ Health | | 100 | | 1.37 | | | other | Drugs are paid at 100% of the AWP |
| LOPERAMIDE 1MG/5ML ELIXIR | 45029303 | NDC | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 1.09 | | | other | Drugs are paid at 100% of the AWP |
| LOPERAMIDE 1MG/5ML ELIXIR | 45029303 | NDC | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| LOPERAMIDE 1MG/5ML ELIXIR | 45029303 | NDC | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| LOPERAMIDE 1MG/5ML ELIXIR | 45029303 | NDC | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| PANCREASE MT-10 CAP | 45034260 | NDC | | | both | | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 1.32 | | | other | Drugs are paid at 100% of the AWP |
| PANCREASE MT-10 CAP | 45034260 | NDC | | | both | | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 0.83 | | | other | Drugs are paid at 100% of the AWP |
| PANCREASE MT-10 CAP | 45034260 | NDC | | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 2.37 | | | other | Drugs are paid at 100% of the AWP |
| PANCREASE MT-10 CAP | 45034260 | NDC | | | both | | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.84 | | | other | Drugs are paid at 100% of the AWP |
| PANCREASE MT-10 CAP | 45034260 | NDC | | | both | | 1 EA | 4.5 | | Wellcare | Medicaid | | 100 | | 0.88 | | | other | Drugs are paid at 100% of the AWP |
| PANCREASE MT-10 CAP | 45034260 | NDC | | | both | | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.71 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 325MG TAB | 45049671 | NDC | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 325MG TAB | 45049671 | NDC | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 325MG TAB | 45049671 | NDC | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 325MG TAB | 45049671 | NDC | | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 325MG TAB | 45049671 | NDC | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 325MG TAB | 45049671 | NDC | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 325MG TAB | 45049671 | NDC | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 325MG TAB | 45049671 | NDC | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 325MG TAB | 45049671 | NDC | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 325MG TAB | 45049671 | NDC | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 325MG TAB | 45049671 | NDC | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 325MG TAB | 45049671 | NDC | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 325MG TAB | 45049671 | NDC | | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 325MG TAB | 45049671 | NDC | | | both | | 1 EA | 2.5 | | United | Oxford | | 100 | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 325MG TAB | 45049671 | NDC | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 325MG TAB | 45049671 | NDC | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 325MG TAB | 45049671 | NDC | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN-CODEINE #3 TAB | 45051373 | NDC | | | both | | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 1.15 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN-CODEINE #3 TAB | 45051373 | NDC | | | both | | 1 EA | 3.5 | | Aetna | Commercial | | 100 | | 0.78 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN-CODEINE #3 TAB | 45051373 | NDC | | | both | | 1 EA | 3.5 | | Corrections | Corrections | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN-CODEINE #3 TAB | 45051373 | NDC | | | both | | 1 EA | 3.5 | | Horizon | Indemnity | | 100 | | 0.88 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN-CODEINE #3 TAB | 45051373 | NDC | | | both | | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN-CODEINE #3 TAB | 45051373 | NDC | | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN-CODEINE #3 TAB | 45051373 | NDC | | | both | | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 1.1 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN-CODEINE #3 TAB | 45051373 | NDC | | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.99 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN-CODEINE #3 TAB | 45051373 | NDC | | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN-CODEINE #3 TAB | 45051373 | NDC | | | both | | 1 EA | 3.5 | | United | CommercialPPO | | 100 | | 1.18 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN-CODEINE #3 TAB | 45051373 | NDC | | | both | | 1 EA | 3.5 | | Wellcare | Medicaid | | 100 | | 1.06 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN-CODEINE #3 TAB | 45051373 | NDC | | | both | | 1 EA | 3.5 | | Wellcare | Medicare | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN-CODEINE #3 TAB | 45051373 | NDC | | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 100MG/5ML SUSP (BULK) | 45060404 | NDC | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.05 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 100MG/5ML SUSP (BULK) | 45060404 | NDC | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.11 | | | other | Drugs are paid at 100% of the AWP |
| TOPIRAMATE 25MG TAB | 45063965 | NDC | | | both | | 1 EA | 9.5 | | Horizon | Medicare Blue | | 100 | | 1.07 | | | other | Drugs are paid at 100% of the AWP |
| TOPIRAMATE 25MG TAB | 45063965 | NDC | | | both | | 1 EA | 9.5 | | Horizon | MGD | | 100 | | 2.32 | | | other | Drugs are paid at 100% of the AWP |
| TOPIRAMATE 25MG TAB | 45063965 | NDC | | | both | | 1 EA | 9.5 | | Horizon | NJ Health | | 100 | | 1.86 | | | other | Drugs are paid at 100% of the AWP |
| TOPIRAMATE 25MG TAB | 45063965 | NDC | | | both | | 1 EA | 9.5 | | UHC | Medicaid | | 100 | | 1.48 | | | other | Drugs are paid at 100% of the AWP |
| TOPIRAMATE 25MG TAB | 45063965 | NDC | | | both | | 1 EA | 9.5 | | UHC | Medicare | | 100 | | 1.24 | | | other | Drugs are paid at 100% of the AWP |
| TOPIRAMATE 25MG TAB | 45063965 | NDC | | | both | | 1 EA | 9.5 | | Wellcare | Medicare | | 100 | | 5.49 | | | other | Drugs are paid at 100% of the AWP |
| TOPIRAMATE 25MG TAB | 45063965 | NDC | | | both | | 1 EA | 9.5 | | WellPoint | WellPoint | | 100 | | 1.3 | | | other | Drugs are paid at 100% of the AWP |
| TOPIRAMATE 50MG TAB | 45064065 | NDC | | | both | | 1 EA | 27.5 | | Aetna | Better Health | | 100 | | 11.02 | | | other | Drugs are paid at 100% of the AWP |
| TOPIRAMATE 50MG TAB | 45064065 | NDC | | | both | | 1 EA | 27.5 | | Aetna | Commercial | | 100 | | 9.87 | | | other | Drugs are paid at 100% of the AWP |
| TOPIRAMATE 50MG TAB | 45064065 | NDC | | | both | | 1 EA | 27.5 | | Aetna | Medicare | | 100 | | 10.13 | | | other | Drugs are paid at 100% of the AWP |
| TOPIRAMATE 50MG TAB | 45064065 | NDC | | | both | | 1 EA | 27.5 | | Horizon | Indemnity | | 100 | | 7.8 | | | other | Drugs are paid at 100% of the AWP |
| TOPIRAMATE 50MG TAB | 45064065 | NDC | | | both | | 1 EA | 27.5 | | Horizon | Medicare Blue | | 100 | | 6.14 | | | other | Drugs are paid at 100% of the AWP |
| TOPIRAMATE 50MG TAB | 45064065 | NDC | | | both | | 1 EA | 27.5 | | Horizon | NJ Health | | 100 | | 4.5 | | | other | Drugs are paid at 100% of the AWP |
| TOPIRAMATE 50MG TAB | 45064065 | NDC | | | both | | 1 EA | 27.5 | | UHC | Medicaid | | 100 | | 3.97 | | | other | Drugs are paid at 100% of the AWP |
| TOPIRAMATE 50MG TAB | 45064065 | NDC | | | both | | 1 EA | 27.5 | | UHC | Medicare | | 100 | | 5.77 | | | other | Drugs are paid at 100% of the AWP |
| TOPIRAMATE 50MG TAB | 45064065 | NDC | | | both | | 1 EA | 27.5 | | United | CommercialPPO | | 100 | | 3.18 | | | other | Drugs are paid at 100% of the AWP |
| TOPIRAMATE 50MG TAB | 45064065 | NDC | | | both | | 1 EA | 27.5 | | Wellcare | Medicaid | | 100 | | 6.43 | | | other | Drugs are paid at 100% of the AWP |
| TOPIRAMATE 50MG TAB | 45064065 | NDC | | | both | | 1 EA | 27.5 | | WellPoint | WellPoint | | 100 | | 5.6 | | | other | Drugs are paid at 100% of the AWP |
| TOPIRAMATE 100MG TAB | 45064165 | NDC | | | both | | 1 EA | 38 | | Aetna | Better Health | | 100 | | 3.85 | | | other | Drugs are paid at 100% of the AWP |
| TOPIRAMATE 100MG TAB | 45064165 | NDC | | | both | | 1 EA | 38 | | Corrections | Corrections | | 100 | | 7.3 | | | other | Drugs are paid at 100% of the AWP |
| TOPIRAMATE 100MG TAB | 45064165 | NDC | | | both | | 1 EA | 38 | | Horizon | Indemnity | | 100 | | 6.45 | | | other | Drugs are paid at 100% of the AWP |
| TOPIRAMATE 100MG TAB | 45064165 | NDC | | | both | | 1 EA | 38 | | Horizon | Medicare Blue | | 100 | | 6.4 | | | other | Drugs are paid at 100% of the AWP |
| TOPIRAMATE 100MG TAB | 45064165 | NDC | | | both | | 1 EA | 38 | | Horizon | MGD | | 100 | | 7.68 | | | other | Drugs are paid at 100% of the AWP |
| TOPIRAMATE 100MG TAB | 45064165 | NDC | | | both | | 1 EA | 38 | | Horizon | NJ Health | | 100 | | 5.42 | | | other | Drugs are paid at 100% of the AWP |
| TOPIRAMATE 100MG TAB | 45064165 | NDC | | | both | | 1 EA | 38 | | Horizon | PPO | | 100 | | 29.41 | | | other | Drugs are paid at 100% of the AWP |
| TOPIRAMATE 100MG TAB | 45064165 | NDC | | | both | | 1 EA | 38 | | UHC | Medicaid | | 100 | | 3.69 | | | other | Drugs are paid at 100% of the AWP |
| TOPIRAMATE 100MG TAB | 45064165 | NDC | | | both | | 1 EA | 38 | | UHC | Medicare | | 100 | | 8.5 | | | other | Drugs are paid at 100% of the AWP |
| TOPIRAMATE 100MG TAB | 45064165 | NDC | | | both | | 1 EA | 38 | | Wellcare | Medicaid | | 100 | | 9.47 | | | other | Drugs are paid at 100% of the AWP |
| TOPIRAMATE 100MG TAB | 45064165 | NDC | | | both | | 1 EA | 38 | | Wellcare | Medicare | | 100 | | 5.4 | | | other | Drugs are paid at 100% of the AWP |
| TOPIRAMATE 100MG TAB | 45064165 | NDC | | | both | | 1 EA | 38 | | WellPoint | WellPoint | | 100 | | 11.37 | | | other | Drugs are paid at 100% of the AWP |
| TOPIRAMATE 200MG TAB | 45064265 | NDC | | | both | | 1 EA | 43 | | UHC | Medicaid | | 100 | | 2.49 | | | other | Drugs are paid at 100% of the AWP |
| TOPIRAMATE 200MG TAB | 45064265 | NDC | | | both | | 1 EA | 43 | | Wellcare | Medicare | | 100 | | 8.51 | | | other | Drugs are paid at 100% of the AWP |
| TOPIRAMATE 25MG SPRINK CAP | 45064565 | NDC | | | both | | 1 EA | 19 | | Horizon | Indemnity | | 100 | | 1.39 | | | other | Drugs are paid at 100% of the AWP |
| TOPIRAMATE 25MG SPRINK CAP | 45064565 | NDC | | | both | | 1 EA | 19 | | Horizon | PPO | | 100 | | 5.07 | | | other | Drugs are paid at 100% of the AWP |
| TOPIRAMATE 15MG SPRINK CAP | 45064765 | NDC | | | both | | 1 EA | 9.5 | | UHC | Medicaid | | 100 | | 6.09 | | | other | Drugs are paid at 100% of the AWP |
| TRAMADOL HCL 50MG TAB (NF) | 45065960 | NDC | | | both | | 1 EA | 5.5 | | Aetna | Better Health | | 100 | | 0.91 | | | other | Drugs are paid at 100% of the AWP |
| TRAMADOL HCL 50MG TAB (NF) | 45065960 | NDC | | | both | | 1 EA | 5.5 | | Aetna | Commercial | | 100 | | 0.8 | | | other | Drugs are paid at 100% of the AWP |
| TRAMADOL HCL 50MG TAB (NF) | 45065960 | NDC | | | both | | 1 EA | 5.5 | | Aetna | Medicare | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| TRAMADOL HCL 50MG TAB (NF) | 45065960 | NDC | | | both | | 1 EA | 5.5 | | Amerihealth | HMO/PPO | | 100 | | 1.1 | | | other | Drugs are paid at 100% of the AWP |
| TRAMADOL HCL 50MG TAB (NF) | 45065960 | NDC | | | both | | 1 EA | 5.5 | | Corrections | Corrections | | 100 | | 1.09 | | | other | Drugs are paid at 100% of the AWP |
| TRAMADOL HCL 50MG TAB (NF) | 45065960 | NDC | | | both | | 1 EA | 5.5 | | Horizon | Indemnity | | 100 | | 0.83 | | | other | Drugs are paid at 100% of the AWP |
| TRAMADOL HCL 50MG TAB (NF) | 45065960 | NDC | | | both | | 1 EA | 5.5 | | Horizon | Medicare Blue | | 100 | | 0.88 | | | other | Drugs are paid at 100% of the AWP |
| TRAMADOL HCL 50MG TAB (NF) | 45065960 | NDC | | | both | | 1 EA | 5.5 | | Horizon | MGD | | 100 | | 1.36 | | | other | Drugs are paid at 100% of the AWP |
| TRAMADOL HCL 50MG TAB (NF) | 45065960 | NDC | | | both | | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.83 | | | other | Drugs are paid at 100% of the AWP |
| TRAMADOL HCL 50MG TAB (NF) | 45065960 | NDC | | | both | | 1 EA | 5.5 | | Horizon | PPO | | 100 | | 1.02 | | | other | Drugs are paid at 100% of the AWP |
| TRAMADOL HCL 50MG TAB (NF) | 45065960 | NDC | | | both | | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 0.84 | | | other | Drugs are paid at 100% of the AWP |
| TRAMADOL HCL 50MG TAB (NF) | 45065960 | NDC | | | both | | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 1.08 | | | other | Drugs are paid at 100% of the AWP |
| TRAMADOL HCL 50MG TAB (NF) | 45065960 | NDC | | | both | | 1 EA | 5.5 | | United | CommercialPPO | | 100 | | 0.98 | | | other | Drugs are paid at 100% of the AWP |
| TRAMADOL HCL 50MG TAB (NF) | 45065960 | NDC | | | both | | 1 EA | 5.5 | | Wellcare | Medicaid | | 100 | | 0.98 | | | other | Drugs are paid at 100% of the AWP |
| TRAMADOL HCL 50MG TAB (NF) | 45065960 | NDC | | | both | | 1 EA | 5.5 | | Wellcare | Medicare | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| TRAMADOL HCL 50MG TAB (NF) | 45065960 | NDC | | | both | | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 1.1 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 250MG TAB | 45152010 | NDC | | | both | | 1 EA | 69.5 | | Aetna | Medicare | | 100 | | 9.29 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 250MG TAB | 45152010 | NDC | | | both | | 1 EA | 69.5 | | Horizon | Indemnity | | 100 | | 14.35 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 250MG TAB | 45152010 | NDC | | | both | | 1 EA | 69.5 | | Horizon | NJ Health | | 100 | | 9.46 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 250MG TAB | 45152010 | NDC | | | both | | 1 EA | 69.5 | | Horizon | PPO | | 100 | | 9.39 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 250MG TAB | 45152010 | NDC | | | both | | 1 EA | 69.5 | | UHC | Medicaid | | 100 | | 10.56 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 250MG TAB | 45152010 | NDC | | | both | | 1 EA | 69.5 | | UHC | Medicare | | 100 | | 14.27 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 250MG TAB | 45152010 | NDC | | | both | | 1 EA | 69.5 | | WellPoint | WellPoint | | 100 | | 12.75 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 500MG TAB | 45152510 | NDC | | | both | | 1 EA | 79 | | Aetna | Better Health | | 100 | | 18.71 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 500MG TAB | 45152510 | NDC | | | both | | 1 EA | 79 | | Aetna | Commercial | | 100 | | 17.88 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 500MG TAB | 45152510 | NDC | | | both | | 1 EA | 79 | | Aetna | Medicare | | 100 | | 7.63 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 500MG TAB | 45152510 | NDC | | | both | | 1 EA | 79 | | Horizon | Indemnity | | 100 | | 19.71 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 500MG TAB | 45152510 | NDC | | | both | | 1 EA | 79 | | Horizon | MGD | | 100 | | 12.44 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 500MG TAB | 45152510 | NDC | | | both | | 1 EA | 79 | | Horizon | NJ Health | | 100 | | 11.85 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 500MG TAB | 45152510 | NDC | | | both | | 1 EA | 79 | | Horizon | PPO | | 100 | | 12.43 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 500MG TAB | 45152510 | NDC | | | both | | 1 EA | 79 | | UHC | Medicaid | | 100 | | 18 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 500MG TAB | 45152510 | NDC | | | both | | 1 EA | 79 | | UHC | Medicare | | 100 | | 17.23 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 500MG TAB | 45152510 | NDC | | | both | | 1 EA | 79 | | Wellcare | Medicaid | | 100 | | 22.35 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 500MG TAB | 45152510 | NDC | | | both | | 1 EA | 79 | | WellPoint | WellPoint | | 100 | | 15.57 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 750MG TAB | 45153010 | NDC | | | both | | 1 EA | 144.5 | | Aetna | Better Health | | 100 | | 27.56 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 750MG TAB | 45153010 | NDC | | | both | | 1 EA | 144.5 | | Aetna | Commercial | | 100 | | 21.66 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 750MG TAB | 45153010 | NDC | | | both | | 1 EA | 144.5 | | Aetna | Medicare | | 100 | | 23.05 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 750MG TAB | 45153010 | NDC | | | both | | 1 EA | 144.5 | | Corrections | Corrections | | 100 | | 29.73 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 750MG TAB | 45153010 | NDC | | | both | | 1 EA | 144.5 | | Horizon | Medicare Blue | | 100 | | 16.39 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 750MG TAB | 45153010 | NDC | | | both | | 1 EA | 144.5 | | Horizon | MGD | | 100 | | 35.96 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 750MG TAB | 45153010 | NDC | | | both | | 1 EA | 144.5 | | Horizon | NJ Health | | 100 | | 19.3 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 750MG TAB | 45153010 | NDC | | | both | | 1 EA | 144.5 | | Horizon | PPO | | 100 | | 21.59 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 750MG TAB | 45153010 | NDC | | | both | | 1 EA | 144.5 | | UHC | Medicaid | | 100 | | 22.06 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 750MG TAB | 45153010 | NDC | | | both | | 1 EA | 144.5 | | UHC | Medicare | | 100 | | 26.51 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 750MG TAB | 45153010 | NDC | | | both | | 1 EA | 144.5 | | United | CommercialPPO | | 100 | | 21.43 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 750MG TAB | 45153010 | NDC | | | both | | 1 EA | 144.5 | | Wellcare | Medicare | | 100 | | 8.34 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 750MG TAB | 45153010 | NDC | | | both | | 1 EA | 144.5 | | WellPoint | WellPoint | | 100 | | 23.49 | | | other | Drugs are paid at 100% of the AWP |
| GLUCOSE TOLERANCE BEV(GLUCOLA)100GM | 45464901 | NDC | | | both | | 1 EA | 58 | | Aetna | Better Health | | 100 | | 10.14 | | | other | Drugs are paid at 100% of the AWP |
| GLUCOSE TOLERANCE BEV(GLUCOLA)100GM | 45464901 | NDC | | | both | | 1 EA | 58 | | Aetna | Commercial | | 100 | | 2.06 | | | other | Drugs are paid at 100% of the AWP |
| GLUCOSE TOLERANCE BEV(GLUCOLA)100GM | 45464901 | NDC | | | both | | 1 EA | 58 | | Amerihealth | HMO/PPO | | 100 | | 33.28 | | | other | Drugs are paid at 100% of the AWP |
| GLUCOSE TOLERANCE BEV(GLUCOLA)100GM | 45464901 | NDC | | | both | | 1 EA | 58 | | Horizon | Indemnity | | 100 | | 4.63 | | | other | Drugs are paid at 100% of the AWP |
| GLUCOSE TOLERANCE BEV(GLUCOLA)100GM | 45464901 | NDC | | | both | | 1 EA | 58 | | Horizon | MGD | | 100 | | 13.8 | | | other | Drugs are paid at 100% of the AWP |
| GLUCOSE TOLERANCE BEV(GLUCOLA)100GM | 45464901 | NDC | | | both | | 1 EA | 58 | | Horizon | NJ Health | | 100 | | 3.42 | | | other | Drugs are paid at 100% of the AWP |
| GLUCOSE TOLERANCE BEV(GLUCOLA)100GM | 45464901 | NDC | | | both | | 1 EA | 58 | | Horizon | PPO | | 100 | | 13.27 | | | other | Drugs are paid at 100% of the AWP |
| GLUCOSE TOLERANCE BEV(GLUCOLA)100GM | 45464901 | NDC | | | both | | 1 EA | 58 | | UHC | Medicaid | | 100 | | 3.7 | | | other | Drugs are paid at 100% of the AWP |
| GLUCOSE TOLERANCE BEV(GLUCOLA)100GM | 45464901 | NDC | | | both | | 1 EA | 58 | | UHC | Medicare | | 100 | | 4.38 | | | other | Drugs are paid at 100% of the AWP |
| GLUCOSE TOLERANCE BEV(GLUCOLA)100GM | 45464901 | NDC | | | both | | 1 EA | 58 | | United | CommercialPPO | | 100 | | 15.66 | | | other | Drugs are paid at 100% of the AWP |
| GLUCOSE TOLERANCE BEV(GLUCOLA)100GM | 45464901 | NDC | | | both | | 1 EA | 58 | | Wellcare | Medicaid | | 100 | | 17.04 | | | other | Drugs are paid at 100% of the AWP |
| GLUCOSE TOLERANCE BEV(GLUCOLA)100GM | 45464901 | NDC | | | both | | 1 EA | 58 | | WellPoint | WellPoint | | 100 | | 23.27 | | | other | Drugs are paid at 100% of the AWP |
| BENZONATATE 100MG CAP | 45606801 | NDC | | | both | | 1 EA | 5.5 | | Aetna | Better Health | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| BENZONATATE 100MG CAP | 45606801 | NDC | | | both | | 1 EA | 5.5 | | Aetna | Commercial | | 100 | | 1.19 | | | other | Drugs are paid at 100% of the AWP |
| BENZONATATE 100MG CAP | 45606801 | NDC | | | both | | 1 EA | 5.5 | | Aetna | Medicare | | 100 | | 1.13 | | | other | Drugs are paid at 100% of the AWP |
| BENZONATATE 100MG CAP | 45606801 | NDC | | | both | | 1 EA | 5.5 | | Amerihealth | HMO/PPO | | 100 | | 1.08 | | | other | Drugs are paid at 100% of the AWP |
| BENZONATATE 100MG CAP | 45606801 | NDC | | | both | | 1 EA | 5.5 | | Corrections | Corrections | | 100 | | 1.1 | | | other | Drugs are paid at 100% of the AWP |
| BENZONATATE 100MG CAP | 45606801 | NDC | | | both | | 1 EA | 5.5 | | Horizon | Indemnity | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BENZONATATE 100MG CAP | 45606880 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | Medicare Blue | | 100 | | 0.92 | | | other | Drugs are paid at 100% of the AWP |
| BENZONATATE 100MG CAP | 45606880 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | MGD | | 100 | | 0.84 | | | other | Drugs are paid at 100% of the AWP |
| BENZONATATE 100MG CAP | 45606880 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.98 | | | other | Drugs are paid at 100% of the AWP |
| BENZONATATE 100MG CAP | 45606880 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | PPO | | 100 | | 1.56 | | | other | Drugs are paid at 100% of the AWP |
| BENZONATATE 100MG CAP | 45606880 | NDC | | | | both | | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| BENZONATATE 100MG CAP | 45606880 | NDC | | | | both | | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 1.17 | | | other | Drugs are paid at 100% of the AWP |
| BENZONATATE 100MG CAP | 45606880 | NDC | | | | both | | 1 EA | 5.5 | | United | CommercialPPO | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| BENZONATATE 100MG CAP | 45606880 | NDC | | | | both | | 1 EA | 5.5 | | Wellcare | Medicaid | | 100 | | 1.15 | | | other | Drugs are paid at 100% of the AWP |
| BENZONATATE 100MG CAP | 45606880 | NDC | | | | both | | 1 EA | 5.5 | | Wellcare | Medicare | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| BENZONATATE 100MG CAP | 45606880 | NDC | | | | both | | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| AEROCHAMBER W/MASK SMALL | 45607441 | NDC | | | | both | | 1 EA | 316.5 | | Horizon | NJ Health | | 100 | | 54.01 | | | other | Drugs are paid at 100% of the AWP |
| AEROCHAMBER W/MASK SMALL | 45607441 | NDC | | | | both | | 1 EA | 316.5 | | UHC | Medicaid | | 100 | | 92.62 | | | other | Drugs are paid at 100% of the AWP |
| AEROCHAMBER W/MASK MEDIUM | 45607451 | NDC | | | | both | | 1 EA | 316.5 | | Aetna | Better Health | | 100 | | 89.06 | | | other | Drugs are paid at 100% of the AWP |
| AEROCHAMBER W/MASK MEDIUM | 45607451 | NDC | | | | both | | 1 EA | 316.5 | | Horizon | MGD | | 100 | | 74.53 | | | other | Drugs are paid at 100% of the AWP |
| AEROCHAMBER W/MASK MEDIUM | 45607451 | NDC | | | | both | | 1 EA | 316.5 | | Horizon | NJ Health | | 100 | | 51.29 | | | other | Drugs are paid at 100% of the AWP |
| AEROCHAMBER W/MASK MEDIUM | 45607451 | NDC | | | | both | | 1 EA | 316.5 | | Horizon | PPO | | 100 | | 66.75 | | | other | Drugs are paid at 100% of the AWP |
| AEROCHAMBER W/MASK MEDIUM | 45607451 | NDC | | | | both | | 1 EA | 316.5 | | UHC | Medicaid | | 100 | | 59.21 | | | other | Drugs are paid at 100% of the AWP |
| AEROCHAMBER W/MASK MEDIUM | 45607451 | NDC | | | | both | | 1 EA | 316.5 | | Wellcare | Medicaid | | 100 | | 50.66 | | | other | Drugs are paid at 100% of the AWP |
| AEROCHAMBER W/MASK MEDIUM | 45607451 | NDC | | | | both | | 1 EA | 316.5 | | WellPoint | WellPoint | | 100 | | 68.97 | | | other | Drugs are paid at 100% of the AWP |
| AEROCHAMBER W/MASK LARGE | 45607461 | NDC | | | | both | | 1 EA | 316.5 | | Aetna | Better Health | | 100 | | 95.99 | | | other | Drugs are paid at 100% of the AWP |
| AEROCHAMBER W/MASK LARGE | 45607461 | NDC | | | | both | | 1 EA | 316.5 | | Aetna | Commercial | | 100 | | 30.46 | | | other | Drugs are paid at 100% of the AWP |
| AEROCHAMBER W/MASK LARGE | 45607461 | NDC | | | | both | | 1 EA | 316.5 | | Horizon | Indemnity | | 100 | | 49.77 | | | other | Drugs are paid at 100% of the AWP |
| AEROCHAMBER W/MASK LARGE | 45607461 | NDC | | | | both | | 1 EA | 316.5 | | Horizon | MGD | | 100 | | 94.91 | | | other | Drugs are paid at 100% of the AWP |
| AEROCHAMBER W/MASK LARGE | 45607461 | NDC | | | | both | | 1 EA | 316.5 | | Horizon | NJ Health | | 100 | | 44.58 | | | other | Drugs are paid at 100% of the AWP |
| AEROCHAMBER W/MASK LARGE | 45607461 | NDC | | | | both | | 1 EA | 316.5 | | Horizon | PPO | | 100 | | 60.7 | | | other | Drugs are paid at 100% of the AWP |
| AEROCHAMBER W/MASK LARGE | 45607461 | NDC | | | | both | | 1 EA | 316.5 | | UHC | Medicaid | | 100 | | 40.28 | | | other | Drugs are paid at 100% of the AWP |
| AEROCHAMBER W/MASK LARGE | 45607461 | NDC | | | | both | | 1 EA | 316.5 | | UHC | Medicare | | 100 | | 42.63 | | | other | Drugs are paid at 100% of the AWP |
| AEROCHAMBER W/MASK LARGE | 45607461 | NDC | | | | both | | 1 EA | 316.5 | | Wellcare | Medicaid | | 100 | | 94.47 | | | other | Drugs are paid at 100% of the AWP |
| AEROCHAMBER W/MASK LARGE | 45607461 | NDC | | | | both | | 1 EA | 316.5 | | WellPoint | WellPoint | | 100 | | 44.98 | | | other | Drugs are paid at 100% of the AWP |
| MEMANTINE 5MG TABS | 45632053 | NDC | | | | both | | 1 EA | 9.5 | | Aetna | Better Health | | 100 | | 2.8 | | | other | Drugs are paid at 100% of the AWP |
| MEMANTINE 5MG TABS | 45632053 | NDC | | | | both | | 1 EA | 9.5 | | Aetna | Medicare | | 100 | | 0.95 | | | other | Drugs are paid at 100% of the AWP |
| MEMANTINE 5MG TABS | 45632053 | NDC | | | | both | | 1 EA | 9.5 | | Horizon | NJ Health | | 100 | | 0.09 | | | other | Drugs are paid at 100% of the AWP |
| MEMANTINE 5MG TABS | 45632053 | NDC | | | | both | | 1 EA | 9.5 | | UHC | Medicaid | | 100 | | 0.93 | | | other | Drugs are paid at 100% of the AWP |
| MEMANTINE 5MG TABS | 45632053 | NDC | | | | both | | 1 EA | 9.5 | | UHC | Medicare | | 100 | | 1.44 | | | other | Drugs are paid at 100% of the AWP |
| MEMANTINE 5MG TABS | 45632053 | NDC | | | | both | | 1 EA | 9.5 | | WellPoint | WellPoint | | 100 | | 0.85 | | | other | Drugs are paid at 100% of the AWP |
| FOSFOMYCIN TROMETHAMINE 3GM PCKT | 45643008 | NDC | | | | both | | 1 EA | 215 | | Horizon | NJ Health | | 100 | | 26.61 | | | other | Drugs are paid at 100% of the AWP |
| FOSFOMYCIN TROMETHAMINE 3GM PCKT | 45643008 | NDC | | | | both | | 1 EA | 215 | | UHC | Medicaid | | 100 | | 49.44 | | | other | Drugs are paid at 100% of the AWP |
| FOSFOMYCIN TROMETHAMINE 3GM PCKT | 45643008 | NDC | | | | both | | 1 EA | 215 | | UHC | Medicare | | 100 | | 19.25 | | | other | Drugs are paid at 100% of the AWP |
| DICLOFENAC SODIUM 1% GEL (100GM) | 45802016000 | NDC | | | | both | | 1 EA | 180.5 | | Aetna | Better Health | | 100 | | 22.99 | | | other | Drugs are paid at 100% of the AWP |
| DICLOFENAC SODIUM 1% GEL (100GM) | 45802016000 | NDC | | | | both | | 1 EA | 180.5 | | Aetna | Commercial | | 100 | | 42.57 | | | other | Drugs are paid at 100% of the AWP |
| DICLOFENAC SODIUM 1% GEL (100GM) | 45802016000 | NDC | | | | both | | 1 EA | 180.5 | | Aetna | Medicare | | 100 | | 24.67 | | | other | Drugs are paid at 100% of the AWP |
| DICLOFENAC SODIUM 1% GEL (100GM) | 45802016000 | NDC | | | | both | | 1 EA | 180.5 | | Amerihealth | HMO/PPO | | 100 | | 141.07 | | | other | Drugs are paid at 100% of the AWP |
| DICLOFENAC SODIUM 1% GEL (100GM) | 45802016000 | NDC | | | | both | | 1 EA | 180.5 | | Corrections | Corrections | | 100 | | 35 | | | other | Drugs are paid at 100% of the AWP |
| DICLOFENAC SODIUM 1% GEL (100GM) | 45802016000 | NDC | | | | both | | 1 EA | 180.5 | | Horizon | Medicare Blue | | 100 | | 26.66 | | | other | Drugs are paid at 100% of the AWP |
| DICLOFENAC SODIUM 1% GEL (100GM) | 45802016000 | NDC | | | | both | | 1 EA | 180.5 | | Horizon | MGD | | 100 | | 33.22 | | | other | Drugs are paid at 100% of the AWP |
| DICLOFENAC SODIUM 1% GEL (100GM) | 45802016000 | NDC | | | | both | | 1 EA | 180.5 | | Horizon | NJ Health | | 100 | | 23.08 | | | other | Drugs are paid at 100% of the AWP |
| DICLOFENAC SODIUM 1% GEL (100GM) | 45802016000 | NDC | | | | both | | 1 EA | 180.5 | | Horizon | PPO | | 100 | | 26.03 | | | other | Drugs are paid at 100% of the AWP |
| DICLOFENAC SODIUM 1% GEL (100GM) | 45802016000 | NDC | | | | both | | 1 EA | 180.5 | | UHC | Medicaid | | 100 | | 29.05 | | | other | Drugs are paid at 100% of the AWP |
| DICLOFENAC SODIUM 1% GEL (100GM) | 45802016000 | NDC | | | | both | | 1 EA | 180.5 | | UHC | Medicare | | 100 | | 31.05 | | | other | Drugs are paid at 100% of the AWP |
| DICLOFENAC SODIUM 1% GEL (100GM) | 45802016000 | NDC | | | | both | | 1 EA | 180.5 | | United | CommercialPPO | | 100 | | 93.29 | | | other | Drugs are paid at 100% of the AWP |
| DICLOFENAC SODIUM 1% GEL (100GM) | 45802016000 | NDC | | | | both | | 1 EA | 180.5 | | Wellcare | Medicaid | | 100 | | 28.37 | | | other | Drugs are paid at 100% of the AWP |
| DICLOFENAC SODIUM 1% GEL (100GM) | 45802016000 | NDC | | | | both | | 1 EA | 180.5 | | Wellcare | Medicare | | 100 | | 20.93 | | | other | Drugs are paid at 100% of the AWP |
| DICLOFENAC SODIUM 1% GEL (100GM) | 45802016000 | NDC | | | | both | | 1 EA | 180.5 | | WellPoint | WellPoint | | 100 | | 37.13 | | | other | Drugs are paid at 100% of the AWP |
| AMMONIUM LACTATE 12% LOT 225 GM | 45802041954 | NDC | | | | both | | 1 EA | 158.5 | | Aetna | Better Health | | 100 | | 23.94 | | | other | Drugs are paid at 100% of the AWP |
| AMMONIUM LACTATE 12% LOT 225 GM | 45802041954 | NDC | | | | both | | 1 EA | 158.5 | | Aetna | Medicare | | 100 | | 20.94 | | | other | Drugs are paid at 100% of the AWP |
| AMMONIUM LACTATE 12% LOT 225 GM | 45802041954 | NDC | | | | both | | 1 EA | 158.5 | | Horizon | MGD | | 100 | | 73.08 | | | other | Drugs are paid at 100% of the AWP |
| AMMONIUM LACTATE 12% LOT 225 GM | 45802041954 | NDC | | | | both | | 1 EA | 158.5 | | Horizon | NJ Health | | 100 | | 19.97 | | | other | Drugs are paid at 100% of the AWP |
| AMMONIUM LACTATE 12% LOT 225 GM | 45802041954 | NDC | | | | both | | 1 EA | 158.5 | | UHC | Medicaid | | 100 | | 17.77 | | | other | Drugs are paid at 100% of the AWP |
| AMMONIUM LACTATE 12% LOT 225 GM | 45802041954 | NDC | | | | both | | 1 EA | 158.5 | | UHC | Medicare | | 100 | | 26.12 | | | other | Drugs are paid at 100% of the AWP |
| AMMONIUM LACTATE 12% LOT 225 GM | 45802041954 | NDC | | | | both | | 1 EA | 158.5 | | Wellcare | Medicare | | 100 | | 43.88 | | | other | Drugs are paid at 100% of the AWP |
| AMMONIUM LACTATE 12% LOT 225 GM | 45802041954 | NDC | | | | both | | 1 EA | 158.5 | | WellPoint | WellPoint | | 100 | | 32.66 | | | other | Drugs are paid at 100% of the AWP |
| PROPRANOLOL 40MG TAB | 46042499 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Medicare | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| PROPRANOLOL 40MG TAB | 46042499 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| PROPRANOLOL 40MG TAB | 46042499 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| PROPRANOLOL 40MG TAB | 46042499 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| PROPRANOLOL 80MG TAB | 46042899 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| CONJUGATED ESTROGENS VAG CRM 42GM | 46087293 | NDC | | | | both | | 1 EA | 480.5 | | UHC | Medicare | | 100 | | 75.61 | | | other | Drugs are paid at 100% of the AWP |
| CONJUGATED ESTROGENS VAG CRM 42GM | 46087293 | NDC | | | | both | | 1 EA | 480.5 | | WellPoint | WellPoint | | 100 | | 151.5 | | | other | Drugs are paid at 100% of the AWP |
| KAYEXALATE 15GM/60ML U/D | 46287000660 | NDC | | | | both | | 1 EA | 45 | | Horizon | Medicare Blue | | 100 | | 2.99 | | | other | Drugs are paid at 100% of the AWP |
| KAYEXALATE 15GM/60ML U/D | 46287000660 | NDC | | | | both | | 1 EA | 45 | | Horizon | NJ Health | | 100 | | 4.55 | | | other | Drugs are paid at 100% of the AWP |
| KAYEXALATE 15GM/60ML U/D | 46287000660 | NDC | | | | both | | 1 EA | 45 | | Horizon | PPO | | 100 | | 9.98 | | | other | Drugs are paid at 100% of the AWP |
| KAYEXALATE 15GM/60ML U/D | 46287000660 | NDC | | | | both | | 1 EA | 45 | | UHC | Medicare | | 100 | | 11.43 | | | other | Drugs are paid at 100% of the AWP |
| KAYEXALATE 15GM/60ML U/D | 46287000660 | NDC | | | | both | | 1 EA | 45 | | Wellcare | Medicaid | | 100 | | 13.28 | | | other | Drugs are paid at 100% of the AWP |
| KAYEXALATE 15GM/60ML U/D | 46287000660 | NDC | | | | both | | 1 EA | 45 | | WellPoint | WellPoint | | 100 | | 15.03 | | | other | Drugs are paid at 100% of the AWP |
| ISONIAZID 50MG/5ML SYR | 46287000901 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 1.23 | | | other | Drugs are paid at 100% of the AWP |
| ISAVUCONAZONIUM(CRESEMBA) 186 MG CAP | 46905201 | NDC | | | | both | | 1 EA | 384 | | Aetna | Better Health | | 100 | | 97.01 | | | other | Drugs are paid at 100% of the AWP |
| ISAVUCONAZONIUM(CRESEMBA) 186 MG CAP | 46905201 | NDC | | | | both | | 1 EA | 384 | | Horizon | Medicare Blue | | 100 | | 33.95 | | | other | Drugs are paid at 100% of the AWP |
| ISAVUCONAZONIUM(CRESEMBA) 186 MG CAP | 46905201 | NDC | | | | both | | 1 EA | 384 | | UHC | Medicaid | | 100 | | 48.93 | | | other | Drugs are paid at 100% of the AWP |
| ISAVUCONAZONIUM(CRESEMBA) 186 MG CAP | 46905201 | NDC | | | | both | | 1 EA | 384 | | UHC | Medicare | | 100 | | 51.53 | | | other | Drugs are paid at 100% of the AWP |
| ISAVUCONAZONIUM(CRESEMBA) 186 MG CAP | 46905201 | NDC | | | | both | | 1 EA | 384 | | WellPoint | WellPoint | | 100 | | 44.16 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM 1000MG/10ML VIAL | 46911403 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM 1000MG/10ML VIAL | 46911403 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Commercial | | 100 | | 0.88 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM 1000MG/10ML VIAL | 46911403 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Medicare | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM 1000MG/10ML VIAL | 46911403 | NDC | | | | both | | 1 EA | 3.5 | | Amerihealth | HMO/PPO | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM 1000MG/10ML VIAL | 46911403 | NDC | | | | both | | 1 EA | 3.5 | | Corrections | Corrections | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM 1000MG/10ML VIAL | 46911403 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | Indemnity | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM 1000MG/10ML VIAL | 46911403 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | Medicare Blue | | 100 | | 0.8 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM 1000MG/10ML VIAL | 46911403 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM 1000MG/10ML VIAL | 46911403 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM 1000MG/10ML VIAL | 46911403 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM 1000MG/10ML VIAL | 46911403 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM 1000MG/10ML VIAL | 46911403 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM 1000MG/10ML VIAL | 46911403 | NDC | | | | both | | 1 EA | 3.5 | | United | CommercialPPO | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM 1000MG/10ML VIAL | 46911403 | NDC | | | | both | | 1 EA | 3.5 | | Wellcare | Medicaid | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM 1000MG/10ML VIAL | 46911403 | NDC | | | | both | | 1 EA | 3.5 | | Wellcare | Medicare | | 100 | | 0.71 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM 1000MG/10ML VIAL | 46911403 | NDC | | | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 200MCG INJ | 46924713 | NDC | | | | both | | 1 EA | 224 | | Horizon | Indemnity | | 100 | | 80.54 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 200MCG INJ | 46924713 | NDC | | | | both | | 1 EA | 224 | | Horizon | NJ Health | | 100 | | 62.84 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 200MCG INJ | 46924713 | NDC | | | | both | | 1 EA | 224 | | UHC | Medicare | | 100 | | 91.15 | | | other | Drugs are paid at 100% of the AWP |
| FLUPHENAZINE 2.5MG/1ML(10ML)MDV INJ | 46928103 | NDC | | | | both | | 1 EA | 214.5 | | UHC | Medicare | | 100 | | 7.01 | | | other | Drugs are paid at 100% of the AWP |
| DOCUSATE NA 50MG/5ML LIQ (BULK) | 47209361 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| DOCUSATE NA 50MG/5ML LIQ (BULK) | 47209361 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| DOCUSATE NA 50MG/5ML LIQ (BULK) | 47209361 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| DOCUSATE NA 50MG/5ML LIQ (BULK) | 47209361 | NDC | | | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| DOCUSATE NA 50MG/5ML LIQ (BULK) | 47209361 | NDC | | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| DOCUSATE NA 50MG/5ML LIQ (BULK) | 47209361 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| DOCUSATE NA 50MG/5ML LIQ (BULK) | 47209361 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| DOCUSATE NA 50MG/5ML LIQ (BULK) | 47209361 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| DOCUSATE NA 50MG/5ML LIQ (BULK) | 47209361 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| DOCUSATE NA 50MG/5ML LIQ (BULK) | 47209361 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| DOCUSATE NA 50MG/5ML LIQ (BULK) | 47209361 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| DOCUSATE NA 50MG/5ML LIQ (BULK) | 47209361 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| DOCUSATE NA 50MG/5ML LIQ (BULK) | 47209361 | NDC | | | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| DOCUSATE NA 50MG/5ML LIQ (BULK) | 47209361 | NDC | | | | both | | 1 EA | 2.5 | | United | Oxford | | 100 | | 0.74 | | | other | Drugs are paid at 100% of the AWP |
| DOCUSATE NA 50MG/5ML LIQ (BULK) | 47209361 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| DOCUSATE NA 50MG/5ML LIQ (BULK) | 47209361 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| DOCUSATE NA 50MG/5ML LIQ (BULK) | 47209361 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| MICONAZOLE-7 100MG VAG SUPP | 47217360 | NDC | | | | both | | 1 EA | 8.5 | | Horizon | NJ Health | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| PERMETHRIN 1% LOT | 47252426 | NDC | | | | both | | 1 EA | .47 | | Aetna | Better Health | | 100 | | 5.15 | | | other | Drugs are paid at 100% of the AWP |
| PERMETHRIN 1% LOT | 47252426 | NDC | | | | both | | 1 EA | .47 | | Corrections | Corrections | | 100 | | 9.1 | | | other | Drugs are paid at 100% of the AWP |
| MELATONIN 1MG TAB | 47469004 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| MELATONIN 1MG TAB | 47469004 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| MELATONIN 1MG TAB | 47469004 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| MELATONIN 1MG TAB | 47469004 | NDC | | | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| MELATONIN 1MG TAB | 47469004 | NDC | | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| MELATONIN 1MG TAB | 47469004 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| MELATONIN 1MG TAB | 47469004 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| MELATONIN 1MG TAB | 47469004 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| MELATONIN 1MG TAB | 47469004 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| MELATONIN 1MG TAB | 47469004 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.85 | | | other | Drugs are paid at 100% of the AWP |
| MELATONIN 1MG TAB | 47469004 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| MELATONIN 1MG TAB | 47469004 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| MELATONIN 1MG TAB | 47469004 | NDC | | | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| MELATONIN 1MG TAB | 47469004 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| MELATONIN 1MG TAB | 47469004 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.71 | | | other | Drugs are paid at 100% of the AWP |
| MELATONIN 1MG TAB | 47469004 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.025MG TAB | 48102003 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.025MG TAB | 48102003 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.025MG TAB | 48102003 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.025MG TAB | 48102003 | NDC | | | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.025MG TAB | 48102003 | NDC | | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.025MG TAB | 48102003 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.92 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.025MG TAB | 48102003 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.025MG TAB | 48102003 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.025MG TAB | 48102003 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.025MG TAB | 48102003 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.025MG TAB | 48102003 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.025MG TAB | 48102003 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| LEVOTHYROXINE 0.025MG TAB | 48102003 | NDC | | | | both | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.025MG TAB | 48102003 | NDC | | | | both | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.025MG TAB | 48102003 | NDC | | | | both | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.025MG TAB | 48102003 | NDC | | | | both | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.05MG TAB | 48104013 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.05MG TAB | 48104013 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.05MG TAB | 48104013 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.05MG TAB | 48104013 | NDC | | | | both | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.05MG TAB | 48104013 | NDC | | | | both | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.14 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.05MG TAB | 48104013 | NDC | | | | both | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.9 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.05MG TAB | 48104013 | NDC | | | | both | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.05MG TAB | 48104013 | NDC | | | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.05MG TAB | 48104013 | NDC | | | | both | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.05MG TAB | 48104013 | NDC | | | | both | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.05MG TAB | 48104013 | NDC | | | | both | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.05MG TAB | 48104013 | NDC | | | | both | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.05MG TAB | 48104013 | NDC | | | | both | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.05MG TAB | 48104013 | NDC | | | | both | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.05MG TAB | 48104013 | NDC | | | | both | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.075MG TAB | 48105013 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.075MG TAB | 48105013 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.075MG TAB | 48105013 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.075MG TAB | 48105013 | NDC | | | | both | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.075MG TAB | 48105013 | NDC | | | | both | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 1.35 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.075MG TAB | 48105013 | NDC | | | | both | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.075MG TAB | 48105013 | NDC | | | | both | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.075MG TAB | 48105013 | NDC | | | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.075MG TAB | 48105013 | NDC | | | | both | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.075MG TAB | 48105013 | NDC | | | | both | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.075MG TAB | 48105013 | NDC | | | | both | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.075MG TAB | 48105013 | NDC | | | | both | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 1.29 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.075MG TAB | 48105013 | NDC | | | | both | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.075MG TAB | 48105013 | NDC | | | | both | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.11 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.075MG TAB | 48105013 | NDC | | | | both | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.088MG TAB | 48106003 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.088MG TAB | 48106003 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.84 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.088MG TAB | 48106003 | NDC | | | | both | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.088MG TAB | 48106003 | NDC | | | | both | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.088MG TAB | 48106003 | NDC | | | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.088MG TAB | 48106003 | NDC | | | | both | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.088MG TAB | 48106003 | NDC | | | | both | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.03 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.088MG TAB | 48106003 | NDC | | | | both | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.1MG TAB | 48107013 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.1MG TAB | 48107013 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.1MG TAB | 48107013 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.1MG TAB | 48107013 | NDC | | | | both | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.1MG TAB | 48107013 | NDC | | | | both | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.1MG TAB | 48107013 | NDC | | | | both | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.1MG TAB | 48107013 | NDC | | | | both | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.1MG TAB | 48107013 | NDC | | | | both | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.1MG TAB | 48107013 | NDC | | | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.1MG TAB | 48107013 | NDC | | | | both | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.1MG TAB | 48107013 | NDC | | | | both | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.1MG TAB | 48107013 | NDC | | | | both | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.1MG TAB | 48107013 | NDC | | | | both | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.1MG TAB | 48107013 | NDC | | | | both | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.1MG TAB | 48107013 | NDC | | | | both | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.1MG TAB | 48107013 | NDC | | | | both | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.112MG TAB | 48108003 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.112MG TAB | 48108003 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.14 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.112MG TAB | 48108003 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.14 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.112MG TAB | 48108003 | NDC | | | | both | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.86 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.112MG TAB | 48108003 | NDC | | | | both | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.112MG TAB | 48108003 | NDC | | | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.112MG TAB | 48108003 | NDC | | | | both | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.112MG TAB | 48108003 | NDC | | | | both | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.112MG TAB | 48108003 | NDC | | | | both | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.112MG TAB | 48108003 | NDC | | | | both | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.03 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 0.112MG TAB | 48108003 | NDC | | | | both | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| SILVER SULFADIAZINE 1% CREAM 400GM | 48210070 | NDC | | | | both | 1 EA | 151.5 | | Horizon | Indemnity | | 100 | | 4.95 | | | other | Drugs are paid at 100% of the AWP |
| SILVER SULFADIAZINE 1% CREAM 400GM | 48210070 | NDC | | | | both | 1 EA | 151.5 | | United | CommercialPPO | | 100 | | 26.64 | | | other | Drugs are paid at 100% of the AWP |
| UREA-SKIN 10% LOTION 180ML | 482265010 | NDC | | | | both | 1 EA | 42.5 | | Horizon | NJ Health | | 100 | | 11.96 | | | other | Drugs are paid at 100% of the AWP |
| UREA-SKIN 10% LOTION 180ML | 482265010 | NDC | | | | both | 1 EA | 42.5 | | UHC | Medicare | | 100 | | 10.2 | | | other | Drugs are paid at 100% of the AWP |
| UREA-SKIN 10% LOTION 180ML | 482265010 | NDC | | | | both | 1 EA | 42.5 | | WellPoint | WellPoint | | 100 | | 6.48 | | | other | Drugs are paid at 100% of the AWP |
| K-PHOS 500MG | 486111101 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| K-PHOS 500MG | 486111101 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 1.01 | | | other | Drugs are paid at 100% of the AWP |
| K-PHOS 500MG | 486111101 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| K-PHOS 500MG | 486111101 | NDC | | | | both | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| K-PHOS 500MG | 486111101 | NDC | | | | both | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| K-PHOS 500MG | 486111101 | NDC | | | | both | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| K-PHOS 500MG | 486111101 | NDC | | | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| K-PHOS 500MG | 486111101 | NDC | | | | both | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| K-PHOS 500MG | 486111101 | NDC | | | | both | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| K-PHOS 500MG | 486111101 | NDC | | | | both | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| K-PHOS 500MG | 486111101 | NDC | | | | both | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| K-PHOS 500MG | 486111101 | NDC | | | | both | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 2.07 | | | other | Drugs are paid at 100% of the AWP |
| K-PHOS 500MG | 486111101 | NDC | | | | both | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| K-PHOS NEUTRAL 250MG TABLET | 486112501 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| K-PHOS NEUTRAL 250MG TABLET | 486112501 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| K-PHOS NEUTRAL 250MG TABLET | 486112501 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| K-PHOS NEUTRAL 250MG TABLET | 486112501 | NDC | | | | both | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| K-PHOS NEUTRAL 250MG TABLET | 486112501 | NDC | | | | both | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| K-PHOS NEUTRAL 250MG TABLET | 486112501 | NDC | | | | both | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| K-PHOS NEUTRAL 250MG TABLET | 486112501 | NDC | | | | both | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| K-PHOS NEUTRAL 250MG TABLET | 486112501 | NDC | | | | both | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| K-PHOS NEUTRAL 250MG TABLET | 486112501 | NDC | | | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| K-PHOS NEUTRAL 250MG TABLET | 486112501 | NDC | | | | both | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| K-PHOS NEUTRAL 250MG TABLET | 486112501 | NDC | | | | both | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| K-PHOS NEUTRAL 250MG TABLET | 486112501 | NDC | | | | both | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| K-PHOS NEUTRAL 250MG TABLET | 486112501 | NDC | | | | both | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| K-PHOS NEUTRAL 250MG TABLET | 486112501 | NDC | | | | both | 1 EA | 2.5 | | United | Oxford | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| K-PHOS NEUTRAL 250MG TABLET | 486112501 | NDC | | | | both | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| K-PHOS NEUTRAL 250MG TABLET | 486112501 | NDC | | | | both | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| K-PHOS NEUTRAL 250MG TABLET | 486112501 | NDC | | | | both | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| EPINEPHRINE 2.25% 0.5ML INH SOL | 487590199 | NDC | | | | both | 1 EA | 5.5 | | Aetna | Better Health | | 100 | | 2.33 | | | other | Drugs are paid at 100% of the AWP |
| EPINEPHRINE 2.25% 0.5ML INH SOL | 487590199 | NDC | | | | both | 1 EA | 5.5 | | Horizon | MGD | | 100 | | 0.95 | | | other | Drugs are paid at 100% of the AWP |
| EPINEPHRINE 2.25% 0.5ML INH SOL | 487590199 | NDC | | | | both | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| EPINEPHRINE 2.25% 0.5ML INH SOL | 487590199 | NDC | | | | both | 1 EA | 5.5 | | Horizon | PPO | | 100 | | 1.34 | | | other | Drugs are paid at 100% of the AWP |
| EPINEPHRINE 2.25% 0.5ML INH SOL | 487590199 | NDC | | | | both | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 1.02 | | | other | Drugs are paid at 100% of the AWP |
| EPINEPHRINE 2.25% 0.5ML INH SOL | 487590199 | NDC | | | | both | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 1.08 | | | other | Drugs are paid at 100% of the AWP |
| EPINEPHRINE 2.25% 0.5ML INH SOL | 487590199 | NDC | | | | both | 1 EA | 5.5 | | Wellcare | Medicaid | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| EPINEPHRINE 2.25% 0.5ML INH SOL | 487590199 | NDC | | | | both | 1 EA | 5.5 | | Wellcare | Medicare | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| EPINEPHRINE 2.25% 0.5ML INH SOL | 487590199 | NDC | | | | both | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 1.23 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 7%(4ML) INHL | 487900760 | NDC | | | | both | 1 EA | 1 | | Aetna | Better Health | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 7%(4ML) INHL | 487900760 | NDC | | | | both | 1 EA | 1 | | Aetna | Commercial | | 100 | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 7%(4ML) INHL | 487900760 | NDC | | | | both | 1 EA | 1 | | Horizon | NJ Health | | 100 | | 0.08 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 7%(4ML) INHL | 487900760 | NDC | | | | both | 1 EA | 1 | | UHC | Medicare | | 100 | | 0.13 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 7%(4ML) INHL | 487900760 | NDC | | | | both | 1 EA | 1 | | WellPoint | WellPoint | | 100 | | 0.09 | | | other | Drugs are paid at 100% of the AWP |
| POLYMYXIN 500MU INJ | 49050028 | NDC | | | | both | 1 EA | 38 | | Aetna | Commercial | | 100 | | 24.23 | | | other | Drugs are paid at 100% of the AWP |
| POLYMYXIN 500MU INJ | 49050028 | NDC | | | | both | 1 EA | 38 | | Aetna | Medicare | | 100 | | 3.04 | | | other | Drugs are paid at 100% of the AWP |
| POLYMYXIN 500MU INJ | 49050028 | NDC | | | | both | 1 EA | 38 | | Amerihealth | HMO/PPO | | 100 | | 7.85 | | | other | Drugs are paid at 100% of the AWP |
| POLYMYXIN 500MU INJ | 49050028 | NDC | | | | both | 1 EA | 38 | | Horizon | Indemnity | | 100 | | 2.4 | | | other | Drugs are paid at 100% of the AWP |
| POLYMYXIN 500MU INJ | 49050028 | NDC | | | | both | 1 EA | 38 | | Horizon | MGD | | 100 | | 1.36 | | | other | Drugs are paid at 100% of the AWP |
| POLYMYXIN 500MU INJ | 49050028 | NDC | | | | both | 1 EA | 38 | | Horizon | NJ Health | | 100 | | 4.02 | | | other | Drugs are paid at 100% of the AWP |
| POLYMYXIN 500MU INJ | 49050028 | NDC | | | | both | 1 EA | 38 | | Horizon | PPO | | 100 | | 3.04 | | | other | Drugs are paid at 100% of the AWP |
| POLYMYXIN 500MU INJ | 49050028 | NDC | | | | both | 1 EA | 38 | | UHC | Medicaid | | 100 | | 5 | | | other | Drugs are paid at 100% of the AWP |
| POLYMYXIN 500MU INJ | 49050028 | NDC | | | | both | 1 EA | 38 | | UHC | Medicare | | 100 | | 6.74 | | | other | Drugs are paid at 100% of the AWP |
| POLYMYXIN 500MU INJ | 49050028 | NDC | | | | both | 1 EA | 38 | | Wellcare | Medicaid | | 100 | | 3.11 | | | other | Drugs are paid at 100% of the AWP |
| POLYMYXIN 500MU INJ | 49050028 | NDC | | | | both | 1 EA | 38 | | WellPoint | WellPoint | | 100 | | 3.35 | | | other | Drugs are paid at 100% of the AWP |
| CALCITRIOL 1MCG/1ML LIQ | 49115O0 | NDC | | | | both | 1 EA | 77 | | Horizon | MGD | | 100 | | 8.2 | | | other | Drugs are paid at 100% of the AWP |
| CALCITRIOL 1MCG/1ML LIQ | 49115O0 | NDC | | | | both | 1 EA | 77 | | Horizon | NJ Health | | 100 | | 19.8 | | | other | Drugs are paid at 100% of the AWP |
| CALCITRIOL 1MCG/1ML LIQ | 49115O0 | NDC | | | | both | 1 EA | 77 | | UHC | Medicaid | | 100 | | 8.87 | | | other | Drugs are paid at 100% of the AWP |
| CALCITRIOL 1MCG/1ML LIQ | 49115O0 | NDC | | | | both | 1 EA | 77 | | UHC | Medicare | | 100 | | 27.35 | | | other | Drugs are paid at 100% of the AWP |
| GLIPIZIDE XL 10MG TAB | 49156066 | NDC | | | | both | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 1 | | | other | Drugs are paid at 100% of the AWP |
| GLIPIZIDE XL 2.5MG TAB | 49162030 | NDC | | | | both | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| PERITONEAL DIALYSIS SOLUTION 1.5% | 49230010810 | NDC | | | | both | 1 EA | 144.5 | | WellPoint | WellPoint | | 100 | | 41.77 | | | other | Drugs are paid at 100% of the AWP |
| DOXAZOSIN 1MG TAB | 49275041 | NDC | | | | both | 1 EA | 5.5 | | Aetna | Better Health | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| DOXAZOSIN 1MG TAB | 49275041 | NDC | | | | both | 1 EA | 5.5 | | Aetna | Commercial | | 100 | | 1.11 | | | other | Drugs are paid at 100% of the AWP |
| DOXAZOSIN 1MG TAB | 49275041 | NDC | | | | both | 1 EA | 5.5 | | Amerihealth | HMO/PPO | | 100 | | 1.01 | | | other | Drugs are paid at 100% of the AWP |
| DOXAZOSIN 1MG TAB | 49275041 | NDC | | | | both | 1 EA | 5.5 | | Horizon | Indemnity | | 100 | | 1.06 | | | other | Drugs are paid at 100% of the AWP |
| DOXAZOSIN 1MG TAB | 49275041 | NDC | | | | both | 1 EA | 5.5 | | Horizon | Medicare Blue | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| DOXAZOSIN 1MG TAB | 49275041 | NDC | | | | both | 1 EA | 5.5 | | Horizon | MGD | | 100 | | 1.32 | | | other | Drugs are paid at 100% of the AWP |
| DOXAZOSIN 1MG TAB | 49275041 | NDC | | | | both | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| DOXAZOSIN 1MG TAB | 49275041 | NDC | | | | both | 1 EA | 5.5 | | Horizon | PPO | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| DOXAZOSIN 1MG TAB | 49275041 | NDC | | | | both | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 0.79 | | | other | Drugs are paid at 100% of the AWP |
| DOXAZOSIN 1MG TAB | 49275041 | NDC | | | | both | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 0.88 | | | other | Drugs are paid at 100% of the AWP |
| DOXAZOSIN 1MG TAB | 49275041 | NDC | | | | both | 1 EA | 5.5 | | United | Oxford | | 100 | | 1.63 | | | other | Drugs are paid at 100% of the AWP |
| DOXAZOSIN 1MG TAB | 49275041 | NDC | | | | both | 1 EA | 5.5 | | Wellcare | Medicaid | | 100 | | 1.13 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DOXAZOSIN 1MG TAB | 49276041 | NDC | | | | both | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 1.54 | | | other | Drugs are paid at 100% of the AWP |
| DOXAZOSIN 2MG TAB | 49276041 | NDC | | | | both | 1 EA | 5.5 | | Aetna | Commercial | | 100 | | 2.24 | | | other | Drugs are paid at 100% of the AWP |
| DOXAZOSIN 2MG TAB | 49276041 | NDC | | | | both | 1 EA | 5.5 | | Aetna | Medicare | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| DOXAZOSIN 2MG TAB | 49276041 | NDC | | | | both | 1 EA | 5.5 | | Horizon | Medicare Blue | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| DOXAZOSIN 2MG TAB | 49276041 | NDC | | | | both | 1 EA | 5.5 | | Horizon | MGD | | 100 | | 0.86 | | | other | Drugs are paid at 100% of the AWP |
| DOXAZOSIN 2MG TAB | 49276041 | NDC | | | | both | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| DOXAZOSIN 2MG TAB | 49276041 | NDC | | | | both | 1 EA | 5.5 | | Horizon | PPO | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| DOXAZOSIN 2MG TAB | 49276041 | NDC | | | | both | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 0.83 | | | other | Drugs are paid at 100% of the AWP |
| DOXAZOSIN 2MG TAB | 49276041 | NDC | | | | both | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 0.95 | | | other | Drugs are paid at 100% of the AWP |
| DOXAZOSIN 2MG TAB | 49276041 | NDC | | | | both | 1 EA | 5.5 | | United | CommercialPPO | | 100 | | 2.13 | | | other | Drugs are paid at 100% of the AWP |
| DOXAZOSIN 2MG TAB | 49276041 | NDC | | | | both | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 2.22 | | | other | Drugs are paid at 100% of the AWP |
| VORICONAZOLE 50 MG TAB | 49317030 | NDC | | | | both | 1 EA | 64 | | Aetna | Better Health | | 100 | | 9.11 | | | other | Drugs are paid at 100% of the AWP |
| VORICONAZOLE 50 MG TAB | 49317030 | NDC | | | | both | 1 EA | 64 | | Amerihealth | HMO/PPO | | 100 | | 11.65 | | | other | Drugs are paid at 100% of the AWP |
| VORICONAZOLE 50 MG TAB | 49317030 | NDC | | | | both | 1 EA | 64 | | Horizon | NJ Health | | 100 | | 7.08 | | | other | Drugs are paid at 100% of the AWP |
| VORICONAZOLE 50 MG TAB | 49317030 | NDC | | | | both | 1 EA | 64 | | Horizon | PPO | | 100 | | 19.96 | | | other | Drugs are paid at 100% of the AWP |
| VORICONAZOLE 50 MG TAB | 49317030 | NDC | | | | both | 1 EA | 64 | | UHC | Medicare | | 100 | | 16.66 | | | other | Drugs are paid at 100% of the AWP |
| VORICONAZOLE 200MG TABS | 49318030 | NDC | | | | both | 1 EA | 240 | | Aetna | Better Health | | 100 | | 34.26 | | | other | Drugs are paid at 100% of the AWP |
| VORICONAZOLE 200MG TABS | 49318030 | NDC | | | | both | 1 EA | 240 | | Aetna | Commercial | | 100 | | 18.73 | | | other | Drugs are paid at 100% of the AWP |
| VORICONAZOLE 200MG TABS | 49318030 | NDC | | | | both | 1 EA | 240 | | Amerihealth | HMO/PPO | | 100 | | 43.78 | | | other | Drugs are paid at 100% of the AWP |
| VORICONAZOLE 200MG TABS | 49318030 | NDC | | | | both | 1 EA | 240 | | Horizon | NJ Health | | 100 | | 26.28 | | | other | Drugs are paid at 100% of the AWP |
| VORICONAZOLE 200MG TABS | 49318030 | NDC | | | | both | 1 EA | 240 | | Horizon | PPO | | 100 | | 74.99 | | | other | Drugs are paid at 100% of the AWP |
| VORICONAZOLE 200MG TABS | 49318030 | NDC | | | | both | 1 EA | 240 | | UHC | Medicare | | 100 | | 62.62 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 100MG TAB | 49342041 | NDC | | | | both | 1 EA | 68 | | Horizon | Medicare Blue | | 100 | | 11.94 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 100MG TAB | 49342041 | NDC | | | | both | 1 EA | 68 | | Horizon | MGD | | 100 | | 11.72 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 100MG TAB | 49342041 | NDC | | | | both | 1 EA | 68 | | Horizon | NJ Health | | 100 | | 9.06 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 100MG TAB | 49342041 | NDC | | | | both | 1 EA | 68 | | Horizon | PPO | | 100 | | 9.94 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 100MG TAB | 49342041 | NDC | | | | both | 1 EA | 68 | | UHC | Medicaid | | 100 | | 8.9 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 100MG TAB | 49342041 | NDC | | | | both | 1 EA | 68 | | UHC | Medicare | | 100 | | 13.02 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 100MG TAB | 49342041 | NDC | | | | both | 1 EA | 68 | | United | CommercialPPO | | 100 | | 16.27 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 100MG TAB | 49342041 | NDC | | | | both | 1 EA | 68 | | WellPoint | WellPoint | | 100 | | 10.07 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 400MG/200ML PB | 49343626 | NDC | | | | both | 1 EA | 1054 | | Aetna | Better Health | | 100 | | 80.75 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 400MG/200ML PB | 49343626 | NDC | | | | both | 1 EA | 1054 | | Aetna | Commercial | | 100 | | 218.5 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 400MG/200ML PB | 49343626 | NDC | | | | both | 1 EA | 1054 | | Amerihealth | HMO/PPO | | 100 | | 147.17 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 400MG/200ML PB | 49343626 | NDC | | | | both | 1 EA | 1054 | | Horizon | Indemnity | | 100 | | 179.52 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 400MG/200ML PB | 49343626 | NDC | | | | both | 1 EA | 1054 | | Horizon | Medicare Blue | | 100 | | 169.71 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 400MG/200ML PB | 49343626 | NDC | | | | both | 1 EA | 1054 | | Horizon | MGD | | 100 | | 170.7 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 400MG/200ML PB | 49343626 | NDC | | | | both | 1 EA | 1054 | | Horizon | NJ Health | | 100 | | 83.07 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 400MG/200ML PB | 49343626 | NDC | | | | both | 1 EA | 1054 | | Horizon | PPO | | 100 | | 78.97 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 400MG/200ML PB | 49343626 | NDC | | | | both | 1 EA | 1054 | | UHC | Medicaid | | 100 | | 147.32 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 400MG/200ML PB | 49343626 | NDC | | | | both | 1 EA | 1054 | | UHC | Medicare | | 100 | | 198.75 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 400MG/200ML PB | 49343626 | NDC | | | | both | 1 EA | 1054 | | United | CommercialPPO | | 100 | | 133.2 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 400MG/200ML PB | 49343626 | NDC | | | | both | 1 EA | 1054 | | Wellcare | Medicaid | | 100 | | 86.89 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 400MG/200ML PB | 49343626 | NDC | | | | both | 1 EA | 1054 | | Wellcare | Medicare | | 100 | | 135.52 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 400MG/200ML PB | 49343626 | NDC | | | | both | 1 EA | 1054 | | WellPoint | WellPoint | | 100 | | 138.7 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 50MG/5ML SUSP | 49344019 | NDC | | | | both | 1 EA | 5.5 | | Amerihealth | HMO/PPO | | 100 | | 0.83 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 50MG/5ML SUSP | 49344019 | NDC | | | | both | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 50MG/5ML SUSP | 49344019 | NDC | | | | both | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 1.06 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 200MG/5ML SUSP | 49345019 | NDC | | | | both | 1 EA | 32 | | Aetna | Commercial | | 100 | | 4.15 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 200MG/5ML SUSP | 49345019 | NDC | | | | both | 1 EA | 32 | | Aetna | Medicare | | 100 | | 2.56 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 200MG/5ML SUSP | 49345019 | NDC | | | | both | 1 EA | 32 | | Amerihealth | HMO/PPO | | 100 | | 4.68 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 200MG/5ML SUSP | 49345019 | NDC | | | | both | 1 EA | 32 | | Horizon | Indemnity | | 100 | | 1.05 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 200MG/5ML SUSP | 49345019 | NDC | | | | both | 1 EA | 32 | | Horizon | NJ Health | | 100 | | 1.88 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 200MG/5ML SUSP | 49345019 | NDC | | | | both | 1 EA | 32 | | UHC | Medicaid | | 100 | | 6.53 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 200MG/5ML SUSP | 49345019 | NDC | | | | both | 1 EA | 32 | | WellPoint | WellPoint | | 100 | | 5.57 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 150MG TAB | 49350079 | NDC | | | | both | 1 EA | 104.5 | | Aetna | Better Health | | 100 | | 24.02 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 150MG TAB | 49350079 | NDC | | | | both | 1 EA | 104.5 | | Aetna | Commercial | | 100 | | 18.76 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 150MG TAB | 49350079 | NDC | | | | both | 1 EA | 104.5 | | Aetna | Medicare | | 100 | | 23.6 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 150MG TAB | 49350079 | NDC | | | | both | 1 EA | 104.5 | | Corrections | Corrections | | 100 | | 19.98 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 150MG TAB | 49350079 | NDC | | | | both | 1 EA | 104.5 | | Horizon | Indemnity | | 100 | | 33.18 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 150MG TAB | 49350079 | NDC | | | | both | 1 EA | 104.5 | | Horizon | MGD | | 100 | | 27.67 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 150MG TAB | 49350079 | NDC | | | | both | 1 EA | 104.5 | | Horizon | NJ Health | | 100 | | 12.55 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 150MG TAB | 49350079 | NDC | | | | both | 1 EA | 104.5 | | Horizon | PPO | | 100 | | 22.93 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 150MG TAB | 49350079 | NDC | | | | both | 1 EA | 104.5 | | UHC | Medicaid | | 100 | | 14.74 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 150MG TAB | 49350079 | NDC | | | | both | 1 EA | 104.5 | | UHC | Medicare | | 100 | | 24.63 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 150MG TAB | 49350079 | NDC | | | | both | 1 EA | 104.5 | | United | CommercialPPO | | 100 | | 38.97 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 150MG TAB | 49350079 | NDC | | | | both | 1 EA | 104.5 | | Wellcare | Medicaid | | 100 | | 24.17 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 150MG TAB | 49350079 | NDC | | | | both | 1 EA | 104.5 | | Wellcare | Medicare | | 100 | | 9.72 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 150MG TAB | 49350079 | NDC | | | | both | 1 EA | 104.5 | | WellPoint | WellPoint | | 100 | | 28.8 | | | other | Drugs are paid at 100% of the AWP |
| ZIPRASIDONE 20MG CAP | 49396060 | NDC | | | | both | 1 EA | 38 | | Aetna | Better Health | | 100 | | 5.37 | | | other | Drugs are paid at 100% of the AWP |
| ZIPRASIDONE 20MG CAP | 49396060 | NDC | | | | both | 1 EA | 38 | | Horizon | Medicare Blue | | 100 | | 4.39 | | | other | Drugs are paid at 100% of the AWP |
| ZIPRASIDONE 20MG CAP | 49396060 | NDC | | | | both | 1 EA | 38 | | UHC | Medicaid | | 100 | | 5.4 | | | other | Drugs are paid at 100% of the AWP |
| ZIPRASIDONE 20MG CAP | 49396060 | NDC | | | | both | 1 EA | 38 | | UHC | Medicare | | 100 | | 4.31 | | | other | Drugs are paid at 100% of the AWP |
| ZIPRASIDONE 20MG CAP | 49396060 | NDC | | | | both | 1 EA | 38 | | WellPoint | WellPoint | | 100 | | 6.88 | | | other | Drugs are paid at 100% of the AWP |
| ZIPRASIDONE 40MG CAP | 49397060 | NDC | | | | both | 1 EA | 33.5 | | Aetna | Better Health | | 100 | | 4.4 | | | other | Drugs are paid at 100% of the AWP |
| ZIPRASIDONE 40MG CAP | 49397060 | NDC | | | | both | 1 EA | 33.5 | | Horizon | Medicare Blue | | 100 | | 4.42 | | | other | Drugs are paid at 100% of the AWP |
| ZIPRASIDONE 40MG CAP | 49397060 | NDC | | | | both | 1 EA | 33.5 | | Horizon | NJ Health | | 100 | | 2.42 | | | other | Drugs are paid at 100% of the AWP |
| ZIPRASIDONE 40MG CAP | 49397060 | NDC | | | | both | 1 EA | 33.5 | | UHC | Medicaid | | 100 | | 3.32 | | | other | Drugs are paid at 100% of the AWP |
| ZIPRASIDONE 40MG CAP | 49397060 | NDC | | | | both | 1 EA | 33.5 | | UHC | Medicare | | 100 | | 3.84 | | | other | Drugs are paid at 100% of the AWP |
| ZIPRASIDONE 60MG CAP | 49398060 | NDC | | | | both | 1 EA | 38 | | Horizon | Medicare Blue | | 100 | | 4.93 | | | other | Drugs are paid at 100% of the AWP |
| ZIPRASIDONE 60MG CAP | 49398060 | NDC | | | | both | 1 EA | 38 | | WellPoint | WellPoint | | 100 | | 5.75 | | | other | Drugs are paid at 100% of the AWP |
| ZIPRASIDONE 80MG CAP | 49399060 | NDC | | | | both | 1 EA | 42 | | Horizon | Medicare Blue | | 100 | | 3.96 | | | other | Drugs are paid at 100% of the AWP |
| ZIPRASIDONE 80MG CAP | 49399060 | NDC | | | | both | 1 EA | 42 | | Horizon | NJ Health | | 100 | | 6.67 | | | other | Drugs are paid at 100% of the AWP |
| ZIPRASIDONE 80MG CAP | 49399060 | NDC | | | | both | 1 EA | 42 | | UHC | Medicare | | 100 | | 4.51 | | | other | Drugs are paid at 100% of the AWP |
| GLIPIZIDE 5MG TAB | 49411041 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 1.84 | | | other | Drugs are paid at 100% of the AWP |
| GLIPIZIDE 5MG TAB | 49411041 | NDC | | | | both | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| GLIPIZIDE 5MG TAB | 49411041 | NDC | | | | both | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| GLIPIZIDE 5MG TAB | 49411041 | NDC | | | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| GLIPIZIDE 5MG TAB | 49411041 | NDC | | | | both | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.87 | | | other | Drugs are paid at 100% of the AWP |
| GLIPIZIDE 5MG TAB | 49411041 | NDC | | | | both | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| GLIPIZIDE 5MG TAB | 49411041 | NDC | | | | both | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| GLIPIZIDE 5MG TAB | 49411041 | NDC | | | | both | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| GLIPIZIDE 10MG TAB | 49412041 | NDC | | | | both | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 1.06 | | | other | Drugs are paid at 100% of the AWP |
| GLIPIZIDE 10MG TAB | 49412041 | NDC | | | | both | 1 EA | 3.5 | | Amerihealth | HMO/PPO | | 100 | | 1.56 | | | other | Drugs are paid at 100% of the AWP |
| GLIPIZIDE 10MG TAB | 49412041 | NDC | | | | both | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| GLIPIZIDE 10MG TAB | 49412041 | NDC | | | | both | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 1.26 | | | other | Drugs are paid at 100% of the AWP |
| ACETIC ACID 3% 500ML SOL | 49452003001 | NDC | | | | both | 1 EA | 60.5 | | Aetna | Better Health | | 100 | | 17.01 | | | other | Drugs are paid at 100% of the AWP |
| ACETIC ACID 3% 500ML SOL | 49452003001 | NDC | | | | both | 1 EA | 60.5 | | Aetna | Medicare | | 100 | | 9.83 | | | other | Drugs are paid at 100% of the AWP |
| ACETIC ACID 3% 500ML SOL | 49452003001 | NDC | | | | both | 1 EA | 60.5 | | Corrections | Corrections | | 100 | | 20.27 | | | other | Drugs are paid at 100% of the AWP |
| ACETIC ACID 3% 500ML SOL | 49452003001 | NDC | | | | both | 1 EA | 60.5 | | Horizon | Indemnity | | 100 | | 23.89 | | | other | Drugs are paid at 100% of the AWP |
| ACETIC ACID 3% 500ML SOL | 49452003001 | NDC | | | | both | 1 EA | 60.5 | | Horizon | MGD | | 100 | | 5.01 | | | other | Drugs are paid at 100% of the AWP |
| ACETIC ACID 3% 500ML SOL | 49452003001 | NDC | | | | both | 1 EA | 60.5 | | Horizon | NJ Health | | 100 | | 2.85 | | | other | Drugs are paid at 100% of the AWP |
| ACETIC ACID 3% 500ML SOL | 49452003001 | NDC | | | | both | 1 EA | 60.5 | | UHC | Medicaid | | 100 | | 16.15 | | | other | Drugs are paid at 100% of the AWP |
| ACETIC ACID 3% 500ML SOL | 49452003001 | NDC | | | | both | 1 EA | 60.5 | | UHC | Medicare | | 100 | | 11.29 | | | other | Drugs are paid at 100% of the AWP |
| ACETIC ACID 3% 500ML SOL | 49452003001 | NDC | | | | both | 1 EA | 60.5 | | WellPoint | WellPoint | | 100 | | 18.31 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 50MG TAB | 49490041 | NDC | | | | both | 1 EA | 23.5 | | Aetna | Better Health | | 100 | | 4.96 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 50MG TAB | 49490041 | NDC | | | | both | 1 EA | 23.5 | | Aetna | Commercial | | 100 | | 4.57 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 50MG TAB | 49490041 | NDC | | | | both | 1 EA | 23.5 | | Aetna | Medicare | | 100 | | 2.41 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 50MG TAB | 49490041 | NDC | | | | both | 1 EA | 23.5 | | Corrections | Corrections | | 100 | | 2.9 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 50MG TAB | 49490041 | NDC | | | | both | 1 EA | 23.5 | | Horizon | Indemnity | | 100 | | 2.12 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 50MG TAB | 49490041 | NDC | | | | both | 1 EA | 23.5 | | Horizon | Medicare Blue | | 100 | | 3.64 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 50MG TAB | 49490041 | NDC | | | | both | 1 EA | 23.5 | | Horizon | MGD | | 100 | | 6.58 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 50MG TAB | 49490041 | NDC | | | | both | 1 EA | 23.5 | | Horizon | NJ Health | | 100 | | 2.01 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 50MG TAB | 49490041 | NDC | | | | both | 1 EA | 23.5 | | UHC | Medicaid | | 100 | | 3.45 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 50MG TAB | 49490041 | NDC | | | | both | 1 EA | 23.5 | | UHC | Medicare | | 100 | | 4.99 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 50MG TAB | 49490041 | NDC | | | | both | 1 EA | 23.5 | | United | CommercialPPO | | 100 | | 2.76 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 50MG TAB | 49490041 | NDC | | | | both | 1 EA | 23.5 | | Wellcare | Medicaid | | 100 | | 5.06 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 50MG TAB | 49490041 | NDC | | | | both | 1 EA | 23.5 | | Wellcare | Medicare | | 100 | | 3.27 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 50MG TAB | 49490041 | NDC | | | | both | 1 EA | 23.5 | | WellPoint | WellPoint | | 100 | | 3.37 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 100MG TAB | 49491041 | NDC | | | | both | 1 EA | 23.5 | | Aetna | Better Health | | 100 | | 7.01 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 100MG TAB | 49491041 | NDC | | | | both | 1 EA | 23.5 | | Aetna | Commercial | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 100MG TAB | 49491041 | NDC | | | | both | 1 EA | 23.5 | | Corrections | Corrections | | 100 | | 4.77 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 100MG TAB | 49491041 | NDC | | | | both | 1 EA | 23.5 | | Horizon | Indemnity | | 100 | | 0.99 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 100MG TAB | 49491041 | NDC | | | | both | 1 EA | 23.5 | | Horizon | MGD | | 100 | | 5.13 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 100MG TAB | 49491041 | NDC | | | | both | 1 EA | 23.5 | | Horizon | NJ Health | | 100 | | 2.62 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 100MG TAB | 49491041 | NDC | | | | both | 1 EA | 23.5 | | UHC | Medicaid | | 100 | | 2.06 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 100MG TAB | 49491041 | NDC | | | | both | 1 EA | 23.5 | | UHC | Medicare | | 100 | | 4.35 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 100MG TAB | 49491041 | NDC | | | | both | 1 EA | 23.5 | | Wellcare | Medicaid | | 100 | | 5.42 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 100MG TAB | 49491041 | NDC | | | | both | 1 EA | 23.5 | | Wellcare | Medicare | | 100 | | 2.98 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 100MG TAB | 49491041 | NDC | | | | both | 1 EA | 23.5 | | WellPoint | WellPoint | | 100 | | 4.4 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 25MG TAB | 49496050 | NDC | | | | both | 1 EA | 23.5 | | Aetna | Better Health | | 100 | | 3.04 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 25MG TAB | 49496050 | NDC | | | | both | 1 EA | 23.5 | | Aetna | Commercial | | 100 | | 1.65 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 25MG TAB | 49496050 | NDC | | | | both | 1 EA | 23.5 | | Aetna | Medicare | | 100 | | 2.39 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 25MG TAB | 49496050 | NDC | | | | both | 1 EA | 23.5 | | Corrections | Corrections | | 100 | | 4.8 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 25MG TAB | 49496050 | NDC | | | | both | 1 EA | 23.5 | | Horizon | Indemnity | | 100 | | 0.99 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 25MG TAB | 49496050 | NDC | | | | both | 1 EA | 23.5 | | Horizon | Medicare Blue | | 100 | | 5.65 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 25MG TAB | 49496050 | NDC | | | | both | 1 EA | 23.5 | | Horizon | MGD | | 100 | | 6.37 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 25MG TAB | 49496050 | NDC | | | | both | 1 EA | 23.5 | | Horizon | NJ Health | | 100 | | 2.01 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 25MG TAB | 49496050 | NDC | | | | both | 1 EA | 23.5 | | Horizon | PPO | | 100 | | 7.79 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 25MG TAB | 49496050 | NDC | | | | both | 1 EA | 23.5 | | UHC | Medicaid | | 100 | | 3.85 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 25MG TAB | 49496050 | NDC | | | | both | 1 EA | 23.5 | | UHC | Medicare | | 100 | | 3.84 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 25MG TAB | 49496050 | NDC | | | | both | 1 EA | 23.5 | | United | CommercialPPO | | 100 | | 4.49 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 25MG TAB | 49496050 | NDC | | | | both | 1 EA | 23.5 | | Wellcare | Medicaid | | 100 | | 2.61 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 25MG TAB | 49496050 | NDC | | | | both | 1 EA | 23.5 | | Wellcare | Medicare | | 100 | | 3.01 | | | other | Drugs are paid at 100% of the AWP |
| SERTRALINE 25MG TAB | 49496050 | NDC | | | | both | 1 EA | 23.5 | | WellPoint | WellPoint | | 100 | | 4.77 | | | other | Drugs are paid at 100% of the AWP |
| PORACTANT 80MG/1ML (1.5ML) SUSP | 49502018001 | NDC | | | | both | 1 EA | 1682 | | Aetna | Better Health | | 100 | | 238.99 | | | other | Drugs are paid at 100% of the AWP |
| PORACTANT 80MG/1ML (1.5ML) SUSP | 49502018001 | NDC | | | | both | 1 EA | 1682 | | Horizon | NJ Health | | 100 | | 49.31 | | | other | Drugs are paid at 100% of the AWP |
| PORACTANT 80MG/1ML (1.5ML) SUSP | 49502018001 | NDC | | | | both | 1 EA | 1682 | | UHC | Medicaid | | 100 | | 262.71 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 20% (4ML) SOL | 49502018204 | NDC | | | | both | 1 EA | 5.5 | | Aetna | Better Health | | 100 | | 1.03 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ACETYLCYSTEINE 20% (4ML) SOL | 49502018204 | NDC | | | | both | 1 EA | 5.5 | | Aetna | Commercial | | 100 | | 1.28 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 20% (4ML) SOL | 49502018204 | NDC | | | | both | 1 EA | 5.5 | | Aetna | Medicare | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 20% (4ML) SOL | 49502018204 | NDC | | | | both | 1 EA | 5.5 | | Amerihealth | HMO/PPO | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 20% (4ML) SOL | 49502018204 | NDC | | | | both | 1 EA | 5.5 | | Horizon | Indemnity | | 100 | | 0.95 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 20% (4ML) SOL | 49502018204 | NDC | | | | both | 1 EA | 5.5 | | Horizon | Medicare Blue | | 100 | | 1.47 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 20% (4ML) SOL | 49502018204 | NDC | | | | both | 1 EA | 5.5 | | Horizon | MGD | | 100 | | 0.88 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 20% (4ML) SOL | 49502018204 | NDC | | | | both | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 20% (4ML) SOL | 49502018204 | NDC | | | | both | 1 EA | 5.5 | | Horizon | PPO | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 20% (4ML) SOL | 49502018204 | NDC | | | | both | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 20% (4ML) SOL | 49502018204 | NDC | | | | both | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 0.91 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 20% (4ML) SOL | 49502018204 | NDC | | | | both | 1 EA | 5.5 | | United | Commercial\|PPO | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 20% (4ML) SOL | 49502018204 | NDC | | | | both | 1 EA | 5.5 | | United | Oxford | | 100 | | 1.65 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 20% (4ML) SOL | 49502018204 | NDC | | | | both | 1 EA | 5.5 | | Wellcare | Medicaid | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 20% (4ML) SOL | 49502018204 | NDC | | | | both | 1 EA | 5.5 | | Wellcare | Medicare | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 20% (4ML) SOL | 49502018204 | NDC | | | | both | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 0.85 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE SODIUM 1ML(50MCG) SOLN | 49502037875 | NDC | | | | both | 1 EA | 6 | | Horizon | NJ Health | | 100 | | 0.04 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE SODIUM 1ML(50MCG) SOLN | 49502037875 | NDC | | | | both | 1 EA | 6 | | UHC | Medicaid | | 100 | | 0.79 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 3% (15ML)INH | 49502064015 | NDC | | | | both | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 3% (15ML)INH | 49502064015 | NDC | | | | both | 1 EA | 3.5 | | Aetna | Commercial | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 3% (15ML)INH | 49502064015 | NDC | | | | both | 1 EA | 3.5 | | Aetna | Medicare | | 100 | | 1.63 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 3% (15ML)INH | 49502064015 | NDC | | | | both | 1 EA | 3.5 | | Horizon | Indemnity | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 3% (15ML)INH | 49502064015 | NDC | | | | both | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 3% (15ML)INH | 49502064015 | NDC | | | | both | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 3% (15ML)INH | 49502064015 | NDC | | | | both | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 3% (15ML)INH | 49502064015 | NDC | | | | both | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 3% (15ML)INH | 49502064015 | NDC | | | | both | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 3% (15ML)INH | 49502064015 | NDC | | | | both | 1 EA | 3.5 | | United | Commercial\|PPO | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 3% (15ML)INH | 49502064015 | NDC | | | | both | 1 EA | 3.5 | | Wellcare | Medicaid | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 3% (15ML)INH | 49502064015 | NDC | | | | both | 1 EA | 3.5 | | Wellcare | Medicare | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE 3% (15ML)INH | 49502064015 | NDC | | | | both | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL/IPRA 2.5-0.5 MG/3ML INHL | 49502067230 | NDC | | | | both | 1 EA | 9 | | Aetna | Better Health | | 100 | | 1.5 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL/IPRA 2.5-0.5 MG/3ML INHL | 49502067230 | NDC | | | | both | 1 EA | 9 | | Aetna | Commercial | | 100 | | 2.25 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL/IPRA 2.5-0.5 MG/3ML INHL | 49502067230 | NDC | | | | both | 1 EA | 9 | | Aetna | Medicare | | 100 | | 1.36 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL/IPRA 2.5-0.5 MG/3ML INHL | 49502067230 | NDC | | | | both | 1 EA | 9 | | Amerihealth | HMO/PPO | | 100 | | 1.5 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL/IPRA 2.5-0.5 MG/3ML INHL | 49502067230 | NDC | | | | both | 1 EA | 9 | | Corrections | Corrections | | 100 | | 2.02 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL/IPRA 2.5-0.5 MG/3ML INHL | 49502067230 | NDC | | | | both | 1 EA | 9 | | Horizon | Indemnity | | 100 | | 1.07 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL/IPRA 2.5-0.5 MG/3ML INHL | 49502067230 | NDC | | | | both | 1 EA | 9 | | Horizon | Medicare Blue | | 100 | | 1.81 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL/IPRA 2.5-0.5 MG/3ML INHL | 49502067230 | NDC | | | | both | 1 EA | 9 | | Horizon | MGD | | 100 | | 1.67 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL/IPRA 2.5-0.5 MG/3ML INHL | 49502067230 | NDC | | | | both | 1 EA | 9 | | Horizon | NJ Health | | 100 | | 1.24 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL/IPRA 2.5-0.5 MG/3ML INHL | 49502067230 | NDC | | | | both | 1 EA | 9 | | Horizon | PPO | | 100 | | 2 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL/IPRA 2.5-0.5 MG/3ML INHL | 49502067230 | NDC | | | | both | 1 EA | 9 | | UHC | Medicaid | | 100 | | 1.66 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL/IPRA 2.5-0.5 MG/3ML INHL | 49502067230 | NDC | | | | both | 1 EA | 9 | | UHC | Medicare | | 100 | | 1.93 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL/IPRA 2.5-0.5 MG/3ML INHL | 49502067230 | NDC | | | | both | 1 EA | 9 | | United | Commercial\|PPO | | 100 | | 1.37 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL/IPRA 2.5-0.5 MG/3ML INHL | 49502067230 | NDC | | | | both | 1 EA | 9 | | United | Oxford | | 100 | | 2.67 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL/IPRA 2.5-0.5 MG/3ML INHL | 49502067230 | NDC | | | | both | 1 EA | 9 | | Wellcare | Medicaid | | 100 | | 1.46 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL/IPRA 2.5-0.5 MG/3ML INHL | 49502067230 | NDC | | | | both | 1 EA | 9 | | Wellcare | Medicare | | 100 | | 1.76 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL/IPRA 2.5-0.5 MG/3ML INHL | 49502067230 | NDC | | | | both | 1 EA | 9 | | WellPoint | WellPoint | | 100 | | 1.8 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 1.25MG/3ML SOL | 49502069303 | NDC | | | | both | 1 EA | 8.5 | | Aetna | Better Health | | 100 | | 1.31 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 1.25MG/3ML SOL | 49502069303 | NDC | | | | both | 1 EA | 8.5 | | Aetna | Commercial | | 100 | | 1.96 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 1.25MG/3ML SOL | 49502069303 | NDC | | | | both | 1 EA | 8.5 | | Horizon | NJ Health | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 1.25MG/3ML SOL | 49502069303 | NDC | | | | both | 1 EA | 8.5 | | UHC | Medicaid | | 100 | | 1.08 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 1.25MG/3ML SOL | 49502069303 | NDC | | | | both | 1 EA | 8.5 | | UHC | Medicare | | 100 | | 1.05 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 1.25MG/3ML SOL | 49502069303 | NDC | | | | both | 1 EA | 8.5 | | Wellcare | Medicare | | 100 | | 1.23 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 1.25MG/3ML SOL | 49502069303 | NDC | | | | both | 1 EA | 8.5 | | WellPoint | WellPoint | | 100 | | 1.36 | | | other | Drugs are paid at 100% of the AWP |
| ASPIRIN EC 81MG TAB | 49692090236 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| ASPIRIN EC 81MG TAB | 49692090236 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| ASPIRIN EC 81MG TAB | 49692090236 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| ASPIRIN EC 81MG TAB | 49692090236 | NDC | | | | both | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| ASPIRIN EC 81MG TAB | 49692090236 | NDC | | | | both | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| ASPIRIN EC 81MG TAB | 49692090236 | NDC | | | | both | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| ASPIRIN EC 81MG TAB | 49692090236 | NDC | | | | both | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| ASPIRIN EC 81MG TAB | 49692090236 | NDC | | | | both | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| ASPIRIN EC 81MG TAB | 49692090236 | NDC | | | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| ASPIRIN EC 81MG TAB | 49692090236 | NDC | | | | both | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| ASPIRIN EC 81MG TAB | 49692090236 | NDC | | | | both | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| ASPIRIN EC 81MG TAB | 49692090236 | NDC | | | | both | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| ASPIRIN EC 81MG TAB | 49692090236 | NDC | | | | both | 1 EA | 2.5 | | United | Commercial\|PPO | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| ASPIRIN EC 81MG TAB | 49692090236 | NDC | | | | both | 1 EA | 2.5 | | United | Oxford | | 100 | | 1.18 | | | other | Drugs are paid at 100% of the AWP |
| ASPIRIN EC 81MG TAB | 49692090236 | NDC | | | | both | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| ASPIRIN EC 81MG TAB | 49692090236 | NDC | | | | both | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| ASPIRIN EC 81MG TAB | 49692090236 | NDC | | | | both | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| DOLUTEGRAVIR 50MG TAB | 49702022813 | NDC | | | | both | 1 EA | 171 | | Aetna | Better Health | | 100 | | 22.86 | | | other | Drugs are paid at 100% of the AWP |
| DOLUTEGRAVIR 50MG TAB | 49702022813 | NDC | | | | both | 1 EA | 171 | | Aetna | Commercial | | 100 | | 19.99 | | | other | Drugs are paid at 100% of the AWP |
| DOLUTEGRAVIR 50MG TAB | 49702022813 | NDC | | | | both | 1 EA | 171 | | Aetna | Medicare | | 100 | | 22.93 | | | other | Drugs are paid at 100% of the AWP |
| DOLUTEGRAVIR 50MG TAB | 49702022813 | NDC | | | | both | 1 EA | 171 | | Corrections | Corrections | | 100 | | 50.14 | | | other | Drugs are paid at 100% of the AWP |
| DOLUTEGRAVIR 50MG TAB | 49702022813 | NDC | | | | both | 1 EA | 171 | | Horizon | Indemnity | | 100 | | 30.93 | | | other | Drugs are paid at 100% of the AWP |
| DOLUTEGRAVIR 50MG TAB | 49702022813 | NDC | | | | both | 1 EA | 171 | | Horizon | Medicare Blue | | 100 | | 72.94 | | | other | Drugs are paid at 100% of the AWP |
| DOLUTEGRAVIR 50MG TAB | 49702022813 | NDC | | | | both | 1 EA | 171 | | Horizon | MGD | | 100 | | 21.39 | | | other | Drugs are paid at 100% of the AWP |
| DOLUTEGRAVIR 50MG TAB | 49702022813 | NDC | | | | both | 1 EA | 171 | | Horizon | NJ Health | | 100 | | 21.21 | | | other | Drugs are paid at 100% of the AWP |
| DOLUTEGRAVIR 50MG TAB | 49702022813 | NDC | | | | both | 1 EA | 171 | | UHC | Medicaid | | 100 | | 22.7 | | | other | Drugs are paid at 100% of the AWP |
| DOLUTEGRAVIR 50MG TAB | 49702022813 | NDC | | | | both | 1 EA | 171 | | UHC | Medicare | | 100 | | 32.69 | | | other | Drugs are paid at 100% of the AWP |
| DOLUTEGRAVIR 50MG TAB | 49702022813 | NDC | | | | both | 1 EA | 171 | | United | Commercial\|PPO | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| DOLUTEGRAVIR 50MG TAB | 49702022813 | NDC | | | | both | 1 EA | 171 | | Wellcare | Medicaid | | 100 | | 31.18 | | | other | Drugs are paid at 100% of the AWP |
| DOLUTEGRAVIR 50MG TAB | 49702022813 | NDC | | | | both | 1 EA | 171 | | Wellcare | Medicare | | 100 | | 57.57 | | | other | Drugs are paid at 100% of the AWP |
| DOLUTEGRAVIR 50MG TAB | 49702022813 | NDC | | | | both | 1 EA | 171 | | WellPoint | WellPoint | | 100 | | 36.85 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 200MG TAB | 49884094174 | NDC | | | | both | 1 EA | 76 | | Aetna | Better Health | | 100 | | 10.43 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 200MG TAB | 49884094174 | NDC | | | | both | 1 EA | 76 | | Aetna | Commercial | | 100 | | 9.1 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 200MG TAB | 49884094174 | NDC | | | | both | 1 EA | 76 | | Aetna | Medicare | | 100 | | 6.24 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 200MG TAB | 49884094174 | NDC | | | | both | 1 EA | 76 | | Amerihealth | HMO/PPO | | 100 | | 13.54 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 200MG TAB | 49884094174 | NDC | | | | both | 1 EA | 76 | | Horizon | Indemnity | | 100 | | 16.54 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 200MG TAB | 49884094174 | NDC | | | | both | 1 EA | 76 | | Horizon | Medicare Blue | | 100 | | 9.63 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 200MG TAB | 49884094174 | NDC | | | | both | 1 EA | 76 | | Horizon | MGD | | 100 | | 14.62 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 200MG TAB | 49884094174 | NDC | | | | both | 1 EA | 76 | | Horizon | NJ Health | | 100 | | 9.61 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 200MG TAB | 49884094174 | NDC | | | | both | 1 EA | 76 | | Horizon | PPO | | 100 | | 21.53 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 200MG TAB | 49884094174 | NDC | | | | both | 1 EA | 76 | | UHC | Medicaid | | 100 | | 12.13 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 200MG TAB | 49884094174 | NDC | | | | both | 1 EA | 76 | | UHC | Medicare | | 100 | | 10.87 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 200MG TAB | 49884094174 | NDC | | | | both | 1 EA | 76 | | United | Commercial\|PPO | | 100 | | 12.34 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 200MG TAB | 49884094174 | NDC | | | | both | 1 EA | 76 | | Wellcare | Medicare | | 100 | | 6.55 | | | other | Drugs are paid at 100% of the AWP |
| FLUCONAZOLE 200MG TAB | 49884094174 | NDC | | | | both | 1 EA | 76 | | WellPoint | WellPoint | | 100 | | 15.29 | | | other | Drugs are paid at 100% of the AWP |
| DAPSONE 100MG TAB | 49938010101 | NDC | | | | both | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| DAPSONE 100MG TAB | 49938010101 | NDC | | | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| DAPSONE 100MG TAB | 49938010101 | NDC | | | | both | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| DAPSONE 100MG TAB | 49938010101 | NDC | | | | both | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.93 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 100MG TAB | 50111039701 | NDC | | | | both | 1 EA | 4.5 | | Aetna | Better Health | | 100 | | 1.37 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 100MG TAB | 50111039701 | NDC | | | | both | 1 EA | 4.5 | | Aetna | Commercial | | 100 | | 1.27 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 100MG TAB | 50111039701 | NDC | | | | both | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 100MG TAB | 50111039701 | NDC | | | | both | 1 EA | 4.5 | | Amerihealth | HMO/PPO | | 100 | | 1.09 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 100MG TAB | 50111039701 | NDC | | | | both | 1 EA | 4.5 | | Corrections | Corrections | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 100MG TAB | 50111039701 | NDC | | | | both | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 2.75 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 100MG TAB | 50111039701 | NDC | | | | both | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 0.96 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 100MG TAB | 50111039701 | NDC | | | | both | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 100MG TAB | 50111039701 | NDC | | | | both | 1 EA | 4.5 | | Horizon | PPO | | 100 | | 1.97 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 100MG TAB | 50111039701 | NDC | | | | both | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 100MG TAB | 50111039701 | NDC | | | | both | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 0.83 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 100MG TAB | 50111039701 | NDC | | | | both | 1 EA | 4.5 | | Wellcare | Medicaid | | 100 | | 1.11 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 100MG TAB | 50111039701 | NDC | | | | both | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 1.27 | | | other | Drugs are paid at 100% of the AWP |
| TORSEMIDE 5 MG TAB | 50111091501 | NDC | | | | both | 1 EA | 2 | | Horizon | NJ Health | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| TORSEMIDE 5 MG TAB | 50111091501 | NDC | | | | both | 1 EA | 2 | | UHC | Medicare | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| DORNASE (PULMOZYME) 1MG/2.5ML INH | 50242010040 | NDC | | | | both | 1 EA | 315 | | Aetna | Better Health | | 100 | | 51.09 | | | other | Drugs are paid at 100% of the AWP |
| DORNASE (PULMOZYME) 1MG/2.5ML INH | 50242010040 | NDC | | | | both | 1 EA | 315 | | Horizon | MGD | | 100 | | 31.56 | | | other | Drugs are paid at 100% of the AWP |
| DORNASE (PULMOZYME) 1MG/2.5ML INH | 50242010040 | NDC | | | | both | 1 EA | 315 | | Horizon | NJ Health | | 100 | | 22.81 | | | other | Drugs are paid at 100% of the AWP |
| DORNASE (PULMOZYME) 1MG/2.5ML INH | 50242010040 | NDC | | | | both | 1 EA | 315 | | Horizon | PPO | | 100 | | 21.17 | | | other | Drugs are paid at 100% of the AWP |
| DORNASE (PULMOZYME) 1MG/2.5ML INH | 50242010040 | NDC | | | | both | 1 EA | 315 | | UHC | Medicaid | | 100 | | 48.43 | | | other | Drugs are paid at 100% of the AWP |
| DORNASE (PULMOZYME) 1MG/2.5ML INH | 50242010040 | NDC | | | | both | 1 EA | 315 | | WellPoint | WellPoint | | 100 | | 63.69 | | | other | Drugs are paid at 100% of the AWP |
| TORSEMIDE 10 MG TAB | 50268075515 | NDC | | | | both | 1 EA | 2 | | Aetna | Better Health | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| TORSEMIDE 10 MG TAB | 50268075515 | NDC | | | | both | 1 EA | 2 | | Aetna | Commercial | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| TORSEMIDE 10 MG TAB | 50268075515 | NDC | | | | both | 1 EA | 2 | | Amerihealth | HMO/PPO | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| TORSEMIDE 10 MG TAB | 50268075515 | NDC | | | | both | 1 EA | 2 | | Horizon | Medicare Blue | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| TORSEMIDE 10 MG TAB | 50268075515 | NDC | | | | both | 1 EA | 2 | | Horizon | MGD | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| TORSEMIDE 10 MG TAB | 50268075515 | NDC | | | | both | 1 EA | 2 | | Horizon | NJ Health | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| TORSEMIDE 10 MG TAB | 50268075515 | NDC | | | | both | 1 EA | 2 | | UHC | Medicaid | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| TORSEMIDE 10 MG TAB | 50268075515 | NDC | | | | both | 1 EA | 2 | | UHC | Medicare | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| TORSEMIDE 10 MG TAB | 50268075515 | NDC | | | | both | 1 EA | 2 | | WellPoint | WellPoint | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| CHLORHEXIDINE GLUCONATE 15ML LIQD | 50383072017 | NDC | | | | both | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| CHLORHEXIDINE GLUCONATE 15ML LIQD | 50383072017 | NDC | | | | both | 1 EA | 3.5 | | Aetna | Commercial | | 100 | | 0.88 | | | other | Drugs are paid at 100% of the AWP |
| CHLORHEXIDINE GLUCONATE 15ML LIQD | 50383072017 | NDC | | | | both | 1 EA | 3.5 | | Aetna | Medicare | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| CHLORHEXIDINE GLUCONATE 15ML LIQD | 50383072017 | NDC | | | | both | 1 EA | 3.5 | | Amerihealth | HMO/PPO | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| CHLORHEXIDINE GLUCONATE 15ML LIQD | 50383072017 | NDC | | | | both | 1 EA | 3.5 | | Corrections | Corrections | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| CHLORHEXIDINE GLUCONATE 15ML LIQD | 50383072017 | NDC | | | | both | 1 EA | 3.5 | | Horizon | Indemnity | | 100 | | 0.79 | | | other | Drugs are paid at 100% of the AWP |
| CHLORHEXIDINE GLUCONATE 15ML LIQD | 50383072017 | NDC | | | | both | 1 EA | 3.5 | | Horizon | Medicare Blue | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| CHLORHEXIDINE GLUCONATE 15ML LIQD | 50383072017 | NDC | | | | both | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| CHLORHEXIDINE GLUCONATE 15ML LIQD | 50383072017 | NDC | | | | both | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| CHLORHEXIDINE GLUCONATE 15ML LIQD | 50383072017 | NDC | | | | both | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| CHLORHEXIDINE GLUCONATE 15ML LIQD | 50383072017 | NDC | | | | both | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| CHLORHEXIDINE GLUCONATE 15ML LIQD | 50383072017 | NDC | | | | both | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| CHLORHEXIDINE GLUCONATE 15ML LIQD | 50383072017 | NDC | | | | both | 1 EA | 3.5 | | United | Commercial\|PPO | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| CHLORHEXIDINE GLUCONATE 15ML LIQD | 50383072017 | NDC | | | | both | 1 EA | 3.5 | | United | Oxford | | 100 | | 1.01 | | | other | Drugs are paid at 100% of the AWP |
| CHLORHEXIDINE GLUCONATE 15ML LIQD | 50383072017 | NDC | | | | both | 1 EA | 3.5 | | Wellcare | Medicaid | | 100 | | 0.95 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CHLORHEXIDINE GLUCONATE 15ML LIQD | 50383072017 | NDC | | | | both | 1 EA | 3.5 | | Wellcare | Medicare | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| CHLORHEXIDINE GLUCONATE 15ML LIQD | 50383072017 | NDC | | | | both | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.71 | | | other | Drugs are paid at 100% of the AWP |
| SOTALOL 80MG TAB | 50419010511 | NDC | | | | both | 1 EA | 25 | | Horizon | MGD | | 100 | | 4.63 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 25MCG PATCH | 50458003305 | NDC | | | | both | 1 EA | 107.5 | | Aetna | Commercial | | 100 | | 25.68 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 25MCG PATCH | 50458003305 | NDC | | | | both | 1 EA | 107.5 | | Aetna | Medicare | | 100 | | 15.33 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 25MCG PATCH | 50458003305 | NDC | | | | both | 1 EA | 107.5 | | Amerihealth | HMO/PPO | | 100 | | 28.16 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 25MCG PATCH | 50458003305 | NDC | | | | both | 1 EA | 107.5 | | Horizon | Indemnity | | 100 | | 6.96 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 25MCG PATCH | 50458003305 | NDC | | | | both | 1 EA | 107.5 | | Horizon | Medicare Blue | | 100 | | 27.52 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 25MCG PATCH | 50458003305 | NDC | | | | both | 1 EA | 107.5 | | Horizon | NJ Health | | 100 | | 14.52 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 25MCG PATCH | 50458003305 | NDC | | | | both | 1 EA | 107.5 | | UHC | Medicaid | | 100 | | 27.39 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 25MCG PATCH | 50458003305 | NDC | | | | both | 1 EA | 107.5 | | UHC | Medicare | | 100 | | 4.55 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 25MCG PATCH | 50458003305 | NDC | | | | both | 1 EA | 107.5 | | Wellcare | Medicaid | | 100 | | 19.44 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 25MCG PATCH | 50458003305 | NDC | | | | both | 1 EA | 107.5 | | WellPoint | WellPoint | | 100 | | 9.28 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 50MCG PATCH | 50458003405 | NDC | | | | both | 1 EA | 190.5 | | Aetna | Better Health | | 100 | | 10.3 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 50MCG PATCH | 50458003405 | NDC | | | | both | 1 EA | 190.5 | | Aetna | Commercial | | 100 | | 46.27 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 50MCG PATCH | 50458003405 | NDC | | | | both | 1 EA | 190.5 | | Aetna | Medicare | | 100 | | 15.04 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 50MCG PATCH | 50458003405 | NDC | | | | both | 1 EA | 190.5 | | Horizon | Medicare Blue | | 100 | | 90.22 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 50MCG PATCH | 50458003405 | NDC | | | | both | 1 EA | 190.5 | | Horizon | NJ Health | | 100 | | 24.62 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 50MCG PATCH | 50458003405 | NDC | | | | both | 1 EA | 190.5 | | UHC | Medicaid | | 100 | | 24.2 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 50MCG PATCH | 50458003405 | NDC | | | | both | 1 EA | 190.5 | | UHC | Medicare | | 100 | | 18.02 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 50MCG PATCH | 50458003405 | NDC | | | | both | 1 EA | 190.5 | | WellPoint | WellPoint | | 100 | | 46 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 75MCG PATCH | 50458003505 | NDC | | | | both | 1 EA | 291 | | Aetna | Commercial | | 100 | | 72.03 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 75MCG PATCH | 50458003505 | NDC | | | | both | 1 EA | 291 | | Aetna | Medicare | | 100 | | 45.98 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 75MCG PATCH | 50458003505 | NDC | | | | both | 1 EA | 291 | | Horizon | NJ Health | | 100 | | 10.95 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 75MCG PATCH | 50458003505 | NDC | | | | both | 1 EA | 291 | | UHC | Medicaid | | 100 | | 180.2 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 75MCG PATCH | 50458003505 | NDC | | | | both | 1 EA | 291 | | UHC | Medicare | | 100 | | 39.03 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 100MCG PATCH | 50458003605 | NDC | | | | both | 1 EA | 384.5 | | Aetna | Commercial | | 100 | | 92.64 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 100MCG PATCH | 50458003605 | NDC | | | | both | 1 EA | 384.5 | | Horizon | NJ Health | | 100 | | 22.24 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 100MCG PATCH | 50458003605 | NDC | | | | both | 1 EA | 384.5 | | UHC | Medicaid | | 100 | | 237.93 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 100MCG PATCH | 50458003605 | NDC | | | | both | 1 EA | 384.5 | | Wellcare | Medicaid | | 100 | | 69.8 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 12MCG PATCH | 50458003705 | NDC | | | | both | 1 EA | 91 | | Aetna | Commercial | | 100 | | 21.71 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 12MCG PATCH | 50458003705 | NDC | | | | both | 1 EA | 91 | | Aetna | Medicare | | 100 | | 41.21 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 12MCG PATCH | 50458003705 | NDC | | | | both | 1 EA | 91 | | Horizon | Medicare Blue | | 100 | | 9.94 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 12MCG PATCH | 50458003705 | NDC | | | | both | 1 EA | 91 | | Horizon | NJ Health | | 100 | | 7.12 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 12MCG PATCH | 50458003705 | NDC | | | | both | 1 EA | 91 | | WellPoint | WellPoint | | 100 | | 9.08 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 25MG/ML SOLN | 50458017001 | NDC | | | | both | 1 EA | 4 | | Aetna | Better Health | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 25MG/ML SOLN | 50458017001 | NDC | | | | both | 1 EA | 4 | | Aetna | Commercial | | 100 | | 1.42 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 25MG/ML SOLN | 50458017001 | NDC | | | | both | 1 EA | 4 | | Horizon | MGD | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 25MG/ML SOLN | 50458017001 | NDC | | | | both | 1 EA | 4 | | Horizon | NJ Health | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 25MG/ML SOLN | 50458017001 | NDC | | | | both | 1 EA | 4 | | UHC | Medicaid | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| LEVOFLOXACIN 25MG/ML SOLN | 50458017001 | NDC | | | | both | 1 EA | 4 | | WellPoint | WellPoint | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| KETOCONAZOLE 2% (120ML) SHAMPOO | 50458022304 | NDC | | | | both | 1 EA | 144.5 | | Horizon | Medicare Blue | | 100 | | 42.08 | | | other | Drugs are paid at 100% of the AWP |
| KETOCONAZOLE 2% (120ML) SHAMPOO | 50458022304 | NDC | | | | both | 1 EA | 144.5 | | Horizon | NJ Health | | 100 | | 15.64 | | | other | Drugs are paid at 100% of the AWP |
| ITRACONAZOLE 10MG/1ML LIQ | 50458029515 | NDC | | | | both | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.85 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 1MG TAB | 50458030001 | NDC | | | | both | 1 EA | 32 | | Aetna | Better Health | | 100 | | 4.37 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 1MG TAB | 50458030001 | NDC | | | | both | 1 EA | 32 | | Aetna | Commercial | | 100 | | 8.2 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 1MG TAB | 50458030001 | NDC | | | | both | 1 EA | 32 | | Aetna | Medicare | | 100 | | 4.11 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 1MG TAB | 50458030001 | NDC | | | | both | 1 EA | 32 | | Amerihealth | HMO/PPO | | 100 | | 2.49 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 1MG TAB | 50458030001 | NDC | | | | both | 1 EA | 32 | | Corrections | Corrections | | 100 | | 6.2 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 1MG TAB | 50458030001 | NDC | | | | both | 1 EA | 32 | | Horizon | Medicare Blue | | 100 | | 5.35 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 1MG TAB | 50458030001 | NDC | | | | both | 1 EA | 32 | | Horizon | MGD | | 100 | | 7.52 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 1MG TAB | 50458030001 | NDC | | | | both | 1 EA | 32 | | Horizon | NJ Health | | 100 | | 3.49 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 1MG TAB | 50458030001 | NDC | | | | both | 1 EA | 32 | | Horizon | PPO | | 100 | | 11.2 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 1MG TAB | 50458030001 | NDC | | | | both | 1 EA | 32 | | UHC | Medicaid | | 100 | | 4.34 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 1MG TAB | 50458030001 | NDC | | | | both | 1 EA | 32 | | UHC | Medicare | | 100 | | 4.7 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 1MG TAB | 50458030001 | NDC | | | | both | 1 EA | 32 | | Wellcare | Medicaid | | 100 | | 3.97 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 1MG TAB | 50458030001 | NDC | | | | both | 1 EA | 32 | | Wellcare | Medicare | | 100 | | 5.56 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 1MG TAB | 50458030001 | NDC | | | | both | 1 EA | 32 | | WellPoint | WellPoint | | 100 | | 5.01 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 0.25MG TAB | 50458030150 | NDC | | | | both | 1 EA | 26.5 | | Aetna | Better Health | | 100 | | 4.49 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 0.25MG TAB | 50458030150 | NDC | | | | both | 1 EA | 26.5 | | Aetna | Commercial | | 100 | | 2.98 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 0.25MG TAB | 50458030150 | NDC | | | | both | 1 EA | 26.5 | | Horizon | Medicare Blue | | 100 | | 3.78 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 0.25MG TAB | 50458030150 | NDC | | | | both | 1 EA | 26.5 | | Horizon | NJ Health | | 100 | | 2.19 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 0.25MG TAB | 50458030150 | NDC | | | | both | 1 EA | 26.5 | | UHC | Medicaid | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 0.25MG TAB | 50458030150 | NDC | | | | both | 1 EA | 26.5 | | UHC | Medicare | | 100 | | 13.77 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 0.25MG TAB | 50458030150 | NDC | | | | both | 1 EA | 26.5 | | Wellcare | Medicaid | | 100 | | 4.52 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 0.25MG TAB | 50458030150 | NDC | | | | both | 1 EA | 26.5 | | Wellcare | Medicare | | 100 | | 2.7 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 0.5MG TAB | 50458030206 | NDC | | | | both | 1 EA | 27.5 | | Aetna | Better Health | | 100 | | 3.83 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 0.5MG TAB | 50458030206 | NDC | | | | both | 1 EA | 27.5 | | Aetna | Commercial | | 100 | | 3.53 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 0.5MG TAB | 50458030206 | NDC | | | | both | 1 EA | 27.5 | | Aetna | Medicare | | 100 | | 7.82 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 0.5MG TAB | 50458030206 | NDC | | | | both | 1 EA | 27.5 | | Amerihealth | HMO/PPO | | 100 | | 6.16 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 0.5MG TAB | 50458030206 | NDC | | | | both | 1 EA | 27.5 | | Horizon | Indemnity | | 100 | | 4.96 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 0.5MG TAB | 50458030206 | NDC | | | | both | 1 EA | 27.5 | | Horizon | Medicare Blue | | 100 | | 3.68 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 0.5MG TAB | 50458030206 | NDC | | | | both | 1 EA | 27.5 | | Horizon | MGD | | 100 | | 4.1 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 0.5MG TAB | 50458030206 | NDC | | | | both | 1 EA | 27.5 | | Horizon | NJ Health | | 100 | | 2.94 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 0.5MG TAB | 50458030206 | NDC | | | | both | 1 EA | 27.5 | | UHC | Medicaid | | 100 | | 2.91 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 0.5MG TAB | 50458030206 | NDC | | | | both | 1 EA | 27.5 | | UHC | Medicare | | 100 | | 4.77 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 0.5MG TAB | 50458030206 | NDC | | | | both | 1 EA | 27.5 | | United | Commercial/PPO | | 100 | | 7.52 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 0.5MG TAB | 50458030206 | NDC | | | | both | 1 EA | 27.5 | | Wellcare | Medicaid | | 100 | | 4.64 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 0.5MG TAB | 50458030206 | NDC | | | | both | 1 EA | 27.5 | | Wellcare | Medicare | | 100 | | 3.67 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 0.5MG TAB | 50458030206 | NDC | | | | both | 1 EA | 27.5 | | WellPoint | WellPoint | | 100 | | 3.2 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 1MG/1ML LIQ | 50458030503 | NDC | | | | both | 1 EA | 25 | | Horizon | NJ Health | | 100 | | 0.93 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 1MG/1ML LIQ | 50458030503 | NDC | | | | both | 1 EA | 25 | | UHC | Medicaid | | 100 | | 1.74 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 1MG/1ML LIQ | 50458030503 | NDC | | | | both | 1 EA | 25 | | UHC | Medicare | | 100 | | 3.77 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 1MG/1ML LIQ | 50458030503 | NDC | | | | both | 1 EA | 25 | | WellPoint | WellPoint | | 100 | | 3.56 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE M 1MG TABS | 50458031528 | NDC | | | | both | 1 EA | 32 | | Aetna | Better Health | | 100 | | 3.55 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE M 1MG TABS | 50458031528 | NDC | | | | both | 1 EA | 32 | | Aetna | Commercial | | 100 | | 4.7 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE M 1MG TABS | 50458031528 | NDC | | | | both | 1 EA | 32 | | Corrections | Corrections | | 100 | | 2.87 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE M 1MG TABS | 50458031528 | NDC | | | | both | 1 EA | 32 | | Horizon | Indemnity | | 100 | | 4.27 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE M 1MG TABS | 50458031528 | NDC | | | | both | 1 EA | 32 | | Horizon | Medicare Blue | | 100 | | 4.46 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE M 1MG TABS | 50458031528 | NDC | | | | both | 1 EA | 32 | | Horizon | NJ Health | | 100 | | 2.49 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE M 1MG TABS | 50458031528 | NDC | | | | both | 1 EA | 32 | | UHC | Medicaid | | 100 | | 4.19 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE M 1MG TABS | 50458031528 | NDC | | | | both | 1 EA | 32 | | UHC | Medicare | | 100 | | 8.28 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE M 1MG TABS | 50458031528 | NDC | | | | both | 1 EA | 32 | | United | Commercial/PPO | | 100 | | 4.85 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE M 1MG TABS | 50458031528 | NDC | | | | both | 1 EA | 32 | | Wellcare | Medicaid | | 100 | | 9.27 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE M 1MG TABS | 50458031528 | NDC | | | | both | 1 EA | 32 | | Wellcare | Medicare | | 100 | | 4.98 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE M 1MG TABS | 50458031528 | NDC | | | | both | 1 EA | 32 | | WellPoint | WellPoint | | 100 | | 4.63 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 2MG TAB | 50458032001 | NDC | | | | both | 1 EA | 47 | | Aetna | Better Health | | 100 | | 6.38 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 2MG TAB | 50458032001 | NDC | | | | both | 1 EA | 47 | | Aetna | Medicare | | 100 | | 9.24 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 2MG TAB | 50458032001 | NDC | | | | both | 1 EA | 47 | | Horizon | Medicare Blue | | 100 | | 6.65 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 2MG TAB | 50458032001 | NDC | | | | both | 1 EA | 47 | | Horizon | MGD | | 100 | | 2.64 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 2MG TAB | 50458032001 | NDC | | | | both | 1 EA | 47 | | Horizon | NJ Health | | 100 | | 5.24 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 2MG TAB | 50458032001 | NDC | | | | both | 1 EA | 47 | | Horizon | PPO | | 100 | | 16.45 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 2MG TAB | 50458032001 | NDC | | | | both | 1 EA | 47 | | UHC | Medicaid | | 100 | | 5.99 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 2MG TAB | 50458032001 | NDC | | | | both | 1 EA | 47 | | UHC | Medicare | | 100 | | 7.09 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 2MG TAB | 50458032001 | NDC | | | | both | 1 EA | 47 | | Wellcare | Medicaid | | 100 | | 6.99 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 2MG TAB | 50458032001 | NDC | | | | both | 1 EA | 47 | | Wellcare | Medicare | | 100 | | 7.15 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 2MG TAB | 50458032001 | NDC | | | | both | 1 EA | 47 | | WellPoint | WellPoint | | 100 | | 7.95 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE M 2MG TABS | 50458032528 | NDC | | | | both | 1 EA | 38 | | Aetna | Better Health | | 100 | | 3.04 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE M 2MG TABS | 50458032528 | NDC | | | | both | 1 EA | 38 | | Aetna | Commercial | | 100 | | 9.66 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE M 2MG TABS | 50458032528 | NDC | | | | both | 1 EA | 38 | | Aetna | Medicare | | 100 | | 6.28 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE M 2MG TABS | 50458032528 | NDC | | | | both | 1 EA | 38 | | Horizon | NJ Health | | 100 | | 2.6 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE M 2MG TABS | 50458032528 | NDC | | | | both | 1 EA | 38 | | UHC | Medicaid | | 100 | | 3.11 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE M 2MG TABS | 50458032528 | NDC | | | | both | 1 EA | 38 | | UHC | Medicare | | 100 | | 6.27 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE M 2MG TABS | 50458032528 | NDC | | | | both | 1 EA | 38 | | United | Commercial/PPO | | 100 | | 5.76 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE M 2MG TABS | 50458032528 | NDC | | | | both | 1 EA | 38 | | Wellcare | Medicaid | | 100 | | 10.39 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE M 2MG TABS | 50458032528 | NDC | | | | both | 1 EA | 38 | | Wellcare | Medicare | | 100 | | 10.97 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE M 2MG TABS | 50458032528 | NDC | | | | both | 1 EA | 38 | | WellPoint | WellPoint | | 100 | | 5.16 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 3MG TAB | 50458033001 | NDC | | | | both | 1 EA | 55.5 | | Aetna | Better Health | | 100 | | 3.81 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 3MG TAB | 50458033001 | NDC | | | | both | 1 EA | 55.5 | | Horizon | NJ Health | | 100 | | 4.62 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 3MG TAB | 50458033001 | NDC | | | | both | 1 EA | 55.5 | | UHC | Medicaid | | 100 | | 7.57 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 3MG TAB | 50458033001 | NDC | | | | both | 1 EA | 55.5 | | UHC | Medicare | | 100 | | 9.14 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 3MG TAB | 50458033001 | NDC | | | | both | 1 EA | 55.5 | | Wellcare | Medicaid | | 100 | | 3.56 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 3MG TAB | 50458033001 | NDC | | | | both | 1 EA | 55.5 | | Wellcare | Medicare | | 100 | | 7.09 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 3MG TAB | 50458033001 | NDC | | | | both | 1 EA | 55.5 | | WellPoint | WellPoint | | 100 | | 7.8 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 4MG TAB | 50458035006 | NDC | | | | both | 1 EA | 72.5 | | Horizon | NJ Health | | 100 | | 8.08 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 4MG TAB | 50458035006 | NDC | | | | both | 1 EA | 72.5 | | UHC | Medicaid | | 100 | | 11.02 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE 4MG TAB | 50458035006 | NDC | | | | both | 1 EA | 72.5 | | Wellcare | Medicaid | | 100 | | 5.88 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE M 0.5MG TAB | 50458039528 | NDC | | | | both | 1 EA | 27.5 | | Aetna | Better Health | | 100 | | 7.33 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE M 0.5MG TAB | 50458039528 | NDC | | | | both | 1 EA | 27.5 | | Aetna | Commercial | | 100 | | 3.39 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE M 0.5MG TAB | 50458039528 | NDC | | | | both | 1 EA | 27.5 | | Amerihealth | HMO/PPO | | 100 | | 2.14 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE M 0.5MG TAB | 50458039528 | NDC | | | | both | 1 EA | 27.5 | | Corrections | Corrections | | 100 | | 3.34 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE M 0.5MG TAB | 50458039528 | NDC | | | | both | 1 EA | 27.5 | | Horizon | Indemnity | | 100 | | 3.15 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE M 0.5MG TAB | 50458039528 | NDC | | | | both | 1 EA | 27.5 | | Horizon | NJ Health | | 100 | | 1.76 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE M 0.5MG TAB | 50458039528 | NDC | | | | both | 1 EA | 27.5 | | UHC | Medicaid | | 100 | | 3.68 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE M 0.5MG TAB | 50458039528 | NDC | | | | both | 1 EA | 27.5 | | UHC | Medicare | | 100 | | 3.78 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE M 0.5MG TAB | 50458039528 | NDC | | | | both | 1 EA | 27.5 | | United | Commercial/PPO | | 100 | | 4.17 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE M 0.5MG TAB | 50458039528 | NDC | | | | both | 1 EA | 27.5 | | Wellcare | Medicaid | | 100 | | 3.72 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE M 0.5MG TAB | 50458039528 | NDC | | | | both | 1 EA | 27.5 | | Wellcare | Medicare | | 100 | | 5.43 | | | other | Drugs are paid at 100% of the AWP |
| RISPERIDONE M 0.5MG TAB | 50458039528 | NDC | | | | both | 1 EA | 27.5 | | WellPoint | WellPoint | | 100 | | 4.06 | | | other | Drugs are paid at 100% of the AWP |
| PALIPERIDONE 3MG TABS | 50458055001 | NDC | | | | both | 1 EA | 64 | | Aetna | Better Health | | 100 | | 7.8 | | | other | Drugs are paid at 100% of the AWP |
| PALIPERIDONE 3MG TABS | 50458055001 | NDC | | | | both | 1 EA | 64 | | Aetna | Commercial | | 100 | | 9.62 | | | other | Drugs are paid at 100% of the AWP |
| PALIPERIDONE 3MG TABS | 50458055001 | NDC | | | | both | 1 EA | 64 | | Aetna | Medicare | | 100 | | 7.26 | | | other | Drugs are paid at 100% of the AWP |
| PALIPERIDONE 3MG TABS | 50458055001 | NDC | | | | both | 1 EA | 64 | | Horizon | Medicare Blue | | 100 | | 10.84 | | | other | Drugs are paid at 100% of the AWP |
| PALIPERIDONE 3MG TABS | 50458055001 | NDC | | | | both | 1 EA | 64 | | Horizon | MGD | | 100 | | 12.29 | | | other | Drugs are paid at 100% of the AWP |
| PALIPERIDONE 3MG TABS | 50458055001 | NDC | | | | both | 1 EA | 64 | | Horizon | NJ Health | | 100 | | 6.18 | | | other | Drugs are paid at 100% of the AWP |
| PALIPERIDONE 3MG TABS | 50458055001 | NDC | | | | both | 1 EA | 64 | | Horizon | PPO | | 100 | | 13.34 | | | other | Drugs are paid at 100% of the AWP |
| PALIPERIDONE 3MG TABS | 50458055001 | NDC | | | | both | 1 EA | 64 | | UHC | Medicaid | | 100 | | 8.63 | | | other | Drugs are paid at 100% of the AWP |
| PALIPERIDONE 3MG TABS | 50458055001 | NDC | | | | both | 1 EA | 64 | | UHC | Medicare | | 100 | | 4.93 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PALIPERIDONE 3MG TABS | 50458055001 | NDC | | | | both | | 1 EA | 64 | | Wellcare | Medicaid | | 100 | | 6.35 | | | other | Drugs are paid at 100% of the AWP |
| PALIPERIDONE 3MG TABS | 50458055001 | NDC | | | | both | | 1 EA | 64 | | WellPoint | WellPoint | | 100 | | 9.78 | | | other | Drugs are paid at 100% of the AWP |
| PALIPERIDONE 6MG ER TAB | 50458055101 | NDC | | | | both | | 1 EA | 64 | | Aetna | Better Health | | 100 | | 7.71 | | | other | Drugs are paid at 100% of the AWP |
| PALIPERIDONE 6MG ER TAB | 50458055101 | NDC | | | | both | | 1 EA | 64 | | Aetna | Commercial | | 100 | | 9.47 | | | other | Drugs are paid at 100% of the AWP |
| PALIPERIDONE 6MG ER TAB | 50458055101 | NDC | | | | both | | 1 EA | 64 | | Aetna | Medicare | | 100 | | 7.26 | | | other | Drugs are paid at 100% of the AWP |
| PALIPERIDONE 6MG ER TAB | 50458055101 | NDC | | | | both | | 1 EA | 64 | | Horizon | Medicare Blue | | 100 | | 10.85 | | | other | Drugs are paid at 100% of the AWP |
| PALIPERIDONE 6MG ER TAB | 50458055101 | NDC | | | | both | | 1 EA | 64 | | Horizon | MGD | | 100 | | 12.8 | | | other | Drugs are paid at 100% of the AWP |
| PALIPERIDONE 6MG ER TAB | 50458055101 | NDC | | | | both | | 1 EA | 64 | | Horizon | NJ Health | | 100 | | 5.81 | | | other | Drugs are paid at 100% of the AWP |
| PALIPERIDONE 6MG ER TAB | 50458055101 | NDC | | | | both | | 1 EA | 64 | | Horizon | PPO | | 100 | | 13.34 | | | other | Drugs are paid at 100% of the AWP |
| PALIPERIDONE 6MG ER TAB | 50458055101 | NDC | | | | both | | 1 EA | 64 | | UHC | Medicaid | | 100 | | 8 | | | other | Drugs are paid at 100% of the AWP |
| PALIPERIDONE 6MG ER TAB | 50458055101 | NDC | | | | both | | 1 EA | 64 | | UHC | Medicare | | 100 | | 3.81 | | | other | Drugs are paid at 100% of the AWP |
| PALIPERIDONE 6MG ER TAB | 50458055101 | NDC | | | | both | | 1 EA | 64 | | Wellcare | Medicaid | | 100 | | 6.49 | | | other | Drugs are paid at 100% of the AWP |
| PALIPERIDONE 6MG ER TAB | 50458055101 | NDC | | | | both | | 1 EA | 64 | | WellPoint | WellPoint | | 100 | | 9.38 | | | other | Drugs are paid at 100% of the AWP |
| RIVAROXABAN (XARELTO) 2.5MG TAB | 50458057710 | NDC | | | | both | | 1 EA | 34 | | Aetna | Commercial | | 100 | | 2.26 | | | other | Drugs are paid at 100% of the AWP |
| RIVAROXABAN (XARELTO) 2.5MG TAB | 50458057710 | NDC | | | | both | | 1 EA | 34 | | Aetna | Medicare | | 100 | | 4.02 | | | other | Drugs are paid at 100% of the AWP |
| RIVAROXABAN (XARELTO) 2.5MG TAB | 50458057710 | NDC | | | | both | | 1 EA | 34 | | Horizon | Medicare Blue | | 100 | | 8.22 | | | other | Drugs are paid at 100% of the AWP |
| RIVAROXABAN (XARELTO) 2.5MG TAB | 50458057710 | NDC | | | | both | | 1 EA | 34 | | Horizon | MGD | | 100 | | 5.63 | | | other | Drugs are paid at 100% of the AWP |
| RIVAROXABAN (XARELTO) 2.5MG TAB | 50458057710 | NDC | | | | both | | 1 EA | 34 | | Horizon | NJ Health | | 100 | | 2.68 | | | other | Drugs are paid at 100% of the AWP |
| RIVAROXABAN (XARELTO) 2.5MG TAB | 50458057710 | NDC | | | | both | | 1 EA | 34 | | UHC | Medicaid | | 100 | | 0.03 | | | other | Drugs are paid at 100% of the AWP |
| RIVAROXABAN (XARELTO) 2.5MG TAB | 50458057710 | NDC | | | | both | | 1 EA | 34 | | UHC | Medicare | | 100 | | 7.11 | | | other | Drugs are paid at 100% of the AWP |
| RIVAROXABAN (XARELTO) 2.5MG TAB | 50458057710 | NDC | | | | both | | 1 EA | 34 | | WellPoint | WellPoint | | 100 | | 7.49 | | | other | Drugs are paid at 100% of the AWP |
| RIVAROXABAN 15 MG TAB | 50458057830 | NDC | | | | both | | 1 EA | 30.5 | | Aetna | Medicare | | 100 | | 1.94 | | | other | Drugs are paid at 100% of the AWP |
| RIVAROXABAN 15 MG TAB | 50458057830 | NDC | | | | both | | 1 EA | 30.5 | | Horizon | Indemnity | | 100 | | 2.74 | | | other | Drugs are paid at 100% of the AWP |
| RIVAROXABAN 15 MG TAB | 50458057830 | NDC | | | | both | | 1 EA | 30.5 | | Horizon | Medicare Blue | | 100 | | 7.88 | | | other | Drugs are paid at 100% of the AWP |
| RIVAROXABAN 15 MG TAB | 50458057830 | NDC | | | | both | | 1 EA | 30.5 | | Horizon | NJ Health | | 100 | | 3.83 | | | other | Drugs are paid at 100% of the AWP |
| RIVAROXABAN 15 MG TAB | 50458057830 | NDC | | | | both | | 1 EA | 30.5 | | Horizon | PPO | | 100 | | 2.79 | | | other | Drugs are paid at 100% of the AWP |
| RIVAROXABAN 15 MG TAB | 50458057830 | NDC | | | | both | | 1 EA | 30.5 | | UHC | Medicaid | | 100 | | 9.26 | | | other | Drugs are paid at 100% of the AWP |
| RIVAROXABAN 15 MG TAB | 50458057830 | NDC | | | | both | | 1 EA | 30.5 | | UHC | Medicare | | 100 | | 9.17 | | | other | Drugs are paid at 100% of the AWP |
| RIVAROXABAN 15 MG TAB | 50458057830 | NDC | | | | both | | 1 EA | 30.5 | | United | Commercial\|PPO | | 100 | | 11.47 | | | other | Drugs are paid at 100% of the AWP |
| RIVAROXABAN 15 MG TAB | 50458057830 | NDC | | | | both | | 1 EA | 30.5 | | Wellcare | Medicaid | | 100 | | 8.64 | | | other | Drugs are paid at 100% of the AWP |
| RIVAROXABAN 15 MG TAB | 50458057830 | NDC | | | | both | | 1 EA | 30.5 | | WellPoint | WellPoint | | 100 | | 4.87 | | | other | Drugs are paid at 100% of the AWP |
| RIVAROXABAN 20 MG TAB | 50458057930 | NDC | | | | both | | 1 EA | 30.5 | | Aetna | Commercial | | 100 | | 15.38 | | | other | Drugs are paid at 100% of the AWP |
| RIVAROXABAN 20 MG TAB | 50458057930 | NDC | | | | both | | 1 EA | 30.5 | | Aetna | Medicare | | 100 | | 9.71 | | | other | Drugs are paid at 100% of the AWP |
| RIVAROXABAN 20 MG TAB | 50458057930 | NDC | | | | both | | 1 EA | 30.5 | | Horizon | MGD | | 100 | | 5 | | | other | Drugs are paid at 100% of the AWP |
| RIVAROXABAN 20 MG TAB | 50458057930 | NDC | | | | both | | 1 EA | 30.5 | | Horizon | NJ Health | | 100 | | 4.31 | | | other | Drugs are paid at 100% of the AWP |
| RIVAROXABAN 20 MG TAB | 50458057930 | NDC | | | | both | | 1 EA | 30.5 | | UHC | Medicaid | | 100 | | 5.44 | | | other | Drugs are paid at 100% of the AWP |
| RIVAROXABAN 20 MG TAB | 50458057930 | NDC | | | | both | | 1 EA | 30.5 | | UHC | Medicare | | 100 | | 8.76 | | | other | Drugs are paid at 100% of the AWP |
| RIVAROXABAN 20 MG TAB | 50458057930 | NDC | | | | both | | 1 EA | 30.5 | | United | Commercial\|PPO | | 100 | | 2.22 | | | other | Drugs are paid at 100% of the AWP |
| RIVAROXABAN 20 MG TAB | 50458057930 | NDC | | | | both | | 1 EA | 30.5 | | Wellcare | Medicaid | | 100 | | 11.36 | | | other | Drugs are paid at 100% of the AWP |
| RIVAROXABAN 20 MG TAB | 50458057930 | NDC | | | | both | | 1 EA | 30.5 | | Wellcare | Medicare | | 100 | | 3.76 | | | other | Drugs are paid at 100% of the AWP |
| RIVAROXABAN 20 MG TAB | 50458057930 | NDC | | | | both | | 1 EA | 30.5 | | WellPoint | WellPoint | | 100 | | 3.67 | | | other | Drugs are paid at 100% of the AWP |
| RIVAROXABAN 10 MG TAB | 50458058030 | NDC | | | | both | | 1 EA | 30.5 | | Corrections | Corrections | | 100 | | 8.03 | | | other | Drugs are paid at 100% of the AWP |
| RIVAROXABAN 10 MG TAB | 50458058030 | NDC | | | | both | | 1 EA | 30.5 | | Horizon | Medicare Blue | | 100 | | 6.31 | | | other | Drugs are paid at 100% of the AWP |
| RIVAROXABAN 10 MG TAB | 50458058030 | NDC | | | | both | | 1 EA | 30.5 | | Horizon | NJ Health | | 100 | | 1.29 | | | other | Drugs are paid at 100% of the AWP |
| RIVAROXABAN 10 MG TAB | 50458058030 | NDC | | | | both | | 1 EA | 30.5 | | UHC | Medicaid | | 100 | | 13.02 | | | other | Drugs are paid at 100% of the AWP |
| RIVAROXABAN 10 MG TAB | 50458058030 | NDC | | | | both | | 1 EA | 30.5 | | UHC | Medicare | | 100 | | 5.74 | | | other | Drugs are paid at 100% of the AWP |
| RIVAROXABAN 10 MG TAB | 50458058030 | NDC | | | | both | | 1 EA | 30.5 | | WellPoint | WellPoint | | 100 | | 4.13 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIACETAM 100MG/1ML LIQ | 50474000148 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 1.01 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIACETAM 100MG/1ML LIQ | 50474000148 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Commercial | | 100 | | 0.84 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIACETAM 100MG/1ML LIQ | 50474000148 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Medicare | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIACETAM 100MG/1ML LIQ | 50474000148 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | Indemnity | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIACETAM 100MG/1ML LIQ | 50474000148 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | Medicare Blue | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIACETAM 100MG/1ML LIQ | 50474000148 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIACETAM 100MG/1ML LIQ | 50474000148 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIACETAM 100MG/1ML LIQ | 50474000148 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 1.63 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIACETAM 100MG/1ML LIQ | 50474000148 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIACETAM 100MG/1ML LIQ | 50474000148 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIACETAM 100MG/1ML LIQ | 50474000148 | NDC | | | | both | | 1 EA | 3.5 | | Wellcare | Medicaid | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIACETAM 100MG/1ML LIQ | 50474000148 | NDC | | | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 250MG TAB (NF) | 50474059140 | NDC | | | | both | | 1 EA | 19 | | Aetna | Better Health | | 100 | | 2.84 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 250MG TAB (NF) | 50474059140 | NDC | | | | both | | 1 EA | 19 | | Aetna | Commercial | | 100 | | 4.31 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 250MG TAB (NF) | 50474059140 | NDC | | | | both | | 1 EA | 19 | | Aetna | Medicare | | 100 | | 2.01 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 250MG TAB (NF) | 50474059140 | NDC | | | | both | | 1 EA | 19 | | Corrections | Corrections | | 100 | | 3.25 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 250MG TAB (NF) | 50474059140 | NDC | | | | both | | 1 EA | 19 | | Horizon | Indemnity | | 100 | | 4.02 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 250MG TAB (NF) | 50474059140 | NDC | | | | both | | 1 EA | 19 | | Horizon | Medicare Blue | | 100 | | 3.08 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 250MG TAB (NF) | 50474059140 | NDC | | | | both | | 1 EA | 19 | | Horizon | MGD | | 100 | | 2.82 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 250MG TAB (NF) | 50474059140 | NDC | | | | both | | 1 EA | 19 | | Horizon | NJ Health | | 100 | | 3.93 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 250MG TAB (NF) | 50474059140 | NDC | | | | both | | 1 EA | 19 | | Horizon | PPO | | 100 | | 4.81 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 250MG TAB (NF) | 50474059140 | NDC | | | | both | | 1 EA | 19 | | UHC | Medicaid | | 100 | | 3.45 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 250MG TAB (NF) | 50474059140 | NDC | | | | both | | 1 EA | 19 | | UHC | Medicare | | 100 | | 3.68 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 250MG TAB (NF) | 50474059140 | NDC | | | | both | | 1 EA | 19 | | United | Oxford | | 100 | | 4.9 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 250MG TAB (NF) | 50474059140 | NDC | | | | both | | 1 EA | 19 | | Wellcare | Medicaid | | 100 | | 4.88 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 250MG TAB (NF) | 50474059140 | NDC | | | | both | | 1 EA | 19 | | Wellcare | Medicare | | 100 | | 2.34 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 250MG TAB (NF) | 50474059140 | NDC | | | | both | | 1 EA | 19 | | WellPoint | WellPoint | | 100 | | 2.82 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 500MG TAB (NF) | 50474059240 | NDC | | | | both | | 1 EA | 23.5 | | Aetna | Better Health | | 100 | | 3.57 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 500MG TAB (NF) | 50474059240 | NDC | | | | both | | 1 EA | 23.5 | | Aetna | Commercial | | 100 | | 5.44 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 500MG TAB (NF) | 50474059240 | NDC | | | | both | | 1 EA | 23.5 | | Aetna | Medicare | | 100 | | 2.89 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 500MG TAB (NF) | 50474059240 | NDC | | | | both | | 1 EA | 23.5 | | Amerihealth | HMO\|PPO | | 100 | | 4.92 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 500MG TAB (NF) | 50474059240 | NDC | | | | both | | 1 EA | 23.5 | | Corrections | Corrections | | 100 | | 4.06 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 500MG TAB (NF) | 50474059240 | NDC | | | | both | | 1 EA | 23.5 | | Horizon | Indemnity | | 100 | | 2.05 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 500MG TAB (NF) | 50474059240 | NDC | | | | both | | 1 EA | 23.5 | | Horizon | Medicare Blue | | 100 | | 3.99 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 500MG TAB (NF) | 50474059240 | NDC | | | | both | | 1 EA | 23.5 | | Horizon | MGD | | 100 | | 4.87 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 500MG TAB (NF) | 50474059240 | NDC | | | | both | | 1 EA | 23.5 | | Horizon | NJ Health | | 100 | | 3.7 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 500MG TAB (NF) | 50474059240 | NDC | | | | both | | 1 EA | 23.5 | | Horizon | PPO | | 100 | | 5.25 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 500MG TAB (NF) | 50474059240 | NDC | | | | both | | 1 EA | 23.5 | | UHC | Medicaid | | 100 | | 3.98 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 500MG TAB (NF) | 50474059240 | NDC | | | | both | | 1 EA | 23.5 | | UHC | Medicare | | 100 | | 4.38 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 500MG TAB (NF) | 50474059240 | NDC | | | | both | | 1 EA | 23.5 | | United | Commercial\|PPO | | 100 | | 3.33 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 500MG TAB (NF) | 50474059240 | NDC | | | | both | | 1 EA | 23.5 | | United | Oxford | | 100 | | 6.13 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 500MG TAB (NF) | 50474059240 | NDC | | | | both | | 1 EA | 23.5 | | Wellcare | Medicaid | | 100 | | 5.34 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 500MG TAB (NF) | 50474059240 | NDC | | | | both | | 1 EA | 23.5 | | Wellcare | Medicare | | 100 | | 4.18 | | | other | Drugs are paid at 100% of the AWP |
| LEVETIRACETAM 500MG TAB (NF) | 50474059240 | NDC | | | | both | | 1 EA | 23.5 | | WellPoint | WellPoint | | 100 | | 4.45 | | | other | Drugs are paid at 100% of the AWP |
| TEMAZEPAM 15MG CAP | 50752027206 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| TEMAZEPAM 15MG CAP | 50752027206 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| PHENYTOIN 100MG/4ML U/D | 50962022504 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Better Health | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| PHENYTOIN 100MG/4ML U/D | 50962022504 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| PHENYTOIN 100MG/4ML U/D | 50962022504 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.92 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 100MG/5ML SUS U/D | 50962047560 | NDC | | | | both | | 1 EA | 9.5 | | Aetna | Better Health | | 100 | | 2.15 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 100MG/5ML SUS U/D | 50962047560 | NDC | | | | both | | 1 EA | 9.5 | | Aetna | Commercial | | 100 | | 1.28 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 100MG/5ML SUS U/D | 50962047560 | NDC | | | | both | | 1 EA | 9.5 | | Aetna | Medicare | | 100 | | 2.38 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 100MG/5ML SUS U/D | 50962047560 | NDC | | | | both | | 1 EA | 9.5 | | Amerihealth | HMO\|PPO | | 100 | | 1.78 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 100MG/5ML SUS U/D | 50962047560 | NDC | | | | both | | 1 EA | 9.5 | | Corrections | Corrections | | 100 | | 1.97 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 100MG/5ML SUS U/D | 50962047560 | NDC | | | | both | | 1 EA | 9.5 | | Horizon | Indemnity | | 100 | | 2.52 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 100MG/5ML SUS U/D | 50962047560 | NDC | | | | both | | 1 EA | 9.5 | | Horizon | Medicare Blue | | 100 | | 0.8 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 100MG/5ML SUS U/D | 50962047560 | NDC | | | | both | | 1 EA | 9.5 | | Horizon | MGD | | 100 | | 2.72 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 100MG/5ML SUS U/D | 50962047560 | NDC | | | | both | | 1 EA | 9.5 | | Horizon | NJ Health | | 100 | | 1.84 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 100MG/5ML SUS U/D | 50962047560 | NDC | | | | both | | 1 EA | 9.5 | | Horizon | PPO | | 100 | | 3.1 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 100MG/5ML SUS U/D | 50962047560 | NDC | | | | both | | 1 EA | 9.5 | | UHC | Medicaid | | 100 | | 2.05 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 100MG/5ML SUS U/D | 50962047560 | NDC | | | | both | | 1 EA | 9.5 | | UHC | Medicare | | 100 | | 1.29 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 100MG/5ML SUS U/D | 50962047560 | NDC | | | | both | | 1 EA | 9.5 | | United | Commercial\|PPO | | 100 | | 1.43 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 100MG/5ML SUS U/D | 50962047560 | NDC | | | | both | | 1 EA | 9.5 | | United | Oxford | | 100 | | 3.54 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 100MG/5ML SUS U/D | 50962047560 | NDC | | | | both | | 1 EA | 9.5 | | Wellcare | Medicaid | | 100 | | 1.36 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 100MG/5ML SUS U/D | 50962047560 | NDC | | | | both | | 1 EA | 9.5 | | WellPoint | WellPoint | | 100 | | 1.56 | | | other | Drugs are paid at 100% of the AWP |
| ASCORBIC ACID(VIT C) 250MG TAB | 51079000320 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| ASCORBIC ACID(VIT C) 250MG TAB | 51079000320 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| ASCORBIC ACID(VIT C) 250MG TAB | 51079000320 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| ASCORBIC ACID(VIT C) 250MG TAB | 51079000320 | NDC | | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| ASCORBIC ACID(VIT C) 250MG TAB | 51079000320 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| ASCORBIC ACID(VIT C) 250MG TAB | 51079000320 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| ASCORBIC ACID(VIT C) 250MG TAB | 51079000320 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| ASCORBIC ACID(VIT C) 250MG TAB | 51079000320 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| ASCORBIC ACID(VIT C) 250MG TAB | 51079000320 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| ASCORBIC ACID(VIT C) 250MG TAB | 51079000320 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| ASCORBIC ACID(VIT C) 250MG TAB | 51079000320 | NDC | | | | both | | 1 EA | 2.5 | | United | Commercial\|PPO | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| ASCORBIC ACID(VIT C) 250MG TAB | 51079000320 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| ASCORBIC ACID(VIT C) 250MG TAB | 51079000320 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| ASCORBIC ACID(VIT C) 500MG TAB | 51079000420 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| ASCORBIC ACID(VIT C) 500MG TAB | 51079000420 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 2.31 | | | other | Drugs are paid at 100% of the AWP |
| ASCORBIC ACID(VIT C) 500MG TAB | 51079000420 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| ASCORBIC ACID(VIT C) 500MG TAB | 51079000420 | NDC | | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| ASCORBIC ACID(VIT C) 500MG TAB | 51079000420 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| ASCORBIC ACID(VIT C) 500MG TAB | 51079000420 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| ASCORBIC ACID(VIT C) 500MG TAB | 51079000420 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| ASCORBIC ACID(VIT C) 500MG TAB | 51079000420 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| ASCORBIC ACID(VIT C) 500MG TAB | 51079000420 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| ASCORBIC ACID(VIT C) 500MG TAB | 51079000420 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| ASCORBIC ACID(VIT C) 500MG TAB | 51079000420 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| ASCORBIC ACID(VIT C) 500MG TAB | 51079000420 | NDC | | | | both | | 1 EA | 2.5 | | United | Commercial\|PPO | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| ASCORBIC ACID(VIT C) 500MG TAB | 51079000420 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| ASCORBIC ACID(VIT C) 500MG TAB | 51079000420 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| BISACODYL 5MG TAB | 51079000620 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| BISACODYL 5MG TAB | 51079000620 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| BISACODYL 5MG TAB | 51079000620 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| BISACODYL 5MG TAB | 51079000620 | NDC | | | | both | | 1 EA | 2.5 | | Amerihealth | HMO\|PPO | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| BISACODYL 5MG TAB | 51079000620 | NDC | | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| BISACODYL 5MG TAB | 51079000620 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| BISACODYL 5MG TAB | 51079000620 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| BISACODYL 5MG TAB | 51079000620 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| BISACODYL 5MG TAB | 51079000620 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BISACODYL 5MG TAB | 51079000620 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | PPO | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| BISACODYL 5MG TAB | 51079000620 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| BISACODYL 5MG TAB | 51079000620 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| BISACODYL 5MG TAB | 51079000620 | NDC | | | | both | 1 EA | 2.5 | | | United | CommercialPPO | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| BISACODYL 5MG TAB | 51079000620 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| BISACODYL 5MG TAB | 51079000620 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| PSEUDOEPHEDRINE 30MG TAB | 51079001120 | NDC | | | | both | 1 EA | 2.5 | | | Corrections | Corrections | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| PSEUDOEPHEDRINE 30MG TAB | 51079001120 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| PSEUDOEPHEDRINE 30MG TAB | 51079001120 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| PSEUDOEPHEDRINE 30MG TAB | 51079001120 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE 50MG TAB | 51079001320 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 0.06 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE 50MG TAB | 51079001320 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE 50MG TAB | 51079001320 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| THIAMINE 50MG TAB | 51079001320 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 1.01 | | | other | Drugs are paid at 100% of the AWP |
| ISOSORBIDE 10MG TAB | 51079002920 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| ISOSORBIDE 10MG TAB | 51079002920 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Medicare | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| ISOSORBIDE 10MG TAB | 51079002920 | NDC | | | | both | 1 EA | 2.5 | | | Corrections | Corrections | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| ISOSORBIDE 10MG TAB | 51079002920 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| ISOSORBIDE 10MG TAB | 51079002920 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | PPO | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| ISOSORBIDE 10MG TAB | 51079002920 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| ISOSORBIDE 10MG TAB | 51079002920 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| ISOSORBIDE 10MG TAB | 51079002920 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 1.62 | | | other | Drugs are paid at 100% of the AWP |
| PYRIDOXINE 50MG TAB | 51079003720 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| PYRIDOXINE 50MG TAB | 51079003720 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 0.13 | | | other | Drugs are paid at 100% of the AWP |
| PYRIDOXINE 50MG TAB | 51079003720 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| PYRIDOXINE 50MG TAB | 51079003720 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | PPO | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| PYRIDOXINE 50MG TAB | 51079003720 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| PYRIDOXINE 50MG TAB | 51079003720 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| PYRIDOXINE 50MG TAB | 51079003720 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.79 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCHLOROTHIAZIDE 25MG TAB | 51079004920 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCHLOROTHIAZIDE 25MG TAB | 51079004920 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Commercial | | 100 | | 0.98 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCHLOROTHIAZIDE 25MG TAB | 51079004920 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Medicare | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCHLOROTHIAZIDE 25MG TAB | 51079004920 | NDC | | | | both | 1 EA | 2.5 | | | Amerihealth | HMO/PPO | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCHLOROTHIAZIDE 25MG TAB | 51079004920 | NDC | | | | both | 1 EA | 2.5 | | | Corrections | Corrections | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCHLOROTHIAZIDE 25MG TAB | 51079004920 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Indemnity | | 100 | | 1.91 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCHLOROTHIAZIDE 25MG TAB | 51079004920 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Medicare Blue | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCHLOROTHIAZIDE 25MG TAB | 51079004920 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCHLOROTHIAZIDE 25MG TAB | 51079004920 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCHLOROTHIAZIDE 25MG TAB | 51079004920 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | PPO | | 100 | | 0.84 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCHLOROTHIAZIDE 25MG TAB | 51079004920 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCHLOROTHIAZIDE 25MG TAB | 51079004920 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCHLOROTHIAZIDE 25MG TAB | 51079004920 | NDC | | | | both | 1 EA | 2.5 | | | United | CommercialPPO | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCHLOROTHIAZIDE 25MG TAB | 51079004920 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCHLOROTHIAZIDE 25MG TAB | 51079004920 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicare | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCHLOROTHIAZIDE 25MG TAB | 51079004920 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMIDE 250MG TAB | 51079005220 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMIDE 250MG TAB | 51079005220 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Commercial | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMIDE 250MG TAB | 51079005220 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Medicare | | 100 | | 0.85 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMIDE 250MG TAB | 51079005220 | NDC | | | | both | 1 EA | 2.5 | | | Corrections | Corrections | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMIDE 250MG TAB | 51079005220 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Medicare Blue | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMIDE 250MG TAB | 51079005220 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMIDE 250MG TAB | 51079005220 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMIDE 250MG TAB | 51079005220 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | PPO | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMIDE 250MG TAB | 51079005220 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMIDE 250MG TAB | 51079005220 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMIDE 250MG TAB | 51079005220 | NDC | | | | both | 1 EA | 2.5 | | | United | CommercialPPO | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMIDE 250MG TAB | 51079005220 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMIDE 250MG TAB | 51079005220 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| CHLORTHALIDONE 25MG TAB | 51079005820 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Commercial | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| CHLORTHALIDONE 25MG TAB | 51079005820 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Medicare | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| CHLORTHALIDONE 25MG TAB | 51079005820 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Indemnity | | 100 | | 1.46 | | | other | Drugs are paid at 100% of the AWP |
| CHLORTHALIDONE 25MG TAB | 51079005820 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Medicare Blue | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| CHLORTHALIDONE 25MG TAB | 51079005820 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| CHLORTHALIDONE 25MG TAB | 51079005820 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | PPO | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| CHLORTHALIDONE 25MG TAB | 51079005820 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| CHLORTHALIDONE 25MG TAB | 51079005820 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| CHLORTHALIDONE 25MG TAB | 51079005820 | NDC | | | | both | 1 EA | 2.5 | | | United | CommercialPPO | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| CHLORTHALIDONE 25MG TAB | 51079005820 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| CHLORTHALIDONE 25MG TAB | 51079005820 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicare | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| CHLORTHALIDONE 25MG TAB | 51079005820 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 1.16 | | | other | Drugs are paid at 100% of the AWP |
| CHLORTHALIDONE 50MG TAB | 51079005920 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 10MG TAB | 51079007420 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 10MG TAB | 51079007420 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Commercial | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 10MG TAB | 51079007420 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Medicare | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 10MG TAB | 51079007420 | NDC | | | | both | 1 EA | 2.5 | | | Corrections | Corrections | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 10MG TAB | 51079007420 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Indemnity | | 100 | | 2.47 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 10MG TAB | 51079007420 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Medicare Blue | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 10MG TAB | 51079007420 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 10MG TAB | 51079007420 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 10MG TAB | 51079007420 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | PPO | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 10MG TAB | 51079007420 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 10MG TAB | 51079007420 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 10MG TAB | 51079007420 | NDC | | | | both | 1 EA | 2.5 | | | United | CommercialPPO | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 10MG TAB | 51079007420 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 10MG TAB | 51079007420 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicare | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 10MG TAB | 51079007420 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 25MG TAB | 51079007520 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 25MG TAB | 51079007520 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Commercial | | 100 | | 0.84 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 25MG TAB | 51079007520 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Medicare | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 25MG TAB | 51079007520 | NDC | | | | both | 1 EA | 2.5 | | | Corrections | Corrections | | 100 | | 0.86 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 25MG TAB | 51079007520 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Indemnity | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 25MG TAB | 51079007520 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Medicare Blue | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 25MG TAB | 51079007520 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 25MG TAB | 51079007520 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 25MG TAB | 51079007520 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | PPO | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 25MG TAB | 51079007520 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 25MG TAB | 51079007520 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 25MG TAB | 51079007520 | NDC | | | | both | 1 EA | 2.5 | | | United | CommercialPPO | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 25MG TAB | 51079007520 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 25MG TAB | 51079007520 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicare | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 25MG TAB | 51079007520 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 50MG TAB | 51079007620 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Commercial | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 50MG TAB | 51079007620 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Medicare | | 100 | | 0.81 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 50MG TAB | 51079007620 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Indemnity | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 50MG TAB | 51079007620 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Medicare Blue | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 50MG TAB | 51079007620 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 50MG TAB | 51079007620 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 50MG TAB | 51079007620 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | PPO | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 50MG TAB | 51079007620 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 50MG TAB | 51079007620 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 50MG TAB | 51079007620 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 50MG TAB | 51079007620 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicare | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| HYDRALAZINE 50MG TAB | 51079007620 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| ISONIAZID 100MG TAB | 51079008220 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| ISONIAZID 100MG TAB | 51079008220 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | PPO | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| ISONIAZID 300MG TAB | 51079008320 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| ISONIAZID 300MG TAB | 51079008320 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.13 | | | other | Drugs are paid at 100% of the AWP |
| ISONIAZID 300MG TAB | 51079008320 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | PPO | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| ISOSORBIDE 5MG TAB | 51079008420 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| ISOSORBIDE 5MG TAB | 51079008420 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 1.29 | | | other | Drugs are paid at 100% of the AWP |
| MECLIZINE 12.5MG TAB | 51079008920 | NDC | | | | both | 1 EA | 2.5 | | | Corrections | Corrections | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| MECLIZINE 12.5MG TAB | 51079008920 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Indemnity | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| MECLIZINE 12.5MG TAB | 51079008920 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Medicare Blue | | 100 | | 1.45 | | | other | Drugs are paid at 100% of the AWP |
| MECLIZINE 12.5MG TAB | 51079008920 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| MECLIZINE 12.5MG TAB | 51079008920 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| MECLIZINE 12.5MG TAB | 51079008920 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| MECLIZINE 12.5MG TAB | 51079008920 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| MECLIZINE 12.5MG TAB | 51079008920 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| MECLIZINE 25MG TAB | 51079009020 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| MECLIZINE 25MG TAB | 51079009020 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Commercial | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| MECLIZINE 25MG TAB | 51079009020 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Medicare | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| MECLIZINE 25MG TAB | 51079009020 | NDC | | | | both | 1 EA | 2.5 | | | Amerihealth | HMO/PPO | | 100 | | 1.08 | | | other | Drugs are paid at 100% of the AWP |
| MECLIZINE 25MG TAB | 51079009020 | NDC | | | | both | 1 EA | 2.5 | | | Corrections | Corrections | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| MECLIZINE 25MG TAB | 51079009020 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Indemnity | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| MECLIZINE 25MG TAB | 51079009020 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Medicare Blue | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| MECLIZINE 25MG TAB | 51079009020 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| MECLIZINE 25MG TAB | 51079009020 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| MECLIZINE 25MG TAB | 51079009020 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | PPO | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| MECLIZINE 25MG TAB | 51079009020 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| MECLIZINE 25MG TAB | 51079009020 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| MECLIZINE 25MG TAB | 51079009020 | NDC | | | | both | 1 EA | 2.5 | | | United | CommercialPPO | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| MECLIZINE 25MG TAB | 51079009020 | NDC | | | | both | 1 EA | 2.5 | | | United | Oxford | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| MECLIZINE 25MG TAB | 51079009020 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| MECLIZINE 25MG TAB | 51079009020 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| METHOCARBAMOL 500MG TAB | 51079009120 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| METHOCARBAMOL 500MG TAB | 51079009120 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Commercial | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| METHOCARBAMOL 500MG TAB | 51079009120 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Indemnity | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| METHOCARBAMOL 500MG TAB | 51079009120 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Medicare Blue | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| METHOCARBAMOL 500MG TAB | 51079009120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | MGD | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| METHOCARBAMOL 500MG TAB | 51079009120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | NJ Health | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| METHOCARBAMOL 500MG TAB | 51079009120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | UHC | Medicaid | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| METHOCARBAMOL 500MG TAB | 51079009120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | UHC | Medicare | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| METHOCARBAMOL 500MG TAB | 51079009120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | United | CommercialPPO | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| METHOCARBAMOL 500MG TAB | 51079009120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Wellcare | Medicaid | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| METHOCARBAMOL 500MG TAB | 51079009120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Wellcare | Medicare | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| METHOCARBAMOL 500MG TAB | 51079009120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | WellPoint | WellPoint | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| AMITRIPTYLINE 25MG TAB | 51079010720 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Aetna | Better Health | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| AMITRIPTYLINE 25MG TAB | 51079010720 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Amerihealth | HMO/PPO | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| AMITRIPTYLINE 25MG TAB | 51079010720 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | Medicare Blue | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| AMITRIPTYLINE 25MG TAB | 51079010720 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | MGD | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| AMITRIPTYLINE 25MG TAB | 51079010720 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | NJ Health | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| AMITRIPTYLINE 25MG TAB | 51079010720 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | UHC | Medicaid | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| AMITRIPTYLINE 25MG TAB | 51079010720 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | UHC | Medicare | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| AMITRIPTYLINE 25MG TAB | 51079010720 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | WellPoint | WellPoint | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCHLOROTHIAZIDE 50MG TAB | 51079011120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Aetna | Commercial | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCHLOROTHIAZIDE 50MG TAB | 51079011120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Aetna | Medicare | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCHLOROTHIAZIDE 50MG TAB | 51079011120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | NJ Health | | 100 | | 0.78 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCHLOROTHIAZIDE 50MG TAB | 51079011120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | PPO | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCHLOROTHIAZIDE 50MG TAB | 51079011120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | UHC | Medicaid | | 100 | | 1.41 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCHLOROTHIAZIDE 50MG TAB | 51079011120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | UHC | Medicare | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| FERROUS SULFATE 325MG TAB | 51079011620 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Aetna | Better Health | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| FERROUS SULFATE 325MG TAB | 51079011620 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Aetna | Commercial | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| FERROUS SULFATE 325MG TAB | 51079011620 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Aetna | Medicare | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| FERROUS SULFATE 325MG TAB | 51079011620 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Amerihealth | HMO/PPO | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| FERROUS SULFATE 325MG TAB | 51079011620 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Corrections | Corrections | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| FERROUS SULFATE 325MG TAB | 51079011620 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | Indemnity | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| FERROUS SULFATE 325MG TAB | 51079011620 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | Medicare Blue | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| FERROUS SULFATE 325MG TAB | 51079011620 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | MGD | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| FERROUS SULFATE 325MG TAB | 51079011620 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | NJ Health | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| FERROUS SULFATE 325MG TAB | 51079011620 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | PPO | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| FERROUS SULFATE 325MG TAB | 51079011620 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | UHC | Medicaid | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| FERROUS SULFATE 325MG TAB | 51079011620 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | UHC | Medicare | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| FERROUS SULFATE 325MG TAB | 51079011620 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | United | CommercialPPO | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| FERROUS SULFATE 325MG TAB | 51079011620 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Wellcare | Medicaid | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| FERROUS SULFATE 325MG TAB | 51079011620 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Wellcare | Medicare | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| FERROUS SULFATE 325MG TAB | 51079011620 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | WellPoint | WellPoint | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| AMITRIPTYLINE 10MG TAB | 51079013120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Aetna | Better Health | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| AMITRIPTYLINE 10MG TAB | 51079013120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Aetna | Medicare | | 100 | | 0.91 | | | other | Drugs are paid at 100% of the AWP |
| AMITRIPTYLINE 10MG TAB | 51079013120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | NJ Health | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| AMITRIPTYLINE 10MG TAB | 51079013120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | UHC | Medicaid | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| AMITRIPTYLINE 10MG TAB | 51079013120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | UHC | Medicare | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| AMITRIPTYLINE 10MG TAB | 51079013120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | United | CommercialPPO | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| AMITRIPTYLINE 10MG TAB | 51079013120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | WellPoint | WellPoint | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| AMITRIPTYLINE 50MG TAB | 51079013320 | NDC | | | | both | 1 EA | 3.5 | | 3.5 | Aetna | Better Health | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| AMITRIPTYLINE 50MG TAB | 51079013320 | NDC | | | | both | 1 EA | 3.5 | | 3.5 | Amerihealth | HMO/PPO | | 100 | | 0.84 | | | other | Drugs are paid at 100% of the AWP |
| AMITRIPTYLINE 50MG TAB | 51079013320 | NDC | | | | both | 1 EA | 3.5 | | 3.5 | Horizon | NJ Health | | 100 | | 1.97 | | | other | Drugs are paid at 100% of the AWP |
| AMITRIPTYLINE 50MG TAB | 51079013320 | NDC | | | | both | 1 EA | 3.5 | | 3.5 | UHC | Medicaid | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| AMITRIPTYLINE 50MG TAB | 51079013320 | NDC | | | | both | 1 EA | 3.5 | | 3.5 | UHC | Medicare | | 100 | | 0.89 | | | other | Drugs are paid at 100% of the AWP |
| AMITRIPTYLINE 50MG TAB | 51079013320 | NDC | | | | both | 1 EA | 3.5 | | 3.5 | Wellcare | Medicaid | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| AMITRIPTYLINE 50MG TAB | 51079013320 | NDC | | | | both | 1 EA | 3.5 | | 3.5 | WellPoint | WellPoint | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| CHLORDIAZEPOXIDE 25MG CAP | 51079014120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Aetna | Better Health | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| CHLORDIAZEPOXIDE 25MG CAP | 51079014120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Aetna | Commercial | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| CHLORDIAZEPOXIDE 25MG CAP | 51079014120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Amerihealth | HMO/PPO | | 100 | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| CHLORDIAZEPOXIDE 25MG CAP | 51079014120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Corrections | Corrections | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| CHLORDIAZEPOXIDE 25MG CAP | 51079014120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | Indemnity | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| CHLORDIAZEPOXIDE 25MG CAP | 51079014120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | Medicare Blue | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| CHLORDIAZEPOXIDE 25MG CAP | 51079014120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | MGD | | 100 | | 0.74 | | | other | Drugs are paid at 100% of the AWP |
| CHLORDIAZEPOXIDE 25MG CAP | 51079014120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | NJ Health | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| CHLORDIAZEPOXIDE 25MG CAP | 51079014120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | PPO | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| CHLORDIAZEPOXIDE 25MG CAP | 51079014120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | UHC | Medicaid | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| CHLORDIAZEPOXIDE 25MG CAP | 51079014120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | UHC | Medicare | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| CHLORDIAZEPOXIDE 25MG CAP | 51079014120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | United | CommercialPPO | | 100 | | 0.81 | | | other | Drugs are paid at 100% of the AWP |
| CHLORDIAZEPOXIDE 25MG CAP | 51079014120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Wellcare | Medicaid | | 100 | | 1.01 | | | other | Drugs are paid at 100% of the AWP |
| CHLORDIAZEPOXIDE 25MG CAP | 51079014120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Wellcare | Medicare | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| CHLORDIAZEPOXIDE 25MG CAP | 51079014120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | WellPoint | WellPoint | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| AMITRIPTYLINE 75MG TAB | 51079014720 | NDC | | | | both | 1 EA | 4.5 | | 4.5 | Horizon | Medicare Blue | | 100 | | 1.86 | | | other | Drugs are paid at 100% of the AWP |
| AMITRIPTYLINE 75MG TAB | 51079014720 | NDC | | | | both | 1 EA | 4.5 | | 4.5 | Wellcare | Medicaid | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| CYPROHEPTADINE 4MG TAB | 51079015920 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | MGD | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| CYPROHEPTADINE 4MG TAB | 51079015920 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | UHC | Medicaid | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| CYPROHEPTADINE 4MG TAB | 51079015920 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | UHC | Medicare | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| INDOMETHACIN 25MG CAP | 51079019020 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | NJ Health | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| INDOMETHACIN 25MG CAP | 51079019020 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | PPO | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| INDOMETHACIN 25MG CAP | 51079019020 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | UHC | Medicaid | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| INDOMETHACIN 25MG CAP | 51079019020 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | WellPoint | WellPoint | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| INDOMETHACIN 50MG CAP | 51079019120 | NDC | | | | both | 1 EA | 3.5 | | 3.5 | UHC | Medicare | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| PROPRANOLOL 20MG TAB | 51079027820 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Aetna | Better Health | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| PROPRANOLOL 20MG TAB | 51079027820 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Aetna | Medicare | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| PROPRANOLOL 20MG TAB | 51079027820 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | Medicare Blue | | 100 | | 0.1 | | | other | Drugs are paid at 100% of the AWP |
| PROPRANOLOL 20MG TAB | 51079027820 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | MGD | | 100 | | 2.5 | | | other | Drugs are paid at 100% of the AWP |
| PROPRANOLOL 20MG TAB | 51079027820 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | NJ Health | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| PROPRANOLOL 20MG TAB | 51079027820 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | PPO | | 100 | | 0.79 | | | other | Drugs are paid at 100% of the AWP |
| PROPRANOLOL 20MG TAB | 51079027820 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | UHC | Medicaid | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| PROPRANOLOL 20MG TAB | 51079027820 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | UHC | Medicare | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| PROPRANOLOL 20MG TAB | 51079027820 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Wellcare | Medicaid | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| PROPRANOLOL 20MG TAB | 51079027820 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | WellPoint | WellPoint | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 2MG TAB | 51079028421 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Aetna | Better Health | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 2MG TAB | 51079028421 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Aetna | Commercial | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 2MG TAB | 51079028421 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Aetna | Medicare | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 2MG TAB | 51079028421 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | Indemnity | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 2MG TAB | 51079028421 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | Medicare Blue | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 2MG TAB | 51079028421 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | MGD | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 2MG TAB | 51079028421 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | NJ Health | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 2MG TAB | 51079028421 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | UHC | Medicaid | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 2MG TAB | 51079028421 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | UHC | Medicare | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 2MG TAB | 51079028421 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | United | CommercialPPO | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 2MG TAB | 51079028421 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Wellcare | Medicaid | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 2MG TAB | 51079028421 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Wellcare | Medicare | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 2MG TAB | 51079028421 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | WellPoint | WellPoint | | 100 | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 5MG TAB | 51079028521 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Aetna | Better Health | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 5MG TAB | 51079028521 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Aetna | Commercial | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 5MG TAB | 51079028521 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Aetna | Medicare | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 5MG TAB | 51079028521 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Amerihealth | HMO/PPO | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 5MG TAB | 51079028521 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Corrections | Corrections | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 5MG TAB | 51079028521 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | Indemnity | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 5MG TAB | 51079028521 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | Medicare Blue | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 5MG TAB | 51079028521 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | MGD | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 5MG TAB | 51079028521 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | NJ Health | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 5MG TAB | 51079028521 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | PPO | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 5MG TAB | 51079028521 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | UHC | Medicaid | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 5MG TAB | 51079028521 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | UHC | Medicare | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 5MG TAB | 51079028521 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | United | CommercialPPO | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 5MG TAB | 51079028521 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | United | Oxford | | 100 | | 0.9 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 5MG TAB | 51079028521 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Wellcare | Medicaid | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 5MG TAB | 51079028521 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | WellPoint | WellPoint | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 10MG TAB | 51079028620 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Aetna | Better Health | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 10MG TAB | 51079028620 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Aetna | Medicare | | 100 | | 0.07 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 10MG TAB | 51079028620 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | Indemnity | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 10MG TAB | 51079028620 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | MGD | | 100 | | 0.05 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 10MG TAB | 51079028620 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | NJ Health | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 10MG TAB | 51079028620 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | UHC | Medicaid | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 10MG TAB | 51079028620 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | UHC | Medicare | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.2MG TAB | 51079030020 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Aetna | Better Health | | 100 | | 1.05 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.2MG TAB | 51079030020 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Aetna | Commercial | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.2MG TAB | 51079030020 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Corrections | Corrections | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.2MG TAB | 51079030020 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | Indemnity | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.2MG TAB | 51079030020 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | Medicare Blue | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.2MG TAB | 51079030020 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | MGD | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.2MG TAB | 51079030020 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | NJ Health | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.2MG TAB | 51079030020 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | PPO | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.2MG TAB | 51079030020 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | UHC | Medicaid | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.2MG TAB | 51079030020 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | UHC | Medicare | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.2MG TAB | 51079030020 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | United | CommercialPPO | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.2MG TAB | 51079030020 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Wellcare | Medicaid | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.2MG TAB | 51079030020 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Wellcare | Medicare | | 100 | | 1.55 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.2MG TAB | 51079030020 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | WellPoint | WellPoint | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.3MG TAB | 51079030120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Corrections | Corrections | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.3MG TAB | 51079030120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | NJ Health | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.3MG TAB | 51079030120 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | UHC | Medicaid | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| GUAIFENESIN 200MG/10ML (U/D) | 51079032730 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Aetna | Better Health | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| GUAIFENESIN 200MG/10ML (U/D) | 51079032730 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Aetna | Commercial | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| GUAIFENESIN 200MG/10ML (U/D) | 51079032730 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Aetna | Medicare | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| GUAIFENESIN 200MG/10ML (U/D) | 51079032730 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Amerihealth | HMO/PPO | | 100 | | 0.07 | | | other | Drugs are paid at 100% of the AWP |
| GUAIFENESIN 200MG/10ML (U/D) | 51079032730 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | Indemnity | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| GUAIFENESIN 200MG/10ML (U/D) | 51079032730 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | Medicare Blue | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| GUAIFENESIN 200MG/10ML (U/D) | 51079032730 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | MGD | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| GUAIFENESIN 200MG/10ML (U/D) | 51079032730 | NDC | | | | both | 1 EA | 2.5 | | 2.5 | Horizon | NJ Health | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GUAIFENESIN 200MG/10ML (UID) | 51079032730 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| GUAIFENESIN 200MG/10ML (UID) | 51079032730 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| GUAIFENESIN 200MG/10ML (UID) | 51079032730 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| GUAIFENESIN 200MG/10ML (UID) | 51079032730 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicare | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| GUAIFENESIN 200MG/10ML (UID) | 51079032730 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN-GUAIFENESI 5ML U/D | 51079033130 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN-GUAIFENESI 5ML U/D | 51079033130 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Commercial | | 100 | | 0.13 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN-GUAIFENESI 5ML U/D | 51079033130 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Medicare | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN-GUAIFENESI 5ML U/D | 51079033130 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Indemnity | | 100 | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN-GUAIFENESI 5ML U/D | 51079033130 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Medicare Blue | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN-GUAIFENESI 5ML U/D | 51079033130 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN-GUAIFENESI 5ML U/D | 51079033130 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN-GUAIFENESI 5ML U/D | 51079033130 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN-GUAIFENESI 5ML U/D | 51079033130 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN-GUAIFENESI 5ML U/D | 51079033130 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 1.72 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 12.5MG/5ML ELI U/D | 51079035730 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 12.5MG/5ML ELI U/D | 51079035730 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Indemnity | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 12.5MG/5ML ELI U/D | 51079035730 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 1.1 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 12.5MG/5ML ELI U/D | 51079035730 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | PPO | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 12.5MG/5ML ELI U/D | 51079035730 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 12.5MG/5ML ELI U/D | 51079035730 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 12.5MG/5ML ELI U/D | 51079035730 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| MILK OF MAGNESIA 30ML U/D | 51079036430 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| MILK OF MAGNESIA 30ML U/D | 51079036430 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Commercial | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| MILK OF MAGNESIA 30ML U/D | 51079036430 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Medicare | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| MILK OF MAGNESIA 30ML U/D | 51079036430 | NDC | | | | both | 1 EA | 2.5 | | | Amerihealth | HMO/PPO | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| MILK OF MAGNESIA 30ML U/D | 51079036430 | NDC | | | | both | 1 EA | 2.5 | | | Corrections | Corrections | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| MILK OF MAGNESIA 30ML U/D | 51079036430 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Medicare Blue | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| MILK OF MAGNESIA 30ML U/D | 51079036430 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 1.01 | | | other | Drugs are paid at 100% of the AWP |
| MILK OF MAGNESIA 30ML U/D | 51079036430 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| MILK OF MAGNESIA 30ML U/D | 51079036430 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | PPO | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| MILK OF MAGNESIA 30ML U/D | 51079036430 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| MILK OF MAGNESIA 30ML U/D | 51079036430 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| MILK OF MAGNESIA 30ML U/D | 51079036430 | NDC | | | | both | 1 EA | 2.5 | | | United | CommercialPPO | | 100 | | 1.04 | | | other | Drugs are paid at 100% of the AWP |
| MILK OF MAGNESIA 30ML U/D | 51079036430 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| MILK OF MAGNESIA 30ML U/D | 51079036430 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20MEQ/15ML U/D | 51079036930 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.95 | | | other | Drugs are paid at 100% of the AWP |
| CHLORDIAZEPOXIDE 5MG CAP | 51079037421 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| CHLORDIAZEPOXIDE 10MG CAP | 51079037521 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| CHLORDIAZEPOXIDE 10MG CAP | 51079037521 | NDC | | | | both | 1 EA | 2.5 | | | Amerihealth | HMO/PPO | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| CAL CARBONATE 1250MG TAB(500MG CA++ | 51079041520 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| CAL CARBONATE 1250MG TAB(500MG CA++ | 51079041520 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Commercial | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| CAL CARBONATE 1250MG TAB(500MG CA++ | 51079041520 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Medicare | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| CAL CARBONATE 1250MG TAB(500MG CA++ | 51079041520 | NDC | | | | both | 1 EA | 2.5 | | | Amerihealth | HMO/PPO | | 100 | | 0.8 | | | other | Drugs are paid at 100% of the AWP |
| CAL CARBONATE 1250MG TAB(500MG CA++ | 51079041520 | NDC | | | | both | 1 EA | 2.5 | | | Corrections | Corrections | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| CAL CARBONATE 1250MG TAB(500MG CA++ | 51079041520 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Indemnity | | 100 | | 0.92 | | | other | Drugs are paid at 100% of the AWP |
| CAL CARBONATE 1250MG TAB(500MG CA++ | 51079041520 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Medicare Blue | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| CAL CARBONATE 1250MG TAB(500MG CA++ | 51079041520 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| CAL CARBONATE 1250MG TAB(500MG CA++ | 51079041520 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| CAL CARBONATE 1250MG TAB(500MG CA++ | 51079041520 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | PPO | | 100 | | 1.74 | | | other | Drugs are paid at 100% of the AWP |
| CAL CARBONATE 1250MG TAB(500MG CA++ | 51079041520 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| CAL CARBONATE 1250MG TAB(500MG CA++ | 51079041520 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| CAL CARBONATE 1250MG TAB(500MG CA++ | 51079041520 | NDC | | | | both | 1 EA | 2.5 | | | United | CommercialPPO | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| CAL CARBONATE 1250MG TAB(500MG CA++ | 51079041520 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| CAL CARBONATE 1250MG TAB(500MG CA++ | 51079041520 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 0.5MG TAB | 51079041720 | NDC | | | | both | 1 EA | 3.5 | | | Aetna | Better Health | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 0.5MG TAB | 51079041720 | NDC | | | | both | 1 EA | 3.5 | | | Aetna | Commercial | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 0.5MG TAB | 51079041720 | NDC | | | | both | 1 EA | 3.5 | | | Aetna | Medicare | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 0.5MG TAB | 51079041720 | NDC | | | | both | 1 EA | 3.5 | | | Amerihealth | HMO/PPO | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 0.5MG TAB | 51079041720 | NDC | | | | both | 1 EA | 3.5 | | | Corrections | Corrections | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 0.5MG TAB | 51079041720 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | Indemnity | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 0.5MG TAB | 51079041720 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | Medicare Blue | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 0.5MG TAB | 51079041720 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | MGD | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 0.5MG TAB | 51079041720 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | NJ Health | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 0.5MG TAB | 51079041720 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | PPO | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 0.5MG TAB | 51079041720 | NDC | | | | both | 1 EA | 3.5 | | | UHC | Medicaid | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 0.5MG TAB | 51079041720 | NDC | | | | both | 1 EA | 3.5 | | | UHC | Medicare | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 0.5MG TAB | 51079041720 | NDC | | | | both | 1 EA | 3.5 | | | United | CommercialPPO | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 0.5MG TAB | 51079041720 | NDC | | | | both | 1 EA | 3.5 | | | Wellcare | Medicaid | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 0.5MG TAB | 51079041720 | NDC | | | | both | 1 EA | 3.5 | | | Wellcare | Medicare | | 100 | | 0.06 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 0.5MG TAB | 51079041720 | NDC | | | | both | 1 EA | 3.5 | | | WellPoint | WellPoint | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| FLUPHENAZINE 5MG TAB | 51079048720 | NDC | | | | both | 1 EA | 5.5 | | | Aetna | Better Health | | 100 | | 1.39 | | | other | Drugs are paid at 100% of the AWP |
| FLUPHENAZINE 5MG TAB | 51079048720 | NDC | | | | both | 1 EA | 5.5 | | | Horizon | NJ Health | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| FLUPHENAZINE 5MG TAB | 51079048720 | NDC | | | | both | 1 EA | 5.5 | | | UHC | Medicaid | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| FLUPHENAZINE 5MG TAB | 51079048720 | NDC | | | | both | 1 EA | 5.5 | | | UHC | Medicare | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| FLUPHENAZINE 5MG TAB | 51079048720 | NDC | | | | both | 1 EA | 5.5 | | | WellPoint | WellPoint | | 100 | | 1.4 | | | other | Drugs are paid at 100% of the AWP |
| FLUPHENAZINE 10MG TAB | 51079048820 | NDC | | | | both | 1 EA | 5.5 | | | Horizon | NJ Health | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| FLUPHENAZINE 10MG TAB | 51079048820 | NDC | | | | both | 1 EA | 5.5 | | | WellPoint | WellPoint | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| CHLORPROMAZINE 100MG TAB | 51079051620 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| CHLORPROMAZINE 100MG TAB | 51079051620 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Medicare Blue | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| CHLORPROMAZINE 100MG TAB | 51079051620 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| CHLORPROMAZINE 100MG TAB | 51079051620 | NDC | | | | both | 1 EA | 2.5 | | | United | CommercialPPO | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 10MG TAB | 51079053020 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 10MG TAB | 51079053020 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Commercial | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 10MG TAB | 51079053020 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Medicare | | 100 | | 0.84 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 10MG TAB | 51079053020 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Indemnity | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 10MG TAB | 51079053020 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Medicare Blue | | 100 | | 1.05 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 10MG TAB | 51079053020 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 10MG TAB | 51079053020 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 10MG TAB | 51079053020 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | PPO | | 100 | | 0.84 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 10MG TAB | 51079053020 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 10MG TAB | 51079053020 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 10MG TAB | 51079053020 | NDC | | | | both | 1 EA | 2.5 | | | United | CommercialPPO | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 10MG TAB | 51079053020 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 50MG TAB | 51079053220 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 50MG TAB | 51079053220 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Commercial | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 50MG TAB | 51079053220 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Indemnity | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 50MG TAB | 51079053220 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Medicare Blue | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 50MG TAB | 51079053220 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 50MG TAB | 51079053220 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 50MG TAB | 51079053220 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | PPO | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 50MG TAB | 51079053220 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 50MG TAB | 51079053220 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 50MG TAB | 51079053220 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 50MG TAB | 51079053220 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicare | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| HYDROXYZINE HCL 50MG TAB | 51079053220 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 10MG TAB | 51079054220 | NDC | | | | both | 1 EA | 0.75 | | | Aetna | Better Health | | 100 | | 0.13 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 10MG TAB | 51079054220 | NDC | | | | both | 1 EA | 0.75 | | | Aetna | Commercial | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 10MG TAB | 51079054220 | NDC | | | | both | 1 EA | 0.75 | | | Aetna | Medicare | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 10MG TAB | 51079054220 | NDC | | | | both | 1 EA | 0.75 | | | Corrections | Corrections | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 10MG TAB | 51079054220 | NDC | | | | both | 1 EA | 0.75 | | | Horizon | Medicare Blue | | 100 | | 0.05 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 10MG TAB | 51079054220 | NDC | | | | both | 1 EA | 0.75 | | | Horizon | MGD | | 100 | | 0.14 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 10MG TAB | 51079054220 | NDC | | | | both | 1 EA | 0.75 | | | Horizon | NJ Health | | 100 | | 0.12 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 10MG TAB | 51079054220 | NDC | | | | both | 1 EA | 0.75 | | | Horizon | PPO | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 10MG TAB | 51079054220 | NDC | | | | both | 1 EA | 0.75 | | | UHC | Medicaid | | 100 | | 0.12 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 10MG TAB | 51079054220 | NDC | | | | both | 1 EA | 0.75 | | | UHC | Medicare | | 100 | | 0.08 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 10MG TAB | 51079054220 | NDC | | | | both | 1 EA | 0.75 | | | United | CommercialPPO | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 10MG TAB | 51079054220 | NDC | | | | both | 1 EA | 0.75 | | | United | Oxford | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 10MG TAB | 51079054220 | NDC | | | | both | 1 EA | 0.75 | | | Wellcare | Medicaid | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 10MG TAB | 51079054220 | NDC | | | | both | 1 EA | 0.75 | | | Wellcare | Medicare | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 10MG TAB | 51079054220 | NDC | | | | both | 1 EA | 0.75 | | | WellPoint | WellPoint | | 100 | | 0.13 | | | other | Drugs are paid at 100% of the AWP |
| PYRIDOXINE 100MG TAB | 51079055620 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Medicare Blue | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| PYRIDOXINE 100MG TAB | 51079055620 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| PYRIDOXINE 100MG TAB | 51079055620 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.92 | | | other | Drugs are paid at 100% of the AWP |
| PYRIDOXINE 100MG TAB | 51079055620 | NDC | | | | both | 1 EA | 2.5 | | | United | CommercialPPO | | 100 | | 0.99 | | | other | Drugs are paid at 100% of the AWP |
| AMITRIPTYLINE 100MG TAB | 51079056320 | NDC | | | | both | 1 EA | 4.5 | | | UHC | Medicaid | | 100 | | 1.9 | | | other | Drugs are paid at 100% of the AWP |
| AMITRIPTYLINE 100MG TAB | 51079056320 | NDC | | | | both | 1 EA | 4.5 | | | Wellcare | Medicaid | | 100 | | 1.28 | | | other | Drugs are paid at 100% of the AWP |
| AMITRIPTYLINE 100MG TAB | 51079056320 | NDC | | | | both | 1 EA | 4.5 | | | WellPoint | WellPoint | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 150MG CAP | 51079059820 | NDC | | | | both | 1 EA | 4.5 | | | Aetna | Better Health | | 100 | | 1.29 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 150MG CAP | 51079059820 | NDC | | | | both | 1 EA | 4.5 | | | Amerihealth | HMO/PPO | | 100 | | 1.35 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 150MG CAP | 51079059820 | NDC | | | | both | 1 EA | 4.5 | | | Horizon | NJ Health | | 100 | | 0.81 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 150MG CAP | 51079059820 | NDC | | | | both | 1 EA | 4.5 | | | Horizon | PPO | | 100 | | 1.11 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 150MG CAP | 51079059820 | NDC | | | | both | 1 EA | 4.5 | | | UHC | Medicaid | | 100 | | 1.33 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 150MG CAP | 51079059820 | NDC | | | | both | 1 EA | 4.5 | | | UHC | Medicare | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 150MG CAP | 51079059820 | NDC | | | | both | 1 EA | 4.5 | | | Wellcare | Medicaid | | 100 | | 1.17 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 150MG CAP | 51079059820 | NDC | | | | both | 1 EA | 4.5 | | | WellPoint | WellPoint | | 100 | | 1.7 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN 250MG CAP | 51079060020 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.13 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN 250MG CAP | 51079060020 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN 500MG CAP | 51079060120 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN 500MG CAP | 51079060120 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Commercial | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN 500MG CAP | 51079060120 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Medicare | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN 500MG CAP | 51079060120 | NDC | | | | both | 1 EA | 2.5 | | | Amerihealth | HMO/PPO | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN 500MG CAP | 51079060120 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Indemnity | | 100 | | 0.74 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN 500MG CAP | 51079060120 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Medicare Blue | | 100 | | 1.49 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN 500MG CAP | 51079060120 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN 500MG CAP | 51079060120 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN 500MG CAP | 51079060120 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | PPO | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN 500MG CAP | 51079060120 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| AMOXICILLIN 500MG CAP | 51079060120 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN 500MG CAP | 51079060120 | NDC | | | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN 500MG CAP | 51079060120 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN 500MG CAP | 51079060120 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN 500MG CAP | 51079060120 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| CEPHALEXIN 250MG CAP | 51079060420 | NDC | | | | both | | 1 EA | 4.5 | | Corrections | Corrections | | 100 | | 1.06 | | | other | Drugs are paid at 100% of the AWP |
| CEPHALEXIN 250MG CAP | 51079060420 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 1.36 | | | other | Drugs are paid at 100% of the AWP |
| CEPHALEXIN 250MG CAP | 51079060420 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.84 | | | other | Drugs are paid at 100% of the AWP |
| CEPHALEXIN 250MG CAP | 51079060420 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.83 | | | other | Drugs are paid at 100% of the AWP |
| CEPHALEXIN 250MG CAP | 51079060420 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| CEPHALEXIN 250MG CAP | 51079060420 | NDC | | | | both | | 1 EA | 4.5 | | United | CommercialPPO | | 100 | | 0.13 | | | other | Drugs are paid at 100% of the AWP |
| CEPHALEXIN 250MG CAP | 51079060420 | NDC | | | | both | | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 1.82 | | | other | Drugs are paid at 100% of the AWP |
| CEPHALEXIN 500MG CAP | 51079060520 | NDC | | | | both | | 1 EA | 8.5 | | Aetna | Better Health | | 100 | | 1.82 | | | other | Drugs are paid at 100% of the AWP |
| CEPHALEXIN 500MG CAP | 51079060520 | NDC | | | | both | | 1 EA | 8.5 | | Aetna | Commercial | | 100 | | 1.14 | | | other | Drugs are paid at 100% of the AWP |
| CEPHALEXIN 500MG CAP | 51079060520 | NDC | | | | both | | 1 EA | 8.5 | | Aetna | Medicare | | 100 | | 2.76 | | | other | Drugs are paid at 100% of the AWP |
| CEPHALEXIN 500MG CAP | 51079060520 | NDC | | | | both | | 1 EA | 8.5 | | Corrections | Corrections | | 100 | | 2.15 | | | other | Drugs are paid at 100% of the AWP |
| CEPHALEXIN 500MG CAP | 51079060520 | NDC | | | | both | | 1 EA | 8.5 | | Horizon | Indemnity | | 100 | | 4.05 | | | other | Drugs are paid at 100% of the AWP |
| CEPHALEXIN 500MG CAP | 51079060520 | NDC | | | | both | | 1 EA | 8.5 | | Horizon | Medicare Blue | | 100 | | 1.84 | | | other | Drugs are paid at 100% of the AWP |
| CEPHALEXIN 500MG CAP | 51079060520 | NDC | | | | both | | 1 EA | 8.5 | | Horizon | MGD | | 100 | | 1.24 | | | other | Drugs are paid at 100% of the AWP |
| CEPHALEXIN 500MG CAP | 51079060520 | NDC | | | | both | | 1 EA | 8.5 | | Horizon | NJ Health | | 100 | | 1.41 | | | other | Drugs are paid at 100% of the AWP |
| CEPHALEXIN 500MG CAP | 51079060520 | NDC | | | | both | | 1 EA | 8.5 | | Horizon | PPO | | 100 | | 1.21 | | | other | Drugs are paid at 100% of the AWP |
| CEPHALEXIN 500MG CAP | 51079060520 | NDC | | | | both | | 1 EA | 8.5 | | UHC | Medicaid | | 100 | | 1.7 | | | other | Drugs are paid at 100% of the AWP |
| CEPHALEXIN 500MG CAP | 51079060520 | NDC | | | | both | | 1 EA | 8.5 | | UHC | Medicare | | 100 | | 1.48 | | | other | Drugs are paid at 100% of the AWP |
| CEPHALEXIN 500MG CAP | 51079060520 | NDC | | | | both | | 1 EA | 8.5 | | United | CommercialPPO | | 100 | | 0.87 | | | other | Drugs are paid at 100% of the AWP |
| CEPHALEXIN 500MG CAP | 51079060520 | NDC | | | | both | | 1 EA | 8.5 | | United | Oxford | | 100 | | 1.93 | | | other | Drugs are paid at 100% of the AWP |
| CEPHALEXIN 500MG CAP | 51079060520 | NDC | | | | both | | 1 EA | 8.5 | | Wellcare | Medicaid | | 100 | | 1.43 | | | other | Drugs are paid at 100% of the AWP |
| CEPHALEXIN 500MG CAP | 51079060520 | NDC | | | | both | | 1 EA | 8.5 | | Wellcare | Medicare | | 100 | | 1.4 | | | other | Drugs are paid at 100% of the AWP |
| CEPHALEXIN 500MG CAP | 51079060520 | NDC | | | | both | | 1 EA | 8.5 | | WellPoint | WellPoint | | 100 | | 1.76 | | | other | Drugs are paid at 100% of the AWP |
| ATENOLOL 100MG TAB | 51079068520 | NDC | | | | both | | 1 EA | 5.5 | | Aetna | Medicare | | 100 | | 3.07 | | | other | Drugs are paid at 100% of the AWP |
| ATENOLOL 100MG TAB | 51079068520 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | Indemnity | | 100 | | 0.83 | | | other | Drugs are paid at 100% of the AWP |
| ATENOLOL 100MG TAB | 51079068520 | NDC | | | | both | | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 0.8 | | | other | Drugs are paid at 100% of the AWP |
| ATENOLOL 100MG TAB | 51079068520 | NDC | | | | both | | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| LOPERAMIDE 2MG CAP | 51079069020 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 0.74 | | | other | Drugs are paid at 100% of the AWP |
| LOPERAMIDE 2MG CAP | 51079069020 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Commercial | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| LOPERAMIDE 2MG CAP | 51079069020 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Medicare | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| LOPERAMIDE 2MG CAP | 51079069020 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | Indemnity | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| LOPERAMIDE 2MG CAP | 51079069020 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | Medicare Blue | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| LOPERAMIDE 2MG CAP | 51079069020 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 1.08 | | | other | Drugs are paid at 100% of the AWP |
| LOPERAMIDE 2MG CAP | 51079069020 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| LOPERAMIDE 2MG CAP | 51079069020 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 0.8 | | | other | Drugs are paid at 100% of the AWP |
| LOPERAMIDE 2MG CAP | 51079069020 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| LOPERAMIDE 2MG CAP | 51079069020 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| LOPERAMIDE 2MG CAP | 51079069020 | NDC | | | | both | | 1 EA | 3.5 | | United | CommercialPPO | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| LOPERAMIDE 2MG CAP | 51079069020 | NDC | | | | both | | 1 EA | 3.5 | | Wellcare | Medicaid | | 100 | | 1.79 | | | other | Drugs are paid at 100% of the AWP |
| LOPERAMIDE 2MG CAP | 51079069020 | NDC | | | | both | | 1 EA | 3.5 | | Wellcare | Medicare | | 100 | | 0.11 | | | other | Drugs are paid at 100% of the AWP |
| LOPERAMIDE 2MG CAP | 51079069020 | NDC | | | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| PYRAZINAMIDE 500MG TAB | 51079069120 | NDC | | | | both | | 1 EA | 8.5 | | Aetna | Better Health | | 100 | | 0.91 | | | other | Drugs are paid at 100% of the AWP |
| PYRAZINAMIDE 500MG TAB | 51079069120 | NDC | | | | both | | 1 EA | 8.5 | | Horizon | NJ Health | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| PYRAZINAMIDE 500MG TAB | 51079069120 | NDC | | | | both | | 1 EA | 8.5 | | Horizon | PPO | | 100 | | 1.25 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 200MG TAB | 51079073120 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 200MG TAB | 51079073120 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 200MG TAB | 51079073120 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 200MG TAB | 51079073120 | NDC | | | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 200MG TAB | 51079073120 | NDC | | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 200MG TAB | 51079073120 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 200MG TAB | 51079073120 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 200MG TAB | 51079073120 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 200MG TAB | 51079073120 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 200MG TAB | 51079073120 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 200MG TAB | 51079073120 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 200MG TAB | 51079073120 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 200MG TAB | 51079073120 | NDC | | | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 200MG TAB | 51079073120 | NDC | | | | both | | 1 EA | 2.5 | | United | Oxford | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 200MG TAB | 51079073120 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 200MG TAB | 51079073120 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 200MG TAB | 51079073120 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM 60MG TAB | 51079074620 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM 60MG TAB | 51079074620 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM 60MG TAB | 51079074620 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 1.99 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM 60MG TAB | 51079074620 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM 60MG TAB | 51079074620 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM 60MG TAB | 51079074620 | NDC | | | | both | | 1 EA | 3.5 | | United | CommercialPPO | | 100 | | 1.28 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM 60MG TAB | 51079074620 | NDC | | | | both | | 1 EA | 3.5 | | Wellcare | Medicare | | 100 | | 0.81 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM 60MG TAB | 51079074620 | NDC | | | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM 90MG TAB | 51079074720 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 1.34 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM 90MG TAB | 51079074720 | NDC | | | | both | | 1 EA | 4.5 | | Wellcare | Medicare | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM 90MG TAB | 51079074720 | NDC | | | | both | | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 1.26 | | | other | Drugs are paid at 100% of the AWP |
| ATENOLOL 25MG TAB | 51079075920 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Medicare | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| ATENOLOL 25MG TAB | 51079075920 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 0.81 | | | other | Drugs are paid at 100% of the AWP |
| ATENOLOL 25MG TAB | 51079075920 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.12 | | | other | Drugs are paid at 100% of the AWP |
| ATENOLOL 25MG TAB | 51079075920 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| ATENOLOL 25MG TAB | 51079075920 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.02 | | | other | Drugs are paid at 100% of the AWP |
| ATENOLOL 25MG TAB | 51079075920 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 1.12 | | | other | Drugs are paid at 100% of the AWP |
| ATENOLOL 25MG TAB | 51079075920 | NDC | | | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| GEMFIBROZIL 600MG TAB | 51079078720 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| GEMFIBROZIL 600MG TAB | 51079078720 | NDC | | | | both | | 1 EA | 4.5 | | Corrections | Corrections | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| GEMFIBROZIL 600MG TAB | 51079078720 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| GEMFIBROZIL 600MG TAB | 51079078720 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.01 | | | other | Drugs are paid at 100% of the AWP |
| GEMFIBROZIL 600MG TAB | 51079078720 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| GEMFIBROZIL 600MG TAB | 51079078720 | NDC | | | | both | | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 1.26 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 25MG CAP | 51079079220 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 25MG CAP | 51079079220 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 25MG CAP | 51079079220 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 25MG CAP | 51079079220 | NDC | | | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 25MG CAP | 51079079220 | NDC | | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 25MG CAP | 51079079220 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 25MG CAP | 51079079220 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 25MG CAP | 51079079220 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 25MG CAP | 51079079220 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 25MG CAP | 51079079220 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 25MG CAP | 51079079220 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 25MG CAP | 51079079220 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 25MG CAP | 51079079220 | NDC | | | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 25MG CAP | 51079079220 | NDC | | | | both | | 1 EA | 2.5 | | United | Oxford | | 100 | | 1.59 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 25MG CAP | 51079079220 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 25MG CAP | 51079079220 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| DIPHENHYDRAMINE 25MG CAP | 51079079220 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 5MG TAB (NF) | 51079098120 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Better Health | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 5MG TAB (NF) | 51079098120 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Commercial | | 100 | | 1.7 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 5MG TAB (NF) | 51079098120 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 5MG TAB (NF) | 51079098120 | NDC | | | | both | | 1 EA | 4.5 | | Amerihealth | HMO/PPO | | 100 | | 0.79 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 5MG TAB (NF) | 51079098120 | NDC | | | | both | | 1 EA | 4.5 | | Corrections | Corrections | | 100 | | 0.93 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 5MG TAB (NF) | 51079098120 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Indemnity | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 5MG TAB (NF) | 51079098120 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 0.89 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 5MG TAB (NF) | 51079098120 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 1.26 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 5MG TAB (NF) | 51079098120 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 5MG TAB (NF) | 51079098120 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | PPO | | 100 | | 0.83 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 5MG TAB (NF) | 51079098120 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 5MG TAB (NF) | 51079098120 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 0.88 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 5MG TAB (NF) | 51079098120 | NDC | | | | both | | 1 EA | 4.5 | | United | CommercialPPO | | 100 | | 0.92 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 5MG TAB (NF) | 51079098120 | NDC | | | | both | | 1 EA | 4.5 | | Wellcare | Medicaid | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 5MG TAB (NF) | 51079098120 | NDC | | | | both | | 1 EA | 4.5 | | Wellcare | Medicare | | 100 | | 1.02 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 5MG TAB (NF) | 51079098120 | NDC | | | | both | | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.93 | | | other | Drugs are paid at 100% of the AWP |
| TIZANIDINE 4MG TAB | 51079099820 | NDC | | | | both | | 1 EA | 5.5 | | Aetna | Better Health | | 100 | | 0.88 | | | other | Drugs are paid at 100% of the AWP |
| TIZANIDINE 4MG TAB | 51079099820 | NDC | | | | both | | 1 EA | 5.5 | | Aetna | Commercial | | 100 | | 1.04 | | | other | Drugs are paid at 100% of the AWP |
| TIZANIDINE 4MG TAB | 51079099820 | NDC | | | | both | | 1 EA | 5.5 | | Aetna | Medicare | | 100 | | 0.97 | | | other | Drugs are paid at 100% of the AWP |
| TIZANIDINE 4MG TAB | 51079099820 | NDC | | | | both | | 1 EA | 5.5 | | Corrections | Corrections | | 100 | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| TIZANIDINE 4MG TAB | 51079099820 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | Indemnity | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| TIZANIDINE 4MG TAB | 51079099820 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | Medicare Blue | | 100 | | 1.61 | | | other | Drugs are paid at 100% of the AWP |
| TIZANIDINE 4MG TAB | 51079099820 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | MGD | | 100 | | 2.56 | | | other | Drugs are paid at 100% of the AWP |
| TIZANIDINE 4MG TAB | 51079099820 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| TIZANIDINE 4MG TAB | 51079099820 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | PPO | | 100 | | 1.1 | | | other | Drugs are paid at 100% of the AWP |
| TIZANIDINE 4MG TAB | 51079099820 | NDC | | | | both | | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 0.88 | | | other | Drugs are paid at 100% of the AWP |
| TIZANIDINE 4MG TAB | 51079099820 | NDC | | | | both | | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 1.21 | | | other | Drugs are paid at 100% of the AWP |
| TIZANIDINE 4MG TAB | 51079099820 | NDC | | | | both | | 1 EA | 5.5 | | United | CommercialPPO | | 100 | | 0.93 | | | other | Drugs are paid at 100% of the AWP |
| TIZANIDINE 4MG TAB | 51079099820 | NDC | | | | both | | 1 EA | 5.5 | | Wellcare | Medicare | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| TIZANIDINE 4MG TAB | 51079099820 | NDC | | | | both | | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| LEVONORGESTREL 1.5 MG TAB | 51285016288 | NDC | | | | both | | 1 EA | 144 | | Aetna | Better Health | | 100 | | 34.73 | | | other | Drugs are paid at 100% of the AWP |
| LEVONORGESTREL 1.5 MG TAB | 51285016288 | NDC | | | | both | | 1 EA | 144 | | Aetna | Commercial | | 100 | | 14.96 | | | other | Drugs are paid at 100% of the AWP |
| LEVONORGESTREL 1.5 MG TAB | 51285016288 | NDC | | | | both | | 1 EA | 144 | | Horizon | NJ Health | | 100 | | 14.53 | | | other | Drugs are paid at 100% of the AWP |
| LEVONORGESTREL 1.5 MG TAB | 51285016288 | NDC | | | | both | | 1 EA | 144 | | UHC | Medicaid | | 100 | | 17.09 | | | other | Drugs are paid at 100% of the AWP |
| LEVONORGESTREL 1.5 MG TAB | 51285016288 | NDC | | | | both | | 1 EA | 144 | | UHC | Medicare | | 100 | | 16.93 | | | other | Drugs are paid at 100% of the AWP |
| LEVONORGESTREL 1.5 MG TAB | 51285016288 | NDC | | | | both | | 1 EA | 144 | | WellPoint | WellPoint | | 100 | | 39.38 | | | other | Drugs are paid at 100% of the AWP |
| PHENOBARBITAL 97.2 MG TAB | 51293062801 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| PHENOBARBITAL 97.2 MG TAB | 51293062801 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| PHENOBARBITAL 97.2 MG TAB | 51293062801 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 1.36 | | | other | Drugs are paid at 100% of the AWP |
| FLUOCINONIDE 0.05% 30ML TOP SO | 51672127302 | NDC | | | | both | | 1 EA | 89.5 | | WellPoint | WellPoint | | 100 | | 9.37 | | | other | Drugs are paid at 100% of the AWP |
| KETOCANAZOLE 2% (15GM) CREAM | 51672129801 | NDC | | | | both | | 1 EA | 87.5 | | Aetna | Better Health | | 100 | | 12.41 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| KETOCANAZOLE 2% (15GM) CREAM | 51672129801 | NDC | | | | both | | 1 EA | 87.5 | | Horizon | MCD | | | | 11.44 | | | other | Drugs are paid at 100% of the AWP |
| KETOCANAZOLE 2% (15GM) CREAM | 51672129801 | NDC | | | | both | | 1 EA | 87.5 | | Horizon | NJ Health | | | | 7.56 | | | other | Drugs are paid at 100% of the AWP |
| KETOCANAZOLE 2% (15GM) CREAM | 51672129801 | NDC | | | | both | | 1 EA | 87.5 | | UHC | Medicaid | | | | 12.22 | | | other | Drugs are paid at 100% of the AWP |
| TRANEXAMIC ACID 10ML SDV | 517096010 | NDC | | | | both | | 1 EA | 427 | | Aetna | Better Health | | | | 61.6 | | | other | Drugs are paid at 100% of the AWP |
| TRANEXAMIC ACID 10ML SDV | 517096010 | NDC | | | | both | | 1 EA | 427 | | Aetna | Commercial | | | | 100.71 | | | other | Drugs are paid at 100% of the AWP |
| TRANEXAMIC ACID 10ML SDV | 517096010 | NDC | | | | both | | 1 EA | 427 | | Aetna | Medicare | | | | 72.68 | | | other | Drugs are paid at 100% of the AWP |
| TRANEXAMIC ACID 10ML SDV | 517096010 | NDC | | | | both | | 1 EA | 427 | | Corrections | Corrections | | | | 19.96 | | | other | Drugs are paid at 100% of the AWP |
| TRANEXAMIC ACID 10ML SDV | 517096010 | NDC | | | | both | | 1 EA | 427 | | Horizon | Medicare Blue | | | | 74.07 | | | other | Drugs are paid at 100% of the AWP |
| TRANEXAMIC ACID 10ML SDV | 517096010 | NDC | | | | both | | 1 EA | 427 | | Horizon | MGD | | | | 51.46 | | | other | Drugs are paid at 100% of the AWP |
| TRANEXAMIC ACID 10ML SDV | 517096010 | NDC | | | | both | | 1 EA | 427 | | Horizon | NJ Health | | | | 45.05 | | | other | Drugs are paid at 100% of the AWP |
| TRANEXAMIC ACID 10ML SDV | 517096010 | NDC | | | | both | | 1 EA | 427 | | Horizon | PPO | | | | 60.84 | | | other | Drugs are paid at 100% of the AWP |
| TRANEXAMIC ACID 10ML SDV | 517096010 | NDC | | | | both | | 1 EA | 427 | | UHC | Medicaid | | | | 77.05 | | | other | Drugs are paid at 100% of the AWP |
| TRANEXAMIC ACID 10ML SDV | 517096010 | NDC | | | | both | | 1 EA | 427 | | UHC | Medicare | | | | 90.33 | | | other | Drugs are paid at 100% of the AWP |
| TRANEXAMIC ACID 10ML SDV | 517096010 | NDC | | | | both | | 1 EA | 427 | | United | Commercial\|PPO | | | | 45.06 | | | other | Drugs are paid at 100% of the AWP |
| TRANEXAMIC ACID 10ML SDV | 517096010 | NDC | | | | both | | 1 EA | 427 | | United | Oxford | | | | 36.91 | | | other | Drugs are paid at 100% of the AWP |
| TRANEXAMIC ACID 10ML SDV | 517096010 | NDC | | | | both | | 1 EA | 427 | | Wellcare | Medicaid | | | | 55.89 | | | other | Drugs are paid at 100% of the AWP |
| TRANEXAMIC ACID 10ML SDV | 517096010 | NDC | | | | both | | 1 EA | 427 | | WellPoint | WellPoint | | | | 100.96 | | | other | Drugs are paid at 100% of the AWP |
| CYSTEINE 50MG/ML (10ML INJ | 517206425 | NDC | | | | both | | 1 EA | 48.5 | | UHC | Medicaid | | | | 9.34 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM PHOS 3MMO/ML 15ML VL | 517231525 | NDC | | | | both | | 1 EA | 7.5 | | Aetna | Better Health | | | | 1.2 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM PHOS 3MMO/ML 15ML VL | 517231525 | NDC | | | | both | | 1 EA | 7.5 | | Aetna | Commercial | | | | 1.58 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM PHOS 3MMO/ML 15ML VL | 517231525 | NDC | | | | both | | 1 EA | 7.5 | | Aetna | Medicare | | | | 1.08 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM PHOS 3MMO/ML 15ML VL | 517231525 | NDC | | | | both | | 1 EA | 7.5 | | Amerihealth | HMO\|PPO | | | | 1.34 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM PHOS 3MMO/ML 15ML VL | 517231525 | NDC | | | | both | | 1 EA | 7.5 | | Corrections | Corrections | | | | 1.13 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM PHOS 3MMO/ML 15ML VL | 517231525 | NDC | | | | both | | 1 EA | 7.5 | | Horizon | Indemnity | | | | 1.04 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM PHOS 3MMO/ML 15ML VL | 517231525 | NDC | | | | both | | 1 EA | 7.5 | | Horizon | Medicare Blue | | | | 1.24 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM PHOS 3MMO/ML 15ML VL | 517231525 | NDC | | | | both | | 1 EA | 7.5 | | Horizon | MGD | | | | 1.26 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM PHOS 3MMO/ML 15ML VL | 517231525 | NDC | | | | both | | 1 EA | 7.5 | | Horizon | NJ Health | | | | 0.9 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM PHOS 3MMO/ML 15ML VL | 517231525 | NDC | | | | both | | 1 EA | 7.5 | | Horizon | PPO | | | | 1.53 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM PHOS 3MMO/ML 15ML VL | 517231525 | NDC | | | | both | | 1 EA | 7.5 | | UHC | Medicaid | | | | 1.18 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM PHOS 3MMO/ML 15ML VL | 517231525 | NDC | | | | both | | 1 EA | 7.5 | | UHC | Medicare | | | | 1.42 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM PHOS 3MMO/ML 15ML VL | 517231525 | NDC | | | | both | | 1 EA | 7.5 | | United | Commercial\|PPO | | | | 1.13 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM PHOS 3MMO/ML 15ML VL | 517231525 | NDC | | | | both | | 1 EA | 7.5 | | United | Oxford | | | | 2.24 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM PHOS 3MMO/ML 15ML VL | 517231525 | NDC | | | | both | | 1 EA | 7.5 | | Wellcare | Medicaid | | | | 1.21 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM PHOS 3MMO/ML 15ML VL | 517231525 | NDC | | | | both | | 1 EA | 7.5 | | Wellcare | Medicare | | | | 1.58 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM PHOS 3MMO/ML 15ML VL | 517231525 | NDC | | | | both | | 1 EA | 7.5 | | WellPoint | WellPoint | | | | 1.35 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 1MG | 517460525 | NDC | | | | both | | 1 EA | 23.5 | | Horizon | NJ Health | | | | 2.55 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 1MG | 517460525 | NDC | | | | both | | 1 EA | 23.5 | | UHC | Medicaid | | | | 38.62 | | | other | Drugs are paid at 100% of the AWP |
| NITROGLYCERIN 50MG/10ML VIAL | 517481010 | NDC | | | | both | | 1 EA | 93 | | UHC | Medicare | | | | 32.48 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM THIOSULFATE 25% VL | 517501901 | NDC | | | | both | | 1 EA | 119.5 | | Horizon | MGD | | | | 18.67 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM THIOSULFATE 25% VL | 517501901 | NDC | | | | both | | 1 EA | 119.5 | | Wellcare | Medicare | | | | 25.09 | | | other | Drugs are paid at 100% of the AWP |
| TRANEXAMIC ACID (1000MG) 100 ML BAG | 51754010803 | NDC | | | | both | | 1 EA | 85.5 | | Aetna | Commercial | | | | 29.76 | | | other | Drugs are paid at 100% of the AWP |
| TRANEXAMIC ACID (1000MG) 100 ML BAG | 51754010803 | NDC | | | | both | | 1 EA | 85.5 | | Aetna | Medicare | | | | 25.34 | | | other | Drugs are paid at 100% of the AWP |
| TRANEXAMIC ACID (1000MG) 100 ML BAG | 51754010803 | NDC | | | | both | | 1 EA | 85.5 | | Horizon | MGD | | | | 28.16 | | | other | Drugs are paid at 100% of the AWP |
| TRANEXAMIC ACID (1000MG) 100 ML BAG | 51754010803 | NDC | | | | both | | 1 EA | 85.5 | | Horizon | NJ Health | | | | 17.06 | | | other | Drugs are paid at 100% of the AWP |
| TRANEXAMIC ACID (1000MG) 100 ML BAG | 51754010803 | NDC | | | | both | | 1 EA | 85.5 | | Horizon | PPO | | | | 17.86 | | | other | Drugs are paid at 100% of the AWP |
| TRANEXAMIC ACID (1000MG) 100 ML BAG | 51754010803 | NDC | | | | both | | 1 EA | 85.5 | | UHC | Medicaid | | | | 11.94 | | | other | Drugs are paid at 100% of the AWP |
| TRANEXAMIC ACID (1000MG) 100 ML BAG | 51754010803 | NDC | | | | both | | 1 EA | 85.5 | | UHC | Medicare | | | | 15.77 | | | other | Drugs are paid at 100% of the AWP |
| TRANEXAMIC ACID (1000MG) 100 ML BAG | 51754010803 | NDC | | | | both | | 1 EA | 85.5 | | Wellcare | Medicaid | | | | 15.59 | | | other | Drugs are paid at 100% of the AWP |
| TRANEXAMIC ACID (1000MG) 100 ML BAG | 51754010803 | NDC | | | | both | | 1 EA | 85.5 | | Wellcare | Medicare | | | | 3.89 | | | other | Drugs are paid at 100% of the AWP |
| TRANEXAMIC ACID (1000MG) 100 ML BAG | 51754010803 | NDC | | | | both | | 1 EA | 85.5 | | WellPoint | WellPoint | | | | 9.62 | | | other | Drugs are paid at 100% of the AWP |
| VERAPAMIL 2.5MG | 51754020304 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| VERAPAMIL 2.5MG | 51754020304 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| VERAPAMIL 2.5MG | 51754020304 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| VERAPAMIL 2.5MG | 51754020304 | NDC | | | | both | | 1 EA | 2.5 | | Amerihealth | HMO\|PPO | | | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| VERAPAMIL 2.5MG | 51754020304 | NDC | | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| VERAPAMIL 2.5MG | 51754020304 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| VERAPAMIL 2.5MG | 51754020304 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| VERAPAMIL 2.5MG | 51754020304 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| VERAPAMIL 2.5MG | 51754020304 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| VERAPAMIL 2.5MG | 51754020304 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| VERAPAMIL 2.5MG | 51754020304 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| VERAPAMIL 2.5MG | 51754020304 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| VERAPAMIL 2.5MG | 51754020304 | NDC | | | | both | | 1 EA | 2.5 | | United | Commercial\|PPO | | | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| VERAPAMIL 2.5MG | 51754020304 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| VERAPAMIL 2.5MG | 51754020304 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| VERAPAMIL 2.5MG | 51754020304 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| SELENIOUS 400MCG/10ML INJ | 517651025 | NDC | | | | both | | 1 EA | 9.5 | | Horizon | NJ Health | | | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| SELENIOUS 400MCG/10ML INJ | 517651025 | NDC | | | | both | | 1 EA | 9.5 | | Horizon | PPO | | | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| SELENIOUS 400MCG/10ML INJ | 517651025 | NDC | | | | both | | 1 EA | 9.5 | | UHC | Medicaid | | | | 1.79 | | | other | Drugs are paid at 100% of the AWP |
| SELENIOUS 400MCG/10ML INJ | 517651025 | NDC | | | | both | | 1 EA | 9.5 | | Wellcare | Medicaid | | | | 0.8 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 10% (4ML) SOL | 517750425 | NDC | | | | both | | 1 EA | 30.5 | | Aetna | Better Health | | | | 6.43 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 10% (4ML) SOL | 517750425 | NDC | | | | both | | 1 EA | 30.5 | | Aetna | Commercial | | | | 11.05 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 10% (4ML) SOL | 517750425 | NDC | | | | both | | 1 EA | 30.5 | | Horizon | Medicare Blue | | | | 2.17 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 10% (4ML) SOL | 517750425 | NDC | | | | both | | 1 EA | 30.5 | | Horizon | MGD | | | | 6.32 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 10% (4ML) SOL | 517750425 | NDC | | | | both | | 1 EA | 30.5 | | Horizon | NJ Health | | | | 1.85 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 10% (4ML) SOL | 517750425 | NDC | | | | both | | 1 EA | 30.5 | | Horizon | PPO | | | | 8.12 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 10% (4ML) SOL | 517750425 | NDC | | | | both | | 1 EA | 30.5 | | UHC | Medicaid | | | | 6.09 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 10% (4ML) SOL | 517750425 | NDC | | | | both | | 1 EA | 30.5 | | UHC | Medicare | | | | 8.82 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 10% (4ML) SOL | 517750425 | NDC | | | | both | | 1 EA | 30.5 | | Wellcare | Medicaid | | | | 1.06 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 10% (4ML) SOL | 517750425 | NDC | | | | both | | 1 EA | 30.5 | | Wellcare | Medicare | | | | 1.62 | | | other | Drugs are paid at 100% of the AWP |
| ACETYLCYSTEINE 10% (4ML) SOL | 517750425 | NDC | | | | both | | 1 EA | 30.5 | | WellPoint | WellPoint | | | | 7 | | | other | Drugs are paid at 100% of the AWP |
| ZINC SULFATE 1MG/ML | 517810525 | NDC | | | | both | | 1 EA | 4 | | Aetna | Better Health | | | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| ZINC SULFATE 1MG/ML | 517810525 | NDC | | | | both | | 1 EA | 4 | | Horizon | MCD | | | | 0.88 | | | other | Drugs are paid at 100% of the AWP |
| ZINC SULFATE 1MG/ML | 517810525 | NDC | | | | both | | 1 EA | 4 | | Horizon | NJ Health | | | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| ZINC SULFATE 1MG/ML | 517810525 | NDC | | | | both | | 1 EA | 4 | | UHC | Medicaid | | | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| ZINC SULFATE 1MG/ML | 517810525 | NDC | | | | both | | 1 EA | 4 | | Wellcare | Medicaid | | | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| TRACE METALS(TRALEMENT) 1ML INJ | 517930525 | NDC | | | | both | | 1 EA | 88 | | Aetna | Better Health | | | | 12.44 | | | other | Drugs are paid at 100% of the AWP |
| TRACE METALS(TRALEMENT) 1ML INJ | 517930525 | NDC | | | | both | | 1 EA | 88 | | Aetna | Commercial | | | | 20.84 | | | other | Drugs are paid at 100% of the AWP |
| TRACE METALS(TRALEMENT) 1ML INJ | 517930525 | NDC | | | | both | | 1 EA | 88 | | Amerihealth | HMO\|PPO | | | | 15.97 | | | other | Drugs are paid at 100% of the AWP |
| TRACE METALS(TRALEMENT) 1ML INJ | 517930525 | NDC | | | | both | | 1 EA | 88 | | Horizon | MGD | | | | 8.86 | | | other | Drugs are paid at 100% of the AWP |
| TRACE METALS(TRALEMENT) 1ML INJ | 517930525 | NDC | | | | both | | 1 EA | 88 | | Horizon | NJ Health | | | | 6.53 | | | other | Drugs are paid at 100% of the AWP |
| TRACE METALS(TRALEMENT) 1ML INJ | 517930525 | NDC | | | | both | | 1 EA | 88 | | Horizon | PPO | | | | 5.91 | | | other | Drugs are paid at 100% of the AWP |
| TRACE METALS(TRALEMENT) 1ML INJ | 517930525 | NDC | | | | both | | 1 EA | 88 | | UHC | Medicaid | | | | 15.56 | | | other | Drugs are paid at 100% of the AWP |
| TRACE METALS(TRALEMENT) 1ML INJ | 517930525 | NDC | | | | both | | 1 EA | 88 | | Wellcare | Medicaid | | | | 7.58 | | | other | Drugs are paid at 100% of the AWP |
| TRACE METALS(TRALEMENT) 1ML INJ | 517930525 | NDC | | | | both | | 1 EA | 88 | | Wellcare | Medicare | | | | 11.25 | | | other | Drugs are paid at 100% of the AWP |
| TRACE METALS(TRALEMENT) 1ML INJ | 517930525 | NDC | | | | both | | 1 EA | 88 | | WellPoint | WellPoint | | | | 5.74 | | | other | Drugs are paid at 100% of the AWP |
| NORGESTIMATE/ETH ESTRADIOL LO 28 TAB | 51862056406 | NDC | | | | both | | 1 EA | 3 | | Wellcare | Medicaid | | | | 1 | | | other | Drugs are paid at 100% of the AWP |
| MIRTAZAPINE 15MG TAB (NF) | 52010590 | NDC | | | | both | | 1 EA | 23.5 | | Aetna | Better Health | | | | 3.04 | | | other | Drugs are paid at 100% of the AWP |
| MIRTAZAPINE 15MG TAB (NF) | 52010590 | NDC | | | | both | | 1 EA | 23.5 | | Aetna | Commercial | | | | 5.19 | | | other | Drugs are paid at 100% of the AWP |
| MIRTAZAPINE 15MG TAB (NF) | 52010590 | NDC | | | | both | | 1 EA | 23.5 | | Aetna | Medicare | | | | 2.04 | | | other | Drugs are paid at 100% of the AWP |
| MIRTAZAPINE 15MG TAB (NF) | 52010590 | NDC | | | | both | | 1 EA | 23.5 | | Corrections | Corrections | | | | 5.54 | | | other | Drugs are paid at 100% of the AWP |
| MIRTAZAPINE 15MG TAB (NF) | 52010590 | NDC | | | | both | | 1 EA | 23.5 | | Horizon | Indemnity | | | | 2.51 | | | other | Drugs are paid at 100% of the AWP |
| MIRTAZAPINE 15MG TAB (NF) | 52010590 | NDC | | | | both | | 1 EA | 23.5 | | Horizon | Medicare Blue | | | | 4.93 | | | other | Drugs are paid at 100% of the AWP |
| MIRTAZAPINE 15MG TAB (NF) | 52010590 | NDC | | | | both | | 1 EA | 23.5 | | Horizon | MGD | | | | 4.56 | | | other | Drugs are paid at 100% of the AWP |
| MIRTAZAPINE 15MG TAB (NF) | 52010590 | NDC | | | | both | | 1 EA | 23.5 | | Horizon | NJ Health | | | | 3.15 | | | other | Drugs are paid at 100% of the AWP |
| MIRTAZAPINE 15MG TAB (NF) | 52010590 | NDC | | | | both | | 1 EA | 23.5 | | Horizon | PPO | | | | 2.79 | | | other | Drugs are paid at 100% of the AWP |
| MIRTAZAPINE 15MG TAB (NF) | 52010590 | NDC | | | | both | | 1 EA | 23.5 | | UHC | Medicaid | | | | 3.32 | | | other | Drugs are paid at 100% of the AWP |
| MIRTAZAPINE 15MG TAB (NF) | 52010590 | NDC | | | | both | | 1 EA | 23.5 | | UHC | Medicare | | | | 4.69 | | | other | Drugs are paid at 100% of the AWP |
| MIRTAZAPINE 15MG TAB (NF) | 52010590 | NDC | | | | both | | 1 EA | 23.5 | | United | Commercial\|PPO | | | | 4.58 | | | other | Drugs are paid at 100% of the AWP |
| MIRTAZAPINE 15MG TAB (NF) | 52010590 | NDC | | | | both | | 1 EA | 23.5 | | Wellcare | Medicaid | | | | 3.37 | | | other | Drugs are paid at 100% of the AWP |
| MIRTAZAPINE 15MG TAB (NF) | 52010590 | NDC | | | | both | | 1 EA | 23.5 | | WellPoint | WellPoint | | | | 3.31 | | | other | Drugs are paid at 100% of the AWP |
| REMERON 30MG TAB(NF) | 52010790 | NDC | | | | both | | 1 EA | 25 | | Horizon | MGD | | | | 4.44 | | | other | Drugs are paid at 100% of the AWP |
| REMERON 30MG TAB(NF) | 52010790 | NDC | | | | both | | 1 EA | 25 | | Horizon | NJ Health | | | | 5.34 | | | other | Drugs are paid at 100% of the AWP |
| REMERON 30MG TAB(NF) | 52010790 | NDC | | | | both | | 1 EA | 25 | | UHC | Medicaid | | | | 4.05 | | | other | Drugs are paid at 100% of the AWP |
| REMERON 30MG TAB(NF) | 52010790 | NDC | | | | both | | 1 EA | 25 | | UHC | Medicare | | | | 2.17 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM ACETATE (PHOS-LO) 667MG TAB | 52268020001 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM ACETATE (PHOS-LO) 667MG TAB | 52268020001 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM ACETATE (PHOS-LO) 667MG TAB | 52268020001 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM ACETATE (PHOS-LO) 667MG TAB | 52268020001 | NDC | | | | both | | 1 EA | 2.5 | | Amerihealth | HMO\|PPO | | | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM ACETATE (PHOS-LO) 667MG TAB | 52268020001 | NDC | | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM ACETATE (PHOS-LO) 667MG TAB | 52268020001 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | | | 1.27 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM ACETATE (PHOS-LO) 667MG TAB | 52268020001 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM ACETATE (PHOS-LO) 667MG TAB | 52268020001 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM ACETATE (PHOS-LO) 667MG TAB | 52268020001 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM ACETATE (PHOS-LO) 667MG TAB | 52268020001 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM ACETATE (PHOS-LO) 667MG TAB | 52268020001 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM ACETATE (PHOS-LO) 667MG TAB | 52268020001 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM ACETATE (PHOS-LO) 667MG TAB | 52268020001 | NDC | | | | both | | 1 EA | 2.5 | | United | Commercial\|PPO | | | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM ACETATE (PHOS-LO) 667MG TAB | 52268020001 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM ACETATE (PHOS-LO) 667MG TAB | 52268020001 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | | | 1.19 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM ACETATE (PHOS-LO) 667MG TAB | 52268020001 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| LAVAGE (MIRALAX) (UD) POWDER | 52268080005 | NDC | | | | both | | 1 EA | 7.5 | | Aetna | Better Health | | | | 1.16 | | | other | Drugs are paid at 100% of the AWP |
| LAVAGE (MIRALAX) (UD) POWDER | 52268080005 | NDC | | | | both | | 1 EA | 7.5 | | Aetna | Commercial | | | | 1.73 | | | other | Drugs are paid at 100% of the AWP |
| LAVAGE (MIRALAX) (UD) POWDER | 52268080005 | NDC | | | | both | | 1 EA | 7.5 | | Aetna | Medicare | | | | 1.05 | | | other | Drugs are paid at 100% of the AWP |
| LAVAGE (MIRALAX) (UD) POWDER | 52268080005 | NDC | | | | both | | 1 EA | 7.5 | | Amerihealth | HMO\|PPO | | | | 1.3 | | | other | Drugs are paid at 100% of the AWP |
| LAVAGE (MIRALAX) (UD) POWDER | 52268080005 | NDC | | | | both | | 1 EA | 7.5 | | Corrections | Corrections | | | | 1.22 | | | other | Drugs are paid at 100% of the AWP |
| LAVAGE (MIRALAX) (UD) POWDER | 52268080005 | NDC | | | | both | | 1 EA | 7.5 | | Horizon | Indemnity | | | | 1.04 | | | other | Drugs are paid at 100% of the AWP |
| LAVAGE (MIRALAX) (UD) POWDER | 52268080005 | NDC | | | | both | | 1 EA | 7.5 | | Horizon | Medicare Blue | | | | 1.38 | | | other | Drugs are paid at 100% of the AWP |
| LAVAGE (MIRALAX) (UD) POWDER | 52268080005 | NDC | | | | both | | 1 EA | 7.5 | | Horizon | MGD | | | | 1.63 | | | other | Drugs are paid at 100% of the AWP |
| LAVAGE (MIRALAX) (UD) POWDER | 52268080005 | NDC | | | | both | | 1 EA | 7.5 | | Horizon | NJ Health | | | | 1.01 | | | other | Drugs are paid at 100% of the AWP |
| LAVAGE (MIRALAX) (UD) POWDER | 52268080005 | NDC | | | | both | | 1 EA | 7.5 | | Horizon | PPO | | | | 1.5 | | | other | Drugs are paid at 100% of the AWP |
| LAVAGE (MIRALAX) (UD) POWDER | 52268080005 | NDC | | | | both | | 1 EA | 7.5 | | UHC | Medicaid | | | | 1.26 | | | other | Drugs are paid at 100% of the AWP |
| LAVAGE (MIRALAX) (UD) POWDER | 52268080005 | NDC | | | | both | | 1 EA | 7.5 | | UHC | Medicare | | | | 1.5 | | | other | Drugs are paid at 100% of the AWP |
| LAVAGE (MIRALAX) (UD) POWDER | 52268080005 | NDC | | | | both | | 1 EA | 7.5 | | United | Commercial\|PPO | | | | 1.11 | | | other | Drugs are paid at 100% of the AWP |
| LAVAGE (MIRALAX) (UD) POWDER | 52268080005 | NDC | | | | both | | 1 EA | 7.5 | | United | Oxford | | | | 2.25 | | | other | Drugs are paid at 100% of the AWP |
| LAVAGE (MIRALAX) (UD) POWDER | 52268080005 | NDC | | | | both | | 1 EA | 7.5 | | Wellcare | Medicaid | | | | 1.07 | | | other | Drugs are paid at 100% of the AWP |
| LAVAGE (MIRALAX) (UD) POWDER | 52268080005 | NDC | | | | both | | 1 EA | 7.5 | | Wellcare | Medicare | | | | 1.56 | | | other | Drugs are paid at 100% of the AWP |
| LAVAGE (MIRALAX) (UD) POWDER | 52268080005 | NDC | | | | both | | 1 EA | 7.5 | | WellPoint | WellPoint | | | | 1.31 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PPD STI/0.1ML SYRINGE | 5272225 | NDC | | | | both | 1 EA | 21.5 | | Horizon | MGD | | 100 | | 14.04 | | | other | Drugs are paid at 100% of the AWP |
| PPD STI/0.1ML SYRINGE | 5272225 | NDC | | | | both | 1 EA | 21.5 | | Horizon | NJ Health | | 100 | | 1.04 | | | other | Drugs are paid at 100% of the AWP |
| PPD STI/0.1ML SYRINGE | 5272225 | NDC | | | | both | 1 EA | 21.5 | | UHC | Medicaid | | 100 | | 3.44 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 2.5% (20GM) OINT | 536062099 | NDC | | | | both | 1 EA | 28.5 | | WellPoint | WellPoint | | 100 | | 7.78 | | | other | Drugs are paid at 100% of the AWP |
| FERROUS SULFATE 15 MG/ML(1ML) | 536071080 | NDC | | | | both | 1 EA | 1.5 | | Aetna | Better Health | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| FERROUS SULFATE 15 MG/ML(1ML) | 536071080 | NDC | | | | both | 1 EA | 1.5 | | Horizon | NJ Health | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| FERROUS SULFATE 15 MG/ML(1ML) | 536071080 | NDC | | | | both | 1 EA | 1.5 | | UHC | Medicaid | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| FERROUS SULFATE 15 MG/ML(1ML) | 536071080 | NDC | | | | both | 1 EA | 1.5 | | Wellcare | Medicaid | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| FERROUS SULFATE 15 MG/ML(1ML) | 536071080 | NDC | | | | both | 1 EA | 1.5 | | WellPoint | WellPoint | | 100 | | 0.87 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN HBR(ROBAFEN) 15MG CAP | 536106834 | NDC | | | | both | 1 EA | 1 | | Aetna | Better Health | | 100 | | 0.14 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN HBR(ROBAFEN) 15MG CAP | 536106834 | NDC | | | | both | 1 EA | 1 | | Aetna | Commercial | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN HBR(ROBAFEN) 15MG CAP | 536106834 | NDC | | | | both | 1 EA | 1 | | Aetna | Medicare | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN HBR(ROBAFEN) 15MG CAP | 536106834 | NDC | | | | both | 1 EA | 1 | | Amerihealth | HMO/PPO | | 100 | | 0.13 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN HBR(ROBAFEN) 15MG CAP | 536106834 | NDC | | | | both | 1 EA | 1 | | Corrections | Corrections | | 100 | | 0.12 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN HBR(ROBAFEN) 15MG CAP | 536106834 | NDC | | | | both | 1 EA | 1 | | Horizon | Indemnity | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN HBR(ROBAFEN) 15MG CAP | 536106834 | NDC | | | | both | 1 EA | 1 | | Horizon | MGD | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN HBR(ROBAFEN) 15MG CAP | 536106834 | NDC | | | | both | 1 EA | 1 | | Horizon | NJ Health | | 100 | | 0.12 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN HBR(ROBAFEN) 15MG CAP | 536106834 | NDC | | | | both | 1 EA | 1 | | Horizon | PPO | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN HBR(ROBAFEN) 15MG CAP | 536106834 | NDC | | | | both | 1 EA | 1 | | UHC | Medicaid | | 100 | | 0.14 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN HBR(ROBAFEN) 15MG CAP | 536106834 | NDC | | | | both | 1 EA | 1 | | UHC | Medicare | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN HBR(ROBAFEN) 15MG CAP | 536106834 | NDC | | | | both | 1 EA | 1 | | United | Commercial\|PPO | | 100 | | 0.09 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN HBR(ROBAFEN) 15MG CAP | 536106834 | NDC | | | | both | 1 EA | 1 | | Wellcare | Medicaid | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN HBR(ROBAFEN) 15MG CAP | 536106834 | NDC | | | | both | 1 EA | 1 | | Wellcare | Medicare | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN HBR(ROBAFEN) 15MG CAP | 536106834 | NDC | | | | both | 1 EA | 1 | | WellPoint | WellPoint | | 100 | | 0.12 | | | other | Drugs are paid at 100% of the AWP |
| CAPSAICIN 0.075% CREAM | 536111825 | NDC | | | | both | 1 EA | 19 | | Aetna | Better Health | | 100 | | 4.44 | | | other | Drugs are paid at 100% of the AWP |
| CAPSAICIN 0.075% CREAM | 536111825 | NDC | | | | both | 1 EA | 19 | | Aetna | Commercial | | 100 | | 3.89 | | | other | Drugs are paid at 100% of the AWP |
| CAPSAICIN 0.075% CREAM | 536111825 | NDC | | | | both | 1 EA | 19 | | Aetna | Medicare | | 100 | | 1.67 | | | other | Drugs are paid at 100% of the AWP |
| CAPSAICIN 0.075% CREAM | 536111825 | NDC | | | | both | 1 EA | 19 | | Amerihealth | HMO/PPO | | 100 | | 0.05 | | | other | Drugs are paid at 100% of the AWP |
| CAPSAICIN 0.075% CREAM | 536111825 | NDC | | | | both | 1 EA | 19 | | Corrections | Corrections | | 100 | | 5.5 | | | other | Drugs are paid at 100% of the AWP |
| CAPSAICIN 0.075% CREAM | 536111825 | NDC | | | | both | 1 EA | 19 | | Horizon | MGD | | 100 | | 2.83 | | | other | Drugs are paid at 100% of the AWP |
| CAPSAICIN 0.075% CREAM | 536111825 | NDC | | | | both | 1 EA | 19 | | Horizon | NJ Health | | 100 | | 2.52 | | | other | Drugs are paid at 100% of the AWP |
| CAPSAICIN 0.075% CREAM | 536111825 | NDC | | | | both | 1 EA | 19 | | Horizon | PPO | | 100 | | 5.22 | | | other | Drugs are paid at 100% of the AWP |
| CAPSAICIN 0.075% CREAM | 536111825 | NDC | | | | both | 1 EA | 19 | | UHC | Medicaid | | 100 | | 4.88 | | | other | Drugs are paid at 100% of the AWP |
| CAPSAICIN 0.075% CREAM | 536111825 | NDC | | | | both | 1 EA | 19 | | UHC | Medicare | | 100 | | 3.9 | | | other | Drugs are paid at 100% of the AWP |
| CAPSAICIN 0.075% CREAM | 536111825 | NDC | | | | both | 1 EA | 19 | | United | Commercial\|PPO | | 100 | | 2.33 | | | other | Drugs are paid at 100% of the AWP |
| CAPSAICIN 0.075% CREAM | 536111825 | NDC | | | | both | 1 EA | 19 | | Wellcare | Medicaid | | 100 | | 1.94 | | | other | Drugs are paid at 100% of the AWP |
| CAPSAICIN 0.075% CREAM | 536111825 | NDC | | | | both | 1 EA | 19 | | WellPoint | WellPoint | | 100 | | 4.33 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN-POLYMYXIN 30GM TOP OINT | 536412195 | NDC | | | | both | 1 EA | 25 | | Horizon | MGD | | 100 | | 0.89 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN-POLYMYXIN 30GM TOP OINT | 536412195 | NDC | | | | both | 1 EA | 25 | | Horizon | PPO | | 100 | | 3.38 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN-POLYMYXIN 30GM TOP OINT | 536412195 | NDC | | | | both | 1 EA | 25 | | United | Commercial\|PPO | | 100 | | 2.8 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN CREAM (30GM) | 536483028 | NDC | | | | both | 1 EA | 32 | | Aetna | Commercial | | 100 | | 2.27 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN CREAM (30GM) | 536483028 | NDC | | | | both | 1 EA | 32 | | Aetna | Medicare | | 100 | | 6.67 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN CREAM (30GM) | 536483028 | NDC | | | | both | 1 EA | 32 | | Amerihealth | HMO/PPO | | 100 | | 10.21 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN CREAM (30GM) | 536483028 | NDC | | | | both | 1 EA | 32 | | Horizon | Indemnity | | 100 | | 6.42 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN CREAM (30GM) | 536483028 | NDC | | | | both | 1 EA | 32 | | Horizon | Medicare Blue | | 100 | | 3.89 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN CREAM (30GM) | 536483028 | NDC | | | | both | 1 EA | 32 | | Horizon | MGD | | 100 | | 5.93 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN CREAM (30GM) | 536483028 | NDC | | | | both | 1 EA | 32 | | Horizon | NJ Health | | 100 | | 1.73 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN CREAM (30GM) | 536483028 | NDC | | | | both | 1 EA | 32 | | UHC | Medicaid | | 100 | | 3.79 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN CREAM (30GM) | 536483028 | NDC | | | | both | 1 EA | 32 | | UHC | Medicare | | 100 | | 3.7 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN CREAM (30GM) | 536483028 | NDC | | | | both | 1 EA | 32 | | United | Commercial\|PPO | | 100 | | 4.65 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN CREAM (30GM) | 536483028 | NDC | | | | both | 1 EA | 32 | | WellPoint | WellPoint | | 100 | | 6.94 | | | other | Drugs are paid at 100% of the AWP |
| ARTIFICIAL TEARS OPTH OINT | 536655091 | NDC | | | | both | 1 EA | 19 | | Aetna | Better Health | | 100 | | 2.35 | | | other | Drugs are paid at 100% of the AWP |
| ARTIFICIAL TEARS OPTH OINT | 536655091 | NDC | | | | both | 1 EA | 19 | | Aetna | Commercial | | 100 | | 4.1 | | | other | Drugs are paid at 100% of the AWP |
| ARTIFICIAL TEARS OPTH OINT | 536655091 | NDC | | | | both | 1 EA | 19 | | Aetna | Medicare | | 100 | | 2.81 | | | other | Drugs are paid at 100% of the AWP |
| ARTIFICIAL TEARS OPTH OINT | 536655091 | NDC | | | | both | 1 EA | 19 | | Corrections | Corrections | | 100 | | 8.05 | | | other | Drugs are paid at 100% of the AWP |
| ARTIFICIAL TEARS OPTH OINT | 536655091 | NDC | | | | both | 1 EA | 19 | | Horizon | Indemnity | | 100 | | 2.64 | | | other | Drugs are paid at 100% of the AWP |
| ARTIFICIAL TEARS OPTH OINT | 536655091 | NDC | | | | both | 1 EA | 19 | | Horizon | Medicare Blue | | 100 | | 2.63 | | | other | Drugs are paid at 100% of the AWP |
| ARTIFICIAL TEARS OPTH OINT | 536655091 | NDC | | | | both | 1 EA | 19 | | Horizon | MGD | | 100 | | 2.99 | | | other | Drugs are paid at 100% of the AWP |
| ARTIFICIAL TEARS OPTH OINT | 536655091 | NDC | | | | both | 1 EA | 19 | | Horizon | NJ Health | | 100 | | 2.1 | | | other | Drugs are paid at 100% of the AWP |
| ARTIFICIAL TEARS OPTH OINT | 536655091 | NDC | | | | both | 1 EA | 19 | | UHC | Medicaid | | 100 | | 4.4 | | | other | Drugs are paid at 100% of the AWP |
| ARTIFICIAL TEARS OPTH OINT | 536655091 | NDC | | | | both | 1 EA | 19 | | UHC | Medicare | | 100 | | 3.57 | | | other | Drugs are paid at 100% of the AWP |
| ARTIFICIAL TEARS OPTH OINT | 536655091 | NDC | | | | both | 1 EA | 19 | | United | Commercial\|PPO | | 100 | | 1.28 | | | other | Drugs are paid at 100% of the AWP |
| ARTIFICIAL TEARS OPTH OINT | 536655091 | NDC | | | | both | 1 EA | 19 | | United | Oxford | | 100 | | 5.33 | | | other | Drugs are paid at 100% of the AWP |
| ARTIFICIAL TEARS OPTH OINT | 536655091 | NDC | | | | both | 1 EA | 19 | | Wellcare | Medicaid | | 100 | | 0.91 | | | other | Drugs are paid at 100% of the AWP |
| ARTIFICIAL TEARS OPTH OINT | 536655091 | NDC | | | | both | 1 EA | 19 | | Wellcare | Medicare | | 100 | | 7.6 | | | other | Drugs are paid at 100% of the AWP |
| ARTIFICIAL TEARS OPTH OINT | 536655091 | NDC | | | | both | 1 EA | 19 | | WellPoint | WellPoint | | 100 | | 3.41 | | | other | Drugs are paid at 100% of the AWP |
| NEPHRO-VITE TAB | 536730001 | NDC | | | | both | 1 EA | 1 | | Aetna | Better Health | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| NEPHRO-VITE TAB | 536730001 | NDC | | | | both | 1 EA | 1 | | Aetna | Commercial | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| NEPHRO-VITE TAB | 536730001 | NDC | | | | both | 1 EA | 1 | | Aetna | Medicare | | 100 | | 0.14 | | | other | Drugs are paid at 100% of the AWP |
| NEPHRO-VITE TAB | 536730001 | NDC | | | | both | 1 EA | 1 | | Amerihealth | HMO/PPO | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| NEPHRO-VITE TAB | 536730001 | NDC | | | | both | 1 EA | 1 | | Horizon | Indemnity | | 100 | | 0.01 | | | other | Drugs are paid at 100% of the AWP |
| NEPHRO-VITE TAB | 536730001 | NDC | | | | both | 1 EA | 1 | | Horizon | Medicare Blue | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| NEPHRO-VITE TAB | 536730001 | NDC | | | | both | 1 EA | 1 | | Horizon | MGD | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| NEPHRO-VITE TAB | 536730001 | NDC | | | | both | 1 EA | 1 | | Horizon | NJ Health | | 100 | | 0.14 | | | other | Drugs are paid at 100% of the AWP |
| NEPHRO-VITE TAB | 536730001 | NDC | | | | both | 1 EA | 1 | | Horizon | PPO | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| NEPHRO-VITE TAB | 536730001 | NDC | | | | both | 1 EA | 1 | | UHC | Medicaid | | 100 | | 0.13 | | | other | Drugs are paid at 100% of the AWP |
| NEPHRO-VITE TAB | 536730001 | NDC | | | | both | 1 EA | 1 | | UHC | Medicare | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| NEPHRO-VITE TAB | 536730001 | NDC | | | | both | 1 EA | 1 | | Wellcare | Medicaid | | 100 | | 0.08 | | | other | Drugs are paid at 100% of the AWP |
| NEPHRO-VITE TAB | 536730001 | NDC | | | | both | 1 EA | 1 | | Wellcare | Medicare | | 100 | | 0.04 | | | other | Drugs are paid at 100% of the AWP |
| NEPHRO-VITE TAB | 536730001 | NDC | | | | both | 1 EA | 1 | | WellPoint | WellPoint | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| THROMBIN 20MU PWD | 53710502 | NDC | | | | both | 1 EA | 454.5 | | United | Commercial\|PPO | | 100 | | 38.56 | | | other | Drugs are paid at 100% of the AWP |
| SUPRAX 100MG/5ML SUSP (NF) | 5389842 | NDC | | | | both | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 2.27 | | | other | Drugs are paid at 100% of the AWP |
| CILOSTAZOL 50 MG TAB | 54002821 | NDC | | | | both | 1 EA | 1.5 | | UHC | Medicaid | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| TERBINAFINE HCL 250 MG TAB | 54006513 | NDC | | | | both | 1 EA | 65.5 | | Horizon | PPO | | 100 | | 15.82 | | | other | Drugs are paid at 100% of the AWP |
| TERBINAFINE HCL 250 MG TAB | 54006513 | NDC | | | | both | 1 EA | 65.5 | | UHC | Medicaid | | 100 | | 19.75 | | | other | Drugs are paid at 100% of the AWP |
| TERBINAFINE HCL 250 MG TAB | 54006513 | NDC | | | | both | 1 EA | 65.5 | | UHC | Medicare | | 100 | | 5.9 | | | other | Drugs are paid at 100% of the AWP |
| TERBINAFINE HCL 250 MG TAB | 54006513 | NDC | | | | both | 1 EA | 65.5 | | WellPoint | WellPoint | | 100 | | 23 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE HCL 2.5MG TAB (NF) | 54092000301 | NDC | | | | both | 1 EA | 8.5 | | Aetna | Better Health | | 100 | | 1.56 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE HCL 2.5MG TAB (NF) | 54092000301 | NDC | | | | both | 1 EA | 8.5 | | Aetna | Commercial | | 100 | | 1.04 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE HCL 2.5MG TAB (NF) | 54092000301 | NDC | | | | both | 1 EA | 8.5 | | Aetna | Medicare | | 100 | | 3.85 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE HCL 2.5MG TAB (NF) | 54092000301 | NDC | | | | both | 1 EA | 8.5 | | Amerihealth | HMO/PPO | | 100 | | 1.53 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE HCL 2.5MG TAB (NF) | 54092000301 | NDC | | | | both | 1 EA | 8.5 | | Horizon | Indemnity | | 100 | | 0.84 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE HCL 2.5MG TAB (NF) | 54092000301 | NDC | | | | both | 1 EA | 8.5 | | Horizon | Medicare Blue | | 100 | | 0.9 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE HCL 2.5MG TAB (NF) | 54092000301 | NDC | | | | both | 1 EA | 8.5 | | Horizon | MGD | | 100 | | 1.51 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE HCL 2.5MG TAB (NF) | 54092000301 | NDC | | | | both | 1 EA | 8.5 | | Horizon | NJ Health | | 100 | | 1.27 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE HCL 2.5MG TAB (NF) | 54092000301 | NDC | | | | both | 1 EA | 8.5 | | Horizon | PPO | | 100 | | 1.97 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE HCL 2.5MG TAB (NF) | 54092000301 | NDC | | | | both | 1 EA | 8.5 | | UHC | Medicaid | | 100 | | 1.26 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE HCL 2.5MG TAB (NF) | 54092000301 | NDC | | | | both | 1 EA | 8.5 | | UHC | Medicare | | 100 | | 1.59 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE HCL 2.5MG TAB (NF) | 54092000301 | NDC | | | | both | 1 EA | 8.5 | | United | Commercial\|PPO | | 100 | | 3.73 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE HCL 2.5MG TAB (NF) | 54092000301 | NDC | | | | both | 1 EA | 8.5 | | Wellcare | Medicaid | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE HCL 2.5MG TAB (NF) | 54092000301 | NDC | | | | both | 1 EA | 8.5 | | Wellcare | Medicare | | 100 | | 4.5 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE HCL 2.5MG TAB (NF) | 54092000301 | NDC | | | | both | 1 EA | 8.5 | | WellPoint | WellPoint | | 100 | | 1.68 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE 5MG TAB | 54092000401 | NDC | | | | both | 1 EA | 19 | | Aetna | Better Health | | 100 | | 3.1 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE 5MG TAB | 54092000401 | NDC | | | | both | 1 EA | 19 | | Aetna | Commercial | | 100 | | 3.87 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE 5MG TAB | 54092000401 | NDC | | | | both | 1 EA | 19 | | Aetna | Medicare | | 100 | | 2.57 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE 5MG TAB | 54092000401 | NDC | | | | both | 1 EA | 19 | | Amerihealth | HMO/PPO | | 100 | | 3.5 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE 5MG TAB | 54092000401 | NDC | | | | both | 1 EA | 19 | | Horizon | Indemnity | | 100 | | 1.14 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE 5MG TAB | 54092000401 | NDC | | | | both | 1 EA | 19 | | Horizon | Medicare Blue | | 100 | | 2.67 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE 5MG TAB | 54092000401 | NDC | | | | both | 1 EA | 19 | | Horizon | MGD | | 100 | | 2.47 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE 5MG TAB | 54092000401 | NDC | | | | both | 1 EA | 19 | | Horizon | NJ Health | | 100 | | 2.28 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE 5MG TAB | 54092000401 | NDC | | | | both | 1 EA | 19 | | Horizon | PPO | | 100 | | 4.64 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE 5MG TAB | 54092000401 | NDC | | | | both | 1 EA | 19 | | UHC | Medicaid | | 100 | | 2.98 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE 5MG TAB | 54092000401 | NDC | | | | both | 1 EA | 19 | | UHC | Medicare | | 100 | | 3.84 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE 5MG TAB | 54092000401 | NDC | | | | both | 1 EA | 19 | | United | Commercial\|PPO | | 100 | | 3.66 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE 5MG TAB | 54092000401 | NDC | | | | both | 1 EA | 19 | | Wellcare | Medicaid | | 100 | | 1.83 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE 5MG TAB | 54092000401 | NDC | | | | both | 1 EA | 19 | | Wellcare | Medicare | | 100 | | 2.15 | | | other | Drugs are paid at 100% of the AWP |
| MIDODRINE 5MG TAB | 54092000401 | NDC | | | | both | 1 EA | 19 | | WellPoint | WellPoint | | 100 | | 3.03 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMAZEPINE 200MG CAP | 54092017212 | NDC | | | | both | 1 EA | 5.5 | | Horizon | MGD | | 100 | | 4.18 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMAZEPINE 200MG CAP | 54092017212 | NDC | | | | both | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMAZEPINE 200MG CAP | 54092017212 | NDC | | | | both | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMAZEPINE 200MG CAP | 54092017212 | NDC | | | | both | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 0.81 | | | other | Drugs are paid at 100% of the AWP |
| EUCERIN,HYDROCERIN CREAM | 54162060002 | NDC | | | | both | 1 EA | 33.5 | | Aetna | Better Health | | 100 | | 4.89 | | | other | Drugs are paid at 100% of the AWP |
| EUCERIN,HYDROCERIN CREAM | 54162060002 | NDC | | | | both | 1 EA | 33.5 | | Aetna | Commercial | | 100 | | 6.72 | | | other | Drugs are paid at 100% of the AWP |
| EUCERIN,HYDROCERIN CREAM | 54162060002 | NDC | | | | both | 1 EA | 33.5 | | Horizon | Indemnity | | 100 | | 19.45 | | | other | Drugs are paid at 100% of the AWP |
| EUCERIN,HYDROCERIN CREAM | 54162060002 | NDC | | | | both | 1 EA | 33.5 | | Horizon | Medicare Blue | | 100 | | 3.86 | | | other | Drugs are paid at 100% of the AWP |
| EUCERIN,HYDROCERIN CREAM | 54162060002 | NDC | | | | both | 1 EA | 33.5 | | Horizon | NJ Health | | 100 | | 3.14 | | | other | Drugs are paid at 100% of the AWP |
| EUCERIN,HYDROCERIN CREAM | 54162060002 | NDC | | | | both | 1 EA | 33.5 | | Horizon | PPO | | 100 | | 29.85 | | | other | Drugs are paid at 100% of the AWP |
| EUCERIN,HYDROCERIN CREAM | 54162060002 | NDC | | | | both | 1 EA | 33.5 | | UHC | Medicaid | | 100 | | 4.32 | | | other | Drugs are paid at 100% of the AWP |
| EUCERIN,HYDROCERIN CREAM | 54162060002 | NDC | | | | both | 1 EA | 33.5 | | UHC | Medicare | | 100 | | 6.98 | | | other | Drugs are paid at 100% of the AWP |
| EUCERIN,HYDROCERIN CREAM | 54162060002 | NDC | | | | both | 1 EA | 33.5 | | United | Commercial\|PPO | | 100 | | 9.16 | | | other | Drugs are paid at 100% of the AWP |
| EUCERIN,HYDROCERIN CREAM | 54162060002 | NDC | | | | both | 1 EA | 33.5 | | United | Oxford | | 100 | | 7.48 | | | other | Drugs are paid at 100% of the AWP |
| EUCERIN,HYDROCERIN CREAM | 54162060002 | NDC | | | | both | 1 EA | 33.5 | | Wellcare | Medicaid | | 100 | | 5.35 | | | other | Drugs are paid at 100% of the AWP |
| EUCERIN,HYDROCERIN CREAM | 54162060002 | NDC | | | | both | 1 EA | 33.5 | | WellPoint | WellPoint | | 100 | | 5.98 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 1MG/1ML LIQ | 54317644 | NDC | | | | both | 1 EA | 3.5 | | Horizon | Indemnity | | 100 | | 0.11 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 1MG/1ML LIQ | 54317644 | NDC | | | | both | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 1MG/1ML LIQ | 54317644 | NDC | | | | both | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.97 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 1MG/1ML LIQ | 54317644 | NDC | | | | both | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| FLUTICASONE PROPIONATE 50 MCG | 54327099 | NDC | | | | both | 1 EA | 126 | | Aetna | Better Health | | 100 | | 16.71 | | | other | Drugs are paid at 100% of the AWP |
| FLUTICASONE PROPIONATE 50 MCG | 54327099 | NDC | | | | both | 1 EA | 126 | | Aetna | Commercial | | 100 | | 22.98 | | | other | Drugs are paid at 100% of the AWP |
| FLUTICASONE PROPIONATE 50 MCG | 54327099 | NDC | | | | both | 1 EA | 126 | | Aetna | Medicare | | 100 | | 12.67 | | | other | Drugs are paid at 100% of the AWP |
| FLUTICASONE PROPIONATE 50 MCG | 54327099 | NDC | | | | both | 1 EA | 126 | | Horizon | Medicare Blue | | 100 | | 19.5 | | | other | Drugs are paid at 100% of the AWP |
| FLUTICASONE PROPIONATE 50 MCG | 54327099 | NDC | | | | both | 1 EA | 126 | | Horizon | MGD | | 100 | | 18.7 | | | other | Drugs are paid at 100% of the AWP |
| FLUTICASONE PROPIONATE 50 MCG | 54327099 | NDC | | | | both | 1 EA | 126 | | Horizon | NJ Health | | 100 | | 20.15 | | | other | Drugs are paid at 100% of the AWP |
| FLUTICASONE PROPIONATE 50 MCG | 54327099 | NDC | | | | both | 1 EA | 126 | | Horizon | PPO | | 100 | | 46.26 | | | other | Drugs are paid at 100% of the AWP |
| FLUTICASONE PROPIONATE 50 MCG | 54327099 | NDC | | | | both | 1 EA | 126 | | UHC | Medicaid | | 100 | | 20.5 | | | other | Drugs are paid at 100% of the AWP |
| FLUTICASONE PROPIONATE 50 MCG | 54327099 | NDC | | | | both | 1 EA | 126 | | UHC | Medicare | | 100 | | 23.1 | | | other | Drugs are paid at 100% of the AWP |
| FLUTICASONE PROPIONATE 50 MCG | 54327099 | NDC | | | | both | 1 EA | 126 | | United | Commercial\|PPO | | 100 | | 21.5 | | | other | Drugs are paid at 100% of the AWP |
| FLUTICASONE PROPIONATE 50 MCG | 54327099 | NDC | | | | both | 1 EA | 126 | | Wellcare | Medicaid | | 100 | | 25.01 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FLUTICASONE PROPIONATE 50 MCG | 54327099 | NDC | | | | both | | 1 EA | 126 | | Wellcare | Medicare | | 100 | | 23.34 | | | other | Drugs are paid at 100% of the AWP |
| FLUTICASONE PROPIONATE 50 MCG | 54327099 | NDC | | | | both | | 1 EA | 126 | | WellPoint | WellPoint | | 100 | | 16.42 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2.5%/NYSTATIN/ZINC OXIDE | 54350049 | NDC | | | | both | | 1 EA | 23.5 | | Aetna | Better Health | | 100 | | 3.22 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2.5%/NYSTATIN/ZINC OXIDE | 54350049 | NDC | | | | both | | 1 EA | 23.5 | | Horizon | NJ Health | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2.5%/NYSTATIN/ZINC OXIDE | 54350049 | NDC | | | | both | | 1 EA | 23.5 | | UHC | Medicaid | | 100 | | 3.2 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2.5%/NYSTATIN/ZINC OXIDE | 54350049 | NDC | | | | both | | 1 EA | 23.5 | | Wellcare | Medicaid | | 100 | | 2.91 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2.5%/NYSTATIN/ZINC OXIDE | 54350049 | NDC | | | | both | | 1 EA | 23.5 | | WellPoint | WellPoint | | 100 | | 3.55 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 4% (50ML) TOPICAL SOLN | 54350547 | NDC | | | | both | | 1 EA | 60.5 | | Aetna | Better Health | | 100 | | 9.45 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 4% (50ML) TOPICAL SOLN | 54350547 | NDC | | | | both | | 1 EA | 60.5 | | Aetna | Commercial | | 100 | | 4.28 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 4% (50ML) TOPICAL SOLN | 54350547 | NDC | | | | both | | 1 EA | 60.5 | | Amerihealth | HMO/PPO | | 100 | | 12.06 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 4% (50ML) TOPICAL SOLN | 54350547 | NDC | | | | both | | 1 EA | 60.5 | | Horizon | Indemnity | | 100 | | 5.34 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 4% (50ML) TOPICAL SOLN | 54350547 | NDC | | | | both | | 1 EA | 60.5 | | Horizon | Medicare Blue | | 100 | | 16.82 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 4% (50ML) TOPICAL SOLN | 54350547 | NDC | | | | both | | 1 EA | 60.5 | | Horizon | MGD | | 100 | | 15.7 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 4% (50ML) TOPICAL SOLN | 54350547 | NDC | | | | both | | 1 EA | 60.5 | | Horizon | NJ Health | | 100 | | 9.45 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 4% (50ML) TOPICAL SOLN | 54350547 | NDC | | | | both | | 1 EA | 60.5 | | Horizon | PPO | | 100 | | 16.89 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 4% (50ML) TOPICAL SOLN | 54350547 | NDC | | | | both | | 1 EA | 60.5 | | UHC | Medicaid | | 100 | | 9.76 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 4% (50ML) TOPICAL SOLN | 54350547 | NDC | | | | both | | 1 EA | 60.5 | | UHC | Medicare | | 100 | | 1.24 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 4% (50ML) TOPICAL SOLN | 54350547 | NDC | | | | both | | 1 EA | 60.5 | | Wellcare | Medicaid | | 100 | | 9.47 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 4% (50ML) TOPICAL SOLN | 54350547 | NDC | | | | both | | 1 EA | 60.5 | | WellPoint | WellPoint | | 100 | | 12.13 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 5MG/5ML ELIX (BULK) | 54355563 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 5MG/5ML ELIX (BULK) | 54355563 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 5MG/5ML ELIX (BULK) | 54355563 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 5MG/5ML ELIX (BULK) | 54355563 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 5MG/5ML ELIX (BULK) | 54355563 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 5MG/5ML ELIX (BULK) | 54355563 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 5MG/5ML ELIX (BULK) | 54355563 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE 5MG/5ML SYR (BULK) | 54356363 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 1.42 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE 5MG/5ML SYR (BULK) | 54356363 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE 5MG/5ML SYR (BULK) | 54356363 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE 5MG/5ML SYR (BULK) | 54356363 | NDC | | | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM 2MG/1ML SYRUP (BULK) | 54356699 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| MIDAZOLAM 2MG/1ML SYRUP (BULK) | 54356699 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| PROPRANOLOL 20MG/5ML LIQ BULK | 54372763 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| PROPRANOLOL 20MG/5ML LIQ BULK | 54372763 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| PROPRANOLOL 20MG/5ML LIQ BULK | 54372763 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| PROPRANOLOL 20MG/5ML LIQ BULK | 54372763 | NDC | | | | both | | 1 EA | 2.5 | | United | Oxford | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| PROPRANOLOL 20MG/5ML LIQ BULK | 54372763 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| NEVIRAPINE 50MG/5ML SUSP | 54390558 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 2.43 | | | other | Drugs are paid at 100% of the AWP |
| NEVIRAPINE 50MG/5ML SUSP | 54390558 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| NEVIRAPINE 50MG/5ML SUSP | 54390558 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 40MG DISKETS TAB | 54453825 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 40MG DISKETS TAB | 54453825 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 40MG DISKETS TAB | 54453825 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 40MG DISKETS TAB | 54453825 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.78 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 40MG DISKETS TAB | 54453825 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 40MG DISKETS TAB | 54453825 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 40MG DISKETS TAB | 54453825 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 40MG DISKETS TAB | 54453825 | NDC | | | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.01 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 40MG DISKETS TAB | 54453825 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 40MG DISKETS TAB | 54453825 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 5MG TAB | 54457025 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 5MG TAB | 54457025 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 5MG TAB | 54457025 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 5MG TAB | 54457025 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 5MG TAB | 54457025 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 5MG TAB | 54457025 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 5MG TAB | 54457025 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.87 | | | other | Drugs are paid at 100% of the AWP |
| METHADONE 5MG TAB | 54457025 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 15MG TAB | 54465825 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Better Health | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 15MG TAB | 54465825 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Commercial | | 100 | | 2.07 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 15MG TAB | 54465825 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 15MG TAB | 54465825 | NDC | | | | both | | 1 EA | 4.5 | | Corrections | Corrections | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 15MG TAB | 54465825 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Indemnity | | 100 | | 0.95 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 15MG TAB | 54465825 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 0.95 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 15MG TAB | 54465825 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 1.77 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 15MG TAB | 54465825 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 15MG TAB | 54465825 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | PPO | | 100 | | 0.93 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 15MG TAB | 54465825 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 15MG TAB | 54465825 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 0.95 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 15MG TAB | 54465825 | NDC | | | | both | | 1 EA | 4.5 | | United | CommercialPPO | | 100 | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 15MG TAB | 54465825 | NDC | | | | both | | 1 EA | 4.5 | | Wellcare | Medicaid | | 100 | | 0.87 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 15MG TAB | 54465825 | NDC | | | | both | | 1 EA | 4.5 | | Wellcare | Medicare | | 100 | | 1.17 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 15MG TAB | 54465825 | NDC | | | | both | | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| CARNITINE 330MG TAB | 54482014407 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Indemnity | | 100 | | 2.82 | | | other | Drugs are paid at 100% of the AWP |
| CARNITINE 330MG TAB | 54482014407 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 2.8 | | | other | Drugs are paid at 100% of the AWP |
| CARNITINE 330MG TAB | 54482014407 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| CARNITINE 330MG TAB | 54482014407 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| CARNITINE 330MG TAB | 54482014407 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | PPO | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| CARNITINE 330MG TAB | 54482014407 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| CARNITINE 330MG TAB | 54482014407 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 1.39 | | | other | Drugs are paid at 100% of the AWP |
| CARNITINE 330MG TAB | 54482014407 | NDC | | | | both | | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 1 | | | other | Drugs are paid at 100% of the AWP |
| CARNITOR 100MG/ML LIQ | 54482014508 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| CARNITOR 100MG/ML LIQ | 54482014508 | NDC | | | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| CARNITOR 100MG/ML LIQ | 54482014508 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.12 | | | other | Drugs are paid at 100% of the AWP |
| CARNITOR 100MG/ML LIQ | 54482014508 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| CARNITOR 100MG/ML LIQ | 54482014508 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| CARNITOR 100MG/ML LIQ | 54482014508 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.9 | | | other | Drugs are paid at 100% of the AWP |
| CARNITOR 100MG/ML LIQ | 54482014508 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 1.07 | | | other | Drugs are paid at 100% of the AWP |
| CARNITOR 100MG/ML LIQ | 54482014508 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| PROPYLTHIOURACIL 50MG TAB | 5460923 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.06 | | | other | Drugs are paid at 100% of the AWP |
| PROPYLTHIOURACIL 50MG TAB | 5460923 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| AMINOCAPROIC 500MG TAB | 54666523 | NDC | | | | both | | 1 EA | 6.5 | | Horizon | MGD | | 100 | | 2.68 | | | other | Drugs are paid at 100% of the AWP |
| AMINOCAPROIC 1.25G/5ML SYRUP | 54667665 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 1.29 | | | other | Drugs are paid at 100% of the AWP |
| AMINOCAPROIC 1.25G/5ML SYRUP | 54667665 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 1.86 | | | other | Drugs are paid at 100% of the AWP |
| AMINOCAPROIC 1.25G/5ML SYRUP | 54667665 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.09 | | | other | Drugs are paid at 100% of the AWP |
| AMINOCAPROIC 1.25G/5ML SYRUP | 54667665 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | PPO | | 100 | | 0.78 | | | other | Drugs are paid at 100% of the AWP |
| AMINOCAPROIC 1.25G/5ML SYRUP | 54667665 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 1.22 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN-CODEINE 5ML U/D | 54801304 | NDC | | | | both | | 1 EA | 3.5 | | Amerihealth | HMO/PPO | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN-CODEINE 5ML U/D | 54801304 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN-CODEINE 5ML U/D | 54801304 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 1 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM CARBONATE 500MG/5ML U/D | 54811616 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM CARBONATE 500MG/5ML U/D | 54811616 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Commercial | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM CARBONATE 500MG/5ML U/D | 54811616 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Medicare | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM CARBONATE 500MG/5ML U/D | 54811616 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM CARBONATE 500MG/5ML U/D | 54811616 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM CARBONATE 500MG/5ML U/D | 54811616 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM CARBONATE 500MG/5ML U/D | 54811616 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 1.05 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM CARBONATE 500MG/5ML U/D | 54811616 | NDC | | | | both | | 1 EA | 3.5 | | United | CommercialPPO | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM CARBONATE 500MG/5ML U/D | 54811616 | NDC | | | | both | | 1 EA | 3.5 | | Wellcare | Medicaid | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM CARBONATE 500MG/5ML U/D | 54811616 | NDC | | | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| CODEINE 15MG TAB | 54815524 | NDC | | | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| CODEINE 15MG TAB | 54815524 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| CODEINE 15MG TAB | 54815524 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| CODEINE 15MG TAB | 54815524 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| CODEINE 30MG TAB | 54815624 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| COCAINE 4% SOLN | 54816303 | NDC | | | | both | | 1 EA | 162 | | UHC | Medicaid | | 100 | | 41.43 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 1MG TAB | 54817425 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 1MG TAB | 54817425 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 1MG TAB | 54817425 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 1MG TAB | 54817425 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 1MG TAB | 54817425 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 1MG TAB | 54817425 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 4MG TAB | 54817525 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 0.98 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 4MG TAB | 54817525 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Commercial | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 4MG TAB | 54817525 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Medicare | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 4MG TAB | 54817525 | NDC | | | | both | | 1 EA | 3.5 | | Amerihealth | HMO/PPO | | 100 | | 0.06 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 4MG TAB | 54817525 | NDC | | | | both | | 1 EA | 3.5 | | Corrections | Corrections | | 100 | | 0.9 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 4MG TAB | 54817525 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | Indemnity | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 4MG TAB | 54817525 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | Medicare Blue | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 4MG TAB | 54817525 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 4MG TAB | 54817525 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 4MG TAB | 54817525 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 4MG TAB | 54817525 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.8 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 4MG TAB | 54817525 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 4MG TAB | 54817525 | NDC | | | | both | | 1 EA | 3.5 | | United | CommercialPPO | | 100 | | 1.21 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 4MG TAB | 54817525 | NDC | | | | both | | 1 EA | 3.5 | | Wellcare | Medicaid | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 4MG TAB | 54817525 | NDC | | | | both | | 1 EA | 3.5 | | Wellcare | Medicare | | 100 | | 1.37 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 4MG TAB | 54817525 | NDC | | | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 2MG TAB | 54817625 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 0.95 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 2MG TAB | 54817625 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Commercial | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 2MG TAB | 54817625 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Medicare | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 2MG TAB | 54817625 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | Indemnity | | 100 | | 0.11 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 2MG TAB | 54817625 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | Medicare Blue | | 100 | | 1.41 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 2MG TAB | 54817625 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 0.84 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 2MG TAB | 54817625 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 2MG TAB | 54817625 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 2MG TAB | 54817625 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 2MG TAB | 54817625 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DEXAMETHASONE 2MG TAB | 54817625 | NDC | | | | both | | 1 EA | 3.5 | | Wellcare | Medicaid | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 2MG TAB | 54817625 | NDC | | | | both | | 1 EA | 3.5 | | Wellcare | Medicare | | 100 | | 0.98 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 2MG TAB | 54817625 | NDC | | | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE 0.5MG TAB | 54817925 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.01 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 50% ABBOJECT | 54820010 | NDC | | | | both | | 1 EA | 59 | | Aetna | Better Health | | 100 | | 8.84 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 50% ABBOJECT | 54820010 | NDC | | | | both | | 1 EA | 59 | | Aetna | Commercial | | 100 | | 13.55 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 50% ABBOJECT | 54820010 | NDC | | | | both | | 1 EA | 59 | | Aetna | Medicare | | 100 | | 6.29 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 50% ABBOJECT | 54820010 | NDC | | | | both | | 1 EA | 59 | | Amerihealth | HMO/PPO | | 100 | | 10.37 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 50% ABBOJECT | 54820010 | NDC | | | | both | | 1 EA | 59 | | Corrections | Corrections | | 100 | | 11.92 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 50% ABBOJECT | 54820010 | NDC | | | | both | | 1 EA | 59 | | Horizon | Indemnity | | 100 | | 6.81 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 50% ABBOJECT | 54820010 | NDC | | | | both | | 1 EA | 59 | | Horizon | Medicare Blue | | 100 | | 10.42 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 50% ABBOJECT | 54820010 | NDC | | | | both | | 1 EA | 59 | | Horizon | MGD | | 100 | | 10.79 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 50% ABBOJECT | 54820010 | NDC | | | | both | | 1 EA | 59 | | Horizon | NJ Health | | 100 | | 6.79 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 50% ABBOJECT | 54820010 | NDC | | | | both | | 1 EA | 59 | | Horizon | PPO | | 100 | | 10.47 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 50% ABBOJECT | 54820010 | NDC | | | | both | | 1 EA | 59 | | UHC | Medicaid | | 100 | | 10.19 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 50% ABBOJECT | 54820010 | NDC | | | | both | | 1 EA | 59 | | UHC | Medicare | | 100 | | 10.97 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 50% ABBOJECT | 54820010 | NDC | | | | both | | 1 EA | 59 | | United | Commercial/PPO | | 100 | | 7.31 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 50% ABBOJECT | 54820010 | NDC | | | | both | | 1 EA | 59 | | Wellcare | Medicaid | | 100 | | 7.38 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 50% ABBOJECT | 54820010 | NDC | | | | both | | 1 EA | 59 | | Wellcare | Medicare | | 100 | | 12.49 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 50% ABBOJECT | 54820010 | NDC | | | | both | | 1 EA | 59 | | WellPoint | WellPoint | | 100 | | 9.22 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (5ML) VIAL | 54821900 | NDC | | | | both | | 1 EA | 38 | | Horizon | NJ Health | | 100 | | 7.75 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 20MG TAB | 54829725 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 20MG TAB | 54829725 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 20MG TAB | 54829725 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 20MG TAB | 54829725 | NDC | | | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 20MG TAB | 54829725 | NDC | | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 20MG TAB | 54829725 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 20MG TAB | 54829725 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 20MG TAB | 54829725 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 20MG TAB | 54829725 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 20MG TAB | 54829725 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.74 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 20MG TAB | 54829725 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 20MG TAB | 54829725 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 20MG TAB | 54829725 | NDC | | | | both | | 1 EA | 2.5 | | United | Commercial/PPO | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 20MG TAB | 54829725 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 20MG TAB | 54829725 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 20MG TAB | 54829725 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 40MG TAB | 54829925 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.71 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 40MG TAB | 54829925 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 40MG TAB | 54829925 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 40MG TAB | 54829925 | NDC | | | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 40MG TAB | 54829925 | NDC | | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 1.18 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 40MG TAB | 54829925 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 40MG TAB | 54829925 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 40MG TAB | 54829925 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 40MG TAB | 54829925 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 40MG TAB | 54829925 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 40MG TAB | 54829925 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 40MG TAB | 54829925 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 40MG TAB | 54829925 | NDC | | | | both | | 1 EA | 2.5 | | United | Commercial/PPO | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 40MG TAB | 54829925 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 40MG TAB | 54829925 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| FUROSEMIDE 40MG TAB | 54829925 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (5ML) JELLY UROJECT | 54830120 | NDC | | | | both | | 1 EA | 50 | | Aetna | Better Health | | 100 | | 15.26 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (5ML) JELLY UROJECT | 54830120 | NDC | | | | both | | 1 EA | 50 | | Aetna | Commercial | | 100 | | 9.51 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (5ML) JELLY UROJECT | 54830120 | NDC | | | | both | | 1 EA | 50 | | Aetna | Medicare | | 100 | | 15.28 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (5ML) JELLY UROJECT | 54830120 | NDC | | | | both | | 1 EA | 50 | | Amerihealth | HMO/PPO | | 100 | | 8.51 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (5ML) JELLY UROJECT | 54830120 | NDC | | | | both | | 1 EA | 50 | | Corrections | Corrections | | 100 | | 14.45 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (5ML) JELLY UROJECT | 54830120 | NDC | | | | both | | 1 EA | 50 | | Horizon | Indemnity | | 100 | | 2.09 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (5ML) JELLY UROJECT | 54830120 | NDC | | | | both | | 1 EA | 50 | | Horizon | Medicare Blue | | 100 | | 5.11 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (5ML) JELLY UROJECT | 54830120 | NDC | | | | both | | 1 EA | 50 | | Horizon | MGD | | 100 | | 6.5 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (5ML) JELLY UROJECT | 54830120 | NDC | | | | both | | 1 EA | 50 | | Horizon | NJ Health | | 100 | | 4.75 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (5ML) JELLY UROJECT | 54830120 | NDC | | | | both | | 1 EA | 50 | | Horizon | PPO | | 100 | | 13.21 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (5ML) JELLY UROJECT | 54830120 | NDC | | | | both | | 1 EA | 50 | | UHC | Medicaid | | 100 | | 8.08 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (5ML) JELLY UROJECT | 54830120 | NDC | | | | both | | 1 EA | 50 | | UHC | Medicare | | 100 | | 7.93 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (5ML) JELLY UROJECT | 54830120 | NDC | | | | both | | 1 EA | 50 | | United | Commercial/PPO | | 100 | | 14.6 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (5ML) JELLY UROJECT | 54830120 | NDC | | | | both | | 1 EA | 50 | | United | Oxford | | 100 | | 1.35 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (5ML) JELLY UROJECT | 54830120 | NDC | | | | both | | 1 EA | 50 | | Wellcare | Medicaid | | 100 | | 12.99 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (5ML) JELLY UROJECT | 54830120 | NDC | | | | both | | 1 EA | 50 | | Wellcare | Medicare | | 100 | | 24.34 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (5ML) JELLY UROJECT | 54830120 | NDC | | | | both | | 1 EA | 50 | | WellPoint | WellPoint | | 100 | | 6.96 | | | other | Drugs are paid at 100% of the AWP |
| GUAIFENESIN 100MG/5ML (UD) | 54833704 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| GUAIFENESIN 100MG/5ML (UD) | 54833704 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| GUAIFENESIN 100MG/5ML (UD) | 54833704 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| GUAIFENESIN 100MG/5ML (UD) | 54833704 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| GUAIFENESIN 100MG/5ML (UD) | 54833704 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| GUAIFENESIN 100MG/5ML (UD) | 54833704 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| GUAIFENESIN 100MG/5ML (UD) | 54833704 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| GUAIFENESIN 100MG/5ML (UD) | 54833704 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| GUAIFENESIN 100MG/5ML (UD) | 54833704 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| GUAIFENESIN 100MG/5ML (UD) | 54833704 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| GUAIFENESIN 100MG/5ML (UD) | 54833704 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| GUAIFENESIN 100MG/5ML (UD) | 54833704 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| GUAIFENESIN 100MG/5ML (UD) | 54833704 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 0.5MG TAB | 54834225 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 0.5MG TAB | 54834225 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 0.5MG TAB | 54834225 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 0.5MG TAB | 54834225 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 0.5MG TAB | 54834225 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 0.5MG TAB | 54834225 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 0.5MG TAB | 54834225 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 0.5MG TAB | 54834225 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 1MG TAB | 54834325 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 1MG TAB | 54834325 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 1MG TAB | 54834325 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.08 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 1MG TAB | 54834325 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 1MG TAB | 54834325 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 1MG TAB | 54834325 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.13 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 1MG TAB | 54834325 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 1MG TAB | 54834325 | NDC | | | | both | | 1 EA | 2.5 | | United | Oxford | | 100 | | 0.1 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 1MG TAB | 54834325 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 1MG TAB | 54834325 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 1MG TAB | 54834325 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.14 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 2MG TAB | 54834425 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 2MG TAB | 54834425 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 2MG TAB | 54834425 | NDC | | | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 2MG TAB | 54834425 | NDC | | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 2MG TAB | 54834425 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 2MG TAB | 54834425 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 2MG TAB | 54834425 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 2MG TAB | 54834425 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 2MG TAB | 54834425 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 2MG TAB | 54834425 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 2MG TAB | 54834425 | NDC | | | | both | | 1 EA | 2.5 | | United | Oxford | | 100 | | 0.1 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 2MG TAB | 54834425 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 2MG TAB | 54834425 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 2MG TAB | 54834425 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.13 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 5MG TAB | 54834525 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 5MG TAB | 54834525 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 5MG TAB | 54834525 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 5MG TAB | 54834525 | NDC | | | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 5MG TAB | 54834525 | NDC | | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 5MG TAB | 54834525 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 5MG TAB | 54834525 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 5MG TAB | 54834525 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 5MG TAB | 54834525 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 5MG TAB | 54834525 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 5MG TAB | 54834525 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 5MG TAB | 54834525 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 5MG TAB | 54834525 | NDC | | | | both | | 1 EA | 2.5 | | United | Commercial/PPO | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 5MG TAB | 54834525 | NDC | | | | both | | 1 EA | 2.5 | | United | Oxford | | 100 | | 0.1 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 5MG TAB | 54834525 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 5MG TAB | 54834525 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 5MG TAB | 54834525 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 10MG TAB | 54834625 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 10MG TAB | 54834625 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Commercial | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 10MG TAB | 54834625 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | Medicare Blue | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 10MG TAB | 54834625 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 0.71 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 10MG TAB | 54834625 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 10MG TAB | 54834625 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 10MG TAB | 54834625 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 10MG TAB | 54834625 | NDC | | | | both | | 1 EA | 3.5 | | United | Commercial/PPO | | 100 | | 0.71 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 10MG TAB | 54834625 | NDC | | | | both | | 1 EA | 3.5 | | Wellcare | Medicaid | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 10MG TAB | 54834625 | NDC | | | | both | | 1 EA | 3.5 | | Wellcare | Medicare | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| HALOPERIDOL 10MG TAB | 54834625 | NDC | | | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| BISMUTH SUBSALICYLATE SUSP | 54848204 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.09 | | | other | Drugs are paid at 100% of the AWP |
| BISMUTH SUBSALICYLATE SUSP | 54848204 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| BISMUTH SUBSALICYLATE SUSP | 54848204 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| BISMUTH SUBSALICYLATE SUSP | 54848204 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BISMUTH SUBSALICYLATE SUSP | 54848204 | NDC | | | | both | 1 EA | 2.5 | | | United | CommercialPPO | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| BISMUTH SUBSALICYLATE SUSP | 54848204 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| BISMUTH SUBSALICYLATE SUSP | 54848204 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicare | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| BISMUTH SUBSALICYLATE SUSP | 54848204 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 20MG/ML (2ML) U/D | 54850016 | NDC | | | | both | 1 EA | 5.5 | | | Aetna | Better Health | | 100 | | 1.42 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 20MG/ML (2ML) U/D | 54850016 | NDC | | | | both | 1 EA | 5.5 | | | Aetna | Commercial | | 100 | | 1.54 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 20MG/ML (2ML) U/D | 54850016 | NDC | | | | both | 1 EA | 5.5 | | | Corrections | Corrections | | 100 | | 1.1 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 20MG/ML (2ML) U/D | 54850016 | NDC | | | | both | 1 EA | 5.5 | | | Horizon | Indemnity | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 20MG/ML (2ML) U/D | 54850016 | NDC | | | | both | 1 EA | 5.5 | | | Horizon | Medicare Blue | | 100 | | 1.75 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 20MG/ML (2ML) U/D | 54850016 | NDC | | | | both | 1 EA | 5.5 | | | Horizon | MGD | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 20MG/ML (2ML) U/D | 54850016 | NDC | | | | both | 1 EA | 5.5 | | | Horizon | NJ Health | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 20MG/ML (2ML) U/D | 54850016 | NDC | | | | both | 1 EA | 5.5 | | | Horizon | PPO | | 100 | | 1.25 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 20MG/ML (2ML) U/D | 54850016 | NDC | | | | both | 1 EA | 5.5 | | | UHC | Medicaid | | 100 | | 1.25 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 20MG/ML (2ML) U/D | 54850016 | NDC | | | | both | 1 EA | 5.5 | | | UHC | Medicare | | 100 | | 0.81 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 20MG/ML (2ML) U/D | 54850016 | NDC | | | | both | 1 EA | 5.5 | | | Wellcare | Medicaid | | 100 | | 1.45 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 20MG/ML (2ML) U/D | 54850016 | NDC | | | | both | 1 EA | 5.5 | | | Wellcare | Medicare | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 20MG/ML (2ML) U/D | 54850016 | NDC | | | | both | 1 EA | 5.5 | | | WellPoint | WellPoint | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| LITHIUM CARBONATE 150MG CAP | 54852625 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| LITHIUM CARBONATE 150MG CAP | 54852625 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Commercial | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| LITHIUM CARBONATE 150MG CAP | 54852625 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| LITHIUM CARBONATE 150MG CAP | 54852625 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| LITHIUM CARBONATE 150MG CAP | 54852625 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| LITHIUM CARBONATE 150MG CAP | 54852625 | NDC | | | | both | 1 EA | 2.5 | | | United | CommercialPPO | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| LITHIUM CARBONATE 150MG CAP | 54852625 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicare | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| LITHIUM CARBONATE 150MG CAP | 54852625 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| LITHIUM CARBONATE 300MG CAP | 54852725 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| LITHIUM CARBONATE 300MG CAP | 54852725 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Commercial | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| LITHIUM CARBONATE 300MG CAP | 54852725 | NDC | | | | both | 1 EA | 2.5 | | | Amerihealth | HMO/PPO | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| LITHIUM CARBONATE 300MG CAP | 54852725 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Indemnity | | 100 | | 0.09 | | | other | Drugs are paid at 100% of the AWP |
| LITHIUM CARBONATE 300MG CAP | 54852725 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| LITHIUM CARBONATE 300MG CAP | 54852725 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| LITHIUM CARBONATE 300MG CAP | 54852725 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| LITHIUM CARBONATE 300MG CAP | 54852725 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| LITHIUM CARBONATE 300MG CAP | 54852725 | NDC | | | | both | 1 EA | 2.5 | | | United | CommercialPPO | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| LITHIUM CARBONATE 300MG CAP | 54852725 | NDC | | | | both | 1 EA | 2.5 | | | United | Oxford | | 100 | | 0.1 | | | other | Drugs are paid at 100% of the AWP |
| LITHIUM CARBONATE 300MG CAP | 54852725 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| LITHIUM CARBONATE 300MG CAP | 54852725 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicare | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| LITHIUM CARBONATE 300MG CAP | 54852725 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| LITHIUM CARBONATE 600MG CAP | 54853125 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| LITHIUM CARBONATE 600MG CAP | 54853125 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Commercial | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| LITHIUM CARBONATE 600MG CAP | 54853125 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| LITHIUM CARBONATE 600MG CAP | 54853125 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| LITHIUM CARBONATE 600MG CAP | 54853125 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| LITHIUM CARBONATE 600MG CAP | 54853125 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| LITHIUM CARBONATE 600MG CAP | 54853125 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| MINERAL OIL | 54857504 | NDC | | | | both | 1 EA | 3.5 | | | Aetna | Commercial | | 100 | | 1.24 | | | other | Drugs are paid at 100% of the AWP |
| MINERAL OIL | 54857504 | NDC | | | | both | 1 EA | 3.5 | | | UHC | Medicare | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| MORHPINE SULFATE 15MG TAB | 54858224 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| MORHPINE SULFATE 15MG TAB | 54858224 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Commercial | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| MORHPINE SULFATE 15MG TAB | 54858224 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Indemnity | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| MORHPINE SULFATE 15MG TAB | 54858224 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| MORHPINE SULFATE 15MG TAB | 54858224 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | PPO | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| MORHPINE SULFATE 15MG TAB | 54858224 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| MORHPINE SULFATE 15MG TAB | 54858224 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| MORHPINE SULFATE 15MG TAB | 54858224 | NDC | | | | both | 1 EA | 2.5 | | | United | CommercialPPO | | 100 | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| MORHPINE SULFATE 15MG TAB | 54858224 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| MORHPINE SULFATE 15MG TAB | 54858224 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE SULFATE 30MG TAB | 54858324 | NDC | | | | both | 1 EA | 3.5 | | | Aetna | Better Health | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE SULFATE 30MG TAB | 54858324 | NDC | | | | both | 1 EA | 3.5 | | | Aetna | Commercial | | 100 | | 1.12 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE SULFATE 30MG TAB | 54858324 | NDC | | | | both | 1 EA | 3.5 | | | Aetna | Medicare | | 100 | | 1.29 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE SULFATE 30MG TAB | 54858324 | NDC | | | | both | 1 EA | 3.5 | | | Corrections | Corrections | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE SULFATE 30MG TAB | 54858324 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | Indemnity | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE SULFATE 30MG TAB | 54858324 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | Medicare Blue | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE SULFATE 30MG TAB | 54858324 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | MGD | | 100 | | 1.68 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE SULFATE 30MG TAB | 54858324 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | NJ Health | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE SULFATE 30MG TAB | 54858324 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | PPO | | 100 | | 0.74 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE SULFATE 30MG TAB | 54858324 | NDC | | | | both | 1 EA | 3.5 | | | UHC | Medicaid | | 100 | | 0.71 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE SULFATE 30MG TAB | 54858324 | NDC | | | | both | 1 EA | 3.5 | | | UHC | Medicare | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE SULFATE 30MG TAB | 54858324 | NDC | | | | both | 1 EA | 3.5 | | | United | CommercialPPO | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE SULFATE 30MG TAB | 54858324 | NDC | | | | both | 1 EA | 3.5 | | | Wellcare | Medicaid | | 100 | | 0.93 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE SULFATE 30MG TAB | 54858324 | NDC | | | | both | 1 EA | 3.5 | | | WellPoint | WellPoint | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 10MG/5ML ELI (U/D) | 54858516 | NDC | | | | both | 1 EA | 3.5 | | | Aetna | Better Health | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 10MG/5ML ELI (U/D) | 54858516 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | MGD | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 10MG/5ML ELI (U/D) | 54858516 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | NJ Health | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 10MG/5ML ELI (U/D) | 54858516 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | PPO | | 100 | | 1.07 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 10MG/5ML ELI (U/D) | 54858516 | NDC | | | | both | 1 EA | 3.5 | | | UHC | Medicaid | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 10MG/5ML ELI (U/D) | 54858516 | NDC | | | | both | 1 EA | 3.5 | | | UHC | Medicare | | 100 | | 1.76 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE 10MG/5ML ELI (U/D) | 54858516 | NDC | | | | both | 1 EA | 3.5 | | | WellPoint | WellPoint | | 100 | | 1.28 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN/OXYCODONE 325MG/5MG | 54865024 | NDC | | | | both | 1 EA | 3.5 | | | Aetna | Better Health | | 100 | | 0.84 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN/OXYCODONE 325MG/5MG | 54865024 | NDC | | | | both | 1 EA | 3.5 | | | Aetna | Commercial | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN/OXYCODONE 325MG/5MG | 54865024 | NDC | | | | both | 1 EA | 3.5 | | | Aetna | Medicare | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN/OXYCODONE 325MG/5MG | 54865024 | NDC | | | | both | 1 EA | 3.5 | | | Amerihealth | HMO/PPO | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN/OXYCODONE 325MG/5MG | 54865024 | NDC | | | | both | 1 EA | 3.5 | | | Corrections | Corrections | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN/OXYCODONE 325MG/5MG | 54865024 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | Indemnity | | 100 | | 0.92 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN/OXYCODONE 325MG/5MG | 54865024 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | Medicare Blue | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN/OXYCODONE 325MG/5MG | 54865024 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | MGD | | 100 | | 1.02 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN/OXYCODONE 325MG/5MG | 54865024 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | NJ Health | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN/OXYCODONE 325MG/5MG | 54865024 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | PPO | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN/OXYCODONE 325MG/5MG | 54865024 | NDC | | | | both | 1 EA | 3.5 | | | UHC | Medicaid | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN/OXYCODONE 325MG/5MG | 54865024 | NDC | | | | both | 1 EA | 3.5 | | | UHC | Medicare | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN/OXYCODONE 325MG/5MG | 54865024 | NDC | | | | both | 1 EA | 3.5 | | | United | CommercialPPO | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN/OXYCODONE 325MG/5MG | 54865024 | NDC | | | | both | 1 EA | 3.5 | | | United | Oxford | | 100 | | 1.42 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN/OXYCODONE 325MG/5MG | 54865024 | NDC | | | | both | 1 EA | 3.5 | | | Wellcare | Medicaid | | 100 | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN/OXYCODONE 325MG/5MG | 54865024 | NDC | | | | both | 1 EA | 3.5 | | | Wellcare | Medicare | | 100 | | 0.88 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN/OXYCODONE 325MG/5MG | 54865024 | NDC | | | | both | 1 EA | 3.5 | | | WellPoint | WellPoint | | 100 | | 0.74 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 5MG TAB | 54865724 | NDC | | | | both | 1 EA | 3.5 | | | Aetna | Better Health | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 5MG TAB | 54865724 | NDC | | | | both | 1 EA | 3.5 | | | Aetna | Commercial | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 5MG TAB | 54865724 | NDC | | | | both | 1 EA | 3.5 | | | Aetna | Medicare | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 5MG TAB | 54865724 | NDC | | | | both | 1 EA | 3.5 | | | Amerihealth | HMO/PPO | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 5MG TAB | 54865724 | NDC | | | | both | 1 EA | 3.5 | | | Corrections | Corrections | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 5MG TAB | 54865724 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | Indemnity | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 5MG TAB | 54865724 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | Medicare Blue | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 5MG TAB | 54865724 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | MGD | | 100 | | 0.78 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 5MG TAB | 54865724 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | NJ Health | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 5MG TAB | 54865724 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | PPO | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 5MG TAB | 54865724 | NDC | | | | both | 1 EA | 3.5 | | | UHC | Medicaid | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 5MG TAB | 54865724 | NDC | | | | both | 1 EA | 3.5 | | | UHC | Medicare | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 5MG TAB | 54865724 | NDC | | | | both | 1 EA | 3.5 | | | United | CommercialPPO | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 5MG TAB | 54865724 | NDC | | | | both | 1 EA | 3.5 | | | Wellcare | Medicaid | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 5MG TAB | 54865724 | NDC | | | | both | 1 EA | 3.5 | | | Wellcare | Medicare | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 5MG TAB | 54865724 | NDC | | | | both | 1 EA | 3.5 | | | WellPoint | WellPoint | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 7MG PATCH | 54868198800 | NDC | | | | both | 1 EA | 26.5 | | | Aetna | Better Health | | 100 | | 9.49 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 7MG PATCH | 54868198800 | NDC | | | | both | 1 EA | 26.5 | | | Aetna | Commercial | | 100 | | 6.27 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 7MG PATCH | 54868198800 | NDC | | | | both | 1 EA | 26.5 | | | Aetna | Medicare | | 100 | | 8.1 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 7MG PATCH | 54868198800 | NDC | | | | both | 1 EA | 26.5 | | | Amerihealth | HMO/PPO | | 100 | | 2.56 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 7MG PATCH | 54868198800 | NDC | | | | both | 1 EA | 26.5 | | | Corrections | Corrections | | 100 | | 5.03 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 7MG PATCH | 54868198800 | NDC | | | | both | 1 EA | 26.5 | | | Horizon | Indemnity | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 7MG PATCH | 54868198800 | NDC | | | | both | 1 EA | 26.5 | | | Horizon | Medicare Blue | | 100 | | 4.77 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 7MG PATCH | 54868198800 | NDC | | | | both | 1 EA | 26.5 | | | Horizon | MGD | | 100 | | 2.65 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 7MG PATCH | 54868198800 | NDC | | | | both | 1 EA | 26.5 | | | Horizon | NJ Health | | 100 | | 4.17 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 7MG PATCH | 54868198800 | NDC | | | | both | 1 EA | 26.5 | | | Horizon | PPO | | 100 | | 3.58 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 7MG PATCH | 54868198800 | NDC | | | | both | 1 EA | 26.5 | | | UHC | Medicaid | | 100 | | 3.82 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 7MG PATCH | 54868198800 | NDC | | | | both | 1 EA | 26.5 | | | UHC | Medicare | | 100 | | 4.42 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 7MG PATCH | 54868198800 | NDC | | | | both | 1 EA | 26.5 | | | United | CommercialPPO | | 100 | | 2.23 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 7MG PATCH | 54868198800 | NDC | | | | both | 1 EA | 26.5 | | | Wellcare | Medicaid | | 100 | | 4.04 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 7MG PATCH | 54868198800 | NDC | | | | both | 1 EA | 26.5 | | | Wellcare | Medicare | | 100 | | 3.08 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 7MG PATCH | 54868198800 | NDC | | | | both | 1 EA | 26.5 | | | WellPoint | WellPoint | | 100 | | 4.67 | | | other | Drugs are paid at 100% of the AWP |
| PHENOBARBITAL 15MG TAB | 54870325 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| PHENOBARBITAL 15MG TAB | 54870325 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 1.14 | | | other | Drugs are paid at 100% of the AWP |
| PHENOBARBITAL 15MG TAB | 54870325 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 1.36 | | | other | Drugs are paid at 100% of the AWP |
| PHENOBARBITAL 30MG TAB | 54870525 | NDC | | | | both | 1 EA | 2.5 | | | Corrections | Corrections | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| PHENOBARBITAL 30MG TAB | 54870525 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| PHENOBARBITAL 30MG TAB | 54870525 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| PHENOBARBITAL 30MG TAB | 54870525 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| PHENOBARBITAL 30MG TAB | 54870525 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| PSEUDOEPHEDRINE 60MG TAB | 54874425 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.74 | | | other | Drugs are paid at 100% of the AWP |
| PSEUDOEPHEDRINE 60MG TAB | 54874425 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| PSEUDOEPHEDRINE 60MG TAB | 54874425 | NDC | | | | both | 1 EA | 2.5 | | | United | CommercialPPO | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| PSEUDOEPHEDRINE 60MG TAB | 54874425 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 5MG/5ML LIQ U/D | 54878216 | NDC | | | | both | 1 EA | 7.5 | | | Aetna | Better Health | | 100 | | 1.28 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 5MG/5ML LIQ U/D | 54878216 | NDC | | | | both | 1 EA | 7.5 | | | Aetna | Commercial | | 100 | | 1.92 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 5MG/5ML LIQ U/D | 54878216 | NDC | | | | both | 1 EA | 7.5 | | | Aetna | Medicare | | 100 | | 0.79 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 5MG/5ML LIQ U/D | 54878216 | NDC | | | | both | 1 EA | 7.5 | | | Amerihealth | HMO/PPO | | 100 | | 1.28 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 5MG/5ML LIQ U/D | 54878216 | NDC | | | | both | 1 EA | 7.5 | | | Corrections | Corrections | | 100 | | 1.16 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 5MG/5ML LIQ U/D | 54878216 | NDC | | | | both | 1 EA | 7.5 | | | Horizon | Indemnity | | 100 | | 0.78 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 5MG/5ML LIQ U/D | 54878216 | NDC | | | | both | 1 EA | 7.5 | | | Horizon | Medicare Blue | | 100 | | 0.81 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 5MG/5ML LIQ U/D | 54878216 | NDC | | | | both | 1 EA | 7.5 | | | Horizon | MGD | | 100 | | 1.29 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 5MG/5ML LIQ U/D | 54878216 | NDC | | | | both | 1 EA | 7.5 | | | Horizon | NJ Health | | 100 | | 0.79 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| OXYCODONE 5MG/5ML LIQ U/D | 54878216 | NDC | | | | both | | 1 EA | 7.5 | | Horizon | PPO | | 100 | | 1.79 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 5MG/5ML LIQ U/D | 54878216 | NDC | | | | both | | 1 EA | 7.5 | | UHC | Medicaid | | 100 | | 1.29 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 5MG/5ML LIQ U/D | 54878216 | NDC | | | | both | | 1 EA | 7.5 | | UHC | Medicare | | 100 | | 1.06 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 5MG/5ML LIQ U/D | 54878216 | NDC | | | | both | | 1 EA | 7.5 | | United | CommercialPPO | | 100 | | 0.9 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 5MG/5ML LIQ U/D | 54878216 | NDC | | | | both | | 1 EA | 7.5 | | United | Oxford | | 100 | | 2.25 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 5MG/5ML LIQ U/D | 54878216 | NDC | | | | both | | 1 EA | 7.5 | | Wellcare | Medicaid | | 100 | | 0.98 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 5MG/5ML LIQ U/D | 54878216 | NDC | | | | both | | 1 EA | 7.5 | | Wellcare | Medicare | | 100 | | 2.47 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE 5MG/5ML LIQ U/D | 54878216 | NDC | | | | both | | 1 EA | 7.5 | | WellPoint | WellPoint | | 100 | | 1.25 | | | other | Drugs are paid at 100% of the AWP |
| ETHAMBUTOL 100MG TAB | 55201523 | NDC | | | | both | | 1 EA | 3.5 | | Wellcare | Medicaid | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| TRIAMCINOLONE 0.5% (15GM) HP OINT | 55178809 | NDC | | | | both | | 1 EA | 151.5 | | Aetna | Commercial | | 100 | | 37.65 | | | other | Drugs are paid at 100% of the AWP |
| TRIAMCINOLONE 0.5% (15GM) HP OINT | 55178809 | NDC | | | | both | | 1 EA | 151.5 | | Horizon | NJ Health | | 100 | | 11.31 | | | other | Drugs are paid at 100% of the AWP |
| TRIAMCINOLONE 0.5% (15GM) HP OINT | 55178809 | NDC | | | | both | | 1 EA | 151.5 | | UHC | Medicaid | | 100 | | 19.3 | | | other | Drugs are paid at 100% of the AWP |
| ETOMIDATE 20MG/10ML INJ | 55390076210 | NDC | | | | both | | 1 EA | 150 | | Aetna | Better Health | | 100 | | 22.36 | | | other | Drugs are paid at 100% of the AWP |
| ETOMIDATE 20MG/10ML INJ | 55390076210 | NDC | | | | both | | 1 EA | 150 | | Aetna | Commercial | | 100 | | 26.97 | | | other | Drugs are paid at 100% of the AWP |
| ETOMIDATE 20MG/10ML INJ | 55390076210 | NDC | | | | both | | 1 EA | 150 | | Aetna | Medicare | | 100 | | 21.43 | | | other | Drugs are paid at 100% of the AWP |
| ETOMIDATE 20MG/10ML INJ | 55390076210 | NDC | | | | both | | 1 EA | 150 | | Amerihealth | HMO/PPO | | 100 | | 23.86 | | | other | Drugs are paid at 100% of the AWP |
| ETOMIDATE 20MG/10ML INJ | 55390076210 | NDC | | | | both | | 1 EA | 150 | | Corrections | Corrections | | 100 | | 22.13 | | | other | Drugs are paid at 100% of the AWP |
| ETOMIDATE 20MG/10ML INJ | 55390076210 | NDC | | | | both | | 1 EA | 150 | | Horizon | Indemnity | | 100 | | 17.63 | | | other | Drugs are paid at 100% of the AWP |
| ETOMIDATE 20MG/10ML INJ | 55390076210 | NDC | | | | both | | 1 EA | 150 | | Horizon | Medicare Blue | | 100 | | 25.02 | | | other | Drugs are paid at 100% of the AWP |
| ETOMIDATE 20MG/10ML INJ | 55390076210 | NDC | | | | both | | 1 EA | 150 | | Horizon | MGD | | 100 | | 25.6 | | | other | Drugs are paid at 100% of the AWP |
| ETOMIDATE 20MG/10ML INJ | 55390076210 | NDC | | | | both | | 1 EA | 150 | | Horizon | NJ Health | | 100 | | 20.96 | | | other | Drugs are paid at 100% of the AWP |
| ETOMIDATE 20MG/10ML INJ | 55390076210 | NDC | | | | both | | 1 EA | 150 | | Horizon | PPO | | 100 | | 14.85 | | | other | Drugs are paid at 100% of the AWP |
| ETOMIDATE 20MG/10ML INJ | 55390076210 | NDC | | | | both | | 1 EA | 150 | | UHC | Medicaid | | 100 | | 25.02 | | | other | Drugs are paid at 100% of the AWP |
| ETOMIDATE 20MG/10ML INJ | 55390076210 | NDC | | | | both | | 1 EA | 150 | | UHC | Medicare | | 100 | | 31.03 | | | other | Drugs are paid at 100% of the AWP |
| ETOMIDATE 20MG/10ML INJ | 55390076210 | NDC | | | | both | | 1 EA | 150 | | United | CommercialPPO | | 100 | | 24.29 | | | other | Drugs are paid at 100% of the AWP |
| ETOMIDATE 20MG/10ML INJ | 55390076210 | NDC | | | | both | | 1 EA | 150 | | United | Oxford | | 100 | | 43.67 | | | other | Drugs are paid at 100% of the AWP |
| ETOMIDATE 20MG/10ML INJ | 55390076210 | NDC | | | | both | | 1 EA | 150 | | Wellcare | Medicaid | | 100 | | 35.81 | | | other | Drugs are paid at 100% of the AWP |
| ETOMIDATE 20MG/10ML INJ | 55390076210 | NDC | | | | both | | 1 EA | 150 | | Wellcare | Medicare | | 100 | | 28.7 | | | other | Drugs are paid at 100% of the AWP |
| ETOMIDATE 20MG/10ML INJ | 55390076210 | NDC | | | | both | | 1 EA | 150 | | WellPoint | WellPoint | | 100 | | 26.08 | | | other | Drugs are paid at 100% of the AWP |
| LEUCOVORIN 25MG TAB | 55504852? | NDC | | | | both | | 1 EA | 151.5 | | Wellcare | Medicare | | 100 | | 63.69 | | | other | Drugs are paid at 100% of the AWP |
| LEUCOVORIN 25MG TAB | 55504852? | NDC | | | | both | | 1 EA | 151.5 | | WellPoint | WellPoint | | 100 | | 17.96 | | | other | Drugs are paid at 100% of the AWP |
| CINACALCET HCL 30MG TAB | 55513007330 | NDC | | | | both | | 1 EA | 69.5 | | Horizon | Medicare Blue | | 100 | | 17.46 | | | other | Drugs are paid at 100% of the AWP |
| CINACALCET HCL 30MG TAB | 55513007330 | NDC | | | | both | | 1 EA | 69.5 | | Horizon | MGD | | 100 | | 13.59 | | | other | Drugs are paid at 100% of the AWP |
| CINACALCET HCL 30MG TAB | 55513007330 | NDC | | | | both | | 1 EA | 69.5 | | Horizon | NJ Health | | 100 | | 5.27 | | | other | Drugs are paid at 100% of the AWP |
| CINACALCET HCL 30MG TAB | 55513007330 | NDC | | | | both | | 1 EA | 69.5 | | UHC | Medicaid | | 100 | | 17.07 | | | other | Drugs are paid at 100% of the AWP |
| CINACALCET HCL 30MG TAB | 55513007330 | NDC | | | | both | | 1 EA | 69.5 | | UHC | Medicare | | 100 | | 25.17 | | | other | Drugs are paid at 100% of the AWP |
| CINACALCET HCL 30MG TAB | 55513007330 | NDC | | | | both | | 1 EA | 69.5 | | Wellcare | Medicaid | | 100 | | 19.84 | | | other | Drugs are paid at 100% of the AWP |
| CINACALCET HCL 30MG TAB | 55513007330 | NDC | | | | both | | 1 EA | 69.5 | | WellPoint | WellPoint | | 100 | | 25.14 | | | other | Drugs are paid at 100% of the AWP |
| IVABRADINE (CORLANOR) 5MG TAB | 55513080060 | NDC | | | | both | | 1 EA | 32 | | UHC | Medicare | | 100 | | 2.15 | | | other | Drugs are paid at 100% of the AWP |
| IVABRADINE (CORLANOR) 5MG TAB | 55513080060 | NDC | | | | both | | 1 EA | 32 | | WellPoint | WellPoint | | 100 | | 1.39 | | | other | Drugs are paid at 100% of the AWP |
| MULTIPLE VITAMINS (MATERNA) TAB | 5556023 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| MULTIPLE VITAMINS (MATERNA) TAB | 5556023 | NDC | | | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| MULTIPLE VITAMINS (MATERNA) TAB | 5556023 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| MULTIPLE VITAMINS (MATERNA) TAB | 5556023 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 1.88 | | | other | Drugs are paid at 100% of the AWP |
| MULTIPLE VITAMINS (MATERNA) TAB | 5556023 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| MULTIPLE VITAMINS (MATERNA) TAB | 5556023 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| MULTIPLE VITAMINS (MATERNA) TAB | 5556023 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| MULTIPLE VITAMINS (MATERNA) TAB | 5556023 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| MULTIPLE VITAMINS (MATERNA) TAB | 5556023 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| MULTIPLE VITAMINS (MATERNA) TAB | 5556023 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| NALTREXONE 50MG TAB (NF) | 56001130 | NDC | | | | both | | 1 EA | 26.5 | | Aetna | Better Health | | 100 | | 2 | | | other | Drugs are paid at 100% of the AWP |
| NALTREXONE 50MG TAB (NF) | 56001130 | NDC | | | | both | | 1 EA | 26.5 | | Aetna | Commercial | | 100 | | 11.04 | | | other | Drugs are paid at 100% of the AWP |
| NALTREXONE 50MG TAB (NF) | 56001130 | NDC | | | | both | | 1 EA | 26.5 | | Horizon | MGD | | 100 | | 9.87 | | | other | Drugs are paid at 100% of the AWP |
| NALTREXONE 50MG TAB (NF) | 56001130 | NDC | | | | both | | 1 EA | 26.5 | | Horizon | NJ Health | | 100 | | 2.27 | | | other | Drugs are paid at 100% of the AWP |
| NALTREXONE 50MG TAB (NF) | 56001130 | NDC | | | | both | | 1 EA | 26.5 | | Horizon | PPO | | 100 | | 4.79 | | | other | Drugs are paid at 100% of the AWP |
| NALTREXONE 50MG TAB (NF) | 56001130 | NDC | | | | both | | 1 EA | 26.5 | | UHC | Medicaid | | 100 | | 4.88 | | | other | Drugs are paid at 100% of the AWP |
| NALTREXONE 50MG TAB (NF) | 56001130 | NDC | | | | both | | 1 EA | 26.5 | | UHC | Medicare | | 100 | | 5.12 | | | other | Drugs are paid at 100% of the AWP |
| NALTREXONE 50MG TAB (NF) | 56001130 | NDC | | | | both | | 1 EA | 26.5 | | Wellcare | Medicaid | | 100 | | 5.93 | | | other | Drugs are paid at 100% of the AWP |
| NALTREXONE 50MG TAB (NF) | 56001130 | NDC | | | | both | | 1 EA | 26.5 | | Wellcare | Medicare | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| NALTREXONE 50MG TAB (NF) | 56001130 | NDC | | | | both | | 1 EA | 26.5 | | WellPoint | WellPoint | | 100 | | 2.72 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 1MG TAB | 56016975 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 0.83 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 1MG TAB | 56016975 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.1 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 2MG TAB | 56017075 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Commercial | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 2MG TAB | 56017075 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 0.92 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 2MG TAB | 56017075 | NDC | | | | both | | 1 EA | 4.5 | | Corrections | Corrections | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 2MG TAB | 56017075 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 1.14 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 2MG TAB | 56017075 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 2MG TAB | 56017075 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.1 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 2MG TAB | 56017075 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 0.99 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 2MG TAB | 56017075 | NDC | | | | both | | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 5MG TAB | 56017275 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Commercial | | 100 | | 1.43 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 5MG TAB | 56017275 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 0.89 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 5MG TAB | 56017275 | NDC | | | | both | | 1 EA | 4.5 | | Corrections | Corrections | | 100 | | 0.87 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 5MG TAB | 56017275 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Indemnity | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 5MG TAB | 56017275 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 5MG TAB | 56017275 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 1.32 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 5MG TAB | 56017275 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 5MG TAB | 56017275 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | PPO | | 100 | | 1.47 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 5MG TAB | 56017275 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 5MG TAB | 56017275 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 0.95 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 5MG TAB | 56017275 | NDC | | | | both | | 1 EA | 4.5 | | United | CommercialPPO | | 100 | | 0.9 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 5MG TAB | 56017275 | NDC | | | | both | | 1 EA | 4.5 | | Wellcare | Medicare | | 100 | | 1.24 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 5MG TAB | 56017275 | NDC | | | | both | | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.71 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 2.5MG TAB | 56017675 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 0.83 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 2.5MG TAB | 56017675 | NDC | | | | both | | 1 EA | 4.5 | | Corrections | Corrections | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 2.5MG TAB | 56017675 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Indemnity | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 2.5MG TAB | 56017675 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 1.12 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 2.5MG TAB | 56017675 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 1.47 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 2.5MG TAB | 56017675 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 2.5MG TAB | 56017675 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | PPO | | 100 | | 1.47 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 2.5MG TAB | 56017675 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.74 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 2.5MG TAB | 56017675 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 1.05 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 2.5MG TAB | 56017675 | NDC | | | | both | | 1 EA | 4.5 | | United | CommercialPPO | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 2.5MG TAB | 56017675 | NDC | | | | both | | 1 EA | 4.5 | | Wellcare | Medicare | | 100 | | 1.24 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 2.5MG TAB | 56017675 | NDC | | | | both | | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 3MG TAB | 56018875 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Commercial | | 100 | | 1.31 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 3MG TAB | 56018875 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 0.85 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 3MG TAB | 56018875 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 1.18 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 3MG TAB | 56018875 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 0.86 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 3MG TAB | 56018875 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 3MG TAB | 56018875 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | PPO | | 100 | | 1.54 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 3MG TAB | 56018875 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 3MG TAB | 56018875 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 1.04 | | | other | Drugs are paid at 100% of the AWP |
| WARFARIN 3MG TAB | 56018875 | NDC | | | | both | | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.81 | | | other | Drugs are paid at 100% of the AWP |
| EFAVIRENZ 200MG CAP | 56047492 | NDC | | | | both | | 1 EA | 26.5 | | Horizon | NJ Health | | 100 | | 1.47 | | | other | Drugs are paid at 100% of the AWP |
| LEVODOPA-CARBIDOPA 10/100 TAB | 56064728 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 1.05 | | | other | Drugs are paid at 100% of the AWP |
| LEVODOPA-CARBIDOPA 10/100 TAB | 56064728 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Indemnity | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| LEVODOPA-CARBIDOPA 10/100 TAB | 56064728 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| LEVODOPA-CARBIDOPA 10/100 TAB | 56064728 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 1.54 | | | other | Drugs are paid at 100% of the AWP |
| LEVODOPA-CARBIDOPA 10/100 TAB | 56064728 | NDC | | | | both | | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 1.11 | | | other | Drugs are paid at 100% of the AWP |
| LEVODOPA-CARBIDOPA 25/100 TAB | 56065028 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Better Health | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| LEVODOPA-CARBIDOPA 25/100 TAB | 56065028 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| LEVODOPA-CARBIDOPA 25/100 TAB | 56065028 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Indemnity | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| LEVODOPA-CARBIDOPA 25/100 TAB | 56065028 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| LEVODOPA-CARBIDOPA 25/100 TAB | 56065028 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 1.36 | | | other | Drugs are paid at 100% of the AWP |
| LEVODOPA-CARBIDOPA 25/100 TAB | 56065028 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 1.25 | | | other | Drugs are paid at 100% of the AWP |
| LEVODOPA-CARBIDOPA 25/100 TAB | 56065028 | NDC | | | | both | | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.99 | | | other | Drugs are paid at 100% of the AWP |
| LEVODOPA-CARBIDOPA 25/250 TAB | 56065428 | NDC | | | | both | | 1 EA | 5.5 | | Aetna | Better Health | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| LEVODOPA-CARBIDOPA 25/250 TAB | 56065428 | NDC | | | | both | | 1 EA | 5.5 | | Aetna | Medicare | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| LEVODOPA-CARBIDOPA 25/250 TAB | 56065428 | NDC | | | | both | | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 0.1 | | | other | Drugs are paid at 100% of the AWP |
| LEVODOPA-CARBIDOPA 25/250 TAB | 56065428 | NDC | | | | both | | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 1.48 | | | other | Drugs are paid at 100% of the AWP |
| MULTIPLE VITMANS INJ (PEDS) | 56435646?1 | NDC | | | | both | | 1 EA | 47 | | Aetna | Better Health | | 100 | | 6.66 | | | other | Drugs are paid at 100% of the AWP |
| MULTIPLE VITMANS INJ (PEDS) | 56435646?1 | NDC | | | | both | | 1 EA | 47 | | Horizon | MGD | | 100 | | 25.56 | | | other | Drugs are paid at 100% of the AWP |
| MULTIPLE VITMANS INJ (PEDS) | 56435646?1 | NDC | | | | both | | 1 EA | 47 | | Horizon | NJ Health | | 100 | | 3.59 | | | other | Drugs are paid at 100% of the AWP |
| MULTIPLE VITMANS INJ (PEDS) | 56435646?1 | NDC | | | | both | | 1 EA | 47 | | UHC | Medicaid | | 100 | | 8.35 | | | other | Drugs are paid at 100% of the AWP |
| MULTIPLE VITMANS INJ (PEDS) | 56435646?1 | NDC | | | | both | | 1 EA | 47 | | Wellcare | Medicaid | | 100 | | 5.91 | | | other | Drugs are paid at 100% of the AWP |
| URSODIOL 300MG CAP | 57267015330 | NDC | | | | both | | 1 EA | 23.5 | | Aetna | Better Health | | 100 | | 5.16 | | | other | Drugs are paid at 100% of the AWP |
| URSODIOL 300MG CAP | 57267015330 | NDC | | | | both | | 1 EA | 23.5 | | Aetna | Commercial | | 100 | | 3.16 | | | other | Drugs are paid at 100% of the AWP |
| URSODIOL 300MG CAP | 57267015330 | NDC | | | | both | | 1 EA | 23.5 | | Aetna | Medicare | | 100 | | 3.76 | | | other | Drugs are paid at 100% of the AWP |
| URSODIOL 300MG CAP | 57267015330 | NDC | | | | both | | 1 EA | 23.5 | | Amerihealth | HMO/PPO | | 100 | | 5.62 | | | other | Drugs are paid at 100% of the AWP |
| URSODIOL 300MG CAP | 57267015330 | NDC | | | | both | | 1 EA | 23.5 | | Horizon | Indemnity | | 100 | | 3.98 | | | other | Drugs are paid at 100% of the AWP |
| URSODIOL 300MG CAP | 57267015330 | NDC | | | | both | | 1 EA | 23.5 | | Horizon | Medicare Blue | | 100 | | 3.94 | | | other | Drugs are paid at 100% of the AWP |
| URSODIOL 300MG CAP | 57267015330 | NDC | | | | both | | 1 EA | 23.5 | | Horizon | MGD | | 100 | | 5.36 | | | other | Drugs are paid at 100% of the AWP |
| URSODIOL 300MG CAP | 57267015330 | NDC | | | | both | | 1 EA | 23.5 | | Horizon | NJ Health | | 100 | | 4.02 | | | other | Drugs are paid at 100% of the AWP |
| URSODIOL 300MG CAP | 57267015330 | NDC | | | | both | | 1 EA | 23.5 | | Horizon | PPO | | 100 | | 5.47 | | | other | Drugs are paid at 100% of the AWP |
| URSODIOL 300MG CAP | 57267015330 | NDC | | | | both | | 1 EA | 23.5 | | UHC | Medicaid | | 100 | | 3.58 | | | other | Drugs are paid at 100% of the AWP |
| URSODIOL 300MG CAP | 57267015330 | NDC | | | | both | | 1 EA | 23.5 | | UHC | Medicare | | 100 | | 9.63 | | | other | Drugs are paid at 100% of the AWP |
| URSODIOL 300MG CAP | 57267015330 | NDC | | | | both | | 1 EA | 23.5 | | United | CommercialPPO | | 100 | | 4.01 | | | other | Drugs are paid at 100% of the AWP |
| URSODIOL 300MG CAP | 57267015330 | NDC | | | | both | | 1 EA | 23.5 | | Wellcare | Medicaid | | 100 | | 7.64 | | | other | Drugs are paid at 100% of the AWP |
| URSODIOL 300MG CAP | 57267015330 | NDC | | | | both | | 1 EA | 23.5 | | WellPoint | WellPoint | | 100 | | 4.47 | | | other | Drugs are paid at 100% of the AWP |
| TRIAMCINOLONE 0.5% (15GM) CREAM | 57317006215 | NDC | | | | both | | 1 EA | 210 | | Aetna | Better Health | | 100 | | 109.27 | | | other | Drugs are paid at 100% of the AWP |
| TRIAMCINOLONE 0.5% (15GM) CREAM | 57317006215 | NDC | | | | both | | 1 EA | 210 | | Horizon | Indemnity | | 100 | | 25.85 | | | other | Drugs are paid at 100% of the AWP |
| TRIAMCINOLONE 0.5% (15GM) CREAM | 57317006215 | NDC | | | | both | | 1 EA | 210 | | Horizon | MGD | | 100 | | 99.05 | | | other | Drugs are paid at 100% of the AWP |
| TRIAMCINOLONE 0.5% (15GM) CREAM | 57317006215 | NDC | | | | both | | 1 EA | 210 | | Horizon | NJ Health | | 100 | | 90.88 | | | other | Drugs are paid at 100% of the AWP |
| TRIAMCINOLONE 0.5% (15GM) CREAM | 57317006215 | NDC | | | | both | | 1 EA | 210 | | UHC | Medicaid | | 100 | | 55.89 | | | other | Drugs are paid at 100% of the AWP |
| TRIAMCINOLONE 0.5% (15GM) CREAM | 57317006215 | NDC | | | | both | | 1 EA | 210 | | UHC | Medicare | | 100 | | 33.29 | | | other | Drugs are paid at 100% of the AWP |
| TRIAMCINOLONE 0.5% (15GM) CREAM | 57317006215 | NDC | | | | both | | 1 EA | 210 | | WellPoint | WellPoint | | 100 | | 37.98 | | | other | Drugs are paid at 100% of the AWP |
| ACTIVATED CHARCOAL/WATER 50GM(PEDS) | 5740121 08 | NDC | | | | both | | 1 EA | 111 | | Aetna | Better Health | | 100 | | 31.12 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ACTIVATED CHARCOAL/WATER 50GM(PEDS) | 57401210 | NDC | | | | both | | 1 EA | 111 | | Horizon | MGD | | 100 | | 16.98 | | | other | Drugs are paid at 100% of the AWP |
| ACTIVATED CHARCOAL/WATER 50GM(PEDS) | 57401210 | NDC | | | | both | | 1 EA | 111 | | Horizon | NJ Health | | 100 | | 7.18 | | | other | Drugs are paid at 100% of the AWP |
| ACTIVATED CHARCOAL/WATER 50GM(PEDS) | 57401210 | NDC | | | | both | | 1 EA | 111 | | UHC | Medicaid | | 100 | | 1.55 | | | other | Drugs are paid at 100% of the AWP |
| ACTIVATED CHARCOAL/WATER 50GM(PEDS) | 57401210 | NDC | | | | both | | 1 EA | 111 | | UHC | Medicare | | 100 | | 9.96 | | | other | Drugs are paid at 100% of the AWP |
| AMILORIDE HCL 5MG TAB | 57402020 | NDC | | | | both | | 1 EA | 5 | | Horizon | NJ Health | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| ASPIRIN 300MG SUPP | 57470345 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| ASPIRIN 300MG SUPP | 57470345 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| ASPIRIN 300MG SUPP | 57470345 | NDC | | | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| ASPIRIN 300MG SUPP | 57470345 | NDC | | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.79 | | | other | Drugs are paid at 100% of the AWP |
| ASPIRIN 300MG SUPP | 57470345 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| ASPIRIN 300MG SUPP | 57470345 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.96 | | | other | Drugs are paid at 100% of the AWP |
| ASPIRIN 300MG SUPP | 57470345 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| ASPIRIN 300MG SUPP | 57470345 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| ASPIRIN 300MG SUPP | 57470345 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| ASPIRIN 300MG SUPP | 57470345 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| ASPIRIN 300MG SUPP | 57470345 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| ASPIRIN 300MG SUPP | 57470345 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| BISACODYL 10MG SUPP | 57470505 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| BISACODYL 10MG SUPP | 57470505 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| BISACODYL 10MG SUPP | 57470505 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| BISACODYL 10MG SUPP | 57470505 | NDC | | | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| BISACODYL 10MG SUPP | 57470505 | NDC | | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| BISACODYL 10MG SUPP | 57470505 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| BISACODYL 10MG SUPP | 57470505 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| BISACODYL 10MG SUPP | 57470505 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| BISACODYL 10MG SUPP | 57470505 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| BISACODYL 10MG SUPP | 57470505 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| BISACODYL 10MG SUPP | 57470505 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| BISACODYL 10MG SUPP | 57470505 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| BISACODYL 10MG SUPP | 57470505 | NDC | | | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| BISACODYL 10MG SUPP | 57470505 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| BISACODYL 10MG SUPP | 57470505 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| BISACODYL 10MG SUPP | 57470505 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| AMANTADINE 100MG CAP | 57480030001 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| AMANTADINE 100MG CAP | 57480030001 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Commercial | | 100 | | 1.1 | | | other | Drugs are paid at 100% of the AWP |
| AMANTADINE 100MG CAP | 57480030001 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Medicare | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| AMANTADINE 100MG CAP | 57480030001 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | Indemnity | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| AMANTADINE 100MG CAP | 57480030001 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | Medicare Blue | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| AMANTADINE 100MG CAP | 57480030001 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| AMANTADINE 100MG CAP | 57480030001 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| AMANTADINE 100MG CAP | 57480030001 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| AMANTADINE 100MG CAP | 57480030001 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| AMANTADINE 100MG CAP | 57480030001 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| AMANTADINE 100MG CAP | 57480030001 | NDC | | | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| ZINC SULFATE 220MG CAP | 57491670 1 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| ZINC SULFATE 220MG CAP | 57491670 1 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| ZINC SULFATE 220MG CAP | 57491670 1 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| ZINC SULFATE 220MG CAP | 57491670 1 | NDC | | | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| ZINC SULFATE 220MG CAP | 57491670 1 | NDC | | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| ZINC SULFATE 220MG CAP | 57491670 1 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| ZINC SULFATE 220MG CAP | 57491670 1 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| ZINC SULFATE 220MG CAP | 57491670 1 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| ZINC SULFATE 220MG CAP | 57491670 1 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| ZINC SULFATE 220MG CAP | 57491670 1 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| ZINC SULFATE 220MG CAP | 57491670 1 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| ZINC SULFATE 220MG CAP | 57491670 1 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| ZINC SULFATE 220MG CAP | 57491670 1 | NDC | | | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| ZINC SULFATE 220MG CAP | 57491670 1 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| ZINC SULFATE 220MG CAP | 57491670 1 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| ZINC SULFATE 220MG CAP | 57491670 1 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| NEUTRA-PHOS PACKET | 57502301 5 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| NEUTRA-PHOS PACKET | 57502301 5 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| NEUTRA-PHOS PACKET | 57502301 5 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| NEUTRA-PHOS PACKET | 57502301 5 | NDC | | | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| NEUTRA-PHOS PACKET | 57502301 5 | NDC | | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| NEUTRA-PHOS PACKET | 57502301 5 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| NEUTRA-PHOS PACKET | 57502301 5 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| NEUTRA-PHOS PACKET | 57502301 5 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| NEUTRA-PHOS PACKET | 57502301 5 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| NEUTRA-PHOS PACKET | 57502301 5 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| NEUTRA-PHOS PACKET | 57502301 5 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| NEUTRA-PHOS PACKET | 57502301 5 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| NEUTRA-PHOS PACKET | 57502301 5 | NDC | | | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| NEUTRA-PHOS PACKET | 57502301 5 | NDC | | | | both | | 1 EA | 2.5 | | United | Oxford | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| NEUTRA-PHOS PACKET | 57502301 5 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| NEUTRA-PHOS PACKET | 57502301 5 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| NEUTRA-PHOS PACKET | 57502301 5 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMIDE 500MG CAP SR | 57706075323 | NDC | | | | both | | 1 EA | 5.5 | | Aetna | Commercial | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMIDE 500MG CAP SR | 57706075323 | NDC | | | | both | | 1 EA | 5.5 | | Aetna | Medicare | | 100 | | 1.18 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMIDE 500MG CAP SR | 57706075323 | NDC | | | | both | | 1 EA | 5.5 | | Amerihealth | HMO/PPO | | 100 | | 0.9 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMIDE 500MG CAP SR | 57706075323 | NDC | | | | both | | 1 EA | 5.5 | | Corrections | Corrections | | 100 | | 1.47 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMIDE 500MG CAP SR | 57706075323 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | Indemnity | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMIDE 500MG CAP SR | 57706075323 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMIDE 500MG CAP SR | 57706075323 | NDC | | | | both | | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 1.33 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMIDE 500MG CAP SR | 57706075323 | NDC | | | | both | | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| ACETAZOLAMIDE 500MG CAP SR | 57706075323 | NDC | | | | both | | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| METHAZOLAMIDE 25MG TAB | 57706075623 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| METHAZOLAMIDE 50MG TAB | 57706075723 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 1.4 | | | other | Drugs are paid at 100% of the AWP |
| ARTIFICIAL TEARS 1% BULK | 58013030 | NDC | | | | both | | 1 EA | 80 | | Aetna | Better Health | | 100 | | 13.98 | | | other | Drugs are paid at 100% of the AWP |
| ARTIFICIAL TEARS 1% BULK | 58013030 | NDC | | | | both | | 1 EA | 80 | | Aetna | Commercial | | 100 | | 22.37 | | | other | Drugs are paid at 100% of the AWP |
| ARTIFICIAL TEARS 1% BULK | 58013030 | NDC | | | | both | | 1 EA | 80 | | Aetna | Medicare | | 100 | | 10.38 | | | other | Drugs are paid at 100% of the AWP |
| ARTIFICIAL TEARS 1% BULK | 58013030 | NDC | | | | both | | 1 EA | 80 | | Corrections | Corrections | | 100 | | 9.61 | | | other | Drugs are paid at 100% of the AWP |
| ARTIFICIAL TEARS 1% BULK | 58013030 | NDC | | | | both | | 1 EA | 80 | | Horizon | Indemnity | | 100 | | 12.64 | | | other | Drugs are paid at 100% of the AWP |
| ARTIFICIAL TEARS 1% BULK | 58013030 | NDC | | | | both | | 1 EA | 80 | | Horizon | Medicare Blue | | 100 | | 6.46 | | | other | Drugs are paid at 100% of the AWP |
| ARTIFICIAL TEARS 1% BULK | 58013030 | NDC | | | | both | | 1 EA | 80 | | Horizon | NJ Health | | 100 | | 6.5 | | | other | Drugs are paid at 100% of the AWP |
| ARTIFICIAL TEARS 1% BULK | 58013030 | NDC | | | | both | | 1 EA | 80 | | Horizon | PPO | | 100 | | 15.17 | | | other | Drugs are paid at 100% of the AWP |
| ARTIFICIAL TEARS 1% BULK | 58013030 | NDC | | | | both | | 1 EA | 80 | | UHC | Medicaid | | 100 | | 20.01 | | | other | Drugs are paid at 100% of the AWP |
| ARTIFICIAL TEARS 1% BULK | 58013030 | NDC | | | | both | | 1 EA | 80 | | UHC | Medicare | | 100 | | 11.03 | | | other | Drugs are paid at 100% of the AWP |
| ARTIFICIAL TEARS 1% BULK | 58013030 | NDC | | | | both | | 1 EA | 80 | | United | CommercialPPO | | 100 | | 10.51 | | | other | Drugs are paid at 100% of the AWP |
| ARTIFICIAL TEARS 1% BULK | 58013030 | NDC | | | | both | | 1 EA | 80 | | Wellcare | Medicaid | | 100 | | 24.39 | | | other | Drugs are paid at 100% of the AWP |
| ARTIFICIAL TEARS 1% BULK | 58013030 | NDC | | | | both | | 1 EA | 80 | | Wellcare | Medicare | | 100 | | 5.99 | | | other | Drugs are paid at 100% of the AWP |
| ARTIFICIAL TEARS 1% BULK | 58013030 | NDC | | | | both | | 1 EA | 80 | | WellPoint | WellPoint | | 100 | | 12.8 | | | other | Drugs are paid at 100% of the AWP |
| DIPTHER-ACELL-PERTUSS-TETANUS INJ | 58160084011 | NDC | | | | both | | 1 EA | 142.5 | | Aetna | Better Health | | 100 | | 8.42 | | | other | Drugs are paid at 100% of the AWP |
| DIPTHER-ACELL-PERTUSS-TETANUS INJ | 58160084011 | NDC | | | | both | | 1 EA | 142.5 | | Aetna | Commercial | | 100 | | 15.59 | | | other | Drugs are paid at 100% of the AWP |
| DTAP-HEPB-IPV COMBINED 0.5ML INJ | 58160084141 | NDC | | | | both | | 1 EA | 545 | | Aetna | Better Health | | 100 | | 81.48 | | | other | Drugs are paid at 100% of the AWP |
| DTAP-HEPB-IPV COMBINED 0.5ML INJ | 58160084141 | NDC | | | | both | | 1 EA | 545 | | Horizon | NJ Health | | 100 | | 15.4 | | | other | Drugs are paid at 100% of the AWP |
| DTAP-HEPB-IPV COMBINED 0.5ML INJ | 58160084141 | NDC | | | | both | | 1 EA | 545 | | UHC | Medicaid | | 100 | | 111.26 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISOLONE SOD PHOS 1% OPTH SOL | 58287705 | NDC | | | | both | | 1 EA | 117.5 | | Aetna | Better Health | | 100 | | 16.81 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISOLONE SOD PHOS 1% OPTH SOL | 58287705 | NDC | | | | both | | 1 EA | 117.5 | | Aetna | Commercial | | 100 | | 21.97 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISOLONE SOD PHOS 1% OPTH SOL | 58287705 | NDC | | | | both | | 1 EA | 117.5 | | Aetna | Medicare | | 100 | | 28.76 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISOLONE SOD PHOS 1% OPTH SOL | 58287705 | NDC | | | | both | | 1 EA | 117.5 | | Amerihealth | HMO/PPO | | 100 | | 17.57 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISOLONE SOD PHOS 1% OPTH SOL | 58287705 | NDC | | | | both | | 1 EA | 117.5 | | Corrections | Corrections | | 100 | | 32.4 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISOLONE SOD PHOS 1% OPTH SOL | 58287705 | NDC | | | | both | | 1 EA | 117.5 | | Horizon | Indemnity | | 100 | | 22.69 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISOLONE SOD PHOS 1% OPTH SOL | 58287705 | NDC | | | | both | | 1 EA | 117.5 | | Horizon | Medicare Blue | | 100 | | 15.51 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISOLONE SOD PHOS 1% OPTH SOL | 58287705 | NDC | | | | both | | 1 EA | 117.5 | | Horizon | MGD | | 100 | | 30.6 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISOLONE SOD PHOS 1% OPTH SOL | 58287705 | NDC | | | | both | | 1 EA | 117.5 | | Horizon | NJ Health | | 100 | | 16.4 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISOLONE SOD PHOS 1% OPTH SOL | 58287705 | NDC | | | | both | | 1 EA | 117.5 | | Horizon | PPO | | 100 | | 38.54 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISOLONE SOD PHOS 1% OPTH SOL | 58287705 | NDC | | | | both | | 1 EA | 117.5 | | UHC | Medicaid | | 100 | | 29.95 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISOLONE SOD PHOS 1% OPTH SOL | 58287705 | NDC | | | | both | | 1 EA | 117.5 | | UHC | Medicare | | 100 | | 21.62 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISOLONE SOD PHOS 1% OPTH SOL | 58287705 | NDC | | | | both | | 1 EA | 117.5 | | United | CommercialPPO | | 100 | | 34.2 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISOLONE SOD PHOS 1% OPTH SOL | 58287705 | NDC | | | | both | | 1 EA | 117.5 | | United | Oxford | | 100 | | 46.22 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISOLONE SOD PHOS 1% OPTH SOL | 58287705 | NDC | | | | both | | 1 EA | 117.5 | | Wellcare | Medicaid | | 100 | | 22.95 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISOLONE SOD PHOS 1% OPTH SOL | 58287705 | NDC | | | | both | | 1 EA | 117.5 | | Wellcare | Medicare | | 100 | | 12.85 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISOLONE SOD PHOS 1% OPTH SOL | 58287705 | NDC | | | | both | | 1 EA | 117.5 | | WellPoint | WellPoint | | 100 | | 22.04 | | | other | Drugs are paid at 100% of the AWP |
| SEVELAMER CARBONATE 800MG TAB | 58468013001 | NDC | | | | both | | 1 EA | 15.5 | | Aetna | Better Health | | 100 | | 7.57 | | | other | Drugs are paid at 100% of the AWP |
| SEVELAMER CARBONATE 800MG TAB | 58468013001 | NDC | | | | both | | 1 EA | 15.5 | | Aetna | Commercial | | 100 | | 2.39 | | | other | Drugs are paid at 100% of the AWP |
| SEVELAMER CARBONATE 800MG TAB | 58468013001 | NDC | | | | both | | 1 EA | 15.5 | | Aetna | Medicare | | 100 | | 2.51 | | | other | Drugs are paid at 100% of the AWP |
| SEVELAMER CARBONATE 800MG TAB | 58468013001 | NDC | | | | both | | 1 EA | 15.5 | | Amerihealth | HMO/PPO | | 100 | | 2.81 | | | other | Drugs are paid at 100% of the AWP |
| SEVELAMER CARBONATE 800MG TAB | 58468013001 | NDC | | | | both | | 1 EA | 15.5 | | Horizon | Indemnity | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| SEVELAMER CARBONATE 800MG TAB | 58468013001 | NDC | | | | both | | 1 EA | 15.5 | | Horizon | Medicare Blue | | 100 | | 3.84 | | | other | Drugs are paid at 100% of the AWP |
| SEVELAMER CARBONATE 800MG TAB | 58468013001 | NDC | | | | both | | 1 EA | 15.5 | | Horizon | MGD | | 100 | | 2.06 | | | other | Drugs are paid at 100% of the AWP |
| SEVELAMER CARBONATE 800MG TAB | 58468013001 | NDC | | | | both | | 1 EA | 15.5 | | Horizon | NJ Health | | 100 | | 1.75 | | | other | Drugs are paid at 100% of the AWP |
| SEVELAMER CARBONATE 800MG TAB | 58468013001 | NDC | | | | both | | 1 EA | 15.5 | | Horizon | PPO | | 100 | | 2.87 | | | other | Drugs are paid at 100% of the AWP |
| SEVELAMER CARBONATE 800MG TAB | 58468013001 | NDC | | | | both | | 1 EA | 15.5 | | UHC | Medicaid | | 100 | | 2.16 | | | other | Drugs are paid at 100% of the AWP |
| SEVELAMER CARBONATE 800MG TAB | 58468013001 | NDC | | | | both | | 1 EA | 15.5 | | UHC | Medicare | | 100 | | 3.8 | | | other | Drugs are paid at 100% of the AWP |
| SEVELAMER CARBONATE 800MG TAB | 58468013001 | NDC | | | | both | | 1 EA | 15.5 | | United | CommercialPPO | | 100 | | 2.28 | | | other | Drugs are paid at 100% of the AWP |
| SEVELAMER CARBONATE 800MG TAB | 58468013001 | NDC | | | | both | | 1 EA | 15.5 | | Wellcare | Medicaid | | 100 | | 1.71 | | | other | Drugs are paid at 100% of the AWP |
| SEVELAMER CARBONATE 800MG TAB | 58468013001 | NDC | | | | both | | 1 EA | 15.5 | | Wellcare | Medicare | | 100 | | 5.61 | | | other | Drugs are paid at 100% of the AWP |
| SEVELAMER CARBONATE 800MG TAB | 58468013001 | NDC | | | | both | | 1 EA | 15.5 | | WellPoint | WellPoint | | 100 | | 3.81 | | | other | Drugs are paid at 100% of the AWP |
| SEVELAMER(RENVELA)2.4GM PWD PK | 58468013102 | NDC | | | | both | | 1 EA | 77.5 | | Aetna | Better Health | | 100 | | 9.7 | | | other | Drugs are paid at 100% of the AWP |
| SEVELAMER(RENVELA)2.4GM PWD PK | 58468013102 | NDC | | | | both | | 1 EA | 77.5 | | Aetna | Medicare | | 100 | | 6.59 | | | other | Drugs are paid at 100% of the AWP |
| SEVELAMER(RENVELA)2.4GM PWD PK | 58468013102 | NDC | | | | both | | 1 EA | 77.5 | | Corrections | Corrections | | 100 | | 14.58 | | | other | Drugs are paid at 100% of the AWP |
| SEVELAMER(RENVELA)2.4GM PWD PK | 58468013102 | NDC | | | | both | | 1 EA | 77.5 | | Horizon | Indemnity | | 100 | | 1.18 | | | other | Drugs are paid at 100% of the AWP |
| SEVELAMER(RENVELA)2.4GM PWD PK | 58468013102 | NDC | | | | both | | 1 EA | 77.5 | | Horizon | NJ Health | | 100 | | 4.01 | | | other | Drugs are paid at 100% of the AWP |
| SEVELAMER(RENVELA)2.4GM PWD PK | 58468013102 | NDC | | | | both | | 1 EA | 77.5 | | UHC | Medicaid | | 100 | | 10.31 | | | other | Drugs are paid at 100% of the AWP |
| SEVELAMER(RENVELA)2.4GM PWD PK | 58468013102 | NDC | | | | both | | 1 EA | 77.5 | | UHC | Medicare | | 100 | | 15.39 | | | other | Drugs are paid at 100% of the AWP |
| SEVELAMER(RENVELA)2.4GM PWD PK | 58468013102 | NDC | | | | both | | 1 EA | 77.5 | | United | CommercialPPO | | 100 | | 2.25 | | | other | Drugs are paid at 100% of the AWP |
| SEVELAMER(RENVELA)2.4GM PWD PK | 58468013102 | NDC | | | | both | | 1 EA | 77.5 | | Wellcare | Medicare | | 100 | | 33.55 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SEVELAMER(RENVELA)2.4GM PWD PK | 58468013102 | NDC | | | | both | | 1 EA | 77.5 | | WellPoint | WellPoint | | 100 | | 12.09 | | | other | Drugs are paid at 100% of the AWP |
| METOLAZONE 10MG TAB | 585083572 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| METOLAZONE 10MG TAB | 585083572 | NDC | | | | both | | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 1.61 | | | other | Drugs are paid at 100% of the AWP |
| METOLAZONE 5MG TAB | 585085072 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Better Health | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| METOLAZONE 5MG TAB | 585085072 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Indemnity | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| METOLAZONE 5MG TAB | 585085072 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 0.86 | | | other | Drugs are paid at 100% of the AWP |
| METOLAZONE 5MG TAB | 585085072 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| METOLAZONE 5MG TAB | 585085072 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.88 | | | other | Drugs are paid at 100% of the AWP |
| METOLAZONE 5MG TAB | 585085072 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 1.55 | | | other | Drugs are paid at 100% of the AWP |
| METOLAZONE 5MG TAB | 585085072 | NDC | | | | both | | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.71 | | | other | Drugs are paid at 100% of the AWP |
| METOLAZONE 2.5MG TAB | 585097572 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 1.42 | | | other | Drugs are paid at 100% of the AWP |
| METOLAZONE 2.5MG TAB | 585097572 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| METOLAZONE 2.5MG TAB | 585097572 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 0.86 | | | other | Drugs are paid at 100% of the AWP |
| METOLAZONE 2.5MG TAB | 585097572 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| METOLAZONE 2.5MG TAB | 585097572 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| METOLAZONE 2.5MG TAB | 585097572 | NDC | | | | both | | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| DICLOFENAC 0.1% (2.5ML) OPTH SOL | 58768010002 | NDC | | | | both | | 1 EA | 175.5 | | UHC | Medicare | | 100 | | 15.16 | | | other | Drugs are paid at 100% of the AWP |
| MIOCHOL-E SYSTEM PACK | 58768077353 | NDC | | | | both | | 1 EA | 261 | | Aetna | Medicare | | 100 | | 38.93 | | | other | Drugs are paid at 100% of the AWP |
| MIOCHOL-E SYSTEM PACK | 58768077353 | NDC | | | | both | | 1 EA | 261 | | Horizon | NJ Health | | 100 | | 36.04 | | | other | Drugs are paid at 100% of the AWP |
| MIOCHOL-E SYSTEM PACK | 58768077353 | NDC | | | | both | | 1 EA | 261 | | Horizon | PPO | | 100 | | 80.92 | | | other | Drugs are paid at 100% of the AWP |
| MIOCHOL-E SYSTEM PACK | 58768077353 | NDC | | | | both | | 1 EA | 261 | | UHC | Medicaid | | 100 | | 79.83 | | | other | Drugs are paid at 100% of the AWP |
| MIOCHOL-E SYSTEM PACK | 58768077353 | NDC | | | | both | | 1 EA | 261 | | WellPoint | WellPoint | | 100 | | 80.28 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMAZEPINE 100MG/5ML SUSP | 58887001976 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMAZEPINE 100MG/5ML SUSP | 58887001976 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMAZEPINE 200MG TAB | 58887002732 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMAZEPINE 200MG TAB | 58887002732 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMAZEPINE 200MG TAB | 58887002732 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMAZEPINE 200MG TAB | 58887002732 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMAZEPINE 200MG TAB | 58887002732 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMAZEPINE 200MG TAB | 58887002732 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMAZEPINE 200MG TAB | 58887002732 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMAZEPINE 100MG TAB CHEW | 58887005232 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMAZEPINE 100MG TAB CHEW | 58887005232 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMAZEPINE 100MG TAB CHEW | 58887005232 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.71 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMAZEPINE 100MG TAB CHEW | 58887005232 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMAZEPINE 100MG TAB CHEW | 58887005232 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.1 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMAZEPINE 100MG TAB CHEW | 58887005232 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| MULTI VITS W/ZINC DROPS (AQUADEKS) | 58914021460 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| MULTI VITS W/ZINC DROPS (AQUADEKS) | 58914021460 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| MULTI VITS W/ZINC DROPS (AQUADEKS) | 58914021460 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| MESALAMINE (CANASA) 1000MG SUP | 58914050156 | NDC | | | | both | | 1 EA | 68 | | WellPoint | WellPoint | | 100 | | 4.48 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE CR 10MG TAB | 59011041020 | NDC | | | | both | | 1 EA | 8.5 | | Aetna | Medicare | | 100 | | 3.25 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE CR 10MG TAB | 59011041020 | NDC | | | | both | | 1 EA | 8.5 | | Corrections | Corrections | | 100 | | 1.7 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE CR 10MG TAB | 59011041020 | NDC | | | | both | | 1 EA | 8.5 | | Horizon | Medicare Blue | | 100 | | 3.01 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE CR 10MG TAB | 59011041020 | NDC | | | | both | | 1 EA | 8.5 | | Horizon | MGD | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE CR 10MG TAB | 59011041020 | NDC | | | | both | | 1 EA | 8.5 | | Horizon | NJ Health | | 100 | | 1.57 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE CR 10MG TAB | 59011041020 | NDC | | | | both | | 1 EA | 8.5 | | Horizon | PPO | | 100 | | 1.02 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE CR 10MG TAB | 59011041020 | NDC | | | | both | | 1 EA | 8.5 | | UHC | Medicaid | | 100 | | 2.42 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE CR 10MG TAB | 59011041020 | NDC | | | | both | | 1 EA | 8.5 | | UHC | Medicare | | 100 | | 1.34 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE CR 10MG TAB | 59011041020 | NDC | | | | both | | 1 EA | 8.5 | | United | Commercial/PPO | | 100 | | 0.81 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE CR 10MG TAB | 59011041020 | NDC | | | | both | | 1 EA | 8.5 | | Wellcare | Medicaid | | 100 | | 2.19 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE CR 10MG TAB | 59011041020 | NDC | | | | both | | 1 EA | 8.5 | | WellPoint | WellPoint | | 100 | | 1.04 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE CR 20MG TAB | 59011042020 | NDC | | | | both | | 1 EA | 25 | | Horizon | Medicare Blue | | 100 | | 25.13 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE CR 20MG TAB | 59011042020 | NDC | | | | both | | 1 EA | 25 | | Horizon | NJ Health | | 100 | | 4.84 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE CR 20MG TAB | 59011042020 | NDC | | | | both | | 1 EA | 25 | | UHC | Medicaid | | 100 | | 4.01 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE CR 20MG TAB | 59011042020 | NDC | | | | both | | 1 EA | 25 | | United | Commercial/PPO | | 100 | | 4.16 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE CR 40MG TAB | 59011044020 | NDC | | | | both | | 1 EA | 42 | | Horizon | NJ Health | | 100 | | 5.7 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE CR 40MG TAB | 59011044020 | NDC | | | | both | | 1 EA | 42 | | UHC | Medicaid | | 100 | | 25.82 | | | other | Drugs are paid at 100% of the AWP |
| OXYCODONE CR 40MG TAB | 59011044020 | NDC | | | | both | | 1 EA | 42 | | Wellcare | Medicare | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| TIZANIDINE 2MG TAB (NF) | 59075059215 | NDC | | | | both | | 1 EA | 5.5 | | Aetna | Better Health | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| TIZANIDINE 2MG TAB (NF) | 59075059215 | NDC | | | | both | | 1 EA | 5.5 | | Aetna | Commercial | | 100 | | 0.98 | | | other | Drugs are paid at 100% of the AWP |
| TIZANIDINE 2MG TAB (NF) | 59075059215 | NDC | | | | both | | 1 EA | 5.5 | | Aetna | Medicare | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| TIZANIDINE 2MG TAB (NF) | 59075059215 | NDC | | | | both | | 1 EA | 5.5 | | Amerihealth | HMO/PPO | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| TIZANIDINE 2MG TAB (NF) | 59075059215 | NDC | | | | both | | 1 EA | 5.5 | | Corrections | Corrections | | 100 | | 0.98 | | | other | Drugs are paid at 100% of the AWP |
| TIZANIDINE 2MG TAB (NF) | 59075059215 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | Indemnity | | 100 | | 0.99 | | | other | Drugs are paid at 100% of the AWP |
| TIZANIDINE 2MG TAB (NF) | 59075059215 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | Medicare Blue | | 100 | | 0.89 | | | other | Drugs are paid at 100% of the AWP |
| TIZANIDINE 2MG TAB (NF) | 59075059215 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | MGD | | 100 | | 0.8 | | | other | Drugs are paid at 100% of the AWP |
| TIZANIDINE 2MG TAB (NF) | 59075059215 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| TIZANIDINE 2MG TAB (NF) | 59075059215 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | PPO | | 100 | | 1.53 | | | other | Drugs are paid at 100% of the AWP |
| TIZANIDINE 2MG TAB (NF) | 59075059215 | NDC | | | | both | | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 0.81 | | | other | Drugs are paid at 100% of the AWP |
| TIZANIDINE 2MG TAB (NF) | 59075059215 | NDC | | | | both | | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 0.96 | | | other | Drugs are paid at 100% of the AWP |
| TIZANIDINE 2MG TAB (NF) | 59075059215 | NDC | | | | both | | 1 EA | 5.5 | | United | Commercial/PPO | | 100 | | 0.99 | | | other | Drugs are paid at 100% of the AWP |
| TIZANIDINE 2MG TAB (NF) | 59075059215 | NDC | | | | both | | 1 EA | 5.5 | | United | Oxford | | 100 | | 1.39 | | | other | Drugs are paid at 100% of the AWP |
| TIZANIDINE 2MG TAB (NF) | 59075059215 | NDC | | | | both | | 1 EA | 5.5 | | Wellcare | Medicaid | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| TIZANIDINE 2MG TAB (NF) | 59075059215 | NDC | | | | both | | 1 EA | 5.5 | | Wellcare | Medicare | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| TIZANIDINE 2MG TAB (NF) | 59075059215 | NDC | | | | both | | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| PRIMIDONE 50MG TAB | 59075069010 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 1.58 | | | other | Drugs are paid at 100% of the AWP |
| PRIMIDONE 50MG TAB | 59075069010 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| PRIMIDONE 50MG TAB | 59075069010 | NDC | | | | both | | 1 EA | 2.5 | | United | Commercial/PPO | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| PRIMIDONE 50MG TAB | 59075069010 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| GUANFACINE(TENEX) 1 MG TAB | 591044401 | NDC | | | | both | | 1 EA | 1 | | Aetna | Commercial | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIRAZOLE 10MG TAB | 591480008I3 | NDC | | | | both | | 1 EA | 77 | | Aetna | Better Health | | 100 | | 7.23 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIRAZOLE 10MG TAB | 591480008I3 | NDC | | | | both | | 1 EA | 77 | | Aetna | Commercial | | 100 | | 22.45 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIRAZOLE 10MG TAB | 591480008I3 | NDC | | | | both | | 1 EA | 77 | | Corrections | Corrections | | 100 | | 15.68 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIRAZOLE 10MG TAB | 591480008I3 | NDC | | | | both | | 1 EA | 77 | | Horizon | Indemnity | | 100 | | 3.76 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIRAZOLE 10MG TAB | 591480008I3 | NDC | | | | both | | 1 EA | 77 | | Horizon | Medicare Blue | | 100 | | 14.03 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIRAZOLE 10MG TAB | 591480008I3 | NDC | | | | both | | 1 EA | 77 | | Horizon | MGD | | 100 | | 16 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIRAZOLE 10MG TAB | 591480008I3 | NDC | | | | both | | 1 EA | 77 | | Horizon | NJ Health | | 100 | | 8.53 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIRAZOLE 10MG TAB | 591480008I3 | NDC | | | | both | | 1 EA | 77 | | Horizon | PPO | | 100 | | 13.45 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIRAZOLE 10MG TAB | 591480008I3 | NDC | | | | both | | 1 EA | 77 | | UHC | Medicaid | | 100 | | 8.34 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIRAZOLE 10MG TAB | 591480008I3 | NDC | | | | both | | 1 EA | 77 | | UHC | Medicare | | 100 | | 12.16 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIRAZOLE 10MG TAB | 591480008I3 | NDC | | | | both | | 1 EA | 77 | | United | Commercial/PPO | | 100 | | 18.5 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIRAZOLE 10MG TAB | 591480008I3 | NDC | | | | both | | 1 EA | 77 | | Wellcare | Medicaid | | 100 | | 16.26 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIRAZOLE 10MG TAB | 591480008I3 | NDC | | | | both | | 1 EA | 77 | | Wellcare | Medicare | | 100 | | 9.87 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIRAZOLE 10MG TAB | 591480008I3 | NDC | | | | both | | 1 EA | 77 | | WellPoint | WellPoint | | 100 | | 14.25 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIPRAZOLE 15MG TAB | 591480009I5 | NDC | | | | both | | 1 EA | 69.5 | | Aetna | Better Health | | 100 | | 5.26 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIPRAZOLE 15MG TAB | 591480009I5 | NDC | | | | both | | 1 EA | 69.5 | | Aetna | Commercial | | 100 | | 27.2 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIPRAZOLE 15MG TAB | 591480009I5 | NDC | | | | both | | 1 EA | 69.5 | | Corrections | Corrections | | 100 | | 14.29 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIPRAZOLE 15MG TAB | 591480009I5 | NDC | | | | both | | 1 EA | 69.5 | | Horizon | Medicare Blue | | 100 | | 11.06 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIPRAZOLE 15MG TAB | 591480009I5 | NDC | | | | both | | 1 EA | 69.5 | | Horizon | MGD | | 100 | | 14.1 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIPRAZOLE 15MG TAB | 591480009I5 | NDC | | | | both | | 1 EA | 69.5 | | Horizon | NJ Health | | 100 | | 7.48 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIPRAZOLE 15MG TAB | 591480009I5 | NDC | | | | both | | 1 EA | 69.5 | | Horizon | PPO | | 100 | | 14.73 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIPRAZOLE 15MG TAB | 591480009I5 | NDC | | | | both | | 1 EA | 69.5 | | UHC | Medicaid | | 100 | | 7.81 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIPRAZOLE 15MG TAB | 591480009I5 | NDC | | | | both | | 1 EA | 69.5 | | UHC | Medicare | | 100 | | 7.61 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIPRAZOLE 15MG TAB | 591480009I5 | NDC | | | | both | | 1 EA | 69.5 | | United | Commercial/PPO | | 100 | | 16.63 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIPRAZOLE 15MG TAB | 591480009I5 | NDC | | | | both | | 1 EA | 69.5 | | Wellcare | Medicare | | 100 | | 9.29 | | | other | Drugs are paid at 100% of the AWP |
| ARIPIPRAZOLE 15MG TAB | 591480009I5 | NDC | | | | both | | 1 EA | 69.5 | | WellPoint | WellPoint | | 100 | | 12.02 | | | other | Drugs are paid at 100% of the AWP |
| TOLVAPTAN 15 MG TAB | 591480020I0 | NDC | | | | both | | 1 EA | 1380.5 | | Horizon | Indemnity | | 100 | | 874.79 | | | other | Drugs are paid at 100% of the AWP |
| TOLVAPTAN 15 MG TAB | 591480020I0 | NDC | | | | both | | 1 EA | 1380.5 | | Horizon | MGD | | 100 | | 219.57 | | | other | Drugs are paid at 100% of the AWP |
| TOLVAPTAN 15 MG TAB | 591480020I0 | NDC | | | | both | | 1 EA | 1380.5 | | Horizon | NJ Health | | 100 | | 194.79 | | | other | Drugs are paid at 100% of the AWP |
| TOLVAPTAN 15 MG TAB | 591480020I0 | NDC | | | | both | | 1 EA | 1380.5 | | Horizon | PPO | | 100 | | 192.78 | | | other | Drugs are paid at 100% of the AWP |
| FERRIC SUBSULFATE 259MG/GM SOLN | 59365606500 | NDC | | | | both | | 1 EA | 69.5 | | Aetna | Better Health | | 100 | | 20.22 | | | other | Drugs are paid at 100% of the AWP |
| FERRIC SUBSULFATE 259MG/GM SOLN | 59365606500 | NDC | | | | both | | 1 EA | 69.5 | | Aetna | Commercial | | 100 | | 23.49 | | | other | Drugs are paid at 100% of the AWP |
| FERRIC SUBSULFATE 259MG/GM SOLN | 59365606500 | NDC | | | | both | | 1 EA | 69.5 | | Horizon | MGD | | 100 | | 27.47 | | | other | Drugs are paid at 100% of the AWP |
| FERRIC SUBSULFATE 259MG/GM SOLN | 59365606500 | NDC | | | | both | | 1 EA | 69.5 | | Horizon | NJ Health | | 100 | | 3.35 | | | other | Drugs are paid at 100% of the AWP |
| FERRIC SUBSULFATE 259MG/GM SOLN | 59365606500 | NDC | | | | both | | 1 EA | 69.5 | | UHC | Medicaid | | 100 | | 22.02 | | | other | Drugs are paid at 100% of the AWP |
| FERRIC SUBSULFATE 259MG/GM SOLN | 59365606500 | NDC | | | | both | | 1 EA | 69.5 | | UHC | Medicare | | 100 | | 11.27 | | | other | Drugs are paid at 100% of the AWP |
| FERRIC SUBSULFATE 259MG/GM SOLN | 59365606500 | NDC | | | | both | | 1 EA | 69.5 | | WellPoint | WellPoint | | 100 | | 20.02 | | | other | Drugs are paid at 100% of the AWP |
| RILPIVIRINE 25MG TAB | 59676027801 | NDC | | | | both | | 1 EA | 102.5 | | Aetna | Medicare | | 100 | | 13.94 | | | other | Drugs are paid at 100% of the AWP |
| RILPIVIRINE 25MG TAB | 59676027801 | NDC | | | | both | | 1 EA | 102.5 | | Horizon | Medicare Blue | | 100 | | 46.31 | | | other | Drugs are paid at 100% of the AWP |
| RILPIVIRINE 25MG TAB | 59676027801 | NDC | | | | both | | 1 EA | 102.5 | | Horizon | MGD | | 100 | | 15.91 | | | other | Drugs are paid at 100% of the AWP |
| RILPIVIRINE 25MG TAB | 59676027801 | NDC | | | | both | | 1 EA | 102.5 | | Horizon | NJ Health | | 100 | | 13.06 | | | other | Drugs are paid at 100% of the AWP |
| RILPIVIRINE 25MG TAB | 59676027801 | NDC | | | | both | | 1 EA | 102.5 | | UHC | Medicaid | | 100 | | 15.49 | | | other | Drugs are paid at 100% of the AWP |
| RILPIVIRINE 25MG TAB | 59676027801 | NDC | | | | both | | 1 EA | 102.5 | | UHC | Medicare | | 100 | | 34.28 | | | other | Drugs are paid at 100% of the AWP |
| RILPIVIRINE 25MG TAB | 59676027801 | NDC | | | | both | | 1 EA | 102.5 | | Wellcare | Medicaid | | 100 | | 23.54 | | | other | Drugs are paid at 100% of the AWP |
| RILPIVIRINE 25MG TAB | 59676027801 | NDC | | | | both | | 1 EA | 102.5 | | WellPoint | WellPoint | | 100 | | 16.06 | | | other | Drugs are paid at 100% of the AWP |
| DARUNAVIR 600MG TAB | 59676056201 | NDC | | | | both | | 1 EA | 87.5 | | Corrections | Corrections | | 100 | | 16.4 | | | other | Drugs are paid at 100% of the AWP |
| DARUNAVIR 600MG TAB | 59676056201 | NDC | | | | both | | 1 EA | 87.5 | | UHC | Medicare | | 100 | | 8.64 | | | other | Drugs are paid at 100% of the AWP |
| DARUNAVIR 600MG TAB | 59676056201 | NDC | | | | both | | 1 EA | 87.5 | | Wellcare | Medicaid | | 100 | | 21.62 | | | other | Drugs are paid at 100% of the AWP |
| DARUNAVIR 600MG TAB | 59676056201 | NDC | | | | both | | 1 EA | 87.5 | | Wellcare | Medicare | | 100 | | 19.13 | | | other | Drugs are paid at 100% of the AWP |
| DARUNAVIR 800MG TAB | 59676056630 | NDC | | | | both | | 1 EA | 156 | | Aetna | Commercial | | 100 | | 18.18 | | | other | Drugs are paid at 100% of the AWP |
| DARUNAVIR 800MG TAB | 59676056630 | NDC | | | | both | | 1 EA | 156 | | Aetna | Medicare | | 100 | | 12.28 | | | other | Drugs are paid at 100% of the AWP |
| DARUNAVIR 800MG TAB | 59676056630 | NDC | | | | both | | 1 EA | 156 | | Horizon | Indemnity | | 100 | | 28.86 | | | other | Drugs are paid at 100% of the AWP |
| DARUNAVIR 800MG TAB | 59676056630 | NDC | | | | both | | 1 EA | 156 | | Horizon | MGD | | 100 | | 16.06 | | | other | Drugs are paid at 100% of the AWP |
| DARUNAVIR 800MG TAB | 59676056630 | NDC | | | | both | | 1 EA | 156 | | Horizon | NJ Health | | 100 | | 55.86 | | | other | Drugs are paid at 100% of the AWP |
| DARUNAVIR 800MG TAB | 59676056630 | NDC | | | | both | | 1 EA | 156 | | UHC | Medicare | | 100 | | 39.57 | | | other | Drugs are paid at 100% of the AWP |
| DARUNAVIR 800MG TAB | 59676056630 | NDC | | | | both | | 1 EA | 156 | | Wellcare | Medicare | | 100 | | 8.41 | | | other | Drugs are paid at 100% of the AWP |
| DARUNAVIR 800MG TAB | 59676056630 | NDC | | | | both | | 1 EA | 156 | | WellPoint | WellPoint | | 100 | | 38.48 | | | other | Drugs are paid at 100% of the AWP |
| ETRAVIRINE 200MG TAB | 59676057101 | NDC | | | | both | | 1 EA | 64 | | Horizon | NJ Health | | 100 | | 63.25 | | | other | Drugs are paid at 100% of the AWP |
| ETRAVIRINE 200MG TAB | 59676057101 | NDC | | | | both | | 1 EA | 64 | | Horizon | PPO | | 100 | | 20.05 | | | other | Drugs are paid at 100% of the AWP |
| ETRAVIRINE 200MG TAB | 59676057101 | NDC | | | | both | | 1 EA | 64 | | UHC | Medicare | | 100 | | 9.87 | | | other | Drugs are paid at 100% of the AWP |
| DARUNAVIR/COBICISTAT(PREZCOBIX)800-150 | 59676057530 | NDC | | | | both | | 1 EA | 188.5 | | Aetna | Better Health | | 100 | | 23.64 | | | other | Drugs are paid at 100% of the AWP |
| DARUNAVIR/COBICISTAT(PREZCOBIX)800-150 | 59676057530 | NDC | | | | both | | 1 EA | 188.5 | | Horizon | NJ Health | | 100 | | 22.28 | | | other | Drugs are paid at 100% of the AWP |
| DARUNAVIR/COBICISTAT(PREZCOBIX)800-150 | 59676057530 | NDC | | | | both | | 1 EA | 188.5 | | UHC | Medicaid | | 100 | | 40.79 | | | other | Drugs are paid at 100% of the AWP |
| DARUNAVIR/COBICISTAT(PREZCOBIX)800-150 | 59676057530 | NDC | | | | both | | 1 EA | 188.5 | | UHC | Medicare | | 100 | | 34.21 | | | other | Drugs are paid at 100% of the AWP |
| DARUNAVIR/COBICISTAT(PREZCOBIX)800-150 | 59676057530 | NDC | | | | both | | 1 EA | 188.5 | | United | Commercial/PPO | | 100 | | 57.4 | | | other | Drugs are paid at 100% of the AWP |
| DARUNAVIR/COBICISTAT(PREZCOBIX)800-150 | 59676057530 | NDC | | | | both | | 1 EA | 188.5 | | Wellcare | Medicare | | 100 | | 71.79 | | | other | Drugs are paid at 100% of the AWP |
| DARUNAVIR/COBICISTAT(PREZCOBIX)800-150 | 59676057530 | NDC | | | | both | | 1 EA | 188.5 | | WellPoint | WellPoint | | 100 | | 59.89 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DIPYRIDAMOLE-ASPIRIN CAP | 597003160 | NDC | | | | both | 1 EA | 1 EA | 19 | | Aetna | Medicare | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.1MG PATCH | 597003112 | NDC | | | | both | 1 EA | 1 EA | 111 | | Aetna | Better Health | | 100 | | 11.76 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.1MG PATCH | 597003112 | NDC | | | | both | 1 EA | 1 EA | 111 | | Horizon | Medicare Blue | | 100 | | 20.92 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.1MG PATCH | 597003112 | NDC | | | | both | 1 EA | 1 EA | 111 | | Horizon | NJ Health | | 100 | | 9.31 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.1MG PATCH | 597003112 | NDC | | | | both | 1 EA | 1 EA | 111 | | UHC | Medicaid | | 100 | | 17.7 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.1MG PATCH | 597003112 | NDC | | | | both | 1 EA | 1 EA | 111 | | UHC | Medicare | | 100 | | 25.01 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.1MG PATCH | 597003112 | NDC | | | | both | 1 EA | 1 EA | 111 | | Wellcare | Medicaid | | 100 | | 8.98 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.1MG PATCH | 597003112 | NDC | | | | both | 1 EA | 1 EA | 111 | | WellPoint | WellPoint | | 100 | | 13.72 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.2MG PATCH | 597003212 | NDC | | | | both | 1 EA | 1 EA | 184 | | Aetna | Commercial | | 100 | | 44.15 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.2MG PATCH | 597003212 | NDC | | | | both | 1 EA | 1 EA | 184 | | Aetna | Medicare | | 100 | | 64.91 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.2MG PATCH | 597003212 | NDC | | | | both | 1 EA | 1 EA | 184 | | Horizon | Medicare Blue | | 100 | | 34.4 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.2MG PATCH | 597003212 | NDC | | | | both | 1 EA | 1 EA | 184 | | Horizon | NJ Health | | 100 | | 46.14 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.2MG PATCH | 597003212 | NDC | | | | both | 1 EA | 1 EA | 184 | | UHC | Medicare | | 100 | | 38.65 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.2MG PATCH | 597003212 | NDC | | | | both | 1 EA | 1 EA | 184 | | Wellcare | Medicaid | | 100 | | 14.99 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.2MG PATCH | 597003212 | NDC | | | | both | 1 EA | 1 EA | 184 | | Wellcare | Medicare | | 100 | | 40.49 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.2MG PATCH | 597003212 | NDC | | | | both | 1 EA | 1 EA | 184 | | WellPoint | WellPoint | | 100 | | 35.34 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.3MG PATCH | 597003334 | NDC | | | | both | 1 EA | 1 EA | 253.5 | | Horizon | NJ Health | | 100 | | 48.56 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.3MG PATCH | 597003334 | NDC | | | | both | 1 EA | 1 EA | 253.5 | | UHC | Medicaid | | 100 | | 33.18 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.3MG PATCH | 597003334 | NDC | | | | both | 1 EA | 1 EA | 253.5 | | UHC | Medicare | | 100 | | 232.53 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.3MG PATCH | 597003334 | NDC | | | | both | 1 EA | 1 EA | 253.5 | | Wellcare | Medicaid | | 100 | | 20.58 | | | other | Drugs are paid at 100% of the AWP |
| CLONIDINE 0.3MG PATCH | 597003334 | NDC | | | | both | 1 EA | 1 EA | 253.5 | | WellPoint | WellPoint | | 100 | | 73.73 | | | other | Drugs are paid at 100% of the AWP |
| TAMSULOSIN 0.4MG CAP (NF) | 597005801 | NDC | | | | both | 1 EA | 1 EA | 19 | | Aetna | Better Health | | 100 | | 2.98 | | | other | Drugs are paid at 100% of the AWP |
| TAMSULOSIN 0.4MG CAP (NF) | 597005801 | NDC | | | | both | 1 EA | 1 EA | 19 | | Aetna | Commercial | | 100 | | 4.38 | | | other | Drugs are paid at 100% of the AWP |
| TAMSULOSIN 0.4MG CAP (NF) | 597005801 | NDC | | | | both | 1 EA | 1 EA | 19 | | Aetna | Medicare | | 100 | | 2.67 | | | other | Drugs are paid at 100% of the AWP |
| TAMSULOSIN 0.4MG CAP (NF) | 597005801 | NDC | | | | both | 1 EA | 1 EA | 19 | | Amerihealth | HMO/PPO | | 100 | | 3.33 | | | other | Drugs are paid at 100% of the AWP |
| TAMSULOSIN 0.4MG CAP (NF) | 597005801 | NDC | | | | both | 1 EA | 1 EA | 19 | | Corrections | Corrections | | 100 | | 3.69 | | | other | Drugs are paid at 100% of the AWP |
| TAMSULOSIN 0.4MG CAP (NF) | 597005801 | NDC | | | | both | 1 EA | 1 EA | 19 | | Horizon | Indemnity | | 100 | | 3.86 | | | other | Drugs are paid at 100% of the AWP |
| TAMSULOSIN 0.4MG CAP (NF) | 597005801 | NDC | | | | both | 1 EA | 1 EA | 19 | | Horizon | Medicare Blue | | 100 | | 4 | | | other | Drugs are paid at 100% of the AWP |
| TAMSULOSIN 0.4MG CAP (NF) | 597005801 | NDC | | | | both | 1 EA | 1 EA | 19 | | Horizon | MGD | | 100 | | 6.48 | | | other | Drugs are paid at 100% of the AWP |
| TAMSULOSIN 0.4MG CAP (NF) | 597005801 | NDC | | | | both | 1 EA | 1 EA | 19 | | Horizon | NJ Health | | 100 | | 2.83 | | | other | Drugs are paid at 100% of the AWP |
| TAMSULOSIN 0.4MG CAP (NF) | 597005801 | NDC | | | | both | 1 EA | 1 EA | 19 | | Horizon | PPO | | 100 | | 4.85 | | | other | Drugs are paid at 100% of the AWP |
| TAMSULOSIN 0.4MG CAP (NF) | 597005801 | NDC | | | | both | 1 EA | 1 EA | 19 | | UHC | Medicaid | | 100 | | 3.28 | | | other | Drugs are paid at 100% of the AWP |
| TAMSULOSIN 0.4MG CAP (NF) | 597005801 | NDC | | | | both | 1 EA | 1 EA | 19 | | UHC | Medicare | | 100 | | 3.88 | | | other | Drugs are paid at 100% of the AWP |
| TAMSULOSIN 0.4MG CAP (NF) | 597005801 | NDC | | | | both | 1 EA | 1 EA | 19 | | United | CommercialPPO | | 100 | | 2.48 | | | other | Drugs are paid at 100% of the AWP |
| TAMSULOSIN 0.4MG CAP (NF) | 597005801 | NDC | | | | both | 1 EA | 1 EA | 19 | | Wellcare | Medicaid | | 100 | | 4.32 | | | other | Drugs are paid at 100% of the AWP |
| TAMSULOSIN 0.4MG CAP (NF) | 597005801 | NDC | | | | both | 1 EA | 1 EA | 19 | | Wellcare | Medicare | | 100 | | 4.44 | | | other | Drugs are paid at 100% of the AWP |
| TAMSULOSIN 0.4MG CAP (NF) | 597005801 | NDC | | | | both | 1 EA | 1 EA | 19 | | WellPoint | WellPoint | | 100 | | 2.96 | | | other | Drugs are paid at 100% of the AWP |
| MEXILETINE 200MG CAP | 597006761 | NDC | | | | both | 1 EA | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 1.17 | | | other | Drugs are paid at 100% of the AWP |
| TIOTROPIUM 18MCG POW | 597007506 | NDC | | | | both | 1 EA | 1 EA | 41 | | Aetna | Better Health | | 100 | | 6.96 | | | other | Drugs are paid at 100% of the AWP |
| TIOTROPIUM 18MCG POW | 597007506 | NDC | | | | both | 1 EA | 1 EA | 41 | | Aetna | Medicare | | 100 | | 10.79 | | | other | Drugs are paid at 100% of the AWP |
| TIOTROPIUM 18MCG POW | 597007506 | NDC | | | | both | 1 EA | 1 EA | 41 | | Corrections | Corrections | | 100 | | 8.91 | | | other | Drugs are paid at 100% of the AWP |
| TIOTROPIUM 18MCG POW | 597007506 | NDC | | | | both | 1 EA | 1 EA | 41 | | Horizon | Medicare Blue | | 100 | | 12.61 | | | other | Drugs are paid at 100% of the AWP |
| TIOTROPIUM 18MCG POW | 597007506 | NDC | | | | both | 1 EA | 1 EA | 41 | | Horizon | MGD | | 100 | | 18.04 | | | other | Drugs are paid at 100% of the AWP |
| TIOTROPIUM 18MCG POW | 597007506 | NDC | | | | both | 1 EA | 1 EA | 41 | | Horizon | NJ Health | | 100 | | 7.73 | | | other | Drugs are paid at 100% of the AWP |
| TIOTROPIUM 18MCG POW | 597007506 | NDC | | | | both | 1 EA | 1 EA | 41 | | UHC | Medicaid | | 100 | | 6.3 | | | other | Drugs are paid at 100% of the AWP |
| TIOTROPIUM 18MCG POW | 597007506 | NDC | | | | both | 1 EA | 1 EA | 41 | | UHC | Medicare | | 100 | | 8.85 | | | other | Drugs are paid at 100% of the AWP |
| TIOTROPIUM 18MCG POW | 597007506 | NDC | | | | both | 1 EA | 1 EA | 41 | | United | CommercialPPO | | 100 | | 8.32 | | | other | Drugs are paid at 100% of the AWP |
| TIOTROPIUM 18MCG POW | 597007506 | NDC | | | | both | 1 EA | 1 EA | 41 | | Wellcare | Medicaid | | 100 | | 10.87 | | | other | Drugs are paid at 100% of the AWP |
| TIOTROPIUM 18MCG POW | 597007506 | NDC | | | | both | 1 EA | 1 EA | 41 | | Wellcare | Medicare | | 100 | | 11.85 | | | other | Drugs are paid at 100% of the AWP |
| TIOTROPIUM 18MCG POW | 597007506 | NDC | | | | both | 1 EA | 1 EA | 41 | | WellPoint | WellPoint | | 100 | | 7.25 | | | other | Drugs are paid at 100% of the AWP |
| DABIGATRAN ETEXILATE 150 CAPS | 597013554 | NDC | | | | both | 1 EA | 1 EA | 22.5 | | Horizon | Medicare Blue | | 100 | | 6.18 | | | other | Drugs are paid at 100% of the AWP |
| DABIGATRAN ETEXILATE 150 CAPS | 597013554 | NDC | | | | both | 1 EA | 1 EA | 22.5 | | Horizon | MGD | | 100 | | 7.73 | | | other | Drugs are paid at 100% of the AWP |
| DABIGATRAN ETEXILATE 150 CAPS | 597013554 | NDC | | | | both | 1 EA | 1 EA | 22.5 | | Horizon | NJ Health | | 100 | | 2.48 | | | other | Drugs are paid at 100% of the AWP |
| EMPAGLIFLOZIN/JARDIANCE/10MG TAB | 597015237 | NDC | | | | both | 1 EA | 1 EA | 76.5 | | Aetna | Better Health | | 100 | | 10.46 | | | other | Drugs are paid at 100% of the AWP |
| EMPAGLIFLOZIN/JARDIANCE/10MG TAB | 597015237 | NDC | | | | both | 1 EA | 1 EA | 76.5 | | Aetna | Commercial | | 100 | | 8.39 | | | other | Drugs are paid at 100% of the AWP |
| EMPAGLIFLOZIN/JARDIANCE/10MG TAB | 597015237 | NDC | | | | both | 1 EA | 1 EA | 76.5 | | Aetna | Medicare | | 100 | | 14.08 | | | other | Drugs are paid at 100% of the AWP |
| EMPAGLIFLOZIN/JARDIANCE/10MG TAB | 597015237 | NDC | | | | both | 1 EA | 1 EA | 76.5 | | Amerihealth | HMO/PPO | | 100 | | 20.46 | | | other | Drugs are paid at 100% of the AWP |
| EMPAGLIFLOZIN/JARDIANCE/10MG TAB | 597015237 | NDC | | | | both | 1 EA | 1 EA | 76.5 | | Corrections | Corrections | | 100 | | 9.6 | | | other | Drugs are paid at 100% of the AWP |
| EMPAGLIFLOZIN/JARDIANCE/10MG TAB | 597015237 | NDC | | | | both | 1 EA | 1 EA | 76.5 | | Horizon | Indemnity | | 100 | | 12.76 | | | other | Drugs are paid at 100% of the AWP |
| EMPAGLIFLOZIN/JARDIANCE/10MG TAB | 597015237 | NDC | | | | both | 1 EA | 1 EA | 76.5 | | Horizon | Medicare Blue | | 100 | | 14.75 | | | other | Drugs are paid at 100% of the AWP |
| EMPAGLIFLOZIN/JARDIANCE/10MG TAB | 597015237 | NDC | | | | both | 1 EA | 1 EA | 76.5 | | Horizon | MGD | | 100 | | 22.29 | | | other | Drugs are paid at 100% of the AWP |
| EMPAGLIFLOZIN/JARDIANCE/10MG TAB | 597015237 | NDC | | | | both | 1 EA | 1 EA | 76.5 | | Horizon | NJ Health | | 100 | | 14.35 | | | other | Drugs are paid at 100% of the AWP |
| EMPAGLIFLOZIN/JARDIANCE/10MG TAB | 597015237 | NDC | | | | both | 1 EA | 1 EA | 76.5 | | Horizon | PPO | | 100 | | 17.2 | | | other | Drugs are paid at 100% of the AWP |
| EMPAGLIFLOZIN/JARDIANCE/10MG TAB | 597015237 | NDC | | | | both | 1 EA | 1 EA | 76.5 | | UHC | Medicaid | | 100 | | 13.32 | | | other | Drugs are paid at 100% of the AWP |
| EMPAGLIFLOZIN/JARDIANCE/10MG TAB | 597015237 | NDC | | | | both | 1 EA | 1 EA | 76.5 | | UHC | Medicare | | 100 | | 14.6 | | | other | Drugs are paid at 100% of the AWP |
| EMPAGLIFLOZIN/JARDIANCE/10MG TAB | 597015237 | NDC | | | | both | 1 EA | 1 EA | 76.5 | | United | CommercialPPO | | 100 | | 7.82 | | | other | Drugs are paid at 100% of the AWP |
| EMPAGLIFLOZIN/JARDIANCE/10MG TAB | 597015237 | NDC | | | | both | 1 EA | 1 EA | 76.5 | | Wellcare | Medicaid | | 100 | | 9.67 | | | other | Drugs are paid at 100% of the AWP |
| EMPAGLIFLOZIN/JARDIANCE/10MG TAB | 597015237 | NDC | | | | both | 1 EA | 1 EA | 76.5 | | Wellcare | Medicare | | 100 | | 12.82 | | | other | Drugs are paid at 100% of the AWP |
| EMPAGLIFLOZIN/JARDIANCE/10MG TAB | 597015237 | NDC | | | | both | 1 EA | 1 EA | 76.5 | | WellPoint | WellPoint | | 100 | | 14.81 | | | other | Drugs are paid at 100% of the AWP |
| EMPAGLIFLOZIN/JARDIANCE/25MG TAB | 597015337 | NDC | | | | both | 1 EA | 1 EA | 76.5 | | Aetna | Commercial | | 100 | | 23.02 | | | other | Drugs are paid at 100% of the AWP |
| EMPAGLIFLOZIN/JARDIANCE/25MG TAB | 597015337 | NDC | | | | both | 1 EA | 1 EA | 76.5 | | Aetna | Medicare | | 100 | | 9.09 | | | other | Drugs are paid at 100% of the AWP |
| EMPAGLIFLOZIN/JARDIANCE/25MG TAB | 597015337 | NDC | | | | both | 1 EA | 1 EA | 76.5 | | Horizon | Indemnity | | 100 | | 19.82 | | | other | Drugs are paid at 100% of the AWP |
| EMPAGLIFLOZIN/JARDIANCE/25MG TAB | 597015337 | NDC | | | | both | 1 EA | 1 EA | 76.5 | | Horizon | Medicare Blue | | 100 | | 6.18 | | | other | Drugs are paid at 100% of the AWP |
| EMPAGLIFLOZIN/JARDIANCE/25MG TAB | 597015337 | NDC | | | | both | 1 EA | 1 EA | 76.5 | | Horizon | MGD | | 100 | | 38.64 | | | other | Drugs are paid at 100% of the AWP |
| EMPAGLIFLOZIN/JARDIANCE/25MG TAB | 597015337 | NDC | | | | both | 1 EA | 1 EA | 76.5 | | Horizon | NJ Health | | 100 | | 2.61 | | | other | Drugs are paid at 100% of the AWP |
| EMPAGLIFLOZIN/JARDIANCE/25MG TAB | 597015337 | NDC | | | | both | 1 EA | 1 EA | 76.5 | | Horizon | PPO | | 100 | | 14.52 | | | other | Drugs are paid at 100% of the AWP |
| EMPAGLIFLOZIN/JARDIANCE/25MG TAB | 597015337 | NDC | | | | both | 1 EA | 1 EA | 76.5 | | UHC | Medicaid | | 100 | | 12.78 | | | other | Drugs are paid at 100% of the AWP |
| EMPAGLIFLOZIN/JARDIANCE/25MG TAB | 597015337 | NDC | | | | both | 1 EA | 1 EA | 76.5 | | UHC | Medicare | | 100 | | 18.9 | | | other | Drugs are paid at 100% of the AWP |
| EMPAGLIFLOZIN/JARDIANCE/25MG TAB | 597015337 | NDC | | | | both | 1 EA | 1 EA | 76.5 | | WellPoint | WellPoint | | 100 | | 17 | | | other | Drugs are paid at 100% of the AWP |
| CABERGOLINE 0.5MG TABS | 597620100001 | NDC | | | | both | 1 EA | 1 EA | 175.5 | | WellPoint | WellPoint | | 100 | | 28.74 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 0.083% (3ML) INH SOL | 59930150006 | NDC | | | | both | 1 EA | 1 EA | 7.5 | | Aetna | Better Health | | 100 | | 1.14 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 0.083% (3ML) INH SOL | 59930150006 | NDC | | | | both | 1 EA | 1 EA | 7.5 | | Aetna | Commercial | | 100 | | 1.79 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 0.083% (3ML) INH SOL | 59930150006 | NDC | | | | both | 1 EA | 1 EA | 7.5 | | Aetna | Medicare | | 100 | | 1.36 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 0.083% (3ML) INH SOL | 59930150006 | NDC | | | | both | 1 EA | 1 EA | 7.5 | | Amerihealth | HMO/PPO | | 100 | | 1.27 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 0.083% (3ML) INH SOL | 59930150006 | NDC | | | | both | 1 EA | 1 EA | 7.5 | | Corrections | Corrections | | 100 | | 1.75 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 0.083% (3ML) INH SOL | 59930150006 | NDC | | | | both | 1 EA | 1 EA | 7.5 | | Horizon | Indemnity | | 100 | | 0.81 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 0.083% (3ML) INH SOL | 59930150006 | NDC | | | | both | 1 EA | 1 EA | 7.5 | | Horizon | Medicare Blue | | 100 | | 1.54 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 0.083% (3ML) INH SOL | 59930150006 | NDC | | | | both | 1 EA | 1 EA | 7.5 | | Horizon | MGD | | 100 | | 1.54 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 0.083% (3ML) INH SOL | 59930150006 | NDC | | | | both | 1 EA | 1 EA | 7.5 | | Horizon | NJ Health | | 100 | | 0.93 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 0.083% (3ML) INH SOL | 59930150006 | NDC | | | | both | 1 EA | 1 EA | 7.5 | | Horizon | PPO | | 100 | | 1.36 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 0.083% (3ML) INH SOL | 59930150006 | NDC | | | | both | 1 EA | 1 EA | 7.5 | | UHC | Medicaid | | 100 | | 1.28 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 0.083% (3ML) INH SOL | 59930150006 | NDC | | | | both | 1 EA | 1 EA | 7.5 | | UHC | Medicare | | 100 | | 1.48 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 0.083% (3ML) INH SOL | 59930150006 | NDC | | | | both | 1 EA | 1 EA | 7.5 | | United | CommercialPPO | | 100 | | 1.42 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 0.083% (3ML) INH SOL | 59930150006 | NDC | | | | both | 1 EA | 1 EA | 7.5 | | Wellcare | Medicaid | | 100 | | 0.96 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 0.083% (3ML) INH SOL | 59930150006 | NDC | | | | both | 1 EA | 1 EA | 7.5 | | Wellcare | Medicare | | 100 | | 1.41 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 0.083% (3ML) INH SOL | 59930150006 | NDC | | | | both | 1 EA | 1 EA | 7.5 | | WellPoint | WellPoint | | 100 | | 1.35 | | | other | Drugs are paid at 100% of the AWP |
| ENALAPRIL 2.5MG TAB | 6001428 | NDC | | | | both | 1 EA | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| ENALAPRIL 2.5MG TAB | 6001428 | NDC | | | | both | 1 EA | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 1.43 | | | other | Drugs are paid at 100% of the AWP |
| ENALAPRIL 2.5MG TAB | 6001428 | NDC | | | | both | 1 EA | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| ENALAPRIL 2.5MG TAB | 6001428 | NDC | | | | both | 1 EA | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 1.36 | | | other | Drugs are paid at 100% of the AWP |
| ENALAPRIL 2.5MG TAB | 6001428 | NDC | | | | both | 1 EA | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 1.33 | | | other | Drugs are paid at 100% of the AWP |
| ENALAPRIL 2.5MG TAB | 6001428 | NDC | | | | both | 1 EA | 1 EA | 4.5 | | Wellcare | Medicare | | 100 | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| ENALAPRIL 2.5MG TAB | 6001428 | NDC | | | | both | 1 EA | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 1 | | | other | Drugs are paid at 100% of the AWP |
| IVERMECTIN 3MG TAB (NF) | 6003220 | NDC | | | | both | 1 EA | 1 EA | 27.5 | | Amerihealth | HMO/PPO | | 100 | | 6.81 | | | other | Drugs are paid at 100% of the AWP |
| IVERMECTIN 3MG TAB (NF) | 6003220 | NDC | | | | both | 1 EA | 1 EA | 27.5 | | Horizon | Medicare Blue | | 100 | | 7.5 | | | other | Drugs are paid at 100% of the AWP |
| IVERMECTIN 3MG TAB (NF) | 6003220 | NDC | | | | both | 1 EA | 1 EA | 27.5 | | Horizon | MGD | | 100 | | 4.08 | | | other | Drugs are paid at 100% of the AWP |
| IVERMECTIN 3MG TAB (NF) | 6003220 | NDC | | | | both | 1 EA | 1 EA | 27.5 | | Horizon | NJ Health | | 100 | | 1.83 | | | other | Drugs are paid at 100% of the AWP |
| IVERMECTIN 3MG TAB (NF) | 6003220 | NDC | | | | both | 1 EA | 1 EA | 27.5 | | Horizon | PPO | | 100 | | 13.3 | | | other | Drugs are paid at 100% of the AWP |
| IVERMECTIN 3MG TAB (NF) | 6003220 | NDC | | | | both | 1 EA | 1 EA | 27.5 | | UHC | Medicaid | | 100 | | 0.03 | | | other | Drugs are paid at 100% of the AWP |
| IVERMECTIN 3MG TAB (NF) | 6003220 | NDC | | | | both | 1 EA | 1 EA | 27.5 | | UHC | Medicare | | 100 | | 21.19 | | | other | Drugs are paid at 100% of the AWP |
| IVERMECTIN 3MG TAB (NF) | 6003220 | NDC | | | | both | 1 EA | 1 EA | 27.5 | | Wellcare | Medicare | | 100 | | 2.99 | | | other | Drugs are paid at 100% of the AWP |
| IVERMECTIN 3MG TAB (NF) | 6003220 | NDC | | | | both | 1 EA | 1 EA | 27.5 | | WellPoint | WellPoint | | 100 | | 5.38 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 2MG TAB | 6006028 | NDC | | | | both | 1 EA | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 2MG TAB | 6006028 | NDC | | | | both | 1 EA | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 2MG TAB | 6006028 | NDC | | | | both | 1 EA | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 3.43 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 2MG TAB | 6006028 | NDC | | | | both | 1 EA | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 2MG TAB | 6006028 | NDC | | | | both | 1 EA | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| PROSCAR 5MG TAB(NF) | 6007258 | NDC | | | | both | 1 EA | 1 EA | 25 | | Aetna | Better Health | | 100 | | 3.07 | | | other | Drugs are paid at 100% of the AWP |
| PROSCAR 5MG TAB(NF) | 6007258 | NDC | | | | both | 1 EA | 1 EA | 25 | | Aetna | Medicare | | 100 | | 3 | | | other | Drugs are paid at 100% of the AWP |
| PROSCAR 5MG TAB(NF) | 6007258 | NDC | | | | both | 1 EA | 1 EA | 25 | | Corrections | Corrections | | 100 | | 4.96 | | | other | Drugs are paid at 100% of the AWP |
| PROSCAR 5MG TAB(NF) | 6007258 | NDC | | | | both | 1 EA | 1 EA | 25 | | Horizon | Medicare Blue | | 100 | | 3.29 | | | other | Drugs are paid at 100% of the AWP |
| PROSCAR 5MG TAB(NF) | 6007258 | NDC | | | | both | 1 EA | 1 EA | 25 | | Horizon | MGD | | 100 | | 11.47 | | | other | Drugs are paid at 100% of the AWP |
| PROSCAR 5MG TAB(NF) | 6007258 | NDC | | | | both | 1 EA | 1 EA | 25 | | Horizon | NJ Health | | 100 | | 2.01 | | | other | Drugs are paid at 100% of the AWP |
| PROSCAR 5MG TAB(NF) | 6007258 | NDC | | | | both | 1 EA | 1 EA | 25 | | Horizon | PPO | | 100 | | 5.05 | | | other | Drugs are paid at 100% of the AWP |
| PROSCAR 5MG TAB(NF) | 6007258 | NDC | | | | both | 1 EA | 1 EA | 25 | | UHC | Medicaid | | 100 | | 4.76 | | | other | Drugs are paid at 100% of the AWP |
| PROSCAR 5MG TAB(NF) | 6007258 | NDC | | | | both | 1 EA | 1 EA | 25 | | UHC | Medicare | | 100 | | 4.28 | | | other | Drugs are paid at 100% of the AWP |
| PROSCAR 5MG TAB(NF) | 6007258 | NDC | | | | both | 1 EA | 1 EA | 25 | | United | CommercialPPO | | 100 | | 3.79 | | | other | Drugs are paid at 100% of the AWP |
| PROSCAR 5MG TAB(NF) | 6007258 | NDC | | | | both | 1 EA | 1 EA | 25 | | Wellcare | Medicaid | | 100 | | 8.12 | | | other | Drugs are paid at 100% of the AWP |
| PROSCAR 5MG TAB(NF) | 6007258 | NDC | | | | both | 1 EA | 1 EA | 25 | | Wellcare | Medicare | | 100 | | 5.01 | | | other | Drugs are paid at 100% of the AWP |
| PROSCAR 5MG TAB(NF) | 6007258 | NDC | | | | both | 1 EA | 1 EA | 25 | | WellPoint | WellPoint | | 100 | | 3.13 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 10MG TAB (NF) | 6010658 | NDC | | | | both | 1 EA | 1 EA | 4.5 | | Aetna | Better Health | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 10MG TAB (NF) | 6010658 | NDC | | | | both | 1 EA | 1 EA | 4.5 | | Aetna | Commercial | | 100 | | 0.95 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 10MG TAB (NF) | 6010658 | NDC | | | | both | 1 EA | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 10MG TAB (NF) | 6010658 | NDC | | | | both | 1 EA | 1 EA | 4.5 | | Amerihealth | HMO/PPO | | 100 | | 0.81 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 10MG TAB (NF) | 6010658 | NDC | | | | both | 1 EA | 1 EA | 4.5 | | Corrections | Corrections | | 100 | | 1.03 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 10MG TAB (NF) | 6010658 | NDC | | | | both | 1 EA | 1 EA | 4.5 | | Horizon | Indemnity | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 10MG TAB (NF) | 6010658 | NDC | | | | both | 1 EA | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 0.74 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 10MG TAB (NF) | 6010658 | NDC | | | | both | 1 EA | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 10MG TAB (NF) | 6010658 | NDC | | | | both | 1 EA | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 10MG TAB (NF) | 6010658 | NDC | | | | both | 1 EA | 1 EA | 4.5 | | Horizon | PPO | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 10MG TAB (NF) | 6010658 | NDC | | | | both | 1 EA | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.79 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 10MG TAB (NF) | 6010658 | NDC | | | | both | 1 EA | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 0.88 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 10MG TAB (NF) | 6010658 | NDC | | | | both | 1 EA | 1 EA | 4.5 | | Wellcare | Medicaid | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 10MG TAB (NF) | 6010658 | NDC | | | | both | 1 EA | 1 EA | 4.5 | | Wellcare | Medicare | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 10MG TAB (NF) | 6010658 | NDC | | | | both | 1 EA | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.86 | | | other | Drugs are paid at 100% of the AWP |
| MONTELUKAST SODIUM 10MG TAB(NF) | 6011728 | NDC | | | | both | 1 EA | 1 EA | 26.5 | | Aetna | Better Health | | 100 | | 6.73 | | | other | Drugs are paid at 100% of the AWP |
| MONTELUKAST SODIUM 10MG TAB(NF) | 6011728 | NDC | | | | both | 1 EA | 1 EA | 26.5 | | Aetna | Commercial | | 100 | | 8 | | | other | Drugs are paid at 100% of the AWP |
| MONTELUKAST SODIUM 10MG TAB(NF) | 6011728 | NDC | | | | both | 1 EA | 1 EA | 26.5 | | Aetna | Medicare | | 100 | | 4.02 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MONTELUKAST SODIUM 10MG TAB(NF) | 6011728 | NDC | | | | both | | 1 EA | 26.5 | | Amerihealth | HMO/PPO | | 100 | | 2.57 | | | other | Drugs are paid at 100% of the AWP |
| MONTELUKAST SODIUM 10MG TAB(NF) | 6011728 | NDC | | | | both | | 1 EA | 26.5 | | Corrections | Corrections | | 100 | | 5.12 | | | other | Drugs are paid at 100% of the AWP |
| MONTELUKAST SODIUM 10MG TAB(NF) | 6011728 | NDC | | | | both | | 1 EA | 26.5 | | Horizon | Indemnity | | 100 | | 12 | | | other | Drugs are paid at 100% of the AWP |
| MONTELUKAST SODIUM 10MG TAB(NF) | 6011728 | NDC | | | | both | | 1 EA | 26.5 | | Horizon | Medicare Blue | | 100 | | 6 | | | other | Drugs are paid at 100% of the AWP |
| MONTELUKAST SODIUM 10MG TAB(NF) | 6011728 | NDC | | | | both | | 1 EA | 26.5 | | Horizon | MGD | | 100 | | 6 | | | other | Drugs are paid at 100% of the AWP |
| MONTELUKAST SODIUM 10MG TAB(NF) | 6011728 | NDC | | | | both | | 1 EA | 26.5 | | Horizon | NJ Health | | 100 | | 3.2 | | | other | Drugs are paid at 100% of the AWP |
| MONTELUKAST SODIUM 10MG TAB(NF) | 6011728 | NDC | | | | both | | 1 EA | 26.5 | | Horizon | PPO | | 100 | | 7.1 | | | other | Drugs are paid at 100% of the AWP |
| MONTELUKAST SODIUM 10MG TAB(NF) | 6011728 | NDC | | | | both | | 1 EA | 26.5 | | UHC | Medicaid | | 100 | | 4.79 | | | other | Drugs are paid at 100% of the AWP |
| MONTELUKAST SODIUM 10MG TAB(NF) | 6011728 | NDC | | | | both | | 1 EA | 26.5 | | UHC | Medicare | | 100 | | 6.31 | | | other | Drugs are paid at 100% of the AWP |
| MONTELUKAST SODIUM 10MG TAB(NF) | 6011728 | NDC | | | | both | | 1 EA | 26.5 | | United | CommercialPPO | | 100 | | 6.42 | | | other | Drugs are paid at 100% of the AWP |
| MONTELUKAST SODIUM 10MG TAB(NF) | 6011728 | NDC | | | | both | | 1 EA | 26.5 | | Wellcare | Medicaid | | 100 | | 8.43 | | | other | Drugs are paid at 100% of the AWP |
| MONTELUKAST SODIUM 10MG TAB(NF) | 6011728 | NDC | | | | both | | 1 EA | 26.5 | | Wellcare | Medicare | | 100 | | 4.11 | | | other | Drugs are paid at 100% of the AWP |
| MONTELUKAST SODIUM 10MG TAB(NF) | 6011728 | NDC | | | | both | | 1 EA | 26.5 | | WellPoint | WellPoint | | 100 | | 4.97 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 20MG TAB (NF) | 6020758 | NDC | | | | both | | 1 EA | 5.5 | | Aetna | Better Health | | 100 | | 0.79 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 20MG TAB (NF) | 6020758 | NDC | | | | both | | 1 EA | 5.5 | | Aetna | Commercial | | 100 | | 1.69 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 20MG TAB (NF) | 6020758 | NDC | | | | both | | 1 EA | 5.5 | | Aetna | Medicare | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 20MG TAB (NF) | 6020758 | NDC | | | | both | | 1 EA | 5.5 | | Amerihealth | HMO/PPO | | 100 | | 0.83 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 20MG TAB (NF) | 6020758 | NDC | | | | both | | 1 EA | 5.5 | | Corrections | Corrections | | 100 | | 1.14 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 20MG TAB (NF) | 6020758 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | Indemnity | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 20MG TAB (NF) | 6020758 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | Medicare Blue | | 100 | | 0.88 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 20MG TAB (NF) | 6020758 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | MGD | | 100 | | 0.9 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 20MG TAB (NF) | 6020758 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 20MG TAB (NF) | 6020758 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | PPO | | 100 | | 1.22 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 20MG TAB (NF) | 6020758 | NDC | | | | both | | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 0.92 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 20MG TAB (NF) | 6020758 | NDC | | | | both | | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 1.12 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 20MG TAB (NF) | 6020758 | NDC | | | | both | | 1 EA | 5.5 | | United | CommercialPPO | | 100 | | 1.71 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 20MG TAB (NF) | 6020758 | NDC | | | | both | | 1 EA | 5.5 | | United | Oxford | | 100 | | 2.59 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 20MG TAB (NF) | 6020758 | NDC | | | | both | | 1 EA | 5.5 | | Wellcare | Medicaid | | 100 | | 1.04 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 20MG TAB (NF) | 6020758 | NDC | | | | both | | 1 EA | 5.5 | | Wellcare | Medicare | | 100 | | 1.08 | | | other | Drugs are paid at 100% of the AWP |
| LISINOPRIL 20MG TAB (NF) | 6020758 | NDC | | | | both | | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 1.21 | | | other | Drugs are paid at 100% of the AWP |
| RALTEGRAVIR 400MG TABS | 6022761 | NDC | | | | both | | 1 EA | 91 | | Corrections | Corrections | | 100 | | 18.46 | | | other | Drugs are paid at 100% of the AWP |
| RALTEGRAVIR 400MG TABS | 6022761 | NDC | | | | both | | 1 EA | 91 | | Horizon | Indemnity | | 100 | | 16.72 | | | other | Drugs are paid at 100% of the AWP |
| RALTEGRAVIR 400MG TABS | 6022761 | NDC | | | | both | | 1 EA | 91 | | Horizon | MGD | | 100 | | 34.48 | | | other | Drugs are paid at 100% of the AWP |
| RALTEGRAVIR 400MG TABS | 6022761 | NDC | | | | both | | 1 EA | 91 | | Horizon | NJ Health | | 100 | | 63.53 | | | other | Drugs are paid at 100% of the AWP |
| RALTEGRAVIR 400MG TABS | 6022761 | NDC | | | | both | | 1 EA | 91 | | Horizon | PPO | | 100 | | 28.46 | | | other | Drugs are paid at 100% of the AWP |
| RALTEGRAVIR 400MG TABS | 6022761 | NDC | | | | both | | 1 EA | 91 | | UHC | Medicaid | | 100 | | 8.28 | | | other | Drugs are paid at 100% of the AWP |
| MONTELUKAST 5MG CHEW TAB (NF) | 6027531 | NDC | | | | both | | 1 EA | 26.5 | | Horizon | MGD | | 100 | | 3.45 | | | other | Drugs are paid at 100% of the AWP |
| MONTELUKAST 5MG CHEW TAB (NF) | 6027531 | NDC | | | | both | | 1 EA | 26.5 | | Horizon | NJ Health | | 100 | | 8.55 | | | other | Drugs are paid at 100% of the AWP |
| MONTELUKAST 5MG CHEW TAB (NF) | 6027531 | NDC | | | | both | | 1 EA | 26.5 | | UHC | Medicaid | | 100 | | 7.04 | | | other | Drugs are paid at 100% of the AWP |
| MONTELUKAST 5MG CHEW TAB (NF) | 6027531 | NDC | | | | both | | 1 EA | 26.5 | | UHC | Medicare | | 100 | | 4.45 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20 MEQ PKT | 6031554 | NDC | | | | both | | 1 EA | 39.5 | | Aetna | Better Health | | 100 | | 6.2 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20 MEQ PKT | 6031554 | NDC | | | | both | | 1 EA | 39.5 | | Aetna | Commercial | | 100 | | 8.22 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20 MEQ PKT | 6031554 | NDC | | | | both | | 1 EA | 39.5 | | Aetna | Medicare | | 100 | | 6.07 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20 MEQ PKT | 6031554 | NDC | | | | both | | 1 EA | 39.5 | | Amerihealth | HMO/PPO | | 100 | | 6.73 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20 MEQ PKT | 6031554 | NDC | | | | both | | 1 EA | 39.5 | | Corrections | Corrections | | 100 | | 5.92 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20 MEQ PKT | 6031554 | NDC | | | | both | | 1 EA | 39.5 | | Horizon | Indemnity | | 100 | | 4.94 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20 MEQ PKT | 6031554 | NDC | | | | both | | 1 EA | 39.5 | | Horizon | Medicare Blue | | 100 | | 6.9 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20 MEQ PKT | 6031554 | NDC | | | | both | | 1 EA | 39.5 | | Horizon | MGD | | 100 | | 7.01 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20 MEQ PKT | 6031554 | NDC | | | | both | | 1 EA | 39.5 | | Horizon | NJ Health | | 100 | | 5.3 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20 MEQ PKT | 6031554 | NDC | | | | both | | 1 EA | 39.5 | | Horizon | PPO | | 100 | | 7.32 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20 MEQ PKT | 6031554 | NDC | | | | both | | 1 EA | 39.5 | | UHC | Medicaid | | 100 | | 6.48 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20 MEQ PKT | 6031554 | NDC | | | | both | | 1 EA | 39.5 | | UHC | Medicare | | 100 | | 7.74 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20 MEQ PKT | 6031554 | NDC | | | | both | | 1 EA | 39.5 | | United | CommercialPPO | | 100 | | 7.38 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20 MEQ PKT | 6031554 | NDC | | | | both | | 1 EA | 39.5 | | United | Oxford | | 100 | | 11.38 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20 MEQ PKT | 6031554 | NDC | | | | both | | 1 EA | 39.5 | | Wellcare | Medicaid | | 100 | | 5.59 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20 MEQ PKT | 6031554 | NDC | | | | both | | 1 EA | 39.5 | | Wellcare | Medicare | | 100 | | 7.69 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE 20 MEQ PKT | 6031554 | NDC | | | | both | | 1 EA | 39.5 | | WellPoint | WellPoint | | 100 | | 7.2 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 10MG TAB | 6061968 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 10MG TAB | 6061968 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 10MG TAB | 6061968 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 10MG TAB | 6061968 | NDC | | | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.95 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 10MG TAB | 6061968 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.05 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 10MG TAB | 6061968 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 10MG TAB | 6061968 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 10MG TAB | 6061968 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 10MG TAB | 6061968 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 10MG TAB | 6061968 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 10MG TAB | 6061968 | NDC | | | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 10MG TAB | 6061968 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 20MG TAB | 6062568 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 20MG TAB | 6062568 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 20MG TAB | 6062568 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.06 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 20MG TAB | 6062568 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 20MG TAB | 6062568 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 20MG TAB | 6062568 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 20MG TAB | 6062568 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 20MG TAB | 6062568 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 1MG TAB | 6063528 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 1MG TAB | 6063528 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 1MG TAB | 6063528 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 1MG TAB | 6063528 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 1MG TAB | 6063528 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 1MG TAB | 6063528 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 1MG TAB | 6063528 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 1MG TAB | 6063528 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 1MG TAB | 6063528 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 1MG TAB | 6063528 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 1MG TAB | 6063528 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 1.26 | | | other | Drugs are paid at 100% of the AWP |
| BENZTROPINE 1MG TAB | 6063528 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| MONTELUKAST SOD 4MG CHEW TAB(NF) | 6071131 | NDC | | | | both | | 1 EA | 26.5 | | Horizon | NJ Health | | 100 | | 5.8 | | | other | Drugs are paid at 100% of the AWP |
| MONTELUKAST SOD 4MG CHEW TAB(NF) | 6071131 | NDC | | | | both | | 1 EA | 26.5 | | UHC | Medicaid | | 100 | | 0.11 | | | other | Drugs are paid at 100% of the AWP |
| MONTELUKAST SOD 4MG CHEW TAB(NF) | 6071131 | NDC | | | | both | | 1 EA | 26.5 | | UHC | Medicare | | 100 | | 4.56 | | | other | Drugs are paid at 100% of the AWP |
| MONTELUKAST SOD 4MG CHEW TAB(NF) | 6071131 | NDC | | | | both | | 1 EA | 26.5 | | WellPoint | WellPoint | | 100 | | 2.43 | | | other | Drugs are paid at 100% of the AWP |
| ENALAPRIL 5MG TAB | 6071228 | NDC | | | | both | | 1 EA | 5.5 | | Aetna | Better Health | | 100 | | 1.43 | | | other | Drugs are paid at 100% of the AWP |
| ENALAPRIL 5MG TAB | 6071228 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | Medicare Blue | | 100 | | 1.18 | | | other | Drugs are paid at 100% of the AWP |
| ENALAPRIL 5MG TAB | 6071228 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | MGD | | 100 | | 1.09 | | | other | Drugs are paid at 100% of the AWP |
| ENALAPRIL 5MG TAB | 6071228 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.93 | | | other | Drugs are paid at 100% of the AWP |
| ENALAPRIL 5MG TAB | 6071228 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | PPO | | 100 | | 1.46 | | | other | Drugs are paid at 100% of the AWP |
| ENALAPRIL 5MG TAB | 6071228 | NDC | | | | both | | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 1.1 | | | other | Drugs are paid at 100% of the AWP |
| ENALAPRIL 5MG TAB | 6071228 | NDC | | | | both | | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 1.18 | | | other | Drugs are paid at 100% of the AWP |
| ENALAPRIL 5MG TAB | 6071228 | NDC | | | | both | | 1 EA | 5.5 | | United | CommercialPPO | | 100 | | 1.1 | | | other | Drugs are paid at 100% of the AWP |
| ENALAPRIL 5MG TAB | 6071228 | NDC | | | | both | | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 1.56 | | | other | Drugs are paid at 100% of the AWP |
| ENALAPRIL 10MG TAB | 6071328 | NDC | | | | both | | 1 EA | 5.5 | | Aetna | Better Health | | 100 | | 1.66 | | | other | Drugs are paid at 100% of the AWP |
| ENALAPRIL 10MG TAB | 6071328 | NDC | | | | both | | 1 EA | 5.5 | | Aetna | Medicare | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| ENALAPRIL 10MG TAB | 6071328 | NDC | | | | both | | 1 EA | 5.5 | | Amerihealth | HMO/PPO | | 100 | | 2.47 | | | other | Drugs are paid at 100% of the AWP |
| ENALAPRIL 10MG TAB | 6071328 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | Medicare Blue | | 100 | | 1 | | | other | Drugs are paid at 100% of the AWP |
| ENALAPRIL 10MG TAB | 6071328 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.87 | | | other | Drugs are paid at 100% of the AWP |
| ENALAPRIL 10MG TAB | 6071328 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | PPO | | 100 | | 1.61 | | | other | Drugs are paid at 100% of the AWP |
| ENALAPRIL 10MG TAB | 6071328 | NDC | | | | both | | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 0.02 | | | other | Drugs are paid at 100% of the AWP |
| ENALAPRIL 10MG TAB | 6071328 | NDC | | | | both | | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 1.1 | | | other | Drugs are paid at 100% of the AWP |
| ENALAPRIL 10MG TAB | 6071328 | NDC | | | | both | | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 1.32 | | | other | Drugs are paid at 100% of the AWP |
| ENALAPRIL 20MG TAB | 6071428 | NDC | | | | both | | 1 EA | 8.5 | | Horizon | Medicare Blue | | 100 | | 2.6 | | | other | Drugs are paid at 100% of the AWP |
| ENALAPRIL 20MG TAB | 6071428 | NDC | | | | both | | 1 EA | 8.5 | | Horizon | NJ Health | | 100 | | 1.2 | | | other | Drugs are paid at 100% of the AWP |
| ENALAPRIL 20MG TAB | 6071428 | NDC | | | | both | | 1 EA | 8.5 | | Horizon | PPO | | 100 | | 2.13 | | | other | Drugs are paid at 100% of the AWP |
| ENALAPRIL 20MG TAB | 6071428 | NDC | | | | both | | 1 EA | 8.5 | | UHC | Medicaid | | 100 | | 2.52 | | | other | Drugs are paid at 100% of the AWP |
| ENALAPRIL 20MG TAB | 6071428 | NDC | | | | both | | 1 EA | 8.5 | | UHC | Medicare | | 100 | | 0.97 | | | other | Drugs are paid at 100% of the AWP |
| ENALAPRIL 20MG TAB | 6071428 | NDC | | | | both | | 1 EA | 8.5 | | Wellcare | Medicare | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| ENALAPRIL 20MG TAB | 6071428 | NDC | | | | both | | 1 EA | 8.5 | | WellPoint | WellPoint | | 100 | | 2.13 | | | other | Drugs are paid at 100% of the AWP |
| SIMVASTATIN 5MG TAB | 6072628 | NDC | | | | both | | 1 EA | 7.5 | | Aetna | Commercial | | 100 | | 1.41 | | | other | Drugs are paid at 100% of the AWP |
| SIMVASTATIN 5MG TAB | 6072628 | NDC | | | | both | | 1 EA | 7.5 | | Aetna | Medicare | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| SIMVASTATIN 5MG TAB | 6072628 | NDC | | | | both | | 1 EA | 7.5 | | Horizon | Medicare Blue | | 100 | | 0.88 | | | other | Drugs are paid at 100% of the AWP |
| SIMVASTATIN 5MG TAB | 6072628 | NDC | | | | both | | 1 EA | 7.5 | | Horizon | NJ Health | | 100 | | 1.68 | | | other | Drugs are paid at 100% of the AWP |
| SIMVASTATIN 5MG TAB | 6072628 | NDC | | | | both | | 1 EA | 7.5 | | UHC | Medicare | | 100 | | 2.16 | | | other | Drugs are paid at 100% of the AWP |
| SIMVASTATIN 5MG TAB | 6072628 | NDC | | | | both | | 1 EA | 7.5 | | United | CommercialPPO | | 100 | | 2.92 | | | other | Drugs are paid at 100% of the AWP |
| SIMVASTATIN 5MG TAB | 6072628 | NDC | | | | both | | 1 EA | 7.5 | | WellPoint | WellPoint | | 100 | | 1.79 | | | other | Drugs are paid at 100% of the AWP |
| SIMVASTATIN 10MG TAB | 6073528 | NDC | | | | both | | 1 EA | 23.5 | | Aetna | Medicare | | 100 | | 2.93 | | | other | Drugs are paid at 100% of the AWP |
| SIMVASTATIN 10MG TAB | 6073528 | NDC | | | | both | | 1 EA | 23.5 | | Amerihealth | HMO/PPO | | 100 | | 3.85 | | | other | Drugs are paid at 100% of the AWP |
| SIMVASTATIN 10MG TAB | 6073528 | NDC | | | | both | | 1 EA | 23.5 | | Horizon | Medicare Blue | | 100 | | 6.81 | | | other | Drugs are paid at 100% of the AWP |
| SIMVASTATIN 10MG TAB | 6073528 | NDC | | | | both | | 1 EA | 23.5 | | Horizon | MGD | | 100 | | 5.61 | | | other | Drugs are paid at 100% of the AWP |
| SIMVASTATIN 10MG TAB | 6073528 | NDC | | | | both | | 1 EA | 23.5 | | Horizon | NJ Health | | 100 | | 4.28 | | | other | Drugs are paid at 100% of the AWP |
| SIMVASTATIN 10MG TAB | 6073528 | NDC | | | | both | | 1 EA | 23.5 | | UHC | Medicaid | | 100 | | 4.95 | | | other | Drugs are paid at 100% of the AWP |
| SIMVASTATIN 10MG TAB | 6073528 | NDC | | | | both | | 1 EA | 23.5 | | UHC | Medicare | | 100 | | 7.09 | | | other | Drugs are paid at 100% of the AWP |
| SIMVASTATIN 10MG TAB | 6073528 | NDC | | | | both | | 1 EA | 23.5 | | United | CommercialPPO | | 100 | | 8.79 | | | other | Drugs are paid at 100% of the AWP |
| SIMVASTATIN 10MG TAB | 6073528 | NDC | | | | both | | 1 EA | 23.5 | | Wellcare | Medicare | | 100 | | 24.76 | | | other | Drugs are paid at 100% of the AWP |
| SIMVASTATIN 10MG TAB | 6073528 | NDC | | | | both | | 1 EA | 23.5 | | WellPoint | WellPoint | | 100 | | 2.1 | | | other | Drugs are paid at 100% of the AWP |
| SIMVASTATIN 20MG TAB | 6074028 | NDC | | | | both | | 1 EA | 38 | | Aetna | Medicare | | 100 | | 3.62 | | | other | Drugs are paid at 100% of the AWP |
| SIMVASTATIN 20MG TAB | 6074028 | NDC | | | | both | | 1 EA | 38 | | Horizon | Medicare Blue | | 100 | | 7.99 | | | other | Drugs are paid at 100% of the AWP |
| SIMVASTATIN 20MG TAB | 6074028 | NDC | | | | both | | 1 EA | 38 | | Horizon | NJ Health | | 100 | | 4.58 | | | other | Drugs are paid at 100% of the AWP |
| SIMVASTATIN 20MG TAB | 6074028 | NDC | | | | both | | 1 EA | 38 | | UHC | Medicaid | | 100 | | 8.01 | | | other | Drugs are paid at 100% of the AWP |
| SIMVASTATIN 20MG TAB | 6074028 | NDC | | | | both | | 1 EA | 38 | | UHC | Medicare | | 100 | | 9.18 | | | other | Drugs are paid at 100% of the AWP |
| SIMVASTATIN 20MG TAB | 6074028 | NDC | | | | both | | 1 EA | 38 | | United | CommercialPPO | | 100 | | 7.29 | | | other | Drugs are paid at 100% of the AWP |
| SIMVASTATIN 20MG TAB | 6074028 | NDC | | | | both | | 1 EA | 38 | | WellPoint | WellPoint | | 100 | | 8.03 | | | other | Drugs are paid at 100% of the AWP |
| SIMVASTATIN 40MG TAB | 6074928 | NDC | | | | both | | 1 EA | 38 | | Aetna | Medicare | | 100 | | 7.17 | | | other | Drugs are paid at 100% of the AWP |
| SIMVASTATIN 40MG TAB | 6074928 | NDC | | | | both | | 1 EA | 38 | | Horizon | Medicare Blue | | 100 | | 8.21 | | | other | Drugs are paid at 100% of the AWP |
| SIMVASTATIN 40MG TAB | 6074928 | NDC | | | | both | | 1 EA | 38 | | Horizon | MGD | | 100 | | 5.62 | | | other | Drugs are paid at 100% of the AWP |
| SIMVASTATIN 40MG TAB | 6074928 | NDC | | | | both | | 1 EA | 38 | | Horizon | NJ Health | | 100 | | 5.11 | | | other | Drugs are paid at 100% of the AWP |
| SIMVASTATIN 40MG TAB | 6074928 | NDC | | | | both | | 1 EA | 38 | | UHC | Medicaid | | 100 | | 1.6 | | | other | Drugs are paid at 100% of the AWP |
| SIMVASTATIN 40MG TAB | 6074928 | NDC | | | | both | | 1 EA | 38 | | UHC | Medicare | | 100 | | 8.52 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SIMVASTATIN 40MG TAB | 6074928 | NDC | | | | both | 1 EA | 38 | | | Wellcare | Medicaid | | 100 | | 10.39 | | | other | Drugs are paid at 100% of the AWP |
| SIMVASTATIN 40MG TAB | 6074928 | NDC | | | | both | 1 EA | 38 | | | WellPoint | WellPoint | | 100 | | 8.47 | | | other | Drugs are paid at 100% of the AWP |
| LOSARTAN 25MG TAB | 6095128 | NDC | | | | both | 1 EA | 9.5 | | | Aetna | Better Health | | 100 | | 1.82 | | | other | Drugs are paid at 100% of the AWP |
| LOSARTAN 25MG TAB | 6095128 | NDC | | | | both | 1 EA | 9.5 | | | Aetna | Commercial | | 100 | | 2.23 | | | other | Drugs are paid at 100% of the AWP |
| LOSARTAN 25MG TAB | 6095128 | NDC | | | | both | 1 EA | 9.5 | | | Aetna | Medicare | | 100 | | 1.59 | | | other | Drugs are paid at 100% of the AWP |
| LOSARTAN 25MG TAB | 6095128 | NDC | | | | both | 1 EA | 9.5 | | | Amerihealth | HMO/PPO | | 100 | | 2.06 | | | other | Drugs are paid at 100% of the AWP |
| LOSARTAN 25MG TAB | 6095128 | NDC | | | | both | 1 EA | 9.5 | | | Corrections | Corrections | | 100 | | 1.1 | | | other | Drugs are paid at 100% of the AWP |
| LOSARTAN 25MG TAB | 6095128 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | Indemnity | | 100 | | 2.28 | | | other | Drugs are paid at 100% of the AWP |
| LOSARTAN 25MG TAB | 6095128 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | Medicare Blue | | 100 | | 1.5 | | | other | Drugs are paid at 100% of the AWP |
| LOSARTAN 25MG TAB | 6095128 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | MGD | | 100 | | 2.17 | | | other | Drugs are paid at 100% of the AWP |
| LOSARTAN 25MG TAB | 6095128 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | NJ Health | | 100 | | 1.21 | | | other | Drugs are paid at 100% of the AWP |
| LOSARTAN 25MG TAB | 6095128 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | PPO | | 100 | | 2.17 | | | other | Drugs are paid at 100% of the AWP |
| LOSARTAN 25MG TAB | 6095128 | NDC | | | | both | 1 EA | 9.5 | | | UHC | Medicaid | | 100 | | 1.52 | | | other | Drugs are paid at 100% of the AWP |
| LOSARTAN 25MG TAB | 6095128 | NDC | | | | both | 1 EA | 9.5 | | | UHC | Medicare | | 100 | | 1.8 | | | other | Drugs are paid at 100% of the AWP |
| LOSARTAN 25MG TAB | 6095128 | NDC | | | | both | 1 EA | 9.5 | | | United | CommercialPPO | | 100 | | 1.4 | | | other | Drugs are paid at 100% of the AWP |
| LOSARTAN 25MG TAB | 6095128 | NDC | | | | both | 1 EA | 9.5 | | | United | Oxford | | 100 | | 3.43 | | | other | Drugs are paid at 100% of the AWP |
| LOSARTAN 25MG TAB | 6095128 | NDC | | | | both | 1 EA | 9.5 | | | Wellcare | Medicaid | | 100 | | 1.61 | | | other | Drugs are paid at 100% of the AWP |
| LOSARTAN 25MG TAB | 6095128 | NDC | | | | both | 1 EA | 9.5 | | | Wellcare | Medicare | | 100 | | 1.95 | | | other | Drugs are paid at 100% of the AWP |
| LOSARTAN 25MG TAB | 6095128 | NDC | | | | both | 1 EA | 9.5 | | | WellPoint | WellPoint | | 100 | | 1.79 | | | other | Drugs are paid at 100% of the AWP |
| LOSARTAN 50MG TAB | 6095228 | NDC | | | | both | 1 EA | 9.5 | | | Aetna | Better Health | | 100 | | 2.01 | | | other | Drugs are paid at 100% of the AWP |
| LOSARTAN 50MG TAB | 6095228 | NDC | | | | both | 1 EA | 9.5 | | | Aetna | Commercial | | 100 | | 2.24 | | | other | Drugs are paid at 100% of the AWP |
| LOSARTAN 50MG TAB | 6095228 | NDC | | | | both | 1 EA | 9.5 | | | Aetna | Medicare | | 100 | | 1.77 | | | other | Drugs are paid at 100% of the AWP |
| LOSARTAN 50MG TAB | 6095228 | NDC | | | | both | 1 EA | 9.5 | | | Amerihealth | HMO/PPO | | 100 | | 2.06 | | | other | Drugs are paid at 100% of the AWP |
| LOSARTAN 50MG TAB | 6095228 | NDC | | | | both | 1 EA | 9.5 | | | Corrections | Corrections | | 100 | | 2.07 | | | other | Drugs are paid at 100% of the AWP |
| LOSARTAN 50MG TAB | 6095228 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | Indemnity | | 100 | | 2.62 | | | other | Drugs are paid at 100% of the AWP |
| LOSARTAN 50MG TAB | 6095228 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | Medicare Blue | | 100 | | 1.83 | | | other | Drugs are paid at 100% of the AWP |
| LOSARTAN 50MG TAB | 6095228 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | MGD | | 100 | | 1.78 | | | other | Drugs are paid at 100% of the AWP |
| LOSARTAN 50MG TAB | 6095228 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | NJ Health | | 100 | | 1.21 | | | other | Drugs are paid at 100% of the AWP |
| LOSARTAN 50MG TAB | 6095228 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | PPO | | 100 | | 2.35 | | | other | Drugs are paid at 100% of the AWP |
| LOSARTAN 50MG TAB | 6095228 | NDC | | | | both | 1 EA | 9.5 | | | UHC | Medicaid | | 100 | | 1.63 | | | other | Drugs are paid at 100% of the AWP |
| LOSARTAN 50MG TAB | 6095228 | NDC | | | | both | 1 EA | 9.5 | | | UHC | Medicare | | 100 | | 2.02 | | | other | Drugs are paid at 100% of the AWP |
| LOSARTAN 50MG TAB | 6095228 | NDC | | | | both | 1 EA | 9.5 | | | United | CommercialPPO | | 100 | | 2.82 | | | other | Drugs are paid at 100% of the AWP |
| LOSARTAN 50MG TAB | 6095228 | NDC | | | | both | 1 EA | 9.5 | | | Wellcare | Medicaid | | 100 | | 2.01 | | | other | Drugs are paid at 100% of the AWP |
| LOSARTAN 50MG TAB | 6095228 | NDC | | | | both | 1 EA | 9.5 | | | Wellcare | Medicare | | 100 | | 1.45 | | | other | Drugs are paid at 100% of the AWP |
| LOSARTAN 50MG TAB | 6095228 | NDC | | | | both | 1 EA | 9.5 | | | WellPoint | WellPoint | | 100 | | 1.56 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 20MG TAB | 6096328 | NDC | | | | both | 1 EA | 9.5 | | | Aetna | Better Health | | 100 | | 1.58 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 20MG TAB | 6096328 | NDC | | | | both | 1 EA | 9.5 | | | Aetna | Commercial | | 100 | | 2.22 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 20MG TAB | 6096328 | NDC | | | | both | 1 EA | 9.5 | | | Aetna | Medicare | | 100 | | 1.22 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 20MG TAB | 6096328 | NDC | | | | both | 1 EA | 9.5 | | | Amerihealth | HMO/PPO | | 100 | | 2.31 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 20MG TAB | 6096328 | NDC | | | | both | 1 EA | 9.5 | | | Corrections | Corrections | | 100 | | 2.18 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 20MG TAB | 6096328 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | Indemnity | | 100 | | 1.74 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 20MG TAB | 6096328 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | Medicare Blue | | 100 | | 1.93 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 20MG TAB | 6096328 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | MGD | | 100 | | 1.69 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 20MG TAB | 6096328 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | NJ Health | | 100 | | 1.27 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 20MG TAB | 6096328 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | PPO | | 100 | | 2.33 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 20MG TAB | 6096328 | NDC | | | | both | 1 EA | 9.5 | | | UHC | Medicaid | | 100 | | 1.65 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 20MG TAB | 6096328 | NDC | | | | both | 1 EA | 9.5 | | | UHC | Medicare | | 100 | | 1.89 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 20MG TAB | 6096328 | NDC | | | | both | 1 EA | 9.5 | | | United | CommercialPPO | | 100 | | 1.83 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 20MG TAB | 6096328 | NDC | | | | both | 1 EA | 9.5 | | | Wellcare | Medicaid | | 100 | | 1.23 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 20MG TAB | 6096328 | NDC | | | | both | 1 EA | 9.5 | | | Wellcare | Medicare | | 100 | | 2.46 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 20MG TAB | 6096328 | NDC | | | | both | 1 EA | 9.5 | | | WellPoint | WellPoint | | 100 | | 1.74 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 10MG/ML ORAL SOL | 60976034747 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | NJ Health | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 10MG/ML ORAL SOL | 60976034747 | NDC | | | | both | 1 EA | 3.5 | | | UHC | Medicaid | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 10MG/ML ORAL SOL | 60976034747 | NDC | | | | both | 1 EA | 3.5 | | | UHC | Medicare | | 100 | | 1.04 | | | other | Drugs are paid at 100% of the AWP |
| BRIMONIDINE TARTRATE 0.2% (5ML) OPTH DR | 61314014305 | NDC | | | | both | 1 EA | 165.5 | | | UHC | Medicare | | 100 | | 25.21 | | | other | Drugs are paid at 100% of the AWP |
| SPIRONOLACTONE 25MG TAB | 6151535I3 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| SPIRONOLACTONE 25MG TAB | 6151535I3 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Commercial | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| SPIRONOLACTONE 25MG TAB | 6151535I3 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Medicare | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| SPIRONOLACTONE 25MG TAB | 6151535I3 | NDC | | | | both | 1 EA | 2.5 | | | Amerihealth | HMO/PPO | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| SPIRONOLACTONE 25MG TAB | 6151535I3 | NDC | | | | both | 1 EA | 2.5 | | | Corrections | Corrections | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| SPIRONOLACTONE 25MG TAB | 6151535I3 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Indemnity | | 100 | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| SPIRONOLACTONE 25MG TAB | 6151535I3 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Medicare Blue | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| SPIRONOLACTONE 25MG TAB | 6151535I3 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| SPIRONOLACTONE 25MG TAB | 6151535I3 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| SPIRONOLACTONE 25MG TAB | 6151535I3 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | PPO | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| SPIRONOLACTONE 25MG TAB | 6151535I3 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| SPIRONOLACTONE 25MG TAB | 6151535I3 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| SPIRONOLACTONE 25MG TAB | 6151535I3 | NDC | | | | both | 1 EA | 2.5 | | | United | CommercialPPO | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| SPIRONOLACTONE 25MG TAB | 6151535I3 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| SPIRONOLACTONE 25MG TAB | 6151535I3 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicare | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| SPIRONOLACTONE 25MG TAB | 6151535I3 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE HCL 10MG TAB | 6152536I3 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE HCL 10MG TAB | 6152536I3 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Commercial | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE HCL 10MG TAB | 6152536I3 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Medicare | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE HCL 10MG TAB | 6152536I3 | NDC | | | | both | 1 EA | 2.5 | | | Amerihealth | HMO/PPO | | 100 | | 0.02 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE HCL 10MG TAB | 6152536I3 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Indemnity | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE HCL 10MG TAB | 6152536I3 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE HCL 10MG TAB | 6152536I3 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE HCL 10MG TAB | 6152536I3 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | PPO | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE HCL 10MG TAB | 6152536I3 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE HCL 10MG TAB | 6152536I3 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.96 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE HCL 10MG TAB | 6152536I3 | NDC | | | | both | 1 EA | 2.5 | | | United | CommercialPPO | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE HCL 10MG TAB | 6152536I3 | NDC | | | | both | 1 EA | 2.5 | | | United | Oxford | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE HCL 10MG TAB | 6152536I3 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE HCL 10MG TAB | 6152536I3 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicare | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| METOCLOPRAMIDE HCL 10MG TAB | 6152536I3 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| TRAZODONE 50MG TAB | 6152578I3 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| TRAZODONE 50MG TAB | 6152578I3 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Commercial | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| TRAZODONE 50MG TAB | 6152578I3 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Medicare | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| TRAZODONE 50MG TAB | 6152578I3 | NDC | | | | both | 1 EA | 2.5 | | | Amerihealth | HMO/PPO | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| TRAZODONE 50MG TAB | 6152578I3 | NDC | | | | both | 1 EA | 2.5 | | | Corrections | Corrections | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| TRAZODONE 50MG TAB | 6152578I3 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Indemnity | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| TRAZODONE 50MG TAB | 6152578I3 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Medicare Blue | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| TRAZODONE 50MG TAB | 6152578I3 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| TRAZODONE 50MG TAB | 6152578I3 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| TRAZODONE 50MG TAB | 6152578I3 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | PPO | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| TRAZODONE 50MG TAB | 6152578I3 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| TRAZODONE 50MG TAB | 6152578I3 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| TRAZODONE 50MG TAB | 6152578I3 | NDC | | | | both | 1 EA | 2.5 | | | United | CommercialPPO | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| TRAZODONE 50MG TAB | 6152578I3 | NDC | | | | both | 1 EA | 2.5 | | | United | Oxford | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| TRAZODONE 50MG TAB | 6152578I3 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| TRAZODONE 50MG TAB | 6152578I3 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicare | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| TRAZODONE 50MG TAB | 6152578I3 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE100MG/100ML NS PHARMED BAG | 61553017852 | NDC | | | | both | 1 EA | 53.5 | | | Aetna | Better Health | | 100 | | 7.12 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE100MG/100ML NS PHARMED BAG | 61553017852 | NDC | | | | both | 1 EA | 53.5 | | | Aetna | Commercial | | 100 | | 16.78 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE100MG/100ML NS PHARMED BAG | 61553017852 | NDC | | | | both | 1 EA | 53.5 | | | Aetna | Medicare | | 100 | | 9.68 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE100MG/100ML NS PHARMED BAG | 61553017852 | NDC | | | | both | 1 EA | 53.5 | | | Horizon | Indemnity | | 100 | | 3.4 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE100MG/100ML NS PHARMED BAG | 61553017852 | NDC | | | | both | 1 EA | 53.5 | | | Horizon | Medicare Blue | | 100 | | 12.4 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE100MG/100ML NS PHARMED BAG | 61553017852 | NDC | | | | both | 1 EA | 53.5 | | | Horizon | MGD | | 100 | | 20.91 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE100MG/100ML NS PHARMED BAG | 61553017852 | NDC | | | | both | 1 EA | 53.5 | | | Horizon | NJ Health | | 100 | | 5.24 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE100MG/100ML NS PHARMED BAG | 61553017852 | NDC | | | | both | 1 EA | 53.5 | | | Horizon | PPO | | 100 | | 9.48 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE100MG/100ML NS PHARMED BAG | 61553017852 | NDC | | | | both | 1 EA | 53.5 | | | UHC | Medicaid | | 100 | | 9.47 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE100MG/100ML NS PHARMED BAG | 61553017852 | NDC | | | | both | 1 EA | 53.5 | | | UHC | Medicare | | 100 | | 11.47 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE100MG/100ML NS PHARMED BAG | 61553017852 | NDC | | | | both | 1 EA | 53.5 | | | United | CommercialPPO | | 100 | | 11.6 | | | other | Drugs are paid at 100% of the AWP |
| MORPHINE100MG/100ML NS PHARMED BAG | 61553017852 | NDC | | | | both | 1 EA | 53.5 | | | WellPoint | WellPoint | | 100 | | 10.57 | | | other | Drugs are paid at 100% of the AWP |
| NEOSTIGMINE 5ML(1ML/ML PHARMED) INJ. | 61553032633 | NDC | | | | both | 1 EA | 16.5 | | | Aetna | Better Health | | 100 | | 7.47 | | | other | Drugs are paid at 100% of the AWP |
| NEOSTIGMINE 5ML(1ML/ML PHARMED) INJ. | 61553032633 | NDC | | | | both | 1 EA | 16.5 | | | Aetna | Commercial | | 100 | | 2.57 | | | other | Drugs are paid at 100% of the AWP |
| NEOSTIGMINE 5ML(1ML/ML PHARMED) INJ. | 61553032633 | NDC | | | | both | 1 EA | 16.5 | | | Amerihealth | HMO/PPO | | 100 | | 2.08 | | | other | Drugs are paid at 100% of the AWP |
| NEOSTIGMINE 5ML(1ML/ML PHARMED) INJ. | 61553032633 | NDC | | | | both | 1 EA | 16.5 | | | Horizon | Indemnity | | 100 | | 4.29 | | | other | Drugs are paid at 100% of the AWP |
| NEOSTIGMINE 5ML(1ML/ML PHARMED) INJ. | 61553032633 | NDC | | | | both | 1 EA | 16.5 | | | Horizon | Medicare Blue | | 100 | | 2.76 | | | other | Drugs are paid at 100% of the AWP |
| NEOSTIGMINE 5ML(1ML/ML PHARMED) INJ. | 61553032633 | NDC | | | | both | 1 EA | 16.5 | | | Horizon | MGD | | 100 | | 6.49 | | | other | Drugs are paid at 100% of the AWP |
| NEOSTIGMINE 5ML(1ML/ML PHARMED) INJ. | 61553032633 | NDC | | | | both | 1 EA | 16.5 | | | Horizon | NJ Health | | 100 | | 1.85 | | | other | Drugs are paid at 100% of the AWP |
| NEOSTIGMINE 5ML(1ML/ML PHARMED) INJ. | 61553032633 | NDC | | | | both | 1 EA | 16.5 | | | UHC | Medicaid | | 100 | | 3.63 | | | other | Drugs are paid at 100% of the AWP |
| NEOSTIGMINE 5ML(1ML/ML PHARMED) INJ. | 61553032633 | NDC | | | | both | 1 EA | 16.5 | | | UHC | Medicare | | 100 | | 2.84 | | | other | Drugs are paid at 100% of the AWP |
| NEOSTIGMINE 5ML(1ML/ML PHARMED) INJ. | 61553032633 | NDC | | | | both | 1 EA | 16.5 | | | United | CommercialPPO | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| NEOSTIGMINE 5ML(1ML/ML PHARMED) INJ. | 61553032633 | NDC | | | | both | 1 EA | 16.5 | | | Wellcare | Medicaid | | 100 | | 1.09 | | | other | Drugs are paid at 100% of the AWP |
| NEOSTIGMINE 5ML(1ML/ML PHARMED) INJ. | 61553032633 | NDC | | | | both | 1 EA | 16.5 | | | WellPoint | WellPoint | | 100 | | 4.26 | | | other | Drugs are paid at 100% of the AWP |
| PCA HYDROMORPHONE 12.5MG/25ML NS SYR. | 61553063167 | NDC | | | | both | 1 EA | 42 | | | Horizon | MGD | | 100 | | 2.17 | | | other | Drugs are paid at 100% of the AWP |
| PCA HYDROMORPHONE 12.5MG/25ML NS SYR. | 61553063167 | NDC | | | | both | 1 EA | 42 | | | Horizon | NJ Health | | 100 | | 2.35 | | | other | Drugs are paid at 100% of the AWP |
| PCA HYDROMORPHONE 12.5MG/25ML NS SYR. | 61553063167 | NDC | | | | both | 1 EA | 42 | | | UHC | Medicaid | | 100 | | 5.33 | | | other | Drugs are paid at 100% of the AWP |
| PCA HYDROMORPHONE 12.5MG/25ML NS SYR. | 61553063167 | NDC | | | | both | 1 EA | 42 | | | United | CommercialPPO | | 100 | | 7.3 | | | other | Drugs are paid at 100% of the AWP |
| PCA HYDROMORPHONE 12.5MG/25ML NS SYR. | 61553063167 | NDC | | | | both | 1 EA | 42 | | | Wellcare | Medicaid | | 100 | | 7.58 | | | other | Drugs are paid at 100% of the AWP |
| PCA HYDROMORPHONE 12.5MG/25ML NS SYR. | 61553063167 | NDC | | | | both | 1 EA | 42 | | | WellPoint | WellPoint | | 100 | | 1.89 | | | other | Drugs are paid at 100% of the AWP |
| PCA MORPHINE 30MG/30ML NS SYR. | 61553065266 | NDC | | | | both | 1 EA | 25.5 | | | Horizon | NJ Health | | 100 | | 5.21 | | | other | Drugs are paid at 100% of the AWP |
| AMVISC PLUS 16MG/ML 0.5ML | 61772060051 | NDC | | | | both | 1 EA | 543.5 | | | Aetna | Medicare | | 100 | | 107.8 | | | other | Drugs are paid at 100% of the AWP |
| AMVISC PLUS 16MG/ML 0.5ML | 61772060051 | NDC | | | | both | 1 EA | 543.5 | | | Corrections | Corrections | | 100 | | 161.73 | | | other | Drugs are paid at 100% of the AWP |
| AMVISC PLUS 16MG/ML 0.5ML | 61772060051 | NDC | | | | both | 1 EA | 543.5 | | | Horizon | Indemnity | | 100 | | 139.06 | | | other | Drugs are paid at 100% of the AWP |
| AMVISC PLUS 16MG/ML 0.5ML | 61772060051 | NDC | | | | both | 1 EA | 543.5 | | | Horizon | MGD | | 100 | | 115.44 | | | other | Drugs are paid at 100% of the AWP |
| AMVISC PLUS 16MG/ML 0.5ML | 61772060051 | NDC | | | | both | 1 EA | 543.5 | | | Horizon | NJ Health | | 100 | | 96.62 | | | other | Drugs are paid at 100% of the AWP |
| AMVISC PLUS 16MG/ML 0.5ML | 61772060051 | NDC | | | | both | 1 EA | 543.5 | | | UHC | Medicaid | | 100 | | 165.45 | | | other | Drugs are paid at 100% of the AWP |
| AMVISC PLUS 16MG/ML 0.5ML | 61772060051 | NDC | | | | both | 1 EA | 543.5 | | | UHC | Medicare | | 100 | | 81.55 | | | other | Drugs are paid at 100% of the AWP |
| AMVISC PLUS 16MG/ML 0.5ML | 61772060051 | NDC | | | | both | 1 EA | 543.5 | | | Wellcare | Medicare | | 100 | | 58.55 | | | other | Drugs are paid at 100% of the AWP |
| AMVISC PLUS 16MG/ML 0.5ML | 61772060051 | NDC | | | | both | 1 EA | 543.5 | | | WellPoint | WellPoint | | 100 | | 73 | | | other | Drugs are paid at 100% of the AWP |
| TENOFOVIR 300MG TAB | 61958040101 | NDC | | | | both | 1 EA | 111 | | | Corrections | Corrections | | 100 | | 20.99 | | | other | Drugs are paid at 100% of the AWP |
| TENOFOVIR 300MG TAB | 61958040101 | NDC | | | | both | 1 EA | 111 | | | Horizon | NJ Health | | 100 | | 5.75 | | | other | Drugs are paid at 100% of the AWP |
| TENOFOVIR 300MG TAB | 61958040101 | NDC | | | | both | 1 EA | 111 | | | UHC | Medicare | | 100 | | 27.97 | | | other | Drugs are paid at 100% of the AWP |
| TENOFOVIR 300MG TAB | 61958040101 | NDC | | | | both | 1 EA | 111 | | | Wellcare | Medicaid | | 100 | | 15.63 | | | other | Drugs are paid at 100% of the AWP |
| TENOFOVIR 300MG TAB | 61958040101 | NDC | | | | both | 1 EA | 111 | | | WellPoint | WellPoint | | 100 | | 50.8 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EMTRICITABINE 200MG CAPS (NF) | 61958060101 | NDC | | | | both | | 1 EA | 76 | | Horizon | Indemnity | | 100 | | 14.06 | | | other | Drugs are paid at 100% of the AWP |
| EMTRICITABINE 200MG CAPS (NF) | 61958060101 | NDC | | | | both | | 1 EA | 76 | | Horizon | MGD | | 100 | | 11.75 | | | other | Drugs are paid at 100% of the AWP |
| EMTRICITABINE 200MG CAPS (NF) | 61958060101 | NDC | | | | both | | 1 EA | 76 | | Horizon | NJ Health | | 100 | | 5.51 | | | other | Drugs are paid at 100% of the AWP |
| EMTRICITABINE 200MG CAPS (NF) | 61958060101 | NDC | | | | both | | 1 EA | 76 | | WellPoint | WellPoint | | 100 | | 12.89 | | | other | Drugs are paid at 100% of the AWP |
| TENOFOVIR-EMTRICITABINE TAB | 61958070101 | NDC | | | | both | | 1 EA | 152.5 | | Aetna | Better Health | | 100 | | 26.07 | | | other | Drugs are paid at 100% of the AWP |
| TENOFOVIR-EMTRICITABINE TAB | 61958070101 | NDC | | | | both | | 1 EA | 152.5 | | Aetna | Commercial | | 100 | | 25.82 | | | other | Drugs are paid at 100% of the AWP |
| TENOFOVIR-EMTRICITABINE TAB | 61958070101 | NDC | | | | both | | 1 EA | 152.5 | | Corrections | Corrections | | 100 | | 44.53 | | | other | Drugs are paid at 100% of the AWP |
| TENOFOVIR-EMTRICITABINE TAB | 61958070101 | NDC | | | | both | | 1 EA | 152.5 | | Horizon | Indemnity | | 100 | | 23.22 | | | other | Drugs are paid at 100% of the AWP |
| TENOFOVIR-EMTRICITABINE TAB | 61958070101 | NDC | | | | both | | 1 EA | 152.5 | | Horizon | Medicare Blue | | 100 | | 9.96 | | | other | Drugs are paid at 100% of the AWP |
| TENOFOVIR-EMTRICITABINE TAB | 61958070101 | NDC | | | | both | | 1 EA | 152.5 | | Horizon | MGD | | 100 | | 53.31 | | | other | Drugs are paid at 100% of the AWP |
| TENOFOVIR-EMTRICITABINE TAB | 61958070101 | NDC | | | | both | | 1 EA | 152.5 | | Horizon | NJ Health | | 100 | | 19.37 | | | other | Drugs are paid at 100% of the AWP |
| TENOFOVIR-EMTRICITABINE TAB | 61958070101 | NDC | | | | both | | 1 EA | 152.5 | | UHC | Medicaid | | 100 | | 15.2 | | | other | Drugs are paid at 100% of the AWP |
| TENOFOVIR-EMTRICITABINE TAB | 61958070101 | NDC | | | | both | | 1 EA | 152.5 | | UHC | Medicare | | 100 | | 57.5 | | | other | Drugs are paid at 100% of the AWP |
| TENOFOVIR-EMTRICITABINE TAB | 61958070101 | NDC | | | | both | | 1 EA | 152.5 | | Wellcare | Medicaid | | 100 | | 27.8 | | | other | Drugs are paid at 100% of the AWP |
| TENOFOVIR-EMTRICITABINE TAB | 61958070101 | NDC | | | | both | | 1 EA | 152.5 | | WellPoint | WellPoint | | 100 | | 40.6 | | | other | Drugs are paid at 100% of the AWP |
| COMPLERA 200-25-300 TAB | 61958110101 | NDC | | | | both | | 1 EA | 252.5 | | Aetna | Commercial | | 100 | | 3.91 | | | other | Drugs are paid at 100% of the AWP |
| COMPLERA 200-25-300 TAB | 61958110101 | NDC | | | | both | | 1 EA | 252.5 | | Corrections | Corrections | | 100 | | 20.48 | | | other | Drugs are paid at 100% of the AWP |
| COMPLERA 200-25-300 TAB | 61958110101 | NDC | | | | both | | 1 EA | 252.5 | | Horizon | Indemnity | | 100 | | 66.82 | | | other | Drugs are paid at 100% of the AWP |
| COMPLERA 200-25-300 TAB | 61958110101 | NDC | | | | both | | 1 EA | 252.5 | | UHC | Medicaid | | 100 | | 44.16 | | | other | Drugs are paid at 100% of the AWP |
| TYBOST (COBICISTAT) 150 MG TAB | 61958140101 | NDC | | | | both | | 1 EA | 34 | | Horizon | Indemnity | | 100 | | 6.29 | | | other | Drugs are paid at 100% of the AWP |
| TYBOST (COBICISTAT) 150 MG TAB | 61958140101 | NDC | | | | both | | 1 EA | 34 | | WellPoint | WellPoint | | 100 | | 7.54 | | | other | Drugs are paid at 100% of the AWP |
| EVIT-COBIC-EMTRIC-TENOF(GENVOYA)TAB | 61958190101 | NDC | | | | both | | 1 EA | 385.5 | | Horizon | NJ Health | | 100 | | 74.39 | | | other | Drugs are paid at 100% of the AWP |
| EVIT-COBIC-EMTRIC-TENOF(GENVOYA)TAB | 61958190101 | NDC | | | | both | | 1 EA | 385.5 | | UHC | Medicaid | | 100 | | 70.22 | | | other | Drugs are paid at 100% of the AWP |
| EMTRICITABINE-TENOF ALAF(DESCOVY)TAB | 61958200201 | NDC | | | | both | | 1 EA | 227.5 | | Horizon | Medicare Blue | | 100 | | 67.71 | | | other | Drugs are paid at 100% of the AWP |
| EMTRICITABINE-TENOF ALAF(DESCOVY)TAB | 61958200201 | NDC | | | | both | | 1 EA | 227.5 | | Horizon | NJ Health | | 100 | | 22.44 | | | other | Drugs are paid at 100% of the AWP |
| EMTRICITABINE-TENOF ALAF(DESCOVY)TAB | 61958200201 | NDC | | | | both | | 1 EA | 227.5 | | UHC | Medicaid | | 100 | | 41.62 | | | other | Drugs are paid at 100% of the AWP |
| EMTRICITABINE-TENOF ALAF(DESCOVY)TAB | 61958200201 | NDC | | | | both | | 1 EA | 227.5 | | UHC | Medicare | | 100 | | 49.88 | | | other | Drugs are paid at 100% of the AWP |
| EMTRICITABINE-TENOF ALAF(DESCOVY)TAB | 61958200201 | NDC | | | | both | | 1 EA | 227.5 | | United | CommercialPPO | | 100 | | 89.22 | | | other | Drugs are paid at 100% of the AWP |
| EMTRICITABINE-TENOF ALAF(DESCOVY)TAB | 61958200201 | NDC | | | | both | | 1 EA | 227.5 | | Wellcare | Medicaid | | 100 | | 52.19 | | | other | Drugs are paid at 100% of the AWP |
| EMTRICITABINE-TENOF ALAF(DESCOVY)TAB | 61958200201 | NDC | | | | both | | 1 EA | 227.5 | | WellPoint | WellPoint | | 100 | | 17.35 | | | other | Drugs are paid at 100% of the AWP |
| TENOFOVIR ALAFENAMIDE(VEMILIDY)25MG TAB | 61958230101 | NDC | | | | both | | 1 EA | 145.5 | | Aetna | Better Health | | 100 | | 21.95 | | | other | Drugs are paid at 100% of the AWP |
| TENOFOVIR ALAFENAMIDE(VEMILIDY)25MG TAB | 61958230101 | NDC | | | | both | | 1 EA | 145.5 | | Amerihealth | HMO/PPO | | 100 | | 145.49 | | | other | Drugs are paid at 100% of the AWP |
| TENOFOVIR ALAFENAMIDE(VEMILIDY)25MG TAB | 61958230101 | NDC | | | | both | | 1 EA | 145.5 | | Horizon | Indemnity | | 100 | | 20.61 | | | other | Drugs are paid at 100% of the AWP |
| TENOFOVIR ALAFENAMIDE(VEMILIDY)25MG TAB | 61958230101 | NDC | | | | both | | 1 EA | 145.5 | | Horizon | MGD | | 100 | | 22.54 | | | other | Drugs are paid at 100% of the AWP |
| TENOFOVIR ALAFENAMIDE(VEMILIDY)25MG TAB | 61958230101 | NDC | | | | both | | 1 EA | 145.5 | | Horizon | NJ Health | | 100 | | 17.21 | | | other | Drugs are paid at 100% of the AWP |
| TENOFOVIR ALAFENAMIDE(VEMILIDY)25MG TAB | 61958230101 | NDC | | | | both | | 1 EA | 145.5 | | UHC | Medicaid | | 100 | | 12.07 | | | other | Drugs are paid at 100% of the AWP |
| TENOFOVIR ALAFENAMIDE(VEMILIDY)25MG TAB | 61958230101 | NDC | | | | both | | 1 EA | 145.5 | | WellPoint | WellPoint | | 100 | | 23.71 | | | other | Drugs are paid at 100% of the AWP |
| BICTEG/EMTRICITENOF(BIKTARVY) | 61958250101 | NDC | | | | both | | 1 EA | 416 | | Aetna | Better Health | | 100 | | 62.4 | | | other | Drugs are paid at 100% of the AWP |
| BICTEG/EMTRICITENOF(BIKTARVY) | 61958250101 | NDC | | | | both | | 1 EA | 416 | | Aetna | Commercial | | 100 | | 124.56 | | | other | Drugs are paid at 100% of the AWP |
| BICTEG/EMTRICITENOF(BIKTARVY) | 61958250101 | NDC | | | | both | | 1 EA | 416 | | Aetna | Medicare | | 100 | | 134.18 | | | other | Drugs are paid at 100% of the AWP |
| BICTEG/EMTRICITENOF(BIKTARVY) | 61958250101 | NDC | | | | both | | 1 EA | 416 | | Corrections | Corrections | | 100 | | 83.21 | | | other | Drugs are paid at 100% of the AWP |
| BICTEG/EMTRICITENOF(BIKTARVY) | 61958250101 | NDC | | | | both | | 1 EA | 416 | | Horizon | Indemnity | | 100 | | 107.36 | | | other | Drugs are paid at 100% of the AWP |
| BICTEG/EMTRICITENOF(BIKTARVY) | 61958250101 | NDC | | | | both | | 1 EA | 416 | | Horizon | Medicare Blue | | 100 | | 83.15 | | | other | Drugs are paid at 100% of the AWP |
| BICTEG/EMTRICITENOF(BIKTARVY) | 61958250101 | NDC | | | | both | | 1 EA | 416 | | Horizon | MGD | | 100 | | 100.78 | | | other | Drugs are paid at 100% of the AWP |
| BICTEG/EMTRICITENOF(BIKTARVY) | 61958250101 | NDC | | | | both | | 1 EA | 416 | | Horizon | NJ Health | | 100 | | 74.68 | | | other | Drugs are paid at 100% of the AWP |
| BICTEG/EMTRICITENOF(BIKTARVY) | 61958250101 | NDC | | | | both | | 1 EA | 416 | | Horizon | PPO | | 100 | | 127.08 | | | other | Drugs are paid at 100% of the AWP |
| BICTEG/EMTRICITENOF(BIKTARVY) | 61958250101 | NDC | | | | both | | 1 EA | 416 | | UHC | Medicaid | | 100 | | 60.38 | | | other | Drugs are paid at 100% of the AWP |
| BICTEG/EMTRICITENOF(BIKTARVY) | 61958250101 | NDC | | | | both | | 1 EA | 416 | | UHC | Medicare | | 100 | | 98.69 | | | other | Drugs are paid at 100% of the AWP |
| BICTEG/EMTRICITENOF(BIKTARVY) | 61958250101 | NDC | | | | both | | 1 EA | 416 | | United | CommercialPPO | | 100 | | 229.86 | | | other | Drugs are paid at 100% of the AWP |
| BICTEG/EMTRICITENOF(BIKTARVY) | 61958250101 | NDC | | | | both | | 1 EA | 416 | | Wellcare | Medicaid | | 100 | | 79.27 | | | other | Drugs are paid at 100% of the AWP |
| BICTEG/EMTRICITENOF(BIKTARVY) | 61958250101 | NDC | | | | both | | 1 EA | 416 | | Wellcare | Medicare | | 100 | | 106.21 | | | other | Drugs are paid at 100% of the AWP |
| BICTEG/EMTRICITENOF(BIKTARVY) | 61958250101 | NDC | | | | both | | 1 EA | 416 | | WellPoint | WellPoint | | 100 | | 88.63 | | | other | Drugs are paid at 100% of the AWP |
| ZINC OXIDE PASTE 30 GM JAR | 62130000001 | NDC | | | | both | | 1 EA | 28.5 | | Aetna | Better Health | | 100 | | 3.8 | | | other | Drugs are paid at 100% of the AWP |
| ZINC OXIDE PASTE 30 GM JAR | 62130000001 | NDC | | | | both | | 1 EA | 28.5 | | Aetna | Commercial | | 100 | | 11.5 | | | other | Drugs are paid at 100% of the AWP |
| ZINC OXIDE PASTE 30 GM JAR | 62130000001 | NDC | | | | both | | 1 EA | 28.5 | | Horizon | Indemnity | | 100 | | 1.35 | | | other | Drugs are paid at 100% of the AWP |
| ZINC OXIDE PASTE 30 GM JAR | 62130000001 | NDC | | | | both | | 1 EA | 28.5 | | Horizon | Medicare Blue | | 100 | | 7.77 | | | other | Drugs are paid at 100% of the AWP |
| ZINC OXIDE PASTE 30 GM JAR | 62130000001 | NDC | | | | both | | 1 EA | 28.5 | | Horizon | NJ Health | | 100 | | 2.13 | | | other | Drugs are paid at 100% of the AWP |
| ZINC OXIDE PASTE 30 GM JAR | 62130000001 | NDC | | | | both | | 1 EA | 28.5 | | Horizon | PPO | | 100 | | 3.99 | | | other | Drugs are paid at 100% of the AWP |
| ZINC OXIDE PASTE 30 GM JAR | 62130000001 | NDC | | | | both | | 1 EA | 28.5 | | UHC | Medicaid | | 100 | | 5.21 | | | other | Drugs are paid at 100% of the AWP |
| ZINC OXIDE PASTE 30 GM JAR | 62130000001 | NDC | | | | both | | 1 EA | 28.5 | | UHC | Medicare | | 100 | | 8.36 | | | other | Drugs are paid at 100% of the AWP |
| ZINC OXIDE PASTE 30 GM JAR | 62130000001 | NDC | | | | both | | 1 EA | 28.5 | | United | CommercialPPO | | 100 | | 6.74 | | | other | Drugs are paid at 100% of the AWP |
| ZINC OXIDE PASTE 30 GM JAR | 62130000001 | NDC | | | | both | | 1 EA | 28.5 | | Wellcare | Medicaid | | 100 | | 3.11 | | | other | Drugs are paid at 100% of the AWP |
| ZINC OXIDE PASTE 30 GM JAR | 62130000001 | NDC | | | | both | | 1 EA | 28.5 | | WellPoint | WellPoint | | 100 | | 4.6 | | | other | Drugs are paid at 100% of the AWP |
| PYRIDOXINE 25MG TAB | 62162016210 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| PYRIDOXINE 25MG TAB | 62162016210 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.84 | | | other | Drugs are paid at 100% of the AWP |
| PYRIDOXINE 25MG TAB | 62162016210 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| PYRIDOXINE 25MG TAB | 62162016210 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| PYRIDOXINE 25MG TAB | 62162016210 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| PYRIDOXINE 25MG TAB | 62162016210 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| PYRIDOXINE 25MG TAB | 62162016210 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| PYRIDOXINE 25MG TAB | 62162016210 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| PYRIDOXINE 25MG TAB | 62162016210 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| PYRIDOXINE 25MG TAB | 62162016210 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| MICONAZOLE 4% (2SGM) VAG CREAM | 62540201 | NDC | | | | both | | 1 EA | 23.5 | | Aetna | Better Health | | 100 | | 6.23 | | | other | Drugs are paid at 100% of the AWP |
| SOD PHENYLBUTYRATE 500MG TB(NF) | 62592049603 | NDC | | | | both | | 1 EA | 35.5 | | Horizon | NJ Health | | 100 | | 5.15 | | | other | Drugs are paid at 100% of the AWP |
| AMMONIUL 10%/10% 50ML VIAL | 62592072550 | NDC | | | | both | | 1 EA | 5351.5 | | Horizon | NJ Health | | 100 | | 289.45 | | | other | Drugs are paid at 100% of the AWP |
| PERMETHRIN 5% CREAM | 62794013106 | NDC | | | | both | | 1 EA | 167 | | Aetna | Better Health | | 100 | | 45.14 | | | other | Drugs are paid at 100% of the AWP |
| PERMETHRIN 5% CREAM | 62794013106 | NDC | | | | both | | 1 EA | 167 | | Horizon | Medicare Blue | | 100 | | 13.3 | | | other | Drugs are paid at 100% of the AWP |
| PERMETHRIN 5% CREAM | 62794013106 | NDC | | | | both | | 1 EA | 167 | | Horizon | MGD | | 100 | | 34.94 | | | other | Drugs are paid at 100% of the AWP |
| PERMETHRIN 5% CREAM | 62794013106 | NDC | | | | both | | 1 EA | 167 | | Horizon | NJ Health | | 100 | | 23.88 | | | other | Drugs are paid at 100% of the AWP |
| PERMETHRIN 5% CREAM | 62794013106 | NDC | | | | both | | 1 EA | 167 | | UHC | Medicaid | | 100 | | 19.07 | | | other | Drugs are paid at 100% of the AWP |
| PERMETHRIN 5% CREAM | 62794013106 | NDC | | | | both | | 1 EA | 167 | | UHC | Medicare | | 100 | | 66.26 | | | other | Drugs are paid at 100% of the AWP |
| PERMETHRIN 5% CREAM | 62794013106 | NDC | | | | both | | 1 EA | 167 | | Wellcare | Medicaid | | 100 | | 6.44 | | | other | Drugs are paid at 100% of the AWP |
| PERMETHRIN 5% CREAM | 62794013106 | NDC | | | | both | | 1 EA | 167 | | WellPoint | WellPoint | | 100 | | 23.67 | | | other | Drugs are paid at 100% of the AWP |
| DONEPEZIL 5MG TAB | 62856024541 | NDC | | | | both | | 1 EA | 41 | | Aetna | Medicare | | 100 | | 15.7 | | | other | Drugs are paid at 100% of the AWP |
| DONEPEZIL 5MG TAB | 62856024541 | NDC | | | | both | | 1 EA | 41 | | Horizon | Indemnity | | 100 | | 7.39 | | | other | Drugs are paid at 100% of the AWP |
| DONEPEZIL 5MG TAB | 62856024541 | NDC | | | | both | | 1 EA | 41 | | Horizon | Medicare Blue | | 100 | | 7.01 | | | other | Drugs are paid at 100% of the AWP |
| DONEPEZIL 5MG TAB | 62856024541 | NDC | | | | both | | 1 EA | 41 | | Horizon | NJ Health | | 100 | | 4.64 | | | other | Drugs are paid at 100% of the AWP |
| DONEPEZIL 5MG TAB | 62856024541 | NDC | | | | both | | 1 EA | 41 | | UHC | Medicaid | | 100 | | 6.78 | | | other | Drugs are paid at 100% of the AWP |
| DONEPEZIL 5MG TAB | 62856024541 | NDC | | | | both | | 1 EA | 41 | | UHC | Medicare | | 100 | | 7.34 | | | other | Drugs are paid at 100% of the AWP |
| DONEPEZIL 5MG TAB | 62856024541 | NDC | | | | both | | 1 EA | 41 | | United | CommercialPPO | | 100 | | 9.69 | | | other | Drugs are paid at 100% of the AWP |
| DONEPEZIL 5MG TAB | 62856024541 | NDC | | | | both | | 1 EA | 41 | | Wellcare | Medicaid | | 100 | | 5.94 | | | other | Drugs are paid at 100% of the AWP |
| DONEPEZIL 5MG TAB | 62856024541 | NDC | | | | both | | 1 EA | 41 | | WellPoint | WellPoint | | 100 | | 6.05 | | | other | Drugs are paid at 100% of the AWP |
| DONEPEZIL 10MG TAB | 62856024641 | NDC | | | | both | | 1 EA | 33.5 | | Aetna | Better Health | | 100 | | 8.53 | | | other | Drugs are paid at 100% of the AWP |
| DONEPEZIL 10MG TAB | 62856024641 | NDC | | | | both | | 1 EA | 33.5 | | Aetna | Medicare | | 100 | | 15.55 | | | other | Drugs are paid at 100% of the AWP |
| DONEPEZIL 10MG TAB | 62856024641 | NDC | | | | both | | 1 EA | 33.5 | | Horizon | Medicare Blue | | 100 | | 4.69 | | | other | Drugs are paid at 100% of the AWP |
| DONEPEZIL 10MG TAB | 62856024641 | NDC | | | | both | | 1 EA | 33.5 | | Horizon | NJ Health | | 100 | | 8.16 | | | other | Drugs are paid at 100% of the AWP |
| DONEPEZIL 10MG TAB | 62856024641 | NDC | | | | both | | 1 EA | 33.5 | | UHC | Medicare | | 100 | | 8.24 | | | other | Drugs are paid at 100% of the AWP |
| DONEPEZIL 10MG TAB | 62856024641 | NDC | | | | both | | 1 EA | 33.5 | | United | CommercialPPO | | 100 | | 12.69 | | | other | Drugs are paid at 100% of the AWP |
| DONEPEZIL 10MG TAB | 62856024641 | NDC | | | | both | | 1 EA | 33.5 | | Wellcare | Medicaid | | 100 | | 5.13 | | | other | Drugs are paid at 100% of the AWP |
| DONEPEZIL 10MG TAB | 62856024641 | NDC | | | | both | | 1 EA | 33.5 | | WellPoint | WellPoint | | 100 | | 3.22 | | | other | Drugs are paid at 100% of the AWP |
| ZONISAMIDE 25MG CAP | 62856068110 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 1.3 | | | other | Drugs are paid at 100% of the AWP |
| ZONISAMIDE 25MG CAP | 62856068110 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 0.91 | | | other | Drugs are paid at 100% of the AWP |
| ZONISAMIDE 25MG CAP | 62856068110 | NDC | | | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| DORAVIRINE(PIFELTRO) 100 MG TAB | 63069901 | NDC | | | | both | | 1 EA | 201.5 | | Horizon | NJ Health | | 100 | | 25.19 | | | other | Drugs are paid at 100% of the AWP |
| CHLOROTHIAZIDE 250MG/5ML SUSP | 63239966 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| CHLOROTHIAZIDE 250MG/5ML SUSP | 63239966 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.05 | | | other | Drugs are paid at 100% of the AWP |
| CHLOROTHIAZIDE 250MG/5ML SUSP | 63239966 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| CYPROHEPTADINE 2MG/5ML ELIX | 63289074 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.96 | | | other | Drugs are paid at 100% of the AWP |
| CYPROHEPTADINE 2MG/5ML ELIX | 63289074 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| OPIUM TINC 10% ELIXIR | 63304020301 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 1.09 | | | other | Drugs are paid at 100% of the AWP |
| OPIUM TINC 10% ELIXIR | 63304020301 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| CEPHALEXIN 250MG/5ML SUSP | 63304095901 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| CEPHALEXIN 250MG/5ML SUSP | 63304095901 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| CEPHALEXIN 250MG/5ML SUSP | 63304095901 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| CEPHALEXIN 250MG/5ML SUSP | 63304095901 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| CEPHALEXIN 250MG/5ML SUSP | 63304095901 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| CEPHALEXIN 250MG/5ML SUSP | 63304095901 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM PHOSPHATE 3MMO/ML 1ML | 63323017005 | NDC | | | | both | | 1 EA | 9 | | Aetna | Better Health | | 100 | | 1.38 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM PHOSPHATE 3MMO/ML 1ML | 63323017005 | NDC | | | | both | | 1 EA | 9 | | Aetna | Commercial | | 100 | | 1.73 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM PHOSPHATE 3MMO/ML 1ML | 63323017005 | NDC | | | | both | | 1 EA | 9 | | Aetna | Medicare | | 100 | | 1.21 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM PHOSPHATE 3MMO/ML 1ML | 63323017005 | NDC | | | | both | | 1 EA | 9 | | Amerihealth | HMO/PPO | | 100 | | 1.54 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM PHOSPHATE 3MMO/ML 1ML | 63323017005 | NDC | | | | both | | 1 EA | 9 | | Corrections | Corrections | | 100 | | 1.46 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM PHOSPHATE 3MMO/ML 1ML | 63323017005 | NDC | | | | both | | 1 EA | 9 | | Horizon | Indemnity | | 100 | | 1.4 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM PHOSPHATE 3MMO/ML 1ML | 63323017005 | NDC | | | | both | | 1 EA | 9 | | Horizon | Medicare Blue | | 100 | | 2.32 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM PHOSPHATE 3MMO/ML 1ML | 63323017005 | NDC | | | | both | | 1 EA | 9 | | Horizon | MGD | | 100 | | 1.66 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM PHOSPHATE 3MMO/ML 1ML | 63323017005 | NDC | | | | both | | 1 EA | 9 | | Horizon | NJ Health | | 100 | | 1.1 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM PHOSPHATE 3MMO/ML 1ML | 63323017005 | NDC | | | | both | | 1 EA | 9 | | Horizon | PPO | | 100 | | 1.76 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM PHOSPHATE 3MMO/ML 1ML | 63323017005 | NDC | | | | both | | 1 EA | 9 | | UHC | Medicaid | | 100 | | 1.45 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM PHOSPHATE 3MMO/ML 1ML | 63323017005 | NDC | | | | both | | 1 EA | 9 | | UHC | Medicare | | 100 | | 1.76 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM PHOSPHATE 3MMO/ML 1ML | 63323017005 | NDC | | | | both | | 1 EA | 9 | | United | CommercialPPO | | 100 | | 1.1 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM PHOSPHATE 3MMO/ML 1ML | 63323017005 | NDC | | | | both | | 1 EA | 9 | | United | Oxford | | 100 | | 2.67 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM PHOSPHATE 3MMO/ML 1ML | 63323017005 | NDC | | | | both | | 1 EA | 9 | | Wellcare | Medicaid | | 100 | | 1.21 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM PHOSPHATE 3MMO/ML 1ML | 63323017005 | NDC | | | | both | | 1 EA | 9 | | Wellcare | Medicare | | 100 | | 1.92 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM PHOSPHATE 3MMO/ML 1ML | 63323017005 | NDC | | | | both | | 1 EA | 9 | | WellPoint | WellPoint | | 100 | | 1.38 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE23.4%(4MEQ/ML)30ML | 63323018730 | NDC | | | | both | | 1 EA | 22 | | Aetna | Better Health | | 100 | | 3.07 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE23.4%(4MEQ/ML)30ML | 63323018730 | NDC | | | | both | | 1 EA | 22 | | Aetna | Commercial | | 100 | | 5.17 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE23.4%(4MEQ/ML)30ML | 63323018730 | NDC | | | | both | | 1 EA | 22 | | Amerihealth | HMO/PPO | | 100 | | 3.92 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE23.4%(4MEQ/ML)30ML | 63323018730 | NDC | | | | both | | 1 EA | 22 | | Horizon | MGD | | 100 | | 2.49 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE23.4%(4MEQ/ML)30ML | 63323018730 | NDC | | | | both | | 1 EA | 22 | | Horizon | NJ Health | | 100 | | 1.67 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE23.4%(4MEQ/ML)30ML | 63323018730 | NDC | | | | both | | 1 EA | 22 | | Horizon | PPO | | 100 | | 1.48 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE23.4%(4MEQ/ML)30ML | 63323018730 | NDC | | | | both | | 1 EA | 22 | | UHC | Medicaid | | 100 | | 3.79 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE23.4%(4MEQ/ML)30ML | 63323018730 | NDC | | | | both | | 1 EA | 22 | | UHC | Medicare | | 100 | | 6.56 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE23.4%(4MEQ/ML)30ML | 63323018730 | NDC | | | | both | | 1 EA | 22 | | Wellcare | Medicaid | | 100 | | 2.59 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM CHLORIDE23.4%(4MEQ/ML)30ML | 63323018730 | NDC | | | | both | | 1 EA | 22 | | WellPoint | WellPoint | | 100 | | 1.98 | | | other | Drugs are paid at 100% of the AWP |
| OMEGAVEN EM(FISH OIL) 1ML INJ | 63323020550 | NDC | | | | both | | 1 EA | 4 | | Horizon | NJ Health | | 100 | | 0.08 | | | other | Drugs are paid at 100% of the AWP |
| OMEGAVEN EM(FISH OIL) 1ML INJ | 63323020550 | NDC | | | | both | | 1 EA | 4 | | UHC | Medicaid | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| MINERAL OIL LIGHT-STERILE 10ML | 63323025410 | NDC | | | | both | | 1 EA | 38 | | Corrections | Corrections | | 100 | | 10.74 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MINERAL OIL LIGHT-STERILE 10ML | 63323025410 | NDC | | | | both | 1 EA | 38 | | Horizon | MGD | | 100 | | 4.47 | | | other | Drugs are paid at 100% of the AWP |
| MINERAL OIL LIGHT-STERILE 10ML | 63323025410 | NDC | | | | both | 1 EA | 38 | | Horizon | NJ Health | | 100 | | 3.06 | | | other | Drugs are paid at 100% of the AWP |
| MINERAL OIL LIGHT-STERILE 10ML | 63323025410 | NDC | | | | both | 1 EA | 38 | | Horizon | PPO | | 100 | | 3.83 | | | other | Drugs are paid at 100% of the AWP |
| MINERAL OIL LIGHT-STERILE 10ML | 63323025410 | NDC | | | | both | 1 EA | 38 | | UHC | Medicaid | | 100 | | 6.07 | | | other | Drugs are paid at 100% of the AWP |
| MINERAL OIL LIGHT-STERILE 10ML | 63323025410 | NDC | | | | both | 1 EA | 38 | | Wellcare | Medicaid | | 100 | | 5.37 | | | other | Drugs are paid at 100% of the AWP |
| MINERAL OIL LIGHT-STERILE 10ML | 63323025410 | NDC | | | | both | 1 EA | 38 | | WellPoint | WellPoint | | 100 | | 9.05 | | | other | Drugs are paid at 100% of the AWP |
| CHLOROPROCAINE 3% (30ML) INJ MPF VL | 63323047827 | NDC | | | | both | 1 EA | 99 | | Aetna | Better Health | | 100 | | 7.93 | | | other | Drugs are paid at 100% of the AWP |
| CHLOROPROCAINE 3% (30ML) INJ MPF VL | 63323047827 | NDC | | | | both | 1 EA | 99 | | Aetna | Commercial | | 100 | | 10.89 | | | other | Drugs are paid at 100% of the AWP |
| CHLOROPROCAINE 3% (30ML) INJ MPF VL | 63323047827 | NDC | | | | both | 1 EA | 99 | | Amerihealth | HMO/PPO | | 100 | | 8.89 | | | other | Drugs are paid at 100% of the AWP |
| CHLOROPROCAINE 3% (30ML) INJ MPF VL | 63323047827 | NDC | | | | both | 1 EA | 99 | | Horizon | MGD | | 100 | | 10.47 | | | other | Drugs are paid at 100% of the AWP |
| CHLOROPROCAINE 3% (30ML) INJ MPF VL | 63323047827 | NDC | | | | both | 1 EA | 99 | | Horizon | NJ Health | | 100 | | 7.83 | | | other | Drugs are paid at 100% of the AWP |
| CHLOROPROCAINE 3% (30ML) INJ MPF VL | 63323047827 | NDC | | | | both | 1 EA | 99 | | Horizon | PPO | | 100 | | 11.42 | | | other | Drugs are paid at 100% of the AWP |
| CHLOROPROCAINE 3% (30ML) INJ MPF VL | 63323047827 | NDC | | | | both | 1 EA | 99 | | UHC | Medicaid | | 100 | | 8.56 | | | other | Drugs are paid at 100% of the AWP |
| CHLOROPROCAINE 3% (30ML) INJ MPF VL | 63323047827 | NDC | | | | both | 1 EA | 99 | | UHC | Medicare | | 100 | | 20.24 | | | other | Drugs are paid at 100% of the AWP |
| CHLOROPROCAINE 3% (30ML) INJ MPF VL | 63323047827 | NDC | | | | both | 1 EA | 99 | | Wellcare | Medicaid | | 100 | | 5.83 | | | other | Drugs are paid at 100% of the AWP |
| CHLOROPROCAINE 3% (30ML) INJ MPF VL | 63323047827 | NDC | | | | both | 1 EA | 99 | | WellPoint | WellPoint | | 100 | | 10.04 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE-EPINEPHRINE 1ML INJ | 63323048837 | NDC | | | | both | 1 EA | 2 | | Aetna | Better Health | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE-EPINEPHRINE 1ML INJ | 63323048837 | NDC | | | | both | 1 EA | 2 | | Aetna | Commercial | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE-EPINEPHRINE 1ML INJ | 63323048837 | NDC | | | | both | 1 EA | 2 | | Amerihealth | HMO/PPO | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE-EPINEPHRINE 1ML INJ | 63323048837 | NDC | | | | both | 1 EA | 2 | | Corrections | Corrections | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE-EPINEPHRINE 1ML INJ | 63323048837 | NDC | | | | both | 1 EA | 2 | | Horizon | Indemnity | | 100 | | 0.13 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE-EPINEPHRINE 1ML INJ | 63323048837 | NDC | | | | both | 1 EA | 2 | | Horizon | Medicare Blue | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE-EPINEPHRINE 1ML INJ | 63323048837 | NDC | | | | both | 1 EA | 2 | | Horizon | MGD | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE-EPINEPHRINE 1ML INJ | 63323048837 | NDC | | | | both | 1 EA | 2 | | Horizon | NJ Health | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE-EPINEPHRINE 1ML INJ | 63323048837 | NDC | | | | both | 1 EA | 2 | | Horizon | PPO | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE-EPINEPHRINE 1ML INJ | 63323048837 | NDC | | | | both | 1 EA | 2 | | UHC | Medicaid | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE-EPINEPHRINE 1ML INJ | 63323048837 | NDC | | | | both | 1 EA | 2 | | UHC | Medicare | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE-EPINEPHRINE 1ML INJ | 63323048837 | NDC | | | | both | 1 EA | 2 | | United | Commercial/PPO | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE-EPINEPHRINE 1ML INJ | 63323048837 | NDC | | | | both | 1 EA | 2 | | Wellcare | Medicaid | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE-EPINEPHRINE 1ML INJ | 63323048837 | NDC | | | | both | 1 EA | 2 | | Wellcare | Medicare | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE-EPINEPHRINE 1ML INJ | 63323048837 | NDC | | | | both | 1 EA | 2 | | WellPoint | WellPoint | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 100 MCG PWVL INJ | 63323064907 | NDC | | | | both | 1 EA | 396.5 | | Aetna | Better Health | | 100 | | 53.23 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 100 MCG PWVL INJ | 63323064907 | NDC | | | | both | 1 EA | 396.5 | | Aetna | Commercial | | 100 | | 89.31 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 100 MCG PWVL INJ | 63323064907 | NDC | | | | both | 1 EA | 396.5 | | Aetna | Medicare | | 100 | | 26.74 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 100 MCG PWVL INJ | 63323064907 | NDC | | | | both | 1 EA | 396.5 | | Amerihealth | HMO/PPO | | 100 | | 65.44 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 100 MCG PWVL INJ | 63323064907 | NDC | | | | both | 1 EA | 396.5 | | Corrections | Corrections | | 100 | | 84.4 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 100 MCG PWVL INJ | 63323064907 | NDC | | | | both | 1 EA | 396.5 | | Horizon | Medicare Blue | | 100 | | 96.56 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 100 MCG PWVL INJ | 63323064907 | NDC | | | | both | 1 EA | 396.5 | | Horizon | NJ Health | | 100 | | 58.39 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 100 MCG PWVL INJ | 63323064907 | NDC | | | | both | 1 EA | 396.5 | | Horizon | PPO | | 100 | | 31.87 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 100 MCG PWVL INJ | 63323064907 | NDC | | | | both | 1 EA | 396.5 | | UHC | Medicaid | | 100 | | 58.3 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 100 MCG PWVL INJ | 63323064907 | NDC | | | | both | 1 EA | 396.5 | | UHC | Medicare | | 100 | | 59.8 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 100 MCG PWVL INJ | 63323064907 | NDC | | | | both | 1 EA | 396.5 | | United | Commercial/PPO | | 100 | | 204.84 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 100 MCG PWVL INJ | 63323064907 | NDC | | | | both | 1 EA | 396.5 | | Wellcare | Medicaid | | 100 | | 50.71 | | | other | Drugs are paid at 100% of the AWP |
| LEVOTHYROXINE 100 MCG PWVL INJ | 63323064907 | NDC | | | | both | 1 EA | 396.5 | | WellPoint | WellPoint | | 100 | | 100.47 | | | other | Drugs are paid at 100% of the AWP |
| FAT EMULSION(SMOFLIPID) 20% 100ML BAG | 63323082000 | NDC | | | | both | 1 EA | 89.5 | | Aetna | Commercial | | 100 | | 21.96 | | | other | Drugs are paid at 100% of the AWP |
| FAT EMULSION(SMOFLIPID) 20% 100ML BAG | 63323082000 | NDC | | | | both | 1 EA | 89.5 | | Horizon | MGD | | 100 | | 4.37 | | | other | Drugs are paid at 100% of the AWP |
| FAT EMULSION(SMOFLIPID) 20% 100ML BAG | 63323082000 | NDC | | | | both | 1 EA | 89.5 | | Horizon | NJ Health | | 100 | | 6.68 | | | other | Drugs are paid at 100% of the AWP |
| FAT EMULSION(SMOFLIPID) 20% 100ML BAG | 63323082000 | NDC | | | | both | 1 EA | 89.5 | | Horizon | PPO | | 100 | | 6.01 | | | other | Drugs are paid at 100% of the AWP |
| FAT EMULSION(SMOFLIPID) 20% 100ML BAG | 63323082000 | NDC | | | | both | 1 EA | 89.5 | | UHC | Medicaid | | 100 | | 14.77 | | | other | Drugs are paid at 100% of the AWP |
| TIMOLOL MALEATE 0.25% (5ML) OPH SOL | 6336603 | NDC | | | | both | 1 EA | 124 | | Horizon | Medicare Blue | | 100 | | 10.4 | | | other | Drugs are paid at 100% of the AWP |
| TIMOLOL MALEATE 0.25% (5ML) OPH SOL | 6336603 | NDC | | | | both | 1 EA | 124 | | UHC | Medicare | | 100 | | 31.2 | | | other | Drugs are paid at 100% of the AWP |
| TIMOLOL MALEATE 0.25% (5ML) OPH SOL | 6336603 | NDC | | | | both | 1 EA | 124 | | WellPoint | WellPoint | | 100 | | 51.58 | | | other | Drugs are paid at 100% of the AWP |
| TIMOLOL MALEATE 0.5% (5ML) OPH SOL | 6336703 | NDC | | | | both | 1 EA | 143.5 | | Aetna | Better Health | | 100 | | 28.02 | | | other | Drugs are paid at 100% of the AWP |
| TIMOLOL MALEATE 0.5% (5ML) OPH SOL | 6336703 | NDC | | | | both | 1 EA | 143.5 | | Aetna | Medicare | | 100 | | 16.26 | | | other | Drugs are paid at 100% of the AWP |
| TIMOLOL MALEATE 0.5% (5ML) OPH SOL | 6336703 | NDC | | | | both | 1 EA | 143.5 | | Horizon | Medicare Blue | | 100 | | 10.48 | | | other | Drugs are paid at 100% of the AWP |
| TIMOLOL MALEATE 0.5% (5ML) OPH SOL | 6336703 | NDC | | | | both | 1 EA | 143.5 | | Horizon | MGD | | 100 | | 28.86 | | | other | Drugs are paid at 100% of the AWP |
| TIMOLOL MALEATE 0.5% (5ML) OPH SOL | 6336703 | NDC | | | | both | 1 EA | 143.5 | | Horizon | NJ Health | | 100 | | 18.96 | | | other | Drugs are paid at 100% of the AWP |
| TIMOLOL MALEATE 0.5% (5ML) OPH SOL | 6336703 | NDC | | | | both | 1 EA | 143.5 | | UHC | Medicaid | | 100 | | 29.4 | | | other | Drugs are paid at 100% of the AWP |
| TIMOLOL MALEATE 0.5% (5ML) OPH SOL | 6336703 | NDC | | | | both | 1 EA | 143.5 | | UHC | Medicare | | 100 | | 35.39 | | | other | Drugs are paid at 100% of the AWP |
| TIMOLOL MALEATE 0.5% (5ML) OPH SOL | 6336703 | NDC | | | | both | 1 EA | 143.5 | | WellPoint | WellPoint | | 100 | | 47.8 | | | other | Drugs are paid at 100% of the AWP |
| OFLOXACIN 0.3% (5ML) OTIC SOL | 63395010105 | NDC | | | | both | 1 EA | 299 | | Amerihealth | HMO/PPO | | 100 | | 42.14 | | | other | Drugs are paid at 100% of the AWP |
| OFLOXACIN 0.3% (5ML) OTIC SOL | 63395010105 | NDC | | | | both | 1 EA | 299 | | Horizon | Medicare Blue | | 100 | | 92.94 | | | other | Drugs are paid at 100% of the AWP |
| OFLOXACIN 0.3% (5ML) OTIC SOL | 63395010105 | NDC | | | | both | 1 EA | 299 | | Horizon | NJ Health | | 100 | | 36.24 | | | other | Drugs are paid at 100% of the AWP |
| OFLOXACIN 0.3% (5ML) OTIC SOL | 63395010105 | NDC | | | | both | 1 EA | 299 | | Horizon | PPO | | 100 | | 83.91 | | | other | Drugs are paid at 100% of the AWP |
| OFLOXACIN 0.3% (5ML) OTIC SOL | 63395010105 | NDC | | | | both | 1 EA | 299 | | UHC | Medicaid | | 100 | | 51.15 | | | other | Drugs are paid at 100% of the AWP |
| OFLOXACIN 0.3% (5ML) OTIC SOL | 63395010105 | NDC | | | | both | 1 EA | 299 | | UHC | Medicare | | 100 | | 40.54 | | | other | Drugs are paid at 100% of the AWP |
| OFLOXACIN 0.3% (5ML) OTIC SOL | 63395010105 | NDC | | | | both | 1 EA | 299 | | United | Commercial/PPO | | 100 | | 34.27 | | | other | Drugs are paid at 100% of the AWP |
| OFLOXACIN 0.3% (5ML) OTIC SOL | 63395010105 | NDC | | | | both | 1 EA | 299 | | Wellcare | Medicaid | | 100 | | 76.09 | | | other | Drugs are paid at 100% of the AWP |
| OFLOXACIN 0.3% (5ML) OTIC SOL | 63395010105 | NDC | | | | both | 1 EA | 299 | | WellPoint | WellPoint | | 100 | | 49.85 | | | other | Drugs are paid at 100% of the AWP |
| LEVALBUTEROL 0.63MG/3ML NEB SOL(NF) | 63402051224 | NDC | | | | both | 1 EA | 23.5 | | Horizon | NJ Health | | 100 | | 5.19 | | | other | Drugs are paid at 100% of the AWP |
| LEVALBUTEROL 1.25MG/3ML NEB SOL(NF) | 63402051396 | NDC | | | | both | 1 EA | 9.5 | | Horizon | NJ Health | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| INDOMETHACIN 1MG INJ | 6340817 | NDC | | | | both | 1 EA | 205.5 | | UHC | Medicaid | | 100 | | 30.24 | | | other | Drugs are paid at 100% of the AWP |
| MODAFINIL 100MG TAB (NF) | 63459010001 | NDC | | | | both | 1 EA | 33.5 | | Aetna | Better Health | | 100 | | 4.71 | | | other | Drugs are paid at 100% of the AWP |
| MODAFINIL 100MG TAB (NF) | 63459010001 | NDC | | | | both | 1 EA | 33.5 | | Aetna | Commercial | | 100 | | 7.8 | | | other | Drugs are paid at 100% of the AWP |
| MODAFINIL 100MG TAB (NF) | 63459010001 | NDC | | | | both | 1 EA | 33.5 | | Horizon | NJ Health | | 100 | | 5.62 | | | other | Drugs are paid at 100% of the AWP |
| MODAFINIL 100MG TAB (NF) | 63459010001 | NDC | | | | both | 1 EA | 33.5 | | UHC | Medicaid | | 100 | | 3.72 | | | other | Drugs are paid at 100% of the AWP |
| MODAFINIL 100MG TAB (NF) | 63459010001 | NDC | | | | both | 1 EA | 33.5 | | UHC | Medicare | | 100 | | 9.66 | | | other | Drugs are paid at 100% of the AWP |
| MODAFINIL 100MG TAB (NF) | 63459010001 | NDC | | | | both | 1 EA | 33.5 | | WellPoint | WellPoint | | 100 | | 10.39 | | | other | Drugs are paid at 100% of the AWP |
| ENALAPRILAT 2.5MG/2ML VIAL | 6350804 | NDC | | | | both | 1 EA | 214.5 | | UHC | Medicare | | 100 | | 60.85 | | | other | Drugs are paid at 100% of the AWP |
| DORZOLAMIDE 2% 10ML OPTH SOLN | 6351936 | NDC | | | | both | 1 EA | 330 | | Aetna | Commercial | | 100 | | 160.82 | | | other | Drugs are paid at 100% of the AWP |
| DORZOLAMIDE 2% 10ML OPTH SOLN | 6351936 | NDC | | | | both | 1 EA | 330 | | Amerihealth | HMO/PPO | | 100 | | 32.29 | | | other | Drugs are paid at 100% of the AWP |
| DORZOLAMIDE 2% 10ML OPTH SOLN | 6351936 | NDC | | | | both | 1 EA | 330 | | Horizon | Medicare Blue | | 100 | | 24.12 | | | other | Drugs are paid at 100% of the AWP |
| DORZOLAMIDE 2% 10ML OPTH SOLN | 6351936 | NDC | | | | both | 1 EA | 330 | | Horizon | NJ Health | | 100 | | 59.93 | | | other | Drugs are paid at 100% of the AWP |
| DORZOLAMIDE 2% 10ML OPTH SOLN | 6351936 | NDC | | | | both | 1 EA | 330 | | UHC | Medicaid | | 100 | | 55.69 | | | other | Drugs are paid at 100% of the AWP |
| DORZOLAMIDE 2% 10ML OPTH SOLN | 6351936 | NDC | | | | both | 1 EA | 330 | | UHC | Medicare | | 100 | | 43.77 | | | other | Drugs are paid at 100% of the AWP |
| DORZOLAMIDE 2% 10ML OPTH SOLN | 6351936 | NDC | | | | both | 1 EA | 330 | | United | Commercial/PPO | | 100 | | 47.53 | | | other | Drugs are paid at 100% of the AWP |
| DORZOLAMIDE 2% 10ML OPTH SOLN | 6351936 | NDC | | | | both | 1 EA | 330 | | Wellcare | Medicare | | 100 | | 22.15 | | | other | Drugs are paid at 100% of the AWP |
| DORZOLAMIDE 2% 10ML OPTH SOLN | 6351936 | NDC | | | | both | 1 EA | 330 | | WellPoint | WellPoint | | 100 | | 87.03 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 40MG/5ML SUSP | 6353892 | NDC | | | | both | 1 EA | 9.5 | | Aetna | Better Health | | 100 | | 1.12 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 40MG/5ML SUSP | 6353892 | NDC | | | | both | 1 EA | 9.5 | | Aetna | Commercial | | 100 | | 2.14 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 40MG/5ML SUSP | 6353892 | NDC | | | | both | 1 EA | 9.5 | | Aetna | Medicare | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 40MG/5ML SUSP | 6353892 | NDC | | | | both | 1 EA | 9.5 | | Amerihealth | HMO/PPO | | 100 | | 1.71 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 40MG/5ML SUSP | 6353892 | NDC | | | | both | 1 EA | 9.5 | | Horizon | Indemnity | | 100 | | 0.89 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 40MG/5ML SUSP | 6353892 | NDC | | | | both | 1 EA | 9.5 | | Horizon | Medicare Blue | | 100 | | 2.37 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 40MG/5ML SUSP | 6353892 | NDC | | | | both | 1 EA | 9.5 | | Horizon | MGD | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 40MG/5ML SUSP | 6353892 | NDC | | | | both | 1 EA | 9.5 | | Horizon | NJ Health | | 100 | | 1.24 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 40MG/5ML SUSP | 6353892 | NDC | | | | both | 1 EA | 9.5 | | UHC | Medicaid | | 100 | | 1.62 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 40MG/5ML SUSP | 6353892 | NDC | | | | both | 1 EA | 9.5 | | UHC | Medicare | | 100 | | 2.94 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 40MG/5ML SUSP | 6353892 | NDC | | | | both | 1 EA | 9.5 | | Wellcare | Medicaid | | 100 | | 1.87 | | | other | Drugs are paid at 100% of the AWP |
| FAMOTIDINE 40MG/5ML SUSP | 6353892 | NDC | | | | both | 1 EA | 9.5 | | WellPoint | WellPoint | | 100 | | 1.65 | | | other | Drugs are paid at 100% of the AWP |
| TIMOLOL MALEATE-DORZOLAMIDE 0.5%/5M | 6362835 | NDC | | | | both | 1 EA | 332.5 | | Aetna | Better Health | | 100 | | 116.64 | | | other | Drugs are paid at 100% of the AWP |
| TIMOLOL MALEATE-DORZOLAMIDE 0.5%/5M | 6362835 | NDC | | | | both | 1 EA | 332.5 | | Aetna | Commercial | | 100 | | 101.58 | | | other | Drugs are paid at 100% of the AWP |
| TIMOLOL MALEATE-DORZOLAMIDE 0.5%/5M | 6362835 | NDC | | | | both | 1 EA | 332.5 | | Aetna | Medicare | | 100 | | 102.92 | | | other | Drugs are paid at 100% of the AWP |
| TIMOLOL MALEATE-DORZOLAMIDE 0.5%/5M | 6362835 | NDC | | | | both | 1 EA | 332.5 | | Amerihealth | HMO/PPO | | 100 | | 45.52 | | | other | Drugs are paid at 100% of the AWP |
| TIMOLOL MALEATE-DORZOLAMIDE 0.5%/5M | 6362835 | NDC | | | | both | 1 EA | 332.5 | | Corrections | Corrections | | 100 | | 86.26 | | | other | Drugs are paid at 100% of the AWP |
| TIMOLOL MALEATE-DORZOLAMIDE 0.5%/5M | 6362835 | NDC | | | | both | 1 EA | 332.5 | | Horizon | Indemnity | | 100 | | 83.94 | | | other | Drugs are paid at 100% of the AWP |
| TIMOLOL MALEATE-DORZOLAMIDE 0.5%/5M | 6362835 | NDC | | | | both | 1 EA | 332.5 | | Horizon | Medicare Blue | | 100 | | 68.12 | | | other | Drugs are paid at 100% of the AWP |
| TIMOLOL MALEATE-DORZOLAMIDE 0.5%/5M | 6362835 | NDC | | | | both | 1 EA | 332.5 | | Horizon | MGD | | 100 | | 42.73 | | | other | Drugs are paid at 100% of the AWP |
| TIMOLOL MALEATE-DORZOLAMIDE 0.5%/5M | 6362835 | NDC | | | | both | 1 EA | 332.5 | | Horizon | NJ Health | | 100 | | 31.54 | | | other | Drugs are paid at 100% of the AWP |
| TIMOLOL MALEATE-DORZOLAMIDE 0.5%/5M | 6362835 | NDC | | | | both | 1 EA | 332.5 | | Horizon | PPO | | 100 | | 54.6 | | | other | Drugs are paid at 100% of the AWP |
| TIMOLOL MALEATE-DORZOLAMIDE 0.5%/5M | 6362835 | NDC | | | | both | 1 EA | 332.5 | | UHC | Medicaid | | 100 | | 39.24 | | | other | Drugs are paid at 100% of the AWP |
| TIMOLOL MALEATE-DORZOLAMIDE 0.5%/5M | 6362835 | NDC | | | | both | 1 EA | 332.5 | | UHC | Medicare | | 100 | | 50.33 | | | other | Drugs are paid at 100% of the AWP |
| TIMOLOL MALEATE-DORZOLAMIDE 0.5%/5M | 6362835 | NDC | | | | both | 1 EA | 332.5 | | United | Commercial/PPO | | 100 | | 22.82 | | | other | Drugs are paid at 100% of the AWP |
| TIMOLOL MALEATE-DORZOLAMIDE 0.5%/5M | 6362835 | NDC | | | | both | 1 EA | 332.5 | | Wellcare | Medicaid | | 100 | | 97.83 | | | other | Drugs are paid at 100% of the AWP |
| TIMOLOL MALEATE-DORZOLAMIDE 0.5%/5M | 6362835 | NDC | | | | both | 1 EA | 332.5 | | WellPoint | WellPoint | | 100 | | 66.41 | | | other | Drugs are paid at 100% of the AWP |
| CLOPIDOGREL 75MG TAB | 63653117104 | NDC | | | | both | 1 EA | 23.5 | | Aetna | Better Health | | 100 | | 3.91 | | | other | Drugs are paid at 100% of the AWP |
| CLOPIDOGREL 75MG TAB | 63653117104 | NDC | | | | both | 1 EA | 23.5 | | Aetna | Commercial | | 100 | | 4.63 | | | other | Drugs are paid at 100% of the AWP |
| CLOPIDOGREL 75MG TAB | 63653117104 | NDC | | | | both | 1 EA | 23.5 | | Aetna | Medicare | | 100 | | 3.54 | | | other | Drugs are paid at 100% of the AWP |
| CLOPIDOGREL 75MG TAB | 63653117104 | NDC | | | | both | 1 EA | 23.5 | | Amerihealth | HMO/PPO | | 100 | | 8 | | | other | Drugs are paid at 100% of the AWP |
| CLOPIDOGREL 75MG TAB | 63653117104 | NDC | | | | both | 1 EA | 23.5 | | Corrections | Corrections | | 100 | | 4.54 | | | other | Drugs are paid at 100% of the AWP |
| CLOPIDOGREL 75MG TAB | 63653117104 | NDC | | | | both | 1 EA | 23.5 | | Horizon | Indemnity | | 100 | | 2.93 | | | other | Drugs are paid at 100% of the AWP |
| CLOPIDOGREL 75MG TAB | 63653117104 | NDC | | | | both | 1 EA | 23.5 | | Horizon | Medicare Blue | | 100 | | 5.01 | | | other | Drugs are paid at 100% of the AWP |
| CLOPIDOGREL 75MG TAB | 63653117104 | NDC | | | | both | 1 EA | 23.5 | | Horizon | MGD | | 100 | | 4.13 | | | other | Drugs are paid at 100% of the AWP |
| CLOPIDOGREL 75MG TAB | 63653117104 | NDC | | | | both | 1 EA | 23.5 | | Horizon | NJ Health | | 100 | | 3.36 | | | other | Drugs are paid at 100% of the AWP |
| CLOPIDOGREL 75MG TAB | 63653117104 | NDC | | | | both | 1 EA | 23.5 | | Horizon | PPO | | 100 | | 4.44 | | | other | Drugs are paid at 100% of the AWP |
| CLOPIDOGREL 75MG TAB | 63653117104 | NDC | | | | both | 1 EA | 23.5 | | UHC | Medicaid | | 100 | | 3.46 | | | other | Drugs are paid at 100% of the AWP |
| CLOPIDOGREL 75MG TAB | 63653117104 | NDC | | | | both | 1 EA | 23.5 | | UHC | Medicare | | 100 | | 4.37 | | | other | Drugs are paid at 100% of the AWP |
| CLOPIDOGREL 75MG TAB | 63653117104 | NDC | | | | both | 1 EA | 23.5 | | United | Commercial/PPO | | 100 | | 3.65 | | | other | Drugs are paid at 100% of the AWP |
| CLOPIDOGREL 75MG TAB | 63653117104 | NDC | | | | both | 1 EA | 23.5 | | Wellcare | Medicaid | | 100 | | 5.13 | | | other | Drugs are paid at 100% of the AWP |
| CLOPIDOGREL 75MG TAB | 63653117104 | NDC | | | | both | 1 EA | 23.5 | | Wellcare | Medicare | | 100 | | 6.73 | | | other | Drugs are paid at 100% of the AWP |
| CLOPIDOGREL 75MG TAB | 63653117104 | NDC | | | | both | 1 EA | 23.5 | | WellPoint | WellPoint | | 100 | | 4.74 | | | other | Drugs are paid at 100% of the AWP |
| CLOPIDOGREL BISULFATE 300MG TABS | 63653133203 | NDC | | | | both | 1 EA | 104.5 | | Aetna | Better Health | | 100 | | 15.49 | | | other | Drugs are paid at 100% of the AWP |
| CLOPIDOGREL BISULFATE 300MG TABS | 63653133203 | NDC | | | | both | 1 EA | 104.5 | | Horizon | NJ Health | | 100 | | 30.24 | | | other | Drugs are paid at 100% of the AWP |
| CLOPIDOGREL BISULFATE 300MG TABS | 63653133203 | NDC | | | | both | 1 EA | 104.5 | | UHC | Medicare | | 100 | | 19.47 | | | other | Drugs are paid at 100% of the AWP |
| CLOPIDOGREL BISULFATE 300MG TABS | 63653133203 | NDC | | | | both | 1 EA | 104.5 | | Wellcare | Medicare | | 100 | | 28.89 | | | other | Drugs are paid at 100% of the AWP |
| CYCOLBENZAPRINE HCL 10 MG TAB | 63739006610 | NDC | | | | both | 1 EA | 5.5 | | Aetna | Medicare | | 100 | | 2.08 | | | other | Drugs are paid at 100% of the AWP |
| CLONAZEPAM 0.5MG TAB | 63739026310 | NDC | | | | both | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| CLONAZEPAM 0.5MG TAB | 63739026310 | NDC | | | | both | 1 EA | 3.5 | | Aetna | Commercial | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| CLONAZEPAM 0.5MG TAB | 63739026310 | NDC | | | | both | 1 EA | 3.5 | | Aetna | Medicare | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| CLONAZEPAM 0.5MG TAB | 63739026310 | NDC | | | | both | 1 EA | 3.5 | | Amerihealth | HMO/PPO | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| CLONAZEPAM 0.5MG TAB | 63739026310 | NDC | | | | both | 1 EA | 3.5 | | Horizon | Indemnity | | 100 | | 0.71 | | | other | Drugs are paid at 100% of the AWP |
| CLONAZEPAM 0.5MG TAB | 63739026310 | NDC | | | | both | 1 EA | 3.5 | | Horizon | Medicare Blue | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| CLONAZEPAM 0.5MG TAB | 63739026310 | NDC | | | | both | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 1.09 | | | other | Drugs are paid at 100% of the AWP |
| CLONAZEPAM 0.5MG TAB | 63739026310 | NDC | | | | both | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| CLONAZEPAM 0.5MG TAB | 63739026310 | NDC | | | | both | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| CLONAZEPAM 0.5MG TAB | 63739026310 | NDC | | | | both | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| CLONAZEPAM 0.5MG TAB | 63739026310 | NDC | | | | both | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| CLONAZEPAM 0.5MG TAB | 63739026310 | NDC | | | | both | 1 EA | 3.5 | | United | Commercial/PPO | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CLONAZEPAM 0.5MG TAB | 63739026310 | NDC | | | | both | 1 EA | 3.5 | | | United | Oxford | | 100 | | 0.14 | | | other | Drugs are paid at 100% of the AWP |
| CLONAZEPAM 0.5MG TAB | 63739026310 | NDC | | | | both | 1 EA | 3.5 | | | Wellcare | Medicaid | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| CLONAZEPAM 0.5MG TAB | 63739026310 | NDC | | | | both | 1 EA | 3.5 | | | Wellcare | Medicare | | 100 | | 2.01 | | | other | Drugs are paid at 100% of the AWP |
| CLONAZEPAM 0.5MG TAB | 63739026310 | NDC | | | | both | 1 EA | 3.5 | | | WellPoint | WellPoint | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| BUPROPION HCL 75MG TAB | 63739031710 | NDC | | | | both | 1 EA | 4.5 | | | Wellcare | Medicaid | | 100 | | 0.74 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN POLISTIREX 1ML SUSP | 63824017663 | NDC | | | | both | 1 EA | 1 | | | Aetna | Better Health | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN POLISTIREX 1ML SUSP | 63824017663 | NDC | | | | both | 1 EA | 1 | | | Aetna | Medicare | | 100 | | 0.03 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN POLISTIREX 1ML SUSP | 63824017663 | NDC | | | | both | 1 EA | 1 | | | Horizon | NJ Health | | 100 | | 0.09 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN POLISTIREX 1ML SUSP | 63824017663 | NDC | | | | both | 1 EA | 1 | | | UHC | Medicaid | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROMETHORPHAN POLISTIREX 1ML SUSP | 63824017663 | NDC | | | | both | 1 EA | 1 | | | WellPoint | WellPoint | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| BENZOCAINE/MENTOHOL LOZG | 63824071016 | NDC | | | | both | 1 EA | 0.6 | | | Aetna | Better Health | | 100 | | 0.08 | | | other | Drugs are paid at 100% of the AWP |
| BENZOCAINE/MENTOHOL LOZG | 63824071016 | NDC | | | | both | 1 EA | 0.6 | | | Aetna | Commercial | | 100 | | 0.09 | | | other | Drugs are paid at 100% of the AWP |
| BENZOCAINE/MENTOHOL LOZG | 63824071016 | NDC | | | | both | 1 EA | 0.6 | | | Aetna | Medicare | | 100 | | 0.09 | | | other | Drugs are paid at 100% of the AWP |
| BENZOCAINE/MENTOHOL LOZG | 63824071016 | NDC | | | | both | 1 EA | 0.6 | | | Amerihealth | HMO/PPO | | 100 | | 0.1 | | | other | Drugs are paid at 100% of the AWP |
| BENZOCAINE/MENTOHOL LOZG | 63824071016 | NDC | | | | both | 1 EA | 0.6 | | | Corrections | Corrections | | 100 | | 0.12 | | | other | Drugs are paid at 100% of the AWP |
| BENZOCAINE/MENTOHOL LOZG | 63824071016 | NDC | | | | both | 1 EA | 0.6 | | | Horizon | Indemnity | | 100 | | 0.07 | | | other | Drugs are paid at 100% of the AWP |
| BENZOCAINE/MENTOHOL LOZG | 63824071016 | NDC | | | | both | 1 EA | 0.6 | | | Horizon | Medicare Blue | | 100 | | 0.09 | | | other | Drugs are paid at 100% of the AWP |
| BENZOCAINE/MENTOHOL LOZG | 63824071016 | NDC | | | | both | 1 EA | 0.6 | | | Horizon | MGD | | 100 | | 0.11 | | | other | Drugs are paid at 100% of the AWP |
| BENZOCAINE/MENTOHOL LOZG | 63824071016 | NDC | | | | both | 1 EA | 0.6 | | | Horizon | NJ Health | | 100 | | 0.07 | | | other | Drugs are paid at 100% of the AWP |
| BENZOCAINE/MENTOHOL LOZG | 63824071016 | NDC | | | | both | 1 EA | 0.6 | | | Horizon | PPO | | 100 | | 0.11 | | | other | Drugs are paid at 100% of the AWP |
| BENZOCAINE/MENTOHOL LOZG | 63824071016 | NDC | | | | both | 1 EA | 0.6 | | | UHC | Medicaid | | 100 | | 0.1 | | | other | Drugs are paid at 100% of the AWP |
| BENZOCAINE/MENTOHOL LOZG | 63824071016 | NDC | | | | both | 1 EA | 0.6 | | | UHC | Medicare | | 100 | | 0.12 | | | other | Drugs are paid at 100% of the AWP |
| BENZOCAINE/MENTOHOL LOZG | 63824071016 | NDC | | | | both | 1 EA | 0.6 | | | United | CommercialPPO | | 100 | | 0.12 | | | other | Drugs are paid at 100% of the AWP |
| BENZOCAINE/MENTOHOL LOZG | 63824071016 | NDC | | | | both | 1 EA | 0.6 | | | Wellcare | Medicaid | | 100 | | 0.08 | | | other | Drugs are paid at 100% of the AWP |
| BENZOCAINE/MENTOHOL LOZG | 63824071016 | NDC | | | | both | 1 EA | 0.6 | | | Wellcare | Medicare | | 100 | | 0.07 | | | other | Drugs are paid at 100% of the AWP |
| BENZOCAINE/MENTOHOL LOZG | 63824071016 | NDC | | | | both | 1 EA | 0.6 | | | WellPoint | WellPoint | | 100 | | 0.12 | | | other | Drugs are paid at 100% of the AWP |
| MONTELUKAST SOD ORAL GRAN 4MG(NF) | 6384130 | NDC | | | | both | 1 EA | 26.5 | | | Horizon | NJ Health | | 100 | | 4.24 | | | other | Drugs are paid at 100% of the AWP |
| MONTELUKAST SOD ORAL GRAN 4MG(NF) | 6384130 | NDC | | | | both | 1 EA | 26.5 | | | UHC | Medicaid | | 100 | | 4.06 | | | other | Drugs are paid at 100% of the AWP |
| MONTELUKAST SOD ORAL GRAN 4MG(NF) | 6384130 | NDC | | | | both | 1 EA | 26.5 | | | WellPoint | WellPoint | | 100 | | 3.48 | | | other | Drugs are paid at 100% of the AWP |
| NITROPRUSSIDE SOD 50MG/ML(2ML VIAL) | 64101252 | NDC | | | | both | 1 EA | 1057.5 | | | Horizon | NJ Health | | 100 | | 90.93 | | | other | Drugs are paid at 100% of the AWP |
| ISOPROTERENOL 0.02% INJ | 641143835 | NDC | | | | both | 1 EA | 28.5 | | | Aetna | Better Health | | 100 | | 5.92 | | | other | Drugs are paid at 100% of the AWP |
| ISOPROTERENOL 0.02% INJ | 641143835 | NDC | | | | both | 1 EA | 28.5 | | | Horizon | NJ Health | | 100 | | 2.34 | | | other | Drugs are paid at 100% of the AWP |
| ISOPROTERENOL 0.02% INJ | 641143835 | NDC | | | | both | 1 EA | 28.5 | | | Horizon | PPO | | 100 | | 22.38 | | | other | Drugs are paid at 100% of the AWP |
| ISOPROTERENOL 0.02% INJ | 641143835 | NDC | | | | both | 1 EA | 28.5 | | | UHC | Medicare | | 100 | | 12.4 | | | other | Drugs are paid at 100% of the AWP |
| ISOPROTERENOL 0.02% INJ | 641143835 | NDC | | | | both | 1 EA | 28.5 | | | Wellcare | Medicare | | 100 | | 5.43 | | | other | Drugs are paid at 100% of the AWP |
| ACARBOSE 25MG TAB | 64380075806 | NDC | | | | both | 1 EA | 3 | | | Horizon | NJ Health | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| VARICELLA VIRUS VACC LIVE 0.5ML | 6482700 | NDC | | | | both | 1 EA | 477.5 | | | Aetna | Better Health | | 100 | | 65.58 | | | other | Drugs are paid at 100% of the AWP |
| VARICELLA VIRUS VACC LIVE 0.5ML | 6482700 | NDC | | | | both | 1 EA | 477.5 | | | Horizon | MGD | | 100 | | 87.94 | | | other | Drugs are paid at 100% of the AWP |
| VARICELLA VIRUS VACC LIVE 0.5ML | 6482700 | NDC | | | | both | 1 EA | 477.5 | | | Horizon | NJ Health | | 100 | | 59.6 | | | other | Drugs are paid at 100% of the AWP |
| VARICELLA VIRUS VACC LIVE 0.5ML | 6482700 | NDC | | | | both | 1 EA | 477.5 | | | Horizon | PPO | | 100 | | 133.49 | | | other | Drugs are paid at 100% of the AWP |
| VARICELLA VIRUS VACC LIVE 0.5ML | 6482700 | NDC | | | | both | 1 EA | 477.5 | | | UHC | Medicaid | | 100 | | 57.27 | | | other | Drugs are paid at 100% of the AWP |
| VARICELLA VIRUS VACC LIVE 0.5ML | 6482700 | NDC | | | | both | 1 EA | 477.5 | | | United | CommercialPPO | | 100 | | 78.58 | | | other | Drugs are paid at 100% of the AWP |
| VARICELLA VIRUS VACC LIVE 0.5ML | 6482700 | NDC | | | | both | 1 EA | 477.5 | | | Wellcare | Medicaid | | 100 | | 68.26 | | | other | Drugs are paid at 100% of the AWP |
| VARICELLA VIRUS VACC LIVE 0.5ML | 6482700 | NDC | | | | both | 1 EA | 477.5 | | | WellPoint | WellPoint | | 100 | | 70.63 | | | other | Drugs are paid at 100% of the AWP |
| MIFEPRISTONE(MIFEPREX) 200MG TAB | 64875000103 | NDC | | | | both | 1 EA | 289.5 | | | Aetna | Commercial | | 100 | | 24.2 | | | other | Drugs are paid at 100% of the AWP |
| MIFEPRISTONE(MIFEPREX) 200MG TAB | 64875000103 | NDC | | | | both | 1 EA | 289.5 | | | Horizon | MGD | | 100 | | 72.93 | | | other | Drugs are paid at 100% of the AWP |
| MIFEPRISTONE(MIFEPREX) 200MG TAB | 64875000103 | NDC | | | | both | 1 EA | 289.5 | | | Horizon | NJ Health | | 100 | | 35.15 | | | other | Drugs are paid at 100% of the AWP |
| MIFEPRISTONE(MIFEPREX) 200MG TAB | 64875000103 | NDC | | | | both | 1 EA | 289.5 | | | Horizon | PPO | | 100 | | 75.32 | | | other | Drugs are paid at 100% of the AWP |
| MIFEPRISTONE(MIFEPREX) 200MG TAB | 64875000103 | NDC | | | | both | 1 EA | 289.5 | | | UHC | Medicaid | | 100 | | 39.42 | | | other | Drugs are paid at 100% of the AWP |
| MIFEPRISTONE(MIFEPREX) 200MG TAB | 64875000103 | NDC | | | | both | 1 EA | 289.5 | | | United | CommercialPPO | | 100 | | 28.7 | | | other | Drugs are paid at 100% of the AWP |
| MIFEPRISTONE(MIFEPREX) 200MG TAB | 64875000103 | NDC | | | | both | 1 EA | 289.5 | | | United | Oxford | | 100 | | 22.3 | | | other | Drugs are paid at 100% of the AWP |
| LACTOBACILLUS (FLORANEX) TAB | 64980012950 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| LACTOBACILLUS (FLORANEX) TAB | 64980012950 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Commercial | | 100 | | 1.05 | | | other | Drugs are paid at 100% of the AWP |
| LACTOBACILLUS (FLORANEX) TAB | 64980012950 | NDC | | | | both | 1 EA | 2.5 | | | Amerihealth | HMO/PPO | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| LACTOBACILLUS (FLORANEX) TAB | 64980012950 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Indemnity | | 100 | | 0.12 | | | other | Drugs are paid at 100% of the AWP |
| LACTOBACILLUS (FLORANEX) TAB | 64980012950 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| LACTOBACILLUS (FLORANEX) TAB | 64980012950 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| LACTOBACILLUS (FLORANEX) TAB | 64980012950 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | PPO | | 100 | | 0.93 | | | other | Drugs are paid at 100% of the AWP |
| LACTOBACILLUS (FLORANEX) TAB | 64980012950 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| LACTOBACILLUS (FLORANEX) TAB | 64980012950 | NDC | | | | both | 1 EA | 2.5 | | | United | CommercialPPO | | 100 | | 1.04 | | | other | Drugs are paid at 100% of the AWP |
| LACTOBACILLUS (FLORANEX) TAB | 64980012950 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| CEFPODOXIME ORAL SUSP(20MG) 1ML | 64980040350 | NDC | | | | both | 1 EA | 5 | | | Aetna | Better Health | | 100 | | 1.44 | | | other | Drugs are paid at 100% of the AWP |
| CEFPODOXIME ORAL SUSP(20MG) 1ML | 64980040350 | NDC | | | | both | 1 EA | 5 | | | Horizon | NJ Health | | 100 | | 2.84 | | | other | Drugs are paid at 100% of the AWP |
| FLUORESCITE 10% | 65009205 | NDC | | | | both | 1 EA | 20.5 | | | Corrections | Corrections | | 100 | | 3.29 | | | other | Drugs are paid at 100% of the AWP |
| FLUORESCITE 10% | 65009205 | NDC | | | | both | 1 EA | 20.5 | | | UHC | Medicaid | | 100 | | 2.6 | | | other | Drugs are paid at 100% of the AWP |
| FLUORESCITE 10% | 65009205 | NDC | | | | both | 1 EA | 20.5 | | | UHC | Medicare | | 100 | | 2.68 | | | other | Drugs are paid at 100% of the AWP |
| FLUORESCITE 10% | 65009205 | NDC | | | | both | 1 EA | 20.5 | | | WellPoint | WellPoint | | 100 | | 3.61 | | | other | Drugs are paid at 100% of the AWP |
| BETAXOLOL 0.5% OPTH SOL | 65024505 | NDC | | | | both | 1 EA | 140 | | | UHC | Medicare | | 100 | | 41.62 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLYCYCLO(CYCLOMYDRIL)1-0.2% 2ML OPTH | 65035902 | NDC | | | | both | 1 EA | 95 | | | Horizon | NJ Health | | 100 | | 12.7 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLYCYCLO(CYCLOMYDRIL)1-0.2% 2ML OPTH | 65035902 | NDC | | | | both | 1 EA | 95 | | | UHC | Medicaid | | 100 | | 16.84 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOPENTOLATE 1% (2ML) OPTH SOLN | 65039602 | NDC | | | | both | 1 EA | 93 | | | Aetna | Better Health | | 100 | | 23.57 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOPENTOLATE 1% (2ML) OPTH SOLN | 65039602 | NDC | | | | both | 1 EA | 93 | | | Aetna | Commercial | | 100 | | 27.26 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOPENTOLATE 1% (2ML) OPTH SOLN | 65039602 | NDC | | | | both | 1 EA | 93 | | | Aetna | Medicare | | 100 | | 11.6 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOPENTOLATE 1% (2ML) OPTH SOLN | 65039602 | NDC | | | | both | 1 EA | 93 | | | Corrections | Corrections | | 100 | | 27.98 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOPENTOLATE 1% (2ML) OPTH SOLN | 65039602 | NDC | | | | both | 1 EA | 93 | | | Horizon | Medicare Blue | | 100 | | 9.93 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOPENTOLATE 1% (2ML) OPTH SOLN | 65039602 | NDC | | | | both | 1 EA | 93 | | | Horizon | MGD | | 100 | | 24.53 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOPENTOLATE 1% (2ML) OPTH SOLN | 65039602 | NDC | | | | both | 1 EA | 93 | | | Horizon | NJ Health | | 100 | | 16.4 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOPENTOLATE 1% (2ML) OPTH SOLN | 65039602 | NDC | | | | both | 1 EA | 93 | | | Horizon | PPO | | 100 | | 22.95 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOPENTOLATE 1% (2ML) OPTH SOLN | 65039602 | NDC | | | | both | 1 EA | 93 | | | UHC | Medicaid | | 100 | | 27.07 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOPENTOLATE 1% (2ML) OPTH SOLN | 65039602 | NDC | | | | both | 1 EA | 93 | | | UHC | Medicare | | 100 | | 13.24 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOPENTOLATE 1% (2ML) OPTH SOLN | 65039602 | NDC | | | | both | 1 EA | 93 | | | United | CommercialPPO | | 100 | | 14.54 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOPENTOLATE 1% (2ML) OPTH SOLN | 65039602 | NDC | | | | both | 1 EA | 93 | | | WellPoint | WellPoint | | 100 | | 24.03 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOPENTOLATE 1% (15ML) OPTH SOLN | 65039615 | NDC | | | | both | 1 EA | 272.5 | | | Aetna | Commercial | | 100 | | 165.67 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOPENTOLATE 1% (15ML) OPTH SOLN | 65039615 | NDC | | | | both | 1 EA | 272.5 | | | Aetna | Medicare | | 100 | | 51.91 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOPENTOLATE 1% (15ML) OPTH SOLN | 65039615 | NDC | | | | both | 1 EA | 272.5 | | | Corrections | Corrections | | 100 | | 70.34 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOPENTOLATE 1% (15ML) OPTH SOLN | 65039615 | NDC | | | | both | 1 EA | 272.5 | | | Horizon | Medicare Blue | | 100 | | 30.55 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOPENTOLATE 1% (15ML) OPTH SOLN | 65039615 | NDC | | | | both | 1 EA | 272.5 | | | Horizon | MGD | | 100 | | 69.59 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOPENTOLATE 1% (15ML) OPTH SOLN | 65039615 | NDC | | | | both | 1 EA | 272.5 | | | Horizon | NJ Health | | 100 | | 45.32 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOPENTOLATE 1% (15ML) OPTH SOLN | 65039615 | NDC | | | | both | 1 EA | 272.5 | | | UHC | Medicaid | | 100 | | 27.64 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOPENTOLATE 1% (15ML) OPTH SOLN | 65039615 | NDC | | | | both | 1 EA | 272.5 | | | WellPoint | WellPoint | | 100 | | 83.5 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOPENTOLATE 2% (2ML) OPT SOL U/D | 65039702 | NDC | | | | both | 1 EA | 117.5 | | | Aetna | Commercial | | 100 | | 12.2 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOPENTOLATE 2% (2ML) OPT SOL U/D | 65039702 | NDC | | | | both | 1 EA | 117.5 | | | Aetna | Medicare | | 100 | | 47.25 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOPENTOLATE 2% (2ML) OPT SOL U/D | 65039702 | NDC | | | | both | 1 EA | 117.5 | | | Horizon | NJ Health | | 100 | | 53.28 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOPENTOLATE 2% (2ML) OPT SOL U/D | 65039702 | NDC | | | | both | 1 EA | 117.5 | | | Wellcare | Medicaid | | 100 | | 34.04 | | | other | Drugs are paid at 100% of the AWP |
| CYCLOPENTOLATE 2% (2ML) OPT SOL U/D | 65039702 | NDC | | | | both | 1 EA | 117.5 | | | WellPoint | WellPoint | | 100 | | 71.66 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN 0.3% (3.5GM) OPTH OINT | 65064435 | NDC | | | | both | 1 EA | 379 | | | Aetna | Medicare | | 100 | | 76.42 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN 0.3% (3.5GM) OPTH OINT | 65064435 | NDC | | | | both | 1 EA | 379 | | | Horizon | MGD | | 100 | | 144.84 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN 0.3% (3.5GM) OPTH OINT | 65064435 | NDC | | | | both | 1 EA | 379 | | | Horizon | NJ Health | | 100 | | 19.3 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN 0.3% (3.5GM) OPTH OINT | 65064435 | NDC | | | | both | 1 EA | 379 | | | UHC | Medicaid | | 100 | | 115.62 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN-DEXAMETHASONE OPTH SUSP | 65064705 | NDC | | | | both | 1 EA | 394.5 | | | Aetna | Commercial | | 100 | | 135.49 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN-DEXAMETHASONE OPTH SUSP | 65064705 | NDC | | | | both | 1 EA | 394.5 | | | Horizon | Medicare Blue | | 100 | | 59.49 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN-DEXAMETHASONE OPTH SUSP | 65064705 | NDC | | | | both | 1 EA | 394.5 | | | Horizon | MGD | | 100 | | 72.07 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN-DEXAMETHASONE OPTH SUSP | 65064705 | NDC | | | | both | 1 EA | 394.5 | | | Horizon | NJ Health | | 100 | | 25.06 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN-DEXAMETHASONE OPTH SUSP | 65064705 | NDC | | | | both | 1 EA | 394.5 | | | UHC | Medicaid | | 100 | | 79.02 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN-DEXAMETHASONE OPTH SUSP | 65064705 | NDC | | | | both | 1 EA | 394.5 | | | UHC | Medicare | | 100 | | 46.42 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN-DEXAMETHASONE OPTH SUSP | 65064705 | NDC | | | | both | 1 EA | 394.5 | | | WellPoint | WellPoint | | 100 | | 98.21 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN-DEXAMETHASONE OPTH OINT | 65064835 | NDC | | | | both | 1 EA | 490 | | | Aetna | Better Health | | 100 | | 84.45 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN-DEXAMETHASONE OPTH OINT | 65064835 | NDC | | | | both | 1 EA | 490 | | | Aetna | Commercial | | 100 | | 79.49 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN-DEXAMETHASONE OPTH OINT | 65064835 | NDC | | | | both | 1 EA | 490 | | | Aetna | Medicare | | 100 | | 111.45 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN-DEXAMETHASONE OPTH OINT | 65064835 | NDC | | | | both | 1 EA | 490 | | | Amerihealth | HMO/PPO | | 100 | | 77.92 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN-DEXAMETHASONE OPTH OINT | 65064835 | NDC | | | | both | 1 EA | 490 | | | Horizon | Medicare Blue | | 100 | | 100.28 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN-DEXAMETHASONE OPTH OINT | 65064835 | NDC | | | | both | 1 EA | 490 | | | Horizon | NJ Health | | 100 | | 55.92 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN-DEXAMETHASONE OPTH OINT | 65064835 | NDC | | | | both | 1 EA | 490 | | | Horizon | PPO | | 100 | | 97.2 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN-DEXAMETHASONE OPTH OINT | 65064835 | NDC | | | | both | 1 EA | 490 | | | UHC | Medicaid | | 100 | | 146.19 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN-DEXAMETHASONE OPTH OINT | 65064835 | NDC | | | | both | 1 EA | 490 | | | Wellcare | Medicaid | | 100 | | 93.02 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN-DEXAMETHASONE OPTH OINT | 65064835 | NDC | | | | both | 1 EA | 490 | | | Wellcare | Medicare | | 100 | | 87.14 | | | other | Drugs are paid at 100% of the AWP |
| TOBRAMYCIN-DEXAMETHASONE OPTH OINT | 65064835 | NDC | | | | both | 1 EA | 490 | | | WellPoint | WellPoint | | 100 | | 150.89 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN OPTH SOL | 65066525 | NDC | | | | both | 1 EA | 179 | | | Aetna | Commercial | | 100 | | 42.63 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN OPTH SOL | 65066525 | NDC | | | | both | 1 EA | 179 | | | Horizon | NJ Health | | 100 | | 13.42 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN OPTH SOL | 65066525 | NDC | | | | both | 1 EA | 179 | | | UHC | Medicaid | | 100 | | 49.48 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN OPTH SOL | 65066525 | NDC | | | | both | 1 EA | 179 | | | UHC | Medicare | | 100 | | 18.43 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN OPTH SOL | 65066525 | NDC | | | | both | 1 EA | 179 | | | Wellcare | Medicaid | | 100 | | 53.4 | | | other | Drugs are paid at 100% of the AWP |
| CIPROFLOXACIN OPTH SOL | 65066525 | NDC | | | | both | 1 EA | 179 | | | WellPoint | WellPoint | | 100 | | 48.05 | | | other | Drugs are paid at 100% of the AWP |
| APRACLONIDINE 1% OPH SOL | 65066610 | NDC | | | | both | 1 EA | 81 | | | WellPoint | WellPoint | | 100 | | 14.18 | | | other | Drugs are paid at 100% of the AWP |
| APRACLONIDINE 0.5% OPH SOL | 65066505 | NDC | | | | both | 1 EA | 463 | | | Horizon | NJ Health | | 100 | | 54.46 | | | other | Drugs are paid at 100% of the AWP |
| ATROPINE 1% (2ML) OPTH SOL | 65070212 | NDC | | | | both | 1 EA | 38 | | | Aetna | Better Health | | 100 | | 6.65 | | | other | Drugs are paid at 100% of the AWP |
| ATROPINE 1% (2ML) OPTH SOL | 65070212 | NDC | | | | both | 1 EA | 38 | | | Aetna | Commercial | | 100 | | 5.55 | | | other | Drugs are paid at 100% of the AWP |
| ATROPINE 1% (2ML) OPTH SOL | 65070212 | NDC | | | | both | 1 EA | 38 | | | Aetna | Medicare | | 100 | | 7.96 | | | other | Drugs are paid at 100% of the AWP |
| ATROPINE 1% (2ML) OPTH SOL | 65070212 | NDC | | | | both | 1 EA | 38 | | | Corrections | Corrections | | 100 | | 12.73 | | | other | Drugs are paid at 100% of the AWP |
| ATROPINE 1% (2ML) OPTH SOL | 65070212 | NDC | | | | both | 1 EA | 38 | | | Horizon | Indemnity | | 100 | | 6.58 | | | other | Drugs are paid at 100% of the AWP |
| ATROPINE 1% (2ML) OPTH SOL | 65070212 | NDC | | | | both | 1 EA | 38 | | | Horizon | Medicare Blue | | 100 | | 4.22 | | | other | Drugs are paid at 100% of the AWP |
| ATROPINE 1% (2ML) OPTH SOL | 65070212 | NDC | | | | both | 1 EA | 38 | | | Horizon | MGD | | 100 | | 8.71 | | | other | Drugs are paid at 100% of the AWP |
| ATROPINE 1% (2ML) OPTH SOL | 65070212 | NDC | | | | both | 1 EA | 38 | | | Horizon | NJ Health | | 100 | | 5.68 | | | other | Drugs are paid at 100% of the AWP |
| ATROPINE 1% (2ML) OPTH SOL | 65070212 | NDC | | | | both | 1 EA | 38 | | | Horizon | PPO | | 100 | | 10.76 | | | other | Drugs are paid at 100% of the AWP |
| ATROPINE 1% (2ML) OPTH SOL | 65070212 | NDC | | | | both | 1 EA | 38 | | | UHC | Medicaid | | 100 | | 7.35 | | | other | Drugs are paid at 100% of the AWP |
| ATROPINE 1% (2ML) OPTH SOL | 65070212 | NDC | | | | both | 1 EA | 38 | | | UHC | Medicare | | 100 | | 4.24 | | | other | Drugs are paid at 100% of the AWP |
| ATROPINE 1% (2ML) OPTH SOL | 65070212 | NDC | | | | both | 1 EA | 38 | | | United | Oxford | | 100 | | 14.8 | | | other | Drugs are paid at 100% of the AWP |
| ATROPINE 1% (2ML) OPTH SOL | 65070212 | NDC | | | | both | 1 EA | 38 | | | Wellcare | Medicaid | | 100 | | 10.23 | | | other | Drugs are paid at 100% of the AWP |
| ATROPINE 1% (2ML) OPTH SOL | 65070212 | NDC | | | | both | 1 EA | 38 | | | WellPoint | WellPoint | | 100 | | 7.52 | | | other | Drugs are paid at 100% of the AWP |
| TETRACAINE 0.5% (2ML) OPTH SOLN U/D | 65074112 | NDC | | | | both | 1 EA | 47 | | | Aetna | Better Health | | 100 | | 12.25 | | | other | Drugs are paid at 100% of the AWP |
| TETRACAINE 0.5% (2ML) OPTH SOLN U/D | 65074112 | NDC | | | | both | 1 EA | 47 | | | Aetna | Commercial | | 100 | | 9.48 | | | other | Drugs are paid at 100% of the AWP |
| TETRACAINE 0.5% (2ML) OPTH SOLN U/D | 65074112 | NDC | | | | both | 1 EA | 47 | | | Aetna | Medicare | | 100 | | 7.39 | | | other | Drugs are paid at 100% of the AWP |
| TETRACAINE 0.5% (2ML) OPTH SOLN U/D | 65074112 | NDC | | | | both | 1 EA | 47 | | | Corrections | Corrections | | 100 | | 13.55 | | | other | Drugs are paid at 100% of the AWP |
| TETRACAINE 0.5% (2ML) OPTH SOLN U/D | 65074112 | NDC | | | | both | 1 EA | 47 | | | Horizon | Indemnity | | 100 | | 12.41 | | | other | Drugs are paid at 100% of the AWP |
| TETRACAINE 0.5% (2ML) OPTH SOLN U/D | 65074112 | NDC | | | | both | 1 EA | 47 | | | Horizon | Medicare Blue | | 100 | | 6.65 | | | other | Drugs are paid at 100% of the AWP |
| TETRACAINE 0.5% (2ML) OPTH SOLN U/D | 65074112 | NDC | | | | both | 1 EA | 47 | | | Horizon | MGD | | 100 | | 13.94 | | | other | Drugs are paid at 100% of the AWP |
| TETRACAINE 0.5% (2ML) OPTH SOLN U/D | 65074112 | NDC | | | | both | 1 EA | 47 | | | Horizon | NJ Health | | 100 | | 9.06 | | | other | Drugs are paid at 100% of the AWP |
| TETRACAINE 0.5% (2ML) OPTH SOLN U/D | 65074112 | NDC | | | | both | 1 EA | 47 | | | Horizon | PPO | | 100 | | 13.16 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TETRACAINE 0.5% (2ML) OPTH SOLN U/D | 65074112 | NDC | | | | both | 1 EA | 47 | | UHC | Medicaid | | 100 | | 11.19 | | | other | Drugs are paid at 100% of the AWP |
| TETRACAINE 0.5% (2ML) OPTH SOLN U/D | 65074112 | NDC | | | | both | 1 EA | 47 | | UHC | Medicare | | 100 | | 6.46 | | | other | Drugs are paid at 100% of the AWP |
| TETRACAINE 0.5% (2ML) OPTH SOLN U/D | 65074112 | NDC | | | | both | 1 EA | 47 | | United | CommercialPPO | | 100 | | 15.45 | | | other | Drugs are paid at 100% of the AWP |
| TETRACAINE 0.5% (2ML) OPTH SOLN U/D | 65074112 | NDC | | | | both | 1 EA | 47 | | Wellcare | Medicaid | | 100 | | 12.62 | | | other | Drugs are paid at 100% of the AWP |
| TETRACAINE 0.5% (2ML) OPTH SOLN U/D | 65074112 | NDC | | | | both | 1 EA | 47 | | Wellcare | Medicare | | 100 | | 5.01 | | | other | Drugs are paid at 100% of the AWP |
| TETRACAINE 0.5% (2ML) OPTH SOLN U/D | 65074112 | NDC | | | | both | 1 EA | 47 | | WellPoint | WellPoint | | 100 | | 6.79 | | | other | Drugs are paid at 100% of the AWP |
| BSS OPHTH SOL 30ML | 65079530 | NDC | | | | both | 1 EA | 69.5 | | Amerihealth | HMO/PPO | | 100 | | 14.47 | | | other | Drugs are paid at 100% of the AWP |
| BSS OPHTH SOL 30ML | 65079530 | NDC | | | | both | 1 EA | 69.5 | | Horizon | NJ Health | | 100 | | 15.68 | | | other | Drugs are paid at 100% of the AWP |
| BSS OPHTH SOL 30ML | 65079530 | NDC | | | | both | 1 EA | 69.5 | | UHC | Medicaid | | 100 | | 19.13 | | | other | Drugs are paid at 100% of the AWP |
| BSS OPHTH SOL 30ML | 65079530 | NDC | | | | both | 1 EA | 69.5 | | Wellcare | Medicare | | 100 | | 7.82 | | | other | Drugs are paid at 100% of the AWP |
| BSS OPTH IRRIG 500ML | 65079550 | NDC | | | | both | 1 EA | 162 | | Aetna | Commercial | | 100 | | 22.26 | | | other | Drugs are paid at 100% of the AWP |
| BSS OPTH IRRIG 500ML | 65079550 | NDC | | | | both | 1 EA | 162 | | Aetna | Medicare | | 100 | | 24.15 | | | other | Drugs are paid at 100% of the AWP |
| BSS OPTH IRRIG 500ML | 65079550 | NDC | | | | both | 1 EA | 162 | | Amerihealth | HMO/PPO | | 100 | | 36.07 | | | other | Drugs are paid at 100% of the AWP |
| BSS OPTH IRRIG 500ML | 65079550 | NDC | | | | both | 1 EA | 162 | | Corrections | Corrections | | 100 | | 51.85 | | | other | Drugs are paid at 100% of the AWP |
| BSS OPTH IRRIG 500ML | 65079550 | NDC | | | | both | 1 EA | 162 | | Horizon | Indemnity | | 100 | | 41.38 | | | other | Drugs are paid at 100% of the AWP |
| BSS OPTH IRRIG 500ML | 65079550 | NDC | | | | both | 1 EA | 162 | | Horizon | Medicare Blue | | 100 | | 20.16 | | | other | Drugs are paid at 100% of the AWP |
| BSS OPTH IRRIG 500ML | 65079550 | NDC | | | | both | 1 EA | 162 | | Horizon | MGD | | 100 | | 51.2 | | | other | Drugs are paid at 100% of the AWP |
| BSS OPTH IRRIG 500ML | 65079550 | NDC | | | | both | 1 EA | 162 | | Horizon | NJ Health | | 100 | | 18.86 | | | other | Drugs are paid at 100% of the AWP |
| BSS OPTH IRRIG 500ML | 65079550 | NDC | | | | both | 1 EA | 162 | | Horizon | PPO | | 100 | | 34.86 | | | other | Drugs are paid at 100% of the AWP |
| BSS OPTH IRRIG 500ML | 65079550 | NDC | | | | both | 1 EA | 162 | | UHC | Medicaid | | 100 | | 41.56 | | | other | Drugs are paid at 100% of the AWP |
| BSS OPTH IRRIG 500ML | 65079550 | NDC | | | | both | 1 EA | 162 | | UHC | Medicare | | 100 | | 22.17 | | | other | Drugs are paid at 100% of the AWP |
| BSS OPTH IRRIG 500ML | 65079550 | NDC | | | | both | 1 EA | 162 | | United | CommercialPPO | | 100 | | 28.1 | | | other | Drugs are paid at 100% of the AWP |
| BSS OPTH IRRIG 500ML | 65079550 | NDC | | | | both | 1 EA | 162 | | Wellcare | Medicaid | | 100 | | 19.11 | | | other | Drugs are paid at 100% of the AWP |
| BSS OPTH IRRIG 500ML | 65079550 | NDC | | | | both | 1 EA | 162 | | Wellcare | Medicare | | 100 | | 17.28 | | | other | Drugs are paid at 100% of the AWP |
| BSS OPTH IRRIG 500ML | 65079550 | NDC | | | | both | 1 EA | 162 | | WellPoint | WellPoint | | 100 | | 37.93 | | | other | Drugs are paid at 100% of the AWP |
| MOXIFLOXACIN HCL 0.5% DROPS | 65401303 | NDC | | | | both | 1 EA | 348 | | Aetna | Better Health | | 100 | | 36.76 | | | other | Drugs are paid at 100% of the AWP |
| MOXIFLOXACIN HCL 0.5% DROPS | 65401303 | NDC | | | | both | 1 EA | 348 | | Aetna | Commercial | | 100 | | 62.01 | | | other | Drugs are paid at 100% of the AWP |
| MOXIFLOXACIN HCL 0.5% DROPS | 65401303 | NDC | | | | both | 1 EA | 348 | | Aetna | Medicare | | 100 | | 61.84 | | | other | Drugs are paid at 100% of the AWP |
| MOXIFLOXACIN HCL 0.5% DROPS | 65401303 | NDC | | | | both | 1 EA | 348 | | Amerihealth | HMO/PPO | | 100 | | 77.54 | | | other | Drugs are paid at 100% of the AWP |
| MOXIFLOXACIN HCL 0.5% DROPS | 65401303 | NDC | | | | both | 1 EA | 348 | | Corrections | Corrections | | 100 | | 83.68 | | | other | Drugs are paid at 100% of the AWP |
| MOXIFLOXACIN HCL 0.5% DROPS | 65401303 | NDC | | | | both | 1 EA | 348 | | Horizon | Indemnity | | 100 | | 66.59 | | | other | Drugs are paid at 100% of the AWP |
| MOXIFLOXACIN HCL 0.5% DROPS | 65401303 | NDC | | | | both | 1 EA | 348 | | Horizon | Medicare Blue | | 100 | | 31.54 | | | other | Drugs are paid at 100% of the AWP |
| MOXIFLOXACIN HCL 0.5% DROPS | 65401303 | NDC | | | | both | 1 EA | 348 | | Horizon | MGD | | 100 | | 78.03 | | | other | Drugs are paid at 100% of the AWP |
| MOXIFLOXACIN HCL 0.5% DROPS | 65401303 | NDC | | | | both | 1 EA | 348 | | Horizon | NJ Health | | 100 | | 31.05 | | | other | Drugs are paid at 100% of the AWP |
| MOXIFLOXACIN HCL 0.5% DROPS | 65401303 | NDC | | | | both | 1 EA | 348 | | Horizon | PPO | | 100 | | 97.58 | | | other | Drugs are paid at 100% of the AWP |
| MOXIFLOXACIN HCL 0.5% DROPS | 65401303 | NDC | | | | both | 1 EA | 348 | | UHC | Medicaid | | 100 | | 58.83 | | | other | Drugs are paid at 100% of the AWP |
| MOXIFLOXACIN HCL 0.5% DROPS | 65401303 | NDC | | | | both | 1 EA | 348 | | UHC | Medicare | | 100 | | 53.08 | | | other | Drugs are paid at 100% of the AWP |
| MOXIFLOXACIN HCL 0.5% DROPS | 65401303 | NDC | | | | both | 1 EA | 348 | | United | CommercialPPO | | 100 | | 104.4 | | | other | Drugs are paid at 100% of the AWP |
| MOXIFLOXACIN HCL 0.5% DROPS | 65401303 | NDC | | | | both | 1 EA | 348 | | United | Oxford | | 100 | | 136.86 | | | other | Drugs are paid at 100% of the AWP |
| MOXIFLOXACIN HCL 0.5% DROPS | 65401303 | NDC | | | | both | 1 EA | 348 | | Wellcare | Medicaid | | 100 | | 96.39 | | | other | Drugs are paid at 100% of the AWP |
| MOXIFLOXACIN HCL 0.5% DROPS | 65401303 | NDC | | | | both | 1 EA | 348 | | Wellcare | Medicare | | 100 | | 78.03 | | | other | Drugs are paid at 100% of the AWP |
| MOXIFLOXACIN HCL 0.5% DROPS | 65401303 | NDC | | | | both | 1 EA | 348 | | WellPoint | WellPoint | | 100 | | 63.11 | | | other | Drugs are paid at 100% of the AWP |
| BRIDION SD(SUGAMMADEX)100MG INJ | 6542312 | NDC | | | | both | 1 EA | 214 | | Aetna | Better Health | | 100 | | 40.09 | | | other | Drugs are paid at 100% of the AWP |
| BRIDION SD(SUGAMMADEX)100MG INJ | 6542312 | NDC | | | | both | 1 EA | 214 | | Aetna | Commercial | | 100 | | 47.14 | | | other | Drugs are paid at 100% of the AWP |
| BRIDION SD(SUGAMMADEX)100MG INJ | 6542312 | NDC | | | | both | 1 EA | 214 | | Aetna | Medicare | | 100 | | 35.26 | | | other | Drugs are paid at 100% of the AWP |
| BRIDION SD(SUGAMMADEX)100MG INJ | 6542312 | NDC | | | | both | 1 EA | 214 | | Amerihealth | HMO/PPO | | 100 | | 40.31 | | | other | Drugs are paid at 100% of the AWP |
| BRIDION SD(SUGAMMADEX)100MG INJ | 6542312 | NDC | | | | both | 1 EA | 214 | | Corrections | Corrections | | 100 | | 43.58 | | | other | Drugs are paid at 100% of the AWP |
| BRIDION SD(SUGAMMADEX)100MG INJ | 6542312 | NDC | | | | both | 1 EA | 214 | | Horizon | Indemnity | | 100 | | 41.56 | | | other | Drugs are paid at 100% of the AWP |
| BRIDION SD(SUGAMMADEX)100MG INJ | 6542312 | NDC | | | | both | 1 EA | 214 | | Horizon | Medicare Blue | | 100 | | 38.48 | | | other | Drugs are paid at 100% of the AWP |
| BRIDION SD(SUGAMMADEX)100MG INJ | 6542312 | NDC | | | | both | 1 EA | 214 | | Horizon | MGD | | 100 | | 41.55 | | | other | Drugs are paid at 100% of the AWP |
| BRIDION SD(SUGAMMADEX)100MG INJ | 6542312 | NDC | | | | both | 1 EA | 214 | | Horizon | NJ Health | | 100 | | 30.14 | | | other | Drugs are paid at 100% of the AWP |
| BRIDION SD(SUGAMMADEX)100MG INJ | 6542312 | NDC | | | | both | 1 EA | 214 | | Horizon | PPO | | 100 | | 45.13 | | | other | Drugs are paid at 100% of the AWP |
| BRIDION SD(SUGAMMADEX)100MG INJ | 6542312 | NDC | | | | both | 1 EA | 214 | | UHC | Medicaid | | 100 | | 40.16 | | | other | Drugs are paid at 100% of the AWP |
| BRIDION SD(SUGAMMADEX)100MG INJ | 6542312 | NDC | | | | both | 1 EA | 214 | | UHC | Medicare | | 100 | | 43.59 | | | other | Drugs are paid at 100% of the AWP |
| BRIDION SD(SUGAMMADEX)100MG INJ | 6542312 | NDC | | | | both | 1 EA | 214 | | United | CommercialPPO | | 100 | | 33.27 | | | other | Drugs are paid at 100% of the AWP |
| BRIDION SD(SUGAMMADEX)100MG INJ | 6542312 | NDC | | | | both | 1 EA | 214 | | United | Oxford | | 100 | | 54.26 | | | other | Drugs are paid at 100% of the AWP |
| BRIDION SD(SUGAMMADEX)100MG INJ | 6542312 | NDC | | | | both | 1 EA | 214 | | Wellcare | Medicaid | | 100 | | 34.91 | | | other | Drugs are paid at 100% of the AWP |
| BRIDION SD(SUGAMMADEX)100MG INJ | 6542312 | NDC | | | | both | 1 EA | 214 | | Wellcare | Medicare | | 100 | | 37.32 | | | other | Drugs are paid at 100% of the AWP |
| BRIDION SD(SUGAMMADEX)100MG INJ | 6542312 | NDC | | | | both | 1 EA | 214 | | WellPoint | WellPoint | | 100 | | 36.26 | | | other | Drugs are paid at 100% of the AWP |
| 1ST MOUTHWASH BLM KT 1ML ORAL SUSP | 65628005004 | NDC | | | | both | 1 EA | 1 | | Aetna | Better Health | | 100 | | 0.08 | | | other | Drugs are paid at 100% of the AWP |
| 1ST MOUTHWASH BLM KT 1ML ORAL SUSP | 65628005004 | NDC | | | | both | 1 EA | 1 | | Aetna | Commercial | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| 1ST MOUTHWASH BLM KT 1ML ORAL SUSP | 65628005004 | NDC | | | | both | 1 EA | 1 | | Aetna | Medicare | | 100 | | 0.07 | | | other | Drugs are paid at 100% of the AWP |
| 1ST MOUTHWASH BLM KT 1ML ORAL SUSP | 65628005004 | NDC | | | | both | 1 EA | 1 | | Horizon | Indemnity | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| 1ST MOUTHWASH BLM KT 1ML ORAL SUSP | 65628005004 | NDC | | | | both | 1 EA | 1 | | Horizon | Medicare Blue | | 100 | | 0.12 | | | other | Drugs are paid at 100% of the AWP |
| 1ST MOUTHWASH BLM KT 1ML ORAL SUSP | 65628005004 | NDC | | | | both | 1 EA | 1 | | Horizon | MGD | | 100 | | 0.08 | | | other | Drugs are paid at 100% of the AWP |
| 1ST MOUTHWASH BLM KT 1ML ORAL SUSP | 65628005004 | NDC | | | | both | 1 EA | 1 | | Horizon | NJ Health | | 100 | | 0.08 | | | other | Drugs are paid at 100% of the AWP |
| 1ST MOUTHWASH BLM KT 1ML ORAL SUSP | 65628005004 | NDC | | | | both | 1 EA | 1 | | Horizon | PPO | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| 1ST MOUTHWASH BLM KT 1ML ORAL SUSP | 65628005004 | NDC | | | | both | 1 EA | 1 | | UHC | Medicaid | | 100 | | 0.14 | | | other | Drugs are paid at 100% of the AWP |
| 1ST MOUTHWASH BLM KT 1ML ORAL SUSP | 65628005004 | NDC | | | | both | 1 EA | 1 | | United | CommercialPPO | | 100 | | 0.09 | | | other | Drugs are paid at 100% of the AWP |
| 1ST MOUTHWASH BLM KT 1ML ORAL SUSP | 65628005004 | NDC | | | | both | 1 EA | 1 | | WellPoint | WellPoint | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| LANSOPRAZOLE(1ST LANSOPRAZOLE) 1ML ORAL | 65628008003 | NDC | | | | both | 1 EA | 2 | | Aetna | Better Health | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| LANSOPRAZOLE(1ST LANSOPRAZOLE) 1ML ORAL | 65628008003 | NDC | | | | both | 1 EA | 2 | | Horizon | NJ Health | | 100 | | 0.06 | | | other | Drugs are paid at 100% of the AWP |
| LANSOPRAZOLE(1ST LANSOPRAZOLE) 1ML ORAL | 65628008003 | NDC | | | | both | 1 EA | 2 | | WellPoint | WellPoint | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN(1ST BACLOFEN)1ML ORAL SUSP | 65628010104 | NDC | | | | both | 1 EA | 2 | | Aetna | Better Health | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN(1ST BACLOFEN)1ML ORAL SUSP | 65628010104 | NDC | | | | both | 1 EA | 2 | | Amerihealth | HMO/PPO | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN(1ST BACLOFEN)1ML ORAL SUSP | 65628010104 | NDC | | | | both | 1 EA | 2 | | Horizon | Indemnity | | 100 | | 0.08 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN(1ST BACLOFEN)1ML ORAL SUSP | 65628010104 | NDC | | | | both | 1 EA | 2 | | Horizon | Medicare Blue | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN(1ST BACLOFEN)1ML ORAL SUSP | 65628010104 | NDC | | | | both | 1 EA | 2 | | Horizon | MGD | | 100 | | 0.91 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN(1ST BACLOFEN)1ML ORAL SUSP | 65628010104 | NDC | | | | both | 1 EA | 2 | | Horizon | NJ Health | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| BACLOFEN(1ST BACLOFEN)1ML ORAL SUSP | 65628010104 | NDC | | | | both | 1 EA | 2 | | UHC | Medicaid | | 100 | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE(1ST METRONIDAZOLE)1ML ORAL | 65628020205 | NDC | | | | both | 1 EA | 2 | | Aetna | Better Health | | 100 | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| METRONIDAZOLE(1ST METRONIDAZOLE)1ML ORAL | 65628020205 | NDC | | | | both | 1 EA | 2 | | UHC | Medicaid | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN (FIRVANQ) 1ML ORAL SOLN | 65628020810 | NDC | | | | both | 1 EA | 3 | | Aetna | Better Health | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN (FIRVANQ) 1ML ORAL SOLN | 65628020810 | NDC | | | | both | 1 EA | 3 | | Aetna | Commercial | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN (FIRVANQ) 1ML ORAL SOLN | 65628020810 | NDC | | | | both | 1 EA | 3 | | Aetna | Medicare | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN (FIRVANQ) 1ML ORAL SOLN | 65628020810 | NDC | | | | both | 1 EA | 3 | | Amerihealth | HMO/PPO | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN (FIRVANQ) 1ML ORAL SOLN | 65628020810 | NDC | | | | both | 1 EA | 3 | | Horizon | Indemnity | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN (FIRVANQ) 1ML ORAL SOLN | 65628020810 | NDC | | | | both | 1 EA | 3 | | Horizon | Medicare Blue | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN (FIRVANQ) 1ML ORAL SOLN | 65628020810 | NDC | | | | both | 1 EA | 3 | | Horizon | MGD | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN (FIRVANQ) 1ML ORAL SOLN | 65628020810 | NDC | | | | both | 1 EA | 3 | | Horizon | NJ Health | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN (FIRVANQ) 1ML ORAL SOLN | 65628020810 | NDC | | | | both | 1 EA | 3 | | Horizon | PPO | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN (FIRVANQ) 1ML ORAL SOLN | 65628020810 | NDC | | | | both | 1 EA | 3 | | UHC | Medicaid | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN (FIRVANQ) 1ML ORAL SOLN | 65628020810 | NDC | | | | both | 1 EA | 3 | | UHC | Medicare | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN (FIRVANQ) 1ML ORAL SOLN | 65628020810 | NDC | | | | both | 1 EA | 3 | | United | CommercialPPO | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN (FIRVANQ) 1ML ORAL SOLN | 65628020810 | NDC | | | | both | 1 EA | 3 | | Wellcare | Medicaid | | 100 | | 0.08 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN (FIRVANQ) 1ML ORAL SOLN | 65628020810 | NDC | | | | both | 1 EA | 3 | | Wellcare | Medicare | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN (FIRVANQ) 1ML ORAL SOLN | 65628020810 | NDC | | | | both | 1 EA | 3 | | WellPoint | WellPoint | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| RIFAXIMIN 550 MG TAB | 65649030303 | NDC | | | | both | 1 EA | 105.5 | | Aetna | Better Health | | 100 | | 22.03 | | | other | Drugs are paid at 100% of the AWP |
| RIFAXIMIN 550 MG TAB | 65649030303 | NDC | | | | both | 1 EA | 105.5 | | Aetna | Commercial | | 100 | | 15.47 | | | other | Drugs are paid at 100% of the AWP |
| RIFAXIMIN 550 MG TAB | 65649030303 | NDC | | | | both | 1 EA | 105.5 | | Aetna | Medicare | | 100 | | 10.57 | | | other | Drugs are paid at 100% of the AWP |
| RIFAXIMIN 550 MG TAB | 65649030303 | NDC | | | | both | 1 EA | 105.5 | | Amerihealth | HMO/PPO | | 100 | | 19.31 | | | other | Drugs are paid at 100% of the AWP |
| RIFAXIMIN 550 MG TAB | 65649030303 | NDC | | | | both | 1 EA | 105.5 | | Horizon | Indemnity | | 100 | | 11.21 | | | other | Drugs are paid at 100% of the AWP |
| RIFAXIMIN 550 MG TAB | 65649030303 | NDC | | | | both | 1 EA | 105.5 | | Horizon | Medicare Blue | | 100 | | 21.05 | | | other | Drugs are paid at 100% of the AWP |
| RIFAXIMIN 550 MG TAB | 65649030303 | NDC | | | | both | 1 EA | 105.5 | | Horizon | MGD | | 100 | | 16.63 | | | other | Drugs are paid at 100% of the AWP |
| RIFAXIMIN 550 MG TAB | 65649030303 | NDC | | | | both | 1 EA | 105.5 | | Horizon | NJ Health | | 100 | | 17.28 | | | other | Drugs are paid at 100% of the AWP |
| RIFAXIMIN 550 MG TAB | 65649030303 | NDC | | | | both | 1 EA | 105.5 | | Horizon | PPO | | 100 | | 22.35 | | | other | Drugs are paid at 100% of the AWP |
| RIFAXIMIN 550 MG TAB | 65649030303 | NDC | | | | both | 1 EA | 105.5 | | UHC | Medicaid | | 100 | | 20.73 | | | other | Drugs are paid at 100% of the AWP |
| RIFAXIMIN 550 MG TAB | 65649030303 | NDC | | | | both | 1 EA | 105.5 | | UHC | Medicare | | 100 | | 29.27 | | | other | Drugs are paid at 100% of the AWP |
| RIFAXIMIN 550 MG TAB | 65649030303 | NDC | | | | both | 1 EA | 105.5 | | United | CommercialPPO | | 100 | | 16.5 | | | other | Drugs are paid at 100% of the AWP |
| RIFAXIMIN 550 MG TAB | 65649030303 | NDC | | | | both | 1 EA | 105.5 | | Wellcare | Medicaid | | 100 | | 28.06 | | | other | Drugs are paid at 100% of the AWP |
| RIFAXIMIN 550 MG TAB | 65649030303 | NDC | | | | both | 1 EA | 105.5 | | Wellcare | Medicare | | 100 | | 26.55 | | | other | Drugs are paid at 100% of the AWP |
| RIFAXIMIN 550 MG TAB | 65649030303 | NDC | | | | both | 1 EA | 105.5 | | WellPoint | WellPoint | | 100 | | 17.4 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE-CIPROFLOXACIN SUS | 65853302 | NDC | | | | both | 1 EA | 576 | | Aetna | Better Health | | 100 | | 71.38 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE-CIPROFLOXACIN SUS | 65853302 | NDC | | | | both | 1 EA | 576 | | Aetna | Commercial | | 100 | | 120.76 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE-CIPROFLOXACIN SUS | 65853302 | NDC | | | | both | 1 EA | 576 | | Horizon | MGD | | 100 | | 59.32 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE-CIPROFLOXACIN SUS | 65853302 | NDC | | | | both | 1 EA | 576 | | Horizon | NJ Health | | 100 | | 95.86 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE-CIPROFLOXACIN SUS | 65853302 | NDC | | | | both | 1 EA | 576 | | Horizon | PPO | | 100 | | 155.3 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE-CIPROFLOXACIN SUS | 65853302 | NDC | | | | both | 1 EA | 576 | | UHC | Medicaid | | 100 | | 34.94 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE-CIPROFLOXACIN SUS | 65853302 | NDC | | | | both | 1 EA | 576 | | UHC | Medicare | | 100 | | 110.83 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE-CIPROFLOXACIN SUS | 65853302 | NDC | | | | both | 1 EA | 576 | | Wellcare | Medicaid | | 100 | | 106.47 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE-CIPROFLOXACIN SUS | 65853302 | NDC | | | | both | 1 EA | 576 | | Wellcare | Medicare | | 100 | | 280.77 | | | other | Drugs are paid at 100% of the AWP |
| DEXAMETHASONE-CIPROFLOXACIN SUS | 65853302 | NDC | | | | both | 1 EA | 576 | | WellPoint | WellPoint | | 100 | | 169.95 | | | other | Drugs are paid at 100% of the AWP |
| CEFUROXIME 250MG TAB | 65862003420 | NDC | | | | both | 1 EA | 25 | | Aetna | Better Health | | 100 | | 5.96 | | | other | Drugs are paid at 100% of the AWP |
| CEFUROXIME 250MG TAB | 65862003420 | NDC | | | | both | 1 EA | 25 | | Aetna | Commercial | | 100 | | 5.34 | | | other | Drugs are paid at 100% of the AWP |
| CEFUROXIME 250MG TAB | 65862003420 | NDC | | | | both | 1 EA | 25 | | Aetna | Medicare | | 100 | | 3.8 | | | other | Drugs are paid at 100% of the AWP |
| CEFUROXIME 250MG TAB | 65862003420 | NDC | | | | both | 1 EA | 25 | | Corrections | Corrections | | 100 | | 3.7 | | | other | Drugs are paid at 100% of the AWP |
| CEFUROXIME 250MG TAB | 65862003420 | NDC | | | | both | 1 EA | 25 | | Horizon | Medicare Blue | | 100 | | 4.09 | | | other | Drugs are paid at 100% of the AWP |
| CEFUROXIME 250MG TAB | 65862003420 | NDC | | | | both | 1 EA | 25 | | Horizon | MGD | | 100 | | 5.72 | | | other | Drugs are paid at 100% of the AWP |
| CEFUROXIME 250MG TAB | 65862003420 | NDC | | | | both | 1 EA | 25 | | Horizon | NJ Health | | 100 | | 2.8 | | | other | Drugs are paid at 100% of the AWP |
| CEFUROXIME 250MG TAB | 65862003420 | NDC | | | | both | 1 EA | 25 | | Horizon | PPO | | 100 | | 8.19 | | | other | Drugs are paid at 100% of the AWP |
| CEFUROXIME 250MG TAB | 65862003420 | NDC | | | | both | 1 EA | 25 | | UHC | Medicaid | | 100 | | 4.6 | | | other | Drugs are paid at 100% of the AWP |
| CEFUROXIME 250MG TAB | 65862003420 | NDC | | | | both | 1 EA | 25 | | UHC | Medicare | | 100 | | 3.6 | | | other | Drugs are paid at 100% of the AWP |
| CEFUROXIME 250MG TAB | 65862003420 | NDC | | | | both | 1 EA | 25 | | United | CommercialPPO | | 100 | | 5.76 | | | other | Drugs are paid at 100% of the AWP |
| CEFUROXIME 250MG TAB | 65862003420 | NDC | | | | both | 1 EA | 25 | | Wellcare | Medicaid | | 100 | | 3.27 | | | other | Drugs are paid at 100% of the AWP |
| CEFUROXIME 250MG TAB | 65862003420 | NDC | | | | both | 1 EA | 25 | | Wellcare | Medicare | | 100 | | 10.75 | | | other | Drugs are paid at 100% of the AWP |
| CEFUROXIME 250MG TAB | 65862003420 | NDC | | | | both | 1 EA | 25 | | WellPoint | WellPoint | | 100 | | 4.89 | | | other | Drugs are paid at 100% of the AWP |
| SUMATRIPTAN SUCCINATE 100 MG TAB | 65862014836 | NDC | | | | both | 1 EA | 85.5 | | Horizon | Indemnity | | 100 | | 9.63 | | | other | Drugs are paid at 100% of the AWP |
| BENZOYL 5% GEL | 66043015 | NDC | | | | both | 1 EA | 116 | | Aetna | Medicare | | 100 | | 6.52 | | | other | Drugs are paid at 100% of the AWP |
| BENZOYL 5% GEL | 66043015 | NDC | | | | both | 1 EA | 116 | | Wellcare | Medicare | | 100 | | 23.06 | | | other | Drugs are paid at 100% of the AWP |
| EZETIMIBE 10MG TAB | 66582041428 | NDC | | | | both | 1 EA | 23.5 | | Aetna | Commercial | | 100 | | 6.61 | | | other | Drugs are paid at 100% of the AWP |
| EZETIMIBE 10MG TAB | 66582041428 | NDC | | | | both | 1 EA | 23.5 | | Aetna | Medicare | | 100 | | 5.19 | | | other | Drugs are paid at 100% of the AWP |
| EZETIMIBE 10MG TAB | 66582041428 | NDC | | | | both | 1 EA | 23.5 | | Amerihealth | HMO/PPO | | 100 | | 3.36 | | | other | Drugs are paid at 100% of the AWP |
| EZETIMIBE 10MG TAB | 66582041428 | NDC | | | | both | 1 EA | 23.5 | | Horizon | Indemnity | | 100 | | 3.53 | | | other | Drugs are paid at 100% of the AWP |
| EZETIMIBE 10MG TAB | 66582041428 | NDC | | | | both | 1 EA | 23.5 | | Horizon | Medicare Blue | | 100 | | 12.98 | | | other | Drugs are paid at 100% of the AWP |
| EZETIMIBE 10MG TAB | 66582041428 | NDC | | | | both | 1 EA | 23.5 | | Horizon | MGD | | 100 | | 12.16 | | | other | Drugs are paid at 100% of the AWP |
| EZETIMIBE 10MG TAB | 66582041428 | NDC | | | | both | 1 EA | 23.5 | | Horizon | NJ Health | | 100 | | 4.42 | | | other | Drugs are paid at 100% of the AWP |
| EZETIMIBE 10MG TAB | 66582041428 | NDC | | | | both | 1 EA | 23.5 | | Horizon | PPO | | 100 | | 6.46 | | | other | Drugs are paid at 100% of the AWP |
| EZETIMIBE 10MG TAB | 66582041428 | NDC | | | | both | 1 EA | 23.5 | | UHC | Medicaid | | 100 | | 5.32 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EZETIMIBE 10MG TAB | 66582041428 | NDC | | | | both | | 1 EA | 23.5 | | UHC | Medicare | | 100 | | 5.53 | | | other | Drugs are paid at 100% of the AWP |
| EZETIMIBE 10MG TAB | 66582041428 | NDC | | | | both | | 1 EA | 23.5 | | Wellcare | Medicaid | | 100 | | 5.63 | | | other | Drugs are paid at 100% of the AWP |
| EZETIMIBE 10MG TAB | 66582041428 | NDC | | | | both | | 1 EA | 23.5 | | Wellcare | Medicare | | 100 | | 3.33 | | | other | Drugs are paid at 100% of the AWP |
| EZETIMIBE 10MG TAB | 66582041428 | NDC | | | | both | | 1 EA | 23.5 | | WellPoint | WellPoint | | 100 | | 5.45 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMAZEPINE 200MG/10ML SUSP | 66689032301 | NDC | | | | both | | 1 EA | 6.5 | | Aetna | Commercial | | 100 | | 1.23 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMAZEPINE 200MG/10ML SUSP | 66689032301 | NDC | | | | both | | 1 EA | 6.5 | | Aetna | Medicare | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMAZEPINE 200MG/10ML SUSP | 66689032301 | NDC | | | | both | | 1 EA | 6.5 | | UHC | Medicaid | | 100 | | 1.97 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMAZEPINE 200MG/10ML SUSP | 66689032301 | NDC | | | | both | | 1 EA | 6.5 | | WellPoint | WellPoint | | 100 | | 0.96 | | | other | Drugs are paid at 100% of the AWP |
| COLCHICINE 0.6MG TAB | 66993016502 | NDC | | | | both | | 1 EA | 27 | | Aetna | Better Health | | 100 | | 5.8 | | | other | Drugs are paid at 100% of the AWP |
| COLCHICINE 0.6MG TAB | 66993016502 | NDC | | | | both | | 1 EA | 27 | | Aetna | Commercial | | 100 | | 3.19 | | | other | Drugs are paid at 100% of the AWP |
| COLCHICINE 0.6MG TAB | 66993016502 | NDC | | | | both | | 1 EA | 27 | | Aetna | Medicare | | 100 | | 1.52 | | | other | Drugs are paid at 100% of the AWP |
| COLCHICINE 0.6MG TAB | 66993016502 | NDC | | | | both | | 1 EA | 27 | | Amerihealth | HMO/PPO | | 100 | | 3.73 | | | other | Drugs are paid at 100% of the AWP |
| COLCHICINE 0.6MG TAB | 66993016502 | NDC | | | | both | | 1 EA | 27 | | Horizon | Medicare Blue | | 100 | | 1.01 | | | other | Drugs are paid at 100% of the AWP |
| COLCHICINE 0.6MG TAB | 66993016502 | NDC | | | | both | | 1 EA | 27 | | Horizon | MGD | | 100 | | 3.7 | | | other | Drugs are paid at 100% of the AWP |
| COLCHICINE 0.6MG TAB | 66993016502 | NDC | | | | both | | 1 EA | 27 | | Horizon | NJ Health | | 100 | | 2.76 | | | other | Drugs are paid at 100% of the AWP |
| COLCHICINE 0.6MG TAB | 66993016502 | NDC | | | | both | | 1 EA | 27 | | Horizon | PPO | | 100 | | 5.62 | | | other | Drugs are paid at 100% of the AWP |
| COLCHICINE 0.6MG TAB | 66993016502 | NDC | | | | both | | 1 EA | 27 | | UHC | Medicaid | | 100 | | 4.66 | | | other | Drugs are paid at 100% of the AWP |
| COLCHICINE 0.6MG TAB | 66993016502 | NDC | | | | both | | 1 EA | 27 | | UHC | Medicare | | 100 | | 7.35 | | | other | Drugs are paid at 100% of the AWP |
| COLCHICINE 0.6MG TAB | 66993016502 | NDC | | | | both | | 1 EA | 27 | | United | Commercial\|PPO | | 100 | | 3.77 | | | other | Drugs are paid at 100% of the AWP |
| COLCHICINE 0.6MG TAB | 66993016502 | NDC | | | | both | | 1 EA | 27 | | Wellcare | Medicaid | | 100 | | 5.96 | | | other | Drugs are paid at 100% of the AWP |
| COLCHICINE 0.6MG TAB | 66993016502 | NDC | | | | both | | 1 EA | 27 | | WellPoint | WellPoint | | 100 | | 3.9 | | | other | Drugs are paid at 100% of the AWP |
| MAALOX 200-225 | 67033022 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| MAALOX 200-225 | 67033022 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Commercial | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| MAALOX 200-225 | 67033022 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Medicare | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| MAALOX 200-225 | 67033022 | NDC | | | | both | | 1 EA | 3.5 | | Amerihealth | HMO/PPO | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| MAALOX 200-225 | 67033022 | NDC | | | | both | | 1 EA | 3.5 | | Corrections | Corrections | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| MAALOX 200-225 | 67033022 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | Indemnity | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| MAALOX 200-225 | 67033022 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | Medicare Blue | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| MAALOX 200-225 | 67033022 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| MAALOX 200-225 | 67033022 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| MAALOX 200-225 | 67033022 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 0.71 | | | other | Drugs are paid at 100% of the AWP |
| MAALOX 200-225 | 67033022 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| MAALOX 200-225 | 67033022 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| MAALOX 200-225 | 67033022 | NDC | | | | both | | 1 EA | 3.5 | | United | Commercial\|PPO | | 100 | | 0.97 | | | other | Drugs are paid at 100% of the AWP |
| MAALOX 200-225 | 67033022 | NDC | | | | both | | 1 EA | 3.5 | | United | Oxford | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| MAALOX 200-225 | 67033022 | NDC | | | | both | | 1 EA | 3.5 | | Wellcare | Medicaid | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| MAALOX 200-225 | 67033022 | NDC | | | | both | | 1 EA | 3.5 | | Wellcare | Medicare | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| MAALOX 200-225 | 67033022 | NDC | | | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.71 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE/D5 0.2MG/ML IVSL 2 | 67286010302 | NDC | | | | both | | 1 EA | 1352.5 | | Aetna | Better Health | | 100 | | 213.45 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE/D5 0.2MG/ML IVSL 2 | 67286010302 | NDC | | | | both | | 1 EA | 1352.5 | | Aetna | Commercial | | 100 | | 215.31 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE/D5 0.2MG/ML IVSL 2 | 67286010302 | NDC | | | | both | | 1 EA | 1352.5 | | Aetna | Medicare | | 100 | | 238.04 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE/D5 0.2MG/ML IVSL 2 | 67286010302 | NDC | | | | both | | 1 EA | 1352.5 | | Amerihealth | HMO/PPO | | 100 | | 238.88 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE/D5 0.2MG/ML IVSL 2 | 67286010302 | NDC | | | | both | | 1 EA | 1352.5 | | Horizon | Indemnity | | 100 | | 125.95 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE/D5 0.2MG/ML IVSL 2 | 67286010302 | NDC | | | | both | | 1 EA | 1352.5 | | Horizon | Medicare Blue | | 100 | | 321.45 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE/D5 0.2MG/ML IVSL 2 | 67286010302 | NDC | | | | both | | 1 EA | 1352.5 | | Horizon | MGD | | 100 | | 396.53 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE/D5 0.2MG/ML IVSL 2 | 67286010302 | NDC | | | | both | | 1 EA | 1352.5 | | Horizon | NJ Health | | 100 | | 145.76 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE/D5 0.2MG/ML IVSL 2 | 67286010302 | NDC | | | | both | | 1 EA | 1352.5 | | Horizon | PPO | | 100 | | 354.5 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE/D5 0.2MG/ML IVSL 2 | 67286010302 | NDC | | | | both | | 1 EA | 1352.5 | | UHC | Medicaid | | 100 | | 208.51 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE/D5 0.2MG/ML IVSL 2 | 67286010302 | NDC | | | | both | | 1 EA | 1352.5 | | UHC | Medicare | | 100 | | 326.8 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE/D5 0.2MG/ML IVSL 2 | 67286010302 | NDC | | | | both | | 1 EA | 1352.5 | | United | Commercial\|PPO | | 100 | | 233.26 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE/D5 0.2MG/ML IVSL 2 | 67286010302 | NDC | | | | both | | 1 EA | 1352.5 | | Wellcare | Medicaid | | 100 | | 250.38 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE/D5 0.2MG/ML IVSL 2 | 67286010302 | NDC | | | | both | | 1 EA | 1352.5 | | Wellcare | Medicare | | 100 | | 372.4 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE/D5 0.2MG/ML IVSL 2 | 67286010302 | NDC | | | | both | | 1 EA | 1352.5 | | WellPoint | WellPoint | | 100 | | 231.64 | | | other | Drugs are paid at 100% of the AWP |
| CLOBAZAM 2.5MG/ML ORAL SUSP | 67386031321 | NDC | | | | both | | 1 EA | 24.5 | | Horizon | Medicare Blue | | 100 | | 2.52 | | | other | Drugs are paid at 100% of the AWP |
| CLOBAZAM 2.5MG/ML ORAL SUSP | 67386031321 | NDC | | | | both | | 1 EA | 24.5 | | Horizon | NJ Health | | 100 | | 1.09 | | | other | Drugs are paid at 100% of the AWP |
| CLOBAZAM 2.5MG/ML ORAL SUSP | 67386031321 | NDC | | | | both | | 1 EA | 24.5 | | UHC | Medicaid | | 100 | | 11.75 | | | other | Drugs are paid at 100% of the AWP |
| CLOBAZAM 2.5MG/ML ORAL SUSP | 67386031321 | NDC | | | | both | | 1 EA | 24.5 | | Wellcare | Medicare | | 100 | | 3.48 | | | other | Drugs are paid at 100% of the AWP |
| CLOBAZAM 10 MG TAB | 67386031401 | NDC | | | | both | | 1 EA | 47.5 | | Horizon | Medicare Blue | | 100 | | 6.38 | | | other | Drugs are paid at 100% of the AWP |
| CLOBAZAM 10 MG TAB | 67386031401 | NDC | | | | both | | 1 EA | 47.5 | | Horizon | NJ Health | | 100 | | 7.79 | | | other | Drugs are paid at 100% of the AWP |
| CLOBAZAM 10 MG TAB | 67386031401 | NDC | | | | both | | 1 EA | 47.5 | | UHC | Medicaid | | 100 | | 13.61 | | | other | Drugs are paid at 100% of the AWP |
| CLOBAZAM 10 MG TAB | 67386031401 | NDC | | | | both | | 1 EA | 47.5 | | UHC | Medicare | | 100 | | 8.22 | | | other | Drugs are paid at 100% of the AWP |
| CLOBAZAM 10 MG TAB | 67386031401 | NDC | | | | both | | 1 EA | 47.5 | | Wellcare | Medicaid | | 100 | | 7.18 | | | other | Drugs are paid at 100% of the AWP |
| CLOBAZAM 10 MG TAB | 67386031401 | NDC | | | | both | | 1 EA | 47.5 | | WellPoint | WellPoint | | 100 | | 7.35 | | | other | Drugs are paid at 100% of the AWP |
| LACOSAMIDE 100MG TAB | 67877073460 | NDC | | | | both | | 1 EA | 56 | | Horizon | Medicare Blue | | 100 | | 8.52 | | | other | Drugs are paid at 100% of the AWP |
| LACOSAMIDE 100MG TAB | 67877073460 | NDC | | | | both | | 1 EA | 56 | | Horizon | MGD | | 100 | | 7.72 | | | other | Drugs are paid at 100% of the AWP |
| LACOSAMIDE 100MG TAB | 67877073460 | NDC | | | | both | | 1 EA | 56 | | Horizon | NJ Health | | 100 | | 11.74 | | | other | Drugs are paid at 100% of the AWP |
| LACOSAMIDE 100MG TAB | 67877073460 | NDC | | | | both | | 1 EA | 56 | | UHC | Medicaid | | 100 | | 10.82 | | | other | Drugs are paid at 100% of the AWP |
| LACOSAMIDE 100MG TAB | 67877073460 | NDC | | | | both | | 1 EA | 56 | | UHC | Medicare | | 100 | | 7.23 | | | other | Drugs are paid at 100% of the AWP |
| LACOSAMIDE 100MG TAB | 67877073460 | NDC | | | | both | | 1 EA | 56 | | United | Commercial\|PPO | | 100 | | 5.46 | | | other | Drugs are paid at 100% of the AWP |
| LACOSAMIDE 100MG TAB | 67877073460 | NDC | | | | both | | 1 EA | 56 | | Wellcare | Medicare | | 100 | | 8.29 | | | other | Drugs are paid at 100% of the AWP |
| LACOSAMIDE 100MG TAB | 67877073460 | NDC | | | | both | | 1 EA | 56 | | WellPoint | WellPoint | | 100 | | 10.09 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 2MG GUM | 68004555 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 2MG GUM | 68004555 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 2MG GUM | 68004555 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 1.25 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 2MG GUM | 68004555 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 2MG GUM | 68004555 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 2MG GUM | 68004555 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 2MG GUM | 68004555 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 2MG GUM | 68004555 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 2MG GUM | 68004555 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 2MG GUM | 68004555 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 2MG GUM | 68004555 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 1.46 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 2MG GUM | 68004555 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 10MG CAP | 68012061 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 10MG CAP | 68012061 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 10MG CAP | 68012061 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 10MG CAP | 68012061 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 1.16 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 10MG CAP | 68012061 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 1.19 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 10MG CAP | 68012061 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 10MG CAP | 68012061 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 10MG CAP | 68012061 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 10MG CAP | 68012061 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 10MG CAP | 68012061 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 10MG CAP | 68012061 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 20MG TAB | 68012365 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 20MG TAB | 68012365 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 20MG TAB | 68012365 | NDC | | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 20MG TAB | 68012365 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 20MG TAB | 68012365 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 20MG TAB | 68012365 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 20MG TAB | 68012365 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 20MG TAB | 68012365 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 20MG TAB | 68012365 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 20MG TAB | 68012365 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 20MG TAB | 68012365 | NDC | | | | both | | 1 EA | 2.5 | | United | Commercial\|PPO | | 100 | | 1.4 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 20MG TAB | 68012365 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 20MG TAB | 68012365 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.1 | | | other | Drugs are paid at 100% of the AWP |
| DICYCLOMINE 20MG TAB | 68012365 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| BUSPIRONE HCL 15 MG TAB | 68084003001 | NDC | | | | both | | 1 EA | 1 | | Aetna | Better Health | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| BUSPIRONE HCL 15 MG TAB | 68084003001 | NDC | | | | both | | 1 EA | 1 | | Corrections | Corrections | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| BUSPIRONE HCL 15 MG TAB | 68084003001 | NDC | | | | both | | 1 EA | 1 | | Horizon | Medicare Blue | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| BUSPIRONE HCL 15 MG TAB | 68084003001 | NDC | | | | both | | 1 EA | 1 | | Horizon | MGD | | 100 | | 0.09 | | | other | Drugs are paid at 100% of the AWP |
| BUSPIRONE HCL 15 MG TAB | 68084003001 | NDC | | | | both | | 1 EA | 1 | | Horizon | NJ Health | | 100 | | 0.13 | | | other | Drugs are paid at 100% of the AWP |
| BUSPIRONE HCL 15 MG TAB | 68084003001 | NDC | | | | both | | 1 EA | 1 | | UHC | Medicaid | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| BUSPIRONE HCL 15 MG TAB | 68084003001 | NDC | | | | both | | 1 EA | 1 | | Wellcare | Medicaid | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| BUSPIRONE HCL 15 MG TAB | 68084003001 | NDC | | | | both | | 1 EA | 1 | | WellPoint | WellPoint | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| DRONABINOL 5MG CAPS | 68084017521 | NDC | | | | both | | 1 EA | 51.5 | | Aetna | Medicare | | 100 | | 4.46 | | | other | Drugs are paid at 100% of the AWP |
| DRONABINOL 5MG CAPS | 68084017521 | NDC | | | | both | | 1 EA | 51.5 | | Corrections | Corrections | | 100 | | 8.49 | | | other | Drugs are paid at 100% of the AWP |
| DRONABINOL 5MG CAPS | 68084017521 | NDC | | | | both | | 1 EA | 51.5 | | Horizon | Medicare Blue | | 100 | | 5.06 | | | other | Drugs are paid at 100% of the AWP |
| DRONABINOL 5MG CAPS | 68084017521 | NDC | | | | both | | 1 EA | 51.5 | | Horizon | NJ Health | | 100 | | 8.99 | | | other | Drugs are paid at 100% of the AWP |
| DRONABINOL 5MG CAPS | 68084017521 | NDC | | | | both | | 1 EA | 51.5 | | Horizon | PPO | | 100 | | 4.17 | | | other | Drugs are paid at 100% of the AWP |
| DRONABINOL 5MG CAPS | 68084017521 | NDC | | | | both | | 1 EA | 51.5 | | UHC | Medicaid | | 100 | | 0.09 | | | other | Drugs are paid at 100% of the AWP |
| DRONABINOL 5MG CAPS | 68084017521 | NDC | | | | both | | 1 EA | 51.5 | | UHC | Medicare | | 100 | | 17.13 | | | other | Drugs are paid at 100% of the AWP |
| DRONABINOL 5MG CAPS | 68084017521 | NDC | | | | both | | 1 EA | 51.5 | | WellPoint | WellPoint | | 100 | | 8.91 | | | other | Drugs are paid at 100% of the AWP |
| DOXAZOSIN 4MG TAB | 68084086225 | NDC | | | | both | | 1 EA | 5.5 | | Aetna | Better Health | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| DOXAZOSIN 4MG TAB | 68084086225 | NDC | | | | both | | 1 EA | 5.5 | | Aetna | Medicare | | 100 | | 0.85 | | | other | Drugs are paid at 100% of the AWP |
| DOXAZOSIN 4MG TAB | 68084086225 | NDC | | | | both | | 1 EA | 5.5 | | Amerihealth | HMO/PPO | | 100 | | 0.95 | | | other | Drugs are paid at 100% of the AWP |
| DOXAZOSIN 4MG TAB | 68084086225 | NDC | | | | both | | 1 EA | 5.5 | | Corrections | Corrections | | 100 | | 2.31 | | | other | Drugs are paid at 100% of the AWP |
| DOXAZOSIN 4MG TAB | 68084086225 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | Medicare Blue | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| DOXAZOSIN 4MG TAB | 68084086225 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | MGD | | 100 | | 0.86 | | | other | Drugs are paid at 100% of the AWP |
| DOXAZOSIN 4MG TAB | 68084086225 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| DOXAZOSIN 4MG TAB | 68084086225 | NDC | | | | both | | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 1.61 | | | other | Drugs are paid at 100% of the AWP |
| DOXAZOSIN 4MG TAB | 68084086225 | NDC | | | | both | | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| DOXAZOSIN 4MG TAB | 68084086225 | NDC | | | | both | | 1 EA | 5.5 | | United | Oxford | | 100 | | 1.65 | | | other | Drugs are paid at 100% of the AWP |
| DOXAZOSIN 4MG TAB | 68084086225 | NDC | | | | both | | 1 EA | 5.5 | | Wellcare | Medicaid | | 100 | | 1.35 | | | other | Drugs are paid at 100% of the AWP |
| DOXAZOSIN 4MG TAB | 68084086225 | NDC | | | | both | | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 0.87 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN 5ML U/D | 68094059962 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Better Health | | 100 | | 0.8 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN 5ML U/D | 68094059962 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Commercial | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN 5ML U/D | 68094059962 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN 5ML U/D | 68094059962 | NDC | | | | both | | 1 EA | 4.5 | | Amerihealth | HMO/PPO | | 100 | | 0.9 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN 5ML U/D | 68094059962 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Indemnity | | 100 | | 1.21 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN 5ML U/D | 68094059962 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN 5ML U/D | 68094059962 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 1.9 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN 5ML U/D | 68094059962 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.86 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN 5ML U/D | 68094059962 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | PPO | | 100 | | 1.65 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN 5ML U/D | 68094059962 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN 5ML U/D | 68094059962 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN 5ML U/D | 68094059962 | NDC | | | | both | | 1 EA | 4.5 | | United | Commercial\|PPO | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| NYSTATIN SML U/D | 68094059962 | NDC | | | | both | 1 EA | 4.5 | | | WellCare | Medicare | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| NYSTATIN SML U/D | 68094059962 | NDC | | | | both | 1 EA | 4.5 | | | WellPoint | WellPoint | | 100 | | 0.86 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 1MG/ML ORAL SOLN | 68094075062 | NDC | | | | both | 1 EA | 2 | | | Horizon | MGD | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 1MG/ML ORAL SOLN | 68094075062 | NDC | | | | both | 1 EA | 2 | | | Horizon | NJ Health | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 1MG/ML ORAL SOLN | 68094075062 | NDC | | | | both | 1 EA | 2 | | | UHC | Medicaid | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| DIAZEPAM 1MG/ML ORAL SOLN | 68094075062 | NDC | | | | both | 1 EA | 2 | | | WellPoint | WellPoint | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISOLONE (ORAPRED) 15MG/5ML SYR | 68135045502 | NDC | | | | both | 1 EA | 3.5 | | | Aetna | Better Health | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISOLONE (ORAPRED) 15MG/5ML SYR | 68135045502 | NDC | | | | both | 1 EA | 3.5 | | | Aetna | Commercial | | 100 | | 1.54 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISOLONE (ORAPRED) 15MG/5ML SYR | 68135045502 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | MGD | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISOLONE (ORAPRED) 15MG/5ML SYR | 68135045502 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | NJ Health | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISOLONE (ORAPRED) 15MG/5ML SYR | 68135045502 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | PPO | | 100 | | 0.86 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISOLONE (ORAPRED) 15MG/5ML SYR | 68135045502 | NDC | | | | both | 1 EA | 3.5 | | | UHC | Medicaid | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISOLONE (ORAPRED) 15MG/5ML SYR | 68135045502 | NDC | | | | both | 1 EA | 3.5 | | | UHC | Medicare | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISOLONE (ORAPRED) 15MG/5ML SYR | 68135045502 | NDC | | | | both | 1 EA | 3.5 | | | United | CommercialPPO | | 100 | | 0.03 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISOLONE (ORAPRED) 15MG/5ML SYR | 68135045502 | NDC | | | | both | 1 EA | 3.5 | | | Wellcare | Medicaid | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| PREDNISOLONE (ORAPRED) 15MG/5ML SYR | 68135045502 | NDC | | | | both | 1 EA | 3.5 | | | WellPoint | WellPoint | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| TADALAFIL 20 MG TAB | 68382089906 | NDC | | | | both | 1 EA | 251 | | | Horizon | Indemnity | | 100 | | 46.36 | | | other | Drugs are paid at 100% of the AWP |
| TADALAFIL 20 MG TAB | 68382089906 | NDC | | | | both | 1 EA | 251 | | | WellPoint | WellPoint | | 100 | | 58.59 | | | other | Drugs are paid at 100% of the AWP |
| ZONISAMIDE 100MG CAP | 68462013001 | NDC | | | | both | 1 EA | 8.5 | | | Aetna | Better Health | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| ZONISAMIDE 100MG CAP | 68462013001 | NDC | | | | both | 1 EA | 8.5 | | | Horizon | NJ Health | | 100 | | 2.82 | | | other | Drugs are paid at 100% of the AWP |
| ZONISAMIDE 100MG CAP | 68462013001 | NDC | | | | both | 1 EA | 8.5 | | | UHC | Medicaid | | 100 | | 3.83 | | | other | Drugs are paid at 100% of the AWP |
| ZONISAMIDE 100MG CAP | 68462013001 | NDC | | | | both | 1 EA | 8.5 | | | UHC | Medicare | | 100 | | 5.5 | | | other | Drugs are paid at 100% of the AWP |
| ZONISAMIDE 100MG CAP | 68462013001 | NDC | | | | both | 1 EA | 8.5 | | | Wellcare | Medicaid | | 100 | | 1.33 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 2.5MG TAB | 69152066 | NDC | | | | both | 1 EA | 5.5 | | | Aetna | Better Health | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 2.5MG TAB | 69152066 | NDC | | | | both | 1 EA | 5.5 | | | Aetna | Commercial | | 100 | | 1.07 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 2.5MG TAB | 69152066 | NDC | | | | both | 1 EA | 5.5 | | | Aetna | Medicare | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 2.5MG TAB | 69152066 | NDC | | | | both | 1 EA | 5.5 | | | Amerihealth | HMO/PPO | | 100 | | 1.06 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 2.5MG TAB | 69152066 | NDC | | | | both | 1 EA | 5.5 | | | Horizon | Indemnity | | 100 | | 1.25 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 2.5MG TAB | 69152066 | NDC | | | | both | 1 EA | 5.5 | | | Horizon | Medicare Blue | | 100 | | 2.34 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 2.5MG TAB | 69152066 | NDC | | | | both | 1 EA | 5.5 | | | Horizon | MGD | | 100 | | 1.07 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 2.5MG TAB | 69152066 | NDC | | | | both | 1 EA | 5.5 | | | Horizon | NJ Health | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 2.5MG TAB | 69152066 | NDC | | | | both | 1 EA | 5.5 | | | Horizon | PPO | | 100 | | 4.65 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 2.5MG TAB | 69152066 | NDC | | | | both | 1 EA | 5.5 | | | UHC | Medicaid | | 100 | | 0.8 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 2.5MG TAB | 69152066 | NDC | | | | both | 1 EA | 5.5 | | | UHC | Medicare | | 100 | | 0.92 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 2.5MG TAB | 69152066 | NDC | | | | both | 1 EA | 5.5 | | | United | CommercialPPO | | 100 | | 1.27 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 2.5MG TAB | 69152066 | NDC | | | | both | 1 EA | 5.5 | | | Wellcare | Medicaid | | 100 | | 1.11 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 2.5MG TAB | 69152066 | NDC | | | | both | 1 EA | 5.5 | | | Wellcare | Medicare | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 2.5MG TAB | 69152066 | NDC | | | | both | 1 EA | 5.5 | | | WellPoint | WellPoint | | 100 | | 1.06 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 5MG TAB | 69153041 | NDC | | | | both | 1 EA | 8.5 | | | Aetna | Better Health | | 100 | | 1.49 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 5MG TAB | 69153041 | NDC | | | | both | 1 EA | 8.5 | | | Aetna | Commercial | | 100 | | 1.98 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 5MG TAB | 69153041 | NDC | | | | both | 1 EA | 8.5 | | | Aetna | Medicare | | 100 | | 1.17 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 5MG TAB | 69153041 | NDC | | | | both | 1 EA | 8.5 | | | Amerihealth | HMO/PPO | | 100 | | 1.87 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 5MG TAB | 69153041 | NDC | | | | both | 1 EA | 8.5 | | | Corrections | Corrections | | 100 | | 1.84 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 5MG TAB | 69153041 | NDC | | | | both | 1 EA | 8.5 | | | Horizon | Indemnity | | 100 | | 1.65 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 5MG TAB | 69153041 | NDC | | | | both | 1 EA | 8.5 | | | Horizon | Medicare Blue | | 100 | | 1.62 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 5MG TAB | 69153041 | NDC | | | | both | 1 EA | 8.5 | | | Horizon | MGD | | 100 | | 1.96 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 5MG TAB | 69153041 | NDC | | | | both | 1 EA | 8.5 | | | Horizon | NJ Health | | 100 | | 1.17 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 5MG TAB | 69153041 | NDC | | | | both | 1 EA | 8.5 | | | Horizon | PPO | | 100 | | 1.39 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 5MG TAB | 69153041 | NDC | | | | both | 1 EA | 8.5 | | | UHC | Medicaid | | 100 | | 1.33 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 5MG TAB | 69153041 | NDC | | | | both | 1 EA | 8.5 | | | UHC | Medicare | | 100 | | 1.72 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 5MG TAB | 69153041 | NDC | | | | both | 1 EA | 8.5 | | | United | CommercialPPO | | 100 | | 1.61 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 5MG TAB | 69153041 | NDC | | | | both | 1 EA | 8.5 | | | Wellcare | Medicaid | | 100 | | 1.44 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 5MG TAB | 69153041 | NDC | | | | both | 1 EA | 8.5 | | | Wellcare | Medicare | | 100 | | 1.9 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 5MG TAB | 69153041 | NDC | | | | both | 1 EA | 8.5 | | | WellPoint | WellPoint | | 100 | | 1.5 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 10MG TAB | 69154041 | NDC | | | | both | 1 EA | 19 | | | Aetna | Better Health | | 100 | | 3.45 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 10MG TAB | 69154041 | NDC | | | | both | 1 EA | 19 | | | Aetna | Commercial | | 100 | | 4.92 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 10MG TAB | 69154041 | NDC | | | | both | 1 EA | 19 | | | Aetna | Medicare | | 100 | | 2.81 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 10MG TAB | 69154041 | NDC | | | | both | 1 EA | 19 | | | Amerihealth | HMO/PPO | | 100 | | 3.43 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 10MG TAB | 69154041 | NDC | | | | both | 1 EA | 19 | | | Corrections | Corrections | | 100 | | 3.84 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 10MG TAB | 69154041 | NDC | | | | both | 1 EA | 19 | | | Horizon | Indemnity | | 100 | | 4.35 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 10MG TAB | 69154041 | NDC | | | | both | 1 EA | 19 | | | Horizon | Medicare Blue | | 100 | | 3.35 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 10MG TAB | 69154041 | NDC | | | | both | 1 EA | 19 | | | Horizon | MGD | | 100 | | 3.57 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 10MG TAB | 69154041 | NDC | | | | both | 1 EA | 19 | | | Horizon | NJ Health | | 100 | | 2.21 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 10MG TAB | 69154041 | NDC | | | | both | 1 EA | 19 | | | Horizon | PPO | | 100 | | 4.18 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 10MG TAB | 69154041 | NDC | | | | both | 1 EA | 19 | | | UHC | Medicaid | | 100 | | 2.95 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 10MG TAB | 69154041 | NDC | | | | both | 1 EA | 19 | | | UHC | Medicare | | 100 | | 3.9 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 10MG TAB | 69154041 | NDC | | | | both | 1 EA | 19 | | | United | CommercialPPO | | 100 | | 3.21 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 10MG TAB | 69154041 | NDC | | | | both | 1 EA | 19 | | | Wellcare | Medicaid | | 100 | | 3.21 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 10MG TAB | 69154041 | NDC | | | | both | 1 EA | 19 | | | Wellcare | Medicare | | 100 | | 3.37 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 10MG TAB | 69154041 | NDC | | | | both | 1 EA | 19 | | | WellPoint | WellPoint | | 100 | | 3.41 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 30MG XL TAB | 69265041 | NDC | | | | both | 1 EA | 9.5 | | | Aetna | Better Health | | 100 | | 1.69 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 30MG XL TAB | 69265041 | NDC | | | | both | 1 EA | 9.5 | | | Aetna | Commercial | | 100 | | 2.25 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 30MG XL TAB | 69265041 | NDC | | | | both | 1 EA | 9.5 | | | Aetna | Medicare | | 100 | | 1.43 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 30MG XL TAB | 69265041 | NDC | | | | both | 1 EA | 9.5 | | | Amerihealth | HMO/PPO | | 100 | | 2.67 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 30MG XL TAB | 69265041 | NDC | | | | both | 1 EA | 9.5 | | | Corrections | Corrections | | 100 | | 2.2 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 30MG XL TAB | 69265041 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | Indemnity | | 100 | | 1.5 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 30MG XL TAB | 69265041 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | Medicare Blue | | 100 | | 2.14 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 30MG XL TAB | 69265041 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | MGD | | 100 | | 1.94 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 30MG XL TAB | 69265041 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | NJ Health | | 100 | | 1.36 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 30MG XL TAB | 69265041 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | PPO | | 100 | | 2.17 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 30MG XL TAB | 69265041 | NDC | | | | both | 1 EA | 9.5 | | | UHC | Medicaid | | 100 | | 1.47 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 30MG XL TAB | 69265041 | NDC | | | | both | 1 EA | 9.5 | | | UHC | Medicare | | 100 | | 2.17 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 30MG XL TAB | 69265041 | NDC | | | | both | 1 EA | 9.5 | | | United | CommercialPPO | | 100 | | 1.79 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 30MG XL TAB | 69265041 | NDC | | | | both | 1 EA | 9.5 | | | Wellcare | Medicaid | | 100 | | 1.49 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 30MG XL TAB | 69265041 | NDC | | | | both | 1 EA | 9.5 | | | Wellcare | Medicare | | 100 | | 1.65 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 30MG XL TAB | 69265041 | NDC | | | | both | 1 EA | 9.5 | | | WellPoint | WellPoint | | 100 | | 2.22 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 60MG XL TAB | 69266041 | NDC | | | | both | 1 EA | 26.5 | | | Aetna | Better Health | | 100 | | 4.38 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 60MG XL TAB | 69266041 | NDC | | | | both | 1 EA | 26.5 | | | Aetna | Commercial | | 100 | | 8.45 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 60MG XL TAB | 69266041 | NDC | | | | both | 1 EA | 26.5 | | | Aetna | Medicare | | 100 | | 4.4 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 60MG XL TAB | 69266041 | NDC | | | | both | 1 EA | 26.5 | | | Amerihealth | HMO/PPO | | 100 | | 3.73 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 60MG XL TAB | 69266041 | NDC | | | | both | 1 EA | 26.5 | | | Corrections | Corrections | | 100 | | 4.91 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 60MG XL TAB | 69266041 | NDC | | | | both | 1 EA | 26.5 | | | Horizon | Indemnity | | 100 | | 6.44 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 60MG XL TAB | 69266041 | NDC | | | | both | 1 EA | 26.5 | | | Horizon | Medicare Blue | | 100 | | 5.31 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 60MG XL TAB | 69266041 | NDC | | | | both | 1 EA | 26.5 | | | Horizon | MGD | | 100 | | 5.86 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 60MG XL TAB | 69266041 | NDC | | | | both | 1 EA | 26.5 | | | Horizon | NJ Health | | 100 | | 3.87 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 60MG XL TAB | 69266041 | NDC | | | | both | 1 EA | 26.5 | | | Horizon | PPO | | 100 | | 5.84 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 60MG XL TAB | 69266041 | NDC | | | | both | 1 EA | 26.5 | | | UHC | Medicaid | | 100 | | 3.86 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 60MG XL TAB | 69266041 | NDC | | | | both | 1 EA | 26.5 | | | UHC | Medicare | | 100 | | 6.14 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 60MG XL TAB | 69266041 | NDC | | | | both | 1 EA | 26.5 | | | United | CommercialPPO | | 100 | | 4.67 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 60MG XL TAB | 69266041 | NDC | | | | both | 1 EA | 26.5 | | | United | Oxford | | 100 | | 8.16 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 60MG XL TAB | 69266041 | NDC | | | | both | 1 EA | 26.5 | | | Wellcare | Medicaid | | 100 | | 3.56 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 60MG XL TAB | 69266041 | NDC | | | | both | 1 EA | 26.5 | | | Wellcare | Medicare | | 100 | | 2.72 | | | other | Drugs are paid at 100% of the AWP |
| NIFEDIPINE 60MG XL TAB | 69266041 | NDC | | | | both | 1 EA | 26.5 | | | WellPoint | WellPoint | | 100 | | 6.12 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 250MG TAB | 69306086 | NDC | | | | both | 1 EA | 59 | | | Aetna | Better Health | | 100 | | 9.45 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 250MG TAB | 69306086 | NDC | | | | both | 1 EA | 59 | | | Aetna | Commercial | | 100 | | 9.69 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 250MG TAB | 69306086 | NDC | | | | both | 1 EA | 59 | | | Aetna | Medicare | | 100 | | 12.89 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 250MG TAB | 69306086 | NDC | | | | both | 1 EA | 59 | | | Corrections | Corrections | | 100 | | 12.12 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 250MG TAB | 69306086 | NDC | | | | both | 1 EA | 59 | | | Horizon | Indemnity | | 100 | | 11.48 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 250MG TAB | 69306086 | NDC | | | | both | 1 EA | 59 | | | Horizon | Medicare Blue | | 100 | | 13.06 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 250MG TAB | 69306086 | NDC | | | | both | 1 EA | 59 | | | Horizon | MGD | | 100 | | 12.67 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 250MG TAB | 69306086 | NDC | | | | both | 1 EA | 59 | | | Horizon | NJ Health | | 100 | | 11.23 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 250MG TAB | 69306086 | NDC | | | | both | 1 EA | 59 | | | Horizon | PPO | | 100 | | 13.44 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 250MG TAB | 69306086 | NDC | | | | both | 1 EA | 59 | | | UHC | Medicaid | | 100 | | 10.75 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 250MG TAB | 69306086 | NDC | | | | both | 1 EA | 59 | | | UHC | Medicare | | 100 | | 13.19 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 250MG TAB | 69306086 | NDC | | | | both | 1 EA | 59 | | | United | CommercialPPO | | 100 | | 17.94 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 250MG TAB | 69306086 | NDC | | | | both | 1 EA | 59 | | | Wellcare | Medicaid | | 100 | | 14.93 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 250MG TAB | 69306086 | NDC | | | | both | 1 EA | 59 | | | Wellcare | Medicare | | 100 | | 11.99 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 250MG TAB | 69306086 | NDC | | | | both | 1 EA | 59 | | | WellPoint | WellPoint | | 100 | | 12.39 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 200MG/5ML SUSP | 69312019 | NDC | | | | both | 1 EA | 21.5 | | | Horizon | Medicare Blue | | 100 | | 2.89 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 200MG/5ML SUSP | 69312019 | NDC | | | | both | 1 EA | 21.5 | | | Horizon | NJ Health | | 100 | | 4.7 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 200MG/5ML SUSP | 69312019 | NDC | | | | both | 1 EA | 21.5 | | | UHC | Medicaid | | 100 | | 4.53 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 200MG/5ML SUSP | 69312019 | NDC | | | | both | 1 EA | 21.5 | | | UHC | Medicare | | 100 | | 3.59 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 200MG/5ML SUSP | 69312019 | NDC | | | | both | 1 EA | 21.5 | | | Wellcare | Medicaid | | 100 | | 6.05 | | | other | Drugs are paid at 100% of the AWP |
| AZITHROMYCIN 200MG/5ML SUSP | 69312019 | NDC | | | | both | 1 EA | 21.5 | | | WellPoint | WellPoint | | 100 | | 4.48 | | | other | Drugs are paid at 100% of the AWP |
| METHACOLINE INHALATION KIT | 69374054206 | NDC | | | | both | 1 EA | 452.5 | | | Horizon | NJ Health | | 100 | | 176.35 | | | other | Drugs are paid at 100% of the AWP |
| METHACOLINE INHALATION KIT | 69374054206 | NDC | | | | both | 1 EA | 452.5 | | | UHC | Medicaid | | 100 | | 100.1 | | | other | Drugs are paid at 100% of the AWP |
| METHACOLINE INHALATION KIT | 69374054206 | NDC | | | | both | 1 EA | 452.5 | | | UHC | Medicare | | 100 | | 135.66 | | | other | Drugs are paid at 100% of the AWP |
| DEL NIDO PERFUSION NEPHRON 1000ML BAG | 69374099410 | NDC | | | | both | 1 EA | 218 | | | Aetna | Commercial | | 100 | | 94.87 | | | other | Drugs are paid at 100% of the AWP |
| SILDENAFIL 2.5MG/1ML ORAL SOL | 69420030 | NDC | | | | both | 1 EA | 5.5 | | | UHC | Medicaid | | 100 | | 1.58 | | | other | Drugs are paid at 100% of the AWP |
| DOFETILIDE 0.125MG CAP (NF) | 69580043 | NDC | | | | both | 1 EA | 7.5 | | | Horizon | NJ Health | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| DOXYLAMINE 25MG TAB | 70000024901 | NDC | | | | both | 1 EA | 1 | | | Aetna | Better Health | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| DOXYLAMINE 25MG TAB | 70000024901 | NDC | | | | both | 1 EA | 1 | | | Aetna | Commercial | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| DOXYLAMINE 25MG TAB | 70000024901 | NDC | | | | both | 1 EA | 1 | | | Horizon | Indemnity | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| DOXYLAMINE 25MG TAB | 70000024901 | NDC | | | | both | 1 EA | 1 | | | Horizon | MGD | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| DOXYLAMINE 25MG TAB | 70000024901 | NDC | | | | both | 1 EA | 1 | | | Horizon | NJ Health | | 100 | | 0.09 | | | other | Drugs are paid at 100% of the AWP |
| DOXYLAMINE 25MG TAB | 70000024901 | NDC | | | | both | 1 EA | 1 | | | Horizon | PPO | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| DOXYLAMINE 25MG TAB | 70000024901 | NDC | | | | both | 1 EA | 1 | | | UHC | Medicaid | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| DOXYLAMINE 25MG TAB | 70000024901 | NDC | | | | both | 1 EA | 1 | | | WellPoint | WellPoint | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| BACTRIM,SEPTRA INJ 5ML VIAL | 70395303 | NDC | | | | both | 1 EA | 28.5 | | | Aetna | Commercial | | 100 | | 3.86 | | | other | Drugs are paid at 100% of the AWP |
| BACTRIM,SEPTRA INJ 5ML VIAL | 70395303 | NDC | | | | both | 1 EA | 28.5 | | | Aetna | Medicare | | 100 | | 5.55 | | | other | Drugs are paid at 100% of the AWP |
| BACTRIM,SEPTRA INJ 5ML VIAL | 70395303 | NDC | | | | both | 1 EA | 28.5 | | | Amerihealth | HMO/PPO | | 100 | | 5.13 | | | other | Drugs are paid at 100% of the AWP |
| BACTRIM,SEPTRA INJ 5ML VIAL | 70395303 | NDC | | | | both | 1 EA | 28.5 | | | Horizon | Indemnity | | 100 | | 5.12 | | | other | Drugs are paid at 100% of the AWP |
| BACTRIM,SEPTRA INJ 5ML VIAL | 70395303 | NDC | | | | both | 1 EA | 28.5 | | | Horizon | Medicare Blue | | 100 | | 2.74 | | | other | Drugs are paid at 100% of the AWP |
| BACTRIM,SEPTRA INJ 5ML VIAL | 70395303 | NDC | | | | both | 1 EA | 28.5 | | | Horizon | NJ Health | | 100 | | 3.41 | | | other | Drugs are paid at 100% of the AWP |
| BACTRIM,SEPTRA INJ 5ML VIAL | 70395303 | NDC | | | | both | 1 EA | 28.5 | | | UHC | Medicaid | | 100 | | 4.61 | | | other | Drugs are paid at 100% of the AWP |
| BACTRIM,SEPTRA INJ 5ML VIAL | 70395303 | NDC | | | | both | 1 EA | 28.5 | | | Wellcare | Medicaid | | 100 | | 5.3 | | | other | Drugs are paid at 100% of the AWP |
| BACTRIM,SEPTRA INJ 5ML VIAL | 70395303 | NDC | | | | both | 1 EA | 28.5 | | | WellPoint | WellPoint | | 100 | | 4.71 | | | other | Drugs are paid at 100% of the AWP |
| PHENYTOIN 50MG CHEW TAB | 71000740 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ATORVASTATIN 10MG TAB | 71015523 | NDC | | | | both | 1 EA | 19 | | Aetna | Better Health | | 100 | | 3.24 | | | other | Drugs are paid at 100% of the AWP |
| ATORVASTATIN 10MG TAB | 71015523 | NDC | | | | both | 1 EA | 19 | | Aetna | Commercial | | 100 | | 4.76 | | | other | Drugs are paid at 100% of the AWP |
| ATORVASTATIN 10MG TAB | 71015523 | NDC | | | | both | 1 EA | 19 | | Aetna | Medicare | | 100 | | 3.69 | | | other | Drugs are paid at 100% of the AWP |
| ATORVASTATIN 10MG TAB | 71015523 | NDC | | | | both | 1 EA | 19 | | Amerihealth | HMO/PPO | | 100 | | 3.48 | | | other | Drugs are paid at 100% of the AWP |
| ATORVASTATIN 10MG TAB | 71015523 | NDC | | | | both | 1 EA | 19 | | Corrections | Corrections | | 100 | | 3.81 | | | other | Drugs are paid at 100% of the AWP |
| ATORVASTATIN 10MG TAB | 71015523 | NDC | | | | both | 1 EA | 19 | | Horizon | Indemnity | | 100 | | 2.98 | | | other | Drugs are paid at 100% of the AWP |
| ATORVASTATIN 10MG TAB | 71015523 | NDC | | | | both | 1 EA | 19 | | Horizon | Medicare Blue | | 100 | | 4.1 | | | other | Drugs are paid at 100% of the AWP |
| ATORVASTATIN 10MG TAB | 71015523 | NDC | | | | both | 1 EA | 19 | | Horizon | MGD | | 100 | | 3.24 | | | other | Drugs are paid at 100% of the AWP |
| ATORVASTATIN 10MG TAB | 71015523 | NDC | | | | both | 1 EA | 19 | | Horizon | NJ Health | | 100 | | 2.59 | | | other | Drugs are paid at 100% of the AWP |
| ATORVASTATIN 10MG TAB | 71015523 | NDC | | | | both | 1 EA | 19 | | Horizon | PPO | | 100 | | 4.94 | | | other | Drugs are paid at 100% of the AWP |
| ATORVASTATIN 10MG TAB | 71015523 | NDC | | | | both | 1 EA | 19 | | UHC | Medicaid | | 100 | | 2.74 | | | other | Drugs are paid at 100% of the AWP |
| ATORVASTATIN 10MG TAB | 71015523 | NDC | | | | both | 1 EA | 19 | | UHC | Medicare | | 100 | | 3.39 | | | other | Drugs are paid at 100% of the AWP |
| ATORVASTATIN 10MG TAB | 71015523 | NDC | | | | both | 1 EA | 19 | | United | Commercial\|PPO | | 100 | | 2.78 | | | other | Drugs are paid at 100% of the AWP |
| ATORVASTATIN 10MG TAB | 71015523 | NDC | | | | both | 1 EA | 19 | | Wellcare | Medicaid | | 100 | | 3.15 | | | other | Drugs are paid at 100% of the AWP |
| ATORVASTATIN 10MG TAB | 71015523 | NDC | | | | both | 1 EA | 19 | | Wellcare | Medicare | | 100 | | 2.95 | | | other | Drugs are paid at 100% of the AWP |
| ATORVASTATIN 10MG TAB | 71015523 | NDC | | | | both | 1 EA | 19 | | WellPoint | WellPoint | | 100 | | 3.68 | | | other | Drugs are paid at 100% of the AWP |
| NOREPHRINE 8MG/250 NS PHARMD | 71019022205 | NDC | | | | both | 1 EA | 134.5 | | Aetna | Better Health | | 100 | | 21.59 | | | other | Drugs are paid at 100% of the AWP |
| NOREPHRINE 8MG/250 NS PHARMD | 71019022205 | NDC | | | | both | 1 EA | 134.5 | | Aetna | Commercial | | 100 | | 28.25 | | | other | Drugs are paid at 100% of the AWP |
| NOREPHRINE 8MG/250 NS PHARMD | 71019022205 | NDC | | | | both | 1 EA | 134.5 | | Aetna | Medicare | | 100 | | 14.15 | | | other | Drugs are paid at 100% of the AWP |
| NOREPHRINE 8MG/250 NS PHARMD | 71019022205 | NDC | | | | both | 1 EA | 134.5 | | Amerihealth | HMO/PPO | | 100 | | 22.33 | | | other | Drugs are paid at 100% of the AWP |
| NOREPHRINE 8MG/250 NS PHARMD | 71019022205 | NDC | | | | both | 1 EA | 134.5 | | Corrections | Corrections | | 100 | | 31.5 | | | other | Drugs are paid at 100% of the AWP |
| NOREPHRINE 8MG/250 NS PHARMD | 71019022205 | NDC | | | | both | 1 EA | 134.5 | | Horizon | Indemnity | | 100 | | 22.51 | | | other | Drugs are paid at 100% of the AWP |
| NOREPHRINE 8MG/250 NS PHARMD | 71019022205 | NDC | | | | both | 1 EA | 134.5 | | Horizon | Medicare Blue | | 100 | | 19.68 | | | other | Drugs are paid at 100% of the AWP |
| NOREPHRINE 8MG/250 NS PHARMD | 71019022205 | NDC | | | | both | 1 EA | 134.5 | | Horizon | MGD | | 100 | | 28.37 | | | other | Drugs are paid at 100% of the AWP |
| NOREPHRINE 8MG/250 NS PHARMD | 71019022205 | NDC | | | | both | 1 EA | 134.5 | | Horizon | NJ Health | | 100 | | 17.75 | | | other | Drugs are paid at 100% of the AWP |
| NOREPHRINE 8MG/250 NS PHARMD | 71019022205 | NDC | | | | both | 1 EA | 134.5 | | Horizon | PPO | | 100 | | 19.09 | | | other | Drugs are paid at 100% of the AWP |
| NOREPHRINE 8MG/250 NS PHARMD | 71019022205 | NDC | | | | both | 1 EA | 134.5 | | UHC | Medicaid | | 100 | | 24.06 | | | other | Drugs are paid at 100% of the AWP |
| NOREPHRINE 8MG/250 NS PHARMD | 71019022205 | NDC | | | | both | 1 EA | 134.5 | | UHC | Medicare | | 100 | | 24.67 | | | other | Drugs are paid at 100% of the AWP |
| NOREPHRINE 8MG/250 NS PHARMD | 71019022205 | NDC | | | | both | 1 EA | 134.5 | | United | Commercial\|PPO | | 100 | | 17.03 | | | other | Drugs are paid at 100% of the AWP |
| NOREPHRINE 8MG/250 NS PHARMD | 71019022205 | NDC | | | | both | 1 EA | 134.5 | | Wellcare | Medicaid | | 100 | | 15.32 | | | other | Drugs are paid at 100% of the AWP |
| NOREPHRINE 8MG/250 NS PHARMD | 71019022205 | NDC | | | | both | 1 EA | 134.5 | | Wellcare | Medicare | | 100 | | 24.13 | | | other | Drugs are paid at 100% of the AWP |
| NOREPHRINE 8MG/250 NS PHARMD | 71019022205 | NDC | | | | both | 1 EA | 134.5 | | WellPoint | WellPoint | | 100 | | 23.13 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 1ML SYRN (10ML PHARMED) | 71019026315 | NDC | | | | both | 1 EA | 1 | | Aetna | Better Health | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 1ML SYRN (10ML PHARMED) | 71019026315 | NDC | | | | both | 1 EA | 1 | | Aetna | Commercial | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 1ML SYRN (10ML PHARMED) | 71019026315 | NDC | | | | both | 1 EA | 1 | | Aetna | Medicare | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 1ML SYRN (10ML PHARMED) | 71019026315 | NDC | | | | both | 1 EA | 1 | | Amerihealth | HMO/PPO | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 1ML SYRN (10ML PHARMED) | 71019026315 | NDC | | | | both | 1 EA | 1 | | Corrections | Corrections | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 1ML SYRN (10ML PHARMED) | 71019026315 | NDC | | | | both | 1 EA | 1 | | Horizon | Indemnity | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 1ML SYRN (10ML PHARMED) | 71019026315 | NDC | | | | both | 1 EA | 1 | | Horizon | Medicare Blue | | 100 | | 0.14 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 1ML SYRN (10ML PHARMED) | 71019026315 | NDC | | | | both | 1 EA | 1 | | Horizon | MGD | | 100 | | 0.14 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 1ML SYRN (10ML PHARMED) | 71019026315 | NDC | | | | both | 1 EA | 1 | | Horizon | NJ Health | | 100 | | 0.13 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 1ML SYRN (10ML PHARMED) | 71019026315 | NDC | | | | both | 1 EA | 1 | | Horizon | PPO | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 1ML SYRN (10ML PHARMED) | 71019026315 | NDC | | | | both | 1 EA | 1 | | UHC | Medicaid | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 1ML SYRN (10ML PHARMED) | 71019026315 | NDC | | | | both | 1 EA | 1 | | UHC | Medicare | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 1ML SYRN (10ML PHARMED) | 71019026315 | NDC | | | | both | 1 EA | 1 | | United | Commercial\|PPO | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 1ML SYRN (10ML PHARMED) | 71019026315 | NDC | | | | both | 1 EA | 1 | | United | Oxford | | 100 | | 0.09 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 1ML SYRN (10ML PHARMED) | 71019026315 | NDC | | | | both | 1 EA | 1 | | Wellcare | Medicaid | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 1ML SYRN (10ML PHARMED) | 71019026315 | NDC | | | | both | 1 EA | 1 | | Wellcare | Medicare | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| PHENYLEPHRINE 1ML SYRN (10ML PHARMED) | 71019026315 | NDC | | | | both | 1 EA | 1 | | WellPoint | WellPoint | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| PHENYTOIN 100MG CAP | 71036240 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| PHENYTOIN 100MG CAP | 71036240 | NDC | | | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| PHENYTOIN 100MG CAP | 71036240 | NDC | | | | both | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| PHENYTOIN 100MG CAP | 71036240 | NDC | | | | both | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| PHENYTOIN 100MG CAP | 71036240 | NDC | | | | both | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| PHENYTOIN 100MG CAP | 71036240 | NDC | | | | both | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 1.24 | | | other | Drugs are paid at 100% of the AWP |
| PHENYTOIN 100MG CAP | 71036240 | NDC | | | | both | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| PHENYTOIN 100MG CAP | 71036240 | NDC | | | | both | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| PHENYTOIN 30MG CAP | 71036524 | NDC | | | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 100MG CAP | 71080340 | NDC | | | | both | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 100MG CAP | 71080340 | NDC | | | | both | 1 EA | 3.5 | | Aetna | Commercial | | 100 | | 0.86 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 100MG CAP | 71080340 | NDC | | | | both | 1 EA | 3.5 | | Aetna | Medicare | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 100MG CAP | 71080340 | NDC | | | | both | 1 EA | 3.5 | | Amerihealth | HMO/PPO | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 100MG CAP | 71080340 | NDC | | | | both | 1 EA | 3.5 | | Corrections | Corrections | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 100MG CAP | 71080340 | NDC | | | | both | 1 EA | 3.5 | | Horizon | Indemnity | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 100MG CAP | 71080340 | NDC | | | | both | 1 EA | 3.5 | | Horizon | Medicare Blue | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 100MG CAP | 71080340 | NDC | | | | both | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 100MG CAP | 71080340 | NDC | | | | both | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 100MG CAP | 71080340 | NDC | | | | both | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 100MG CAP | 71080340 | NDC | | | | both | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 100MG CAP | 71080340 | NDC | | | | both | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 100MG CAP | 71080340 | NDC | | | | both | 1 EA | 3.5 | | United | Commercial\|PPO | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 100MG CAP | 71080340 | NDC | | | | both | 1 EA | 3.5 | | Wellcare | Medicaid | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 100MG CAP | 71080340 | NDC | | | | both | 1 EA | 3.5 | | Wellcare | Medicare | | 100 | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 100MG CAP | 71080340 | NDC | | | | both | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 300MG CAP | 71080540 | NDC | | | | both | 1 EA | 8.5 | | Aetna | Better Health | | 100 | | 1.37 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 300MG CAP | 71080540 | NDC | | | | both | 1 EA | 8.5 | | Aetna | Commercial | | 100 | | 2.25 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 300MG CAP | 71080540 | NDC | | | | both | 1 EA | 8.5 | | Aetna | Medicare | | 100 | | 1.19 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 300MG CAP | 71080540 | NDC | | | | both | 1 EA | 8.5 | | Amerihealth | HMO/PPO | | 100 | | 1.55 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 300MG CAP | 71080540 | NDC | | | | both | 1 EA | 8.5 | | Corrections | Corrections | | 100 | | 1.37 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 300MG CAP | 71080540 | NDC | | | | both | 1 EA | 8.5 | | Horizon | Indemnity | | 100 | | 1.82 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 300MG CAP | 71080540 | NDC | | | | both | 1 EA | 8.5 | | Horizon | Medicare Blue | | 100 | | 1.75 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 300MG CAP | 71080540 | NDC | | | | both | 1 EA | 8.5 | | Horizon | MGD | | 100 | | 1.4 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 300MG CAP | 71080540 | NDC | | | | both | 1 EA | 8.5 | | Horizon | NJ Health | | 100 | | 1.25 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 300MG CAP | 71080540 | NDC | | | | both | 1 EA | 8.5 | | Horizon | PPO | | 100 | | 1.95 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 300MG CAP | 71080540 | NDC | | | | both | 1 EA | 8.5 | | UHC | Medicaid | | 100 | | 1.41 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 300MG CAP | 71080540 | NDC | | | | both | 1 EA | 8.5 | | UHC | Medicare | | 100 | | 1.59 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 300MG CAP | 71080540 | NDC | | | | both | 1 EA | 8.5 | | United | Commercial\|PPO | | 100 | | 1.67 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 300MG CAP | 71080540 | NDC | | | | both | 1 EA | 8.5 | | United | Oxford | | 100 | | 2.41 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 300MG CAP | 71080540 | NDC | | | | both | 1 EA | 8.5 | | Wellcare | Medicaid | | 100 | | 1.58 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 300MG CAP | 71080540 | NDC | | | | both | 1 EA | 8.5 | | Wellcare | Medicare | | 100 | | 1.72 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 300MG CAP | 71080540 | NDC | | | | both | 1 EA | 8.5 | | WellPoint | WellPoint | | 100 | | 1.49 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 400MG CAP | 71080640 | NDC | | | | both | 1 EA | 9.5 | | Aetna | Better Health | | 100 | | 1.34 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 400MG CAP | 71080640 | NDC | | | | both | 1 EA | 9.5 | | Aetna | Commercial | | 100 | | 3.8 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 400MG CAP | 71080640 | NDC | | | | both | 1 EA | 9.5 | | Aetna | Medicare | | 100 | | 1.8 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 400MG CAP | 71080640 | NDC | | | | both | 1 EA | 9.5 | | Amerihealth | HMO/PPO | | 100 | | 0.95 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 400MG CAP | 71080640 | NDC | | | | both | 1 EA | 9.5 | | Horizon | Indemnity | | 100 | | 1.48 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 400MG CAP | 71080640 | NDC | | | | both | 1 EA | 9.5 | | Horizon | Medicare Blue | | 100 | | 1.46 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 400MG CAP | 71080640 | NDC | | | | both | 1 EA | 9.5 | | Horizon | MGD | | 100 | | 0.9 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 400MG CAP | 71080640 | NDC | | | | both | 1 EA | 9.5 | | Horizon | NJ Health | | 100 | | 0.9 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 400MG CAP | 71080640 | NDC | | | | both | 1 EA | 9.5 | | Horizon | PPO | | 100 | | 1.69 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 400MG CAP | 71080640 | NDC | | | | both | 1 EA | 9.5 | | UHC | Medicaid | | 100 | | 1.53 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 400MG CAP | 71080640 | NDC | | | | both | 1 EA | 9.5 | | UHC | Medicare | | 100 | | 1.86 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 400MG CAP | 71080640 | NDC | | | | both | 1 EA | 9.5 | | United | Commercial\|PPO | | 100 | | 2.48 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 400MG CAP | 71080640 | NDC | | | | both | 1 EA | 9.5 | | Wellcare | Medicaid | | 100 | | 1.8 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 400MG CAP | 71080640 | NDC | | | | both | 1 EA | 9.5 | | Wellcare | Medicare | | 100 | | 0.86 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 400MG CAP | 71080640 | NDC | | | | both | 1 EA | 9.5 | | WellPoint | WellPoint | | 100 | | 1.21 | | | other | Drugs are paid at 100% of the AWP |
| PREGABLINE 25 MG CAPS | 71101268 | NDC | | | | both | 1 EA | 19 | | Aetna | Medicare | | 100 | | 12.12 | | | other | Drugs are paid at 100% of the AWP |
| PREGABLINE 25 MG CAPS | 71101268 | NDC | | | | both | 1 EA | 19 | | Corrections | Corrections | | 100 | | 4.9 | | | other | Drugs are paid at 100% of the AWP |
| PREGABLINE 25 MG CAPS | 71101268 | NDC | | | | both | 1 EA | 19 | | Horizon | Medicare Blue | | 100 | | 1.54 | | | other | Drugs are paid at 100% of the AWP |
| PREGABLINE 25 MG CAPS | 71101268 | NDC | | | | both | 1 EA | 19 | | Horizon | MGD | | 100 | | 4.51 | | | other | Drugs are paid at 100% of the AWP |
| PREGABLINE 25 MG CAPS | 71101268 | NDC | | | | both | 1 EA | 19 | | Horizon | NJ Health | | 100 | | 2.67 | | | other | Drugs are paid at 100% of the AWP |
| PREGABLINE 25 MG CAPS | 71101268 | NDC | | | | both | 1 EA | 19 | | Horizon | PPO | | 100 | | 3.75 | | | other | Drugs are paid at 100% of the AWP |
| PREGABLINE 25 MG CAPS | 71101268 | NDC | | | | both | 1 EA | 19 | | UHC | Medicaid | | 100 | | 2.57 | | | other | Drugs are paid at 100% of the AWP |
| PREGABLINE 25 MG CAPS | 71101268 | NDC | | | | both | 1 EA | 19 | | UHC | Medicare | | 100 | | 2.77 | | | other | Drugs are paid at 100% of the AWP |
| PREGABLINE 25 MG CAPS | 71101268 | NDC | | | | both | 1 EA | 19 | | United | Commercial\|PPO | | 100 | | 2.61 | | | other | Drugs are paid at 100% of the AWP |
| PREGABLINE 25 MG CAPS | 71101268 | NDC | | | | both | 1 EA | 19 | | Wellcare | Medicaid | | 100 | | 2.6 | | | other | Drugs are paid at 100% of the AWP |
| PREGABLINE 25 MG CAPS | 71101268 | NDC | | | | both | 1 EA | 19 | | Wellcare | Medicare | | 100 | | 1.01 | | | other | Drugs are paid at 100% of the AWP |
| PREGABLINE 25 MG CAPS | 71101268 | NDC | | | | both | 1 EA | 19 | | WellPoint | WellPoint | | 100 | | 2.24 | | | other | Drugs are paid at 100% of the AWP |
| PREGABALIN 75MG CAPS | 71101441 | NDC | | | | both | 1 EA | 22 | | Aetna | Better Health | | 100 | | 2.58 | | | other | Drugs are paid at 100% of the AWP |
| PREGABALIN 75MG CAPS | 71101441 | NDC | | | | both | 1 EA | 22 | | Aetna | Commercial | | 100 | | 3.15 | | | other | Drugs are paid at 100% of the AWP |
| PREGABALIN 75MG CAPS | 71101441 | NDC | | | | both | 1 EA | 22 | | Amerihealth | HMO/PPO | | 100 | | 4.55 | | | other | Drugs are paid at 100% of the AWP |
| PREGABALIN 75MG CAPS | 71101441 | NDC | | | | both | 1 EA | 22 | | Corrections | Corrections | | 100 | | 6.47 | | | other | Drugs are paid at 100% of the AWP |
| PREGABALIN 75MG CAPS | 71101441 | NDC | | | | both | 1 EA | 22 | | Horizon | Indemnity | | 100 | | 4.49 | | | other | Drugs are paid at 100% of the AWP |
| PREGABALIN 75MG CAPS | 71101441 | NDC | | | | both | 1 EA | 22 | | Horizon | Medicare Blue | | 100 | | 5.05 | | | other | Drugs are paid at 100% of the AWP |
| PREGABALIN 75MG CAPS | 71101441 | NDC | | | | both | 1 EA | 22 | | Horizon | MGD | | 100 | | 2.49 | | | other | Drugs are paid at 100% of the AWP |
| PREGABALIN 75MG CAPS | 71101441 | NDC | | | | both | 1 EA | 22 | | Horizon | NJ Health | | 100 | | 3.29 | | | other | Drugs are paid at 100% of the AWP |
| PREGABALIN 75MG CAPS | 71101441 | NDC | | | | both | 1 EA | 22 | | Horizon | PPO | | 100 | | 6 | | | other | Drugs are paid at 100% of the AWP |
| PREGABALIN 75MG CAPS | 71101441 | NDC | | | | both | 1 EA | 22 | | UHC | Medicaid | | 100 | | 2.87 | | | other | Drugs are paid at 100% of the AWP |
| PREGABALIN 75MG CAPS | 71101441 | NDC | | | | both | 1 EA | 22 | | UHC | Medicare | | 100 | | 3.5 | | | other | Drugs are paid at 100% of the AWP |
| PREGABALIN 75MG CAPS | 71101441 | NDC | | | | both | 1 EA | 22 | | United | Commercial\|PPO | | 100 | | 2.72 | | | other | Drugs are paid at 100% of the AWP |
| PREGABALIN 75MG CAPS | 71101441 | NDC | | | | both | 1 EA | 22 | | Wellcare | Medicare | | 100 | | 5.41 | | | other | Drugs are paid at 100% of the AWP |
| PREGABALIN 75MG CAPS | 71101441 | NDC | | | | both | 1 EA | 22 | | WellPoint | WellPoint | | 100 | | 2.72 | | | other | Drugs are paid at 100% of the AWP |
| HEMORRHOIDAL SUPP | 71108807 | NDC | | | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.08 | | | other | Drugs are paid at 100% of the AWP |
| HEMORRHOIDAL SUPP | 71108807 | NDC | | | | both | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE ACETATE 25MG SUPP | 71172607 | NDC | | | | both | 1 EA | 23.5 | | Aetna | Commercial | | 100 | | 0.84 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE ACETATE 25MG SUPP | 71172607 | NDC | | | | both | 1 EA | 23.5 | | Horizon | Medicare Blue | | 100 | | 11.78 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE ACETATE 25MG SUPP | 71172607 | NDC | | | | both | 1 EA | 23.5 | | Horizon | NJ Health | | 100 | | 5.29 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE ACETATE 25MG SUPP | 71172607 | NDC | | | | both | 1 EA | 23.5 | | UHC | Medicaid | | 100 | | 3.71 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE ACETATE 25MG SUPP | 71172607 | NDC | | | | both | 1 EA | 23.5 | | UHC | Medicare | | 100 | | 8.24 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE ACETATE 25MG SUPP | 71172607 | NDC | | | | both | 1 EA | 23.5 | | WellPoint | WellPoint | | 100 | | 3.54 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 250MG/5ML LIQ | 71201223 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 250MG/5ML LIQ | 71201223 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 250MG/5ML LIQ | 71201223 | NDC | | | | both | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 250MG/5ML LIQ | 71201223 | NDC | | | | both | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 250MG/5ML LIQ | 71201223 | NDC | | | | both | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 250MG/5ML LIQ | 71201223 | NDC | | | | both | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 250MG/5ML LIQ | 71201223 | NDC | | | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 250MG/5ML LIQ | 71201223 | NDC | | | | both | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GABAPENTIN 250MG/5ML LIQ | 71201223 | NDC | | | | both | 1 EA | 2.5 | | | Medicaid | | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 250MG/5ML LIQ | 71201223 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 250MG/5ML LIQ | 71201223 | NDC | | | | both | 1 EA | 2.5 | | | United | CommercialPPO | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 250MG/5ML LIQ | 71201223 | NDC | | | | both | 1 EA | 2.5 | | | United | Oxford | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 250MG/5ML LIQ | 71201223 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| GABAPENTIN 250MG/5ML LIQ | 71201223 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| GLYCERIN PEDIATRIC SUPP | 713010213 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| GLYCERIN PEDIATRIC SUPP | 713010213 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| GLYCERIN PEDIATRIC SUPP | 713010213 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| GLYCERIN PEDIATRIC SUPP | 713010213 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| GLYCERIN PEDIATRIC SUPP | 713010213 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 325MG SUPP | 713016450 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | Medicare Blue | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 325MG SUPP | 713016450 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | NJ Health | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| ACETAMINOPHEN 325MG SUPP | 713016450 | NDC | | | | both | 1 EA | 3.5 | | | UHC | Medicaid | | 100 | | 0.92 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 2.5% (30GM) CREAM | 71313113 | NDC | | | | both | 1 EA | 216.5 | | | Aetna | Better Health | | 100 | | 23.92 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 2.5% (30GM) CREAM | 71313113 | NDC | | | | both | 1 EA | 216.5 | | | Aetna | Commercial | | 100 | | 7.81 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 2.5% (30GM) CREAM | 71313113 | NDC | | | | both | 1 EA | 216.5 | | | Amerihealth | HMO/PPO | | 100 | | 45.96 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 2.5% (30GM) CREAM | 71313113 | NDC | | | | both | 1 EA | 216.5 | | | Horizon | Indemnity | | 100 | | 43.48 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 2.5% (30GM) CREAM | 71313113 | NDC | | | | both | 1 EA | 216.5 | | | Horizon | MGD | | 100 | | 29.83 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 2.5% (30GM) CREAM | 71313113 | NDC | | | | both | 1 EA | 216.5 | | | Horizon | NJ Health | | 100 | | 39.96 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 2.5% (30GM) CREAM | 71313113 | NDC | | | | both | 1 EA | 216.5 | | | Horizon | PPO | | 100 | | 33.98 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 2.5% (30GM) CREAM | 71313113 | NDC | | | | both | 1 EA | 216.5 | | | UHC | Medicaid | | 100 | | 24.4 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 2.5% (30GM) CREAM | 71313113 | NDC | | | | both | 1 EA | 216.5 | | | UHC | Medicare | | 100 | | 60.54 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 2.5% (30GM) CREAM | 71313113 | NDC | | | | both | 1 EA | 216.5 | | | United | CommercialPPO | | 100 | | 26.59 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 2.5% (30GM) CREAM | 71313113 | NDC | | | | both | 1 EA | 216.5 | | | Wellcare | Medicaid | | 100 | | 22.23 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 2.5% (30GM) CREAM | 71313113 | NDC | | | | both | 1 EA | 216.5 | | | WellPoint | WellPoint | | 100 | | 32.59 | | | other | Drugs are paid at 100% of the AWP |
| REMIMAZOLAM BESYLATE(BYFAVO)20MG INJ | 71390001111 | NDC | | | | both | 1 EA | 154.5 | | | Aetna | Better Health | | 100 | | 22.06 | | | other | Drugs are paid at 100% of the AWP |
| REMIMAZOLAM BESYLATE(BYFAVO)20MG INJ | 71390001111 | NDC | | | | both | 1 EA | 154.5 | | | Aetna | Commercial | | 100 | | 19.68 | | | other | Drugs are paid at 100% of the AWP |
| REMIMAZOLAM BESYLATE(BYFAVO)20MG INJ | 71390001111 | NDC | | | | both | 1 EA | 154.5 | | | Aetna | Medicare | | 100 | | 24.42 | | | other | Drugs are paid at 100% of the AWP |
| REMIMAZOLAM BESYLATE(BYFAVO)20MG INJ | 71390001111 | NDC | | | | both | 1 EA | 154.5 | | | Amerihealth | HMO/PPO | | 100 | | 22.17 | | | other | Drugs are paid at 100% of the AWP |
| REMIMAZOLAM BESYLATE(BYFAVO)20MG INJ | 71390001111 | NDC | | | | both | 1 EA | 154.5 | | | Corrections | Corrections | | 100 | | 20.51 | | | other | Drugs are paid at 100% of the AWP |
| REMIMAZOLAM BESYLATE(BYFAVO)20MG INJ | 71390001111 | NDC | | | | both | 1 EA | 154.5 | | | Horizon | Indemnity | | 100 | | 26.3 | | | other | Drugs are paid at 100% of the AWP |
| REMIMAZOLAM BESYLATE(BYFAVO)20MG INJ | 71390001111 | NDC | | | | both | 1 EA | 154.5 | | | Horizon | Medicare Blue | | 100 | | 23.65 | | | other | Drugs are paid at 100% of the AWP |
| REMIMAZOLAM BESYLATE(BYFAVO)20MG INJ | 71390001111 | NDC | | | | both | 1 EA | 154.5 | | | Horizon | MGD | | 100 | | 13.2 | | | other | Drugs are paid at 100% of the AWP |
| REMIMAZOLAM BESYLATE(BYFAVO)20MG INJ | 71390001111 | NDC | | | | both | 1 EA | 154.5 | | | Horizon | NJ Health | | 100 | | 17.48 | | | other | Drugs are paid at 100% of the AWP |
| REMIMAZOLAM BESYLATE(BYFAVO)20MG INJ | 71390001111 | NDC | | | | both | 1 EA | 154.5 | | | Horizon | PPO | | 100 | | 29.26 | | | other | Drugs are paid at 100% of the AWP |
| REMIMAZOLAM BESYLATE(BYFAVO)20MG INJ | 71390001111 | NDC | | | | both | 1 EA | 154.5 | | | UHC | Medicaid | | 100 | | 24.17 | | | other | Drugs are paid at 100% of the AWP |
| REMIMAZOLAM BESYLATE(BYFAVO)20MG INJ | 71390001111 | NDC | | | | both | 1 EA | 154.5 | | | UHC | Medicare | | 100 | | 25.93 | | | other | Drugs are paid at 100% of the AWP |
| REMIMAZOLAM BESYLATE(BYFAVO)20MG INJ | 71390001111 | NDC | | | | both | 1 EA | 154.5 | | | United | CommercialPPO | | 100 | | 56.47 | | | other | Drugs are paid at 100% of the AWP |
| REMIMAZOLAM BESYLATE(BYFAVO)20MG INJ | 71390001111 | NDC | | | | both | 1 EA | 154.5 | | | Wellcare | Medicaid | | 100 | | 8.5 | | | other | Drugs are paid at 100% of the AWP |
| REMIMAZOLAM BESYLATE(BYFAVO)20MG INJ | 71390001111 | NDC | | | | both | 1 EA | 154.5 | | | Wellcare | Medicare | | 100 | | 51.79 | | | other | Drugs are paid at 100% of the AWP |
| REMIMAZOLAM BESYLATE(BYFAVO)20MG INJ | 71390001111 | NDC | | | | both | 1 EA | 154.5 | | | WellPoint | WellPoint | | 100 | | 28.27 | | | other | Drugs are paid at 100% of the AWP |
| KETAMINE 10MG | 71458112 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Better Health | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| KETAMINE 10MG | 71458112 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Commercial | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| KETAMINE 10MG | 71458112 | NDC | | | | both | 1 EA | 2.5 | | | Aetna | Medicare | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| KETAMINE 10MG | 71458112 | NDC | | | | both | 1 EA | 2.5 | | | Amerihealth | HMO/PPO | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| KETAMINE 10MG | 71458112 | NDC | | | | both | 1 EA | 2.5 | | | Corrections | Corrections | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| KETAMINE 10MG | 71458112 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Indemnity | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| KETAMINE 10MG | 71458112 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | Medicare Blue | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| KETAMINE 10MG | 71458112 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | MGD | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| KETAMINE 10MG | 71458112 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | NJ Health | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| KETAMINE 10MG | 71458112 | NDC | | | | both | 1 EA | 2.5 | | | Horizon | PPO | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| KETAMINE 10MG | 71458112 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicaid | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| KETAMINE 10MG | 71458112 | NDC | | | | both | 1 EA | 2.5 | | | UHC | Medicare | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| KETAMINE 10MG | 71458112 | NDC | | | | both | 1 EA | 2.5 | | | United | CommercialPPO | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| KETAMINE 10MG | 71458112 | NDC | | | | both | 1 EA | 2.5 | | | United | Oxford | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| KETAMINE 10MG | 71458112 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicaid | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| KETAMINE 10MG | 71458112 | NDC | | | | both | 1 EA | 2.5 | | | Wellcare | Medicare | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| KETAMINE 10MG | 71458112 | NDC | | | | both | 1 EA | 2.5 | | | WellPoint | WellPoint | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| CAFFEINE CITRATE ORAL(20MG) 1ML INJ | 72485011010 | NDC | | | | both | 1 EA | 27 | | | Aetna | Better Health | | 100 | | 3.95 | | | other | Drugs are paid at 100% of the AWP |
| CAFFEINE CITRATE ORAL(20MG) 1ML INJ | 72485011010 | NDC | | | | both | 1 EA | 27 | | | Horizon | NJ Health | | 100 | | 1.43 | | | other | Drugs are paid at 100% of the AWP |
| CAFFEINE CITRATE ORAL(20MG) 1ML INJ | 72485011010 | NDC | | | | both | 1 EA | 27 | | | UHC | Medicaid | | 100 | | 5.09 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 25MG SUPP | 7336203 | NDC | | | | both | 1 EA | 3.5 | | | Aetna | Medicare | | 100 | | 0.9 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 25MG SUPP | 7336203 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | MGD | | 100 | | 1.05 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 25MG SUPP | 7336203 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | NJ Health | | 100 | | 1.57 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 25MG SUPP | 7336203 | NDC | | | | both | 1 EA | 3.5 | | | UHC | Medicaid | | 100 | | 1.34 | | | other | Drugs are paid at 100% of the AWP |
| PROCHLORPERAZINE 25MG SUPP | 7336203 | NDC | | | | both | 1 EA | 3.5 | | | UHC | Medicare | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| LIOTHYRONINE 25MCG TAB | 7341620 | NDC | | | | both | 1 EA | 3.5 | | | UHC | Medicare | | 100 | | 1.75 | | | other | Drugs are paid at 100% of the AWP |
| LIOTHYRONINE 25MCG TAB | 7341620 | NDC | | | | both | 1 EA | 3.5 | | | United | CommercialPPO | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| TRIAMTERENE-HCTZ 37.5MG/25MG CAP | 7365021 | NDC | | | | both | 1 EA | 3.5 | | | Horizon | PPO | | 100 | | 0.98 | | | other | Drugs are paid at 100% of the AWP |
| TRIAMTERENE-HCTZ 37.5MG/25MG CAP | 7365021 | NDC | | | | both | 1 EA | 3.5 | | | UHC | Medicare | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| TRIAMTERENE-HCTZ 37.5MG/25MG CAP | 7365021 | NDC | | | | both | 1 EA | 3.5 | | | United | CommercialPPO | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| TRIAMTERENE-HCTZ 37.5MG/25MG CAP | 7365021 | NDC | | | | both | 1 EA | 3.5 | | | WellPoint | WellPoint | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| BERACTANT 200MG VIAL | 74104008 | NDC | | | | both | 1 EA | 2520 | | | UHC | Medicaid | | 100 | | 442.77 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 3.125MG TAB | 7413920 | NDC | | | | both | 1 EA | 9.5 | | | Aetna | Better Health | | 100 | | 1.59 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 3.125MG TAB | 7413920 | NDC | | | | both | 1 EA | 9.5 | | | Aetna | Commercial | | 100 | | 1.31 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 3.125MG TAB | 7413920 | NDC | | | | both | 1 EA | 9.5 | | | Aetna | Medicare | | 100 | | 1.32 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 3.125MG TAB | 7413920 | NDC | | | | both | 1 EA | 9.5 | | | Amerihealth | HMO/PPO | | 100 | | 1.22 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 3.125MG TAB | 7413920 | NDC | | | | both | 1 EA | 9.5 | | | Corrections | Corrections | | 100 | | 1.57 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 3.125MG TAB | 7413920 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | Indemnity | | 100 | | 1.83 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 3.125MG TAB | 7413920 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | Medicare Blue | | 100 | | 2.05 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 3.125MG TAB | 7413920 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | MGD | | 100 | | 2.05 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 3.125MG TAB | 7413920 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | NJ Health | | 100 | | 1.71 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 3.125MG TAB | 7413920 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | PPO | | 100 | | 2.02 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 3.125MG TAB | 7413920 | NDC | | | | both | 1 EA | 9.5 | | | UHC | Medicaid | | 100 | | 1.49 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 3.125MG TAB | 7413920 | NDC | | | | both | 1 EA | 9.5 | | | UHC | Medicare | | 100 | | 1.8 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 3.125MG TAB | 7413920 | NDC | | | | both | 1 EA | 9.5 | | | United | CommercialPPO | | 100 | | 1.34 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 3.125MG TAB | 7413920 | NDC | | | | both | 1 EA | 9.5 | | | Wellcare | Medicaid | | 100 | | 2.25 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 3.125MG TAB | 7413920 | NDC | | | | both | 1 EA | 9.5 | | | Wellcare | Medicare | | 100 | | 3.26 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 3.125MG TAB | 7413920 | NDC | | | | both | 1 EA | 9.5 | | | WellPoint | WellPoint | | 100 | | 1.95 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 6.25MG TAB | 7414020 | NDC | | | | both | 1 EA | 9.5 | | | Aetna | Better Health | | 100 | | 1.4 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 6.25MG TAB | 7414020 | NDC | | | | both | 1 EA | 9.5 | | | Aetna | Commercial | | 100 | | 2.07 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 6.25MG TAB | 7414020 | NDC | | | | both | 1 EA | 9.5 | | | Aetna | Medicare | | 100 | | 1.51 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 6.25MG TAB | 7414020 | NDC | | | | both | 1 EA | 9.5 | | | Amerihealth | HMO/PPO | | 100 | | 1.76 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 6.25MG TAB | 7414020 | NDC | | | | both | 1 EA | 9.5 | | | Corrections | Corrections | | 100 | | 1.48 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 6.25MG TAB | 7414020 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | Indemnity | | 100 | | 1.8 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 6.25MG TAB | 7414020 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | Medicare Blue | | 100 | | 1.84 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 6.25MG TAB | 7414020 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | MGD | | 100 | | 3.21 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 6.25MG TAB | 7414020 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | NJ Health | | 100 | | 1.61 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 6.25MG TAB | 7414020 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | PPO | | 100 | | 1.8 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 6.25MG TAB | 7414020 | NDC | | | | both | 1 EA | 9.5 | | | UHC | Medicaid | | 100 | | 2.11 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 6.25MG TAB | 7414020 | NDC | | | | both | 1 EA | 9.5 | | | UHC | Medicare | | 100 | | 1.84 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 6.25MG TAB | 7414020 | NDC | | | | both | 1 EA | 9.5 | | | United | CommercialPPO | | 100 | | 1.21 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 6.25MG TAB | 7414020 | NDC | | | | both | 1 EA | 9.5 | | | Wellcare | Medicaid | | 100 | | 2 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 6.25MG TAB | 7414020 | NDC | | | | both | 1 EA | 9.5 | | | Wellcare | Medicare | | 100 | | 1.38 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 6.25MG TAB | 7414020 | NDC | | | | both | 1 EA | 9.5 | | | WellPoint | WellPoint | | 100 | | 1.82 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 12.5MG TAB | 7414120 | NDC | | | | both | 1 EA | 9.5 | | | Aetna | Better Health | | 100 | | 1.23 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 12.5MG TAB | 7414120 | NDC | | | | both | 1 EA | 9.5 | | | Aetna | Commercial | | 100 | | 1.87 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 12.5MG TAB | 7414120 | NDC | | | | both | 1 EA | 9.5 | | | Aetna | Medicare | | 100 | | 1.36 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 12.5MG TAB | 7414120 | NDC | | | | both | 1 EA | 9.5 | | | Amerihealth | HMO/PPO | | 100 | | 4.77 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 12.5MG TAB | 7414120 | NDC | | | | both | 1 EA | 9.5 | | | Corrections | Corrections | | 100 | | 4.43 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 12.5MG TAB | 7414120 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | Indemnity | | 100 | | 1.46 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 12.5MG TAB | 7414120 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | Medicare Blue | | 100 | | 2.13 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 12.5MG TAB | 7414120 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | MGD | | 100 | | 1.84 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 12.5MG TAB | 7414120 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | NJ Health | | 100 | | 1.64 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 12.5MG TAB | 7414120 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | PPO | | 100 | | 2.94 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 12.5MG TAB | 7414120 | NDC | | | | both | 1 EA | 9.5 | | | UHC | Medicaid | | 100 | | 1.76 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 12.5MG TAB | 7414120 | NDC | | | | both | 1 EA | 9.5 | | | UHC | Medicare | | 100 | | 1.86 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 12.5MG TAB | 7414120 | NDC | | | | both | 1 EA | 9.5 | | | United | CommercialPPO | | 100 | | 1.57 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 12.5MG TAB | 7414120 | NDC | | | | both | 1 EA | 9.5 | | | Wellcare | Medicaid | | 100 | | 1.87 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 12.5MG TAB | 7414120 | NDC | | | | both | 1 EA | 9.5 | | | Wellcare | Medicare | | 100 | | 1.72 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 12.5MG TAB | 7414120 | NDC | | | | both | 1 EA | 9.5 | | | WellPoint | WellPoint | | 100 | | 1.96 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 25MG TAB | 7414220 | NDC | | | | both | 1 EA | 9.5 | | | Aetna | Better Health | | 100 | | 1.73 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 25MG TAB | 7414220 | NDC | | | | both | 1 EA | 9.5 | | | Aetna | Commercial | | 100 | | 2.61 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 25MG TAB | 7414220 | NDC | | | | both | 1 EA | 9.5 | | | Aetna | Medicare | | 100 | | 1.68 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 25MG TAB | 7414220 | NDC | | | | both | 1 EA | 9.5 | | | Amerihealth | HMO/PPO | | 100 | | 1.56 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 25MG TAB | 7414220 | NDC | | | | both | 1 EA | 9.5 | | | Corrections | Corrections | | 100 | | 3.25 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 25MG TAB | 7414220 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | Indemnity | | 100 | | 1.53 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 25MG TAB | 7414220 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | Medicare Blue | | 100 | | 2.16 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 25MG TAB | 7414220 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | MGD | | 100 | | 1.65 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 25MG TAB | 7414220 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | NJ Health | | 100 | | 1.51 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 25MG TAB | 7414220 | NDC | | | | both | 1 EA | 9.5 | | | Horizon | PPO | | 100 | | 1.94 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 25MG TAB | 7414220 | NDC | | | | both | 1 EA | 9.5 | | | UHC | Medicaid | | 100 | | 1.83 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 25MG TAB | 7414220 | NDC | | | | both | 1 EA | 9.5 | | | UHC | Medicare | | 100 | | 2 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 25MG TAB | 7414220 | NDC | | | | both | 1 EA | 9.5 | | | United | CommercialPPO | | 100 | | 1 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 25MG TAB | 7414220 | NDC | | | | both | 1 EA | 9.5 | | | Wellcare | Medicaid | | 100 | | 2.05 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 25MG TAB | 7414220 | NDC | | | | both | 1 EA | 9.5 | | | Wellcare | Medicare | | 100 | | 2.03 | | | other | Drugs are paid at 100% of the AWP |
| CARVEDILOL 25MG TAB | 7414220 | NDC | | | | both | 1 EA | 9.5 | | | WellPoint | WellPoint | | 100 | | 2.09 | | | other | Drugs are paid at 100% of the AWP |
| NITROGLYCERIN-D5W 50MG/250ML | 74148202 | NDC | | | | both | 1 EA | 53.5 | | | Aetna | Better Health | | 100 | | 8.11 | | | other | Drugs are paid at 100% of the AWP |
| NITROGLYCERIN-D5W 50MG/250ML | 74148202 | NDC | | | | both | 1 EA | 53.5 | | | Aetna | Commercial | | 100 | | 16.05 | | | other | Drugs are paid at 100% of the AWP |
| NITROGLYCERIN-D5W 50MG/250ML | 74148202 | NDC | | | | both | 1 EA | 53.5 | | | Aetna | Medicare | | 100 | | 10.51 | | | other | Drugs are paid at 100% of the AWP |
| NITROGLYCERIN-D5W 50MG/250ML | 74148202 | NDC | | | | both | 1 EA | 53.5 | | | Amerihealth | HMO/PPO | | 100 | | 10.29 | | | other | Drugs are paid at 100% of the AWP |
| NITROGLYCERIN-D5W 50MG/250ML | 74148202 | NDC | | | | both | 1 EA | 53.5 | | | Corrections | Corrections | | 100 | | 10.42 | | | other | Drugs are paid at 100% of the AWP |
| NITROGLYCERIN-D5W 50MG/250ML | 74148202 | NDC | | | | both | 1 EA | 53.5 | | | Horizon | Indemnity | | 100 | | 10.38 | | | other | Drugs are paid at 100% of the AWP |
| NITROGLYCERIN-D5W 50MG/250ML | 74148202 | NDC | | | | both | 1 EA | 53.5 | | | Horizon | Medicare Blue | | 100 | | 7.09 | | | other | Drugs are paid at 100% of the AWP |
| NITROGLYCERIN-D5W 50MG/250ML | 74148202 | NDC | | | | both | 1 EA | 53.5 | | | Horizon | MGD | | 100 | | 13.75 | | | other | Drugs are paid at 100% of the AWP |
| NITROGLYCERIN-D5W 50MG/250ML | 74148202 | NDC | | | | both | 1 EA | 53.5 | | | Horizon | NJ Health | | 100 | | 6.79 | | | other | Drugs are paid at 100% of the AWP |
| NITROGLYCERIN-D5W 50MG/250ML | 74148202 | NDC | | | | both | 1 EA | 53.5 | | | Horizon | PPO | | 100 | | 10.54 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| NITROGLYCERIN-DSW 50MG/250ML | 74148202 | NDC | | | | both | | 1 EA | 53.5 | | UHC | Medicaid | | 100 | | 7.77 | | | other | Drugs are paid at 100% of the AWP |
| NITROGLYCERIN-DSW 50MG/250ML | 74148202 | NDC | | | | both | | 1 EA | 53.5 | | UHC | Medicare | | 100 | | 9.94 | | | other | Drugs are paid at 100% of the AWP |
| NITROGLYCERIN-DSW 50MG/250ML | 74148202 | NDC | | | | both | | 1 EA | 53.5 | | United | CommercialPPO | | 100 | | 7.1 | | | other | Drugs are paid at 100% of the AWP |
| NITROGLYCERIN-DSW 50MG/250ML | 74148202 | NDC | | | | both | | 1 EA | 53.5 | | Wellcare | Medicaid | | 100 | | 9.51 | | | other | Drugs are paid at 100% of the AWP |
| NITROGLYCERIN-DSW 50MG/250ML | 74148202 | NDC | | | | both | | 1 EA | 53.5 | | Wellcare | Medicare | | 100 | | 8.46 | | | other | Drugs are paid at 100% of the AWP |
| NITROGLYCERIN-DSW 50MG/250ML | 74148202 | NDC | | | | both | | 1 EA | 53.5 | | WellPoint | WellPoint | | 100 | | 11.94 | | | other | Drugs are paid at 100% of the AWP |
| NITROGLYCERIN-DSW 100MG/250ML | 74148402 | NDC | | | | both | | 1 EA | 53.5 | | UHC | Medicaid | | 100 | | 7.33 | | | other | Drugs are paid at 100% of the AWP |
| NEO-NATAL TPN #1 (200ML) | 74161705 | NDC | | | | both | | 1 EA | 255 | | Horizon | NJ Health | | 100 | | 73.25 | | | other | Drugs are paid at 100% of the AWP |
| NEO-NATAL TPN #1 (200ML) | 74161705 | NDC | | | | both | | 1 EA | 255 | | UHC | Medicaid | | 100 | | 61.93 | | | other | Drugs are paid at 100% of the AWP |
| NEO-NATAL TPN #1 (200ML) | 74161705 | NDC | | | | both | | 1 EA | 255 | | WellPoint | WellPoint | | 100 | | 151.1 | | | other | Drugs are paid at 100% of the AWP |
| BUPI 0.25%-EPI 1:200,000 10ML | 74174610 | NDC | | | | both | | 1 EA | 23.5 | | Horizon | MGD | | 100 | | 1.82 | | | other | Drugs are paid at 100% of the AWP |
| BUPI 0.25%-EPI 1:200,000 10ML | 74174610 | NDC | | | | both | | 1 EA | 23.5 | | United | CommercialPPO | | 100 | | 1.31 | | | other | Drugs are paid at 100% of the AWP |
| CLARITHROMYCIN 500MG TAB | 74258611 | NDC | | | | both | | 1 EA | 38 | | Horizon | NJ Health | | 100 | | 3.72 | | | other | Drugs are paid at 100% of the AWP |
| CLARITHROMYCIN 500MG TAB | 74258611 | NDC | | | | both | | 1 EA | 38 | | UHC | Medicaid | | 100 | | 5.22 | | | other | Drugs are paid at 100% of the AWP |
| CLARITHROMYCIN 500MG TAB | 74258611 | NDC | | | | both | | 1 EA | 38 | | UHC | Medicare | | 100 | | 5.7 | | | other | Drugs are paid at 100% of the AWP |
| CLARITHROMYCIN 500MG TAB | 74258611 | NDC | | | | both | | 1 EA | 38 | | WellPoint | WellPoint | | 100 | | 6.13 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN A 10,000 UNITS CAP | 74312001020 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN A 10,000 UNITS CAP | 74312001020 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN A 10,000 UNITS CAP | 74312001020 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.13 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN A 10,000 UNITS CAP | 74312001020 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN A 10,000 UNITS CAP | 74312001020 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMIN 100MCG TAB | 74312001380 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMIN 100MCG TAB | 74312001380 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.88 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMIN 100MCG TAB | 74312001380 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMIN 100MCG TAB | 74312001380 | NDC | | | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMIN 100MCG TAB | 74312001380 | NDC | | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMIN 100MCG TAB | 74312001380 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.99 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMIN 100MCG TAB | 74312001380 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMIN 100MCG TAB | 74312001380 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMIN 100MCG TAB | 74312001380 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMIN 100MCG TAB | 74312001380 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMIN 100MCG TAB | 74312001380 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMIN 100MCG TAB | 74312001380 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.71 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMIN 100MCG TAB | 74312001380 | NDC | | | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMIN 100MCG TAB | 74312001380 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMIN 100MCG TAB | 74312001380 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| CYANOCOBALAMIN 100MCG TAB | 74312001380 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| CO-ENZYME Q-10 30MG CAP | 74312004710 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 1% EPI 1:100000 20ML | 74317801 | NDC | | | | both | | 1 EA | 7.5 | | Aetna | Better Health | | 100 | | 1.47 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 1% EPI 1:100000 20ML | 74317801 | NDC | | | | both | | 1 EA | 7.5 | | Aetna | Commercial | | 100 | | 2.43 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 1% EPI 1:100000 20ML | 74317801 | NDC | | | | both | | 1 EA | 7.5 | | Aetna | Medicare | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 1% EPI 1:100000 20ML | 74317801 | NDC | | | | both | | 1 EA | 7.5 | | Amerihealth | HMO/PPO | | 100 | | 1.17 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 1% EPI 1:100000 20ML | 74317801 | NDC | | | | both | | 1 EA | 7.5 | | Corrections | Corrections | | 100 | | 1.76 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 1% EPI 1:100000 20ML | 74317801 | NDC | | | | both | | 1 EA | 7.5 | | Horizon | Indemnity | | 100 | | 1.69 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 1% EPI 1:100000 20ML | 74317801 | NDC | | | | both | | 1 EA | 7.5 | | Horizon | Medicare Blue | | 100 | | 1.32 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 1% EPI 1:100000 20ML | 74317801 | NDC | | | | both | | 1 EA | 7.5 | | Horizon | MGD | | 100 | | 1.57 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 1% EPI 1:100000 20ML | 74317801 | NDC | | | | both | | 1 EA | 7.5 | | Horizon | NJ Health | | 100 | | 1.15 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 1% EPI 1:100000 20ML | 74317801 | NDC | | | | both | | 1 EA | 7.5 | | Horizon | PPO | | 100 | | 1.29 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 1% EPI 1:100000 20ML | 74317801 | NDC | | | | both | | 1 EA | 7.5 | | UHC | Medicaid | | 100 | | 1.53 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 1% EPI 1:100000 20ML | 74317801 | NDC | | | | both | | 1 EA | 7.5 | | UHC | Medicare | | 100 | | 1.67 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 1% EPI 1:100000 20ML | 74317801 | NDC | | | | both | | 1 EA | 7.5 | | United | CommercialPPO | | 100 | | 0.85 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 1% EPI 1:100000 20ML | 74317801 | NDC | | | | both | | 1 EA | 7.5 | | United | Oxford | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 1% EPI 1:100000 20ML | 74317801 | NDC | | | | both | | 1 EA | 7.5 | | Wellcare | Medicaid | | 100 | | 0.93 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 1% EPI 1:100000 20ML | 74317801 | NDC | | | | both | | 1 EA | 7.5 | | Wellcare | Medicare | | 100 | | 1.77 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 1% EPI 1:100000 20ML | 74317801 | NDC | | | | both | | 1 EA | 7.5 | | WellPoint | WellPoint | | 100 | | 1.49 | | | other | Drugs are paid at 100% of the AWP |
| CLARITHROMYCIN 50MG/1ML SUSP | 74318813 | NDC | | | | both | | 1 EA | 4.5 | | Wellcare | Medicare | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| ASCORBIC (VIT C-CENOLATE) 1GM INJ | 74339702 | NDC | | | | both | | 1 EA | 26.5 | | Amerihealth | HMO/PPO | | 100 | | 4.53 | | | other | Drugs are paid at 100% of the AWP |
| ASCORBIC (VIT C-CENOLATE) 1GM INJ | 74339702 | NDC | | | | both | | 1 EA | 26.5 | | Horizon | MGD | | 100 | | 1.29 | | | other | Drugs are paid at 100% of the AWP |
| ASCORBIC (VIT C-CENOLATE) 1GM INJ | 74339702 | NDC | | | | both | | 1 EA | 26.5 | | Horizon | NJ Health | | 100 | | 0.99 | | | other | Drugs are paid at 100% of the AWP |
| ASCORBIC (VIT C-CENOLATE) 1GM INJ | 74339702 | NDC | | | | both | | 1 EA | 26.5 | | Horizon | PPO | | 100 | | 1.78 | | | other | Drugs are paid at 100% of the AWP |
| ASCORBIC (VIT C-CENOLATE) 1GM INJ | 74339702 | NDC | | | | both | | 1 EA | 26.5 | | Wellcare | Medicaid | | 100 | | 2.14 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX ER 250MG TAB | 74382613 | NDC | | | | both | | 1 EA | 5.5 | | Aetna | Better Health | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX ER 250MG TAB | 74382613 | NDC | | | | both | | 1 EA | 5.5 | | Corrections | Corrections | | 100 | | 1.71 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX ER 250MG TAB | 74382613 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | Indemnity | | 100 | | 1.16 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX ER 250MG TAB | 74382613 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | Medicare Blue | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX ER 250MG TAB | 74382613 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | MGD | | 100 | | 1.02 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX ER 250MG TAB | 74382613 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX ER 250MG TAB | 74382613 | NDC | | | | both | | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX ER 250MG TAB | 74382613 | NDC | | | | both | | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 0.81 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX ER 250MG TAB | 74382613 | NDC | | | | both | | 1 EA | 5.5 | | Wellcare | Medicaid | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX ER 250MG TAB | 74382613 | NDC | | | | both | | 1 EA | 5.5 | | Wellcare | Medicare | | 100 | | 2.06 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX ER 250MG TAB | 74382613 | NDC | | | | both | | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 1.15 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (20ML) VIAL | 74427701 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (20ML) VIAL | 74427701 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (20ML) VIAL | 74427701 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (20ML) VIAL | 74427701 | NDC | | | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (20ML) VIAL | 74427701 | NDC | | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (20ML) VIAL | 74427701 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (20ML) VIAL | 74427701 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (20ML) VIAL | 74427701 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (20ML) VIAL | 74427701 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (20ML) VIAL | 74427701 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (20ML) VIAL | 74427701 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (20ML) VIAL | 74427701 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (20ML) VIAL | 74427701 | NDC | | | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (20ML) VIAL | 74427701 | NDC | | | | both | | 1 EA | 2.5 | | United | Oxford | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (20ML) VIAL | 74427701 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (20ML) VIAL | 74427701 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| LIDOCAINE 2% (20ML) VIAL | 74427701 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| CISATRACURIUM 10MG VIAL | 74437805 | NDC | | | | both | | 1 EA | 77 | | Aetna | Better Health | | 100 | | 8.28 | | | other | Drugs are paid at 100% of the AWP |
| CISATRACURIUM 10MG VIAL | 74437805 | NDC | | | | both | | 1 EA | 77 | | Aetna | Commercial | | 100 | | 11.38 | | | other | Drugs are paid at 100% of the AWP |
| CISATRACURIUM 10MG VIAL | 74437805 | NDC | | | | both | | 1 EA | 77 | | Amerihealth | HMO/PPO | | 100 | | 14 | | | other | Drugs are paid at 100% of the AWP |
| CISATRACURIUM 10MG VIAL | 74437805 | NDC | | | | both | | 1 EA | 77 | | Horizon | Indemnity | | 100 | | 13.28 | | | other | Drugs are paid at 100% of the AWP |
| CISATRACURIUM 10MG VIAL | 74437805 | NDC | | | | both | | 1 EA | 77 | | Horizon | Medicare Blue | | 100 | | 10.9 | | | other | Drugs are paid at 100% of the AWP |
| CISATRACURIUM 10MG VIAL | 74437805 | NDC | | | | both | | 1 EA | 77 | | Horizon | MGD | | 100 | | 11.67 | | | other | Drugs are paid at 100% of the AWP |
| CISATRACURIUM 10MG VIAL | 74437805 | NDC | | | | both | | 1 EA | 77 | | Horizon | NJ Health | | 100 | | 9.12 | | | other | Drugs are paid at 100% of the AWP |
| CISATRACURIUM 10MG VIAL | 74437805 | NDC | | | | both | | 1 EA | 77 | | UHC | Medicaid | | 100 | | 9.9 | | | other | Drugs are paid at 100% of the AWP |
| CISATRACURIUM 10MG VIAL | 74437805 | NDC | | | | both | | 1 EA | 77 | | UHC | Medicare | | 100 | | 12.32 | | | other | Drugs are paid at 100% of the AWP |
| CISATRACURIUM 10MG VIAL | 74437805 | NDC | | | | both | | 1 EA | 77 | | Wellcare | Medicaid | | 100 | | 4 | | | other | Drugs are paid at 100% of the AWP |
| CISATRACURIUM 10MG VIAL | 74437805 | NDC | | | | both | | 1 EA | 77 | | WellPoint | WellPoint | | 100 | | 12.33 | | | other | Drugs are paid at 100% of the AWP |
| SOD BICARBONATE 8.4%(PED)SYRINGE | 74490034 | NDC | | | | both | | 1 EA | 23.5 | | Horizon | NJ Health | | 100 | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| SOD BICARBONATE 8.4%(PED)SYRINGE | 74490034 | NDC | | | | both | | 1 EA | 23.5 | | UHC | Medicaid | | 100 | | 2.1 | | | other | Drugs are paid at 100% of the AWP |
| SOD BICARBONATE 8.4%(PED)SYRINGE | 74490034 | NDC | | | | both | | 1 EA | 23.5 | | WellPoint | WellPoint | | 100 | | 4.02 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM 10% (1GM) BRISTOJECT | 74490801 | NDC | | | | both | | 1 EA | 109.5 | | Aetna | Better Health | | 100 | | 22.84 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM 10% (1GM) BRISTOJECT | 74490801 | NDC | | | | both | | 1 EA | 109.5 | | Aetna | Medicare | | 100 | | 11.47 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM 10% (1GM) BRISTOJECT | 74490801 | NDC | | | | both | | 1 EA | 109.5 | | Corrections | Corrections | | 100 | | 34.1 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM 10% (1GM) BRISTOJECT | 74490801 | NDC | | | | both | | 1 EA | 109.5 | | Horizon | Indemnity | | 100 | | 8.36 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM 10% (1GM) BRISTOJECT | 74490801 | NDC | | | | both | | 1 EA | 109.5 | | Horizon | MGD | | 100 | | 19.22 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM 10% (1GM) BRISTOJECT | 74490801 | NDC | | | | both | | 1 EA | 109.5 | | Horizon | NJ Health | | 100 | | 14.95 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM 10% (1GM) BRISTOJECT | 74490801 | NDC | | | | both | | 1 EA | 109.5 | | Horizon | PPO | | 100 | | 28.96 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM 10% (1GM) BRISTOJECT | 74490801 | NDC | | | | both | | 1 EA | 109.5 | | UHC | Medicaid | | 100 | | 19.63 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM 10% (1GM) BRISTOJECT | 74490801 | NDC | | | | both | | 1 EA | 109.5 | | UHC | Medicare | | 100 | | 17.04 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM 10% (1GM) BRISTOJECT | 74490801 | NDC | | | | both | | 1 EA | 109.5 | | United | CommercialPPO | | 100 | | 16.11 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM 10% (1GM) BRISTOJECT | 74490801 | NDC | | | | both | | 1 EA | 109.5 | | United | Oxford | | 100 | | 7.3 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM 10% (1GM) BRISTOJECT | 74490801 | NDC | | | | both | | 1 EA | 109.5 | | Wellcare | Medicaid | | 100 | | 22.32 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM 10% (1GM) BRISTOJECT | 74490801 | NDC | | | | both | | 1 EA | 109.5 | | WellPoint | WellPoint | | 100 | | 20.7 | | | other | Drugs are paid at 100% of the AWP |
| DEPAKENE 250MG | 74568113 | NDC | | | | both | | 1 EA | 21.5 | | Corrections | Corrections | | 100 | | 4.62 | | | other | Drugs are paid at 100% of the AWP |
| DEPAKENE 250MG | 74568113 | NDC | | | | both | | 1 EA | 21.5 | | Horizon | Indemnity | | 100 | | 2.42 | | | other | Drugs are paid at 100% of the AWP |
| DEPAKENE 250MG | 74568113 | NDC | | | | both | | 1 EA | 21.5 | | Horizon | Medicare Blue | | 100 | | 2.46 | | | other | Drugs are paid at 100% of the AWP |
| DEPAKENE 250MG | 74568113 | NDC | | | | both | | 1 EA | 21.5 | | Horizon | MGD | | 100 | | 15.36 | | | other | Drugs are paid at 100% of the AWP |
| DEPAKENE 250MG | 74568113 | NDC | | | | both | | 1 EA | 21.5 | | Horizon | NJ Health | | 100 | | 1.35 | | | other | Drugs are paid at 100% of the AWP |
| DEPAKENE 250MG | 74568113 | NDC | | | | both | | 1 EA | 21.5 | | Horizon | PPO | | 100 | | 3.15 | | | other | Drugs are paid at 100% of the AWP |
| DEPAKENE 250MG | 74568113 | NDC | | | | both | | 1 EA | 21.5 | | UHC | Medicaid | | 100 | | 2.83 | | | other | Drugs are paid at 100% of the AWP |
| DEPAKENE 250MG | 74568113 | NDC | | | | both | | 1 EA | 21.5 | | UHC | Medicare | | 100 | | 3.88 | | | other | Drugs are paid at 100% of the AWP |
| DEPAKENE 250MG | 74568113 | NDC | | | | both | | 1 EA | 21.5 | | Wellcare | Medicaid | | 100 | | 4.08 | | | other | Drugs are paid at 100% of the AWP |
| DEPAKENE 250MG | 74568113 | NDC | | | | both | | 1 EA | 21.5 | | WellPoint | WellPoint | | 100 | | 4.02 | | | other | Drugs are paid at 100% of the AWP |
| VALPROIC ACID SYRUP 250MG/5ML | 74568216 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| VALPROIC ACID SYRUP 250MG/5ML | 74568216 | NDC | | | | both | | 1 EA | 3.5 | | Corrections | Corrections | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| VALPROIC ACID SYRUP 250MG/5ML | 74568216 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | Medicare Blue | | 100 | | 0.78 | | | other | Drugs are paid at 100% of the AWP |
| VALPROIC ACID SYRUP 250MG/5ML | 74568216 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| VALPROIC ACID SYRUP 250MG/5ML | 74568216 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| VALPROIC ACID SYRUP 250MG/5ML | 74568216 | NDC | | | | both | | 1 EA | 3.5 | | Wellcare | Medicare | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX NA SPRINK 125MG CAP | 74611411 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Medicare | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX NA SPRINK 125MG CAP | 74611411 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX NA SPRINK 125MG CAP | 74611411 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.91 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX NA SPRINK 125MG CAP | 74611411 | NDC | | | | both | | 1 EA | 3.5 | | United | CommercialPPO | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX NA SPRINK 125MG CAP | 74611411 | NDC | | | | both | | 1 EA | 3.5 | | Wellcare | Medicaid | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX NA SPRINK 125MG CAP | 74611411 | NDC | | | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX 125MG TAB | 74621211 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 1.03 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX 125MG TAB | 74621211 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX 125MG TAB | 74621211 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 1.91 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX 125MG TAB | 74621211 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX 125MG TAB | 74621211 | NDC | | | | both | | 1 EA | 3.5 | | Wellcare | Medicaid | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX 125MG TAB | 74621211 | NDC | | | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX 250MG TAB | 74621411 | NDC | | | | both | | 1 EA | 8.5 | | Aetna | Better Health | | 100 | | 1.44 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX 250MG TAB | 74621411 | NDC | | | | both | | 1 EA | 8.5 | | Aetna | Commercial | | 100 | | 1.47 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX 250MG TAB | 74621411 | NDC | | | | both | | 1 EA | 8.5 | | Aetna | Medicare | | 100 | | 0.85 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX 250MG TAB | 74621411 | NDC | | | | both | | 1 EA | 8.5 | | Corrections | Corrections | | 100 | | 2.16 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DIVALPROEX 250MG TAB | 74621411 | NDC | | | | both | 1 EA | 8.5 | | Horizon | Medicare Blue | | 100 | | 1.51 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX 250MG TAB | 74621411 | NDC | | | | both | 1 EA | 8.5 | | Horizon | MGD | | 100 | | 1.8 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX 250MG TAB | 74621411 | NDC | | | | both | 1 EA | 8.5 | | Horizon | NJ Health | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX 250MG TAB | 74621411 | NDC | | | | both | 1 EA | 8.5 | | Horizon | PPO | | 100 | | 8.5 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX 250MG TAB | 74621411 | NDC | | | | both | 1 EA | 8.5 | | UHC | Medicaid | | 100 | | 0.87 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX 250MG TAB | 74621411 | NDC | | | | both | 1 EA | 8.5 | | UHC | Medicare | | 100 | | 1.22 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX 250MG TAB | 74621411 | NDC | | | | both | 1 EA | 8.5 | | United | CommercialPPO | | 100 | | 1.21 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX 250MG TAB | 74621411 | NDC | | | | both | 1 EA | 8.5 | | Wellcare | Medicaid | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX 250MG TAB | 74621411 | NDC | | | | both | 1 EA | 8.5 | | Wellcare | Medicare | | 100 | | 1.5 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX 250MG TAB | 74621411 | NDC | | | | both | 1 EA | 8.5 | | WellPoint | WellPoint | | 100 | | 1.51 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX 500MG TAB | 74621511 | NDC | | | | both | 1 EA | 23.5 | | Aetna | Better Health | | 100 | | 4.65 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX 500MG TAB | 74621511 | NDC | | | | both | 1 EA | 23.5 | | Aetna | Commercial | | 100 | | 4 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX 500MG TAB | 74621511 | NDC | | | | both | 1 EA | 23.5 | | Aetna | Medicare | | 100 | | 1.53 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX 500MG TAB | 74621511 | NDC | | | | both | 1 EA | 23.5 | | Corrections | Corrections | | 100 | | 4.7 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX 500MG TAB | 74621511 | NDC | | | | both | 1 EA | 23.5 | | Horizon | Medicare Blue | | 100 | | 4.58 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX 500MG TAB | 74621511 | NDC | | | | both | 1 EA | 23.5 | | Horizon | MGD | | 100 | | 4.9 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX 500MG TAB | 74621511 | NDC | | | | both | 1 EA | 23.5 | | Horizon | NJ Health | | 100 | | 2.8 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX 500MG TAB | 74621511 | NDC | | | | both | 1 EA | 23.5 | | Horizon | PPO | | 100 | | 4.71 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX 500MG TAB | 74621511 | NDC | | | | both | 1 EA | 23.5 | | UHC | Medicaid | | 100 | | 2.51 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX 500MG TAB | 74621511 | NDC | | | | both | 1 EA | 23.5 | | UHC | Medicare | | 100 | | 3.65 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX 500MG TAB | 74621511 | NDC | | | | both | 1 EA | 23.5 | | United | CommercialPPO | | 100 | | 2.14 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX 500MG TAB | 74621511 | NDC | | | | both | 1 EA | 23.5 | | United | Oxford | | 100 | | 6.53 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX 500MG TAB | 74621511 | NDC | | | | both | 1 EA | 23.5 | | Wellcare | Medicaid | | 100 | | 2.18 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX 500MG TAB | 74621511 | NDC | | | | both | 1 EA | 23.5 | | Wellcare | Medicare | | 100 | | 3.65 | | | other | Drugs are paid at 100% of the AWP |
| DIVALPROEX 500MG TAB | 74621511 | NDC | | | | both | 1 EA | 23.5 | | WellPoint | WellPoint | | 100 | | 4.25 | | | other | Drugs are paid at 100% of the AWP |
| ERYTHROMYCIN(E.E.S.) 200MG/5ML INH SOL | 74630613 | NDC | | | | both | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| ERYTHROMYCIN(E.E.S.) 200MG/5ML INH SOL | 74630613 | NDC | | | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 1.51 | | | other | Drugs are paid at 100% of the AWP |
| ERYTHROMYCIN(E.E.S.) 200MG/5ML INH SOL | 74630613 | NDC | | | | both | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| ERYTHROMYCIN BASE 250MG TAB | 74632611 | NDC | | | | both | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| ERYTHROMYCIN BASE 250MG TAB | 74632611 | NDC | | | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| SELENIUM 1%(SELSUN BLUE)SHAMPOO | 74662035 | NDC | | | | both | 1 EA | 46 | | UHC | Medicaid | | 100 | | 4.45 | | | other | Drugs are paid at 100% of the AWP |
| KCL 2MEQ/ML (IV) 20 ML VL | 74665106 | NDC | | | | both | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| KCL 2MEQ/ML (IV) 20 ML VL | 74665106 | NDC | | | | both | 1 EA | 3.5 | | Aetna | Commercial | | 100 | | 0.85 | | | other | Drugs are paid at 100% of the AWP |
| KCL 2MEQ/ML (IV) 20 ML VL | 74665106 | NDC | | | | both | 1 EA | 3.5 | | Aetna | Medicare | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| KCL 2MEQ/ML (IV) 20 ML VL | 74665106 | NDC | | | | both | 1 EA | 3.5 | | Amerihealth | HMO/PPO | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| KCL 2MEQ/ML (IV) 20 ML VL | 74665106 | NDC | | | | both | 1 EA | 3.5 | | Horizon | Indemnity | | 100 | | 1.28 | | | other | Drugs are paid at 100% of the AWP |
| KCL 2MEQ/ML (IV) 20 ML VL | 74665106 | NDC | | | | both | 1 EA | 3.5 | | Horizon | Medicare Blue | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| KCL 2MEQ/ML (IV) 20 ML VL | 74665106 | NDC | | | | both | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| KCL 2MEQ/ML (IV) 20 ML VL | 74665106 | NDC | | | | both | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| KCL 2MEQ/ML (IV) 20 ML VL | 74665106 | NDC | | | | both | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| KCL 2MEQ/ML (IV) 20 ML VL | 74665106 | NDC | | | | both | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| KCL 2MEQ/ML (IV) 20 ML VL | 74665106 | NDC | | | | both | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| KCL 2MEQ/ML (IV) 20 ML VL | 74665106 | NDC | | | | both | 1 EA | 3.5 | | United | CommercialPPO | | 100 | | 1.45 | | | other | Drugs are paid at 100% of the AWP |
| KCL 2MEQ/ML (IV) 20 ML VL | 74665106 | NDC | | | | both | 1 EA | 3.5 | | Wellcare | Medicaid | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| KCL 2MEQ/ML (IV) 20 ML VL | 74665106 | NDC | | | | both | 1 EA | 3.5 | | Wellcare | Medicare | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 5% NS KCL 40MEQ 1000ML (PM) | 74710909 | NDC | | | | both | 1 EA | 129.5 | | Aetna | Commercial | | 100 | | 69.2 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 5% NS KCL 40MEQ 1000ML (PM) | 74710909 | NDC | | | | both | 1 EA | 129.5 | | Horizon | NJ Health | | 100 | | 18.95 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 5% NS KCL 40MEQ 1000ML (PM) | 74710909 | NDC | | | | both | 1 EA | 129.5 | | UHC | Medicaid | | 100 | | 34.5 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 5% NS KCL 40MEQ 1000ML (PM) | 74710909 | NDC | | | | both | 1 EA | 129.5 | | UHC | Medicare | | 100 | | 40.54 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 5% NS KCL 40MEQ 1000ML (PM) | 74710909 | NDC | | | | both | 1 EA | 129.5 | | Wellcare | Medicaid | | 100 | | 10.52 | | | other | Drugs are paid at 100% of the AWP |
| DIA VALORI PT ROEX ER 500MG TAB | 74712611 | NDC | | | | both | 1 EA | 19 | | Aetna | Better Health | | 100 | | 1.96 | | | other | Drugs are paid at 100% of the AWP |
| DIA VALORI PT ROEX ER 500MG TAB | 74712611 | NDC | | | | both | 1 EA | 19 | | Corrections | Corrections | | 100 | | 5.92 | | | other | Drugs are paid at 100% of the AWP |
| DIA VALORI PT ROEX ER 500MG TAB | 74712611 | NDC | | | | both | 1 EA | 19 | | Horizon | Indemnity | | 100 | | 8.84 | | | other | Drugs are paid at 100% of the AWP |
| DIA VALORI PT ROEX ER 500MG TAB | 74712611 | NDC | | | | both | 1 EA | 19 | | Horizon | Medicare Blue | | 100 | | 2.42 | | | other | Drugs are paid at 100% of the AWP |
| DIA VALORI PT ROEX ER 500MG TAB | 74712611 | NDC | | | | both | 1 EA | 19 | | Horizon | MGD | | 100 | | 3.33 | | | other | Drugs are paid at 100% of the AWP |
| DIA VALORI PT ROEX ER 500MG TAB | 74712611 | NDC | | | | both | 1 EA | 19 | | Horizon | NJ Health | | 100 | | 1.02 | | | other | Drugs are paid at 100% of the AWP |
| DIA VALORI PT ROEX ER 500MG TAB | 74712611 | NDC | | | | both | 1 EA | 19 | | UHC | Medicaid | | 100 | | 2.06 | | | other | Drugs are paid at 100% of the AWP |
| DIA VALORI PT ROEX ER 500MG TAB | 74712611 | NDC | | | | both | 1 EA | 19 | | UHC | Medicare | | 100 | | 2.8 | | | other | Drugs are paid at 100% of the AWP |
| DIA VALORI PT ROEX ER 500MG TAB | 74712611 | NDC | | | | both | 1 EA | 19 | | United | CommercialPPO | | 100 | | 1.5 | | | other | Drugs are paid at 100% of the AWP |
| DIA VALORI PT ROEX ER 500MG TAB | 74712611 | NDC | | | | both | 1 EA | 19 | | Wellcare | Medicaid | | 100 | | 1.05 | | | other | Drugs are paid at 100% of the AWP |
| DIA VALORI PT ROEX ER 500MG TAB | 74712611 | NDC | | | | both | 1 EA | 19 | | Wellcare | Medicare | | 100 | | 6.73 | | | other | Drugs are paid at 100% of the AWP |
| DIA VALORI PT ROEX ER 500MG TAB | 74712611 | NDC | | | | both | 1 EA | 19 | | WellPoint | WellPoint | | 100 | | 2.25 | | | other | Drugs are paid at 100% of the AWP |
| ROPINIROLE 1MG TAB | 7489220 | NDC | | | | both | 1 EA | 8.5 | | Aetna | Medicare | | 100 | | 0.91 | | | other | Drugs are paid at 100% of the AWP |
| RITONAVIR 100MG CAP | 74949254 | NDC | | | | both | 1 EA | 9.5 | | Aetna | Better Health | | 100 | | 1.67 | | | other | Drugs are paid at 100% of the AWP |
| RITONAVIR 100MG CAP | 74949254 | NDC | | | | both | 1 EA | 9.5 | | Corrections | Corrections | | 100 | | 1.84 | | | other | Drugs are paid at 100% of the AWP |
| RITONAVIR 100MG CAP | 74949254 | NDC | | | | both | 1 EA | 9.5 | | Horizon | NJ Health | | 100 | | 3.51 | | | other | Drugs are paid at 100% of the AWP |
| RITONAVIR 100MG CAP | 74949254 | NDC | | | | both | 1 EA | 9.5 | | UHC | Medicaid | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| RITONAVIR 100MG CAP | 74949254 | NDC | | | | both | 1 EA | 9.5 | | UHC | Medicare | | 100 | | 2.66 | | | other | Drugs are paid at 100% of the AWP |
| RITONAVIR 100MG CAP | 74949254 | NDC | | | | both | 1 EA | 9.5 | | Wellcare | Medicaid | | 100 | | 2.43 | | | other | Drugs are paid at 100% of the AWP |
| RITONAVIR 100MG CAP | 74949254 | NDC | | | | both | 1 EA | 9.5 | | Wellcare | Medicare | | 100 | | 2.41 | | | other | Drugs are paid at 100% of the AWP |
| RITONAVIR 100MG CAP | 74949254 | NDC | | | | both | 1 EA | 9.5 | | WellPoint | WellPoint | | 100 | | 2.61 | | | other | Drugs are paid at 100% of the AWP |
| DESMOPRESSIN .1MG TAB(INF) | 75001600 | NDC | | | | both | 1 EA | 25 | | Aetna | Better Health | | 100 | | 3.45 | | | other | Drugs are paid at 100% of the AWP |
| DESMOPRESSIN .1MG TAB(INF) | 75001600 | NDC | | | | both | 1 EA | 25 | | Aetna | Commercial | | 100 | | 5.63 | | | other | Drugs are paid at 100% of the AWP |
| DESMOPRESSIN .1MG TAB(INF) | 75001600 | NDC | | | | both | 1 EA | 25 | | Horizon | Indemnity | | 100 | | 8.9 | | | other | Drugs are paid at 100% of the AWP |
| DESMOPRESSIN .1MG TAB(INF) | 75001600 | NDC | | | | both | 1 EA | 25 | | Horizon | NJ Health | | 100 | | 6.2 | | | other | Drugs are paid at 100% of the AWP |
| DESMOPRESSIN .1MG TAB(INF) | 75001600 | NDC | | | | both | 1 EA | 25 | | WellPoint | WellPoint | | 100 | | 5.4 | | | other | Drugs are paid at 100% of the AWP |
| DESMOPRESSIN .2MG TAB | 75002600 | NDC | | | | both | 1 EA | 35.5 | | Horizon | NJ Health | | 100 | | 1.11 | | | other | Drugs are paid at 100% of the AWP |
| DESMOPRESSIN .2MG TAB | 75002600 | NDC | | | | both | 1 EA | 35.5 | | WellPoint | WellPoint | | 100 | | 3.07 | | | other | Drugs are paid at 100% of the AWP |
| DESMOPRESSIN 0.01% NASAL SPRAY | 75245201 | NDC | | | | both | 1 EA | 1095.5 | | WellPoint | WellPoint | | 100 | | 96.04 | | | other | Drugs are paid at 100% of the AWP |
| NIACIN 250MG SR CAP | 75284901 | NDC | | | | both | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 1.67 | | | other | Drugs are paid at 100% of the AWP |
| ALBENDAZOLE 200MG TAB(INF) | 7550040 | NDC | | | | both | 1 EA | 8.5 | | Horizon | NJ Health | | 100 | | 1.06 | | | other | Drugs are paid at 100% of the AWP |
| ALBENDAZOLE 200MG TAB(INF) | 7550040 | NDC | | | | both | 1 EA | 8.5 | | UHC | Medicaid | | 100 | | 2.64 | | | other | Drugs are paid at 100% of the AWP |
| EPHEDRINE 50MG/1ML INJ | 76014000525 | NDC | | | | both | 1 EA | 8.5 | | Aetna | Better Health | | 100 | | 1.33 | | | other | Drugs are paid at 100% of the AWP |
| EPHEDRINE 50MG/1ML INJ | 76014000525 | NDC | | | | both | 1 EA | 8.5 | | Aetna | Commercial | | 100 | | 1.69 | | | other | Drugs are paid at 100% of the AWP |
| EPHEDRINE 50MG/1ML INJ | 76014000525 | NDC | | | | both | 1 EA | 8.5 | | Aetna | Medicare | | 100 | | 1.47 | | | other | Drugs are paid at 100% of the AWP |
| EPHEDRINE 50MG/1ML INJ | 76014000525 | NDC | | | | both | 1 EA | 8.5 | | Amerihealth | HMO/PPO | | 100 | | 1.34 | | | other | Drugs are paid at 100% of the AWP |
| EPHEDRINE 50MG/1ML INJ | 76014000525 | NDC | | | | both | 1 EA | 8.5 | | Corrections | Corrections | | 100 | | 1.98 | | | other | Drugs are paid at 100% of the AWP |
| EPHEDRINE 50MG/1ML INJ | 76014000525 | NDC | | | | both | 1 EA | 8.5 | | Horizon | Indemnity | | 100 | | 1.69 | | | other | Drugs are paid at 100% of the AWP |
| EPHEDRINE 50MG/1ML INJ | 76014000525 | NDC | | | | both | 1 EA | 8.5 | | Horizon | Medicare Blue | | 100 | | 1.52 | | | other | Drugs are paid at 100% of the AWP |
| EPHEDRINE 50MG/1ML INJ | 76014000525 | NDC | | | | both | 1 EA | 8.5 | | Horizon | MGD | | 100 | | 2.15 | | | other | Drugs are paid at 100% of the AWP |
| EPHEDRINE 50MG/1ML INJ | 76014000525 | NDC | | | | both | 1 EA | 8.5 | | Horizon | NJ Health | | 100 | | 1.08 | | | other | Drugs are paid at 100% of the AWP |
| EPHEDRINE 50MG/1ML INJ | 76014000525 | NDC | | | | both | 1 EA | 8.5 | | Horizon | PPO | | 100 | | 1.96 | | | other | Drugs are paid at 100% of the AWP |
| EPHEDRINE 50MG/1ML INJ | 76014000525 | NDC | | | | both | 1 EA | 8.5 | | UHC | Medicaid | | 100 | | 1.64 | | | other | Drugs are paid at 100% of the AWP |
| EPHEDRINE 50MG/1ML INJ | 76014000525 | NDC | | | | both | 1 EA | 8.5 | | UHC | Medicare | | 100 | | 1.54 | | | other | Drugs are paid at 100% of the AWP |
| EPHEDRINE 50MG/1ML INJ | 76014000525 | NDC | | | | both | 1 EA | 8.5 | | United | CommercialPPO | | 100 | | 1.14 | | | other | Drugs are paid at 100% of the AWP |
| EPHEDRINE 50MG/1ML INJ | 76014000525 | NDC | | | | both | 1 EA | 8.5 | | United | Oxford | | 100 | | 1.28 | | | other | Drugs are paid at 100% of the AWP |
| EPHEDRINE 50MG/1ML INJ | 76014000525 | NDC | | | | both | 1 EA | 8.5 | | Wellcare | Medicaid | | 100 | | 1.54 | | | other | Drugs are paid at 100% of the AWP |
| EPHEDRINE 50MG/1ML INJ | 76014000525 | NDC | | | | both | 1 EA | 8.5 | | Wellcare | Medicare | | 100 | | 2.65 | | | other | Drugs are paid at 100% of the AWP |
| EPHEDRINE 50MG/1ML INJ | 76014000525 | NDC | | | | both | 1 EA | 8.5 | | WellPoint | WellPoint | | 100 | | 1.47 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 21MG PATCH | 76614501 0 | NDC | | | | both | 1 EA | 27.5 | | Aetna | Better Health | | 100 | | 2.05 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 21MG PATCH | 76614501 0 | NDC | | | | both | 1 EA | 27.5 | | Aetna | Commercial | | 100 | | 7.01 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 21MG PATCH | 76614501 0 | NDC | | | | both | 1 EA | 27.5 | | Aetna | Medicare | | 100 | | 4.68 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 21MG PATCH | 76614501 0 | NDC | | | | both | 1 EA | 27.5 | | Amerihealth | HMO/PPO | | 100 | | 2.36 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 21MG PATCH | 76614501 0 | NDC | | | | both | 1 EA | 27.5 | | Horizon | Indemnity | | 100 | | 13.34 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 21MG PATCH | 76614501 0 | NDC | | | | both | 1 EA | 27.5 | | Horizon | Medicare Blue | | 100 | | 6.14 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 21MG PATCH | 76614501 0 | NDC | | | | both | 1 EA | 27.5 | | Horizon | MGD | | 100 | | 5.72 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 21MG PATCH | 76614501 0 | NDC | | | | both | 1 EA | 27.5 | | Horizon | NJ Health | | 100 | | 3.48 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 21MG PATCH | 76614501 0 | NDC | | | | both | 1 EA | 27.5 | | Horizon | PPO | | 100 | | 3.45 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 21MG PATCH | 76614501 0 | NDC | | | | both | 1 EA | 27.5 | | UHC | Medicaid | | 100 | | 4.77 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 21MG PATCH | 76614501 0 | NDC | | | | both | 1 EA | 27.5 | | UHC | Medicare | | 100 | | 4.75 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 21MG PATCH | 76614501 0 | NDC | | | | both | 1 EA | 27.5 | | United | CommercialPPO | | 100 | | 2.3 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 21MG PATCH | 76614501 0 | NDC | | | | both | 1 EA | 27.5 | | Wellcare | Medicaid | | 100 | | 5.63 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 21MG PATCH | 76614501 0 | NDC | | | | both | 1 EA | 27.5 | | WellPoint | WellPoint | | 100 | | 5.83 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 14MG PATCH | 76614601 0 | NDC | | | | both | 1 EA | 27.5 | | Aetna | Better Health | | 100 | | 6.03 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 14MG PATCH | 76614601 0 | NDC | | | | both | 1 EA | 27.5 | | Aetna | Commercial | | 100 | | 4.4 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 14MG PATCH | 76614601 0 | NDC | | | | both | 1 EA | 27.5 | | Aetna | Medicare | | 100 | | 8.58 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 14MG PATCH | 76614601 0 | NDC | | | | both | 1 EA | 27.5 | | Amerihealth | HMO/PPO | | 100 | | 2.67 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 14MG PATCH | 76614601 0 | NDC | | | | both | 1 EA | 27.5 | | Corrections | Corrections | | 100 | | 5.28 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 14MG PATCH | 76614601 0 | NDC | | | | both | 1 EA | 27.5 | | Horizon | Indemnity | | 100 | | 1.11 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 14MG PATCH | 76614601 0 | NDC | | | | both | 1 EA | 27.5 | | Horizon | Medicare Blue | | 100 | | 10.12 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 14MG PATCH | 76614601 0 | NDC | | | | both | 1 EA | 27.5 | | Horizon | MGD | | 100 | | 3.91 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 14MG PATCH | 76614601 0 | NDC | | | | both | 1 EA | 27.5 | | Horizon | NJ Health | | 100 | | 4.31 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 14MG PATCH | 76614601 0 | NDC | | | | both | 1 EA | 27.5 | | Horizon | PPO | | 100 | | 4.84 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 14MG PATCH | 76614601 0 | NDC | | | | both | 1 EA | 27.5 | | UHC | Medicaid | | 100 | | 3.87 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 14MG PATCH | 76614601 0 | NDC | | | | both | 1 EA | 27.5 | | UHC | Medicare | | 100 | | 5.21 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 14MG PATCH | 76614601 0 | NDC | | | | both | 1 EA | 27.5 | | United | CommercialPPO | | 100 | | 2.8 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 14MG PATCH | 76614601 0 | NDC | | | | both | 1 EA | 27.5 | | Wellcare | Medicaid | | 100 | | 5.74 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 14MG PATCH | 76614601 0 | NDC | | | | both | 1 EA | 27.5 | | Wellcare | Medicare | | 100 | | 5.16 | | | other | Drugs are paid at 100% of the AWP |
| NICOTINE 14MG PATCH | 76614601 0 | NDC | | | | both | 1 EA | 27.5 | | WellPoint | WellPoint | | 100 | | 3.91 | | | other | Drugs are paid at 100% of the AWP |
| FLUOXETINE 10MG CAP | 77731040 2 | NDC | | | | both | 1 EA | 33.5 | | Aetna | Better Health | | 100 | | 4.55 | | | other | Drugs are paid at 100% of the AWP |
| FLUOXETINE 10MG CAP | 77731040 2 | NDC | | | | both | 1 EA | 33.5 | | Aetna | Commercial | | 100 | | 9.4 | | | other | Drugs are paid at 100% of the AWP |
| FLUOXETINE 10MG CAP | 77731040 2 | NDC | | | | both | 1 EA | 33.5 | | Aetna | Medicare | | 100 | | 4.85 | | | other | Drugs are paid at 100% of the AWP |
| FLUOXETINE 10MG CAP | 77731040 2 | NDC | | | | both | 1 EA | 33.5 | | Amerihealth | HMO/PPO | | 100 | | 10.4 | | | other | Drugs are paid at 100% of the AWP |
| FLUOXETINE 10MG CAP | 77731040 2 | NDC | | | | both | 1 EA | 33.5 | | Horizon | Indemnity | | 100 | | 5.67 | | | other | Drugs are paid at 100% of the AWP |
| FLUOXETINE 10MG CAP | 77731040 2 | NDC | | | | both | 1 EA | 33.5 | | Horizon | Medicare Blue | | 100 | | 12.77 | | | other | Drugs are paid at 100% of the AWP |
| FLUOXETINE 10MG CAP | 77731040 2 | NDC | | | | both | 1 EA | 33.5 | | Horizon | NJ Health | | 100 | | 5.22 | | | other | Drugs are paid at 100% of the AWP |
| FLUOXETINE 10MG CAP | 77731040 2 | NDC | | | | both | 1 EA | 33.5 | | Horizon | PPO | | 100 | | 4.73 | | | other | Drugs are paid at 100% of the AWP |
| FLUOXETINE 10MG CAP | 77731040 2 | NDC | | | | both | 1 EA | 33.5 | | UHC | Medicaid | | 100 | | 3.87 | | | other | Drugs are paid at 100% of the AWP |
| FLUOXETINE 10MG CAP | 77731040 2 | NDC | | | | both | 1 EA | 33.5 | | UHC | Medicare | | 100 | | 4.82 | | | other | Drugs are paid at 100% of the AWP |
| FLUOXETINE 10MG CAP | 77731040 2 | NDC | | | | both | 1 EA | 33.5 | | Wellcare | Medicaid | | 100 | | 4.79 | | | other | Drugs are paid at 100% of the AWP |
| FLUOXETINE 10MG CAP | 77731040 2 | NDC | | | | both | 1 EA | 33.5 | | WellPoint | WellPoint | | 100 | | 2.78 | | | other | Drugs are paid at 100% of the AWP |
| FLUOXETINE 20MG CAP | 77731053 3 | NDC | | | | both | 1 EA | 35.5 | | Aetna | Better Health | | 100 | | 4.94 | | | other | Drugs are paid at 100% of the AWP |
| FLUOXETINE 20MG CAP | 77731053 3 | NDC | | | | both | 1 EA | 35.5 | | Aetna | Commercial | | 100 | | 12.66 | | | other | Drugs are paid at 100% of the AWP |
| FLUOXETINE 20MG CAP | 77731053 3 | NDC | | | | both | 1 EA | 35.5 | | Aetna | Medicare | | 100 | | 13 | | | other | Drugs are paid at 100% of the AWP |
| FLUOXETINE 20MG CAP | 77731053 3 | NDC | | | | both | 1 EA | 35.5 | | Corrections | Corrections | | 100 | | 15.1 | | | other | Drugs are paid at 100% of the AWP |
| FLUOXETINE 20MG CAP | 77731053 3 | NDC | | | | both | 1 EA | 35.5 | | Horizon | Indemnity | | 100 | | 16.28 | | | other | Drugs are paid at 100% of the AWP |
| FLUOXETINE 20MG CAP | 77731053 3 | NDC | | | | both | 1 EA | 35.5 | | Horizon | Medicare Blue | | 100 | | 23.89 | | | other | Drugs are paid at 100% of the AWP |
| FLUOXETINE 20MG CAP | 77731053 3 | NDC | | | | both | 1 EA | 35.5 | | Horizon | MGD | | 100 | | 5.45 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FLUOXETINE 20MG CAP | 77731053 | NDC | | | | both | 1 EA | 35.5 | | Horizon | NJ Health | | 100 | | 2.96 | | | other | Drugs are paid at 100% of the AWP |
| FLUOXETINE 20MG CAP | 77731053 | NDC | | | | both | 1 EA | 35.5 | | UHC | Medicaid | | 100 | | 6.41 | | | other | Drugs are paid at 100% of the AWP |
| FLUOXETINE 20MG CAP | 77731053 | NDC | | | | both | 1 EA | 35.5 | | UHC | Medicare | | 100 | | 4.59 | | | other | Drugs are paid at 100% of the AWP |
| FLUOXETINE 20MG CAP | 77731053 | NDC | | | | both | 1 EA | 35.5 | | United | CommercialPPO | | 100 | | 6.24 | | | other | Drugs are paid at 100% of the AWP |
| FLUOXETINE 20MG CAP | 77731053 | NDC | | | | both | 1 EA | 35.5 | | Wellcare | Medicaid | | 100 | | 9.11 | | | other | Drugs are paid at 100% of the AWP |
| FLUOXETINE 20MG CAP | 77731053 | NDC | | | | both | 1 EA | 35.5 | | WellPoint | WellPoint | | 100 | | 5.12 | | | other | Drugs are paid at 100% of the AWP |
| FULOXETINE 20MG/5ML SOL | 77751058 | NDC | | | | both | 1 EA | 8.5 | | Horizon | NJ Health | | 100 | | 1.06 | | | other | Drugs are paid at 100% of the AWP |
| FULOXETINE 20MG/5ML SOL | 77751058 | NDC | | | | both | 1 EA | 8.5 | | UHC | Medicaid | | 100 | | 0.04 | | | other | Drugs are paid at 100% of the AWP |
| FULOXETINE 20MG/5ML SOL | 77751058 | NDC | | | | both | 1 EA | 8.5 | | UHC | Medicare | | 100 | | 1.38 | | | other | Drugs are paid at 100% of the AWP |
| BROMOCRIPTINE 2.5MG TAB | 78001705 | NDC | | | | both | 1 EA | 27.5 | | Aetna | Better Health | | 100 | | 4.93 | | | other | Drugs are paid at 100% of the AWP |
| BROMOCRIPTINE 2.5MG TAB | 78001705 | NDC | | | | both | 1 EA | 27.5 | | Horizon | Indemnity | | 100 | | 1.77 | | | other | Drugs are paid at 100% of the AWP |
| BROMOCRIPTINE 2.5MG TAB | 78001705 | NDC | | | | both | 1 EA | 27.5 | | Horizon | MGD | | 100 | | 10 | | | other | Drugs are paid at 100% of the AWP |
| BROMOCRIPTINE 2.5MG TAB | 78001705 | NDC | | | | both | 1 EA | 27.5 | | Horizon | NJ Health | | 100 | | 2.54 | | | other | Drugs are paid at 100% of the AWP |
| BROMOCRIPTINE 2.5MG TAB | 78001705 | NDC | | | | both | 1 EA | 27.5 | | UHC | Medicaid | | 100 | | 5.81 | | | other | Drugs are paid at 100% of the AWP |
| BROMOCRIPTINE 2.5MG TAB | 78001705 | NDC | | | | both | 1 EA | 27.5 | | UHC | Medicare | | 100 | | 4.65 | | | other | Drugs are paid at 100% of the AWP |
| BROMOCRIPTINE 2.5MG TAB | 78001705 | NDC | | | | both | 1 EA | 27.5 | | United | Oxford | | 100 | | 7.96 | | | other | Drugs are paid at 100% of the AWP |
| BROMOCRIPTINE 2.5MG TAB | 78001705 | NDC | | | | both | 1 EA | 27.5 | | WellPoint | WellPoint | | 100 | | 6.91 | | | other | Drugs are paid at 100% of the AWP |
| BUTALBITAL-ACETA-CAFF(FIORICET)(NF) | 78008405 | NDC | | | | both | 1 EA | 4.5 | | Aetna | Better Health | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| BUTALBITAL-ACETA-CAFF(FIORICET)(NF) | 78008405 | NDC | | | | both | 1 EA | 4.5 | | Aetna | Commercial | | 100 | | 1.07 | | | other | Drugs are paid at 100% of the AWP |
| BUTALBITAL-ACETA-CAFF(FIORICET)(NF) | 78008405 | NDC | | | | both | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| BUTALBITAL-ACETA-CAFF(FIORICET)(NF) | 78008405 | NDC | | | | both | 1 EA | 4.5 | | Corrections | Corrections | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| BUTALBITAL-ACETA-CAFF(FIORICET)(NF) | 78008405 | NDC | | | | both | 1 EA | 4.5 | | Horizon | Indemnity | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| BUTALBITAL-ACETA-CAFF(FIORICET)(NF) | 78008405 | NDC | | | | both | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| BUTALBITAL-ACETA-CAFF(FIORICET)(NF) | 78008405 | NDC | | | | both | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 0.99 | | | other | Drugs are paid at 100% of the AWP |
| BUTALBITAL-ACETA-CAFF(FIORICET)(NF) | 78008405 | NDC | | | | both | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| BUTALBITAL-ACETA-CAFF(FIORICET)(NF) | 78008405 | NDC | | | | both | 1 EA | 4.5 | | Horizon | PPO | | 100 | | 0.83 | | | other | Drugs are paid at 100% of the AWP |
| BUTALBITAL-ACETA-CAFF(FIORICET)(NF) | 78008405 | NDC | | | | both | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| BUTALBITAL-ACETA-CAFF(FIORICET)(NF) | 78008405 | NDC | | | | both | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| BUTALBITAL-ACETA-CAFF(FIORICET)(NF) | 78008405 | NDC | | | | both | 1 EA | 4.5 | | United | CommercialPPO | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| BUTALBITAL-ACETA-CAFF(FIORICET)(NF) | 78008405 | NDC | | | | both | 1 EA | 4.5 | | Wellcare | Medicaid | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| BUTALBITAL-ACETA-CAFF(FIORICET)(NF) | 78008405 | NDC | | | | both | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| NORTRIPTYLINE 10MG CAP | 78008606 | NDC | | | | both | 1 EA | 3.5 | | Aetna | Medicare | | 100 | | 1.64 | | | other | Drugs are paid at 100% of the AWP |
| NORTRIPTYLINE 10MG CAP | 78008606 | NDC | | | | both | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| NORTRIPTYLINE 10MG CAP | 78008606 | NDC | | | | both | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| NORTRIPTYLINE 10MG CAP | 78008606 | NDC | | | | both | 1 EA | 3.5 | | Wellcare | Medicaid | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| NORTRIPTYLINE 25MG CAP | 78008706 | NDC | | | | both | 1 EA | 5.5 | | Horizon | Indemnity | | 100 | | 2.08 | | | other | Drugs are paid at 100% of the AWP |
| NORTRIPTYLINE 25MG CAP | 78008706 | NDC | | | | both | 1 EA | 5.5 | | Horizon | Medicare Blue | | 100 | | 0.79 | | | other | Drugs are paid at 100% of the AWP |
| NORTRIPTYLINE 25MG CAP | 78008706 | NDC | | | | both | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.97 | | | other | Drugs are paid at 100% of the AWP |
| NORTRIPTYLINE 25MG CAP | 78008706 | NDC | | | | both | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 1.54 | | | other | Drugs are paid at 100% of the AWP |
| NORTRIPTYLINE 25MG CAP | 78008706 | NDC | | | | both | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 1.68 | | | other | Drugs are paid at 100% of the AWP |
| NORTRIPTYLINE 25MG CAP | 78008706 | NDC | | | | both | 1 EA | 5.5 | | Wellcare | Medicaid | | 100 | | 0.86 | | | other | Drugs are paid at 100% of the AWP |
| NORTRIPTYLINE 25MG CAP | 78008706 | NDC | | | | both | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 0.9 | | | other | Drugs are paid at 100% of the AWP |
| BROMOCRIPTINE 9MG CAP | 78010205 | NDC | | | | both | 1 EA | 42 | | Horizon | Indemnity | | 100 | | 2.71 | | | other | Drugs are paid at 100% of the AWP |
| BROMOCRIPTINE 9MG CAP | 78010205 | NDC | | | | both | 1 EA | 42 | | WellPoint | WellPoint | | 100 | | 10.12 | | | other | Drugs are paid at 100% of the AWP |
| CLOZAPINE 25MG TAB | 78012606 | NDC | | | | both | 1 EA | 8.5 | | Aetna | Better Health | | 100 | | 0.97 | | | other | Drugs are paid at 100% of the AWP |
| CLOZAPINE 25MG TAB | 78012606 | NDC | | | | both | 1 EA | 8.5 | | UHC | Medicaid | | 100 | | 0.97 | | | other | Drugs are paid at 100% of the AWP |
| CLOZAPINE 25MG TAB | 78012606 | NDC | | | | both | 1 EA | 8.5 | | WellPoint | WellPoint | | 100 | | 2.28 | | | other | Drugs are paid at 100% of the AWP |
| CLOZAPINE 100MG TAB | 78012706 | NDC | | | | both | 1 EA | 26.5 | | Aetna | Better Health | | 100 | | 2.92 | | | other | Drugs are paid at 100% of the AWP |
| CLOZAPINE 100MG TAB | 78012706 | NDC | | | | both | 1 EA | 26.5 | | WellPoint | WellPoint | | 100 | | 4.6 | | | other | Drugs are paid at 100% of the AWP |
| LETROZOLE 2.5MG TAB (NF) | 78024815 | NDC | | | | both | 1 EA | 46 | | Horizon | NJ Health | | 100 | | 6.24 | | | other | Drugs are paid at 100% of the AWP |
| RIVASTIGMINE 1.5MG CAP | 78032306 | NDC | | | | both | 1 EA | 25 | | Horizon | NJ Health | | 100 | | 4.54 | | | other | Drugs are paid at 100% of the AWP |
| RIVASTIGMINE 1.5MG CAP | 78032306 | NDC | | | | both | 1 EA | 25 | | UHC | Medicaid | | 100 | | 1.74 | | | other | Drugs are paid at 100% of the AWP |
| RIVASTIGMINE 4.5MG CAP | 78032506 | NDC | | | | both | 1 EA | 21.5 | | Horizon | NJ Health | | 100 | | 3.88 | | | other | Drugs are paid at 100% of the AWP |
| OXCARBAZEPINE 150MG TAB(NF) | 78033605 | NDC | | | | both | 1 EA | 5.5 | | Aetna | Better Health | | 100 | | 1.55 | | | other | Drugs are paid at 100% of the AWP |
| OXCARBAZEPINE 150MG TAB(NF) | 78033605 | NDC | | | | both | 1 EA | 5.5 | | Aetna | Commercial | | 100 | | 2.23 | | | other | Drugs are paid at 100% of the AWP |
| OXCARBAZEPINE 150MG TAB(NF) | 78033605 | NDC | | | | both | 1 EA | 5.5 | | Aetna | Medicare | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| OXCARBAZEPINE 150MG TAB(NF) | 78033605 | NDC | | | | both | 1 EA | 5.5 | | Corrections | Corrections | | 100 | | 1.66 | | | other | Drugs are paid at 100% of the AWP |
| OXCARBAZEPINE 150MG TAB(NF) | 78033605 | NDC | | | | both | 1 EA | 5.5 | | Horizon | Indemnity | | 100 | | 1.52 | | | other | Drugs are paid at 100% of the AWP |
| OXCARBAZEPINE 150MG TAB(NF) | 78033605 | NDC | | | | both | 1 EA | 5.5 | | Horizon | Medicare Blue | | 100 | | 1.82 | | | other | Drugs are paid at 100% of the AWP |
| OXCARBAZEPINE 150MG TAB(NF) | 78033605 | NDC | | | | both | 1 EA | 5.5 | | Horizon | MGD | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| OXCARBAZEPINE 150MG TAB(NF) | 78033605 | NDC | | | | both | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| OXCARBAZEPINE 150MG TAB(NF) | 78033605 | NDC | | | | both | 1 EA | 5.5 | | Horizon | PPO | | 100 | | 1.27 | | | other | Drugs are paid at 100% of the AWP |
| OXCARBAZEPINE 150MG TAB(NF) | 78033605 | NDC | | | | both | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 1.18 | | | other | Drugs are paid at 100% of the AWP |
| OXCARBAZEPINE 150MG TAB(NF) | 78033605 | NDC | | | | both | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| OXCARBAZEPINE 150MG TAB(NF) | 78033605 | NDC | | | | both | 1 EA | 5.5 | | United | CommercialPPO | | 100 | | 1.23 | | | other | Drugs are paid at 100% of the AWP |
| OXCARBAZEPINE 150MG TAB(NF) | 78033605 | NDC | | | | both | 1 EA | 5.5 | | Wellcare | Medicaid | | 100 | | 1.61 | | | other | Drugs are paid at 100% of the AWP |
| OXCARBAZEPINE 150MG TAB(NF) | 78033605 | NDC | | | | both | 1 EA | 5.5 | | Wellcare | Medicare | | 100 | | 2.7 | | | other | Drugs are paid at 100% of the AWP |
| OXCARBAZEPINE 150MG TAB(NF) | 78033605 | NDC | | | | both | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 0.88 | | | other | Drugs are paid at 100% of the AWP |
| OXCARBAZEPINE 300MG/5ML SUSP | 78035752 | NDC | | | | both | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| OXCARBAZEPINE 300MG/5ML SUSP | 78035752 | NDC | | | | both | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 1.02 | | | other | Drugs are paid at 100% of the AWP |
| OXCARBAZEPINE 300MG/5ML SUSP | 78035752 | NDC | | | | both | 1 EA | 3.5 | | United | CommercialPPO | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| ARTEMETHER-LUMEFANTRINE 20-120MG TAB | 78056845 | NDC | | | | both | 1 EA | 22 | | Horizon | NJ Health | | 100 | | 4.89 | | | other | Drugs are paid at 100% of the AWP |
| SACUBIVALSA(ENTRESTO)TAB | 78065920 | NDC | | | | both | 1 EA | 32 | | Aetna | Better Health | | 100 | | 4.64 | | | other | Drugs are paid at 100% of the AWP |
| SACUBIVALSA(ENTRESTO)TAB | 78065920 | NDC | | | | both | 1 EA | 32 | | Aetna | Commercial | | 100 | | 4.32 | | | other | Drugs are paid at 100% of the AWP |
| SACUBIVALSA(ENTRESTO)TAB | 78065920 | NDC | | | | both | 1 EA | 32 | | Aetna | Medicare | | 100 | | 6.13 | | | other | Drugs are paid at 100% of the AWP |
| SACUBIVALSA(ENTRESTO)TAB | 78065920 | NDC | | | | both | 1 EA | 32 | | Amerihealth | HMO/PPO | | 100 | | 8.57 | | | other | Drugs are paid at 100% of the AWP |
| SACUBIVALSA(ENTRESTO)TAB | 78065920 | NDC | | | | both | 1 EA | 32 | | Corrections | Corrections | | 100 | | 5.37 | | | other | Drugs are paid at 100% of the AWP |
| SACUBIVALSA(ENTRESTO)TAB | 78065920 | NDC | | | | both | 1 EA | 32 | | Horizon | Indemnity | | 100 | | 5.14 | | | other | Drugs are paid at 100% of the AWP |
| SACUBIVALSA(ENTRESTO)TAB | 78065920 | NDC | | | | both | 1 EA | 32 | | Horizon | Medicare Blue | | 100 | | 7.67 | | | other | Drugs are paid at 100% of the AWP |
| SACUBIVALSA(ENTRESTO)TAB | 78065920 | NDC | | | | both | 1 EA | 32 | | Horizon | MGD | | 100 | | 10.02 | | | other | Drugs are paid at 100% of the AWP |
| SACUBIVALSA(ENTRESTO)TAB | 78065920 | NDC | | | | both | 1 EA | 32 | | Horizon | NJ Health | | 100 | | 5.48 | | | other | Drugs are paid at 100% of the AWP |
| SACUBIVALSA(ENTRESTO)TAB | 78065920 | NDC | | | | both | 1 EA | 32 | | Horizon | PPO | | 100 | | 5.1 | | | other | Drugs are paid at 100% of the AWP |
| SACUBIVALSA(ENTRESTO)TAB | 78065920 | NDC | | | | both | 1 EA | 32 | | UHC | Medicaid | | 100 | | 5.95 | | | other | Drugs are paid at 100% of the AWP |
| SACUBIVALSA(ENTRESTO)TAB | 78065920 | NDC | | | | both | 1 EA | 32 | | UHC | Medicare | | 100 | | 6.63 | | | other | Drugs are paid at 100% of the AWP |
| SACUBIVALSA(ENTRESTO)TAB | 78065920 | NDC | | | | both | 1 EA | 32 | | United | CommercialPPO | | 100 | | 3.98 | | | other | Drugs are paid at 100% of the AWP |
| SACUBIVALSA(ENTRESTO)TAB | 78065920 | NDC | | | | both | 1 EA | 32 | | Wellcare | Medicaid | | 100 | | 5.44 | | | other | Drugs are paid at 100% of the AWP |
| SACUBIVALSA(ENTRESTO)TAB | 78065920 | NDC | | | | both | 1 EA | 32 | | Wellcare | Medicare | | 100 | | 5.41 | | | other | Drugs are paid at 100% of the AWP |
| SACUBIVALSA(ENTRESTO)TAB | 78065920 | NDC | | | | both | 1 EA | 32 | | WellPoint | WellPoint | | 100 | | 5.94 | | | other | Drugs are paid at 100% of the AWP |
| PERPHENAZINE 2MG TAB | 78110461 3 | NDC | | | | both | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| PERPHENAZINE 2MG TAB | 78110461 3 | NDC | | | | both | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| PERPHENAZINE 2MG TAB | 78110461 3 | NDC | | | | both | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| PERPHENAZINE 2MG TAB | 78110461 3 | NDC | | | | both | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| PERPHENAZINE 8MG TAB(NF) | 78110480 1 | NDC | | | | both | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| FLUPHENAZINE 2.5MG TAB | 78114371 3 | NDC | | | | both | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| FLUPHENAZINE 2.5MG TAB | 78114371 3 | NDC | | | | both | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 0.78 | | | other | Drugs are paid at 100% of the AWP |
| AMITRIPTYLINE 150MG TAB | 78114911 3 | NDC | | | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| CHLORPROMAZINE 10MG TAB | 78117151 3 | NDC | | | | both | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| CHLORPROMAZINE 10MG TAB | 78117151 3 | NDC | | | | both | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| CHLORPROMAZINE 10MG TAB | 78117151 3 | NDC | | | | both | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.12 | | | other | Drugs are paid at 100% of the AWP |
| CHLORPROMAZINE 10MG TAB | 78117151 3 | NDC | | | | both | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.95 | | | other | Drugs are paid at 100% of the AWP |
| CHLORPROMAZINE 10MG TAB | 78117151 3 | NDC | | | | both | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| CHLORPROMAZINE 25MG TAB | 78117161 3 | NDC | | | | both | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| CHLORPROMAZINE 25MG TAB | 78117161 3 | NDC | | | | both | 1 EA | 3.5 | | Aetna | Commercial | | 100 | | 0.84 | | | other | Drugs are paid at 100% of the AWP |
| CHLORPROMAZINE 25MG TAB | 78117161 3 | NDC | | | | both | 1 EA | 3.5 | | Aetna | Medicare | | 100 | | 1.01 | | | other | Drugs are paid at 100% of the AWP |
| CHLORPROMAZINE 25MG TAB | 78117161 3 | NDC | | | | both | 1 EA | 3.5 | | Horizon | Medicare Blue | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| CHLORPROMAZINE 25MG TAB | 78117161 3 | NDC | | | | both | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| CHLORPROMAZINE 25MG TAB | 78117161 3 | NDC | | | | both | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| CHLORPROMAZINE 25MG TAB | 78117161 3 | NDC | | | | both | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| CHLORPROMAZINE 25MG TAB | 78117161 3 | NDC | | | | both | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| CHLORPROMAZINE 25MG TAB | 78117161 3 | NDC | | | | both | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| CHLORPROMAZINE 25MG TAB | 78117161 3 | NDC | | | | both | 1 EA | 3.5 | | Wellcare | Medicaid | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| CHLORPROMAZINE 25MG TAB | 78117161 3 | NDC | | | | both | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 1000-62.5 MG TAB | 78119438 2 | NDC | | | | both | 1 EA | 27.5 | | UHC | Medicaid | | 100 | | 6.05 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLIN-CLAVULANATE 1000-62.5 MG TAB | 78119438 2 | NDC | | | | both | 1 EA | 27.5 | | WellPoint | WellPoint | | 100 | | 4.3 | | | other | Drugs are paid at 100% of the AWP |
| CISATRACURIUM 20MG VIAL | 78131529 5 | NDC | | | | both | 1 EA | 114.5 | | Aetna | Better Health | | 100 | | 14.43 | | | other | Drugs are paid at 100% of the AWP |
| CISATRACURIUM 20MG VIAL | 78131529 5 | NDC | | | | both | 1 EA | 114.5 | | Aetna | Commercial | | 100 | | 47.97 | | | other | Drugs are paid at 100% of the AWP |
| CISATRACURIUM 20MG VIAL | 78131529 5 | NDC | | | | both | 1 EA | 114.5 | | Aetna | Medicare | | 100 | | 21.62 | | | other | Drugs are paid at 100% of the AWP |
| CISATRACURIUM 20MG VIAL | 78131529 5 | NDC | | | | both | 1 EA | 114.5 | | Amerihealth | HMO/PPO | | 100 | | 20.82 | | | other | Drugs are paid at 100% of the AWP |
| CISATRACURIUM 20MG VIAL | 78131529 5 | NDC | | | | both | 1 EA | 114.5 | | Horizon | NJ Health | | 100 | | 9.52 | | | other | Drugs are paid at 100% of the AWP |
| CISATRACURIUM 20MG VIAL | 78131529 5 | NDC | | | | both | 1 EA | 114.5 | | Horizon | PPO | | 100 | | 21.97 | | | other | Drugs are paid at 100% of the AWP |
| CISATRACURIUM 20MG VIAL | 78131529 5 | NDC | | | | both | 1 EA | 114.5 | | UHC | Medicaid | | 100 | | 20.5 | | | other | Drugs are paid at 100% of the AWP |
| CISATRACURIUM 20MG VIAL | 78131529 5 | NDC | | | | both | 1 EA | 114.5 | | WellPoint | WellPoint | | 100 | | 26.3 | | | other | Drugs are paid at 100% of the AWP |
| CEFPODOXIME PROXETIL 200 MG TAB | 78154392 0 | NDC | | | | both | 1 EA | 30.5 | | Aetna | Better Health | | 100 | | 4.99 | | | other | Drugs are paid at 100% of the AWP |
| CEFPODOXIME PROXETIL 200 MG TAB | 78154392 0 | NDC | | | | both | 1 EA | 30.5 | | Aetna | Commercial | | 100 | | 12.81 | | | other | Drugs are paid at 100% of the AWP |
| CEFPODOXIME PROXETIL 200 MG TAB | 78154392 0 | NDC | | | | both | 1 EA | 30.5 | | Aetna | Medicare | | 100 | | 3.15 | | | other | Drugs are paid at 100% of the AWP |
| CEFPODOXIME PROXETIL 200 MG TAB | 78154392 0 | NDC | | | | both | 1 EA | 30.5 | | Horizon | Indemnity | | 100 | | 19.2 | | | other | Drugs are paid at 100% of the AWP |
| CEFPODOXIME PROXETIL 200 MG TAB | 78154392 0 | NDC | | | | both | 1 EA | 30.5 | | Horizon | Medicare Blue | | 100 | | 4.35 | | | other | Drugs are paid at 100% of the AWP |
| CEFPODOXIME PROXETIL 200 MG TAB | 78154392 0 | NDC | | | | both | 1 EA | 30.5 | | Horizon | MGD | | 100 | | 9.57 | | | other | Drugs are paid at 100% of the AWP |
| CEFPODOXIME PROXETIL 200 MG TAB | 78154392 0 | NDC | | | | both | 1 EA | 30.5 | | Horizon | NJ Health | | 100 | | 3.67 | | | other | Drugs are paid at 100% of the AWP |
| CEFPODOXIME PROXETIL 200 MG TAB | 78154392 0 | NDC | | | | both | 1 EA | 30.5 | | UHC | Medicaid | | 100 | | 3.61 | | | other | Drugs are paid at 100% of the AWP |
| CEFPODOXIME PROXETIL 200 MG TAB | 78154392 0 | NDC | | | | both | 1 EA | 30.5 | | UHC | Medicare | | 100 | | 7.69 | | | other | Drugs are paid at 100% of the AWP |
| CEFPODOXIME PROXETIL 200 MG TAB | 78154392 0 | NDC | | | | both | 1 EA | 30.5 | | United | CommercialPPO | | 100 | | 5.38 | | | other | Drugs are paid at 100% of the AWP |
| CEFPODOXIME PROXETIL 200 MG TAB | 78154392 0 | NDC | | | | both | 1 EA | 30.5 | | Wellcare | Medicaid | | 100 | | 8.12 | | | other | Drugs are paid at 100% of the AWP |
| CEFPODOXIME PROXETIL 200 MG TAB | 78154392 0 | NDC | | | | both | 1 EA | 30.5 | | Wellcare | Medicare | | 100 | | 9.32 | | | other | Drugs are paid at 100% of the AWP |
| CEFPODOXIME PROXETIL 200 MG TAB | 78154392 0 | NDC | | | | both | 1 EA | 30.5 | | WellPoint | WellPoint | | 100 | | 5.5 | | | other | Drugs are paid at 100% of the AWP |
| AMOX/CLAV 600-42.9 SUSP(1ML) | 78161395 7 | NDC | | | | both | 1 EA | 2 | | Horizon | NJ Health | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| AMOX/CLAV 600-42.9 SUSP(1ML) | 78161395 7 | NDC | | | | both | 1 EA | 2 | | UHC | Medicaid | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLING 80MG/ML SUSP | 78161575 7 | NDC | | | | both | 1 EA | 1.5 | | Horizon | NJ Health | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLING 80MG/ML SUSP | 78161575 7 | NDC | | | | both | 1 EA | 1.5 | | UHC | Medicaid | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| AMOXICILLING 80MG/ML SUSP | 78161575 7 | NDC | | | | both | 1 EA | 1.5 | | WellPoint | WellPoint | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| PROMETHAZINE 25MG TAB | 80027071 | NDC | | | | both | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| PROMETHAZINE 25MG TAB | 80027071 | NDC | | | | both | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.81 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 1MG TAB | 80064071 | NDC | | | | both | 1 EA | 4.5 | | Aetna | Better Health | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 1MG TAB | 80064071 | NDC | | | | both | 1 EA | 4.5 | | Aetna | Commercial | | 100 | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 1MG TAB | 80064071 | NDC | | | | both | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 1MG TAB | 80064071 | NDC | | | | both | 1 EA | 4.5 | | Amerihealth | HMO/PPO | | 100 | | 0.8 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 1MG TAB | 80064071 | NDC | | | | both | 1 EA | 4.5 | | Corrections | Corrections | | 100 | | 0.84 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 1MG TAB | 80064071 | NDC | | | | both | 1 EA | 4.5 | | Horizon | Indemnity | | 100 | | 0.96 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| LORAZEPAM 1MG TAB | 8006407 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 1MG TAB | 8006407 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 0.79 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 1MG TAB | 8006407 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 1MG TAB | 8006407 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | PPO | | 100 | | 0.8 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 1MG TAB | 8006407 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 1MG TAB | 8006407 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 1MG TAB | 8006407 | NDC | | | | both | | 1 EA | 4.5 | | United | CommercialPPO | | 100 | | 1.01 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 1MG TAB | 8006407 | NDC | | | | both | | 1 EA | 4.5 | | United | Oxford | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 1MG TAB | 8006407 | NDC | | | | both | | 1 EA | 4.5 | | Wellcare | Medicaid | | 100 | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 1MG TAB | 8006407 | NDC | | | | both | | 1 EA | 4.5 | | Wellcare | Medicare | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| LORAZEPAM 1MG TAB | 8006407 | NDC | | | | both | | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| PROMETHAZINE 25MG SUPP | 8021201 | NDC | | | | both | | 1 EA | 35.5 | | Horizon | PPO | | 100 | | 9.49 | | | other | Drugs are paid at 100% of the AWP |
| PENICILLIN V 500MG TAB | 8039004 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| PENICILLIN V 500MG TAB | 8039004 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| PENICILLIN V 500MG TAB | 8039004 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| PENICILLIN V 500MG TAB | 8039004 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| PENICILLIN V 500MG TAB | 8039004 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| PENICILLIN V 500MG TAB | 8039004 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.76 | | | other | Drugs are paid at 100% of the AWP |
| PENICILLIN V 500MG TAB | 8039004 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| PENICILLIN V 500MG TAB | 8039004 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.71 | | | other | Drugs are paid at 100% of the AWP |
| PENICILLIN V 500MG TAB | 8039004 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| PROMETHAZINE 12.5MG SUPP | 8049801 | NDC | | | | both | | 1 EA | 32 | | Horizon | PPO | | 100 | | 5.68 | | | other | Drugs are paid at 100% of the AWP |
| PROMETHAZINE 6.25MG/5ML ELIXIR | 8054901 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| PROMETHAZINE 6.25MG/5ML ELIXIR | 8054901 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| CHONDROITIN-SOD 40-30MG/ML( 75ML)INJ | 8065183975 | NDC | | | | both | | 1 EA | 1057.5 | | Aetna | Commercial | | 100 | | 174.67 | | | other | Drugs are paid at 100% of the AWP |
| CHONDROITIN-SOD 40-30MG/ML( 75ML)INJ | 8065183975 | NDC | | | | both | | 1 EA | 1057.5 | | Aetna | Medicare | | 100 | | 157.04 | | | other | Drugs are paid at 100% of the AWP |
| CHONDROITIN-SOD 40-30MG/ML( 75ML)INJ | 8065183975 | NDC | | | | both | | 1 EA | 1057.5 | | Corrections | Corrections | | 100 | | 323.2 | | | other | Drugs are paid at 100% of the AWP |
| CHONDROITIN-SOD 40-30MG/ML( 75ML)INJ | 8065183975 | NDC | | | | both | | 1 EA | 1057.5 | | Horizon | Medicare Blue | | 100 | | 136.42 | | | other | Drugs are paid at 100% of the AWP |
| CHONDROITIN-SOD 40-30MG/ML( 75ML)INJ | 8065183975 | NDC | | | | both | | 1 EA | 1057.5 | | Horizon | MGD | | 100 | | 292.25 | | | other | Drugs are paid at 100% of the AWP |
| CHONDROITIN-SOD 40-30MG/ML( 75ML)INJ | 8065183975 | NDC | | | | both | | 1 EA | 1057.5 | | Horizon | NJ Health | | 100 | | 130.94 | | | other | Drugs are paid at 100% of the AWP |
| CHONDROITIN-SOD 40-30MG/ML( 75ML)INJ | 8065183975 | NDC | | | | both | | 1 EA | 1057.5 | | Horizon | PPO | | 100 | | 265.55 | | | other | Drugs are paid at 100% of the AWP |
| CHONDROITIN-SOD 40-30MG/ML( 75ML)INJ | 8065183975 | NDC | | | | both | | 1 EA | 1057.5 | | UHC | Medicaid | | 100 | | 313.79 | | | other | Drugs are paid at 100% of the AWP |
| CHONDROITIN-SOD 40-30MG/ML( 75ML)INJ | 8065183975 | NDC | | | | both | | 1 EA | 1057.5 | | UHC | Medicare | | 100 | | 139.44 | | | other | Drugs are paid at 100% of the AWP |
| CHONDROITIN-SOD 40-30MG/ML( 75ML)INJ | 8065183975 | NDC | | | | both | | 1 EA | 1057.5 | | United | CommercialPPO | | 100 | | 183.75 | | | other | Drugs are paid at 100% of the AWP |
| CHONDROITIN-SOD 40-30MG/ML( 75ML)INJ | 8065183975 | NDC | | | | both | | 1 EA | 1057.5 | | Wellcare | Medicaid | | 100 | | 315.72 | | | other | Drugs are paid at 100% of the AWP |
| CHONDROITIN-SOD 40-30MG/ML( 75ML)INJ | 8065183975 | NDC | | | | both | | 1 EA | 1057.5 | | Wellcare | Medicare | | 100 | | 129.1 | | | other | Drugs are paid at 100% of the AWP |
| CHONDROITIN-SOD 40-30MG/ML( 75ML)INJ | 8065183975 | NDC | | | | both | | 1 EA | 1057.5 | | WellPoint | WellPoint | | 100 | | 124.49 | | | other | Drugs are paid at 100% of the AWP |
| ISMO 20MG TAB | 8077102 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | Indemnity | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| ISMO 20MG TAB | 8077102 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| ISMO 20MG TAB | 8077102 | NDC | | | | both | | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 1.33 | | | other | Drugs are paid at 100% of the AWP |
| VENLAFAXINE 37.5MG TAB(NF) | 8078101 | NDC | | | | both | | 1 EA | 6.5 | | Horizon | NJ Health | | 100 | | 1.53 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE (CARDENE) 25MG INJ | 8081202 | NDC | | | | both | | 1 EA | 424.5 | | Aetna | Better Health | | 100 | | 67.1 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE (CARDENE) 25MG INJ | 8081202 | NDC | | | | both | | 1 EA | 424.5 | | Aetna | Commercial | | 100 | | 80.79 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE (CARDENE) 25MG INJ | 8081202 | NDC | | | | both | | 1 EA | 424.5 | | Aetna | Medicare | | 100 | | 101.04 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE (CARDENE) 25MG INJ | 8081202 | NDC | | | | both | | 1 EA | 424.5 | | Amerihealth | HMO/PPO | | 100 | | 59.23 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE (CARDENE) 25MG INJ | 8081202 | NDC | | | | both | | 1 EA | 424.5 | | Horizon | NJ Health | | 100 | | 42.17 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE (CARDENE) 25MG INJ | 8081202 | NDC | | | | both | | 1 EA | 424.5 | | Horizon | PPO | | 100 | | 80.92 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE (CARDENE) 25MG INJ | 8081202 | NDC | | | | both | | 1 EA | 424.5 | | UHC | Medicaid | | 100 | | 58.96 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE (CARDENE) 25MG INJ | 8081202 | NDC | | | | both | | 1 EA | 424.5 | | UHC | Medicare | | 100 | | 69.32 | | | other | Drugs are paid at 100% of the AWP |
| NICARDIPINE (CARDENE) 25MG INJ | 8081202 | NDC | | | | both | | 1 EA | 424.5 | | WellPoint | WellPoint | | 100 | | 129.54 | | | other | Drugs are paid at 100% of the AWP |
| VENLAFAXINE XR 75MG CAP | 8083301 | NDC | | | | both | | 1 EA | 26.5 | | Aetna | Medicare | | 100 | | 1.82 | | | other | Drugs are paid at 100% of the AWP |
| VENLAFAXINE XR 75MG CAP | 8083301 | NDC | | | | both | | 1 EA | 26.5 | | Horizon | NJ Health | | 100 | | 2.3 | | | other | Drugs are paid at 100% of the AWP |
| VENLAFAXINE XR 75MG CAP | 8083301 | NDC | | | | both | | 1 EA | 26.5 | | UHC | Medicaid | | 100 | | 5.89 | | | other | Drugs are paid at 100% of the AWP |
| VENLAFAXINE XR 75MG CAP | 8083301 | NDC | | | | both | | 1 EA | 26.5 | | UHC | Medicare | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| VENLAFAXINE XR 75MG CAP | 8083301 | NDC | | | | both | | 1 EA | 26.5 | | United | CommercialPPO | | 100 | | 3.06 | | | other | Drugs are paid at 100% of the AWP |
| VENLAFAXINE XR 150MG CAP | 8083603 | NDC | | | | both | | 1 EA | 27.5 | | Amerihealth | HMO/PPO | | 100 | | 8.73 | | | other | Drugs are paid at 100% of the AWP |
| VENLAFAXINE XR 150MG CAP | 8083603 | NDC | | | | both | | 1 EA | 27.5 | | Horizon | MGD | | 100 | | 6.37 | | | other | Drugs are paid at 100% of the AWP |
| VENLAFAXINE XR 150MG CAP | 8083603 | NDC | | | | both | | 1 EA | 27.5 | | Horizon | NJ Health | | 100 | | 5.02 | | | other | Drugs are paid at 100% of the AWP |
| VENLAFAXINE XR 150MG CAP | 8083603 | NDC | | | | both | | 1 EA | 27.5 | | UHC | Medicaid | | 100 | | 5.44 | | | other | Drugs are paid at 100% of the AWP |
| VENLAFAXINE XR 150MG CAP | 8083603 | NDC | | | | both | | 1 EA | 27.5 | | UHC | Medicare | | 100 | | 3.82 | | | other | Drugs are paid at 100% of the AWP |
| VENLAFAXINE XR 150MG CAP | 8083603 | NDC | | | | both | | 1 EA | 27.5 | | United | CommercialPPO | | 100 | | 3.18 | | | other | Drugs are paid at 100% of the AWP |
| VENLAFAXINE XR 150MG CAP | 8083603 | NDC | | | | both | | 1 EA | 27.5 | | Wellcare | Medicaid | | 100 | | 17.31 | | | other | Drugs are paid at 100% of the AWP |
| VENLAFAXINE XR 37.5MG CAP | 8083703 | NDC | | | | both | | 1 EA | 25 | | Aetna | Better Health | | 100 | | 6.57 | | | other | Drugs are paid at 100% of the AWP |
| VENLAFAXINE XR 37.5MG CAP | 8083703 | NDC | | | | both | | 1 EA | 25 | | Horizon | MGD | | 100 | | 6.29 | | | other | Drugs are paid at 100% of the AWP |
| VENLAFAXINE XR 37.5MG CAP | 8083703 | NDC | | | | both | | 1 EA | 25 | | Horizon | NJ Health | | 100 | | 4.39 | | | other | Drugs are paid at 100% of the AWP |
| VENLAFAXINE XR 37.5MG CAP | 8083703 | NDC | | | | both | | 1 EA | 25 | | UHC | Medicaid | | 100 | | 3.92 | | | other | Drugs are paid at 100% of the AWP |
| VENLAFAXINE XR 37.5MG CAP | 8083703 | NDC | | | | both | | 1 EA | 25 | | UHC | Medicare | | 100 | | 1.09 | | | other | Drugs are paid at 100% of the AWP |
| PANTOPRAZOLE 40MG TAB | 8084181 | NDC | | | | both | | 1 EA | 27.5 | | Aetna | Better Health | | 100 | | 4.77 | | | other | Drugs are paid at 100% of the AWP |
| PANTOPRAZOLE 40MG TAB | 8084181 | NDC | | | | both | | 1 EA | 27.5 | | Aetna | Commercial | | 100 | | 5.28 | | | other | Drugs are paid at 100% of the AWP |
| PANTOPRAZOLE 40MG TAB | 8084181 | NDC | | | | both | | 1 EA | 27.5 | | Aetna | Medicare | | 100 | | 5.16 | | | other | Drugs are paid at 100% of the AWP |
| PANTOPRAZOLE 40MG TAB | 8084181 | NDC | | | | both | | 1 EA | 27.5 | | Amerihealth | HMO/PPO | | 100 | | 5.02 | | | other | Drugs are paid at 100% of the AWP |
| PANTOPRAZOLE 40MG TAB | 8084181 | NDC | | | | both | | 1 EA | 27.5 | | Corrections | Corrections | | 100 | | 5.19 | | | other | Drugs are paid at 100% of the AWP |
| PANTOPRAZOLE 40MG TAB | 8084181 | NDC | | | | both | | 1 EA | 27.5 | | Horizon | Indemnity | | 100 | | 4.69 | | | other | Drugs are paid at 100% of the AWP |
| PANTOPRAZOLE 40MG TAB | 8084181 | NDC | | | | both | | 1 EA | 27.5 | | Horizon | Medicare Blue | | 100 | | 5.61 | | | other | Drugs are paid at 100% of the AWP |
| PANTOPRAZOLE 40MG TAB | 8084181 | NDC | | | | both | | 1 EA | 27.5 | | Horizon | MGD | | 100 | | 6.45 | | | other | Drugs are paid at 100% of the AWP |
| PANTOPRAZOLE 40MG TAB | 8084181 | NDC | | | | both | | 1 EA | 27.5 | | Horizon | NJ Health | | 100 | | 3.96 | | | other | Drugs are paid at 100% of the AWP |
| PANTOPRAZOLE 40MG TAB | 8084181 | NDC | | | | both | | 1 EA | 27.5 | | Horizon | PPO | | 100 | | 5.64 | | | other | Drugs are paid at 100% of the AWP |
| PANTOPRAZOLE 40MG TAB | 8084181 | NDC | | | | both | | 1 EA | 27.5 | | UHC | Medicaid | | 100 | | 4.46 | | | other | Drugs are paid at 100% of the AWP |
| PANTOPRAZOLE 40MG TAB | 8084181 | NDC | | | | both | | 1 EA | 27.5 | | UHC | Medicare | | 100 | | 5.23 | | | other | Drugs are paid at 100% of the AWP |
| PANTOPRAZOLE 40MG TAB | 8084181 | NDC | | | | both | | 1 EA | 27.5 | | United | CommercialPPO | | 100 | | 4.4 | | | other | Drugs are paid at 100% of the AWP |
| PANTOPRAZOLE 40MG TAB | 8084181 | NDC | | | | both | | 1 EA | 27.5 | | Wellcare | Medicaid | | 100 | | 4.02 | | | other | Drugs are paid at 100% of the AWP |
| PANTOPRAZOLE 40MG TAB | 8084181 | NDC | | | | both | | 1 EA | 27.5 | | Wellcare | Medicare | | 100 | | 5.26 | | | other | Drugs are paid at 100% of the AWP |
| PANTOPRAZOLE 40MG TAB | 8084181 | NDC | | | | both | | 1 EA | 27.5 | | WellPoint | WellPoint | | 100 | | 5.13 | | | other | Drugs are paid at 100% of the AWP |
| ZIDOVUDINE 50MG/5ML SYRUP | 81011318 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 1.96 | | | other | Drugs are paid at 100% of the AWP |
| ZIDOVUDINE 50MG/5ML SYRUP | 81011318 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| ZIDOVUDINE 50MG/5ML SYRUP | 81011318 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.32 | | | other | Drugs are paid at 100% of the AWP |
| NEOMYCIN-POLYMYXIN-BACITRAC-HC OINT | 81019786 | NDC | | | | both | | 1 EA | 162 | | Horizon | NJ Health | | 100 | | 23.79 | | | other | Drugs are paid at 100% of the AWP |
| NEOMYCIN-POLYMYXIN-BACITRAC-HC OINT | 81019786 | NDC | | | | both | | 1 EA | 162 | | UHC | Medicaid | | 100 | | 51.47 | | | other | Drugs are paid at 100% of the AWP |
| NEOMYCIN-POLYMYXIN-HC (OTIC) SUSP | 81019892 | NDC | | | | both | | 1 EA | 313.5 | | Horizon | Indemnity | | 100 | | 68.43 | | | other | Drugs are paid at 100% of the AWP |
| NEOMYCIN-POLYMYXIN-HC (OTIC) SUSP | 81019892 | NDC | | | | both | | 1 EA | 313.5 | | UHC | Medicaid | | 100 | | 79.85 | | | other | Drugs are paid at 100% of the AWP |
| DIGOXIN 0.125MG TAB | 81024256 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| DIGOXIN 0.125MG TAB | 81024256 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| DIGOXIN 0.125MG TAB | 81024256 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| DIGOXIN 0.125MG TAB | 81024256 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| DIGOXIN 0.125MG TAB | 81024256 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.83 | | | other | Drugs are paid at 100% of the AWP |
| DIGOXIN 0.125MG TAB | 81024256 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| DIGOXIN 0.125MG TAB | 81024256 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| DIGOXIN 0.25MG TAB | 81024956 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| ATOVAQUONE 750MG/5ML SUS U/D | 81066518 | NDC | | | | both | | 1 EA | 95 | | Aetna | Better Health | | 100 | | 12.39 | | | other | Drugs are paid at 100% of the AWP |
| ATOVAQUONE 750MG/5ML SUS U/D | 81066518 | NDC | | | | both | | 1 EA | 95 | | Aetna | Commercial | | 100 | | 39.53 | | | other | Drugs are paid at 100% of the AWP |
| ATOVAQUONE 750MG/5ML SUS U/D | 81066518 | NDC | | | | both | | 1 EA | 95 | | Aetna | Medicare | | 100 | | 12.89 | | | other | Drugs are paid at 100% of the AWP |
| ATOVAQUONE 750MG/5ML SUS U/D | 81066518 | NDC | | | | both | | 1 EA | 95 | | Amerihealth | HMO/PPO | | 100 | | 95 | | | other | Drugs are paid at 100% of the AWP |
| ATOVAQUONE 750MG/5ML SUS U/D | 81066518 | NDC | | | | both | | 1 EA | 95 | | Horizon | Indemnity | | 100 | | 21.86 | | | other | Drugs are paid at 100% of the AWP |
| ATOVAQUONE 750MG/5ML SUS U/D | 81066518 | NDC | | | | both | | 1 EA | 95 | | Horizon | MGD | | 100 | | 15.53 | | | other | Drugs are paid at 100% of the AWP |
| ATOVAQUONE 750MG/5ML SUS U/D | 81066518 | NDC | | | | both | | 1 EA | 95 | | Horizon | NJ Health | | 100 | | 15.69 | | | other | Drugs are paid at 100% of the AWP |
| ATOVAQUONE 750MG/5ML SUS U/D | 81066518 | NDC | | | | both | | 1 EA | 95 | | UHC | Medicaid | | 100 | | 14.74 | | | other | Drugs are paid at 100% of the AWP |
| ATOVAQUONE 750MG/5ML SUS U/D | 81066518 | NDC | | | | both | | 1 EA | 95 | | UHC | Medicare | | 100 | | 17.67 | | | other | Drugs are paid at 100% of the AWP |
| ATOVAQUONE 750MG/5ML SUS U/D | 81066518 | NDC | | | | both | | 1 EA | 95 | | Wellcare | Medicare | | 100 | | 44.16 | | | other | Drugs are paid at 100% of the AWP |
| ATOVAQUONE 750MG/5ML SUS U/D | 81066518 | NDC | | | | both | | 1 EA | 95 | | WellPoint | WellPoint | | 100 | | 22.19 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN-POLYMYXIN 3.5GM OPT OINT | 81079786 | NDC | | | | both | | 1 EA | 181 | | Aetna | Commercial | | 100 | | 36.46 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN-POLYMYXIN 3.5GM OPT OINT | 81079786 | NDC | | | | both | | 1 EA | 181 | | Aetna | Medicare | | 100 | | 16.58 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN-POLYMYXIN 3.5GM OPT OINT | 81079786 | NDC | | | | both | | 1 EA | 181 | | Corrections | Corrections | | 100 | | 53.98 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN-POLYMYXIN 3.5GM OPT OINT | 81079786 | NDC | | | | both | | 1 EA | 181 | | Horizon | Medicare Blue | | 100 | | 31.36 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN-POLYMYXIN 3.5GM OPT OINT | 81079786 | NDC | | | | both | | 1 EA | 181 | | Horizon | MGD | | 100 | | 31.09 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN-POLYMYXIN 3.5GM OPT OINT | 81079786 | NDC | | | | both | | 1 EA | 181 | | Horizon | NJ Health | | 100 | | 22.06 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN-POLYMYXIN 3.5GM OPT OINT | 81079786 | NDC | | | | both | | 1 EA | 181 | | Horizon | PPO | | 100 | | 84.63 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN-POLYMYXIN 3.5GM OPT OINT | 81079786 | NDC | | | | both | | 1 EA | 181 | | UHC | Medicaid | | 100 | | 38.09 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN-POLYMYXIN 3.5GM OPT OINT | 81079786 | NDC | | | | both | | 1 EA | 181 | | UHC | Medicare | | 100 | | 26.22 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN-POLYMYXIN 3.5GM OPT OINT | 81079786 | NDC | | | | both | | 1 EA | 181 | | Wellcare | Medicaid | | 100 | | 52.3 | | | other | Drugs are paid at 100% of the AWP |
| BACITRACIN-POLYMYXIN 3.5GM OPT OINT | 81079786 | NDC | | | | both | | 1 EA | 181 | | WellPoint | WellPoint | | 100 | | 40.3 | | | other | Drugs are paid at 100% of the AWP |
| ACYCLOVIR 800MG TAB | 81094556 | NDC | | | | both | | 1 EA | 35.5 | | Aetna | Commercial | | 100 | | 7.37 | | | other | Drugs are paid at 100% of the AWP |
| ACYCLOVIR 800MG TAB | 81094556 | NDC | | | | both | | 1 EA | 35.5 | | Horizon | Medicare Blue | | 100 | | 4.79 | | | other | Drugs are paid at 100% of the AWP |
| ACYCLOVIR 800MG TAB | 81094556 | NDC | | | | both | | 1 EA | 35.5 | | Horizon | MGD | | 100 | | 5.18 | | | other | Drugs are paid at 100% of the AWP |
| ACYCLOVIR 800MG TAB | 81094556 | NDC | | | | both | | 1 EA | 35.5 | | Horizon | NJ Health | | 100 | | 5.14 | | | other | Drugs are paid at 100% of the AWP |
| ACYCLOVIR 800MG TAB | 81094556 | NDC | | | | both | | 1 EA | 35.5 | | Horizon | PPO | | 100 | | 20.49 | | | other | Drugs are paid at 100% of the AWP |
| ACYCLOVIR 800MG TAB | 81094556 | NDC | | | | both | | 1 EA | 35.5 | | UHC | Medicaid | | 100 | | 8.79 | | | other | Drugs are paid at 100% of the AWP |
| ACYCLOVIR 800MG TAB | 81094556 | NDC | | | | both | | 1 EA | 35.5 | | UHC | Medicare | | 100 | | 4.52 | | | other | Drugs are paid at 100% of the AWP |
| ACYCLOVIR 800MG TAB | 81094556 | NDC | | | | both | | 1 EA | 35.5 | | United | CommercialPPO | | 100 | | 7.05 | | | other | Drugs are paid at 100% of the AWP |
| ACYCLOVIR 800MG TAB | 81094556 | NDC | | | | both | | 1 EA | 35.5 | | WellPoint | WellPoint | | 100 | | 6.78 | | | other | Drugs are paid at 100% of the AWP |
| ACYCLOVIR 200MG/5ML SUSP | 81095396 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 1.73 | | | other | Drugs are paid at 100% of the AWP |
| ACYCLOVIR 200MG/5ML SUSP | 81095396 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.01 | | | other | Drugs are paid at 100% of the AWP |
| ACYCLOVIR 200MG/5ML SUSP | 81095396 | NDC | | | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 1.73 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPHENIDATE 10MG TAB | 83000330 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.02 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPHENIDATE 10MG TAB | 83000330 | NDC | | | | both | | 1 EA | 3.5 | | United | CommercialPPO | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPHENIDATE 10MG TAB | 83000330 | NDC | | | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 1.2 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPHENIDATE 5MG TAB | 83000730 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPHENIDATE 5MG TAB | 83000730 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.79 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPHENIDATE 5MG TAB | 83000730 | NDC | | | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.87 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMAZEPINE XR 200MG TAB | 83006230 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Commercial | | 100 | | 0.89 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMAZEPINE XR 200MG TAB | 83006230 | NDC | | | | both | | 1 EA | 3.5 | | Corrections | Corrections | | 100 | | 0.98 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMAZEPINE XR 200MG TAB | 83006230 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | Indemnity | | 100 | | 1.33 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMAZEPINE XR 200MG TAB | 83006230 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMAZEPINE XR 200MG TAB | 83006230 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMAZEPINE XR 200MG TAB | 83006230 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.93 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMAZEPINE XR 200MG TAB | 83006230 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.96 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMAZEPINE XR 200MG TAB | 83006230 | NDC | | | | both | | 1 EA | 3.5 | | Wellcare | Medicare | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMAZEPINE XR 200MG TAB | 83006230 | NDC | | | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 1.45 | | | other | Drugs are paid at 100% of the AWP |
| ISOSORBIDE 20MG TAB | 8415405 | NDC | | | | both | | 1 EA | 3.5 | | Corrections | Corrections | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ISOSORBIDE 20MG TAB | 84154O5 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| ISOSORBIDE 20MG TAB | 84154O5 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| ISOSORBIDE 20MG TAB | 84154O5 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 0.74 | | | other | Drugs are paid at 100% of the AWP |
| ISOSORBIDE 20MG TAB | 84154O5 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| ISOSORBIDE 20MG TAB | 84154O5 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| ISOSORBIDE 20MG TAB | 84154O5 | NDC | | | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 1.31 | | | other | Drugs are paid at 100% of the AWP |
| ISOSORBIDE 30MG TAB | 84159O4 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| ISOSORBIDE 30MG TAB | 84159O4 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 2.88 | | | other | Drugs are paid at 100% of the AWP |
| ISOSORBIDE 30MG TAB | 84159O4 | NDC | | | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 1.58 | | | other | Drugs are paid at 100% of the AWP |
| AMIODARONE 200MG TAB | 84188O6 | NDC | | | | both | | 1 EA | 27.5 | | Aetna | Commercial | | 100 | | 4.83 | | | other | Drugs are paid at 100% of the AWP |
| AMIODARONE 200MG TAB | 84188O6 | NDC | | | | both | | 1 EA | 27.5 | | Aetna | Medicare | | 100 | | 5.61 | | | other | Drugs are paid at 100% of the AWP |
| AMIODARONE 200MG TAB | 84188O6 | NDC | | | | both | | 1 EA | 27.5 | | Amerihealth | HMO/PPO | | 100 | | 2.14 | | | other | Drugs are paid at 100% of the AWP |
| AMIODARONE 200MG TAB | 84188O6 | NDC | | | | both | | 1 EA | 27.5 | | Corrections | Corrections | | 100 | | 7.69 | | | other | Drugs are paid at 100% of the AWP |
| AMIODARONE 200MG TAB | 84188O6 | NDC | | | | both | | 1 EA | 27.5 | | Horizon | Medicare Blue | | 100 | | 4.04 | | | other | Drugs are paid at 100% of the AWP |
| AMIODARONE 200MG TAB | 84188O6 | NDC | | | | both | | 1 EA | 27.5 | | Horizon | MGD | | 100 | | 3.89 | | | other | Drugs are paid at 100% of the AWP |
| AMIODARONE 200MG TAB | 84188O6 | NDC | | | | both | | 1 EA | 27.5 | | Horizon | NJ Health | | 100 | | 3.08 | | | other | Drugs are paid at 100% of the AWP |
| AMIODARONE 200MG TAB | 84188O6 | NDC | | | | both | | 1 EA | 27.5 | | Horizon | PPO | | 100 | | 9.16 | | | other | Drugs are paid at 100% of the AWP |
| AMIODARONE 200MG TAB | 84188O6 | NDC | | | | both | | 1 EA | 27.5 | | UHC | Medicaid | | 100 | | 5.02 | | | other | Drugs are paid at 100% of the AWP |
| AMIODARONE 200MG TAB | 84188O6 | NDC | | | | both | | 1 EA | 27.5 | | UHC | Medicare | | 100 | | 4.65 | | | other | Drugs are paid at 100% of the AWP |
| AMIODARONE 200MG TAB | 84188O6 | NDC | | | | both | | 1 EA | 27.5 | | United | Commercial/PPO | | 100 | | 10.06 | | | other | Drugs are paid at 100% of the AWP |
| AMIODARONE 200MG TAB | 84188O6 | NDC | | | | both | | 1 EA | 27.5 | | United | Oxford | | 100 | | 7.96 | | | other | Drugs are paid at 100% of the AWP |
| AMIODARONE 200MG TAB | 84188O6 | NDC | | | | both | | 1 EA | 27.5 | | Wellcare | Medicaid | | 100 | | 1.92 | | | other | Drugs are paid at 100% of the AWP |
| AMIODARONE 200MG TAB | 84188O6 | NDC | | | | both | | 1 EA | 27.5 | | Wellcare | Medicare | | 100 | | 3.16 | | | other | Drugs are paid at 100% of the AWP |
| AMIODARONE 200MG TAB | 84188O6 | NDC | | | | both | | 1 EA | 27.5 | | WellPoint | WellPoint | | 100 | | 3.91 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 300MG TAB | 85043806 | NDC | | | | both | | 1 EA | 5.5 | | Aetna | Commercial | | 100 | | 2.39 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 300MG TAB | 85043806 | NDC | | | | both | | 1 EA | 5.5 | | Aetna | Medicare | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 300MG TAB | 85043806 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | Medicare Blue | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 300MG TAB | 85043806 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.9 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 300MG TAB | 85043806 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | PPO | | 100 | | 1.47 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 300MG TAB | 85043806 | NDC | | | | both | | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 0.75 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 300MG TAB | 85043806 | NDC | | | | both | | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 1.65 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 300MG TAB | 85043806 | NDC | | | | both | | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| LORATADINE 10MG TAB | 85045801 | NDC | | | | both | | 1 EA | 25 | | Aetna | Better Health | | 100 | | 5.15 | | | other | Drugs are paid at 100% of the AWP |
| LORATADINE 10MG TAB | 85045801 | NDC | | | | both | | 1 EA | 25 | | Aetna | Commercial | | 100 | | 5.33 | | | other | Drugs are paid at 100% of the AWP |
| LORATADINE 10MG TAB | 85045801 | NDC | | | | both | | 1 EA | 25 | | Aetna | Medicare | | 100 | | 3.11 | | | other | Drugs are paid at 100% of the AWP |
| LORATADINE 10MG TAB | 85045801 | NDC | | | | both | | 1 EA | 25 | | Amerihealth | HMO/PPO | | 100 | | 5.09 | | | other | Drugs are paid at 100% of the AWP |
| LORATADINE 10MG TAB | 85045801 | NDC | | | | both | | 1 EA | 25 | | Corrections | Corrections | | 100 | | 6.53 | | | other | Drugs are paid at 100% of the AWP |
| LORATADINE 10MG TAB | 85045801 | NDC | | | | both | | 1 EA | 25 | | Horizon | Indemnity | | 100 | | 2.22 | | | other | Drugs are paid at 100% of the AWP |
| LORATADINE 10MG TAB | 85045801 | NDC | | | | both | | 1 EA | 25 | | Horizon | Medicare Blue | | 100 | | 6 | | | other | Drugs are paid at 100% of the AWP |
| LORATADINE 10MG TAB | 85045801 | NDC | | | | both | | 1 EA | 25 | | Horizon | MGD | | 100 | | 8.41 | | | other | Drugs are paid at 100% of the AWP |
| LORATADINE 10MG TAB | 85045801 | NDC | | | | both | | 1 EA | 25 | | Horizon | NJ Health | | 100 | | 3.21 | | | other | Drugs are paid at 100% of the AWP |
| LORATADINE 10MG TAB | 85045801 | NDC | | | | both | | 1 EA | 25 | | Horizon | PPO | | 100 | | 9.01 | | | other | Drugs are paid at 100% of the AWP |
| LORATADINE 10MG TAB | 85045801 | NDC | | | | both | | 1 EA | 25 | | UHC | Medicaid | | 100 | | 4.44 | | | other | Drugs are paid at 100% of the AWP |
| LORATADINE 10MG TAB | 85045801 | NDC | | | | both | | 1 EA | 25 | | UHC | Medicare | | 100 | | 4.34 | | | other | Drugs are paid at 100% of the AWP |
| LORATADINE 10MG TAB | 85045801 | NDC | | | | both | | 1 EA | 25 | | United | Commercial/PPO | | 100 | | 2.03 | | | other | Drugs are paid at 100% of the AWP |
| LORATADINE 10MG TAB | 85045801 | NDC | | | | both | | 1 EA | 25 | | Wellcare | Medicaid | | 100 | | 3.64 | | | other | Drugs are paid at 100% of the AWP |
| LORATADINE 10MG TAB | 85045801 | NDC | | | | both | | 1 EA | 25 | | Wellcare | Medicare | | 100 | | 7.45 | | | other | Drugs are paid at 100% of the AWP |
| LORATADINE 10MG TAB | 85045801 | NDC | | | | both | | 1 EA | 25 | | WellPoint | WellPoint | | 100 | | 3.4 | | | other | Drugs are paid at 100% of the AWP |
| LORATADINE 1MG/1ML SYR | 85061202 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| LORATADINE 1MG/1ML SYR | 85061202 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| LORATADINE 1MG/1ML SYR | 85061202 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.84 | | | other | Drugs are paid at 100% of the AWP |
| LORATADINE 1MG/1ML SYR | 85061202 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| LORATADINE 1MG/1ML SYR | 85061202 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.27 | | | other | Drugs are paid at 100% of the AWP |
| LORATADINE 1MG/1ML SYR | 85061202 | NDC | | | | both | | 1 EA | 2.5 | | United | Commercial/PPO | | 100 | | 0.02 | | | other | Drugs are paid at 100% of the AWP |
| LORATADINE 1MG/1ML SYR | 85061202 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 1.59 | | | other | Drugs are paid at 100% of the AWP |
| LORATADINE 1MG/1ML SYR | 85061202 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.79 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 200MG TAB | 85075208 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Better Health | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 200MG TAB | 85075208 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Commercial | | 100 | | 1.68 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 200MG TAB | 85075208 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 200MG TAB | 85075208 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Indemnity | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 200MG TAB | 85075208 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 1.02 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 200MG TAB | 85075208 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 200MG TAB | 85075208 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | PPO | | 100 | | 0.99 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 200MG TAB | 85075208 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 200MG TAB | 85075208 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 1.21 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 200MG TAB | 85075208 | NDC | | | | both | | 1 EA | 4.5 | | United | Commercial/PPO | | 100 | | 0.87 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 200MG TAB | 85075208 | NDC | | | | both | | 1 EA | 4.5 | | Wellcare | Medicaid | | 100 | | 0.96 | | | other | Drugs are paid at 100% of the AWP |
| LABETALOL 200MG TAB | 85075208 | NDC | | | | both | | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.91 | | | other | Drugs are paid at 100% of the AWP |
| OXYMETAZOLINE (AFRIN) 0.05% SPRAY | 85075605 | NDC | | | | both | | 1 EA | 33.5 | | Aetna | Better Health | | 100 | | 6.04 | | | other | Drugs are paid at 100% of the AWP |
| OXYMETAZOLINE (AFRIN) 0.05% SPRAY | 85075605 | NDC | | | | both | | 1 EA | 33.5 | | Aetna | Commercial | | 100 | | 4.35 | | | other | Drugs are paid at 100% of the AWP |
| OXYMETAZOLINE (AFRIN) 0.05% SPRAY | 85075605 | NDC | | | | both | | 1 EA | 33.5 | | Aetna | Medicare | | 100 | | 4.42 | | | other | Drugs are paid at 100% of the AWP |
| OXYMETAZOLINE (AFRIN) 0.05% SPRAY | 85075605 | NDC | | | | both | | 1 EA | 33.5 | | Corrections | Corrections | | 100 | | 6.84 | | | other | Drugs are paid at 100% of the AWP |
| OXYMETAZOLINE (AFRIN) 0.05% SPRAY | 85075605 | NDC | | | | both | | 1 EA | 33.5 | | Horizon | Indemnity | | 100 | | 3.78 | | | other | Drugs are paid at 100% of the AWP |
| OXYMETAZOLINE (AFRIN) 0.05% SPRAY | 85075605 | NDC | | | | both | | 1 EA | 33.5 | | Horizon | Medicare Blue | | 100 | | 4.29 | | | other | Drugs are paid at 100% of the AWP |
| OXYMETAZOLINE (AFRIN) 0.05% SPRAY | 85075605 | NDC | | | | both | | 1 EA | 33.5 | | Horizon | MGD | | 100 | | 4.48 | | | other | Drugs are paid at 100% of the AWP |
| OXYMETAZOLINE (AFRIN) 0.05% SPRAY | 85075605 | NDC | | | | both | | 1 EA | 33.5 | | Horizon | NJ Health | | 100 | | 4.15 | | | other | Drugs are paid at 100% of the AWP |
| OXYMETAZOLINE (AFRIN) 0.05% SPRAY | 85075605 | NDC | | | | both | | 1 EA | 33.5 | | Horizon | PPO | | 100 | | 6.87 | | | other | Drugs are paid at 100% of the AWP |
| OXYMETAZOLINE (AFRIN) 0.05% SPRAY | 85075605 | NDC | | | | both | | 1 EA | 33.5 | | UHC | Medicaid | | 100 | | 5.73 | | | other | Drugs are paid at 100% of the AWP |
| OXYMETAZOLINE (AFRIN) 0.05% SPRAY | 85075605 | NDC | | | | both | | 1 EA | 33.5 | | UHC | Medicare | | 100 | | 5.41 | | | other | Drugs are paid at 100% of the AWP |
| OXYMETAZOLINE (AFRIN) 0.05% SPRAY | 85075605 | NDC | | | | both | | 1 EA | 33.5 | | United | Commercial/PPO | | 100 | | 6.74 | | | other | Drugs are paid at 100% of the AWP |
| OXYMETAZOLINE (AFRIN) 0.05% SPRAY | 85075605 | NDC | | | | both | | 1 EA | 33.5 | | Wellcare | Medicaid | | 100 | | 7.72 | | | other | Drugs are paid at 100% of the AWP |
| OXYMETAZOLINE (AFRIN) 0.05% SPRAY | 85075605 | NDC | | | | both | | 1 EA | 33.5 | | WellPoint | WellPoint | | 100 | | 6.44 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE(K-DUR)20MEQ TAB | 85078781 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE(K-DUR)20MEQ TAB | 85078781 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Commercial | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE(K-DUR)20MEQ TAB | 85078781 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Medicare | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE(K-DUR)20MEQ TAB | 85078781 | NDC | | | | both | | 1 EA | 3.5 | | Amerihealth | HMO/PPO | | 100 | | 0.71 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE(K-DUR)20MEQ TAB | 85078781 | NDC | | | | both | | 1 EA | 3.5 | | Corrections | Corrections | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE(K-DUR)20MEQ TAB | 85078781 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | Indemnity | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE(K-DUR)20MEQ TAB | 85078781 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | Medicare Blue | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE(K-DUR)20MEQ TAB | 85078781 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE(K-DUR)20MEQ TAB | 85078781 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE(K-DUR)20MEQ TAB | 85078781 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 0.83 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE(K-DUR)20MEQ TAB | 85078781 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE(K-DUR)20MEQ TAB | 85078781 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE(K-DUR)20MEQ TAB | 85078781 | NDC | | | | both | | 1 EA | 3.5 | | United | Commercial/PPO | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE(K-DUR)20MEQ TAB | 85078781 | NDC | | | | both | | 1 EA | 3.5 | | United | Oxford | | 100 | | 1.07 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE(K-DUR)20MEQ TAB | 85078781 | NDC | | | | both | | 1 EA | 3.5 | | Wellcare | Medicaid | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE(K-DUR)20MEQ TAB | 85078781 | NDC | | | | both | | 1 EA | 3.5 | | Wellcare | Medicare | | 100 | | 0.85 | | | other | Drugs are paid at 100% of the AWP |
| POTASSIUM CHLORIDE(K-DUR)20MEQ TAB | 85078781 | NDC | | | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| CLOTRIMAZOLE-BET AMETHASONE 30ML | 85080901 | NDC | | | | both | | 1 EA | 396 | | Horizon | Medicare Blue | | 100 | | 34.93 | | | other | Drugs are paid at 100% of the AWP |
| CLOTRIMAZOLE-BET AMETHASONE 30ML | 85080901 | NDC | | | | both | | 1 EA | 396 | | Horizon | NJ Health | | 100 | | 22.65 | | | other | Drugs are paid at 100% of the AWP |
| CLOTRIMAZOLE-BETAMETHASONE 15GM | 85092401 | NDC | | | | both | | 1 EA | 203 | | Aetna | Medicare | | 100 | | 10.28 | | | other | Drugs are paid at 100% of the AWP |
| CLOTRIMAZOLE-BETAMETHASONE 15GM | 85092401 | NDC | | | | both | | 1 EA | 203 | | Horizon | NJ Health | | 100 | | 48.17 | | | other | Drugs are paid at 100% of the AWP |
| CLOTRIMAZOLE-BETAMETHASONE 15GM | 85092401 | NDC | | | | both | | 1 EA | 203 | | UHC | Medicaid | | 100 | | 28.88 | | | other | Drugs are paid at 100% of the AWP |
| CLOTRIMAZOLE-BETAMETHASONE 15GM | 85092401 | NDC | | | | both | | 1 EA | 203 | | UHC | Medicare | | 100 | | 32.7 | | | other | Drugs are paid at 100% of the AWP |
| CLOTRIMAZOLE-BETAMETHASONE 15GM | 85092401 | NDC | | | | both | | 1 EA | 203 | | WellPoint | WellPoint | | 100 | | 34.16 | | | other | Drugs are paid at 100% of the AWP |
| CLOTRIMAZOLE-BETAMETHASONE 45GM | 85092402 | NDC | | | | both | | 1 EA | 427 | | United | Commercial/PPO | | 100 | | 93.04 | | | other | Drugs are paid at 100% of the AWP |
| CLOTRIMAZOLE-BETAMETHASONE 45GM | 85092402 | NDC | | | | both | | 1 EA | 427 | | WellPoint | WellPoint | | 100 | | 68.55 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 90MCG INHALER HFA | 85113201 | NDC | | | | both | | 1 EA | 214.5 | | Aetna | Better Health | | 100 | | 38.05 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 90MCG INHALER HFA | 85113201 | NDC | | | | both | | 1 EA | 214.5 | | Aetna | Commercial | | 100 | | 49.93 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 90MCG INHALER HFA | 85113201 | NDC | | | | both | | 1 EA | 214.5 | | Aetna | Medicare | | 100 | | 30.17 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 90MCG INHALER HFA | 85113201 | NDC | | | | both | | 1 EA | 214.5 | | Corrections | Corrections | | 100 | | 41.3 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 90MCG INHALER HFA | 85113201 | NDC | | | | both | | 1 EA | 214.5 | | Horizon | Indemnity | | 100 | | 47.63 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 90MCG INHALER HFA | 85113201 | NDC | | | | both | | 1 EA | 214.5 | | Horizon | Medicare Blue | | 100 | | 37.3 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 90MCG INHALER HFA | 85113201 | NDC | | | | both | | 1 EA | 214.5 | | Horizon | MGD | | 100 | | 29.36 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 90MCG INHALER HFA | 85113201 | NDC | | | | both | | 1 EA | 214.5 | | Horizon | NJ Health | | 100 | | 27.23 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 90MCG INHALER HFA | 85113201 | NDC | | | | both | | 1 EA | 214.5 | | Horizon | PPO | | 100 | | 69.77 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 90MCG INHALER HFA | 85113201 | NDC | | | | both | | 1 EA | 214.5 | | UHC | Medicaid | | 100 | | 33.16 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 90MCG INHALER HFA | 85113201 | NDC | | | | both | | 1 EA | 214.5 | | UHC | Medicare | | 100 | | 35.75 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 90MCG INHALER HFA | 85113201 | NDC | | | | both | | 1 EA | 214.5 | | United | Commercial/PPO | | 100 | | 29.8 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 90MCG INHALER HFA | 85113201 | NDC | | | | both | | 1 EA | 214.5 | | United | Oxford | | 100 | | 62.25 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 90MCG INHALER HFA | 85113201 | NDC | | | | both | | 1 EA | 214.5 | | Wellcare | Medicaid | | 100 | | 42.53 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 90MCG INHALER HFA | 85113201 | NDC | | | | both | | 1 EA | 214.5 | | Wellcare | Medicare | | 100 | | 52.35 | | | other | Drugs are paid at 100% of the AWP |
| ALBUTEROL 90MCG INHALER HFA | 85113201 | NDC | | | | both | | 1 EA | 214.5 | | WellPoint | WellPoint | | 100 | | 47.04 | | | other | Drugs are paid at 100% of the AWP |
| RIBAVIRIN 200MG CAP | 85135105 | NDC | | | | both | | 1 EA | 72.5 | | Horizon | NJ Health | | 100 | | 4.99 | | | other | Drugs are paid at 100% of the AWP |
| IMDUR 30MG TAB | 85330601 | NDC | | | | both | | 1 EA | 19 | | Aetna | Better Health | | 100 | | 4.81 | | | other | Drugs are paid at 100% of the AWP |
| IMDUR 30MG TAB | 85330601 | NDC | | | | both | | 1 EA | 19 | | Aetna | Commercial | | 100 | | 6.73 | | | other | Drugs are paid at 100% of the AWP |
| IMDUR 30MG TAB | 85330601 | NDC | | | | both | | 1 EA | 19 | | Aetna | Medicare | | 100 | | 7.13 | | | other | Drugs are paid at 100% of the AWP |
| IMDUR 30MG TAB | 85330601 | NDC | | | | both | | 1 EA | 19 | | Corrections | Corrections | | 100 | | 2.36 | | | other | Drugs are paid at 100% of the AWP |
| IMDUR 30MG TAB | 85330601 | NDC | | | | both | | 1 EA | 19 | | Horizon | Indemnity | | 100 | | 6.12 | | | other | Drugs are paid at 100% of the AWP |
| IMDUR 30MG TAB | 85330601 | NDC | | | | both | | 1 EA | 19 | | Horizon | Medicare Blue | | 100 | | 3.73 | | | other | Drugs are paid at 100% of the AWP |
| IMDUR 30MG TAB | 85330601 | NDC | | | | both | | 1 EA | 19 | | Horizon | MGD | | 100 | | 6.17 | | | other | Drugs are paid at 100% of the AWP |
| IMDUR 30MG TAB | 85330601 | NDC | | | | both | | 1 EA | 19 | | Horizon | NJ Health | | 100 | | 2.55 | | | other | Drugs are paid at 100% of the AWP |
| IMDUR 30MG TAB | 85330601 | NDC | | | | both | | 1 EA | 19 | | UHC | Medicaid | | 100 | | 3.12 | | | other | Drugs are paid at 100% of the AWP |
| IMDUR 30MG TAB | 85330601 | NDC | | | | both | | 1 EA | 19 | | UHC | Medicare | | 100 | | 3.7 | | | other | Drugs are paid at 100% of the AWP |
| IMDUR 30MG TAB | 85330601 | NDC | | | | both | | 1 EA | 19 | | Wellcare | Medicaid | | 100 | | 3.27 | | | other | Drugs are paid at 100% of the AWP |
| IMDUR 30MG TAB | 85330601 | NDC | | | | both | | 1 EA | 19 | | Wellcare | Medicare | | 100 | | 1.32 | | | other | Drugs are paid at 100% of the AWP |
| IMDUR 30MG TAB | 85330601 | NDC | | | | both | | 1 EA | 19 | | WellPoint | WellPoint | | 100 | | 4.5 | | | other | Drugs are paid at 100% of the AWP |
| IMDUR 60MG TAB | 85411001 | NDC | | | | both | | 1 EA | 19 | | Aetna | Better Health | | 100 | | 2.82 | | | other | Drugs are paid at 100% of the AWP |
| IMDUR 60MG TAB | 85411001 | NDC | | | | both | | 1 EA | 19 | | Aetna | Commercial | | 100 | | 7.04 | | | other | Drugs are paid at 100% of the AWP |
| IMDUR 60MG TAB | 85411001 | NDC | | | | both | | 1 EA | 19 | | Amerihealth | HMO/PPO | | 100 | | 2.68 | | | other | Drugs are paid at 100% of the AWP |
| IMDUR 60MG TAB | 85411001 | NDC | | | | both | | 1 EA | 19 | | Horizon | Indemnity | | 100 | | 8.62 | | | other | Drugs are paid at 100% of the AWP |
| IMDUR 60MG TAB | 85411001 | NDC | | | | both | | 1 EA | 19 | | Horizon | Medicare Blue | | 100 | | 3.23 | | | other | Drugs are paid at 100% of the AWP |
| IMDUR 60MG TAB | 85411001 | NDC | | | | both | | 1 EA | 19 | | Horizon | MGD | | 100 | | 9.14 | | | other | Drugs are paid at 100% of the AWP |
| IMDUR 60MG TAB | 85411001 | NDC | | | | both | | 1 EA | 19 | | Horizon | NJ Health | | 100 | | 2.67 | | | other | Drugs are paid at 100% of the AWP |
| IMDUR 60MG TAB | 85411001 | NDC | | | | both | | 1 EA | 19 | | UHC | Medicaid | | 100 | | 4.11 | | | other | Drugs are paid at 100% of the AWP |
| IMDUR 60MG TAB | 85411001 | NDC | | | | both | | 1 EA | 19 | | UHC | Medicare | | 100 | | 2.49 | | | other | Drugs are paid at 100% of the AWP |
| IMDUR 60MG TAB | 85411001 | NDC | | | | both | | 1 EA | 19 | | United | Commercial/PPO | | 100 | | 3.88 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| IMDUR 60MG TAB | 85411001 | NDC | | | | both | | 1 EA | 19 | | Wellcare | Medicaid | | 100 | | 2.77 | | | other | Drugs are paid at 100% of the AWP |
| IMDUR 60MG TAB | 85411001 | NDC | | | | both | | 1 EA | 19 | | Wellcare | Medicare | | 100 | | 3.47 | | | other | Drugs are paid at 100% of the AWP |
| IMDUR 60MG TAB | 85411001 | NDC | | | | both | | 1 EA | 19 | | WellPoint | WellPoint | | 100 | | 3.78 | | | other | Drugs are paid at 100% of the AWP |
| CARNOYS 2000(CHLORF.FREE) 10ML | 85555555510 | NDC | | | | both | | 1 EA | 1 | | Horizon | Medicare Blue | | 100 | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| CARNOYS 2000(CHLORF.FREE) 10ML | 85555555510 | NDC | | | | both | | 1 EA | 1 | | Horizon | NJ Health | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| MCT OIL | 87036503 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| MCT OIL | 87036503 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.05 | | | other | Drugs are paid at 100% of the AWP |
| MCT OIL | 87036503 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| MULTI VITS\|POLY-VI-SOL\|DROPS | 87040203 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| MULTI VITS\|POLY-VI-SOL\|DROPS | 87040203 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| MULTI VITS\|POLY-VI-SOL\|DROPS | 87040203 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 1.63 | | | other | Drugs are paid at 100% of the AWP |
| MULTI VITS\|POLY-VI-SOL\|DROPS | 87040203 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| MULTI VITS\|POLY-VI-SOL\|DROPS | 87040203 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| MULTI VITS\|POLY-VI-SOL\|DROPS | 87040203 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| MULTI VITS\|POLY-VI-SOL\|DROPS | 87040203 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| CHOLESTYRAMINE 4GM/POWDER PK | 87058011 | NDC | | | | both | | 1 EA | 19 | | Aetna | Medicare | | 100 | | 1.5 | | | other | Drugs are paid at 100% of the AWP |
| CHOLESTYRAMINE 4GM/POWDER PK | 87058011 | NDC | | | | both | | 1 EA | 19 | | Amerihealth | HMO/PPO | | 100 | | 6.84 | | | other | Drugs are paid at 100% of the AWP |
| CHOLESTYRAMINE 4GM/POWDER PK | 87058011 | NDC | | | | both | | 1 EA | 19 | | Horizon | Indemnity | | 100 | | 8.1 | | | other | Drugs are paid at 100% of the AWP |
| CHOLESTYRAMINE 4GM/POWDER PK | 87058011 | NDC | | | | both | | 1 EA | 19 | | Horizon | Medicare Blue | | 100 | | 9.14 | | | other | Drugs are paid at 100% of the AWP |
| CHOLESTYRAMINE 4GM/POWDER PK | 87058011 | NDC | | | | both | | 1 EA | 19 | | Horizon | MGD | | 100 | | 5.59 | | | other | Drugs are paid at 100% of the AWP |
| CHOLESTYRAMINE 4GM/POWDER PK | 87058011 | NDC | | | | both | | 1 EA | 19 | | Horizon | NJ Health | | 100 | | 3.77 | | | other | Drugs are paid at 100% of the AWP |
| CHOLESTYRAMINE 4GM/POWDER PK | 87058011 | NDC | | | | both | | 1 EA | 19 | | Horizon | PPO | | 100 | | 6.07 | | | other | Drugs are paid at 100% of the AWP |
| CHOLESTYRAMINE 4GM/POWDER PK | 87058011 | NDC | | | | both | | 1 EA | 19 | | UHC | Medicaid | | 100 | | 2.11 | | | other | Drugs are paid at 100% of the AWP |
| CHOLESTYRAMINE 4GM/POWDER PK | 87058011 | NDC | | | | both | | 1 EA | 19 | | UHC | Medicare | | 100 | | 2.26 | | | other | Drugs are paid at 100% of the AWP |
| CHOLESTYRAMINE 4GM/POWDER PK | 87058011 | NDC | | | | both | | 1 EA | 19 | | United | CommercialPPO | | 100 | | 3.15 | | | other | Drugs are paid at 100% of the AWP |
| CHOLESTYRAMINE 4GM/POWDER PK | 87058011 | NDC | | | | both | | 1 EA | 19 | | Wellcare | Medicaid | | 100 | | 5.85 | | | other | Drugs are paid at 100% of the AWP |
| CHOLESTYRAMINE 4GM/POWDER PK | 87058011 | NDC | | | | both | | 1 EA | 19 | | WellPoint | WellPoint | | 100 | | 1.48 | | | other | Drugs are paid at 100% of the AWP |
| ESTRADIOL 1MG TAB | 87075501 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Better Health | | 100 | | 1.26 | | | other | Drugs are paid at 100% of the AWP |
| ESTRADIOL 1MG TAB | 87075501 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| BUSPIRONE 5MG TAB | 87081843 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Better Health | | 100 | | 1.2 | | | other | Drugs are paid at 100% of the AWP |
| BUSPIRONE 5MG TAB | 87081843 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| BUSPIRONE 5MG TAB | 87081843 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 0.97 | | | other | Drugs are paid at 100% of the AWP |
| BUSPIRONE 5MG TAB | 87081843 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 2 | | | other | Drugs are paid at 100% of the AWP |
| BUSPIRONE 5MG TAB | 87081843 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | PPO | | 100 | | 0.79 | | | other | Drugs are paid at 100% of the AWP |
| BUSPIRONE 5MG TAB | 87081843 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.58 | | | other | Drugs are paid at 100% of the AWP |
| BUSPIRONE 5MG TAB | 87081843 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 2 | | | other | Drugs are paid at 100% of the AWP |
| BUSPIRONE 5MG TAB | 87081843 | NDC | | | | both | | 1 EA | 4.5 | | United | CommercialPPO | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| BUSPIRONE 5MG TAB | 87081843 | NDC | | | | both | | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 1.34 | | | other | Drugs are paid at 100% of the AWP |
| BUSPIRONE 10MG TAB | 87081943 | NDC | | | | both | | 1 EA | 8.5 | | Horizon | Indemnity | | 100 | | 2.14 | | | other | Drugs are paid at 100% of the AWP |
| BUSPIRONE 10MG TAB | 87081943 | NDC | | | | both | | 1 EA | 8.5 | | Horizon | MGD | | 100 | | 4.24 | | | other | Drugs are paid at 100% of the AWP |
| BUSPIRONE 10MG TAB | 87081943 | NDC | | | | both | | 1 EA | 8.5 | | Horizon | NJ Health | | 100 | | 1.49 | | | other | Drugs are paid at 100% of the AWP |
| BUSPIRONE 10MG TAB | 87081943 | NDC | | | | both | | 1 EA | 8.5 | | UHC | Medicaid | | 100 | | 1.13 | | | other | Drugs are paid at 100% of the AWP |
| BUSPIRONE 10MG TAB | 87081943 | NDC | | | | both | | 1 EA | 8.5 | | UHC | Medicare | | 100 | | 0.86 | | | other | Drugs are paid at 100% of the AWP |
| BUSPIRONE 10MG TAB | 87081943 | NDC | | | | both | | 1 EA | 8.5 | | WellPoint | WellPoint | | 100 | | 1.12 | | | other | Drugs are paid at 100% of the AWP |
| METFORMIN 500MG TAB | 87606605 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Better Health | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| METFORMIN 500MG TAB | 87606605 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Commercial | | 100 | | 0.85 | | | other | Drugs are paid at 100% of the AWP |
| METFORMIN 500MG TAB | 87606605 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 0.78 | | | other | Drugs are paid at 100% of the AWP |
| METFORMIN 500MG TAB | 87606605 | NDC | | | | both | | 1 EA | 4.5 | | Amerihealth | HMO/PPO | | 100 | | 0.94 | | | other | Drugs are paid at 100% of the AWP |
| METFORMIN 500MG TAB | 87606605 | NDC | | | | both | | 1 EA | 4.5 | | Corrections | Corrections | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| METFORMIN 500MG TAB | 87606605 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Indemnity | | 100 | | 1.08 | | | other | Drugs are paid at 100% of the AWP |
| METFORMIN 500MG TAB | 87606605 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| METFORMIN 500MG TAB | 87606605 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 0.95 | | | other | Drugs are paid at 100% of the AWP |
| METFORMIN 500MG TAB | 87606605 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| METFORMIN 500MG TAB | 87606605 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | PPO | | 100 | | 1.6 | | | other | Drugs are paid at 100% of the AWP |
| METFORMIN 500MG TAB | 87606605 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| METFORMIN 500MG TAB | 87606605 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 0.71 | | | other | Drugs are paid at 100% of the AWP |
| METFORMIN 500MG TAB | 87606605 | NDC | | | | both | | 1 EA | 4.5 | | United | CommercialPPO | | 100 | | 1.24 | | | other | Drugs are paid at 100% of the AWP |
| METFORMIN 500MG TAB | 87606605 | NDC | | | | both | | 1 EA | 4.5 | | Wellcare | Medicaid | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| METFORMIN 500MG TAB | 87606605 | NDC | | | | both | | 1 EA | 4.5 | | Wellcare | Medicare | | 100 | | 1.09 | | | other | Drugs are paid at 100% of the AWP |
| METFORMIN 500MG TAB | 87606605 | NDC | | | | both | | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| METFORMIN 850MG TAB | 87607005 | NDC | | | | both | | 1 EA | 7.5 | | Amerihealth | HMO/PPO | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| METFORMIN 850MG TAB | 87607005 | NDC | | | | both | | 1 EA | 7.5 | | Horizon | Medicare Blue | | 100 | | 4.34 | | | other | Drugs are paid at 100% of the AWP |
| METFORMIN 850MG TAB | 87607005 | NDC | | | | both | | 1 EA | 7.5 | | Horizon | MGD | | 100 | | 1.57 | | | other | Drugs are paid at 100% of the AWP |
| METFORMIN 850MG TAB | 87607005 | NDC | | | | both | | 1 EA | 7.5 | | Horizon | NJ Health | | 100 | | 1.12 | | | other | Drugs are paid at 100% of the AWP |
| METFORMIN 850MG TAB | 87607005 | NDC | | | | both | | 1 EA | 7.5 | | Horizon | PPO | | 100 | | 1.74 | | | other | Drugs are paid at 100% of the AWP |
| METFORMIN 850MG TAB | 87607005 | NDC | | | | both | | 1 EA | 7.5 | | UHC | Medicaid | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| METFORMIN 850MG TAB | 87607005 | NDC | | | | both | | 1 EA | 7.5 | | UHC | Medicare | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| METFORMIN 850MG TAB | 87607005 | NDC | | | | both | | 1 EA | 7.5 | | Wellcare | Medicare | | 100 | | 3.25 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMIDE 6.5% OTIC SOLN | 88102105 | NDC | | | | both | | 1 EA | 33.5 | | Aetna | Better Health | | 100 | | 4.83 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMIDE 6.5% OTIC SOLN | 88102105 | NDC | | | | both | | 1 EA | 33.5 | | Horizon | NJ Health | | 100 | | 3.93 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMIDE 6.5% OTIC SOLN | 88102105 | NDC | | | | both | | 1 EA | 33.5 | | UHC | Medicaid | | 100 | | 4.1 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMIDE 6.5% OTIC SOLN | 88102105 | NDC | | | | both | | 1 EA | 33.5 | | UHC | Medicare | | 100 | | 4.5 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMIDE 6.5% OTIC SOLN | 88102105 | NDC | | | | both | | 1 EA | 33.5 | | Wellcare | Medicaid | | 100 | | 6.13 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMIDE 6.5% OTIC SOLN | 88102105 | NDC | | | | both | | 1 EA | 33.5 | | Wellcare | Medicare | | 100 | | 4.21 | | | other | Drugs are paid at 100% of the AWP |
| CARBAMIDE 6.5% OTIC SOLN | 88102105 | NDC | | | | both | | 1 EA | 33.5 | | WellPoint | WellPoint | | 100 | | 11.62 | | | other | Drugs are paid at 100% of the AWP |
| OXYBUTYNIN 5MG/5ML SYRUP | 88137318 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| OXYBUTYNIN 5MG TAB | 88137549 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Better Health | | 100 | | 0.61 | | | other | Drugs are paid at 100% of the AWP |
| OXYBUTYNIN 5MG TAB | 88137549 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Commercial | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| OXYBUTYNIN 5MG TAB | 88137549 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Medicare | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| OXYBUTYNIN 5MG TAB | 88137549 | NDC | | | | both | | 1 EA | 3.5 | | Corrections | Corrections | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| OXYBUTYNIN 5MG TAB | 88137549 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | Medicare Blue | | 100 | | 0.6 | | | other | Drugs are paid at 100% of the AWP |
| OXYBUTYNIN 5MG TAB | 88137549 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| OXYBUTYNIN 5MG TAB | 88137549 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 0.95 | | | other | Drugs are paid at 100% of the AWP |
| OXYBUTYNIN 5MG TAB | 88137549 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| OXYBUTYNIN 5MG TAB | 88137549 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.89 | | | other | Drugs are paid at 100% of the AWP |
| OXYBUTYNIN 5MG TAB | 88137549 | NDC | | | | both | | 1 EA | 3.5 | | United | CommercialPPO | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| OXYBUTYNIN 5MG TAB | 88137549 | NDC | | | | both | | 1 EA | 3.5 | | Wellcare | Medicaid | | 100 | | 0.64 | | | other | Drugs are paid at 100% of the AWP |
| OXYBUTYNIN 5MG TAB | 88137549 | NDC | | | | both | | 1 EA | 3.5 | | Wellcare | Medicare | | 100 | | 1.18 | | | other | Drugs are paid at 100% of the AWP |
| OXYBUTYNIN 5MG TAB | 88137549 | NDC | | | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM CARBONATE-VITAMIN D TAB | 88165046 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM CARBONATE-VITAMIN D TAB | 88165046 | NDC | | | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM CARBONATE-VITAMIN D TAB | 88165046 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | 100 | | 1.48 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM CARBONATE-VITAMIN D TAB | 88165046 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM CARBONATE-VITAMIN D TAB | 88165046 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM CARBONATE-VITAMIN D TAB | 88165046 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 1.33 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM CARBONATE-VITAMIN D TAB | 88165046 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM CARBONATE-VITAMIN D TAB | 88165046 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM CARBONATE-VITAMIN D TAB | 88165046 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| CALCIUM CARBONATE-VITAMIN D TAB | 88165046 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.86 | | | other | Drugs are paid at 100% of the AWP |
| SUCRALFATE 1GM/10ML SUSP BULK | 88170015 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| SUCRALFATE 1GM/10ML SUSP BULK | 88170015 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| SUCRALFATE 1GM/10ML SUSP BULK | 88170015 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| SUCRALFATE 1GM/10ML SUSP BULK | 88170015 | NDC | | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | 100 | | 0.54 | | | other | Drugs are paid at 100% of the AWP |
| SUCRALFATE 1GM/10ML SUSP BULK | 88170015 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| SUCRALFATE 1GM/10ML SUSP BULK | 88170015 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.74 | | | other | Drugs are paid at 100% of the AWP |
| SUCRALFATE 1GM/10ML SUSP BULK | 88170015 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.22 | | | other | Drugs are paid at 100% of the AWP |
| SUCRALFATE 1GM/10ML SUSP BULK | 88170015 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| SUCRALFATE 1GM/10ML SUSP BULK | 88170015 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| SUCRALFATE 1GM/10ML SUSP BULK | 88170015 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| SUCRALFATE 1GM/10ML SUSP BULK | 88170015 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| SUCRALFATE 1GM/10ML SUSP BULK | 88170015 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| SUCRALFATE 1GM/10ML SUSP BULK | 88170015 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.08 | | | other | Drugs are paid at 100% of the AWP |
| SUCRALFATE 1GM TAB | 88171249 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Better Health | | 100 | | 1.32 | | | other | Drugs are paid at 100% of the AWP |
| SUCRALFATE 1GM TAB | 88171249 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Commercial | | 100 | | 0.96 | | | other | Drugs are paid at 100% of the AWP |
| SUCRALFATE 1GM TAB | 88171249 | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Medicare | | 100 | | 1.41 | | | other | Drugs are paid at 100% of the AWP |
| SUCRALFATE 1GM TAB | 88171249 | NDC | | | | both | | 1 EA | 4.5 | | Corrections | Corrections | | 100 | | 2.09 | | | other | Drugs are paid at 100% of the AWP |
| SUCRALFATE 1GM TAB | 88171249 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Indemnity | | 100 | | 1.82 | | | other | Drugs are paid at 100% of the AWP |
| SUCRALFATE 1GM TAB | 88171249 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Medicare Blue | | 100 | | 1.07 | | | other | Drugs are paid at 100% of the AWP |
| SUCRALFATE 1GM TAB | 88171249 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | MGD | | 100 | | 1.3 | | | other | Drugs are paid at 100% of the AWP |
| SUCRALFATE 1GM TAB | 88171249 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| SUCRALFATE 1GM TAB | 88171249 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | PPO | | 100 | | 1 | | | other | Drugs are paid at 100% of the AWP |
| SUCRALFATE 1GM TAB | 88171249 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| SUCRALFATE 1GM TAB | 88171249 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 0.74 | | | other | Drugs are paid at 100% of the AWP |
| SUCRALFATE 1GM TAB | 88171249 | NDC | | | | both | | 1 EA | 4.5 | | United | CommercialPPO | | 100 | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| SUCRALFATE 1GM TAB | 88171249 | NDC | | | | both | | 1 EA | 4.5 | | Wellcare | Medicaid | | 100 | | 0.71 | | | other | Drugs are paid at 100% of the AWP |
| SUCRALFATE 1GM TAB | 88171249 | NDC | | | | both | | 1 EA | 4.5 | | Wellcare | Medicare | | 100 | | 0.59 | | | other | Drugs are paid at 100% of the AWP |
| SUCRALFATE 1GM TAB | 88171249 | NDC | | | | both | | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 0.56 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM 12MG/1ML ORAL SUSP | 88177190 | NDC | | | | both | | 1 EA | 3.5 | | Aetna | Medicare | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM 12MG/1ML ORAL SUSP | 88177190 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | Medicare Blue | | 100 | | 0.92 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM 12MG/1ML ORAL SUSP | 88177190 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | MGD | | 100 | | 0.92 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM 12MG/1ML ORAL SUSP | 88177190 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | NJ Health | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM 12MG/1ML ORAL SUSP | 88177190 | NDC | | | | both | | 1 EA | 3.5 | | Horizon | PPO | | 100 | | 1.99 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM 12MG/1ML ORAL SUSP | 88177190 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicaid | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM 12MG/1ML ORAL SUSP | 88177190 | NDC | | | | both | | 1 EA | 3.5 | | UHC | Medicare | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM 12MG/1ML ORAL SUSP | 88177190 | NDC | | | | both | | 1 EA | 3.5 | | United | CommercialPPO | | 100 | | 1.26 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM 12MG/1ML ORAL SUSP | 88177190 | NDC | | | | both | | 1 EA | 3.5 | | Wellcare | Medicare | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM 12MG/1ML ORAL SUSP | 88177190 | NDC | | | | both | | 1 EA | 3.5 | | WellPoint | WellPoint | | 100 | | 0.98 | | | other | Drugs are paid at 100% of the AWP |
| CARDIZEM 120MG CAP SR 24H 90'S | 88179249 | NDC | | | | both | | 1 EA | 4 | | UHC | Medicare | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM CR 120MG CAP | 88179549 | NDC | | | | both | | 1 EA | 5.5 | | Aetna | Medicare | | 100 | | 2.11 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM CR 120MG CAP | 88179549 | NDC | | | | both | | 1 EA | 5.5 | | Corrections | Corrections | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM CR 120MG CAP | 88179549 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | Medicare Blue | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM CR 120MG CAP | 88179549 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 1.3 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM CR 120MG CAP | 88179549 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | PPO | | 100 | | 1.66 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM CR 120MG CAP | 88179549 | NDC | | | | both | | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM CR 120MG CAP | 88179549 | NDC | | | | both | | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 0.91 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM CR 120MG CAP | 88179549 | NDC | | | | both | | 1 EA | 5.5 | | Wellcare | Medicare | | 100 | | 2.23 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM CR 120MG CAP | 88179549 | NDC | | | | both | | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 1.78 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM CR 180MG CAP | 88179649 | NDC | | | | both | | 1 EA | 8.5 | | Aetna | Medicare | | 100 | | 3.75 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DILTIAZEM CR 180MG CAP | 88179649 | NDC | | | | both | | 1 EA | 8.5 | | Corrections | | | 100 | | 1.11 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM CR 180MG CAP | 88179649 | NDC | | | | both | | 1 EA | 8.5 | | Horizon | NJ Health | | 100 | | 1.9 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM CR 180MG CAP | 88179649 | NDC | | | | both | | 1 EA | 8.5 | | Horizon | PPO | | 100 | | 2.79 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM CR 180MG CAP | 88179649 | NDC | | | | both | | 1 EA | 8.5 | | UHC | Medicaid | | 100 | | 1.01 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM CR 180MG CAP | 88179649 | NDC | | | | both | | 1 EA | 8.5 | | UHC | Medicare | | 100 | | 1.61 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM CR 180MG CAP | 88179649 | NDC | | | | both | | 1 EA | 8.5 | | Wellcare | Medicare | | 100 | | 2.96 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM CR 240MG CAP | 88179749 | NDC | | | | both | | 1 EA | 19 | | Aetna | Commercial | | 100 | | 2.77 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM CR 240MG CAP | 88179749 | NDC | | | | both | | 1 EA | 19 | | Horizon | NJ Health | | 100 | | 2.4 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM CR 240MG CAP | 88179749 | NDC | | | | both | | 1 EA | 19 | | UHC | Medicaid | | 100 | | 2.38 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM CR 240MG CAP | 88179749 | NDC | | | | both | | 1 EA | 19 | | UHC | Medicare | | 100 | | 2.55 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM CR 240MG CAP | 88179749 | NDC | | | | both | | 1 EA | 19 | | Wellcare | Medicare | | 100 | | 11.48 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM CR 240MG CAP | 88179749 | NDC | | | | both | | 1 EA | 19 | | WellPoint | WellPoint | | 100 | | 4.26 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM CR 300MG CAP | 88179849 | NDC | | | | both | | 1 EA | 23.5 | | Horizon | NJ Health | | 100 | | 10.44 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM CR 300MG CAP | 88179849 | NDC | | | | both | | 1 EA | 23.5 | | Horizon | PPO | | 100 | | 6.83 | | | other | Drugs are paid at 100% of the AWP |
| DILTIAZEM CR 300MG CAP | 88179849 | NDC | | | | both | | 1 EA | 23.5 | | UHC | Medicare | | 100 | | 8.59 | | | other | Drugs are paid at 100% of the AWP |
| SILVER SULFADIAZINE 1% CREAM 20GM | 88809505\|02 | NDC | | | | both | | 1 EA | 21.5 | | Aetna | Better Health | | 100 | | 2.43 | | | other | Drugs are paid at 100% of the AWP |
| SILVER SULFADIAZINE 1% CREAM 20GM | 88809505\|02 | NDC | | | | both | | 1 EA | 21.5 | | Aetna | Commercial | | 100 | | 3.69 | | | other | Drugs are paid at 100% of the AWP |
| SILVER SULFADIAZINE 1% CREAM 20GM | 88809505\|02 | NDC | | | | both | | 1 EA | 21.5 | | Aetna | Medicare | | 100 | | 1.59 | | | other | Drugs are paid at 100% of the AWP |
| SILVER SULFADIAZINE 1% CREAM 20GM | 88809505\|02 | NDC | | | | both | | 1 EA | 21.5 | | Corrections | Corrections | | 100 | | 9.03 | | | other | Drugs are paid at 100% of the AWP |
| SILVER SULFADIAZINE 1% CREAM 20GM | 88809505\|02 | NDC | | | | both | | 1 EA | 21.5 | | Horizon | Indemnity | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| SILVER SULFADIAZINE 1% CREAM 20GM | 88809505\|02 | NDC | | | | both | | 1 EA | 21.5 | | Horizon | MGD | | 100 | | 7.38 | | | other | Drugs are paid at 100% of the AWP |
| SILVER SULFADIAZINE 1% CREAM 20GM | 88809505\|02 | NDC | | | | both | | 1 EA | 21.5 | | Horizon | NJ Health | | 100 | | 1.96 | | | other | Drugs are paid at 100% of the AWP |
| SILVER SULFADIAZINE 1% CREAM 20GM | 88809505\|02 | NDC | | | | both | | 1 EA | 21.5 | | Horizon | PPO | | 100 | | 3.62 | | | other | Drugs are paid at 100% of the AWP |
| SILVER SULFADIAZINE 1% CREAM 20GM | 88809505\|02 | NDC | | | | both | | 1 EA | 21.5 | | UHC | Medicaid | | 100 | | 2.29 | | | other | Drugs are paid at 100% of the AWP |
| SILVER SULFADIAZINE 1% CREAM 20GM | 88809505\|02 | NDC | | | | both | | 1 EA | 21.5 | | UHC | Medicare | | 100 | | 4.87 | | | other | Drugs are paid at 100% of the AWP |
| SILVER SULFADIAZINE 1% CREAM 20GM | 88809505\|02 | NDC | | | | both | | 1 EA | 21.5 | | United | CommercialPPO | | 100 | | 1.78 | | | other | Drugs are paid at 100% of the AWP |
| SILVER SULFADIAZINE 1% CREAM 20GM | 88809505\|02 | NDC | | | | both | | 1 EA | 21.5 | | Wellcare | Medicaid | | 100 | | 3.02 | | | other | Drugs are paid at 100% of the AWP |
| SILVER SULFADIAZINE 1% CREAM 20GM | 88809505\|02 | NDC | | | | both | | 1 EA | 21.5 | | Wellcare | Medicare | | 100 | | 2.11 | | | other | Drugs are paid at 100% of the AWP |
| SILVER SULFADIAZINE 1% CREAM 20GM | 88809505\|02 | NDC | | | | both | | 1 EA | 21.5 | | WellPoint | WellPoint | | 100 | | 3.31 | | | other | Drugs are paid at 100% of the AWP |
| SILVER SULFADIAZINE 1% CREAM 50GM | 88809505\|05 | NDC | | | | both | | 1 EA | 41 | | Aetna | Medicare | | 100 | | 3.06 | | | other | Drugs are paid at 100% of the AWP |
| SILVER SULFADIAZINE 1% CREAM 50GM | 88809505\|05 | NDC | | | | both | | 1 EA | 41 | | Horizon | Indemnity | | 100 | | 1.31 | | | other | Drugs are paid at 100% of the AWP |
| SILVER SULFADIAZINE 1% CREAM 50GM | 88809505\|05 | NDC | | | | both | | 1 EA | 41 | | Horizon | NJ Health | | 100 | | 2.64 | | | other | Drugs are paid at 100% of the AWP |
| SILVER SULFADIAZINE 1% CREAM 50GM | 88809505\|05 | NDC | | | | both | | 1 EA | 41 | | UHC | Medicaid | | 100 | | 5.02 | | | other | Drugs are paid at 100% of the AWP |
| SILVER SULFADIAZINE 1% CREAM 50GM | 88809505\|05 | NDC | | | | both | | 1 EA | 41 | | United | CommercialPPO | | 100 | | 3.28 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 40% 3ML ORAL SYRING | 88880054\|3 | NDC | | | | both | | 1 EA | 14 | | Aetna | Better Health | | 100 | | 0.82 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 40% 3ML ORAL SYRING | 88880054\|3 | NDC | | | | both | | 1 EA | 14 | | Horizon | MGD | | 100 | | 3.4 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 40% 3ML ORAL SYRING | 88880054\|3 | NDC | | | | both | | 1 EA | 14 | | Horizon | NJ Health | | 100 | | 2.62 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 40% 3ML ORAL SYRING | 88880054\|3 | NDC | | | | both | | 1 EA | 14 | | UHC | Medicaid | | 100 | | 2.62 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 40% 3ML ORAL SYRING | 88880054\|3 | NDC | | | | both | | 1 EA | 14 | | United | CommercialPPO | | 100 | | 3.8 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 40% 3ML ORAL SYRING | 88880054\|3 | NDC | | | | both | | 1 EA | 14 | | WellPoint | WellPoint | | 100 | | 2.8 | | | other | Drugs are paid at 100% of the AWP |
| SODIUM BENZOATE 250MG/ML | 88888000\|267 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 1.88 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 1 MG/ML SUSP | 88888000\|280 | NDC | | | | both | | 1 EA | 14.5 | | Horizon | Medicare Blue | | 100 | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 1 MG/ML SUSP | 88888000\|280 | NDC | | | | both | | 1 EA | 14.5 | | Horizon | MGD | | 100 | | 4.01 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 1 MG/ML SUSP | 88888000\|280 | NDC | | | | both | | 1 EA | 14.5 | | Horizon | NJ Health | | 100 | | 2.89 | | | other | Drugs are paid at 100% of the AWP |
| AMLODIPINE 1 MG/ML SUSP | 88888000\|280 | NDC | | | | both | | 1 EA | 14.5 | | UHC | Medicaid | | 100 | | 1.56 | | | other | Drugs are paid at 100% of the AWP |
| FLECAINIDE 50MG TAB | 89030510 | NDC | | | | both | | 1 EA | 19 | | UHC | Medicare | | 100 | | 2.74 | | | other | Drugs are paid at 100% of the AWP |
| FLECANIDE 100MG TAB | 89030716 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 0.83 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 5MG TAB | 90012201 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 5MG TAB | 90012201 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | 100 | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 5MG TAB | 90012201 | NDC | | | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | 100 | | 0.95 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 5MG TAB | 90012201 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 5MG TAB | 90012201 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 5MG TAB | 90012201 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 5MG TAB | 90012201 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | 100 | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 5MG TAB | 90012201 | NDC | | | | both | | 1 EA | 2.5 | | United | CommercialPPO | | 100 | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| HYDROCORTISONE 5MG TAB | 90012201 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | 100 | | 0.38 | | | other | Drugs are paid at 100% of the AWP |
| ALPRAZOLAM 0.25MG TAB | 90029461 | NDC | | | | both | | 1 EA | 5.5 | | Aetna | Commercial | | 100 | | 1.01 | | | other | Drugs are paid at 100% of the AWP |
| ALPRAZOLAM 0.25MG TAB | 90029461 | NDC | | | | both | | 1 EA | 5.5 | | Aetna | Medicare | | 100 | | 0.85 | | | other | Drugs are paid at 100% of the AWP |
| ALPRAZOLAM 0.25MG TAB | 90029461 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | Medicare Blue | | 100 | | 1.8 | | | other | Drugs are paid at 100% of the AWP |
| ALPRAZOLAM 0.25MG TAB | 90029461 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | MGD | | 100 | | 0.89 | | | other | Drugs are paid at 100% of the AWP |
| ALPRAZOLAM 0.25MG TAB | 90029461 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 1.78 | | | other | Drugs are paid at 100% of the AWP |
| ALPRAZOLAM 0.25MG TAB | 90029461 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | PPO | | 100 | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| ALPRAZOLAM 0.25MG TAB | 90029461 | NDC | | | | both | | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| ALPRAZOLAM 0.25MG TAB | 90029461 | NDC | | | | both | | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 0.73 | | | other | Drugs are paid at 100% of the AWP |
| ALPRAZOLAM 0.25MG TAB | 90029461 | NDC | | | | both | | 1 EA | 5.5 | | United | CommercialPPO | | 100 | | 0.92 | | | other | Drugs are paid at 100% of the AWP |
| ALPRAZOLAM 0.25MG TAB | 90029461 | NDC | | | | both | | 1 EA | 5.5 | | Wellcare | Medicaid | | 100 | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| ALPRAZOLAM 0.25MG TAB | 90029461 | NDC | | | | both | | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 0.9 | | | other | Drugs are paid at 100% of the AWP |
| ALPRAZOLAM 0.5MG TAB | 90055461 | NDC | | | | both | | 1 EA | 8.5 | | Aetna | Better Health | | 100 | | 1.11 | | | other | Drugs are paid at 100% of the AWP |
| ALPRAZOLAM 0.5MG TAB | 90055461 | NDC | | | | both | | 1 EA | 8.5 | | Aetna | Commercial | | 100 | | 1.75 | | | other | Drugs are paid at 100% of the AWP |
| ALPRAZOLAM 0.5MG TAB | 90055461 | NDC | | | | both | | 1 EA | 8.5 | | Aetna | Medicare | | 100 | | 0.89 | | | other | Drugs are paid at 100% of the AWP |
| ALPRAZOLAM 0.5MG TAB | 90055461 | NDC | | | | both | | 1 EA | 8.5 | | Horizon | Indemnity | | 100 | | 0.99 | | | other | Drugs are paid at 100% of the AWP |
| ALPRAZOLAM 0.5MG TAB | 90055461 | NDC | | | | both | | 1 EA | 8.5 | | Horizon | Medicare Blue | | 100 | | 1.18 | | | other | Drugs are paid at 100% of the AWP |
| ALPRAZOLAM 0.5MG TAB | 90055461 | NDC | | | | both | | 1 EA | 8.5 | | Horizon | MGD | | 100 | | 1.53 | | | other | Drugs are paid at 100% of the AWP |
| ALPRAZOLAM 0.5MG TAB | 90055461 | NDC | | | | both | | 1 EA | 8.5 | | Horizon | NJ Health | | 100 | | 1.11 | | | other | Drugs are paid at 100% of the AWP |
| ALPRAZOLAM 0.5MG TAB | 90055461 | NDC | | | | both | | 1 EA | 8.5 | | Horizon | PPO | | 100 | | 1.09 | | | other | Drugs are paid at 100% of the AWP |
| ALPRAZOLAM 0.5MG TAB | 90055461 | NDC | | | | both | | 1 EA | 8.5 | | UHC | Medicaid | | 100 | | 1.31 | | | other | Drugs are paid at 100% of the AWP |
| ALPRAZOLAM 0.5MG TAB | 90055461 | NDC | | | | both | | 1 EA | 8.5 | | UHC | Medicare | | 100 | | 1.8 | | | other | Drugs are paid at 100% of the AWP |
| ALPRAZOLAM 0.5MG TAB | 90055461 | NDC | | | | both | | 1 EA | 8.5 | | United | CommercialPPO | | 100 | | 0.71 | | | other | Drugs are paid at 100% of the AWP |
| ALPRAZOLAM 0.5MG TAB | 90055461 | NDC | | | | both | | 1 EA | 8.5 | | Wellcare | Medicaid | | 100 | | 0.57 | | | other | Drugs are paid at 100% of the AWP |
| ALPRAZOLAM 0.5MG TAB | 90055461 | NDC | | | | both | | 1 EA | 8.5 | | WellPoint | WellPoint | | 100 | | 1.44 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPREDNISOLONE 16MG TAB | 90073011 | NDC | | | | both | | 1 EA | 23.5 | | Horizon | PPO | | 100 | | 9.81 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPREDNISOLONE 16MG TAB | 90073011 | NDC | | | | both | | 1 EA | 23.5 | | WellPoint | WellPoint | | 100 | | 19.82 | | | other | Drugs are paid at 100% of the AWP |
| MINOXIDIL 2.5MG TAB | 90121011 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Indemnity | | 100 | | 0.86 | | | other | Drugs are paid at 100% of the AWP |
| MINOXIDIL 2.5MG TAB | 90121011 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | 100 | | 0.63 | | | other | Drugs are paid at 100% of the AWP |
| MINOXIDIL 2.5MG TAB | 90121011 | NDC | | | | both | | 1 EA | 4.5 | | Horizon | PPO | | 100 | | 0.68 | | | other | Drugs are paid at 100% of the AWP |
| MINOXIDIL 2.5MG TAB | 90121011 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicaid | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| MINOXIDIL 2.5MG TAB | 90121011 | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicare | | 100 | | 1.23 | | | other | Drugs are paid at 100% of the AWP |
| MINOXIDIL 2.5MG TAB | 90121011 | NDC | | | | both | | 1 EA | 4.5 | | WellPoint | WellPoint | | 100 | | 1.19 | | | other | Drugs are paid at 100% of the AWP |
| MINOXIDIL 10MG TAB | 90137011 | NDC | | | | both | | 1 EA | 6.5 | | UHC | Medicare | | 100 | | 3.68 | | | other | Drugs are paid at 100% of the AWP |
| MINOXIDIL 10MG TAB | 90137011 | NDC | | | | both | | 1 EA | 6.5 | | WellPoint | WellPoint | | 100 | | 2.49 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPREDNISOLONE 32MG TAB | 90176011 | NDC | | | | both | | 1 EA | 32 | | Horizon | NJ Health | | 100 | | 4.71 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPREDNISOLONE 32MG TAB | 90176011 | NDC | | | | both | | 1 EA | 32 | | UHC | Medicaid | | 100 | | 3.55 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPREDNISOLONE 32MG TAB | 90176011 | NDC | | | | both | | 1 EA | 32 | | UHC | Medicare | | 100 | | 4.72 | | | other | Drugs are paid at 100% of the AWP |
| METHYLPREDNISOLONE 32MG TAB | 90176011 | NDC | | | | both | | 1 EA | 32 | | WellPoint | WellPoint | | 100 | | 5.85 | | | other | Drugs are paid at 100% of the AWP |
| MEDROXYPROGESTERONE 5MG TAB | 90286031 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | Medicare Blue | | 100 | | 1.69 | | | other | Drugs are paid at 100% of the AWP |
| MEDROXYPROGESTERONE 5MG TAB | 90286031 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | MGD | | 100 | | 2.9 | | | other | Drugs are paid at 100% of the AWP |
| MEDROXYPROGESTERONE 5MG TAB | 90286031 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| MEDROXYPROGESTERONE 5MG TAB | 90286031 | NDC | | | | both | | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| MEDROXYPROGESTERONE 5MG TAB | 90286031 | NDC | | | | both | | 1 EA | 5.5 | | United | Oxford | | 100 | | 0.74 | | | other | Drugs are paid at 100% of the AWP |
| MEDROXYPROGESTERONE 5MG TAB | 90286031 | NDC | | | | both | | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 1.67 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 300MG CAP | 90395021 | NDC | | | | both | | 1 EA | 43 | | Aetna | Better Health | | 100 | | 5.41 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 300MG CAP | 90395021 | NDC | | | | both | | 1 EA | 43 | | Aetna | Commercial | | 100 | | 5.69 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 300MG CAP | 90395021 | NDC | | | | both | | 1 EA | 43 | | Aetna | Medicare | | 100 | | 3.98 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 300MG CAP | 90395021 | NDC | | | | both | | 1 EA | 43 | | Corrections | Corrections | | 100 | | 8.3 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 300MG CAP | 90395021 | NDC | | | | both | | 1 EA | 43 | | Horizon | Indemnity | | 100 | | 10.24 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 300MG CAP | 90395021 | NDC | | | | both | | 1 EA | 43 | | Horizon | Medicare Blue | | 100 | | 3.16 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 300MG CAP | 90395021 | NDC | | | | both | | 1 EA | 43 | | Horizon | NJ Health | | 100 | | 12.8 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 300MG CAP | 90395021 | NDC | | | | both | | 1 EA | 43 | | Horizon | PPO | | 100 | | 12.22 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 300MG CAP | 90395021 | NDC | | | | both | | 1 EA | 43 | | UHC | Medicaid | | 100 | | 4.18 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 300MG CAP | 90395021 | NDC | | | | both | | 1 EA | 43 | | UHC | Medicare | | 100 | | 7.69 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 300MG CAP | 90395021 | NDC | | | | both | | 1 EA | 43 | | Wellcare | Medicaid | | 100 | | 6.37 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 300MG CAP | 90395021 | NDC | | | | both | | 1 EA | 43 | | WellPoint | WellPoint | | 100 | | 8.34 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN E 200IU/NIT CAP | 90402726\|0 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | 100 | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN E 200UNIT CAP | 90402726\|0 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| CALAMINE LOTION | 90426330\|0 | NDC | | | | both | | 1 EA | 7.5 | | Aetna | Medicare | | 100 | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| CALAMINE LOTION | 90426330\|0 | NDC | | | | both | | 1 EA | 7.5 | | Amerihealth | HMO/PPO | | 100 | | 1.86 | | | other | Drugs are paid at 100% of the AWP |
| CALAMINE LOTION | 90426330\|0 | NDC | | | | both | | 1 EA | 7.5 | | Horizon | Medicare Blue | | 100 | | 1.2 | | | other | Drugs are paid at 100% of the AWP |
| CALAMINE LOTION | 90426330\|0 | NDC | | | | both | | 1 EA | 7.5 | | Horizon | MGD | | 100 | | 2.94 | | | other | Drugs are paid at 100% of the AWP |
| CALAMINE LOTION | 90426330\|0 | NDC | | | | both | | 1 EA | 7.5 | | Horizon | NJ Health | | 100 | | 0.9 | | | other | Drugs are paid at 100% of the AWP |
| CALAMINE LOTION | 90426330\|0 | NDC | | | | both | | 1 EA | 7.5 | | UHC | Medicaid | | 100 | | 1.07 | | | other | Drugs are paid at 100% of the AWP |
| CALAMINE LOTION | 90426330\|0 | NDC | | | | both | | 1 EA | 7.5 | | UHC | Medicare | | 100 | | 2.02 | | | other | Drugs are paid at 100% of the AWP |
| CALAMINE LOTION | 90426330\|0 | NDC | | | | both | | 1 EA | 7.5 | | WellPoint | WellPoint | | 100 | | 1.01 | | | other | Drugs are paid at 100% of the AWP |
| ARGININE 10% (100 MG/ML) | 90436011 | NDC | | | | both | | 1 EA | 1 | | Horizon | NJ Health | | 100 | | 0.13 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 17.6MG/10ML SYRUP | 90454521\|0 | NDC | | | | both | | 1 EA | 5.5 | | Aetna | Better Health | | 100 | | 0.8 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 17.6MG/10ML SYRUP | 90454521\|0 | NDC | | | | both | | 1 EA | 5.5 | | Aetna | Commercial | | 100 | | 1.34 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 17.6MG/10ML SYRUP | 90454521\|0 | NDC | | | | both | | 1 EA | 5.5 | | Aetna | Medicare | | 100 | | 0.83 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 17.6MG/10ML SYRUP | 90454521\|0 | NDC | | | | both | | 1 EA | 5.5 | | Amerihealth | HMO/PPO | | 100 | | 0.98 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 17.6MG/10ML SYRUP | 90454521\|0 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | Indemnity | | 100 | | 1.04 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 17.6MG/10ML SYRUP | 90454521\|0 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | Medicare Blue | | 100 | | 0.97 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 17.6MG/10ML SYRUP | 90454521\|0 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | MGD | | 100 | | 1.04 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 17.6MG/10ML SYRUP | 90454521\|0 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | NJ Health | | 100 | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 17.6MG/10ML SYRUP | 90454521\|0 | NDC | | | | both | | 1 EA | 5.5 | | Horizon | PPO | | 100 | | 1.24 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 17.6MG/10ML SYRUP | 90454521\|0 | NDC | | | | both | | 1 EA | 5.5 | | UHC | Medicaid | | 100 | | 1 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 17.6MG/10ML SYRUP | 90454521\|0 | NDC | | | | both | | 1 EA | 5.5 | | UHC | Medicare | | 100 | | 1.04 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 17.6MG/10ML SYRUP | 90454521\|0 | NDC | | | | both | | 1 EA | 5.5 | | United | CommercialPPO | | 100 | | 0.44 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 17.6MG/10ML SYRUP | 90454521\|0 | NDC | | | | both | | 1 EA | 5.5 | | United | Oxford | | 100 | | 1.62 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 17.6MG/10ML SYRUP | 90454521\|0 | NDC | | | | both | | 1 EA | 5.5 | | Wellcare | Medicaid | | 100 | | 0.79 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 17.6MG/10ML SYRUP | 90454521\|0 | NDC | | | | both | | 1 EA | 5.5 | | Wellcare | Medicare | | 100 | | 1.98 | | | other | Drugs are paid at 100% of the AWP |
| SENNA 17.6MG/10ML SYRUP | 90454521\|0 | NDC | | | | both | | 1 EA | 5.5 | | WellPoint | WellPoint | | 100 | | 1.23 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN D 1000U TAB | 90458246\|0 | NDC | | | | both | | 1 EA | 1 | | Aetna | Better Health | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN D 1000U TAB | 90458246\|0 | NDC | | | | both | | 1 EA | 1 | | Aetna | Commercial | | 100 | | 0.23 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN D 1000U TAB | 90458246\|0 | NDC | | | | both | | 1 EA | 1 | | Aetna | Medicare | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN D 1000U TAB | 90458246\|0 | NDC | | | | both | | 1 EA | 1 | | Amerihealth | HMO/PPO | | 100 | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN D 1000U TAB | 90458246\|0 | NDC | | | | both | | 1 EA | 1 | | Horizon | Indemnity | | 100 | | 0.1 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN D 1000U TAB | 90458246\|0 | NDC | | | | both | | 1 EA | 1 | | Horizon | Medicare Blue | | 100 | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN D 1000U TAB | 90458246\|0 | NDC | | | | both | | 1 EA | 1 | | Horizon | MGD | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN D 1000U TAB | 90458246\|0 | NDC | | | | both | | 1 EA | 1 | | Horizon | NJ Health | | 100 | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN D 1000U TAB | 90458246\|0 | NDC | | | | both | | 1 EA | 1 | | Horizon | PPO | | 100 | | 0.19 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_address | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. |
|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true |

| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VITAMIN D 1000U TAB | 90458246O | NDC | | | | both | | 1 EA | 1 | | UHC | Medicaid | | | | 0.16 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN D 1000U TAB | 90458246O | NDC | | | | both | | 1 EA | 1 | | UHC | Medicare | | | | 0.21 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN D 1000U TAB | 90458246O | NDC | | | | both | | 1 EA | 1 | | United | CommercialPPO | | | | 0.14 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN D 1000U TAB | 90458246O | NDC | | | | both | | 1 EA | 1 | | Wellcare | Medicaid | | | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN D 1000U TAB | 90458246O | NDC | | | | both | | 1 EA | 1 | | Wellcare | Medicare | | | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| VITAMIN D 1000U TAB | 90458246O | NDC | | | | both | | 1 EA | 1 | | WellPoint | WellPoint | | | | 0.15 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 4 GM TAB | 90458961S | NDC | | | | both | | 1 EA | 1.5 | | Aetna | Better Health | | | | 0.14 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 4 GM TAB | 90458961S | NDC | | | | both | | 1 EA | 1.5 | | Horizon | Indemnity | | | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 4 GM TAB | 90458961S | NDC | | | | both | | 1 EA | 1.5 | | Horizon | MGD | | | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 4 GM TAB | 90458961S | NDC | | | | both | | 1 EA | 1.5 | | Horizon | NJ Health | | | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 4 GM TAB | 90458961S | NDC | | | | both | | 1 EA | 1.5 | | UHC | Medicaid | | | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 4 GM TAB | 90458961S | NDC | | | | both | | 1 EA | 1.5 | | UHC | Medicare | | | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 4 GM TAB | 90458961S | NDC | | | | both | | 1 EA | 1.5 | | Wellcare | Medicare | | | | 0.02 | | | other | Drugs are paid at 100% of the AWP |
| DEXTROSE 4 GM TAB | 90458961S | NDC | | | | both | | 1 EA | 1.5 | | WellPoint | WellPoint | | | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| CLONAZEPAM 1MG TAB | 90461026I | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Better Health | | | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| CLONAZEPAM 1MG TAB | 90461026I | NDC | | | | both | | 1 EA | 4.5 | | Aetna | Medicare | | | | 0.69 | | | other | Drugs are paid at 100% of the AWP |
| CLONAZEPAM 1MG TAB | 90461026I | NDC | | | | both | | 1 EA | 4.5 | | Amerihealth | HMO/PPO | | | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| CLONAZEPAM 1MG TAB | 90461026I | NDC | | | | both | | 1 EA | 4.5 | | Corrections | Corrections | | | | 1.2 | | | other | Drugs are paid at 100% of the AWP |
| CLONAZEPAM 1MG TAB | 90461026I | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Indemnity | | | | 1.07 | | | other | Drugs are paid at 100% of the AWP |
| CLONAZEPAM 1MG TAB | 90461026I | NDC | | | | both | | 1 EA | 4.5 | | Horizon | Medicare Blue | | | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| CLONAZEPAM 1MG TAB | 90461026I | NDC | | | | both | | 1 EA | 4.5 | | Horizon | NJ Health | | | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| CLONAZEPAM 1MG TAB | 90461026I | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicaid | | | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| CLONAZEPAM 1MG TAB | 90461026I | NDC | | | | both | | 1 EA | 4.5 | | UHC | Medicare | | | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| CLONAZEPAM 1MG TAB | 90461026I | NDC | | | | both | | 1 EA | 4.5 | | United | CommercialPPO | | | | 0.91 | | | other | Drugs are paid at 100% of the AWP |
| CLONAZEPAM 1MG TAB | 90461026I | NDC | | | | both | | 1 EA | 4.5 | | Wellcare | Medicaid | | | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| CLONAZEPAM 1MG TAB | 90461026I | NDC | | | | both | | 1 EA | 4.5 | | Wellcare | Medicare | | | | 3.54 | | | other | Drugs are paid at 100% of the AWP |
| CLONAZEPAM 1MG TAB | 90461026I | NDC | | | | both | | 1 EA | 4.5 | | WellPoint | WellPoint | | | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 800MG TAB | 90725021 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 800MG TAB | 90725021 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 800MG TAB | 90725021 | NDC | | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | | | 0.4 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 800MG TAB | 90725021 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | | | 0.83 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 800MG TAB | 90725021 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 800MG TAB | 90725021 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | | | 0.17 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 800MG TAB | 90725021 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 800MG TAB | 90725021 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | | | 0.7 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 800MG TAB | 90725021 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 800MG TAB | 90725021 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | | | 0.62 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 800MG TAB | 90725021 | NDC | | | | both | | 1 EA | 2.5 | | United | CommercialPPO | | | | 0.47 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 800MG TAB | 90725021 | NDC | | | | both | | 1 EA | 2.5 | | United | Oxford | | | | 0.9 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 800MG TAB | 90725021 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 800MG TAB | 90725021 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 600MG TAB | 90742051 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | | | 0.46 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 600MG TAB | 90742051 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 600MG TAB | 90742051 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | | | 0.55 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 600MG TAB | 90742051 | NDC | | | | both | | 1 EA | 2.5 | | Amerihealth | HMO/PPO | | | | 0.24 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 600MG TAB | 90742051 | NDC | | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | | | 0.52 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 600MG TAB | 90742051 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 600MG TAB | 90742051 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | | | 0.66 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 600MG TAB | 90742051 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 600MG TAB | 90742051 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 600MG TAB | 90742051 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | | | 0.72 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 600MG TAB | 90742051 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | | | 0.43 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 600MG TAB | 90742051 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 600MG TAB | 90742051 | NDC | | | | both | | 1 EA | 2.5 | | United | CommercialPPO | | | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 600MG TAB | 90742051 | NDC | | | | both | | 1 EA | 2.5 | | United | Oxford | | | | 0.18 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 600MG TAB | 90742051 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | | | 0.45 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 600MG TAB | 90742051 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | | | 0.25 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 600MG TAB | 90742051 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | | | 0.49 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 400MG TAB | 90750061 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Better Health | | | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 400MG TAB | 90750061 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 400MG TAB | 90750061 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Medicare | | | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 400MG TAB | 90750061 | NDC | | | | both | | 1 EA | 2.5 | | Corrections | Corrections | | | | 0.95 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 400MG TAB | 90750061 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Indemnity | | | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 400MG TAB | 90750061 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | Medicare Blue | | | | 0.28 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 400MG TAB | 90750061 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | | | 0.51 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 400MG TAB | 90750061 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | | | 0.3 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 400MG TAB | 90750061 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | PPO | | | | 0.5 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 400MG TAB | 90750061 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | | | 0.35 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 400MG TAB | 90750061 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicare | | | | 0.42 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 400MG TAB | 90750061 | NDC | | | | both | | 1 EA | 2.5 | | United | CommercialPPO | | | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 400MG TAB | 90750061 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | | | 0.41 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 400MG TAB | 90750061 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicare | | | | 0.48 | | | other | Drugs are paid at 100% of the AWP |
| IBUPROFEN 400MG TAB | 90750061 | NDC | | | | both | | 1 EA | 2.5 | | WellPoint | WellPoint | | | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 75MG/5ML SUSP | 90760041 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | MGD | | | | 0.67 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 75MG/5ML SUSP | 90760041 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | | | 0.36 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 75MG/5ML SUSP | 90760041 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | | | 0.31 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 75MG/5ML SUSP | 90760041 | NDC | | | | both | | 1 EA | 2.5 | | United | CommercialPPO | | | | 0.02 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 75MG/5ML SUSP | 90760041 | NDC | | | | both | | 1 EA | 2.5 | | Wellcare | Medicaid | | | | 0.77 | | | other | Drugs are paid at 100% of the AWP |
| CARBOPROST INJ | 90856051 | NDC | | | | both | | 1 EA | 199.5 | | Aetna | Better Health | | | | 27.37 | | | other | Drugs are paid at 100% of the AWP |
| CARBOPROST INJ | 90856051 | NDC | | | | both | | 1 EA | 199.5 | | Aetna | Commercial | | | | 37.05 | | | other | Drugs are paid at 100% of the AWP |
| CARBOPROST INJ | 90856051 | NDC | | | | both | | 1 EA | 199.5 | | Horizon | MGD | | | | 26.55 | | | other | Drugs are paid at 100% of the AWP |
| CARBOPROST INJ | 90856051 | NDC | | | | both | | 1 EA | 199.5 | | Horizon | NJ Health | | | | 24.69 | | | other | Drugs are paid at 100% of the AWP |
| CARBOPROST INJ | 90856051 | NDC | | | | both | | 1 EA | 199.5 | | Horizon | PPO | | | | 45.86 | | | other | Drugs are paid at 100% of the AWP |
| CARBOPROST INJ | 90856051 | NDC | | | | both | | 1 EA | 199.5 | | UHC | Medicaid | | | | 28.06 | | | other | Drugs are paid at 100% of the AWP |
| CARBOPROST INJ | 90856051 | NDC | | | | both | | 1 EA | 199.5 | | Wellcare | Medicaid | | | | 19.26 | | | other | Drugs are paid at 100% of the AWP |
| CARBOPROST INJ | 90856051 | NDC | | | | both | | 1 EA | 199.5 | | WellPoint | WellPoint | | | | 27.45 | | | other | Drugs are paid at 100% of the AWP |
| URSODIOL 250MG TAB | 91078501 | NDC | | | | both | | 1 EA | 9.5 | | Horizon | Medicare Blue | | | | 1.53 | | | other | Drugs are paid at 100% of the AWP |
| URSODIOL 250MG TAB | 91078501 | NDC | | | | both | | 1 EA | 9.5 | | Horizon | NJ Health | | | | 1.64 | | | other | Drugs are paid at 100% of the AWP |
| URSODIOL 250MG TAB | 91078501 | NDC | | | | both | | 1 EA | 9.5 | | UHC | Medicaid | | | | 2.59 | | | other | Drugs are paid at 100% of the AWP |
| URSODIOL 250MG TAB | 91078501 | NDC | | | | both | | 1 EA | 9.5 | | UHC | Medicare | | | | 2.53 | | | other | Drugs are paid at 100% of the AWP |
| URSODIOL 250MG TAB | 91078501 | NDC | | | | both | | 1 EA | 9.5 | | United | CommercialPPO | | | | 1.89 | | | other | Drugs are paid at 100% of the AWP |
| URSODIOL 250MG TAB | 91078501 | NDC | | | | both | | 1 EA | 9.5 | | Wellcare | Medicaid | | | | 5.81 | | | other | Drugs are paid at 100% of the AWP |
| URSODIOL 250MG TAB | 91078501 | NDC | | | | both | | 1 EA | 9.5 | | WellPoint | WellPoint | | | | 2.24 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 1% LOTION | 9332901 | NDC | | | | both | | 1 EA | 408 | | UHC | Medicaid | | | | 125.48 | | | other | Drugs are paid at 100% of the AWP |
| CLINDAMYCIN 1% LOTION | 9332901 | NDC | | | | both | | 1 EA | 408 | | WellPoint | WellPoint | | | | 42.92 | | | other | Drugs are paid at 100% of the AWP |
| GLYCERINE (STERILE) SOL 1ML | 9351031116 | NDC | | | | both | | 1 EA | 2.5 | | United | CommercialPPO | | | | 0.26 | | | other | Drugs are paid at 100% of the AWP |
| LINEZOLID 600MG TAB | 95135031 | NDC | | | | both | | 1 EA | 436 | | Aetna | Better Health | | | | 98.36 | | | other | Drugs are paid at 100% of the AWP |
| LINEZOLID 600MG TAB | 95135031 | NDC | | | | both | | 1 EA | 436 | | Aetna | Commercial | | | | 82.62 | | | other | Drugs are paid at 100% of the AWP |
| LINEZOLID 600MG TAB | 95135031 | NDC | | | | both | | 1 EA | 436 | | Aetna | Medicare | | | | 50.33 | | | other | Drugs are paid at 100% of the AWP |
| LINEZOLID 600MG TAB | 95135031 | NDC | | | | both | | 1 EA | 436 | | Amerihealth | HMO/PPO | | | | 139.36 | | | other | Drugs are paid at 100% of the AWP |
| LINEZOLID 600MG TAB | 95135031 | NDC | | | | both | | 1 EA | 436 | | Horizon | Indemnity | | | | 19.88 | | | other | Drugs are paid at 100% of the AWP |
| LINEZOLID 600MG TAB | 95135031 | NDC | | | | both | | 1 EA | 436 | | Horizon | Medicare Blue | | | | 46.04 | | | other | Drugs are paid at 100% of the AWP |
| LINEZOLID 600MG TAB | 95135031 | NDC | | | | both | | 1 EA | 436 | | Horizon | MGD | | | | 71.16 | | | other | Drugs are paid at 100% of the AWP |
| LINEZOLID 600MG TAB | 95135031 | NDC | | | | both | | 1 EA | 436 | | Horizon | NJ Health | | | | 49.05 | | | other | Drugs are paid at 100% of the AWP |
| LINEZOLID 600MG TAB | 95135031 | NDC | | | | both | | 1 EA | 436 | | Horizon | PPO | | | | 65.03 | | | other | Drugs are paid at 100% of the AWP |
| LINEZOLID 600MG TAB | 95135031 | NDC | | | | both | | 1 EA | 436 | | UHC | Medicaid | | | | 60.9 | | | other | Drugs are paid at 100% of the AWP |
| LINEZOLID 600MG TAB | 95135031 | NDC | | | | both | | 1 EA | 436 | | UHC | Medicare | | | | 64.13 | | | other | Drugs are paid at 100% of the AWP |
| LINEZOLID 600MG TAB | 95135031 | NDC | | | | both | | 1 EA | 436 | | United | CommercialPPO | | | | 37.63 | | | other | Drugs are paid at 100% of the AWP |
| LINEZOLID 600MG TAB | 95135031 | NDC | | | | both | | 1 EA | 436 | | Wellcare | Medicaid | | | | 50.27 | | | other | Drugs are paid at 100% of the AWP |
| LINEZOLID 600MG TAB | 95135031 | NDC | | | | both | | 1 EA | 436 | | Wellcare | Medicare | | | | 68.5 | | | other | Drugs are paid at 100% of the AWP |
| LINEZOLID 600MG TAB | 95135031 | NDC | | | | both | | 1 EA | 436 | | WellPoint | WellPoint | | | | 69.62 | | | other | Drugs are paid at 100% of the AWP |
| LINEZOLID 100MG/5ML SUSP | 95136011 | NDC | | | | both | | 1 EA | 19 | | Horizon | NJ Health | | | | 1.5 | | | other | Drugs are paid at 100% of the AWP |
| PILOCARPINE 2% OPTH SOL 15ML | 9980354151 | NDC | | | | both | | 1 EA | 163.5 | | Aetna | Commercial | | | | 40.2 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN 5MG/ML INJ | 99999888803 | NDC | | | | both | | 1 EA | 2.5 | | Aetna | Commercial | | | | 0.89 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN 5MG/ML INJ | 99999888803 | NDC | | | | both | | 1 EA | 2.5 | | Horizon | NJ Health | | | | 0.08 | | | other | Drugs are paid at 100% of the AWP |
| VANCOMYCIN 5MG/ML INJ | 99999888803 | NDC | | | | both | | 1 EA | 2.5 | | UHC | Medicaid | | | | 0.37 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.125% (250ML) | 99999999902 | NDC | | | | both | | 1 EA | 97.5 | | Aetna | Better Health | | | | 11.03 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.125% (250ML) | 99999999902 | NDC | | | | both | | 1 EA | 97.5 | | Aetna | Medicare | | | | 22.72 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.125% (250ML) | 99999999902 | NDC | | | | both | | 1 EA | 97.5 | | Horizon | MGD | | | | 6.48 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.125% (250ML) | 99999999902 | NDC | | | | both | | 1 EA | 97.5 | | Horizon | NJ Health | | | | 11.3 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.125% (250ML) | 99999999902 | NDC | | | | both | | 1 EA | 97.5 | | Horizon | PPO | | | | 26.22 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.125% (250ML) | 99999999902 | NDC | | | | both | | 1 EA | 97.5 | | UHC | Medicaid | | | | 16.48 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.125% (250ML) | 99999999902 | NDC | | | | both | | 1 EA | 97.5 | | UHC | Medicare | | | | 19 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.125% (250ML) | 99999999902 | NDC | | | | both | | 1 EA | 97.5 | | United | CommercialPPO | | | | 10.44 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.125% (250ML) | 99999999902 | NDC | | | | both | | 1 EA | 97.5 | | Wellcare | Medicaid | | | | 18.56 | | | other | Drugs are paid at 100% of the AWP |
| BUPIVACAINE 0.125% (250ML) | 99999999902 | NDC | | | | both | | 1 EA | 97.5 | | WellPoint | WellPoint | | | | 13.95 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 2MCG/ML BUPIV0 | 99999999904 | NDC | | | | both | | 1 EA | 97.5 | | Aetna | Better Health | | | | 13.83 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 2MCG/ML BUPIV0 | 99999999904 | NDC | | | | both | | 1 EA | 97.5 | | Aetna | Commercial | | | | 19.08 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 2MCG/ML BUPIV0 | 99999999904 | NDC | | | | both | | 1 EA | 97.5 | | Amerihealth | HMO/PPO | | | | 38.85 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 2MCG/ML BUPIV0 | 99999999904 | NDC | | | | both | | 1 EA | 97.5 | | Corrections | Corrections | | | | 15.25 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 2MCG/ML BUPIV0 | 99999999904 | NDC | | | | both | | 1 EA | 97.5 | | Horizon | Medicare Blue | | | | 14.65 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 2MCG/ML BUPIV0 | 99999999904 | NDC | | | | both | | 1 EA | 97.5 | | Horizon | MGD | | | | 5.57 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 2MCG/ML BUPIV0 | 99999999904 | NDC | | | | both | | 1 EA | 97.5 | | Horizon | NJ Health | | | | 12.67 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 2MCG/ML BUPIV0 | 99999999904 | NDC | | | | both | | 1 EA | 97.5 | | Horizon | PPO | | | | 22.75 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 2MCG/ML BUPIV0 | 99999999904 | NDC | | | | both | | 1 EA | 97.5 | | UHC | Medicaid | | | | 11.52 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 2MCG/ML BUPIV0 | 99999999904 | NDC | | | | both | | 1 EA | 97.5 | | UHC | Medicare | | | | 31.79 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 2MCG/ML BUPIV0 | 99999999904 | NDC | | | | both | | 1 EA | 97.5 | | United | CommercialPPO | | | | 20.03 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 2MCG/ML BUPIV0 | 99999999904 | NDC | | | | both | | 1 EA | 97.5 | | Wellcare | Medicaid | | | | 14.04 | | | other | Drugs are paid at 100% of the AWP |
| FENTANYL 2MCG/ML BUPIV0 | 99999999904 | NDC | | | | both | | 1 EA | 97.5 | | WellPoint | WellPoint | | | | 19.63 | | | other | Drugs are paid at 100% of the AWP |
| DERMABOND 0.5ML AMP | 99999999943 | NDC | | | | both | | 1 EA | 141 | | Aetna | Better Health | | | | 38.37 | | | other | Drugs are paid at 100% of the AWP |
| DERMABOND 0.5ML AMP | 99999999943 | NDC | | | | both | | 1 EA | 141 | | Aetna | Commercial | | | | 21.18 | | | other | Drugs are paid at 100% of the AWP |
| DERMABOND 0.5ML AMP | 99999999943 | NDC | | | | both | | 1 EA | 141 | | Aetna | Medicare | | | | 13.98 | | | other | Drugs are paid at 100% of the AWP |
| DERMABOND 0.5ML AMP | 99999999943 | NDC | | | | both | | 1 EA | 141 | | Amerihealth | HMO/PPO | | | | 11.73 | | | other | Drugs are paid at 100% of the AWP |
| DERMABOND 0.5ML AMP | 99999999943 | NDC | | | | both | | 1 EA | 141 | | Corrections | Corrections | | | | 41.02 | | | other | Drugs are paid at 100% of the AWP |
| DERMABOND 0.5ML AMP | 99999999943 | NDC | | | | both | | 1 EA | 141 | | Horizon | Indemnity | | | | 29.2 | | | other | Drugs are paid at 100% of the AWP |
| DERMABOND 0.5ML AMP | 99999999943 | NDC | | | | both | | 1 EA | 141 | | Horizon | Medicare Blue | | | | 20.07 | | | other | Drugs are paid at 100% of the AWP |
| DERMABOND 0.5ML AMP | 99999999943 | NDC | | | | both | | 1 EA | 141 | | Horizon | MGD | | | | 23.53 | | | other | Drugs are paid at 100% of the AWP |
| DERMABOND 0.5ML AMP | 99999999943 | NDC | | | | both | | 1 EA | 141 | | Horizon | NJ Health | | | | 21.87 | | | other | Drugs are paid at 100% of the AWP |

| hospital_name | last_updated_on | version | hospital_locatio | hospital_addres | license_numb | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University Hospital | 2024-12-20 | 2.0.0 | University Hosp | 150 Bergen St, | 310119 | true | | | | | | | | | | | | | | | |
| description | code\|1 | code\|1\|type | code\|2 | code\|2\|type | modifiers | setting | drug_unit_of_measurement | drug_type_of_measurement | standard_charge\|gross | standard_charge\|discounted_cash | payer_name | plan_name | standard_charge\|negotiated_dollar | standard_charge\|negotiated_percentage | standard_charge\|negotiated_algorithm | estimated_amount | standard_charge\|min | standard_charge\|max | standard_charge\|methodology | additional_generic_notes |
| DERMABOND 0.5ML AMP | 99999999943 | NDC | | | | both | 1 | EA | 141 | | Horizon | PPO | | 100 | | 31.98 | | | other | Drugs are paid at 100% of the AWP |
| DERMABOND 0.5ML AMP | 99999999943 | NDC | | | | both | 1 | EA | 141 | | UHC | Medicaid | | 100 | | 44.68 | | | other | Drugs are paid at 100% of the AWP |
| DERMABOND 0.5ML AMP | 99999999943 | NDC | | | | both | 1 | EA | 141 | | UHC | Medicare | | 100 | | 14.48 | | | other | Drugs are paid at 100% of the AWP |
| DERMABOND 0.5ML AMP | 99999999943 | NDC | | | | both | 1 | EA | 141 | | United | Commercial\|PPO | | 100 | | 19.86 | | | other | Drugs are paid at 100% of the AWP |
| DERMABOND 0.5ML AMP | 99999999943 | NDC | | | | both | 1 | EA | 141 | | Wellcare | Medicaid | | 100 | | 40.09 | | | other | Drugs are paid at 100% of the AWP |
| DERMABOND 0.5ML AMP | 99999999943 | NDC | | | | both | 1 | EA | 141 | | WellPoint | WellPoint | | 100 | | 24.28 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.2MG/ML/ORAL SUSP | 99999999977 | NDC | | | | both | 1 | EA | 2.5 | | Horizon | MGD | | 100 | | 0.39 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.2MG/ML/ORAL SUSP | 99999999977 | NDC | | | | both | 1 | EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.33 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.2MG/ML/ORAL SUSP | 99999999977 | NDC | | | | both | 1 | EA | 2.5 | | UHC | Medicaid | | 100 | | 0.29 | | | other | Drugs are paid at 100% of the AWP |
| GLYCOPYRROLATE 0.2MG/ML/ORAL SUSP | 99999999977 | NDC | | | | both | 1 | EA | 2.5 | | Wellcare | Medicaid | | 100 | | 2.03 | | | other | Drugs are paid at 100% of the AWP |
| DANTROLENE 5MG/ML ORAL SUSP | 99999999978 | NDC | | | | both | 1 | EA | 2.5 | | Horizon | NJ Health | | 100 | | 0.34 | | | other | Drugs are paid at 100% of the AWP |
| LAT TOP GEL 1ML | 99999999999 | NDC | | | | both | 1 | EA | 5 | | Aetna | Better Health | | 100 | | 1.43 | | | other | Drugs are paid at 100% of the AWP |
| LAT TOP GEL 1ML | 99999999999 | NDC | | | | both | 1 | EA | 5 | | Aetna | Commercial | | 100 | | 1.13 | | | other | Drugs are paid at 100% of the AWP |
| LAT TOP GEL 1ML | 99999999999 | NDC | | | | both | 1 | EA | 5 | | Corrections | Corrections | | 100 | | 0.8 | | | other | Drugs are paid at 100% of the AWP |
| LAT TOP GEL 1ML | 99999999999 | NDC | | | | both | 1 | EA | 5 | | Horizon | Indemnity | | 100 | | 1.4 | | | other | Drugs are paid at 100% of the AWP |
| LAT TOP GEL 1ML | 99999999999 | NDC | | | | both | 1 | EA | 5 | | Horizon | Medicare Blue | | 100 | | 0.2 | | | other | Drugs are paid at 100% of the AWP |
| LAT TOP GEL 1ML | 99999999999 | NDC | | | | both | 1 | EA | 5 | | Horizon | MGD | | 100 | | 1.24 | | | other | Drugs are paid at 100% of the AWP |
| LAT TOP GEL 1ML | 99999999999 | NDC | | | | both | 1 | EA | 5 | | Horizon | NJ Health | | 100 | | 0.78 | | | other | Drugs are paid at 100% of the AWP |
| LAT TOP GEL 1ML | 99999999999 | NDC | | | | both | 1 | EA | 5 | | Horizon | PPO | | 100 | | 0.97 | | | other | Drugs are paid at 100% of the AWP |
| LAT TOP GEL 1ML | 99999999999 | NDC | | | | both | 1 | EA | 5 | | UHC | Medicaid | | 100 | | 1.02 | | | other | Drugs are paid at 100% of the AWP |
| LAT TOP GEL 1ML | 99999999999 | NDC | | | | both | 1 | EA | 5 | | UHC | Medicare | | 100 | | 0.65 | | | other | Drugs are paid at 100% of the AWP |
| LAT TOP GEL 1ML | 99999999999 | NDC | | | | both | 1 | EA | 5 | | Wellcare | Medicaid | | 100 | | 1.04 | | | other | Drugs are paid at 100% of the AWP |
| LAT TOP GEL 1ML | 99999999999 | NDC | | | | both | 1 | EA | 5 | | Wellcare | Medicare | | 100 | | 0.53 | | | other | Drugs are paid at 100% of the AWP |
| LAT TOP GEL 1ML | 99999999999 | NDC | | | | both | 1 | EA | 5 | | WellPoint | WellPoint | | 100 | | 1.29 | | | other | Drugs are paid at 100% of the AWP |